

REPORT OF FINDINGS 2011



Mobilizing for Action through Planning & Partnerships
(MAPP)

Polk County, Florida
Released December 2011



MAPP

MOBILIZING FOR ACTION THROUGH
PLANNING AND PARTNERSHIPS (MAPP)



www.MyPolkHealth.org

You are encouraged to review this report online. There are hyperlinks in the report to access more information. Once on the My Polk Health website, select **Data/ Reports** from the menu at the top of the page. Then select **Polk MAPP Reports**. The title of this report is “**2011 Report of Findings**”.

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Mobilizing for Action Through Planning and Partnerships

MAPP is a community-wide strategic planning tool or process for improving community health. This process includes four community health assessments and a summary report used to help communities prioritize public health issues, identify resources for addressing them, and take action.

MAPP was developed by the National Association of County and City Health Officials (NACCHO) in cooperation with the Centers for Disease Control and Prevention (CDC).

MAPP is a very data and information driven process that consists of the following four assessments:

1. **Forces of Change (FC)** - this assessment asks “What is occurring or might occur that affects the health of our community or the local health system?” and “What specific threats or opportunities are generated by these occurrences?”
2. **Community Themes and Strengths (CT&S)** - this assessment asks “What is important to our community? How is quality of life perceived in our community?” and “What assets do we have that can be used to improve community health?”
3. **Local Public Health System Assessment (LPHSA)** - this assessment asks “What is our health system’s capacity to provide the 10 essential public health services?” and “How well are we performing each of the essential services?”
4. **Community Health Status (CHS)** - this assessment asks “How healthy are our residents?” and “What does the health status of our community look like?”

[Polk MAPP Reports](#)

Benefits of MAPP:

- Results in a healthier community and a better quality of life.
- Helps communities (local health systems) better anticipate and manage change
Creates a stronger health system infrastructure in the community that leads to better coordination of services and resources.
- Builds leadership
- Can produce innovative, effective, and sustainable solutions to complex community problems.

The MAPP process should be completed every 3-5 years. The Polk County Health Department completed the second round of assessments in 2011.

Three years ago, the MAPP assessments were used to create a Community Health Improvement Plan (CHIP). The CHIP is a community-wide strategic plan to improve the health and quality of life of the people who live in a community (e.g. Polk County).

[2008 Community Health Improvement Plan](#)

SUMMARY OF FINDINGS

The Community Health Status committee reviewed the key findings of all four of the MAPP assessments and created a matrix of challenges and opportunities for improvement.

To review more details see the 2011 MAPP Assessments Results Matrix in Appendix 1.

The MAPP assessments identified the following **key themes** impacting quality of life in Polk County:

- Access to Care
- Assessment/Quality Assurance/Evaluation
- Communications/Health Education
- Diseases and Risk Factors
- Jobs/Economy
- Linkages/Coordination of Services
- Resources

Our community needs to prioritize these key themes.

In **Table 1** the references in parentheses () note the individual report where the data is located. The abbreviations for the four reports are:

1. **F**orces of **C**hange (**FC**)
2. **C**ommunity **T**hemes and **S**trengths (**CT&S**)
3. **L**ocal **P**ublic **H**ealth **S**ystem **A**ssessment (**LPHSA**)
4. **C**ommunity **H**ealth **S**tatus (**CHS**)

Refer to the reports (FC, CT&S, etc.) for more information.
[Polk MAPP Reports](#)

TABLE 1 2011 Key Themes Impacting Quality of Life in Polk County

Access To Care	
Challenges	Opportunities
<ul style="list-style-type: none"> • Community surveys reveal that residents of Polk County think the most important things that make a community healthy and improve the quality of life are: good jobs/healthy economy, <u>access to health services and access to health insurance</u> (CT&S p.6). • Residents felt they had access to the basic health care services needed however, almost a quarter felt they could not get the specialty health services they need. Some respondents also thought that there was a need for more free clinics (CT&S p.10, 12). • Residents felt that there was a need for organized and coordinated services i.e. one central source of information (CT&S p.11). 	<ul style="list-style-type: none"> ⇒ Expand the network of volunteer clinics. This was also seen as a promising practice for addressing future needs (FC p.2). ⇒ Host medical students and physicians training programs from area universities with the hope these future providers would stay in Polk County (FC p.2). ⇒ Fund promising practices and best practices to increase or remove barriers to access to health care (FC p.4).

Access To Care (Continued)	
Challenges	Opportunities
<ul style="list-style-type: none"> • Polk County’s ability to link people to needed health services and assure health care was identified as an area for improvement (LPHSA p. 14). • Coordinating health services was also identified as a weakness (LPHSA p.14). • Transportation was rated as a community weakness by residents (CT&S p.12 and FC p. 2). • The complexity of navigating health systems particularly for the uninsured and other vulnerable populations is a challenge. This will become more of a challenge as we provide health care for growing numbers of un and under-insured residents (FC p.2). • Access to care could be a reason for the disparities in health outcomes among minority populations (CHS p.17). 	<ul style="list-style-type: none"> ⇒ Develop linkages through Health Information Exchange and electronic medical records (FC p.4). ⇒ Utilize telemedicine projects for rural and underserved areas (FC p.4). ⇒ The Affordable Care Act provides funding opportunities (FC p.3).

Assessment/QA/Evaluation	
Challenges	Opportunities
<ul style="list-style-type: none"> • Although Polk County’s ability to conduct assessments was rated good; making improvements based on the assessments was identified as an area for improvement (LPHSA p.15). 	<ul style="list-style-type: none"> ⇒ Develop internal capacity for adopting best practices/promising practices/ evidenced based or accredited interventions to address issues. There are resources such as Healthy People 2020 and the Community Tool box for evidenced based programs and models (FC p.4). ⇒ Use the community assessments to establish benchmarks (FC p. 4). ⇒ Evaluate and publish progress/results.

