

Community Health Needs Assessment Report Madison County Memorial Hospital FY 2017

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MADISON COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT

Madison County Memorial Hospital and the Department of Health in Madison County



SEPTEMBER 2017

The Madison County Memorial Hospital and the Department of Health in Madison County collaborated on the development of the Community Health Needs Assessment



Madison County Memorial Hospital Mission

To enhance the quality of life by continuously improving the health of the people of our community.

Madison County Memorial Hospital Values

Faith, Family, and Local History

Department of Health Mission

To protect, promote and improve the health of all people in Florida through integrated state, county, and community efforts.

Department of Health Vision

To be the healthiest state in the Nation



Department of Health Values (ICARE)

Innovation: We search for creative solutions and manage resources wisely.

Collaboration: We use teamwork to achieve common goals and solve problems.

Accountability: We perform with integrity and respect.

Responsiveness: We achieve our mission by serving our customers and engaging our partners.

Excellence: We promote quality outcomes through learning and continuous performance improvement.

Acknowledgements

Madison County Memorial Hospital

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Table of Contents

	Page
Madison County Memorial Hospital	1
Executive Summary	2
Mobilizing Action Through Planning and Partnership Process	2
Community Themes and Strengths Assessment	3
Community Health Status Assessment	4
Local Public Health Assessment	4
Forces of Change Assessment	4
Data Sources	5
Data Limitations	6
Visioning Statement	7
Community Themes and Strengths Assessment Findings	10
Madison County Profile	13
Geography	13
Population Demographics	13
Economic and Poverty Data	15
Madison County Memorial Hospital Service Population	17
Health Resource Availability	19
Health Equity	21
Community Health Status Assessment Findings	22
Leading Causes of Death	22
Reportable Diseases	22
Chlamydia	22
Gonorrhea	24
HIV/AIDS	25
Viral Hepatitis	27
Vaccine Preventable Diseases	27
Other Reportable Diseases or Conditions	28



Table of Contents Continued

	Page
Community Health Status Assessment Findings Continued	
Diabetes Mellitus	29
Hypertension	30
Myocardial Infarction	30
Stroke	31
Cancer	32
Tobacco Related Cancer	33
Youth Tobacco Use	34
Maternal and Child Health	34
Infant Mortality and Infant Birth Characteristics	34
Characteristics of Birth Mothers	38
Other Maternal and Child Health Indicators	41
Injury and Violence	42
Motor Vehicle Crash	42
Traumatic Brain Injury	45
Other Injuries	45
Violence	45
Homicide	46
Aggravated Assault	47
Forcible Sex Offenses	47
Social and Mental Health	48
Domestic Violence	48
Suicide	48
Other Social and Mental Health	49
Local Public Health System Assessment Findings	
Introduction	51
Ten Essential Public Health Services	52
Local Public Health System Assessment Findings - General	54
Local Public Health System Assessment Findings - External	55
Challenges and Ideas	55
Evaluation	56
Local Public Health System Assessment Findings - Internal	57
Challenges and Ideas	57



Table of Contents Continued

	Page
Forces of Change Assessment Findings	59
Introduction	59
Forces of Change Findings by Category	60
Asset Inventory	62
Evaluation	63
Priority Areas	64
Conclusion	66
Appendices	67
List of Appendices	67
Appendix 1 2016 Community Health Needs Assessment Tool	68
Appendix 2 Health Summit Agenda and Sign-In Sheets	74
Appendix 3 External Local Public Health Assessment Agenda and Sign-In Sheets	78
Appendix 4 Internal Local Public Health Assessment Agenda and Sign-In Sheets	80
Appendix 5 Forces of Change Assessment Agenda and Sign-In Sheets	82
Appendix 6 Community Health Improvement Plan Meeting Agenda and Sign-In Sheets	84





Madison County Memorial Hospital



Madison County Memorial Hospital (MCMH) is located in the heart of Madison County, one block north of west US Hwy 90, in downtown Madison. It is about fifty miles east of Tallahassee along the Interstate 10 corridor. Madison County shares a border with the State of Georgia, and the city of Madison is only about thirty miles south of Valdosta, Georgia.

MCMH was founded in 1937. Today it is one of only 12 hospitals in Florida designated as a Critical Access



Hospital (CAH). MCMH has 25 private patient rooms and provides several outpatient services. The hospital specializes in taking care of the healthcare needs of the entire family.

The governing board of Madison County Health and Hospital District (the district) is made up of seven directors appointed by the Governor of

Florida. These directors serve staggered four year terms and are selected from applications submitted to the governor's office. The District leases the hospital building to Madison County Memorial Hospital, Inc. (MCMH), a 501(c)(3) not-for-profit organization. The board directors that serve the district are the same

people as the board directors that serve the not-for-profit corporation. This has been the leadership structure since 1983.

The hospital began operations in 1937. The first building that housed its operations was obtained from the family of Dr. J.Y. Yates. That first building was formerly the Yates Sanitarium and still stands today, located at the corner of Shelby and Livingston Streets.

In 1947, the hospital moved into a large two story building previously called the Yankee Hunting Lodge, located at 200 NE Shelby Street. The first LPN program of the North Florida Junior College was held in the upstairs of the hospital. After the Marion Street hospital was built in 1954, the Yankee Hunting Lodge was sold and the building was moved to a location on Hancock Street and then moved again to 305 NE Livingston Street, where it stands today as a private residence. Camellias from Yankee Hunting Lodge were replanted in the Four Freedoms Park.

Legislation was passed in 1950 to create a Special Hospital District called The Madison County Health and Hospital District. Soon thereafter, a \$175,000 bond issue along with federal funds by the Hill-Burton Act to finance the construction of a new hospital were made available. The new hospital opened in March, 1954. The opening ceremony was presided over by Mr. James Hardee. Addresses were given by Florida State Governor Leroy Collins and Florida State Senator Turner Davis. The hospital was expanded in 1970 and again in 1976.

On December 31, 2006 MCMH was transitioned from a prospective payment hospital to a critical access hospital. Citizens of the county voted in a November, 2006 referendum to implement a ½ cent sales tax to partially finance the construction of a new hospital. The tax was implemented on January 1, 2007. The site selected for construction of this new hospital was 224 NW Crane Avenue, 0.4 miles west of its old location. The Grand Opening of the new hospital was held July 26, 2014. The keynote speaker was United States Congressman Ted Yoho. Patients were admitted into the new building on Friday, August 1, 2014.



Executive Summary

The Department of Health in Madison County and the Madison County Memorial Hospital have collaborated to produce the 2017 Community Health Needs Assessment for Madison County. This meets the requirements for both entities to involve the community in a participatory process to plan health priorities for the next three years.

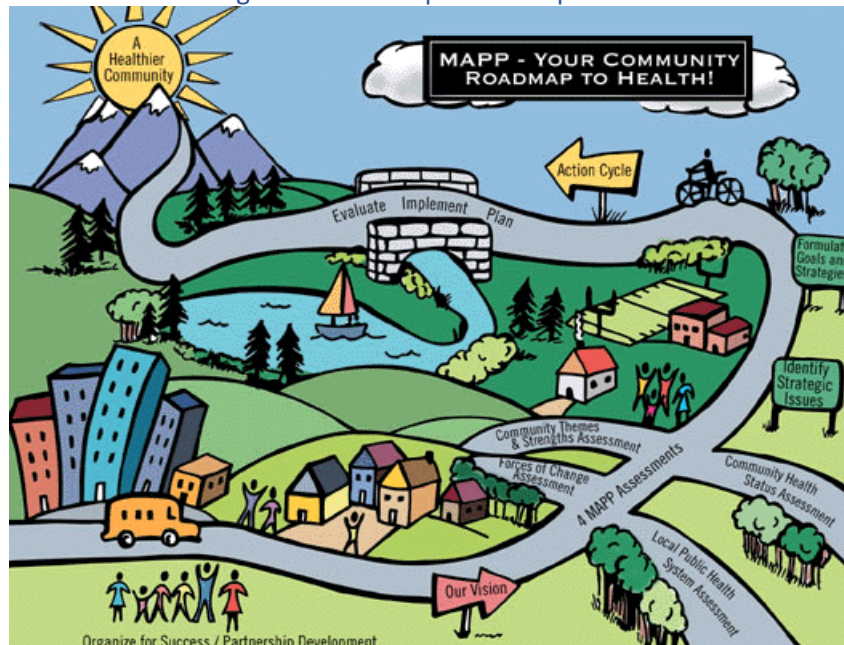
This Community Health Assessment serves to inform the Madison County community for the purposes of decision making, the prioritization of health problems, and the development, implementation, and evaluation of community health improvement plans. The overarching goals of this report include:

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

Mobilizing for Action Through Planning and Partnerships (MAPP) Process

An overview of the Mobilizing for Action through Planning and Partnership (MAPP) process was discussed to educate the community about the development process of the Community Health Assessment (CHA). The MAPP process serves a resource to classify the priorities of the community and functions to identify resources to develop action plans in the community. This strategic planning tool, driven by the community, is conducted to assess the health within the community in order to identify issues and improve the well-being of the public. The MAPP process alters how we see public health planning and creates a health model focused on the community at large.

Figure 1. Roadmap of MAPP process



Community Themes and Strengths Assessment

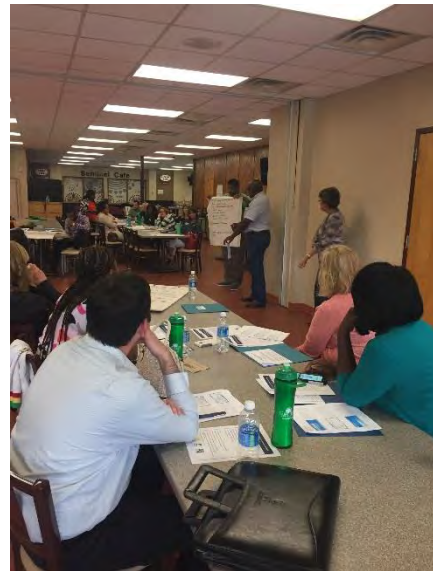
The Community Themes and Strengths Assessment, identifies issues that residents of the community deem as the most important, along with distinguishing any resources available to aid in improving the health of the community.

The Community Themes and Strengths Assessment was performed in 2016-17 by direct solicitation of residents to complete a standardized survey (See Appendices). Residents were approached at county school board meetings, county commission meetings, community events, health fairs and at local establishments. Residents had the option to complete a printed survey at the solicitation location or to access a survey monkey link to complete a survey on-line.

Community Health Status Assessment

The Community Health Status Assessment distinguishes and prioritizes quality of life and community health issues.

The Health Summit to discuss the Community Health Status Assessment was held on June 7, at North Florida Community College, and was an all-day event. Community participants developed the Visioning Statement that is included in the assessment, listened to data presentation on health indicators, and broke into groups to discuss the major health indicator topic areas. At the end of the day, the group voted to choose the three priority areas to address in the Community Health Improvement Plan that will begin January 2018.



Local Public Health System Assessment

The Local Public Health System Assessment puts the spotlight on the network of organizations and agencies in the community and how well the ten Essential Services (ES) are being delivered.

The Local Public Health Assessment was divided into two parts, an external assessment and an internal assessment. The external assessment was held at Madison County Memorial Hospital on June 21. During that time, we discussed Essential Public Health Services 3, 4, 5, 7 and 9. The internal assessment was held on August 9 at Madison Health Department. Essential Services 1, 2, 6, 8 and 10 were addressed.

Forces of Change Assessment

The Forces of Change Assessment focuses on recognizing forces or factors/trends that will affect the health of the community and the local public health system.

The Forces of Change Assessment was performed on August 22, 2017 at the Madison Extension Office to identify community strengths, weaknesses, opportunities and threats in specific topic areas.



Data Sources

The following data sources were utilized to develop this community health needs assessment.

Behavioral Risk Factor Surveillance System (BRFSS)

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

Florida Cancer Registry

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

Florida CHARTS

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

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

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

Florida Youth Tobacco Survey (FYTS)

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

Robert Wood Johnson County Health Rankings

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

United States Census Bureau

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

Data Limitations

All data presented in the following assessment are current as of August 2017 and whenever possible, comparisons were made between Madison County and the state of Florida as a whole. Some trend lines are three-year rolling rates to control for static trend lines and years where the rate was zero. Three-year rolling rates can give a more fluid view of the overall trend up or down.

It should be noted that qualitative data from the Community Themes and Strengths and Strengths Assessment, and the Forces of Change Assessment are representative of the persons who participated in the assessment. Data may or may not be generalizable to the entire Madison County community.

All survey data, such as Behavioral Risk Factor Surveillance System (BRFSS) and Florida Youth Tobacco Survey (FYTS) were used as supplemental information to further inform the group about health indicators. These data can offer supporting or negating documentation of health indicators found in Florida CHARTS and other quantifiable sources.

Visioning Statement

Vision is the fundamental basis for guidance, both physically and metaphorically. Ultimately, it facilitates the direction of the planning process and creates the foundation for the Community Health Assessment (CHA) and the Community Health Improvement Plan (CHIP). Prior to beginning the data presentation on the health indicators in Madison County, a Themes and Strengths Visioning Assessment session was conducted. After a brief discussion about ideal qualities of health, the attendees were asked two significant questions, “What does a healthy community mean?” and, “What are the characteristics of a healthy Madison County?” The participants worked independently and collectively to identify common community themes and strengths, and brainstormed to discuss and answer the above questions. Answers were self-recorded on a notecard and then placed on a sticky wall in the front of the auditorium. Once responses were compiled, the attendees conjoined as each reaction was read aloud and categorically placed. Accordingly, the community members envisioned a healthy Madison County to have (1) access, (2) comprehensive, collaborative cooperation, and (3) resource and infrastructure development.



In light of the visioning exercise, participants conducted group discussions and created several vision statements that reflected on the themes and key values examined throughout the summit. Although all of the statements varied, the priority key values were consistent in all of them. Each of the statements were presented and the community members voted to select the ideal vision statement for Madison County. After minor revisions, by a show of hands, the partners favored the adoption of, *“Working together to make Madison County healthy through education, dedication, unity, and support,”* as the new vision

statement.

Vision Statements

- By 2022, Madison County will be a community that will have access to greater health resources through infrastructure development as a result of community collaboration and cooperation.
- To promote collaborative access to resources for a holistic, healthy community.
- Madison County will be a place where the citizens, businesses, and healthcare community unite to ensure the availability of resources to access what we need in order to be the physically, mentally, socially, emotionally, and spiritually healthy community we aspire to be.
- By 2022, Madison County will provide unparalleled health services through a synergistic approach to strong infrastructure, informative access, and unbiased collaboration that creates a unified standard of community health.
- Making Madison County healthy one life at a time through collaboration of agencies to create overall health in the community.

Working Together to Make Madison County Healthy through Education, Dedication, Unity, and Support

During the visioning session, members were asked to establish common themes and strengths pertaining to the two significant questions: “What does a healthy community mean?” and “What are the characteristics of a healthy Madison County?” Based off the participants’ individual ideas, a series of community-led, open-ended discussions were conducted, which identified three reoccurring themes: We, the community, envision a healthy Madison County to have (1) access, (2) comprehensive, collaborative cooperation, and (3) resource and infrastructure development.

Table 1. Visioning information by Category

(1) Access	
<i>We desire Madison County to be a place where everyone:</i>	<i>We want to create a community that encompasses:</i>
Has access to care for all populations	Health care resources (mental, physical, spiritual, and substance abuse help)
Has access to education, mental health services, and substance abuse treatment	Un-fragmented system of care
Has resources to meet the needs of residents:	Specialized health training
<ul style="list-style-type: none"> ▪ Health care 	<ul style="list-style-type: none"> ▪ Comprehensive health care availability
<ul style="list-style-type: none"> ▪ Mental and social health 	Local, affordable healthcare access with quality care
<ul style="list-style-type: none"> ▪ Transportation 	Vibrant ancillary services – including rehabilitation and nursing homes
<ul style="list-style-type: none"> ▪ Education 	Access to preventative resources and public health availability
<ul style="list-style-type: none"> ▪ Employment 	Coordination of hospital and public health services
Knows what resources are available and where to find them	Healthy babies
Has healthy food options and access to grocery stores with affordable choices	<ul style="list-style-type: none"> ▪ Higher birth weights, lower body mass index (BMI), lower teen pregnancy, and lower STD rates
Has access to parks and recreational activities	Improved nutritional food options to support a healthy lifestyle
Has opportunities for residential activities	Safe built environments free from crime, drugs, and police brutality
Removes silos to allow everyone to support needs	Career and education opportunities
	Cooperation among residents

(2) Comprehensive, Collaborative Cooperation

A healthy community is one that is:

Knowledgeable of the concerns of its citizens	Able to provide quality healthcare
Able to identify health needs	Can react and/or provide timely services
Thriving – where everyone is moving forward (i.e. health, economics, and education)	Tailors community development of creative solutions to address the issues of citizens
Conducts monthly community town hall meetings to resolve issues	Reaches common goals together as a group
Puts positive words into successful actions	Increases faith based outreach and participation
Unified	

(3) Resource and Infrastructure Development

We desire Madison County to be a place with improved infrastructure – medical facilities, businesses, and opportunities – that is more enticing for people to move here.

What does a healthy community look like?

Residents thriving in all aspects of their lives to include physical, emotional, financial, and social well-being and health	A community with services such as hospitals, public health senior center, day care, and psychological counseling that meet the health and family needs
A healthy community is one that not only has jobs, but good paying jobs	Attractive environments for businesses and professionals
Well maintained roads, bridges, sewer systems, and water infrastructure	Access to good schools and colleges
Steady growth and planning	Progressive infrastructure
Adequate medical facilities	Controlled/low crime rates

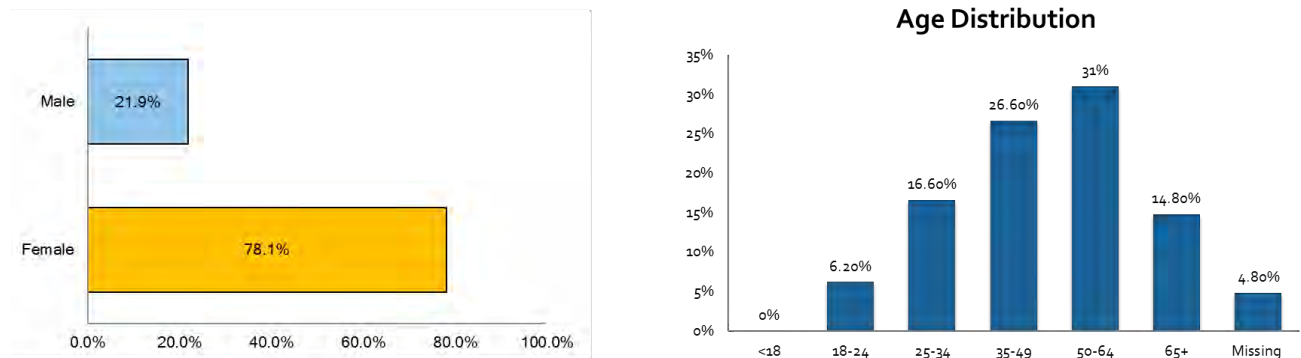
To achieve optimal health activity, Madison County needs to:

- Conduct root cause analyses to strategically create a better future
- Further develop resources (economic, health, education) to create a strong community
- Take ownership of social determinants of health

Community Themes and Strengths Assessment

In order to understand the perceptions of Madison County citizens related to their health and the health care system a survey was conducted in 2016-2017. The survey instrument has been used in many counties in Florida to solicit feedback from local residents. It was conducted in two parts: 83 respondents participated in a convenience sample in June 2016, where the questionnaire was handed out and completed on-site. After completion of the initial in-person survey, the project was extended online through Survey Monkey and made available for other residents to participate. There were 127 respondents to the online version. Of the 210 participants, 164 were female and 46 were male respondents. The above data was combined with both survey responses. An estimated 31% of respondents were in the age range of 50-64 years, 26% of the respondents were between the age range of 35-49 years, 16.6% between the ages of 25-34 years, 14.8% age 65 and up, 6.2% ages 18-24 years, 0% 18 and under, and 4.8% abstained from their age range.

Figure 2. Survey Participant Demographics



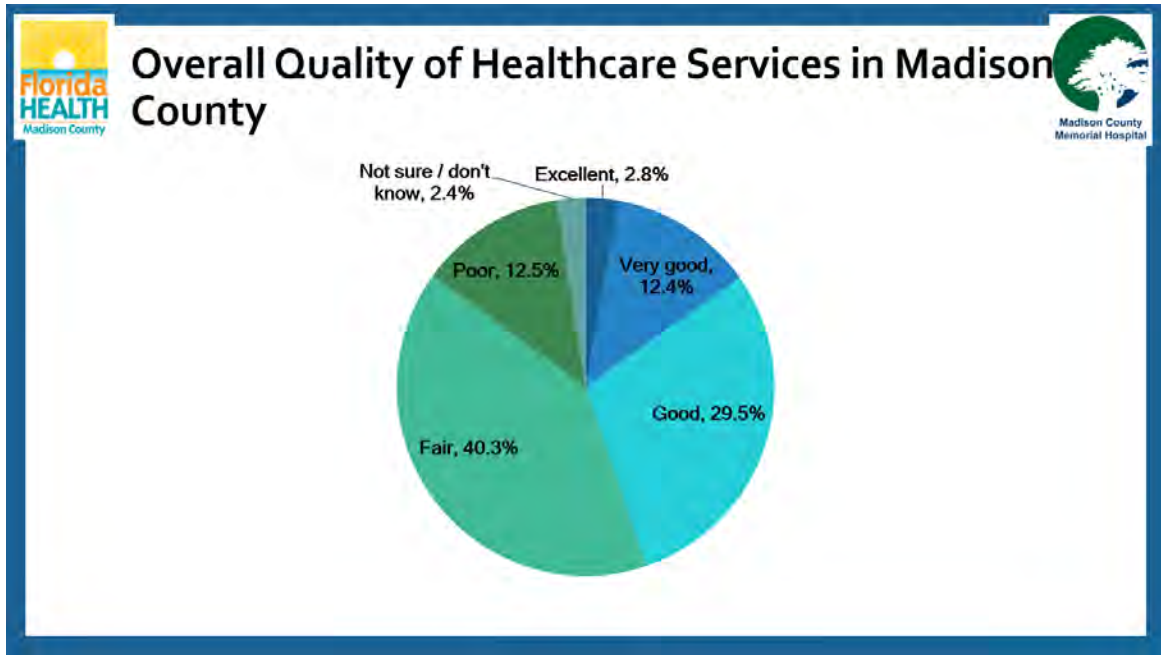
Participants were asked a series of questions related to their individual health as well as characteristics of healthcare in Madison County. The results of this survey were used to identify health priorities for community action. Below is a table of the most common, top 3, responses:

Table 2. Summary of Top Three Survey Responses

Question	General Population *
Characteristics of a great community	Good schools/ quality education; access to health services/ family doctors & specialists; good employment opportunities
Most important health issues	Obesity/excess weight; child abuse/neglect and heart disease & stroke; teenage pregnancy and cancers
Most concerning unhealthy behaviors	Unprotected/unsafe sex; drug abuse; poor eating habits/ poor nutrition
Difficult to get healthcare services	Specialty medical care; alcohol or drug abuse treatment; alternative therapies
Where medical care is obtained	Family doctor; hospital ER; any available doctor and urgent care clinic
Where mental health services are obtained	Family doctor; I do not know where to go for mental health care; private psychologist, psychiatrist or other mental health
Reasons for not eating health/being active	I don't have time to be more active; it is too expensive to cook/eat healthy foods; I already eat healthy and am active
	*Responses ranked in order based off the three most important issues

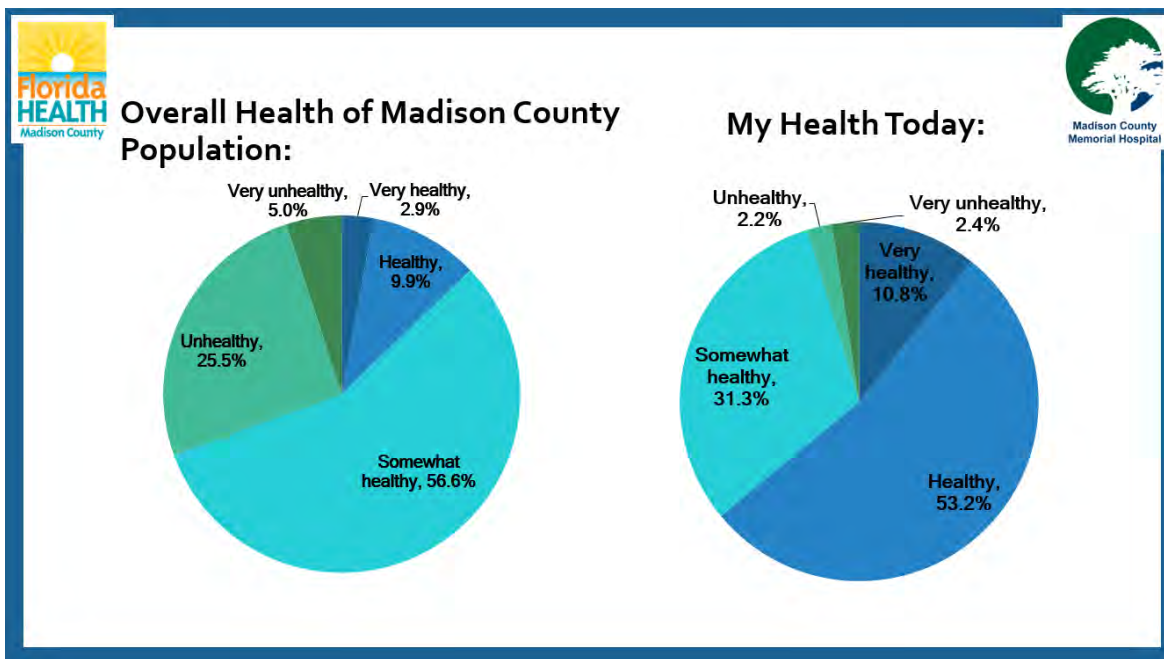
A total of 52.8% of survey respondents rated the overall quality of health care services in Madison County as Fair or Poor. Only 44.8% of respondents rated the quality of health care services as Excellent, Very Good or Good.

Figure 3. Responses to Overall Quality of Health Care Services



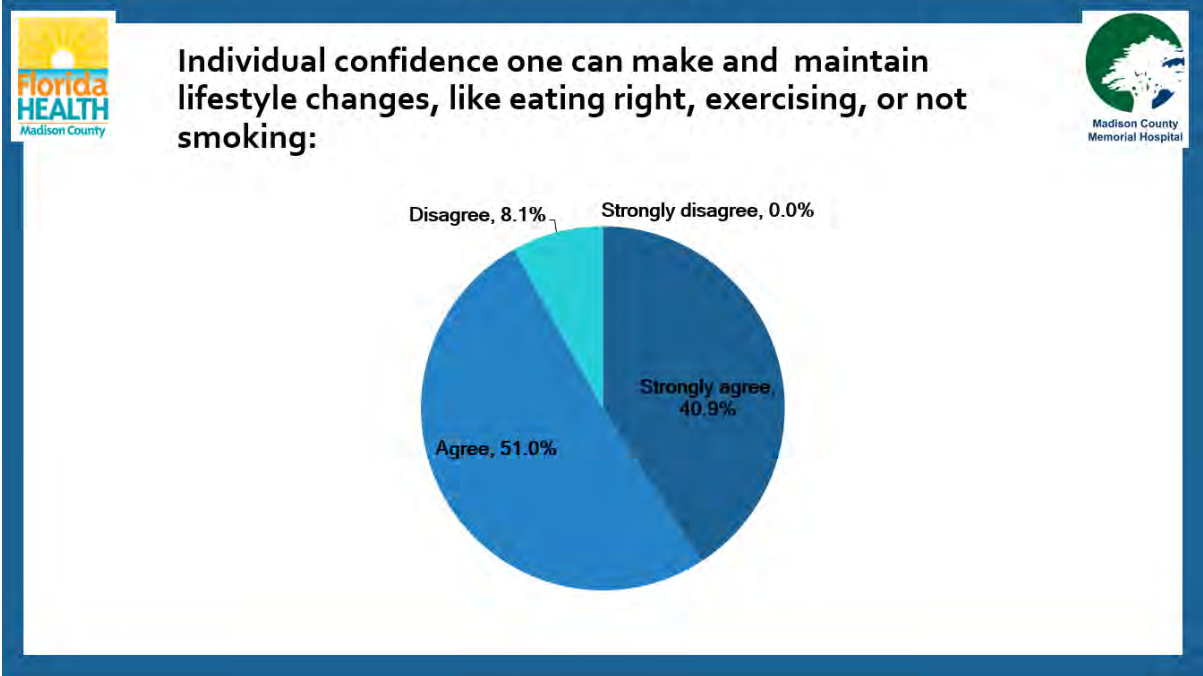
As seen in Figure 4 below, the majority of respondents rated the overall health of Madison County residents slightly higher than their own health. They rated themselves as Very Healthy or Somewhat Healthy at 64% and 66.5% for all of Madison County.

Figure 4. Responses to Individual and Overall Population Health, Madison County



The vast majority of respondents indicated they had confidence they could make and/or maintain lifestyle changes. We will be able to evaluate our efforts to effect change and the community's ability to sustain positive changes at the conclusion of this three-year plan.

Figure 5. Responses to Lifestyle Change, Madison County



Madison County Profile

Geography

Madison County encompasses 716 square miles, of which 20 square miles is water. Its northern border is shared with the state of Georgia and is adjacent to Jefferson County to the west, Taylor County to the southwest, Hamilton County to the east, and Suwannee and Lafayette Counties to the southeast.



Madison County houses the city of Madison, as well as the towns of Greenville and Lee. Unincorporated communities include, Cherry Lake, Hamburg, Hanson, Hopewell, Lamont, Lovett, Pinetta, and Sirmans.

Major roadways include Interstate 10, US 19/27, US 90, US 221, as well as state roads 6, 14, 53 and 145. One rail line provides rail service in the area.

Madison County is bordered on three sides by rivers; the Aucilla River on the western border, the Withlacoochee on the northern border, and the Suwannee River on the eastern border. Water management is under the jurisdiction of the Suwannee River Water Management District.

