Sumter County
Community Health Assessment 2018

May | 2018

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Definitions

Community Health Assessment (CHA): One of the four MAPP core assessments. A systematic evaluation and review of various indicators that play a role in community health.

Community Health Improvement Plan (CHIP): 2018-2023 Sumter County CHIP

Community Themes and Strengths Assessment (CTSA): One of the four MAPP core assessments. Aimed at identifying and evaluating key focus areas, perceived quality of life, and available assets that could contribute to community health.

Florida Department of Health in Sumter County (DOH-Sumter)

Forces of Change Assessment (FoC): One of the four MAPP core assessments. "Focuses on identifying forces such as legislation, technology, and other impending changes that affect the context in which the community and its public health system operate" (**NACCHO, 2018).**

Ten Essential Services (ES): Public health activities that all communities should undertake, as described by the Centers for Disease Control and Prevention.

Sumter County MAPP Steering Committee (SCMSC)

Mobilizing for Action through Planning and Partnership (MAPP)

Medical Reserve Corps (MRC)

National Association of County and City Health Officials (NACCHO)

DOH-Sumter Program Management Council (PMC): The Florida Department of Health in Sumter County's internal planning and leadership group.

Local Public Health Systems Assessment (LPHSA): One of the four MAPP core assessments. Focuses on evaluating the organizations and entities, that contribute to the public health system, on their ability to provide the 10 Essential Public Health Services.

Executive Summary

Process and Timeline:

In 2017 and 2018 the Florida Department of Health in Sumter County (DOH-Sumter) led the process to produce a Sumter County Community Health Assessment (CHA). The CHA included the involvement of several diverse organizations and individuals representing public and private organizations, community groups, healthcare providers, patients, and others. As a result of that collaboration, there emerged a collective vision for Sumter County:

Shared Vision

"All Sumter County residents and families will be empowered to engage in healthy, safe, and active lifestyles through strong partnerships and locally available programs and resources".

The Sumter County CHA process began in March of 2017 when DOH-Sumter and Sumter County Medical Reserve Corp (MRC) came together to plan the first stages of the primary data collection phase. This data collection phase included public safety assessments, pedestrian safety assessments, a chronic disease community resource assessment, a community-based photography project, and multiple community focus groups. Throughout the process many community partners contributed to the success of the data collection efforts. (see **Appendix A** for a full list of community partners).

Findings:

The following key insights were compiled from the data highlights of the **Community Health Status Assessment** section.

- In 2015, Sumter County had an age-adjusted death rate (per 100,000 population) for falls of 30.1 compared to Florida's rate of 9.8.
- In 2016, Sumter County had the highest teen birth rate in the Central Florida region with a teen birth rate of over 24.1 per 1,000 live births.
- There is a dearth of local data on resident dietary habits, physical activity habits, health behaviors and attitudes, and driver safety behaviors.
- In 2016, Sumter County ranked 42 of 67 counties for mothers who initiate breastfeeding.
- From 2012-2014, the Sumter County hospitalization rate for those one to five years of age for all non-fatal unintentional injuries was 186.7 per 100,000 population. Motor Vehicle Crash deaths for this demographic group were also elevated.

- Only 66% of drivers, in Sumter County, were wearing seatbelts, during the 2018 assessment of driver behavior, compared to state average of 90.2% in 2017.
- Adult smoking rates in Sumter County are low (about 10% report smoking), however E-cigarette use is on the rise.
- 73.5% of Sumter County residents are 50 years of age or older.
- Lake, Sumter, and Marion Counties lead the state in falls-related deaths.

The assessment process also resulted in the identification of 3 overarching broad strategic priorities:

1. Maternal and Child Health
2. Chronic Disease
3. Community Engagement

Conclusion & Next Steps:

As part of the initial assessment and planning process, the Sumter County 2018-2023 Community Health Improvement Plan (CHIP) is to be developed. The Sumter County MAPP Steering Committee (SCMSC) is also being refined and strengthened. The following Subcommittee was formed to address identified issues that emerged through the assessment process:

- Sumter County MAPP Program Planning Subcommittee

The Sumter County CHA was approved. The Sumter County CHA process has monitored and measured the initial progress of work group activities. Specific MAPP initiatives will be identified in the 2018 Sumter County CHIP.

NOTE: Throughout the body of this document various non-heading phrases and key terms are written in bold font. These terms are hyperlinks to other portions of the document that can be utilized when accessing a digital copy (ex. **Appendix A***).*

Introduction

CHA Report Purpose:

Community Health Assessment (CHA) "is the ongoing process of regular and systematic collection, assembly, analysis, and distribution of information on the health needs of the community. This information includes statistics on health status, community health needs/gaps/problems, and assets. The sharing of findings with key stakeholders enables and mobilizes community members to work collaboratively towards building a healthier community (McDavid & Hawthorn, 2013)."

Did you know:
That, in a recent assessment of driver behavior, only 66% of drivers in Sumter County were wearing seat-belts. (Florida rate: 90.7%)

(For more information see the section on **Community Themes and Strengths Assessment: Windshield Survey**)

This report was written in an effort to compile various indicators including demographic, socioeconomic, and health behaviors that do or could potentially impact health outcomes in Sumter County. By implementing policies and programs targeting these health factors, we can improve the health of the community. This, however, requires broad community collaboration not only of healthcare providers and public health officials, but many others in the community.

This assessment is the product of an ongoing comprehensive strategic approach to community health improvement. The Mobilizing for Action through Planning and Partnerships (MAPP) model has been the tool utilized throughout this process. This strategic planning tool is a community-wide strategy for improving community health developed by the National Association of County and City Health Officials (NACCHO) and the Centers for Disease Control and Prevention (CDC).

This report aims to:

- Accurately represent Sumter County's key health issues.
- Identify strategic health planning issues.
- Identify potential approaches to addressing the key health planning issues.
- Provide insight and input to the next phase of the MAPP assessment/improvement process (i.e., development of the Sumter County 2018-2023 Community Health Improvement Plan [CHIP]).
- Provide the community with a rich data resource, not only for the next phase of CHIP creation, but also for ongoing program development and implementation as well as evaluation of community health improvements.

How to use this report:

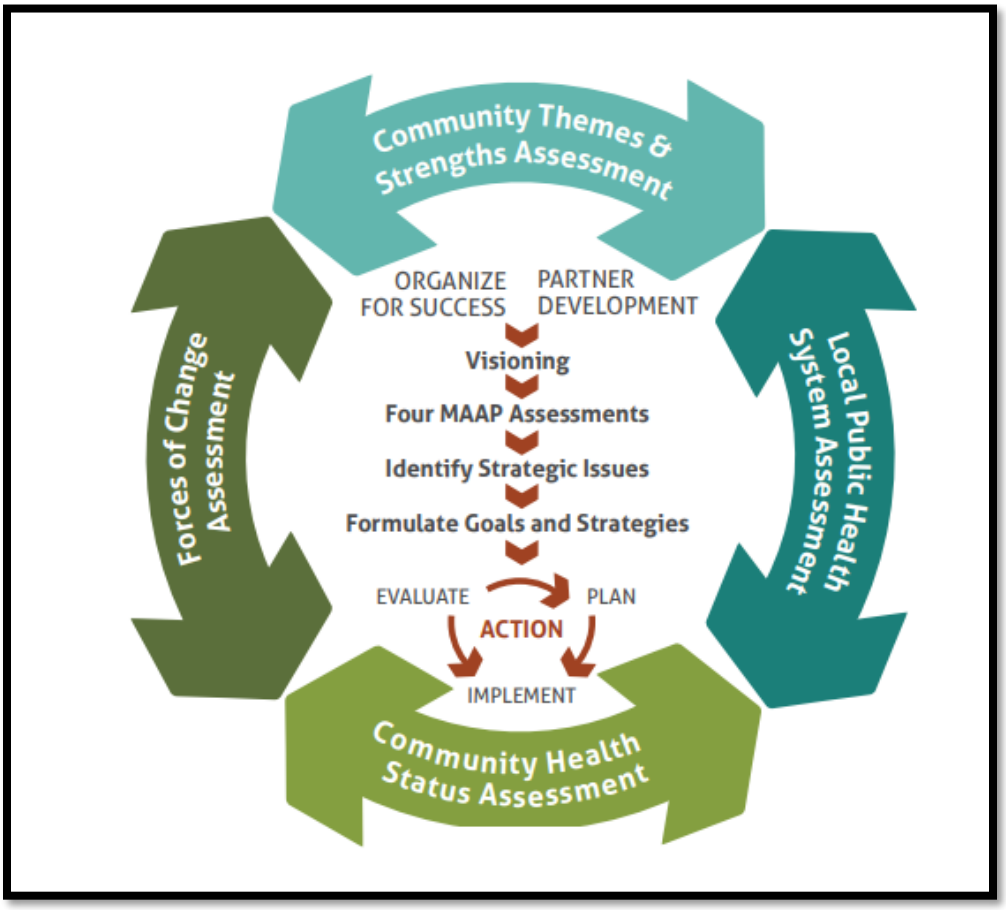
The 2018 Sumter County CHA is designed to function as a community health needs assessment. The intent is that this report serves as a resource to assist health policy planners, community organizers, the not for profit community, and local elected officials in the effort to ensure that Sumter County is a healthy place to live, play, learn, and grow.

MAPP Community Health Assessment Process

To guide the Sumter County Community Health Assessment (CHA), the Mobilizing for Action through Planning and Partnership (MAPP) model was adopted as the community-wide strategic health planning framework. MAPP is a nationally recognized planning tool to help communities prioritize health issues, and to identify resources to address them with the help of public health leadership.

The MAPP process has 6 phases (seen below, in the center of the Figure 1), each building on one another. The whole MAPP process is driven by the four key assessments (shown in outer four arrows in Figure 1) which help in providing critical insights into challenges and opportunities throughout the community.

Figure 1: MAPP Model



Phase 1: Organizing and Engaging Partners

The first phase of the Sumter County MAPP process was to identify, organize, and engage partners and residents. It is critical to establish robust, trusting relationships with community stakeholders as it fosters an inclusive environment and creates a stronger sense of joint ownership of the CHA process.

Photo 1: SCMSC members developing shared vision, April 2018

To identify the partners, a comprehensive list was made of the organizations working in the Sumter County towards improving quality of life. This included government organizations, philanthropic institutions, faith based organizations, hospitals and health centers, educational institutions, senior centers and volunteers. Existing SCMSC members were also sent copies of an outreach flyer in an effort to encourage members of the public to join the committee. Copies of this flyer were also placed at strategic locations within the county. Invitations were sent to all community members and the organizations whom expressed interest in being part of the SCMSC. The most current list of the 2018 SCMSC organizations can be found in **Appendix A**.

On April 24th, 2018 the SCMSC, along with engaging in programmatic and health indicator discussions, agreed to formalize the SCMSC meeting schedule as follows:

1. One annual SCMSC meeting: held within the first four weeks of each year. This meeting is aimed at reviewing progress towards stated goals, and revising goals and objectives as needed.
2. Two newsletter communications:
    a. The first delivered no more than four months after the SCMSC annual meeting.
    b. The second delivered no more than four months after the first newsletter delivery date.
3. Email & phone communications delivered as needed.

The SCMSC worked together in developing a shared vision (Phase 2), Community Themes and Strengths Assessment (CTSA), and Forces of Change Assessment (FoC).

Phase 2: Create a Vision

The second phase was to create a shared community vision and common values through a collaborative and creative process. Shared vision and values provide focus, purpose and direction to the CHA, and help in guiding future efforts. A vision helps set the stage for planning, and provides a common framework throughout subsequent phases.

Shared Vision

"All Sumter County residents and families will be empowered to engage in healthy, safe, and active lifestyles through strong partnerships and locally available programs and resources".

The SCMSC worked together to develop shared vision and values (**Appendix B**). The committee members were asked the questions 'What does a heathy community mean to you?' in an effort to draw out ideas for a vision statement. They were also asked 'What needs to be in place for us to work effectively to achieve our vision?' to generate discussion around organizational values. The information collected from the members was crafted into a Wordle to assist in the creation of the shared vision statement (**Appendix B**). The final vision statement can be found in the box to the right.

Phase 3: Data Collection and Assessments

The third and very critical phase of the Sumter County MAPP process was data collection and assessments. At the heart of the MAPP process are the following core MAPP assessments:

(a) Community Health Status Assessment (CHSA),

(b) Community Themes and Strengths Assessment (CTSA),

(c) Forces of Change Assessment (FoC), and

(d) Local Public Health Systems Assessment (LPHSA).

Each assessment provides information for determining local health priorities and for improving the health of the community. These assessments are discussed in detail below:

a. Community Health Status Assessment (CHSA)

CHSA was done using multiple sources such as Florida Charts, Robert Wood Johnson County Health Rankings, Behavioral Risk Factor Surveillance System (BRFSS), Centers for Disease Control and Prevention, Florida Youth Substance Abuse Survey (FYSAS), Florida

Environmental Health Tracker, Census reports, Fatality Analysis Reporting System (FARS), and tobacco store surveys. More information on the sources used in this report can be found in the **References** section.

The secondary data was collected on mortality and morbidity indicators, health factors and health behaviors that describe the overall health status of Sumter County. For indicators without locally accepted benchmarks, the rate or count seen in Florida overall is held the bench mark or baseline for comparison.

b. Community Themes and Strengths Assessment (CTSA) and Community Health Assessment and Group Evaluation (CHANGE)

Did you know:
That the rate of children, between the ages of 5 and 11, who experience child abuse in Sumter County is 1.5 times higher than the rate seen in Florida as a whole?
(For more information see the section on **Violence**)

While the previous section, the Community Health Status Assessment, is largely based on in-depth quantitative analysis of existing community and health system administrative data sets, this section provides a qualitative perspective on health issues and the health system from the community at-large. It also fulfills a key MAPP requirement by providing community members the opportunity to provide feedback on the health of Sumter County and its residents. For this assessment, primary data collection was conducted through multiple techniques which are listed below:

CHANGE Surveys: DOH-Sumter staff conducted surveys using the CDC CHANGE (Community Health Assessment and Group Evaluation) survey tool. These surveys collected data on current policies and practices related to health and chronic disease prevention. Survey questions assessed policies and practices in areas of nutrition, physical activity, tobacco, chronic disease management, and leadership. Sixteen organizations throughout Sumter County were interviewed representing various sectors including health care, work sites, schools, community organizations, and the community at large. For the results of this assessment see **Community Themes and Strengths Assessment**.

Bus Stop Surveys: School bus stops are places where children (with or without supervision) wait for the school bus to arrive to be transported to the school. DOH-Sumter conducted school bus stop surveys to understand how safe these bus stops are in terms of nearest crosswalk quality, sidewalk quality, general walkability, and overall safety. The Sumter County School

Board provided DOH-Sumter with a list of all past and present school bus stops (n=3,977). 115 bus stops were randomly selected to survey. This created a meaningful and representative sample of bus stops (Minimum sample size=94, Confidence Level=95%, Confidence Interval=10). Working in teams of 1-3 people, the CHA team conducted 95 bus stop surveys throughout Sumter County to assess their expected routes on various safety measures. The survey tool used was adapted from the AARP Sidewalks and Streets Survey (**Appendix C**). For the results of this assessment see **Bus Stop Surveys**.

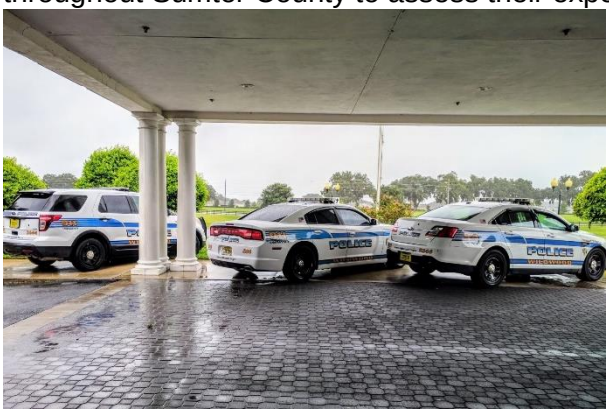


Photo 2: 2018 STYL Submission, Public Safety

Golf Cart Surveys: The objective of golf cart surveys was to understand the safety of shared-use, multimodal paths within Sumter County. Working in teams of two, MRC volunteers assessed 20 multimodal paths in The Villages. These areas were zones of high golf cart traffic. Multimodal paths are designed for use by golf carts, pedestrians, cyclists, etc. The Villages community was divided into 4 zones, with 5 surveys completed in each zone. The teams of two consisted of one golf cart driver and one scribe tasked with completing the survey tool. Surveyors used a tool adapted from the AARP Sidewalks and Streets Survey (**Appendix D**). Multimodal paths were assessed for various safety features and driver behavior was observed. For the results of this assessment see **Golf Cart Surveys**.

Windshield Surveys: This survey was conducted to better understand driver behavior and seat belt usage for Sumter County residents. The surveys were conducted using 2010 census tracts boundaries as survey zones, with two to four intersections being surveyed in each census tract. Working in teams of three to four, surveyors traveled out into the community and parked a county vehicle at identified intersections where driver behavior could be observed. The team observed driver behavior for 15 minutes at each intersection, looking at each car that passed and determining whether drivers were wearing seatbelts, texting while driving, distracted while driving, and/or possible speeding. Staff also evaluated cyclists for bicycle helmet usage. The survey tool used was designed by DOH-Sumter staff (**Appendix E**). For the results of this assessment see **Windshield Survey**.

Walkability Surveys: These were done to understand the condition and safety of the sidewalks in Sumter County. Working in teams of three, DOH-Sumter staff walked one-mile routes in Sumter County. Routes were selected based on perceived utility and probability of being traveled by pedestrians. Routes such as those to and from schools, public facilities (e.g., libraries), medical/public health facilities, and large businesses were prioritized for survey. As teams walked the routes, various safety factors were observed and assessed, such as quality of paved sidewalks or grassy shoulder, crosswalks, traffic, driver behavior, and whether street lights were present. The survey tool used was adapted from the AARP Sidewalks and Streets Survey (**Appendix F**). For the results of this assessment see **Walkability Survey**.

Photo 3: 2018 STYL Submission, Local Asset & Resource

Sumter Through Your Lens (STYL): Sumter Through Your Lens is a community-based data collection method based on the Photovoice model. It was conducted to understand how residents of Sumter County perceive their health and what factors they think affect their health. Community members were invited to take photos of health-related community strengths and areas of improvement. Participants were recruited via several avenues, including Lake Sumter State College, public middle and high schools, local photography clubs, and DOH-Sumter staff. Information was also shared with the community via a press release and on the DOH-Sumter website. Photos, along with descriptive captions, were submitted to the health department via email. Photos were collected from community members from August 2017 through the end of April 2018. For the results of this assessment see **Community Themes and Strengths Assessment**.

Focus Group Discussions (FGD): DOH-Sumter contracted WellFlorida to conduct focus groups as part of this community health assessment. Distinct target audiences were identified to participate in the focus groups, which included public safety professionals, community leaders, young adults, older adults, and the community at large for Wildwood, The Villages, and south Sumter County. Questions were formed on health and quality of life factors in collaboration between DOH-Sumter and WellFlorida staff (**Appendix G**). WellFlorida and DOH-Sumter staff

collaborated in recruitment of participants. Participants were offered a $20 stipend for their time and participation in the focus groups.

Six focus groups were conducted. Each focus group was 90 minutes long and had anywhere from two to fourteen participants. Seven focus groups were scheduled, but one of the focus groups failed to recruit any participants. In total, 49 participants shared their views and opinions in focus groups. For the results of this assessment see **Focus Group Discussion**.

c. Local Public Health System Assessment (LPHSA)

The Sumter County Performance Management Council (PMC) along with several identified members of the community were assembled to participate in the Local Public Health Systems Assessment. This poll-style group activity called on participants to identify the components, activities, competencies and capacities of Sumter County's local public health system. The assessment also measured how well the Essential Services (identified by The National Public Health Performance Standards program and partners) are being provided by the Sumter County public health system (**Appendix J**). For the results of this assessment see **Local Public Health System Assessment**.

d. Forces of Change (FoC)

Sumter County Steering Committee members identified and assembled a diverse gathering of community leaders to participate in a strategic Forces of Change meeting. During this meeting, members participated in a group brainstorming activity aimed at identifying events, trends, and factors in the Sumter County community that have been, or will, be influencing the health and quality of life of the community. The groups later came together to discuss the identified forces and identify the opportunities and threats associated with each. A sub-committee was created and met to further discuss the previously identified forces, as well as to identify already existing programs, gaps, and barriers associated with each factor. A poll was conducted to rate forces on impact and feasibility. For the results of this assessment see **Forces of Change Assessment**.

Phase 4 and Phase 5: Identification of Strategic Issues and Formulation of Goals and Strategies

Once primary data was collected from multiple techniques, it was entered in Microsoft Excel and Epi Info and analyzed to obtain results. This phase is described in detail in the results and discussion section which is divided into broad sections and themes. It utilizes the information

collected from different assessments to identify key themes and issues relevant to Sumter County.

Phase 6: Action cycle

This is described in the section **Next Steps**. This section details some general suggestions, or promising practices, about how to move forward with the identified needs. **Appendix N** provides some specific examples of approaches to address these needs and discusses some community organization principles that will need to be addressed to ensure that true community health improvement is realized. Digital copies of the CHA and CHIP reports are made available on the DOH-Sumter website and are also distributed to all SCMSC members. Hardcopies of this report are available to the public, upon request, at any DOH-Sumter clinic site.

Community Health Status Assessment

The section of Sumter County CHA Report provides a summary of the data reviewed during the 2017-2018 Sumter County CHA. A wide range of data sources were reviewed and complied to generate the data found below. A full list of data sources can be found in the **References** section of this report.

Did you know:
That the rate of teen pregnancy in Sumter County is nearly double that is seen in Florida?
(For more information see the section on **Teen Pregnancy**)

Through this data review a number of key findings and health disparities were identified. These are detailed in the **Conclusion** section of this report. For indicators without locally accepted benchmarks, the rate or count seen in Florida overall is held the bench mark or baseline for comparison.

The Community Health Status Assessment data report is broken down into several components:

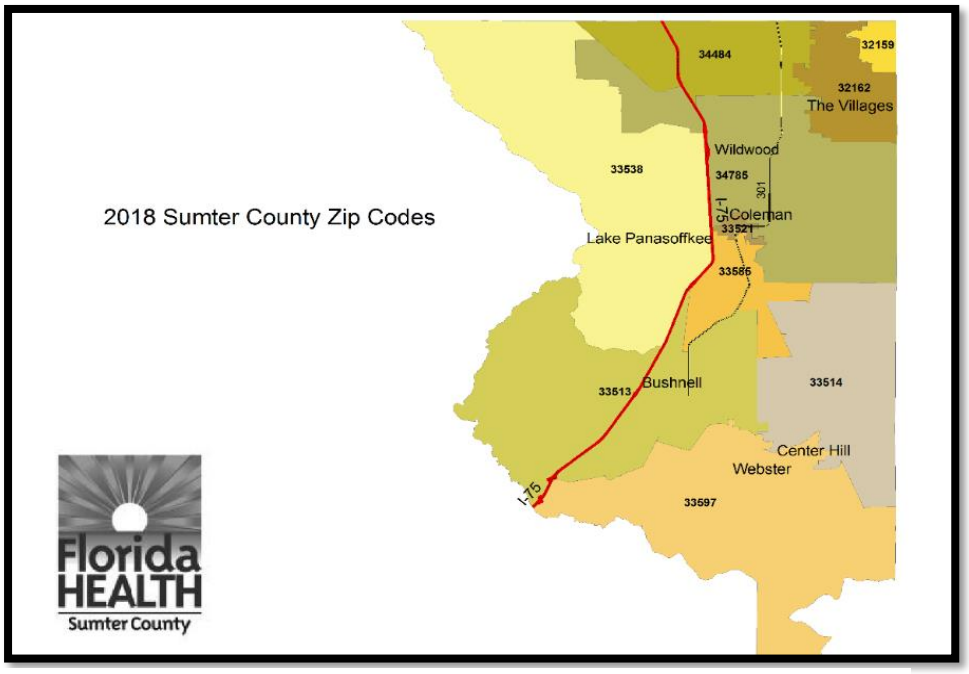
- **Demographics**
  - Population
- **Social Determinates of Health**
  - Socioeconomics
  - Educational Attainment
  - County Health Rankings
  - United Way ALICE Report
  - Public Safety
  - Focus Group Findings
- **Health Behaviors**
  - Healthcare Access
- **Health Outcomes**
  - Life Expectancy
  - Mortality
  - Health Care Utilization
  - Maternal and Child Health
  - Violence
- **Key Findings**

Demographics

The demographic characteristics of Sumter County residents are reviewed in this section. Data in this section is presented for Sumter County and compared to Florida. Data indicators include population breakdowns by age and race. The map below displays the zip code areas for Sumter County.

Population

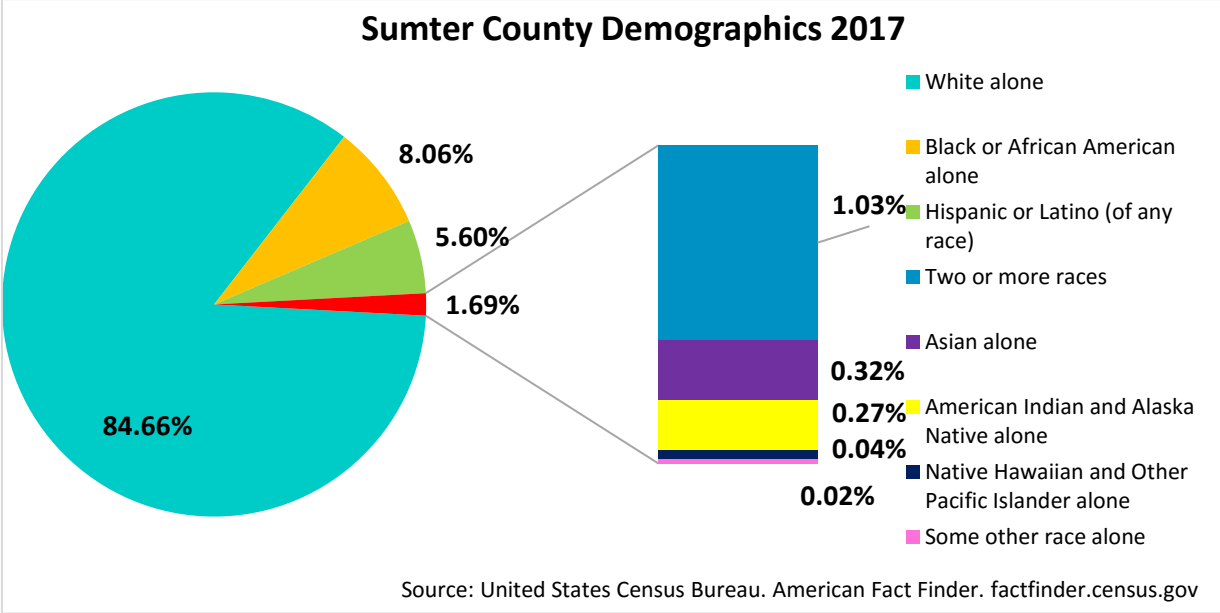
Image 1: Zip Codes for Sumter County 2018



Source: United States Census Bureau, American Fact Finder, 2018

According to the United States Census Bureau, the estimated 2017 population of Sumter County was 125,165. There are an estimated 96,163 whites (84.66% of the total population) found in Sumter County. Blacks are the second largest ethnic grouping at 9,150 (8.06%) people and Hispanic/Latino (of any race) as the third largest group at 1,174 (5.6%) people. The remaining 1.68% of individuals in the county consist of a mixture of Asian, American Indian/Alaska Native, Native Hawaiian/Other Pacific Islander or some other race, as seen in Figure 2.

Figure 2: Population by Race in Sumter County, 2017



The following table provides information regarding the population by selected age groups in Sumter County as compared to the state of Florida.

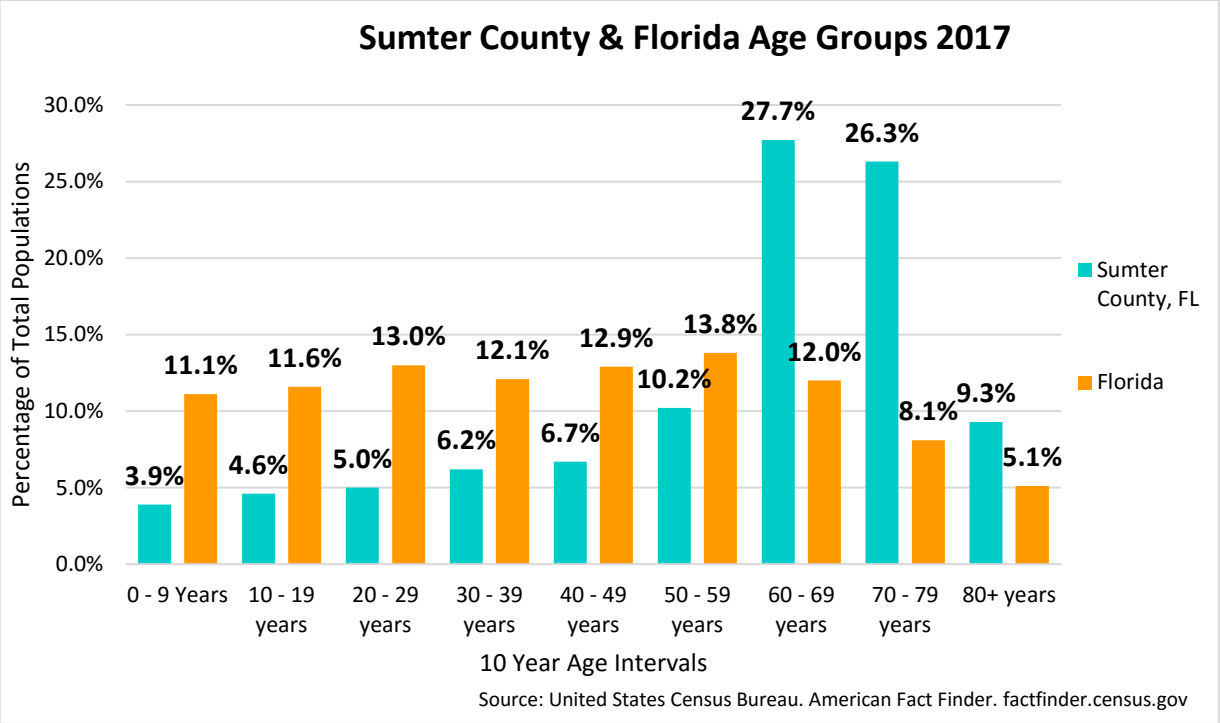
When comparing the age groups between Sumter County and the state, Sumter County has a higher percentage ages 60 and above than Florida.

Table 1: Population by Age Groups 2017

Age Group	Sumter County	Florida Population
0 - 9 Years	3.9%	11.1%
10 - 19 years	4.6%	11.6%
20 - 29 years	5.0%	13.0%
30 - 39 years	6.2%	12.1%
40 - 49 years	6.7%	12.9%
50 - 59 years	10.2%	13.8%
60 - 69 years	27.7%	12.0%
70 - 79 years	26.3%	8.1%
80+ years	9.3%	5.1%

Source: United States Census Bureau. American Fact Finder. factfinder.census.gov

Figure 3: Comparison of 10 Year Age Groupings, 2017 (Florida vs. Sumter)



Summary

According to the United States Census Bureau, the estimated 2017 population of Sumter County was 125,165. Whites make up 84.66% of the population. Blacks are the second largest group, making up 8.06%, followed by Hispanic/Latinos (of any race) at 5.6%. The remaining 1.68% of the population is made up of Asian, American Indian/Alaska Native, Native Hawaiian/Other Pacific Islander or some other race. Sumter County has the oldest population in the state, with 63.3% of the population being over the age of 60 compared to 25.2% of Florida's total population.

Social Determinates of Health

According to the World Health Organization the social determinants of health (SDH) are considered to be the "conditions in which people are born, grow, live, work and age." SDH varies and effect community and individual health in a multitude of ways.

