

Franklin County 2013 Community Health Assessment Report





Contributors

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Disclaimer

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

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

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Table of Contents

INTRODUCTION5
DATA SOURCES7
METHODS9
SOCIAL DETERMINANTS OF HEALTH FRAMEWORK9
PROCESS & ENGAGEMENT OF COMMUNITY HEALTH PARTNERS9
QUANTITATIVE DATA10
QUALITATIVE DATA10
LIMITATIONS10

FRANKLIN COUNTY COMMUNITY HEALTH STATUS REPORT13

NOTE: This Report is inserted “intact” into the CHA – page numbering does not continue through this report. The Report has its’ own internal page numbering and table of contents.

LOCAL PUBLIC HEALTH SYSTEM PERFORMANCE ASSESSMENT17

FORCES OF CHANGE23
BACKGROUND25
METHODS25
IDENTIFICATION OF FORCES29
SUMMARY/KEY FINDINGS37
NEXT STEPS39

COMMUNITY THEMES AND STRENGTHS41
SURVEY METHODOLOGY43
RESULTS45
NEXT STEPS60

COMMUNITY HEALTH STRATEGIC PLANNING61
SUMMARY FROM MAPP ASSESSMENTS63
HEALTH ISSUES & DISTRIBUTION -HEALTH DISPARITIES, HEALTH EQUITY
OR HIGH HEALTH RISK POPULATIONS67
STRATEGIC ISSUE 1: CHILD HEALTH68
STRATEGIC ISSUE 2: SUBSTANCE ABUSE72
STRATEGIC ISSUE 3: POVERTY76
STRATEGIC ISSUE 4: HEALTHCARE ACCESS & PREVENTION78
HEALTH ASSETS & RESOURCES80
HEALTH INSURANCE COVERAGE80
COVERAGE FOR CHILDREN83
PRIMARY CARE84
HEALTHCARE FACILITIES87

ACUTE CARE	187
EMERGENCY ROOM	91
LONG-TERM CARE	92
MENTAL HEALTH AND SUBSTANCE ABUSE	93
DENTAL CARE	94
FRANKLIN COUNTY PHYSICAL ASSETS	95
HEALTH POLICIES	97
NEXT STEPS	103
APPENDICES.....	105
APPENDIX 1 – FORCES OF CHANGE	107
EMAIL TO WORKSHOP PARTICIPANTS	107
WORKSHOP PARTICIPANTS.....	108
WORKSHOP AGENDA	109
WORKSHOP BRAINSTORMING WORKSHEET	113
WORKSHOP BRAINSTORMING WORKSHEET SUMMARY	115
WORKSHOP SUMMARY NOTES	119
APPENDIX 2 – COMMUNITY THEMES & STRENGTHS	135
SURVEY INSTRUMENT	135
SURVEY VERBATIM RESPONSES	149

INTRODUCTION

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

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

The Franklin County Community Health Assessment serves to inform the community decision making, the prioritization of health problems, and the development, implementation, and evaluation of community health improvement plans. The overarching goals of this report include:

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

Four broad focus areas were used in the CHA process:

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



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DATA SOURCES

Behavioral Risk Factor Surveillance System (BRFSS)

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

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

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

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

Florida Cancer Registry

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

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

Florida CHARTS <http://www.floridacharts.com>

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

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

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

The Inpatient Data Query provides performance and outcome data and information on selected medical conditions and procedures in Florida health care facilities.

Florida Youth Tobacco Survey (FYTS)

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

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

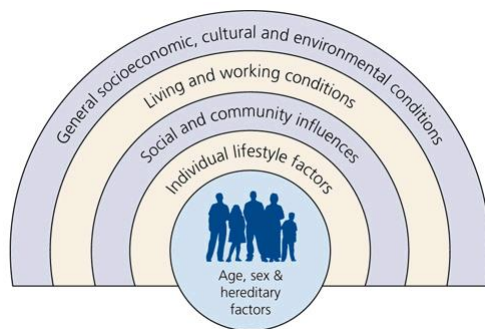
United States Census Bureau <http://quickfacts.census.gov/qfd/states/12000.html>

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

METHODS

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

Social Determinants of Health Framework



It is recognized that health is influenced by a number of factors in the dynamic relationship between people and their environments. The social determinant of health framework addresses the distribution of wellness and illness within a population. The communities in Franklin County, represented by the data within this report, live and

work within an economic, social, and political context that is enabled and constrained by the rich network constructed by its multitude of relationships. Individual lifestyle factors are influenced by and influence health outcomes throughout the Franklin County community. The social determinant of health framework focuses attention on the factors which most impact health within the larger social and economic context.

Process and Engagement of Community Health Partners

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

County. Individual members are identified throughout this report. The Forces of Change workshop and Community Themes and Strengths survey were conducted in 2012.

Quantitative Data

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

Qualitative Data

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

Limitations

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

Self-report data, such as BRFSS, should be interpreted with caution. While the Florida Department of Health, who conducts the telephone interviews for BRFSS, strives to eliminate sampling bias, respondents may not accurately report behaviors and illnesses

based on fear of social stigma or misunderstanding the question being asked. Recall bias may also limit the risk factor or health outcome data.

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

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Franklin County 2011 Community Health Status



As part of the Mobilizing for Action through Planning and Partnership (MAPP) process, the Franklin County 2011 Community Profile provides a “snapshot in time” of the demographics, employment, health status, and health resource availability of Franklin County, Florida.

Franklin County

Assessment of Health Care Services

October 2011

Table of Contents

<i>Executive Summary</i>	3
<i>Background and Process</i>	11
<i>Demographic Assessment</i>	14
<i>Health Status Assessment</i>	24
<i>Utilization and Access</i>	68
<i>Provider Assessment</i>	78
<i>Services Analysis</i>	91
Description of Report Section	91
Gulf County Health Status Indicators Summary	92
Acute Care	95
Inpatient Substance Abuse.....	97
Emergency Response	98
Emergency Department	99
Primary Care	100
Preventive Services	102
Prenatal/Obstetrical Services	103
School Health Services	104
Mental Health Services.....	105
Pharmacy Services.....	106
Dental Care	107
Hospice	108
Public Health	109
Domestic Violence	110
Respiratory Therapy Services	111
Physical Therapy Services	112
<i>End Notes</i>	113

Executive Summary

Sacred Heart Hospital on the Gulf (SHHG) opened its doors on March 15, 2010 in Port Saint Joe. As part of its commitment to its presence in Gulf County, SHHG commissioned a countywide Needs Assessment of Gulf County. However, in order to understand the dynamics and needs of a greater area, this similar study for Franklin County was commissioned at the same time.

The goal of the Assessment is to define the current health status of Franklin County residents, identify the current resources, project the needed resources, and identify the gaps in services. This information is presented as a tool for local planners to develop strategies for meeting the needs of Franklin County residents and for assuring that the providers in the County remain viable.

The current health care environment is certainly in flux, with new federal policies (opportunities and challenges) being proposed that imply dramatic changes in delivery methods, and new state policies that sometimes conflict with the federal policies. This volatility requires local planners to be nimble—ready to quickly understand how potential policies will affect the populations served, and ready to quickly react and change to adapt to new policies. Information is the key to this nimbleness. However, information is useless unless there is a mechanism in place to use that information. The establishment of a local planning group is essential to assure a coordinated and thoughtful response.

In addition, it is essential that local leaders take an active role in education about change and how it will affect consumers and providers. Local leaders have the opportunity (and responsibility) to become the trusted advisors of their constituents.... sorting through the realities of changes and mitigating the fear mongering associated with the current political environment.

While change often presents challenges, it also often presents opportunities. Coordinated groups of providers, community leaders and consumers will be better positioned to take advantage of those opportunities.

This report presents selected demographics, health status indicators, provider need and current capacity, and the public perception of services. In addition to this data, the report also focuses on specific services:

Inpatient	Other Health Services
Acute Care	Mental Health Services
Inpatient Substance Abuse	Pharmacy Services
Emergency Care	Dental Care
Emergency Response	Hospice
Emergency Department	Public Health
Primary Care	Special Populations
Primary Care Practices	Domestic Violence
Preventive Services	Rehabilitation Services
Prenatal Care	Respiratory Therapy Services
Obstetrical Services	Physical Therapy Services
School Health Services	

While this report contains a vast amount of data, it covers only the highlights. A summary of each service is presented in the Services Analysis section. Each of these sections, as well as the other data in the report, should be used to identify trends, spot serious gaps or less than optimal health outcomes, and set priorities for initiatives to address needs. Once a priority has been set, it is recommended that more research be conducted into that area.

The following are highlights from the demographic and health status data:

Key Points Related to Population

- *The population is increasing at a rate higher than statewide.*
- *The adult and elderly age group concentrations are higher than statewide.*

Therefore:

- *Health services need to increase to accommodate the growing population.*
- *Particular attention should be paid to the high percent of elderly and those in the adult age group approaching age 65.*

Key Points Related to Race and Ethnicity

- *The non-white population of 1,942 plus the Hispanic population of 245 totals 2,187 persons.*

Therefore:

- *Health services need to be culturally and linguistically appropriate.*

Key Points Related to Income

- *The Franklin County median household income was 81% the Statewide rate.*
- *The County has 4,352 people with incomes under 200% FPL (low income)—35% of its population*
- *The Countywide percent of people with incomes under 100% FPL (poverty) is 23.8%, compared to the Statewide rate of 13.2%.*
- *The highest percentages of poverty are for children, women, white people, Asians and Hispanics.*
- *In 2004, 17.3% of Florida children were living in poverty. That rate increased to 18.4% in 2008. In Franklin County, the 2004 percent was 19.9%. This rate increased to 32.2% in 2008.*
- *Nearly 70% of children qualify for subsidized school lunches.*

Therefore:

- *Health services need to be targeted to the low-income population, with systems in place that help people enroll in programs for which they are eligible.*
- *Discounted fee service development needs to continue for people who do not qualify for Medicaid.*
- *There needs to be a recognition that providers cannot remain in an area where they cannot be adequately paid for services.*

Key Points Related to Insurance

- *There are likely at least 3,132 adults in Franklin County that do not have health insurance.*
- *The percent of uninsured in Franklin County is 30.9%, compared to 17% Statewide, which is 82% higher than Statewide.*
- *The percent uninsured for those aged 18—44 is 55% higher than Statewide.*
- *The percent uninsured for those age 45-64 is 117% higher than Statewide.*
- *The Medicaid enrollment per 100,000 population is only slightly higher than the Statewide rate, even though the poverty rate for children under age 18 is 75% higher than Statewide.*
- *Health care reform legislation will improve access to care, but the delayed implementation of many of its provisions means access barriers will continue for at least the next four years.*
- *Even when all provisions of health care reform legislation are implanted, many will still remain uninsured and have other financial/access barriers to care (ie, non acceptance of Medicaid).*

Therefore:

- *Attention needs to be paid to identifying those eligible for Medicaid and helping them enroll*
- *Discounted fee service development needs to continue for people who do not qualify for Medicaid*
- *There needs to be recognition that providers may restrict access to uninsured, Medicaid, and in some instances Medicare patients.*

Key Points Related to Births

- *There are an average of 124 annual births to Franklin County residents*
- *76% of births to Franklin County women are covered by Medicaid (including emergency Medicaid)*
- *2.2% of births to Franklin County women are uninsured, compared to 10.4% Statewide*
- *The teen birth rate is higher than Statewide, and places Franklin County in the 4th Quartile*
- *The percent of women with adequate prenatal care is lower than Statewide, but Franklin County is still in the 1st and 2nd Quartiles*
- *The incidence of low birth weight babies nearly doubled from 2008 to 2009, placing Franklin County in the 3rd Quartile*
- *The incidence of premature births increased from 2005-2008, but dropped to near the State rate in 2009*
- *Franklin County is ranked in the 1st Quartile for all infant deaths*

Therefore:

- *Health services need to be available to women covered by Medicaid*
- *Health services need to be readily available to teen women to encourage options to prevent pregnancy*
- *Access to prenatal and obstetrical services needs to continue to be developed in Franklin County*

Key Points Related Communicable Disease

- *Franklin County ranks in the 4th Quartile of all counties for vaccine preventable diseases.*
- *Franklin County ranks in the 3rd Quartile of all counties for the incidence of Chlamydia and gonorrhea.*
- *Child immunization rates were low in 2006, improved dramatically in 2007, and then fell again in 2008. The three-year rate places Franklin County in the 4th Quartile.*
- *In 2010, the percent of adult immunizations decreased in all categories.*
- *The rate of avoidable pneumonia hospitalizations is twice the State rate.*

Therefore:

- *Increased attention is needed in the area of vaccine preventable disease.*
- *Increased attention is needed in the prevention of Chlamydia and gonorrhea.*
- *Increased attention is needed in the vaccination of children.*
- *Low cost and accessible access needs to be assured for adult flu and pneumonia vaccinations*
- *Health services development should be closely coordinated with Public Health Department programs*

Key Points Related Chronic Disease

- *The percent of adults with arthritis in Franklin County is higher than Statewide— particularly for men (146% the State rate) and those ages 18-44 (161% the State rate).*
- *The percent of adults with asthma in Franklin County is lower than Statewide— except for those ages 45-64 (124% the State rate).*
- *The percent of adults who have ever had a stroke in Franklin County is lower than Statewide— except for those over age 65 (109% the State rate).*
- *The percent of adults who have ever had a heart attack, angina, or coronary heart disease in Franklin County is lower than Statewide.*
- *The percent of adults with hypertension in Franklin County is higher than Statewide—particularly for those ages 18-44 (117% the State rate).*
- *The percent of adults with diabetes in Franklin County is similar to Statewide.*

Therefore:

- *These examples illustrate the type of “drill down” data that is available to focus education and intervention strategies to segments of the population to reach those most in need.*
- *Education efforts need to focus not only on prevention but also strategies for living with chronic diseases.*

Key Points Related to Mental Health – Substance Abuse

- *Adult perception of their mental health status is ranked in the 2nd Quartile in Franklin County.*
- *Franklin County ranks in the 4th Quartile for adult heavy or binge drinking.*
- *The Franklin County rate of alcohol-related vehicle crash deaths is 455% the State rate.*
- *The percent of adult residents who smoke tobacco is 132.6% the State rate.*
- *A greater percent of adult residents report cocaine use than marijuana use.*
- *Franklin student use of Club drugs is 38% the Statewide rate, while in Gulf it is 254% the Statewide rate.*
- *Franklin student use of LSD, PCP or Mushrooms is 236% Statewide, while in Gulf it is 145% Statewide.*
- *Franklin student methamphetamine use is 120% the Statewide rate, while in Gulf it is 200% Statewide.*
- *Franklin student use of cocaine or crack cocaine is at 0%, while in Gulf it is 413% Statewide.*
- *Franklin student use of heroin is at 0%, while in Gulf it is 200% the Statewide rate.*
- *Franklin student use of depressants is 275% the Statewide rate, while in Gulf it is 160% the Statewide rate.*
- *Both Franklin and Gulf student use of prescription amphetamines is nearly three times the Statewide rate.*
- *Franklin County youth carry handguns at a rate that is 267% the Statewide rate, and Gulf students 124% more often than Statewide.*
- *Franklin County youth take a handgun to school at a rate that is 440% the Statewide rate, and Gulf students 130% more often than Statewide.*
- *In Gulf County, all student delinquent behaviors exceed Statewide rates, except being suspended or arrested.*
- *More students report bullying issues in Franklin County than in Gulf County.*

Therefore:

- *Health services need to address excessive alcohol use, and drinking and driving interventions.*
- *Franklin County student drug interventions should focus on LSD, PCP/Mushroom, depressants, and prescription amphetamines.*
- *Student handgun carrying, particularly to school, is an issue warranting further investigation.*
- *Bullying is an issue that warrants further investigation.*

Key Points Related to Domestic Violence

- *Franklin County is in the 3rd Quartile Statewide for the incidence of child abuse, with a County rate higher than the State rate.*
- *Franklin County is in the 1st Quartile Statewide for the incidence of domestic violence; however, the number of events doubled from 2008 to 2009.*

Therefore:

- *Health services still need to focus on prevention and mental health intervention and support.*

Key Points Related to Preventive Care

Out of 34 preventive care criteria surveyed, 25 had Florida Quartile rankings. Of these 25, Franklin County ranked:

- *1st Quartile for 3 criteria*
- *2nd Quartile for 6 criteria*
- *3rd Quartile for 8 criteria*
- *4th Quartile for 8 criteria*

Of the 9 preventive care criteria without a Florida Quartile rank, Franklin County had a percent of population screened that was:

- *BETTER than Statewide in 2 areas*
- *WORSE than Statewide in 7 areas*

Therefore:

- *Health services need to be developed that focus on prevention, early detection, and case management*
- *Awareness of community programs needs to improve*

Key Points Related to Mortality

- *Based on 3- year age adjusted mortality rates for the period 2007-2009, Franklin County has a higher than Statewide incidence of death from 4 of 17 causes.*
- *Unintentional injuries is the cause of death with the greatest difference than Statewide, with a three-year rate that is 163% the statewide rate*
- *Premature death measured in Years of Potential Life Lost (YPLL) for the 2005-2007 period shows a Franklin County rate of 10,255, compared to 7,896 Statewide.*
- *Based on the YPLL, Franklin County ranks 53^d out of 67 Florida counties.*

Therefore:

- *Health services need to be developed that focus on prevention, early detection, and case management.*

Key Points Related to Utilization and Access

- *Franklin County residents had 1,320 hospital admissions June 2009-July 2010, 75% of which were in Tallahassee or Panama City.*
- *The rate of Ambulatory Care Sensitive Conditions (2006-2007) preventable hospitalizations in the Medicare population is 81, compared to a Statewide rate of 65.*
- *Based on the Prevention Quality Indicators, there were 176 avoidable hospitalizations for Franklin County residents in 2009.*
- *Franklin County residents had 7,714 emergency department visits in 2009, 47.6% of which were for low-acuity reasons. Statewide, low acuity ED visits were 28% of all visits.*
- *The percent of Adults Who Have a Personal Doctor is lower than Statewide.*
- *The percent of Adults Who Could Not See a Doctor Due to Cost is 31% higher than Statewide for All Adults, 20% higher than Statewide for those age 18-44, and 44% higher than Statewide for those age 45-64.*
- *The percent of Adults Who Had a Medical Checkup in the Past Year is lower than Statewide.*
- *Cost was a deterrent to seeking medical care for 22.6% of adults, and for 23% of adults seeking dental care.*
- *For the 2007-2009 three-year period, 71.8% of low-income persons in Franklin County did not have access to dental care.*
- *Franklin County has several Federal designations to provide access to programs that can increase provider revenue and benefits to county residents.*
- *Shortage area designations are under review for changes in how they are calculated.*

Therefore:

- *Marketing should continue to encourage appropriate utilization of the local hospital to retain health care expenditures in the County.*
- *Efforts should be made to pursue telemedicine strategies to provide more complex care locally.*
- *Planning should focus on access to primary care and the establishment of a 'medical home' for all residents to address the issues of avoidable hospitalizations, hospitalizations for chronic conditions, and inappropriate use of the emergency department.*
- *Primary care and dental care options need to include access for patients avoiding that care due to cost.*
- *There needs to be recognition that providers without the Federal support provided to RHCs and FQHCs may restrict access to uninsured, Medicaid, and in some instances Medicare patients.*
- *Health service development should take advantage of Federal opportunities.*
- *Franklin County planners should monitor changes in shortage designation criteria, and be prepared to participate in any new calculations.*

Summary of Franklin County Provider Need and Capacity

Type Of Service	Expected Utilization/Need	Actual (Resources, Providers)	Comments
Acute Care	1,691 admissions for Franklin County residents	1,320 admissions in 2009 to all hospitals.	
	33-36 needed beds	29 beds	The 29 bed count includes Swing beds
Inpatient Substance Abuse	54 admissions are projected for those needing specialty inpatient treatment	No beds	People needing inpatient substance abuse services are admitted to hospitals outside of the County.
Emergency Response	558 transports for those with "high severity/immediate" need ED visits	One Ground-based ALS service in Apalachicola with 2 ALS ambulances and one Basic Life Support ambulance 12 hours/day	Expected utilization reports "urgent" transports, but there will be many additional "non-urgent" transports.
Emergency Department	5,235 projected visits for County residents	Weems Memorial Hospital Emergency Department	7,714 ED visits In 2009, 47.6% of ED visits were low acuity—higher than the Statewide rate of 28%
Primary Care	24,686 visits needing 5.9 FTEs	6 physicians and 2 MLPs (people, not FTEs)	Some providers are part time, and some work in multiple locations
Preventive Services	All residents	Three organizations	Health indicators show that illness rates, hospital admissions and ED visits are high for causes that could be prevented
Prenatal Care	0.8 FTEs—138 births in 2009	1 physician, one day per month in Carrabelle	
Obstetrical			
School Health	Countywide: 1,281 students for the 2008-2009 period in three schools	Registered Nurse supervisor, 3 LPN School Health Nurses and 1 Health Support Aid	
Mental Health	2.1 FTE mental health providers and 0.6 FTE psychiatrist	2 mental health professionals	
Pharmacy	N/A	Three pharmacies	All close at 6 pm
Dental Care	2.5 FTEs	1 dentist and 2 hygienists	
Hospice	175 patients	One hospice provider	Offices in Apalachicola and Carrabelle
Public Health	N/A	Countywide program	Multiple programs and services
Domestic Violence	64 reported cases in 2009	Refuge House Services for support and referrals	Shelter is in Leon County
Respiratory Therapy	N/A	4 therapists	
Physical Therapy	N/A	Three therapists plus contract therapists for in patient swing beds	

Background and Process

Background

Sacred Heart Hospital on the Gulf (SHHG) opened its doors on March 15, 2010 in Port Saint Joe. As part of its commitment to its presence in Gulf County, SHHG commissioned a countywide Needs Assessment of Gulf County. However, in order to understand the dynamics and needs of a greater area, this similar study for Franklin County was commissioned at the same time. The goal of the Assessment is to define the current health status of Franklin County residents, identify the current resources, project the needed resources, and identify the gaps in services.

Approach

The initial step in the analysis was the identification of which health care services to analyze. Figure 1 displays the services that were selected.

Figure 1: Health Care Services to be Evaluated

Inpatient	Other Health Services
Acute Care	Mental Health Services
Inpatient Substance Abuse	Pharmacy Services
Emergency Care	Dental Care
Emergency Response	Hospice
Emergency Department	Public Health
Primary Care	Special Populations
Primary Care Practices	Domestic Violence
Preventive Services	Rehabilitation Services
Prenatal Care	Respiratory Therapy Services
Obstetrical Services	Physical Therapy Services
School Health Services	

The second step was the collection of demographic and health status data.

Next was the collection of state and national standards used to predict the quantity of services needed by the defined populations—for example, the number of hospital beds or primary care physicians. When possible, the standards used are age sensitive—for example, an elderly population will use more of some services than a younger population.

Providers were identified through a variety of sources, including provider interviews, review of provider listings in telephone databases, review of State licensing databases, and web page information.

While Key informants participated in focus groups in Gulf County, that process was not successful in Franklin County.

Report Content

The report includes the following sections:

- Executive Summary
- Background and Process
- Demographic Assessment
- Health Status Assessment
- Utilization and Access
- Provider Assessment
- Services Analysis
- Provider Assessment
- Services Analysis

Each of the services to be evaluated is described in the Services Analysis section. Within this section of the report, each service is designed to basically be a stand-alone discussion, and is intended to serve as the baseline data for further in-depth analysis of each service. The following points describe each service:

- **Description of Service** – A basic definition
- **Description of Need** – Issues related to how serious the need for local services is, i.e. health status, etc.
- **Standards (Expected Utilization)** – The predicted provider capacity needed for the population. The formula for the standard is included (where available) to allow further discussion of each service and modification of the standard based on population changes.
- **Resources** – How much of the service (how many providers) are available in Gulf County, based on the number of people identified—not the actual FTE spent in delivering the service.

Some Notes About Data...

Florida Charts includes a wealth of data, with several options for presentation. In many of these presentations, “Quartiles” are used to allow the comparison of data between Florida counties by ranking the county ‘Quartile’. The Quartiles are four equal groups of all Florida counties, with the most favorable rankings included in the 1st Quartile, and the least favorable in the 4th Quartile.

Figure 2: Quartile Definitions

Most favorable situation	Average	Least favorable situation
1	2 or 3	4
(25% of counties)	(50% of counties)	(25% of counties)

The information in Florida Charts comes from a variety of sources. In general, data is from State agencies (such as the Florida Department of Health, Bureau of Epidemiology and the Florida Behavioral Risk Factor Surveillance System) with varying update years, as noted on each reference.

The **Florida Charts County Health Status Summary** includes socio-economic, health and behavioral risk indicators with Quartile rankings, county rates compared to statewide rates, the Healthy People 2010 Goals (when applicable), and trend data. The trend data is not available for all indicators, but when it is, line graphs are available with event frequency for several years, and notation about whether or not the trend is statistically significant.

The Florida Charts County Health Profile includes similar indicators, but provides a different level of detail, often with distinctions in indicators by race. This format also utilizes the Quartile rankings.

The **Florida Charts County-State Profiles** reports indicators by the average of 3-year periods by county, compared to similar periods statewide. Within this section of Florida Charts, there are sub report *Profiles* with much more detailed information for area such a **School-aged Child and Adolescent Profile, Pregnancy and Your Child Profile, Chronic Disease Profile**, etc.

The **Florida Charts Interactive Community Maps** report population data (2000 Census), and selected birth, fetal and infant death, and mortality indicators. This feature was added to Florida Charts in 2009, and produces county specific maps with detail by census tract. This sub county feature is extremely helpful for areas with sub county distinctions. However, the data is available for only a few indicators.

Florida Charts information is available at <http://www.FloridaCharts.com/charts/chart.aspx>

The Annie E Casey Foundation **Kids Count** website is another very useful data source, with hundreds of indicators, and county specific reports.

Kids Count information is available at <http://datacenter.kidscount.org/data/bystate/Default.aspx?state=FL>

The **County Health Rankings** are a key component of the Mobilizing Action Toward Community Health (MATCH) project. MATCH is a collaboration project between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. **County Health Rankings** has produced health status reports for all US counties.

County Health Rankings information is available at <http://www.countyhealthrankings.org/florida>

The **Health Data Warehouse** is a web site that contains the Florida Prevention Quality Indicators (PQI) developed by the Broward Regional Health Planning Council (BRHPC). The site includes data on hospital in-patient and emergency department discharges and includes the following query module functions: Prevention Quality Indicators/Avoidable Admission, Pediatric Quality Indicators, Chronic Conditions (ICD-9), Self Inflicted Injury Incidence (Suicide), ED Acuity Stratification (CPT) and NYU Algorithm ED Preventable/Avoidable.

The **Prevention Quality Indicators (PQIs)** are a set of measures that can be used with hospital inpatient discharge data to identify quality of care for "ambulatory care-sensitive conditions." These are conditions for which good outpatient care can potentially prevent the need for hospitalization or for which early intervention can prevent complications or more severe disease.

The **Pediatric Quality Indicators (PDIs)** are a set of measures that can be used with hospital inpatient discharge data to identify quality of care for "ambulatory care-sensitive conditions." These are conditions for which good outpatient care can potentially prevent the need for hospitalization or for which early intervention can prevent complications or more severe disease. Note: The Indicators available on this site are "Area-Level" Indicators.

The **Chronic Condition Indicator** tool, stratifies chronic diseases based on ICD-9-CM diagnosis codes. A chronic condition is a condition lasting 12 months or longer and meeting one or both of the following tests: (a) the condition places limitations on self-care, independent living and social interactions; (b) the condition results in the need for ongoing intervention with medical products, services and special equipment. The identification of chronic conditions is based on all five-digit ICD-9-CM diagnosis codes, excluding external cause of injury codes (E codes). BRHPC's Health Data Warehouse includes utilization by chronic disease International Classification of Diseases (ICD-9) for: AIDS, Asthma, Congestive Heart Failure (CHF), Hypertension and Diabetes.

The **Self Inflicted Injury Incidence (Suicide)** section reports injuries which may be suicide attempts and suicides based on emergency department ICD-9 E codes, which provide information on the cause of the injury, rather than the 'type' of injury.

The **ED Acuity Stratification** section reports the severity of the diagnosis for patients who present at emergency departments (ED), recognizing that while EDs are intended to provide urgent and lifesaving care, they have increasingly been utilized as a safety net provider by the uninsured, underinsured and persons with limited or no primary care services. This is likely due to federal law requiring hospital EDs to accept, evaluate and stabilize all those who present for care regardless of their ability to pay. Consequently, hospital EDs are providing increasing levels of primary care services. The data in this section contains records for all ED visits for which the severity of the visit did not result in an inpatient admission.

The **NYU Algorithm** section utilizes the New York University Emergency Department Algorithm for Emergency Department Classification. The algorithm was developed with the advice of a panel of ED and primary care physicians. Data abstracted from sample records included the initial complaint, presenting symptoms, vital signs, medical history, age, gender, diagnoses, procedures performed, and resources used in the ED. Based on this information, each case was classified into one of the following categories 1) Visits by Emergency Status or 2) Other/Unclassified (Separate cases): ED Visits by primary diagnosis of injury, mental health problems, alcohol or substance abuse.

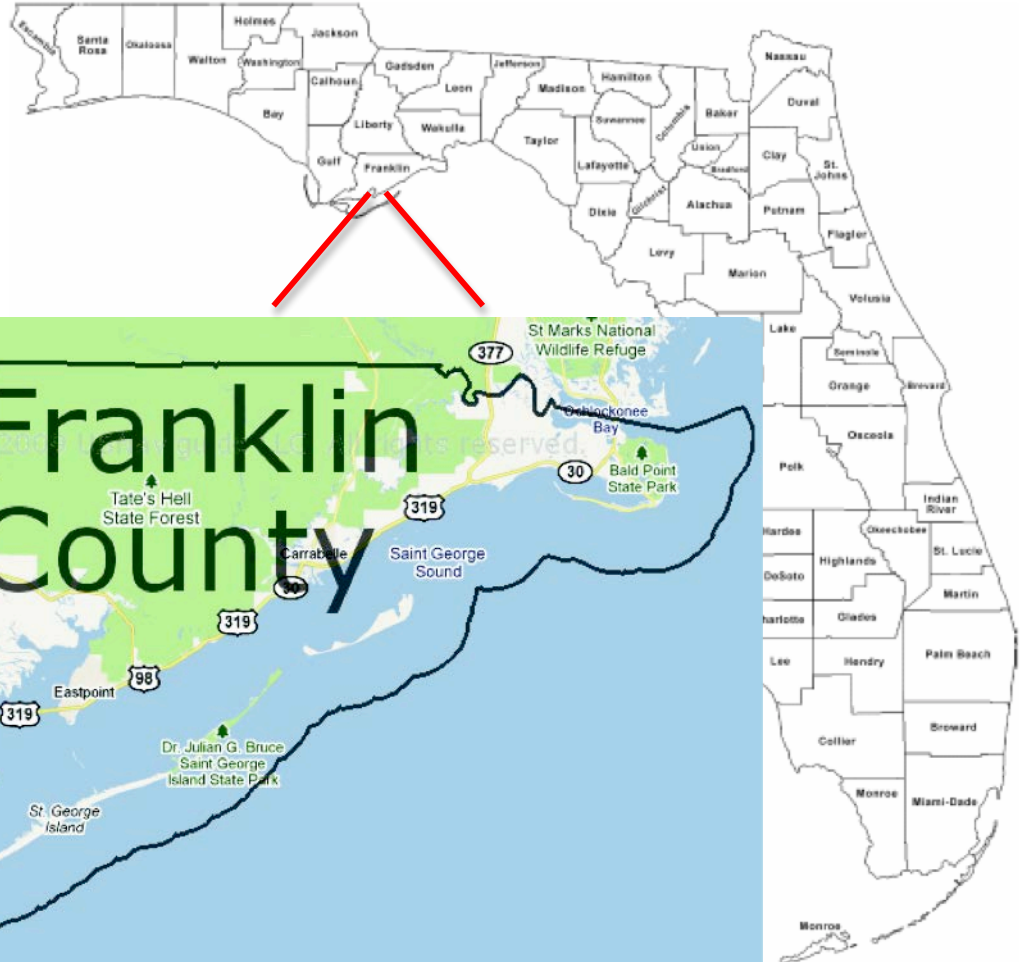
These, and other data sources are used throughout this report. However, sometimes data results vary between sources. Data for those years in which a census is not actually conducted is produced through a number of methods, such as 'estimates' and 'projections'. While the data is useful, it will not necessarily be consistent.

In this report, data sources were selected to make best comparisons. For example, not all data included statewide information, so when that comparison was needed, the data source with the most complete comparison data was used.

Demographic Assessment

Service Area Definition and Population

Franklin County consists of 1,037 square miles; of which 544 square miles is land and 493 (47.5%) square miles is water. The three major population centers are the communities of **Apalachicola**, **Eastpoint** and **Carrabelle**—all located on the coastline. Apalachicola—the county seat—is connected to Eastpoint by the John Gorrie Bridge. The interior of Franklin County is primarily Tate’s Hell State Forrest—200,000 acres of forest that is inhospitable to humans.ⁱ



The barrier islands include:

St Vincent Island—An uninhabited Federal wildlife refuge

St George Island—A booming resort community connected to the mainland at Eastpoint by a four-mile long bridge. The island is informally divided into three regions: Dr. Julian G. Bruce St. George Island State Park, a public strip of restaurants, bars, small businesses, homes and public beach, and a private and gated, highly exclusive housing community complete with its own airstrip. It is in this community that some of the most expensive multi-million dollar beach homes on the Gulf of Mexico are located.ⁱⁱ

Dog Island—This small island, the most eastern in the barrier islands, is 6.8 miles in length, and is accessible only by boat, ferry or airplane. It is host to about 100 houses and only a dozen or so permanent residents.ⁱⁱⁱ

With a 2010 population of 12,361 living in 544 square miles, Franklin County has a population density of 23 persons per land mass square mile, compared to 348 persons per square mile for Florida.^{iv}

Population

In 1990, Franklin County had a total population of 9,009, which increased by the 2000 census by 9.6% to 9,871. The growth in this decade was significantly lower than Statewide, which experienced a 23.4% increase. By 2010, there was a further 25.2% increase, to a total population of 12,361, as shown in **Figure 3**. The decade 2000-2010 showed a growth rate higher than Statewide.

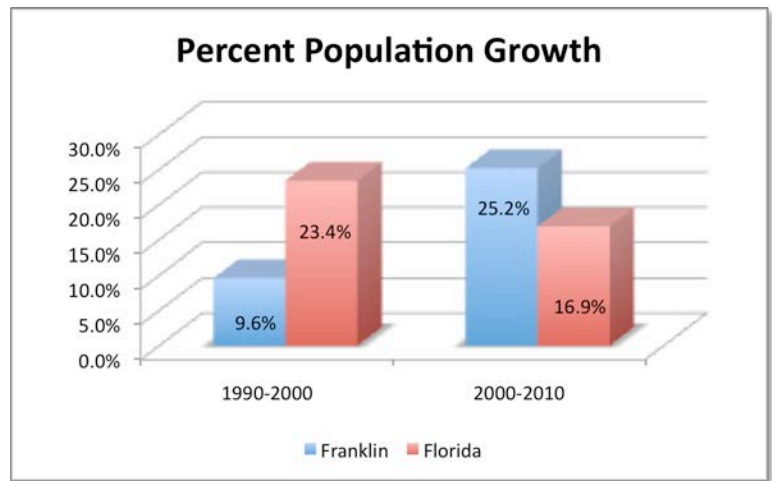


Figure 3: Total Population

Area	1990 Population	2000 Population	Percent Change 1990-2000	2010	Percent Change 2000-2010	Percent Change 1990-2010
Franklin County	9,009	9,871	9.6%	12,361	25.2%	37.2%
Florida	13,029,114	16,074,896	23.4%	18,788,794	16.9%	44.2%

Source: FloridaCharts.com, Population estimates are provided by the Florida Legislature's Office of Economic and Demographic Research (EDR)

Population by Age

The population by age is shown in **Figure 4**. Franklin County has a lower percent of the pediatric and adolescent populations and a higher percent of the adult and elderly populations than Statewide.

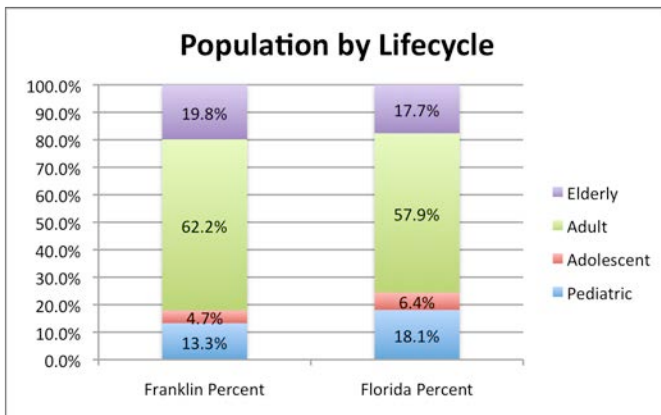


Figure 4: Population by Lifecycle-2010

Lifecycle	Age	Franklin Number	Franklin Percent	Florida Percent
Pediatric	0-14	1,650	13.3%	18.1%
Adolescent	15-19	578	4.7%	6.4%
Adult	20-64	7,691	62.2%	57.9%
Elderly	65+	2,442	19.8%	17.7%
Total	N/A	12,361	100.0%	100.0%

Source: FloridaCharts.com , Population estimates are provided by the Florida Legislature's Office of Economic and Demographic Research.

Key Points Related to Population

- The population is increasing at a rate higher than statewide.
- The adult and elderly age group concentrations are higher than statewide.

Therefore:

- Health services need to increase to accommodate the growing population.
- Particular attention should be paid to the high percent of elderly and those in the adult age group approaching age 65.

Population by Race and Ethnicity

As shown in **Figure 5**, the population is predominately white, at 84%. Of the non-white population, 15% is African-American with other races totaling only 1%. Only 2% of the population is Hispanic.

Franklin County has a percent of Black/African Americans the same as Statewide, but a lower percent of Other Races.

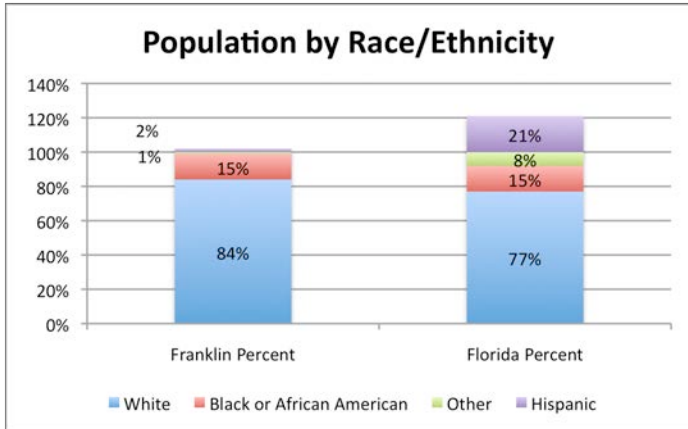


Figure 5: Race and Ethnicity

Race	Franklin County	Percent	Florida Percent
White	10,419	84%	77%
Black/African American	1,837	15%	15%
Other	105	1%	8%
Total by Race	12,361	100%	100%
Hispanic	245	2%	21%
Non-Hispanic	12,116	98%	79%
Total by Ethnicity	12,361	100%	100%

Source: FloridaCharts.com, Population estimates are provided by the Florida Legislature's Office of Economic and Demographic Research (EDR).

Figure 6: Language Spoken

Area	Franklin County Percent	Franklin County Number	Florida Percent
Language Other Than English Spoken at Home, age 5 and older	5.1%	630	23.1%

Source: U.S. Census Bureau: State and County QuickFacts. Data derived from Population Estimates Housing

As shown in **Figure 6**, the County percent of non-English speaking population is much lower Statewide, however, there are still an estimated 630 individuals who do not speak English at home.

Key Points Related to Race and Ethnicity

- The non-white population of 1,942 plus the Hispanic population of 245 totals 2,187 persons.

Therefore:

- Health services need to be culturally and linguistically appropriate.

Income

In 2009, Franklin County had a median household income that was 81% of the statewide rate, as shown in **Figure 7**. Per capita income is at 86% the statewide rate. Household income is the combination of two income earners pooling the resources and should therefore not be confused with an individual's (per capita) earnings. The median household income is considered the more accurate of the two calculations.

Figure 7: Income in 2009 Inflation Adjusted Dollars

Income Category	Florida	Franklin	Franklin Percent of State
Median household income	\$47,450	\$38,436	81%
Per capita income	\$26,503	\$22,924	86%

Source: American FactFinder, Gulf County, 2005-2009 American Community Survey 5-Year Estimates

Figure 8 shows income by Federal poverty categories. In 2010, 2,942 individuals have incomes less than 100% Federal Poverty Level (FPL), and 4,352 have incomes less than 200% of the FPL—the point at which sliding fee discounts are usually applied. The percent poverty in Franklin County is much higher than Statewide for those with incomes <100% FPL, and is 4% higher than Statewide for those with incomes <200% FPL.

However, these data do not show the impact of the economic downturn, since the poverty percentages were from the 2005-2009 Census estimates. The computed low-income population of 4,352 should be considered understated.

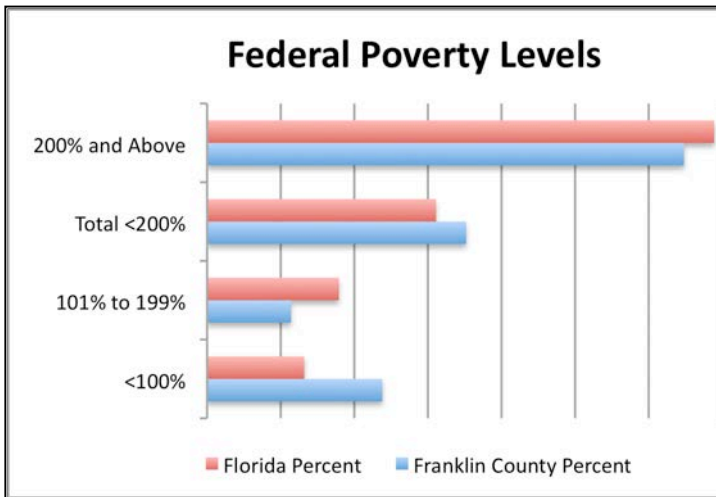


Figure 8: Income Ratio to Federal Poverty Levels

Poverty Level	Franklin County Number	Franklin County Percent	Florida Percent
<100%	2,942	23.8%	13.2%
101% to 199%	1,410	11.4%	17.9%
Total <200%	4,352	35.2%	31.1%
200% and Above	8,009	64.8%	68.9%
Total All Income Levels	12,361	100%	100%

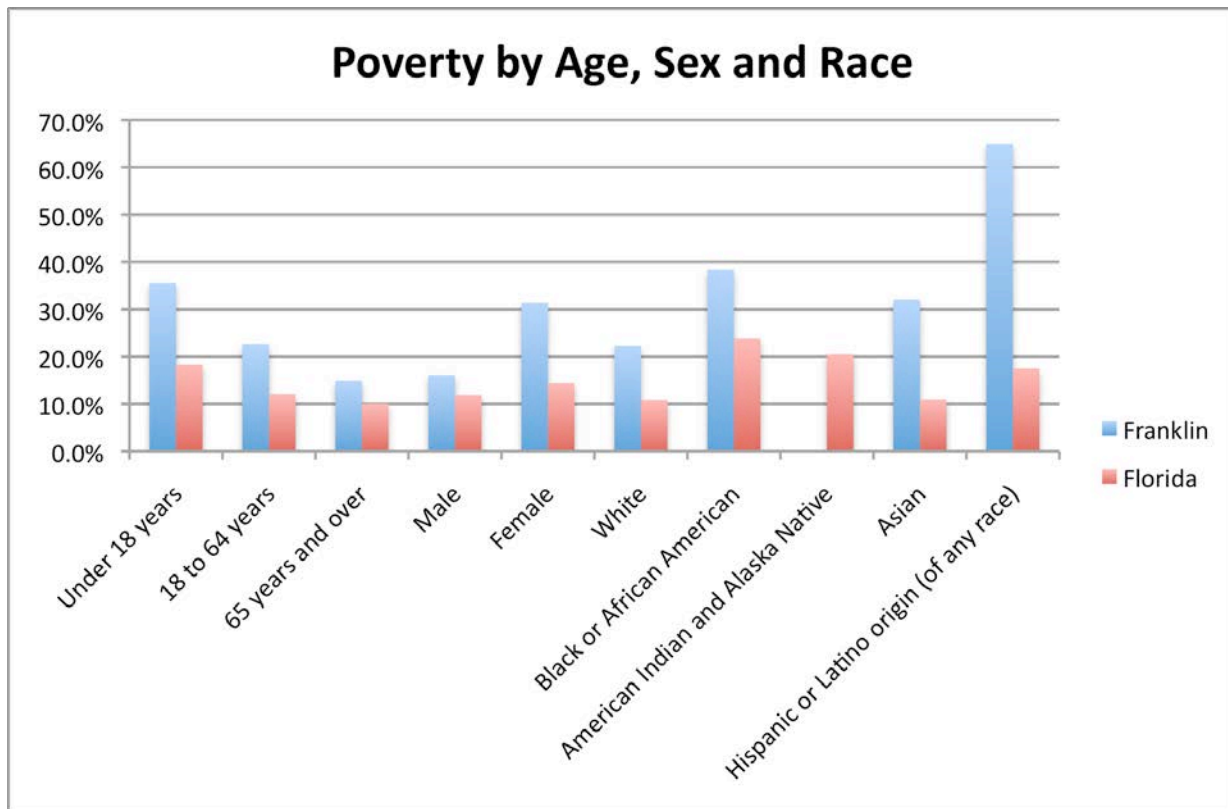
Source: 2005-2009 American Community Survey 5-Year Estimates, S1701. Poverty Status in the Past 12 Months-applied to 2010 population

“Poverty” or “Below Poverty” are terms used to define those with incomes <100% FPL. As shown in **Figure 9**, the most severe poverty in Franklin County is found in children under age 18 (nearly twice the Statewide rate), women (more than twice the Statewide rate), white people (more than twice the Statewide rate) Asians (nearly three times the Statewide rate) and Hispanics (nearly four times the Statewide rate).

Figure 9: Poverty by Age, Sex and Race

Percent Below Poverty by Age and Race	Florida	Franklin	Franklin Percent of State
AGE			
Under 18 years	18.3%	35.6%	195%
18 to 64 years	12.1%	22.7%	188%
65 years and over	10.1%	14.9%	148%
SEX			
Male	11.9%	16.1%	135%
Female	14.4%	31.4%	218%
RACE AND HISPANIC OR LATINO ORIGIN			
White	10.8%	22.3%	206%
Black or African American	23.8%	38.4%	161%
American Indian and Alaska Native	20.5%	0.0%	0%
Asian	10.9%	32.1%	294%
Hispanic or Latino origin (of any race)	17.5%	65.0%	371%

Source: 2005-2009 American Community Survey 5-Year Estimates, S1701. Poverty Status in the Past 12 Months



In 2004, 19.9% of children were living in poverty in Franklin County, as shown in **Figure 10**. This percentage of children in poverty was 115% the statewide rate. However, by 2008, the county percent had increased to 32.2%, and was 175% the state rate.

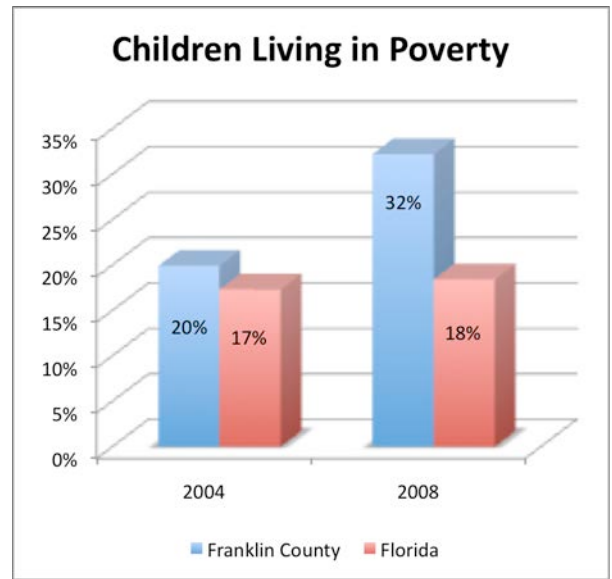


Figure 10: Children in Poverty Trend

Population	2004	2005	2006	2007	2008
Children Under Age 18 in Poverty	419	549	597	572	622
County Children Under Age 18	19.9%	26.6%	29.3%	29.2%	32.2%
Florida Children Under Age 18	17.3%	18.1%	17.6%	17.3%	18.4%
County as Percent of State	115.0%	147.0%	166.5%	168.8%	175.0%

Source: The Annie E. Casey Foundation, KIDS COUNT Data Center, datacenter.kidscount.org

One indicator often used to assess poverty is the number of children approved for subsidized school lunches. In 2004/05, 61% of Franklin County children qualified for this subsidy. In 2008/09, the percent increased to 69.3%, as shown in **Figure 11**.

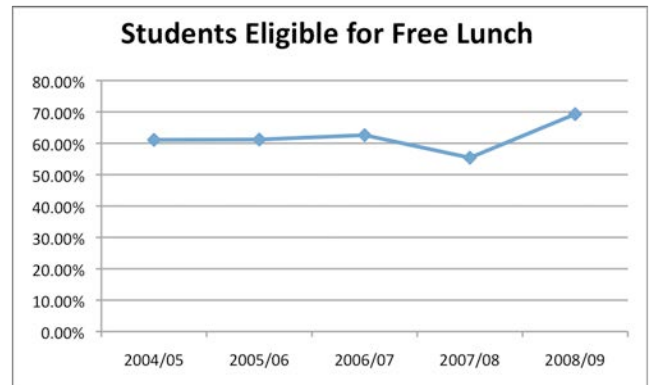


Figure 11: Percent Students Eligible for Free/Reduced Lunch

Population	2004/05	2005/06	2006/07	2007/08	2008/09
Public School Student Enrollment	1,371	1,350	1,324	1,246	1,281
Students Eligible for Free/Reduced Lunch	838	826	829	690	888
Percent Eligible for Free Lunch	61.1%	61.2%	62.6%	55.4%	69.3%

Source: The Annie E. Casey Foundation, KIDS COUNT Data Center, datacenter.kidscount.org

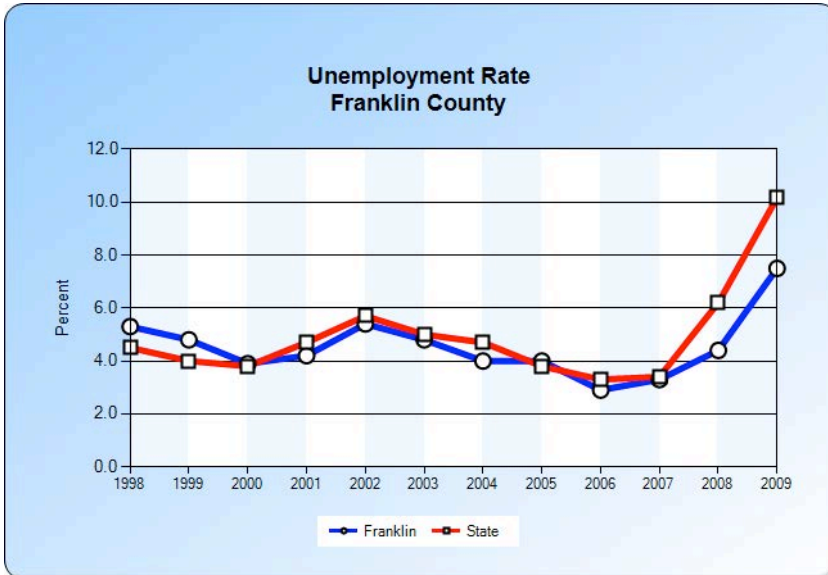
Unemployment

County unemployment rates have historically been similar to statewide, as shown in the line graph. While unemployment has increased dramatically, the County rate is still lower than statewide. However, what is not specifically available, but can be inferred, is that while people are employed, many are employed in low earning jobs, as indicated by the higher than statewide poverty rates and median income rates that are lower than statewide. Franklin County unemployment rates are in the Florida Quartile 1—the best 25% of Florida counties.

Figure 12: Unemployment Rates

Area	2010
Franklin County	8.4%
Florida	11.5%

Source: FloridaCharts: County Health Status Summary



County trend is not statistically significant

County Quartile – 1

Most favorable situation 1 (25% of counties)
Average 2 or 3 (50% of counties)
Least favorable situation 4 (25% of counties)

Source: FloridaCharts County Health Status Summary

Key Points Related to Income

- The Franklin County median household income was 81% the Statewide rate.
- The County has 4,352 people with incomes under 200% FPL (low income)—35% of its population.
- The percent of people with incomes under 100% FPL (poverty) is 23.8%, compared to 13.2% Statewide.
- The highest percentages of poverty are for children, women, white people, Asians and Hispanics.
- In 2004, 17.3% of Florida children were living in poverty. That rate increased to 18.4% in 2008. In Franklin County, the 2004 percent was 19.9%. This rate increased to 32.2% in 2008.
- Nearly 70% of children qualify for subsidized school lunches.

Therefore:

- Health services need to be targeted to the low-income population, with systems in place that help people enroll in programs for which they are eligible.
- Discounted fee service development needs to continue for people who do not qualify for Medicaid.
- There needs to be a recognition that providers cannot remain in an area where they cannot be adequately paid for services.

Insurance

Current information on insurance status is not often available for small population groupings. The US Census Bureau measures income, poverty and health insurance status, but the most current data available is for 2007.

The Behavioral Risk Factor Surveillance System Data Report (BRFSS) also collects information about insurance, although the data for Franklin County is quite different than the census data. (There are several articles available discussing the difference in these surveys. For grant writing purpose, either source is considered accurate, unless grant directions require a specific source). The BRFSS Report includes data on insurance status by age, as shown in **Figure 13**.

This data shows a total 2007 uninsured rate of 26.9%, a rate that was 45% higher than the State rate of 18.6%, placing Franklin County in the 4th Florida Quartile. In the 2010 BRFSS, the Franklin County overall rate had increased to 30.9%, which was 82% higher than the State rate.

With 30.9% of the adult population reporting no insurance, the total number of uninsured adults is 3,132.

For the age group 18-44 years, the percent uninsured increased 13.1% from 2002-2007, and in 2007 was 64% higher than Statewide, placing Franklin County in the 4th Florida Quartile. In the 2010 BRFSS, the Franklin County 18-44 rate had decreased from 45.2% to 41.8%, which was 55% higher than the State rate.

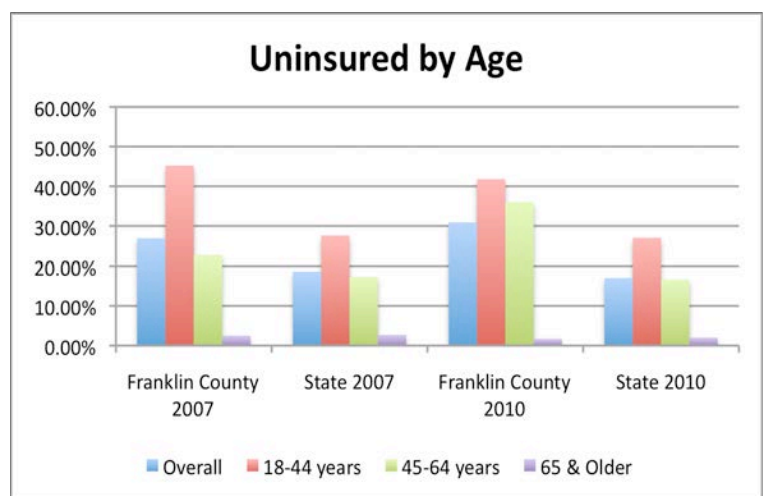
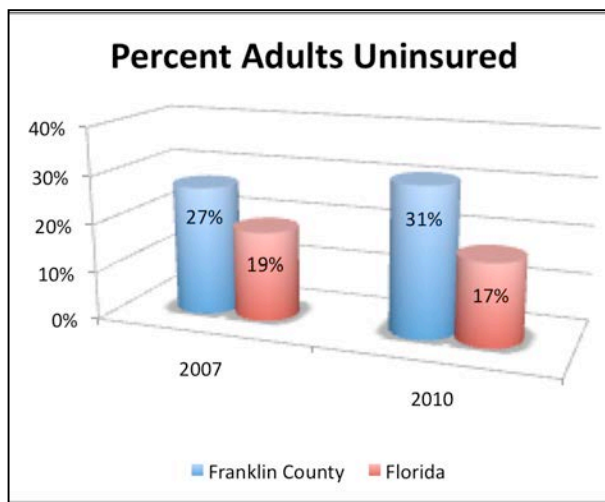
For the age group 45-64 years, the percent uninsured decreased 5% from 2002-2007, and in 2007 was 17.3% higher than Statewide, placing Franklin County in the 4th Florida Quartile. In the 2010 BRFSS, the Franklin County 45-64 rate had increased from 22.7% to 36%, which was 117% higher than the State rate.

For the age group 65 and older, the percent uninsured decreased 8.6% from 2002-2007, and in 2007 was 93% of the Statewide rate, placing Franklin County in the 3rd Florida Quartile. In the 2010 BRFSS, the Franklin County over 65 rate had decreased from 2.5% to 1.7%, which was 85% of the State rate.

Figure 13: Percent Adults Without Insurance, by Age

Age Group	2002 Franklin County	2007 Franklin County	2002-2007 Change in Percent	2007 State	Franklin 2007 Percent of State	Franklin Quartile	2010 Franklin	2010 State	Franklin 2010 Percent of State
Overall	26.1%	26.9%	0.8	18.6%	145%	4	30.9%	17.0%	182%
18-44 years	32.1%	45.2%	13.1	27.6%	164%	4	41.8%	27.0%	155%
45-64 years	27.7%	22.7%	-5	17.3%	131%	4	36.0%	16.6%	217%
65 & Older	11.1%	2.5%	-8.6	2.7%	93%	3	1.7%	2.0%	85%

Source: Florida Department of Health, Chronic Disease Epidemiology Section, 2007 and 2010 BRFSS Data Reports, Franklin County



Low-income persons may be eligible to be insured by Medicaid. For the years 2007-2009, Franklin County had a median monthly enrollment of Medicaid recipients of 1,704, with a rate per 100,000 population only slightly higher than Statewide, as shown in **Figure 14**.

Figure 14: Medicaid Covered

Indicator	Year(s)	County Number	County Rate per 100,000	State Rate per 100,000
Median Monthly Medicaid Enrollment	2007-2009	1,704	13,803	13,178

Source: FloridaCharts, Health Resources Availability reports

The type of insurance can also present a barrier to access. Some providers do not accept Medicaid because the reimbursement is so low. Rural Health Clinics (RHC) and Federally Qualified Health Centers (FQHC) receive higher reimbursement from both Medicare and Medicaid than private practices, and in fact, have a financial incentive to seek out Medicaid and Medicare patients. FQHCs receive federal grant funding to support fee discounts through a sliding fee scale for low-income patients.

The **Patient Protection and Affordable Care Act** includes many provisions, including the expansion of Medicaid eligibility, subsidized insurance premiums, incentives for businesses to provide health care benefits, prohibiting denial of coverage/claims based on pre-existing conditions, the establishment of health insurance exchanges, and the establishment of multiple federal grant programs to support services. However, many of these provisions will be implemented over a four-year period, and will still leave many people uninsured.

Key Points Related to Insurance

- *There are likely at least 3,132 adults in Franklin County that do not have health insurance.*
- *The percent of uninsured in Franklin County is 30.9%, compared to 17% Statewide, which is 82% higher than Statewide.*
- *The percent uninsured for those aged 18—44 is 55% higher than Statewide.*
- *The percent uninsured has decreased for those age 45-64, is 117% higher than Statewide.*
- *The Medicaid enrollment per 100,000 population is only slightly higher than the Statewide rate, even though the poverty rate for children under age 18 is 75% higher than Statewide.*
- *Health care reform legislation will improve access to care, but the delayed implementation of many of its provisions means access barriers will continue for at least the next four years.*
- *Even when all provisions of health care reform legislation are implanted, many will still remain uninsured and have other financial/access barriers to care (i.e., non acceptance of Medicaid).*

Therefore:

- *Attention needs to be paid to identifying those eligible for Medicaid and helping them enroll.*
- *Discounted fee service development needs to continue for people who do not qualify for Medicaid.*
- *There needs to be recognition that providers may restrict access to uninsured, Medicaid, and in some instances Medicare patients.*

Key Social and Economic Factors

The Mobilizing Action Toward Community Health (MATCH) 2010 County Health Rankings Social and Economic Factors in Franklin County for the aggregate period 2006-2008 are shown in **Figure 15**. Franklin County ranks number 26 out of 67 in the state for the total of all indicators, with 1 being the best in the state.

Figure 15: Social and Economic Factors County Health Ranking Report for 2010

Social and Economic Factors	Franklin County	Florida	County Rank (of 67)
High School graduation	64%	64%	26
College degrees	14%	25%	
Unemployment	4%	6%	
Children in poverty	29%	17%	
Income inequality	45	47	
Inadequate social support	22%	21%	
Single-parent households	9%	9%	
Violent crime rate (per 100,000 population)	353	714	

Source: Univ of Wisconsin Population Health Institute, County Health Rankings Florida 2010, Mobilizing Action Toward Community Health, countyhealthrankings.org

Health Status Assessment

Births

There were 119 births to Franklin County residents in 2005 and 128 births in 2009, reported in Florida Charts *Birth Query System* data. As shown in **Figure 16**, there was a three-year average of 124 births per year in Franklin County, resulting in a rate per 100,000 total population lower than Statewide.

Figure 16: Three-Year (2007-2009) Birth Rates

Total Live Births per 100,000 Total Population	Average Number of Births	Three-Year Rate
Franklin County	124	1,001.6
Florida	230,643	1,227.6

Source: FloridaCharts: County Birth Query System

Figure 17: Uninsured and Medicaid Covered Births 2007-2009

Indicator	County Quartile	County Number	County Rate	State Rate
Births covered by emergency Medicaid	2	2	2.2%	8.30%
Births covered by Medicaid	4	92	74.1%	44.8%
Births to uninsured women	1	3	2.2%	10.40%

Rate: Percent of Births
Source: FloridaCharts, Pregnancy and Young Child Profile

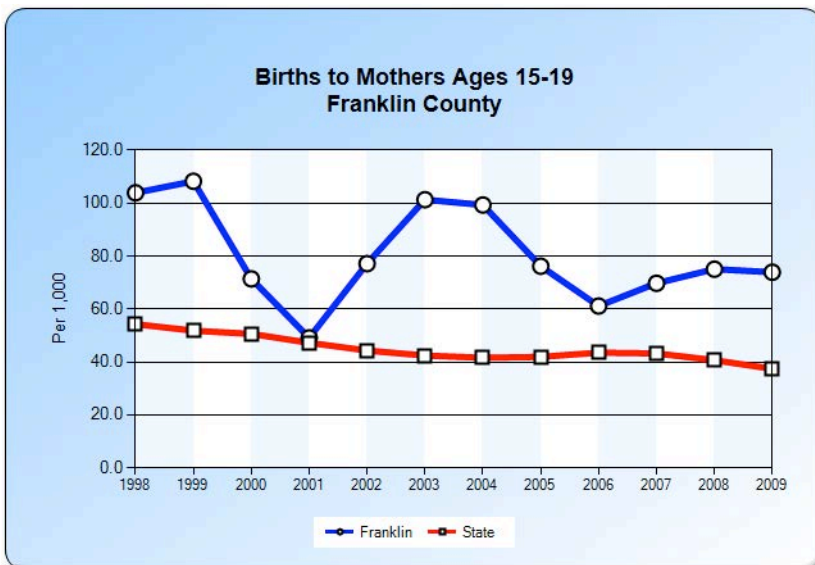
As shown in **Figure 17**, Franklin County ranks in the 4th Quartile for the number of births covered by Medicaid, and in the first Quartile for births to uninsured women for the period 2007-2009. The rank is the 2nd Quartile for births covered by emergency Medicaid.