Communications/Health Education	
Challenges	Opportunities
<ul style="list-style-type: none"> • Collaboration among community partners on health education and promotion activities are areas for improvement. Although risk communication was rated as optimal; communication planning for health education and promotion was rated as needing improvement. This rating was the same as the last LPHSA which indicates there is not a feeling of improvement (or progress) on this standard (LPHSA p. 12). • Residents rated health promotion as a need in the community (CT&S p. 12). • Community partnerships were noted as existing in Polk County but there's not a lot of coordination among the groups for planning and implementation (LPHSA p.15). This rating was the same as the last LPHSA which indicates there is not a feeling of progress on this standard. • Level of education and health outcomes are linked. Those with a lower level of health literacy need assistance in understanding health concepts (FC p. 3). 	<ul style="list-style-type: none"> ⇒ Develop linkages through Health Information Exchange and electronic medical records (FC p. 4). ⇒ Use best practices/promising practices/ evidenced based or accredited interventions to address issues. There are resources such as Healthy People 2020 and the Community Guide for evidenced based programs and models for: providers and patients; pre-school and school age children; women of childbearing age (FC p.4). ⇒ County planners have recognized the need for community design that promotes health (FC p.5)

Diseases and Risk Factors	
Challenges	Opportunities
<ul style="list-style-type: none"> • Obesity <ul style="list-style-type: none"> - Rate for adults and children is getting worse. Over 60% of adults in Polk County are overweight and obese (CHS p.12 & 14). - Survey responses from residents named obesity as a major health concern (CT&S p.7). - Obesity is a risk factor for many chronic diseases which were named as the second major health issue mentioned through community surveys (CT&S p. 7). - There is a disparity among minority populations (CHS p. 17-19). 	<ul style="list-style-type: none"> ⇒ Seek funding for strategies that focus on prevention as well as treatment of obesity (FC p.4). ⇒ County planners have recognized the need for community design that promotes health (FC p.5).

Diseases and Risk Factors (Continued)	
Challenges	Opportunities
<ul style="list-style-type: none"> • Chronic Diseases <ul style="list-style-type: none"> - While the diabetes death rate is improving, the diabetes hospitalization rate is getting worse and there is a disparity among the minority populations in terms of diagnoses and treatment (CHS p.14-19). - Survey responses from residents named chronic diseases, especially heart disease and diabetes, as another major health issue in Polk County (CT&S p.7). - Chronic Lower Respiratory Disease (CLRD) death rate has been consistently higher in the last 10 years than the state and the gap is widening. The white population has a higher death rate than black. - Asthma and CLRD hospitalization rates are getting worse. Adults and children diagnosed with asthma are in the lowest quartile compared to the state (CHS p.14-19). - Co-occurring chronic health conditions and substance abuse and mental health conditions were noted as health issues in Polk. Drug abuse (particularly prescription drugs) was noted (CT&S p.7). - Congestive heart failure, behavioral health and suicides (especially among the 19-21 year olds) are also issues of concern (CHS p. 12, 35). - The steady increase in the number of Polk County residents with chronic medical conditions, including obesity, is a threat to the health system (FC p.4). - Collaboration among community partners on health education and health promotion activities was noted as an area for improvement. 	<ul style="list-style-type: none"> ⇒ The Affordable Care Act provides funding opportunities (FC p.3). ⇒ Examine health education best practices and promising practices to address chronic diseases and risk factors (FC p.4). ⇒ Seek funding for integrated healthcare (medical and behavioral health) (FC p.2). ⇒ Provide wrap around services such as case management and social services (FC p.4). ⇒ Combine community efforts to address obesity for improved health outcomes (FC p.4). <div data-bbox="860 1522 1364 1711" style="border: 2px solid black; background-color: yellow; border-radius: 15px; padding: 10px; margin-top: 20px;"> <p>Our community does work together but more needs to be done to improve health outcomes.</p> </div>

Diseases and Risk Factors (Continued)

Challenges	Opportunities
<ul style="list-style-type: none"> - Although risk communication was rated as optimal among partners; health communication planning for health education and promotion was rated as needing improvement. This rating was the same as the last LPHSA which indicates there is not a feeling of improvement (or progress) on this standard (LPHSA p.12). - Residents rated health promotion as a community weakness (CT&S p. 11). • Health Disparities Death, hospitalization, diagnoses and infection rates show a disparity among races in Polk County. Injury and suicides show a disparity by age group (CHS p.7-19; p.25; p.8). • Risky Behaviors <ul style="list-style-type: none"> - Among specific age groups, especially school aged children. - Gang activity - Tobacco use (CT&S p.8 and CHS p.21 and 42) 	<p>(Opportunities for chronic diseases are listed on the previous page)</p> <div data-bbox="917 678 1328 894" style="border: 2px solid black; background-color: yellow; padding: 10px; border-radius: 15px; margin: 20px auto; width: fit-content;"> <p>Health disparities must be addressed in order to improve health outcomes in Polk County.</p> </div>

Jobs/Economy

Challenges	Opportunities
<ul style="list-style-type: none"> • Community surveys reveal that residents of Polk County think the most important things that make a community healthy and improve the quality of life are <u>good jobs/healthy economy</u>, access to health services and access to health insurance (CT&S p.6). • Residents felt that job opportunities were not good in Polk County (CT&S p. 11). • Having a job is directly tied to access to care and with Polk unemployment so high, many who had health insurance, may no longer be able to pay for it (FC p.2). 	<div data-bbox="824 1346 1320 1486" style="border: 2px solid black; background-color: yellow; padding: 10px; border-radius: 10px; margin: 20px auto; width: fit-content;"> <p>There were no suggested opportunities to address the challenges on the left.</p> </div> <div data-bbox="959 1604 1370 1797" style="border: 2px solid black; background-color: yellow; padding: 10px; border-radius: 15px; margin: 20px auto; width: fit-content;"> <p>Opportunities do exist to partner with groups outside the health care area.</p> </div>

