

# **FLAGLER COUNTY**

## **Community Health Assessment**



**Prepared for:**  
**FLAGLER COUNTY HEALTH DEPARTMENT**

**Prepared by:**  
**HEALTH PLANNING COUNCIL OF NORTHEAST FLORIDA**

**2011 - 2012**

## **Flagler Community Health Assessment Final Report 2012**

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Florida Department of Health

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***Report and Executive Summary available at Northeast Florida Counts website - [www.neflcounts.org](http://www.neflcounts.org)***

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**A Community Health Assessment—driven by community input—is a systematic approach to collecting, analyzing, and using complex data and information to identify priority areas for health improvement efforts.**



# INTRODUCTION

The health of a community is determined by the physical, mental, spiritual, and social well-being of all community residents.<sup>1</sup> The endeavor to attain such a complex state of being is one that requires an equally complex understanding of the determinants of each of these aspects of health. A Community Health Assessment—driven by community input—is a systematic approach to collecting, analyzing, and using complex data and information to identify priority areas for health improvement efforts.



Flagler County Health Department

## BACKGROUND

Flagler County Health Department (FCHD) is part of Florida Department of Health, the state public health agency which aims to promote and protect the health and safety of all residents. Public health agencies work collaboratively with diverse partners such as health care providers, hospitals, social services, education, transportation, urban planning, and many others to assure the provision of the Ten Essential Public Health Services. Each of these services is linked to one of the core functions of a public health agency (assessment, assurance, and policy development). The services are as follows:

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

<sup>1</sup> Adapted from the World Health Organization's "Definition of Health"



Flagler County Health Department is located in the City of Bunnell which is situated in the central part of the county. Various services are available at FCHD for eligible residents of the county, with a priority on low-income and vulnerable populations. Services include primary health care for children and adults, family planning and birth control, maternity care, Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), sexually transmitted disease prevention and treatment, and preventive and basic dental care for children from infancy to age 21 years. These services are particularly critical for special populations that may include low-income persons, the uninsured, those with limited English proficiency, migrant and seasonal farm workers, individuals and families experiencing homelessness, and those living in public housing.

In the spring of 2011, Flagler County Health Department initiated a county-wide, community health assessment and planning process. This process was to build upon and broaden an assessment completed in early 2011 that focused more narrowly on the lack of access to health care services and the need for a Federally Qualified Health Center (FQHC) to address this need. The MAPP model was chosen to guide this comprehensive effort. MAPP, the acronym for “Mobilizing for Action through Planning and Partnerships”, is recommended by many national and state public health organizations including the National Association for City and County Health Officials (NACCHO) and the Florida Department of Health as a best practice for health assessment and planning. MAPP is built on principles of broad community engagement and strategic planning, which prepare community partners to act together to address prioritized health issues and improve community health.

## METHODOLOGY

A “Summit for Community Health” was facilitated by One Voice for Volusia, Flagler County Health Department, and Health Planning Council of Northeast Florida in June 2011 to initiate the MAPP process and set the stage for further community involvement in the process. As a result, The Flagler Partnership for Community Health was established and a MAPP Steering Committee was identified that included local providers from public health, health care, behavioral health, social services, and education, as well as government leaders, elected officials, resident advocates, and faith-based leaders. The Committee began monthly meetings to drive the process forward, assure broad community input, review findings, and develop plans for community health improvement over the next several years.

The recently completed FQHC Assessment included a secondary data review that was updated with the most recent data and broadened to include more population health indicators. The result is a comprehensive **Community Health Status Assessment** which describes population demographics, socioeconomic characteristics, and community health status, including health care access and utilization information.

Focus group findings from the FQHC Assessment yielded valuable information about residents’ health-related experiences, perceptions and needs, and served as the starting point for the **Community Themes and Strengths Assessment**. Additional data were collected through a community survey to residents on the health and quality of life of Flagler County. Survey results identified high priority health issues; these results then served as the guide to key stakeholder interviews. Structured interviews were conducted with community leaders to help identify improvement strategies and to gauge awareness of these issues among leadership in various sectors.

The **Local Public Health System Assessment** was completed in a two-step process that drew on the experiences and opinions of community service providers and advocates, as well as the specialized knowledge of subject matter experts within the local public health system.

Finally, the MAPP Steering Committee developed a list of key forces that impact, or are likely to impact, the health of Flagler County residents. This **Forces of Change Assessment** was completed through a group process that prioritized the top forces and then identified potential opportunities and/or threats associated with each of the top forces.

The findings from all four assessments were synthesized and then reviewed by the MAPP Steering Committee. Through a facilitated discussion process, strategic health issues were identified, goals were developed and strategies discussed. The final outcome, the **Flagler Community Health Action Plan**, was developed and can be found on page 95 of this report.



***“The Flagler Partnership for Community Health is an engaged group of local residents and professionals who care deeply about the health of individuals and communities throughout our county. The expertise represented in this group informed the assessment and planning processes to ensure that the final results are community-driven. Using quality data is absolutely essential to successful health planning, but the value of community input cannot be overstated.”***

**Patrick Johnson, RN-C, MPA**

**Administrator, Flagler County Health Department**

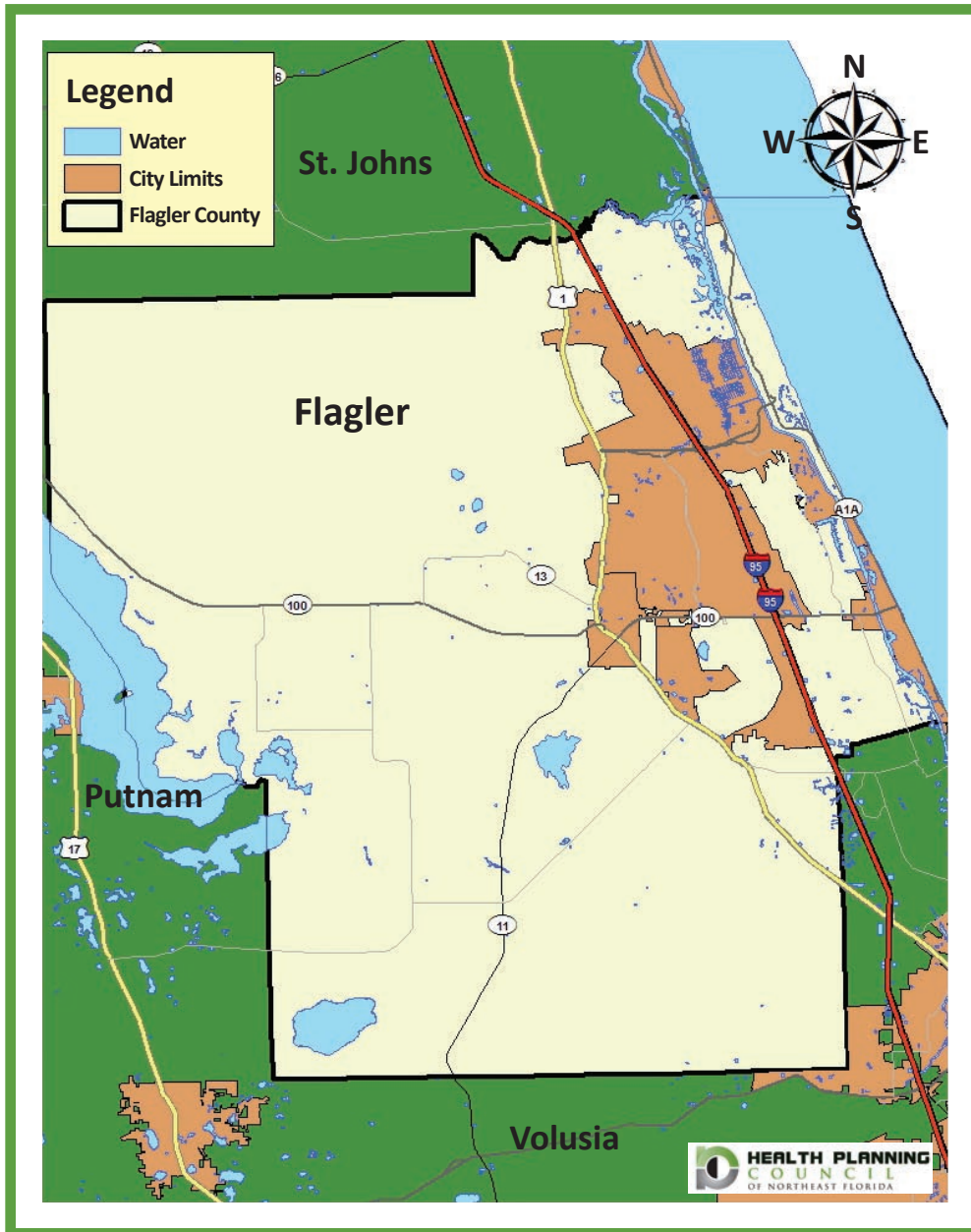
**The health of a community is determined by the physical, mental, spiritual, and social well-being of all community residents.**



# FLAGLER COUNTY PROFILE

Flagler County encompasses 571 square miles in an area consisting of 485 square miles of land and 86 square miles of water in Northeast Florida. It is approximately 30 miles south of downtown Jacksonville with a diverse geography and culture. The Atlantic Ocean defines the eastern boundary of the county for 19 miles. St. Johns County lies to the north of Flagler County, Volusia County to the south, and Putnam County to the west. There are five incorporated municipalities in the county: Bunnell, Palm Coast, Beverly Beach, Flagler Beach, and Marineland. Flagler County is part of the Palm Coast Metropolitan Statistical Area.

Figure 1: Municipal Boundary Map



## Population Characteristics

Flagler County's population estimate for 2010 was 96,290 people; this is almost a 100 percent increase from U.S. Census 2000 estimates. For the period from 2000 to 2008, Flagler County had the second highest growth rate among all U.S. counties, fueled in part by tremendous population growth in Palm Coast. Palm Coast had the highest percentage growth among all U.S. metropolitan areas from 2000 to 2008.

### DISTRIBUTION by GEOGRAPHY

Approximately 11.7 percent of the population in the county resides in the unincorporated areas. Table 1 shows the population trends and projections from 2000-2020 by municipality and Table 2 shows the breakdown by zip code for comparison. It is anticipated that the population of Flagler County will increase by 24 percent in 2020.

**Table 1: Population Estimates by Municipality 2000-2020**

Area	2000	2008	2010	2020
Beverly Beach	547	518	499	543
Bunnell	2,122	2,649	2,588	3,064
Flagler Beach	4,954	5,444	5,298	6,058
Marineland	6	0	0	0
Palm Coast	32,732	74,590	76,609	119,628
Unincorporated	9,547	12,304	11,296	8,204
<b>Flagler Co. Total</b>	<b>49,832</b>	<b>95,505</b>	<b>96,290</b>	<b>137,497</b>
<b>Florida</b>	<b>16,072,832</b>	<b>18,468,557</b>	<b>18,648,774</b>	<b>21,182,185</b>

Source: Shimberg Center for Housing Studies

**Table 2: Population Estimates by Zip Code 2000-2015**

Year	Flagler County	32110	32136	32164	32137
2000	49,832	6,696	6,936	14,170	21,702
2010	96,812	8,520	7,578	39,980	40,171
2015	111,801	9,910	7,773	47,339	46,095

Source: U.S. Census Bureau, 2000. ESRI forecasts for 2010 and 2015



## AGE and SEX

Flagler County has a very high proportion of older residents, compared to other counties in Florida, with Florida itself having a high proportion compared to other states. Almost 25 percent of residents in Flagler are 65 years of age or older, compared to 17.2 percent statewide. Table 3a shows the breakdown by broad age ranges.

**Table 3a: 2010 Age Distribution for Flagler County**

AGE GROUP	NUMBER	PERCENT
0 - 17	18,836	18.8%
18 - 44	33,695	33.6%
45 - 64	22,885	22.8%
65+	24,767	24.7%

Source: Claritas Demographics, 2010

Table 3b provides a detailed percentage breakdown by age group and gender for both Flagler and Florida overall. Of note, the sex ratio in Flagler County is only 86.6 males per 100 females. This is a reflection of the high proportion of older residents, as females have longer life expectancies than males.

**Table 3b: 2010 Age Distribution for Flagler County Compared to Florida**

	FLAGLER COUNTY			FLORIDA		
	Total	Male	Female	Total	Male	Female
<b>TOTAL POPULATION</b>	<b>95,928</b>	<b>44,515</b>	<b>51,413</b>	<b>18,843,326</b>	<b>9,212,528</b>	<b>9,630,778</b>
Under 5 years	5.1%	2.8%	7.0%	5.7%	5.9%	5.5%
5 to 9 years	4.3%	4.8%	3.8%	5.7%	6.0%	5.5%
10 to 14 years	7.0%	7.1%	7.0%	6.0%	6.4%	5.7%
15 to 19 years	6.0%	6.8%	5.3%	6.5%	6.9%	6.2%
20 to 24 years	4.3%	4.6%	4.1%	6.6%	7.0%	6.3%
25 to 29 years	4.4%	5.2%	3.7%	6.2%	6.4%	6.0%
30 to 34 years	4.6%	4.5%	4.7%	5.9%	6.0%	5.8%
35 to 39 years	5.5%	4.9%	6.0%	6.3%	6.4%	6.3%
40 to 44 years	5.0%	4.9%	5.1%	6.6%	6.7%	6.5%
45 to 49 years	6.1%	6.6%	5.8%	7.4%	7.5%	7.3%
50 to 54 years	7.6%	7.8%	7.5%	7.1%	7.0%	7.2%
55 to 59 years	6.9%	5.8%	7.8%	6.5%	6.2%	6.7%
60 to 64 years	8.1%	8.9%	7.5%	6.0%	5.8%	6.2%
65 to 69 years	6.9%	6.6%	7.3%	5.1%	4.9%	5.3%
70 to 74 years	7.6%	8.0%	7.3%	4.1%	3.9%	4.3%
75 to 79 years	4.7%	4.7%	4.8%	3.2%	3.0%	3.4%
80 to 84 years	3.6%	4.0%	3.2%	2.5%	2.2%	2.9%
85 years and over	2.1%	2.1%	2.1%	2.4%	1.8%	2.9%

Source: U.S. Census Bureau, 2010 American Community Survey

## RACE and ETHNICITY

The racial and ethnic composition of Flagler County is summarized in Table 4. Approximately 78 percent of the population is White, 10 percent Black, and 7 percent Hispanic of any race.

**Table 4: 2009 Population by Race**

RACE	NUMBER	PERCENT
American Indian	276	0.26%
Asian	1,703	1.59%
Black	10,649	9.96%
Hispanic	7,892	7.38%
Multiple	1,840	1.72%
Pacific Islander	13	0.01%
White	83,168	77.76%
Other	1,419	1.33%
<b>Total</b>	<b>106,960</b>	<b>100.0%</b>

Source: U.S. Bureau of the Census, 2000 (Esri forecasts for 2009)

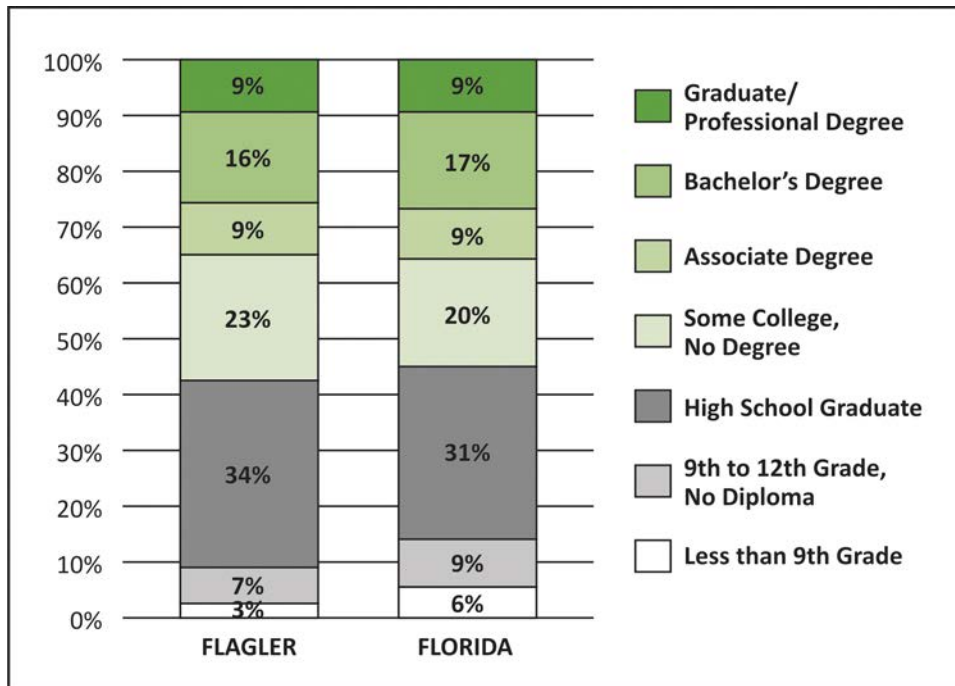
According to the 2008 American Community Survey, 12 percent of the population from 2006-2008 was foreign born. Eighty-eight percent was native, including 20 percent who were born in Florida.

## Social and Economic Characteristics

### EDUCATION

There are nine traditional public schools in the Flagler County Public School District: five elementary schools (K-6), two middle schools (7-8), and two high schools (9-12). Three charter schools (K-5, K-8, K-12), one alternative school (6-12), one magnet school (4-6), and three virtual schools also operate within the district for a total student enrollment of 12,909 as of April 4, 2011. The high school graduation rate for Flagler County Public Schools for 2009-2010 was 86 percent. Figure 2 below shows the educational attainment of Flagler residents ages 25 and older.

**Figure 2: Educational Attainment, Ages 25 and Older**



Source: U.S. Census Bureau, 2010 (ESRI forecasts)

## HOUSING

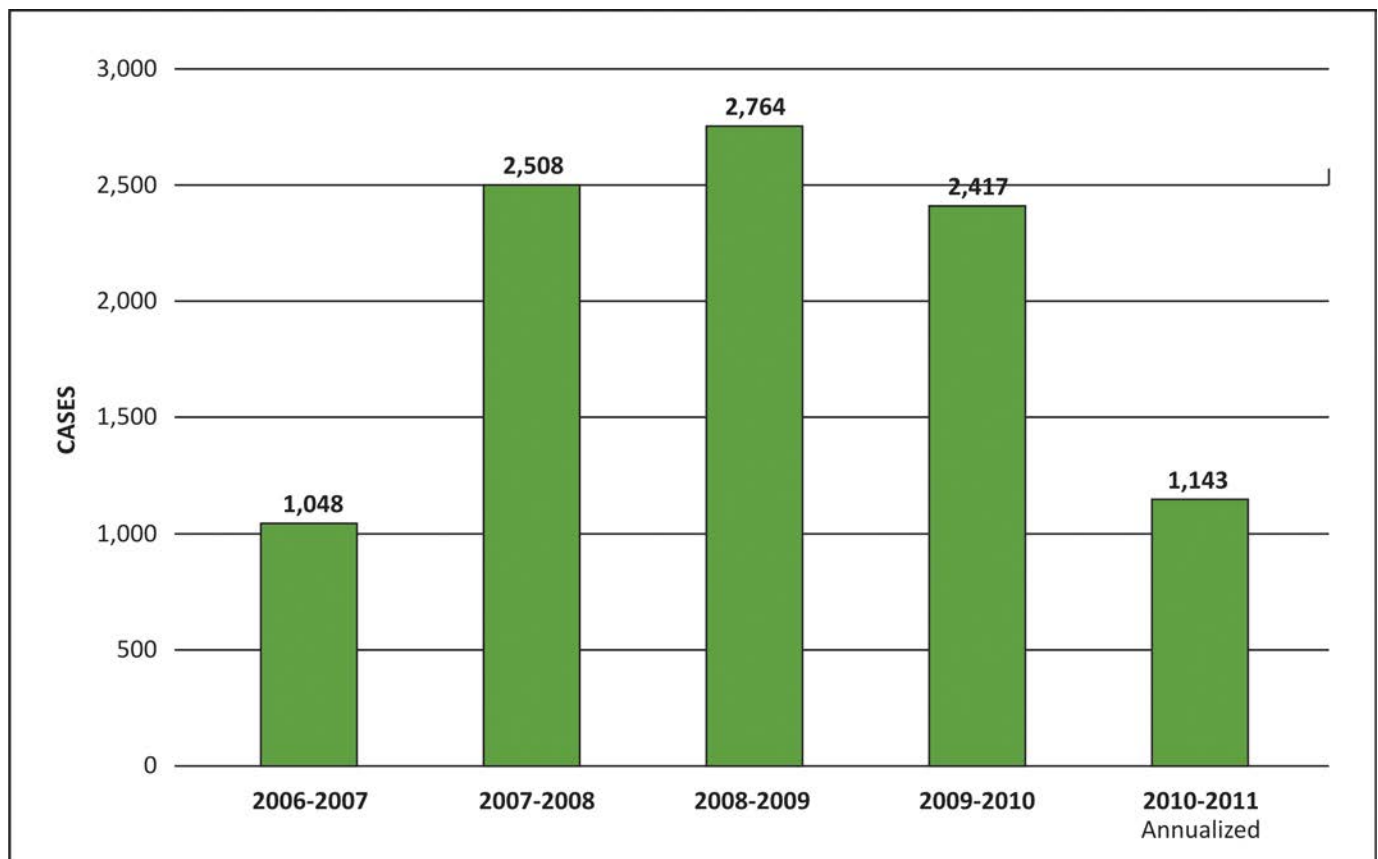
According to the US Census, in 2000 there were 24,452 housing units within Flagler County. This number rose to 53,116 in 2010, reflecting a 117 percent increase over the ten year period. The average household in Florida is 2.48 persons per household; in Flagler County, the average household size is lower than the state's average at 2.27 persons per household. On average, Flagler County's persons per household County-wide is decreasing, while the population is increasing at a faster pace than the state (U.S. Census Bureau, 2000. ESRI forecasts for 2010).

Cost-burdened households are households that pay more than 30 percent of their household income for rent or mortgage costs. In 2008, 6,860 Flagler County households (24%) paid more than 30 percent of their income for housing. By comparison, 29 percent of households statewide are cost-burdened. Approximately, 2,575 households in Flagler County (9%) pay more than 50 percent of income for housing.

## FORECLOSURE

Home foreclosure is a serious problem in Florida, and Flagler County is no exception. Losing one's home to foreclosure can have substantial negative impacts on health. As people deal with the financial instability caused by foreclosure situations, they must make tough choices like paying for food, housing or healthcare. These "choices" contribute to poor physical and mental health outcomes, often impacting entire neighborhoods and communities. Flagler County experienced a substantial increase in foreclosures over the past five years, more than doubling from 2006-2007 to 2008-2009 (Figure 3). The number of foreclosures has decreased over the last couple of years, suggesting that the height of the crisis may have passed. However, many residents who lost their homes will continue to feel the effects for years to come.

**Figure 3: Number of Home Foreclosures in Flagler County**



Source: Florida Courts Division



## PUBLIC HOUSING

Flagler County Housing Authority manages 132 public housing units in three developments, all in the City of Bunnell. There are 180 Section 8 Housing Choice Vouchers issued by the authority and 65 families with portable vouchers from Volusia County reside in Flagler County. A family that is issued a housing voucher is responsible for finding a suitable housing unit of the family's choice where the owner agrees to rent under the program. The housing subsidy is paid directly to the landlord and the family then pays the difference between the actual rent charged by the landlord and the amount subsidized by the program. This is a federally funded program for assisting very low-income families, the elderly, and the disabled to afford decent, safe, and sanitary housing in the private market.

## HOMELESSNESS

Estimates of the number of homeless people in Florida communities are obtained through "point-in-time" counts on one day during the last 10 days of January. Following federal guidelines, this includes people who "lack a fixed, regular and adequate nighttime residence, and includes any individual who is either living on the street, in their car, park or public or private place not intended for human occupancy; or is living in an emergency shelter." <sup>2</sup>

Florida school districts collect data on children identified as homeless throughout the school year under the same definition but with the following expanded characteristics: 1) sharing the housing of others due to loss of housing, economic hardship, or similar reason; 2) living in motels, hotels, trailer parks, camping grounds due to lack of adequate alternative housing; 3) abandoned in hospitals or awaiting foster care placement; 4) living in cars, parks, abandoned buildings, bus or train stations, or substandard housing; and 5) migratory children living in any of the above circumstances. Table 5 below displays the most recent data for each of these homeless estimates for the last two years.

**Table 5: Homeless Estimates, Flagler and Peer/Neighboring County Comparisons**

COUNTY	INDIVIDUALS		K-12 STUDENTS	
	2010	2011	2008-2009	2009-2010
Flagler County	79	98	166	246
St. Johns County	1,237	1,386	149	344
Volusia County	2,076	2,215	1,973	1,889
Clay County	7	113	816	824
Nassau County	61	165	54	145

Source: Florida Department of Children and Families (Individuals)  
Florida Department of Education (K-12 Students)

<sup>2</sup> FL Dept. of Children and Families. Council on Homelessness 2011 Report. [www.dcf.state.fl.us/programs/homelessness](http://www.dcf.state.fl.us/programs/homelessness)

## INCOME and POVERTY

The income range per household is summarized in Table 6. Flagler County had a per capita income of \$27,469 in 2010, which was slightly higher than Florida's per capita income of \$25,768. The median household income increased from \$40,228 in 2000 to \$50,135 in 2010, a substantial increase that mirrors the state of Florida overall.

**Table 6: 2009 Income by Households**

Income Range	FLAGLER COUNTY		FLORIDA	
	2000	2010	2000	2010
<\$15,000	12.3%	9.1%	16.3%	12.3%
\$15,000 - \$24,999	15.2%	9.2%	14.5%	10.3%
\$25,000 - \$34,999	14.8%	13.2%	14.2%	11.8%
\$35,000 - \$49,999	19.1%	18.4%	17.4%	15.5%
\$50,000 - \$74,999	21.2%	21.7%	18.5%	21.7%
\$75,000 - \$99,999	8.7%	15.0%	8.7%	13.1%
\$100,000 - \$149,999	5.6%	9.4%	6.3%	9.8%
\$150,000 - \$199,999	1.9%	1.9%	1.8%	2.4%
\$200,000+	1.3%	2.1%	2.3%	3.0%
<b>Median Household Income</b>	<b>\$40,228</b>	<b>\$50,135</b>	<b>\$38,843</b>	<b>\$49,910</b>
<b>Average Household Income</b>	<b>\$50,839</b>	<b>\$62,443</b>	<b>\$53,504</b>	<b>\$64,516</b>
<b>Per Capita Income</b>	<b>\$21,879</b>	<b>\$27,469</b>	<b>\$21,557</b>	<b>\$25,568</b>

Source: U.S. Census Bureau, 2000. ESRI forecasts for 2010

Poverty thresholds are established by the Social Security Administration and adjusted annually for inflation by the U.S. Census Bureau as summarized in Table 7. The thresholds are based on household income and size, representing an estimate of the point below which income is insufficient to meet minimal food and other basic needs. These thresholds are often used as a basis for meeting program guidelines and for statistical analysis. There is a strong correlation between health and income. Families with low incomes are typically less healthy as revealed in benchmark assessments for mortality, the prevalence of acute or chronic diseases, or mental health.

**Table 7: 2008 Income to Poverty Ratio, 12 Month Estimate**

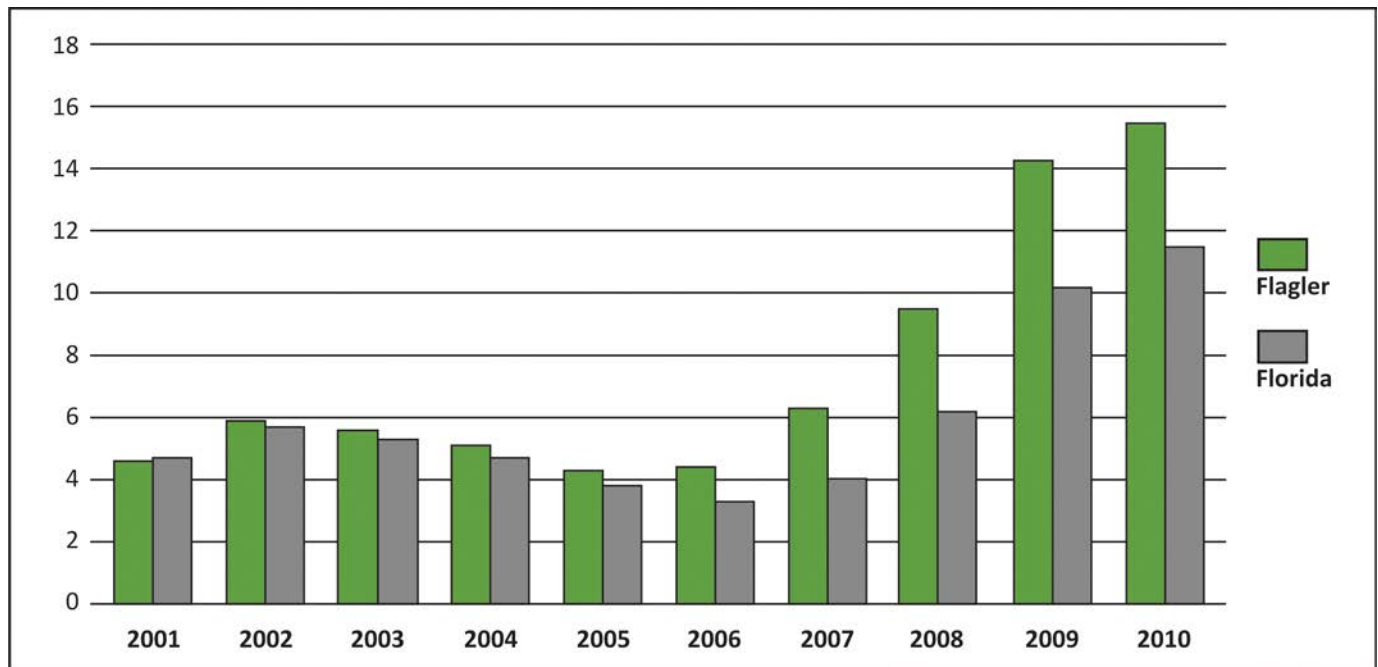
POVERTY LEVEL	POPULATION ESTIMATE	PERCENT of POPULATION
under 50%	5,515	6.1%
50% - 74%	2,871	3.2%
75% - 99%	1,703	1.9%
100% - 124%	4,200	4.6%
125% - 149%	4,666	5.1%
150% - 174%	5,647	6.2%
175% - 184%	1,923	2.1%
185% - 199%	4,196	4.6%
200% - 299%	19,528	21.5%
300% - 399%	14,246	15.7%
400% - 499%	9,166	10.1%
500% and over	17,028	18.8%
<b>Total Population</b>	<b>90,689</b>	<b>100%</b>

Source: U.S. Census Bureau, 2008 American Community Survey

## UNEMPLOYMENT

In 2008, Flagler County had the highest unemployment rate in the state. In 2009, unemployment continued to rise dramatically, reaching 16% by early 2010. Unfortunately, the rate declined only slightly through 2010, but peaked again in January 2011 at 16.2%. Most recent data indicates that the unemployment rate has been steadily declining, with the October rate down to 14.0%.

**Figure 4: Annual Unemployment Rates**



**Table 8: Monthly Unemployment Rates for Flagler County**

MONTH	2009	2010	2011
Jan	13.6%	16.0%	16.2%
Feb	13.3%	15.6%	14.9%
Mar	13.4%	15.3%	14.5%
Apr	13.4%	14.7%	14.0%
May	13.7%	14.5%	13.8%
Jun	14.5%	15.0%	14.7%
Jul	15.0%	15.5%	14.7%
Aug	14.8%	15.9%	14.9%
Sep	14.9%	15.8%	14.7%
Oct	14.9%	15.5%	14.0%
Nov	15.0%	16.3%	n/a
Dec	15.1%	15.7%	n/a
<b>Annual</b>	<b>14.3%</b>	<b>15.5%</b>	<b>n/a</b>

\* preliminary data for Oct 2011

Source for Figure 4 and Table 7: Bureau of Labor Statistics: Local Area Unemployment Statistics  
Palm Coast, FL Metropolitan Statistical Area (Not Seasonally Adjusted)

## LABOR FORCE

The largest industries in Flagler County include construction, educational services, health care/social services, and retail. Almost half (48.1%) of the civilian jobs in Flagler County can be attributed to those industries. See Table 9 for the number of jobs in each industry and the respective percentage of total jobs in each industry.

**Table 9: Job Types by Industry Among Employed Civilian Population Ages 16 and Older, 2010**

	NUMBER	PERCENT
Accommodation/Food Services	2,696	6.9%
Admin/Support/Waste Management	2,815	7.2%
Agriculture/Forest/Fish/Hunt	112	0.3%
Entertainment/Recreation Services	628	1.6%
Construction	4,384	11.3%
Educational Services	3,927	10.1%
Finance/Insurance/Real Estate	2,792	7.2%
Health Care/Social Assistance	5,974	15.3%
Information	961	2.5%
Total Manufacturing	2,518	6.5%
Other Services, Not Public Admin	1,992	5.1%
Professional/Science/Technology/Admin	1,519	3.9%
Public Administration	1,857	4.8%
Retail Trade	4,958	12.7%
Transportation/Warehouse/Utilities	1,203	3.1%
Wholesale Trade	606	1.6%
<b>Total</b>	<b>38,942</b>	<b>100.0%</b>

Source: Claritas Demographics

## TRANSPORTATION

Flagler County Public Transportation (FCPT) is a pre-scheduled demand-response transportation system that provides transportation service for employment, education, non-emergency medical transportation, and quality of life trips. Specialized services include general passenger assistance and wheelchair assistance with a focus on elderly persons and persons with disabilities. FCPT operate 29 vehicles (23 wheelchair-capable vehicles), 22 buses, 4 minivans, and 3 passenger cars. It operates from 7:00 a.m. to 6:00 p.m., Monday through Friday. Weekend transportation service is scheduled as required. According to FCPT, in 2010, it served 4,521 people with an average age 60 years old, 25% wheelchair clients, 72% Palm Coast destination, 22% Bunnell/Daytona North/Espanola Residents, and 6% Flagler Beach/Beverly Beach Residents. The demand for transportation services has increased significantly over the past four years from 1,700 clients to over 4,300 clients in 2009.

## LANGUAGE

Flagler County does not have a substantial population of people who rely solely on a language other than English. However, Table 10 shows that an estimated 14.2% of the population 5 years and over speak a language other than English, or in addition to English. Of those, approximately 43% report being able to speak English less than “very well”. While a sizeable portion of that group is comprised of Spanish speakers, more than half are those speaking Indo-European languages. This family of languages includes Russian, along with other major language groups such as Hindi, Marathi, Bengali, Urdu, Punjabi, French, German, Portuguese, and Italian. Anecdotally, this has been attributed to a significant Russian-speaking population in the county.

**Table 10: Language Spoken at Home**

		Percent that speak English...	
	Number	“very well”	less than “very well”
<b>POPULATION 5 YEARS and OVER</b>	<b>89,815</b>	<b>93.9%</b>	<b>6.1%</b>
English only	85.8%		
Language other than English	14.2%	57.0%	43.0%
Spanish	5.6%	61.4%	38.6%
Other Indo-European languages	6.9%	55.4%	44.6%
Asian and Pacific Islander languages	1.4%	48.1%	51.9%
Other languages	0.3%	55.5%	44.5%

Source: U.S. Census Bureau, 2008-2010 American Community Survey

## Community Health Status

*How healthy are our residents?*

*What does the health status of our community look like?*





# COMMUNITY HEALTH STATUS ASSESSMENT

An assessment of a community's health typically includes an overview of mortality and morbidity indicators for the general population, as well as specific populations that experience a higher burden of disease and death. Prevention indicators are also an important component to consider. MAPP's Community Health Status Assessment seeks to answer the questions:

- \* How healthy are our residents?
- \* What does the health status of our community look like?

## HEALTHY PEOPLE

The U.S. Department of Health and Human Services (HHS) sponsors Healthy People, which determines science-based, national objectives for promoting health and preventing disease. The program establishes and monitors national health objectives to meet a broad range of health needs, encourages collaborations across sectors, guides individuals toward making informed health decisions, and measures the impact of prevention activities.

Healthy People 2020 was launched in December of 2010 and provides an ambitious 10-year agenda for improving community health. The overarching goals of the updated objectives are:

- Attain high-quality, longer lives free of preventable disease, disability, injury, and premature death.
- Achieve health equity, eliminate disparities, and improve the health of all groups.
- Create social and physical environments that promote good health for all.
- Promote quality of life, healthy development, and healthy behaviors across all life stages.

Healthy People 2020 continues to focus on reducing health disparities, and has added 13 new topic areas for a total of 42 topic areas that reflect major risks to health and wellness, changing public health priorities, and emerging issues related to our nation's health preparedness and prevention. For more information, visit [www.healthypeople.gov/2020](http://www.healthypeople.gov/2020).

## COUNTY HEALTH RANKINGS

The Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute develop health rankings for each county in the nation, using a variety of data for factors that impact the health of a community. These factors range from individual health behaviors to education to jobs to quality of health care to the environment. Among all 67 counties in Florida, Flagler ranked 17th overall in 2010 (see Table 11). Of note, Flagler County's lowest rank was in the area of social and economic factors, which includes education, employment, income, family and social support, and community safety. More data and information on the rankings can be found at [www.countyhealthrankings.org](http://www.countyhealthrankings.org).

**Table 11: County Health Rankings, Flagler County, 2010**

CATEGORY	RANK
<b>Health Outcomes</b>	<b>17</b>
Mortality	12
Morbidity	24
<b>Health Factors</b>	<b>17</b>
Health Behaviors	18
Clinical Care	11
Social and Economic Factors	27
Physical Environment	10

## Major Causes of Death

The table below summarizes the major causes of death in Flagler County in 2009. The numbers of deaths for each cause are listed, along with the percent of total deaths in the county for each cause. Death rates are presented for 2009 alone, and for 2007-2009 combined to provide rates calculated with larger numbers for greater statistical stability.

