## 2016

# Glades County Florida Community Health Assessment



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## Introduction

In an effort to improve the health of the residents of Glades County, a collaborative partnership was formed between the Florida Department of Health in Glades County, Hendry Regional Medical Center and the Health Planning Council of Southwest Florida, Inc. (HPC) for the purpose of conducting a needs assessment for use by the Florida Department of Health in Glades County, Hendry Regional Medical Center and other community partners.

The Healthier Hendry Glades Taskforce is a community committee comprised of area residents and business leaders who showed an interest in improving the health of their community. This group was created to work on a previous Health Assessment and have continued to meet consistently to discuss ways to improve the health of the community. This group served as the community advisors for this Assessment. A list of participating members of the Healthier Hendry Glades Task Force (Healthier Hendry Glades) is available in Appendix A. This group held monthly meetings for the duration of the project to aid in the creation and implementation of this needs assessment.

HPC reviewed numerous data sources and received feedback from the Healthier Hendry Glades Task Force as well as from members of the community through surveys and interviews. The Healthier Hendry Glades Task Force reviewed the preliminary data that was collected, and provided feedback to the Health Planning Council.

This needs assessment consists of demographic, socioeconomic and health status information that will be used to identify areas where targeted interventions and policy changes may have the greatest impact. Once community needs are identified through quantitative data analysis of demographic, socioeconomic and health status information, and qualitative interviews, the strategic planning process can begin.

## **Demographic and Socioeconomic Characteristics**

The demographic, social and economic characteristics of a community can strongly influence the community's health status and related service needs. These indicators should be a primary consideration when designing and developing any system of care within the region. This section provides a brief overview of some of the characteristics and trends that make Glades County unique in comparison to the state of Florida.

## **Population Demographics**

The number of people in a community is the leading determinant of the demand for healthcare services. Glades County, which has a population of almost 13,000, is located in southwest Florida (Fig. 1). The county shares borders with the following counties: Highlands to the north; Okeechobee to the northeast; Martin to the east; Palm Beach in the southeast; Hendry to the Southeast; Lee in the southwest; Charlotte to the west; and DeSoto to the northwest. As seen in Figure 2, Glades is one of seven counties in southwest Florida that comprise the Local Health Planning District 8 as designated by the Florida Agency for Health Care Administration (AHCA). Moore Haven, which is the county seat, is the largest incorporated municipality in the county. Moore Haven's population is approximately 1,789 persons as of 2013. Glades County is 986 square miles in area; about 22 percent of that area is covered by water. The county is the 64<sup>th</sup> most populous county in Florida out of 67; it accounts for 0.1 percent of the population of the state. The county has a far lower population density than the Florida average; 16.32 persons per square mile compared to a state average of 357 persons per square mile. It has the second smallest population density (Liberty County is the smallest, with a population density of 9.94).

Figure 1:

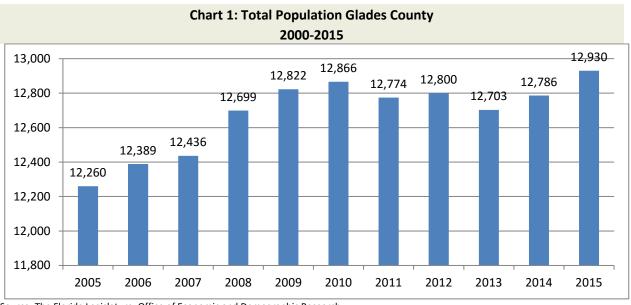


Figure 2:



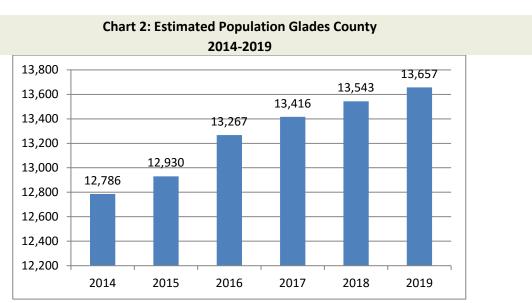
## **Population Growth**

The illustration below (Chart 1) represents the total population of Glades County from 2005-2015. The estimate for 2015 places the population of Glades County at 12,930. This represents a five percent increase since 1995.



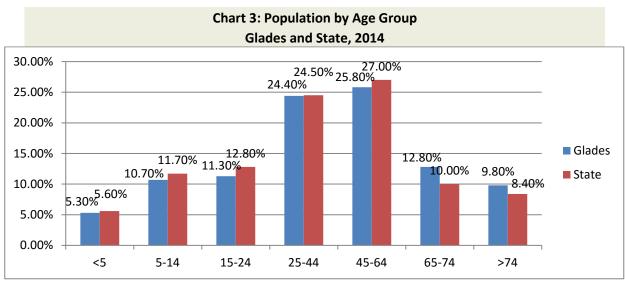
Source: The Florida Legislature, Office of Economic and Demographic Research

Population growth in a community is the result of natural increase (more births than deaths) and also the migration of people moving into the area at a higher rate than those who are leaving. According to the Office of Economic and Demographic Research, the population of Glades County is expected to grow slightly in the coming years. In 2016, it is estimated that the population of Glades County will be 13,657; that is an increase of nearly seven percent from the same number for 2014.



## Age

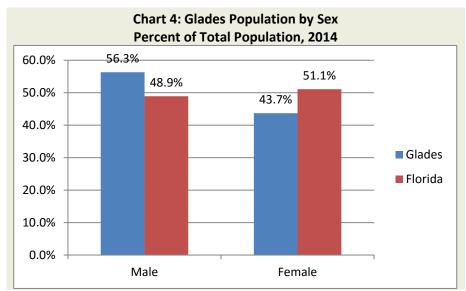
The age distribution for Glades County is quite similar to the distribution for the state as a whole. The largest proportion of the population of the county is between the ages of 25 and 64. Approximately twenty-seven percent of the population in Glades is under the age of 25 and approximately twenty-three percent are 65 or older.



Source: The Florida Legislature, Office of Economic and Demographic Research

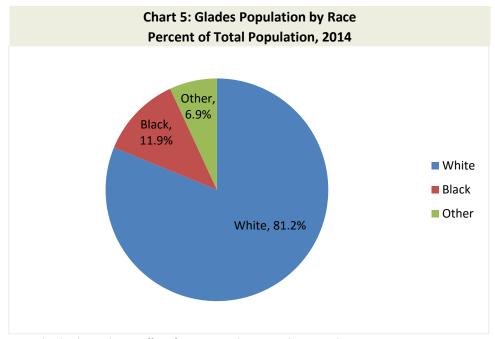
## Gender

There are significantly more men than women in Glades County. 56.3 percent of the residents of Glades County are male while 43.7 percent are female; statewide the percentages are 51.1 percent female and 48.9 percent male. Nationwide females outnumber males, but it is not uncommon for men to outnumber women in rural areas.



## Race and Ethnicity

18.8 percent of the population of Glades County is non-white, which is less than the statewide population comprised of 21.4 percent non-whites. Approximately 6.9 percent of the population is listed as "Other non-white". This category includes American Indian, Alaskan Native, Asian, Native Hawaiian and other Pacific Islanders, and those of mixed race who chose not to select white or black.



 $Source: The\ Florida\ Legislature,\ Office\ of\ Economic\ and\ Demographic\ Research$ 

Ethnicity in Florida is broken out separately from race. For ethnicity, a person must designate themselves as Hispanic or Non-Hispanic; people in both of those groups can identify as white, black or other non-white. About 24 percent of the residents of Glades County identify as Hispanic; of those 89.6 percent are identified as white.

Table 1: Race and Ethnicity, 2014										
	Glad	es		Stat	e					
	Hispanic	Non-Hispanic		Hispanic	Non-Hispanic					
White	21.5%	59.6%	White	21.9%	56.3%					
Black	0.8%	11.2%	Black	1.2%	15.5%					
Other	1.7%	5.2%	Other	0.8%	4.3%					
Total	24%	76%	Total	23.9%	76.1%					

#### Socioeconomic Indicators

The figures shown below summarize some of the primary indicators of economic health for the county and state. Like the rest of Florida, Glades County was hit hard by the economic downturn. Unemployment has increased significantly in Glades County from 4.7 percent in 2000 to more than double that in 2010; a rate of 10.4 percent. As of 2014, it has reduced to 7.2 percent, however it is still higher than the state rate of 6.3 percent. Of those residents who are employed, the average annual wage in Glades County is 17 percent lower than the average for the state.

The percent of all people living under the poverty level in Glades County is higher than the state average. Unfortunately, that is also true for the percent of children 0-17 years of age who are under the poverty level; that rate is 36.0 percent for Glades County compared to 24.8 percent for the state.

Bankruptcy filing rates, however, are showing a positive trend in Glades County. The bankruptcy filing rate decreased from 1.6 people out of every 1,000 in 2000 to .94 per 1,000 in 2014; that is considerably lower than the state average.

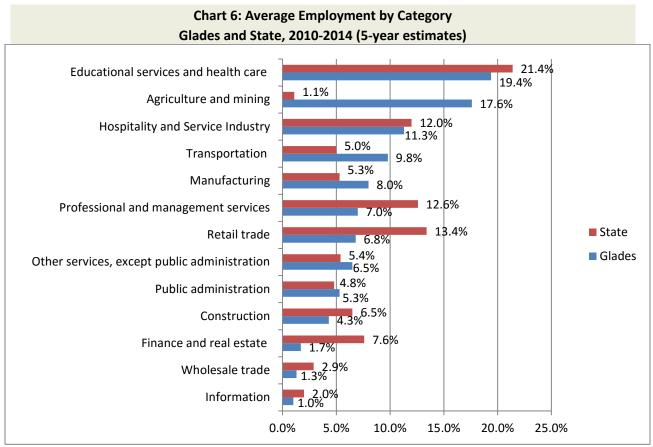
Table 2: Socioeconomic Indicators Glades County and State, 2014									
Glades Sta									
Labor Force as a % of Pop. Aged 18+	51.5%	62.5%							
Personal Bankruptcy Filing Rate per 1,000	0.94	3.26							
Unemployment Rate	7.2%	6.3%							
Average Annual Wage	\$37,067	\$44,803							
Per Capita Personal Income	\$24,421	\$41,497							
% Living Below Poverty Level	24.1%	17.1%							
% ages 0-17 living below Poverty	36.0%	24.8%							

Source: The Florida Legislature, Office of Economic and Demographic Research

Glades County lags behind the state average for educational attainment. Fewer residents of Glades County have received a high school diploma than the state average. Also a lower percentage of people in Glades County who are aged 25 and older have received a Bachelor's degree than the percentage of residents of Florida who have done the same.

Table 3: Educational Attainment									
Persons aged 25 and older, Glades and State, 2010-2014									
	Glades	State							
% High School graduate or higher	76.0%	86.5%							
% Bachelor's degree or higher	10.3%	26.8%							

As seen in Chart 6, among working adults in Glades County the most common non-agricultural sectors of employment are: educational services and healthcare, hospitality and service industry, transportation and manufacturing. The agriculture and mining category is also a large sector of employment for Glades County residents especially when compared to the state average.



## **Health Status**

## **Health Ranking**

County Health Rankings & Roadmaps, collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, has Glades County currently ranked the 47<sup>th</sup> healthiest out of 67 counties in Florida for Health Outcomes and 47<sup>th</sup> for Health Factors. These rankings are based on a variety of factors that affect the health of the county's residents such as unemployment, levels of physical inactivity, rates of smoking, obesity, and children living in poverty. Glades County is ranked number one in the state for physical environment.

