2014
Community Health Needs Assessment of Madison County, Florida
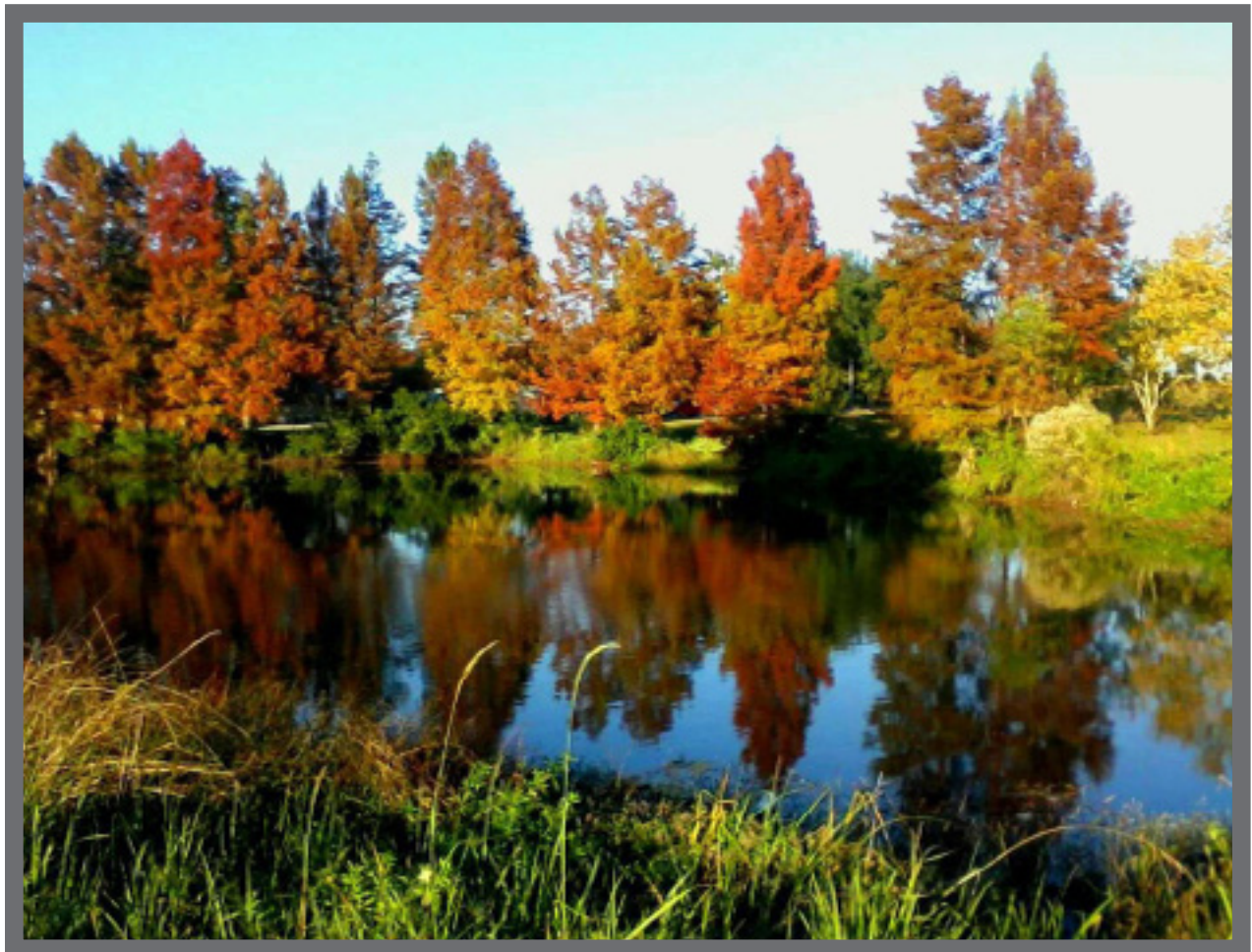
Madison County Memorial Hospital

Source: Chamber of Commerce

Perspective—Together, Making Our Community Healthier

The Community Health Needs Assessment (CHNA) defines opportunities for health improvement, creates a collaborative community environment to engage multiple stakeholders, and an open and transparent process to listen and truly understand the health needs of Madison County, Florida.

Madison County Memorial Hospital (MCMH), as the sponsor of the assessment, engaged national leaders in community health needs assessment to assist in the project. Stratasan, a healthcare analytics and facilitation company based in Nashville, Tennessee was engaged to marshal the process and provide community health data and expertise. Stratasan provided the analysis of community health data, facilitated the focus group, facilitated the Community Health Summit to assist the community with determining focus areas and goals for improvement, and prepared the community report.

Sourced from the County Health Rankings website: http://www.countyhealthrankings.org/take-action

Participants

Over fifty community and health care organizations collaborated to implement a four stage CHNA process focused on identifying and defining local health issues, concerns and needs. The three-month process centered on gathering and analyzing data to provide direction for the community and hospital to create a plan to improve the health of the community.