Population Demographics

The population of Madison County in 2016 was 19,374. As seen below, Madison County's population has fluctuated since 2010 but has resulted in a net increase. Population estimates for 2017 indicate a small increase of 0.2%.

Figure 6. Population for Madison County and Florida

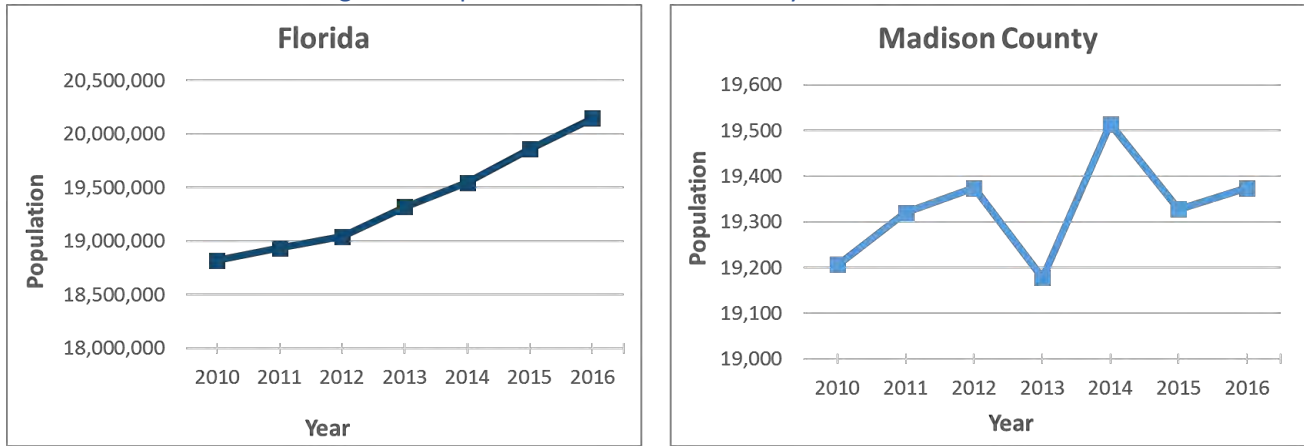
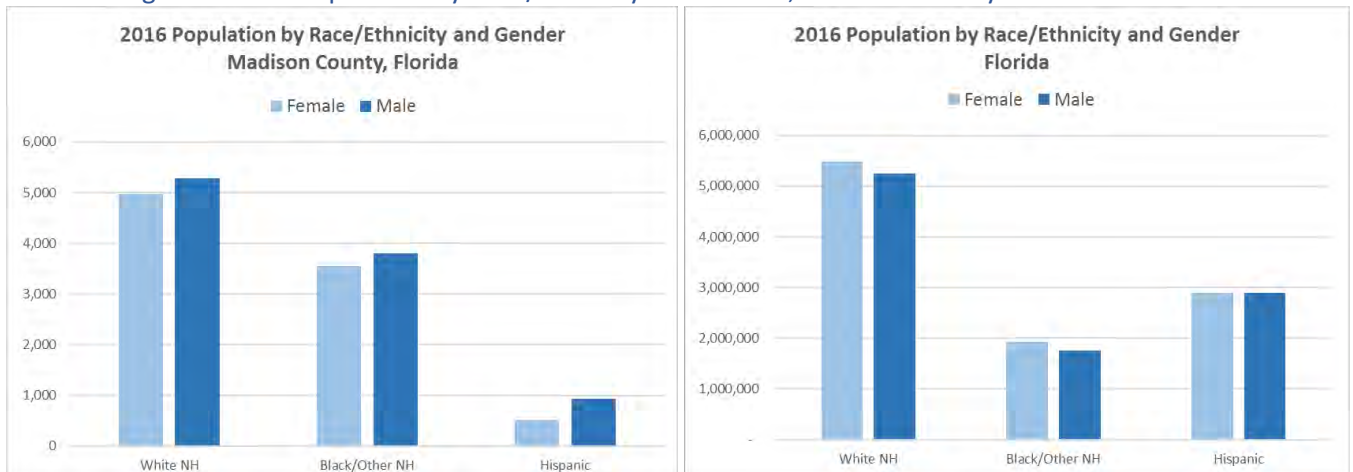


Figure 7 below depicts 2016 population for Madison and Florida by race/ethnicity and gender. Females comprised 47% of Madison County’s population in 2016 and 51% of the state as a whole. Males accounted for 53% and 49% respectively.

Madison County has a higher proportion of Black/Other, non-Hispanic persons, 39%, than the state as a whole, 18%. Hispanics comprised 8% of Madison County’s population and 29% of the state’s population in 2016.

Figure 7. 2016 Population by Race/Ethnicity and Gender, Madison County and Florida



Madison County’s 2016 population was slightly younger when compared to the state as a whole. Persons ages 45+ represent 45% of Madison County and 47% of Florida as a whole. Ages 65+ account for 18% of Madison County’s population and 19% of Florida. Population migration data project that persons ages 65+ will account for a greater percentage of the population over time as younger residents move from the area.

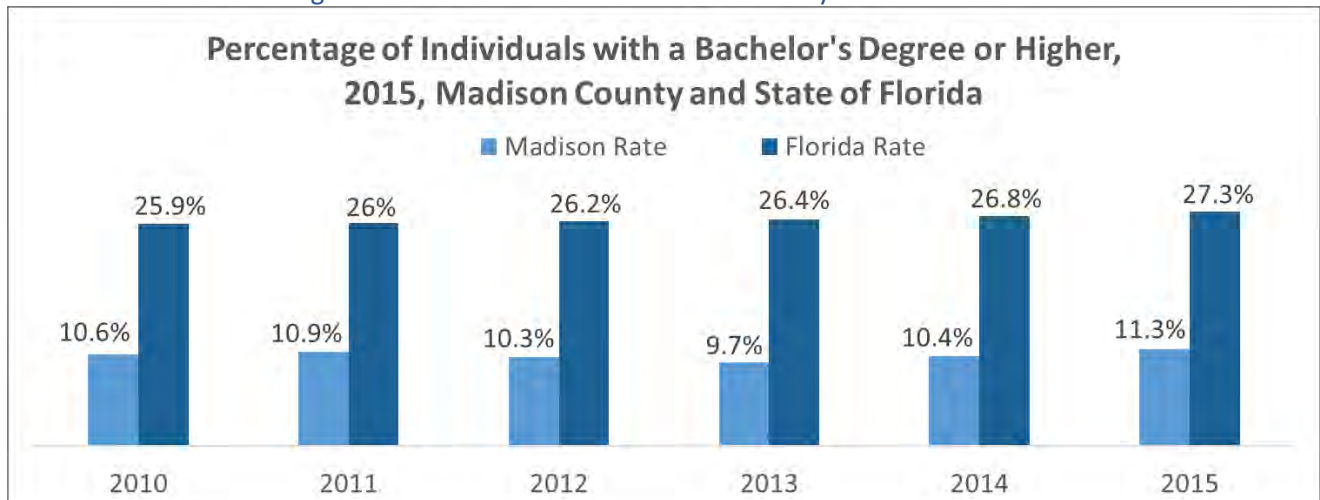
Table 3. 2016 Population by Age Group, Madison County and Florida

Age Group	Madison County	% Total Madison	Florida	% Total Florida
<1	196	1%	219,742	1%
1-4	937	5%	923,872	5%
5-9	1,165	6%	1,167,385	6%
10-14	1,100	6%	1,178,027	6%

15-19	1,177	6%	1,227,228	6%
20-24	1,169	6%	1,330,840	7%
25-34	2,444	13%	2,591,437	13%
35-44	2,249	12%	2,444,395	12%
45-54	2,544	13%	2,663,614	13%
55-64	2,673	14%	2,664,213	13%
65-74	2,073	11%	2,096,736	10%
75-84	1,008	5%	1,184,268	6%
85+	424	2%	517,847	3%
Total	19,159	100%	20,209,604	100%

Madison County resident over the age of 25 were more likely to have a high school diploma, when compared to the state as a whole, 39% of county residents, compared to 29.5% for Florida. Madison County residents were less likely to pursue college degrees (11.3% in 2015) compared to the state (27.3%). Data are not yet available for 2016.

Figure 8. Education Level for Madison County and Florida

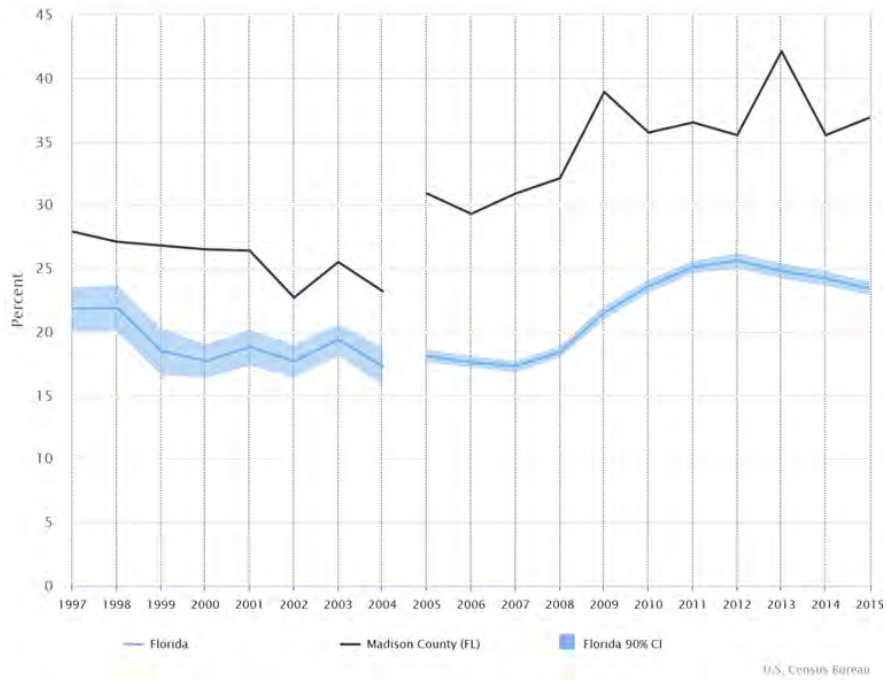


Economic and Poverty Data

Economic and poverty data are as of 2015. Madison County ranked 66 out of 67 counties for median household income. The median income dropped from \$33,520 in 2014 to \$32,164 in 2015. The median income for the state of Florida in 2015 was \$47,507. Madison County's median household income was 68% of the state of Florida and 60% of the United States.

Madison County has a higher percentage of people and families living in poverty. In 2015, 20.5% of families in Madison County lived in poverty, compared to 12.0% for the state of Florida. Approximately 15.8% of persons ages 65+ in Madison County were living below the poverty level, compared to 10.3% of the state as a whole. Also, 33.3% of Madison County individuals under age 18 were living below poverty level in 2015, compared to 24.1% for Florida.

Figure 9. Persons under age 18 Living in Poverty, Madison County
Under Age 18 in Poverty (1997 – 2015)



Fifty-five percent of individuals in Madison County were greater than 200% below poverty, compared to 37.9% for Florida. This was the fourth highest percentage in the state.

Figure 10. Ages 5-17 in Families in Poverty, Madison County

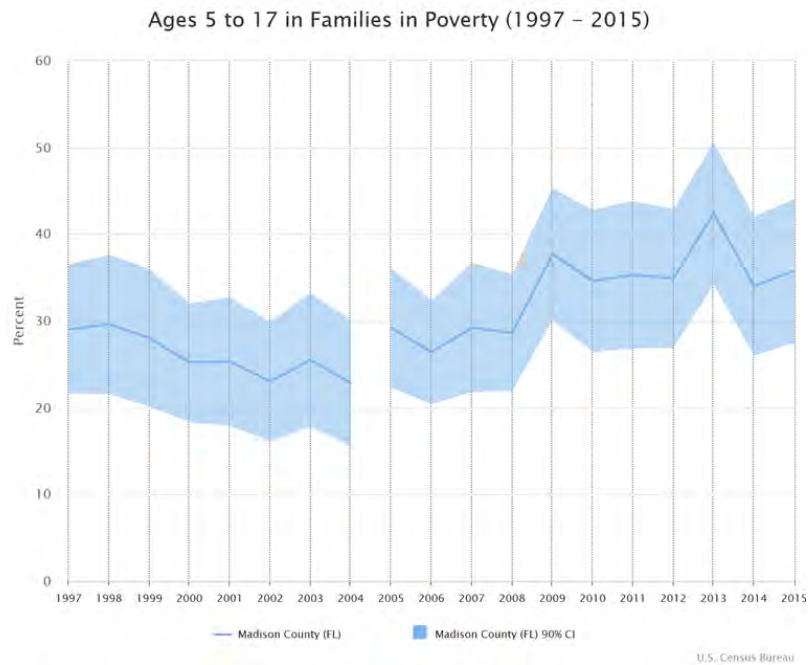
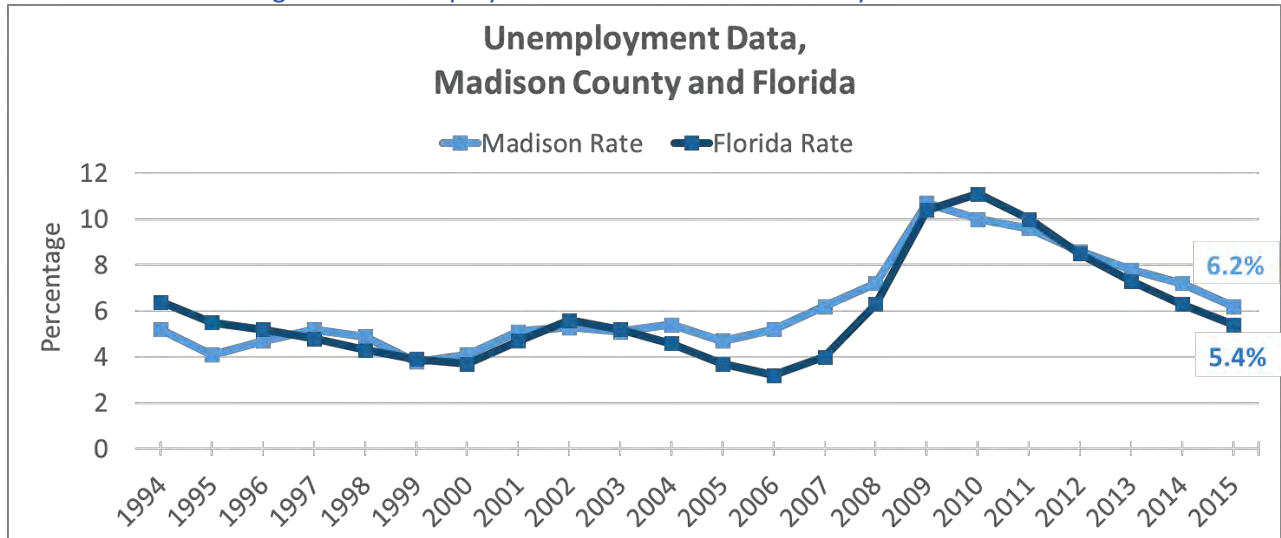


Figure 11 below shows the unemployment data for Madison County and Florida through 2015. Madison County's trends mirror that of Florida; however, the unemployment rate for Madison County is slightly

higher than the state. The local economy has recovered since the recession, but not to the extent the state has recovered.

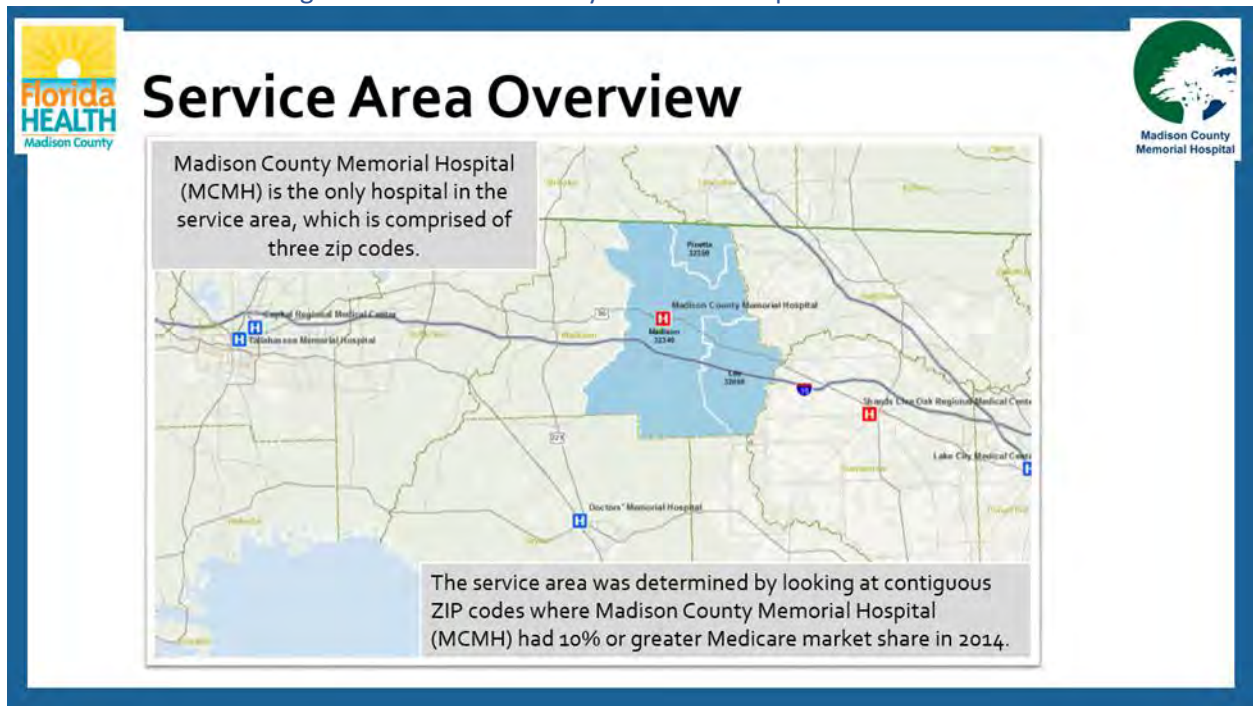
Figure 11. Unemployment Data for Madison County and Florida



Madison County Memorial Hospital Service Population

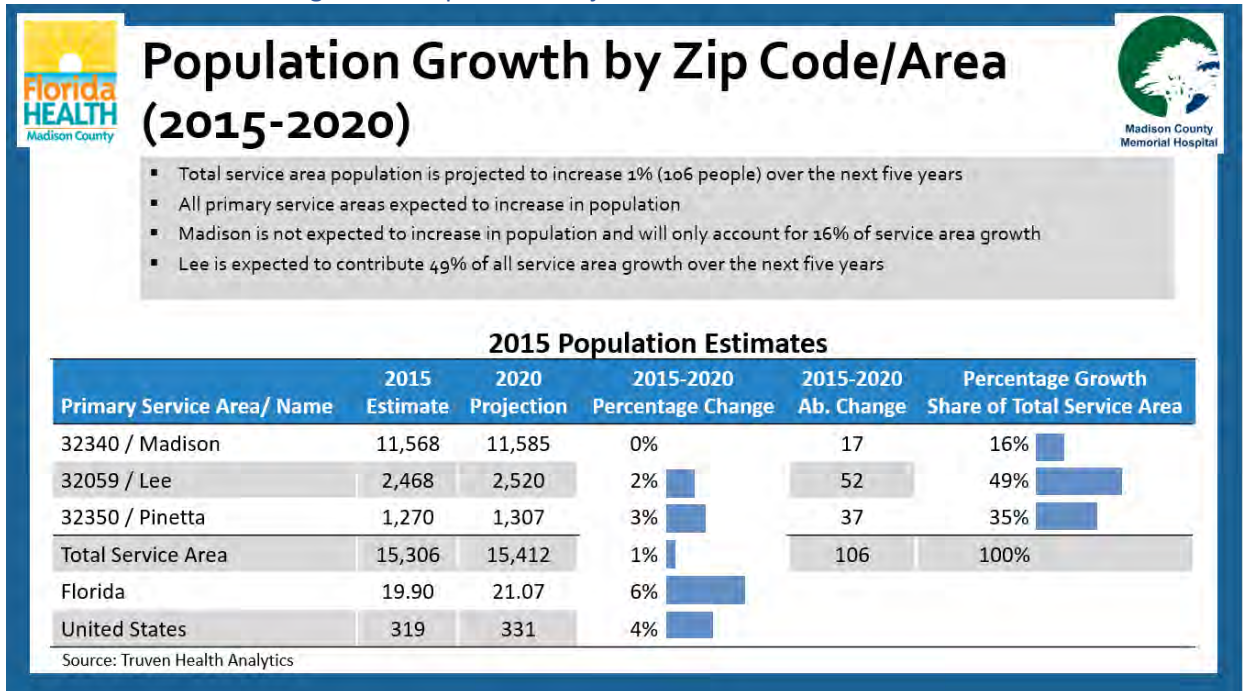
There are some slight differences when analyzing the service population for Madison County Memorial Hospital specifically. The Greenville area is considered part of the Tallahassee hospital servicing area so some population trends are slightly different.

Figure 12. Madison County Memorial Hospital Service Area



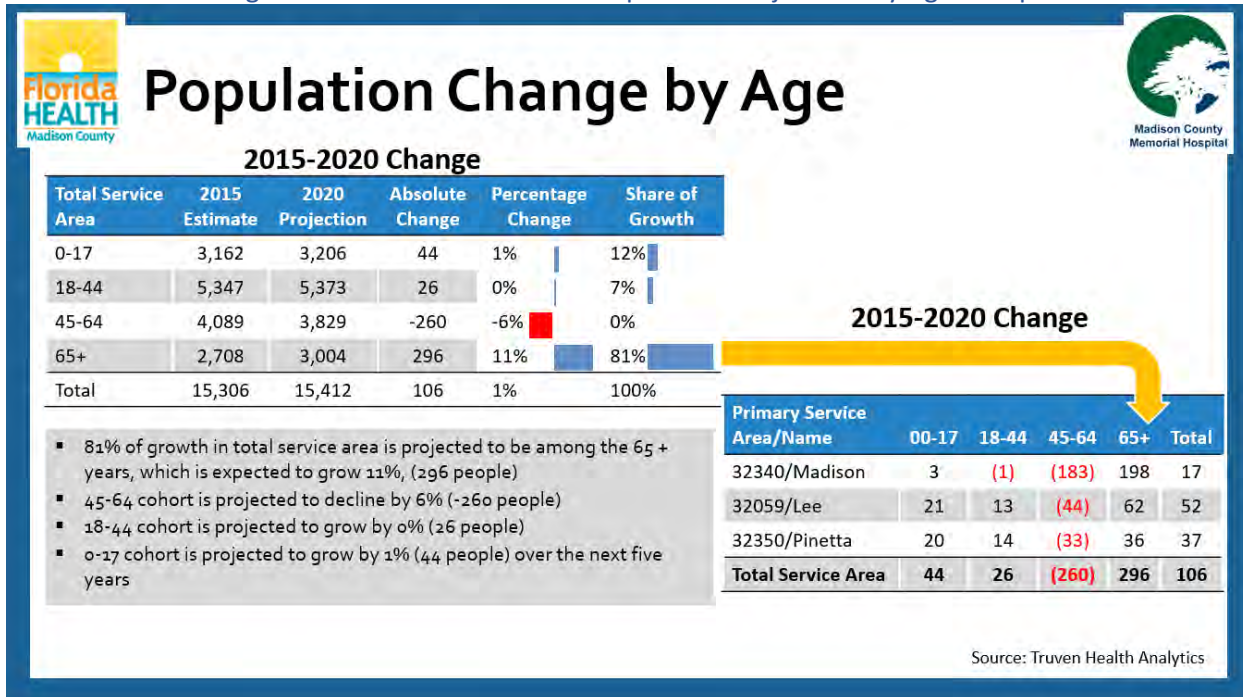
As seen below, population projections indicate a slight increase by zip code for the service area by 2020. The majority of growth is projected to occur in the Lee area.

Figure 13. Population Projections for MCMH Service Area



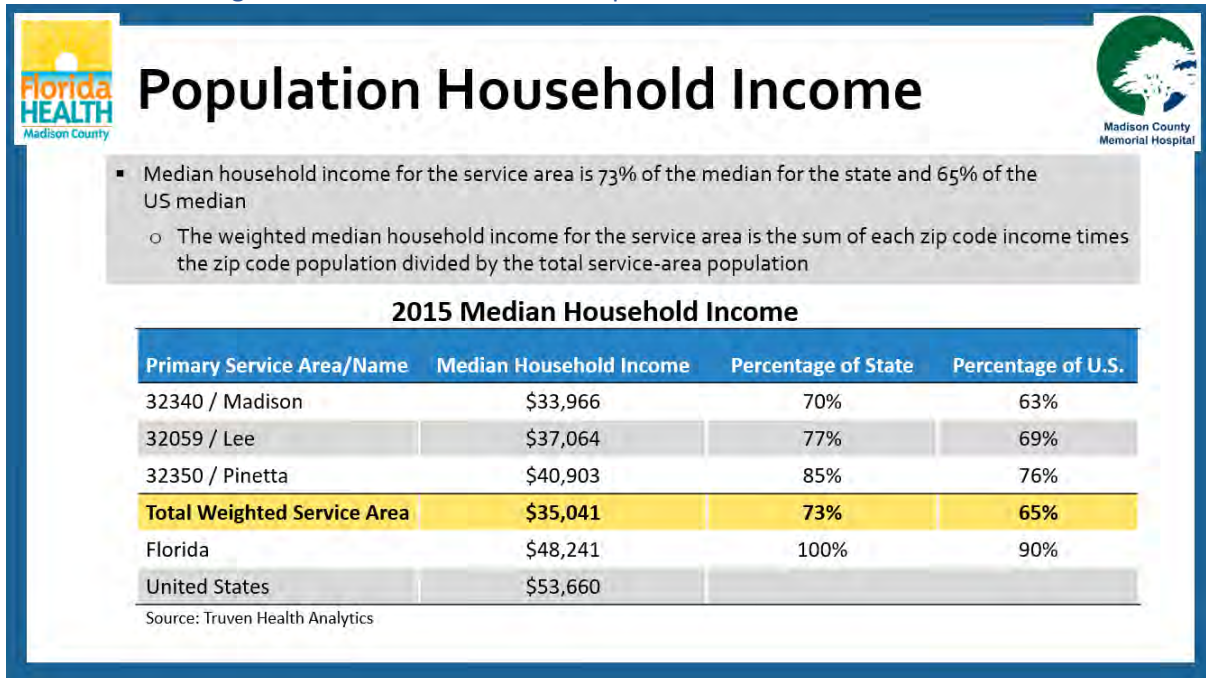
Population projections by age group suggest a similar trend to Madison County as a whole, with ages 65+ becoming a larger proportion of the population than in 2015.

Figure 14. MCMH Service Area Population Projections by Age Group



The median household income for the hospital service population is slightly higher (73%) when compared to Madison County as a whole (68%).

Figure 15. MCMH Service Area Population Household Income for 2015

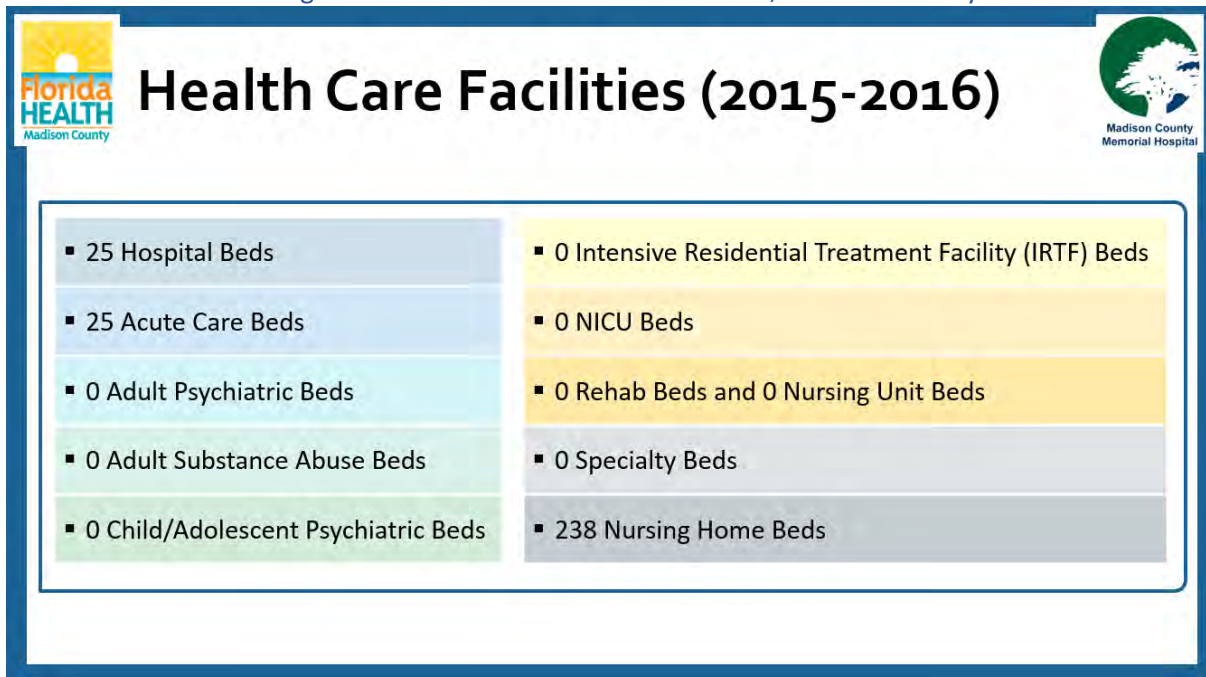


Health Resource Availability

Madison County, as a rural area, has a limited amount of available health resources. There is one hospital, Madison County Memorial Hospital, which serves the area. While MCMH has been expanding some services to meet the population needs, residents routinely travel to Tallahassee, Valdosta or Gainesville for medical services not available in the area.

Listed below is a profile of Madison County Health Care Facilities. This chart illustrates the need for obstetric/NICU services, as well as residential mental health and substance abuse services.

