Gadsden County: Home of one of the Leading Agricultural Counties in Northwest Florida.

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Gadsden County is a county located in the panhandle area of Florida. The county is approximately 22 miles wide and 32 miles long. It is bounded by three bodies of water, the Ochlocknee River on the east, on the west by the Apalachicola River, and by Lake Talquin on the southeast. The county is part of the Tallahassee Metropolitan Statistical Area and is in the Eastern Standard Time Zone (Gadsden County Florida, “About Gadsden County”, 2013).

# Summary of local, state and national data

Gadsden county is a rural county with a population of 46,389 according to the U.S. 2010 Census Bureau (U.S. Census Bureau, 2013). The top three major employers in the county are Florida State Hospital in Chattahoochee, Florida, Coastal Plywood Company in Havana, Florida, and Talquin Electric Cooperative in Quincy, Florida (Florida Department of Transportation, “Gadsden County”, 2012). Since a major neighboring county is Leon County, the health care system is continuously growing with many branches of key hospitals located for the residents of Gadsden County. From hospital branches such as Tallahassee Memorial Healthcare, Capital Regional Medical Center-Gadsden Memorial Campus, and Jessie Furlow Medical Center, to assisted living facilities such as Magnolia House and National Health Care Home Care Quincy, the citizens of Gadsden County have many facilities to choose from (Gadsden County Florida Chamber of Commerce, Healthcare, 2013). Amongst the 46,389 residents in Gadsden County, 29.4% of families are below the poverty level compared to the state percentage of 14.7. The percentage of persons over the age of 25 who are high school graduates is close to the state percentage. Slightly behind the state percentage of 85.5%, Gadsden County is at 76.3%. 9.2% of families speak a different language other than English at home. The state percentage compared to the county is at 27 percent (U.S. Census Bureau, 2013).

## Analysis of Strengths and Needs1

According to the *County Health Profile,* Gadsden County shows strengths in a variety of health indicators compared to the state of Florida. Although the rate of HIV cases noted within the past 3 years is higher than the state average, the percentage of people younger than 65 years of age who have had an HIV test is well above the state average. With the county percentage of 30.6% of people having a test compared to the state percentage of 21.0, the county is encouraging more of the population to get tested (Florida Department of Health [FDOH], “Adults less than,” 2013). With programs such as “Health Education Risk Reduction Program” that the Florida Department of Health offers, it aims to reach out to the community, specifically those at increased risk of becoming infected with HIV or, if already infected, of transmitting the virus to others (FDOH, “Health Education Risk,” 2013). Another strength in Gadsden County was the population of patients who completed tuberculosis therapy fully. Every patient within the years of 2007-2009 completed therapy while only 86.3% of the population in the state of Florida completed therapy (FDOH, “Tuberculosis Patients Completing Therapy,” 2013).

With the median income of Gadsden County residents only being $31,248.00 per year, access to health care is limited (FDOH, “Median Household Income,” 2013). However, when it comes to access to dental care in low-income persons, Gadsden County is above that compared to the state. The percentage in 2011 in Gadsden County was 36.3% and the state average was 31.5% (FDOH, “Access to Dental Care,”, 2013).

Along with the strengths, there were also weaknesses when it came to health indicators within the county. With the poverty rate being above that from the state, adequate nutrition may not be an option for every family living in the county. This can be a socioeconomic risk factor to those adults who are diagnosed with health diseases, such as with diabetes. 16.7% of the population in Gadsden County was diagnosed with diabetes. This rate is higher than the state percentage of 10.4% of the population (FDOH, “Adults with diagnosed diabetes,” 2013). As far as injury and violence health indicators, the prevalence of alcohol-related motor vehicle traffic crashes is much higher compared to the state. The rate per every 100,000 people in the county is 153.8 compared to the state rate of 97.2 (FDOH, “Alcohol-related Motor,” 2013).

