2015-16
Community Health Needs Assessment

Franklin County, Florida

Community Partners Vision:
"*To Be the Healthiest Community in the Nation.*"

Prepared by:

Florida HEALTH
Franklin County

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A. Franklin County and Florida Indicator References and Sources
B. Vision and Local Public Health System Workshop Report
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Executive Summary

In 2015, Florida Department of Health - Franklin County ("DOH-FRANKLIN") in collaboration with other community organizations and agencies, worked together, to conduct a community health needs assessment ("assessment") for approximately 11,623 residents of Franklin County, Florida. A Community health needs assessment provides a snapshot in time of the community strengths, needs, and priorities. Guided by the Mobilization for Action through Planning and Partnerships (MAPP) process, this report is a result of a collaborative and participatory approach to community health planning and improvement. Improving the health of the community is critical to enhancing Franklin County residents' quality of life and supporting its future prosperity and well-being.

Description of the Community

The area for the purposes of this assessment is defined as the population of Franklin County. Franklin County has a total area of 535 square miles, of which 48% is water. There are two population centers in Franklin County - Carrabelle in the eastern part of the County and Apalachicola, the County seat and largest city, on the coast.

The population in Franklin County increased by 16.8% between 2000 and 2010, although the growth rate was less than the State of Florida over the same period. Between 2010 and 2014, the Franklin County population grew only 0.8%, compared to total population growth in the State of 5.8% during that period. Currently, minorities represent about 16.2% of the total population, far lower than the 21.8% of the State composition.

The median household income in Franklin County is $38,328, significantly below that of the State. In 2013, the poverty rate was 30.1%, compared to 29.0% statewide. The unemployment rate as of August 2015 was 4.3%, lower than statewide and an improvement from the 5.2% rate reported for 2013.

Participants in the Assessment Process

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

The assessment process included CHIP meetings and workshops and a community survey distributed both on-line and in paper format. More than 25 people representing more than 14 different community agencies and organizations and the general public participated in various meetings throughout the process. In addition, 428 Franklin County residents completed the community survey. Particular focus was placed on obtaining input from vulnerable population groups.

How the Assessment Was Conducted

The assessment was developed using the Mobilization for Action through Planning and Partnership (MAPP) method, which was developed by the National Association of City and County Health Officials in concert with the U.S. Centers for Disease Control and Prevention. The MAPP process has four elements:

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

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

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

Community Health Status Profile

- ❖ Significant disparities exist in health and health outcomes based on a variety of factors
- ❖ Unhealthy behaviors are a significant contributor to poor health status in Franklin County, including:
  - Drug, Alcohol and Tobacco use
  - Poor nutrition/Excess Weight
  - Unsafe Sex
- ❖ Mental health issues are of significant concern in the County
- ❖ Inadequate access to care is a recurring concern, based on a number of factors, including:
  - Lack of availability of providers/services
  - High cost/lack of insurance coverage
  - Lack of awareness of available services

Community Themes & Strengths Assessment

- ❖ Recurring themes include:
  - Housing problems
  - Lack of economic opportunity/high poverty rate
  - High tobacco use
  - Obesity/Poor nutrition
  - Alcohol, Drug and Tobacco use
  - Access to Care
- ❖ The following were identified as strengths:
  - Environment/natural assets
  - Strong faith and values
  - Low crime rate/safe place to live
  - Good community to raise children
  - Supportive community network

Local Public Health System Assessment

- ❖ The local public health system performs particularly well in the following areas:
  - Monitoring health status
  - Diagnosing and investigating
  - Informing, educating and empowering
  - Mobilizing community partnerships
  - Using technology to improve quality of care
  - Encouraging community participation in research
- ❖ The local public health system could improve performance in the following areas:
  - Enforcing laws
  - Linking people and understanding the reasons why people do not get care
  - Evaluating process and community needs
  - Developing leaders who represent the diversity of the population
  - Research

Forces of Change Assessment

- ❖ Key forces of change identified include:
  - Weather (natural disasters)
  - Transportation
  - Government
  - Access to Care
  - Community Initiatives
  - Shifts in community demographics
  - The Economy
- ❖ Threats posed by these forces include:
  - Decline/disruption of the seafood industry
  - Losing subsidized transportation services
  - Aging population
  - Affordable care act
  - Community garden
  - Governmental funding stopped or reduced

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

- Broad applicability of solution set
- Time frame required to support efforts

- Potential to reduce health disparities
- Alignment with vision (To Be the Healthiest Community in the Nation.)
- Community support for the problem
- Resource availability to address problem

Priority Health Issues

The top priority health issues identified for Franklin County were:

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

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Community Health Needs Assessment
Franklin County, Florida

Introduction

In 2015, the Florida Department of Health - Franklin County ("DOH-FRANKLIN"), in collaboration with other community organizations and agencies, worked together to conduct a community health needs assessment ("assessment") for Franklin County. 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.

Leading Partner

Florida Department of Health in Franklin County

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

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

Community Definition

Franklin County has a total area of 535 square miles, of which 48% is water. There are two population centers in Franklin County - Carrabelle in the western part of the County and Apalachicola, the County seat and largest city, on the coast. St. George Island is a narrow barrier island off the coast of the county separating the Gulf of Mexico and the Apalachicola Bay. The area is low in density, featuring mainly single-family homes and tourist rentals.

Population

Franklin County has a low population density of a little less than 22 persons per land mass square mile, compared to 350 persons per square mile in the State of Florida. The County's coastal access and low cost of living drove a 16.8% growth in population from 2000 and 2010, although the growth rate was less than the State of Florida over the same period. Between 2010 and 2014, Franklin County population grew only 0.8%, compared to total population growth in the State of 5.8% during that period.

The population aged 65 and older represent 19% of the total population of Franklin County, more than the 18.4% they represent in the State as a whole. Additionally, the population Franklin County is somewhat older than that of the State, with a median age of 43 compared to 41.8 for the State. Notably, 28.2% of the population of Franklin County is between the ages of 45 and 64, and 26.5% is between the ages of 35 and 54, compared to 27.0% and 25.8% of the State's population, respectively. Only 16.80% of the population of Franklin County is under 18 years of age, compared to 21.0% of the State's population. In addition, the population is skewed heavily in favor of males over females, with 57% of the population of Franklin County being male compared to slightly less than 50% of the population of the State.

Population by Age Cohort – 2014 Franklin County and State of Florida				
Age Cohort	County Population	% of Total	State Population	% of Total
0 – 17	1,949	16.8%	4,098,223	21.0%
18 – 24	912	7.8%	1,789,068	9.2%
25 – 34	1,808	15.6%	2,448,462	12.5%
35 – 44	1,468	12.6%	2,345,727	12.0%
45 – 54	1,615	13.9%	2,699,859	13.8%
55 – 64	1,661	14.3%	2,574,936	13.2%
65+	2,210	19.0%	3,591,756	18.4%
Total	11,623		19,548,031	100.0%
F, 15 – 44	1,987	17.1%	3,622,709	18.5%
Male	6,641	57.1%	9,555,569	48.9%
Female	4,982	42.9%	9,992,462	51.1%
Median Age	43		41.8	

Source: Florida Charts, 2015.

Population Characteristics

- Only 16.8% of the population of Franklin County is less than 18 years of age.
- The significant majority of Franklin County residents are between the ages of 25 and 64 (56.4 %), substantially more than the percentage of the population in that age bracket in the State (51.5%).
- 19.0% of the population of Franklin County is aged 65 or older; a little more than the State as a whole.
- Males represent 57.1% of the population of Franklin County, compared to 48.9% of the population Statewide.
- Over the past 2 years the population aged 18 - 24 in Franklin County showed no signs of growth. The population aged 65 and older grew at the fastest rate 4.29% followed by the population aged 0 – 17 (0.52%). The fastest growing age group in the State over the past 2 years was those aged 55 – 64 (5.2%), followed by those aged 65 and older (5.1%) and between the ages of 25 and 34 (4.1%).

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

	Franklin County			State of Florida
Age Cohort	2012	2014	% Change	% Change
0-17	1,939	1,949	0.52%	1.80%
18 – 24	912	912	0.00%	2.90%
25 – 34	1,818	1,808	-0.55%	4.10%
35 – 44	1,479	1,468	-0.74%	-0.90%
45 – 54	1,664	1,615	-2.94%	0.20%
55 – 64	1,664	1,661	-0.18%	5.20%
65+	2,119	2,210	4.29%	5.10%
Total	11,595	11,623	0.24%	2.70%
F, 15 - 44	1,541	1,536	-0.32%	1.70%

Source: Florida Charts, 2015.

Population by Race and Ethnicity

Minorities represent about 18.3% of the total population in Franklin County, comparable to the almost 24% minority composition of the population of the State. A slightly lower percentage of the population in Franklin County is African-American (15.67%) than in the State (16.1%). Unlike the State, only 5.1% of the population of Franklin County is Hispanic, compared to 23.3% statewide.

Population by Race - 2014
Franklin County and State of Florida

Race Cohort	County	% of Total	State	% of Total
White	9,444	81.74%	14,747,196	76.20%
Black	1,810	15.67%	3,114,841	16.10%
Asian/Pacific Islander	63	0.55%	502,961	2.60%
Native American	34	0.29%	59,121	0.30%
Two or More Races	118	1.02%	453,399	2.30%
Other	85	0.74%	484,274	2.50%
Total	11,554	100.00%	19,361,792	100.00%
Hispanic	589	5.10%	4,517,191	23.30%

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

Why are these characteristics important?

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

Socioeconomic Indicators

The median household income in Franklin County is $38,328, which is 18.4% below the median household income of the State of $46,956. Real per capita income is dramatically lower in the County ($30,301) than in the State ($41,497). The percentage of the population living in poverty in Franklin County (30.1%) is only slightly higher than the percentage in the State (29.0%), and the percentage of children living in poverty in Franklin County (27.9%) is higher than the statewide percentage (23.6%). According to available data, only 4.3% of the population of Franklin County is unemployed, less than the 6.0% of the population of the State that is unemployed. A substantially greater percentage of the population over the age of 25 does not have a high school diploma in Franklin County compared to the State (21.7% versus 13.5% respectively). Finally, only 4.0% of the population in Franklin County has limited English proficiency compared to 6.9% in the State.

Socioeconomic Indicators – 2013

Franklin County and State of Florida

Indicator	County	State	Difference
Median Household Income	$ 38,328	$46,956	-$8,628.00
Real Per Capita Income	$ 30,301	$41,497	-$11,196.00
Poverty Rate	30.1%	29.0%	1.10
Children in Poverty	27.9%	23.6%	4.30
Unemployment Rate[1]	4.3	5.6	-1.30
Population >25 w/o HS Diploma	21.7%	13.5%	8.20
Population with Limited English Proficiency	4.00%	6.90%	-2.90

Note: [1] Data as of August 2015

Sources: U.S. Bureau of labor Statistics

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

U.S. Census Bureau

Florida Charts, 2015

Why are these characteristics important?

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

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

Methodology

Participants in the Assessment Process

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

- Alzheimer's Project
- Apalachicola Municipal Library
- Big Bend AHEC
- Big Bend Rural Health
- Community Care Center of Franklin County
- DOH – Franklin County – Environmental Health
- Early Head Start
- Eastpoint Medical Center
- Florida Department of Health – Closing the Gap
- Florida Department of Health – Gulf County
- Florida Department of Health – Franklin County
- Franklin County School – Students Working Against Tobacco
- Franklin's Promise
- Gulf Coast State College
- Healthy Start
- Sacred Heart
- University of Florida Institute of Food and Agricultural Sciences - Franklin County
- Weems Memorial Hospital

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

The assessment process included CHIP meetings and workshops which occurred between June and December 2015 and continue into 2016 and a community survey distributed both on-line and in paper format. More than 25 people representing more than 15 different community agencies and organizations and the general public participated in various meetings throughout the process. In addition, 428 Franklin County residents completed a community survey to provide information about perceptions of the health of the community, its residents, and the health care system.

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

populations, e.g., the Department of Health or faith-based organizations.

Assessment Process - MAPP

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

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

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

Each of these elements provided a platform for assessing multiple factors – from lifestyle behaviors (e.g., diet and exercise) to clinical care (e.g., access to health care services) to social and economic factors (e.g., employment opportunities) to the physical environment.

Summary of Findings:

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

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

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

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

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

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

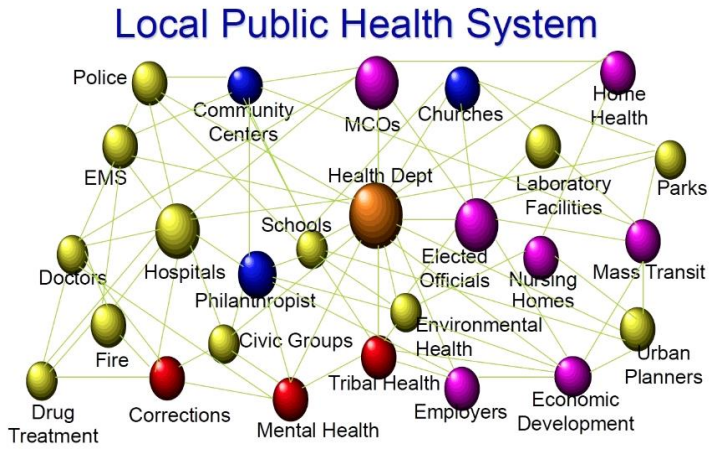
The work performed, findings reviewed, and conclusions reached in each of these workshops is summarize below.