Jobs/Economy (Continued)	
Challenges	Opportunities
<ul style="list-style-type: none"> Polk's unemployment is higher than the state and more than double the 2000 rate. Median family income has decreased in the past year and decreased more than Florida or the US (CHS p.44 &45). 	
Linkages/Coordination of Services	
Challenges	Opportunities
<ul style="list-style-type: none"> Linking people to needed health services was ranked as the weakest capacity area (LPHSA p.9). The complexity of navigating health systems particularly for the uninsured and other vulnerable populations is a challenge (FC p.2). Coordination to pursue funding and grant opportunities was noted as an area for improvement (FC p. 3). 	<ul style="list-style-type: none"> ⇒ Develop linkages through Health Information Exchange and electronic medical records (FC p.4).

Resources	
Challenges	Opportunities
<ul style="list-style-type: none"> Conducting research and partnering with institutes of higher learning was identified as an area for improvement. The ability to initiate research was noted as a weakness (LPHSA p. 15). Need to improve / coordinate funding opportunities and requests such as grants (FC p.3). <div data-bbox="272 1570 732 1730" style="border: 2px solid black; background-color: yellow; padding: 5px; margin-top: 20px;"> <p>Refer to the reports (FC, CT&S, etc.) for more information. Polk MAPP Reports</p> </div>	<ul style="list-style-type: none"> ⇒ IT consortiums in the region such as major colleges and universities (FC p. 4). ⇒ New medical city in central Florida for research and for developing capacity (FC p. 4). ⇒ PCHA members have procured grants and could serve as mentors for others. (FC p.3). ⇒ Reductions in resources could lead to partnerships that have been overlooked or to the streamlining of processes and innovative approaches (FC p.1). ⇒ Partnerships with institutes of higher learning for research, education, prevention grants. (FC p.3).

COMPARISONS TO 2007 MAPP ASSESSMENTS (REPORT OF FINDINGS)

There are similarities among the challenges identified in 2007 compared to those identified in 2011.

The similarities could mean that residents realize it takes many years to see improvement.

TABLE 2 Challenges 2007 vs. 2011

2007	2011
<ul style="list-style-type: none"> • Health Disparities • Growing population of uninsured • Unhealthy lifestyles (rate of obesity, use of tobacco products, lack of physical activity) • Community health education activities needed to expand to target populations with significant health disparities. • “Knowledge gaps” were noted by residents as to where to go for health care and how to access mental health and substance abuse services. • Insuring access to basic health services for everyone and healthy safe environments to live in. 	<ul style="list-style-type: none"> • Diseases and Risk Factors (obesity, chronic diseases, risky behaviors, health disparities) • Access to Care- lack of health insurance; and transportation were noted. • Lack of job opportunities in Polk County. • Coordination of services, referrals and health education activities need to be improved. Residents suggested one centralized source of health information. • Communications/Health Education targeted to specific groups based on gender, race, age and educational level in order to improve understanding of health concepts. • Assessment/Quality Assurance/Evaluation • Community groups need to work together to maximize existing resources.

COMPARISONS TO 2007 (Continued)

Similarly, opportunities for improvement in 2007 overlap those identified in the 2011 assessments.

The similarities could also mean that there is no sense of improvement since 2007.

TABLE 3 Opportunities For Improvement 2007 vs. 2011

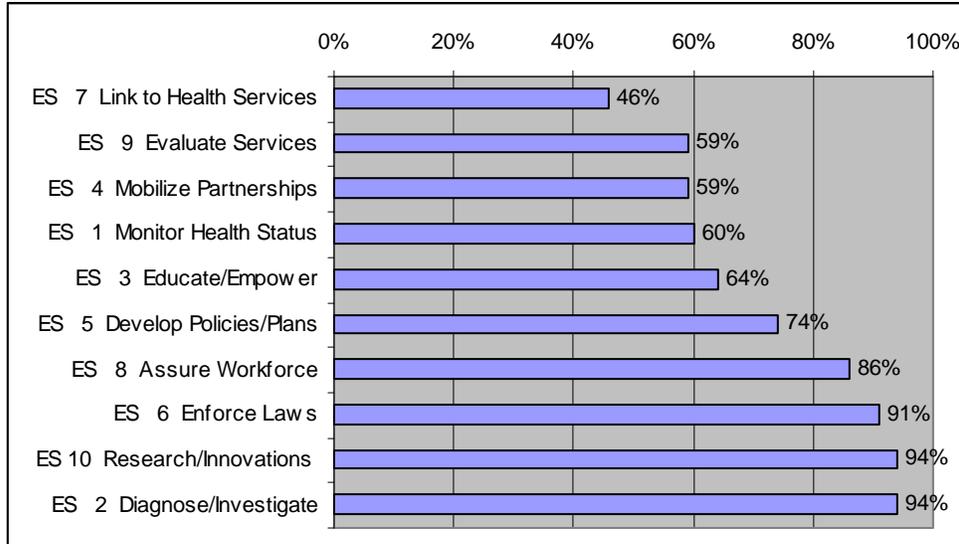
2007	2011
<ul style="list-style-type: none"> • Expand resources to meet health care needs of those with lower paying jobs that do not provide health insurance or affordable health insurance. • Health disparities need to be addressed to improve health outcomes in Polk. • Effective community health education efforts; especially targeting populations with significant health disparities. • Empower residents to practice personal health care behaviors to improve health outcomes (eat healthy, obtain routine medical/preventative care, stop smoking; be physically active, etc.). • Become familiar with and advocate for designing future housing developments that promote health lifestyles and making existing neighborhoods safe and healthy. • Monitor and advocate for local, state and national policies that help advance the vision of being a healthier community. 	<ul style="list-style-type: none"> • Examine health education best practices and promising practices to address chronic diseases, risk factors (especially obesity) and health disparities. • Explore evidenced based practices to address barriers to care such as: organized and coordinated services i.e. one central source of information; assistance with navigating complex health systems; and racial or cultural differences. • Expand public transportation or consider community based or mobile health care. • Foster collaboration and communication among community partners on health education and health promotion activities as well as coordinated planning for health education and promotion. Maximize 211 or other easy to use linkages. • Coordinate community groups to pursue funding and grant opportunities.