**Table 12: Major Causes of Death in Flagler County, 2009**

CAUSE OF DEATH	NUMBER OF DEATHS	PERCENT OF TOTAL DEATHS	2009 AGE-ADJUSTED DEATH RATE	3-YEAR AGE-ADJUSTED DEATH RATE
All Causes	940	100.0	549.0	564.9
1. Cancer	291	31.1	157.1	147.3
2. Heart Disease	173	18.4	96.1	104.4
3. Chronic Lower Respiratory Disease	51	5.4	26.9	25.0
4. Stroke	42	4.5	21.9	23.4
5. Diabetes Mellitus	33	3.5	19.5	20.9
6. Kidney Disease	28	3.0	15.3	13.0
7. Unintentional Injuries	24	2.6	23.7	37.1
8. Alzheimer's Disease	18	1.9	8.5	8.3
9. Suicide	17	1.8	14.4	16.9
10. Septicemia	15	1.6	8.6	8.7
11. Parkinson's Disease	9	1.0	4.2	4.4
12. Chronic Liver Disease & Cirrhosis	9	1.0	6.6	7.2
13. Pneumonia/Influenza	8	0.9	4.6	5.1
14. Benign Neoplasm	7	0.7	3.5	3.1
15. AIDS/HIV	7	0.7	8.2	3.6
16. Homicide	4	0.4	4.9	4.8
17. Perinatal Conditions	2	0.2	0.0	0.0

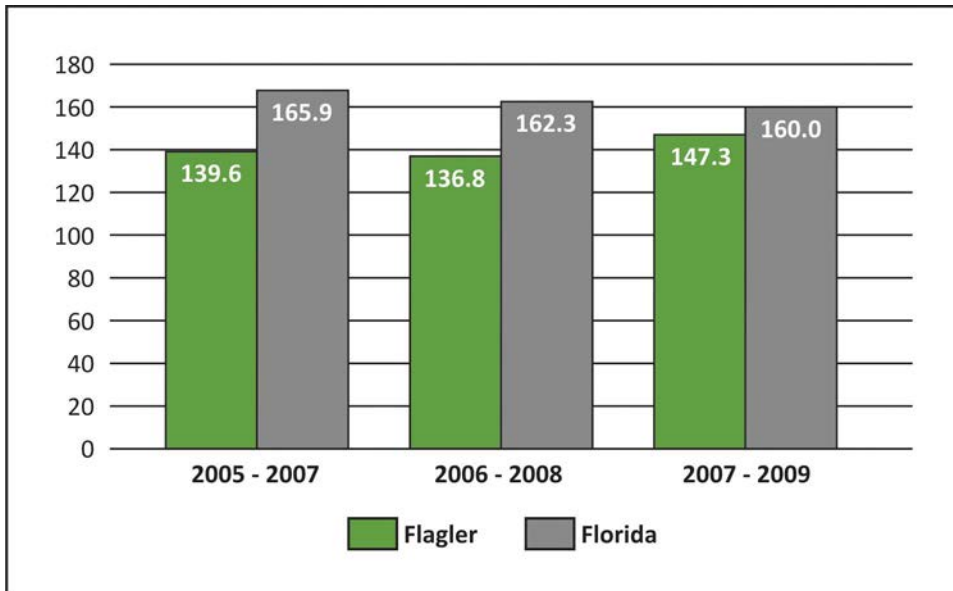
Source: Florida Department of Health, Office of Health Statistics and Assessment

## Chronic Disease

### CANCER

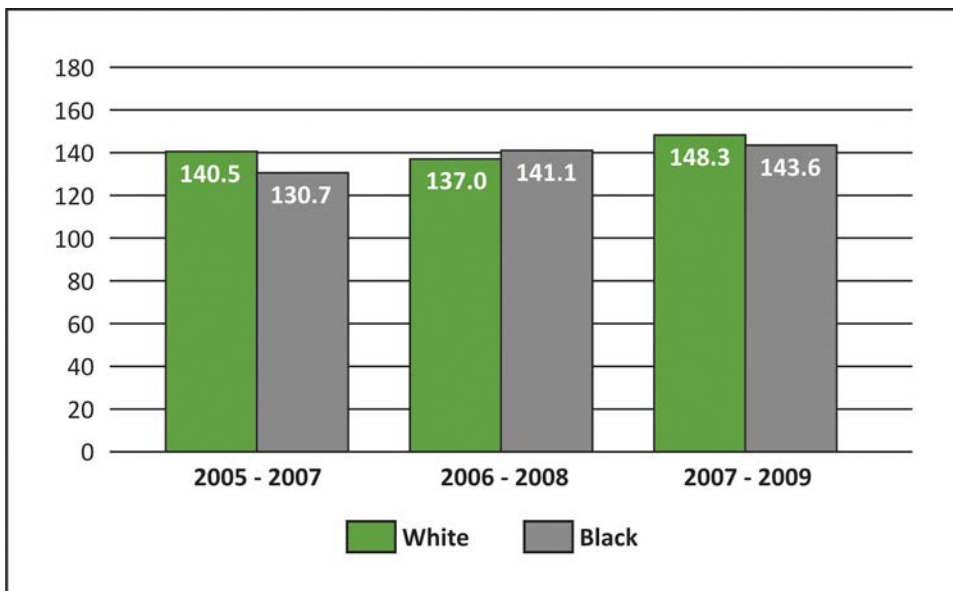
Cancer is the second leading cause of death in the United States, but it is the number one leading cause of death to residents in Flagler County.

Figure 5: Age-Adjusted Death Rates Due to Cancer, All Types



Source: Florida Department of Health, Bureau of Vital Statistics

Figure 6: Age-Adjusted Death Rates Due to Cancer, All Types, by Race



Source: Florida Department of Health, Bureau of Vital Statistics

The death rate from all types of cancer is increasing in Flagler County, while the statewide rate has remained steady over the past several years.

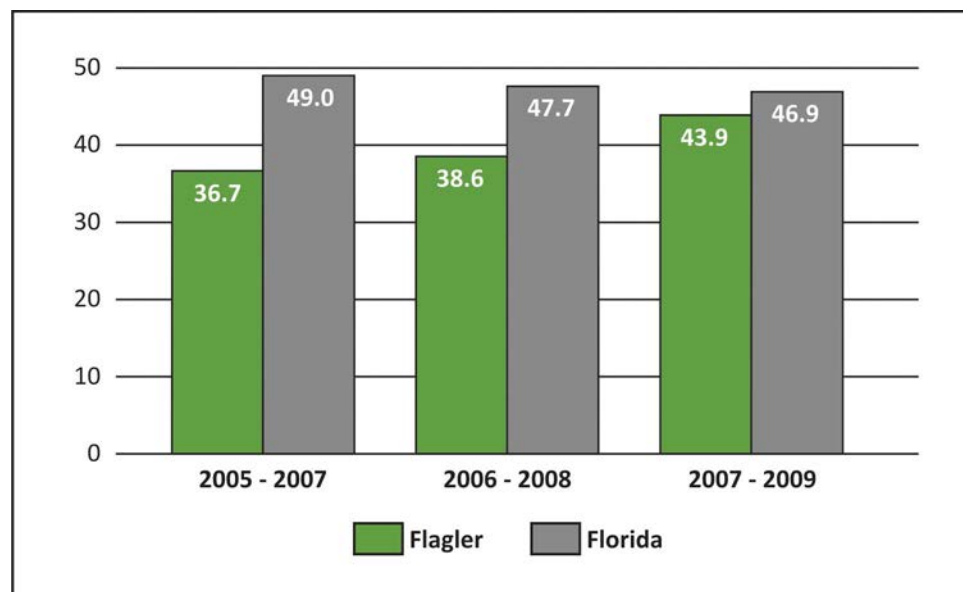
## Mammograms

are the best method to detect breast cancer early, allowing for easier treatment and lowering the risk of dying from breast cancer. In 2007, 72.9% of Flagler County women ages 40 and older who were surveyed for the Behavioral Risk Factor Surveillance System (BRFSS) reported having received a mammogram in the past year. In 2010, that proportion dropped to 65.4% in Flagler County, with only 61.9% in Florida overall.

## LUNG CANCER

Lung cancer is the leading cause of death among cancers. The main risk factors identified for lung cancer are smoking and exposure to secondhand smoke, environmental exposures such as radon gas or asbestos, and having a family history of lung cancer. <sup>3</sup>

**Figure 7: Age-Adjusted Death Rates Due to Lung Cancer**

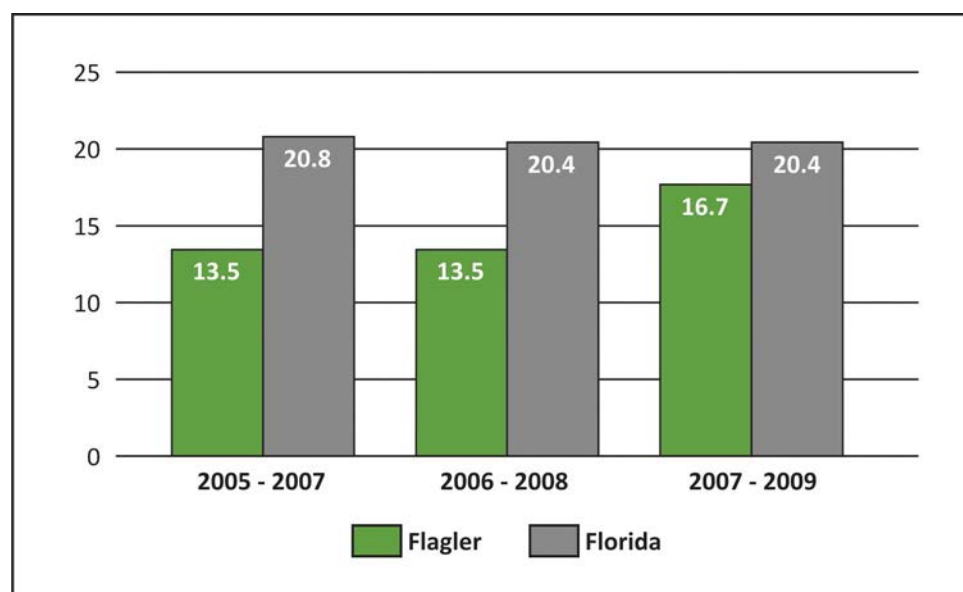


Source: Florida Department of Health, Bureau of Vital Statistics

## BREAST CANCER

Breast cancer is the most common cancer among women in the United States, aside from non-melanoma skin cancers. <sup>4</sup>

**Figure 8: Age-Adjusted Death Rates Due to Breast Cancer**



Source: Florida Department of Health, Bureau of Vital Statistics

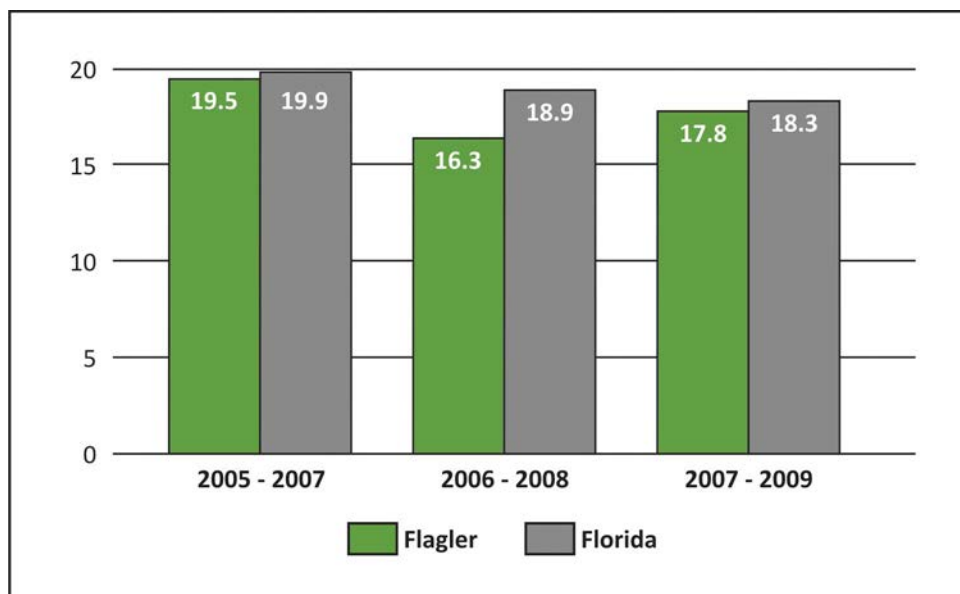
<sup>3</sup> Centers for Disease Control and Prevention (CDC). [www.cdc.gov/cancer/lung](http://www.cdc.gov/cancer/lung)

<sup>4</sup> Centers for Disease Control and Prevention (CDC). [www.cdc.gov/cancer/breast](http://www.cdc.gov/cancer/breast)

## PROSTATE CANCER

Prostate Cancer is the most common type of cancer in men, and one of the leading causes of cancer death in men.<sup>5</sup> Figure 9 shows the death rates per 100,000 men to prostate cancer.

**Figure 9: Age-Adjusted Death Rates Due to Prostate Cancer**

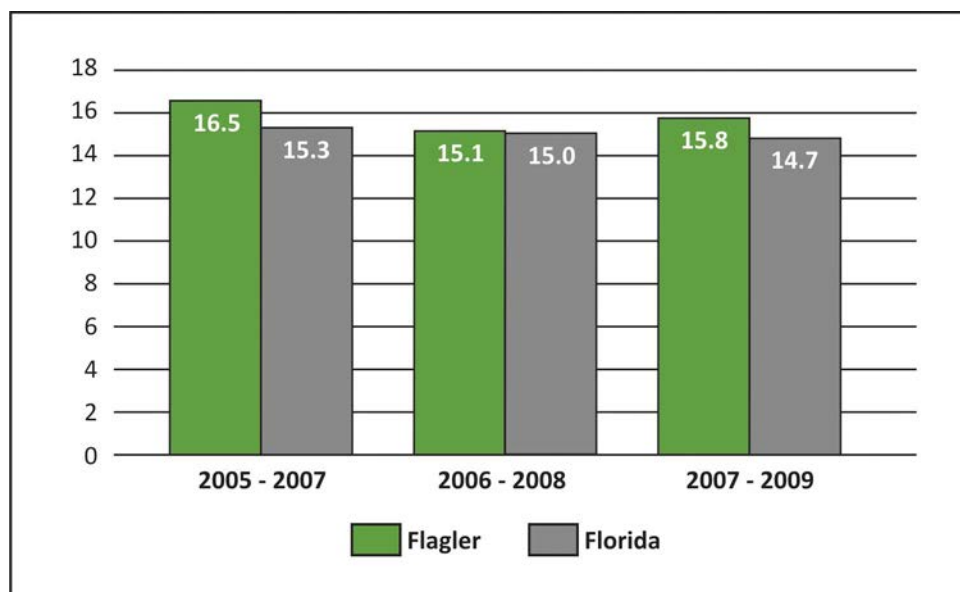


Source: Florida Department of Health, Bureau of Vital Statistics

## COLORECTAL CANCER

Colorectal cancer is the second leading cause of death by cancer in the United States among cancers that affect both men and women.<sup>6</sup> Figure 10 shows the death rates due to colorectal cancer.

**Figure 10: Age-Adjusted Death Rates Due to Colorectal Cancer**



Source: Florida Department of Health, Bureau of Vital Statistics

<sup>5</sup> Centers for Disease Control and Prevention (CDC). [www.cdc.gov/cancer/prostate](http://www.cdc.gov/cancer/prostate)

<sup>6</sup> Centers for Disease Control and Prevention (CDC). [www.cdc.gov/cancer/colorectal](http://www.cdc.gov/cancer/colorectal)

The prostate-specific antigen (PSA) test measures the level of PSA in the blood, which can be an indicator of prostate cancer. Recent reviews of the risks associated with PSA screening have led to recommendations that PSA screening not be done routinely. About 72.1% of men in Flagler County report having had a PSA test in the last two years (BRFSS, 2010).

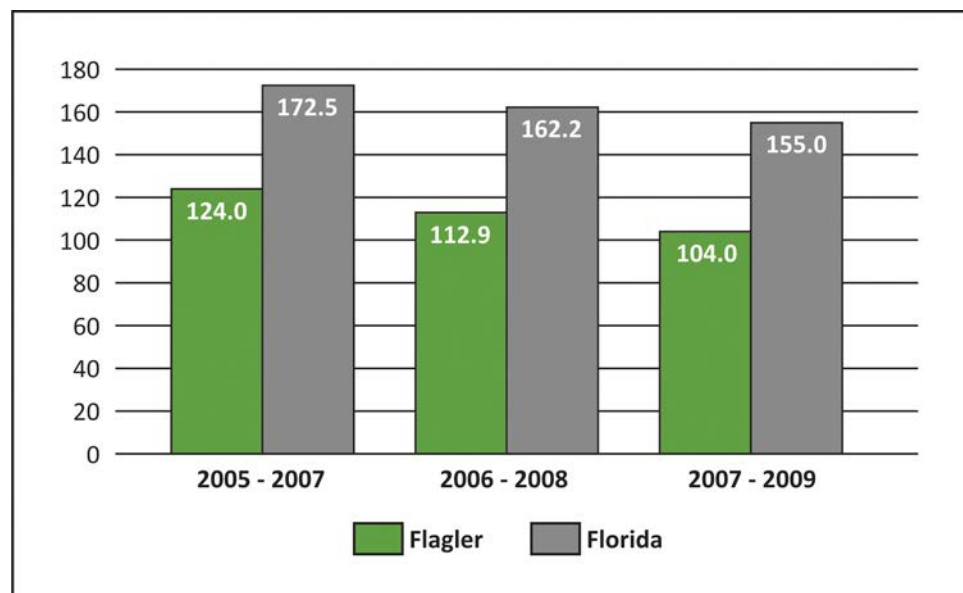
Screening tests for colorectal cancer can save lives by finding precancerous polyps early, when treatment often leads to a cure. In 2010, 21.1% of Flagler adults surveyed for the BRFSS reported having received a blood stool test in the past year, a significantly higher percentage than the 14.7% in Florida overall. 57.4% of Flagler County adults 50 and over received a sigmoidoscopy or colonoscopy in the past five years, compared to 56.4% in Florida overall.



## HEART DISEASE

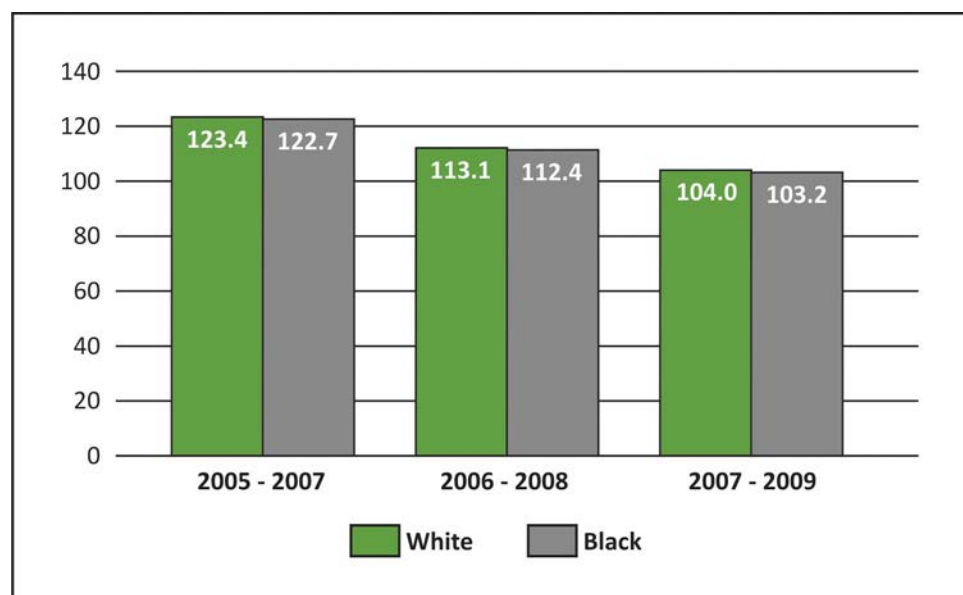
Cardiovascular diseases include a range of diseases involving the heart and blood vessels, such as coronary heart disease, hypertension and stroke. Heart disease is the most common of these, and can cause heart attack, angina, heart failure, and arrhythmias.<sup>7</sup> Heart disease is the second leading cause of death in Flagler County. Figure 11 shows the death rates from heart disease, the second leading cause of death.

**Figure 11: Age-Adjusted Death Rates Due to Heart Disease**



Source: Florida Department of Health, Bureau of Vital Statistics

**Figure 12: Age-Adjusted Death Rates Due to Heart Disease, by Race**



Source: Florida Department of Health, Bureau of Vital Statistics

**Flagler** County's rate declined from 124 per 100,000 during 2005-2007 to 104 per 100,000 in 2007-2009.

Flagler County's rate is well below that of the state average.

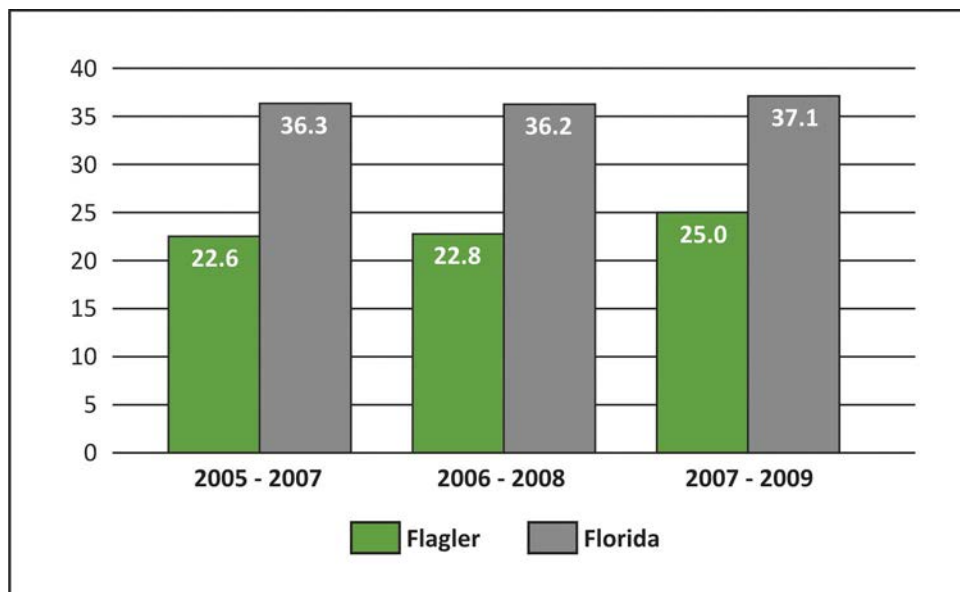
**Comparing** rates by White and Black race show that there is no apparent disparity between the groups in terms of death due to heart disease.

<sup>7</sup> Centers for Disease Control and Prevention (CDC). [www.cdc.gov/heartdisease](http://www.cdc.gov/heartdisease)

## CHRONIC LOWER RESPIRATORY DISEASE

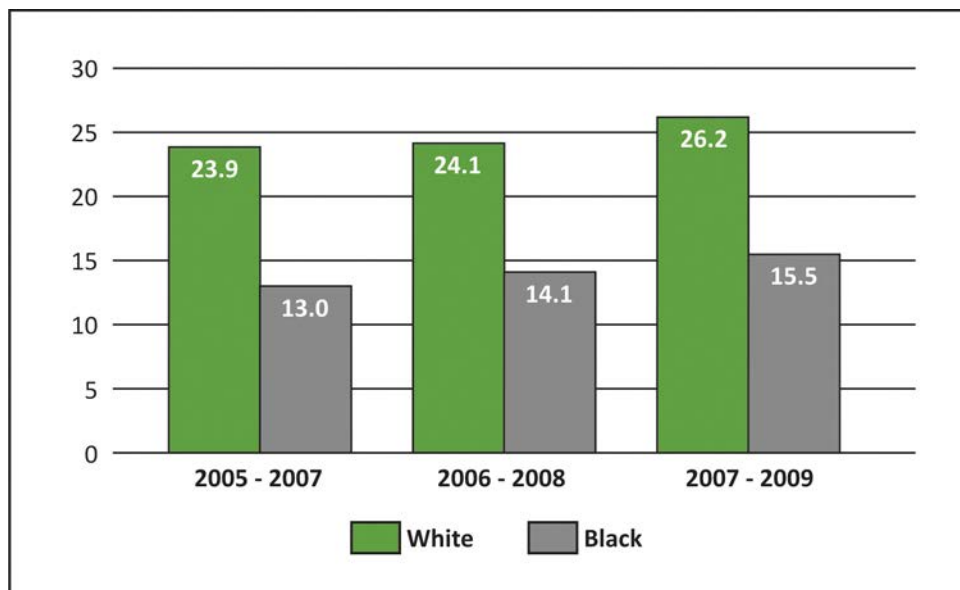
Chronic Lower Respiratory Disease (CLRD) is comprised of a group of diseases that block airflow to the lungs. Emphysema, chronic bronchitis, and asthma are included in this group.<sup>8</sup> CLRD is the third leading cause of death in Flagler County. Figure 13 presents the overall death rates due to CLRD, and Figure 14 presents the disparity by race.

**Figure 13: Age-Adjusted Death Rates Due to Chronic Lower Respiratory Disease**



Source: Florida Department of Health, Bureau of Vital Statistics

**Figure 14: Age-Adjusted Death Rates Due to Chronic Lower Respiratory Disease, by Race**



Source: Florida Department of Health, Bureau of Vital Statistics

**Flagler** County's rate increased from 22.6 per 100,000 during 2005-2007 to 25 per 100,000 in 2007-2009.

Flagler County's rate is well below that of the state average.

**Comparing** rates by White and Black race show a significant disparity between the groups. Death due to CLRD is higher in White populations than Black populations.

<sup>8</sup> Florida CHARTS. [www.floridacharts.com](http://www.floridacharts.com)

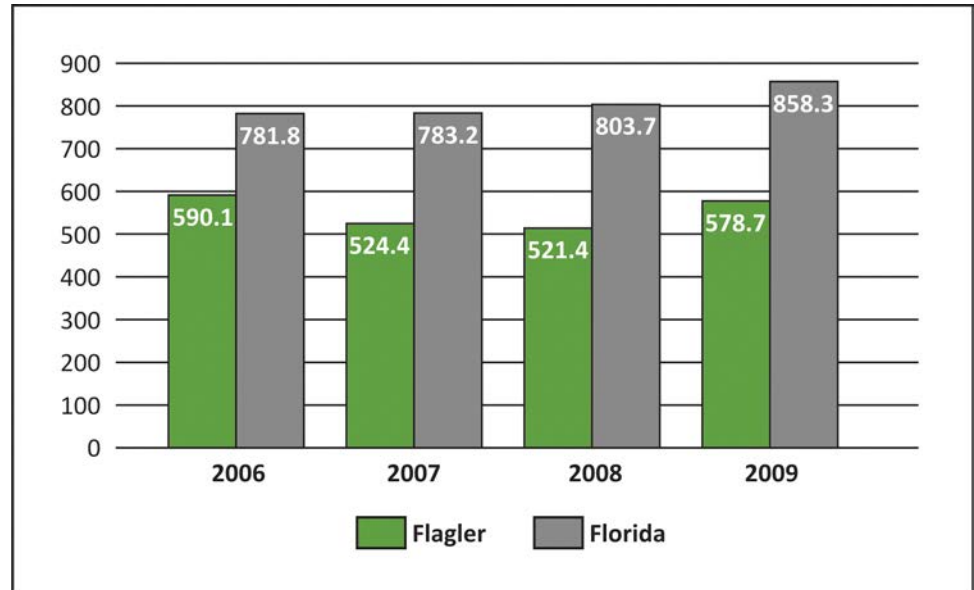
**Flagler** County's rate is considerably lower than the state of Florida and has remained relatively stable, while the state has seen an upward trend in this indicator.

**Flagler** County's asthma hospitalization rates for children aged 1-5 are consistently lower than the state average, with a sharp decline in 2008 at 413.2 per 100,000 compared to Florida's rate—almost double—at 801.1 per 100,000.

## ASTHMA

Asthma affects the lungs by restricting airflow during attacks or “episodes”, characterized by wheezing, breathlessness, chest tightness, and coughing.<sup>9</sup> Figure 15 shows the hospitalization rate due to asthma.

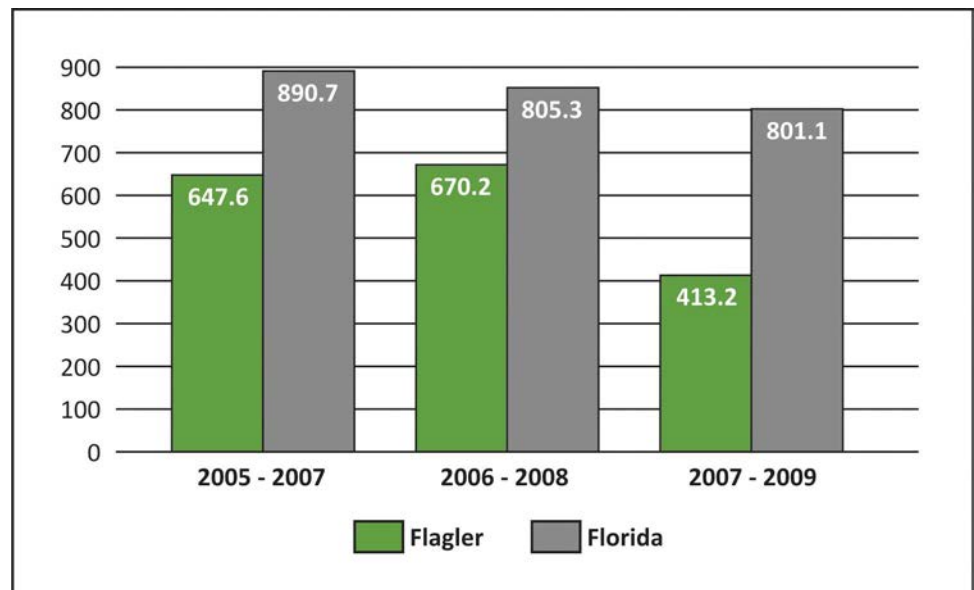
**Figure 15: Hospitalizations From or With Asthma**



Source: Florida Agency for Health Care Administration (AHCA)

Asthma is one of the most common chronic conditions in children. Figure 16 shows the hospitalization rates for young children, ages 1-5.

**Figure 16: Asthma Hospitalizations for Children Aged 1-5**



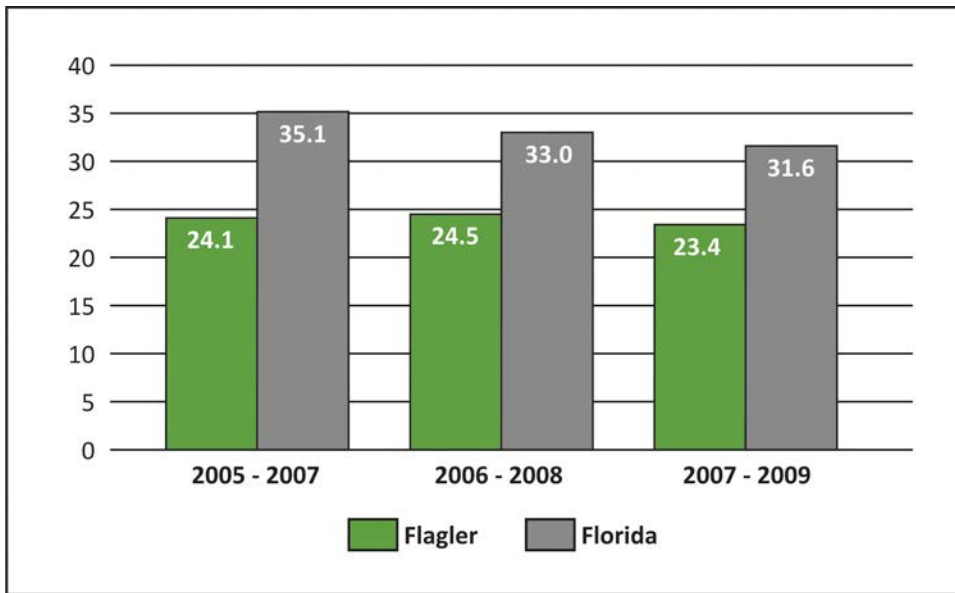
Source: Florida Agency for Health Care Administration (AHCA)

<sup>9</sup> Centers for Disease Control and Prevention (CDC). [www.cdc.gov/asthma](http://www.cdc.gov/asthma)

## STROKE

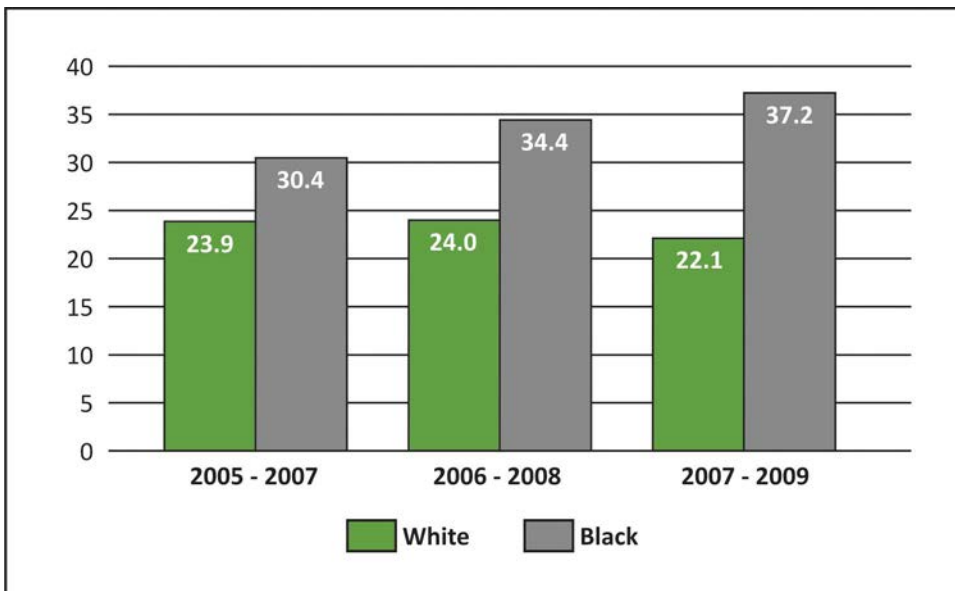
Cerebrovascular disease, or stroke, is the third leading cause of death in the United States, and the fourth leading cause in Flagler County. Stroke is more common in men, Blacks, Hispanics, and American Indians by heredity. Other risk factors include hypertension, tobacco use, alcohol use, diabetes, being overweight or obese, and having heart disease or high cholesterol.<sup>10</sup> Figure 17 shows the death rates due to stroke and Figure 18 shows the disparity by race.

**Figure 17: Age-Adjusted Death Rates Due to Stroke**



Source: Florida Department of Health, Bureau of Vital Statistics

**Figure 18: Age-Adjusted Death Rates Due to Stroke, by Race**



Source: Florida Department of Health, Bureau of Vital Statistics

**Flagler** County's rate is considerably lower than the state of Florida and has remained relatively stable, while the state has seen a decrease over the last several years.

**Black** death rates for stroke are notably higher than White death rates. White rates have seen a slight decrease while Black rates have increased steadily.

<sup>10</sup> Centers for Disease Control and Prevention (CDC). [www.cdc.gov/stroke](http://www.cdc.gov/stroke)

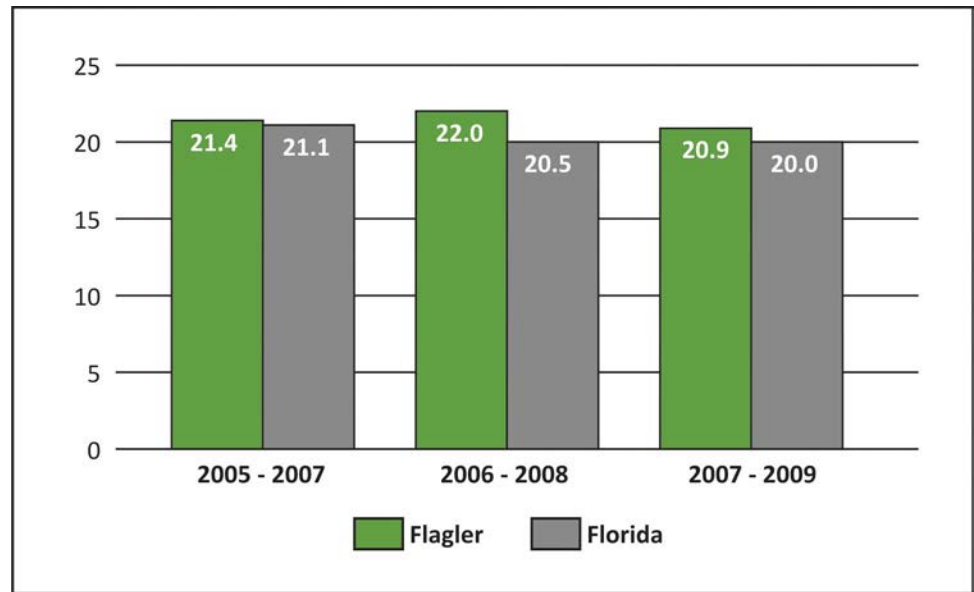
**Flagler** County's death rate due to diabetes is in line with the state of Florida and has remained relatively stable over time.

**Death** rates due to diabetes have been significantly higher among Blacks than Whites in the past. However, a severe decline in deaths to Blacks is evident in the last few years, making the disparity less dramatic.

## DIABETES

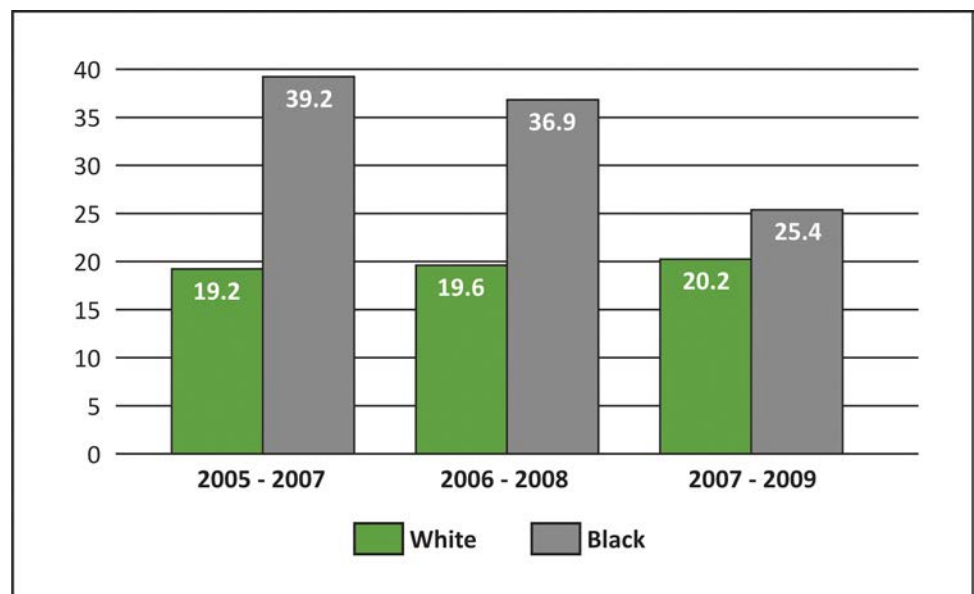
Diabetes is a disease marked by high levels of glucose in the blood which is caused by problems with insulin production, insulin use, or both. Without the insulin needed to achieve this process, glucose and fats remain in the blood, eventually causing damage to vital organs. Diabetes can lead to serious complications and premature death if not controlled effectively. Heart disease and stroke, blindness, chronic kidney disease, and amputations are some of the health issues that people with diabetes may face.<sup>11</sup> Diabetes is the fifth leading cause of death in Flagler County and the cause of significant disability in some patients.

**Figure 19: Age-Adjusted Death Rates Due to Diabetes**



Source: Florida Department of Health, Bureau of Vital Statistics

**Figure 20: Age-Adjusted Death Rates Due to Diabetes, by Race**



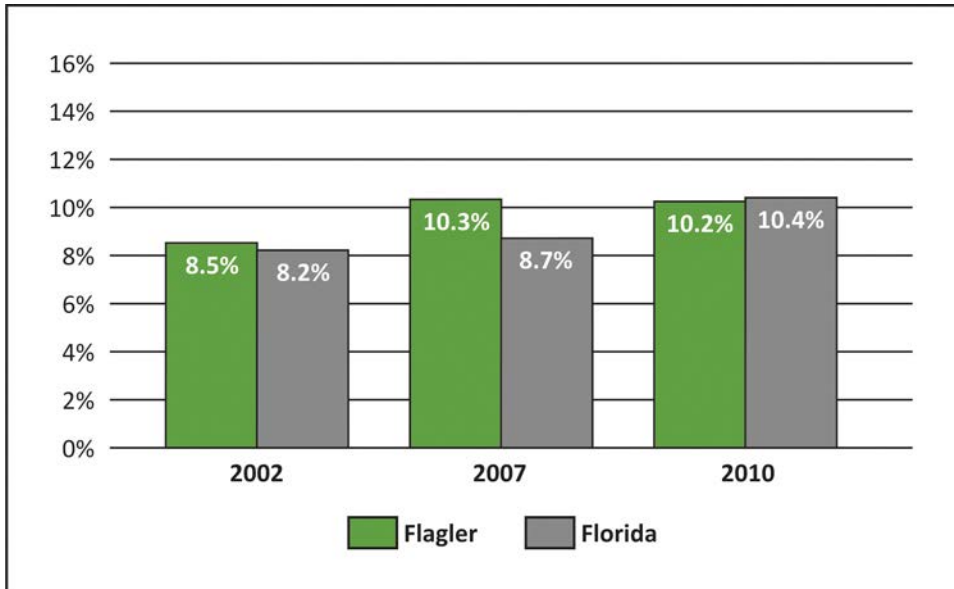
Source: Florida Department of Health, Bureau of Vital Statistics

<sup>11</sup> Centers for Disease Control and Prevention (CDC). [www.cdc.gov/diabetes](http://www.cdc.gov/diabetes)



Diagnosis of diabetes is critical, as steps can be taken to control the disease and lower the risk of complications. Approximately 8.3% of the U.S. population in 2010 had diabetes. An estimated one in four people with diabetes have not been diagnosed.