Definitions for each measure are listed in Appendix F	Glades County	Error Margin	Florida	National Benchmark*	Rank (of 67)
Health Outcomes					47
Mortality					38
Premature death	8,000	5,800- 10,200	6,800	5,200	
Morbidity					59
Poor or fair health	19%	19-20%	17%	12%	
Poor physical health days	4.2	4.1-4.3	3.8	2.9	
Poor mental health days	4.1	4.0-4.2	3.9	2.8	
Low birthweight	9%	7-12%	9%	6%	
Health Factors					47
Health Behaviors					39
Adult smoking	18%	18-19%	16%	14%	
Adult obesity	34%	30-39%	25%	25%	
Food environment index	6.7		7.1	8.3	
Physical inactivity	34%	30-39%	24%	20%	
Access to exercise opportunities	3%		92%	91%	
Excessive drinking	17%	17-18%	18%	12%	
Alcohol-impaired driving deaths	27%	16-39%	29%	14%	
Sexually transmitted infections	297.6		415.1	134.1	
Teen births	43	34-53	34	19	
Clinical Care					62
Uninsured	34%	31-37%	24%	11%	
Primary care physicians			1,390:1	1,040:1	
Dentists	3,410:1		1,820:1	1,340:1	
Mental health providers			690:01:00	370:01:00	

Definitions for each measure are listed in Appendix F	Glades County	Error Margin	Florida	National Benchmark*	Rank (of 67)
Preventable hospital stays	97	74-119	55	38	
Diabetic monitoring	84%	68-100%	85%	90%	
Mammography screening	73%	49-97%	68%	71%	
Social & Economic Factors					56
High school graduation	63%		75%	93%	
Some college	29%	21-38%	61%	72%	
Unemployment	7.20%		6.30%	3.50%	
Children in poverty	29%	21-37%	24%	13%	
Income inequality	4.2	3.2-5.2	4.7	3.7	
Children in single-parent	49%	32-67%	38%	21%	
households					
Social associations	7.5		7.3	22.1	
Violent crime	307		514	59	
Injury deaths	79	59-104	68	51	
Physical Environment					1
Air pollution - particulate matter	10.6		11.4	9.5	
Drinking water violations	No			No	
Severe housing problems	10%	6-15%	23%	9%	
Driving alone to work	71%	62-81%	80%	71%	
Long commute - driving alone	34%	22-45%	38%	15%	

Source: Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute

## Leading Causes of Death

Mortality rates can be key indicators of the state of health of a community. A significant number of Glades County's deaths are premature and preventable. Behavior modification and risk reduction can reduce the mortality rates of many of the leading causes of death, especially those attributed to heart disease, stroke, diabetes, lung cancer and motor vehicle accidents. Individuals may improve both the length and the quality of their lives by simply following a healthy lifestyle and receiving regular medical care.

Table 4 gives detailed information on the leading causes of death for residents of Glades County in 2014. The Deaths column is a simple count of the number of people who died by the listed cause during 2014. Percent of Total Deaths lets you know what percent of the people who died in 2014 died from that cause. Crude Rate per 100,000 gives a sense of how likely a person is to die of that cause in any given year. For example, out of every 100,000 people in Glades County, 23.5 of them died of a stroke in 2014. Since there are fewer than 100,000 people in Glades County the rates per 100,000 are higher than the actual number of people who died. Using the rate per 100,000 allows comparison between areas with different populations such as comparing a small county to a large county or a county to the state.

The next column lists the Age-Adjusted Death Rate per 100,000. Age-adjusting a rate is a way to make fairer comparisons between groups with different age distributions. For example, a county having a higher percentage of elderly people may have a higher rate of death or hospitalization than a county with a younger population merely because the elderly are more likely to die or be hospitalized. The same distortion can happen when we compare races, genders, or time periods. Age adjustment can make the different groups more comparable.

The 3-Year Age-Adjusted Death Rate per 100,000 gives an average of the three years ending in 2014 (2012, 2013 and 2014). A small increase or decrease in the number of deaths in a given year can make a big difference in the rate, so averages are used to flatten out large fluctuations.

The last column is Years of Potential Life Lost. This is an estimate of the number of years a person would have lived had they not died prematurely. In this case that number is given for all people who died under the age of 75 assuming that they would have lived to the age of 75. When the numbers are particularly low, such as they are for Alzheimer's disease, it is generally because that cause of death largely impacts the elderly. Conversely, a particularly high number such as for unintentional injuries suggests that the average age of the victims was fairly young.

Table 4: Major Causes of Death For 2014 **Glades County** 

Glades County										
Cause of Death	Deaths	Percent of Total Deaths	Crude Rate Per 100,000	Age- Adjusted Death Rate Per 100,000	3-Year Age- Adjusted Death Rate Per 100,000	YPLL < 75 Per 100,000 Under 75				
ALL CAUSES	91	100.0	759.4	498.6	586.3	5,568.6				
HEART DISEASE	24	26.4	187.7	124.8	136.4	520				
CANCER	19	20.9	148.6	86.3	125.8	832.4				
UNINTENTIONAL INJURIES	9	9.9	101.7	74.3	59.5	1,772.4				
CHRONIC LOWER RESPIRATORY DISEASE	8	8.8	62.6	35.8	34.9	86.7				
DIABETES MELLITUS	5	5.5	39.1	19.5	35.1	320.7				
STROKE	3	3.3	23.5	24.4	38.4	190.7				
SUICIDE	3	3.3	23.5	18.1	12.9	502.7				
HOMICIDE	1	1.1	7.8	8.3	2.8	381.3				
CHRONIC LIVER DISEASE AND CIRRHOSIS	1	1.1	7.8	8.3	15.2	208				
PARKINSON'S DISEASE	1	1.1	7.8	4.4	7.8	0.0				
PNEUMONIA/INFLUENZA	1	1.1	7.8	4.4	8.7	0.0				
ALZHEIMER'S DISEASE	1	1.1	7.8	4.4	3.9	0.0				
VIRAL HEPITITIS	1	1.1	7.8	5.2	1.7	164.7				
SEPTICEMIA	0	0.0	0.0	0.0	6.8	0.0				
KIDNEY DISEASE	0	0.0	0.0	0.0	7.8	0.0				

Source: Florida Department of Health, Office of Health Statistics and Assessment Age-adjusted death rates are computed using the year 2000 standard population.

YPLL = Years of Potential Life Lost

The most frequent causes of death for people in Glades County are heart disease and cancer. Together they accounted for nearly 45 percent of the deaths in 2014. Table 5, which compares the three-year age-adjusted rates for Glades County with those for all of Florida, shows that the death rates for heart disease, cancer, chronic lower respiratory disease, suicide and homicide are lower than the state average. The averages for unintentional injury, diabetes, stroke and chronic liver disease and cirrhosis are higher than the state averages. In some categories a small number of deaths can have a large impact on the rates for Glades County due to the small population size.

Table 5: Major Causes of Death Glades and State								
	County 2012-2014 Age Adjusted Rate/100,000	Florida 2012-2014 Age Adjusted Rate/100,000						
Cause of Death								
All Causes	586.3	681.2						
Heart Disease	136.4	154.5						
Cancer	125.8	158.1						
Unintentional Injury	59.5	39.9						
Chronic Lower Respiratory Disease	34.9	39.8						
Diabetes	35.1	19.6						
Stroke	38.4	32.1						
Suicide	12.9	14.0						
Chronic Liver Disease & Cirrhosis	15.2	11.2						
Homicide	2.8	6.3						

Source: Florida Department of Health, Office of Health Statistics and Assessment Age-adjusted death rates are computed using the year 2000 standard population.

The death rate for Glades County is a little lower than the state average (Chart 7). The death rate for Glades County has fallen consistently for the past ten years while the death rate for the state has remained fairly flat since 2007.

Age-Adjusted All Causes 3-Year Death Rate 1000.0 800.0 600.0 Rate 400.0 200.0 0.0 -2002-04 2003-05 Glades Slorida

Chart 7: Glades Death Rate over 20 Years Compared to State

Source: Florida Department of Health, Bureau of Vital Statistics

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

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

Table 6 lists the cause of death noted for all deaths in Glades County from 2005-2014. The number of deaths has remained fairly consistent during these years; however the death rate has fallen slightly because the population of Glades County has increased by about five percent during this period.

## Table 6: Deaths From All Causes All Races, All Sexes, All Ethnicities, All Ages Glades County 2005-2014

	Glades County 2005-2014										
Cause of Death	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	
All Causes	110	109	108	92	111	110	97	106	108	91	
Infectious Diseases	4	2	6	2	5	1	0	2	3	1	
Certain Other Intestinal Infections	0	1	0	0	0	0	0	0	0	0	
Human Immunodeficiency Virus (HIV) Disease	2	1	3	1	0	0	0	0	0	0	
Other & Unspecified Infectious/Parasitic Disease & Sequelae	0	0	0	0	1	0	0	0	1	0	
Septicemia	1	0	1	1	3	1	0	2	2	0	
Viral Hepatitis	1	0	2	0	1	0	0	0	0	1	
Malignant Neoplasm (Cancer)	28	24	20	24	26	26	28	28	27	19	
All Other & Unspecified - Cancer	3	4	1	4	3	5	2	2	2	1	
Bladder Cancer	0	0	0	0	0	0	1	0	1	1	
Breast Cancer	1	1	1	1	2	1	2	1	2	0	
Cervical Cancer	0	0	0	0	0	1	0	0	0	0	
Colon, Rectum, & Anus Cancer	2	2	1	2	2	2	4	3	1	4	
Corpus Uteri & Uterus, Part Unspec Cancer	0	0	0	0	0	0	1	0	0	0	
Esophagus Cancer	1	1	2	1	0	1	0	0	1	0	
Kidney and Renal Pelvis Cancer	1	0	0	0	0	2	0	1	0	1	
Larynx Cancer	0	1	0	0	1	0	0	0	0	0	
Leukemia	0	1	0	1	1	0	1	2	1	1	
Lip, Oral Cavity, Pharynx	3	1	0	0	0	1	1	1	1	0	
Liver & Intrahepatic Bile Ducts Cancer	2	0	0	2	1	0	1	2	1	0	
Meninges, Brain, & Other Pert Cen Nerv Sys Cancer	0	1	0	0	0	0	1	0	1	0	
Multiple Myeloma & Immunoprolifera Neoplasm	0	0	1	0	1	0	0	0	0	1	
Non-Hodgkins Lymphoma	0	1	1	1	0	2	2	2	0	0	
Ovarian Cancer	0	0	0	0	1	0	0	1	0	0	
Pancreatic Cancer	1	2	1	0	2	0	2	1	1	3	

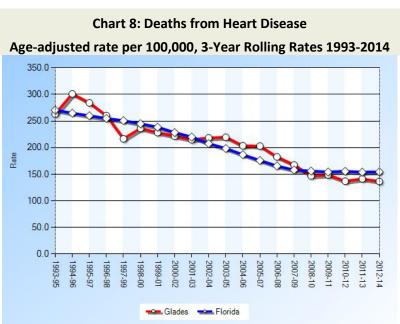
Prostate Cancer	2	1	3	1	1	1	1	1	3	0
Cause of Death	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Skin Cancer	0	0	0	0	0	3	0	0	1	0
Stomach Cancer	1	0	0	0	1	0	1	2	0	0
Trachea, Bronchus, Lung Cancer	11	8	9	11	10	7	8	9	11	7
In Situ, Benign, Uncert/Unk Behavior Neoplasms	0	2	2	0	1	0	0	0	1	0
Nutritional and Metabolic Diseases	2	2	2	4	9	4	4	8	7	5
Diabetes Mellitus	2	2	2	4	8	4	4	8	7	5
Malnutrition	0	0	0	0	1	0	0	0	0	0
Nervous System Diseases	1	3	2	1	1	1	2	1	3	2
Alzheimer's Disease	1	3	2	0	1	1	1	0	1	1
Meningitis	0	0	0	1	0	0	0	0	0	0
Parkinson's Disease	0	0	0	0	0	0	1	1	2	1
Cardiovascular Diseases	36	38	39	28	27	34	29	35	37	28
Acute & Subacute Endocarditis	0	0	0	0	0	1	0	0	0	0
Acute Myocardial Infarction	4	2	7	5	6	5	3	1	6	2
Acute Rheum Fever & Chronic Rheum Heart Dis	0	0	0	1	0	0	0	1	0	1
All Other Chronic Ischemic Heart Dis	17	11	15	9	7	10	15	8	10	13
Aortic Aneurysm & Dissection	0	1	1	0	1	0	0	0	1	1
Atherosclerosis	0	0	0	0	0	0	1	0	0	0
Atherosclerotic Cardiovascular Disease	5	7	5	1	4	4	1	3	4	2
Cerebrovascular Diseases	5	7	3	6	3	5	3	10	7	3
Essen Hypertension & Hypertensive Renal Dis	0	1	0	0	0	0	1	5	0	0
Heart Failure	1	0	1	0	2	3	0	1	2	1
Hypertensive Heart & Renal Disease	0	1	0	0	0	0	0	0	0	0
Hypertensive Heart Disease	1	1	2	2	2	0	2	4	2	1
Other Arteries, Arterioles, Capillaries Dis	0	1	0	0	0	1	0	0	0	0
Other Forms Heart Dis	3	6	5	4	2	5	3	2	5	4
Respiratory Diseases	12	8	6	4	18	12	9	12	7	11
Asthma	1	0	2	0	1	0	1	0	0	0
Emphysema	1	0	1	1	0	0	2	1	1	0

