



HOLMES COUNTY, FLORIDA
Community Health Improvement Plan

September 2011

“Leading the Way to a Healthier Holmes”



Prepared for:
**Holmes County
Health Department**



Prepared by:
Quad R Consulting



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Hospital**



Holmes Community Health Needs Assessment Members

Fran Amerson
Holmes County Health Department

Steve Jacobs
Holmes County Health Department

JoAnn Baker
Doctors Memorial Hospital

Karen Johnson
Holmes County Health Department

Greg Barton
Holmes County Emergency Medical Services

Christopher Lauen
Holmes County Health Department

Karyn Bielski
Holmes County Health Department

Thomas Loucks
Holmes County Sheriff's Office

Brenda Blitch
Doctors Memorial Hospital

Tiffany Majors
Holmes County Emergency Operations Center

Donna Carnley
Early Learning Coalition

Glenna Padgett
Holmes County Health Department

Mandy Cook
Bonifay Nursing and Rehab Center

Sheila Paul
Holmes County Health Department

Traci Corbin
Holmes County Health Department

Becky Siebert
Department of Children & Families

Judy Corbus
UF/IFAS Holmes County Extension

Carmen Smith
Chipola Healthy Start

Mohammad Binmah Fooz
Life Management Center

Moises Vallejos
Holmes County Health Department

Holly Holt
Holmes County Health Department

Catherine D. Wynne
Holmes County Sheriff's Office, C.A.S.E. Coalition

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Executive Summary

Holmes County Health Department received a mini-grant from the Florida Department of Health to create a Community Health Improvement Plan. The Holmes Community Health Improvement Plan can be used to guide action and monitor and measure progress toward achievement of goals and objectives to improve the overall quality of life of the community.

Members of the Healthy Holmes Task Force met in two six-hour facilitated workshops to identify community health issues. The workshop team reviewed data from the Holmes County Community Health Needs Assessment, Holmes County Health Status Profile, the Florida County Health Rankings: Mobilizing Action Toward Community Health 2011, Florida CHARTS, the U.S. Census Bureau, and the 2005–2009 American Community Survey. The team developed a list of community themes and strengths, conducted a “forces of change” assessment, wrote strategic priorities with goal statements, and created three specific action plans focused on addressing Chronic Disease, Social Economic Factors, and Maternal/Child Health within Holmes County, Florida.

Priority Issue: Chronic Disease
Goal (Aim): Reduce obesity rates in Holmes County.

Objective #1: By June 30, 2012, at least 50% of K-6 student population will receive education on nutrition and/or physical activity.

Objective #2: By August 30, 2012, 5% of population will have been educated on healthy choices.

Objective #3: By August 30, 2012, 5% of Holmes County population will have at least five (5) opportunities to participate in a physical activity event.

Priority Issue: Social Economic Health
Goal (Aim): Improve social economic health (SEH) of Holmes County

Objective #1: By August 2012, increase usage of resources available in Holmes County by 5%.

Priority Issue: Maternal/Child Health
Goal (Aim): Improve holistic health of children in Holmes County.

Objective #1: By August 30, 2013, increase utilization of local Maternal/Child Health (MCH) services by 5% in Holmes County.

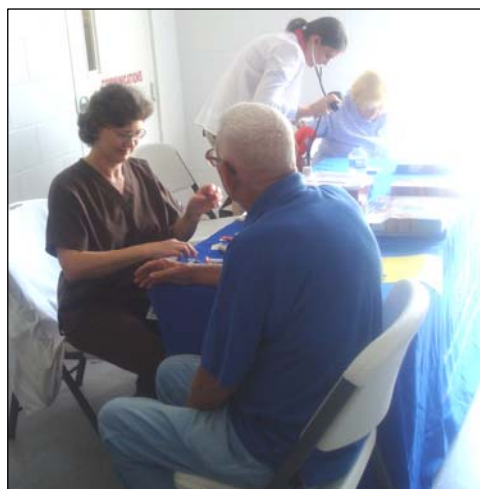
Objective #2: By June 30, 2013, decrease teen pregnancy rates by 2% in Holmes County.

The Holmes County Community Health Improvement Action Plans can be used to address and implement activities that target local public health priorities. The implementation and evaluation of each of the Action Plans should involve community members in making decisions and taking action. The Healthy Holmes Task Force focused on community engagement as it identified the activities and programs for each Action Plan, and focused on the strengths, needs and resources of the Holmes County community.



Introduction

Quad R was contracted by the Holmes County Health Department to provide consultation expertise and develop a report related to 1) community themes and strengths, 2) forces of change assessment, 3) report/documentation of community-identified strategic priorities with goal statements and strategies, and 4) community health improvement plan.



Components of the 2011 Holmes County Community Health Improvement Plan project included two (2) facilitated workshop sessions and a Community Health Improvement Plan to meet the Florida Department of Health mini-grant requirements. The project timeline was from July 1, 2011 through September 9, 2011.

The Public Health Accreditation Board defines a **Community Health Improvement Plan (CHIP)** as “a long-term, systematic effort to address health problem on the basis of the results of assessment activities and the community health improvement process.” A CHIP can be used by health departments, as well as other governmental, education, or human service agencies to coordinate efforts and target resources that promote health.

A CHIP serves to address issues, roles, and common goals and objectives throughout the community. The plan can be used to guide action and monitor and measure progress toward achievement of goals and objectives. The plan, along with a community health needs assessment, can be utilized as justification for support of certain public health initiatives, as part of funding proposals, as well as attracting other resources toward building programs that improve the overall quality of life of the community.





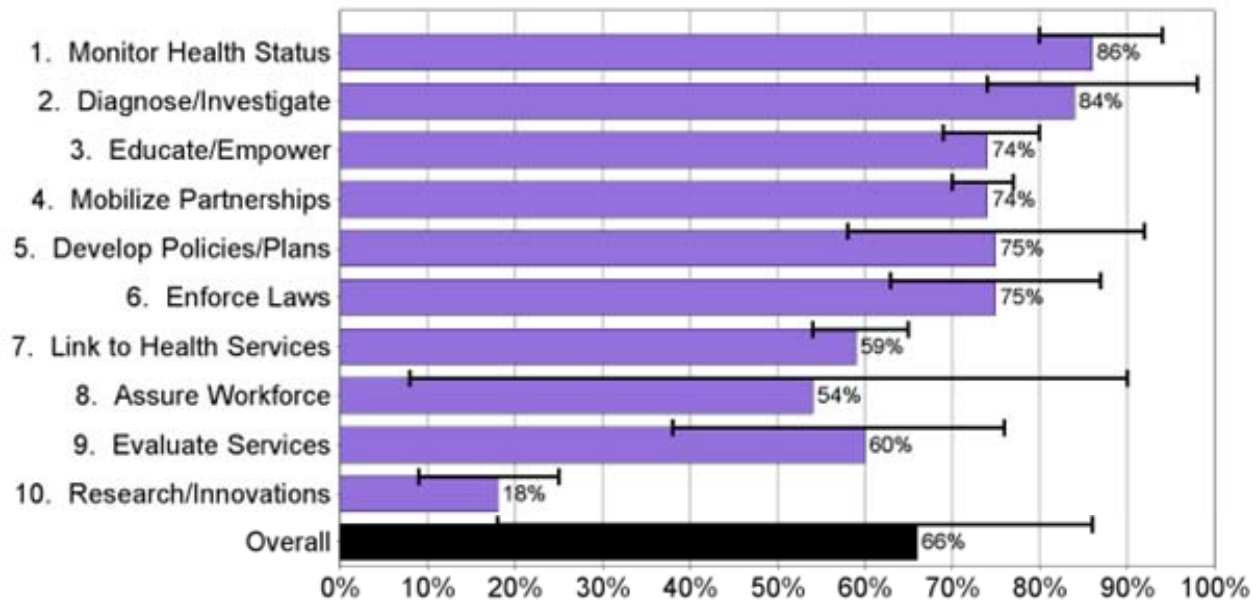
Community Health Profile

Holmes County is in the Florida Panhandle and bordered by the state of Alabama to the north. The county's area is approximately 488.7 square miles, with 482.5 square miles of rural land and 6.3 miles of water. There are five municipalities in Holmes County, with the City of Bonifay being the county seat.

The U.S. Census data show that the population of Holmes County was 19,170 in 2008, and indicate an increased trend to 21,404 by 2020. Holmes County ranks number 55 of the 67 counties in Florida for population.

The Holmes County Health Department provides services and programs to the community in the areas of: Primary Care, Family Planning, Immunizations, STDs, TB, Prescription Assistance Program, Dental, School Health, Healthy Start, Tobacco Education, Chronic Disease, WIC and Environmental Health.

The National Public Health Performance Standards Program (NPHPSP) was conducted in the summer of 2011. The 2011 NPHPSP report indicated the Holmes County Health Department's programs and services contributed to the provision of the 10 Essential Public Health Services, with an overall score of 66%. This report was not available for review during the Community Health Improvement Project.



According to the 2011 Holmes County Community Needs Assessment conducted by the Big Bend Area Health Education Center, Inc., about 30% of the county residents are male and 65% are female. The age range of the residents of Holmes County is 18-93 years, with the median age being 44.98 years.

Age Distribution	Racial Distribution
<ul style="list-style-type: none"> • 22% are under the age of 18 • 61% are 18-64 years • 17% are age 65 or older 	<ul style="list-style-type: none"> • White 81% • Black 8.3% • Asian 0.4% • Native American 1.4% • White Hispanic 1.4% • Black Hispanic 0.3% • Multi-racial 1.7%
Marital Status	
<ul style="list-style-type: none"> • 54% are married • 17% are divorced • 3.8% are separated • 10.4% have never married • 2.8% are unmarried couples • 5.9% reported being widowed 	

More than 69% of the county population reported having a high school diploma or less. There are seven (7) public schools and one (1) private school in the Holmes County School District. More than 57% of county residents earn less than \$30,000 annually. The average weekly wage earned in Holmes County, as reported by the Bureau of Labor Statistics in 2010, was \$490. The poverty rate in the county is 18%, and it is estimated that 26% of children live in poverty.

Nearly 51% of county residents surveyed reported that they were employed full-time, while more than 29% reported being not employed. Reasons for non-employment included: disabled, cannot find work, retired, taking care of family, need training, and other. It was determined that 42% of Holmes County residents comprise the workforce, and almost half of the residents are working or actively looking for work.

According to needs assessment data, 47.1% of the residents have health insurance coverage.

Health Insurance	Housing
<ul style="list-style-type: none"> • 19.7% Medicaid • 15.6% Medicare • 0.3% Active Military • 2.8% Champus • 4.5% Kidcare • 1.0% Veteran • 20.1% Out of pocket • 19.4% No insurance 	<ul style="list-style-type: none"> • 56.1% own their homes • 21.5% rent their housing • 9.7% live with someone else • 7.6% have other housing arrangements • 66.4% satisfied with their housing • 17.9% households are married couples with children • 7.9% households are single parents with children • 24.7% consist of a resident living alone

Five of the top 15 leading causes of death were found to be prevalent among the residents of Holmes County. Over 42% of residents yielded a BMI rate considered as obese; 26% considered as overweight; 23.2% considered normal weight; and 1.7% considered as underweight.

Chronic Diseases	Top Health Problems
<ul style="list-style-type: none"> • Hypertension 51.2% • Overweight/Obesity 30.1% • Diabetes 27.7% • Arthritis 24.2% • Heart Disease 15.6% • Lung Disease 12.2% • Cancers 11.1% 	<ul style="list-style-type: none"> • Alcohol & Other Drug Abuse 31.5% • Child Abuse/Neglect 37.3% • Poor Diet/Inactivity 26.3% • Teenage Pregnancy 24.2% • Tobacco Use 18%

In Holmes County, 66% of residents surveyed for the *2011 Holmes County Community Health Needs Assessment* reported that they have visited a doctor within the past year. Forty-seven percent reported visiting a dentist, 43.3% reported having an eye exam, and 38.4% reported having a teeth cleaning. While almost 60% reported feeling depressed “sometimes or always,” 10% reported obtaining mental health services in the past year.

Health Services Obtained Outside the County	Top Health Problems
<ul style="list-style-type: none"> • 47.4% lab work • 36.7% emergency care • 34.9% general practitioner care • 33.9% eyecare • 30.8% dental care • 23.3% radiology • 18.7% OB/GYN care • 17.6% inpatient care 	<ul style="list-style-type: none"> • Alcohol & Other Drug Abuse 31.5% • Child Abuse/Neglect 37.3% • Poor Diet/Inactivity 26.3% • Teenage Pregnancy 24.2% • Tobacco Use 18%

About 14.5% reported the need for long-term care services and of those, 67.7% obtained services within Holmes County. Of the residents who received social service benefits, the majority (40.5%) obtained benefits from within the county.

The *2011 Holmes County Community Health Needs Assessment* also reported data related to personal and community health status. The primary factors identified as important for a healthy community included: good jobs and healthy economy, access to healthcare and services, and religious/spiritual values.

Personal & Community Health Status
<ul style="list-style-type: none"> • 61.6% reported their health status as “Healthy to Very Healthy” • 37.7% reported their health status as “Somewhat Unhealthy to Very Unhealthy” • 34.6% reported their community as “Healthy to Very Healthy” • 56% reported their community as “Somewhat Unhealthy to Very Unhealthy”

Related to personal health status, the needs assessment surveyed residents on types and length of personal health limitations experienced. About 23.2% reported having more than 12 days when physical health was “not good” and 17% reported having more than 11 days when mental health was “not good.”

The county was rated as “safe to very safe” by 88.7% of residents surveyed.

Community Safety Problems	Places for Recreation
<ul style="list-style-type: none"> • Manufacturing & use of amphetamines 59.9% • Alcohol use 59.5% • Unsafe sex 24.9% • Child abuse 22.5% • Unsafe roads 20.8% 	<ul style="list-style-type: none"> • Church 53% • Parks 47.8% • River/lake/beaches/woods 45.3%

Twenty-seven percent (27%) indicated a desire for recreation places, including: centers for fitness and sports, outdoor programs, and activities that foster family and community engagement.

Preventive Health	Preventive Lifestyle
<ul style="list-style-type: none"> • 29.8% influenza immunization • 19% pneumonia immunization 	<ul style="list-style-type: none"> • 57.8% participate in physical activity • 69.8% “always” wear a seatbelt • 30.4% “always” practice safe sex • 22.8% “always” perform self-breast exams

Reported preventive screenings included diabetes and vision screenings for those age 40 and older; prostate digital exam and prostate-specific antigen for males age 40 and older; mammogram and bone density test for females age 40 and older; and colon-rectal screening for those age 50 and older.

Healthcare Services Needed	Healthcare Practitioners Needed
<ul style="list-style-type: none"> • 83.7% Walk-in clinics • 53.3% Wellness center • 42.2% Dental services • 39.1% Health Department services • 34.5% Nursing home 	<ul style="list-style-type: none"> • 54.3% Women’s health • 46.4% cancer care • 43.6% Family practice • 41.8% Cardiac • 39.8% Pediatric • 38.8% Eldercare • 38.4% Dental

The *2011 Holmes County Community Health Needs Assessment* report proposed recommendations to increase community intervention and engagement to address the high rates of hypertension, overweight/obesity, and diabetes; to promote healthcare access, healthy lifestyles, and preventive health; and to expand in-county programs, providers, and access to care. A key recommendation was to utilize family and faith-based organizations to foster efforts and improve reach. In addition, the report recommended that Holmes County Health Department look for ways to bring health care services closer to more rural residents. It was also recommended that the Healthy Holmes Task force develop community health education campaigns to target healthy weight, healthy lifestyles, and improved community safety.



Workgroup Process

Two six-hour workshops were held in Holmes County at Doctors Memorial Hospital in Bonifay, FL. Twenty participants attended both workshops and included representation from Holmes County Health Department, Doctors Memorial Hospital, Holmes County Sheriff's Office, Department of Children & Families, UF-IFAS, Life Management Center, Early Learning Coalition, and Holmes County Emergency Medical Services.

Prior to the first workshop, participants were sent a "brainstorming" worksheet (see Appendix A) to complete and bring to the workshop. The worksheet consisted of questions related to Holmes County as a healthy place to live, needed changes to make Holmes County a healthier place to live, feelings of pride and concern about Holmes County, important issues to help make Holmes County as healthy as possible, suggestions for improving Holmes County, issues that affect the health of the Holmes County community, and specific threats or opportunities generated by those issues.

The first workshop was held July 15, 2011. Participants were assigned to workgroups to review the *2011 Holmes County Community Health Needs Assessment* (see Appendix I) and their individual worksheet information. They also reviewed data and health indicators from:

- County Health Rankings: Mobilizing Action Toward Community Health 2011 Florida;
- Cubit Planning;
- Florida CHARTS; and
- U.S. Census Bureau, 2005 – 2009 American Community Survey.

Using this information, each workgroup developed a list of critical health issues and/or needs that are currently impacting the Holmes County community. These health issues and/or needs were written into topic statements which identified the issue and trend. The workgroups then identified a list of community partners who could "help" or "hinder" each health issue and/or need; a *Strengths, Weaknesses, Opportunities, and Threats* was developed and reviewed by all workgroups. Each workgroup then prioritized the health issues and/or needs. The workshop outcomes are provided in Appendix C.

The second workshop was held August 5, 2011. After reviewing the work from the July 15th session, participants identified three (3) priority issues: Social Economic Health, Chronic

Disease, and Child/Maternal Health. Participants then self-selected into one of three the priority issues. Each workgroup was provided the *2011 Holmes County Community Health Needs Assessment* and the data and health indicators from the July 15th session for review relevant to their priority issue. The workshop outcomes are provided in Appendix E.

Based on this review each priority issue workgroup listed potential evaluation measures to include in an action plan. The workgroups developed draft action plans for their priority issue, identifying the goal, SMART objectives, strategies, and activities for each. The action plans are included in Appendix J.

In addition, the participants worked together to outline the details of the action plans, including lead roles, community resources, and target date(s) for completion. The workgroups reviewed all the information contained in each priority issue action plan and provided feedback which was incorporated into the final action plan.



Community Health Action Plan

A community health assessment (CHA) is considered both a process and a product. As a process, the CHA serves to gather and interpret information from multiple and diverse sources in order to develop a deep understanding of the health of a community. This information is then used to develop the "product" or the community health improvement plan. The key link between the CHA and the community health improvement plan is a prioritized list of community health issues that have been identified in the community health profile, local health data, and input from community stakeholders. The final community health improvement plan should be an action-oriented and include priorities, strategies, activities, community resources, timeline, and outcome measures.

The Holmes County Health Task Force used the *2011 Holmes County Community Health Needs Assessment* and related documents to identify a long list of public health needs, issues, and problems. The workshop participants fostered a community-oriented perspective on public health and incorporated Holmes County formal and informal networks and support systems, norms and cultural nuances, institutions, and political and economic systems.

Upon completion of the Holmes County workshops, participants identified three (3) priority issues on which to focus: **Chronic Disease, Social Economic Factors, and Maternal/Child Health**. For each priority issue, the workgroup participants identified specific areas that could be addressed or “helped” by improvement activities, and those areas that were possible barriers or “hinders” to improvement.

Common themes that arose related to addressing issues, included:

- Increase public awareness of available resources
- Mentoring
- Educate early/collaborate with schools
- Community involvement

Common themes related to barriers and/or challenges to improvement, included:

- Lack of transportation
- Budget cuts/lack of funding opportunities
- Poor parental influence
- Lack of employment/poor economy

The groups developed a draft action plan for each priority issue. Action plans are detailed work plans that guide the implementation of a Community Health Improvement Plan.

Action plans:

- Provide a framework for planning the work needed to achieve the objectives;
- Provide justification as to why funds are needed and how they will be used, imparting credibility to the organization or agency;
- Provide a guide for accomplishing the work within the giving time period; and
- Communicate specific action-oriented approaches and measures for impact which can be shared with all interested parties.

The Holmes County Community Health Improvement action plans include the identification of a priority issue, the goal (or aim) for the priority, the objective for achieving the goal, strategies related to the objective, and activities for each strategy. In addition, the action plans outline the lead role and existing community resources available for each activity, target date(s) for completion, and proposed evaluation measures.



Priority Issue: Chronic Disease

Five of the top 15 leading causes of death were found to be prevalent among Holmes County residents: hypertension, diabetes, heart disease, lung disease, and cancers. High rates of other diseases were also reported, including overweight/obesity and arthritis. Considering this data, the workgroup identified Chronic Disease as one of the priority issues for the Holmes County Health Improvement Plan.

The areas identified which could address improvement related to **Chronic Disease** included: education to improve negative behaviors in the home and external environment; targeting schools by incorporating a health-focus into curriculum; developing mentoring programs; educating the public regarding health issues; identifying low price health food menus; and increasing media activity to advertise educational opportunities.

The workgroup identified barriers and/or challenges that they felt would inhibit progress toward community health improvement. These barriers/challenges included: budget cuts that fund programs; lack of motivation; lack of education; peer pressure; economic issues; lack of transportation; poor parental example; low literacy levels; lack of computers/access; and lack of resources to provide education and expertise.

The workgroup identified the goal of *Reduce obesity rates in Holmes County* as one way to impact Chronic Disease. An action plan was developed for this goal.

Priority Issue:	Chronic Disease
Goal (Aim):	Reduce obesity rates in Holmes County.

Objective #1: By June 30, 2012, at least 50% of K-6 student population will receive education on nutrition and/or physical activity.

Objective #2: By August 30, 2012, 5% of population will have been educated on healthy choices.

Objective #3: By August 30, 2012, 5% of Holmes County population will have at least five (5) opportunities to participate in a physical activity event.

Priority Issue	Chronic Disease					
Goal (Aim)	Reduce obesity rates in Holmes County.					
Objective #1	By June 30, 2012, at least 50% of K-6 student population will have received education on nutrition and/or physical activity.					
Strategy #1	School based activities.					
	Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
Activity #1	Food, Fun, Reading Program	4H, IFAS, school	Jun 30, 2012		Class roster	
Activity #2	Health education to include nutrition and physical activity	School nurse	Jun 30, 2012		Class roster	
Activity #3	Introduce FCAT plan	School board, Carmen B.	Jun 30, 2012		Class roster, pre/post test	
Activity #4	Establish relationship w/school board	School board, Carmen B., HCHD	Jun 30, 2012		Attendance	

Objective #2	By August 30, 2012, 5% of population will have been educated on healthy choices.					
Strategy #1	Community based outreach.					
	Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
Activity #1	Provide food demonstration in the community	Tracy C./ Judy	Jun 30, 2012	1 st class beginning Aug 24, 2011	Sign-in sheet, pre/post test	
Activity #2	Fit for Life	Tracy	Mar 30, 2012	Class begins Jan 2012	Sign-in sheet, pre/post test, weight	
Activity #3	Client consults	Tracy	Jun 30, 2012	In progress	Weight spreadsheet	
Activity #4	Community health screenings	HCHC, DMH, faith-based orgs	Jun 30, 2012	In progress	Sign-in sheet	
Activity #5	Lunch & learn	DMH	Jun 30, 2012	In progress	Sign-in sheet	
Activity #6	Post health info on local websites	DMH, HCHD, schools	Jun 30, 2012	Begin Sep 1, 2012	Number of web views	
Activity #7	Distribution of info re: health choices	DMH, HCHD, sheriff's dept	Jun 30, 2012	In progress	Number handed out	
Activity #8	Patient education	DMH	Jun 30, 2012	In progress	DMH report	
Activity #9	Food, Fun, Reading Program	4H, IFAS, schools	Jun 30, 2012	In progress	Number of kids	

Objective #3	By August 30, 2012, 5% of Holmes County population will have at least five (5) opportunities to participate in a physical activity event.					
Strategy #1	Community based activities.					
	Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
Activity #1	Fit for Life	Tracy	Mar 30, 2012	Class begins Jan 2012	Sign-in sheet, evaluation	
Activity #2	Cardiovascular Disease Walk	HCHD, DMH	Feb 28, 2012	Planned for Feb 2012	Sign-in sheet	
Activity #3	Stroll/Roll	HCHD	Mar 30, 2012	Planned for Mar 2012	Sign-in sheet	
Activity #4	Pilates for Pink	HCHD	Nov 1, 2011	Planned for Oct 2011	Sign-in sheet	
Activity #5	Diabetes Walk	BMS, HCHD	Dec 1, 2011	Planned for Nov 2011	Sign-in sheet	
Activity #6	Breast Cancer Awareness Walk	DMH	Oct 30, 2011	Planned for Oct 2011	Sign-in sheet	
Activity #7	FlashMob	Sheila P.	Jun 30, 2012	Begin planning	Number of participants	

Priority Issue: Social Economic Factors

More than two-thirds (69%) of the county population reported having a high school diploma or less, and more than half (57%) of county residents earn less than \$30,000 annually. The average weekly wage earned in Holmes County, as reported by the Bureau of Labor Statistics in 2010, was \$490. The poverty rate in the county is 18%, and it is estimated that 26% of children live in poverty. Nearly 51% of county residents surveyed reported that they were employed full-time, while more than 29% reported being not employed.