Franklin County ranks in the 4th Quartile for births to unwed mothers, with a percent higher than Statewide, as shown in **Figure 18**. Franklin County also ranks in the 4th Quartile for teen pregnancy rates. The percent of births to mothers age 14 and younger is twice the State rate, and the percent of births to mothers age 15-19 is nearly twice the State rate. As shown in the line graph, the number of births to mothers aged 15-19 has not significantly changed since 2006. Note that the line graph shows the annual rate per 1,000 population, not the number of events listed in the “County Event Frequency” table.

Figure 18: Three-Year (2007-2009) Births by Age and Marital Status

Indicator, per 1,000 Population	Franklin County	Quartile	State
Births to Mothers ages 15-44	71.3	3	64.9
Births to Mothers ages 10-14	1.2	4	0.6
Births to Mothers ages 15-19	72.9	4	40.4
Percent Births to Unwed Mothers	53.6	4	46.9

Source: FloridaCharts: Pregnancy and Young Child Profile



Franklin County Quartile — 4

County trend is not statistically significant
County Event Frequency

1998	1999	2000	2001	2002	2003
29	30	20	14	22	30

2004	2005	2006	2007	2008	2009
31	25	20	21	22	21

FloridaCharts: County Health Status Summary

Unsafe Sex

In the **County Health Rankings**, “unsafe sex” is intended to reflect sexual behavior that increases the risk of such adverse outcomes as unintended pregnancy and transmission of sexually transmitted infections. By measuring teen births and Chlamydia incidence rates, the County Health Rankings provides communities with a sense of the level of risky sexual behavior in their county compared to other counties in the state. Franklin County is ranked as number 63 out of 67 Florida counties, as shown in **Figure 19**.

Figure 19: Unsafe Sex

County	County Rate
Franklin	63

Source: County Health Rankings 2011.
www.countyhealthrankings.org

Prenatal Care

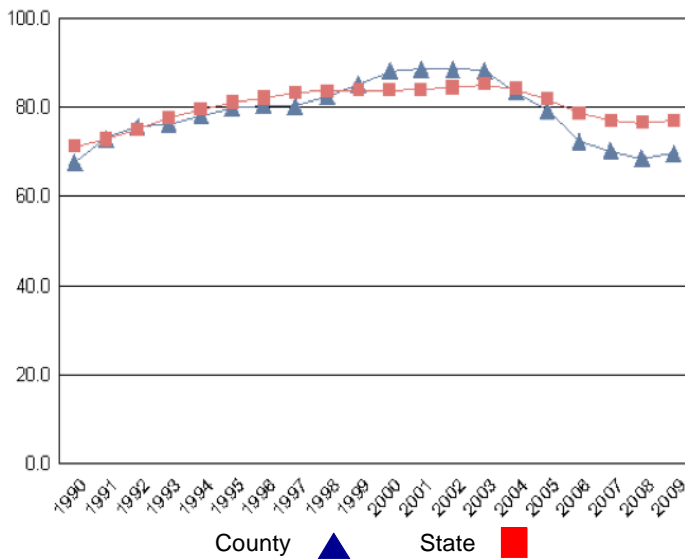
For the period 2007-2009, Franklin County was ranked in the 1st Quartile for Births With First Trimester Care, as shown in **Figure 20**. For Births with 3rd Trimester or no Prenatal Care, Franklin County was ranked in the 2nd Quartile. The line graphs illustrate the trends in these indicators.

Figure 20: Early Prenatal Care Indicators

Prenatal Care	Three-Year Percent 2007-2009		
	County Percent	County Quartile	State Percent
Births With First Trimester Prenatal Care	69.7%	1	77.0%
Births with 3 rd Trimester or No Prenatal Care	4.7%	2	5.6%

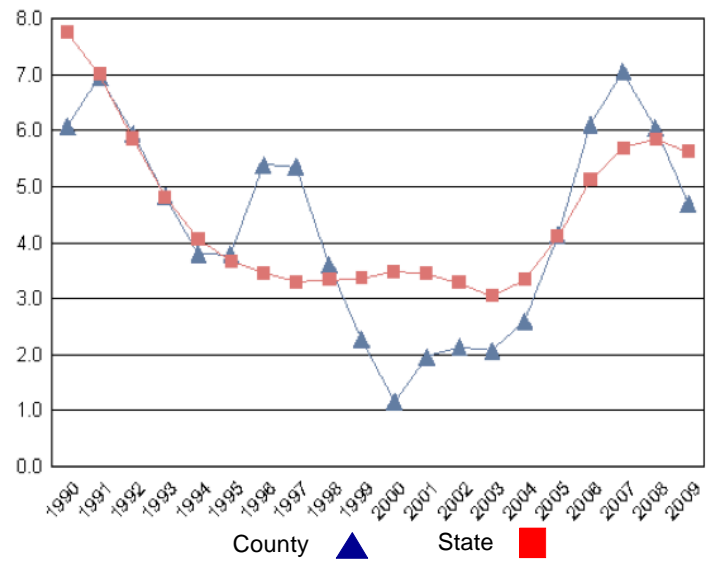
Rate Percent of births with known PNC status
Source: FloridaCharts: County Health Profile

Births to Mothers With First Trimester Prenatal Care (Rolling 3-Year Percent)



Source: FloridaCharts: County Birth Data Comparison

Births to Mothers with 3rd Trimester or No Prenatal Care (Rolling 3-Year Percent)



Source: FloridaCharts: County Birth Data Comparison

Low Birth Weight

For the period 2007-2009, Franklin County was ranked in the 3rd Quartile for both Very Low and Low Birth Weight Births, as shown in **Figure 21**. The percent of births are very near the State percents.

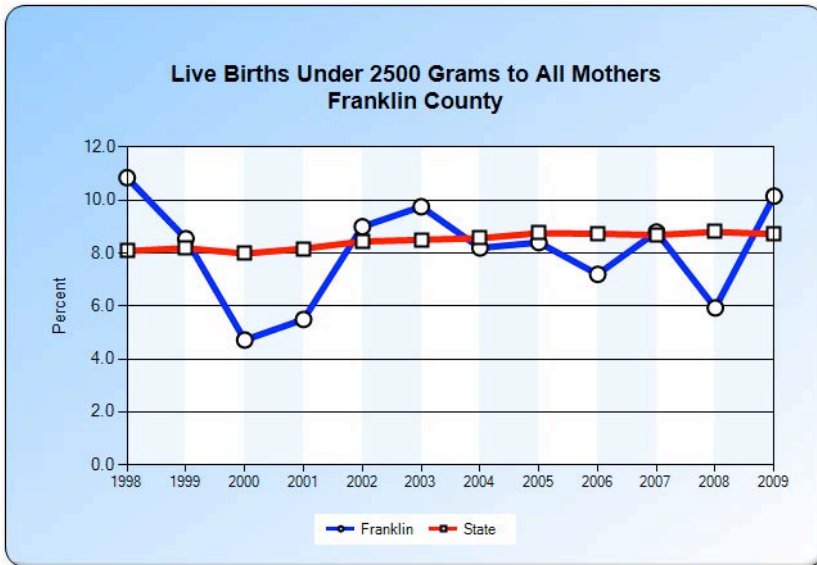
As shown in **Figure 22**, the Percent of Low Weight Births was fairly constant between 2004 and 2007, with a drop in 2008, and an increase in 2009. The **County Event Frequency** shows this change, with the incidence increasing from 7 in 2008 to 13 in 2009. Franklin County ranks in the 3rd Quartile for Low Birth Weight Births.

Figure 21: Three-Year (2007-2009) Low Birth Weight Percent of Births

Birth Weight	Franklin County	Quartile	State
<1500 Grams	1.6%	3	1.6%
<2500 Grams	8.4%	3	8.7%

Source: FloridaCharts: County Health Profile

Figure 22: Percent Low Weight Births



Franklin County Quartile — 3

County trend is not statistically significant

County Event Frequency

1998	1999	2000	2001	2002	2003
14	10	5	5	9	12

2004	2005	2006	2007	2008	2009
10	10	9	11	7	13

Source: FloridaCharts: County Health Status Summary

The **Broward Regional Health Planning Council Health Data Warehouse PQI/Avoidable Admission** data section reports that in 2009 there were 127 newborn/neonate in-hospital live births to Franklin County residents. Of those 7, or 5.51%, were preventable low-birth weight admissions, compared to 6.13% Statewide, as shown in **Figure 23**.

Figure 23: PQI Low Birth Weight Avoidable Admissions

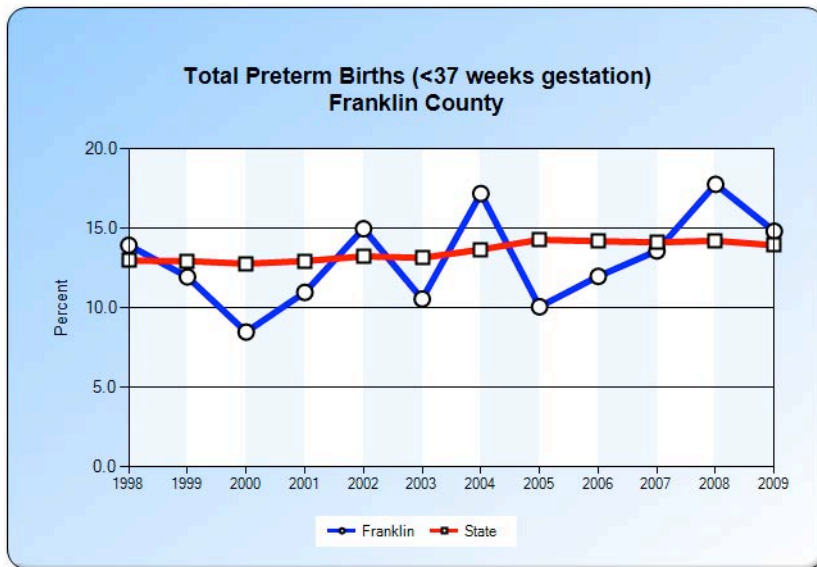
Indicator	Franklin County	Florida
All Newborn Admissions	127	174,053
Preventable Low Birth Weight Admissions	7	10,662
Percent Preventable LBW Admissions	5.51%	6.13%

Source: Broward Regional Health Planning Council, Hospital Inpatient & Emergency Department Analytical System, healthdata.brhpc.org

Premature Births

As shown in **Figure 24**, the Percent of Premature Births has increased since 2005, with a drop in 2009. The **County Event Frequency** shows this change, with the incidence increasing from 12 in 2005 to 21 in 2008, and 19 in 2009. Franklin County ranks in the 4th Quartile for Premature Births.

Figure 24: Premature Births



Franklin County Quartile—4

County trend is not statistically significant

County Event Frequency

1998	1999	2000	2001	2002	2003
18	14	9	10	15	13

2004	2005	2006	2007	2008	2009
21	12	15	17	21	19

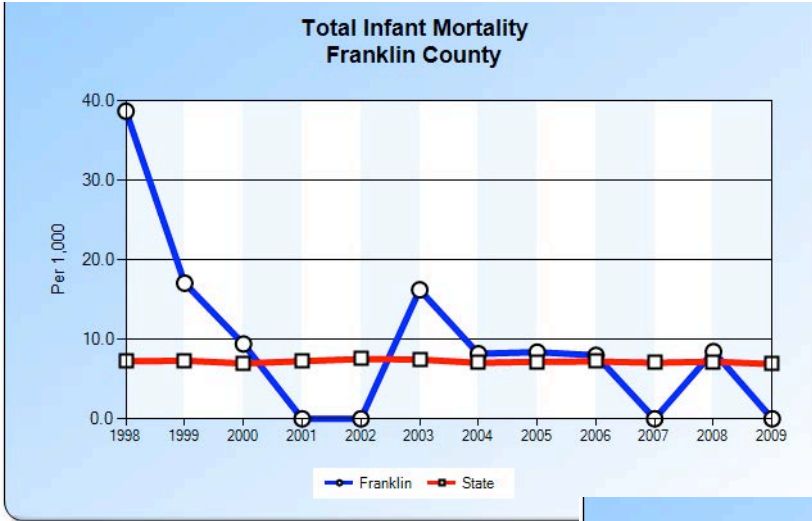
Source: FloridaCharts: County Health Status Summary

Infant Mortality

Franklin County infant death Quartile rankings are 1 and 3, as shown in **Figure 25**. Trend graphs illustrate the relationship between County and State rates. However, note that the number of events in all categories is between 0 and 1 for the past several years.

Figure 25: Three-Year (2007-2009) Infant Deaths

Indicator per 1,000 Births	County	Quartile	State
Infant Deaths (0-364 days)	2.7	1	7.1
Neonatal Deaths (0-27 days)	0	1	4.5
Postneonatal Deaths (28-364 days)	2.7	3	2.5



Franklin County Quartile—1

County trend is getting better and is statistically significant

County Event Frequency

1998	1999	2000	2001	2002	2003
5	2	1	0	0	2

2004	2005	2006	2007	2008	2009
1	1	1	0	1	0

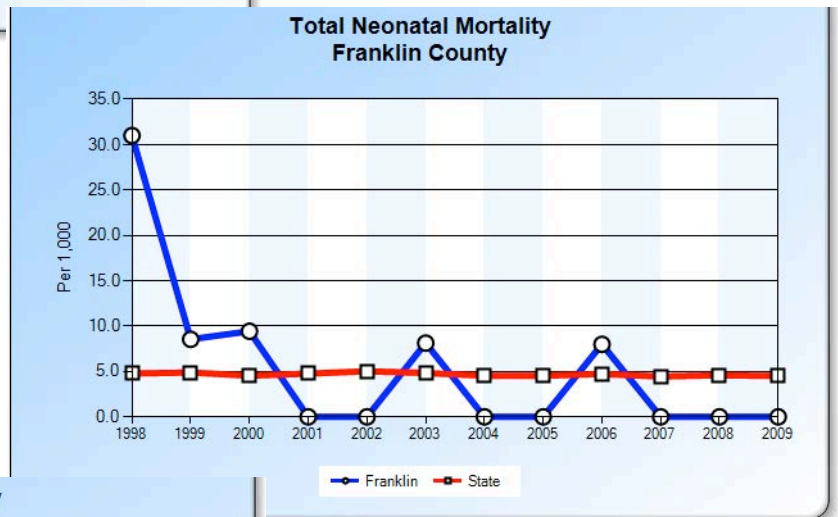
FloridaCharts: County Health Status Summary

Franklin County Quartile—1
County trend is not statistically significant

County Event Frequency

1998	1999	2000	2001	2002	2003
4	1	1	0	0	1

2004	2005	2006	2007	2008	2009
0	0	1	0	0	0



Franklin County Quartile—3

County trend is not statistically significant

County Event Frequency

1998	1999	2000	2001	2002	2003
1	1	0	0	0	1

2004	2005	2006	2007	2008	2009
1	1	0	0	1	0



Key Points Related to Births

- *There are an average of 124 annual births to Franklin County residents.*
- *76% of births to Franklin County women are covered by Medicaid (including emergency Medicaid).*
- *2.2% of births to Franklin County women are uninsured, compared to 10.4% Statewide.*
- *The teen birth rate is higher than Statewide, and places Franklin County in the 4th Quartile.*
- *The percent of women with adequate prenatal care is lower than Statewide, but Franklin County is still in the 1st and 2nd Quartiles.*
- *The incidence of low birth weight babies nearly doubled from 2008 to 2009, placing Franklin County in the 3rd Quartile.*
- *The incidence of premature births increased from 2005-2008, but dropped to near the State rate in 2009.*
- *Franklin County is ranked in the 1st Quartile for all infant deaths.*

Therefore:

- *Health services need to be available to women covered by Medicaid.*
- *Health services need to be readily available to teen women to encourage options to prevent pregnancy.*
- *Access to prenatal and obstetrical services needs to continue to be developed in Franklin County.*

Communicable Disease

Public health is the art and science of safeguarding and improving community health through organized community effort involving prevention of disease, control of communicable disease, application of sanitary measures, health education and monitoring of environmental hazards.

The role of Public Health Departments in the area of communicable diseases is to track and investigate communitywide hazards and health problems, to lead the private sector in the implementation of disease prevention, to assist individuals with accessing preventive care, and when necessary, to directly provide those preventive services, including education. The Public Health Department cannot be solely responsible for the prevention and control of communicable disease. These efforts require a community effort with participation by the private sector and school health.

Figure 26: Communicable Diseases 2007-2009

Disease	Franklin County		State
	Three-Year Rate per 100,000	Quartile	Three-Year Rate per 100,000
Vaccine Preventable Diseases	5.4	4	3.8
HIV Cases	16.2	2	33.2
AIDS Cases	5.4	1	29.9
Tuberculosis Cases	0	1	4.9
Chlamydia Cases	394.1	3	357.3
Gonorrhea Cases	126.9	3	119.7
Infectious Syphilis Cases	0	1	5.3

As shown in **Figure 26**, for the three-year period between 2007-2009, Franklin County was in the 1st Quartile of all Florida counties for three out of six communicable disease indicators. The incidence of vaccine preventable diseases placed Franklin County in the 4th Quartile. The incidence of Chlamydia and gonorrhea ranked in the 3rd Quartile, and the incidence of HIV ranked in the 2nd Quartile.

Source: FloridaCharts, County Health Status Summary

Another communicable disease category worth noting is the rate of bacterial STDs for women age 15-34. This data is listed in the **FloridaCharts County State Profile**, which does not assign Quartile rankings. However, as shown in **Figure 27**, the rate in Franklin County for the 2007-2009 period has increased significantly from prior periods. The rate is computed per 100,000 females age 15-34.

Figure 27: Bacterial STDs for Women Age 15-34

Area	Three-Year Period			Percent Increase 2004-6 to 2007-9
	2001-2003	2004-2006	2007-2009	
Franklin County	2,970.3	2,229.4	4,230.9	89.8%
Florida	1,978.0	1,991.3	2,499.2	25.5%

Source: FloridaCharts: County State Profile

Figure 28: Child Immunization 2007-2009

Indicator	County Rate	Quartile	State Rate
Kindergarten children fully immunized	84.9%	4	91.5%

Source: FloridaCharts, Health Status Summary

Franklin County ranks in the 4th Quartile in the percent of kindergarten age children immunized with 84.9% — lower than Statewide, as shown in **Figure 28**.

Kids Count provides further detail, as shown in **Figure 29**. Based on this data, the low percent increased in 2008, but dropped again in 2009.

Figure 29: Child Immunization Rates by Year

Immunization Levels in Kindergarten		
2006	2007	2008
72.6%	98.2%	76.5%

Source: The Annie E. Casey Foundation, KIDS COUNT Data Center, datacenter.kidscount.org

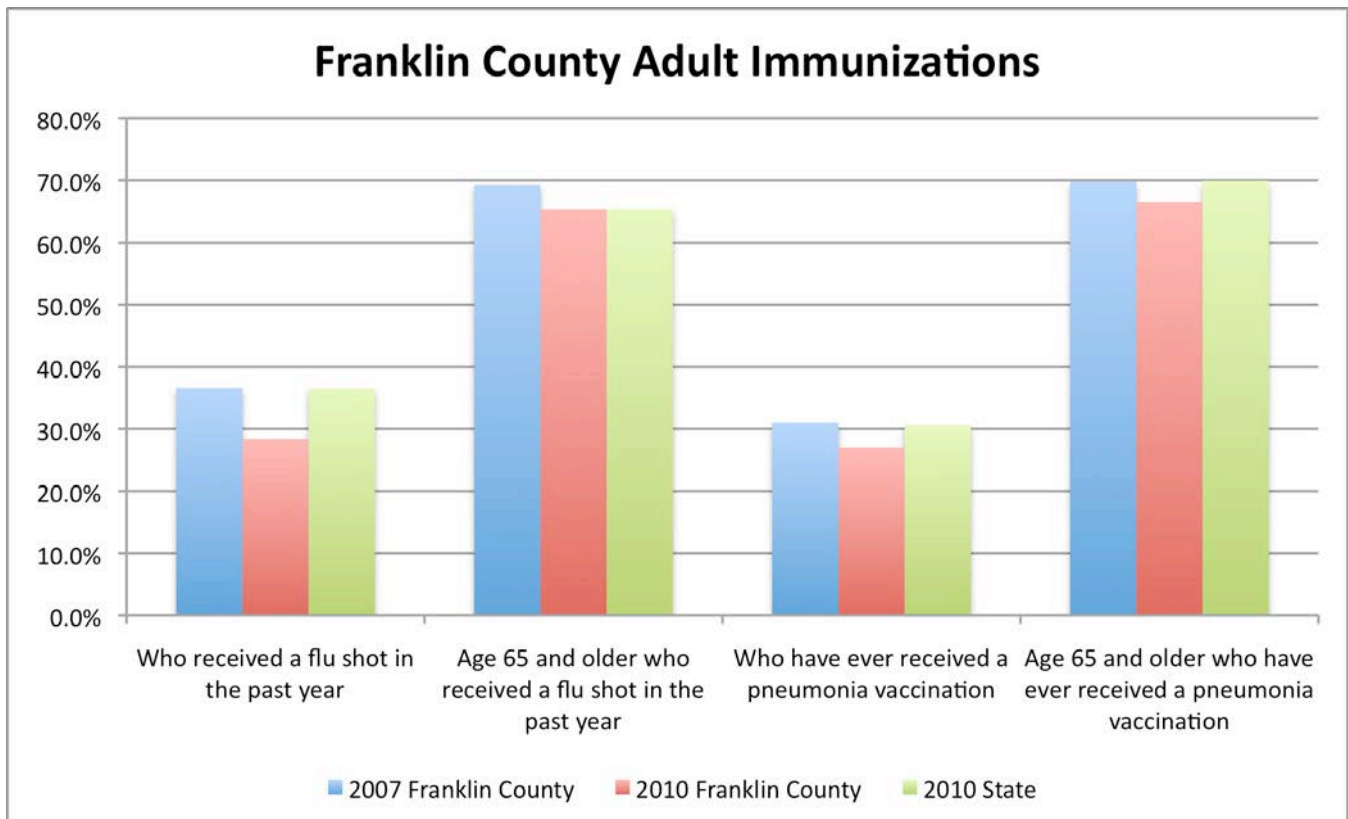
In 2007 in the area of adult immunizations, Franklin County ranked in the 1st Quartile or 2nd Quartile for all measures except for adults who did not receive a flu shot because of cost or availability, where the County is in the 3rd Quartile, as shown in **Figure 30**. In the 2010 report, there were the following changes from 2007:

- The Franklin County percent of all adults who received a flu shot in the past year decreased 8.2%, while the State rate increased 3.8%
- The Franklin County percent of adults 65 and older who received a flu shot in the past year decreased 4%, while the State rate increased 0.7%.
- The Franklin County percent of all adults who ever received a pneumonia vaccination decreased 4%, while the State rate increased 4.7%.
- The Franklin County percent of adults 65 and older who received a pneumonia vaccination decreased 3.3%, while the State rate increased 6.9%.

Figure 30: Adult Immunizations-2007 and 2010

Percent of Adults:	2007 Franklin County	2007 Quartile	2007 State	2010 Franklin County	2010 State	2007-2010 Franklin Change	2007-2010 State Change
Who received a flu shot in the past year	36.6%	2	32.7%	28.4%	36.5%	-8.2%	3.8%
Age 65 and older who received a flu shot in the past year	69.3%	2	64.6%	65.3%	65.3%	-4.0%	0.7%
In high-risk groups who received a flu shot in the past year	54.6%	1	44.6%	N/A	N/A	N/A	N/A
Who did not receive a flu shot in the past year because of cost or availability issues	12.4%	3	11.1%	N/A	N/A	N/A	N/A
Who have ever received a pneumonia vaccination	31.0%	1	25.9%	27.0%	30.6%	-4.0%	4.7%
Age 65 and older who have ever received a pneumonia vaccination	69.8%	1	63.0%	66.5%	69.9%	-3.3%	6.9%
In high-risk groups who have ever received a pneumonia vaccination	51.4%	1	37.0%	N/A	N/A	N/A	N/A

Source: BRFSS 2007 and 2010



The Broward Regional Health Planning Council Health Data Warehouse PQI/Avoidable Admission data section reports that in 2009 there were 43 avoidable hospital admissions for Franklin County residents due to bacterial pneumonia, for a rate of 0.5%, nearly twice the Statewide rate of 0.29%, as shown in Figure 31.

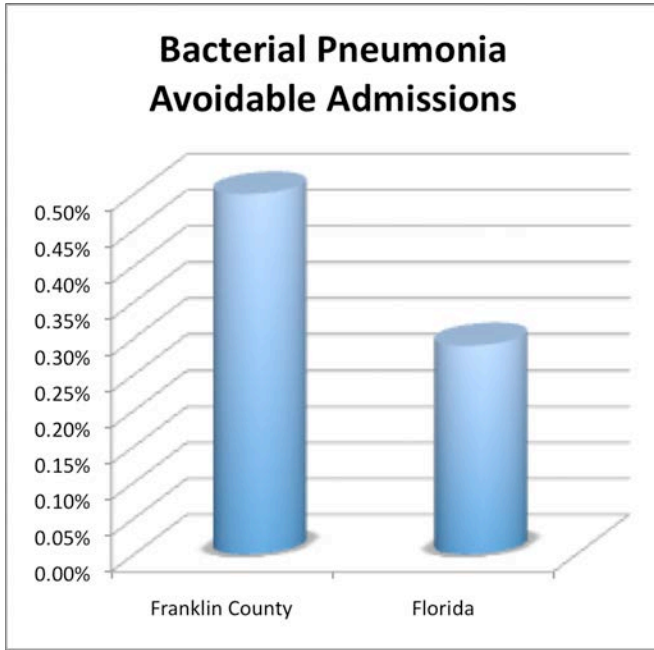


Figure 31: PQI Bacterial Pneumonia Avoidable Admissions—2009

Indicator	Franklin County	State
Bacterial Pneumonia Admissions	43	0.29%
Rate of Pneumonia Admissions	0.50%	

Source: Broward Regional Health Planning Council, Hospital Inpatient & Emergency Department Analytical System, healthdata.brhpc.org

Key Points Related Communicable Disease

- Franklin County ranks in the 4th Quartile of all counties for vaccine preventable diseases.
- Franklin County ranks in the 3rd Quartile of all counties for the incidence of Chlamydia and gonorrhea.
- Child immunization rates were low in 2006, improved dramatically in 2007, and then fell again in 2008. The three-year rate places Franklin County in the 4th Quartile.
- In 2010, the percent of adult immunizations decreased in all categories.
- The rate of avoidable pneumonia hospitalizations is twice the State rate.

Therefore:

- Increased attention is needed in the area of vaccine preventable disease.
- Increased attention is needed in the prevention of Chlamydia and gonorrhea.
- Increased attention is needed in the vaccination of children.
- Low cost and accessible access needs to be assured for adult flu and pneumonia vaccinations.
- Health services development should be closely coordinated with Public Health Department programs.

Chronic Disease

A chronic condition is a condition lasting 12 months or longer and meeting one or both of the following tests: (a) the condition places limitations on self-care, independent living and social interactions; (b) the condition results in the need for ongoing intervention with medical products, services and special equipment.

Arthritis

The Franklin County 2007 percent of adults who have been told they have some form of arthritis is 9% higher than Statewide, as shown in **Figure 32**. However, in the 2010 Report, the percent adults who have been told they have some form of arthritis increased from 26.5% to 39.2%, and the Franklin County percent of State rates increased from 9% higher to 23% higher than the State rate.

Based on the percent within Franklin County, in 2007 more women than men have arthritis. However, the Franklin County percent of men with arthritis was 116% the State rate, while the percent of women with arthritis was 104% the State rate. However, in the 2010 Report, the percent men who have been told they have some form of arthritis increased from 24.1% to 38.6%, and the Franklin County percent of State actually increased to 46% higher than the State rate. Also, in the 2010 Report, the percent women who have been told they have some form of arthritis increased from 28.6% to 40.1%, and the Franklin County percent of State increased to 8% higher than the State rate.

The percent of adults age 18-44 with arthritis in 2007 was 113% the State rate, and the incidence nearly doubled in 2010, and is 61% higher than the State rate.

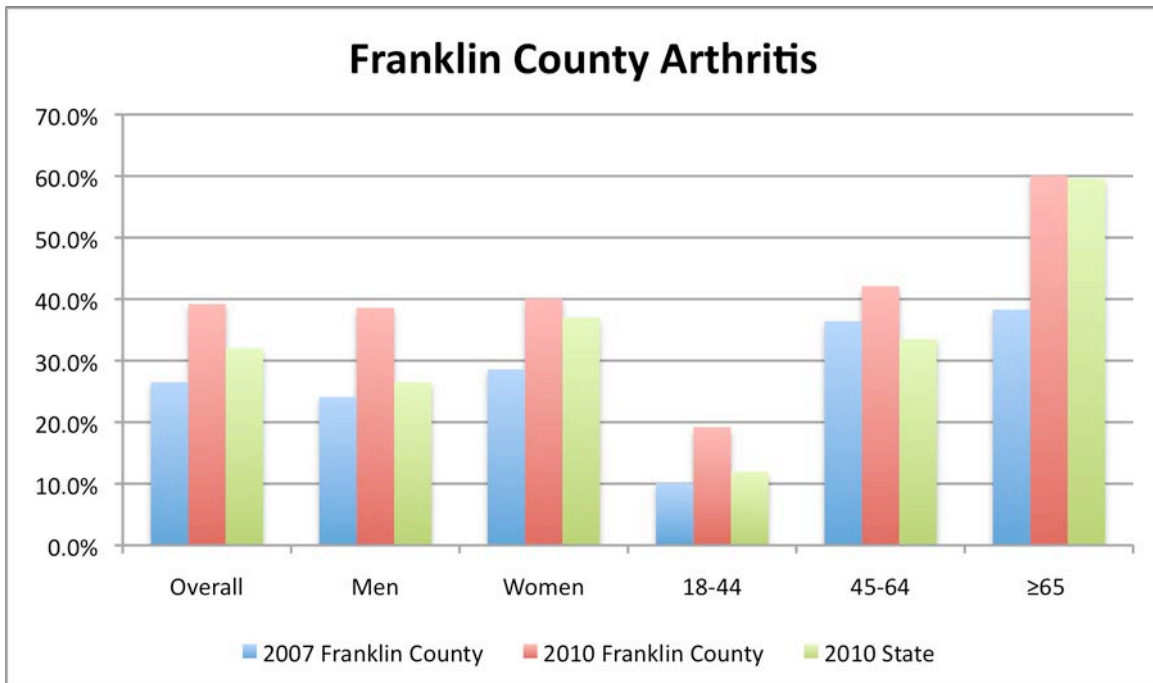
In Franklin County, the age group 65 and older has the highest percent of arthritis with 38.3% in 2007, increased to 59.6% in 2010. However, compared to State rates, the age group 18-44 has the highest difference with the County rate 61% higher than the State rate.

Based only on these percents, the greatest need for arthritis education and intervention in Franklin County would be in the male population age 18-44.

Figure 32: Percent Adults Told They Have Some Form of Arthritis

Population		2007 Franklin County	2007 State	2007 Franklin Percent of State	2010 Franklin County	2010 State	2010 Franklin Percent of State
All	Overall	26.5%	24.3%	109%	39.2%	32.0%	123%
Sex	Men	24.1%	20.8%	116%	38.6%	26.5%	146%
	Women	28.6%	27.6%	104%	40.1%	37.0%	108%
Age Group	18-44	10.1%	8.9%	113%	19.2%	11.9%	161%
	45-64	36.4%	29.7%	123%	42.1%	33.5%	126%
	≥65	38.3%	47.6%	80%	60.1%	59.6%	101%

Source: Florida Dept of Health, Division of Disease Control, Bureau of Epidemiology, Chronic Disease Epidemiology Section, 2007 BRFSS Report and 2010 BRFSS Report



Asthma

The Franklin County 2007 percent of adults with asthma was 5% higher than Statewide, as shown in **Figure 33**. However, in the 2010 Report, the percent adults with asthma increased from 6.5% to 6.9%, and the Franklin County percent of State decreased to 83% of the State rate.

Based on the percent within Franklin County, more women than men have asthma. The Franklin County percent of women with asthma was 115% the State rate in 2007 but decreased to 99% of the State rate in 2010. The percent of men with asthma was 88% the State rate in 2007, and decreased to 72% of the State rate in 2010. While the incidence within the County increased, the State incidence increased more.

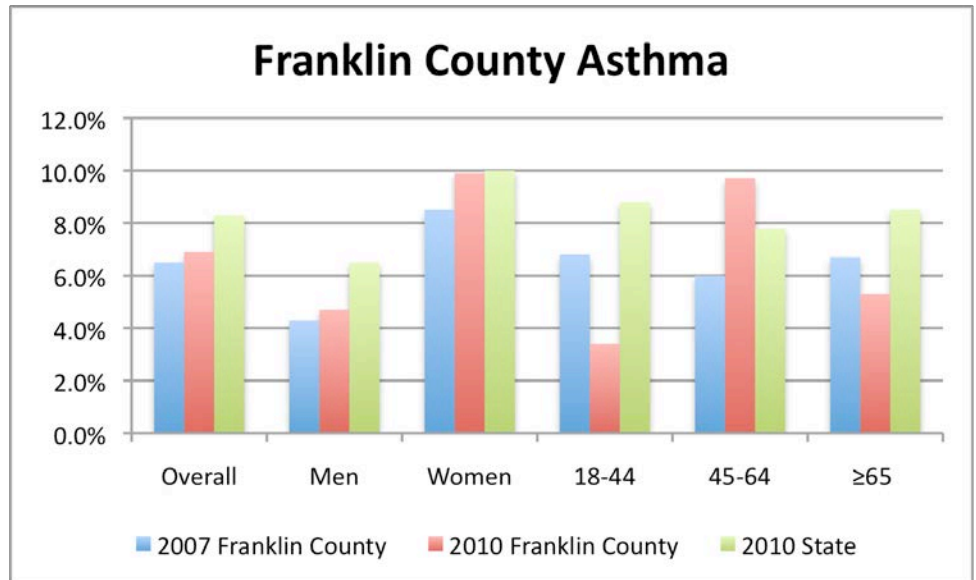
In Franklin County, the age group 45-64 has the highest percent of asthma. Compared to State rates, the same age group has the highest difference with the County rate 24% higher than the State rate.

Based only on these percents, the greatest need for asthma education and intervention in Franklin County would be targeted to the female population age 45-64.

Figure 33: Percent Adults Who Currently Have Asthma

Population		2007 Franklin County	2007 State	2007 Franklin Percent of State	2010 Franklin County	2010 State	2010 Franklin Percent of State
All	Overall	6.5%	6.2%	105%	6.9%	8.3%	83%
Sex	Men	4.3%	4.9%	88%	4.7%	6.5%	72%
	Women	8.5%	7.4%	115%	9.9%	10.0%	99%
Age Group	18-44	6.8%	5.8%	117%	3.4%	8.8%	39%
	45-64	6.0%	6.7%	90%	9.7%	7.8%	124%
	≥65	6.7%	6.1%	110%	5.3%	8.5%	62%

Source: Florida Department of Health, Division of Disease Control, Bureau of Epidemiology, Chronic Disease Epidemiology Section, 2007 and 2010 BRFSS Reports



The Broward Regional Health Planning Council Health Data Warehouse PQI/Chronic Conditions data section reports that in 2009 there were 62 total hospital admissions for Franklin County residents due to asthma, as shown in **Figure 34**.

Figure 34: Asthma Total Admissions—2009

Indicator	Franklin County
Asthma Admissions	62

Source: Broward Regional Health Planning Council, Hospital Inpatient & Emergency Department Analytical System, healthdata.brhpc.org

The Health Data Warehouse PQI/Avoidable Admission data section reports that in 2009 there were 6 avoidable hospital admissions for Franklin County residents due to asthma, for a rate of 0.07%, half the Statewide rate of 0.14%, as shown in **Figure 35**.

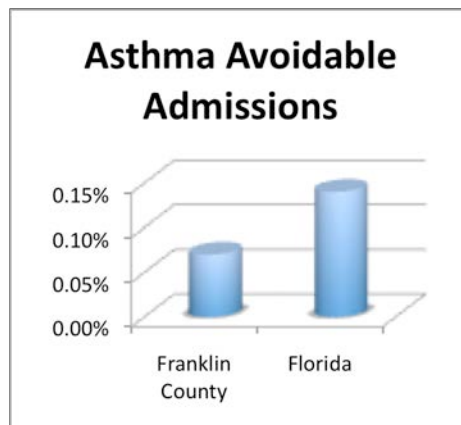


Figure 35: PQI Asthma Avoidable Admissions—2009

Indicator	Franklin County	State
Asthma Admissions	6	0.14%
Rate of Asthma Admissions	0.07%	

Source: Broward Regional Health Planning Council, Hospital Inpatient & Emergency Department Analytical System, healthdata.brhpc.org

Franklin County is ranked in the 1st Quartile for the 3-year rate of hospitalizations attributable to asthma, as shown in **Figure 36**. The 3-year hospitalization rate is 64.2% the State rate.

Franklin County is ranked in the 2nd Quartile for the rate of hospitalizations attributable to chronic lower respiratory disease. The 3-year hospitalization rate is 89.9% the State rate.

Figure 36: Lung Disease Hospitalizations—2007-2009

Diagnosis	Average Annual Number of Events	Age Adjusted Rate	Quartile	State Age Adjusted Rate	3-Year Rate Percent of State
Asthma	63	468.4	1	729.9	64.2%
Chronic Lower Respiratory Disease	50	305.7	2	339.9	89.9%

Source: FloridaCharts: Chronic Disease Profile

The **Broward Regional Health Planning Council Health Data Warehouse PQI/Avoidable Admission** data section reports that in 2009 there were 31 avoidable hospital admissions for Franklin County residents due to COPD, for a rate of 0.36%, higher than the Statewide rate of 0.24%, as shown in **Figure 37**.

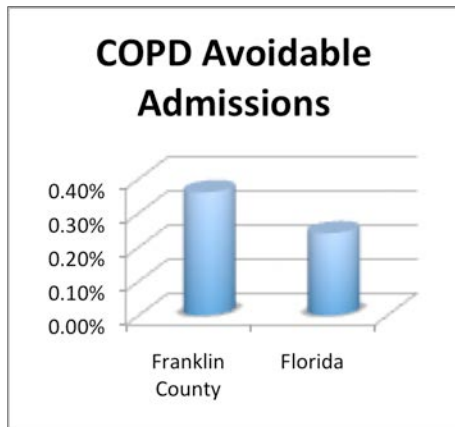


Figure 37: PQI Chronic Obstructive Pulmonary Disease (COPD) Avoidable Admissions—2009

Indicator	Franklin County	State
COPD Admissions	31	
Rate of COPD Admissions	0.36%	0.24%

Source: Broward Regional Health Planning Council, Hospital Inpatient & Emergency Department Analytical System, healthdata.brhpc.org

Stroke

The Franklin County 2007 percent of adults who have ever had a stroke was 39% higher than Statewide, as shown in **Figure 38**. However, in the 2010 Report, the percent adults who have ever had a stroke decreased from 4.3% to 3.1%, and the Franklin County percent of State decreased from 139% of the State rate to 89% of the State rate.

Based on the percent within Franklin County, more women than men have had a stroke. The Franklin County percent of women with stroke history is 97% the State rate, while the percent of men with stroke history is 79% the State rate.

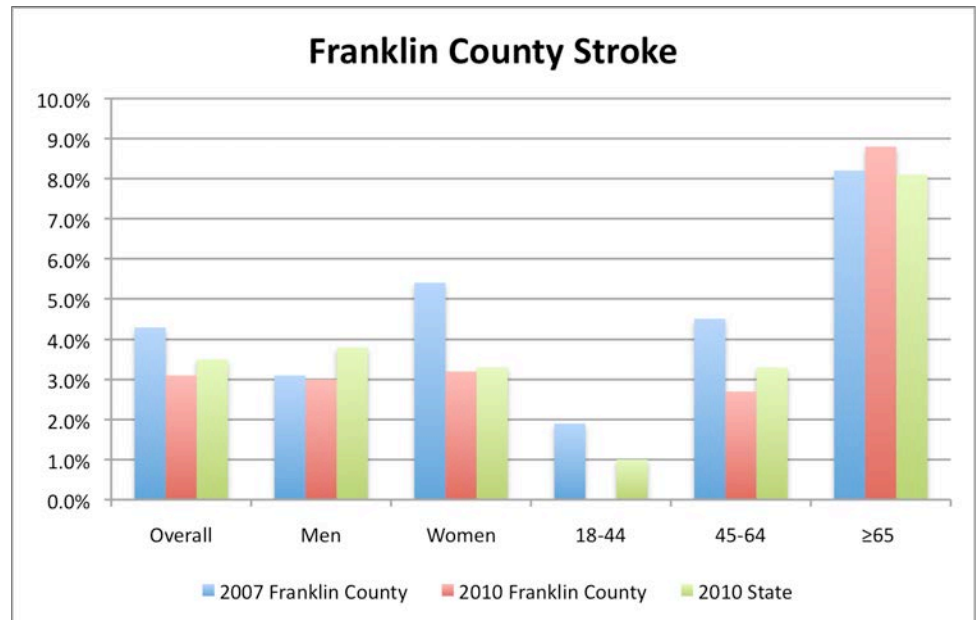
In Franklin County, the age group 65 and older has the highest percent of stroke history. Compared to State rates, the same age group 65 and older has the highest difference with the County rate 109% higher than the State rate.

Based only on these percents, the greatest need for stroke prevention education and intervention in Franklin County would be targeted to the female population age 65 and older.

Figure 38: Percent Adults Who Have Ever Had a Stroke

Population		2007 Franklin County	2007 State	2007 Franklin Percent of State	2010 Franklin County	2010 State	2010 Franklin Percent of State
All	Overall	4.3%	3.1%	139%	3.1%	3.5%	89%
Sex	Men	3.1%	2.9%	107%	3.0%	3.8%	79%
	Women	5.4%	3.4%	159%	3.2%	3.3%	97%
Age Group	18-44	1.9%	1.1%	173%	0.0%	1.0%	0%
	45-64	4.5%	2.7%	167%	2.7%	3.3%	82%
	≥65	8.2%	7.9%	104%	8.8%	8.1%	109%

Source: Florida Department of Health, Division of Disease Control, Bureau of Epidemiology, Chronic Disease Epidemiology Section, 2007 and 2010 BRFSS Reports



Franklin County is ranked in the 1st Quartile for the rate of hospitalizations attributable to stroke, as shown in **Figure 39**. The 3-year hospitalization rate is 73.5% the State rate.

Figure 39: Stroke Hospitalizations—2007-2009

County	Average Annual Number of Events	Age Adjusted Rate	Quartile	State Age Adjusted Rate	County 3-Year Rate Percent of State
Franklin	34	197.3	1	268.6	73.5%

Source: FloridaCharts: Chronic Disease Profile

Heart Disease

The Franklin County 2007 percent of adults who have ever had a heart attack, angina, or coronary heart disease was 27% higher than Statewide, as shown in **Figure 40**. However, in the 2010 Report, the percent adults who have ever had a heart attack, angina, or coronary heart disease decreased from 11.8% to 9.1%, and the Franklin County percent of State decreased from 127% of the State rate to 89% of the State rate.

Figure 40: Percent Adults Who Have Ever Had a Heart Attack, Angina, or Coronary Heart Disease

Population		2007 Franklin County	2007 State	2007 Franklin Percent of State	2010 Franklin County	2010 State	2010 Franklin Percent of State
All	Overall	11.8%	9.3%	127%	9.1%	10.2%	89%
Sex	Men	13.7%	10.3%	133%	9.7%	11.5%	84%
	Women	10.0%	8.3%	120%	8.3%	8.9%	93%
Age Group	18-44	1.9%	2.2%	86%	0.5%	2.3%	22%
	45-64	12.7%	9.1%	140%	8.6%	8.9%	97%
	≥65	27.3%	23.9%	114%	23.6%	24.8%	95%

Source: Florida Department of Health, Division of Disease Control, Bureau of Epidemiology, Chronic Disease Epidemiology Section, 2007 and 2010 BRFSS Reports

Based on the percent within Franklin County, more men than women have had these conditions. In 2007, the Franklin County percent of men with this history was 133% the State rate, while the percent of women with this history is 120% the State rate. In 2010, the percent of men decreased to 84% the State rate, and the percent of women decreased to 93% the State rate.

In Franklin County, the age group 65 and older has the highest percent of cardiac conditions. Compared to State rates, the age group 45-64 has the highest difference with the County rate 97% the State rate.

Based only on these percents, the greatest need for cardiac education and intervention in Franklin County would be targeted to the male population age 45-64.

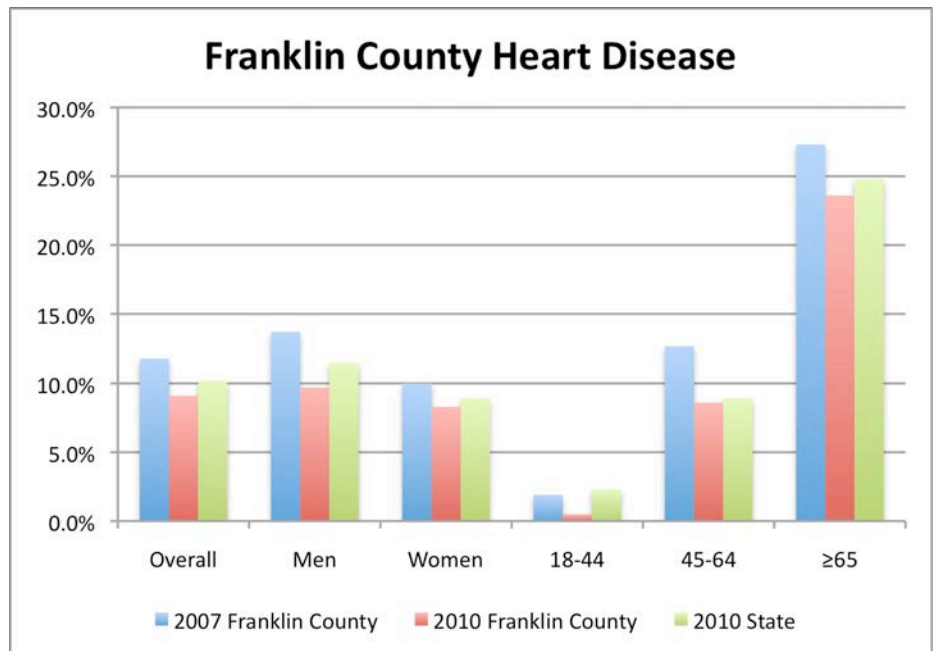


Figure 41: Heart Disease Hospitalizations—2007-2009

Diagnosis	Average Annual Number of Events	Age Adjusted Rate	Quartile	State Age Adjusted Rate	3-Year Rate Percent of State
Coronary Heart Disease	67	400.1	2	440.4	90.8%
Heart Failure	37	204.4	3	185.3	110.3%

Source: FloridaCharts: Chronic Disease Profile

Franklin County is ranked in the 2nd Quartile for the rate of hospitalizations attributable to coronary heart disease, as shown in **Figure 41**. The 3-year hospitalization rate is 90.8% the State rate.

Franklin County is ranked in the 3rd Quartile for the rate of hospitalizations attributable to heart failure. The 3-year hospitalization rate is 110.3% the State rate.

Figure 42: Circulatory System Total Admissions—2009

Indicator	Franklin County
Hypertension Admissions	452
Congestive Heart Failure Admissions	191

Source: Broward Regional Health Planning Council, Hospital Inpatient & Emergency Department Analytical System, healthdata.brhpc.org

The **Broward Regional Health Planning Council Health Data Warehouse PQI/Chronic Conditions** data section reports that in 2009 there were 452 total hospital admission for Franklin County residents due to hypertension, and 191 total admissions for congestive heart failure, as shown in **Figure 42**. Note that these diagnoses include primary and secondary diagnoses.

The **Health Data Warehouse PQI/Avoidable Admission** data section reports that in 2009 there was 1 avoidable hospital admission for Franklin County residents due to hypertension, for a rate of 0.01%, much lower than the Statewide rate of 0.09%, as shown in **Figure 43**.

There were 40 avoidable hospital admissions for Franklin County residents due to congestive heart failure (CHF), for a rate of 0.46%, higher than the Statewide rate of 0.38%. There were 4 avoidable hospital admissions for Franklin County residents due to angina, for a rate of 0.05%, higher than the Statewide rate of 0.02%.

Figure 43: PQI Circulatory System Avoidable Admissions—2009

Indicator	Franklin County	State
Hypertension Admissions	1	0.09%
Rate of Hypertension Admissions	0.01%	
Congestive Heart Failure Admissions	40	0.38%
Rate of Congestive Heart Failure Admissions	0.46%	
Angina Admissions	4	0.02%
Rate of Angina Admissions	0.05%	

Source: Broward Regional Health Planning Council, Hospital Inpatient & Emergency Department Analytical System



Franklin County ranks in the 3rd Quartile for the percent of adults with diagnosed hypertension, as shown in **Figure 44**, with 31.3% of the population with a hypertension diagnosis, compared to 28.2% Statewide.

Figure 44: Percent Adults with Diagnosed Hypertension/High Cholesterol—2007

Diagnosis	Franklin Percent Adults	Quartile	State Percent Adults
Hypertension	31.3%	3	28.2%
High blood cholesterol	37.2%	2	37.1%

Source: FloridaCharts: Chronic Disease Profile

Franklin County ranks in the 2nd Quartile for the percent of adults with diagnosed high cholesterol, with 37.2% of the population with a high cholesterol diagnosis, compared to 37.1% Statewide.

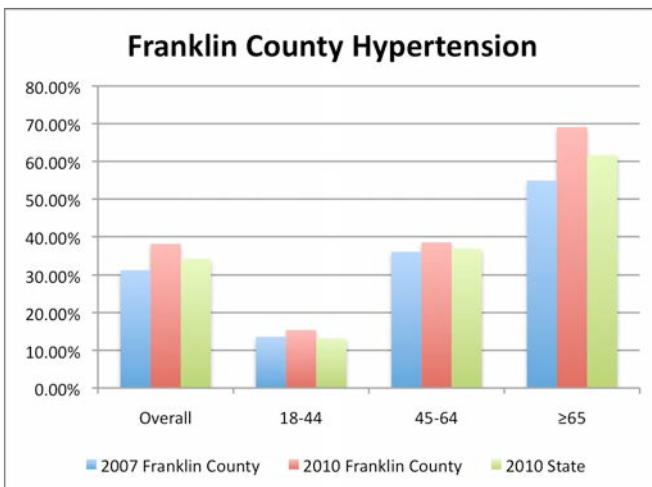
Of those individuals with a diagnosis of hypertension, the highest percent is in the age group 65 and older. However, compared to Statewide, the greatest difference is in the age group 18-44, at 117% the State rate, as shown in **Figure 45**.

Figure 45: Percent Adults With Diagnosed Hypertension

Population	2007 Franklin County	2007 State	2007 Franklin Percent of State	2010 Franklin County	2010 State	2010 Franklin Percent of State	
All	Overall	31.3%	28.2%	111%	38.1%	34.3%	111%
Age Group	18-44	13.6%	11.6%	117%	15.4%	13.2%	117%
	45-64	36.0%	33.9%	106%	38.5%	36.8%	105%
	≥65	54.9%	53.5%	103%	69.1%	61.7%	112%

Source: Florida Department of Health, Division of Disease Control, Bureau of Epidemiology, Chronic Disease Epidemiology Section, 2007 and 2010 BRFSS Reports

The percent with hypertension increased in all age groups from 2007 to 2010, but at a rate similar to Statewide, except for those over 65, where the 2007 rate was 103% the State rate, but increased to 112% the State rate in 2010.



Based only on these percents, the greatest need for hypertension education and intervention in Franklin County would be targeted to the population age 18-44.

Diabetes

The Franklin County 2007 percent of adults with diagnosed diabetes is 99% the Statewide rate, as shown in **Figure 46**. However, in 2010, the County rate had decreased to 86% the State rate.

Based on the percent within Franklin County, more men than women have diabetes. Between 2007 and 2010, the State rates increased more than County rates, so compared to State rates, the Franklin County percent of men with diabetes is 83% the State rate, while the percent of women with diabetes is 85% the State rate.

In Franklin County, the age group 65 and older has the highest percent of diabetes. Compared to State rates, the same age group (65 and older) has the highest difference with the County rate 98% the State rate.

Based only on these percents, the greatest need for diabetes education and intervention in Franklin County would be targeted to the female population age 65 and older.

Figure 46: Percent Adults With Diagnosed Diabetes—2007

Population		2007 Franklin County	2007 State	2007 Franklin Percent of State	2010 Franklin County	2010 State	2010 Franklin Percent of State
All	Overall	8.6%	8.7%	99%	8.9%	10.4%	86%
Sex	Men	9.4%	9.4%	100%	9.7%	11.7%	83%
	Women	7.8%	8.1%	96%	7.8%	9.2%	85%
Age Group	18-44	2.1%	2.4%	88%	1.6%	3.6%	44%
	45-64	8.9%	10.9%	82%	9.3%	11.6%	80%
	≥65	19.7%	18.5%	106%	18.9%	19.2%	98%

Source: Florida Department of Health, Division of Disease Control, Bureau of Epidemiology, Chronic Disease Epidemiology Section, 2007 and 2010 BRFSS Reports

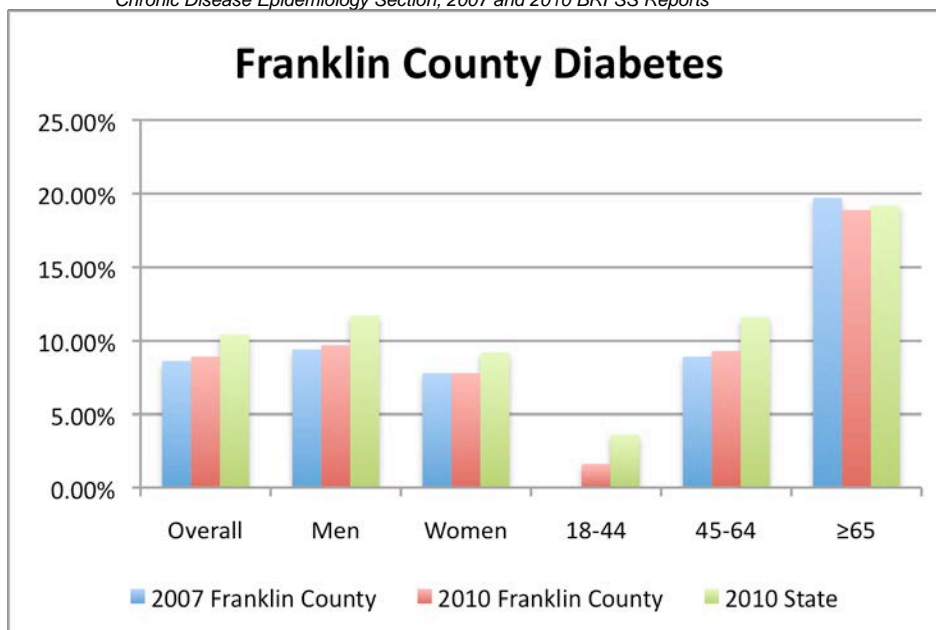


Figure 47: Hospitalizations Related to Diabetes—2006-2008

Diabetes	Average Annual Number of Events	Age-Adjusted Rate	Quartile	State Age Adjusted Rate	3-Year Rate Percent of State
From or With Diabetes	264	1,553.0	1	2,130.8	72.9%
From Amputation Due to Diabetes	4	25.5	3	23.8	107.1%

Note: Includes primary and contributing diagnoses
Source: FloridaCharts: Chronic Disease Profile

Franklin County is ranked in the 1st Quartile for the rate of hospitalizations with diabetes as a primary or contributing diagnosis, as shown in **Figure 47**. The 3-year hospitalization rate is 72.9% the State rate.

Franklin County is ranked in the 3rd Quartile for the rate of hospitalizations for amputation due to diabetes. The 3-year hospitalization rate is 107.1% the State rate.

Figure 48: Diabetes Total Admissions—2009

Indicator	Franklin County
Diabetes Admissions	253

Source: Broward Regional Health Planning Council, Hospital Inpatient & Emergency Department Analytical System, healthdata.brhpc.org

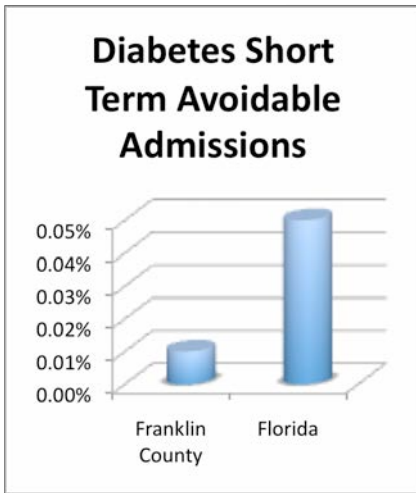
The **Broward Regional Health Planning Council Health Data Warehouse PQI/Chronic Conditions** data section reports that in 2009 there were 253 total hospital admissions for Franklin County residents due to diabetes, as shown in **Figure 48**.

The Health Data Warehouse PQI/Avoidable Admission data section reports that in 2009 there was 1 avoidable hospital admission for Franklin County residents due to short-term complications of diabetes, for a rate of 0.01%, much lower than the Statewide rate of 0.05%, as shown in Figure 49.

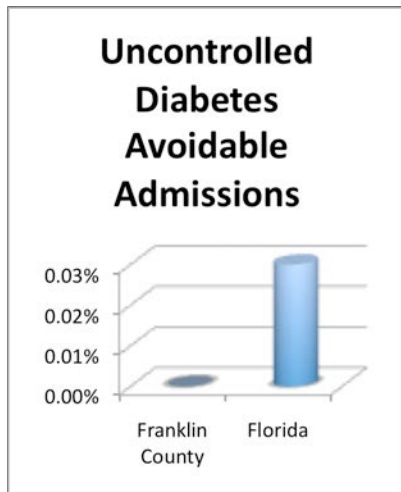
Figure 49: PQI Diabetes Avoidable Admissions—2009

Indicator	Franklin County	State
Diabetes/Short term	1	0.05%
Rate of Diabetes/Short term Admissions	0.01%	
Diabetes/Long term	2	0.12%
Rate of Diabetes/Long term Admissions	0.02%	
Uncontrolled Diabetes Admissions	0	0.03%
Rate of Uncontrolled Diabetes Admissions	N/A	
Diabetes L/E Amputations Admissions	3	0.03%
Rate of Diabetes L/E Amputations Admissions	0.03%	

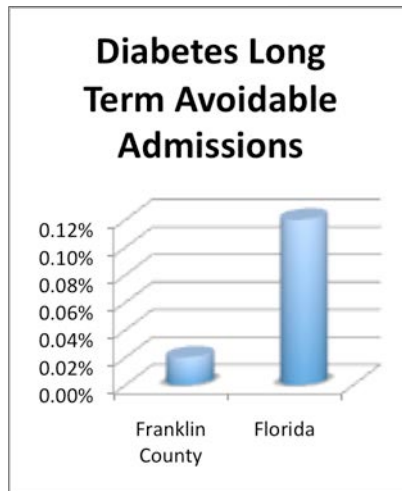
Source: Broward Regional Health Planning Council, Hospital Inpatient & Emergency Department Analytical System, healthdata.brhpc.org



There were no avoidable hospital admissions for Franklin County residents due to uncontrolled diabetes. Statewide rate was 0.03%.



The Broward Regional Health Planning Council Health Data Warehouse Chronic Disease data section reports that in 2009 there were 963 hospital admissions for Franklin County residents due to six conditions tracked, as shown in Figure 50.



There were 2 avoidable hospital admissions for Franklin County residents due to long-term complications of diabetes, for a rate of 0.02%, lower than the Statewide rate of 0.12%.

There were 3 avoidable hospital admissions for Franklin County residents due to lower extremity (L/E) amputations due to diabetes, for a rate of 0.03%, the same as the Statewide rate.

The

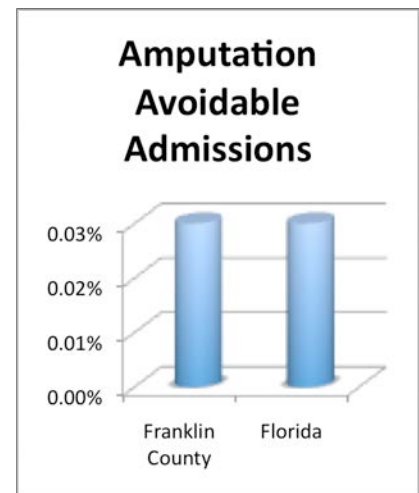


Figure 50: Chronic Disease Hospital Admissions

Disease	Number
Diabetes	253
Asthma	62
Congestive Heart Failure	191
Hypertension	452
AIDS	3
Sickle Cell	2
Total:	963

Source: Broward Regional Health Planning Council, Hospital Inpatient & Emergency Department Analytical System

Key Points Related Chronic Disease

- *The percent of adults with arthritis in Franklin County is higher than Statewide— particularly for men (146% the State rate) and those ages 18-44 (161% the State rate).*
- *The percent of adults with asthma in Franklin County is lower than Statewide— except for those ages 45-64 (124% the State rate).*
- *The percent of adults who have ever had a stroke in Franklin County is lower than Statewide— except for those over age 65 (109% the State rate).*
- *The percent of adults who have ever had a heart attack, angina, or coronary heart disease in Franklin County is lower than Statewide.*
- *The percent of adults with hypertension in Franklin County is higher than Statewide—particularly for those ages 18-44 (117% the State rate).*
- *The percent of adults with diabetes in Franklin County is lower than Statewide.*

Therefore:

- *These examples illustrate the type of “drill down” data that is available to focus education and intervention strategies to segments of the population to reach those most in need.*
- *Education efforts need to focus not only on prevention but also strategies for living with chronic diseases.*

Mental Health

Perceived Mental Health

Franklin County residents reporting good mental health totaled 87.3%, compared to 88.2% Statewide, placing Franklin County in the 2nd Quartile for 2010, compared to a 4th Quartile ranking in 2007, as shown in **Figure 51**.