Vision and the Local Public Health System Workshop

The Vision and Local Public Health System ("LPHS") Community Health Assessment ("CHA") Workshop centered on creating a shared collective vision to guide participants throughout the CHA process and gauging the ideas, thoughts, and opinions of the community regarding their knowledge and experience dealing with the LPHS throughout the County. The workshop was held on August 25, 2015. Nineteen (19) people from 10 community organizations participated in the Workshop.

Vision

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



Local Public Health System

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

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

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

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

-
- Optimal (greater than 75%)
- Significant (50 – 75%)
- Moderate (26 – 50%)
- Minimal (1 – 25%)
- No Activity (0%)
- I Don't Know

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

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

Themes & Strengths Assessment and the Forces of Change Workshop

The Themes and Strengths and the Forces of Change CHA Workshop centered on establishing a collective vision to guide participants throughout the CHA process, identifying common community themes and strengths, and identifying the forces of change that can affect the health of the community. The workshop was held on September 29, 2015. Twenty-two (22) people from 11 community organizations participated in the Workshop.

Vision

Building on the previous CHA Workshop, community members created several individual vision statements and, although all of the statements were different, several key values were consistent in all of them. Participants reviewed the vision statements and through a collective process adopted "To be the healthiest community in the nation" as the new vision statement.

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

Themes and Strengths

Common Themes And Strengths	
Open Ended Questions	**Common Themes**
1. What makes you most proud of our community?	A. The friendliness of the people B. Very supportive in time of need C. Natural surrounding beauty
2. What would excite you enough to be involved or more involved in improving our community?	A. Connecting with people B. Family oriented programing/activities C. Health and Fitness Initiatives
3. What do you believe is keeping our community from doing what needs to be done to improve health and quality of life?	A. Lack of understanding and personal responsibility B. Politics/Political infighting C. Housing issues (government not meeting needs) D. Economic disadvantages
4. What are two to three important issues that must be addressed to improve the health and quality of life in our community?	A. Access to care (ACE) B. Poverty as it relates to overall education and health C. Obesity/Poor nutrition D. Alcohol, drug and tobacco use

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

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

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

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

Quality of Life Survey

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

- Most Unsatisfied
- Slightly Unsatisfied
- Neutral
- Slightly Satisfied
- Most Satisfied

The first question was: "Are you satisfied with the quality of life in our community?" Nearly 70% of all participants responded that they were satisfied with the quality of life in the community, while 23% responded that they were slightly unsatisfied or most unsatisfied. Detailed results for all polled questions regarding the quality of life in the community are provided in Attachment C.

Asset Inventory

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

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

Collective Assets Inventory			
Individuals (w/ Knowledge and Skills):		**Citizen Associations**	
Rev. John Sink, Religious Leader	Heather Henderson, IFAS	Franklins Promise	Rotary Club
Joe Taylor, Director of Franklins Promise	Mike Cooper, Weems Hospital CEO	Philaco Women's Club	Historical Society
Van Johnson, Mayor of the City of Apalachicola	Brenda La Paz, Mayor of the City of Carrabelle	Hillside Coalition of Laborers Assoc.	Prosper Franklin
Jeanette Taylor, Conservation Corps	Sister Jean	Students Working Against Tobacco (S.W.A.T.)	Covenant Word Christian Center
Dolores Croom, High School SWAT Advisor	Sharon Sleeper, Retired RN	Volunteer Fire Department	Senior Citizens Centers
Private Institutions		**Public Institutions**	
Big Bend Area Health Education Center	Early Childhood Education and Care	Florida A&M University Nutrition Program	Franklin County School System
Croom's Transportation	St. James Rehabilitation Center	Project Impact/The Nest	Farmers Market
Sacred Heart Hospital	Eastpoint Medical Center	Apalachicola National Estuary Research Reserve	Prison Work Detail
Oyster Radio/Apalachicola Times	Apalachee Center	Weems Memorial – East and West Clinics	University of Florida Extension Office

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

Forces of Change

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

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

Forces of Change						
Weather (Disasters)	**Transportation**	**Government**	**Access to Care**	**Community Initiatives**	**Demographics**	**Economic**
Maelstrom	Transportation Issues	Funding Stopped or Increased	Tele-Health for the Underserved	Organized – Exercise Classes (sliding scale or low cost)	Aging Population	Local Economy Failure
Weather Related Event	Losing Transportation (ex: Croom's)	Government Funding	Affordable Care ACT	Everybody Walks Grant		Decline/Disruption of Seafood Industry
Natural Weather Occurrences		Government By In or Not	Losing Access to Healthcare	Conservation Corps of the Forgotten		Complete Collapse of Wild Oyster Industry
Natural Disasters		New Elections/New Leadership		Community Garden		Job Market
Weather Changes Affects Job						Health of the Bay

Opportunities and Threats

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

Opportunities and Threats		
Major Force of Change Category	**Opportunities (+)**	**Threats (-)**
Weather (Disasters)	+Pulls the community together +Increased collaboration	-Decrease in the effectiveness and efficiency of transportation -The economy slows/stops -Could destroy communities within and around the community
Transportation		-Losing transportation funding can affect poor people's access to healthcare.
Government	+Incoming partners and leadership may support healthy agenda +Bringing people together for a common cause	-Loss of active, supportive and skillful leaders (individual assets) and administrations -New administrations may not support healthy agenda
Access To Care		-Decrease in the number of people seeking preventative care -Individuals with time sensitive illnesses/matters may even bear more hardship.
Community Initiatives	+Area for new energy +Bringing people together for a common cause	-Community Initiatives are sustainable
Demographics		-Aging population is a strain on the economy
Economy	+Aquaculture/Natural resources +Increase in economic opportunities/job creation +Increase in new skill development +Increase in the number of people moving into the area.	-People/families may potentially be displaced -Oyster beds in lowest place ever in history

Community Health Status Assessment Workshop

The Community Health Status Assessment Workshop began with an in-depth review of data collected and analyzed throughout the process, including specific health status indicators and results of a Community Health Status Assessment Survey. The data review was followed by a decision matrix and ended with selection of health priorities. The workshop was held on November 17, 2015. Thirteen (13) people from six (6) community organizations participated in the Workshop.

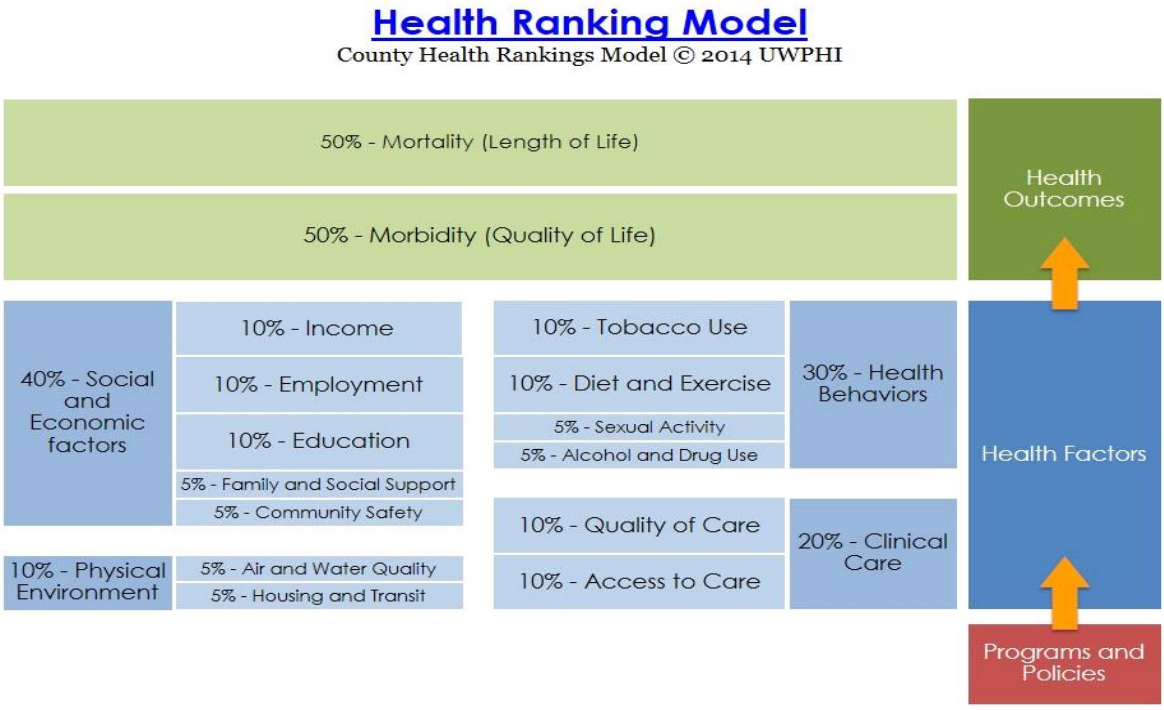
Health Status Indicators

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

Framework for Analysis

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

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



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

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

Summary of Findings

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

Health Outcomes	
Mortality – Length of Life	
• Alcohol-Related Motor Vehicle Traffic Crash Deaths • Cancer Deaths • Chronic Lower Respiratory Disease Deaths • Colon, Rectal or Anus Cancer Deaths • Deaths from Smoking-related Cancers • Diabetes Deaths	• Murder • Motor Vehicle Accident Deaths • Neonatal Deaths (0-27 Days) • Nephritis, Nephritic Syndrome, and Nephrosis Deaths • Pneumonia, Influenza Deaths • Premature Death

- Heart Disease Deaths
- Infant Mortality
- Lung Cancer Deaths
- Prostate Cancer Deaths

Suicide Deaths

Morbidity – Quality of Life

- Adults with Good to Excellent Overall Health
- Asthma (Adult)
- Average number of days where poor mental or physical health interfered with activities of daily living in the past 30 days
- Cervical Cancer Incidence
- Chicken Pox
- Diabetes (Adult)
- Heart Disease (Adult)
- High Blood Pressure (Adult)
- High Cholesterol (Adult)
- Lung Cancer Incidence
- Meningitis, Other Bacterial, Cryptococcal, or Mycotic
- Poor or Fair Health
- Prostate Cancer Incidence
- Salmonellosis
- Tuberculosis

Health Factors

Health Behaviors	Clinical Care

- Aggravated Assault
- Alcohol Consumption in Past 30 Days (Adolescents)
- Alcohol Consumption in Lifetime (Adolescents)
- Alcohol-Related Motor Vehicle Traffic Crashes
- Binge Drinking (Adolescents)
- Births to Mothers Ages 15-19
- Births to Obese Mother (Rate)
- Blacking Out from Drinking Alcohol (Adolescents)
- Breast feeding Initiation
- Cancer Screening: PSA in past 2 years (Men 50 and up)
- Cigarette Use (Adolescents)
- Diabetic monitoring
- Exercise Opportunities
- Former Smokers (Adult)
- Fruits and Vegetables Consumption 5 Servings per Day
- Healthy Weight (Adult)
- Healthy Weight (Youth)
- Live Births Where Mother Smoked During Pregnancy
- Marijuana or Hashish Use (Adolescents)
- Medicaid Birth Rate
- Middle and High School Students Who Are Overweight or Obese
- Never Smoked (Adult)
- Obesity (Adult)
- Overweight and Obesity (Children and Adolescents)
- Prenatal Care Begun in First Trimester
- Secondhand Smoke Exposure (Youth)
- Sedentary Adults
- Smoked in Last 30 Days (Adolescents)
- Smokers (Adult)
- Tobacco Quit Attempt (Adult)
- Vigorous Physical Activity Recommendations Met

- Acute Care Beds (per Population)
- Adult Psychiatric Beds (per Population)
- Adults Who Have a Personal Doctor
- Adult Substance Abuse Beds (per population)
- Child and Adolescent Psychiatric Beds (per Population)
- Dentists (per population)
- ED Visits – Acute Conditions - Hypoglycemia
- ED Visits - Avoidable Conditions – Dental
- ED Visits - Chronic Conditions - Angina
- ED Visits - Chronic Conditions - Congestive Heart Failure
- ED Visits - Chronic Conditions – Diabetes
- ED Visits - Chronic Conditions – Hypertension
- Flu Vaccination in the Past Year (Adult Age 65 and Older)
- Insurance – Uninsured Children
- Internists (per Population)
- Mental Health Providers (per Population)
- OB/GYN (per Population)
- Pediatric Psychiatric Beds (per Population)
- Pediatricians (per Population)
- Physicians (per Population)
- Pneumonia Vaccination (Adult Age 65 and Older)
- Primary Care Access
- Rehabilitation Beds (per Population)
- Skilled Nursing Beds (per Population)

Socioeconomic	Physical Environment
• Food Insecurity • Percentage of adults who could not see a doctor at least once in the past year due to cost • Poverty Rate • Public Assistance Income • Real Per Capita Income	• Drinking Water Violations • Grocery Store Access

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

Community Health Status Assessment Survey

From mid-June through mid-September 2015, CHIP distributed a Community Health Status Assessment Survey, both on-line and in paper format. The survey asked 25 questions ranging from health related opinions, ideas, statistics, and basic demographic information. In order to reduce health outcome gaps and disparities, the survey was distributed to the general population and specifically within communities with highly vulnerable populations. CHIP members identified and distributed paper surveys to key populations based on geography, income, and race. In some cases, volunteers were made available to assist in completion of the survey. A Spanish version of the survey was also created and distributed. Recipients were encouraged to complete the survey and to forward it to others. A copy of the community survey is provided in Attachment D.