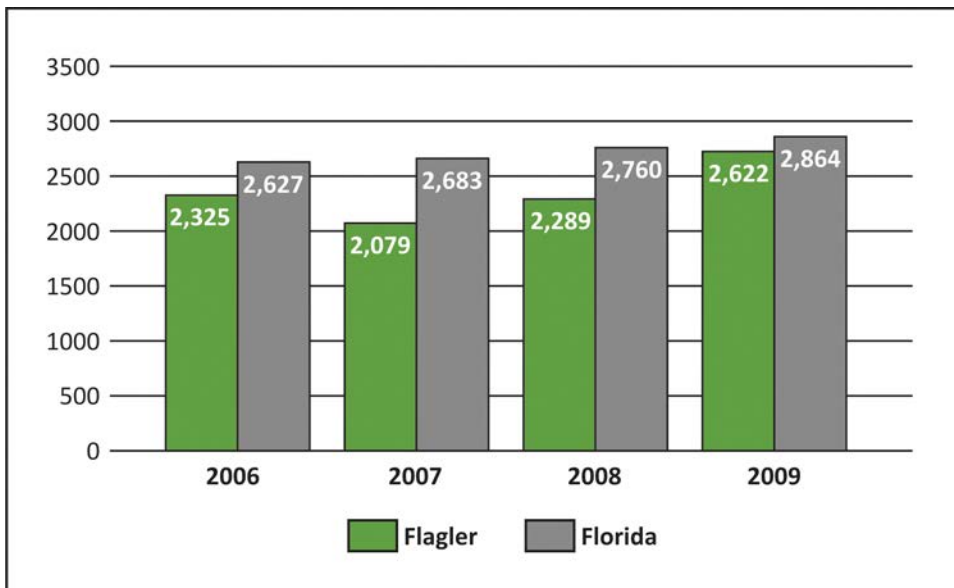
**Figure 21: Percentage of Adults With Diagnosed Diabetes**



Source: Florida County-level BRFSS survey, Florida Department of Health, Bureau of Epidemiology

Figure 22 presents data from 2006-2009 for the hospitalizations from or with diabetes for Flagler County and for Florida as a whole.

**Figure 22: Hospitalization Rates Per 100,000 From or With Diabetes**



Source: Florida Agency for Health Care Administration (AHCA)

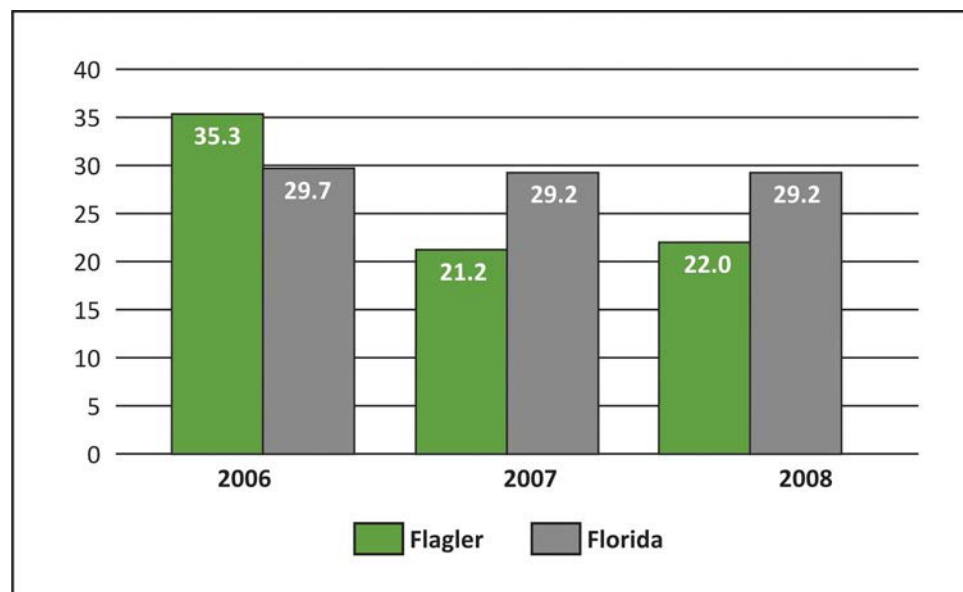
**Flagler** County's diagnosis ratio increased from 8.5% in 2002 to 10.2% in 2010.

**Flagler** County's hospitalization rates are lower than the state overall, with over 2600 hospitalizations per 100,000 people annually.

**Rates** have remained steady throughout the state, but Flagler County saw a significant decline in 2007.

Diabetes can damage the nervous system and cause a condition called diabetic neuropathy. The most common type is peripheral neuropathy, which affects the arms and legs. Sometimes nerve damage can contribute to injuries that are slow to heal. Poor circulation and infection lead to the amputation of a toe, foot, or leg.<sup>12</sup> Hospitalization rates from the amputation of a lower extremity attributable to diabetes are presented below in Figure 23.

**Figure 23: Hospitalizations From Amputation of a Lower Extremity Attributable to Diabetes**



Source: Florida Agency for Health Care Administration (AHCA)

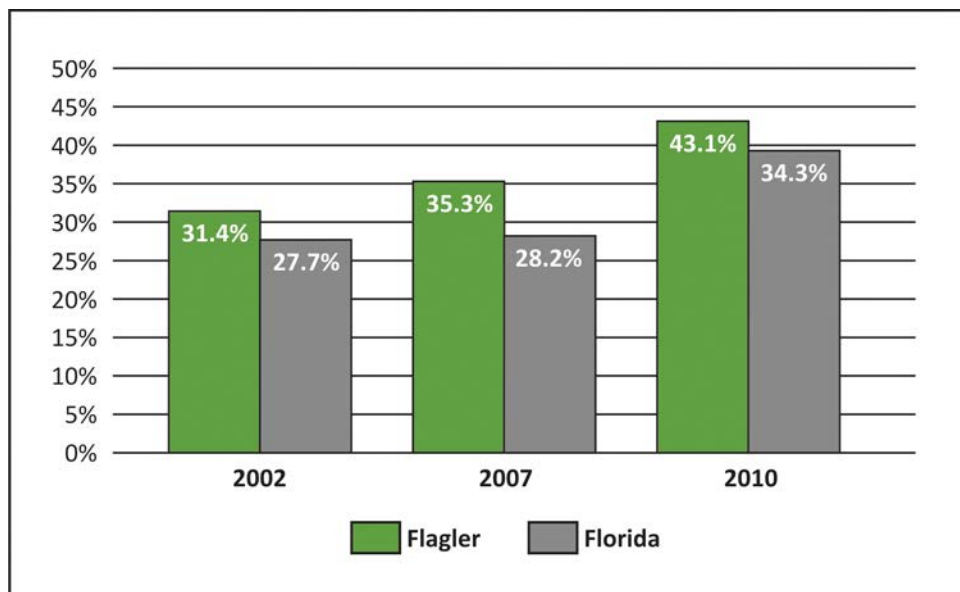
## BEHAVIORAL RISK FACTORS ASSOCIATED with CHRONIC DISEASE

The Behavioral Risk Factor Surveillance System (BRFSS) survey was conducted at the county level in Florida among adults in 2002, 2007, and 2010. The data for the risk factors in this section were collected through this survey.

### HYPERTENSION

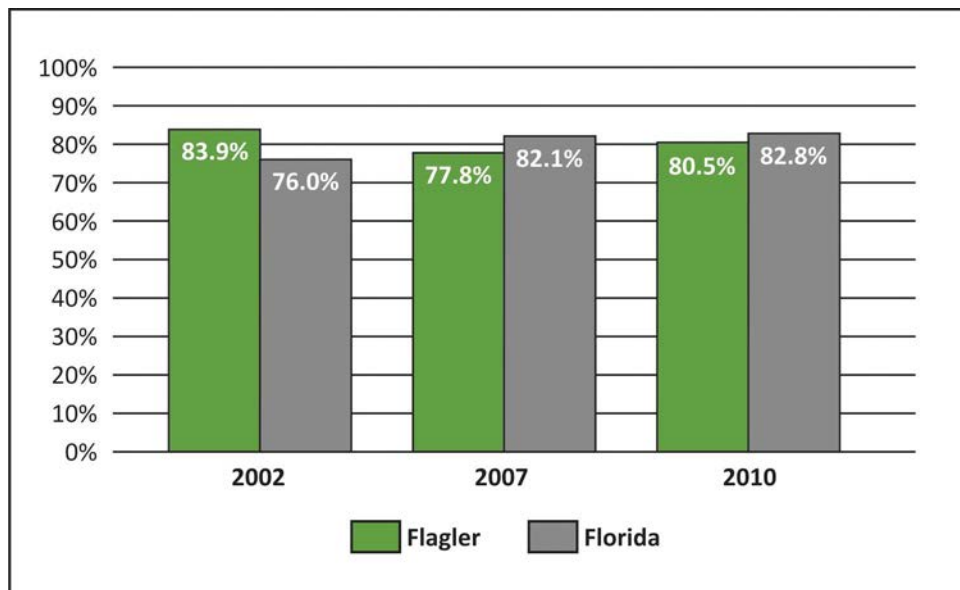
About one in three adults in the United States have hypertension (or high blood pressure), which increases the risk for heart disease and stroke. In addition to maintaining a healthy lifestyle by exercising, eating a healthy diet, and maintaining a healthy weight, taking medication to control high blood pressure is important.<sup>13</sup>

**Figure 24: Percentage of Adults With Diagnosed Hypertension**



Source: Florida County-level BRFSS survey, Florida Department of Health, Bureau of Epidemiology

**Figure 25: Percentage of Adults With Hypertension Who Take Blood Pressure Medicine**



Source: Florida County-level BRFSS survey, Florida Department of Health, Bureau of Epidemiology

**Flagler** County has a very high percentage of adults reporting that they have been diagnosed with hypertension, and it has grown steadily over time. At 43.1%, this is a statistically significant difference from the state percentage of 34.3%.

**Of** those diagnosed with hypertension, 80.5% currently take medicine to control blood pressure. This is in line with the overall state percentage at 82.8%.

<sup>13</sup> Centers for Disease Control and Prevention (CDC). [www.cdc.gov/bloodpressure](http://www.cdc.gov/bloodpressure)

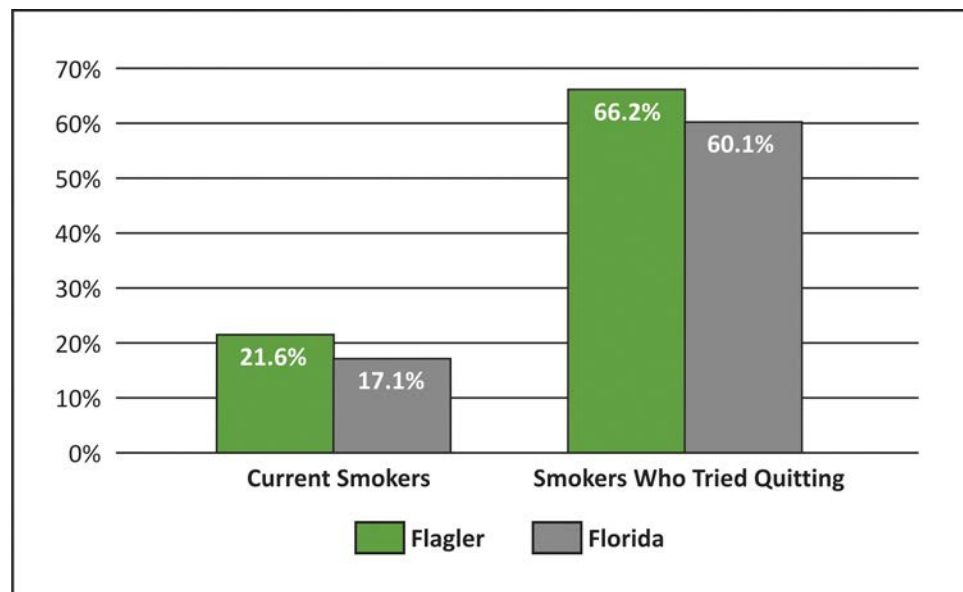
**More** than one in five (21.5%) adults in Flagler County are current smokers, compared to 17.1% statewide. This indicator has seen very little change over time in Flagler County.

Of those who are current smokers, two-thirds (66.2%) report having tried to quit in the last year. This is an indication that awareness of the risks of smoking is high, but success with cessation attempts is low.

## TOBACCO USE

The single most preventable cause of disease, disability, and death in the United States is tobacco use. An estimated 443,000 people die prematurely from smoking or exposure to secondhand smoke annually, and millions more experience serious illness caused by smoking. The risk of heart disease and heart attack increases with the use of tobacco. Cigarette smoking promotes atherosclerosis and increases the levels of blood clotting factors, such as fibrinogen. In addition, nicotine raises blood pressure, and carbon monoxide reduces the amount of oxygen that blood can carry. Exposure to secondhand smoke, even for nonsmokers, can increase the risk of heart disease, as well as lung cancer and lower respiratory tract infections in children younger than 18 months.<sup>14</sup>

**Figure 26: Percentage of Adults Who Are Current Smokers and Percentage of Current Smokers Who Have Tried to Quit Smoking in the Past Year, 2010**



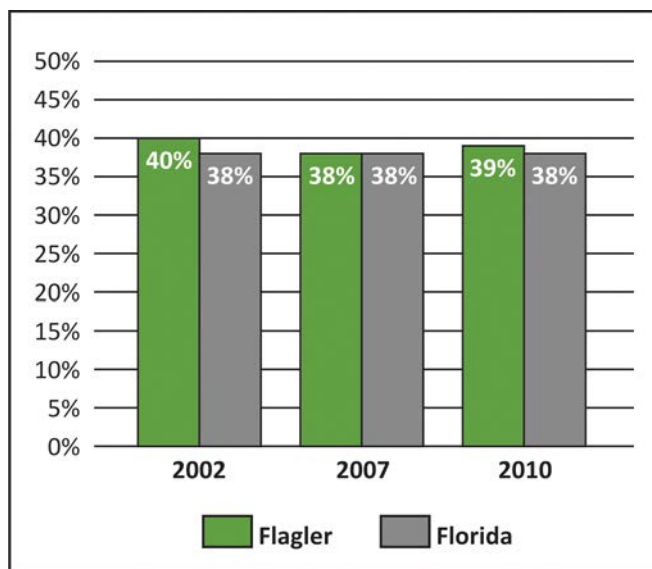
Source: 2010 Florida County-level BRFSS survey, Florida Department of Health, Bureau of Epidemiology

## OVERWEIGHT and OBESITY

Overweight and obesity are conditions that increase the risk for a variety of chronic diseases and health concerns, including heart disease, Type 2 diabetes, certain cancers, hypertension, high cholesterol, and stroke (among others). These conditions are determined by using a calculation called the Body Mass Index (BMI), which takes into account a person's height in proportion to his or her weight. BMI is correlated with the amount of body fat present.<sup>15</sup>

Figure 27 shows that the percentage of adults who are overweight in Flagler County has remained steady at around 40%, similar to that of the state overall. Figure 28 shows a significant increase in the percentage of adults in Flagler County who are obese—from 16.5% in 2002 to 29.3% in 2010. While the state has seen an increase as well, Flagler County's upward trend is more dramatic.

**Figure 27: Adults Who Are Overweight**



**Figure 28: Adults Who Are Obese**

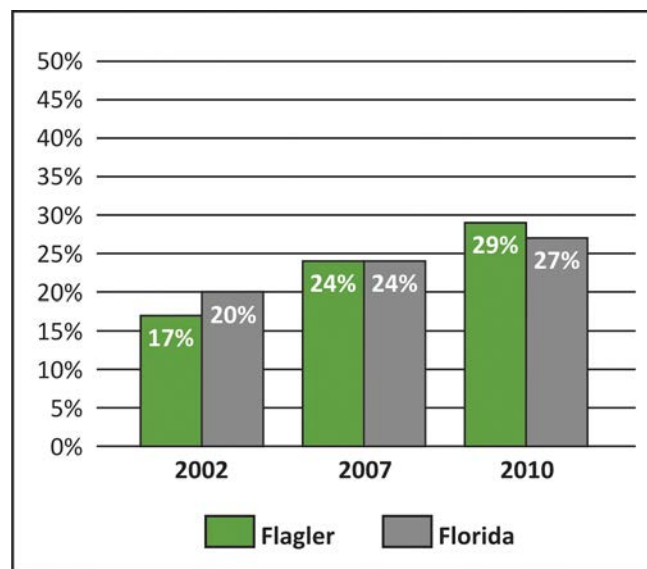
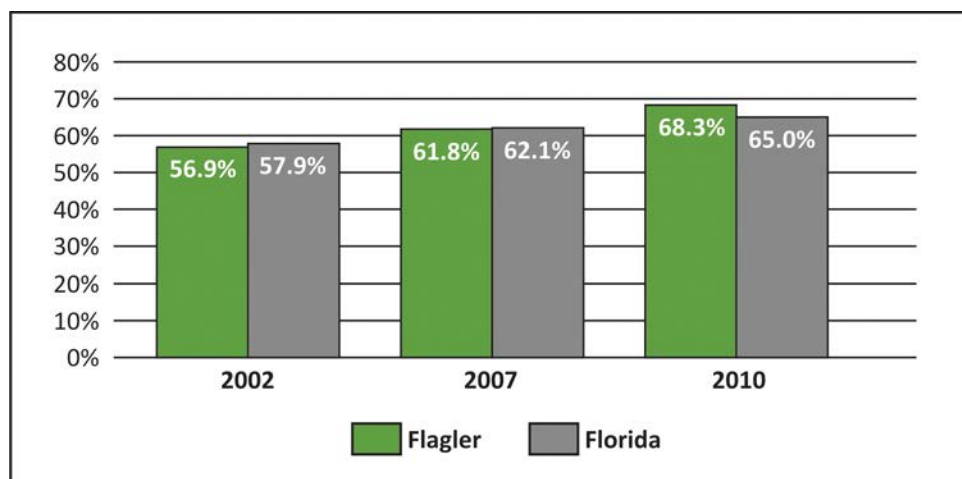


Figure 29 combines the two measures to give an overall picture of the proportion of adults who are not at a healthy weight and are therefore at higher risk for a wealth of health problems.

**Figure 29: Adults Who Are Overweight or Obese**



Source: Florida County-level BRFSS survey, Florida Department of Health, Bureau of Epidemiology

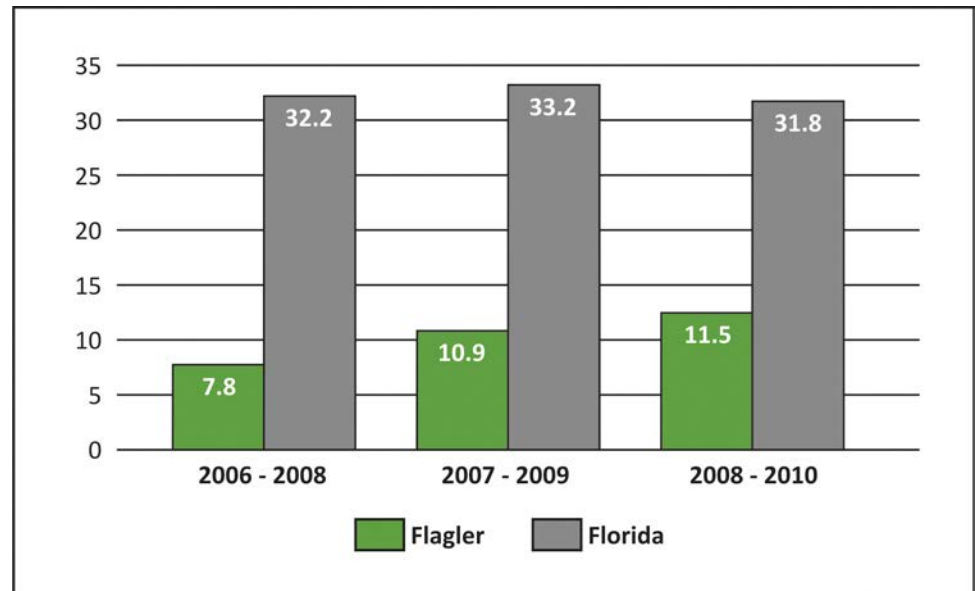
<sup>15</sup> Centers for Disease Control and Prevention (CDC). [www.cdc.gov/obesity](http://www.cdc.gov/obesity)



## HIV/AIDS

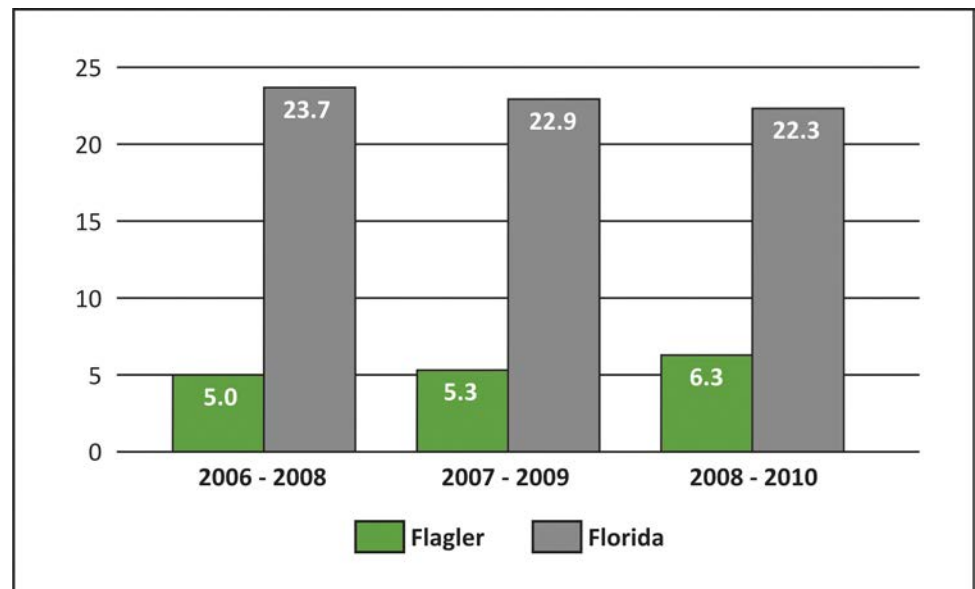
The Human Immunodeficiency Virus (HIV) is the virus that can lead to Acquired Immune Deficiency Syndrome (AIDS). As of November 30, 2010, there were 104 people in Flagler County presumed to be living with HIV/AIDS.<sup>16</sup>

**Figure 30: New HIV Cases, Rates per 100,000, 2006-2010**



Source: Florida Department of Health, Bureau of HIV/AIDS

**Figure 31: New AIDS Cases, Rates per 100,000, 2006-2010**



Source: Florida Department of Health, Bureau of HIV/AIDS

*\* Many 2007 cases were not reported until 2008 because of the change from paper to electronic lab reporting (ELR). This results in an artificially low count of AIDS cases in 2007.*

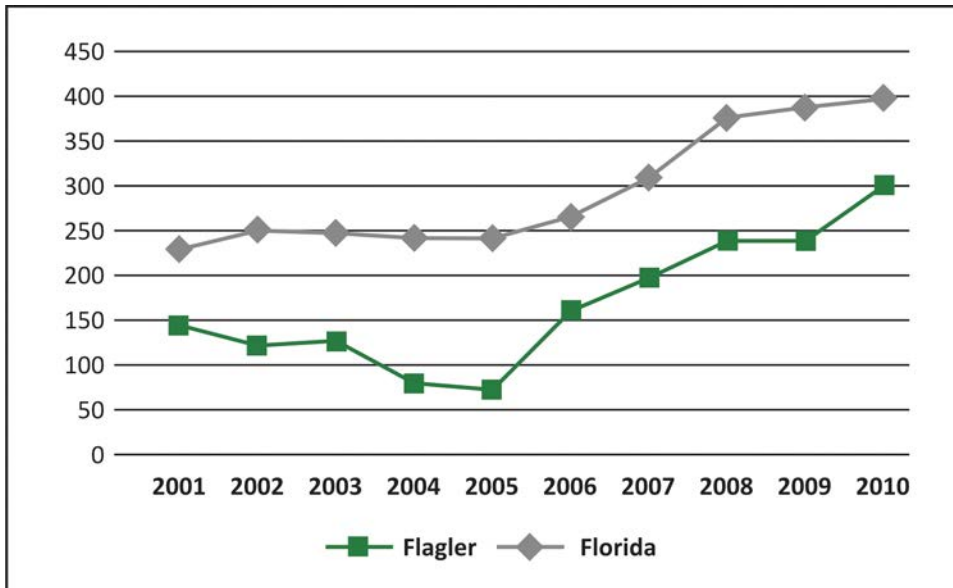
**Flagler** County's rate is very low compared with the state of Florida, but there has been a slight increase over the last several years.

**New** cases of AIDS in Flagler County are few, and the rate of 6.3 per 100,000 in 2008-2010 is far below the state of Florida's rate at 22.3 per 100,000.

## SEXUALLY TRANSMITTED DISEASES

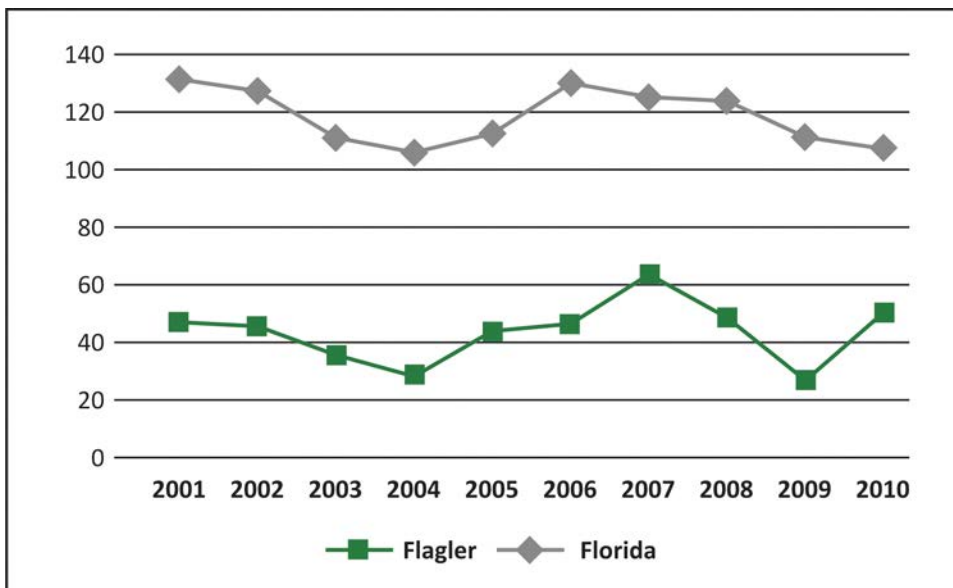
Sexually transmitted diseases (STDs) are the most common type of infectious disease in the United States. Chlamydia and gonorrhea are two of the most common and can have long-term impacts on the health of women and infants, in particular. In addition, there is an interrelationship between the presence of STDs and transmission of the HIV virus.<sup>17</sup>

**Figure 32: Chlamydia Rates per 100,000**



Source: Florida Department of Health, Bureau of STD Prevention and Control

**Figure 33: Gonorrhea Rates per 100,000**



Source: Florida Department of Health, Bureau of STD Prevention and Control

**Flagler** County's rate is lower than the state of Florida's overall rate, but there has been an increase over the last several years to a peak at 298.7 cases per 100,000 people.

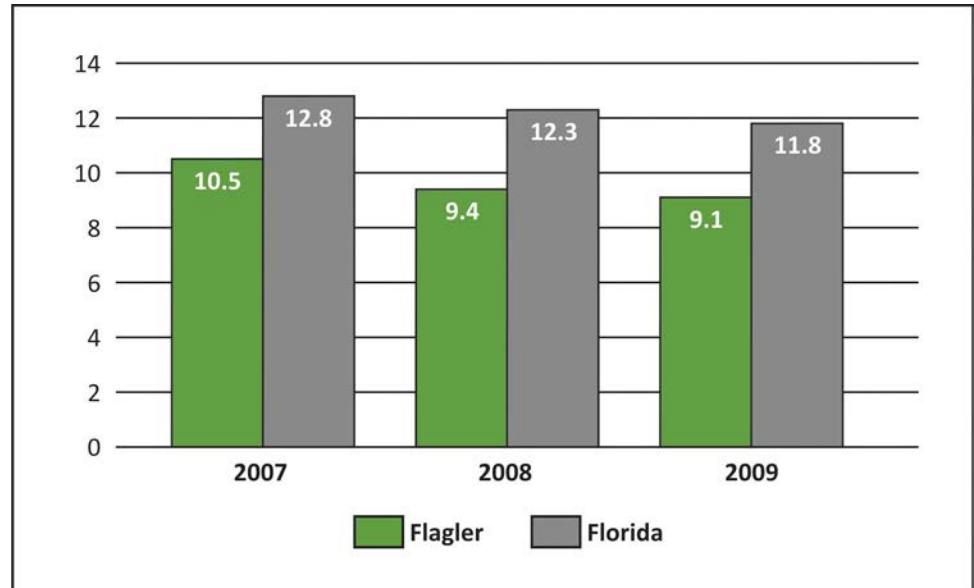
**Flagler** County's rate is very low compared with the state of Florida. The 2010 case rate was 49.9 cases per 100,000 people in Flagler County.

<sup>17</sup> National Institutes of Health (NIH). [www.niaid.nih.gov/topics/std](http://www.niaid.nih.gov/topics/std)

## BIRTHS

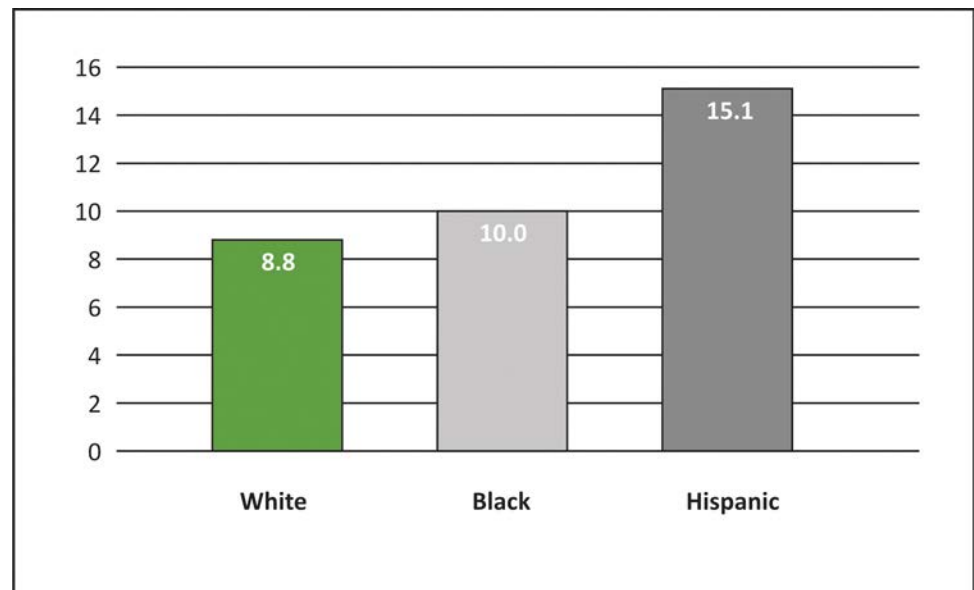
Birth rates in a population are an important indicator of population growth and demographic composition. When the population is older, as is the case in Flagler County, birth rates are likely to be lower. While Flagler County has seen dramatic growth over the last decade, it is attributable to migration, not an increase in the birth rate.

**Figure 34: Total Resident Live Births Rate (per 1,000)**



Source: Florida Department of Health, Bureau of Vital Statistics

**Figure 35: Total Resident Live Birth Rate (per 1,000), By Race and Ethnicity, 2007-2009**



Source: Florida Department of Health, Bureau of Vital Statistics

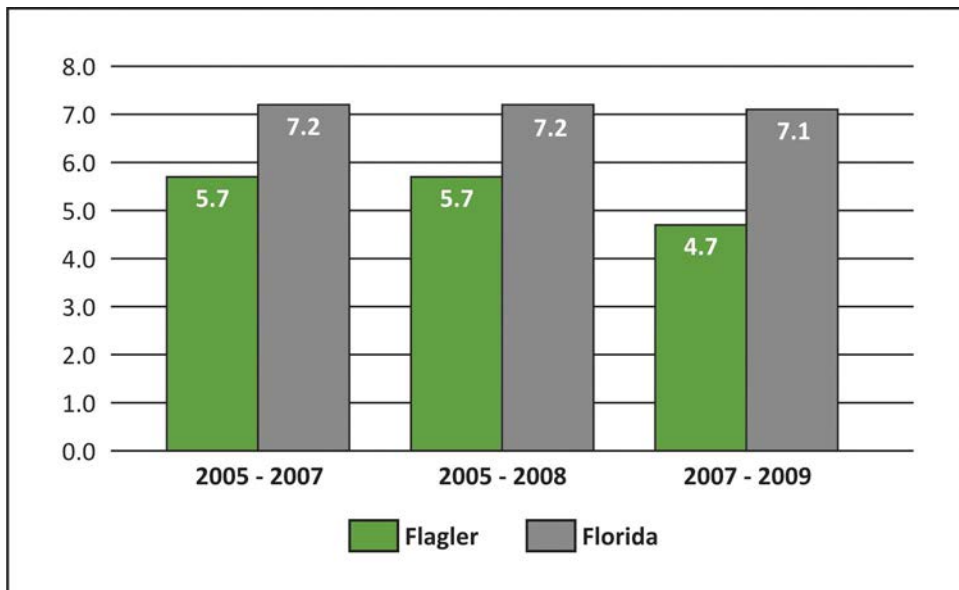
**Flagler** County's birth rate is low compared with the state of Florida and has seen a slight decrease over time as the total population has changed to include more residents over age 65.

**When** the birth rates are viewed by race/ethnicity, some differences are evident. While the Hispanic population is small in Flagler County, the birth rate in this group is higher. Note that these categories are not mutually exclusive: Hispanic births may also be included in the White and Black categories.

## INFANT MORTALITY

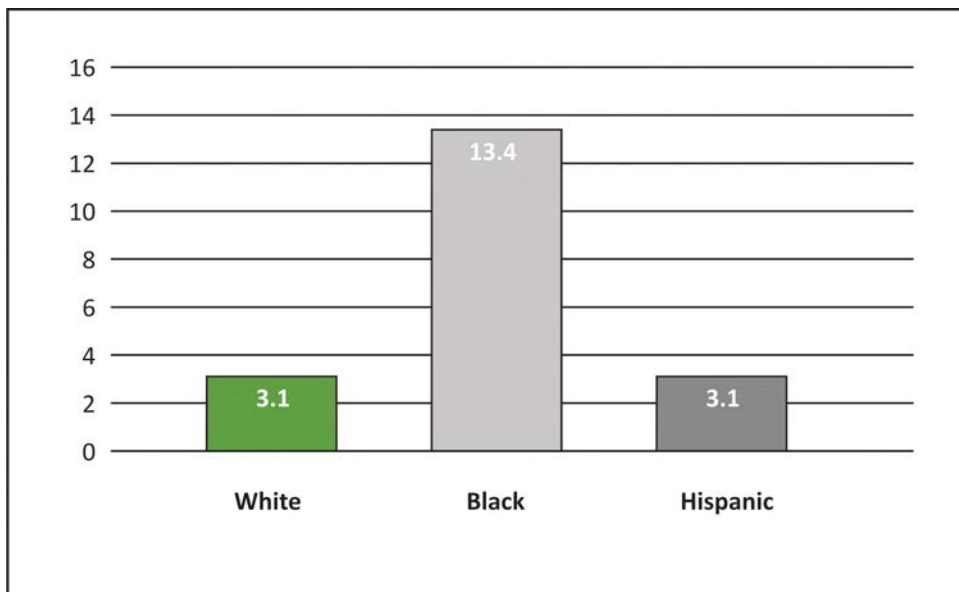
Infant mortality refers to the death of an infant less than one year old (0 to 364 days). Infant mortality rates are often used as a marker for the overall health and well-being of a society. The overall infant mortality rate has steadily declined in the United States over the past several decades, but drastic disparities remain between certain racial and ethnic groups in many areas. Figure 36 presents three-year rolling rates in Flagler County and the state of Florida. Three-year rates were used because there were less than five cases in some single years in Flagler County.

Figure 36: Infant Mortality Rates



Source: Florida Department of Health, Bureau of Vital Statistics

Figure 37: Infant Mortality Rates in Flagler County, By Race and Ethnicity, 2007-2009



Source: Florida Department of Health, Bureau of Vital Statistics

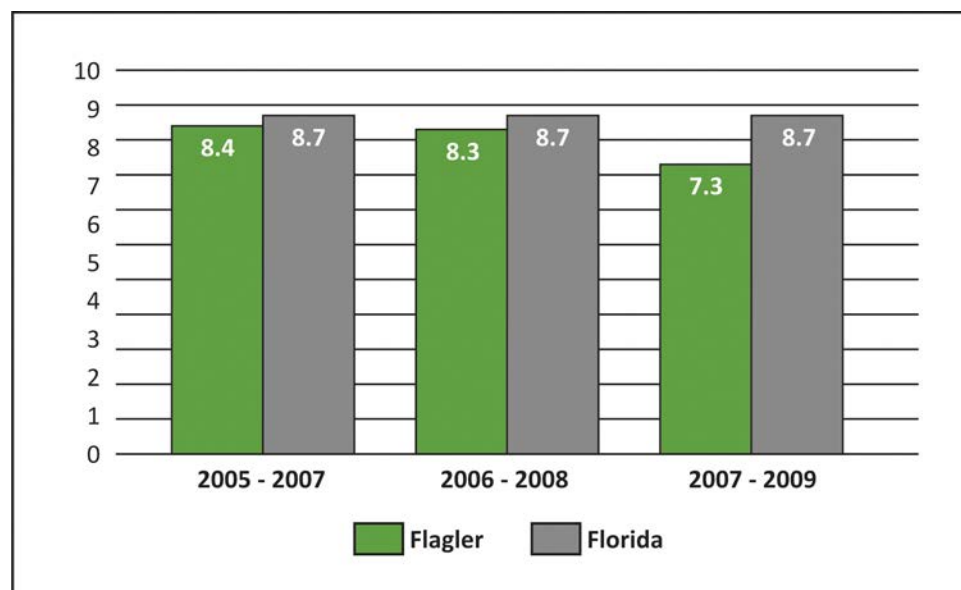
**Flagler** County has a relatively low infant mortality rate overall at 4.7 infant deaths per 1,000 births from 2007-2009, compared with 7.1 per 1,000 births in Florida overall. Note that the number of deaths is very small; there were, on average, 5 deaths annually in 2006-2008 and 4 deaths annually in 2007-2009.