Figure 16. Profile of Health Care Facilities, Madison County



Information from the 2017 Robert Wood Johnson Foundation County Health Rankings estimate the following ratios with respect to service providers:

- 1 physician to 6,170 residents
- 1 dentist to 3,680 residents
- 1 mental health provider to 2,300 residents
- 1 primary care provider to 1,673 residents

Table 4 below lists health care professionals that are licensed and reside in Madison County. These professionals may practice in other counties. Conversely, services may be provided by health care professionals from other counties. Not included in the list are the 27 health department staff of varying professions.

Table 4. Health Care Professionals in Madison County

5 Licensed, Active MDs 1 Family Practice Physician 1 Internal Medicine 0 OB/GYN 1 Pediatrician 2 Other practice	Mental Health Professionals 0 Licensed Clinical Social Workers 0 Licensed Marriage and Family Therapists 2 Licensed Mental Health Counselors 1 Licensed Psychologist
4 Licensed, Active Osteopathic Physicians	29 EMTs/Paramedics
157 Registered Nurses	4 Licensed Dentists
15 ARNPs	12 Dental Hygienists
* Data from Department of Health Division of Medical Quality Assurance	

Madison County Memorial Hospital Services

Listed below are current services available at Madison County Memorial Hospital. The hospital continues to partner with Capital Regional Medical Center in Tallahassee to expand services to meet the population needs.

Figure 17. Madison County Memorial Hospital Services



Madison County Memorial Hospital



■ Services available are:

- Case Management
- Rehabilitation (Inpatient and Outpatient)
- CT Scan
- Swing Bed – Extra time for healing
- Endoscopy (New GI Specialist Coming Soon)
- Telemedicine/TeleStroke Program
- Emergency Department
- Ultrasound
- Laboratory
- X-Ray
- Mammography
- Respiratory/Cardiopulmonary

The Madison County Memorial Hospital TeleStroke Program allows a Board Certified Stroke Neurologist to review CT Brain Scan images, perform a face-to-face assessment and evaluation of the patient through a telemedicine robot, and provide recommendations to the Emergency Room and Medical Floor providers on the emergency treatment for patients with an onset of stroke-like symptoms of less than four hours. This program has proven to be successful for the Madison County residents.

Health Equity

It is recognized that health is influenced by a number of factors in the dynamic relationship between people and their environments. The social determinants of health framework addresses the distribution of wellness and illness within a population. The Madison County community represented by the data within this report live and work within an economic, social, and political context that is enabled and constrained by the rich network constructed by its multitude of relationships. Individual lifestyle factors are influenced by and influence health outcomes throughout the Madison County community. The social determinants of health framework focuses attention on the factors which most impact health within the larger social and economic context.

Health Equity is a topic that is integrated into the analysis of health indicators in the following Community Health Status Assessment. This is a Department of Health priority that will be addressed whenever community health objectives and action plans are developed, implemented and evaluated over the next three years. For the purposes of this analysis, the population will be considered disproportionately affected if the percentage diagnosed in a given category exceeds the percentage the population represents county-wide.

Black or Other Race, non-Hispanic persons comprise 39.5% of Madison County's population. The data show that this population is disproportionately affected in the areas of sexually transmitted diseases, chronic diseases, and most maternal and child health measures.

Hispanic persons of all races comprise 8% of Madison County's population. This population has been disproportionately affected in some of the maternal and child health measures, including pregnancy intervals less than 18 months, births to mothers who are obese overweight at the time of pregnancy, births to mothers ages 15-19, births to mothers who smoked during pregnancy. Hispanics were also disproportionately affected by motor vehicle crash injuries.

In order to achieve health equity in Madison County, we will work with community gatekeepers to address the disproportionate disease trends as identified above. Healthy equity will be integrated into all strategies. Also, Community Health Improvement Plan (CHIP) members will be educating the community on the importance of achieving health equity in Madison County.

Community Health Status Assessment

Leading Causes of Death

The leading cause of death in Madison County for calendar years 2015 and 2016 was heart diseases, followed by cancer, chronic lower respiratory disease, and cerebrovascular diseases. These leading four causes of death were consistent by race and ethnicity. The remaining leading causes of death for 2015 and 2016 remained the same but arranged in slightly different order. There were three deaths in 2016 to persons identified as Hispanic.

It should be noted that perinatal period conditions ranked number ten overall regardless of race, but ranked number six for Black and Other races. This is particularly important and will be addressed in the Maternal and Child Health Indicators section.

Many of the leading causes of death listed below are due to chronic diseases, linked to obesity and tobacco use. These will be addressed in the Chronic Disease Health Indicators section.

Table 5. Leading Causes of Death, Madison County, 2016

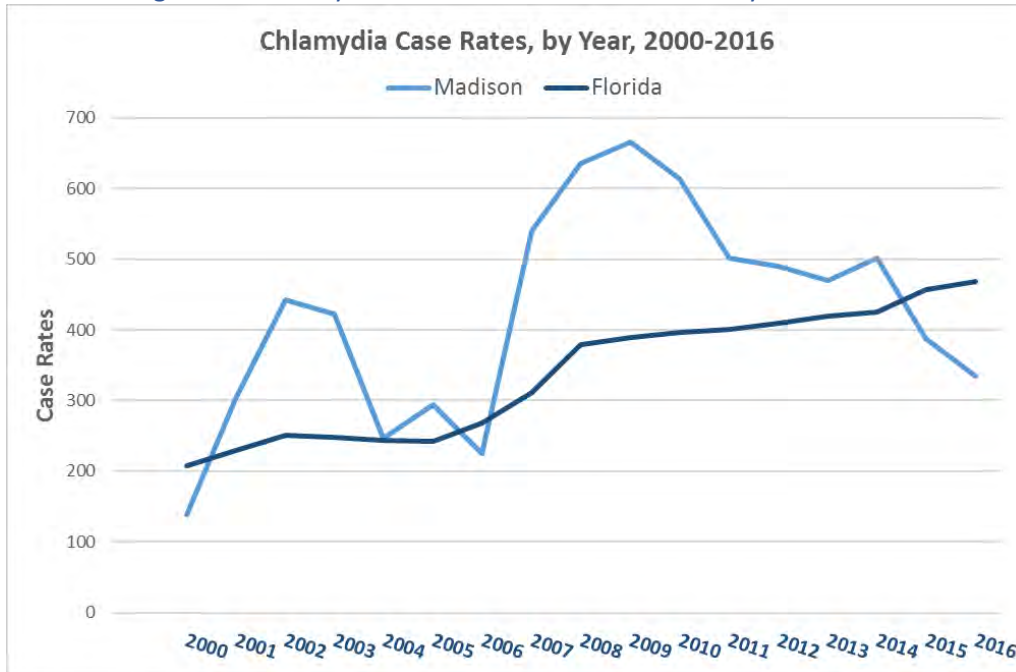
	Resident Deaths 2016
Heart Diseases	57
Malignant Neoplasm (Cancer)	45
Chronic Lower Respiratory Disease (J40-J42,J43,J44,J45-J46,J47)	17
Cerebrovascular Diseases (I60-I69)	13
Nephritis, Nephrotic Syndrome, Nephrosis (N00-N07,N17-N19,N25-N27)	13
Unintentional Injury	12
Diabetes Mellitus (E10-E14)	7
Influenza & Pneumonia (J09-J11,J12-J18)	7
Septicemia (A40-A41)	5
Alzheimers Disease (G30)	3
Perinatal Period Conditions (P00-P96)	3

Reportable Diseases

Chlamydia

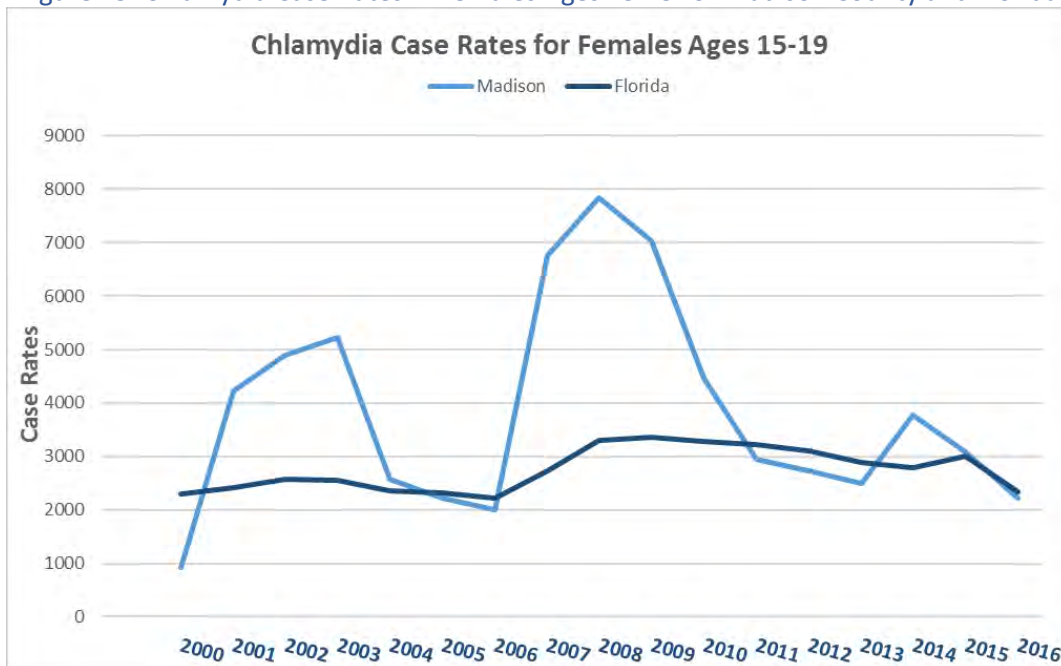
Chlamydia case rates for Madison County and Florida are shown below. Cases have decreased in Madison County while increasing slightly for the state. Black, non-Hispanic persons represented 74% of the chlamydia cases in 2016, with a rate of 647.9 per 100,000. White, non-Hispanic persons accounted for 17% of chlamydia cases in 2016, with a rate of 107.3, and Hispanic persons represented 5% of the 2016 chlamydia cases, with a rate of 197.9. Five percent of the 2016 chlamydia cases did not have a race/ethnicity specified. Thirty-four percent of the 2016 chlamydia cases were male and 66% were female. Higher diagnoses in females is consistent with the state as a whole and is most likely due to the fact that symptoms are more noticeable in females than in males.

Figure 18. Chlamydia Case Rates for Madison County and Florida



Although the case rate for females ages 15-19 decreased in Madison County in 2016, it should be noted that the actual case count increased slightly. A total of 77% of chlamydia cases in females ages 15-19 were attributed to Black, non-Hispanics, followed by White, non-Hispanics (15%) and Hispanics (2%). The 2016 chlamydia rate for Black, non-Hispanic females ages 15-19 was 3,766.5, followed by 785.9 for White, non-Hispanics and 1,550.4 for Hispanics.

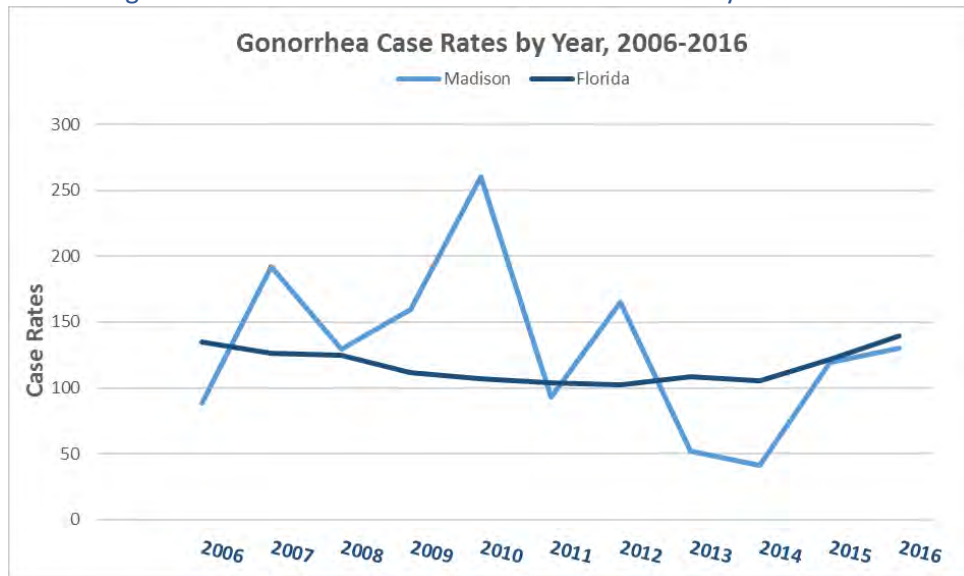
Figure 19. Chlamydia Case Rates in Females Ages 15-19 for Madison County and Florida



Gonorrhea

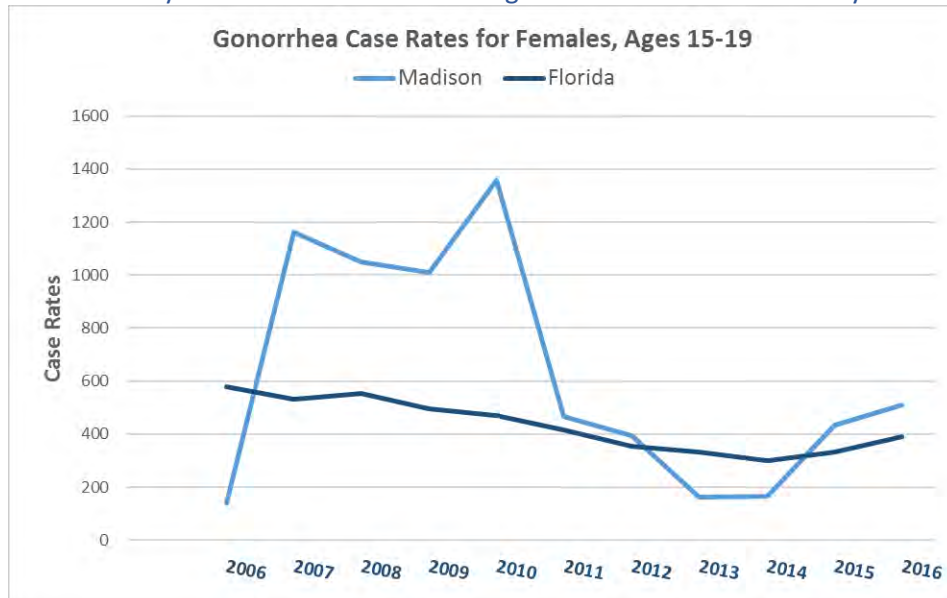
Gonorrhea case rates have been increasing in Madison County, and in the state of Florida as a whole. Gonorrhea affects the Black, non-Hispanic population disproportionately, with 72% of the cases reported in 2016 and a case rate of 248.1 per 100,000. White, non-Hispanics represented 16% of the cases with a case rate of 39.0, and Hispanics represented 12% of the cases with a case rate of 131.9 per 100,000 population.

Figure 20. Gonorrhea Case Rates for Madison County and Florida



Madison has the 12th highest case rate of gonorrhea in females, ages 15-19, and this rate has increased in 2015 and 2016. Black, non-Hispanic females accounted for 83% of the gonorrhea cases in this age group in 2016 and White, non-Hispanic females accounted for 17% of the cases. There were no cases reported among Hispanic females, ages 15-19 in Madison County in 2016. The 2016 case rate for Black, non-Hispanic females in this age group was 941.6 per 100,000 and 196.5 for White, non-Hispanic females.

Figure 21. Chlamydia Case Rates in Females Ages 15-19 for Madison County and Florida



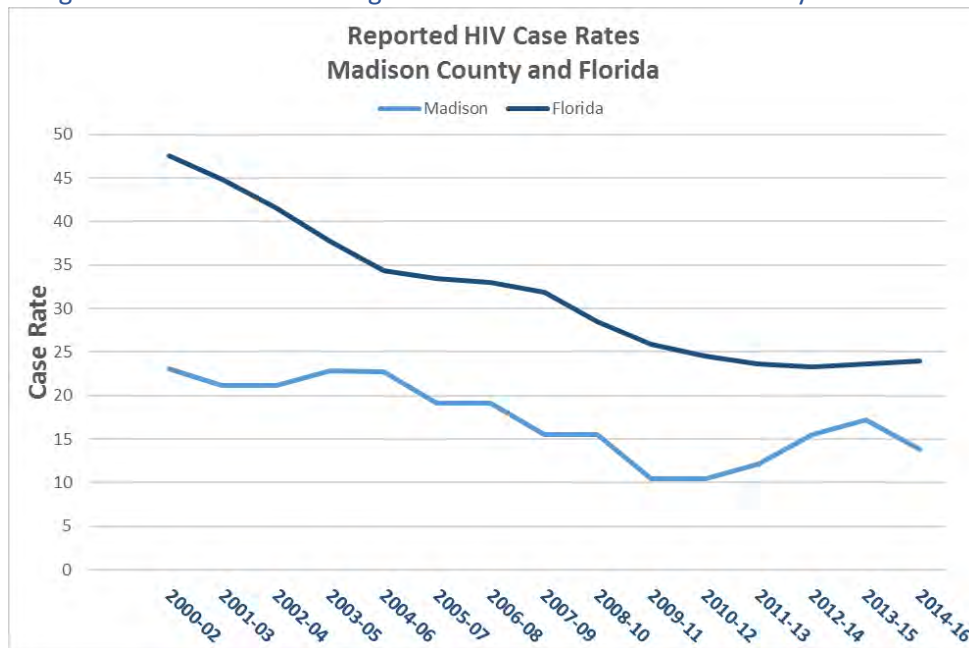
HIV/AIDS

HIV/AIDS deaths in Madison County ranked number 10 of the top ten leading causes of death in 2015 and did not rank among the top ten causes of death in 2016. Madison County ranked 30th of 67 counties for overall death rates due to HIV/AIDS, with a rate of 3.3 per 100,000 persons. A total of 78% of the HIV/AIDS related deaths from 2010-2016 were to Black, non-Hispanic persons, 12% were Hispanic and 0% of HIV related deaths were to White, non-Hispanic persons. The death rate for Black, non-Hispanic persons in 2016 was 9.3 per 100,000, a decrease from 16.8 per 100,000 in 2015.

Three-year rolling averages were used to depict reported HIV and AIDS cases for Madison County and Florida. This was done to more clearly see trend lines as there have been some years that Madison County did not have any reported HIV or AIDS cases.

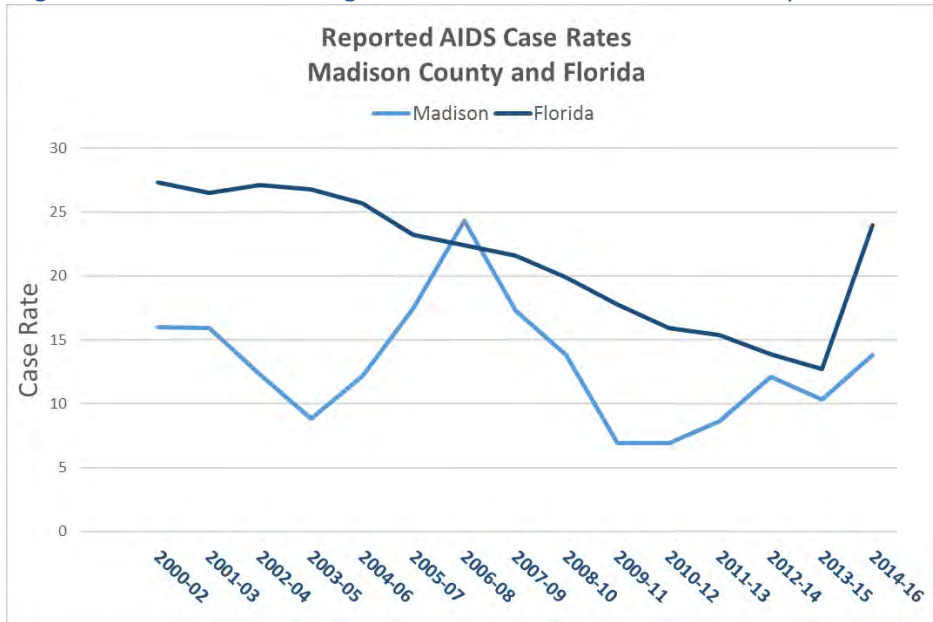
Madison County is experiencing a slight decrease in reported HIV cases. Of the 17 cases reported from 2010 through 2016, 88% were reported among Black, non-Hispanic persons and 12% were reported among White, non-Hispanic persons. No cases were reported among Hispanics. Thirty percent of the HIV cases reported during 2010-2016 were female and 70% were male.

Figure 22. Three-Year Rolling HIV Case Rates for Madison County and Florida



Three-year rolling AIDS case rates are depicted below for Madison County and the state of Florida. Madison County is currently experiencing an increase in AIDS cases. Black, non-Hispanic persons accounted for 41% of Madison's population and 100% of the cases reported in Madison County from 2010-2015. Fifty percent of the AIDS cases reported in 2016 were White, non-Hispanic and 50% Black, non-Hispanic. Forty-two percent of the AIDS cases reported from 2010-2016 were female and 58% were male.

Figure 23. Three-Year Rolling AIDS Case Rates for Madison County and Florida

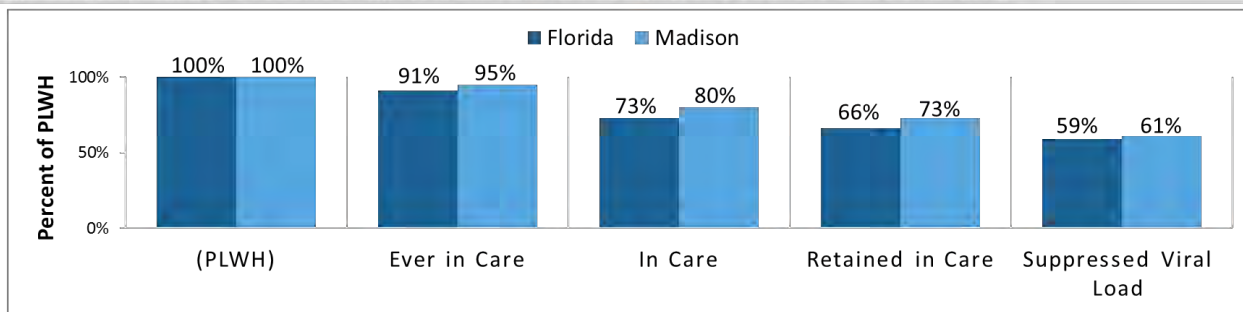


The fact that HIV cases are slightly decreasing and AIDS cases are increasing in Madison County suggests there may be issues with access to medical care, adherence to HIV treatment regimens or other care issues that would cause persons diagnosed with HIV to meet the AIDS case definition. The figure below depicts the continuum of care for Madison County and Florida in 2015, the last available year. There are approximately 114 people living with HIV/AIDS in Madison County. Madison is slightly better than the state as a whole with linkage to care, retention in care and suppressed viral loads.

Figure 24. Continuum of Care in Madison County and Florida

Persons Living with HIV Along the HIV Care Continuum (2015)

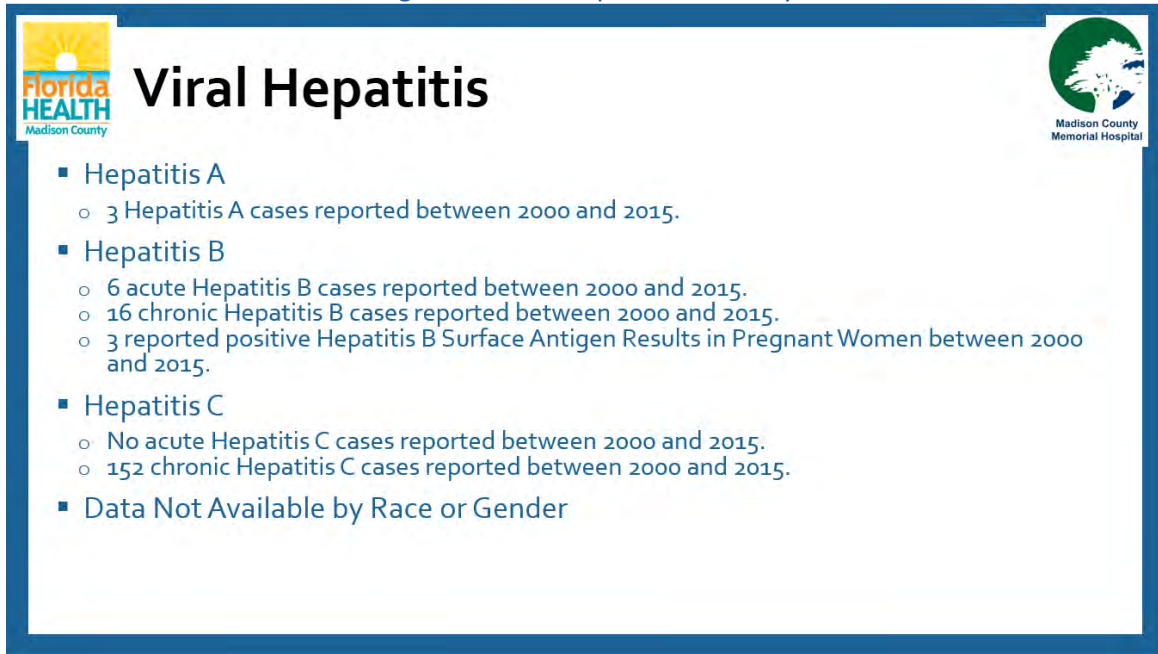
- The Diagnosis-Based Model of the HIV care continuum shows each step of the continuum as a percentage of the number of people diagnosed and aware and living with HIV disease as of the end of 2015.
- **HIV Diagnosed and Aware:** The number of persons known to be diagnosed, aware and living in Florida with HIV disease (PLWH) through 2015, as of 06/30/2016, regardless of AIDS status or where diagnosed.
- **Ever In Care:** PLWH with at least 1 documented viral load (VL) or CD4 lab, medical visit or prescription since HIV diagnosis.
- **In care:** PLWH with at least 1 documented VL or CD4 lab, medical visit or prescription in 2015.
- **Retained in care:** PLWH with 2 or more documented VL or CD4 labs, medical visits or prescriptions (at least 3 months apart) in 2015.
- **Suppressed Viral Load:** PLWH with a suppressed viral load (<200 copies/mL) on the last viral load in 2015.



Viral Hepatitis

While Madison County has reported cases of viral hepatitis, there is not enough disease morbidity to support trend analysis, or analysis by race/ethnicity and gender. Data are presented below through 2015, the last calendar year that data are available. Viral hepatitis is also represented in the disease table on the following page.

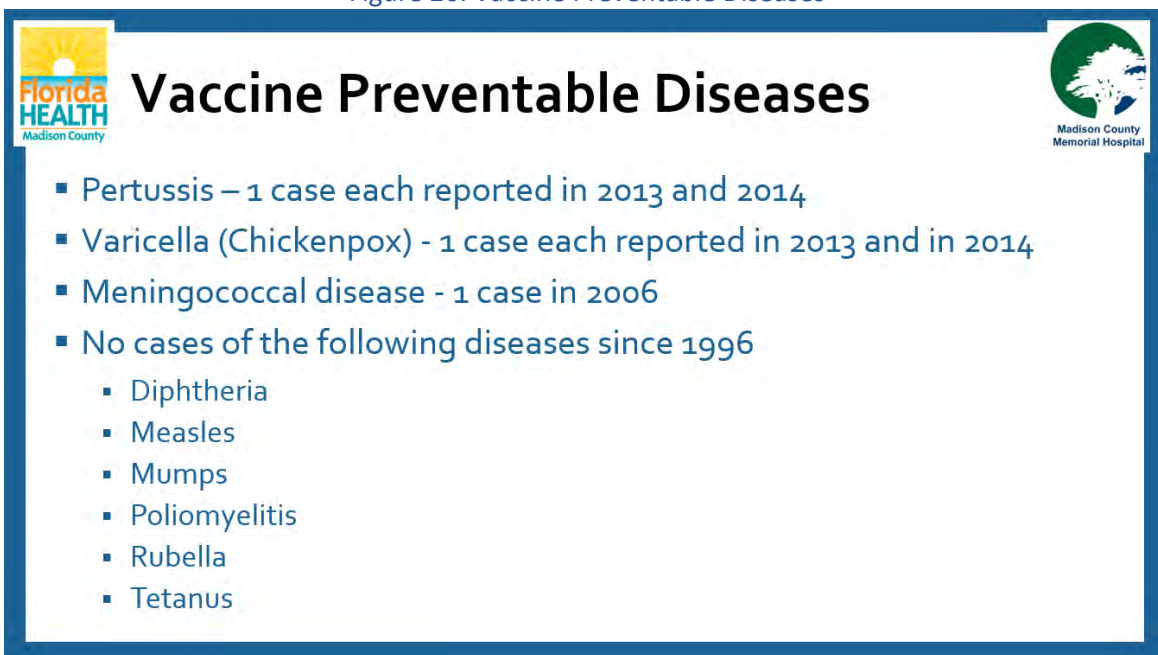
Figure 25. Viral Hepatitis Morbidity



Vaccine Preventable Diseases

There have been very few cases of reported vaccine preventable diseases in Madison County in the last 16 years. Data are available through 2015, and are not available by race/ethnicity or gender.

Figure 26. Vaccine Preventable Diseases



Other Reportable Diseases or Conditions

The table below summarizes 2015 morbidity for reportable diseases or conditions other than those discussed in detail.