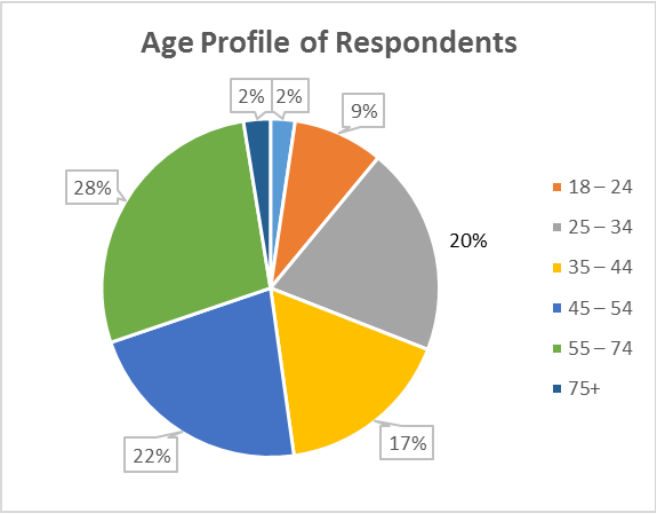
Survey Results

Over 428 community-wide surveys (on-line and paper) were completed by residents of Franklin County A demographic breakdown of survey respondents compared to the overall population of Franklin County is provided below.

Survey Demographics

	Respondents	Franklin Population *
Female	75.0%	42.20%
Black/African American	23.2%	14.40%
White/Caucasian	64.1%	82.70%
Bachelor's Degree or Higher	16.4%	16.00%
Unemployed	5.3%	4.3%
Income Less Than $35,001/Year	53.3%	Median Income $38,328

* Census "Quick facts."



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

Access to Care

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

Within the provider/service supply focused issue, twenty-one percent (21%) of respondents in the general population and twenty-two percent (22%) of respondents from vulnerable populations believe access to health services is essential to having a healthy community. Although access to health services was seen as essential to having a healthy community, twenty-

nine percent (29%) of general population respondents and thirty-nine percent (39%) of vulnerable population respondents are concerned with people not seeing a doctor/dentist as an unhealthy behavior in Franklin County.

Sixty-eight percent (68%) of general population respondents and sixty-eight percent (68%) of vulnerable population respondents have visited the doctor for a wellness visit or routine checkup in the last two years. Only nine percent (9%) of general population respondents do not have insurance coverage, while a much higher portion of the vulnerable population respondents, twenty-five percent (25%), are without insurance coverage – a major factor in access to care. With regard to knowledge of resources, thirty-two percent (32%) of general population respondents and twenty percent (20%) of vulnerable population respondents feel it is too expensive to cook and/or eat healthy foods. From a local screening and prevention focus, only thirteen percent (13%) of general population respondents and eight percent (8%) of vulnerable population respondents think that preventative healthcare is difficult to get within the County.

Healthy Weight

Survey respondents provided several interesting opinions regarding healthy weight. Only twenty-five percent (25%) of general population respondents and twenty-six percent (26%) of vulnerable population respondents felt that excess weight was of considerable concern in the County. However, eighteen percent (18%) of all respondents reported having been diagnosed as obese or overweight. In addition, sixty-four (64%) of both general and vulnerable population respondents indicated that they felt that they were relatively health (somewhat health to very health). However, seventy-three percent (73%) of general population respondents and sixty-eight percent (68%) of vulnerable population respondents reported having been diagnosed with one or more weight-related health problems, with high blood pressure, high cholesterol, obesity, and heart disease being among the leading issues reported

Mental Health

Sixteen (16%) of general population respondents and eleven percent (11%) of vulnerable population respondents feel that mental health is one of the most important health issues in the County. Despite the perceived importance of the issue, twenty percent (20%) of both general and vulnerable population respondents indicated that they think mental health services are difficult to obtain within Franklin County and twenty-four percent (24%) of general population respondents and twenty-one (21%) of vulnerable population respondents did not know where to go to receive mental health care.

Substance Abuse

Community residents were very alarmed by the prevalence of alcohol and drug use within Franklin County. More than half (67%) of general population respondents and over sixty-nine percent (69%) of vulnerable population respondents indicated that drug abuse was of significant concern to them among other unhealthy behaviors in Franklin County. In addition, thirty-eight percent (38%) of both general population and vulnerable population respondents indicated that alcohol abuse was of significant concern to them. Thirty-one percent (31%) of general population respondents and twenty-four percent (24%) of vulnerable population respondents indicated that they believed that alcohol and/or drug abuse treatment services are difficult to obtain within the County.

Tobacco Use

While fifty-eight percent (58%) and fifty-two percent (52%) of general and vulnerable population respondents, respectively, reported having never used tobacco products, twenty-five percent (25%) of general population respondents and twenty-seven (27%) of vulnerable population respondents identified tobacco use as one of the most important health issues in the County. In addition, according to the 2014 Florida Youth Tobacco Survey, 53% of middle school children in the County were exposed to secondhand smoke within the last 7 days, which is far better than the 66% that were exposed to secondhand smoke in the County in 2012, but substantially higher than the statewide average of only 36% of students being exposed to secondhand smoke.

More detailed survey response data are provided in Attachment D.

Community Health Priorities

Priority Setting Process

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

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

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

"What are the consequences of not addressing this concern/issue"?				
Access to Care	**Mental Health**	**Obesity Related**	**Substance Abuse**	**Tobacco Use**
• Shortages of services • Inability to work • Premature death • Mental health • Unused grant money • Impaired dental health among others	• Increased substance abuse • Increase in family instability • Increased financial issues • Lack of self esteem	• Increased cardiac disease • Adolescent issues • Bullying • Continued generation	• Death from overdose • False perceptions • Poverty • Domestic violence • Economic instability • Educational struggles for youth	• Cancers • Increased healthcare cost • Reduction in County growth/ population • Second hand smoke impact

As part of the Workshop, participants also sought to align prioritization of health issues in the County with the recently adopted shared vision: To be the healthiest community in the nation. Participants agreed that, in order to achieve the shared vision, community partners must address disparities and that, doing so will help participants identify and implement ways for

everyone to have a fair chance to lead the healthiest life possible.

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

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

Priority Selection Matrix

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

Priority Selection Matrix

Questions	Access to Care	Mental Health	Weight	Substance Abuse	Tobacco Use
1. Could activities within a 3 year cycle feasibly support the problem	5	2	6	2	4
2. Does this problem help to reduce health disparities?	5	4	5	3	2
3. Could working on this problem support other identified problems?	5	7	2	5	
4. Which problems align with our vision?	4	1	6	1	4
5. Do we have the resources available to address this problem		1	7	1	4
6. Does this problem have community support?	2	2	5	7	5

Top Priority Health Issues for Franklin County

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

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

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

Access to Care

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

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

Access to health services encompasses four main components:

Coverage

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

Indicator	Franklin County		State of Florida
	Most Recent Period	Prior Period	
Median Monthly Medicaid Enrollment (per population)	30,844.2	19,995.4	29,069.8
Insurance – Uninsured Adults	25.80%	15.50%	24.30%
Insurance – Uninsured Children	14.0%	0.4%	11.90%
Median Household Income	$38,328	$ 37,428	$46,956

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

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

Services

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

Indicator	Franklin County		State of Florida
	Most Recent Period	Prior Period	
Adults who have a personal doctor	67.3%	70.6%	73.2%
Internists (per Population)	17.2	17.3	49.7
Pediatricians (per Population)	1.0	1.0	21.3
OB/GYN (per Population)	8.6	11.5	9.8
Infant Mortality	12.5	9.3	6.1
Poverty Rate	3.0%	3.5%	29.0%
Percentage of Population Age 65 or Older	19.0%	18.3%	18.4%

In Franklin County, over 30% of the population does not have a personal doctor, a higher percentage than statewide and compared to prior period for Franklin County. The County has

substantially fewer pediatricians who practice in the County compared to the rate statewide. Other services that are not available in Franklin County include adult and pediatric psychiatric beds, adult substance abuse beds, physical rehabilitation beds, and skilled nursing beds. These findings suggest that access to care may be limited in Franklin County due to lack of available services.

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

Timeliness

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

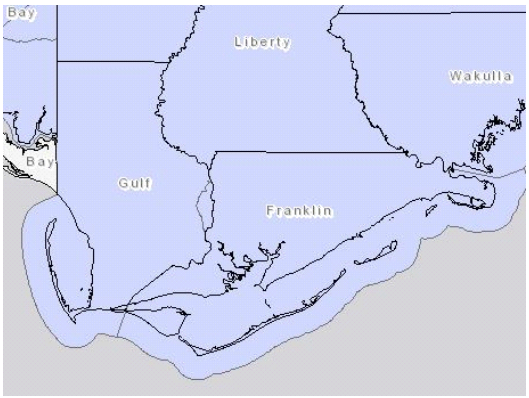
One of the questions asked in the Community Health Status Assessment survey was, "In the past 12 months, did you delay getting needed medical care for any of the following reasons." Respondents were told to check all answers that applied (to them). 46.2% of respondents said that they did not delay in getting care and 14.2% said they did not need medical care. The following reasons were given for delaying care:

Reason for Delay in Getting Medical Care	
Could not afford	15.4%
Could not get an appointment soon enough	15.2%
Could not get a weekend or evening appointment	9.4%
Insurance problems or lack of insurance	13.5%
Provider did not take insurance	8.4%
Provider was not taking new patients	2.5%
Lack of transportation	6.7%
Language barriers or could not communicate	2.5%

In addition, in terms of health status indicators, 23.0% of Franklin County adults could not see a doctor at least once in the past year due to cost, compared to 22.6% in the prior period and 20.8% statewide.

Workforce

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



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

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

Indicator	Franklin County		State of Florida
	Most Recent Period	Prior Period	
Internists (per Population)	17.2	17.3	49.7
Pediatricians (per Population)	1.0	1.0	21.3
OB/GYN (per Population)	8.6	11.5	9.8
Physicians (per Population)	51.7	49.1	267
Dentists (per Population)	17.2	11.5	54.0

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

- St. James Rehabilitation Center
- Healthy Start Coalition
- Deaf and Hard of Hearing Services of
- Eastpoint Medical Center
- Sacred Heart Medical Group
- Weems Memorial Hospital
- Bay, Gulf, Franklin CareerSource
- Apalachicola Times
- Oyster Radio
- Franklin Promise
- Department of Children & Families – ACCESS Florida
- Hillside Coalition of Laborers for Apalachicola
- Franklin County Health Department School-Based Dental Clinic
- City of Apalachicola
- City of Carrabelle
- Franklin County Government
- FAMU Cooperative Extension
- UF/IFAS Extension
- Franklin County Food Pantry
- Early Education and Care
- NHC Homecare
- Covenant Hospice

- Franklin County Wellness Center
- Phoenix Family Health Center
- Big Bend AHEC
- Weems East & West Primary Care Centers
- Coastal Cardiology
- Rex Whiteman, DMD
- Apalachee Center
- Franklin County Schools
- ABC Charter School
- Buy Rite Drugs
- CVS Pharmacy
- Carrabelle Senior Center
- Apalachicola Senior Center
- City of Apalachicola Project Impact
- Franklin County School Nest
- Apalachicola Chamber of Commerce
- Carrabelle Commerce
- Apalachicola Farmer's Market
- KUTT Youth Center

Access to Care and Related Indicators

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

Legend:

Health Outcomes

Mortality / Length of Life			
Indicator	Latest Data Period	Franklin County	
		Performance	Trend
Premature Death	2010-12	8,800	

Cancer Deaths	2012-14	190.3	
Breast Cancer Deaths	2012-14	10.3	
Prostate Cancer Deaths	2012-14	12.8	
Lung Cancer Deaths	2012-14	50.1	
Deaths from Smoking-related Cancers	2010-12	101.2	
Colon, Rectal or Anus Cancer Deaths	2012-14	15.0	
Diabetes Deaths	2012-14	25.9	
Heart Disease Deaths	2012-14	176.6	
Stroke Deaths	2012-14	35.2	
Infant Mortality	2012-14	12.5	
Neonatal Deaths (0-27 days)	2012-14	6.2	
Post neonatal Deaths (28-364 days)	2012-14	6.2	
Chronic Liver Disease, Cirrhosis Deaths	2012-14	14.7	
Chronic Lower Respiratory Disease Deaths	2012-14	84.3	
Pneumonia, Influenza Deaths	2012-14	8.5	
HIV/AIDS Deaths	2012-14	0.0	

