**3/12/2013**

**Ms. Helena Wooden-Aguilar, Assistant Director**
**U.S. Environmental Protection Agency**
**Office of Civil Rights**
**Mail Code 1201A**
**1200 Pennsylvania Ave NW**
**Washington, D.C. 20460**

**Department of Health & Human Services**
**Office of the Secretary**
**Office for Civil Rights, Region IV**
**61 Forsyth Street, S. W**
**Atlanta Federal Center, Suite 16T70**
**Atlanta, GA 30303-8909**

**This is a complaints filed under Title VI of Civil Rights Act of 1964, 42 U.S.C. 2000d to 200d-7.**

**Complainant:**

(b) (6) Privacy
[redacted]
**Brooksville, Florida 34601**

**And on behalf of:**

**All Minority Citizens of South Brooksville (34601)**

**Reference: EPA File No. 08R-11-R4**
**HHS TR#)04-12-143757**

***In Reply to: "Under our regulations, OCR can investigate only those complaints filed within 180 days of the alleged discriminatory act. Your complaints states that the discrimination occurred between 2006 and 2009, which is more than 180 days from when the comp0laint was filed. As such, we regret to inform you that OCR cannot accept your complaint for investigation.***

***As this complaint will allude, both the City of Brooksville, and Hernando County, in conjunction with, FDEP and the Hernando County Health Department over the years have routinely concealed information and hid their hands for the express purpose of utilizing a 'statute of limitation'. This has become a routine method of defense against complaints filed by residents of the South Brooksville Community, a predominately African Americans Community***

***across the railroad tracks. The 180 days statute of limitation must consider when knowledge of the discriminative acts occurred.***

***Rebuttal Statement:***

My complaint clearly indicated and stated; that the acts of discriminations began in 1948 and continued to the current date, which at that time was 2012.

I am resubmitting the complaint because as indicated, the discriminative acts have continued to the current date 2013.

The original complaints specifically include acts where citizens were denied the opportunity to be a part of the Health Care Advisory Board established to allow citizens to provide input on the health conditions of the Citizens in the South Brooksville community. On page 6-3 of the exhibit defined above, Item 2 states "Ensure that the Hernando County Health Care Advisory Council (offshoot of the County's now defunct Health Care Advisory Board) comes to *fruition* so that the Council can "shepherd" or "oversee" the strategic community health improvement plan.", readily, indicates that at the preparation of the report title "2012 Mobilizing for action through Planning and Partnerships (MAPP) Health Needs Assessment (Hernando County)", there was no formal means for African Americans to provide input because the "Hernando County Health Care Advisory Council (offshoot of the County's now defunct Health Care Advisory Board) had not yet come to fruition.

The following link will direct you to the Hernando-County-Needs-Assessment-2006. If you review the second page of this document you will see that there were three entities listed, Hernando County Health Care Advisory Board, Community Health Needs Assessment Subcommittee, and the Contributing Staff – Hernando County Health Dept., and there was not one minority on any of the three entities.

**http://wellflorida.org/wp-content/uploads/2012/10/Hernando-County-Needs-Assessment-2006.pdf**

If you notice, the report title "2012 Mobilizing for Action through Planning and Partnerships (MAPP) Health Needs Assessment (Hernando County)" eliminated this page, therefore, concealing who was involved in providing input to the report. In the past, Hernando County officials have use this tactic as a means to provide a report with minorities listed that was constructed specifically to reply to racial discrimination complaints.

Why is this complaint necessary in 2013? Since the period of the 2006 a significant number of African Americans have died of cancer, estimated to be over 20, and there is no means to determine if these deaths were included in the "2012- Mobilizing for Action through Planning and Partnerships (MAPP) Health Needs Assessment (Hernando County)". The lists of African Americans whom have died with cancer indicated in Exhibit 2, have increase by at least twenty deaths, mostly cancer related between 2006 and 2013.

All the residents know is that in South Brooksville their relatives and friends are falling like flies. During the month of March there have been five citizens whom have died of cancer at a young age. During this dismal period for African American in South Brooksville, the City of Brooksville has filed for an EPA Brownfields Community-Wide Assessment Grant Proposal using conditions in the City that both the City of Brooksville, Hernando County, FDEP, and the Hernando County Health Department have denied existence of these same contaminated sites in their defense of previously filed reports of discrimination. Within this EPA Brownfields Community-Wide Assessment Grant Proposal, the application states that "The City of Brooksville has never received an EPA Brownfields Grant, but has extensive history of managing federal and state funds." However, if you review the complaints filed by other citizens concerning the grant award made in 2009 for Sewer Rehabilitation Phase III Project. There is a multi-million suit filed against the contractor hired by the County and the City of Brooksville for massive damages to their property in the form of mass contamination. The record will show as far back as 1982 that the City of Brooksville and Hernando County have been accused of mismanaging federally awarded funds, whether awarded by the Dept of HUD, the Department of Agriculture, and state funds, if these funds are directed to the South Brooksville Community – these funds are routine diverted to elsewhere in the City or County. (See exhibit R04-12-A-038). Incidentally, there have been several properties that used Superfund dollars to cleanup sites in South Brooksville that are still contaminated today.

As a final notation, Hernando County official's answer to the press concerning the "Health Needs" report of 2006, is that by 2014, Hernando would be one of the healthiest counties in the State of Florida in lieu to being the worst of any of Florida's 67 counties for minorities – at the rate we are dying this factor may come to fruition, but not because of any actions by the City of Brooksville or Hernando County, but because we would have all died out.

**Recipient of Federal Financial Assistance**

The alleged violators are the City of Brooksville, Florida, Hernando County, Florida Department of Environment Protection, Florida Department of Health. The alleged violator receives U. S. Federal Funds through various funding avenue from the U. S. Environmental Protection Agency through the superfund programs for contaminated sites, CDBG Grants, and other appropriations.

**History of Discriminative Tactics began 1948 that are affecting south Brooksville residents in 2011, therefore, extending the time limit of 180 days to file a complaint;**

In 1948, the City of Brooksville with the approval and acceptance of Hernando County Government openly developed a law forbidding Whites from selling land to African Americans on the north side of the City of Brooksville. The City of Brooksville officials in a press release in the 1990' maintains that the practice was suspended in 1972. What happened in 1972 that caused the actions to be suspended? The most probably answer is that CSX had made is final decisions to cease all railroad services to the South Brooksville Train Depot on Russell Avenue in South Brooksville. In addition, local white land developers, Mr. Rice and Underwood and others began illegally selling most of the contaminated property alongside the four separate rail train routes through South Brooksville with contract deeds. The residential areas in South Brooksville were boxed inside the rail routes on all four sides, north, south, east, and west.

White land developers routinely sold railroad property alongside every route to African American citizens with contract deeds with the corporation of CSX knowing very well that the property was stilled owned by CSX, and could not be legally deeded to the African American buyers. This property was contaminated with arsenic from years of pesticides spraying to kill vegetation alongside the tracks, beginning prior to 1948. They even moved old CSX sections housing formerly used to house CSX employee, to South Brooksville. The house themselves were contaminated traps.

In 1948, local businessmen had privilege information that CSX was ceasing operation in the South Brooksville area. In 1924, 1927 Seaboard Coastline and local businessmen built three facilities to off load gasoline products to above the ground storage tanks alongside the tracks leading to the depot on Russell Avenue. African American citizens lived within several feet of these facilities, and the runoff from these facilities leached onto through their property. These contaminated facilities sites remains contaminated today after over 80 years of contaminations.

By 1972, CSX had discontinued it services to the South Brooksville area. However, the tracks were not entirely dug up as stated, the contractor hired by the City of Brooksville removed the iron railings, but covered-up the cross tires that were routinely soaked in arsenic based solution to preserve the cross tires, - made of wood. The City of Brooksville cut new ditches, and installed new culverts to redirect the water that once traveled downside the four arteries of railroad tracks to two ditches that travel directly through the African American community as of today, and that brought a river of contaminated water throughout the South Brooksville community and routinely overflowed into private property.

As a common discriminative practice based on racism, to cover their actions, both, Hernando County and the City of Brooksville provided falsified information to FEMA in an attempt to convince FEMA that the Black community was in a flood zone, even though, white own property south of the all black community was much lower, but not considered to be in a flood Zone. By Hernando County and the City of Brooksville account, the all black school that served the blacks, which was built in 1942 was in a flood zone throughout its entire existence. In 1960, the cafeteria at Moton High School was used as a storm shelter during hurricane Donna, supposedly in a flood zone.

In 1957 or thereabout, the City of Brooksville acquired a plot of land that was being used by the all black Moton High school's New Farmers of America Chapter to practice farming. The parcel of land was within 50 yards of the school, never the less, the City of Brooksville built a Sewage treatment Plant to serve the entire City. This hazardous industrial facility next to the school changed the quality of air in the area for the next 30 years. By 1990 or even sooner the facility was operating in a state of over capacitated, and the City of Brooksville issued a building moratorium for the area, and would not allow any development by citizens in South Brooksville, but allowed the Hernando County Government to increase the number of toilets while renovating and extending the courthouse on Broad Street. In addition, the Hernando Health Department built its current

headquarter during the moratorium on property that the blacks were forced to leave, *in their exodus, to the South Brooksville area across the railroad tracks.*

The City of Brooksville Sewage Treatment Facility on School was in an over capacity state of operation and was spreading unbearable stench throughout the air in South Brooksville. The facility was so much over capacity that when the new Hernando County Health Department was brought online, it caused severe sewer backups in all of the surrounding homes. The sewer backups were so severe that the city had to replace carpets in several homes surrounding the newly built Health Department site, but never committed to do any further investigation of the impact on the homeowners health.

The stench from the City of Brooksville sewage treatment facility was unbearable, and the stench was made worst by the City of Brooksville allowing a Citrus Plant on Dr. Martin Luther King Blvd, operated by a Brooksville City Councilman to basically illegally dump its waste into a facility that was over capacitated, totally destroying the air breathe by the citizen of South Brooksville. The City of Brooksville Sewage Treatment Facility was torn down after years of outcry around 2001, however, the property itself has yet to be cleaned up and the site is still spreading contaminates throughout the surrounding area through a ditch that overflows back into the community.

This complaint further encompasses the years 1948 until the current period, and specifically refers to the NAACP suit against Hernando County and the City of Brooksville in 1982. From the period 1988 until the current date, July 11, 2011, the City of Brooksville, Hernando County and the Florida Department of Environmental Protection has steadfast denied the citizens of South Brooksville, my mother, wife, my grandchildren, a safe and health community to live by allowing 10 contaminated sites in South Brooksville, a residential community, to spew chemicals via these10 contaminated sites throughout the South Brooksville residential neighborhood for over 20 years.

However, a concluded act by all phases of local government maybe the worst single act of environmental injustice bestowed on the citizens of South Brooksville, maybe, even worse than the last lynching in 1948. The concluded act involves when the Old Moton High School was demolished. It was demolished between the 1970's and early 1980's. The old historic structure was identified as being loaded with asbestos, and layers and layers of lead based paint on the walls. However, rather than providing a true assessment of the levels of asbestos and lead based paint, The Hernando County School Board and Hernando County Commissioners concluded that the building should be demolished instead. The building was demolished without following any of the suggested methods required to demolish buildings containing asbestos. The asbestos became friable, and many believe, led to the early deaths of several residents who came in contact with the friable asbestos.

**The City of Brooksville, Hernando County, the Florida Department of Environment Protection and the Florida Department of Health, collectively continues to violate, Executive Order 12898, as of Jul, 2011.**

## TITLE VI & ENVIRONMENTAL JUSTICE

*On February 11, 1994, President Clinton signed Executive Order 12898: Federal Action*

*to Address Environmental Justice in Minority Populations and Low-Income Populations. The Executive Order provides that "each agency shall make achieving environmental justice part of its mission by identifying and addressing, as appropriate, disproportionately high and adverse human health or environmental effects of its programs, policies, and activities on minority and low-income populations." In support of Executive Order 12898, the U.S. DOT issued an Order on Environmental Justice (DOT Order 5610.2). This order clarifies and reinforces Title VI responsibilities in federally financed transportation projects.*

**Discriminatory Act**

**DISCRIMINATION PROHIBITED BY TITLE VI.**

There are many forms of illegal discrimination; this complaint is based on race, color, or national origin that limits the opportunity of minorities to gain equal access to services and programs. Among other things, the alleged violators denied the citizens of South Brooksville any involvement in operating federally-assisted programs the MTA and its sub-recipients. The City of Brooksville, Hernando County, the Florida Department of Environmental Health, Hernando County, and the Florida Department of health have denied the low-income citizens of South Brooksville access to information and opportunities for public participation in matters that impact their health and living environment; by denying the residents including low-income residents access to public hearing, open house community meetings, and Hernando County used its government powers to stifle any citizens participation in the Remedial Assessment and clean-up plans of the high number of contaminated sites in South Brooksville, authorized for clean-up using federal funds.

The citizens of South Brooksville, specifically, the citizens of the Mitchell Heights Community formed the HEALTH AWARENESS AND MITCHELL HEIGHTS RESTORATION BOARD, INC. in 2006, with Mr. Booker T. Byrd, a South Brooksville and a Mitchell Heights resident, as President. The organization sponsored communities meeting on a regular basis until the Hernando County Commissioners announced in a public Commissioners Meeting that all dialogued with the community would cease because the citizens had obtained an attorney. Hernando County then hired a $500.00 per hour attorney using tax dollars to fight the citizens of South Brooksville.

**Racially constructed Hernando County Health Care Advisory Board;**

Tom Barb
Joan Batcha
Robert Blackburn
Elizabeth Callaghan (Director of Hernando County Health Department)
Dennis Callaghan
Patricia Churma
Christopher A. Kingsley (County Commissioner)
Jim Knight
Bryan Marshall
David M. McGrew
Jean Rags (On every board that has a negative effect on the Black community).
Irene Rickus
Mickey Smith
Darlene Worley

In 2006, the above Hernando County Health Care Advisory Board lacked a single African American representative from anywhere in the entire county including all zip codes.

**Community Health Needs Assessment Subcommittee;**

Tom Barb
Dennis Callaghan
Elizabeth Callaghan
Patricia Churma
Leslie Ellis-Lang
Lori Gottlieb
Richard Linkul
George Marholin
Deborah Ann Nastelli
Jean Rags
Irene Rickus
Barbara Smith

In 2006, the above Hernando County Health Needs Assessment Subcommittee lacked a single African American representative from anywhere in the entire county including all zip codes. The Hernando County Health Needs Assessment Subcommittee was created in complete secret, and without the knowledge of the Citizens of South Brooksville.

**Contributing Staff — Hernando County Health Dept.**

Gina Dowler
Ann-Gayl Ellis
Karen Gidden
Erica Holback
Kathy Sauskojus

In 2006, the above Hernando County's Contributing Staff lacked a single African American representative from anywhere in the entire county including all zip codes.

**Adverse Impacts and Disparate Impact**

Research healthcare in the City of Brooksville and Hernando County," has long shown racial disparities exist in access to healthcare and in key health outcomes", and, that African Americans in South Brooksville and Hernando County as a whole are being denied the opportunity to participate on local health assessment advisory boards is a key cause of the racial disparities, and the act is racist in in intent, and distribution, and have created a shroud of secrecy concerning the true assessment of the health of African Americans residents in Hernando County, primarily zip codes 34601 and 34602. The analysis of the Health Assessment Report produced by WellFlorida Council states that African Americans in Hernando County are sicker than all the African Americans in Florida's six-seven counties. The adverse impact caused by the discriminate acts of the basis of race by the City of Brooksville and Hernando County (represented by the same power

structure), is that black are suffering from cancer and respiratory ailments a higher rate than in any of Florida 67 counties. As African Americans, the total numbers of citizens that have died from cancer is astronomical and represent a murderous act.

**Contributing Staff—WellFlorida Council;**

Shane Bailey
Sandra Carroll
Jill Dygert
Jeff Feller
Lindsey Michaels

In 2006, the above WellFlorida Council Contributing Staff who created the Hernando County Health Needs Report lacked a single African American representative from anywhere in the entire county including all zip codes. In addition, Jeff Feller who attended several of the community meetings sponsored by the Health Awareness and Mitchell Heights Restoration Board, Inc. in South Brooksville, promised to provide the organization its raw health assessment data for zip codes 34601 and 34602. Even though, the promise was made in the presence of Florida State Health Department officials, in relationship to data required by the Health Awareness and Mitchell Heights Restoration Board, Inc., in a highly attended community meeting concerning producing a health survey to supply the conditions of a grant awarded by the Florida State Health Department, Tallahassee, Florida. After being contacted by Dr. Chrissee to obtain the raw data ', Jeff Feller, reneged on his promise and stated that there were no raw health assessment data, stating "there is only phone collected data with no idea of the streets involved."

Upon finding that Jeff Feller would not supply the raw data as stated, the organization and its members developed a survey of its own. However, when a copy of the survey was submitted to the Hernando County Health Department, who was responsible for only the servicing and distribution of the grants funds, a Hernando County Health Department official closed out the grant stating that the one year grant period was over. However, the grant was awarded by an office of the Florida State Health Department in Tallahassee. The grant was approved in November 2008 for one year beginning in December; however, Al Gray (Hernando County Health Department employee) called and notified the organization that the grant had been approved in March 2009. The first monetary draw was awarded in May, 3 months after writing the Governor and asking for assistance because the Hernando County Health Department insistence on changing the approved goals of the grant. Hernando County Health Department employee Mr. Sentman replaced health surveys for 50 homes to health surveys for100 homes even though the target area only had approximately 50 homes.

The approved grant application was completely re-worded to suit Hernando County views. After requesting assistance from the Governor, a community meeting was conducted with representatives from DOH, Tallahassee office. At that meeting, Hernando County's opposition to awarding the grant centered on the health survey, Hernando County officials did not want the organization to conduct its own survey using data collected by the organization. In the meeting Dr. Chrissee, an Environmental Specialist with over 30 years of experience, hired by the organization stated that she could use WellFlorida Council raw data. The representatives of DOH from Tallahassee sent by the Governor agreed that using WellFlorida Council raw data was a viable

option, and a suitable resolution of the matter. It was agreed upon by all parties that we would use WellFlorida Council raw data to conduct the health survey. However, Dr. Chrissee contacted Jeff Feller a few days after the meeting, he stated, "there is no raw data and that the organization only conducted a telephone survey and did not save the data by street, and that the data was only available by zip codes.

See Exhibit one an email sent to Joey West, television station Baynews 9.

The Health Assessment Report by WellFlorida Council supposedly reviews the health status of Hernando County residents, and the primary focus of the health status assessment was to review various mortality and hospitalization data. The detailed assessment of the mortality and morbidity rates of Hernando County African American residents instead of enabling the community to identify specific health indicators resulting in early death or unnecessary hospitalization, the mortality and morbidity rates were concealed from the African American citizens of Hernando County by planned exclusion from the ***Hernando County Health Care Advisory Board*** and Hernando County, DOH, FDEP, or the City of Brooksville has yet to implement any programs that will improve the overall health of the community – as quoted by the St. Petersburg Times, the county and City of Brooksville position is that by 2014 Hernando County will be one of the healthiest counties in the state of Florida, after all of unhealthy African American have died.

According to the Hernando County Health Needs Assessment Report, diabetes is the third leading cause of death for black residents in Hernando County compared to the seventh for white residents. In addition, nephritis, perinatal conditions and HIV (albeit in small numbers with one death or fewer per year on average) are in the top 10 causes for black residents. Considering, the total number of contaminated sites in South Brooksville, the years of exposure from arsenic from the CSX railroads that surrounds the community, the exposure to benzene, zylenes, and other gas and diesel based chemicals; the citizens of South Brooksville are sitting ducks waiting to die from a serious of chronic cancers.

In the Hernando County Health Needs Assessment Report, it was reported that county residents had age-adjusted mortality rates that were higher than the state for six of the 10 leading causes of death. Recent data shows that Hernando County now exceeds the state's age-adjusted mortality rate in nine out of the top 10 causes of death. Only the age-adjusted death rate for pneumonia and influenza is lower in Hernando County than for Florida as a whole. Respiratory disease exhibits perhaps the most troubling disparity pattern among blacks and whites. Respiratory disease age-adjusted mortality rates for white residents in Florida are substantially higher than that of black residents. However, not only are the Hernando County rates for both white and black residents substantially worse than Florida ***but the age-adjusted death rate for blacks actually exceeds the rate for whites by a wide margin. The cancer rates for African Americans in Hernando and the City of Brooksville are astounding. The complainant*** (b) (6) Privacy ***that is suspected of being caused by exposure to the arsenic in his yard at*** (b) (6) Privacy ***, Brooksville, Florida 34601.***

"For black and Hispanics residents, the health picture is significantly different." As seen in Table 3-3 of the 2006 Hernando County Health Needs Assessment Report, diabetes is the third leading

cause of death for black residents in Hernando County compared to the seventh for white residents. While respiratory disease is a high ranking cause of death for white and black residents of Hernando County. When you consider, the fact that the majority of African Americans resident resides in zip code area 34601, the hub of the railroad tracks, dozens of contaminated facilities, the County DPW site, the City of Brooksville DPW, pancreatic damage is imminent.

Respiratory disease exhibits perhaps the most troubling disparity pattern. As seen in Figure 3-4, (Hernando County Health Needs Assessment Report) respiratory disease age-adjusted mortality rates for white residents in Florida are substantially higher than that of black residents. However, not only are the Hernando County rates for both white and black residents substantially worse than Florida but the age-adjusted death rate for blacks actually exceeds the rate for whites by a wide margin.

There are disparity gaps in stroke and unintentional injury age-adjusted mortality rates between blacks and whites. Black residents die at a disproportionate rate from stroke than their white counterparts while white residents die at a disproportionate rate from unintentional injury compared to their black resident counterparts. Figure 3-7 (Hernando County Health Needs Assessment Report) also shows another area of disparity concern. Typically, diabetes is one of the most disparate disease states in the United States often with death rates of black residents at two times or more than their white counterparts. While the age-adjusted death rates for diabetes among blacks throughout Florida is more than twice the white rate, in Hernando County, the age adjusted diabetes mortality rate for black residents is more than three times that of white residents.

Hernando County survey information collected for the (Hernando County Health Needs Assessment Report) focused mainly on demographic characteristics such as age, race, gender, income and occupation; health risks and health behaviors such as weight, smoking, physical activity, eating habits, and lack of health care, ignoring the conditions of the contaminated community the residents lived in for over 50 years, and the toxic chemicals they were expose to during these 50 years

The greatest concentration of black population, as a percentage of total population, resides in the Brooksville zip codes of 34601 and 34602.See, **Table 2-6., Population by race, by zip code, Hernando County and Florida, 2005 Exhibit (Hernando County Health Needs Assessment Report). Note: The majority of blacks reside in zip code area 34601 which encompasses all of the City of Brooksville, and includes portions of Hernando County within a five miles radius of the City of Brooksville, an illegal enclave created by the City of Brooksville and allowed by the County of Hernando. The cancer rates for blacks living in zip code area 34601 ( the illegal enclave area) are off the charts in comparison to the other 67 counties in the State of Florida.**

The document below dated June 19, 2011 contains supporting facts concerning the environmental injustice being directed at the Complainant and his family. Arsenic was found in 6 locations throughout the property at (b) (6) Privacy [redacted] Brooksville, Florida. Since, the detection of arsenic by Earth Systems, the Florida Department of Environmental Protection has done nothing but test and retest attempting to manufacture background data that would suggest that the arsenic

on the property is nature arsenic instead of, arsenic that flowed from the S&B Go, and the two other contaminated sites surrounding (b) (6) Privacy within a radius of less than 60 yards, and one of contaminated sites is within 15 feet of (b) (6) Privacy adjacent to the property, and separated by (b) (6) - Privacy and an unauthorized ditch dug to haul away loads of contaminated soil without any chain of records of the level of contamination. The arsenic is still in the yards at (b) (6) Privacy well above the safe level for human exposure.

**Official Copy**

June 19, 2011

From: (b) (6) Privacy
Brooksville, Florida 34601
(b) (6) Privacy

To: Florida Department of Environmental Protection
Tara Peavy Mitchell, Environmental Specialist
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Bureau of Petroleum Storage Systems
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Florida Department of Environmental Protection
Ligia Mora-Applegate,
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NAACP
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President, Barack Obama
The White House
1600 Pennsylvania Avenue NW
Washington, DC 20500

Senator Bill Nelson
United States Senate
716 Senate Hart Office Building
Washington, DC 20510

Subject: The subject is two-fold, one, a response to the Health Risk Assessment Report provided to Ms. Elizabeth Callaghan by FDEP Hazardous Waste Site Health Risk Assessment Program, two, an environmental injustice complaint on the grounds of race.

Response to Florida Department of Health letter addressing Ms Elizabeth Callaghan's request that the Department's Hazardous Waste Site Health Risk Assessment Program examine possible risks associated with "swallowing" of soil at a residential property located on (b) (6) Privacy in Brooksville, Florida, USA.

In the letter the Complainant acknowledges what it is that the Risk Assessment Program does and that the report is supported by the federal agency for Toxic Substances and Disease Registry (ATSDR). The letter contains a disclaimer that the federal agency has neither reviewed nor cleared the document attached to the letter; at least, that is my understanding. Disclaimers always cause me concern because they are intended to disassociate an agency which would under normal

circumstances have certain oversight responsibilities from that role in the matter under consideration. The federal government has a duty to insure that its monies (tax payer's dollars) are being used for the purpose for which they were intended and that they (the feds) approve of the particular use of the document or conclusions contained within the document (in this case).

For continuity and clarity, I will try to follow the format of the document in my response. Let me start with the statement that, a resident (b) (6) Privacy expressed concerns about possible health effects associated with arsenic in the soil on his property. While that is a fair statement of what the was issue was as presented by me, the request should be viewed however by the Risk Assessment Program as a two pronged concern; One, the complaint was directed toward, "possible health risk" and the associative connect was, "associated with arsenic". From the response it appears that the Department read the complaint the same as it was intended to be read. The resident had serious health concerns and that the health concerns were connected to the presence of arsenic which came to be on the property due to contamination from an outside source. That is it was not from naturally occurring sources of arsenic. In fact the document states that to be protective of human health the testers assumed that the arsenic found in the surface soils at the (b) (6) Privacy property was in the more toxic inorganic form.

The consultants at the request of the Hernando County Health Department or on its own initiative analyzed for the presence, not only of arsenic, but also for the presence of chromium, copper, and iron. Evidencing an understanding of the two prong concern of the resident, one, health risk (from whatever source) and arsenic as the source metal based upon information which the resident had. Interestingly the consultant did not analyze for the presence of petroleum hydrocarbons, known carcinogenic. Conversely it did not test for arsenic on the S&B Go site which might have answered the unanswered question as to the source of the arsenic at the (b) (6) Privacy property regardless of its intensity.

It is my understanding that consultants act within a clearly defined box or prescribed area of concern searching as in this case for what they have been requested to search. Therefore what they seek is defined by the person requesting their services, in this case, Hernando County Health Department.

**Background and Statement of Issues:**

Hernando County framed its issue to focus on the S&B Go hazardous waste site which it identified as a bulk petroleum fueling facility which operated from 1927 to 2003 and was located DIRECTLY across the street north of the (b) (6) Privacy property in question. It is pretty clear that the State Agency relied upon information provided by the requesting agency, Hernando County Health Department, to state that S&B had eight (8) above ground storage tanks (ASTs) which contained diesel fuel, kerosene and unleaded gasoline and two (2) underground storage tanks (USTs) holding lead gasoline and waste oil (probably installed without the proper retaining walls in violation of DEP regulations).. Dispensers were located on the southwestern and north central portions of the property and they added that all tanks and dispensers had been removed from the property as of the date of testing.

The background information states that in 2004, after two reported discharges, consultants for the Florida Department of Environmental Protection (DEP) identified petroleum hydrocarbon contamination in the soil and groundwater (probably an underground stream running under (b) (6) - Privacy [redacted] from the Saxton pond location east of the properties in question) at the S&B site. The background information goes on to state that in April 2005; DEP's consultant removed hundreds of tons (1473 tons) of contaminated soil from five locations on the site ( there is some information which suggests that the removals were without proper oversight possibly resulting in a fraudulent claim of removal when in fact the removal was incomplete, this is strongly suggested in view of the fact that return visits found the presence of hydrocarbons at later dates including the test done in support of this most recent effort to steer blame for the arsenic contamination on the (b) (6) - Privacy [redacted] property away from S&B Go site) . It was noted that despite the removal of hundreds of tons of contaminated soil, a post excavation testing found some contamination (how much?) remained at the site; the test revealed that the compounds exceeded Florida DEP soil cleanup target levels (SCTLs). Between 2005 and 2007, consultants for DEP identified two additional petroleum hydrocarbon contaminated areas on the site. In September 2009, they removed hundreds of tons more of additional contaminated soil from the site apparently in response to the contaminated areas identified in '05 and in '06. If so it took four years to react to an environmental threat on a previously identified "Super fund site". During this time, as well as during the previous fifteen (15) years, dating back beyond 1991, when an article in the St. Petersburg Times finally publicly illuminated, the stealthily conduct and behind closed doors dealing of then State of Florida lawmaker, Chuck Smith, who was also the then owner of the S&B Go, Inc. site, setting forth a scheme which the Times referred to as "simply rotten".

So at least as far back as 1991, the S&B Go site was identified as a major polluter in the area; located directly across the street from the (b) (6) Privacy property. Mr. Chuck Smith openly and notoriously attempted to utilize his power and influence as a State legislator to craft legislation to bail out polluters, "even when they disregard environmental rules". The opinion piece went on to say among other things: "To call his behavior [Rep. Smith's] a blatant ethical conflict seems kind." Rep. Smith, who at the time was fighting the state Department of Environmental Regulation (DER) over contamination from his petroleum tanks in Brooksville, not only voted for the bill but introduced the language." The bill he supported would have made state cleanup money available specifically for the kind of oil and gas pollution violations Smith was facing at the time in his own business (S&B Go Inc.). The Times label his conduct as "bad, bad; bad politics". Smith's law was labeled a "bailout program for oil companies that let their tanks foul up the groundwater" and was deliberately misleading. In today's political atmosphere Mr. Smith might be facing an indictment or censure from the legislature for a blatant ethical conflict. Under his law polluters would have been paid for the pollution they themselves created. In his case Rep. Smith stood to receive as much as $1-million. The article also identified the date of the discovery of the pollution problem as July, since the article was written March 30, 1991, the discovery dated back to at least July, 1990. This information was public record at least from that date (be mindful that July is the date of discovery and or reporting) it is perfectly conceivable in light of the devious conduct of Rep Smith, that the pollution was occurring years before the date of discovery.

This article is referred to at this time to strongly suggest that the background information contained in the letter to Ms. Callaghan dated May 2, 2011 deliberately attempts to distort the history of the Super fund site by hinting that there were two reported discharges in 2004; that these reported

discharges signaled the first public awareness of health risk to the citizens of Brooksville who lived in close proximity to S&B; also effectively zeroing in on 2004 as the start of contamination issues on the S&B Go site; when in fact and in truth this site was spewing pollution into the earth, groundwater and properties of residents of the neighborhood for at least 15 years prior to that date.

It is clear that the City of Brooksville/Hernando County understood the threat to the larger communities' health and wellbeing. The City, in and around 1989 or 1990, in response to a clear threat to the public health of some of its residents, instituted mandatory water notices. It was then that the City increased the amount of chlorine added to the Lamar water station by as much as six (6) times what had been used up to that point. In 1998 or there about the FBI, as in the Federal Bureau of Investigations, discovered that an engineer who had been hired to test the drinking water was falsifying his water reports. Hernando County did not join in the complaint.

There was a massive cleanup effort at the questioned site in 2003. This City of Brooksville and Hernando County has systematically pursued a course of smoke and mirrors over the years in an effort to avoid liability for their negligence in failing to protect the health of the citizens along Smith Street and other parts of our community. The City and County as a result of its dilatory actions in reporting environmental violations and the state Department of Environmental Protection in its failure to respond with a sense of urgency when violations were reported or discovered, allowed great harm to come to the citizens south of and adjacent to the railroad tracks running along ACL Avenue, including the Complainant, permitting them to be attacked by debilitating diseases including but not limited to cancer and other named and unnamed disease while they slowly wasted away and many died without ever knowing that they were the victims of benign neglect or criminal neglect on the part of their own governmental officials.

