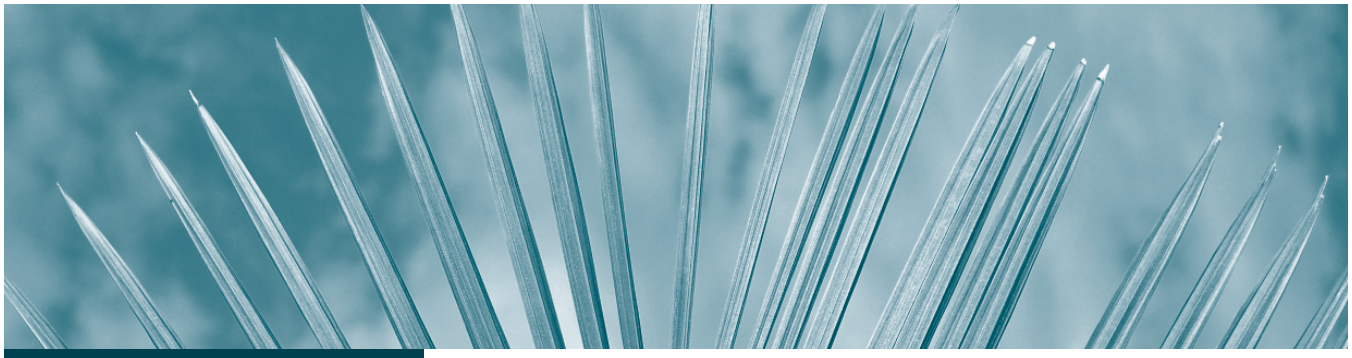

2012

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

Columbia County

WellFlorida Council

Working Together for Healthy Communities

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

Overview

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

The MAPP process typically incorporates four key assessments:

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

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

Due to prioritization of limited resources, this 2012 MAPP assessment for Columbia County focused on the CHSA, the LPHSA, the CTSA and FCA; the community health improvement plan aspects of the MAPP process will be incorporated at a later date. This document provides a brief summary of key activities in each of these assessment areas. A Technical Appendix accompanies this document separately and is a complimentary source of a vast array of critical health status, health outcome, health utilization and health access data for the community.

Key Issues

The following is a brief bulleted list of key issues for each of the four assessments that comprise this report and from the identification of priority strategic health issues.

Community Health Status Assessment

Key issues of this section include:

- Low income, high poverty and limited economic base continue to be leading predictors of health outcome and health access in Columbia County both on an individual and county-wide basis.
- Columbia County has a significantly higher overall age-adjusted death rate (AADR), more than 34 percent higher than the state for 2007-2009 (894.2 per 100,000 for Columbia vs. 666.7 per 100,000 for the state). When adjusting for age, residents of Columbia County fare worse than the state as a whole on age-adjusted death rates (AADRs) for nine of the top ten causes of death with an exception of AADR for Alzheimer's disease.
- In both Columbia County and the state as a whole, the majority of deaths can be attributed to chronic diseases.
- Racial disparities are present in Columbia County as in the rest of the state. In particular, the overall age-adjusted death rate for African Americans is 17.5 percent higher than Whites (1,032.7 per 100,000 in comparison to 878.3 per 100,000) in Columbia County during 2007-2009.
- Overall, poor health behaviors are generally on the rise in Columbia County as measured by the Behavioral Risk Factor Surveillance System (BRFSS).
- Columbia County's rate of avoidable hospitalizations is more than 57% higher than the state rate. The rate of avoidable hospitalizations for the period 2007-2009 in Columbia County was 21.6 per 1,000 non elderly as compared to 13.8 for Florida.
- In October 2011, the US Census Small Area Health Insurance Estimates (SAHIE) program released 2009 estimates of health insurance coverage by age at the county-level for 2009. SAHIE estimated that 20.5% of the Columbia County adult population was uninsured compared to 24.2% for Florida. However, nearly 20% of Columbia County residents receive Medicaid compared to 14.2% for Florida as a whole.
- Columbia County is near the bottom 20% of counties in Florida based on health rankings from the Robert Wood Johnson Foundation and the University of Wisconsin.
- Life expectancies of residents of Columbia County are lower than state and national averages, and life expectancies of black residents are 4-6 years shorter than that of white residents (4 years for females and 6 years for males).

Local Public Health System Assessment

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

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

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

determined by the scores given to those activities that contribute to each Essential Service. These scores range from a minimum value of 0% (no activity is performed pursuant to the standards) to a maximum of 100% (all activities associated with the standards are performed at optimal levels).

Based on the self-assessment of the cross-sectional group representing the local public health system partners, four of the ten Essential Services scored 50 or below, which indicates a self-assessment of moderate or less performance against the standards. These include Essential Services 3, 4, 7 and 10. Typically, Essential Public Health Service 10 is relatively more out of the direct control of the local public health system as it is generally dictated by geographical dynamics or macroceconomic trends and circumstances. However, the low scores for EPHS 3, 4 and 7 may indicate that there are opportunities in Columbia County in the following areas:

- to better mobilize community partnerships to identify and solve health problems (EPHS 4); and
- to link people to needed personal health services and assure the provision of healthcare when otherwise unavailable (EPHS 7); and
- to evaluate effectiveness, accessibility and quality of personal and population-based health services (EPHS 9).

Community Themes and Strengths Assessment

Analysis of the resident focus group discussions and physician survey responses from the CTSA process yields the following key observations and themes regarding community health themes in Columbia County:

- Access to affordable care and a strong economy are essential to a healthy community.
- Obesity and chronic diseases stemming from obesity are the major health problems in Columbia County; while these issues are driven by personal health decisions, the overall infrastructure and cultural structures in Columbia County may not be fully supportive making good personal health choices for all constituencies.
- Limited transportation is an ongoing issue for many, and remains one of the leading barriers to care (after affordability/access to insurance), especially for the low-income, the uninsured and those living in the more rural parts of Columbia County.
- Improving the community's health will require both increased personal responsibility and an ongoing community focus on health issues.
- Overall health-related quality of life is rated fair to good, and rarely viewed as very good to excellent.
- A continued and increased local focus will be required to overcome some of the most pressing issues and daunting challenges (rather than waiting for federal or state support and direction).
- The community-based and faith-based organizations are strong assets for Columbia County and will be integral to community health improvement efforts.
- The uncertainty in the changing healthcare landscape with national health reform and state Medicaid reform increases the complexity of planning community health improvement initiatives.

Forces of Change Assessment

One of the main elements of the MAPP process in the development of a community wide strategic plan for public health improvement includes a Forces of Change Assessment. The *Columbia County Forces of Change Assessment* is aimed at identifying forces—such as trends, factors, or events that are or will be

influencing the health and quality of life of the community and the work of the local public health system.

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

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

The FCA tool was circulated to members of the Steering Committee during December 2011 and January 2012 to generate response and perspective regarding these "forces of change". Respondents to the FCA instrument were asked to answer the following questions: "What is occurring or might occur that affects the health of our community or the local public health system?" and "What specific threats or opportunities are generated by these occurrences?" All members of the Steering Committee and their designees were encouraged to participate in the brainstorming process. Once a list of forces was identified, participants also indicated possible opportunities and/or threats these forces may have on the county's healthcare system and health outcomes. Table 1-1 summarizes the forces of change identified for Columbia county and possible opportunities and/or threats that may need to be considered in any strategic planning process resulting from this MAPP assessment.

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

Forces	Threats	Opportunities
Lack of specialty care for the insured and Medicaid populations	Lack of ability for patients to access specialists Increased avoidable adverse medical outcomes Increased ER usage	Possibility of creating something similar to Alachua County We Care (voluntary physician referral network)
Cuts from Legislature	Decrease in health care availability More uninsured Effects on physical, dental and mental health	Reduced taxes More personal accountability
Decreased property value	Less county revenue to fill in gaps and take care of county infrastructure	Reduced tax burden More affordable housing
Medicaid reform	Lower reimbursement to Health Departments Lower reimbursement to hospitals Lower reimbursement to	Saving state government money

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

Forces	Threats	Opportunities
	physicians Less access, fewer providers taking Medicaid	
Dental access for Medicaid and uninsured	New Medicaid HMO for dental required Lack of dental access for patients Limited dental care leads to increased health care cost	Expand dental services More opportunities for dentist
Reimbursement rate re-structuring and cuts	Reimbursements to hospitals will be based on re-admission rates though patient re-admission issues are often related to a complex mix of factors and not just hospital care during stay Fewer resources available to subsidize other parts of healthcare facilities' and providers' missions	Comprehensive community partnerships needed to reduce re-admission rates
Unemployment and workforce reductions	More uninsured More unemployed	Education and retraining
Uninsured patients inability to get medication	Not able to take care of medical issues More ER visits	Look at how we can get a pharmacy assistance program
Lack of free venues for exercise	Higher obesity rates Increased medical cost	More walking trails and other avenues for exercise
Increase in homeless population	Demand on uncompensated care Cost to school system to address Difficulty in health care delivery Increase law enforcement cost	Funding and partners to address problem
Contraction of state Department of Health and local health department mission	Decrease in safety net providers Limit in ability to respond to disasters	New partnerships Change in priorities

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

Forces	Threats	Opportunities
Lack of mental Health access to uninsured	Increase in law enforcement cost Increase in family issues and strife	New partnerships
Federally qualified health center opening dental practice		More care for all especially safety net patients Enhanced integrated care
Federally qualified health center starting behavioral health services (collaboration with Meridian)		More care for all especially safety net patients Enhanced integrated care
Uncertainty of state and federal Medicaid and healthcare reform	Difficulty in planning for or launching community health improvement activities	
Primary care physician and nursing shortages continue unabated		Necessity may drive new partnerships
Uncertain political environment	Difficulty in planning for or launching community health improvement activities Difficult to gauge health funding priorities	

Source: Columbia County Forces of Change Assessment, December 2011 and January 2012.

Priority Strategic Health Issues

To conclude the MAPP assessment, the group of representatives of the local public health system partners was re-convened and asked to prioritize strategic health issues and specify some potential next steps for Columbia County in addressing its most pressing needs and issues. Partners met to brainstorm issues and concerns. The identified issues and concerns were consolidated into a core set of key issues, thus creating a set of priority issues. To conclude the session, participants also identified and discussed some potential strategic actions to pursue in order to address and possibly make improvements in these priority issue areas.