Morbidity / Quality of Life

Indicator	Latest Data Period	Franklin County	
		Performance	Trend
Diabetic monitoring	2012	82.0	↑
Diabetes (Adult)	2013	12.1	↑
Hepatitis C, Acute	2012-14	0.0	
HIV	2012-14	14.3	
AIDS	2012-14	11.5	
Salmonellosis	2014	17.2	
Meningitis, Other Bacterial, Cryptococcal, or	2012-14	5.7	
Tuberculosis	2012-14	2.9	
Chicken Pox	2012-14	5.7	
Whooping Cough	2012-14	0.0	
Vaccine (selected) Preventable Disease for All	2014		
Unhealthy mental days	2013	4.8	
Adults with good to excellent overall health	2013	71.1	

Health Factors

Behavior

Indicator	Latest Data	Franklin County

	Period	Performance	Trend
NA			

Clinical Care – Access to Health Care			
Indicator	Latest Data Period	Franklin County	
		Performance	Trend
Uninsured Adults	2013	25.8	↑
Uninsured Children	2013	14.0	↑
Adults who could not see a doctor at least once in the past year due to cost	2013	23.0	↑
Population Receiving Medicaid	2013	18,481	↑
Medicaid births	2012-14	76.9	↑
Dental Care Access by Low Income Persons	2010-12	22.2	↓
Primary Care Access	2012	34.2	↓
Mental health providers	2014	1,657:1	↑
Physicians	FY 11/12 - FY 13/14	51.7	↑
Family Practice Physicians	FY 11/12 - FY 13/14	14.4	↑
Internists	FY 11/12 - FY 13/14	17.2	↓
Pediatricians	FY 11/12 - FY 13/14	1.0	●
OB/GYN	FY 11/12 - FY 13/14	8.6	↓
Dentists	FY 11/12 - FY 13/14	17.2	↑
Acute Care Beds	2012-14	215.0	↓
Adult substance abuse beds	2012-14	0.0	●
Rehabilitation beds	2012-14	0.0	●
Nursing Home Beds	2012-14	774.0	↓
Uninsured Adults	2013	25.8	↑
Uninsured Children	2013	14.0	↑

Clinical Care – Quality of Care			
Indicator	Latest Data Period	Franklin County	
		Performance	Trend
Lack of Prenatal Care	2012-14	0.8	●
Prenatal Care Begun Late or No Prenatal Care	2012-14	2.8	↓

Prenatal Care Begun in First Trimester	2012-14	73.5	↑
Adults who have a personal doctor	2013	67.3	↓
Cancer Screening - Mammogram	2013	30.6	↓
Cancer Screening in past two years - PSA (Men age 50 & older)	2010	62.6	↑
Cancer Screening - Sigmoidoscopy or Colonoscopy	2013	52.6	↓
Cancer Screening - Pap Test	2013	57.5	↑
Diabetic Annual Foot Exam (Adults)	2013	57.2	↓
Diabetic Semi-Annual A1C Testing (Adult)	2013	74.7	↑
HIV Testing (Adult age 65 and over)	2013	55.8	↑
Flu Vaccination in the Past Year (Adult age 65 and over)	2013	55.0	↓
Flu Vaccination in the Past Year (Adult)	2013	31.9	↑
Pneumonia Vaccination (Adult age 65 and over)	2013	70.5	↑
Pneumonia Vaccination (Adult)	2013	34.3	↑
Vaccination (kindergarteners)	2012-14	91.7	↑
ED Visits - All Ambulatory Care Sensitive Conditions	2014	248.1	↑
ED Visits - Acute Conditions - Hypoglycemia	2014	0.1	↓
ED Visits - Avoidable Conditions - Dental	2014	30.8	↑
ED Visits - Chronic Conditions - Angina	2014	3.5	↑
ED Visits - Chronic Conditions - Asthma	2014	9.5	↑
ED Visits - Chronic Conditions - Congestive	2014	10.0	↑
ED Visits - Chronic Conditions - Diabetes	2014	3.6	↑
ED Visits - Chronic Conditions - Mental Health	2014	18.8	↑
ED Visits - Chronic Conditions - Hypertension	2014	12.3	↓
Preventable hospital stays	2011-13	1,275.3	↓
Admitted ED Visits - All Ambulatory Care	2012-14	215.0	↓
Admitted ED Visits - Dental	2014	199.0	↑
Admitted ED Visits - Diabetes	2014	2.1	↑
Admitted ED Visits - STDs	2014	28.9	↑

Social and Economic Factors			
Indicator	**Latest Data Period**	**Franklin County**	
		Performance	**Trend**
Unemployment	2015 AUG	4.3	↓
Poverty	2013	30.1%	↓
Children in poverty (based on household)	2013	27.9%	↓

Income - Public Assistance Income	2013	34.4%	↑
Population with Limited English Proficiency	2013	4.0%	↑

Physical Environment			
Indicator	Latest Data Period	Franklin County	
		Performance	Trend
Households with No Motor Vehicle	2013	9.3%	↑
Use of Public Transportation	2013	0.3%	↓

Healthy Weight

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

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

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

Indicator	Franklin County	
	Most Recent Period	Prior Period
Births to Obese Mothers (rate)	20.6	24.6
Fruits and vegetables Consumption (5 Servings)	13.2%	27.0%
Exercise Opportunities	87.0%	83%
Vigorous Physical Activity Recommendations Met	20.4%	22.3%
Sedentary Adults	29.0%	33.7%

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

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

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

to the prior period, with some getting substantially worse.

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

Indicator	Franklin County		State of Florida
	Most Recent Period	Prior Period	
Premature Death (per Population)	8,800	8,315	6,893
Diabetes	12.1%	8.9%	11.2%
Diabetes Deaths (per Population)	26	23	19.6
Cancer Deaths (per Population)	190	201	158
Heart Disease (Adult)	14.4%	91.0%	10.3%
Heart Disease Deaths (per Population)	177	187	155
High Blood Pressure (Adult)	42.9%	38.1%	34.6%
High Cholesterol (Adult)	36.7%	30.8%	33.4%

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

Factors Influencing Diet	***Factors Influencing Physical Activity***
• Knowledge and attitudes • Skills • Social support • Societal and cultural norms • Food and agricultural policies • Food assistance programs • Economic price systems • Marketing/advertising (which influences people's, particularly children's, food choices) • Access to and availability of healthier foods • Where people eat (at home or away from home), e.g., foods eaten away from home often have more calories and are of lower nutritional quality than foods prepared at home	• Low income • Lack of time • Low motivation • Rural residency • Lack of social support from peers, family, or spouse • Overweight or obesity • Age and/or Disabilities (inaccessibility) • Physical environment: • Presence of sidewalks • Access to public transportation • Access to neighborhood or school play area and/or recreational equipment • Lack of transportation to facilities • Fear of injury

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

- Florida Department of Health – Healthiest Weight Florida
- Florida Department of Health – Franklin County
- Community Resource Center

- Closing the Gap Program
- FAMU Cooperative Extension
- UF/IFAS Extension
- Lions Club
- The City of Apalachicola
- The City of Carrabelle
- Franklin County Board of Commissioners
- Franklin County School Board

Healthy Weight and Related Indicators

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

Legend:

Health Outcomes

Mortality / Length of Life			
Indicator	Latest Data Period	Franklin County	
		Performance	Trend
Premature Death	2010-12	8,800	⬆
Cancer Deaths	2012-14	190.3	⬇
Colon, Rectal or Anus Cancer Deaths	2012-14	15.0	⬆
Diabetes Deaths	2012-14	25.9	⬆
Heart Disease Deaths	2012-14	176.6	⬇
Stroke Deaths	2012-14	35.2	⬆

Morbidity / Quality of Life			
Indicator	Latest Data Period	Franklin County	
		Performance	Trend
Total Cancer Incidence	2009-11	440.7	⬇

Breast Cancer Incidence	2009-11	74.8	↓
Colon and Rectum Cancer Incidence	2009-11	35.5	↑
Diabetic monitoring	2012	82.0	↑
Diabetes (Adult)	2013	12.1	↑
High Blood Pressure (Adult)	2013	42.9	↑
High Cholesterol (Adult)	2013	36.7	↑
High Blood Pressure Controlled (Adult)	2013	74.9	↓
Heart Disease (Adult)	2013	14.4	↑
Low birth weight	2012-14	8.1	↑
Poor or fair health	2013	28.9	↑

Health Factors

Behavior

Indicator	Latest Data Period	Franklin County	
		Performance	Trend
Healthy Weight (Adult)	2013	35.5	↓
Overweight (Adult)	2013	23.9	↓
Obesity (Adult)	2013	37.6	↑
Births to Obese Mothers	2012-14	20.6	↓
Births to overweight mothers	2012-14	16.5	↓
Breast feeding Initiation	2012-14	63.6	↓
Overweight or Obesity (Adolescents)	2014	40.4	↑
Healthy Weight (Adolescents)	2014	57.4	↓
Vigorous physical activity recommendations met (Adult)	2007	20.4	↓
Exercise opportunities	2013 & 10	0.9	↑
Sedentary Adults	2013	29.0	↓
Fruits and Vegetables Consumption 5 servings per day (Adult)	2013	13.2	↓
Food Insecurity	2013	17.8	↑
Grocery Store Access	2013	12.4	↓
Food Access Low - Low Income Population	2010	0.0	●
Fast Food Restaurant Access	2013	4.7	↓
SNAP Participants	2011	13.7%	↓

Clinical Care – Quality of Care			
Indicator	Latest Data Period	Franklin County	
		Performance	Trend
Diabetic Annual Foot Exam (Adults)	2013	57.2	↓
Diabetic Semi-Annual A1C Testing (Adult)	2013	74.7	↑
ED Visits - Acute Conditions - Hypoglycemia	2014	0.1	↓
ED Visits - Chronic Conditions - Congestive	2014	10.0	↑
ED Visits - Chronic Conditions - Diabetes	2014	3.6	↑
ED Visits - Chronic Conditions - Hypertension	2014	12.3	↓
Admitted ED Visits - Diabetes	2014	2.1	↑

Physical Environment			
Indicator	Latest Data Period	Franklin County	
		Performance	Trend
Households with No Motor Vehicle	2013	9.3%	↑
Driving alone to work	2013	73.8%	↓
Use of Public Transportation	2013	0.3%	↓

Mental Health/ Substance Abuse

Mental Health

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

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

In Franklin County, 14.4% of respondents to the Community Health Status Assessment survey indicated that they felt that mental health problems were one of the most important health issues facing the County. However, only 3.1% of respondents indicated that they had been told by a health professional that they had a mental health problem. Of course, this finding could be misleading due to the self-reported nature of the survey and self-selection, i.e., people suffering from mental health problems may be less likely to have completed the survey.

The County performed relatively well compared to the State with regard to mental health-related health status indicators. For instance, although higher than the prior year, there were 18.8 ED visits per 1,000 visits for mental health issues in Franklin County compared to 25.71 per 1,000 ED visits in the State. The relatively high number of such visits in the County and the State suggests that mental health problems may be a significant problem statewide. In addition, Franklin County experienced an average of 4.8 unhealthy mental health days, compared to 4.1 for the State. However, this number increased in Franklin County from 4.0 days during the prior period.

There are currently no adult or pediatric psychiatric beds located in Franklin County, compared to 20.0 and 2.70 beds per population, respectively, in the State. In addition, there are many fewer mental health providers in the County to serve the population in need compared to the State. In Franklin County, there is one mental health provider per 1,657 people compared to one per 744 people in the State.