The governmental authorities charged with the duty to protect its citizens, did exactly the opposite. Rep Chuck Smith is a shining example of the kind of caring governmental official watching over the citizens of [redacted] and [redacted] The City of Brooksville in removing hundreds of tons of contaminated soil from the S&B site and DER in allowing it especially without hands on supervision, inadvertently or intentionally allowed the hauling away of soil contaminated with arsenic which had accumulated from the illegal drain off of heavily arsenic contaminated soil created from the spill off from CSX railroad properties just north of the S&B Go site. For years CSX sprayed huge amounts of arsenic along the tracks bordering S&B Go site to the north for weed control with little or no regard for the citizens who occupied homes parallel to the railroad on both sides of the tracks.

It is interesting that there are no reported test results from the S&B Go site for arsenic. The County either completely ignored the obvious threat of arsenic contamination from the CSX railroad property, or, the presence of the petroleum contamination diverted the attention of both the County Health Department and the State Department of Environmental Regulation from the equally dangerous contaminant, arsenic. That sounds plausible until you become aware that CSX set aside a huge amount of money, up to a million dollars, to cover damages which they anticipated might come out of legal action by the residents who were injured as a result of their negligent actions. In other words they knew that they had sprayed the deadly metal arsenic in an area which might reasonably have harmed citizens in the area. Since these were all low income people the Company figured that a million should do the trick. Based upon the dilatory, smoke and mirror

conduct of Rep Smith and local governmental agencies and officials, not a dime was ever paid out. No liability was ever admitted and to add insult to injury, the County assisted in hauling away the evidence. To put the icing on the cake so to speak or more accurately to put the asphalt on the cake, a "nature trail", along the former CSX property, has been constructed over some of the most arsenic infested property in the area.

The Complainant numbers himself among those who have been adversely affected; infected would be a better word, by the misfeasance or malfeasance of City, County and State governmental agencies and the officials who run them. The Complainant as a child under ten years of age, who lived with his mother on (b) (6) - Privacy unaware that poison was being systematically released into his body from arsenic sprayed along the railroad tracks directly in front of his house, which was built on alongside another polluting gasoline distribution center of the same order as that at the S&B Go site directly across from his present abode on the corner of [redacted] and (b) (6) - Privacy the same railroad tracks that he played alongside of and crossed daily to attend Moton School in south Brooksville. When he crossed the tracks cutting through the property just south of the tracks; just a few yards from (b) (6) - Privacy he encountered yet another Oil and gas distribution center. The Complainant was raised in a triangle of death and returned in his adult years to live directly across (b) (6) - Privacy from S&B Go, a super fund site.

**Residential Background and Statement of Issues:**

The lack of concern for the higher arsenic evidence in the yard of (b) (6) Privacy supplements the negative attitudes toward the residents surrounding the contaminated facilities in South Brooksville by the government agencies required to protect the rights and health of the residents. Throughout the Florida Department of Environmental protection public records facility, OCULUS, there are no data or known reports on the effects of the contaminations on the surrounding residential properties. By the lack of any known recorded reporting on the dozens of homes surrounding Facility ID 8508778 and 8626678 (same facility with two different facility identifications), one would readily believe that no one lived near the site.

However, this is far from the truth. The FDEP, formerly, DER, OCULUS files will reference the switching of ownership of Facility 8508778 and 8626678 from Chuck Smith, the polluter, to Mr. Underwood, and the questioning of the connection. the connection could be related to the fact that, directly east of the site, and adjacent to the site, Mr. Underwood owned (original railroad property), and there was an African American community of a dozen or more shotgun style shacks as they were called. All of the residents that lived in Underwood- Quarters (as it was called) died of ailments that mirror chemical cancer-related illnesses. Today, the portion of the area of the once African American community that was directly adjacent to the site is wooded and over grown; the remaining portion of the once African American community contains an Industrial Business, not fit to live on.

**Topography Background and Statement of Issues:**

The topography of the area during the 1980s and 1990s is a testament of how the community was contaminated. (b) (6) Privacy was a dirt road with a lime-rock base. There was no ditch going along

side of (b) (6) - Privacy There was no ditch going down side (b) (6) Privacy These ditches were dug after the facility had been reported as being in violations of discharging chemicals off the site, after 1989. Where, would one believe that the discharged chemicals traveled? Well, without question, the gas and diesel that spilled onto the pumping mounds with no containment, ended up in the yards of (b) (6) Privacy and (b) (6) Privacy first, then throughout the community. There were multiple reports filed with the City of Brooksville by the residents concerning the large trucks being allowed to gas up at the facility when trucks were now allowed on the street.

Often, truck drivers while re-fueling their truck tanks, they would rig the gas pump handle to pump without it being held, and would go inside the office to fraternized with the young female working inside the office, and often forgot they were pumping gas or diesel. Hundreds of gallons of gas or diesel fuel would overflow from the nozzle, spilling to the open ground and flowed down (b) (6) Privacy (b) (6) Privacy and down (b) (6) - Privacy and onto the properties on (b) (6) - Privacy and (b) (6) Privacy The above acts took place repeatedly in the 1980's and early 1990's and could have single handed contaminated all of (b) (6) Privacy and Smith Street.

**Residential Contamination Statement of Issues:**

The Complainant returned to his childhood neighborhood and has remained over the pass decades; much older and wiser than when he started this journey there as a child. The Complainant is determined to correct this grave crime which has been perpetrated on the people who lived in the triangle of death; many are already dead many are cancer survivors. The Complainant has lost a kidney to the destructive polluters of his environment and if recent test are accurate, is threaten with the loss of yet another, only to look forward to the remainder of his life on dialysis. The Complainant is committed to the proposition that the local and State governments involved need to accept responsibility for the harm they have caused and continue to cause by stonewalling and bringing all the forces of my government against me. We are all entitled to our own opinions but we are not entitled to our own facts. All the professors at all the most prominent Universities in Florida and the United States will not be able to opinionate away the facts once the proper agency investigates and the facts are shown to be what they are; and, they will be known to all in the near future, justice will be done.

In parting, the higher arsenic evident in what your report calls the south part of the (b) (6) Privacy is really the entire property of (b) (6) Privacy since the front half of the duplex is (b) (6) Privacy that contamination is probably the results of illegally installed sewage lines which were illegally installed across the property at (b) (6) Privacy without the consent of the property owners and without obtaining a right of way. The sewage lines still remain on the property, and the City of Brooksville refuses to remove the sewage line off private property. Up until recently the water line leading into the (b) (6) Priv residence had illegal bends in it resulting in leakage of water onto and under the (b) (6) Privacy properties. The water line went directly through a sewer manhole.

It is quite interesting that traces of arsenic were also found in the water samples related to (b) (6) Priv (b) (6) Privacy but not mentioned by the Hernando County Health Department in its request for a health analysis of the site. It is without doubt, the properties of (b) (6) Privacy and (b) (6) Privacy (b) (6) Privacy should be condemned, and all the residents relocated and tested for health problems related to exposure too petroleum hydrocarbons, known carcinogenic. When a government has a

history of disregarding the rights of its citizens there is no limit on the abuses it is capable of inflecting.

In closing, less we forget the history of our community; at the turn of the last century, Brooksville/Hernando County was known as the "lynching capital" of America; ironically the under-lying reason for the lawlessness then was due to the fact that the elected and appointed officials of that era refused to protect the God given right of all of its citizens to live in safety and security within their own homes and to enjoy the right to life liberty and the pursuit of happiness in their own Country.

Today Brooksville/Hernando County again finds itself atop the "mountain of infamy" with the label of "sickest county" in Florida: the root cause? Again the failure of its elected and appointed officials to extent the protections of life, liberty and the pursuit of happiness to all its citizens regard of race, creed, place of national origin or economic station in life. For me, I have been young and now I am old yet have I not seen the righteous forsaken nor his seed begging bread. Brooksville/Hernando County and all those who have, regardless of motive or intent, assisted them in the massive cover-up within the triangle of death and within the south Brooksville area in general, will be brought to justice and those living and dead who suffered as a consequence, will finally be vindicated.

*References: This document referred to the thousands of pages of documents on FDEP OCULUS online public records systems for facility identifications 8508778 and 8626678 (one and the same facility).*

*Exhibits one through eight included.*

**Request for an Investigation**

Complainant request that U.S. Environmental Protection Agency Office of Civil Rights conducts an investigation to determine whether the City of Brooksville, Hernando County, Florida Department of Environment Protection and the Florida Department of Health violated Title VI of the Civil Rights Act 42 U.S.C 2000d to 2000d-7. The alleged violators the City of Brooksville, Florida, Hernando County, Florida Department of Environment Protection, Florida Department of Health received U. S. Federal Funds through various funding avenues from the U. S. Environmental Protection Agency through the superfund programs for contaminated sites, and from various other federal agencies in the form of CDBG Grants, and other grant appropriations. This complaint encompasses the years 1948 until the current period, 2011, and with specific emphasis on the NAACP suit filed against Hernando County and the City of Brooksville in 1982. From the period 1988 until the current date, July 11, 2011, the City of Brooksville, Hernando County and the Florida Department of Environmental Protection, Florida Department of Health and Hernando County Health Department have steadfast denied the complainant, citizens of South Brooksville, the complainant's mother, the complainant's wife, and grandchildren, a safe and healthy community to live, by allowing 10 contaminated sites located in the South Brooksville residential community, to spew chemicals via these10 contaminated sites throughout the South Brooksville residential properties for over 50 years.

It is requested that present City of Brooksville DPW employee to be interviewed under the possibility of perjury charges for falsified statements made to their superiors, mainly, Will Smith, a longtime employee has always provided false or incomplete information as to actions of the DPW in past years, and Mr. Richard Radacky, the current director of the Brooksville DPW, seemingly, was hired to mainly support the false or incomplete information provided by Will Smith/past employees; after, the City Manager fired Emory Pierce (2009) because he provided false information to the Southwest Water Management District to avoid obtaining an environmental permit to remove contaminated from old railroad properties in South Brooksville.

It is requested that present and past employee of the Hernando County DPW to be interviewed under the possibility of charges for perjured statements to their superiors to conceal past and present environmental injustices conducted at the County DPW site, environmental justices violations such as, burying toxic chemicals on the site to avoid the cost of disposing the toxic chemicals, and installing gas and diesel pumping stations on the DPW site to service government vehicle without the knowledge of the Florida Department of Environmental Protection, reportedly authorized by the then Director of the Hernando County DPW, Mr. Charles Mixon. ***Hernando has in the U. S. Representative in Congress, former Sheriff Richard Nugent who made this statement, "he hated gassing up his patrol car at the DPW site, because he would soil his patrol car with all of the chemical laced dirt he had to step in to gas up."*** It requested that Representative Richard Nugent be questioned concerning what he knows concerning the unauthorized uses at the Hernando County DPW site.

**The City of Brooksville, Hernando County, the Florida Department of Environment Protection and the Florida Department of Health, collectively are in violation of Executive Order 12898**

In 1948, the last reported lynching in the United States, was not in Mississippi or Alabama, it was nationally reported to be right here in Brooksville Florida. No persons have ever been convicted for the many lynching of African Americans in Hernando County. It is clear that officials here in Hernando County believes that Hernando County do not have to answer to any laws, state or federally and Hernando County has totally ignore state and federal laws for years, especially, when the laws affect the African communities. Hernando has diverted in excess of over 50 million dollars of state and federal dollars that was earmarked for any of the predominantly African Americans communities in Hernando County,.

Millions of dollars have supposedly been spent to clean-up contaminated site in South Brooksville in the past 30 years, yet, the area still remains a contaminated hell hole. Over 15 million dollars of CDBG funds have been awarded to assist in revitalizing South Brooksville, yet the area is not revitalized. Local businesses have made millions of dollars for worked not performed, and yet they are allowed to continually receive federal dollars at every opportunity – Coastal Engineering, Inc. Millions of dollars have been disbursed to at least 10 different environmental firms to clean-up South Brooksville, yet it is not clean-up. Where did these funds go?

Note: Complaint filed with the USDA Office of Civil Rights, dated, July 10, 2003, Claim Number 1517251, by Minority Legal assistance and Community Development Inc.

Note: In 2005, The Complainant filed an environmental justice complaint with the U. S Environmental Protection Agency, Criminal Investigation Division. Resident Agent in Charge, Daniel Green was assigned to investigate the case. Agent Green interviewed the Complainant and instructed the Complainant to reveal his sources of who could testify that unauthorized chemicals were buried on the Hernando County DPW site. The Complainant explained to Agent Green that they were confidential former employees of the Hernando County DPW, and that it may jeopardize their welfare. Agent Green insisted by informing the Complainant that he could be charged with obstructing justice if he did not reveal his sources. The Complainant revealed one of his sources (John Crowley, a past employee who was then employed by Hernando County Emergency Management), only to have Agent Green relay the information directly to Hernando County officials, Chris Kingsley, Commissioner, Nancy Robinson, Commissioner in a meeting closed to the public, with FDEP. The Complainant was told by the FDEP Representative, who chaired the meeting that Agent Green made this statement in the meeting ***"you better interview your past employees or your goose is cooked."*** Agent Green revealed my sources directly to Hernando County official Greg Sutton, and he immediately wrote letters to all past employee of the Hernando DPW site and instructed them to not cooperate in any investigation – obstructed justice.

Sincerely

Complainant

(b) (6) Privacy

[redacted]

## Exhibit One.

Facility Site ID 278626678 use only 8626678 for oculus.
Document Date > 01-01-1900
Storage Tanks
Cleanup.

*In the 1950's*, the history of the site indicated that it contained only 4 aboveground storage tanks (ASTs), and was primarily used by CSX and Gulf Oil Company to store bulk petroleum for truck distribution. There were no retailing operations on the site.

*In 1960's*, the history of the site indicated that it still contained only 4 aboveground storage tanks (ASTs), and was primarily used by CSX and Gulf Oil Company to store bulk petroleum for truck distribution. There were no visible retailing operations on the site.

*In 1970s*, the history of the site indicated that it contained only 4 aboveground storage tanks (ASTs) visibly, by the 1980's; S & B GO Gulf Oil Company had begun to transform the site into a full service gas and diesel fuel serving facility, without obtaining the proper permits to install underground storage tanks or additional above the ground storage tanks. Throughout the 1970's and 1980's the site was expanded to include Island for pumping fuel and additional storage tanks below and above ground. The use of the site was expanded to service all of the City of Brooksville Government vehicles. The facility operating through an elected State Senator, Chuck Smith; and had major gas and diesel fueling contracts with the local rock mining trucking companies, even though, the access to the facility was no-trucks-allowed. In 1990, it was determined that the site was not authorize to operate as a full service gas station, the island installed to pump gas did not contain any means of containing the fuel spilled on the grounds, and it often discharged off the site onto and down Harar *Avenue.*

*In 1990*, the history of the site indicates that a FDEP Discharge Notification Form (DNF) was submitted for the site with a date of discovery of July 3, 1990, not 2003. Based on a letter dated 9/13/1990, from the Department of Environmental Regulations (FDER) the site was assigned two Facility Identification Numbers, 278508778, 278626678. As noted in a letter from HANDEX Practical Business Solutions to Mr. Benjamin Shulaw, Petroleum Cleanup Section 2, in Tallahassee, Florida, "Based on additional information, there were eight aboveground storage tanks on the site owned by Yandle Oil Company in 1990. By 1998, discharge from the site deemed the site eligible for Petroleum Cleanup Participation Program (PCPP) with a score of 62.

In less than eight years, the usage of the site had changed so drastically that the site was highly qualified with a score of 62 for the PCPP. In July, 2003, a Limited Tank Closure Report was performed by Jones-Ayers-Joint-Vennture and sent to the FDEP. The site now, in 2003, consisted of 4, 10,000 gallon aboveground storage tanks (ASTs), one, 3,000 gallon (AST), one, 1,000 gallon (AST) of unknown products, and one, 1000 gallon underground storage tanks (UST), and one, 285 gallon (UST) of unknown products. Further reports, revealed that the 100 gallon AST of unknown products, and the 285 gallon UST, actually contained a chemical that was arsenic based.

## Exhibit Two

| Former South Brooksville and Mitchell Heights Residents who have died of cancer | |
|---|---|
| **NAME** | **Cause of Death** |
| (b) (6) Privacy | Cancer before age 60 |
| [redacted] | Cancer before age 60 |
| [redacted] | Cancer unknown age |
| [redacted] | Unknown cancer (Mitchell Heights) |
| [redacted] | Cancer |
| [redacted] | Cancer |
| [redacted] | Unknown causes |
| [redacted] | Unknown Causes |
| [redacted] | Cancer |
| [redacted] | Natural death |
| [redacted] | Cancer |
| [redacted] | Cancer |
| [redacted] | ????? |
| [redacted] | Cancer |
| [redacted] | Cancer at a young age |
| [redacted] | Cancer |
| [redacted] | Cancer at young age |
| [redacted] | Cancer at young age |
| [redacted] | Over 70 with cancer |
| [redacted] | Over 70 with cancer |
| [redacted] | Sudden death with cancer only one hospital visit. |
| [redacted] | Cancer for several years before dying over 70 years |
| [redacted] | Cancer at a very young age – in the direct line. |
| [redacted] | Cancer at middle age |
| [redacted] | Still living with severe handicap – stroke related |
| [redacted] | Cancer middle age |
| [redacted] | Cancer and severe diabetics |
| [redacted] | Cancer – Heart Problems |
| [redacted] | Cancer and other ailments |
| [redacted] | Cancer at middle age |
| [redacted] | Cancer |
| [redacted] | Cancer |
| [redacted] | Most died before age 50 and some in their 30s and 40s |
| [redacted] | Cancer at a young age |
| [redacted] | Cancer at a young age |
| [redacted] | Cancer at a very young age |
| [redacted] | Cancer |
| [redacted] | Cancer |
| [redacted] | Cancer over 70 years old |
| [redacted] | Cancer before age 65 |
| [redacted] | Cancer at 62 died at 62 first indication of cancer |
| The above names are merely a snapshot of the total number of residents who have died from cancer. (b) (6) - Privacy [redacted]. | |
| [redacted] recently died with cancer at a very young age | We have one young lady who is now in hospice with cancer at a very young age. |

## Exhibit Three

**2012 Mobilizing for action through Planning and Partnerships (MAPP) Health Needs Assessment Report (Hernando County)"**

**http://www.hernandohealth.org/docfiles/CHC%20Info/Ful_Hernando_County_Needs_Assessment_2012.pdf**

**Exhibit Four**

**Contaminated Site in South Brooksville**

1. **Springstead Facility (South Brooksville Avenue)**
2. **Wilkes Oil (South Brooksville Avenue)**
3. **S&B Go** (b) (6) - Privacy **and** (b) (6) - Privacy
4. **City of Brooksville DPW site (South Brooksville Avenue**
5. **Old Citrus Plant – a major source of contaminating the aquifer that led to the closure of the business (Dr. Martin Luther King Jr. Blvd.)**
6. **Old CEMEX cement plant (Dr. Martin Luther King Jr. Blvd.)**
7. **Hernando County DPW site (Dr. Martin Luther King Blvd.)**
8. **Old Railroad Depot (Main Street)**
9. **A new CEMEX cement plant(adjacent to Josephine Street)**
10. **The City of Brooksville Sewage treatment plant until 2002 School Street within less than 100 yards from the old all black high school (Moton High).**

Earth Systems

November 7, 2011

Grant Willis
FDEP-Bureau of Petroleum Storage Systems
2600 Blair Stone Road, MS 4545
Tallahassee, Florida 32399-2400

**SUBJECT: Task Assignment No. GC651-0181**
**S&B Go Inc. Bulk Plant**
**335 Smith Street**
**Brooksville, Hernando Co., Florida**
**FDEP Facility No. 278508778**

Dear Mr. Willis:

Attached are the original and three copies of the subject Task Assignment. If you have any questions or comments concerning this project, please contact me at (904) 247-0740.

Sincerely,

***EARTH SYSTEMS***

Samuel P. Pratt, P.G.

Enclosures

223 12th Avenue North, Jacksonville Beach, Florida 32250, Tel 904 247-0740, Fax 904 247-7650
*Lantana • Jacksonville Beach • Tampa*

(5)

# Florida Department of Environmental Protection

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Rick Scott
Governor

Jennifer Carroll
Lt. Governor

Herschel T. Vinyard, Jr.
Secretary

Mr. Sam Pratt
Earth Systems, Inc.
223 12th Avenue North
Jacksonville Beach, Florida 32250

RECD NOV 07 2011

NOV - 4 2011

Subject: Task Assignment Notification
S&B Go Inc.-Bulk Plant
(b) (6) - Privacy
Brooksville, Hernando County
(b) (6) - Privacy
Task Assignment # GC651-018I

Dear Mr. Pratt:

Enclosed please find the state cleanup task assignment for the Supplemental Soil Assessment. **Please note that the task assignment is double-sided.** Remember that you may not initiate this work until the signed task assignment has been returned to the Florida Department of Environmental Protection (FDEP). The original and three (3) copies (retaining a copy for your records) of the executed task assignment (without this cover letter) must be returned to the FDEP, in care of Grant Willis at the letterhead address, Mail Station 4545, within 45 days of the date of this cover letter. Failure to do so may result in cancellation of the task assignment.

Persons responsible for conducting field activities associated with the task assignment are required to notify the FDEP (preferably by e-mail) at least seven days prior to beginning work on site.

**If contamination is discovered beyond property boundaries during the implementation of this task assignment, at a property where it had not been identified before, the FDEP Site Manager must be notified as soon as possible after the analytical results are received.**

If you should have any questions, please contact me at (850) 245-8890 or at the letterhead address, Mail Station 4545.

Sincerely,

Tara P. Mitchell

Tara P. Mitchell
Environmental Specialist II
Petroleum Cleanup Section 2
Bureau of Petroleum Storage Systems
Tara.P.Mitchell@dep.state.fl.us

Enclosure (Task Assignment)

cc: John Scussel, S&B Go, Inc., 220 Nottoway Trail, Maitland, FL 32751
File

Florida Department of Environmental Protection-Division of Waste Management-Bureau of Petroleum Storage Systems

3A

# Petroleum Preapproval Program Task Assignment

| | | | | | |
|---|---|---|---|---|---|
| **FDEP Contract Number:** | GC651 | **Task Assignment #:** | GC651-018I | **Cost Center #:** | 37450404555 |
| **FDEP Facility Id #:** | 27/8508778 | **Category:** | 087888 11-12 | **Module:** | 4773 |
| **Score:** | 61 | **Object Code:** | 139900 | **EO:** | JQ |
| **Site Name:** | S & B GO INC-BULK PLT | | | **Eligibility:** | SCR |
| **Address (Street, City):** | (b) (6) - Privacy [redacted] | | | **County:** | Hernando |
| **Contractor Name:** | EARTH SYSTEMS INC. | | | **CID #:** | 00299 |
| **Contractor Address:** | 223 12TH AVENUE NORTH, JACKSONVILLE BEACH, FL 32250 | | | **FEID #:** | 59-3575339 |
| **Contractor Representative:** | Samuel P. Pratt | | | **Phone #:** | 904/247-0740 |
| **FDEP/LP Site Manager:** | Tara P. Mitchell | | | **Phone #:** | 850/245-8890 |
| **FDEP Contract Manager:** | Grant Willis | | | **Phone #:** | 850/245-8886 |
| **Cleanup Phase:** | Site Assessment | | | | |
| **Cleanup Activity:** | SUPPLEMENTAL SITE ASSESSMENT | | | | |

**Task Assignment Description:**

In accordance with section 376.30711(1)(b), F.S., all work, including verbal change orders (VCOs), must be preapproved by the Department prior to the work being performed or the costs being incurred.

No proposal was requested nor received. Supplemental site assessment to determine if petroleum hydrocarbons have migrated offsite of S&B Go to private property and if a soil contamination exposure threat is present. PCPP disch 7/17/90

Event 1: Mobilize to site to install 14 Soil borings offsite of source property, per attached maps. Borings will be sampled at 6" and 2', discrete sampling. Four borings will be in the north ROW of (b) (6) - Privacy four borings in the south ROW of (b) (6) - Privacy and borings on the private property of (b) (6) Privacy Soil samples will be analyzed per sampling parameter table. Submit a Supplemental Site Assessment Report as final deliverable.

| | | | |
|---|---|---|---|
| **Deliverable 1:** | | **Due Date 1:** | |
| **Deliverable 2:** | | **Due Date 2:** | |
| **Deliverable 3:** | | **Due Date 3:** | |
| **Deliverable 4:** | | **Due Date 4:** | |
| **Deliverable 5:** | | **Due Date 5:** | |
| **Deliverable 6:** | | **Due Date 6:** | |
| **Final Deliverable:** | SUPPLEMENTAL SITE ASSESSMENT REPORT | **Final Due Date:** | Jan. 20, 2012 ✓ |

**Period of Task Performance:** **Last Signature Date** **To** July 18, 2012 ✓

(No change orders can be authorized after this date)

| | | | |
|---|---|---|---|
| **Task Assignment Type:** | **Fixed Price** | | **Cost Plus** |
| **Total Cost (Incl. retainage):** | $23,304.71 | **Total Cost (Incl. retainage):** | N/A |
| **Retainage(10%):** | $2,330.47 ✓ | **Retainage(10%):** | N/A |
| **Total Encumbrance:** | $23,304.71 | **Total Encumbrance:** | N/A |

| | | Date |
|---|---|---|
| **FDEP/LP Site Manager:** | Tara P. Mitchell | 11/1/2011 |
| **FDEP Contract Manager:** | Grant Willis | 11/3/11 |
| **Cost Center Administrator:** | | 11/3/11 |
| **Contractor Representative:** | | 11/7/11 |
| **Contractor Representative:** (second contractor signature is optional) | | |

**FDEP Use Only:** **Technical review:** Initials: SW Date: 11-3-11

**Fiscal Review:** Initials: [illegible] Date: 11-1-11

PCPP $400K
Ceiling $400K
Spent $84163.16
PCPP signed 7/19/10

# Task Assignment Template

## First Event

| | | | | | |
|---|---|---|---|---|---|
| Task Assignment #: | GC651-018I | FDEP/LP Site Mgr: | TARA MITCHELL | Cost Share Information | |
| Facility Id #: | 278508778 | Site Name: | S & B GO INC-BULK PLT | FDEP Share: | 100.00% |
| Contractor #: | 00299 | Contractor Name: | EARTH SYSTEMS INC. | Applicant/Owner Share: | 0.00% |
| Date: | 11/01/11 | | | Total: | 100.00% |

Work Description:

| Template | Comments / Notes | Allowed Cost | Original: Number of Items | Original: Item Cost | Change: Change Amount | Change: Change Costs | Template Total Cost |
|---|---|---|---|---|---|---|---|
| **Section A: Packaged Work Scopes** | | | | | | | |
| 1 Pumping Test or Multi-phase Pilot Test (using in-house personnel) | | $3,048.90 | | $0.00 | | $0.00 | $0.00 |
| 2 Vapor Extraction or Air Sparging Pilot Test (using in-house personnel) | | $2,055.39 | | $0.00 | | $0.00 | $0.00 |
| 3 Air Sparging & Vapor Extraction Pilot Test (using in-house personnel) | | $3,197.27 | | $0.00 | | $0.00 | $0.00 |
| 4 Monthly O&M Visit | | $851.42 | | $0.00 | | $0.00 | $0.00 |
| 5 RAI Monthly O&M Allowance - Small System | | $2,776.92 | | $0.00 | | $0.00 | $0.00 |
| 6 RAI Monthly O&M Allowance - Medium System | | $3,254.33 | | $0.00 | | $0.00 | $0.00 |
| 7 RAI Monthly O&M Allowance - Large System | | $3,831.74 | | $0.00 | | $0.00 | $0.00 |
| 8 RAI Supplemental O&M Monthly Allowance - Thermox/Catox Treatment | | $476.03 | | $0.00 | | $0.00 | $0.00 |
| | | Section A Subtotals: | | $0.00 | | $0.00 | $0.00 |
| **Section B: Office Activities, Part I** | | | | | | | |
| 1 Proposal Preparation | | $536.08 | | $0.00 | | $0.00 | $0.00 |
| 2 File Review | | $583.13 | | $0.00 | | $0.00 | $0.00 |
| 3 Permits | | $730.45 | | $0.00 | | $0.00 | $0.00 |
| 4 Site Health & Safety Plan | | $341.70 | | $0.00 | | $0.00 | $0.00 |
| 5 Notice of Discovery of Contamination Package (Initial or TPOC) | | $270.59 | | $0.00 | | $0.00 | $0.00 |
| | | Section B Subtotals: | | $0.00 | | $0.00 | $0.00 |
| **Section C: Field Activities** | | | | | | | |
| 1 Mobilization (2 persons) | | $810.76 | 1.0 | $810.76 | | $0.00 | $810.76 |
| 2 Mobilization (1 person) | | $453.05 | | $0.00 | | $0.00 | $0.00 |
| 3 Drilling Setup (w/utility clearance) | | $565.93 | | $0.00 | | $0.00 | $0.00 |
| 4 SB for Soil Screening or Piezometer Install ( ≤ 10 ft) | | $236.65 | 14 | $3,313.10 | | $0.00 | $3,313.10 |
| 5 SB for Soil Screening or Piezometer Install (> 10 ft to ≤ 30 ft) | | $354.98 | | $0.00 | | $0.00 | $0.00 |
| 6 SB for Soil Screening or Piezometer Install (> 30 ft) | | $473.31 | | $0.00 | | $0.00 | $0.00 |
| 7 Well Install (≤ 20 ft) | | $484.26 | | $0.00 | | $0.00 | $0.00 |
| 8 Well Install (> 20 ft to ≤ 40 ft) | | $726.39 | | $0.00 | | $0.00 | $0.00 |
| 9 Well Install (> 40 ft) | | | | $0.00 | | $0.00 | $0.00 |
| 10 Well Install, double cased (≤ 40 ft) | | $1,452.78 | | $0.00 | | $0.00 | $0.00 |
| 11 Well Install, multiple cased (> 40 ft) | | | | $0.00 | | $0.00 | $0.00 |
| 12 Recovery Well Install (≤ 40 ft) | | $968.52 | | $0.00 | | $0.00 | $0.00 |
| 13 Recovery Well Install (> 40 ft) | | | | $0.00 | | $0.00 | $0.00 |
| 14 Air Sparging Well Install (≤ 40 ft) | | $363.20 | | $0.00 | | $0.00 | $0.00 |
| 15 Soil VE Well Install (≤ 40 ft) | | $236.65 | | $0.00 | | $0.00 | $0.00 |
| 16 AS and/or Soil VE Well Install (> 40 ft) | | | | $0.00 | | $0.00 | $0.00 |
| 17 Well or Piezometer Abandonment | | $85.65 | | $0.00 | | $0.00 | $0.00 |
| 18 Recovery or Multi-phase Well Abandonment | | $243.18 | | $0.00 | | $0.00 | $0.00 |
| 19 Well Sampling with Water Level | | $241.75 | | $0.00 | | $0.00 | $0.00 |
| 20 Water Level or Free Product Gauging | | $24.58 | | $0.00 | | $0.00 | $0.00 |
| 21 Free Product Gauging & Bailing (per well) | | $116.13 | | $0.00 | | $0.00 | $0.00 |
| 22 Area Survey | | $968.52 | | $0.00 | | $0.00 | $0.00 |
| 23 Whole Day Oversight [total days (to nearest 1/10th) x number of people] | | $894.28 | | $0.00 | | $0.00 | $0.00 |
| 24 Kit Allowance (total days to nearest 1/10th) (no per diem included) | | $342.06 | | $0.00 | | $0.00 | $0.00 |
| 25 Per Diem (total days x number of people) | | $117.96 | | $0.00 | | $0.00 | $0.00 |
| | | Section C Subtotals: | | $4,123.86 | | $0.00 | $4,123.86 |
| **Section D: Other Field Work** | | | | | | | |
| 1 Other Field Work | | | | $0.00 | | $0.00 | $0.00 |
| 2 Other Field Work | | | | $0.00 | | $0.00 | $0.00 |
| | | Section D Subtotals: | | $0.00 | | $0.00 | $0.00 |
| **Section E: Other Equip. Rental Cost(s)** | | | | | | | |
| 1 Other Equipment | core drill | $89.07 | | $89.07 | | $0.00 | $89.07 |
| 2 Other Equipment | | | | $0.00 | | $0.00 | $0.00 |
| | | Section E Subtotals: | | $89.07 | | $0.00 | $89.07 |