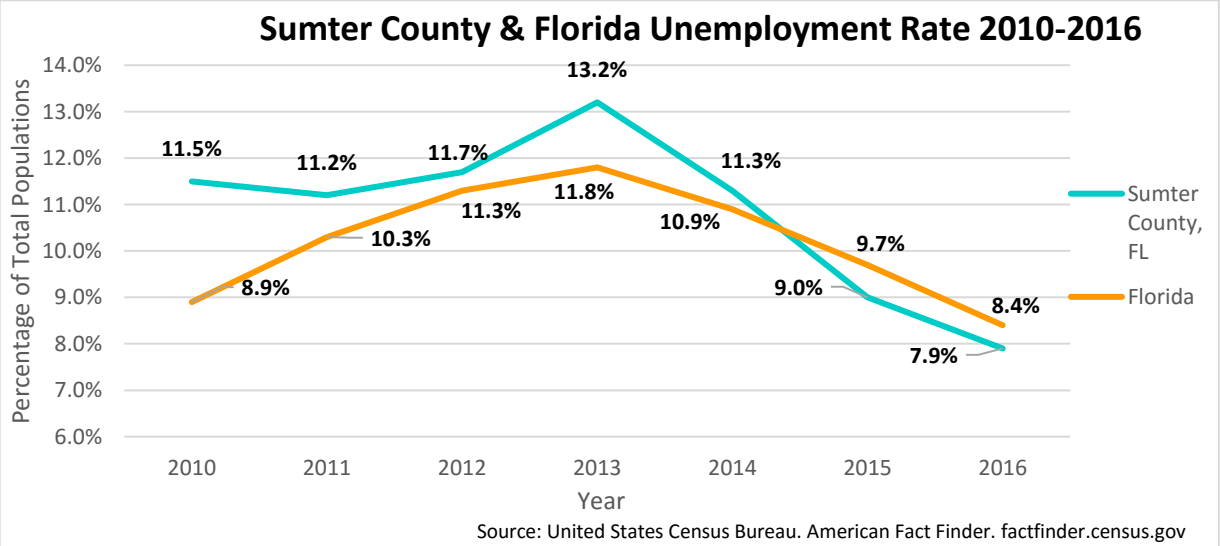
Socioeconomic

In recent years, the unemployment rate in Sumter has been steadily declining to an overall proportion of 7.9% of Sumter County adults. The most recent highpoint was seen in 2013 when the rate spiked to 13.2%, as seen in Figure 4.

The median income of Sumter has risen every year and surpassed Florida's median in 2013 (Figure 5). This upward trend has continued as of recently, in 2016, Sumter's median income climbed to $52,594. Florida reported median income of $48,900 in the same year. A similar trend can be seen in Figure 6, per capita income. Sumter county's per capita was $27,504 compared to Florida's $26,236 in 2013. In 2016, the gap between Florida and Sumter continued to widen and stands at $27,598 and $31,591.

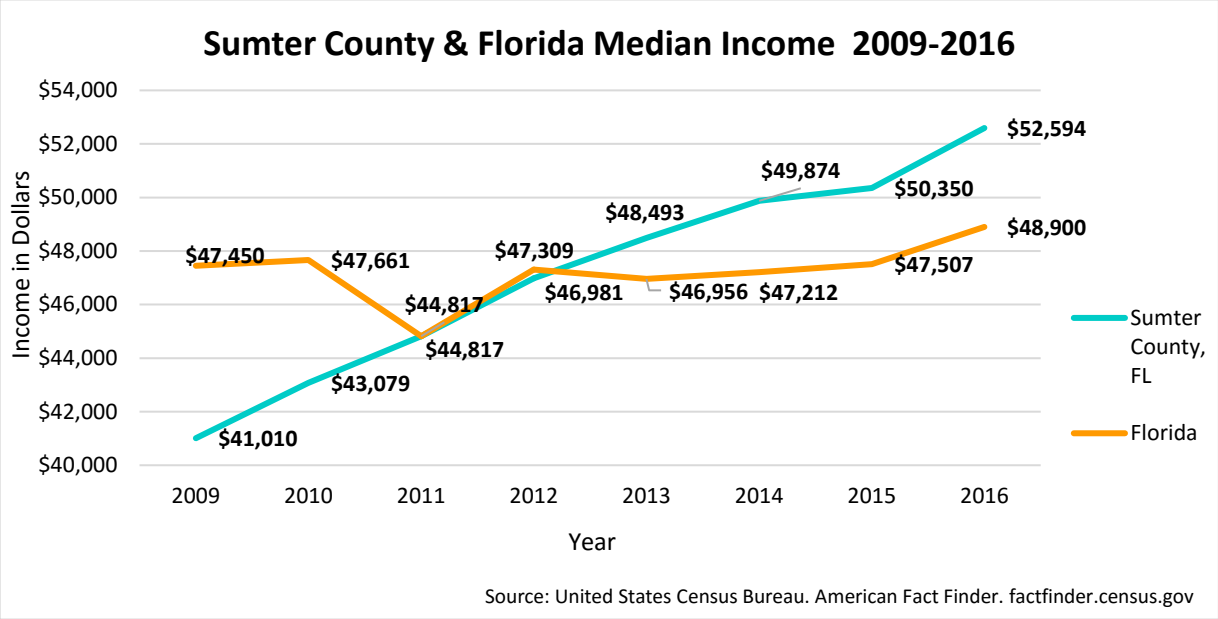
Did you know:
That Sumter ranks 2nd in the state for resident health behavior status?
(For more information see the section on **County Health Rankings**)

Figure 4: Sumter County & Florida Unemployment Rate Comparison 2010-2016



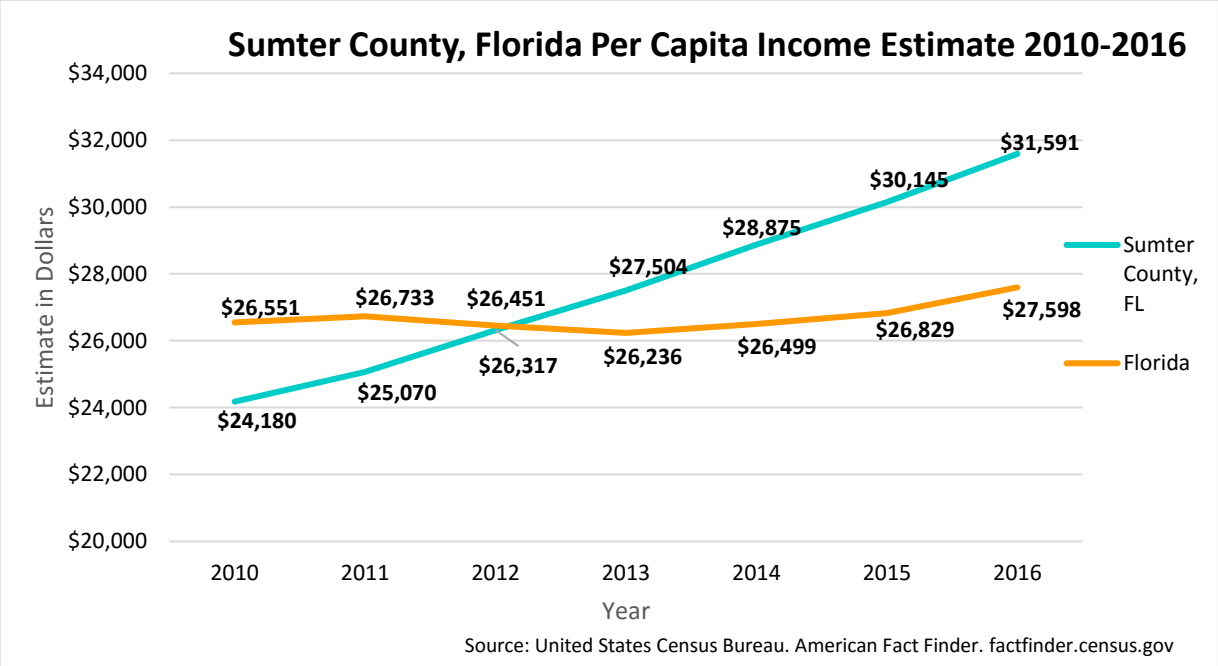
Source: United States Census Bureau. American Fact Finder. factfinder.census.gov

Figure 5: Sumter County & Florida Median Income Comparison, 2009-2016 (Estimate)



Source: United States Census Bureau. American Fact Finder. factfinder.census.gov

Figure 6: Sumter County & Florida Per Capita Income Comparison, 2009-2016 (Estimate)



Source: United States Census Bureau. American Fact Finder. factfinder.census.gov

Table 2: Sumter County's Top Ten Employers	
Employer	**Number of Employees**
Coleman Federal Prison	1,204
CFHA - The Villages Regional Medical Center	1,128
Sumter District Schools	815
Publix	800
T&D Family of Companies	660
Winn-Dixie	573
Sumter Correctional Institute	500
The Village Community	400
Walmart Stores	390
Sumter Electric Cooperative	340

Source: Sumter County Office of Economic Development, 2018

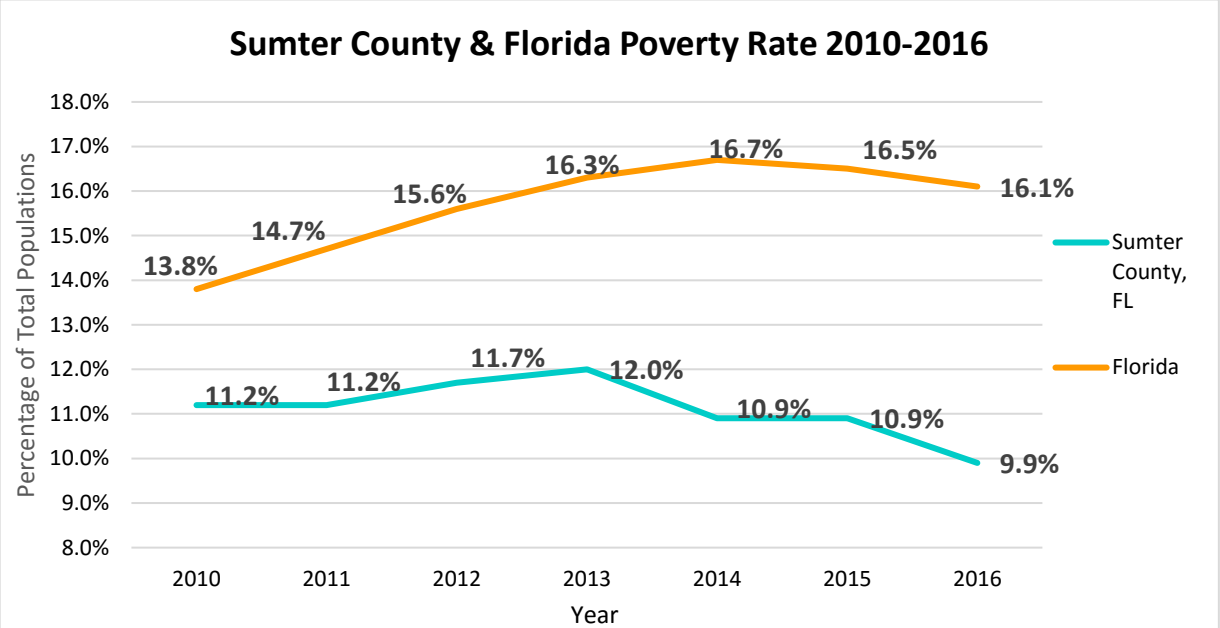
Table 3: Select Environmental Health Indicators			
Environmental Health Indicators	**Year**	**Sumter County**	**Florida**
Percent of the population living within a 1/2 mile of a fast food restaurant	2016	8.45%	33.86%
Percent of the population living within a ten-minute walk (1/2 mile) of a park	2016	6.89%	43.22%
Percent of the population living within a ten-minute walk (1/2 mile) of an off-street trail system	2016	4.47%	18.23%
Percent of children screened for lead poisoning	2012	17.05%	16.32%
Percent of housing units that are vacant	2013	21.47%	19.73%
Percent of housing units that lack complete plumbing facilities	2013	0.31%	0.25%
Age-adjusted rate of Dog Bite hospitalizations per 100,000	2016	6.82	6

Source: Florida Environmental Public Health Tracking, Floridatracking.com

Poverty

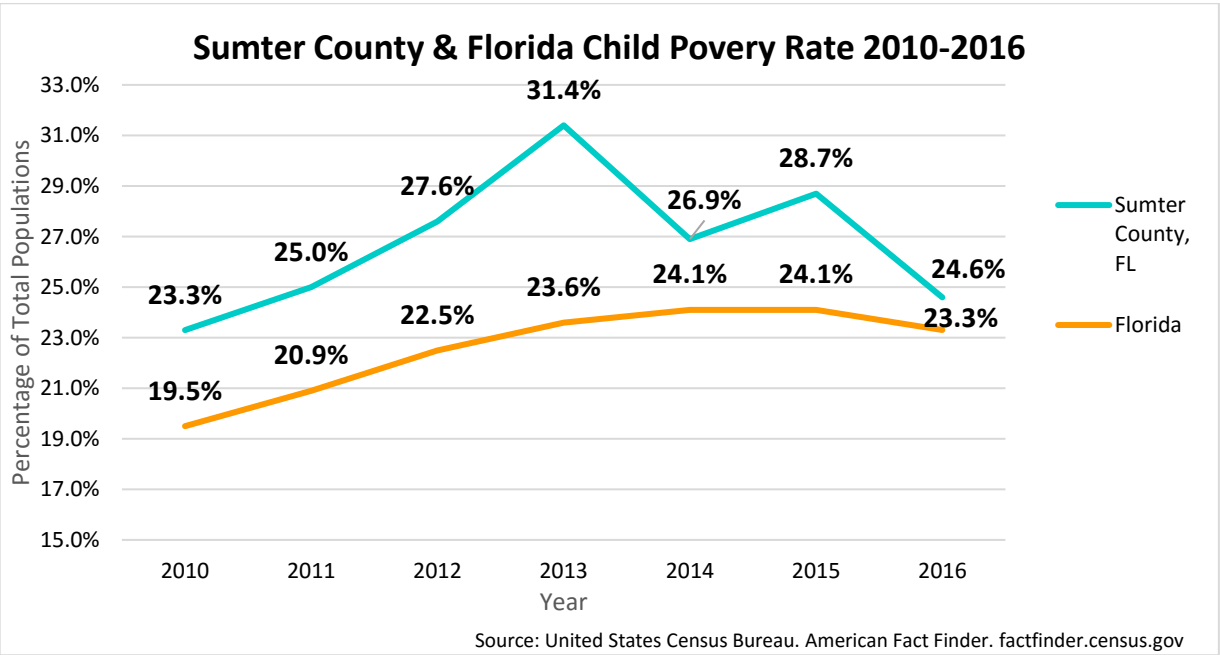
The poverty rate in Sumter has decreased in recent years. Falling to 9.9% in 2016 with the peak at 12% in 2013 (Figure 7). Unfortunately, the child poverty rate remains high at 24.6% but has fallen from the peak in 2013 at 31.4%. (Figure 8).

Figure 7: Percent of Total Population Living in Poverty, Sumter County & Florida 2010-2016



Source: United States Census Bureau. American Fact Finder. factfinder.census.gov

Figure 8: Percent of Children Living in Poverty, Sumter County & Florida 2010-2016



Source: United States Census Bureau. American Fact Finder. factfinder.census.gov

Food Access

The food environment index takes into account two indicators: access to healthy foods and food insecurity. Both range from 0 (worst) to 10 (best). Limited access to healthy foods is defined as the percentage of the population that is low-income and does not live close to a grocery store. Food insecurity is defined as the percentage of the population that did not have a reliable food source over the past year. In 2017, Sumter County's food environment index was higher than the states, at 7.8 and 6.7 respectively (Figure 9). 4.0% of Sumter County's population were classified as having limited access to healthy foods as compared to 7.0% of the state's population (Figure 10). Food insecurity was reported in 14.0% of Sumter County's population and 15.1% of the state's population (Figure 11).

Figure 9: Environment Index, Sumter County & Florida, 2017

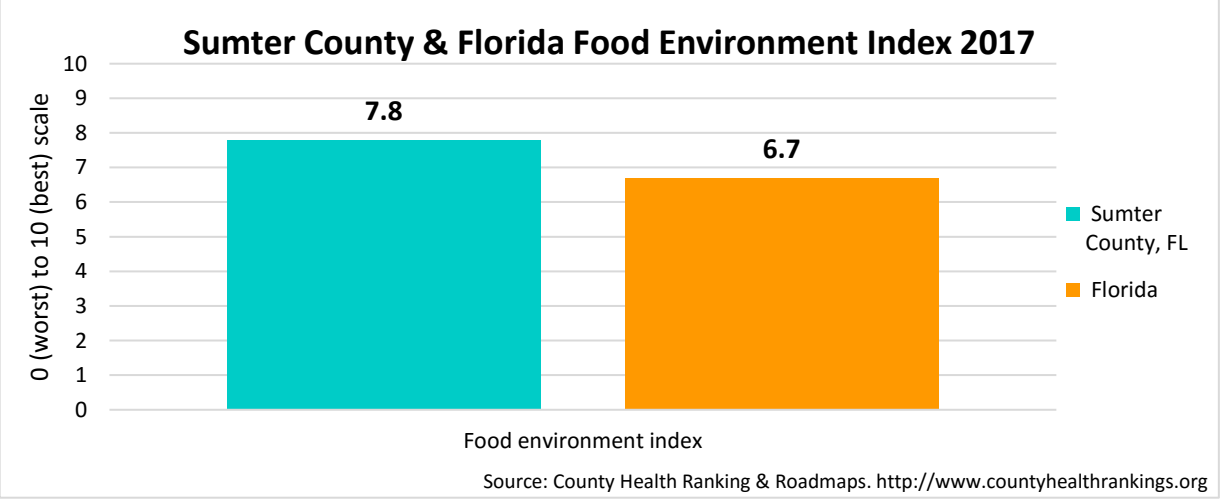


Figure 10: Food Insecurity Rate (Percent), Sumter County & Florida, 2017

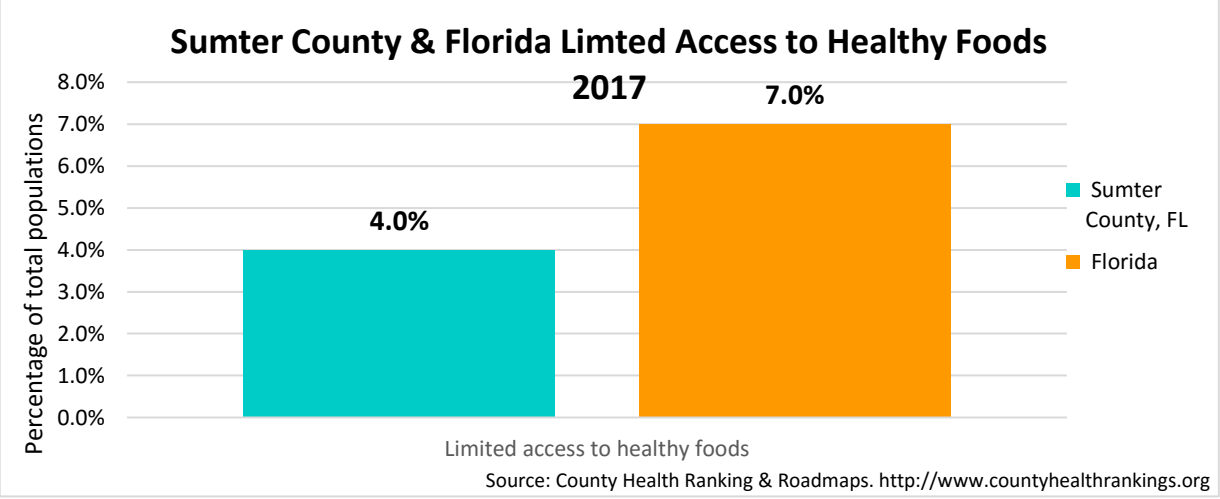
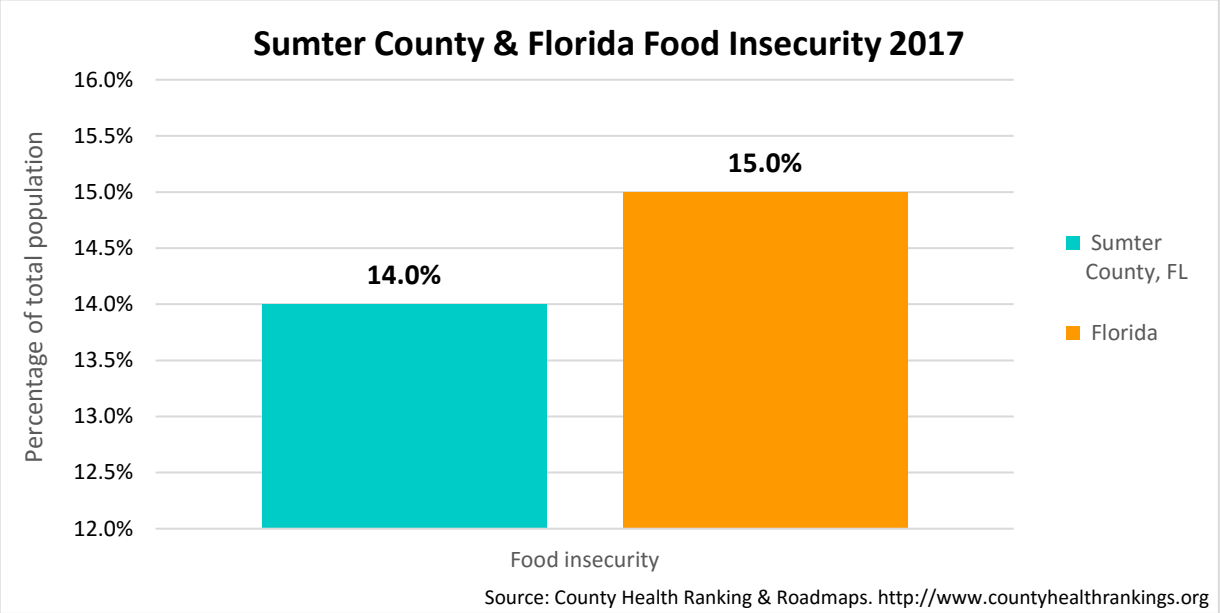


Figure 11: Food Insecurity Rate (Percent), Sumter County, Florida, 2017



Source: County Health Ranking & Roadmaps. http://www.countyhealthrankings.org

Educational Attainment

With 90.5% of Sumter residents reporting having a high school diploma or higher, 2012-2016, Sumter has the 12th highest percentage of adults falling into this category out of Florida counties overall. Since 2009, the percentage of Sumter adults without high school diplomas has been steadily decreasing, falling to its lowest percentage in recent history of 9.5%.

Table 3: Sumter County & Florida Adult Population (Over 25) Educational Attainment Level, as a Percent of Population, 2012-2016

	Sumter	Florida
Percent of population with less than a 9th grade education	2.8%	5.2%
Percent of population with less than a 9th-12th grade education, **BUT NO DIPLOMA**	6.7%	7.6%
Percent of population with high school degree or higher	90.5%	87.2%
Percent of population with a graduate degree or higher	12.6%	10.0%

Source: Florida Department of Health. FLHealthCharts.com

County Health Rankings

The Robert Wood Johnson Foundation provides an annual report ranking counties across the nation on the health of their residents, based on a wide variety of indicators. Sumter currently ranks 19th in the state in resident health outcomes. The overall County Health Rankings for Sumter County for 2017 are generally worse than previous years. Notable exceptions to this include quality of life, an indicator that has been improving in recent years, and health behavior. The quality of life indicator is based on resident reports of mental and physical health status.

Table 4: Measures for Health Outcomes and Health Factors for Sumter County, FL, 2013-2017 (Ranks Based on 67 FL Counties)

	2013	2014	2015	2016	2017	2018
Health Outcomes	24	30	27	17	15	19
Mortality/Length of Life	30	30	28	28	24	36
Morbidity/Quality of Life	19	33	28	16	15	9
Health Factors	13	11	7	13	13	21
Health Behavior	8	6	6	3	1	2
Clinical Care	5	5	6	4	4	3
Social & Economic Factors	27	29	28	49	55	60
Physical Environment	13	5	5	2	3	18

Source: Robert Woods Johnson County Health Rankings, 2018

Please note: Do not compare ranks for quality of life and health behaviors with previous ranks. Since 2016, only a single-year's data was used to construct estimates with the use of a multilevel modeling approach. This used the data of the population's answers and their age, sex, and race/ethnicity to produce estimates.

United Way ALICE Report

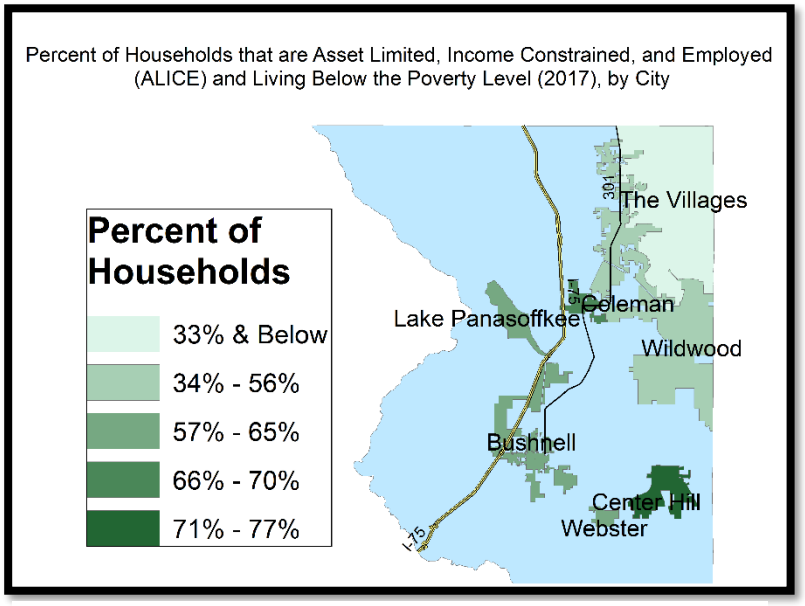
ALICE or Asset Limited, Income Constrained, and Employed is a United Way classification for households headed by those who are employed, livening above the federal poverty line, but are prevented being able to accumulate wealth due to cost of living. Another way to conceptualize this class of household would be to identify them as living paycheck-to-paycheck.

According to 2017 ALICE Report, Sumter tied for 21st place out of all Florida Counties, for the lowest proportion of residents who are either living in poverty or ALICE.

Summary

In recent years, the unemployment rate in Sumter has steadily declined to 7.9% of Sumter County adults. The median income of Sumter has risen every year. In 2016 Sumter's median income was $52,594 compared to Florida's at $48,900. Sumter County's per capita also continues to increase each year and in 2016 was $31,591 compared to Florida at $27,598. In 2017, Sumter County's food environment index was higher than the states, at 7.8 and 6.7 respectively. 4.0% of Sumter County's population were classified as having limited access to healthy foods as compared to 7.0% of the state's population. Food insecurity was reported in 14.0% of Sumter County's population and 15.1% of the state's population. Between 2012-2016, Sumter County ranked 12th highest in the state for residents reporting having a high school diploma, with 90.5% of the residents fitting into this category. The overall County Health Rankings for Sumter County for 2018 are generally worse than previous years. According to the 2017 ALICE Report, Sumter tied for 21st place, out of all Florida counties, for the lowest proportion of residents who are either living in poverty or ALICE.

Image 2: Percent of Sumter County Household Living below the ALICE threshold, 2017

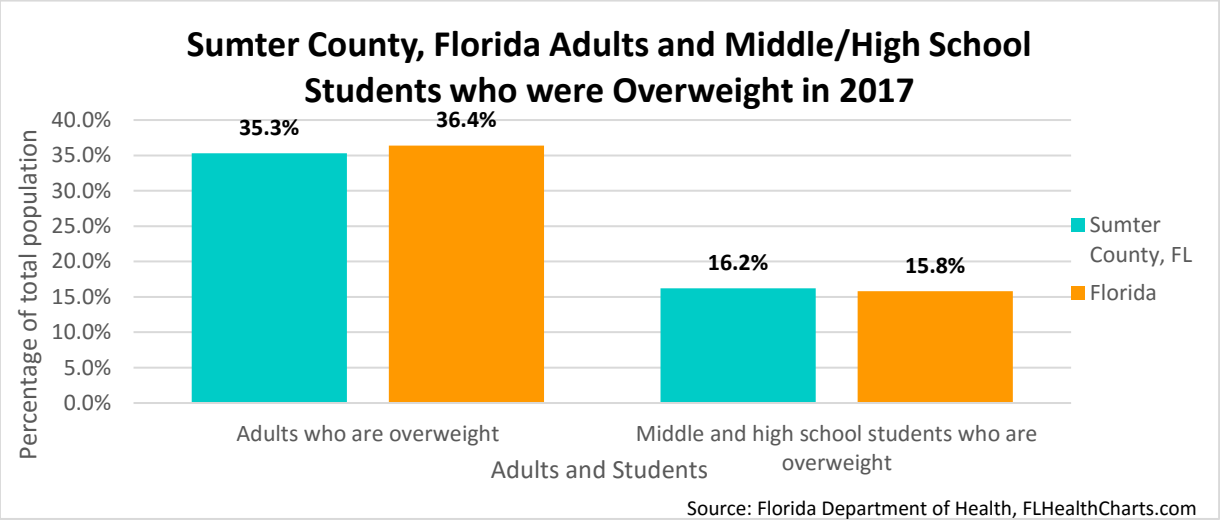


Source: United Way, ALICE Study of Hardship Report, Florida, 2017

Health Behaviors

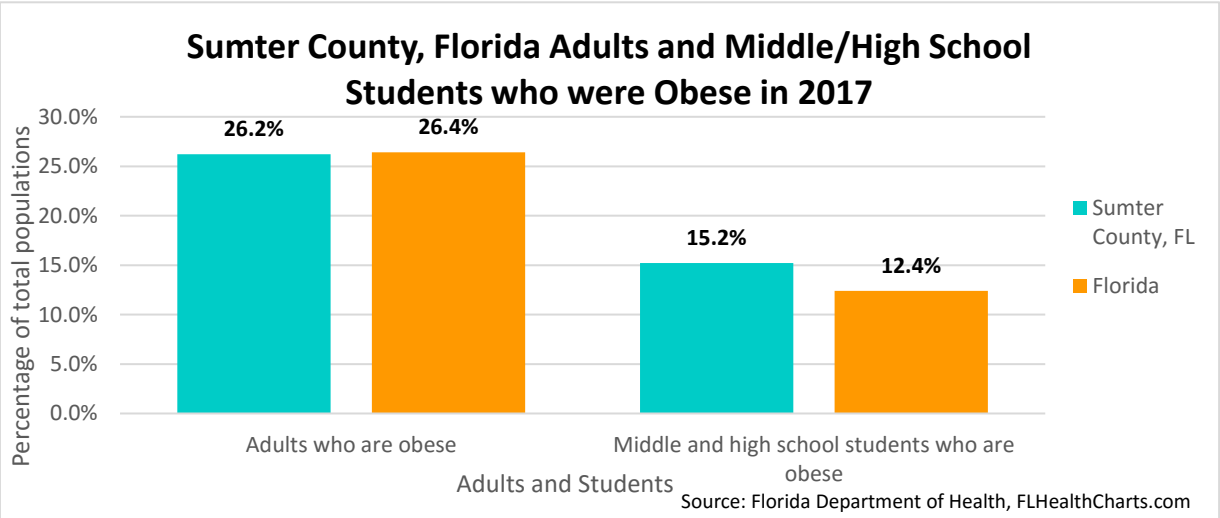
Health behaviors influence the health of a community and include health beliefs, attitudes and priorities along clinical care and clinical care access. This section includes data on current statistics on select health factors, access to healthcare, and healthcare utilization. It is important to note that these indicators can significantly affect populations through a variety of mechanisms including material deprivation, psychosocial stress, barriers to healthcare access and increased risk of acute and/or chronic illness.