Project Goals and Objectives

- To implement a formal and comprehensive community health assessment process that will allow for the identification of key health and health service issues, and a systematic review of health status in Madison County.
- To support the existing infrastructure that will permit ongoing updating and easy dissemination of available data.
- To initiate a collaborative partnership between all stakeholders in the community.
- To create a health profile that will allow for prioritization of needs and resource allocation, informed decision making, and collective action that will improve health outcomes for Madison County

"We initiated the Community Health Needs Assessment with the goal of identifying health needs, and setting goals, objectives and priorities," said Ted Ensminger, Marketing Director, Madison County Memorial Hospital. "It is our goal to use our findings as a foundation for community mobilization to improve the health of our residents."
"The information we gathered provided the insight we need to set priorities for health improvement and will be used by MCMH to create an action plan. We hope other community organizations will join us." added Tammy Stevens, Interim CEO, Madison County Memorial Hospital. "The Community Health Summit was the final, critical step in the assessment process. Now the real work—improving the health of the community—begins."

Who Told Us What?

Data Collection and Timeline

- In September, 2014, MCMH contracted with Stratasan to assist in conducting a Community Health Needs Assessment.
- The health of the community was studied extensively through primary and secondary research methods. Data was gathered using several methods:
  - On November 17, 2014, 15 community members, employers, not-for-profit organizations, school and government representatives braved tornado warnings, power outages and torrential rain to participate in a focus group to gain perspectives on community health needs and issues.
  - Information gathering, using public health sources and hospital-specific data, occurred in October and November.
  - A Community Health Summit was conducted on December 16, 2014 with 40 community stakeholders. The audience consisted of healthcare workers, Health Department personnel, business leaders, personnel from the school systems, government representatives, clergy and other community members.
- This report to the community was completed and published in January, 2015.

Source: Chamber of Commerce

Collaboration is Key to Good Health

Community Engagement and Transparency

We are pleased to share the results of the Community Health Needs Assessment with our community. The following pages highlight key findings of the assessment. We hope you will take the time to review the health needs of our community as the findings impact each and every citizen in one way or another, and join in the improvement efforts.

Implementation Plans

To successfully make our community healthier, it is necessary to have a collaborative venture which brings together all of the care providers, citizens, government, schools, churches and business and industry around an effective plan of action. MCMH will select key elements of the assessment to implement and encourages other organizations in the community to do the same.

Community Selected for Assessment

MCMH's health information provided the basis for the geographical focus of the CHNA. The map below shows from where MCMH receives its patients; most of MCMH's inpatients come from Madison County. Therefore, it is reasonable to select Madison County as the primary focus of the CHNA.

Madison County Memorial Hospital Patients - 2013
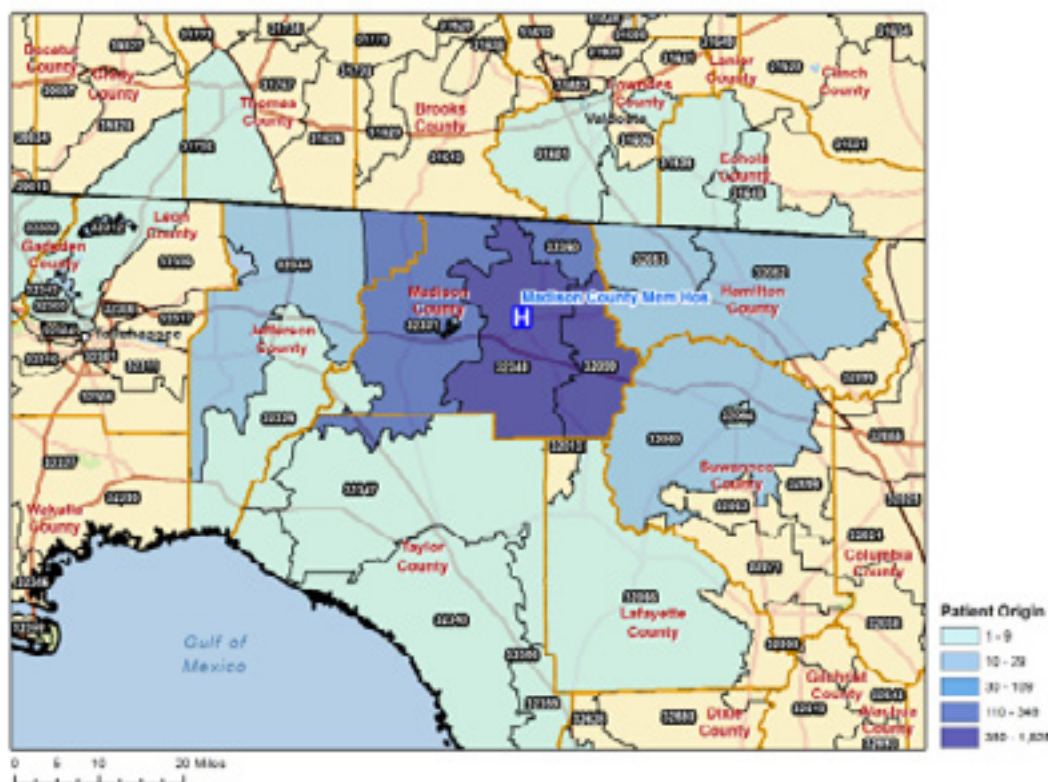
Source: Stratasan, AHCA

Key Findings of the Community Health Assessment

All of Madison County, Madison, Greenville, and Lee must come together now to improve the health of their communities. The results of their community health assessment follow.