Figure 51: Personal Perception of Mental Health

Indicator	Franklin 2007		State 2007	Franklin 2010		State 2010
	Percent	Quartile	Percent	Percent	Quartile	Percent
Percentage of Adults With Good Mental Health	86.6%	4	90.3%	87.3%	2	88.2%

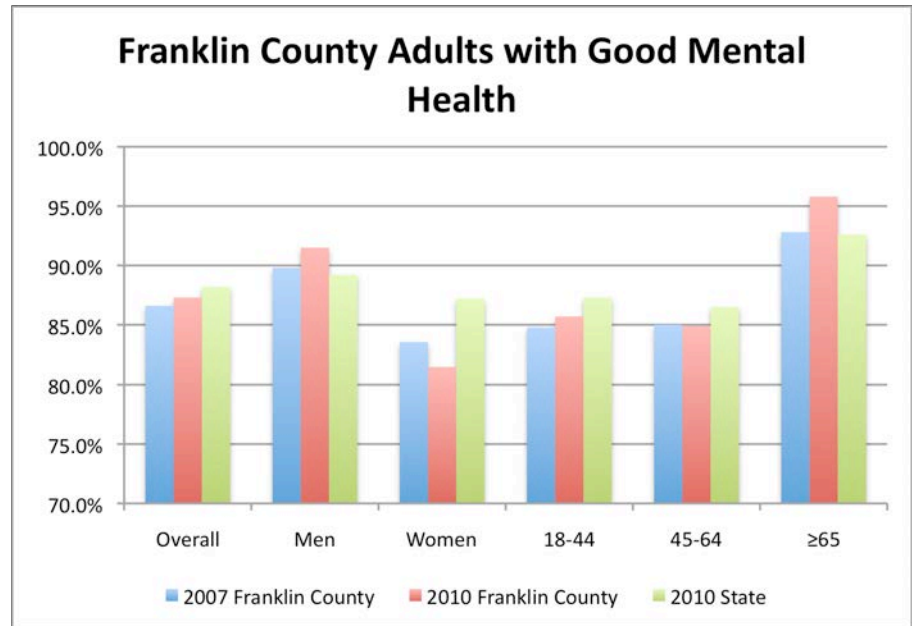
Source: FloridaCharts BRFSS County Health Profile and in County Behavioral Risk Factor Data

Of those reporting good mental health, men had a higher percent than women, and those age 65 and older had the highest percent with age groups, as shown in **Figure 52**.

Figure 52: Percentage of Adults With Good Mental Health

Population		2007 Franklin County	2007 State	2007 Franklin Percent of State	2010 Franklin County	2010 State	2010 Franklin Percent of State
All	Overall	86.6%	90.3%	96%	87.3%	88.2%	99%
	Sex						
	Men	89.8%	88.9%	101%	91.5%	89.2%	103%
	Women	83.6%	96.2%	87%	81.5%	87.2%	93%
Age Group	18-44	84.8%	84.5%	100%	85.7%	87.3%	98%
	45-64	85.0%	90.3%	94%	84.9%	86.5%	98%
	≥65	92.8%	88.9%	104%	95.8%	92.6%	103%

Source: FloridaCharts: BRFSS in County Health Status Summary and 2010 BRFSS Report



The Broward Regional Health Planning Council Health Data Warehouse includes The New York University (NYU) Emergency Department Algorithm for Emergency Department Classification, which reports emergency department utilization by primary diagnosis of injury, mental health problems, alcohol or substance abuse. These are visits that did not result in a hospital admission. The visits are also ranked by degree of severity.

The NYU ED Algorithm data section reports that in 2009 there were 124 total ED visit for Franklin County residents due to psychiatric diagnoses, as shown in **Figure 53**.

Figure 53: Psychiatric Emergency Department Visits—2009

Degree of Severity	Franklin County	Percent Psych Visits
Minor severity	2	1.6%
Low/moderate severity	34	27.4%
Moderate severity	42	33.9%
High severity/non-immediate	20	16.1%
High severity/immediate	26	21.0%
Total	124	100.0%

Source: Broward Regional Health Planning Council, Hospital Inpatient & Emergency Department Analytical System, healthdata.brhpc.org

Alcohol

Franklin County ranks in the 3rd Quartile in 2007 for the percent of adults who engage in heavy or binge drinking, as shown in **Figure 54**. However, in 2010, the ranking had dropped to 4th Quartile. Within the County, 17.6% of the adult population report this behavior, compared to 15.0% Statewide.

Figure 54: Adult Excessive Drinking

Indicator	Franklin 2007		State 2007	Franklin 2010		State 2010
	Percent	Quartile	Percent	Percent	Quartile	Percent
Percent of Adults Who Engage in Heavy or Binge Drinking	18.6%	3	16.2%	17.6%	4	15.0%

Source: FloridaCharts: BRFSS in County Health Status Summary and 2010 BRFSS in County Behavioral Risk Factor Data

Within the population reporting heavy/binge drinking, men report this behavior at nearly twice the percent of women, as shown in **Figure 55**. The percent of men reporting excessive drinking is 107% the Statewide percent.

Figure 55: Adult Excessive Drinking by Age and Sex

Population		2007 Franklin County	2007 State	Franklin Percent of State	2010 Franklin County	2010 Quartile	2010 State	2010 Franklin Percent of State
All	Overall	18.6%	16.2%	115%	17.6%	4	15.0%	117%
Sex	Men	25.7%	20.3%	127%	21.2%	3	19.8%	107%
	Women	12.4%	12.4%	100%	12.5%	4	10.5%	119%
Age Group	18-44	22.3%	21.6%	103%	26.5%	N/A	20.9%	127%
	45-64	20.0%	14.6%	137%	15.4%	3	14.4%	107%
	≥65	9.9%	7.7%	129%	8.7%	4	6.8%	128%

Source: FloridaCharts: BRFSS as reported in County Health Status Summary

The 18-44 age group reports the highest percent by age. The rate in 2010 increased to 26.5% from the 2007 rate of 22.3%.

In the 45-64 age group, the 2010 rate is 15.4%, a decrease from the 2007 rate of 20.0%.

In the age 65 and older group, the 2010 rate is 8.7%, a decrease from the 2007 rate of 9.9%.

However, compared to Statewide the age group 65 and older is the highest, at 128% the Statewide rate.

Based only on these percents, the greatest need for adult alcohol abuse education and intervention in Franklin County would be targeted to the male population age 18-44 and age 65 and older.

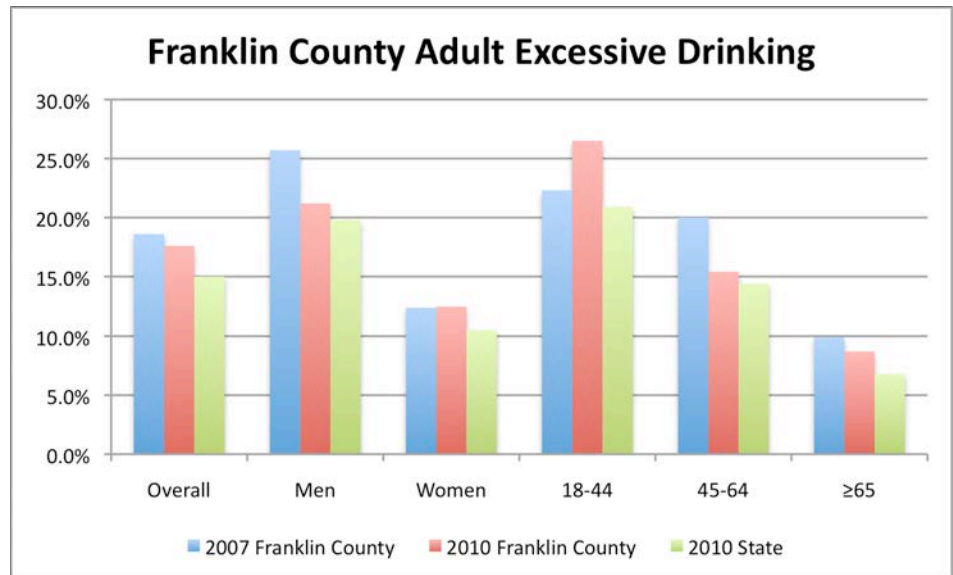


Figure 56: Alcohol/Substance Abuse Emergency Department Visits—2009

Degree of Severity	Franklin County	Percent Visits
Minor severity	1	2.4%
Low/moderate severity	2	4.9%
Moderate severity	11	26.8%
High severity/non-immediate	16	39.0%
High severity/immediate	11	26.8%
Total	41	100.0%

Source: Broward Regional Health Planning Council, Hospital Inpatient & Emergency Department Analytical System, healthdata.brhpc.org

The **Broward Regional Health Planning Council Health Data Warehouse NYU ED Algorithm** data section reports that in 2009 there were 41 total ED visit for Franklin County residents due to alcohol or substance abuse, as shown in **Figure 56**. These are visits that did not result in a hospital admission.

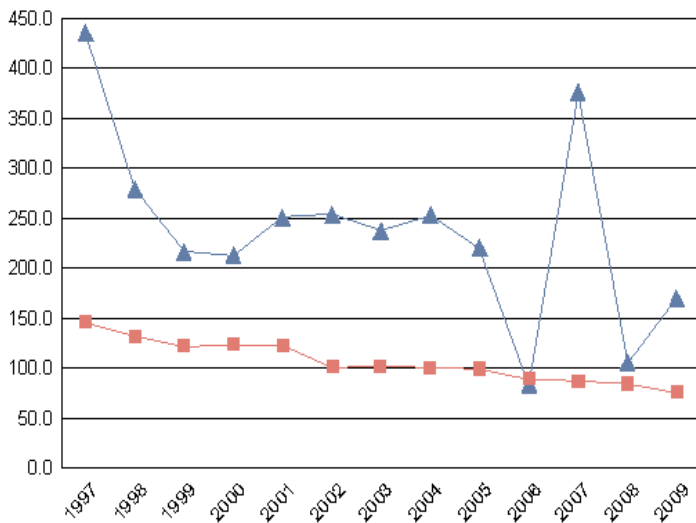
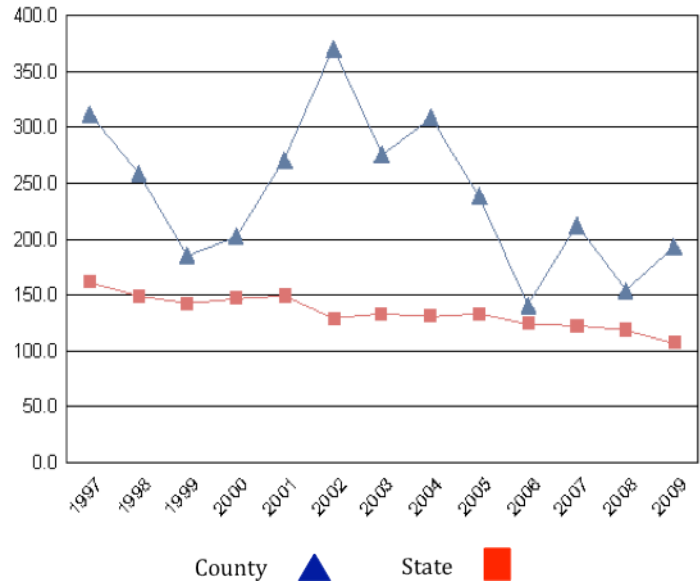
Drinking and Driving

Crashes—Franklin County had an average of 23 annual alcohol related vehicle crashes for the three-year period 2007-2009, as shown in **Figure 57**. This number of crashes resulted in a rate per 100,000 population that is 161% the Statewide rate.

Figure 57: Alcohol Related Vehicle Traffic Crashes (Single-Year Rate Per 100,000 Population) 2007-09

Area	Average Number of Crashes	Rate per 100,000 Population	County Rate Percent of State Rate
Franklin	23	186.3	161%
State		115.6	

Source: Florida Department of Highway Safety & Motor Vehicles, as reported in FloridaCharts, Social and Mental Health



Injuries—Franklin County had 21 annual alcohol related vehicle injuries in 2009, as shown in **Figure 58**. This number of injuries resulted in a rate per 100,000 population that is 225% the Statewide rate.

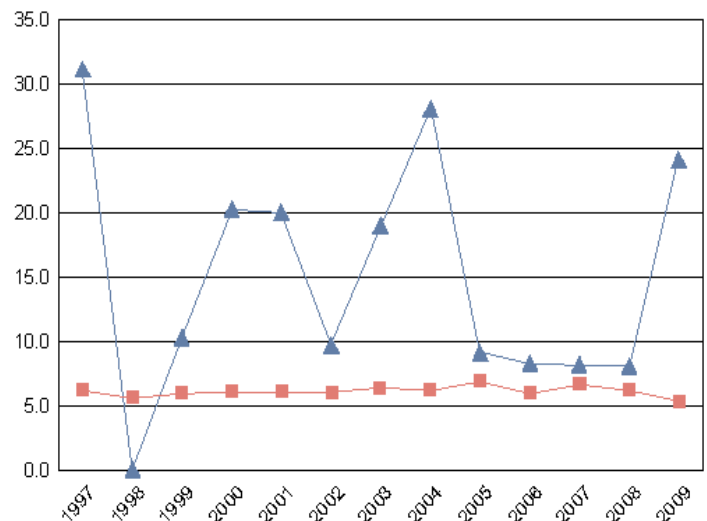
Figure 58: Alcohol-related Vehicle Traffic Crash Injuries—2009

Area	Number of Crashes	Rate per 100,000 Population	County Rate Percent of State Rate
Franklin	21	169.0	225%
State		75.1	

Deaths—Franklin County had 3 alcohol related vehicle deaths in 2009, as shown in **Figure 59**. This number of deaths resulted in a rate per 100,000 population that is 455% the Statewide rate. Franklin County has the third highest rate in the State.

Figure 59: Alcohol-related Vehicle Traffic Crash Deaths—2009

Area	Number of Deaths	Rate per 100,000 Population	County Rate Percent of State Rate
Franklin	3	24.1	455%
State		5.3	



Adult Substance Abuse

Franklin County residents report current smoking at 132.6% the State rate, while marijuana use is 181.6% the State rate, as shown in **Figure 60**.

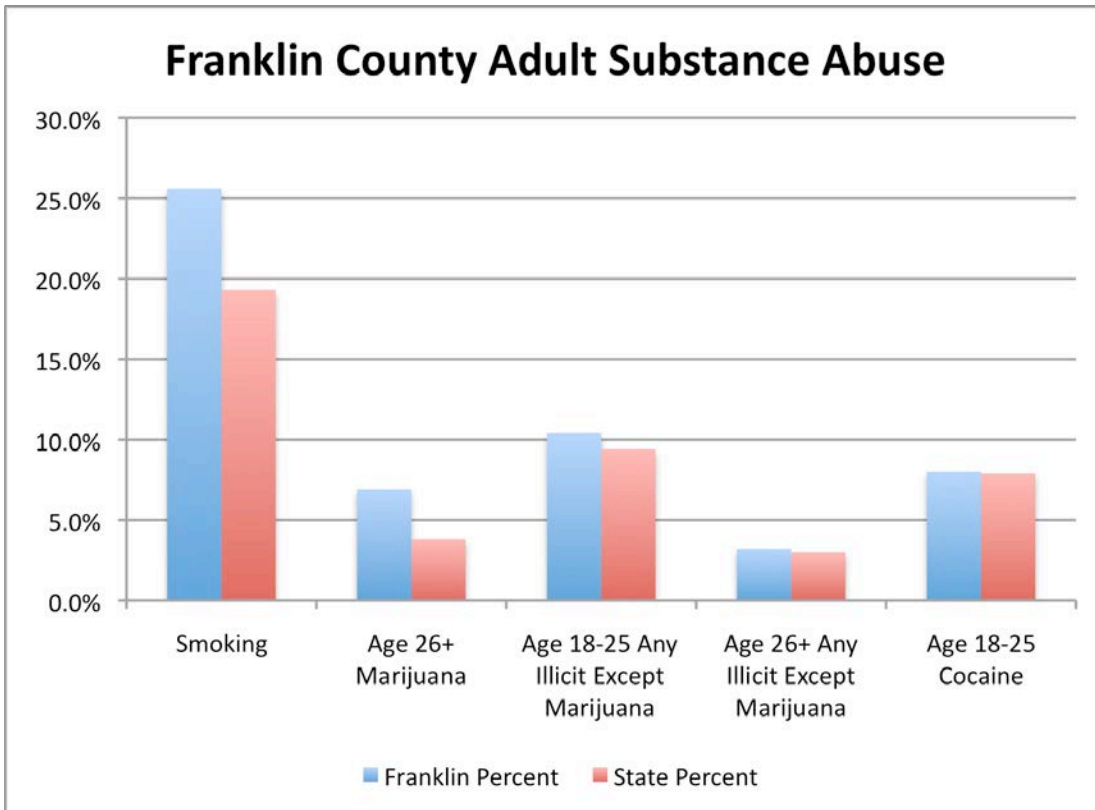
In the 18-25 age group, the use of illicit drugs other than marijuana is reported at 110.6% Statewide use. However, this use drops somewhat for the age group 26 and older to 106.7% the State rate.

Cocaine use in Franklin County is reported at 101.3% the State rate.

Figure 60: Adult Substance Abuse

Adult Use	Franklin Percent	Franklin Percent of State	State Percent
Current Smoker	25.6%	132.6%	19.3%
Age 26+ Past Month Marijuana	6.9%	181.6%	3.8%
Age 18-25 Past Month Any Illicit Except Marijuana	10.4%	110.6%	9.4%
Age 26+ Any Illicit Except Marijuana	3.2%	106.7%	3.0%
Age 18-25 Cocaine	8.0%	101.3%	7.9%

Source: University of Miami, State Epidemiology Workgroup, County Data reports (last update June, 2009)



Student Substance Abuse and Behaviors

The Florida Department of Children & Families has published the **2010 Florida Youth Substance Abuse Survey**. This Survey is available on the web site and County level reports are downloadable in PDF format.

The following tables present data totals for middle and high school students. In this presentation, Franklin and Gulf Counties are both included—there are some very interesting differences. The indicators for which one or the other Counties had reported incidence greater than 150% the Statewide rate are highlighted in yellow.

In the area of drug use within the past 30 days, shown in **Figure 61**, Franklin County reported use at a rate 150% or greater than Statewide rates in five drug groups, while in Gulf County, there are ten drug groups where reported use was greater than 150% Statewide rates.

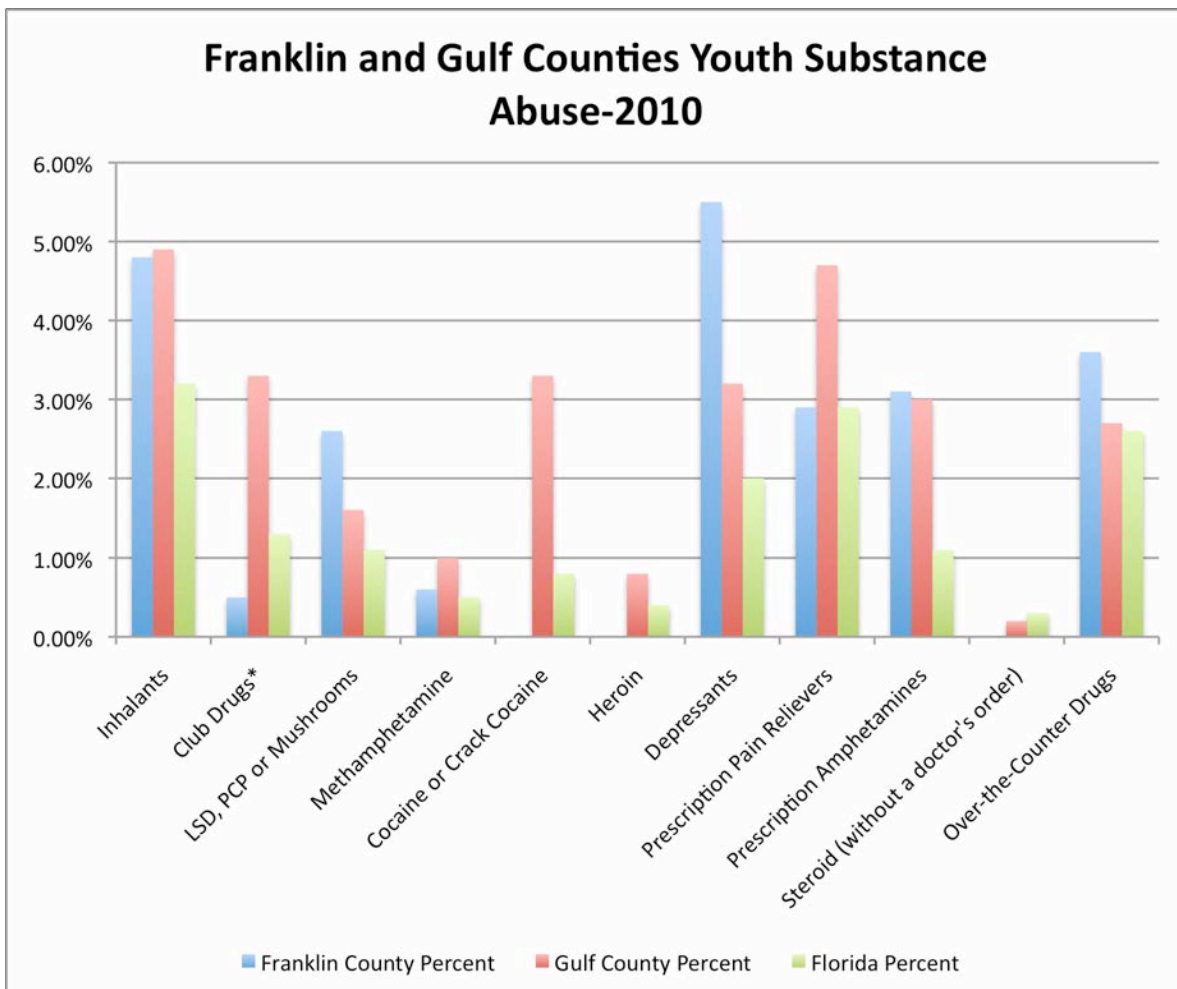
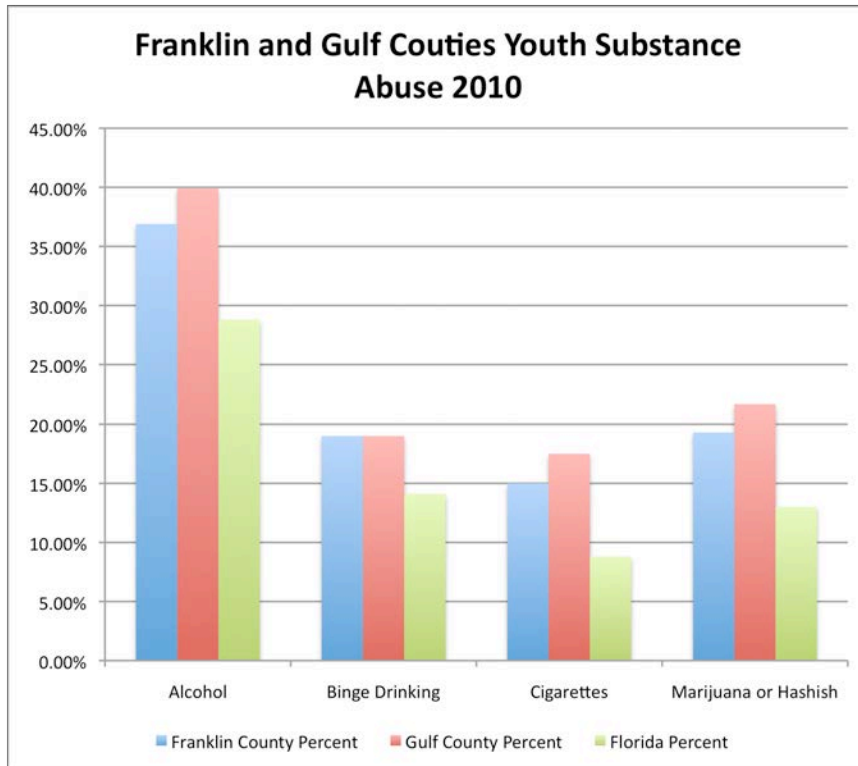
Of particular note is that:

- Franklin use of Club drugs is 38% the Statewide rate, while in Gulf this use is 254% the Statewide rate.
- Franklin use of LSD, PCP or Mushrooms is 236% Statewide, while in Gulf this use is 145% Statewide.
- Franklin methamphetamine use is 120% the Statewide rate, while in Gulf this use is 200% the Statewide rate.
- Franklin use of cocaine or crack cocaine is at 0%, while in Gulf this use is 413% the Statewide rate.
- Franklin use of heroin is at 0%, while in Gulf this use is 200% the Statewide rate.
- Franklin use of depressants is 275% the Statewide rate, while in Gulf this use is 160% the Statewide rate.
- Both Franklin and Gulf use of prescription amphetamines is approaching three times the Statewide rate.

Figure 61: 2010 Percent of Youth Who Reported Having Used Various Drugs in the Past 30 Days

Drugs	Franklin County Percent	Franklin Percent of State	Florida Percent	Gulf County Percent	Gulf Percent of State
Alcohol	36.9	128%	28.8	39.9	139%
Binge Drinking	19.0	135%	14.1	19.0	135%
Cigarettes	15.0	170%	8.8	17.5	199%
Marijuana or Hashish	19.3	148%	13.0	21.7	167%
Inhalants	4.8	150%	3.2	4.9	153%
Club Drugs*	0.5	38%	1.3	3.3	254%
LSD, PCP or Mushrooms	2.6	236%	1.1	1.6	145%
Methamphetamine	0.6	120%	0.5	1.0	200%
Cocaine or Crack Cocaine	0	0%	0.8	3.3	413%
Heroin	0	0%	0.4	0.8	200%
Depressants	5.5	275%	2.0	3.2	160%
Prescription Pain Relievers	2.9	100%	2.9	4.7	162%
Prescription Amphetamines	3.1	282%	1.1	3.0	273%
Steroid (without a doctor's order)	0	0%	0.3	0.2	67%
Over-the-Counter Drugs	3.6	138%	2.6	2.7	104%

*Ecstasy, Rohypnol, GHB and ketamine are provided as examples in the question about club drugs. Binge drinking is defined as having had five or more alcoholic drinks in a row in the past two weeks. Source: Florida Department of Children & Families, 2010 Florida Youth Substance Abuse Survey, Table 3



In the area of delinquent behavior, shown in **Figure 62**, Franklin County reported at a rate 150% or greater than Statewide rates in four areas, while in Gulf County, there was one area where reported behavior was greater than 150% Statewide rates.

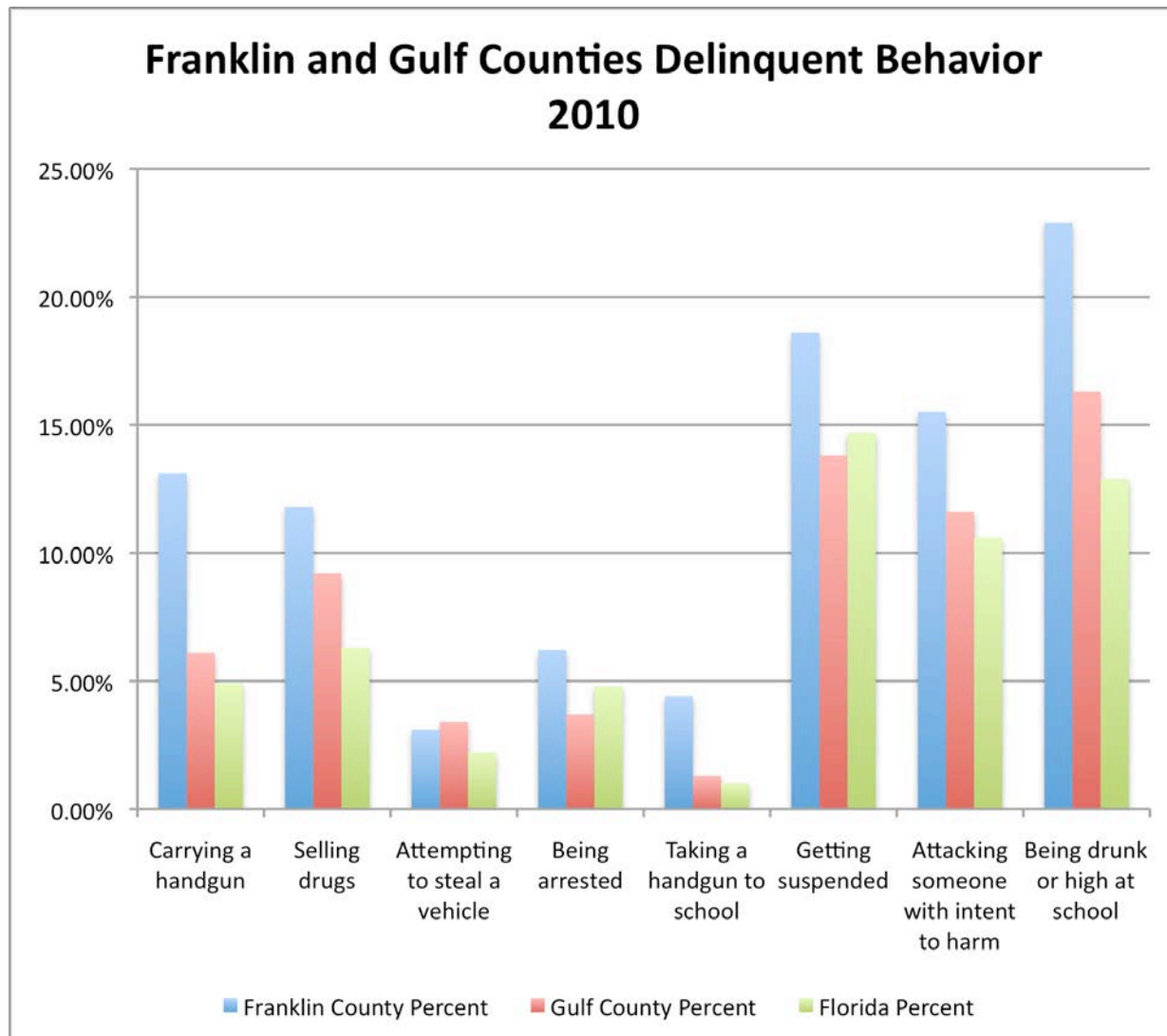
Of particular note is that:

- Franklin County youth carry handguns at a rate that is 267% the Statewide rate.
- Franklin County youth take a handgun to school at a rate that is 440% the Statewide rate.
- In Gulf County, all behaviors exceed Statewide rates, except being suspended or arrested.

Figure 62: Percent of Youth Who Reported Engaging in Delinquent Behavior Within the Past 12 Months

Behavior	Franklin County Percent	Franklin Percent of State	Florida Percent	Gulf County Percent	Gulf Percent of State
Carrying a handgun	13.1	267%	4.9	6.1	124%
Selling drugs	11.8	187%	6.3	9.2	146%
Attempting to steal a vehicle	3.1	141%	2.2	3.4	155%
Being arrested	6.2	129%	4.8	3.7	77%
Taking a handgun to school	4.4	440%	1	1.3	130%
Getting suspended	18.6	127%	14.7	13.8	94%
Attacking someone with intent to harm	15.5	146%	10.6	11.6	109%
Being drunk or high at school	22.9	178%	12.9	16.3	126%

Source: Florida Department of Children & Families, 2010 Florida Youth Substance Abuse Survey, Table 11



In the area of bullying behavior, shown in **Figure 63**, Franklin County reported at a rate 150% or greater than Statewide rates in four areas, while in Gulf County, there was one area where reported behavior was greater than 150% Statewide rates.

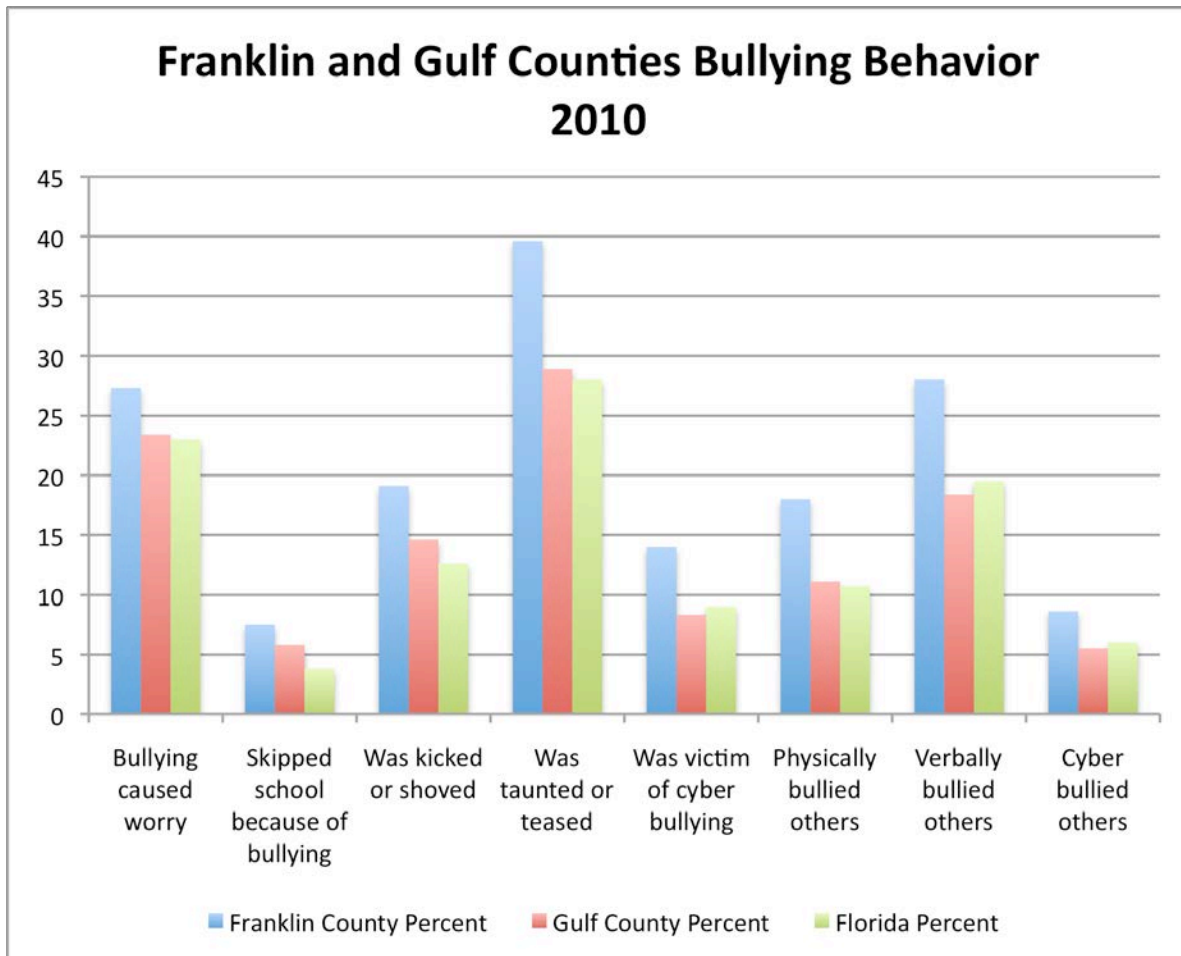
Of particular note is that:

- Franklin County youth skipped school because of bullying at a rate that is nearly twice the Statewide rate.

Figure 63: Percent of Youth Who Reported Involvement in Bullying Behavior

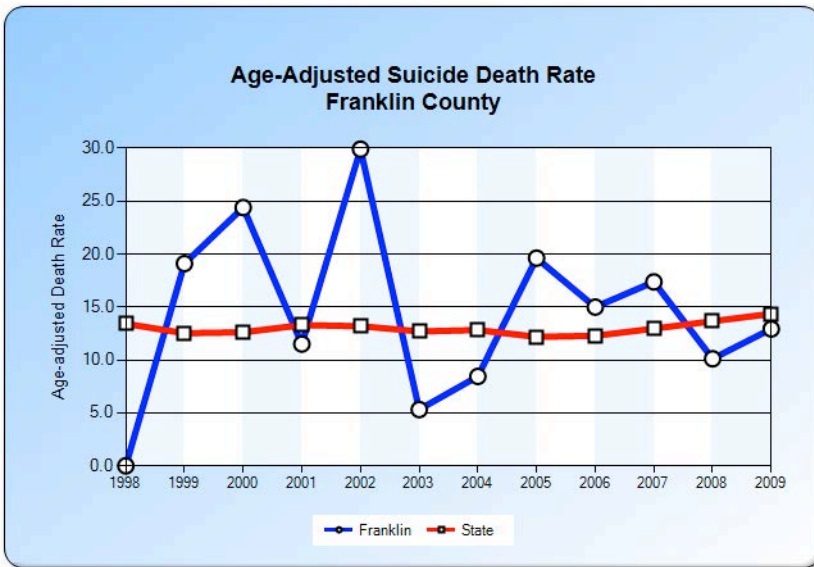
Behavior	Franklin County Percent	Franklin Percent of State	Florida Percent	Gulf County Percent	Gulf Percent of State
Bullying caused worry	27.3	119%	23.0	23.4	102%
Skipped school because of bullying	7.5	197%	3.8	5.8	153%
Was kicked or shoved in past 30 days	19.1	152%	12.6	14.6	116%
Was taunted or teased in past 30 days	39.6	141%	28.0	28.9	103%
Was victim of cyber bullying in past 30 days	14.0	156%	9.0	8.3	92%
Physically bullied others in past 30 days	18.0	168%	10.7	11.1	104%
Verbally bullied others in past 30 days	28.0	144%	19.5	18.4	94%
Cyber bullied others in past 30 days	8.6	143%	6.0	5.5	92%

Source: Florida Department of Children & Families, 2010 Florida Youth Substance Abuse Survey, Table 14



Suicide

Franklin County ranks in the 2nd Quartile for the incidence of suicide, with an age adjusted rate basically the same as Statewide.



Franklin County Quartile—2

County trend is not statistically significant

County Event Frequency

1998	1999	2000	2001	2002	2003
0	2	3	1	3	1

2004	2005	2006	2007	2008	2009
1	2	2	3	1	2

Source: FloridaCharts.com: County Health Status Summary

County Health Rankings analyzes populations in a category titled Family and Social Support, which is defined by two measures: (1) percent of adults reporting that they do not receive the social and emotional support they need and (2) percent of children living in single-parent households. Franklin County is ranked as number 64 out of 67 Florida counties, as shown in **Figure 64**.

Figure 64: County Health Rankings Family and Social Support

County	Gulf County Rate
Franklin	64

Source: University of Wisconsin Population Health Institute. County Health Rankings 2011. www.countyhealthrankings.org

Key Points Related to Mental Health – Substance Abuse

- *Adult perception of their mental health status is ranked in the 2nd Quartile in Franklin County.*
- *Franklin County ranks in the 4th Quartile for adult heavy or binge drinking.*
- *The Franklin County rate of alcohol-related vehicle crash deaths is 455% the State rate.*
- *The percent of adult residents who smoke tobacco is 132.6% the State rate.*
- *A greater percent of adult residents report cocaine use than marijuana use.*
- *Franklin student use of Club drugs is 38% the Statewide rate, while in Gulf it is 254% the Statewide rate.*
- *Franklin student use of LSD, PCP or Mushrooms is 236% Statewide, while in Gulf it is 145% Statewide.*
- *Franklin student methamphetamine use is 120% the Statewide rate, while in Gulf it is 200% the Statewide rate.*
- *Franklin student use of cocaine or crack cocaine is at 0%, while in Gulf it is 413% the Statewide rate.*
- *Franklin student use of heroin is at 0%, while in Gulf it is 200% the Statewide rate.*
- *Franklin student use of depressants is 275% the Statewide rate, while in Gulf it is 160% the Statewide rate.*
- *Both Franklin and Gulf student use of prescription amphetamines is approaching three times the Statewide rate.*
- *Franklin County youth carry handguns at a rate that is 267% the Statewide rate, and Gulf students 124% more often than Statewide.*
- *Franklin County youth take a handgun to school at a rate that is 440% the Statewide rate, and Gulf students 130% more often than Statewide.*
- *More students report bullying issues in Franklin County than in Gulf County.*

Therefore:

- *Health services need to address excessive alcohol use, and drinking and driving interventions.*
- *Franklin County student drug interventions should focus on LSD, PCP/Mushroom, depressants, and prescription amphetamines.*
- *Student handgun carrying, particularly to school, is an issue warranting further investigation.*
- *Bullying is an issue that warrants further investigation.*

Domestic Violence

The incidence of child abuse is ranked in the 3rd Quartile, with the County Rate higher than the State rate, as shown in **Figure 65**.

Figure 65: Child Abuse 2006-2008

Indicator	County Quartile	County Number	County Rate	State Rate
Children 5-11 experiencing child abuse	3	12	15.1	11.0

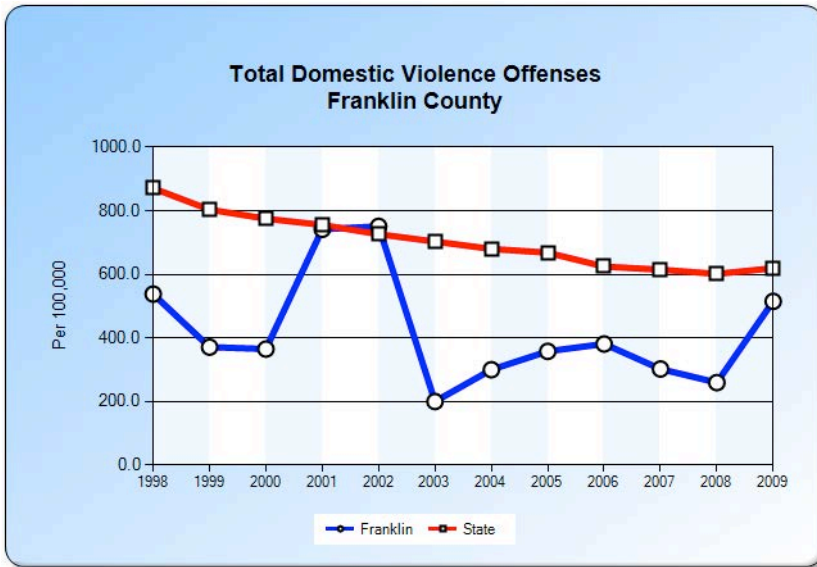
Rate: Per 1,000 population age 5-11
Source: FloridaCharts: School-aged Child/Adolescent Profile

Figure 66: Domestic Violence 2007-2009

Indicator	County Quartile	County Number	County Rate	State Rate
Total Domestic Violence Offenses	1	64	359.1	611.8

Rate: Per 100,000 population
Source: FloridaCharts: County Health Status Summary

The Franklin County Health Status Summary places the County in the 1st Quartile of all Florida counties for Domestic Violence Offenses for the 3-year period 2007-2009. The County cumulative rate of incidents is lower than the State rate, as shown in **Figure 66**, and the Florida Charts analysis is that the trend is not statistically significant, even though the number of events doubled from 2008 to 2009.



County trend is not statistically significant

County Event Frequency

1998	1999	2000	2001	2002	2003
52	36	36	74	77	21

2004	2005	2006	2007	2008	2009
32	39	46	37	32	64

Source: FloridaCharts: County Health Status Summary

Key Points Related to Domestic Violence

- Franklin County is in the 3rd Quartile Statewide for the incidence of child abuse, with a County rate higher than the State rate.
 - Franklin County is in the 1st Quartile Statewide for the incidence of domestic violence; however, the number of events doubled from 2008 to 2009.
- Therefore:**
- Health services still need to focus on prevention and mental health intervention and support.

Preventive Care

Obesity

Franklin County ranks in the 1st Quartile for percent of residents who report being overweight, with 32.4% of residents reporting this status, compared to 38% Statewide, as shown in **Figure 67**.

The percent reporting being obese is 25.9% —slightly higher than Statewide, placing Franklin County in the 2nd Quartile.

Figure 67: Overweight and Obesity—2007

Overweight Status	Franklin		State
	Percent	Quartile	Percent
Percent Adults Who Are Overweight	32.4%	1	38.0%
Percent Adults Who Are Obese	25.9%	2	24.1%

Source: FloridaCharts: Chronic Disease Profile

Cancer Screening

The Franklin County overall mammogram rate was 92% the State rate in 2007, and decreased to 77% in 2010, for a 4th Quartile rank, as shown in **Figure 68**.

In the 45-64 age group, 2007 mammogram screening occurred at 98% the State rate, and decreased to 78% in 2010 for a 4th Quartile rank. In the 65 and older age group, 2007 mammogram screening occurred at 89% the State rate, and increased to 97% the State rate in 2010 for a 2nd Quartile rank.

Figure 68: Percent Women ≥40 Years Who Received a Mammogram in the Past Year

Population		2007 Franklin County	2007 State	2007 Franklin Percent of State	2010 Franklin County	2010 Franklin Quartile	2010 State	2010 Franklin Percent of State
All	Overall	59.7%	64.9%	92%	47.9%	4	61.9%	77%
Age Group	45-64	64.7%	65.7%	98%	48.1%	4	61.5%	78%
	≥65	62.1%	70.0%	89%	66.8%	2	68.8%	97%

Source: BRFSS Data Report-2007 and 2010

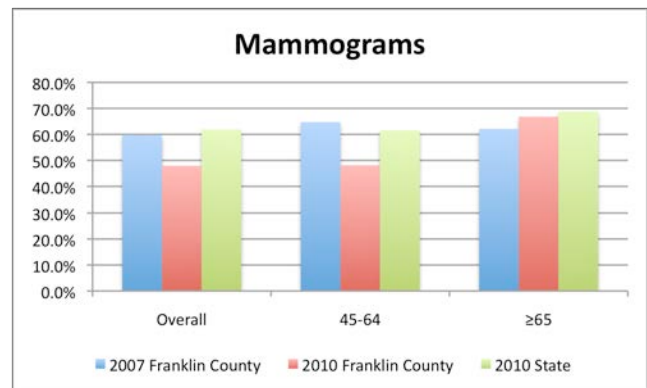
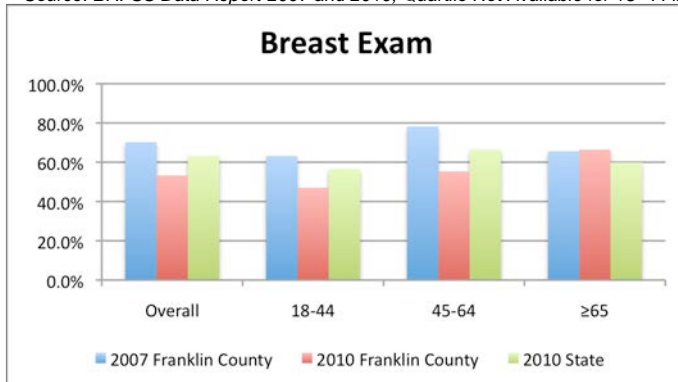


Figure 69: Percent Women ≥18 Years Who Had a Clinical Breast Exam in the Past Year

Population		2007 Franklin County	2007 State	2007 Franklin Percent of State	2010 Franklin County	2010 Franklin Quartile	2010 State	2010 Franklin Percent of State
All	Overall	70.2%	66.5%	106%	53.3%	4	63.2%	84%
Age Group	18-44	63.2%	66.3%	95%	47.0%	N/A	56.6%	83%
	45-64	78.2%	71.5%	109%	55.3%	4	66.4%	83%
	≥65	65.6%	64.4%	102%	66.4%	1	59.9%	111%

Source: BRFSS Data Report-2007 and 2010, Quartile Not Available for 18-44 in Florida Charts as of 8/23/11



The Franklin County overall clinical breast exam rate was 106% the State rate in 2007, and decreased to 84% the State rate in 2010, for a 4th Quartile rank, as shown in **Figure 69**.

In the 18-44 age group, 2007 clinical breast exam screening occurred at 95% the State rate, and decreased to 83% in 2010. Quartile rank for the 18-44 age group was not available. In the 45-64 age group, 2007 clinical breast exam screening occurred at 109% the State rate, and decreased to 83% in 2010, for a 4th Quartile rank. In the 65 and older age group, 2007 clinical breast exam screening occurred at 102% the State rate, and increased to 111% the State rate in 2010 for a 1st Quartile rank.

The Franklin County overall Pap test rates was 107% the State rate in 2007, and decreased to 92% the State rate in 2010, for a 3rd Quartile rank, as shown in **Figure 70**.

In the 18-44 age group, 2007 Pap screening occurred at 98% the State rate, and increased to 100% in 2010.

Quartile rank for the 18-44 age group was not available. In the 45-64 age group, 2007 Pap screening occurred at 112% the State rate, and decreased to 83% in 2010, for a 3rd Quartile rank. In the 65 and older age group, 2007 Pap screening occurred at 118% the State rate, and decreased to 89% the State rate in 2010.

Figure 70: Percent Women ≥18 Years Who Had a Pap Test in the Past Year

Population		2007 Franklin County	2007 State	2007 Franklin Percent of State	2010 Franklin County	2010 Franklin Quartile	2010 State	2010 Franklin Percent of State
All	Overall	69.5%	64.8%	107%	52.4%	3	57.1%	92%
Age Group	18-44	67.5%	69.1%	98%	59.2%	N/A	59.3%	100%
	45-64	74.2%	66.4%	112%	52.1%	3	63.0%	83%
	≥65	56.8%	48.0%	118%	34.1%	N/A	38.2%	89%

Source: BRFSS Data Report-2007 and 2010, N/A= Quartile Not Available in Florida Charts as of 8/23/11

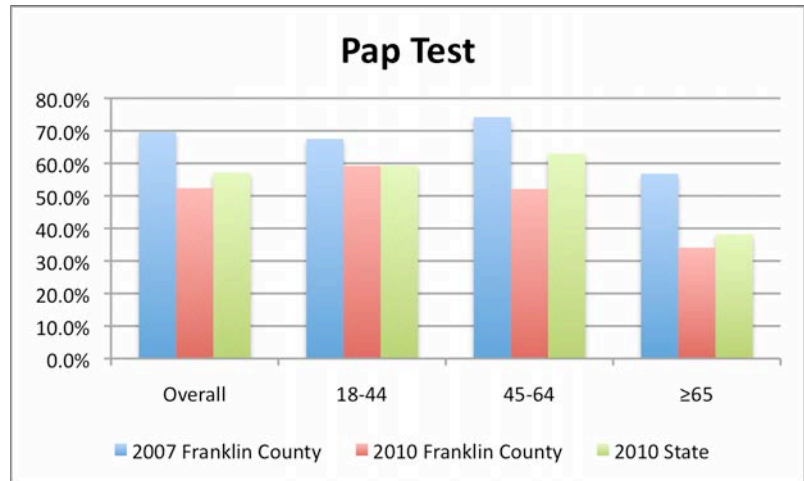


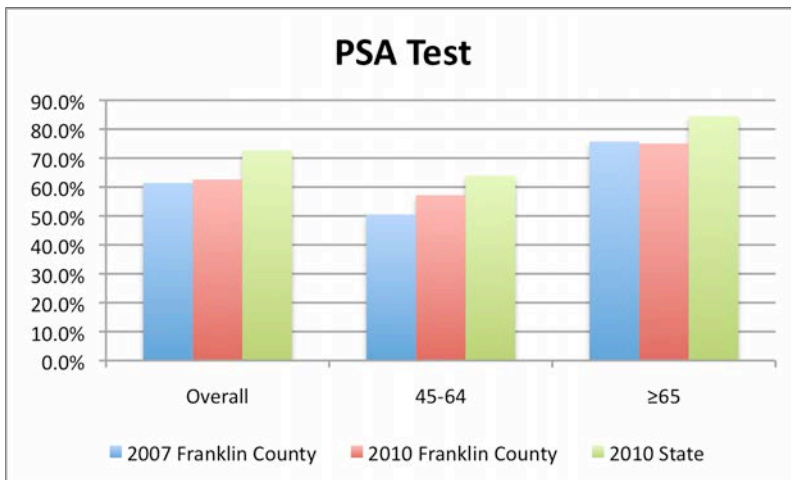
Figure 71: Percent Men ≥50 Years Who Received a PSA Test in the Past Year

Population		2007 Franklin County	2007 State	2007 Franklin Percent of State	2010 Franklin County	2010 Franklin Quartile	2010 State	2010 Franklin Percent of State
All	Overall	61.4%	72.3%	85%	62.6%	4	72.6%	86%
Age Group	45-64	50.5%	64.5%	78%	57.2%	3	63.9%	90%
	≥65	75.7%	81.4%	93%	75.0%	4	84.5%	89%

Source: BRFSS Data Report-2007 and 2010

The Franklin County PSA test rates were 85% the State rate overall, and remained about the same in 2010 at 86% for a 4th Quartile rank, as shown in **Figure 71**.

In the 45-64 age group, 2007 PSA screening occurred at 78% the State rate, and increased to 90% in 2010, for a 3rd Quartile rank. In the 65 and older age group, 2007 PSA screening occurred at 93% the State rate, and decreased to 89% the State rate in 2010 for a 4th Quartile rank.



In Franklin County, the overall screening rate for blood stool test was 78% the State rate in 2007, and increased to 101% the State rate in 2010, for a 2nd Quartile rank, as shown in Figure 72.

For men, 2007 blood stool test screening occurred at 78% the State rate, and increased to 111% in 2010, for a 2nd Quartile rank. For women, 2007 blood stool test screening occurred at 78% the State rate, and increased to 86% the State rate in 2010 for a 3rd Quartile rank

In the 45-64 age group, 2007 blood stool test screening occurred at 67% the State rate, and increased to 118% in 2010, for a 1st Quartile rank. In the 65 and older age group, 2007 blood stool test screening occurred at 100% the State rate, and decreased to 91% the State rate in 2010 for a 3rd Quartile rank.

Figure 72: Percent Adults ≥50 Years Who Received a Blood Stool Test in the Past Year

Population		2007 Franklin County	2007 State	2007 Franklin Percent of State	2010 Franklin County	2010 Franklin Quartile	2010 State	2010 Franklin Percent of State
All	Overall	16.6%	21.2%	78%	42.8%	2	42.5%	101%
Sex	Men	18.4%	23.7%	78%	48.3%	2	43.5%	111%
	Women	14.9%	19.1%	78%	35.9%	3	41.7%	86%
Age Group	45-64	10.5%	15.6%	67%	39.3%	1	33.2%	118%
	≥65	27.0%	27.1%	100%	49.3%	3	54.3%	91%

Source: BRFSS Data Report-2007 and 2010

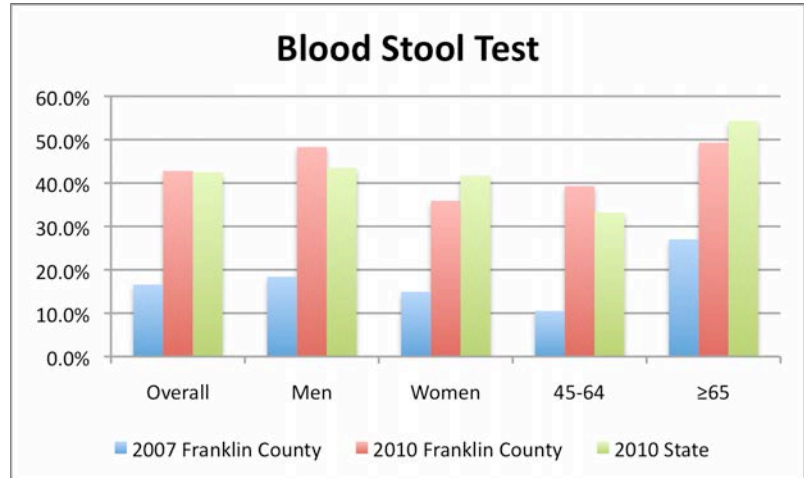
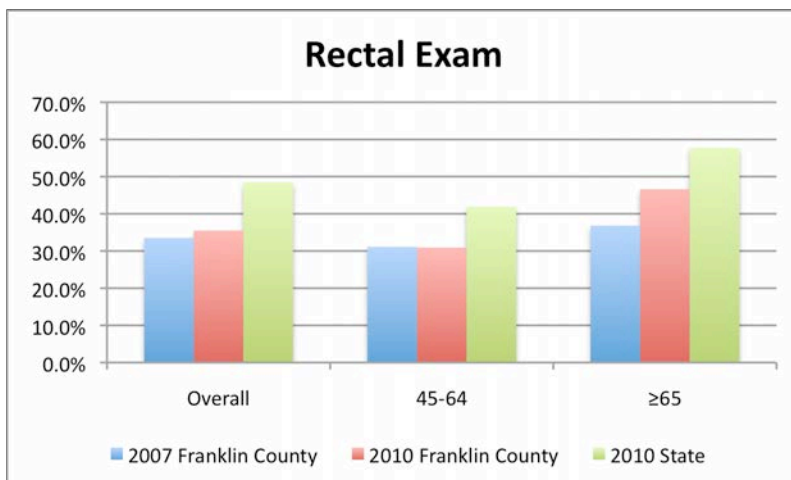


Figure 73: Percent Men ≥50 Years Who Received a Digital Rectal Exam in the Past Year

Population		2007 Franklin County	2007 State	2007 Franklin Percent of State	2010 Franklin County	2010 Franklin Quartile	2010 State	2010 Franklin Percent of State
All	Overall	33.5%	56.3%	60%	35.5%	4	48.5%	73%
Age Group	45-64	31.1%	50.1%	62%	30.9%	4	41.9%	74%
	≥65	36.8%	63.4%	58%	46.6%	4	57.7%	81%

Source: BRFSS Data Report-2007 and 2010



The Franklin County overall digital rectal exam rate for men was 60% the State rate in 2007, and increased to 73% the State rate in 2010, for a 4th Quartile rank, as shown in Figure 73.

In the 45-64 age group, 2007 digital rectal exam screening occurred at 62% the State rate, and increased to 74% in 2010, for a 4th Quartile rank. In the 65 and older age group, 2007 digital rectal exam screening occurred at 58% the State rate, and increased to 81% the State rate in 2010 for a 4th Quartile rank.

The Franklin County percent of men and women receiving colonoscopy or sigmoidoscopy in the past five years was 84% the State rate in 2007, and increased to 98% the State rate in 2010, for a 3rd Quartile rank, as shown in **Figure 74**.

For men, 2007 colonoscopy or sigmoidoscopy screening occurred at 80% the State rate, and increased to 99% in 2010, for a 2nd Quartile rank. For women, 2007 colonoscopy or sigmoidoscopy screening occurred at 87% the State rate, and increased to 97% the State rate in 2010 for a 3rd Quartile rank.

In the 45-64 age group, 2007 colonoscopy or sigmoidoscopy screening occurred at 75% the State rate, and increased to 98% in 2010, for a 2nd Quartile rank. In the 65 and older age group, 2007 colonoscopy or sigmoidoscopy screening occurred at 103% the State rate, and increased to 104% the State rate in 2010 for a 2nd Quartile rank.

Cholesterol Preventive Care

The percent of Franklin County residents reporting a diagnosis of high blood cholesterol was 100% the State rate in 2007, and decreased to 80% the State rate in 2010, as shown in **Figure 75**. Quartile ranks were not available.

For men, 2007 high blood cholesterol diagnosis occurred at 102% the State rate, and decreased to 61% in 2010. For women, 2007 high blood cholesterol diagnosis occurred at 98% the State rate, and increased to 104% the State rate in 2010.

In the 18-44 age group, 2007 high blood cholesterol diagnosis occurred at 90% the State rate, and decreased to 70% in 2010.

In the 45-64 age group, 2007 high blood cholesterol diagnosis occurred at 99% the State rate, and decreased to 80% in 2010. In the 65 and older age group, 2007 high blood cholesterol diagnosis occurred at 103% the State rate, and decreased to 75% the State rate in 2010.

Figure 74: Percent Adults ≥50 Years Who Received a Sigmoidoscopy or Colonoscopy in the Past Five Years

Population		2007 Franklin County	2007 State	2007 Franklin Percent of State	2010 Franklin County	2010 Franklin Quartile	2010 State	2010 Franklin Percent of State
All	Overall	45.1%	53.7%	84%	66.9%	3	68.2%	98%
Sex	Men	44.8%	55.7%	80%	67.1%	2	67.6%	99%
	Women	45.4%	52.1%	87%	66.7%	3	68.8%	97%
Age Group	45-64	35.0%	46.6%	75%	58.4%	2	59.4%	98%
	≥65	63.4%	61.4%	103%	82.7%	2	79.4%	104%

Source: BRFSS Data Report-2007 and 2010

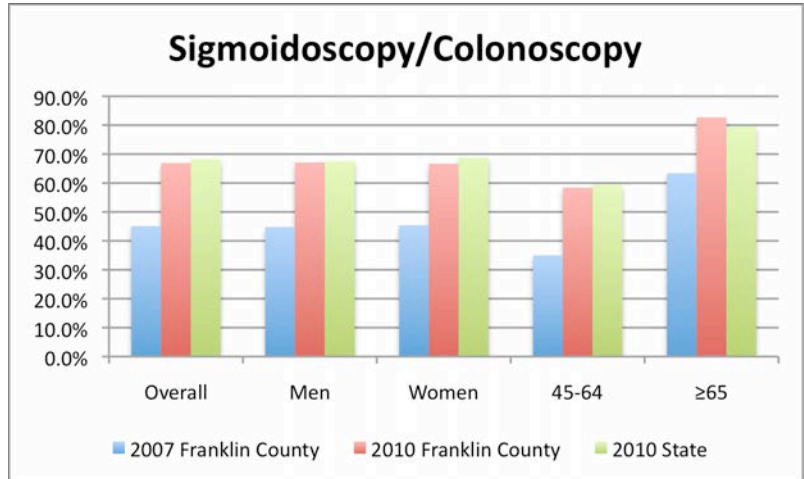
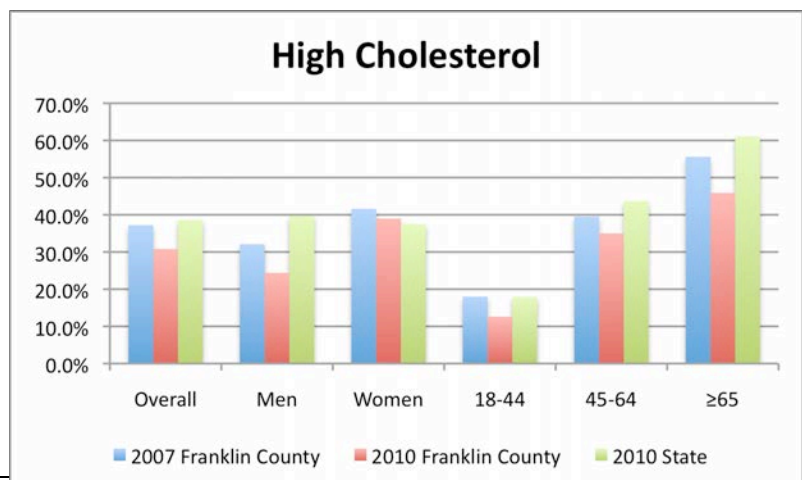


Figure 75: Percent Adults With Diagnosed High Cholesterol

Population		2007 Franklin County	2007 State	2007 Franklin Percent of State	2010 Franklin County	2010 Franklin Quartile	2010 State	2010 Franklin Percent of State
All	Overall	37.2%	37.1%	100%	30.8%	N/A	38.6%	80%
Sex	Men	32.1%	38.9%	83%	24.4%	N/A	39.7%	61%
	Women	41.6%	35.4%	118%	39.0%	N/A	37.5%	104%
Age Group	18-44	18.0%	23.0%	78%	12.6%	N/A	17.9%	70%
	45-64	39.5%	42.8%	92%	35.0%	N/A	43.7%	80%
	≥65	55.6%	49.8%	112%	45.9%	N/A	61.1%	75%

Source: BRFSS Data Report-2007 and 2010, N/A= Quartile Not Available in Florida Charts as of 8/23/11



Diabetes Preventive Care

Of those with a diagnosis of diabetes in Franklin County:

In 2007, 74.5% had two A1C tests in the past year, which was a rate 105% the Statewide rate, as shown in **Figure 76**. . In 2010, the County percent was 74.3%, which was a rate 98% the Statewide rate for a 3rd Quartile rank.