# Task Assignment Template

**First Event**

Task Assignment #: GC651-018I  Facility Id #: 278508778  Site Name: S & B GO INC-BULK PLT  Date: 11/01/11

| Template | Comments / Notes | Allowed Cost | Original: Number of Items | Original: Item Cost | Change: Change Amount | Change: Change Costs | Template Total Cost |
|---|---|---|---|---|---|---|---|
| **Section F: In-house Service Cost(s)** | | | | | | | |
| 1 Laboratory | | | | $0.00 | | $0.00 | $0.00 |
| 2 Drilling | | | | $0.00 | | $0.00 | $0.00 |
| 3 Direct Push | | | | $0.00 | | $0.00 | $0.00 |
| 4 Construction | | | | $0.00 | | $0.00 | $0.00 |
| 5 Other | | | | $0.00 | | $0.00 | $0.00 |
| | | **Section F Subtotals:** | | **$0.00** | | **$0.00** | **$0.00** |
| **Section G: Subcontractor Cost(s)** | Sub Markup = 10.00% | Unit Cost | # Units | | Do not include markup | | |
| 1 Laboratory (from worksheet) | | $16,418.92 | | $18,060.81 | | $0.00 | $18,060.81 |
| 2 Laboratory | | | | $0.00 | | $0.00 | $0.00 |
| 3 Mobile Lab | | | | $0.00 | | $0.00 | $0.00 |
| 4 Drilling | | | | $0.00 | | $0.00 | $0.00 |
| 5 Direct Push | | | | $0.00 | | $0.00 | $0.00 |
| 6 Construction | | | | $0.00 | | $0.00 | $0.00 |
| 7 Non-Capital Equip. and/or Materials | | | | $0.00 | | $0.00 | $0.00 |
| 8 Remedial Equip./System Lease | | | | $0.00 | | $0.00 | $0.00 |
| 9 Disposal | | | | $0.00 | | $0.00 | $0.00 |
| 10 Other | | | | $0.00 | | $0.00 | $0.00 |
| | | **Section G Subtotals:** | | **$18,060.81** | | **$0.00** | **$18,060.81** |
| **Section G1: Remedial System Purchase** | | | | | Do not include markup | | |
| 1 Remedial System Costs | | | | $0.00 | | $0.00 | $0.00 |
| 2 PAC Remedial System Costs | | | | $0.00 | | $0.00 | $0.00 |
| | | **Remedial System Subtotals:** | | **$0.00** | | **$0.00** | **$0.00** |
| **Section H: Office Activities, Part II** | Field Work x Multiplier | | | | Field Work = $0.00 | | |
| 1 General / SA Report | Field Work Costs (Secs A, C- D) = $4,123.86 25% | $1,030.97 | 1.0 | $1,030.97 | 1.0 | $0.00 | $1,030.97 |
| 2 Letter / NPDES Report | | $282.27 | | $0.00 | | $0.00 | $0.00 |
| 3 O&M Quarterly Report | | $1,645.53 | | $0.00 | | $0.00 | $0.00 |
| 4 O&M Annual Report | | $3,036.45 | | $0.00 | | $0.00 | $0.00 |
| 5 Pilot Test Plan | | $730.17 | | $0.00 | | $0.00 | $0.00 |
| 6 Pilot Test Report | | $1,275.27 | | $0.00 | | $0.00 | $0.00 |
| 7 Level 1 LSRAP or RAP Modification | | $1,401.02 | | $0.00 | | $0.00 | $0.00 |
| 8 Level 2 LSRAP or RAP Modification | | $2,742.89 | | $0.00 | | $0.00 | $0.00 |
| 9 Level 3 LSRAP or RAP Modification | | $4,866.33 | | $0.00 | | $0.00 | $0.00 |
| 10 Level 4 LSRAP or RAP Modification | | $8,038.42 | | $0.00 | | $0.00 | $0.00 |
| 11 Level 1 Remedial Action Plan | | $12,072.42 | | $0.00 | | $0.00 | $0.00 |
| 12 Level 2 Remedial Action Plan | | $16,076.85 | | $0.00 | | $0.00 | $0.00 |
| 13 As-built Drawings (P.E. red lined) | | $617.81 | | $0.00 | | $0.00 | $0.00 |
| 14 Construction Drawings and Specs | | $3,398.01 | | $0.00 | | $0.00 | $0.00 |
| 15 RAC Bid Package Solicitation/Evaluation | | $1,916.72 | | $0.00 | | $0.00 | $0.00 |
| 16 RA Startup Report | | $2,386.61 | | $0.00 | | $0.00 | $0.00 |
| 17 Soil Source Removal Report | | $1,768.80 | | $0.00 | | $0.00 | $0.00 |
| 18 Natural Attenuation Plan | | $1,079.88 | | $0.00 | | $0.00 | $0.00 |
| 19 Remedial Action Interim Report | | $530.10 | | $0.00 | | $0.00 | $0.00 |
| 20 General Remedial Action Report | | $1,079.88 | | $0.00 | | $0.00 | $0.00 |
| 21 NA or Post RA Monitoring Quarterly Report | | $530.10 | | $0.00 | | $0.00 | $0.00 |
| 22 NA or Post RA Monitoring Annual Report | | $1,324.39 | | $0.00 | | $0.00 | $0.00 |
| 23 Well Abandonment Report | | $244.51 | | $0.00 | | $0.00 | $0.00 |
| 24 Initial Map & Table Generation | | $1,863.05 | | $0.00 | | $0.00 | $0.00 |
| 25 Other Report Type (backup spreadsheet) | | | | $0.00 | | $0.00 | $0.00 |
| | | **Section H Subtotals:** | | **$1,030.97** | | **$0.00** | **$1,030.97** |

## Deliverables

| | Due Date | Deliverable / Documentation |
|---|---|---|
| **Interim Deliverable** | | |
| **Final Deliverable Information (Specify only if selected for this event)** | | |
| **Deliverable #** | 1 | General / SA Report |
| **Deliverable Due** | 01/20/12 | |
| **Period of Service to:** | 07/18/12 | |

## This Event Template Totals

| | Original | Change | Total |
|---|---|---|---|
| **Event Total:** | $23,304.71 | $0.00 | $23,304.71 |
| **Subtotal (less retainage):** | $20,974.24 | $0.00 | $20,974.24 |
| **Retainage: 10%** | $2,330.47 | $0.00 | $2,330.47 |

**Cumulative Work Order Totals (less Retainage)**

| Invoice | Previous | This Event | Total |
|---|---|---|---|
| **# 1-6 Events** | n/a | $20,046.37 | $20,046.37 |
| **# 7 Remedial Systems** | n/a | $0.00 | $0.00 |
| **# 8 Final Deliverable** | n/a | $927.87 | $927.87 |
| **# 9 Retainage** | n/a | $2,330.47 | $2,330.47 |
| **Work Order Total** | | $23,304.71 | $23,304.71 |

**This Event Template Invoice Totals (less Retainage)**

| Invoice | Original | Change | Total |
|---|---|---|---|
| **# 1 1st Event** | $20,046.37 | $0.00 | $20,046.37 |
| **# 7 Remedial Systems** | $0.00 | $0.00 | $0.00 |
| **# 8 Final Deliverable** | $927.87 | $0.00 | $927.87 |
| **# 9 Retainage** | $2,330.47 | $0.00 | $2,330.47 |
| **Event Template Total** | $23,304.71 | $0.00 | $23,304.71 |

# State Cleanup Sampling Parameter Table

Task Assignment #: GC651-018I Facility ID # 278508778 Site Name: S & B GO INC-BULK PLT

| EVENT 1 | | Analytical Parameters (enter number of samples for each method) | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Groundwater Sample Locations | Number of Events | BTEX + MTBE EPA 8021B | BTEX + MTBE EPA 8260B | PAHs EPA 8270C | PAHs EPA 8310 | TRPHs FL-PRO | Lead EPA 6010B | VOAs & VOHs EPA 8021B | VOAs & VOHs EPA 8260B | EDB EPA 504 | EDB EPA 8011 | Chapter 62-770 Table B |
| 1 | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | |
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| 8 | | | | | | | | | | | | |
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| 10 | | | | | | | | | | | | |
| 11 | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | |
| 13 | | | | | | | | | | | | |
| 14 | | | | | | | | | | | | |
| 15 | | | | | | | | | | | | |
| 16 | | | | | | | | | | | | |
| 17 | | | | | | | | | | | | |
| 18 | | | | | | | | | | | | |
| 19 | | | | | | | | | | | | |
| 20 | | | | | | | | | | | | |
| No. Samples | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Cost per Sample | | $60.67 | $60.67 | $128.89 | $128.89 | $96.05 | $15.16 | $128.89 | $128.89 | $50.55 | $55.61 | $374.07 |
| Subtotal | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 |

| Soil /Air Sample Locations | Number of Events | BTEX + MTBE EPA 8021B | BTEX + MTBE EPA 8260B | PAHs EPA 8270C | PAHs EPA 8310 | TRPHs FL-PRO | Lead EPA 6010B | VOAs & VOHs EPA 8021B | VOAs & VOHs EPA 8260B | EDB EPA 504 | EDB EPA 8011 | Chapter 62-770 Table C |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 (6") | 1 | | | | | | | | | | | 1 |
| 1 (2') | 1 | | | | | | | | | | | 1 |
| 2 (6") | 1 | | | | | | | | | | | 1 |
| 2 (2') | 1 | | | | | | | | | | | 1 |
| 3 (6") | 1 | | | | | | | | | | | 1 |
| 3 (2') | 1 | | | | | | | | | | | 1 |
| 4 (6") | 1 | | | | | | | | | | | 1 |
| 4 (2') | 1 | | | | | | | | | | | 1 |
| 5 (6") | 1 | | | | | | | | | | | 1 |
| 5 (2') | 1 | | | | | | | | | | | 1 |
| 6 (6") | 1 | | | | | | | | | | | 1 |
| 6 (2') | 1 | | | | | | | | | | | 1 |
| 7 (6") | 1 | | | | | | | | | | | 1 |
| 7 (2') | 1 | | | | | | | | | | | 1 |
| 8 (6") | 1 | | | | | | | | | | | 1 |
| 8 (2') | 1 | | | | | | | | | | | 1 |
| 9 (6") | 1 | | | | | | | | | | | 1 |
| 9 (2') | 1 | | | | | | | | | | | 1 |
| 10 (6") | 1 | | | | | | | | | | | 1 |
| 10 (2') | 1 | | | | | | | | | | | 1 |
| 11 (6") | 1 | | | | | | | | | | | 1 |
| 11 (2') | 1 | | | | | | | | | | | 1 |
| 12 (6") | 1 | | | | | | | | | | | 1 |
| 12 (2') | 1 | | | | | | | | | | | 1 |
| 13 (6") | 1 | | | | | | | | | | | 1 |
| 13 (2') | 1 | | | | | | | | | | | 1 |
| 14 (6") | 1 | | | | | | | | | | | 1 |
| 14 (2') | 1 | | | | | | | | | | | 1 |
| No. Samples | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 29 |
| Cost per Sample | | $151.65 | $151.65 | $148.49 | $298.24 | $98.58 | $30.89 | $80.89 | $70.76 | $101.10 | $128.37 | $586.39 |
| Subtotal | $16,418.92 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $16,418.92 |

**Event 1 Total Lab Cost:** **$16,418.92**

| EVENT 2 | | Analytical Parameters (enter number of samples for each method) | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Groundwater Sample Locations | Number of Events | BTEX + MTBE EPA 8021B | BTEX + MTBE EPA 8260B | PAHs EPA 8270C | PAHs EPA 8310 | TRPHs FL-PRO | Lead EPA 6010B | VOAs & VOHs EPA 8021B | VOAs & VOHs EPA 8260B | EDB EPA 504 | EDB EPA 8011 | Chapter 62-770 Table B |
| 1 | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | |
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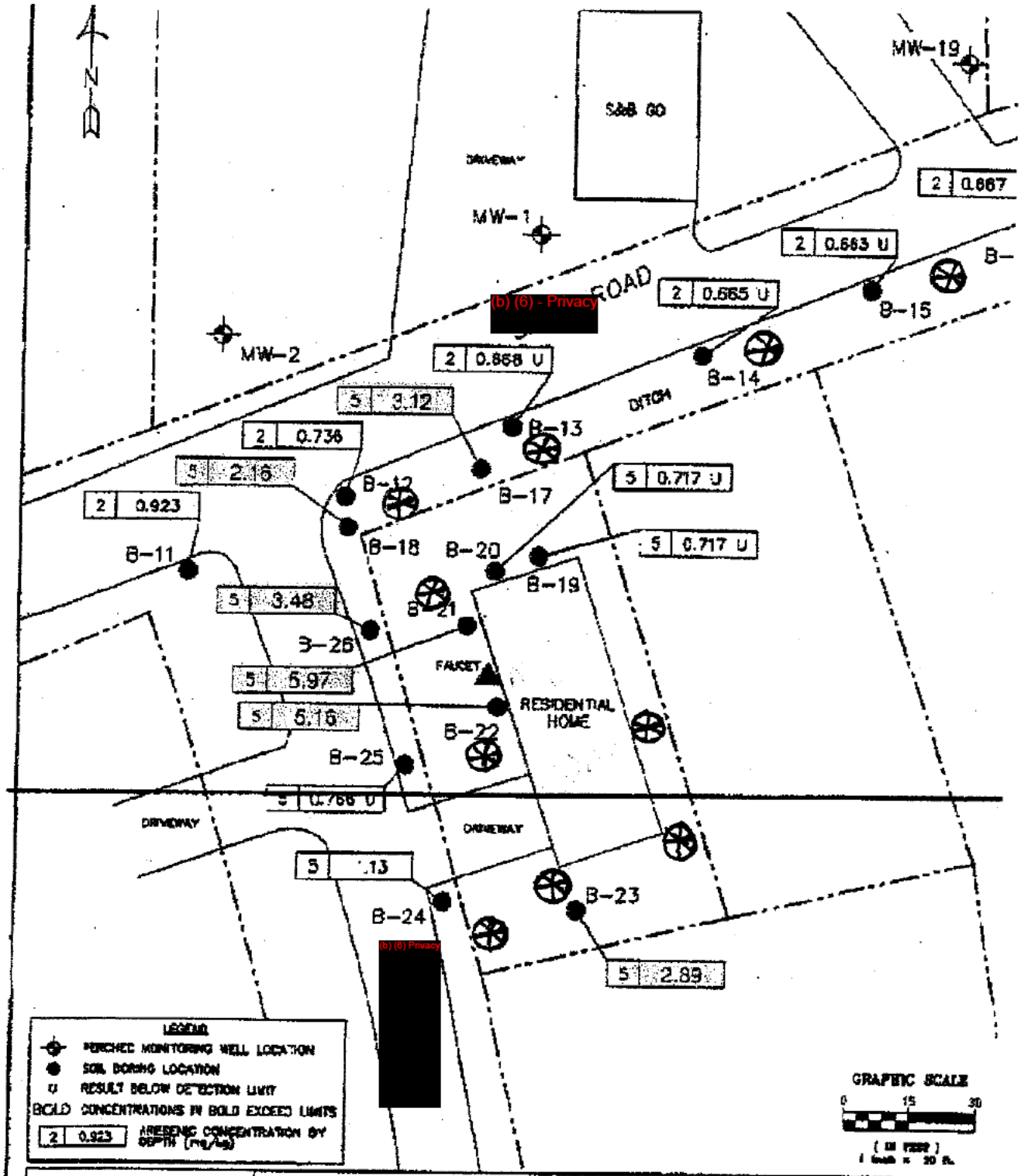
| 11 | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | |
| 13 | | | | | | | | | | | | |
| 14 | | | | | | | | | | | | |
| 15 | | | | | | | | | | | | |
| 16 | | | | | | | | | | | | |
| 17 | | | | | | | | | | | | |
| 18 | | | | | | | | | | | | |

Proposed SBs
(6", 2')



proposed SBs ⊛
(6", 2')

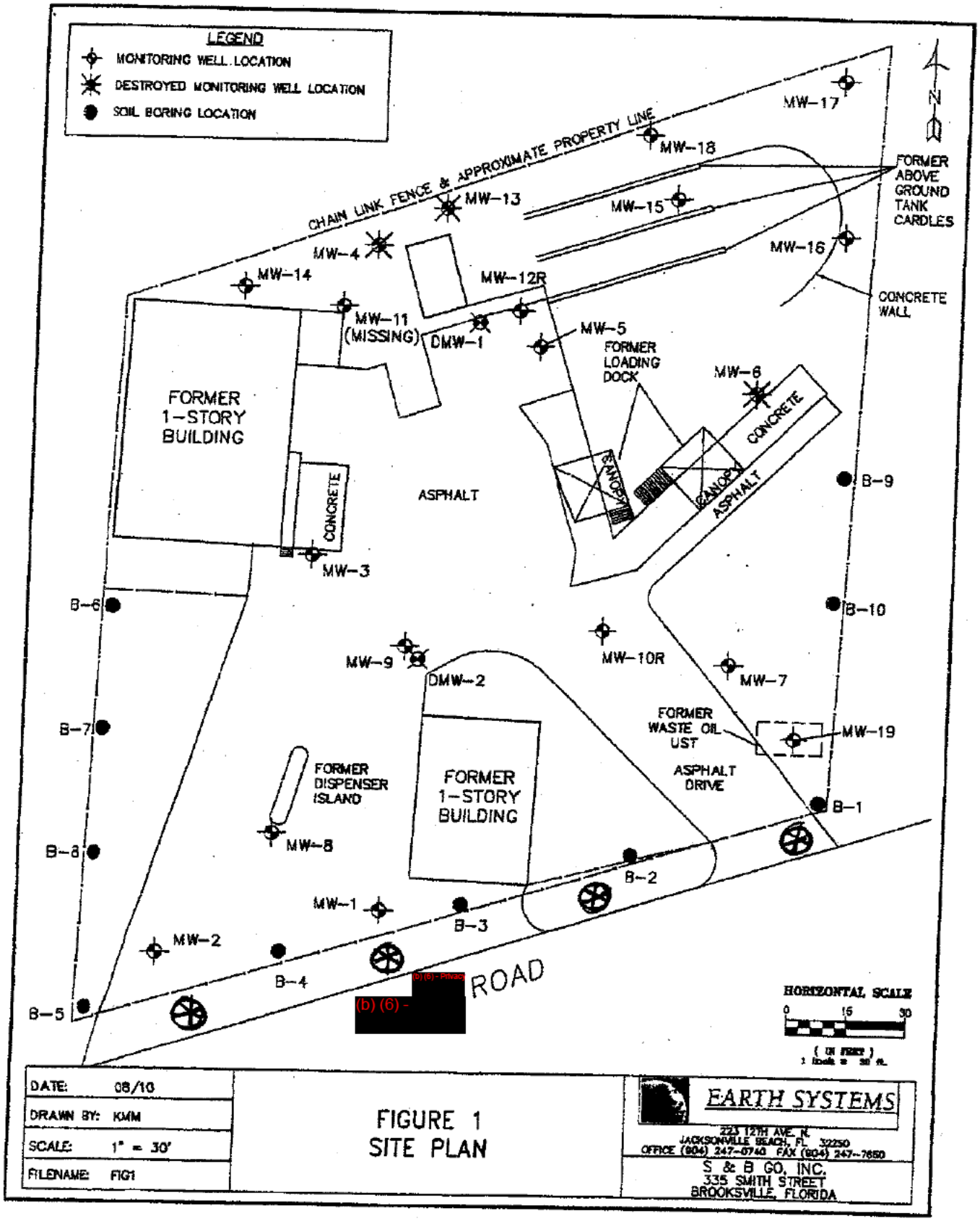


**Exhibit Five (See previously file documents)**

**This Exhibit represent falsified documents filed by Hernando county Planning Department in order justify allowing an industrial facility to be built in the midst of a residential neighborhood in South Brooksville. The document refers to Sun Fiberglass Pools Inc. Hernando County Zoning Amendment Petition in order to acquire a zoning that was classified as R-1C (residential first class) toC-2 (commercial 2) with special exception for outside storage, 3 parking spaces per 1000 sq. ft., and the 16 homes sites still border the property, otherwise, the residential community still existed and the zoning change was awarded. (See document titled Sun Fiberglass Pools, Inc., H-05-48.)**

**Note: Document titled "Staff Report". The staff findings are falsified. There 16 homes west of the site of the Sun Fiberglass Pools, Inc., within 4 feet, note ---- 4 feet. South of the Sun Fiberglass Pools, Inc., was a residential home owned and lived in at the time by the Complainant. The approval of this industrial site immediately altered the value of the property directly across the street from the industrial site. East of the site is not as reported by the staff, east of the site is two other contaminated site, and a railroad that do not off or on load. North of the industrial site was vacant railroad property that was listed as a super fund site and under abatement with FDEP in Tallahassee at the time of purchase of the property. This fact is not mentioned anywhere in the Hernando county Planning Department Staff Report. The hometown realtor who sold the property to Sun Fiberglass Pool Inc., by chance it may seem, he waited until the property was cleaned-up using federal clean-up funds, purchased the property, made him a cool $150,000 by selling it to Sun Fiberglass Pools, Inc. It is obvious that the power of the hometown realtor was the sole influence that caused the Hernando County Planning Department to rezone residential property in the middle of a residential community to commercial 2, an industrial zone capacity.**

**Exhibit Six (See previously filed documents)**

Note: (JUSTUS NEWS LETTER AND MITCHELL HEIGHTS RESTORATION BOARD IN ASSOCIATION WITH PASTOR JOY GALLMON, a petition dated July 8, 2005 filed by, (b) (6) Privacy [redacted] (b) (6) Privacy [redacted] a mother of 4 children living within 50 feet of the site of Sun Fiberglass Pools, Inc. It states that she had lived at her address for 35 years, she is dead now, died with cancer.

**Exhibit Seven**

Additional Supporting Documents (See previously filed documents)

**Exhibit "2012 Mobilizing for Action through Planning and Partnerships (MAPP) Health Needs Assessment (Hernando County)"**

# 2012

# *Mobilizing for Action through Planning and Partnerships (MAPP) Health Needs Assessment*

## Hernando County

Working Together for Healthy Communities

# ACKNOWLEDGEMENTS

The Hernando County Mobilizing for Action through Planning and Partnerships (MAPP) Community Health Needs Assessment (CHNA) was sponsored through the generous support of the following:

*Florida Department of Health*

*Hernando County Health Department*

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# Section 1: Hernando County Mobilizing through Action for Planning and Partnerships Executive Summary

## Overview

Community health needs assessment activities for Hernando County in 2011 have utilized the Mobilizing for Action through Planning and Partnerships (MAPP) framework, developed by the National Association of County and City Health Officials (NACCHO) and the Centers for Disease Control (CDC) ( ). These activities were funded by the Florida Department of Health through grant funds that originated from the U.S. Department of Health and Human Services in their efforts to promote and enhance needs assessment and priority setting and planning capacity of local public health systems.

The MAPP process typically incorporates four key assessments:

- Community Health Status Assessment (CHSA)
- Local Public Health System Assessment (LPHSA)
- Community Themes and Strengths Assessment (CTSA)
- Forces of Change Assessment (FCA)

The CHSA provides insights into the current health status and key health system and health outcome indicators in a community. The LPHSA provides a community self-assessed report card for the local public health system (all partners with a vested interest in the public's health; not just the local health department). The CTAS allows members of the community to offer insights as to the key issues, strengths and weaknesses associated with the local public health system. And finally, the FCA asks key leaders in the community in a variety of critical sectors what they believe will be the emerging threats, opportunities, events and trends that may either enhance or hinder a community's ability to address its most pressing healthcare issues.

Due to prioritization of limited resources, this 2011 MAPP assessment for Hernando County focused on the CHSA, the LPHSA, the CTSA and the FCA; the community health improvement planning aspects of the MAPP process will be added at a later date soon thereafter the release of this report. This document provides a brief summary of key activities in each of these areas. A Technical Appendix accompanies this document separately and is a complimentary source of a vast array of critical health status, health outcome, health utilization and health access data for the community.

## Key Issues

The following is a brief bulleted list of key issues for each of the four assessments that comprise this report and from the identification of priority strategic health issues.

### Community Health Status Assessment

Key issues of this section include:

- Low income, high poverty and limited economic base continue to be leading predictors of health outcome and health access in Hernando County both on an individual and county-wide basis.
- The overall age-adjusted mortality rate in between 2007-2009 for Hernando County was 14 percent higher than the state (760.9 per 100,000 for Hernando vs. 666.7 per 100,000 for the state).
- During 2007-2009, when adjusting for age, residents of Hernando County fare worse than the state as a whole on AADRs on all the ten top causes of death (Technical Appendix Report Table 44).
- In both Hernando County and the state as a whole, the majority of deaths can be attributed to chronic diseases.
- Racial disparities are present in Hernando County as in the rest of the state. Black residents in Hernando County have a 5.6% higher overall age-adjusted mortality rate compared to White residents (804.4 and 761.7 per 100,000, respectively).
- During 2007-2009 (Technical Appendix Report Table 44), Blacks had AADR for hypertension at over 344 percent greater than Whites (39.1 and 8.8 per 100,000 respectively); Blacks had AADR for diabetes at over 98 percent greater than Whites (54.2 and 27.3 per 100,000 respectively); AADR for stroke at over 67 percent greater than Whites (52.7 and 31.5 per 100,000 respectively); AADR for heart disease at over 14.2 percent greater than Whites (192.9 and 168.9 per 100,000 respectively); and AADR for liver disease at over 6.97 percent greater than Whites (13.8 and 12.9 per 100,000 respectively).
- Overall, poor health behaviors are generally on the rise in Hernando County as measured by the Behavioral Risk Factor Surveillance System (BRFSS).
- Hernando County's rate of avoidable hospitalizations is more than 35% higher than the state rate (based on 2009 statistics). The rate of avoidable hospitalizations in Hernando County was 19.2 per 1,000 non-elderly persons as compared to 14.2 for Florida.
- In October 2011, the U.S. Census Bureau's Small Area Health Insurance Estimate program, released 2009 estimates of health insurance coverage by age at the county-level (Technical Appendix Report Table 121). In the year 2009, 23.2 percent of the Hernando County adult population under 65 years of age was uninsured compared to 24.9% for Florida.
- The rate of total physicians per 100,000 residents (fiscal year 2009-10) was more than 52 percent lower in Hernando County than in Florida— 143.2 and 300.6 respectively (Technical Appendix Report Table 95).
- The rate of licensed dentists per 100,000 is more than 49 percent lower in Hernando County (fiscal year 2009-10), 31.2 as compared to 61.9 for the state (Technical Appendix Report Table 111).
- Hernando County is ranked near the middle of counties in Florida based on health rankings from the Robert Wood Johnson Foundation and the University of Wisconsin.
- Life expectancies of residents of Hernando County are lower than state and national averages, and life expectancies of black residents are 3-4 years shorter than that of white residents (3 years for males and 4 years for females).

## Local Public Health System Assessment

The LPHSA basically asks the question: "How well did the local public health system perform the ten Essential Public Health Services?" The ten Essential Public Health Services (EPHS) include the following:

1. Monitor Health Status To Identify Community Health Problems
2. Diagnose And Investigate Health Problems and Health Hazards
3. Inform, Educate, And Empower People about Health Issues

4. Mobilize Community Partnerships to Identify and Solve Health Problems
5. Develop Policies and Plans that Support Individual and Community Health Efforts
6. Enforce Laws and Regulations that Protect Health and Ensure Safety
7. Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable
8. Assure a Competent Public and Personal Health Care Workforce
9. Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services
10. Research for New Insights and Innovative Solutions to Health Problems

During the LPHSA, a cross-sectional group representing the local public health system was convened and asked to score the system in each of the EPHS areas. Then each EPHS was given a composite value determined by the scores given to those activities that contribute to each Essential Service. These scores range from a minimum value of 0% (no activity is performed pursuant to the standards) to a maximum of 100% (all activities associated with the standards are performed at optimal levels).

Based on the self-assessment of the cross-sectional group representing the local public health system partners, four of the ten Essential Services scored 50 or below, which indicates a self-assessment of moderate or less performance against the standards. These include Essential Services 3, 4, 7 and 10. Typically, Essential Public Health Service 10 is relatively more out of the direct control of the local public health system as it is generally dictated by geographical dynamics or macroeconomic trends and circumstances. However, the low scores for EPHS 3, 4 and 7 may indicate that there are opportunities in Hernando County in the following areas:

- to better mobilize community partnerships to identify and solve health problems (EPHS 4); and
- to link people to needed personal health services and assure the provision of healthcare when otherwise unavailable (EPHS 7).

## Community Themes and Strengths Assessment

Analysis of the resident focus group discussions and physician survey response from the CTSA process yields the following key observations and themes regarding community health themes in Hernando County:

- Access to affordable care and a strong economy are essential to a healthy community.
- Health problems related to aging were identified as one of the major health issues in Hernando County.
- Obesity and chronic diseases stemming from obesity are the major health problems in Hernando County; while these issues are driven by personal health decisions, the overall infrastructure and cultural structures in Hernando County may not be fully supportive making good personal health choices for all constituencies.
- Prescription drug, alcohol and other drug abuse is viewed as one of the major health problems confronting Hernando County.
- Limited transportation is an ongoing issue for many, and remains one of the leading barriers to care (after affordability/access to insurance), especially for the low-income, the uninsured and those living in the more rural parts of Hernando County.
- Improving the community's health will require both increased personal responsibility and an ongoing community focus on health issues.
- Overall health-related quality of life is rated fair to good, and rarely viewed as very good to excellent.

- A continued and increased local focus will be required to overcome some of the most pressing issues and daunting challenges (rather than waiting for federal or state support and direction); local leadership on these issues is critical.
- Faith-based organizations are strong assets for Hernando County and will be integral to community health improvement efforts.
- The uncertainty in the changing healthcare landscape with national health reform and state Medicaid reform increases the complexity of planning community health improvement initiatives.

## Forces of Change Assessment

One of the main elements of the MAPP process in the development of a community wide strategic plan for public health improvement includes a Forces of Change Assessment. The *Hernando County Forces of Change Assessment* is aimed at identifying forces—such as trends, factors, or events that are or will be influencing the health and quality of life of the community and the work of the local public health system.

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

These forces can be related to social, economic, environmental or political factors in the region, state or U.S. that have an impact on the local community. Information collected during this assessment will be used in identifying strategic issues.

The Forces of Change Assessment for Hernando County resulted from three sources: the discussion transcripts from the community portion of the Local Public Health System Assessment (LPHSA); the discussion transcripts from the health department portion of the LPHSA; additional discussions during the community focus groups; and observations and analysis by the needs assessment steering committee. The Forces of Change Assessment is dedicated to identifying forces of change and discussing potential threats and opportunities inherent in these ongoing or emerging forces.

As an ancillary discussion during the LPHSA, focus groups and key informant interviews and with the steering committee, participants were asked to answer the following questions:

> "What is occurring or might occur that affects the health of our community or the local public health system?" and "What specific threats or opportunities are generated by these occurrences?"

Participants in the various component processes of this assessment were also encouraged to contribute in the brainstorming process for these questions. Once a list of forces was identified, resultant opportunities and/or threats these forces may have on the local health care delivery system and health outcomes in Hernando County were also postulated.

The following table (Table 1-1) summarizes the forces of change identified for Hernando County and possible opportunities and/or threats that may need to be considered in the strategic planning process.