 Another weakness found in Gadsden County is domestic violence. Between the years of 2009 to 2011, there were 859 domestic violence offenses reported in the county alone. Compared to Florida counties whose population ranges similarly to Gadsden County’s population from 40,000 to 50,000 people, Gadsden County’s rate is higher. With Bradford County at 417, Gilchrist County at 283, Glades at 238, and Hardee County at 506 domestic violence cases reported between 2009-2011, some of these numbers are only a third of those cases reported for Gadsden County. Compared to the state of Florida’s reports for those years, there were a total of 341,606 cases reported (FDOH, “Total Domestic Violence Offenses,” 2013). Because these numbers are high, this health indicator will become the priority health issue that will be focused on for the remainder of the paper. Although these numbers are high compared to those seen in previous years, many people still do not report all cases of abuse. The survivors of these domestic violence cases may feel ashamed, have fear, or the abusers may be preventing them from doing so. Along with fear and shame, victims of intimate partner violence face other health issues. Higher levels of anxiety, depression, which can lead to higher rates of suicide, sexually transmitted diseases, stroke, heart diseases, and asthma are all health outcomes that a victim of violence risks facing. For these reasons, the true extent of abuse may be looked over not only in the county, but also within the state and country (Florida Coalition Against Domestic Violence, 2012). Each year, women experience about 4.8 million intimate partner-related physical assaults and violence. Men are the victims of about 2.9 million intimate partner-related physical assaults. As seen by these numbers, women are more at risk to be assaulted than men are (USDHHS, Office of Women’s Health, 2011).

Health Model. The determinants of health are basically those factors that determine good or poor health. This model contains factors ranging from personal, social, economic, and environmental factors that influence one’s health status. Items such as where an individual may live, his or her genetics, income, nutrition, education, gender, culture, social status, and access to and use of health services contribute to this health model (United States Department of Health and Human Services[USDHHS], Healthy People 2020, 2012).

The underlying determinants such as lifestyle and the environment play a role where domestic violence is concerned. According to a study conducted in 2007, a group of 500 women were interviewed to estimate the prevalence of domestic violence. Many aspects where taken into consideration such as the socio-demographic characteristics of the women and their husbands, and some of the husbands' habits, attitude and history of chronic illnesses. Some socio-demographics taken into consideration were age, residence, educational status, and the occupation of each sex. Upon completion of this study, it was found that there was a strong association between socio-economic status and domestic violence with indicators of household wealth or education associated with the risk of violence. The results showed that out of the 500 women interviewed, 311, or 62.2%, of the women had experienced exposure to domestic violence. As regards to the husbands' characteristics of the studied women, the results showed that a significantly higher percentage of husbands of abused women were younger than 30 years of age, non- educated, or belonging to skilled occupation and drug abusers. It was also noted that there was a positive history of family troubles amongst the husbands and also a positive history of chronic illness, either physical, psychological or sexual. Taking this study into consideration against the determinant factors, the relationship of these lifestyle and environmental factors and women abuse, indicated that the abusers were below the age of 30, non-educated, and those of low income were more exposed to violence than others (Fahmy, 2008).

With this study above, one can see that many aspects of the victim’s lifestyle and environment can place them at risk for domestic violence. Although studies show what violence occurs across all socio-economic groups, women living in poverty are unduly affected. There are a couple of reasons that have been proven as to why poverty increases the risk of domestic violence. For some abusers, living in poverty causes stress, tension, frustration, and a sense of failure for not being able to be a sufficient provider for the family. With this strain and other factors such as overcrowding or hopelessness, women become the target for abuse. Along with poverty, a history of violence has also been proven to increase the risk of violence amongst women. Multiple studies have proven that “rates of abuse were higher among women whose husbands had either themselves been beaten as children or had witnessed their mothers being beaten” (Centers for Disease Control and Prevention [CDC], 2010). The CDC has also noted that women who have a low self-esteem, low academic achievement, young age, and aggressive or delinquent behavior as a youth place them at a higher risk (2010). These factors combined increase the risk faced by women when it comes to domestic violence. A positive nursing diagnosis that supports the preceding evidence is: Risk for violence amongst the women population related to environmental and lifestyle factors as evidenced by low socio-economic backgrounds, lack of education, and or history of family violence (Ackley & Ladwig, 2011).

