



DIXIE COUNTY

COMMUNITY HEALTH NEEDS

ASSESSMENT 2017 (VERSION 2.0)

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Introduction to Community Health Needs Assessments

THE DIXIE COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) PROCESS

The Dixie County Community Health Assessment process was launched in April of 2017, continuing a strong commitment to better understanding the health status and health needs of the community. The purpose of the community health needs assessment is to uncover or substantiate the health needs and health issues in Dixie County and better understand the causes and contributing factors to health and quality of life in the county. The Florida Department of Health in Dixie County has historically played the lead role in the development of the community health needs assessments. As an accredited health department, the Florida Department of Health in Dixie County further demonstrates its commitment to ongoing community engagement to address health issues and mobilize resources towards improving health outcomes through this comprehensive process. Enhancements to the 2017 community health assessment process include an emphasis on health equity with concerted efforts to involve, include and understand diverse perspectives; inclusion of pertinent local data on health care seeking costs, vulnerable populations, and environmental concerns; and direct involvement of key community partners and citizens. The Dixie County Community Health Assessment Steering Committee members (steering committee) were recruited by Florida Department of Health staff. The steering committee participated in all elements of the Community Health Needs Assessment including the identification of community partner agencies and members for inclusion in the assessment process to assure equitable representation of groups and individuals from Gilchrist County. A list of steering committee members can be found in the Appendix.

The Florida Department of Health in Dixie County engaged the services of WellFlorida Council to complete the assessment. WellFlorida Council is the statutorily designated (F.S. 408.033) local health council that serves Gilchrist County along with 15 other north central Florida counties. The mission of WellFlorida Council is to forge partnerships in planning, research and service that build healthier communities. WellFlorida achieves this mission by providing communities the insights, tools and services necessary to identify their most pressing issues (e.g. community health assessments and community health improvement plans) and to design and implement approaches to overcoming those issues.

The comprehensive health needs assessment effort is based on a nationally recognized model and best practice for completing needs assessments and improvement plans called Mobilizing for Action through Planning and Partnerships (MAPP). The MAPP tool was developed by the National Association of County and City Health Officials (NACCHO) in cooperation with the Public Health Practice Program Office, Centers for Disease Control and Prevention (CDC). NACCHO and the CDC's vision for implementing MAPP is "Communities achieving improved health and quality of life by mobilizing partnerships and taking strategic action." Strategies to assure inclusion of the assessment of health equity and health disparities have been included in the Dixie County MAPP process. Use of the MAPP tools and process helped Dixie County assure that a collaborative and participatory process with a focus on wellness, quality of life and health equity would lead to the identification of shared, actionable strategic health priorities for the community.

At the heart of the MAPP process are the following core MAPP assessments:

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

These four MAPP assessments work in concert to identify common themes and considerations in order to hone in on the key community health needs. These MAPP assessments are fully integrated into the 2017 Dixie County Community Health Needs Assessment.

METHODOLOGY

Generally, the health of a community is measured by the physical, mental, environmental and social well-being of its residents. Due to the complex determinants of health, the Community Health Needs Assessment is driven by both quantitative and qualitative data collecting and analysis from both primary and secondary data sources. In order to make the data and analysis most meaningful to the reader, this report has been separated into multiple components

- Executive Summary: Community Health Status Assessment
- Community Themes and Strengths Assessment
 - Community Member Survey Analysis
 - Provider Survey Analysis
- Forces of Change Assessment
- Local Public Health System Assessment
- Key Findings
- Appendix
 - Steering Committee Members List
 - Forces of Change Materials
 - Survey Materials

The Executive Summary provides a narrative summary of the data presented in the Technical Appendix which includes analysis of social determinants of health, community health status, and health system assessment. Social determinants of health include socioeconomic demographics, poverty rates, population demographics, uninsured population estimates and educational attainment levels and the like. The community health status assessment includes factors such as County Health Rankings, CDC's Behavioral Risk Factor Surveillance Survey, and hospital utilization data. Health system assessment includes data on insurance coverage (public and private), Medicaid eligibility, health care expenditures by payor source, hospital utilization data, and physician supply rate and health professional shortage areas.

The Community Themes and Strengths Assessment component represents the core of the community's input or perspective into the health needs of the community. In order to determine the community's perspectives on priority community health issues and quality of life issues related to health care, surveys were used to collect input from community members at large and health care providers. The Steering

Committee worked with WellFlorida Council to determine survey questions. Detailed analysis of survey responses will be included in the Community Themes and Strengths Assessment component.

The Forces of Change Assessment component summarizes the findings from the Forces of Change Assessment. The purpose of the Forces of Change Assessment is to identify forces—such as trends, factors, or events that are or will be influencing the health and quality of life of the community and the work of the community to improve health outcomes. The Forces of Change Assessment was completed on June 6, 2017 with the Dixie County Community Health Needs Assessment Steering Committee and other invited community leaders.

The Local Public Health System Assessment (LPHSA) was completed in two sessions on June 27, 2017 with steering committee members and community partners and with Florida Department of Health in Dixie County staff on August 22, 2017. The LPHSA answers the questions: "What are the components, activities, competencies, and capacities of our local public health system?" and "How are the Essential Services (as defined by the National Association of County and City Health Officials and the Centers for Disease Control) being provided to our community?"

The Key Findings component serves as a summary of the key findings from each of the above components. Recommendations for addressing the identified needs will also be summarized in the Key Finding section.

Executive Summary: Community Health Status Assessment

INTRODUCTION

The *Executive Summary: Community Health Status Assessment* highlights key findings from the *Dixie, Gilchrist and Levy County Technical Appendix*. The assessment data were prepared by WellFlorida Council, Inc., using a diverse array of sources including the Office of Vital Statistics, the U.S. Census Bureau, the Florida Geographic Library, and a variety of health and county ranking sites from respected institutions across the United States and Florida.

A health needs assessment is a process of systematically gathering and analyzing data relevant to the health and well-being of a community. Such data can help to identify unmet needs as well as emerging needs. Data from this report can be used to explore and understand the health needs of Dixie County as a whole, as well as in terms of specific demographic, socioeconomic, and geographic subsets. The following summary includes data from these areas:

- Demographics and Socioeconomics
- Mortality and Morbidity
- Health Behaviors
- Maternal and Infant Health
- Infectious Diseases
- Mental Health
- Health Care Access and Utilization

Many of the data tables in the technical report contain standardized rates for the purpose of comparing Dixie County and its individual zip code tabulation areas to Gilchrist and Levy Counties and the state of Florida as a whole. It is advisable to interpret these rates with caution when incidence rates are low (the number of new cases are small). Small variations from year to year can result in substantial shifts in the standardized rates. The data presented in this summary include references to specific tables in the report so that users can see the numbers and the rates in context.

DEMOGRAPHICS AND SOCIOECONOMICS

As population dynamics change over time, so do the health and healthcare needs of communities. It is therefore important to periodically review key demographic and socioeconomic indicators to understand current health issues and anticipate future health needs. The *Dixie, Gilchrist and Levy County Needs Assessment Technical Appendix* includes data on current population numbers and distribution by age, gender, and racial group by geographic region. It also provides statistics on education, income, and poverty status. It is important to note that these indicators can significantly affect populations through a variety of mechanisms including material deprivation, psychosocial stress, barriers to healthcare access, and the

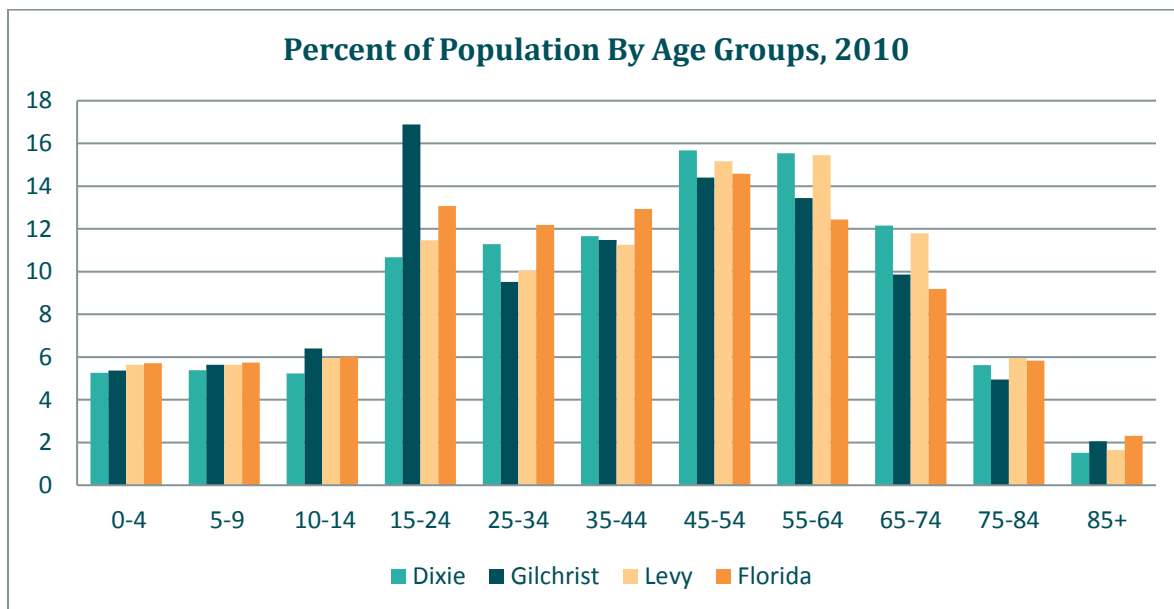
distribution of various specific risk factors for acute and/or chronic illness. Noted below are some of the key findings from the Dixie County’s demographic and socioeconomic profile.

POPULATION

In 2010 the United States Census reported the population of Dixie County as 16,422 with males representing 54 percent of the population and females at 46 percent (Table 5 in the Technical Appendix; please note that all subsequent tables referenced here can be found in the Technical Appendix). In 2011-2015 about 9.5 percent of the population were housed in group quarters such as correctional institutions. The rural population was counted at almost 77 percent of the population. The Florida Bureau of Economic Business Resources 2015 estimates show a very small increase in Dixie’s population to 16,468 with projections to reach 17,351 in 2020 and 18,556 in 2030.

According to the most recent United States Census data, Dixie County has a larger proportion of middle aged and older residents than the state of Florida as a whole. In Florida, 36.2 percent of the total population are aged 45-74, in Dixie County adults aged 45-54, 55-64, and 64-74 constituted 43.5 percent of the population (Table 10). This is important to note because as the healthcare needs of working and aging residents tend to require a broad spectrum of services, in areas of primary prevention as well as secondary and tertiary care for emerging chronic health conditions. Also of note are the percentages of residents in the 75-84 age group. While on par with the state of Florida (5.8 percent in Dixie, 5.8 percent in Florida) it is important to consider that the healthcare needs of older residents tend to be more intensive and more expensive than they are for younger residents. The figure below draws on data from Table 10 and illustrates the age distribution of Dixie County residents in comparison to Gilchrist and Levy Counties and the state of Florida.

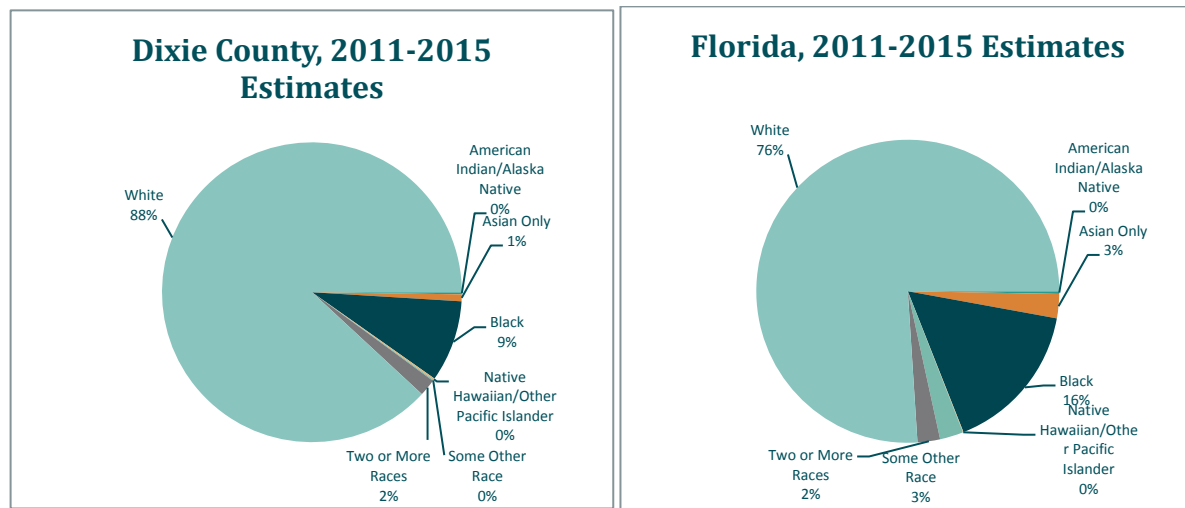
FIGURE 1: POPULATION BY AGE GROUPS, 2010



GENDER, RACE AND ETHNICITY

In 2010 about 89 percent of the Dixie County population was White, 8.4 percent Black, with the remainder at fractional percentages representing Asian, American Indian and Alaska Native, Native Hawaiian and Other Pacific Islander, some other race or two or more races. About 3 percent identified themselves as Hispanic or Latino. The 2015 estimates show a similar racial and ethnic makeup of Dixie’s population as shown in Figure 2 below (Table 21).

FIGURE 2: ESTIMATED POPULATION BY RACE, 2011-2015



LIFE EXPECTANCY

Overall, life expectancy in Dixie County is lower than for the state of Florida. Data from University of Washington, Institute for Health Metrics and Evaluation for 1987-2010, show male Floridians, without regard for racial classification, have an average life expectancy of 76.3 years, whereas in Dixie County, the average life expectancy for males is 73.4 years. For females there is an even larger disparity. Life expectancy for females in 2010 was calculated to be 77.6 years whereas for females in Florida as a whole that figure was 81.6 years. Because of small numbers, data are not available by race and ethnicity (Table 3).

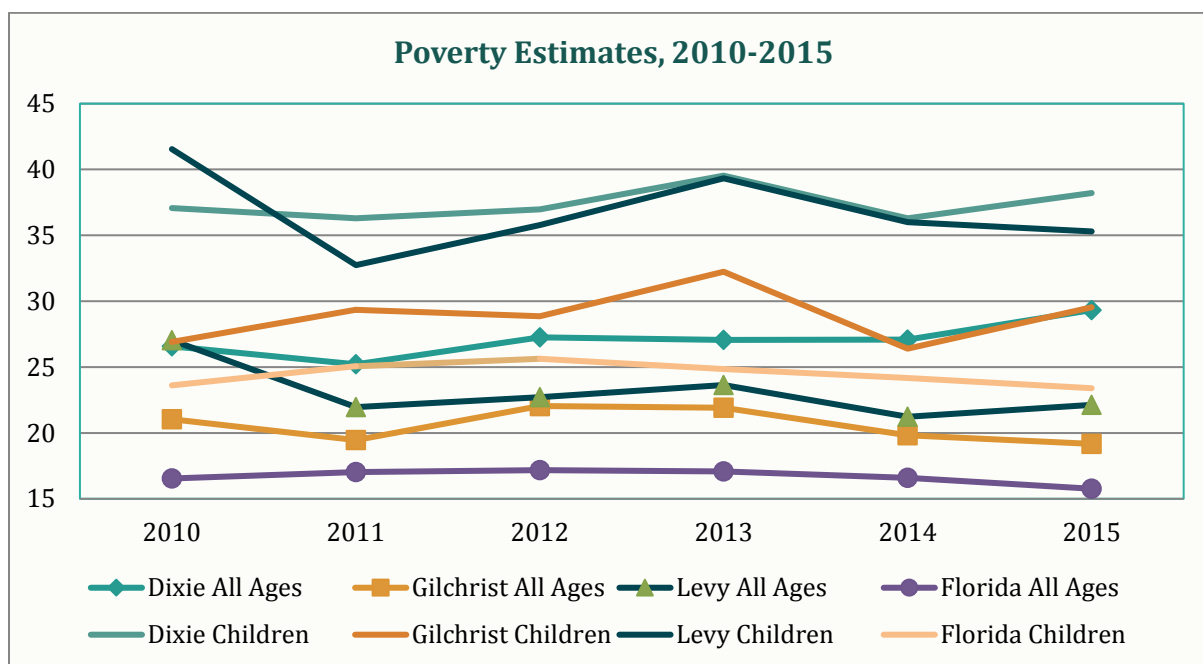
ECONOMIC CHARACTERISTICS

Poverty

According data from the United States Census Bureau, Small Area Income and Poverty Estimates, the poverty rate for all individuals was higher in Dixie County than the state of Florida in 2015. While the state rate was 15.8 percent, the rate in the county was 29.3 percent. With regard to children living in poverty, the rates for Dixie County were higher than the state rate at 38.2 and 23.4 percent, respectively (Table 36). The figure below uses data from Table 36 and depicts changes in the poverty rate for Dixie, Gilchrist and Levy Counties and the state from 2010 to 2015 (Table 36).

As with other demographic and socioeconomic variables, poverty rates vary geographically in Dixie County. The Dixie, Gilchrist and Levy County Technical Appendix includes information about poverty by zip code tabulation areas, ZCTA (Table 37). According to data from the Census Bureau’s ACS for 2011-2015, the largest percentage of people in poverty is found in Cross City (32628) at 23.1 percent, followed by 22.2 percent in Old Town (32680).

FIGURE 3: POVERTY ESTIMAGES BY PERCENT, 2010-2015



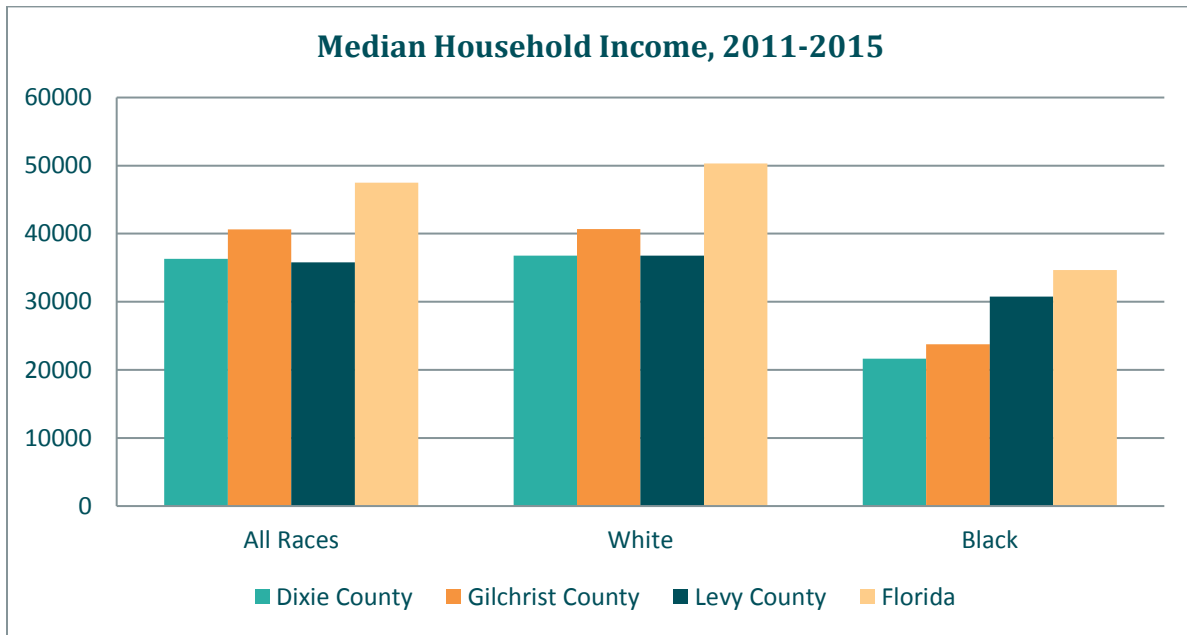
Poverty affects females and people of color disproportionately throughout the state of Florida and in Dixie County. While the ACS data indicate that 18.2 percent of males in the county were living in poverty, 24.0 percent of females were living in poverty. These percentages are higher than state level percentages at 15.4 percent and 17.6 percent, respectively (Table 40). At the same time, there is a much larger disparity between racial categories with an estimated 20.4 percent of Whites living in poverty and 32.6 percent of Blacks living in poverty (Table 41) in Dixie County; for Florida as a whole an estimated 14.0 percent of Whites and 27.5 percent of Blacks live in poverty.