**Table 1-1. Forces of Change Assessment results, Hernando County, 2012.**

| Forces | Threats | Opportunities |
|---|---|---|
| Aging population | Increasing healthcare costs<br>Physician to population ratio (increasing)<br>Costs of chronic illness to the community<br>Increased auto accidents<br>Golf cart accidents<br>Limited facilities in which people can age<br>Adverse affects on job market | Higher insured population<br>Larger volunteer pool<br>Brings revenue to community |
| Cuts from the Legislature | Decrease in healthcare availability<br>Unemployment<br>More uninsured<br>Effects on mental, physical health<br>Less personal safety – more crime<br>Domestic violence<br>School funding reduced | Depends on who you ask<br>Reduced taxes<br>More awareness of political and civic issues and<br>Accountability |
| Reduction in population or slowing population growth | Loss of tax revenue<br>Loss of support from the county<br>Business failures, especially small business | Increased employment competition<br>Fewer sick people |
| Medicaid reform | Lower reimbursement (no cost-based for Health Department)<br>Poorer dental outcomes<br>Less access<br>Fewer primary care providers | Saves federal/state governments money<br>Concentration on core public health programs<br>New partnerships |
| State and local government structural changes | Change of priorities<br>Availability of services<br>Loss of ties to the community<br>State level does not understand issues at local level<br>Lack of political experience | Better relationships<br>More efficient government |

**Table 1-1. Forces of Change Assessment results, Hernando County, 2012.**

| Forces | Threats | Opportunities |
|---|---|---|
| Reduction in work force | More uninsured<br>More unemployed<br>Similar to reduction in population<br>Reductions specific to medical workforce not keeping pace with population | More education and re-training |
| Increasing minority populations | More disparities (not sure in what areas and to what levels)<br>Adjusting to cultural changes<br>Language barrier | Cultural diversity<br>Stronger communities |
| Increasing homeless population | More demand for uncompensated care<br>Everything more difficult and magnified in terms of healthcare delivery and outcome<br>Violence<br>Increased law enforcement costs | New community partnerships to help them |
| Foreclosures | Lack of tax revenue<br>Increase in homelessness<br>Public nuisance and environmental hazards | Lower home prices |
| Decreased property values; less money to sustain programs for local government | Less money to support programs for local government | Lower housing costs |
| Changing family structure | Domestic violence/aggression<br>Less extended family to help with family duties and obligations | More accepting of new roles<br>Women are wearing the pants and paying for them too |
| Impact of anti-immigration sentiment on the number of undocumented | Family disruption<br>Deportation<br>Negative impact on agricultural industry<br>Impact on community and police force<br>Failure to seek out services due to fear of immigration status<br>Difficult to get into shelters during a disaster as law | Less pressure on already under-funded programs<br>Healthcare workers becoming more culturally competent due to learning of hardships |

**Table 1-1. Forces of Change Assessment results, Hernando County, 2012.**

| Forces | Threats | Opportunities |
|---|---|---|
| | enforcement is involved | |
| Advances in technology | Expensive<br>Overtreatment of self<br>Inappropriate treatment of self<br>Misinformation<br>Increased liability (more knowledge breeds more lawsuits) | Telemedicine<br>Increased efficiency<br>Increased patient safety<br>Faster communication<br>More technologically savvy workforce<br>Better paid workforce |
| Availability of experienced staffing; baby boomers retiring | Insufficient staffing<br>Higher patient to provider/nurse/doctor ration | Change in culture in the workforce |
| Lack of trained work force in key specialties | Cannot fill positions<br>Quality suffers<br>Overburdened healthcare workers<br>Less access<br>Reduce productivity | Opportunities for training providers/education providers<br>Networking with educational institutions<br>Rising wages in areas of shortage |
| Reduction in Medicare and Social Security funding an impact in Hernando County since we have a high % of senior adults | Delayed retirement<br>Decrease the infusion of money into the local healthcare system<br>Decrease in discretionary spending | Keeping experienced workforce a little longer<br>Less taxes |
| Changing attitudes toward aging and end of life issues | Costs of chronic illness to the community<br>Adverse affects on job market<br>Huge increase in health care costs without maintaining quality of life<br>Increases in numbers of physician assisted suicide<br>Financial burden to family<br>Families moving in together<br>Possible lowered awareness of elderly needs<br>Lack of resources including medical/ nursing staffing | New community partners<br>Bring dignity and choice to end of life decisions<br>More assisted living facilities needed which require increase in staffing<br>By working together families become closer<br>Elder care programs may be created or improved<br>Increase in jobs for industry associated with aging population – nursing, medical, social work, etc. |
| Presidential election | Change in priorities<br>Changes made that effect how | Awareness of political and civic issues<br>Fresher ideas with new political |

**Table 1-1. Forces of Change Assessment results, Hernando County, 2012.**

| Forces | Threats | Opportunities |
|---|---|---|
| | government<br>operates and government employees' salaries and benefits are reduced<br>Possible change in priorities<br>Changes in healthcare policy; possible decreased funding<br>Changes in policies, more bipartisan stonewalling<br>Elimination of Affordable Health Care Act<br>Increase in federal grant funding | leaders<br>Hopeful for economic improvement<br>Opportunities for change in policy to increase access to care<br>Changes in policies, politicians, attitudes |
| Shortage of primary care providers; especially pediatricians, IM, OB/GYN | Added stress to already overworked healthcare workers<br>Same as shortage of dentist below<br>Not enough doctors for patients to see<br>Health care not up to par<br>Patients going without health care altogether<br>Increased and unmanaged numbers of<br>chronic disease cases in adults and children<br>Increased in deaths<br>Barrier to care for under insured or uninsured clients<br>Decreased access to care<br>Increased healthcare problems in community<br>Increased hospital ER visits<br>Inferior care or longer wait to receive care<br>Possible increase in infant / child mortality<br>Lack of services<br>Overutilization of hospital | Potential for Public Health Leadership<br>Same as shortage of dentist below<br>More job opportunities for doctors out of college<br>More affordable and inviting educational programs may become available in the health care profession, for those interested on this carrier path<br>Scholarships at medical schools<br>Encourages people to go back to school or continue their education to fill shortage needs<br>New providers moving into area<br>Current providers increase patient load<br>Op for recruitment<br>Job opportunities |

**Table 1-1. Forces of Change Assessment results, Hernando County, 2012.**

| Forces | Threats | Opportunities |
|---|---|---|
| | emergency rooms<br>Increase in cost for services | |
| Shortages of dentists | Limited dental care could potentially increase health care costs<br>Lack of dental care available to patients<br>Longer waiting time for appointments<br>Harder to find dentists due to offices<br>Reaching client capacity<br>Could contribute to more severe mouth<br>problems or other health conditions<br>Overall poor health<br>Overburdened dentist/dental staff<br>Unaffordable care, due to high demand<br>Barrier to care for under insured or uninsured clients<br>Increased amount of untreated dental decay<br>Lack of access to care for uninsured<br>Increased dental emergencies<br>Poor overall health<br>Inferior care or longer wait to receive care<br>Increase in dental carries<br>Delay in obtaining oral health care<br>Utilization of dentists outside Hernando County<br>Decrease in new residents<br>Increase in cost for services | Expand Dental Services<br>More opportunities for newly graduating dentists<br>More bargaining opportunity for dentist salary<br>More opportunities for dentist out of college<br>Hernando CHD is poised to expand services<br>Can improve reimbursement rates for Medicaid to encourage dentists to accept Medicaid clients<br>More patient's for active dentists<br>HD may see more clients |

**Table 1-1. Forces of Change Assessment results, Hernando County, 2012.**

| Forces | Threats | Opportunities |
|---|---|---|
| Electronic health records | May be expensive initially<br>High maintenance cost<br>Confidentiality breach<br>Delays and accessibility issues if technology not available<br>Large expense<br>May have to try multiple systems before success<br>Costs will rise<br>Shortage of doctors or clinics<br>Possibility of identity theft if security inadequate<br>Access personal information w/o authorize | Efficiency<br>Potential money savings over the long run<br>A more efficient network to follow patients care<br>Increased efficiency<br>Increased patient safety<br>Faster communication<br>More technologically savvy workforce<br>Will help to avoid repeating tests which will save money and make continuity of care easier<br>Facilitates record keeping and makes transferring records easier between providers<br>Shortage of doctors or clinics<br>Possibility of identity theft if security inadequate<br>Decrease in cost of services<br>Automation of patient records<br>Availability of medical information by another doctor when traveling / out of area |
| Rising prices of everything (especially healthcare costs) | Citizens may not seek the preventative care that they need which can over the long run increase the incidence of chronic disease<br>People cannot afford to buy groceries or buy medications or other necessities<br>Patients falling out of care.<br>Increase on malnutrition, homeless families.<br>Stress levels increase as well<br>Concern for low income that barriers to health care, housing and food<br>Clients cannot afford to take care | New programs and new ways of thinking will have to be created to accommodate and meet the need of individuals, communities<br>Strengthen community through streamlining services<br>Increased public assistance programs<br>Possible competitive pricing may result<br>Move out of area<br>Change in family unit (more family members living in same home) |

**Table 1-1. Forces of Change Assessment results, Hernando County, 2012.**

| Forces | Threats | Opportunities |
|---|---|---|
| | of their families<br>Decrease in availability of services, outpricing of services (less people can afford services)<br>Increase on budget burdens at facilities<br>Delay in obtaining medical care<br>Increase in chronic diseases<br>Decrease in life expectancy | |
| Emerging infectious diseases | Increase in health care costs<br>Shortage of health care workers already – may not have enough trained health care workers to meet the demands of new infectious diseases<br>Greater possibilities of being contaminated<br>Less availability of medicine to treat diseases<br>Overcrowded doctor offices and hospitals<br>Healthcare demand rises beyond supply<br>Shortages in medication<br>Decrease in work force<br>Will antibiotics continue to work?<br>Anxiety<br>Increased costs associated with healthcare<br>Increased mortality<br>Spread of diseases<br>Pandemic risk increased | Potential for Public Health Leadership<br>More revenue from pharmaceutical companies<br>More revenue for doctors and hospitals<br>Dr.'s and drug companies make more money<br>Strengthen Public Health Infrastructure<br>Encourages research for a cure<br>Health departments providing care<br>Need for research scientists increased |
| Contraction of state DOH or local health department mission | Decreased safety net providers<br>Less services for communities | Change in priorities<br>New partnerships<br>Increases in numbers of FQHC facilities<br>Having to be really wise in all |

**Table 1-1. Forces of Change Assessment results, Hernando County, 2012.**

| Forces | Threats | Opportunities |
|---|---|---|
| | | expenditure decisions |
| Seasonal population | Traffic<br>EMS overflow via emergency calls<br>Higher death rates<br>Crowding facilities | Revenues/economy<br>Travel immunizations<br>Seasonal employment |

Source: Hernando County Forces of Change Assessment, September 2011-January 2012.

## Priority Strategic Health Issues

To conclude the MAPP assessment, the a group of representatives of the local public health system partners was re-convened and asked to prioritize strategic health issues and specify some potential next steps for Hernando County in addressing its most pressing needs and issues. Partners met to brainstorm issues and concerns. The identified issues and concerns were consolidated into a core set of key issues, thus creating a set of priority issues. To conclude the session, participants also identified and discussed some potential strategic actions to pursue in order to address and possibly make improvements in these priority issue areas.

*Priority issues* were established as follows:

1. Inappropriate use of healthcare; lack of personal responsibility among some; lack of understanding of how to use health care system and what is available among some; and unhealthy lifestyle driven by predominantly by socioeconomic factors for some.
    a. Measure and hold accountable.
    b. Create wealth that improves health outcomes.
    c. Change the culture of tolerance.
    d. Educate the community on the true cost of their behavior.
    e. Educate the community on facilities, services, providers and resources available and how to most effectively and efficiently utilize those facilities, services, providers and resources.
    f. Economic development (raise the socioeconomic levels).
2. Lack of information, communication and education drives misinformation and lack of willingness for community acknowledgement of issues.
    a. Utilize the school system as a vehicle to educate students and parents (e.g. fire prevention).
    b. Public service announcements/education on the quality and quantity of services in Hernando County (provide examples of positive experiences).
    c. County level branding that brands the entire community health initiatives - requires partnership for everyone to agree on the branding and not to work in silos.
    d. Cultivate ownership of the issues and the effort needed to improve Hernando.
3. Lack of specialty (including mental health providers) and general care providers and willingness of providers to offer safety-net services.

   a. Economic development (need to increase the number of people that can pay for their services that will in turn increase the willingness to provide safety-net services).
   b. Enhance Access Hernando; encourage participation by a greater percentage of community physicians.
4. Need for community-wide teamwork and lack of community participation.
   a. Targeted group of people to get the job done - accountability.
   b. Clear message to the community with clear expectations - if you deliver the community will be with you.
   c. Community buy-in.
   d. Dialogue on the health care system and health outcomes' impact on economic development with key constituencies such as the Board of County Commissioners and the Chamber of Commerce and other key community groups.

## Next Steps

Some next steps to consider as part of a strategic community health improvement plan:

1. Create a formal strategic health vision for Hernando County with community-wide measurable goals and objectives and a community health improvement plan for each of these specific goals.
2. Ensure that the Hernando County Health Care Advisory Council (offshoot of the County's now defunct Health Care Advisory Board) comes to fruition so that the Council can "shepherd" or "oversee" the strategic community health improvement plan.
3. Develop specific goals, objectives and action plan for the Hernando County Health Care Advisory Council consistent with these key strategic health issues.
4. Mobilize community partners as needed on specific goals and tasks.
5. Promote cities and local government buy-in to strategic and community health improvement planning (educate and inform as to the direct and indirect costs of not addressing the priority strategic health issues).
6. Develop and distribute materials and information that, in plain language, inform the general public on the true costs and benefits of various health decisions they regularly make. Ongoing education campaigns for the public and key stakeholders regarding the full economic and non-economic impact of ongoing and emerging health issues.
7. Ensure community awareness of existing resources and how and when to utilize them.

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# Section 2: Hernando County Community Health Status Assessment (CHSA)

## Introduction

The Hernando County Community Health Status Assessment (CHSA) section is extracted from the companion document *Hernando Community Health Status Assessment Technical Report.* The CHSA highlights key findings from the *Hernando Community Health Status Assessment Technical Report*. Data for the assessment were compiled and tabulated from multiple sources including the United States Census Bureau, the Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System (BRFSS), the Florida Department of Health's Office of Vital Statistics, and Florida's Agency for Health Care Administration (AHCA). Other sources not listed in the technical report, such as the Population Health Institute (University of Wisconsin) and the Robert Wood Johnson Foundation also aided in the analyses.

Data from this report can be used to explore and understand the health needs of Hernando County and its various communities and sub-populations, plan interventions, and apply for continuing and new program funding. The following summary is broken down into several components:

- Demographics and socioeconomics
- Mortality and morbidity
- Behavioral risk factors
- Health care access and utilization
- County health rankings and life expectancy

Many of the data tables in the technical report include standardized rates for the purpose of comparing Hernando County to the state of Florida as a whole. It is advisable to interpret these rates with caution and consideration especially when the number of new cases (incidence) is relatively low. Small variations from year to year can result in substantial shifts in the standardized rates. The data presented in this summary include references to specific tables in the report so that users can see the numbers and the rates in context.

## Demographics and Socioeconomics

As population dynamics change over time, so do the health and health care needs of communities. It is therefore important to periodically review key demographic and socioeconomic indicators to understand current health issues, and anticipate future health needs. The *Hernando Community Health Status Assessment Technical Report* includes data on current population numbers and distribution by age, gender, and racial group by political region (county zip code). It also provides estimates on future population growth in addition to statistics on education, employment, income, and poverty status. It is important to note that these indicators can significantly affect populations through a variety of mechanisms including material deprivation, psychosocial stress, barriers to health care access, and heightened risk of acute and/or chronic illness. Noted below are some of the key findings from the Hernando County demographic and socioeconomic profile.

## Population

Population growth can fuel the demand for health care services and can magnify successes and failures a community has in terms of health behaviors and health outcomes.

- The 2010 Census places the population of Hernando County at 172,778 residents. While the state population grew by 17.6 percent (15,982,378 in 2000 to 18,801,310 in 2010), Hernando County had a much faster growth of over 32 percent since the 2000 Census population of 130,802. By 2020, estimated growth will put the population at 197,764 residents, a little over fourteen percent increase over 2010 population when the state population is estimated to grow by 13 percent over the same period (Technical Appendix Report Table 1, 3).
- The 2010 Census puts the White population in Hernando County at 89.5 percent and Black population at 5.1 percent, while the state of Florida has 75% Whites and 16% Blacks. 10.3 percent of residents in Hernando County are Hispanic or Latino whereas Florida average is 22.5 percent (Technical Appendix Report Table 4). Hernando County is less racially and ethnically diverse than the state with over 68% lower Black population and over 54% lower Hispanic population as compared to Florida.
- As per the 2010 Census, 19.8 percent of the county's population is between 0 to 17 years old; 54.5 percent is between 18-64 years; 25.8 percent is above 65 years as compared to 17.3% in Florida; 12.3 percent is above 75 years as compared to 8.1% in Florida and 3.2 percent is above 85 years of age as compared to 2.3% in Florida (Technical Appendix Report Table 5).
- The population of children (0-17 years) in Hernando County is over 7 percent less than the state but the county has a larger share of ageing population. The population of those above 65 years of age is more than 49 percent greater than the state; of those above 75 years of age is more than 51 percent greater than the state; and of those above 85 years of age is more than 39 percent greater than the state (Technical Appendix Report Table 5).
- Females outnumber males in Hernando County— 91.5 males per 100 females (Technical Appendix Report Table 5).
- According to 2010 estimates more Hernando County residents live in rural areas compared to the state. In Hernando County, 23.87 percent of the population resides in rural designations compared to the 10.7 percent for the state—a difference of over 123%. (Technical Appendix Report Table 10).

## Economic Characteristics

Overall, over 26,000 Hernando County residents are afflicted with poverty. While there is considerable debate over the exact mechanism, it is generally agreed that poverty affects health adversely.

- The 2009 American Community Survey (Technical Appendix Report Table 15) estimated that 12.3 percent of Hernando county residents live at or below 100 percent of poverty as compared to the state of Florida as a whole (14.9 percent).
- The 2010 Small Area Income and Poverty Estimates (Technical Appendix Report Table 14), further highlight the poverty among children, with 24.2 percent of individuals under the age of 18 living in poverty nearly similar to 23.6 percent in the state. These recently released statistics also show 15.1% Hernando County residents in poverty as compared to 16.5% at the state level.
- Based on the 2000 Census, Zip Code Tabulation Areas (ZCTA) of Brooksville 34601, ZCTA 33597 Webster and ZCTA 33523 Ridge Manor are the poorest areas of the county with 17.2%, 21.5% and 18.2% residents living below poverty threshold. 24.1% children live at or below the poverty threshold in Brooksville ZCTA of 34601 (Map 2, Technical Appendix Report Table 16, 17).

- Poverty affects minorities disproportionately with 23.6% Black residents and 19.6% Hispanic residents estimated to live in poverty as compared to 9.5% White residents in the county (Technical Appendix Report Table 21, 22).
- For year 2010, Hernando County's per capita income ($21,738) was 15 percent lower than the state of Florida ($25,768). The median and average household incomes for Hernando County were $41,246 and $51,666 respectively—17.3 percent and 19.9 percent lower than the state of Florida ($49,910 and $64,516 respectively)(Technical Appendix Report Table 26).
- Unemployment rates in Hernando County increased by over 158 percent (5.6 % in 2007 vs. 14.5% in 2010) as compared to a 187 percent increase in Florida (4.0 % in 2007 vs. 11.5% in 2010). The unemployment at the county level exceeds the state in any given year since 2006. (Technical Appendix Report Table 27).
- In 2008, 90.7 percent of non-governmental business establishments in Hernando County had less than 20 employees; 14.8 percent of private business establishments were retail trade and 48.3 percent belonged to service sector (Technical Appendix Report Tables 30, 31).

## Educational Attainment

- According to year 2010 estimates (Technical Appendix Report Table 33), 21.5 percent of the adults over the age of twenty five in Hernando County did not have a high school diploma, nearly similar to the state of Florida where 20.7% have no high school diploma.
- Compared to the state (50.5%), higher percentage of Hernando County residents had completed high school (59.8%).
- Over 36% fewer Hernando County residents have college degrees compared to the state—18.6% in Hernando County vs. 29.4 % in Florida. Note that "college degree" includes Associate degrees, Bachelor's degrees, Master's degrees, Professional school degrees as well as Doctorate degrees.

# Mortality and Morbidity

The most direct measures of health and well-being in a community are the rates of disease and death. In Hernando County, as in Florida and the rest of the United States, premature disease and death are primarily attributable to chronic health issues. That is, medical conditions that develop throughout the life course and typically require careful management for prolonged periods of time. Hernando County compares unfavorably to the state of Florida in terms of rates of several diseases and death. Noted below are some of the key facts of mortality and morbidity in Hernando County.

- Heart Disease tops the leading causes of death in the state as well as Hernando County (Technical Appendix Report Table 40).
- The top ten leading causes of death in 2009 (Technical Appendix Report Table 40) in Hernando County are 1) Heart Disease, 2) Cancer, 3) Chronic Lower Respiratory Diseases (CLRD), 4) Unintentional Injuries, including motor vehicle accidents, 5) Stroke 6) Diabetes 7) Alzheimer's Disease 8) Suicide 9) Hypertension and 10) Influenza and Pneumonia.
- As seen in maps 4-10 and Technical Appendix Report Tables 45-56, the county areas encompassing ZCTAs 34601 Brooksville, 34602 Brooksville, 34604 Brooksville, 34614 Brooksville, 33597 Webster, 34613 Brooksville and 33523 Ridge Manor experience highest age-adjusted death rates (AADR) for various causes of mortality.
- During 2007-2009, when adjusting for age, residents of Hernando County fare worse than the

state as a whole on AADRs on all the ten top causes of death (Technical Appendix Report Table 44). The overall age-adjusted mortality rate in between 2007-2009 for Hernando County was 14 percent higher than the state (760.9 per 100,000 for Hernando vs. 666.7 per 100,000 for the state).

- During 2007-2009, the AADR for unintentional injuries in Hernando County was over 75% higher than that of Florida (77.0 in Hernando County vs. 44.0 in Florida); more than 45% higher for suicide (19.9 in Hernando County vs. 13.7 in Florida); more than 43% higher for hypertension (9.6 in Hernando County vs. 6.7 in Florida); more than 39% higher than that of Florida for Diabetes (27.8 in Hernando County vs. 20.0 in Florida); more than 35% higher for CLRD (50.3 in Hernando County vs. 37.1 in Florida); more than 25% higher for liver disease (12.8 in Hernando County vs. 10.2 in Florida); more than 24% higher for Alzheimer's disease (19.7 in Hernando County vs. 15.8 in Florida); close to 10% higher for cancer (176.3 in Hernando County vs. 160.7 in Florida); more than 9% higher for heart disease (169.6 in Hernando County vs. 155 in Florida) and about 2% higher for stroke ( 32.2 in Hernando County vs. 31.6 in Florida).

## Racial and Ethnic Disparity

- Cancer, heart disease, diabetes, stroke and unintentional injuries were common to the list of top ten causes of deaths for Black, White and Hispanic residents. CLRD, suicide and Parkinson's disease made it to the top causes for White residents only. Nephritis was among unique top ten causes of deaths for Blacks (Technical Appendix Report Tables 41, 42, 43).
- During 2007-2009 (Technical Appendix Report Table 44), Blacks in Hernando County have a 5.6% higher overall age-adjusted mortality rate compared to Whites (804.4 and 761.7 per 100,000 respectively). The Hispanics have an overall AADR of over 25 percent lower (568.2 per 100,000) than Whites and over 29 percent lower than Blacks.
- During 2007-2009 (Technical Appendix Report Table 44), Blacks had AADR for hypertension at over 344 percent greater than Whites (39.1 and 8.8 per 100,000 respectively); Blacks had AADR for diabetes at over 98 percent greater than Whites (54.2 and 27.3 per 100,000 respectively); AADR for stroke at over 67 percent greater than Whites (52.7 and 31.5 per 100,000 respectively); AADR for heart disease at over 14.2 percent greater than Whites (192.9 and 168.9 per 100,000 respectively); and AADR for liver disease at over 6.97 percent greater than Whites (13.8 and 12.9 per 100,000 respectively).
- On the other hand, CLRD, unintentional injuries and cancer affect Whites disproportionately. During 2007-2009, the age-adjusted death rate for unintentional injuries among White residents was more than 89 percent greater than Black residents 26 percent greater than Hispanic residents — Black (41.3), White (78.3) and Hispanic (62.0) (Technical Appendix Report Table 44). During 2007-2009, the AADR for CLRD among White residents was more than 56 percent greater than Black residents and more than 123 percent greater than Hispanic residents — Black (32.7), White (51.1) and Hispanic (22.9) (Technical Appendix Report Table 44).A disparity was also seen among AADR (per 100,000) for cancer where White residents have an AADR more than 36 percent greater than Black residents and more than 68% greater than Hispanic residents—AADR for White was 178.1, Black was 130.7 and Hispanic was 105.6.
- Hispanic residents had AADRs higher than their White counterparts on diabetes and Alzheimer's disease. The age-adjusted death rate for diabetes was more than 37% higher than Whites—(27.3) and Hispanic (37.5) (Technical Appendix Report Table 44). The age-adjusted death rate for Alzheimer's disease was more than 26% higher than Whites and more than 207% higher than Blacks —Whites (20.1), Blacks (8.3) and Hispanic (25.5) (Technical Appendix Report Table 44). Hispanic residents had AADRs higher than their Black counterparts on unintentional injuries and

suicide. The age-adjusted death rate for unintentional injuries was more than 50% higher than Blacks—(41.3) and Hispanic (62.0) (Technical Appendix Report Table 44). The age-adjusted death rate for suicide was more than 63% higher than Blacks—(3.3) and Hispanic (5.4) (Technical Appendix Report Table 44).

## Birth Outcomes

In 2009, there were 1,613 births in Hernando County (Technical Appendix Report Table 73). While there may be notable discrepancies in standardized rates between the state and county figures, it is important to note that the actual numbers in any given year are small. Key findings with regards to birth outcomes include:

- Birth rates (rate per 1,000 residents) in Hernando County have trended lower than Florida between 2000 and 2009. In 2009, Hernando County had overall birth rate of 9.7 births per 1,000 residents compared to Florida's birth rate of 11.8. (Technical Appendix Report Table 74).
- Early access to prenatal care has been relatively better in Hernando County compared to the state since 2000 (Technical Appendix Report Table 80). While 81.3 percent women received care in the first trimester in Hernando County, 69.5 percent women in the state received care in the first trimester during 2005-2009 (Technical Appendix Report Table 94)—16% higher than the state. Racial and ethnic disparities are evident in access to prenatal care with 69.5% Black, 82.3% White and 79.2% Hispanics receiving prenatal care during first trimester.
- The 2005-2009 infant mortality rates per 1,000 live births show racial disparity—Blacks have an infant mortality rate more than 223 percent greater than the Whites. The infant mortality rates for Blacks, Whites and Hispanics in the county are higher than the state— Hernando County Blacks 18.1, Hernando County Whites 5.6, Hernando County Hispanics 6.8; Florida Blacks 13.2, Florida Whites 5.3 and Florida Hispanics 5.8 (Technical Appendix Report Table 92).
- The percentage of low birthweight newborns also demonstrates a pattern of racial disparity. The percentage of low birthweight among Blacks was more than 69% greater than Whites—12.7 percent of Black births were low birthweight as compared to 7.5% White births from 2005-2009 (Technical Appendix Report Table 93). The Hispanics in Hernando County had 10.1% low birthweight as compared to 7.1% for the state's Hispanics for this same period—34% difference from the county's White low birthweight births and 42% greater than the state's Hispanic low birthweight births (Technical Appendix Report Table 93).
- Between 2004 and 2009, teen birth rates (births to mothers aged 15-17) in Hernando County have been lower than the state every year. In 2009, Hernando County had teen birth rate 32 percent lower than the state (12.1 births per 1,000 teen females compared to 17.8 per 1,000 teen females for the state) (Technical Appendix Report Table 84).

## Mental Health

The National Institute of Mental Health estimates that approximately 26.2 percent of the adult population in the United States suffers from a diagnosable mental illness in a given year. Common mental health disorders such as anxiety and depression are associated with a variety of other public health issues including substance abuse, domestic violence and suicide.

- Hernando County has had a higher overall age-adjusted death rate for suicides per 100,000 population (Technical Appendix Report Table 66). The AADR for suicides in Hernando County was over 45% higher during 2007-2009 when compared to the state—19.9 in Hernando vs. 13.7 in Florida.

- Hernando County has had a lower overall rate of hospitalizations for mental health reasons compared to the state from 2005-2009 (Technical Appendix Report Table 68). The hospitalization rate increased by over 6% between 2005 and 2009 for the county which was commensurate with the state's increase of 7% (Hernando County: 6.2 and 6.6 hospitalizations per one thousand in 2005 and 2009 respectively; Florida: 7.1 and 7.6 hospitalizations per one thousand in 2005 and 2009 respectively).
- The rate of emergency department visits per 1,000 for mental health reasons was over 34 percent lower in Hernando County as compared to the state in the year 2009 (35.4 in Hernando and 47.7 in Florida). During 2007-2009, there was an increase of 39% in the rate of emergency department visits per 1,000 for mental health reasons for Hernando County as opposed to an increase of nearly 22 percent at the state level (Hernando County: 25.4 and 35.4 emergency department visits per 1,000 for mental health reasons in 2007 and 2009 respectively; Florida: 39.1 and 47.7 emergency department visits per 1,000 for mental health reasons in 2007 and 2009 respectively) (Technical Appendix Report Table 69).
- The rate of Baker Act (involuntary exam) initiations per 100,000 persons in Hernando County has been consistently higher than the state for all ages (Technical Appendix Report Table 70) since 2002. In children between 4-17 years, the rate of Baker Act (involuntary exam) initiations in Hernando County has been significantly higher than the state—in 2009, it was 1078.7 vs. 626.7—72% difference (Technical Appendix Report Table 70).
- Since 2001, domestic violence offense rates (per 100,000) for Hernando County have shown a steady decline. Even with the decline, the county has had a higher domestic violence offense rate compared to the state—in 2010, Hernando County had a domestic violence offense rate that was more than 15% greater than the state— 695.6 and 603.4 respectively (Technical Appendix Report Table 71).

# Behavioral Risk Factors

Florida Department of Health conducts the Behavioral Risk Factor Surveillance System (BRFSS) with financial and technical assistance from the Centers for Disease Control and Prevention (CDC). This state-based telephone surveillance system collects data on individual risk behaviors and preventive health practices related to the leading causes of morbidity and mortality in the United States. The most recent data available for Hernando County is for 2010. Statistically significant differences were observed for the following BRFSS data:

- Percentage of adults who have been told they have some form of arthritis was significantly higher during 2010 for Hernando County as compared to the state of Florida—32.0% in Florida vs. 41.7% in the county, a difference of over 30%.
- Percentage of adults 50 years of age and older who received a blood stool test in the past year declined significantly for Hernando County from 26.9% in 2007 to 13.9% in 2010—a decrease of over 48%.
- A measure of health status and quality of life is the percentage of adults who are "very satisfied" or "satisfied" with their lives. This declined significantly for Hernando County from 95.5% in 2007 to 88.0% in 2010.

Other notable observations from the BRFSS data are highlighted below:

- According to 2007 BRFSS measures, 22.4% adults could not see a dentist in the past year due to cost.

- A measure of disability is the percentage of adults who are limited in any way in any activities because of physical, mental or emotional problems. In Hernando County, this increased from 24.7% in 2007 to 30.3% in 2010, which is higher than the 2010 measure for Florida—24.3%.
- In 2010, 27.2% of Floridian adults were obese. The percentage of adults who are obese has been on the rise in Hernando County—23% in 2002, 25.1% in 2007 and 29.8% in 2010.
- 41.8% adults in Hernando County had diagnosed hypertension compared to 34.3% in the state for the year 2010.
- In 2007, 34.8% adults in Hernando County met moderate physical activity recommendations.
- Hernando County has shown a considerable decline in the percentage of adults who are current smokers—from 22.3% in 2002 to 17.9% in 2010 which is similar to the state's 2010 measure of 17.1%.

# Health Care Access and Utilization

Although health insurance and access to health care do not necessarily prevent illness, early intervention and long term management resources can help to maintain a quality of life and minimize premature death. It is therefore useful to consider insurance coverage and health care access in a community health needs assessment. The *Hernando Community Health Status Assessment Technical Report* includes data on insurance coverage, both public and private, Medicaid enrollment, and health care expenditures by payor source. Key findings from these data sets are presented below.