**Key Demographic Statistics:**
- The population of Madison County is projected to decrease from 2014 to 2019 (0.24% per year), whereas FL and the US are projected to increase.
- Madison County is younger (40.6 median age) than FL, but older than the U.S. and has lower median household income ($32,835) than both FL and the U.S.
- The medical care index measures how much households spend on out of pocket medical care services. The U.S. index is 100. Madison County (71 index) spends 29% less than the average U.S. household on out of pocket on medical care (doctors office visits, prescriptions, hospital visits).
- The racial make-up of Madison County is 56% white, 39% black, 2% some other race, 2% two or more races and 5% Hispanic origin.
- The income distribution of Madison County is 8% high income, 40% middle income and 52% lower income.

Demographics of the Community

The table below shows the demographic summary of Madison County compared to Florida and the U.S.

	Madison County	Florida	USA
Population (2014)	19,430	19,383,475	316,296,988
Median Age (2014)	40.6	41.7	37.7
Median Household Income (2014)	$32,835	$45,645	$52,076
Annual Pop. Growth (2014-19)	-0.24%	1.06%	0.70%
Household Population (2014)	7,122	7,636,053	119,862,927
Dominant Tapestry (2013)	46. Rooted Rural	49. Senior Sun Seekers	12. Up and Coming Families
Businesses (2014)	1,328	2,370,979	24,262,035
Employees (2014)	6,563	9,887,690	141,523,742
Medical Care Index* (2014)	71	92	100
Average Health Expenditures (2014)	$3,222	$4,259	$4,454
Total Health Expenditures (2014)	$22.9 M	$32.5 B	$530.0 B

Population by Census Tracts
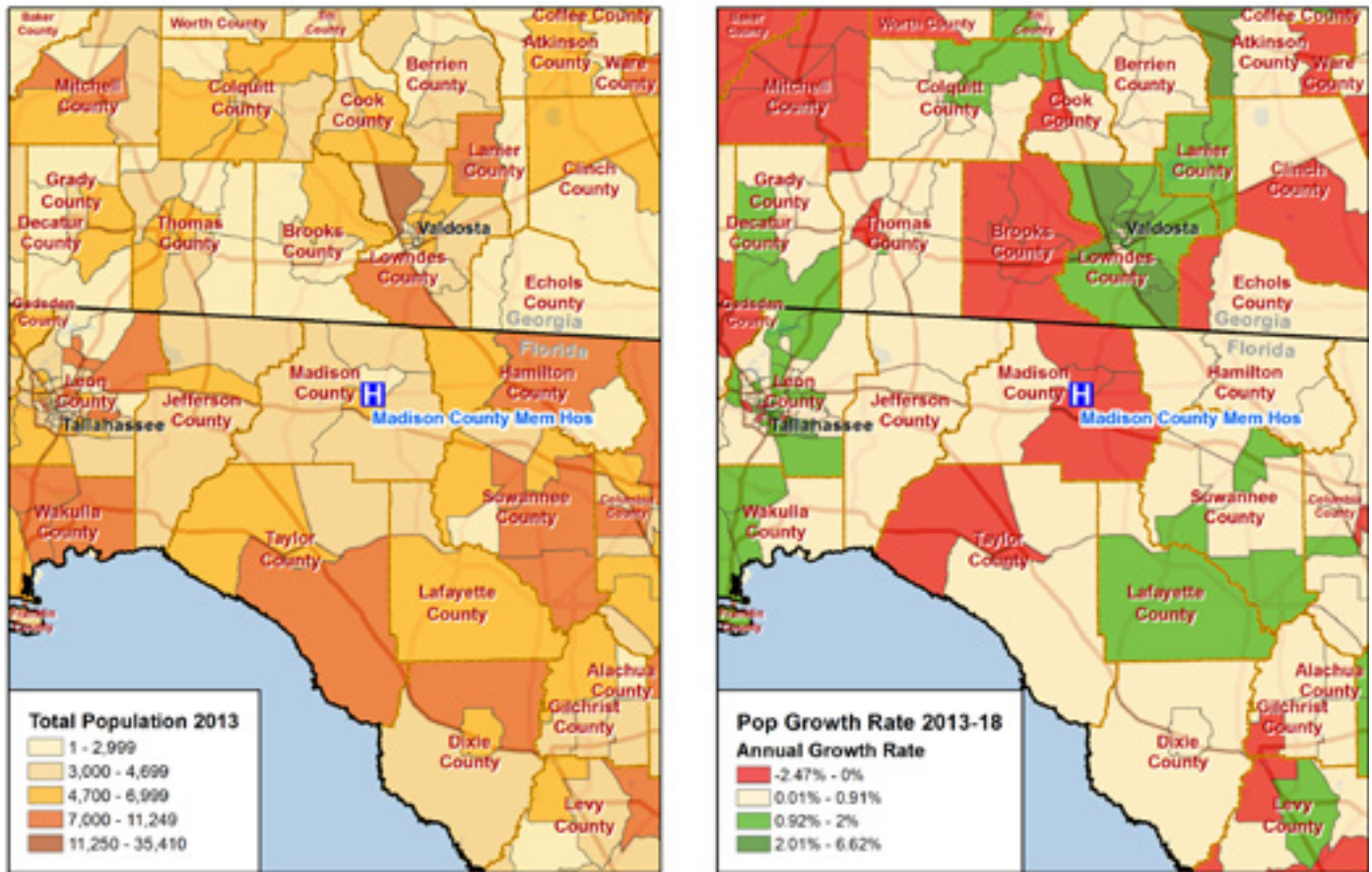
Source: Stratasan, Esri

There is higher population in the census tract in Madison and lower population in the tract to the north of Madison. The remainder of tracts in the County are steady with between 3,000 and 4,699 population. The population is growing in the western side of the county and declining in the eastern half.