Substance Abuse

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

In Franklin County, substance abuse appears to be a substantial problem, particularly among adolescents, for whom most indicators are substantially higher than statewide. Poor performing

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

Adolescents Drug and Alcohol Usage Rates		
Indicator	Franklin County	
	Most Recent Period	Prior Period
Alcohol Consumption in Past 30 Days (rate)	28.7	No Data
Binge Drinking (rate)	13.3	19.9
Blacking Out from Drinking Alcohol (rate)	29.2	No Data
Marijuana or Hashish Use (rate)	16.4	No Data

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

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

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

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

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

Indicator	Franklin County	
	Most Recent Period	Prior Period
Births to Mothers Age 15 – 19 – Resident (Rate)	50	58.7
Domestic Violence Offenses (Rate per 100,000)	749	583
Alcohol-Related Motor Vehicle Traffic Crashes (Rate)	169.1	192.6
Alcohol-Related Motor Vehicle Traffic Crash Deaths (Rate)	14.3	14.4
Aggravated Assault (Rate per 100,000)	250	206
Murder (Rate per 100,000)	8.6	8.62
Suicide Deaths (Rate)	7.0	6.9

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

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

- Florida Therapy Services, Inc.
- Apalachee Center
- DISC Villiage/Franklin Human Service Center
- National Suicide Hot Line
- Florida Suicide Hot Line
- Salvation Army
- Narcotics Anonymous

Mental Health and Substance Abuse, and related indicators

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

Legend:

Health Outcomes

Mortality / Length of Life

Indicator	Latest Data Period	Franklin County Performance	Trend
Infant Mortality	2012-14	12.5	↑
Neonatal Deaths (0-27 days)	2012-14	6.2	●
Post neonatal Deaths (28-364 days)	2012-14	6.2	↑
Chronic Liver Disease, Cirrhosis Deaths	2012-14	14.7	↑
Nephritis, Nephritic Syndrome, and Nephrosis	2012-14	5.0	↓
HIV/AIDS Deaths	2012-14	0.0	●
Suicide Deaths	2012-14	7.0	↑
Motor Vehicle Accident Deaths	2012-14	17.8	↑
Injury Deaths	2012-14	59.8	↑
Homicide	2012-14	5.5	↑

Morbidity / Quality of Life

Indicator	Latest Data Period	Franklin County Performance	Trend
Low birth weight	2012-14	8.1	↑
Disability (Any)	2013	23.4%	↑
Hepatitis C, Acute	2012-14	0.0	●
HIV	2012-14	14.3	↑
AIDS	2012-14	11.5	↑
Unhealthy mental days	2013	4.8	↑
Average number of days where poor mental or physical health interfered with activities of daily living in the past 30 days	2013	5.3	↓

Health Factors

Behavior

Indicator	Latest Data Period	Franklin County Performance	Trend
Alcohol-related Motor Vehicle Traffic Crash Deaths	2012-14	14.3	↓
Alcohol-related Motor Vehicle Traffic Crashes	2012-14	169.1	↓
Blacking out from drinking Alcohol (Adolescents)	2014	29.2	↑
Marijuana or Hashish Use (Adolescents)	2014	16.4	↓

Alcohol Consumption in past 30 days (Adolescents)	2014	28.7	⬇
Alcohol Consumption in Lifetime (Adolescents)	2014	56.6	⬇
Binge Drinking (Adolescents)	2014	13.3	⬇

Clinical Care – Access to Health Care			
Indicator	Latest Data Period	Franklin County	
		Performance	Trend
Adult substance abuse beds	2012-14	0.0	●

Clinical Care – Quality of Care			
Indicator	Latest Data Period	Franklin County	
		Performance	Trend
ED Visits - Chronic Conditions - Mental Health	2014	18.8	⬆

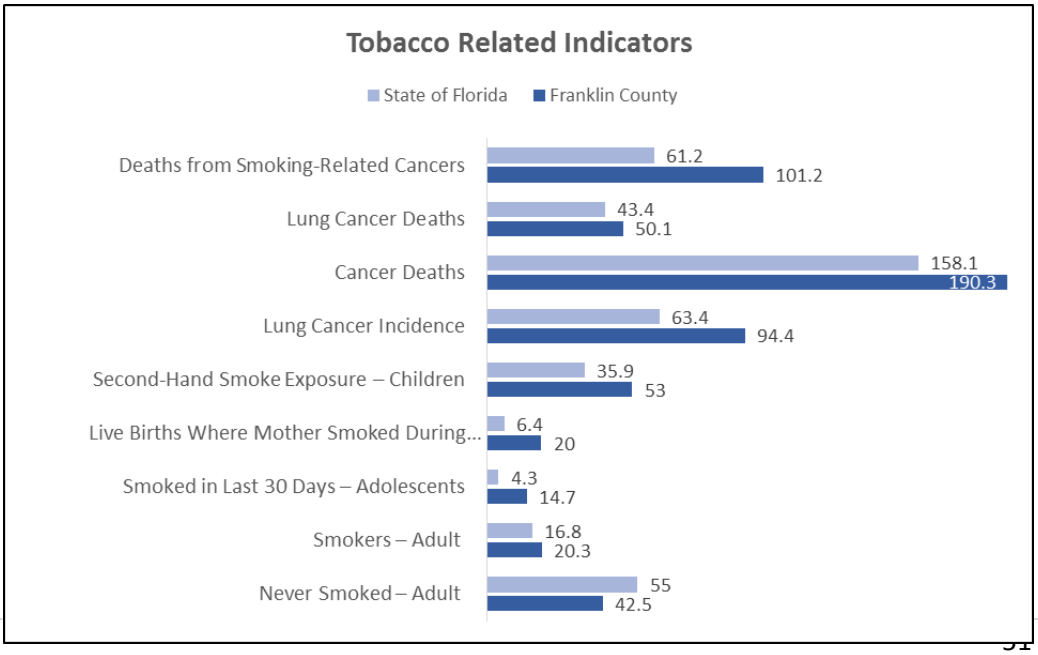
Social and Economic Factors			
Indicator	Latest Data Period	Franklin County	
		Performance	Trend
Domestic Violence Offenses	2014	748.5	⬆
Forcible Sex Offenses	2014	34.4	⬇
Aggravated Assault	2014	250	⬆
Murder	2014	8.6	⬆
Property Crimes	2014	1,523	⬇
Violent Crime	2014	301.1	⬆

Additional Health Concerns

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

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

Indicator	Franklin County	
	Most Recent Period	Prior Period
Former Smokers – Adult (Rate)	37.2	23.7
Never Smoked – Adult (Rate)	42.5	45.5
Tobacco Quit Attempt – Adult (Rate)	77.5	61.6
Smokers – Adult (Rate)	20.3	31.6
Smoked in Last 30 Days – Adolescents (Rate)	14.7	16.3
Live Births Where Mother Smoked During Pregnancy (Rate)	20	22.3
Second-Hand Smoke Exposure – Children (Rate)	53	65.7
Lung Cancer Incidence (Rate)	94.4	108.2
Cancer Deaths (Rate)	190.3	200.7
Lung Cancer Deaths (Rate)	50.1	57.8
Deaths from Smoking-Related Cancers (Rate)	101.2	105.7



Next Steps

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

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

Health Status Indicators, Definitions and Sources

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

Legend:

Health Outcome - Mortality (Deaths)						
Indicator	Latest Data Period	Performance	Trend	Healthy Weight	Access to Care	Mental Health / Substance Abuse
Premature Death	2010-12	8,800	⬆	✓	✓	
Cancer Deaths	2012-14	190.3	⬇	✓	✓	
Breast Cancer Deaths	2012-14	10.3	⬇		✓	
Prostate Cancer Deaths	2012-14	12.8	⬆		✓	
Lung Cancer Deaths	2012-14	50.1	⬇		✓	
Deaths from Smoking-related Cancers	2010-12	101.2	⬇		✓	
Colon, Rectal or Anus Cancer Deaths	2012-14	15.0	⬆	✓	✓	
Diabetes Deaths	2012-14	25.9	⬆	✓	✓	

Heart Disease Deaths	2012-14	176.6	⬇	✓	✓	
Stroke Deaths	2012-14	35.2	⬆	✓	✓	
Infant Mortality	2012-14	12.5	⬆		✓	✓
Neonatal Deaths (0-27 days)	2012-14	6.2	●		✓	✓
Post neonatal Deaths (28-364 days)	2012-14	6.2	⬆		✓	✓
Chronic Liver Disease, Cirrhosis Deaths	2012-14	14.7	⬆		✓	✓
Nephritis, Nephritic Syndrome, and Nephrosis Deaths	2012-14	5.0	⬇			
Chronic Lower Respiratory Disease Deaths	2012-14	84.3	⬆		✓	
Pneumonia, Influenza Deaths	2012-14	8.5	⬇		✓	
HIV/AIDS Deaths	2012-14	0.0	●		✓	✓
Suicide Deaths	2012-14	7.0	⬆			✓
Motor Vehicle Accident Deaths	2012-14	17.8	⬆			✓
Injury Deaths	2012-14	59.8	⬆			✓
Homicide	2012-14	5.5	⬆			✓

Health Outcome - Morbidity (Quality of Life)

Indicator	Latest Data Period	Performance	Trend	Healthy Weight	Access to Care	Mental Health / Substance Abuse
Total Cancer Incidence	2009-11	440.7	⬇	✓		
Breast Cancer Incidence	2009-11	74.8	⬇	✓		
Prostate Cancer Incidence	2009-11	101.3	⬇			
Lung Cancer Incidence	2009-11	94.4	⬇			
Colon and Rectum Cancer Incidence	2009-11	35.5	⬆	✓		
Melanoma Cancer Incidence	2009-11	21.8	⬇			
Cervical Cancer Incidence	2009-11	25.1	⬆			
Diabetic monitoring	2012	82.0	⬆	✓	✓	
Diabetes (Adult)	2013	12.1	⬆	✓		
High Blood Pressure (Adult)	2013	42.9	⬆	✓		
High Cholesterol (Adult)	2013	36.7	⬆	✓		
High Blood Pressure Controlled (Adult)	2013	74.9	⬇	✓		
Heart Disease (Adult)	2013	14.4	⬆	✓		
Asthma (Adult)	2013	10.5	⬆			
Low birth weight	2012-14	8.1	⬆	✓		✓
Disability (Any)	2013	23.4%	⬆		✓	
Hepatitis C, Acute	2012-14	0.0	●		✓	✓

HIV	2012-14	14.3	↑		✓	✓
AIDS	2012-14	11.5	↑		✓	✓
Salmonellosis	2014	17.2	↑		✓	
Meningitis, Other Bacterial, Cryptococcal, or Mycotic	2012-14	5.7	↓		✓	
Tuberculosis	2012-14	2.9	↑		✓	
Chicken Pox	2012-14	5.7	●		✓	
Whooping Cough	2012-14	0.0	↓		✓	
Vaccine (selected) Preventable Disease for All Ages	2014		●		✓	
Unhealthy mental days	2013	4.8	↑		✓	✓
Average number of days where poor mental or physical health interfered with activities of daily living in the past 30 days	2013	5.3	↓			✓
Adults with good to excellent overall health	2013	71.1	↓		✓	
Poor or fair health	2013	28.9	↑	✓		

Health Behavior - Tobacco Use

Indicator	Latest Data Period	Performance	Trend	Healthy Weight	Access to Care	Mental Health / Substance Abuse
Smokers (Adult)	2013	20.3	↓			
Former Smokers (Adult)	2013	37.2	↑			
Never Smoked (Adult)	2013	42.5	↓			
Tobacco Quit Attempt (Adult)	2013	77.5	↑			
Smoked Cigarettes in last 30 days (Adolescents)	2014	14.7	↓			
Cigarette Use (Adolescents)	2014	10.0	↓			
Secondhand Smoke exposure (Children)	2014	53.0	↓			
Live births where mother smoked during pregnancy	2012-14	19.0	↑			

Health Behavior - Alcohol / Substance Abuse

Indicator	Latest Data Period	Performance	Trend	Healthy Weight	Access to Care	Mental Health / Substance Abuse
Alcohol-related Motor Vehicle Traffic Crash Deaths	2012-14	14.3	↓			✓
Alcohol-related Motor Vehicle Traffic Crashes	2012-14	169.1	↓			✓
Blacking out from drinking Alcohol (Adolescents)	2014	29.2	↑			✓

Marijuana or Hashish Use (Adolescents)	2014	16.4	↓			✓
Alcohol Consumption in past 30 days (Adolescents)	2014	28.7	↓			✓
Alcohol Consumption in Lifetime (Adolescents)	2014	56.6	↓			✓
Binge Drinking (Adolescents)	2014	13.3	↓			✓

Health Behavior - Diet and Exercise

Indicator	Latest Data Period	Performance	Trend	Healthy Weight	Access to Care	Mental Health / Substance Abuse
Healthy Weight (Adult)	2013	35.5	↓	✓		
Overweight (Adult)	2013	23.9	↓	✓		
Obesity (Adult)	2013	37.6	↑	✓		
Births to Obese Mothers	2012-14	20.6	↓	✓		
Births to overweight mothers	2012-14	16.5	↓	✓		
Breast feeding Initiation	2012-14	63.6	↓	✓		
Overweight or Obesity (Adolescents)	2014	40.4	↑	✓		
Healthy Weight (Adolescents)	2014	57.4	↓	✓		
Vigorous physical activity recommendations met (Adult)	2007	20.4	↓	✓		
Exercise opportunities	2013 & 10	0.9	↑	✓		
Sedentary Adults	2013	29.0	↓	✓		
Fruits and Vegetables Consumption 5 servings per day (Adult)	2013	13.2	↓	✓		
Food Insecurity	2013	17.8	↑	✓		
Grocery Store Access	2013	12.4	↓	✓		
Food Access Low - Low Income Population	2010	0.0	●	✓		
Fast Food Restaurant Access	2013	4.7	↓	✓		
SNAP Participants	2011	13.7%	↓	✓		

Health Behavior - Sexual Activity

Indicator	Latest Data Period	Performance	Trend	Healthy Weight	Access to Care	Mental Health / Substance Abuse
Infectious Syphilis	2012-14	2.9	●			
Sexually transmitted infections	2012-14	461.5	↓			
Births to Mothers under the age of Majority (10-14)	2012-14	0.0	●			