**However,** Figure 37 reveals the drastic disparity between White and Black infant death. There was an average of 2 deaths per year to White infants, and 2 deaths per year to Black infants. Because the Black population is small, the death rate for Black infants is much higher.

## LOW BIRTH WEIGHT

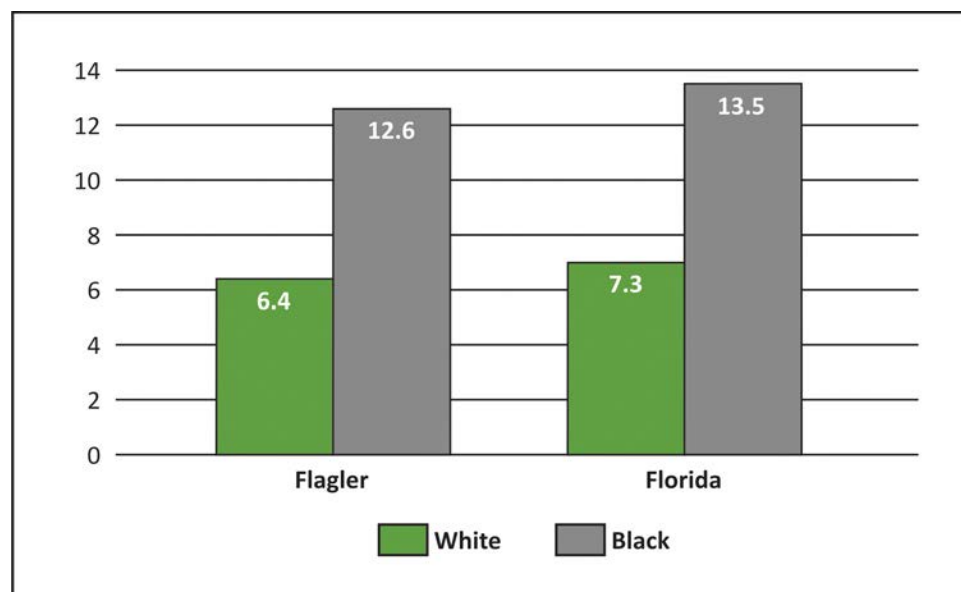
Infants born weighing less than 5 pounds, 8 ounces (2500 grams) are considered low birth weight. Low birth weight babies are at increased risk for serious health problems, long-term disabilities and even death.<sup>18</sup> Figure 38 shows a steady decline in the percentage of low birth weight births in Flagler County from 2005 to 2009.

**Figure 38: Percentage of Births Less Than 2500 grams**



Source: Florida Department of Health, Bureau of Vital Statistics

**Figure 39: Percentage of Births Less Than 2500 grams, By Race, 2007-2009**



Source: Florida Department of Health, Bureau of Vital Statistics

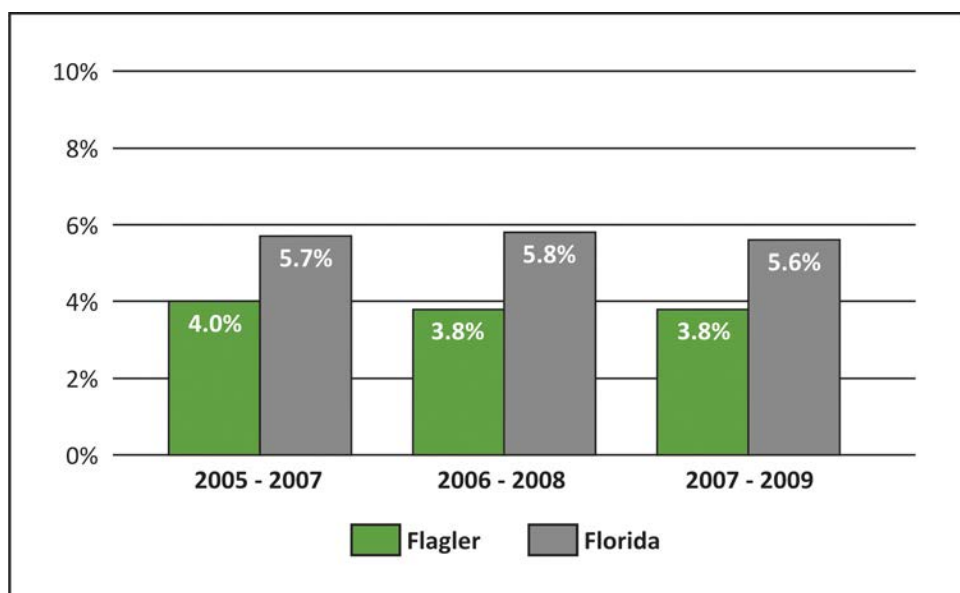
**With** 7.3% of births weighing in at less than 2500 grams from 2007-2009, Flagler County is below the state average at 8.7%.

**There** is a significant disparity by race with low birth weight. The rate is almost twice as high among Black infants as White infants, which is similar to Florida's overall disparity.

## PRENATAL CARE

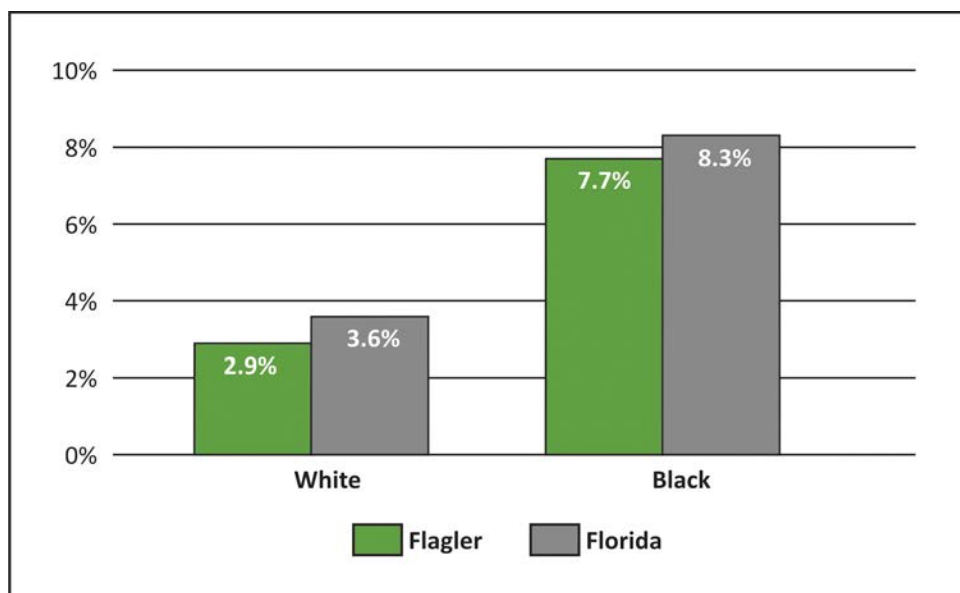
In 2009, 80.1% of births in Flagler County were to mothers who received early prenatal care—defined as care initiated during the first trimester. On the opposite end of the spectrum, pregnant women who begin prenatal care during the third trimester, or not at all, often fall into the highest risk categories for poor birth outcomes. The data below presents the proportion of births to mothers who did not receive prenatal care until the third trimester or not at all.

Figure 40: Births with Very Late or No Prenatal Care



Source: Florida Department of Health, Bureau of Vital Statistics

Figure 41: Births with Very Late or No Prenatal Care, By Race and Ethnicity



Source: Florida Department of Health, Bureau of Vital Statistics

**Flagler** County has a lower percentage of pregnant women seeking care late or not at all than the state overall, with an average of 32 women per year falling into this category during 2007-2009.

**Among** pregnant women, there is a disparity by race in those who receive prenatal care. 7.7% of Black pregnant women did not begin prenatal care until the third trimester or did not receive prenatal care at all, compared to 2.9% of White pregnant women.



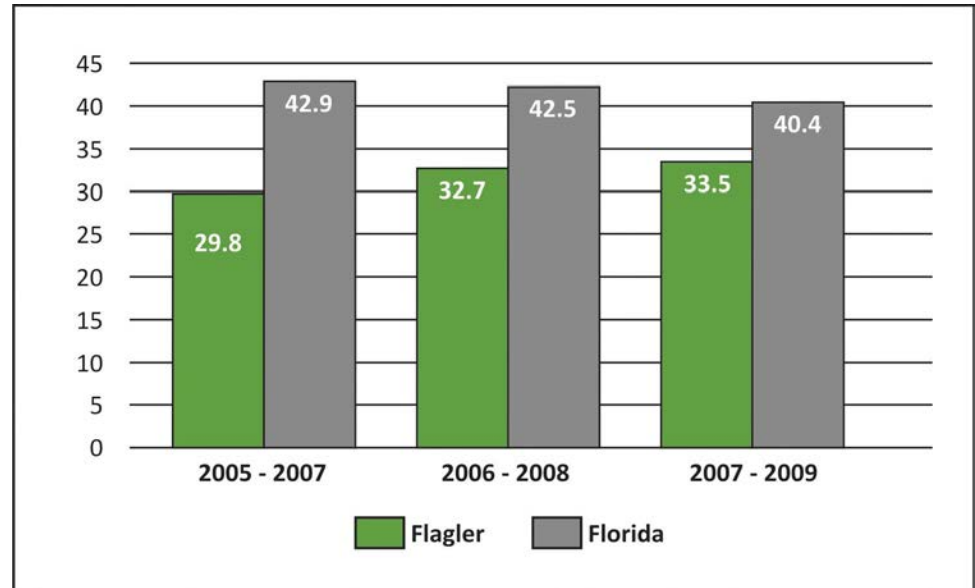
**Florida** as a whole has seen a slight decline in the teen birth rate while Flagler County has seen a slight upward trend from 29.8 births per 1,000 in 2005-2009 to 33.5 per 1,000 in 2007-2009. Flagler's rate is well below that of the state average.

**Birth** rates to mothers ages 15-19 are significantly higher among Black women than among White women.

## TEEN BIRTHS

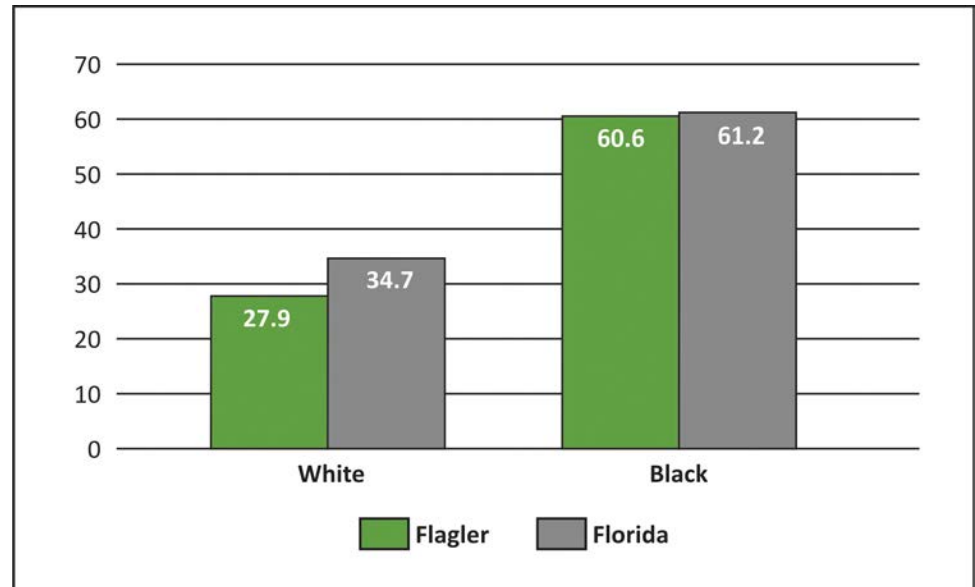
Teen pregnancy and childbearing bring significant costs to teen parents and their children, as well as society at large. The majority of these pregnancies are unintended. In 2009, the live birth rate to mothers aged 15-19 was 39.1 per 1,000 women in this age group in the United States.<sup>19</sup>

**Figure 42: Births to Mothers Aged 15-19**



Source: Florida Department of Health, Bureau of Vital Statistics

**Figure 43: Births to Mothers Ages 15-19, By Race and Ethnicity**



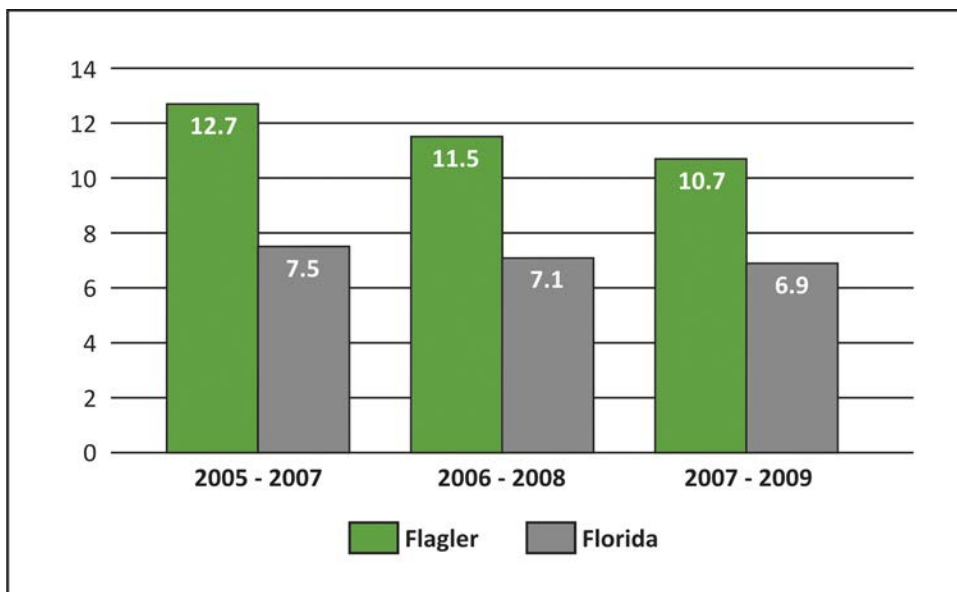
Source: Florida Department of Health, Bureau of Vital Statistics

<sup>19</sup> Hamilton BE, Martin JA, Ventura SJ. Births: Preliminary data for 2009. National Vital Statistics Reports 2010; 59(3): Table 2.

## RISK FACTORS ASSOCIATED with POOR BIRTH OUTCOMES

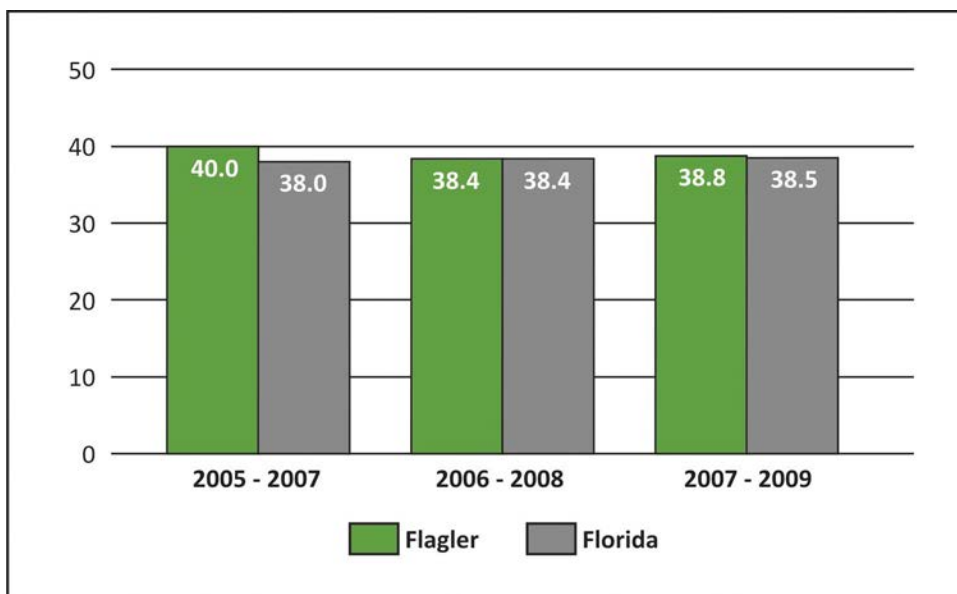
Some risk factors associated with poor birth outcomes include smoking during pregnancy and close spacing of births, also called the interpregnancy interval. Smoking tobacco during pregnancy increases the risk for preterm delivery, stillbirth, low birth weight, and sudden infant death syndrome (SIDS). Flagler County has a high percentage of pregnant women who smoke during pregnancy, especially when compared to the state average. Women with short interpregnancy intervals are at nutritional risk and more likely to experience adverse birth outcomes, such as low birth weight.<sup>20</sup>

Figure 44: Births to Mothers Who Smoked During Pregnancy



Source: Florida Department of Health, Bureau of Vital Statistics

Figure 45: Interpregnancy Interval Less than 18 Months



Source: Florida Department of Health, Bureau of Vital Statistics

**More** than 10% of births in Flagler County were to women who smoked during pregnancy. While the trend is declining, it remains very high.

**Almost** 40% of births are to mothers with an interpregnancy interval of less than 18 months, both in Flagler County and in Florida overall.

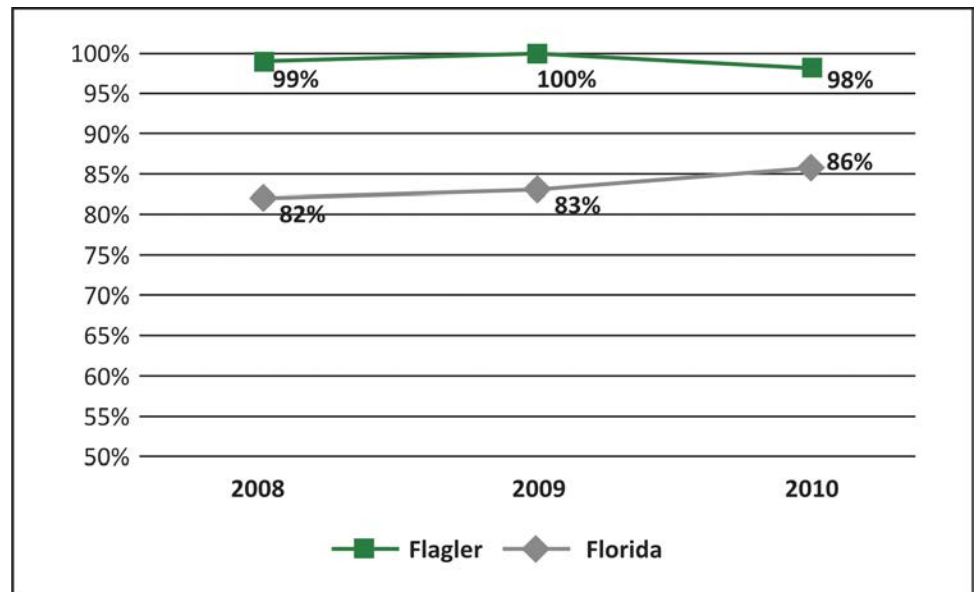
<sup>20</sup> Centers for Disease Control and Prevention (CDC). [www.cdc.gov/pednss/what\\_is/pnss\\_health\\_indicators.htm](http://www.cdc.gov/pednss/what_is/pnss_health_indicators.htm)

## CHILDHOOD IMMUNIZATIONS

Childhood immunizations protect children from serious infectious diseases, and also protect the health of our community by safeguarding those who are unable to be immunized or who have not yet developed immunity from a vaccine.<sup>21</sup>

Florida's county health departments (CHDs) provide immunization services to many children whose parents depend on the CHD as their child's immunization provider. Each year, CHDs complete an assessment of immunization coverage levels of young children receiving services in their facilities.<sup>22</sup> Figure 46 below shows the percentage of CHD children who have been immunized on schedule as recommended by the Advisory Committee on Immunization Practices (ACIP): four or more doses of DTaP, three or more doses of poliovirus vaccine, one or more doses of MMR, three or more doses of Hib, three or more doses of Hepatitis B, and one Varicella (4:3:1:3:3:1) by two years of age.

**Figure 46: Two-year Olds Receiving Recommended Immunizations (4:3:1:3:3:1) Based on County Health Department Assessments**



Source: Florida Department of Health, Division of Disease Control, Bureau of Immunization

Statewide, only 86% of the two-year-old children completed the series by 24 months of age, but in Flagler County, 98% had completed the series.

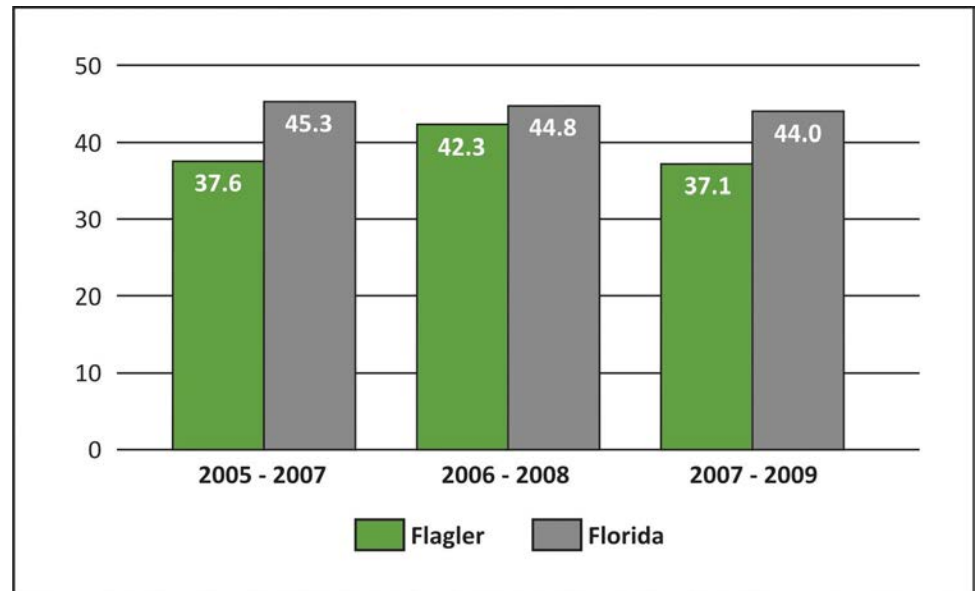
<sup>21</sup> Centers for Disease Control and Prevention (CDC). [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines)

<sup>22</sup> Florida Department of Health. [www.doh.state.fl.us/disease\\_ctrl/immune/statistical](http://www.doh.state.fl.us/disease_ctrl/immune/statistical)

## UNINTENTIONAL INJURY

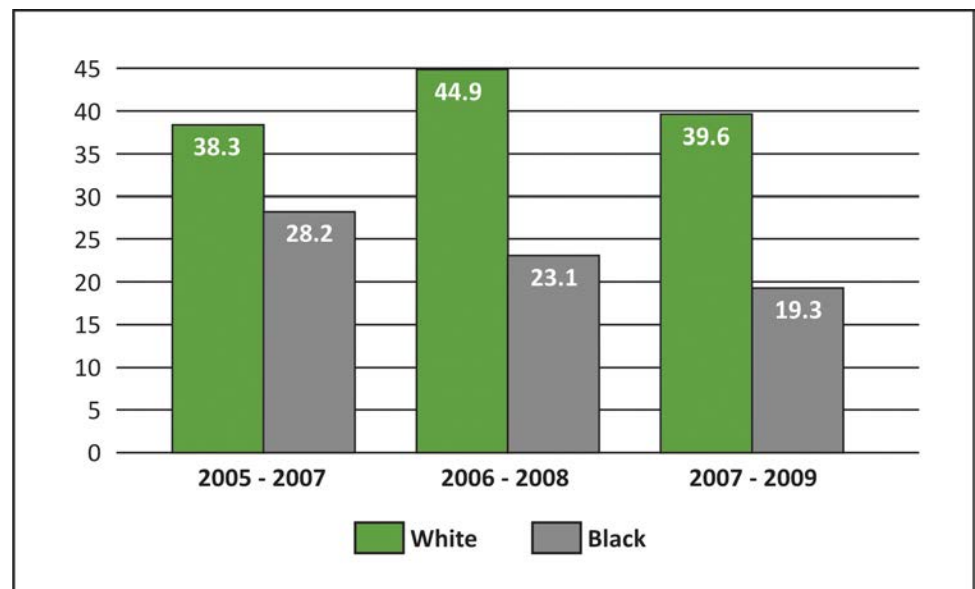
Injuries are a leading cause of death for Americans of all ages, genders, races, and income levels. Unintentional injury is the third leading cause of death in Florida, but only the seventh leading cause in Flagler County.

**Figure 47: Age-Adjusted Death Rates from Unintentional Injury**



Source: Florida Department of Health, Bureau of Vital Statistics

**Figure 48: Age-Adjusted Death Rates from Unintentional Injury, By Race**



Source: Florida Department of Health, Bureau of Vital Statistics

**Flagler** County's rates are lower than the state overall.

**Death** rates are much higher in the White population than the Black population in Flagler County.

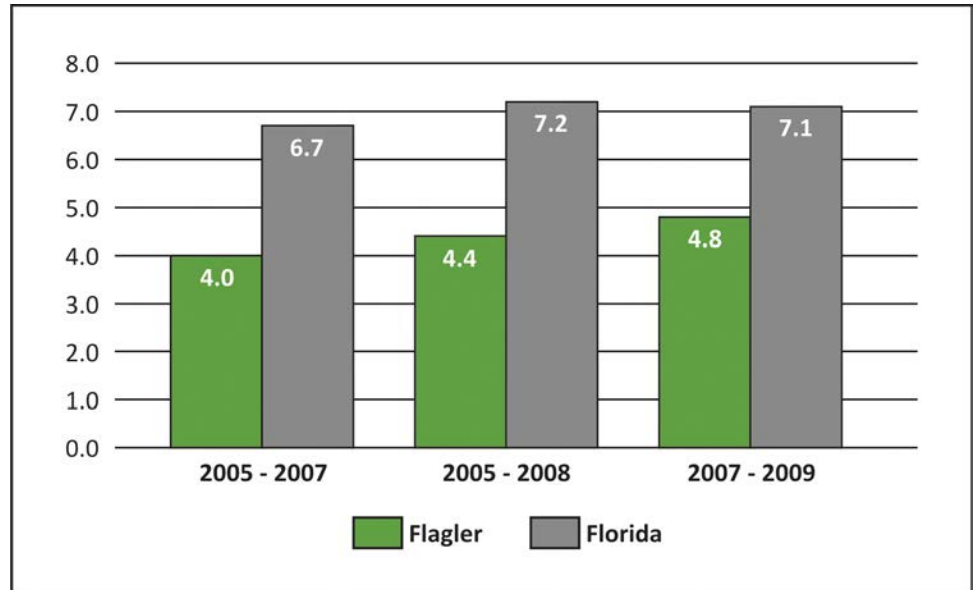
**There** were four homicide deaths in Flagler County in 2009.

**Aggravated** assault rates are much lower in Flagler County than in the state of Florida overall.

## VIOLENCE

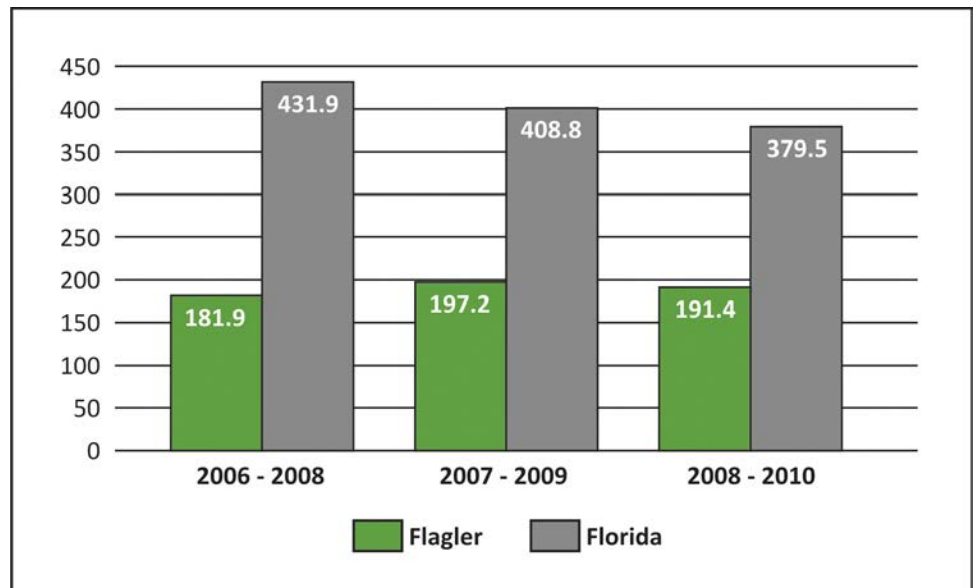
Homicide is rare in Flagler County and the death rate from homicide is significantly lower than the state of Florida overall. Assault is also less common in Flagler County than in other parts of the Florida.

**Figure 49: Death Rates from Homicide**



Source: Florida Department of Health, Bureau of Vital Statistics

**Figure 50: Aggravated Assault Offense Rates per 100,000**

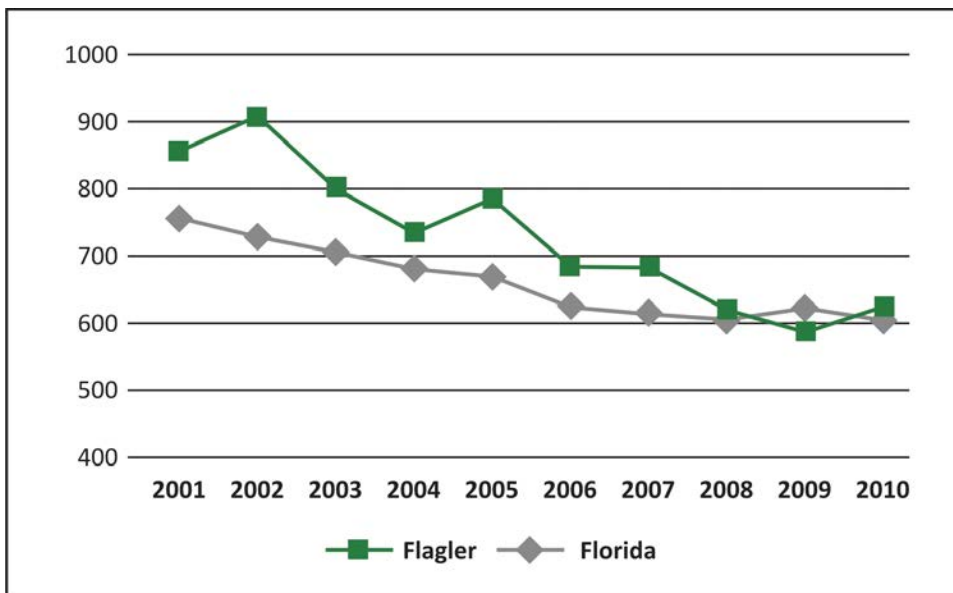


Source: Florida Department of Law Enforcement

## DOMESTIC VIOLENCE

Domestic violence can include physical, sexual, and emotional violence. In addition to the immediate harm caused to the victim, long-term emotional consequences as a result of trauma can be devastating. Risky behaviors negatively impacting health, such as alcohol and drug use, may increase as an attempt to cope with such trauma. Figure 51 presents domestic violence offense rates per 100,000. These offenses include assault, threats/intimidation, stalking, murder, manslaughter, and rape, among others.<sup>24</sup>

**Figure 51: Domestic Violence Offense Rates per 100,000**



Source: Florida Department of Law Enforcement

Rates for domestic violence offenses have decreased in the last ten years and currently are comparable to Florida overall rates.

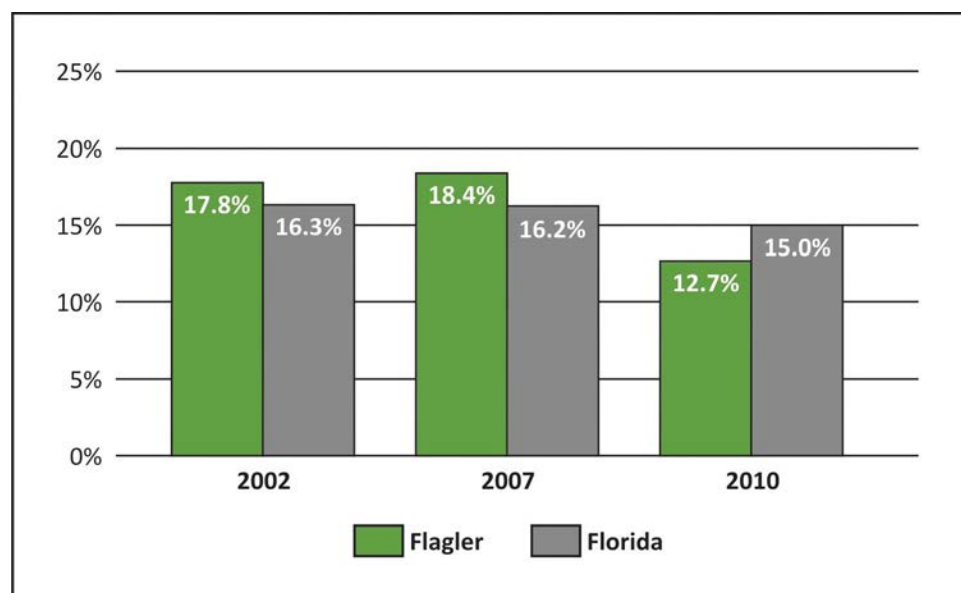
<sup>24</sup> Centers for Disease Control and Prevention (CDC). [www.cdc.gov/ViolencePrevention](http://www.cdc.gov/ViolencePrevention)



## ALCOHOL ABUSE

Excessive use of alcohol can negatively impact personal and community health in a variety of ways. Liver disease and unintentional injuries are two of the most prominent issues where alcohol abuse is an important factor that can be prevented.<sup>25</sup> Heavy drinking is defined as “drinking more than two drinks per day on average for men and more than one drink per day on average for women”. Binge drinking is defined as “drinking five or more drinks during a single occasion for men or four or more drinks during a single occasion for women”. Figure 52 presents the results of the County-level BRFSS survey question addressing these behaviors.

**Figure 52: Adults Who Engage in Heavy or Binge Drinking**



Source: Florida County-level BRFSS survey, Florida Department of Health, Bureau of Epidemiology

Table 13 shows the differences in drinking behavior among groups. Men report that they drink much more heavily than women. Heavy drinking decreases somewhat as people age. There are few differences among income levels.

**Table 13: Adults Who Engage in Heavy or Binge Drinking in Flagler County, 2010**

SEX		AGE		INCOME	
Men	17.1%	18 - 44	17.8%	<\$25,000	15.4%
Women	8.6%	45 - 64	13.7%	\$25,000-\$49,000	13.3%
		65+	6.9%	\$50,000+	12.1%

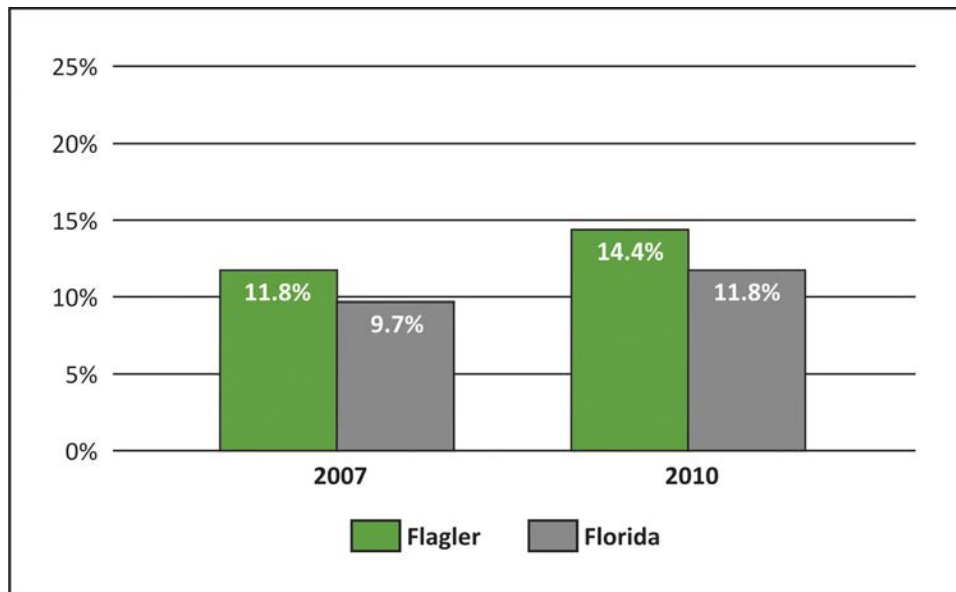
Source: Florida County-level BRFSS survey, Florida Department of Health, Bureau of Epidemiology

In 2010, fewer adults reported binge drinking than in previous years. Note that these differences are not statistically significant.

## MENTAL HEALTH

Mental health is inseparable from overall health and well-being and can impact the onset, progression, and outcome of other illnesses affecting physical health. Poor mental health is often associated with health risk behaviors such as substance abuse, tobacco use, and physical inactivity. Depression has also been linked as a risk factor for chronic illnesses such as hypertension, cardiovascular disease, and diabetes and can negatively affect the management of these conditions.<sup>26</sup> Figure 53 shows the proportion of adults surveyed who reported having poor mental health (which includes stress, depression, and problems with emotions) on 14 or more days in the past 30 days.

**Figure 53: Adults With Poor Mental Health on 14 or More of the Past 30 Days**



Source: Florida County-level BRFSS survey, Florida Department of Health, Bureau of Epidemiology

Table 14 shows the differences among demographic groups. The significant differences are between those ages 65 and over and those under 65; and between those with incomes \$50,000 and over and those with incomes under \$50,000.

**Table 14: Adults With Poor Mental Health on 14 or More of the Past 30 Days in Flagler County, 2010**

SEX		AGE		INCOME	
Men	13.9%	18 - 44	21.7%	<\$25,000	26.3%
Women	14.8%	45 - 64	15.0%	\$25,000-\$49,000	18.0%
		65+	6.9%	\$50,000+	3.4%

Source: Florida County-level BRFSS survey, Florida Department of Health, Bureau of Epidemiology

**14.4%** of Flagler County residents reported having poor mental health in 2010.

Florida's increase from 9.7% in 2007 to 11.8% in 2010 is statistically significant.

<sup>26</sup> Centers for Disease Control and Prevention (CDC). [www.cdc.gov/mmwr/preview/mmwrhtml/mm5434a1.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5434a1.htm)

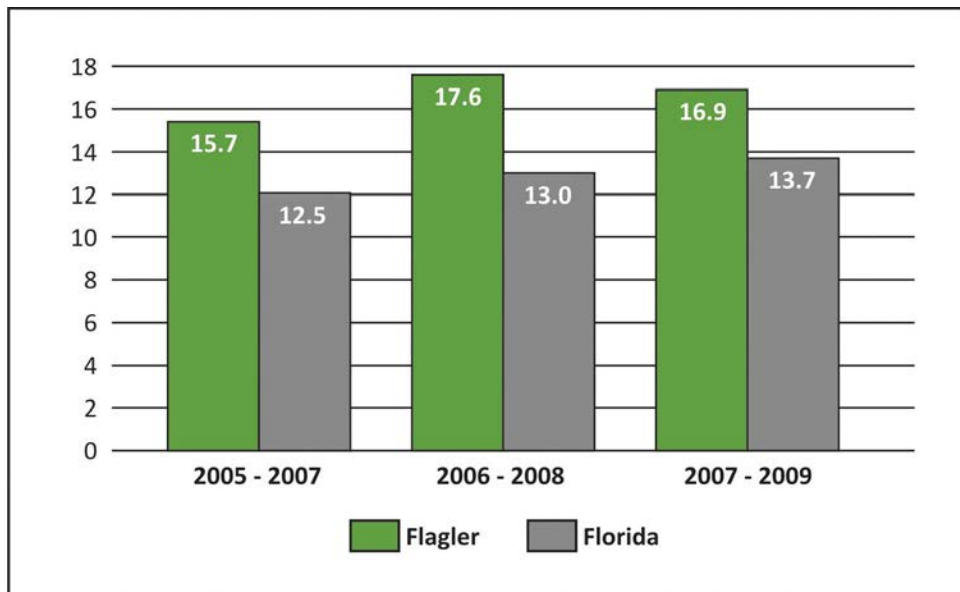
In 2009, there were 17 deaths deemed to be suicides in Flagler County.