Table 6. Reportable Diseases or Conditions in 2015

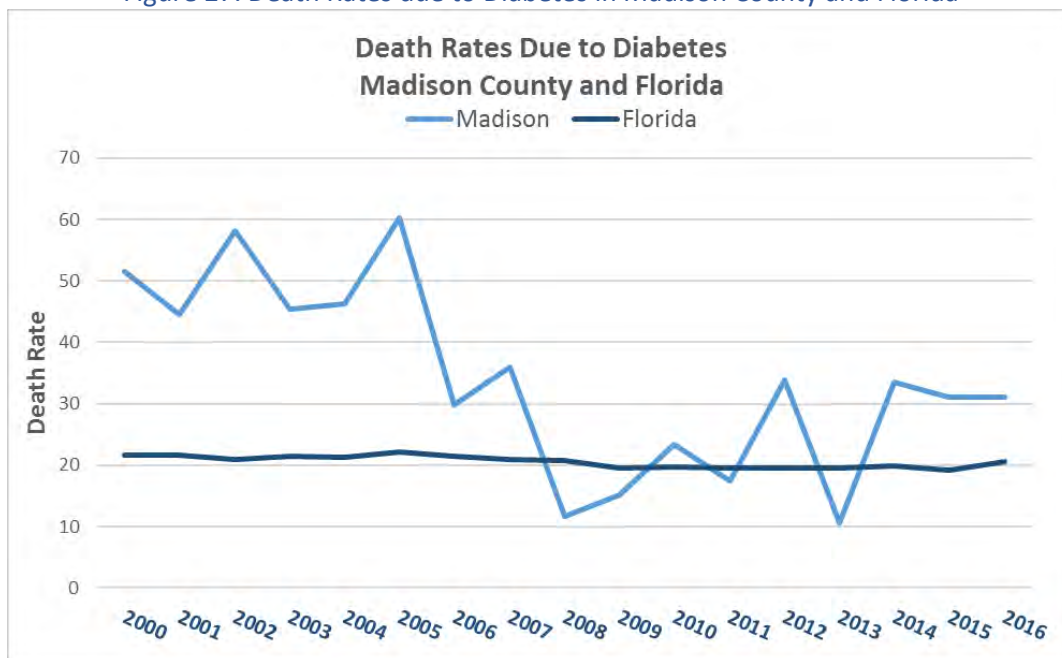
Disease or Reportable Condition	2015 Cases
Campylobacteriosis	1
Carbon Monoxide Poisoning	0
Chickagunya Fever	0
Citaguera Fish Poison	0
Cryptosporidiosis	5
Cyclosporiasis	0
Dengue Fever	0
Acute Giardiasis	1
H. Influenzae Invasive	0
Hansen's Disease (Leprosy)	0
Hepatitis A	0
Acute Hepatitis B	1
Chronic Hepatitis C	5
Hepatitis B Surface Antigen in Pregnant Women	0
Acute Hepatitis C	0
Chronic Hepatitis C Including Perinatal	28
Lead Poisoning in Adults or Children	0
Legionellosis	0
Listeriosis	0
Malaria	0
Mercury Poisoning	0
Pertussis	0
Acute Pesticide Related Illness	0
Rabies, Animal and Possible Human Exposure	0
Rocky Mountain Spotted Fever	0
Salmonellosis	4
Shiga Toxin-Producing Escherichia Coli	1
Shigellosis	0
Syphilis	1
Tuberculosis	0
Varicella (Chicken Pox)	0
Vibriosis (Excluding Cholera)	1

Chronic Diseases

Diabetes Mellitus

In 2014, Madison County experienced a dramatic increase in the death rates due to diabetes. The death rate due to diabetes in 2013 was 10.7 per 100,000, which increased to a rate of 33.5 in 2014, and then slightly decreased to a rate of 31.1 for both 2015 and 2016. In comparison to Florida, these rates are much higher across the board, with the exception of 2013. The diabetes death rate for Florida in 2013, 2014, 2015, and 2016 were: 19.6, 19.8, 19.1, and 20.6; respectively. Approximately 57 percent of the diabetes deaths in Madison County, in 2016, were non-White (Black, non-Hispanic) and 43 percent were White; this variance is largely due to risk factors and social determinants of health. There were no Hispanic deaths. The diabetes deaths in Madison County in 2016 by gender were 71 percent male and 29 percent female.

Figure 27. Death Rates due to Diabetes in Madison County and Florida



When interviewed by BRFSS in 2013, 17 percent of respondents stated that they had been told they had diabetes. This rate is higher than the 11 percent for the state as a whole. In 2014, there were 457 admissions, a rate of 1,837.3 per 100,000 population. However, the hospitalization rate due to diabetes has increased in Madison County. In 2015, there were 520 hospitalizations (rate of 2,027.4 per 100,000) and 519 hospitalizations in 2016, translating to a rate of 2,026.4 per 100,000.

The table below illustrates the risk factors for diabetes is higher in Madison County and Florida, per the 2017 Robert Wood Johnson County Health Ranks Data. Compared to the 11 percent of diabetics in Florida, 16 percent of Madison County residents are diabetic. Nearly 34 percent of Madison County residents are obese and 31 percent are not physically active. In addition, only 53 percent of Madison County residents have access to exercise opportunities; compared to 92 percent for the state of Florida. Roughly nine percent of Madison County residents have limited access to healthy foods and 22 percent have food insecurity.

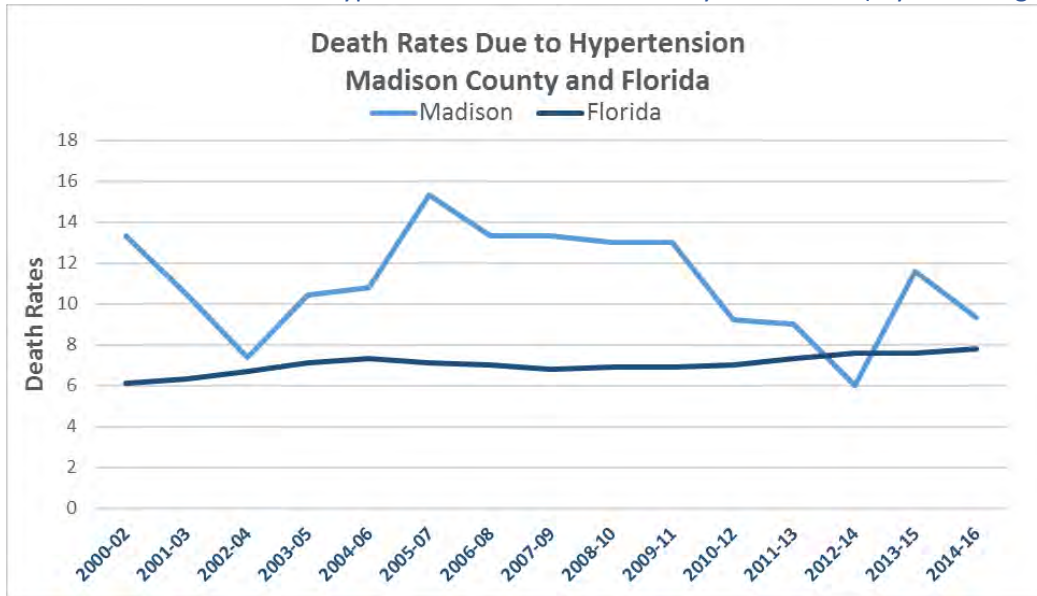
Table 7. Estimated Risk Factors for Diabetes in Madison County and Florida in 2017.

Risk Factors	Madison County	Florida
Diabetic	16%	11%
Obese	34%	26%
Physically inactive	31%	23%
Access to exercise opportunities	53%	92%
Limited access to healthy foods	9%	2%
Food insecurity	22%	16%

Hypertension

Death rates due to hypertension have consistently been higher in Madison County than the state of Florida, on a 3-year rolling rate, as seen below in Figure 28. Between 2010 and 2016, 75 percent of all hypertension deaths in Madison County were non-White individuals. There were no deaths to Hispanics during the measured time frame. Within this time period, 56 percent of those deaths were male.

Figure 28. Death Rates due to Hypertension in Madison County and Florida (3-year rolling rate)

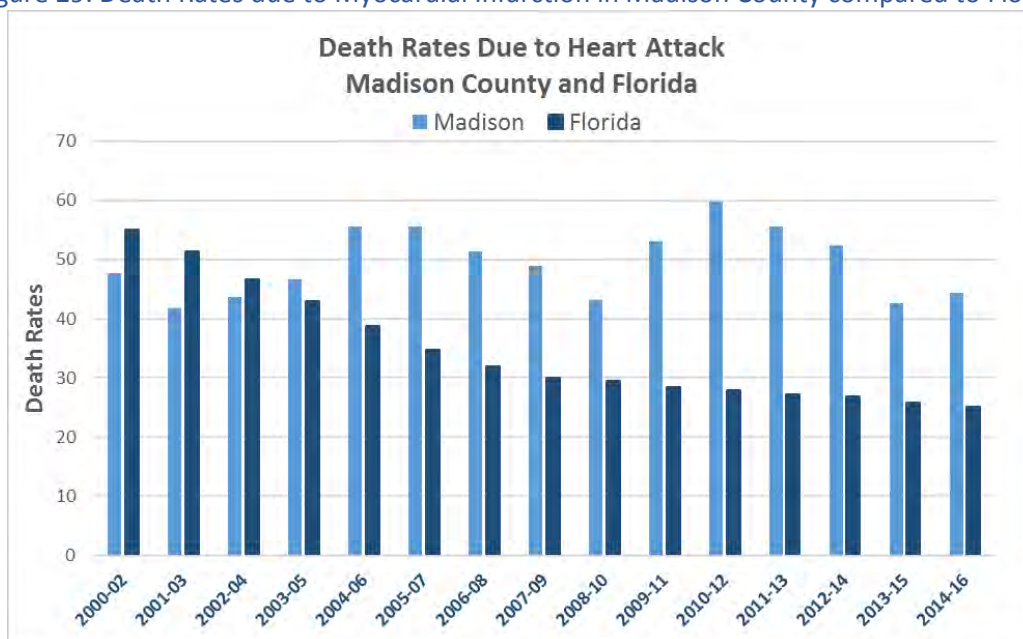


Myocardial Infarction

As seen in Figure 29, based on a 3-year rolling rate, Madison County has consistently had higher death rate due to myocardial infarction compared to Florida. From 2010-2016, 55 percent of the deaths due to heart attack in Madison County were White, 44% were Black or Other race and 1% were Hispanic individuals. Of those myocardial infarction deaths in Madison County during 2010-2016, 47 percent were male and 53 percent were female. Females are accounting for more myocardial infarctions in recent years than men.

Madison County residents were more likely to be hospitalized for congestive heart failure (CHF) when compared to the state as a whole. In 2014, 59 percent of hospitalizations for Madison County residents were White. This data is not available by gender. In 2015, the death rate due to cardiovascular disease was 255.3 per 100,000 in Madison County and 152.9 for the state of Florida. The rate for non-White persons was 271.5 per 100,000 compared to 241.9 for Whites. The rate for males was 337.9, compares to 199.1 per 100,000 for females.

Figure 29. Death Rates due to Myocardial Infarction in Madison County compared to Florida



Stroke

The stroke rate of deaths for Madison County decreased from 58.1 per 100,000 in 2014 to 50.2 in 2016. The 2016 death rate for Whites in Madison County was 45.8, compared to 72.5 for Black and other races, and to 376.9 for Hispanics. The death rates due to stroke in Madison County by gender were 47.1 for males and 51.6 for females.

As shown in Figure 30, the hospitalization rates due to stroke has decreased over time in Madison County. In 2016, the rate for Madison County was 157.9 per 100,000 population, compared to 206.9 for Florida. In Madison County, the 2016 stroke hospitalization rate for non-White persons was 222.5 per 100,000; compared to 111.3 for Whites. There were no Hispanic hospitalizations in 2016.

The Robert Wood Johnson 2017 County Health Ranking data indicate that 21 percent of adults in Madison County are current smokers, compared to 16 percent for the state of Florida. In contingency with the diabetes risk factors in Table 1, 68.8 percent of persons responding to the 2013 BRFSS survey indicated that they had a cholesterol check in the previous two years, compared to 73.2 percent for Florida.

Figure 30. Death Rates due to Stroke in Madison County and Florida

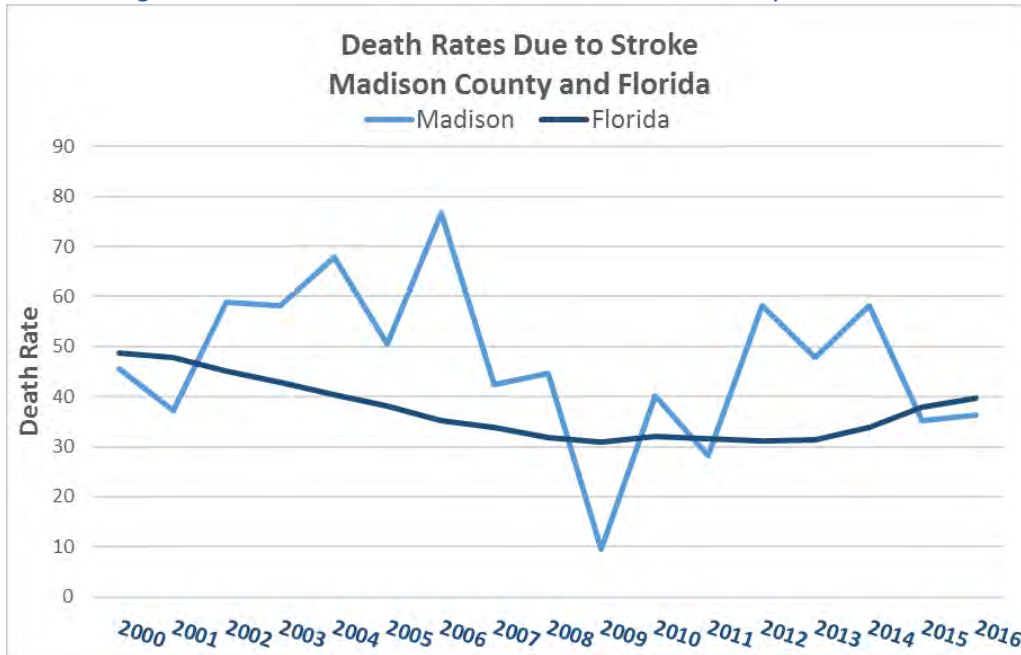
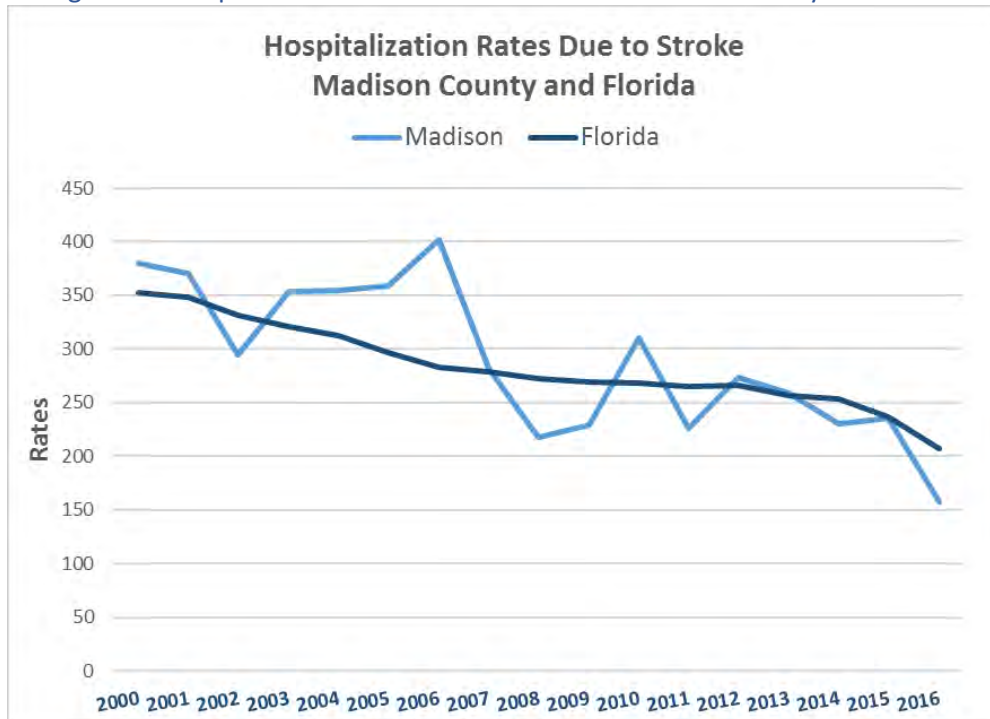


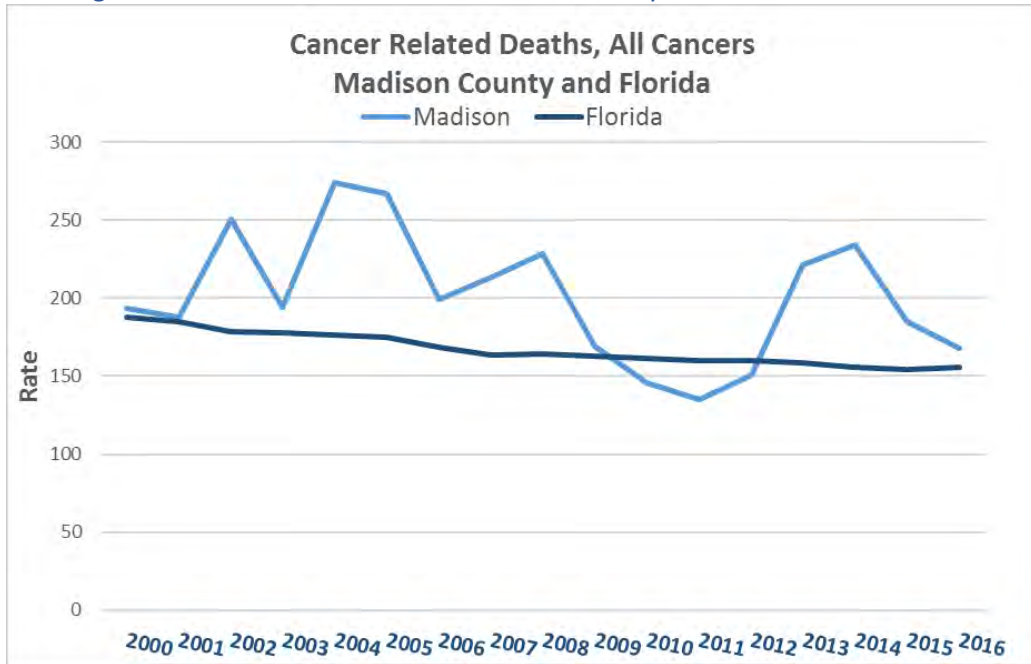
Figure 31. Hospitalization Rates due to Stroke in Madison County and Florida



Cancer

The cancer death rates in Madison County, for all cancers, fell from 233.9 per 100,000 population in 2014 to 168.1 in 2016. Although the cancer death rates have decreased, the Florida rates were lower in 2014 and 2015 – 154.3 and 155.4, respectively. In Madison County, 75 percent of all cancer deaths in 2016 were among White persons and 62 percent of those deaths were male.

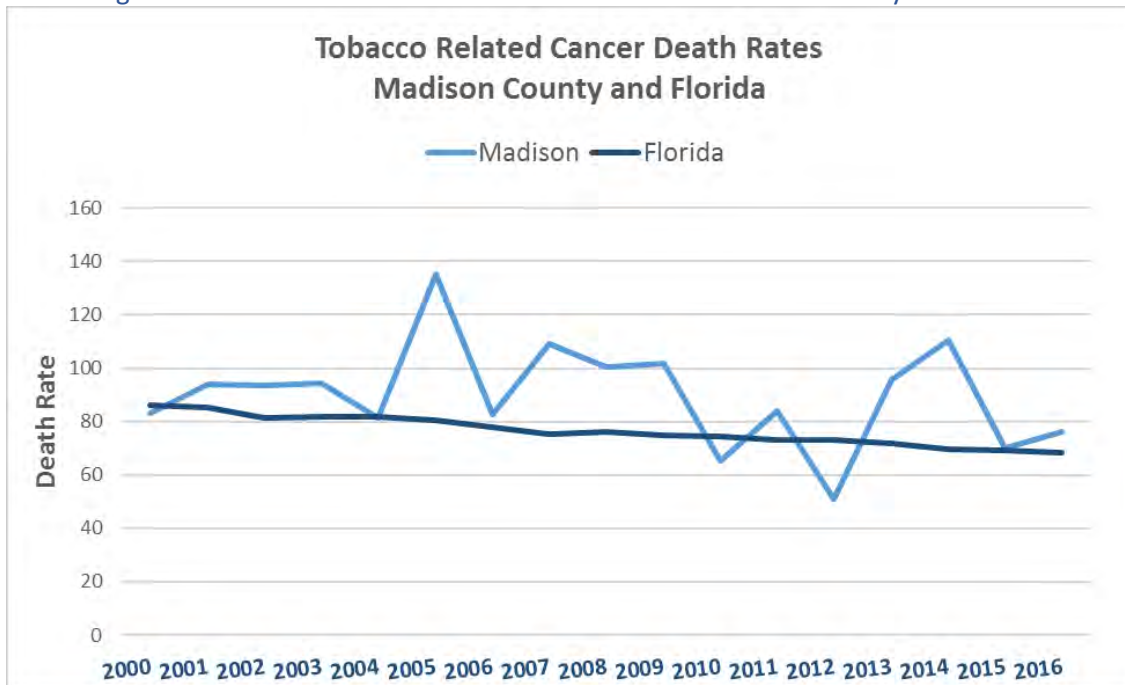
Figure 32. Cancer Death Rates in Madison County and Florida for all cancers



Tobacco Related Cancer

Tobacco related cancers include: Acute myeloblastic leukemia, bladder, bronchus, cervix, esophagus, kidney, lip, lung, oral cavity, pancreas, pharynx, stomach, and trachea. The 2016 death rate due to tobacco-related cancers in Madison County was 76.3 per 100,000 population. This rate was close to the state rate of 68.4 per 100,000. Tobacco-related cancer death rates are not available by gender. From 2014 to 2016, the death rate for non-White persons dropped from 75.4 to 39.7 per 100,000; respectively. The death rates for Whites dropped from 121.4 in 2014 to 85.4 per 100,000 in 2016.

Figure 33. Tobacco-Related Cancer Death Rates for Madison County and Florida



Youth Tobacco Use

The below table represents the proportion of youth in Madison County and Florida, who use tobacco. The percent of students in Madison County admitting to using cigarettes has declined from 9.3 percent in 2012 to 6.3 percent in 2016. Students in Madison County who stated they currently use smokeless tobacco has increased from 6.2 percent in 2012 to 6.8 percent in 2016. Approximately 2.2 percent of youth in Florida use smokeless tobacco. The percent of students in Madison County use electronic vaping has increased from 4.8 percent in 2012 to 11.5 percent in 2016. In 2012, 17.4 percent of youth in Madison County stated they currently use cigarettes, cigars, smokeless, hookah, or electronic vaping, which increased to 20.1% in 2016. In conclusion, there has been a decrease in cigarette use in Madison County, but an increase in electronic vaping, smokeless tobacco, and other smoking.

Table 8. The 2016 Youth Tobacco Use Survey for Madison County and Florida

Tobacco Use	Madison County		Florida
	2012	2016	2016
Cigarettes	9.3%	6.3%	3.0%
Smokeless tobacco	6.2%	6.8%	2.2%
Electronic vaping	4.8%	11.5%	11.6%
Cigarettes, cigars, smokeless, hookah, or vaping	17.4%	20.1%	16.3%

*All data from DOH Florida Charts, Robert Wood Johnson County Health Rankings, BRFSS

Maternal and Child Health

Infant Mortality and Infant Birth Characteristics

Madison County ranked fourth highest in the state for infant mortality rates in 2016 with a rate of 15.2 per 1,000 live births. One hundred percent of infant deaths in 2016 occurred to Non-White (Black and Other), non-Hispanic mothers. Of the 16 infant deaths since 2010, 19% were born to White, non-Hispanic mothers, 6% were born to Hispanic mothers and 75% to Black or Other race mothers who were non-Hispanic.

A census tract map of infant death rates from 2012 through 2016 is shown below. Places most impacted by infant mortality are located in the western half of Madison County, including Greenville, and the city of Madison. The southeastern portion of Madison County, including Lee, had moderate rates of infant mortality. The northeastern part of Madison County, including Pinetta, did not have any infant deaths during this time period.

Figure 34. Infant Mortality by Census Tract, Madison County, 2012-2016

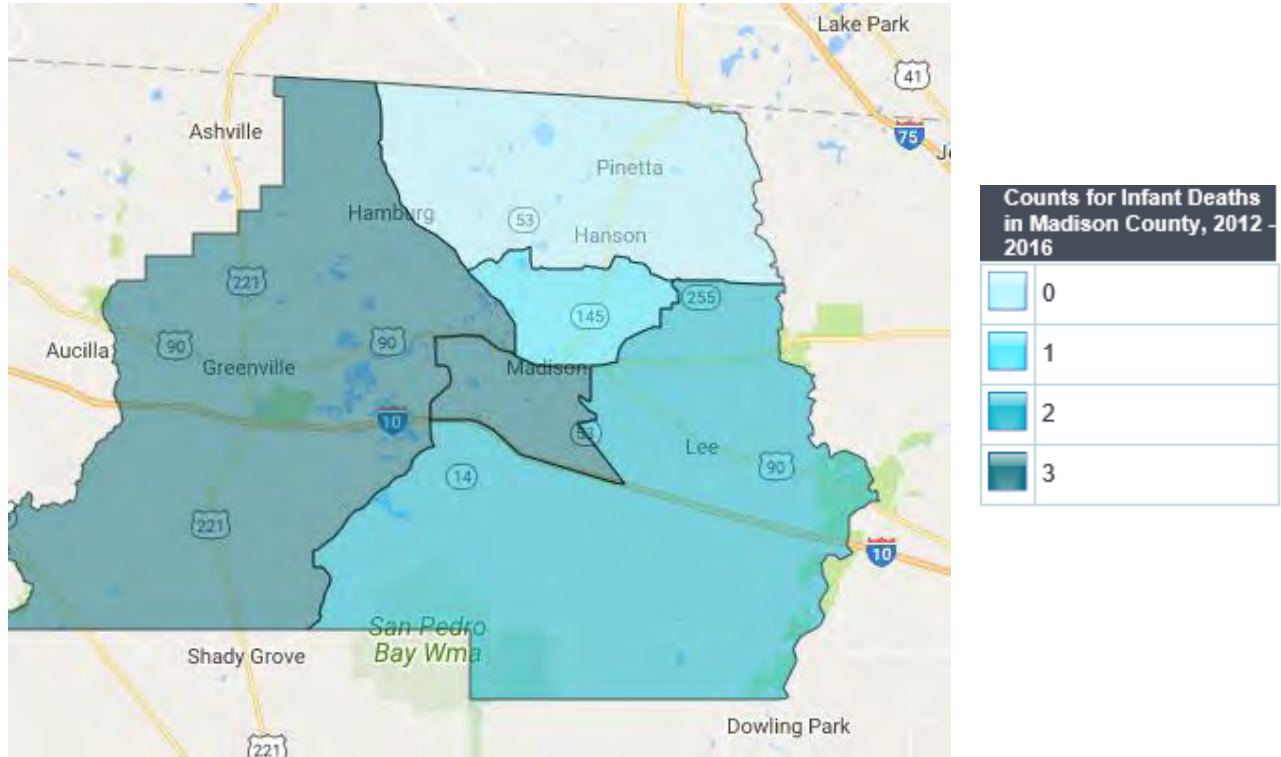


Table 9 below shows mortality rates per 1,000 live births for the leading causes of infant deaths in Madison County from 2010-2016. Causes of death related to infant low birth weight and maternal complications have relatively high rates, and are two causes that can be addressed through scientific interventions.

Table 9. Cause of Death in Infants, 2010-2016, Madison County

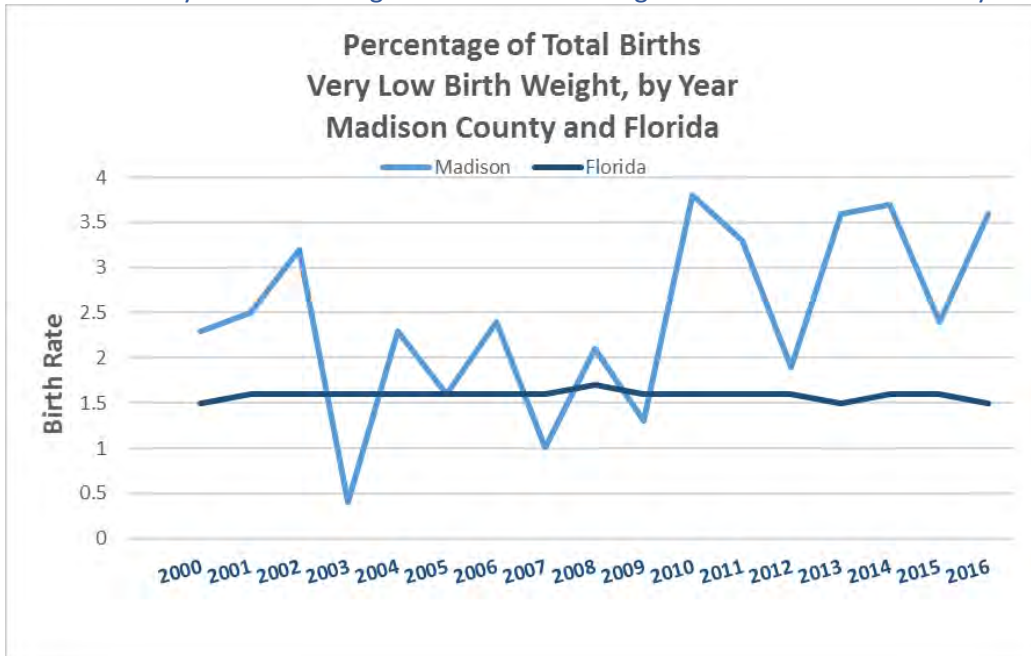
Cause of Death	Rate Per 1,000 Live Births
Other Non-rankable Cause of Death	2.1
Newborn Affected by Maternal Complications of Pregnancy (P01)	2.1
Neonatal Hemorrhage (P50-P52, P54)	2.1
Disorders Related to Short Gestation and Low Birth Weight, Not Elsewhere Classified (P07)	1.4
Sudden Infant Death Syndrome (R95)	1.4
Renal Failure & Other Kidney Disorders (N17-N19, N25, N27)	0.7
Newborn Affected by Complications of Placenta, Cord, and Membranes (P02)	0.7
Unintentional Injuries (V01-X59)	0.7

Figures 35 and 36 below depict the trend lines for very low birth weight and low birth weight births in Madison County and Florida. Madison County has had higher rates of low birth weight and very low birth weight than the state of Florida for the majority of the years since 2000.