Priority issues were established as follows:

1. Inappropriate use of healthcare and misuse and abuse of the system caused by sense of entitlement among some; lack of personal responsibility among some; lack of understanding of

how to use health care system and what is available among some; and unhealthy lifestyle driven by predominantly by socioeconomic factors for some.
    a. Measure and hold accountable.
    b. Create wealth (through economic development opportunities) that improves health outcomes.
    c. Change the culture of tolerance.
    d. Educate the community on the true individual and community cost of poor individual health choices and behavior.
    e. Educate the community on facilities, services, providers and resources available and how to most effectively and efficiently utilize those facilities, services, providers and resources.
    f. Economic development (raise the socioeconomic levels).
2. Lack of information, communication and education drives misinformation and lack of willingness for community acknowledgement of issues.
    a. Utilize the school system as a vehicle to educate students and parents (e.g. integrate parent health fairs with events where students are provided school physicals for participating in extracurricular activities).
    b. Public service announcements/education on the quality and quantity of services in Columbia County (provide examples of positive experiences).
    c. County level branding that brands the entire community health improvement effort in Columbia County and not just one provider or entity (e.g. Got Milk advocates for milk in general and not just one provider of milk) - requires partnership for everyone to agree on the branding and not to work in silos.
    d. Cultivate ownership of the issues and the effort needed to improve Columbia.
3. Lack of specialty (including mental health providers) and general care providers and willingness of providers to offer safety-net services.
    a. Economic development (need to increase the number of people that can pay for their services that will in turn increase the willingness to provide safety-net services).
    b. Develop a system that will get physicians to accept a certain number of equitable safety-net services.
4. Lack of comprehensive community-wide teamwork and lack of community participation to address issues.
    a. Core Community Support Team - meetings should be periodic to keep people involved
    b. Targeted group of people to get the job done - accountability.
    c. Clear message to the community with clear expectations - if you deliver the community will be with you.
    d. Community buy-in.
    e. Dialogue on the health care system and health outcomes' impact on economic development with key constituencies such as the Board of County Commissioners and the Chamber of Commerce and other key community groups.

Next Steps

Some next steps to consider as part of a strategic community health improvement plan:

1. Create a formal strategic health vision for Columbia County with community-wide measurable goals and objectives.
2. Consider creating a private sector Columbia County Community Health Task Force in order to "shepherd" or "oversee" a strategic community health improvement plan.

3. Mobilize community partners as needed on specific goals and tasks.
4. Promote cities and local government buy-in to strategic and community health improvement planning (educate and inform as to the direct and indirect costs of not addressing the priority strategic health issues and the link between good health, a strong healthcare system and economic development).
5. Develop and distribute materials and information that, in plain language, inform the general public on the true costs and benefits of various health decisions they regularly make.
6. Investigate the potential for implementing a voluntary physician referral program (also sometime called a We Care Program as in Alachua County) in Columbia County (especially among the specialty care providers).
7. Create new and improved ways of informing key constituencies about what health services exist in the community and when and how to access them.
8. Piggyback adult health fairs to existing school system events that draw in students and their parents for school physicals for extra-curricular activities.
9. Form an integrated partnership to market, promote and staff community health fairs.
10. Create a web-based portal for the community health improvement activities of the Columbia County Community Health Task Force.

Section 2: Columbia County Community Health Status Assessment (CHSA)

Introduction

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

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

- Demographics and socioeconomics
- Mortality and morbidity
- Behavioral risk factors
- Health care access and utilization
- County health rankings and life expectancy

Many of the data tables in the technical report include standardized rates for the purpose of comparing Columbia County to the state of Florida as a whole. It is advisable to interpret these rates with caution and consideration especially when the number of new cases (incidence) is relatively low. Small variations from year to year can result in substantial shifts in the standardized rates. The data presented in this summary include references to specific tables in the report so that users can see the numbers and the rates in context.

Demographics and Socioeconomics

As population dynamics change over time, so do the health and health care needs of communities. It is therefore important to periodically review key demographic and socioeconomic indicators to understand current health issues, and in some cases to anticipate future health needs. The *Columbia Community Health Status Assessment Technical Report* includes data on current population numbers and distribution by age, gender, and racial group by county zip code. It also provides estimates on future population growth. Also included are measures of education, employment, income, and poverty status. Noted as follows are some of the key findings from the Columbia County demographic and socioeconomic profile.

- Population estimates from 2009 place the population of Columbia County at 66,409 residents. This represents an increase of around 10,000 residents since the 2000 census. By 2015, estimated growth will increase the population to 71,285 residents, which is a 26.1 percent increase. Florida as a whole is projected to increase by 24.4 percent during the same time period (Technical Appendix Report Table 1).
- The residents who self-identify as White constitute 77.7 percent of the population, which is slightly higher than the percentage of residents in the state of Florida that self-identify as White (75.0 percent).
- Those individuals who self-identify as Black, or African American represent 18.0 percent of the population, which is also slightly higher than the state percentage of 16 (Technical Appendix Report Table 4).

Economic Characteristics

- Overall, it is estimated that 19.1 percent of Columbia County's population lives at or below the poverty threshold, which is higher than the state of Florida percentage of 15 percent. As such, the percentage of the population living at or below the poverty threshold is 27 percent higher than the percentage of the Florida population living at or below the poverty threshold. Young people in particular are disproportionately affected, with 28.7 percent of individuals under the age of 18 living in poverty compared to 21.5 percent of their Florida counterparts (Technical Appendix Report Table 10).
- In Columbia County the median household income is $38,360 compared to the Florida median household income of $49,910. As such, the median household income is 23 percent lower in Columbia County than the median household income in Florida (Technical Appendix Report Table 17).
- The average household income in Columbia County is 28 percent lower than the average household income in Florida ($46,267 compared to $64,516) (Technical Appendix Report Table 17).
- The Columbia County per capita income is $17,428 compared to $25,768 in the state (Technical Appendix Report Table 17).
- Employment rates in Columbia County tend to track with Florida, although unemployment at the county level tends to be slightly lower than the state in any given year. Columbia County's average unemployment rate for 2009 was 9.4 percent compared to the state unemployment rate of 10.5 percent (Technical Appendix Report Table 18).

Educational Attainment

- 25.3 percent of the adult population in Columbia County has less than a high school diploma compared to 20.1 percent in the state of Florida (Technical Appendix Report Table 23).
- 56.9 percent of the adult population in Columbia County has completed high school compared to 50.5 percent in Florida (Technical Appendix Report Table 23).
- Only 17.7 percent of the adult population in Columbia County has completed a college degree which is nearly 40 percent less than the percent of the adult population in Florida that has completed a college degree (29.4 percent) (Technical Appendix Report Table 23).

Mortality and Morbidity

Perhaps the most direct measures of the health and well-being in a community are the rates of disease and death. In Columbia County, as in Florida and the rest of the United States, premature disease and death are primarily attributable to chronic health issues. That is, medical conditions that develop throughout the life course and typically require careful management for prolonged periods of time. As noted in the previous section, certain demographic and socioeconomic indicators can shed some light on how and why and to what extent certain chronic health problems affect communities. While Columbia County compares favorably to the state of Florida on some demographic and socioeconomic indicators, in other areas it tends to compare unfavorably. This translates to similar relationships between the county and state in terms of rates of disease and death. Noted below are some of the key facts of mortality and morbidity in Columbia County.

- The top five leading causes of death in Columbia County are: 1) Cancer, 2) Heart Disease, 3) Chronic Lower Respiratory Infections (CLRD), 4) Unintentional Injuries, including motor vehicle accidents, and 5) Stroke. This is similar to the state of Florida; although, in Florida, Heart Disease is the first leading cause of death and Cancer is the second leading cause of death (Technical Appendix Report Table 27).
- In each of the five leading causes of death, the age-adjusted death rate for residents of Columbia County is higher than the state of Florida rates and the majority of the 694 deaths that occurred in Columbia County in 2009 were attributable to chronic disease.
- The overall age-adjusted mortality rate for Columbia County for 2007-2009 was 894.2 per 100,000, compared to the overall Florida rate of 666.7 per 100,000. When compared to the state's 10 leading causes of death, Columbia County fares better only on the age-adjusted death rate for Alzheimer 's disease (11.1 per 100,000 in Columbia County; 15.8 per 100,000 in Florida.

Racial Disparities in Mortality

In Columbia County, individuals who self-identify as Black or African American are disproportionately affected by several of the leading causes of death. Some noteworthy observations include:

- The overall age-adjusted death rate for African Americans is 17.5 percent higher than Whites (1,032.7 per 100,000 in comparison to 878.3 per 100,000) in Columbia County. Furthermore, the age-adjusted death rate for African Americans is higher than Whites for cancer, heart disease, diabetes, stroke, and influenza and pneumonia (Technical Appendix Report Table 31).

White residents of Columbia County are disproportionately affected when compared to Black and Hispanic residents. Some noteworthy observations include:

- The age-adjusted death rate for Chronic Lower Respiratory Disease in White residents is 73.5 per 100,000 compared to 36.3 per 100,000 for Black residents and 22.5 per 100,000 in Hispanic residents (Technical Appendix Report Table 31).
- The age-adjusted death rate for Unintentional Injuries in White residents is 77.0 per 100,000 compared to 54.3 per 100,000 in Black residents and 57.3 per 100,000 in Hispanic residents (Technical Appendix Report Table 31).

Hispanic residents of Columbia County are also disproportionately affected when compared to their Black and White counterparts in the county. Noteworthy observations are below:

- The age-adjusted death rate for Suicide in Hispanic residents is 25.7 per 100,000, which is 102 percent higher than the age-adjusted death rate for Suicide in White residents (12.7 per 100,000) and 69 percent higher than the age-adjusted death rate for Suicide in Black residents (15.2 per 100,000) (Technical Appendix Report Table 31).
- The age-adjusted death rate for Alzheimer's Disease is 17.9 per 100,000 which is nearly 359 percent higher than the rate for their Black counterparts (3.9 per 100,000) and nearly 50 percent higher than the rate for their White counterparts (12.0 per 100,000) (Technical Appendix Report Table 31).