Flagler County's rate is higher than the overall state suicide rate.

## SUICIDE

Suicide rates in the United States have been on the rise in recent years, with the national rate up 3% in 2007 to 11.5 deaths per 100,000 population.<sup>27</sup> Though the actual counts of suicide deaths in Flagler County are not large, the impact of a suicide on a community can be devastating. Men 65 years of age and older have some of the highest rates of death by suicide, which is an important risk factor to consider as Flagler County has a significant proportion of the total population aged 65 years and older. Suicide is the ninth leading cause of death in Flagler County.

**Figure 54: Age-Adjusted Death Rates from Suicide**



Source: Florida Department of Health, Bureau of Vital Statistics

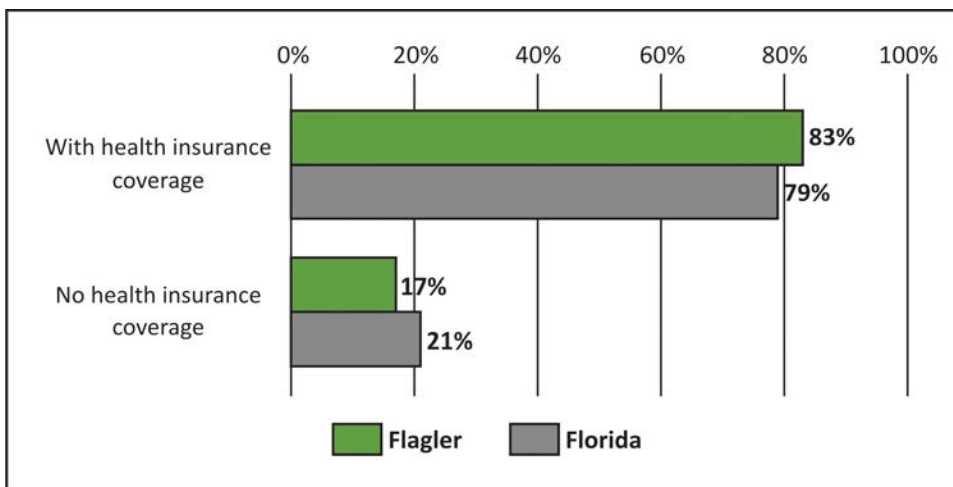
## Access to Health Care Services

Access to health care services continues to be a central focus for health policy in Florida and is crucial in determining the health of a community. The following summary provides a review of health coverage available to Flagler County residents, health care providers practicing in the county, health care facilities, licensed health care services and other community resources. An assessment of existing health care systems will help to identify the current status of care availability and significant gaps or challenges.

### HEALTH INSURANCE COVERAGE

Health care insurance coverage is the primary mechanism that allows access to medical care in the U.S. health care system. Coverage options vary dramatically in terms of what services are covered, what providers are covered, and what portion of the costs are the responsibility of the patient. The U.S. Census collects information about health insurance coverage at the county level to give some sense of access to insurance, whether public or private (see Figure 55). For a breakdown by age groups, refer to Table 15.

**Figure 55: Health Insurance Coverage Status**



Source: U.S. Census Bureau, 2009 American Community Survey

**Table 15: Health Insurance Coverage Status By Age**

AGE GROUP	FLAGLER	FLORIDA	UNITED STATES
Under 18 years	84.2%	85.2%	91.4%
18 to 64 years	76.4%	71.4%	79.4%
65 years and over	98.8%	98.7%	99.1%

Source: U.S. Census Bureau, 2009 American Community Survey

In 2009, a slightly higher proportion of Flagler residents had coverage (83%) when compared to all Florida residents (79%). Nationwide, 84.9% of U.S. residents had coverage.

Less than 85% of children have coverage in Flagler County, leaving an estimated 2,882 children uninsured.

Only 76.4% of adults under 65 have insurance coverage. The 23.6% of the population with no insurance are comprised of an estimated 11,969 individuals.

**Flagler** County and Florida overall both had 83% of adults surveyed report that they had health insurance coverage.

Adults 18-44 had the lowest level of coverage at only 75.5%.

Data from the Behavioral Risk Factor Surveillance System (BRFSS) mirrors the Census data. Table 14 presents this BRFSS data for 2002, 2007, and 2010 for adults, with a finer breakdown of the 18-65 year old age group. Figure 57 illustrates the trends over time for each group of Flagler County adults.

**Table 16: Adults With Any Type of Health Care Insurance Coverage**

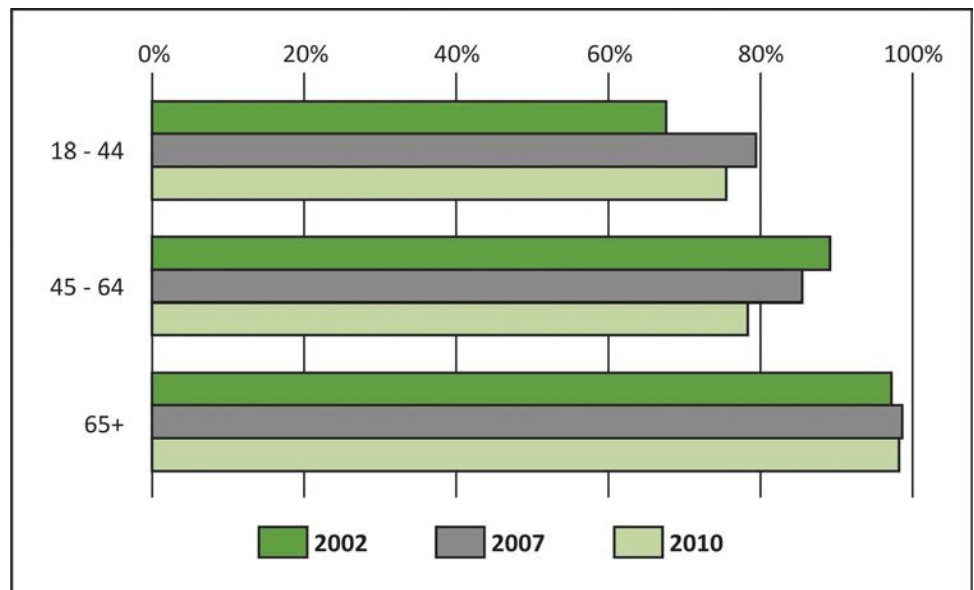
FLAGLER	2002	2007	2010
<b>Total</b>	85.2%	87.1%	83.0%
<b>18 - 44</b>	68.0%	79.4%	75.5%
<b>45 - 64</b>	89.0%	85.4%	78.3%
<b>65+</b>	97.1%	98.6%	98.2%

FLORIDA	2002	2007	2010
<b>Total</b>	81.3%	81.4%	83.0%
<b>18 - 44</b>	73.0%	72.4%	73.0%
<b>45 - 64</b>	81.9%	82.7%	83.4%
<b>65+</b>	97.0%	97.3%	98.0%

Source: Florida County-level BRFSS survey, Florida Department of Health, Bureau of Epidemiology

Figure 56 illustrates the same data presented in Table 16. Of note, the middle age group (45-64) has seen a steady decrease in coverage from 89% in 2002 to only 78.3% in 2010.

**Figure 56: Adults With Any Type of Health Care Insurance Coverage, Flagler County**



Source: Florida County-level BRFSS survey, Florida Department of Health, Bureau of Epidemiology

As the national economic climate continues to fluctuate, local economies are extremely vulnerable to market changes. The effect of this economic state is experienced throughout all service sectors. With the rising costs of health care, individuals and families are struggling to pay for adequate health care services. Most have health coverage through an employer (their own or their spouse's) or receive benefits through Medicaid or Medicare. Among the uninsured are full- and part-time employees whose employers do not offer health insurance benefits, low-income persons who do not qualify for Medicaid, early retirees, and numerous others who simply cannot afford the costly premiums of adequate coverage. Uninsured persons experience reduced access to health care and are less likely to have a regular source of care or use preventive services. As a result, uninsured persons are more likely to require avoidable hospitalizations and emergency hospital care.

## MEDICARE

Medicare is provided to people age 65 and older, some disabled people under age 65, and people of all ages with End-Stage Renal Disease (permanent kidney failure treated with dialysis or a transplant).

Table 17 provides a summary of Flagler County resident enrollment in Medicare as of March 2011 and the proportion of the total County population enrolled. Table 16 presents enrollment data for Medicare Advantage (MA), which includes the private health plans such as HMOs, PPOs, and Private Fee for Service (PFFS) plans contracted to provide Medicare services. Almost one-third of all Medicare beneficiaries are enrolled in Medicare Advantage plans in Flagler County. Table 18 also breaks down the main types of Medicare Advantage plans and presents enrollment numbers and the proportion of the total Medicare Advantage beneficiaries who are enrolled in each type of plan. Percentages for plan type do not equal 100% because enrollment for Regional PPO, MSA, Cost, and other demonstration contracts are not represented.

**Table 17: Medicare Enrollment Summary as of March 2011**

AREA	2010 POPULATION	MEDICARE TOTAL	
		Total Number	% of Total Population
Flagler	95,928	25,325	26.4%
Florida	18,843,326	3,390,801	18.0%

Source: Centers for Medicare and Medicaid Services (CMS), Kaiser Family Foundation analysis

**Table 18: Medicare Advantage (Private Plans) Enrollment as of March 2011**

AREA	TOTAL MEDICARE ADVANTAGE (MA) ENROLLMENT		ENROLLMENT by PLAN TYPE					
	Total Number	% of all Medicare	HMO	% of all MA	PPO	% of all MA	PFFs	% of all MA
Flagler	7,842	31.5%	5,417	69.1%	521	6.7%	17	0.2%
Florida	1,072,453	32.0%	799,627	74.6%	43,707	4.1%	7,040	0.7%

Source: Centers for Medicare and Medicaid Services (CMS), Kaiser Family Foundation analysis

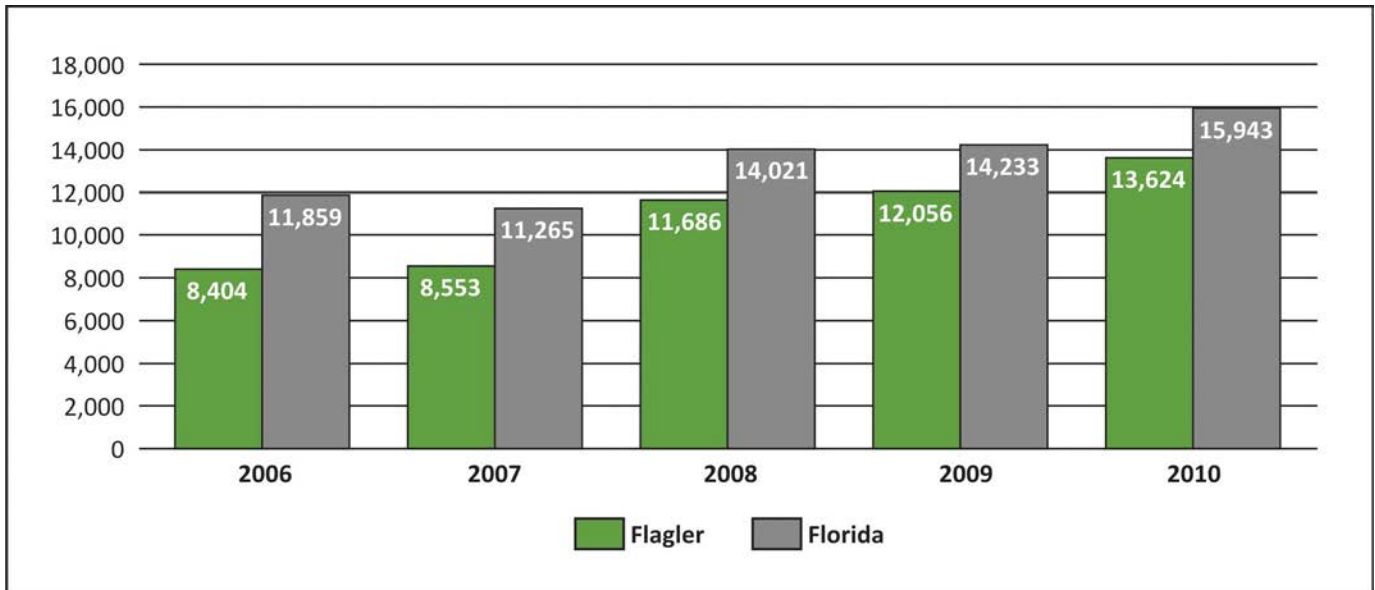


## MEDICAID

Medicaid is a state administered program available to low-income individuals and families who meet specific eligibility requirements. Figure 57 provides a picture of Medicaid enrollment over the last five years for Flagler County, compared to the state of Florida overall. Medicaid enrollment has risen steadily, with a significant jump in 2008. While Flagler County's Medicaid enrollment is consistently lower than the state of Florida overall, the upward trend for both is evident.

In Florida, over 2.5 million residents receive Medicaid services. Approximately one half of those are children and adolescents under the age of 21. While children are the bulk of the beneficiaries, most of the costs arise from providing services to seniors, especially nursing home care and people with disabilities.

**Figure 57: Median Monthly Medicaid Enrollment per 100,000**



Source: Florida Agency for Health Care Administration (AHCA)

## FLORIDA KIDCARE

Federal government provisions for children's health coverage include Medicaid and Title XXI of the Social Security Act. The states use Title XXI block grants to fund child health care coverage through an expansion of the Medicaid program, health insurance, or a combination of the two. The KidCare Act of 1997 expanded Medicaid eligibility and the Healthy Kids Program, and initiated the MediKids program. Currently, there are four KidCare programs, as listed below, available to augment health care for children. Enrollment figures for the four programs are provided in Table 19.

- **Healthy Kids Program** - The Healthy Kids program provides subsidized health insurance for children ages 5 through 18 who reside in households whose income is between 100 – 200% of the federal poverty level (FPL). Full-pay options are also available to families with incomes above 200% FPL.
- **MediKids** - MediKids covers children age 1 through 4 with income at 133-200% of FPL.
- **Children's Medical Services (CMS)** - CMS covers children from birth through 18 who have special behavioral or physical health needs or chronic medical conditions.
- **Medicaid** - Medicaid provides health insurance for children from birth through 18 years, with eligibility based on the age of child and household income. Children less than age 1 are covered if the household income is below 200% of FPL, children ages 1 through 4 if household income is less than 133% of FPL, and children ages 6 through 19 if household income is below 100% of FPL.

**Table 19: KidCare Enrollment as of September 2011, Excluding Medicaid**

Area	Healthy Kids	CMS	MediKids
Flagler	1,282	175	126
Florida	220,298	34,978	22,795

Source: Healthy Kids, Florida Agency for Health Care Administration (AHCA)

## HEALTH CARE PROVIDERS and FACILITIES

There are a variety of health care providers and facilities located throughout Flagler County. Table 20 provides a listing of the different types of providers and facilities and their locations by municipality. Most services are located in Palm Coast.

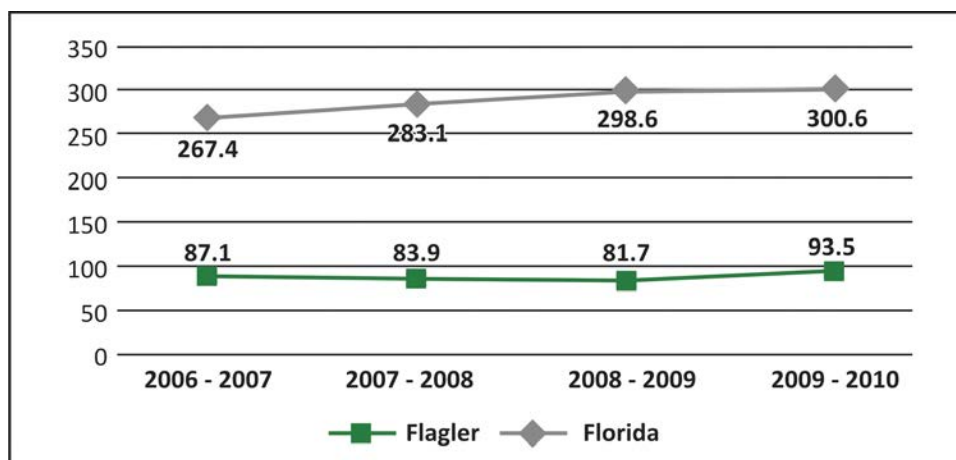
**Table 20: Health Care Providers and Facilities, December 2011**

FLAGLER COUNTY	BUNNELL	FLAGLER BEACH	PALM COAST	TOTAL
Adult Day Care Center	0	0	2	2
Adult Family Care Home	0	0	2	2
Assisted Living Facility	0	0	22	22
Clinical Laboratory	1	0	13	14
Comprehensive Outpatient Rehabilitation Facility	1	0	0	1
End-Stage Renal Disease Center	0	0	2	2
Health Care Clinic	2	0	2	4
Health Care Clinic Exemption	2	7	16	25
Health Care Services Pool	0	0	2	2
Home Health Agency	0	1	5	6
Home Medical Equipment and Service	2	0	0	2
Homemaker and Companion Service	1	1	11	13
Hospital	0	0	1	1
Nurse Registry	0	0	3	3
Nursing Home	1	0	1	2
Rehabilitation Agency	0	0	3	3
Rural Health Clinic	0	0	1	1
<b>Grand Total</b>	<b>10</b>	<b>9</b>	<b>86</b>	<b>105</b>

Source: Florida Agency for Health Care Administration (AHCA)

Flagler County has a much lower rate of licensed physicians than the state of Florida overall with 93.5 licensed physicians per 100,000 in Flagler and 300.6 per 100,000 in Florida. Figure 58 below illustrates these data.

**Figure 58: Total Licensed Physicians per 100,000 Residents**

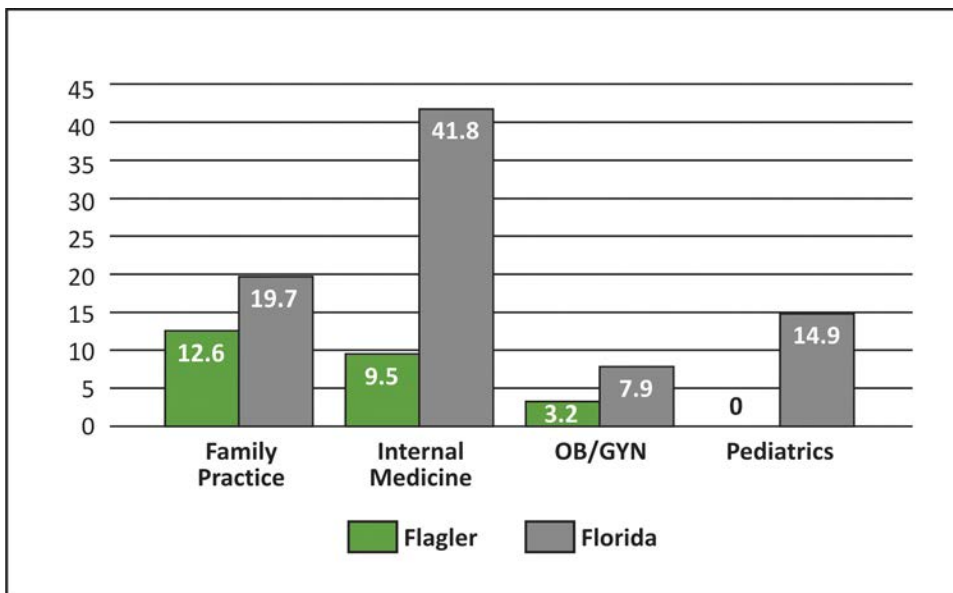


Source: Florida Department of Health, Division of Medical Quality Assurance

## PRIMARY CARE

Primary care providers (PCPs) give routine medical care for the diagnosis, treatment, and prevention of common medical conditions. Primary care is typically the first point of entry into the health care system for non-emergent services. PCPs refer patients requiring additional care to specialists for treatment and play an important role in the coordination of care in the managed care environment. Family practitioners, internists, pediatric and general medicine physicians, and obstetricians/gynecologists are all considered primary care providers. Figure 59 below provides a snapshot of the ratio of primary care providers to the population for the time period of July 2009-June 2010.

**Figure 59: Total Licensed Physicians in Primary Care Roles per 100,000 Residents, 2009-2010**



Source: Florida Department of Health, Division of Medical Quality Assurance

Most of Flagler's medical professionals do not offer their services to Medicaid recipients or to those who are uninsured or underinsured. Flagler County Health Department (FCHD), located in Bunnell, provides services to this population, including primary health care for children and adults, family planning and birth control services, maternity care, and preventive and basic dental care for financially eligible children from infancy to age 21. In addition, the Flagler County Free Clinic is a volunteer-based clinic that provides free medical care, including dental extractions, to people who are uninsured and meet the federal poverty guidelines.

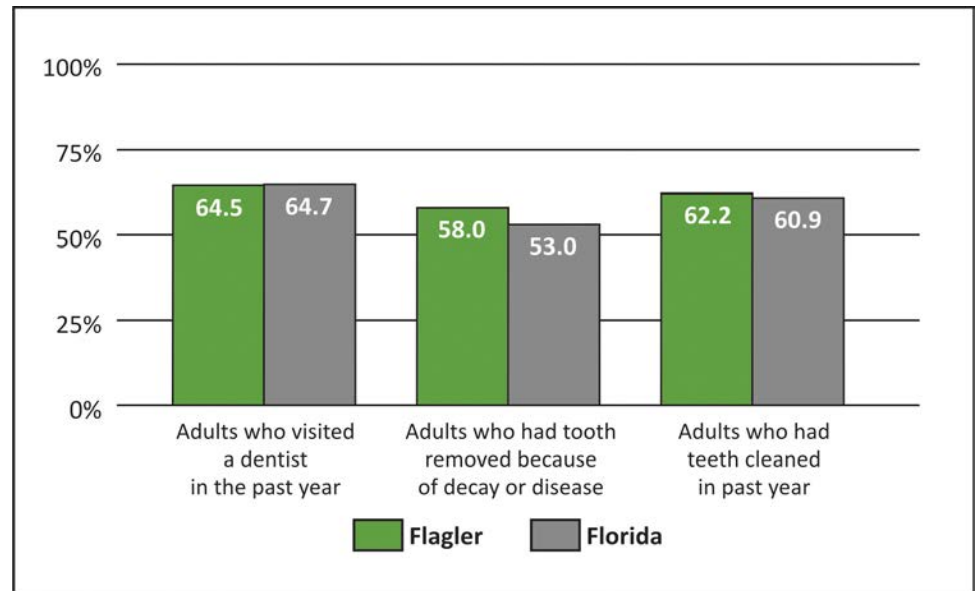
In November 2000, the Department of Health and Human Services (HHS) designated the low-income population in Flagler County to be a Medically Underserved Population (MUP). This designation highlights the need to address barriers to health care for this population.

For those with incomes less than \$25,000, 50.9% had visited a dentist, compared to 79.1% of those with incomes over \$50,000.

## DENTAL CARE

Access to dental care is an important part of overall dental and oral health. In 2010, 64.5% of Flagler County adults surveyed for the Behavioral Risk Factor Surveillance System (BRFSS) reported having visited a dentist or dental clinic in the past year. Access declines as income declines overall. Figure 60 below illustrates these data, along with the percentages of respondents who had a tooth removed and who had their teeth cleaned in the past year.

**Figure 60: Access to Dental Care by Low Income Persons, 2010**



Source: Florida County-level BRFSS survey, Florida Department of Health, Bureau of Epidemiology

## ACUTE CARE

Acute care hospitals play a key role in the delivery of health care services in a community. In addition to providing traditional inpatient services, hospitals also provide extensive diagnostic and treatment services on an outpatient basis. Florida Hospital Flagler in Palm Coast is the only hospital in Flagler County. Table 21 summarizes the services available at Florida Hospital Flagler as well as other hospitals in the surrounding counties that are most accessible to residents of Flagler County.

**Table 21: Inventory of Licensed Medical Services Bed Types as of July 1, 2011**

REGION 4 ACUTE CARE HOSPITAL BY SUBDISTRICTS	Total Licensed Beds	Acute Care Beds	Peds	OB	NICU Level II	NICU Level III	Psych Adult	Psych Child	Subst. Abuse Adult	Hospital Based Skilled Nursing Unit	Rehab
Shands Jacksonville Medical Center	695	548	YES	YES	16	32	43	0	0	56	0
Baptist Medical Center - Nassau	54	54	NO	YES	0	0	0	0	0	0	0
<b>Subdistrict 1 Total</b>	<b>749</b>	<b>602</b>	<b>--</b>	<b>--</b>	<b>16</b>	<b>32</b>	<b>43</b>	<b>0</b>	<b>0</b>	<b>56</b>	<b>0</b>
Ed Fraser Memorial Hospital	25	25	NO	NO	0	0	0	0	0	0	0
Orange Park Medical Center	255	224	NO	YES	7	0	24	0	0	0	0
St. Vincents Medical Center	528	518	NO	YES	10	0	0	0	0	0	0
<b>Subdistrict 2 Total</b>	<b>888</b>	<b>767</b>	<b>--</b>	<b>--</b>	<b>17</b>	<b>0</b>	<b>24</b>	<b>11</b>	<b>0</b>	<b>0</b>	<b>0</b>
Baptist Medical Center	619	521	YES	YES	24	24	39	0	0	0	0
Baptist Medical Center - Beaches	146	146	NO	YES	0	0	0	0	0	0	0
Baptist Medical Center - South	225	211	NO	YES	14	0	0	0	0	0	0
Mayo Clinic	214	214	NO	NO	0	0	0	0	0	0	0
Memorial Hospital Jacksonville	425	415	NO	YES	10	0	0	0	0	0	0
St. Lukes Hospital	313	284	NO	YES	10	0	0	0	0	19	0
Flagler Hospital	323	281	YES	YES	7	0	21	0	0	14	0
<b>Subdistrict 3 Total</b>	<b>2,696</b>	<b>2,072</b>	<b>--</b>	<b>--</b>	<b>65</b>	<b>24</b>	<b>166</b>	<b>26</b>	<b>46</b>	<b>33</b>	<b>157</b>
Florida Hospital - Flagler	99	99	NO	NO	0	0	0	0	0	0	0
Bert Fish Medical Center	112	112	NO	NO	0	0	0	0	0	0	0
Halifax Health Medical Center	654	553	YES	YES	9	0	92	0	0	0	0
Halifax Health Medical Center - Orange Park	80	80	NO	NO	0	0	0	0	0	0	0
Florida Hospital Memorial Medical Center	277	277	NO	YES	0	0	0	0	0	0	0
Florida Hospital - Oceanside	119	79	NO	NO	0	0	0	0	0	0	40
<b>Subdistrict 4 Total</b>	<b>1,371</b>	<b>1,200</b>	<b>--</b>	<b>--</b>	<b>9</b>	<b>0</b>	<b>92</b>	<b>30</b>	<b>0</b>	<b>0</b>	<b>40</b>
Florida Hospital Fish Memorial	139	139	NO	NO	0	0	0	0	0	0	0
Florida Hospital Deland	156	146	NO	YES	0	0	6	0	4	0	0
<b>Subdistrict 5 Total</b>	<b>295</b>	<b>285</b>	<b>--</b>	<b>--</b>	<b>0</b>	<b>0</b>	<b>6</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>0</b>
<b>Region 4 Total</b>	<b>5,999</b>	<b>4,926</b>	<b>--</b>	<b>--</b>	<b>107</b>	<b>56</b>	<b>331</b>	<b>56</b>	<b>50</b>	<b>89</b>	<b>197</b>

Source: Florida Agency for Health Care Administration and Health Planning Council of Northeast Florida, Patient Statistic Reports



Florida Hospital Flagler has 99 licensed beds with 16 additional observation beds, employing the equivalent of 627 full-time positions in 2009. In 2010, the hospital had an occupancy rate of 69.5% and an average length of stay of 4.0 days. The average daily census for 2010 was 69 patients.

Approximately 51% of Flagler County residents received inpatient care at Florida Hospital Flagler. Of the total 11,172 inpatient hospital discharges of all Flagler County residents in 2010, approximately 40% were from zip code 32164 and another 40% from 32137, both in Palm Coast. Table 22 illustrates Flagler County residents' top ten hospital discharges by diagnostic related groups (DRGs) for adults. Table 23 illustrates the leading pediatric discharges. Data represent discharges from all hospitals in Florida.

**Table 22: 2010 Adult Discharges by Top Diagnostic Related Groups (DRG), 2010**

TOP 10 ADULT DISCHARGES (Age 18 Years and Older)	NUMBER	% of TOP 10 DRG's
Vaginal delivery without complicating diagnoses	438	20.2%
Major joint replacement or reattachment of lower extremity without MCC	422	19.5%
Septicemia or severe sepsis without Mechanical Ventilation 96+ hours with MCC	212	9.8%
Esophagitis, gastroent and miscellaneous digest disorders without MCC	205	9.5%
Cesarean section without CC/MCC	200	9.2%
Psychoses	177	8.2%
Cardiac arrhythmia and conduction disorders without CC/MCC	150	6.9%
Circulatory disorders except AMI, with card cath without MCC	126	5.8%
Chest pain	120	5.5%
Syncope and collapse	119	5.5%
<b>TOTAL TOP 10 DISCHARGES</b>	<b>2,169</b>	<b>100.0%</b>
<b>TOTAL ADULT DISCHARGES</b>	<b>9,809</b>	

Source: AHCA Hospital Inpatient Data Files

**Table 23: 2010 Pediatric Discharges by Top Diagnostic Related Group (DRG), 2010**

TOP 10 PEDIATRIC DISCHARGES (Age 17 Years and Under)	NUMBER	% of TOP 10 DRG's
Normal newborn	589	56.1%
Neonate with other significant problems	166	15.8%
Behavioral and developmental disorders	71	6.8%
Depressive neuroses	48	4.6%
Full term neonate with major problems	40	3.8%
Psychoses	35	3.3%
Prematurity without major problems	33	3.1%
Esophagitis, gastroent and miscellaneous digest disorders without MCC	25	2.4%
Neonates, dies or transferred to another acute care facility	25	2.4%
Vaginal delivery without complicating diagnoses	17	1.6%
<b>TOTAL TOP 10 DISCHARGES</b>	<b>1,049</b>	<b>100.0%</b>
<b>TOTAL PEDIATRIC DISCHARGES</b>	<b>1,363</b>	

Source: AHCA Hospital Inpatient Data Files

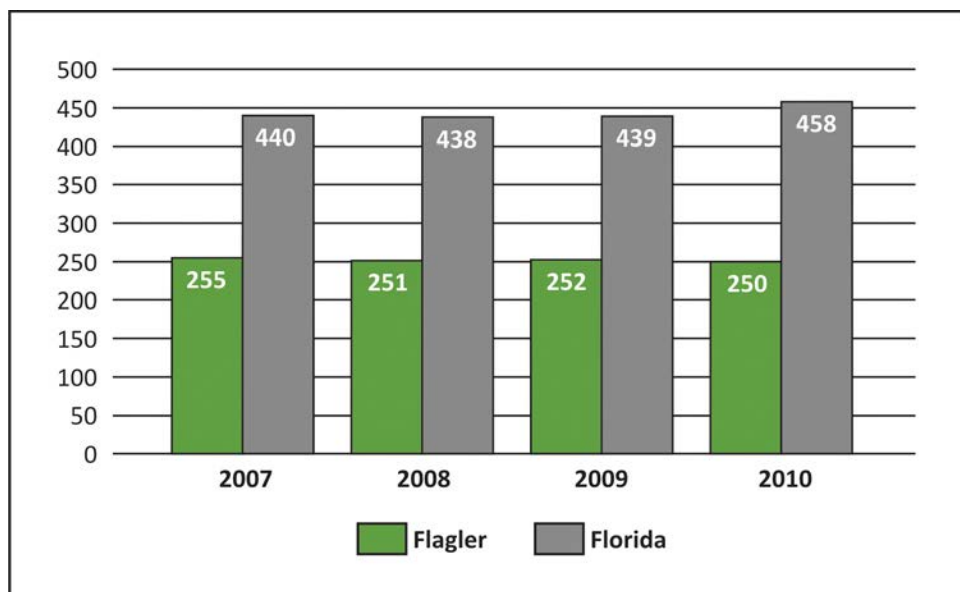
## EMERGENCY ROOM CARE

Local hospital emergency room utilization is a good indicator of the availability and accessibility of area health care services. In 2010, Flagler residents made 37,231 emergency room visits; of those, 5,294 (14.1%) of them were admitted to the hospital. The majority of Flagler County residents utilized Florida Hospital Flagler for emergency services, accounting for 32,145 visits. Florida Hospital-Ormond Memorial and Halifax Health Medical Center were the next two major providers of emergency care to Flagler residents servicing 2,258 and 2,206 respectively.<sup>28</sup>

## COMMUNITY NURSING HOMES

Flagler County has two community nursing homes. Flagler Pines is located in Bunnell and accepts patients covered by Medicare and Medicaid. It has 120 beds, an average daily census of 110 residents, and an occupancy rate of 93%. Grand Oaks Health and Rehabilitation Center is located in Palm Coast and accepts patients covered by Medicare and Medicaid. Grand Oaks also has 120 beds, an average daily census of 115 residents, and an occupancy rate of 96%. Figure 61 compares the total nursing home beds per 100,000 population for Flagler County and Florida overall. In looking at the nursing home beds by the population that is 65 years and older, there is even a more dramatic difference. In 2010, the rate per 1,000 residents 65 and older is 8.8 in Flagler County, but three times that in Florida overall at 24.9.

**Figure 61: Total Nursing Home Beds**



Source: Florida Agency for Health Care Administration (AHCA), Certificate of Need Office

Medicaid is the primary funding source of nursing home care, paying for approximately two-thirds of all nursing home days. Medicaid typically pays for long-term care while Medicare provides funding for short-term care following hospital discharge. Many nursing homes limit the number of dedicated Medicaid beds in their facilities in order to control the number of low-reimbursing, long-term Medicaid patients admitted.

## ASSISTED LIVING FACILITIES

Assisted living facilities provide a residential setting where a group of older or disabled persons unable to live independently receive room, meals, and variety of personal supportive services. There are 22 assisted living facilities in Flagler County with a total of 342 beds. All facilities are located in Palm Coast.

<sup>28</sup> Agency for Health Care Administration (AHCA) and Health Planning Council of Northeast Florida. Emergency Department Utilization Report, 2010

## Local Public Health System

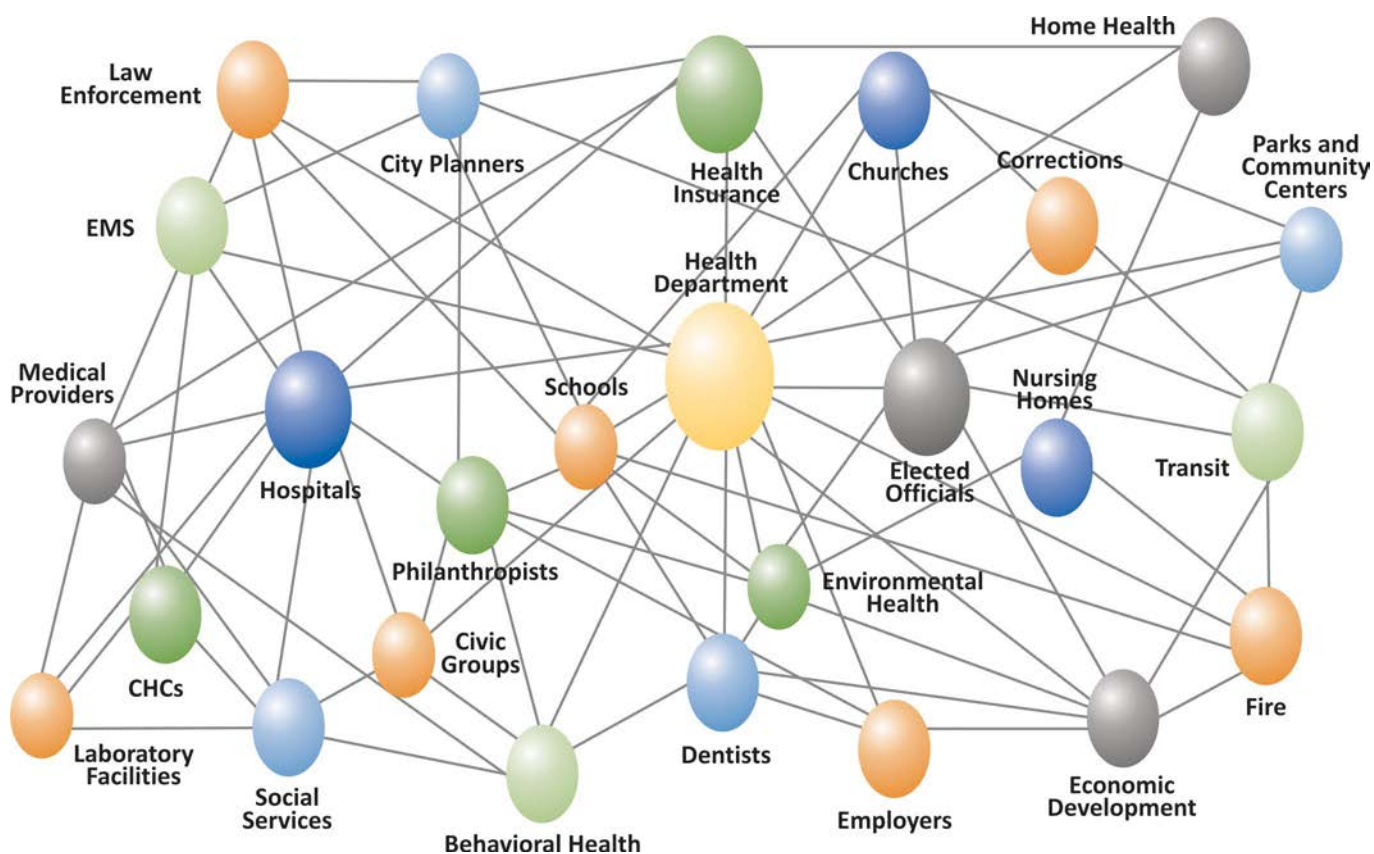
*What are the components, activities, competencies, and capacities of our local public system?*

*How are the Essential Public Health Services being provided in our community?*



# LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT

The Local Public Health System Assessment (LPHSA) takes a broad look at all of the services provided within the public health system, including those provided by the local health department, as well as other public, private and voluntary organizations whose work comprises the system. The illustration below shows the variety of entities that contribute to the local public health system and the interconnectedness of each to the other's work.



The Local Public Health System Assessment seeks to answer the following questions:

- What are the components, activities, competencies, and capacities of our local public system?
- How are the Essential Public Health Services being provided in our community?

To assess such a broad and complex system, the use of a structured assessment tool is necessary. The National Public Health Performance Standards Program (NPHPSP) has developed assessment instruments for this purpose that is used at the local and state levels throughout the country. The mission of the NPHPSP is to improve the practice of public health and the performance of public health systems by evaluating performance against a set of optimal standards. The NPHPSP instruments utilize the 10 Essential Public Health Services (EPHS) as a framework, with the local Instrument including two to four model standards that describe the key aspects of an optimally performing system. The process of completing the instrument helps to identify strengths and weaknesses in the system and determine opportunities for improvement.