Income

Income levels in Dixie County are lower than the state of Florida. Looking again at ACS data, the median household income for all races in Dixie County is estimated to be 36,292 dollars in comparison to Florida’s 47,507 dollars. There are also disparities in median household income within racial groups at the county and state levels. Median income for Whites in Dixie County is 36,789 dollars and 21,667 dollars for Blacks;

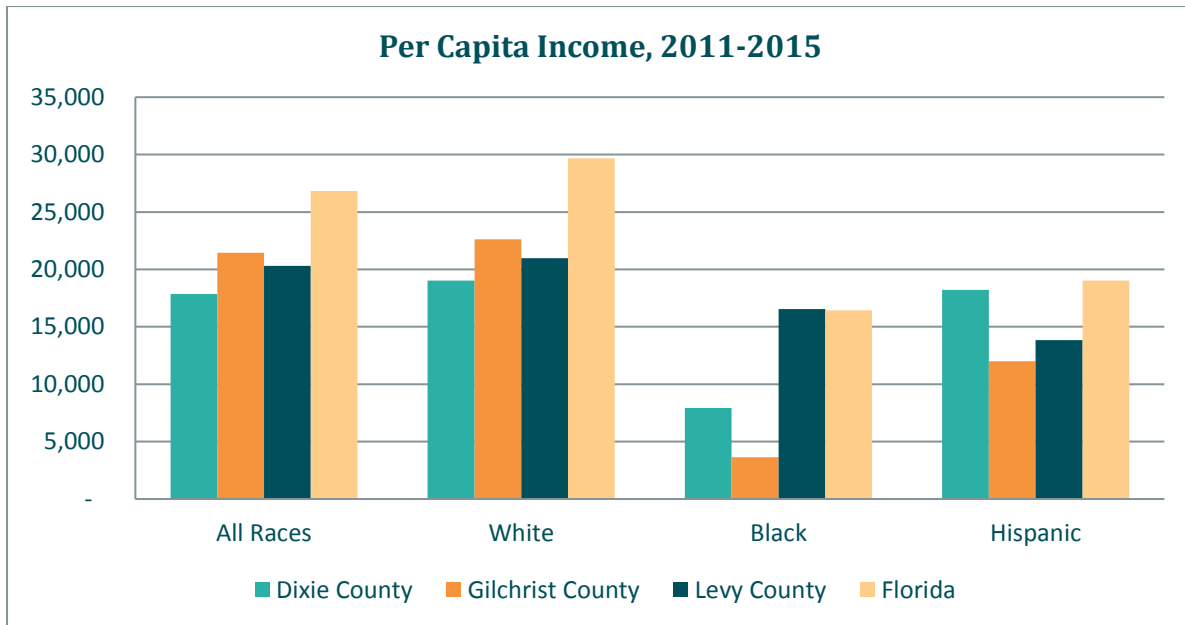
both are lower than for the state. These differences are depicted in the figure below using data from (Table 44).

FIGURE 4: MEDIAN HOUSEHOLD INCOME, 2011-2015



The pattern in the distribution of per capita income in Dixie County and the state is similar to that of median household income for all races with a Dixie County estimate of 17,850 dollars in comparison to 26,829 dollars at the state level. Also, similar racial disparities exist in per capita income at the county and state levels as can be seen in the figure below (Table 46).

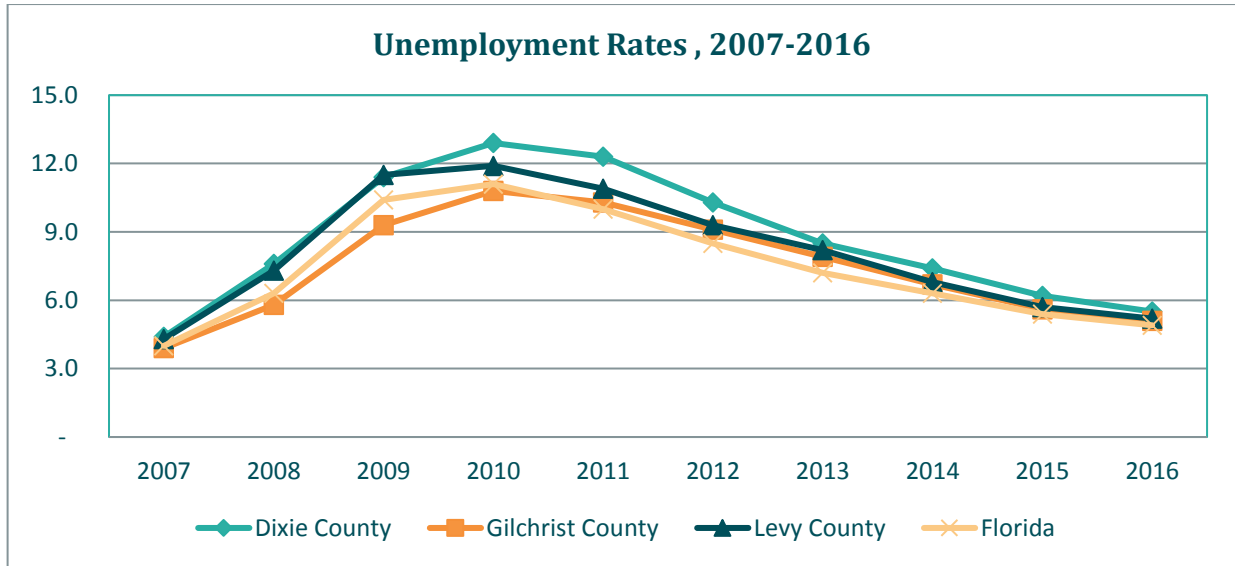
FIGURE 5: PER CAPITA INCOME, 2011-2015



EMPLOYMENT

Recent data on employment in Dixie County and the state of Florida are derived from the Florida Research and Economic database. The unemployment rate in Dixie County has been slightly higher than the state rate and it follows the same path as the state in its decline for a number of years. In 2016, the unemployment rate in Dixie County was 5.5 percent compared to Florida with an overall rate of 4.9 percent. It is noteworthy that recent unemployment rates for the county and the state are the lowest they have been since just before the Great Recession of 2008-2009. The recent history of unemployment in Dixie, Gilchrist and Levy Counties and the state can be seen in the figure below (Table 56).

FIGURE 6: UNEMPLOYMENT RATES, 2007 – 2016



EDUCATION

Health outcomes are also influenced in part by access to social and economic opportunities, including the quality of educational opportunities. Dixie County has seen steady gains in high school graduation rates. The high school graduation rate for 2015-2016 was 96.1 percent, compared to the state rate of 80.7 percent (Table 61). Dixie County lags in the estimated percentage of the population aged 25 and older that hold college degrees at 14.2 percent compared with 36.7 for Florida as a whole (Table 60).

MORTALITY AND MORBIDITY

Disease and death rates are the most direct measures of health and well-being in a community. In Dixie County, as in Florida and the rest of the United States, premature disease and death are primarily attributable to chronic health issues. That is, medical conditions that develop throughout the life course and typically require careful management for prolonged periods of time. As previously noted, certain demographic and socioeconomic indicators can reveal how, why, and to what extent certain chronic health problems affect communities. While Dixie County is similar to Florida in many health indicators, some disparities exist. Noted below are some key facts and trends of the mortality and morbidity rates in Dixie County.

COUNTY HEALTH RANKINGS

The County Health Rankings are a key component of the Mobilizing Action Toward Community Health (MATCH) collaboration project between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. Counties receive a rank relative to the health of other counties in the

state. Counties having high ranks, e.g. 1 or 2, are considered to be the “healthiest”. Health is viewed as a multifactorial construct. Counties are ranked relative to the health of other counties in the same state on the following summary measures:

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

The County Health Rankings are available for 2010 through 2017. In the latest rankings, out of 67 counties in the state, Dixie County ranked 59th for health factors and 56th for health outcomes. In the current rankings for health outcomes, Dixie County placed below the 25th percentile for mortality and length of life while achieving a much higher standing approaching the 70th percentile for morbidity and quality of life. In health factors, Dixie County ranks near 10th percentile. This ranking at 59th out of 67 counties represents a small but incremental gain in factors that include health behavior, clinical care, social and economic factors and the physical environment. The physical environment is the highest ranked factor in Dixie County at 19th out of 67 counties, placing it in near the 75th percentile.

FIGURE 7: COUNTY HEALTH RANKINGS BY CATEGORY FOR DIXIE COUNTY, 2010 - 2017

Area/Category	2010	2011	2012	2013	2014	2015	2016	2017
Dixie County								
HEALTH OUTCOMES	59	61	66	59	62	63	59	56
<i>Mortality/Length of Life</i>	62	65	66	65	65	65	66	65
<i>Morbidity/Quality of Life</i>	49	49	54	40	57	57	27	25
HEALTH FACTORS	51	58	60	64	66	64	60	59
<i>Health Behavior</i>	46	57	61	59	64	65	51	54
<i>Clinical Care</i>	21	35	53	57	59	59	60	61
<i>Social & Economic Factors</i>	58	61	60	61	64	59	54	52
<i>Physical Environment</i>	22	49	57	65	62	63	28	19

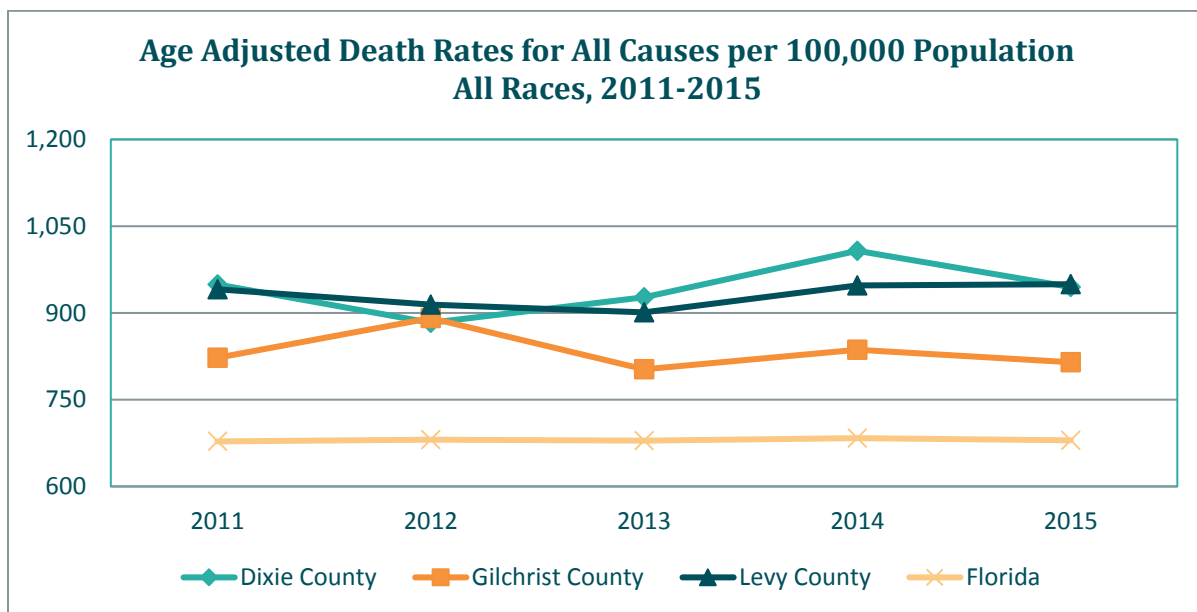
CAUSES OF DEATH

Data in the Technical Appendix are reported in the form of crude and age-adjusted death rates. Crude rates are used to report the overall burden of disease in the total population irrespective of age, whereas age-

adjusted rates are the most common utilized for public health data and are used to compare rates of health events affected by confounding factors in a population over time.

In terms of overall mortality, the age-adjusted death rate from all causes in 2015 was higher in Dixie County than it is at the state level, 945 as compared to 679.8 per 100,000, respectively (Tables 73, 74, 75). The figure below shows the trends in the age-adjusted mortality rate for all causes for Dixie, Gilchrist and Levy Counties and Florida over time.

FIGURE 8: AGE-ADJUSTED DEATH RATES FOR ALL CAUSES PER 100,000 BY RACE, 2010 – 2015



The top five (5) leading causes of death, for all races and ethnicities, in Dixie County for 2011-2015 are 1) Cancer, 2) Heart Disease, 3) Chronic Lower Respiratory Disease (CLRD), 4) Unintentional Injuries, and 5) Stroke as compared to the top five (5) leading causes of death, for all races and ethnicities, in the state of Florida which include: 1) Heart Disease, 2) Cancer, 3) CLRD, 4) Stroke, and 5) Unintentional Injuries. Other highly ranked causes of death, for all races and ethnicities in Dixie County include Diabetes, Liver Disease, Suicide, Hypertension, and Nephritis (Table 73). Figures 9 through 13 below show the age-adjusted death rate trends in the five leading causes of death for Dixie, Gilchrist and Levy Counties and for Florida (Tables 73, 74, 75).