Birth Outcomes

Between 2005 and 2009 there were 4,361 births in Columbia County (Technical Appendix Report Table 62). During that same period of time there were 51 infant deaths (Technical Appendix Report Table 65). While there are notable disparities in birth outcomes between Blacks or African Americans and Whites as indicated by the standardized rates, some care should be taken with interpretation because the actual numbers in any given year may be small. Other key findings with regard to birth outcomes include:

- Birth rates (per 1,000 residents) in Columbia County have trended above Florida between 2000 and 2009. In 2009, Columbia County had a birth rate of 12.8 compared to the Florida birth rate of 11.8 (Technical Appendix Report Table 61). Birth rates in 2009 were highest among Hispanics (17.0 in Hispanics, 12.3 in Whites, and 14.9 in Blacks). This is the same trend seen in Florida birth rates (Technical Appendix Report Table 61)
- The percentage of total births that received early access to prenatal care between 2000 and 2009 has fluctuated between 79.6 percent and 63.3 percent in Columbia County. The percentage of total births that receive early access to prenatal care in Columbia County is typically lower than the State percentage (Technical Appendix Report Table 70).
- The percentage of total births that received late or no prenatal care has been higher in Columbia County than Florida. In 2009, 7.9 percent of the total births received late or no prenatal care compared to 4.5 percent in Florida (Technical Appendix Report Table 73).
- Fewer Black or African American women receive prenatal care than White women in Columbia County. For instance, in 2009 only 54.4 percent of Black women received care during their first trimester in comparison to 66.0 percent of White women (Technical Appendix Report Table 70).
- From 2000 to 2009, the percent of low birthweight infants born to mothers who self-identify as Black or African American was higher in comparison to their White and Hispanic counterparts in Columbia County. In 2009, the percent of low birthweight infants born to mothers who self-identify as Black or African American was 10.0 in comparison to 8.4 for Whites in Columbia County (Technical Appendix Report Table 67).
- The teen birth rate (births to mothers aged 15-17) is higher in Columbia County than in Florida. In 2009, Columbia County had a teen birth rate of 24.3 per 1,000 teen females in comparison to 17.8 per 1,000 teen females in Florida (Technical Appendix Report Table 75).

Mental Health

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

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

- In 2009 for example, Columbia County had a higher rate of emergency department visits per 1,000 citizens for mental health reasons than the state of Florida (101.5 and 47.7 respectively). Furthermore, the rate of emergency department visits per 1,000 residents for mental health reasons in Columbia County was higher than the state rates among all ages, the 0-17 age category, and the 18+ age category (Technical Appendix Report Table 54).
- The rate of involuntary exam initiations (Baker Acts) for residents of Columbia County was lower than the rates for Florida from 2003 to 2008 (Technical Appendix Report Table 55).

Behavioral Risk Factors

The Florida Department of Health conducts the Behavioral Risk Factor Surveillance System (BRFSS) with financial and technical assistance from the Centers for Disease Control and Prevention (CDC). This state-based telephone surveillance system collects data on individual risk behaviors and preventive health practices related to the leading causes of morbidity and mortality in the United States. The most recent data available for Columbia County is for 2010. Below are some highlights from the BRFSS data (Technical Appendix Report Table 83).

- The percentage of Columbia County residents who have received a blood stool test in the past year for cancer screening was 17.5 percent compared to only 14.7 percent in Florida. A smaller percentage of Columbia County residents received a sigmoidoscopy or colonoscopy in the past five years than in the state (50.9 percent in Columbia County compared to 56.4 percent in Florida).
- Columbia County fares worse than the state regarding the percentage of women who have received a mammogram and had a clinical breast exam. In 2010, 54.7 percent of Columbia County women reported receiving a mammogram in the past year, while 61.9 percent of the women in Florida reported receiving a mammogram. Also, only 54.3 percent of Columbia County women reported having a clinical breast exam in the past year in 2010 compared to 61.5 percent of women in state.
- Cancer screenings have decreased significantly in Columbia County within the past 5 years. Women's health (mammograms, pap tests, and breast exams), and Colorectal screens are areas most affected. Pap tests, blood stool tests, and rectal exams, have seen the biggest decrease in utilization since 2007 measures.
- Diabetes is more prevalent in Columbia County than in the state. In 2010, 12 percent of Columbia County adults reported being diagnosed with diabetes. In the same year, only 10.4 percent of Florida adults reported being diagnosed with diabetes. The average age at which diabetes was diagnosed was similar for the county and the state (49.0 and 50.0) respectively, however, the average age in Columbia County was 48.1 in 2007. As such, the average age at which adults in Columbia County are diagnosed with diabetes has declined by nearly 1 year.
- New measures for disability rates in Columbia County were added as part of BRFSS indicators in 2007. Available data for 2010 show that the percentage of Columbia County residents who are limited in any way because of physical, mental or emotional problems has increased since 2007. Currently, Columbia County compares unfavorably to Florida measures (29.3 percent and 24.3 percent respectively).
- Columbia County compares unfavorably to the state with respect to the population of adults who engage in binge drinking. In the past 3 years (2007 to 2010), the percentage of adults who

engage in binge drinking has risen 2 percent.

- Columbia County historically compares unfavorably to state measures with respect to the percentage of current smokers. From 2007 to 2010, there was a slight decrease in the percentage of current smokers; however, Columbia County compares unfavorably to the state (27.9 percent and 17.1 percent, respectively).
- Columbia County compares unfavorably to the state in regards to the average number of unhealthy physical days in the past 30 days. In 2010, Columbia County residents self-reported the average number of days to be 5.5 while the residents in the state reported 4.1 days. This represents a 34 percent difference.
- Improvements have been made in Columbia County with respect to HIV testing. In 2010, 52.1 percent of adults (under the age of 65) have been tested for HIV. This indicator compares favorably to the state were 48.4 percent of those reporting have been tested. Over 28 percent of adults less than 65 years old think they can get AIDS virus from mosquitoes in Columbia County, compared to only 19.2 percent of Florida residents.
- Columbia County compares unfavorably to the state with respect to the percentage of adults who are overweight (Body Mass Index between 25 and 30) or obese (BMI greater than 30). Over 70 percent of the adult populations in Columbia County are overweight or obese while 65 percent of the Florida populations are overweight or obese.
- Only 50 percent of Columbia County residents reported visiting a dentist or a dental clinic in the past year in 2010, compared to 64.7 percent of Florida residents.
- In 2010, 27.9 percent of Columbia County residents were current smokers, during the same year, only 17.1 percent of Florida residents were current smokers. This represents a difference of more than 63 percent.

Health Care Access and Utilization

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

- The Florida Health Insurance Study (FHIS) initiated by the Florida legislature provides reliable estimates of the percentage and number of Floridians without health insurance. It focuses on Floridians under age 65; since virtually all Americans age 65 or older have some health coverage through Medicare. According to the 2004 FHIS, 20.4 percent of the population was uninsured, which is little more than 6 percent higher than the percentage of uninsured Floridians (Technical Appendix Report Table 24).
- The Census Bureau's Small Area Health Insurance Estimates (SAHIE) program produces estimates of health insurance coverage for states and all counties. According to the 2007 estimates, 20.5 percent of the Columbia County population was uninsured compared to 24.2% in the State (Technical Appendix Report Table 24).
- In October 2011, SAHIE released 2007 estimates of health insurance coverage by age, sex, and income categories at the county-level. Columbia County fares slightly better than the state for different age groups. It is notable that, 20.5 percent of 18-64 year olds were uninsured, 16.5 percent of 40-64 year olds were uninsured, and 15.7 percent of population under 19 years of

age was uninsured (Technical Appendix Report Table 26).

- The total number of Medicaid enrollees in Columbia County for 2009 was 13,798 individuals, which equals 19.9 percent of the total population in comparison to 14.2 percent for Florida (Technical Appendix Report Table 90).
- Total Medicaid expenditures in Columbia County for the period of July 2007-April 2008 equaled $54,296,338.31. The largest share of Medicaid dollars during the same period went to Inpatient Hospital Services -19.2 percent, Prescribed Drugs-16.5 percent, and Skilled Nursing Facility (SNF)-16.0 percent. In comparison, for the state of Florida the largest share of Medicaid dollars went to HMO-Physicians Health Plan-21.6 percent, Skilled Nursing Facility (SNF)-19.2 percent, and Inpatient Hospital-17.6 percent (Technical Appendix Report Table 92).
- The rates of primary care physicians per 100,000 are substantially lower in Columbia County than in Florida. Overall the rates are 137.0 and 300.6, respectively (Technical Appendix Report Table 95).
- The rate of licensed dentists in Columbia County is 25.3 in comparison to 61.9 percent for the state (Technical Appendix Report Table 96).
- In 2009, there were a total of 10,795 hospital discharges in Columbia County (Technical Appendix Report Table 98).
- In the same year almost half of the costs of all hospitalizations, 45.3 percent were paid by Medicare, followed by private insurance at 22.7 percent, and Medicaid at 22.2 percent. For the state of Florida as a whole, Medicare was also the most substantial payor for hospital services, with private insurance ranking second, followed by Medicaid (Technical Appendix Report Table 99).
- The most frequent causes of hospitalization were birth associated e.g. normal newborn and vaginal delivery, digestive disorders, chest pain, and psychoses (Technical Appendix Report Table 100).
- The rate of avoidable hospitalizations for the period 2007-2009 in Columbia County was 21.6 per 1,000 non elderly as compared to 13.8 for Florida (Technical Appendix Report Table 101).
- In 2009, the largest payor source for avoidable hospitalizations in Columbia County was private insurance at 28.3 percent, followed by Medicaid at 27.5 percent, and Medicare at 27.2 percent (Technical Appendix Report Table 102).

County Health Rankings

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

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

The Rankings are available for 2011. In the year 2011, Columbia County ranked 45th for health factors and 52nd for health outcomes. It is notable that Columbia County fares worse than the state on poor or fair health, poor physical health days, adult obesity, motor vehicle crash death rate, teen birth rate, primary care physicians, and preventable hospital stays as seen in the table below:

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

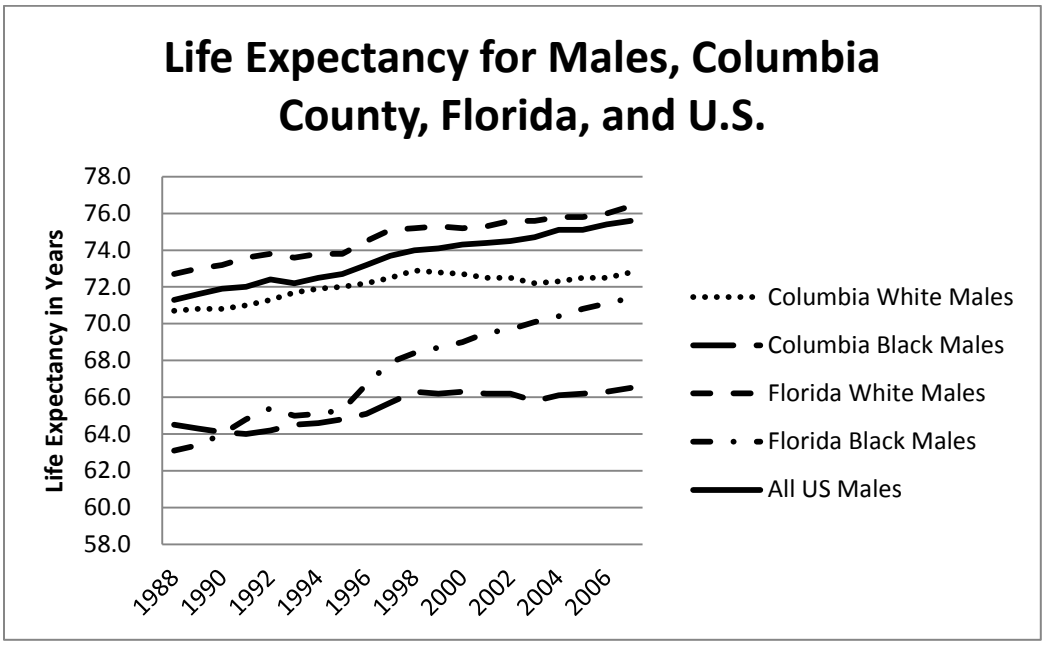
Measure	Columbia County	State	National benchmark (90th percentile)
Poor or fair health: percentage of adults reporting fair or poor health	20%	16%	10%
Poor physical health days: average number of physically unhealthy days in last 30 days	4.4	3.5	2.6
Adult obesity: percentage of adults that report a BMI greater than 30	29%	24%	25%
Motor vehicle crash death rate: Motor vehicle crash deaths per 100,000	35	19	12
Teen birth rate per 1,000 females in ages 15-19 years	69	45	22
Primary care physicians: ratio of population to primary care physicians	1,489:1	983:1	631:1
Preventable hospital stays: Hospitalization rate for ambulatory care-sensitive conditions per 1,000 Medicare enrollees	97	65	52

Source: University of Wisconsin Population Health Institute, September 2011

Life Expectancy

In June 2011, a study by the Institute for Health Metrics and Evaluation (IHME) at the University of Washington released a complete time series for life expectancy for all US counties from 1987 to 2007 for each sex, for all races combined, for Whites, and for Blacks. Nationally, life expectancy increased 4.3 years for men and 2.4 years for women between 1987 and 2007. The following are graphical illustrations of overall life expectancy rates for Columbia County residents in comparison with their state counterparts as well as all US males and females from 1987-2007 (Technical Appendix Report Table 112). As seen in Figure 2-1, White males in Columbia County lived nearly six years longer than their Black counterparts. The life expectancy for White and Black males in the county is below the national and state averages, and the racial disparity is evident at the state and national levels for Black males.

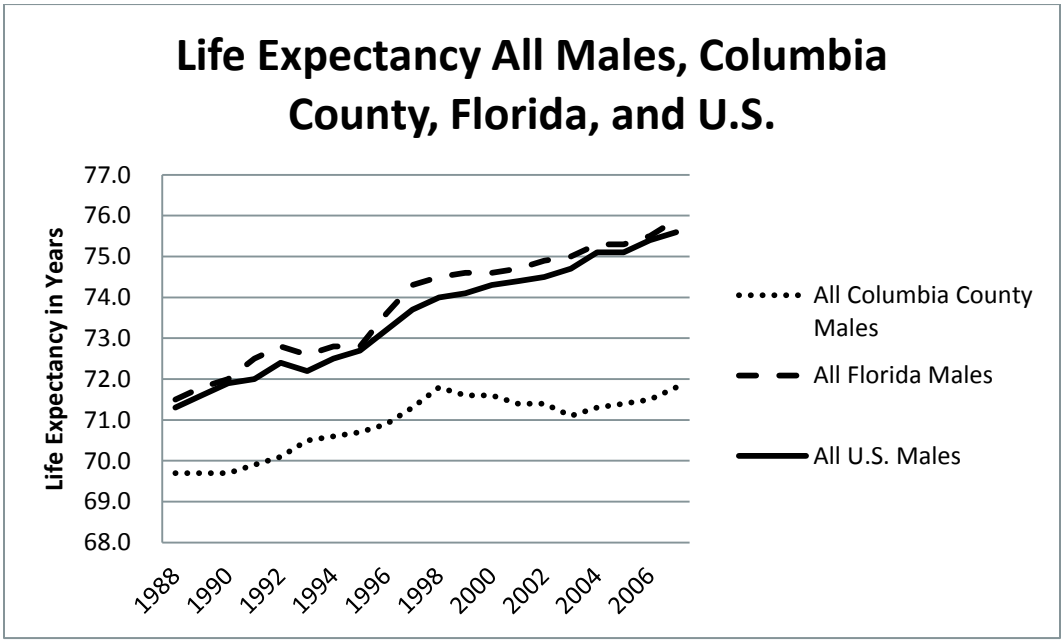
Figure 2-1: Life Expectancy in Males by Race, Columbia County, Florida and U.S., 1987-2007.



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

As shown below, the life expectancy for males, regardless of race/ethnicity, in Columbia County is nearly five years shorter than the life expectancy for males in the United States and in Florida.

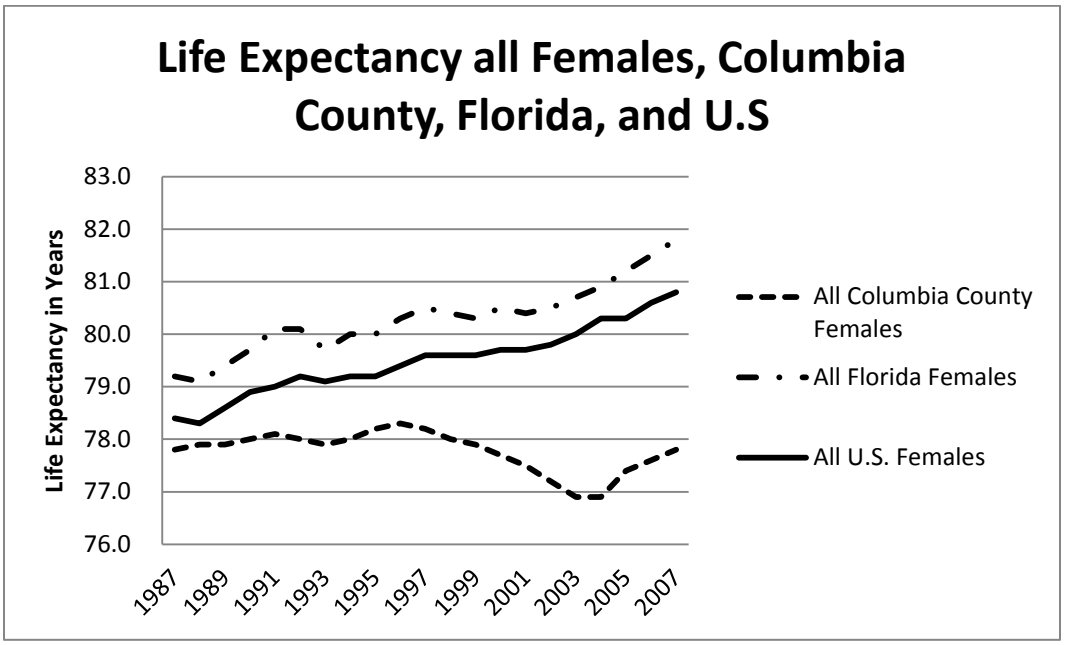
Figure 2-2: Life Expectancy in Males for All Races, Columbia County, Florida and U.S., 1987-2007.



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

Columbia County White females live nearly three years shorter than United States females, and four years shorter than Florida White females.

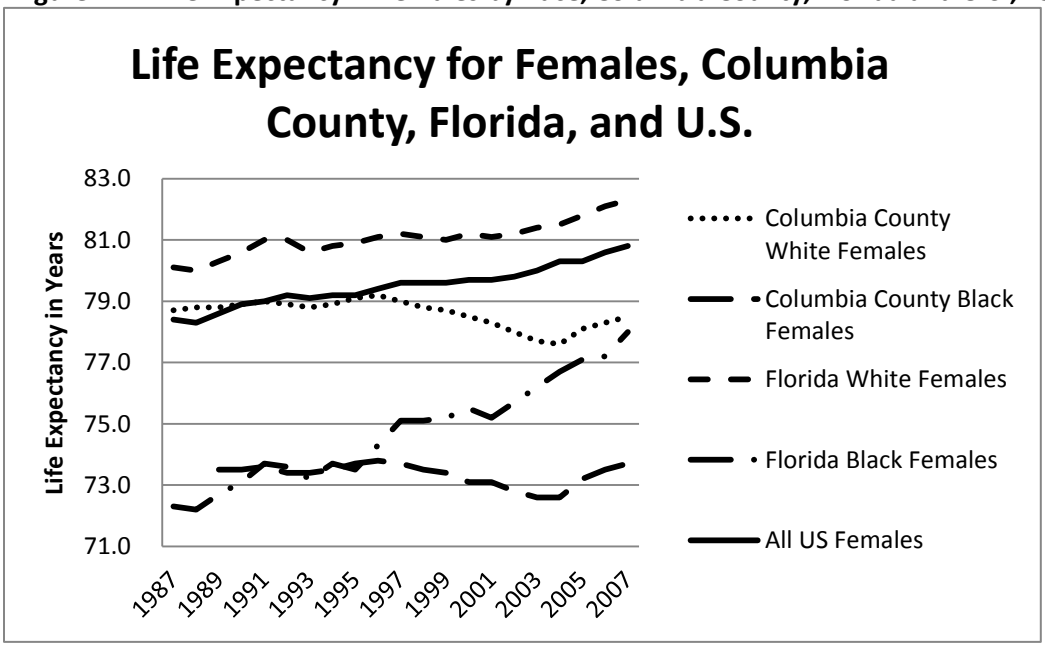
Figure 2-3: Life Expectancy in Females for All Races, Columbia County, Florida and U.S., 1987-2007.



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

Columbia County White females outlive their Black counterparts by nearly four years. As such, the life expectancy for Columbia County white females is nearly three years shorter than the life expectancy of Florida white females, and the life expectancy of Columbia County black females is nearly 8 years shorter than the life expectancy of Florida white females.

Figure 2-4: Life Expectancy in Females by Race, Columbia County, Florida and U.S., 1987-2007.



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

Researchers at IHME suggest looking at high rates of obesity, tobacco use, and other preventable risk factors for an early death as the leading drivers of the gap.

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

Introduction

Listening to and gauging the perspectives of the community are essential to any community-wide initiative. The impressions and thoughts of community residents can help pinpoint important issues, highlight possible solutions and feed into the identification of strategic issues. The Community Themes and Strengths Assessment (CTSA) is reliant upon community perspectives answers the questions such as: "What is important to our community?" "How is quality of life perceived in our community?" and "What assets do we have that can be used to improve community health?" This assessment results in a strong understanding of community issues and concerns, perceptions about quality of life, and an identification of key assets and deficits of community assets.