Other Chronic Lower Respiratory Diseases	9	6	6	2	15	9	6	9	4	8
Cause of Death	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Pneumonia	1	1	0	2	2	0	1	2	2	1
Other Respiratory System Dis	1	1	0	0	1	0	2	1	1	2
Pneumonitis Due to Solids & Liquids	1	0	0	0	0	3	0	0	0	0
Digestive Diseases	5	2	4	3	1	4	1	1	5	1
Cholelithiasis & Other Gallbladder Disorders	1	0	0	0	0	0	0	0	0	0
Alcoholic Liver Disease	3	2	4	2	0	2	0	0	3	1
Other Chronic Liver Disease & Cirrhosis	1	0	0	1	1	2	1	1	2	0
Urinary Tract Diseases	1	3	3	3	0	3	1	3	2	0
Acute/Progressive Nephritic/Nephrotic Synd	0	1	0	0	0	1	0	0	0	0
Glomeruloneph, Nephri/Nephro, Renal Sclerosis	0	0	0	0	0	0	1	0	0	0
Renal Failure	1	2	3	3	0	2	0	3	1	0
Perinatal Period Conditions	0	0	1	0	0	2	0	0	0	0
Congenital & Chromosomal Anomalies	0	0	0	0	0	0	0	0	1	0
Symptoms, Signs & Abnormal Findings	0	3	0	1	0	3	0	0	1	0
Other Causes (Residual)	5	7	9	10	12	9	11	8	6	11
External Causes	16	15	14	12	11	11	12	8	8	12
Drowning & Submersion	0	1	0	1	0	0	1	0	0	0
Falls	2	3	0	0	2	1	0	2	1	2
Homicide by Firearms Discharge	1	1	1	0	0	1	0	0	0	1
Homicide by Other & Unspecified Means & Sequelae	0	0	0	1	0	0	1	0	0	0
Motor Vehicle Crashes	7	7	5	6	6	3	3	1	5	3
Other & Unspecified Nontransport & Sequelae	0	0	1	0	0	1	0	1	0	1
Other Land Transport Accidents	0	0	1	0	0	0	1	1	0	0
Poisoning & Noxious Substance Exposure	0	2	3	1	3	0	2	1	1	1
Smoke, Fire, Flames Exposure	0	0	0	0	0	1	0	0	0	1
Suicide by Firearms Discharge	3	0	2	3	0	3	3	0	0	3
Suicide by Other & Unspecified Means & Sequelae	2	1	1	0	0	1	0	1	1	0
Water/Air/Space/Oth-Unsp Transport & Seq	1	0	0	0	0	0	1	1	0	0

Source: Florida Department of Health, Office of Vital Statistics

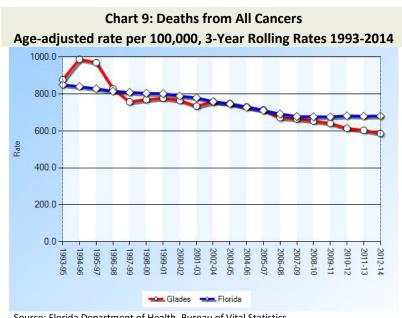
### **Chronic Diseases**

Heart disease is the leading cause of death in Glades County. Chart 8 gives a more detailed look at the decline in deaths from coronary heart disease across the last twenty years. The decline in Glades County is not as smooth as the decline at the state level, but the rate is currently slightly lower in Glades County than for the state as a whole.



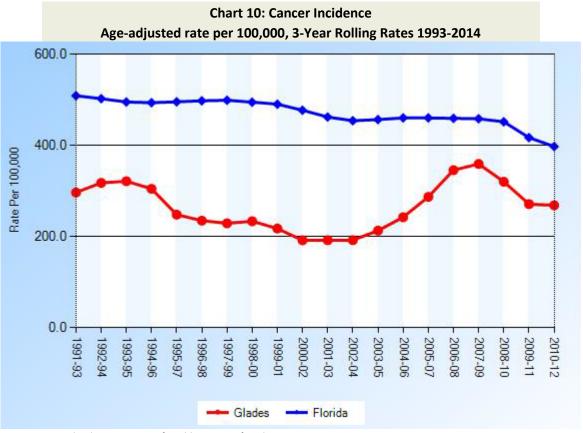
Source: Florida Department of Health, Bureau of Vital Statistics

Cancer is the second most common cause of death in Glades County. As seen in Chart 9, age-adjusted death rates from cancer have been declining. Rates for Glades County have remained lower than the state for the past ten years.



Source: Florida Department of Health, Bureau of Vital Statistics

Cancer incidence in Glades County is lower than the state as a whole. The incidence rates rose in the early 2000s but have since declined.



Source: Florida Department of Health, Bureau of Vital Statistics

Among the types of cancer, lung cancer causes the highest number of deaths in Glades County. The incidence rates of other types of cancer are similar but not as deadly.

Table 7: Common Types of Cancer  Death Rate and Incidence, Glades County					
	Avg. Annual Number 3 yr. Age Adjusted Death Rate, 2012-2014 2010-2012				
Lung Cancer	42.6	19			
Breast Cancer	11.4	14			
Colorectal Cancer	14.5	17			
Prostate Cancer	13.4	N/A			
Liver Cancer	5.8	N/A			
Ovarian Cancer	3.6	N/A			

Source: Deaths - Florida Department of Health, Office of Vital Statistics; Incidence - University of Miami (FL) Medical School, Florida Cancer Data System

1.7

Skin Cancer

N/A

The death rate for blacks in Glades County is quite a bit higher than that of whites. For the state of Florida, the death rate for blacks is higher than the rate for whites. It should be noted for much of the data in Table 8 that the total number of blacks in Glades County each year is fairly small and one or two deaths can cause a large variance in some of the categories. Cancer and heart disease are the leading causes of death for both whites and blacks, unfortunately though the rates for black residents are higher than white residents for both causes of death.

Table 8: Major Causes of Death and Race, Glades County and State 3-Year Age Adjusted Death Rates by Cause, 2012-2014

		County	/		State			
	White	Black	All Races	White	Black	All Races		
Total Deaths	565.2	725.5	586.3	674.6	741.1	681.2		
Heart Disease	128.2	267.1	136.4	152.6	169.8	154.5		
Cancer	113.8	200.6	125.8	159.4	156.5	158.1		
Stroke	36.7	42.3	38.4	30.2	47.2	32.1		
Diabetes	36.6	0.0	35.1	17.5	39.1	19.6		
CLRD*	32.7	60.3	34.9	41.8	24.5	39.8		
Motor Vehicle Crashes	22.0	14.8	24.2	12.6	11.6	12.2		
Pneumonia/Influenza	9.4	0.0	8.7	9.1	11.5	9.4		
Chronic Liver Disease	8.5	0.0	15.2	12.5	5.1	11.2		
AIDS/HIV	0.0	0.0	0.0	2.1	18.0	4.4		

Source: Florida Department of Health, Office of Vital Statistics

Chart 11: Major Causes of Death and Race, Glades County
3-Year Age Adjusted Death Rates by Cause 2012-2014

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Source: Florida Department of Health, Office of Vital Statistics

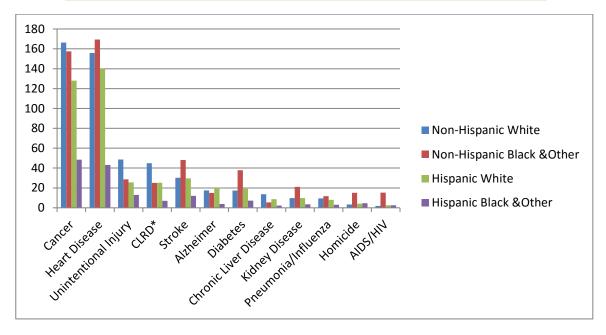
<sup>\*</sup>Chronic Lower Respiratory Disease

The death rate for Hispanic residents is similar or lower than that for non-Hispanic residents for nearly all major causes of death.

Table 9: Major Causes of Death by Ethnicity, Glades County 3-Year Age Adjusted Death Rates by Cause, 2012-2014						
	1	n-Hispanic	1	ispanic		
	White	Black &Other	White	Black &Other		
Cancer	166.3	157.4	128	48.5		
Heart Disease	155.9	169.4	140.3	43.2		
Unintentional Injury	48.6	28.6	25.6	13.1		
CLRD*	44.9	25.1	25.2	7.1		
Stroke	30.3	48.2	29.6	12		
Alzheimer	17.6	14.9	20.1	3.8		
Diabetes	17.4	37.9	19.2	7.2		
Chronic Liver Disease	13.7	5.5	8.6	2.2		
Kidney Disease	9.8	21.1	9.8	3.5		
Pneumonia/Influenza	9.4	11.8	8	3		
Homicide	3.4	15.1	4.1	4.7		
AIDS/HIV	1.9	15.2	2.5	2.6		

Source: Florida Department of Health, Office of Vital Statistics

Chart 12: Major Causes of Death by Ethnicity, Glades County
3-Year Age Adjusted Death Rates by Cause 2012-2014



Source: Florida Department of Health, Office of Vital Statistics

<sup>\*</sup>Chronic Lower Respiratory Disease

#### Communicable Diseases

Glades County ranks below the state average rate for all sexually transmitted diseases and vaccine preventable diseases. Note: It is possible that a larger number of individuals are positive for these diseases, but have not been tested.

Chlamydia is the most prevalent sexually transmitted disease in Glades County with an average of 38 cases per year between 2012 and 2014. That works out to a rate per 100,000 of 36.6. It should be noted for all of the data in Table 9 that the sample size for all of the Glades County data is quite small and one case of any particular disease can cause a large variance in the data.

The overall rate of infection from vaccine preventable diseases is very low. For each of these diseases there is an average of less than one case every three years.

An average of one person per year was diagnosed with AIDS in Glades County between 2012 and 2014. The rate per 100,000 in Glades County is 7.8. The rate for the state of Florida as a whole is 14.8. The largest number of those cases come from urban areas.

Table 10: Communicable Diseases								
Glades Coun	Glades County and State 2012-2014							
		County	State					
Disease	# of Cases	3 yr. Rate	3 yr. Rate					
	Annual Avg.	per 100,000	per 100,000					
Sexually Transmitted Diseases								
Infectious Syphilis	0.0	0.0	8.0					
Gonorrhea	5.0	36.6	105.7					
Chlamydia	38	300.3	417.8					
Vaccine Preventable Diseases								
Hepatitis B	0.0	0.0	1.9					
Measles	0.0	0.0	0.0					
Mumps	0.0	0.0	0.0					
Rubella	0.0	0.0	0.0					
Pertussis	0.0	0.0	3.5					

0.0

1

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Source: Division of Disease Control, Florida Department of Health

Meningococcal Meningitis

**Tetanus** 

Hepatitis A

**Tuberculosis** 

**AIDS** 

AIDS and Other Diseases

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7.8

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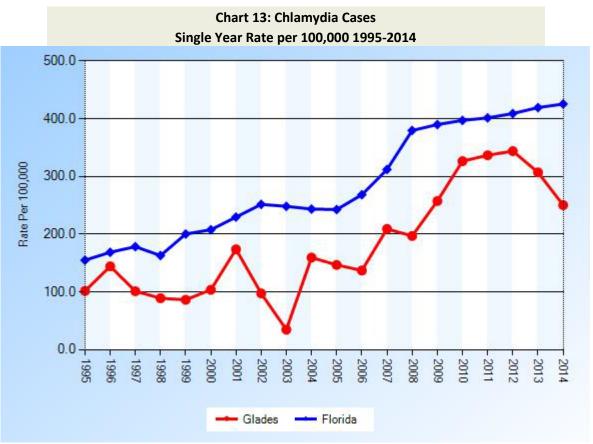
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## Chlamydia

Chlamydia is the most common of the reported sexually transmitted diseases. The infection rate for chlamydia across the state of Florida has been on the rise for the last fifteen years. The state rate has begun to level off in the last few years. However, in Glades County, after a number of years with a high rate of increase the rates have been dropping again in the last two years.