In 2007, 62.2% had foot exam screenings in the past year, which was a rate 82% the Statewide rate. In 2010, the County percent increased to 83.8%, which was a rate 116% the Statewide rate for a 1st Quartile rank.

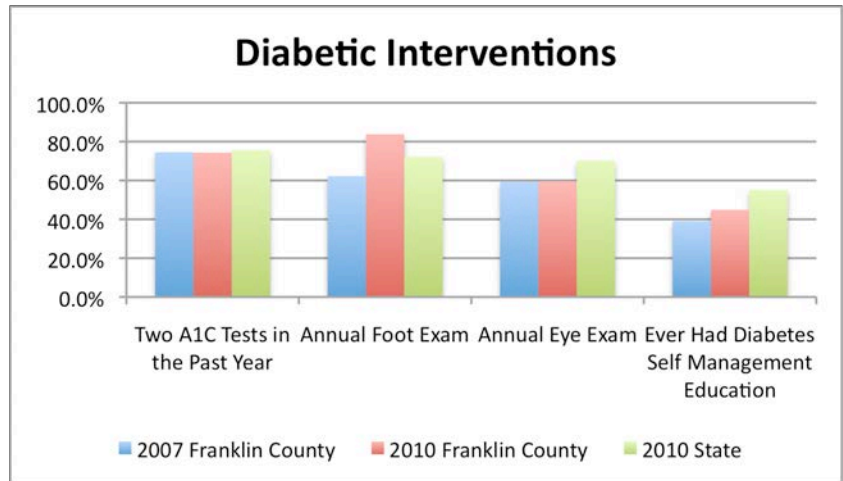
In 2007, 59.3% had eye exam screenings in the past year, which was a rate 77% the Statewide rate. In 2010, the County percent was 59.6%, which was a rate 85% the Statewide rate for a 4th Quartile rank.

In 2007, 39.1% of diabetic patients had self-management education, a rate that was 76% the Statewide rate. In 2010, the County percent increased to 44.9%, which was a rate 81% the Statewide rate for a 4th Quartile rank.

Figure 76: Percent Adults Who Had...

Type of Intervention	2007 Franklin County	2007 State	2007 Franklin Percent of State	2010 Franklin County	2010 Franklin Quartile	2010 State	2010 Franklin Percent of State
Two A1C Tests in the Past Year	74.5%	71.2%	105%	74.3%	3	75.6%	98%
Annual Foot Exam	62.2%	75.6%	82%	83.8%	1	72.2%	116%
Annual Eye Exam	59.3%	77.4%	77%	59.6%	4	70.2%	85%
Ever Had Diabetes Self Management Education	39.1%	51.4%	76%	44.9%	4	55.1%	81%

Source: BRFSS Data Report-2007 and 2010



Preventive Care Summary

Out of 34 preventive care criteria surveyed, 25 had Quartile rankings. Of these 25, Franklin County ranked in the 1st Quartile for 3, had a 2nd Quartile for 6, had a 3rd Quartile rank in 8, and a 4th Quartile rank in 8.

Criteria	Population	2010 Quartile	
Women ≥18 Years Who Had a Clinical Breast Exam in the Past Year	≥65	1	3
Annual Foot Exam	Adult Diabetics	1	
Adults ≥50 Years Who Received a Blood Stool Test in the Past Year	45-64	1	
Women ≥40 Years Who Received a Mammogram in the Past Year	≥65	2	6
Adults ≥50 Years Who Received a Sigmoidoscopy or Colonoscopy in the Past 5 Years	≥65	2	
Adults ≥50 Years Who Received a Sigmoidoscopy or Colonoscopy in the Past 5 Years	Men	2	
Adults ≥50 Years Who Received a Sigmoidoscopy or Colonoscopy in the Past 5 Years	45-64	2	
Adults ≥50 Years Who Received a Blood Stool Test in the Past Year	Overall	2	
Adults ≥50 Years Who Received a Blood Stool Test in the Past Year	Men	2	
Women ≥18 Years Who Had a Pap Test in the Past Year	Overall	3	8
Women ≥18 Years Who Had a Pap Test in the Past Year	45-64	3	
Two A1C Tests in the Past Year	Adult Diabetics	3	
Men ≥50 Years Who Received a PSA Test in the Past Year	45-64	3	
Adults ≥50 Years Who Received a Sigmoidoscopy or Colonoscopy in the Past 5 Years	Women	3	
Adults ≥50 Years Who Received a Sigmoidoscopy or Colonoscopy in the Past 5 Years	Overall	3	
Adults ≥50 Years Who Received a Blood Stool Test in the Past Year	Women	3	
Adults ≥50 Years Who Received a Blood Stool Test in the Past Year	≥65	3	
Women ≥40 Years Who Received a Mammogram in the Past Year	Overall	4	
Women ≥40 Years Who Received a Mammogram in the Past Year	45-64	4	
Women ≥18 Years Who Had a Clinical Breast Exam in the Past Year	45-64	4	
Women ≥18 Years Who Had a Clinical Breast Exam in the Past Year	Overall	4	
Men ≥50 Years Who Received a PSA Test in the Past Year	≥65	4	
Men ≥50 Years Who Received a PSA Test in the Past Year	Overall	4	
Ever Had Diabetes Self Management Education	Adult Diabetics	4	
Annual Eye Exam	Adult Diabetics	4	

Of the 9 preventive care criteria without a Quartile rank, Franklin County had a percent of population screened better than Statewide in 2 areas, and worse than Statewide in 7 areas.

2010 Percent State Rate (Better Than Statewide)	Population	Percent of State	
Adults Who Have Diagnosed High Blood Cholesterol	Women	104.0%	2
Women ≥18 Years Who Had a Pap Test in the Past Year	18-44	100.0%	
2010 Percent State Rate (Worse Than Statewide)			
Women ≥18 Years Who Had a Pap Test in the Past Year	≥65	89.0%	7
Women ≥18 Years Who Had a Clinical Breast Exam in the Past Year	18-44	83.0%	
Adults Who Have Diagnosed High Blood Cholesterol	Overall	80.0%	
Adults Who Have Diagnosed High Blood Cholesterol	45-64	80.0%	
Adults Who Have Diagnosed High Blood Cholesterol	≥65	75.0%	
Adults Who Have Diagnosed High Blood Cholesterol	18-44	70.0%	
Adults Who Have Diagnosed High Blood Cholesterol	Men	61.0%	

Key Points Related to Preventive Care

Out of 34 preventive care criteria surveyed, 25 had Florida Quartile rankings. Of these 25, Franklin County ranked:

- 1st Quartile for 3 criteria
- 2nd Quartile for 6 criteria
- 3rd Quartile for 8 criteria
- 4th Quartile for 8 criteria

Of the 9 preventive care criteria without a Florida Quartile rank, Franklin County had a percent of population screened that was:

- BETTER than Statewide in 2 areas
- WORSE than Statewide in 7 areas

Therefore:

- Health services need to be developed that focus on prevention, early detection, and case management
- Awareness of community programs needs to improve

Mortality

The major causes of death in Florida are shown in **Figure 77**. This table shows the number of deaths in Franklin County for the single year 2009.

Rates per population are averaged over the 3-year period 2007-2009.

Franklin County three-year death rates exceed Statewide rates in four mortality categories.

Franklin County Higher than Statewide	Franklin County Lower Than Statewide
<ul style="list-style-type: none"> • Chronic Lower Respiratory Disease • All Unintentional Injuries • Diabetes • Parkinson's Disease 	<ul style="list-style-type: none"> • All Causes • Cancer • Heart Disease • Alzheimer's Disease • Stroke • Kidney Disease • Chronic Liver Disease/ Cirrhosis • Suicide • Septicemia • Benign Neoplasm • Pneumonia/Influenza • Homicide • AIDS/HIV

Figure 77: Three-Year Age Adjusted Death Rates 2007-2009

Leading Causes of Death	Franklin 2009 Number of Deaths	Franklin Age Adjusted Death Rate (3 Year Rate)	State Age Adjusted Death Rate (3 Year Rate)	County Rate Percent State Rate	Franklin Higher than State	Franklin Lower than State
All Causes	100	621.8	666.7	93.3%		X
Cancer	27	146.3	160.7	91.0%		X
Heart Disease	15	118.4	155.0	76.4%		X
Chronic Lower Respiratory Disease	7	48.0	37.1	129.4%	X	
All Unintentional Injuries	7	71.7	44.0	163.0%	X	
Diabetes	6	29.7	20.0	148.5%	X	
Alzheimer's Disease	6	11.5	15.8	72.8%		X
Stroke	4	13.3	31.6	42.1%		X
Kidney Disease	3	10.6	11.2	94.6%		X
Chronic Liver Disease/ Cirrhosis	2	6.0	10.2	58.8%		X
Suicide	2	13.6	13.7	99.3%		X
Septicemia	1	5.6	7.4	75.7%		X
Parkinson's Disease	1	7.2	5.7	126.3%	X	
Benign Neoplasm	1	1.6	4.1	39.0%		X
Pneumonia/Influenza	1	6.5	8.7	74.7%		X
Homicide	0	2.8	7.1	39.4%		X
AIDS/HIV	0	3.4	7.4	45.9%		X
Total Count					4	13

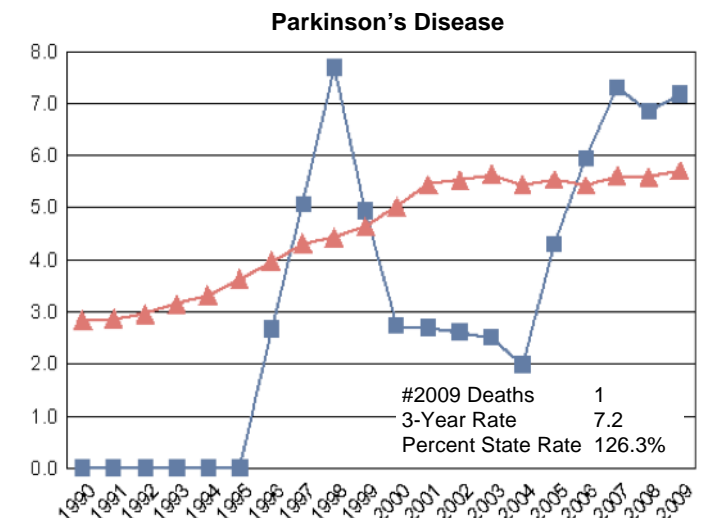
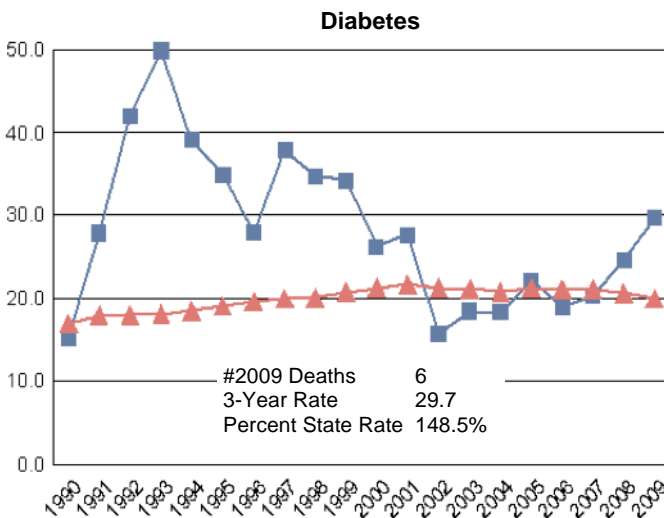
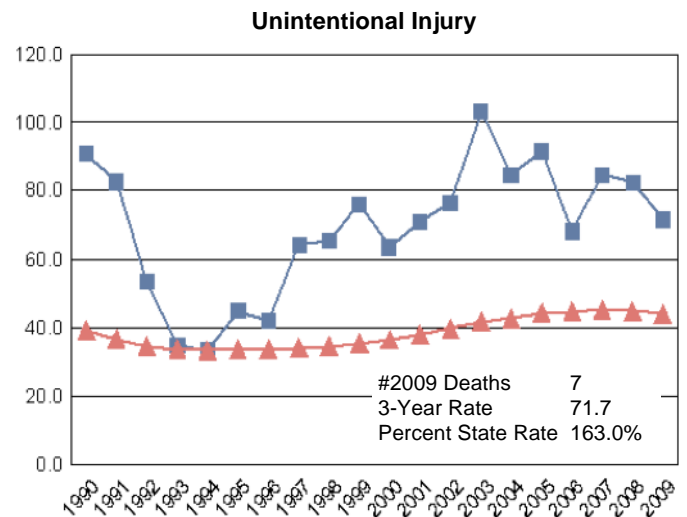
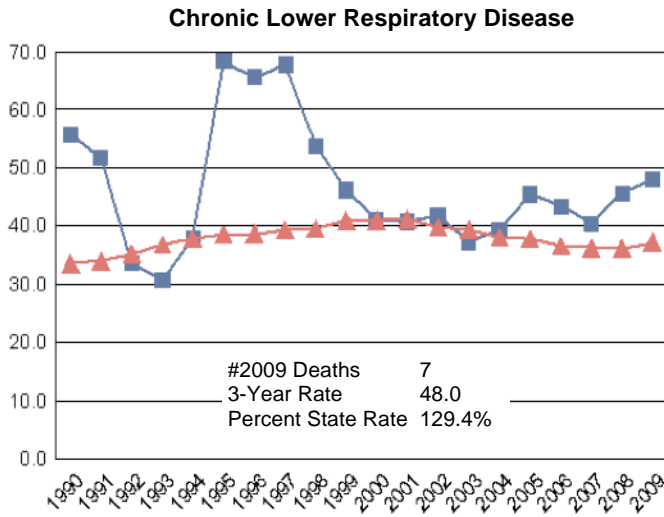
Source: FloridaCharts, County and State Profiles, Major Causes of Death, three-year rates are per 100,000 population

The following graphs illustrate the Franklin County trends in mortality from the major causes of death for the past twenty years. The indicators are Age Adjusted Annual Death Rates. Charts are from **FloridaCharts, Major Causes of Death** report.

Mortality From Causes of Death Age Adjusted Annual Rates

■ County
▲ State

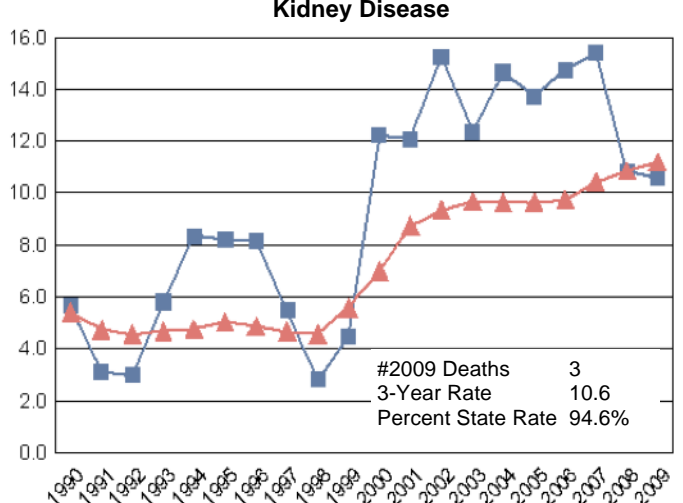
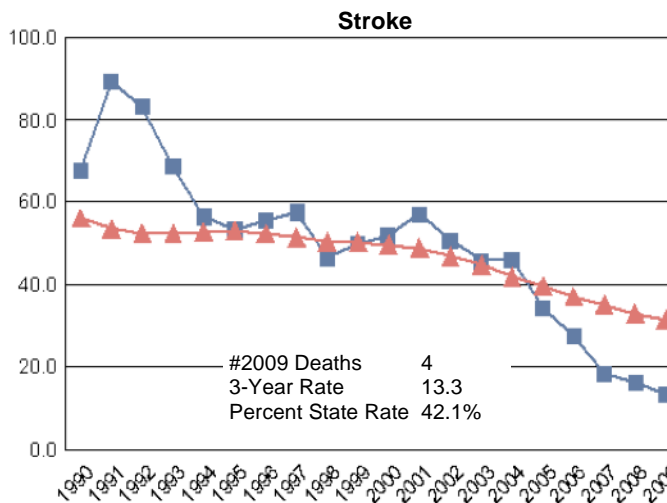
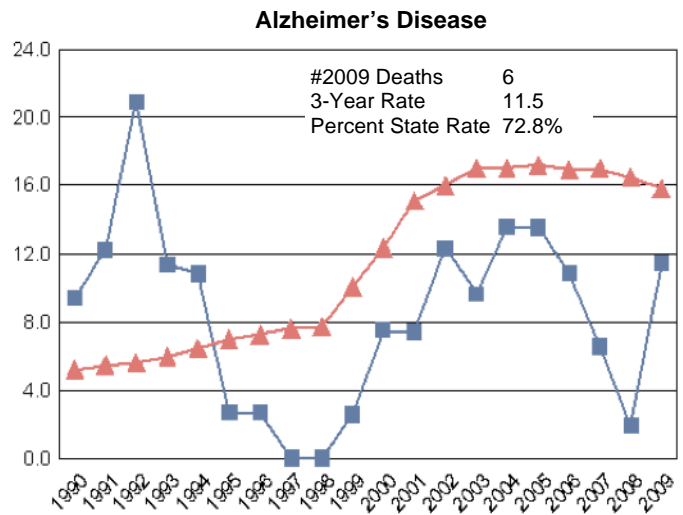
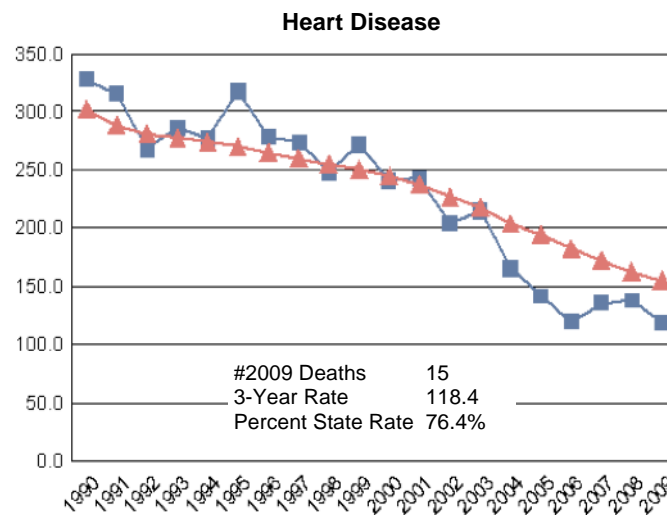
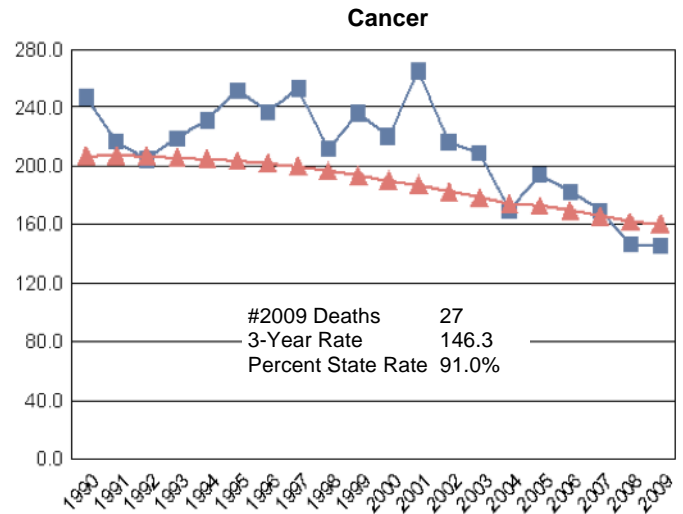
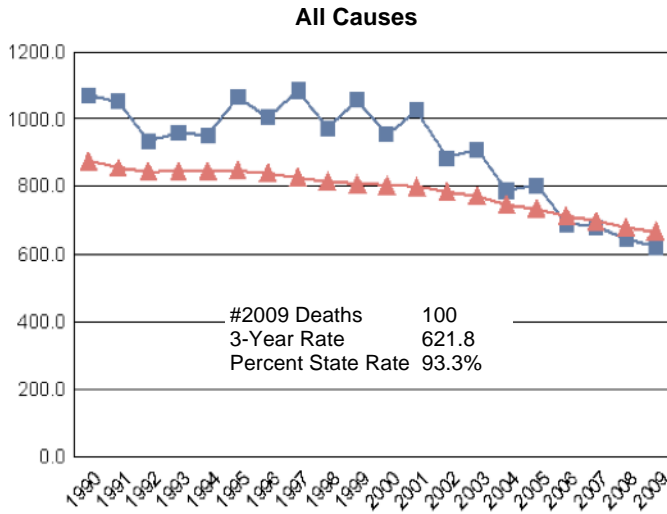
Causes Where Franklin County Higher Than Statewide



Mortality From Causes of Death Age Adjusted Annual Rates

■ County
▲ State

Causes Where Franklin County Lower Than Statewide

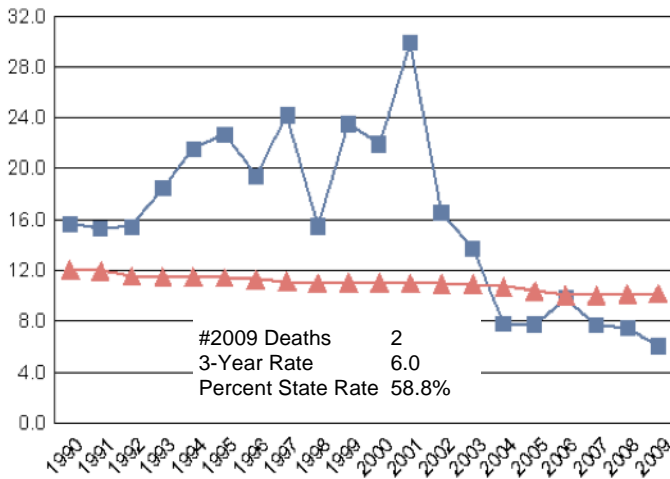


Mortality From Causes of Death Age Adjusted Annual Rates

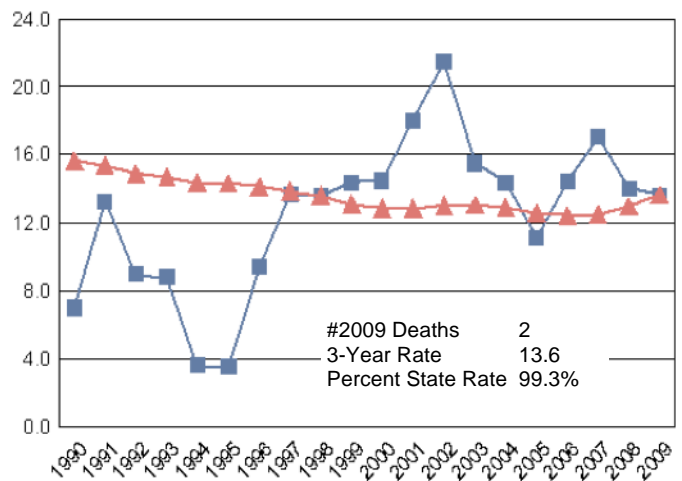
Causes Where Franklin County Lower Than Statewide, continued

County
State

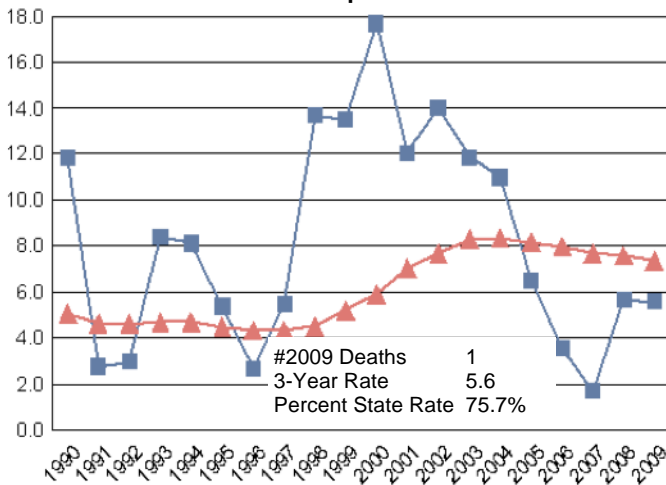
Chronic Liver Disease & Cirrhosis



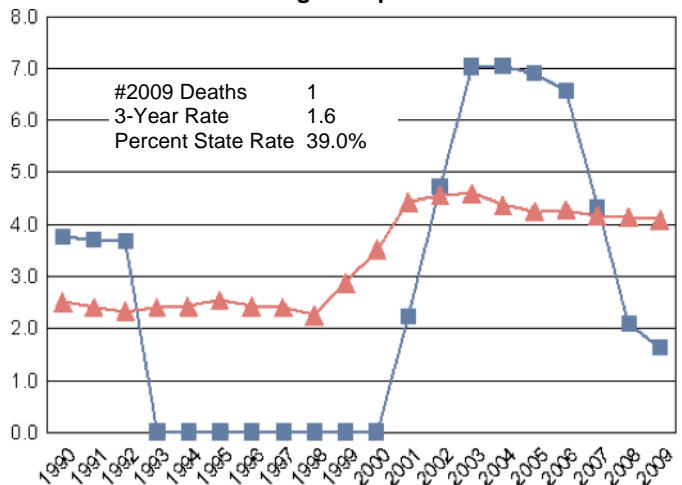
Suicide



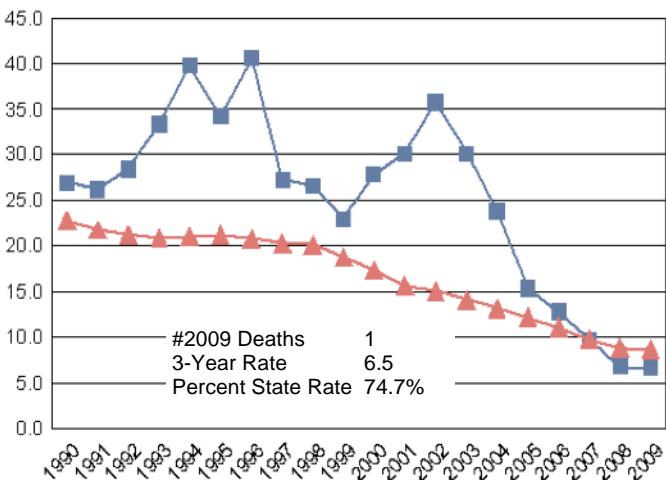
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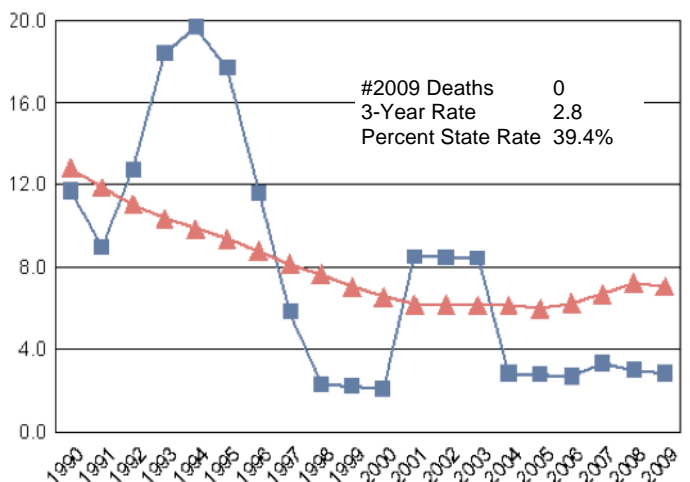
Benign Neoplasm



Influenza & Pneumonia



Homicide

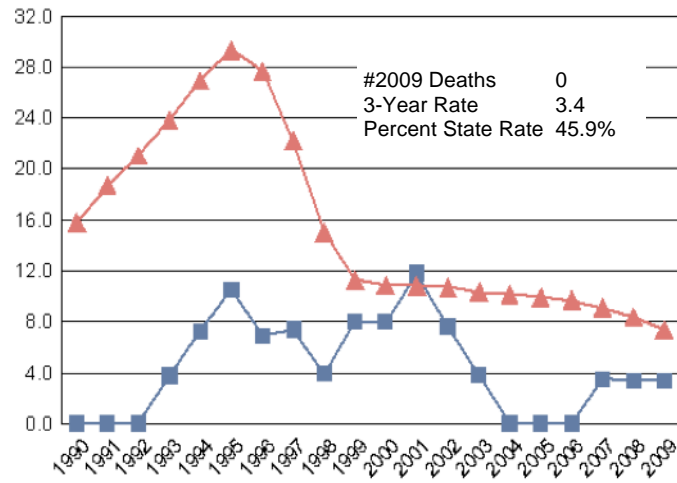


Mortality From Causes of Death Age Adjusted Annual Rates

Causes Where Franklin County Lower Than Statewide, continued

■ County
▲ State

HIV/AIDS



Years of Potential Life Lost

The Mobilizing Action Toward Community Health (MATCH) **County Health Rankings** Mortality Score for Franklin County is shown in **Figure 78**. Franklin County ranks 53rd in the state for premature death.

Premature death is represented by the years of potential life lost before age 75 (YPLL-75). Every death occurring before the age of 75 contributes to the total number of years of potential life lost. For example, a person dying at age 25 contributes 50 years of life lost, whereas a person who dies at age 65 contributes 10 years of life lost to a county's YPLL. The YPLL measure is presented as a rate per 100,000 population.

The **County Health Rankings** seeks to quantify and compare the health status of county populations by measuring the burden of premature deaths (premature mortality), an important measure of a population's well being. Many of these deaths are considered to be preventable.^v The data for this ranking is for years 2005-2007.

The 2011 **County Health Rankings** report was released to the public March 20, 2011. This data is often used for community health assessments, particularly by County Health Departments. However, sometimes State data will be important to augment the County Health Rankings, and other similar reports.

FloridaCharts provides the Major Causes of Death data, shown earlier in **Figure 77**. This report includes not only the mortality rates reproduced in this table, but also the Years of Potential Life Lost. While the **County Health Rankings** data is for the three-year period 2005-2007, the **FloridaCharts** data is for the year 2009.

Adding the 2009 **FloridaCharts** YPLL data to the **County Health Rankings** 2005-2007 data, as shown in **Figure 79**, shows that for the single year 2009, the Franklin County YPLL decreased by nearly half, while the State rate decreased slightly.

Three-year data is useful, particularly for small population areas, since single events can skew rates. However, three-year data can be less helpful than single year data in the sense that the affect of local efforts (new services, providers, etc) will not be as obvious. Planners need to consider both sets of data.

As shown in **Figure 80**, Franklin County has rates of YPLL for 2009 higher than Statewide in 5 of the major cause of death. Septicemia is nearly double the State rate, and benign neoplasm is 67% higher than the State rate.

Figure 78: Premature Death County Health Rankings Report for 2005-2007

Premature Death Factors	Franklin County	Florida	County Rank (of 67)
Number of Deaths	183	212,308	53
Years of Potential Life Lost Rate	10,255	7,896	

Source: University of Wisconsin Population Health Institute. County Health Rankings 2011. www.countyhealthrankings.org

Figure 79: Years of Potential Life Lost Rates

Years of Potential Life Lost Time Period	Franklin County	Florida
2005-2007 (County Health Rankings)	10,225	7,896
2009 (FloridaCharts)	5,355	7,662

Figure 80: Years of Potential Life Lost by Major Cause of Death 2009

Cause of Death	Franklin County YPLL	Franklin Percent of State	Florida YPLL
All Causes	5,354.6	69.9%	7,661.9
Cancer	1,123.6	66.6%	1,687.7
Heart Disease	359.9	34.6%	1,040.7
Chronic Lower Respiratory Disease	228.2	107.0%	213.3
All Unintentional Injuries	833.9	64.8%	1,287.7
Diabetes	245.8	121.3%	202.7
Alzheimer's Disease	0	0.0%	7.6
Stroke	149.2	79.2%	188.5
Kidney Disease	61.4	77.0%	79.7
Chronic Liver Disease/ Cirrhosis	254.6	123.3%	206.5
Suicide	421.3	98.9%	425.8
Septicemia	149.2	197.9%	75.4
Parkinson's Disease	0	0.0%	7.3
Benign Neoplasm	61.4	167.8%	36.6
Pneumonia/Influenza	0	0.0%	98.1
Homicide	0	0.0%	270.9
AIDS/HIV	0	0.0%	193.7

Source: FloridaCharts, County and State Profiles, Major Causes of Death

Key Points Related to Mortality

- *Based on 3- year age adjusted mortality rates for the period 2007-2009, Franklin County has a higher than Statewide incidence of death from 4 of 17 causes.*
- *Unintentional injuries is the cause of death with the greatest difference than Statewide, with a three-year rate that is 163% the statewide rate.*
- *Premature death measured in Years of Potential Life Lost (YPLL) for the 2005-2007 period shows a Franklin County rate of 10,255, compared to 7,896 Statewide.*
- *Based on the YPLL, Franklin County ranks 53rd out of 67 Florida counties.*

Therefore:

- *Health services need to be developed that focus on prevention, early detection, and case management.*

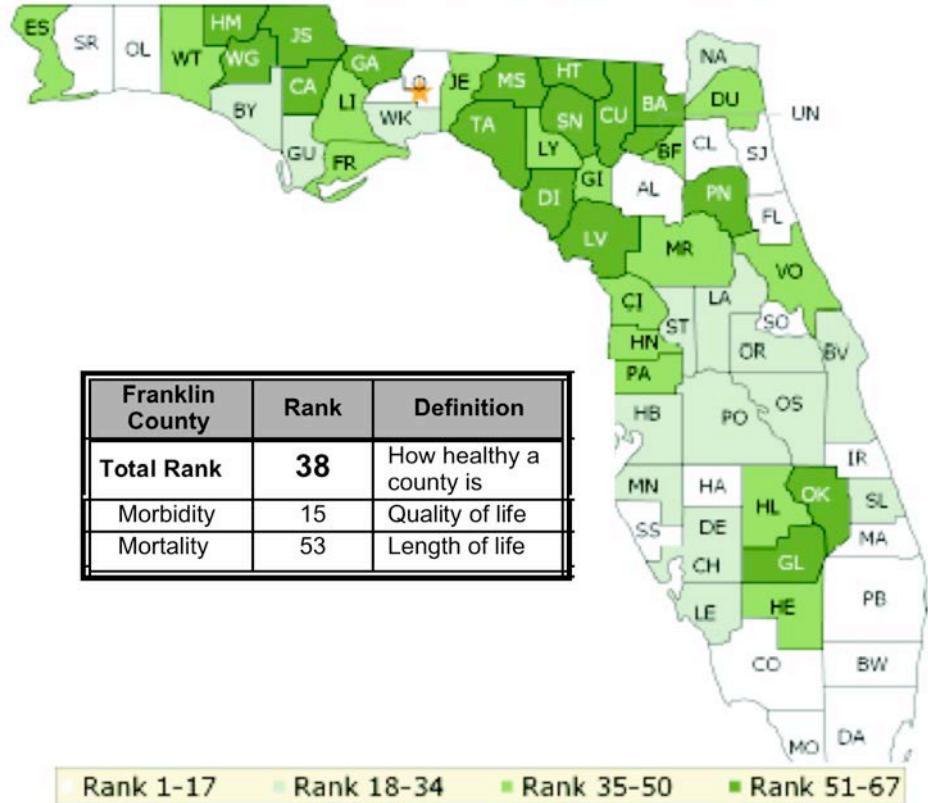
County Health Rankings

The University of Wisconsin Population Health Institute has produced **County Health Rankings** for all US counties. That document ranks the 'health' of a county based on several criteria, and compares each county to all counties within each state. Counties with the highest rank (e.g., 1 or 2) are estimated to be the "healthiest".

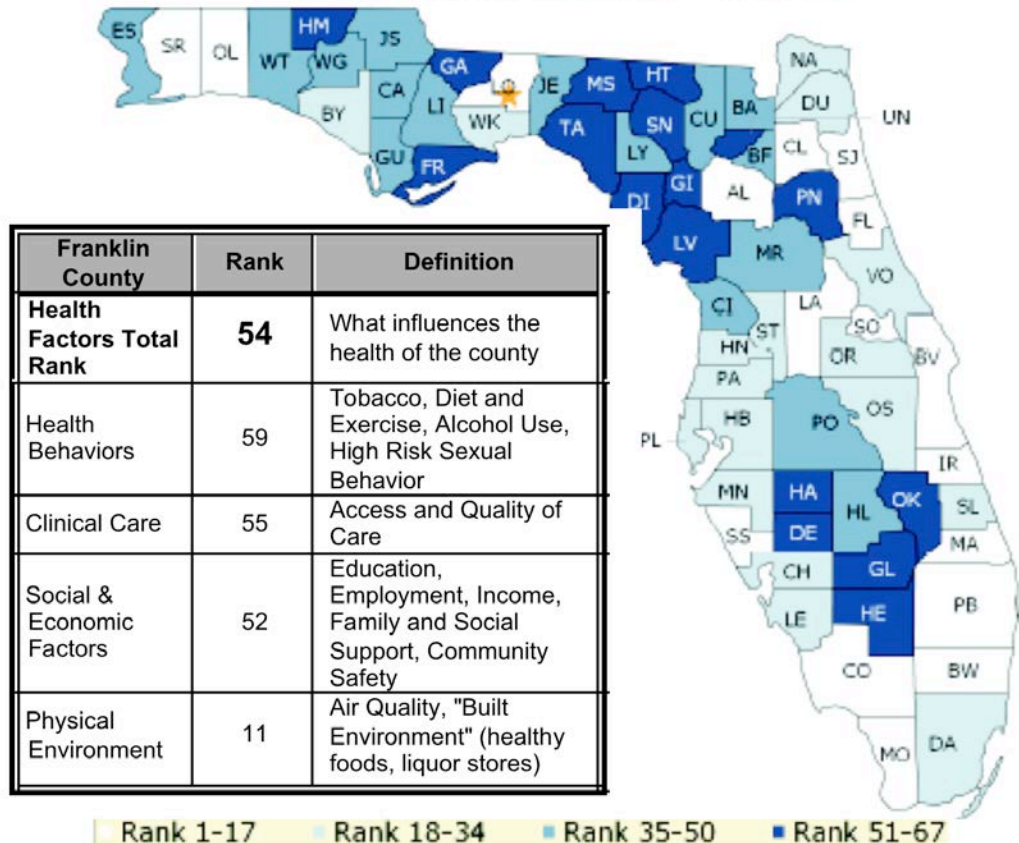
This report provides the following summary of Franklin County Health Status. Health Outcomes represent how healthy a county is while Health Factors are what influences the health of the county. The Rank is based on 67 Florida counties. Sources, data dates, and additional information are available at www.countyhealthrankings.org.

As shown in these maps, Franklin County has a rank of 38 for Health Outcomes, and a rank of 54 for Health Factors.

2011 Health Outcomes - Florida



2011 Health Factors - Florida



Utilization and Access

This section reports data on the quantity of various services used by Franklin County residents. Data is not available for all services evaluated in this report.

Information is also included about obstacles to obtaining services; such as the BRFSS reports of persons not able to access care due to cost factors.

One important part to evaluating access issues is an overview of Federal shortage area designations. These designations are very important in understanding one criterion for the distribution of federal dollars to support health care service delivery.

Federal Designations —Shortage Area Considerations

Types of Shortage Area Designations

The **Federal Health Resources and Services Administration (HRSA)** develops shortage designation criteria that are used to decide whether or not a geographic area or population has adequate health care services. More than 30 Federal programs depend on the shortage designation to determine eligibility or as a funding preference.

Figure 81: Types of Federal Shortage Area Designations

Defines a Geographic Area— Including the Entire Population	Defines a Special Needs Population within a Geographic Area
MUA—Medically Underserved Area	MUP—Medically Underserved Population
HPSA—Health Professional Shortage Area	HPSP—Health Professional Shortage Population

The MUA is based on the entire population of a geographic area and is calculated based on the following criteria:

- Percent of population with incomes below the FPL
- Percent of population over age 65
- Infant mortality rate
- Physician to population ratio

The HPSA designation is based on three criteria:

- The geographic area involved must be rational for the delivery of health services.
- The physician-to-population ratio for the area must be higher than 1:3,500.
- Resources in contiguous areas must be to be over-utilized, excessively distant or otherwise inaccessible.

When a geographic area does not meet the shortage criteria, but a special population group within the area is experiencing access barriers, an MUP or HPSP designation may be possible. Special populations may include low-income or Medicaid-eligible individuals, the homeless, or migrant farm workers.

In addition, specific health care facilities can be designated as HPSAs. Facility HPSAs include federal or state correctional institutions, as well as federally qualified health centers and certain rural health clinics.

Note that **The Patient Protection and Affordable Care Act** includes a directive that “The Secretary shall establish criteria for designation of medically underserved populations and health professions shortage areas.” This effort has been undertaken in years past, and was very controversial. However, any rules changing the criteria for designation should be monitored closely.

Benefits of Shortage Area Designations

As stated earlier, more than 30 Federal programs depend on the shortage designation to determine eligibility or as a funding preference. Two of those programs are the Rural Health Clinic (RHC) and Federally Qualified Health Center (FQHC) programs. Federal recruitment strategies also use these designations.

The RHC and FQHC programs make federal resources available to meet local needs. Both of these programs require specific shortage area designations, as shown in **Figure 82**.

BPHC requires that FQHCs and FQHC Look-Alikes must serve patients from an area with a Federally designated shortage of primary care services. The two qualifying designations for FQHC status are the MUA and its counterpart, MUP.

Figure 82: Shortage Area Eligibility Criteria

Program	HPSA	HPSP	MUA	MUP	PSA
FQHC (CHC funded or Look-Alike)			X	X	
RHC	X	X	X		
NHSC	X	X			
Medicare Bonus Payments	X				X
J-1 Visa Waiver Program	X	X	X		
Physician bonus payments	X				

An RHC must be located in an MUA, HPSA or HPSP that has been reviewed and approved within the prior three calendar years.

In addition, Section 1833(m) of the Social Security Act provides bonus payments for physicians who furnish medical care services in geographic areas that are designated as primary medical care HPSAs.

The National Health Service Corps and the J-1 Visa Waiver Programs are federal programs for the placement of health care providers in designated areas.

There are both Rural Health Clinic and Federally Qualified Health Centers in Gulf County. These are particularly important designations for the provision of services to the low income, uninsured population. Health leaders in Gulf County should have a thorough understanding of these designations in order to maximize their potential benefit to Gulf County residents and to preserve this status. In particular, the Federally Qualified Health Center designation can be the portal the numerous federal grants amounting to millions of dollars to support care to vulnerable populations.

Further information is provided about HPSA designations in the Centers for Medicare and Medicaid Services **HPSA Fact Sheet**, available at <https://www.cms.gov/MLNProducts/downloads/HPSAfactsht.pdf>.

Further information regarding the Rural Health Clinic program can be found at <http://www.hrsa.gov/healthit/toolbox/RuralHealthITtoolbox/Introduction/ruralclinics.html>.

Further information regarding the Federally Qualified Health Center program can be found at <http://bphc.hrsa.gov/about/index.html>.

Inpatient Utilization (Acute Care)

For the period July 2009 through June 2010, Franklin County residents had 1,320 inpatient admissions spread among the hospitals shown in **Figure 83**.

Note that not all of these were for an acute care diagnosis. The total includes rehabilitation and psychiatric admissions. Also note that 3 hospitals, identified by **, had only six months of data for this reporting period.

Sacred Heart Hospital on the Gulf opened March 15, 2010, so the data includes only a few weeks of operations.

Figure 83: June 2009-July 2010 Hospitalizations for Residents of Franklin County

Facility	City	Total Admissions	Percent Admissions
Tallahassee Memorial Hospital	Tallahassee	385	29.2%
George E. Weems Memorial Hospital	Apalachicola	292	22.1%
Gulf Coast Medical Center	Panama City	238	18.0%
Bay Medical Center	Panama City	179	13.6%
Capital Regional Medical Center	Tallahassee	136	10.3%
Shands Hospital At The Univ. Of Florida	Gainesville	27	2.0%
Sacred Heart Hospital on the Gulf	Port Saint Joe	11**	0.8%
Healthsouth Emerald Coast Rehabilitation Hospital	Panama City	9**	0.7%
Healthsouth Rehabilitation Hospital of Tallahassee	Tallahassee	8**	0.6%
Eastside Psychiatric Hospital	Tallahassee	14	1.1%
Select Specialty Hospital	Panama City	8	0.6%
Select Specialty Hospital	Tallahassee	6	0.5%
H Lee Moffitt Cancer Hospital	Tampa	7	0.5%
Total		1,320	100%

Source: Florida Agency for Health Care Administration (AHCA), FloridaHealthFinder.gov, Inpatient Data Query, <http://www.floridahealthfinder.gov/QueryTool/Results.aspx>

Most of Franklin County residents travelled outside the County for hospital care, as shown in **Figure 84**, with 42% of admissions occurring in Tallahassee, and 33% in Panama City.

Figure 84: Destination for Hospital Care

City	Percent Admissions
Tallahassee	42%
Panama City	33%
Apalachicola	22%
Other	3%
Total	100%

Distances from Franklin County communities to regional hospitals are shown in **Figure 85**. Larger hospitals are at least 59 miles distant from all Franklin County communities.

Figure 85: Distance to Regional Hospital in Miles

Hospital	City	Apalachicola	Eastpoint	Carrabelle
Bay Medical Center, Gulf Coast Medical Center	Panama City	59	67	82
Tallahassee Memorial Hospital, Capital Regional Medical Center	Tallahassee	82	75	60
Shands Hospital at the Univ of Florida	Gainesville	227	221	205
Sacred Heart Hospital on the Gulf	Port St Joe	23	31	46

Preventable Hospital Admissions

Ambulatory Care Sensitive Conditions

County Health Rankings reports on Preventable Hospital Stays, defined as the rate of preventable hospitalizations, or the hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees. Ambulatory-care sensitive conditions (ACSC) are usually addressed in an outpatient setting and do not normally require hospitalization if the condition is well managed. Data used in the County Health Rankings is from 2006-2007 Medicare claims data reported in the Dartmouth Atlas.

Figure 86: Preventable Hospital Stays Rate

ACSC Rate	Franklin County Rate	State Rate
Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	81	65

Source: University of Wisconsin Population Health Institute. County Health Rankings 2011. www.countyhealthrankings.org

As shown in **Figure 86**, the Franklin County ASCS rate for 2006-2007 was 81, compared to a Statewide rate of 65.

Prevention Quality Indicators

The Broward Regional Health Planning Council Health Data Warehouse PQI/Avoidable Admission data section reports that in 2009 there were 176 avoidable hospital admissions for Franklin County residents due to PQI criteria. Seven PQI indicators had rates higher than Statewide. Rates higher than Statewide are highlighted in **Figure 87**.

The Prevention Quality Indicators (PQIs) are a set of measures that can be used with hospital inpatient discharge data to identify quality of care for "ambulatory care-sensitive conditions."

Figure 87: Preventable Hospital Admissions—2009

PQI	Franklin Number	Franklin Rate	State Rate
01-Diabetes/short-term	1	0.01%	0.05%
02-Perforated appendicitis	2	40.00%	25.92%
03-Diabetes/long-term	2	0.02%	0.12%
05-Chronic obstructive PD	31	0.36%	0.24%
07-Hypertension	1	0.01%	0.09%
08-Congestive HF	40	0.46%	0.38%
09-Low birth weight	7	5.51%	6.13%
10-Dehydration	17	0.20%	0.07%
11-Bacterial pneumonia	43	0.50%	0.29%
12-Urinary infections	19	0.22%	0.21%
13-Angina w/o procedure	4	0.05%	0.02%
14-Uncontrolled diabetes	0	N/A	0.03%
15-Adult asthma	6	0.07%	0.14%
16-Diabetes/LE amputations	3	0.03%	0.03%
TOTAL:	176	# County Higher than State = 7	

Source: Broward Regional Health Planning Council, Hospital Inpatient & Emergency Department Analytical System, healthdata.brhpc.org

Emergency Department

When a patient arrives at the ED, hospital staff assign a Current Procedural Terminology (CPT) code. The codes delineate the relative severity, low to high, of the person's condition upon arrival at the ED, as defined in **Figure 88**.

Figure 88: CPT Codes by Acuity

Low-Acuity Group:	
99281	The presenting problem(s) are self limited or of minor severity
99282	The presenting problem(s) are of low to moderate severity
High-Acuity Group:	
99283	The presenting problem(s) are of moderate severity
99284	The presenting problem(s) are of high severity, but do not pose an immediate significant threat to life.
99285	The presenting problems(s) are of high severity and pose an immediate threat to life

In 2009, Franklin County residents sought care in an emergency department 7,714 times, as shown in **Figure 89**. Of these visits, 47.6% were low acuity—compared to a total of 28% Statewide.

Note that these are those visits that did NOT result in an inpatient admission.

Figure 89: Franklin County Resident’s Use of Emergency Departments—2009

CPT Definition	Franklin County Number of Visits	Franklin County Percent	Florida Percent
99281-Minor severity	112	1.5%	9%
99282-Low/moderate severity	3,558	46.1%	19%
Low Acuity Sub Total	3,670	47.6%	28%
99283-Moderate severity	2,404	31.2%	38%
99284-High severity/non-immediate	1,082	14.0%	26%
99285-High severity/immediate	558	7.2%	9%
High Acuity Sub Total	4,044	52.4%	72%
Total	7,714	100%	100%

Source: Broward Regional Health Planning Council, Hospital Inpatient & Emergency Department Analytical System, healthdata.brhpc.org

In addition to this CPT coding, the **NYU algorithm** classifies ED utilization, based on the principal diagnosis, from the perspective of primary care and preventive care for emergent and non-emergent cases, as defined in **Figure 90**.

For this algorithm, the visit data is first sorted to separate out those visits associated with drug, alcohol, psychiatric or injury causes. Visits with these diagnoses are presented later.

Figure 90: NYU ED Algorithm Codes by Severity

Non-emergent - The patient's initial complaint, presenting symptoms, vital signs, medical history, and age indicated that immediate medical care was not required within 12 hours;
Emergent/Primary Care Treatable - Based on information in the record, treatment was required within 12 hours, but care could have been provided effectively and safely in a primary care setting. The complaint did not require continuous observation, and no procedures were performed or resources used that are not available in a primary care setting (e.g., CAT scan or certain lab tests);
Emergent - ED Care Needed - Preventable/Avoidable - Emergency department care was required based on the complaint or procedures performed and resources used, but the emergent nature of the condition was potentially preventable/avoidable if timely and effective ambulatory care had been received during the episode of illness (e.g., the flare-ups of asthma, diabetes, congestive heart failure, etc.); and
Emergent - ED Care Needed - Not Preventable/Avoidable - Emergency department care was required and ambulatory care treatment could not have prevented the condition (e.g., trauma, appendicitis, myocardial infarction, etc.)

Source: Emergency Department Utilization Report, 2009, Florida Center for Health Information and Policy Analysis, Agency for Health Care Administration

As shown in **Figure 91**, there were 4,871 visits that were not associated with drug, alcohol, psychiatric or injury causes.

Of these, 26.9% (12.9% plus 14%) met the NYU algorithm definitions of needing treatment in an emergency department.

Figure 91: Franklin County Resident’s ED Visit Acuity (All Non-Drug/Alcohol/Psychiatric/Injury ED Visits)

CPT Definition	Number of Visits	NonEm Percent	EmPCT Percent	EmPrev Percent	EmNonPrev Percent
Minor severity	80	62.3%	26.3%	1.6%	9.8%
Low/moderate severity	2,350	40.1%	42.9%	10.6%	6.4%
Moderate severity	1,332	33.5%	38.4%	14.4%	13.6%
High severity/ non-immediate	729	23.7%	34.9%	16%	25.5%
High severity-immediate	380	10.8%	29.6%	18%	41.7%
Total:	4,871	33.9%	39.2%	12.9%	14%

Source: Broward Regional Health Planning Council, Hospital Inpatient & Emergency Department Analytical System, healthdata.brhpc.org

As shown earlier, there were 7,714 total visits to EDs, of which, 4,871 were not related to drug, alcohol, psychiatric or injury causes. The remaining 2,843 visits are shown in **Figure 92**.

Figure 92: Franklin Resident's Drug/Alcohol/Psych/Injury Visits (Only Drug/Alcohol/Psychiatric/Injury ED Visits)

CPT Definition	Number of Visits	Drug/Alc Visits	Psych Visits	Injury Visits	Unclass Visits
Minor severity	32	1	2	17	12
Low/moderate severity	1,208	2	34	796	376
Moderate severity	1,072	11	42	773	246
High severity/non-immediate	353	16	20	183	134
High severity/immediate	178	11	26	66	75
Subtotal:	2,843	41	124	1,835	843

Source: Broward Regional Health Planning Council, Hospital Inpatient & Emergency Department Analytical System, healthdata.brhpc.org

Inpatient Substance Abuse— No inpatient data was found indicating the number of admissions for substance abuse. The **Florida HealthFinder** database reports “Too Few Cases (less than 5)” for each Florida hospital for residents of Franklin County. However, the **Health Data Warehouse** information did report 41 emergency department visits for dug and alcohol related causes.

Primary Care— No data was found indicating the number of visits Franklin County residents had for primary care. However, higher than expected rates of ASC conditions, preventable hospitalizations and overuse of the emergency department (particularly for low acuity conditions) are all indications of less than adequate primary care. **Florida Charts** reports access indicators for financial and insurance barriers for adults seeking services, as gathered in the **Behavioral Risk Factor Surveillance System (BRFSS) Data Report**.

For Adults Who Have a Personal Doctor, the percent decreased from 2002 to 2007 in all age categories, except the elderly. The greatest decrease was for ages 18-44. All age categories, except the elderly, rank in the Florida 4th Quartile. (**Figure 93**)

Figure 93: Percent Adults Who Have a Personal Doctor

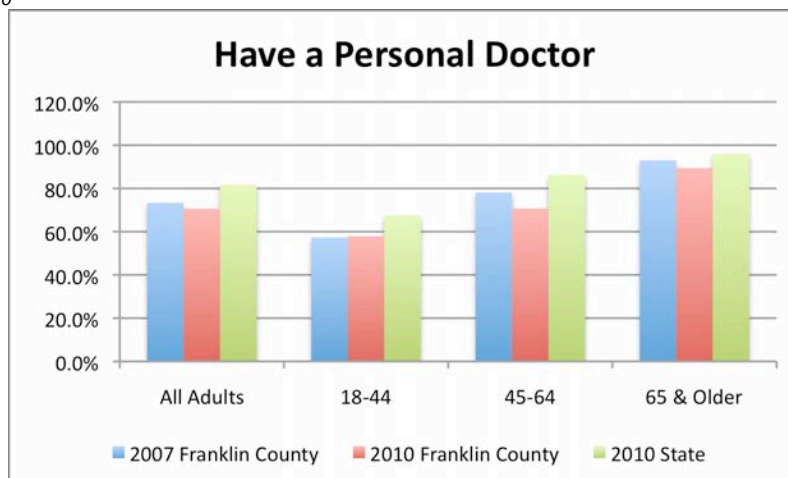
Age Group	2002 Franklin County	2007 Franklin County	2007 Franklin Quartile	2007 State	2010 Franklin County	2010 State	Franklin 2010 Percent of State	Franklin 2007-2010 Change
All Adults	80.4%	73.3%	4	77.1%	70.6%	81.7%	86%	-2.7%
18-44	79.0%	57.3%	4	64.7%	57.9%	67.5%	86%	0.6%
45-64	78.2%	78.1%	4	83.3%	70.7%	86.2%	82%	-7.4%
65 & Older	87.2%	93.0%	2	92.9%	89.4%	96.0%	93%	-3.6%

Source: BRFSS 2007 and 2010

From 2007 to 2010, there was a further decrease of 2.7% in the number of Adults Who Have a Personal Doctor, and a 7.4% decrease for the age group 45-64. The age group 18-44 had an increase of 0.6%, and the age group 65 and older had an decrease of 3.6%.

In all age categories, the percent of Adults Who Have a Personal Doctor is lower than Statewide.

This is the only indicator for which 2002 data is available in **Florida Charts**.



For Adults Who Could Not See a Doctor at Least Once in the Past Year Due to Cost, 2007 rankings for all adults and the age 18-44 category are in the 3rd Quartile. (Figure 94)

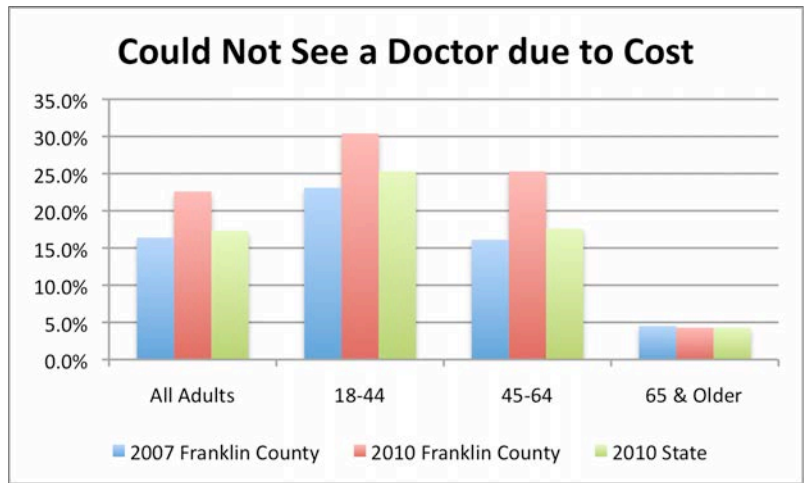
From 2007 to 2010, there was an increase of 6.2% in the number of all Adults Who Could Not See a Doctor at Least Once in the Past Year Due to Cost, a 9.2% increase for the age group 45-64, and a -0.2% decrease for the age group 65 and older. The age group 18-44 had a increase of 7.3%.

For All Adults, the percent of Adults Who Could Not See a Doctor at Least Once in the Past Year Due to Cost is 31% higher than Statewide. For those age 45-64, the Franklin County rate is 144% per the Statewide rate.

Figure 94: Percent Adults Who Could Not See a Doctor at Least Once in the Past Year Due to Cost

Age Group	2007 Franklin County	2007 Franklin Quartile	2007 State	2010 Franklin County	2010 State	Franklin 2010 Percent of State	Franklin 2007-2010 Change
All Adults	16.4%	3	15.1%	22.6%	17.3%	131%	6.2%
18-44	23.1%	3	19.9%	30.4%	25.3%	120%	7.3%
45-64	16.1%	2	15.8%	25.3%	17.6%	144%	9.2%
≥65	4.5%	2	4.5%	4.3%	4.3%	100%	-0.2%

Source: BRFSS 2007 and 2010



For Adults Who Had a Medical Checkup in the Past Year, 2007 rankings for all adults, the age 18-44 and 45-64 categories are in the 2nd Quartile, and the 65 and older group is ranked in the 3rd Quartile. (Figure 95)

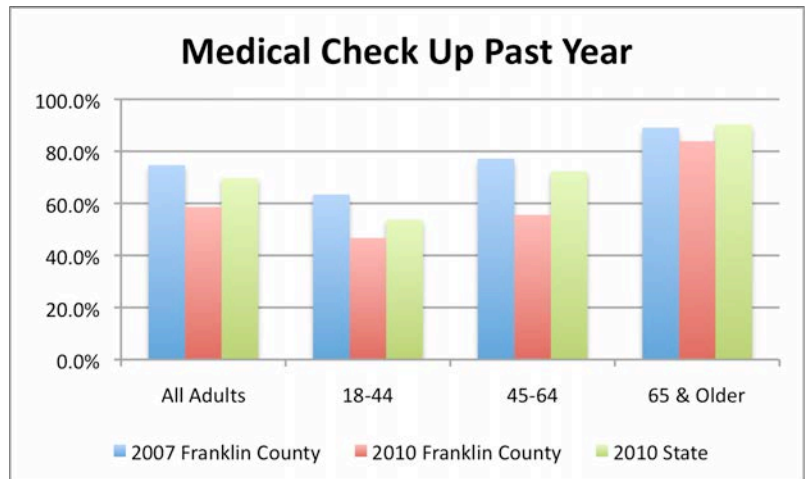
From 2007 to 2010, there was a decrease of 16.1% in the number of all Adults Who Had a Medical Checkup in the Past Year, a 16.7% decrease for the age group 18-44, a 21.6% decrease for the age group 45-64, and a 5.2% decrease for the age group 65 and older.

In all age categories, the percent of Adults Who Had a Medical Checkup in the Past Year is lower than Statewide.

Figure 95: Percent Adults Who Had a Medical Checkup in the Past Year

Age Group	2007 Franklin County	2007 Franklin Quartile	2007 State	2010 Franklin County	2010 State	Franklin 2010 Percent of State	Franklin 2007-2010 Change
All Adults	74.7%	2	74.6%	58.6%	69.7%	84%	-16.1%
18-44	63.4%	2	64.0%	46.7%	53.8%	87%	-16.7%
45-64	77.2%	2	77.7%	55.6%	72.3%	77%	-21.6%
65 & Older	89.1%	3	91.5%	83.9%	90.3%	93%	-5.2%

Source: Florida Dept of Health, Division of Disease Control, BRFSS Data Report-2007and 2010



Primary Care Shortage Area Status

All of Franklin County is designated as a Primary Care Health Professional Shortage Area (HPSA) for the low-income/migrant farmworker population, as shown in **Figure 96**. Note that this designation is for a special population, and is not a geographic designation.

Figure 96: Primary Care HPSA Designation

Location	Designation Type	HPSA Score	Designation Date
Whole County	Low Income/Migrant Farmworker Population	18	28-Aug-02

Source: HRSA, <http://muafind.hrsa.gov/index.aspx>

Medically Underserved Area Status

All of Franklin County is designated as Medically Underserved for the low-income/migrant farmworker population (MUP), as shown in **Figure 97**.