- The Florida Health Insurance Study (FHIS) initiated by the Florida legislature provides reliable estimates of the percentage and number of Floridians without health insurance. It focuses on Floridians under age 65; since virtually all Americans age 65 or older have some health coverage through Medicare. According to the 2004 FHIS, 17.3 percent of the population was uninsured in Hernando County, which is little less than 10 percent lower than the percentage of uninsured Floridians—19.2% (Technical Appendix Report Table 37). As seen in Map 3, ZCTAs of Ridge Manor 33523 and Webster 33597 have the highest percentage of uninsured residents in the county—19.8% and 20.1% respectively.
- The Census Bureau's Small Area Health Insurance Estimates (SAHIE) program produces estimates of health insurance coverage for states and all counties. According to the 2007 estimates, 20.7 percent of the Hernando County adult population under 65 years of age was uninsured compared to 24.2% for Florida (Technical Appendix Report Table 37).
- In October 2011, SAHIE released 2008 and 2009 estimates of health insurance coverage by age at the county-level (Technical Appendix Report Table 121). In the year 2009, estimated, 23.2 percent of the Hernando County adult population under 65 years of age was uninsured compared to 24.9% for Florida.
- Medicaid enrollees increased by over 22% between 2008 and 2010 in Hernando County—from 13.2% in 2008 to 16.2% in 2010; which was similar to Florida's increase of over 24%—from 12.5% in 2008 to 15.6% in 2010 (Technical Appendix Report Table 104).
- Little over twenty five percent clients requested medical assistance for HMO Physicians Health Plan, 18% for inpatient hospital, over 16% for home and community based services, over 11% for prescription drugs and 7% for physician care. Total Medicaid expenditures in Hernando County for the period of July 2007-April 2008 exceeded 39 million dollars ($39,780,738.16) and that for the state exceeded ten billion dollars ($10,220,028,494.40) (Technical Appendix Report Table 106).
- The rate of hospital beds per 100,000 population in Hernando County was higher than Florida

between 2002-2009. In 2009 rate of hospital beds per 100,000 population in Hernando County was 362.0 compared to Florida's 319.1 (Technical Appendix Report Table 107).

- The rate of nursing home beds per 100,000 population was lower in Hernando County as compared to Florida for any year between 2002 and 2009. The rate of nursing home beds per 100,000 population in Hernando County in the year 2009 was 395.6 compared to Florida's 438.6 (Technical Appendix Report Table 108).
- The rate of total physicians per 100,000 residents (fiscal year 2009-10) was more than 52 percent lower in Hernando County than in Florida— 143.2 and 300.6 respectively (Technical Appendix Report Table 95).
- The rate of licensed dentists per 100,000 is more than 49 percent lower in Hernando County (fiscal year 2009-10), 31.2 as compared to 61.9 for the state (Technical Appendix Report Table 111).
- In 2009, there were a total of 27,766 hospital discharges in Hernando County. 55 percent of these had Medicare as their payor source, 14.7% had Medicaid as payor source, 22.8% had private insurance as payor source, 1.8% had VA/Champus as payor source and 5% were self pay/ charity (Technical Appendix Report Table 113).
- The most frequent reason of hospitalization was associated with psychoses and septicemia (Technical Appendix Report Table 114).
- In 2009, Hernando County had an avoidable discharge rate (per 1,000 residents) of 19.2, which was over 35% higher than Florida rate of 14.2 (Technical Appendix Report Table 115). A little over 31 percent of the year 2009 avoidable discharges were paid for by private insurance; 26.2% by Medicaid; 25.6% were paid for by Medicare; 12.7% were paid for by self pay/charity in Hernando County (Technical Appendix Report Table 116). The top five reasons for avoidable hospitalizations in 2009 were: 1) Dehydration/volume depletion; 2) Cellulitis; 3) Chronic Obstructive Pulmonary Disease; 4) Asthma; 5) Kidney/Urinary infection (Technical Appendix Report Table 117).
- In 2009, Medicaid was the largest payor source for avoidable emergency department(ED) visits in Hernando County. From 2005 to 2009, number of avoidable ED visits has increased by over 6 percent with 32.5 % being reimbursed by Medicaid in 2009 in Hernando County as compared to 28.2% for the same year for the state of Florida (Technical Appendix Report Table 118).
- The highest rate of avoidable ED visits per 1,000 population was observed in ZCTA 34601 Brooksville and 34614 Brooksville—232.4 and 176.4 respectively. The county's rate was 159.0 and the state's rate was 142.0 in the year 2009—a difference of over 11 percent (Technical Appendix Report Table 120).

# County Health Rankings

The County Health Rankings are a key component of the Mobilizing Action Toward Community Health (MATCH) collaboration project between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. Counties receive a rank relative to the health of other counties in the state. Counties having high ranks, e.g. 1 or 2, are considered to be the "healthiest." Health is viewed as a multi-factorial construct. Counties are ranked relative to the health of other counties in the same state on the following summary measures:

I. Health Outcomes--rankings are based on an equal weighting of one length of life (mortality) measure and four quality of life (morbidity) measures.
II. Health Factors--rankings are based on weighted scores of four types of factors:

a. Health behaviors (6 measures)
b. Clinical care (5 measures)
c. Social and economic (7 measures)
d. Physical environment (4 measures)

*The Rankings* are available for years 2010 and 2011. In the year 2010, Hernando County ranked 27th for health factors and 39th for health outcomes. In the following year (Technical Appendix Report Table 122), Hernando County's ranking fell to 29th for health factors and 41st for health outcomes. It is notable that Hernando County has significantly worse rates than the state of Florida as a whole on the measures of premature deaths, poor physical health days, poor mental health days, adult smoking and obesity as well as preventable hospital stays. On the other hand the county is faring significantly better than the state of Florida on the measure of teen birth rate and low birthweight as seen in Table 1 below.

**Table 2-1: Key Observations from Hernando County Health Rankings, 2011.**

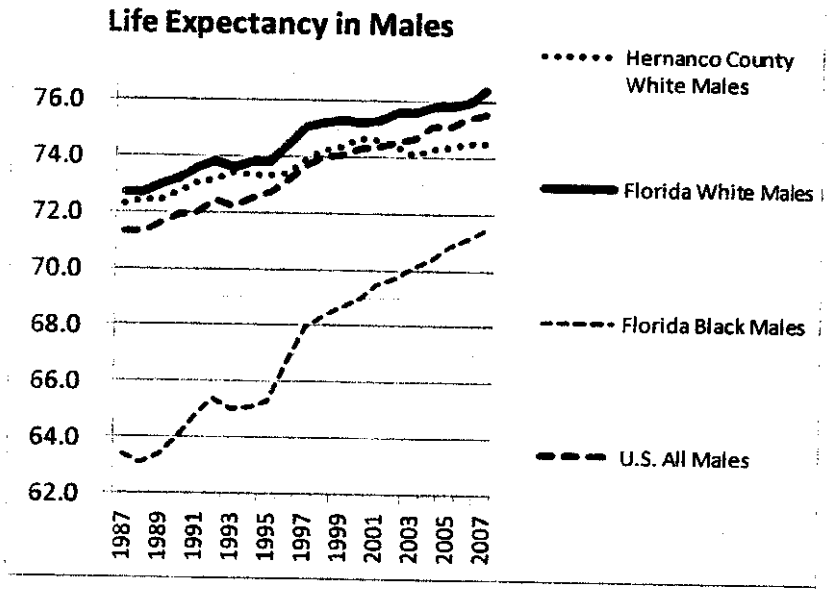
| Measure | Hernando County | State | National benchmark (90th percentile) |
|---|---|---|---|
| **Premature death:** Years of potential life lost before the age of 75 per 100,000 population (age-adjusted) | 8,783 | 7,896 | 5,564 |
| **Poor physical health days:** Average number of physically unhealthy days reported in past 30 days (age-adjusted). | 4.9 | 3.5 | 2.6 |
| **Poor mental health days:** Average number of mentally unhealthy days reported in past 30 days (age-adjusted). | 5.5 | 3.5 | 2.3 |
| **Low birthweight:** Percent of live births with low birthweight (<2500 gms) | 7.3% | 8.5% | 6.0% |
| **Adult smoking:** Percent of the adult population that report smoking >=100 cigarettes AND currently smoking | 26% | 20% | 15% |
| **Adult obesity:** Percent of adults that report a body mass index (BMI) greater than or equal to 30 | 25% | 24% | 25% |
| **Teen birth rate** per 1000 females in ages 15-19 years | 42 | 45 | 22 |
| **Preventable hospital stays:** Hospitalization rate for ambulatory care-sensitive conditions per 1,000 Medicare enrollees | 71 | 65 | 52 |

Source: University of Wisconsin Population Health Institute, September 2011

# Life Expectancy

In June 2011, a study by the Institute for Health Metrics and Evaluation (IHME) at the University of Washington released a complete time series for life expectancy for all US counties from 1987 to 2007 for each sex, for all races combined, for Whites, and for Blacks. Nationally, life expectancy increased 4.3 years for men and 2.4 years for women between 1987 and 2007. Data were not available for Black men for the comparative period. Given below are graphical illustrations of overall life expectancy rates for Hernando County residents in comparison with their state counterparts as well as all US males and females from 1987-2007. Life expectancy of White men in Hernando County was 74.5 years, 1.4 years behind the state and 1.1 years behind the national average in 2007. Data were not available for Black men for the comparative period. Black males in Florida lived nearly three years shorter than their White counterparts at the county-level and slightly over 3 years behind the national and the state average for men (Technical Appendix Report Table 123).

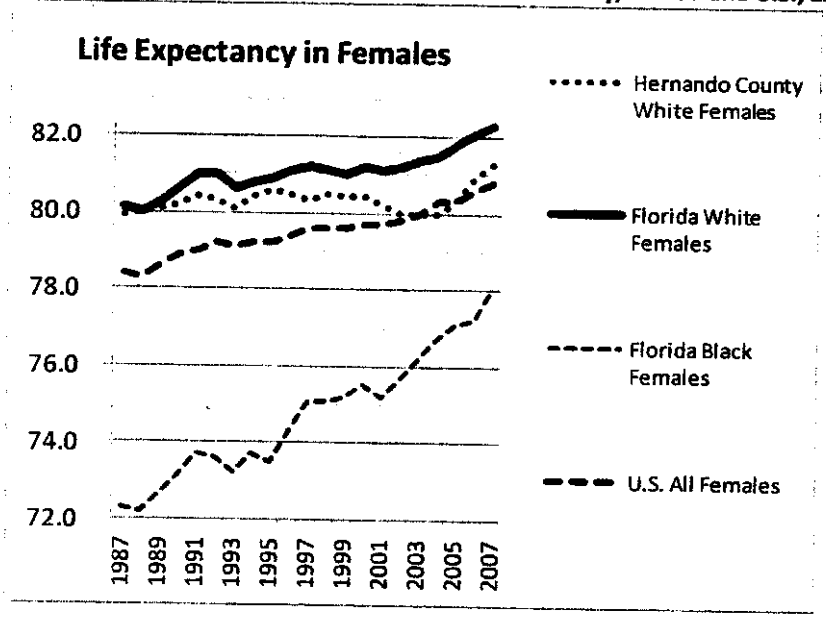
**Figure 2-1: Life Expectancy in Males, Hernando County, Florida and U.S., 1987-2007.**




Source: Institute for Health Metrics and Evaluation, Adult Life Expectancy by US County 1987-2007.

Across the last two decades from 1987-2007, the life expectancies for White women in Hernando County were lower than their respective state average. Data were not available for Black women for the comparative period. Life expectancy of White women in Hernando County was 81.3 years, 1 year behind the state average in 2007. Black females in Florida lived nearly four years shorter than their White counterparts at the county-level and nearly 3 years behind the national average for women (Technical Appendix Report Table 123).

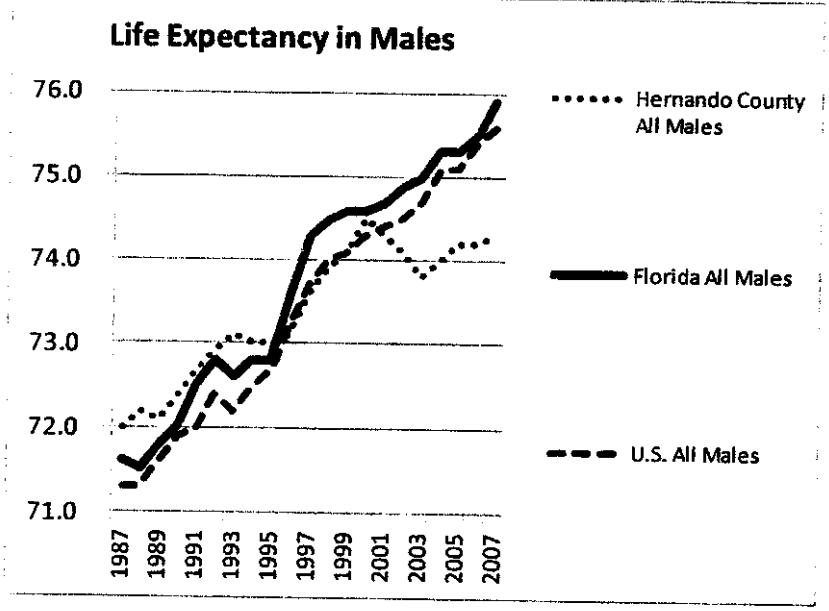
**Figure 2-2: Life Expectancy in Females, Hernando County, Florida and U.S., 1987-2007.**




Source: Institute for Health Metrics and Evaluation, Adult Life Expectancy by US County 1987-2007.

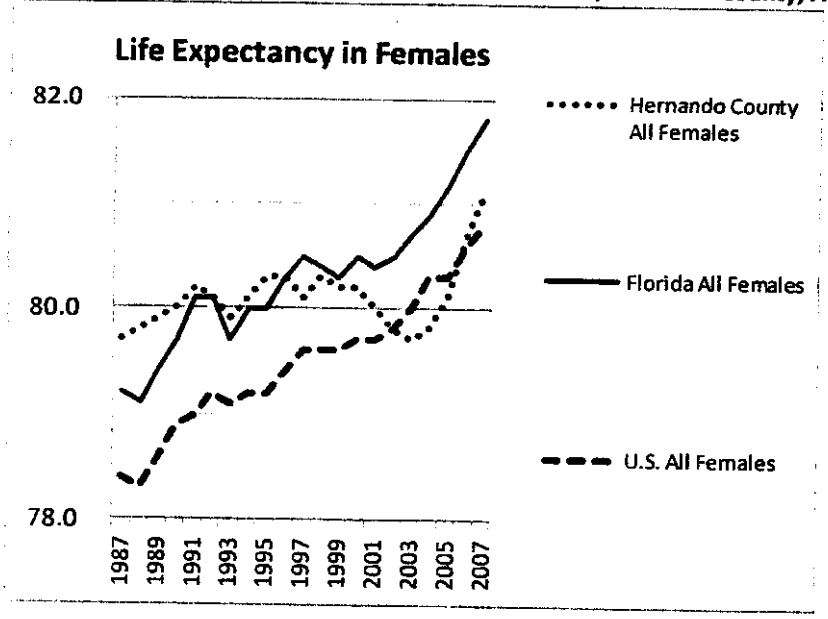
The life expectancy for men and women in Hernando County took a downward plunge at the beginning of the first decade of 21st century but showed a steady increase after 2005. The life expectancies for both men and women in Hernando County are significantly below the state average as seen in the graphs below, in addition to men lagging behind the national average for life expectancy.

**Figure 2-3: Life Expectancy Comparison for All Males, Hernando County, Florida, U.S., 1987-2007.**




Source: Institute for Health Metrics and Evaluation, Adult Life Expectancy by US County 1987-2007.

**Figure 2-4: Life Expectancy Comparison for All Females, Hernando County, Florida, U.S., 1987-2007.**




Source: Institute for Health Metrics and Evaluation, Adult Life Expectancy by US County 1987-2007.

Researchers at IHME suggest looking at high rates of obesity, tobacco use, and other preventable risk factors for an early death as the leading drivers of the gap.

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# Section 3: Hernando County Community Themes and Strengths Assessment (CTSA)

## Introduction

Listening to and gauging the perspectives of the community are essential to any community-wide initiative. The impressions and thoughts of community residents can help pinpoint important issues, highlight possible solutions and feed into the identification of strategic issues. The Community Themes and Strengths Assessment (CTSA) is reliant upon community perspectives answers the questions such as: "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?" This assessment results in a strong understanding of community issues and concerns, perceptions about quality of life, and an identification of key assets and deficits of community assets.

To gain a better understanding of these issues for Hernando County, the needs assessment process employed two major approaches: community focus groups with residents and a survey of Hernando County physicians. These approaches were selected in order to obtain the thoughts, opinions and concerns who experience the health system and health outcomes first hand: the residents who seek care and experience outcomes and the physicians who provide care and witness outcomes. In the discussion below, community focus groups with residents are addressed first followed by the physician survey. The section concludes with an overview of the key issues in common among both residents and physicians.

## Community Focus Groups

### Methodology

The purpose of a focus group is to listen and gather information from community members. It is a way to better understand how people feel or think about an issue, product or service. As part of the 2011 MAPP Community Needs Assessment process to identify community themes and strengths, individuals were recruited to participate in four focus groups in Hernando County.

One trained focus group facilitator conducted the four focus groups. Focus groups were held in various locations throughout Brooksville and Spring Hill. A total of 42 individuals participated in the four focus groups.

Participants for these groups were recruited by advertisements posted at local shopping centers, churches, community centers, libraries and through word-of-mouth recruiting. A $20.00 stipend was offered as a participation incentive at the conclusion of each meeting. Participant recruitment began approximately two weeks prior to the first focus group meeting. Participant registration was undertaken through a designated telephone line at the WellFlorida Council. Other focus groups were

coordinated by WellFlorida staff with the assistance of local government departments and community-based health care providers.

The facilitator acted as discussion moderator and note-taker. The meetings were audio recorded with the permission of all participants. After introduction and explanation of meeting format, eleven questions were sequentially presented to participants for discussion. Focus group protocols and questions were developed by the WellFlorida Council using the national Mobilizing for Action through Planning and Partnerships (MAPP) guidelines for the Community Themes and Strengths Assessment.

## Focus Group Questions and Answer Summaries

### Q1. What does a "Healthy Community" mean to you?

*Text Summary*

Participants defined a healthy community in various ways. All of the groups stated that having access to affordable health care services for all community members was an essential element of a "healthy community". Major emphasis was put upon having options for and living a healthy lifestyle including outdoor exercising, proper nutrition, and preventative health care services. Several groups mentioned that having a community that is educated on health threats and that gives the community information and resources that aid personal responsibility are key to a healthy community. Still others identified lower rates of disease and illness and having a community where people worked together to address health care concerns as major components of a healthy community. One group described a healthy community as a community in which people are physically, mentally, spiritually, and holistically healthy. Furthermore, the community should have ample facilities and services to meet the needs of its residents.

*Sample Quotes*

"A community that is vibrant, productive and advancing."

"People have and understand health information and don't just know how to obtain it but how to use it."

"Access to health services regardless of those who need them is a healthy community."

"A healthy community is not just physically healthy but also economically, mentally, spiritually and socially."

### Q2. What are the most important factors for creating a healthy community?

*Text Summary*

Individual and community financial stability was the most frequently discussed priority for all participants for creating or maintaining a healthy community. Other top priorities included core local leadership, education, awareness of resources and employment and good jobs. Other groups frequently discussed outdoor spaces, affordable access to nutritious food, and access to health insurance.

*Sample Quotes*

"In order to have a healthy community we must have access to care for those that are uninsured."

"Good job and more money will make other problems better...it is easier to cry on a Mercedes than on a bicycle."

"As long as we can educate ourselves about what resources are around us, we can do things."

"Local leaders must understand the scope of our local health problems."

"Jobs make better health."

## Q3. In general, how would you rate the health and quality of life in Hernando County?

[illegible]

Opinions varied across the groups that health and the quality of life were both good and bad in Hernando County. Many people cited that having three acute care hospitals, open spaces, outdoor recreation, and knowing your neighbors were good aspects to quality of life in Hernando County. However, those living or who know folks who live in the more rural areas of Hernando County were more likely to mention problems with access to health services, transportation, pharmacies, and other support services. When asked to rate the health and quality of life on a scale of 1(the worst) to 10(the greatest), consensus ratings for each group was a 5. A majority of participants noted that the health and quality of life had "declined" in the past few years, but most felt this was a universal problem that stemmed from the economic decline and loss of employment and benefits; though prescription drug, alcohol and other drug abuse were mentioned as major culprits.

[illegible]

"Unemployment and loss of benefits is the biggest contributor to the decline of health in Hernando County."

"The reason I would say it has declined is because of the economy, but this is not just here in Hernando County, it's everywhere."

"Over the years, we have seen and are still seeing an influx of new residents in Hernando County; this is most likely due to changing family and economic structures and it is causing pressures. "

"Rising costs and lower incomes are keeping people from living a healthy lifestyle."

"Education is not great and there are not a lot of things for young people to do."

## Q4. What are the pressing health related problems in our community?

[illegible]

There was consensus among all of the groups that prescription drug, alcohol and other drug abuse is one of the most pressing problems in Hernando County. Most of the groups mentioned obesity, cancer, heart problems, diabetes and the number of people with chronic disease in Hernando County as vital concerns for the community. Limited access to healthy food and exercise that relates to poor nutrition and obesity was also frequently cited. Participants also cited that most of the resources are concentrated in Spring Hill and make access difficult. Transportation access was also discussed.

[illegible]

"It seems that if we as a community focused more on prevention and offered preventative health care services for free, that people will utilize these services. Especially now with the recession."

"Prescription drug use is running rampant."

"The bus service keeps getting more and more scaled back."

**Q5. Why do you think we have these problems in our community?**

*Brief Summary*

All of the focus groups mentioned high unemployment rates, lack of affordable health services, and lack of health insurance as reasons for the occurrence of health issues in the community. All of the groups also noted that these were universal problems and not necessarily specific to Hernando County. Several groups mentioned limited healthy food choices and rising costs of healthier foods. Lack of recreation and afterschool activities for teenagers were thought to help fuel drug and alcohol use.

*Quotable Quotes*

"Hernando County is being hit the same way everywhere else has (economic conditions)."

"Bottom line is money."

"Transportation is lacking."

"Our neighborhood is such that we have many all you can eat buffets for dinners but not many gyms and recreation? What do you do on Friday night?"

"We eat a lot but there is not much physical activity."

"Lack of education about the resources available has contributed to these issues."

"It seems the resources are so limited and you have to jump through so many hoops to get any help that people give up and choose unhealthy options."

"All is in Spring Hill and very little elsewhere."

**Q6. Are there people or groups of people in Hernando County whose health or quality of life may not be as good as others?**

*Brief Summary*

The homeless, poor/uninsured, and the elderly were mentioned by all of the focus groups as populations whose quality of life may not be as good as others. These special populations also have problems with transportation which decrease their access to needed services. Several focus groups mentioned children from low-income families. Low income seniors were also mentioned as they often have no advocate, no support and no resources.

*Quotable Quotes*

"Some seniors are being forced to choose between medications and food. The elderly just seem to be affected the most because of their fixed incomes and higher costs for health care."

"There are limited bus routes and bus stops."

"Our neighborhoods are filled with foreclosed homes, multiple family homes, and it just seems to be a hard time for everyone."

**Q7. What strengths and resources do you have in your community to address these problems?**

*Brief Summary*

Overwhelmingly, focus group participants mentioned that faith-based organizations are a major strength in Hernando County and they have been instrumental in providing support where they can in these tough times especially. Participants also cited the three major acute care hospital facilities in the

county as assets. The Hernando County Health Department and the Nature Coast Community Health Center were also mentioned as key resources in Hernando County.

*Sample Quotes*

"We have a lot of resources now, but the need is so great that those resources are used up quickly."

"We are fortunate to have the health department and Nature Coast to offer sliding fee scale services."

"The hospitals here are top notch, they offer a lot of educational services to the community free of charge."

"Churches are the biggest and best resource we have in Hernando County. We are seeing more churches work together to offer more services here."

## Q8. What barriers, if any, exist to improving health and quality of life in Hernando County?

*Brief Summary*

There was consensus among all of the groups that lack of insurance, being underinsured, and transportation as the leading barriers to accessing health care in the county. All focus groups also mentioned the economy, lack of jobs, and lack of knowledge about resources available as barriers to improving health and quality of life. The rural versus urban divide among some areas of the county were also discussed. Some participants also discussed the growing lack of public responsibility and the political inaction on health issues. Transportation was also cited as a critical barrier for many.

*Sample Quotes*

"There is just not enough public transportation available, and the bus system is limited."

"How can we use our buildings and spaces that are lying empty or dormant."

"Since the recession hit, we have a lot of people needing services that previously were employed and had insurance, and now they are out of work and have no means to pay for doctors or medications."

"Local government is not going after funding opportunities."

"Not enough advertising and promotion and awareness about existing resources."

## Q9. Do you think that your community provides enough places to receive routine medical care, or is it necessary to go outside of your town?

*Brief Summary*

All focus groups cited that there were enough primary care facilities to offer services. The groups also stated that while there was free or sliding-fee-scale primary care at the Health Department and Nature Coast Community Health Center, that there probably needed to be more given current economic conditions. Almost every group identified transportation and lack of insurance as reasons for not being able to access primary routine medical care. Lack of information on what is available in the community was also prevalent. Access to dental and mental health services, especially for the poor, uninsured or underinsured was frequently observed by participants.

*Sample Quotes*

"We have plenty of primary care, but its finding a doctor that will take Medicaid or Medicare is the problem."

"Specialty care can be a big problem unless you have insurance or Medicare. Things can be very limited or even too costly if you do have insurance."

### Q10. Which health care services do you think are missing in your community?

Brief Summary

Specialty care services were mention most often as reasons for going out of county for health care services. There was consensus among all of the groups that affordable dental care was limited in the community. Even though most participants did state there were plenty of dentists, the affordability of the services made people travel to other counties. Many focus groups mentioned that mental health services were in short supply or there were not enough given the current mental health status of the community as a whole.

Quote quotes

"There are dentists for those who can afford to pay (insurance), but there were not any locations here for the low-income and uninsured. Children have it especially tough."

"There could be more drug rehabilitation services given all the problems we are having with prescription drugs."

"Pediatric specialties seem to be in comparatively short supply...so many of the specialties are geared towards the large senior population."

### Q11. What needs to be done to address these issues?

Brief summary

Answers varied considerably across each focus group. The common themes among the groups were:

- The need to work in collaboration with other resources in the area to make an impact.
- Community involvement and neighbors helping neighbors will make a difference in the community.
- Less federal government regulations and a local government more proactive and engaged in local health issues.
- Enhanced community education and awareness not only on the availability of resources but on the full societal impact and cost of our health issues and health problems.
- Basic health care services for all must be supported.

## Primary Areas of Concern

The common themes and topics of concern among focus groups participants included:

- Groups that may be experiencing disparities in Hernando County
  - Geographic areas (especially the more rural areas)
  - Children
  - Elderly
  - Poor/uninsured/underinsured
- Access to healthcare issues driven by:
  - limited transportation
  - affordability
  - uninsured and underinsured
  - economic downturn

- lack of Medicaid specialty providers (and in some cases Medicare specialty) providers
- Overall lack of specialty services
- Substance abuse issues are of critical concern
- Acknowledgement of strong community-based organizations (CBO) and faith-based organizations (FBO) working together to help the community
- Local leadership and engagement in health issues is critical

# Physician Surveys

## Methodology

The Hernando County MAPP Needs Assessment Steering Committee worked with WellFlorida Council to formulate a physician survey that would touch upon some of the same topics addressed during the focus groups. Working in cooperation with the Hernando County Health Department, the surveys were distributed during January 2012 via blast broadcast fax. Respondents were given the choice of completing the survey by hand and faxing their responses or using SurveyMonkey to submit their responses. Sixteen (16) physicians submitted responses to the survey. Coupled with the resident focus groups, nearly 60 individuals thus participated in the CTSA process and weighed in with their perspectives of the health of Hernando County.

## Summary of Physician Responses

Tables 3-1 through 3-7 detail the physician survey responses. Table 3-1 shows that of the physicians surveyed, the following were the most important factors in defining a healthy community:

- Good jobs and a healthy economy (43.8%)
- Healthy behaviors and lifestyles (43.8%)
- Accessibility and affordability of health care (31.3%)
- Good schools (31.3%)
- High levels of personal responsibility (25.0%)
- Strong family life (25.0%)

Each of these six factors was selected as important by at least one out of every four physicians responding to the survey.

**Table 3-1: Question 1: In the following list, what do you think are the THREE most important factors that define a "Healthy Community" (those factors that most contribute to a healthy community and quality of life)?**

| Choices | Number | Percent of the Total Respondents |
|---|---|---|
| Good jobs and healthy economy | 7 | 43.8 |
| Healthy behaviors and lifestyles | 7 | 43.8 |
| Accessibility and affordability of health care | 5 | 31.3 |
| Good schools | 5 | 31.3 |

| Choices | Number | Percent of the Total Respondents |
|---|---|---|
| High level of personal responsibility | 4 | 25.0 |
| Strong family life | 4 | 25.0 |
| Awareness of resources | 2 | 12.5 |
| Clean environment | 2 | 12.5 |
| Communication among providers and agencies | 2 | 12.5 |
| Low crime/safe neighborhoods | 2 | 12.5 |
| Low infant deaths | 2 | 12.5 |
| Affordable housing | 1 | 6.3 |
| Amply supply of primary and specialty physicians | 1 | 6.3 |
| Good place to raise children | 1 | 6.3 |
| Low adult death and disease rates | 1 | 6.3 |
| Low level of child abuse | 1 | 6.3 |
| Other: Preventive Care and Proper Nutrition | 1 | 6.3 |
| Parks and recreation | 0 | 0.0 |

Source: Hernando County Physician Survey, 2012.

Table 3-2 details what physician respondents felt were the most important health problems in the community. The following problems were all identified by at least one out of every four physician respondents:

- Diabetes (37.5%)
- Heart disease and stroke (37.5%)
- Obesity (37.5%)
- Aging problems (31.3%)
- Cancers (31.3%)
- Infectious diseases (25.0%)

**Table 3-2: Question 2 - In the following List, what do you think are the THREE most important "health problems" in the community (those problems which have the greatest impact on overall community health)?**

| Choices | Number | Percent of the Total Respondents |
|---|---|---|
| Diabetes | 6 | 37.5 |
| Heart Disease and Stroke | 6 | 37.5 |
| Obesity | 6 | 37.5 |
| Aging Problems | 5 | 31.3 |
| Cancers | 5 | 31.3 |
| Infectious Diseases | 4 | 25.0 |
| Other * | 4 | 25.0 |
| Mental Health Problems | 3 | 18.8 |
| Child Abuse/Neglect | 2 | 12.5 |
| Dental Problems | 2 | 12.5 |

| Choices | Number | Percent of the Total Respondents |
|---|---|---|
| Teenage Pregnancy | 2 | 12.5 |
| Domestic Violence | 1 | 6.3 |
| High Blood Pressure | 1 | 6.3 |
| Respiratory/Lung Disease | 1 | 6.3 |
| Firearm-Related Injuries | 0 | - |
| HIV/AIDS | 0 | - |
| Homicide | 0 | - |
| Infant Death | 0 | - |
| Motor Vehicle Crash Injuries | 0 | - |
| Rape/Sexual Assault | 0 | - |
| Sexuality Transmitted Diseases | 0 | - |
| Suicide | 0 | - |

* Other includes: substance abuse, drug abuse from prescriptions, smoking, low income/no insurance leading to multi- system failure and non compliance.
Source: Hernando County Physician Survey, 2012.

Physicians were also asked what are the most risky behaviors in Hernando County (those which have the greatest impact on the overall health of the community). As seen in Table 3-3, the following risky behaviors were selected by at least one out of every four physician respondents as the most impactful:

- Tobacco use (62.5%)
- Being overweight (56.3%)
- Drug abuse including prescription drug abuse (56.3%)
- Alcohol abuse (31.3%)
- Poor eating habits (31.3%)
- Lack of exercise (25.0%)

The identification by physicians of drug abuse including prescription drug abuse as well as alcohol abuse as two of the most risky behaviors in the community is consistent with what residents had to say about some of the most pressing health problems in Hernando County.

**Table3-2: Question 3: In the following list, what do you think are the THREE most risky health behaviors for this community (those behaviors which have the greatest impact on overall community health)?**

| Choices | Number | Percent of the Total Respondents |
|---|---|---|
| Tobacco Use | 10 | 62.5 |
| Being Overweight | 9 | 56.3 |
| Drug Abuse (Including Prescription Drug Abuse) | 9 | 56.3 |
| Alcohol Abuse | 5 | 31.3 |
| Poor Eating Habits | 5 | 31.3 |
| Lack of Exercise | 4 | 25.0 |
| Violence | 2 | 12.5 |
| Not Using Birth Control | 1 | 6.3 |

| Choices | Number | Percent of the Total Respondents |
|---|---|---|
| Poor Dental Hygiene | 1 | 6.3 |
| Unsafe Sex | 1 | 6.3 |
| Other: No third choice | 1 | 6.3 |
| Dropping Out of School | 0 | - |
| Not Getting Immunizations to Prevent Disease | 0 | - |
| Not Using Seat Belts/ Child Safety Seats | 0 | - |
| Racism | 0 | - |

Source: 2012 Hernando County Physician Survey.