To gain a better understanding of these issues for Columbia County, the needs assessment process employed two major approaches: community focus groups with residents and a survey of Columbia County physicians. These approaches were selected in order to obtain the thoughts, opinions and concerns of those who experience the health system and health outcomes first hand: the residents who seek care and experience outcomes and the physicians who provide care and witness outcomes. In the discussion below, community focus groups with residents are addressed first followed by the physician survey. The section concludes with an overview of the key issues in common among both residents and physicians.

Community Focus Groups

Methodology

One trained focus group facilitator conducted six focus groups. One focus group was held via conference call; the remaining five focus groups were held at health clinics, community organizations, and residential community centers. A total of 36 individuals participated in the six focus groups and had the following demographic profile: 27.8% males, 72.2% females, 33.3% White, 58.3% Black, and 8.4% Hispanic. The ages of participants, who were 50+ years of age accounted for 33.3%, 40-49 years old accounted for 25%, 30-39 years old 22.2%, 20-29 years old 13.5% and 18-20 years old 6%.

Participants for these groups were recruited by advertisements posted at local shopping centers, the Columbia County Health Department, churches, community centers, libraries and through word-of-mouth recruiting. A $20.00 stipend was offered as a participation incentive at the conclusion of each meeting. A $20.00 gift card was mailed to participants who took part in a focus group via conference call. Participant recruitment began approximately two weeks prior to the first focus group meeting. Participant registration was undertaken through a designated telephone line at the WellFlorida Council.

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

Focus Group Questions and Answer Summaries

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

Brief Summary

Participants defined a healthy community in various ways. All of the groups stated that having access to affordable health care services for all community members was an essential element of a "healthy community." Major emphasis was put upon living a healthy lifestyle including exercising, proper nutrition, and preventative health care services regardless of the ability to pay. Several groups mentioned having a well-educated community and having a community where people worked together to address health care concerns as major components of a healthy community.

Notable Quotes

"A rich community that has access and ability to support a healthy community."

"A community with facilities where people feel comfortable entering even if no ability to pay."

"A well-educated community that focuses on health maintenance, prevention, and treatment."

"A place where community comes together to address health problems."

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

Brief Summary

Access to quality healthcare was the top priority for all participants for creating a healthy community. Other top priorities included core leadership, finance, and knowledgeable assessment of health priorities. Other groups frequently discussed outdoor spaces, affordable access to nutritious food, and access to health insurance.

Notable Quotes

"Find out what the problems are and know where you've come from to know where you are going."

"A community coming together, making group decisions."

"Participation in the community is a major influence on others, we all must be involved."

"Having facilities and infrastructure to provide quality health care must be in place."

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

Brief Summary

Opinions varied across the groups that health and the quality of life were both good and bad in Columbia County. Many people cited that the close proximity to a major city, hospitals, open spaces, outdoor recreation, and knowing your neighbors were good aspects to quality of life in Columbia County. However, those living in rural areas were more likely to mention problems with access to health services, pharmacies, and other support services. When asked to rate the health and quality of life on a scale of 1(the worst) to 10(the greatest), participants gave Columbia County an average score of 5.45. A majority of participants noted that the health and quality of life had "declined" in the past few years, but most felt this was a universal problem that stemmed from the economic decline and loss of employment and benefits.

Notable Quotes

"Seventy-five percent of people (in the county) know about the problems, but they are unwilling to participate."

"Things have improved here; there are shorter waits in the E.R."

"The limitations on care, especially for dental, have made it harder for people stay healthy."

"The economy and workforce decline has been a major impact, making people choose between being healthy and keeping a roof over their heads."

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

Brief Summary

Answers varied among all of the groups. A major trend of all groups included lack of insurance, aging population, and access to pharmaceutical care as the most pressing health issues in the county. Several groups mentioned obesity, cancer, heart problems, and the number of people with chronic disease in Columbia County as vital concerns for the community. While others stated the lack of Medicaid doctors, transportation, and limited specialty care are major concerns.

Notable Quotes

"There is no transportation to get to medical appointments; the medical van always makes me arrive late."

"People just do not have the money to pay for cost of living and medical care, especially prescriptions."

"People are being forced to choose between medications and food."

"The unhealthy lifestyles have worsened since the economy crashed."

"We simply do not have doctors that will accept Medicaid payments."

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

Brief Summary

All of the focus groups mentioned high unemployment rates, lack of affordable health services, and lack of health insurance as reasons for the occurrence of health issues in the community. All of the groups also noted that these were universal problems and not necessarily specific to Columbia County. Several communities mentioned limited prescription assistance and rising costs of healthy foods. Lack of activities for teenagers were thought to help fuel drug and alcohol use and mentioned as reasons that account for the high percentage of teen pregnancy in the county.

Notable Quotes

"There seems to be a high number of people seeking pain management, but I'm not sure why, unless they are spin-offs from the pill mills. Tampa is really the closest Medicaid provider for pain management."

"People are tired of being rejected for services. The people that tell the truth and fill in forms properly do not get help, but those that lie on the applications just get assistance easily."

"Family history, education, and lack of physical activity are the primary reasons for our problems."

"I don't know where to go get services, it always seems I never qualify for anything, thou I'm unemployed."

"It seems the resources are so limited and there's so much red tape that people give up and choose unhealthy options."

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

Brief Summary

The children, poor/uninsured, and the elderly were mentioned by all of the focus groups as populations whose quality of life may not be as good as others. These special populations also have problems with transportation which decrease their access to needed services. Several focus groups mentioned the Hispanic population and African American men for not seeking health care services.

Notable Quotes

"Outside of city limits seems to be the worst."

"Many of our residents, even if employed, are still under-insured."

"There are lots of non-profits here, but they are all overwhelmed."

Hispanic Men: "they wait until they are on their death bed to seek care."

"Black men simply don't go to the doctor until it's too late."

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

Brief Summary

Focus groups mentioned faith-based communities, the Columbia County Health Department, Family Health Center of Columbia County, non-profit health services, and schools as major strengths of the community.

Notable Quotes

"Many places are offering things such as free flu shots, but I'm not sure people are taking advantage of them."

"We are fortunate to have the health department and Family Medical Center to offer sliding fee scale services."

"They (Hospital) offer a lot of educational services to the community free of charge."

"Churches are the biggest and best resource we have in Columbia County. They provide a number of food pantries and financial assistance."

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

Brief Summary

There was consensus among all of the groups that lack of insurance, being underinsured, and transportation as the leading barriers to accessing health care in the county. All focus groups also mentioned the economy, lack of jobs, and lack of knowledge about resources available as barriers to improving health and quality of life.

Notable Quotes

"There needs to be more advertising of available resources."

"There is still a stigma associated with the health department, people stereotype you as poor."

"People do not want to get involved. There is a lack of empathy."

"If it doesn't directly affect the person they will not get involved."

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

Brief Summary

Two focus groups cited that there were enough primary care facilities to offer services. The remaining groups stated there was not enough free or sliding-fee-scale primary care. Almost every group identified transportation and lack of insurance as reasons for not being able to access primary routine medical care. Lack of information on what is available in the community was also prevalent.

Notable Quotes

"We have plenty of primary care, but its finding a doctor that will take Medicaid or Medicare is the problem."

"No, many people have to go to Gainesville."

"Specialty services are so limited that you have to go out of town."

"Doctors are double-booked and create long waits; for those that work it creates problems."

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

Brief Summary

Specialty care services were mentioned most often as reasons for going out of county for health care services. There was consensus among all of the groups that affordable eye and dental care were the primary service missing in their community. Even though most participants did state there were plenty of dentists, the affordability of the services made people travel to other counties.

Notable Quotes

"There is a huge need for an after-hours urgent care center."

"Need a helpline to call nurses or doctors after-hours for medical questions."

"We need a pain management center that takes Medicaid and Medicare, the closet one is Tampa."

"We are seeing an increased need for drug rehab services."

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

Brief Summary

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

- The need to work in collaboration with other resources in the area to make an impact.
- Community involvement and neighbors helping neighbors to make a difference in the community.
- Less Federal government regulations and more proactive local government.
- Focusing on the quality of health care services over quantity of patients is needed.
- Focus on prevention health services.

Primary Areas of Concern

- Majority of problems addressed are universal and not distinctly common to Columbia County.
- Focus on prevention health services
- Disparities in Columbia County exist among:
  - Hispanic and African American men
  - Specific geographic areas (outside city limits)
  - Children
  - Elderly
- Access to healthcare
  - limited transportation
  - affordability
  - uninsured and underinsured
  - not many Medicaid and Medicare providers
- Lack of Specialty services
- Availability of quality health care services
- Strong CBOs and faith-based organizations working together to help the community

Physician Surveys

Methodology

The Columbia County MAPP Needs Assessment Steering Committee worked with WellFlorida Council to formulate and physician survey that would touch upon some of the same topics addressed during the focus groups. Working in cooperation with the facilities represented by Steering Committee members, the surveys were distributed during January 2012 via a variety of modes. Respondents were given the choice of completing the survey by hand and faxing their responses or using SurveyMonkey to submit their responses. Sixteen (16) physicians submitted responses to the survey. Coupled with the resident

focus groups, 52 individuals thus participated in the CTSA process and weighed in with their perspectives of the health of Columbia County.

Summary of Physician Responses

Tables 3-1 through 3-7 detail the physician survey responses. Table 3-1 shows that of the physicians surveyed, the following were the most important factors in defining a healthy community:

- Healthy behaviors and lifestyles (75.0%)
- Accessibility and affordability of health care (56.3%)
- High level of personal responsibility (37.5%)
- Good jobs and the economy (25.0%)
- Strong family life (25.0%)

Each of these five factors was selected as important by at least one out of every four physicians responding to the survey.

Table 3-1: Question 1: In the following list, what do you think are the THREE most important factors that define a "Healthy Community" (those factors that most contribute to a healthy community and quality of life)?

Choices	Number	Percent of the total Respondents
Healthy behaviors and lifestyles	12	75.0
Accessibility and affordability of health care	9	56.3
High level of personal responsibility	6	37.5
Good jobs and healthy economy	4	25.0
Strong family life	4	25.0
Amply supply of primary and specialty physicians	3	18.8
Communication among providers and agencies	3	18.8
Good schools	2	12.5
Low crime/safe neighborhoods	2	12.5
Affordable housing	1	6.3
Good place to raise children	1	6.3
Low adult death and disease rates	1	6.3
Awareness of resources	0	-
Clean environment	0	-
Low infant deaths	0	-
Low level of child abuse	0	-
Parks and recreation	0	-
Other	0	-

Source: Columbia County Physician Survey, 2012.