Figure 12: Percent Overweight Adults & Teens, Sumter County & Florida 2017



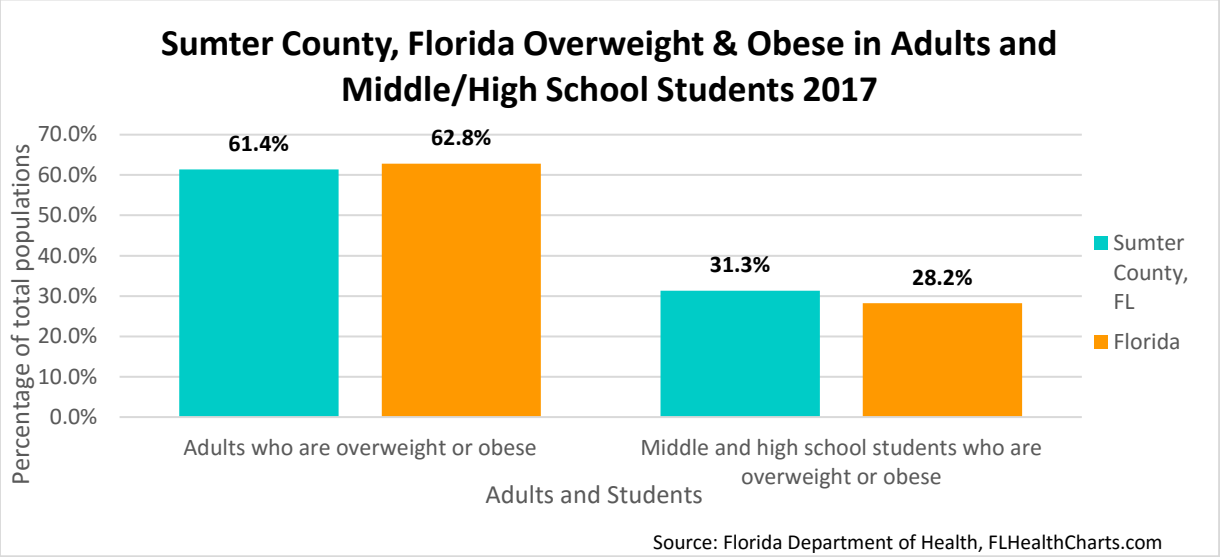
Source: Florida Department of Health, FLHealthCharts.com

Figure 13: Percent Obese Adults & Teens, Sumter County & Florida 2017



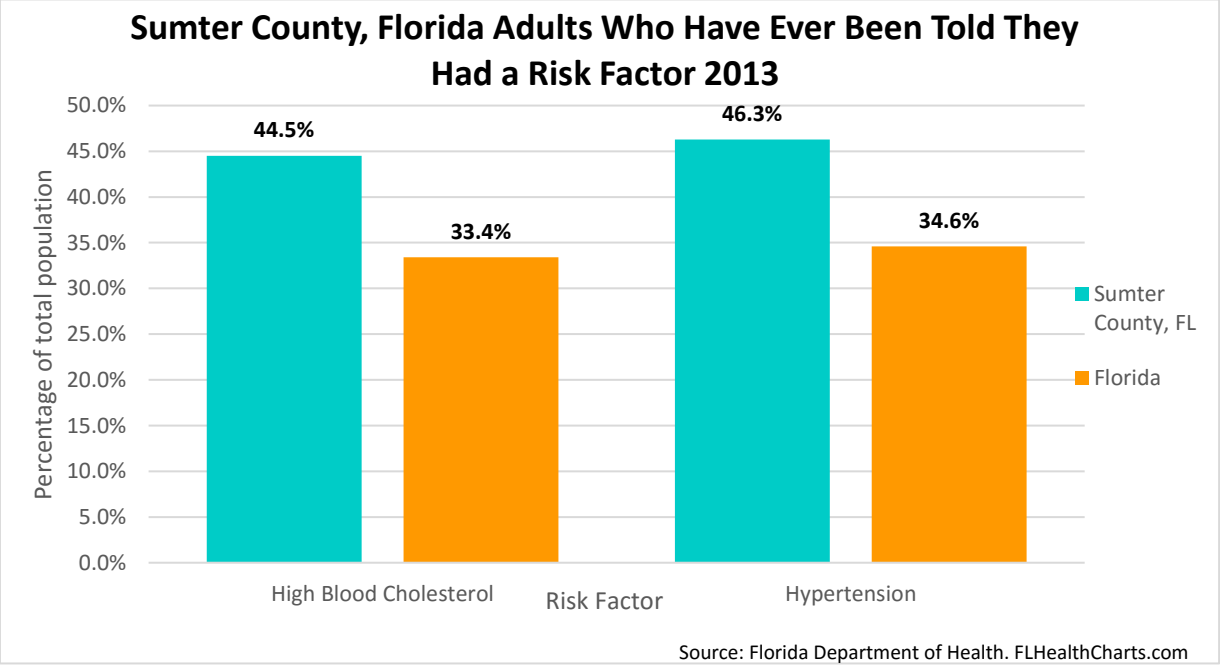
Source: Florida Department of Health, FLHealthCharts.com

Figure 14: Combined Percent of Obese and Overweight Adults & Teens, Sumter County & Florida 2017



Source: Florida Department of Health, FLHealthCharts.com

Figure 15: Percent of Adults Who Have Been Told that they Have a Cardiovascular Disease Risk Factor, Sumter County & Florida 2013



Source: Florida Department of Health. FLHealthCharts.com

Healthcare Access

According to Healthy People 2020 access to healthcare is "the timely use of personal health services to achieve the best health outcomes."

Access can be broken into 3 phases:

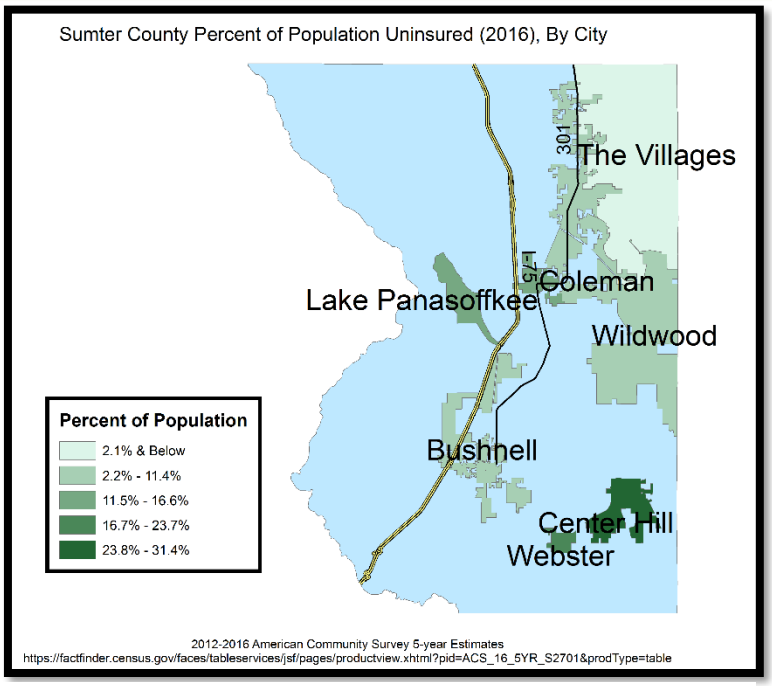
1. Gaining entry into the health care system (usually through insurance coverage)
2. Accessing a location where needed health care services are provided (geographic availability)
3. Finding a health care provider whom the patient trusts and can communicate with (personal relationship)

Key findings from data sets associated with healthcare access are compiled below.

Uninsured

The percent of Sumter County's population that is uninsured for all ages is lower than the state, with Sumter County at 12% and Florida at 16% (Figure 16). Of Sumter County municipalities, Center Hill holds the highest percentage of uninsured residents followed by Webster (Image 3).

Image 3: Sumter Percent of Uninsured Residents, by City, 2016

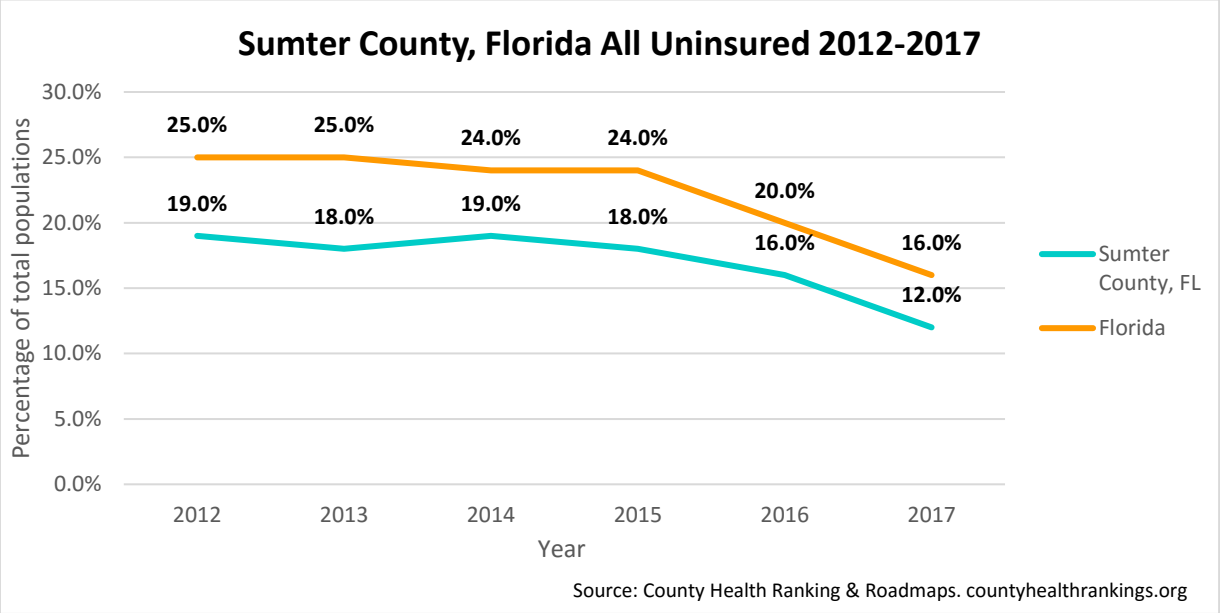


Source: United States Census Bureau, American Fact Finder, 2018

The percentage of uninsured adults (2012-2017) in Sumter County has been lower than that of Florida every year. In 2017, the percentage of uninsured adults in Sumter County was 14% compared to Florida at 15% (Figure 17).

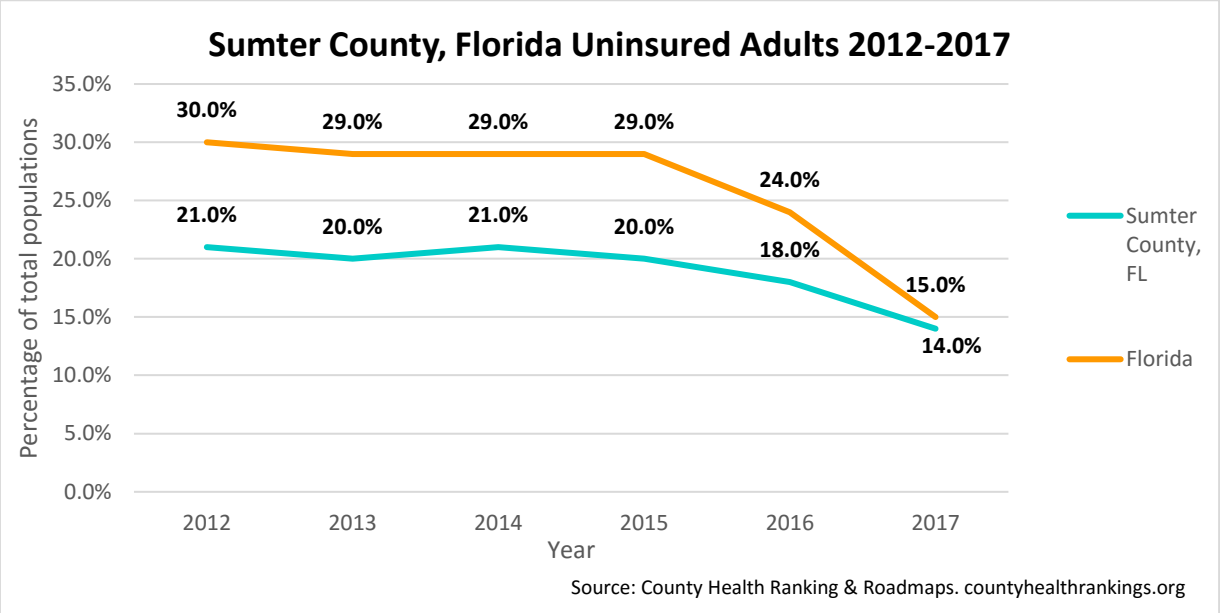
For the years 2012-2017, the percentage of Sumter County 's uninsured children (under the age of 19) has remained near baseline. In 2017, the percentage of uninsured children in Sumter County was 7% matching Florida which was also at 7%(Figure 18).

Figure 16: Percent of Total Population Uninsured in Sumter County & Florida 2012-2017



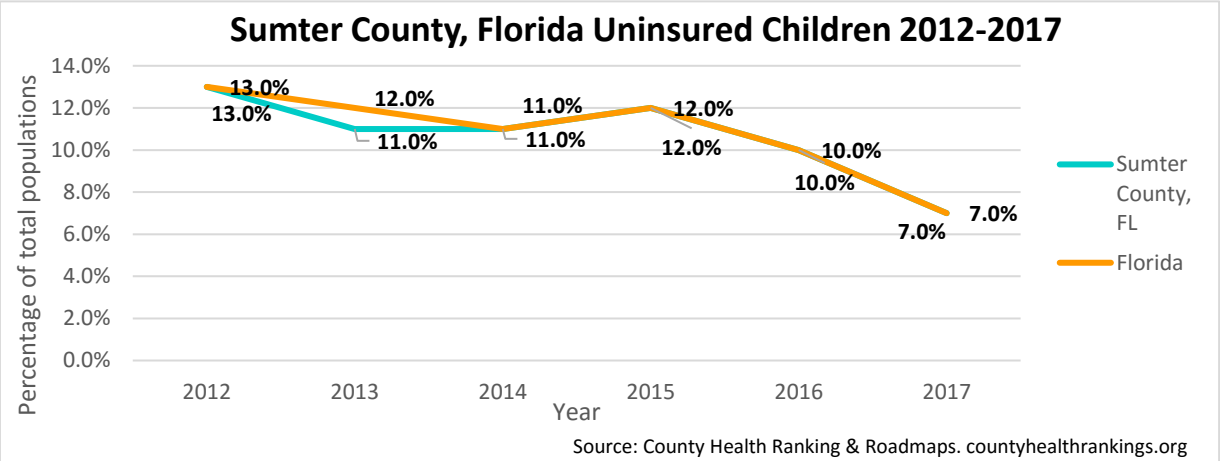
Source: County Health Ranking & Roadmaps. countyhealthrankings.org

Figure 17: Percent of Adult Population Uninsured in Sumter County & Florida 2012-2017



Source: County Health Ranking & Roadmaps. countyhealthrankings.org

Figure 18: Percent of Child Population Uninsured in Sumter County & Florida 2012-2017

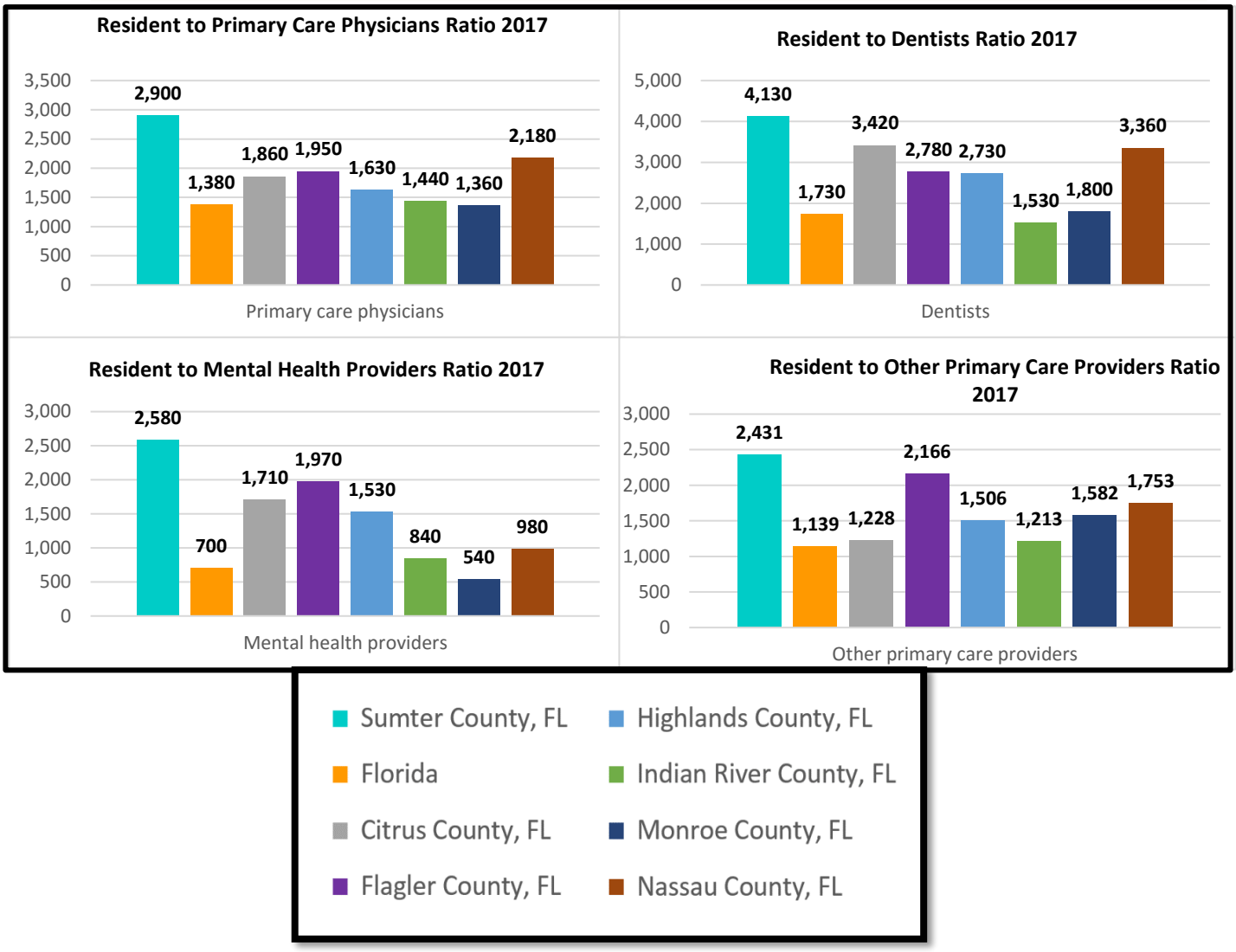


Source: County Health Ranking & Roadmaps. countyhealthrankings.org

Access to Health Providers

41 primary care providers can be found in Sumter County or a ratio of 2,900 patients: 1 primary care provider in 2017, compared to Florida at 1,380 patients: 1 primary care provider

Figure 19: Resident to Provider Ratios in Sumter County 2017



Source: Robert Wood Johnson County Health Rankings, 2018

In 2017, 30 dentists can be found in Sumter County or a ratio of 4,130 patients: 1 Dentist. Compared to Florida at 1,730 patients: 1 dentist.

In Sumter County, 48 mental health providers can be found which equates to a ratio of 2,580 patients: 1 mental health provider in 2017. Florida's ratio is 700 patients: 1 mental health provider.

The ratio of other primary care providers in Sumter County is 2,431 patients: 1 other primary care provider in 2017. Florida has a better ratio than Sumter at 1,139 patients: other primary care provider.

Health Risk Behaviors

For the purpose of this report, health risk behaviors are any behaviors that are proven to be harmful to the long and short-term health of the individual. This section will present a summary of the status of health risk behaviors in Sumter County.

In 2014, the percent of adults who are sedentary, or reported no physical activity during their leisure time, in Sumter County is 19%. This placed Sumter County in tie for 3rd lowest rate of physical inactivity and well below the state average of 24%. Physical inactivity is a major risk factor for a number of chronic diseases from cardiovascular to osteopathic diseases.

Table 5: Sumter County & FL Health Rankings, 2017

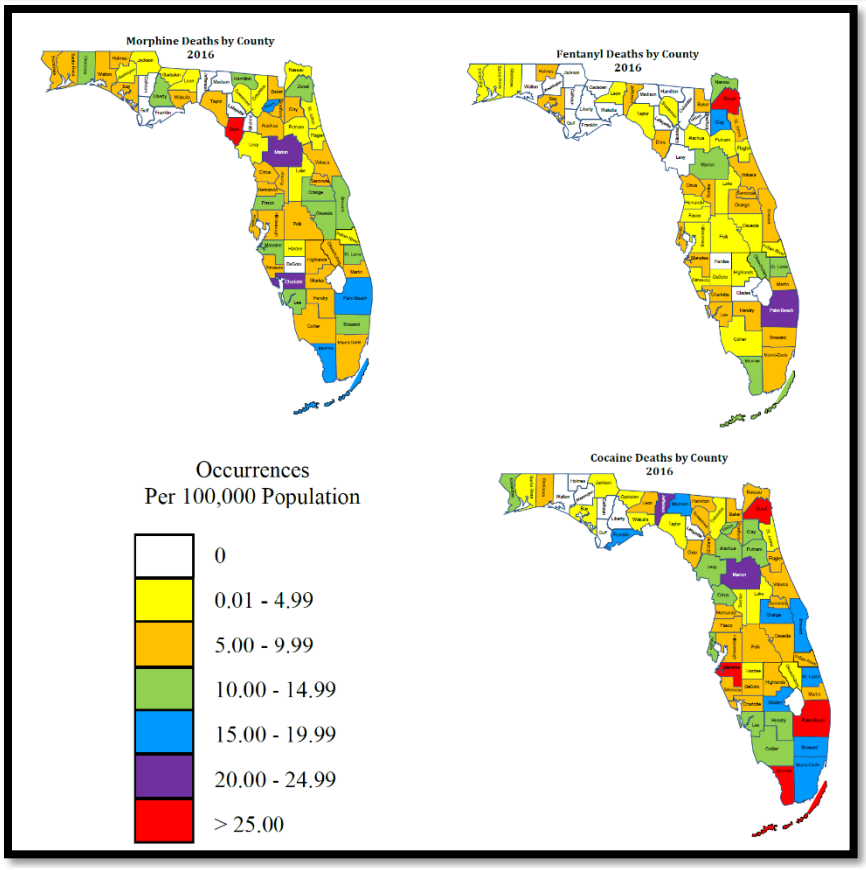
Measure	Sumter	Florida
Adult Smoking (Percent of Population)	10%	15%
Physical Inactivity (Percent of Population)	19%	24%
Excessive Drinking (Percent of Population)	15%	18%
Teen Birth Rate (per 1,000 births ages 15-19)	50	25
Uninsured (Percent of Population)	12%	16%

Source: Robert Wood Johnson County Health Rankings, 2017

Tobacco Use

According to the Robert Wood Johnson County Health Rankings Sumter County is home to the lowest proportion of adult smokers, compared to total county population, in the state. In 2016, only 10% of Sumter adults reported that they were current smokers (Table 5). Sumter youth also seem to be following the declining state trend in cigarette use. In 2016, the rate of Sumter youths, those between the ages of 11 and 17, who smoke fell to an all-time low of 3.7%. This is still slightly higher than the state percentage of 3%. Youth smokeless tobacco (chew or dip) rates in Sumter have not been declining as fast currently 5.1% of Sumter youth report using smokeless tobacco, nearly 2.5 times the state percentage of 2.2%. Across the state, use of electronic cigarettes (E-cig) has been increasing amongst youths. In 2016, 8.1% of Sumter youth reported using E-cig, compared to Florida reported as 11.6%. The rate of youth E-cig use in Sumter has increased by more than 70% since it was first assessed in 2012.

Image 4: Select Causes of Overdose Deaths, Florida Medical Examiners Commission Annual Report, 2016



Source: Medical Examiners Commission Drugs Identified in Deceased Persons Annual Report, 2016

Drugs and Alcohol

The percent of adults who drink excessively in Sumter County is Lower than Florida. In 2017, 15% of adults drank excessively compared to 18% in Florida. Sumter tied for second lowest rate of excessive drinking in the state.

According to the Florida Medical Examiners (ME) office, in 2016, Sumter County had elevated rates of overdose deaths caused by Fentanyl (Image 4). Statewide, the most commonly detected drug at time of death was alcohol. Statewide in 2016, the most common drug associated with overdoses was cocaine. In 2016, ME District Five (Citrus, Hernando, Lake, Marion, Sumter) ranked (25 districts total):

- 6th in total deaths caused by oxycodone
- 2nd in total deaths caused hydrocodone
- 6th in total deaths caused by fentanyl
- 6th in total deaths caused by cocaine

Health Protective Behaviors

Health protective behaviors are those that provide short and long-term health benefits to the individual. These can be anything from health screenings to physical activity. This section will outline the current status of health protective behaviors in Sumter County.

Sumter County adults generally reported their own personal health as "Poor or Fair" less than the state. In Sumter County for 2017, 13% of adults reported their own health as "Poor or Fair" compared to Florida at 19%.

Table 5: Sumter County & FL Health Rankings Screening Data

Measure	Year	Sumter	Florida
Access to Exercise Opportunities (Percent of Population)	2017	82%	87%
Diabetic Monitoring (Percent of Diabetic)	2017	86%	90%
Mammography Screening (Percent of females 67-69 years old)	2017	84%	68%
Adults 50 years of age and older who have ever had a sigmoidoscopy or colonoscopy	2016	85.5%	69.2%
Adults aged 50 to 75 who had colorectal screening based on the most recent clinical guidelines	2016	83.7%	67.3%
Adults ages 50 years and older who received a blood stool test in the past year	2016	14.6%	16%
Adults who consumed five or more servings of fruits or vegetables per day	2013	13.5%	18.3%
Percent of high school students without sufficient vigorous physical activity	2016	75.4%	80.6%

Source: Robert Wood Johnson County Health Rankings, 2017

Summary

In 2017, 61.4% of Sumter County adults were classified as overweight or obese compared to 62.8% for the state. 31.3% of middle and high school students in Sumter County were classified as overweight or obese compared to the state percentage of 28.2%. Sumter County has fewer uninsured residents than the state with 12% and 16% respectively. Sumter County's patient to provider ratio for primary care, dentists, mental health and other primary care providers is higher than the state and comparable counties. In 2017, the patient to primary care provider ratio for Sumter County was 2,900:1 (42 providers) compared to Florida at 1,380:1. The patient to dentist ratio for Sumter County was 4,130:1 (30 dentists) compared to Florida at 1,730:1. There are 48 mental health providers in Sumter County equating to a patient to provider ratio of 2,580:1 compared to Florida at 700:1. Sumter County has the lowest percentage of adult smokers in the

state at 10%. Youth tobacco use rates are higher than that of the state with 3.7% of 11-17 year old smoking, and 5.1% of Sumter youth using smokeless tobacco products.

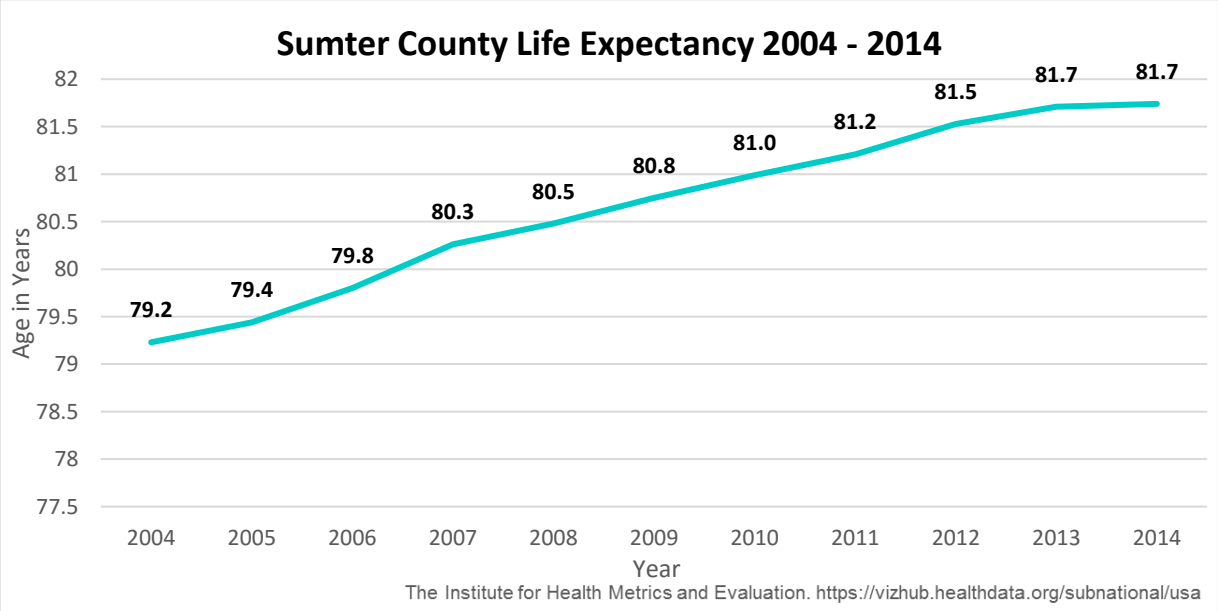
Recent local data on many health protective factors such as local dietary habits, adult physical activity levels, and youth physical activity levels were incomplete or nonexistent. This creates limitations in the ability to generate a complete picture of Sumter health behaviors.

Health Outcomes

One of the best strategies for measuring health and well-being is by examining a community's rates of disease and death. In Sumter County —as well as in Florida and the rest of the United States—premature disease and death are primarily attributable to chronic health issues. Chronic health issues typically develop throughout the course of life and often require careful management for prolonged periods of time. This section focuses on the health outcomes (morbidity and mortality) of Sumter County residents. Sumter County data will be compared to state of Florida data when possible.

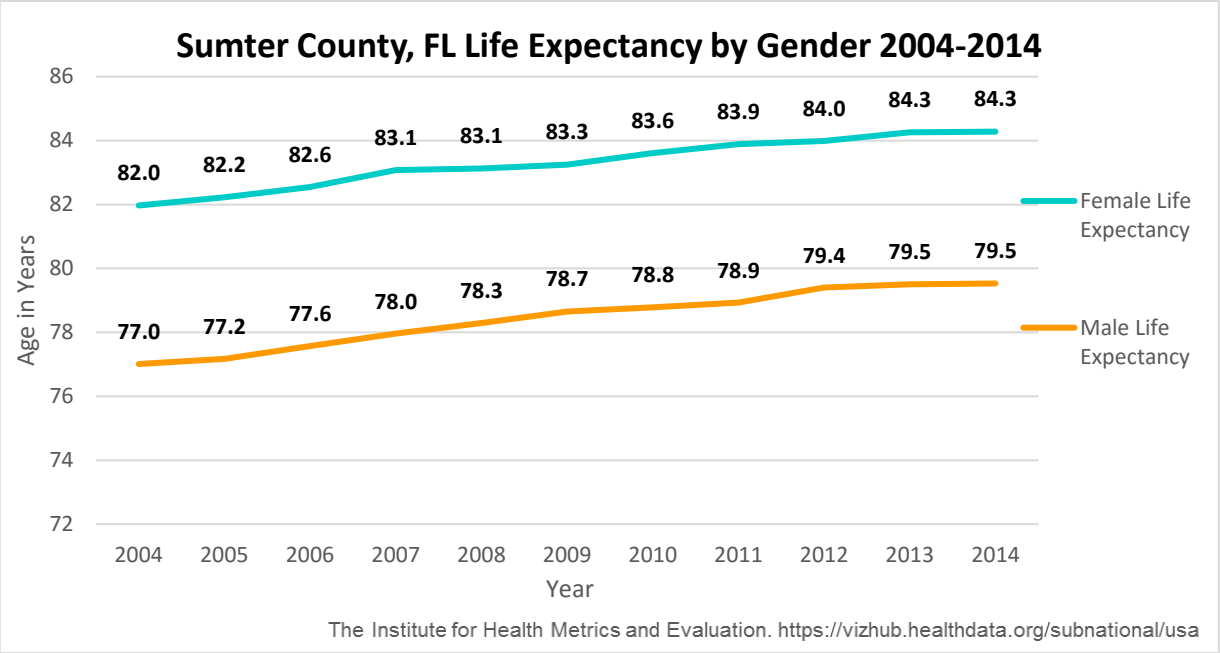
Life Expectancy

Figure 20: Life Expectancy for All People in Sumter County 2004-2014



Life expectancy has grown at a steady pace starting in 2004 where the life expectancy was 79.2 years up to 81.7 years in 2014 (Figure 20). This trend of life expectancy growth in this ten-year period continues even if men and women are separated by gender. Women's life expectancy grew from 82.0 years to 84.3 years in the ten years while the life expectancy of men increased from 77.0 years to 79.5 (Figure 21).

Figure 21: Life Expectancy for Females and Males, Sumter County 2004 – 2014



Mortality

The age-adjusted death rates by cause per 100,000 population in Sumter County from 2013-2015, only 2015, and 2014–2016 are below. In addition to the Florida age-adjusted death rates by cause, the Healthy People 2020 benchmarks for the same causes are included.