Given the responses cited in Tables 3-2 and 3-3, it may not be surprising that the majority of the physicians responding to the survey rated Hernando County "fair" as a "healthy community" and only 31.3% rated Hernando County as "good","very good" or "excellent" as a healthy community (Table 3-4).

**Table3-3: Question 4: How would you rate Hernando County as a "healthy community"?**

| Choices | Number | Percent of the Total Respondents |
|---|---|---|
| Poor | 3 | 18.8 |
| Fair | 6 | 37.5 |
| Good | 3 | 18.8 |
| Very Good | 2 | 12.5 |
| Excellent | 0 | - |
| Don't Know | 2 | 12.5 |

Source: 2012 Hernando County Physician Survey.

Table 3-5 shows that a plurality of physician respondents (31.3%) rated the overall health-related quality of life in Hernando County as "fair". This is consistent with the views of the residents participating in focus groups regarding overall quality of life. Resident participants were asked to rate on a scale of 1 (the worst) to 10 (the best) the overall quality of life. Their average consensus rating was a 5 .

**Table 3-4: Question 5: How would you rate the overall health-related quality of life in Hernando County?**

| Choices | Number | Percent of the Total Respondents |
|---|---|---|
| Poor | 2 | 12.5 |
| Fair | 5 | 31.3 |
| Good | 4 | 25.0 |
| Very Good | 4 | 25.0 |
| Excellent | 0 | - |
| Don't Know | 1 | 6.3 |

Source: 2012 Hernando County Physician Survey.

As seen in Table 3-6, only 25% of the physician respondents rated the overall accessibility to health care for residents as "very good" or "excellent" while 37.6% rated it as "poor" or "fair".

**Table 3-5: Question 6: How would you rate the overall accessibility to health care for residents of Hernando County?**

| Choices | Number | Percent of the Total Respondents |
|---|---|---|
| Poor | 1 | 6.3 |
| Fair | 5 | 31.3 |
| Good | 4 | 25.0 |
| Very Good | 2 | 12.5 |
| Excellent | 2 | 12.5 |
| Don't Know | 2 | 12.5 |

Source: 2012 Hernando County Physician Survey.

Finally, physicians were asked to rank Hernando County's abilities (i.e. strengths, characteristics and resources available) to address the County's most pressing health and health care issues. With "1" being at the lowest level and "10" being at the highest levels, the average physician response to this question was 5.2, indicating perhaps average amount of confidence in Hernando County's abilities to address the most pressing issues confronting it (Table 3-7). Slightly more than 64% of the respondents rated the overall internal strengths of Hernando County a 5 or lower.

**Table 3-6: Question 7. On a scale of 1 to 10 with "1" being at the lowest level and "10" being at the highest level, how would you rate Hernando County's overall internal strengths, characteristics and resources to address the County's most pressing health and health care issues and needs ?**

| Rankings | Number | Percent of Total Respondents |
|---|---|---|
| 1 | 0 | - |
| 2 | 1 | 7.1 |
| 3 | 3 | 21.4 |
| 4 | 0 | - |
| 5 | 5 | 35.7 |
| 6 | 1 | 7.1 |
| 7 | 1 | 7.1 |
| 8 | 3 | 21.4 |
| 9 | 0 | - |
| 10 | 0 | - |

The average score for the question was 5.2.

Source: 2012 Hernando County Physician Survey.

# Key Themes among Community and Physicians

Analysis of the resident and physician participant response from the CTSA process yields the following key observations and themes:

- Access to affordable care and a strong economy are essential to a healthy community.
- Health problems related to aging were identified as one of the major health issues in Hernando County.
- Obesity and chronic diseases stemming from obesity are the major health problems in Hernando County; while these issues are driven by personal health decisions, the overall infrastructure and cultural structures in Hernando County may not be fully supportive making good personal health choices for all constituencies.
- Prescription drug, alcohol and other drug abuse is viewed as one of the major health problems confronting Hernando County.
- Limited transportation is an ongoing issue for many, and remains one of the leading barriers to care (after affordability/access to insurance), especially for the low-income, the uninsured and those living in the more rural parts of Hernando County.
- Improving the community's health will require both increased personal responsibility and an ongoing community focus on health issues.
- Overall health-related quality of life is rated fair to good, and rarely viewed as very good to excellent.
- A continued and increased local focus will be required to overcome some of the most pressing issues and daunting challenges (rather than waiting for federal or state support and direction); local leadership on these issues is critical.
- Faith-based organizations are strong assets for Hernando County and will be integral to community health improvement efforts.
- The uncertainty in the changing healthcare landscape with national health reform and state Medicaid reform increases the complexity of planning community health improvement initiatives.

# Section 4: The National Public Health Performance Standards Program (NPHPSP) – Local Public Health System Assessment (LPHSA) Results

## The NPHPSP Report of Results

### Introduction

The National Public Health Performance Standards Program (NPHPSP) assessments are intended to help users answer questions such as "What are the activities and capacities of our public health system?" and "How well are we providing the Essential Public Health Services in our jurisdiction?" The dialogue that occurs in answering these questions can help to identify strengths and weaknesses and determine opportunities for improvement.

The NPHPSP is a collaborative effort of seven national partners:

- Centers for Disease Control and Prevention, Office of Chief of Public Health Practice (CDC/OCPHP)
- American Public Health Association (APHA)
- Association of State and Territorial Health Officials (ASTHO)
- National Association of County and City Health Officials (NACCHO)
- National Association of Local Boards of Health (NALBOH)
- National Network of Public Health Institutes (NNPHI)
- Public Health Foundation (PHF)

The NPHPSP is a partnership effort to improve the practice of public health and the performance of public health systems. The NPHPSP assessment instruments guide state and local jurisdictions in evaluating their current performance against a set of optimal standards. Through these assessments, responding sites consider the activities of all public health system partners, thus addressing the activities of all public, private and voluntary entities that contribute to public health within the community.

Three assessment instruments have been designed to assist state and local partners in assessing and improving their public health systems or boards of health. These instruments are the:

- State Public Health System Performance Assessment Instrument,
- Local Public Health System Performance Assessment Instrument, and
- Local Public Health Governance Performance Assessment Instrument.

This report provides a summary of results from the NPHPSP Local Public Health System Assessment (OMB Control number 0920-0555, expiration date: August 31, 2013). The report, including the charts, graphs, and scores, are intended to help sites gain a good understanding of their performance and move on to the next step in strengthening their public system.

# About the Report

## Calculating the Scores

The NPHPSP assessment instruments are constructed using the Essential Public Health Services (EPHS) as a framework. Within the Local Instrument, each EPHS includes between 2-4 model standards that describe the key aspects of an optimally performing public health system. Each model standard is followed by assessment questions that serve as measures of performance. Each site's responses to these questions should indicate how well the model standard - which portrays the highest level of performance or "gold standard" - is being met.

Sites responded to assessment questions using the following response options below. These same categories are used in this report to characterize levels of activity for Essential Services and model standards.

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

Using the responses to all of the assessment questions, a scoring process generates scores for each first-tier or "stem" question, model standard, Essential Service, and one overall score. The scoring methodology is available from CDC or can be accessed on-line at [illegible].

## Understanding Data Limitations

Respondents to the self-assessment should understand what the performance scores represent and potential data limitations. All performance scores are a composite; stem question scores represent a composite of the stem question and sub-question responses; model standard scores are a composite of the question scores within that area, and so on. The responses to the questions within the assessment are based upon processes that utilize input from diverse system participants with different experiences and perspectives. The gathering of these inputs and the development of a response for each question incorporates an element of subjectivity, which can be minimized through the use of particular assessment methods. Additionally, while certain assessment methods are recommended, processes can differ among sites. The assessment methods are not fully standardized and these differences in administration of the self-assessment may introduce an element of measurement error. In addition, there are differences in knowledge about the public health system among assessment participants. This may lead to some interpretation differences and issues for some questions, potentially introducing a degree of random non-sampling error.

Because of the limitations noted, the results and recommendations associated with these reported data should be used for quality improvement purposes. More specifically, results should be utilized for

guiding an overall public health infrastructure and performance improvement process for the public health system. These data represent the collective performance of all organizational participants in the assessment of the local public health system. The data and results should not be interpreted to reflect the capacity or performance of any single agency or organization.

### Presentation of Results

The NPHPSP has attempted to present results - through a variety of figures and tables - in a user-friendly and clear manner. Results are presented in a Microsoft Word document, which allows users to easily copy and paste or edit the report for their own customized purposes. Original responses to all questions are also available.

For ease of use, many figures in tables use short titles to refer to Essential Services, model standards, and questions. If in doubt of the meaning, please refer to the full text in the assessment instruments. Sites may choose to complete two optional questionnaires - one which asks about priority of each model standard and the second which assesses the local health department's contribution to achieving the model standard. Sites that submit responses for these questionnaires will see the results included as an additional component of their reports. Recipients of the priority results section may find that the scatter plot figures include data points that overlap. This is unavoidable when presenting results that represent similar data; in these cases, sites may find that the table listing of results will more clearly show the results found in each quadrant.

## Tips for Interpreting and Using NPHPSP Assessment Results

The use of these results by respondents to strengthen the public health system is the most important part of the performance improvement process that the NPHPSP is intended to promote. Report data may be used to identify strengths and weaknesses within the local public health system and pinpoint areas of performance that need improvement. The NPHPSP User Guide describes steps for using these results to develop and implement public health system performance improvement plans. Implementation of these plans is critical to achieving a higher performing public health system. Suggested steps in developing such improvement plans are:

1. Organize Participation for Performance Improvement
2. Prioritize Areas for Action
3. Explore "Root Causes" of Performance Problems
4. Develop and Implement Improvement Plans
5. Regularly Monitor and Report Progress

Assessment results represent the collective performance of all entities in the local public health system and not any one organization. Therefore, system partners should be involved in the discussion of results and improvement strategies to assure that this information is appropriately used. The assessment results can drive improvement planning within each organization as well as system-wide. In addition, coordinated use of the Local Instrument with the Governance Instrument or state-wide use of the Local Instrument can lead to more successful and comprehensive improvement plans to address more systemic statewide issues.

Although respondents will ultimately want to review these results with stakeholders in the context of their overall performance improvement process, they may initially find it helpful to review the results

either individually or in a small group. The following tips may be helpful when initially reviewing the results, or preparing to present the results to performance improvement stakeholders.

## Examine Performance Scores

First, sites should take a look at the overall or composite performance scores for Essential Services and model standards. These scores are presented visually in order by Essential Service (Figure 1) and in ascending order (Figure 2). Additionally, Figure 3 uses color designations to indicate performance level categories. Examination of these scores can immediately give a sense of the local public health system's greatest strengths and weaknesses.

## Review the Range of Scores within Each Essential Service and Model Standard

The Essential Service score is an average of the model standard scores within that service, and, in turn, the model standard scores represent the average of stem question scores for that standard. If there is great range or difference in scores, focusing attention on the model standard(s) or questions with the lower scores will help to identify where performance inconsistency or weakness may be. Some figures, such as the bar charts in Figure 4, provide "range bars" which indicate the variation in scores. Looking for long range bars will help to easily identify these opportunities.

Also, refer back to the original question responses to determine where weaknesses or inconsistencies in performance may be occurring. By examining the assessment questions, including the subquestions and discussion toolbox items, participants will be reminded of particular areas of concern that may most need attention.

## Consider the Context

The NPHPSP User Guide and other technical assistance resources strongly encourage responding jurisdictions to gather and record qualitative input from participants throughout the assessment process. Such information can include insights that shaped group responses, gaps that were uncovered, solutions to identified problems, and impressions or early ideas for improving system performance. This information should have emerged from the general discussion of the model standards and assessment questions, as well as the responses to discussion toolbox topics.

The results viewed in this report should be considered within the context of this qualitative information, as well as with other information. The assessment report, by itself, is not intended to be the sole "roadmap" to answer the question of what a local public health system's performance improvement priorities should be. The original purpose of the assessment, current issues being addressed by the community, and the needs and interests for all stakeholders should be considered.
Some sites have used a process such as Mobilizing for Action through Planning and Partnerships (MAPP) to address their NPHPSP data within the context of other community issues. In the MAPP process, local users consider the NPHPSP results in addition to three other assessments - community health status, community themes and strengths, and forces of change - before determining strategic issues, setting priorities, and developing action plans. See "Resources for Next Steps" for more about MAPP.

## Use the Optional Priority Rating and Agency Contribution Questionnaire Results

Sites may choose to complete two optional questionnaires - one which asks about priority of each model standard and the second which assesses the local health department's contribution to achieving of the model standard. The supplemental priority questionnaire, which asks about the priority of each model standard to the public health system, should guide sites in considering their performance scores

in relationship to their own system's priorities. The use of this questionnaire can guide sites in targeting their limited attention and resources to areas of high priority but low performance. This information should serve to catalyze or strengthen the performance improvement activities resulting from the assessment process.

The second questionnaire, which asks about the contribution of the public health agency to each model standard, can assist sites in considering the role of the agency in performance improvement efforts. Sites that use this component will see a list of questions to consider regarding the agency role and as it relates to the results for each model standard. These results may assist the local health department in its own strategic planning and quality improvement activities.

### Final Remarks

The challenge of preventing illness and improving health is ongoing and complex. The ability to meet this challenge rests on the capacity and performance of public health systems. Through well equipped, high-performing public health systems, this challenge can be addressed. Public health performance standards are intended to guide the development of stronger public health systems capable of improving the health of populations. The development of high-performing public health systems will increase the likelihood that all citizens have access to a defined optimal level of public health services. Through periodic assessment guided by model performance standards, public health leaders can improve collaboration and integration among the many components of a public health system, and more effectively and efficiently use resources while improving health intervention services.

# Performance Assessment Instrument Results

The LPHSA basically asks the question: "How well did the local public health system perform the ten Essential Public Health Services?" Table 4-1 (below) provides a quick overview of the system's performance in each of the 10 Essential Public Health Services (EPHS). Each EPHS score is a composite value determined by the scores given to those activities that contribute to each Essential Service. These scores range from a minimum value of 0% (no activity is performed pursuant to the standards) to a maximum of 100% (all activities associated with the standards are performed at optimal levels).

As seen in Table 4-1, Essential Public Health Services 4, 7, 8, and 10 received the lowest scores (**bold** in the table below. Typically, Essential Public Health Services 8 and 10 are relatively more out of the direct control of the local public health system as they are dictated by geographical dynamics or macroeconomic trends and circumstances. However, the low scores for EPHS 4 and 7 may indicate that there are opportunities in Hernando County to better mobilize community partnerships to identify and solve health problems and to link people to needed personal health services and assure the provision of healthcare when otherwise unavailable.

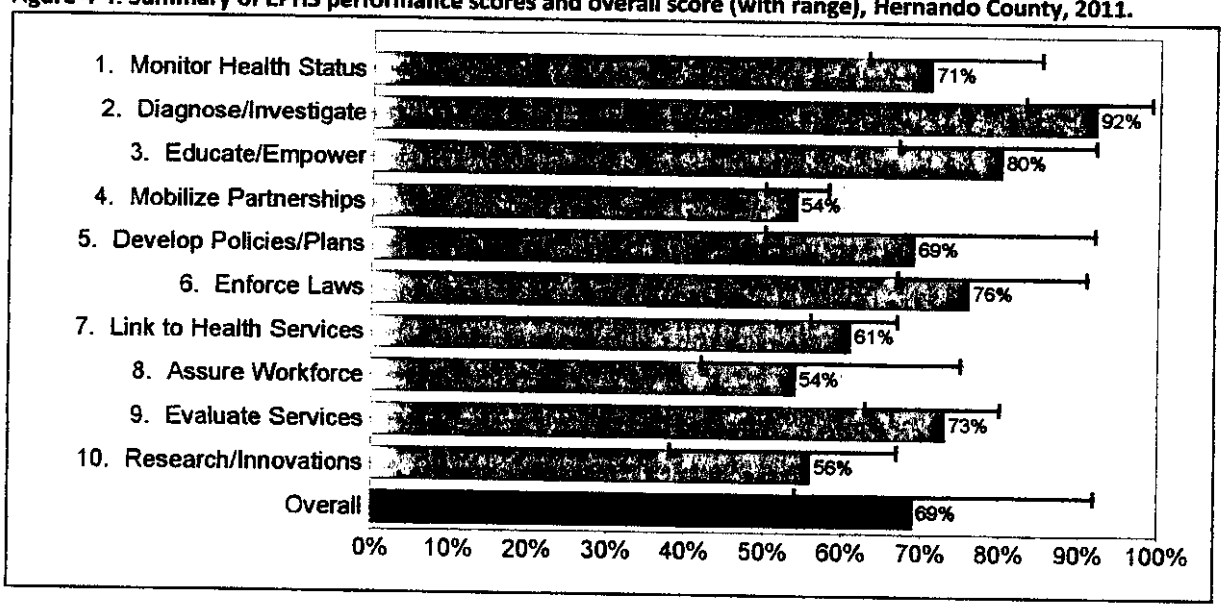
Figure 4-1 (below) displays performance scores for each Essential Service along with an overall score that indicates the average performance level across all 10 Essential Services. The range bars show the minimum and maximum values of responses for the various questions asked within the Essential Service and an overall score. Areas of wide range may warrant a closer look in Figure 4 or the raw data.

**Table 4-1: Summary of performance scores for local public health system by Essential Public Health Service (EPHS), Hernando County, 2011.**

| | | |
|---|---|---|
| 1 | Monitor Health Status To Identify Community Health Problems | 71 |
| 2 | Diagnose And Investigate Health Problems and Health Hazards | 92 |
| 3 | Inform, Educate, And Empower People about Health Issues | 80 |
| 4 | **Mobilize Community Partnerships to Identify and Solve Health Problems** | **54** |
| 5 | Develop Policies and Plans that Support Individual and Community Health Efforts | 69 |
| 6 | Enforce Laws and Regulations that Protect Health and Ensure Safety | 76 |
| 7 | **Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable** | **61** |
| 8 | **Assure a Competent Public and Personal Health Care Workforce** | **54** |
| 9 | Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services | 73 |
| 10 | **Research for New Insights and Innovative Solutions to Health Problems** | **56** |
| Overall Performance Score | | 69 |

Source: Local Public Health System Assessment Scoring Results, Hernando County, September 2011.

**Figure 4-1: Summary of EPHS performance scores and overall score (with range), Hernando County, 2011.**

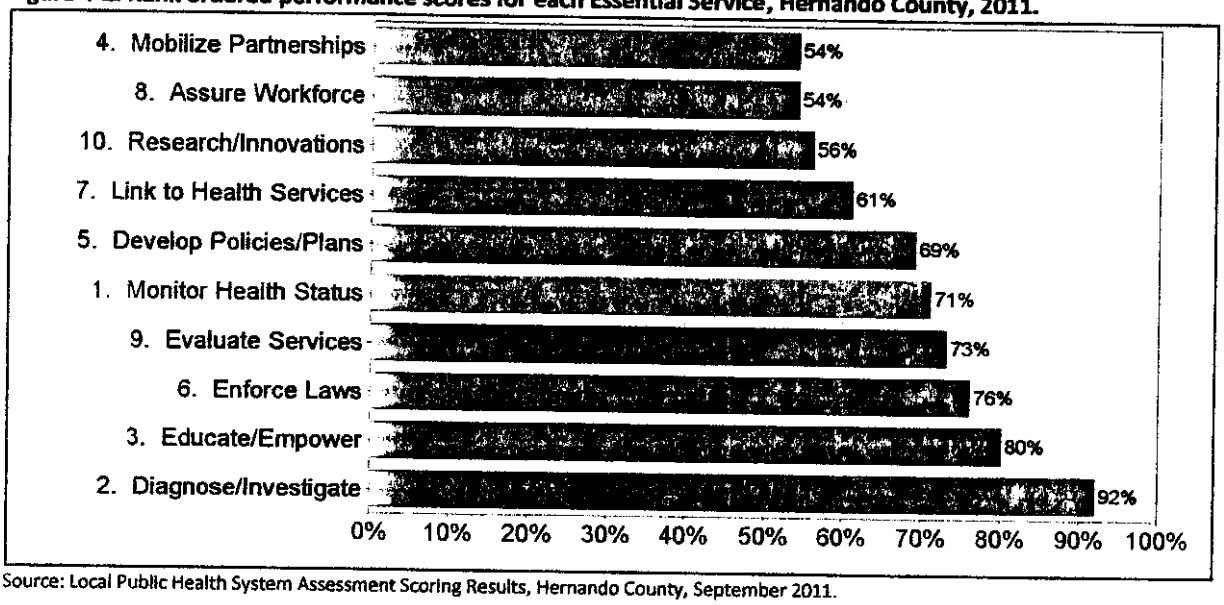



Source: Local Public Health System Assessment Scoring Results, Hernando County, September 2011.

Figure 4-2 (below) displays each composite score from low to high, allowing easy identification of service domains where performance is relatively strong or weak.

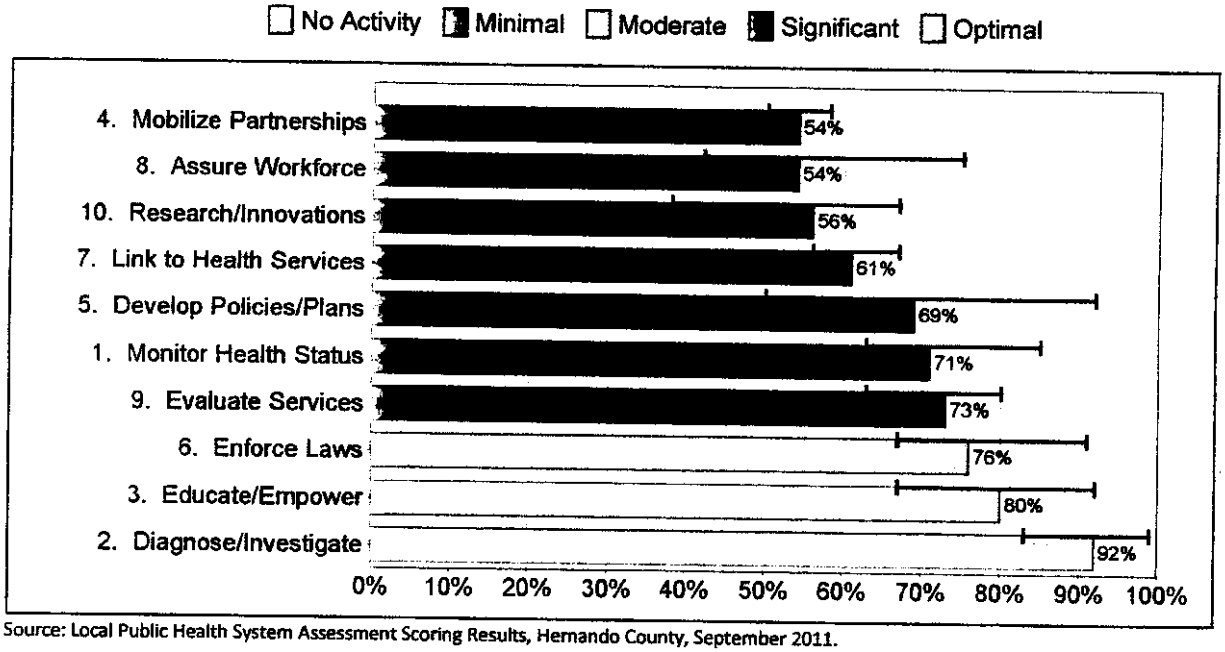
Figure 4-3 (below) provides a composite picture of the previous two graphs. The range lines show the range of responses within an Essential Service. The color coded bars make it easier to identify which of the Essential Services fall in the five categories of performance activity.

**Figure 4-2: Rank ordered performance scores for each Essential Service, Hernando County, 2011.**




Source: Local Public Health System Assessment Scoring Results, Hernando County, September 2011.

**Figure 4-3: Rank ordered performance scores for each Essential Service, by level of activity, Hernando County, 2011.**




Source: Local Public Health System Assessment Scoring Results, Hernando County, September 2011.

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# Section 5: Hernando County Forces of Change Assessment (FCA)

## Introduction

One of the main elements of the MAPP process in the development of a community wide strategic plan for public health improvement includes a Forces of Change Assessment (FCA). The *Hernando County Forces of Change Assessment* is aimed at identifying forces—such as trends, factors, or events that are or will be influencing the health and quality of life of the community and the work of the local public health system.

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

These forces can be related to social, economic, environmental or political factors in the region, state or U.S. that have an impact on the local community. Information collected during this assessment will be used in identifying strategic issues.

## Methodology and Results Summary

The Forces of Change Assessment for Hernando County resulted from three sources: the discussion transcripts from the community portion of the Local Public Health System Assessment (LPHSA); the discussion transcripts from the health department portion of the LPHSA; additional discussions during the community focus groups; and observations and analysis by the needs assessment steering committee. The Forces of Change Assessment is dedicated to identifying forces of change and discussing potential threats and opportunities inherent in these ongoing or emerging forces.

As an ancillary discussion during the LPHSA, focus groups, key informant interviews and with the steering committee, participants were asked to answer the following questions:

> "What is occurring or might occur that affects the health of our community or the local public health system?" and "What specific threats or opportunities are generated by these occurrences?"

Participants in the various component processes of this assessment were also encouraged to contribute in the brainstorming process for these questions. Once a list of forces was identified, resultant opportunities and/or threats these forces may have on the local health care delivery system and health outcomes in Hernando County were also postulated.

The following table (Table 5-1) summarizes the forces of change identified for Hernando County and possible opportunities and/or threats that may need to be considered in the strategic planning process.

**Table 5-1. Forces of Change Assessment results, Hernando County, 2012.**

| Forces | Threats | Opportunities |
|---|---|---|
| Aging population | Increasing healthcare costs<br>Physician to population ratio (increasing)<br>Costs of chronic illness to the community<br>Increased auto accidents<br>Golf cart accidents<br>Limited facilities in which people can age<br>Adverse affects on job market | Higher insured population<br>Larger volunteer pool<br>Brings revenue to community |
| Cuts from the Legislature | Decrease in healthcare availability<br>Unemployment<br>More uninsured<br>Effects on mental, physical health<br>Less personal safety – more crime<br>Domestic violence<br>School funding reduced | Depends on who you ask<br>Reduced taxes<br>More awareness of political and civic issues and<br>Accountability |
| Reduction in population or slowing population growth | Loss of tax revenue<br>Loss of support from the county<br>Business failure, esp. small business | Increased employment competition<br>Fewer sick people |
| Medicaid reform | Lower reimbursement (no cost-based)<br>Poorer dental outcomes<br>Less access<br>Fewer primary care providers | Saves federal/state governments money<br>Concentration on core public health programs<br>New partnerships |
| State and local government structural changes | Change of priorities<br>Availability of services<br>Loss of ties to the community<br>State level does not understand issues at local level<br>Lack of political experience | Better relationships<br>More efficient government |

**Table 5-1. Forces of Change Assessment results, Hernando County, 2012.**

| Forces | Threats | Opportunities |
|---|---|---|
| Reduction in work force | More uninsured<br>More unemployed<br>Similar to reduction in population<br>Reductions specific to medical workforce not keeping pace with population | More education and re-training |
| Increasing minority populations | More disparities (not sure in what areas and to what levels)<br>Adjusting to cultural changes<br>Language barrier | Cultural diversity<br>Stronger communities |
| Increasing homeless population | More demand for uncompensated care<br>Everything more difficult and magnified in terms of healthcare delivery and outcome<br>Violence<br>Increased law enforcement costs | New community partnerships to help them |
| Foreclosures | Lack of tax revenue<br>Increase in homelessness<br>Public nuisance and environmental hazards | Lower home prices |
| Decreased property values; less money to sustain programs for local government | Less money to support programs for local government | Lower housing costs |
| Changing family structure | Domestic violence/aggression<br>Less extended family to help with family duties and obligations | More accepting of new roles<br>Women are wearing the pants and paying for them too |
| Impact of anti-immigration sentiment on the number of undocumented | Family disruption<br>Deportation<br>Negative impact on agricultural industry<br>Impact on community and police force<br>Failure to seek out services due to fear of immigration status<br>Difficult to get into shelters during a disaster as law | Less pressure on already under-funded programs<br>Healthcare workers becoming more culturally competent due to learning of hardships |

**Table 5-1. Forces of Change Assessment results, Hernando County, 2012.**

| Forces | Threats | Opportunities |
|---|---|---|
| | enforcement is involved | |
| Advances in technology | Expensive<br>Overtreatment of self<br>Inappropriate treatment of self<br>Misinformation<br>Increased liability (more knowledge breeds more lawsuits) | Telemedicine<br>Increased efficiency<br>Increased patient safety<br>Faster communication<br>More technologically savvy workforce<br>Better paid workforce |
| Availability of experienced staffing; baby boomers retiring | Insufficient staffing<br>Higher patient to provider/nurse/doctor ration | Change in culture in the workforce |
| Lack of trained work force in key specialties | Cannot fill positions<br>Quality suffers<br>Overburdened healthcare workers<br>Less access<br>Reduce productivity | Opportunities for training providers/education providers<br>Networking with educational institutions<br>Rising wages in areas of shortage |
| Reduction in Medicare and Social Security funding an impact in Hernando County since we have a high % of senior adults | Delayed retirement<br>Decrease the infusion of money into the local healthcare system<br>Decrease in discretionary spending | Keeping experienced workforce a little longer<br>Less taxes |
| Changing attitudes toward aging and end of life issues | Costs of chronic illness to the community<br>Adverse affects on job market<br>Huge increase in health care costs without maintaining quality of life<br>Increases in numbers of physician assisted suicide<br>Financial burden to family<br>Families moving in together<br>Possible lowered awareness of elderly needs<br>Lack of resources including medical/ nursing staffing | New community partners<br>Bring dignity and choice to end of life decisions<br>More assisted living facilities needed which require increase in staffing<br>By working together families become closer<br>Elder care programs may be created or improved<br>Increase in jobs for industry associated with aging population – nursing, medical, social work, etc. |
| Presidential election | Change in priorities<br>Changes made that effect how | Awareness of political and civic issues<br>Fresher ideas with new political |

**Table 5-1. Forces of Change Assessment results, Hernando County, 2012.**

| Forces | Threats | Opportunities |
|---|---|---|
| | government<br>operates and government employees' salaries and benefits are reduced<br>Possible change in priorities<br>Changes in healthcare policy; possible decreased funding<br>Changes in policies, more bipartisan stonewalling<br>Elimination of Affordable Health Care Act<br>Increase in federal grant funding | leaders<br>Hopeful for economic improvement<br>Opportunities for change in policy to increase access to care<br>Changes in policies, politicians, attitudes |
| Shortage of primary care providers; especially pediatricians, IM, OB/GYN | Added stress to already overworked healthcare workers<br>Same as shortage of dentist below<br>Not enough Dr's for patients to see.<br>Health care not up to par.<br>Patients going without health care altogether<br>Increased and unmanaged numbers of<br>chronic disease cases in adults and children<br>Increased in deaths<br>Barrier to care for under insured or uninsured clients<br>Decreased access to care<br>Increased healthcare problems in community<br>Increased hospital ER visits<br>Inferior care or longer wait to receive care<br>Possible increase in infant / child mortality<br>Lack of services<br>Overutilization of hospital ERs | Potential for Public Health Leadership<br>Same as shortage of dentist below<br>More job opportunities for Dr's out of college<br>More affordable and inviting educational programs may become available in the Health Care profession, for those interested on this carrier path<br>Scholarships at medical schools<br>Encourages people to go back to school or continue their education to fill shortage needs<br>New providers moving into area<br>Current providers increase patient load<br>Op for recruitment<br>Job opportunities |

**Table 5-1. Forces of Change Assessment results, Hernando County, 2012.**

| Forces | Threats | Opportunities |
|---|---|---|
| | Increase in cost for services | |
| Shortages of dentists | Limited dental care could potentially increase health care costs<br>Lack of dental care available to patients<br>Longer waiting time for appointments<br>Harder to find dentists due to offices<br>Reaching client capacity<br>Could contribute to more severe mouth<br>problems or other health conditions<br>Overall poor health<br>Overburdened dentist/dental staff<br>Unaffordable care, due to high demand<br>Barrier to care for under insured or uninsured clients<br>Increased amount of untreated dental decay<br>Lack of access to care for uninsured<br>Increased dental emergencies<br>Poor overall health<br>Inferior care or longer wait to receive care<br>Increase in dental carries<br>Delay in obtaining oral health care<br>Utilization of dentists outside Hernando County<br>Decrease in new residents<br>Increase in cost for services | Expand dental services<br>More opportunities for newly graduating dentists<br>More bargaining opportunity for dentist salary<br>More opportunities for dentist out of college<br>Hernando CHD is poised to expand services<br>Can improve reimbursement rates for Medicaid to encourage dentists to accept Medicaid clients<br>More patient's for active dentists<br>HD may see more clients |

**Table 5-1. Forces of Change Assessment results, Hernando County, 2012.**

| Forces | Threats | Opportunities |
|---|---|---|
| Electronic health records | May be expensive initially<br>High maintenance cost<br>Confidentiality breach<br>Delays and accessibility issues if technology not available<br>Large expense<br>May have to try multiple systems before success<br>Costs will rise<br>Shortage of doctors or clinics<br>Possibility of identity theft if security inadequate<br>Access personal information w/o authorize | Efficiency<br>Potential money savings over the long run<br>A more efficient network to follow patients care<br>Increased efficiency<br>Increased patient safety<br>Faster communication<br>More technologically savvy workforce<br>Will help to avoid repeating tests which will save money and make continuity of care easier<br>Facilitates record keeping and makes transferring records easier between providers<br>Shortage of doctors or clinics<br>Possibility of identity theft if security inadequate<br>Decrease in cost of services<br>Automation of patient records<br>Availability of medical information by another doctor when traveling / out of area |
| Rising prices of everything (especially healthcare costs) | Citizens may not seek the preventative care that they need which can over the long run increase the incidence of chronic disease<br>People cannot afford to buy groceries or buy medications or other necessities<br>Patients falling out of care.<br>Increase on malnutrition, homeless families.<br>Stress levels increase as well<br>Concern for low income that barriers to health care, housing and food<br>Clients cannot afford to take care | New programs and new ways of thinking will have to be created to accommodate and meet the need of individuals, communities<br>Strengthen community through streamlining services<br>Increased public assistance programs<br>Possible competitive pricing may result<br>Move out of area<br>Change in family unit (more family members living in same home) |

**Table 5-1. Forces of Change Assessment results, Hernando County, 2012.**

| Forces | Threats | Opportunities |
|---|---|---|
| | of their families<br>Decrease in availability of services, outpricing of services (less people can afford services)<br>Increase on budget burdens at facilities<br>Delay in obtaining medical care<br>Increase in chronic diseases<br>Decrease in life expectancy | |
| Emerging infectious diseases | Increase in health care costs<br>Shortage of health care workers already – may not have enough trained health care workers to meet the demands of new infectious diseases<br>Greater possibilities of being contaminated<br>Less availability of medicine to treat diseases<br>Overcrowded doctor offices and hospitals<br>Healthcare demand rises beyond supply<br>Shortages in medication<br>Decrease in work force<br>Will antibiotics continue to work?<br>Anxiety<br>Increased costs associated with healthcare<br>Increased mortality<br>Spread of diseases<br>Pandemic risk increased | Potential for Public Health Leadership<br>More revenue from pharmaceutical companies<br>More revenue for doctors and hospitals<br>Dr.'s and drug companies make more money<br>Strengthen Public Health Infrastructure<br>Encourages research for a cure<br>Health departments providing care<br>Need for research scientists increased |
| Contraction of state DOH or local health department mission | Decreased safety net providers<br>Less services for communities | Change in priorities<br>New partnerships<br>Increases in numbers of FQHC facilities<br>Having to be really wise in all |

**Table 5-1. Forces of Change Assessment results, Hernando County, 2012.**

| Forces | Threats | Opportunities |
|---|---|---|
| | | expenditure decisions |
| Seasonal population | Traffic<br>EMS overflow via emergency calls<br>Higher death rates<br>Crowding facilities | Revenues/economy<br>Travel immunizations<br>Seasonal employment |

Source: Hernando County Forces of Change Assessment, September 2011-January 2012.