FIGURE 9: AGE-ADJUSTED DEATH RATES FOR CANCER, 2011 - 2015

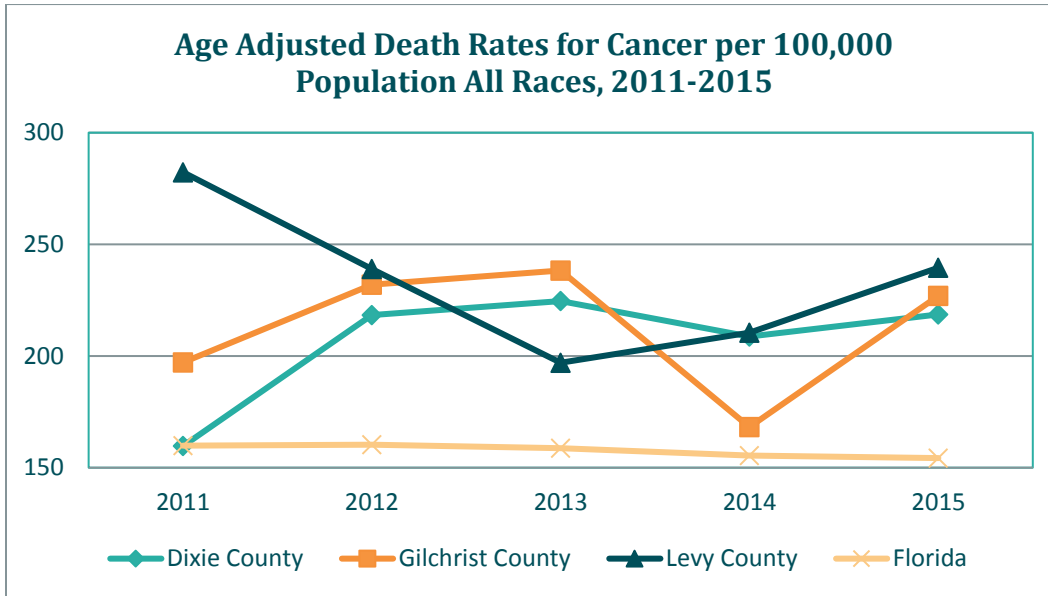


FIGURE 10: AGE-ADJUSTED DEATH RATES FOR HEART DISEASE, 2011 – 2015

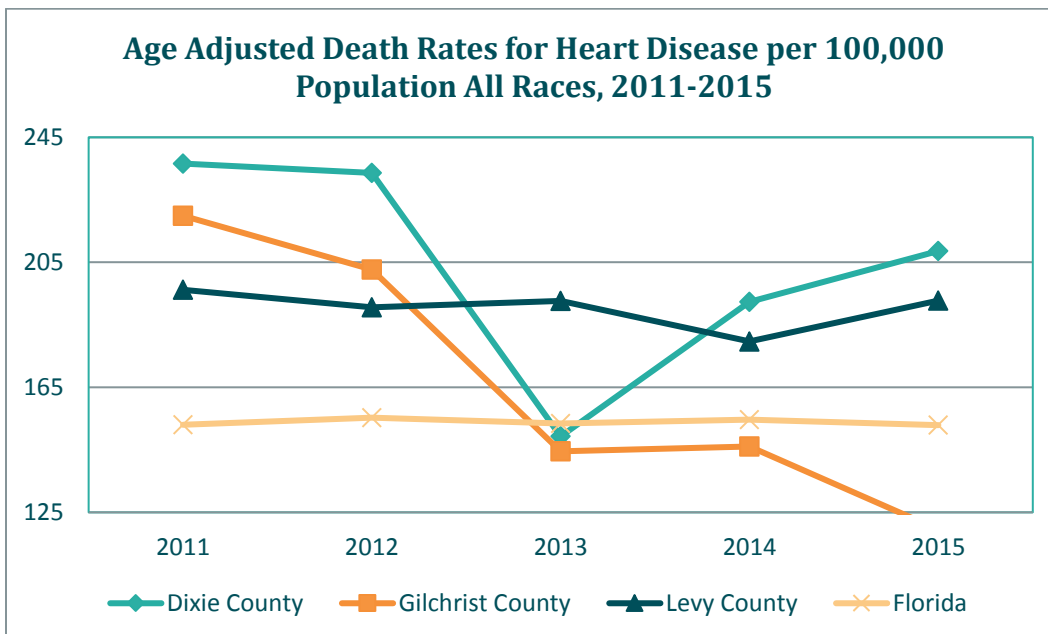


FIGURE 11: AGE-ADJUSTED DEATH RATES FOR CLRD, 2011 – 2015

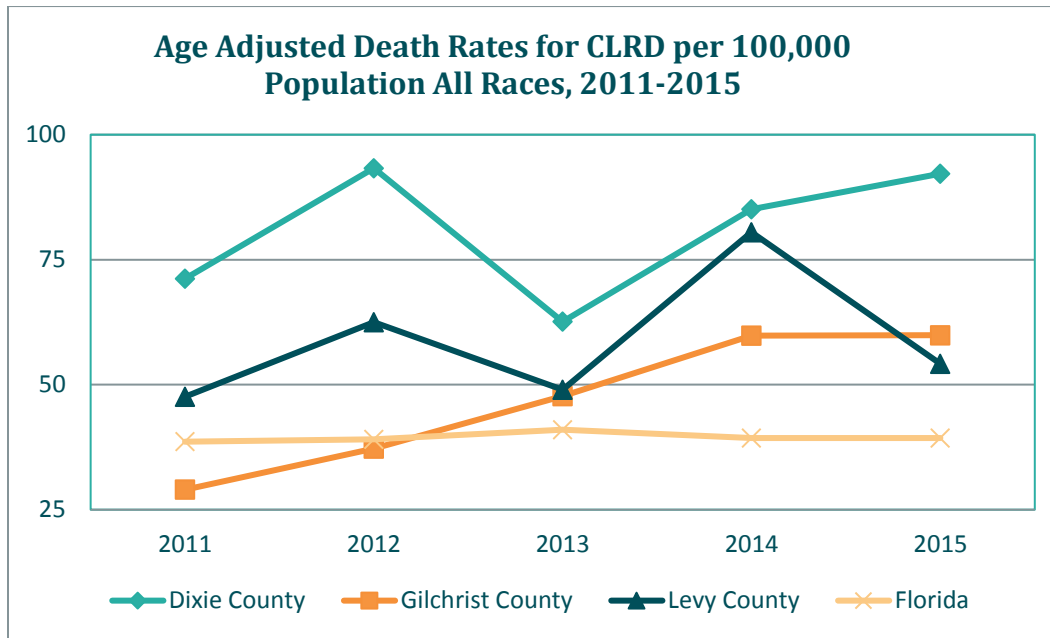


FIGURE 12: AGE-ADJUSTED DEATH RATES FOR UNINTENTIONAL INJURIES, 2011 – 2015

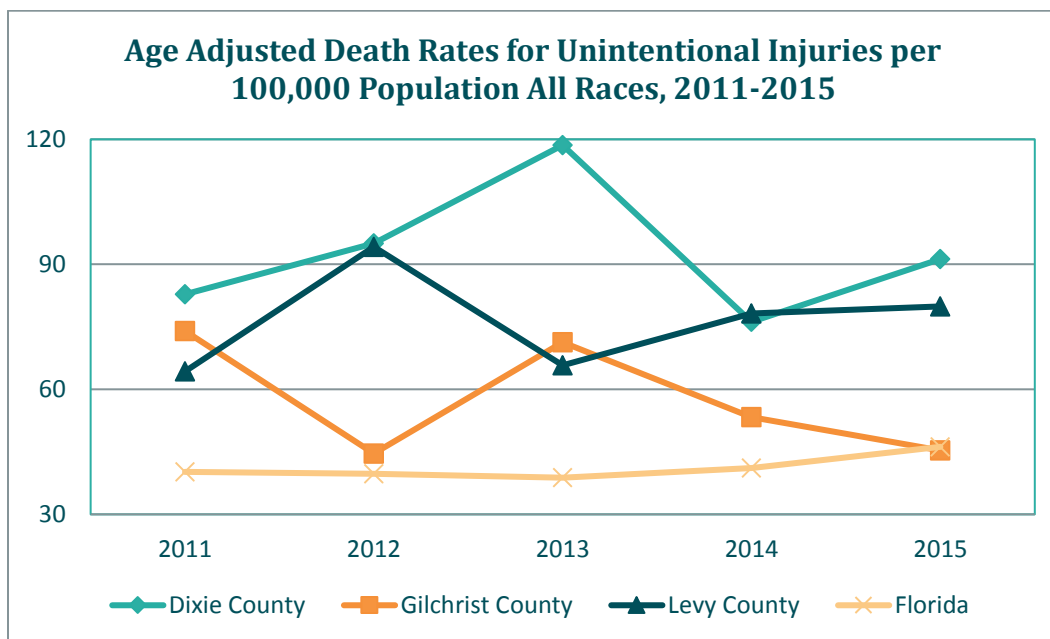
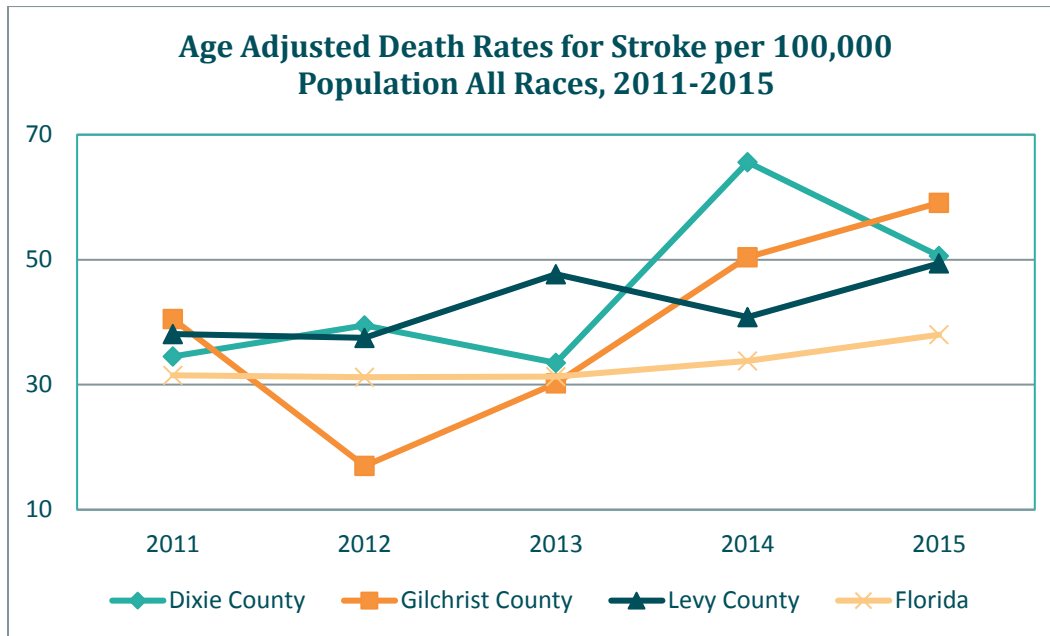


FIGURE 13: AGE-ADJUSTED DEATH RATES FOR STROKE, 2011 – 2015



Although limited data are available due to small numbers, a difference can be seen in age-adjusted death rates for Cancer by racial classification in Dixie County and Florida. Dixie County Whites have an age-adjusted mortality rate for Cancer that is higher than for Blacks at 221.1 and 197.1 per 100,000, respectively. Both rates are higher, however, than rates for Florida at 155.5 and 152.3 per 100,000 for Whites and Blacks, respectively (Tables 76 and 79). The all cause age-adjusted death rate for Dixie County Hispanics for 2015 was 623.7; the state rate was 530.2 (Table 82).

BEHAVIORAL RISK FACTORS

Florida Department of Health conducts the Behavioral Risk Factor Surveillance System (BRFSS) with financial and technical assistance from the Centers for Disease Control and Prevention (CDC). This state-based telephone surveillance system collects self-reported data on individual risk behaviors and preventive health practices related to the leading causes of morbidity and mortality in the United States. The most recent county-level data available for Dixie County is for 2013.

Below are some highlights from the BRFSS data (See Tables 129 and 130 for full details):

Dental Care: The percentage of adults in Dixie County who visited a dentist or dental clinic in the past year was reported at 41 percent whereas for Florida that figure was 64.7 percent. This healthcare seeking behavior is also reflected in the percentage of adults who reported having had their teeth cleaned in the past year at 30.8 percent for Dixie County compared to 60.9 percent for

Florida. Almost 73 percent of adults in Dixie County reported having had a permanent tooth removed because of tooth decay or gum disease in 2013 compared to 53 percent of Florida adults as a whole.

Tobacco Use: An estimated 25 percent of Dixie County adults reported being current smokers while in the state as a whole the percentage of adult smokers was shown at 16.8. The percentage of Dixie adults who reported never being a smoker was 45 percent compared to 55 percent for Florida adults. On a more positive note, 65.5 percent of current smokers in Dixie County reported having tried to quit at least once in 2013; for Florida as a whole that percentage was 61.1 percent.

Overweight and Obesity: The data for Dixie County indicate that the percentages of adults who are overweight (37.5 percent), adults who are obese (32.2 percent), and adults who are overweight or obese (69.7 percent) exceed rates for Florida (36.4, 26.4 and 62.8 percent, respectively). In addition, 27.9 percent of adults in Dixie County report having a healthy weight as compared to 35 percent for Florida. Relatedly, 31.3 percent of Dixie County adults reported being sedentary compared to 27.7 percent in Florida. Dixie County adults consumed fewer servings of fruits and vegetables than adults in Florida as a whole.

Cancer Screenings: These data show that Dixie County adults lag behind Floridians as a whole in seeking many cancer screenings. For example, the percentage of women over the age of 40 who received a mammogram in the past year (46.9), the percentage of adults 50 years of age or older who have ever had a blood stool test (29.9), and the percentage of adults 50 years of age or older who received a sigmoidoscopy or colonoscopy in the past five years (49.6) are notably lower than for the state (57.5 percent, 37.6 percent, and 55.3 percent, respectively).

Diabetes: While 12.3 percent of adults in Dixie County have been told they have pre-diabetes compared to 7.1 percent for the state, adults with Diabetes perform better than the Florida adults as a whole in certain areas. Dixie County adults with Diabetes self-monitor blood glucose at least once a day (64.6 percent), have had two A1C tests in the past year (79.8 percent), and had annual foot exams (79.7 percent) at higher percentages than adults in Florida (61.8, 69.3, and 67.6 percent, respectively). The rate for Dixie County adults with Diabetes who have ever had self-management education (46.1 percent) lags behind the state rate of 49.6 percent.

INFECTIOUS DISEASES

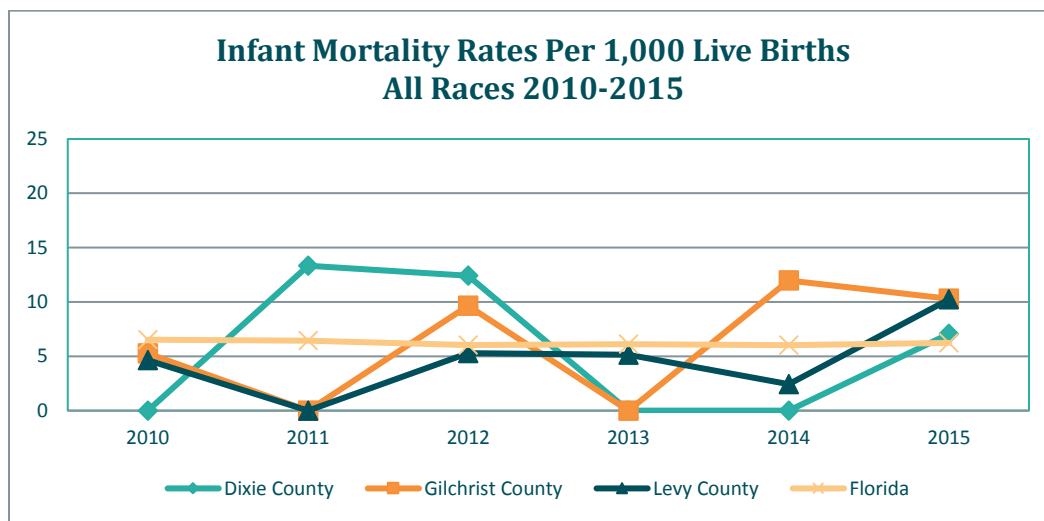
Infectious diseases are caused by pathogenic microorganisms, such as bacteria, viruses, parasites or fungi. These diseases can be spread, directly or indirectly, from one person to another. Among these are Sexually Transmitted Diseases (STDs) that include Gonorrhea, Chlamydia and Infectious Syphilis. Data from 2006-2015 show that STD rates in Dixie County have been much lower than state rates (Table 131) since 2012. Enteric diseases are those infectious diseases caused by viruses and bacteria that enter the body through the mouth or intestinal system. From 2005-2014 enteric disease rates in Dixie County have fluctuated widely from a low of 6.1 per 100,000 in 2012 compared to the state rate of 63 per 100,000 to the most recent rate of 139.9 compared to 71.4 for Florida as a whole. Zoonotic disease, or infectious diseases of

animals that can cause disease when transmitted to humans, has remained at zero (0) from 2006-2014 in Dixie County. Human immunodeficiency virus (HIV) rates and Acquired Immune Deficiency Syndrome (AIDS) case rates in Dixie County are very low and well below state rates (Table 133). Vaccine-preventable diseases have sporadically been public health challenges in Dixie County. In 2014, the case rate of 12.2 per 100,000 population exceeded the state rate of 5.8. Vaccine-preventable diseases include Diphtheria, Acute Hepatitis B, Measles, Mumps, Pertussis, Rubella, Tetanus and Polio (Table 132),

MATERNAL HEALTH

Between 2010 and 2015 for all races there were 937 births in Dixie County (Table 111) and during that same time period there were five (5) infant deaths (Table 112). In 2015 the infant mortality rate per 1,000 live births for all races was 7.0 compared to 6.2 for Florida. There were zero (0) infant deaths for Blacks in Dixie County for 2010-2015. It is important to note that the actual numbers in any given year are small, thus the rates of infant death can vary substantially from year to year. Infant mortality rates for all races for Dixie, Gilchrist and Levy Counties and Florida can be seen in Figure 14 below.

FIGURE 14: INFANT MORTALITY RATES PER 1,000 LIVE BIRTHS, ALL RACES, 2010 - 2015



Births

Year by year for 2010 through 2015 the differences in birth rates for Whites and Blacks in Dixie County tended to fluctuate. For example, in 2012 the Black birth rate was 4.4 compared to 10.2 per 1,000 for Whites; in 2013 rates were 11.4 per 1,000 for Blacks and 9.4 for Whites. Most recently in 2015, rates were 9.1 per 1,000 and 8.3 for Blacks and Whites, respectively. Dixie County birth rates for Blacks, Whites, and All Races were lower than state rates for the period of 2010-2015. The Hispanic birth rate for the five year period shows wide swings at 8.9, 6.7, 3.4, 5.2, 11.1, and 4.7 per 1,000 for 2010-2015. Florida's Hispanic birth rate per 1,000 hovered around 13.2 for the same period (Table 111).

Infant Deaths

For the period of 2010-2015, two (2) infant deaths in any one year are the most recorded for Dixie County; these occurred in 2011 and 2012. There were a total of five (5) infant deaths for that period. In 2010, 2013, and 2014 there were no infant deaths in Dixie County. For 2010-2015 there were no Black infant deaths and nor Hispanic infant deaths in Dixie County. For comparison purposes, in 2015 the infant death rate for all races in Dixie County was 7.0 per 1,000 live births while the state rate was 6.2 per 1,000 live births (Table 112). However, it should be remembered that when raw numbers are low they can have a high impact on the standardized rates. In this case, the rates can be used to compare groups within a population but they cannot be used to characterize the problem.

Low Birthweight (LBW)

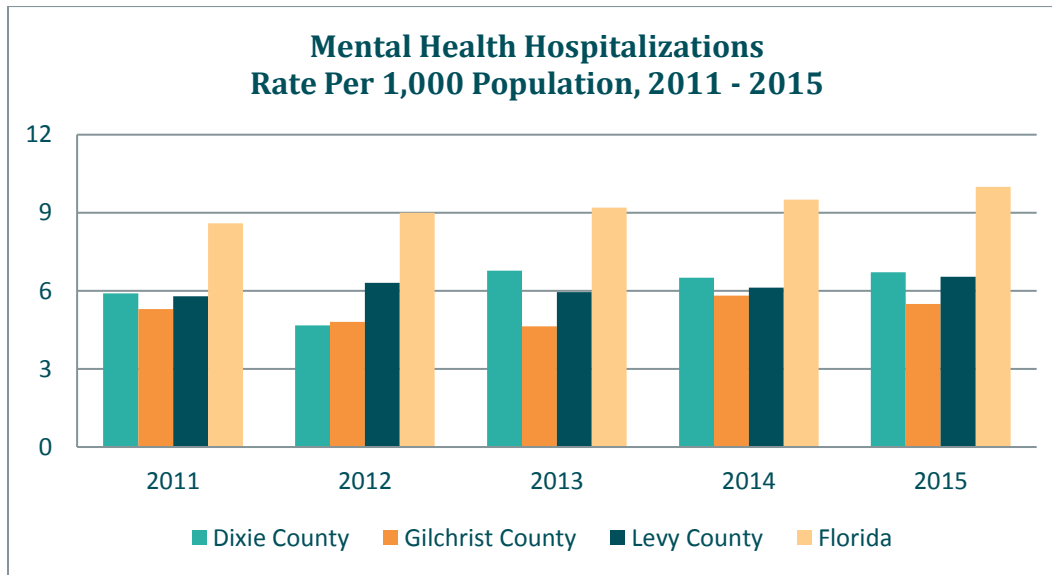
Significantly related to infant deaths are Low Birth Weight (LBW) births. In 2015, there were 18 Low Birth Weight (LBW) infants in Dixie County. While the actual numbers are higher among Whites, the percentage of LBW infants is higher among Blacks at 15.4 percent with Whites at 12.1 percent. There were no LBW births recorded for Hispanics for 2010-2015. For the state of Florida as a whole the percent of Black LBW births is highest at 13.3, followed by the White rate of 7.2 and Hispanic rate of 7.3 (Table 113).

MENTAL HEALTH

Reviewing hospital discharge data is one method of gauging the mental health status of a community. The National Institute of Mental Health estimates that approximately one in five adults in the United States suffers from a mental illness in a given year. Common mental health issues such as anxiety and depression are associated with a variety of other public health issues including substance abuse, domestic violence and suicide.

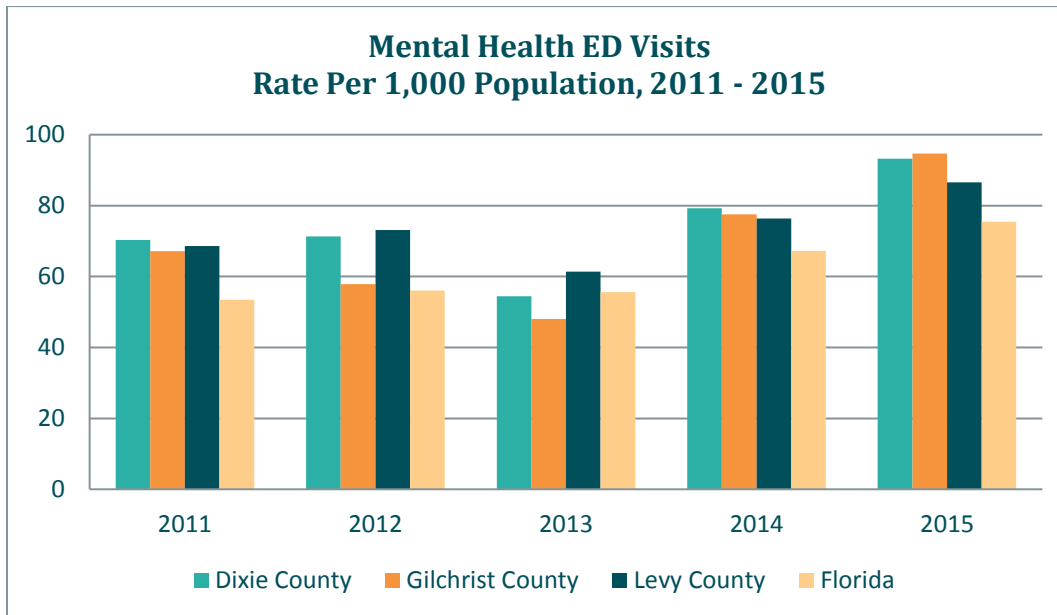
For 2011-2015 the rate of hospitalizations for mental health reasons for Dixie County residents has remained well below the state rate. This trend for Dixie, Gilchrist, Levy Counties and the Florida can be observed in the figure below.