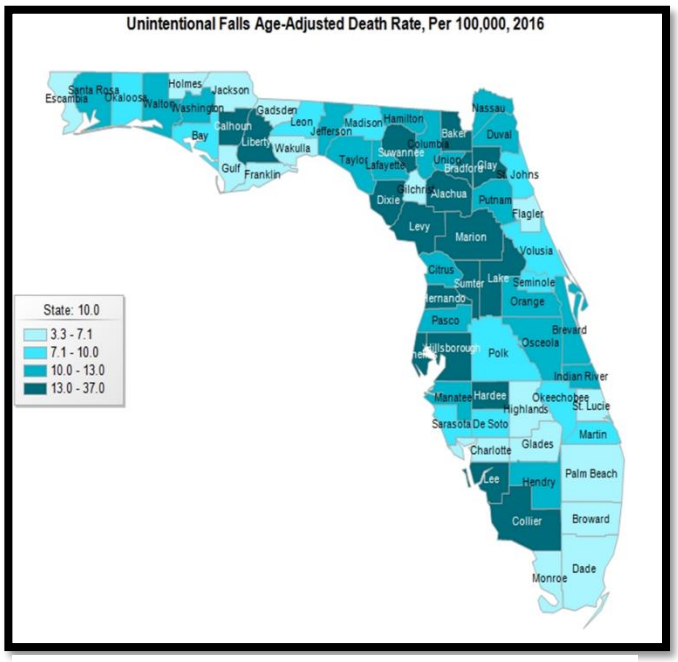
Age-Adjusted Death Rates by Cause per 100,000 Population, 2013–2015 and 2014-2016:

- 2013-2015
  - Motor Vehicle Collisions for Sumter County: 12.8 (Florida: 12.9; HP: 12.4)
  - Suicide for Sumter County: 16.2 (Florida: 14.1; HP: 10.2)
  - Unintentional Injuries for Sumter County: 52.9 (Florida: 42.1; HP: 36.0)
- 2015
  - By Mechanism
    - Falls for Sumter County: 30.05 (Florida: 9.83)
    - Suffocation for Sumter County: 12.85 (Florida: 5.77)
  - By Intent
    - Unintentional for Sumter County: 66.44 (Florida: 46.05)
    - Falls for Sumter County: 30.05 (Florida: 9.55)
    - Firearm for Sumter County:1.92 (Florida: 0.21)

- Suffocation for Sumter County: 6.76 (Florida: 1.76)

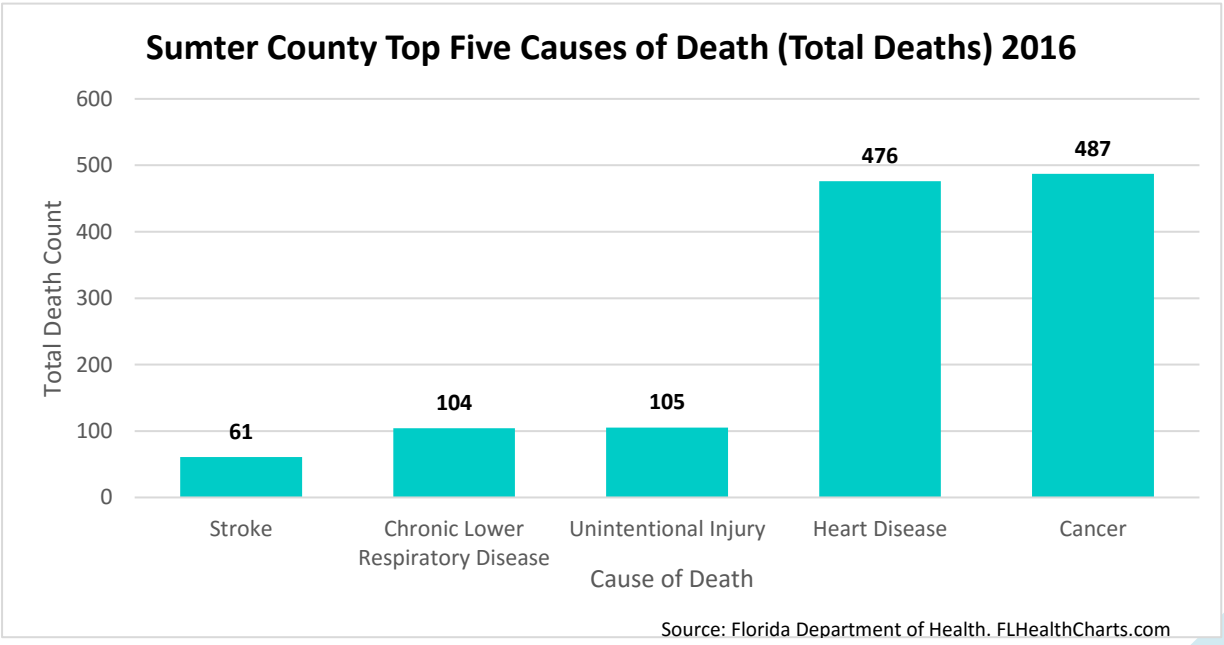
- 2014-2016
  - All Cancers for Sumter County: 147.9 (Florida: 151.5; HP: 161.4)
  - Breast Cancer for Sumter County: 23.8 (Florida: 19.6; HP: 20.6)
  - Colorectal Cancer for Sumter County: 12.4 (Florida: 13.5; HP: 14.5)
  - Lung cancer for Sumter County: 37.8 (Florida: 40.0; HP: 45.5)
  - Oral cancer for Sumter County (2016): 6.7 (Florida: 4.1; HP: 2.3)
  - Prostate cancer for Sumter County: 16.2 (Florida: 16.9; HP: 21.2)
  - Stroke for Sumter County: 26.8 (Florida: 34.5; HP: 33.8)
  - Coronary Heart Disease for Sumter County: 110.4 (Florida: 97.0; HP: 100.8)
  - Diabetes for Sumter County: 16.0 (Florida: 19.6; HP: 65.8)
  - Pneumonia for Sumter County: 8.8 (Florida: 9.6)

Image 4: Age-adjusted Fall Death Rate. 2016



Source: Florida Department of Health. FLHealthCharts.com

Figure 22: 2016 Top Five Causes of Death for Sumter County Residents



Source: Florida Department of Health. FLHealthCharts.com

Health Care Utilization

The age-adjusted non-fatal emergency room visit rates by cause per 100,000 population in Sumter County from 2014 are below. The Florida age-adjusted ER rates by cause per 100,000 population are also included.

Age-Adjusted Non-Fatal ER Rates by Cause per 100,000 Population, 2014:

- By Mechanism
  - Bite/Sting for Sumter County: 576.2 (Florida: 471.9)
  - Poisoning for Sumter County: 246.5 (Florida: 166.1)
  - Transport, Other for Sumter County: 131.6 (Florida: 65.0)
  - Natural, Environmental for Sumter County: 90.9 (Florida: 46.7)
- By Intent
  - Unintentional (All Mechanisms) for Sumter County: 7,832.6 (Florida: 8,760.4)
  - Bite/Sting for Sumter County: 576.2 (Florida: 471.9)
  - Poisoning for Sumter County: 135.5 (Florida: 103.8)
  - Transport, Other for Sumter County: 131.6 (Florida: 65.0)
  - Natural, Environmental for Sumter County: 90.9 (Florida: 46.5)
  - Self-Inflicted (All Mechanisms) for Sumter County: 106.7 (Florida: 65.2)
  - Poisoning for Sumter County: 79.3 (Florida: 37.7)

Most notably from the Sumter County data on ER rates, Sumter County is much worse off than the state when it comes to age-adjusted ER rates for bite/sting, poisoning, transport, and natural, environmental causes. The data for age-adjusted ER rates by cause per 100,000 population in Sumter County from 2014.

Did you know:
That Sumter County has the lowest rate of adult smoking in the State of Florida?
(For more information see the section on **Health Risk Behaviors**)

Hospitalizations

The age-adjusted hospitalization rates by cause per 100,000 population in Sumter County from 2014 are below.

Age-Adjusted Hospitalization Rates by Cause per 100,000 Population,2014:

- By Mechanism
  - Firearm for Sumter County: 12.5 (Florida: 9.0)
  - Transport, Other for Sumter County: 11.2 (Florida: 9.4)

    - Unspecified for Sumter County: 30.3 (Florida: 19.8)
- By Intent
    - Unintentional (All Mechanisms) for Sumter County: 439.7 (Florida: 464.6)
    - Firearm for Sumter County: 6.6 (Florida: 2.9)
    - Fire, Flame for Sumter County: 7.8 (Florida: 3.0)
    - Fall for Sumter County: 229.4 (Florida: 256.9)
    - Transport, Other for Sumter County: 11.2 (Florida: 9.4)
    - Unspecified for Sumter County: 21.2 (Florida: 15.6)
    - Assault (All Mechanisms) for Sumter County: 41.6 (Florida: 25.0)
    - Cut, Pierce for Sumter County: 6.7 (Florida: 4.3)
    - Struck by, Against for Sumter County: 12.5 (Florida: 9.2)
    - Unspecified for Sumter County: 8.9 (Florida: 25.0)
- Cardiovascular Disease Hospitalization
    - Coronary Heart Disease for Sumter County: 942.2 (Florida: 939.3)
    - Heart Attack for Sumter County: 189.0 (Florida: 166.4)

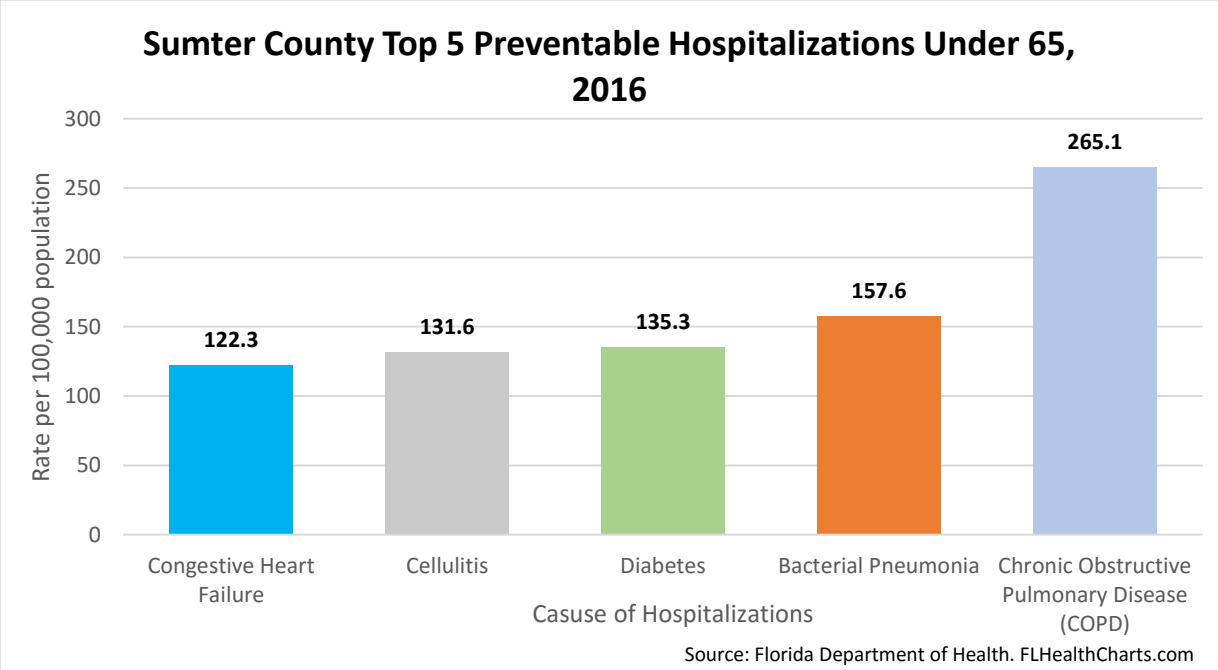
Sumter County fares worse than the state in age-adjusted hospitalization rates per 100,000 population when it comes to coronary heart disease, heart attack, assault, and firearm. Sumter County is much better than the state, however, in age-adjusted hospitalization rates for the causes of heart failure and mental health. The data for age-adjusted hospitalizations by cause per 100,000 population in Sumter County from 2014.

Table 6: Preventable Hospitalizations Under 65 for Sumter County (Per 100,000 population), 2016

Measure	Sumter	Florida
Preventable Hospitalizations Under 65 from Angina	11.1	6.6
Preventable Hospitalizations Under 65 from Cellulitis	131.6	106.6
Preventable Hospitalizations Under 65 from Chronic Obstructive Pulmonary Disease (COPD)	265.1	167.8
Preventable Hospitalizations Under 65 from Grand Mal & Other Epileptic Conditions	90.8	83.8
Preventable Hospitalizations Under 65 from Dental Conditions	18.5	13.7
Preventable Hospitalizations Under 65 from Nutritional Deficiencies	61.2	39.2

Source: Florida Department of Health. FLHealthCharts.com, 2018

Figure 23: 2016 Top 5 Causes of Preventable Hospitalization for Sumter County Residents, Under the Age of 65



Cancer

In Sumter County, cancer incidences per 100,000 population from 2012 – 2014 and only 2014 are below. Cancer incidences data per 100,000 population for Florida and the United States are included when available.

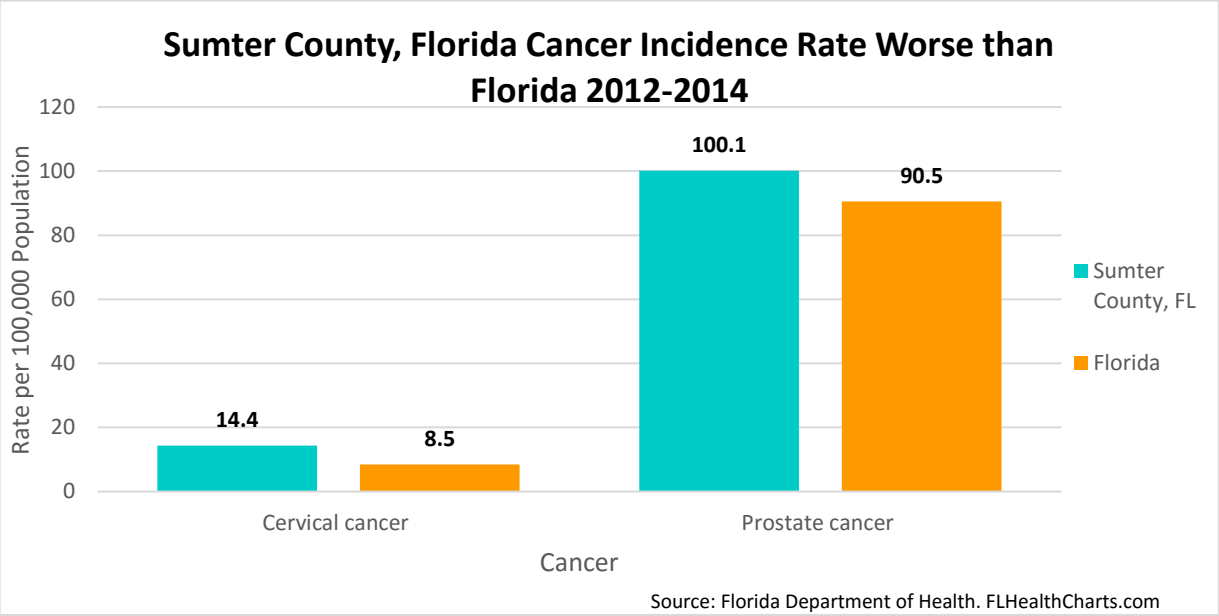
Cancer Age-Adjusted Incidence Rates by Type, per 100,000 Population, 2012–2014 and only 2014:

- 2012 - 2014
  - Breast Cancer for Sumter County: 110.5 (Florida: 117.3)
  - Cervical Cancer for Sumter County: 14.4 (Florida: 8.5)
  - Colorectal Cancer for Sumter County: 32.8 (Florida: 36.9)
  - Lung and Bronchus Cancer for Sumter County: 60.6 (Florida: 61.0)
  - Melanoma for Sumter County: 14.7 (Florida: 22.8)
  - Prostate Cancer for Sumter County: 100.1 (Florida: 90.5)
- 2014
  - Oral Cavity and Pharynx Cancer for Sumter County: 27.6 (Florida: 18.2)

The cancer incidence data for Sumter County shows that the county fares worse than Florida in few cancer types or sites, including incidence of cervical cancer, oral cavity and pharynx

cancer, and prostate cancer.

Figure 24: Above Baseline Cancer Rates Sumter County Residents, Florida Comparison, 2012-2014



Sumter County fares slightly better than the state of Florida in terms of breast cancer, colorectal cancer, lung and bronchus cancer, and melanoma incidence. The data for cancer incidences per 100,000 population in Sumter County from 2012 – 2014.

Figure 25: Below Baseline Cancer Rates Sumter County Residents, Florida Comparison, 2012-2014

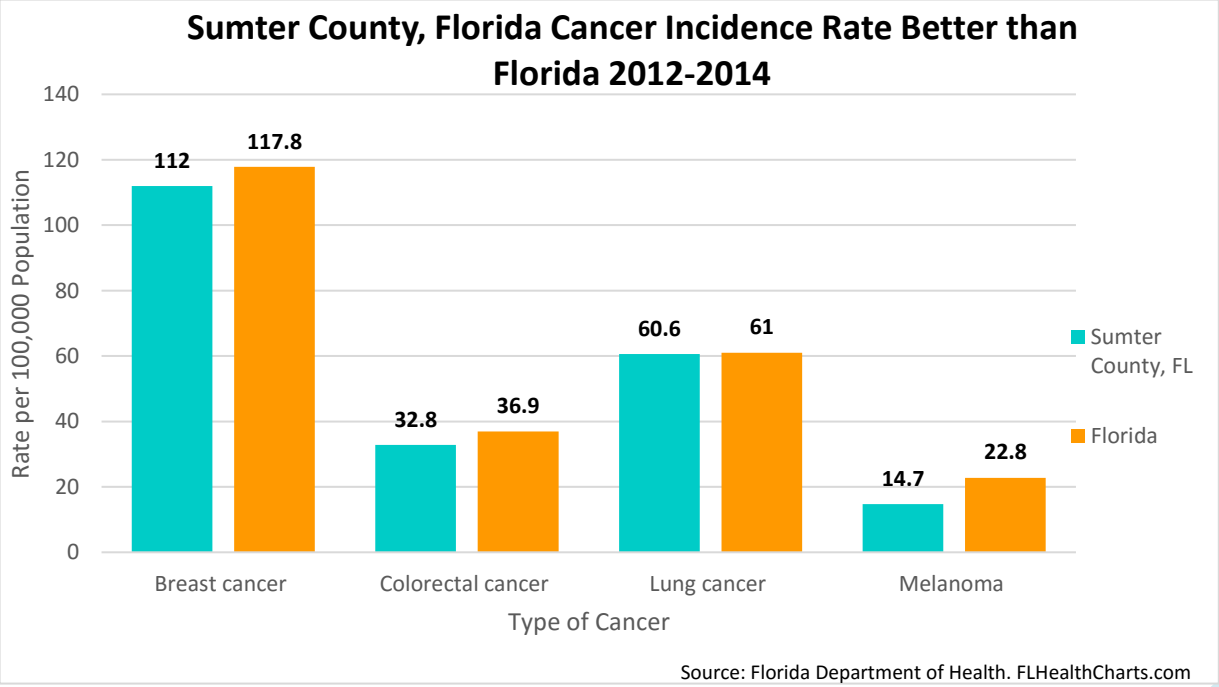


Table 7 displays cancer screening behavior for Sumter County and Florida, 2013 and 2015 - 2017. As seen in Table 7, Sumter County is doing worse than the state in Pap Test History.

Table 7: Cancer Screening Behavior, Sumter County, Florida, and HP 2020 for 2013 and 2015 – 2017

Indicator	Year	Sumter County	Florida	HP 2020
Mammogram History (Percent)	2015	83%	68%	76.8%
	2016	84%	68%	76.8%
	2017	84%	68%	76.8%
Colon Cancer Screening (Percent)	2013	62.4%	55.3%	70.5%
Pap Test History (Percent)	2013	44.2%	51.4%	93.0%

Source: Florida Department of Health. FLHealthCharts.com

Table 8: Sumter County & Florida Select Environmental Health Indicators 2015 – 2016

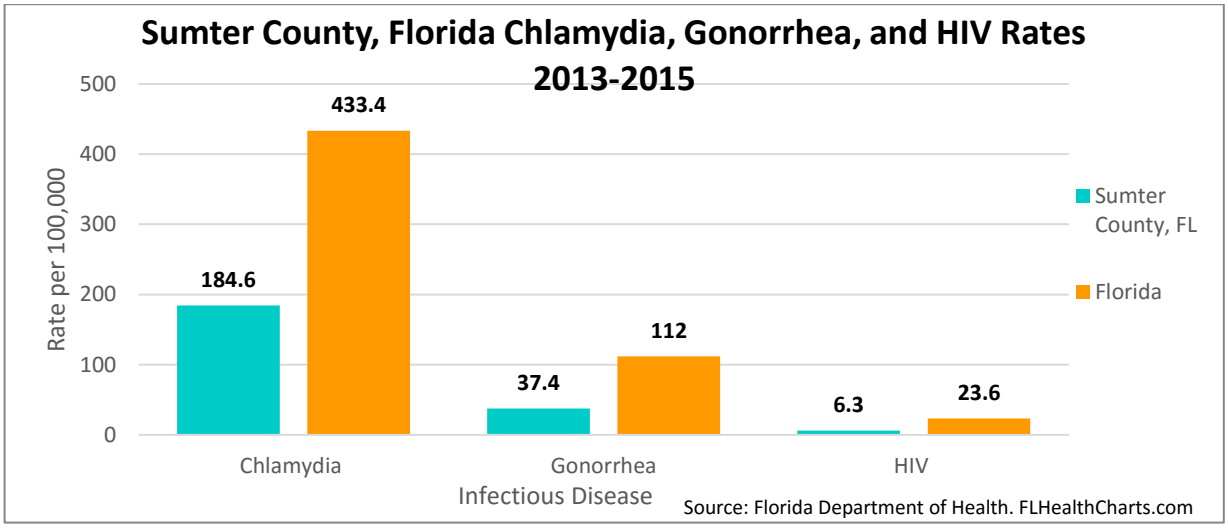
Environmental Health Indicators	Year	Sumter County	Florida
Age-adjusted incidence rate of esophagus cancer per 100,000 population	2015	7.3	6.0
Age-adjusted incidence rate of pancreas cancer per 100,000 population	2015	17.5	17.0
Age-adjusted rate of heart attack hospitalizations per 100,000 population	2016	23.0	22.0
Age-adjusted rate of Heat-related emergency department visits during summer months per 100,000 population	2016	46.5	31.7
Age-adjusted rate of Heat-related hospitalizations during summer months per 100,000 population	2016	10.1	5.4
Percent of preterm live births	2016	19.8%	13.0%
Percent of very preterm live births	2016	2.2%	2.1%

Infectious Disease

- The Chlamydia incidence rate 184.6 cases per 100,000 population for Sumter County from 2013-2015, is less than the Florida rate at 433.4 cases per 100,000 population.
- The Gonorrhea incidence rate 37.4 cases per 100,000 population for Sumter County from 2013-2015, compared to the Florida rate at 112 per 100,000 population.

- HIV incidence rate 6.3 cases per 100,000 population for Sumter County from 2013-2015, compared to the Florida rate of 23.6 per 100,000 population (Figure 26)

Figure 26: Rate per 100,000 Population Select STIs, Sumter County & Florida 2013-2015



Maternal, Child Health and Adolescent Health

This section provides a summary of various data points that impact the health of mothers and their child, including into adolescence.

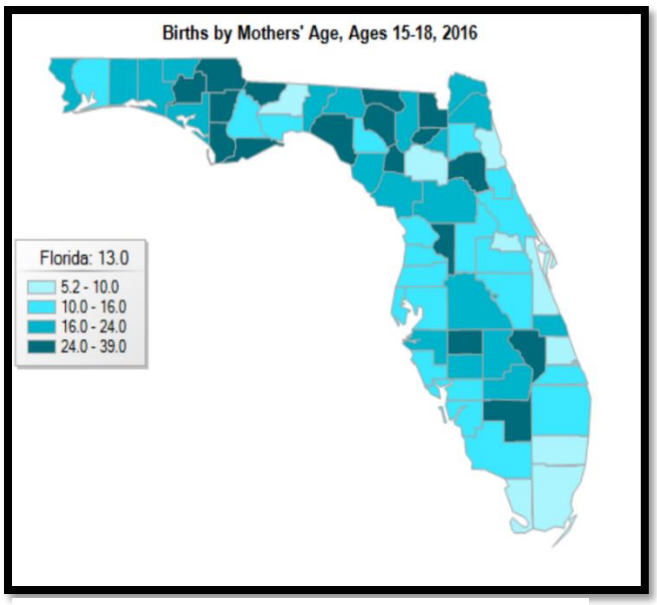
Teen Pregnancy

Sumter County has one of the higher teen pregnancy rates in the state. As depicted in image 5, Sumter is an outlier in the Central Florida region with a teen birth rate of over 24.1 per 1,000, in 2016. Sumter County has the 17th highest rate of teen births in the state.

With the DOH-Sumter clinic, between 2008 and 2017, teen moms accounted for 14.68% of all obstetrics (OB) patients. Making teen moms the third largest age group served in DOH-Sumter OB clinics.

Overall, Florida has been seeing a steady decline in teen pregnancy since at least 1997. The current rate in Florida is at an all-time low of 13 per 1,000 live births. Sumter has benefited from this larger trend, but still has a rate nearly two

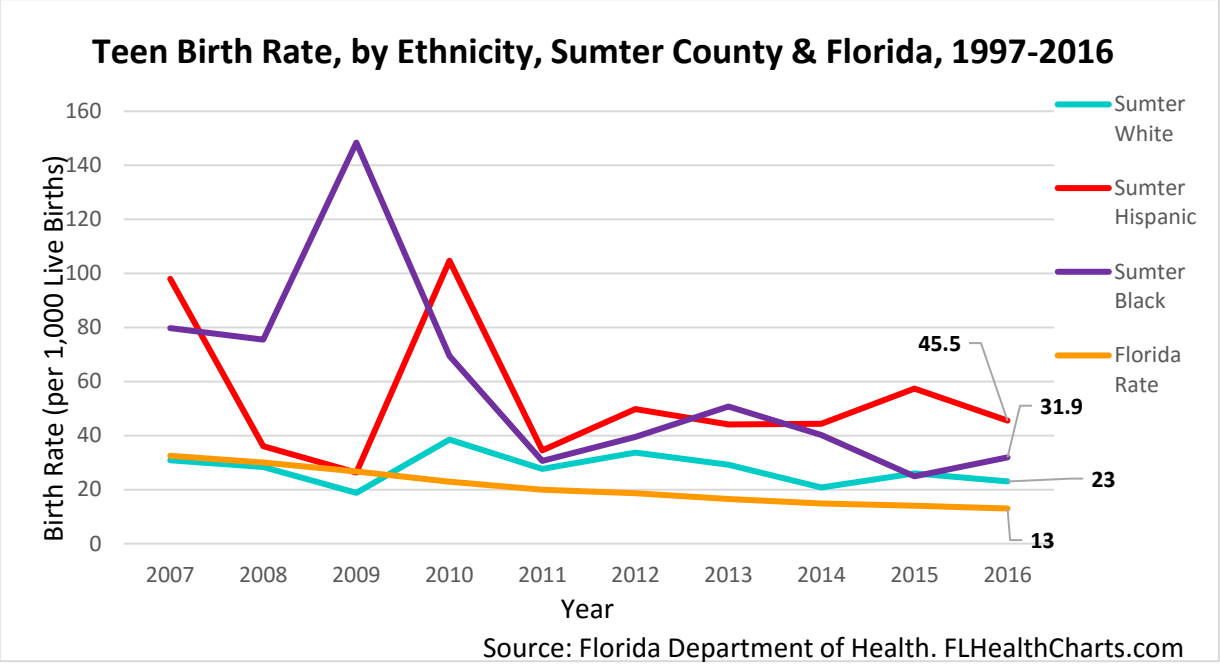
Image 5: Map of Florida Teen Birth Rate, 2016



Source: Florida Department of Health. FLHealthCharts.com

times higher than the state rate. Teen birth rates for Sumter in 2016 were higher than the Florida rate and the rate for white Sumter residents. In 2016, Hispanic females had the highest teen birth rate reporting a rate 45.5 per 1,000 live births.

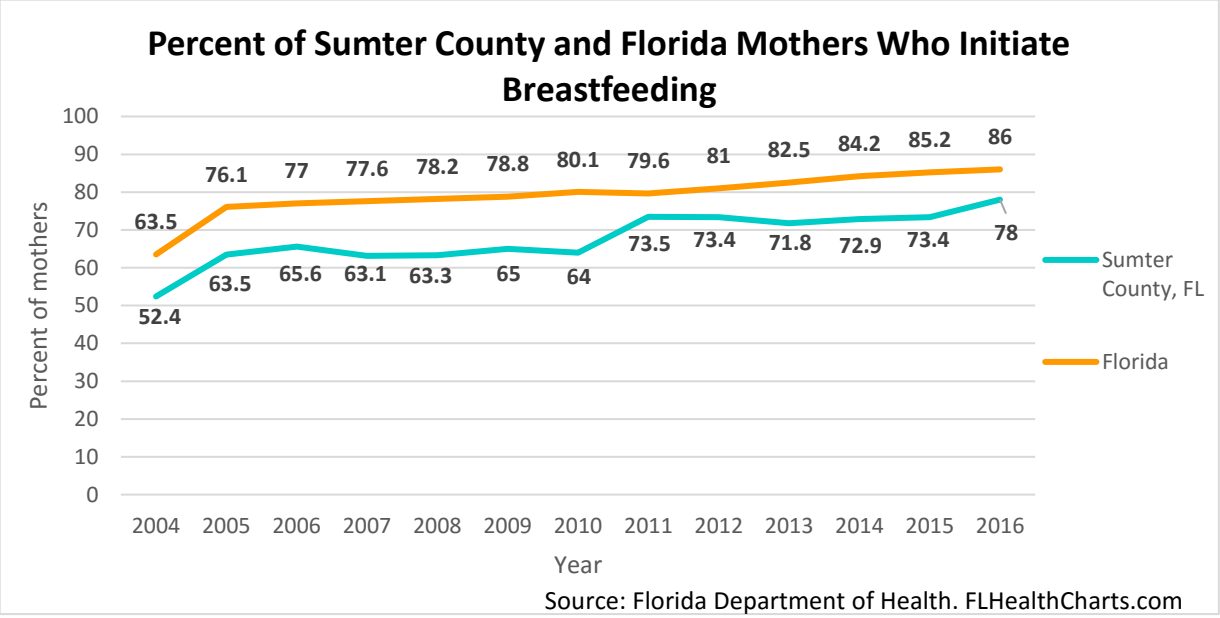
Figure 27: Teen Birth Rate per 1,000 live births Comparison Sumter by Ethnicity & Florida 2007-2016



Breastfeeding

Since 2014 the percent of Sumter County mothers who initiate breastfeeding has been trending upwards, yet is still lower than the state percentage. Sumter county ranks 42nd out of 67 counties for breastfeeding rates. In 2016, 78% of Sumter County mothers initiated breastfeeding compared to 86% of Florida mothers (Figure 28).