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# Section 6: Identification of Priority Strategic Health Issues

## Background

The identification of potential priority issues was made after a thorough analysis of the Community Health Status Assessment, the Community Themes and Strengths Assessment and the Local Public Health System Assessment by WellFlorida Council. Issues and concerns were catalogued and then these issues and concerns were consolidated into a core set of key issues. Strategic issues were then teased from this core set based upon the ongoing discussions with the needs assessment steering committee.

## Brainstorming of Issues

Issues were identified during the comprehensive analysis of all of the sections of the needs assessment. The following issues represent the most important or recurring issues addressed throughout the needs assessment regarding Hernando County health care and health outcomes:

- Lack of insurance (access)
- Transportation (access)
- Lack of information - free and reduced-cost services available that people are unaware of
- Lack of communication
- Very poor chronic disease outcomes
- High rates of poor health behaviors
- Lack of education and community awareness
- Supply of medical providers (do they accept Medicaid/Medicare/other types of third party payors?)
- Unhealthy lifestyles
- Need for community-wide teamwork
- Many entities are competing for the same limited resources
- Racial disparities in health outcomes
- Knowledge of available resources
- People must be more responsible for their own care
- Programs may be provided, but if the community does not participate and utilize the programs available funding will be cut
- Community acknowledgment of issues such as mental illness and prescription drug abuse.
- Easy access to contra-health activities such as drug abuse
- Lack of no cost or low cost safe and healthful after-school opportunities for children

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# Identification of Priority Strategic Health Issues

After careful consideration of the core set of health issues, the following priority strategic health issues were identified:

1. Inappropriate use of healthcare; lack of personal responsibility among some; lack of understanding of how to use health care system and what is available among some; and unhealthy lifestyle driven by predominantly by socioeconomic factors for some.
    a. Measure and hold accountable.
    b. Create wealth that improves health outcomes.
    c. Change the culture of tolerance.
    d. Educate the community on the true cost of their behavior.
    e. Educate the community on facilities, services, providers and resources available and how to most effectively and efficiently utilize those facilities, services, providers and resources.
    f. Economic development (raise the socioeconomic levels).
2. Lack of information, communication and education drives misinformation and lack of willingness for community acknowledgement of issues.
    a. Utilize the school system as a vehicle to educate students and parents (e.g. fire prevention).
    b. Public service announcements/education on the quality and quantity of services in Hernando County (provide examples of positive experiences).
    c. County level branding that brands the entire community health initiatives - requires partnership for everyone to agree on the branding and not to work in silos.
    d. Cultivate ownership of the issues and the effort needed to improve Hernando.
3. Lack of specialty (including mental health providers) and general care providers and willingness of providers to offer safety-net services.
    a. Economic development (need to increase the number of people that can pay for their services that will in turn increase the willingness to provide safety-net services).
    b. Enhance Access Hernando; encourage participation by a greater percentage of community physicians.
4. Need for community-wide teamwork and lack of community participation.
    a. Targeted group of people to get the job done - accountability.
    b. Clear message to the community with clear expectations - if you deliver the community will be with you.
    c. Community buy-in.
    d. Dialogue on the health care system and health outcomes' impact on economic development with key constituencies such as the Board of County Commissioners and the Chamber of Commerce and other key community groups.

# Potential Next Steps

Some next steps to consider:

1. Create a formal strategic health vision for Hernando County with community-wide measurable goals and objectives and a community health improvement plan for each of these specific goals.

2. Ensure that the Hernando County Health Care Advisory Council (offshoot of the County's now defunct Health Care Advisory Board) comes to fruition so that the Council can "shepherd" or "oversee" the strategic community health improvement plan.
3. Develop specific goals, objectives and action plan for the Hernando County Health Care Advisory Council consistent with these key strategic health issues.
4. Mobilize community partners as needed on specific goals and tasks.
5. Promote cities and local government buy-in to strategic and community health improvement planning (educate and inform as to the direct and indirect costs of not addressing the priority strategic health issues).
6. Develop and distribute materials and information that, in plain language, inform the general public on the true costs and benefits of various health decisions they regularly make. Ongoing education campaigns for the public and key stakeholders regarding the full economic and non-economic impact of ongoing and emerging health issues.
7. Ensure community awareness of existing resources and how and when to utilize them.

NACCHO



# Mobilizing for Action through Planning and Partnerships (MAPP)



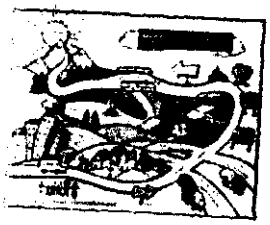
Mobilizing for Action through Planning and Partnerships (MAPP) is a community-driven strategic planning process for improving community health. Facilitated by public health leaders, this framework helps communities apply strategic thinking to prioritize public health issues and identify resources to address them. MAPP is not an agency-focused assessment process; rather, it is an interactive process that can improve the efficiency, effectiveness, and ultimately the performance of local public health systems.

## MAPP Guidance and Resources

### MAPP Framework

Using this webpage, users can access the MAPP guidance, supplemental resources, and technical assistance. Information on preparing for and completing the process is organized by phase. The "related content" toolbar contains links to additional resources such as technical assistance, stories from the field, related publications, and materials created by experienced MAPP users. More »

## MAPP Network



The MAPP Network is a resource for past, present, and future MAPP communities. Use the tabs above to converse with community partners, meet fellow MAPP users, solicit advice from MAPP mentors, and learn about MAPP resources. The MAPP Network Weekly Update is a weekly newsletter emailed to users of the MAPP Network. The Weekly Update includes information on activities, resources, and tips for MAPP implementation. More »

## Community Health Assessment and Health Reform

Provisions of the Affordable Care Act require each non-profit hospital facility in the United States to conduct a community health needs assessment and adopt an implementation strategy to meet identified community health needs. The Community Benefit webpage provides information to help local health departments and non-profit hospitals conduct collaborative community health assessment and improvement processes. More »

## Dialogue

NACCHO is working to address communication issues, particularly as they relate to strengthening interaction among members of the community. Participation by community residents is vital throughout the MAPP process to ensure that initiatives are community driven. Since 1995, CDC and NACCHO have worked with Cross River

Exhibit R04-12-A-038

R04-12-A-038

# City of Brooksville

352.540.3810 Phone
352.544.5424 Fax

November 28, 2011

Mr. Philip Vorsatz
Regional Brownfields Coordinator
Environmental Protection Agency Region 4
Atlanta Federal Center
61 Forsyth Street
Atlanta, Georgia 30303

RE: City of Brooksville, Florida
EPA Brownfields Community-Wide Assessment Grant Proposal

Dear Mr. Vorsatz:

The City of Brooksville, Florida, is pleased to submit the enclosed application for an Environmental Protection Agency (EPA) Brownfields Community-wide Assessment Grant. This assessment grant is needed to address potential environmental concerns from past industrial operations, including an orange juice plant, a former cement plant, railroad properties, dry cleaners, and abandoned gas stations within an our City. Long time residents and our city administrative personnel are particularly focused on the impact of barium contaminate from former industrial operations in the south Brooksville area.

With the assistance of this grant, we can complete assessments on key properties and begin to address the associated environmental and health hazards. In addition, the assessments will clarify the environmental uncertainty, allowing these properties to be redeveloped. We believe this grant to be an important step in the redevelopment that our community needs.

a. **Applicant Identification:** City of Brooksville, Florida
201 Howell Avenue
Brooksville, Florida 34601

b. **DUNS Number:** 08140090

c. **Funding Requested:**
**i): Grant Type:** Assessment
**ii): Federal Funds Requested:** $400,000
**iii): Contamination:** $200,000 for hazardous substances; $200,000 for petroleum
**iv): Community Wide**

d. **Location:** Brooksville, Florida

e. **The City is applying for a Community--Wide Assessment.** (N/A)

f. **Contacts:**

**i) Project Director:**
Richard W. Radacky
Director, Public Works
City of Brooksville
201 Howell Avenue
Brooksville, Florida 34601
Phone: (352) 540-3860
Fax: (352) 544-5470
E-mail: rradacky@cityofbrooksville.us

**ii) Head of Organization**
T. Jennene Norman-Vacha
City Manager
City of Brooksville
201 Howell Avenue
Brooksville, Florida 34601
Phone: (352) 540-3810
Fax: (352) 544-5424
E-mail: jnvacha@ci.brooksville.fl.us

g. **Date Submitted:** November 28, 2011

h. **Project Period:** July 1, 2012 – June 30, 2015

i. **Population:** City of Brooksville – 7,719 (U.S. Census Bureau, 2010)

Thank you for your time and consideration. If you should have any questions, please do not hesitate to contact me at (352) 540-3810.

Regards,

T. Jennene Norman-Vacha
City Manager

weakness, changes in nerve reflexes, swelling of brains and liver, kidney and heart damage. Obviously, the City and residents are understandably very concerned about potential exposure to this plume.

**Former C. W. Varn Turpentine Still:** This operation was located in South Brooksville near the former WREC facility. Turpentine is a volatile mixture of hydrocarbon isomers obtained either from pine gum or pine wood. Gum turpentine is a yellowish, sticky, opaque, combustible material; the wood distillate (oil of turpentine) is a flammable, colorless liquid with a characteristic odor. Turpentine is a skin, eye, mucous membrane, and upper respiratory tract irritant in humans. It may also cause skin sensitization and central nervous system, gastrointestinal, and urinary tract effects. Ingestion of turpentine causes a burning pain in the mouth and throat, nausea, vomiting, diarrhea, abdominal pain, excitement, ataxia, confusion, stupor, seizures, fever, and tachycardia and may cause death due to respiratory failure. This site has never been investigated.

The direct impact of these brownfields is unknown, but The Florida Cancer Data System (http://fcds.med.miami.edu/inc/statistics.shtml; accessed October 2011) shows that Hernando County has an elevated cancer incident rate, which is higher than all but seven counties in Florida. (Note: the Florida Cancer Data System only provides cancer rates at the county level.) The most recent report from 2006 shows 486 incidents of cancer per 100,000 population per year, approximately 11% higher than the state average cancer rate. Further, the resident 3-year age adjusted death rate 2006-2008 by cause (cancer) shows Hernando County with a rate of 186.2 cancer-related deaths, which is significantly higher than the state rate of 162.3 cancer-related deaths. According to the National Cancer Institute's data through 2007, the cancer rate in Hernando has an alarming status of "rising" (http://statecancerprofiles.cancer.gov/cgi-bin/ratetrendbycancer/rtcancer.pl?001&0&12&12&1&0&1). The presence of the brownfields within Hernando County contributing to the elevated levels of cancer incidents is yet undetermined, however, one of the most prevalent contaminants, specifically in Brooksville, is the known carcinogen arsenic. The City will utilize the EPA Brownfields Grant to assess the brownfields within the community to determine exposure risks, particularly to sensitive populations, and take steps to eliminate any potential contributing contaminants.

As demonstrated in the following table, the City of Brooksville has a significant minority population (27.7%), particularly compared to the rest of Hernando County (13.1%). Brooksville also has a significant elderly population (27.3%). The Median Age of the residents of Brooksville is 47.8, which is higher than the State (40.7). The elderly are more susceptible to potential contamination that could result from brownfields within the community. Census data for the South Brooksville (Tract 404) shows the neighborhood, which is disproportionally impacted by brownfields, generally consists of a higher population of minorities and an older population than the rest of the City.

| Demographic | Census Tract 404 | City of Brooksville | Hernando County | Florida |
|---|---|---|---|---|
| Population (2010) | 3,179 | 7,719 | 172,778 | 18,801,310 |
| % Minority | 31.3% | 27.7% | 13.1% | 29.3% |
| % Black or African American | 27.4% | 18% | 5.1% | 16% |
| Median Age | 53.2 | 47.8 | 47.7 | 40.7 |
| 65 years or older | 33.7% | 27.3% | 25.8% | 17.3% |
| Females of child-bearing age | 11.8% | 19.7% | 19% | 2208% |

Source: U.S. Census 2010 (http://www.census.gov/; accessed October 2011).

**b. Financial Need**

Along with numerous other cities, Brooksville has been impacted by the current economic downturn. Unemployment rates have risen, foreclosures have increased, and tax revenue has declined. The

community is working diligently to reverse these trends and revitalize the City and its economy. However, the dilapidated facilities and the environmental uncertainty with many properties inhibit economic development efforts and blight the heart of the City's downtown and corridors.

Brooksville and the surrounding Hernando County's plight can be seen in the following table. Both lag behind the state in many economic categories. 2010 Census data for economic characteristics were unavailable for Brooksville, so the data shown is from the 2000 Census before the recent recession and economic downturn. However, the data from 2000 demonstrate that the median household income in Brooksville was a mere $25,489. By comparison, the median household income for Hernando County was $32,572 and for all of Florida was $38,819. South Brooksville and the City's poverty rates are significantly higher than that of Hernando County and all of Florida. Brooksville also has a significant higher percentage of renter-occupied housing (41.1%) than the County (only 13.5%). New home construction has moved to the outer limits of the City and to the County in search of areas not surrounded by the blight of brownfields. Unemployment figures were unavailable for the City, but the County's unemployment rate for August 2011 was 13.9%, higher than the state's rate by three full percentage points. Considering the other economic factors of Brooksville, the unemployment rate within the City is assumed to be even higher. High unemployment rates, low median household income, and low median home values highlight the economic disadvantages facing the community. Considering the current state of the economy, those statistics have only become worse.

In 2009 (more recent data is unavailable), 15% of Hernando County residents (or 25,834 individuals) received food stamps to meet their basic needs. This was a 171% increase over a 2-year timeframe. In other words, one in every seven Hernando County residents received food stamp assistance. While food stamp data is unavailable for the cities in the county, it is possible to assume that the number and percent of individuals receiving food stamps is also significantly higher given the fact that the percent of families living below the poverty threshold in Brooksville is more than double that of the county.

| Demographic | Census Tract 404 2000 | City of Brooksville 2000 | Hernando County 2000 (2010) | Florida 2000 (2010) |
|---|---|---|---|---|
| Per Capita Income | $17,395 | $16,265 | $18,321 ($19,609) | $21,557 ($24,272) |
| Median Household Income | $26,026 | $25,489 | $32,572 ($37,459) | $38,819 ($44,409) |
| Median Family Income | $29,833 | $31,060 | $37,509 ($44,171) | $45,625 ($53,093) |
| Families Below Poverty Level | 13.1% | 16.8% | 7.1% (12.4%) | 9% (12%) |
| Individuals Below Poverty Level | 17.3% | 21.5% | 10.3% (12.8)% | 12.5% (14.6%) |
| Percentage of Renter Occupied Housing Units | 35.5% | 41.1% | 13.5% (19.5%) | 29.9% (32.6%) |
| Unemployment Rate | n/a | n/a | 14.3% (13.9%) | 12% (10.9%) |

Source: U.S. Census 2000 (http://www.census.gov/; accessed October 2011) ~ 2010 data is unavailable at the City and census tract levels.
U.S. Census 2010 (http://www.census.gov/; accessed October 2011)
Unemployment rates are for August 2011 (http://www.google.com/publicdata/home)

Another indicator of Brooksville's declining financial health is the decrease in revenue generated from the Tax Increment Financing District that was implemented in 1999 in conjunction with the CRA. Since 2008, Brooksville has seen a steady decrease in revenue from $129,000 in 2008 to $104,000 in 2009 to $90,000

in 2010. Since 2008, property values have dropped 31.4% from a high of $658,653,310 to $390,017,831. As a result, Ad Valorem Tax revenues have dropped nearly a million dollars since 2008. As a result, the City has suspended annual transfers to the Vehicle Replacement Fund from the General Fund. City staffing levels have also been reduced 6% for the 11/12 budget years compared to the 09/10 budget. This decrease in revenues limits the ability of the City to fund non-basic services, such as the environmental site assessments that are desperately needed to redevelop certain areas of the CRA.

Overall, the City has seen a significant decrease in the economic factors since 2000 and without a major change, the declines will only continue. The City believes that using the EPA Brownfields Grant as an investment into the community to address the blight by assessing the brownfield sites will help foster the revitalization of the community and lead to redevelopment successes, thus breaking the negative cycle.

## 2. Project Description and Feasibility of Success

### a. Project Description

Brooksville is poised to implement an equitable renaissance within its folds - one that ensures redevelopment occurs in a manner that benefits all citizens. Brooksville has thoroughly researched and thoughtfully planned out how to best achieve this change with the genesis of and updates to the Comprehensive Plan. By listening to and including the community's wants and needs into the Comprehensive Plan, the CRA was established, clearly identifying the target focus area.

With the funds from this grant, Brooksville intends to focus efforts on three major areas. One is to 'zero in' on the CRA and spur the much needed economic development in that area. Many of the abandoned gas stations are located within the CRA and have a high potential for redevelopment. Working through the Brownfields Advisory Committee and stakeholders within the CRA, the City will prioritize these sites for assessment and leverage other CRA incentives to facilitate their redevelopment. The second is to complete the remaining assessments on the former railroad right-of-way necessary to facilitate the further development of the Good Neighbor Trail. The development of the trail is already a significant accomplishment; but, in order to fulfill the community's vision and maximize the potential of the trail, further assessment and redevelopment is needed. Finally, the third is to address public health and safety in South Brooksville, where residents are living among known documented areas of contamination. The former WREC Yard, abandoned orange juice processing plant, former concrete plant, former County Public Work property, and former Turpentine Still property are all major concerns to neighborhood residents. The City will focus on assessments in this area to identify potential contaminants and exposure pathways on these properties and attempt to delineate and identify the source of the known barium plume in the neighborhood. In all three target areas, the City will conduct environmental assessments on the key properties, conduct cleanup planning when needed, develop specific redevelopment plans where appropriate, and most importantly, provide constant community outreach and opportunities for community participation to actively engage residents every step of the way.

### b. Budget for EPA Funding and Leveraging Other Resources

i) **Budget:** Brooksville requests $400,000 ($200,000 hazardous substance and $200,000 petroleum) of brownfield funds to accomplish the following tasks:

*Task 1 – Community Engagement:* Community involvement (not just participation at the cursory level) is essential to the success of this project. Not only are the private property owners, but also the community at large expected to be an active voice and partner throughout the entire brownfields program. In order to achieve this, Brooksville will establish a Brownfields Advisory Committee (BAC). The Committee will be comprised of community group representatives (such as church or civic leaders), business owners, and residents of the City of Brooksville. The BAC will actively participate in all aspects of the project, including identification and prioritization of sites for assessment, communicating community concerns and needs,

educating the community on the project's goals and progress, reviewing technical documents, providing input on redevelopment plans, and providing guidance and advice throughout the project.

As previously stated, the City adopted a new Comprehensive Plan in 2010 after several months of a concerted effort to engage and involve the community in the planning efforts. The City will leverage the success of those efforts and continue fostering similar community participation throughout the life of the project and beyond. Community involvement activities will include meeting with community partners, landowners and developers, and disseminating information through public meetings, local newspapers, and the internet. Community partners will be asked for input on health and/or safety concerns from the brownfield sites, site prioritization, and redevelopment priorities. Landowners and developers will be contacted for similar inputs. All community needs, concerns, priorities, and potential benefits will be considered in the site selection, assessment, and redevelopment efforts.

Planned outreach efforts include the development and maintenance of a project website that will provide real time project information, creation and dissemination of a project brochure with basic brownfield and project team contact information, public notices and articles through the local newspaper *Hernando Today*, and use of the social media.

Because the concept of brownfields is relatively new to Brookfield's citizens, a public education initiative will also take place. The City will draw on local and state resources such as the Florida Brownfields Association to assist with basic brownfields '101' training. Brooksville is cognizant of the fact that most people will contribute more meaningful input when they are in a comfortable and familiar setting. As such, most outreach efforts (meetings, education sessions, charrettes, etc.) will take place *within* the community. The City and its consultant will go to the community in church halls or civic clubs rather than ask citizens to come to municipal settings such as City Hall.

$33,000 of the total $400,000 requested budget ($16,500 from each funding source - petroleum and hazardous) is requested to complete this task. $10,000 is budgeted for travel ($5,000 petroleum/$5,000 hazardous) for two City staff members to attend relevant conferences and training offered throughout the life of the grant. This may include the National EPA Brownfields conference, the Regional Grantees Workshop, the annual Florida Brownfields Association Conference, as well as relevant training such as workshops focusing on sustainability and/or green building.

$3,000 has been allocated for supplies ($1,500 each from petroleum and hazardous) for purchase of items needed to successfully go into the community and clearly present project information.

$20,000 is budgeted for contractual expenses ($10,000 each from petroleum and hazardous). The City intends to contract with a firm that has expertise in public outreach and the creation of marketing materials. The selected contractor will be expected to work with the City to organize and facilitate public outreach and training sessions (8 sessions at $500 per session), prepare and disseminate project materials (flyers, information sheets, brochures - approximately $3,000), design, host, and maintain the project specific website (approximately $2,000), and also be available to meet with residents, property owners, and prospective purchasers to discuss the benefits of participating in the grant (approximately $1,000).

In addition to the funds requested above, Brooksville anticipates a contribution of $10,000 of in-kind resources (labor) to prepare for, travel to and from, and facilitate public meetings, provide oversight and direction to the selected consultant, and review/approve outreach materials (web design, brochures, fact sheets, etc.).

*Task 2 – Site Characterization:* Brooksville has already completed significant research and compiled a concise inventory of brownfield properties within the City. The City is now prepared to prioritize those sites for assessment activities based on the community discussion on the following criteria:

- Level of perceived contamination and threat to human health and environment;
- Potential of the site for redevelopment and job creation;
- Level of community support for a redevelopment model for the site;
- Level to which the redevelopment is complicated by potential contamination;
- Level to which redevelopment of the property will alleviate blight at the site and to the surrounding areas;
- Lack of viable or liable parties to conduct cleanup activities (site eligibility according to EPA and state guidelines);
- Proximity of the sites to sensitive populations;
- Willingness of current property owner to sell and participate in the negotiation of a mutually beneficial transaction with potential end-users.

The City will work with the EPA Region 4 and the Florida Department of Environmental Protection (FDEP) staff to ensure that grant funding is used on sites that are eligible for brownfields funding based on the federal statute. Upon determination that the sites are eligible, assessments will begin on the highest priority sites in accordance with recognized state and federal guidelines.

As noted above, Brooksville will hire a qualified environmental consultant with brownfields experience to conduct the assessments following the procurement procedures detailed in 40 CFR 31.36.

Phase I ESAs will be completed in accordance with ASTM 1527-05 and the EPA's All Appropriate Inquiries (AAI) rule (70FR66070). The City's anticipates completing at least fourteen (14) Phase I ESAs (seven petroleum and seven hazardous) at an average cost of $3,000 (depending on the size of the property and its complexity).

Phase II ESAs will be completed in accordance with recently updated (2011) ASTM 1903-11. Before the initiation of a Phase II, Quality Assurance Project Plans (QAPPs) and Health & Safety Plans (HSPs) will be submitted to both the EPA and the FDEP for review and approval. Brooksville expects to complete six (6) Phase II ESAs (three petroleum and three hazardous) each at an average cost of $20,000 - $50,000, again depending on the size of the property and the degree of contamination being assessed. Endangered Species Surveys and Cultural/Historical Resource Surveys will be completed at specific properties as required.

Several of the identified, high-priority sites are now owned by the City, but the City is not considered a responsible party. Therefore, site access will not be an issue. The City will take a proactive approach with other property owners. Once the sites are prioritized, Brooksville will meet with private property owners to explain the brownfields process, the benefits of participating in the grant, and to educate them on the issues and concerns of potential environmental contamination. The City anticipates $12,000 of in-kind contributions (labor) to provide oversight and direction to the consultant, review/approve documents, coordinate needed activities prior to and during site work (such as traffic mitigation), and preparation of grant reporting documentation.

*Task 3 – Cleanup and Redevelopment Planning:* Once properties have been assessed and the nature and extent of any contamination has been delineated, cleanup and redevelopment can begin. Cleanup planning will take place in the form of Analysis of Brownfields Cleanup Alternatives document(s) (ABCA.) With the ABCA, the consultant will be expected to contrast and compare different methods of addressing site contamination – from no action to implementation of institutional controls and removal and disposal of soil contaminants to innovative remediation designs. The remedial technique will be compared against non-technical factors such as ease of implementation, cost, and public input. It is anticipated that

approximately four ABCAs will be developed over the course of the project (two petroleum and two hazardous) at a cost of approximately $3,000 per document.

$12,000 of the proposed budget is allocated to accomplish these tasks ($6,000 petroleum/$6,000 hazardous.) Because of the significant amount of community involvement associated with this task, Brooksville anticipates a $10,000 contribution of in-kind resources (labor). This accounts for the time spent preparing for and facilitating design charrettes, conducting one-on-one discussions with current owners and potential purchasers of brownfield properties, and meetings with representatives of the FDEP needed to secure liability protections pre-property transfer.

All estimates for the contractual costs listed previously in this document were based upon estimates provided by some of the City's environmental consultants. The proposed budget this project is summarized in the following table.

| | PROJECT TASKS: HAZARDOUS | | | | PROJECT TASKS: PETROLEUM | | | |
|---|---|---|---|---|---|---|---|---|
| **Budget Categories** | **Task 1:** Community Engagement | **Task 2:** Site Characterization | **Task 3:** Cleanup & Redevelopment Planning | Total | **Task 1:** Community Engagement | **Task 2:** Site Characterization | **Task 3:** Cleanup & Redevelopment Planning | Total |
| Personnel | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 |
| Fringe Benefits | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 |
| Travel | $5,000 | $0 | $0 | $5,000 | $5,000 | $0 | $0 | $5,000 |
| Equipment | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 |
| Supplies | $1,500 | $0 | $0 | $1,500 | $1,500 | $0 | $0 | $1,500 |
| Contractual | $10,000 | $177,500 | $6,000 | $193,500 | $10,000 | $177,500 | $6,000 | $193,500 |
| Other | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 |
| Total | $16,500 | $177,500 | $6,000 | $200,000 | $16,500 | $177,500 | $6,000 | $200,000 |

**ii) Tracking and Measuring:** Brooksville plans to work closely with their EPA project manager, FDEP, and the community to set realistic goals for the brownfields project based on the output and outcomes measurements described in the following table as well as additional ones identified during the course of the project. The City will track and measure progress to achieving the goals and will meet at least quarterly (either in person or via telephone) with the EPA project manager to review the status of the project. In addition, the City will provide the project schedule and accomplishments in Quarterly Reports to the EPA and enter property information into the Assessment, Cleanup and Redevelopment Exchange System (ACRES). The following table details the output and outcome metrics the City will use to measure the success of the project.

| Task | Output Measurement | Outcome Measurement |
|---|---|---|
| Task 1 – Community Engagement | # of Brownfields Advisory Committee Meetings<br># of Public Meetings<br># of Community Group Meetings<br>Quantity of Outreach Materials Distributed<br># of Public Announcements Printed/Aired | # of Attendees at Meetings<br># of Attendees at Meetings<br># of Groups and # of Attendees<br># of Public Inquiries Received<br>Circulation |
| Task 2 – Site Characterization | # of Phase I Assessments<br># of Endangered Species and Cultural History Surveys<br># of Phase II Assessments | # and Acres of Property Assessed<br># and Acres of Property Surveyed<br># and Acres of Property Assessed |
| Task 3 – Cleanup and Redevelopment Planning | # of ABCAs<br># of Redevelopment Plans | Acres Redeveloped into Greenspace<br>Dollars Leveraged in the Redevelopment<br>Jobs Leveraged and/or Created<br>Tax Impact of Redeveloped Properties |

**iii) Leveraging:** Brooksville is committed to the success of this brownfields project. As detailed above, the City will make a significant contribution to the project in the form of staff time to manage the grant activities

and any ongoing brownfield assessment, cleanup, and redevelopment activities. This in-kind contribution is estimated to total $32,000 over the three-year grant period.

Tax Increment Financing (TIF): City of Brooksville. In 1998, The City formally instituted the CRA in its downtown core. Concurrently, they adopted Ordinance No. 590 and Resolution No. 98-18 which established a TIF District. While funds generated have waned in past years, the TIF still generates a significant amount of revenue that can be tapped for funding. The City will leverage these incentives on brownfield properties within the CRA undergoing redevelopment after assessment.

Additional funding sources will be aggressively pursued and policies implemented to foster the redevelopment of the brownfield sites. Some examples of funding sources/incentives Brooksville has already researched include:

Florida Rails-To-Trails: Florida Department of Environmental Protection, $3.9 million available annually for transforming abandoned rail beds to recreational greenways.