The areas identified which could address improvement related to **Social Economic Factors** included: educating teen girls and teen boys about pregnancy; promoting family planning; conducting financial planning workshops; providing food, clothing and childcare through faith-based organizations and extension services; providing an Higher Education-advising Representative (College, Community College, Technical School) on-site at High School, encouraging dual enrollment in high school, educating about financial aid and scholarship opportunities; providing workforce development; networking to organize volunteers; educating the public about unhealthy lifestyles; and increasing public awareness of existing resources.

The workgroup identified barriers and/or challenges that they felt would inhibit progress toward Social Economic improvement. These barriers/challenges included: lack of collaboration with schools; changing resources and budget cuts; peer pressure, pride, and parental denial; lack of resources; lack of transportation; confidentiality issues; reliance on current system; increased jobless rate; lack of motivation; regulations; grant competitiveness; limited number of qualified/trained employees; proximity to higher education facilities; and rural community.

The workgroup identified the goal of *Improve social economic health (SEH) of Holmes County* as one way to impact this issue. An action plan was developed for this goal.

Priority Issue:	Social Economic Health
Goal (Aim):	Improve social economic health (SEH) of Holmes County.

Objective #1: By August 2012, increase usage of resources available in Holmes County by 5%.

Priority Issue	Social Economic Health					
Goal (Aim)	Improve social economic health (SEH) of Holmes County					
Objective #1	By August 2012, increase usage of resources available in Holmes County by 5%.					
Strategy #1	Create master plan to involve agencies.					
	Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
Activity #1	Identify service providers	Healthy Home Task Force (HHTF)	Dec 2011		Service list	
Activity #2	Create workgroup for service providers	HHTF	Feb 2012		Workgroup list & schedule	
Activity #3	Develop plan	HHTF	Apr 2012		Written plan	
Strategy #2	Provide HHTF workshops semi-annually.					
	Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
Activity #1	Create a focus group	HHTF	Dec 2011		List of topics	
Activity #2	Recruit volunteers to teach workshop re: to topics & calendar of events	HHTF	Feb 2012		Calendar of events	
Activity #3	Provide workshops	Volunteers & HHTF	Aug 2012		Number of attendees, pre/post test w/attendance demographics	
Activity #4	High school job fair (workshop)	HHTF (contact Glenn Rich @ High School)	Apr 2012		Pre/post survey w/HS plans	
Activity #5	Elementary school	HHTF, parents	Apr 2012		Number of attendees	

	career day					
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Priority Issue: Maternal/Child Health

Holmes County was rated as “safe to very safe” by nearly all (88.7%) of residents surveyed in the *Holmes County Community Needs Assessment*. Issues cited as safety problems included: manufacturing and use of amphetamines (59.9%), alcohol use (59.5%), unsafe sex (24.9%), child abuse (22.5%), and unsafe roads (20.8%). Rates of immunization among the residents of Holmes County within the past year include 29.8% for influenza and 19% for pneumonia. The top healthcare practitioner needed is women’s health (54.3%). Other needed healthcare practitioners include: cancer care (46.4%), family practice (43.6%), cardiac (41.8%), pediatric (39.8%), eldercare (38.8%), and dental (38.4%).

The areas identified which could address improvement related to **Maternal/Child Health** included: educating students about positive choices; developing mentoring programs; increasing public awareness of existing resources; increasing involvement in HOPE classes; increasing community involvement in school; pooling community resources to get most impact with funds available; implementing alternative schooling methods; increasing child/maternal services; increasing Healthy Start clients; setting up a mobile clinic; increasing satellite clinics for WIC, TB, TCCC; and recruiting volunteer health liaisons.

The workgroup identified barriers and/or challenges that would inhibit progress toward community health improvement. These barriers/challenges included: lack of recreation; budget cuts and lack of resources; lack of transportation; single-parent families and poor parental influences; lack of consequences; drug and alcohol use; media influence; and lack of employment.

The workgroup identified the goal of *Improve holistic health of children in Holmes County* as one way to impact this issue. An action plan was developed for this goal.



Priority Issue: Maternal/Child Health

Goal (Aim): Improve holistic health of children in Holmes County.

Objective #1: By August 30, 2013, increase utilization of local Maternal/Child Health (MCH) services by 5% in Holmes County.

Objective #2: By June 30, 2013, decrease teen pregnancy rates by 2% in Holmes County.



Priority Issue	Maternal/Child Health (MCH)					
Goal (Aim)	Improve holistic health of children in Holmes County.					
Objective #1	By August 30, 2013, increase utilization of local Maternal/Child Health (MCH) services by 5% in Holmes County.					
Strategy #1	Increase awareness.					
	Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
Activity #1	Info booth @local events – rodeo, baby bash, fair, health fair, downhome fest	HCHD, Early Learning partners	Jun 30, 2013		Number of people who sign-in/complete comment card	
Activity #2	PSAs re: MCH	HHTF	Jun 30, 2013		Number of PSAs, collect number of “how did you hear about us” data	
Activity #3	Targeted emails	HHTF	Jun 30, 2013		Number of hits on HCHD/Early LC websites, pre/post booth (#1 above)	
Activity #4	Notify Ministerial Assoc of upcoming events	HHTF	Jun 30, 2013		Number of people who sign-in/complete comment card	

Strategy #2		Develop a continuity of care MCH task force.				
	Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
Activity #1	Service providers to meet for identification of roles	HHTF	Jun 30, 2013		Roles, resources, and potential activities identified	
Activity #2	Develop subcommittee out of HHTF	TBD	Dec 2011		Group formed with potential activities & charge identified	
Activity #3	Obtain MCH baseline data from MCH providers of Holmes County	MCH providers	Feb 2012		- Baseline data in database - Dates set for future data collection	
Strategy #3		Educating parents.				
	Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
Activity #1	Classes on: Crib Safety, Childbirth, Car Seat Safety	Healthy Start	Jun 30, 2013		Number of attendees, pre/post test	
Activity #2	EPSDT/ Well-child check-ups	HCHD & private practitioners	Dec 2011		Number of services provided	
Activity #3	DMH Lunch & Learn w/pediatrician (Topic: RSV)	DMH	Feb 2012		Number of participants	

Objective #2	By June 30, 2013, decrease teen pregnancy rates by 2% in Holmes County.					
Strategy #1	Educate teens.					
	Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
Activity #1	Girls of Value	HCHD, Teen Outreach Program (TOP) coordinator, Sheila Paul	Dec 2011		Number of students sustained	
Activity #2	Boys of Worth	HCHD, Teen Outreach	Dec 2011		Number of students	

		Program (TOP) coordinator, Sheila Paul			sustained	
Activity #3	Provide teen pregnancy curriculum	HCHD, Teen Outreach Program (TOP) coordinator, Sheila Paul; USF	Dec 2011		Number of completed activities	
Activity #4	Increase WIC/High School satellite clinics' monthly visits	HCHD/WIC/Healthy Start	Jun 2012		Number of participants, number of contact hours	

List of Resources

1. 2011 Holmes County Community Health Needs Assessment, Big Bend Area Health Education Center, Inc.
2. County Health Rankings: Mobilizing Action Toward Community Health 2011 Florida, www.countyhealthrankings.org
3. Cubit Planning, www.cubit.com
4. Florida CHARTS, www.floridacharts.com
5. Local Public Health System Performance Assessment - Report of Results 07/21/2011, National Public Health Performance Standards Program.

Appendices

- Appendix A Workgroup Brainstorming Worksheet
- Appendix B July 15, 2011 Workshop Agenda
- Appendix C July 15, 2011 Workshop Outcomes
- Appendix D August 5, 2011 Workshop Agenda
- Appendix E August 5, 2011 Workshop Outcomes
- Appendix F County Health Rankings: Mobilizing Action Toward Community Health 2011 Florida
- Appendix G Data from Cubit Planning
- Appendix H Data from Florida CHARTS
- Appendix I 2011 Holmes County Community Health Needs Assessment
- Appendix J Holmes County Community Health Improvement Action Plans

Appendix A
Workgroup Brainstorming Worksheet



Holmes County Community Health Improvement Plan 2011

Brainstorm Worksheet

Thank you for agreeing to participate in the Holmes County Health Department Community Health Improvement Initiative. Please complete this worksheet prior to attending the July 15th session.

July 15, Friday – 9:30am-3:30pm

Doctors Memorial Hospital

2600 Hospital Drive

Bonifay, FL 32425

What about Holmes County makes it a healthy place for you and your family to live?
(Personal health, environmental health, safety, etc. – all aspects of health)

What about Holmes County needs to be changed to make it a healthier place for you and your family to live?

When you think of the Holmes County community, what makes you or your family feel most proud?

When you think of the Holmes County community, what makes you or your family feel most concerned?

What do you think are the two or three most important things that can help a community like ours be as healthy as possible?

What suggestions do you have for improving Holmes County, especially the health of its residents?

What is occurring (or might occur) that affects the health of our community or the local public health system?"

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

Appendix B
July 15, 2011 Workshop Agenda

July 15, 2011 Agenda

July 15, Friday – 9:30am-3:30pm
Doctors Memorial Hospital
2600 Hospital Drive
Bonifay, FL 32425

- | | |
|--------------------------|--|
| 9:30am - 9:45am | Introductions |
| 9:45am – 10:00am | Workshop Logistics Review |
| 10:00am – 10:45am | Workgroup Assignments <ul style="list-style-type: none">- Participants will be assigned to a workgroup to review the Holmes County Needs Assessment/Community Health Status Profile and the “pre-work” Brainstorm information- Participants will identify Strengths, Weaknesses, Opportunities & Threats (SWOT analysis) |
| 10:45am – 11:00am | Break |
| 11:00am – 12:00pm | Workgroup Assignments (continued) |
| 12:00pm – 1:00pm | Working Lunch <ul style="list-style-type: none">- Participants will use SWOT analysis to identify current & future community health needs |
| 1:00pm – 2:00pm | Workgroup Report-Out |
| 2:00pm – 2:15pm | Break |
| 2:15pm – 3:00pm | Identify Priorities <ul style="list-style-type: none">- Based on SWOT analysis and current & future community health needs, participants will prioritize strategies |
| 3:00pm – 3:15pm | Workgroup Report-Out |
| 3:15pm – 3:30pm | Workshop Summary
Next Steps |

Appendix C
July 15, 2011 Workshop Outcomes

ISSUE: Social Economic Health	Partners	
<ul style="list-style-type: none"> • Various social and economic factors impact the health of Holmes County residents – poverty, lack of education, faith based community, social activities, slow growth of population. • Too small of an economic base resulting low incomes, lack of jobs and industry. • A lack of education, financial resources & job opportunities can contribute to substance abuse, child abuse, teen pregnancy, and unhealthy lifestyle practices. • Alcohol & substance abuse, a lack of education & poor parenting skills can lead to an increase in suicides & homicides. • The socioeconomic factors within Holmes County are impacted by lack of jobs, lack of education, drug use, and lack of transportation; cultural practices. • Limited resources • Limited education • Culturally learned limitations • Lack of jobs • Teen pregnancy • Limited job availability • Uninsured • Alcohol & drug abuse • Mental health 	<ul style="list-style-type: none"> • Liquor stores • Legislature • COA • DOH • DOC • Funeral homes • DMH • BOCC • TCCC • IFAS • BAC (?) • Salvation Army • City officers • Community based care • Federal govt • Thrift store • Faith based community • Case mgmt. providers • Churches • Schools • Early childhood care • Child care providers • Healthy Families North Florida • Kiwanis • Local docs • Law enforcement • Daycares 	<ul style="list-style-type: none"> • ELC • Voc rehab • BMH • FI therapy • City councils • Newspaper • Facebook • CoC • Fire dept • BPD • Vet Svcs • Local docs • DOH • Higher education providers • Women’s club • Healthy Start • Genesis outreach ministry • Ministerial assn. • Head Start • Pharmacies • Council on Aging • WHVT center • Funeral homes • Restaurants • Grocery stores

SWOT ISSUE: Social Economic Health	
INTERNAL - Strengths	INTERNAL - Weaknesses
<ul style="list-style-type: none"> • Jobs • DOH • LIP program • Hospital – specialty care • Extended clinic hours • Chamber of Commerce • Development Commission • Civic Clubs • Ability to draw manpower for new business • Grants • Tax cuts (paying taxes) • Employers – school system, DOC, daycares, courthouse, LE, nursing home, etc. • TCCC • Ministerial Assn • EIC – pays for daycare • Excellent community collaboration • WIC • Church/faith based orgs • LMC • Board of county commissioners • Ag ext office • Room for growth • Faith based organizations • Development commission • Traditional mindset • Healthy Start • DOC Schools • Law enforcement • Life mgmt. • Families • Health care professionals 	<ul style="list-style-type: none"> • Lack of local colleges • Travel to higher education • Lack of network to organize volunteer programs to expose people to new opportunities. • No financial incentives for new industry • No infrastructure for new businesses • Low population – cannot support businesses • High crime rate • Lack of job opportunities/Increasing unemployment • Drug abuse • Child abuse • Unhealthy lifestyle • Lack of motivation to finish education • Shortage of health care professionals • Managed health care • Increased homicide & suicide deaths • Lack of resources, grants, funding, programs, transportation • Rural community • Cultural norms, low expectations • Drug & ETOH abuse • Depression/mental illness • Lack of knowledge of internal & external available resources • Low population • Transportation • Traditional mindset • Cut back at state, county, federal • Budget cuts; County Commission • Liquor stores • Lack of law enforcement • Gangs • Poverty • Parties

<ul style="list-style-type: none"> • DCF • CARE 	<ul style="list-style-type: none"> • Game rooms
<p>EXTERNAL - Opportunities</p>	<p>EXTERNAL - Threats</p>
<ul style="list-style-type: none"> • Educate regarding financial aid • Help with food, clothing, child care • Head Start Early Learning • Salvation Army • Vocational school • Workforce development • Volunteer programs • Govt assistance • Grant incentive programs for higher education • Workforce development • Housing authority • CHS • ELC • School system • DCF • Facebook • Local newspaper • One-stop career center • LMC • DCF • TCCC • BOCC • Kiwanis • County extension office • Community events/Community involvement • TCC • Daycare • Workforce boards • Schools • State elections • Grants 	<ul style="list-style-type: none"> • Lack of professional jobs/Lack of local jobs • Need of raise in minimum wage to encourage work vs. unemployment • Not too much incentive to be employed • Once children are educated they do not return to the county to work with their expertise. • Increase opportunities for lucrative employment • Housing not affordable - middle class impacted (worse) - loss of jobs hinders • Loss of jobs increases children living in poverty, overall economy – loss of jobs by state legislation (worse) – hinders • Youth leave county to seek job opportunities • Must recruit health care professionals from outside county • Debt • Increased cost of living • Tax cuts • Cuts in federal funding at HHS • State budget cuts • Legislative changes • Media, movies, video games • County govt change • Bad economy/No jobs/Poverty • Possibility of flooding (geographically restricted) – FEMA flood zone • 16.67% unemployed, can't find work, impacts all • Economic issues, political – statewide cuts • Budget cuts – hinders • Political issues – hinders • Trend – slow growth in population in Holmes County • Education as to substance , alcohol, tobacco, teen pregnancy • DOC • Liquor stores • Alabama

<ul style="list-style-type: none">• Stricter ordinances• AA	<ul style="list-style-type: none">• Tourism• Rural outlawed communities
--	--

ISSUE: Chronic Disease	Partners
<ul style="list-style-type: none"> • There are various health behaviors that negatively impact the health of Holmes County residents – substance abuse, alcohol, physical inactivity, tobacco. • A lack of education & limited access to health care & recreational facilities can result in the development of chronic diseases & unhealthy lifestyle practices. • Lack of motivation contributes to chronic disease. • Lack of education contributes to poor health habits. • The trends in chronic illness & health problems within Holmes County, to include CAD, chronic decreasing (?) respiratory disease, colorectal cancer, cervical cancer, DM, strokes are impacted by smoking rates, increased obesity, lack of health insurance, unhealthy lifestyles, and inactivity. 	<ul style="list-style-type: none"> • Shriners • Funeral homes • Grocers • Liquor stores • Masons • Newspaper • Facebook • School board – schools • DOH • Churches • Daycares • WFE • COA • Salvation Army • BOCC • HCSO • Substance treatment providers • SAO • County EOC • EMS personnel • Children’s sports orgs • Board of county commissioners • City councils • DMH specialty clinics • School system • Ambulance service • LMC • Vet services • Voc rehab • CoC • BPD • BMH • IFAS • LLC (?) • LMSt (?) • FL therapy (?) • Kiwanis • TCCC • Fire Dept • Btc (?) • Local docs • Mental health providers • Teen court • Families • Schools • Grocery stores • Chamber of Commerce • Economic development council • Funeral homes • Bonifay athletic center

SWOT ISSUE: Chronic Disease	
INTERNAL - Strengths (helpful)	INTERNAL - Weaknesses (harmful)
<ul style="list-style-type: none"> • Community support • DOC • DOH • EMS • Newspaper • Life mgmt. • EMA/EOC • DCF • SO • Local docs • WFEC • Schools • School board • Kiwanis • Hospital • City councils • BOCC • TCCC • Council of aging • Ministerial assn. – churches • Community education • Social media • Hope class • Teen outreach program • Vet services/Hospitals • Tobacco free Holmes • SWAT • Health clinics 	<ul style="list-style-type: none"> • Poor support systems (home) • Poor (self) decisions (in need of more positive role models) • Social media • Issue – No mental health provider • Trend – Teen pregnancy show higher than state levels • Alcohol/drug abuse • Factor to consumer, liquor store density. • Health behavior – smoking, diet, exercise, alcohol use; all ages – cultural factors impact it. • Liquor stores • Lack of motivation • Reduction in State grants • Unutilized resources • Learned negative behaviors • Risky behaviors • Lack of job skills • Social media • Legislature • Lack of jobs • Drugs • Gangs

EXTERNAL - Opportunities (helpful)	EXTERNAL - Threats (harmful)
<ul style="list-style-type: none"> • Education • Farmer's market • Mentors • More partnerships • Seek more grants • Multi-county projects • National org • Mentors/positive peers • Boys/Girls Clubs • FFA • Ministry assn. • Media 	<ul style="list-style-type: none"> • Budget cuts • Lack of healthy choices: <ul style="list-style-type: none"> ○ Food – restaurant/fast food ○ Grocery vs Veg market • Funding cuts • Job losses • Drugs • Gangs • Prisons – influx of inmate families <ul style="list-style-type: none"> ○ Federal laws

ISSUE: Child Maternal Health	Partners	
<ul style="list-style-type: none"> • The lack of recreation (jobs & resources) contributes to repeat births. • The lack of education & poverty contributes to poor infant & maternal health and premature deaths. • Poor support systems at home lead to poor problem solving and decision making. • The health of our children & women of childbearing age have worsening trends or % above the State average regarding births to teen moms, low birth weight babies, repeat teen pregnancies, entry into prenatal care, breast feeding, infants in foster care, chromosomal abnormalities, children receiving mental health & obesity R/T low self- esteem, lack of parental supervision, drugs, no birth control use, poverty, lack of education, lack of transportation. 	<ul style="list-style-type: none"> • Shriners club • Liquor stores • Masons • Grocers • Newspaper • Facebook • DOH • Churches • Schools • BOCC • Salvation Army • TCCC • ELC (?) • Voc rehab • Tobacco Holmes • Healthy Start • DMH specialty clinic • BOCC 	<ul style="list-style-type: none"> • City councils • Daycares • LMSt (?) • Kiwanis • CoC • Local docs • Fire dept • BPD • Btc • City officials • Vet Svcs • DMH • DCF • Life Mgt •

SWOT ISSUE: Child Maternal Health	
INTERNAL - Strengths	INTERNAL - Weaknesses
<ul style="list-style-type: none"> • Faith based orgs • Ministerial assn. • Health Start • Early Childhood Coalition • Head Start • WIC • Life mgmt. • DCF • Law enforcement • Still a close knit community – good family-like environment • HCHD • DMH specialty clinic • WIC • TCCC • BAC • Daycares • Healthy Start Coalition • Early Childhood Coalition • Dental clinic • Local docs 	<ul style="list-style-type: none"> • Cost of services • Lack of public transportation • Service unavailable in immediate area • Poor values taught at home • Staff spread thin • Not utilizing available services • % of non-productive population too high • Increase of drugs/prescription drugs • Unemployment • Good parental supervision declining • Factors impact poor lifestyle choices • Lack of motivation • Traditionally poor diet habits • Parents in jail • No baby spacing (2 years) • Limited funds • Not using resources available • Single parent homes • Cultural-poor parenting • Lack of knowledge of resources • Meth use

EXTERNAL - Opportunities	EXTERNAL - Threats
<ul style="list-style-type: none"> • Salvation Army • School board • Chamber of commerce • County commissions • Media • Social pressure by peers • More recreation activities for kids, encourage parents to take the kids & do the transporting, instead of depending on others. • Mentorship • Daycares • Mothers who initiate breastfeeding • DCF • LE • LMC • Faith based • Local newspaper • School system • ELC • VPK • Local docs • CHS • Transportation agency • Mentoring 	<ul style="list-style-type: none"> • Low incomes • Lack of industry • Lack of insurance • Lack/limited transportation • Government regulation • Legislation – people are encouraged to live on govt & not work, can make more by having kids & staying home, 25-35 y/o impacted, factors hinder the issue. • Legislation – enabling (promoting) abuse of free health care, not using it for what it was intended for. • No insurance due to individuals unable to afford, going to ER (after hours) instead of Dr. office for care. • Overall funding cuts • Media • Births to ages 15-18 greater than State • Lack of providers • Lack of education • Drug use in this county • Domestic violence • Poverty • Parents not paying child support