Figure 97: MUA Designation

Location	Designation Type	MUA/MUP Score	Designation Date
Whole County	Low Income/Migrant Farmworker Population	43.3	28-Aug-02

Source: HRSA, <http://muafind.hrsa.gov/index.aspx>

Prenatal/Obstetrical Care— There were 128 births to Franklin County residents in 2009, with a three-year average of 124 births per year.

School Health— The Franklin County public school enrollment was 1,281 in the 2008-2009 school year.

Mental Health—No inpatient data was found indicating the number of admissions for mental health. The **Florida HealthFinder** database reports “Too Few Cases (less than 5)” for each Florida hospital for residents of Franklin County. However, the **Health Data Warehouse** information did report 124 emergency department visits for psychiatric related causes.

Figure 98: Mental Health HPSA Designation

Location	Designation Type	HPSA Score	Designation Date
Whole County	Low Income Population	18	24-Sep-01

Source: HRSA, <http://muafind.hrsa.gov/index.aspx>

Mental Health Shortage Area Status

All of Franklin County is designated as a Mental Health HPSA for the low-income population, as shown in **Figure 98**.

Dental Care

In Franklin County (in 2007), there were a total of 23% of all adults who count not see a dentist in the past year due to cost, resulting in a ranking for all adults that is the 3rd Quartile, the age 18-44 and 65 and older categories are in the 4th Quartile, but the 45-64 age category is ranked in the 1st Quartile. (**Figure 99**)

Note: 2010 BRFSS data was not available for cost barriers to dental care.

Figure 99: Percent Adults Who Count Not See a Dentist in the Past Year Due of Cost

Age Group	2007 Franklin County	2007 Franklin Quartile	2007 State
All Adults	23.0%	3	19.2%
18-44	33.5%	4	23.6%
45-64	16.7%	1	19.5%
65 & Older	14.2%	4	9.8%

Source: Florida Dept of Health, BRFSS Data Report-2007

Within the low-income population, 28.2% of those living in poverty did have access to dental care, compared to 27.8% Statewide. (**Figure 100**). Stated another way, in order to compare this percent to the previous figure, 71.8% of the low income did NOT have access to dental care, compared to 72.2% Statewide.

Figure 100: Low Income Dental Access

Population	2007-2009 Franklin County	2007-2009 State
Percent Persons in Poverty with Dental Access	28.2%	27.8%
Percent Persons in Poverty without Dental Access	71.8%	72.2%

Source: FloridaCharts, Health Resources Availability, Access to Dental Care by Low Income Persons, Discreet 3-year Rates

Dental Shortage Area Status

All of Franklin County is designated as a Dental HPSA for the low-income population, as shown in **Figure 101**. Note that this designation is for a special population, and is not a geographic designation.

Figure 101: Dental HPSA Designation

Location	Designation Type	HPSA Score	Designation Date
Whole County	Low Income Population	19	09-Feb-01

Source: HRSA, <http://muafind.hrsa.gov/index.aspx>

Hospice

Big Bend Hospice out of Tallahassee has offices in Apalachicola and Carrabelle.

For the period 2001-2005, 48% of Franklin County residents appropriate for hospice service actually used those services, compared to 44% Statewide, as shown in **Figure 102**.

Figure 102: Hospice Use 2001-2005

Hospice Use	Franklin County Percent	State Percent
Hospice use (percent of chronically ill Medicare who enrolled in hospice in the last six months of life) 2001-2005	48%	44%

Source: University of Wisconsin Population Health Institute. County Health Rankings 2010. www.countyhealthrankings.org

Domestic Violence— There were 64 domestic violence offenses reported in Franklin County in 2009. However, the number of offenses filed does not represent the total number of residents seeking help for domestic violence prevention and treatment.

Respiratory Therapy/Physical Therapy— No data was found reporting the number of times residents of Franklin County used inpatient or outpatient respiratory or physical therapy. However, the **Florida HealthFinder** inpatient data reports 17 admissions to the Healthsouth Rehabilitation Hospitals in Panama City and Tallahassee for the June 2009-2010 reporting period. Data from these hospitals was reported for only six months.

Key Points Related to Utilization and Access

- *Franklin County residents had 1,320 hospital admissions June 2009-July 2010, 75% of which were in Tallahassee or Panama City.*
- *The rate of Ambulatory Care Sensitive Conditions (2006-2007) preventable hospitalizations in the Medicare population is 81, compared to a Statewide rate of 65.*
- *Based on the Prevention Quality Indicators, there were 176 avoidable hospitalizations for Franklin County residents in 2009.*
- *Franklin County residents had 7,714 emergency department visits in 2009, 47.6% of which were for low-acuity reasons. Statewide, low acuity ED visits were 28% of all visits.*
- *The percent of Adults Who Have a Personal Doctor is lower than Statewide.*
- *The percent of Adults Who Could Not See a Doctor Due to Cost is 31% higher than Statewide for All Adults, 20% higher than Statewide for those age 18-44, and 44% higher than Statewide for those age 45-64.*
- *The percent of Adults Who Had a Medical Checkup in the Past Year is lower than Statewide.*
- *Cost was a deterrent to seeking medical care for 22.6% of adults, and for 23% of adults seeking dental care.*
- *For the 2007-2009 three-year period, 71.8% of low-income persons in Franklin County did not have access to dental care.*
- *Franklin County has several Federal designations to provide access to programs that can increase provider revenue and benefits to county residents.*
- *Shortage area designations are under review for changes in how they are calculated.*

Therefore:

- *Marketing should continue to encourage appropriate utilization of the local hospital to retain health care expenditures in the County.*
- *Efforts should be made to pursue telemedicine strategies to provide more complex care locally.*
- *Planning should focus on access to primary care and the establishment of a 'medical home' for all residents to address the issues of avoidable hospitalizations, hospitalizations for chronic conditions, and inappropriate use of the emergency department.*
- *Primary care and dental care options need to include access for patients avoiding that care due to cost.*
- *There needs to be recognition that providers without the Federal support provided to RHCs and FQHCs may restrict access to uninsured, Medicaid, and in some instances Medicare patients.*
- *Health service development should take advantage of Federal opportunities.*
- *Franklin County planners should monitor changes in shortage designation criteria, and be prepared to participate in any new calculations.*

Provider Assessment

The purpose of this section of the report is to describe the providers in Franklin County. This assessment is described through the following steps:

1. The types of providers to be assessed in this report had to be identified. This was done through the development of a list of **Services to be Evaluated**. For example, some counties undertaking this type of assessment may decide that nursing home services, or alternative health services, are important considerations. Other counties may focus on a less broad range of services.
2. The **geographic area** is defined. In this report, the geographic area was defined as all of Franklin County.

It should be noted that the providers listed in these tables are the providers identified in the geographic area communities. It does not include providers that Franklin County residents may use, but which are located outside the geographic area defined.

3. Using the list of Services to be Evaluated, and the geographic boundaries of the area defined, an **inventory of providers** was conducted. This inventory was collected from the state licensing databases. Provider web sites were used to develop a description of the services provided, location of offices, etc.
4. The major providers with multiple programs are described in a brief **narrative** of each program.
5. A **list of providers** was compiled. This list shows the providers identified for each Service to be Evaluated, and the location (town) in which that provider is located.

Selection of Services to be Evaluated

The services listed in **Figure 103** were selected for study in Franklin County.

Description of Area Providers

In addition to the assessment of providers in Franklin County, it should be noted that residents have access to health services in nearby areas. The Health Resources Services Administration (HRSA) defines a ‘reasonable’ distance to travel for care as 30 minutes. The predominant hospitals used by Franklin County residents (identified earlier) are in Tallahassee and Panama City. The distance and travel time from Franklin County communities are shown in Figure 104. The Sacred Heart Hospital on the Gulf is added, since it opened after the date of the utilization data, and since its proximity makes it a likely destination for some Franklin County residents. The George E Weems Memorial Hospital is included to show distances from other Franklin County communities. Hospitals are used as the proxy for access to all services, recognizing that the hospital is the hub of multiple other services.

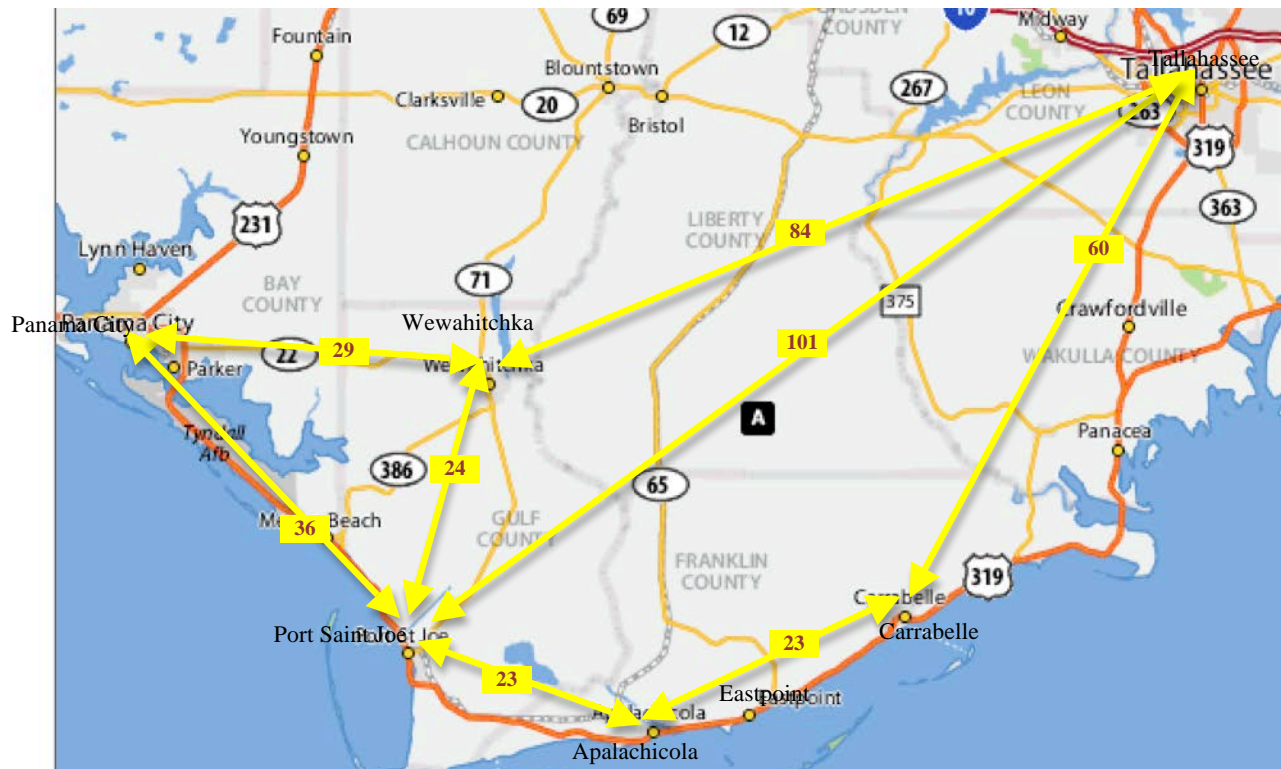
Figure 103: Services to be Evaluated

Inpatient	Other Health Services
Acute Care	Mental Health Services
Inpatient Substance Abuse	Pharmacy Services
Emergency Care	Dental Care
Emergency Response	Hospice
Emergency Department	Public Health
Primary Care	Special Populations
Primary Care Practices	Domestic Violence
Preventive Services	Rehabilitation Services
Prenatal Care	Respiratory Therapy Services
Obstetrical Services	Physical Therapy Services
School Health Services	

Figure 104: Hospitals Used by Franklin County Residents

Hospital	City	Apalachicola		Eastpoint		Carrabelle	
		Miles	Time	Miles	Time	Miles	Time
Tallahassee Memorial Hospital	Tallahassee	82	1 hr 56 mins	75	1 hr 45 mins	60	1 hr 28 mins
Capital Regional Medical Center							
Gulf Coast Medical Center	Panama City	59	1 hr 25 mins	67	1 hr 37 mins	82	1 hr 56 mins
Bay Medical Center							
Sacred Heart Hospital on the Gulf	Port St Joe	23	28 mins	31	39 mins	72	1 hr 33 mins
George E. Weems Memorial Hospital	Apalachicola	N/A	N/A	8	11 mins	23	31 mins

Source: <http://maps.yahoo.com>



Following is a list of the predominant health care providers in Franklin County:

George E. Weems Memorial Hospital (WMH)

In Patient Services

The George E. Weems Memorial Hospital is located in Apalachicola. The hospital has 29 inpatient and swing beds, which can be used for short-term skilled nursing care. In 2006, the previous operator of the hospital resigned, and the Franklin County Commission assumed financial support. In January 2009, WMH entered into a management agreement with Tallahassee Memorial HealthCare (TMH), who employs the current CEO. The Weems Hospital Board of Directors and TMH jointly direct the hospital. This affiliation provides a broad range of support, including the rotation of specialists, such as surgeons, orthopedists, neurologists, and medical oncologists who are invited to rotate to Franklin County for appointments.

Services include:

- Emergency Services 24 Hours
- Cardiac Services
- Respiratory Therapy
- Diagnostic Radiology, including mammography
- Medical-Surgical Care
- Swing Bed Services
- Clinical Laboratory
- Physical Therapy
- Surgical Procedures and Outpatient Care, including endoscopies, colonoscopies, and pacemaker implantations
- Sleep Laboratory

The Critical Access Hospital Program

WMH obtained status as a Critical Access Hospital in 2005. The Critical Access Hospital (CAH) status is a federal certification that allows small, rural hospitals to receive reimbursement from Medicare that is based on cost, which is usually a higher reimbursement than is available to larger hospitals. The status was developed to help improve financial performance and thereby reduce hospital closures. In addition to receiving enhanced reimbursement, CAHs:^{vi}

- Must be located in a rural area that is more than 35 miles distant from another hospital
- Must have an agreement with an acute care hospital related to patient referral and transfer, communication, emergency and non-emergency patient transportation and quality assurance.
- Must maintain an annual average length of stay of 96 hours or less for acute care patients
- May have no more than 25 acute care beds
- May own/operate other entities (such as a clinic, psychiatric or rehabilitation distinct part unit) as “provider based” entities, eligible for enhanced Medicare reimbursement
- May provide emergency services with an on site medical staff, or through an on-call system
- May provide emergency services staffed by physicians or by mid-level practitioners (physician assistants, nurse practitioners, etc)
- Must have at least one physician, but he or she is not required to be on-site. Midlevel practitioners can be an active, independent part of the CAH medical staff and provide direct service to patients. CAHs are required to provide oversight by a physician, but the oversight provisions are very liberal. This can be especially useful in communities that have had difficulty recruiting physicians.
- General acute care hospitals are required to have an RN on-site 24 hours a day, 7 days a week. CAHs have more flexibility regarding staffing levels for nurses.
- Preferential status for receipt of some federal and/or state grants

As of September 2010, there were 1,320 CAHs nationally.

Emergency Response/Ambulance

WMH provides two advanced life support ambulances and one basic life support ambulances. The basic life support ambulance is part time on a 12-hour/day schedule.

Weems Medical Center East

The Weems Medical Center East is located at 105 NE 5th St in Carrabelle (next to the Carrabelle Health Department.) The Grand Opening was January 28, 2011.

The new clinic is approximately 5,000 square feet. It will house two physician offices, six examining rooms, and areas for radiology and laboratory. Primary care, urgent care and rotating specialty services will be offered.

The facility will accommodate two physicians and at least one other clinical provider such as an Advanced Nurse Practitioner. Currently, Lionel Catlin, M.D. is the first physician to provide patient care at Weems Medical Center East. (note: Dr Catlin left July 29, 2011, and was replaced by Dr. Cedric Davis on a locum tenens basis). Dr. David Dixon from North Florida Women's Care offers obstetrical and gynecological services, and Jean-Paul Tran, MD offers urology services. Physicians from Dermatology Associates of Tallahassee will begin visiting the facility in July.

Currently, office hours for the facility are 8 a.m. to 5 p.m., Monday through Thursday. Office hours are expected to expand in the spring to include evenings and weekends.^{vii}

Franklin County Public Health Department

Franklin County Health Department (FCHD) offers many family care services. Most of the services are free of charge; others require a nominal fee based on a sliding fee schedule that is based on federal poverty income guidelines. FCHD will bill your insurance provider for patients, if applicable.

These services include:

- Primary Care
 - Pediatric
 - Adult
- Women's Health Services
 - Prenatal/Postpartum
 - MomCare
 - Family Planning
 - Sterilization
 - Healthy Start
- WIC
- Kid Care
- School Health
- Health Promotion and Risk Reduction
 - Chronic Disease Prevention
 - Tobacco Prevention
 - Disaster Management and Terrorism Prevention
- Healthy Families

Primary Care

Children's Comprehensive Services: FCHD offers a variety of services for children, which include: Children's medical services for special needs children, primary care services (acute diagnostic and treatment services), limited laboratory, x-ray and pharmacy for eligible children that are not on insurance. limited physicals (needed for sports, daycare, head start, and other reasons), newborn screenings which include vision, hearing, and lead testing, extensive health history, physical, lab, vision, and hearing, counseling, treatment, follow-up and referrals needed.

Childhood Immunizations: FCHD offers offer routine immunizations including, DTaP, Polio, Hib, Pneumonia, MMR, Varicella (chickenpox), Tetanus toxoid, and Hepatitis B; free of charge. Upon Physician recommendations, Syngnagis for RSV, Hepatitis A, and Flu vaccine.

Adult Primary Care Services: FCHD offers very limited diagnostic and treatment services based on eligibility.

Adult Immunizations: FCHD provides the following vaccines as advised by a physician. Tetanus, Hep B and A, MMR, Flu, Pneumonia. Fees are charges based on the cost of the vaccine.

Women's Health Services

FCHD offers prenatal services, which include pregnancy testing, counseling, and prenatal services to all women. Delivery services are available at Panama City Hospitals and Tallahassee Memorial Hospital. Family Planning services include assessment (physical, history, labs), education on birth control methods and dispensing of appropriate contraceptives. Assessments, treatment, follow up, and referral, as needed, of women's health problems are available. Sterilization services (bilateral tubal ligation and vasectomy) can be provided. These services are all based on the sliding fee schedule.

MomCare: MomCare provides women seeking Medicaid, due to pregnancy, a simplified Medicaid application process, which includes a one-page application and notification of eligibility within 5-business days. Once accepted into the program, clients will receive guidance selecting a prenatal care provider, assistance scheduling initial prenatal visits, and information about state programs for which they may be eligible.

Healthy Start: The Healthy Start program is an exiting and worthwhile voluntary program that is available at no charge for pregnant women and children ages 0-3 years. Our goal is to make sure that all needs are met during pregnancy and that each

baby gets a healthy start in life. Our services include: Home visits with a nurse who will listen to and provide support, assistance with selecting a prenatal care provider, referrals to needed medical care and other needs as well as WIC. Childbirth Education classes and breast-feeding support are also available.

WIC: WIC provides individual nutrition education, infant formulas and other food supplements to pregnant women, infants, and children up to 5 years of age. There are income eligibility requirements for the WIC program.

KidCare: KidCare provides information on health insurance, outreach, and enrollment in health insurance.

School Health Services

FCHD provides screenings for vision, hearing, weight, height, BMI, scoliosis; medication administration, therapy ordered by a physician, nursing assessment, and counseling. We also provide referrals, follow up health education to staff members, parents, and students which include home visiting and participation in activities that reduce risk factors, such as physical fitness, nutritional, substance abuse and dental health.

Health Promotions and Risk Reductions

Health education group classes are available for smoking cessation, nutrition, cholesterol control, diabetes, obesity, parenting, childbirth education classes, and physical fitness. Professional education available to nursing students and PH students via TV satellite. Insulin and Epilepsy medications are available on the sliding fee schedule. FCHD offers laboratory testing for glucose control, and cholesterol testing. Upon court order/physician testing FCHD will provide drug testing, and provide paternity testing as court ordered.

Chronic Disease

FCHD offers offer a variety of services for chronic diseases:

- Screen residents for cardiovascular risks; interpret risk assessment; refer for medical management.
- Education/Counseling (Individual or Group)
 - Cholesterol
 - Diabetes
 - Well Being
 - Hypertension
 - Weight Management
 - Physical Activity
- Case Management
- Indigent drug program- Assist clients in obtaining medicines through individual pharmaceutical programs.
- Coordinate two physical activity groups within the county. i.e.: Line Dancing, Yoga
- Community Presentations upon request
- Referrals for retinal exams via Division of Blind for indigent diabetics
- Free immunizations to diabetics

Tobacco Prevention Services

As a component of the Florida Tobacco Control Program, the Franklin County Tobacco Prevention Services provides for the Community Tobacco Prevention Partnership, Students Working Against Tobacco (SWAT), Tobacco Cessation Classes, Enforcement Training Classes, Community Youth and Adult Tobacco Education Classes, Tobacco Video Library, Demonstration Materials, Youth anti-tobacco paraphernalia and incentives, Volunteer Presenters and Funding Opportunities. Through the Tobacco Prevention Partnership, a group, open to any organization or individual whom support the mission *to implement a comprehensive plan to reduce and prevent tobacco use among youth in Franklin County*, proposals are taken to fund activities that address workplan goals.

Healthy Families

Healthy Families Franklin is a home-based service to families. Services can begin as early as the first trimester of pregnancy and can continue until the child is five years old. The program works with families to develop a personalized plan to help parents succeed at their most important job. Participation is voluntary and free. Healthy Families Franklin ensures that families receive the health, education and support services they need, promotes positive parenting through resource information and parent education. The program provides support and information to mothers, fathers, and alternate caregivers. Healthy Families' goal is to build strong families.

Eastpoint Medical Center

The Eastpoint Medical Center is a practice site of North Florida Medical Centers, which is a large Federally Qualified Health Center (FQHC), based in Tallahassee, with 12 community health centers located throughout North Florida.

Eastpoint Medical Center is located in Eastpoint, provides services to all lifecycle aged patients, and offers patient care hours 5 days per week 8:00-5:00. A sliding fee schedule is available for low-income patients, and discounted prescriptions are available to patients.

FQHCs receive federal grants and enhanced reimbursement from Medicare and Medicaid to subsidize the provision of services in areas with vulnerable populations who otherwise could not afford care. FQHCs are 'safety net' providers required to provide a comprehensive range of services to all, regardless of ability to pay. A broad range of services are required, including primary care, dental care, mental health and substance abuse services, prenatal care, discounted prescription medications, transportation services for patients, hospital care, and patient support services.

Eastpoint Medical Center lists the following services:

- Discount Slide Fee Scale Program
- Discount Prescription Program
- Same Day Scheduling
- Clinical Services
- General Primary Medical Care
- Diagnostic Laboratory
- Screenings
 - Cancer
 - Communicable Diseases
 - Cholesterol
 - Lead test for elevated blood lead level
 - Pediatric vision and hearing
- Non-Emergency Medical Services
- Voluntary Family Planning
- Immunizations
- Well Child Services
- Gynecological Care
- School / Sports / Work Physicals
- Referral to Mental Health
- Referral to Substance Abuse
- Referral to Specialty Services
- Non Clinical Services
 - Counseling/Assessment
 - Referral
 - Follow - up / Discharge Planning
 - Eligibility Assistance
- Health Education
- Outreach

Countywide Health Resources

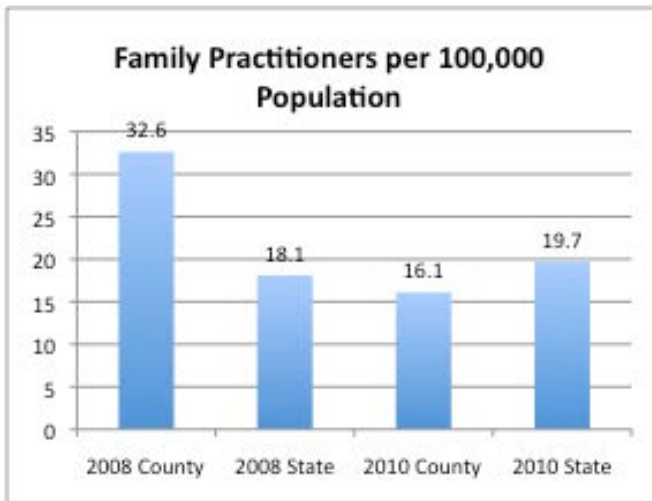
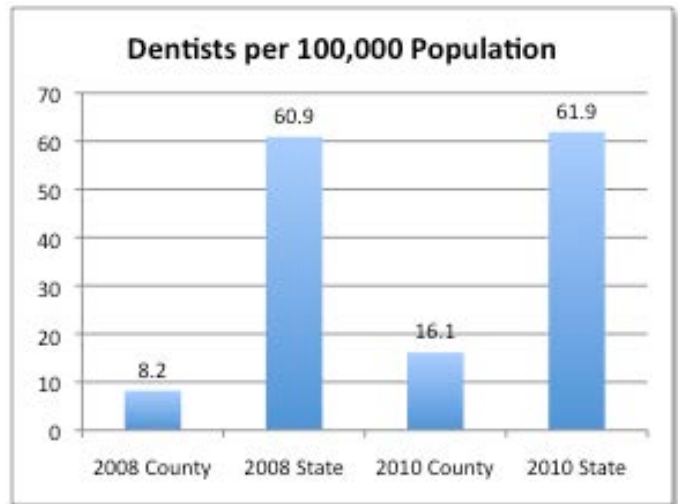
The following presents **FloridaCharts** resources data for 2008, 2010 and the change between those two periods. The periods reported in **FloridaCharts** are fiscal years July 1 through June 30.

Figure 84: Franklin County Health Resources 2010

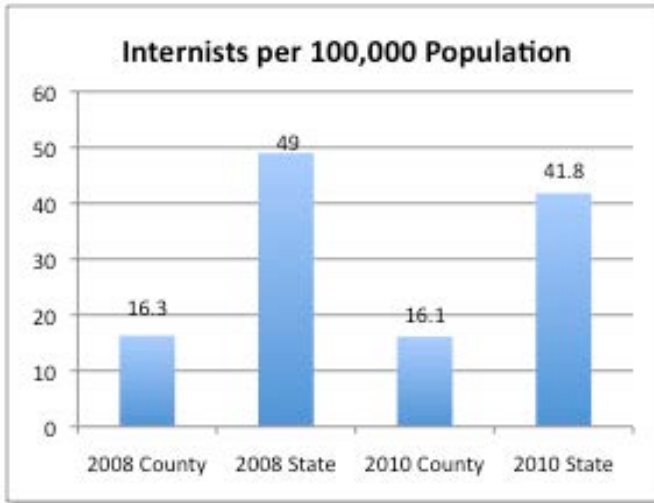
Resource Type	County			State	County Percent of State Rate
	Number	Rate per 100,000	Quartile	Rate per 100,000	
Providers					
Dentists	2	16.1	1	61.9	26%
All Physicians	8	64.4	2	300.6	21%
Family Practice Physicians	2	16.1	3	19.7	82%
Internists	2	16.1	2	41.8	39%
OB/GYN	0	0	1	7.9	0%
Pediatricians	0	0	1	14.9	0%
Facilities					
Acute Care Beds	29	233.4	3	264.4	88%
County Health Department					
County PHD FTEs	33	263.1	4	64.8	406%
County PHD Expenditures	\$2,322,452	\$16,688,756	4	\$4,463,038	374%

The following charts illustrate the health resources data shown in the previous tables. **NOTE that these data are based on Florida State licensing data (reported in Florida Charts) for 2010. These data may not be consistent with the provider survey done for this report.**

The rate of dentists per 100,000 population increased from 2008 to 2010. The 2010 County rate is 26% of the state rate, but was ranked in the 1st Quartile.

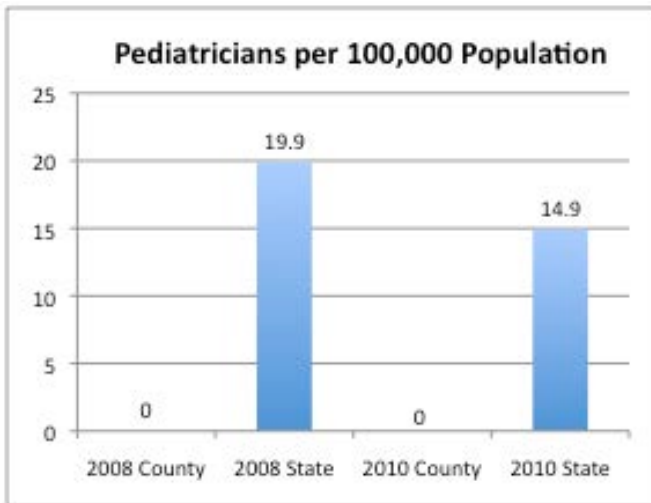
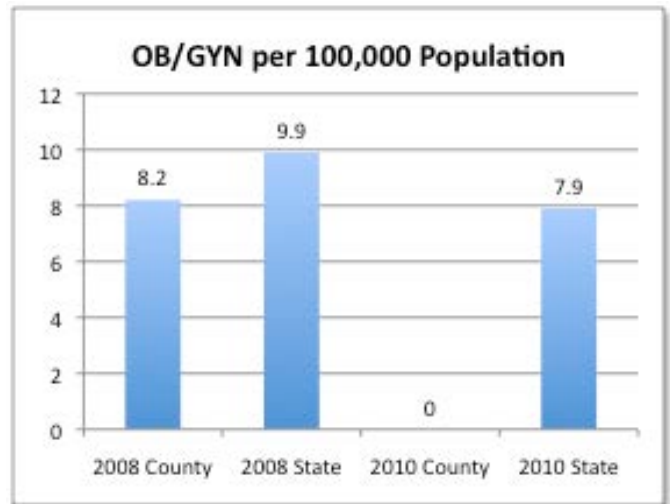


The rate of family practitioners per 100,000 population decreased from 2008-2010. The 2010 County rate was 82% the state rate, and was ranked in the 3rd Quartile.



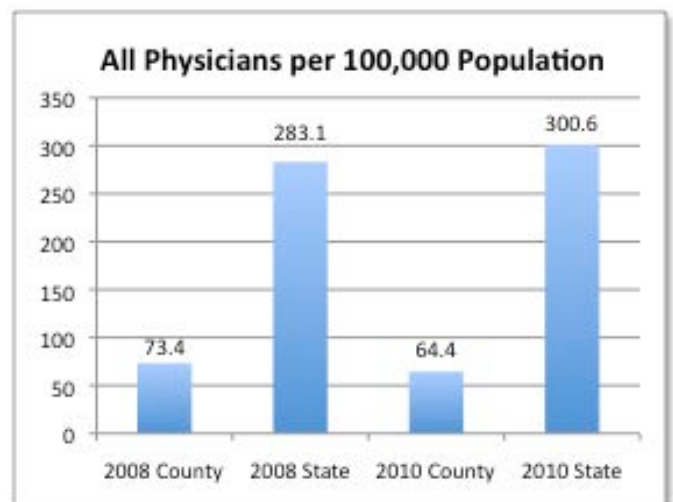
The rate of internists per 100,000 population remained the same from 2008-2010. The 2010 County rate was 39% the state rate, and ranked in the 2nd Quartile.

The rate of OB/GYN practitioners per 100,000 population dropped from 8.2 to none from 2008 to 2010.

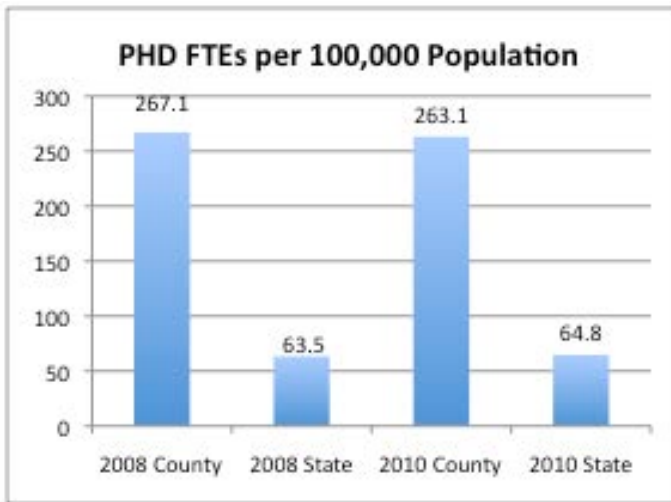
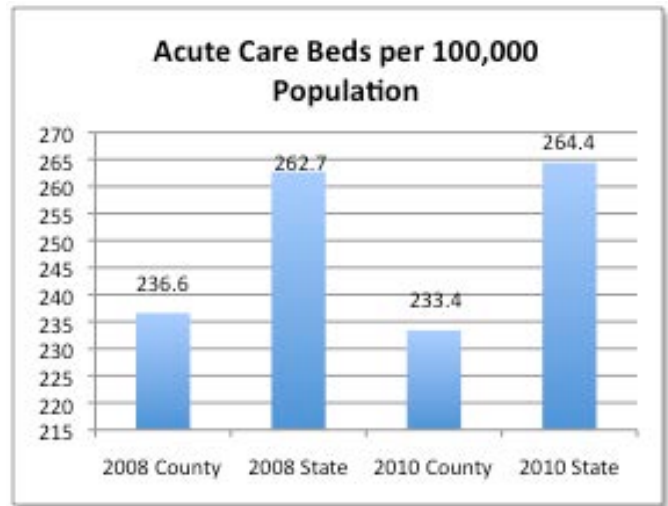


There were no pediatricians in Franklin County in either 2008 or 2010.

The rate of all physicians (all specialties, not just primary care) per 100,000 population decreased from 2008 to 2010. The 2010 County rate was 21% the state rate, and was ranked in the 2nd Quartile.



The rate of acute care beds per 100,000 population decreased slightly in the period 2008-2010. The 2010 County rate was 88% the state rate, and was ranked in the 3rd Quartile.



The rate of Public Health Department FTE employees per 100,000 population decreased in the period 2008-2010.

The 2010 County rate of employees per 100,000 population is much higher than Statewide, but these calculations can be misleading due to the small population.

Even with this difference in the rate per 100,000 population, in 2010, the County supply of Public Health Department FTE employees was ranked in the 4th Quartile.

Florida Charts, County Health Profile

Data Sources: Division of Medical Quality Assurance and Office of Planning, Evaluation and Data Analysis, Florida Dept. of Health; Florida Agency for Health Care Administration

*Data for providers are for a fiscal year, not a calendar year

Provider Listing by Service

Inpatient

Acute Care		
Facility	Town	Notes
George E Weems Memorial Hospital	Apalachicola	29 bed Critical Access Hospital (includes swing beds)
Inpatient Substance Abuse		
Facility	Town	Notes
None		

Emergency Care

Emergency Response		
Organization	Town	Notes
Weems Hospital Ambulance Service	Apalachicola	2 ambulance stations—one in Eastpoint and one in Lanark Village 5.4 miles (8 minutes) north of Carrabelle Sometimes during tourist season there is a BLS ambulance based at the hospital

Emergency Department					
Organization	Last Name	First Name	Prof	Town	Notes
George E Weems Memorial Hospital	Miniat	Stephen	MD	Apalachicola	Contract with Southland Emergency Medical Services
	ED is staffed by one physician 24 hours per day. Physicians, including Dr Miniat, are per diem				

Primary Care

Primary Care Practices					
Practice Name	Last Name	First Name	Prof	Town	Notes
Franklin County Health Department	Whaley	Dana	ARNP	Apalachicola and Carrabelle	
Weems Medical Center East	Davis	Cedric	MD	Carrabelle	Temporary locum tenens
	Dixon	David	DO—OB/GYN	Carrabelle	I day per month
Eastpoint Medical Center (FQHC)	Allen	Sheila	ARNP	Eastpoint	FQHC site of North Florida Medical Centers
	Brown	Patrick	MD—IM		
Individuals:					
Harbor Medical Center	Miniat	Stephen	MD-FP	Apalachicola	
Coastal Internal Medicine and Coastal Cardiology	Nitsios	Helen	MD-IM	Apalachicola	Have offices in two other communities, in Apalachicola 1-2 days/week
	Sanallah	Shezad	MD-IM-Cardio-vascular	Apalachicola	

Preventive Services		
Facility	Town	Notes
Weems Memorial Hospital	Apalachicola	Multiple preventive services
Franklin County Health Department	Apalachicola	
Eastpoint Medical Center (FQHC)	Eastpoint	

Prenatal Care					
Practice Name	Last Name	First Name	Prof	Town	Notes
Weems Medical Center East	Dixon	David	DO—OB/GYN	Carrabelle	One day per month

Obstetrical Services					
Practice Name	Last Name	First Name	Prof	Town	Notes
No deliveries in Franklin County	Dixon	David	DO—OB/GYN	Carrabelle	One day per month

School Health Services			
Provider	School	Staff	Notes
Franklin County Health Department	ABC Charter School—K through 8	Registered Nurse supervisor, 3 LPN School Health Nurses and 1 Health Support Aid	
	Franklin County Consolidated High School		
	Baptist Church Private School—K through 6		

Other Health Services

Mental Health Services					
Practice Name	Last Name	First Name	Prof	Town	Notes
Apalachee Center Franklin Clinic			ARNP		Staff nurse practitioner
Individuals:	Horan	Maria	LCSW, MSW		

Pharmacy		
Facility	Town	Notes
CVS Pharmacy	Apalachicola	All close at 6pm
BuyRite	Apalachicola	
Carrabelle Medical Pharmacy	Carrabelle	

Dental Care					
Practice Name	Last Name	First Name	Prof	Town	Notes
Individuals:	Padgett	James	Dentist	Apalachicola	
	Antley	Darlene	Dent Hygienist	Apalachicola	with Dr. Padgett
	Matthews	Michelle	Dent Hygienist	Apalachicola	with Dr. Padgett

Hospice		
Facility	Town	Notes
Big Bend Hospice	Apalachicola and Carrabelle	

Public Health		
Facility	Town	Notes
Franklin County Public Health Department	Apalachicola and Carrabelle	

Special Populations

Domestic Violence					
Facility	Last Name	First Name	Town	Notes	
Refuge House Services	Barfield	Carol	Apalachicola	Shelter is in Leon County	

Diagnostic and Treatment Services

Respiratory Therapy Services					
Practice Name	Last Name	First Name	Prof	Town	Notes
Weems Memorial Hospital	Eaker	Julianne	Cert Respiratory Therapist	Apalachicola	
	Goodwin	Karen	Registered Respiratory Therapist	Apalachicola	
	Heath	Harvey	Cert Respiratory Therapist	Apalachicola	58 16th St Apalachicola
	Jones	Carol	Cert Respiratory Therapist	Apalachicola	66 Ave L, Apalachicola

Physical Therapy Services					
Practice Name	Last Name	First Name	Prof	Town	Notes
Apalachicola Wellness & Physical Therapy	Brocato	Charles	Physical Therapist	Apalachicola	111 Ave E, Apalachicola
Weems Memorial Hospital	Independent contractors for Swing beds			Apalachicola	
Individuals:	Galapon	Christine	Physical Therapist	Carrabelle	239 Crooked River Road, Carrabelle
	Van Der Kei	Harm	Physical Therapist	Eastpoint	801 Highway 98, Eastpoint

Provider Assessment Summary Tables

A summary of the providers identified in Franklin County is shown in the table on the following page. In addition, the expected need for provider capacity is provided. This expected need is derived from national standards of providers needed per population. The source of these standards, and the actual method of calculation, is shown in the Services Analysis section of this report. These standards are not available for all services.

Although the provider count identified in this report sometimes shows a number of providers higher than the expected standard, it needs to be recognized that this count is a list of people...it does not reflect those that are working part-time vs. full-time. Neither does this list of providers take into account those that are spending some of their practice time seeing patients who reside outside of Franklin County and in-migrating to seek care.

Also, it is very important to realize that this count does not reflect access to services for the low-income and uninsured. Very few private providers will have the financial ability to provide sliding fee discounts or free services.

Some services are not available in Franklin County, such as inpatient substance abuse, prenatal and obstetrical care, and residential domestic violence services. Not all services are available to the low income, or uninsured, or to Medicaid covered patients.

A more complete discussion of each service is included in the Services Analysis section, which is designed as a stand-alone presentation of each service. These presentations are intended to serve as the baseline data for further in-depth analysis of each service.

Figure 87: Summary of Franklin County Provider Need and Capacity

Type Of Service	Expected Utilization/Need	Actual (Resources, Providers)	Comments
Acute Care	1,691 admissions for Franklin County residents	1,320 admissions in 2009 to all hospitals.	
	33-36 needed beds	29 beds	The 29 bed count includes Swing beds
Inpatient Substance Abuse	54 admissions are projected for those needing specialty inpatient treatment	No beds	People needing inpatient substance abuse services are admitted to hospitals outside of the County.
Emergency Response	558 transports for those with "high severity/immediate" need ED visits	One Ground-based ALS service in Apalachicola with 2 ALS ambulances and one Basic Life Support ambulance 12 hours/day	Expected utilization reports "urgent" transports, but there will be many additional "non-urgent" transports.
Emergency Department	5,235 projected visits for County residents	Weems Memorial Hospital Emergency Department	7,714 ED visits In 2009, 47.6% of ED visits were low acuity—higher than the Statewide rate of 28%
Primary Care	24,686 visits needing 5.9 FTEs	6 physicians and 2 MLPs (people, not FTEs)	Some providers are part time, and some work in multiple locations
Preventive Services	All residents	Three organizations	Health indicators show that illness rates, hospital admissions and ED visits are high for causes that could be prevented
Prenatal Care	0.8 FTEs—138 births in 2009	1 physician, one day per month in Carrabelle	
Obstetrical			
School Health	Countywide: 1,281 students for the 2008-2009 period in three schools	Registered Nurse supervisor, 3 LPN School Health Nurses and 1 Health Support Aid	
Mental Health	2.1 FTE mental health providers and 0.6 FTE psychiatrist	2 mental health professionals	
Pharmacy	N/A	Three pharmacies	All close at 6 pm
Dental Care	2.5 FTEs	1 dentist and 2 hygienists	
Hospice	175 patients	One hospice provider	Offices in Apalachicola and Carrabelle
Public Health	N/A	Countywide program	Multiple programs and services
Domestic Violence	64 reported cases in 2009	Refuge House Services for support and referrals	Shelter is in Leon County
Respiratory Therapy	N/A	4 therapists	
Physical Therapy	N/A	Three therapists plus contract therapists for in patient swing beds	

Services Analysis

Description of Report Section

This section of the report is where all the previous information gets pulled together—by service type.

Each of the Services to be Evaluated is described in the Services Analysis section. Within this section of the report, each service is designed to basically be a stand-alone discussion, and is described by the following points:

- **Description of Service** – A basic definition.
- **Description of Need** – Issues related to how serious the need for local services is, i.e. health status, etc.
- **Standards (Expected Utilization)** – How many providers are predicted to be needed for the resident population. The formula for the standard is included (where available) to allow further discussion of each service and modification of the standard based on population changes.
- **Resources** – How much of the service (how many providers) are available in Franklin County, based on the number of people identified—not the actual FTE spent in delivering the service.
- **Key Informant Interview Results** – Focus groups for key informant interviews were not conducted in Franklin County.

The intent of this section is to provide the information gathered during this study, but it also intended to provide a snapshot picture of each service as a baseline for future study.

Gulf County Health Status Indicators Summary

Franklin County Health Status Indicator	Acute Care	Inpatient Substance Abuse	Emergency Response	Emergency Department	Primary Care	Preventive Services	Prenatal	Obstetrical	School Health	Mental Health	Pharmacy	Dental Care	Hospice	Public Health	Domestic Violence	Respiratory Therapy	Physical Therapy
The adult and elderly age group concentrations are higher than statewide	X		X	X	X	X					X		X	X		X	X
There are at least 4,352 people with incomes under 200% FPL—35% of its population	X			X	X	X	X	X	X	X	X	X		X			
The percent of people with incomes <100% FPL is 23.8%, compared to 13.2% Statewide	X			X	X	X	X	X	X	X	X	X		X			
32.2% of Franklin County children were living in poverty	X			X	X	X	X	X	X	X	X	X		X			
There are likely at least 3,132 adults without health insurance, 82% higher than Statewide	X			X	X	X	X	X	X	X	X	X		X			
The percent age 18—44 uninsured is 55% higher than Statewide	X			X	X	X	X	X	X	X	X	X		X			
Medicaid enrollment is only slightly higher than the Statewide rate, even though the poverty rate for children under age 18 is 75% higher than Statewide	X			X	X	X	X	X	X	X	X	X		X			
There are an average of 124 annual births to Franklin County residents	X				X	X	X	X	X		X			X			
76% of births are covered by Medicaid	X				X	X	X	X	X		X			X			
The teen birth rate is in the 4th Quartile	X				X	X	X	X	X	X	X			X			
Ranks in the 4th Quartile for vaccine preventable diseases	X				X	X	X	X	X					X			
Ranks in the 3rd Quartile for the incidence of Chlamydia and gonorrhea					X	X	X	X	X					X			
Ranks in the 4th Quartile for child immunizations	X				X	X			X					X			
In 2010, the percent of adult immunizations decreased in all categories	X				X	X	X	X						X			
Rate of avoidable pneumonia hospitalizations is twice the State rate	X				X	X								X			
Percent of adults with arthritis is higher than Statewide	X				X	X								X			
Percent of adults with hypertension is higher than Statewide	X				X	X	X	X						X			
Ranks in the 4th Quartile for adult heavy or binge drinking	X	X	X	X	X	X	X	X	X	X				X	X		
Rate of alcohol-related vehicle crash deaths is 455% the State rate	X		X	X	X	X			X	X				X			
Percent of adults who smoke tobacco is 132.6% the State rate	X				X	X	X	X	X	X				X		X	
A greater percent of adults report cocaine use than marijuana use	X	X	X	X	X	X	X	X	X	X				X			
Student use of Club drugs is 38% the Statewide rate	X	X	X	X	X	X	X	X	X	X				X			
Student use of LSD, PCP or Mushrooms is 236% Statewide	X	X	X	X	X	X	X	X	X	X				X			

Franklin County Health Status Indicator	Acute Care	Inpatient Substance Abuse	Emergency Response	Emergency Department	Primary Care	Preventive Services	Prenatal	Obstetrical	School Health	Mental Health	Pharmacy	Dental Care	Hospice	Public Health	Domestic Violence	Respiratory Therapy	Physical Therapy
Student methamphetamine use is 120% the Statewide rate	X	X	X	X	X	X	X	X	X	X				X			
Student use of depressants is 275% the Statewide rate	X	X	X	X	X	X	X	X	X	X				X			
Student use of prescription amphetamines is nearly three times the Statewide rate	X	X	X	X	X	X	X	X	X	X	X			X			
Students carry handguns at a rate that is 267% the Statewide rate					X	X			X	X				X	X		
Students take a handgun to school at a rate that is 440% the Statewide rate					X	X			X	X				X	X		
All student delinquent behaviors exceed Statewide rates, except being suspended or arrested					X	X			X	X				X	X		
Ranks in the 3rd Quartile Statewide for the incidence of child abuse	X		X	X	X	X	X	X	X	X				X	X		
The number of events of domestic violence doubled from 2008 to 2009	X		X	X	X	X	X	X	X	X				X	X		
Unintentional injuries death rate is 163% the statewide rate	X		X	X	X	X			X					X			
Based on the YPLL, ranks 53rd out of 67 Florida counties	X				X	X				X	X		X	X			
There were 176 avoidable hospitalizations in 2009	X				X	X								X			
47.6% of emergency department visits were low acuity, compared to 28% Statewide			X	X	X	X								X			
Percent of adults who have a personal doctor is 86% the Statewide rate	X			X	X	X	X	X	X	X				X			
Percent of adults who could not see a doctor due to cost is 31% higher than Statewide	X			X	X	X	X	X	X	X				X			
Percent of adults who had a medical checkup in the past year is lower than Statewide.	X			X	X	X	X	X	X	X				X			
Cost was a deterrent to seeking medical care for 22.6% of adults, and for 23% of adults seeking dental care	X			X	X	X	X	X	X	X		X		X			
71.8% of low-income persons did not have access to dental care					X				X			X		X			
Franklin County has several Federal designations to provide access to programs that can increase provider revenue and benefits to county residents	X		X	X	X	X	X	X	X	X	X	X		X	X		
Percent of women who have had a mammogram within the past two years is 77% the state rate					X	X								X			
Percent of women age 45-64 who had a Pap test in the past year is 83% the state rate					X	X								X			
Percent of women who had blood stool test in the past year is 86% the state rate					X	X								X			

Franklin County Health Status Indicator	Acute Care	Inpatient Substance Abuse	Emergency Response	Emergency Department	Primary Care	Preventive Services	Prenatal	Obstetrical	School Health	Mental Health	Pharmacy	Dental Care	Hospice	Public Health	Domestic Violence	Respiratory Therapy	Physical Therapy
Percent of men who had their cholesterol checked in the past 5 years is 61% the state rate					X	X								X			
Percent of diabetics who had self management education is 81% the State rate					X	X								X			
Out of 25 preventive care criteria with Quartile rankings, Franklin County ranked in the 4th Quartile in 8 criteria					X	X								X			
Mortality from chronic lower respiratory disease is 29% higher than statewide	X				X	X			X	X	X		X	X		X	X
Mortality from diabetes is 49% higher than statewide	X				X	X	X	X	X	X	X	X	X	X			X
Mortality from Parkinson's disease is 26% higher than statewide	X				X	X				X			X	X		X	X

Acute Care

Description of Service

Acute care services are those requiring admission to a hospital, including an overnight stay for observation, diagnosis, and active treatment of an individual with a medical condition requiring direction or supervision of a physician.

Description of Need

- The adult and elderly age group concentrations are higher than statewide
- There are at least 4,352 people with incomes under 200% FPL—35% of its population
- The percent of people with incomes <100% FPL is 23.8%, compared to 13.2% Statewide
- 32.2% of Franklin County children were living in poverty
- There are likely at least 3,132 adults without health insurance, 82% higher than Statewide
- The percent age 18—44 uninsured is 55% higher than Statewide
- Medicaid enrollment is only slightly higher than the Statewide rate, even though the poverty rate for children under age 18 is 75% higher than Statewide
- There are an average of 124 annual births to Franklin County residents
- 76% of births are covered by Medicaid
- The teen birth rate is in the 4th Quartile
- Ranks in the 4th Quartile for vaccine preventable diseases
- Ranks in the 4th Quartile for child immunizations
- In 2010, the percent of adult immunizations decreased in all categories
- Rate of avoidable pneumonia hospitalizations is twice the State rate
- Percent of adults with arthritis is higher than Statewide
- Percent of adults with hypertension is higher than Statewide
- Ranks in the 4th Quartile for adult heavy or binge drinking
- Rate of alcohol-related vehicle crash deaths is 455% the State rate
- Percent of adults who smoke tobacco is 132.6% the State rate
- A greater percent of adults report cocaine use than marijuana use
- Student use of Club drugs is 38% the Statewide rate
- Student use of LSD, PCP or Mushrooms is 236% Statewide
- Student methamphetamine use is 120% the Statewide rate
- Student use of depressants is 275% the Statewide rate
- Student use of prescription amphetamines is nearly three times the Statewide rate
- Ranks in the 3rd Quartile Statewide for the incidence of child abuse
- The number of events of domestic violence doubled from 2008 to 2009
- Unintentional injuries death rate is 163% the statewide rate
- Based on the YPLL, ranks 53rd out of 67 Florida counties
- There were 176 avoidable hospitalizations in 2009
- Percent of adults who have a personal doctor is 86% the Statewide rate
- Percent of adults who could not see a doctor due to cost is 31% higher than Statewide
- Percent of adults who had a medical checkup in the past year is lower than Statewide.
- Cost was a deterrent to seeking medical care for 22.6% of adults, and for 23% of adults seeking dental care
- Franklin County has several Federal designations to provide access to programs that can increase provider revenue and benefits to county residents
- Mortality from chronic lower respiratory disease is 29% higher than statewide
- Mortality from diabetes is 49% higher than statewide
- Mortality from Parkinson's disease is 26% higher than statewide

Standards (Expected Utilization)

Based on the 2007 National Hospital Discharge Survey (NHDS), it is expected that there would be a total of 1,691 medical discharges countywide, based on the 2010 population. Data reported by the Florida Agency for Health Care Administration shows a total of 1,320 discharges in 2009, 22% fewer than the national standard.

Franklin County, with a population of 12,361, will generate about 1,691 discharges, based on rates of discharges per 10,000 population.

Age	Discharge Rate	Population	Expected Discharges
Under 15 years	358.2	1,650	59
15-44 years	844.6	4,772	403
45-64 years	1143.9	3,497	400
65 years and over	3395.1	2,442	829
Total		12,361	1,691

Source: 2007 National Hospital Discharge Survey. http://www.cdc.gov/nchs/nhds/nhds_products.htm#nhds

It is also projected that the 2010 population of Franklin County will require 33-36 hospital beds, based on the range of beds per population for the US and Florida.

Beds	US	Florida
Hospital Beds Per 1,000 Population	2.7	2.9
Projected Need for Hospital Beds	33	36

SOURCE: American Hospital Association 2009 Hospital Statistics, CMS 2009 Data Compendium, Table VII.19 http://www.cms.gov/DataCompendium/15_2009_Data_Compendium.asp#TopOfPage

Resources

Weems Memorial Hospital is a 29-bed hospital. The Florida Agency for Health Care Administration data shows 291 reported hospitalizations for the report period October 2009 through September 2010.

Inpatient Substance Abuse

Description of Service

Inpatient substance abuse services are those requiring admission to a hospital, including an overnight stay for observation, diagnosis, and active treatment of an individual for rehabilitation.

Description of Need

- Ranks in the 4th Quartile for adult heavy or binge drinking
- A greater percent of adults report cocaine use than marijuana use
- Student use of Club drugs is 38% the Statewide rate
- Student use of LSD, PCP or Mushrooms is 236% Statewide
- Student methamphetamine use is 120% the Statewide rate
- Student use of depressants is 275% the Statewide rate
- Student use of prescription amphetamines is nearly three times the Statewide rate

Standards (Expected Utilization)

Based on the Florida Substance Abuse and Mental Health Services Administration (SAMHSA) 2010 Annual Data Snapshot, it is projected that 39 adults and 15 children will need admission for substance abuse treatment annually.

Population	Adults	Children
2009 Florida Population	14,672,310	3,974,476
20008-09 Florida Substance Abuse Admissions	56,136	26,232
Florida Percent Admissions	0.4%	0.7%
Franklin County Population	10,133	2,228
Projected Substance Abuse Admissions	39	15

Source: Florida Department of Children and Families, Substance Abuse and Mental Health Program, Annual Data Snapshot as of May, 2010,
<http://www.dcf.state.fl.us/programs/samh/docs/Data%20Snap%20Shot%20%2005%2028%2010.pdf>

Resources

There are no substance abuse treatment beds in Franklin County.

Emergency Response

Description of Service

Emergency response services are those provided by ambulance.

Description of Need

- Ranks in the 4th Quartile for adult heavy or binge drinking
- A greater percent of adults report cocaine use than marijuana use
- Student use of Club drugs is 38% the Statewide rate
- Student use of LSD, PCP or Mushrooms is 236% Statewide
- Student methamphetamine use is 120% the Statewide rate
- Student use of depressants is 275% the Statewide rate
- Student use of prescription amphetamines is nearly three times the Statewide rate
- The adult and elderly age group concentrations are higher than statewide
- Rate of alcohol-related vehicle crash deaths is 455% the State rate
- Ranks in the 3rd Quartile Statewide for the incidence of child abuse
- The number of events of domestic violence doubled from 2008 to 2009
- Unintentional injuries death rate is 163% the statewide rate
- Franklin County has several Federal designations to provide access to programs that can increase provider revenue and benefits to county residents
- 47.6% of emergency department visits were low acuity, compared to 28% Statewide

Standards (Expected Utilization)

There are no predictors for the utilization of ambulance services available for this report. However, as discussed later, the number of visits to the emergency department coded as high severity and needing immediate attention visits can be reported. Most, but not necessarily all, of these are likely to arrive by ambulance. This number does not include non-emergency ambulance runs, such as transfers needing medical support. In that regard, the number is understated.

As reported earlier, Franklin County residents experienced 558 emergency department visits in 2009 that were coded as “High severity/immediate”. Given the assumption that these visits could be a proxy for ambulance transport, it is predicted that this population will need approximately **558 ambulance runs annually**. This does not include non-emergent transports.

Resources

Emergency Response		
Organization	Town	Notes
Weems Hospital Ambulance Service	Apalachicola	2 ambulance stations—one in Eastpoint and one in Lanark Village 5.4 miles (8 minutes) north of Carrabelle Sometimes during tourist season there is a BLS ambulance based at the hospital

Emergency Department

Description of Service

Emergency department (ED) services are provided when a patient, or a representative, declares an illness severe enough that immediate attention is warranted, and the patient is presented to the hospital emergency department.

Description of Need

- Ranks in the 4th Quartile for adult heavy or binge drinking
- A greater percent of adults report cocaine use than marijuana use
- Student use of Club drugs is 38% the Statewide rate
- Student use of LSD, PCP or Mushrooms is 236% Statewide
- Student methamphetamine use is 120% the Statewide rate
- Student use of depressants is 275% the Statewide rate
- Student use of prescription amphetamines is nearly three times the Statewide rate
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- Rate of alcohol-related vehicle crash deaths is 455% the State rate
- Ranks in the 3rd Quartile Statewide for the incidence of child abuse
- The number of events of domestic violence doubled from 2008 to 2009
- Unintentional injuries death rate is 163% the statewide rate
- Franklin County has several Federal designations to provide access to programs that can increase provider revenue and benefits to county residents
- 47.6% of emergency department visits were low acuity, compared to 28% Statewide
- There are at least 4,352 people with incomes under 200% FPL— 35% of its population
- The percent of people with incomes <100% FPL is 23.8%, compared to 13.2% Statewide
- 32.2% of Franklin County children were living in poverty
- There are likely at least 3,132 adults without health insurance, 82% higher than Statewide
- The percent age 18—44 uninsured is 55% higher than Statewide
- Medicaid enrollment is only slightly higher than the Statewide rate, even though the poverty rate for children under age 18 is 75% higher than Statewide
- Percent of adults who have a personal doctor is 86% the Statewide rate
- Percent of adults who could not see a doctor due to cost is 31% higher than Statewide
- Percent of adults who had a medical checkup in the past year is lower than Statewide.
- Cost was a deterrent to seeking medical care for 22.6% of adults, and for 23% of adults seeking dental care

Standards (Expected Utilization)

Based on the Centers for Disease Control Health, United States 2010 report, it is expected that there would be a total of 5,235 emergency department visits annually. However, these national percentages of visits per 100 population generate a predicted number of visits that is less than the number of ED visits actually reported for Franklin County residents in 2009.

Resources

Weems Memorial Hospital has a 24-hour Emergency Department staffed by one physician 24 hours per day. Dr Stephen Miniati participates in the rotation of physicians providing this coverage. Additional coverage is provided through contracted physicians.

The Florida Agency for Health Care Administration data shows 7,799 reported emergency department visits for the report period October 2009 through September 2010.

Age	2008 Visits/100 Persons/ Year	Population	Projected Total Visits
Under 18 years	38	2,228	847
18-44 years	46	4,194	1,929
45-64 years	34	3,497	1,189
65 years and over	52	2,442	1,270
Total	N/A	12,361	5,235

Source: Health, United States 2010, Table 92, <http://www.cdc.gov/nchs/data/abus/abus10.pdf#glance>

Primary Care

Description of Service

Primary care is the resource of first contact for the patient. A primary care provider—physician or midlevel practitioner (MLP)—makes the initial assessment and attempts to solve as many patient problems as possible. These providers coordinate the health care team, including ancillary health personnel and specialists necessary in dealing with patient problems, and provide continuing contact with the patient and his/her family. Primary care services are usually delivered in the provider office or clinic, the place of residence of the patient, or at a special clinic site.

Description of Need

- Ranks in the 4th Quartile for adult heavy or binge drinking
- A greater percent of adults report cocaine use than marijuana use
- Student use of Club drugs is 38% the Statewide rate
- Student use of LSD, PCP or Mushrooms is 236% Statewide
- Student methamphetamine use is 120% the Statewide rate
- Student use of depressants is 275% the Statewide rate
- Student use of prescription amphetamines is nearly three times the Statewide rate
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- Rate of alcohol-related vehicle crash deaths is 455% the State rate
- Ranks in the 3rd Quartile Statewide for the incidence of child abuse
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- Franklin County has several Federal designations to provide access to programs that can increase provider revenue and benefits to county residents
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- Percent of adults who have a personal doctor is 86% the Statewide rate
- Percent of adults who could not see a doctor due to cost is 31% higher than Statewide
- Percent of adults who had a medical checkup in the past year is lower than Statewide.
- Cost was a deterrent to seeking medical care for 22.6% of adults, and for 23% of adults seeking dental care
- There are an average of 124 annual births to Franklin County residents
- 76% of births are covered by Medicaid
- The teen birth rate is in the 4th Quartile
- Ranks in the 4th Quartile for vaccine preventable diseases
- Ranks in the 4th Quartile for child immunizations
- In 2010, the percent of adult immunizations decreased in all categories
- Rate of avoidable pneumonia hospitalizations is twice the State rate
- Percent of adults with arthritis is higher than Statewide
- Percent of adults with hypertension is higher than Statewide
- Percent of adults who smoke tobacco is 132.6% the State rate
- Based on the YPLL, ranks 53rd out of 67 Florida counties
- There were 176 avoidable hospitalizations in 2009
- Mortality from chronic lower respiratory disease is 29% higher than statewide
- Mortality from diabetes is 49% higher than statewide
- Mortality from Parkinson's disease is 26% higher than statewide
- Ranks in the 3rd Quartile for the incidence of Chlamydia and gonorrhea
- Students carry handguns at a rate that is 267% the Statewide rate
- Students take a handgun to school at a rate that is 440% the Statewide rate
- All student delinquent behaviors exceed Statewide rates, except being suspended or arrested
- 71.8% of low-income persons did not have access to dental care
- Percent of women who have had a mammogram within the past two years is 77% the state rate
- Percent of women age 45-64 who had a Pap test in the past year is 83% the state rate
- Percent of women who had blood stool test in the past year is 86% the state rate
- Percent of men who had their cholesterol checked in the past 5 years is 61% the state rate
- Percent of diabetics who had self management education is 81% the State rate
- Out of 25 preventive care criteria with Quartile rankings, Franklin County ranked in the 4th Quartile in 8 criteria

Standards (Expected Utilization)

Based on the Centers for Disease Control Health, United States 2010 report, it is expected that there would be a total of 24,686 primary care visits (not including OB/GYN) annually. Utilizing the Public Health Service standard of 4,200 visits per provider full-time equivalent (FTE), **this number of visits would require 5.9 FTE physicians.** This FTE would provide care to the entire service area—assuming no out-migration for services. However, it should be noted that 4,200 annual visits is a minimum, used for health planning purposes. It is likely that individual providers may be seeing more in order to sustain fiscal viability.