Births to Mothers under the age of Majority (10-16)	2012-14	4.7	⬇			
Clinical Care – Access to Health Care						
Indicator	**Latest Data Period**	**Performance**	**Trend**	**Healthy Weight**	**Access to Care**	**Mental Health / Substance Abuse**
Uninsured Adults	2013	25.8	⬆		✓	
Uninsured Children	2013	14.0	⬆		✓	
Adults who could not see a doctor at least once in the past year due to cost	2013	23.0	⬆		✓	
Population Receiving Medicaid	2013	18,481	⬆		✓	
Medicaid births	2012-14	76.9	⬆		✓	
Dental Care Access by Low Income Persons	2010-12	22.2	⬇		✓	
Primary Care Access	2012	34.2	⬇		✓	
Mental health providers	2014	1,657:1	⬆		✓	
Physicians	FY 11/12 - FY 13/14	51.7	⬆		✓	
Family Practice Physicians	FY 11/12 - FY 13/14	14.4	⬆		✓	
Internists	FY 11/12 - FY 13/14	17.2	⬇		✓	
Pediatricians	FY 11/12 - FY 13/14	1.0	●		✓	
OB/GYN	FY 11/12 - FY 13/14	8.6	⬇		✓	
Dentists	FY 11/12 - FY 13/14	17.2	⬆		✓	
Acute Care Beds	2012-14	215.0	⬇		✓	
Adult substance abuse beds	2012-14	0.0	●		✓	✓
Rehabilitation beds	2012-14	0.0	●		✓	
Nursing Home Beds	2012-14	774.0	⬇		✓	

Clinical Care – Quality of Care						
Indicator	Latest Data Period	Performance	Trend	Healthy Weight	Access to Care	Mental Health / Substance Abuse
Lack of Prenatal Care	2012-14	0.8	●		✓	
Prenatal Care Begun Late or No Prenatal Care	2012-14	2.8	⬇		✓	
Prenatal Care Begun in First Trimester	2012-14	73.5	⬆		✓	
Adults who have a personal doctor	2013	67.3	⬇		✓	
Cancer Screening - Mammogram	2013	30.6	⬇		✓	
Cancer Screening in past two years - PSA (Men age 50 & older)	2010	62.6	⬆		✓	
Cancer Screening - Sigmoidoscopy or Colonoscopy	2013	52.6	⬇		✓	
Cancer Screening - Pap Test	2013	57.5	⬆		✓	
Diabetic Annual Foot Exam (Adults)	2013	57.2	⬇	✓	✓	
Diabetic Semi-Annual A1C Testing (Adult)	2013	74.7	⬆	✓	✓	
HIV Testing (Adult age 65 and over)	2013	55.8	⬆		✓	
Flu Vaccination in the Past Year (Adult age 65 and over)	2013	55.0	⬇		✓	
Flu Vaccination in the Past Year (Adult)	2013	31.9	⬆		✓	
Pneumonia Vaccination (Adult age 65 and over)	2013	70.5	⬆		✓	
Pneumonia Vaccination (Adult)	2013	34.3	⬆		✓	
Vaccination (kindergarteners)	2012-14	91.7	⬆		✓	
ED Visits - All Ambulatory Care Sensitive Conditions	2014	248.1	⬆		✓	
ED Visits - Acute Conditions - Hypoglycemia	2014	0.1	⬇	✓	✓	
ED Visits - Avoidable Conditions - Dental	2014	30.8	⬆		✓	
ED Visits - Chronic Conditions - Angina	2014	3.5	⬆		✓	
ED Visits - Chronic Conditions - Asthma	2014	9.5	⬆		✓	
ED Visits - Chronic Conditions - Congestive Heart Failure	2014	10.0	⬆	✓	✓	
ED Visits - Chronic Conditions - Diabetes	2014	3.6	⬆	✓	✓	
ED Visits - Chronic Conditions - Mental Health	2014	18.8	⬆		✓	✓

ED Visits - Chronic Conditions - Hypertension	2014	12.3	⬇	✓	✓	
Preventable hospital stays	2011-13	1,275.3	⬇		✓	
Admitted ED Visits - All Ambulatory Care Sensitive Conditions	2012-14	215.0	⬇			
Admitted ED Visits - Dental	2014	199.0	⬆			
Admitted ED Visits - Diabetes	2014	2.1	⬆			
Admitted ED Visits - STDs	2014	28.9	⬆			

Social and Economic Factors

Indicator	Latest Data Period	Performance	Trend	Healthy Weight	Access to Care	Mental Health / Substance Abuse
High school graduation	2013	69.9%	⬆			
Population 18 - 25 without a high school diploma	2013	40.7%	⬆			
Unemployment	2015 AUG	4.3	⬇		✓	
Real Per Capita Income	2013	30,301	⬆			
Median Household Income	2013	38,328	⬆			
Poverty	2013	30.1%	⬇		✓	
Children in poverty (based on household)	2013	27.9%	⬇		✓	
Children Eligible for Free/Reduced Price Lunch	2013-14	99.3%	⬆			
Income - Public Assistance Income	2013	34.4%	⬆		✓	
Housing Cost Burden	2009-13	32.3%	⬆			
Children in single-parent households	2013	42.8%	⬆			
Population with Limited English Proficiency	2013	4.0%	⬆		✓	
Domestic Violence Offenses	2014	748.5	⬆			✓
Forcible Sex Offenses	2014	34.4	⬇			✓
Aggravated Assault	2014	250	⬆			✓
Murder	2014	8.6	⬆			✓
Property Crimes	2014	1,523	⬇			✓
Violent Crime	2014	301.1	⬆			✓

Physical Environment

Indicator	Latest Data Period	Performance	Trend	Healthy Weight	Access to Care	Mental Health / Substance Abuse

Air pollution - particulate matter	2008	0.3	⬆			
Air Quality - Ozone	2008	0.00	●			
Drinking water violations	FY 2013-14	28.00	⬆			
Severe housing problems	2008-12	19.9%	⬆			
Households with No Motor Vehicle	2013	9.3%	⬆	✓	✓	
Driving alone to work	2013	73.8%	⬇	✓		
Use of Public Transportation	2013	0.3%	⬇	✓	✓	

Population Characteristics			
Median Age	2014	43	⬇
Population Under Age 0-17	2014	1,949	⬆
Population Age 18-24	2014	912	⬇
Population Age 25-34	2014	1,808	⬇
Population Age 35-44	2014	1,468	⬇
Population Age 45-54	2014	1,615	⬇
Population Age 55-64	2014	1,661	⬆
Population Age 65+	2014	2,210	⬆
Total Population (ACS)	2013	11,554	⬆
Total Population (FL CHARTS)	2014	11,623	⬇
Female Population	2014	4,982	⬆
Female Population Age 10-14	2014	252	⬇
Female Population Age 15-19	2014	235	⬇
Female Population Age 20-44	2014	1,301	⬆
Male Population	2014	6,641	⬇
Male Population Age 50+	2014	2,386	⬆
Families with Children	2013	23.9%	⬇
Births to Mothers Ages 15-19	2012-14	50.0	⬇
Births to Mothers Ages 15-44	2012-14	23.6	⬇
Total Births (resident)	2014	100	⬇
Population by Race - White	2013	9,444	⬇
Population by Race - Black	2013	1,810	⬆
Population by Race - Native American	2013	34	⬆
Population by Race - Asian/Pacific Islander	2013	63	⬇
Population by Race - 2 or more races	2013	118	⬆
Population by Race - Other	2013	85	⬆
Veteran Population	2013	12.8%	⬇

Indicator References and Sources

Health Outcomes – Mortality (Length of Life)	
Indicator	Definition; Data collection period and type; Source
Breast Cancer Deaths	ICD-10 Code(s): C50; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*
Cancer Deaths	ICD-10 Code(s): C00-C97; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*
Chronic Liver Disease, Cirrhosis Deaths	Deaths from Chronic Liver Disease and Cirrhosis Deaths; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*
Chronic Lower Respiratory Disease Deaths	ICD-10 Code(s): J40-J47; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*
Colon, Rectal or Anus Cancer Deaths	Colorectal Cancer Deaths; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*
Deaths from Smoking- related Cancers	Cancers include: Lip, Oral Cavity, Pharynx (C00-C14), Esophagus (C15), Larynx (C32), Trachea, Bronchus, Lung (C33-C34), Kidney & Renal Pelvis (C64-C65), Bladder (C67), Other/Unspecified Sites In Urinary Tract (C66, C68) ; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*
Diabetes Deaths	ICD-10 Code(s): E10-E14; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*
Heart Disease Deaths	ICD-10 Code(s): I00-I09, I11, I13, I20-I51; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*
HIV/AIDS Deaths	ICD-10 Code(s): B20-B24; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*
Homicide	Homicide (All Means) Deaths; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*
Infant Mortality	Deaths occurring within 364 days of birth; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*
Injury Deaths	Unintentional Injuries Deaths; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*
Lung Cancer Deaths	ICD-10 Code(s): C33-C34; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*
Motor Vehicle Accident Deaths	Motor Vehicle Crashes Deaths; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*
Neonatal Deaths (0-27 days)	Deaths occurring within 27 days of birth. Beginning in 2004, the state total for the denominator in this calculation may be greater than the sum of county totals due to an unknown county of residence on some records; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*
Nephritis, Nephritic Syndrome, and Nephrosis Deaths	Nephritis Deaths. ICD-10 Code(s): N17-N19; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*
Pneumonia, Influenza Deaths	CD-10 Code(s): J09-J18; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*

Post neonatal Deaths (28- 364 days)	Deaths occurring 28 to 364 days from birth. Note: Beginning in 2004, the state total for the denominator in this calculation may be greater than the sum of county totals due to an unknown county of residence on some records. Count Available; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*
Premature Death	Years of Potential Life Lost (YPLL) - Years of potential life lost (YPLL) before age 75 per 100,000 population (age-adjusted) The YPLL measure is presented as a rate per 100,000 population and is age-adjusted to the 2000 US population; 3-year rolling rate; CHR *County Health Rankings*.
Prostate Cancer Deaths	ICD-10 Code(s): C61; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*
Stroke Deaths	ICD-10 Code(s): I60-I69; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*
Suicide Deaths	Suicide (All Means) Deaths; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*
Health Outcomes – Morbidity (Quality of Life)	
Indicator	**Definition; Data collection period and type; Source**
Adults with good to excellent overall health	Adults who said their overall health was "good" or "excellent"; Triennial rate; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts,* Florida BRFSS
AIDS	Acquired immunodeficiency syndrome. HIV and AIDS cases by year of report are NOT mutually exclusive and should NOT be added together; Annual rate per population; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*.
Asthma (Adult)	Adults who currently have asthma; Triennial percentage; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts,* Florida BRFSS
Average number of days where poor mental or physical health interfered with activities of daily living in the past 30 days	Among adults who responded that they have had at least one day of poor mental or physical health, the average number of days where poor mental or physical health interfered with activities of daily living in the past 30 days; Triennial count (average);
Breast Cancer Incidence	ICD-10 Code(s): C50; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*. Original Data Source: UM(FL) MS, Florida Cancer Data System
Cervical Cancer Incidence	New cases during time period. ICD-10 Code(s): C53; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*. Original Data Source: UM(FL) MS, Florida Cancer Data System
Chicken Pox	Varicella. ICD-10 Case Definition; Annual rate; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*
Colon and Rectum Cancer Incidence	Colorectal Cancer Incidences; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*. Original Data Source: UM(FL) MS, Florida Cancer Data System
Diabetes (Adult)	Adults who have ever been told they had diabetes; Triennial percentage; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts,* Florida BRFSS
Diabetic monitoring	Percentage of Diabetic Medicare patients ages 65-75 whose blood sugar control was monitored in the past year using a test of their HbA1c levels; Annual percentage; County Health Rankings and Roadmaps *Dartmouth Atlas Project*. Original Data Source: Dartmouth Atlas of Health Care; CMS.
Disability (Any)	Disability Status; Annual percentage; US Census *Fact Finder*

Heart Disease (Adult)	Adults who have ever been told they had coronary heart disease, heart attack, or stroke; Triennial percentage; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts,* Florida BRFSS
Hepatitis C, Acute	ICD Code(s): 07051. Cases are assigned to Florida counties based on the county of residence at the time of the disease identification, regardless of where they became ill or were hospitalized, diagnosed, or exposed. Counts and rates include confirmed and probable cases of Hepatitis C, Acute; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*
High Blood Pressure (Adult)	Adults who have ever been told they had hypertension; Triennial percentage; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts,* Florida BRFSS
High Blood Pressure Controlled (Adult)	Adults with hypertension who currently take high blood pressure medicine; Triennial percentage; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts,* Florida BRFSS
High Cholesterol (Adult)	Adults who have ever been told they had high blood cholesterol; Triennial percentage; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts,* Florida BRFSS
HIV	Human immunodeficiency virus. HIV and AIDS cases by year of report are NOT mutually exclusive and should NOT be added together; Annual rate per population; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts.*
Low birth weight	Live Births under 2,500 Grams; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*
Lung Cancer Incidence	ICD-10 Code(s): C33-C34; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*. Original Data Source: UM(FL) MS, Florida Cancer Data System
Melanoma Cancer Incidence	New cases during time period. CD-10 Code(s): C43; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*. Original Data Source: UM(FL) MS, Florida Cancer Data System
Meningitis, Other Bacterial, Cryptococcal, or Mycotic	Includes the following types of Meningitis: group b strep, listeria monocytogenes, other meningitis, strep pneumoniae. beginning in 2007, data includes both probable and confirmed cases; Annual rate; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*
Poor or fair health	Adults who said their overall health was "fair" or "poor"; Triennial rate; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts,* Florida BRFSS
Prostate Cancer Incidence	ICD-10 Code(s): C61; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*. Original Data Source: UM(FL) MS, Florida Cancer Data System
Salmonellosis	ICD-9-CM: 003.00; Annual rate; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*
Total Cancer Incidence	Cancer Incidence; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*. Original Data Source: UM(FL) MS, Florida Cancer Data System
Tuberculosis	Tuberculosis ICD-10 Case Definitions; Annual rate; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*
Unhealthy mental days	Average number of unhealthy mental days in the past 30 days. Survey Question: Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?; Triennial count (average); FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts,* Florida BRFSS