Interventions. Domestic violence is the largest cause of injury to women in the United States. Between two and four million women in this country are assaulted. Women of all ages are at risk for domestic and sexual violence, but those at the greatest risk are between the ages of 20 to 24 (USDHHS, Office of Women’s Health, 2011). The World Health Organization’s Campaign for “Violence against Women” states that, “to achieve lasting change, it is important to enact legislation and develop policies that protect women,” (2012). In order to develop policies, one must understand prevention methods. The ultimate goal is to stop violence before it begins. One of the most consistent and significant risk factors found for domestic violence is witnessing the violence as a child (Hotaling & Sugarman, 1986). If violence is witnessed at a young age, it is important to educate those age groups to prevent domestic violence in the future. This is a system wide intervention intended on enlightening the general population, not just those at risk. An intervention method of adult domestic violence is to educate through the school settings, because children spend a large proportion of their lives in this environment. Creating a program aimed at helping the children develop healthy relationships as an alternative to violence is a key way to prevent violence from occurring at a young age. Community members and health care providers can work together to promote consistent messages in alternatives to violence and educate methods of creating ways to keep a safe environment at school and at home (Edleson, 2000). According to a study funded by the National Crime Prevention Centre, schools who used the program called ASAP: A School-based Anti-Violence Prevention Program, were evaluated. The results found that “children and youth participating in the programs were more knowledgeable and held more desirable attitudes concerning interpersonal violence when compared to others not receiving the content” (Centre for Children and Families in the Justice System, 2003).

 A secondary level of prevention can also be system-wide. With the help of health care providers, screening women to determine if they are being abused or are at risk of abuse can further prevent violence. A number of screening tools exist and have shown accuracy in detecting abuse, including “tools designed for primary care settings, to screen pregnant women, and even a tool designed to screen men” (Wathen &. MacMillan, 2003). Once screened, they can be referred to various intervention programs. Referrals to either a safe place, such as a women's shelter, to counseling, or to other community-based resources would be appropriate. In order for the community health care nurse to adequately assess a patient, he or she must be educated in the area and feel confident to intervene if necessary. Nurses sometimes feel unconfident and feel as if he or she lacks formal training to intervene on suspected abuse. Increasing awareness, education, and providing proper training to community health nurses will decrease the gap between the acknowledgements of violence with a patient. For example, learning how to use screening tools that will help detect women who have been victims of sexual violence, even when the patient does not disclose the information, will help put a stop to violence as well as prevent it from occurring in the future with proper guidance (Wathen, &. MacMillan, 2003).

 Preventing further negative impact on health is a major concern with this tertiary level of prevention. Domestic violence takes a toll on the health of the individual. This form of violence can lead to depression, post-traumatic stress disorder, sleep difficulties, eating disorders, emotional distress, and suicide attempts. Sexual violence can also lead to unintended pregnancies, gynecological problems, abortions, and sexually transmitted infections such as HIV. Many victims suffer isolation, inability to work, anhedonia, or lack of interest in activities that once were pleasurable before, and limited ability to care for themselves and/or their children. Monitoring the health of individuals who are at risk or have been victims is an important intervention. Any community member, health care provider, or public official can help with this. Figuring out the proper method to help with the cause and preventing violence will avert negative health. (World Health Organization, 2012).

Conclusion. As stated earlier, education is the best prevention method against domestic violence. Educating at an early age will help prevent future violence. A primary prevention proposal that would help with the health issue would be to have health care providers, especially community health nurses, do home visits to help families turn away from abusive and violent parenting behaviors.

An evaluation of a Hawaiian Healthy Start Program found an “overall decrease in the likelihood of injuries resulting from physical assaults in families receiving home visitation services” (Duggan, A.K., 1999). As a community health nurse, visiting homes and determining what the problems are and then finding out methods to prevent violence would be another effective way to get the message of preventing domestic violence across to not only children, but also to the adults. Getting to the source, explaining what is right behavior and wrong behaviors, implementing ways to avoid incorrect behavior, teaching alternative methods to violence are all key factors that can be considered during house visits. Every stakeholder would be affected by this proposed health policy. Community members and health care providers would be putting the plan to work. The issue of trespassing and invading home privacy would be an issue that could be worked on with legislators and public officials (Duggan, A.K., 1999). Florida has a $31 million budget for domestic violence prevention and services that is funded through multiple organizations that could be considered as funding sources for this proposal (Florida Department of Children and Families, 2012). As far as the population of Gadsden County, with this new proposal, the number of domestic violence cases reported annually should decrease. As of 2009-2011, the reports number of assaults is doubled that of the state of Florida. Within the next five years, with the help of this proposal and proper education to the population, hopefully the county numbers decrease than that compared to the state (FDOH, “Aggravated Assault,” 2013).

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