Physician Office Visits—All Specialties (2008)

Age	Visits per 100 Population	Population	Expected Visits
Under 18 years	233	2,228	5,191
18-44 years	221	4,194	9,269
45-64 years	367	3,497	12,834
65 years and over	688	2,442	16,801
Total		12,361	44,095

Percent All Physician Visits for Primary Care (2008)

Age	Percent of All Visits for Primary Care	Expected Primary Care Visits
Under 18 years	84.9%	4,407
18-44 years	67.9%	6,293
45-64 years	51.5%	6,610
65 years and over	43.9%	7,376
Total		24,686

Source: Health, United States 2010, Table 91 and 92, <http://www.cdc.gov/nchs/data/hs/hs10.pdf#glance>

Resources

Primary Care Practices					
Practice Name	Last Name	First Name	Prof	Town	Notes
Franklin County Health Department	Whaley	Dana	ARNP	Apalachicola and Carrabelle	
Weems Medical Center East	Davis	Cedric	MD	Carrabelle	Temporary locum tenens
	Dixon	David	DO—OB/GYN	Carrabelle	1 day per month
Eastpoint Medical Center (FQHC)	Allen	Sheila	ARNP	Eastpoint	FQHC site of North Florida Medical Centers
	Brown	Patrick	MD—IM		
Individuals:					
Harbor Medical Center	Miniat	Stephen	MD-FP	Apalachicola	
Coastal Internal Medicine and Coastal Cardiology	Nitsios	Helen	MD-IM	Apalachicola	Have offices in two other communities, in Apalachicola 1-2 days/week
	Sanaullah	Shezad	MD-IM-Cardio-vascular	Apalachicola	

Preventive Services

Description of Service

Preventive services include patient education, health screenings, immunizations, and early examination to identify risky behaviors and early disease, as well as other efforts to prevent the onset or worsening of disease or dysfunction.

Description of Need

- Ranks in the 4th Quartile for adult heavy or binge drinking
- A greater percent of adults report cocaine use than marijuana use
- Student use of Club drugs is 38% the Statewide rate
- Student use of LSD, PCP or Mushrooms is 236% Statewide
- Student methamphetamine use is 120% the Statewide rate
- Student use of depressants is 275% the Statewide rate
- Student prescription amphetamine use is nearly three times the Statewide rate
- The adult and elderly age group concentrations are higher than statewide
- Rate of alcohol-related vehicle crash deaths is 455% the State rate
- Ranks in the 3rd Quartile Statewide for the incidence of child abuse
- The number of events of domestic violence doubled from 2008 to 2009
- Unintentional injuries death rate is 163% the statewide rate
- Franklin County has several Federal designations to provide access to programs that can increase provider revenue and benefits to county residents
- 47.6% of ED visits were low acuity, compared to 28% Statewide
- There are at least 4,352 people with incomes <200% FPL—35% of the population
- Percent with incomes <100% FPL is 23.8%, compared to 13.2% Statewide
- 32.2% of Franklin County children were living in poverty
- There 3,132 adults without health insurance, 82% higher than Statewide
- The percent age 18—44 uninsured is 55% higher than Statewide
- Medicaid enrollment is only slightly higher than the Statewide rate, even though the poverty rate for children under age 18 is 75% higher than Statewide
- Percent of adults who have a personal doctor is 86% Statewide
- Adults who could not see a doctor due to cost is 31% higher than Statewide
- Adults with a medical exam in the past year is lower than Statewide
- Cost was a deterrent to seeking medical care for 22.6% of adults, and for 23% of adults seeking dental care
- There are an average of 124 annual births to Franklin County residents
- 76% of births are covered by Medicaid
- The teen birth rate is in the 4th Quartile
- Ranks in the 4th Quartile for vaccine preventable diseases
- Ranks in the 4th Quartile for child immunizations
- In 2010, the percent of adult immunizations decreased in all categories
- Rate of avoidable pneumonia hospitalizations is twice the State rate
- Percent of adults with arthritis is higher than Statewide
- Percent of adults with hypertension is higher than Statewide
- Percent of adults who smoke tobacco is 132.6% the State rate
- Based on the YPLL, ranks 53rd out of 67 Florida counties
- There were 176 avoidable hospitalizations in 2009
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- Students carry handguns at a rate that is 267% the Statewide rate
- Students take a handgun to school at a rate that is 440% the Statewide rate
- All student delinquent behaviors exceed Statewide rates, except being suspended or arrested
- 71.8% of low-income persons did not have access to dental care
- Women who had a mammogram within the two years is 77% the state rate
- Women age 45-64 who had a Pap test in the past year is 83% the state rate
- Women who had blood stool test in the past year is 86% the state rate
- Men who had cholesterol checked in the past 5 years is 61% the state rate
- Percent of diabetics who had self management education is 81% the State rate
- Out of 25 preventive care criteria with Quartile rankings, Franklin County ranked in the 4th Quartile in 8 criteria

Standards (Expected Utilization)

The entire population benefits from preventive services, and most residents use multiple types of services

Resources

Preventive Services	
Facility	Town
Weems Memorial Hospital	Apalachicola
Franklin County Health Department	Apalachicola
Eastpoint Medical Center (FQHC)	Eastpoint

Prenatal/Obstetrical Services

Description of Service

Prenatal care is care from the time of a pregnancy diagnosis up to delivery. Obstetrical care is the care of women during pregnancy through delivery.

Description of Need

- Ranks in the 4th Quartile for adult heavy or binge drinking
- A greater percent of adults report cocaine use than marijuana use
- Student use of Club drugs is 38% the Statewide rate
- Student use of LSD, PCP or Mushrooms is 236% Statewide
- Student methamphetamine use is 120% the Statewide rate
- Student use of depressants is 275% the Statewide rate
- Student prescription amphetamine use is nearly 3 times Statewide
- Ranks in the 3rd Quartile Statewide for the incidence of child abuse
- The number of domestic violence events doubled from 2008 to 2009
- Franklin County has several Federal designations to provide access to programs to increase provider revenue and residents benefits
- There are at least 4,352 people with incomes under 200% FPL—35% of its population
- The percent of people with incomes <100% FPL is 23.8%, compared to 13.2% Statewide
- 32.2% of Franklin County children were living in poverty
- At least 3,132 uninsured adults, 82% higher than Statewide
- The percent age 18—44 uninsured is 55% higher than Statewide
- Medicaid enrollment is only slightly higher than the Statewide rate, even though the poverty rate for children under age 18 is 75% higher
- Percent of adults who have a personal doctor is 86% Statewide
- Adults who could not see a doctor due to cost is 31% higher than Statewide
- Adults with a medical exam in the past year is lower than Statewide
- Cost was a deterrent to seeking medical care for 22.6% of adults, and for 23% of adults seeking dental care
- There are an average of 124 annual births
- 76% of births are covered by Medicaid
- The teen birth rate is in the 4th Quartile
- Ranks in the 4th Quartile for vaccine preventable diseases
- The 2010 percent of adult immunizations decreased in all categories
- Percent of adults with hypertension is higher than Statewide
- Percent of adults who smoke tobacco is 132.6% the State rate
- Mortality from diabetes is 49% higher than statewide
- 3rd Quartile rank for the incidence of Chlamydia and gonorrhea

Standards (Expected Utilization)

Based on the Centers for Disease Control Health, United States 2010 report, it is expected that there would be a total of 3,223 OB/GYN care visits annually. Utilizing the Public Health Service standard of 4,200 visits per provider full-time equivalent (FTE), **this number of visits would require 0.8 FTE physicians.** This FTE would provide care to the entire service area—assuming no out-migration for services. However, it should be noted that 4,200 annual visits is a minimum, used for health planning purposes. It is likely that individual providers may be seeing more in order to sustain fiscal viability. Also, consideration needs to be given to issues of coverage for deliveries. It is an unrealistic expectation for a single obstetrician to be the only provider in an area performing deliveries.

Physician Office Visits—All Specialties (2008)

Age	Visits per 100 Population	Population	Expected Visits
Under 18 years	233	2,228	5,191
18-44 years	221	4,194	9,269
45-64 years	367	3,497	12,834
65 years and over	688	2,442	16,801
Total		12,361	44,095

Source: Health, United States 2010, Table 91 and 92, <http://www.cdc.gov/nchs/data/hus/10.pdf#glance>

Percent All Physician Visits for OB/GYN (2008)

Age	Percent of All Visits for OB/GYN	Expected OB/GYN Visits
Under 18 years	1.2%	62
18-44 years	24.1%	2,234
45-64 years	5.0%	642
65 years and over	1.7%	286
Total		3,223

Resources—Dr Dixon is available one day per month at Weems Medical Center East in Carrabelle.

School Health Services

Description of Service

School health services can provide early intervention, screening, preventive services, medication management, education, and other opportunities to reach this population in a convenient setting. School health services often also help coordinate referrals for services not provided at the schools.

Description of Need

- Ranks in the 4th Quartile for adult heavy or binge drinking
- A greater percent of adults report cocaine use than marijuana use
- Student use of Club drugs is 38% the Statewide rate
- Student use of LSD, PCP or Mushrooms is 236% Statewide
- Student methamphetamine use is 120% the Statewide rate
- Student use of depressants is 275% the Statewide rate
- Student prescription amphetamine use is nearly 3 times the Statewide rate
- Ranks in the 3rd Quartile Statewide for the incidence of child abuse
- The number of domestic violence events doubled from 2008 to 2009
- Franklin County has several Federal designations to provide access to programs that can increase provider revenue and benefits to county residents
- There are at least 4,352 people with incomes under 200% FPL— 35% of its population
- The percent of people with incomes <100% FPL is 23.8%, compared to 13.2% Statewide
- 32.2% of Franklin County children were living in poverty
- There are likely at least 3,132 adults without health insurance, 82% higher than Statewide
- The percent age 18—44 uninsured is 55% higher than Statewide
- Medicaid enrollment is only slightly higher than the Statewide rate, even though the poverty rate for children under age 18 is 75% higher than Statewide
- Percent of adults who have a personal doctor is 86% Statewide
- Adults who could not see a doctor due to cost is 31% higher than Statewide
- Adults with a medical exam in the past year is lower than Statewide
- Cost was a deterrent to seeking medical care for 22.6% of adults, and for 23% of adults seeking dental care
- There are an average of 124 annual births to Franklin County residents
- 76% of births are covered by Medicaid
- The teen birth rate is in the 4th Quartile
- Ranks in the 4th Quartile for vaccine preventable diseases
- Percent of adults who smoke tobacco is 132.6% the State rate
- Mortality from diabetes is 49% higher than statewide
- Ranks in the 3rd Quartile for the incidence of Chlamydia and gonorrhea
- Rate of alcohol-related vehicle crash deaths is 455% the State rate
- Unintentional injuries death rate is 163% the statewide rate
- Ranks in the 4th Quartile for child immunizations
- Chronic respiratory disease mortality is 29% higher than Statewide
- Students carry handguns at a rate that is 267% the Statewide rate
- Students take a handgun to school at a rate that is 440% the Statewide rate
- All student delinquent behaviors exceed Statewide rates, except being suspended or arrested
- 71.8% of low-income persons did not have access to dental care

Standards (Expected Utilization)

There were 1,281 students enrolled in Franklin County schools for the 2008-2009 school year.

Resources

School Health Services		
Provider	School	Notes
Franklin County Health Department	ABC Charter School—K through 8	Registered Nurse supervisor, 3 LPN School Health Nurses and 1 Health Support Aid
	Franklin County Consolidated High School	
	Baptist Church Private School—K through 6	

Mental Health Services

Description of Service

Mental health care includes a broad array of services, including preventive services (such as developmental and mental health screening), emergency services (including crisis intervention), case management, psychotherapy and counseling, medication management, psychiatric rehabilitation, day treatment, and family support services

Description of Need

- Ranks in the 4th Quartile for adult heavy or binge drinking
- A greater percent of adults report cocaine use than marijuana use
- Student use of Club drugs is 38% the Statewide rate
- Student use of LSD, PCP or Mushrooms is 236% Statewide
- Student methamphetamine use is 120% the Statewide rate
- Student use of depressants is 275% the Statewide rate
- Student prescription amphetamine use is nearly 3 times 3 Statewide
- Ranks in the 3rd Quartile Statewide for the incidence of child abuse
- The number of domestic violence events doubled from 2008 to 2009
- Franklin County has several Federal designations to provide access to programs to increase provider revenue and residents benefits
- There are at least 4,352 people with incomes under 200% FPL—35% of its population
- The percent of people with incomes <100% FPL is 23.8%, compared to 13.2% Statewide
- 32.2% of Franklin County children were living in poverty
- There are likely at least 3,132 adults without health insurance, 82% higher than Statewide
- The percent age 18—44 uninsured is 55% higher than Statewide
- Medicaid enrollment is only slightly higher than the Statewide rate, even though the poverty rate for children under age 18 is 75% higher than Statewide
- Percent of adults who have a personal doctor is 86% Statewide
- Adults who could not see a doctor due to cost is 31% higher than Statewide
- Adults with a medical exam in the past year is lower than Statewide
- Cost was a deterrent to seeking medical care for 22.6% of adults, and for 23% of adults seeking dental care
- The teen birth rate is in the 4th Quartile
- Percent of adults who smoke tobacco is 132.6% the State rate
- Mortality from diabetes is 49% higher than statewide
- Rate of alcohol-related vehicle crash deaths is 455% the State rate
- Chronic respiratory disease mortality is 29% higher than Statewide
- Students carry handguns at a rate that is 267% the Statewide rate
- Students take a handgun to school at a rate that is 440% the Statewide rate
- All student delinquent behaviors exceed Statewide rates, except being suspended or arrested
- Based on the YPLL, ranks 53rd out of 67 Florida counties
- Mortality from Parkinson's disease is 26% higher than statewide

Standards (Expected Utilization)

The Florida Department of Children and Families produces the Substance Abuse and Mental Health Program Annual Data Snapshot. The May 2010 report shows that the Prevalence of adults with serious mental illness (SMI) is 5.4% of all adults; and children with serious emotional disturbance (SED) is 7.9% of all children in the Florida population. Based on this data, Franklin County is expected to have 723 individuals needing treatment for these diagnoses.

The Public Health Service has determined that the minimum core mental health staff to population ratio is 1:6000 and the minimum psychiatrist to population ratio is 1:20,000. Using the PHS ratios, the service area could support **2.1 FTE mental health professionals** and a **0.6 FTE psychiatrist**.

Age	Population	Percent with Diagnoses	Expected People Needing Treatment
0-19	2,228	7.9%	176
20 and older	10,133	5.4%	547
Total	12,361		723

Source: Florida Department of Children and Families, Substance Abuse and Mental Health Program, Annual Data Snapshot as of May, 2010.

Resources

Mental Health Services				
Practice Name	Last Name	First Name	Prof	Notes
Apalachee Center Franklin County Clinic			ARNP	Staff nurse practitioner
Individuals:	Horan	Maria	LCSW, MSW	

Pharmacy Services

Description of Service

The dispensing of prescription medications

Description of Need

- Student use of prescription amphetamines is nearly three times the Statewide rate
- Franklin County has several Federal designations to provide access to programs that can increase provider revenue and benefits to county residents
- There are at least 4,352 people with incomes under 200% FPL—35% of its population
- The percent of people with incomes <100% FPL is 23.8%, compared to 13.2% Statewide
- 32.2% of Franklin County children were living in poverty
- There are likely at least 3,132 adults without health insurance, 82% higher than Statewide
- The percent age 18—44 uninsured is 55% higher than Statewide
- Medicaid enrollment is only slightly higher than the Statewide rate, even though the poverty rate for children under age 18 is 75% higher than Statewide
- The teen birth rate is in the 4th Quartile
- Mortality from diabetes is 49% higher than statewide
- Mortality from chronic lower respiratory disease is 29% higher than statewide
- Based on the YPLL, ranks 53rd out of 67 Florida counties
- There are an average of 124 annual births to Franklin County residents
- 76% of births are covered by Medicaid
- The adult and elderly age group concentrations are higher than statewide

Standards (Expected Utilization)

There are no standards for utilization of pharmacy services available for this report.

Resources

Pharmacy		
Facility	Town	Notes
CVS Pharmacy	Apalachicola	All close at 6pm
BuyRite	Apalachicola	
Carrabelle Medical Pharmacy	Carrabelle	

Dental Care

Description of Service

Dental services include diagnosis of diseases of the teeth and gums, prevention of those conditions, and restorative treatment of disorders.

Description of Need

Dental caries are preventable in children, saving much discomfort, damage, and cost. Dental disorders in adults and the elderly population can lead to poor eating habits (and subsequent loss of nutritional status), discomfort, and untreated disease.

- Franklin County has several Federal designations to provide access to programs that can increase provider revenue and benefits to county residents
- There are at least 4,352 people with incomes under 200% FPL—35% of its population
- The percent of people with incomes <100% FPL is 23.8%, compared to 13.2% Statewide
- 32.2% of Franklin County children were living in poverty
- There are likely at least 3,132 adults without health insurance, 82% higher than Statewide
- The percent age 18—44 uninsured is 55% higher than Statewide
- Medicaid enrollment is only slightly higher than the Statewide rate, even though the poverty rate for children under age 18 is 75% higher than Statewide
- Mortality from diabetes is 49% higher than statewide
- Cost was a deterrent to seeking medical care for 22.6% of adults, and for 23% of adults seeking dental care
- 71.8% of low-income persons did not have access to dental care

Standards (Expected Utilization)

The Centers for Disease Control Health, United States 2010 report shows the percent of persons with a dental visit in the past year. Based on this data, 5,654 Franklin County residents will seek dental care at least once annually.

Age	Percent Persons with Dental Visit in Past Year	Population	Expected Persons Using Care Annually
Age 2-17	38	2,228	847
Age 18-64	46	7,691	3,538
65 years and over	52	2,442	1,270
Total		12,361	5,654

Source: Health, United States 2010, Table 93, <http://www.cdc.gov/nchs/data/hus/10.pdf#glance>

The Public Health Service has determined that the minimum dentist to population ratio is 1:5000. Any fewer than that and the area will qualify as a dental Health Professional Shortage Area. Resources. Based on the total population of 12,361, **Franklin County should need 2.5 dentists.**

Based on monthly average for 2007-2009, there are 1,704 individuals covered by Medicaid. Based on the standard of 5,000 patients per dentist, **the Medicaid population would need 0.3 FTE dentists.** This figure does not include the capacity also needed to serve the **2,097 uninsured, which would require 0.4 FTE dentists.**

Resources

Dental Care					
Practice Name	Last Name	First Name	Prof	Town	Notes
Individuals:	Padgett	James	Dentist	Apalachicola	
	Antley	Darlene	Dent Hygienist	Apalachicola	with Dr. Padgett
	Matthews	Michelle	Dent Hygienist	Apalachicola	with Dr. Padgett

Hospice

Description of Service

The modern concept of hospice includes palliative care for the incurably ill given in such institutions as hospitals or nursing homes, but also care provided to those who would rather die in their own homes

Description of Need

- For the period 2001-2005, 48% of Franklin County residents appropriate for hospice service actually used those services, compared to 44% Statewide
- In 2008, there were a total of 116 deaths in Franklin County. Of those, the following number of deaths were used in the Florida Agency for Health Care Administration projections for the need for hospice care:
 - 7 cancer deaths under age 65
 - 19 cancer deaths over age 65
 - 30 non cancer deaths under age 65
 - 60 non cancer deaths over age 65

Standards (Expected Utilization)

The Florida Agency for Health Care Administration produced *Need Projections for Hospice Programs* on October 1, 2010. The need is calculated based on a formula described in this report, with projections for multi-county service areas. Franklin County is in service area 2B, which includes Franklin, Gadsden, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla counties.

Applying this formula to **Franklin County data shows a need to care for 175 hospice patients** in 2008. The projections for 2012 are very similar to the 2008 data. The report also states the standard that 350 is the targeted minimum 12-month total of patients admitted to a hospice program.

Resources

Hospice		
Facility	Town	Notes
Big Bend Hospice	Apalachicola and Carrabelle	

Public Health

Description of Service—Public health services are those that:

- Prevent epidemics and the spread of disease
- Protect against environmental hazards
- Prevent injuries
- Promote and encourage health behaviors
- Respond to disasters and assist communities in recovery
- Assure the quality and accessibility of health services
- Provide personal (medical/clinical) health care services to treat specific illnesses

Description of Need

- Ranks in the 4th Quartile for adult heavy or binge drinking
- A greater percent of adults report cocaine use than marijuana use
- Student use of Club drugs is 38% the Statewide rate
- Student use of LSD, PCP or Mushrooms is 236% Statewide
- Student methamphetamine use is 120% the Statewide rate
- Student use of depressants is 275% the Statewide rate
- Student prescription amphetamine use is nearly three times the Statewide rate
- The adult and elderly age group concentrations are higher than statewide
- Rate of alcohol-related vehicle crash deaths is 455% the State rate
- Ranks in the 3rd Quartile Statewide for the incidence of child abuse
- The number of events of domestic violence doubled from 2008 to 2009
- Unintentional injuries death rate is 163% the statewide rate
- Franklin County has several Federal designations to provide access to programs that can increase provider revenue and benefits to county residents
- 47.6% of ED visits were low acuity, compared to 28% Statewide
- There are at least 4,352 people with incomes under 200% FPL—35% of its population
- The percent of people with incomes <100% FPL is 23.8%, compared to 13.2% Statewide
- 32.2% of Franklin County children were living in poverty
- There are 3,132 adults without health insurance, 82% higher than Statewide
- The percent age 18—44 uninsured is 55% higher than Statewide
- Medicaid enrollment is only slightly higher than the Statewide rate, even though the poverty rate for children under age 18 is 75% higher than Statewide
- Percent of adults who have a personal doctor is 86% Statewide
- Adults who could not see a doctor due to cost is 31% higher than Statewide
- Adults with a medical exam in the past year is lower than Statewide
- Cost was a deterrent to seeking medical care for 22.6% of adults, and for 23% of adults seeking dental care
- There are an average of 124 annual births to Franklin County residents
- 76% of births are covered by Medicaid
- The teen birth rate is in the 4th Quartile
- Ranks in the 4th Quartile for vaccine preventable diseases
- Ranks in the 4th Quartile for child immunizations
- In 2010, the percent of adult immunizations decreased in all categories
- Rate of avoidable pneumonia hospitalizations is twice the State rate
- Percent of adults with arthritis is higher than Statewide
- Percent of adults with hypertension is higher than Statewide
- Percent of adults who smoke tobacco is 132.6% the State rate
- Based on the YPLL, ranks 53rd out of 67 Florida counties
- There were 176 avoidable hospitalizations in 2009
- Mortality from chronic lower respiratory disease is 29% higher than statewide
- Mortality from diabetes is 49% higher than statewide
- Mortality from Parkinson's disease is 26% higher than statewide
- Ranks in the 3rd Quartile for the incidence of Chlamydia and gonorrhea
- Students carry handguns at a rate that is 267% the Statewide rate
- Students take a handgun to school at a rate that is 440% the Statewide rate
- All student delinquent behaviors exceed Statewide rates, except being suspended or arrested
- 71.8% of low-income persons did not have access to dental care
- Women who have had a mammogram within two years is 77% the state rate
- Women age 45-64 who had a Pap test in the past year is 83% the state rate
- Women who had blood stool test in the past year is 86% the state rate
- Men who had cholesterol checked in the past 5 years is 61% the state rate
- Percent of diabetics who had self management education is 81% the State rate
- Out of 25 preventive care criteria with Quartile rankings, Franklin County ranked in the 4th Quartile in 8 criteria

Resources

Public Health		
Facility	Town	Notes
Franklin County Public Health Department	Apalachicola and Carrabelle	

Domestic Violence

Description of Service

Domestic violence services include crisis intervention, victim and family support in the underlying causes of violence, advocacy, and coordination with agencies that come into contact with victims or families, and efforts to prevent violence. Services may include short-term residential facilities.

Description of Need

- Franklin County has several Federal designations to provide access to programs that can increase provider revenue and benefits to county residents
- Ranks in the 4th Quartile for adult heavy or binge drinking
- Ranks in the 3rd Quartile Statewide for the incidence of child abuse
- The number of events of domestic violence doubled from 2008 to 2009
- Students carry handguns at a rate that is 267% the Statewide rate
- Students take a handgun to school at a rate that is 440% the Statewide rate
- All student delinquent behaviors exceed Statewide rates, except being suspended or arrested

Standards (Expected Utilization)

In 2009, there were 64 cases of reported domestic violence in Franklin County. In addition, Franklin County has a 3rd Quartile ranking for child abuse and other indicators that all lead of a need for early identification of risk with intervention, education and support.

Resources

Domestic Violence				
Facility	Last Name	First Name	Town	Notes
Refuge House Services	Barfield	Carol	Apalachicola	Shelter is in Leon County

Respiratory Therapy Services

Description of Service

Exercises and treatments designed to help patients maintain and recover lung function, such as with cystic fibrosis and after surgery.

Description of Need

- Mortality from chronic lower respiratory disease is 29% higher than statewide
- The adult and elderly age group concentrations are higher than statewide
- Mortality from Parkinson's disease is 26% higher than statewide
- Percent of adults who smoke tobacco is 132.6% the State rate

Standards (Expected Utilization)

No standards predicting the utilization of respiratory therapy services are available for this report.

Resources

Respiratory Therapy Services				
Practice Name	Last Name	First Name	Prof	Town
Weems Memorial Hospital	Eaker	Julianne	Cert Respiratory Therapist	Apalachicola
	Goodwin	Karen	Registered Respiratory Therapist	Apalachicola
	Heath	Harvey	Cert Respiratory Therapist	Apalachicola
	Jones	Carol	Cert Respiratory Therapist	Apalachicola

Physical Therapy Services

Description of Service

Physical therapy is the provision of assistance to patients who are disabled by illness or accident or who were born with a disability, through the planning and implementation of programs to help these people gain strength, flexibility, endurance, coordination, and overall physical functioning. Physical therapy also provides treatment to lessen pain from injury and illness through movement exercises, heat, cold, electrical stimulation, water treatments, and assisting devices.

Description of Need

- Mortality from chronic lower respiratory disease is 29% higher than statewide
- The adult and elderly age group concentrations are higher than statewide
- Mortality from Parkinson's disease is 26% higher than statewide
- Mortality from diabetes is 49% higher than statewide

Standards (Expected Utilization)

No standards predicting the utilization of physical therapy services are available for this report.

Resources

Physical Therapy Services				
Practice Name	Last Name	First Name	Prof	Town
Apalachicola Wellness & Physical Therapy	Brocato	Charles	Physical Therapist	Apalachicola
Weems Memorial Hospital	Independent contractors for Swing beds			Apalachicola
Individuals:	Galapon	Christine	Physical Therapist	Carrabelle
	Van Der Kei	Harm	Physical Therapist	Eastpoint

Local Public Health System Performance Assessment



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



LOCAL PUBLIC HEALTH SYSTEM PERFORMANCE ASSESSMENT

The National Public Health Performance Standards Program local instrument was conducted in the April of 2012. The NPHPSP is a partnership effort with community, public and medical health agencies to improve the practice of public health and the performance of public health systems within a state or local community. The *10 Essential Public Health Services* provides the framework for the NPHPSP instrument, and is divided into ten sections (one for each Essential Service). The *10 Essential Public Health Services* are:

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

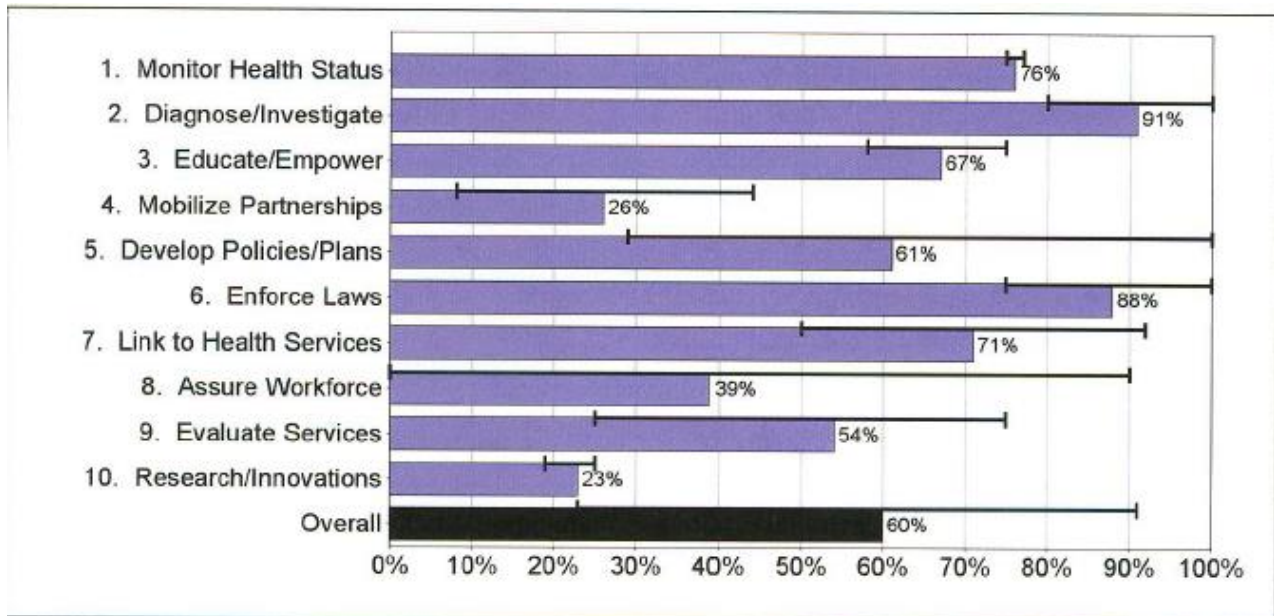
The scoring methodology for the LPHPSP is based on a quartile scoring system for each area. The NPHPSP assessment instruments guide local jurisdictions in evaluating their current performance against a set of nationally established standards.

The 2012 LPHPSP report indicated the Franklin County community health programs and services contributed to the provision of the *10 Essential Public Health Services*,



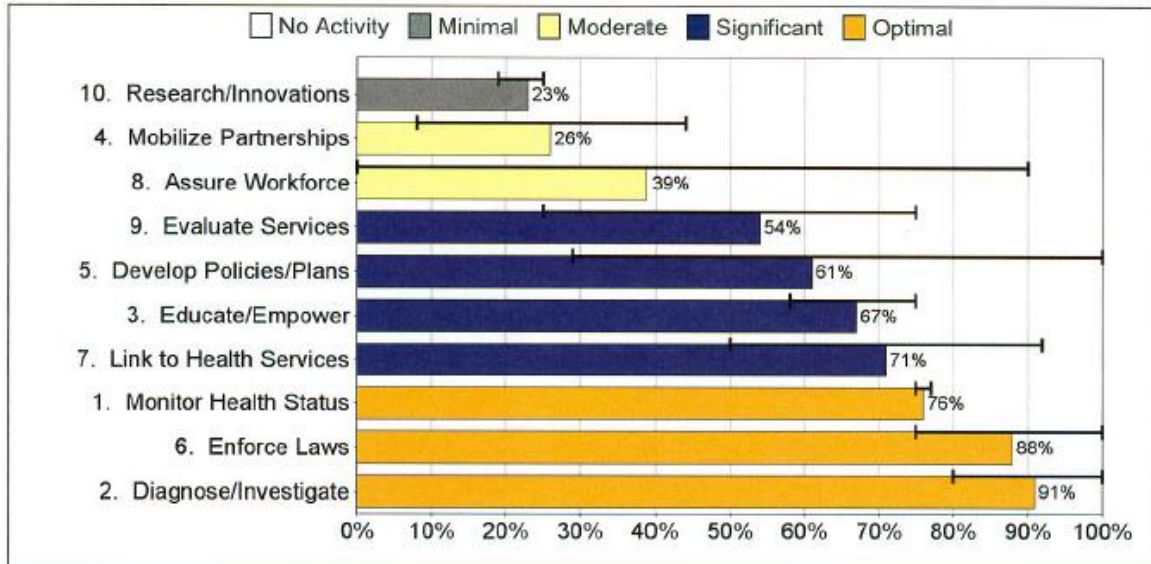
with an overall performance score of 60%. This score represents the average performance level across all *10 Essential Public Health Services*, and indicates that there is significant activity in these areas. The Essential Service area that had the lowest performance score was *Research/Innovations* (23%) and the highest performance score was in the area of *Diagnose/Investigate* (91%). The graph below summarizes the 2012 LPHPSP scores for Franklin County across the *10 Essential Public Health Services*.

Summary of 2012 LPHPSP Performance and Overall Scores



Source: 2012 Franklin County NPHPSP Report

The graph on the following page provides a composite picture of Local Public Health Assessment for Franklin County. The range lines show the range of responses within an Essential Service. The color coded bars identify which of the Essential Services fall in the five categories of performance activity (i.e., no activity, minimal activity, moderate activity, significant activity, and optimal activity). Franklin County had one Essential Service area which had Minimal activity (gray bar), two Essential Service areas with Moderate activity (light yellow bars), four Essential Service areas with Significant activity (blue bars), and three Essential Service areas with Optimal activity (bright yellow bars). There were no areas within the 10 Essential Services that had No Activity.



Source: 2012 Franklin County NPHPSP Report



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Forces of Change



As part of the Franklin County Community Health Improvement Project, the “Mobilizing for Action through Planning and Partnerships” (MAPP) Forces of Change workshop was conducted in September 2012. Eleven community health partners participated in the Forces of Change and identified eight community health themes for Franklin County.



Background

As part of the “Mobilizing for Action through Planning and Partnerships” (MAPP) project in Franklin County, Quad R, LLC was contracted by the Franklin County Health Department to facilitate the Forces of Change Assessment workshop on September 11, 2012. The purpose of the Forces of Change workshop was to identify what is occurring or might occur that impacts the health of the community and local public health system.

A total of 11 individuals attended. Individuals were representative of various social service agencies, not-for-profit organizations, and other public health system agencies.

Participants represented a cross-section of the community and input provided was based on their knowledge, awareness and perceptions of related health concerns with Franklin County. The list of participants can be found in Appendix 1.



Methods

Four weeks prior to the scheduled Forces of Change workshop, community health partners were contacted by e-mail from the Franklin County Health Department regarding the date, time, and purpose of the workshop. One week prior to the workshop, community health partners were provided the agenda and the Forces of Change Brainstorming worksheet. The email, agenda, and worksheet are located in Appendix 1. It should be noted that the workshop was originally scheduled for August 29, 2012, but was re-scheduled to September 11th due to Hurricane Isaac. Several workshop participants were unable to accommodate the new date into their schedule.



The participants were welcomed to the workshop by the Franklin County Health Operations and Management Consultant Manager, Mr. David Walker.

Workshop participants introduced themselves. After reviewing the agenda, the facilitator then asked participants to complete the *Forces of Change Brainstorm Worksheet*. A summary of participant feedback on the worksheets is provided in Appendix 1.

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

- Franklin County 2012 Community Health Status Profile Executive Summary
- Franklin County 2010 CHARTS Summary
- U.S. Census QuickFacts for Franklin County
- Florida Office of Economic and Demographic Research Summary for Franklin County
- County Health Rankings for Franklin County

Participants reviewed the data individually and identified key health issues and/or needs for Franklin County residents. Individual health concerns were written on sticky notes by each participant. Workshop participants were reminded to identify local, state and national forces that may affect the context in which the community and its public health system operate within Franklin County.



Participants were then divided randomly into four groups, and asked to combine their health issues and/or concerns (sticky notes) into common themes or categories. Each workgroup worked collaboratively to group their issues and identify a label for the theme or category. Participants were asked to review the key terms on their agenda relative to the Forces of Change process.

Participants were re-assigned to one of three breakout groups. One group reviewed all the themes and categories and re-assembled them into a master list of community health themes within the Forces of Change categories (i.e., social, economic, political, technological, environmental, scientific, legal, ethical and other). One group created a master list of the Resources available in Franklin County to address community health issues and concerns. The third group identified the Barriers to impacting community health issues and concerns in Franklin County. In addition, the groups identified Facts and Trends for Franklin County. Appendix 1 contains the list of Resources, Barriers, Facts, and Trends.



The facilitator reminded the participants that the purpose of the Forces of Change workshop was to answer the questions *“What is occurring or might occur that affects the health of our community or the local public health system?”* and *“What specific threats or opportunities are generated by these occurrences?”* The participants examined the efforts of each of the groups and provided additional input.

Eight community health themes emerged from the process. Participants were asked to pair with another person for the next step in the process – the Strengths,



Weaknesses, Opportunities, and Threats (SWOT) analysis. This ensured an opportunity to interact and network with other participants. Each pair was asked to review one of the eight themes and identify the Strengths or Resources and Threats or Barriers for that health issue using the master lists that were created earlier for assistance on this task.

Participants reviewed each other's work and added additional Strengths and Barriers as needed. Participants were next asked to pair with a new partner for the last step in the process. Using the existing information for each *Forces of Change* theme, participants were asked to identify the Facts, Trends, and Events for that theme. Definitions and examples for each were provided on the workshop agenda. Working collaboratively, the participants identified Potential Opportunities for each of the eight themes. Participants reviewed each other's efforts to create a complete list.



Identification of Forces

The Forces of Change workshop provided an overview of key trends, events or factors that participants identified as currently or potentially affecting the quality of the overall health and wellness of Franklin County. The following themes emerged:

- Education
- Access to health care
- Geriatric care
- Chronic disease
- Economic issues
- Clinical care
- Dangerous living
- Prenatal and child care



These themes and their corresponding *Strengths* and *Threats* are displayed on the following pages. See Appendix 1 for the results of the Forces of Change process.



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Franklin County Forces of Change

FORCE	STRENGTHS	THREATS	POTENTIAL OPPORTUNITIES
Economic			
Economic Issues	<ul style="list-style-type: none"> • Current industry • CHIP (Community Health Improvement Partners) • Strong work ethic • Advocacy groups/Grassroots organizations • Awareness of this issue 	<ul style="list-style-type: none"> • Jobs/Employment trend downward • Government • Increase in children in poverty • Bay closures 	<ul style="list-style-type: none"> • Seafood Festival • Strengthening partnership with advocacy groups • CHIP participation in local festivals • Gulf Coast Workforce Board

Franklin County Forces of Change			
FORCE	STRENGTHS	THREATS	POTENTIAL OPPORTUNITIES
Health (Community & Individual)			
Access to Health Care	<ul style="list-style-type: none"> • Public Health (County & State) • CHIP (Community Health Improvement Partners) • Hospitals • Primary care providers • Mental health and substance abuse • School system 	<ul style="list-style-type: none"> • Distance (Transportation) • Lack of specialist in county • Payment of care • Distrust of medical providers • Poverty rate • Changes in CMS (Children's Medical Services) – medical usage 	<ul style="list-style-type: none"> • Phoenix Medical Group • CHIP (Community Health Improvement Partners) • Weems East • Sacred Heart • County Health Department • Outreach through home visiting • St. James • Franklin Promise • Eligibility Specialist • Transportation service
Geriatric Care	<ul style="list-style-type: none"> • Housing Authority • Available Meals On Wheels • CHIP • Franklins Promise • St. James 	<ul style="list-style-type: none"> • No elder services agencies • No geriatric care specialist • Lack of insurance • Lack of trust in medical providers • Lack of doctors • Medical deductibles and co-payments • Lack of medical services available for geriatric care 	<ul style="list-style-type: none"> • Partnership with St. James • Transportation for elderly to services • Civic groups • Volunteers to sit with elderly • Senior citizens - Meals On Wheels • Franklins Promise



Franklin County Forces of Change			
FORCES	STRENGTHS	THREATS	POTENTIAL OPPORTUNITIES
Health (Community & Individual) - continued			
Chronic Disease	<ul style="list-style-type: none"> • Fantastic Tobacco Prevention Program • Grants focused on chronic disease • Partnerships created to make real impact • CHIP (Community Health Improvement Partners) 	<ul style="list-style-type: none"> • Unemployment leads to stress, which leads to unhealthy behaviors • Lack of health insurance • Program funding cuts (Medicare/Medicaid) • Providers who take Medicaid limited (particularly specialist) • Lack of nutrition/Access to healthy foods • Increase in environmental related disease 	<ul style="list-style-type: none"> • Education at community events • After Hours clinics • Transportation to clinics
Clinical Care	<ul style="list-style-type: none"> • Franklin County Health Department • Clinics • Hospital • WIC • New Dental Clinic • School Health Nursing • Pediatricians • Media 	<ul style="list-style-type: none"> • Government cuts • No insurance • Affordability • Lack of prevention awareness • Medicaid usage limitations 	<ul style="list-style-type: none"> • School education with Medical/County Health Department • CHIP (Community Health Improvement Partners) • St. James Rehabilitation Center • Grant opportunities for more services • After hours clinics • Transportation to clinics



Franklin County Forces of Change			
FORCES	STRENGTHS	THREATS	POTENTIAL OPPORTUNITIES
Health (Community & Individual) - continued			
Prenatal And Child Health	<ul style="list-style-type: none"> • Healthy Start • Healthy Families • EEC (Early Education and Care Inc.) Franklin County Early Head Start Program • 1 Pediatrician • WIC • CHIP (Community Health Improvement Partners) 	<ul style="list-style-type: none"> • No obstetricians • Lack of insurance • Domestic violence • No teen outreach programs • Lack of jobs • Substance abuse • Teen pregnancy • Lack of health education 	<ul style="list-style-type: none"> • Teen outreach program in school • More outreach efforts on health events on Healthy Start • More media education



Franklin County Forces of Change			
FORCES	STRENGTHS	THREATS	POTENTIAL OPPORTUNITIES
Social			
Education	<ul style="list-style-type: none"> • There are schools (Pre K-12) • Media is utilized(Radio, TV, Billboards) e.g., Tobacco Prevention And Healthy Start Billboards • CHIP- Community Health Improvement Partners • Internet access • Libraries • Literacy Council • Early Childhood Education/Head Start 	<ul style="list-style-type: none"> • No college or vocational school in County • Lack of transportation to higher education • Lack of financial resources • Money (Lack Of) • Lay-offs • Low FTE count 	<ul style="list-style-type: none"> • Gulf Coast State College • Tallahassee Community College • Haney Vocational Technical • Clinics locally providing ADHD Workshops to schools/parents/children • Early Education & Care Inc. • Early Head Start Program • Franklin County Health Department - Dental program in the school
Dangerous Living	<ul style="list-style-type: none"> • SWAT • Tobacco prevention • After school programs • Parks and recreation • Community garden • Churches • Treatment providers • Head Start/Early Head Start Program 	<ul style="list-style-type: none"> • Denial (Community/Individual) • Social norms • Rite of passage belief • Advertising to entire county 	<ul style="list-style-type: none"> • Community events • Department of Juvenile Justice • Churches/Civic groups • Department of Corrections • Treatment outreach/options • Strengthening partnerships

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Summary/ Key Findings

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

Nationally, the current economic climate will continue to affect the local public



health system and overall community throughout Franklin County and the state of Florida. Budget cuts and limited grant opportunities have led to a decrease in funding for various services, from social services to charity care, mental illness and Medicaid. With local, state, and federal budget cuts, public health systems are challenged to find creative ways of

continuing services and leveraging resources through collaboration and partnership with more non-traditional partners. The *Economic Conditions* were identified as a key force.

Continued unemployment and foreclosures result in a burdening of current health care and social service systems. Population growth and changing demographics also contribute to an increase in the need for services and programs. Franklin County is a rural community, and as such, challenges to both access to healthcare and the transportation infrastructure result. Changing demographics within Franklin County and the state of Florida also present the need to address language and cultural barriers. *Access to Healthcare, Geriatric*

Care, Chronic Disease, Clinical Care, and Prenatal and Child Health are forces which impact the health of Franklin County residents.

There were other forces of change noted that are reflective of many issues on the national agenda. For example, health care reform, immigration reform, regulation of medical malpractice, use and overuse of technology, and need for sustainable energy resources are issues being considered on the national level, but they would also have an impact on local and state health care and social service delivery systems. With the rise in unemployment, there is a greater need for mental health and counseling services. *Education* and *Dangerous Living* are forces which impact and are impacted by all the other forces discussed in the workshop.

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

COMMUNITY HEALTH FORCES OF CHANGE 2012 - NEXT STEPS

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



The next step in the Franklin County CHIP process is to conduct a Strategic Priorities and Goals assessment, wherein the results from this report will be reviewed in conjunction with Community Health Status Profile, Community Health Survey, and other relevant health. The resulting report will be incorporated into

the *Community Health Assessment Report (CHAR)* and used to develop the CHIP or Action Plan.



This process follows the guidelines of the Mobilizing for Action through Planning and Partnerships (MAPP) model. MAPP was developed by the National Association of County and City Health Officials (NACCHO), in collaboration with the Centers for Disease

Control and Prevention (CDC). MAPP provides a framework to create and implement a community health improvement plan that focuses on long-term strategies that address multiple factors that affect health in a community.

This model utilizes six distinct phases:

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

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

Community Themes & Strengths



Community perceptions of the health care system are a critical part of the MAPP process. Experiences with and knowledge of the public health system provided information for identifying health priorities. Over 300 community residents responded to the hard-copy and online survey.

Survey Methodology

The Community Health Strengths and Themes assessment was developed and pilot tested by the Franklin County Health Department. An existing Community Health Survey from Jefferson and Madison counties was modified and reviewed by the Franklin Community Health Improvement Partners on June 13 and July 11, 2012. A representative from the Florida Department of Health's Bureau of Community Health Assessment reviewed the final survey on July 13, 2012.

The survey consisted of 34 questions in four areas:

- Section I: General Demographic Information (8 questions)
- Section II: Healthcare Access (3 questions)
- Section III: Family/Household Health (18 questions)
- Section IV: Perceptions of Franklin County Community Health (5 questions)

The survey was available as an online instrument hosted through *Survey Monkey* and distributed as a hard-copy, paper-and-pencil format. (See Appendix 1 for the complete survey.) There were a total of 316 survey respondents.

Online Survey

The online survey was hosted through *Survey Monkey*. The web link was emailed by the project leaders to community health partners. The online survey was opened on July 18, 2012 and closed on August 17, 2012. Ninety-seven Franklin County residents completed the online survey in 30 days.

Hard-copy Survey

The Community Health Survey was administered as a paper-and-pencil instrument at a number of different locations in Franklin County July 18 to August 17, 2012. The paper-and-pencil survey was administered at the Franklin County Health Department, local churches, Franklin County Schools, and the ABC Charter School. A total of 219 surveys were completed as a hard-copy instrument, and were hand entered into the online survey data collection portal.

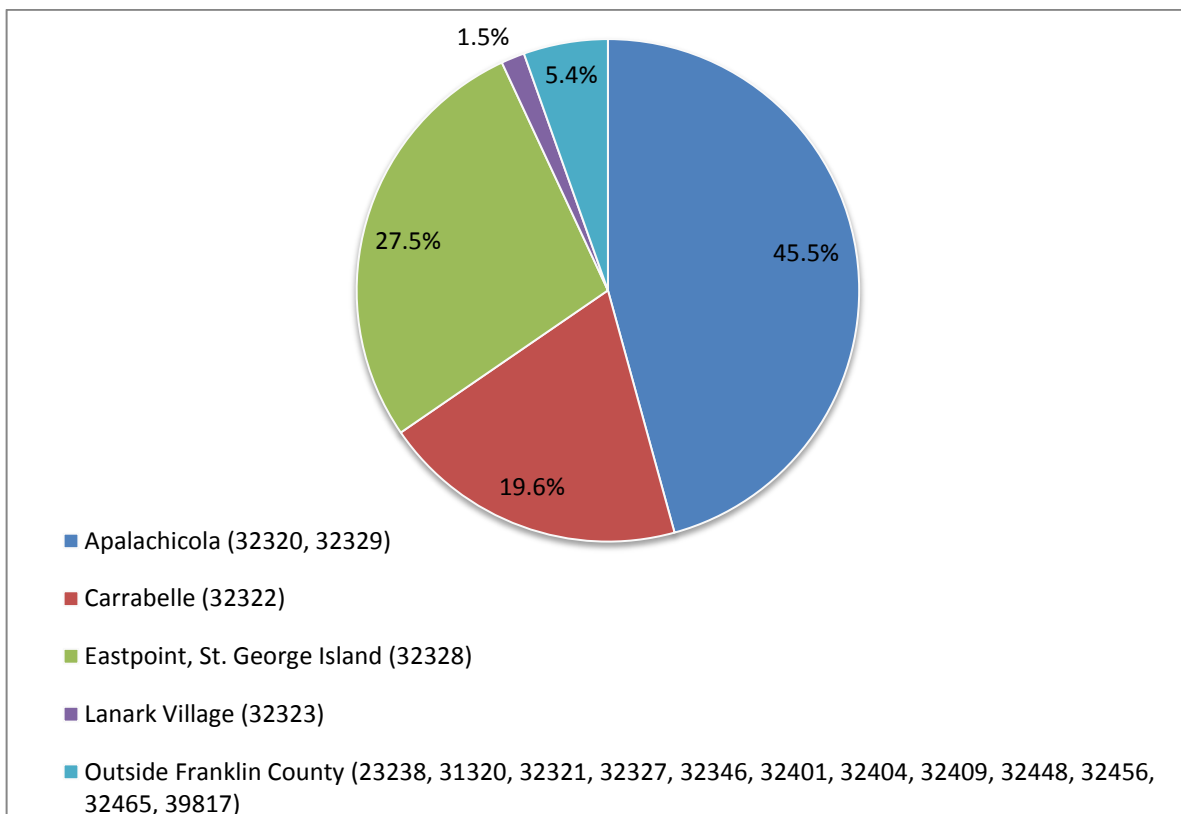
Frequency analyses were conducted across the 34 data points. Grammar, spelling, and other context errors were not corrected on the open-ended responses. (See Appendix 2 for the frequency analyses per data point and thematized verbatim responses.)

Results

General Demographic Information

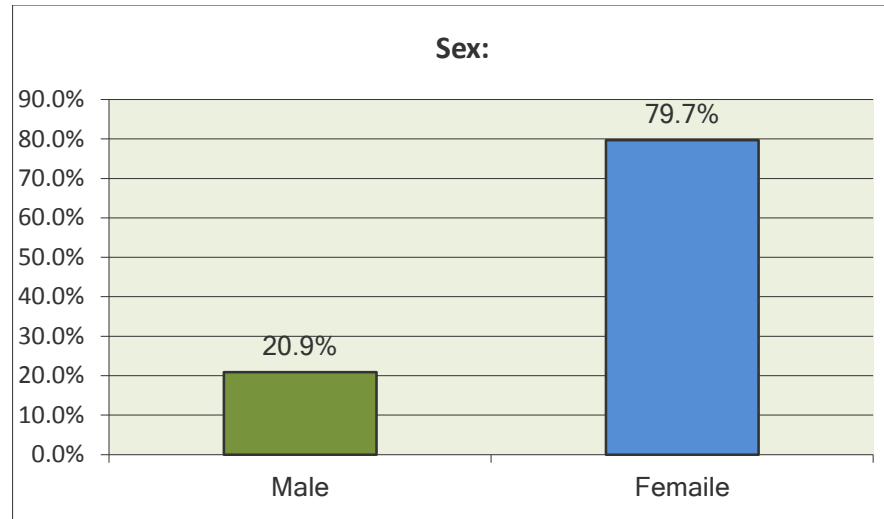
Survey respondents were asked 8 demographic questions. Nearly half (83.4%) of the survey respondents reported living in Apalachicola, Florida. Over one-quarter (27.5%) lived in the East point or St. George Island area, with 19.6% living in the Carrabelle zip code area and 1.5% in Lanark Village. There were 5.4% of the survey respondents who reported zip codes outside the Franklin County zip code areas.

Figure 1. In what ZIP code is your home located?



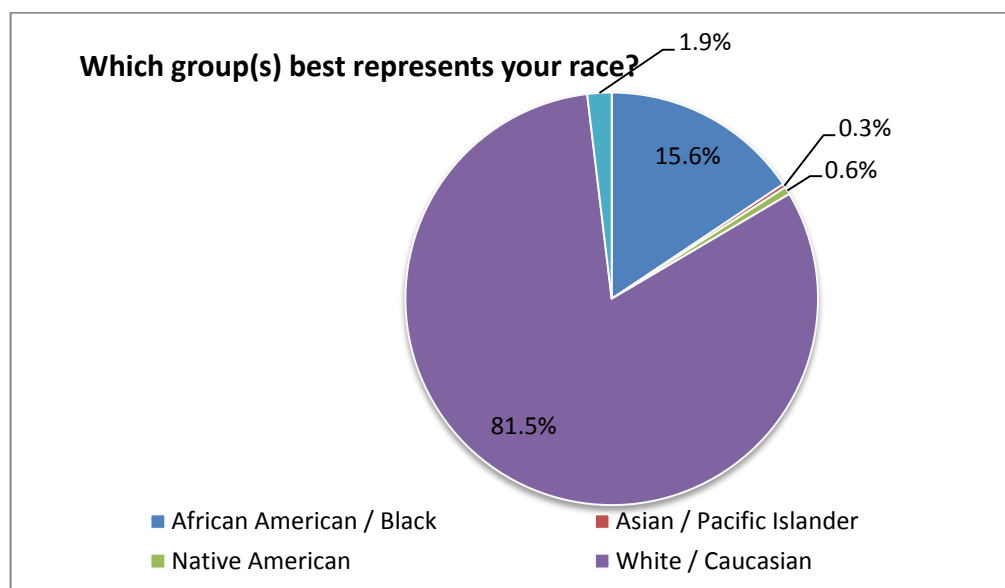
Most of the 316 respondents were female (79.7%) and 20.94% were male, compared to the Franklin County population which had 42.4% females and 57.6% males in the 2010 U.S. Census.

Figure 2: Sex of Survey Respondents



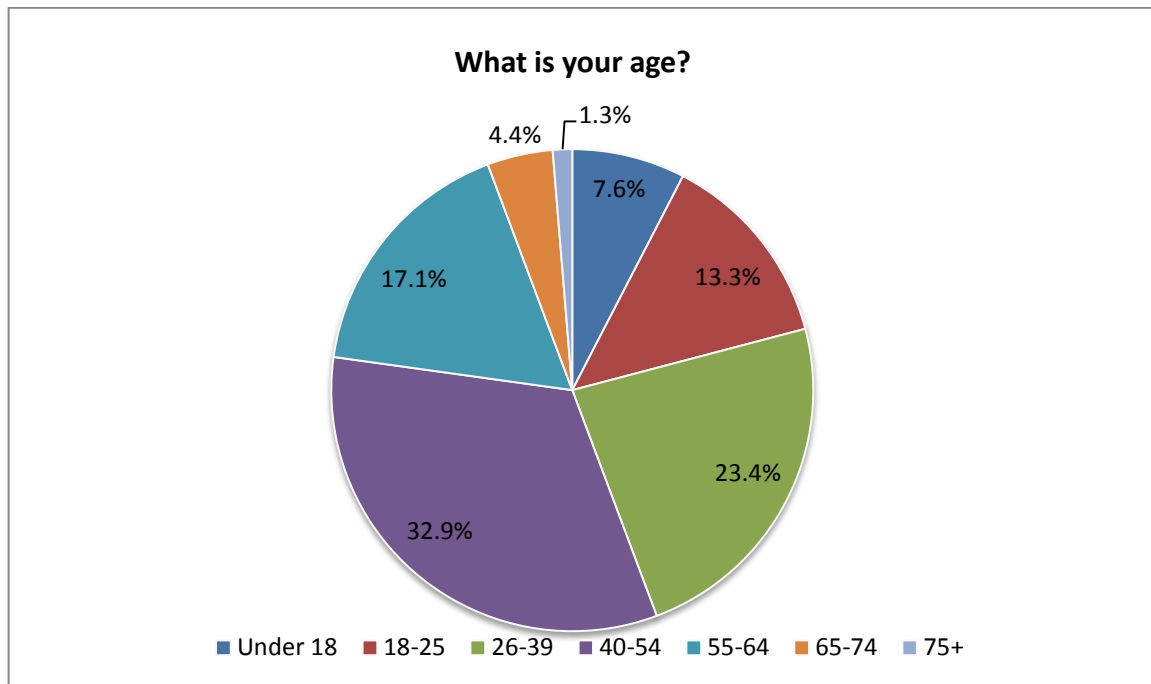
The majority of respondents were White/Caucasian (81.5%), with 15.6% of the respondents characterizing themselves as African American/Black. This distribution closely matches the 2011 U.S. Census data projections wherein 83.3% of the population was White/Caucasian and 14.1% were African American/Black. Nearly all (97.1%) indicated they were not Hispanic or Latino.

Figure 3. Which group(s) best represents your race?



Over three-quarters (86.7%) of the respondents were between the ages of 19 to 64 years. There was 5.7% of the survey respondents over the age of 65, and 7.6% were under the age of 18. This differs greatly from the 2011 U.S. Census data projections where 65.2% were between the ages of 18-64, 16.6% of the Franklin County population were under the age of 18, and 18.2% were over 65.

Figure 4. What is your age?



English is the primary language spoken at home by nearly all of the survey respondents (99.1%). The 2006-2010 U.S. Census reported 6.9% of the Franklin County population spoke a language other than English at home.

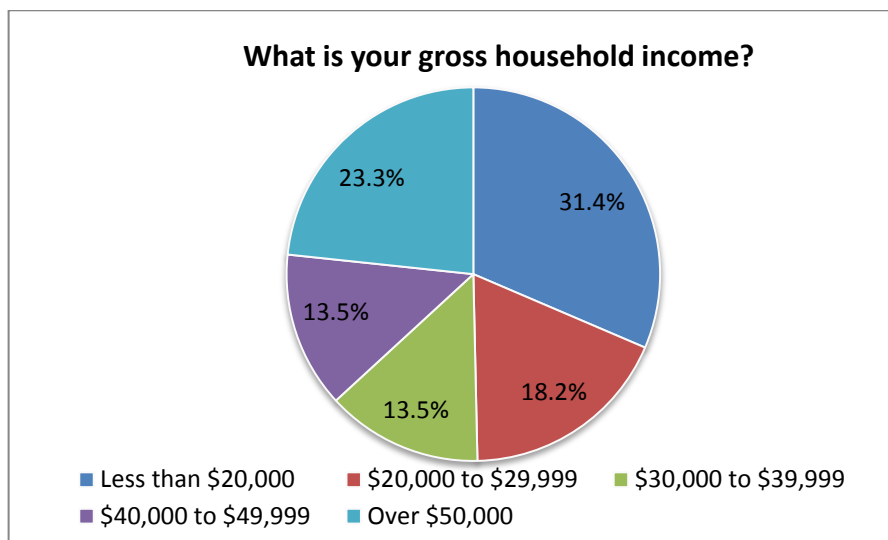
Near three-quarters (73.2%) of the survey respondents were employed or self-employed, with 7.4% reporting they were out of work. In addition, 4.2% of the survey respondents indicated they were retired, while 5.8% reported they were unable to work.

Table 1. Survey Respondents' Employment

Answer Options	Response Percent	Response Count
Employed	63.3%	198
Self-employed	9.9%	31
Retired	4.2%	13
A Homemaker	6.1%	19
A Student	7.7%	24
Out-of-work more than 1 year	3.2%	10
Out-of-work less than 1 year	4.2%	13
Unable to work	5.8%	18
Other	2.9%	9

Nearly one-third (31.4%) of the survey respondents had a household income of less than \$20,000, while 13.5% reported an income between \$30,000 to \$39,999. The 2006-2010 U.S. Census indicator "Per capita money income in the past 12 months (2010 dollars)" was \$36,490 for Franklin County. Nearly one-quarter (23.3%) reported an income of over \$50,000.

Figure 5. What is your gross household income?

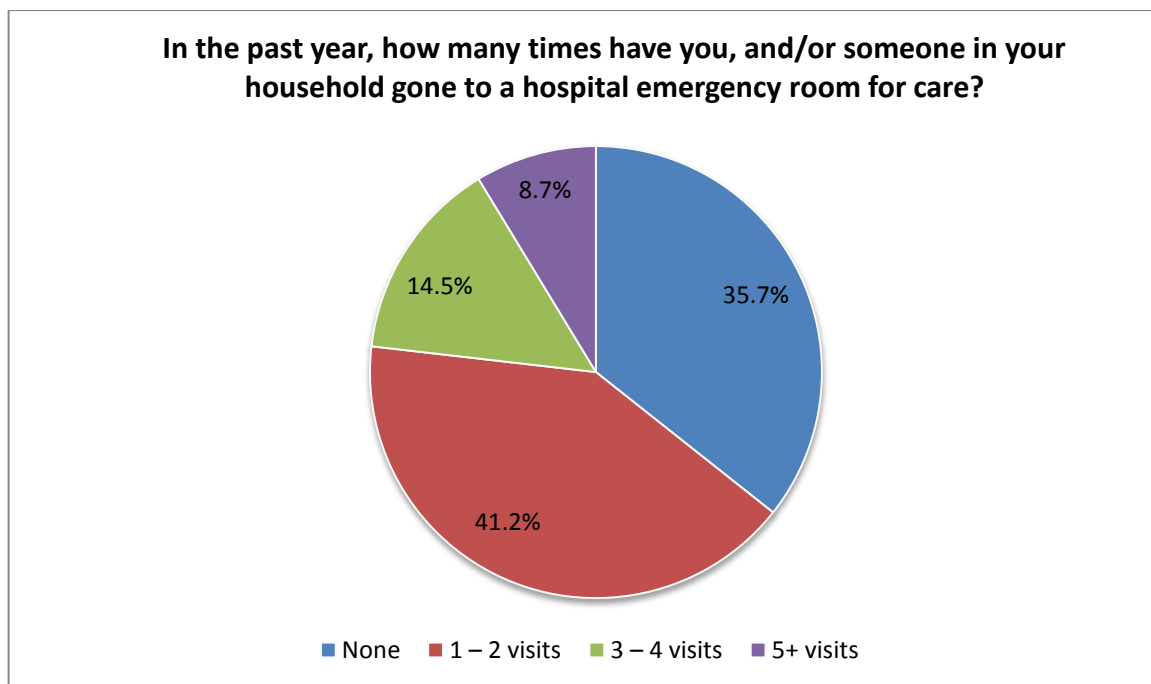


Section II: Healthcare Access

There were three questions which asked survey respondents to report on *Healthcare Access* issues.

Over one-third (41.2%) of the survey respondents indicated they or someone in their household had gone to a hospital emergency room for care in the past year, and 35.7% of the survey respondents indicated they or someone in their household had not gone to the hospital emergency room for care in the past year.

Figure 6. Trips to the emergency room



Survey respondents were asked how they pay for health care, and were given a list of five options. Over half (55.9%) of the respondents indicated they have *health insurance*, while 26.3% use *Medicaid* to pay for health care. Table 2 on the following page summarizes the responses for this question.

Table 2. How do you pay for your health care?

How do you pay for your health care? (check all that apply)		
Answer Options	Response Percent	Response Count
Pay cash (no insurance, full fee or sliding fee)	20.7%	63
Health Insurance (Private insurance like BCBS, CHP)	55.9%	170
Medicaid (medical assistance program for low income people and families)	26.3%	80
Medicare (hospital insurance program for people aged 65 or older and certain disabled persons)	6.6%	20
Veterans' Administration	1.6%	5
Other (please specify)		9

The last question in this section asked survey respondents to indicate where they or their family usually go when they are sick or need advice about their health. A list of seven choices from which to select was provided. Nearly two-thirds (64.9%) of the respondents indicated they go to their *Doctor's office* when sick or seeking advice about their health. The *Franklin County Health Department clinic* was selected by 19.6% of the respondents, while the *Weems Hospital emergency room* was chosen by 14.8%.