Health Status Data

Based on the latest County Health Rankings study performed by the Robert Wood Johnson Foundation and the University of Wisconsin, Madison County ranked 58th healthiest county in Florida out of the 67 counties ranked (1= the healthiest; 67 = unhealthiest).

County Health Rankings suggest the areas to explore for improvement in Madison County are: adult smoking, adult obesity, food environment index, physical inactivity, uninsured, primary care physicians, preventable hospital stays, mammography screening, high school graduation, some college education, unemployment, children in poverty, children in single-parent households, violent crime, and injury deaths.

When analyzing the health status data, local results were compared to Florida and the top 10% of counties in the U.S. Where Madison County's results are worse than the State, we see an opportunity for group and individual actions that result in improved community ratings. There are several lifestyle gaps that need to be closed to move Madison County up the ranking to be the healthiest community in Florida and eventually the Nation. For additional perspective, Florida is ranked the 33rd healthiest state out of the 50 states. Healthcare out of pocket spending indices indicate Madison County has higher out of pocket spending for smoking 9 or more packs of cigarettes per week, using prescription drugs for depression, high blood pressure, diabetes, asthma, and cholesterol than the U.S.

Healthcare Utilization

The overall demand for health services in Madison County is congruent with an aging population. The estimated inpatient visits per population is slightly lower than FL and higher than the U.S. with Madison County generating 2,667 inpatient hospital visits per year. The estimated outpatient and ED visit rates are higher than FL and the U.S. The physician office visit rates is lower than Florida but higher than the US with 75,138 physician office visits per year. These trends are consistent with an older population.

Utilization rate per population
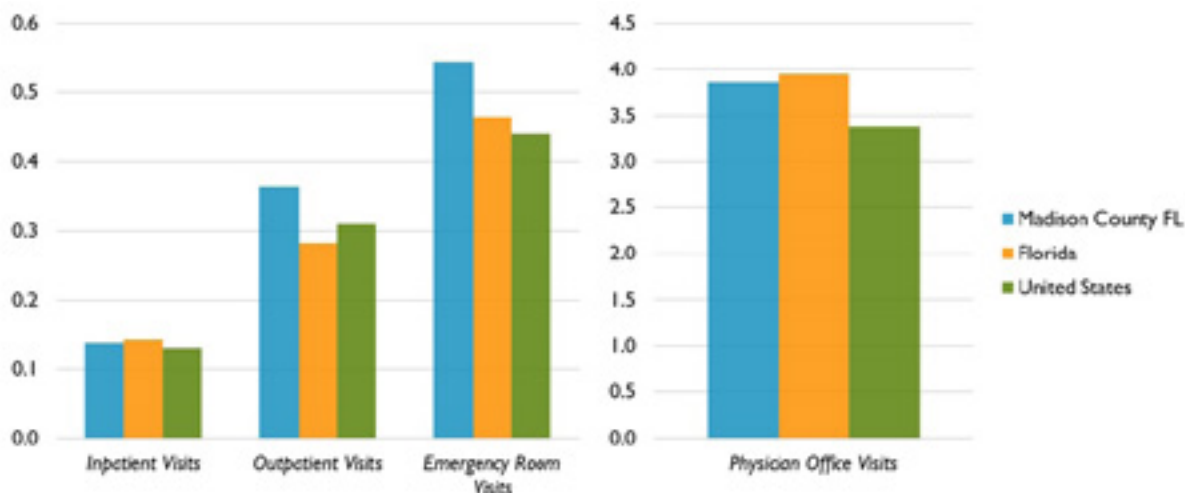
Survey Results, Health Status Rankings and Comparisons

Focus Group Results

Fifteen community stakeholders participated in a focus group for their input into the community's health. There was broad community participation in the focus group representing a range of interests and backgrounds. Below is a summary of the 90 minute discussion.

- The group described the health of the community as fair to poor for the elderly and mixed for the younger population. Many families have a history of obesity. Kids don't like to play outside with all the electronics available to them. There is a lack of parent education and guidance on childrearing. Poverty contributes to poor health. There are not many grocery stores in the county with fresh fruits and vegetables.

- It was felt there is difficulty accessing specialty care in the county, particularly for the uninsured.

- The community turns to primary care providers, emergency departments, Health Department and the Family First Wellness Clinic, LLC for basic healthcare needs.

- The group felt there are not enough doctors in Madison County either primary care or specialists, and there are difficulties seeing a physician. 60% of EMS transports go outside the county. There is lack of transportation and insurance/money for office visits.

- The group was asked about the top health issues in the community that impact people's health. The group mentioned poverty as the underlying cause to many of the health issues, the high cost of insurance, lack of primary care physicians, specialists and dentists, jobs/employment, education, lack of health education, lack of providers taking types of insurance, transportation for elderly and particularly disabled to doctors, teenage pregnancy, maternal and child health, obesity, sexual risk avoidance, tobacco use, and lack of full service grocery stores.

- For children, the top health issues were infant mortality, obesity, asthma, teenage pregnancy, dental, vision, and diabetes.