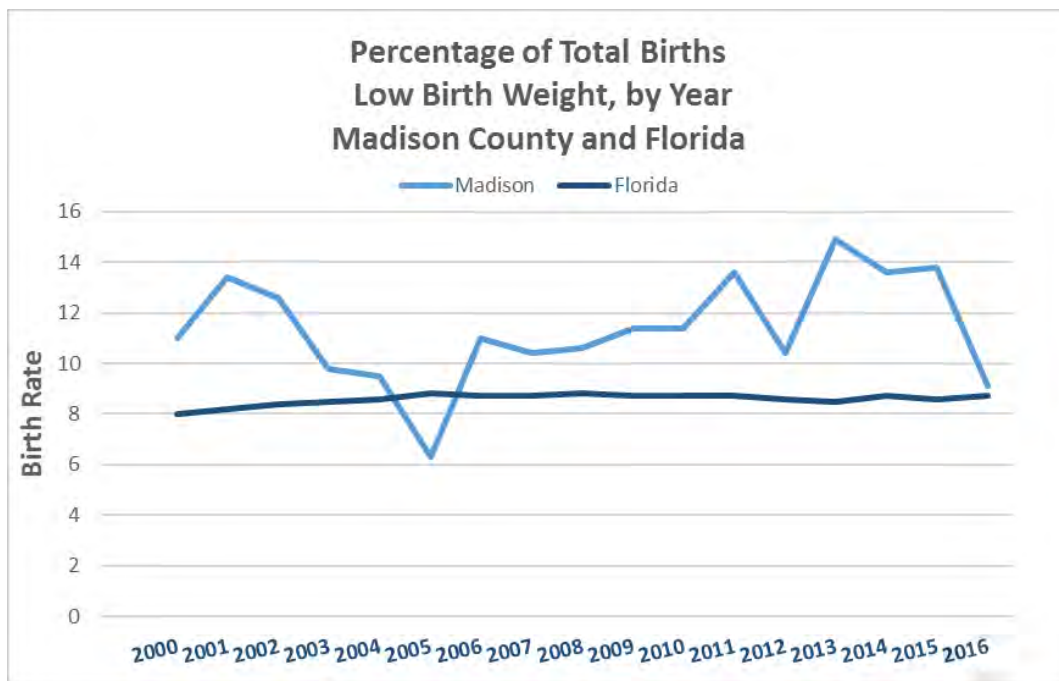
There were 46 very low birth weight births that occurred during 2010-2016. Of those 70% were Black or Other Race, non-Hispanic, 28% were White, non-Hispanic and 2% were Hispanic. During the same time period, there were 181 low birth weight births. Non-Hispanic Black and other races accounted for 64%

of these births, White, non-Hispanics represented 34% of low birth weight births, and Hispanics accounted for 2%.

Figures 35 and 36. Very Low Birth Weight and Low Birth Weight Rates for Madison County and Florida



* Very low birth weight < 1500 grams

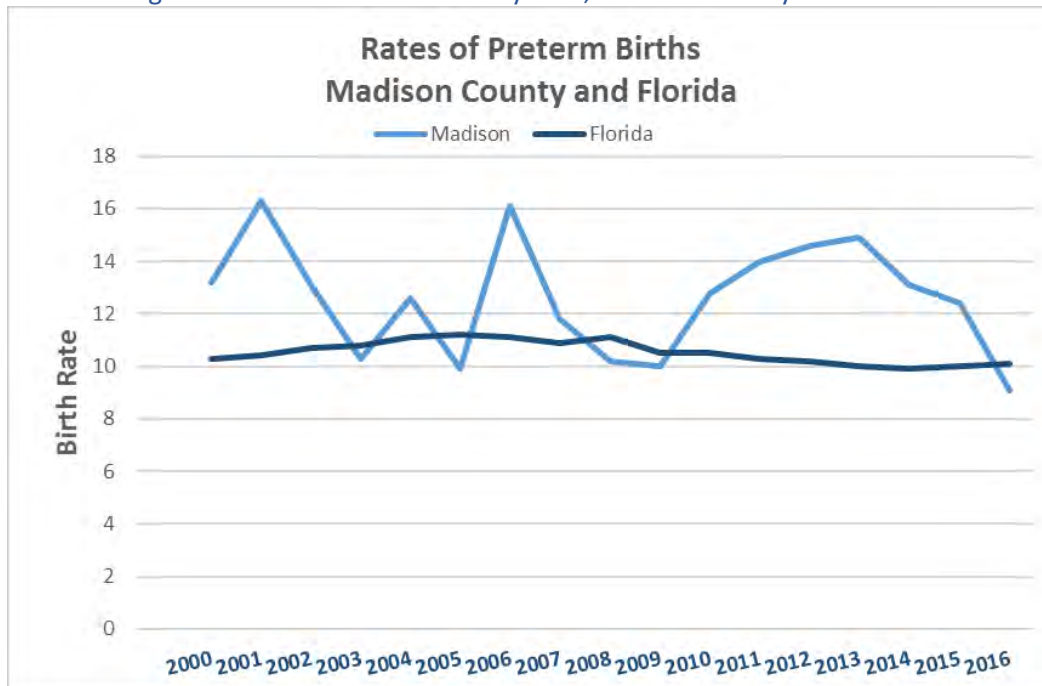


* Low birth weight < 2500 grams

Madison County has experienced a decline in preterm births during the past three years. Figure 37 shows that Madison County's rate of preterm births has been higher than the state as a whole from 2010 through 2015 and is lower than the state in 2016.

Of the 190 preterm births that occurred between 2010 and 2016, 58% were Black or other, non-Hispanic, 40% were White, non-Hispanic and 2% were Hispanic.


Figure 37. Preterm Birth Rates by Year, Madison County and Florida



* Pre-term birth <37 weeks

Listed below are other incidental data related to births in Madison County. These data are generalized and not available by race/ethnicity or other demographic factors.

Figure 38. Other Birth Risk Factors

Other Birth Risk Factors

- The total birth defects for years 2009-2013 is 17
 - Atrial septal defects = 6
 - Ventricular septal defects = 6
 - Congenital heart defects = 5

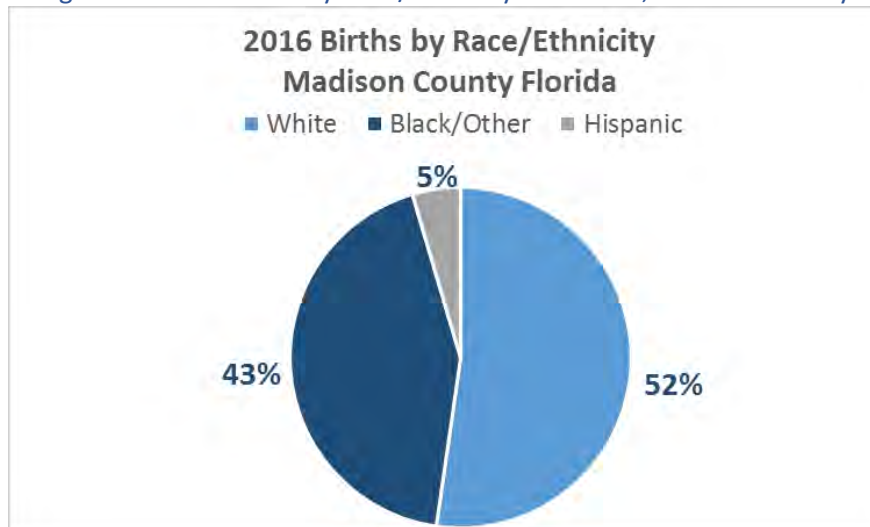
- Madison County ranked in the 4th quartile for the following in 2015
 - Births to unwed mothers
 - Multiple births
 - Births with adequate prenatal care
 - Births covered by Medicaid

Characteristics of Birth Mothers

There were 197 births to mothers residing in Madison County in 2016. A total of 85% of those mothers had at least a high school education, 12% had less than a high school diploma and 3% had unknown education status.

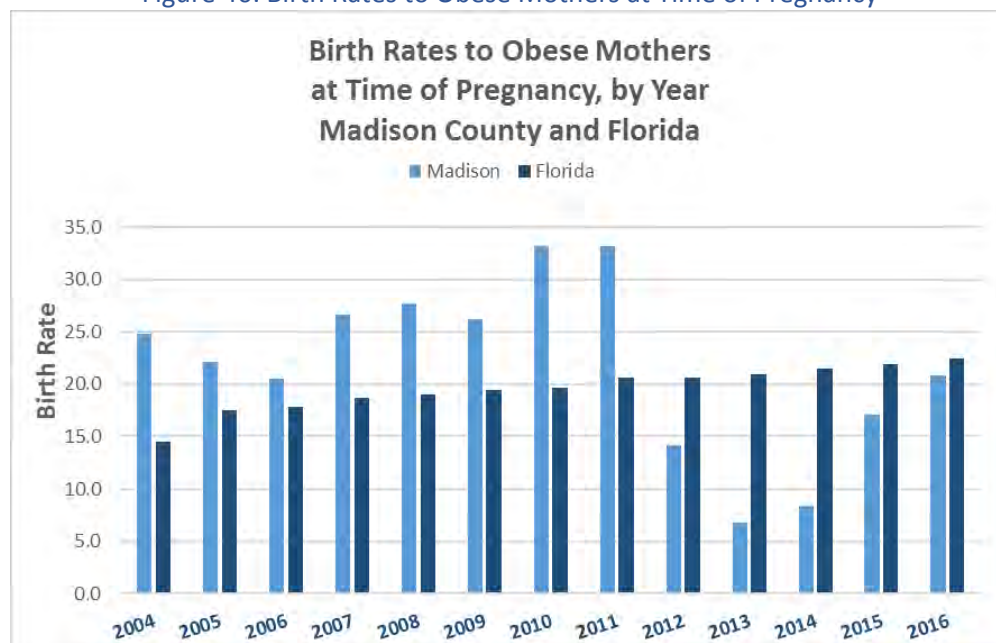
Figure 39 below shows 2016 births for Madison County by the race/ethnicity of the mother. White, non-Hispanic mothers accounted for 52% of the births, followed by non-Hispanic Black and Other at 43%, and Hispanic mothers at 5%.

Figure 39. 2016 Births by Race/Ethnicity of Mother, Madison County



Obesity rates of mothers at time of pregnancy decreased from 2011 to 2013 and has been increasing since then. Obesity rates for Madison County are still slightly less than the state as a whole. During the time frame of 2010-2016, 17% of White, non-Hispanic mothers were considered obese at the time of pregnancy, 22% of non-Hispanic Black and Other race mothers, and 15% of Hispanic mothers.

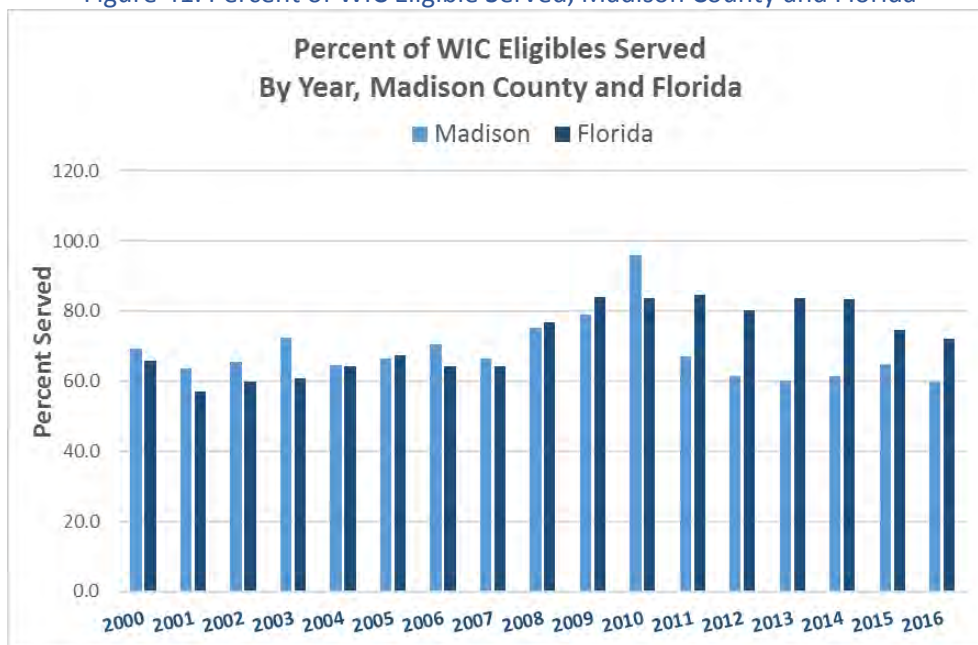
Figure 40. Birth Rates to Obese Mothers at Time of Pregnancy



Smoking status of mothers during pregnancy was analyzed for years 2010-2016. During that time, 15% of White, non-Hispanic mothers admitted to smoking, followed by 8% of Black and other race, non-Hispanic mothers and 7% of Hispanic mothers who admitted to smoking during pregnancy.

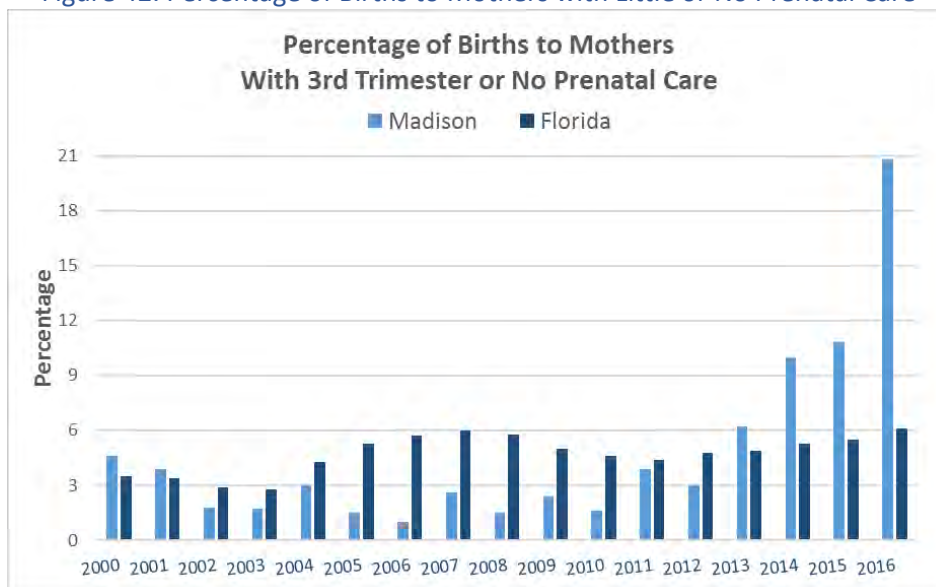
The percent of WIC eligible served in Madison County has decreased from the high percentage of 95.8% in 2010. These data are not available by race/ethnicity.

Figure 41. Percent of WIC Eligible Served, Madison County and Florida



There was a dramatic increase in the number and percentage of women who gave birth with little or no prenatal care in 2016. This rate doubled from 10.8% in 2015 to 20.8% in 2016. When analyzed by race/ethnicity, 11.4% of White, non-Hispanic mothers, 35.7% of Black/Other, non-Hispanic mothers and 11.4% of Hispanic mothers gave birth with only 3rd trimester or no prenatal care in 2016.

Figure 42. Percentage of Births to Mothers with Little or No Prenatal Care



As Figure 43 illustrates, Madison County has consistently had lower percentages of women initiating breastfeeding than the state as a whole. The percentage in Madison County has been increasing slightly since 2013. Breastfeeding initiation percentages in 2016 were 74.1% of White, non-Hispanics, 60.0% of Black and Other Race non-Hispanics, and 66.9% of Hispanics.

Figure 43. Percentage of Women Initiating Breastfeeding, Madison County and Florida

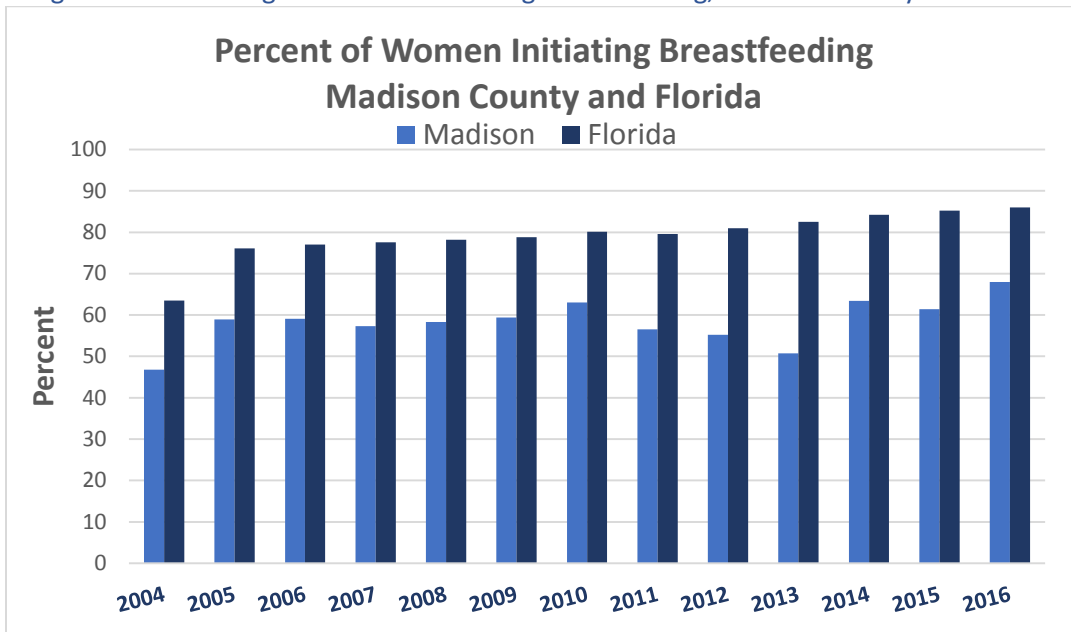
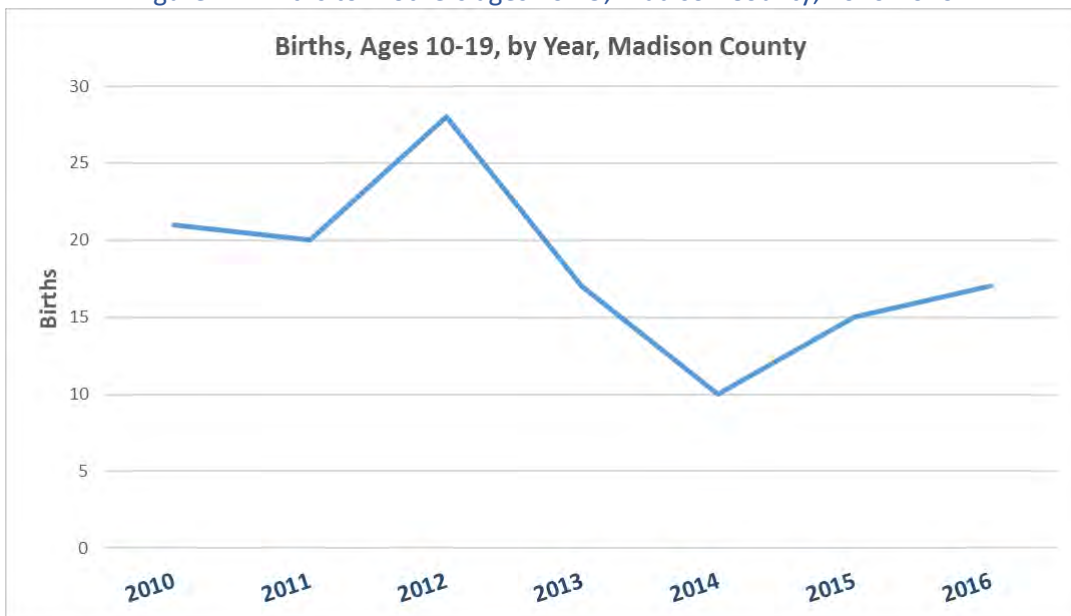


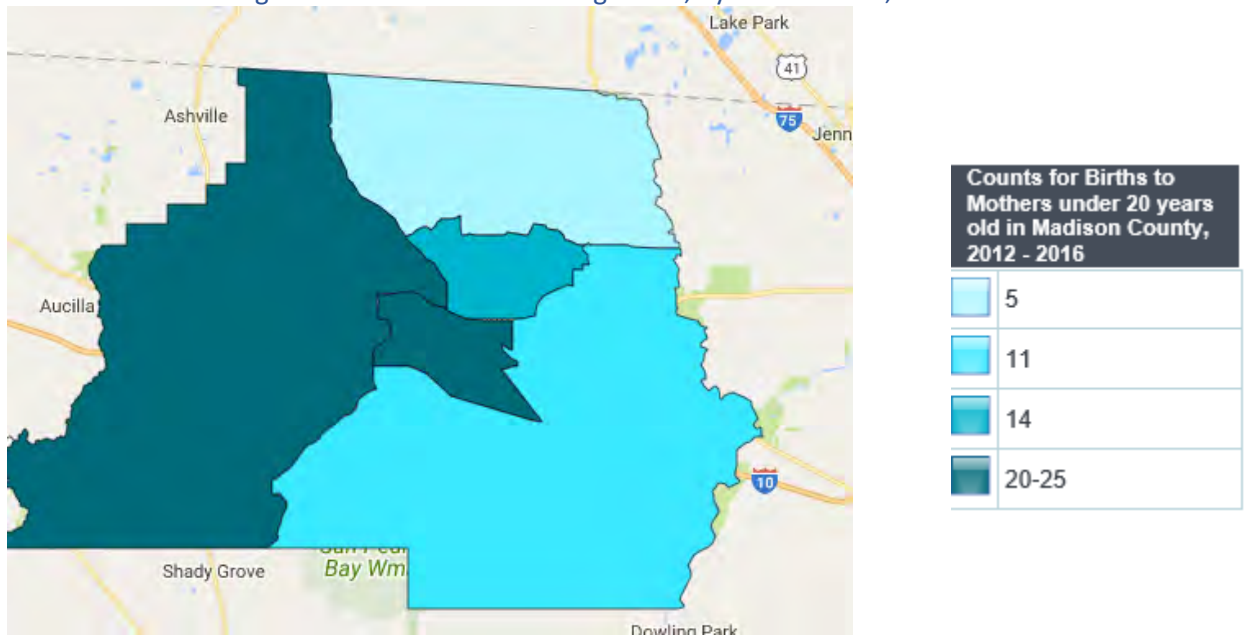
Figure 44 below shows that Madison has experienced an increase in the number of births to mothers ages 10-19, from a low of 10 in 2014. Of the 131 births to mothers ages 10-19 from 2010-2016, 55% were Black or Other, non-Hispanic, 42% were White, non-Hispanic and 3% were Hispanic.

Figure 44. Births to Mothers ages 10-19, Madison County, 2010-2016



The figure below shows births to mothers ages 10-19 by census tract. The areas most affected by teen births are the western part of the county, including Greenville, the city of Madison, and the southeastern part of the county, including Lee.

Figure 45. Births to Mothers Ages <20, by Census Tract, 2012-2016




There have been seven repeat births to teens during 2010-2016. This is a lower total than any other county in the state during the time period.


Other Maternal and Child Health Indicators

Listed below are incidental information related to child immunizations and cancers specific to women. Data are the most recent available and are not broken out by race/ethnicity.

Figure 46. Immunizations

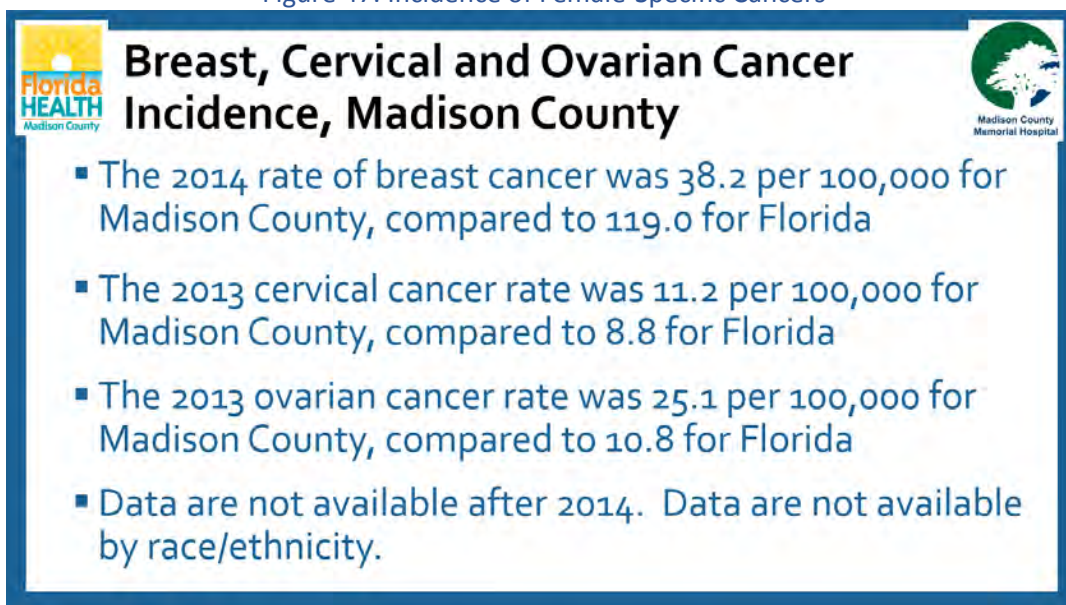


Immunizations



- Madison County was in the third quartile for two-year-olds fully immunized in 2015.
- In 2015, the state standard was 95%; Madison County's achieved full immunization for 87% of two-year-olds

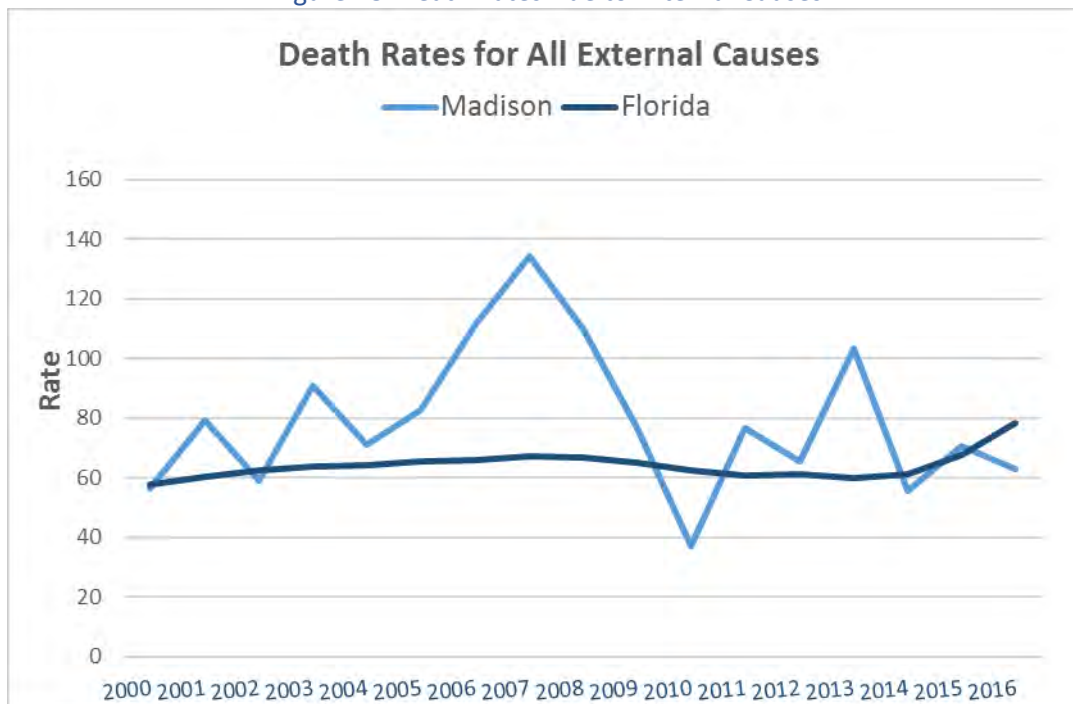
Figure 47. Incidence of Female-Specific Cancers



Injury and Violence

Madison County has had higher death rates due to external causes than the state for all years except 2010, 2014, and 2016. White, non-Hispanic persons had a higher death rate of 65.5 per 100,000 in 2016 than non-Hispanic Black/Other persons (57.9) and Hispanic persons (55.5). The 2016 death rate due to external causes for males was 87.7 and 36.5 for females.