FIGURE 15: MENTAL HEALTH HOSPITALIZATIONS RATES PER 1,000 POPULATION, 2011 - 2015



In Dixie County and the state of Florida, the number and rate of emergency department visits for mental health reasons has increased in recent years. In addition, from 2011-2015 in Dixie County the rate of emergency room visits per 1,000 population for mental health reasons has exceeded the state rate with the exception of 2013. In 2015 that rate was 93.2 per 1,000 in Dixie as compared with the Florida at 75.4. These data are shown in Figure 16 (Table 106) for Dixie, Gilchrist and Levy Counties and for Florida. The trend in these data may indicate an emerging need in Dixie County.

FIGURE 16: MENTAL HEALTH ED VISITS RATE PER 1,000 POPULATION, 2011 - 2015



HEALTH CARE ACCESS AND UTILIZATION

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

SHORTAGE AREAS

Shortage areas are primarily defined by three (3) categories: primary care, dental health, and mental health. The score of shortage areas is calculated using the following four key factors: Population-to-Primary Care Physician Ratio, Percent of Population with Incomes below 100.0 percent of the Poverty level, Infant Mortality Rate or Low Birth Weight Rate (whichever scores higher), and Travel Time or Distance to nearest available source of care (whichever scores higher). The maximum score that a facility can receive is 26, and the higher the score the lower the access and utilization of the healthcare facility (Table 142).

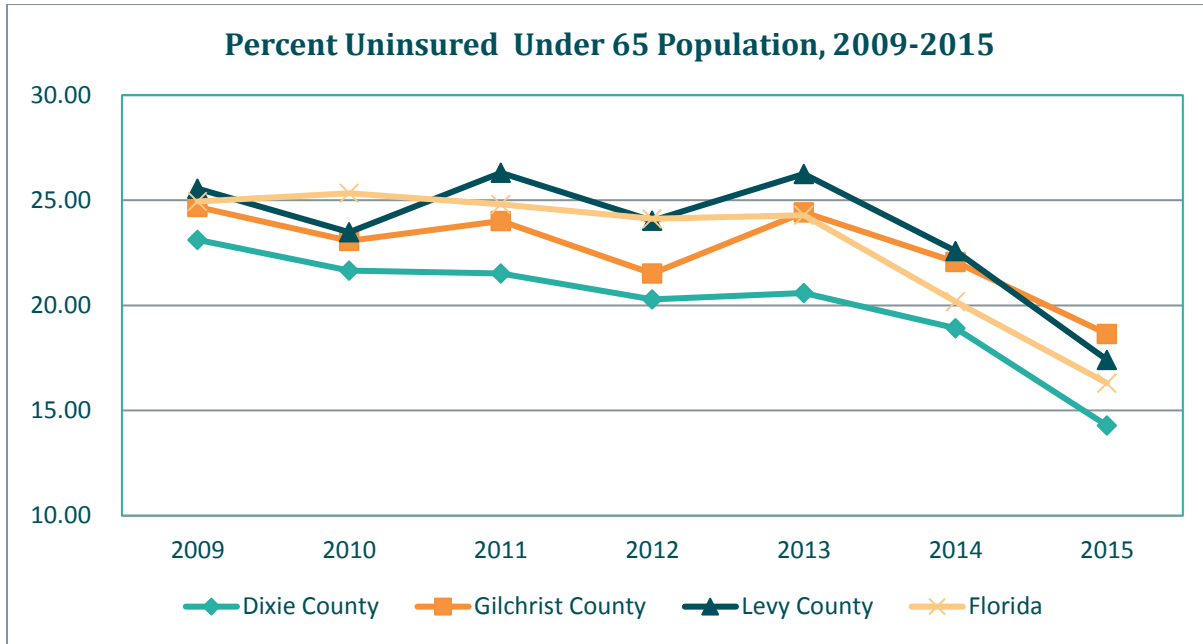
FIGURE 17: HPSA SHORTAGE AREAS AND MUA BY TYPE AND SCORE, 2017

Dixie County			
Type	Name	HPSA Designation Last Updated Date	Score *
Dental			
HPSA Population	Low Income	3/7/2016	12
Correctional Facility	Cross City Correctional Institution	7/5/2013	12
Single County		2/9/2001	
Mental Health			
Correctional Facility	Cross City Correctional Institution	8/9/2013	21
HPSA Geographic	Dixie County	7/21/2015	17
Single County		6/13/2003	
Primary Medical Care			
Correctional Facility	Cross City Correctional Institution	7/15/2013	12
HPSA Geographic	Dixie County	3/9/2016	17
Single County		9/28/1978	
Type	Name	MUA/P Designation Date - MUA/P Update Date	Index of Medical Underservice Score **
Medically Underserved Area			
Medically Underserved Area	Dixie County	11/1/1978 - 3/12/2001	47.3

UNINSURED

In 2015 in Dixie County, individuals under the age of 65 without health insurance constituted 14.3 percent of the total county population. Like the state of Florida as a whole, the percentage of uninsured individuals is the lower than it has been since the passage of the Patient Protection and Affordable Care Act (PPACA) in 2009. The figure below shows the trends in health insurance coverage for Dixie, Gilchrist and Levy Counties and Florida (Table 50).

FIGURE 18: PERCENT UNINSURED UNDER 65 POPULATION, 2009 - 2015



MEDICAID

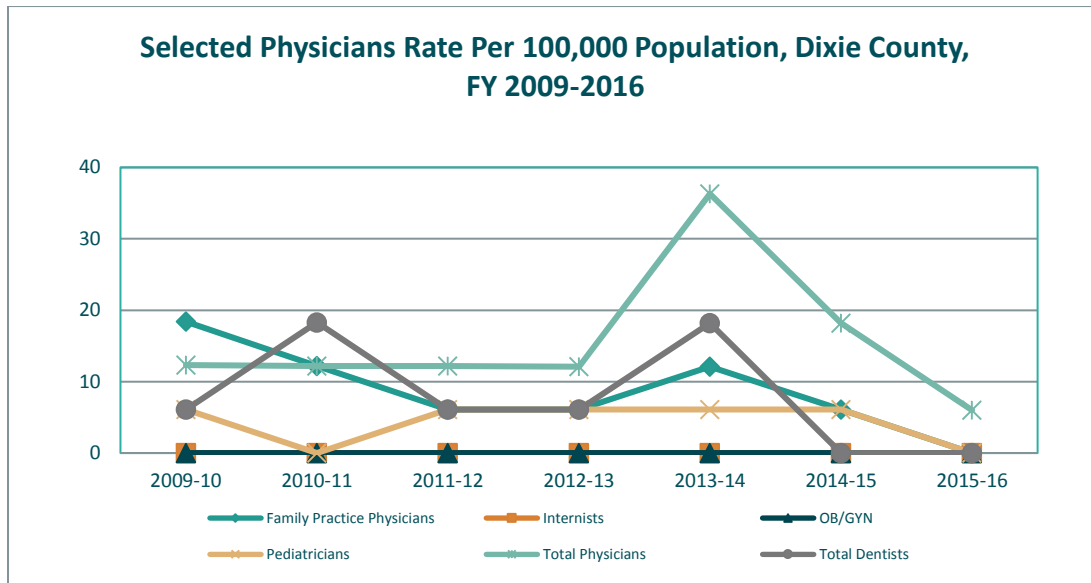
In 2016 approximately 26.7 percent of Dixie County residents were eligible to receive Medicaid benefits, which is higher than the state at 20.1 percent (Table 146). The percentage of Medicaid eligibles in the Old Town ZCTA (32680) was the highest among the ZCTAs in Dixie County in 2014 (Table 145).

PHYSICIAN AND DENTIST AVAILABILITY

In fiscal year 2015-2016 the rate of total physicians in Dixie County was 6.0 per 100,000 residents, which was much lower than the prior year rate of 18.2 and significantly lower than the 2013-2014 rate of 36.3. However, as the figure below demonstrates the rates for various types of physicians in the county have been relatively steady in recent years (Table 150), even though all the Dixie County rates are significantly lower than state rates.

There were no (0) dentists in Dixie County in fiscal year 2015-2016. Between 2006 and 2016, the number of dentists in the county fluctuated between zero and an all-time high of five in 2006-2007. Even at its highest rate of 31.7 per 100,000 population, the number and rate of dentists in Dixie County were significantly below state rates. In 2015-2016 the state rate was 55.3 per 100,000 compared to Dixie’s rate of 0 (Table 151).

FIGURE 19: PHYSICIAN RATE PER 100,000 POPULATION, DIXIE COUNTY 2009 - 2016



HEALTH CARE FACILITIES

Dixie County has few licensed health care facilities. In 2016, there were no assisted living facilities, hospitals, home health agencies, rehabilitation agencies, nor home medical equipment providers in the county. There were two clinical laboratories, two rural health clinics and one nursing home. The licensed health care facility rates per 100,000 in Dixie County were lower than state rates for all but two types of facilities, that is, rural health clinics and nursing homes (Table 148).

AVOIDABLE HOSPITALIZATIONS, DISCHARGES AND EMERGENCY DEPARTMENT (ED) VISITS

According to the Centers for Disease Control and Prevention (CDC) potentially preventable hospitalizations are admissions to a hospital for certain acute illnesses (e.g., dehydration) or worsening chronic conditions (e.g., diabetes) that might not have required hospitalization had these conditions been managed successfully by primary care providers in outpatient settings. In Dixie County in 2015, there were 287 avoidable discharges among the 0-64 years of age population or rate of 21.6 per 1,000; this is higher than the state rate of 14.4 (Table 156). In 2015 Dixie County also saw 25 preventable dental hospitalizations, or 83.3 percent of all dental hospitalizations which is higher than the state rate of 75.2 percent (Table 153). Dixie County residents made numerous ED visits that did not result in hospitalization in 2015; these include 6 for Angina, 10 for Congestive Heart Failure, 70 for Chronic Obstructive Pulmonary Disorder (COPD), 37 for Asthma, and 23 for Mental Health issues. For that same period, ED visits by Dixie County residents that resulted in hospitalization included 9 for Hypertension, 75 for Congestive Heart Failure, 101 for COPD and 22 for Asthma (Table 190, 191).

The leading causes of avoidable discharges in Dixie County in 2015 for those under the age of 65 were as follows (Table 161):

1. Dehydration – volume depletion
2. Cellulitis
3. Chronic Obstructive Pulmonary Disease
4. Congestive Heart Failure
5. Asthma
6. Diabetes “B”
7. Grand Mal Status or other Epileptic Convulsions
8. Diabetes “A”
9. Kidney/Urinary Infection
10. Nutritional Deficiencies

GEOGRAPHIC AND RACIAL AND ETHNIC DISPARITIES

When health outcomes are found to a greater or lesser extent between populations, a health disparity exists. Health disparities are preventable differences and include many factors. The disparities described below were found in the course of the community health assessment process.

Poverty. Geographic disparities in poverty rates were found. According to the ACS data for 2011-2015, rates were highest for children who lived in poverty in Cross City (ZCTA 32628) with 51.9 percent living below or between 100-200 percent poverty guidelines. Adults in Old Town (ZCTA 32680) experienced higher levels of poverty with 52 percent below or between 100-200 percent poverty (Table 39). Disparities are also seen between races with 20.4 percent of Whites and 32.6 percent of Blacks in poverty (Table 41).

Mortality. Racial and ethnic disparities were noted in some of Dixie County’s mortality rates. From 2011-2015 the leading causes of death among Whites, Blacks and Hispanics were cancer and heart disease. For Blacks and Hispanics unintentional injury deaths ranked higher and for Blacks, death rates from HIV and influenza and pneumonia rank in the top ten causes while not appearing in the ranking for Whites (Table 70).

Maternal and Child Health. In 2015 the percent of low birth weight (LBW) births in Dixie County (12.7 percent) was higher for all races compared to the state rate of 8.6 percent. LBW was reported for 15.4 percent of Black births compared to 12.1 percent for White births. There were no LBW births to Hispanics in Dixie County during that reporting period (Table 113). In that same year only 38.5 percent of Black births received first trimester care compared to 54.8 percent of White births and 66.7 percent of Hispanic births. All rates are below state rates of 65.1, 74.4, and 72.8 percent, respectively (Table 113).

Cancer. Notable disparities among White and Black breast cancer incidence rates were found in Dixie County from 2010-2014. In 2014, the breast cancer incidence rate for Whites was 39.0 (per 100,000 population) compared to 77.6 for Blacks (Table 186).

SUMMARY

In summary, the Dixie County Health Needs Assessment and its companion Dixie, Gilchrist, and Levy County Technical Appendix provide rich data resources to better understand the social, environmental, behavioral and health care factors that contribute to health status and health outcomes in Dixie County. The data and findings also point to the need for further in-depth exploration of some factors, gaps and root causes in order to improve health outcomes and quality of life in the county. Data point to oral health as a health issue of significance in Dixie County. From the paucity of dentists to the availability of fluoridated community water, oral health outcomes for many in Dixie County suffer. Also of note, is Dixie County's high rate of tobacco use that can be linked to many serious health issues such as asthma, chronic obstructive pulmonary disease and cancer. Unintentional injuries, including the many sustained in motor vehicle crashes, are preventable but continue to be leading causes of death and disability. Suicide deaths are of serious concern for Dixie County. Lower incomes and barriers to health care resources contribute to rising overweight and obesity and prevalence of diabetes. The impacts of barriers to primary care and dental care can be seen in steady rises in physical, mental and oral health problems, and are manifested in rising Emergency Department visits, and avoidable hospitalizations.

Community Themes and Strengths Assessment

Quantitative data from a vast array of secondary or administrative data sets can only describe part of a community's core health needs and health issues. A community's perspective of health and the healthcare experience are essential to fully understanding a community's health.

The Community Themes and Strengths Assessment answers the questions: "How is the quality of life perceived in your community?" "What factors define a healthy community?" and "What are the most important health problems in your community?" This assessment results in a strong understanding of community issues, concerns, and perceptions about quality of life from the lens of community members, business leaders, and providers.

COMMUNITY HEALTH SURVEYS

METHODOLOGY

Two similar though slightly different surveys were developed to query individuals about community health issues and healthcare systems perspectives: community member survey and healthcare provider survey. For the purpose of this assessment, community members were defined as any person resides in Dixie, Gilchrist or Levy County. Providers was an all-encompassing term that included a wide range of healthcare professionals that offer healthcare services or play a role in delivering care (e.g., physicians, substance abuse/mental health counselors, dentists, advanced registered nurse practitioners, etc.). Responses from individuals who did not meet the aforementioned criteria were not collected for data analysis.

A convenience sampling approach (respondents are selected based on accessibility and willingness to participate) was utilized for the surveys. The Dixie County Community Health Assessment Steering Committee assisted with the distribution of the community survey through their organizations and by linking WellFlorida with key stakeholders and community partners who were eligible to participate.

In total, there were 493 respondents to community survey, 119 of whom indicated they reside in Dixie County and 5 respondents to the provider survey. The survey instruments can be seen in the Appendix, select results follow here and the full results are included in the Technical Appendix which accompanies this document.

FIGURE 20: COMPARISON OF DEMOGRAPHICS OF DIXIE, GILCHRIST AND LEVY COUNTY SURVEY RESPONDENTS

Demographics	Dixie		Gilchrist		Levy	
	Number	Percent	Number	Percent	Number	Percent
Age Group						
0-17	0	0	0	0	0	0
18-24	7	5.9	5	12.5	9	9
25-29	9	7.6	1	2.5	13	13
30-39	26	21.9	11	17.5	20	20
40-49	22	18.5	11	27.5	19	19
50-59	29	24.4	7	17.5	15	15
60-69	19	16.0	2	5.0	11	11
70-79	3	2.5	2	5.0	10	10
80 or older	1	0.8	0	0	0	0
Preferred not to answer	3	2.5	1	2.5	3	3
Gender						
Male	32	26.9	12	30.0	18	18
Female	85	71.4	27	67.5	78	78
Transgender	0	0.0	1	0	0	0
Other	0	1.7	0	0	0	0
Preferred not to answer	2	0.0	1	2.5	4	4
Race/Ethnic Group						
Asian Pacific Islander	0	0.0	0	0	0	0
Black or African American (Non-Hispanic)	2	1.7	0	0	16	16
American Indian/ Alaskan Native	2	1.7	0	0	0	0
White (Non-Hispanic)	110	92.4	37	92.5	70	70
Hispanic/ Latino	1	0.8	1	2.5	2	2
Multiracial/ Multiethnic	1	0.8	0	0	2	2
Other	0	0.0	1	2.5	2	2
Preferred not to answer	3	2.5	1	2.5	8	8

Source: Community Health Survey of Community Members, 2017. Prepared by: WellFlorida Council, 2017.

OBSERVATIONS FROM COMMUNITY SURVEY

Figures below summarize the responses to the overarching questions that were asked of all three counties. In general, the top four responses for each question of three counties are presented. Questions on the following topics are included in the analysis:

- Most important factors that define a healthy community
- Behaviors with the greatest negative impact on overall health
- Most important health problems in the community
- Confidence in community’s ability to make a substantial impact on health related issues
- Reasons why individuals did not receive dental, primary, and/or mental care
- Rating of community and individual health

Each figure shows the total number of overall respondents (Dixie County = 119; Gilchrist County = 40; and Levy County = 100) and the percentage of each county’s residents that indicated the given response for a question.

“In the following list, what do you think are the three most important factors that define a “Healthy Community” (those factors that most contribute to a healthy community and quality of life)? Please select three (3) choices.”

FIGURE 21: MOST IMPORTANT FACTORS THAT DEFINE A HEALTHY COMMUNITY, TOTAL NUMBER OF EACH TYPE OF RESPONDENT AND PERCENT OF EACH TYPE OF RESPONDENT, 2017

Factor	Dixie (n=119)	Gilchrist (n=40)	Levy (n=100)
1	Access to health care (23.8)	Access to health care (19.5)	Access to health care (65.0)
2	Affordable goods/services (6.2)	Low crime/safe neighborhoods (11.4)	Job opportunities for all levels of education (41.0)
3	Affordable housing (5.7)	Job opportunities for all levels of education (8.9)	Affordable housing (28.0)
4	Affordable utilities (2.4)	Good place to raise children (7.3)	Clean environment (26.0)

Source: Community Health Survey of Community Members, 2017. Prepared by: WellFlorida Council, 2017.

“In the list below, please identify the three behaviors that you believe have the greatest negative impact on overall health of people in your county. Please select three (3) choices.”

FIGURE 22: BEHAVIORS WITH GREATEST NEGATIVE IMPACT ON OVERALL HEALTH, TOTAL NUMBER FOR EACH COUNTY AND PERCENT FOR EACH COUNTY, 2017

Factor	Dixie (n=119)	Gilchrist (n=40)	Levy (n=100)
1	Drug abuse (30.2)	Drug abuse (25.2)	Drug abuse (79.0)
2	Alcohol abuse (20.0)	Alcohol abuse (13.0)	Alcohol abuse (64.0)
3	Eating unhealthy foods/drinks (6.2)	Eating unhealthy foods/drinks (10.6)	Eating unhealthy foods/drinks (26.0)
4	Violence (5.2)	No physical activity (8.9)	No physical activity (16.0)

Source: Community Health Survey of Community Members, 2017. Prepared by: WellFlorida Council, 2017.

“In the following list, what do you think are the five most important “Health Problems” (those problems which have the greatest impact on overall community health) in your county? Please select five (5) choices.” AND “How confident are you that the community can make a substantial impact on these health-related issues within the next 1-3 years?”