COMPARISONS TO 2007 (Continued)

Tables 4 and 5 identify the strengths and weakness in the delivery of health services in Polk County for 2007 and 2011. Essential Service (ES) 2 was ranked optimal both years and ES 7 was ranked moderate both years.

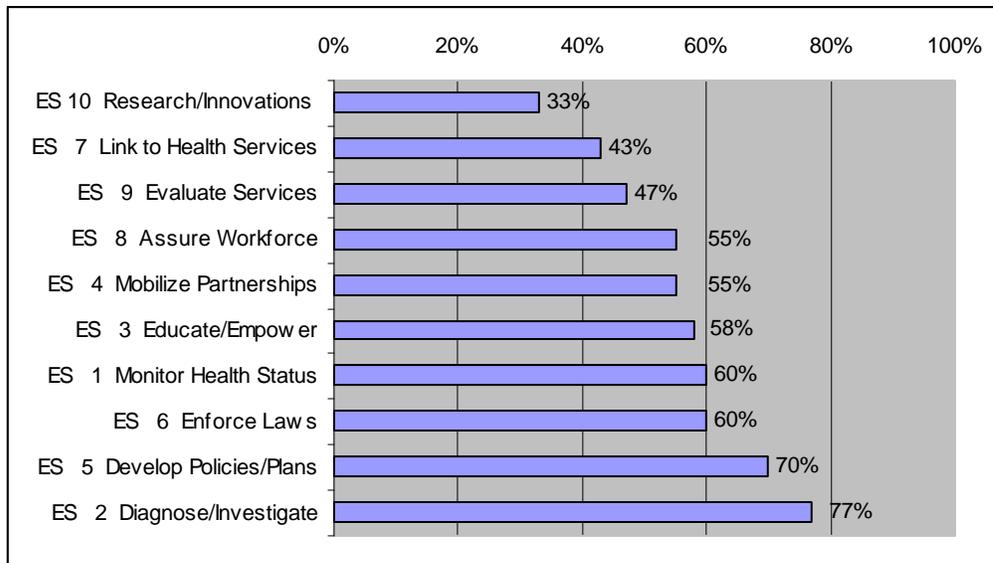
Overall the scores were lower in 2011 than in 2007.

TABLE 4 Rank ordered performance scores for each Essential Service, 2007



Data Source: Local Public Health System Assessment, Polk County Health Department, 2005

TABLE 5 Rank ordered performance scores for each Essential Service, 2011



Data Source: Local Public Health System Assessment, Polk County Health Department, 2010

WHAT NEXT?

Everyone has a stake in our community's health. We all need to work together to find solutions. In order to develop a plan it is important to understand the issue. The overall results of the MAPP assessments will be used to develop a Community Health Improvement Plan (CHIP). The CHIP will serve as the strategic plan to improve the health and quality of life for residents of Polk County.

Other reports recently published should also be considered such as the County Needs Assessment completed by the Board of County Commissioners; the state CHIP completed by the Florida Department of Health and the [2011 County Health Rankings](#) published by the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.

There are many community partnerships and coalitions that have been established to improve the health of Polk County. These groups should consider the following next steps:

- Engage community groups and residents in prioritizing what is important in the four MAPP assessments and the Report of Findings.
- Develop a new Community Health Improvement Plan (CHIP) based on the findings of these four assessments.
 - Target organizations and representatives to join
 - Formulate goals and strategies
 - Lay out a plan including an evaluation plan
 - Identify resources
 - Evaluate and determine the gaps in information and search for solutions
 - Create action plans to implement best practices/promising practices
- Implement the plan
- Review, revise evaluation plan



Community Health Improvement Plan (CHIP)

A CHIP is a community-wide strategic plan to improve the health and quality of life of the people who live in a community.

A CHIP is a plan that helps communities:

- Ascertain and prioritize community health issues – In order to address the most important health issues facing the people of a community, we must figure out what these issues are. This plan allows us to take into account our unique circumstances and needs here in Polk County, Florida.
- Address issues by identifying and aligning resources – The CHIP is the document that indicates where we all collectively can bring our information, commitment, talents, skills, and financial resources to bear on the health issues facing Polk County.
- Take action – The CHIP helps us form effective partnerships for strategic action to make significant impacts against health issues.

The MAPP assessments help us align individual goals with community goals to improve the health and quality of life of the people who live in a community. The next step is to identify strategic issues and develop a CHIP.



Resource Web Links and Addresses

Current Assessments

- [2011 Community Health Status](#) - This assessment asks “How healthy are our residents?” and “What does the health status of our community look like?”
- [2010 Local Public Health System Assessment](#) - This assessment asks “What is our health system’s capacity to provide the 10 essential public health services? “and “How well are we performing each of the essential services?”
- [2010 Community Themes and Strengths](#) - This assessment asks "What is important to our community?", "How is quality of life perceived in our community?", and "What assets do we have that can be used to improve community health?"
- [2010 Forces of Change](#) - This assessment asks "What is occurring or might occur that affects the health of our community or the local health system?" and "What specific threats or opportunities are generated by these occurrences?"