- The group thought that the community needs jobs, education, primary and specialty care providers and the Greenville library reopened.

- The group believed that many organizations are responsible for improving the health of the community, the Health Department, hospital,

healthcare providers, the Extension Office, schools and individual personal responsibility.

- The group strongly believes Madison County works very well together citing multiple examples and does not know of any reason they cannot work well together to improve community health.
- The group listed the assets of the community for improving health status: faith-based organizations, Health Disparities Task Force, Healthy Start Coalition, Extension office, schools, Economic Development Council, Ministerial Association, Newspapers, local cable channel, Early Learning Coalition, EMS, Health Department, Hospital and North Florida Community College.

Florida Health Data and Initiatives

Daphne Holden, Ph.D. Community Health Improvement Manager of the Florida Department of Health presented information on the Statewide Health Improvement Plan (SHIP). The five strategic issue areas are: health protection, chronic disease prevention, community redevelopment and partnerships, access to care, health finance and infrastructure. Dr. Holden covered each area in-depth. She also communicated the schedule for the next planned iteration which will start in 2015.

Summary of Data Analysis in Community Health Needs Assessment

As can be seen from the County Health Ranking tables, many indicators were analyzed in the Community Health Needs Assessment. Data other than County Health Rankings was also analyzed and is referenced in the bullets below, such as: demographics, socioeconomics, consumer health spending, cancer incidence, and focus group input.

Health Outcomes (Length of Life and Quality of Life)

	Madison Co.	Florida	US 90th Percentile
Overall Ranking (Rank out of 67 FL Counties or 50 States)	58	33	
Health Outcomes (Rank out of 67)	56	37	
Length of Life (Rank out of 67)	53		
Premature death (YPLL per 100,000 pop prior to age 75)	9,613	7,310	5,317
Quality of Life (Rank out of 67)	58		
Poor or fair health (% reporting age-adjusted)	18%	16%	10%
Poor physical health days (Avg # of days past 30 days)	4.2	3.7	2.5
Poor mental health days (Avg # of days past 30 days)	4.3	3.8	2.4
Low birthweight (% of live births with birthweight <2500 grams)	10.4%	8.7%	6.0%

Source: County Health Rankings, 2014

Strengths
- Madison County (308.5 per 100,000) has a lower cancer incidence rate than FL (440.7) and the US (459.8) National Cancer Institute, state cancer profiles

Opportunities
- Higher premature death measured in lower years of potential years of life lost.
- Higher percentage of poor or fair health days.
- Higher number of poor physical health days.
- Higher number of poor mental health days.
- Higher percentage of low birthweight babies.
- Madison County (174.3 per 100,000) has a higher death rate from cancer than FL (165.5) and the US (173.8). National Cancer Institute, state cancer profiles

Health Behaviors

	Madison Co.	Florida	US 90th Percentile
Health Factors (Rank out of 67)	**61**	**32**	
Health Behaviors (Rank out of 67)	**51**		
Adult smoking (% that report every day or "most days")	21%	18%	14%
Adult obesity (BMI >=30)	36%	26%	25%
Food environment index (0=worst, 10=best) limited access to healthy foods and food insecurity	6.1	7.2	8.7
Physical inactivity (% 20 yo and older reporting no leisure time physical activity)	30%	24%	21%
Access to exercise opportunities (% of pop with adequate access to locations for physical activity)	47%	78%	85%
Excessive drinking (binge plus heavy drinking)	13%	16%	10%
Alcohol imparied driving deaths (Proportion of driving deaths with alcohol involvement)	39%	29%	14%
Sexually transmitted infections (Chlamydia rate per 100,000 pop)	508	399	123
Teen birth rate (ages 15-19 per 1,000 female pop)	57	38	20

Source: County Health Rankings, 2014

Strengths
- Lower excessive drinking

Opportunities
- Obesity –High percentage of adult obesity. Obesity puts people at increased risk of chronic diseases: diabetes, kidney disease, joint problems, hypertension and heart disease. Obesity can cause complications in surgery and with anesthesia. It has been implicated in Alzheimer's. It often leads to metabolic syndrome and type 2 diabetes. It is a factor in cancers, such as ovarian, endometrial, postmenopausal breast cancer, colorectal, prostate, and others. A link has been found between migraines and obesity.
- Smoking - Each year approximately 443,000 premature deaths can be attributed to smoking. Cigarette smoking is identified as a cause of various cancers, cardiovascular disease, and respiratory conditions, as well as low birthweight and other adverse health outcomes. Measuring the prevalence of tobacco use in the population can alert communities to potential adverse health outcomes and can be valuable for assessing the need for cessation programs or the effectiveness of existing programs.
- High percentage of physical inactivity and lower percentage of access to exercise opportunities
- Higher alcohol impaired driving deaths
- Higher sexually transmitted infections
- Higher teen birth rate
- Lower food environment index (limited access to healthy foods and food insecurity)

Clinical Care

	Madison Co.	Florida	US 90th Percentile
Clinical Care (Rank out of 67)	**58**		
Uninsured (%<65 w/o health insurance)	23%	25%	11%
Primary care physicians (Pop per physician)	6,372	1,426	1,051
Dentists (Pop per dentist)	4,727	1,939	1,392
Mental health providers (Pop to mental health providers)	3,781	521	890
Preventable hospital stays (Hospitalization rate for ambulatory-sensitive conditions per 1,000 Medicare enrollees)	93	64	46
Diabetic screening (%diabetic Medicare enrollees receiving HbA1c screening)	82%	84%	90%
Mammography screening (%female Medicare enrollees receiving mammo screening)	54%	68%	71%

Source: County Health Rankings, 2014

Strengths
- This is a challenging category for Madison County. In the community assets list, having a hospital in the community is an asset.