FIGURE 23: FIVE MOST IMPORTANT HEALTH PROBLEMS IN A COMMUNITY AND CONFIDENCE IN THE COMMUNITY TO MAKE A SUBSTANTIAL IMPACT, RANKING FOR EACH COUNTY, 2017

Ranking	Dixie (n=119)		Gilchrist (n=40)		Levy (n=100)	
	Health Problem	Confidence in community impact	Health Problem	Somewhat confident	Health Problem	Confidence in community impact
1	Substance abuse/drug abuse	Not very confident – Somewhat confident	Substance abuse/drug abuse	Somewhat confident	Substance abuse/drug abuse	Not very confident – Somewhat confident
2	Access to primary care	Somewhat confident	Obesity	Somewhat confident	Access to primary care	Somewhat confident
3	Cancer	Not very confident – Somewhat confident	Dental problems	Not very confident – Somewhat confident	Obesity	Not very confident – Somewhat confident
4	Mental health problems	Not very confident – Somewhat confident	Cancer	Somewhat confident	Dental problems	Somewhat confident
5	Access to healthy food	Somewhat confident	Tobacco use	Not very confident – Somewhat confident	Mental health problems	Not very confident – Somewhat confident

Source: Community Health Survey of Community Members, 2017. Prepared by: WellFlorida Council, 2017.

“During the past 12 months, was there a time you needed dental care, including checkups, but didn’t get it?” AND “What were the reasons you could not get the dental care you needed during the past 12 months?”

FIGURE 24: DENTAL CARE NEED BY COUNTY, 2017

Dental care needed	Dixie (%)	Gilchrist (%)	Levy (%)
Yes	63.0	46.3	27.2
No	37.0	53.7	72.6

Reasons dental care was not received	Dixie (%)	Gilchrist (%)	Levy (%)
1	Cost (59.1)	Cost (59.1)	Cost (77.4)
2	No dentists available (16.4)	No appointments available/long wait time (27.3)	No dentists available (6.5)
3	No appointments available/long wait time (11.0)	No dentists available (4.6)	No appointments available/long wait time (4.8)
4	Transportation, couldn't get there (4.6)	Transportation, couldn't get there (4.6)	Transportation, couldn't get there (3.2)

Source: Community Health Survey of Community Members, 2017. Prepared by: WellFlorida Council, 2017.

“During the past 12 months, was there a time when you needed to see a primary care doctor for health care but couldn't?” AND “What were the reasons you could not get the primary care you needed during the past 12 months?”

FIGURE 25: PRIMARY CARE NEED BY COUNTY, 2017

Primary care needed	Dixie (%)	Gilchrist (%)	Levy (%)
Yes	42.7	30.0	27.5

No	57.4	70.0	72.6
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Reasons primary care was not received	Dixie (%)	Gilchrist (%)	Levy (%)
1	Cost (47.1)	No appointments available/long wait time (35.7)	Cost (51.3)
2	No primary care providers available (22.2)	Cost (28.6)	No appointments available/long wait time (12.8)
3	No appointments available/long wait time (20.8)	No primary care providers available (14.3)	Transportation, couldn't get there (12.8)
4	Transportation, couldn't get there (4.2)	Transportation, couldn't get there (7.1)	No primary care providers available (7.7)

Source: Community Health Survey of Community Members, 2017. Prepared by: WellFlorida Council, 2017.

“During the past 12 months, was there a time when you needed mental health care but couldn't get it?” AND “What were the reasons you could not get the mental health care you needed during the past 12 months?”

FIGURE 26: MENTAL HEALTH CARE NEED BY COUNTY, 2017

Mental health care needed	Dixie (%)	Gilchrist (%)	Levy (%)
Yes	14.1	15.0	15.2
No	86.0	85.0	84.8

Reasons mental care was not received	Dixie (%)	Gilchrist (%)	Levy (%)
1	Cost (37.9)	No appointments available/long wait time (57.1)	Cost (44.0)
2	No mental health care providers available (20.7)	Cost (28.6)	No appointments available/long wait time (24.0)
3	No appointments available/long wait time (17.2)	No mental health care providers available (14.3)	No mental health care providers available (16.0)
4	Transportation, couldn't get there (10.3)	Transportation, couldn't get there (0.0)	Transportation, couldn't get there (12.0)

Source: Community Health Survey of Community Members, 2017. Prepared by: WellFlorida Council, 2017.

“For each of the statements below, please answer by responding on a scale from Strongly Disagree to Strongly Agree.”

FIGURE 27: EXISTENCE OF COMMUNITY FACTORS AND ASSETS THAT IMPACT HEALTH, LEVELS OF AGREEMENT BY COUNTY, 2017

Rating	Dixie (n=119)	Gilchrist (n=40)	Levy (n=105)
Strongly agree	<ul style="list-style-type: none"> There are networks of support for individuals and families in times of stress and need Our community is a safe place to live 	<ul style="list-style-type: none"> There are networks of support for individuals and families in times of stress and need Our community is a safe place to live 	<ul style="list-style-type: none"> Our community is a safe place to live There are networks of support for individuals and families in times of stress and need
Agree	<ul style="list-style-type: none"> There are networks of support for individuals and families in times of stress and need Our community is a safe place to live 	<ul style="list-style-type: none"> There are sufficient levels of trust and willingness to work together to achieve community goals 	<ul style="list-style-type: none"> Our community is a safe place to live There are networks of support for individuals and families in times of stress and need

		<ul style="list-style-type: none"> • Our community is a safe place to live 	
Neutral	<ul style="list-style-type: none"> • Our community is a safe place to live • There is a sense of civic responsibility • I am satisfied with the quality of life in our community 	<ul style="list-style-type: none"> • There is a sense of civic responsibility in our community • I am satisfied with the quality of life in our community 	<ul style="list-style-type: none"> • I am satisfied with the quality of life in our community • There is a sense of civic responsibility in our community
Disagree	<ul style="list-style-type: none"> • There is a sufficient number of dental services • There is sufficient number of mental health/substance abuse services • There is a sufficient number of health and social services 	<ul style="list-style-type: none"> • There is a sufficient number of mental health/substance abuse services • There is a sufficient number of medical services • There is a sufficient number of dental services 	<ul style="list-style-type: none"> • There is a sufficient number of health and social services in the community • There is a sufficient number of dental services
Strongly disagree	<ul style="list-style-type: none"> • There is a sufficient number of medical services • There is a sufficient number of dental services • There is a sufficient number of mental health/substance abuse services 	<ul style="list-style-type: none"> • There is a sufficient number of dental services • There is a sufficient number of mental health/substance abuse services 	<ul style="list-style-type: none"> • There is a sufficient number of mental health/substance abuse services • There is a sufficient number of medical services

Source: Community Health Survey of Community Members, 2017. Prepared by: WellFlorida Council, 2017.

“How would you rate the overall health of your county residents?” AND “How would you rate your personal health?”

FIGURE 28: RATING OF OVERALL HEALTH OF COUNTY RESIDENTS AND PERSONAL HEALTH OF RESPONDENTS BY COUNTY, 2017

Rating	Dixie (n=119)		Gilchrist (n=40)		Levy (n=100)	
	Community (%)	Individual (%)	Community (%)	Individual (%)	Community (%)	Individual (%)
Very unhealthy	9.0	2.4	4.9	0.0	9.0	1.0
Unhealthy	40.0	12.2	31.7	10.0	37.0	13.0
Somewhat healthy	50.4	46.3	48.8	47.5	51.0	42.0
Healthy	0.8	34.2	9.8	35.0	7.0	28.0
Very healthy	0.0	4.9	4.9	7.5	1.0	16.0

Source: Community Health Survey of Community Members, 2017. Prepared by: WellFlorida Council, 2017.

“For each of the following issues, please indicate how much of a problem you believe the issue is in your county” AND “For each of the following issues, please indicate how confident you are that the community can make a substantial impact on this issue within the next 1-3 years.”

FIGURE 29: RANKING OF HEALTH PROBLEMS AND RATING OF CONFIDENCE LEVEL TO MAKE IMPACT ON THE ISSUE, BY COUNTY, 2017

Ranking	Dixie (n=119)		Gilchrist (n=40)		Levy (n=100)	
	Health Problem	Confidence in community impact	Health Problem	Confidence in community impact	Health Problem	Confidence in community impact
1	Cost of health care insurance	Not very confident – Somewhat confident	Cost of health care insurance	Not very confident – Somewhat confident	Cost of healthcare services	Not very confident
2	Cost of healthcare services	Not very confident – Somewhat confident	Cost of healthcare services	Not very confident – Somewhat confident	Cost of health care insurance	Not very confident
3	Lack of specialty care doctors	Not very confident – Somewhat confident	Lack of specialty care doctors	Not very confident – Somewhat confident	Lack of specialty care doctors	Not very confident – Somewhat confident

4	Lack of community concern	Somewhat confident	Limited health care services for senior adults (age 65 and over)	Not very confident – Somewhat confident	Availability of mental health	Not very confident – Somewhat confident
5	Availability of health care services for the poor	Somewhat confident	Long wait times to get an appointment with a doctor	Somewhat confident	Availability of health care services for the poor	Somewhat confident

Source: Community Health Survey of Community Members, 2017. Prepared by: WellFlorida Council, 2017.

“What is the most important health issue in your own life? Please select one (1) response.”

FIGURE 30: MOST IMPORTANT PERSONAL HEALTH ISSUE BY COUNTY, 2017

Personal health care issue	Dixie (n=119)	Gilchrist (n=40)	Levy (n=100)
1	Lack of exercise (9.9)	Overweight (15.0)	Overweight (11.0)
2	Overweight (9.1)	Cost of medical/dental care (12.5)	Cost of medical/dental care (11.0)
3	Stress (8.3)	Stress (10.0)	Stress (10.0)
4	Cost of medical/dental care (8.3)	Access to healthy food; Lack of exercise; Eating choices (7.5)	Lack of exercise (9.0)

Source: Community Health Survey of Community Members, 2017. Prepared by: WellFlorida Council, 2017.

KEY FINDINGS FROM COMMUNITY SURVEY

The demographics of respondents are similar to U.S. Census data for Dixie County with 92.4% identifying as White Non-Hispanic. Survey respondents in Dixie County were almost three times as likely to be female (71.4%) rather than male (26.9%). Respondents' views concerning their personal health and overall health of residents in Dixie County differed some with 57 individuals (46.3%) rating their personal health as 'somewhat healthy' and 42 individuals (34.2%) rating their personal health as 'healthy'. The majority of respondents reported their county's health as 'somewhat healthy' (50.4%). Unlike with personal health,

39.9% reported the overall health of residents of their county as ‘unhealthy’. Respondents were also questioned concerning their perception of the three most important factors that define a “Healthy Community.” A resounding 100 respondents (84% of Dixie respondents) identified access to health care as an important factor that defines a healthy community. About 50% of the Dixie County respondents agreed that drug abuse and alcohol abuse have the greatest negative impact on the overall health of people in their county while reporting low confidence in the community’s capacity to have a substantial impact on that issue. A significant percentage (63%) of Dixie County survey respondents said they did not get the dental care they needed. Of those, 59% said cost was a barrier. About 42% of Dixie County respondents did not get needed primary care in the past year, attributing cost (47.1%) and lack of primary care providers (22.2%) as reasons. These sentiments are again reflected in Dixie County respondents’ strong disagreement with the sufficiency of medical, dental and mental health/substance abuse services in their county. On a positive note, they strongly agree that Dixie County is a safe community and has support networks for individuals and families.

OBSERVATIONS FROM PROVIDER SURVEY

A total of five health care providers responded to the survey including three Advanced Registered Nurse Practitioners, one Mental Health Counselor, and one Physician. Four of the five (80.0%) health care providers considered access to health care and healthy behaviors among the most important factors that define a “Healthy Community.” The health care providers agreed (100%) that obesity is among the five most important health problems in Dixie, Gilchrist and Levy Counties. Sixty (60%) of providers also ranked mental health problems among the top five issues followed by access to primary care, dental problems, Diabetes, respiratory/lung disease, and substance abuse which were ranked in the top five by 40% of providers. The overall health-related quality of life in the Tri-County area was scored as fair by 60% of providers. The two issues that were rated as big problems for Dixie, Gilchrist and Levy Counties by 100% of providers include availability of mental health services and the lack of specialty care doctors. The cost of health insurance was identified by 80% of providers as a big problem. Transportation and the cost of health care services also ranked as big problems by 60% of providers who took the survey. Among the strategies to improve health in Dixie, Gilchrist and Levy Counties most frequently mentioned by health care providers are increasing access to dental, mental health and outreach services while focusing on issues of the uninsured and indigent populations.

Forces of Change Assessment

METHODS

One of the main elements of the MAPP needs assessment process includes a Forces of Change Assessment (FOCA). The Dixie County Forces of Change Assessment is aimed at identifying forces—such as trends, factors, or events that are or will be influencing the health and quality of life of the community and the work of the community to improve health outcomes.

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

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

On June 6, 2017, the Dixie Steering Committee team convened a group of community leaders to participate in this Forces of Change Assessment. Prior to the meeting, WellFlorida Council distributed a forces of change brainstorming tool as well as a threats and opportunities worksheet and encouraged invitees to the meeting to begin to brainstorm the possible forces that may hinder or help the community in its quest for improvement in community health outcomes. The tool used to conduct this activity can be found in the Appendix. The *Forces of Change for Dixie County* table on the following pages summarizes the forces of change identified for Dixie County and possible opportunities and/or threats that may need to be considered in any strategic planning process resulting from this MAPP assessment.

Forces Of Change For Dixie County - FACTORS <i>(Prepared by WellFlorida Council – June 2017)</i>			
	FACTORS	THREATS POSED	OPPORTUNITIES CREATED
Socio-economic	Low health literacy	Poor or worsening health outcomes, missed benefits and services, wasted time and resources of clients and providers	Education on eligibility for services, education, promotion of health care services on diverse formats
	Generational poverty	Worsening of health and wellbeing of families and communities, hopelessness, link to domestic violence, alcohol and substance abuse, mental illness	Finding root causes, interventions for youth, solutions could address many issues at the same time
	Unemployment, job availability for all levels of education and skills	Youth move away, increased crime, substance abuse, poverty, homelessness, increased domestic violence and child abuse	Promote staying in or return to school, scholarship programs, child care provisions
	Inability to pass drug screen tests for employment	Unemployment, expulsion from training/school, continuing drug use/abuse	Career guidance counseling, education and business collaboration
Social	Community disconnectedness among agencies	Duplication of services and efforts among organizations, disorganization that causes waste	Improve communications and accountability, create equity in access
	Social isolation	Disconnected from healthcare settings, delay in seeking care	Social and faith community collaboration
	Crisis mode existence	Risk for homelessness, domestic violence, child abuse, alcohol and substance abuse	Family and parenting education, break generational poverty cycle
	Lack of self-efficacy	Missed opportunities for education, employment, health services; social isolation	Education component for K-12
Economic	Lack of ancillary health care services (e.g., labs, radiology)	No services available	Mobile services

	Rising cost of health care	Delayed or no care, providers leave Dixie County	Work with government to solve
	Dental care viewed as separate from health care	Oral health undervalued, dental care delayed, overuse of ED for care	Component of health literacy education
	Weak economic system that doesn't support employment opportunities	Prolonged under- or unemployment, poverty,	Economic development
	Affordable housing	Homelessness, unhealthy/unsafe housing used	Government and business partners look for solutions
Economic/Gov't	Location of hospitals and Emergency Departments	Economically feasibility to support small hospitals and/or EDs	Public and private partnerships to determine best use of health care investments, Old Town helipad availability
Gov't	Lack of transportation	unemployment, lack of access, pedestrian safety	Determine true need and realistic solutions

Forces Of Change For Dixie County - TRENDS <i>(Prepared by WellFlorida Council – June 2017)</i>			
	TRENDS	THREATS POSED	OPPORTUNITIES CREATED
Social/behavioral	Increasing overweight and obesity rates	Comorbidities, increased health care cost, pre-term birth, premature death	More health information related to healthy lifestyles, incentivizing healthy behaviors, nutrition education
	Tobacco use and generational tobacco use	Increased health care costs, premature illness and death, children exposed to second-hand smoke	Policy and enforcement actions, education, primary prevention
	Unintentional injuries and motor vehicle crashes	Increased deaths and injuries, disability, high health care costs, loss of ability to work	Education, law enforcement interventions
	Increasing drug abuse, changing types and potency of drugs, access to drugs	Community safety, crime and violence, drug overdose and addiction, deaths/injuries from drugs	Drug and alcohol abuse prevention programs, treatment programs collaboration between law enforcement

	Changes in family structure and values, gender orientation	Acceptance in community, social isolation, loss of traditions, discrimination in housing and employment	Social support for all, equity in housing, services, jobs, education, new attitudes, address marriage penalty in benefit eligibility
	Grandparents raising grandchildren	Financial and health burden on senior citizens,	Social and education agencies working together to address issues, intergenerational connections and mutual aid
	Lack of personal responsibility	Failure to prioritize and value health, poor decision-making leading to health risks	Remove system rewards for nonwork, health education/literacy programs
Social/Econ	Inappropriate and overuse of ED for care	financial burden on hospitals, reduction in chronic disease management, increase in permanent complications, comorbidities, quality of care	opportunities to educate on appropriate use, advocate for prescription assistance; collaboration across health care continuum
	Children and families in poverty	Poor health outcomes, poor school/work performance, homelessness, hunger	Shared government and business solutions
Econ	Eligibility for services and programs	Missed benefits and services, delayed care, misuse of sliding fee scale	Clearer communication and direction for beneficiaries

Forces Of Change For Dixie County - EVENTS <i>(Prepared by WellFlorida Council – June 2017)</i>			
	EVENTS	THREATS POSED	OPPORTUNITIES CREATED
Social/ Behavioral	Arrival of highly concentrated opioid drugs	Community safety, crime and violence, drug overdose and addiction, deaths/injuries from drugs	Drug and alcohol abuse prevention programs, treatment programs collaboration between law enforcement
Political/ Gov't	Changes to Affordable Care Act	Potential increase in costs for insurance and services, increase in number of uninsured, delays in care, new barriers	Elected, governmental and health care entities must work together
Economic	Expansion of health services, e.g., Family Medical, Palms, North Florida Pediatrics	Inappropriate use of health care resources if used unwisely	Easier access to primary care
	Ending of primary and prenatal care at health department	Loss of medical home, delayed care, increased cost to clients	Assurance of continued care with community providers

Local Public Health System Assessment

METHODOLOGY

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

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

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

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

All NPHPSP assessment instruments are constructed using the Essential Public Health Services (ES) as a framework. The 10 Essential Public Health Services are:

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

Within the local instrument, each ES includes between two and five model standards that describe the key aspects of an optimally performing public health system. Each model standard is followed by assessment questions that serve as measures of performance. Responses to these questions should indicate how well

the model standard is being met. The model standard portrays the highest level of performance or “gold standard.” During the facilitation of the LPHSA, respondents, who represent public health system partners, vote on how well the local public health system meets the model standard. The scoring guidance includes:

- No Activity: 0% or absolutely no activity
- Minimal Activity: Greater than zero, but no more than 25% of the activity described within the question is met within the local public health system
- Moderate Activity: Greater than 25%, but no more than 50% of the activity described within the question is met within the local public health system
- Significant Activity: Greater than 50%, but no more than 75% of the activity described within the question is met within the local public health system
- Optimal Activity: Greater than 75% of the activity described within the question is met within the local public health system

The Dixie County LPHSA was facilitated on June 27 and August 22, 2017. The June 27th session focused on the Essential Services that typically involve and require the participation of the broader community. These Essential Services are:

- ES 1 - Monitor Health Status to Identify Community Health Problems
- ES 3 – Inform, Educate, and Empower People about Health Issues
- ES 4 – Mobilize Community Partnerships to Identify and Solve Health Problems
- ES 5 – Develop Policies and Plans that Support Individual and Community Health Efforts
- ES 7 – Link People to Needed Personal Health Services and Assure the Provision of Healthcare when Otherwise Unavailable
- ES 9 – Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services

The Dixie County Steering Committee identified key community sectors to be represented and convened a group of community leaders to complete the LPHSA for ES 1, ES 3, ES 4, ES 5, ES 7 and ES 9.