Vaccine (selected) Preventable Disease for All Ages	Includes: diphtheria, acute hepatitis b, measles, mumps, pertussis, rubella, tetanus, and polio; Annual rate; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*
Whooping Cough	Pertussis. ICD-9-CM: 033.90; Annual rate; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*
Health Behaviors	
Indicator	**Definition; Data collection period and type; Source**
Alcohol Consumption in Lifetime (Adolescents)	Ages 10-17 who reported having used alcohol or any illicit drug in their lifetimes. Note: This indicator is helpful in understanding effectiveness of early intervention and education programs; Biennial rate; FL DCF *FYSAS - FL Department of Children and Families*
Alcohol Consumption in past 30 days (Adolescents)	Ages 10-17 who reported having used alcohol in the past 30 days; Biennial rate; FL DCF *FYSAS - FL Department of Children and Families*
Alcohol-related Motor Vehicle Traffic Crash Deaths	A crash involving a driver and/or pedestrian for whom alcohol use was reported (does not presume intoxication) that results in one or more fatalities within thirty days of occurrence. Any crash involving a driver or non-motorist for whom alcohol use was suspected, including those with a BAC greater than 0.00 and those refusing to submit to an alcohol test; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*
Alcohol-related Motor Vehicle Traffic Crashes	A crash involving a driver and/or pedestrian for whom alcohol use was reported (does not presume intoxication). Any crash involving a driver or non-motorist for whom alcohol use was suspected, including those with a BAC greater than 0.00 and those refusing to submit to an alcohol test; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*
Binge Drinking (Adolescents)	Ages 10-17 who reported having used alcohol in the past 30 days. Binge drinking is defined as having had five or more alcoholic drinks in a row in the past two weeks; Biennial rate; FL DCF *FYSAS - FL Department of Children and Families*
Births to Mothers under age of majority (Resident)	Live Births. Does not include pregnancies that end with miscarriages, elective and spontaneous abortions or fetal deaths. Births to mothers in a specific age group divided by females in the same age group; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*
Births to Obese Mothers	Births to obese mothers (BMI 30.0 or higher) at the time pregnancy occurred; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*.
Births to overweight mothers	Births to overweight (BMI 25.0 to 29.9) mothers at the time pregnancy occurred; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*.
Blacking out from drinking Alcohol (Adolescents)	Ages 14-17 who reported on how many occasions in their lifetime they woke up after drinking and did not remember the things they did or the places they went, New for 2014. Indicator focuses toward negative consequence of behavior; Biennial rate; FL DCF *FYSAS - FL Department of Children and Families*
Breast feeding Initiation	Infant was being breastfed at the time the birth certificate was completed; Annual percentage; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts - Pregnancy and Young Child Profile*
Cigarette Use (Adolescents)	Ages 10-17 who reported having used Cigarettes in the past 30 days; Biennial rate; FL DCF*FYSAS - FL Department of Children and Families*

Exercise opportunities	Percentage of population with adequate access to locations for physical activity. Locations for physical activity (parks or recreation facilities); Urban pop. resides within 1 mile and rural resides within 3 miles of recreational facility; Annual percentage; CHR *County Health Rankings*
Fast Food Restaurant Access	Population that live within a 1/2 mile of a fast food restaurant; Rate; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts - Healthiest Weight Profile*
Food Access - Low Income Population	Percentage of population who are low-income and do not live close to a grocery store. In rural areas, it means living less than 10 miles from a grocery store; in non-rural areas, less than 1 mile. Low income is defined as having an annual family income of less than or equal to 200 percent of the federal poverty threshold for the family size; Annual percentage; CHR *County Health Rankings*
Food Insecurity	Lack of access, at times, to enough food for an active, healthy life for all household members, and limited or uncertain availability of nutritionally adequate foods; Annual rate; Feeding America *Map the Meal Gap 2015: Food Insecurity and Child Food Insecurity Estimates at the County Level*
Former Smokers (Adult)	Currently quit smoking; Triennial rate; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts,* Florida BRFSS
Fruits and Vegetables Consumption 5 servings per day (Adult)	Adults who consumed five or more servings of fruits or vegetables per day; 5-year percentage; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts - Healthiest Weight Profile,* Florida BRFSS
Grocery Store Access	Population that live within a 1/2 mile of a healthy good source, including grocery stores and produce stands/farmers' markets; Annual rate; DOH, Division of Public Health Statistics & Performance Management. *Florida Charts,* Florida Department of Agriculture and Consumer Services, U.S. Census Bureau, FDOH, Environmental Public Health Tracking.
Healthy Weight (Adolescents)	Middle and High School Students. Having a body mass index (BMI) ranging from 18.5 to 24.9; Biennial percentage; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts - Healthiest Weight Profile*
Healthy Weight (Adult)	Having a body mass index (BMI) ranging from 18.5 to 24.9; BMI is calculated using self-reported height and weight; Triennial percentage; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts - Healthiest Weight Profile,* Florida BRFSS
Infectious Syphilis	3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*
Live births where mother smoked during pregnancy	Resident live births; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*
Marijuana or Hashish Use (Adolescents)	Ages 10-17 who reported having used alcohol in the past 30 days; Biennial rate; FL DCF *FYSAS - FL Department of Children and Families*
Never Smoked (Adult)	Adults who reported smoking less than 100 cigarettes in their lifetime; Triennial rate; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts,* Florida BRFSS
Obesity (Adolescents)	Middle and High School Students; Biennial percentage; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts - Healthiest Weight Profile*
Obesity (Adult)	Body Mass Index (BMI) 30.0 or higher; Triennial percentage; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts - Healthiest Weight Profile,* Florida BRFSS
Overweight (Adolescents)	Middle and High School Students. Body Mass Index (BMI) 25.0 to 29.9; Biennial percentage; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts - Healthiest Weight Profile*
Overweight (Adult)	Body Mass Index (BMI) 25.0 to 29.9; Triennial percentage; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts -*

	Healthiest Weight Profile, Florida BRFSS
Secondhand Smoke exposure (Children)	Middle school children exposed to secondhand smoke during the past 7 days; Biennial rate; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts,* FYTS
Sedentary Adults	Participating in no leisure-time physical activity in the past 30 days; 5-year rate; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts - Healthiest Weight Profile,* Florida BRFSS
Sexually transmitted infections	Total gonorrhea, chlamydia, infectious syphilis cases; Annual rate; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*
Smoked in last 30 days (Adolescents)	Ages 11-17 years, smoked cigarettes on one or more of the last 30 days; Biennial rate; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts,* FYTS
Smokers (Adult)	Combination of everyday smoker and some day smoker; Triennial rate; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts,* Florida BRFSS
SNAP Participants	Supplemental Nutrition Assistance Program (SNAP); Annual rate per population; USDA Economic Research Service *Food Environment Atlas*
Tobacco Quit Attempt (Adult)	Adult current smokers who tried to quit smoking at least once in the past year; Triennial rate; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts,* Florida BRFSS
Vigorous physical activity recommendations met (Adult)	75 minutes of vigorous aerobic activity per week in the past 30 days; Triennial rate; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts,* Florida BRFSS
Clinical Care	
Indicator	Definition; Data collection period and type; Source
Acute Care Beds	Acute care is necessary treatment of a disease for only a short period of time in which a patient is treated for a brief but severe episode of illness. The term is generally associated with care rendered in an emergency department, ambulatory care clinic, or other short-term stay facility; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management.*Florida Charts*
Adult psychiatric beds	The number of beds indicates the number of people who may receive adult psychiatric care on an inpatient basis; 3-year rolling rate per 100,000; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*
Adult substance abuse beds	The number of beds indicates the number of people who may receive adult substance abuse treatment on an in-patient basis; 3-year rolling rate per 100,000; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*
Adults who have a personal doctor	Triennial percentage; FL DOH, Division of Public Health Statistics & Performance Management.*Florida Charts*
Cancer Screening - Mammogram	Women 40 years of age and older who received a mammogram in the past year; Triennial percentage; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*
Cancer Screening - Pap Test	Women 18 years of age and older who received a Pap test in the past year; Triennial percentage; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*
Cancer Screening - Sigmoidoscopy	Adults 50 years of age and older who received a sigmoidoscopy or colonoscopy in the past five years, Overall; Triennial percentage; FL DOH, Division of

or Colonoscopy	Public Health Statistics & Performance Management. *Florida Charts*
Cancer Screening in past two years - PSA (Men age 50 & older)	Men 50 years of age and older who received a PSA test in the past two years; Triennial percentage; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*
Dental Care Access by Low Income Persons	Access to Dental Care by Low Income Persons, Single Year; Annual rate; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*
Dentists	Per population rate of people with active licenses to practice dentistry in Florida; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*
Diabetic Annual Foot Exam (Adults)	Adults with diabetes who had an annual foot exam; Triennial percentage; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*
Diabetic Semi-Annual A1C Testing (Adult)	Adults with diabetes who had two A1C tests in the past year; Triennial percentage; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*
ED Visits - Acute Conditions- Hypoglycemia	Hypoglycemia Primary ICD9 251.2; Data collected quarterly but reported as annual rate per 1,000 visits; AHCA
ED Visits - Chronic Conditions - Angina	Angina Primary ICD9 411.1, 411.8, 413. Excludes cases with a surgical procedure 01-86.99; Data collected quarterly but reported as annual rate per 1,000 visits; AHCA
ED Visits - Chronic Conditions - Asthma	Asthma Primary ICD9 493; Data collected quarterly but reported as annual rate per 1,000 visits; AHCA
ED Visits - Chronic Conditions - Congestive Heart Failure	Congestive Heart Failure Primary ICD9 402.01, 402.11, 402.91, 428, 518.4. Excludes cases withthe following surgical procedures: 36.01, 36.02, 36.05, 36.1, 37.5, or 37.7; Data collected quarterly but reported as annual rate per 1,000 visits; AHCA
ED Visits - Chronic Conditions - Diabetes	Diabetes Primary ICD9 250.0 - 250.3, 250.8 - 250.9; Data collected quarterly but reported as annual rate per 1,000 visits; AHCA
ED Visits - Chronic	Hypertension Primary ICD9 401.0, 401.9, 402.00, 402.10, 402.90; Data collected quarterly but
Conditions - Hyper Tension	reported as annual rate per 1,000 visits; AHCA
ED Visits - Chronic Conditions - Mental Health	ICD-9 Dx Group: Mental Disorders; Data collected quarterly but reported as annual rate per 1,000 visits; AHCA
ED Visits - Dental	Dental Conditions Primary ICD9 521-523,525,528; Data collected quarterly but reported as annual rate per 1,000 visits; AHCA
Family Practice Physicians	Per population rate of people with active physician licenses in Florida who report family practice as their specialty. Licensure data is for a fiscal year (July 1-June 30) ; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*
Flu Vaccination in the Past Year (Adult age 65 and over)	Adults 65 years of age and older who received a flu shot in the past year; Triennial percentage; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*
Flu Vaccination in the Past Year (Adult)	Adults who received a flu shot in the past year; Triennial percentage; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*
HIV Testing (Adult age 65 and over)	Adults less than 65 years of age who have ever been tested for HIV, Overall; Triennial percentage rate; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*