Source: Florida Department of Health, Bureau of STD Prevention & Control

<sup>\*</sup>No data reported for 1993.

#### Maternal and Child Health

On average, 65 babies were born per year in Glades County between 2012 and 2014. The health of the babies, the care they received before birth and the age of the mothers are important factors in determining the state of maternal and child health, which in turn is a large factor in the overall health of the county.

Babies born to young mothers under the age of 19 are more likely to experience poor birth outcomes than those born to adult mothers and are more at risk for developmental complications later in life. There rate of babies born to mothers between the ages of 15 and 19 in Glades County has been decreasing and is now similar to the Florida average. There were more babies born to unwed mothers in Glades County than the Florida average and that is becoming more common.

Infant mortality rates are considered a primary indicator of the health of a community. These rates document the deaths of babies between birth and 364 days of life. The leading causes of infant deaths in Florida are perinatal conditions, congenital anomalies, low birth weight and sleep-related deaths. There has been a major decrease in the incidence of sudden infant death syndrome (SIDS) since the American Academy of Pediatrics released its recommendation in 1992 that infants be placed down for sleep in a nonprone position. Infant mortality rates in Glades County are above the average for the state of Florida. However, the percent of infants born with a low birth weight has is slightly better than the state average. It should be noted that there is a small sample size for these rates and a small number of infants can have a large impact on the rates.

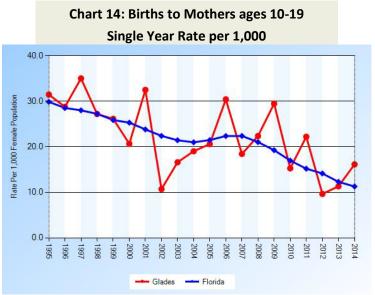
Table 11: Maternal & Child Health Indicate	Table 11: Maternal & Child Health Indicators, Glades County and State						
3-Year Figures, 2012	2-2014						
Births	County	State	Trend	Quartile*			
Total Births (3-yr annual avg.)	65						
Births to Mothers ages 15-44, per 1,000	37.9	59.9					
Births to Mothers ages 10-14, per 1,000	0.0	0.3	Steady	1			
Births to Mothers ages 15-19, per 1,000	25.8	24.3	Positive	2			
Percent of Births to Unwed Mothers	62.4	47.9	Negative	4			
Infant Deaths							
Infant Deaths (0-364 days) per 1,000 Births	15.5	6.1	Inconsistent	4			
Neonatal Deaths (0-27 days) per 1,000 Births	0	4	Steady	1			
Post neonatal Deaths (28-364 days) per 1,000 Births	15.5	2.1	Negative	4			
Low Birth Weight							
Percent of Births < 1500 Grams	0.5	1.6	Inconsistent	1			
Percent of Births < 2500 Grams	5.2	8.6	Positive	1			
Prenatal Care							
Percent of Births with 1st Trimester Prenatal Care	71.4	79.8	Steady	1			
Percent of Births with Late or No Prenatal Care	8.6	5	Negative	4			

Source: Florida Department of Health

<sup>\*</sup>County compared to other Florida counties. The lowest quartile equals the lowest number. That is not always the most desirable rate. For instance, it would be desirable to have a quartile of 4 for percent of births with 1st trimester care; however it would be desirable to have a quartile of 1 for infant deaths.

### Teen Births

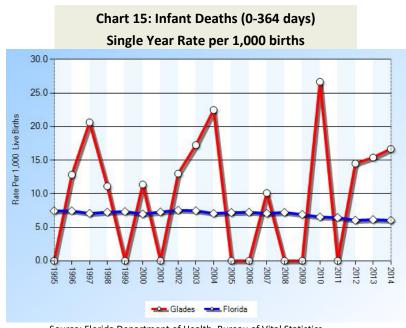
Aside from fluctuations due to the small population size, Glades County has had rates of births to teenage and pre-teen mothers that generally follow the rates for the state of Florida as a whole.



Source: Florida Department of Health, Bureau of Vital Statistics

#### Infant Deaths

It should be noted for the data in Chart 14 that the total number of births in Glades County each year is fairly small and as few as one infant death can cause a large variance in the death rate. For example, two infant deaths caused a large upswing in the chart in 2010. There was one infant death in 2014.



Source: Florida Department of Health, Bureau of Vital Statistics

## Hospitalizations

The Chronic Condition Indicator tool is a method to look at the health of a community through hospitalizations. This tool stratifies chronic diseases based on ICD-9-CM diagnosis codes. A chronic condition is a condition lasting 12 months or longer and meeting one or both of the following tests: (a) the condition places limitations on self-care, independent living and social interactions; (b) the condition results in the need for ongoing intervention with medical products, services and special equipment. The identification of chronic conditions is based on all five-digit ICD-9-CM diagnosis codes, excluding external cause of injury codes (E codes). Hypertension is the number one cause of hospitalization for a chronic condition.

Table 12: Hospitalizations for Chronic Conditions							
Annual Figures, 2009-2014, Glades County Residents							
Disease 2009 2010 2011 2012 2013 2014							
Diabetes	249	240	205	243	252	299	
Asthma	40	38	37	43	44	57	
Congestive Heart Failure	147	108	139	153	143	176	
Hypertension	363	392	333	375	392	422	
AIDS	1	0	1	4	4	0	
Sickle Cell	4	5	1	1	2	1	

Source: AHCA via Broward Regional Health Planning Council Hospital Inpatient and Emergency Department Analytical System Includes hospitalizations of Glades County residents in any hospital in Florida

Ambulatory Care Sensitive conditions such as asthma, diabetes or dehydration are conditions where timely and effective ambulatory care can decrease hospitalizations by preventing the onset of an illness or condition, controlling an acute episode of an illness or managing a chronic disease or condition. High rates of Ambulatory Care Sensitive hospitalizations in a community may be an indicator of a lack of or failure of prevention efforts, a primary care resource shortage, poor performance of primary health care delivery systems, or other factors that create barriers to obtaining timely and effective care. The Florida Department of Health released an Ambulatory Sensitive Conditions Profile for Preventable Hospitalizations for Persons under 65 years of age for each county using 2014 data. Glades County has a lower rate of preventable hospitalizations than the state average. The rate in Glades County is higher than the State rate for Chronic Lower Respiratory Disease (CLRD) and Congestive Heart Failure.

Table13: Ambulatory Sensitive Conditions Profile for Preventable Hospitalizations <65 Glades County, 2014						
	Year	County Count	County Rate	County Quartile	State Rate	
All Conditions	2014	91	918.9	1	1203.7	
Acute Conditions						
Bacterial Pneumonia	2014	10	101	1	149	
Cancer of the Cervix	2014	<5		1	6.1	
Cellulitis	2014	6	60.6	1	115.1	
Convulsions	2014	<5		1	30.7	

	Year	County Count	County Rate	County Quartile	State Rate
Dehydration	2014	5	50.5	1	78.9
Gastroenteritis	2014	6	60.6	3	55
Chronic Conditions					
Asthma	2014	8	80.8	2	127.2
Chronic Lower Respiratory Disease (CLRD), excluding					
Asthma	2014	15	151.5	2	125.7
Congestive Heart Failure	2014	17	171.7	4	107.3
Diabetes	2014	11	111.1	2	140.5

Source: Florida Agency for Health Care Administration (AHCA).

## **Emergency Room Visits by Glades County Residents**

Glades County Residents made 2170 visits to hospitals in 2014 that did not result in an inpatient admission. There are no hospitals in Glades County. More than half of the emergency room visits by Glades County residents were made to Hendry Regional Medical Center in Hendry County. The next four hospitals that received the largest number of visits from Glades County residents are in Okeechobee, Palm Beach, Highlands and Lee Counties respectively.

Table 14: Emergency Room Visits by Glades County Residents by Payer Source 2014

		2017					
	Medicaid	Medicare	No charge/ Charity	Other	Private, incl. HMO	Self-Pay	Grand Total
Hendry Regional Medical Center	406	209	18	45	226	255	1159
Raulerson Hospital	46	121	12	29	76	47	331
Lakeside Medical Center	96	19		5	47	45	212
Florida Hospital Lake Placid	37	36		13	29	16	131
Lehigh Regional Medical Center	24	21		2	13	11	71
Healthpark Medical Center	24	1	2	1	17	3	48
Gulf Coast Medical Center	4	20	1	1	13	2	41
Palms West Hospital	8	5		1	5	5	24
Florida Hospital Heartland Medical Center	4	6		1	3	2	16
Lee Memorial Hospital	2		1	5	1	4	13
Highlands Regional Medical Center	6	3			1		10
Lawnwood Regional Medical Center & Heart	1	4			2	1	8
JFK Medical Center	1	3			2	1	7
Saint Mary's Medical Center	1	1		1	2	1	6
Total*	679 31.30%	467 21.52%	39 1.80%	109 5.02%	461 21.24%	415 19.12%	2170 100%

Source: AHCA via Broward Regional Health Planning Council Hospital Inpatient and Emergency Department Analytical System
The AHCA ED data contains records for all ED visits for which the severity of the visit did not result in an inpatient admission. Includes visits by
Glades County residents to the ED of any hospital in Florida.

<sup>\*</sup>Only hospitals with at least 5 visits are included in the chart above. There are an additional 93 visits divided amongst 57 hospitals that have not been included in the chart, but are included in the total.

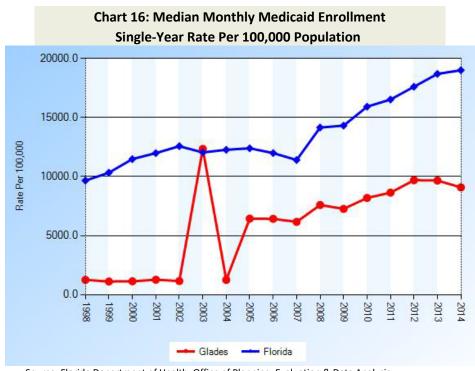
## **Health Resources**

Access to healthcare is the key to achieving a healthy community and is a primary goal of health policy in Florida. This section will review health coverage of Glades County residents including the rate of uninsured residents, licensed providers and facilities, and federal health professional shortage designations.

#### Medicaid

Medicaid provides medical coverage to low-income individuals and families. The state and federal government share the costs of the Medicaid program. Medicaid services in Florida are administered by the Agency for Health Care Administration (AHCA). About half of the recipients are children or adolescents under the age of 21. While children are the largest category of beneficiaries, most of the costs arise from providing services to seniors, especially nursing home care, as well as to people with disabilities who have significant medical costs.

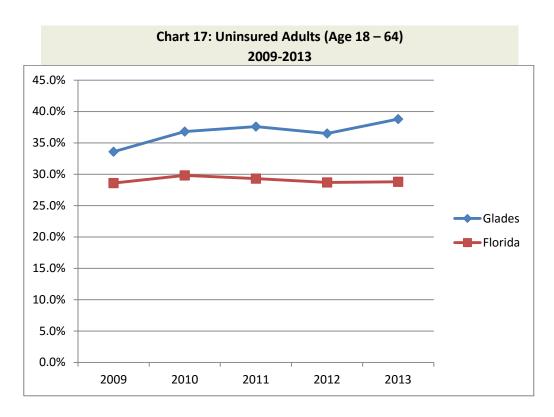
There are four categories of Medicaid eligibility for adults in Florida, which include low income families, pregnant women, emergency medical assistance for non-citizens, and Medicaid for the elderly and disabled. Eligibility for each of those programs is based on specific income criteria. As of 2014, approximately 8,700 out of every 100,000 people in Glades County were enrolled in Medicaid; the state rate is approximately 19,000 per 100,000. At both the state and the county level, there has been a noticeable increase in the number of people enrolled in Medicaid in recent years. The rate in Glades County has not grown quite as quickly as the state rate though and showed a decrease between 2013 and 2014.