## METHODOLOGY

This assessment was used to launch the Flagler MAPP process by bringing together diverse community organizations to discuss the current system, dialogue about assets and barriers, and brainstorm areas for improvement. The Flagler Summit for Community Health, held in June 2011, provided the venue for this community event. To finish completion of the NPHPSP instrument, subject matter experts within the Flagler County Health Department provided their expertise and knowledge of the system.

## SUMMIT for COMMUNITY HEALTH

To set the stage, an overview of the Essential Public Health Services (EPHS) was provided, as well as examples of local work in each of the ten areas. Participants then voted on their highest priority EPHS and discussion of that EPHS followed. Table 24 lists the EPHS in priority order as ranked by the participants.

**Table 24: Priority Ranking of Essential Public Health Services**

RANK	NUMBER OF VOTES (Percentage)	ESSENTIAL SERVICE
1	16 (53%)	ES 7: Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable
2	7 (23%)	ES 3: Inform, Educate, and Empower People about Health Issues
3	3 (10%)	ES 4: Mobilize Community Partnerships to Identify and Solve Health Problems
4	1 (3%)	ES 1: Monitor Health Status to Identify Community Health Problems
4	1 (3%)	ES 5: Develop Policies and Plans that Support Individual and Community Health Efforts
4	1 (3%)	ES 9: Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services
4	1 (3%)	ES 10: Research for New Insights and Innovative Solutions to Health Problems
0	0	ES 2: Diagnose and Investigate Health Problems and Health Hazards
0	0	ES 6: Enforce Laws and Regulations that Protect Health and Ensure Safety
0	0	ES 8: Assure a Competent Public and Personal Health Care Workforce

A group discussion of the top ranked EPHS (#7: Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable) followed, yielding the following results:

### Current Services in Flagler County

- Flagler County Government's Indigent Healthcare program: providing linkages to services and funding (when available)
- Flagler Free Clinic: Staffed by volunteer doctors, nurses and clerks. Open the first and third Saturday from 9am-2pm.
- Flagler Free Dental Clinic: Flagler County Health Department. Staffed by volunteer dentists, dental assistants and clerks. Open two Friday afternoons per month.
- Comprehensive Resource List: a list of services created and maintained by the Flagler County Resource Council
- 2-1-1/www.211live.org: an inventory of programs and services accessible by phone 24/7 or online
- Access Flagler First: A "one-stop" location where agencies provide access to services on the 1st Friday of every month
- Flagler County Resource Council: a meeting of organizations to network and share information about local resources
- Flagler County Health Department Services: Primary Care, Pediatric Dental, Immunizations, Family Planning, Prenatal Care, WIC, Epidemiology, Vital Statistics, Chronic Disease prevention, Tobacco prevention, Environmental Health
- Stewart-Marchman-Act Behavioral Healthcare: outpatient and residential behavioral healthcare services
- Emergency Department at Florida Hospital Flagler

### Areas for Improvement and Development

- Host an IDignity event to help individuals get identification and birth certificates (to reduce their access barriers)
- Expand resources for homeless people
- Encourage more private sector providers to volunteer their time
- Seek federal funding to fill identified gaps
- Increase the awareness of available services

## NPHPSP ASSESSMENT RESULTS

The instrument was completed by using the response options below. The results were reported to the NPHPSP at the Centers for Disease Control (CDC) and a standard report was provided. The response options below are the same level of activity categories used in the report to characterize levels of activity for Essential Services and model standards.

<b>NO ACTIVITY</b>	0% or absolutely no activity.
<b>MINIMAL ACTIVITY</b>	Greater than zero, but no more than 25% of the activity described within the question is met.
<b>MODERATE ACTIVITY</b>	Greater than 25%, but no more than 50% of the activity described within the question is met.
<b>SIGNIFICANT ACTIVITY</b>	Greater than 50%, but no more than 75% of the activity described within the question is met.
<b>OPTIMAL ACTIVITY</b>	Greater than 75% of the activity described within the question is met.

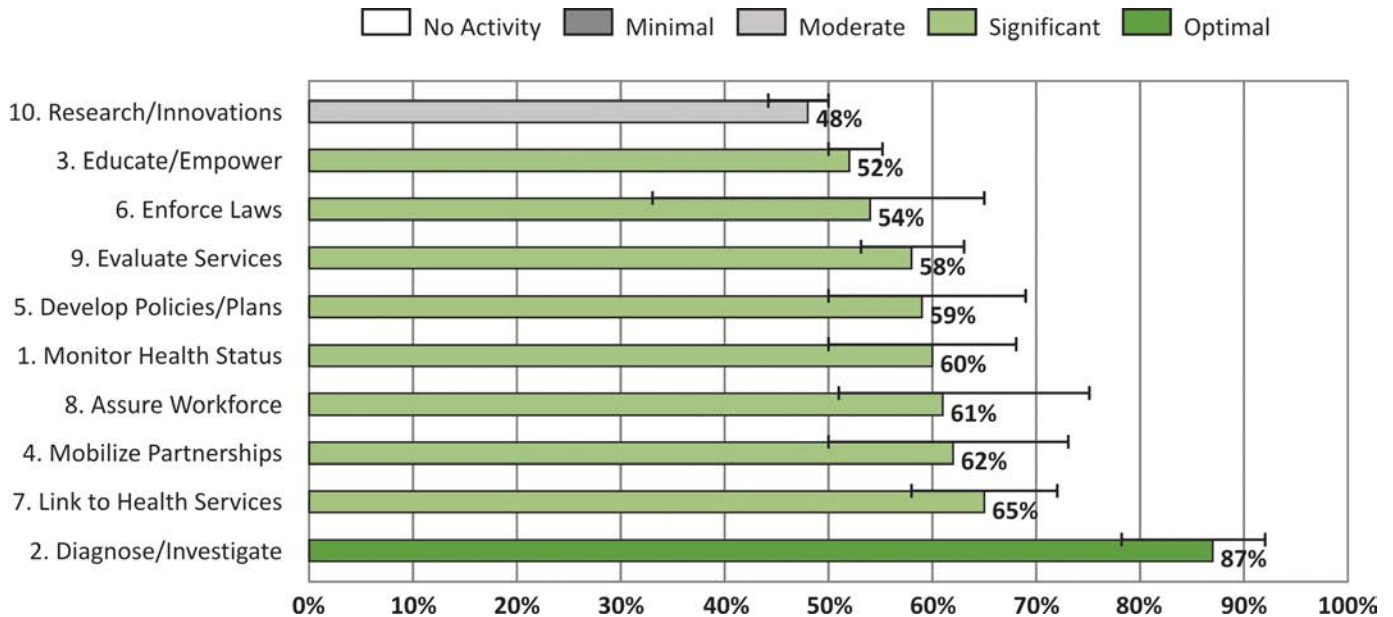
The following tables and figures come directly from the standard NPHPSP report for Flagler County. An overview of the system's performance for each of the 10 Essential Public Health Services (EPHS) is provided in Table 25. Each EPHS score is a composite value determined by the scores given to those activities that contribute to each Essential Service. These scores range from a minimum value of 0% (no activity is performed pursuant to the standards) to a maximum of 100% (all activities associated with the standards are performed at optimal levels).

**Table 25: Summary of Performance Scores by Essential Public Health Service (EPHS)**

RANK	EPHS	SCORE
1	Monitor Health Status to Identify Community Health Problems	60
2	Diagnose and Investigate Health Problems and Health Hazards	87
3	Inform, Educate, and Empower People about Health Issues	52
4	Mobilize Community Partnerships to Identify and Solve Health Problems	62
5	Develop Policies and Plans that Support Individual and Community Health Efforts	59
6	Enforce Laws and Regulations that Protect Health and Ensure Safety	54
7	Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	65
8	Assure a Competent Public and Personal Health Care Workforce	61
9	Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	58
10	Research for New Insights and Innovative Solutions to Health Problems	48
<b>Overall Performance Score</b>		<b>61</b>

Figure 62 below presents the same data as in Table 23, but with added range bars to show the minimum and maximum values of responses within the Essential Service and an overall score. The Essential Services are rank ordered by performance score and color-coded by level of activity category.

**Figure 62: Rank Ordered Performance Scores for Each Essential Service, by Level of Activity**





## Mobilizing for Action through Planning and Partnerships



**MAPP Process Model**

## Community Themes and Strengths

*What is important to our community?*

*How is quality of life perceived in our community?*



# COMMUNITY THEMES and STRENGTHS ASSESSMENT

The Community Themes and Strengths Assessment collects information directly from the community to answer the following questions:

- \* What is important to our community?
- \* How is quality of life perceived in our community?

Understanding the experiences, perceptions, and priorities of community residents is a critical part of the MAPP process and offers valuable information when identifying overall priorities for community health improvement. The Flagler Partnership for Community Health used a variety of approaches to solicit this community input, including focus group discussions, a community survey, and key stakeholder interviews.

## Focus Groups

In the fall of 2010, the Health Planning Council of Northeast Florida conducted several focus groups for the Flagler County FQHC Assessment. The purpose of these focus groups was to better understand diverse stakeholders' views and opinions about how the health care community can improve access to health care for Flagler County residents. This report will outline the focus group methodology and summary of key themes identified in the focus group discussions.

## METHODOLOGY

A set of questions was developed by the Health Planning Council with input from the Flagler County Health Department to explore how stakeholders felt about access to health care services available to Flagler County residents.

Several groupings of stakeholders were identified as being key informants on the issues of health care access. These included residents, health care consumers, and health and social service providers. Focus groups were scheduled by the Flagler County Health Department and were facilitated by a Health Planning Council staff member. Focus groups ranged in size from five to twelve participants, with a total of 56 stakeholders participating.

All sessions were audio recorded, then transcribed in summary format to convey participants' concerns and opinions. All information was then reviewed and analyzed carefully to identify common themes that emerged from the discussions across groups.

## COMMON THEMES

1. How has the local economy affected you or your neighbor's health?
  - There is an increase in stress, high blood pressure, domestic violence, depression, and other mental health issues.
  - Nutrition has declined due to financial difficulties.
  - People are delaying or deferring medical care altogether, especially in regards to buying medication and seeking dental care.
  - People are less able to purchase health insurance on their own and more employers are not providing health insurance.
  - People look for other ways to access care, including through illegal means such as stealing medications and relying on health services provided through the penal system.
2. Are there enough of good doctors in Flagler County?
  - There are good primary care providers in the community, but there is a lack of specialists. Many people travel outside the county for specialty care.
  - The number of Medicaid providers is very limited.
  - Wait times to see a primary care provider could improve as it often takes two to three weeks to get an appointment.
  - Transportation is a barrier to seeing a doctor. Without insurance, one cannot access the good doctors.
  - The upfront costs are too high.

3. In this group's opinion, what are the serious health problems in Flagler County? What are some causes of these problems?
  - Serious health problems identified were heart disease, diabetes, high blood pressure, cancer, COPD, and dental problems
  - One group described a relationship between increased unemployment and obesity, poor oral health, and a delay in seeking health care.
  - There is a lack of prevention activities and education available to residents.
  - The increase in chronic diseases is thought to be compounded by sporadic, episodic, and infrequent medical management.
  - Few people have a medical home, but wealthier seniors do have better access to a medical home.
  - The causes for mental health problems are related to increased home stressors and poor coping skills combined with limited access to care.
  - There are no treatment providers for mental health or substance abuse problems.
  - The inability to access specialty care makes health problems worse.
4. What prevents you or your neighbors from taking care of themselves?
  - For low-income residents, the cost of medical care is too expensive. Most people do not have insurance. If they do have insurance, high deductibles make care unaffordable.
  - Lack of transportation is a major issue in the county.
  - The cost of medication limits the ability to manage medical issues effectively. People do not have the money to purchase their medication and be compliant.
  - Businesses are not providing workers with enough hours, resulting in medical benefits being restricted or nonexistent. Therefore, the financial liability is falling on the consumer.
  - Healthy food is expensive, so people buy what they can afford, even it's unhealthy.
  - Making healthy choices is not always easy.
5. In your opinion, where do you or most of your neighbors go for their health care services?
  - Social service providers stated about half go to a primary care provider and the rest go to the emergency room. Those with no insurance go to the Emergency Room because they know they cannot be turned away and must be seen. Those with insurance and a high share of cost go to the Emergency Room to get the treatment they need and to meet the deductible
  - People without insurance stated that the Emergency Room is not an option for them because of the inevitable expense of using the facility. Participants were more likely to go without treatment or to use the free clinic.
  - Those with no insurance can visit the Flagler County Free Clinic and claim those physicians as their primary care providers. However, the Free Clinic provides limited medical care and is unable to treat mental health issues. Many persons are referred to the Department of Health and Human Services for access to mental health providers.
6. How do you or your neighbors pay for their health care services?
  - Free clinic participants and/or their family members did not have insurance. Some had minor children covered through Kid Care. Others had family members with Medicare or Medicaid.
7. Are you satisfied with the health care system in Flagler County?
  - Most participants said they were not satisfied and that system needs to be fixed.
  - Options for affordable care are limited and the quality of care is only average.
  - There are not enough dental services overall and there is only one Medicaid dental provider.
  - Lack of access to specialty care in the area is not adequate.
  - There are not enough Medicaid doctors in the area; people wait a long time to get an appointment.
  - Providers from other counties do not want to take Flagler residents under their programs.
8. Are there health services you need but are not available to you?
  - Services most often named as needed but not available were dental care; mental health care; and specialty care, especially orthopedics and dermatology.
  - Mammography was also named as being needed.

9. In your opinion, what do you think Flagler County needs to keep you and your neighbors healthy?
  - The number one response was employment. Having a job leads to improved finances and hopefully access to medical care through health insurance.
  - Transportation was a key barrier to the health needs of many residents.
  - Preventative health education was also mentioned. People would benefit from learning to take better control of their health and where to access services if they don't have insurance.
  - Some acknowledge that when basic needs aren't met (such as shelter, food, security), it's difficult to look beyond that towards improving one's health.
  - Some stated that more primary care providers were needed.
10. Do you have anything else that you would like to tell us?
  - Access to health care is the main issue. There are many people with either Medicaid or no insurance who need medical care and get limited, fractured access.
  - People are suffering through these financially difficult times and there needs to be a proactive approach to medical care. There should be health and nutrition education.
  - There is no established continuum of care. There needs to be a method of shared medical history information. The pharmacies do a good job of watching the medications for the patients but the health care system as a whole seems less connected. Electronic Medical Records were viewed very favorably.
  - More clinics are desperately needed because so many people need help. Medical clinics that are run like private medical offices with appointments would alleviate the long waits experienced at the Free Clinic.

## CONCLUSIONS

Focus groups identified several major issues related to access and quality of health care services in Flagler County:

- The poor economy has taken its toll on local residents by increasing unemployment, decreasing access to health insurance, and making healthy eating and other healthy lifestyle options beyond reach.
- More affordable primary care and pharmaceutical services are badly needed to improve the overall health of the community.
- More providers in the areas of dentistry, mental health, and specialty care are needed to serve the substantial numbers of residents who cannot afford these services currently.
- Transportation to health care providers is a barrier.
- Health education and other preventive services are seen as valuable and needed.

Building on the findings from the 2010 focus groups, the Flagler Partnership for Community Health launched a community survey to better understand the experiences, perceptions, and priorities of residents in relation to community health.

### METHODOLOGY

A two-page survey was created, utilizing the MAPP sample survey as a model. Answer options were customized and simplified in some cases and additional areas of interest were added. These areas included access to fresh healthy foods, walkability of neighborhoods, and prevalence of home foreclosure and added stress due to the economy. The full survey instrument is located in Appendix A.

At the Summit for Community Health in June 2011, Health Planning Council distributed paper surveys to community partners. Partners committed to assuring that surveys were disseminated throughout diverse areas of the community and returned to the Flagler County Health Department. The Medical Reserve Corps provided volunteers to retrieve completed surveys as well. Additionally, an electronic survey was created in Survey Monkey. The link was provided to partners who disseminated the survey via email to contacts. Several entities embedded the survey on their web site home pages, including Flagler County and multiple municipal governments.

The goal of 500 completed surveys was surpassed with ease, thanks to strong community support. In total, 723 surveys were completed and entered into Survey Monkey's online database. Summary statistics were analyzed, and cross tabulations were conducted for several questions where disparity between groups by income level was suspected. Cross tabulation by municipality and zip code did not reveal substantial disparities and therefore few are included in this report. The following sections provide a summary of the survey results and findings.

### DEMOGRAPHICS of SURVEY RESPONDENTS

Overall, the survey responses include a broad representation of the population in Flagler County. Responses were received from all municipalities and unincorporated areas. Key demographics such as age, race/ethnicity, and education level were represented in a similar distribution to that of the overall population.

As is commonly seen in convenience sample surveys related to health, females were represented more heavily than males (75% and 25%, respectively). The unemployed were also slightly overrepresented, with almost 24% of survey respondents reporting that they were unemployed, while the unemployment rate in the county is estimated at 15%. However, this declines slightly when age is factored in; over 4% of respondents were under 18. Finally, respondents were more likely to report having lower household incomes than the general population. For this reason, many key questions were cross-tabulated by income range to detect differences based on this demographic.

A summary of demographic data is presented in the Table 26 on the next page.



**Table 26: Demographics of Survey Respondents**

<b>SURVEY QUESTIONS and ANSWERS</b>	<b>RESPONSE PERCENT</b>	<b>SURVEY QUESTIONS and ANSWERS</b>	<b>RESPONSE PERCENT</b>
<b>How long have you lived in Flagler County?</b>	n=668	<b>Gender:</b>	n=645
Less than 2 years	12.9%	Male	25.1%
2 - 5 years	16.3%	Female	74.9%
5 - 10 years	28.6%	Transgender	0.0%
More than 10 years	42.2%		
		<b>Highest Level of Education Completed</b>	n=679
<b>City/Town Name:</b>	n=585	Elementary/Middle School	7.1%
Beverly Beach	0.3%	High School Diploma or GED	39.3%
Bunnell	14.0%	2-Year college degree	21.5%
Flagler Beach	12.1%	Technical or Trade School	9.4%
Palm Coast	70.1%	4-Year College/Bachelor's Degree	13.8%
Unincorporated	1.0%	Graduate/Advanced Degree	8.8%
Other (please specify)	2.4%		
		<b>Current Employment Status</b>	n=679
<b>Age:</b>	n=679	Employed - Full time	28.6%
Under 18	4.6%	Employed - Part time	13.5%
18 - 25	13.3%	Student	8.1%
26 - 39	25.5%	Home Maker	7.4%
40 - 54	27.7%	Retired	11.8%
55 - 64	15.8%	Disabled	6.9%
65 - 74	8.0%	Unemployed - Less than 1 year	10.3%
75+	5.3%	Unemployed - More than 1 year	13.4%
<b>Race/Ethnicity</b>	n=674	<b>Household Income</b>	n=642
Black/African-American	14.8%	Less than \$10,000	25.7%
White/Caucasian	68.8%	\$10,000 - \$20,000	19.9%
Hispanic/Latino(a)	11.9%	\$21,000 - \$30,000	22.7%
Asian or Pacific Islander	2.2%	\$31,000 - \$50,000	15.3%
Native American/Alaskan Native	0.4%	\$51,000 - \$99,000	11.5%
Other (please specify)	1.8%	\$100,000 or more	4.8%

**Note:** While responses from 723 surveys were entered into the database, every respondent did not answer every question. Demographic questions were situated at the end of the survey instrument to maximize responses to the high priority questions regarding community health. The number of responses for each demographic question above is included to the right of each question. Because of these missing responses, definitive conclusions about the exact demographics of the survey respondents cannot be made.



## Respondents

could choose more than one option for each of these questions, resulting in the total exceeding 100%. The accompanying percentages in this list indicate the proportion of respondents who chose each option.

For example, 48% of all those surveyed chose “good jobs/healthy economy” as one of their options for “most important feature of a healthy community”.

## KEY FINDINGS from the COMMUNITY SURVEY

The top choices for the key questions indicating the priorities of community residents are presented below.

Most important features of a health community:

1. Good jobs, healthy economy (48%)
2. Access to health care (47%)
3. Good schools (29%)
4. Clean environment (26%)
5. Low crime/safe neighborhoods (25%)

Top health problems:

1. Addiction (alcohol or drug) (33%)
2. Obesity (29%)
3. Cancers (26%)
4. Diabetes (23%)

Unhealthy behaviors of most concern:

1. Drug abuse (61%)
2. Alcohol abuse (40%)
3. Being overweight (32%)

Health care services that are most difficult to access:

1. Dental/oral care (42%)
2. Mental health/counseling (30%)
3. Substance Abuse (24%)
4. Primary care (23%)

Most common barriers to medical care:

1. Could not afford to pay (49%)
2. Could not afford medicine (37%)
3. Long waits for appointment and services (33%)
4. Lack of weekend or evening services (25%)
5. Could not find a doctor on my area (23%)

Results from all questions are presented in data charts in the next section. Cross tabulations are included for select questions that were found to be significant or requested by the Partnership for a Healthier Flagler Steering Committee.

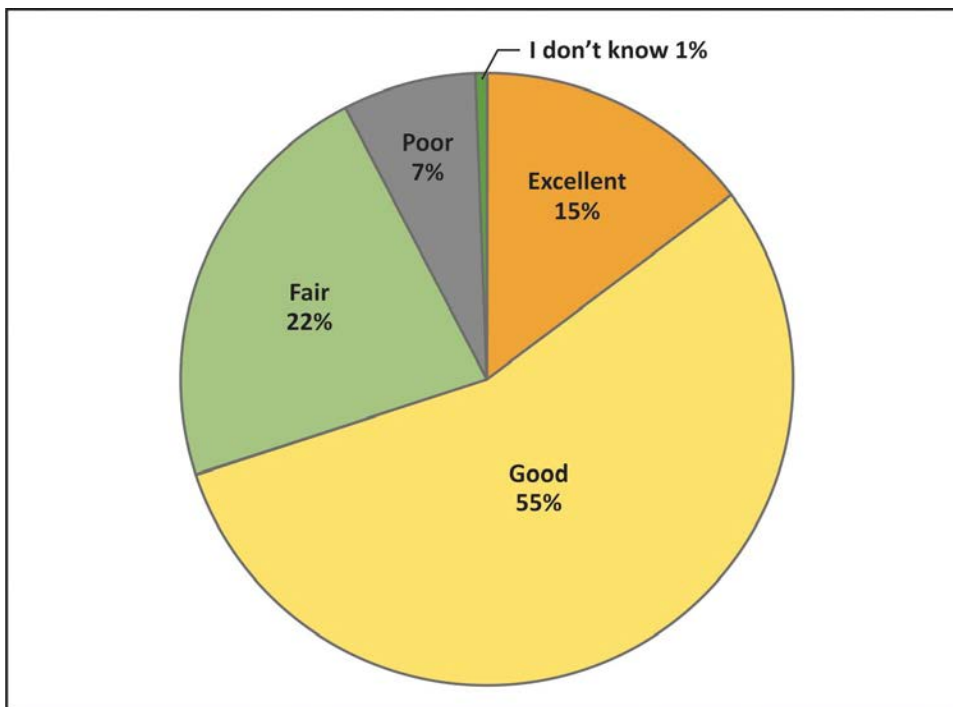
## SURVEY RESULTS

Summary statistics for each question are presented in this section and organized in three categories: 1) general perceptions of individual and community health, 2) perceptions and experiences of the local health care system and access to health care services, and 3) quality of life and healthy places. Some results are also presented by income level or municipality.

### GENERAL PERCEPTIONS of INDIVIDUAL and COMMUNITY HEALTH

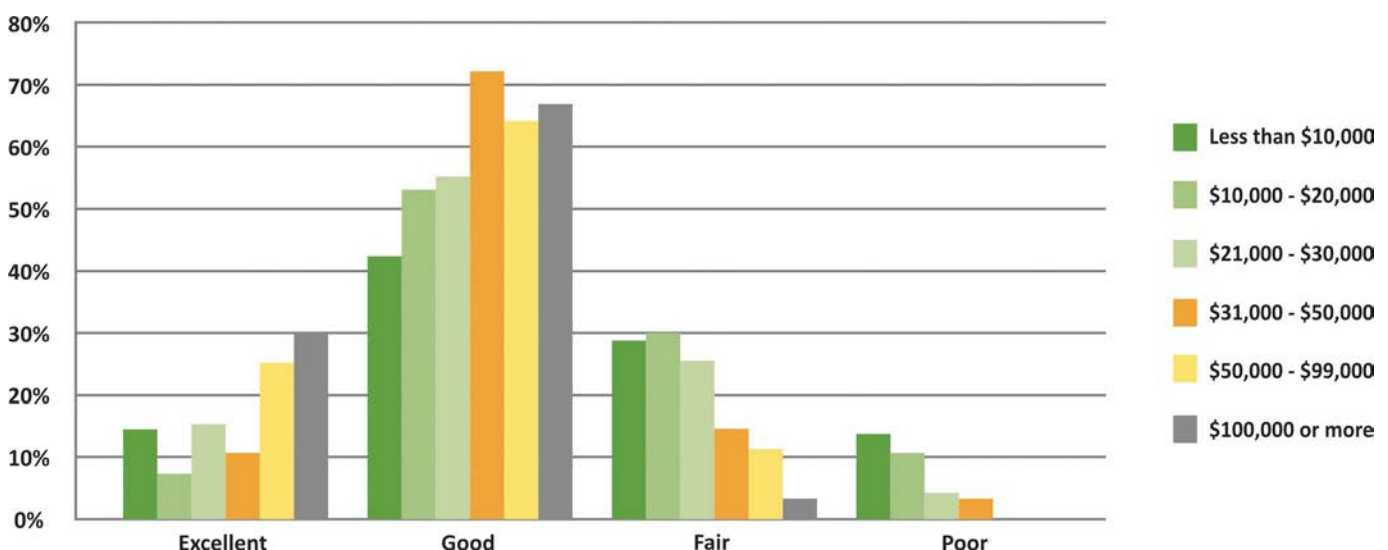
About 70% of residents surveyed rated their personal health as excellent or good. That leaves roughly 30% feeling that they are in fair or poor health.

Figure 63: How do you rate your own personal health?



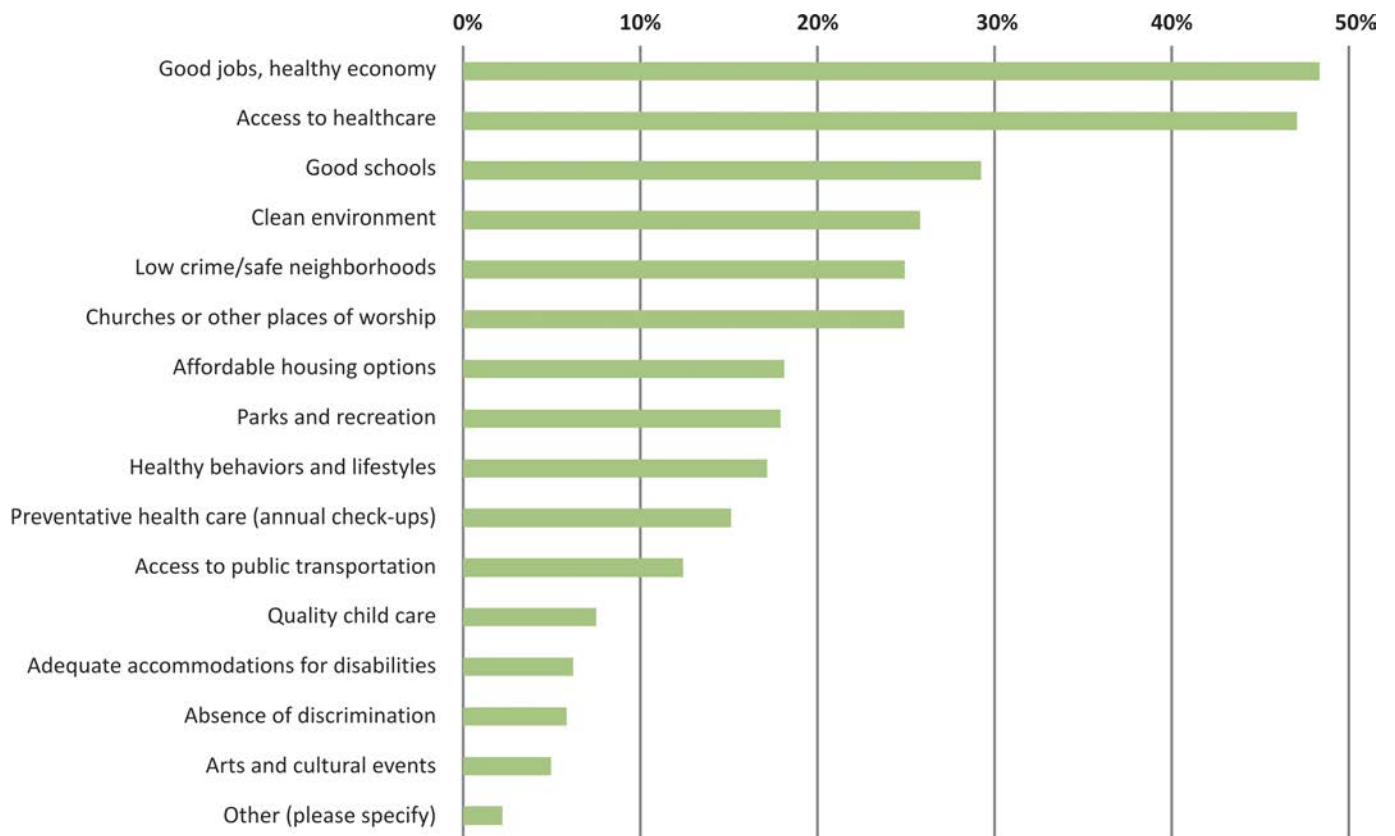
When this question is broken out by income level, it is clear that as income increases, favorable rankings increase as well. Conversely, as income increases for "fair" and "poor", the ratings for these options decrease.

Figure 64: How do you rate your own personal health? (By Income Level)



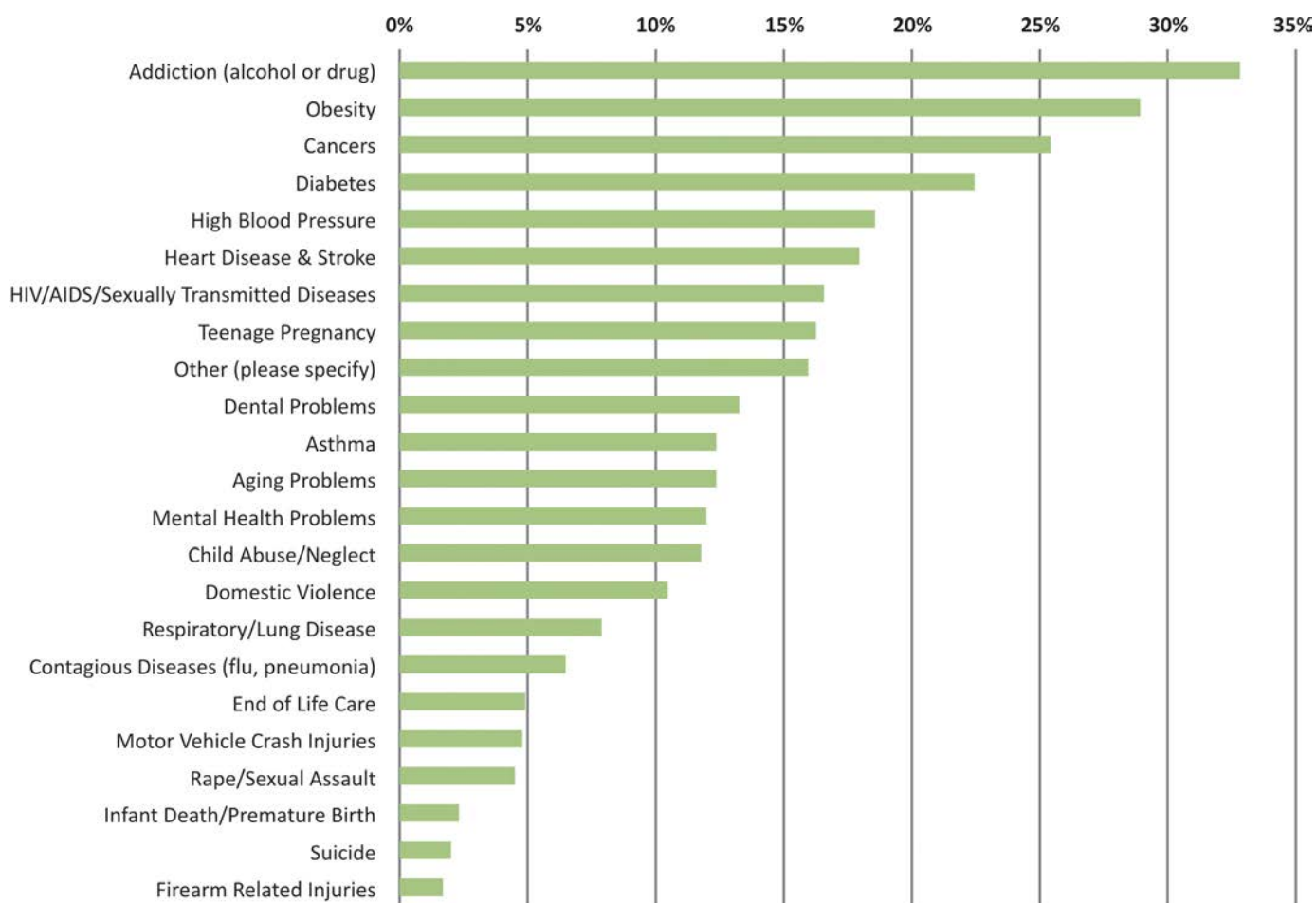
Survey respondents were asked to choose up to three options that they felt were the most important features of a healthy community. Good jobs/healthy economy and access to healthcare were the top-ranked features.

**Figure 65: Most Important Features of a Healthy Community**



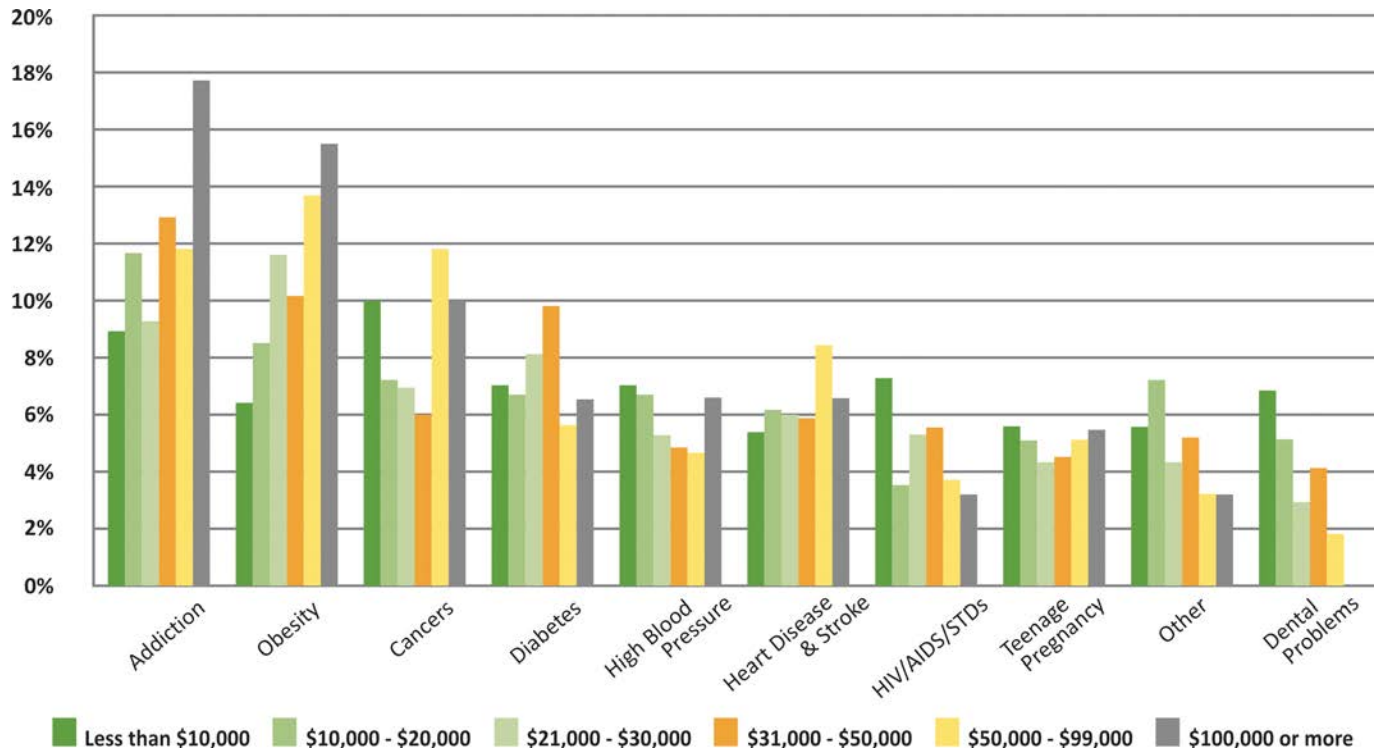
Survey respondents were asked to choose up to three health problems that they felt were the most important. Addiction to either drugs or alcohol ranked as the #1 problem. Obesity, cancers, and diabetes followed as the next most important problems, respectively.

**Figure 66: Most Important Health Problems**



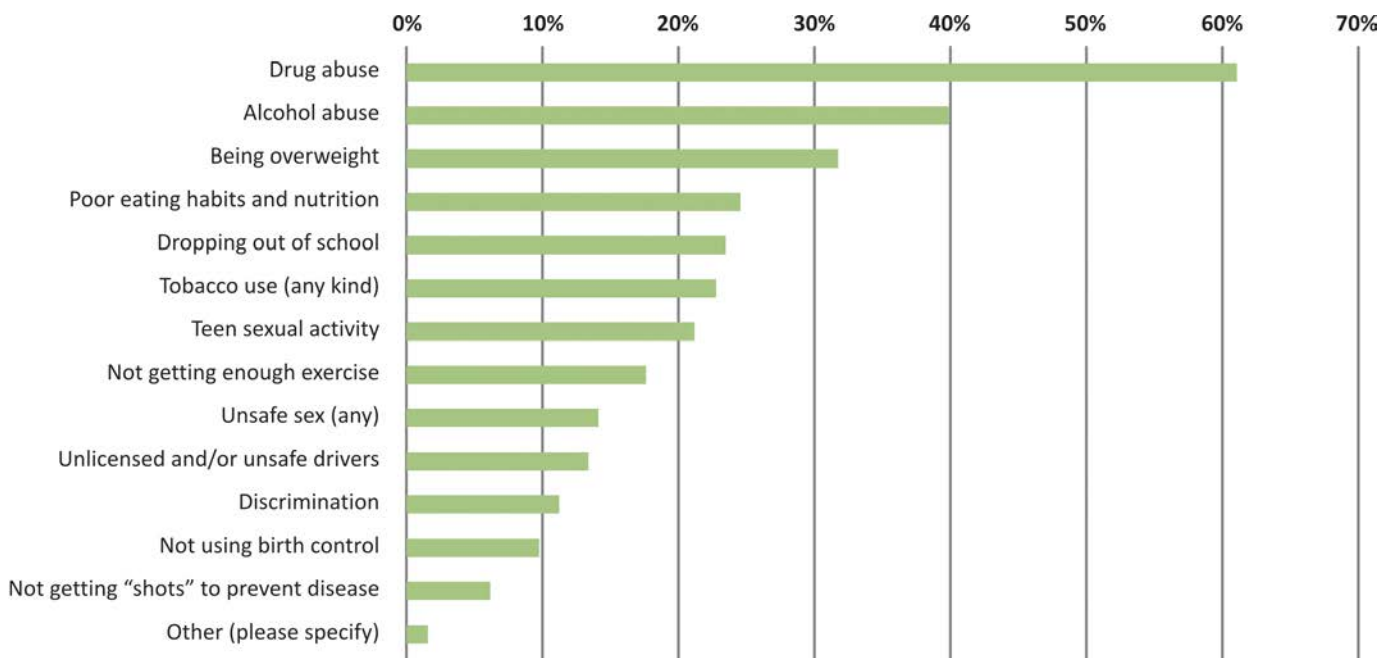
This chart shows the breakout of the top ten answers by income level. Notably, addiction is ranked high by all groups, but increases somewhat in the higher income groups. This trend is also evident for obesity. While not ranked as highly overall, HIV/AIDS/sexually transmitted diseases and dental problems represent the opposite trend. As income increases, these issues are less important.