Issue: Access to Options/ Facilities that promote Healthy Living	Partners	
<ul style="list-style-type: none"> • The lack of recreational resources directly contributes to chronic disease. • There is a limited number of facilities in Holmes County to enable healthy living – recreational, medical, and emergency. • A lack of transportation, youth activities, parental involvement & other community resources can hinder access to health care & development of health lifestyles. 	<ul style="list-style-type: none"> • FEMA • Emergency mgt statewide • Mental health providers • Highway patrol • State – hinder • Kiwanis • Schools • Health dept 	<ul style="list-style-type: none"> • EMS • Fire dept • Police • BOCC • Assisted living facilities • UF/IFAS extension service

Issue: Healthcare Availability/Accessibility	Partners	
<ul style="list-style-type: none"> • Limited specialty care • Limited access to health care contributes to high chronic disease rates. • There is a lack of quality specialized care in Holmes County – dental, heart disease, mental health, diabetes. • Health care opportunities available but underutilized. • Cutbacks and elimination of govt programs, diminished services available. 	<ul style="list-style-type: none"> • Chamber • FSU • State – hinder • Specialized medical providers • Healthy Start • Tri-county • Hospital • DOH • Life mgmt. • EMS • EOC • Law enforcement 	<ul style="list-style-type: none"> • BOCC • Home health providers • Media • Salvation Army • ESF8 • Tobacco free Holmes • Fire dept • DOC • Salvation Army

Issue: Safety	Partners	
<ul style="list-style-type: none"> • Lack of education • Social acceptance of risky behaviors • Resources/money • Drug & alcohol use • Safety issues in Holmes County are impacted by DV, no seatbelt use, and lack of helmet use. 	<ul style="list-style-type: none"> • Shriners club • Masons • Liquor stores • Salvation Army • Grocers • WFE • GP • DMH • COA • Churches • BASH (?) • Schools • BOCC • Funeral homes • BOCC • Redcross • EMS 	<ul style="list-style-type: none"> • ELC • TCCC • Voc rehab • FL therapy • City councils • CoC • Vet Svcs • Kiwanis • Fire dept • BPD • County officers (?) • DOC • DCF • BAC • Local docs • Facebook • Local newspaper • Daycare • HCHD

Issue: Communicable Disease	Partners	
<p>Communicable diseases in Holmes County show increased trends o/t (?) factors related to lack of education related to media, poverty.</p>	<ul style="list-style-type: none"> • School system • BOCC 	<ul style="list-style-type: none"> • HCHD • DOH • DMH

Appendix D
August 5, 2011 Workshop Agenda

August 5, 2011 Agenda

August 5, Friday – 9:30am-3:30pm
Doctors Memorial Hospital
2600 Hospital Drive
Bonifay, FL 32425

- | | |
|--------------------------|---|
| 9:30am - 9:45am | July 15 Workshop Review |
| 9:45am – 10:00am | Next Steps – August 5 Workshop Tasks |
| 10:00am – 10:45am | Workgroup Assignments <ul style="list-style-type: none">• Social Economic Health• Chronic Disease• Child-Maternal Health• Other Issues- Participants will be assigned to a workgroup to:<ul style="list-style-type: none">○ Identify measures/indicators from data shared at July 15 |
| 10:45am – 11:00am | Break |
| 11:00am – 12:00pm | Action Plan for each Health Issue <ul style="list-style-type: none">- Participants will work together to develop:<ul style="list-style-type: none">○ Goal○ SMART Objective○ Strategy(s) |
| 12:00pm – 2:30pm | Working Lunch <ul style="list-style-type: none">- Participants will self-assign to a workgroup to identify:<ul style="list-style-type: none">○ Activity(s)○ Lead Person(s)○ Community Resources○ Completion Target Date○ Evaluation Measure |
| 2:30pm – 3:15pm | Workgroup Report-Out |
| 3:15pm – 3:30pm | Workshop Summary
Next Steps |

Appendix E
August 5, 2011 Workshop Outcomes

Issue: Chronic Disease What can we do?	What gets in the way?
<ul style="list-style-type: none"> • Education to improve negative behaviors in the home/external <ul style="list-style-type: none"> ○ Health Fairs at churches ○ Recruit volunteer instructor trainers • Target schools <ul style="list-style-type: none"> ○ List what we are doing ○ Incorporate curriculum with healthy focus – need resources ○ School curriculum change to address social issues • Mentoring program • Educate public re: health issues • Low price healthy food menu • Negative impact of health behaviors • Media publications, increase media to advertise educational opportunities 	<ul style="list-style-type: none"> • Budget cuts that fund programs • Cost/distribution of lists • Lack of motivation • Lack of education • Peer pressure • Economic issues • No transportation • Poor parental example • No computers/access • Literacy level • Push for FCAT scores • Resources to provide education & expertise • Silos – not only CHD, hospital • People don't think they need & don't want to change • Access to students • Media selects articles/\$

Issue: Socio-Economic Factors What can we do?	What gets in the way?
<ul style="list-style-type: none"> • Teen pregnancy <ul style="list-style-type: none"> ○ Educate teen girls ○ Educate teen boys • Promote family planning • Financial planning workshops • Education Advising Rep on-site • Educate - financial aid • Food, clothing, child care <ul style="list-style-type: none"> ○ Faith-based ○ Extension agent education • Bring in jobs • Workforce development • Grants • Educate earlier • Ag scholarships (unclaimed) • Encourage dual enrollment while in high school • Increase scholarship opportunities/awareness of scholarships • Provide travel to higher education • Improve motivation to pursue higher education • Network to organize volunteers • Unhealthy lifestyles • Traditional mindsets • Gangs & crime • Knowledge of resources 	<ul style="list-style-type: none"> • School board • Parents • Community members • Lack of transportation • Confidentiality • Peer pressure • Pride • Provider, facilitators • Collaboration with schools • Parental denial • Resources keep changing • Eligibility changes • Lack of resources <ul style="list-style-type: none"> ○ Transportation ○ How to fill out forms ○ No computer access • Transportation • Repeat users come to rely on • Increased jobless rate • Financial assistance • Pay (salary) is < benefits • Motivation • Regulations • Grants are competitive <ul style="list-style-type: none"> ○ Need expertise ○ Need match \$ • Access to students in school • Limited number of qualified/trained employees • Funding • Proximity to higher education facilities • Local colleges • Cutbacks & budget cuts • Rural community

Issue: Child/Maternal Health What can we do?	What gets in the way?
<ul style="list-style-type: none"> • Educate students re: positive choices • Mentor programs for students • Cost of services • Lack of knowledge of resources • Increase involvement in HOPE classes • Increase community involvement in school (faith-based, business) • Pool community resources to get most impact with funds available • Educate public of available resources • Worsening trends in our women & children • Alternative schooling methods, education • Increase child/maternal health services • Mobile clinic • Increase Healthy Start clients • Increase satellite clinics (WIC, HS, TCCC) • Start medical society • Health liaison (volunteer) <ul style="list-style-type: none"> ○ Churches ○ As information broker to advertise 	<ul style="list-style-type: none"> • Lack of recreation • Funding of programs • Lack of resources • Lack of transportation • Budget cuts • Lack of consequences • Drug & alcohol use • Single-parent families • Poor parental influence • Media influence • Lack of employment • (related to 'Increase c/m health services') <ul style="list-style-type: none"> ○ Access ○ Transportation • (related to 'Mobile clinic') <ul style="list-style-type: none"> ○ Resources/\$ ○ Staff ○ Sustainability • (related to 'Increase HS clients') <ul style="list-style-type: none"> ○ Resources \$ • (related to 'Increase satellite clinics') <ul style="list-style-type: none"> ○ Resources \$ ○ Lack of knowledge ○ Regulations • (related to 'Start medical society') <ul style="list-style-type: none"> ○ Apathy

Appendix F
County Health Rankings:
Mobilizing Action Toward Community Health 2011 Florida



County Health Rankings

Mobilizing Action Toward Community Health

2011

Florida



Robert Wood Johnson Foundation



UNIVERSITY OF WISCONSIN

Population Health Institute

Translating Research into Policy and Practice

Introduction

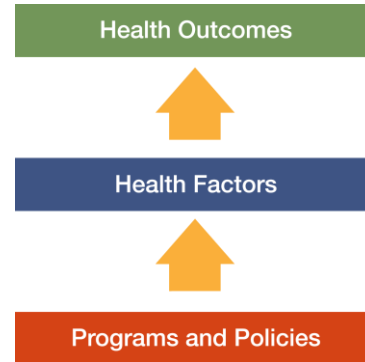
Where we live matters to our health. The health of a community depends on many different factors, including quality of health care, individual behavior, education and jobs, and the environment. We can improve a community's health through programs and policies. For example, people who live in communities with ample park and recreation space are more likely to exercise, which reduces heart disease risk. People who live in communities with smoke-free laws are less likely to smoke or to be exposed to second-hand smoke, which reduces lung cancer risk.

The problem is that there are big differences in health across communities, with some places being much healthier than others. And up to now, it has been hard to get a standard way to measure how healthy a county is and see where they can improve.

The Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute are pleased to present the 2011 *County Health Rankings*, a collection of 50 reports that reflect the overall health of counties in every state across the country. For the second year in a row, counties can get a snapshot of how healthy their residents are by comparing their overall health and the factors that influence their health with other counties in their state. This allows communities to see county-to-county where they are doing well and where they need to improve.

Everyone has a stake in community health. We all need to work together to find solutions. The *County Health Rankings* serve as both a call to action and a needed tool in this effort.

All of the *County Health Rankings* are based upon this model of population health improvement:



In this model, health outcomes are measures that describe the current health status of a county. These health outcomes are influenced by a set of health factors. These health factors and their outcomes may also be affected by community-based programs and policies designed to alter their distribution in the community. Counties can improve health outcomes by addressing all health factors with effective, evidence-based programs and policies.

To compile the *Rankings*, we built on our prior work in Wisconsin, obtained input from a team of expert advisors, and worked closely with staff from the National Center for Health Statistics. Together we selected a number of population health measures based on scientific relevance, importance, and availability of data at the county level.

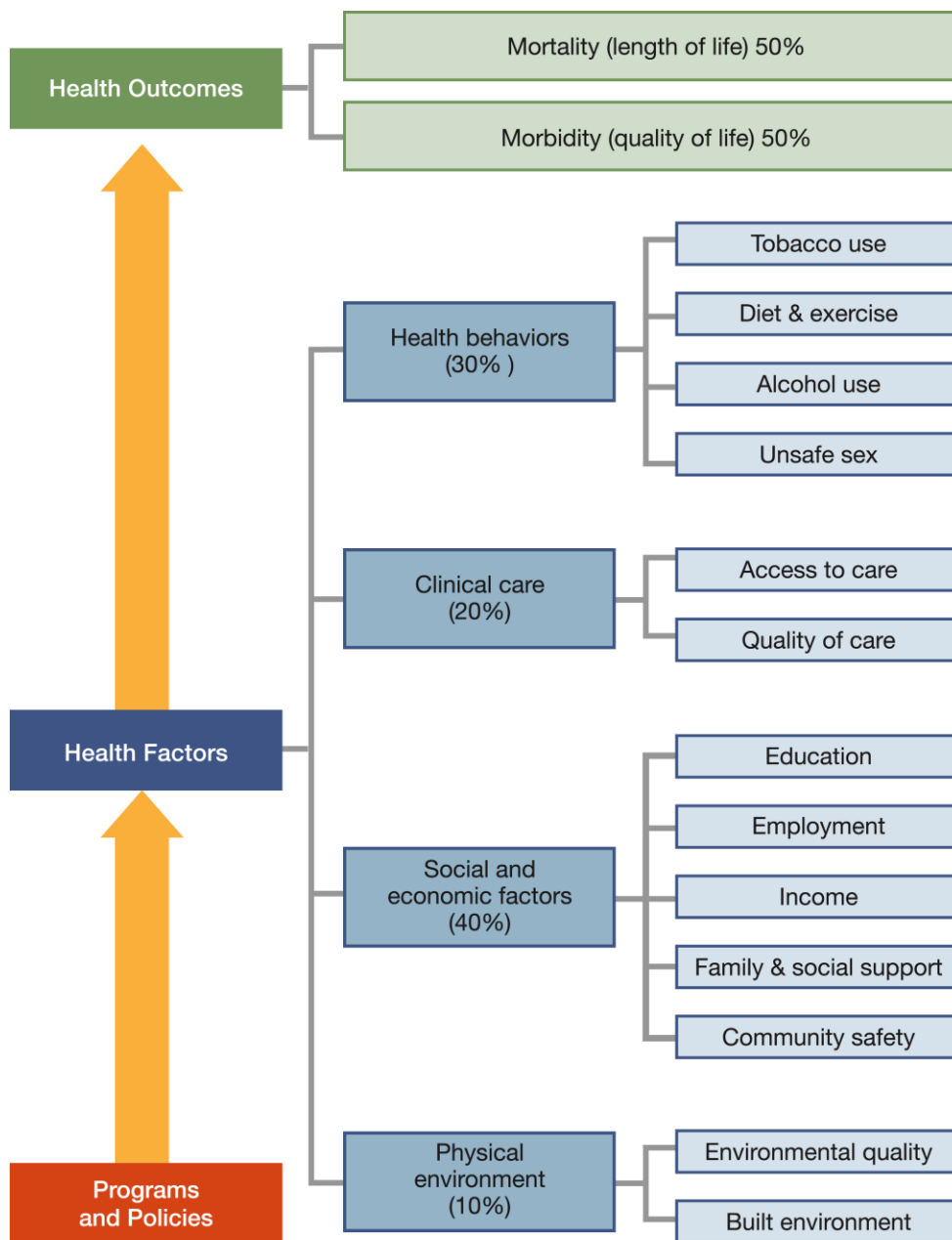
For a more detailed explanation of our approach, the methods used to compile the *Rankings*, information on the action steps communities can take to improve their health, and examples of communities in action, see www.countyhealthrankings.org



The Rankings

This report ranks Florida counties according to their summary measures of **health outcomes** and **health factors**, as well as the components used to create each summary measure. The figure below depicts the structure of the *Rankings* model. Counties receive a rank for each population health component; those having high ranks (e.g., 1 or 2) are estimated to be the “healthiest.”

Our summary **health outcomes** rankings are based on an equal weighting of mortality and morbidity measures. The summary **health factors** rankings are based on weighted scores of four types of factors: behavioral, clinical, social and economic, and environmental. The weights for the factors (shown in parentheses in the figure) are based upon a review of the literature and expert input, but represent just one way of combining these factors.

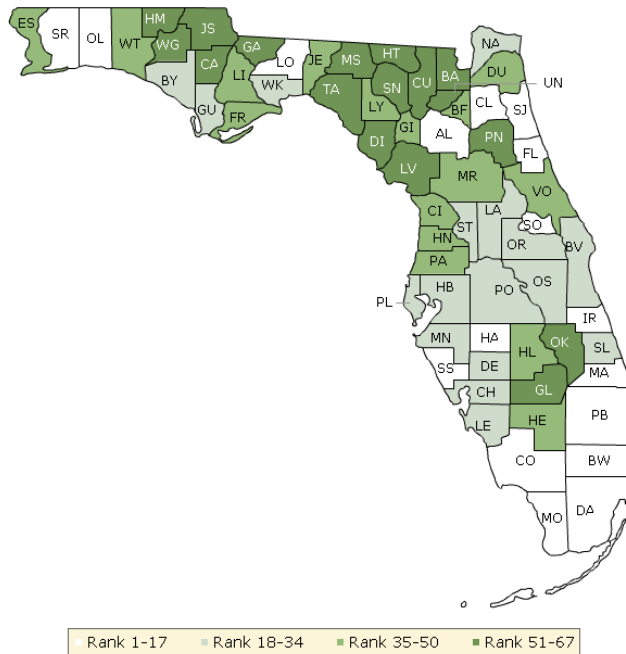


County Health Rankings model ©2010 UWPHI

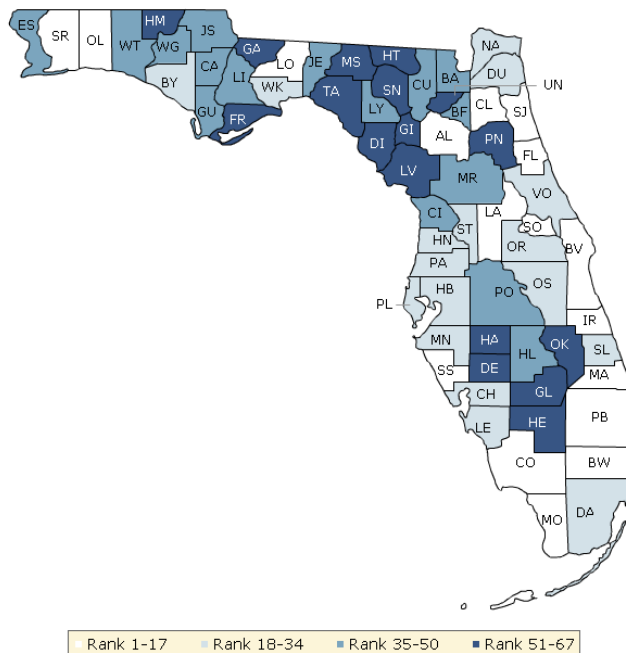
The maps on this page display Florida's counties divided into groups by health rank. The lighter colors indicate better performance in the respective summary rankings. The green map shows the distribution of summary health outcomes. The blue displays the distribution of the summary rank for health factors.

Maps help locate the healthiest and least healthy counties in the state. The health factors map appears similar to the health outcomes map, showing how health factors and health outcomes are closely related.

HEALTH OUTCOMES



HEALTH FACTORS



Summary Health Outcomes & Health Factors Rankings

Counties receive two summary ranks:

- Health Outcomes
- Health Factors

Each of these ranks represents a weighted summary of a number of measures.

Health outcomes represent how healthy a county is while health factors are what influences the health of the county.

Rank	Health Outcomes	Rank	Health Factors
1	Collier	1	St. Johns
2	Seminole	2	Sarasota
3	St. Johns	3	Okaloosa
4	Sarasota	4	Martin
5	Martin	5	Seminole
6	Clay	6	Alachua
7	Leon	7	Palm Beach
8	Miami-Dade	8	Broward
9	Okaloosa	9	Monroe
10	Broward	10	Collier
11	Palm Beach	11	Leon
12	Santa Rosa	12	Lake
13	Indian River	13	Santa Rosa
14	Hardee	14	Indian River
15	Monroe	15	Clay
16	Alachua	16	Brevard
17	Flagler	17	Flagler
18	Orange	18	Pasco
19	Gulf	19	Charlotte
20	Lake	20	Pinellas
21	Manatee	21	Nassau
22	Brevard	22	Orange
23	Lee	23	Sumter
24	Sumter	24	Manatee
25	Osceola	25	Volusia
26	Charlotte	26	Miami-Dade
27	Wakulla	27	Lee
28	Pinellas	28	Duval
29	DeSoto	29	Hernando
30	Hillsborough	30	Bay
31	Nassau	31	Hillsborough
32	St. Lucie	32	Wakulla
33	Polk	33	Osceola
34	Bay	34	St. Lucie
35	Volusia	35	Walton
36	Lafayette	36	Jackson
37	Highlands	37	Citrus
38	Franklin	38	Highlands
39	Hendry	39	Escambia
40	Pasco	40	Gulf

Rank	Health Outcomes	Rank	Health Factors
41	Hernando	41	Bradford
42	Citrus	42	Polk
43	Walton	43	Lafayette
44	Bradford	44	Marion
45	Gilchrist	45	Columbia
46	Duval	46	Calhoun
47	Escambia	47	Jefferson
48	Liberty	48	Liberty
49	Marion	49	Washington
50	Jefferson	50	Baker
51	Jackson	51	Holmes
52	Columbia	52	Gilchrist
53	Suwannee	53	Union
54	Taylor	54	Franklin
55	Okeechobee	55	Levy
56	Calhoun	56	Suwannee
57	Holmes	57	Glades
58	Glades	58	Dixie
59	Washington	59	Hardee
60	Hamilton	60	DeSoto
61	Dixie	61	Hendry
62	Baker	62	Okeechobee
63	Levy	63	Taylor
64	Gadsden	64	Putnam
65	Madison	65	Gadsden
66	Putnam	66	Hamilton
67	Union	67	Madison

Health Outcomes Rankings

The summary health outcomes ranking is based on measures of mortality and morbidity. Each county's ranks for mortality and morbidity are displayed here. The mortality rank, representing length of life, is based on a measure of premature death: the years of potential life lost prior to age 75.

The morbidity rank is based on measures that represent health-related quality of life and birth outcomes. We combine four morbidity measures: self-reported fair or poor health, poor physical health days, poor mental health days, and the percent of births with low birthweight.

Rank	Mortality	Morbidity
1	Seminole	Sarasota
2	St. Johns	Martin
3	Leon	Collier
4	Collier	St. Johns
5	Miami-Dade	Clay
6	Broward	Seminole
7	Alachua	Monroe
8	Santa Rosa	Hardee
9	Okaloosa	Indian River
10	Osceola	Palm Beach
11	Orange	Nassau
12	Flagler	Okaloosa
13	Sarasota	DeSoto
14	Gulf	Hendry
15	Clay	Franklin
16	Palm Beach	Lee
17	Martin	Broward
18	Wakulla	Santa Rosa
19	Indian River	Leon
20	Hillsborough	Manatee
21	Hardee	Miami-Dade
22	Sumter	Lake
23	Lafayette	Brevard
24	Lake	Flagler
25	Liberty	Alachua
26	Charlotte	Pinellas
27	Brevard	Sumter
28	Manatee	Charlotte
29	Monroe	Orange
30	Pinellas	Bay
31	Lee	Gulf
32	St. Lucie	Polk
33	Hernando	Highlands
34	Volusia	Holmes
35	Polk	St. Lucie
36	Gilchrist	Volusia
37	Bay	Wakulla
38	Escambia	Bradford
39	Pasco	Glades
40	Walton	Citrus

Rank	Mortality	Morbidity
41	DeSoto	Hillsborough
42	Highlands	Columbia
43	Marion	Osceola
44	Nassau	Pasco
45	Hamilton	Suwannee
46	Jackson	Duval
47	Citrus	Okeechobee
48	Jefferson	Walton
49	Duval	Dixie
50	Bradford	Jefferson
51	Calhoun	Lafayette
52	Washington	Hernando
53	Franklin	Marion
54	Taylor	Taylor
55	Columbia	Gilchrist
56	Hendry	Jackson
57	Suwannee	Escambia
58	Okeechobee	Baker
59	Gadsden	Calhoun
60	Levy	Madison
61	Glades	Union
62	Baker	Levy
63	Madison	Putnam
64	Holmes	Washington
65	Dixie	Liberty
66	Putnam	Gadsden
67	Union	Hamilton

Health Factors Rankings

The summary health factors ranking is based on four factors: health behaviors, clinical care, social and economic, and physical environment factors. In turn, each of these factors is based on several measures. Health behaviors include measures of smoking, diet and exercise, alcohol use, and risky sex behavior. Clinical

care includes measures of access to care and quality of care. Social and economic factors include measures of education, employment, income, family and social support, and community safety. The physical environment includes measures of environmental quality and the built environment.