Previous Assessments

- [2008 Community Health Improvement Plan](#)
- [2007 Report of Findings](#)
- [2007 Local Public Health System Assessment](#)
- [2007 Community Themes and Strengths](#)
- [2007 Forces of Change](#)

Other Resources

- [2011 County Health Rankings](#) – this national model ranks counties based on four types of health factors: health behaviors, clinical care, social and economic, and the physical environment.
- [Community Tool Box](#) - A web based tool that promotes community health and development by connecting people, ideas and resources.
- [Healthy People 2020](#) – a national health promotion and disease prevention initiative. Its goals are to increase the quality and years of health life and eliminate health disparities.
- [Mobilizing for Action Through Planning and Partnerships](#) - A tool to help communities prioritize public health issues, identify resources for addressing them and take action.

Appendix 1 2011 MAPP Assessments Results Matrix

Four MAPP Assessments Preliminary Results Summaries Nov. 2011				
Local Public Health System "How well does the community (Polk County) provide the 10 Essential Services of public health?"	Community Health Status "What does the health status of our community look like?"	Community Themes & Strengths "What assets do we have that can be used to improve community health?"	Forces of Change "What is occurring or might occur that affects the health of our community or the local public health system?"	
System Strengths	Improving	Community Strengths	1. Economy	
<p>Standards are met at the optimal level for ES 2</p> <p>ES 2 Diagnose and investigate health problems and health hazards.</p> <p>Standards are met at the significant level for: ES 5,6,1,3,4, and 8.</p> <p>ES 5 Develop Policies and Plans that support individual and community health efforts</p> <ul style="list-style-type: none"> • Planning for public health emergencies was ranked optimal. <p>ES 8 Assure a competent public and personal health care workforce.</p> <ul style="list-style-type: none"> • Public health workforce standards were ranked optimal. <p>ES 3 Inform, educate, and empower people about health issues.</p> <ul style="list-style-type: none"> • Risk communication was ranked at the optimal level. <p>ES 4 Mobilize community partnerships to identify and solve health problems.</p>	<ul style="list-style-type: none"> • Death rates for lung, prostate and colorectal cancers are getting better. • Stroke deaths are declining, are lower than the state and meet the HP 2020 goal. The rate is higher for blacks than whites but the gap is narrowing. • The trend in coronary heart disease death rate and hospitalization rates are improving. • The trend in age adjusted stroke death rate and hospitalizations rate is improving. • Incidence of colorectal cancer rate is improving. • Incidence of cervical cancer rate is improving • Diabetes death rate is improving. • Rate of amputations due to diabetes is improving. • Reported cases of TB are improving and this is statistically significant. • Reported gonorrhea cases is improving • HIV/AIDS death rate is improving. • Births to 10-14 year old & 15-19 year old is declining (2005-2009) • Births to teens 15-19 and repeat births to 15-19 year olds are improving. • % of population with access to water fluoridation has increased but about 40% do not have access. • Binge drinking appears to be decreasing for adults and teens 	<ul style="list-style-type: none"> • Access to the following: libraries, parks, pools, playgrounds, community centers, etc. (survey and focus groups) • Access to the basic health care services needed. <p>What was the general opinion about the quality of life in our community?</p> <ul style="list-style-type: none"> • 90% of participants felt they were healthy • 60% rated the county as healthy <p>(note: these are our survey quest) Three most important things that make a community healthy and improve the quality of life?</p> <ol style="list-style-type: none"> 1. Good jobs and healthy economy 2. Access to health services 3. Access to health insurance 	<p style="text-align: center;">Opportunities</p> <p>Not many opportunities related to the economy were offered:</p> <ul style="list-style-type: none"> • Reduction in resources avails agencies a time to focus on efficiency and productivity as we are stretched to do more with less. • May lead to a streamlining of processes; an innovative approach and/or partnership that may otherwise have been overlooked. 	<p style="text-align: center;">Threats</p> <p>The recent downturn of the economy was at the forefront of the discussion and was mentioned throughout the assessment because of its far-reaching implications.</p> <ul style="list-style-type: none"> • Having a job is directly tied to access to care, many Polk County residents who have lost jobs have also lost their health insurance which leaves them with limited options such as paying cash or seeking care at a free clinic, many of which have long waiting lists. • Polk County's rate of growth has outpaced that of the State which means that our county may have a disproportionate number of residents who may need assistance with health services. • PHCA members who service the homeless population reported an increase in homeless families—in particular, children—who are turning to emergency departments for primary care. • Increased need for transportation for medical services, given that public transportation does not reach all areas of the county.