Source: Florida Department of Health, Office of Planning, Evaluation & Data Analysis

#### Uninsured

Lack of health insurance coverage is a significant barrier to accessing needed healthcare. The rate of uninsured adults represents the estimated percent of the adult population under age 65 that has no health insurance coverage. People over the age of 65 are eligible for Medicare from the federal government. The Small Area Health Insurance Estimates from the U.S. Census Bureau provide annual estimates of the population without health insurance coverage for all U.S. states and their counties. The most recent year for which reliable county-level estimates are available is 2013. Glades County was estimated as having 38.8 percent of adults without health insurance; this compares to a rate of 28.8 percent for Florida as a whole.



Source: The Census Bureau's Small Area Health Insurance Estimates (SAHIE)

## Physicians and Facilities

As of 2014, there was one licensed physicians in Glades County. That works out to about 7.8 doctors for every 100,000 residents; that is a much lower rate than the state average of about 260 doctors for every 100,000 residents. The county has a much lower rate per 100,000 than the state for every major category of physician. There are no hospital or nursing home beds in Glades County. There are also no internists and no pediatricians.

The number of Glades County Health Department employees per every 100,000 residents is higher than the state average. The Glades County Health Department spent \$769,821 dollars in 2014 (down from \$1,064,472 in 2011); that places the rate of expenditure per 100,000 residents at nearly double the state average. It is typical for rural counties to have a significantly higher rate of expenditure than the state average.

<b>Table 15: Health Resources Availability</b>	
Glades County & State 2014	

Glades County & State 2014						
			State			
Providers*†	Number	Rate per 100,000	Quartile**	Rate per 100,000		
Total Licensed Dentists	1	7.8	1	59.5		
Total Licensed Physicians	1	7.8	1	259.3		
Total Licensed Family Private Practice Physicians	0	0	1	19.1		
Total Licensed Internists	0	0	1	49.6		
Total Licensed OB/GYN	1	7.8		10.2		
Total Licensed Pediatricians	0	0.0	1	18.7		
Facilities						
Total Hospital Beds	0	0.0	1	317.3		
Total Acute Care Beds	0	0.0	1	260.3		
Total Specialty Beds	0	0.0		57.0		
Total Nursing Home Beds	0	0.0	1	426.7		
County Health Department						
County Health Department Full-Time Employees	10	78.2	3	51.1		
County Health Department Expenditures	\$769,821	\$60.21	3	\$37.21		

Source: Division of Medical Quality Assurance and Office of Planning, Evaluation and Data Analysis, Florida Department of Health; Florida Agency for Health Care Administration

<sup>\*</sup>Data for Providers are for a fiscal year, not a calendar year.

<sup>†</sup>Number of licensed providers does not necessarily equal the number of practicing providers. These numbers may include providers who work in another county, only work part time, or are retired.

<sup>\*\*</sup>County compared to other Florida counties. The lowest quartiles equal the lowest number. For resource availability the lowest number is generally considered the worst ranking.

## Federal Health Professional Shortage Designations

There are two types of health professional shortage designations: Health Professional Shortage Areas (HPSAs) and Medically Underserved Areas or Populations (MUAs/MUPs). Both designations consider primary care physician-to-population ratios, other high-need indicators (poverty levels, percent of the population that is elderly, infant death rate and rate of low birth weight), and barriers to access care. Designations are required for placement of health professionals under the National Health Service Corps and waiver programs for foreign physicians. Designations are also necessary for the location of community and migrant health centers and rural health clinics, programs that provide health care to underserved populations.

Medically Underserved Areas or Populations (MUAs/MUPs) are a measure of medical under service as defined by the U.S. Department of Health and Human Services. These designations determine the Index of Medical Under service (IMU) using the following variables: (1) percent of the population below 100 percent of the Federal Poverty Level, (2) percent of the population over age 65, (3) infant mortality rate (5 year average) and (4) population-to-physician ratio.

Glades County has been designated as Medically Underserved Population. Any population with a score of 62 or lower on the Index of Medical Underservice is considered medically underserved. The areas with the lowest numbers are those that are determined to have the most need. Glades County scored a 57.30.

Health Professional Shortage Areas (HPSAs) are defined in Section 332 of the Public Health Service Act, 42 U.S.C. 254e to include: (1) urban and rural geographic areas, (2) population groups, and (3) facilities with shortages of health professionals. Federal designation as a HPSA documents a shortage of health care providers (primary care, dental or mental health) as well as the existence of barriers to accessing care including lack of public transportation, travel time and distance to the next source of undesignated care and high poverty.

A geographic area will be designated as having a shortage of primary medical care professionals if the following three criteria are met:

- 1. The area is a rational area for the delivery of primary medical care services.
- 2. One of the following conditions prevails within the area:
  - (a) The area has a population to full-time-equivalent primary care physician ratio of at least 3,500:1.
  - (b) The area has a population to full-time-equivalent primary care physician ratio of less than 3,500:1 but greater than 3,000:1 and has unusually high needs for primary care services or insufficient capacity of existing primary care providers.
- 3. Primary medical care professionals in contiguous areas are over utilized, excessively distant, or inaccessible to the population of the area under consideration.

#### What a Designation Means

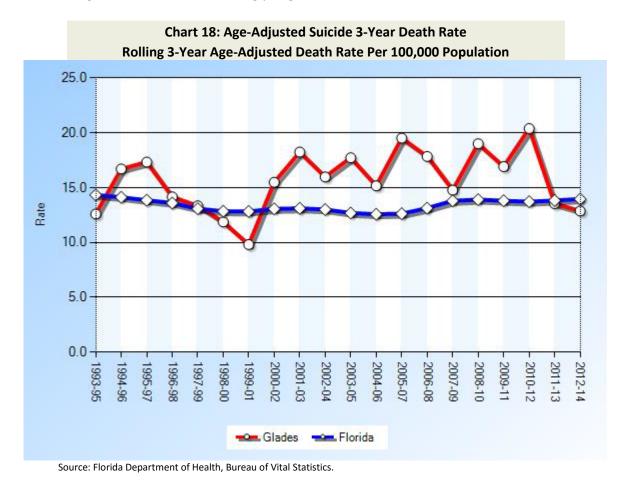
- A geographic designation for the whole county means there is a shortage of providers (primary care physicians, dentists, mental health professionals) for everyone living in the county, regardless of ability to pay for services through insurance or other means.
- A geographic area within the county means there is a shortage of health care providers for everyone living in that area of the county.
- A special population designation for the whole county (or parts of counties) means there is a shortage of providers to meet the needs of low income, migrant or other special populations because the existing providers do not serve these patients.

Glades County has been designated as a Health Professional Shortage Area (HPSA) for primary care. The HPSA designation scores counties between one and twenty-six, with the higher scores indicating higher levels of need. Glades County scored an eighteen for primary care. Glades County also scored an eleven for dental care for the low income and migrant farmworker population meaning it is designated as a shortage area. The Hendry Glades Catchment area scored was also designated as a shortage area for mental health services, scoring a seventeen out of twenty-six (with twenty-six indicating the greatest level of need).

## Social and Mental Health

## **Suicides**

Suicides can be considered as a strong indicator of the overall mental health of a community. The most common underlying causes of suicide are depression, anxiety, damaged relationships and loss of employment. Suicide is a major, preventable public health problem. Since 2002, Glades County had a higher suicide rate than the state average. Please note that these rates are based on a small number of cases and a single case can cause a seemingly large fluctuation.



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#### Crime and Domestic Violence

In general, Glades County is safer than the state of Florida as a whole. Glades County did better than the state average for most categories of crime and domestic violence. However, residents in Glades County are more likely to be the victim of a domestic violence offense than the average resident of Florida. The county fares worse than the state on alcohol-related motor vehicle crashes; the rates in Glades County are higher in all three categories than the state average, even ranking in the 4th Quartile for alcohol-related motor vehicle crash deaths.

**Table 16: Glades County Social and Mental Health Indicators** 3-Year Rate per 100,000, 2012-2014

Crime and Domestic Violence	County	State	Quartile*
Larceny	773.1	2,244.4	1
Total Domestic Violence Offenses	660.8	557.7	3
Burglary	420.5	713.1	1
Aggravated Assault	240.3	302.1	2
Motor Vehicle Theft	67.9	186.9	1
Forcible Sex Offenses	49.6	52.2	3
Robbery	13.1	118.5	1
Murder	0.0	5.1	1
Alcohol-related Motor Vehicle Crashes			
Alcohol-related Motor Vehicle Crashes	91.4	87.6	2
Alcohol-related Motor Vehicle Crash Injuries	54.8	59.2	2
Alcohol-related Motor Vehicle Crash Deaths	18.3	4.3	4

Sources: FDLE Uniform Crime Report, DHSMV "Traffic Crash Facts", Florida Office of Vital Statistics

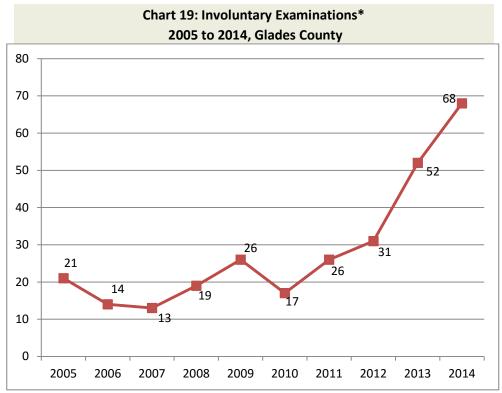
<sup>\*</sup>County compared to other Florida counties. The lowest quartile equals the lowest number.

#### Baker Act

The Florida Mental Health Act of 1971 (commonly known as the "Baker Act") is a statute allowing for involuntary examination of an individual. It was originally enacted, at least in part, because of widespread instances of elder abuse in which one or more family members would have another family member committed in order to gain control over their estate prior to their death. Once committed, it was difficult for many of the patients to obtain representation, and they became warehoused until their death. The Baker Act allows for involuntary examination (what some call emergency or involuntary commitment). It can be initiated by judges, law enforcement officials, physicians or mental health professionals. There must be evidence that the person has a mental illness (as defined in the Baker Act) and is a harm to self, harm to others, or self-neglectful (as defined in the Baker Act). Examinations may last up to 72 hours and occur in over 100 facilities statewide.

There are many possible outcomes following examination of the patient. This includes the release of the individual to the community (or other community placement), a petition for involuntary inpatient placement (what some call civil commitment), involuntary outpatient placement (what some call outpatient commitment or assisted treatment orders), or voluntary treatment (if the person is competent to consent to voluntary treatment and consents to voluntary treatment).

There were 68 involuntary examinations in Glades County in 2014. This number has increased significantly in recent years.



Source: 2010, 2011, 2012, 2013, & 2014 Florida Mental Health Act (The Baker Act) Reports

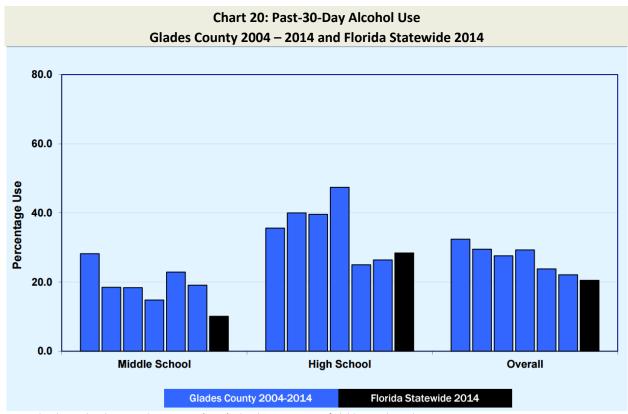
<sup>\*</sup>Involuntary examination forms for people who never reach a receiving facility are not received by the Baker Act Reporting Center, so are not included in the data.