Rank	Health Behaviors	Rank	Clinical Care	Rank	Social & Economic Factors	Rank	Physical Environment
1	Miami-Dade	1	Alachua	1	St. Johns	1	Martin
2	Sarasota	2	Sarasota	2	Okaloosa	2	Monroe
3	Broward	3	Pinellas	3	Santa Rosa	3	Clay
4	Palm Beach	4	Leon	4	Clay	4	Indian River
5	St. Johns	5	St. Johns	5	Seminole	5	Collier
6	Collier	6	Escambia	6	Leon	6	Nassau
7	Martin	7	Duval	7	Monroe	7	Gulf
8	Indian River	8	Martin	8	Wakulla	8	Palm Beach
9	Lake	9	Volusia	9	Alachua	9	Pinellas
10	Orange	10	Brevard	10	Brevard	10	Flagler
11	Seminole	11	Flagler	11	Walton	11	Franklin
12	Sumter	12	Palm Beach	12	Sarasota	12	St. Johns
13	Manatee	13	Sumter	13	Broward	13	Okeechobee
14	Pasco	14	Lake	14	Martin	14	St. Lucie
15	Monroe	15	Indian River	15	Union	15	Volusia
16	Highlands	16	Okaloosa	16	Lafayette	16	Seminole
17	Alachua	17	Pasco	17	Liberty	17	Broward
18	Flagler	18	Manatee	18	Bay	18	Sarasota
19	Charlotte	19	Hillsborough	19	Jackson	19	Lee
20	Pinellas	20	Charlotte	20	Lake	20	Charlotte
21	St. Lucie	21	Marion	21	Collier	21	Hernando
22	Okaloosa	22	Hernando	22	Charlotte	22	Marion
23	Nassau	23	Citrus	23	Nassau	23	Alachua
24	Leon	24	Seminole	24	Palm Beach	24	Hendry
25	Osceola	25	Santa Rosa	25	Pasco	25	Hardee
26	Hernando	26	Nassau	26	Bradford	26	Levy
27	Lee	27	Polk	27	Flagler	27	Okaloosa
28	Brevard	28	Clay	28	Baker	28	Glades
29	Santa Rosa	29	Orange	29	Lee	28	Lafayette
30	Bay	30	Collier	30	Hillsborough	30	Duval
31	Hillsborough	31	Gadsden	31	Osceola	31	Manatee
32	Marion	32	Lee	32	Volusia	32	Wakulla
33	Volusia	33	Jackson	33	Calhoun	33	Pasco
34	Duval	34	St. Lucie	34	Holmes	34	Miami-Dade
35	Gulf	35	Dixie	35	Pinellas	35	Baker
36	DeSoto	36	Jefferson	36	Orange	36	Putnam
37	Washington	37	Liberty	37	Duval	37	Citrus
38	Polk	38	Broward	38	Sumter	38	Suwannee
39	Citrus	39	Monroe	39	Indian River	39	Hamilton
40	Jefferson	40	Wakulla	40	Hernando	40	Brevard

Rank	Health Behaviors	Rank	Clinical Care	Rank	Social & Economic Factors	Rank	Physical Environment
41	Calhoun	41	Bay	41	Manatee	41	Osceola
42	Walton	42	Baker	42	Escambia	42	Columbia
43	Columbia	43	Columbia	43	Columbia	43	Orange
44	Escambia	44	Highlands	44	Gilchrist	44	Union
45	Hendry	45	Calhoun	45	Gulf	45	Lake
46	Lafayette	46	Gulf	46	Citrus	46	Bradford
47	Jackson	47	Bradford	47	Highlands	47	Polk
48	Clay	48	Washington	48	Washington	48	Sumter
49	Levy	49	Madison	49	Polk	49	Dixie
50	Bradford	50	Osceola	50	Miami-Dade	50	Bay
51	Gilchrist	51	Miami-Dade	51	Suwannee	51	Madison
52	Holmes	52	Levy	52	Franklin	52	Leon
53	Glades	53	Putnam	53	St. Lucie	53	DeSoto
54	Wakulla	54	Union	54	Jefferson	54	Taylor
55	Hardee	55	Franklin	55	Glades	55	Highlands
56	Okeechobee	56	Suwannee	56	Hardee	56	Gilchrist
57	Dixie	57	Taylor	57	Marion	57	Walton
58	Hamilton	58	Walton	58	Okeechobee	58	Santa Rosa
59	Franklin	59	Gilchrist	59	Levy	59	Jefferson
60	Gadsden	60	Holmes	60	Taylor	60	Hillsborough
61	Putnam	61	Hardee	61	Dixie	61	Liberty
62	Suwannee	62	Glades	62	DeSoto	62	Holmes
63	Taylor	63	DeSoto	63	Hamilton	63	Washington
64	Baker	64	Lafayette	64	Madison	64	Jackson
65	Liberty	65	Hendry	65	Putnam	65	Gadsden
66	Madison	66	Hamilton	66	Gadsden	66	Calhoun
67	Union	67	Okeechobee	67	Hendry	67	Escambia

2011 County Health Rankings: Measures, Data Sources, and Years of Data

	Measure	Data Source	Years of Data
HEALTH OUTCOMES			
Mortality	Premature death	National Center for Health Statistics	2005-2007
Morbidity	Poor or fair health	Behavioral Risk Factor Surveillance System	2003-2009
	Poor physical health days	Behavioral Risk Factor Surveillance System	2003-2009
	Poor mental health days	Behavioral Risk Factor Surveillance System	2003-2009
	Low birthweight	National Center for Health Statistics	2001-2007
HEALTH FACTORS			
HEALTH BEHAVIORS			
Tobacco	Adult smoking	Behavioral Risk Factor Surveillance System	2003-2009
Diet and Exercise	Adult obesity	National Center for Chronic Disease Prevention and Health Promotion	2008
Alcohol Use	Excessive drinking	Behavioral Risk Factor Surveillance System	2003-2009
	Motor vehicle crash death rate	National Center for Health Statistics	2001-2007
High Risk Sexual Behavior	Sexually transmitted infections	National Center for Hepatitis, HIV, STD and TB Prevention	2008
	Teen birth rate	National Center for Health Statistics	2001-2007
CLINICAL CARE			
Access to Care	Uninsured adults	Small Area Health Insurance Estimates, U.S. Census	2007
	Primary care providers	Health Resources & Services Administration	2008
Quality of Care	Preventable hospital stays	Medicare/Dartmouth Institute	2006-2007
	Diabetic screening	Medicare/Dartmouth Institute	2006-2007
	Mammography screening	Medicare/Dartmouth Institute	2006-2007
SOCIOECONOMIC FACTORS			
Education	High school graduation	National Center for Education Statistics ¹	2006-2007
	Some college	American Community Survey	2005-2009
Employment	Unemployment	Bureau of Labor Statistics	2009
Income	Children in poverty	Small Area Income and Poverty Estimates, U.S. Census	2008
Family and Social Support	Inadequate social support	Behavioral Risk Factor Surveillance System	2005-2009
	Single-parent households	American Community Survey	2005-2009
Community Safety	Violent crime ²	Uniform Crime Reporting, Federal Bureau of Investigation	2006-2008
PHYSICAL ENVIRONMENT			
Air Quality³	Air pollution-particulate matter days	U.S. Environmental Protection Agency / Centers for Disease Control and Prevention	2006
	Air pollution-ozone days	U.S. Environmental Protection Agency / Centers for Disease Control and Prevention	2006
Built Environment	Access to healthy foods	Census Zip Code Business Patterns	2008
	Access to recreational facilities	Census County Business Patterns	2008

¹ State data sources for KY, NH, NC, PA, SC, and UT (2008-2009).

² Homicide rate (2001-2007) from National Center for Health Statistics for AK, AZ, AR, CO, CT, GA, ID, IN, IA, KS, KY, LA, MN, MS, MT, NE, NH, NM, NC, ND, OH, SD, UT, and WV. State data source for IL.

³ Not available for AK and HI.

CREDITS

Report Authors

University of Wisconsin-Madison
School of Medicine and Public Health
Department of Population Health Sciences
Population Health Institute

Bridget Booske, PhD, MHSA
Jessica Athens, MS
Patrick Remington, MD, MPH

This publication would not have been possible without the following contributions:

Technical Advisors

Amy Bernstein, ScD, Centers for Disease Control and Prevention
Michele Bohm, MPH, Centers for Disease Control and Prevention

Research Assistance

Jennifer Buechner
Hyojun Park, MA
Seth Prins, MPH
Jennifer Robinson
Matthew Rodock
Anne Roubal

Communications and Outreach

Burness Communications
Ivan Cherniack
Nathan Jones, PhD
Kate Konkle, MPH
Angela Russell
Julie Willems Van Dijk, PhD, RN

Design

Forum One, Alexandria, VA
Media Solutions, UW School of Medicine and Public Health

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Brenda L. Henry, PhD, MPH – Program Officer
Michelle Larkin, JD, MS, RN – Team Director and Senior Program Officer
James S. Marks, MD, MPH – Senior Vice President and Group Director, Health Group
Joe Marx – Senior Communications Officer

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County Health Rankings

Mobilizing Action Toward Community Health

countyhealthrankings.org



University of Wisconsin Population Health Institute
610 Walnut St, #524, Madison, WI 53726
(608) 265-6370 / info@countyhealthrankings.org

Appendix G
Data from Cubit Planning

Population Trends

Census Geographies	1990 Population	2000 Population	% Change from 1990-2000	2008 Population	% Change from 2000-2008
Counties					
Holmes County Florida	15,778	18,564	17.7	19,170	3.3
States					
Florida	12,937,926	15,982,378	23.5	18,423,878	15.3

Sources: 1990 U.S. Census Data: SF1 Table: P001; U.S. Census 2000 Data: SF1 Table: P1; U.S. Census Estimates Data: County Totals Vintage 2009 'Annual Estimates of the Resident Population for Counties: April 1, 2000 to July 1, 2009'; U.S. Census Estimates Data: Incorporated Places and Minor Civil Divisions Totals Vintage 2008 'All Incorporated Places: 2000 to 2008'

Population Projections

Census Geography	2010	2020	2030	% Change from 2010-2030
Counties				
Holmes County Florida	20,062	21,404	22,773	13.5
States				
Florida	18,881,443	21,417,450	23,979,032	27.0

Source(s): The Florida Legislature Office of Economic & Demographic Research. 'Florida Demographic Estimating Conference February 2009 and the Florida Demographic Database August 2009: Total county population: April 1 1970-2030' <http://edr.state.fl.us/population.htm> (June 2010).

Minority Race Counts

Census Geographies	Total Population	Black/African American	Not Hispanic or Latino ³				Hispanic or Latino ³ (All Races)
			American Indian/Alaska Native	Asian	Native Hawaiian/Pacific Islander	Other ¹	
Counties							
Holmes County Florida	18,564	1,190	177	72	6	260	358
States							
Florida	15,982,378	2,264,268	42,358	261,693	6,887	265,948	2,682,715

Source: U.S. Census 2000 SF1 Table P8

¹ Combines Census Table P8 categories 'Some other race alone' and 'Two or more races'

³ The U.S. Census 2000 considers race and ethnicity to be separate identities. SF1 Table P8 provides race data by "Hispanic or Latino" and "Not Hispanic or Latino" ethnicities.

Minority Populations and Environmental Justice

[Insert appropriate agency definition of minority here. For example: The US Department of Transportation Order on Environmental Justice (April 1997) defines a "minority" as a person who is Black, Hispanic, Asian American, or American Indian/Alaskan Native. "Minority population" is defined as "any readily identifiable groups of minority persons who live in geographic proximity, and if circumstances warrant, geographically dispersed/transient persons (such as migrant workers or Native Americans) who will be similarly affected by a proposed DOT program, policy or activity."] County data indicate that minorities live in the project area. Additional analyses are needed to determine if the project will result in disproportionately high and adverse effects to minorities and minority populations.

Income Data

Census Geographies	Total Households	% of households with annual incomes			Median Household Income in 1999 (\$USD)
		Less than \$14,999 (%)	Between \$15,000 - \$19,999 (%)	Greater than \$20,000 (%)	
Counties					
Holmes County Florida	6,924	26.8	10.5	62.7	27,923
States					
Florida	6,341,121	16.3	7.0	76.7	38,819

Source: U.S. Census 2000 SF3 Table P52, P53

Census Geographies	Total: Population for whom poverty status is determined	Population with Income in 1999 below poverty level (%)
Counties		
Holmes County Florida	16,842	19.1
States		
Florida	15,605,367	12.5

Source: U.S. Census 2000 SF3 Table P87

¹ Small area Census geographies are named by their FIPS codes (State FIPS-County FIPS-Tract FIPS & Block group FIPS).

Low Income Populations and Environmental Justice

[Insert appropriate agency definition of low income here. For example: US Department of Transportation Order on Environmental Justice (April 1997) defines "low income" as a person whose median household income is at or below the Department of Health and Human Services (DHHS) poverty guidelines. "Low income population" is defined as "any readily identifiable group of low-income persons who live in geographic proximity, and, if circumstances warrant, geographically dispersed/transient persons (such as migrant workers or Native Americans) who will be similarly affected by a proposed DOT program, policy or activity."] The 2011 DHHS poverty guideline for a family or household of four is \$22,350. Data in the Income Data table were collected in 1999, and the 1999 DHHS poverty guideline for a family or household of four is \$16,700. County data show that the median household income in 1999 for all counties is greater than the 1999 DHHS poverty guideline. However, the data indicate that low income individuals live in the project area. Additional analyses are needed to determine if the project will result in disproportionately high and adverse effects to low income individuals.

Transportation Data

Census Geographies	Drove Alone (%)	Carpooled (%)	Public Transportation (%)	Bicycle (%)	Walked (%)	Other (%)
Counties						
Holmes County Florida	80.0	12.4	0.0	0.0	2.2	5.4
States						
Florida	78.8	12.9	1.9	0.6	1.7	4.1

Source: U.S. Census 2000 SF3 Table P30

Age

Census Geographies	Total Population	Population Younger Than 18 Years		Population Older Than 64 Years	
		Count	%	Count	%
Counties					
Holmes County Florida	18,564	4,285	23.1	2,749	14.8
States					
Florida	15,982,378	3,646,340	22.8	2,807,597	17.6

Source: U.S. Census 2000 SF1 Table P12

Types of Disabilities

Census Geographies	Sensory	Physical	Mental	Self-care	Go-outside-home	Employment	Total
Counties							
Holmes County Florida	1,351	2,529	1,157	649	1,466	1,684	8,836
States							
Florida	602,287	1,415,787	746,964	424,095	1,217,861	1,375,413	5,782,407

Source: U.S. Census 2000 SF3 P41

This data is for the civilian, non-institutionalized population age 5 years and over.

Limited English Proficiency (LEP)

Executive Order 13166 "Improving Access to Services for Persons with Limited English Proficiency" requires all recipients of federal funds to provide meaningful access to persons who are limited in their English proficiency (LEP). The United States (U.S.) Department of Justice defines LEP individuals as those "who do not speak English as their primary language and who have a limited ability to read, write, speak, or understand English" (67 FR 41459). Data about LEP populations was gathered in the U.S. Census 2000. For data analysis purposes, the Census divides the states of the United States into counties.

Within area counties, Census data record the presence of persons who describe their ability to speak English as less than "Very Well." The table below shows the percentages of adults who speak English less than "Very Well" by language category. Additionally, 27 households or 0.4% of households within area counties reported to the Census that their household was linguistically isolated, meaning that all household members over the age of fourteen had at least some difficulty with English. Thus, Census data indicate the presence of LEP populations.

Percent of Adult Speakers Who Speak English Less than Very Well*

Census Geographies	Total Adult Population	Percent of Adult Speakers Who Speak English Less than Very Well			
		Spanish Language Speakers	Other Indo European Language Speakers	Asian and Pacific Island Language Speakers	Other Language Speakers
Counties					
Holmes County Florida	14,275	0.8%	0.5%	0.2%	0.1%
States					
Florida	12,347,806	8.5%	1.9%	0.6%	0.2%

Source: U.S. Census 2000 SF3 P19 for persons age 18 and older.

* The data on ability to speak English represent the Census respondent's own perception about his ability to speak English (United States Census 2000 Metadata).

Since LEP is partially defined as a limited ability to read and write English, literacy data were also consulted. Indirect literacy estimates for adults were calculated by the National Center for Education Statistics based on 2003 survey data for states and counties. The percentage of adults who lack basic prose literacy skills for Holmes County and Florida are 17% and 20% respectively.¹ While literacy estimates do not differentiate between low literate English speakers and low literate LEP populations, literacy data should be considered along with other LEP indicators in determining how to best provide access to LEP populations. In conclusion, the data indicate the likelihood of LEP populations in the area.

To determine the languages of the LEP populations, Census data were consulted for project area counties. The table below details the top five languages spoken by the total adult population (LEP and non-LEP) for each county.

Census Geographies Counties	Top Five Languages Spoken by the Adult Population				
	Language 1	Language 2	Language 3	Language 4	Language 5
Holmes County	English 95.3%	Spanish/Spanish Creole 2.5%	German 0.6%	Urdu 0.3%	Hebrew 0.3%

Source: U.S. Census 2000 SF3 PCT10 for persons age 18 and older.

Therefore, the counties data does not indicate the presence of LEP language groups that exceed the Department of Justice's Safe Harbor threshold of 5% or 1,000 persons. *[However, the following measures will be taken to ensure LEP persons meaningful access: enter any measures to be taken to ensure meaningful access if applicable].* Thus, the requirements of Executive Order 13166 appear to be satisfied.

Footnotes

1. See <http://nces.ed.gov/naal/estimates/Cautions.aspx> for general cautions about indirect literacy estimates.

Citations

- United States. Department of Transportation. "Department of Transportation (DOT) Order to Address Environmental Justice in Minority Populations and Low Income Populations." **Federal Register** 15 April 1997: 18377 - 18381

LEP Data

- "Improving Access to Services for Persons with Limited English Proficiency," 3 Code of Federal Regulations 13166. 2001 ed.
- "Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons," 67 Federal Register 117 (18 June 2002), pp. 41459.
- U.S. Bureau of the Census. Census 2000: Summary File 3. Washington: The Bureau, 2008.
- National Center for Education Statistics. "State & County Estimates of Low Literacy." National Assessment of Adult Literacy. 2009. <http://nces.ed.gov/naal/estimates/Index.aspx>.
- National Center for Education Statistics. Common Core of Data. Washington: NCES.

Housing & Transportation (Historic)

Transportation Data

Census Geographies	Drove Alone (%)	Carpooled (%)	Public Transportation (%)	Bicycle (%)	Walked (%)	Other (%)
Counties						
Holmes County Florida	80.0	12.4	0.0	0.0	2.2	5.4
States						
Florida	78.8	12.9	1.9	0.6	1.7	4.1

Source: U.S. Census 2000 SF3 Table P30

Census 2000 Housing Data

Housing Units

Census Geographies	Total Housing Units	Occupied Housing Units	Percent Occupied (%)	Vacant Housing Units	Percent Vacant (%)
Counties					
Holmes County Florida	7,998	6,921	86.5	1,077	13.5
States					
Florida	7,302,947	6,337,929	86.8	965,018	13.2

Source: US Census 2000 Data: SF1 Table H3

Occupied Housing Units

Census Geographies	Occupied Housing Units	Owner Occupied			Renter Occupied		
		Units	Percent (%)	Median Value (\$USD)	Units	Percent (%)	Median Gross Rent ¹ (\$USD)
Counties							
Holmes County Florida	6,921	5,639	81.5	53,200	1,282	18.5	387
States							
Florida	6,337,929	4,441,799	70.1	93,200	1,896,130	29.9	641

Sources: US Census 2000 Data: SF1 Table H4, SF3 Table H85, SF3 Table H63

¹ Specified renter-occupied housing units paying cash rent

End Notes

Small area Census geographies are named by their FIPS codes (State FIPS-County FIPS-Tract FIPS-Block group FIPS & Block FIPS).

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Other (historic)

Percent of Adult Speakers Who Speak English Less than Very Well

Census Geographies	Total Adult Population	Percent of Adult Speakers Who Speak English Less than Very Well			
		Spanish Language Speakers	Other Indo European Language Speakers	Asian and Pacific Island Language Speakers	Other Language Speakers
Counties					
Holmes County Florida	14,275	0.8%	0.5%	0.2%	0.1%
States					
Florida	12,347,806	8.5%	1.9%	0.6%	0.2%

Top Five Languages Spoken by the Adult Population

Census Geographies	Language 1	Language 2	Language 3	Language 4	Language 5
Tracts					
Counties					
Holmes County	English 95.3%	Spanish/Spanish Creole 2.5%	German 0.6%	Urdu 0.3%	Hebrew 0.3%

Source: U.S. Census 2000 SF3 PCT10 for persons age 18 and older.

End Notes

Small area Census geographies are named by their FIPS codes (State FIPS-County FIPS-Tract FIPS-Block group FIPS & Block FIPS).

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Income, Poverty & Jobs (Historic)

Income Data

Census Geographies ¹	Total Households	% of households with annual incomes			Median Household Income in 1999 (\$USD)
		Less than \$14,999 (%)	Between \$15,000 - \$19,999 (%)	Greater than \$20,000 (%)	
Counties					
Holmes County Florida	6,924	26.8	10.5	62.7	27,923
States					
Florida	6,341,121	16.3	7.0	76.7	38,819

Source: U.S. Census 2000 SF3 Table P52, P53¹ Small area Census geographies are named by their FIPS codes (State FIPS-County FIPS-Tract FIPS-Block group FIPS & Block FIPS).

Census Geographies¹	Total: Population for whom poverty status is determined	Population with Income in 1999 below poverty level (%)
Counties		
Holmes County Florida	16,842	19.1
States		
Florida	15,605,367	12.5

Source: U.S. Census 2000 SF3 Table P87

¹ Small area Census geographies are named by their FIPS codes (State FIPS-County FIPS-Tract FIPS & Block group FIPS).

Census 2000 Employment Data

Labor Force

Census Geographies	Total Population	In Labor Force	Not In Labor Force	In Labor Force		Civilian		Percent Unemployed (%)
				In Armed Forces	Civilian	Employed	Unemployed	
Counties								
Holmes County Florida	14,835	7,398	7,437	0	7,398	6,938	460	6.2
States								
Florida	12,744,825	7,471,977	5,272,848	64,519	7,407,458	6,995,047	412,411	5.5

Sources: US Census 2000 Data: SF3 Table P43

End Notes

Small area Census geographies are named by their FIPS codes (State FIPS-County FIPS-Tract FIPS-Block group FIPS & Block FIPS).

Demographics (historic)

Total Population

Geography	Total Population
	Tracts Places Counties
Holmes County	19,065 +/-0
Florida	18,222,420 +/-0

Source: U.S. Census Bureau, 2005-2009 American Community Survey, Table B01003
ACS data are estimates; they are not counts. Each estimate has a margin of error (i.e. +/-12).

Race & Ethnicity Counts for Total Population

Geography	Not Hispanic**						Hispanic**	
	White	Black*	Indian*	Asian	Islander*	Other*		Two*
	Block Groups							
	Tracts							
	Places							
	Counties							
Holmes County	16,703 +/-136	1,027 +/-172	137 +/-63	73 +/-19	104 +/-168	0 +/-136	553 +/-95	468 +/-0
	States							
Florida	11,025,592 +/-3,158	2,704,846 +/-4,349	43,409 +/-1,665	409,410 +/-2,472	8,872 +/-732	58,624 +/-3,683	225,389 +/-5,441	3,746,278 +/-677

Source: U.S. Census Bureau, 2005-2009 American Community Survey, Table B03002
ACS data are estimates; they are not counts. Each estimate has a margin of error (i.e. +/-12).