Appendix 1 2011 MAPP Assessments Results Matrix

Local Public Health System "How well does the community (Polk County) provide the 10 Essential Services of public health?"	Community Health Status "What does the health status of our community look like?"	Community Themes & Strengths "What assets do we have that can be used to improve community health?"	Forces of Change "What is occurring or might occur that affects the health of our community or the local public health system?"					
<p style="text-align: center;">System Weaknesses</p> <p>There were no essential services ranked poorly (no activity or minimal) but three were ranked as moderately meeting the standards.</p> <p>ES 7. Link people to needed to personal health services and assure the provision of health care when otherwise unavailable.</p> <ul style="list-style-type: none"> • Identifying populations experiencing barriers to care and initiatives for enrolling eligible individuals in public benefit programs were ranked as significant activities. • However, linking people to personal health services was identified as a weakness. • Coordinating personal and health services is also a weakness. <p>ES 9 Evaluate effectiveness, accessibility, and quality of personal and population-based health services.</p> <ul style="list-style-type: none"> • Ranked significant activity in identifying community organizations or entities that contributes to or provide public health services. 	<ul style="list-style-type: none"> • Teen use of illegal drugs has declined except for high school student use of marijuana. • Adults smokers and those who have tried to quit smoking have increased in the past year • Hispanic population has had the largest increase since the 2000 census. <p>What is Getting Worse?</p> <ul style="list-style-type: none"> • CLRD death rate has been consistently higher in the last 10 years than the state and the gap is widening. • Polk's unintentional injury deaths are getting worse and this is statistically significant. Among all unintentional poisonings, the trend is worsening for unintentional poisonings. UP kills the 25-54 age group. • Heart failure death rate is worsening • The incidence of melanoma rate is getting worse. • CLRD hospitalization rate getting worse. • Asthma hospitalization rate is getting worse. • Diabetes hospitalization rate is getting worse. • Adults who are obese is increasing. • Reported Chlamydia cases are getting worse. • Low birth weight is getting worse. • Premature birth rate is getting worse • Multiple births are getting worse. 	<p style="text-align: center;">Community Weaknesses</p> <ul style="list-style-type: none"> • 58.5% felt job opportunities were not good in Polk County (surveys) • 20.9 % felt they could not get the specialty health care services they needed (surveys) • Drug use particularly prescription drug use(focus group) • Organization of services- no central source of information. • Transportation (key informants) • More free clinics (key informants) • Health promotion <p>What are the biggest health issues, health problems?</p> <ol style="list-style-type: none"> 1. Overweight & obesity 2. Chronic diseases (such as heart disease & diabetes) 3. Mental health/substance abuse issues <p>(note: these are our survey quest)</p> <p>What are the 3 most important risky behaviors and safety issues?</p> <ol style="list-style-type: none"> 1. Drug Abuse 2. Gangs & juvenile violence 3. Alcohol abuse 	<p style="text-align: center;">2. Healthcare/Insurance Infrastructure</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th data-bbox="1278 513 1625 537" style="width: 50%;">Opportunities</th> <th data-bbox="1631 513 1934 537" style="width: 50%;">Threats</th> </tr> </thead> <tbody> <tr> <td data-bbox="1278 542 1625 1256"> <ul style="list-style-type: none"> • Recent emphasis on integrated medical and behavioral health homes offers funding opportunities to provide increased access and improved health outcomes. • Hosting medical students and residents from area programs could also provide increased health access for Polk County residents as some of these future providers are likely to settle in the area. • The possibility of expanding the network of volunteer clinics was also seen as a promising practice, given the valuable contribution of these clinics in Polk County. </td> <td data-bbox="1631 542 1934 1256"> <ul style="list-style-type: none"> • Many participants noted the challenges of providing health care for growing numbers of un- and underinsured residents. • Un- and underinsured residents face many barriers in attempting to see primary care providers in an outpatient setting, thus seek care at emergency rooms which leads to more expensive and less effective care. • For those who are insured, complexities navigating health systems were also discussed. • Rise of managed care organizations that may not always be patient-centered, specialty referrals and access to choice medications can be difficult to obtain. • Certain specialty care—particularly for pediatrics—is not available in Polk County and requires travel to either Tampa or Orlando. </td> </tr> </tbody> </table>		Opportunities	Threats	<ul style="list-style-type: none"> • Recent emphasis on integrated medical and behavioral health homes offers funding opportunities to provide increased access and improved health outcomes. • Hosting medical students and residents from area programs could also provide increased health access for Polk County residents as some of these future providers are likely to settle in the area. • The possibility of expanding the network of volunteer clinics was also seen as a promising practice, given the valuable contribution of these clinics in Polk County. 	<ul style="list-style-type: none"> • Many participants noted the challenges of providing health care for growing numbers of un- and underinsured residents. • Un- and underinsured residents face many barriers in attempting to see primary care providers in an outpatient setting, thus seek care at emergency rooms which leads to more expensive and less effective care. • For those who are insured, complexities navigating health systems were also discussed. • Rise of managed care organizations that may not always be patient-centered, specialty referrals and access to choice medications can be difficult to obtain. • Certain specialty care—particularly for pediatrics—is not available in Polk County and requires travel to either Tampa or Orlando.
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<p>System Weaknesses</p> <ul style="list-style-type: none"> • Ranked significant activity in conducting periodic evaluations of the local public health system, however making community health improvements based on the evaluation was a weakness. • Evaluating partnerships; client satisfaction and community satisfaction with public health services were also identified as weaknesses. <p>ES 10 Research for new insights and innovative solutions to health problems.</p> <ul style="list-style-type: none"> • Identifying and monitoring best practices and building relationships with institutes of higher learning scored better. • Partnering to conduct research, proposing public health issues for research and encouraging community involvement in research are weaknesses. • Capacity to initiate or participate in research was identified as a weakness. <p>Other weaknesses that were identified included:</p> <ul style="list-style-type: none"> • ES 1- Access to geocoded health data 	<p>What is Getting Worse?</p> <ul style="list-style-type: none"> • Suicide rate among the 19-24 years olds has been increasing in the last 10 yrs. (doubled) • High school tobacco use (cigarettes, cigars & smokeless tobacco) appears to be increasing and we are higher than the state. • Middle school tobacco use is above the state. • Median family income has decreased in the past year and more than Florida or the US. • Polk unemployment is higher than the state and more than double the 2000 rate. • In the last 8 years, Polk never met the national benchmark for ozone concentration. 		<p>3. Legislation</p> <table border="1" style="width: 100%;"> <thead> <tr> <th data-bbox="1295 508 1640 537">Opportunities</th> <th data-bbox="1644 508 1955 537">Threats</th> </tr> </thead> <tbody> <tr> <td data-bbox="1295 540 1640 1255"> <ul style="list-style-type: none"> • Although the current state of Medicaid was seen as a threat, many participants voiced optimism regarding the potential of national healthcare reform and the possibility that this will provide healthcare access to the majority of the uninsured and underinsured. • Leaders in behavioral health stated that future legislation would likely further prioritize, and possibly require, integrated healthcare for certain funding opportunities. </td> <td data-bbox="1644 540 1955 1255"> <ul style="list-style-type: none"> • Several participants expressed concern about the status of Medicaid in Florida which acts as a safety net for many vulnerable residents in Polk County. • Due to low reimbursement rates, finding healthcare providers who accept Medicaid—particularly specialists—is challenging in Polk County and in the region in general. • Limited formulary that changes often and without warning, poses barriers for many clients. • Others discussed uncertainty about the future of Medicaid; with reform looming in the future that will likely lead to increased enrollment in HMOs, providers may be discouraged from seeing these clients due to low reimbursement rates that do not cover the costs of care. </td> </tr> </tbody> </table>		Opportunities	Threats	<ul style="list-style-type: none"> • Although the current state of Medicaid was seen as a threat, many participants voiced optimism regarding the potential of national healthcare reform and the possibility that this will provide healthcare access to the majority of the uninsured and underinsured. • Leaders in behavioral health stated that future legislation would likely further prioritize, and possibly require, integrated healthcare for certain funding opportunities. 	<ul style="list-style-type: none"> • Several participants expressed concern about the status of Medicaid in Florida which acts as a safety net for many vulnerable residents in Polk County. • Due to low reimbursement rates, finding healthcare providers who accept Medicaid—particularly specialists—is challenging in Polk County and in the region in general. • Limited formulary that changes often and without warning, poses barriers for many clients. • Others discussed uncertainty about the future of Medicaid; with reform looming in the future that will likely lead to increased enrollment in HMOs, providers may be discouraged from seeing these clients due to low reimbursement rates that do not cover the costs of care.
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<p>System Weaknesses</p> <ul style="list-style-type: none"> • ES 2- Although most of the ES 2 standards were ranked as optimal; resources to support surveillance and investigative activities was ranked moderate. • ES 8- Using workforce assessment/gaps analysis results for planning purposes and recruitment and retention of new and diverse leaders. • ES 3 - Community partners collaborating on health education and promotion activities and health communication plans. • ES 4 - Reviewing community partnerships and strategic alliances. Community partnerships exist but there is not a lot of coordination among the groups. 			4. Funding Resources	
			<p style="text-align: center;">Opportunities</p> <ul style="list-style-type: none"> • Participants mentioned the need to seek grant funding from foundations and other private organizations. Some PHCA member agencies have successfully procured some of these grants and could help to spearhead future applications or serve as mentors for other PHCA members. • Other possibilities for funding include seeking out research opportunities which may involve partnering with local universities, and grants that focus on education and prevention. 	<p style="text-align: center;">Threats</p> <ul style="list-style-type: none"> • The downturn of the economy also has implications for public health and healthcare funding. Because many funding streams are proportional to income taxes, more people out of work means fewer taxes collected and less funding for the programs supported by these taxes. With an unclear economic future at the local, state, national, and even global levels, most participants felt it prudent to pursue other funding opportunities.
			5. Education	
			<p style="text-align: center;">Opportunities</p> <ul style="list-style-type: none"> • By providing more education to Polk County residents, some participants felt this would empower consumers to take more responsibility for their health and health-related decisions; nutrition and exercise were two areas that were highlighted as promising topics. • Strategies to educate stakeholders and the public include creating talking points from national and local Healthy People 2010 efforts and examining health education models 	<p style="text-align: center;">Threats</p> <ul style="list-style-type: none"> • Research has shown a direct correlation between the level of education and health outcomes; this is partially due to more educated people having more resources to be healthy, as well as these individuals possessing a higher level of health literacy and self-advocacy. • Those with less education require more assistance to understand health concepts. A general lack of