Table 3-2 details what physician respondents thought were the most important health problems in the community. The following problems were all identified by 30% or more of physician respondents:

- Heart disease and stroke (62.5%)
- Obesity (56.3%)
- Diabetes (43.8%)
- High blood pressure (31.3%)

Table 3-2: Question 2 - In the following List, what do you think are the THREE most important "health problems" in the community (those problems which have the greatest impact on overall community health)?

Choices	Number	Percent of the total Respondents
Heart Disease and Stroke	10	62.5
Obesity	9	56.3
Diabetes	7	43.8
High Blood Pressure	5	31.3
Aging Problems	3	18.8
Teenage Pregnancy	3	18.8
Other: Drug Abuse	3	18.8
Dental Problems	2	12.5
Mental Health Problems	2	12.5
Respiratory/Lung Disease	2	12.5
Cancers	1	6.3
Infectious Diseases	1	6.3
Child Abuse/Neglect	0	-
Domestic Violence	0	-
Firearm-Related Injuries	0	-
HIV/AIDS	0	-
Homicide	0	-
Infant Death	0	-
Motor Vehicle Crash Injuries	0	-
Rape/Sexual Assault	0	-
Sexuality Transmitted Diseases	0	-
Suicide	0	-

Source: Columbia County Physician Survey, 2012.

Physicians were also asked what are the most important risky behaviors in Columbia County (those which have the greatest impact on the overall health of the community). As seen in Table 3-3, the following risky behaviors were selected by at least one out of every four physician respondents as the most impactful:

- Being overweight (81.3%)
- Tobacco use (56.3%)
- Drug abuse (50.0%)
- Alcohol abuse (25.0%)

- Lack of exercise (25.0%)
- Not using birth control (25.0%)

These results are consistent with the physicians' perspectives that obesity and heart disease are the most pressing health problems in Columbia County. Interestingly and perhaps understandably, obesity and poor health habits in terms of exercise and eating were not mentioned as frequently or cited with as much importance by residents compared to physicians.

Table3-2: Question 3: In the following list, what do you think are the THREE most risky health behaviors for this community (those behaviors which have the greatest impact on overall community health)?

Choices	Number	Percent of the total Respondents
Being Overweight	13	81.3
Tobacco Use	9	56.3
Drug Abuse (Including Prescription Drug Abuse)	8	50.0
Alcohol Abuse	4	25.0
Lack of Exercise	4	25.0
Not Using Birth Control	4	25.0
Poor Dental Hygiene	2	12.5
Unsafe Sex	2	12.5
Not Getting Immunizations to Prevent Disease	1	6.3
Violence	1	6.3
Other	0	-
Dropping Out of School	0	-
Not Using Seat Belts/ Child Safety Seats	0	-
Poor Eating Habits	0	-
Racism	0	-

Source: Columbia County Physician Survey, 2012.

Given the responses cited in Tables 3-2 and 3-3, it may not be surprising that when asked how one would rate Columbia County as a "healthy community," the majority of the physicians responding to the survey rated Columbia County "fair" and only 6.3% rated Columbia County as "very good" or "excellent" (Table 3-4).

Table3-3: Question 4: How would you rate Columbia County as a "healthy community"?

Choices	Number	Percent of the total Respondents
Poor	1	6.3
Fair	11	68.8
Good	3	18.8
Very Good	1	6.3
Excellent	0	-
Don't Know	0	-

Source: 2012 Columbia County Physician Survey.

Table 3-5 shows that the vast majority of physician respondents rated the overall health-related quality of life in Columbia County as “fair”. This is consistent with the views of the residents participating in focus groups regarding overall quality of life. Resident participants were asked to rate on a scale of 1 (the worst) to 10 (the best) the overall quality of life. Their average rating was 5.45.

Table 3-4: Question 5: How would you rate the overall health-related quality of life in Columbia County?

Choices	Number	Percent of the total Respondents
Poor	1	6.3
Fair	10	62.5
Good	5	31.3
Very Good	0	-
Excellent	0	-
Don't Know	0	-

Source: 2012 Columbia County Physician Survey.

As seen in Table 3-6, nearly 44% of the physician respondents rated the overall accessibility to health care for residents as “good” while nearly 50% rated it as “fair” or “poor”. Slightly more than 6% rated accessibility as “excellent” but clearly the vast majority of the respondents rated the accessibility as fair to good.

Table 3-5: Question 6: How would you rate the overall accessibility to health care for residents of Columbia County?

Choices	Number	Percent of the total Respondents
Poor	2	12.5
Fair	6	37.5
Good	7	43.8
Very Good	1	6.3
Excellent	0	-
Don't Know	0	-

Source: 2012 Columbia County Physician Survey.

Finally, physicians were asked to rank Columbia County's abilities (i.e. strengths, characteristics and resources available) to address the County's most pressing health and health care issues. With "1" being at the lowest level and "10" being at the highest levels, the average physician response to this question was 4.9, indicating perhaps average amount of confidence in Columbia County's abilities to address the most pressing issues confronting it (Table 3-7).

Table 3-6: Question 7. On a scale of 1 to 10 with "1" being at the lowest level and "10" being at the highest level, how would you rate Columbia County's overall internal strengths, characteristics and resources to address the County's most pressing health and health care issues and needs ?

Rankings	Number	Percent of Total Respondents
1	0	-
2	1	6.3
3	1	6.3
4	2	12.5
5	8	50.0
6	3	18.8
7	1	6.3
8	0	-
9	0	-
10	0	-

The average score for the question was 4.9

Source: 2012 Columbia County Physician Survey.

Key Themes among Community and Physicians

Analysis of the resident and physician participant response from the CTSA process yields the following key observations and themes:

- Access to affordable care and a strong economy are essential to a healthy community.

- Obesity and chronic diseases stemming from obesity are the major health problems in Columbia County; while these issues are driven by personal health decisions, the overall infrastructure and cultural structures in Columbia County may not be fully supportive of making good personal health choices for all constituencies.
- Limited transportation is an ongoing issue for many, and remains one of the leading barriers to care (after affordability/access to insurance), especially for the low-income, the uninsured and those living in the more rural parts of Columbia County.
- Improving the community's health will require both increased personal responsibility and an ongoing community focus on health issues.
- Overall health-related quality of life is rated fair to good, and rarely viewed as very good to excellent.
- A continued and increased local focus will be required to overcome some of the most pressing issues and daunting challenges (rather than waiting for federal or state support and direction).
- The community-based and faith-based organizations are strong assets for Columbia County and will be integral to community health improvement efforts.
- The uncertainty in the changing healthcare landscape with national health reform and state Medicaid reform increases the complexity of planning community health improvement initiatives.

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

The NPHPSP Report of Results

Introduction

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

The NPHPSP is a collaborative effort of seven national partners:

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

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

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

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

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

About the Report

Calculating the Scores

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

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

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

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

Understanding Data Limitations

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

Because of the limitations noted, the results and recommendations associated with these reported data should be used for quality improvement purposes. More specifically, results should be utilized for

guiding an overall public health infrastructure and performance improvement process for the public health system. These data represent the collective performance of all organizational participants in the assessment of the local public health system. The data and results should not be interpreted to reflect the capacity or performance of any single agency or organization.

Presentation of Results

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

For ease of use, many figures and tables use short titles to refer to Essential Services, model standards, and questions. If in doubt of the meaning, please refer to the full text in the assessment instruments. Sites may choose to complete two optional questionnaires - one which asks about priority of each model standard and the second which assesses the local health department's contribution to achieving the model standard. Sites that submit responses for these questionnaires will see the results included as an additional component of their reports. Recipients of the priority results section may find that the scatter plot figures include data points that overlap. This is unavoidable when presenting results that represent similar data; in these cases, sites may find that the table listing of results will more clearly show the results found in each quadrant.

Tips for Interpreting and Using NPHPSP Assessment Results

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

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

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

Although respondents will ultimately want to review these results with stakeholders in the context of their overall performance improvement process, they may initially find it helpful to review the results

either individually or in a small group. The following tips may be helpful when initially reviewing the results, or preparing to present the results to performance improvement stakeholders.

Examine Performance Scores

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

Review the Range of Scores within Each Essential Service and Model Standard

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

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

Consider the Context

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

The results viewed in this report should be considered within the context of this qualitative information, as well as with other information. The assessment report, by itself, is not intended to be the sole "roadmap" to answer the question of what a local public health system's performance improvement priorities should be. The original purpose of the assessment, current issues being addressed by the community, and the needs and interests for all stakeholders should be considered.
Some sites have used a process such as Mobilizing for Action through Planning and Partnerships (MAPP) to address their NPHPSP data within the context of other community issues. In the MAPP process, local users consider the NPHPSP results in addition to three other assessments - community health status, community themes and strengths, and forces of change - before determining strategic issues, setting priorities, and developing action plans. See "Resources for Next Steps" for more about MAPP.

Use the Optional Priority Rating and Agency Contribution Questionnaire Results

Sites may choose to complete two optional questionnaires - one which asks about priority of each model standard and the second which assesses the local health department's contribution to achieving of the model standard. The supplemental priority questionnaire, which asks about the priority of each model standard to the public health system, should guide sites in considering their performance scores

in relationship to their own system's priorities. The use of this questionnaire can guide sites in targeting their limited attention and resources to areas of high priority but low performance. This information should serve to catalyze or strengthen the performance improvement activities resulting from the assessment process.

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

Final Remarks

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

Performance Assessment Instrument Results

The LPHSA basically asks the question: "How well did the local public health system perform the ten Essential Public Health Services?" Table 4-1 (below) provides a quick overview of the system's performance in each of the 10 Essential Public Health Services (EPHS). Each EPHS score is a composite value determined by the scores given to those activities that contribute to each Essential Service. These scores range from a minimum value of 0% (no activity is performed pursuant to the standards) to a maximum of 100% (all activities associated with the standards are performed at optimal levels).

As seen in Table 4-1, five of the ten Essential Services scored 50 or below (**bold** in the table below), which indicates a self-assessment of moderate or less performance against the standards. Typically, Essential Public Health Services 8 and 10 are relatively more out of the direct control of the local public health system as they are dictated by geographical dynamics or macroceconomic trends and circumstances. However, the low scores for EPHS 4, 7 and 9 may indicate that there are opportunities in Columbia County to better mobilize community partnerships to identify and solve health problems; to link people to needed personal health services and assure the provision of healthcare when otherwise unavailable; and to evaluate effectiveness, accessibility and quality of personal and population-based health services.