*The complete Census race descriptions are as follows: White; Black or African American; American Indian and Alaska Native; Asian; Native Hawaiian and Other Pacific Islander; Some other race; and Two or more races.

**Hispanics may be of any race.

Important Note About Hispanic Data

For more information on understanding race and Hispanic origin data, please see the Census 2000 Brief entitled, Overview of Race and Hispanic Origin, issued March 2001. The ACS questions on Hispanic origin and race were revised in 2008 to make them consistent with the Census 2010 question wording. Any changes in estimates for 2008 and beyond may be due to demographic changes, as well as factors including questionnaire changes, differences in ACS

population controls, and methodological differences in the population estimates, and therefore should be used with caution. For a summary of questionnaire changes see http://www.census.gov/acs/www/methodology/questionnaire_changes/. For more information about changes in the estimates see <http://www.census.gov/population/www/socdemo/hispanic/reports.html>.

Population Trends

Census Geographies	1990 Population	2000 Population	% Change from 1990-2000	2008 Population	% Change from 2000-2008
Counties					
Holmes County Florida	15,778	18,564	17.7	19,170	3.3
States					
Florida	12,937,926	15,982,378	23.5	18,423,878	15.3

Sources: 1990 U.S. Census Data: SF1 Table: P001; U.S. Census 2000 Data: SF1 Table: P1; U.S. Census Estimates Data: County Totals Vintage 2009 'Annual Estimates of the Resident Population for Counties: April 1, 2000 to July 1, 2009'; U.S. Census Estimates Data: Incorporated Places and Minor Civil Divisions Totals Vintage 2008 'All Incorporated Places: 2000 to 2008'

Population Projections

Census Geography	2010	2020	2030	% Change from 2010-2030
Counties				
Holmes County Florida	20,062	21,404	22,773	13.5
States				
Florida	18,881,443	21,417,450	23,979,032	27.0

Source(s): The Florida Legislature Office of Economic & Demographic Research. 'Florida Demographic Estimating Conference February 2009 and the Florida Demographic Database August 2009: Total county population: April 1 1970-2030' <http://edr.state.fl.us/population.htm> (June 2010).

Minority Race Counts

Census Geographies	Total Population	Black/	Not Hispanic or Latino ³ American Asian Native	Hispanic or Latino ³ Other ¹
--------------------	------------------	--------	--	---

		African American	Indian/ Alaska Native		Hawaiian/ Pacific Islander		(All Races)
Counties							
Holmes County Florida	18,564	1,190	177	72	6	260	358
States							
Florida	15,982,378	2,264,268	42,358	261,693	6,887	265,948	2,682,715

Source: U.S. Census 2000 SF1 Table P8

¹ Combines Census Table P8 categories 'Some other race alone' and 'Two or more races' ³ The U.S. Census 2000 considers race and ethnicity to be separate identities. SF1 Table P8 provides race data by "Hispanic or Latino" and "Not Hispanic or Latino" ethnicities.

Age

Census Geographies	Total Population	Population Younger Than 18 Years		Population Older Than 64 Years	
		Count	%	Count	%
Counties					
Holmes County Florida	18,564	4,285	23.1	2,749	14.8
States					
Florida	15,982,378	3,646,340	22.8	2,807,597	17.6

Source: U.S. Census 2000 SF1 Table P12

Types of Disabilities

Census Geographies	Sensory	Physical	Mental	Self- care	Go-outside- home	Employment	Total
Counties							
Holmes County Florida	1,351	2,529	1,157	649	1,466	1,684	8,836
States							
Florida	602,287	1,415,787	746,964	424,095	1,217,861	1,375,413	5,782,407

Source: U.S. Census 2000 SF3 P41

This data is for the civilian, non-institutionalized population age 5 years and over.

End Notes

Small area Census geographies are named by their FIPS codes (State FIPS-County FIPS-Tract FIPS-Block group FIPS & Block FIPS).

For more information on American Community Survey 2005-2009, see:

http://www.census.gov/acs/www/guidance_for_data_users/guidance_main

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Housing & Transportation

Housing

Census 2010 SF1 Data Status: Not released yet.

Rather than waiting to release data for all 50 states simultaneously, the U.S. Census Bureau is releasing it, piecemeal, state-by-state. As soon as the U.S. Census releases data for this project, we'll add it to this report.

Housing Units

Census 2010 Geography	Housing Units		Occupied housing units		Vacant housing units	
	Count		Count	%	Count	%
Counties						
Holmes County	8,641		7,354	85.1	1,287	14.9
States						
Florida	8,989,580		7,420,802	82.5	1,568,778	17.5
Source: U.S. Census Bureau, 2010 Census Redistricting Data, Table H1						

2008 Annual New Privately-Owned Residential Building Permits

Census 2000 Geography Buildings (Count) Units (Count) Construction cost (\$USD)

Holmes County	51	51	6,865,419
Florida			

Source: U.S. Census Bureau, 2008 Annual Building Permits, Reported Only

Transportation Data

Census 2000 Transportation Data

Means of Transportation

Census 2000 Geography	Drove Alone	Carpooled	Public Transportation	Bicycle Walked	Other
--------------------------	----------------	-----------	--------------------------	----------------	-------

Counties

Holmes County	5,395	834	0	0	148	364
Florida						

States

Florida	5,445,527	893,766	129,075	39,294	118,386	284,120
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Source: U.S. Census Bureau, 2000 Census of Population and Housing, Summary File 3: Table P30

Commute: Place of Work for Workers 16 years and over — State and County

Census 2000 Geography	Total	Worked in state of residence	Worked in county of residence	Worked outside state of residence	Percent worked outside state of residence (%)	Worked outside county of residence	Percent worked outside county of residence (%)
-----------------------	-------	------------------------------	-------------------------------	-----------------------------------	---	------------------------------------	--

Counties

Holmes County	6,741	5,590	3,115	1,151	17.1	2,475	36.7
Florida							

States

Florida	6,910,168	6,830,544	5,662,640	79,624	1.2	1,167,904	16.9
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Source: U.S. Census Bureau, 2000 Census of Population and Housing, Summary File 3: Table P26

Commute: Place of Work for Workers 16 years and over — Place

Census 2000 Geography	Total	Living in a place	Worked in place of residence	Worked outside place of residence	Percent worked outside place of residence (%)
-----------------------	-------	-------------------	------------------------------	-----------------------------------	---

Counties

Holmes County	6,741	1,318	493	825	62.6
Florida					

States

Florida	6,910,168	5,219,632	1,614,942	3,604,690	69.1
---------	-----------	-----------	-----------	-----------	------

Source: U.S. Census Bureau, 2000 Census of Population and Housing, Summary File 3: Table P27

Other

Educational Attainment

Census 2000 Geography	Population 25 years & over	% High School Graduate or higher	% Bachelor's Degree or higher
Holmes County	13,106 +/-213	74.4% +/-3.2	10.8% +/-2.4
Florida	12,532,280 +/-1,851	84.9% +/-0.1	25.6% +/-0.1

Source: U.S. Census Bureau, 2005-2009 American Community Survey

ACS data are estimates; they are not counts. Each estimate has a margin of error (i.e. +/-12).

Languages Spoken at Home

Census 2000 Geography	Population 5 years & over	English only	Spanish	Other Indo- European	Asian & Pacific Islander	Other
Holmes County	17,906 +/-58	96% +/- 1.1	2.3% +/- 0.5	0.7% +/-0.4	0.9% +/-1.0	0.1% +/-0.1
Florida	17,076,753 +/- 586	74.2% +/-0.1	18.9% +/- 0.1	5.1% +/-0.1	1.4% +/-0.1	0.5% +/-0.1

Source: U.S. Census Bureau, 2005-2009 American Community Survey

ACS data are estimates; they are not counts. Each estimate has a margin of error (i.e. +/-12).

Speak English Less than Very Well

Census 2000 Geography	Population 5 years & over	Spanish Speakers	Other Indo- European Speakers	Asian & Pacific Islander Speakers	Other Speakers
Holmes County	17,906 +/-58	0.8% +/-0.4	0.2% +/-0.3	0.1% +/-0.1	0% +/-0.2
Florida	17,076,753 +/- 586	8.9% +/-0.1	1.9% +/-0.1	0.6% +/-0.1	0.1% +/-0.1

Source: U.S. Census Bureau, 2005-2009 American Community Survey

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2007 Agricultural Data

Farms

Census 2000 Geography	Number of Farms	Total Acres	Median Farm Size (acres)	Value of Land & Buildings (Average \$ per acre)	Value of Agricultural Products sold (Average \$ per farm)
Holmes County	1,037	151,812	91	4,248	23,209
Florida	47,463	9,231,570	20	5,639	164,027

Source: 2007 Census of Agriculture

Numbers of Livestock and Poultry

Census 2000 Geography	Cattle & Calves	Hogs & Pigs	Sheep & Lambs	Layers	Broilers
Holmes County	33,202	233	117	998	3,240,018
Florida	1,711,011	19,937	13,030	11,787,758	73,353,351

Source: 2007 Census of Agriculture

Acres of Crops: Grains & Beans

Census 2000 Geography	Corn (grain)	Corn (silage)	Wheat	Oats	Barley	Sorghum (grain)	Sorghum (silage)	Rice	Soybeans	Dry Beans
Holmes County	866	100	240	530	0	0	0	0	740	0
Florida	33,915	27,005	9,157	3,222	0	1,331	4,290	11,376	12,066	0

Source: 2007 Census of Agriculture

Acres of Crops: All Other

Census 2000 Geography	Cotton	Tobacco	Forage (Hay)	Sunflower seeds	Sugar beets	Sugar-cane	Peanuts	Vegetables	Potatoes	Sweet Potatoes	Orchards
Holmes County	0	0	12,179		0	0	3,179	114	0	0	389
Florida	80,053	1,040	354,860		0	378,587	118,637	265,835	26,526	2,859	677,403

End Notes

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Income, Poverty & Jobs

Median Household Income

Census 2000 Geography	Total Households	Median Household Income (\$)
	Block Groups	
	Tracts	
	Places	
	Counties	
Holmes County	6,839 +/-335	33,868 +/-2,140
	States	
Florida	7,076,539 +/-19,863	47,450 +/-156

Source: U.S. Census Bureau, 2005-2009 American Community Survey, Tables B11001 and B19013

ACS data are estimates; they are not counts. Each estimate has a margin of error (i.e. +/-12). Income data is provided in 2009 inflation adjusted dollars.

Income Distribution for Households

Census 2000 Geography	< \$10K	\$10 - \$14.9K	\$15 - \$24.9K	\$25 - \$34.9K	\$35 - \$49.9K	\$50 - \$74.9K	\$75 - \$99.9K	\$100 - \$149.9K	\$150 - \$199.9K	\$200K+
	Holmes County	9.8% +/-2.5	11% +/-2.2	17.2% +/-2.9	14% +/-2.9	16.9% +/-2.9	17% +/-3.1	8% +/-2.4	5.9% +/-2.1	0.2% +/-0.3
Florida	7.2% +/-0.1	5.7% +/-0.1	11.8% +/-0.1	11.9% +/-0.1	15.7% +/-0.1	19% +/-0.1	11.4% +/-0.1	10.3% +/-0.1	3.3% +/-0.1	3.5% +/-0.1

Source: U.S. Census Bureau, 2005-2009 American Community Survey
 ACS data are estimates; they are not counts. Each estimate has a margin of error (i.e. +/-12).

2011 Federal Poverty Guidelines

Persons in Family	48 Contiguous States and D.C.	Alaska	Hawaii
1	\$10,890	\$13,600	\$12,540
2	14,710	18,380	16,930
3	18,530	23,160	21,320
4	22,350	27,940	25,710
5	26,170	32,720	30,100
6	29,990	37,500	34,490
7	33,810	42,280	38,880
8	37,630	47,060	43,270
For each additional person, add	3,820	4,780	4,390

SOURCE: *Federal Register*, Vol. 76, No. 13, January 20, 2011, pp. 3637-3638

Poverty Populations

Census 2000 Geography	Total Population For Whom Poverty Status is Determined	Population with Income in the past 12 months below poverty level
	Tracts	
	Places	
	Counties	
Holmes County	17,298 +/-321	3,284 +/-569
	States	
Florida	17,811,892 +/-2,815	2,346,946 +/-23,890

Source: U.S. Census Bureau, 2005-2009 American Community Survey, Table B17001
 ACS data are estimates; they are not counts. Each estimate has a margin of error (i.e. +/-12).
 Percentage of people whose income in the past 12 months is below the poverty level.

SNAP (Supplemental Nutrition Assistance Program) Benefits Recipients

Supplemental Nutrition Assistance Program is the new name for the federal Food Stamp Program, as of October 1, 2008. The SNAP benefits data represent the number of participants in the SNAP for each state, county and the District of Columbia.

	July 2002	July 2003	July 2004	July 2005	July 2006	July 2007
Holmes County	2,565	2,572	2,724	2,444	2,423	2,775
Florida	1,033,097	1,140,247	1,279,838	1,260,934	1,215,709	1,381,870

Source: U.S. Census Bureau, Small Area Income and Poverty Estimates: 2010 County SNAP benefits data

2008 Employment Data

Labor Force

Census 2000 Geography	Labor Force	Employed	Unemployed Count	Unemployed Rate
Counties				
Holmes County	9,106	8,656	450	4.9
States				
Florida	-	-	-	6.2

Sources: U.S. Bureau of Labor Statistics, Unemployment Rate for States Annual Average Rankings Year 2008 & Labor Force Data by County, 2008 Annual Averages

Industries

Holmes County

	Annual Average Establishment Count	Annual Average Employment ¹	Percent of Annual Average Employment (%)	Annual Average Pay
Federal Government	7	64	1.7	43,306
State Government	19	458	12.3	35,436
Local Government	12	902	24.3	30,276
Goods-Producing	112	465	12.5	25,157
Natural Resources and Mining	17	38	1.0	16,954
Construction	82	269	7.2	22,348
Manufacturing	14	158	4.3	31,946

Service-Providing	255	1,827	49.2	22,561
Trade, Transportation, and Utilities	98	521	14.0	21,267
Information	4	18	0.5	39,826
Financial Activities	22	174	4.7	35,183
Professional and Business Services	48	151	4.1	22,390
Education and Health Services	31	613	16.5	22,719
Leisure and Hospitality	27	237	6.4	12,535
Other Services	22	111	3.0	27,047
Unclassified	2	2	0.1	11,267
Total	405	3,716	100.0	26,701

Source: U.S. Bureau of Labor Statistics. Labor Force Data by County: 2008 Annual Averages. Special Requests, County High Level

¹ Total may not add up to 100 due to rounding.

End Notes

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Demographics

Census 2010 SF1 Data Status: Not released yet.

Rather than waiting to release data for all 50 states simultaneously, the U.S. Census Bureau is releasing it, piecemeal, state-by-state. As soon as the U.S. Census releases data for this project, we'll add it to this report.

Total Population

Census 2010 Geography

Counties

Population

Holmes County 19,927

States

Florida 18,801,310

Source: U.S. Census Bureau, 2010 Census Redistricting Data, Table P2

Race & Ethnicity for Total Population

Census 2010 Geography	Not Hispanic												Hispanic**			
	White		Black*		Indian*		Asian		Islander*		Other*		Two*		Hispanic**	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Counties																
Holmes County	17,722	88.9	1,140	5.7	143	0.7	83	0.4	27	0.1	6	0.0	362	1.8	444	2.2
States																
Florida	10,884,722	57.9	2,851,100	15.2	47,265	0.3	445,216	2.4	9,721	0.1	48,462	0.3	291,014	1.5	4,223,806	22.5

Source: U.S. Census Bureau, 2010 Census Redistricting Data, Table P2

*The complete Census race descriptions are as follows: White; Black or African American; American Indian and Alaska Native; Asian; Native Hawaiian and Other Pacific Islander; Some other race; and Two or more races.

**Hispanics may be of any race. See 2010 Census Redistricting Data (Public Law 94-171)

Summary file for additional information about race and ethnicity here:

<http://www.census.gov/prod/cen2010/doc/pl94-171.pdf>. Origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

Age

Census 2000 Geography	Median Age	Households with at least 1 person less than 18 years	Households with at least 1 person greater than 65 years
Counties			
Holmes County	40.2 +/-1.3	2,069 +/-262	2,228 +/-173
States			
Florida	39.7 +/-0.1	2,132,316 +/-14,803	2,105,303 +/-7,560

Source: U.S. Census Bureau, 2005-2009 American Community Survey, Tables B01002, B11005

and B11007

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End Notes

Small area Census geographies are named by their FIPS codes (State FIPS-County FIPS-Tract FIPS-Block group FIPS & Block FIPS).

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<http://www.census.gov/prod/cen2010/pl94-171.pdf>

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Appendix H
Data from Florida CHARTS

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Major Causes of Death For 2009

Holmes County

(click on rate for 20-year trend graph)

Cause of Death	Deaths	Percent of Total Deaths	Crude Rate Per 100,000	Age-Adjusted Death Rate Per 100,000	3-Year Age-Adjusted Death Rate Per 100,000	YPLL < 75 Per 100,000 Under 75
ALL CAUSES	221	100.0	1,108.2	877.9	954.3	9,859.4
HEART DISEASE	80	36.2	401.1	301.8	309.5	2,266.7
CANCER	40	18.1	200.6	161.8	191.7	1,574.7
UNINTENTIONAL INJURIES	18	8.1	90.3	80.7	73.5	2,076.0
CHRONIC LOWER RESPIRATORY DISEASE	15	6.8	75.2	59.1	78.2	359.6
STROKE	7	3.2	35.1	28.6	26.2	179.8
DIABETES MELLITUS	6	2.7	30.1	21.6	30.8	125.3
SUICIDE	4	1.8	20.1	18.3	21.4	446.8
ALZHEIMER'S DISEASE	4	1.8	20.1	13.4	17.7	0.0
KIDNEY DISEASE	2	0.9	10.0	7.6	13.0	130.8
SEPTICEMIA	2	0.9	10.0	8.0	11.0	65.4
PARKINSON'S DISEASE	2	0.9	10.0	7.8	6.8	38.1
PNEUMONIA/INFLUENZA	2	0.9	10.0	7.7	11.6	163.5
PERINATAL CONDITIONS	1	0.5	5.0	0.0	0.0	0.0
BENIGN NEOPLASM	1	0.5	5.0	3.7	5.4	16.3
AIDS/HIV	1	0.5	5.0	5.4	3.1	136.2
CHRONIC LIVER DISEASE AND CIRRHOSIS	1	0.5	5.0	5.4	8.5	163.5
HOMICIDE	0	0.0	0.0	0.0	5.1	0.0

Data for 1999 and subsequent years are not fully comparable to data from 1998 and prior years, due to changes in coding of causes of deaths resulting from the switch from the ninth revision of the International Classification of Diseases (ICD9) to the tenth revision (ICD10).

Age-adjusted death rates are computed using the year 2000 standard population.

YPLL = Years of Potential Life Lost

Source: Florida Department of Health, Office of Health Statistics and Assessment, 850-245-4009

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County Birth Data Comparison

Indicators	Measure	Holmes 2007-09		Washington 2007-09		Jackson 2007-09		Calhoun 2007-09		STATE 2007-09	
		Avg. Annual Number of Events	3-Year Rate or Percent	Avg. Annual Number of Events	3-Year Rate or Percent	Avg. Annual Number of Events	3-Year Rate or Percent	Avg. Annual Number of Events	3-Year Rate or Percent	Avg. Annual Number of Events	3-Year Rate or Percent
Total Births											
Total Live Births	Per 100,000 Total Population	220	1,113.4	278	1,118.9	585	1,116.9	172	1,198.4	230,643	1,227.6
White Live Births	Per 100,000 White Population	209	1,166.6	230	1,120.3	414	1,129.5	151	1,288.6	167,090	1,103.0
Nonwhite Live Births	Per 100,000 Nonwhite Population	10	882.2	46	1,088.7	171	1,087.4	22	806.2	63,022	1,732.1
Births By Age of Mother											
Births to Mothers 15-44	Per 1,000 Females 15-44	219	88.1	277	88.8	581	71.1	172	88.5	229,880	64.9
Births to Mothers 10-18	Per 1,000 Females 10-18	22	18.5	28	20.1	56	22.0	15	18.0	14,436	13.8
Births to Mothers 10-14	Per 1,000 Females 10-14	0	.6	1	.8	2	1.2	1	1.6	331	.6
Births to Mothers 15-19	Per 1,000 Females 15-19	42	85.5	45	87.7	90	82.8	27	88.5	23,931	40.4
Repeat Births to Mothers 15-19	Percent of Teens with Prev. Birth	12	42.9%	11	40.0%	17	27.6%	5	23.3%	4,466	22.7%
Births By Marital Status											
Births to Unwed Mothers	Percent of Total Births	95	43.4%	123	44.3%	296	80.6%	80	46.2%	108,099	46.9%
Low Birth Weight											
Total Live Births Under 2500 Grams	Percent of Total Births	16	7.1%	21	7.7%	56	9.6%	13	7.4%	20,144	8.7%
White Live Births Under 2500 Grams	Percent of White Births	16	7.5%	16	6.8%	33	7.9%	9	5.8%	12,166	7.3%
Nonwhite Live Births Under 2500 Grams	Percent of Nonwhite Births	0	0.0%	6	12.2%	23	13.7%	4	18.9%	7,934	12.6%
Total Live Births Under 1500 Grams	Percent of Total Births	2	1.1%	4	1.6%	10	1.8%	2	1.2%	3,760	1.6%
White Live Births Under 1500 Grams	Percent of White Births	2	1.1%	1	.8%	5	1.2%	2	1.3%	2,015	1.2%
Nonwhite Live Births Under 1500 Grams	Percent of Nonwhite Births	0	0.0%	3	6.5%	5	3.1%	0	0.0%	1,735	2.8%
Prenatal Care											
Births With First Trimester Prenatal Care	Percent of Births With Known PNC Status	114	70.9%	142	87.0%	328	77.5%	113	79.3%	159,906	77.0%
Births With Late or No Prenatal Care	Percent of Births With Known PNC Status	15	8.1%	20	9.6%	25	8.8%	6	4.4%	11,672	5.0%
Infant Mortality											
Infant Deaths	Per 1,000 Live Births	1	5.1	1	5.8	4	7.4	2	11.6	1,627	7.1
White Infant Deaths	Per 1,000 White Live Births	1	6.4	1	3.8	2	4.8	1	6.6	867	5.2
Nonwhite Infant Deaths	Per 1,000 Nonwhite Live Births	0	0.0	1	14.4	3	18.6	1	46.2	756	12.0
Total Neonatal Infant Deaths	Per 1,000 Live Births	0	1.3	1	3.6	2	3.4	1	3.3	1,039	4.5
White Neonatal Infant Deaths	Per 1,000 White Live Births	0	1.6	1	2.8	1	2.4	1	4.4	559	3.3
Nonwhite Neonatal Infant Deaths	Per 1,000 Nonwhite Live Births	0	0.0	0	7.2	1	5.9	0	0.0	478	7.6

Data notes

All rates and percentages are three-year annual averages.

Starting in 2004, trimester prenatal care began is calculated as the time elapsed from the date of the last menstrual period to the date of the first prenatal care visit. Prior to 2004, these data were obtained by direct question that noted the trimester the mother began prenatal care. Consequently, these data are not comparable to data from prior years.