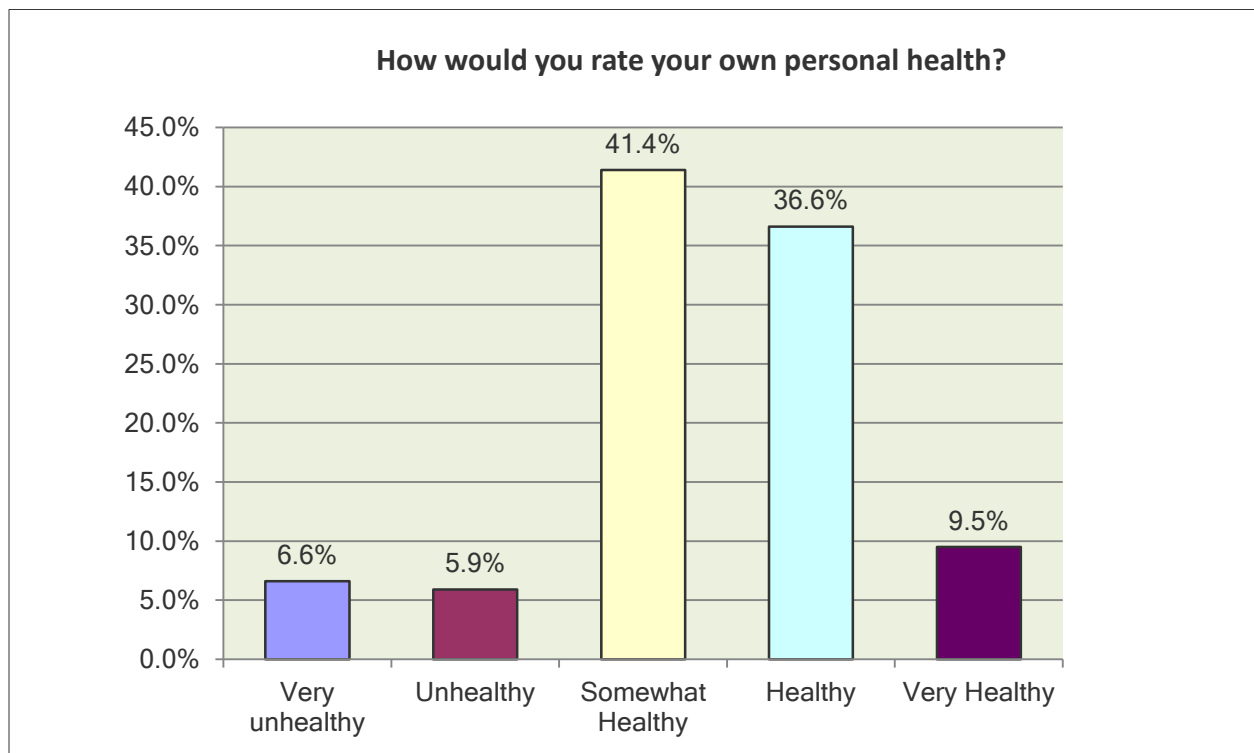
Table 3. Where do you, or your family, usually go when you are sick or need advice about your health?

Where do you, or your family, usually go when you are sick or need advice about your health?		
Answer Options	Response Percent	Response Count
Private clinic	4.2%	13
Doctor's office	64.6%	201
Franklin County Health Department clinic	19.6%	61
Weems Hospital emergency room	14.8%	46
Weems Urgent care clinic	12.2%	38
Eastpoint Medical Center	5.8%	18
None of these places	6.1%	19

Section III: Family/Household Health

Survey respondents were asked to rate their own health using a five-point Likert scale which ranged from *Very Unhealthy* to *Very Healthy*. Over three-quarters (87.5%) of the respondents rated their health as *Somewhat Healthy* to *Very Healthy*, with the largest percentage selecting the *Somewhat Healthy* choice (41.4%).

Figure 7. Personal Health Rating



The next section asked survey respondents about their experiences getting health care for self or household members. Eighteen statements were provided, and survey respondents were to indicate “Yes” or “No” to each. Those statements where at least half of the survey respondents responded positively (either “Yes” to a positively worded statement or “No” to a negatively worded statement) are shaded in green, while those where at least 50% responded negatively represent an area for improvement and are shaded in blue.

Family/Household Health Response Areas for Improvement:**I am satisfied with the level of health care available in my community.**

Over half (55.6%) of the survey respondents responded “No,” indicating they were not satisfied with the level of health care available in their community.

I can afford the health care I believe I or others in my household need.

Over half (55.8%) of the survey respondents responded “No,” indicating they could not afford the health care they or household members needed. It should be noted that this question indicated respondents should skip the next five questions. However, the online survey was not set up with a skip pattern, and it is not known whether the hard copy survey respondents skipped the next five questions.

My doctor, or clinic, helps me get medicine I, or members of my household, may need.

Over half (58.9%) of the survey respondents responded “No,” indicating their doctor or clinic did not help them get the medicine they or household members may need.

I know about programs in my community that can help improve my health.

Survey respondents were fairly evenly split in the way they responded to this statement. Half (50.3%) selected “*No*” for this statement, while 49.7% responded “*Yes*,” they do know about programs in their community that can help improve their health. This statement was shaded blue, as an area of improvement.

I take my medicine, as prescribed, to take to control my illness(es).

Survey respondents were fairly evenly split in the way they responded to this statement. Slightly over half (51.6%) responded “*Yes*,” with 48.6% responding “*No*,” they did not take their medicine as prescribed. There may have been some confusion as to the intent of the question due to the wording. In addition, the statement assumes survey respondents are currently taking medicine to control an illness.

Positive Family/Household Response Areas:**I, or a member of my household, have had a dental exam or cleaning in the past year.**

Nearly two-thirds (62%) of the survey respondents responded “Yes,” they or a household member had a dental exam or cleaning in the past year.

I have had a regular physical exam during the past year.

Over two-thirds (66.8%) of the survey respondents responded “Yes,” they had a regular physical exam during the past year.

I, or a member of my household, have had an eye exam during the past year.

Over half (55.1%) of the survey respondents responded “Yes,” they or a household member had an eye exam during the past year.

I, or a member of my household, was unable to get the dental care we need.

Over half (56.1%) of the survey respondents responded “No,” indicating they were able to get the dental care they needed.

I, or a member of my household, had an illness or injury that was not treated because we could not afford health care or insurance.

Nearly two-thirds (68.5%) of the survey respondents responded “No,” indicating they or a household member were treated for an illness or injury because they could afford health care or insurance.

I know where I can go for health care even if I don't have insurance.

Over half (54.4%) of the survey respondents responded “Yes,” they knew where they could go for health care even if they didn't have insurance.

I cannot afford to buy the medicine prescribed by my doctor.

Over half (59.7%) of the survey respondents responded “No,” indicating they could afford to buy the medicine prescribed by their doctor.

I have used someone else's medicine because I could not afford my own.

Over three-quarters (88.6%) of the survey respondents responded “No,” indicating they had not used someone else's medicine because they could afford their own medicine.

My doctor has told me that I have a long-term or chronic illness(es) (chronic illnesses include heart disease, diabetes, cancer, asthma, arthritis).

Over two-thirds (69.2%) of the survey respondents responded “No,” they had not been told they had a long-term or chronic illness.

My doctor has told me that I need medicine to control my illness(es).

Over half (59%) of the survey respondents responded “No,” they had not been told that they needed medicine to control their illness.

I know where to go to get information on health care and staying healthy.

Over three-quarters (81%) of the survey respondents responded “Yes,” they know where to go to get information on health care and staying healthy.

I have a car, or other transportation, to get to the doctor’s office or clinic.

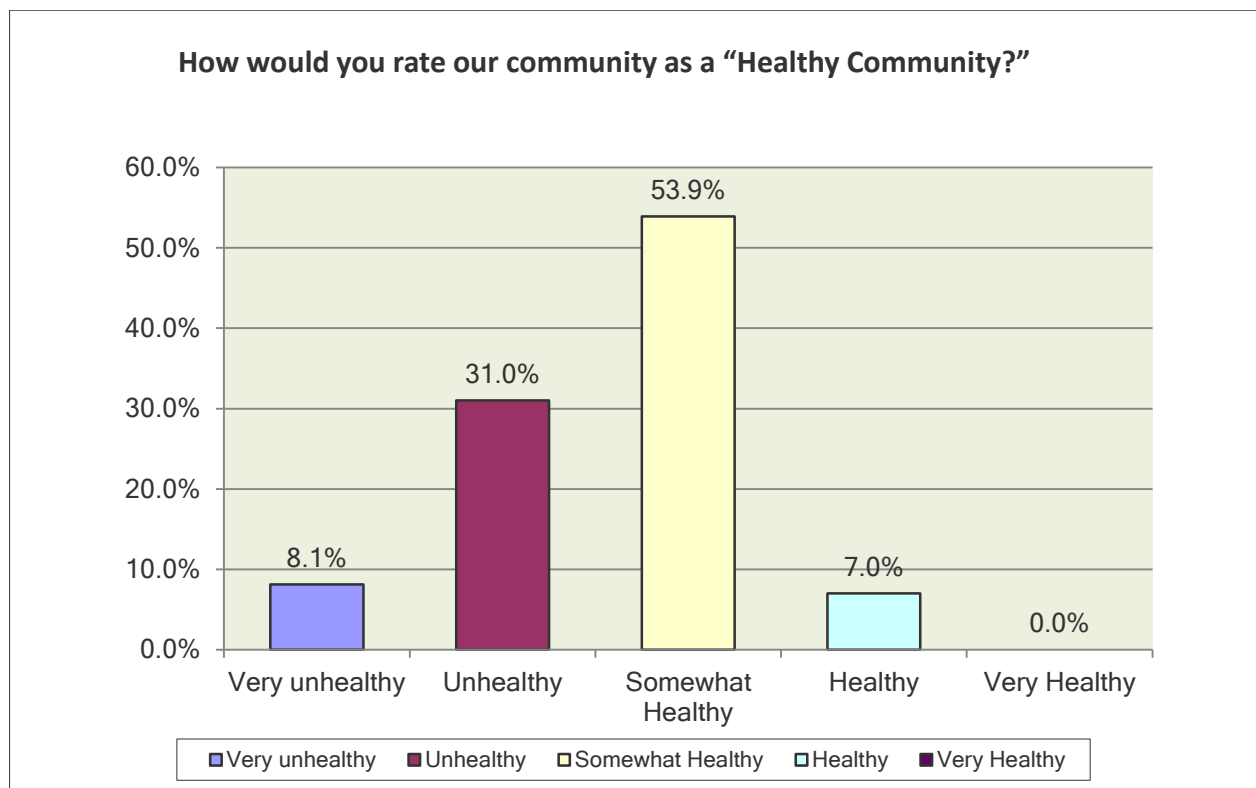
Nearly all (90.6%) of the survey respondents selected “Yes.” Indicating they had a car or transportation to get to a doctor’s office or clinic.

Section V: Perceptions of Franklin County Community Health

The last section of the survey asked respondents about their perceptions regarding community health. There were 5 questions where respondents were instructed to think about their experiences in acquiring health care for household members and themselves.

Using a five-point Likert scale, survey respondents were asked to rate the health of the Franklin County community from *Very Unhealthy* to *Very Healthy*. Over half (60.9%) of the survey respondents rated the community as *Somewhat Healthy* to *Healthy*. No one rated the community as *Very Healthy*.

Figure 8. Healthy Community Rating



Survey respondents were asked to identify the four most important factors for a “healthy community” from a list of 16 items. Table 4 summarizes the responses. The four most important factors (with their associated response percentage) include:

- Good schools (61.6%)
- Low crime/safe neighborhoods (50.9%)
- Access to health care (50.2%)
- Good jobs and healthy economy (49.5%)

Table 4. Four Most Important Factors for a Healthy Community

From the following list select what you think are the four (4) most important factors for a “healthy community?”		
Answer Options	Response Percent	Response Count
Good place to raise children	48.7%	136
Low crime / safe neighborhoods	50.9%	142
Low level of child abuse	13.3%	37
Good schools	61.6%	172
Access to health care (e.g., family doctor)	50.2%	140
Parks and recreation	11.8%	33
Clean environment	25.1%	70
Affordable housing	25.4%	71
Arts and cultural events	3.6%	10
Equal opportunities	6.1%	17
Good jobs and healthy economy	49.5%	138
Strong family life	26.2%	73
Healthy behaviors and lifestyles	28.0%	78
Low adult death and disease rates	3.2%	9
Low infant death rate	5.4%	15
Religious or spiritual values	23.3%	65

Survey respondents were next asked to review a list of 19 health issues which can impact the overall health of a community. Respondents were asked to select the four most important health problems in the Franklin County community. Table 5 summarizes the responses. The four most important health problems, including their response percent were:

- Cancers (55.6%)
- Dental problems (40.8%)
- Teenage pregnancy (40.4%)
- Mental health issues (32.5%)

Table 5. Four Most Important Health Problems

From the following list, select what you think are the four (4) most important “health problems” in our community? (Those problems that have the greatest impact on overall community health)		
Answer Options	Response Percent	Response Count
Accidents and injuries (not related to motor vehicle crashes)	10.5%	29
Health issues related to aging (arthritis, hearing/vision loss, etc.)	19.5%	54
Cancers	55.6%	154
Child abuse / neglect	20.6%	57
Dental problems	40.8%	113
Diabetes	29.6%	82
Domestic violence/rape/sexual assault	23.5%	65
Heart disease and stroke	29.6%	82
High blood pressure	25.3%	70
HIV / AIDS	11.6%	32
Homicide	0.0%	0
Infant death	0.4%	1
Mental health issues such as depression, anxiety	32.5%	90
Infectious disease (hepatitis, TB, etc.)	3.2%	9
Motor vehicle crash injuries	12.6%	35
Respiratory / lung disease	11.6%	32
Sexually Transmitted Diseases (STDs)	23.8%	66
Suicide	2.5%	7
Teenage pregnancy	40.4%	112

Survey respondents were asked to identify the four most important risky behaviors in the Franklin County community. A list of 14 behaviors which could impact overall community health was presented. Table 6 displays the responses. The four most important risky behaviors were identified as:

- Alcohol abuse (75.7%)
- Illegal drug abuse (71.7%)
- Prescription drug abuse (52.9%)
- Dropping out of school (39.5%)

Table 6. Four Most Important Risky Behaviors

From the following list, select what you think are the four (4) most important “risky behaviors” in our community? (Those behaviors that have the greatest impact on overall community health)		
Answer Options	Response Percent	Response Count
Alcohol abuse	75.7%	209
Being overweight or obese	36.6%	101
Dropping out of school	39.5%	109
Illegal drug abuse	71.7%	198
Prescription drug abuse	52.9%	146
Poor eating habits	17.8%	49
Not getting “shots” to prevent disease	4.3%	12
Racism	8.7%	24
Tobacco use	29.0%	80
Not using birth control, unsafe sex	32.2%	89
Not using seat belts / child safety seats	10.5%	29
Not visiting the doctor when sick	14.1%	39
Lack of exercise	12.3%	34
Poor or distracted driving	10.9%	30

The final question in this section asked survey respondents to identify two ways the health care could be improved in Franklin County. This was an open-ended question, and 383 responses were provided. The responses were thematized resulting in 21 categories or themes. These are presented in Table 7 below. The top ways suggested by survey respondents include:

- More/better doctors/specialists (17.4%)
- Affordable healthcare/insurance (13.8%)

Table 7. Ways to Improve Health Care in Franklin County

In the space below, tell us the two things you would do to improve health care in our county.		
Response	Response Percent	Response Count
Access	4.4%	17
Affordable healthcare/insurance	13.8%	53
Affordable housing	1.3%	5
Better diet/nutrition	3.3%	13
Enforce of laws (driving, drugs, etc.)	4.4%	17
Health Awareness/Education/Promotion	8.6%	33
Healthy food choices/education	2.3%	9
Improved education	3.3%	13
Jobs/Economy	2.0%	8
More health department services/facilities	6.5%	25
More/better dentists	6.2%	24
More/better doctors/specialists	17.4%	67
More/better facilities	6.5%	25
People who care/listen	0.7%	3
Preventive care/screenings	2.6%	10
Recreation/Parks	2.8%	11
Substance abuse/Mental health counseling/services	3.3%	13
Teenage Pregnancy/Sex education	2.6%	10
Transportation	1.0%	4
Water quality	1.0%	4
Other	4.9%	19

COMMUNITY HEALTH STRENGTHS & THEMES 2012 - NEXT STEPS

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

The next step in the Franklin County CHIP process is to conduct a Forces of Change assessment, wherein the results from this report will be reviewed in conjunction with 2010 U.S. Census data



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

multiple factors that affect health in a community.

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

COMMUNITY HEALTH STRATEGIC PLANNING



The Community Health Assessment defines the health of a community using a Social Determinants of Health model which recognizes numerous factors at multiple levels impact a community's health. This report serves as the foundation in the final step in the Community Health Improvement efforts – the Action Plan.

SUMMARY FROM MAPP ASSESSMENTS

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

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

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<p>Community Health Status Profile</p> <ul style="list-style-type: none"> ○ Franklin County's adult and elderly populations are higher than the state. ○ The poverty rate was 18.4%. ○ Nearly 70% of children are eligible for free and reduced lunches. ○ 30.9% of the population was uninsured.. ○ The teen birth rate is higher than Statewide, and places Franklin County in the 4th Quartile. ○ The rate of avoidable pneumonia hospitalizations is twice the State rate. ○ The percent of adults with hypertension in Franklin County is higher than Statewide—particularly for those ages 18-44 (117% the State rate). ○ The Franklin County rate of alcohol-related vehicle crash deaths is 455% the State rate. ○ The percent of adult residents who smoke tobacco is 132.6% the State rate. ○ Unintentional injuries is the cause of death with the greatest difference than Statewide, with a three year rate that is 163% the statewide rate 	<p>Community Themes & Strengths Assessment</p> <ul style="list-style-type: none"> ○ Cancers ○ Dental problems ○ Teenage pregnancy ○ Mental health issues ○ More/better doctors/specialists ○ Affordable healthcare/insurance ○ Alcohol abuse ○ Illegal drug abuse ○ Prescription drug abuse ○ Dropping out of school
<p>Local Public Health System Assessment</p> <ul style="list-style-type: none"> ○ ES #8: Assure a component of public and personal health care workforce. ○ ES #4: Mobilize community partnerships to identify and solve health problems. ○ ES #10: Research for new insights and innovative solutions to health problems. 	<p>Forces of Change Assessment</p> <ul style="list-style-type: none"> ○ Education ○ Access to health care ○ Geriatric care ○ Chronic disease ○ Economic issues ○ Clinical care ○ Dangerous living ○ Prenatal and child care

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

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

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

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

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

Source: Florida Department of Health, Office of Minority Health

When available, health disparities will be identified for each of the Strategic Issues identified in the Community Health Improvement process. It should be

noted that data only exists on health disparities for White and Black-African American and Male and Female populations within Franklin County.

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

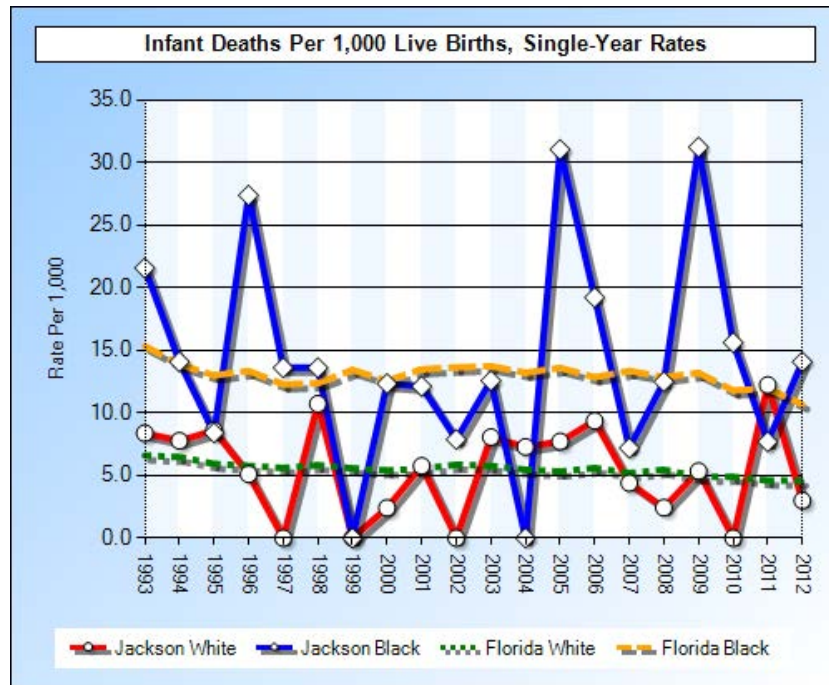
STRATEGIC ISSUES

- Child Health
- Substance Abuse
- Poverty
- Access to Healthcare & Prevention

STRATEGIC ISSUE 1: CHILD HEALTH

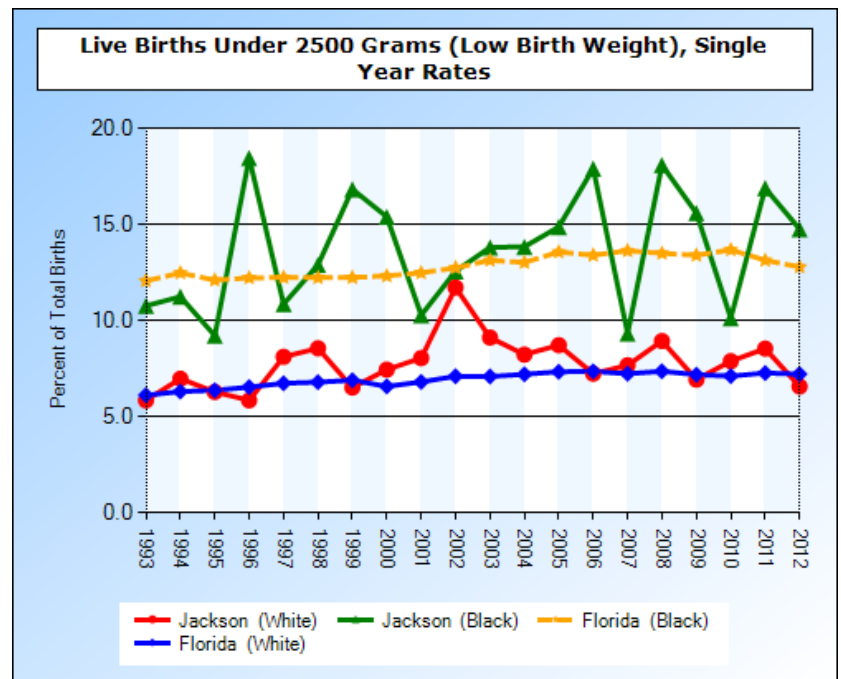
Child health was a critical issue that appeared in all four MAPP assessments. The available data is limited when stratified by gender or ethnicity; health disparities for these groupings could not consistently identified. However, there are several indicators for children that pose a specific health concern for Franklin County.

Infant death rates for children 0 to 365 days are trending downward for White infants but trending upward for Black infants. The Black infant death rate was 14.1 compared to the state rate of 10.7. The graph on the following page displays these trends for Franklin County White and Black infants as compared to the state.



Source: Florida CHARTS

Low birth weights defined as live births under 2500 grams, has consistently been higher for Black infants (14.8) as compared to White infants (6.6) in Franklin County. However, low birth weights in White infants are higher than a comparable state population.



There are a number of indicators related to injuries and abuse that pose a health threat to children in Franklin County, according to data from the Florida Department of Health. The unintentional injury death rate among children ages 1 to 5 is nearly six times the state rate. The non-fatal unintentional poisoning rates for children ages 1 to 5 is twice the state rate, as is the unintentional falls in this age group. Motor vehicle deaths among 19 to 21 year olds are nearly twice the state rate. And violent acts in kindergarten through 12th grade are higher than the state rate. This data is presented in the table below.

Measure	Rate Type	Year (s)	County Quartile 1=most favorable 4=least favorable	County Number	County Rate	State Comparison
Injuries and Injury-related Deaths						
Unintentional injury deaths ages 1-5	Per 100,000 population 1-5	2009-11	4	<2	60.1(u)	11.1
Hospitalizations ages 1-5 for all non fatal unintentional injuries	Per 100,000 population 1-5	2008-10	2	<2	243.3 (u)	230.2
...Near drownings	Per 100,000 population 1-5	2008-10	1	<2	0.0(u)	16.5
...Traumatic brain injuries	Per 100,000 population 1-5	2008-10	3	<2	60.8(u)	43.3
Hospital/ER treated non fatal unintentional poisonings ages 1-5 ⁸	Per 100,000 population 1-5	2008-10	4	5	973.2	402.8
...Unintentional falls	Per 100,000 population 1-5	2008-10	4	52	9549.9	4329.4
Child Passengers injured/killed in motor vehicle crashes per 100,000 pop.						
5-11	Per 100,000	2008-10	1	2	263.4	369.1
12-18	Per 100,000	2008-10	4	7	979.6	570.5
Motor vehicle deaths per 100,000 population						
5-11	Per 100,000	2009-11	1	<2	0.0(u)	2.2
12-18	Per 100,000	2009-11	1	<2	0.0(u)	8.7
19-21	Per 100,000	2009-11	4	<2	86.7(u)	23.5
Non-fatal motor vehicle related hospitalizations per 100,000 pop. (MV occupants only)						
5-11	Per 100,000	2009-11	1	<2	0.0(u)	12.2
12-18	Per 100,000	2009-11	4	<2	178.2 (u)	39.0
19-21	Per 100,000	2009-11	4	<2	173.3 (u)	94.0
Injuries and Violence (continued)						
Other non-fatal unintentional injury hospitalizations per 100,000 pop.						
5-11	Per 100,000	2009-11	3	<2	133.2 (u)	124.3
12-18	Per 100,000	2009-11	3	<2	178.2 (u)	168.5
19-21	Per 100,000	2009-11	3	<2	260.0 (u)	212.1
Violent acts in school per 1,000 students grades K-12 ⁵	Per 1,000	2010-11(SY)	4	5	3.7	2.2

Source: Florida CHARTS

Child abuse and sexual violence rates among children ages 5 to 11 are over double the state rates, as displayed in the table below.

Measure	Rate Type	Year (s)	County Quartile 1=most favorable 4=least favorable	County Number	County Rate	State Comparison
Children 5-11 experiencing child abuse per 1,000 pop. 5-11	Per 1,000	2009-11	4	24	32.8	11.5
Children 5-11 experiencing sexual violence per 1,000 pop. 5-11	Per 1,000	2009-11	4	<2	2.2(u)	0.6

Source: Florida CHARTS

Franklin County children in Middle and High School report not getting sufficient physical activity as surveyed on the 2012 Florida Youth Tobacco Survey (FTYS). BMI at or above the 95th percentile are also high for Middle and High School youth. This data is displayed below.

Insufficient Physical Activity						
Percent of students without sufficient vigorous physical activity						
	Percent	Year	County Quartile	County Number	County Rate	State Comparison
Middle school	Percent	2012	4		41.1%	29.9%
High school	Percent	2012	4		39.9%	37.3%
Obesity						
Percent of students reporting BMI at or above 95th percentile						
Middle school	Percent	2012	4		18.8%	11.1%
High school	Percent	2012	3		16.3%	14.3%

STRATEGIC ISSUE 2: SUBSTANCE ABUSE

Substance Abuse is high for both children and adults in Franklin County, according to the Florida Department of Health data sources. For Middle and High School students, use of tobacco (cigarettes, cigars, and smokeless tobacco) was over double the rates associated with similar state populations.

Indicator	Middle School			
	Franklin County %	95% CI	State %	95% CI
Smoked cigarettes on one or more of the past 30 days	11.8	(3.8 - 19.7)	3.3	(3.0 - 3.5)
Smoked cigars on one or more of the past 30 days	10.7	(2.7 - 18.7)	3.9	(3.6 - 4.2)
Used smokeless tobacco on one or more of the past 30 days	8.0	(2.1 - 13.9)	2.3	(2.1 - 2.6)
Used any form of tobacco on one or more of the past 30 days	20.3	(7.9 - 32.7)	6.4	(6.0 - 6.8)

Indicator	High School			
	Franklin County %	95% CI	State %	95% CI
Smoked cigarettes on one or more of the past 30 days	27.1	(18.3 - 35.9)	10.1	(9.6 - 10.6)
Smoked cigars on one or more of the past 30 days	31.7	(21.8 - 41.6)	11.4	(10.9 - 11.9)
Used smokeless tobacco on one or more of the past 30 days	16.8	(7.4 - 26.1)	5.6	(5.2 - 6.0)
Used any form of tobacco on one or more of the past 30 days	48.0	(34.3 - 61.7)	17.9	(17.3 - 18.6)

Source: FYTS, 2012

Middle School and High School student use of alcohol and marijuana was also higher than state rates based on data from 2010.

Measure	Rate Type	Year (s)	County Quartile 1=most favorable 4=least favorable	County Number	County Rate	State Comparison
Substance Abuse						
Percent of students who used alcohol in past 30 days						
Middle school	Percent	2010	4		22.9%	16.8%
High school	Percent	2010	4		50.6%	38.0%
Percent of students reporting binge drinking						
Middle school	Percent	2010	3		8.3%	6.9%
High school	Percent	2010	4		29.3%	19.6%
Percent of students using marijuana/hashish in past 30 days						
Middle school	Percent	2010	4		11.5%	5.7%
High school	Percent	2010	4		26.8%	18.6%

Source: Florida CHARTS

The 2010 BRFSS reveals some differences among Franklin County adult residents in terms of substance abuse. This data is stratified based on a variety of groupings. Self-report of smoking indicates 36.8% of Women smoke as compared to 27.8% of Men. Smoking was highest among those 18 to 44 years of age (45.2%) and residents making less than \$25,000 a year (43.8%). Data grouped by ethnicity was not available. This data is summarized in the table below.

2010 Florida BRFSS Data Report

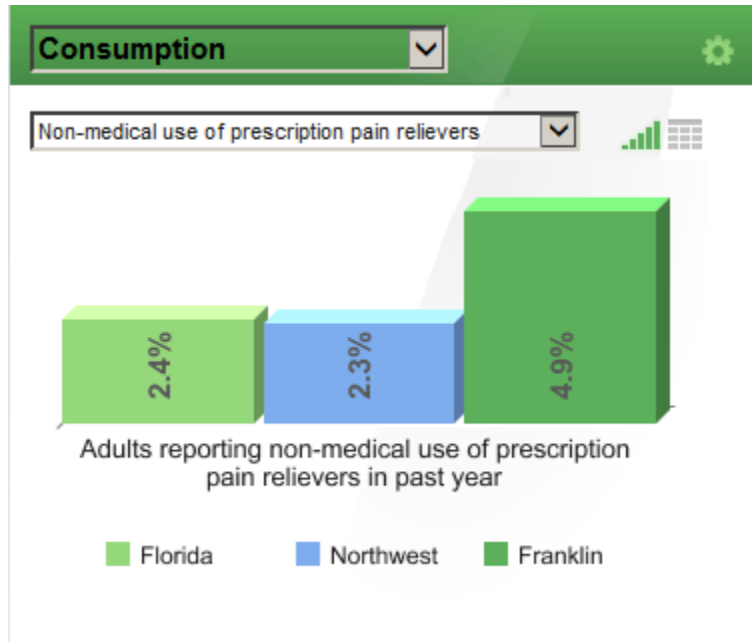
Franklin

		2010 County			2010 State			2007 County
		Measure	95% CI		Measure	95% CI		Measure
Tobacco Use & Exposure								
Percentage of adults who are current smokers								
ALL	Overall	31.6	24.9	38.4	17.1 *	16.1	18.1	25.6
SEX	Men	27.8	19.4	36.2	18.4	16.7	20.0	27.2
	Women	36.8	26.2	47.4	16.0 *	14.9	17.0	24.3
RACE/ETHNICITY	Non-Hisp. White	29.9	22.8	37.0	18.4 *	17.4	19.5	28.4
	Non-Hisp. Black				13.7	10.9	16.5	
	Hispanic				13.8	10.1	17.5	
SEX BY RACE/ETHNICITY	Non-Hisp. White Men	24.6	16.4	32.9	17.9	16.3	19.6	32.1
	Non-Hisp. White Women	36.7	25.0	48.3	18.9 *	17.6	20.2	25.2
	Non-Hisp. Black Men				19.0	13.4	24.5	
	Non-Hisp. Black Women				9.7	7.3	12.0	
	Hispanic Men				18.9	12.2	25.6	
	Hispanic Women				8.8	6.1	11.6	
AGE GROUP	18-44	45.2	29.3	61.1	20.5 *	18.4	22.5	34.8
	45-64	32.2	24.1	40.4	19.2 *	17.7	20.7	25.5
	65 & Older	9.0	4.6	13.3	8.4	7.5	9.3	9.9
EDUCATION LEVEL	<High School	36.9	20.2	53.6	28.3	24.4	32.3	42.7
	H.S. / GED	30.0	20.6	39.3	24.3	22.2	26.4	26.4
	>High School	30.6	19.4	41.7	12.9 *	11.8	14.0	18.7
ANNUAL INCOME	<\$25,000	43.8	30.3	57.4	26.5 *	24.2	28.8	46.3
	\$25,000-\$49,999	23.6	14.0	33.2	18.0	15.9	20.2	26.1
	\$50,000 or More	18.7	9.6	27.7	11.7	10.3	13.0	15.0
MARITAL STATUS	Married/Couple	25.6	18.8	32.5	14.3 *	13.2	15.4	21.3
	Not Married/Couple	38.1	25.3	51.0	22.3 *	20.4	24.1	35.5

Nearly one-quarter (21.2%) of Men reported a higher percentage of heavy or binge drinking as compared to Women (12.5%) in Franklin County. Over one-quarter (26.5%) of adults ages 18 to 44 reported engaging in heavy or binge drinking. Those adults with less than a High School diploma and those make less than \$25,000 also had higher percentages of self-reported binge drinking. %). Data grouped by ethnicity was not available. This data is summarized in the table below.

2010 Florida BRFSS Data Report		Franklin						
Alcohol Consumption								
Percentage of adults who engage in heavy or binge drinking								
		2010 County			2010 State			2007 County
		Measure	95% CI		Measure	95% CI		Measure
ALL	Overall	17.6	12.2	22.9	15.0	14.0	16.0	18.6
SEX	Men	21.2	12.9	29.6	19.8	18.0	21.6	25.7
	Women	12.5	7.8	17.2	10.5	9.6	11.4	12.4
RACE/ETHNICITY	Non-Hisp. White	15.9	10.9	20.9	16.4	15.3	17.5	19.9
	Non-Hisp. Black				8.2	5.8	10.6	
	Hispanic				15.3	11.3	19.3	
SEX BY RACE/ETHNICITY	Non-Hisp. White Men	19.2	11.3	27.0	20.9	19.0	22.8	29.0
	Non-Hisp. White Women	11.6	6.9	16.4	12.2	11.1	13.3	12.2
	Non-Hisp. Black Men				12.2	7.3	17.0	
	Non-Hisp. Black Women				5.2	3.4	7.1	
	Hispanic Men				23.0	15.8	30.2	
	Hispanic Women				7.8	4.7	10.9	
AGE GROUP	18-44	26.5	13.0	40.1	20.9	18.8	23.1	22.3
	45-64	15.4	9.1	21.8	14.4	12.9	15.9	20.0
	65 & Older	8.7	4.3	13.2	6.8	6.0	7.6	9.9
EDUCATION LEVEL	<High School	18.0	2.3	33.7	11.6	8.6	14.6	20.8
	H.S. / GED	13.1	6.0	20.1	15.5	13.5	17.5	15.4
	>High School	21.6	13.7	29.4	15.2	14.0	16.5	19.8
ANNUAL INCOME	<\$25,000	21.2	10.2	32.2	12.1	10.0	14.2	20.7
	\$25,000-\$49,999	15.5	8.0	23.0	13.4	11.2	15.7	19.7
	\$50,000 or More	11.9	4.8	19.0	18.6	17.0	20.3	20.9
MARITAL STATUS	Married/Couple	16.8	10.7	22.9	14.7	13.5	15.9	18.1
	Not Married/Couple	19.4	9.4	29.4	15.5	13.6	17.3	19.7

The non-medical use of prescription pain relievers by adult residents in Franklin County was nearly double the state percentages as shown in the bar chart below. This data was not stratified based on population demographics.



Source: Florida Community Health & Wellness Dashboard

The rate of hospitalizations for marijuana use or dependence was higher than the state rate (8 versus 6.9) among Franklin County residents.

STRATEGIC ISSUE 3: POVERTY

According to the US Census American Community Survey (ACS) 2006-2010, Franklin County ranks 5th out of 67 Florida Counties for percentage of population in poverty (25.6%) and 2nd for families in poverty (20.6%). White residents had a median household income of \$38,841 versus Black residents who had a median household income of \$20,915. Male residents had a median individual income of \$25,880 as compared to Women who had a median individual income of \$16,880.

Median Household Income by Races

	Franklin County	Florida	U.S.
White	\$38,841, see rank	\$50,316	\$54,999
Black	\$20,915, see rank	\$35,197	\$35,194
Hispanic	\$2,499, see rank	\$41,758	\$41,534
Asian	\$37,534, see rank	\$57,818	\$68,950
Two or More Races	\$52,083, see rank	\$43,199	\$45,781

Nearly one-quarter of the population (22.3%) were in poverty according to the US Census American Community Survey (ACS) 2011 report. Over one-quarter (30.7%) of those under the age of 18 were in poverty in Franklin County, and 29.7% of children, ages 5 to 17, in families were in poverty.

The Florida Legislature's Office of Economic and Demographic Research reported that 79.4% of Franklin County residents ages 25 or older had a High School diploma as compared to the state percentage of 85.5%. In addition, 17.9% of Franklin County residents ages 25 or older had a Bachelor's degree or higher as compared to the state percentage of 26%. Franklin County Middle School students were not promoted at a rate nearly double the state rate (4.1% versus 2.2%).

The Florida Department of Health data source indicated 82.8% of Elementary School children and 74.1% of Middle School students were eligible for the free/reduced lunch program in academic year 2010-2011. The table below summarizes this data.

Measure	Rate Type	Year (s)	County Quartile 1=most favorable 4=least favorable	County Number	County Rate	State Comparison
Socio-Economic Data						
Median income (in dollars)	Dollars	2006-10	4	\$36,490		\$47,661
Residents below 100% poverty level	Percent	2010	3		17.7%	12.5%
Unemployment rate	Percent	2011	1		7.9%	10.5%
Population over 25 without high school diploma or equivalency	Percent	2006-10	3		21.7%	14.7%
Percent of households where little English is spoken (linguistically isolated) ²	Percent	2006-10	1		0.8%	7.2%
Percent of students eligible for free/reduced lunch						
Elementary school	Percent	2010-11(SY)	4		82.8%	62.9%
Middle school	Percent	2010-11(SY)	4		74.1%	59.1%
Socio-Demographics						
Median income (in dollars) ²	2010	Dollars	4	\$36,490	\$47,661	
Residents below 100% poverty ²	2010	Percent	4	25.6%	13.8%	

STRATEGIC ISSUE 4: HEALTHCARE ACCESS & PREVENTION

According to the 2010 BFRSS, over three-quarters (79.7%) of Women in Franklin County reported having health insurance, while over half of Men (61.2%) reported the same. Nearly all (98.2%) of adults ages 65 and older reported having health insurance, and over half of adults, ages 18 to 64 had health insurance. This data was not stratified based on ethnicity.

Overall, less than one quarter (22.6%) of adult residents reported not being to see a doctor because of cost. More Men (26.9%) than Women (16.9%) reported not being able to see a doctor at least once in the past year due to cost. The table below summarizes this data.

2010 Florida BRFSS Data Report		Franklin						
Health Care Access & Coverage		Percentage of adults who could not see a doctor at least once in the past year due to cost						
		2010 County Measure			2010 State Measure			2007 County Measure
		Measure	95% CI		Measure	95% CI		Measure
ALL	Overall	22.6	16.3	29.0	17.3	16.2	18.3	16.4
SEX	Men	26.9	17.1	36.7	15.4 *	13.8	17.0	12.5
	Women	16.9	10.7	23.0	19.1	17.8	20.4	19.9
RACE/ETHNICITY	Non-Hisp. White	19.4	13.3	25.5	13.6	12.7	14.5	16.5
	Non-Hisp. Black				21.8	17.8	25.8	
	Hispanic				29.5	25.3	33.7	
SEX BY RACE/ETHNICITY	Non-Hisp. White Men	22.1	12.6	31.6	12.1	10.7	13.6	14.1
	Non-Hisp. White Women	16.0	9.6	22.3	15.0	13.8	16.1	18.6
	Non-Hisp. Black Men				24.8	17.5	32.1	
	Non-Hisp. Black Women				19.6	15.4	23.7	
	Hispanic Men				24.3	17.7	30.9	
	Hispanic Women				34.5	29.3	39.7	
AGE GROUP	18-44	30.4	15.6	45.3	25.3	23.1	27.5	23.1
	45-64	25.3	16.8	33.9	17.6	16.1	19.1	16.1
	65 & Older	4.3	1.2	7.4	4.3	3.3	5.2	4.5
EDUCATION LEVEL	<High School	42.0	23.3	60.7	31.2	26.7	35.7	24.0
	H.S. / GED	21.5	12.7	30.4	21.7	19.5	23.9	19.0
	>High School	13.8	6.8	20.8	13.9	12.7	15.1	11.9
ANNUAL INCOME	<\$25,000	34.3	22.1	46.6	36.1	33.4	38.7	35.9
	\$25,000-\$49,999	19.8	6.3	33.3	18.6	16.5	20.7	12.1
	\$50,000 or More	3.9	0.2	7.7	6.0	5.0	7.0	4.3
MARITAL STATUS	Married/Couple	19.7	12.1	27.2	14.0	12.8	15.2	13.8
	Not Married/Couple	27.4	15.8	38.9	23.2	21.2	25.2	22.4

Nearly twice as many Women reported having a medical checkup in the past year as compared to Men in Franklin County. And those residents ages 65 and older reported having a medical checkup in the past year more frequently than

younger residents (83.9% versus 55.6%). The table below summarizes this data from the 2010 BFRSS report.

Percentage of adults who had a medical checkup in the past year

		2010 County			2010 State			2007 County
		Measure	95% CI		Measure	95% CI		Measure
ALL	Overall	58.6	51.5	65.6	69.7 *	68.5	71.0	74.7 *
SEX	Men	47.0	37.5	56.4	66.5 *	64.5	68.5	68.3 *
	Women	74.5	67.2	81.7	72.8	71.3	74.3	80.3
RACE/ETHNICITY	Non-Hisp. White	62.5	55.4	69.6	71.6 *	70.4	72.9	74.2
	Non-Hisp. Black				71.9	67.5	76.2	
	Hispanic				59.4	54.8	64.1	
SEX BY RACE/ETHNICITY	Non-Hisp. White Men	53.2	43.2	63.2	68.4 *	66.4	70.4	68.4
	Non-Hisp. White Women	74.5	66.8	82.2	74.7	73.3	76.1	79.0
	Non-Hisp. Black Men				64.6	57.1	72.1	
	Non-Hisp. Black Women				77.4	72.5	82.2	
	Hispanic Men				56.6	49.1	64.1	
	Hispanic Women				62.2	56.7	67.7	
AGE GROUP	18-44	46.7	30.9	62.5	53.8	51.3	56.2	63.4
	45-64	55.6	46.5	64.8	72.3 *	70.5	74.1	77.2 *
	65 & Older	83.9	77.2	90.7	90.3	89.4	91.2	89.1
EDUCATION LEVEL	<High School	35.0	18.8	51.1	59.9 *	55.1	64.6	71.6 *
	H.S. / GED	68.3	58.0	78.6	67.3	64.9	69.6	73.3
	>High School	61.3	51.5	71.1	71.9	70.4	73.4	76.4
ANNUAL INCOME	<\$25,000	63.3	50.5	76.2	63.0	60.4	65.7	63.4
	\$25,000-\$49,999	56.8	43.4	70.2	70.5	68.0	73.0	69.0
	\$50,000 or More	59.3	47.6	71.0	73.5 *	71.6	75.4	84.2 *
MARITAL STATUS	Married/Couple	59.9	51.7	68.1	72.0 *	70.5	73.5	76.0
	Not Married/Couple	57.9	45.2	70.6	65.6	63.4	67.8	71.3

HEALTH ASSETS AND RESOURCES

Health Insurance Coverage

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

Responses from Franklin County residents in the 2010 county-level BRFSS indicate that 69.1% of residents overall reported having some type of health insurance coverage at the time of the survey; compared to 83.0% statewide. This was considered to be a statistically significant difference from the state average. There were some specific differences in coverage noted among specific groups. For example, 61.2% of men reported having health insurance, compared to 79.7% of women. Additionally, 82.8% of persons who had attended additional schooling beyond obtaining a high school degree reported having coverage, compared to only 71.5% of persons with no formal education beyond high school. Similarly, 92.5% of persons making \$50,000 or more per year had insurance, compared to only 55.1% among persons making less than \$25,000.

Data reported by the U.S. Census Bureau from the 2010 Small Area Health Insurance Estimates indicate that as many as 26.8% of Franklin County residents were uninsured at that time among all races, age groups, and genders. Additional data was not available from Florida Hospital Association on the percentage of Franklin County residents that were uninsured by age group.

Florida's Agency for Health Care Administration (AHCA) administers the Medicaid program for the state. The agency records and tracks various types of enrollment data, and many of these figures are available on their website at: <http://ahca.myflorida.com/Medicaid/index.shtml>.

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

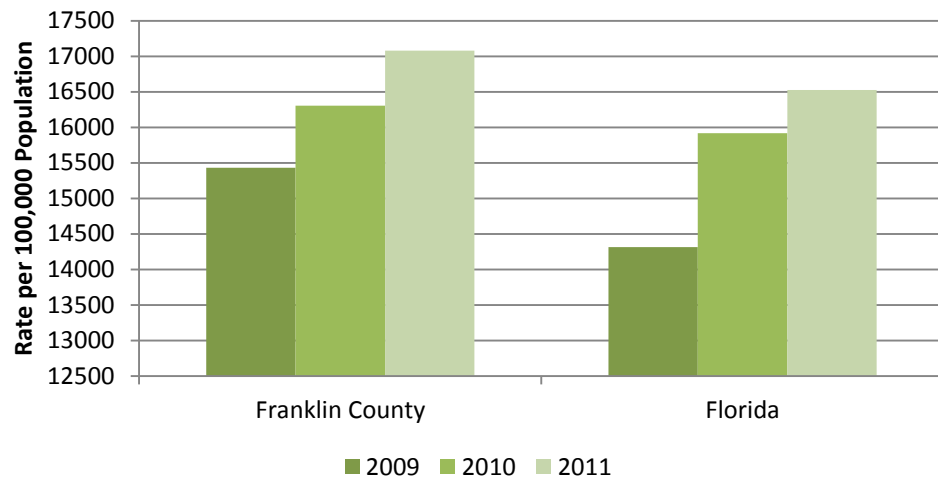
Hospital Discharges by Principal Payer, Florida, 2011

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

A comparison of health insurance coverage was not available solely for Franklin County.

The median monthly Medicaid enrollment has increased in Franklin County and in Florida during recent years. This trend is displayed below.

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



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

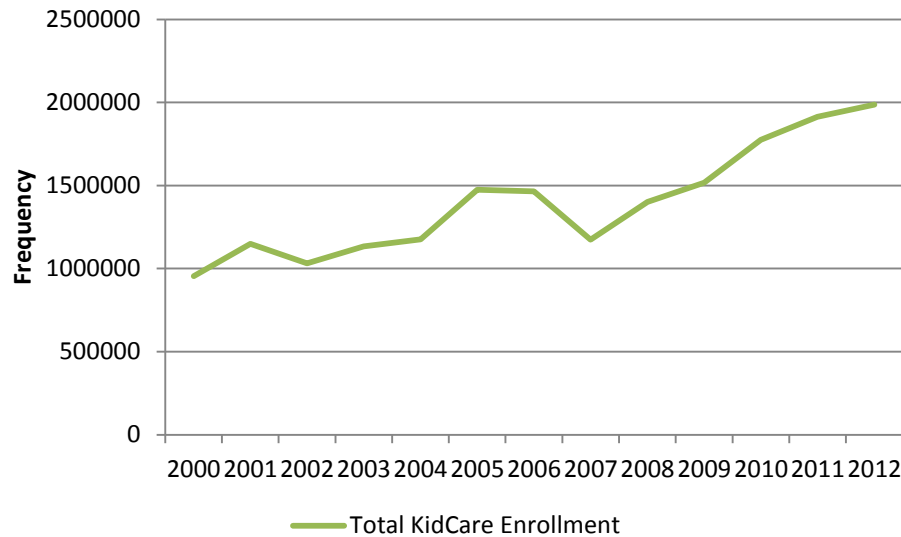
Coverage for Children

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

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

The total Florida KidCare enrollment in January from 2000 through 2012 is shown in the figure on the following page.

Total KidCare Enrollment (MediKids + Medicaid), Florida, January 2000 – January 2012



Source: Florida Agency for Healthcare Administration, 5/31/2013

Primary Care

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

Due to their central role in the health services system, a shortage of primary care providers can negatively impact the health of a community. For this

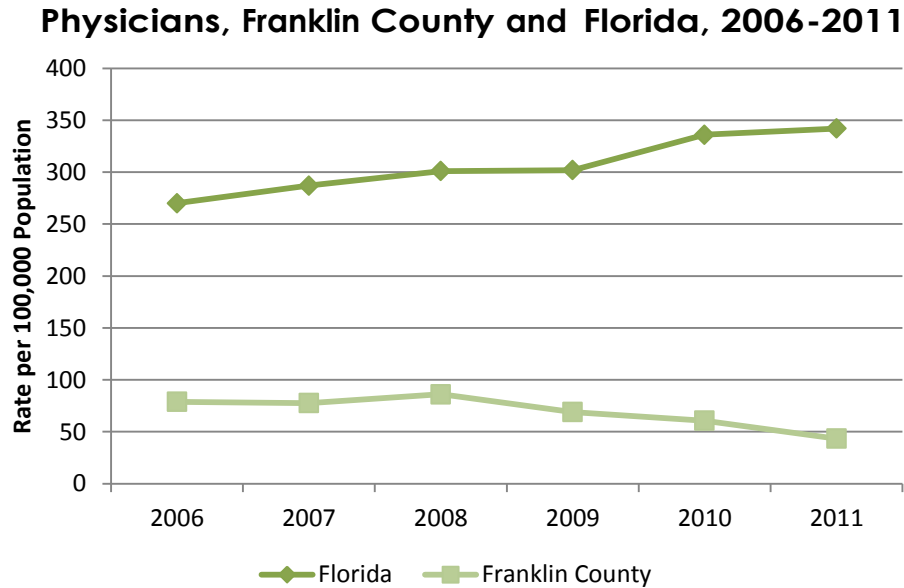
reason, the Federal government has established specific criteria to determine whether an area has a shortage of providers; and also criteria to help determine whether a specific area is underserved. The HRSA Shortage Designation Branch is responsible for setting the criteria and ultimately deciding whether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

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

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

Overall, Franklin County has a significantly lower rate (43.4 per 100,000 population) of licensed physicians when compared to the state (342.0 per

100,000 population) in 2011. Recently, the gap between Franklin County and the state average has been increasing.



Source: Florida Department of Health

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

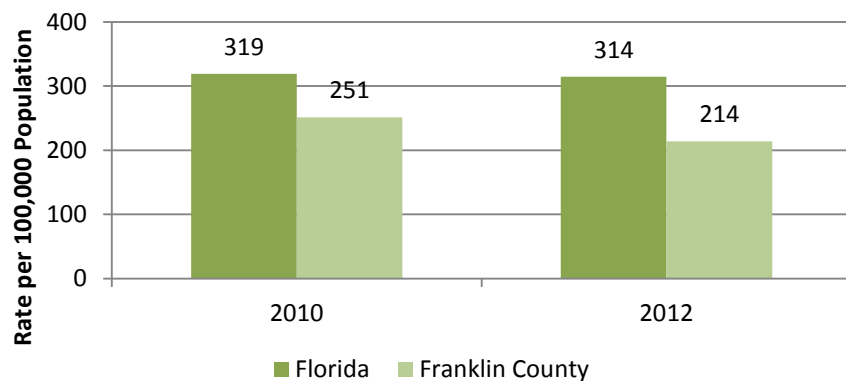
Health Care Facilities

Acute Care

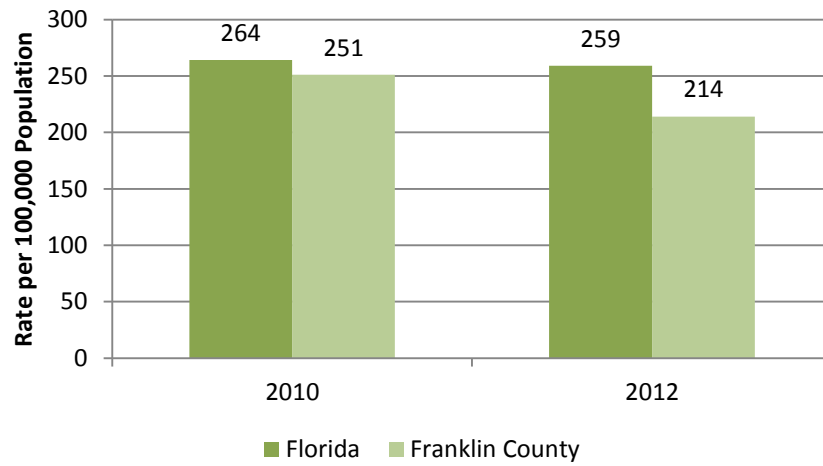
Acute care hospitals play a key role in the delivery of health care services, especially in more rural communities where primary and specialist outpatient care shortages may exist. In addition to providing traditional inpatient services, hospitals may also provide extensive diagnostic and treatment services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

Overall, Franklin County has a lower rate of available hospital beds when compared to Florida. This is especially true for acute care beds and neonatal intensive care unit hospital beds when compared to the rest of the state in 2012.

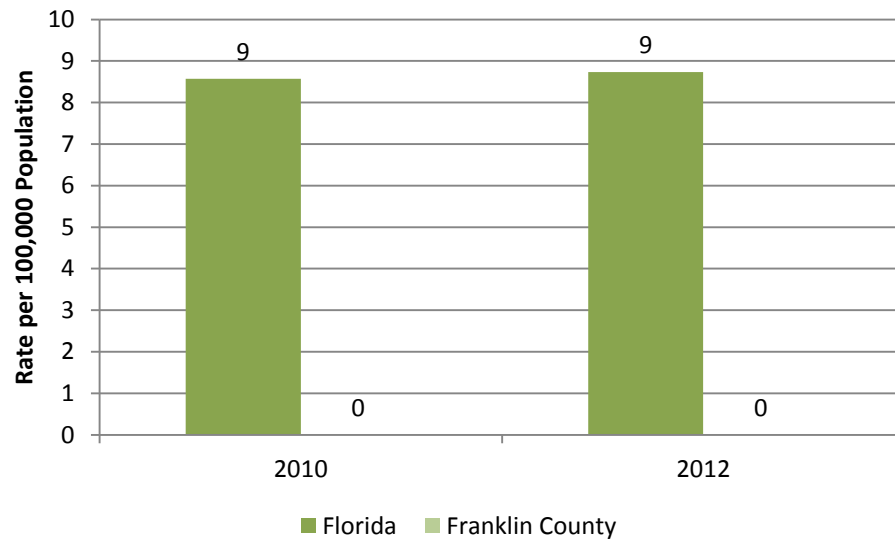
Total Hospital Beds (All Facilities), Franklin County and Florida, 2010 & 2012



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



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



George E Weems Memorial Hospital is the primary hospital for Franklin County, and provides Cardiology, Emergency Medicine, Gastroenterology, Internal Medicine, Podiatry, and Radiology services; however, the hospital is not a Baker Act receiving facility. From October 2011 through September 2012, there were 299 admits with an average length of stay of 2.6 days costing on average US\$8,207 at George E Weems Memorial Hospital.

Data on discharge diagnosis solely for Franklin County was not available. In the two tables on the following page are the Top 5 Diagnosis Related Group, MS-DRGs (Hospitalizations) in 2011 for Females and Males.

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

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

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

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

Emergency Room Care

Local hospital Emergency Room (ER) utilization rates can be an indicator of the availability and accessibility of health care services within an area. Many ER visits are preventable, or involve conditions that may be more appropriately cared for in a primary care setting. No information was available for Liberty County Emergency Room Admissions. Emergency department data on admissions was not available for Franklin County. The table below displays select non-fatal injury emergency department visits by mechanism in Franklin County during 2011.

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

Injury Mechanism	Franklin County		Florida
	N	County Age Adjusted Rate per 100,000 Population	Florida Age Adjusted Rate per 100,000 Population
Firearm	6	59	2374
Suffocation	0	0	1313
Pedalcyclist, Other	24	281	812
Motor Vehicle - Pedalcyclist	10	88	783
Fall	0	0	640
Drowning, Submersion	168	1,674	435
Other Spec & NEC	11	90	404
Overexertion	196	1,857	320
Cut, Pierce	128	1,248	209
Motor Vehicle - Pedestrian	0	0	100

Long-Term Care

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

Saber HealthCare Group is a long term care facility located in Carrabelle that offers skilled nursing care, rehabilitation, long term care, Alzheimer's and dementia care, respite care, hospice care, assisted living care. Admissions trend information was not available for this facility.

Long-term care also includes nursing home care. Medicaid is the primary funding source of nursing home care in most Florida counties; however, in Franklin County Medicaid does not pay for any (0.0%) of the nursing home days. Medicaid typically pays for long-term care; while Medicare covers short-term care following hospital discharge. Many nursing homes limit the number of dedicated Medicaid beds in their facilities in order to control the number of low-reimbursing, long-term Medicaid patients admitted.

There is one free standing skilled nursing facility in Franklin County. The rate of available nursing home beds (781 per 100,000 population) is higher than the state average (435 per 100,000 population). The table below summarizes the number of nursing home beds, average occupancy rates, and percent of days covered by both Medicaid and Medicare for Franklin County's free standing nursing homes.

Skilled Nursing Home Information, Franklin County and Florida, 2011

	Franklin County	Florida
Community Bed Days (per 100,000)	284,983	153,055
Community Patient Days (per 100,000)	178,832	133,892
Medicaid Patient Days (per 100,000)	125,566	82,196
Occupancy Rate	0.0%	87.5%
Percent Medicaid	0.0%	61.7%

Source: Florida Department for Elder Affairs

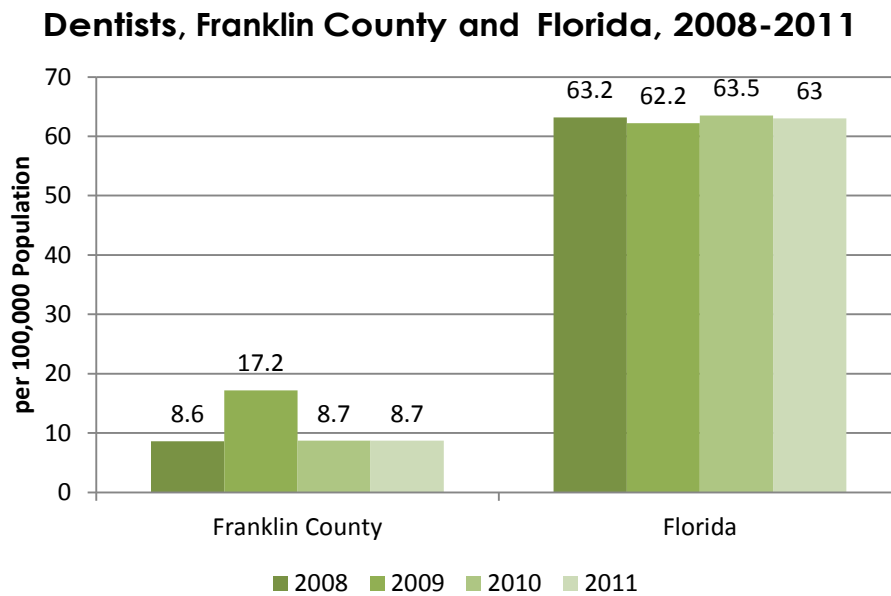
Mental Health and Substance Abuse

Franklin County has no adult psychiatric hospital beds.

Apalachee Center located in Apalachicola, offers outpatient services for mental health assessment/treatment, substance abuse assessment/treatment, co-occurring disorder assessment/treatment, case management, individual/family therapy, psychiatric and medication services, in-home services, employment/vocational services, peer support services, educational groups outreach, forensic case management both adults and children dealing with mental health and/or substance misuse/abuse problems. The center in Franklin County served 227 clients from the County in fiscal year 2011-2012.

Dental Care

The number of dentists in Franklin County has changed from 2008 to 2011. The most current data available showed there were 8.7 dentists per 100,000 population as compared to the Florida rate of 63 dentists per 100,000 population. The graph below displays this trend.