## Florida Youth Substance Abuse Survey

The Florida Youth Substance Abuse Survey (FYSAS) is a collaborative effort between the Florida departments of Health, Education, Children and Families, Juvenile Justice, and the Governor's Office of Drug Control. It is based on the "Communities That Care" survey, which measures the prevalence and frequency of drug use, the prevalence and frequency of other antisocial behaviors, and the degree to which risk and protective factors exist that can predict alcohol, tobacco, and other drug use, delinquency, gang involvement and other problem behaviors in adolescents.

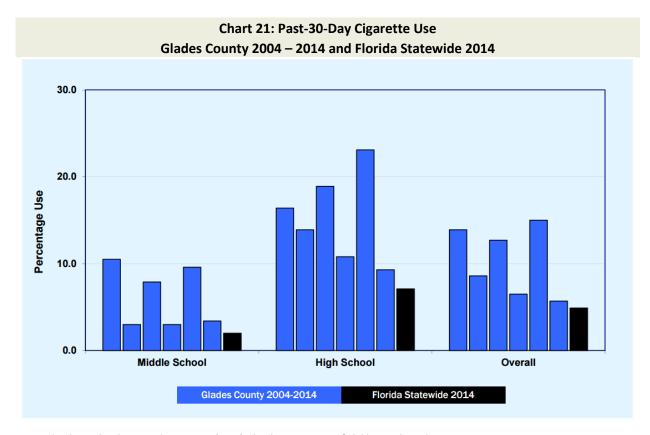
The FYSAS was administered to 65,917 students in grades 6 through 12 in Spring of 2014. Across Florida, 407 middle schools and 343 high schools administered the surveys. In Glades County, 185 students completed the survey. The survey has been administered annually since 2000, making the 2014 FYSAS the fifteenth set of data.

With overall prevalence rates of 35.9% for lifetime use and 22.1% for past-30-day use, alcohol is the most commonly used drug among Glades County students. After alcohol, students reported marijuana (14.8% lifetime and 10.0% past-30-day) and cigarettes (22.0% lifetime and 5.7% past-30-day) as the most commonly used drugs. Both alcohol and tobacco use by Glades County teens have been declining.



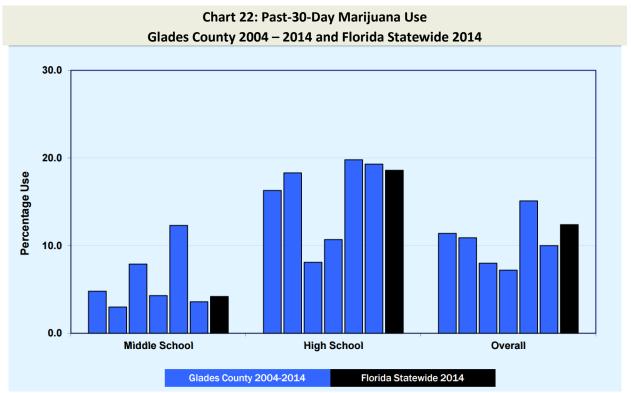
Source: Florida Youth Substance Abuse Survey (2014), Florida Department of Children and Families

The percentage of students reporting cigarette use over the past 30 days has reduced considerably and is now close to the state average. High school students have rates of cigarette use three times as high as middle school students.



Source: Florida Youth Substance Abuse Survey (2014), Florida Department of Children and Families

Past-30-day marijuana use for Glades County students was slightly lower than for the state as a whole. Rates have been variable across time.



Source: Florida Youth Substance Abuse Survey (2014), Florida Department of Children and Families

Additional details on these charts, as well as data regarding other illicit drugs included in the survey, are available in Appendix G.

## Behavioral Risk Factor Surveillance Survey

The Centers for Disease Control and Prevention began the Behavior Risk Factor Surveillance Survey (BRFSS) in the early 1980s in a handful of states. Today, all states participate in the survey. The 2013 Florida BRFSS provides individual counties and the state with a rich data source to estimate the prevalence of personal health behaviors that contribute to mortality and morbidity among adults.

Over 34,000 interviews were completed in the 2013 calendar year, with a target sample size of 500 completed surveys in each county. The 2013 BRFSS is the fourth time the survey was conducted at county-level. Previous county-level surveys were conducted in 2002, 2007, 2010. 363 Glades County residents completed the survey in 2013. A sampling of significant findings is included in this section along with a comparison with 2010 data and state-level data. Additional data can be found in Appendix I.

Glades County residents reported a lower rate of smoking than for the state as a whole. The rates for most other indicators were similar to or worse than the state average. There has been a positive trend for the rates for smoking and people who report having high blood pressure. There has been a negative trend for people who report drinking heavily. The other rates have either been steady or inconsistent.

Table 17: Behavioral Risk Factors								
Telephone Survey, G	Telephone Survey, Glades County, and State, 2013							
		Glades		Florida				
County Trend Quartile								
Percent who Smoke	9.6%	Positive	1	16.8%				
Percent who Drink Heavily	20.0%	Negative	4	17.6%				
Percent with High Blood Pressure	39.8%	Positive	3	34.6%				
Percent with High Cholesterol	46.6%	Steady	4	33.4%				
Percent with Diabetes	11.4%	Steady	2	11.2%				
Percent Overweight	41.2%	Steady	4	36.4%				
Percent Obese	37.3%	Inconsistent	4	26.4%				

Source: Centers for Disease Control and Prevention

## Healthy People 2020 Objectives

Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. Healthy People 2020 is managed by the Office of Disease Prevention and Health Promotion within the US Department of Health and Human Services. Below is Glades County's data with relation to selected objectives (comparing 2007 Behavioral Risk Factor Surveillance Survey data with 2010 data).

#### Mission

Healthy People 2020 strives to:

- Identify nationwide health improvement priorities.
- Increase public awareness and understanding of the determinants of health, disease, and disability and the opportunities for progress.
- Provide measurable objectives and goals that are applicable at the national, State, & local levels.
- Engage multiple sectors to take actions to strengthen policies and improve practices that are driven by the best available evidence and knowledge.
- Identify critical research, evaluation, and data collection needs.

## **Overarching Goals**

- Attain high-quality, longer lives free of preventable disease, disability, injury, and premature death.
- Achieve health equity, eliminate disparities, and improve the health of all groups.
- Create social and physical environments that promote good health for all.
- Promote quality of life, healthy development, and healthy behaviors across all life stages.

	Table 18: Healthy People 2020 O	bjective	s			
	Glades County 2007, 2010, 2	2013				
iective	Measure	2007	2010	2013	Status	

Objective	Measure	2007	2010	2013	Status
AOCBC-2. Reduce the proportion of adults with doctor-diagnosed arthritis who experience a limitation in activity due to arthritis or joint symptoms.	Percentage of adults who are limited in any way in any usual activities because of arthritis or chronic joint symptoms.	14.0%	16.7%	18.8%	Needs Improvement
C-15. Increases the proportion of women who receive a cervical cancer screening based on the most recent guidelines.	Percentage of women 18 years of age and older who received a Pap test in the past year.	67.1%	68.0%	43.3%	Needs Improvement
C-16. Increase the proportion of adults who receive a colorectal cancer screening based on the most recent guidelines.	Percentage of adults 50 years of age and older who received a sigmoidoscopy or colonoscopy in the past five years.	54.3%	43.7%	62.6%	Progress Shown
C-17. Increase the proportion of women	Percentage of women 40 years of age and older who received a mammogram in the past year.	59.7%	48.6%	77.3%	Progress Shown
who receive a breast cancer screening based on the most recent guidelines.	Percentage of women 18 years of age and older who had a clinical breast exam in the past year.	48.7%	68.3%		Progress Shown

Objective	Measure	2007	2010	2013	Status
D-9. Increase the proportion of adults with diabetes who have at least an annual foot examination.	Percentage of adults with diabetes who had an annual foot exam.	86.4%	84.5%	38.6%	Needs Improvement
D-10. Increase the proportion of adults with diabetes who have an annual dilated eye examination.	Percentage of adults with diabetes who had an annual eye exam.	83.8%	80.3%	38.4%	Needs Improvement
D-11. Increase the proportion of adults with diabetes who have a glycosylated hemoglobin (A1C) measurement at least twice a year.	Percentage of adults with diabetes who had two A1C tests in the past year.	87.7%	83.7%	43.1%	Needs Improvement
D-13. Increase the proportion of adults with diabetes who perform self-blood glucose-monitoring at least once daily.	Percentage of adults with diabetes who self-monitor blood glucose at least once a day on average.	78.8%	54.6%	78.8%	Progress Shown
D-14. Increase the proportion of persons with diagnosed diabetes who receive formal diabetes education.	Percentage of adults with diabetes who ever had diabetes selfmanagement education.	26.6%	52.8%	29.2%	Needs Improvement
HDS-5. Reduce the proportion of persons in the population with hypertension.	Percentage of adults with diagnosed hypertension.	32.7%	48.8%	39.8%	Progress Shown
HIV-14. Increase the proportion of adolescents and adults who have been tested for HIV in the past 12 months.	Percentage of adults less than 65 years of age who have ever been tested for HIV.	21.0%	30.8%	41.4%	Progress Shown
IID-12.7. Increase the percentage of non- institutionalized adults aged 65 years and older who are vaccinated against seasonal influenza.	Percentage of adults age 65 and over who received a flu shot in the past year.	45.7%	33.1%	28.2%	Needs Improvement
IID-13. Increase the percentage of adults who are vaccinated against pneumococcal disease.	Percentage of adults who have ever received a pneumonia vaccination.	21.2%	33.8%	28.9%	Needs Improvement
IID-13.1. Increase the percentage of non- institutionalized adults aged 65 years and older who are vaccinated against pneumococcal disease.	Percentage of adults age 65 and over who have ever received a pneumonia vaccination.	67.7%	73.6%	40.6%	Needs Improvement
NWS-8. Increase the proportion of adults who are at a healthy weight.	Percentage of adults who have a healthy weight (BMI from 18.5 to 24.9).	34.0%	24.2%	21.1%	Needs Improvement
NWS-9. Reduce the proportion of adults who are obese.	Percentage of adults who are obese.	15.8%	39.6%	37.3%	Needs Improvement
SA-14. Reduce the proportion of persons engaging in binge drinking of alcoholic beverages.	Percentage of adults who engage in heavy or binge drinking.	12.5%	16.6%	20.0%	Needs Improvement
TU-4. Increase smoking cessation attempts by adult smokers.	Percentage of adult current smokers who tried to quit smoking at least once in the past year.	43.9%	52.0%	59.9%	Progress Shown

Source: U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at http://www.healthypeople.gov/2020/topicsobjectives2020/pdfs/HP2020objectives.pdf. Accessed February 27, 2013.

Data source: Behavioral Risk Factors Surveillance Telephone Survey conducted by the Florida Department of Health, Bureau of Epidemiology.

## **Community Input**

## Survey on Health and Healthcare in Glades County

The Health Planning Council of Southwest Florida, with feedback from the Healthier Hendry Glades Task Force, developed a survey questionnaire to assess the feelings and perceptions of healthcare and health issues for Glades County residents. The survey was conducted online and on paper, in both English and Spanish. Surveys were distributed by members of the Task Force to those who live and/or work in Glades County. Links to the online version of the survey were distributed through flyers and email blasts. The English version of the survey is included in Appendix B.

131 surveys were completed on paper and online over a two month period in the spring of 2016. The findings of the surveys were compiled by the Health Planning Council, and are as follows:

When asked, "How would you rate the general health of Glades County residents?" 1 percent of survey respondents said Excellent, 30 percent said Good, 58 percent said Fair, and 11 percent said Poor. When asked, "How would you rate the quality of healthcare in Glades County?" 1 percent of survey respondent said Excellent, 15 percent said Good, 45 percent said Fair, and 39 percent said Poor.

When asked where residents go to get health information, the majority of respondents noted that they go to friends or relatives (81 responses), or their family doctor or health provider (67 responses). When it comes to where they go to receive healthcare services, 98 said they visit their family doctor, and 20 said other.