Figure 28: Percent of Sumter County and Florida Mothers Who Initiate Breastfeeding 2007-2016

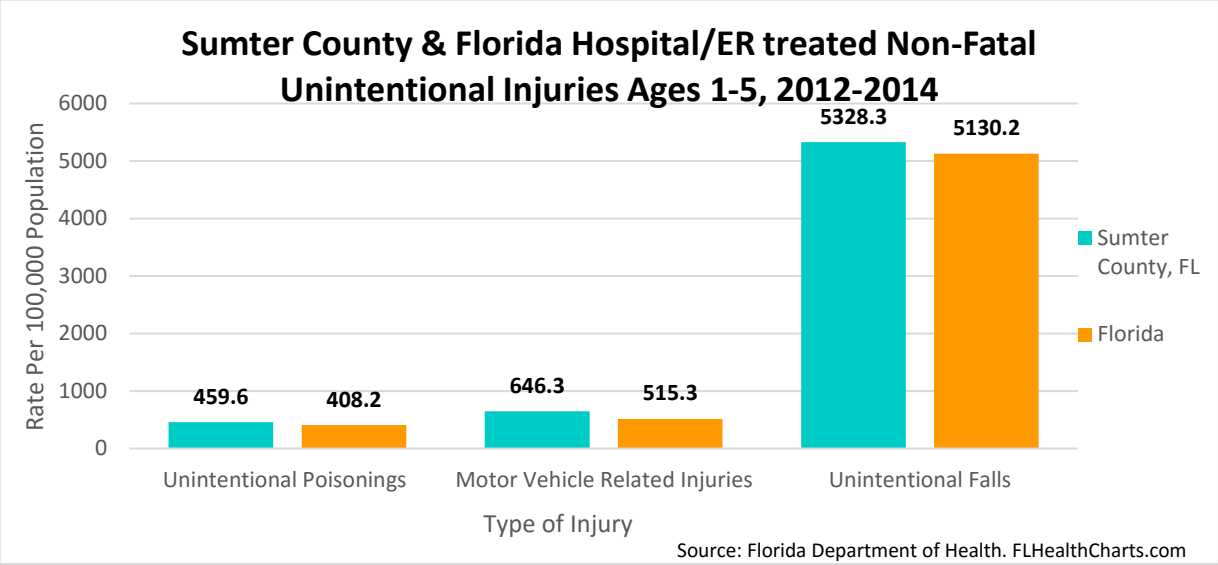


Source: Florida Department of Health. FLHealthCharts.com

Children Injured in Motor Vehicle Crashes
Age-Adjusted Rates by Cause per 100,000 Population, 2012-2014 and 2014-2016

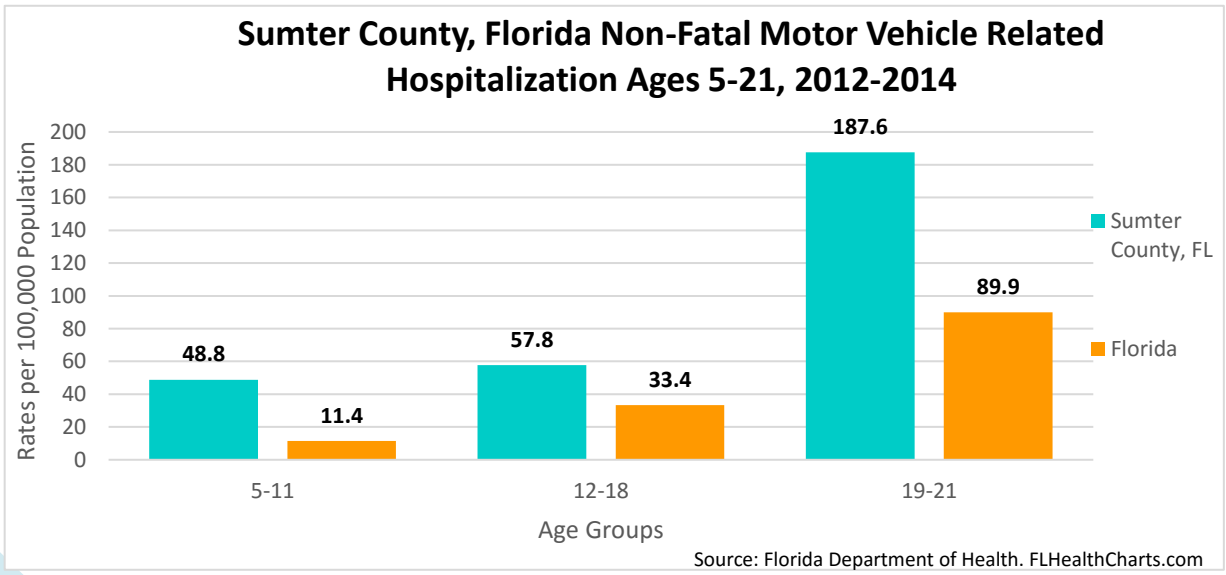
- 2012-2014
  - Hospitalizations age 1-5 for all non-fatal unintentional injuries for Sumter County: 186.7 (Florida; 153.8)
  - Hospital/ER treated non-fatal poisonings age 1-5 for Sumter County: 459.6 (Florida: 408.2)
  - Motor vehicle related injuries for Sumter County: 646.3 (Florida: 515.3)
  - Unintentional falls for Sumter County: 5328.3 (Florida: 5130.2)

Figure 29: Sumter County & Florida Emergency Room (ER) and Hospital Visit Rates for Non-Fatal Injuries 2012–2014 (Rate per 100,000 population)



- **Non-Fatal Motor Vehicle Related Hospitalizations Rates per 100,000 Population**
  - Ages 5-11 for Sumter County: 48.8 (Florida: 11.4)
  - Ages 12-18 for Sumter County: 57.8 (Florida: 33.4)
  - Ages 19-21 for Sumter County: 187.6 (Florida: 89.9)

Figure 30: Sumter County & Florida 12-21 Year Old Hospitalization Rates for Non-Fatal Motor Vehicle Related Injuries 2012– 2014 (Rate per 100,000 population)



- Non-fatal traumatic brain injury hospitalizations
  - Ages 12-18 for Sumter County: 67.4 (Florida:56.1)
  - Ages 19-21 for Sumter County: 145.9 (Florida: 92.1)
- Other non-fatal unintentional injury hospitalizations
  - Ages 5-11 for Sumter County: 156.2 (Florida:166.3)
  - Ages 12-18 for Sumter County: 308 (Florida; 292.2)
  - Ages 19-21 for Sumter County: 458.6 (Florida: 370.9)

Figure 31: Sumter County & Florida 12-21 Year Old Hospitalization Rates for Non-Fatal Brain Injuries 2012– 2014

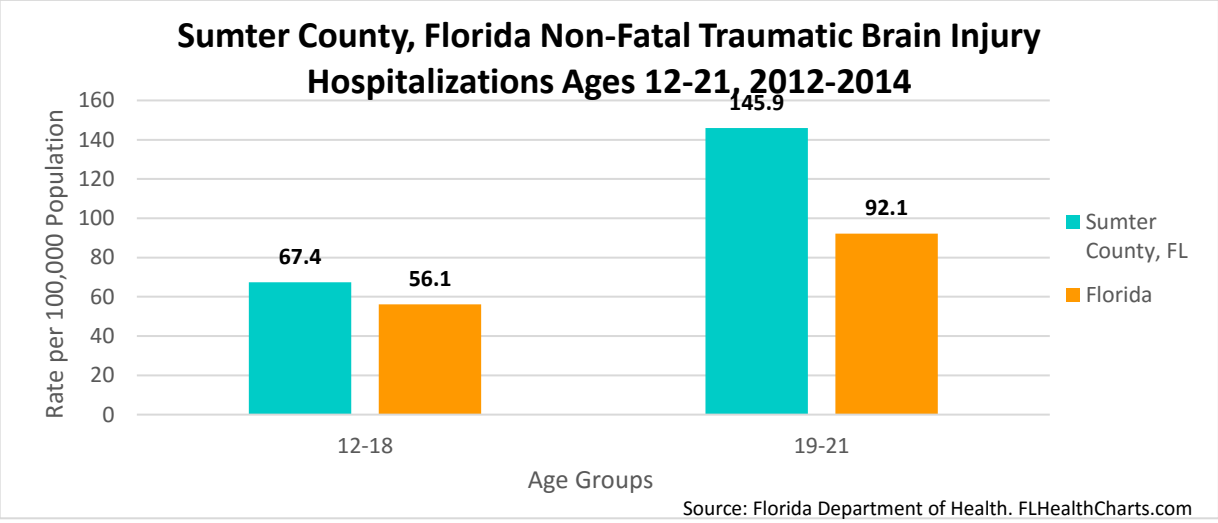
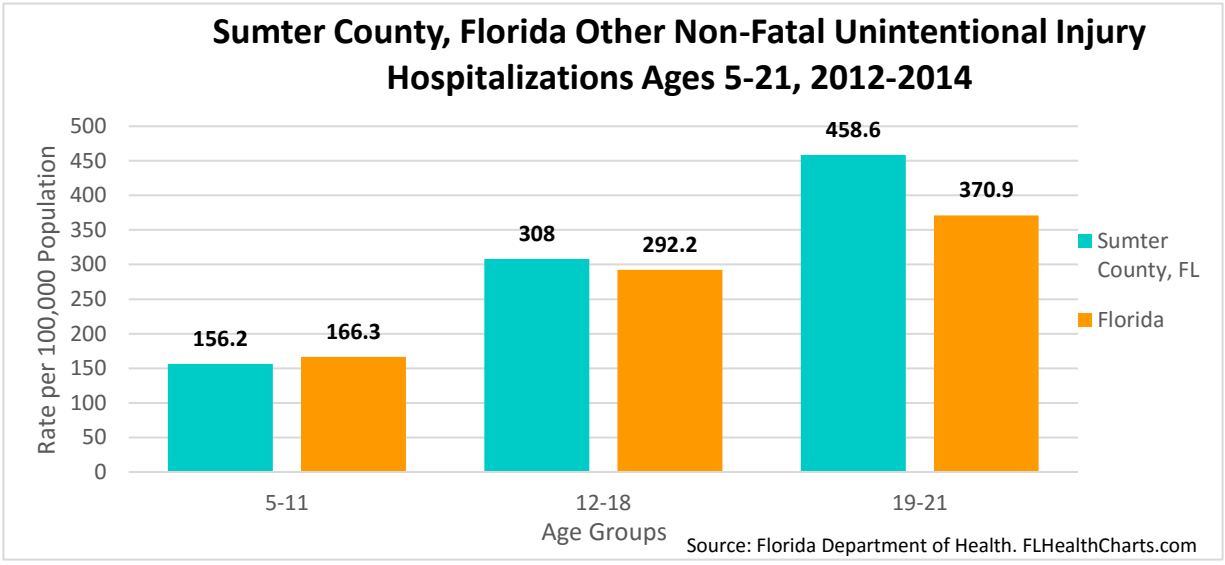


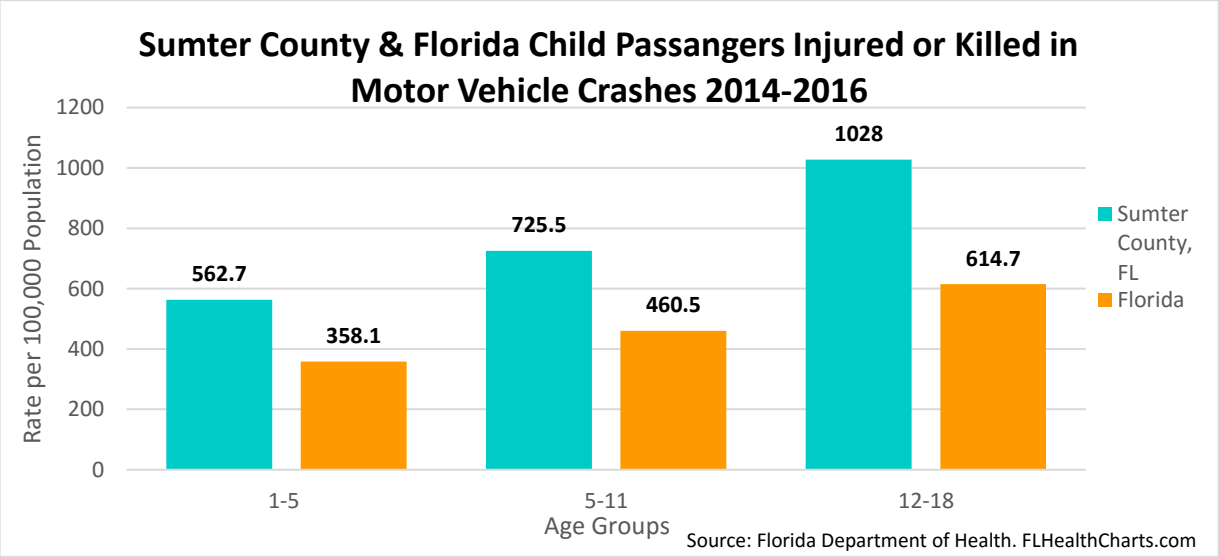
Figure 32: Sumter County & Florida 5-21 Year Old Hospitalization Rates for Non-Fatal Unintentional Injuries 2012–



2014-2016

- Child passengers injured or killed in motor vehicle crashes
- Ages 1-5 for Sumter County: 562.7 (Florida: 358.1)
- Ages 5-11 for Sumter County: 725.5 (Florida: 460.5)
- Ages 12-18 for Sumter County: 1028 (Florida: 614.7)

Figure 33: Sumter County & Florida Rate of Child Morbidity & Mortality from Motor Vehicle Crash Injuries 2014–2016 (Rate per 100,000 population)

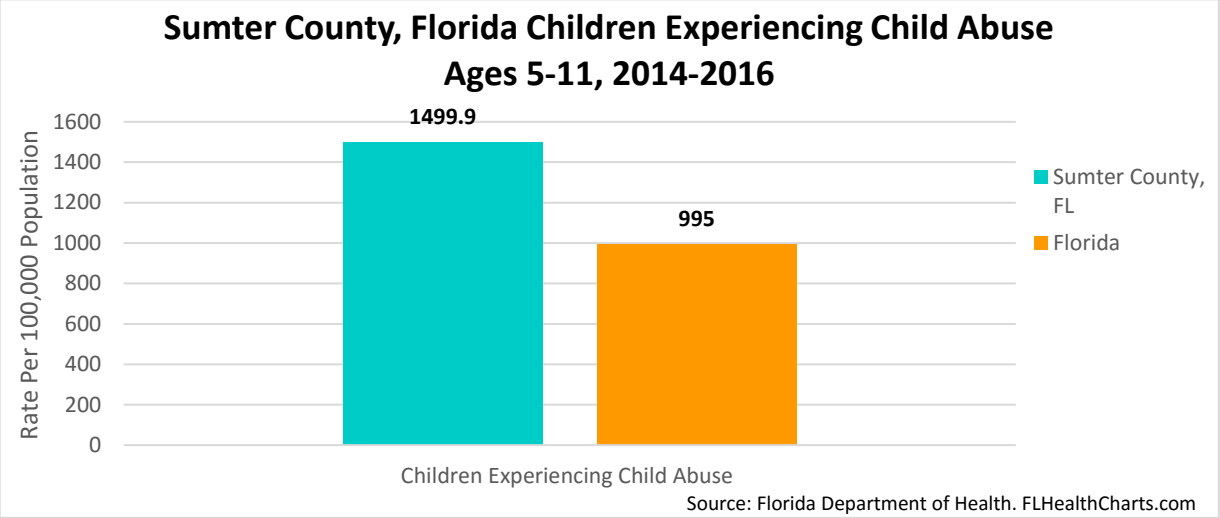


Violence

Age-Adjusted Death Rates by Cause per 100,000 Population, 2014-2016 and 2017

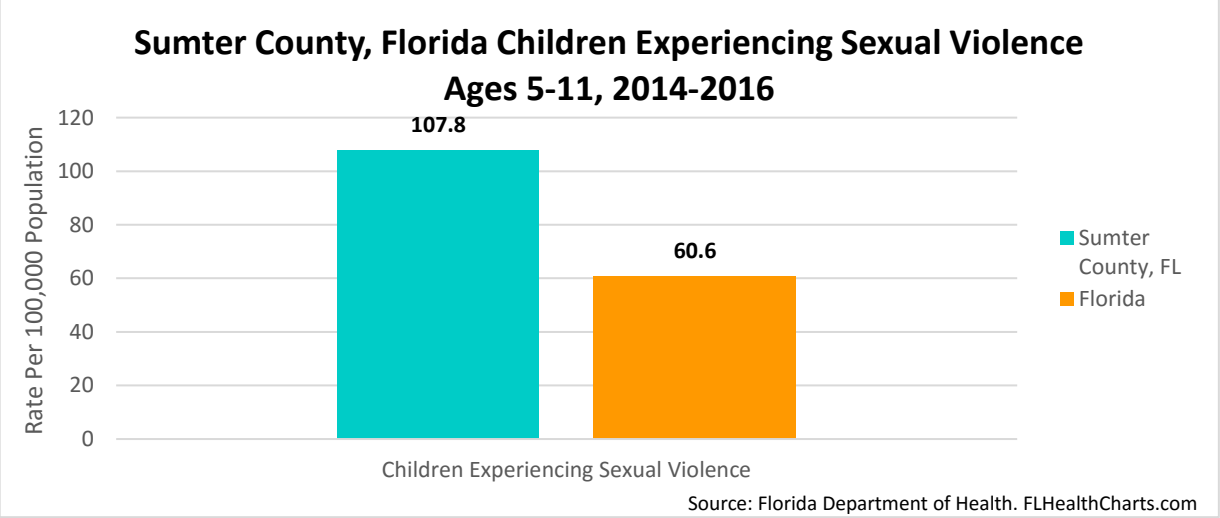
- The violent crime rate (2017): Sumter County FL: 174 (Florida: 500)
- The domestic violence offense rate (2014 – 2016): Sumter County: 241.7 (Florida: 536.2)
- Child abuse rate Ages 5-11 (2014 – 2016): Sumter County: 1499.9 (Florida: 995)

Figure 34: Sumter County & Florida Rate of Child Abuse, Ages 5-11 2014– 2016 (Rate per 100,000 population)



- Children experiencing sexual violence rates ages 5-11 (2014-2016): Sumter county: 107.8 (Florida: 60.6)

Figure 35: Sumter County & Florida Rate of Sexual Violence Against Children, Ages 5-11 2014– 2016 (Rate per 100,000 population)



Summary

The life expectancy in Sumter County has increased since 2004 and in 2014 was reported to be 81.7 years (84.3 years for females and 79.5 years for males). Sumter County's 2013-2015 age-adjusted death rates (per 100,000 population) for unintentional injures exceeded that of the state with 52.9 and 42.1 respectively. In 2015 Sumter County had an age-adjusted death rate (per 100,000 population) for falls of 30.1 compared to Florida's rate of 9.8. The top five causes of death in Sumter County are cancer, heart disease, unintentional injury, chronic lower respiratory disease, and stroke. In 2014, Sumter County had higher age-adjusted rates (per 100,000 population) for non-fatal ER visits as compared to the state. The top 5 causes of preventable hospitalizations for Sumter County in 2016 were chronic obstructive pulmonary disease (COPD), bacterial pneumonia, diabetes, cellulitis, and congestive heart failure. Sumter County cancer rates are higher than the state for cervical cancer, oral cavity and pharynx cancer, and prostate cancer. When it comes to infectious diseases, Sumter County has lower rates of chlamydia, gonorrhea, and HIV than Florida. Sumter County has the 17th highest teen birth rate in the state at 24.1 teen births per 1,000 live births compared to the state rate of 13 per 1,000 live births. Sumter county residents age 5-21 have higher rates of non-fatal motor vehicle related injury hospitalizations than 5-21 year old's in the state as a whole. Sumter County has a higher morbidity and mortality rate for children (ages 1-18) in motor vehicle crashes than the state. While, in 2014-2016, Sumter County had lower rates of violent crimes and domestic violence than the state, the county's rates of child abuse and children experiencing sexual violence was higher than that of the state.

Key Data Findings

Below are key insights from the **Community Health Status Assessment** section.

- In 2015 Sumter County had an age-adjusted death rate (per 100,000 population) for falls of 30.1 compared to Florida's rate of 9.8.
- In 2016, Sumter had the highest teen birth rate in the Central Florida region with a teen birth rate of over 24.1 per 1,000 live births.
- There is a dearth of local data on resident dietary and physical activity habits.
- In 2016, Sumter ranked 42 of 67 counties for mothers who initiate breastfeeding.
- Only 66% of drivers, in Sumter County, were wearing seatbelts, during the 2018 assessment of driver behavior, compared to state average of 90.2% in 2017.
- From 2012-2014 the Sumter hospitalization rate for those age one to five years for all non-fatal unintentional injuries was 186.7 per 100,000 population. Motor vehicle crash deaths for this demographic group are also elevated.
- Adult smoking rates in Sumter are low, however E-cig use is on the rise.
- 73.5% of Sumter County residents are 50 years of age or older.
- Lake, Sumter, and Marion Counties lead the state in Falls related deaths.

Community Themes and Strengths Assessment

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

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

CHANGE surveys

Image 6: CDC CHANGE Model

Source: CDC CHANGE Toolkit, 2018

Sixteen organizations throughout Sumter County were interviewed representing various sectors including health care, work sites, schools, community organizations, and the community at large. Many of the organizations interviewed engage in practices that contribute to chronic disease prevention, even in the absence of a formal written policy. For example, an organization may have a walking trail on site, but does not have a written policy promoting its use. Survey data indicated that tobacco policies were consistently strong across nearly all organizations interviewed. Some model policies and practices emerged, such as organizations offering low- or no-cost health insurance coverage, well-labeled vending machines denoting healthy choices, and a telemedicine program available to employees.

Conducting the CHANGE surveys allowed DOH-Sumter staff to engage more with local organizations and form relationships. It was a valuable opportunity to create partnerships, meet new contacts, and learn about resources in the community.

Limitations

There was lack of representation from small businesses in the community. Also, since only 16

organizations participated, results are generalizable.

Sumter Through Your Lens

A total of 248 photos from 49 unique individuals were received. Several themes emerged from the photos, highlighting community strengths and potential areas of improvement. Themes of community strengths that emerged included the natural beauty of Sumter County, recreation opportunities, public safety, and access to healthy foods. Themes identifying areas of improvement included litter in the community, abandoned property, and local facilities in need of updates and repairs (e.g., community parks).

All the photos received will be compiled into an electronic presentation for all participants and community members to view. The presentation will be shared via the DOH-Sumter website.

Limitations

Sample size was limited and it does not represent broader voice of the community. There was also selection bias as not all the community members were reached by marketing and recruitment efforts.

Bus Stop Surveys

Results of the bus stop surveys are generalizable. 95 bus stops were assessed and given a score from 0 to 100. The overall average score for bus stops was 63.80 (Range=37.5-81). The most commonly reported issues included a lack of street lights at bus stops, lack of ramps for wheelchairs/strollers, and lack of buffers between the bus stop and the road. Highlights include that very few stray dogs were seen, high pedestrian visibility, and concrete sidewalks in good repair (when present).

Did you know:
That Sumter County has the 3rd lowest rate of adult physical inactivity in the State of Florida?
(For more information see the section on **Health Risk Behaviors**)

Limitations

Because the list of bus stops provided by the school board included both past and present stops, it was sometimes difficult to determine which bus stops were active and currently being used by students. Also, DOH-Sumter staff could not always determine with certainty which routes students would be taking to and from the bus stops to properly assess the safety of the route.

Golf Cart Surveys

Twenty multimodal paths were assessed and given a score from 0 to 100. The overall average score for paths was 84.9. Commonly reported strengths of the paths include that street crossings were mostly reported as safe, the multimodal path was fairly continuous throughout the area, and that the flow of road traffic rarely interfered with the multimodal path traffic. Opportunities for improvement that were

observed include some dark areas on the paths, lack of buffer between the multimodal path and the road, sharp curves along the paths, and many drivers rolling through stop signs.

Limitations

Because of the sampling method, results are not generalizable to all of the multimodal paths throughout The Villages community. Further surveys are needed to gain a clearer picture of safety along these pathways.

Windshield Surveys

DOH-Sumter staff surveyed 5,037 vehicles. The overall rate of seatbelt usage was 66%. This is well below the percentage seen in Florida and the U.S. which reported seatbelt usage rates of 90.7% and 89.7%, respectively in 2017 (U.S. Department of Transportation, 2018). The rate of drivers not wearing seatbelts was 14%. With about 20% of vehicles surveyed, it was not clear whether the driver was wearing a seatbelt or not, so these were listed as unknown. Large variability in seatbelt usage by census tract was observed, with a range of 45%-81%.

Limitations

Results of the windshield surveys are not generalizable due to sampling method. Intersections and roads to observe were not chosen at random and there is an unknown denominator for Sumter County drivers. As mentioned, there was some difficulty in observing seatbelt usage for every vehicle that passed due to limited visibility. Visibility was at times affected by sunlight glaring off vehicle windshields, cars driving by too fast, or dark tinted windows. Even with multiple staff observing the same vehicles, not all driver behavior could be measured with confidence.

Walkability Surveys

Eighteen routes were assessed and given a score of 0 to 100. The overall average score for walkability surveys was 67.5 (Range=43.1-87). The most commonly reported issues included litter and debris along roadways, inconsistent paved sidewalks, lack of crosswalks or faded crosswalks, and lack of street lights. Staff observed that when paved sidewalks were present, they were in good repair. In many instances, staff also noted that due to the rural nature of Sumter County crosswalks and street lights may not always be warranted. On many routes, very little vehicle traffic was observed.

Limitations

Results of the walkability surveys are not generalizable to the community at large due to sampling method. It is also recognized that many of the survey responses are subjective, and based on the perceptions of the surveyor. Staff communicated about having common criteria for survey measures, but individual bias could still have some influence on responses.

Focus Group Discussion

Photo 4: 2018 STYL Submission, Assets & Resources

DOH-Sumter contracted WellFlorida to conduct focus groups as part of this community health assessment. Distinct target audiences were identified to participate in the focus groups, which included public safety professionals, community leaders, young adults, older adults, and the community at large for Wildwood, The Villages, and south Sumter County. Questions were formed on health and quality of life factors in collaboration between DOH-Sumter and WellFlorida staff. WellFlorida and DOH-Sumter staff collaborated in recruitment of participants. Participants were offered a $20 stipend for their time and participation in the focus groups.

Six focus groups were conducted. Each focus group was 90 minutes long and had anywhere from two to fourteen participants. Seven focus groups were scheduled, but one of the focus groups had no participants attended. In total, 49 participants shared their views and opinions in focus groups. Rich, qualitative data was obtained from these conversations. Many community strengths emerged from the focus group conversations, such as an appreciation of the natural beauty and rural environment of Sumter County, a strong sense of community among residents, community churches, and public safety entities. Opportunities for improvement were identified as an increased need for health care providers (especially in the southern end of the county), need for low- or no-cost health services, and need for increased access to mental and behavioral health services.

Because of the small sample size of participants, results of the focus groups cannot be generalized to entire population of Sumter County. However, the first-hand opinions and views were valuable and informative for this community health assessment by gauging what these residents found to be important issues in their community. The focus group facilitators of WellFlorida reported that sharing and cooperation among participants was good, and that many were passionate and talkative about the discussion topics. In some of the focus groups it became evident that the conversation could have gone on longer, but all groups were kept to 90 minutes for uniformity and respect for participants' time. Please refer to **Appendix G** for further details on these focus groups.

Limitations

Sample size was small and hence results cannot be generalized.

Forces of Change Assessment

Introduction

The Forces of Change Assessment (FoC) is used to help identify forces that can affect the community and local public health system either now or in the future. Forces in the form of trends, factors, or events are identified along with the opportunities or threats they pose. The FoC aims to answer the following questions: What is occurring or might occur that affects the health of the community or the local public health system? What specific threats or opportunities are generated by these occurrences?

Did you know:
Did you know that Sumter, with a median age of 66.6, is the oldest county in the US?
(For more information see the section on **Demographics**)

Method

See **MAPP Process**, Phase 3, Subheading D **FoC**.

Summary

The identified forces and associated opportunities and threats were compiled into a chart that can be found in appendix K. Forces identified by steering committee members were grouped into fourteen main forces: natural disasters, driver safety, car seat safety, school safety, flu epidemics, opioid crisis, injury related hospital visits (especially falls) related, breastfeeding rates, access to telemedicine/virtual health care, lack of dental services, access to healthy foods, access to public transportation, lack of mental health services and lack of garbage/recycling disposal facilities. Threats and/or opportunities were identified for all but six of the forces discussed. During the subcommittee meeting members further elaborated on the previously identified forces. Providing information on programs that currently exist to address the forces of concern as well as to identify gaps and barriers related to these programs. In total, subcommittee members discussed four main forces: falls, breastfeeding rates, mental health and the opioid crisis, and public transportation (including car seat safety). A common gap/barrier identified during the discussion was a lack of resources and/or a lack of awareness of available resources. A poll was conducted to rate forces on impact and feasibility. Results from the poll were analyzed and an impact score, feasibility score and total score was assigned to each force allowing for the forces to be ranked (Appendix K: image K1, image K2, image K3). Falls, opioid crisis, and breastfeeding rates ranked highest in impact scores. Falls, car seat safety and natural disasters ranked highest in feasibility scores. When the impact score and feasibility scores were both taken into account, falls ranked highest followed by car seat safety and breastfeeding rates.

Local Public Health System Assessment

Introduction

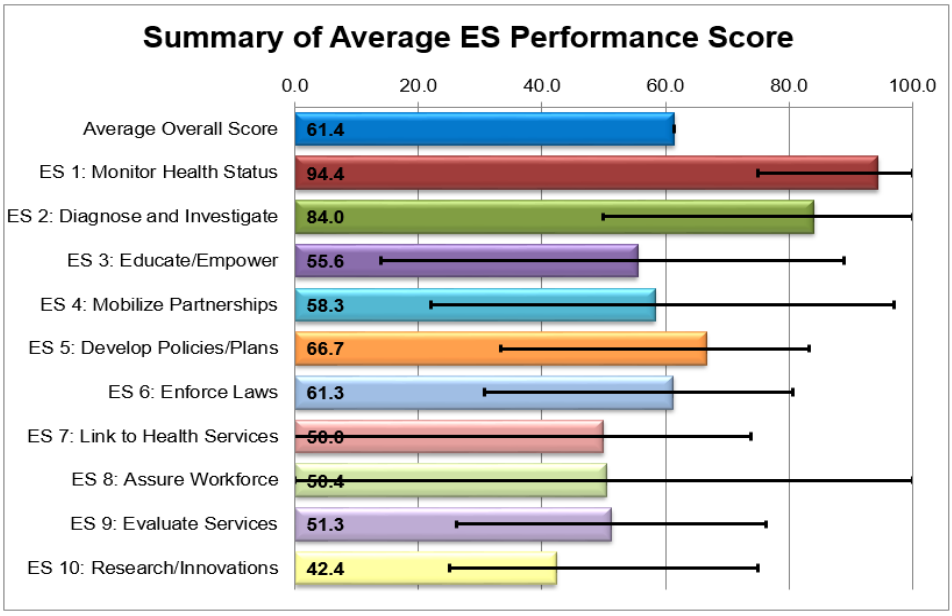
The National Public Health Performance Standards (NPHPS) Local Public Health System Assessment Report is designed to help health departments and public health system partners create a snapshot of where they are relative to the NPHPS and to progressively move toward refining and improving outcomes for performance across the public health system.

Method

See **MAPP Process**, Phase 3, Subheading C **Local Public Health System Assessment**

Observations

Figure 36: Summary of Average Ratings for Public Health Essential Services, 2018



Summary

The lowest preforming Essential Public Health Services in order from lowest to highest were:

1. Research for new insights and innovative solutions to health problems.
2. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
3. Assure a competent public health and personal health care workforce.
4. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
5. Inform, educate, and empower people about health issues.

Increased focus should be placed on addressing these deficiencies

Conclusion

Discussion

Based on the four MAPP assessments which are discussed in detail in the results section, three important strategic issues/ themes were identified:

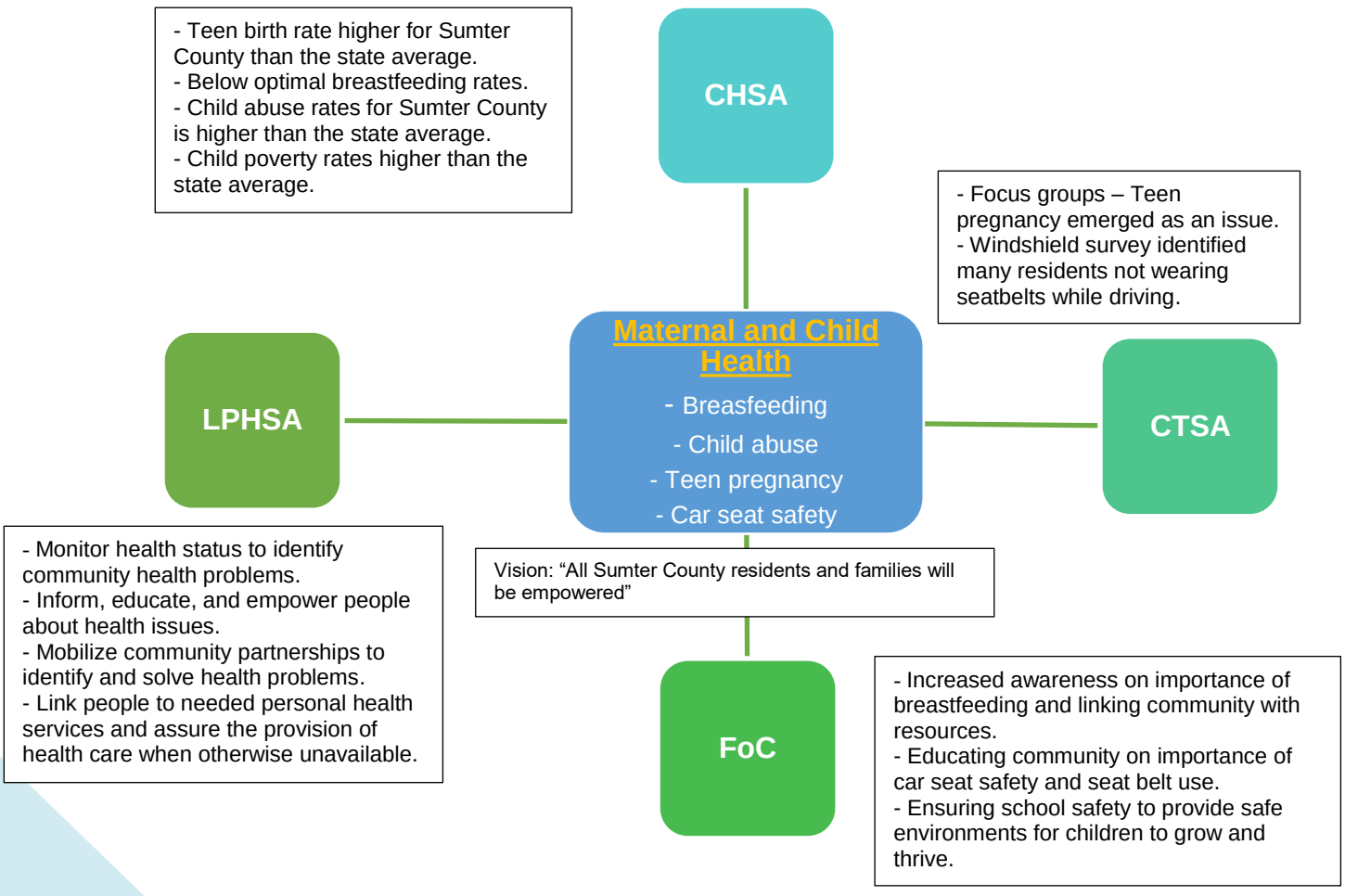
Identification of Strategic Priorities

The process for selection of strategic priorities is detailed below. The selected priorities are maternal and child health, chronic disease, and community engagement. Each of these priorities arose as key issues in at least three of the four MAPP assessments.