Data Source: Florida Department of Health, Office of Vital Statistics

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County Health Status Comparison For 2009




Health Status Indicators	Holmes	Washington	Jackson	Calhoun	State
Mid-Year Population	19,943	25,600	53,663	14,309	18,819,000
Resident Live Births	225	263	548	176	221,391
Percent of Births Under 2500 Grams	6.7	7.6	9.5	8	8.7
Percent of Births Under 1500 Grams	1.3	3	1.6	.6	1.6
Neonatal Deaths	1	2	4	0.0	995
Infant Mortality Rate per 1,000 Live Births	4.4	7.6	12.8	0.0	6.9
Births per 1,000 Females 10-14 (SE)	1.7	0.0	1.4	0.0	.5
Births per 1,000 Females 15-19	59.4	55.3	56.1	55.2	37.4
Percent of Repeat Births to Mothers 15-19	0.0	0.0	0.0	0.0	0.0
Enteric Diseases Rate per 100,000	85.2	62.5	80.1	83.9	59.2
Enteric Diseases Rate per 1,000 Children Under 6	2.1	3.8	2.5	6.2	3.1
AIDS Cases per 100,000	10	19.5	13	7	23.5
Chlamydia Rate per 100,000	305.9	289.1	471.5	314.5	387.5
Congenital Syphilis Cases (SE)	0.0	0.0	0.0	0.0	18
Tuberculosis Rate per 100,000	0.0	0.0	3.7	21	4.4
Percent of Low Income Persons With Access to Preventive and Restorative Dental Care*	40.5	32	36	34.5	29.3
Smoking Attributable Mortality Over Age 35, per 100,000	0.0	0.0	0.0	0.0	0.0
Years of Potential Life Lost per 100,000 Under 75 Years of Age	9,859.4	10,519.4	9,302.5	8,847.5	7,661.9
Coronary Heart Disease Age-Adjusted Death Rate per 100,000	236.7	163.6	125	163.5	103.4

*Due to the nature of these conditions, a complete year's data may not be available as early as the other conditions on this page.

SE = Sentinel Event: Each individual case represents an opportunity to review key public health activities

Blank data areas indicate that insufficient data is available for the specified period.

Source: Florida Department of Health, Office of Planning, Evaluation and Data Analysis, 850-245-4009

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Major Causes of Death For 2009

Holmes County
(click on rate for 20-year trend graph)

Cause of Death	Deaths	Percent of Total Deaths	Crude Rate Per 100,000	Age-Adjusted Death Rate Per 100,000	3-Year Age-Adjusted Death Rate Per 100,000	YPLL < 75 Per 100,000 Under 75
ALL CAUSES	221	100.0	1,108.2	872.9	954.3	9,859.4
HEART DISEASE	80	36.2	401.1	301.8	309.5	2,266.7
CANCER	40	18.1	200.6	161.8	191.7	1,574.7
UNINTENTIONAL INJURIES	18	8.1	90.3	80.7	73.5	2,076.0
CHRONIC LOWER RESPIRATORY DISEASE	15	6.8	75.2	59.1	78.2	359.6
STROKE	7	3.2	35.1	28.6	26.2	179.8
DIABETES MELLITUS	6	2.7	30.1	21.6	30.8	125.3
SUICIDE	4	1.8	20.1	18.3	21.4	446.8
ALZHEIMER'S DISEASE	4	1.8	20.1	13.4	17.7	0.0
KIDNEY DISEASE	2	0.9	10.0	7.6	13.0	130.8
SEPTICEMIA	2	0.9	10.0	8.0	11.0	65.4
PARKINSON'S DISEASE	2	0.9	10.0	7.8	6.8	38.1
PNEUMONIA/INFLUENZA	2	0.9	10.0	7.7	11.6	163.5
PERINATAL CONDITIONS	1	0.5	5.0	0.0	0.0	0.0
BENIGN NEOPLASM	1	0.5	5.0	3.7	5.4	16.3
AIDS/HIV	1	0.5	5.0	5.4	3.1	136.2
CHRONIC LIVER DISEASE AND CIRRHOSIS	1	0.5	5.0	5.4	8.5	163.5
HOMICIDE	0	0.0	0.0	0.0	5.1	0.0

Data for 1999 and subsequent years are not fully comparable to data from 1998 and prior years, due to changes in coding of causes of deaths resulting from the switch from the ninth revision of the International Classification of Diseases (ICD9) to the tenth revision (ICD10).

Age-adjusted death rates are computed using the year 2000 standard population.

YPLL = Years of Potential Life Lost

Source: Florida Department of Health, Office of Health Statistics and Assessment, 850-245-4009



Holmes County, Florida

County Health Status Summary

Indicator	Year(s)	Rate Type	County Quartile ^A 1=most favorable 4=least favorable	County Rate	State Rate	County Trends (click to view)	Healthy People 2020 Goals ^C
Actual Causes of Death*							
<u>P h y s i c a l A c t i v i t y</u>							
Adults who meet moderate physical activity recommendations ¹	2007	Percent	3	37.0%	34.6%		
Adults who meet vigorous physical activity recommendations ¹	2007	Percent	4	15.9%	26.0%		
Adults who engage in no leisure-time physical activity ¹	2002	Percent	3	32.5%	26.4%		32.6%
Overweight and Obesity							
Adults who consume at least five servings of fruits and vegetables a day ¹	2007	Percent	4	19.8%	26.2%		
Adults who are overweight ¹	2007	Percent	4	40.6%	38.0%		
Adults who are obese ¹	2007	Percent	3	29.6%	24.1%		30.6%
Tobacco Use							
Adults who are current smokers ¹	2007	Percent	3	25.9%	19.3%		12%
Socio-Demographics							
Median income (in dollars) ²	2000	Null	4	\$27,923	\$38,819		
Residents below 100% poverty ²	2000	Percent	4	19.1%	12.5%		
Unemployment rate ³	2009	Percent		8.1%	10.2%	No Trend	
Population that is linguistically isolated ²	2000	Percent	3	0.2%	1.9%		
Population over 25 without high school diploma or equivalency ²	2000	Percent	4	34.8%	20.1%		
Health Status and Access to Care							
Adults who rate their health status as "fair" or "poor" ¹	2007	Percent	4	24.6%	16.6%		
Adults with any type of health care insurance coverage ¹	2007	Percent	3	78.6%	81.4%		
Adults who could not see a dentist in the past year because of cost ¹	2007	Percent	4	30.4%	19.2%		
Adults who received a flu shot in the past year ¹	2007	Percent	3	37.7%	32.7%		
Total licensed family physicians ⁴	2007-09	Per 100,000	3	11.8	19.3		
Total licensed dentists ⁴	2007-09	Per 100,000	4	15.2	61.8		
Total hospital beds ⁵	2007-09	Per 100,000	4	125.0	316.7		



Holmes County, Florida

County Health Status Summary

Indicator	Year(s)	Rate Type	County Quartile ^A 1=most favorable 4=least favorable	County Rate	State Rate	County Trends (click to view)	Healthy People 2020 Goals ^C
Chronic Diseases							
Coronary Heart Disease							
Coronary heart disease age-adjusted death rate ⁷	2007-09	Per 100,000		227.7	108.5	Better	100.8
Coronary heart disease age-adjusted hospitalization rate ⁸	2007-09	Per 100,000		421.7	440.4	No Trend	
Stroke							
Stroke age-adjusted death rate ⁷	2007-09	Per 100,000		26.2	31.6	No Trend	33.8
Stroke age-adjusted hospitalization rate ⁸	2007-09	Per 100,000		166.9	268.6	No Trend	
<u>H e a r t F a i l u r e</u>							
Heart failure age-adjusted death rate ⁷	2007-09	Per 100,000		24.1	7.6	No Trend	
Congestive heart failure age-adjusted hospitalization rate ⁸	2007-09	Per 100,000		296.6	185.3	No Trend	
Adults with diagnosed hypertension ¹	2007	Percent		39.2%	28.2%		
Adults who have diagnosed high blood cholesterol ¹	2007	Percent		36.4%	37.1%		13.5%
Adults who had their cholesterol checked in the past five years ¹	2007	Percent		67.7%	73.3%		
Lung Cancer							
Lung cancer age-adjusted death rate ⁷	2007-09	Per 100,000		71.9	46.9	No Trend	45.5
Lung cancer age-adjusted incidence rate ⁹	2005-07	Per 100,000		100.8	67.7	No Trend	
<u>C o l o r e c t a l C a n c e r</u>							
Colorectal cancer age-adjusted death rate ⁷	2007-09	Per 100,000		15.3	14.7	No Trend	14.5
Colorectal cancer age-adjusted incidence rate ⁹	2005-07	Per 100,000		49.1	43.0	No Trend	
Adults 50 years of age and older who received a sigmoidoscopy or colonoscopy in the past five years ¹	2007	Percent		35.0%	53.7%		
Adults 50 years of age and older who received a blood stool test in the past year ¹	2007	Percent		16.5%	21.2%		
Breast Cancer							
Breast cancer age-adjusted death rate ⁷	2007-09	Per 100,000		22.8	20.4	No Trend	20.6
Breast cancer age-adj. incidence rate ⁹	2005-07	Per 100,000		85.5	109.3	No Trend	
Women 40 years of age and older who received a mammogram in the past year ¹	2007	Percent		53.2%	64.9%		



Holmes County, Florida

County Health Status Summary

Indicator	Year(s)	Rate Type	County Quartile ^A 1=most favorable 4=least favorable	County Rate	State Rate	County Trends (click to view)	Healthy People 2020 Goals ^C
Chronic Diseases (continued)							
Prostate Cancer							
Prostate cancer age-adjusted death rate ⁷	2007-09	Per 100,000		6.7	18.3	Better	21.2
Prostate cancer age-adjusted incidence rate ⁹	2005-07	Per 100,000		103.7	130.6	No Trend	
Cervical Cancer							
Cervical cancer age-adjusted death rate ⁷	2007-09	Per 100,000		0.0	2.5	No Trend	2.2
Cervical cancer age-adjusted incidence rate ⁹	2005-07	Per 100,000		3.8	9.1	No Trend	
Women 18 years of age and older who received a Pap test in the past year ¹	2007	Percent		64.8%	64.8%		93%
Melanoma							
Melanoma age-adjusted death rate ⁷	2007-09	Per 100,000		7.9	2.9	No Trend	2.4
Melanoma age-adjusted incidence rate ⁹	2005-07	Per 100,000		18.5	17.4	No Trend	
Chronic Lower Respiratory Diseases							
Chronic lower respiratory diseases (CLRD) age-adjusted death rate ⁷	2007-09	Per 100,000		78.2	37.1	No Trend	
CLRD age-adjusted hospitalization rate ⁸	2007-09	Per 100,000		504.7	339.9	No Trend	50.1
Adults who currently have asthma ¹	2007	Percent		7.9%	6.2%		
Asthma age-adjusted hospitalization rate ⁸	2007-09	Per 100,000		450.6	729.9	Worse	
Diabetes							
Diabetes age-adjusted death rate ⁷	2007-09	Per 100,000		30.8	20.0	No Trend	65.8
Diabetes age-adjusted hospitalization rate ⁸	2007-09	Per 100,000		1932.6	2130.8	No Trend	
Amputation due to diabetes age-adjusted hospitalization rate ⁸	2006-08	Per 100,000		20.1	23.8	No Trend	
Adults with diagnosed diabetes ¹	2007	Percent		10.1%	8.7%		



Holmes County, Florida

County Health Status Summary

Indicator	Year(s)	Rate Type	County Quartile ^A 1=most favorable 4=least favorable	County Rate	State Rate	County Trends (click to view)	Healthy People 2020 Goals ^C
Communicable & Infectious Diseases							
Vaccine preventable diseases ¹⁰	2007-09	Per 100,000		5.1	3.8	No Trend	
HIV cases reported ¹⁰	2007-09	Per 100,000		15.2	33.2		
AIDS cases reported ¹⁰	2007-09	Per 100,000		6.8	22.9	No Trend	
HIV/AIDS age-adjusted death rate ⁷	2007-09	Per 100,000		3.1	7.4	No Trend	3.7
TB cases reported ¹⁰	2007-09	Per 100,000		0.0	4.9	No Trend	1.0
Chlamydia cases reported ¹⁰	2007-09	Per 100,000		236.5	357.3	Worse	
Gonorrhea cases reported ¹⁰	2007-09	Per 100,000		40.5	119.7	Worse	
Infectious syphilis cases reported ¹⁰	2007-09	Per 100,000		1.7	5.3	No Trend	
Maternal, Infant & Young Child Health							
Early prenatal care (care began 1st trimester) ^{7, 13}	2007-09	Percent		70.9%	77.0%		77.9%
Low birth weight births (births < 2500 grams) ⁷	2007-09	Percent		7.1%	8.7%	No Trend	
Premature births (births < 37 weeks gestation) ⁷	2007-09	Percent		12.0%	14.1%	No Trend	11.4%
Multiple births ⁷	2007-09	Percent		1.2%	3.2%	No Trend	
Births to teens 15-19 ⁷	2007-09	Rate per 1,000		65.5	40.4	No Trend	
Repeat births to mothers 15-19 ⁷	2007-09	Percent		42.9%	22.7%	No Trend	
Infant death rate ⁷	2007-09	Per 1,000 live births		6.1	7.1	No Trend	6.0
Neonatal death rate ⁷	2007-09	Per 1,000 live births		1.5	4.5	No Trend	4.1
Postneonatal death rate ⁷	2007-09	Per 1,000 live births		4.6	2.5	No Trend	2.0
Fetal death ratio ⁷	2007-09	Per 1,000 live births		4.6	7.4	No Trend	5.6
Kindergarten children fully immunized ¹¹	2007-09	Percent		99.0%	91.5%	No Trend	

Holmes County, Florida

County Health Status Summary

Indicator	Year(s)	Rate Type	County Quartile ^A 1=most favorable 4=least favorable	County Rate	State Rate	County Trends (click to view)	Healthy People 2020 Goals ^C
Unintentional Injuries							
Unintentional injuries age-adjusted death rate ⁷	2007-09	Per 100,000		73.5	44.0	No Trend	36.0
Motor vehicle crash age-adjusted death rate ⁷	2007-09	Per 100,000		24.0	15.7	No Trend	12.4
Social and Physical Environment							
Criminal homicide ¹²	2007-09	Per 100,000		3.4	6.0	No Trend	
Domestic violence offenses ¹²	2007-09	Per 100,000		439.3	611.8	Better	
Adults who currently have asthma ¹	2007	Percent		7.9%	6.2%		
Suicide age-adjusted death rate ⁷	2007-09	Per 100,000		21.4	13.7	No Trend	10.2

*Actual causes of death are the major external (nongenetic) factors that contribute to death in the US, first identified by McGinnis and Foege in 1993. These three sets of behaviors each contribute to over 100,000 deaths annually in addition to their impact on morbidity, quality of life, and public health burden.

Data Sources

¹Florida Department of Health, Bureau of Epidemiology, Florida BRFSS survey

²US Census Bureau

³US Department of Labor, Bureau of Labor Statistics

⁴Florida Department of Health, Division of Medical Quality

Assurance ⁵Florida Agency for Health Care Administration, Certificate of Need Office

⁶Florida Department of Health, Office of Health Statistics and Assessment

⁷Florida Department of Health, Office of Vital Statistics

⁸Florida Agency for Health Care Administration (AHCA)

⁹University of Miami (FL) Medical School, Florida Cancer

Data System

¹⁰Florida Department of Health, Division of Disease

Control ¹¹Florida Department of Health, Bureau of

Immunization ¹²Florida Department of Law

Enforcement

All Age-Adjusted rates are 3-year rates per 100,000 and are calculated using the 2000 Standard US Population. These rates also use July 1 Florida population estimates from the Florida Legislature, Office of Economic and Demographic Research.

[View ICD Codes for death, cancer, and hospitalization](#)

[indicators](#) ^ACounty Quartiles

Most favorable situation	Average	Least favorable situation
1 (25% of counties)	2 or 3 (50% of counties)	4 (25% of counties)

Quartiles in this report allow you to compare health data from one county to another in the state. Quartiles are calculated by ordering an indicator from most favorable to least favorable by county and dividing the list into 4 equal-size groups. In this

report, a low quartile number (1) always represents more favorable health situations while fours (4) represent less favorable situations.

County Trends

As with rates, there is also random variation in the trend lines of these rates, so that a line that slopes upward may not represent a statistically significant increase, particularly if it is based on small numbers. For that reason, we test statistically to determine whether or not we can be at least 95 percent confident that what appears to be an increase or decrease is real, not just the result of random fluctuation.

Trends only calculated for indicators with 12 or more years of data

available. [Click here for more information about trends](#)

Healthy People 2020 Goals

Healthy People 2020 is a national health promotion and disease prevention initiative. Its goals are to increase the quality and years of healthy life and eliminate health disparities. More information available at: <http://www.healthypeople.gov>. Goals are not available for every indicator.

Appendix I
2011 Holmes County Health Needs Assessment

Holmes County Community Health Needs Assessment



2011

Part I: Methodology:

Overview: Big Bend Area Health Education Center, Inc. was contracted to conduct this community needs assessment by the Holmes County Health Department. The assessment format was adapted from a needs assessment completed by the Wisconsin Office of Rural Health to meet the needs of Holmes County, Florida. This report integrates and presents information from two major sources: (1) a secondary analysis of currently existing health and community data on Holmes County, and (2) a primary community health needs assessment survey conducted for Holmes County. This assessment report specifically addresses the health status/needs of Holmes County, Florida within the context of some environmental factors. The narrative portion of this report has been written in a manner, in which the sections can stand alone as a piece for a grant application or proposal.

Procedure for Community Health Needs Assessment: Both primary and secondary methods were utilized for this assessment. A primary survey of Holmes County adults was conducted to determine the overall health status and health needs of the county residents. A 52-item community assessment survey tool was administered for this purpose. A sample of 289 adult Holmes County residents aged 18 years and above was surveyed for this assessment. This number represents about 1.5% of the county’s population from the 2005-2009 population estimates of 19,065. Assessment surveys were distributed through a series of coordinated efforts organized at local county events which include festivals, health fairs, and access through county area administrative staff. The community assessment project was conducted such that adult residents from all seven designated Holmes County towns were targeted for a representative sample. (See Table showing distribution of surveyed county residents).

Table Showing Surveyed Residents from each Designated County Town/Communities

County Towns/Areas	% of Total (N=289)
Bethlehem	12.5
Bonifay	53.3
Esto	2.1
Noma	2.1
Ponce de Leon	4.5
Poplar Spring	6.6
Westville	10
Other	8.7

Existing data on Holmes County were accessed through secondary review of a variety of data published by federal and state sources. Review was focused on data which directly associated with the health status of those residing in Holmes County. Examples of sources include Florida Charts, US Department of Health and Human Services, and US Census Bureau. Assessment report is presented in the narratives following.

Part II: Demographics and Socioeconomic Characteristics

Holmes County is in the Florida Panhandle and bordered by the state of Alabama in the north. The county's area is around 488.7 square miles, with 482.5 square miles of rural land and 6.3 miles of water. There are five municipalities in Holmes County, with the City of Bonifay being the county seat.

Holmes County demographic and socioeconomic characteristics are compared to the state and national reports where applicable and/or available. Reports of both primary and secondary data analyses are included.

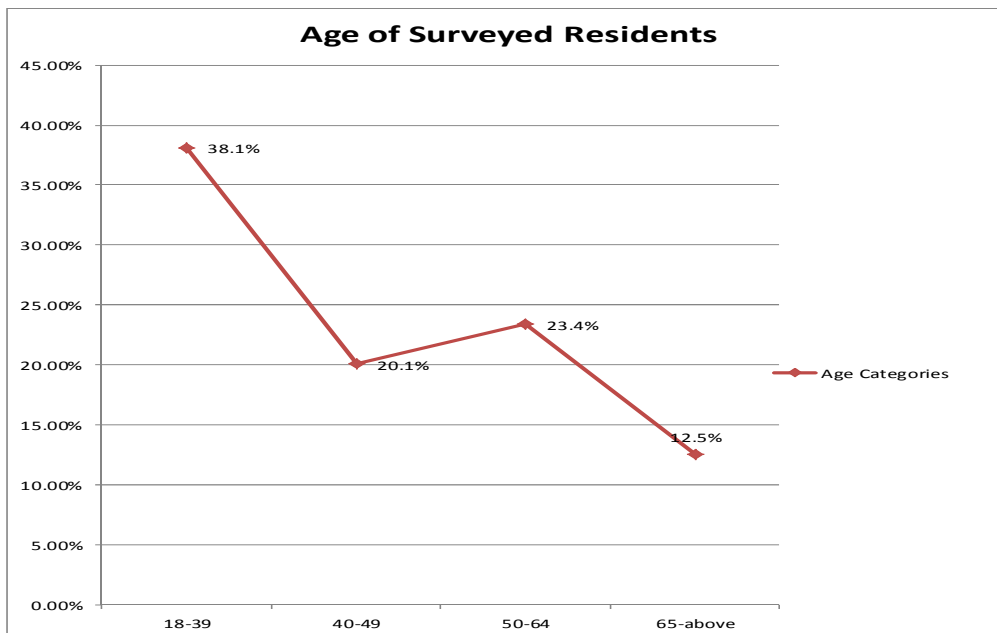
POPULATION CHARACTERISTICS

The US Census data indicates Holmes County had a population of 18,564 in 2000 and estimated 19,065 at the 2005-2009 estimates. There was a 2.7% increase between the 2000 estimate and the 2005-2009 estimates. Holmes County ranks number fifty-five (55) of all the counties in the state for population.

Population by Age

Age distribution of surveyed county residents

About 30% of surveyed county residents are male, 65% female, and a majority are married (54%). Reported age ranged from 18 to 93 years, with a mean age of 44.98, and standard deviation of 15.5.



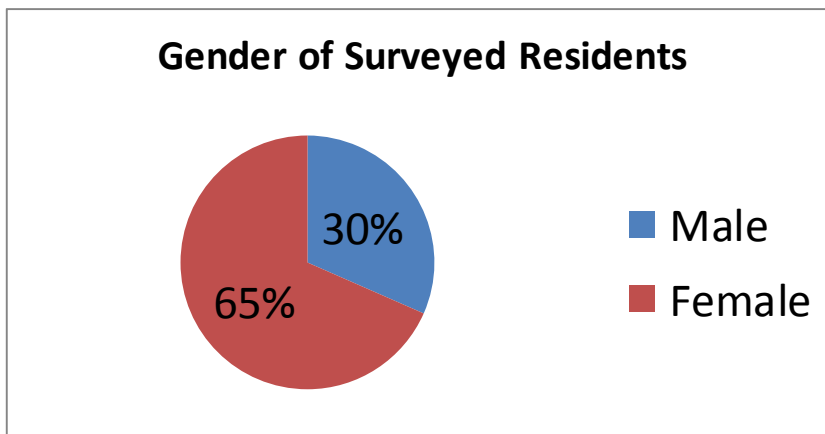
Out of the estimated 19,065 people who reside in the county, according to the age distribution of people in Holmes County, Florida in 2005-2009, 22% are under the age of 18; 61% are ages 18 to 64; and 17% are age 65 and older. Among surveyed residents, about 81% are age 18-64, 12.5% are age 65 and older.