Figure 48. Death Rates Due to External Causes

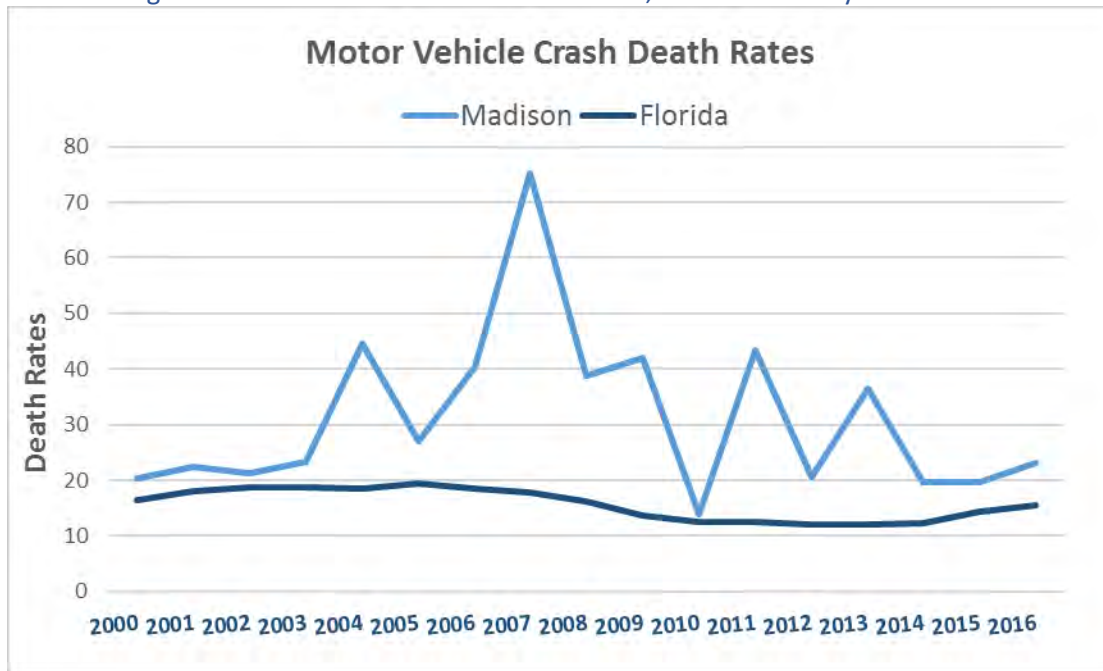


Motor Vehicle Crash

It should be noted that crash rates are not limited to Madison County residents. These could have occurred on Interstate 10 in Madison County or on surface roads that cross county lines. Deaths due to

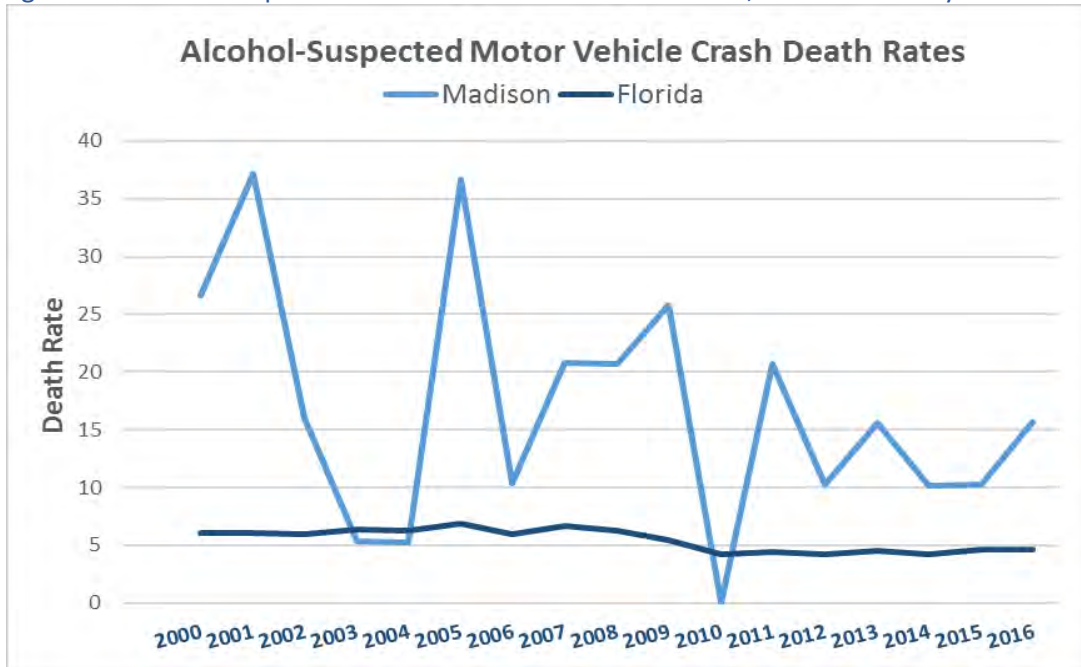
motor vehicle crashes have been consistently higher for Madison County than the state. Deaths in males accounted for 60% and females 40% in 2016. Sixty percent of 2016 deaths were White, non-Hispanic, 20% Black/Other, non-Hispanic and 20% Hispanic.

Figure 49. Motor Vehicle Crash Death Rates, Madison County and Florida



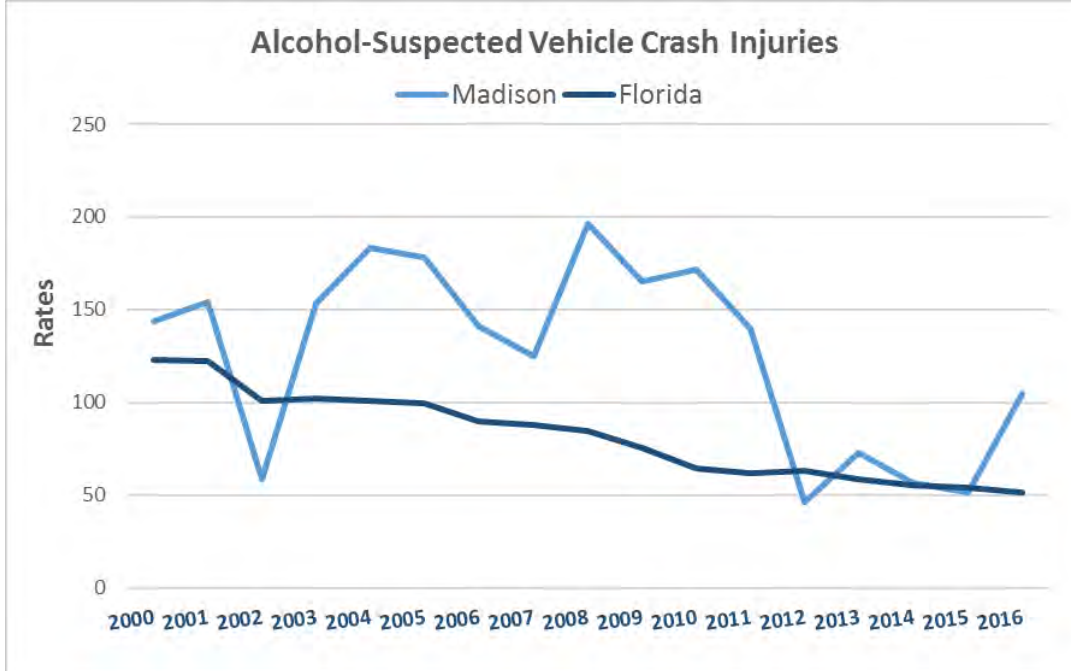
Sixty percent of the total motor vehicle deaths in 2016 were alcohol suspected. These data are not available by race/ethnicity or gender due to small numbers.

Figure 50. Alcohol-Suspected Motor Vehicle Crash Death Rates, Madison County and Florida




Madison County experienced a dramatic increase in alcohol-suspected vehicle crash injuries in 2016, from 51.7 per 100,000 to 104.4 per 100,000. These data are not available by race/ethnicity or gender due to small numbers.

Figure 51. Alcohol-Suspected Motor Vehicle Crash Injury Rates, Madison County and Florida




Listed below are 2016 crash rates by driver's age. Crash rates for drivers ages 15-18 dramatically increased from 2015 and crash rates for drivers ages 19-21 decreased. No other age group data were available.

Figure 52. Crash Rates by Drivers Age



Crash Rates by Drivers Age (2016)

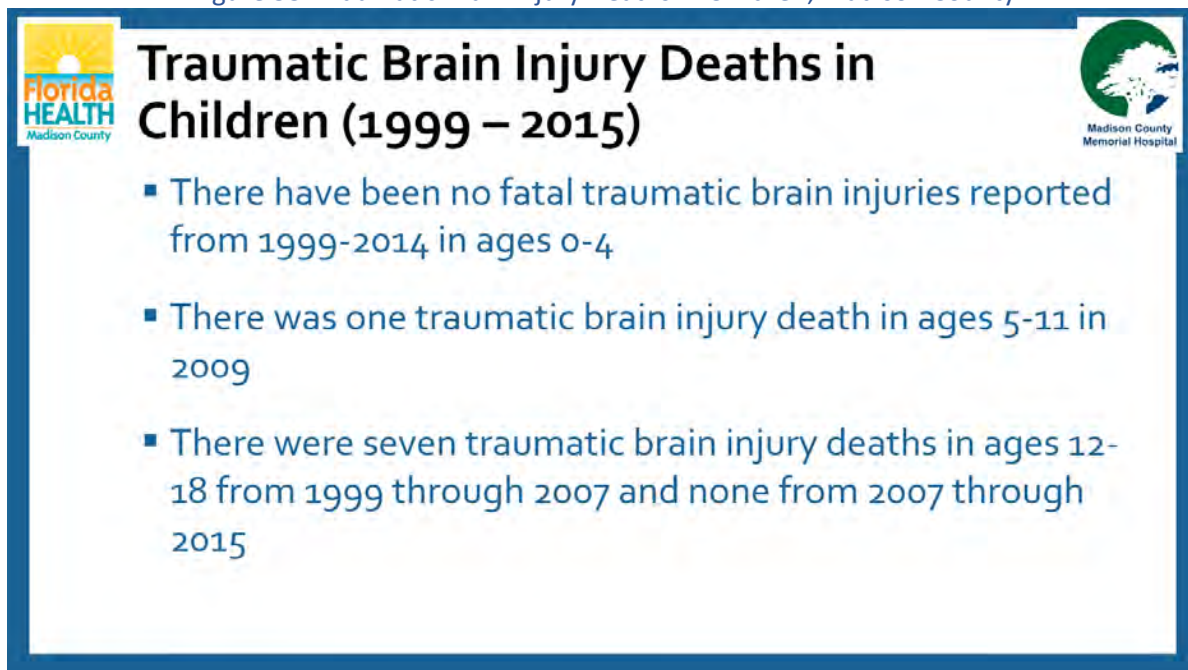


- The 2016 motor vehicle crash rate per 100,000 population in **ages 15-18** was 90.3 for Madison County and 56.3 for the state of Florida
- The 2016 motor vehicle crash rate per 100,000 population in **ages 19-21** was 73.4 for Madison County and 76.8 for the state of Florida
- Data are not available by race or gender

Traumatic Brain Injury

There have been 49 total deaths from traumatic brain injury during 2007 through 2016. Of these, 68% were White, non-Hispanic, 24% were Black/Other, non-Hispanic and 8% were Hispanic. Data by age group are listed in Figure 53 below, and are through 2015.

Figure 53. Traumatic Brain Injury Deaths in Children, Madison County



Other Injuries

There were 12 deaths due to drowning in Madison County during 2000-2016. Of these, 83% were male and 17% were female. White, non-Hispanics represented 42% of the drowning deaths and Black/Other, non-Hispanic represented 58% of the drowning deaths. There were no Hispanic deaths. Data are not available by age group.

There were 22 deaths due to falls in Madison County during 2000-2016. Of these, 50% were male and 50% were female. White, non-Hispanics represented 86% of the deaths from falls and Black/Other, non-Hispanic represented 14% of the drowning deaths. There were no Hispanic deaths. Data are not available by age group.

There were eight deaths due to fires between 2000 and 2016. Sixty-three percent of those were male and 37% were female. Fifty percent were White, non-Hispanic, 12% were Black/Other, non-Hispanic and 38% were Hispanic. Data are not available by age group.

There were 17 deaths from accidental poisoning in Madison County during 2000-2016. Males accounted for 65% of these deaths and females accounted for 35% of accidental poisoning deaths. Racial/ethnic breakdowns were White, non-Hispanic 59%, Black/Other, non-Hispanic 41% and Hispanic 0%. Data are not available by age group.

Violence

The actual numbers for the following statistics are small, so trend lines are static for Madison County. It should also be noted that victims of violence may not have been residents of Madison County but were

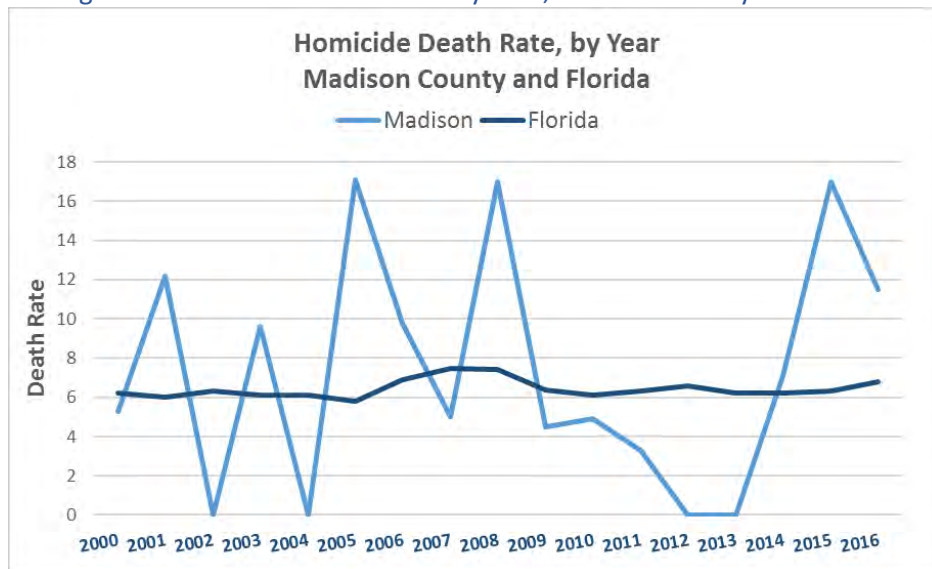
located in the county at the time of the incident. Perpetrators may not have been residents but initiated the crime in Madison County.

Homicide

During 2010-2016, there were eight homicide deaths, 87% of which were male and 13% female. White, non-Hispanic and Black/Other, non-Hispanic each accounted for 50% of the homicide deaths. There were no Hispanic homicide deaths.

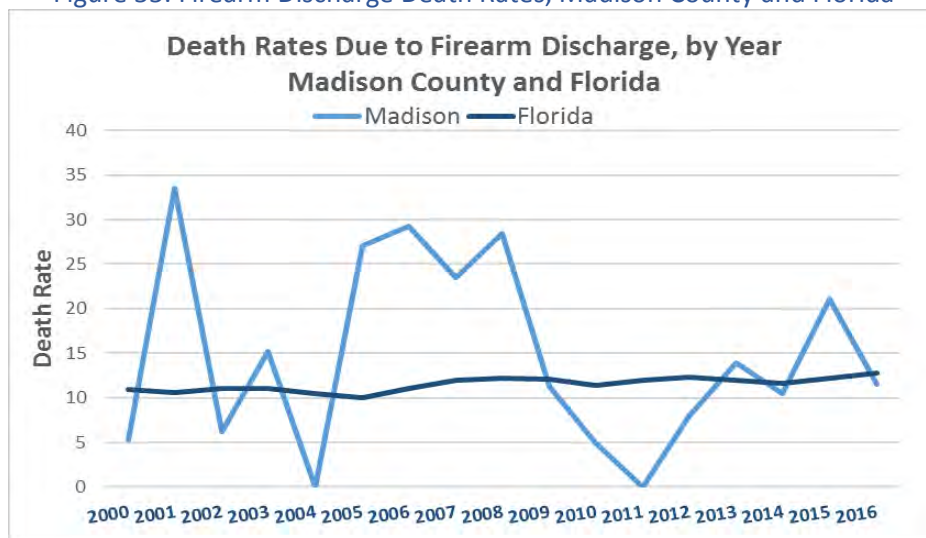
There were six homicide deaths due to firearms discharge during 2010-2016. All of the firearm discharge homicide deaths were male. A total of 33% were White, non-Hispanic and 66% were Black/Other, non-Hispanic.

Figure 54. Homicide Death Rates by Year, Madison County and Florida



There were 47 deaths due to firearms discharge between 2000 and 2016. A total of 85% of these were male and 15% were female. White, non-Hispanics represented 64% of the deaths, Black/Other, non-Hispanic accounted for 32% of the deaths and Hispanics represented 4% of the deaths.

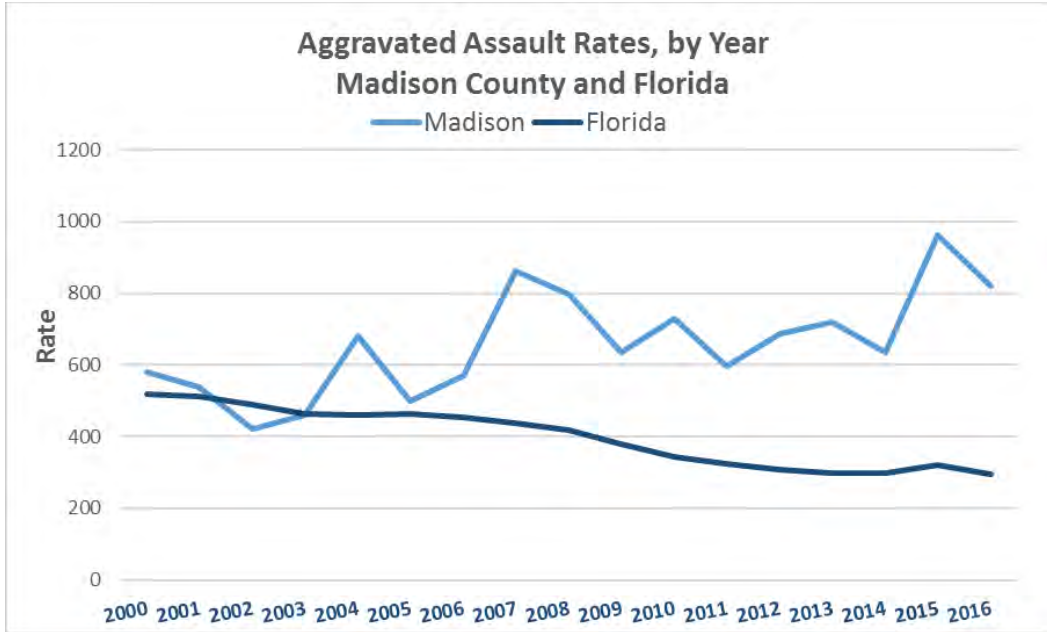
Figure 55. Firearm Discharge Death Rates, Madison County and Florida



Aggravated Assault

As Figure 56 illustrates, Madison County has had consistently higher rates of aggravated assault than the state of Florida as a whole. Data are not available by age group, gender or race/ethnicity.

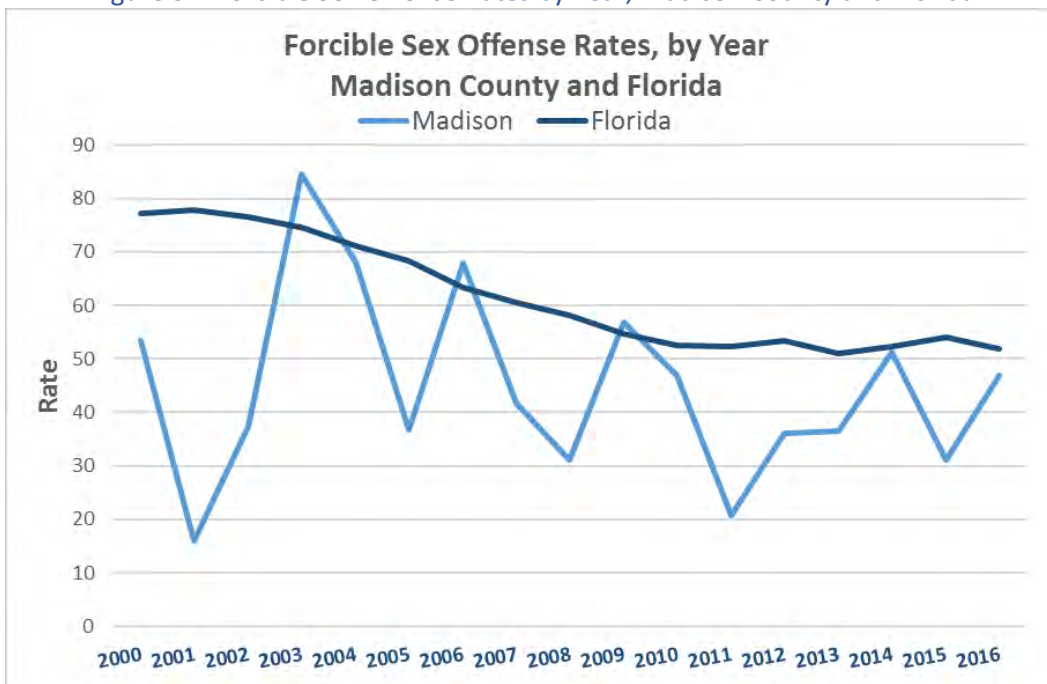
Figure 56. Aggravated Assault Rates by Year, Madison County and Florida



Forcible Sex Offenses

The rate of forcible sex offenses has been consistently lower in Madison County than the state of Florida as a whole. Data are not available by age group, gender or race/ethnicity.

Figure 57. Forcible Sex Offense Rates by Year, Madison County and Florida



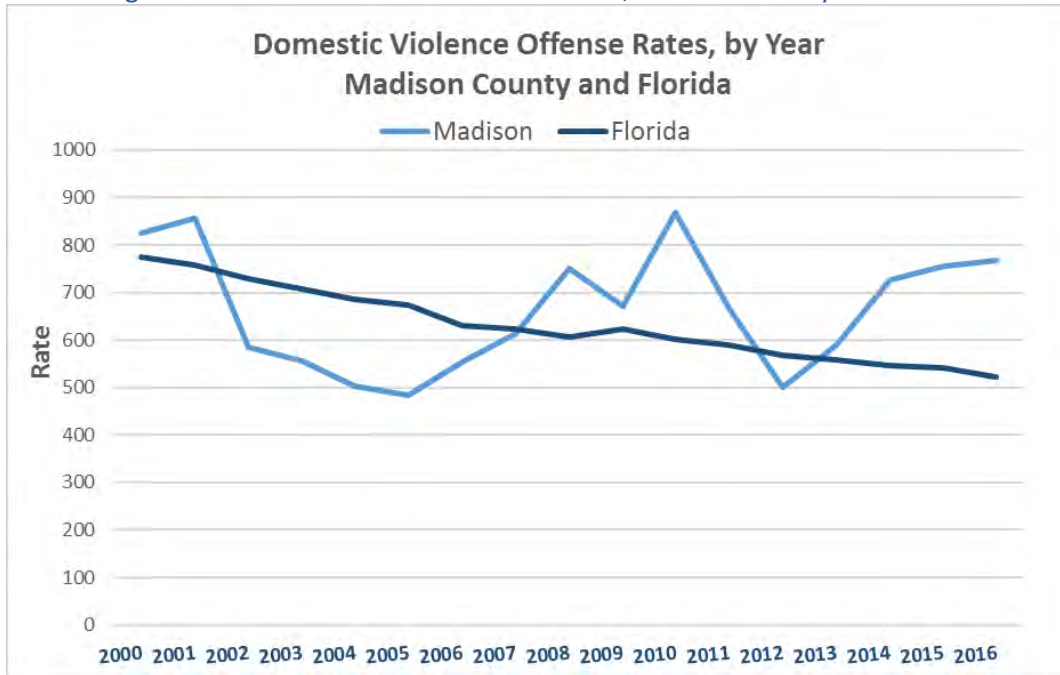
Social and Mental Health

As with violent crimes, events such as suicide, domestic violence and arrests are not necessarily limited to Madison County residents. There are instances when the event occurred in Madison County but did not involve a Madison County resident.

Domestic Violence

As Figure 58 below illustrates, Madison County has experienced an increase in reported, domestic violence incidents since 2013. This may be due to more victims coming forward to report an incident, or it may be a legitimate increase. Data are not available by age group, race/ethnicity or gender.

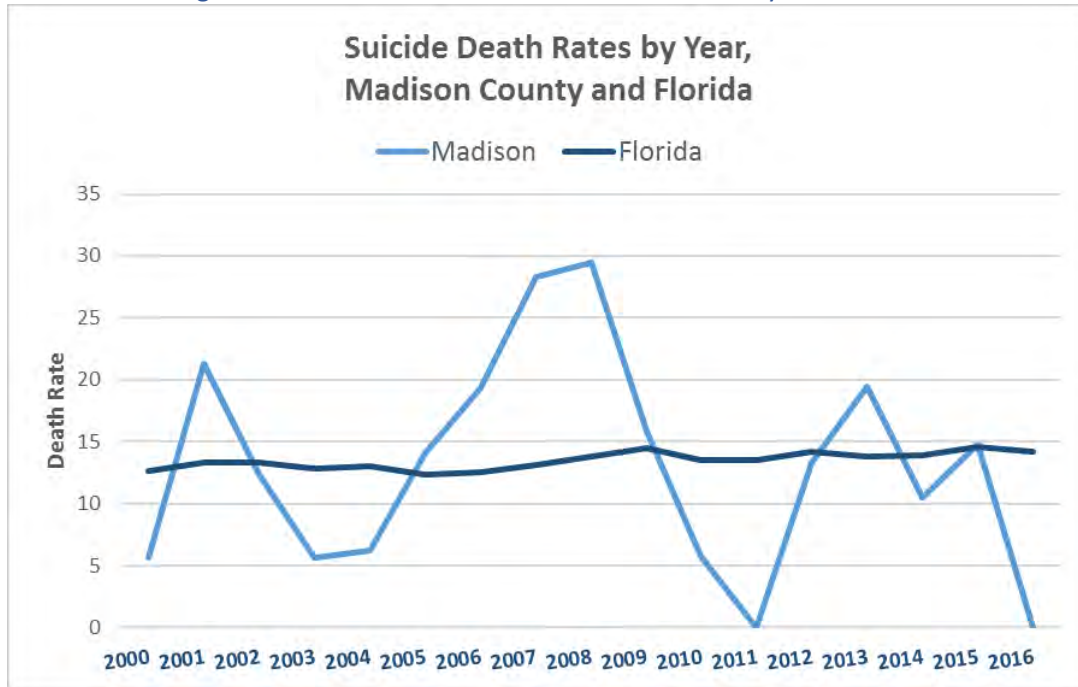
Figure 58. Domestic Violence Offense Rates, Madison County and Florida



Suicide

There were 42 suicides that occurred in Madison County between 2000 and 2016. The suicide rate in Madison County is static due to the fact that there are some years with no suicides. A total of 34 of the 42 suicides (81%) were male and 8 (19%) were female. White, non-Hispanics accounted for 81% of the suicide deaths, Black/Other, non-Hispanic 14% and Hispanic 5%.

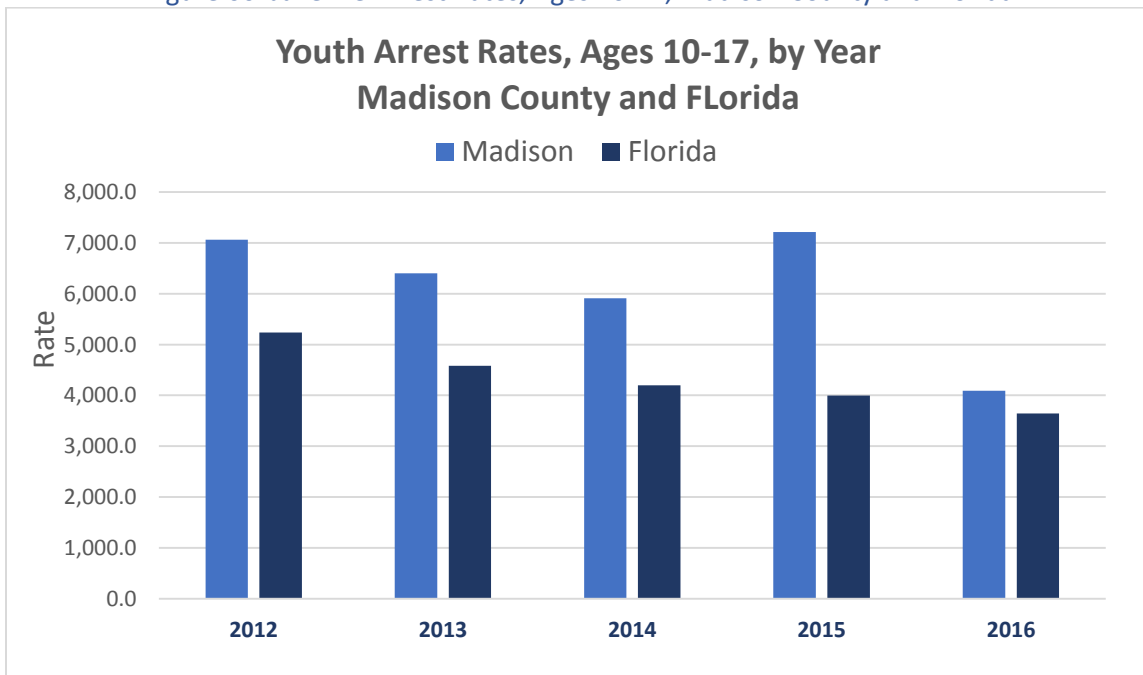
Figure 59. Suicide Death Rates for Madison County and Florida



Other Social and Mental Health

Listed below in Figure 60 are juvenile arrest rates for calendar years 2012-2016. Madison County’s rates have been consistently higher than the state; however, there was a dramatic decrease in 2016. Data are not available by race/ethnicity or gender.

Figure 60. Juvenile Arrest Rates, Ages 10-17, Madison County and Florida



It should be noted that the 2017 Robert Wood Johnson Foundation County Health Rankings report stated that 15% of Madison residents had been told they had a depressive disorder, compared to 16% for the state of Florida. Madison County residents had an average of 4.4 poor mental health days,

compared to 4.2 days for the state as a whole. There were no drug overdose deaths reported for Madison County in recent county health rankings or through any other source.

Local Public Health Assessment

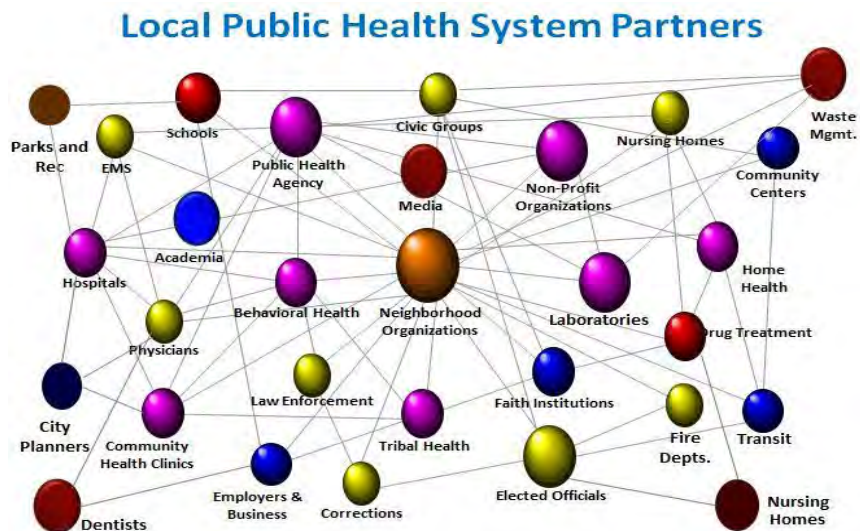
Introduction

The Local Public Health Assessment (LPHSA) Workshop for Madison County was conducted using the National Public Health Performance Standards (NPHPS). The National Public Health Performance Standards evaluate the involvement of all the local organizations and entities contributing to the health within the community. The NPHPS provides performance standards for public health systems. These standards engage and leverage partnerships to create a stronger foundation for public health preparedness. Subsequently, it helps to identify areas of improvement in order to address the health issues of the community and promote continuous quality standards.