1. Maternal and Child Health

The first theme that emerged from all the four assessments was maternal and child health (Figure 37). Maternal and child health refers to the health of mothers, infants, children and adolescents.

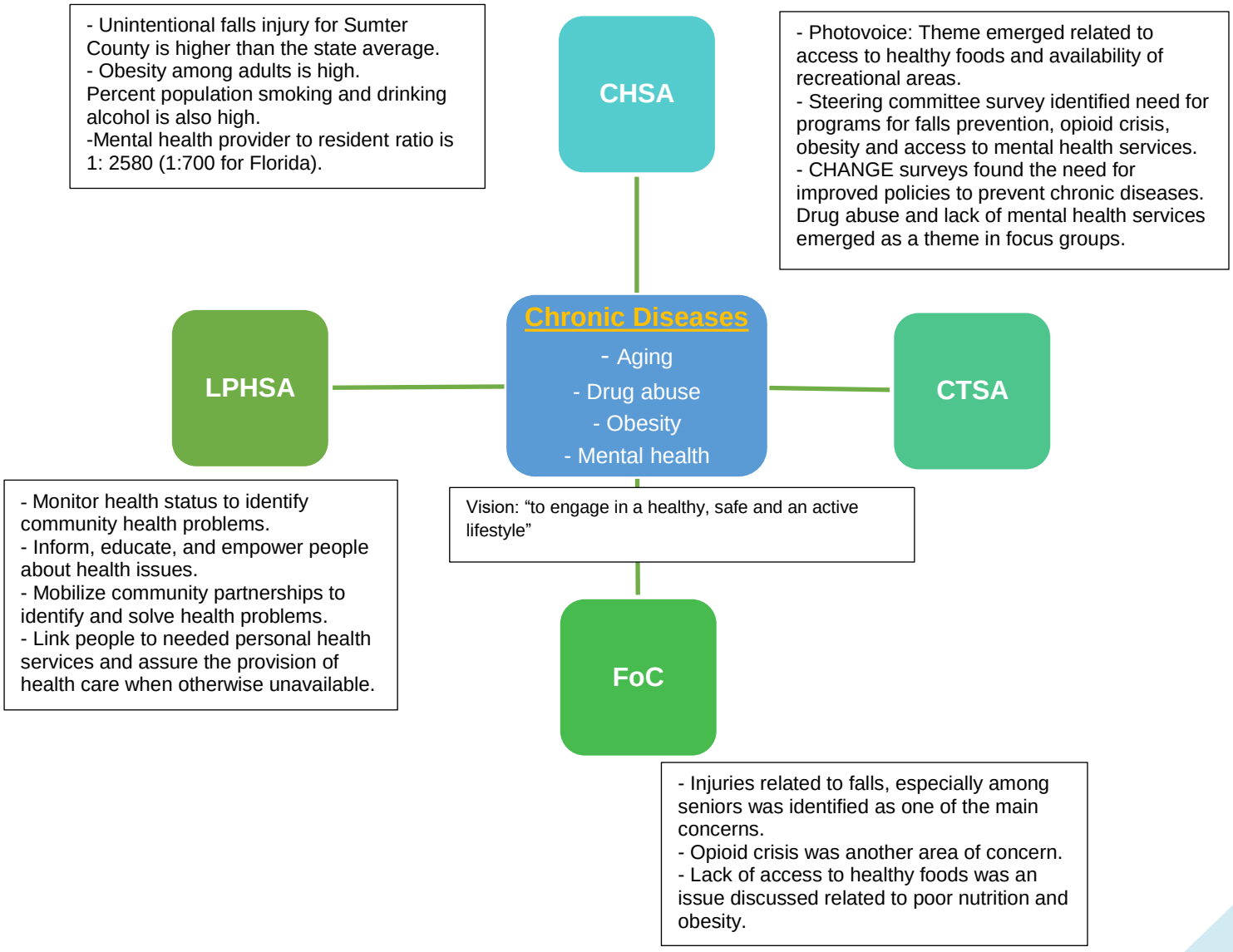
Figure 37: Role of MAPP Assessments in Identifying Maternal and Child Health as a Theme



2. Chronic Diseases

The second theme that emerged from all the four assessments was chronic diseases (Figure 38). Chronic diseases refer to a health condition/disease that is persistent or has a long-lasting effect on the health of a person. They generally cannot be cured by medication, prevented by vaccines, nor do they just disappear on their own.

Figure 38: Role of MAPP assessments in identifying chronic diseases as a theme

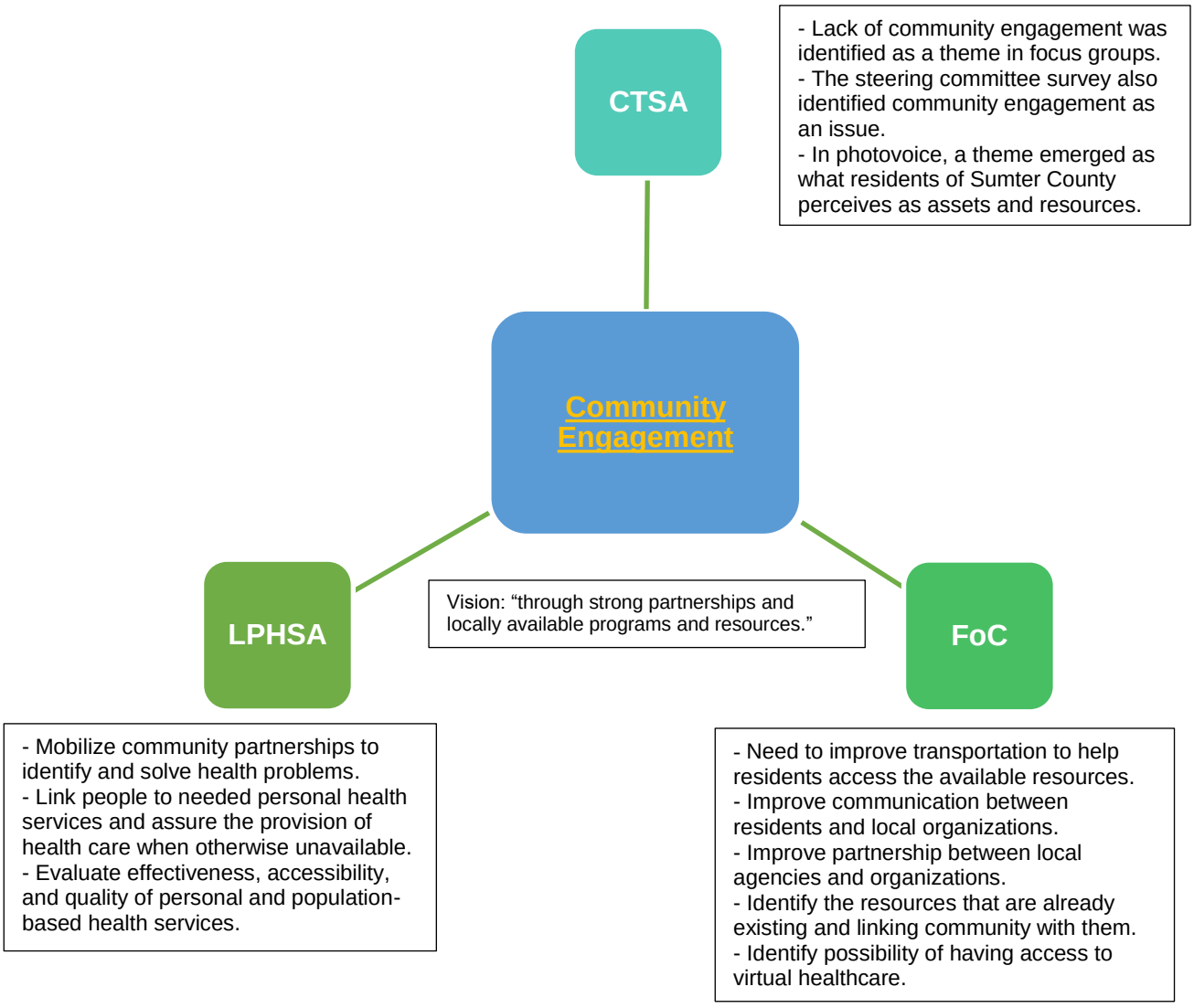


3. Community Engagement

The third theme that emerged from three assessments was community engagement (Figure 39). Community engagement refers to:

- How providers and local agencies understand needs of the community in providing appropriate services.
- How community identifies the available resources and utilize them.
- How local organizations and agency collaborate to provide the services to the community.

Figure 39: Role of MAPP Assessments in Identifying Community Engagement as a Theme



Summary and Conclusion

After reviewing the four assessments and identifying key theme areas, the CHA team settled on prioritizing the following topics under each theme.

Maternal and Child Health

1. Breastfeeding

Current data: Percent of mothers who initiate breastfeeding (2016): 78% for Sumter County (86% for Florida). Sumter county ranks 42nd out of 67 counties for breastfeeding rates.

Current programs in Sumter County: Sumter Making Our Mothers Stronger (MOMS) with DOH-Sumter for pregnant and lactating mothers. Healthy Start in Sumter County for children 0-3 years, WIC.

Gaps: There is lack of awareness among residents about the current programs and services provided in Sumter County. There is also lack of awareness on the importance of breastfeeding.

2. Child abuse

Current data: Child abuse rate per 100,000 population ages 5-11 years (2014 – 2016): 1499.9 for Sumter County (995 for Florida).

Current programs in Sumter County: Department of Children and Families provides support and services to families affected by child abuse.

Gaps: There are no further existing programs or awareness campaigns in Sumter County to work on the issues of child abuse/neglect.

3. Teen pregnancy

Current data: Teen birth rate for Sumter County: 24.1 per 1,000 live births in 2016. Sumter County has the 17th highest rate of teen births in the state.

Current programs in Sumter County: There are no existing programs in Sumter County specifically for prevention for teen pregnancy.

Gaps: There is a lack of existing programs specific for teen mothers.

4. Car seat safety

Current data: Non-fatal motor vehicle related hospitalizations, ages 5-11 years: 48.8 for Sumter County (Florida: 11.4).

Child passengers ages 1-5 years injured or killed in motor vehicle crashes: 562.7 for Sumter County (Florida: 358.1); 5-11 years: 725.5 Sumter County (Florida: 460.5).

Current programs in Sumter County: Early Learning Coalition, Healthy Start, and Sumter County Sheriff's Office have car seat safety check programs.

Gaps: There is a lack of awareness among residents about existing programs available in Sumter County and a high rate of car seat misuse, per report of Early Learning Coalition partners.

Chronic Diseases

1. **Aging**

Current data: Age-adjusted death rates per 100,000 population for falls (unintentional): 30.05 for Sumter (Florida: 9.55).
Age-adjusted hospitalization rates per 100,000 population for falls (unintentional): 229.44 for Sumter (Florida: 256.88).

The median age for Sumter county residents is 66.6 years old.

Current programs in Sumter County: Elder Options offers a falls prevention program called Matter of Balance. Sumter County Sheriff's Office has the Vial of Life program.

Gaps: There is lack of local resources on falls prevention. There is an opportunity to improve communication between residents and organizations about existing programs. More than 50% of Sumter County residents are older adults and there is a clear need for offering home assessments to address risks for falls.

2. **Drug abuse**

Current data: For 2017, 15% of adults drank excessively in Sumter County compared to 18% in Florida. Also, 10% of adults in Sumter County smoke, compared to 15% in Florida for 2017.

Current programs in Sumter County: Sumter CAP, Tobacco Free Florida through DOH-Sumter, Langley Health Services withdrawal treatment program, Celebrate Recovery through local churches, and programs with LifeStream Behavioral.

Gaps: There are no programs on prevention of drugs and opioid use. There is a need to develop programs for drugs and opioid use for Sumter residents, especially for the youth.

3. Obesity

Current data: 26.2% of adults in Sumter County are obese (26.4% in Florida). 19% of adults in Sumter County are physically inactive and 18% do not have access to exercise opportunities.

Current programs in Sumter County: There are no community-wide programs addressing obesity in Sumter County.

Gaps: There is a need to develop programs to reduce obesity and improve access to healthy foods.

4. Access to mental health services

Current data: Ratio of mental health providers to patients in Sumter County is 1: 2,580 patients (2017). Florida's ratio is 1 provider to 700 patients.

Current programs: Residents can receive mental health services at LifeStream Behavioral, but there are no further programs for mental health.

Gaps: There is a need to develop programs to improve access to mental health services.

Community Engagement

Current data: None.

Current programs: While there are opportunities in The Villages neighborhoods for community engagement (social events, information-sharing events, etc.), other neighborhoods of Sumter County do not have access to the same programs and resources.

Gaps: There are low rates of participation in existing programs by community members county-wide.

Next Steps

The CHA team will meet consistently with steering committee members and other partners to strengthen existing programs and develop additional programs where needed. Marketing strategies will also be developed to increase community engagement for all residents of Sumter County. Please refer to the best practices section to learn about evidence-based programs based on the identified themes (Appendix N).

Acknowledgments

This report would not have been possible without the generous support and partnership of the following individuals and organizations:

- Chris Leibner (Lake- Sumter State College)
- City of Bushnell
- City of Center Hill
- City of Webster
- City of Wildwood
- Daniel Richwine (First Assembly of God of Sumterville)
- James Kim (University of South Florida)
- Jessica Cole (Kids Central Inc.)
- Lake Sumter State College
- Langley Health Services
- Love N' Hugs
- New Covenant United Methodist Church
- Oxford Assembly of God
- Sumter County Board of County Commissioners
- Sumter County Medical Reserve Corp (MRC)
- Sumter County Youth Center
- The Villages Regional Hospital
- WellFlorida: Health Council of North Central Florida

References

Florida Department of Health, FLHealthCharts. (2018). *FLHealthCharts: Community Health Assessment Resource Tool Set*. Retrieved from http://www.flhealthcharts.com/charts/QASpecial.aspx

Florida Youth Tobacco Survey (FYTS). (n.d.). Retrieved from http://www.floridahealth.gov/statistics-and-data/survey-data/florida-youth-survey/florida-youth-tobacco-survey/index.html

Floridatracking.com. (2018). Florida Department of Health - Public Health Tracking System. [online] Available at: https://www.floridatracking.com/healthtracking/ [Accessed 1 Apr. 2018].

Haddad, Y. K., Bergen, G., & Florence, C. S. (2018). Estimating the Economic Burden Related to Older Adult Falls by State. *Journal of Public Health Management and Practice,* 1. doi:10.1097/phh.0000000000000816

McDavid, J. C., & Hawthorn, L. R. (2013). Program evaluation and performance measurement: An introduction to practice. Thousand Oaks, CA: SAGE.

NACCHO. (n.d). Phase 3: Collecting and Analyzing Data. Retrieved from https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/mapp/phase-3-the-four-assessments

NCCDPHP: Community Health. (2018, March 23). Retrieved from www.cdc.gov/nccdphp/dch/programs/healthycommunitiesprogram/tools/change.htm

Nelson, S. J., Wolf, B. C., Sheppard, R. G., Jones, K. T., Heidt, W., & Whitmore, C. (2017). Drugs identified in deceased persons (United States of America, Florida Department of Law Enforcement, Medical Examiners Commission). FL.

United Way of Florida. (2017). *ALICE Report- 2017 Update for Florida*. Retrieved from http://www.uwof.org/sites/uwof.org/files/17UW%20ALICE%20Report_FL%20Update_2.14.17_Lowres_0.pdf

U.S. Census Bureau. (2018). American FactFinder - Search. [online] Factfinder.census.gov. Available at: https://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t [Accessed 1 May 2018].

U.S. Department of Transportation, National Highway Traffic Safety Administration. (n.d.). *Traffic safety facts: Seat belt use in 2017—overall results* (DOT HS 812 465). Washington, D.C.: NHTSA, National Center for Statistics and Analysis. Available at: https://crashstats.nhtsa.dot.gov/Api/Public/ViewPublication/812546 [Accessed 1 May 2018].

Appendices

A. Full List of Sumter County MAPP Steering Committee Organizations
B. Visioning Results
C. Bus Stop Survey Assessment Tool
D. Golf Cart Survey Assessment Tool
E. Windshield Survey Assessment Tool
F. Walkability Survey Assessment Tool
G. 2018 Focus Group Report
H. 2018 Steering Committee Survey Assessment Tool
I. 2018 Steering Committee Survey Results
J. Local Public Health Assessment Results
K. Forces of Change Assessment
L. 2018 Steering Committee Meeting Sign-in Sheet
M. 2018 Steering Committee Meeting Minutes
N. 2018 Best Practices Recommendations

Appendix A: Full List of Sumter County MAPP Steering Committee Organizations

Central Florida Health (The Villages Regional Hospital)
City of Bushnell
City of Wildwood
Community Emergency Response Team of the Villages
E3 Family Solutions, Inc.
Early Learning Coalition
First Assembly of God
Florida Department of Children and Families
Florida Department of Health in Lake County
Kids Central, Inc.
Lake Sumter State College
Langley Health Services
LifeStream Behavioral Health
Medical Reserve Corps
Mid Florida Homeless Coalition
Osprey Point Nursing Center
Parson's Community Circle
Promise Hospital of Florida at The Villages
Rotary Club of the Villages
Sumter County Board of County Commissioners
Sumter County Clerk of Courts
Sumter County District Schools
Sumter County Emergency Management
Teen Court
The Hobby Horse Day Care & Preschool
United Way of Lake and Sumter Counties
Women, Infants, and Children (WIC)
Young Performing Artists

Appendix B: Visioning Results

Figure B1: A Brainstorming Activity was Conducted at the CHA Steering Committee Meeting where Attendees Shared Collaborative Visions and Values for a Healthy Sumter County.

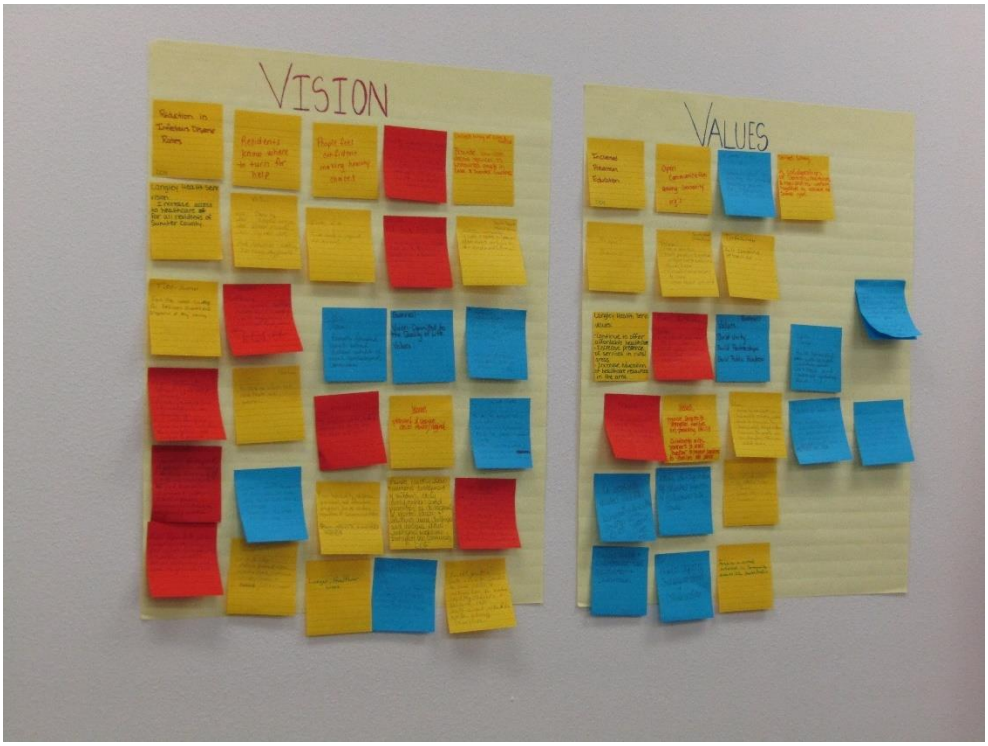


Figure B2: A Word Cloud Was Created Using the Most Common Words that were Shared While Brainstorming for Vision.

Figure B3. A Word Cloud Was Created Using the Most Common Words that were Shared While Brainstorming for Values.

Appendix C: Bus Stop Survey

Bus Stop location: _____ Route/Bus Stop #: _____

Day of Week: _____ Time observations began: _____ AM PM

Date: _____ Time observations ended: _____ AM PM

Speed Limit of Road: _____

Directions: Place a check next to any items that are a problem for walkers and note:

- What is the exact location(s) of each problem? Record a landmark or side street (north, south, east or west) in the comment sections next to the checked item.

Crossing Streets		
☑	**Problems Observed**	**Location/Description**
	Road is too wide to cross safely	
	Crossing doesn't have a pedestrian signal or audible signal	
	Pedestrian signal doesn't give people walking at average speed enough time to cross	
	Need a traffic signal or crosswalk (path outlined by white lines or zebra lined)	
	Push-to-walk signal is not available/operating	
	Crosswalk is not marked or poorly marked (faded)	
	Parked cars on the street or utility poles are blocking view of traffic	
	Pedestrians standing at bus stop are not visible from road (about 25 ft. away)	
	Bus stop is not at an intersection or four-way stop	
	Other observed issues	

Sidewalks		
☑	**Problems Observed**	**Location/Description**
	There are no sidewalks, paths or shoulders	
	There are sidewalks, but they are not continuous (segments are missing)	
	Sidewalk is not wide enough for two people to walk together side-by-side (about 3 ft.)	
	Sidewalk is broken or cracked (potential tripping hazard)	
	There is no buffer between traffic and the sidewalk (i.e. sidewalk and asphalt meet)	

	No/misplaced ramps for wheelchairs, strollers and wagons	
	Ramps are not textured or marked for those with visual impairments	
	Sidewalk is blocked with poles, signs, shrubs, dumpsters, low hanging trees, etc.	
	Cars, trucks, vendors are blocking the path	
	Other observed issues	

Safety		
☑	**Problems Observed**	**Location/Description**
	Loitering or suspicious activity	
	Unleased dogs	
	Sidewalk does not have street lights	
	There is no safe place to park near bus stop	
	Other observed issues	

Overall Ratings				
Section	**Excellent☑**	**Good☑**	**Fair☑**	**Poor☑**
Crossing Streets				
Sidewalk				
Safety				
Path Overall				

Here's what each rating means:
Excellent: Area is very walk-friendly and safe.
Good: Area is moderately walk-friendly and safe.
Fair: Area is somewhat walk-friendly and safe.
Poor: Area is not walk-friendly or safe.

Additional comments on what works well and what needs improvement:

_____

_____

_____

_____

Appendix D: Golf Cart Survey

Multi-modal Path Observed: _____ between _____ and _____

Day of Week: _____ **Time observations began:** _____ **AM PM**

Date: _____ **Time observations ended:** _____ **AM PM**

Directions: Place a check next to any items that are a problem for golf carts and note:

- What is the exact location(s) of each problem? Record a landmark or side street (north, south, east or west) in the comment sections next to the checked item.

Crossing Streets		
☑	**Problems Observed**	**Location/Description**
	Road is too wide to cross safely	
	Parked cars on the street or utility poles are blocking view of traffic	
	Other observed issues	

Multi-model Path		
☑	**Problems Observed**	**Location/Description**
	There are no multi-modal paths	
	There are multi-modal paths, but they are not continuous (segments are missing)	
	Path is broken or cracked (potholes)	
	There is no buffer between traffic and the multi-modal path	
	Path is blocked with poles, signs, shrubs, dumpsters, low hanging trees, etc.	
	Cars, trucks, vendors are blocking the path	
	Other observed issues	

Golf Cart Driver Behavior		
☑	**Problems Observed**	**Location/Description**
	Drivers do not stop at stop signs	
	Drivers do not obey traffic signals	
	Drivers seem to be speeding	
	Drivers make unexpected turns/maneuvers	
	Drivers are distracted	
	Other observed issues	

Safety		
☑	**Problems Observed**	**Location/Description**
	Too much traffic on path	
	Loitering or suspicious activity on path	
	Unleased dogs on path	
	Unclear signs or directions for drivers (golf carts)	
	Path is too dark at night	
	Other observed issues	

Who is using the multi-modal path?	**Make tally marks to indicate number of people/things observed**	
Golf carts		Total #:
People using assistive devices (canes, wheelchairs, walkers)		Total #:
People Walking		Total #:
People with young children or strollers		Total #:
Cyclists		Total #:
Skateboarders		Total #:
Scooters		Total #:
Other		Total #:

Overall Ratings				
Section	**Excellent☑**	**Good☑**	**Fair☑**	**Poor☑**
Crossing Streets				
Multi-modal path				
Driver Behavior				
Safety				
Path Overall				

Here's what each rating means:
Excellent: Area is very walk-friendly and safe.
Good: Area is moderately walk-friendly and safe.
Fair: Area is somewhat walk-friendly and safe.
Poor: Area is not walk-friendly or safe.

Additional comments on what works well and what needs improvement:

_____

_____

Appendix E: Windshield Survey

Date:	
Survey Site Number:	
Census Tract Number:	
Start Time:	
End Time:	
Surveyor:	

Issues	**Number of Observations {Tally- 𝍸 𝍸}**	
1. Safety		
Is the car/ truck driver wearing a seatbelt?		
YES	NO	UNK
Tally Number of drivers Texting and driving.		
Bikes & Other		
Age of Rider	Helmet YES	Helmet NO
Adult		
Minor (anyone who appears to be 19 years old & younger)		

2. Sanitation	
A. Number of places where garbage is littered around?	
B. Number of places with water puddles (potential site for mosquito breeding)	
C. Number of places with vacant cars and tires (potential ground for mosquitoes breeding)	

Observation Notes: (weather conditions, observations on area….)

_____

_____

_____

Appendix F: Walkability Survey

Starting location: _____Route #: _____

Day of Week: _____ Time observations began: _____ AM PM

Date: _____ Time observations ended: _____ AM PM

Directions: Place a check next to any items that are a problem for walkers and note:

- What is the exact location(s) of each problem? Record a landmark or side street (north, south, east or west) in the comment sections next to the checked item.

Crossing Streets		
☑	**Problems Observed**	**Location/Description**
	Road is too wide to cross safely	
	Crossing doesn't have a pedestrian signal or audible signal	
	Pedestrian signal doesn't give people walking at average speed enough time to cross	
	Need a traffic signal or crosswalk (path outlined by white lines or zebra lined)	
	Push-to-walk signal is not available/operating	
	Crosswalk is not marked or poorly marked (faded)	
	Parked cars on the street or utility poles are blocking view of traffic	
	Other observed issues	

Sidewalks		
☑	**Problems Observed**	**Location/Description**
	There are no sidewalks, paths or shoulders	
	There are sidewalks, but they are not continuous (segments are missing)	
	Sidewalk is not wide enough for two people to walk together side-by-side (about 3 ft.)	
	Sidewalk is broken or cracked (potential tripping hazard)	
	There is no buffer between traffic and the sidewalk (i.e. sidewalk and asphalt meet)	
	No/misplaced ramps for wheelchairs, strollers and wagons	
	Ramps are not textured or marked for those with visual impairments	
	Sidewalk is blocked with poles, signs, shrubs, dumpsters, low hanging trees, etc.	
	Cars, trucks, vendors are blocking the path	

Driver Behavior		
☑	**Problems Observed**	**Location/Description**
	Drivers do not stop at stop signs	
	Drivers do not obey traffic signals	
	Drivers do not stop behind the crosswalk	
	Drivers seem to be speeding	
	Drivers make unexpected turns/maneuvers	
	Drivers are distracted	
	Other observed issues	

Safety		
☑	**Problems Observed**	**Location/Description**
	Loitering or suspicious activity	
	Unleased dogs	
	Sidewalk does not have street lights	
	Other observed issues	

Who is using the sidewalk?	**Make tally marks to indicate number of people/things observed**	
People using assistive devices (canes, wheelchairs, walkers)		Total #:
People Walking		Total #:
People with young children or strollers		Total #:
Cyclists		Total #:
Skateboarders		Total #:
Scooters		Total #:
Other		Total #:

Overall Ratings				
Section	**Excellent☑**	**Good☑**	**Fair☑**	**Poor☑**
Crossing Streets				
Sidewalk				
Driver Behavior				
Safety				
Path Overall				

Here's what each rating means:
Excellent: Area is very walk-friendly and safe.
Good: Area is moderately walk-friendly and safe.
Fair: Area is somewhat walk-friendly and safe.
Poor: Area is not walk-friendly or safe.

Additional comments on what works well and what needs improvement:

_____

_____

Appendix G: Focus Group Report

NOTE: *Appendix references within this appendix (G) are not included in the CHA Report. For a full version of the report found in this appendix contact DOH-Sumter.*

Summary and Key Themes

Summary

Across ages, gender, race, education level and geography focus group participants had visions for a healthy Sumter County that include a safe place to live with a strong economy and job opportunities, has a clean natural environment, good educational system and equal access to health and social services. Towards achieving that vision the strengths and resources most frequently cited included the people themselves who are hardworking and honest, Langley Federally Qualified Health Center (FQHC), Fire and Emergency Medical Services (EMS), and community churches. Numerous organizations (e.g., Kids Central, Health Department, school system, Lake Sumter State College, Meals on Wheels) and factors (e.g., volunteerism) were given a single mention. [Please see the Key Responses by Focus Group, question 8, in the Appendix for the full list.] Focus group participants identified areas of high importance that need attention such as health care resources, health conditions and health behaviors, leadership, community culture and environment, and specific populations in most need. Each of these is described in the subsequent section on key themes. [The Appendix includes the detailed responses by focus group location which may further enlighten issues that surfaced among those particular groups.]

Factors for a Healthy Community

Access to health care services and resources

Safe place to live

Strong economy and job opportunities

Good education system

Clean environment

Strengths and Resources in Sumter County

Langley FQHC

Fire and EMS

Community churches

People of Sumter County

Key Themes

Five (5) key theme areas emerged from the focus group data and are summarized below. Themes represent common issues and their supporting factors as articulated by focus group participants,

across the six (6) sessions. These include community culture and environment, community leadership, health care access and resources, health conditions and behaviors, and populations in most need. The themes are presented below in alphabetical order. Supporting factors are listed below each theme, in descending order of the most frequently cited factors; all factors were cited at least twice across the sessions. [Detailed responses of the focus groups by location can be found in the Appendix.] These summaries by location may further illuminate issues that could impact Sumter County residents as a whole and certain target population groups in particular. It is important to note that while these focus group findings are not generalizable to the entire population of Sumter County, the information provides valuable insights into and indications of community perceptions, opinions and attitudes about health behaviors, issues and resources, quality of life factors and Sumter County's ability to address problems and improve health outcomes.

Theme: Community Culture and Environment

Concerns:

- Divide between north county and south county that fosters competition for resources
- Encroachment on rural setting and lifestyle in Sumter County
- Lack of organized system of parks and recreation areas and community activities
- Underutilization of volunteers and the expertise and resources they could provide

Pride in Sumter County's natural resources and rural setting came through in many of the focus group discussions. Sumter County residents were described as honest, hardworking, committed to their families, and caring. Participants expressed their lifelong love of the rural, agricultural surroundings in the county and concern for the degradation and disappearance of its natural beauty. A commonly held concern among groups was the dichotomy or north-south divide in Sumter County. Described as the "haves versus the have-nots," "north versus south county", or "The Villages versus south Sumter," this division is clearly a perceived barrier to equity in health and quality of life. Differences in housing, access to social and medical services, health outcomes, and even access to elected officials were cited and often better quality of life attributed to higher incomes. In several focus group sessions it was noted that Hispanics were relegated to southern communities where resources are more scarce. The lack of a governmental entity dedicated to preserving and managing parks and recreation areas and organized recreational activities in Sumter County was the topic of discussion in several sessions. This deficit was linked to the paucity of activities for children and youth and Sumter County's lagging performance in areas of

physical activity and organized sports. Relatedly, there were numerous mentions that Sumter's lack of entertainment and community activities contributes indirectly to alcohol and drug use and abuse, teen pregnancy, and petty crime. Many focus group sessions and participants acknowledged the untapped human capital in The Villages in that many of the retirees could be willing and able to volunteer in various capacities and disciplines that would improve health. Not organizing to bridge gaps was recognized as a missed opportunity, resulted in squandered resources, and further perpetuated the north-south divide.