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

FRANKLIN COUNTY PHYSICAL ASSETS

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

Parks	Walking Trails
St Vincent National Wildlife Refuge	St Vincent National Wildlife Refuge
Tate's Hell State Forest	Tate's Hell State Forest
Bald Point State Park	Bald Point State Park
Dr. Julian G. Bruce Saint George Island State Park	Dr. Julian G. Bruce Saint George Island State Park
Battery Park	
Lafayette Park	Recreation Center
John Gome Museum State Park	Apalachicola Fitness Center
	Apalachicola Wellness
Recreational Bodies of Water	
Saint Vincent Sound	Athletic Field
Apalachicola Bay	Battery Park
Gulf of Mexico	Franklin County School
Saint George Sound	
Ochlockonee Bay	Schools
East Bay	Franklin County School
Ochlockonee River	Franklin County Learning Center
Apalachicola River	Apalachicola Bay Charter School
Public Libraries	
Apalachicola Library	
Franklin County Public Library	

Medical Care Centers	Rehab Centers
George E. Weems Memorial Hospital	Apalachicola Physical Therapy
Weems Medical Center West	Carrabelle Physical Therapy
Weems Medical Center East	Quality Care Rehab
Franklin County Health Department	
Dr. Zoe's Back and Neck Care	Mental Health Services
	Alcoholics Anonymous
Dental	Apalachee Center
Padgett Jr James a DDS	Coastal Rehabilitation
I Love My Dentist	
	Long-Term Care Facilities
Pharmacy	NHC HomeCare
CVS/pharmacy	St James Health & Rehabilitation
Buy Rite Drugs	
Carrabelle Medical Pharmacy	

HEALTH POLICIES

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

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

Health Risk Factors	Florida Law	Description
Unintentional injuries	FS 385.103	Chronic Disease Community Intervention Programs
	FAC 64B-7.001	Pain Management Clinic Registration Requirements
	FAC 64K-100(1, 2, 3, 4, 5, 6, 7)	Establishment Of Florida's Prescription Drug Monitoring Program
	FS Title XXIX, Chapter 397	Substance Abuse Services
	FS 316.613	Child restraint requirements
	FS 316.614	Safety belt usage
	FS 316.1936	Possession of open containers of alcoholic beverages in vehicles prohibited; penalties.
	FS 327.35	Boating under the influence; penalties; "designated drivers"
Overweight and Obesity	FS 385.103	Chronic Disease Community Intervention Programs
Communicable Diseases		
Arboviral Diseases	FS 388	Control of Arthropods in Florida
Tuberculosis	FS 392	Tuberculosis Control.
Enteric Diseases	FS 381.0031(1,2) and FAC 64D-3	Permits FDOH Investigation; Requires Reporting To FDOH By Laboratories & Licensed Providers Of Newly Diagnosed Or Suspected Case/Cluster/Outbreak
	FAC 64D-3.046	Policy On Vaccines Provided In Florida CHD (e.g., Hepatitis A)
	FS 381.0072	Food Service Protection
Influenza and Pneumonia	FS 381.0031(1,2) and FAC 64D-3	Permits FDOH Investigation; Requires Reporting To FDOH By Laboratories & Licensed Providers Of Newly Diagnosed Or Suspected Case (Novel Strain Or Pediatric Death) /Cluster/Outbreak

Health Risk Factors	Florida Law	Description
Vaccine Preventable Disease	FS 381.0031(1,2) and FAC 64D-3	Permits FDOH Investigation; Requires Reporting To FDOH By Laboratories & Licensed Providers Of Newly Diagnosed Or Suspected Case/Cluster/Outbreak
	FAC 64D-3.046	Policy On Vaccines Provided In Florida CHD; Determines Vaccination Policy For Admission To Florida Public Schools
	FS 402.305 and FAC 65C-22.006	Daycare Facility Requirements For Compulsory Immunizations For Admittance And Attendance
	FS 402.313 and FAC 65C-20.011	Licensed Family Daycare Homes Requirements For Compulsory Immunizations For Admittance And Attendance
	FS 402.305 and FAC 65C-25.002 and FAC 25.008	Licensed Specialized Childcare Facilities For The Care Of Mildly-Ill Children Requirements For Compulsory Immunizations For Admittance And Attendance
Hepatitis	FS 381.0031(1,2) and FAC 64D-3	Permits FDOH Investigation; Requires Reporting To FDOH By Laboratories & Licensed Providers Of Newly Diagnosed Or Suspected Case/Cluster/Outbreak
	FAC 64D-3.046	Policy On Vaccines Provided In Florida CHD; Determines Vaccination Policy For Admission To Florida Public Schools, Including Exemptions
Sexually Transmitted Infections	FS 381.0031(1,2) and FAC 64D-3	Permits FDOH Investigation; Requires Reporting To FDOH By Laboratories & Licensed Providers Of Newly Diagnosed Or Suspected Case/Cluster/Outbreak
	FS Title XXIX, Chapter 384	STIs: Department Requirements
HIV/AIDS	FS 381.0031(1,2) and FAC 64D-3	Permits FDOH Investigation; Requires Reporting To FDOH By Laboratories & Licensed Providers Of Newly Diagnosed Or Suspected Case/Cluster/Outbreak
	FAC 64D-200(2, 3, 4, 6)	Outlines With Respect To HIV The Definitions, Confidentiality, Testing Requirements, And Registration Of HIV Testing Programs
	FS 381.004	HIV Testing

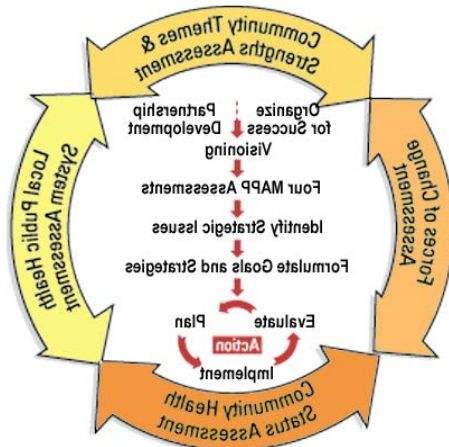
Health Risk Factors	Florida Law	Description
Maternal & Child Health		
Birth Rates	FS Title XXIX, Chapter 383	Maternal And Infant Health Care
Low Birth Weight	FS Title XXIX, Chapter 383	Maternal And Infant Health Care
Infant Mortality	FAC 64D-3.046	Policy On Vaccines Provided In Florida CHD; Determines Vaccination Policy For Admission To Florida Public Schools
	FAC 64C-4.003	CMS Headquarters Approves Pediatric Cardiac Facilities For The CMS Network On A Statewide Basis.
	FS Title XXIX, Chapter 383	Maternal And Infant Health Care
Teen Pregnancy	FAC 64F-23.001	Informed Consent - Abortion
	FS 63.053 and 63.054	Unmarried Father Registry
	FS Title XXIX, Chapter 390	Termination Of Pregnancies
	Florida Constitution, Article X, Section 22	Parental Notice Of Termination Of A Minor's Pregnancy
	FS Title XXIX, Chapter 384.31	STI: Testing Of Pregnant Women; Duty Of The Attendant
Infant and Child Injuries	FS Title XXIX, Chapter 391	Children's Medical Services

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

Health Risk Factors	Florida Law	Description
Disability	FS Title XXX, Chapter 410	Aging And Adult Services
	FS Title XXX, Chapter 430	Elderly Affairs
	FS Title XXIX, Chapter 393	Developmental Disability
Crime	FS Title XLVI	Crimes In Florida
	FAC 64B-7.002	Pain Clinic / Physician Disciplinary Guidelines
	FAC 64B-3.005	Requires Counterfeit-Proof Prescription Pads Or Blanks For Controlled Substance Prescribing
	FAC 64B21-504.001	School Psychology Disciplinary Guidelines
	FS 767.04	Dog owner's liability for damages to persons bitten (e.g., PEP)
Suicide	FAC 64K-100(1, 2, 3, 4, 5, 6 , 7)	Establishment Of Florida's Prescription Drug Monitoring Program – In Response To Overdose/Suicide Rates
	FS 406.11	Examinations, Investigations, And Autopsies
Nutrition and Physical Activity	FS 381.0053	Comprehensive Nutrition Program
	FS Title XXIX, Chapter 383	Maternal And Infant Health Care
	FS 1003.455	Physical education; assessment
Alcohol Use	FS Title XXXIV	Alcoholic Beverages And Tobacco Regulations
Tobacco Use	FS 386.201 and FAC 64-14	Florida Clean Indoor Air Act: DOH Shall Regulate All Facilities That DBPR Does Not With Respect To This Act.
	FL Constitution, Article X, Section 20	Workplaces Without Tobacco Smoke
	FS Title XXXIV, Chapter 569	Tobacco Product Regulations

NEXT STEPS

The next step in the Franklin County process is to conduct the *Community Health Improvement Planning (CHIP)* phase of the MAPP process, wherein the results from this report will be reviewed by community health partners. By



understanding that the Franklin County community's health is affected by where its residents live, work, and play, a comprehensive action plan can be developed.

This process follows the guidelines of the Mobilizing for Action through Planning and Partnerships (MAPP) model. MAPP was developed by the National Association of County

and City Health Officials (NACCHO), in collaboration with the Centers for Disease Control and Prevention (CDC). MAPP provides a framework to create and implement a community health improvement plan that focuses on long-term strategies that address multiple factors that affect health in a community.

The MAPP model utilizes six distinct phases:


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

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

Appendices

APPENDIX 1 – FORCES OF CHANGE

Email to workshop participants

<p>FRANKLIN COUNTY HEALTH DEPARTMENT</p>  <p>139 12th Street Apalachicola, Florida 32320</p> <p>Save The Date!</p> <p>RSVP to: David Walker Phone: (850) 653-2111, ext. 119 Email: David_Walker@doh.state.fl.us</p>	<p>COMMUNITY HEALTH IMPROVEMENT PARTNERS</p> <p>Forces of Change Workshop</p> <p>We are in the final stages of our Community Health Improvement Project, and need your assistance in the next phase of the process where we identify the Forces of Change for our community, and answer the following questions:</p> <ul style="list-style-type: none">• What is occurring or might occur that affects the health of our community or local public health system?• What specific threats or opportunities are generated by these occurrences? <p>A working lunch will be provided. See your there!</p> <p>DATE: Tuesday, September 11, 2012</p> <p>TIME: 10:00 am–2:00 pm</p> <p>LOCATION: Franklin County Health Department 2nd Floor Conference Room</p>
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Workshop participants

Franklin Community Health Improvement Project

Forces of Change Workshop

September 11, 2012

Sign-in Sheet

Name	Organization
April Landrum	Apalachee Center
Robert Head	Apalachee Pediatrics
Grace Aiyegbokik	Early Education & Care Inc. Early Head Start Program
David Walker	Franklin County Health Department
Gina Moore	Franklin County Health Department
Marsha Lindeman	Franklin & Gulf County Health Department
Sandi Hengle	Franklin County Schools
Sarah Hinds	Gulf County Health Department
Ellie Tullis	Healthy Families/Healthy Start Franklin County Health Department
Suzy Nadler	Healthy Start Coalition
Dr. Lois Mendez-Catlin	Phoenix Family Health Care

Workshop agenda



Franklin County Community Health Improvement Project: *Forces of Change*

September 11, 2012 Agenda

September 11, Tuesday – 10:00am-2:00pm
Franklin County Health Department
139 12th Street
Apalachicola, FL

- | | |
|--------------------------|---|
| 10:00am - 10:15am | <p>Introductions
Workshop Logistics Review</p> |
| 9:15am – 9:45am | <p>Workgroup Assignments
Participants will review about Franklin County data to identify key health issues</p> <ul style="list-style-type: none"> • U.S. Census data • Department of Health <i>CHARTS</i> summary • Community Health Survey |
| 9:45am-10:15am | <p>Franklin County Health Priorities
Workgroups will summarize issues</p> |
| 10:15am – 10:45am | <p>Forces of Change Process
Participants will share their ideas from the <i>Brainstorming Worksheet</i></p> <ul style="list-style-type: none"> • Identify <u>Forces</u> • Identify <u>Trends</u>, <u>Events</u>, <u>Factors</u> for each Force |
| 10:45am-11:00am | <p>Workgroup Round-Robin Review
Working in groups, participants will review results of other workgroups</p> |
| 11:00am – 11:30am | <p>Forces of Change – Threats
Participants will create a list of <i>Threats</i> for each <i>Force of Change</i></p> |

11:30am – 11:45am	Workgroup Round-Robin Review Working in groups, participants will review results of other workgroups & provide feedback
11:45am-12:00pm	Break – Working Lunch
12:00pm-12:30pm	Forces of Change – Opportunities Participants will create a list of <i>Opportunities</i> for each <i>Force of Change</i>
12:30pm-12:45pm	Workgroup Round-Robin Review Working in groups, participants will review results of other workgroups & provide feedback
12:45pm-1:00pm	Workshop Summary & Next Steps

Forces of Change – Key Terms

What are Forces of Change?

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

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

What Kind of Areas or Categories Are Included?

Economic Forces may include:

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

Environmental Forces can include:

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

Political Forces which impact the Franklin County community may include:

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

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

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

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

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

Workshop Brainstorm Worksheet



Franklin County Community Health Improvement Plan 2012

Brainstorm Worksheet

Thank you for agreeing to participate in the Franklin County Health Department Community Health Improvement Initiative. Please complete this worksheet prior to attending the August 29th session.

September 11, Tuesda – 10:00am-2:00pm
Franklin County Health Department
139 12th Street
Apalachicola, FL

What has occurred recently that may affect our local public health system or community? (Social, economic, political, technological, environmental, legal – all aspects of health)

What may occur in the future to impact Franklin County public health systems or community health?

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

What characteristics or elements may post a threat or challenge to achieving a *Healthy Franklin County* for all residents?

What opportunities (strengths or resources) can Franklin County health partners use to impact the health of all residents of our community?

Workshop Brainstorm Worksheet Summary



Franklin County Community Health Improvement Plan 2012 Brainstorm Worksheet

Thank you for agreeing to participate in the Franklin County Health Department Community Health Improvement Initiative. Please complete this worksheet prior to attending the August 29th session.

September 11, Tuesday – 10:00am-2:00pm
Franklin County Health Department
139 12th Street
Apalachicola, FL

What has occurred recently that may affect our local public health system or community? (Social, economic, political, technological, environmental, legal – all aspects of health)

- BP oil spill (3)
- Economic (2)
- Tropical Storms & hurricane (2)
- Oyster bed dead
- Decline oyster bed
- Low oyster harvest
- Seafood/fishing industry dependent ↑ fresh water
- Over fishing
- The Bay
- Recession economic/issues with Bay
- Environmental
- Environmental/bay
- Economic situation is worsening due to the condition of the Apalachicola bay
- The environment is getting dangerous due to health problems from disease possibly by B.P. oil spill
- Less students in school
- Loss of public revenue
- Immigration policy
- Continuous budget cuts
- The opening of a new dental facility (community and school)
- Financial family instability
- Legalities of health care for all
- We have been in a recession for a few years

What may occur in the future to impact Franklin County public health systems or community health?

- Storms
- Tropical Storms & hurricanes
- More stormy weather
- Fresh water competition with Atlanta
- Economic
- Losing homes
- Another recession
- More people out of work
- Continued job losses
- Continued ↓ in tax base
- Managed care that reduces reimbursement to safety net providers
- Formation of strong partnership with various health care organizations
- Health care reform
- New health council/ additional resources
- Medicaid payment to M.D
- Medicaid limitations on patient PCP visits from one week to two months
- The economic and environmental issues will continue to worsen due to the bay dying off
- Continued degradation of available oyster and other seafood habitat through natural disasters or political decisions re: water supply of Apalachicola basin

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

- Healthcare priorities
- State mandates to separate primary care services from public health department
- Continues depressed real estate market
- Increase in number of uninsured and those working but with ridiculously high deductibles and co-payments
- Lack of funding (i.e. tobacco, healthy families, drug abuse treatment facilities)
- Migration
- Annoyance with the politics of the area
- People will move away to other areas where there is better job opportunities due to lack of fishing, bay openings
- People (seafood workers) upset with the government due to lack of support for the bay conditions
- Aging population
- ↑ of wild animals in community due to loss of habitat

What characteristics or elements may post a threat or challenge to achieving a *Healthy Franklin County* for all residents?

- Lack of resources/fragment resources
- Tobacco use
- Substance abuse
- Teenage pregnancy
- Lack of dental care
- Obesity
- Community response
- Competition of participants
- Depressed economy
- Low economy
- Health department is only medical home for patients with no insurance or Medicaid
- Lack of organizations
- Social forces and health forces (community and health)
- \$\$\$ for health care
- Funding
- Insurance
- Financial instability
- Territoriality of health care services
- People stuck in old ways: sedentary, non-complaint patients
- Addiction to prescription medication/tobacco and alcohol abuse
- Social worker/services non-existent
- Transportation to health department
- Cost of medical care
- Cost of medication
- More drinking/drug use as the common economy declines and people out of work
- Poverty
- Limited tax base
- Dependency of seafood and tourist industries of economic base
- Smoking rates ↑
- Substance abuse misuse prevalent
- Bike lanes almost non-existent

What opportunities (strengths or resources) can Franklin County health partners use to impact the health of all residents of our community?

- Strength /collaboration of health care organizations finally working together
- Stress service not money
- New dental program coming in county health department
- Grant opportunities

- Working with neighboring counties to maximize impact
- Informing the public
- Involved health partners
- Referrals to needed service providers
- Education in regards to benefits
- # of growing providers
- Grant resources to provide for non/insured
- CHIP committee
- HPSA/MUA (Health Professional Shortage Area/Medically Underserved Area)
- Transportation
- Home visits
- Public presence
- Environmental friendly industries
- The physical environment
- Community beautiful natural setting
- Resilience

Workshop Summary Notes

Barriers to Impacting Health Issues:

- Lack of awareness of programs and services that are offered
- Lack of substance abuse/treatment
- Transportation
- Insurance
- Financial resources
- Education/Literacy
- Limited health providers (Medical/Dental)
- Lack of physical/recreational activities
- Lack of job opportunities
- Prevention awareness
- Lack of goal setting/motivation
- Limited access to healthy foods/nutrition
- Lack of teen outreach initiatives for aging population
- Lack of after hour health care
- Lack of jobs, manufacturing, economic development, & diversity
- Dependence on good weather
- Challenge of change
- Lack of housing/affordable
- Lack of job skill training that is readily accessible
- Lack of educational choices
- Student migration=funding loss

Resources to Impact Health Issues

- Gulf Coast College
- Pediatrician
- County Health Department
- Education/Schools
- Natural environment
- Media (Forgotten Coast/Oyster Ratio, Billboards)
- Churches
- Hospitals (Weems)
- Franklin County Health Department
- Apalachee
- Coastal Rehabilitation Center
- Community action
- Department Of Corrections
- SWAT
- Emergency Medical Services
- Hillside Coalition of Laborers for Apalachicola
- Seafood Festival
- Riverfront Festival
- Coastal Clean Up
- Oyster Spat
- Rib Cook Off
- Volunteer Fire Folk
- Forestry
- Parks and recreation
- St. Vincent's
- Estuary
- Saint George Island State Park
- Community Garden
- Chamber of Commerce
- TDC (Tourist Development Council)
- Franklins Promise
- Tobacco Prevention
- Early Education and Care Inc. (Franklin County Early Head Start Program)
- Extension/Nutrition Education Program Low Income Pool.
- Medicaid
- WIC
- Big Bend Work Force
- Transportation Disadvantage

- Libraries
- Filling Station (Church group food and clothing)
- Senior Center
- Homeless Liaison

Key Facts about Franklin County

- Tropical storms & Hurricanes
- 'River Wars'/Oyster Wars
- Summer/Winter Tourism
- Lack of confidence of education
- Lack of financial opportunity
- Lack of recreational /alternatives for teens
- Increased frequency of crisis in the Bay

Trends

- Population (2011) = 11,596
 - White 83.3%
 - Black 14.1%
 - Hispanic 4.8%
- Median Household Income = \$36,490
- Extreme close proximity to water way
- Government, tourism, seafood are major industries categories
- Rural Settings
- Education
 - High School 78.3%
 - Higher education 18.8%
- Incomes under 200% poverty level - 35%

Priority Issue: Education	
Notes:	
<ul style="list-style-type: none"> • Lack of education(2) • Poor health • Literacy in adults • Education limited • Language barrier (Spanish) • Health behaviors, social & economic • Bullying • Mental health education • Needs to be a marketing strategy that appeals to Oystermen/Fishing industry 	
Strengths:	Threats:
<ul style="list-style-type: none"> • There are schools (Pre K-12) • Media is utilized(Radio, TV, Billboards) example: Tobacco Prevention and Healthy Start Billboards • CHIP- Community Health Improvement Partners • Internet access • Libraries • Literacy Council • Early Childhood Education/Head Start 	<ul style="list-style-type: none"> • No college or vocational school in County • Lack of transportation to higher education • Lack of financial resources • Money (Lack Of) • Lay-offs • Low FTE count
Potential Opportunities:	
<ul style="list-style-type: none"> • Gulf Coast State College • Tallahassee Community College • Haney Vocational Technical • Clinics locally providing ADHD Workshops to schools/parents/children • Early Education & Care Inc. • Early Head Start Program • Franklin County Health Department - dental program in the school 	
Trends:	Events:
<ul style="list-style-type: none"> • Lack of confidence • Lack of education • Lack of insurance • Lack of education in obtaining insurance • Health care rages continues 	<ul style="list-style-type: none"> • Hurricane impacted recent Health Fair • ADHD workshops - parents, teachers & children • School grades
Factors:	
<ul style="list-style-type: none"> • Literacy rates are low • Lack of continuing or current community resources (Awareness) • 35% ≠ High School diploma • Only 18% →B.A. or above 	

Priority issues: Access To Health Care	
<p>Notes:</p> <ul style="list-style-type: none"> • Lack of health care (2) • Lack of available dental care (2) • Licensed dental (2) • Insurance • Access to health care services • ↓ in providers who accept Medicaid • Health insurance • Dental care availability • Access to nutrition education/recreational facilities • ↓ Health services available from low-income populations • Primary care or dental care options • Uninsured rate is higher than state average • Uninsured • Develop education efforts for living with chronic diseases • Provider issues • Adults with any type of health care insurance in 4th quartile • Women's health services (mammograms in 4th quartile) • Health insurance (availability, affordable, lack of employers) • Primary care physicians (Lack of) • Women 40 years of age and older who receive a mammogram • Injuries 	
<p>Strengths:</p> <ul style="list-style-type: none"> • Public Health • CHIP • Hospitals • Primary care providers • Mental health and substance abuse • School system 	<p>Threats:</p> <ul style="list-style-type: none"> • Distance (Transportation) • Lack of specialists in county • Payment of care • Distrust of medical providers • Poverty rate • Changes in CMS (Children's Medical Services) – medical usage
<p>Potential opportunities:</p> <ul style="list-style-type: none"> • Phoenix Medical Group • CHIP (Community Health Improvement Partners) • Weems East • Sacred Heart • County Health Department • Outreach through home visiting • St. James • Franklin Promise • Eligibility Specialist • Transportation service 	

Trends: <ul style="list-style-type: none">• Lack of primary care service• Lack of financial opportunity• Frequency of crisis's in the Bay• Interim Director to County Health Department• Lack of insurance	Events: <ul style="list-style-type: none">• Obama-Care• New Dental Facilities• Changes In Medicare And Medicaid• BP Oil Spill• Sacred Heart Medical Group• Weems East• Phoenix Medical Group
Facts : <ul style="list-style-type: none">• 35% have incomes of 200% poverty• 18.8% with higher education• No major diverse industries• Chronic disease increase	

Priority issues: Geriatric Care	
Notes: <ul style="list-style-type: none"> • Adults with poor health • Seniors • Adult- Retirement homes • Elder care 	
Strengths: <ul style="list-style-type: none"> • Housing Authority • Available Meals On Wheels • CHIP • Franklins Promise • St. James 	Threats: <ul style="list-style-type: none"> • No elder services agencies • No geriatric care specialist • Lack of insurance • Lack of trust in medical providers • Lack of doctors • Medical deductibles and co-payments • Lack of medical services available for geriatric care
Potential opportunities: <ul style="list-style-type: none"> • Partnership with St. James • Transportation for elderly to services • Civic groups • Volunteers to sit with elderly • Senior citizens - Meals On Wheels • Franklins Promise 	
Trends: <ul style="list-style-type: none"> • Large increase of elderly population • Self-dependent population • Unemployment • Economic decline • Financial • Loss of housing • Younger families moving out of areas for jobs • Government unable to sustain elderly population • SS/Medicare//Medicaid • Limited low mobility exercise programs for fall prevention 	Events: <ul style="list-style-type: none"> • Baby boom • Line dancing at Senior center
Facts : <ul style="list-style-type: none"> • Rural • Literacy • Proximity to major hospitals and specialist • Veteran care • Aging • Chronic health problems • Lack of transportation • Lack of care providers 	

Priority issues: Chronic Disease	
Notes: <ul style="list-style-type: none"> • Lung cancer rate (6) • Chronic lower respiratory disease (2) • Health promotion and chronic disease • Diabetes • Diabetes related deaths higher than state average • Chronic hypertension 18-44 years old • Heart disease and high blood pressure • Auto immune diseases (Multiple Sclerosis - Fibromyalgia) • Heart problems/Diabetes • Mental health • Cervical cancer higher than state average • Melanoma incidents 	
Strengths: <ul style="list-style-type: none"> • Fantastic Tobacco Prevention Program • Grants focused on chronic disease • Partnerships created to make real impact • CHIP 	Threats: <ul style="list-style-type: none"> • Unemployment leads to stress, which leads to unhealthy behaviors • Lack of health insurance • Program funding cuts (Medicare/Medicaid) • Providers who take Medicaid limited (particularly specialist) • Lack of nutrition/Access to healthy foods • Increase in environmental related disease
Potential opportunities: <ul style="list-style-type: none"> • Education at community events • After Hours clinics • Transportation to clinics 	
Trends: <ul style="list-style-type: none"> • Lack of finances • Economic decline • Unemployment • Higher stress level • Increased smoking • Disillusionment with government officials • Increase in untreated substance abuse • High tobacco abuse 	Events: <ul style="list-style-type: none"> • Oil spill • Debby • Atlanta
Facts : <ul style="list-style-type: none"> • Rural education(low graduation rates) • Can't afford medications • Chemical exposure UV –melanoma • Lack of medical specialist • Lack of health insurance options; e.g., many specialists do not take Medicaid • Child abuse • Sun exposure 	

Priority issues: Economic Issues	
<p>Notes:</p> <ul style="list-style-type: none"> • Residents below 100% in 4th quartile (3) • Median income in 4th quartile (2) • Children in single parent households (2) • Poverty rate (2) • Poverty rates among children (2) • Residents below poverty level • 35% of population incomes below 200% FPL • Poverty Rate 36% • Any age in poverty • Homelessness increase • Unemployment • Lack of steady employed • Limited tax base • Admissions to prisons 451.1/1000,000 versus state rate 185.1 • Reliance on fickle seafood industries and tourism that are severely impacted by natural events • More resources available to indigent and un-insured to gain eligibility to service • Need for target health services to low income population • Adults without health insurance • Economics - poor community • Lack of jobs/industry • High school graduation rate is low 	
<p>Strengths:</p> <ul style="list-style-type: none"> • We have an industry • CHIP • Strong work ethic • Advocacy groups/Grassroots organizations • Awareness of this issue 	<p>Threats:</p> <ul style="list-style-type: none"> • Jobs/Employment ↓ • Government • ↑ Children in poverty • Bay closures

Potential opportunities: <ul style="list-style-type: none"> • Seafood Festival • Strengthening partnership with advocacy groups • CHIP participation in local festivals • Gulf Coast Workforce Board 	
Trends: <ul style="list-style-type: none"> • Increase in divorce rate • Government • Unemployment rate • Loss of insurance coverage • Children in poverty up • Increase in homelessness • Increase of domestic violence 	Events: <ul style="list-style-type: none"> • Oil spill • Seafood issue/production • Tourism industry (Seasonal)
Facts : <ul style="list-style-type: none"> • Incomes under 200% poverty level=35% • Household income below state • Lack of diversity in industry • Lack of education • Lack of affordable housing 	

Priority issues: Clinical Care	
Notes: <ul style="list-style-type: none"> • Sexually Transmitted Disease (8) • Vaccine preventable disease (2) • Vaccine preventable disease is in 4th quartile (2) • Below average for women having mammogram (2) • Adults with flu shot (2) • Premature death • Fetal deaths • Attention to basic preventable care • Women receiving PAP below average • Lack of kids under immunizations 	
Strengths: <ul style="list-style-type: none"> • Health Department • Clinics • Hospital • WIC • New dental clinic • School Health Nursing 	Threats: <ul style="list-style-type: none"> • Government cuts • No insurance • Affordability • Lack of prevention awareness • Medicaid usage limitations • Pediatricians • Media
Potential opportunities: <ul style="list-style-type: none"> • School educations with MD/County Health Department • CHIP • St. James Rehabilitation Center • Grant opportunities for more services • After hours clinics • Transportation to clinics 	
Trends: <ul style="list-style-type: none"> • Lack of recreational alternatives for teens • Lack of opportunities for health promotion • Budget cuts to health care 	Events: <ul style="list-style-type: none"> • Media promotions • Pediatricians • Dentist • Urgent care and primary care
Factors : <ul style="list-style-type: none"> • Dental care down • Rural settings • 18.8% with education (Higher) • 35% have no high school diploma • 35% have incomes of 200% poverty • No/limited after hours care 	

Priority issues: Dangerous Living	
Notes:	
<ul style="list-style-type: none"> • Tobacco usage in adults and youths (11) • Adult physical inactivity (4) • Addictions/drug abuse (3) • Adult smokers (2) • High injury and car crash deaths (2) • Accidents (2) • Obesity in adults (2) • Healthy living (2) • Excessive drinking and driving • Excessive alcohol use • Physical inactivity is high • Health factors and behaviors • Childhood and adult obesity • Sedentary lifestyle • Substance abuse by teens • Unintentional injuries and motor vehicle accidents • High death rate for unintentional injuries and motor vehicle accidents (MVA) • Healthy behaviors are low 	
Strengths:	Threats:
<ul style="list-style-type: none"> • SWAT • Tobacco prevention • After school programs • Parks and recreation • Community garden • Churches • Treatment providers • Head Start/Early Head Start Program 	<ul style="list-style-type: none"> • Denial (Community/Individual) • Social norms • Rite of passage belief • Advertising to entire county

Potential opportunities: <ul style="list-style-type: none"> • Community events • Department of Juvenile Justice • Churches/Civic groups • Department of Corrections • Treatment outreach/options • Pediatrician • Strengthening partnerships 	
Trends: <ul style="list-style-type: none"> • Health education not appealing to seafood industry consumption • ↑ Substance abuse • ↓ Tobacco use by teens • ↑ Children not outliving parents due to obesity • ↑ Lack of recreational alternative • ↑ Teen pregnancy & STD'S • ↑ Obesity • Tobacco and alcohol considered "Rite of passage" • Increase use of recreational drugs due to meth use 	Events: <ul style="list-style-type: none"> • Zumba • Senior citizen line dancing • Gym class in school • Athletic sports • Seafood Festival
Facts : <ul style="list-style-type: none"> • Median income • Rural setting = No gyms, dangerous wildlife, boredom • 36,490=can't afford membership • 35% no High School diploma, only 18% have B.A. • Chronic disease rates ↑ 	

Priority issues: Prenatal And Child Health	
Notes:	
<ul style="list-style-type: none"> • Teen pregnancy (6) • Birth to teens 15-19 high compared to state (2) • Premature birth (2) Access To prenatal and obstetrical services need to continue to be developed in Franklin County • Prenatal care for women 40+ • Prenatal and child health services • Children in poverty high • children in poverty • Children health problems (Premature birth, post neonatal death rate, fetal death ratio, immunizations) • Prenatal care • Behavioral problems • Immunization school age children • 	
Strengths:	Threats:
<ul style="list-style-type: none"> • Healthy Start • Healthy Families • EEC (Early Education and Care Inc.) Franklin County Early Head Start Program • 1 Pediatrician • WIC • CHIP 	<ul style="list-style-type: none"> • No OB's • Lack of insurance • Domestic violence • No teen outreach programs • Lack of jobs • Substance abuse • Teen pregnancy • Lack of health education
Potential opportunities:	
<ul style="list-style-type: none"> • Teen outreach program in school • More outreach efforts on health events on Healthy Start • More media education 	
Trends:	Events:
<ul style="list-style-type: none"> • No improvement in teen birth rate - worsening decreased government funding/benefits • Decrease in economic status of community • ↑ in need for free or low cost services • No appropriate teen outreach program 	<ul style="list-style-type: none"> • Domestic violence • State revenue cuts to County Health Departments for primary care • Transition to Medicaid Managed Care • Vulnerability of seafood industry to environmental events • ↓ County tax base • ↓ ability to subsidize Indigent Care

Facts :

- High fetal and infant deaths
- High infant prematurity
- High poverty in children
- Teen birth rate 80 compared state 44 and national 22
- Single household parent 54% state 36% national 20%
- Sexually transmitted disease rates worse than state, no positive trend

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APPENDIX 2 – COMMUNITY THEMES & STRENGTHS SURVEY

Survey Instrument

Franklin County Community Health Survey

WE VALUE YOUR COMMENTS!! LET YOUR OPINION COUNT.

Please take a few moments to complete the survey below. The purpose of this survey is to get your opinions about community health issues in Franklin County. The results of this survey, along with other information, will be used to identify the most pressing health problems that can be improved through community action. If you have previously completed a survey, please don't fill out another. Thank you for your time. All of your responses are anonymous and confidential. Participation in this survey is voluntary.

***1. In what ZIP code is your home located? (enter 5-digit ZIP code; for example, 00544 or 94305)**

***2. Sex:**

Male Female

***3. What is your age?**

Under 18
 18-25
 26-39
 40-54
 55-64
 65-74
 75+

4. Which group(s) best represents your race?

African American / Black
 Asian / Pacific Islander
 Native American
 White / Caucasian
 Other

5. Are you Hispanic or Latino?

Yes
 No
 Don't know/Unsure

Franklin County Community Health Survey

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- Asian / Pacific Islander
- Native American
- White / Caucasian
- Other

5. Are you Hispanic or Latino?

- Yes
- No
- Don't know/Unsure

Franklin County Community Health Survey**6. What language do you primarily speak at home?**

- English
- Spanish
- Other

7. Are you (please check all that apply):

- Employed
- Self-employed
- Retired
- A Homemaker
- A Student
- Out-of-work more than 1 year
- Out-of-work less than 1 year
- Unable to work
- Other

8. What is your gross household income?

- Less than \$20,000
- \$20,000 to \$29,999
- \$30,000 to \$39,999
- \$40,000 to \$49,999
- Over \$50,000

9. In the past year, how many times have you, and/or someone in your household gone to a hospital emergency room for care?

- None
- 1 – 2 visits
- 3 – 4 visits
- 5+ visits

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- 65-74
- 75+

4. Which group(s) best represents your race?

- African American / Black
- Asian / Pacific Islander
- Native American
- White / Caucasian
- Other

5. Are you Hispanic or Latino?

- Yes
- No
- Don't know/Unsure

Franklin County Community Health Survey

WE VALUE YOUR COMMENTS!! LET YOUR OPINION COUNT.

Please take a few moments to complete the survey below. The purpose of this survey is to get your opinions about community health issues in Franklin County. The results of this survey, along with other information, will be used to identify the most pressing health problems that can be improved through community action. If you have previously completed a survey, please don't fill out another. Thank you for your time. All of your responses are anonymous and confidential. Participation in this survey is voluntary.

***1. In what ZIP code is your home located? (enter 5-digit ZIP code; for example, 00544 or 94305)**

***2. Sex:**

Male

Female

***3. What is your age?**

- Under 18
- 18-25
- 26-39
- 40-54
- 55-64
- 65-74
- 75+

4. Which group(s) best represents your race?

- African American / Black
- Asian / Pacific Islander
- Native American
- White / Caucasian
- Other

5. Are you Hispanic or Latino?

- Yes
- No
- Don't know/Unsure

Franklin County Community Health Survey**6. What language do you primarily speak at home?**

- English
- Spanish
- Other

7. Are you (please check all that apply):

- Employed
- Self-employed
- Retired
- A Homemaker
- A Student
- Out-of-work more than 1 year
- Out-of-work less than 1 year
- Unable to work
- Other

8. What is your gross household income?

- Less than \$20,000
- \$20,000 to \$29,999
- \$30,000 to \$39,999
- \$40,000 to \$49,999
- Over \$50,000

9. In the past year, how many times have you, and/or someone in your household gone to a hospital emergency room for care?

- None
- 1 – 2 visits
- 3 – 4 visits
- 5+ visits

Franklin County Community Health Survey**10. How do you pay for your health care? (check all that apply)**

- Pay cash (no insurance, full fee or sliding fee)
- Health Insurance (Private Insurance like BCBS, CHP)
- Medicaid (medical assistance program for low income people and families)
- Medicare (hospital insurance program for people aged 65 or older and certain disabled persons)
- Veterans' Administration

Other (please specify)

11. Where do you, or your family, usually go when you are sick or need advice about your health?

- Private clinic
- Doctor's office
- Franklin County Health Department clinic
- Weems Hospital emergency room
- Weems Urgent care clinic
- Eastpoint Medical Center
- None of these places

Franklin County Community Health Survey

Please share with us your experiences getting health care for yourself and/or others in your household. Read each sentence and then place a check mark in the column that matches your feelings.

12. I am satisfied with the level of health care available in my community.

- Yes No

13. I, or a member of my household, have had a dental exam or cleaning in the past year.

- Yes No

14. I have had a regular physical exam during the past year.

- Yes No

15. I, or a member of my household, have had an eye exam during the past year.

- Yes No

16. I can afford the health care I believe I or others in my household need. (skip next 5 questions)

- Yes No

17. I, or a member of my household, was unable to get the dental care we need.

- Yes No

18. I, or a member of my household, had an illness or injury that was not treated because we could not afford health care or insurance.

- Yes No

19. I know where I can go for health care even if I don't have insurance.

- Yes No

20. I cannot afford to buy the medicine prescribed by my doctor.

- Yes No

21. My doctor, or clinic, helps me get medicine I, or members of my household, may need.

- Yes No

Franklin County Community Health Survey

22. I have used someone else's medicine because I could not afford my own.

Yes

No

23. My doctor has told me that I have a long-term or chronic illness(es) (chronic illnesses include heart disease, diabetes, cancer, asthma, arthritis),

Yes

No

24. My doctor has told me that I need medicine to control my illness(es).

Yes

No

25. I take my medicine, as prescribed, to take to control my illness(es).

Yes

No

26. I know about programs in my community that can help improve my health.

Yes

No

27. I know where to go to get information on health care and staying healthy.

Yes

No

28. I have a car, or other transportation, to get to the doctor's office or clinic.

Yes

No

Franklin County Community Health Survey

Think about your experiences with getting health care to stay healthy for yourself and members of your household, as well as when you were sick and needed health care. For each question, check the four (4) choices that you believe are the most important.

29. From the following list select what you think are the four (4) most important factors for a “healthy community?”

- Good place to raise children
- Low crime / safe neighborhoods
- Low level of child abuse
- Good schools
- Access to health care (e.g., family doctor)
- Parks and recreation
- Clean environment
- Affordable housing
- Arts and cultural events
- Equal opportunities
- Good jobs and healthy economy
- Strong family life
- Healthy behaviors and lifestyles
- Low adult death and disease rates
- Low infant death rate
- Religious or spiritual values

Other (please specify)

Franklin County Community Health Survey

30. From the following list, select what you think are the four (4) most important “health problems” in our community? (Those problems that have the greatest impact on overall community health)

- Accidents and injuries (not related to motor vehicle crashes)
- Health issues related to aging (arthritis, hearing/vision loss, etc.)
- Cancers
- Child abuse / neglect
- Dental problems
- Diabetes
- Domestic violence/rape/sexual assault
- Heart disease and stroke
- High blood pressure
- HIV / AIDS
- Homicide
- Infant death
- Mental health issues such as depression, anxiety
- Infectious disease (hepatitis, TB, etc)
- Motor vehicle crash injuries
- Respiratory / lung disease
- Sexually Transmitted Diseases (STDs)
- Suicide
- Teenage pregnancy

Other (please specify)

Franklin County Community Health Survey

31. From the following list, select what you think are the four (4) most important “risky behaviors” in our community? (Those behaviors that have the greatest impact on overall community health)

- Alcohol abuse
- Being overweight or obese
- Dropping out of school
- Illegal drug abuse
- Prescription drug abuse
- Poor eating habits
- Not getting “shots” to prevent disease
- Racism
- Tobacco use
- Not using birth control, unsafe sex
- Not using seat belts / child safety seats
- Not visiting the doctor when sick
- Lack of exercise
- Poor or distracted driving

Other (please specify)

32. How would you rate our community as a “Healthy Community?”

- Very unhealthy
- Unhealthy
- Somewhat Healthy
- Healthy
- Very Healthy

33. How would you rate your own personal health?

- Very unhealthy
- Unhealthy
- Somewhat Healthy
- Healthy
- Very Healthy

Franklin County Community Health Survey

34. In the space below, tell us the two things you would do to improve health care in our county.

1.

2.

Thank you for completing this survey.

If you should have any questions please call the Franklin County Health Department at (850) 653-2111.

Survey Verbatim Responses

Question 1.

In what ZIP code is your home located? (enter 5-digit ZIP code; for example, 00544 or 94305)	
Answer Options	Response Count
	316
<i>answered question</i>	316
<i>skipped question</i>	0
<i>Zip Code</i>	<i>Response Percent</i>
32320	44.9%
32329	0.6%
32322	19.6%
32328	27.5%
32323	1.5%
23238	0.3%
31320	0.3%
32321	0.3%
32327	0.6%
32346	0.3%
32401	0.3%
32404	0.3%
32409	0.3%
32448	0.3%
32456	1.8%
32465	0.3%
39817	0.3%

Question 2.

Sex:		
Answer Options	Response Percent	Response Count
Male	20.9%	66
Femaile	79.7%	252
<i>answered question</i>		316

Question 3.

What is your age?		
Answer Options	Response Percent	Response Count
Under 18	7.6%	24
18-25	13.3%	42
26-39	23.4%	74
40-54	32.9%	104
55-64	17.1%	54
65-74	4.4%	14
75+	1.3%	4
<i>answered question</i>		316

Question 4.

Which group(s) best represents your race?		
Answer Options	Response Percent	Response Count
African American / Black	15.6%	49
Asian / Pacific Islander	0.3%	1
Native American	0.6%	2
White / Caucasian	81.5%	256
Other	1.9%	6
<i>answered question</i>		314

Question 5.

Are you Hispanic or Latino?		
Answer Options	Response Percent	Response Count
Yes	1.6%	5
No	97.1%	304
Don't know/Unsure	1.3%	4
<i>answered question</i>		313

Question 6.

What language do you primarily speak at home?		
Answer Options	Response Percent	Response Count
English	99.4%	311
Spanish	0.6%	2
Other	0.3%	1
<i>answered question</i>		313

Question 7.

Are you (please check all that apply):		
Answer Options	Response Percent	Response Count
Employed	63.3%	198
Self-employed	9.9%	31
Retired	4.2%	13
A Homemaker	6.1%	19
A Student	7.7%	24
Out-of-work more than 1 year	3.2%	10
Out-of-work less than 1 year	4.2%	13
Unable to work	5.8%	18
Other	2.9%	9
<i>answered question</i>		313

Question 8.

What is your gross household income?		
Answer Options	Response Percent	Response Count
Less than \$20,000	31.4%	93
\$20,000 to \$29,999	18.2%	54
\$30,000 to \$39,999	13.5%	40
\$40,000 to \$49,999	13.5%	40
Over \$50,000	23.3%	69
<i>answered question</i>		296

Question 9.

In the past year, how many times have you, and/or someone in your household gone to a hospital emergency room for care?

Answer Options	Response Percent	Response Count
None	35.7%	111
1 - 2 visits	41.2%	128
3 - 4 visits	14.5%	45
5+ visits	8.7%	27
<i>answered question</i>		311

Question 10.

How do you pay for your health care? (check all that apply)

Answer Options	Response Percent	Response Count
Pay cash (no insurance, full fee or sliding fee)	20.7%	63
Health Insurance (Private insurance like BCBS, CHP)	55.9%	170
Medicaid (medical assistance program for low income people and families)	26.3%	80
Medicare (hospital insurance program for people aged 65 or older and certain disabled persons)	6.6%	20
Veterans' Administration	1.6%	5
Other (please specify)		9
<i>answered question</i>		304

Other:

(Note – Verbatim responses were not corrected for spelling or grammar.)

Tri-Care - Retired Military (2)

Healthy Kids

None

Unable

Kidcare

Medipass

Sometimes we can't afford to pay the bill, because I rather feed my children than pay that bill.

Sorry, you asked

Worker's Comp

Question 11.

Where do you, or your family, usually go when you are sick or need advice about your health?		
Answer Options	Response Percent	Response Count
Private clinic	4.2%	13
Doctor's office	64.6%	201
Franklin County Health Department clinic	19.6%	61
Weems Hospital emergency room	14.8%	46
Weems Urgent care clinic	12.2%	38
Eastpoint Medical Center	5.8%	18
None of these places	6.1%	19
<i>answered question</i>		311

Question 12.

I am satisfied with the level of health care available in my community.		
Answer Options	Response Percent	Response Count
Yes	44.4%	128
No	55.6%	160
<i>answered question</i>		288

Question 13.

I, or a member of my household, have had a dental exam or cleaning in the past year.		
Answer Options	Response Percent	Response Count
Yes	62.0%	186
No	38.0%	114
<i>answered question</i>		300

Question 14.

I have had a regular physical exam during the past year.		
Answer Options	Response Percent	Response Count
Yes	66.8%	199
No	33.2%	99
<i>answered question</i>		298

Question 15.

I, or a member of my household, have had an eye exam during the past year.		
Answer Options	Response Percent	Response Count
Yes	55.1%	163
No	44.9%	133
<i>answered question</i>		296

Question 16.

I can afford the health care I believe I or others in my household need. (skip next 5 questions)		
Answer Options	Response Percent	Response Count
Yes	44.2%	121
No	55.8%	153
<i>answered question</i>		274

Question 17.

I, or a member of my household, was unable to get the dental care we need.		
Answer Options	Response Percent	Response Count
Yes	43.9%	76
No	56.1%	97
<i>answered question</i>		173

Question 18.

I, or a member of my household, had an illness or injury that was not treated because we could not afford health care or insurance.		
Answer Options	Response Percent	Response Count
Yes	31.5%	56
No	68.5%	122
<i>answered question</i>		178

Question 19.

I know where I can go for health care even if I don't have insurance.		
Answer Options	Response Percent	Response Count
Yes	54.4%	98
No	45.6%	82
<i>answered question</i>		180

Question 20.

I cannot afford to buy the medicine prescribed by my doctor.		
Answer Options	Response Percent	Response Count
Yes	40.3%	73
No	59.7%	108
<i>answered question</i>		181

Question 21.

My doctor, or clinic, helps me get medicine I, or members of my household, may need.		
Answer Options	Response Percent	Response Count
Yes	41.1%	81
No	58.9%	116
<i>answered question</i>		197

Question 22.

I have used someone else's medicine because I could not afford my own.		
Answer Options	Response Percent	Response Count
Yes	11.4%	31
No	88.6%	241
<i>answered question</i>		272

Question 23.

My doctor has told me that I have a long-term or chronic illness(es) (chronic illnesses include heart disease, diabetes, cancer, asthma, arthritis),

Answer Options	Response Percent	Response Count
Yes	30.8%	88
No	69.2%	198
<i>answered question</i>		286

Question 24.

My doctor has told me that I need medicine to control my illness(es).

Answer Options	Response Percent	Response Count
Yes	41.0%	119
No	59.0%	171
<i>answered question</i>		290

Question 25.

I take my medicine, as prescribed, to take to control my illness(es).

Answer Options	Response Percent	Response Count
Yes	48.4%	137
No	51.6%	146
<i>answered question</i>		283

Question 26.

I know about programs in my community that can help improve my health.

Answer Options	Response Percent	Response Count
Yes	49.7%	144
No	50.3%	146
<i>answered question</i>		290

Question 27.

I know where to go to get information on health care and staying healthy.		
Answer Options	Response Percent	Response Count
Yes	81.0%	235
No	19.0%	55
<i>answered question</i>		290

Question 28.

I have a car, or other transportation, to get to the doctor's office or clinic.		
Answer Options	Response Percent	Response Count
Yes	90.6%	261
No	9.4%	27
<i>answered question</i>		288

Question 29.

From the following list select what you think are the four (4) most important factors for a “healthy community?”

Answer Options	Response Percent	Response Count
Good place to raise children	48.7%	136
Low crime / safe neighborhoods	50.9%	142
Low level of child abuse	13.3%	37
Good schools	61.6%	172
Access to health care (e.g., family doctor)	50.2%	140
Parks and recreation	11.8%	33
Clean environment	25.1%	70
Affordable housing	25.4%	71
Arts and cultural events	3.6%	10
Equal opportunities	6.1%	17
Good jobs and healthy economy	49.5%	138
Strong family life	26.2%	73
Healthy behaviors and lifestyles	28.0%	78
Low adult death and disease rates	3.2%	9
Low infant death rate	5.4%	15
Religious or spiritual values	23.3%	65
Other (please specify)		4
<i>answered question</i>		279

Other:

(Note – Verbatim responses were not corrected for spelling or grammar.)

Drug free environments

All of the above

A place to buy AFFORDABLE, HEALTHY FOOD #1

Question 30.

From the following list, select what you think are the four (4) most important "health problems" in our community? (Those problems that have the greatest impact on overall community health)		
Answer Options	Response Percent	Response Count
Accidents and injuries (not related to motor vehicle crashes)	10.5%	29
Health issues related to aging (arthritis, hearing/vision loss, etc.)	19.5%	54
Cancers	55.6%	154
Child abuse / neglect	20.6%	57
Dental problems	40.8%	113
Diabetes	29.6%	82
Domestic violence/rape/sexual assault	23.5%	65
Heart disease and stroke	29.6%	82
High blood pressure	25.3%	70
HIV / AIDS	11.6%	32
Homicide	0.0%	0
Infant death	0.4%	1
Mental health issues such as depression, anxiety	32.5%	90
Infectious disease (hepatitis, TB, etc)	3.2%	9
Motor vehicle crash injuries	12.6%	35
Respiratory / lung disease	11.6%	32
Sexually Transmitted Diseases (STDs)	23.8%	66
Suicide	2.5%	7
Teenage pregnancy	40.4%	112
Other (please specify)		12
<i>answered question</i>		277

Other:

(Note – Verbatim responses were not corrected for spelling or grammar.)

Addiction!

Don't know

Drugs and alcohol

drug use

lack of care, obesity

drug and alcohol abuse

Preventive care and medical screening

#1 POVERTY due to underskilled, underemployed workforce.

Substance Abuse (including alcohol & tobacco)

drugs

DRUG & ALCOHOL ABUSE

Question 31.

From the following list, select what you think are the four (4) most important “risky behaviors” in our community? (Those behaviors that have the greatest impact on overall community health)

Answer Options	Response Percent	Response Count
Alcohol abuse	75.7%	209
Being overweight or obese	36.6%	101
Dropping out of school	39.5%	109
Illegal drug abuse	71.7%	198
Prescription drug abuse	52.9%	146
Poor eating habits	17.8%	49
Not getting “shots” to prevent disease	4.3%	12
Racism	8.7%	24
Tobacco use	29.0%	80
Not using birth control, unsafe sex	32.2%	89
Not using seat belts / child safety seats	10.5%	29
Not visiting the doctor when sick	14.1%	39
Lack of exercise	12.3%	34
Poor or distracted driving	10.9%	30
Other (please specify)		2
<i>answered question</i>		276

Other:

(Note – Verbatim responses were not corrected for spelling or grammar.)

Willful ignorance

All of the above

Question 32.

How would you rate our community as a “Healthy Community?”

Answer Options	Response Percent	Response Count
Very unhealthy	8.1%	22
Unhealthy	31.0%	84
Somewhat Healthy	53.9%	146
Healthy	7.0%	19
Very Healthy	0.0%	0
<i>answered question</i>		271

Question 33.

How would you rate your own personal health?		
Answer Options	Response Percent	Response Count
Very unhealthy	6.6%	18
Unhealthy	5.9%	16
Somewhat Healthy	41.4%	113
Healthy	36.6%	100
Very Healthy	9.5%	26
<i>answered question</i>		273

Question 34.

In the space below, tell us the two things you would do to improve health care in our county.		
Answer Options	Response Percent	Response Count
1.	100.0%	196
2.	88.3%	173
<i>answered question</i>		196

(Note – Verbatim responses were not corrected for spelling or grammar.)

A better Medicaide doctor

A dentist that has a sliding scale fee

A new grocery store

Access

access to better health care

access to health department clinic in Carrabelle more than 1 day per week

accssible health care and medicine

advertise

Advertise what is open to the public, what our Health Dept offers.

Affordability

Affordable

Affordable Care

affordable dental care

Affordable Health Care

Affordable health care

Affordable health care.

Affordable Healthcare

Affordable healthcare in our county

Affordable Insurance

Affordable rate

Again...safe drinking water that is not high in carcinogens. TOO MANY PEOPLE ARE GETTING CANCER HERE

Another dentist

Apalachicola needs an urgent care center

attract a variety of doctors to move here and set up practice
Available doctors more than 3 days a week!
available more in carrabelle
Available RX for everyone
Awareness
ban smoking
better access to female ARNP or SYN at the Health Department
Better diet
Better doctors
Better doctors
Better doctors
Better doctors
Better doctors that stays
Better doctos
Better E.R.
Better Health Care
Better Hospital
Better hospital care, physicians
Better jobs & education (to afford ins.); better housing.
better medical facilities
Better nutrition
better pay for health care workers ems ect
Better produce at grocery
bring in law enforcement and shut down the drug traffic on our streets
Bring in Specialist such as Cardio, OBGYN, etc. so that people do not have to go to Tallahassee
bring jobs to the county!
bring more screening or diagnostic services from Talla to Franklin County
Build a new hospital in Apalachicola
change the culture
Children not to drop out of school
Clean up the water! It is always not passing.
Community Awareness
Community burdens-big ones
Community Education
community support for healthy living
Conduct preventive health screening
Continue promoting the value of education to make wise and well thought out choices.
Continuing care
Control Drug Abuse without Meth Clinics
Convenience
cost
county take over EMS
Cut out fatty foods
Decent hospital
dental
Dental
Dental care
Dental care
Dental care
Dental Care For Adults

Dental care through Health Department
Dental Clinic
Dental Clinic
Dental Clinic
dental clinic
Dental clinic
Dental Clinic for Pediatrics
Dental Close To Home
dental insurance for everyone
Dental office with sliding scale
Dental Providers
Dental services
Dental services needed
Dentist
Deny drivers license to high school drop outs
Discourage misuse of the ER
Doctors for everything
Doctors w/ specialities come in
Don't know
Drug and alchol abuse Dental is a big issue!
Drug bust
Drug Counseling
easier access
Easier access
Educate about present nutritional problems
Educate community with more Health Fairs
Educate Ladies About Pregnancy
Educate our children about nutrition
Educate teens about sex
educate, for prevention and promote holistic health options
education
Education
education
education
Education of the community on health issues
Education.
Education/Free Classes - Nutrition, healthy eating habits/lifestyles, sex, exercise, general
Employ compassionate people - eliminate the bullies who work at the health department
Employees that care
Encourage lifetime sports rather than team sports in school
Encourage minors to wait to have sex
Encourage new businesses and opportunities for a better and diversified economy
Encourage people to get regular check ups
Encourage people, and children to utilize their local Health Department
Encourage Primary Care Physician Wellness Visits
Enforce illegal drugs
enforce laws regarding underage drinking and smoking
Eye clinic
Eye doctor
Find cheaper healthcare

fix the hospital or get rid of it
focus on investigating and arresting illegal drug users, especially those involved with the abuse of prescription drugs
Food
Food
Franklin County needs additional medical and dental care.
Free dental care
Free dental care
Free everything for children to 18
Free healthcare for kids and elders
Free Screenings
Free wellness center
Get better police officers
Get Hospital board members who have better experience and an understanding of how a hospital is run. Make them establish a strategic plan
get rid of the health department - give the money to weems
Get serious about drinking / drug abuse
Getting good doctors
Getting people to the doctors and medication to help them
Give Access to Dental Care
Give free medicine to people that can't afford
Go after drug dealers
good doctors
Good Doctors that stays and dont leave
Have a day of Health care in the community
Have A Dental Office That Takes Medicaid
Have a women's clinic.
Have better variety of healthcare providers.
Have clinic at hospital so people can see doctor without emergency charges
Have dental assistance as well
Have doctors present every day at the health dept.
Have educational programs in local schools for future generation
Have free community rallies on dental and diet concerns.
Have more community programming for out door activities to bring people together and get exercise.
Have more free programs
Have more options for drug and alcohol counselors
Have more places to go to get assistance with healthcare for low income families
Have nurses to stay with disabled
Have speaker to speak on the important of Health care and provide light refreshment make fun
Have the water analyzed
Have Weems Hospital operate a walk-in clinic
having a health fair
Health Department in Carrabelle
Health Dept accept new patients
Health Providers
Healthcare for everyone
Healthier school environment
Healthy Community Addition
Hearing clinic
Help for mentally ill people
Help identified patients with applications and paperwork.

Help identify those in need of services.
Help people get the insurance they need
Help Seniors more
Help the old and young children
Help with dental
Help with pay for doctors
high blood pressure prevention
I do not qualify for sliding scale but cant afford meds or health care, I FALL IN THE HOLE
I was on Cobra for 18 months & it expired, I cannot get independent health insurance because I have an autoimmune disorder and the insurance companies said they will not provide insurance for people with
1. diabetes, 2. autoimmune, 3. heart disease. I have high dysplasia and cannot afford the exploratory surgery I need every 3 months which is going to most likely result in cancer
Improve Communities access to afford Health Care
improve education
improve education in the school system
improve mental health
Improve services of CHD
Increase accessibility to specialists
increase costs of insurance for smokers and alcoholics---they eat up our health care budget, and return over and over, to the hospital until they die-----wanting to be "fixed" after they've smoked for 40-50 years, and it' too late
Increase exercise programs
Increase Family Doctors
increase in job opportunities/trainings
Increase/improve substance abuse treatment
increasing health department's budget/programs
Institute something less than clinic, aid station type service
Insurance
It also needs jobs and affordable housing.
Jobs needed
Keep away from people using illegal drugs
Knowledge
Less fuss over how we pay to see the doctor, from the people at the windows when you fill out your papers to see the doctor
Less Politics
let people know where they can find it
Low cost dentist
low cost health care for the working class
Lower cost
Lower cost
Lower health expense
Lower Rates
lowering cost for indigent care
Make available dental services for children
Make Drugs Harder To Get
Make health at 0 cost to people
make it affordable
Make it affordable to all
make low cost health care avilable to everyone
Make parents more informed of illnesses
Make people get tested for drugs/other illegal things to get assistance from insurance or other funded programs

Make Pharmacies and Pharmaceuticals lower medicine costs
Make sex education mandatory in middle school
Make sure they are clean
Make them more affordable
Make urgent care center open 24 hours, 7 days
Make WIC more available
Maybe provide sliding fees at physicians offices
Mental health / substance abuse-more drug arrests
Mental health services
moderate healthcare costs, realistically, across the board
More
More access to home healthcare
More Affordable Emergency Care
More affordable health care
more aggressive education in school about STD
More and better doctors
More choices of doctors
More clinic hours and appt.
more community involvement with our children
More dental care
More Dental Offices
More doctor availability
More doctor office. Better hospital
More doctors
More doctors
More doctors
More doctors
More Doctors
More doctors
more doctors to call
More doctors to help us
More Dr's Offices
more drug abuse control
More drug arrests
More Education Against Drugs
more education for healthier lifestyle
More education for healthy eating habits
more engaging activities for the youth
More facilities
More free low cost programs
More free screening for health education and identifying groups at risk.
More good health habits taught in schools
More health care easier to get
More health care facilities
More home based programs to provide information on mental, physical and spiritual health
more housing for low income housing
More jobs
more mental health
More Of A Selection Of Local Physicians
more opportunity for male healthy lifestyle

More options for providers
more pcp offices
More places for kids to go
More private practices in the County
More programs to keep kids in school and having "safer" sex
More providers
More providers for all health insurance
More seamless/cooperative care between all providers
More stuff here help us get healthy
More test ran instead of pills given
More women's care
Move
N/A
N/A
Need baby doctors so we don't have to drive to Panama City
Need more access to primary care physicians.
need more dentists
need more doctors
Nicer more competent staff
Nutrition classes
Nutrition education and access to healthy foods
O.K.
Offer free health Ins/lower hospital bills
Offer free screenings
Offer low-income health care
OFFER MORE SERVICES FOR ADULTS IN THE COMMUNITY
Office visit prices
Open Health Clinic back up in Carrabelle
Open up the CArrabelle Clinic
Parent training classes
Partner with the doctors in town. We don't have that here and if we are going to survive, we must be on the same team as our doctors and work with them.
Pay attention to older people and kids needs
People who actually care about the people's needs
People who care and listen
Prescription drug financial assistance
Prescription plans-affordable
PREVENT TEEN PREGNANCY
Preventative care
Prices
primary care doctor
Proactive prevention of pregnancy and dropouts
Promotion
Provide affordable housing
Provide Affordable Insurance Policies
provide better health care-specialized doctors
provide better sex education to the students
Provide care without a lengthy wait
Provide childrens mental health services
Provide dental care for all children.
Provide incentive for doctors to stay and practice

Provide medical care to Indigent
 Provide more clinics
 Provide More Primary Care Physician
 Provide rehabilitation for chemical additcion
 Public transportation
 Put more activities for the children like nicer parks
 Put up flyers
 Raise awareness of programs available
 raise employment oppourtunities above seafood level
 reasonable walk in clinic care for all
 Recruit GOOD Doctor to the community & provide support
 Recruit some Doctors
 Reinstate primary care at the health department
 Remove drug trafficking/drug use by bringing in law enforcement from outside community
 Reopen Carrabelle HElth Dept. So we dont have to drive 30 minutes to see you!
 Safe places for young kids to play
 School Awareness
 Single payer system.
 Slide scales
 Sliding scale visits needed
 socialize healthcare, like Canada and Great Britain--we are already paying for the healthcare of the uninsured, as in using the ER for primary care, and the rediculous costs (\$200.00 for a litre of saline, when you can buy it on the internet for 99cents---and doctors who repeatedly order any and all tests to cover themselves and keep from being sued (i.e. a CT scan every day because you had a head injury or brain surgery, even though there are no signs of an problem)
 Some kind of program that people of all ages can participate in to excersize.
 Specialists
 Stable primary care and ER physicians
 Stop ltering
 Stop Prescription Drug Abuse
 Stop young adults from drugs
 Subsidise health care
 Substance abuse prevention
 Talk with people
 Teach teens about healthcare
 teaching healthy habits
 Teaching proper care
 Teen pregnacy
 Teen Pregnancy Prevention
 Tell People To Stay Healthy
 The crime in the county
 The need of "Urgent Care" on the east end of the County with extended and weekend hours. The current facility is used as a doctors office and not an urgent care facility!
 the people who cared aint there no more
 Transportation
 transportation
 Transportation to healthcare facilities for the poor, elderly population.
 Try to keep a safe and clean environment for kids and all people
 Use of current facilitates that we have to increase revenues so that more services can be delivered to the people
 walk more (minus the mosquitos and lack of lighting)

We need affordable dentists

We need more doctors in the area

We need places to exercise where we can let our children play at the same time

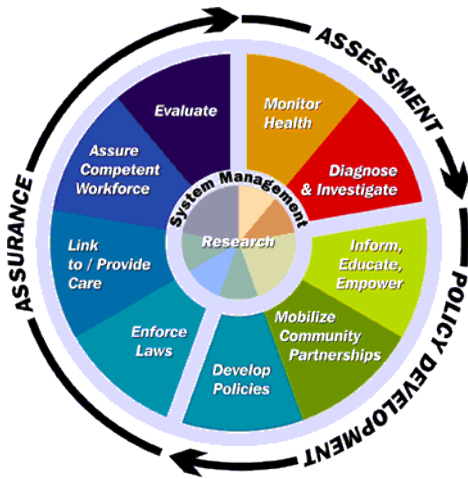
Weight

Weight

Working On Scheduling

Yes

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From:

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

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

A CHIP is part of an ongoing broad community health improvement process.

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

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