**Figure 67: Most Important Health Problems (By Income Level)**



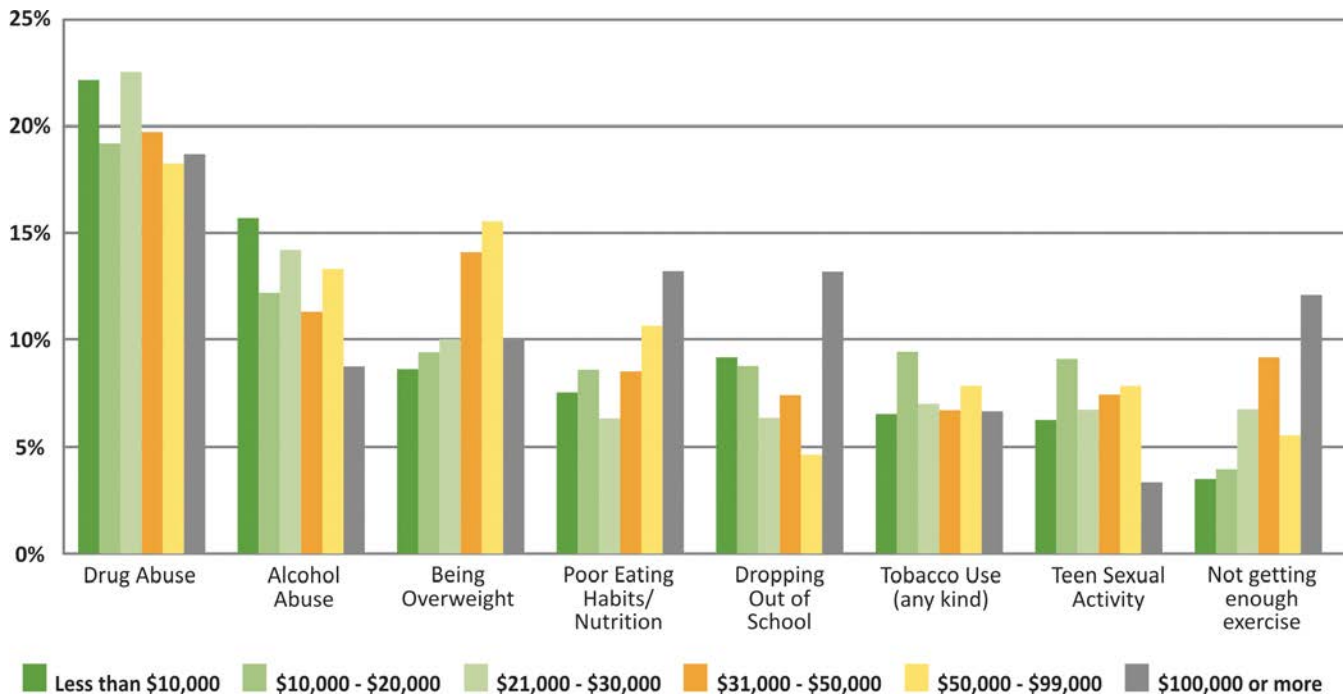
This chart shows the unhealthy behaviors of most concern by resident surveyed. Drug abuse and alcohol abuse are again ranked very highly. Being overweight and poor eating habits/nutrition follow as top concerns.

**Figure 68: Unhealthy Behaviors of Most Concern**



When the answers were cross-tabulated by income, drug abuse continued to rank highly among all groups. Alcohol abuse, however, sees a slight decrease in importance as income increases. Being overweight, poor eating habits, and not getting enough exercise increase as concerns as income increases.

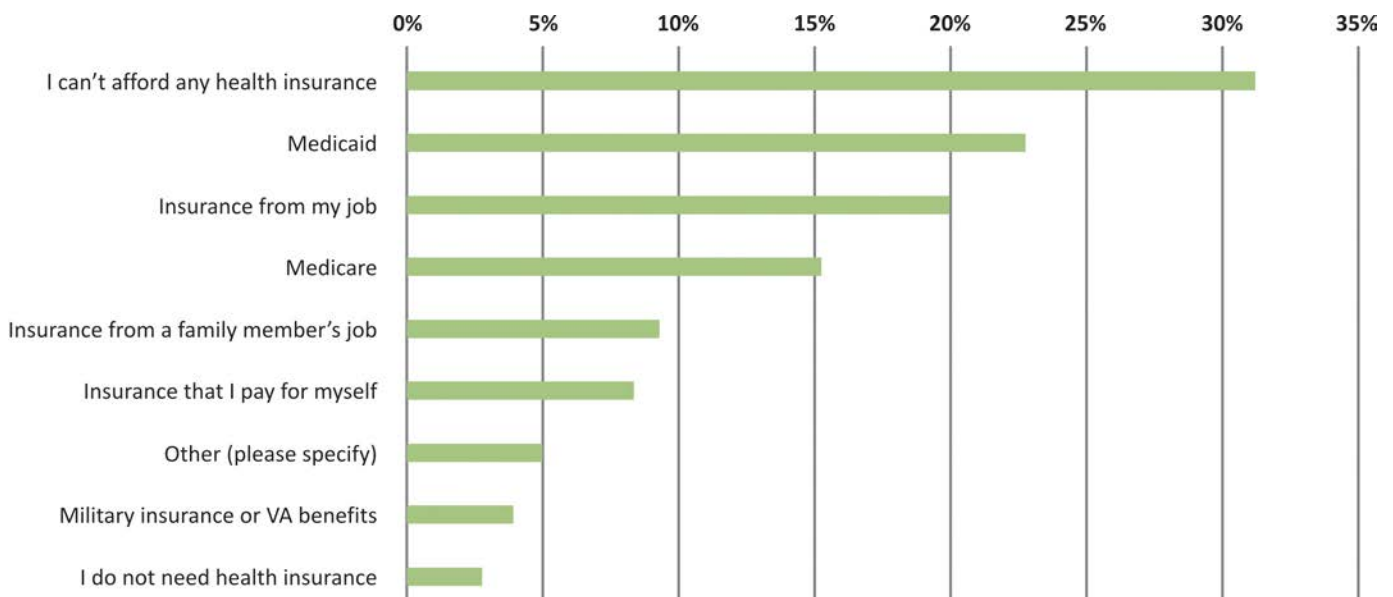
**Figure 69: Unhealthy Behaviors of Most Concern (By Income)**



#### PERCEPTIONS and EXPERIENCES of the LOCAL HEALTH CARE SYSTEM and ACCESS to HEALTH CARE SERVICES

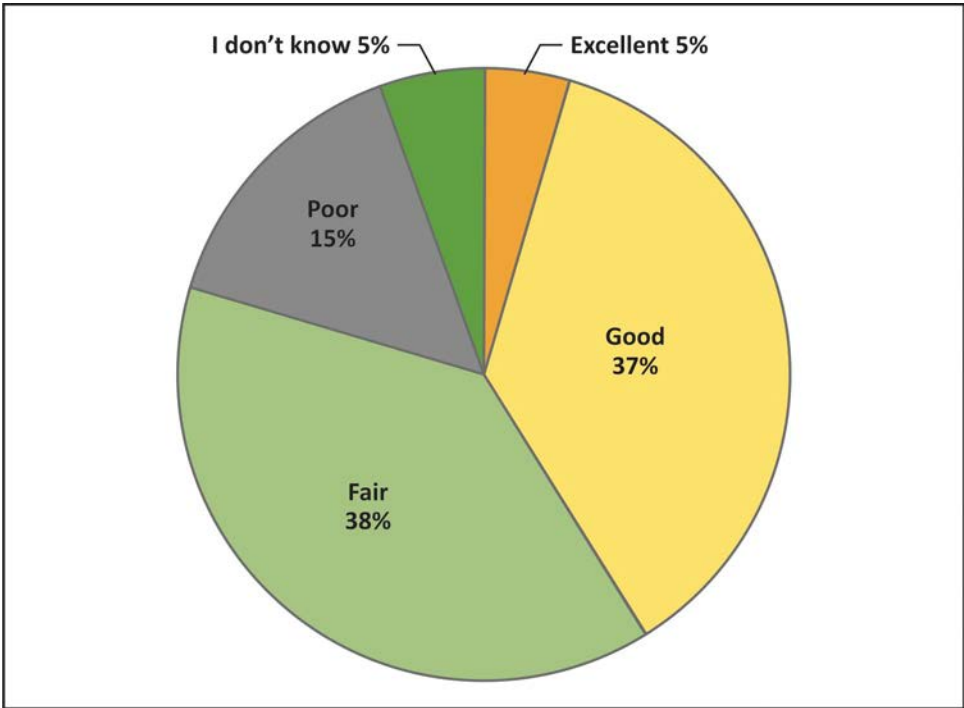
Residents surveyed reported a variety of experiences with health care coverage. While respondents could choose more than one option, the large majority only chose one option. The higher response rates for those who said “I can’t afford any health insurance” and “Medicaid” reflect the overall higher representation of lower income individuals among residents surveyed. Notably, only 20% indicated that they relied on insurance provided through their job.

**Figure 70: Health Care Coverage**



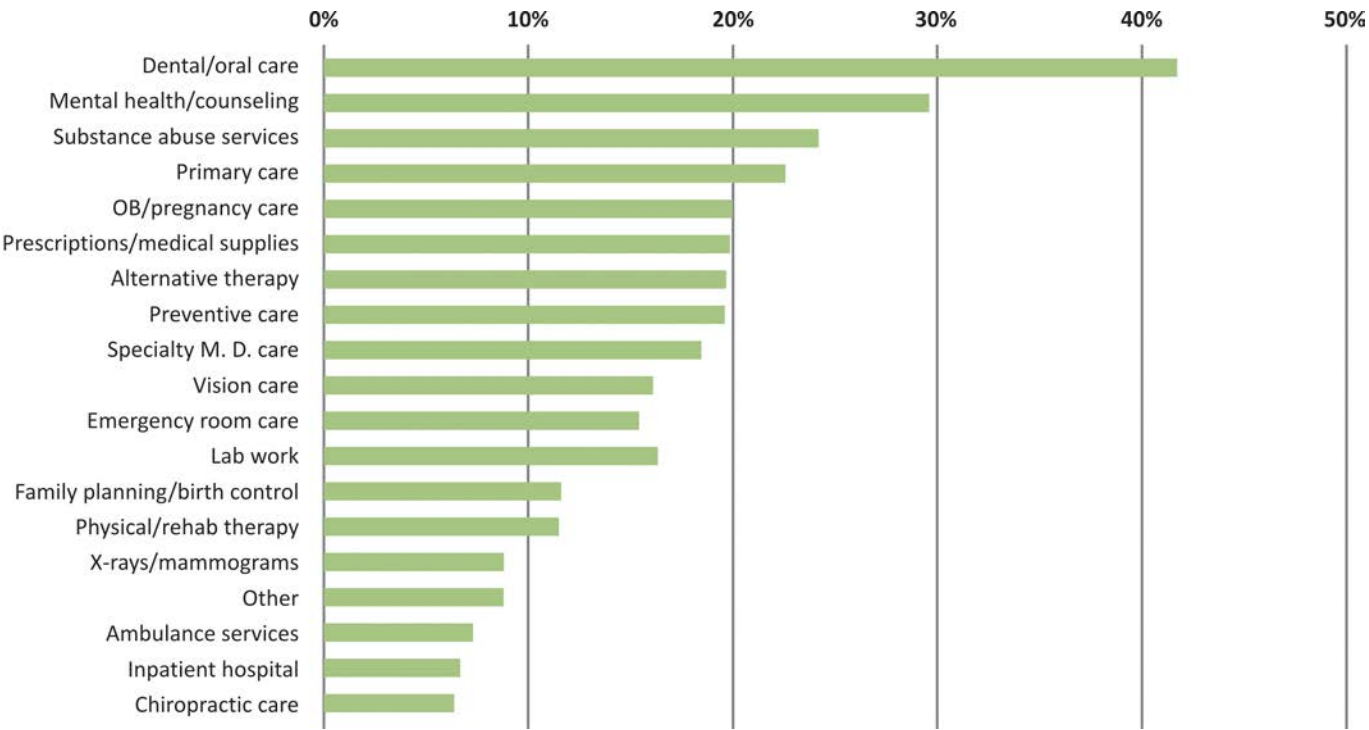
Only 43% of residents surveyed rated the quality of the health care system as excellent or good. Over half of respondents (53%) rated the quality as fair or poor, with 6% unable/unwilling to offer a quality rating.

Figure 71: How do you rate the quality of the health care system in Flagler County?



This chart shows the health care services that were ranked as being most difficult to obtain. Dental/oral care is by far the most difficult service to access, with mental health/counseling, substance abuse services, and primary care also rated as being hard to obtain.

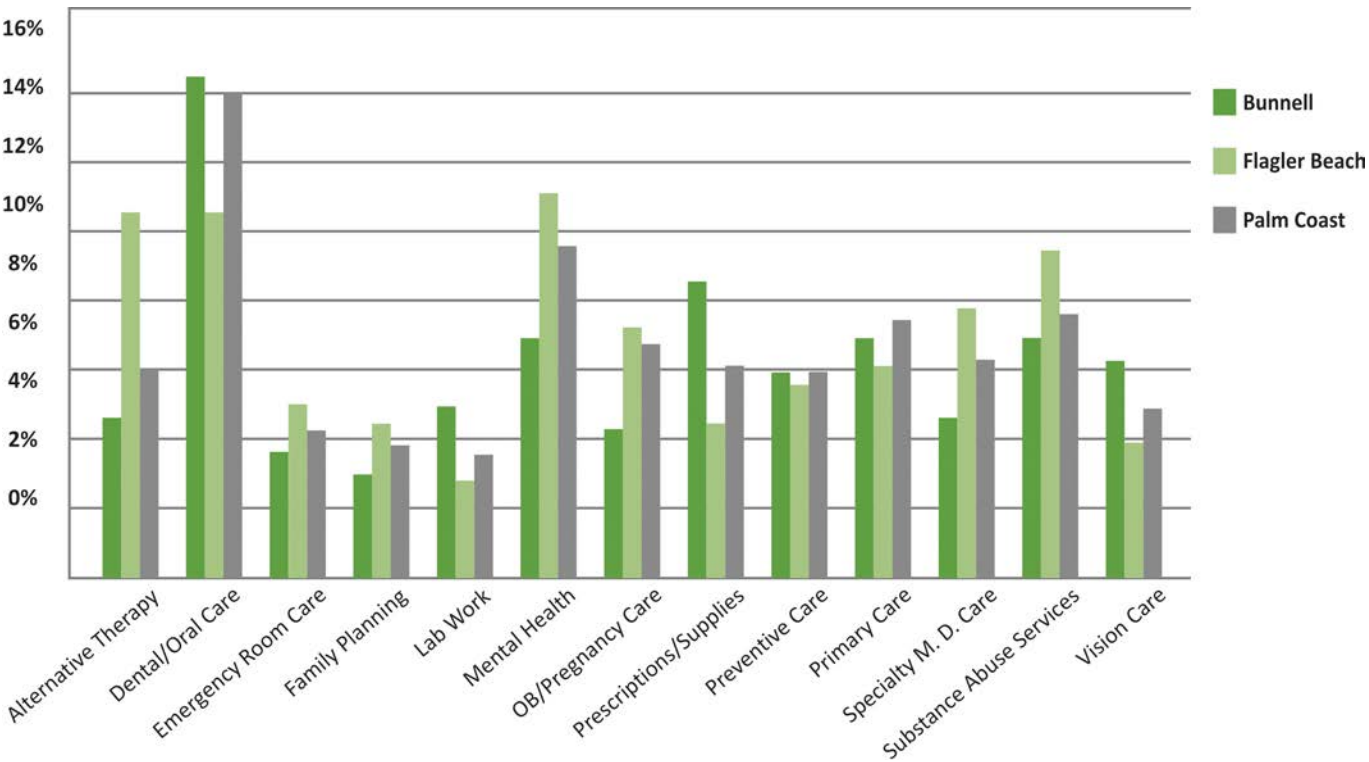
Figure 72: Health Care Services Most Difficult to Obtain





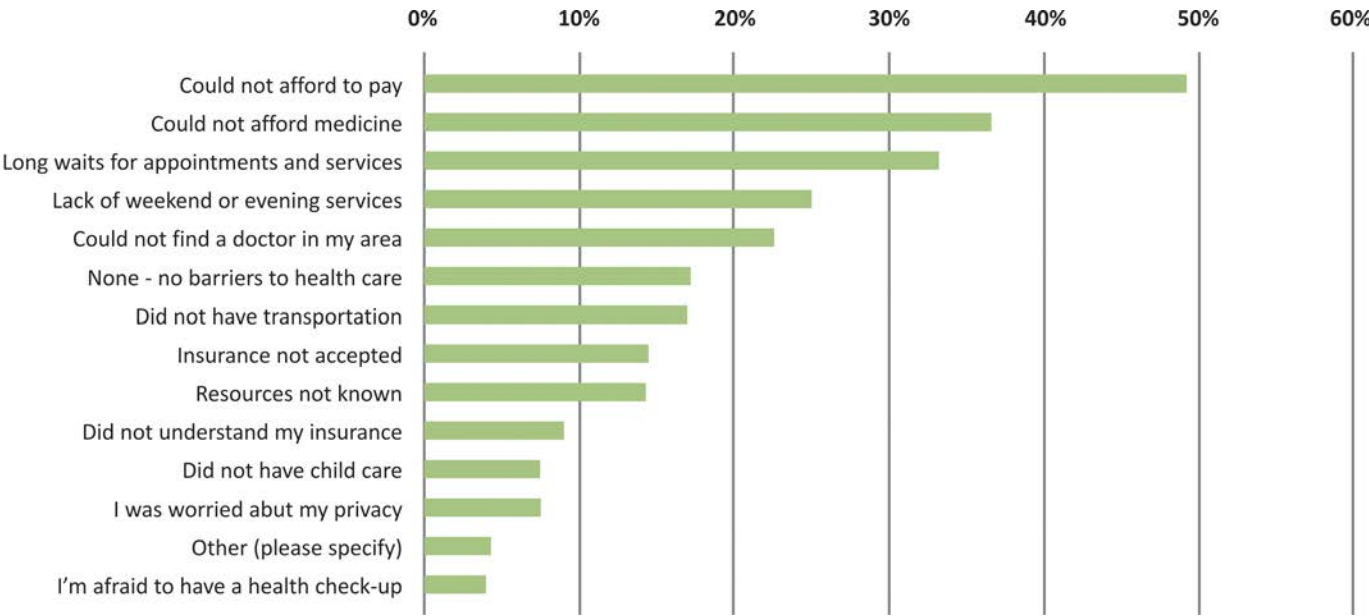
This chart shows the cross-tabulation of these services by the city/town of residence. Only slight variations between municipalities are evident when examined in this light.

Figure 73: Health Care Services Most Difficult to Obtain (By Municipality)



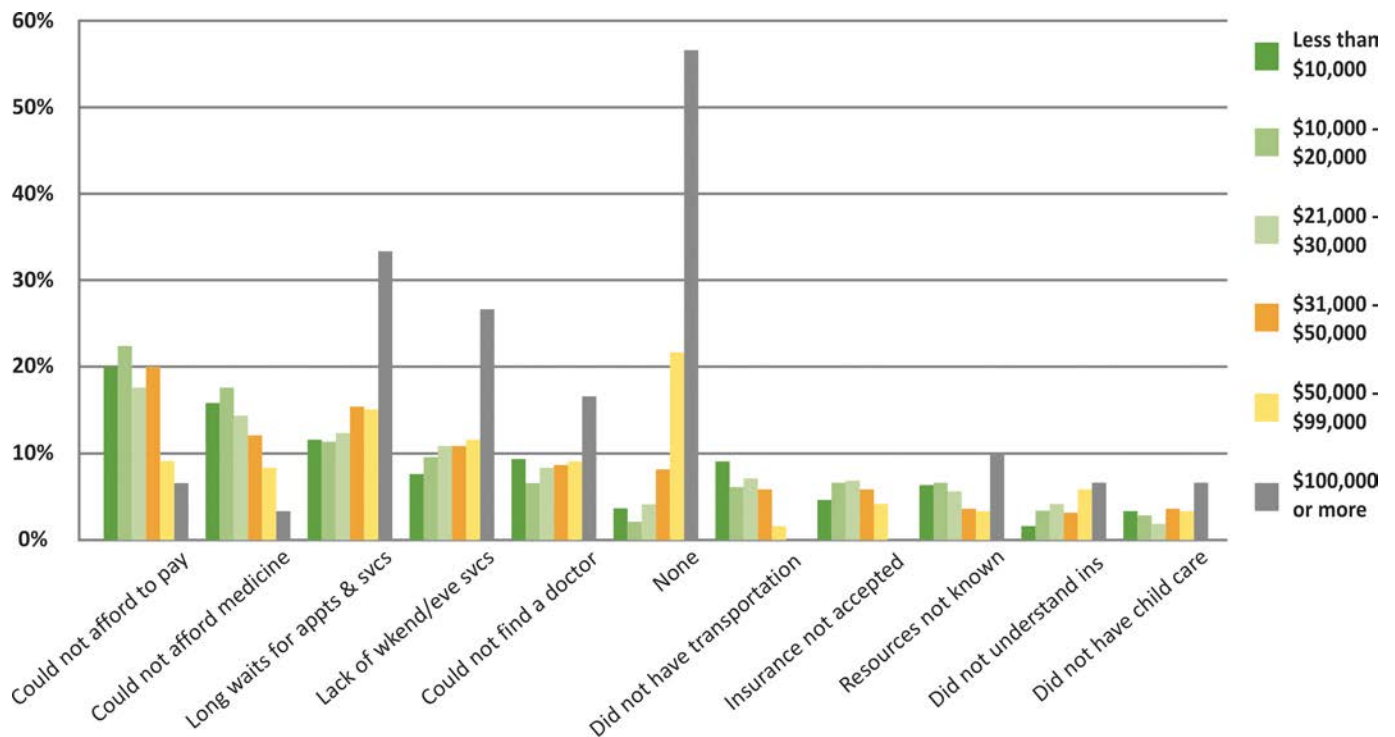
Almost half of those surveyed reported that affordability was a barrier to accessing medical care and to obtaining medicine.

Figure 74: Barriers to Accessing to Medical Care



When the top barriers are cross-tabulated by income, there is a slight upward trend as income increases for those citing “long waits for appointments.” and “lack of weekend or evening services”. Transportation is a much bigger barrier for the lower income groups than the upper income groups.

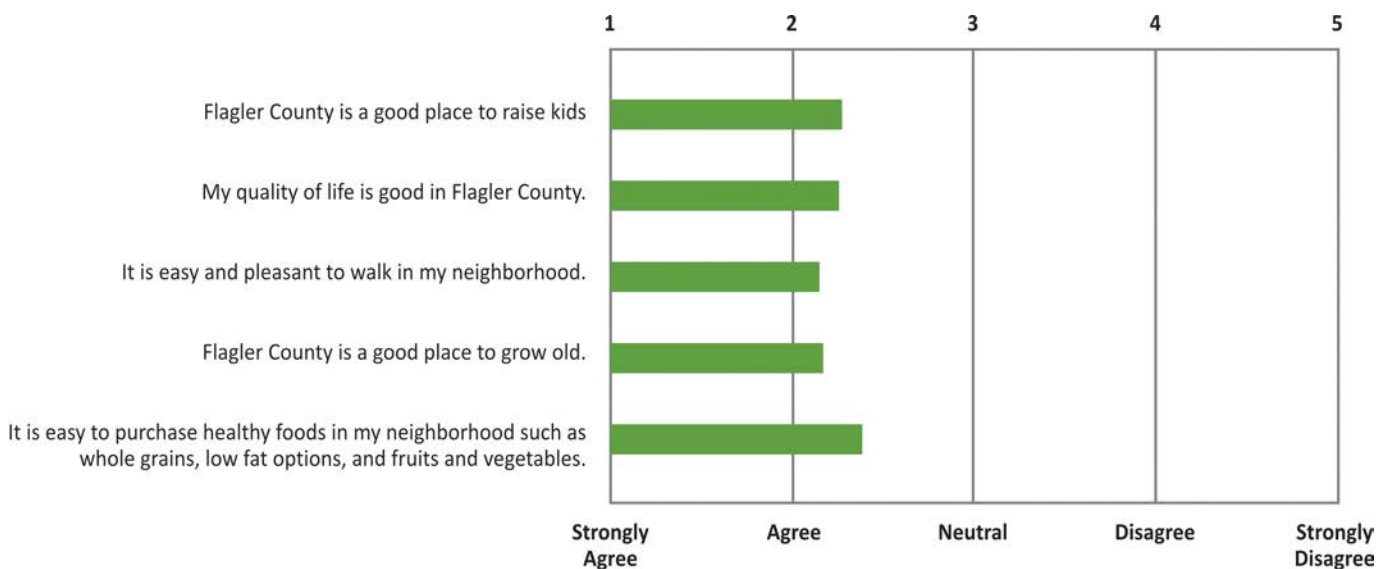
**Figure 75: Barriers to Accessing Medical Care (By Income)**



## QUALITY of LIFE and HEALTHY PLACES

Survey respondents ranked several quality of life measures on a Likert scale from “1” to “5”, with “1” indicating strong agreement with the statement and “5” indicating strong disagreement with the statement. The averages for each measure are presented in the figure below.

**Figure 76: Quality of Life Measures**

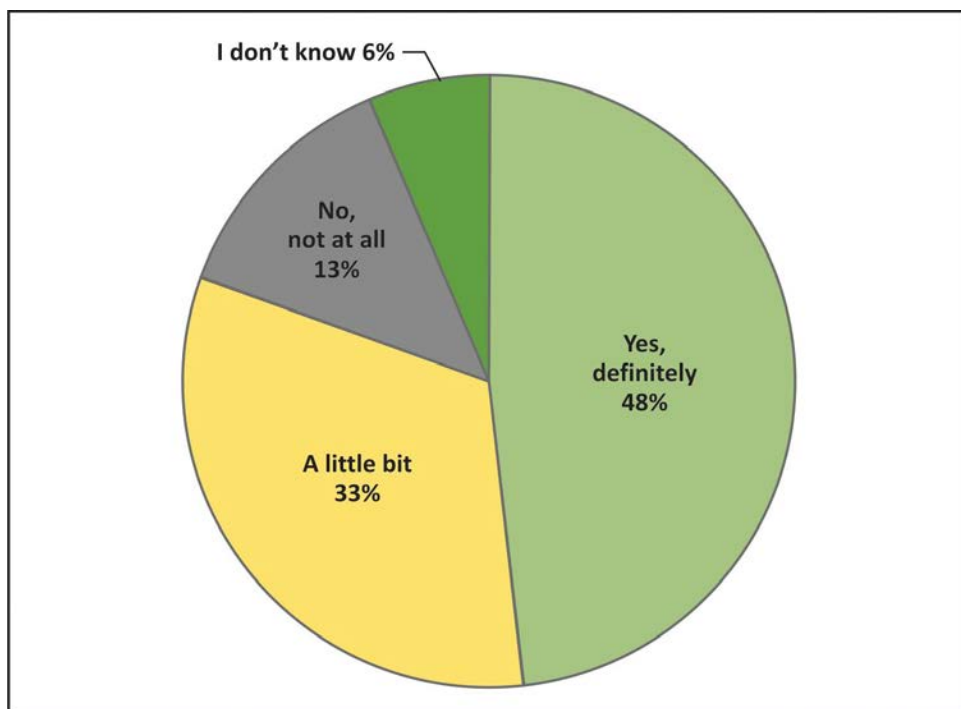


These averages represent a generally positive ranking of quality of life, but not without room for improvement. Further analysis of these data by cross-tabulation may be helpful in learning more about quality of life, walkability of neighborhoods, and access to healthy foods if these issues are deemed high priority based on the comprehensive health assessment process.

Almost half indicated strong agreement with “yes, definitely”, while another third acknowledged that stress related to the economy had had negatively impacted their health “a little bit”.

In a separate question, 13% of those surveyed reported having experienced the foreclosure of their home in the last year.

**Figure 77: Have you had added stress related to the economy in the last year that negatively impacted your health?**



## Key Stakeholder Interviews

In September of 2011, the Health Planning Council, along with community partners heavily engaged in the assessment process, conducted key stakeholder interviews of leaders from various sectors and municipalities throughout Flagler County. The goal of the interview process was to explore the key findings of the focus groups and community surveys in greater depth. This process provided a deeper understanding of the diverse views of the community's leaders, while also allowing these leaders the opportunity to weigh in on possible strategies for addressing the health issues of greatest concern in the community.

### METHODOLOGY

Focus group and survey findings revealed perceptions and values commonly held by community residents regarding key health issues. The primary issue identified centered on the lack of adequate health care services for the uninsured and underinsured. Additionally, substance abuse, obesity, and dental care were ranked by community members to be of greatest concern. Health Planning Council developed a set of scripted interview questions that focused on these key health issues and possible strategies for addressing each. A copy of the interview questions is included in Appendix B.

Through a brainstorming exercise, the steering community for the Flagler Partnership for Community Health developed solid ideas for sectors, organizations, and in some cases, named individuals who would be ideal community leaders for the interviews. A complete list of 16 individuals representing the following entities was finalized:

- City of Bunnell
- City of Flagler Beach
- City of Palm Coast
- Town of Beverly Beach
- Flagler County Chamber of Commerce
- Intracoastal Bank
- Flagler County
- Florida Hospital Flagler
- Flagler County Medical Society
- Flagler County Free Clinic
- Stewart-Marchman-Act Behavioral Healthcare
- Grace Tabernacle Ministries International

Attempts were made to schedule 30-45 minute face-to face interviews with all contacts. In all, 12 interviews were conducted (11 face-to-face and one over the telephone). Five were conducted by Health Planning Council's Community Planner, five by Flagler County Health Department's Administrator, and two by a local business leader involved with the Flagler Partnership for Community Health. Individuals interviewed served in various capacities, including those of elected official, health care provider, government administrator, faith leader, community organizer, and private sector CEO.

Interviewers recorded notes during and after the interviews and compiled the responses for each question in a summary report for each person interviewed. Responses were then input in a matrix by topic area for comparison and further summarization. Key themes were generated from the full review of summary reports, discussions among interviewers, and comparison of the responses in the matrix and are presented here. The final response matrix is also included to provide more detail.

## KEY THEMES

- Leaders identified the following as the top health problems in Flagler County:
  - \* Access to affordable health care, especially for the uninsured
  - \* Primary care, mental health and substance abuse prevention and treatment, and dental care were mentioned most frequently.
  - \* Chronic diseases
  - \* Behavioral health issues – both substance abuse/addiction and mental illness
  - \* Transportation and unemployment were commonly mentioned causes, or aggravating factors.
- Leaders agreed almost unanimously that addressing the lack of access to health care is a high or very high priority (11 or 12 agreed).
- Business representatives see addressing this issue as making good business sense as it would promote productivity among employees and attract new businesses and retirees to the area.
- The Flagler County Free Clinic is a valued resource among leaders and there is support for expansion of these services to help address the lack of access to health care. However, the large majority of leaders does not feel that this strategy alone can meet the needs of the community. It should be a piece to the puzzle, but does not offer an adequate long-term solution.
- The large majority of leaders interviewed are very supportive of the community pursuing the establishment of a community health center that would serve patients with no insurance alongside patients with insurance. While caution was raised by a couple of leaders that this clinic may provide competition to some existing providers, the benefits of this approach are seen clearly by almost all leaders interviewed.
- Leaders agree that the following entities should spearhead an effort to establish a community health center: Flagler County Health Department, local government leaders/elected officials, Florida Hospital Flagler, Flagler County Free Clinic, and faith-based organizations/churches. Others suggested by some leaders were: community organizations such as Kiwanis and Rotary, Flagler County School Board, One Voice, child care providers, private sector employers, and Health Planning Council.
- There was a mix of reactions regarding community concern over drug and alcohol addiction. While some leaders were surprised that this issue was ranked as such a top concern among residents, the majority agreed with this as a priority issue to be addressed. Prescription drug abuse was the most commonly cited concern among leaders, and several acknowledged the emotional toll that the economic downturn has caused and the connection to substance use as a coping mechanism.
- Many leaders feel that the epidemic of obesity needs to be addressed early in life. Children should receive education to establish healthy habits before they are adults. Access to affordable healthy foods is seen by many to be an issue, where some leaders expressed a belief that motivation and a lack of personal responsibility were to blame.
- Many leaders agree that the need for dental services is high. Many expressed support for the concept of water fluoridation (Flagler County's water is not currently fluoridated), but needed more information about costs. Several suggested that fluoridation would not rise to a high enough priority to warrant scarce resources any time soon.
- Two leaders expressed grave concern for the quality of drinking water in the North Daytona/Mondex area.

## INTERVIEW RESPONSES

Table 27: Overview and Access to Care

ID	Top Health Problems and Causes	Is access to care for the uninsured a high priority?	What should be done?
1	<ul style="list-style-type: none"> <li>● Access to care for uninsured.</li> <li>● Diabetes.</li> <li>● Transportation and unemployment.</li> </ul>	Yes	<ul style="list-style-type: none"> <li>● Pool resources and replicate models that reduce costs such as successful HMOs.</li> <li>● Establish a community clinic with government grants.</li> </ul>
2	<ul style="list-style-type: none"> <li>● Chronic Disease, including mental health.</li> <li>● Prescription drug abuse.</li> <li>● Access to behavioral health.</li> <li>● Cultural competency of providers.</li> </ul>	Yes	<ul style="list-style-type: none"> <li>● Rely on evidence-based approaches to make most of scarce resources.</li> <li>● Private providers should support community through pro bono services when possible.</li> </ul>
3	<ul style="list-style-type: none"> <li>● Chronic disease: diabetes, hypertension.</li> <li>● Smoking.</li> </ul>	Yes	<ul style="list-style-type: none"> <li>● Support the Free Clinic. More volunteers and donations are needed.</li> </ul>
4	<ul style="list-style-type: none"> <li>● Stress/depression due to economy.</li> <li>● Lack of awareness of resources.</li> <li>● Transportation.</li> </ul>	No, there is a lack of awareness of existing resources.	<ul style="list-style-type: none"> <li>● Provide more education about existing resources.</li> </ul>
5	<ul style="list-style-type: none"> <li>● Basic needs: poor hygiene and clean water.</li> </ul>	Yes	<ul style="list-style-type: none"> <li>● Private sector needs to step up and help.</li> </ul>
6	<ul style="list-style-type: none"> <li>● Access to primary and preventive care.</li> <li>● Cancer in the aging population.</li> <li>● Personal responsibility is lacking.</li> </ul>	Yes	<ul style="list-style-type: none"> <li>● Regulate businesses that pollute and sell unhealthy products.</li> </ul>
7	<ul style="list-style-type: none"> <li>● n/a</li> </ul>	Yes	<ul style="list-style-type: none"> <li>● Options are limited due to funding.</li> </ul>
8	<ul style="list-style-type: none"> <li>● Obesity.</li> <li>● Lack of awareness of healthy living.</li> <li>● Transportation.</li> </ul>	Yes	<ul style="list-style-type: none"> <li>● Launch health campaigns; provide more information.</li> <li>● Increase access to healthy foods.</li> </ul>
9	<ul style="list-style-type: none"> <li>● Access to health care.</li> <li>● Obesity.</li> <li>● Personal responsibility is lacking.</li> </ul>	Yes	<ul style="list-style-type: none"> <li>● Not sure, issue is difficult to address.</li> <li>● Get more doctors involved.</li> </ul>
10	<ul style="list-style-type: none"> <li>● Drug and alcohol abuse.</li> <li>● Transportation.</li> <li>● Economy and unemployment.</li> </ul>	Yes	<ul style="list-style-type: none"> <li>● Expand free services.</li> </ul>
11	<ul style="list-style-type: none"> <li>● Access to affordable health care.</li> <li>● Unemployment.</li> </ul>	Yes	<ul style="list-style-type: none"> <li>● County needs funding to prevent overuse of ER.</li> </ul>
12	<ul style="list-style-type: none"> <li>● Many people uninsured: lack of affordable care.</li> <li>● Health care system needs reform - malpractice costs too high and insurance system needs overhaul.</li> </ul>	Yes	<ul style="list-style-type: none"> <li>● Community education and events that promote healthy living strategies.</li> </ul>



**Table 28: Access to Care Strategies**

ID	Expansion of Free Clinic as strategy	Pursue CHC/FQHC as strategy	Partners needed, more info
1	<ul style="list-style-type: none"> <li>● Yes, but needs huge expansion.</li> <li>● Needs regular hours like a doctor's office.</li> </ul>	<ul style="list-style-type: none"> <li>● Supportive.</li> <li>● Small business consortium would support.</li> </ul>	<ul style="list-style-type: none"> <li>● Psychiatric services needed.</li> <li>● Strong financial oversight and accountability are critical.</li> <li>● Board should include MD and reps of elderly and unemployed.</li> </ul>
2	<ul style="list-style-type: none"> <li>● Yes, but cannot meet need by itself.</li> <li>● Volunteer community is very important and should remain valued.</li> </ul>	<ul style="list-style-type: none"> <li>● Supportive.</li> <li>● Local leadership is critical; otherwise an outside group will come in and do it.</li> </ul>	<ul style="list-style-type: none"> <li>● Need right mix of physical and behavioral services.</li> <li>● Partners: FCHD as lead, hospital, local governments, free clinic, local leaders, HPC, One Voice.</li> </ul>
3	<ul style="list-style-type: none"> <li>● Yes.</li> <li>● Needs more physician recruitment and hospital support which is lacking.</li> </ul>	<ul style="list-style-type: none"> <li>● Opposed: won't serve enough patients. Federal grant too large for number patients served.</li> <li>● May create competition for other providers.</li> </ul>	<ul style="list-style-type: none"> <li>● n/a</li> </ul>
4	<ul style="list-style-type: none"> <li>● No more resources needed.</li> <li>● Free Clinic should require proof of income to free up spaces.</li> </ul>	<ul style="list-style-type: none"> <li>● No more resources needed.</li> </ul>	<ul style="list-style-type: none"> <li>● n/a</li> </ul>
5	<ul style="list-style-type: none"> <li>● Open to expansion if it meets needs.</li> </ul>	<ul style="list-style-type: none"> <li>● Supportive.</li> <li>● Bunnell suggested for location.</li> </ul>	<ul style="list-style-type: none"> <li>● Network of volunteer specialists and mobile clinic needed.</li> <li>● Partners: churches, govt. leaders, hospitals, private sector.</li> </ul>
6	<ul style="list-style-type: none"> <li>● No.</li> <li>● Cannot meet the needs.</li> </ul>	<ul style="list-style-type: none"> <li>● Supportive.</li> </ul>	<ul style="list-style-type: none"> <li>● Partners: elected leaders, medical community.</li> </ul>
7	<ul style="list-style-type: none"> <li>● Yes, will help the situation.</li> <li>● No, not adequate solution.</li> <li>● Need mental health, dental, primary.</li> </ul>	<ul style="list-style-type: none"> <li>● Supportive.</li> </ul>	<ul style="list-style-type: none"> <li>● Partners: larger medical community, church leaders, local governments, Rotary, Kiwanis.</li> </ul>
8	<ul style="list-style-type: none"> <li>● Only partially.</li> <li>● Need much more.</li> </ul>	<ul style="list-style-type: none"> <li>● Supportive.</li> <li>● Best solution.</li> </ul>	<ul style="list-style-type: none"> <li>● Partners: all local governments, medical community, education and childcare.</li> </ul>
9	<ul style="list-style-type: none"> <li>● Possibly, but volunteers and access would have to be expanded significantly.</li> </ul>	<ul style="list-style-type: none"> <li>● Supportive.</li> <li>● But don't compete with private docs for Medicare.</li> </ul>	<ul style="list-style-type: none"> <li>● Partners: hospital, school board, health department.</li> </ul>
10	<ul style="list-style-type: none"> <li>● Yes, if there are no other options.</li> <li>● People have to dig deep.</li> </ul>	<ul style="list-style-type: none"> <li>● Supportive.</li> </ul>	<ul style="list-style-type: none"> <li>● Elected officials need to present a vision to be followed.</li> </ul>
11	<ul style="list-style-type: none"> <li>● Will help but is not a solution.</li> </ul>	<ul style="list-style-type: none"> <li>● Supportive.</li> </ul>	<ul style="list-style-type: none"> <li>● Partners: health care community (hospital, health department, free clinic) should lead.</li> <li>● Employers should provide some funding.</li> </ul>
12	<ul style="list-style-type: none"> <li>● Partially, but is not the complete solution.</li> </ul>	<ul style="list-style-type: none"> <li>● Supportive.</li> </ul>	<ul style="list-style-type: none"> <li>● Partners: community leaders and hospital.</li> </ul>