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Other Information	Other Information		Opportunities	Threats
<p>Least agreement on overall score:</p> <ul style="list-style-type: none"> • ES 8 Assure a Competent Public and Personal Health Workforce (58 point difference) • ES 5 Develop Policies and Plans that Support Individual and Community Health Efforts (47 point difference) <p>Most Agreement on overall score:</p> <ul style="list-style-type: none"> • ES 9 Evaluate Effectiveness, Accessibility and Quality of Personal & Population based Health Services (score 47%) • ES 4 Mobilize Community Partnerships to Identify and Solve Health Problems (score 55%) <p>Comparison to 2005 LPHS Assessment Overall the scores in 2010 were lower than the scores in 2005</p> <ul style="list-style-type: none"> • In 2005 essential services were identified as meeting optimal standards compared to one in 2010. • In 2005 one essential service was identified as moderate compared to 3 in 2010. • ES 7 was ranked moderate both years. • ES 2 was ranked optimal both years. • ES 10 dropped from optimal to moderate. • ES 6 and 8 dropped from optimal to significant 	<p>Major Causes of Death</p> <ol style="list-style-type: none"> 1. Heart disease 2. Cancer 3. CLRD 4. Unintentional Injuries 5. Stroke <p>Major Causes of Illness & Disability? (listing just 4th quartile indicators)</p> <ol style="list-style-type: none"> 1. Prostate cancer incidence (143.1/100,000) 2. Colorectal cancer incidence(51/100,000) 3. Melanoma incidence (25.9/100,000) 4. Asthma, adults (7.9%) and high school aged students (19.20 %) those who report having asthma. 5. Pertussis (4.1/100,000) 6. Haemophilus influenza(2.3/100,000) 7. Infectious Syphilis (4/100,000) <p>Major Causes of Hospitalizations (listing just 4th quartile indicators)</p> <ol style="list-style-type: none"> 1. Diabetes (2824.5/100,000) 2. Asthma, adults (1018.2/100,000) 3. Asthma, children aged 5-11 (516.8/100,000) aged 12-18 (364.4/100,000) 4. CLRD (561/100,000) 5. Stroke (311/100,000) Congestive heart failure (237.5/100,000) 		<p>for the following target groups: 1) providers and patients 2) pre-school age children 3) school age children 4) women of child-bearing age.</p>	<p>understanding of this important connection was noted as a threat to educational efforts to reach those with lower health literacy.</p> <ul style="list-style-type: none"> • Participants noted that education has a particularly important role in improving nutrition, teen pregnancy, and communicable diseases.
			6. Prevention	Opportunities
			<ul style="list-style-type: none"> • The alarming trend of rising obesity is a major threat to our county and nation; however, participants were optimistic that increased awareness of this problem offers an opportunity to address obesity, especially among children. Discussion centered on seeking funding for strategies that focus on prevention as well as treatment of obesity. 	<ul style="list-style-type: none"> • The recent appearance of a novel flu strain, H1N1, challenged the public health system in its response to an unknown infectious threat. Although the local public health system responded well and minimized the impact on Polk County, the unpredictable nature of these types of occurrences is ever-present and will continue to threaten the system's ability to prevent and mitigate ill-effects on health.