Where do you think the residents of Glades County go to get health information?					
friends or relatives	81				
family doctor or health provider	67				
internet	43				
television	26				
newspaper	11				
other*	6				
radio	2				
magazines	3				
books	1				
* Health Department, Church					

Where do you go to get healthcare?					
family doctor	98				
other*	20				
clinic	18				
hospital/emergency room	9				
health department	5				
don't know	0				
* VA, out of county, StarCare Clinic, none					

Respondents were also asked their opinions regarding healthcare difficulties for specific populations in Glades County. Of the specific population groups listed, those who are uninsured and have low income levels were selected most frequently (67 responses). The elderly/senior citizens were selected nearly as often (53 responses). With regards to specific areas in the county where residents are thought to have a particularly difficult time accessing healthcare services, 53 respondents said there are none. 59 respondents named a variety of locations in the area as having difficulty accessing health services.

These responses included Muse, Palmdale, Lakeport, Washington Park, Ortona, Crescent Acres, Migrant Camps, Turkey Swamp, Buckhead Ridge, Western Glades, "rural areas", and "all over".

What types of residents of Glades County have more difficulty with healthcare than others?					
uninsured/low-income	67				
elderly/senior citizens	53				
adults	26				
non-English speaking	21				
children	3				
teens/adolescents	8				
other*	3				
* Those who cannot afford services	•				

Are there areas/neighborhoods where residents have a particularly difficult time accessing health services?				
no	52			
yes*	59			
* M D 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	, D 1			

<sup>\*</sup> Muse, Palmdale, Lakeport, Washington Park, Ortona, Crescent Acres, Migrant Camps, Turkey Swamp, Buckhead Ridge, Western Glades, "rural areas", and "all over".

The surveys also asked if there are difficulties in receiving specific types of health services. 3 survey respondents said, no, there are no services that individuals in Glades County have difficulty accessing. Of those who felt there were services that were difficult to access, specialty care was number one, with 76 responses. Next highest on the list were primary care (66 responses), mental health care (62 responses), and hospital care (61 responses).

Possible options for improving the health of area residents were given. More doctors was the option chosen the most by survey respondents, with 76 responses. The next most frequently chosen options were additional health services (65 responses) and job opportunities (60 responses).

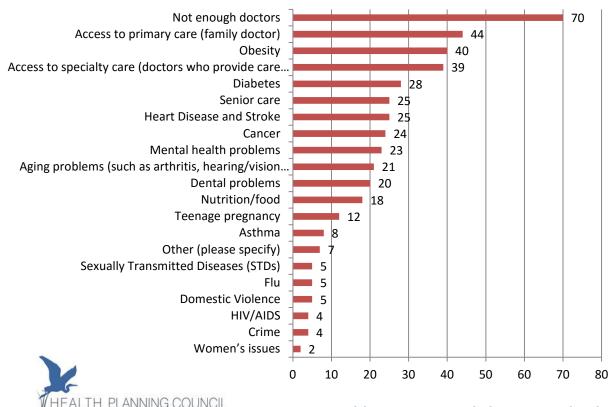
Are there services that individuals in Glades					
County have difficulty accessin					
no	3				
specialty care	76				
primary care	66				
mental health care	62				
hospital care	61				
emergency care	57				
dental care	55				
pharmacy/medications	44				
pediatric	34				
other*	7				
* don't know, eye care, transportation					

What does Glades County need to improve the health of your family, friends, and neighbors?					
more doctors	76				
additional health services	65				
job opportunities	60				
transportation	50				
specialty doctors	46				
health education/wellness programs	38				
substance abuse treatment services	38				
healthier food choices	32				
counseling & support	27				
recreational facilities	25				
safe places to walk/play	25				
after school programs	21				
other*	10				

<sup>\*</sup> insurance, gym/swimming pool, additional staff, local buy-in, mobile health services, grocery stores, don't know

Respondents were asked to select what they felt to be the three most important health concerns for residents of Glades County. Not enough doctors topped the list, with 70 responses. Second highest on the access to health care, with 44 responses, followed by obesity, which received 40 responses.

# Which of the following do you feel are the three most important health concerns in Glades County?

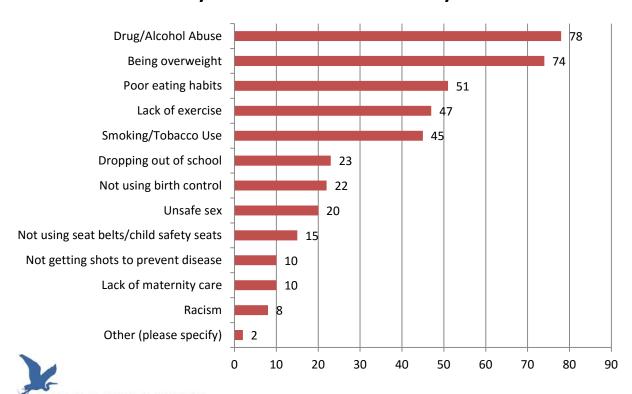


Community Health Assessment- Glades County Florida 2016

<sup>\*</sup>other: smoking, substance abuse, respiratory, don't know, all of the above

Respondents were then asked to select the three most important risky behaviors in Glades County. Drug/Alcohol Abuse was listed most frequently, with 78 responses. Other risky behaviors identified being overweight (74 responses), poor eating habits (51 responses), and lack of exercise (47 responses).

# Which of the following do you feel are the three most important risky behaviors in Glades County?



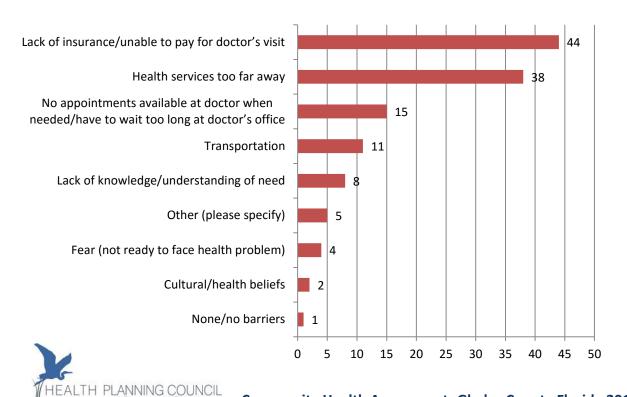
Community Health Assessment- Glades County Florida 2016

\*other: crime, don't know, all of the above

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People sometimes delay receiving treatment for their ailments, which can lead to further problems and/or higher costs. Respondents were asked to designate the main reason that keeps Glades County residents from seeking medical treatment. Lack of health insurance and/or lack of ability to pay was cited as the number one reason by far with 44 responses. The next most often cited reason was health services being too far away (38 responses).

# What do you think is the main reason that keeps people in Glades County from seeking medical treatment?



**Community Health Assessment- Glades County Florida 2016** 

\*other: don't know, quality of available care, all of the above

Additional comments from survey respondents about health and healthcare in Glades County included:

- More mobile services.
- Free clinics and wellness check-ups.
- Monthly or bi-monthly nurse services.
- Services offered at food pantry.
- Need for grocery store.
- Quality concerns for existing services.
- Need for youth activities.
- Wide use of well and septic systems is impacting the health of the community.
- Lack of staff and medical equipment in the hospital.

- Access to medical care and wellness programs is extremely limited or nonexistent.
- Transportation is an issue for most of the residents.
- Telephone-based assistance
- Mental health services are a big need.
- Have testing services and wellness exams available at multiple locations on a set day each month.

## Key Leaders' Survey Results

The Health Planning Council of Southwest Florida, with feedback from the Hendry and Glades Rural Health Planning Council, developed a survey questionnaire to determine the areas of most need and the areas where changes had the greatest potential to improve the health of the community. The survey was conducted on paper by key leaders and community members who live and/or work in Hendry County and Glades County.

Twenty-nine surveys were completed over a three month period at the end of 2014 and beginning of 2015, in conjunction with lengthier one-on-one interviews. The surveys were broken out into two sections: Core Functions of Public Health and Essential Health Services.

Survey respondents included representatives from government, public health, local healthcare organizations, and consumers of local healthcare.

Sixteen of the twenty-nine survey respondents are Hendry County residents, five are Glades County residents. All others who completed the survey indicated that they live outside of the area, but work in either Hendry County or Glades County.

The survey results were used to focus discussion and idea generation during the key leader interviews and to better identify the areas of greatest potential health impact on the community. The survey tool is included in Appendix B on page 69.

#### **Core Functions of Public Health**

Survey respondents were asked to score the core functions of public health, as defined by the Centers for Disease Control and Prevention (CDC), as to how they are being done in Hendry County and Glades County to identify functions that are already being done well, as well as areas where there is need for improvement. Respondents were asked to rank each Core Function on the following rating scale:

- This activity is being well done. We should maintain our current level of effort in this area. **Success - maintain effort**
- This activity is being done well, but can be cut back (i.e., has reached maintenance level, decreasing demand). We can withdraw some resources from this activity to devote to some of the higher priority activities

Success - cut back resources

 $\bullet$  This activity requires improvement. More attention is needed in this area.

Challenge – requires increased activity

• This activity requires improvement. Better coordination among partners should occur.

Challenge – requires increased coordination

Survey respondents were then asked to select what they felt to be the top four areas where improvement has the greatest potential to improve the health of the community.

The survey results are ranked by the percentage of survey respondents that selected each category as a top area for improvement.

For the Core Functions of Public Health, survey respondents felt the top areas for improvement in Hendry County and Glades County were:

- Linking people to needed health services and ensuring the provision of care when otherwise unavailable (selected by 69% of survey respondents), and
- Informing, Educating, and Empowering people about health issues (selected by 59% of survey respondents).

In both categories, the largest number of respondents felt that these areas need an increase in activity, and many respondents also noted a need for improved coordination among partners who already engage in these activities.

Core Functions of Public Health							
Success Cha					Chall	nallenge	
	Areas for ovement*		Maintain	Cut Back	Increase Activity	Improve Coordination	
	69%	Link people to needed health services and ensure the provision of care when otherwise unavailable	12.0%	0.0%	48.0%	40.0%	
HIGHEST	59%	Inform, educate and empower people about health issues	12.0%	0.0%	60.0%	28.0%	
HIGH	45%	Mobilize community partnerships to identify and solve health problems	32.0%	0.0%	32.0%	36.0%	
	45%	Ensure a competent public health and personal healthcare workforce	8.0%	8.0%	48.0%	36.0%	
	24%	Research new insights and innovative solutions to health problems	9.5%	0.0%	42.9%	47.6%	
MEDIUM	24%	Develop policies and plans the support individual and community health efforts	9.1%	0.0%	54.5%	36.4%	
	24%	Monitor health status to identify community health problems	47.8%	0.0%	43.5%	8.7%	
	17%	Evaluate effectiveness, accessibility and quality of personal and population based health services	22.7%	0.0%	45.5%	31.8%	
LOWEST	14%	Diagnose and investigate health problems and health hazards	34.8%	0.0%	56.5%	8.7%	
	10%	Enforce laws and regulations that protect health and ensure safety	50.0%	9.1%	31.8%	9.1%	
* Perc	entage of th	e 29 survey respondents that selected each category.					

#### **Essential Health Services**

Survey respondents were asked to score the essential health services, based on the ten essential health benefits as defined in the Affordable Care Act (ACA). The survey lists *eleven* essential health services, as it breaks out preventative and wellness services separately from chronic disease management, which are listed as a combined category in the ACA listing. Respondents were asked to rank these services as to how they are being done in Hendry County and Glades County to identify services that are already adequately available as well as services where there is need for improvement. Respondents were asked to rank each Essential Health Service on the following rating scale:

- These services are adequately available and high quality.
- There is an overabundance of these services.
- There is not enough availability of these services.
- These services are available but are not high quality.

Survey respondents were then asked to select what they felt to be the top four areas where improvement has the greatest potential to improve the health of the community.

The survey results are ranked by the percentage of survey respondents that selected each category as a top area for improvement.

For the Essential Health Services, survey respondents felt the top areas for improvement in Hendry County and Glades County were:

- Mental health and substance use disorder services, including counseling and psychotherapy (selected by 59% of survey respondents), and
- Preventative and wellness services, including vaccinations, screenings, etc. (selected by 41% of survey respondents).