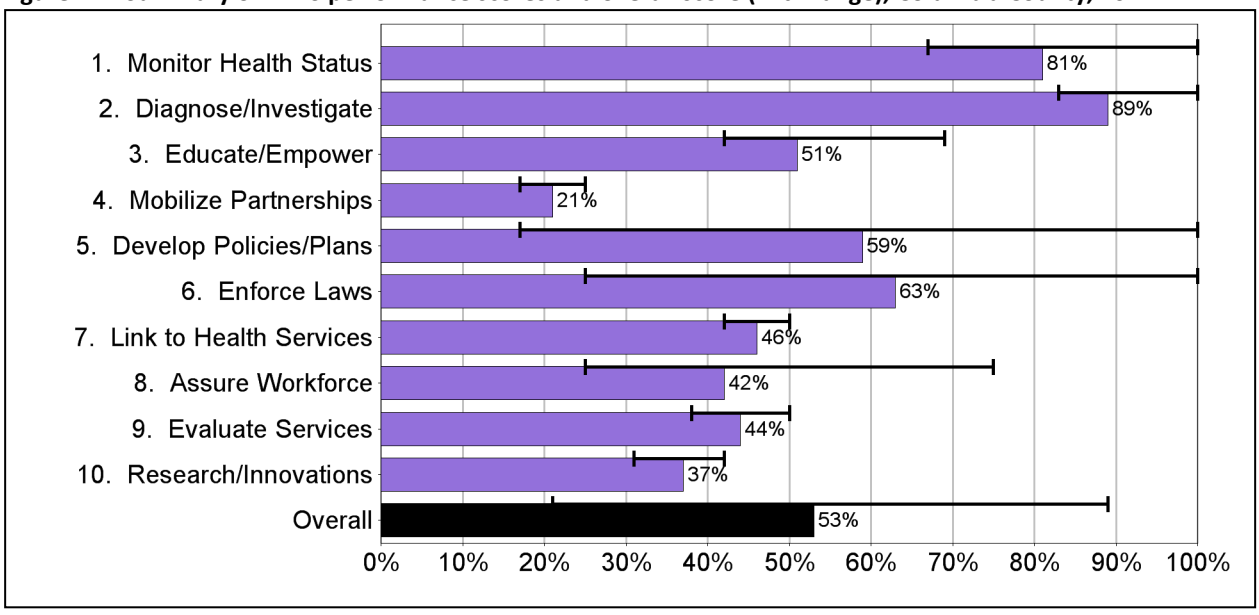
Figure 4-1 (below) displays performance scores for each Essential Service along with an overall score that indicates the average performance level across all 10 Essential Services. The range bars show the minimum and maximum values of responses for the various questions asked within the Essential Service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

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

EPHS		Score
1	Monitor Health Status To Identify Community Health Problems	81
2	Diagnose And Investigate Health Problems and Health Hazards	89
3	Inform, Educate, And Empower People about Health Issues	51
4	**Mobilize Community Partnerships to Identify and Solve Health Problems**	**21**
5	Develop Policies and Plans that Support Individual and Community Health Efforts	59
6	Enforce Laws and Regulations that Protect Health and Ensure Safety	63
7	**Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable**	**46**
8	**Assure a Competent Public and Personal Health Care Workforce**	**42**
9	**Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services**	**44**
10	**Research for New Insights and Innovative Solutions to Health Problems**	**37**
Overall Performance Score		53

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

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

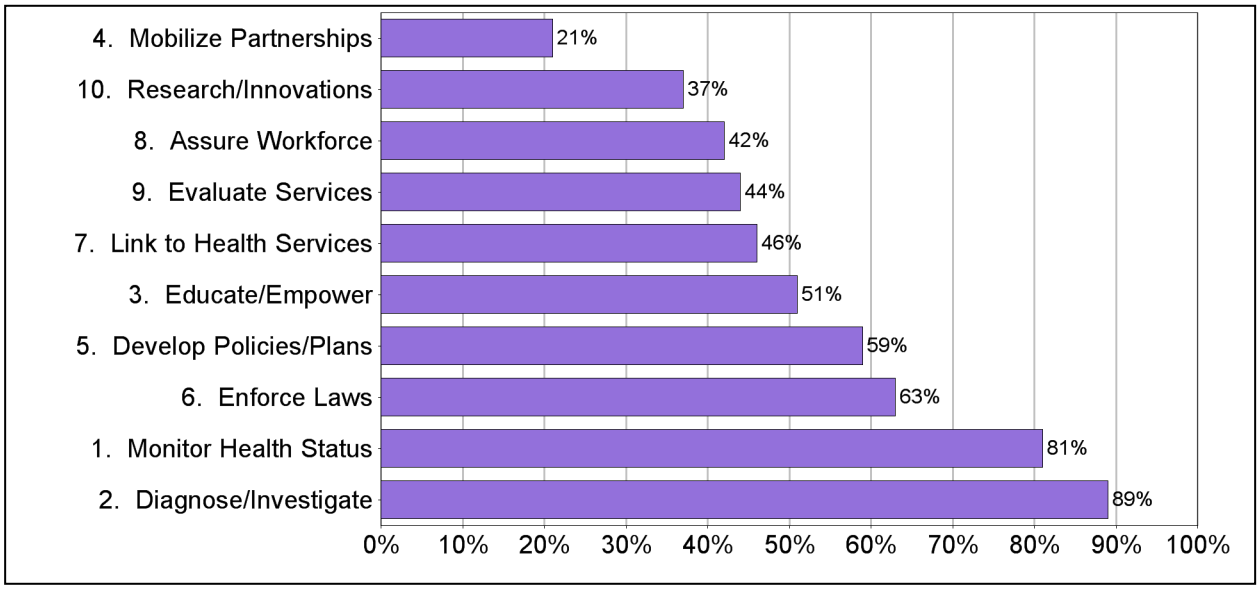


Source: Local Public Health System Assessment Scoring Results, Columbia County, September 2011.

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

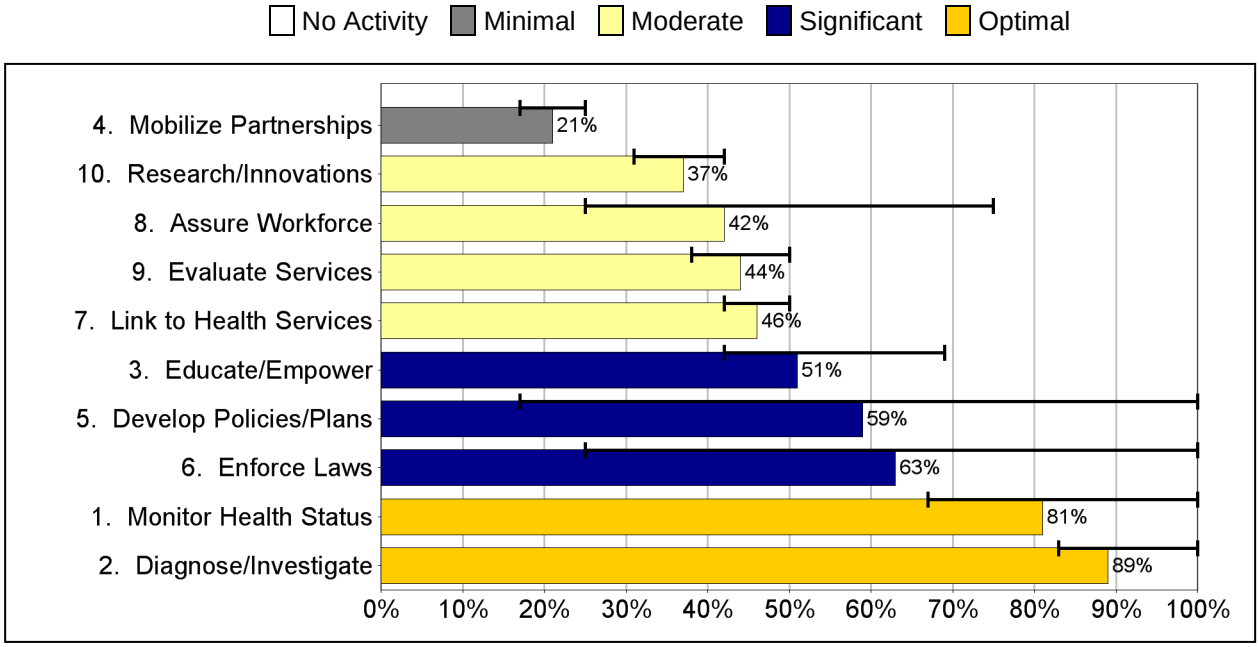
Figure 4-3 (below) provides a composite picture of the previous two graphs. The range lines show the range of responses within an Essential Service. The color coded bars make it easier to identify which of the Essential Services fall in the five categories of performance activity.

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



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

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



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

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Section 5: Columbia County Forces of Change Assessment (FCA)

Introduction

One of the main elements of the MAPP process in the development of a community wide strategic plan for public health improvement includes a Forces of Change Assessment (FCA). The *Columbia County Forces of Change Assessment* is aimed at identifying forces—such as trends, factors, or events that are or will be influencing the health and quality of life of the community and the work of the local public health system.

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

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

Methodology and Results Summary

The MAPP Needs Assessment Steering Committee coordinated a response to the Forces of Change Assessment. Members of this Committee included representatives of the Columbia County Health Department, Lake Shore Hospital Authority, Family Health Center of Columbia County, Shands Lake Shore Regional Medical Center and Lake City Medical Center.

The FCA tool was circulated to members of the Steering Committee during December 2011 and January 2012 to generate response and perspective regarding these "forces of change." Respondents to the FCA instrument were asked to answer the following questions: "What is occurring or might occur that affects the health of our community or the local public health system?" and "What specific threats or opportunities are generated by these occurrences?" All members of the Steering Committee and their designees were encouraged to participate in the brainstorming process. Once a list of forces was identified, participants also indicated possible opportunities and/or threats these forces may have on the county's healthcare system and health outcomes.

Table 5-1 summarizes the forces of change identified for Columbia County and possible opportunities and/or threats that may need to be considered in any strategic community health improvement planning process resulting from this MAPP assessment.