The LPHSA answers the questions: *“What are the activities, competencies, and capacities of our local public health system?”* and *“How are the Essential Services being provided to our community?”* The Local Public Health Assessment was broken into two parts; an external partner workshop was held, in partnership with the Madison County Memorial Hospital (MCMH), in the conference room at MCMH on June 21, 2017 and an internal staff workshop was held on August 9 at the DOH Madison County.

The Local Public Health System is a vast network composed of agencies, organizations, businesses, and individuals who are collectively involved in providing the essential public health services in their community. The LPHSA focuses on the overall “public health system” in order to assure that the contributions of all entities are recognized in the provision of these services. The diagram below accurately illustrates the complex interconnectedness of each entity involved in providing optimal health. The purpose of this assessment is to recognize areas of improvement, strengthen system networks, and quantify the performance of the local system in comparison to the National Public Health Performance Standards.

Figure 61. Jellybean Diagram of the Local Public Health System.



Community partner recruitment was conducted via phone call, email, and in-person invitations. Included in the invitation and reminder email was a preparatory document outlining the ten essential public health services. Sixteen partners from the local public health system in Madison County conjoined at the Madison County Memorial Hospital (MCMH) in Madison, Florida for a three-hour assessment meeting. In this external LPHSA, five of the Essential Health Services (3, 4, 5, 7, 9) were discussed, as the county decided it was most important to get community input on these specific services. A second internal

meeting was held to assess the remaining five Essential Health Services (1, 2, 6, 8, 10), as the county health department has jurisdiction over these services within the public health system.

After the discussion of each Essential Public Health Service, the participants were asked to vote on how well they thought the local public health system met each Model Standard using the TurningPoint software and clicker system. Prior to each poll, the respective National Public Health Performance Standard of each Essential Service was explained in detail by the facilitator to ensure that all constituents understood them. Each standard was discussed and followed by questions to clarify the current performance of the public health system. Using the ranking system shown in Table 1, participants voted on the LPHS performance for each Model Standard. The results of each poll were displayed in bar graph form after each poll. The facilitator then stimulated a discussion for any results that did not receive a strong consensus. Re-polling was conducted until consensus was reached.

Table 10. Essential Service Performance Level System, relative to Optimal Activity

No activity (0%)	0% or absolute no activity
Minimal Activity (1%-25%)	Greater than zero, but no more than 25% of the activity described within the question is met within the public health system.
Moderate Activity (26%-50%)	Greater than 25%, but no more than 50% of the activity described within the question is met within the public health system.
Significant Activity (51%-75%)	Greater than 50%, but no more than 75% of the activity described within the question is met within the public health system.
Optimal Activity (76%-100%)	Greater than 75% of the activity described within the question is met within the public health system.

Ten Essential Public Health Services

- Monitoring health status to identify community health problems comprises the following:
 - Assessing, accurately and continually, the community's health status.
 - Identifying threats to health.
 - Determining health service needs.
 - Paying attention to the health needs of groups that are at higher risk than the total population.
 - Identifying community assets and resources that support the public health system in promoting health and improving quality of life.
 - Using appropriate methods and technology to interpret and communicate data to diverse audiences.
 - Collaborating with other stakeholders, including private providers and health benefit plans, to manage multi-sectorial integrated information systems.
- Diagnosing and investigating health problems and health hazards comprises the following:
 - Accessing a public health laboratory capable of conducting rapid screening and high-volume testing.
 - Establishing active infectious disease epidemiology programs.
 - Creating technical capacity of epidemiologic investigation of disease outbreaks and patterns of the following: a) infectious and chronic disease, b) injuries, and c) other adverse health behaviors and conditions.

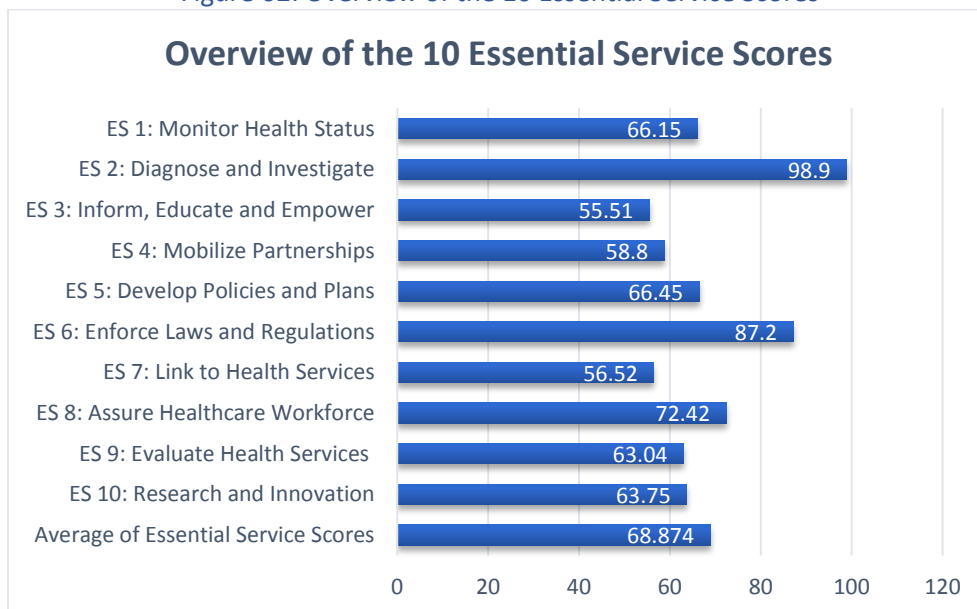
3. Informing, educating, and empowering people about health issues comprises the following:
 - Creating community development activities.
 - Establishing social marketing and targeted media public communication.
 - Providing accessible health information resources at community levels.
 - Collaborating with personal healthcare providers to reinforce health promotion messages and programs.
 - Working with joint health education programs with schools, churches, worksites, and others.
4. Mobilizing community partnerships to identify and solve health problems comprises the following:
 - Convening and facilitating partnerships among groups and associates including those not typically considered to be health related.
 - Undertaking defined health improvement planning process and health projects, including preventative, screening, rehabilitation, and support programs.
 - Building a coalition to draw on the full range of potential human and material resources to improve community health.
5. Developing policies and plans that support individual and community health efforts comprises the following:
 - Ensuring leadership development at all levels of public health.
 - Ensuring systematic community-level and state-level planning for health improvement in all jurisdictions.
 - Developing and tracking measurable health objective from the CHIP as a part of a continuous quality improvement plan.
 - Establishing joint evaluation with the medical healthcare system to define consistent policies regarding prevention and treatment services.
 - Developing policy and legislation to guide the practice of public health.
6. Enforcing laws and regulations that protect health and ensure safety comprises the following:
 - Enforcing sanitary codes, especially in the food industry.
 - Protecting drinking water supplies.
 - Enforcing clean air standards.
 - Initiating animal control activities.
 - Following-up hazards, preventable injuries, and exposure-related diseases identified in occupational and community settings.
 - Monitoring quality of medical services.
 - Reviewing new drug, biologic, and medical device applications.
7. Linking people to needed personal health services and assure the provision of healthcare when otherwise unavailable comprises the following:
 - Ensuring effective entry for socially disadvantaged and other vulnerable persons into a coordinated system of clinical care.
 - Providing culturally and linguistically appropriate materials to ensure linkage to services for special population groups.
 - Ensuring ongoing care management.
 - Ensuring transportation services.
 - Orchestrating targeted health education/promotion/disease prevention to vulnerable population groups.
8. Ensuring a competent public health and personal healthcare workforce comprises the following:

- Educating, training, and assessing personnel (including volunteers and other lay community health workers) to meet community needs for public and personal health services.
 - Establishing efficient processes for professionals to acquire licensure.
 - Adopting continuous quality improvement and lifelong learning programs.
 - Establishing active partnerships with professional training programs to ensure community-relevant learning experiences for all students.
 - Continuing education in management and leadership development programs for those charged with administrative/executive roles.
9. Evaluating effectiveness, accessibility, and quality of personal and population-based health services comprises the following:
- Assuring program effectiveness throughout monitoring and evaluating implementation, outcomes and effect.
 - Providing information necessary for allocating resources and re-shaping programs.
10. Researching new insights and innovative solutions to health problems comprises the following:
- Establishing full continuum of innovation, ranging from practical field-based effort to fostering change in public health practice to more academic efforts that encourage new directions in scientific research.
 - Continually linking with institutions of higher learning and research
 - Creating internal capacity to mount timely epidemiologic and economic analyses and conduct health services research.

LPHSA Results - General

The polling assesses how participants feel the local public health system is rated based on national standards. The standards reflect the ideal and serve as a gold standard for quality improvement in the community’s public health system. The process provides in-depth descriptions of public health practice. These data can be used to identify areas for system improvement, identify system capacity strengths and weaknesses and strengthen connections between system partners.

Figure 62. Overview of the 10 Essential Service Scores



LPHSA Results - External

The polling assesses how accurately the results reflect the local system. This graph illustrates the average performance level of each essential service as voted on by the community participants. Of these five services, it is evident which services rank stronger in Madison County.

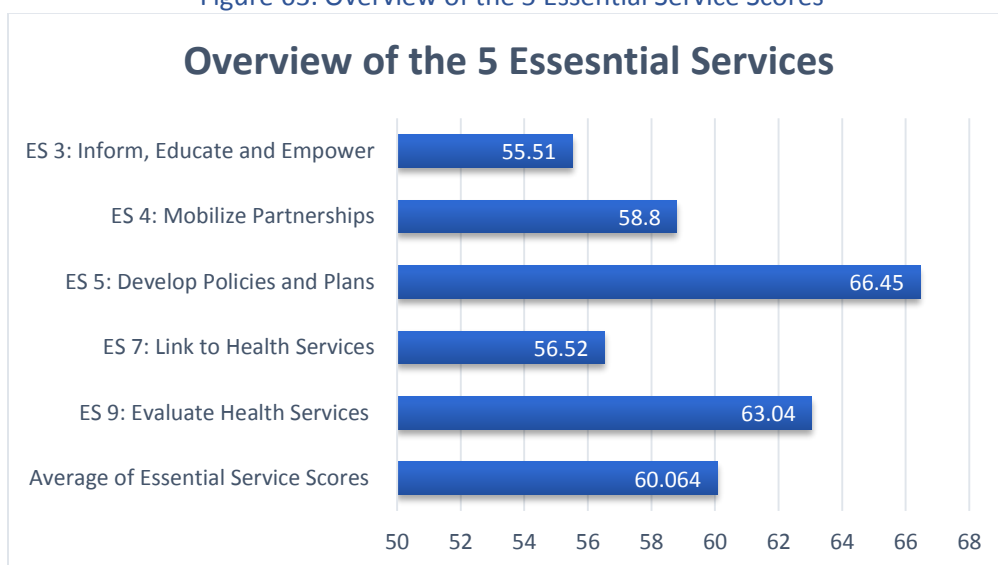
The strongest two essential services within the local public health system:

- ES 5: Developing policies and plans that support individual and community efforts (66.45%).
- ES 9: Evaluating effectiveness, accessibility, and quality of personal and population-based health services (63.04%).

The remaining three essential services were selected by the community members that the local public health system could improve upon include:

- ES 3: Informing, educating, and empowering people about health issues (55.51%).
- ES 7: Linking people to needed personal health services and assure the provision of healthcare when otherwise unavailable (56.52%).
- ES 4: Mobilizing community partnerships to identify and solve health problems (58.8%).

Figure 63. Overview of the 5 Essential Service Scores



Challenges and Ideas

Throughout the course of the LPHSA workshop, the participants identified the various challenges Madison County faces in achieving optimal activity for each of the essential services discussed. In the few instances in which consensus was not reached, outstanding questions were answered through an additional discussion and successively re-poll. The community identified some major challenges associated with lack of understanding/knowledge and access to the Incident Command System (ICS) training within individual departments. There is a major challenge with managed care in Madison County as it is hard to attract medical personnel and there are still barriers with access to care, due especially to transportation issues and health information exchange. In addition, there is minimal school and business representation, which inhibits communication between these entities and the public health system. Another major communication challenge stems from the social media utilization restrictions placed on organizations. Some suggestions to mitigate these access challenges were publishing a directory of community resources of the organizations involved with specific priorities, encouraging the use of Big Bend Transportation buses (which are funded by the city and county

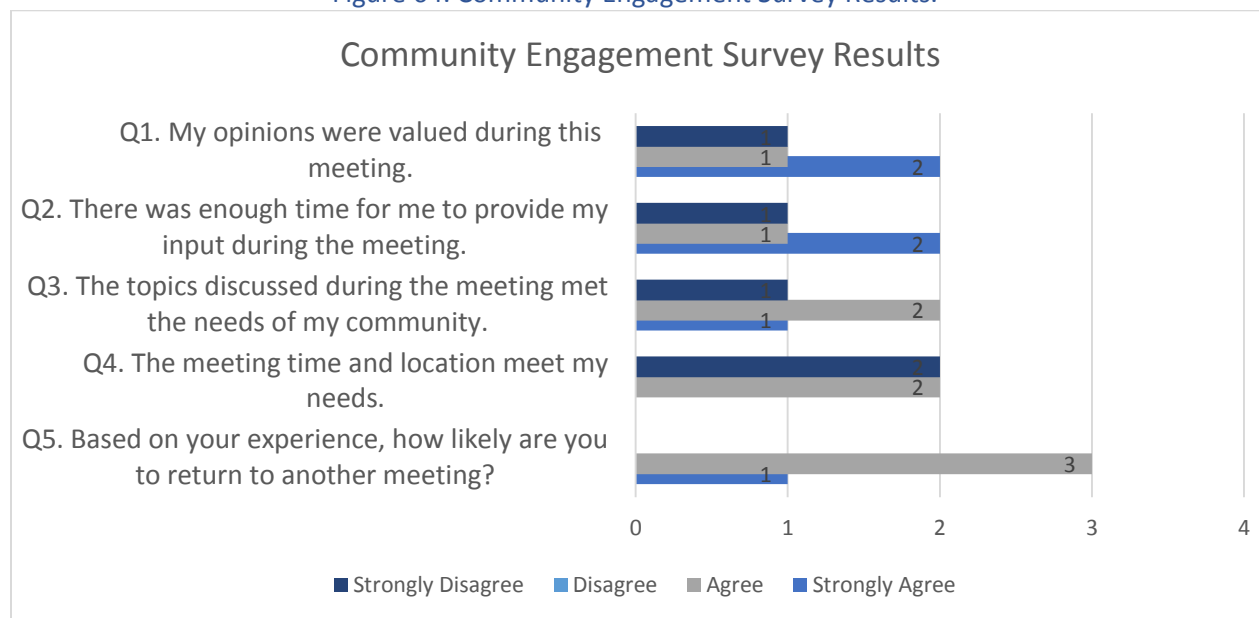
commission); and continuing to strengthen the collaborative partnerships between the local health department, the hospital, and the city commission.

The community members acknowledge that Madison County succeeds at evaluating what is needed in order to advocate and effectively communicate to higher departments and agencies in order to gain better access. They know the barriers and areas in which they lack the most, but struggle to produce the resources to overcome the barriers. This is due, in part, to the peculiar, isolated geographical location of Madison County. Thus, in order to advance progressively, they need to extend involvement and promote community partnerships.

Evaluation

After the LPHSA meeting, a community engagement survey was emailed to all of the participants via Survey Monkey. Each member was strongly encouraged to complete the survey and provide feedback, suggestions/concerns regarding the quality of the meeting in order to ensure that future meetings will be improved. The survey also asked participants to list any additional needs for the community that were not discussed during the workshop. Three respondents skipped the question; one noted that “there were a lot of topics discussed through the event and we touched on many of the local public health system areas that needed to be focused on.” There were four respondents who completed the survey. The results are as follows:

Figure 64. Community Engagement Survey Results.



LPHSA Results - Internal

A total of nine staff members participated in the second portion of the LPHSA. This graph illustrates the average performance level of each essential service as voted on by the participants. Of these five services, it is evident which services rank stronger in Madison County.

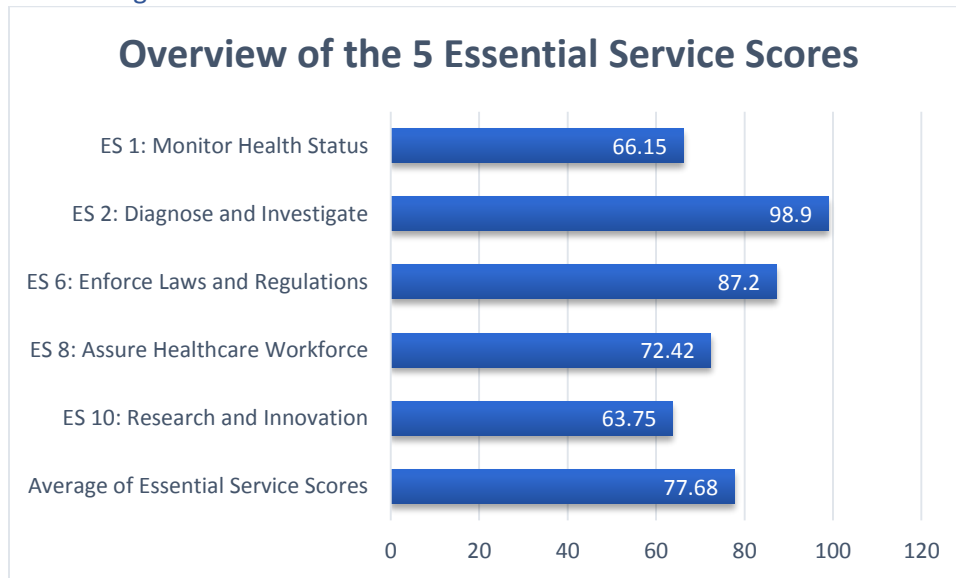
The strongest two essential services scoring at optimal activity level within the local public health system:

- ES 2: Diagnosing and investigating health problems and health hazards (98.9%).
- ES 6: Enforcing laws and regulations that protect health and ensure safety (87.2%).

The remaining essential services were selected by the local public health executives that the local public health system could improve upon include:

- ES 8: Ensuring a competent public health and personal healthcare workforce (72.42%).
- ES 1: Monitoring health status to identify community health problems (66.15%).
- ES 10: Researching new insights and innovative solutions to health problems (63.75%).

Figure 65. Overview of the 5 discussed Essential Service scores.



Challenges and Ideas

Throughout the workshop, it was apparent that the internal and external local public health system participate as they should. Cohesively, they do everything they are supposed to be doing with the resources that they have. Unfortunately, being a rural community, they are not always able to specifically identify community health status, assets and resources, threats to health, or use technology to interpret and communicate data. Madison County continuously analyzes the data within their community. Public health officials know related information and pay attention to changes in health indicators within the local population. They have a strong baseline understanding of their capacity, which catalyzes conversations to determine how to move forward and make substantial improvements.

Across all essential services and model standards, areas of weakness were identified, often due to lack of jurisdiction over the data. The majority of information is collected and maintained by the State DOH, Madison County only has control over the data they input locally. The local health department, can measure their internal competency and capability. However, there is ambiguity within the ranking of activity levels making it difficult to understand whether to rank the strengths and weaknesses in the system from a centralized or decentralized perspective.

In regard to enforcing laws and regulations, the upstream systems within the State write the laws, thus, the LPHS has limited authority over the enactment of legislation. This is another sector of ambiguity within the ranking of activity levels because it is difficult to determine the involvement from a centralized or decentralized stance. However, where Madison County does have jurisdiction, they measure their internal capabilities and initiate appropriate responses to the local ordinances in which they can influence. Subsequently, Madison County has successfully initiated ordinance with Animal Control, tobacco, and the inadequate laws existing with Cherry Lake. Workforce development was identified as an area for improvement, however, some progress has been made through agreements with FSU, TCC, FAMU, and NFCC. There are few opportunities to advance the public health sector within

the county due to lack of resources and accessibility.

The local public health system in Madison County communicates on a regular basis via quarterly meetings. They produce an annual report with the most recently updated data available. In addition, they have consistently conducted CHA and CHIP every 3-5 years and are hoping to continue their partnership with the Madison County Memorial Hospital in conducting future CHAs. Yet in every entity, there is always room for improvement. Currently, the LPHS is developing strategies to better promote community involvement with the CHA. They also plan to disseminate more up-to-date written reports online for the community.

Forces of Change Assessment

Introduction

The purpose of the Forces of Change Assessment is to identify forces that are, or might be influencing the quality and health of Madison County and the local public health system. Evaluating the events, trends, and factors that impact Madison County will enable opportunities to determine the impact of such events and take it into account as action plans are developed to make the community what it aspires to be. The Forces of Change Assessment was held on August 22nd, 2017 from 9:30 am – 11:30 am EST at the Madison County Extension Office. There were twelve community members, representing a variety of partners, who attended the meeting. Agencies represented were Apalachee Mental Health Services, Department of Health in Madison County, Department of Children and Families, Florida State University School of Public Health, Madison County Memorial Hospital, and Madison Medical Center.

The Forces of Change Assessment identifies factors and trends that affect the health of the community and the local public health system. Forces are a broad all-encompassing category that includes trends, events, and factors.

- Trends are patterns over time, such as an increasing aging population or decreasing high school graduation rates.
- Factors are discrete elements, such as being a rural community.
- Events are one-time occurrences, such as a business closure, a hurricane or chemical spill, or the passage of new legislation.

Figure 66. Forces of Change Exercise



After having a discussion about the composition of forces of change and how to recognize them, the community health partners were asked to think about the forces of change within Madison County that could affect the community directly or indirectly. The Forces of Change were divided into eight categories including environmental, technological, political, scientific, legal, economical, and social. Participants recorded potential forces of change on sticky notes under the respective category. Successively, potential threats and opportunities for each force were identified and discussed amongst the participants. The tables below reflect the comprehensive results from the assessment.

Tables 11-16. Forces of Change by Category

<i>Madison County Forces of Change</i>		
Force	Threats	Opportunities
Technological		
<ul style="list-style-type: none"> Poor/no Internet connection. Telemedicine. 	<ul style="list-style-type: none"> There is not enough Internet availability. Failure through CenturyLink and Comcast provider. Lack of infrastructure and resources. Legal responsibility if lose connection. 	<ul style="list-style-type: none"> Increasing bandwidth will decrease connection issues. Department of Children and Families offers Internet access. FSU is training >65 yr. population on technology use and providing tablets. MCMH has the capability of Telestroke. Collaborating with TMH to provide mental health Telemedicine. Develop an action plan to treat locally and reduce risk of abuse. The city/county have some local jurisdiction of dispensary operations. The sheriff's office is against having a local dispensary facility.

<i>Madison County Forces of Change</i>		
Force	Threats	Opportunities
Social		
<ul style="list-style-type: none"> Lack of mental health resources. Increased gang related activities in Greenville. Young population migration. Trend toward faith based clinics. Transportation. Early childhood center closed in Greenville. 	<ul style="list-style-type: none"> No full-time mental health provider. Substance use. Decreased stability and treatment of mental health. Increased risk of gang involvement in Madison. Increased substance abuse. Increasing aging population due to young migration. Increased healthcare expenditures. Fluctuations with economy risks provision of Big Bend transit. Limitations in ridership. Reduced child care services offered for working parents/students. Loss of jobs. 	<ul style="list-style-type: none"> Apalachee center provides mental health services. Strong law enforcement; opportunity to mitigate threats. Increase awareness, education, and treatment of mental health. Substance abuse education. The trend of increasing faith based clinics offers medical care provision for <200% poverty level. Shift towards a more user-friendly shuttle system. Big Bend transit increasing services from 3 days a week to 5 days.

<i>Madison County Forces of Change</i>		
Force	Threats	Opportunities
Environmental		
<ul style="list-style-type: none"> • Devastating storms and natural disasters. • Emerging epidemics/pandemics. • No grocery stores or Farmer’s market in Greenville. • Refurbished parks. 	<ul style="list-style-type: none"> • Lack resources to treat/respond to infectious disease epidemics/pandemics locally. • Power outages risk connection. • Limited to no access to fresh fruits and vegetables. • Increasing risk of becoming a food desert. • Lack resources for education. 	<ul style="list-style-type: none"> • Availability to address threats of natural disasters. • Strong Emergency Operations Center and preparedness activity. • Strong hospital and HD coordination; Madison has a great community coordinator. • Continue to educate the population regarding the impact of infectious diseases (i.e. Zika on newborns). • Positive mosquito control. • Farm Share and “You Pick” in Greenville provide food to those who qualify with Healthy Start. • Opportunity to increase education regarding social determinants of health, environmentally and socially. • Received grants to refurbish parks and add exercise equipment (Sumter James Park and Francis Park).

<i>Madison County Forces of Change</i>		
Force	Threats	Opportunities
Legal		
<ul style="list-style-type: none"> • Crime • Active shooter incidences • Legalization of medical marijuana 	<ul style="list-style-type: none"> • Legal ramifications. • Potential for serious injury/death secondary to unpreparedness in identification and response of an active shooter. • Abuse of cannabis due to growth in district dispensary facilities. • Risk of short term effects of self-medicating. 	<ul style="list-style-type: none"> • There are increasing opportunities to partner with the sheriff’s office, MCMH, and DOH – emergency management and preparedness – to develop training and education programs to identify potential threats of active shooters, respond before an incidence occurs, and protect employees and citizens. • Having a plan to mitigate disaster. • Develop an action plan to treat locally and reduce risk of abuse. • The city/county have some local jurisdiction of dispensary operations. • The sheriff’s office is against having a local dispensary facility.

<i>Madison County Forces of Change</i>		
Force	Threats	Opportunities
Scientific		
<ul style="list-style-type: none"> Increasing infant mortality rates in Madison County. FSU partnerships. 	<ul style="list-style-type: none"> Risk of future generation population growth. Potential for loss of funding to implement/maintain LPN/RN to BSN at NFCC. 	<ul style="list-style-type: none"> Healthcare Quality improvement activities have increased. Increased evidence-based practices. More utilization of FAMU for healthy start, DSME, nutrition, and infant mortality education.

<i>Madison County Forces of Change</i>		
Force	Threats	Opportunities
Economic		
<ul style="list-style-type: none"> Affordable Care Act (ACA) and its funding. Decrease of LIP, DSH and MC Bad Debt funding. Lack of resources One of only four FL counties as a persistent poverty county. Relocation of Madison Medical. Shift in US market from inpatient to outpatient. New CMS regulations – pay for performance. Snyder’s Lance Plant and local business closings. New Family Dollar opening. 	<ul style="list-style-type: none"> The future of the ACA is unknown. Increased number of uninsured. Increase in migration; decrease in population. Stagnation and decrease in financial volume. Eighty-one rural hospitals have closed since 2010. Lack of resources. Decline in population health. Reduced access to care in Greenville. Difficulty recruiting and retaining specialty providers. The economy is not healing as fast as the rest of the state. Education funding risks. 	<ul style="list-style-type: none"> Educate the community regarding the health plans under the ACA. New jobs at the Family Dollar; access to the grocery section. Despite the local business closures, there is a trend of improvement in community involvement and downtown businesses. Potential for increasing economic development. Increased access to primary care in Madison County due to Madison Medical relocating.

Asset Inventory

During the Health Summit held in June, participants identified a comprehensive list of assets in Madison County. Establishing an inventory of available resources is a crucial component that can be used to improve the health in the community and help identify outstanding issues deemed important by the community. This list was reviewed and validated during the second half of the community meeting. Below is a table of the assets in Madison County.

Table 17. Madison County Asset Inventory

City/County Institutions	Associations/Organizations
Florida DOH – Madison County	Tallahassee Memorial Hospital
Madison County Memorial Hospital	Apalachee Center
Madison County Sheriff’s Office	Healthy Start Coalition (HSCJMT)
Madison Correctional Institution	Emergency Operations Center (EOC)
Health Care Providers/ Physician offices	Kids Inc.
Faith Based Community	Department of Children and Families
Madison Shuttle	UF County Extension Office
Big Bend Transit	Florida State University
Madison Senior Center	Florida A&M University
City and County Government	Saint Leo University
Madison County School District	Disc Village
Madison Schools	Big Bend Cares
North Florida Community College	Big Bend AHEC
Tri-County Electric	Big Bend Rural Health Network
Madison EMS	Capital Regional Medical Center
Church/clinic	Tallahassee Memorial Healthcare
Learning coalition	Other
	Strong legislative delegation
	Shared services council
	School superintendent

Evaluation

Participants at the Forces of Change meeting were invited to complete an evaluation. There were seven responses received.

Table 18. Evaluation Responses

My opinions were valued during the meeting	14% Agree 86% Strongly Agree
There was enough time for me to provide input during the meeting	100% Strongly Agree
The topics discussed during the meeting met the needs of my community	14% No Response 29% Agree 57% Strongly Agree
The meeting time and location met my needs	43% Agree 57% Strongly Agree
Based on your experience, how likely are you to return to another meeting	43% Likely 57% Very Likely

Priority Areas

While all of the health indicators are important, the community participants were asked to choose three areas that would be addressed by the development of the 2018-2021 Community Health Improvement Plan. Participants voted during the Community Health Assessment and the areas chosen to address were Chronic Disease, Maternal and Child Health, and Social and Mental Health.

The individual community organizations will continue to address communicable diseases, environmental health, emergency planning and injury/violence both separately and as an integrated entity when applicable. Listed below are the goals and strategies for all of the priority areas.

Reportable Infectious Diseases

Priority Areas	The priority area chosen by the group was HIV
Issue	The issue was defined to be 100% of the newly diagnosed cases affect the African American community
Goal	A reduction in the newly reported HIV cases of 25% by 2022
Barriers	Lack of knowledge and education in the community. Accessing the community to provide the proper education and resources
Agencies Involved	Healthy Start, Big Bend Cares, FDOH, Neighborhood Health Services, health care providers, Big Bend Rural Health Network, Bond Community Health Center, Madison Correctional Institution, Madison County Sheriff's Office (Jail), churches, North Florida Community College, Madison County Memorial Hospital
Next Steps	The next steps to address this issue involves getting our boots on the ground and getting into the community

Chronic Diseases

Priority Areas	COPD, Hypertension, CHF, Diabetes, Reduction in Nicotine Use
Issue	Decreased life expectance due to chronic diseases
Goal	Reduce Chronic Disease Mortality by 10%.
Barriers	Access to primary care, educational level/literacy rate, access to specialty care, transportation, financial, no support system (family, personal support), lack of motivation
Agencies Involved	Health Department, Madison County Memorial Hospital, Big Bend AHEC, Big Bend Transit, Madison Shuttle, private physicians, EMS, Department of Children and Families, County Extension Office, North Florida Community College. Senior Center
Next Steps	Work with local physicians to educate and engage the community.