The August 22nd meeting focused on the Essential Services that are typically under the purview of the local health department. These Essential Services are:

- ES 2 – Diagnose and Investigate Health Problems and Health Hazards
- ES 5 – Develop Policies and Plans that Support Individual and Community Health Efforts
- ES 6 – Enforce Laws and Regulations that Protect Health and Ensure Safety
- ES 8 – Assure a Competent Public and Personal Healthcare Workforce
- ES 10 – Research for New Insights and Innovative Solutions to Health Problems

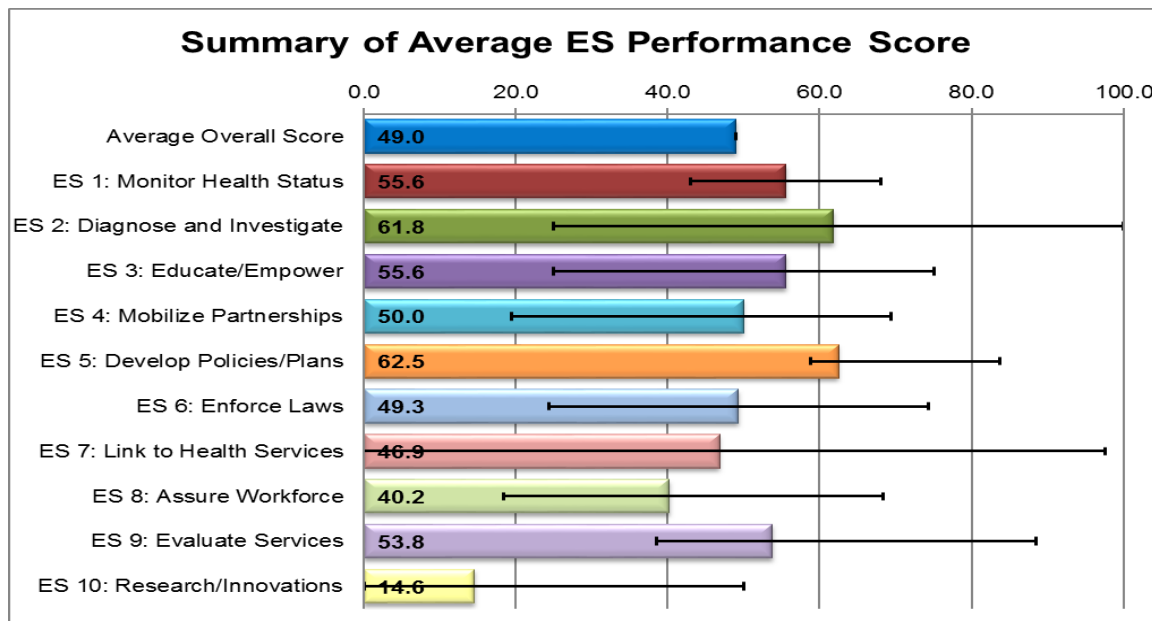
The Florida Department of Health in Dixie County convened a group of local public health department professionals to complete the LPHSA for ES 2, ES 5, ES 6, ES 8, and ES 10.

OBSERVATIONS

Based on the 2017 self-assessment of the cross-sectional group representing the local public health system partners, the Essential Services that received the lowest scores were ES 10 (research and innovation), ES 8 (assure competent workforce), and ES 7 (link people to services). The Essential Services that received the highest scores were ES 5 (develop policies and plans), ES 2 (diagnose and investigate health problems) and ES 1 (monitor health status) and ES 3 (inform, educate and empower); ES 1 and 3 tied for third and fourth highest scores. It is important to note that six of the ten Essential Services received scores above 50%, indicating that the Dixie County local public health system is providing at least Significant Activity on 60% of the Essential Services. As reflected in both the 2011 and 2017 assessment scores, the Dixie County public health system has significant capacity in the areas of monitoring health (ES 1) and diagnosing and investigating health problems (ES 2).

The figure below represents the summary of average performance scores per Essential Service. For a more detailed examination of the LPHSA scores, please review the full report found in the Technical Appendix. The full report includes scores for each model standard question related to each Essential Service. The Essential Service score seen below in the figure is the calculated average of model standard questions scores.

FIGURE 31: SUMMARY OF AVERAGE ESSENTIAL PUBLIC HEALTH SERVICE PERFORMANCE SCORES, 2017



Intersecting Themes and Key Considerations

This section is divided into three parts. First, the Intersecting Themes and Key considerations are summarized in order to identify the key health needs and issues in Dixie County. Second is a section describing Strategic Issue Areas that were identified as part of the assessment process and includes some key considerations on community health improvement planning in general and some specific structural recommendations regarding the community health improvement planning infrastructure in Dixie County. Third, is a section dedicated to links to major national databases of community health improvement best practices that will be critical resources to identifying proven effective programs and interventions that could be implemented in Dixie County.

INTERSECTING THEMES AND KEY CONSIDERATIONS

Presented below are the intersecting themes, which, in essence, comprise an overview of the major health needs/issues in Dixie County. Following the intersecting themes are the key considerations which are the potential strategic areas of opportunity identified as a result of the community health needs assessment.

INTERSECTING THEMES/HEALTH NEEDS AND ISSUES

- Social Determinants (identified in the Community Health Status Assessment and Forces of Change Assessment)
 - Lower Income than Florida
 - Higher Poverty than Florida
 - Lower Educational Attainment than Florida
 - Racial Disparities (Black/African Americans fare worse than white counterparts)
 - Transportation Barriers
 - Impacts of Changing Family Structures
 - Community Disconnectedness
- Health Status Measures (identified in the Community Health Status Assessment, Forces of Change Assessment, and Community Themes and Strengths Assessment)
 - Over All Age-Adjusted Death Rate Higher than Florida
 - Lower Life Expectancy
 - Top Causes of Death Rates Higher than Florida:
 - Cancer
 - Unintentional Injury
 - Diabetes
 - Chronic Liver Disease and Cirrhosis
 - Suicide
 - Low Physician Rates

- Access to Primary Care and Specialty Care
- Low Dentist Rate
 - Access to Dental Care
 - Inappropriate use of Emergency Departments (ED) for dental care
- Avoidable Emergency Department Rates Higher than Florida
- Mental Health ED Visit Rates Higher than Florida (inappropriate use of hospitals)
- Access to Mental Health Care
- Drug and Alcohol Abuse and Access to Treatment
- High and rising costs of Health Care and Health Insurance
- Tobacco Use
- Obesity and Overweight
- Lack of Exercise/Physical Activity

STRATEGIC PRIORITY ISSUE AREAS

The September 20th meeting of the Dixie County CHA Steering Committee was dedicated to reviewing the data and findings from the entire community health assessment process including the secondary health data review, Forces of Change and Local Public Health System Assessments, and Community Themes and Strengths primary data collection via the community and provider surveys. The committee also discussed the characteristics of strategic priorities to assure a common understanding of their scope, scale, and purpose. A facilitated consensus workshop moved the discussion from creating a list of issues to identifying the intersecting themes. Through the consensus process the intersecting themes converged into three broad strategic priority issue areas for consideration in the Community Health Improvement Plan.

STRATEGIC PRIORITY ISSUE AREAS IDENTIFIED

- Fostering Healthy Behaviors to Impact Health Outcomes
 - Chronic disease and conditions including overweight/obesity and cancer, healthy eating
 - Alcohol, drug and substance abuse, tobacco and nicotine use
 - Injuries, including unintentional injuries and suicide
 - Dental health
 - Infant and maternal health through early entry into prenatal care
- Linking People to Social and Health Services and Resources
 - Supporting families and changing family structures and those with disadvantages and disabilities
 - Health literacy on appropriate use and navigation of the health care system resources
 - Community Connectedness and Concern for Health
- Access to Health Care
 - Cost including health care services, dental care and mental health services, and insurance

- Effective and affordable health insurance
- Dental services
- Health care providers

Poverty, among the social determinants of health, was identified as a cross-cutting factor that impacts all the priority areas. It was recognized that each priority area will need to address poverty when selecting strategies and tactics.

As part of the community health assessment process, a number of recommendations and considerations for successful planning and sustained, successful implementation emerged as a result of partner discussions. As Dixie County partners move forward with community health improvement planning, it is important to bring these points forward. These points are listed below.

KEY CONSIDERATIONS FOR COMMUNITY HEALTH IMPROVEMENT PLANNING

- Promote a culture of community health as a system of many diverse partners and systems
- Foster a unifying community organizing principle and capacity building system around shared outcomes and measures
- Create a core system of metrics to monitor the performance of a community health system and to inform collective and individual entity investment in community health
- Develop resource availability and programs to educate on appropriate health resource utilization
- Enhance or create preventive programs, services and resources to address behaviors that lead to or exacerbate chronic diseases, including mental illness and substance abuse, and injuries
- Enhance or create programs to more effectively and efficiently manage chronic diseases
- Enhance or create programs to address obesity and promote attainment of a healthy weight
- Create initiatives to increase the availability of primary, specialty, dental and mental health professionals and services
- Consider programs to address root causes (social determinants of health)

INTERVENTIONS: GENERAL APPROACHES AND SPECIFIC OPPORTUNITIES

Prior to any type of prioritization of interventions and activities to address critical health needs and issues in Dixie County, community partners should review existing databases of evidence-based and promising practices. These resources have been designed to catalogue the best practices for addressing countless key community health issues. Each of these resources is designed a bit differently, but at the core, either provides a comprehensive and regularly updated list of promising and evidence-based practices or have an interface that allows partners to identify best practices based on the issue, type of intervention or target population. In general, these databases should be consulted prior to any type of intervention identification

or prioritization with the community. Presented below are five of the most frequently utilized and widely respected databases of practices for improving community health.

- Center for Disease Control and Prevention Community Health Improvement Navigator
<http://www.cdc.gov/chidatabase>
- County Health Rankings Policy Database – University of Wisconsin Population Health Institute and Robert Wood Johnson Foundation
<http://www.countyhealthrankings.org/policies/>
- The Community Guide – U.S. Department of Health and Human Services, Community Prevention Services Task Force
<http://www.thecommunityguide.org/index.html>
- Healthy People 2020 Evidence-Based Resources – U.S. Department of Health and Human Services
<https://www.healthypeople.gov/2020/tools-resources/Evidence-Based-Resources>
- Community Tool Box – The University of Kansas KU Work Group for Community Health and Development
<http://ctb.ku.edu/en/databases-best-practices>

One key feature of each of these resources is to qualify the quality of the evidence upon which these practices are deemed best practices. When reviewing practices at these sites, one must keep in mind the following qualifiers for the quality of and the type of evidence upon which the intervention is based:

Case-Control Study: A case-control study identifies all incident cases that develop the outcome of interest and compares their exposure history with the exposure history of controls sampled at random from everyone within the cohort who is still at risk for developing the outcome of interest.

Cohort Study: A cohort study is a clinical research study in which people who presently have a certain condition or receive a particular treatment are followed over time and compared with another group of people who are not affected by the condition. May or may not determine an evidence-based practice.

Cross-Sectional or Prevalence Study: A cross-sectional or prevalence study is a study that examines how often or how frequently a disease or condition occurs in a group of people. Prevalence is calculated by dividing the number of people who have the disease or condition by the total number of people in the group. May or may not determine an evidence-based practice.

Effective Practice: A program that has been scientifically evaluated and has quantitative measures of improvement but those measures are not statistically significant.

Evidence-Based: The study is of peer review quality and presents statistically significant results in a scientific manner. The intervention may be categorized simply as “evidence-based” or as “low”, “moderate” or “strong” depending on the strength of the statistical significance.

Evidence-Based (Low or Suggestive): While there are no systematic experimental or quasi-experimental evaluations, the evidence includes non-experimental or qualitative support for an association between

the innovation and targeted healthcare outcomes or processes, or structures in the case of healthcare policy innovations.

Evidence-Based (Moderate): While there are no randomized, controlled experiments, the evidence includes at least one systematic evaluation of the impact of the innovation using a quasi-experimental design, which could include the non-random assignment of individuals to comparison groups, before-and-after comparisons in one group, and/or comparisons with a historical baseline or control. The results of the evaluation(s) show consistent direct or indirect evidence of the effectiveness of the innovation in improving targeted healthcare outcomes and/or processes, or structures in the case of healthcare policy innovations. However, the strength of the evidence is limited by the size, quality, or generalizability of the evaluations, and thus alternative explanations cannot be ruled out.

Evidence-Based (Strong): The evidence is based on one or more evaluations using experimental designs based on random allocation of individuals or groups of individuals (e.g. medical practices or hospital units) to comparison groups. The results of the evaluation(s) show consistent direct evidence of the effectiveness of the innovation in improving the targeted healthcare outcomes and/or processes, or structures in the case of healthcare policy innovations.

Evidence of Ineffectiveness: Strategies with this rating are not good investments. These strategies have been tested in many robust studies with consistently negative and sometimes harmful results.

Experimental Study: An experimental study is a type of evaluation that seeks to determine whether a program or intervention had the intended causal effect on program participants.

Expert Opinion: Strategies with this rating are recommended by credible, impartial experts but have limited research documenting effects; further research, often with stronger designs, is needed to confirm effects.

Experimental Study: An experimental study is a type of evaluation that seeks to determine whether a program or intervention had the intended causal effect on program participants.

Individual Study: Scientific evaluation of the efficacy of an intervention in a single study.

Insufficient Evidence: Strategies with this rating have limited research documenting effects. These strategies need further research, often with stronger designs, to confirm effects.

Mixed Evidence: Strategies with this rating have been tested more than once and results are inconsistent or trend negative; further research is needed to confirm effects.

Nonsystematic Review: A non-systematic review is a critical assessment and evaluation of some but not all research studies that address a particular issue. Researchers do not use an organized method of locating, assembling, and evaluating a body of literature on a particular topic, possibly using a set of specific criteria. A non-systematic review typically includes a description of the findings of the collection of research studies. The non-systematic review may or may not include a quantitative pooling of data, called a meta-analysis.

Peer-Reviewed: A publication that contains original articles that have been written by scientists and evaluated for technical and scientific quality and correctness by other experts in the same field.

Pilot Study: A pilot study is a small-scale experiment or set of observations undertaken to decide how and whether to launch a full-scale project.

Practice-based Example: A practice-based example is an original investigation undertaken in order to gain new knowledge partly by means of practice and the outcomes of that practice.

Promising Practice/Good Idea: The program evaluation is limited to descriptive measures of success.

Randomized Control Trial: A randomized control trial is a controlled clinical trial that randomly (by chance) assigns participants to two or more groups. There are various methods to randomize study participants to their groups.

Scientifically Supported: Strategies with this rating are most likely to make a difference. These strategies have been tested in many robust studies with consistently positive results.

Some Evidence: Strategies with this rating are likely to work, but further research is needed to confirm effects. These strategies have been tested more than once and results trend positive overall.

Systematic Review: A systematic review is a critical assessment and evaluation of all research studies that address a particular issue. Researchers use an organized method of locating, assembling, and evaluating a body of literature on a particular topic using a set of specific criteria. A systematic review typically includes a description of the findings of the collection of research studies. The systematic review may or may not include a quantitative pooling of data, called a meta-analysis.

Systematic Review – Insufficient Evidence: The available studies do not provide sufficient evidence to determine if the intervention is, or is not, effective. This does NOT mean that the intervention does not work. It means that additional research is needed to determine whether or not the intervention is effective.

Systematic Review – Recommended: The systematic review of available studies provides strong or sufficient evidence that the intervention is effective. The categories of "strong" and "sufficient" evidence reflect the Task Force's degree of confidence that an intervention has beneficial effects. They do not directly relate to the expected magnitude of benefits. The categorization is based on several factors, such as study design, number of studies, and consistency of the effect across studies.

Systematic Review – Recommended Against: The systematic review of available studies provides strong or sufficient evidence that the intervention is harmful or not effective.

The following table presents results of a query of these best practices for some of the key health issue/needs areas in Dixie County and are worthy of consideration as community interventions. Some of these best practices may already be in place in Dixie County and need enhancement while others represent new opportunities.