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

Forces	Threats	Opportunities
Lack of specialty care for the insured and Medicaid populations	Lack of ability for patients to access specialists Increased avoidable adverse medical outcomes Increased ER usage	Possibility of creating something similar to Alachua County We Care (voluntary physician referral network)
Cuts from Legislature	Decrease in health care availability More uninsured Effects on physical, dental and mental health	Reduced taxes More personal accountability
Decreased property value	Less county revenue to fill in gaps and take care of county infrastructure	Reduced taxes More affordable housing
Medicaid reform	Lower reimbursement to Health Departments Lower reimbursement to hospitals Lower reimbursement to physicians Less access, fewer providers taking Medicaid	Saving state government money
Dental access for Medicaid and uninsured	New Medicaid HMO for dental required Lack of dental access for patients Limited dental care leads to increased health care cost	Expand dental services More opportunities for dentist
Reimbursement rate re-structuring and cuts	Reimbursements to hospitals will be based on re-admission rates though patient re-admission issues are often related to a complex mix of factors and not just hospital care during stay Fewer resources available to subsidize other parts of healthcare facilities' and providers' missions	Comprehensive community partnerships needed to reduce re-admission rates
Unemployment and workforce reductions	More uninsured More unemployed	Education and retraining

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

Forces	Threats	Opportunities
Uninsured patients inability to get medication	Not able to take care of medical issues More ER visits	Look at how we can get a pharmacy assistance program
Lack of free venues for exercise	Higher obesity rates Increased medical cost	More walking trails and other avenues for exercise
Increase in homeless population	Demand on uncompensated care Cost to school system to address Difficulty in health care delivery Increase law enforcement cost	Funding and partners to address problem
Contraction of state Department of Health and the local health department mission	Decrease in safety net providers Limit in ability to respond to disasters	New partnerships Change in priorities
Lack of mental Health access to uninsured	Increase in law enforcement cost Increase in family issues and strife	New partnerships
Federally qualified health center opening dental practice		More care for all especially safety net patients Enhanced integrated care
Federally qualified health center starting behavioral health services (collaboration with Meridian)		More care for all especially safety net patients Enhanced integrated care
Uncertainty of state and federal Medicaid and healthcare reform	Difficulty in planning for or launching community health improvement activities	
Primary care physician and nursing shortages continue unabated		Necessity may drive new partnerships
Uncertain political environment	Difficulty in planning for or launching community health improvement activities Difficult to gauge health funding priorities	

Source: Columbia County Forces of Change Assessment, December 2011 and January 2012.

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Section 6: Identification of Priority Strategic Health Issues

Background

On February 9, 2012, Jeff Feller of WellFlorida Council presented the recently completed results of the Columbia County Local Public Health System Assessment (LPHSA); the Columbia County Community Health Status Assessment (CHSA); and the Community Themes and Strengths Assessment (CTSA) to members of the Columbia County Mobilizing for Action through Planning and Partnerships (MAPP) Core Community Support Team. The Core Community Support Team is comprised of a cross-section of community leaders and concerned individuals who have knowledge and an interest in health issues, health care delivery and health outcomes in Columbia County. This presentation was designed to provide the impetus to the initial phase of ongoing strategic healthcare planning and community health improvement planning which will ultimately become the focus of Columbia County's health and healthcare vision for the next 2-3 years.

Mr. Feller's presentation followed the following outline:

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

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

Upon reviewing the CHSA, the CTSA and the LPHSA, Mr. Feller then led a facilitated discussion on the most pressing health issues in Columbia County. Issues and concerns were brainstormed and then these issues and concerns were refined into a core set of key issues. This core set of key issues was then taken back to the Needs Assessment Steering Committee and reviewed once again and compared to all of the results from each needs assessment section and all of the community input generated during the assessment process in order to refine the core set of key issues into the priority strategic health issues for Columbia County. The following sections detail the brainstorming of issues and the identification of the final priority strategic health issues for Columbia County.

Brainstorming of Issues

During the facilitated brainstorming session, participants identified the following issues regarding Columbia County health care and health outcomes:

- Access for Medicaid and the uninsured clients to specialty care is extremely limited in Columbia County.
- Reimbursement rates are an issue, though there is limited ability to affect at the local level.
- Medicare clients will soon have access issues for specialty care as well.
- Local health professionals and hospitals/nursing homes etc. will have to work together to manage readmission rates as reimbursement rates will be influenced by readmission rates.
    - Work together to management the patients through the system and not just through their own facility.
    - Work together to inform, advocate and influence public policy.
    - If done right, Columbia County and its residents could see improvements in quality of care as measured by readmission rates.
    - Patients would need to be well-informed on adherence protocols and the appropriate follow-up care-seeking steps.
- Arrange more prevention services, screenings, etc. in order to catch problems sooner in order to lower admission rates and hospital stays and improve quality of life of residents.
- Non-compliant patients are more prevalent in rural communities due to difficult barriers such as transportation and limited access to supportive care structures.
- Negative health habits are well entrenched for many in Columbia County.
- Cultural behavior may be caused due to lack of information but it also may be attitude, or the fact that they have not been compelled to change or that there are no immediate disincentives to change behavior.
- Emergency departments are full of non-emergent patients.
- Many patients say they are not going to stop poor health behaviors.
- Some people want help but can't get it due to transportation.
- The Medicaid provider base is severely limited.
- Columbia County poverty rates are higher and average incomes are much lower, so people do not have the means to access care.
- Perhaps some form of transportation network can be pulled together in order to provide transportation resources (potential partners include churches, senior center and volunteers).
- Many who desire to adhere to their doctors advice cannot afford to buy medications.
- Lower educational attainment levels may be a hindrance to community education activities.
- Those that do graduate from high school leave Columbia County and do not come back.
- Where is the community with the "inland port" concept? Better jobs equals better access to healthcare.
- Florida will be one of the 10 states to receive No Child Left Behind waiver; perhaps there will be a small window of opportunity to partner with the schools if there is some relaxation of requirements due to this waiver.
- It is difficult to cultivate partnerships with the schools that are not directly related to or have a positive impact on FCAT/standardized testing/Sunshine State Standards.
- Need to encourage people to have healthy habits, healthy eating, exercising.
- Start with the youth as this investment will pay dividends longer.
- Local churches could work on the healthy community/healthy people projects
- Need to publicize the areas available for exercise.
- Health fair with churches and other faith and community-based organizations are occurring but participation is often low.
- Health fairs are often marketed in a proprietary fashion as an individual facility outreach function and not with global community health in mind.

- Need to advertise/banners/flyers/etc. for a longer period of time and in various places.
- Need improve communication and mobilize partnership among safety net providers and key community and faith-based groups.
- Not all faith leaders are willing to allow a group to come in and do screenings, some churches are willing, but we need to work on getting other churches and faith leaders involved.
- Hospital could do a better job with health fairs. Make it less about our services and offer screenings (bring a privacy curtain). Health fairs have become more of a marketing and community presence.
- Could we start with the kids in school to do some of these screenings? Free physicals have packed gyms. Free physicals are offered every year. Perhaps offer free adult screenings at the same time.
- Kids can help coach their parents to get screenings. Example, teaching kids to hold a baby properly or put them to sleep—teaching their parents when they get home.
- Transportation is challenging due to the rural communities.
- National groups have programs where they utilize volunteer transportation networks to transport people to appointments. May have a mutual need allowing us to work together—requires volunteers.
- Public relations campaign—get a slogan and a central logo and mission statement for community health improvement in Columbia County. People need to be able to the campaign and its activities. Safety net providers and key community and faith-based organizations will all be in it together.
- Cancer is the leading cause of death in Columbia County. A work group should be established to look at the data and make sure we are not missing some environmental issues and possible causes.
- How can we make the final need assessment data available to the community? Can we make it understandable to all groups? What information should be sent to which groups?
- There needs to be many venues for people to receive the needs assessment information and make it accessible to all communities. Translate terms such as mortality/morbidity to easily understood language for all level of readers.
- Need to get more partners in the community to help meet goals determined by the steering committee.

Identification of Priority Strategic Health Issues

After the brainstorming session, key issue areas were consolidated from the various brainstorming statements into key issue areas. These following key issue areas will become the focus of ongoing strategic health and community health improvement planning for Columbia County.

1. Inappropriate use of healthcare and misuse and abuse of the system caused by sense of entitlement among some; lack of personal responsibility among some; lack of understanding of how to use health care system and what is available among some; and unhealthy lifestyle driven by predominantly by socioeconomic factors for some.
    a. Measure and hold accountable.
    b. Create wealth (through economic development opportunities) that improves health outcomes.
    c. Change the culture of tolerance.

   d. Educate the community on the true individual and community cost of poor individual health choices and behavior.
   e. Educate the community on facilities, services, providers and resources available and how to most effectively and efficiently utilize those facilities, services, providers and resources.
   f. Economic development (raise the socioeconomic levels).
2. Lack of information, communication and education drives misinformation and lack of willingness for community acknowledgement of issues.
   a. Utilize the school system as a vehicle to educate students and parents (e.g. integrate parent health fairs with events where students are provided school physicals for participating in extracurricular activities).
   b. Public service announcements/education on the quality and quantity of services in Columbia County (provide examples of positive experiences).
   c. County level branding that brands the entire community health improvement effort in Columbia County and not just one provider or entity (e.g. Got Milk advocates for milk in general and not just one provider of milk) - requires partnership for everyone to agree on the branding and not to work in silos.
   d. Cultivate ownership of the issues and the effort needed to improve Columbia.
3. Lack of specialty (including mental health providers) and general care providers and willingness of providers to offer safety-net services.
   a. Economic development (need to increase the number of people that can pay for their services that will in turn increase the willingness to provide safety-net services).
   b. Develop a system that will get physicians to accept a certain number of equitable safety-net services.
4. Lack of comprehensive community-wide teamwork and lack of community participation to address issues.
   a. Core Community Support Team - meetings should be periodic to keep people involved
   b. Targeted group of people to get the job done - accountability.
   c. Clear message to the community with clear expectations - if you deliver the community will be with you.
   d. Community buy-in.
   e. Dialogue on the health care system and health outcomes' impact on economic development with key constituencies such as the Board of County Commissioners and the Chamber of Commerce and other key community groups.

Next Steps

Some next steps to consider as part of a strategic community health improvement plan:

1. Create a formal strategic health vision for Columbia County with community-wide measurable goals and objectives.
2. Consider creating a private sector Columbia County Community Health Task Force in order to "shepherd" or "oversee" a strategic community health improvement plan.
3. Mobilize community partners as needed on specific goals and tasks.
4. Promote cities and local government buy-in to strategic and community health improvement planning (educate and inform as to the direct and indirect costs of not addressing the priority strategic health issues and the link between good health, a strong healthcare system and economic development).

5. Develop and distribute materials and information that, in plain language, inform the general public on the true costs and benefits of various health decisions they regularly make.
6. Investigate the potential for implementing a voluntary physician referral program (also sometime called a We Care Program as in Alachua County) in Columbia County (especially among the specialty care providers).
7. Create new and improved ways of informing key constituencies about what health services exist in the community and when and how to access them.
8. Piggyback adult health fairs to existing school system events that draw in students and their parents for school physicals for extra-curricular activities.
9. Form an integrated partnership to market, promote and staff community health fairs.
10. Create a web-based portal for the community health improvement activities of the Columbia County Community Health Task Force.

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