Opportunities
- High percent of the population without health insurance (uninsured)
- Low access to primary care physicians; the population to primary care physician is higher
- Low access to dentists; the population to dentist ratio is high
- Low access to mental health providers; the population to mental health provider is high
- Preventable hospitals stays are higher
- Mammography and diabetic screening are lower

Social & Economic Factors

	Madison Co.	Florida	US 90th Percentile
Social & Economic Factors (Rank out of 67)	**61**		
High school graduation (% of 9th grade cohort graduating in 4 yrs)	57%	70%	
Some college (% of adults 35-44 w/ some postsecondary ed)	38%	60%	70%
Unemployment (% of pop age 16+ unemployed but seeking work)	10.1%	8.6%	4.4%
Children in poverty (% under age 18 in poverty)	36%	26%	13%
Inadequate social support (% of adults w/o social/emotional support)	24%	22%	14%
Children in single-parent households (% of HH headed by a single parent)	45%	37%	20%
Violent crime rate (violent crime per 100,000 pop)	811	556	64
Injury deaths (Injury mortality per 100,000)	98	70	49

Source: County Health Rankings, 2014

Strengths
- This is a challenging category for Madison County. An asset of the community is the ability to work to-gether.

Opportunities
- Lower high school graduation percentage
- Higher unemployment rate, although improving.
- Lower post-secondary education percentage

- High percentage of children in poverty
- Higher percentage of inadequate social support
- Higher percentage of children in single-parent households
- Higher violent crime rate
- Higher injury mortality rate
- Lower median household income and high percentage of lower income households

Physical Environment

	Madison Co.	Florida	US 90th Percentile
Physical Environment (Rank out of 67)	**24**		
Air polution - particulate matter	12.0	11.4	9.5
Drinking water violations (% of pop exposed to water exceeding a violation limit during the past year)	0%	4%	0%
Severe housing problems (% of hh with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities)	18%	22%	9%
Driving alone to work	75%	79%	71%
Long commute - driving alone (among workers who commute alone, the % that commute > 30 minutes)	37%	37%	15%

Source: County Health Rankings, 2014

Strengths
- Drinking water safety is good
- Similar percentage of long commute
- Lower percentage of commuting alone
- Severe housing problems percentage lower

Opportunities
- Air pollution is high; higher daily fine particulate matter in the air

Community Assets

The community has many assets to bring to bear to improve the identified health issues. Assets include: faith-based organizations, Health Disparities Task Force, Healthy Start Coalition, Extension office, schools, Economic Development Council, Ministerial Association, Newspapers, local cable channel, Early Learning Coalition, EMS, Health Department, Hospital and North Florida Community College.

There are four broad themes which emerged in this process:
- Madison County needs to create a "Sense of Health" that permeates the culture of the county, cities, employers, churches, and community organizations, so everyone can buy into health improvement.
- There is a direct relationship between health outcomes and affluence (income and education). Those with the lowest income and education generally have the poorest health outcomes.
- While any given measure may show an overall good picture of community health, there are significantly challenged subgroups.
- It will take a partnership with a wide range of organizations and citizens pooling resources to meaningfully impact the health of the community.

Results of the Community Health Summit

Issues Impacting Health

At the Community Health Summit, the following issues were prioritized and goals and actions were brain-stormed by the table groups and form the foundation of Madison County's health initiatives. The work in the next months will determine the ideas to be implement-ed. The Summit attendees listed the three most import-ant health issues in Madison County. The results of the activity are below with higher numbers indicating the num-ber of "votes" or priority by topic.

Source: Stratasan

Priorities:

1. Obesity (23)
2. Education (15)
3. Access to Primary Care (11)
4. Sexual Responsibility (9)
5. Chronic Diseases (Diabetes) (9)
6. Insurance (8)
7. Poverty (6)
8. Tobacco (6)
9. Access to Mental Health (5)

Source: Stratasan

Community Health Summit Suggested Goals and Actions

The most important health issues were combined into seven categories and table groups brainstormed goals and actions around the most important health issues listed above. These suggested goals and actions have been organized below.

Obesity

Suggested Goal 1: Reduce percent of children ages 5-18 with BMI (Body Mass Index) greater than 35 by 2% by 2016

Suggested Action 1: Promote breastfeeding initiation for every first time mother

Suggested Action 2: Extend nutrition education into early childhood programs

Suggested Partners: Healthy Start, Women Infants and Childrens (WIC), Community Learning Center (CLC), Early Learning Coalition (ELC), Extension Office, Head Start, Early Head Start

Suggested Goal 2: Re-engage churches that received funding from the disbanded Disparities Task Force coalition. Re-engage Health Disparities Task Force

Suggested Action 1: Collaborate with partners to develop a Biggest Loser campaign

Suggested Action 2: Convene bimonthly meetings of the Task Force with diverse membership

Suggested Partners: Health Disparities Task Force, Hospital, NFCC

Suggested Goal 3: Determine feasibility of a Farmers Market for Madison County by December 2015

Suggested Action 1: Explore past efforts to bring Farmers Market to the area

Suggested Action 2: Gather best practice of other county's Farmers Markets to develop the framework for Madison County

Suggested Partners: Agriculture Extension Office, Farmers Co-Op, EDC, FAMU

Poverty and Education

Suggested Goal 1: Increase high school completion rate.