Theme: Community Leadership

Need for:

- Active involvement and presence in the community by elected and government officials
- High level prioritization of health by community leaders and collaborative solutions
- Voter participation and demand for elected officials to listen to community concerns
- Recognition of success of the investments in Fire and EMS

Focus group participants in all sessions expressed concern for the absence of leadership on health issues in Sumter County. Absence was characterized in several ways. First, being unable to identify the specific individuals or organizations that should take the lead in improving health; secondly, the lack of physical and active presence of elected officials and some government officers when community health concerns arise; and third, the lack of interest in citizen concerns was related to being an absent leader. It was noted that there is no evidence that health and quality of life for the entire county is a priority, and further, that these issues might be addressed in certain sectors but not in others. Doubt was cast on the ability of elected and government officials to collaborate on solving problems due to territorial issues that often boil down to economic decisions. Several groups noted that much needed improvements were made to Sumter County's Fire and EMS by the Sumter County Board of County Commissioners. These changes resulted in improvements in response times and outcomes. However, the public may not know about the enhancements and further, may not connect that the financial investment led to those outcomes. Participants felt strongly that this example points to Sumter County's ability to make positive changes when leaders do take action. A number of participants felt disenfranchised because they perceived that elected officials did not listen and/or take their concerns seriously. Relatedly, they expressed concern about the lack of citizen involvement on issues related to
health and participation in local elections.

Theme: Health Care Access and Resources

Needs:

- Health care services including
  - Urgent care
  - Specialty care
  - Dental care
  - Mental health care
  - No cost health care
- Physicians and dentists who accept Medicaid
- Affordable and meaningful health insurance

Another area of agreement among focus group participants was Sumter County's challenges with health care access. This included barriers to health care providers, services and facilities; factors such as cost, insurance coverage and transportation; preventive measures including health education and health literacy, and screenings; and institutional barriers that result in funding decisions that do not support health care. The needs for urgent care facilities, specialty care professionals, and medical and dental providers who accept Medicaid were often cited. Focus group participants felt that routine medical care is available in Sumter County for the majority of residents. It was noted that there are some residents who cannot afford even a nominal charge at Langley FQHC and that there are pockets of low income senior citizens in The Villages who fall into this category. Mental health care including services for those with drug and alcohol addiction problems were listed as much needed resources. Participants expressed concerns about the viability and value of some health insurance coverage with high deductibles, high premiums, and limited services complicated by the consumers' struggles to understand how to navigate the health care system.

Theme: Health Conditions and Health Behaviors

Concerns:

- Lower health and quality of life rating of 5 out of 10, somewhat higher in The Villages
- Substance abuse and alcohol abuse
- Mental health issues and mental illness
- Chronic diseases and unhealthy behaviors
  - Heart Disease

  - Cancer
  - Diabetes
  - Poor nutrition
- Teen pregnancy
- Pedestrian, bike and golf cart safety

Topping the list of specific health conditions of highest concerns in Sumter County were substance and alcohol abuse and mental illness and mental health problems. Focus group participants recognized the close relationship among these issues and also the impact poverty, lack of education and jobs, and generational influences have on these issues. Chronic diseases were of concern not only for their toll on quality of life but the substantial resources needed and economic impact to communities such as The Villages where an aging population is concentrated. Participants discussed the impact poor nutrition has on Sumter's health outcomes. Teen pregnancy surfaced as a major concern for many reasons including the health of the young mother and her infant, and the lifetime costs to young parents who often must quit school and never to gain economic stability. Safety is mentioned as a health concern particularly among The Villages residents. Pedestrian and bicycle safety were mentioned as concerns throughout the county. More south county residents must walk or ride bicycles as transportation to work whereas in the north county more recreational walking and biking are common; both, however, result in injuries due to poor lighting, poor quality of sidewalks, and motor vehicle crashes. Golf cart safety was a topic of concern in The Villages and by public safety professionals. While operator error was cited as a large factor, lack of law enforcement presence was also mentioned. The north-south dichotomy resurfaced in focus group discussions about health conditions. All sessions rated the health status in The Villages, or north county, as higher than in the other areas of Sumter County. Public safety professionals cited differences in the acuity of needs by geography. More acute needs are generally found in the south county area whereas a higher volume of less acute need is concentrated in the north.

Theme: Populations in Most Need

Health equity concerns for:

- Youth
- Working poor
- Young adults and young families
- Low income senior citizens
- Hispanic or Latino population

Focus group participants uniformly expressed concern for Sumter County youth and working poor as populations that experience disproportionate challenges and barriers to good health and quality of life. Among the factors cited as obstacles for youth are poverty, lack of youth services in Sumter County, stressful family and school environments, and poor economic and job opportunities. The working poor and young adults and families face similar challenges along with lack of affordable housing and health care. Low income senior citizens, in particular those who are isolated, were listed as a forgotten and overlooked group. Hispanics or Latinos in Sumter County were described in some sessions as a silent and therefore ignored group.

Next Steps

The preceding focus group results lend important primary data to the larger community health assessment process. The Florida Department of Health in Sumter County will develop a comprehensive assessment report and use the findings to identify health priorities, craft and implement a community health improvement plan, health department marketing strategy, and health equity action plan. Towards achieving sustainable, positive changes in health policy, practices, behaviors, and outcomes the use of promising, model and evidence-based practices is recommended. Noted below are six (6) recognized compendiums of public health practices and programs that could be consulted when selecting targeted interventions for the above mentioned plans.

https://www.thecommunityguide.org/ U.S. Department of Health and Human Services, Community Preventive Services Task Force

https://www.healthypeople.gov/2020/tools-resources/Evidence-Based-Resources U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion

https://knowledge.samhsa.gov/ta-centers/national-registry-evidence-based-programs-andpractices U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration

https://www.naccho.org/resources/model-practices National Association of County and Health Officials

http://ctb.ku.edu/en/databases-best-practices The Community Tool Box, University of Kansas

https://www.phqix.org/ Public Health Quality Improvement Exchange, Robert Wood Johnson Foundation

Appendix H: 2018 Steering Committee Survey Assessment Tool

FDOH-Sumter Steering Committee Survey 2018

2018 FDOH-Sumter Steering Committee Data Feedback Survey
This survey will take about 10 minutes to complete. By completing this survey, you are helping to set the agenda for the next FDOH-Sumter Health Improvement Steering Committee meeting, currently scheduled to occur in early 2018.
Your feedback will also be used to guide our secondary data analysis, which is currently underway. Thank you for taking the time to complete this survey. Your opinions are greatly valued.

1. Name (Last, First, M)

2. Organization:

3. Employment Category

4. Phone:

5. Email:

6. Please categorize the following public health issues by your perceived severity, relevance to you and/or your agency, magnitude of impact on the county:

	Impact on Community: Not a problem, somewhat of a problem, Severe problem, I Don't know	**Relevance to your agency:** Very relevant, Somewhat relevant, No opinion/ I don't know, Not very relevant, Not relevant at all.
Drowning Rates		
Drowning Rates Impact on Community		
Drowning Rates Relevance to your agency		
Malnutrition Rates		
Malnutrition Rates Impact on Community		
Malnutrition Rates Relevance to your agency		
Falls Injury Rates		
Falls Injury Rates Impact on Community		
Falls Injury Rates Relevance to your agency		

Rates of Tobacco Use
Rates of Tobacco Use Impact on Community
Rates of Tobacco Use Relevance to your agency
Breastfeeding Rates
Breastfeeding Rates Impact on Community
Breastfeeding Rates Relevance to your agency
Property Crime Rates
Property Crime Rates Impact on Community
Property Crime Rates Relevance to your agency
Violent Crime Rates
Violent Crime Rates Impact on Community
Violent Crime Rates Relevance to your agency
High School Drop-out Rates
High School Drop-out Rates Impact on Community
High School Drop-out Rates Relevance to your agency
Community Engagement Rates (How involved Sumter County residents are in their own governance, policy planning, and health promotion)
Community Engagement Rates (How involved Sumter County residents are in their own governance, policy planning, and health promotion) Impact on Community
Community Engagement Rates (How involved Sumter County residents are in their own governance, policy planning, and health promotion) Relevance to your agency
Infant Mortality Rates
Infant Mortality Rates Impact on Community
Infant Mortality Rates Relevance to your agency
Dental Disease Rates
Dental Disease Rates Impact on Community
Dental Disease Rates Relevance to your agency
Poverty Rates
Poverty Rates Impact on Community
Poverty Rates Relevance to your agency
Heart Disease Rates
Heart Disease Rates Impact on Community
Heart Disease Rates Relevance to your agency
Diabetes Rates
Diabetes Rates Impact on Community
Diabetes Rates Relevance to your agency
Cancer Rates
Cancer Rates Impact on Community
Cancer Rates Relevance to your agency
Child Abuse Rates
Child Abuse Rates Impact on Community
Child Abuse Rates Relevance to your agency
Teen Pregnancy Rates

Teen Pregnancy Rates Impact on Community
Teen Pregnancy Rates Relevance to your agency:
Motor vehicle crash injury and death rates
Motor vehicle crash injury and death rates Impact on Community
Motor vehicle crash injury and death rates Relevance to your agency
Drunk Driving Rates
Drunk Driving Rates Impact on Community
Drunk Driving Rates Relevance to your agency
Physical Inactivity Rates
Physical Inactivity Rates Impact on Community
Physical Inactivity Rates Relevance to your agency
Drug & Alcohol Addiction Rates
Drug & Alcohol Addiction Rates Impact on Community
Drug & Alcohol Addiction Rates Relevance to your agency
Infectious Disease Rates
Infectious Disease Rates Impact on Community
Infectious Disease Rates Relevance to your agency
Suicide Rates
Suicide Rates Impact on Community
Suicide Rates Relevance to your agency

7. Please categorize the following environmental health issues by your perceived severity, relevance to you and/or your agency, magnitude of impact on the county:

	Impact on community: Not a problem, somewhat of a problem, Severe problem, I Don't know	**Relevance to your agency:** Very relevant, Somewhat relevant, No opinion/ I don't know, Not very relevant, Not relevant at all.
Litter		
Litter Impact on community		
Litter Relevance to your agency		
Vacant Buildings/ Abandoned Automobiles		
Vacant Buildings/ Abandoned Automobiles Impact on community		
Vacant Buildings/ Abandoned Automobiles Relevance to your agency		
Stray Animals (dogs, cats…)		
Stray Animals (dogs, cats…) Impact on community		
Stray Animals (dogs, cats…) Relevance to your agency		
Environmental Toxin Exposure (Lead, arsenic, mercury…)		
Environmental Toxin Exposure (Lead, arsenic, mercury…) Impact on community		
Environmental Toxin Exposure (Lead, arsenic, mercury…) Relevance to your agency		
Access to Health Education Resources		
Access to Health Education Resources Impact on community		
Access to Health Education Resources Relevance to your agency		

Access to Dental Care
Access to Dental Care Impact on community
Access to Dental Care Relevance to your agency
Access to Walk/ Bike/ Alternative transportation trails and paths
Access to Walk/ Bike/ Alternative transportation trails and paths Impact on community
Access to Walk/ Bike/ Alternative transportation trails and paths Relevance to your agency
Access to Mental Health services
Access to Mental Health services Impact on community
Access to Mental Health services Relevance to your agency
Access to Healthcare
Access to Healthcare Impact on community
Access to Healthcare Relevance to your agency
Access to Healthy Foods
Access to Healthy Foods Impact on community
Access to Healthy Foods Relevance to your agency
Access to Recreational Facilities/Opportunities
Access to Recreational Facilities/Opportunities Impact on community
Access to Recreational Facilities/Opportunities Relevance to your agency
Access to Public Transportation
Access to Public Transportation Impact on community
Access to Public Transportation Relevance to your agency
Child Poverty Rates
Child Poverty Rates Impact on community
Child Poverty Rates Relevance to your agency
Access to Housing
Access to Housing Impact on community
Access to Housing Relevance to your agency
Failure to use Seat-belts
Failure to use Seat-belts Impact on community
Failure to use Seat-belts Relevance to your agency
Quality of Life (the standard of health, comfort, and happiness experienced by an individual or group)
Quality of Life (the standard of health, comfort, and happiness experienced by an individual or group) Impact on community
Quality of Life (the standard of health, comfort, and happiness experienced by an individual or group) Relevance to your agency

8. Please check all areas for which you would like to receive or review data for Sumter County. (Check all that apply):

- ☐ Drowning rates
- ☐ Malnutrition rates
- ☐ Falls injury rates
- ☐ Rates of tobacco use
- ☐ Breastfeeding rates
- ☐ Property crime rates
- ☐ Violent crime rates
- ☐ High school graduation rates

- ☐ Community engagement rates (How involved Sumter County residents are in their own governance, policy planning, and health promotion)
- ☐ Infant mortality rates
- ☐ Dental disease rates
- ☐ Poverty rates
- ☐ Heart disease rates
- ☐ Diabetes rates
- ☐ Cancer rates
- ☐ Child abuse rates
- ☐ Teen pregnancy rates
- ☐ Motor vehicle crash injury and death rates
- ☐ Drunk driving rates
- ☐ Physical activity rates
- ☐ Seat-belt usage rates
- ☐ Drug & alcohol addiction rates
- ☐ Infectious disease rates
- ☐ Suicide rates
- ☐ Litter
- ☐ Vacant buildings/ Abandoned automobiles
- ☐ Sanitation
- ☐ Stray animals (dogs, cats…)
- ☐ Environmental toxin exposure (Lead, arsenic, mercury…)
- ☐ Access to health education resources
- ☐ Access to dental care
- ☐ Access to walk/ Bike/ alternative transportation trails and paths
- ☐ Access to mental health services
- ☐ Access to healthcare
- ☐ Access to healthy foods
- ☐ Access to recreational facilities/opportunities
- ☐ Access to public transportation
- ☐ Child poverty rates
- ☐ Access to housing
- ☐ Quality of life

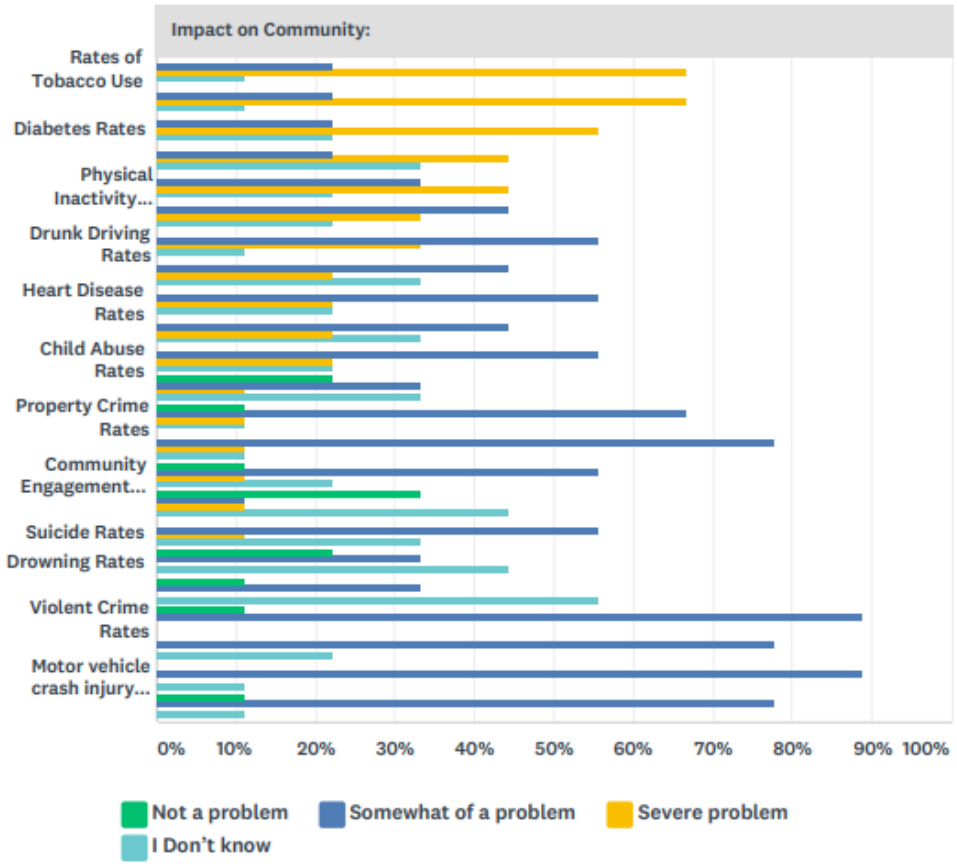
9. If yes, which strategies do you find effective in promoting your products, services and events (check all that apply)

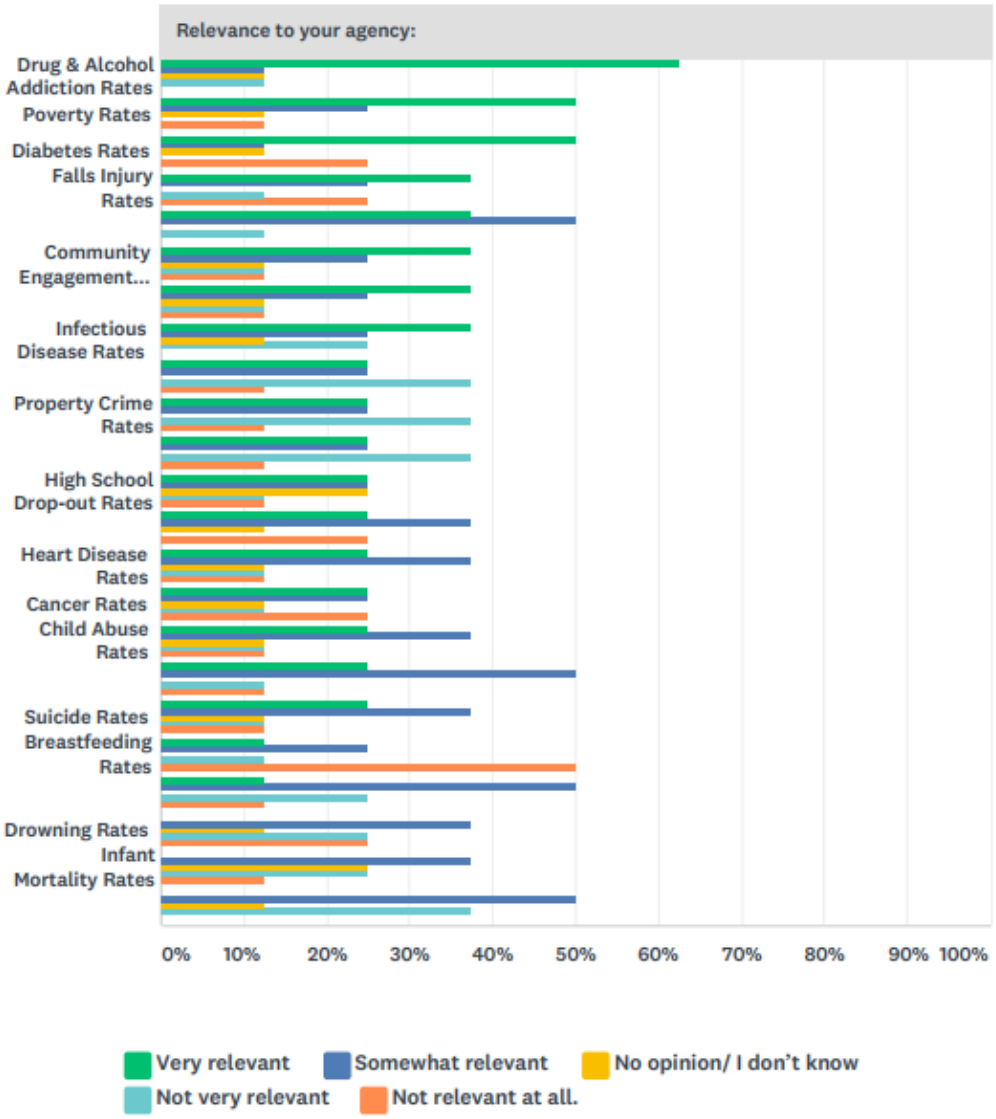
- ☐ Social media account- Facebook/ twitter
- ☐ Organization website
- ☐ Newsletters
- ☐ Direct email
- ☐ Internet ads
- ☐ Flyers
- ☐ Newspaper ads/ articles
- ☐ Magazine ads/ articles
- ☐ Radio ads
- ☐ Television ads
- ☐ Billboards
- ☐ Direct phone calls
- ☐ Annual reports
- ☐ Health fairs
- ☐ Community presentations
- ☐ Public meetings/ town hall meetings
- ☐ WE DO NOT PROMOTE
- ☐ Any other
- ☐ Other (please specify)

Appendix I: 2018 Steering Committee Survey Results

Q6 Please categorize the following public health issues by your perceived severity, relevance to you and/or your agency, magnitude of impact on the county:

Answered: 9 Skipped: 0





Impact on Community:	NOT A PROBLEM	SOMEWHAT OF A PROBLEM	SEVERE PROBLEM	I DON'T KNOW	TOTAL
Rates of Tobacco Use	0.00% 0	22.22% 2	66.67% 6	11.11% 1	9
Drug & Alcohol Addiction Rates	0.00% 0	22.22% 2	66.67% 6	11.11% 1	9
Diabetes Rates	0.00% 0	22.22% 2	55.56% 5	22.22% 2	9
Falls Injury Rates	0.00% 0	22.22% 2	44.44% 4	33.33% 3	9
Physical Inactivity Rates	0.00% 0	33.33% 3	44.44% 4	22.22% 2	9
Poverty Rates	0.00% 0	44.44% 4	33.33% 3	22.22% 2	9
Drunk Driving Rates	0.00% 0	55.56% 5	33.33% 3	11.11% 1	9

Dental Disease Rates	0.00% 0	44.44% 4	22.22% 2	33.33% 3	9
Heart Disease Rates	0.00% 0	55.56% 5	22.22% 2	22.22% 2	9
Cancer Rates	0.00% 0	44.44% 4	22.22% 2	33.33% 3	9
Child Abuse Rates	0.00% 0	55.56% 5	22.22% 2	22.22% 2	9
Malnutrition Rates	22.22% 2	33.33% 3	11.11% 1	33.33% 3	9
Property Crime Rates	11.11% 1	66.67% 6	11.11% 1	11.11% 1	9
High School Drop-out Rates	0.00% 0	77.78% 7	11.11% 1	11.11% 1	9
Community Engagement Rates (How involved Sumter County residents are in their own governance, policy planning, and health promotion)	11.11% 1	55.56% 5	11.11% 1	22.22% 2	9
Infant Mortality Rates	33.33% 3	11.11% 1	11.11% 1	44.44% 4	9
Suicide Rates	0.00% 0	55.56% 5	11.11% 1	33.33% 3	9
Drowning Rates	22.22% 2	33.33% 3	0.00% 0	44.44% 4	9
Breastfeeding Rates	11.11% 1	33.33% 3	0.00% 0	55.56% 5	9
Violent Crime Rates	11.11% 1	88.89% 8	0.00% 0	0.00% 0	9
Teen Pregnancy Rates	0.00% 0	77.78% 7	0.00% 0	22.22% 2	9
Motor vehicle crash injury and death rates	0.00% 0	88.89% 8	0.00% 0	11.11% 1	9
Infectious Disease Rates	11.11% 1	77.78% 7	0.00% 0	11.11% 1	9

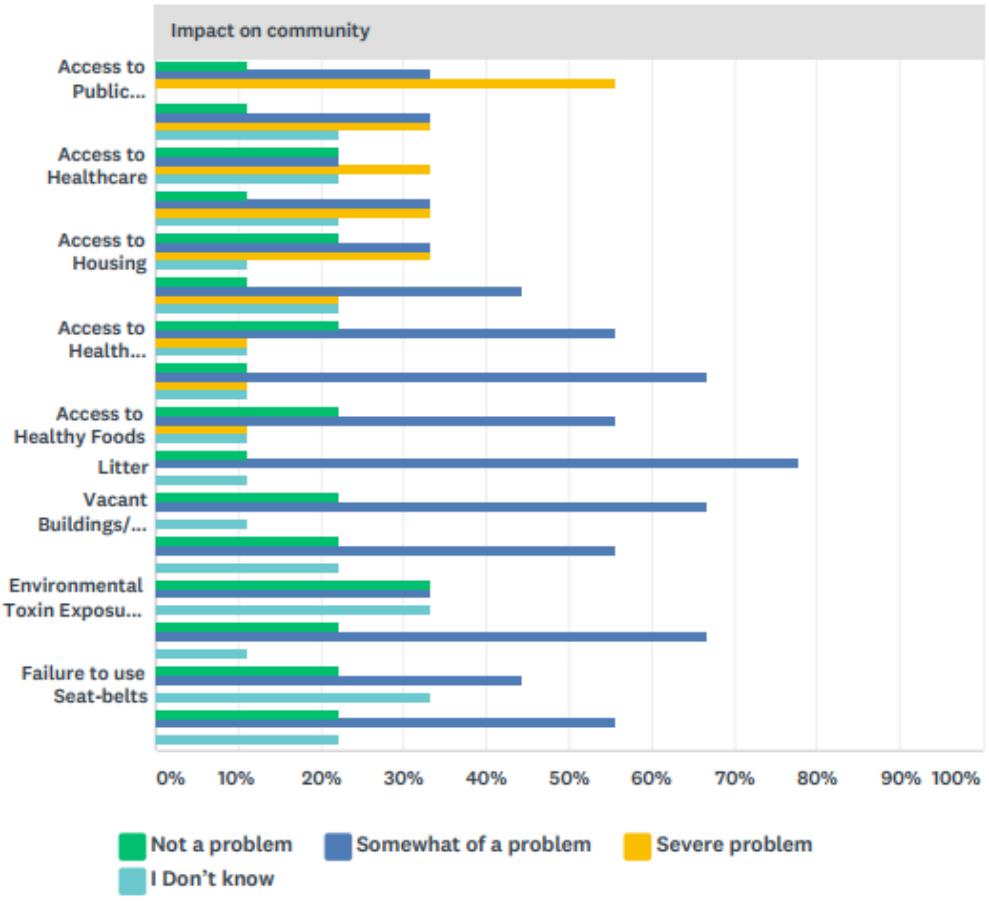
Relevance to your agency:

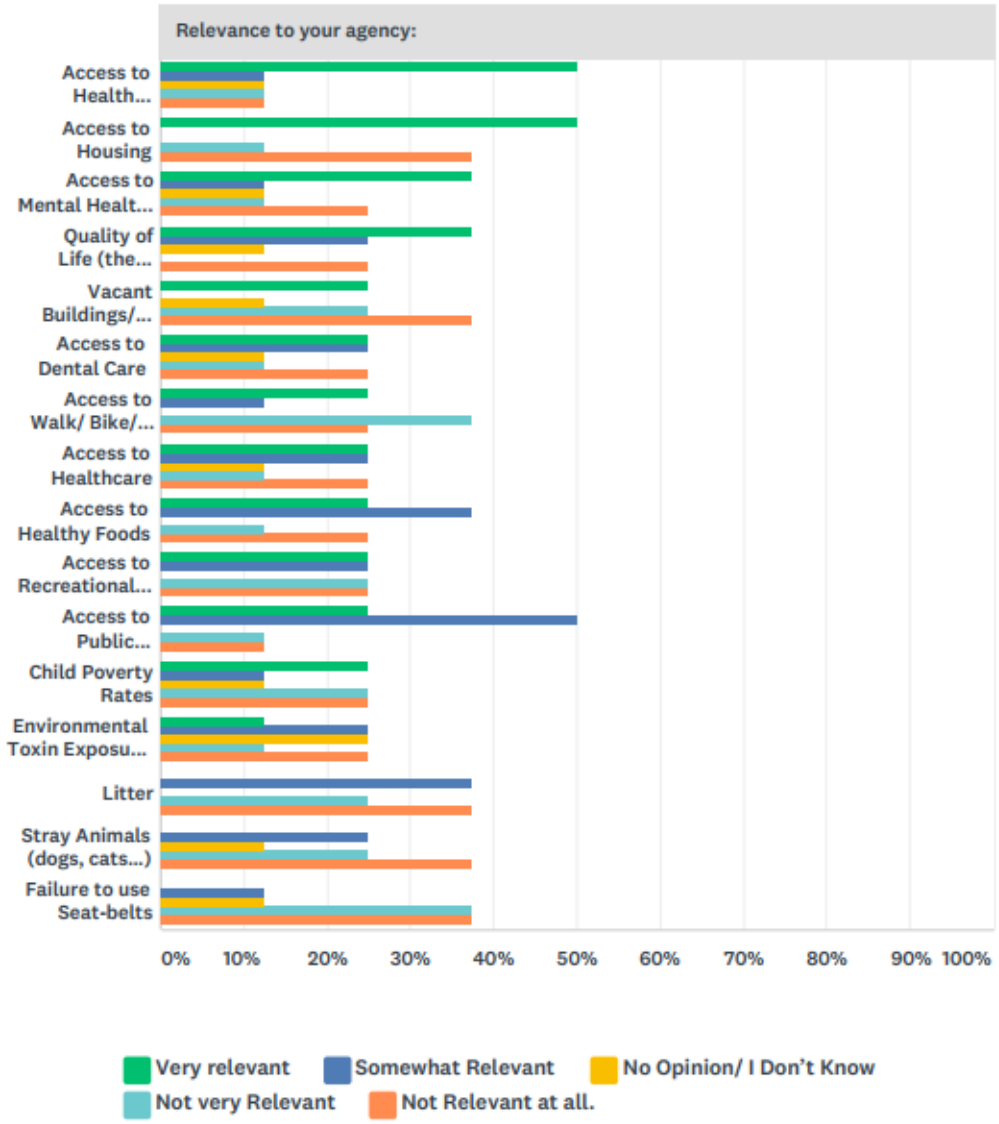
	VERY RELEVANT	SOMEWHAT RELEVANT	NO OPINION/ I DON'T KNOW	NOT VERY RELEVANT	NOT RELEVANT AT ALL.	TOTAL
Drug & Alcohol Addiction Rates	62.50% 5	12.50% 1	12.50% 1	12.50% 1	0.00% 0	8
Poverty Rates	50.00% 4	25.00% 2	12.50% 1	0.00% 0	12.50% 1	8
Diabetes Rates	50.00% 4	12.50% 1	12.50% 1	0.00% 0	25.00% 2	8
Falls Injury Rates	37.50% 3	25.00% 2	0.00% 0	12.50% 1	25.00% 2	8
Rates of Tobacco Use	37.50% 3	50.00% 4	0.00% 0	12.50% 1	0.00% 0	8
Community Engagement Rates (How involved Sumter County residents are in their own governance, policy planning, and health promotion)	37.50% 3	25.00% 2	12.50% 1	12.50% 1	12.50% 1	8

Physical Inactivity Rates	37.50% 3	25.00% 2	12.50% 1	12.50% 1	12.50% 1	8
Infectious Disease Rates	37.50% 3	25.00% 2	12.50% 1	25.00% 2	0.00% 0	8
Malnutrition Rates	25.00% 2	25.00% 2	0.00% 0	37.50% 3	12.50% 1	8
Property Crime Rates	25.00% 2	25.00% 2	0.00% 0	37.50% 3	12.50% 1	8
Violent Crime Rates	25.00% 2	25.00% 2	0.00% 0	37.50% 3	12.50% 1	8
High School Drop-out Rates	25.00% 2	25.00% 2	25.00% 2	12.50% 1	12.50% 1	8
Dental Disease Rates	25.00% 2	37.50% 3	12.50% 1	0.00% 0	25.00% 2	8
Heart Disease Rates	25.00% 2	37.50% 3	12.50% 1	12.50% 1	12.50% 1	8
Cancer Rates	25.00% 2	25.00% 2	12.50% 1	12.50% 1	25.00% 2	8
Child Abuse Rates	25.00% 2	37.50% 3	12.50% 1	12.50% 1	12.50% 1	8
Drunk Driving Rates	25.00% 2	50.00% 4	0.00% 0	12.50% 1	12.50% 1	8
Suicide Rates	25.00% 2	37.50% 3	12.50% 1	12.50% 1	12.50% 1	8
Breastfeeding Rates	12.50% 1	25.00% 2	0.00% 0	12.50% 1	50.00% 4	8
Motor vehicle crash injury and death rates	12.50% 1	50.00% 4	0.00% 0	25.00% 2	12.50% 1	8
Drowning Rates	0.00% 0	37.50% 3	12.50% 1	25.00% 2	25.00% 2	8
Infant Mortality Rates	0.00% 0	37.50% 3	25.00% 2	25.00% 2	12.50% 1	8
Teen Pregnancy Rates	0.00% 0	50.00% 4	12.50% 1	37.50% 3	0.00% 0	8