Age	Age Profile			
	Holmes County		Florida	US
	Number	% of Total	% of Total	% of Total
Under age 5	1159	6.1%	6.3%	6.9%
Under age 19	4678	24.5%	24.8%	27.4%
18 and over	14851	77.9%	77.7%	75.4%
21 and over	14234	74.7%	73.9%	71.0%
62 and over	3815	20%	20%	15.3%
65 and over	3147	16.5%	16.9%	12.6%
Median Age	40.2		39.7	36.5

Population by Gender

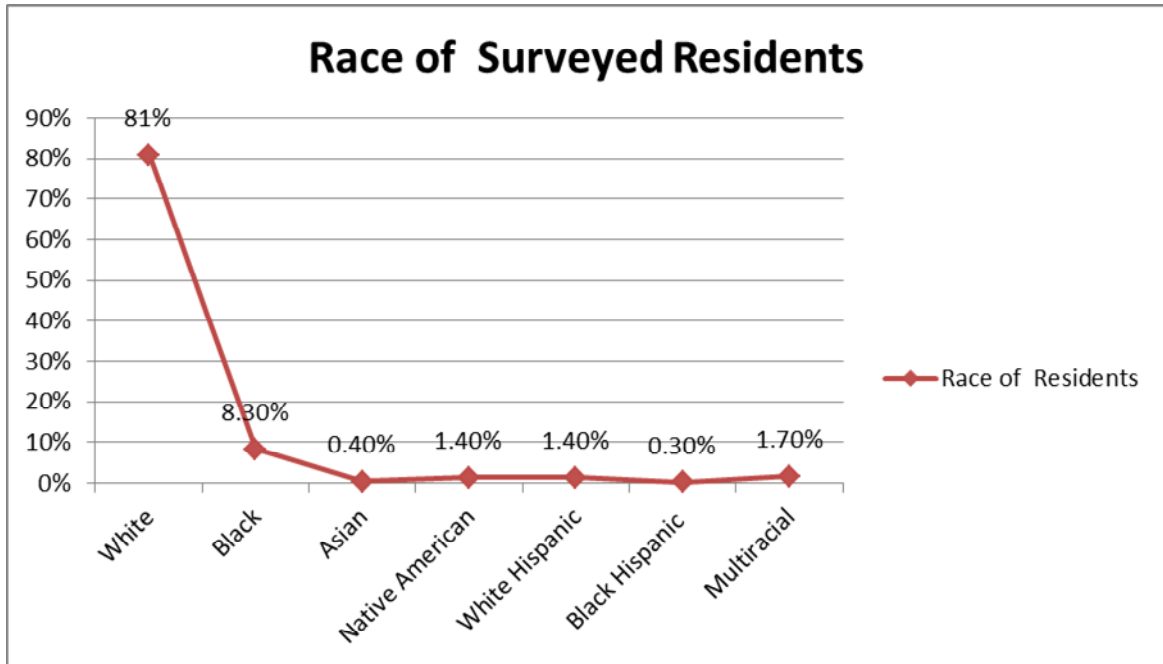
About 30% of surveyed county residents are male and 65% are female.

See Table below.

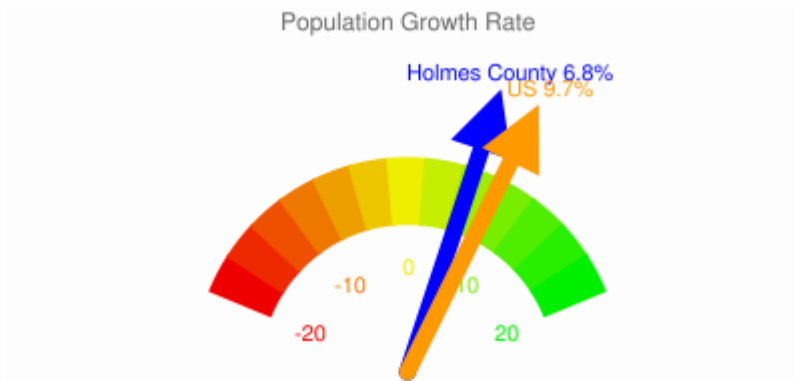


Population by Race

Eighty-one percent of surveyed residents reported their race as white and 8.3% reported as black. Other races reported are Asian (.4%), Native American (1.4%), White Hispanic (1.4%), Black Hispanic (.3%), and Multi-racial (1.7%). Details provided in table below.



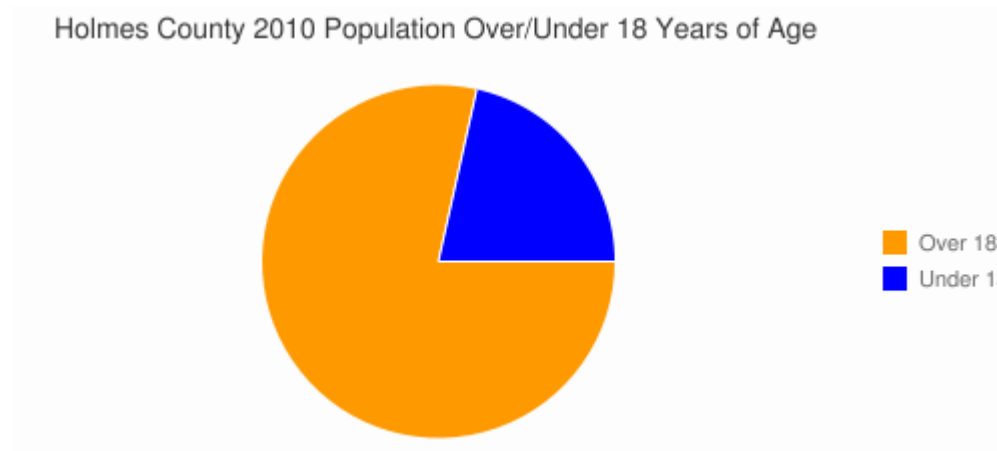
Ninety percent (90%) of the Holmes County's population is white, according to the 2005-2009 American Community Survey 5-Year Estimate Narrative. This percentage is considerably higher than the state percentage of 76.6% and 74.5% for the nation. Five (5) percent of the population is black, a rate considerably lower than the state rate of 15.4%. Other races reported by the survey: 1 percent responded American Indian and Alaska Native; less than 0.5 percent Asian; 1 percent Native Hawaiian and Other Pacific Islander, and less than 0.5 percent some other race. Three percent (3%) reported two or more races and 2 percent Hispanic.



Name	Census 2000	Census 2010	Population Growth
Holmes County	18,564	19,927	6.8%
United States	281,421,906	308,745,538	9.7%

Source: Cubit

Holmes County 2010 Population by Age



Name	Total	18 years of age & over		Under 18 years of age	
		Count	Percentage	Count	Percentage
Holmes County	19,927	15,645	78.5%	4,282	21.5%
United States	308,745,538	234,564,071	76.0%	74,181,467	24.0%

Source: Cubit

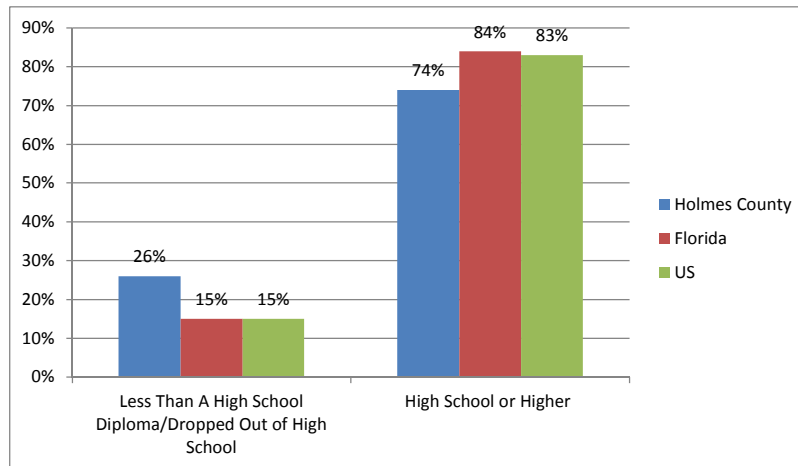
Population by Education

Community assessment survey placed status of education for the majority of residents (> 69%) surveyed at high school or less. These findings are consistent with low patterns reported in the 2005-2009 U.S. Census estimates for the county. Details provided in table below.

Table showing education profile

Education	Percent of total
<High School	20.1
High School	49.1
Associate Degree	10
Bachelors	9.0
Masters/Graduate	3.5
Other	2.8

The Florida Department of Education School District directory lists seven (7) public schools and one (1) private school in the Holmes County School District, with the following breakdown: two (2) high schools, two (2) schools with K through 12, two (2) elementary, and one (1) middle school, the one (1) private school consists of middle to school to high school grades. The National Center for Educational Statistics reports there are 3371 students in the Holmes County School District based on the 2005-2009 U.S. Census estimates. The percentage of persons in Holmes County who have less than a high school diploma exceeds both the state and national rates at 26%. Details provided in table below.



Source: US Census

Population by Marital Status

Majority (54%) of surveyed Holmes County residents are married. Details provided in table below.

Table Showing Marital Status of Surveyed Residents

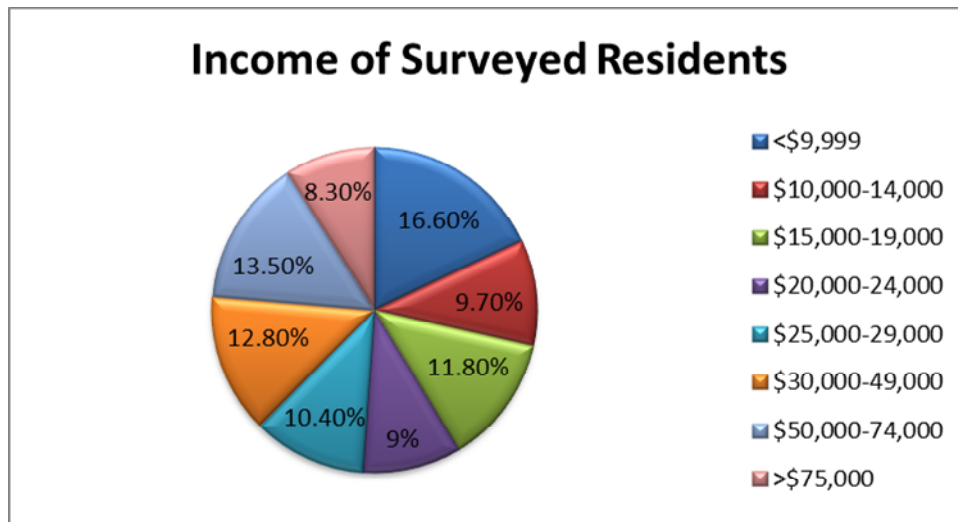
Status	Percent of Total
Married	54
Divorced	17
Widowed	5.9
Separated	3.8
Never married	10.4
Unmarried couple	2.8
Don't want to answer	1.4

SOCIOECONOMIC CHARACTERISTICS

Income

Community assessment surveys show that majority of residents (16.6%) reported annual income of less than \$9,999. Overall, more than 57% earn less than \$30,000 annually. Details provided in table below.

Table Showing Income Distribution of Surveyed Residents



According to the Bureau of Labor Statistics, Holmes County reported at \$490 as the average weekly wage. This is the lowest weekly wage of all the counties in the state of Florida in the 3rd quarter of 2010.

Median Household Income

The median income for households in Holmes County was \$33,868 (US Census Bureau 2005-2009 American Community Survey). Holmes County's personal per capita income for 2009 was \$26,151. Nearly 49% lower than the reported state per personal, per capita income of \$38,965. (Bureau of Economic Analysis, U.S. Department of Commerce) In comparison to other nonmetropolitan areas around the state, Holmes County's personal per capital income is still nearly 12% lower than the reported average of \$29, 272.

Employment Status

From the community assessment survey data, about 51% of county residents have full time employment and as much as 29% are unemployed. Weekly work hours range from 2 – 40 hours with average of about 20 hours. Detailed descriptions are provided in the tables following.

Table Showing Current Employment Status

	Percent
Not employed	29.1
Self-employed	7.3
Part-time	6.6
Full time	50.9
Hours per week	
• Range 2-40	
• mean -19.92; SD=11.07	

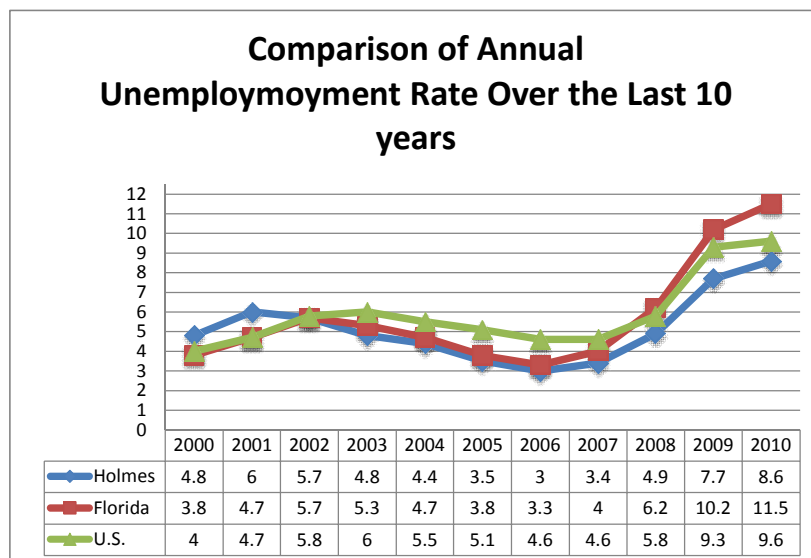
Table Showing Reason for Unemployment

	Percent
Disabled	26.2
Cannot find work	16.67
Retired	28.57
Taking care of family	13.1
Need Training	2.4
Other	13.1

Table Showing Availability of Jobs

	Percent
Enough jobs	3.8
Not enough jobs	91.0

The unemployment rate in Holmes County for the most part has remained consistently lower than that of the nation and of the state of Florida, as illustrated by the graph below.



Source: Agency for Workforce Innovation, Local Area Unemployment Statistics, 2011

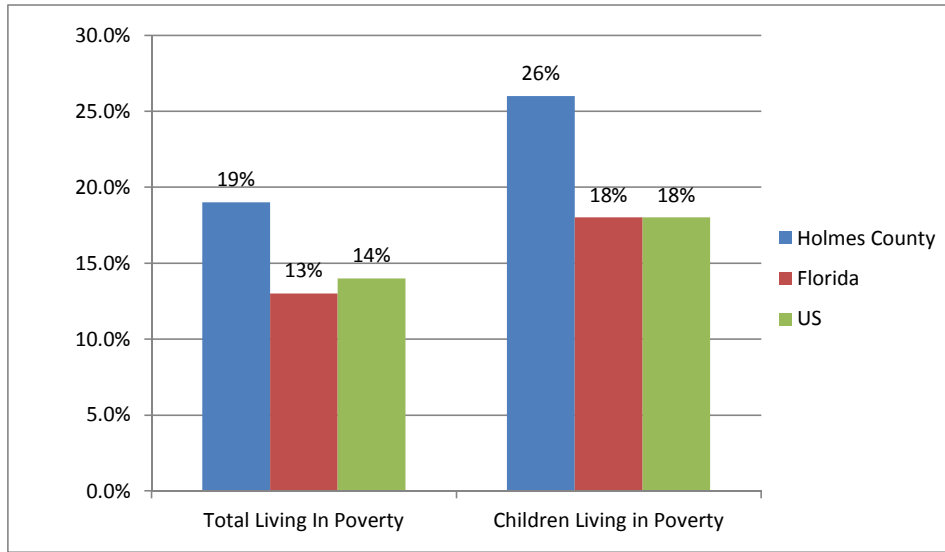
Labor Force Participation

The labor force is defined as the number of persons who are age 16 and older who work or are actively seeking employment. Persons who are not members of the labor force include: the retired, students, not able to perform available work, disabled, and those who perceive there is no available work in which they can perform. Using information from the U.S. Census and the State of Florida, it is determined that around 42% of Holmes County residents comprise the labor force. Almost half of the persons residing in Holmes County work or are actively seeking work. The percentage of participants is likely to increase when new workers enter the workforce.

Poverty Level

Persons in Holmes County living in poverty are 18%, compared to the state rate of 13%. Estimated 26% of children live in poverty, a rate that is higher than the national and the state rates of 18% respectively. Details provided in table below.

Poverty Rates from U.S. Census Bureau



Source: US Census

Health Insurance Status

According to survey data, about 47% of surveyed residents have health insurance coverage. Of the various types of insurance coverage listed, majority (19.7%) are covered under the Medicaid program. A significant number of residents were noted to have no health insurance (19%) and have to pay for healthcare out of pocket (20%). Details provided in table below.

Table Showing Type of Type Payment for Healthcare

Insurance Type	Percent
No Insurance	19.4
Health Insurance	47.1
Medicaid	19.7
Medicare	15.6
Active Military	.3
Champus	2.8
Kidcare	4.5
Veteran	1
Out of Pocket	20.1
Other	3.5

The secondary data review of Medicaid Monthly Enrollment Counts for all Races and Sexes for 2009 reveals an average of 4980 enrollees for Holmes County. (Florida Charts, 2011) Considering the 2005 to 2009 Census Estimate of 19065 for Holmes County’s population, it can be concluded that around 26% of Holmes County residents are enrolled in Medicaid.

HOUSEHOLD CHARACTERISTICS

From the county surveys, majority of residents (56.1%) own their homes and are satisfied (66.4%) with their housing situation. Details provided in tables below.

Table Showing Type of Housing

	Percent
Rent	21.5
Own	56.1
Live with other	9.7
Other	7.6

Table Showing Satisfaction with Housing

	Percent
Satisfied	66.4
Not Satisfied	26.3

Table Showing Reason for Not Satisfied with Housing

	Percent
Too small/crowded	46.1
Problem with others	11.8
Too run down	30.3
Too expensive	17.1
Too far from town/services	11.8
Other	17.1

As of the American Community Survey 5-Year Estimate Narrative 2005-2009, there were 8,400 housing units, 19 percent were vacant. 64 percent were single-unit structures, 5 percent multi-unit structures, and 31 percent mobile homes. 21% of the homes in Holmes County were built prior to 1990. Around 60% of the owner occupied homes are valued at less than \$99,000, from that number 32.3% are less than \$50,000. More than 75% of Holmes County residents use 30% or more of their income for housing. 9% of these households do not have telephone service and 8% reported not having access to a vehicle for personal use. There are 6,800 households in Holmes County with an average of 2.5 persons per household. Pertinent household characteristics are provided in the following table.

Household Characteristics			
	Holmes County	Florida	US
Households containing married couples with children	17.9%	17.8%	21.4%
Household containing single parent with children	7.9%	9.2%	9.5%
Householder living alone	24.7%	25%	27.3%

LEADING CAUSES OF DEATH

Leading causes of death among Holmes County residents were evaluated from self-report of personal and immediate family member/s diseases status. Of the 15 leading causes of death listed in 2009 by Kochanek and colleagues, five were found prevalent in varying degrees among county residents surveyed – hypertension (51%), diabetes (27.7%), heart disease (15.6%), lung disease (12.2%), cancers (11.1%). High rates of other diseases - overweight/obesity (30.1%) and arthritis (24.2%) were also found. Details provided in table below.

Table Showing Reported Chronic Diseases Status

Disease Type	Percent of Total
Hypertension	51.2
Overweight/Obesity	30.1
Diabetes	27.7
Arthritis	24.2
Hearing/Vision loss	16.3
Heart disease	15.6
Lung disease	12.1
Cancer	11.1
Alcohol dependency	5.2
Hepatitis	3.5
HIV/AIDS	0
Other	7.6

Ten leading causes of death in Holmes County are listed below. These vary in order from the national list of leading causes of death (Kochanek et al., 2009). Details provided in table below.

Ten leading causes of death in Holmes County

	Holmes County
Heart disease	36.2%
Cancer	18.1%
Unintentional injuries	8.1%
Chronic Lower Respiratory Disease	6.8%
Stroke	3.2%
Diabetes	2.7%
Suicide	1.8%
Alzheimer's	1.8%
Kidney disease	.9%
Septicemia	.9%

Source: Florida Charts

LEADING HEALTH INDICATORS AND RISK FACTORS

Assessment of Holmes County community health needs takes into account personal and community health status as well as the key community health indicators and risk factors per Healthy People 2010 recommendations. Key health indicators determined to have relevance for the health status of county residents are: access to health care; overweight and obesity; substance use; activity; responsible sexual behavior; mental health; immunization; tobacco use; and environment quality.

Personal and Community Health Status

Most residents reported a personal health status that is healthy to very healthy (61.6%). However, a significantly large number (37.7%) reported personal health that is somewhat unhealthy to very unhealthy. Overall, Holmes County was rated by almost 35% of residents surveyed as a somewhat healthy to very healthy community. This is far lower than a rating of somewhat unhealthy to very unhealthy by 56% of residents. Details provided in tables below.

Table Showing Self-rated Health Status

Status	Percent of Total
Very Unhealthy	3.1
Unhealthy	7.3
Somewhat Unhealthy	27.3

Healthy	53.3
Very Healthy	8.3

Table Showing Rating of County Community Health Status

	Percent
Very Unhealthy	.5
Unhealthy	12.5
Somewhat unhealthy	43
Healthy	33.9
Very Healthy	.7

Personal Health Limitations

Surveyed county residents reported on types and length of health limitations experienced. About 23.2% reported having average of 12.43 days when physical health was not good and 17% reported average of 11.49 days when mental health was not good. Interference from physical/mental health was reported by 24.6% of county residents and 31.8% reported interference from pain. Number of days that interference was experienced from pain averaged 14.77 days for 23% of county residents and 15.25 days of interference from Physical and Mental health for 17.6% resident. Details provided in tables below.

Table of Days Physical and Mental Health Not Good

	Physical Health		Mental Health	
	# of Days	% of Total	# of Days	% of Total
None	-	52.6%	-	59.9%
Not good days	Mean = 12.43 range = 1-30	23.2%	mean = 11.49 range = 0-30	17%
Don't Know	-	19.4%	16.6%	16.6%

Table of Experience of Physical/Mental Health and Pain Interference

	Experienced Physical/Mental Health Interference	Experienced Pain Interference
Had Interference	24.6%	31.8%
No Interference	70.2%	63.3%

Table of Days with Physical/Mental/ and Pain Interference

	Physical Health/Mental Health Interference		Pain Interference	
	# of Days	% of Total	# of Days	% of Total
None	-	40.5%	-	36.3%
Not good days	mean = 15.25 range = 1-30	17.6%	mean = 14.77 range = 1-30	23%
Don't Know	-	7.6%	-	9%

Access to Health Care

Reports show that within the past one year, 66% of residents have visited a doctor. Numbers increasingly worsens for dental visit (47%), eye examination (43.3%), and teeth cleaning (38.4%). Also, a good number of residents have not received these services within the past two to five years or do not know or have never received services. On the reason for not receiving eye exam either within the past 2 years or more or never had any exam, majority (31.6) indicated no reason while another large number (30.3) cited cost/no insurance.