FIGURE 32: PROMISING INTERVENTIONS

Issue	Practice or Intervention	Effectiveness	Source
Chronic Disease	Weekly Home Monitoring and Pharmacist Feedback Improve Blood Pressure Control in Hypertensive Patients	Evidence-Based (Strong)	CDC Community Health Improvement Navigator: http://www.cdc.gov/CHIdatabase/items/weekly-home-monitoring-and-pharmacist-feedback-improve-blood-pressure-control-in-hypertensive-patients
Chronic Disease	Help Educate to Eliminate Diabetes (HEED) A culturally appropriate and community based peer-led lifestyle intervention (Project HEED). These peer-led lifestyle interventions promoted and encouraged healthier life-style changes amongst the participants of the study by educating them in portion control, physical activities, and healthier and affordable food options.	Effective Practice	Healthy Communities Institute: http://cdc.thehcn.net/index.php?controller=index&module=PromisePractice&action=view&pid=3841
Chronic Disease	Community Referral Liaisons Help Patients Reduce Risky Health Behaviors, Leading to Improvements in Health Status The Community Health Educator Referral Liaisons project helped patients to reduce risky health behaviors (e.g., drinking, smoking, physical inactivity) by linking them with community resources, offering counseling and encouragement over the telephone, and providing feedback to referring physicians. Originally implemented between February 2006 and July 2007, the program included four liaisons who worked with 15 primary care practices in three Michigan communities, referring patients to community preventive health services and offering counseling and encouragement to help patients achieve their health-related goals.	Evidence-Based (Moderate)	CDC Community Health Improvement Navigator: http://www.cdc.gov/CHIdatabase/items/community-referral-liaisons-help-patients-reduce-risky-health-behaviors-leading-to-improvements-in-health-status
Chronic Disease	Diabetes Educators Provide Counseling at Worksites, Leading to Enhanced Knowledge, Improved Outcomes, and Reduced Absenteeism Chrysler LLC and Health Alliance Plan of Michigan worked with other organizations to create the Driving Diabetes Care Experts program, which screens employees to identify those with diabetes and brings diabetes educators to three Chrysler office and factory worksites for scheduled one-on-one or group counseling sessions with these employees. Sessions help to identify diabetes-related concerns and set goals for diabetes management activities, such as dietary changes, exercise, and medication management. Pre- and post-implementation results from two sites show that the program led to enhanced diabetes knowledge; better blood sugar, cholesterol, and weight control; and less absenteeism.	Evidence-Based (Moderate)	CDC Community Health Improvement Navigator: http://www.cdc.gov/CHIdatabase/items/diabetes-educators-provide-counseling-atworksitesleading-to-enhanced-knowledge-improved-outcomes-and-reduced-absenteeism
Dental Health	Preventing Dental Caries: School-Based Dental Sealant Delivery Programs The Community Preventive Services Task Force recommends school-based sealant delivery	Evidence-Based	The Community Guide: http://www.thecommunityguide.org/oral/schoolsealants.html

Issue	Practice or Intervention	Effectiveness	Source
	<p>programs based on strong evidence of effectiveness in preventing dental caries (tooth decay) among children. This recommendation is based on evidence that shows these programs increase the number of children who receive sealants at school, and that dental sealants result in a large reduction in tooth decay among school-aged children (5 to 16 years of age).</p>		
Dental Health	<p>Preventing Dental Caries: Community Water Fluoridation The Community Preventive Services Task Force recommends community water fluoridation based on strong evidence of effectiveness in reducing dental caries across populations. Evidence shows the prevalence of caries is substantially lower in communities with CWF. In addition, there is no evidence that CWF results in severe dental fluorosis.</p>	Systematic Review	<p>The Community Guide: http://www.thecommunityguide.org/oral/fluoridation.html</p>
Mental Health	<p>Collaborative care for the management of depressive disorders is a multicomponent, healthcare system-level intervention that uses case managers to link primary care providers, patients, and mental health specialists. These mental health specialists provide clinical advice and decision support to primary care providers and case managers. These processes are frequently coordinated by technology-based resources such as electronic medical records, telephone contact, and provider reminder mechanisms.</p>	Systematic Review	<p>Healthy People 2020: http://www.healthypeople.gov/2020/tools-resources/evidence-based-resource/recommendation-from-the-community-preventive-services</p>
Mental Health	<p>Interventions to Reduce Depression Among Older Adults: Home-Based Depression Care Management - Depression care management at home for older adults with depression is recommended on the basis of strong evidence of effectiveness in improving short-term depression outcomes. Home-based depression care management involves active screening for depression, measurement-based outcomes, trained depression care managers, case management, patient education, and a supervising psychiatrist.</p>	Systematic Review	<p>Healthy People 2020: http://www.healthypeople.gov/2020/tools-resources/evidence-based-resource/interventions-to-reduce-depression-among-older-adults-0</p>
Mental Health	<p>School-Based Programs to Reduce Violence Universal school-based programs to reduce violence are designed to teach all students in a given school or grade about the problem of violence and its prevention or about one or more of the following topics or skills intended to reduce aggressive or violent behavior: emotional self-awareness, emotional control, self-esteem, positive social skills, social problem solving, conflict resolution, or team work. In this review, violence refers to both victimization and perpetration.</p>	Systematic Review	<p>The Community Guide: http://www.thecommunityguide.org/violence/schoolbasedprograms.html</p>
Nutrition	<p>Mind, Exercise, Nutrition...Do it! (MEND) Program The goal of MEND is to reduce global obesity levels by offering free healthy living programs through communities and allowing families to learn about</p>	Evidence-Based	<p>CDC Community Health Improvement Navigator:</p>

Issue	Practice or Intervention	Effectiveness	Source
	weight management. The MEND program focuses on educating children at an early age about healthy living and providing parents with solutions on how to promote good habits at home.		http://wwwn.cdc.gov/CHIdatabase/items/mind-exercise-nutritiondo-it-mend-program
Nutrition	Video Game Play This program utilized two videogames called “Escape from Diab” (Diab) and “Nanoswarm: Invasion from Inner Space” (Nano) to promote healthier behavior changes to reduce adverse health effects such as obesity and cardiovascular diseases among youth aged 10-12.	Evidence-Based	Healthy Communities Institute: http://cdc.thehcn.net/index.php?controller=index&module=PromisePractice&action=view&pid=3826
Nutrition	Community Coalition Supports Schools in Helping Students Increase Physical Activity and Make Better Food Choices HEALTHY (Healthy Eating Active Lifestyles Together Helping Youth) Armstrong, a community-based coalition in rural Armstrong County, PA, adopted elements of the national We Can! Ways to Enhance Children’s Activity & Nutrition) program to help children improve their nutritional habits and get more physical activity. The coalition sponsors local marketing that promotes healthy behaviors, assists Armstrong School District elementary schools in providing students and parents with opportunities to learn about and engage in healthy behaviors, and hosts various community events that do the same.	Evidence-Based (Moderate)	CDC Community Health Improvement Navigator: http://wwwn.cdc.gov/CHIdatabase/items/community-coalition-supports-schools-in-helping-students-increase-physical-activity-and-make-better-food-choices
Nutrition	County, City, and Community Agencies Support Childcare Centers and Parents in Improving Nutrition and Physical Activity Habits of Preschoolers Over a 2-year period, the Wayne County Health Department, the Partnership for Children of Wayne County, and the Goldsboro Parks and Recreation Department worked with several nonprofit groups to promote better nutrition and increased physical activity among preschoolers who attend eight local childcare centers. Key program components included refurbishing a local park and offering group events there, training childcare center staff on healthy eating and exercise, and planting gardens at each center.	Evidence-Based (Moderate)	CDC Community Health Improvement Navigator: http://wwwn.cdc.gov/CHIdatabase/items/county-city-and-community-agencies-support-childcare-centers-and-parents-in-improving-nutrition-and-physical-activity-habits-of
Nutrition	A community intervention reduces BMI z-score in children: Shape Up Somerville first year results The objective was to test the hypothesis that a community-based environmental change intervention could prevent weight gain in young children (7.6 +/- 1.0 years). A non-randomized controlled trial was conducted in three culturally diverse urban cities in Massachusetts. Somerville was the intervention community; two socio-demographically-matched cities were control communities. Children (n = 1178) in grades 1 to 3 attending public elementary schools participated in an intervention designed to bring the energy equation into balance by increasing physical activity options and availability of healthful foods	Evidence-Based	CDC Community Health Improvement Navigator: http://wwwn.cdc.gov/CHIdatabase/items/a-community-intervention-reduces-bmi-z-score-in-children-shape-up-somerville-first-year-results

Issue	Practice or Intervention	Effectiveness	Source
	within the before-, during-, after-school, home, and community environments. Many groups and individuals within the community (including children, parents, teachers, school food service providers, city departments, policy makers, healthcare providers, before- and after-school programs, restaurants, and the media) were engaged in the intervention.		
Obesity	Statewide Collaborative Combines Social Marketing and Sector-Specific Support to Produce Positive Behavior Changes, Halt Increase in Childhood Obesity	Evidence-Based (Moderate)	CDC Community Health Improvement Navigator: http://www.cdc.gov/CHIdatabase/items/statewide-collaborative-combines-social-marketing-and-sector-specific-support-to-produce-positive-behavior-changes-halt-increase
Obesity	Text4Diet: A Text Message-based Intervention for Weight Loss Text4Diet™ is a mobile phone-based intervention tool that addresses dietary, physical activity and sedentary behaviors with the goal of promoting and sustaining weight loss.	Evidence-Based	CDC Community Health Improvement Navigator: http://www.cdc.gov/CHIdatabase/items/text4diet-a-text-message-based-intervention-for-weight-loss
Obesity	Health Education to Reduce Obesity (HERO) The mobile program brings hands-on nutrition education, health screenings, fitness training, and healthy lifestyle promotion to local elementary schools in Jacksonville, Florida and the surrounding area.	Promising Practice/Good Idea	Healthy Communities Institute: http://cdc.thehcn.net/index.php?controller=index&module=PromisePractice&action=view&pid=4003
Obesity	Healthy Eating Lifestyle Program (HELP) Healthy Eating Lifestyle Program's (HELP) main goal was to help overweight children aged 5-12 years and their families adopt healthier eating habits and increase physical activity. The program intervened with children before they reach adolescents and focused on long-term lifestyle changes in order to prevent the most long-term morbidity	Effective Practice	Healthy Communities Institute: http://cdc.thehcn.net/index.php?controller=index&module=PromisePractice&action=view&pid=3542
Obesity	Pounds Off Digitally (POD) Pounds Off Digitally offers weight loss intervention via a podcast (audio files for a portable music player or computer) has the advantage of being user controlled, easily accessible to those with the internet, and mobile. Over the course of 12 weeks overweight adults receive 24 episodes of a weight loss podcast based on social cognitive theory.	Effective Practice	Healthy Communities Institute: http://cdc.thehcn.net/index.php?controller=index&module=PromisePractice&action=view&pid=3209
Obesity	Obesity Prevention and Control: Worksite Programs Worksite nutrition and physical activity programs are designed to improve health-related behaviors and health outcomes. These programs can include one or more approaches to support behavioral change including informational and educational, behavioral and social, and policy and environmental strategies.	Systematic Review	The Community Guide: http://www.thecommunityguide.org/obesity/workprograms.html

Issue	Practice or Intervention	Effectiveness	Source
Obesity	<p>Obesity Prevention and Control: Behavioral Interventions to Reduce Screen Time</p> <p>Behavioral interventions aimed at reducing screen time are recommended for obesity prevention and control based on sufficient evidence of effectiveness for reducing measured screen time and improving weight-related outcomes. Screen time was reduced by 36.6 min/day (range: -26.4 min/day to -55.5 min/day) and a modest improvement in weight-related outcomes was observed when compared to controls. Most of the interventions evaluated were directed at children and adolescents. Behavioral interventions to reduce screen time (time spent watching TV, videotapes, or DVDs; playing video or computer games; and surfing the internet) can be single-component or multicomponent and often focus on changing screen time through classes aimed at improving children's or parents' knowledge, attitudes, or skills.</p>	Systematic Review	<p>Healthy People 2020: http://www.healthypeople.gov/2020/tools-resources/evidence-based-resource/obesity-prevention-and-control-behavioral-interventions</p>
Physical Activity	<p>Community Coalition Supports Schools in Helping Students Increase Physical Activity and Make Better Food Choices</p> <p>HEALTHY (Healthy Eating Active Lifestyles Together Helping Youth) Armstrong, a community-based coalition in rural Armstrong County, PA, adopted elements of the national We Can! Ways to Enhance Children's Activity & Nutrition) program to help children improve their nutritional habits and get more physical activity. The coalition sponsors local marketing that promotes healthy behaviors, assists Armstrong School District elementary schools in providing students and parents with opportunities to learn about and engage in healthy behaviors, and hosts various community events that do the same.</p>	Evidence-Based (Moderate)	<p>CDC Community Health Improvement Navigator: http://wwwn.cdc.gov/CHIdatabase/items/community-coalition-supports-schools-in-helping-students-increase-physical-activity-and-make-better-food-choices</p>
Physical Activity	<p>County, City, and Community Agencies Support Childcare Centers and Parents in Improving Nutrition and Physical Activity Habits of Preschoolers</p> <p>Over a 2-year period, the Wayne County Health Department, the Partnership for Children of Wayne County, and the Goldsboro Parks and Recreation Department worked with several nonprofit groups to promote better nutrition and increased physical activity among preschoolers who attend eight local childcare centers. Key program components included refurbishing a local park and offering group events there, training childcare center staff on healthy eating and exercise, and planting gardens at each center.</p>	Evidence-Based (Moderate)	<p>CDC Community Health Improvement Navigator: http://wwwn.cdc.gov/CHIdatabase/items/county-city-and-community-agencies-support-childcare-centers-and-parents-in-improving-nutrition-and-physical-activity-habits-of</p>
Physical Activity	<p>The effectiveness of urban design and land use and transport policies and practices to increase physical activity: a systematic review.</p> <p>Urban design and land use policies and practices that support physical activity in small geographic areas (generally a few blocks) are recommended</p>	Systematic Review	<p>Healthy People 2020: http://www.healthypeople.gov/2020/tools-resources/evidence-based-resource/the-effectiveness-of-urban-design-and-land-use-and-3</p>

Issue	Practice or Intervention	Effectiveness	Source
	<p>based on sufficient evidence of their effectiveness in increasing physical activity. Street-scale urban design and land use policies involve the efforts of urban planners, architects, engineers, developers, and public health professionals to change the physical environment of small geographic areas, generally limited to a few blocks, in ways that support physical activity. Policy instruments employed include: building codes, roadway design standards, and environmental changes. Design components include: improving street lighting, developing infrastructure projects to increase safety of street crossing, using traffic calming approaches (e.g., speed humps, traffic circles), and enhancing street landscaping.</p>		
Physical Activity	<p>Activity Bursts in the Classroom (ABC) Fitness Program</p> <p>Activity Bursts in the Classroom (ABC) Fitness Program is a classroom based physical activity program for elementary school children. The program combines brief bursts of classroom-based activity with parental education and community involvement. Bursts of classroom activity aim to replace time spent by teachers calming down classrooms and improving concentration among students. Bursts of activity are conducted during downtime in the classroom, with a goal of 30 minutes of activity a day. Each activity burst has three components: warm up, core activity, and cool down. Warm up includes stretching or light aerobic activity, the core activity includes strength or aerobic activity, and the cool down consists of stretching or low-intensity activity. Teachers are given freedom to choose the activities appropriate for their classroom.</p>	Evidence-Based	<p>Healthy Communities Institute: http://cdc.thehcn.net/index.php?module=promisepractice&controller=index&action=view&pid=3616</p>
Physical Activity	<p>Behavioral and Social Approaches to Increase Physical Activity: Enhanced School-Based Physical Education</p> <p>Enhanced school-based physical education (PE) involves curricular and practice-based changes that increase the amount of time that K-12 students engage in moderate- or vigorous-intensity physical activity during PE classes. Strategies include the following:</p> <ul style="list-style-type: none"> •Instructional strategies and lessons that increase physical activity (e.g., modifying rules of games, substituting more active games for less active ones) •Physical education lesson plans that incorporate fitness and circuit training activities 	Systematic Review	<p>The Community Guide: http://www.thecommunityguide.org/pa/behavioral-social/schoolbased-pe.html</p>
Substance Abuse	<p>Principles of Drug Addiction Treatment: A Research-Based Guide</p> <p>This section provides examples of treatment approaches and components that have an evidence base supporting their use. Each approach</p>	Evidence-Based	<p>National Institute of Health: https://www.drugabuse.gov/publications/principles-drug-addiction-treatment/evidence-based-approaches-to-drug</p>

Issue	Practice or Intervention	Effectiveness	Source
	is designed to address certain aspects of drug addiction and its consequences for the individual, family, and society. Some of the approaches are intended to supplement or enhance existing treatment programs, and others are fairly comprehensive in and of themselves.		addiction-treatment/pharmacotherapies
Poverty	Policies to Address Poverty in America: Collective evidence on successful interventions that are designed to address specific aspects of poverty. The included proposals are put forward with the goal of making economic prosperity a more broadly shared promise for all who live in the United States.	Systemic Review	The Hamilton Project: http://www.hamiltonproject.org/assets/files/policies_to_address_poverty_in_america_summary_of_highlights.pdf
Poverty	Social Programs That Work: Employment and Welfare This site seeks to identify social interventions shown in rigorous studies to produce sizeable, sustained benefits to participants and/or society.	Evidence-Based	Coalition for Evidence-Based Policy: http://evidencebasedprograms.org/about/employment-and-welfare
Poverty	What works? Proven approaches to alleviating poverty The resulting <i>What Works</i> report examines innovations in poverty measurement, explores in detail the programs that work for poverty alleviation, and highlights supportive infrastructure and capacity-building frameworks that jurisdictions are employing to better understand and address the complex factors of poverty.	Evidence-Based	University of Toronto, School of Public Policy & Governance: https://mowatcentre.ca/wp-content/uploads/publications/95_what_works_full.pdf

Appendix

This Appendix includes the following sections:

- Steering Committee Members
- Forces of Change Materials
- Survey Materials



STEERING COMMITTEE MEMBERS

Tim Alexander, Dixie County Manager
Dixie County Board of County Commissioners

Ciara Anderson, Tobacco Cessation Specialist
Suwannee River Area Health Education Center

Melanie Anderson, Tobacco Cessation Specialist
Dixie Tobacco Free Partnership

Darian Brown, Division Chief
Dixie County Emergency Medical Service (EMS)/Fire

Lola Butler, EMS Business Manager
Dixie County EMS

Meagan Collins, Program Manager
University of Florida Institute of Food and Agricultural Sciences Family (UF-IFAS) Nutrition Program

Brian Faircloth, Vice President
Suwannee Lumber Company

Beverly Goodman, PFSF Manager
Tri-County Community Resource Center

Lesley Hersey, Community Engagement Specialist
Lutheran Services Florida (LSF) Health Systems

Holly Houghton, County Agent
University of Florida Institute of Food and Agricultural Sciences (UF-IFAS) Extension Service

Angela Land, Health Educator
Florida Department of Health in Dixie County

Cory Land, Health and Wellness Manager
Suwannee Lumber Company

Anita Riels, Chief Executive Officer
Palms Medical Group

Mike Thomas, Superintendent of Schools
Dixie County School District

Katrina VanAernam, Project Director
Dixie County Anti-Drug Coalition



FORCES OF CHANGE MATERIALS

Dixie County Community Health Assessment Overview of Forces of Change (FOC) Process

Forces of Change (FOC) Assessment

The Forces of Change Assessment (FOC) focuses on identifying forces such as legislation, technology, and other impending changes that affect the context in which the community and its public health system operate. This answers the questions: "What is occurring or might occur that affects the health of our community or the local public health system?" and "What specific threats or opportunities are generated by these occurrences?"

To review the FOC and its components from the National Association of County and City Health Officials (NACCHO) website, please go to:

<http://www.naccho.org/topics/infrastructure/mapp/framework/phase3foc.cfm>

Process:

- Meeting will be held at the **on Tuesday, June 6, from 10:00 am-2:00 pm**. A working lunch will be served. The meeting location is still being confirmed and will be communicated to you via email.
- Each of the Dixie County CHA Steering Committee members will bring up to two (2) community members to the meeting to participate in the FOC.
- Dixie County CHA Steering Committee members will RSVP to Chris Abarca, as well as forward the name, email address and phone number of each community attendee they wish to invite by **Wednesday, May 31 by 5:00 pm**.
- Attendees will be asked to complete a Forces of Change Brainstorming Worksheet and Forces of Change Opportunities and Threats Analysis Worksheet and submit their responses via email to Chris Abarca (cabarca@wellflorida.org) by close of business **Friday, June 2**. Additionally, meeting participants are asked to bring hard-copy versions of their homework on to the meeting on Tuesday, June 6.
- During the meeting on Tuesday, June 6, attendees will participate in a group brainstorming session where insights of each attendee's worksheets are shared with the group.
- A consensus vision of key Forces and key Threats and Opportunities will be developed through this group brainstorming session.
- The results of this Forces of Change Assessment will be included in the final Community Health Assessment in order to take stock, as potential interventions and initiatives are prescribed, on what forces need to be addressed that may hinder or enhance these interventions and initiatives.

Forces of Change Brainstorming Worksheet

The following two-page worksheet is designed for the Dixie County CHA Steering Committee and invited guests to use in preparing for the Forces of Change brainstorming session. Please have each attendee/invitee complete this Forces of Change Brainstorming Worksheet and the accompanying Threats and Opportunities Analysis Worksheet (separate document) prior to the meeting on Tuesday, June 6 and bring both completed Worksheets to the meeting.

What are Forces of Change?

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

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

What Kind of Areas or Categories Are Included?

Be sure to consider any and all types of forces, including:

- social
- economic
- political
- technological
- environmental
- scientific
- legal
- ethical

How To Identify Forces of Change

Think about forces of change - outside of Dixie County's direct control - that affect the local health care system, local health outcomes or overall community health; forces that may hinder or enhance Dixie County's ability to improve community health outcomes.

1. What has occurred recently that may affect our local public health system or community?
2. What may occur in the future?
3. Are there any trends occurring that will have an impact? Describe the trends.
4. What forces are occurring locally? Regionally? Nationally? Globally?
5. What characteristics of our jurisdiction or state may pose an opportunity or threat?
6. What may occur or has occurred that may pose a barrier to achieving the shared vision?