Maternal and Child Health

Priority Areas	Infant mortality
Issue	Low birth weight, breast feeding, late entry to prenatal care, obesity during pregnancy
Goal	Be below the state average in infant mortality in five years
Barriers	Lack of consistency in data collection, apathy, geographical isolation (lack of resource availability), No RIPC, Labor and Delivery, ICU, or OB providers.
Agencies Involved	Healthy Start Coalition, health department, Brehon, Kids Inc. (limited), TMH OB providers.

Next Steps	Focus on gaps, So DH, toxic stress and how it is normalized, evaluate data from mothers and babies curriculum implemented and healthy start (stress reduction), focus on breastfeeding (professional support, evidence-based intervention, healthy start redesign, OB provider input.
-------------------	---

Injury and Violence

Priority Areas	Homicide
Issue	Lack of education, unemployment, lack of family cohesiveness, drug use, gun availability
Goal	Lower homicide rate by 50% in five years, improve graduation rates, establish mentoring programs for youth
Barriers	Lack of resources, funds, parks/playgrounds, slim tax base
Agencies Involved	City/county government, public assistance agencies, law enforcement, health department, school district, NFCC, St. Leo University
Next Steps	Engage community and partner agencies

Social and Mental Health

Priority Areas	Mental health services
Issue	People do not know where to go for services,
Goal	Establish a mental health service referral guide, establish joint primary care and behavioral care locations, establish strong community partnerships, utilize social media, utilize 211 app
Barriers	Limited number of behavioral health providers, lack of communication between partners, stigma, treatment cannot be forced on people
Agencies Involved	Apalachee Center, DISC Village, Law enforcement, Faith community, Madison County Memorial Hospital, Big Bend Transit
Next Steps	Communication, networking, presence at community events, school orientation

All of the groups identified data tracking and analysis as an area where assistance was needed in order to meet goals.

Conclusion

Having followed the MAPP process and considered all of the data, the Community Health Improvement Plan (CHIP) membership approved the three priority areas on August 30, 2017. The group will develop a corresponding Community Health Improvement Plan and implementation strategy to address Chronic Diseases, Maternal and Child Health, and Social and Mental Health issues in Madison County.

The CHIP development will include a more comprehensive analysis of services offered in the Madison County area to ensure that efforts are not duplicative and to ensure that the community is aware of services currently being offered. The CHIP membership will also consider focus groups and/or community surveys to ascertain what the community perceives as the issues and solutions to health issues in Madison County.

The CHIP membership will consider health equity concerns and implement strategies to address health equity when developing the Community Health Improvement Plan. The data show that minority communities have been disproportionately affected in some areas of chronic diseases, maternal and child health and social and mental health. CHIP membership will also educate the community wherever possible about the benefits to achieving health equity in Madison County, and strategies to move toward health equity.

Together, the CHIP partners move forward and resolve to be cognizant of the visioning statement created during the health summit, *“Working together to make Madison County healthy through education, dedication, unity, and support.”*



Appendices

- Appendix 1 Community Themes and Strengths Survey
- Appendix 2 Health Summit Agenda and Sign-in Sheet
- Appendix 3 External Local Public Health Assessment Agenda and Sign-in Sheet
- Appendix 4 Internal Local Public Health Assessment Agenda and Sign-in Sheet
- Appendix 5 Forces of Change Agenda and Sign-in Sheet
- Appendix 6 Community Health Improvement Plan (CHIP) Meeting Agenda and Sign-in Sheet

Appendix 1

2016 Community Health Needs Assessment Survey

The purpose of the following survey is to get your opinions about community health issues in Madison County. The Florida Department of Health, the Madison County Department of Health will work with community health providers will use the results of this survey to identify health priorities for community action.

The survey will take 5-10 minutes to complete. You will not be asked for any identifying information. Simply check the box or boxes that most closely match your opinion or experience. Your answers are **very** important to our effort to make Madison County a Florida Healthy Community. Thank you!

1. What do you think are the three most important characteristics of a great community with a high quality of life? check three

- | | |
|---|--|
| <input type="checkbox"/> Healthy Food Options | <input type="checkbox"/> Religious or Spiritual Values |
| <input type="checkbox"/> Low Alcohol & Drug Abuse | <input type="checkbox"/> Good Schools |
| <input type="checkbox"/> Clean Environment (clean water, air, etc.) | <input type="checkbox"/> Low Numbers of Sexually Transmitted Disease (STDs) |
| <input type="checkbox"/> Quality Hospitals and Urgent/Emergency Services | <input type="checkbox"/> Access to Health Services (e.g. Family doctor, hospitals) |
| <input type="checkbox"/> Low Percent of Population that are Obese | <input type="checkbox"/> Good Race Relations |
| <input type="checkbox"/> Good Transportation Options | <input type="checkbox"/> Low Tobacco Use |
| <input type="checkbox"/> Mental Health Services | <input type="checkbox"/> Quality Education |
| <input type="checkbox"/> Active Lifestyles/Outdoor Activities | <input type="checkbox"/> Affordable Housing |
| <input type="checkbox"/> Social Support Services (such as Salvation Army, Food Pantries, Catholic Charities, Red Cross, etc.) | <input type="checkbox"/> Low Numbers of Homeless |
| <input type="checkbox"/> Family Doctors and Specialists | <input type="checkbox"/> Good Place to Raise Children |
| <input type="checkbox"/> Low Crime/Safe Neighborhoods | <input type="checkbox"/> Good Employment Opportunities |
| <input type="checkbox"/> Arts and Cultural Events | |

2. What do you think are the three most important health issues for the residents of Madison County? check three

- | | |
|--|---|
| <input type="checkbox"/> Infection diseases (e.g. hepatitis, TB, etc.) | <input type="checkbox"/> Tobacco Use |
| <input type="checkbox"/> Child Abuse/Neglect | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Accidental Injuries (at work, home, school, farm) | <input type="checkbox"/> Sexually Transmitted Diseases (STDs) |
| <input type="checkbox"/> Obesity/Excess Weight | <input type="checkbox"/> Mental Health Problems |
| <input type="checkbox"/> Rape/Sexual Assault | <input type="checkbox"/> Teenage Pregnancy |
| <input type="checkbox"/> Heart Disease and Stroke | <input type="checkbox"/> Homelessness |
| <input type="checkbox"/> Homicide (e.g. murder) | <input type="checkbox"/> Domestic Violence |
| <input type="checkbox"/> Aging Problems (e.g. dementia, vision/hearing loss, loss of mobility) | <input type="checkbox"/> Fire-arm Related Injuries |
| <input type="checkbox"/> Dental Problems | <input type="checkbox"/> Respiratory/Lung Disease |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Cancers |
| <input type="checkbox"/> Motor Vehicle Crashes | <input type="checkbox"/> HIV/AIDS |
| <input type="checkbox"/> Infant Death | |

3. Which of the following unhealthy behaviors have the biggest impact on overall community health in Madison County? check one

- | | |
|--|--|
| <input type="checkbox"/> Unprotected/Unsafe Sex | <input type="checkbox"/> Poor eating habits/poor nutrition |
| <input type="checkbox"/> Excess Weight | <input type="checkbox"/> Alcohol Abuse |
| <input type="checkbox"/> Not Using Seat Belts/Child Safety Seats | <input type="checkbox"/> Homelessness |
| <input type="checkbox"/> Lack of exercise | <input type="checkbox"/> Not getting shots to prevent diseases |
| <input type="checkbox"/> Drug Abuse | <input type="checkbox"/> Not seeing a doctor or dentist |
| <input type="checkbox"/> Tobacco Use | |

4. Overall, how would you rate the health of people who live in Madison County? check one

- | | | |
|---------------------------------------|---|---|
| <input type="checkbox"/> Very Healthy | <input type="checkbox"/> Healthy | <input type="checkbox"/> Somewhat Healthy |
| <input type="checkbox"/> Unhealthy | <input type="checkbox"/> Very Unhealthy | |

5. Have you ever been told by a health professional that you have any of the following: check all that apply

- | | |
|---|--|
| <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> High Cholesterol |
| <input type="checkbox"/> Obesity | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Alcohol or Drug Addiction | <input type="checkbox"/> Tuberculosis (TB) |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Chronic Obstructive Pulmonary Disease (COPD) | <input type="checkbox"/> Mental Health Problem |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Dementia/Alzheimer's Disease | <input type="checkbox"/> None of the Above |

6. What is the primary source of your health care insurance coverage? check one

- | | |
|---|--|
| <input type="checkbox"/> Insurance from an employer or union | <input type="checkbox"/> Medicaid (such as Medipass, Medicaid HMO) |
| <input type="checkbox"/> Insurance that you pay for yourself (including "Obama Care" plans) | <input type="checkbox"/> TRICARE, military or VA benefits |
| <input type="checkbox"/> Indian or Tribal Health Services | <input type="checkbox"/> Other |
| <input type="checkbox"/> Medicare | <input type="checkbox"/> I do not have any health insurance |

7. How long has it been since your last dental exam or cleaning?

- Within past 12 months
- 1 to 2 years ago
- 2 to 5 years ago
- 5 or more years ago
- Do Not Know/Not Sure

8. How long has it been since your last visit to a doctor for a wellness exam or physical? (Please don't include visits for a specific injury, illness or condition)

- | | |
|--|--|
| <input type="checkbox"/> Within past 12 months | <input type="checkbox"/> 1 to 2 years ago |
| <input type="checkbox"/> 2 to 5 years ago | <input type="checkbox"/> 5 or more years ago |
| <input type="checkbox"/> Do Not Know/Not Sure | |

**9. When a doctor prescribes medicine for you, what do you do?
check one**

- | | |
|--|--|
| <input type="checkbox"/> Fill the prescription at a pharmacy | <input type="checkbox"/> Use herbal or natural therapies instead |
| <input type="checkbox"/> Use leftover medicine already at home | <input type="checkbox"/> Go without medicine |
| <input type="checkbox"/> Buy an over the counter medicine | <input type="checkbox"/> Use someone else's medication |

**10. Which healthcare services are difficult to get in Madison County?
check all that apply**

- | | |
|--|---|
| <input type="checkbox"/> Alternative Therapies (Acupuncture, herbals, etc.) | <input type="checkbox"/> Prescriptions/Pharmacy Services |
| <input type="checkbox"/> Dental Care Including Dentures | <input type="checkbox"/> Primary Medical Care (A primary Doctor/Clinic) |
| <input type="checkbox"/> Emergency Medical Care | <input type="checkbox"/> Services for the Elderly |
| <input type="checkbox"/> Family Planning (Including Birth Control) | <input type="checkbox"/> Specialty Medical Care (Specialist Doctors) |
| <input type="checkbox"/> Hospital Care | <input type="checkbox"/> Alcohol or Drug Abuse Treatment |
| <input type="checkbox"/> Laboratory Services | <input type="checkbox"/> Vision Care (Eye Exams and Glasses) |
| <input type="checkbox"/> Mental Health Services | <input type="checkbox"/> X-Rays or Mammograms |
| <input type="checkbox"/> Physical Therapy/Rehabilitation | <input type="checkbox"/> Do Not Know/None |
| <input type="checkbox"/> Preventative Healthcare (Routine or Wellness Check-ups, etc.) | |

11. In the past 12 months, did you delay getting needed medical care for any of the following reasons? check all that apply

- | | |
|---|---|
| <input type="checkbox"/> I did not need medical care | <input type="checkbox"/> I did not have a delay in getting care |
| <input type="checkbox"/> Could not get a weekend or evening appointment | <input type="checkbox"/> Provider did not take your insurance |
| <input type="checkbox"/> Could not get an appointment soon enough | <input type="checkbox"/> Language barriers or could not communicate |
| <input type="checkbox"/> Provider was not taking new patients | <input type="checkbox"/> Insurance problems or lack of insurance |
| <input type="checkbox"/> Lack of Transportation | <input type="checkbox"/> I could not afford care |

12. When you are sick, where do you go for healthcare?

- | | |
|--|--|
| <input type="checkbox"/> Hospital Emergency Room | <input type="checkbox"/> Community Health Center |
| <input type="checkbox"/> My family doctor | <input type="checkbox"/> Free Clinic |
| <input type="checkbox"/> Any available doctor | <input type="checkbox"/> VA/Military facility |
| <input type="checkbox"/> Urgent Care clinic | <input type="checkbox"/> I usually go without care |
| <input type="checkbox"/> Health Department | |

13. If you felt that you or someone in your family needed mental health services, where would you go for care?

- | | |
|---|---|
| <input type="checkbox"/> Mental Health Clinic in Madison County | <input type="checkbox"/> My family doctor |
| <input type="checkbox"/> I do not know where to go for mental health care | <input type="checkbox"/> Private psychologist, psychiatrist or other mental health professional |
| <input type="checkbox"/> VA/Military facility | <input type="checkbox"/> Hospital Emergency room in Madison County |
| <input type="checkbox"/> Mental health clinic in some other county | <input type="checkbox"/> Hospital Emergency room in some other county. |

14. Overall, how would you rate the quality of healthcare services available in Jefferson County?

- Excellent Very Good Good Fair Poor
- Not Sure/Do Not Know

15. Do you currently use any tobacco products?

- | | |
|--|---|
| <input type="checkbox"/> Yes, I currently smoke cigarettes or cigars | <input type="checkbox"/> No, I quit 12 months ago or less |
| <input type="checkbox"/> Yes, I currently use chewing tobacco, snuff or snus | <input type="checkbox"/> No, I quit 1 or more years ago |
| <input type="checkbox"/> Yes I currently use e-cigarettes | <input type="checkbox"/> No, I have never used tobacco products |

16. How would you rate your own health today?

- | | | |
|---------------------------------------|---|---|
| <input type="checkbox"/> Very Healthy | <input type="checkbox"/> Healthy | <input type="checkbox"/> Somewhat Healthy |
| <input type="checkbox"/> Unhealthy | <input type="checkbox"/> Very Unhealthy | |

17. Please indicate how strongly you agree or disagree with the following statement as it applies to you personally: I am confident that I can make and maintain lifestyle changes, like eating right, exercising, or not smoking.

- Strongly Agree Agree Disagree Strongly Disagree

18. What are the top three reasons that prevent you from eating healthier foods and being active? Check only three.

- | | |
|---|---|
| <input type="checkbox"/> It is too expensive to cook/eat healthy foods | <input type="checkbox"/> Do not want to be more active |
| <input type="checkbox"/> It is not safe to exercise in my neighborhood | <input type="checkbox"/> Do not want to change what I eat |
| <input type="checkbox"/> Do not know how to change my diet | <input type="checkbox"/> I already eat healthy and am active |
| <input type="checkbox"/> Healthier food is not available in my neighborhood | <input type="checkbox"/> Tried before and failed to change |
| <input type="checkbox"/> Cannot afford exercise equipment/gym membership | <input type="checkbox"/> Fear of failure |
| <input type="checkbox"/> Do not know how much more active I need to be | <input type="checkbox"/> Do not have time to cook or shop for healthy foods |
| <input type="checkbox"/> I am happy the way I am | <input type="checkbox"/> Do not have time to be more active |

19. What is the zip code where you live? _____

20. Are you female or male?

- Female Male

21. In what year were you born?

Thank You for Your Help!

Appendix 2



2017 Community Health Needs Assessment Summit

JUNE 7, 2017

To develop Madison County's Community Health Needs Assessment that will be used by agencies to plan priorities for the next three to five years.

AGENDA

Topic	Location
9:00 AM – 9:15 AM <i>Breakfast Served</i>	Student Center, Building 9
9:15 AM – 9:30 AM <i>Welcome, Opening Remarks</i>	
9:30 AM – 10:00 AM <i>Visioning Session</i> – Betsy Wood, FSU Public Health Program	
10:00 AM – 12:00 PM <i>Data Presentation</i>	Fine Arts, Building 10
<ul style="list-style-type: none"> • <i>Population</i> – Presented by Pam Beck, FDOH • <i>Health Resources & Availability</i> – Presented by Tammy Stevens, MCMH • <i>Mortality</i> – Presented by Pam Beck, FDOH • <i>Reportable Infectious Diseases</i> – Presented by Pam Beck, FDOH • <i>Chronic Disease</i> – Presented by Madison Ware, FSU MPH Intern • <i>Maternal & Child Health</i> – Presented by Betsy Wood, FSU Public Health Program • <i>Injury & Violence</i> – Presented by Pam Beck, FDOH & Captain Chris Andrews, MCSO • <i>Social & Mental Health</i> – Presented by Pam Beck, FDOH • <i>Community Survey Data</i> – Presented by Madison Ware, FSU MPH Intern 	
12:00 PM – 1:00 PM <i>Lunch</i>	
1:00 PM – 3:00 PM <i>Break Out Session</i>	
3:00 PM – 3:45 PM <i>Share Thoughts and Ideas from Break Out Session</i>	
3:45 PM – 4:00 PM <i>Closing Remarks</i>	
4:00 PM <i>Adjourn</i>	



2017 Community Health Needs Assessment Summit

JUNE 7, 2017

To develop Madison County's Community Health Needs Assessment that will be used by agencies to plan priorities for the next three to five years.

Registration

Organization	Name	Email Address
1. Florida Department of Health	TRISTA Agher	Trista.Agher@flhealth.gov
2. Big Bend Community Based Care	Zachary Summerlin	zachary.summerlin@bigbendcbc.org
3. Chamber of Commerce	ROSE F. J. AUSTON, M.D.	rosesf@chamber.com
4. Saint Leo University - Madison	Lisa A Buchanan	lisa.buchanan@sa.nl.edu
5. NFCC	Sheila Nobles	hnobles@nfcc.edu
6. Madison County	Brian Kauffman	mccord@madisoncountyfl.com
7. Madison County Memorial Hospital	JAMMY STEVENS	STEVENSJAM@MCH.US
8. Madison Health Dept.	Kimberly Albritton	Kimberly.Albritton@flhealth.gov
9. Madison County School District	Melissa Cherry	missy.cherry@madison.k12.fl.us
10. Florida Dept. of Health	Chelsea McCon	Chelsea.McCon@flhealth.gov
11. Florida Dept. of Health	Patricia Dey	Patricia.Dey@flhealth.gov
12. Madison County	Ronnie Nunn	rln7379@kofwafl.com
13. Lynne Brown (Trainer)	Lynne Brown	lynne@lynnbrown.net
14. Edward O. Phillips	Madison County Memorial Hospital	howard.phillips@macb.flhealth.gov
15. Tri-County Technical	Andrew Pinard	ap.pinard@tec.com
16. Disc Village	Matt Robinson	mrobinson@discvillage.com
17. Disc Village	Brightie Robinson	brobinson@discvillage.com
18. HSCJMT	Donna Hagan	dhagan@healthystart.org
19. Lake Park of Madison	Eric Schindler	Eschindler@lakepark.com
20. DCF Northeast Region	Marty Ransom	Marty.Ransom@myflfamilies.com

Organization

Name

Email

21.	Department of Health	Latoya Newby	Latoya.Newby2@flhealth.gov
22.	Big Bend AHEC	Tara Stanley	tstanley@bigbendahec.org
23.	" "	Anthony Jones	ajones@bigbendahec.org
24.	Department of Health	Lisa Hayes	lisa.hayes@flhealth.gov
25.	Apalachee Center, Inc.	Hitomi Izawa	hitomi@apalacheecenter.org
26.	MCMH	Crystal Singletary	csingletary@mcmh.us
27.	Apalachee Center inc	Natasha Lampkin	Natasha ..Lapalachecenter.org
28.	Betsy Rykard FDOT	Betsy Rykard	Leila.Rykard@flhealth.gov
29.	DOH	Shawna Hatcher	Shawna.Hatcher@flhealth.gov
30.	DOH	Jamda Johnson	Jamda.Johnson@flhealth.gov
31.	HSC JMT	Arya Bell	bell@healthystart.md.dg
32.	Big Bend Care	Amber Edwards	ledwards@bigbendcare.org
33.	mcmh	Stacey Bachan	sbachan@mcmh.us
34.	mcmh	Rebecca Hughes	rhughes@mcmh.us
35.	mcmh	Cynthia Cowder	ccowder@mcmh.us
36.	mcmh	Lindi Burnett	cburnett@mcmh.us
37.	mcmh	Jennifer Gray	jgray@mcmh.us
38.	SCC m	Rosa Richards	Richards@scmhd.org
39.	Coody Comm	At the table	a/stan@centerofus.com
40.	mcmh	Zachary Nicholson	znicholson@mcmh.us
41.	mcmh	Patrick McGee	pmcgee@mcmh.us
42.	FSU	Betsy Wood	betsywood100@gmail.com
43.	FSU	Angela Pratta	amp101@my.fsu.edu
44.	FSU	Melissa Ward	mward@my.fsu.edu
45.	City of Madison	Tim Seuneft	tim.seuneft@cityofmadisonfl.com
46.	DOH	Mari Mottarr	Mari.Mottarr@flhealth.gov
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2017 Community Health Needs Assessment Summit

JUNE 7, 2017

To develop Madison County's Community Health Needs Assessment that will be used by agencies to plan priorities for the next three to five years.

Registration

Organization	Name	Email Address
1. DeH Madison	Patricia Blair	patricia.blair@fhealth.gov
2. Schiele Cell Foundation	Louise Baker	sherrif.baker@family.edu
3. Lake Park of Madison	S. Clark	La.Emark@MADMISSIE.com
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Appendix 3

2017 Local Public Health System Assessment

JUNE 21, 2017

AGENDA

Topic

8:30 AM – 9:00 AM	<i>Registration/Breakfast Served</i>
9:00 AM – 9:10 AM	<i>Welcome-</i> Kimberly Allbritton, Administrator, Madison County Health Department
9:10 AM – 11:45 AM	<i>Overview of Assessment Process -</i> Betsy Wood & Madison Ware, FSU Public Health Program <i>Essential Public Health Services (3, 4, 5, 7, 9) -</i> Betsy Wood & Madison Ware, FSU Public Health Program <ul style="list-style-type: none">- <i>Inform, Educate, Empower People (3)</i>- <i>Mobilize Partnerships (4)</i>- <i>Develop Policies and Plans (5)</i>- <i>Link People to Essential Services (7)</i>- <i>Evaluate Effectiveness and Quality of Services (9)</i>
11:45 AM – 12:00 PM	<i>Wrap Up-</i> Kimberly Allbritton, Administrator, Madison County Health Department
12:00 PM	<i>Adjourn</i>



2017 Local Public Health System Assessment

JUNE 21, 2017

Registration

Organization	Name	Email Address
1. DOH - Madison	Pam Beck	Pam.Beck@flhealth.gov
2. FSU	Madison Ware	mware@my.fsu.edu
3. Footh - Madison	Chelsea McCoy	chelsey.mccoy@flhealth.gov
4. Madison Co. EMS	Michael Raines	MadisonCountyEMS@gmail.com
5. City of Madison	Jim Catron	CatronJ@col.com
6. UM Cooperative Ministry	Deborah Brown	umcooperativeministry@netfla117.com
7. FDOH - Madison	Kimberly Albritton	Kimberly.Albritton@flhealth.gov
8. HSCoMT	Dennd Hogan	dhogan@healthystonjackson.org
9. Lake Park of Madison	Ronda Barker	rbarker@maximusky.com
10. DOH - Madison	Patricia Day	Patricia.Day@flhealth.gov
11. Lake Park of Madison	Ashley Sevier	asevier@maximusky.com
12. Big Bend AHEC	Tacie Stankly	tstankly@bigbendahc.org
13. RANIE L. MOORE	BOCC	RLM7379@hotmail.com
14. Tim Bennett / City of Madison	Madison	tim.bennett@cityofmadisonfl.com
15. Brian Kauffman / Madison County	Madison County	mccoord@madisoncountyfl.com
16. Madison County Memorial Hospital	Rebecca Hughes	R.Hughes@mcmh.us
17. Madison County Memorial Hosp	Annette Everett	aevert@cmcmh.us
18. FSU PAF	Betsy Reed	betsyareed100@gmail.com
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Appendix 4



2017 Local Public Health System Assessment

August 9, 2017

AGENDA

Topic	
8:00 AM – 8:05 AM	Welcome- Kimberly Allbritton, Administrator
8:05 AM – 9:00 AM	Essential Service 1: Monitor Health Status to Identify Community Health Problems <i>(Kim Allbritton, Pam Beck, Patricia Blair, Alex Mahon, Chelsey McCoy)</i>
9:00 AM – 10:00 AM	Essential Service 2: Diagnose and Investigate Health Problems <i>(Kim Allbritton, Alex Mahon, Patricia Blair, Katie French, Bill Gibson, Pam Beck, Patricia Day)</i>
10:00 AM – 11:00 AM	Essential Service 6: Enforce Laws and Regulations <i>(Alex Mahon, Kimberly Allbritton, Pam Beck, Colleen Hollingsworth)</i>
11:00 AM – 12:00 PM	Essential Service 8: Assure a Competent Workforce- Public Health and Personal Care <i>(Alex Mahon, Kimberly Allbritton, Pam Beck, Colleen Hollingsworth)</i>
12:00 PM – 1:00 PM	Essential Service 10: Conduct Research for New Innovations <i>(Alex Mahon, Kimberly Allbritton, Pam Beck, Colleen Hollingsworth)</i>





Florida Department of Health in Madison County
 Local Public Health System Assessment
 Meeting Location: Florida Department of Health in Madison County Conference Room
 August 8, 2017 9:00 a.m. – 1:00 p.m.

Name	Title	Signature
Kasey Tuttle	Comm. Health Nursing Supervisor	Kasey Tuttle
Patricia Blair	Health Educator	Patricia Blair
Chelsea McCoy	Human Services Prog. Spec.	Chelsea McCoy
Alex Mahon	Environment Manager	Alex Mahon
Pam Beck	OMC Manager	Pam Beck
Madison Ware	FSU MPH	Madison Ware
Kimberly Albritton	Administrator	Kimberly Albritton
Patricia Day	Preaddress Planner	Patricia Day
Katie French	ELT Aide	Katie French
Colleen Hollingsworth	Business Manager	Colleen Hollingsworth
Betsy Wood	FSU PHP	Betsy Wood

Appendix 5

Forces of Change Assessment

August 22, 2017

PURPOSE

To identify forces that are, or will be influencing the quality of life and health of Madison County and the local public health system.

AGENDA

9:30 a.m. - 9:35 a.m.	Welcome, Opening Remarks <i>Kimberly Allbritton, Florida Department of Health Madison County Administrator</i>
9:35 a.m. - 10:30 a.m.	Forces of Change Brainstorming <i>Betsy Wood, FSU Public Health Program</i> <i>Madison Ware, FSU MPH Intern</i>
10:30 a.m. - 11:15 a.m.	Threats and Opportunities Identified <i>Betsy Wood, FSU Public Health Program</i> <i>Madison Ware, FSU MPH Intern</i>
11:15 a.m. - 11:30 a.m.	Next Steps <i>Pam Beck, Florida Department of Health Madison County</i>
11:30 a.m.	Adjourn, Closing Remarks <i>Kimberly Allbritton, Florida Department of Health Madison County Administrator</i>





Florida Department of Health in Madison County
 Forces of Change Assessment
 Meeting Location: Madison County Extension Office
 August 22, 2017 9:30 a.m. – 11:30 a.m.

Name	Organization	Email
Kimberly Albritton	FDDH - Madison	Kimberly Albritton@flhealth.gov
Joy Rhodes Madison Ware	DCF - SAMH FSU - MPH	joy.rhodes@myflfamilies.com mw161n@my.fsu.edu
Nicole Ferranti Sarah Bishop Patricia Day	DOF - Child Welfare Apalachee Center DOH - Madison	nicole.ferranti@myflfamilies.com sarahbi@apalacheecenter.org patricia.day@flhealth.gov
Tammie Stevens	Madison Hospital	stevens@meh.us
Deneisha Duhart Kimberly Jackson Catherine Monismith Julie Townsend	DCF - Child Welfare Madison Medical Center (MFI Medical Centers) Madison Medical Center North Florida Community College	deneisha.duhart@myflfamilies.com (Monismith@nfmc.org) Kijackson@nfmc.org townsendj@ntcc.edu



Florida Department of Health in Madison County
 Community Health Improvement Plan Meeting
 Meeting Location: Madison County Senior Citizens Center
 August 30, 2017 9:30 a.m. - 11:30 a.m.

Name	Organization	Email
Chelsey McCoy	FDOH - Madison	Chelsey.mccoy@flhealth.gov
Trista Agner	FDOH - Madison	Trista.Agner@flhealth.gov
Leila Rykard	FDOH - Madison	Leila.Rykard@flhealth.gov
Tangela Knight	FDOH - Madison	Tangela.Knight@flhealth.gov
Tammy Hinson	FDOH - Madison	Tammy.Hinson@flhealth.gov
Lizaltayes	FDOH Madison + Jefferson	Lisa-L Hayes@flhealth.gov
Samantha Tracy	Partnership for Strong Families	Samantha.Tracy@pfsf.org
Cindy Binko	HSCJMT	cibinko@healthystart.net.org
Deneisha Dubart	DCF - Madison + Taylor	deneisha.dubart@myflfamilies.com
Athany Jones	BB ATEC	ajones@bigbead.atec.org
Lynne Brown	Trainer/John Maxwell Team	Lynne@LynneBrown.net
Betsy Wood	FSU PHP	Betsywood100@gmail.com
Roberta J. Auston, M.D.	Agency for Aging, Rural Health	drbobbe@yahood.com
Tonye Beh	HSCJMT	tbel@healthystart.net.org
Merv Mattair	HD - SRA	lifeinhdr@aol.com
Tammy Stevens	Madison County Memorial Hospital	tstevens@mc.mh.us
Rubenaca Seuerin	HSCJMT - Healthy Families	rsauerin@healthystart.net.org
Jessie Eveslage	FCD - Probation + Parole	Jessie.Eveslage@fc.nyflorida.com
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Karen Moon	ELC Big Bend Region, Inc.	kmoon@elc.bigbend.org

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Wanda Ashley
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Ryan Parker
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Tom Witt
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Tammie Hinson
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