**Table 29: Other Prevention Strategies**

ID	Alcohol/Drug Addiction	Obesity	Dental/Oral Care
1	<ul style="list-style-type: none"> <li>● Not a big role for government.</li> </ul>	<ul style="list-style-type: none"> <li>● Education is key.</li> <li>● Childhood habits are important.</li> </ul>	<ul style="list-style-type: none"> <li>● Neutral on fluoridation.</li> </ul>
2	<ul style="list-style-type: none"> <li>● Yes - needs to be public health, not criminal justice issue.</li> <li>● Drug Court and diversion programs are effective and should be supported.</li> <li>● Not enough resources currently.</li> </ul>	<ul style="list-style-type: none"> <li>● Awareness needs to be raised.</li> <li>● Resources need to be committed.</li> </ul>	<ul style="list-style-type: none"> <li>● Fluoridation not a high priority with general access to care issues so bad.</li> </ul>
3	<ul style="list-style-type: none"> <li>● Awareness campaigns.</li> <li>● Pill Mills and over-prescribing docs.</li> <li>● Lack of affordable behavioral health.</li> </ul>	<ul style="list-style-type: none"> <li>● Hospital should step up on this.</li> <li>● Diabetic awareness programs should be included in FQHC.</li> <li>● Other community orgs may be able to address - Lion's Club.</li> <li>● Cheap foods are not healthy.</li> </ul>	<ul style="list-style-type: none"> <li>● Fluoridation very low priority.</li> <li>● Dental services badly needed.</li> </ul>
4	<ul style="list-style-type: none"> <li>● n/a</li> </ul>	<ul style="list-style-type: none"> <li>● People need education and access to affordable healthy foods.</li> <li>● Healthy food is expensive.</li> <li>● Food Stamps should prohibit unhealthy food purchases.</li> </ul>	<ul style="list-style-type: none"> <li>● Clean water is most important (Mondex).</li> <li>● Low-cost services are in DeLand.</li> </ul>
5	<ul style="list-style-type: none"> <li>● Family intervention is the key.</li> <li>● Substance use a huge problem - would shock community leaders if they knew.</li> </ul>	<ul style="list-style-type: none"> <li>● Food is a drug, an addiction. It is a response to pain.</li> </ul>	<ul style="list-style-type: none"> <li>● Bring services to the people.</li> <li>● Mobile dentistry is needed.</li> </ul>
6	<ul style="list-style-type: none"> <li>● Widespread support to address this.</li> </ul>	<ul style="list-style-type: none"> <li>● Educational resources needed.</li> <li>● Local govt should provide walking, rec areas, local farmers markets.</li> </ul>	<ul style="list-style-type: none"> <li>● Yes, water should be fluoridated.</li> </ul>
7	<ul style="list-style-type: none"> <li>● Surprised that this is a top concern.</li> </ul>	<ul style="list-style-type: none"> <li>● Should start with children - involve schools.</li> </ul>	<ul style="list-style-type: none"> <li>● Education on fluoridation issue needed first.</li> </ul>
8	<ul style="list-style-type: none"> <li>● Big problem.</li> </ul>	<ul style="list-style-type: none"> <li>● Start with children. Adults should lead by example.</li> </ul>	<ul style="list-style-type: none"> <li>● Need to make link with overall health of population.</li> </ul>
9	<ul style="list-style-type: none"> <li>● Education and behavior modification needed.</li> </ul>	<ul style="list-style-type: none"> <li>● Community education classes.</li> <li>● Emphasize behavior modification.</li> </ul>	<ul style="list-style-type: none"> <li>● Yes, it should be fluoridated, but too expensive.</li> <li>● Dental insurance should be more widely available.</li> </ul>
10	<ul style="list-style-type: none"> <li>● Doctors over-prescribing.</li> <li>● Senior drinking culture a problem.</li> </ul>	<ul style="list-style-type: none"> <li>● People lack motivation, then become addicted to food.</li> </ul>	<ul style="list-style-type: none"> <li>● Yes, supportive of fluoridation if it was funded.</li> </ul>
11	<ul style="list-style-type: none"> <li>● Health should address - not community leaders.</li> </ul>	<ul style="list-style-type: none"> <li>● Education through school system and maybe churches.</li> <li>● Clinic could do preventive education.</li> </ul>	<ul style="list-style-type: none"> <li>● Unsure about fluoridation.</li> </ul>
12	<ul style="list-style-type: none"> <li>● Education and mentors needed.</li> </ul>	<ul style="list-style-type: none"> <li>● Yes, but resources are so limited.</li> </ul>	<ul style="list-style-type: none"> <li>● Yes, supportive.</li> </ul>

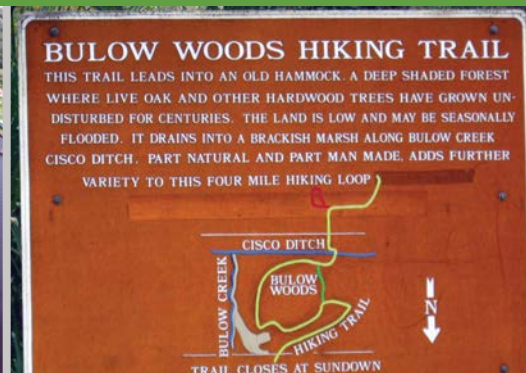
## The MAPP Paradigm Shift

<b>FROM</b>	<b>TO</b>
Operational planning	Strategic Planning
Focus on the agency	Focus on community & entire public health system
Needs assessment	Emphasis on assets and resources
Medically oriented model	Broad definition of health
Agency knows all	Everyone knows something

## Forces of Change

*What is occurring or might occur that affects the health of our community or the local community health system?*

*What specific threats or opportunities are generated by these occurrences?*



# FORCES OF CHANGE ASSESSMENT

The Forces of Change Assessment considers forces that may impact the health and quality of life of the community and the local community health system. By gathering information and feedback from community members, a comprehensive, prioritized list of such forces can be developed, which ultimately answers the following questions:

- \* What is occurring or might occur that affects the health of our community or the local community health system?
- \* What specific threats or opportunities are generated by these occurrences?

## METHODOLOGY

The Forces of Change Assessment was launched at the September meeting of the Flagler Partnership for Community Health Steering Committee and completed at the October meeting. Participants represented diverse backgrounds and interests from Flagler County communities, including health and human service providers and administrators, elected officials, community advocates, representatives from the public school system, and members of the business community. The group was oriented to the assessment and discussed the following types of forces in order to initiate the brainstorming of ideas.

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

The Nominal Group Technique was utilized to begin the brainstorming session. Participants were given time to brainstorm ideas individually and then each member shared their ideas with the group. The facilitator recorded ideas and then refined them with the assistance of the group.

This initial list of forces was then sent via email to all participants for review. An electronic survey was also constructed and disseminated to participants, seeking more input to build on existing ideas and to add new forces to the list. Survey results were then added and the final forces were collapsed where redundancies existed. Like forces were categorized to facilitate connections between forces. The final list is presented in Table 30.

At the October meeting of the Flagler Partnership for Community Health Steering Committee, all forces on the final list were reviewed and clarifications were made. Forces were listed out by category on large sheets of paper posted on the wall. Each participant then placed up to five dot stickers on the forces they viewed to be the most influential. Forces were then priority-ranked, based on the numbers of votes. The top 12 forces were then reviewed and the group identified the potential impacts of each force—both opportunities and threats. Participants were given an opportunity to add opportunities and/or threats via email in the week following the meeting. The final list of prioritized forces, with their associated impacts is presented in Table 31.



## RESULTS

Table 30: Identified Forces of Change

CATEGORY	FORCE
<b>Social/Population</b>	<ul style="list-style-type: none"> <li>● More people living single.</li> <li>● Residents' increased feeling of helplessness.</li> <li>● Large older population needs health services and assisted living.</li> <li>● Residents' lack of knowledge of resources available to help.</li> </ul>
<b>Economic</b>	<ul style="list-style-type: none"> <li>● Funding cuts to governments; decrease in government employees</li> <li>● Businesses closing due to economic downturn.</li> <li>● Economic downturn; slow recovery; high unemployment; decrease in average household wage.</li> <li>● Helping organizations are having problems themselves.</li> <li>● Palm Coast's identity as a resort/retirement community; more economically stable retirees paints a better picture than is really the case.</li> <li>● New Economic Development Council.</li> <li>● Extremely strong competitiveness in obtaining federal grants.</li> <li>● "Turf War" locally due to scarcity of resources.</li> </ul>
<b>Political</b>	<ul style="list-style-type: none"> <li>● Ongoing crisis in larger political system/legislative branch (inability to make progress on solving problems, impasse over national debt, unwillingness to compromise).</li> <li>● Local political climate unhelpful - fracturing of vision; complacency of leaders; decision makers frustrated . and unable to do things differently; no clear strategic vision for Health care in Flagler County; unwillingness of local leaders to be open to new vision for healthcare for the uninsured.</li> <li>● Privatization of government/public services.</li> <li>● Issues of control among local entities.</li> <li>● Generalized negativity towards any taxation.</li> </ul>
<b>Environmental</b>	<ul style="list-style-type: none"> <li>● Larger rural areas.</li> <li>● Some communities experiencing undrinkable and/or unhealthy drinking water.</li> <li>● Disasters: wild fires and storms/hurricanes.</li> </ul>
<b>Health</b>	<ul style="list-style-type: none"> <li>● "Pill Mills" and addiction to prescription drugs.</li> <li>● Increase in uninsured or underinsured population; lack of healthcare insurance for small business; lack of accessibility to healthcare services.</li> <li>● Lack of specialty care and primary care.</li> <li>● Expansion of physician services from other counties.</li> <li>● HMO services are minimal because patient pool is much smaller than other markets. However, full services are advertised.</li> <li>● Affordable Care Act (ACA) and lawsuits delaying implementation.</li> <li>● Changes to Medicaid, including privatization of services.</li> <li>● Public behavioral health services moving to "Managing Entity" model.</li> <li>● Integration of Behavioral Healthcare and Primary Health Care.</li> <li>● Rural Health Network received FQHC Planning Grant for Flagler County; establishment of FQHC.</li> <li>● Flagler Free Clinic hours expanding.</li> <li>● Build out of Florida Hospital.</li> </ul>
<b>Technological</b>	<ul style="list-style-type: none"> <li>● Low income and senior populations unable to access services as more agencies move toward accessing services exclusively via the internet.</li> <li>● Transition from ICD-9 to ICD-10 codes; deadline in 2013.</li> </ul>
<b>Transportation</b>	<ul style="list-style-type: none"> <li>● Lack of adequate transportation to health care services, especially for the low income population.</li> </ul>

**Table 31: Top Forces with Potential Impacts (*Opportunities and Threats*)**

<b>FORCE</b> number indicates votes received in prioritization process	<b>OPPORTUNITIES</b>	<b>THREATS</b>
<b>1. Lack of transportation (12)</b>	<ul style="list-style-type: none"> <li>● Innovative approach to providing transportation. <ul style="list-style-type: none"> <li>● Sunshine Bus Service in St. Augustine.</li> <li>● Entrepreneurial venture.</li> <li>● Access fleet of vehicles that are underused (Head Start, schools, etc.).</li> </ul> </li> <li>● Federal pass through funding to local governments for public transportation.</li> </ul>	<ul style="list-style-type: none"> <li>● Isolated communities.</li> <li>● Physical health destabilization/disruption in continuity of care.</li> </ul>
<b>2. Economic downturn, high unemployment (11)</b>	<ul style="list-style-type: none"> <li>● Data on need is clear; easier to make the case for funding.</li> <li>● If grants are awarded, local jobs will be created.</li> <li>● Potential for new industry to come in: <ul style="list-style-type: none"> <li>● Available land, infrastructure, lower taxes, fewer restrictions, workforce available.</li> <li>● New awareness on behalf of local governments to bring jobs.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>● Impact on health due to lack of insurance and stress.</li> <li>● Increase in behavioral health issues, homelessness, crime, food insecurity.</li> <li>● Increase in need for services while shortages also increase.</li> </ul>
<b>3. Increase in uninsured/underinsured (8)</b>	<ul style="list-style-type: none"> <li>● Pursue grants available to address the uninsured.</li> <li>● Open new health facility (FQHC).</li> <li>● More focus on prevention/health education to reduce need for health care services.</li> <li>● Expansion of free clinic.</li> <li>● Utilize current medical training facilities (nurses).</li> </ul>	<ul style="list-style-type: none"> <li>● Residents lack access to healthcare; more severe diagnoses due to delayed care.</li> <li>● Large influx of residents seeking care in emergency room.</li> <li>● Lack of physical health care sites.</li> <li>● Overburden safety net (Free Clinic, etc.)</li> </ul>
<b>3. Residents lack of knowledge of resources (8)</b>	<ul style="list-style-type: none"> <li>● Increase awareness of what exists. <ul style="list-style-type: none"> <li>● Marketing and promotional activities.</li> <li>● Media opportunity.</li> </ul> </li> <li>● Accounting of existing resources (in Volusia and Flagler).</li> <li>● More focus on prevention/health education to reduce need for health care services.</li> </ul>	<ul style="list-style-type: none"> <li>● Residents can't access needed services.</li> <li>● Some services only available in Volusia County; services are needed here in Flagler County.</li> </ul>
<b>4. Integration of behavioral and primary care (6)</b>	<ul style="list-style-type: none"> <li>● Grants available for this integration.</li> <li>● Promotes more collaborative efforts with primary care MDs and behavioral health.</li> <li>● Breakdown stigma of seeking help for behavioral health needs.</li> <li>● Opportunity to collaborate with civic organizations.</li> </ul>	<ul style="list-style-type: none"> <li>● Possible loss of jobs due to more efficient service provision (turf war).</li> <li>● People may be resistant to a new way of doing business (change is hard).</li> </ul>
<b>4. FQHC Planning Grant/new FQHC (6)</b>	<ul style="list-style-type: none"> <li>● FQHC provides services to all populations with focus on uninsured or underinsured.</li> <li>● Drastically increase resources available for primary, specialty, and behavioral care.</li> </ul>	<ul style="list-style-type: none"> <li>● Extremely competitive grant we may not get.</li> <li>● Long term funding sustainability.</li> </ul>
<b>4. Communities with unhealthy drinking water (6)</b>	<ul style="list-style-type: none"> <li>● Promote greater well water testing to determine facts.</li> </ul>	<ul style="list-style-type: none"> <li>● Causes illnesses and poor dental health.</li> </ul>

FORCE	OPPORTUNITIES	THREATS
5. Funding cuts to government (5)	<ul style="list-style-type: none"> <li>● Look at new systems of care that include integration of primary health care and behavioral health care through collaboration of partners, leading to reduced costs.</li> <li>● Increase public involvement to close gaps created.</li> </ul>	<ul style="list-style-type: none"> <li>● Cuts to programs for those most in need, everything from healthcare to skilled nursing/ medical facilities.</li> <li>● Even fewer resources for uninsured residents.</li> </ul>
5. Low income and senior populations unable to access services via internet (5)	<ul style="list-style-type: none"> <li>● Internet cafes where volunteers can work with seniors to assist with accessibility for Internet programs.</li> <li>● Access grants to provide computers/Internet services.</li> </ul>	<ul style="list-style-type: none"> <li>● Lack of funds to support in-home and volunteer assistance.</li> <li>● Lack of knowledge of what is available will delay health care.</li> </ul>
6. Large older population needs health services and assisted living (4)	<ul style="list-style-type: none"> <li>● Various local service providers could integrate existing services into primary health care settings through federal, state, and local grants.</li> <li>● Opportunity for private business to provide and market nursing homes and assisted living facilities.</li> </ul>	<ul style="list-style-type: none"> <li>● People go without needed care, which ultimately drives up the cost when access is only through the emergency room and local hospitals.</li> <li>● Homelessness; poor health in older population.</li> </ul>
6. Competition for grants is very high (4)	<ul style="list-style-type: none"> <li>● Look out of the mainstream for funding opportunities, especially with foundation grants.</li> <li>● Collaborative efforts will enhance our competitiveness.</li> <li>● Identify competent and experienced grant writers to assist.</li> </ul>	<ul style="list-style-type: none"> <li>● Loss of grant dollars if we stay in the traditional mainstream and don't work together.</li> <li>● Lack of grants will have adverse effect on health and transportation.</li> </ul>
6. Flagler Free Clinic hours expanding (4)	<ul style="list-style-type: none"> <li>● More access to health care for those most in need.</li> </ul>	<ul style="list-style-type: none"> <li>● Transportation is a barrier.</li> </ul>



***Two important benefits are gained by including community input in the assessment process. First, community members become more invested in the process when they have a sense of ownership and responsibility for the outcomes. Second, the themes and issues identified here offer insight into the information uncovered during the other assessments.***

**— from the Florida MAPP Field Guide**

**The key findings from all four MAPP assessments are utilized to identify strategic issues and develop action plans.**



# STRATEGIC PLANNING

Strategic planning concepts are embedded into the MAPP model, so that communities are well positioned to develop action plans that effectively secure resources, match needs with assets, respond to external circumstances, anticipate and manage change, and establish a long-range direction for the community.

## IDENTIFY STRATEGIC ISSUES

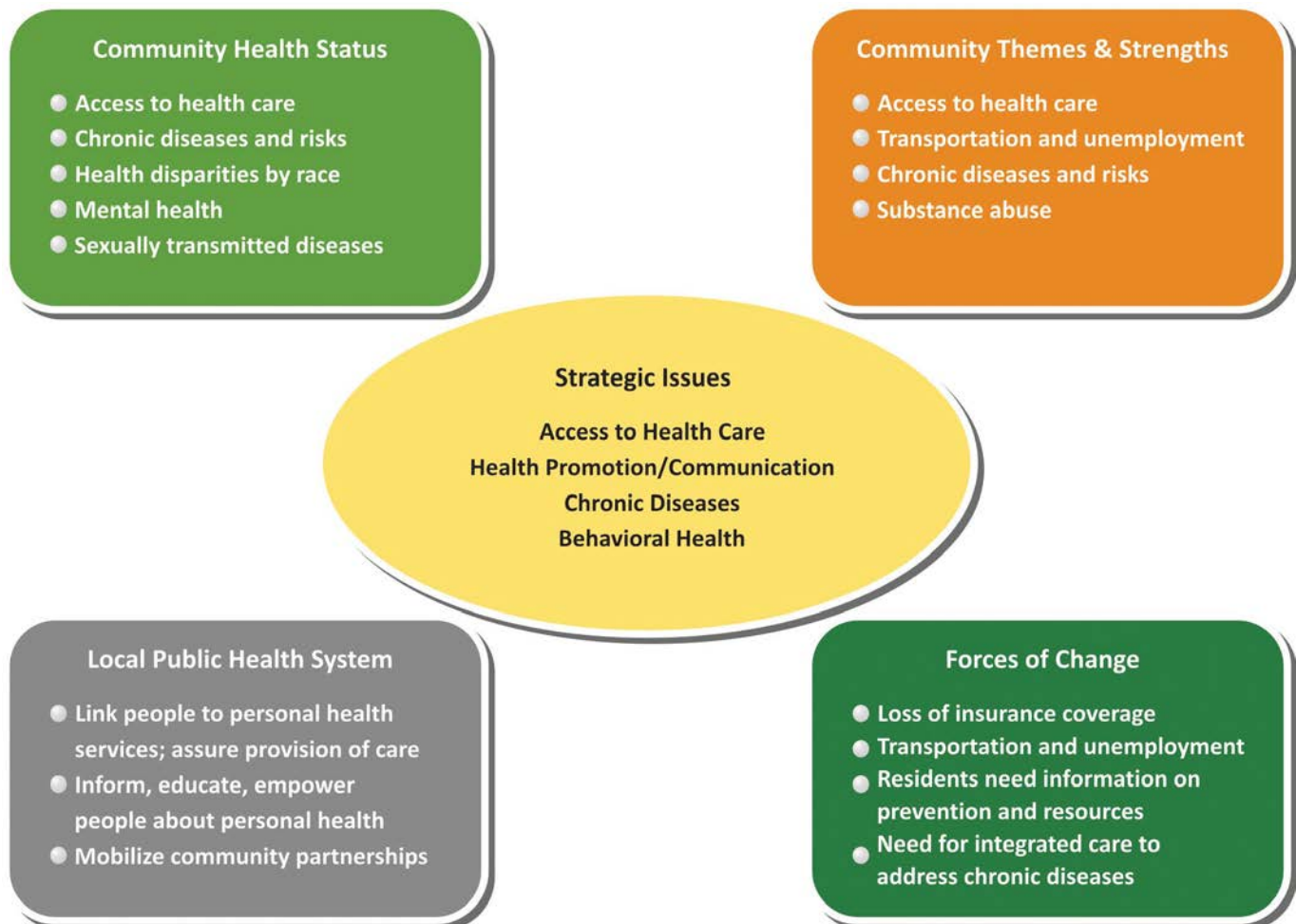
Phase Four of the MAPP model involves identifying the key health issues that will be the focus of community health improvement during the action cycle. The findings from each of the four MAPP assessments are utilized as the basis for identifying the highest priority issues. After reviewing all of the assessment findings in detail, the Flagler Partnership for Community Health Steering Committee then reviewed a summary of the key themes and issues from each assessment. Table 32 below provides this summary as utilized by the Steering Committee.

**Table 32: Summary of Key Findings from MAPP Assessments**

<p><b>Community Health Status Assessment</b></p> <ul style="list-style-type: none"> <li>● Access to Health Care <ul style="list-style-type: none"> <li>● Uninsured and underinsured (unemployment)</li> </ul> </li> <li>● Aging population and lack of capacity in system</li> <li>● Chronic Diseases and risks <ul style="list-style-type: none"> <li>● Cancer, diabetes, stroke</li> <li>● Overweight/obesity, hypertension, smoking</li> </ul> </li> <li>● Health disparities by race <ul style="list-style-type: none"> <li>● Stroke, birth outcomes, diabetes</li> </ul> </li> <li>● Suicide</li> <li>● Sexually Transmitted Diseases (Chlamydia) on the rise</li> </ul>	<p><b>Community Themes and Strengths Assessment</b></p> <ul style="list-style-type: none"> <li>● Access to health care <ul style="list-style-type: none"> <li>● Lack of transportation and high unemployment are significant barriers</li> </ul> </li> <li>● Providers are needed in primary care, behavioral health, and dentistry</li> <li>● Community leaders support investment in new community health center to address gaps.</li> <li>● Chronic diseases and risks <ul style="list-style-type: none"> <li>● Cancer, diabetes, overweight/obesity</li> </ul> </li> <li>● Substance abuse <ul style="list-style-type: none"> <li>● Addiction to alcohol and drugs</li> </ul> </li> </ul>
<p><b>Local Public Health System Assessment</b></p> <ul style="list-style-type: none"> <li>● ES #7: Link people to personal health services and assure provision of health care when otherwise unavailable</li> <li>● ES#3: Inform, educate and empower people about health issues</li> <li>● ES #4: Mobilize community partnerships to identify and solve health problems</li> </ul>	<p><b>Forces of Change Assessment</b></p> <ul style="list-style-type: none"> <li>● Transportation a major barrier</li> <li>● Weak economy and employment</li> <li>● Loss of insurance coverage; uninsured/underinsured population increasing</li> <li>● Residents lack knowledge of information and resources</li> <li>● Increasing need for integration of primary care and behavioral health care</li> </ul>

Next, these findings were considered carefully, and the steering committee identified the highest priority issues that emerged from the assessment findings. Figure 78 presents the summary findings in abbreviated form with the strategic health issues deemed to be the highest priority through the review and discussion process.

**Figure 78: Strategic Issues**



The discussion that ultimately led the group to arrive at the identified strategic issues above included lengthy debates about the inclusion of transportation and unemployment. These two issues are seen to have such a profound impact on the overall health of the community that some committee members were committed to including these as strategic issues. Finally, the large majority of the group agreed that transportation and unemployment were not issues that the local community health system could feasibly impact. These issues, however, are important barriers to optimal health; their impacts on access to health care, chronic diseases, and behavioral health will be considered carefully in the community health action plan.

## DEVELOP GOALS and STRATEGIES

Phase Five of the MAPP model continues with planning through the development of goals and strategies for the key strategic issues identified. The FPCH Steering Committee agreed upon goals for each issue and brainstormed possible strategies to reach each goal. Through a series of further conversations among community partners and led by the Flagler County Health Department, broad strategies were defined and leadership for each strategy was determined. The results of this process are presented in the Flagler Community Health Action Plan on the next several pages.

## FLAGLER COMMUNITY HEALTH ACTION PLAN

### 2012 - 2015

#### Strategic Issue 1: Access to Health Care

**Goal:** Improve access to health care for uninsured and underinsured residents by addressing the key modifiable barriers identified through the community health assessment.

	OBJECTIVE	STRATEGY	LEAD ENTITY	EVIDENCE OF SUCCESS
1A	Increase the proportion of lower income residents who have access to health care providers as measured by BRFSS data.	Establish a Community Health Center (CHC)/Federally Qualified Health Center (FQHC) in Bunnell.	Flagler Community Health Center	Grant application for FQHC submitted and funded; Flagler Community Health Center opens.
1B	Reduce impact of health-related transportation barriers as measured by the next Flagler Community Health Assessment survey and focus groups.	Incorporate into CHC/FQHC planning a high priority on enhancements to the built environment that promote wellness and walkability and close coordination with transportation-related entities.	Health Planning Council of NE Florida	Improved connectivity to CHC/FQHC location is evident.

#### Strategic Issue 2: Chronic Diseases

**Goal:** Reduce the incidence and prevalence of chronic diseases such as cancer, stroke, and diabetes by reducing select risk factors such as smoking, overweight/obesity, and hypertension through culturally relevant health promotion and disease management activities.

	OBJECTIVE	STRATEGY	LEAD ENTITY	EVIDENCE OF SUCCESS
2A	Reduce tobacco use among youth and pregnant women specifically, and adults overall, as measured by epidemiological surveillance data (YTS, Vital Stats, BRFSS).	Expand the Flagler County Tobacco-Free Partnership to raise awareness, facilitate cessation and prevent initiation of tobacco use.	Flagler County Health Department	Flagler County Tobacco-Free Partnership funded and coordinated locally; action plan implemented.
2B	Reduce prevalence of overweight/obesity and hypertension as measured by epidemiological surveillance data (BMIs, BRFSS).	Develop community partnerships that promote healthy lifestyles through health education and promotion activities.	Flagler County Health Department	Healthy living messages prominent throughout community.



### Strategic Issue 3: Behavioral Health (Substance Abuse and Mental Health)

**Goal:** Improve overall behavioral health of Flagler County residents by reducing substance abuse and improving mental health and wellness.

	OBJECTIVE	STRATEGY	LEAD ENTITY	EVIDENCE OF SUCCESS
3A	Increase access to behavioral health services and prevention messages as measured by the next Flagler Community Health Assessment survey and focus groups.	Integrate behavioral health prevention and treatment services into primary care settings through community partnerships and health promotion activities.	Stewart Marchman Act	Services and prevention messages provided within FCHD, Flagler CHC, and/or other primary care settings.
3B	Reduce substance use and abuse among youth and adults as measured by epidemiological surveillance data (FYSAS and BRFSS).	Collaborate with partners that reach youth and adult audiences to provide health education and outreach to raise awareness of substance abuse prevalence, risks, and prevention resources.	Flagler County Health Department  Stewart Marchman Act	Education and outreach events conducted; information and materials distributed through partner collaboration.

***The Action Cycle links three activities — planning, implementation, and evaluation. Each of these activities builds upon others in a continuous and interactive manner. While the Action Cycle is the final phase of MAPP, it is by no means the “end” of the process.***

**— from the Florida MAPP Field Guide**





# APPENDICES

## Appendix A: Flagler Community Survey Instrument

The Flagler Partnership for Community Health needs your help to better understand our community's health. Please fill out this survey to share your opinions about the quality of life and health in Flagler County. Survey results will be presented to the community and made available to the public. Help us to make Flagler County a healthier and better place to live!

### 1. How do you rate your own personal health? *(check one selection)*

- ☐ Excellent      ☐ Good      ☐ Fair      ☐ Poor      ☐ I don't know

### 2. Choose THREE (3) items below that you feel are the most important features of a healthy community:

- |  |  |
|--|--|
| <input type="checkbox"/> Churches or other places of worship | <input type="checkbox"/> Adequate accommodations for disabilities    |
| <input type="checkbox"/> Access to healthcare                | <input type="checkbox"/> Good jobs, healthy economy                  |
| <input type="checkbox"/> Parks and recreation                | <input type="checkbox"/> Good schools                                |
| <input type="checkbox"/> Access to public transportation     | <input type="checkbox"/> Low crime/safe neighborhoods                |
| <input type="checkbox"/> Affordable housing option           | <input type="checkbox"/> Preventative health care (annual check-ups) |
| <input type="checkbox"/> Arts and cultural events            | <input type="checkbox"/> Quality child care                          |
| <input type="checkbox"/> Clean environment                   | <input type="checkbox"/> Healthy behaviors and lifestyles            |
| <input type="checkbox"/> Absence of discrimination           | <input type="checkbox"/> Other: _____                                |

### 3. Choose THREE (3) health problems below that you feel are the most important in Flagler County:

- |   |  |
|---|--|
| <input type="checkbox"/> Asthma                                     | <input type="checkbox"/> Addiction (alcohol or drug)                           |
| <input type="checkbox"/> Respiratory/lung disease (COPD, emphysema) | <input type="checkbox"/> Mental health problems                                |
| <input type="checkbox"/> Cancers                                    | <input type="checkbox"/> Child abuse/neglect                                   |
| <input type="checkbox"/> Contagious diseases (i.e. flu, pneumonia)  | <input type="checkbox"/> Teenage pregnancy                                     |
| <input type="checkbox"/> Diabetes                                   | <input type="checkbox"/> Firearm-related injuries                              |
| <input type="checkbox"/> Heart disease and stroke                   | <input type="checkbox"/> Domestic violence                                     |
| <input type="checkbox"/> HIV/AIDS/Sexually Transmitted Diseases     | <input type="checkbox"/> Infant death/premature birth                          |
| <input type="checkbox"/> Obesity                                    | <input type="checkbox"/> End of life care (nursing homes, hospice)             |
| <input type="checkbox"/> High blood pressure                        | <input type="checkbox"/> Aging problems (arthritis, hearing/vision loss, etc.) |
| <input type="checkbox"/> Smoking/tobacco use                        | <input type="checkbox"/> Motor vehicle crash injuries                          |
| <input type="checkbox"/> Dental problems                            | <input type="checkbox"/> Suicide   |
| <input type="checkbox"/> Rape/sexual assault                        | <input type="checkbox"/> Other: _____  |

### 4. Choose THREE (3) unhealthy behaviors you are most concerned about in Flagler County:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Alcohol abuse          | <input type="checkbox"/> Being overweight                       | <input type="checkbox"/> Not using birth control |
| <input type="checkbox"/> Drug abuse             | <input type="checkbox"/> Poor eating habits and nutrition       | <input type="checkbox"/> Teen sexual activity    |
| <input type="checkbox"/> Tobacco use (any kind) | <input type="checkbox"/> Not getting enough exercise            | <input type="checkbox"/> Unsafe sex (any)        |
| <input type="checkbox"/> Dropping out of school | <input type="checkbox"/> Not getting "shots" to prevent disease | <input type="checkbox"/> Other: _____            |
| <input type="checkbox"/> Discrimination         | <input type="checkbox"/> Unlicensed and/or unsafe drivers       |  |

### 5. What health care services are difficult to get in your community? *(check all that apply):*

- |   |   |
|---|---|
| <input type="checkbox"/> Alternative therapy (herbals, acupuncture) | <input type="checkbox"/> Physical therapy, rehab therapy                |
| <input type="checkbox"/> Ambulance services                         | <input type="checkbox"/> Prescriptions/medications/medical supplies     |
| <input type="checkbox"/> Chiropractic care                          | <input type="checkbox"/> Preventive care (ex. annual check-ups)         |
| <input type="checkbox"/> Dental/oral care                           | <input type="checkbox"/> Primary care (family doctor or walk-in clinic) |
| <input type="checkbox"/> Emergency room care                        | <input type="checkbox"/> Specialty M. D. care (ex. heart doctor)        |
| <input type="checkbox"/> Family planning/birth control              | <input type="checkbox"/> Substance abuse services (drug and alcohol)    |
| <input type="checkbox"/> Inpatient hospital                         | <input type="checkbox"/> Vision care                                    |
| <input type="checkbox"/> Lab work                                   | <input type="checkbox"/> X-rays/mammograms                              |
| <input type="checkbox"/> Mental health/counseling                   | <input type="checkbox"/> Other: _____                                   |
| <input type="checkbox"/> OB/pregnancy care                          |   |

**6. How do you rate the quality of the health care system in Flagler County?**

- ☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ I don't know

**7. Have you experienced any of the following problems when trying to get medical care? (Check all that apply):**

- ☐ Did not have transportation ☐ I was worried about my privacy (confidentiality)  
☐ Could not afford to pay ☐ Long waits for appointments and services  
☐ Could not afford medicine ☐ I'm afraid to have a health check-up  
☐ Could not find a doctor in my area ☐ I did not know where to go to get the help I needed  
☐ Did not have child care ☐ Could not find anyone that accepts my insurance  
☐ Did not understand my insurance coverage ☐ Other: \_\_\_\_\_  
☐ Lack of weekend or evening services ☐ None - I don't have any barriers to healthcare

**8. How is your health care covered? (check all that apply)**

- ☐ Insurance from my job ☐ Medicare (any kind)  
☐ Insurance from a family member's job ☐ Medicaid (any kind)  
☐ I do not need health insurance ☐ Military insurance or VA benefits  
☐ I can't afford any health insurance ☐ Other: \_\_\_\_\_

**9. Please rate how strongly you agree or disagree with the statements below:**

Topic	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Flagler County is a good place to raise kids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My quality of life is good in Flagler County.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is easy and pleasant to walk in my neighborhood.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flagler County is a good place to grow old.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is easy to purchase healthy foods in my neighborhood such as whole grains, low fat options, and fruits and vegetables.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**10. How long have you lived in Flagler County?**

- ☐ Less than 2 years ☐ 5 - 10 years  
☐ 2 - 5 years ☐ more than 10 years

**11. What is your zip code at home? \_\_\_\_**

**12. City/Town Name: \_\_\_\_\_**

**13. Your Age:** ☐ under 18 ☐ 18 - 25 ☐ 26 - 39 ☐ 40 - 54 ☐ 55 - 64 ☐ 65 - 74 ☐ 75+

**14. Gender:** ☐ Male ☐ Female ☐ Transgender

**15. What Race/Ethnicity do you most identify as? (Please choose only one)**

- ☐ I Black/African-American ☐ I Hispanic/Latino(a) ☐ Native American/Alaskan Native  
☐ White/Caucasian ☐ Asian or Pacific Islander ☐ Other: \_\_\_\_\_

**16. What is the highest level of education you have completed? (Please choose only one)**

- ☐ Elementary/Middle School ☐ 2-year college degree ☐ 4-year College/Bachelor's Degree  
☐ High School Diploma or GED ☐ Technical or Trade School ☐ Graduate/Advanced Degree

**17. Current Employment Status (Please choose only one):**

- ☐ Employed - Full time ☐ Student ☐ Retired ☐ Unemployed - Less than 1 year  
☐ Employed - Part time ☐ Homemaker ☐ Disabled ☐ Unemployed - More than 1 year

**18. What is the approximate total income among all earners in your household? (Please choose only one)**

- ☐ Less than \$10,000 ☐ \$21,000 - \$30,000 ☐ \$51,000 - \$99,000  
☐ \$10,000 - \$20,000 ☐ \$31,000 - \$50,000 ☐ \$100,000 or more

**19. Have you experienced the foreclosure of your home in the last few years?**

- ☐ Yes ☐ No

**20. Have you had added stress related to the economy in the past year that negatively impacted your health?**

- ☐ Yes, definitely ☐ A little bit ☐ No, not at all ☐ I don't know

## Appendix B: Key Informant Interview Questions

### Warm-up questions (optional)

1. What do you think are biggest health problems that impact our community today?
2. What do you think are some of the causes of these problems?
3. In your opinion, what are the most important features of a healthy community?

### Core Questions

A recurring issue that has been identified is the need for affordable, accessible health care services for uninsured and underinsured residents in Flagler County.

4. In your opinion, should this be a high priority for community leaders to address?  
Why or why not? (Prompt: Are there other issues that are a higher priority?)
5. What, if anything, do you think community leaders should do address this problem?
6. Are you aware of the health care services currently available to this population of uninsured/underinsured residents?
7. Do you feel that an expansion of the existing Free Clinic/volunteer-based services will provide the long-term solution needed? Why do you feel that way?

An additional strategy would be to leverage resources from a variety of funding sources (federal, state, philanthropy, private insurers) to establish a community health center. This community health center would serve the full spectrum of residents—from uninsured to Medicaid/Medicare to privately insured.

8. What is your opinion of this approach? Do you think our community leaders would support this approach? Why or why not?
9. Who do you think should be key players in driving this forward? What other leaders and/or organizations would help this to be successful?

In addition to lack of access to health care services, there are several other issues that the community has identified as being of great concern.

10. Alcohol and drug addiction is a top concern among Flagler County residents.
  - a. Do you think this is an issue that community leaders should address?
  - b. Do you think there would be support among key players to dedicate more resources to this issue?
11. Obesity is another identified health issue that impacts many chronic diseases.
  - a. Do you think this is an issue that community leaders should address?
  - b. Do you think there would be support among key players to dedicate more resources to this issue?
12. Dental/oral care was ranked in the community survey as the most difficult health care service to access. Flagler County does not have fluoridated water, which protects teeth from decay. Do you think community leaders would support a water fluoridation initiative?





# HEALTHY COMMUNITIES