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<ul style="list-style-type: none"> • ES 5, 3, 1 and 4 were unchanged at significant. • ES 9 dropped from significant to moderate 	<p>What are obvious racial and ethnic disparities?</p> <ul style="list-style-type: none"> • Blacks makeup a disproportionate number of hospitalizations from heart disease, stroke and asthma (see Tables 6 & 8). • Whites have a higher diagnoses of hypertension and diabetes (see Tables 6 & 9) • A higher proportion of white women over 18 received a Pap test in the past year (see Table 7). • Hospitalizations from diabetes and from amputations attributable to diabetes are higher in minorities (see Table 9). • Blacks and Hispanics make up a disproportionate number of overweight and obese (see Table 10). <p>What is better/worse than peer communities?</p>		Threats		
			<p>7. Technology</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th data-bbox="1262 911 1604 954" style="text-align: center;">Opportunities</th> <th data-bbox="1610 911 1921 954" style="text-align: center;">Threats</th> </tr> </thead> <tbody> <tr> <td data-bbox="1262 959 1604 1211"> <ul style="list-style-type: none"> • Participants felt that technology was largely an area of opportunity, with the main threat being the ability to keep up with advances or risk being unable to compete for funding and other resources. • Partnerships with universities such as the "medical city" at the University of Central Florida's medical school hold promise for development of capacity in Polk County. </td> <td data-bbox="1610 959 1921 1211"> <ul style="list-style-type: none"> • Participants felt that technology was largely an area of opportunity, with the main threat being the ability to keep up with advances or risk being unable to compete for funding and other resources </td> </tr> </tbody> </table>		Opportunities
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			<ul style="list-style-type: none"> • Tapping into information technology consortiums that have convened in the region (e.g., University of South Florida Polytechnic and Lakeland Regional Medical Center) to explore electronic health records, health information exchange, and integrated health care was also discussed as an important strategy. • Potential benefits noted were the capability to track demographics and other health trends as well as exploring telemedicine projects for rural and underserved areas. 					
			<p data-bbox="1272 846 1430 867">8. Best Practices</p> <table border="1" data-bbox="1272 867 1938 1273"> <thead> <tr> <th data-bbox="1272 867 1623 911">Opportunities</th> <th data-bbox="1623 867 1938 911">Threats</th> </tr> </thead> <tbody> <tr> <td data-bbox="1272 911 1623 1273"> <ul style="list-style-type: none"> • The formation and function of the PHCA was recognized as an example of a local best practice. • Participants listed important activities that have resulted from the work of the PHCA such as the establishment of the indigent healthcare sales tax and subsequent health network and the previous community health assessment and health improvement plans (i.e., 2007 MAPP and CHIP). • Further steps for the PHCA include recruiting more diverse health agencies to become members and developing internal capacity for adopting best practices. </td> <td data-bbox="1623 911 1938 1273"> <ul style="list-style-type: none"> • Need to seek out best practices to address many of the issues discussed throughout the assessment. Utilization of best practices is an important quality performance measure, as well as a key component of grant proposals. • A particular need that could benefit from modeling best practices is the recruitment and retention of specialists to Polk County </td> </tr> </tbody> </table>		Opportunities	Threats	<ul style="list-style-type: none"> • The formation and function of the PHCA was recognized as an example of a local best practice. • Participants listed important activities that have resulted from the work of the PHCA such as the establishment of the indigent healthcare sales tax and subsequent health network and the previous community health assessment and health improvement plans (i.e., 2007 MAPP and CHIP). • Further steps for the PHCA include recruiting more diverse health agencies to become members and developing internal capacity for adopting best practices. 	<ul style="list-style-type: none"> • Need to seek out best practices to address many of the issues discussed throughout the assessment. Utilization of best practices is an important quality performance measure, as well as a key component of grant proposals. • A particular need that could benefit from modeling best practices is the recruitment and retention of specialists to Polk County
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			9. Healthy Community Design	
			<p style="text-align: center;">Opportunities</p> <ul style="list-style-type: none"> • Polk County planners have recognized the need for community design that promotes health, and are working with the Polk County Health Department to include healthy design principles in the County's next seven-year comprehensive plan. Emphasis will be placed on supporting safe physical activity through increased active transit options, walkable 	<p style="text-align: center;">Threats</p> <ul style="list-style-type: none"> • The major threat to healthy community design limited access to healthy foods. In many areas of the county, venues that offer fresh fruits and vegetables are sparse or lacking. • Affordability of healthier foods was also noted as a challenge for Polk County residents with limited resources.