Forces of Change Brainstorming Worksheet

Using the information from the previous page, brainstorm a list of the Forces of Change that you believe will be the most important **within the next three (3) years**, including **factors**, **events**, and **trends** (see definitions of these terms on previous page). Continue onto another page if needed. Bring the completed worksheet to the brainstorming session.

Factors, events and trends affecting Dixie County:

Example 1: Changes to the Affordable Care Act

Example 2: Stagnant economy

Example 3: Rise in use of e-cigarettes and other tobacco products

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____

If you have any questions, please do not hesitate to contact Chris Abarca at 352-727-3767 or cabarca@wellflorida.org



Forces of Change - Threats and Opportunities Worksheet

For each of the Forces of Change you identified in the Forces of Change Brainstorming Worksheet, identify up to two (2) potential threats posed and/or two (2) potential opportunities created for the health system or community health outcomes. Forces can bring both threats and opportunities and it is critical to understand both possibilities for sound community health improvement planning. Continue onto another page if needed. If you have any questions, please do not hesitate to contact Chris Abarca at 352-727-3767 or cabarca@wellflorida.org

Factors, events and trends affecting Dixie County:

Forces (Trend, Events, Factors)	Threats Posed	Opportunities Created
Example 1: Changes to the Affordable Care Act	Loss of insurance coverage, limited access to care	Research to understand how Dixie County residents access health care
Example 2: Stagnant economy	Unemployment, homelessness, food insecurity	Leaders from all segments of community work together to find solutions
Example 3: Rise in use of e-cigarettes and tobacco products	Health risks to smokers, exposure to secondhand smoke	Create policy and legislation, enforcement actions
1.		
2.		



3.		
4.		
5.		
6.		



SURVEY MATERIALS

COMMUNITY MEMBER SURVEY

2017 Dixie, Gilchrist and Levy Community Health Survey

Dear Community Member,

The Florida Department of Health in Dixie, Gilchrist and Levy Counties, in partnership with WellFlorida Council, the local health planning council for North Central Florida, are sponsoring a comprehensive Community Health Needs Assessment to be completed by September 30, 2017. We request your input, as a community member, on the most pressing health and health care issues facing our communities. Your responses will inform local community health improvement planning and guide efforts to build healthier communities. Your individual responses to this survey will remain confidential. This survey consists of 25 questions and should take approximately 10-15 minutes to complete.

At the end of this survey, you will be asked if you would like your completed survey to be entered into the random drawing for one of the nine (9) \$25 gift cards that will be given away. If you are interested, please provide a telephone number and/or e-mail address so that we may contact you for mailing information if your completed survey is selected as a winner of a gift card. Again, your telephone number and/or email will remain completely confidential and only be used for this stated purpose.

Please note, you must be 18 years of age or older and a resident of Dixie, Gilchrist or Levy Counties to participate in this survey and to be eligible for the random drawing.

This survey is being distributed throughout Dixie, Gilchrist and Levy Counties. This survey will be available from Thursday, May 25, 2017 through Friday, July 28, 2017. Please complete this survey only once. Completing it multiple times will not increase your chances of winning a gift card. If you are completing this survey online (not on paper), and you would like to reconsider your responses, you can go back and change your responses as many times as you would like prior to exiting the survey. Once you exit, however, you will not be able to change or retrieve your responses.

Thanks so very much for your willingness to help the community by completing this survey! If you have any questions about this survey or the survey process, you may contact Lindsey K. Redding at



WellFlorida Council (www.wellflorida.org). The phone number is 352-313-6500 ext. 110 and her e-mail address is lridding@wellflorida.org.

1. Please select one response.

- I live in Dixie County.
- I live in Gilchrist County.
- I live in Levy County.
- I am a seasonal resident of Dixie, Gilchrist or Levy County.
- I don't live in Dixie, Gilchrist or Levy County. If you selected this response you are not eligible to take this survey. Thank you for your interest.

2. I am 18 years of age or older.

- Yes, I am 18 years of age or older
- No, I am 17 years of age or younger. If you selected this response, you are not eligible to take this survey. Thank you for your interest.

3. In which zip code do you live?

- 32619
- 32621
- 32625
- 32626
- 32628
- 32639
- 32644
- 32648
- 32649
- 32668
- 32680
- 32683
- 32692
- 32693
- 32696
- 32699
- Other, please specify _____

4. What do you think are the **three (3)** most important factors that define a "Healthy Community" (that is, those factors that most contribute to a healthy community and good quality of life)? Please select **three (3)** choices from the list below.

- Access to health care
- Affordable goods/services
- Affordable housing
- Affordable utilities
- Arts and cultural events
- Clean environment
- Emergency preparedness
- Good place to raise children
- Good race/ethnic relations
- Good schools
- Healthy behaviors and healthy lifestyles
- Strong economy
- Job opportunities for all levels of education
- Low preventable death and disease rates
- Low crime/safe neighborhoods
- Low level of child abuse
- Low level of domestic violence
- Low rates of infant and childhood deaths
- Parks and recreation
- Religious or spiritual values
- Strong family ties
- Other (please specify) _____

5. From the list below, please identify the **three (3) behaviors** that you believe have the greatest negative impact on the overall health of people in your county. Please select **three (3)** choices.

- Alcohol abuse
- Distracted driving (e.g. texting and driving)
- Dropping out of school
- Drug abuse
- Eating unhealthy foods/drinking sugar sweetened beverages
- Lack of sleep
- No physical activity
- Not getting immunizations to prevent disease (e.g. flu shots)
- Not using birth control
- Not using health care services appropriately
- Not using seat belts/child safety seats
- Overeating
- Race/ethnic relations
- Starting prenatal care late in pregnancy
- Stress management
- Tobacco use
- Unsafe sex
- Unsecured firearms
- Violence
- Other (please specify) _____

6. From the following list, what do you think are the **five (5)** most important "Health Problems" (those problems which have the greatest impact on overall community health) in your county? Please select **five (5)** choices. You will answer a follow-up question about the 5 health problems you selected.

- Access to healthy food
- Access to long-term care
- Access to primary care
- Affordable assisted living facilities
- Age-related issues (e.g. arthritis, hearing loss, etc.)
- Cancer
- Child abuse/neglect
- Dementia
- Dental problems
- Diabetes
- Disability
- Domestic violence
- Elderly caregiving
- Firearm-related injuries
- Heart disease and stroke
- High blood pressure
- HIV/AIDS
- Homicide
- Infant death
- Mental health problems
- Motor vehicle crash injuries
- Obesity
- Pollution (e.g. water and air quality, soil, etc.)
- Rape/sexual assault
- Respiratory/lung disease
- Sexually transmitted diseases (STD's) (i.e. gonorrhea, chlamydia, hepatitis, etc.)
- Stress
- Substance abuse/drug abuse
- Suicide
- Tobacco use
- Teenage pregnancy
- Vaccine preventable diseases (e.g., flu, measles)
- Other (please specify) _____

7. For the **five (5)** issues you selected above, please rate how confident are you that the community can make a substantial impact on those 5 health-related issues within the next 1-3

years? Note that all the issues are listed but **you only have to rate the 5 you selected in Question 6.**

	Not very confident	Somewhat confident	Confident	Very confident	Not sure
Access to healthy food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to long-term care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to primary care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Affordable assisted living facilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age-related issues (e.g. arthritis, hearing loss, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child abuse/neglect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dementia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Domestic violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Elderly caregiving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Firearm-related injuries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart disease and stroke	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High blood pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HIV/AIDS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Homicide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Infant death	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Motor vehicle crash injuries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obesity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pollution (e.g. water and air quality, soil, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rape/sexual assault	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respiratory/lung disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexually transmitted diseases (STD's) (i.e. gonorrhea, chlamydia, hepatitis, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance abuse/drug abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Suicide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tobacco use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teenage pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vaccine preventable diseases (e.g., flu, measles)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. During the past 12 months, was there a time you needed **dental care**, including check-ups, but didn't get it?

- Yes. Please go to Question 9.
- No. I got the dental care I needed or didn't need dental care. Please go to Question 10.

9. What were the reasons you could not get the **dental care** you needed during the past 12 months? Select all that apply.

- Cost
- No appointments available or long waits for appointments
- No dentists available
- Transportation, couldn't get there
- Other, please specify _____

10. During the past 12 months, was there a time when you needed to see a **primary care** doctor for health care but couldn't?

- Yes. Please go to Question 11.
- No. I got the health care I needed or didn't need care. Please go to question 12.

11. What were the reasons you could not get the **primary care** you needed during the past 12 months? Select all that apply.

- Cost
- No appointments available or long waits for appointments
- No primary care providers (doctors, nurses) available
- Transportation, couldn't get there
- Other, please specify _____

12. During the past 12 months, was there a time when you needed **mental health care** but couldn't get it?

- Yes. Please go to Question 13.
- No. I got the mental health care I needed or didn't need mental health care. Please go to question 14.

13. What were the reasons you could not get the **mental health care** you needed during the past 12 months? Select all that apply.

- Cost
- No appointments available or long waits for appointments
- No mental health care providers available
- Transportation, couldn't get there
- Other, please specify _____

14. For **each** of the statements below, please answer by responding on a scale from Strongly Disagree to Strongly Agree.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I am satisfied with the quality of life in our community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are sufficient levels of trust and willingness to work together to achieve community goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are networks of support (such as church groups, social service agencies, etc.) for individuals and families during times of stress and need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our community a safe place to live.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is a sense of civic responsibility in our community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is a sufficient number of health and social services in the community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is a sufficient number of dental services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

There is a sufficient number of medical services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is a sufficient number of mental health/substance abuse services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. How would you rate the overall health of residents in your county? Please select **one (1)** choice.

- Very unhealthy
- Unhealthy
- Somewhat healthy
- Healthy
- Very healthy

16. For **each** of the following issues, please indicate how much of a problem you believe the issue is in your county.

	Not a problem at all	A minor problem	Somewhat of a problem	A big problem	Not sure
Availability of health care services for the poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Availability of mental health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cost of health care insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cost of health care services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge of where to receive dental services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of community concern about health issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of knowledge of how to use available health care services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of knowledge of what health care services are available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of primary care or family doctors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of specialty care doctors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Limited health care services for children (less than age 18)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Limited health care services for senior adults (age 65 and over)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Long wait times to get an appointment with a doctor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of health care services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation to health care services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. For **each** of the following issues, please indicate how confident you are that the community can make a substantial impact on this issue within the next 1-3 years.

	Not very confident	Somewhat confident	Confident	Very confident	Not sure
Availability of health care services for the poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Availability of mental health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cost of health insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cost of health care services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge of where to receive dental services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of community concern about health issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of knowledge of how to use available health care services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of knowledge of what health care services are available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of primary care or family doctors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of specialty care doctors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Limited health care services for children (less than age 18)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Limited health care services for senior adults (age 65 and over)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Long wait times to get an appointment with a doctor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of health care services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation to health care services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. How would you rate your own personal health?

- Very unhealthy
- Unhealthy
- Somewhat healthy
- Healthy
- Very healthy

19. What is the **most** important health issue in your own life? Please select **one (1)** response.

- Access to healthy food
- Alcohol use
- Allergies
- Alzheimer's or Dementia
- Brain injury
- Cancer
- Caregiving for another
- Cost of medical/dental care
- Developmental disability
- Diabetes
- Dental issues
- Domestic violence
- Eating choices
- Heart disease
- HIV/AIDS
- Injuries
- Kidney disease
- Lack of health insurance
- Lack of exercise
- Liver disease
- Mental illness
- My child's health
- Orthopedic issues
- Overweight
- Physical disability
- Poor eyesight
- Poor hearing
- Poor nutrition
- Pregnancy complications
- Stress
- Stroke
- Substance abuse
- Tobacco use
- Unwanted/unintended pregnancy
- Other (please specify) _____

Now we need to find out a little about you.

20. Which of the following best describes your current employment status?

- Employed (Full-Time)
- Employed (Part-Time)
- Full-Time Student
- Part-Time Student
- Retired
- Self-Employed
- Unemployed
- Work two or more jobs
- I prefer not to answer
- Other (please specify) _____

21. What is your age?

- 0-17
- 18-24
- 25-29
- 30-39
- 40-49
- 50-59
- 60-69
- 70-79
- 80 or older
- I prefer not to answer

22. What is your gender?

- Male
- Female
- Transgender
- I prefer not to answer
- Other (please specify) _____

23. What racial/ethnic group do you most identify with?

- American Indian or Alaskan Native
- Asian Pacific Islander
- Black or African American (Non-Hispanic)
- Hispanic or Latino
- Multiracial/Multiethnic
- White (Non-Hispanic)
- I prefer not to answer
- Other (please specify) _____

24. What is the highest level of school you have completed? Please select **one (1)** response.

- 12th grade or less, no diploma
- High school diploma or GED
- Some college, no degree
- Technical or trade school certificate
- Associate's degree (i.e., AA or AS)
- Bachelor's degree (i.e., BA or BS)
- Master's degree (i.e., MA or MS)
- Graduate degree or professional degree (i.e., PhD, MD, JD, etc.)
- I prefer not to answer

25. What type of health insurance do you currently have? Please select **one (1)** response.

- Medicaid
- Medicare
- Medicare + Supplement
- Private insurance
- VA/Tri-Care
- I have no health insurance
- I prefer not to answer
- Other (please specify) _____

If you want to be entered in the drawing to win a \$25 gift card, please provide your email address or phone number. If your survey is drawn as the winner, you will be contacted by phone or email, whichever you prefer.

E-mail: _____

Phone: _____

Please return your completed survey to the agency/organization that provided it to you. You may also return the survey to:

- Florida Department of Health in Dixie County, 149 NE 241st St., Cross City, FL 32625
- Florida Department of Health in Gilchrist County, 119 NE 1st St., Trenton, FL 32693
- Florida Department of Health in Levy County, 66 W Main St., Bronson, FL 32621

Thank you for taking the time to complete the survey. Your input is important and will help inform improvements to health and health care in your county.



PROVIDER SURVEY

2017 Dixie, Gilchrist, and Levy County Provider Survey

Dear Provider,

The Florida Department of Health in Dixie, Gilchrist and Levy County, in partnership with WellFlorida Council, the local health planning council for North Central Florida, are sponsoring a comprehensive Community Health Needs Assessment to be completed between April and September 2017. As a provider, we are requesting your input on the most pressing health and health care issues facing our community in 2017 and beyond. Your responses will inform local community health improvement planning and assist efforts to build a healthier community. Your individual responses to this survey will remain confidential. This survey consists of 9 questions and should take approximately 10-15 minutes to complete.

Thanks so very much for your willingness to help the community by completing this survey! If you have any questions about this survey or the survey process, you may contact Christine Abarca of WellFlorida Council, who is coordinating the needs assessment on our behalf, at cabarca@wellflorida.org or 352-727-3767.

1. Do you provide health care services to Dixie, Gilchrist and/or Levy County residents?

- Yes
- No

2. What type of provider are you?

- Advanced Registered Nurse Practitioner
- Dentist
- Dietitian/Nutritionist
- Mental Health Counselor/Substance Abuse Counselor
- Nurse
- Occupational Therapist
- Pharmacist
- Physician
- Physician Assistant
- Physical Therapist
- Speech Language Pathologist
- Other (please specify) _____

3. In the following list, what do you think are the **three (3)** most important factors that define a "Healthy Community" (those factors that most contribute to a healthy community and quality of life)? Please select three (3) choices.

- Access to health care
- Affordable housing
- Affordable utilities
- Affordable goods/services
- Arts and cultural events
- Clean environment
- Emergency preparedness
- Good race/ethnic relations
- Good place to raise children
- Good schools
- Healthy behaviors and healthy lifestyles
- Healthy economy
- Job opportunities for all education levels
- Low adult death and disease rates
- Low crime/safe neighborhoods
- Low level of child abuse
- Low level of domestic violence
- Low rates of infant and childhood deaths
- Parks and recreation
- Religious or spiritual values
- Strong family life
- Other (please specify) _____

4. In the following list, what do you think are the **five (5)** most important "Health Problems" (those problems which have the greatest impact on overall community health) in Dixie, Gilchrist, and Levy

Counties? Please select five (5) choices. You will be asked a follow-up question on the five problems you select.

- Access to healthy food
- Access to long-term care
- Access to primary care
- Affordable assisted living
- Age-related issues (e.g. arthritis, hearing loss, etc.)
- Cancer
- Child abuse/neglect
- Dementia
- Dental problems
- Diabetes
- Disability
- Domestic violence
- Firearm-related injuries
- Heart disease and stroke
- High blood pressure
- HIV/AIDS
- Homicide
- Infant death
- Mental health problems
- Obesity
- Pollution (e.g. water and air quality, soil, etc.)
- Rape/sexual assault
- Respiratory/lung disease
- Sexually transmitted diseases (STD's) (e.g. gonorrhea, chlamydia, hepatitis, etc.)
- Stress
- Substance abuse/Drug abuse
- Suicide
- Teenage pregnancy
- Vaccine preventable diseases (e.g. flu, etc.)
- Other (please specify) _____

5. Would you say the overall health-related quality of life in Dixie, Gilchrist and Levy Counties is: (please select **one** (1) response).

- Poor
- Fair
- Good
- Very Good
- Excellent
- Don't Know

6. For each of the following issues, please indicate how much of a problem you believe the issue is in Dixie, Gilchrist, and Levy Counties.

	Not a problem at all	A minor problem	Somewhat of a problem	A big problem	Not sure
Availability of health care services for the poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Availability of mental health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cost of health care insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cost of health care services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge of where to receive dental services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of community concern about health issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of knowledge of how to use available health care services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of knowledge of what health care services are available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of primary care or family doctors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of specialty care doctors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Limited health care services for children (less than age 18)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Limited health care services for senior adults (age 65 and over)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Long wait times to get an appointment with a doctor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pain Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of health care services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation to health care services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. What can Dixie, Gilchrist and Levy Counties do to help improve the health of your patients and others in the community? Please check all that apply.

- Create city/county ordinances to promote community health improvement
- Establish community partnerships to address issues collectively
- Establish more community clinics
- Establish or enhance a community health information exchange
- Focus on issues of the indigent and uninsured
- Increase access to dental services
- Increase access to mental health services
- Increase access to primary medical services
- Increase outreach/health education programs
- Initiate efforts to bring more physicians to the community
- Promote the use of personal health records (electronic applications used by patients to maintain and manage their health information in a private, secure and confidential environment)
- Provide education for residents on appropriate use of available services
- Provide education for residents on services available
- Other (please specify) _____

8. Would you say the overall accessibility to health care for residents of Dixie, Gilchrist, and Levy Counties is: (please select **one (1)** choice)

- Poor
- Fair
- Good
- Very Good
- Excellent
- Don't Know

Please answer the following demographic question.

9. What is your age?

- Less than 30
- 30-39
- 40-49
- 50-59
- 60-69
- 70-79
- 80 or older
- I prefer not to answer

Thanks so very much for completing the survey. Again, if you have any questions regarding the survey or the community health needs assessment process, please do not hesitate to contact Christine Abarca of WellFlorida Council at cabarca@wellflorida.org or 352-727-3767.

Please return this completed survey any of these locations:

- Florida Department of Health in Dixie County, 149 NE 241st St., Cross City, FL 32628
- Florida Department of Health in Gilchrist County, 119 NE 1st St., Trenton, FL 32693
- Florida Department of Health in Levy County, 66 West Main St., Bronson, FL 32621