Table Showing Healthcare Visits

	Visit Dr (%)	Visit dentist (%)	Clean Teeth (%)	Eye-exam (%)
Within past year	66.1	47.1	38.4	43.3
Within past two years	11.8	13.1	13.5	19.7
Within past three years	6.9	8.3	7.6	8.3
Within past five years	8.3	7.6	6.9	9.7
Never	4.4	7.6	12.5	4.8
Don't know	2.1	12.1	17.3	10.3
Not applicable	-	-	-	.4

Table Showing Reason for No Eye Exam

	Reasons among all Residents (N=289)	Reason among those "Never had eye exam or None in 2 or more years" (n= 131)
Cost/No Insurance	20.1	30.3
No reason	19.4	31.6
Do not have/know eye doctor	2.1	3.2
Never had one	5.2	7.7
Not thought about it	4.5	7.7
Could not get appointment	1.7	1.9
Clinic is too far	1	1.9

Table Showing Ability to get healthcare within the past year

	Percent
Able to get healthcare	76.1
Unable to get healthcare	11.8

Not needed	9.0
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Several vital health services are obtained outside of the county by residents within the past year. Top on the list of services in descending order are Lab work (47.4%), emergency care (36.7%), general practitioner care (34.9%), eyecare (33.9%), dental care (30.8%), radiology (23.3%), obstetrical/gynaecological care (18.7%), and inpatient care (17.6%). Main reasons why services were sought outside of county by residents were given as being the choice of doctor (43.3%). Of significance also is the report by 19% of residents of no doctor in the county providing the service needed.

Table Showing Services Received Outside of the County

Service Type	Percent		Percent
None	14.5	Immunization	17
Lab work	47.4	General Practitioner care	34.9
ER	36.7	Family Planning	5.2
Inpatient hospital care	17.6	Mental Health	3.1
Cardiac Care	12.5	Eyecare	33.9
Surgery	13.1	Hearing	2.8
OB/GYN	18.7	Dental	30.8
ENT	12.5	Orthodontic	3.8
Ortho	9.0	Podiatry	2.4
Urology	7.3	Physical Therapy	.0
Renal care	3.1	Rehab	3.1
Radiology	23.2	Skin	14.5
Diabetes Care	12.1	Other	7.3

Reason for healthcare received outside of county

Reason	Percent of Total
Doctor of choice	45.3
No provider in county	19
Insurance cover only for doctor outside	5.2
Doctors not taking Medicaid	4.5

Residents identified groups of individuals perceived to have the most difficulty obtaining healthcare as the uninsured (37%), older adults (37%), unemployed (35%), and middle aged (32.5%).

Table Showing Individuals perceived to have the most difficulty obtaining health care services

	Percent
Uninsured	37%
Older Adults and Low Income	37
Unemployed	34.9
Middle age	32.5

Within the last year, county residents spent an average of about one night in the emergency, had less than one time of overnight stay in the hospital, and a little over one night of total stay in the hospital.

Table of Hospital care access and utilization within the past one year

	Range	Average Utilization	Majority Reported
Times in ER	0-22	Mean = .92 (SD =2.08)	0 (57.8%)
Nights in Hospital	0-10	Mean = .37 (SD=1.13)	0 (70.9%)
Length of Hospital stay	0-45	Mean = 1.2 (SD = 4.08)	0 (69%)

Need for mental health resources such as crises care, hospitalization, and counseling/therapy by county residents were generally modest, with highest rates for counseling/therapy services (10%) in the past year. Majority (40%) reported they were able to get health services from within the county while an equally significant number (23%) reported they were not able to receive services within the county.

Table of Mental Healthcare Needs and Utilization within the past year

	% of Total
None	78.9
Crisis care	3.5
Hospitalization	3.1
Counseling/Therapy	10.4
Able to Get Needed Services in Count	
	% of Total
Able to get services in county	40.1
Not able to get services in county	23.9

About 14.5% reported need for longterm care services. Of those who needed long-term care, majority (67.65%) received services in Holmes County while others (32.35%) received service outside Holmes County.

Long-term Care Services	
	% of Total
Able to get services in county	67.7
Got services outside county	32.4

Social service benefits needed by majority of resident were Food Stamps (28.7%) and Medicaid (27.3%) and majority (40.5%) got their social benefits from within the county. An equally good number of residents (17.6%) did not get these benefits from the county.

Table of Social Service Benefits Needed

Services	% of Total	Services	% of Total
None	45.7	Medicaid	27.3
Food stamp	28.7	Respite Care	1.7
Healthy Families Insurance	5.2	Subsidized Child care	4.2
TANF (Welfare)	4.8	Other	5.2
Housing Assistance	7.3		
Able to Get Needed Benefit in County			
	% of Total		
Able to get services in county	40.5		
Not able to get services in county	17.6		

Overweight and obesity

An estimation of body mass index (BMI) using self-reported height and weight yielded an obese mean BMI of 30.3 for the county.

Table of Body Mass Index Estimation

BMI Categories	
Range – 15.5 – 93.70; Mean = 30.30 (SD=8.87)	
BMI	Percent of Total
Underweight	1.7
Normal Weight	23.2
Overweight	26
Obese	42.2

Substance use, Tobacco use, Activity, and Responsible sexual behavior

Alcohol and other drug abuse, tobacco use, inactivity, and teenage pregnancy identified by county residents as one of the top 6 health problems within the county. Only 30% indicated that they always practice safe sex as a preventive health behavior.

Table Showing Most Important health problems within the community

	Percent
Alcohol and other drug abuse	44.64
Chronic diseases	31.49
Child Abuse/Neglect	27.34
Poor Diet/Inactivity	26.30
Teenage Pregnancy	24.22
Tobacco Use	18

Mental health

Survey results show that over 70% of county residents are stressed sometimes or always. Almost 60% indicated they are depressed sometimes or always, and over 75% reported they get enough sleep sometimes or always.

Table Showing Percent of Preventive and Safe Lifestyle Practice

Type of Practice	%Always	%Sometimes	%Never	%NA
Stressed out	18	60.2	5.2	1.0
Depressed	12.8	46	19.7	2.4
Enough sleep	21.1	54.3	11.8	.3

Environment quality

County was rated as safe to very safe by majority of the residents (88.7%). However, manufacturing or use of Amphetamine was identified as the most serious safety problem in the community by a majority (59.9%). Other safety problems are alcohol use (59.8%), unsafe sex (24.9%), child abuse (22.5%), and unsafe roads (20.8%). Three top factors identified by residents as the most important for a healthy community are good jobs and healthy economy (45.3%), access to healthcare and services (38.4), and religious/spiritual values (34.95%). Also listed are low crime and safe neighborhoods, strong family life and good schools. Details are described in the tables following.

Table Showing Rating of County Community Health

	Percent
Very Unhealthy	.5
Unhealthy	12.5
Somewhat unhealthy	43
Healthy	33.9
Very Healthy	.7

Table Showing Rating of County Community Safety

	Percent
Very Unsafe	3.5
Unsafe	10.7
Safe	69.9
Very Safe	10.7

Table Showing Most Serious Safety Problems

	Percent
Manufacturing and use of amphetamines	59.86
Alcohol use	59.52
Unsafe sex	24.91
Child abuse	22.49

Unsafe Roads	20.76
--------------	-------

Table Showing

Important Indicators of a Healthy Community

	Percent
Good jobs and healthy economy	45.3
Access to health care and services	38.4
Religious/Spiritual values	34.95
Low crime and safe neighborhood	29.4
Strong family life	27.34
Good Schools	26.6

Places where most county residents use for recreation are the church (52.95%), parks (47.8%), and river/lake/beaches/woods (45.33%). Portion of surveyed residents (27%) who indicated their desires for recreation places identified choices which are categorized and rated as follows: (1) centers for fitness and sports that include tracks, running, tennis, football swimming, skating, and bowling (89.9%); (2) outdoor program and environment that promote walking, biking, golf, horse riding, and water access for finishing and boating (30.4%); (3) activities that foster family and community engagement and meet the activity need for children, teens and seniors (17.7%); and (4) projects to create better leisure time through activities and programs such as parks, movies, museums, library, trips, mall, and music (20.1%).

Table Showing Places used for Recreation

	Percent
Church	52.95
Park	47.8
River/Lake/Beaches/Woods	45.33
Library	18.34
Sports field	14.53

Preventive Health (Immunizations, Preventive Screening, and Lifestyle)

Preventive screening and immunization within the past 12 months showed the following results: Rates of immunization are 29.8% for influenza and 19% for pneumonia (not adjusted for age or health condition). Among residents age 40 and older, 51.9% have performed diabetes screening and 48.8% have performed vision screening. Among males age 40 and older, 18.6% have performed prostate digital exam while 23.7% have performed PSA. Among female residents age 40 and above, 63.4% have performed mammograms and 30.8% have performed bone density test. Among residents age 50 and older, colon/rectal screening is 18.3%.

Table Showing Immunizations Status in the past 12 months

	Percent Received Seasonal Influenza Vaccine	Percent Ever Received Pneumonia Vaccine (not adjusted)
Immunized	29.8	19
Not Immunized	65.4	75.8
Don't know/Not sure	1.4	2.1

Table Showing Preventive Screening in the past year (Adjusted for Age Recommendations)

Type of Screening	Percent	Type of Screening	Percent
Mammogram	63.4*±	Vision	48.8*
Pap Smear	54.5±	Hearing	10.7
Glaucoma	14.9	Cardiovascular	10
Flu Shot	28.4	Bone Density	30.8**±
Colon/Rectal Exam	18.3**	Dental	34.6
Blood Pressure	51.9*	Prostate Cancer Digital	18.6*☐
Blood Sugar	51.9*	Prostate Cancer Antigen	23.7*☐
Cholesterol Screening	43.1+	Skin Cancer	12.5

*Screening among residents age 40 and above; ** Screening among residents age 50 and above
☐ Males only; ± Females only; +Among age 20 and above.

Preventive lifestyle (Physical Activity)

About 58% indicated they participate in physical activities. A significantly large number indicated no participation in physical activity. Detailed description of safe lifestyle practices are reported below.

Table Showing Physical Activity Participation in the past 12 months

	Percent
Participates in physical activity	57.8
No Physical activity	34.3

Preventive lifestyle (Safety)

Report of safe lifestyle practice among residents show that almost 70% wear seat belt always, 30.4% practice safe sex always, 22.8% perform self-breast exam always. Only about 21% reported getting enough sleep always.

Table Showing Percent of Preventive and Safe Lifestyle Practice

Type of Practice	%Always	%Sometimes	%Never	%NA
Wear Seat Belt	69.6	21.5	1.7	.3
Self-Breast Exam	22.8	31.1	20.8	9
Safe Sex	30.4	9.7	12.5	.3

Illegal Drug Use	3.5	3.5	65.4	9.3
Tobacco Use	15.6	8.7	50.5	8.0
Second Hand Smoke	14.5	33.6	27.3	5.5
Enough Sleep	21.1	54.3	11.8	.3
Moderate Exercise	19.7	40.8	24.2	.7

HEALTH CARE RESOURCES

Healthcare Facilities

Five healthcare services identified as the top need for the county are Walk-in clinics (83.7%), Wellness Center (53.3%), Dental service (42.2%), more health department (39.1%), and nursing home (34.5%). Details are described in the table following.

Table Showing Top Five Healthcare Services Needed

	Percent
Walk-in clinics	83.74
Wellness Center	53.29
Dental service	42.21
More health department services	39.10
Nursing home	34.48

Healthcare Providers

Types of healthcare practitioners identified as most needed were Women's health (54.3%), cancer care (46.4%), family practice (43.6%), cardiac (41.8%), pediatric (39.8%), eldercare (38.8%), dental care (38.4%). Details provided in table below.

Type of practitioners most needed in the community

	Percent
Women's Health	54.3
Cancer Care	46.4
Family Practice	43.6
Heart	41.8
Pediatric	39.8
Elder Care	38.8
Dental	38.4

Health Professional Shortage Areas (HPSA) & Medically Underserved Areas (MUA)

Summary of Key Findings and Recommendations

This project was conducted to identify specific community health needs of the designated county. Key elements specifically addressed include community socio-demographic profile and vital statistics, personal community health status/profile, including major health indicators, behavioral risk factors and health practices, available resources, services, and utilization patterns. The overall desired outcome is to identify indices and key health indicators for the community in order to foster dialogue about actions that can be taken to improve the community's health.

Demographic/Socioeconomic

- Bonifay area houses majority of Holmes county residents and functions as an access port for most of the county health and socioeconomic resources for residents.
- Average age of the county is middle age and may explain the high prevalence of chronic diseases such as hypertension and diabetes.
- Average annual income is less than \$30,000 with unemployment rates at 29%.
- Income/poverty status and educational status for high school completion are low
- Among the county residents who reported unemployed, 28.6% and 26.2% identified being ill/disabled and retired respectively as the reason for being unemployed. A significantly large number of residents (91%) perceived that there are not enough jobs within the county.
- Residents perceived that job opportunities in the county were inadequate, and they desire good jobs and a healthy economy. Low level of income and education may be attributed to reported difficulty with job availability for county residents especially among the ill and disabled. These findings are consistent with existing reports and evidence which correlate poor socio-economic status and low education with poor health status and its adverse consequences (Crabtree, 2010).
- Housing situation is mostly satisfactory. However, a large proportion of houses (31%) are mobile units and old. Individuals who stated they are not satisfied with their housing identified house being too small or crowded and too run down as the main reasons.
- Family unity and spiritual/faith systems were identified as very important among county residents, and obviously exert strong and vital influences on the health performance and beliefs of county residents.

Health Indicators and Risk Factors

- High level of perceived poor personal and community health status.
- A significant number of county residents encounter interference with their health from poor physical health, mental health, or pain issues. Health interference has been associated with poor perception of health, and functional limitations (physical, social, emotional) in adult populations (Thomas et al., 2004).
- High prevalence of high risk chronic diseases such as hypertension (>51%), overweight/obesity (> 66%), diabetes, and arthritis significant.
- Prevalence of risky and unsafe behaviors/practices such as unsafe sex and alcohol, tobacco and substance use, and inactivity is noted. Co-morbidity of risk factors with reported chronic diseases increases risk and mortality rates. (DHHS-CHSI, 2009)
- Preventive screening and immunization in all recommended categories are not optimal. Very poor rates of immunizations (less than 30% of surveyed residents), poor diet/physical activity, and poor preventive health screening rates indicate a huge shortfall in key health indicators.

- Physical activity status of residents is not optimal as over 30% remain inactive or do not participate in exercise.
- Received high rating as a safe community. However, there are concerns about manufacture and use of illegal drug and substance, alcohol, unsafe safe, child abuse and unsafe roads.
- The existence of older and substandard housing (mobile homes), could result in environmental health concerns. Mobile homes are meant to be temporary housing.

Access to Health Care

- More than 20% were unable to, or did not, access healthcare in the past year and close to 20% do not have health insurance.
- High number of residents access healthcare services outside of the county mostly due to provider of choice location and/or no service or provider in county. The type of healthcare services mostly accessed and needed by county residents are not adequately available within the county to meet community health needs and to alleviate identified health risks for the county.
- A large number benefit from, and are able to access, social services such as Medicaid and other healthcare assistance within the county.
- Visits to healthcare provider (physician, dental, eye) is less than optimal. These visits are inhibited by cost or lack of insurance.
- Top 3 healthcare providers needed are women’s health, cancer care, and family practice.
- Top 3 healthcare services needed are walk-in clinics, wellness centers, and dental service.
- One of the main barriers to healthcare access continues to be lack of healthcare insurance.

Recommendations

Recommendations are proposed as follows:

- Co-existence of high rates of hypertension, overweight/obesity, and diabetes among county residents is deemed a situation for urgent community intervention.
- To intervene toward large number of residents who are not meeting recommended standards for healthcare access, preventive health or healthy lifestyles, prompt community activation and engagement to build relationships toward effective community participatory programs is recommended.
- Launching new community health education campaigns will be needed to target healthy weight, healthy lifestyles, and improve community safety.
- Limitation on health due to physical, mental, and pain interferences will require standards for deliberate and ongoing assessment to prevent severe adverse impact on physical activity and overall health.
- Expand insurance programs to cover more county residents and increase access to care. High rate of residents who do not access healthcare due to “no reason” or lack of knowledge is perplexing and would need to be addressed through more focused comprehensive community outreach and education.
- Expand programs for mental healthcare via more in-county programs and providers.
- Additional health facilities will be needed to provide more access for primary and wellness care, and diagnostic services.

- Increase number of healthcare practitioners to improve access to primary and women's healthcare, dental, mental, and eye health care. This will significantly reduce present disparities.
- Quality of the environment should be enhanced to promote healthy active lifestyles. Develop infrastructure and programs using a multi-purpose center model to promote quality age related activities, physical and social fitness, family and community engagement, and recreation. Environmental designs should be constructed to accommodate active lifestyles and outdoor activities will be beneficial to the county residents who obviously enjoy outside living.
- It will be necessary to utilize family and faith-based organizations to direct and foster educational campaigns and efforts for better population reach.
- It will be necessary to decentralize services to bring access points closer to more rural residents.

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Appendix J
Holmes County Community Health Improvement Action Plans

Priority Issue	Chronic Disease					
Goal (Aim)	Reduce obesity rates in Holmes County.					
Objective #1	By June 30, 2012, at least 50% of K-6 student population will have received education on nutrition and/or physical activity.					
Strategy #1	School based activities.					
	Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
Activity #1	Food, Fun, Reading Program	4H, IFAS, school	Jun 30, 2012		Class roster	
Activity #2	Health education to include nutrition and physical activity	School nurse	Jun 30, 2012		Class roster	
Activity #3	Introduce FCAT plan	School board, Carmen B.	Jun 30, 2012		Class roster, pre/post test	
Activity #4	Establish relationship w/school board	School board, Carmen B., HCHD	Jun 30, 2012		Attendance	

Objective #2	By August 30, 2012, 5% of population will have been educated on healthy choices.					
Strategy #1	Community based outreach.					
	Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
Activity #1	Provide food demonstration in the community	Tracy C./ Judy	Jun 30, 2012	1 st class beginning Aug 24, 2011	Sign-in sheet, pre/post test	
Activity #2	Fit for Life	Tracy	Mar 30, 2012	Class begins Jan 2012	Sign-in sheet, pre/post test, weight	
Activity #3	Client consults	Tracy	Jun 30, 2012	In progress	Weight spreadsheet	
Activity #4	Community health screenings	HCHC, DMH, faith-based orgs	Jun 30, 2012	In progress	Sign-in sheet	
Activity #5	Lunch & learn	DMH	Jun 30, 2012	In progress	Sign-in sheet	
Activity #6	Post health info on local websites	DMH, HCHD, schools	Jun 30, 2012	Begin Sep 1, 2012	Number of web views	
Activity #7	Distribution of info re: health choices	DMH, HCHD, sheriff's dept	Jun 30, 2012	In progress	Number handed out	
Activity #8	Patient education	DMH	Jun 30, 2012	In progress	DMH report	
Activity #9	Food, Fun, Reading Program	4H, IFAS, schools	Jun 30, 2012	In progress	Number of kids	

Objective #3	By August 30, 2012, 5% of Holmes County population will have at least five (5) opportunities to participate in a physical activity event.					
Strategy #1	Community based activities.					
	Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
Activity #1	Fit for Life	Tracy	Mar 30, 2012	Class begins Jan 2012	Sign-in sheet, evaluation	
Activity #2	Cardiovascular Disease Walk	HCHD, DMH	Feb 28, 2012	Planned for Feb 2012	Sign-in sheet	
Activity #3	Stroll/Roll	HCHD	Mar 30, 2012	Planned for Mar 2012	Sign-in sheet	
Activity #4	Pilates for Pink	HCHD	Nov 1, 2011	Planned for Oct 2011	Sign-in sheet	
Activity #5	Diabetes Walk	BMS, HCHD	Dec 1, 2011	Planned for Nov 2011	Sign-in sheet	
Activity #6	Breast Cancer Awareness Walk	DMH	Oct 30, 2011	Planned for Oct 2011	Sign-in sheet	
Activity #7	FlashMob	Sheila P.	Jun 30, 2012	Begin planning	Number of participants	

Priority Issue	Social Economic Health					
Goal (Aim)	Improve social economic health (SEH) of Holmes County					
Objective #1	By August 2012, increase usage of Health resources available in Holmes County by 5%.					
Strategy #1	Create master plan to involve agencies.					
	Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
Activity #1*	Identify service providers	Healthy Holmes Task Force (HHTF)	Dec 2011		Service list	
Activity #2	Create workgroup for service providers	HHTF	Feb 2012		Workgroup list & schedule	
Activity #3	Develop plan	HHTF	Apr 2012		Written plan	
Strategy #2	Provide HHTF workshops semi-annually.					
	Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
Activity #1	Create a focus group	HHTF	Dec 2011		List of topics	
Activity #2	Recruit volunteers to teach workshop re: topics & calendar of events	HHTF	Feb 2012		Calendar of events	
Activity #3	Provide workshops	Volunteers & HHTF	August 2012		Number of attendees, pre/post test w/attendance demographics	
Activity #4	High school job fair (workshop)	HHTF (contact Glenn Rich at High School)	Apr 2012		Pre/post survey w/HS plans	
Activity #5	Elementary school career day	HHTF, parents	Apr 2012		Number of attendees	

Priority Issue	Child/Maternal Health					
Goal (Aim)	Improve holistic health of children in Holmes County.					
Objective #1	By August 30, 2013, increase utilization of local Maternal/Child Health (MCH) services by 5% in Holmes County.					
Strategy #1	Increase awareness.					
	Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
Activity #1	Info booth @local events – rodeo, baby bash, fair, health fair, down home fest	HCHD, Early Learning partners	Jun 30, 2013		Number of people who sign-in/complete comment card	
Activity #2	PSAs re: MCH	HHTF	Jun 30, 2013		Number of PSAs, collect number of “how did you hear about us” data	
Activity #3	Targeted emails	HHTF	Jun 30, 2013		Number of hits on HCHD/Early LC websites, pre/post booth (#1 above)	
Activity #4	Notify Ministerial Assoc of upcoming events	HHTF	Jun 30, 2013		Number of people who sign-in/complete comment card	

Strategy #2		Develop a continuity of care Maternal/Child Health (MCH) task force.				
	Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
Activity #1	Service providers to meet for identification of roles	HHTF	Jun 30, 2013		Roles, resources, and potential activities identified.	
Activity #2	Develop subcommittee out of HHTF	TBD	Dec 2011		Group formed with potential activities & charge identified	
Activity #3	Obtain MCH baseline data from MCH providers of Holmes County	MCH providers	Feb 2012		- Baseline data in database. - Dates set for future data collection.	
Strategy #3		Educating parents.				
	Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
Activity #1	Classes on: Crib Safety Childbirth Car seat safety	Healthy Start	Jun 30, 2013		Number of attendees, pre/post test	
Activity #2	EPSDT/Well-child check-ups	HCHD & private practitioners	Dec 2011		Number of services provided	
Activity #3	DMH Lunch & Learn w/pediatrician (Topic: RSV)	DMH	Feb 2012		Number of participants	

Objective #2	By June 30, 2013, decrease teen pregnancy rates by 2% in Holmes County.					
Strategy #1	Educate teens.					
	Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
Activity #1	Girls of Value	HCHD, Teen Outreach Program (TOP) coordinator, Sheila Paul	Dec 2011		Number of students sustained	
Activity #2	Boys of Worth	HCHD, Teen Outreach Program (TOP) coordinator, Sheila Paul	Dec 2011		Number of students sustained	
Activity #3	Provide teen pregnancy curriculum	HCHD, Teen Outreach Program (TOP) coordinator, Sheila Paul; USF	Dec 2011		Number of completed activities	
Activity #4	Increase WIC & High School satellite clinics' monthly visits	HCHD/WIC/ Healthy Start	Jun 2012		Number of participants, number of contact hours	