Internists	Per population rate of people with active physician licenses in Florida who report internal medicine as their specialty. Licensure data is for a fiscal year (July 1-June 30) ; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*
Lack of Prenatal Care	Births to mothers with no prenatal care. Trimester prenatal care began is calculated as the time elapsed from the date of the last menstrual period to the date of the first prenatal care visit; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*
Medicaid births	Births covered by Medicaid; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*
Mental health providers	Mental Health Providers is the ratio of the county population to the number of mental health providers including psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists and advanced practice nurses specializing in mental health care. In 2015, marriage and family therapists and mental health providers that treat alcohol and other drug abuse were added to this measure; Annual ratio; CHR *County Health Rankings*
Nursing Home Beds	Skilled Nursing Unit Beds. A nursing home, skilled nursing facility (SNF), or skilled nursing unit (SNU), also known as a rest home, is a type of care of residents: it is a place of residence for people who require constant nursing care and have significant deficiencies with activities of daily living. Residents include the elderly and younger adults with physical or mental disabilities. Adults 18 or older can stay in a skilled nursing facility to receive physical, occupational, and other rehabilitative therapies following an accident or illness; 3-year rolling rate per 100,000; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*
OB/GYN	Per population rate of people with active physician licenses in Florida who report OB/GYN as their specialty. Licensure data is for a fiscal year (July 1-June 30) ; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*
Pediatric psychiatric beds	Child and Adolescent Psychiatric Beds; 3-year rolling rate per 100,000; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*
Pediatricians	Per population rate of people with active physician licenses in Florida who report pediatric medicine as their specialty. Licensure data is for a fiscal year (July 1-June 30) ; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*
Percentage of adults who could not see a doctor at least once in the past year due to cost	Triennial percentage; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts,* Florida BRFSS
Physicians	Per population rate of people with active physician licenses only. Licensure data is for a fiscal year (July 1-June 30) ; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*
Pneumonia Vaccination (Adult age 65 and over)	Adults 65 years of age and older who have ever received a pneumococcal vaccination; Triennial percentage; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*
Pneumonia Vaccination (Adult)	Adults who have ever received a pneumococcal vaccination, Overall; Triennial percentage; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*
Population Receiving Medicaid	Medicaid Program Enrollment Totals (Including Medikids population); Monthly rate; AHCA *Comprehensive Medicaid Managed Care Enrollment Reports*
Prenatal Care Begun in First Trimester	Births to Mothers with 1st Trimester Prenatal Care; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*

Prenatal Care Begun Late or No Prenatal Care	Births to Mothers with 3rd Trimester or No Prenatal Care; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*
Preventable hospital stays	Ambulatory Care Sensitive conditions such as asthma, diabetes or dehydration are hospitalization conditions where timely and effective ambulatory care can decrease hospitalizations by preventing the onset of an illness or condition, controlling an acute episode of an illness or managing a chronic disease or condition. High rates of Ambulatory Care Sensitive hospitalizations in a community may be an indicator of a lack of or failure of prevention efforts, a primary care resource shortage, poor performance of primary health care delivery systems, or other factors that create barriers to obtaining timely and effective care; 3- year rolling rate; DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*
Primary Care Access	Primary care physicians per 100,000 population by year. This figure represents all primary care physicians practicing patient care, including hospital residents. Doctors classified as "primary care physicians" by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs and General Pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded; Annual Rate; US DoHHS, Area Health Resource File
Rehabilitation beds	The number of rehabilitation beds indicates the number of people who may receive rehabilitative care in the hospital on an in-patient basis; 3-year rolling rate per 100,000; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*
Uninsured Adults	Percent Uninsured (ages < 65); Annual percentage; US Census *SAHIE Interactive Data Tool*
Uninsured Children	Percent Uninsured (ages < 19) ; Annual percentage; US Census *SAHIE Interactive Data Tool*
Vaccination (kindergarteners)	Fully immunized against diphtheria, tetanus, pertussis, polio, measles, mumps, rubella, haemophilus, influenzae type b, hepatitis B and varicella (chicken pox); 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*
Socioeconomic factors	
Indicator	Definition; Data collection period and type; Source
Aggravated Assault	FBI's Uniform Crime Reporting (UCR) Program defines aggravated assault as an unlawful attack by one person upon another for the purpose of inflicting severe or aggravated bodily injury. The UCR Program further specifies that this type of assault is usually accompanied by the use of a weapon or by other means likely to produce death or great bodily harm. Attempted aggravated assault that involves the display of—or threat to use—a gun, knife, or other weapon is included in this crime category because serious personal injury would likely result if the assault were completed. When aggravated assault and larceny-theft occur together, the offense falls under the category of robbery; Annual rate per 100,000; FDLE *Crime in Florida, Florida uniform crime report, 2014*
Children Eligible for Free/Reduced Price Lunch	Children from families with incomes at or below 130 percent of the poverty level are eligible for free meals. Those with incomes between 130 percent and 185 percent of the poverty level are eligible for reduced-price meals, for which students can be charge no more than 40 cents; Annual percentage; *Common Core of Data*
Children in poverty (based on household)	Number individuals below poverty under the age of 18 divided by the number of individuals under the age of 18, expressed as a percentage; Annual percentage; FL DOH, Division of Public Health Statistics & Performance Management

Children in single-parent households	Excludes single parents living with unmarried partners; Annual percentage; US Census *Fact Finder*
Domestic Violence Offenses	Domestic Violence in Florida is tracked specifically for the following reported offenses: Murder, Manslaughter, Forcible Rape, Forcible Sodomy, Forcible Fondling, Aggravated Assault, Aggravated Stalking, Simple Assault, Threat/Intimidation, and Simple Stalking; Annual rate per 100,000; FDLE *Crime in Florida, Florida uniform crime report, 2014*
Forcible Sex Offenses	Legacy (prior to 2013) UCR definition of rape: The carnal knowledge of a female forcibly and against her will. Revised (2013-forward) UCR definition of rape: Penetration, no matter how slight, of the vagina or anus with any body part or object, or oral penetration by a sex organ of another person, without the consent of the victim; Annual rate per 100,000; FDLE *Crime in Florida, Florida uniform crime report, 2014*
High school graduation	Percentage of students who graduated within four years of their initial enrollment in ninth grade, not counting deceased students or students who transferred out to attend another public school outside the system, a private school, a home education program. Incoming transfer students are included in the appropriate cohort (the group whose progress is tracked) based on their grade level and year of entry. Data are for school years (September-June); Annual percentage; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*
Housing Cost Burden (30%)	Percentage of the households where housing costs exceed 30% of total household income; 5- year estimated percentage; US Census *ACS*
Income - Income - Public Assistance Income	Living in household with Supplemental Security Income (SSI), cash Income - Public Assistance Income, or Food Stamps/SNAP in the past 12 months; Annual percentage calculated from ACS population estimates; US Census *Fact Finder*
Median Household Income	Annual dollar amount; US Census *Fact Finder*
Murder	Murder and nonnegligent manslaughter. FBI's Uniform Crime Reporting (UCR) Program defines murder and nonnegligent manslaughter as the willful (nonnegligent) killing of one human being by another. The classification of this offense is based solely on police investigation as opposed to the determination of a court, medical examiner, coroner, jury, or other judicial body. The UCR Program does not include the following situations in this offense classification: deaths caused by negligence, suicide, or accident; justifiable homicides; and attempts to murder or assaults to murder, which are scored as aggravated assaults; Annual rate per 100,000; FDLE *Crime in Florida, Florida uniform crime report, 2014*
Population 18-24 without a high school diploma	Population 18 to 24 years with educational attainment of less than high school graduate. (Target %, Total 18 to 24 population estimate) Annual percentage; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*
Population with Limited English Proficiency	No one age 14 and over speaks English only or speaks English "very well" No one age 14 and over speaks English only; Annual percentage; US Census *Fact Finder*
Poverty	Following the Office of Management and Budget's (OMB's) Directive 14, the Census Bureau uses a set of money income thresholds that vary by family size and composition to determine who is in poverty. If the total income for a family or unrelated individual falls below the relevant poverty threshold, then the family (and every individual in it) or unrelated individual is considered in poverty; 5-year estimated percentage; US Census *Fact Finder*
Property Crimes	Property crime (burglary, larceny-theft, and motor vehicle theft) FBI's Uniform Crime Reporting (UCR) Program, property crime includes the offenses of burglary, larceny-theft, motor vehicle theft, and arson. The object of the theft-

	type offenses is the taking of money or property, but there is no force or threat of force against the victims. The property crime category includes arson because the offense involves the destruction of property; however, arson victims may be subjected to force; Annual rate per 100,000; FDLE *Crime in Florida, Florida uniform crime report, 2014*
Real Per Capita Income	Real per capita income represents the total GDP of the county, adjusted for inflation and divided by the population; Annual dollar amount; US DoC, Bureau of Economic Analysis
Unemployment	Number of unemployed people as a percentage of the civilian labor force (not seasonally adjusted); Annual percentage; US DoL, Bureau of Labor Statistics
Violent Crime	FBI's Uniform Crime Reporting (UCR) Program, violent crime is composed of four offenses: murder and nonnegligent manslaughter, forcible rape, robbery, and aggravated assault. Violent crimes are defined in the UCR Program as those offenses which involve force or threat of force; Annual rate per 100,000; FDLE *Crime in Florida, Florida uniform crime report, 2014*
Physical Environment	
Indicator	**Definition; Data collection period and type; Source**
Air pollution - particulate matter	Within the report area, 0, or 0% of days exceeded the emission standard of 75 parts per billion (ppb). This indicator reports the percentage of days per year with Ozone (O3) levels above the National Ambient Air Quality Standard of 75 parts per billion (ppb); Annual percentage; *EPA (EPA) National Environmental Public Health Tracking Network (NEPHTN) Air Quality Data web page*
Air Quality - Ozone	Percentage of days with particulate matter 2.5 levels above the National Ambient Air Quality Standard (35 micrograms per cubic meter) per year, calculated using data collected by monitoring stations and modeled to include counties where no monitoring statistics are collected; Annual percentage; *EPA (EPA) National Environmental Public Health Tracking Network (NEPHTN) Air Quality Data web page*
Drinking water violations	Percentage of population potentially exposed to water exceeding a violation limit during the past year; Annual percentage; CHR *County Health Rankings*
Driving alone to work	Commuting (Journey to Work) refers to a worker's travel from home to work. Place of work refers to the geographic location of the worker's job. Workers 16 years and over; 5-year estimated percentage calculated on ACS population estimate; US Census *ACS*
Households with No Motor Vehicle	Annual percentage; US Census *Fact Finder*
Severe housing problems	The four severe housing problems are: incomplete kitchen facilities, incomplete plumbing facilities, more than 1 person per room, and cost burden greater than 50%; 4-year percentage; US Department of Housing and Urban Development *CHAS Data Query*
Use of Public Transportation	"Public transportation" includes workers who used a bus, trolley, streetcar, subway or elevated rail, railroad, or ferryboat; Annual percentage; US Census *Fact Finder*
Demographics	
Indicator	**Definition; Data collection period and type; Source**
Births to Mothers by age group (Resident)	Live Births. Does not include pregnancies that end with miscarriages, elective and spontaneous abortions or fetal deaths. Births to mothers in a specific age group divided by females in the same age group; 3-year rolling rate; FL DOH,

	Division of Public Health Statistics & Performance Management. *Florida Charts*
Families with Children	Households with one or more people under 18 years. Annual percent per total households; US Census *Fact Finder*
Median Age	Annual; FL DOH, Office of Health Statistics and Assessment in consultation with the FL EDR
Population by Race	Annual count; US Census *Fact Finder*
Total Births (resident)	Number of infants born to residents regardless of county of birth; Annual count; US Census *Fact Finder*
Total Population (ACS)	Annual count; US Census *Fact Finder*
Total Population (FL CHARTS); Female/Male Population	Annual count; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*.
Veteran Population	Person 18 years old or over who has served (even for a short time), but is not now serving, on active duty in the U.S. Army, Navy, Air Force, Marine Corps, or the Coast Guard, or who served in the U.S. Merchant Marine during World War II. People who serve People who served in the National Guard or military Reserves are classified as veterans only if they were ever called or ordered to active duty, not counting the 4-6 months for initial training or yearly summer camps Annual count; US Census *Fact Finder*

Abbreviations and Acronyms

ACSC	Ambulatory Care Sensitive Conditions - ICD-9-CM Codes http://www.floridacharts.com/charts/documents/ACS_Conditions_Definition_UPDATE.pdf
ACS	American Community Survey
AHCA	Agency for Healthcare Administration
BRFSS	Florida Behavioral Risk Factor Surveillance System - county-level telephone survey conducted by the CDC and F Epidemiology.
CDC	Centers for Disease Control and Prevention
CHR-RWJ	County Health Rankings, Robert Wood Johnson Foundation
CMS	Centers for Medicare and Medicaid Services
EPA	Environmental Protection Agency
FDHSMV	Florida Department of Highway Safety and Motor Vehicles
FDLE	Florida Department of Law Enforcement
FL AHCA	Florida Agency for Health Care Administration
FL DCF	Florida Department of Children and Families
FL DOE, EIAS	Florida Department of Education, Education Information and Accountability Services
FL DOH	Florida Department of Health
FL EDR	Florida Legislature's Office of Economic and Demographic Research
FYSAS	Florida Youth Substance Abuse Survey
FYTS	Florida Youth Tobacco Survey
Merlin	Merlin, FDOH Disease Surveillance and Reporting System
NCES	National Center for Education Statistics
NCHS	National Center for Health Statistics
SAHIE	Small Area Health Insurance Estimates (US Census)
UM(FL) MS	University of Miami (FL) Medical School

US Census	US Census Bureau
US DoA	US Department of Agriculture, Food Environment Atlas
US DoC	US Department of Commerce
US DoHHS	US Department of Health & Human Services, Health Resources and Services Administration
US DoHUD	US Department of Housing and Urban Development
US DoL	US Department of Labor