Q7 Please categorize the following environmental health issues by your perceived severity, relevance to you and/or your agency, magnitude of impact on the county:

Answered: 9 Skipped: 0





Impact on community	NOT A PROBLEM	SOMEWHAT OF A PROBLEM	SEVERE PROBLEM	I DON'T KNOW	TOTAL
Access to Public Transportation	11.11% 1	33.33% 3	55.56% 5	0.00% 0	9
Access to Dental Care	11.11% 1	33.33% 3	33.33% 3	22.22% 2	9
Access to Healthcare	22.22% 2	22.22% 2	33.33% 3	22.22% 2	9
Child Poverty Rates	11.11% 1	33.33% 3	33.33% 3	22.22% 2	9
Access to Housing	22.22% 2	33.33% 3	33.33% 3	11.11% 1	9
Access to Mental Health services	11.11% 1	44.44% 4	22.22% 2	22.22% 2	9
Access to Health Education Resources	22.22% 2	55.56% 5	11.11% 1	11.11% 1	9

Access to Walk/ Bike/ Alternative transportation trails and paths	11.11% 1	66.67% 6	11.11% 1	11.11% 1	9
Access to Healthy Foods	22.22% 2	55.56% 5	11.11% 1	11.11% 1	9
Litter	11.11% 1	77.78% 7	0.00% 0	11.11% 1	9
Vacant Buildings/ Abandoned Automobiles	22.22% 2	66.67% 6	0.00% 0	11.11% 1	9
Stray Animals (dogs, cats…)	22.22% 2	55.56% 5	0.00% 0	22.22% 2	9
Environmental Toxin Exposure (Lead, arsenic, mercury…)	33.33% 3	33.33% 3	0.00% 0	33.33% 3	9
Access to Recreational Facilities/Opportunities	22.22% 2	66.67% 6	0.00% 0	11.11% 1	9
Failure to use Seat-belts	22.22% 2	44.44% 4	0.00% 0	33.33% 3	9
Quality of Life (the standard of health, comfort, and happiness experienced by an individual or group)	22.22% 2	55.56% 5	0.00% 0	22.22% 2	9

Relevance to your agency:	VERY RELEVANT	SOMEWHAT RELEVANT	NO OPINION/ I DON'T KNOW	NOT VERY RELEVANT	NOT RELEVANT AT ALL.	TOTAL
Access to Health Education Resources	50.00% 4	12.50% 1	12.50% 1	12.50% 1	12.50% 1	8
Access to Housing	50.00% 4	0.00% 0	0.00% 0	12.50% 1	37.50% 3	8
Access to Mental Health services	37.50% 3	12.50% 1	12.50% 1	12.50% 1	25.00% 2	8
Quality of Life (the standard of health, comfort, and happiness experienced by an individual or group)	37.50% 3	25.00% 2	12.50% 1	0.00% 0	25.00% 2	8
Vacant Buildings/ Abandoned Automobiles	25.00% 2	0.00% 0	12.50% 1	25.00% 2	37.50% 3	8
Access to Dental Care	25.00% 2	25.00% 2	12.50% 1	12.50% 1	25.00% 2	8
Access to Walk/ Bike/ Alternative transportation trails and paths	25.00% 2	12.50% 1	0.00% 0	37.50% 3	25.00% 2	8
Access to Healthcare	25.00% 2	25.00% 2	12.50% 1	12.50% 1	25.00% 2	8
Access to Healthy Foods	25.00% 2	37.50% 3	0.00% 0	12.50% 1	25.00% 2	8
Access to Recreational Facilities/Opportunities	25.00% 2	25.00% 2	0.00% 0	25.00% 2	25.00% 2	8
Access to Public Transportation	25.00% 2	50.00% 4	0.00% 0	12.50% 1	12.50% 1	8
Child Poverty Rates	25.00% 2	12.50% 1	12.50% 1	25.00% 2	25.00% 2	8
Environmental Toxin Exposure (Lead, arsenic, mercury…)	12.50% 1	25.00% 2	25.00% 2	12.50% 1	25.00% 2	8
Litter	0.00% 0	37.50% 3	0.00% 0	25.00% 2	37.50% 3	8
Stray Animals (dogs, cats…)	0.00% 0	25.00% 2	12.50% 1	25.00% 2	37.50% 3	8
Failure to use Seat-belts	0.00% 0	12.50% 1	12.50% 1	37.50% 3	37.50% 3	8

Q8 Please check all areas for which you would like to receive or review data for Sumter County. (Check all that apply):

ANSWER CHOICES	RESPONSES	
Community engagement rates (How involved Sumter County residents are in their own governance, policy planning, and health promotion)	66.67%	6
High school graduation rates	55.56%	5
Access to public transportation	55.56%	5
Poverty rates	44.44%	4
Drunk driving rates	44.44%	4
Drug & alcohol addiction rates	44.44%	4
Quality of life	44.44%	4
Malnutrition rates	33.33%	3
Rates of tobacco use	33.33%	3
Violent crime rates	33.33%	3
Diabetes rates	33.33%	3
Child abuse rates	33.33%	3
Physical activity rates	33.33%	3
Infectious disease rates	33.33%	3
Suicide rates	33.33%	3
Environmental toxin exposure (Lead, arsenic, mercury…)	33.33%	3
Access to health education resources	33.33%	3
Access to dental care	33.33%	3
Access to walk/ Bike/ alternative transportation trails and paths	33.33%	3
Access to mental health services	33.33%	3
Access to healthcare	33.33%	3
Access to healthy foods	33.33%	3
Access to recreational facilities/opportunities	33.33%	3
Falls injury rates	22.22%	2
Breastfeeding rates	22.22%	2
Property crime rates	22.22%	2
Infant mortality rates	22.22%	2
Dental disease rates	22.22%	2
Heart disease rates	22.22%	2
Cancer rates	22.22%	2

Motor vehicle crash injury and death rates	22.22%	2
Vacant buildings/ Abandoned automobiles	22.22%	2
Sanitation	22.22%	2
Child poverty rates	22.22%	2
Teen pregnancy rates	11.11%	1
Litter	11.11%	1
Stray animals (dogs, cats…)	11.11%	1
Access to housing	11.11%	1
Drowning rates	0.00%	0
Seat-belt usage rates	0.00%	0
Total Respondents: 9		

Q9 If yes, which strategies do you find effective in promoting your products, services and events (check all that apply)

ANSWER CHOICES	RESPONSES	
Newspaper ads/ articles	66.67%	6
Organization website	55.56%	5
Flyers	55.56%	5
Health fairs	55.56%	5
Community presentations	55.56%	5
Social media account- Facebook/ twitter	44.44%	4
Newsletters	44.44%	4
Direct email	44.44%	4
Public meetings/ town hall meetings	44.44%	4
Magazine ads/ articles	22.22%	2
Radio ads	22.22%	2
Television ads	22.22%	2
Billboards	22.22%	2
Direct phone calls	22.22%	2
Annual reports	22.22%	2
Internet ads	11.11%	1
Other (please specify)	11.11%	1
WE DO NOT PROMOTE	0.00%	0
Any other	0.00%	0
Total Respondents: 9		

Appendix J: Local Public Health System Assessment Results

Overall Performance, Priority, and Contribution Scores by Essential Public Health Service and

Model Standards by Essential Services	Performance Scores
ES 1: Monitor Health Status	**94.4**
1.1 Community Health Assessment	91.7
1.2 Current Technology	91.7
1.3 Registries	100.0
ES 2: Diagnose and Investigate	**84.0**
2.1 Identification/Surveillance	75.0
2.2 Emergency Response	83.3
2.3 Laboratories	93.8
ES 3: Educate/Empower	**55.6**
3.1 Health Education/Promotion	66.7
3.2 Health Communication	41.7
3.3 Risk Communication	58.3
ES 4: Mobilize Partnerships	**58.3**
4.1 Constituency Development	50.0
4.2 Community Partnerships	66.7
ES 5: Develop Policies/Plans	**66.7**
5.1 Governmental Presence	91.7
5.2 Policy Development	25.0
5.3 CHIP/Strategic Planning	83.3
5.4 Emergency Plan	66.7
ES 6: Enforce Laws	**61.3**
6.1 Review Laws	68.8
6.2 Improve Laws	25.0
6.3 Enforce Laws	90.0
ES 7: Link to Health Services	**50.0**
7.1 Personal Health Service Needs	43.8
7.2 Assure Linkage	56.3
ES 8: Assure Workforce	**50.4**
8.1 Workforce Assessment	0.0
8.2 Workforce Standards	66.7
8.3 Continuing Education	85.0
8.4 Leadership Development	50.0
ES 9: Evaluate Services	**51.3**
9.1 Evaluation of Population Health	68.8
9.2 Evaluation of Personal Health	35.0
9.3 Evaluation of LPHS	50.0
ES 10: Research/Innovations	**42.4**
10.1 Foster Innovation	43.8
10.2 Academic Linkages	58.3
10.3 Research Capacity	25.0
Average Overall Score	**61.4**
Median Score	**56.9**

Corresponding Model Standard

Local Public Health Assessment Tool available from www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/local-assessment-and-governance-tools.

Appendix K: Forces of Change Assessment

Forces of Change for Sumter County *(Prepared by DOH-Sumter – May 2018)*			
	Forces	**Threats Posed**	**Opportunities Created**
Public Safety	Natural disasters • Hurricane • Flooding • Storm preparation		
	Driver safety • Texting and driving • Teen drivers		
	Car seat safety • Lack of use • Misuse		• Education for residents • Certified car seat technician • Police enforcement for car seat /seat belt checks • More care seat check events and locations • Opportunity to partner with daycares
	School safety		
Health Behaviors	Flu epidemic		
	Opioid Crisis	• Increase in infectious disease rates • Cost of treatment is too high for families to afford	• Promote alternative fun activity • Promote parent involvement
	Falls hospital visits and injury data trends	• Current programs currently focus on elderly adults. No programs for younger population. • Minimal funding for program maintenance • Lack of awareness of programs in the community	• Make facilities better • Programs for low income seniors who cannot afford • Education and awareness • Safety and prevention education • Education on the risk pets pose in regards to trip hazards

Health Behaviors	Breastfeeding rate trends		• Working with hospitals • Better education and support groups • More programs for breastfeeding
Resources and Assets	Increase in telemedical/virtual healthcare		
	Lack of dental services		
	Access to food • Affordable food • Nutritional food	• Only certain times and locations SNAPs can be used	• Raise awareness about existing programs
	Public transportation	• Lack of public transportation • Wait time and cost are a barrier to use • Currently has limited schedule so it is not useful for those needing it for work	• Opportunity to have bid for more public transportation
	Lack of mental health services • Opening or closing of facilities	• If facility were to close there would be an increase in: ○ Children in foster care ○ Homelessness ○ Violent crimes ○ Suicides	• If a new facility opened ○ Increase in access ○ Reduction in waitlist • Awareness and education • Promote trauma focused therapy
	Lack of garbage/recycling disposal facilities • Affordable services • Inconvenient locations		• Make the recycling process easier (villages has one) • Provide more locations for public recycling bins • Educating residents on advantages of recycling (reduce trash disposal costs)

Image K1: Impact Scores

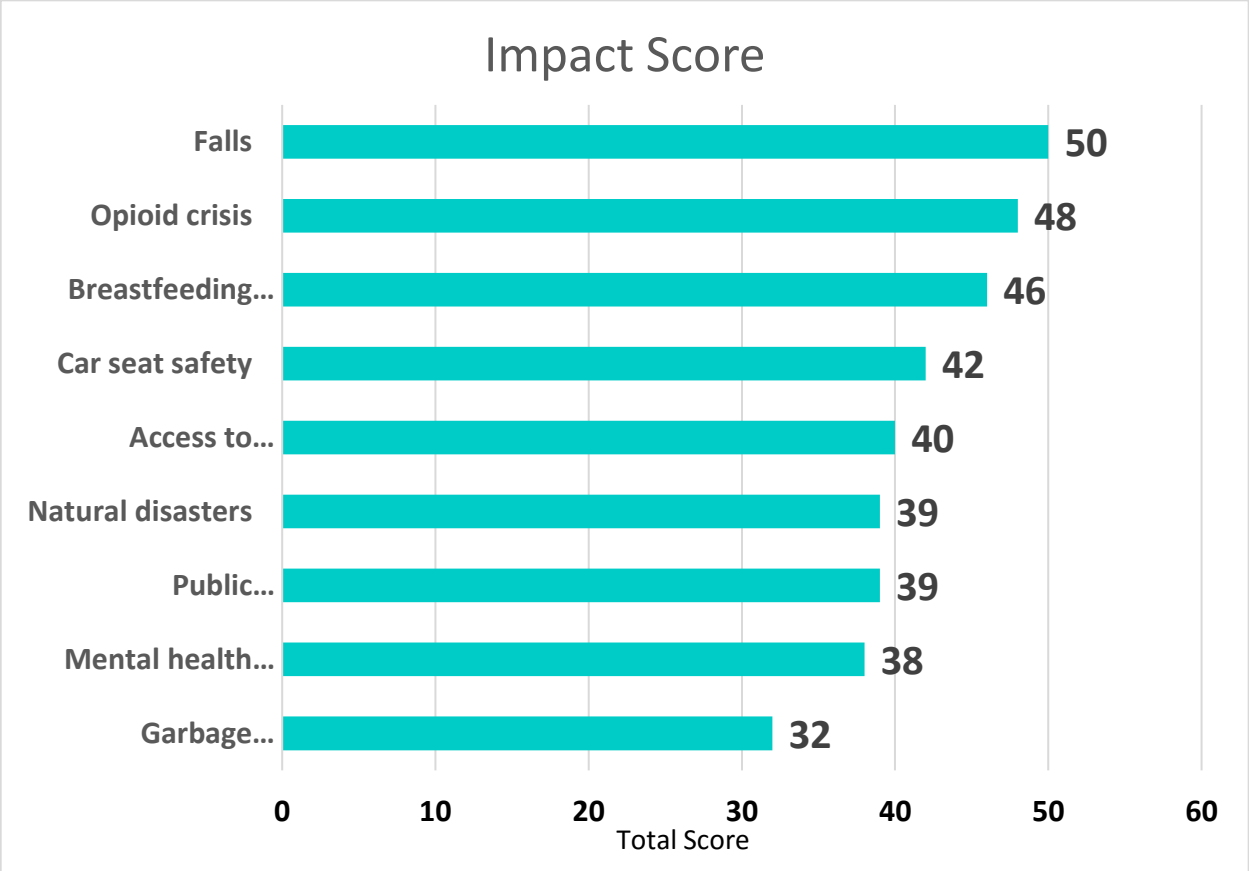


Image K2: Feasibility Score

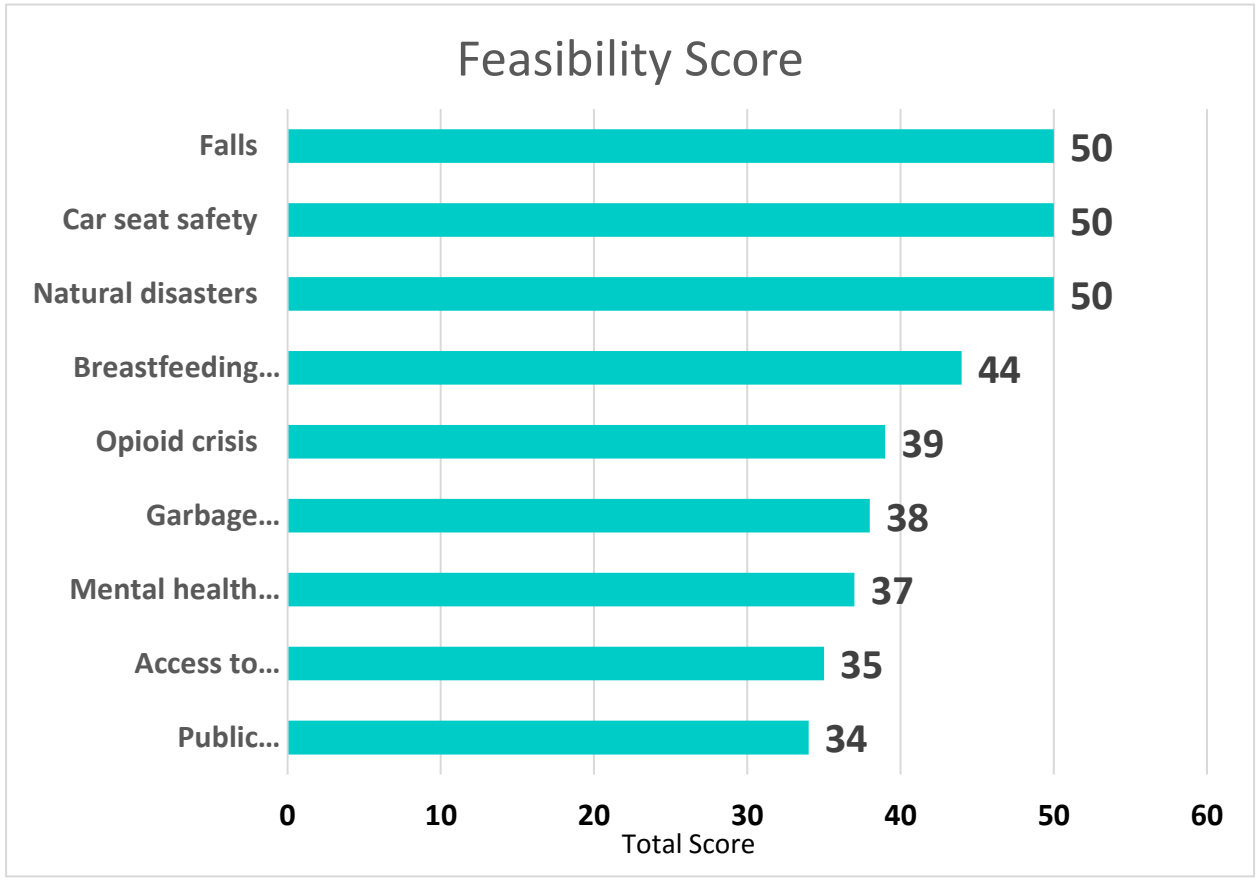
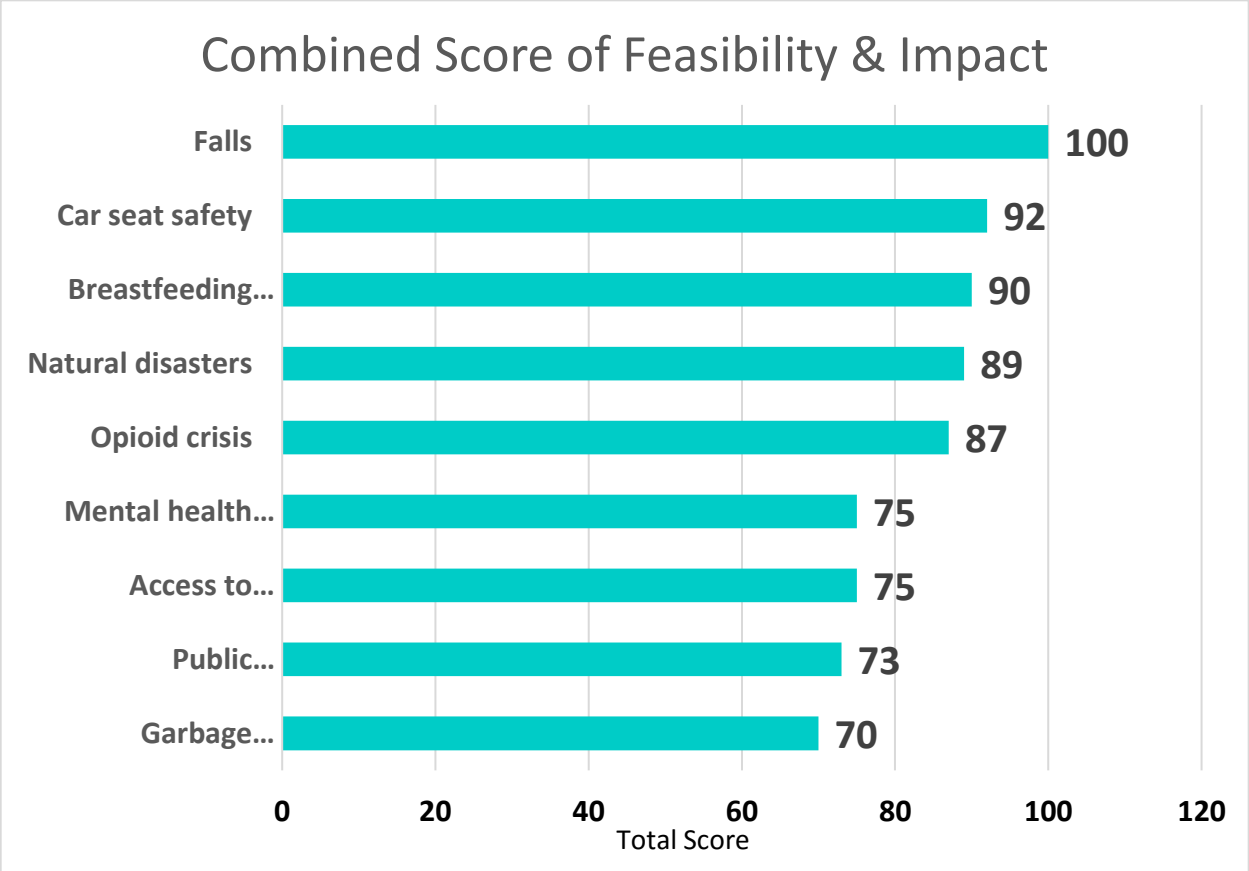


Image K3: Impact and Feasibility Scores



Appendix L: 2018 Steering Committee Meeting Sign-in Sheet

Florida Department of Health in Sumter County
Steering Committee Meeting
Bushnell, Florida
April 24, 2018 10:00am-12:00pm

Sign-in Sheet

Name	Organization	Email	Cell Phone Number (Phone Currently With You)	Initial
Joelle Aboytes	FL Dept. of Children & Families			
Brittany Becht	DOH- Sumter			
Christine Burk	Sumter District Schools			
Leah Caldi-Rayno	DOH-Sumter			
Tim Camp	LifeStream			
David Casto	Sumter County Emergency Management			
Daniel Chacreton	DOH-Sumter			
Jessica Cole	Kids Central, Inc.			
William Cousins	Community Member			
Charese Gage	The Hobby Horse Day Care & Preschool			
Eileen Goodson	Sumter District Schools			
Palak Gupta	DOH-Sumter			

Florida Department of Health in Sumter County
Steering Committee Meeting
April 24, 2018 10:00am-12:00pm

Name	Organization	Email	Cell Phone Number (Phone Currently With You)	Initial
Karl Holley	Sumter County BOCC			
Jamie House	Osprey Point Nursing Center			
Darla Huddleston	E3 Family Solutions, Inc.			
Keith Hunter	DOH-Sumter			
Chris Leibner	Lake Sumter State College			
Sue Littnan	Early Learning Coalition			
James Kim	DOH-Sumter			
Theresa Madison	DOH-Sumter			
Kelly Marcoux	City of Bushnell			
John Maze	Central Florida Health (TVRH)			
Jennifer McNulty	United Way of Lake and Sumter Counties			
Erin Munz	Teen Court			
Danica Poorbaugh	WIC			

Florida Department of Health in Sumter County
Steering Committee Meeting
April 24, 2018 10:00am-12:00pm

Name	Organization	Email	Cell Phone Number (Phone Currently With You)	Initial
Sharon Reid	DOH-Sumter			SRR
Hoyt Ross	Promise Hospital of Florida at The Villages			HR
Alyssa Smith	DOH-Sumter			
Melissa Tuck	City of Wildwood			
Robbin Washburn	DOH-Sumter			RW
Eric Witzgall	DOH-Sumter			EW
Sandra Woodard	Early Learning Coalition			SW
Dr. Sanford Zelnick	DOH-Sumter			
Minerva Hargabrook	LSSC			
Amber Tucker	Mid Florida Homeless Coalition			AT
Willette Carolyn	Evergreen Villages, Rotary			

Florida Department of Health in Sumter County
Steering Committee Meeting
April 24, 2018 10:00am-12:00pm

Name	Organization	Email	Cell Phone Number (Phone Currently With You)	Initial
Paul Chilton	MRC			PC
Christina Dixon	City of Bushnell			CD
Mildred Milligan	PCCO			MM
Rebecca Brett	LHS			RB
Olivia Rodriguez	Langley Health Serv.			OR
Ellen Rogers	CERT of the Villages			ER
Rozanne Grady	Sumter CAP			RG
Rebecca Hallman	Langley			RH
Daniel Richwine	First Assembly of God			DR

Appendix M: 2018 Steering Committee Meeting Minutes

Florida Department of Health in Sumter County
Steering Committee Meeting
FDOH- Sumter BU Conference Room
Tuesday April 24, 2018
10am-12pm

Minutes

Topic	Minutes
Topic 1: Welcome & Introductions	
Topic 2: MAPP Overview • What is MAPP? • Why use MAPP? • Projected Outcomes	
Topic 3: Visioning • Vision Brainstorming • Values Brainstorming • Shared Vision	• See Vision and Values Excel file

Topic 4: Community Health Assessment Review (Strengths & Opportunities)
• Demographics
• Public Safety
  ○ Windshield Survey
  ○ Golf Cart Survey
  ○ Walkability Survey
  ○ Bus Stop Survey
• Assets and Resources
  ○ Sumter Through Your Lens (STYL)
• Health Conditions and Health Behaviors
  ○ CHANGE Survey
  ○ Focus Groups
• Secondary Data Review
	• Darla Huddleston – most of these teen pregnancies are in 18-19 year old's which is a difficult group to reach. She does a program in the schools, but that does not reach that age group.
	• Sue Littnan- car seat misuse around 96% in Sumter County
	• Christina Dixon- Is there a way to get some of the data points more specific (i.e. By zipcode, city etc.)
	  ○ She will send an email with what specific information she would be interested in

Topic 5: Forces of Change Assessment
• What are Forces of Change?
• Brainstorming
• Assessment
	• See Forces of Change excel file
	• Car seat safety
	  ○ Sue Littnan- the community needs additional training about car seats and child safety in a car. Hospitals, Doctors, schools, workplace, etc.
	• Substance Abuse
	  ○ We need additional Rehab centers and programs for the community. Room for improvement. We need to get parent involvement, support and focus groups.
	  ○ Paul Chirlin- Sumter county needs more ways for children and families to have fun. Parks, ball fields, outdoor events.
	• Grants
	  ○ Amber Tucker- We need community involvement and Grants for Mid Florida Homeless Coalition.
	  ○ Sumter County Need's Grants for transportation, our population is growing faster than our transportation needs.
	  ○ Grant funding is limited due to the higher incomes on the North end of the county. There should be a way to get around this for our poorer communities to get the additional grants they need.
	• Access
	  ○ Rebecca Hallman- We need to increase healthcare for all residents.
	• Falls
	  ○ Darla Huddleston- Dog handling safety for seniors to prevent falls.
	  ○ Daniel Richwine- The Church has painted areas with bright paint to lower the number of trips and falls.
	• Breastfeeding
	  ○ Paul Chirlin- Public Health Department needs to get involved in promoting Breast feeding programs. We need to get hospitals on board. Plenty of room for improvement.
	• Paul Chirlin- Sumter county needs more ways for children and families to have fun. Parks, ball fields, outdoor events.

Topic 6: Summary & Closing Statements	

Appendix N: 2018 Best Practice Recommendations

Issue	Practice or Intervention	Effectiveness	Source
Maternal and Child Health			
Breastfeeding	State Health Departments provide community-based breastfeeding support	Evidence-based	Centers for Disease Control and Prevention https://www.cdc.gov/nccdphp/dnpao/state-local-programs/pdf/nceh_fs_breastfeeding.pdf
Breastfeeding	Support breastfeeding in the workplace	Evidence-based	Centers for Disease Control and Prevention https://www.cdc.gov/obesity/downloads/CDC_BFWorkplaceSupport.pdf
Child Safety	Child safety seats: community-wide information and enhanced enforcement campaigns	Evidence-based (Recommended)	The Community Guide https://www.thecommunityguide.org/findings/motor-vehicle-injury-child-safety-seats-community-wide-information-and-enhanced-enforcement
Adolescent Health	Person-to-person interventions to improve caregivers' parenting skills	Evidence-based (Recommended)	The Community Guide https://www.thecommunityguide.org/findings/adolescent-health-person-person-interventions-improve-caregivers-parenting-skills
Teen Pregnancy	HIV/AIDS, other STIs, and teen pregnancy: group-based comprehensive risk reduction interventions for adolescents	Evidence-based (Recommended)	The Community Guide https://www.thecommunityguide.org/findings/hivaids-other-stis-and-teen-pregnancy-group-based-comprehensive-risk-reduction-interventions
Violence	Violence prevention: school-based programs	Evidence-based (Recommended)	The Community Guide https://www.thecommunityguide.org/findings/violence-school-based-programs
Chronic Diseases			

Nutrition	Improving retail access for fruits and vegetables	Evidence-based	Centers for Disease Control and Prevention https://www.cdc.gov/obesity/downloads/ImprovingRetailAccess.pdf
Physical Activity	Community-wide campaigns	Evidence-based (Recommended)	The Community Guide https://www.thecommunityguide.org/findings/physical-activity-community-wide-campaigns
Falls Injuries	Matter of Balance	Evidence-based	National Council on Aging https://www.ncoa.org/healthy-aging/falls-prevention/falls-prevention-programs-for-older-adults/
Obesity	Worksite programs	Evidence-based (Recommended)	The Community Guide https://www.thecommunityguide.org/findings/obesity-worksite-programs
Nutrition	Meal and fruit and vegetable snack interventions to increase healthier foods and beverages provided by schools	Evidence-based (Recommended)	The Community Guide https://www.thecommunityguide.org/findings/obesity-meal-fruit-vegetable-snack-interventions-increase-healthier-foods-beverages-schools
Physical Activity	Create or enhance access to places for physical activity with focus on walking combined with informational outreach	Evidence-based	Centers for Disease Control and Prevention https://www.cdc.gov/nccdphp/dnpao/state-local-programs/physicalactivity.html
Physical Activity	Implement physical activity in Early Care and Education (ECE)	Evidence-based	Centers for Disease Control and Prevention https://www.cdc.gov/nccdphp/dnpao/state-local-programs/physicalactivity.html
Chronic Diseases	Text messaging interventions for medication adherence among patients with chronic disease	Evidence-based (Recommended)	The Community Guide https://www.thecommunityguide.org/findings/health-information-technology-text-messaging-medication-adherence-chronic-disease
Cancer	Skin cancer:	Evidence-based	The Community Guide

	multicomponent community-wide interventions	(Recommended)	https://www.thecommunityguide.org/findings/skin-cancer-multicomponent-community-wide-interventions
Cancer	Skin cancer: interventions in outdoor recreational and tourism settings	Evidence-based (Recommended)	The Community Guide https://www.thecommunityguide.org/findings/skin-cancer-interventions-outdoor-recreational-and-tourism-settings
Diabetes	Diabetes prevention: interventions engaging community health workers	Evidence-based (Recommended)	The Community Guide https://www.thecommunityguide.org/findings/diabetes-prevention-interventions-engaging-community-health-workers
Cardiovascular Disease	Cardiovascular disease: interventions engaging community health workers	Evidence-based (Recommended)	The Community Guide https://www.thecommunityguide.org/findings/cardiovascular-disease-prevention-and-control-interventions-engaging-community-health
Tobacco	Tobacco use and secondhand smoke exposure: comprehensive tobacco control programs	Evidence-based (Recommended)	The Community Guide https://www.thecommunityguide.org/findings/tobacco-use-and-secondhand-smoke-exposure-comprehensive-tobacco-control-programs
Mental Health	Mental health first aid	Evidence-based	SAMHSA's National Registry of Evidence-based Programs and Practices https://nrepp.samhsa.gov/Legacy/ViewIntervention.aspx?id=321
Community Engagement			
Community Engagement	Health communication and social marketing: campaigns that include mass media and health-related product distribution	Evidence-based (Recommended)	The Community Guide https://www.thecommunityguide.org/findings/health-communication-and-social-marketing-campaigns-include-mass-media-and-health-related

Key Resources

Center for Disease Control and Prevention Community Health Improvement Navigator

http://wwwn.cdc.gov/chidatabase

County Health Rankings Policy Database - University of Wisconsin Population Health Institute and Robert Wood Johnson Foundation

http://www.countyhealthrankings.org/policies/

The Community Guide - U.S Department of Health and Human Services, Community Prevention Services Task Force

http://www.thecommunityguide.org/index.html

Healthy People 2020 Evidence-Based Resources - U.S. Department of Health and Human Services

http://www.healthypeople.gov/2020/tools-resources/Evidence-Based-Resources

Community Tool Box - The University of Kansas KU Work Group for Community Health and Development

http://ctb.ku.edu/en/databases-best-practices

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Sumter County Community Health Assessment 2018

May | 2018