Suggested Action 1: Evaluate programs available to get children ready such as Head Start, Healthy Families

Suggested Action 2: Convene interested parties and share findings; literacy program

Suggested Partners: School Board, Parent/Teacher Organization, County Commissioners, Service Organizations

Suggested Goal 2: Improve overall health education and literacy

Suggested Action 1: Distribute books to children; Explore a mobile library

Suggested Action 2: Increase access to diabetes classes

Suggested Action 3: Re-open the Greenville library

Suggested Partners: Service Organizations

Source: Stratasan

Access to Primary Care and Mental Health Services

Suggested Goal 1: Bring in two additional primary care physicians into the area in the next three years

Suggested Action 1: Apply for grants to finance office space and own and operate the practices for them to occupy

Suggested Action 2: Develop/redevelop infrastructure for managing/owning physicians' practices

Suggested Action 3: Explore the National Health Service Corp working with local kids to attend medical school.

Suggested Action 4: Increase community support for new physicians involving the community in the recruitment process, welcoming the physician to the community and using the physician(s) for medical care.

Suggested Action 5: Change the zoning to get more doctors into the area around the hospital

Suggested Partners: Hospital, City Planning, Madison County, and Current Local Physicians

Suggested Goal 2: Develop infrastructure that allows mental health patients to be evaluated via telemedicine by 2016. Utilize telemedicine to evaluate and transfer to another level of care if needed.

Suggested Action 1: Recruit a psychiatrist for telemedicine

Suggested Action 2: Develop telemedicine infrastructure

Suggested Partners: Hospital

Sexual Responsibility

Suggested Goal 1: Reduce sexually transmitted disease (STD) rates in Madison County

Suggested Action 1: Research other communities for their plans of action to reduce rates

Suggested Action 2: Review current curriculum and policy in place; create a focus group

Suggested Partners: Board of education, churches, parents, Health Department, Hospital

Source: Stratasan

Suggested Goal 2: Reduce teenage birth rates from 13% to 10%

Suggested Action 1: Educate on use of tobacco, alcohol and drug use while pregnant

Suggested Action 2: Increase access to prenatal care/Obstetrics

Suggested Partners: Health Department, Hospital, Healthy Start, Physicians

Chronic Disease - Diabetes

Suggested Goal 1: Decrease the incidence of newly diagnosed diabetes

Suggested Action 1: Increase education for individuals at risk for diabetes

Suggested Action 2: Increase community education

Suggested Action 3: Increase screening for individuals at risk for developing diabetes

Suggested Partners: Health Department, Hospital, insurance providers, media (cable, newspaper, radio), primary care providers, employers/worksite wellness.

Suggested Goal 2: Decrease the incidence of complications of diabetes

Suggested Action 1: Provide education on early identification, prevention of complications associated with diabetes (Marketing campaign – posters, symptoms, contact numbers, warning signs)

Suggested Action 2: Implement diabetes self-management program with providers

Suggested Action 3: Monitor patients' adherence to the diabetes standard of care

Suggested Action 4: Create a diabetic cookbook rehabbing familiar recipes

Suggested Partners: Service organizations such as Rotary, Lions Club, Kiwanis and others, senior citizens council, diabetes association, faith-based organizations

Insurance

Suggested Goal 1: Educate the uninsured and underinsured about health insurance options

Suggested Action 1: Utilize the Workforce Mobile Unit (Career Source)

Suggested Action 2: Public service message through churches, newspapers, Internet, etc.

Suggested Action 3: Assemble information on what options are available, qualifications and funding sources

Suggested Partners: North Florida Career Source, Schools, Health Department, Hospital

Suggested Goal 2: Assist the uninsured and underinsured with obtaining insurance

Suggested Action 1: Identify the uninsured and underinsured (Primary care physicians, emergency departments)

Suggested Action 2: Utilize insurance savvy people to help with understanding and computer enrollment

Source: Stratasan

Suggested Action 3: Recruit insurance professionals or access trained people to educate people who are uninsured (use retired teachers)

Suggested Action 4: Utilize patient advocates to work with community

Suggested Partners: Hospital, all healthcare providers, churches

Tobacco

Suggested Goal 1: Reduce smokeless tobacco in young population

Suggested Action 1: Educate youth on dangers of smokeless tobacco

Suggested Action 2: Educate community partners to change social norms

Suggested Partners: Tobacco Free Madison, Big Bend AHEC, Church youth groups, schools, Health Department, Businesses, Department of Agriculture

Source: Stratasan & Chamber of Commerce

Madison County Memorial Hospital's Selected Initiatives

Based on input from the prioritization at the Community Summit, Madison County Memorial Hospital (MCMH) has selected three (3) corresponding goals based on the identified community health needs from the CHNA and the Summit.

1. Bring in two additional primary care physicians into the area in the next three years
2. Enhance community education awareness on decreasing the incidence of complications of diabetes
3. Develop infrastructure that allows mental health patients to be evaluated via telemedicine by 2016. Utilize telemedicine to evaluate and transfer to another level of care if needed.