Public Works and Development Facilities Program: U.S. Department of Commerce, $99,000 - $4.7 million available annually to assist distressed communities attract new industry, encourage business expansion, diversify their economics, and create private sector jobs.

Highway Beautification Grant: Florida Department of Transportation, $1.5 million available annually to assist communities impacted by state highways (funding can be used for streetscaping and beautification of Main Street).

Economic Development Transportation Fund: Florida Department of Commerce, $2 million available annually for transportation projects, which include the recruitment, retention, and expansion of local business.

Economic Adjustment Program: U.S. Department of Commerce, $16,000 - $1.5 million available annually for communities to design and implement strategies that will help them adjust to changes in their economic base (funding can be used in conjunction with these proposed grant funds to host community charrettes).

Brownfield Cleanup Grants: U.S. Environmental Protection Agency, $200,000 available per year per property to remediate eligible brownfield sites.

Rural Business Enterprise Grant: U.S. Department of Agriculture, $400,000 available annually to promote development of small and emerging business enterprises in municipalities of less than 50,000 in population.

Community Contribution Tax Incentive Program: Florida Department of Commerce, $200,000 tax credit per business for private companies that invest in underprivileged areas.

Work Opportunity Tax Credit: Federal income tax credit provides incentives to private for-profit employers to encourage the hiring of individuals from certain targeted groups (such as those who receive food stamps – which would apply to a large percent of Brooksville residents) of jobseekers who traditionally have difficulty finding employment. Employers can reduce their federal income tax liability up to $2,400 or $4,800 during the first year of employment of a member of a targeted group or up to $9,000 over two years, depending on the qualified employee. There is no limit to the number of qualified employees for which an employer may receive this tax credit.

Brownfield Incentives: Florida Department of Environmental Protection. The state brownfields program offers excellent liability protections for eligible entities. Under Section 376.82 of the Florida Statute, liability protections are available for remediation of contaminated site or sites to the state and to third parties and are relieved of liability in contribution to any other party who has or may incur liability for the contaminated

site or sites. Brooksville has become well versed in the program via discussions with agency staff and is prepared to enter a Brownfield Site Remediation Agreement prior to the purchase of any brownfields property and will encourage others to do the same.

In addition, financial incentives are available for non-responsible parties who have entered into the voluntary cleanup program. These include:

- a state corporate income tax credit for expenses incurred by a taxpayer in cleaning up a site,
- jobs tax credit in the amount of a $2,500 bonus refund for each job created by an eligible business,
- a sales tax credit on building materials for construction of housing or mixed-use projects,
- a loan guarantee program to established job tax credit,
- property tax exemption with county concurrence,
- fees in lieu of property taxes with a $1 million threshold minimum, and
- a loan guarantee program where up to five years of state loan guarantees may be made available for redevelopment projects in brownfield areas.

Targeted Brownfield Assessments (TBAs): Florida Department of Environmental Protection, $200,000 per assessment and $200,000 per site for cleanup. Authorized and funded by CERCLA Section 128(a), TBAs are designed to help municipalities minimize the uncertainties of contamination often associated with brownfields. TBAs and Site-Specific Activities (SSAs) supplement and work with other efforts under EPA's Brownfields Initiative and Florida's Brownfields Redevelopment Program to promote cleanup and redevelopment of brownfields.

The amount of funding to be requested from each of these agencies will be directly driven by the type, nature, and extent of contamination found as well as the planned future development. Once these factors have been determined, the appropriate funding mechanism (or set of mechanisms) can be contacted for support. Brooksville has a high success rate in obtaining grant funds. As such, the City is confident that future funding sources will be readily received as the brownfield program grows and develops.

**c. Programmatic Capability**

i) The City of Brooksville is fully equipped to effectively manage these grant funds. City staff has extensive expertise in the operation of local, State, and Federal grant programs. Mr. Richard W. Radacky, Director of the Department of Public Works, will serve as the Project Director for this initiative. Mr. Radacky has 36 years of overall experience with public management. He has served as a Field Combat Medic in the US Army, and retired as a Lieutenant Colonel after 30 years of service. His experience includes eight (8) years of experience with the Pasco County Board of County Commissioners as the manager of an environmental control program in regulating water and wastewater facilities, siting, permitting, construction, and operating three landfills and on transfer stations. For 14 years, Mr. Radacky was the Hernando County Utilities Director. Under his leadership, three major well fields, five sub regional wastewater treatment facilities, two transfer stations, and a county-wide landfill were sited, permitted, and constructed. The department received numerous US EPA Region IV awards and the FDEP award for quality service, degree of treatment, and maintaining professional standards. Mr. Radacky began work with the City of Brooksville as the Public Works Director on August 3, 2009. He is the Project Manager for the City's $2.4 million Sewer Rehabilitation Phase III Project. The City was awarded a grant/loan combination from the FDEP for the project in May 2009.

Mr. Radacky is supported by very capable staff who are also experienced in managing federal and state-funded projects. In preparation for the project, Mr. Radacky will establish a City staff project team to assist with the project. In the event of unforeseen employee turnover, the project team will assist and educate the new Project Director to ensure the project continues successfully. The team does not rely on just one

individual; therefore, if one member of the team unfortunately can no longer participate, another person can take his/her place.

In addition, due to the technical nature of the project, the City intends to hire an experienced and qualified subcontractor to manage the day-to-day implementation of the project and will follow Federal procurement guidelines to procure those services.. The City has already begun the selection process to insure that Mr. Radacky will have both his City staff as well as a qualified consultant in place prior to the grant award announcements, which enables the project team to begin project activities immediately upon grant award.

ii) The FY2010 Financial Audit of the City of Brookville did not reveal any adverse findings. However, the FY2009 Financial Audit of the City of Brooksville included two findings. The first concern was a progress report for a grant was filed late. Investigation revealed that in one instance a quarterly progress report was filed two days late. The City understands the importance of filing reports in a timely manner. The instance occurred during a period of staff turnover. The second concern was found discrepancies in the financial information reported in the progress reports. The City spoke to the FDEP who received the progress reports. They did not consider the discrepancies a violation and did not report to the City as such. However, the Finance Department and the Department of Public Works have revised their processes to ensure the financial information and the progress reports will be correctly filled out in the future. As the FY2010 audit demonstrates, the appropriate corrective actions were taken to resolve the issues.

iii) The City of Brooksville has never received an EPA Brownfields Grant, but has an extensive history of managing federal and state funds. The following are five examples of previous agreements.

- Sewer Rehabilitation Phase III Project awarded by the FDEP. The grant award made in May 2009 was in the amount of $1,370,200.00. The project consisted of the rehabilitation of 20,000 to 25,000 linear feet of vitrified clay pipe (VCP) sewer, rehabilitation of service laterals on City right-of-way, rehabilitate/seal manholes, and install manholes on extra long main lines. The project was completed within the FDEP-approved timeframe, and the final completion audit was recently completed by FDEP. The City received a "GLOWING" review based up meeting or exceeding all project objectives, including reporting requirements.
- Highway Landscape Project awarded by the FDOT, District 7. The grant award was in the amount of $150,000.00 and was successfully completed on September 30, 2009. The project consisted of the beautification of the highway by the installation of landscape improvements. The City met and complied with all the reporting requirements.
- Hope Hill Site Project awarded by the Withlacoochee River Water Supply Authority. The grant award was in the amount of $19,933.00 and was completed on May 30, 2008. The project consisted of the installation of a new well pump and related piping in an existing well shaft. The City met and complied with all the reporting requirements.
- Brooksville Water System Improvement Project awarded by FDEP. The grant award was in the amount of $190,000.00 and was completed on September 30, 2008. The project consisted of utility infrastructure improvements by repairing/replacing aging portions of the City's water system. The City met and complied with all the reporting requirements.
- Good Neighbor Trailhead Project awarded by the Florida Recreation Department Assistance Program, funded by the Florida Department of Environment Protection. The grant award was in the amount of $130,000.00 and was completed on April 30, 2008. The project consisted of the new construction of 4,000 feet of walking trail, two wooden foot bridges, ladies' and men's bathrooms, parking, and signage. The City met and complied with all the reporting requirements.

3. **Community Engagement and Partnerships**

a. **Community Engagement Plan:** The City will conduct a concerted outreach campaign to raise awareness and educate citizens on brownfields and on how to become involved in the project. Outreach

will occur through various media – newspapers, website, Facebook, and in person. Project team members will go to the community to present at regularly scheduled meetings of civic groups and neighborhood associations. Through this initiative, the City will identify community leaders and key stakeholders to invite to serve on a Brownfields Advisory Committee (BAC).

The BAC will be comprised of representatives from different community organizations and neighborhoods across Brooksville. The BAC will serve as the voice of the community and assist in identifying properties, prioritizing sites for assessment, and providing input in the cleanup and redevelopment planning. Members of the committee will also serve as the liaison between the project team and the community members they represent, providing all sectors of the community an equal voice.

During the redevelopment planning stages, the City will work with the BAC to conduct workshops and/or visioning sessions to fully engage the community in the cleanup and redevelopment planning process. Input from individuals, groups, and organizations from the targeted community will be particularly solicited.

The City will also leverage other communication channels, such as public announcements, press releases, flyers, web sites, and other outreach materials, as appropriate, to keep the community informed of the progress of the grant activities. Specifically, information will be dispersed through the local paper, *Hernando Today.* The City will also utilize the City's website and social media, such as Facebook and Twitter, to relay information on upcoming meetings and updates/announcements.

The City will develop a project brochure that will highlight the targeted brownfield project areas, review the selection process for the Brownfield Assessment Project, and explain the events that will occur in the grant program. The brochure will also include contact names and describe how community members and local businesses can get involved in the project, including serving on the BAC.

With the extensive elderly population and disabled residents, assistance will be available for those with disabilities. For example, all public outreach and education events will take place at handicap accessible facilities. Assistance will also be available for those with language barriers that would otherwise prevent their participation. When addressing sites in areas with a large Hispanic population, the project team will have project materials and communications translated into Spanish.

b. **Partnerships with Local/State/Tribal Environmental and Health Agencies:** Project success will be achieved with assistance from established partnerships with several agencies as outlined below:

Florida Department of Environmental Protection: Brooksville will depend upon FDEP's advice and review of assessment and cleanup planning activities. The City will work closely with the FDEP to determine site eligibility prior to assessment activities. The FDEP will be asked to review all work plans, QAPPs, HASPs, etc., prior to the initiation of any field activities. Cleanup planning documents will be coordinated closely with the FDEP to ensure that the appropriate standards are being applied. The City will also encourage developers to enter the FDEP Brownfields Program to take advantage of the limitation of liability and tax incentives they offer.

Hernando County Health Department: Brooksville will work with the county health department to ensure that all health issues and/or concerns are addressed during the assessment field activities. A representative of the Health Department will serve on the BAC.

Hernando County Utilities Department: This department has also pledged their support and has already provided access to the County's public works property in South Brooksville.

An environmental job training program is not readily available at this time in close geographic proximity to Brooksville. The closest Brownfields Job Training program is in Jacksonville, Florida, 160 miles away. However, the City will seek to encourage the use of their local community workforce. As such, solicitations

for services under this project will include favorable evaluation criteria for the inclusion of staff from the local area or graduates from the Jacksonville Brownfields Job Training Program.

c. **Community-based Organizations:** The following organizations have committed to being involved with the EPA Brownfields Grant efforts.

Brooksville Vision Foundation – The Brooksville Vision Foundation is a non-profit organization comprised of citizens and community government liaisons who are dedicated to stimulating the economic growth and revitalization within Brooksville. The Foundation will assist the project team in identifying and prioritizing sites, promoting the redevelopment of brownfields, communicating project progress to the community, and soliciting public involvement in the project. A representative of the Foundation will also serve on the BAC.

*Mid-Florida Community Services, Inc.* – Mid-Florida Community Services is a non-profit organization with a mission to partner in the creation of a society in which low-income people are supported in their efforts to become self-sufficient and where vulnerable populations achieve their full potential. The agency is committed to continuously increasing its capacity to achieve results and improving the quality of life for all generations. The agency will assist with community outreach and nominate a representative to serve on the BAC.

*The Hernando County, Florida Chapter of the National Association for the Advancement of Colored People (NAACP)* – The NAACP's is to ensure the political, educational, social, and economic equality of rights of all persons and to eliminate race-based discrimination. The Hernando Chapter is supportive of the City's application in particular due the disproportionate number of brownfield sites in minority neighborhoods and the long suspicion that the high rates of illness and cancer can be contributed to exposure to contaminants from these sites. The Hernando Chapter of the NAACP has committed to serving on the BAC, assisting in identifying and prioritizing properties, inviting project team members to present at their regularly scheduled meetings, and participating in redevelopment planning.

*Mr. Gary E. Schraut* – Mr. Schraut is President of Commercial Sales at Century 21 Alliance Realty, an expert in the commercial and investment real estate industry, Director of Hernando Investments, Inc., and President of the Council For Stronger Neighborhoods, Inc. Recognizing the effects of prior industrial operations on properties located in the South Brooksville area and the redevelopment challenges property owners are facing, he is prepared to assist the project team with public outreach, identifying potential sites, and assisting in the redevelopment planning and marketing for sites assessed. He will also serve on the BAC.

**4. Project Benefits**

a. **Welfare and/or Public Health:** Under this project, the City will be able to assess properties, which is the first step toward cleanup and redevelopment. Based on historical data from the EPA, approximately one third of the Phase I ESAs will not identify a need for further investigation. For those properties, the Phase I will alleviate the perception of environmental contamination and directly clear the way for redevelopment. For sites requiring additional assessment, the project will be able to define the extent and nature of the contamination. With the problem quantified, realistic cleanup and redevelopment plans can then be developed and additional resources can be sought, if needed.

Potential hazardous substance and petroleum contamination on the brownfield sites may directly impact the public health of the community, specifically in South Brookville where known groundwater contamination is moving beneath a lower-income residential neighborhood. This grant will allow the City to begin the process of reducing or eliminating the risks associated with potential contamination by conducting Phase I and Phase II ESAs to determine the exact extent and nature of the contaminants at the sites. Assessments will particularly focus on identifying any potential exposure pathways and risks to the

neighboring population. Once known, the City can then begin to take steps necessary to either remediate the site or mitigate the risk posed by the sites.

Social benefits will be realized as these properties are put back into productive reuse. A revitalized downtown will become a focal point for the community, thereby attracting shoppers and visitors. It will also provide a central gathering space for cultural and civic activities to take place. The sense of community will be realized as storefronts are no longer vacant and residents once again gather in the heart of Brooksville to eat, shop, and recreate. Brooksville's brownfields program will directly support the Livability Principles, as follows: (1) Provide more transportation choices – infill development enables walking and biking to be viable choices, and development of the Good Neighbor Trail provides a safe, enjoyable route; (2) Promote equitable, affordable housing – addressing brownfields particularly in lower income, minority neighborhoods enhances housing choices and promotes the care and redevelopment of affordable housing; (3) Increase economic competitiveness – the redevelopment of brownfields generates jobs and business opportunities; (4) Support existing communities – focusing program efforts to involve residents of the disadvantaged communities with strengthen neighborhoods as issues are addressed; (5) Leverage Federal investment – in addition to the EPA funding, the City will leverage funds from HUD and DOT to achieve the overall redevelopment goals; and (6) Value communities and neighborhoods – the City is focusing on the South Brooksville Neighborhood to address environmental issues in this long-standing neighborhood in order to ensure the community continues to be a desirable and lively neighborhood.

**b. Economic Benefits and/or Greenspace**

i) Meaningful redevelopment of abandoned and underutilized properties is essential to the economic growth of the City. The environmental assessment of such properties will allow for an increased marketability of the properties to prospective purchasers and developers which will result in the removal of blight from neighborhoods and its dampening economic impacts on surrounding properties. This development will in turn create employment and increase City tax revenues. The successful growth of the tax base of the CRA is an example of the economic benefits which focused revitalization efforts can bring. Over the 11 year history of the TIF district, annual revenues have increased more than tenfold from $875 in 1999 to a peak of over $129,000 in 2008, with a dip in revenue to $90,000 in 2010 which can be attributed to the waning economy. The redevelopment of brownfields within the CRA, such as the former gas stations, will further increase the TIF revenue, create jobs, and generate additional sales tax revenue. Redevelopment of the former Withlacoochee River Electric yard and former County Public Works property has the potential to return 8.5 acres of property back to the tax rolls. Also, the redevelopment of the former orange juice plant and cement plant has the opportunity to increase the value of those 10.5 acres of property as well as the surrounding properties (between 2 and 3 percent, according to the EPA[1]), increasing property tax revenue, creating jobs, and additional sources of revenue.

However, the most significant potential economic benefits may result from the continued development of the Good Neighbor Trail. Across the US, trails and greenways are stimulating tourism and recreation-related spending. According to a 1998 study, the direct economic impact of the Great Allegheny Passage exceeded $14 million a year – even though the trail was only half finished at the time. In the months following the opening of the Mineral Belt Trail in Leadville, Colorado, the city reported a 19 percent increase in sales tax revenue. Visitors to Ohio's Little Miami Scenic Trail spend an average of $13.54 per visit just on food, beverages, and transportation to the trail. In addition, they spend an estimated $277 per person each year on clothing, equipment, and accessories to use during these trail trips.[2] Trails and greenways increase the natural beauty of communities. They also have been shown to bolster property values and

[1] EPA Brownfields Benefits Postcard: http://www.epa.gov/brownfields/overview/Brownfields-Benefits-postcard.pdf; October 2011.

[2] Enhancing America's Communities, *National Transportation Enhancements Clearinghouse*, November 2002.

make adjacent properties easer to sell. A 1998 study of property values along the Mountain Bay Trail in Brown County, Wisconsin, shows that lots adjacent to the trail sold faster and for an average of 9 percent more than similar property not located next to the trail.[3] The methodology of the numerous studies on the economic impact of trails varies greatly, just as the characteristics of various trails vary greatly. Therefore, it is difficult to apply conclusions of one or two studies to predict the impact of the Good Neighbor Trail to Brooksville. However, the City is confident that if the trail is developed properly, especially being protective of human health and the environment, then the City will realize significant economic benefits as a result.

ii) The City has identified four (4) priority parcels, totaling over 25 acres, for potential assessment under this project that are or will become part of the Good Neighbor Trail. The trail is currently about 1.5 miles long, loops through the park, and goes past a new gazebo and restroom and the freshly restored Brooksville Depot Museum before heading northwest to Jasmine Drive, near Wesleyan Village. The planned route stretches about 9 more miles east along a former railway line to the Withlacoochee State Trail in eastern Hernando County. The Withlacoochee is the longest paved trail in the state, which runs from near Dunnellon to a few miles north of Dade City. The Hernando Historical Museum Association is working to create a "historic village" at the park. The association has mostly finished renovations to the historic Brooksville Train Depot, which also has a renovated box car dating back to the late 1800s. The assessment of the parcels will allow the City to determine, quantify, and begin to address suspected arsenic contamination from the railroad operations in order to work towards completion of the trail.

c. **Environmental Benefits from Infrastructure Reuse/Sustainable Reuse:** Through the assessment and redevelopment planning process, the City hopes to foster infill development in the brownfield project's focus areas. Infill development uses existing infrastructure such as road, electrical, sewer, water, and rail. It also promotes a reduction in the City's carbon footprint, promotes the use of alternative transportation modes, and fosters a strong sense of community.

Public transportation is very limited in Brooksville. Brownfield sites redeveloped for commercial and retail uses will not only create new jobs for local residents, but also provide ready access to these services for disadvantaged community residents who lack transportation options. Ensuring access to these services creates a more sustainable and livable society. In addition, the redevelopment of these downtown properties will ensure that the undeveloped greenspace of the surrounding area will remain preserved.

The Good Neighbor Trail, along with on-road facilities and sidewalks for a future connection to the Suncoast Trail, will encourage the use of non-polluting transportation alternatives to the automobile for those short trips to work, school, or the local store. The Good Neighbor Trail Management Plan includes annual surveying of the site for exotic pest vegetation, animals, and natural resources-ecosystem (including a specimen tree survey). Natural resource protection will fall into three main categories: habitat enhancement, species protection, and ecosystem restoration. Nuisance exotic vegetation will be removed while native species will be preserved. Restoration of the trailhead site also included stormwater improvements, re-establishment of historic creek flow to Parson's Brook, and planting of native vegetation.

Through these efforts, the City plans on protecting the natural beauty and environment in the City for the future generations to enjoy.

[3] Brown County Planning Commission, July 1998.

# City of Brooksville, Florida
# Special Considerations Checklist

Please identify (with an *X*) if any of the below items apply to your community or your project as described in your proposal. EPA will verify these disclosures prior to selection of the grant.

*X* Community population is 10,000 or less

☐ Federally recognized Indian tribe

☐ United States territory

☐ Applicant assisting a Tribe or territory

☐ Targeted brownfield sites are impacted by mine-scarred land

☐ Targeted brownfield sites are contaminated with controlled substances

☐ Community is impacted by recent natural disaster(s)

☐ Project is primarily focusing on Phase II assessments

☐ Community demonstrates firm leveraging commitments for facilitating brownfield project completion by identifying amounts and contributors of funding in the proposal and have included documentation

☐ Community experiencing plant closures (or other significant economic disruptions), including communities experiencing auto plant closures due to bankruptcy

☐ Applicant is a recipient of a HUD/DOT/EPA Partnership for Sustainable Communities.

A. **Applicant Eligibility**

The City of Brooksville is a General Purpose Unit of Local Government as defined under 40 CFR Part 31. The City of Brooksville is registered in the Central Contractor Registration system and has been assigned a Data Universal Numbering System of 08-194-0090.

B. **Letter from the State or Tribal Environmental Authority**

The City of Brooksville received a letter from Ms. Deborah Getzoff with the Florida Department of Environmental Protection (FDEP) acknowledging the grant application. Ms. Getzoff supports the community-wide assessment activities planned. The FDEP letter is included as an attachment.

C. **Site Eligibility and Property Ownership Eligibility (*Site-Specific Proposals Only*)**

The City of Brooksville is applying for a community-wide assessment.

# Florida Department of Environmental Protection

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Rick Scott
Governor

Jennifer Carroll
Lt. Governor

Herschel T. Vinyard Jr.
Secretary


November 18, 2011

Mr. Philip Vorsatz
Region 4 Brownfields Coordinator
U.S. Environmental Protection Agency
RCRA Division
Brownfields Section
Sam Nunn Atlanta Federal Center
61 Forsyth Street
Atlanta, Georgia 30303

Dear Mr. Vorsatz:

The Florida Department of Environmental Protection (Department) acknowledges and supports the City of Brooksville's grant application for a Brownfields Community Wide Hazardous Substance Assessment and Petroleum or Petroleum Products Assessment Grant. The Department understands that this application has been prepared in accordance with EPA's guidance document EPA-OSWER-OBLR-11-05, titled "Proposal Guidelines for Brownfields Assessment Grants". This letter of acknowledgement addresses the requirement for a "Letter from the State or Tribal Environmental Authority", described in SECTION III.C.2. EPA Brownfields grant funding will strengthen cleanup and redevelopment efforts in the City of Brooksville. This federal grant effort also supports Florida's Brownfields Redevelopment Act and the Department's role in administration of site rehabilitation of contaminated sites.

The Department encourages EPA grant recipients to use the incentives and resources available through Florida's Brownfields Redevelopment Program with EPA grant funding to enhance the success of their brownfields project. The Department recommends that the City of Brooksville consider including Brownfields sites or

areas that could potentially receive federal funding in a state-designated brownfield area. The City of Brooksville is also encouraged to contact John Sego, P.G., the Southwest District Brownfields Coordinator, at (813) 632-7600 ext. 720, to learn more about the Florida Brownfields Redevelopment Program.

Sincerely,

Kimberly A. Walker

Kimberly A. Walker
Brownfields Program Manager
Federal Programs Section

KAW/mr

cc: Marty M. Rittinger, Executive Assistant to the City Manager, City of Brooksville (mrittinger@cityofbrooksville.us)
John Sego, P.G., FDEP Southwest District Brownfields Coordinator (John.R.Sego@dep.state.fl.us)
Barbara Caprita, EPA Region 4 Florida Grants Coordinator (caprita.barbara@epa.gov)
Nicole Comick-Bates, EPA Region 4 Florida Grants Coordinator (bates.nicole@epa.gov)
Lauren Milligan, FDEP Florida State Clearinghouse Environmental Manager (lauren.milligan@dep.state.fl.us)

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**Brooksville Vision Foundation**

"A Foundation for a Brighter Future"

November 21, 2011

Mrs. Jennene Norman-Vacha
City Manager
City of Brooksville
201 Howell Avenue
Brooksville, FL 34601

Dear Mrs. Norman-Vacha,

As the Director of the Brooksville Vision Foundation, I'm pleased to submit to you this letter of support for the City of Brooksville and its efforts toward the Community Wide Brownfield Land Grant. The Brooksville Vision Foundation's mission is to work side by side with local partners to promote and implement positive economic development while preserving the historical and architectural integrity of Brooksville.

We fully support the City of Brooksville's efforts to obtain the Brownfield Assessment Grant and look forward to working with the City, to serve on the Brownfield taskforce or committee as needed. Thank you for your consideration.

Sincerely,

Michael Heard
Brooksville Vision Foundation

MID FLORIDA COMMUNITY SERVICES, INC.
Central Office 820 Kennedy Blvd., Brooksville, FL 34601
Mailing Address: P.O. Box 896, Brooksville, FL 34605-0896
Telephone (352) 796-1425 Fax (352) 796-9952
www.mfcs.us.com

Community Action PARTNERSHIP
Helping People. Changing Lives.

Hernando County
Senior Services
Community Assistance
820 Kennedy Blvd
Brooksville, FL 34601
(352) 796-1425

Head Start
935 School Street
Brooksville, FL 34601
(352) 754-2464

Transportation
1122 Ponce DeLeon Blvd
Brooksville, FL 34601
Trans Hernando
(352) 799-1510
THE Bus
(352) 754-4444

Children's Advocacy Center
830 Kennedy Blvd
Brooksville, FL 34601
(352) 754-8809

Family Violence Center
275 Oak Street
Brooksville, FL 34601
(352) 796-7024

Lake County
Senior Services
1211 Penn Street
Leesburg, FL 34748
(352) 326-3540

Citrus County
Community Assistance
14446 7th Street
Dade City, FL 33523
(352) 567-0533
9550 U.S. Highway 19 N.
Suite 206
Port Richey, FL 34668
(727) 845-7350

Sumter County
100 E. Dade Avenue
Bushnell, FL 33513
Senior Services
(352) 793-6111
Community Assistance
(352) 793-1114

Head Start
610 N. Jackson Street
Wildwood, FL 34785
(352) 748-4802

Volusia County
Head Start
803 S. Woodland Blvd
Deland, FL 32720
(386) 736-1325

Citrus County
Community Assistance
1649 Gulf to Lake Hwy
Lecanto, FL 34461
(352) 527-3809

CORPORATION FOR NATIONAL SERVICE

November 18, 2011

Mrs. Norman-Vacha
City Manager, City of Brooksville
201 Howell Avenue
Brooksville, FL 34601

Dear Mrs. Norman-Vacha,

As the Executive Director of Mid-Florida Services, I wish to express how truly excited we are to support the City of Brooksville's Brownfield Assessment Grant application.

As a self-proclaimed partner in the creation of a society in which low-income people are supported in their efforts to become self-sufficient and where vulnerable populations achieve their full potential, Mid-Florida Services is committed to continuously increasing its capacity to achieve results and improve the quality of life for all generations.

We would be willing to work with the City in any way possible, via committee, promotion, or community input, to help provide citizens a cleaner healthier way of life. Thank you for this opportunity.

Sincerely,

Michael Georgini
Executive Director

Sponsored by the State of Florida Department of Community Affairs, State of Florida Department of Elder Affairs, State of Florida Commission for Transportation Disadvantaged, Florida Department of Transportation, U.S. Department of Health & Human Services - Administration for Children and Families, Hernando County Board of County Commissioners, Lake County Board of County Commissioners, Sumter County Board of County Commissioners, Volusia County Council, Corporation for National Service, United Way of Hernando County, United Way of Lake & Sumter Counties, Kids Central, Inc., Florida Network of Children's Advocacy Centers, National Children's Alliance, Office for Victims of Crimes, and Community Foundation of Hernando County

National Association for the Advancement of Colored People
Hernando County, Florida Branch #5092
P. O. Box 10603
Brooksville, Florida 34603

November 28, 2011

City Manager
Jennene Norman-Vacha
201 Howell Avenue
Brooksville, Florida 34601

Re: Support for City of Brooksville EPA Brownfield Grant Application

Dear Jennene:

The Hernando County, Florida Branch #5092 of the National Association for the Advancement of Colored People (NAACP) strongly supports Brooksville's EPA Brownfield Grant proposal for assessment and remediation of contaminated sites, especially because most of the suspect sites are in minority neighborhoods. The mission of the NAACP is to ensure the political, educational, social, and economic equality of rights of all persons and to eliminate race-based discrimination. The vision of the NAACP is to ensure a society in which all individuals have equal rights without discrimination based on race. The following statement of objectives is found on the first page of the NAACP Constitution - the principal objectives of the Association shall be:

- To ensure the political, educational, social, and economic equality of all citizens
- To achieve equality of rights and eliminate race prejudice among the citizens of the United States
- To remove all barriers of racial discrimination through democratic processes
- To seek enactment and enforcement of federal, state, and local laws securing civil rights
- To inform the public of the adverse effects of racial discrimination and to seek its elimination
- To educate persons as to their constitutional rights and to take all lawful action to secure the exercise thereof, and to take any other lawful action in furtherance of these objectives, consistent with the NAACP's Articles of Incorporation and this Constitution.

The Hernando County Branch of the NAACP has long suspected that the high rates of illness and cancer in the minority neighborhoods are related to exposure to industrial and agricultural contaminants emanating from these sites. Requests to the State for testing have gone unheeded for decades. Proper assessment of these sites is imperative to protect the health and welfare of the citizens.

In support of the Brownfield grant, the Hernando County Branch of the NAACP will provide the following:

- Serve on the Brownfields Advisory Committee.
- Assist in identifying and prioritizing properties.
- Invite project team members to present at their regularly scheduled meetings.
- Participate in redevelopment planning.

Please contact me with any questions or comments.

Sincerely,

Paul Douglas, President
Hernando County Branch #5092

pc: Suzanne Touchton, Secretary

November 22, 2011

Jennene Norman-Vacha
City Manager, City of Brooksville
201 Howell Avenue
Brooksville, FL 34601

Re: Brownfield Assessment Grant Projects

Dear Mrs. Norman-Vacha,

At Century 21 Alliance Realty, I currently serve as the President of Commercial Sales and have the esteemed designation of Certified Commercial Investment Member (CCIM), expert in the commercial and investment real estate industry. I also serve as Director of Hernando Investments, Inc. as well as President on the Council For Stronger Neighborhoods, Inc.

In the State of Florida and my community, I have served in many capacities including as commissioner on Century Commission for Sustainable Florida and the Brooksville Housing Authority.

With these experiences and connections, I truly believe I'd be an asset to the City in more than one capacity. First, the education and discussion with the greater public regarding the brownfield assessment process, as well as any necessary committee/taskforce obligations. Second, I would be willing to assist with preparation and process of these properties once they are ready to be developed and marketed as equitable new home/business sites.

Please consider this my request for involvement and commitment to this project for the betterment of our City of Brooksville.

Sincerely,

Gary E. Schraut (MAR)

Gary E. Schraut
President, Century 21 Alliance Realty

# City of Brooksville

352.540.3810 Phone
352.544.5424 Fax

November 22, 2011

Brenda Y. Colondres
843 Continental Drive
Brooksville, FL 34601

Re: Removal as Brooksville Housing Authority Board Member

Dear Ms. Colondres,

On November 21, 2011, you failed to appear for a hearing before the Brooksville City Council regarding your removal from serving as a member of the Brooksville Housing Authority Board.

The City proceeded with the hearing and voted in support of my recommendation to remove you from the Brooksville Housing Authority Board.

Sincerely,

Frankie Burnett
Mayor

cc: Randy Woodruff, Chairman
Brooksville Housing Authority
Tommy Brooks, Executive Director
Brooksville Housing Authority

201 Howell Avenue, Brooksville, Florida 34601-2041