Action plans are being developed for these identified goals and will be implemented over the next few months. MCMH will monitor the progress through the Hospital's Executive Team and will annually report the progress to their Board and the community. The other priorities will not be addressed by Madison County Memorial Hospital due to lack of resources.
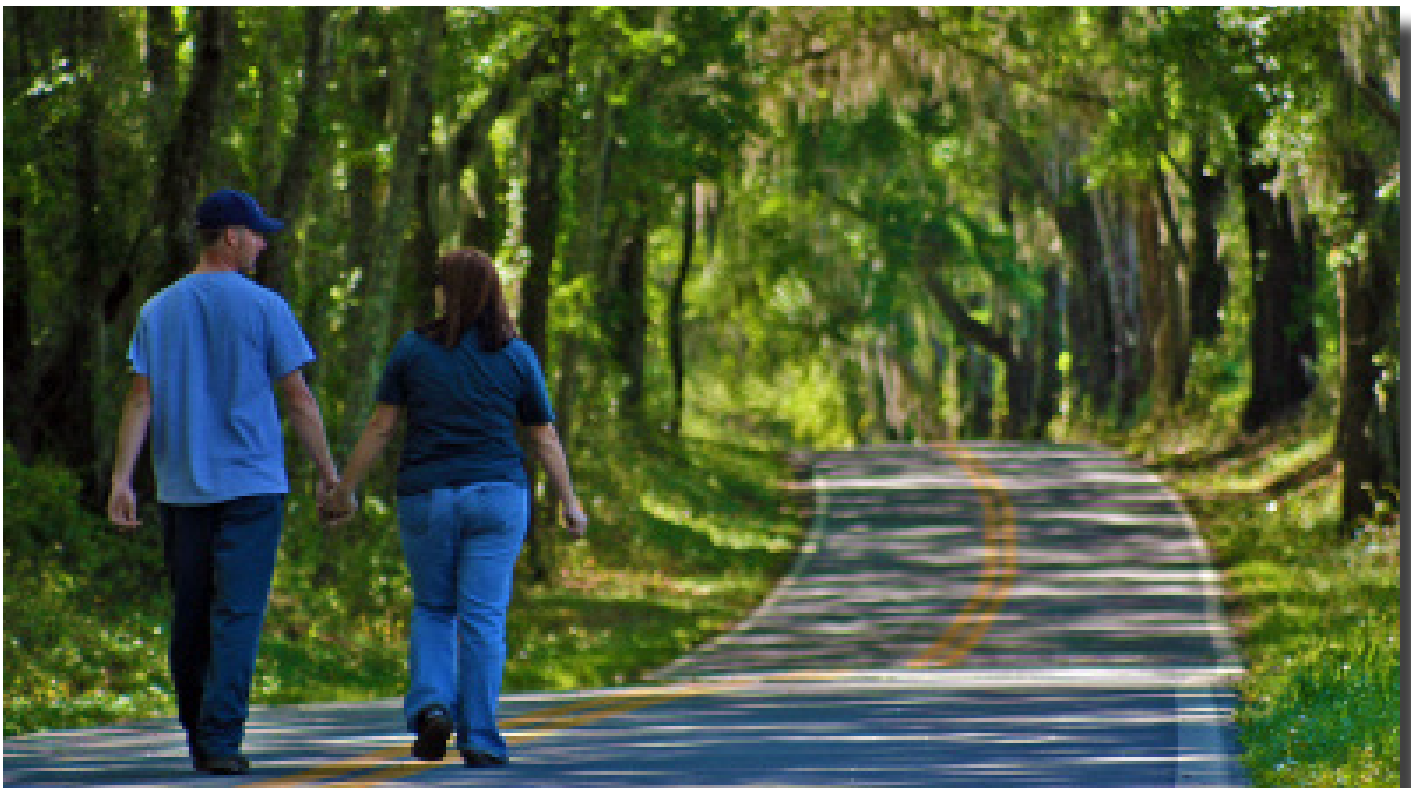
Source: Stratasan

Giving credit where credit is due

Source: Chamber of Commerce

The report is not the end of the process.

Several small groups will form to begin implementation on several fronts related to the goals and actions identified in the Community Summit. Please contact Ted Ensminger at Madison County Memorial Hospital for information regarding ongoing efforts and how you may get involved. He can be reached by calling 850-253-1938 or emailing tensminger@mcmh.us.

The primary and secondary research is the basis of the Community Health Needs Assessment report for Madison County, Florida. The health information contained in these reports can be utilized to further refine community health priorities, further develop a community plan and guide collaboration and resource allocation.
Meet the people who have brought this important information together. As a community, we are appreciative of their work, their time and their talents.
- Madison County Memorial Hospital, Board of Trustees
- Tammy Stevens, Interim Chief Executive Officer, Madison County Memorial Hospital
- Ted Ensminger, Director of Marketing, Madison County Memorial Hospital
- John-Walt Boatright, Director, North Florida Rural Healthcare Workforce Development Network, North Florida Community College
- Julie Townsend, Allied Health Director, North Florida Community College

Ways I see myself getting involved

Goals for my personal health

Source: Chamber of Commerce

Source: Chamber of Commerce

2014 Madison County Florida
Community Health Needs Assessment