With regards to mental health and substance use disorder services, the largest number of respondents felt that this area does not have enough availability of services. For preventative and wellness services, respondents were split (54.2% vs. 45.8%) on whether there is insufficient availability or adequate and high quality availability.

Essential Health Services							
_	Areas for ovement*		Adequate / high quality	Overabundance	Not enough availability	Available / Not high quality	
	59%	Mental health and substance use disorder services (this includes counseling and psychotherapy).	7.7%	0.0%	80.8%	11.5%	
IEST	41%	Preventative and wellness services (vaccinations, screenings, etc.).	45.8%	0.0%	54.2%	0.0%	
HIGHEST	38%	Chronic disease management (diabetes, high blood pressure, etc.).	23.1%	0.0%	69.2%	7.7%	
	34%	Pregnancy / maternity care (care before and after your baby is born).	25.0%	0.0%	62.5%	12.5%	
	31%	Rehabilitative & habilitative services and devices (services and devices to help people with injuries, disabilities, or chronic conditions recover mentally & physically).	16.7%	0.0%	79.2%	4.2%	
MEDIUM	28%	Emergency services.	32.0%	0.0%	56.0%	12.0%	
M	24%	Doctor visits.	46.2%	0.0%	50.0%	3.8%	
	24%	Pediatric and newborn services (birth through age 18).	33.3%	0.0%	54.2%	12.5%	
	21%	Hospitalization (such as surgery).	20.8%	0.0%	58.3%	20.8%	
LOWEST	10%	Prescription drugs.	48.0%	16.0%	36.0%	0.0%	
[	10%	Laboratory services.	41.7%	0.0%	54.2%	4.2%	
* Perc	centage of the	he 29 survey respondents that selected each category.					

## Interviews with Community Leaders

The Health Planning Council of Southwest Florida (HPC) conducted twenty-nine key informant interviews from late 2014 through early 2015 with the cooperation of the Hendry and Glades Rural Health Planning Council. The purpose of conducting the interviews was to better understand the perspectives of key community leaders on the health and healthcare needs of Hendry County and Glades County residents. These interviews were intended to ascertain opinions among key individuals likely to be knowledgeable about the community and who are influential over the opinions of others about health concerns in the county. The findings provide qualitative information and reveal factors effecting the views and sentiments regarding healthcare services in the area, as well as offering suggestions on ways to improve the health of area residents. A summary of community leaders' opinions is reported without judging the veracity of their comments.

#### Methodology

The Hendry and Glades Rural Health Planning Council compiled a list of possible interview subjects and made initial contact with the interviewees. The list included healthcare providers, healthcare consumers, and representatives of local businesses and community organizations. The interviewees represented diverse populations and geographies across Hendry County and Glades County.

HPC staff conducted the interviews in person. The average interview lasted between sixty and ninety minutes, and was preceded by a survey on the core functions of public health and essential health services. Twenty-nine key community leaders were interviewed at the place of their employment or another location of their choosing in Hendry County or Glades County from November, 2014 through February, 2015. The interviewees were told that none of their comments would be directly attributed to them but that a list of all participants would be included in this report. The list of interview participants is included in Appendix D.

All interviews were conducted using a standard questionnaire. The instrument used to conduct the interviews is included in Appendix C. The interviews were conducted in conjunction with the completion of surveys on the core functions of public health and the essential health services. The survey is included in Appendix E. The survey results were used to guide some of the questions in the interview. Community leaders were asked to provide comments on the following issues:

- Overall perspective of healthcare in Hendry County and Glades County;
- Impressions of the core functions of public health in the area;
- Impressions of essential health services of the county's healthcare system;
- Opinions of important health issues that affect county residents and the types of services needed to address these issues;
- Thoughts on helpful services that may be missing from the county; and
- Opinions on the parties responsible for initiating and addressing health issues for the counties.

#### **Interview Analysis**

The leaders interviewed were first asked how long they have lived and/or worked in Hendry County or Glades County. The length of time that the community leaders have lived and/or worked in Hendry County or Glades County, ranges from just under two years to fifty years. The average number of years that an interviewee has lived or worked in Hendry County or Glades County is twenty-one years. Sixteen interviewees are Hendry County residents, five are Glades County residents. Within Hendry County, responses tended to differ if an interviewee was based in LaBelle versus Clewiston or somewhere in between. Those differences are noted whenever possible. All others interviewed live outside of the area, but work in either Hendry County or Glades County. Seventeen interviewees reported utilizing healthcare services in the area.

The interview questions asked of each community leader were identical. However, certain areas for improvement were focused on more than other areas in each interview, as determined by the interviewee's survey responses. Certain topics that were more highly ranked on the survey were discussed more in-depth in the interviews. The questions have been grouped into categories. A summary of the leaders' responses by each of the categories follows. There is some duplication of subject matter and feedback between the categories. Paraphrases are included to reflect some commonly held opinions and direct quotes are employed when appropriate. This section of the report summarizes what the community leaders said in the interviews without assessing credibility of their comments.

#### **Community Perceptions**

When asked to share common perceptions about health and healthcare in Hendry County and Glades County, community leaders spoke at length about the some accurate perceptions as well as some commonly held misconceptions. Many respondents noted that a common perception is that there is a lack of availability in the area. One interviewee noted that, "It's difficult to get in to see a doctor," and another stated, "There is no choice here." Several other community leaders stated that the perception is that the healthcare provided in the area is very basic and is only for poor people; there is better care on the coast. One interviewee noted that one common perception is that the care available in the area is, "not for people with good insurance."

Four interviewees stated that there is a poor perception of Hendry Regional Medical Center and another two interviewees felt there is a poor perception of the Emergency Department. Others, however, noted that the perception of the hospital has improved in recent years. Several interviewees stated that the perception in the area is that there is a lack of specialty care as well as a lack of behavioral health services.

Some of the other perceptions noted by interviewees were that there are no pediatricians, there are limited dental services, and that reduced cost services are available for Spanish-speaking residents but not for others.

#### **Pressing Healthcare Needs**

The community leaders were asked to identify the most pressing healthcare needs in Hendry County and Glades County. The most common responses were:

- transportation,
- mental health,
- diabetes, and
- access to primary care.

Four interviewees felt that a lack of specialty care was a major concern, and another four interviewees stated that teenage pregnancy and STDs are of concern as well. Three interviewees stated that a lack of health insurance is a pressing need for Hendry and Glades residents. Dental care was also listed as a pressing healthcare need in the area. One community leader stated that, "baby bottle tooth decay is high," and another added that, "poor oral hygiene is an issue."

Other pressing healthcare needs noted by interviewees included more education, a community paramedics program, cancer treatment and cancer specialists, stroke prevention, and health coaching.

#### **Core Functions of Public Health**

Community leaders were asked to complete a survey ranking what they felt to be the core functions of public health that would have the greatest impact on the health of the community if improved. The full survey results are available in the Key Leaders Survey Results section of this document. Listed below are the ten core functions of public health, as defined by the Centers for Disease Control and Prevention (CDC), and the thoughts and suggestions provided by those who felt they were a priority. Interviewees were asked to offer input on the core functions that they had identified on their survey as being top areas for improvement in Hendry County and Glades County, therefore some of the core functions will have more input listed than others.

#### MONITOR HEALTH STATUS TO IDENTIFY COMMUNITY HEALTH PROBLEMS

One interviewee suggested educating the staff of Hendry Regional Medical Center on the latest updates in health issues in the area, using the County Health Profiles created by the Health Planning Council of Southwest Florida as a guide. Another suggestion was to do regular evaluations of the health of the community and monitor changes and improvements over time. One interviewee stated, "so many people have diabetes and high pressure and don't know they have it." That leader suggested that health fairs should be held annually in the area and should include diabetes and blood pressure screenings.

#### DIAGNOSE AND INVESTIGATE HEALTH PROBLEMS AND HEALTH HAZARDS

Health problems that interviewees suggested could be further investigated in Hendry County and Glades County were the high rates of asthma and respiratory issues, particularly in Clewiston, and the rates of cancer in the area that some interviewees believe to be high. It was felt that perhaps an environmental check on chemical levels would be beneficial to providing answers to why these rates are so high. It was also suggested that health screenings to diagnose health problems should be done more regularly at churches, health fairs, and places where people naturally gather.

#### INFORM, EDUCATE AND EMPOWER PEOPLE ABOUT HEALTH ISSUES

Several community leaders felt strongly that encouraging residents to take charge of their health by educating and empowering them would be incredibly beneficial. Three interviewees stated specifically that health education for teenagers could always be improved. One leader stated simply that the, "teen population could benefit from more education." It was suggested that teen education should focus more on teen pregnancy, self-esteem, and guidance on life after high school.

Three interviewees were interested in ideas surrounding improving health literacy in the community. By not understanding basic medical terms and concepts, it was felt that not all residents have proficient health literacy and may not understand the importance of screenings and preventive care.

It was suggested by two leaders that all information directed toward the community needs to be available in various languages. It was also stated that although the Federally Qualified Health Centers in the area currently do outreach and prevention to non-English-speaking residents, such as migrants, this could be done more for the general population as well. One interviewee stated, "if migrants are the number one audience, it scares others away." Two other leaders stated that there are existing health-related classes that could use better promotion to attract more participation.

Other thoughts on informing, educating, and empowering the residents of Hendry County and Glades County were to hold health fairs, educational seminars, and workshops, and assist residents in getting to health fairs. One interviewee stated that there is no Boys' and Girls' Club in the area, and that bringing one in could be beneficial for the youth. It was also suggested that residents be taught about the appropriate use of the Emergency Department and when to see a primary care doctor first. Health coaching opportunities was another suggestion from a community leader. Other suggestions included having consistent messaging across all agencies: schools, public health, city officials, etc., encouraging the use of 2-1-1 for social service information, offering health coaching, and offering case management and education for patients discharged from the Emergency Department.

### MOBILIZE COMMUNITY PARTNERSHIPS TO IDENTIFY AND SOLVE HEALTH PROBLEMS

The most frequent comment in relation to mobilizing community partnerships to identify and solve health problems was that there could be improvements in the coordination of care between area providers. It was felt that this would not only help to better identify and solve health problems, but could result in a reduction in duplication of services. One interviewee stated that, "partners need to prioritize and focus."

It was suggested by two interviewees that partner agencies not only need to work together on their efforts to provide healthcare services, but they also need to work together to promote existing services out in the community.

A final suggestion for this core function of public health was to look into grant opportunities for a chronic disease educator.

#### DEVELOP POLICIES AND PLANS THAT SUPPORT INDIVIDUAL AND COMMUNITY HEALTH EFFORTS

Three interviewees felt that more focus should be put on the high rates of diabetes in the area. Another suggested that policies and plans to tackle the issue of limited specialty care in the area should be a priority. One community leader stated that the Healthier Hendry Glades Task Force is a great asset in the community that could be improved with a clearer focus, with, perhaps, a planning group to establish clear plans to support individual and community health efforts.

Other areas of concern were the lack of affordable healthcare in the area, a need for complete streets and streetscapes, and a need for a case management-type person who works across multiple providers.

#### ENFORCE LAWS AND REGULATIONS THAT PROTECT HEALTH AND ENSURE SAFETY

The community leaders that spoke to enforcing laws and regulations felt that this should best be focused on children and young adults. One leader stated, "Glades County police aren't enforcing seat belts, child safety seats, etc. They let things slide to focus on 'bigger fish'." Another leader suggested that local law enforcement be encouraged to increase their focus on keeping the youth of Hendry County and Glades County out of trouble.

#### RESEARCH NEW INSIGHTS AND INNOVATIVE SOLUTIONS TO HEALTH PROBLEMS

In thinking about how best to go about researching innovative solutions to health problems for Hendry County and Glades County, community leaders suggested having an inventory of best practice research, seeking out solutions that are specific to rural communities, and bringing the community together to discuss creative solutions.

Other ideas included creating an area resource guide, including more education at health fairs as opposed to focusing solely on health screenings, and looking into telemedicine as a solution when applicable.

LINK PEOPLE TO NEEDED HEALTH SERVICES AND ENSURE THE PROVISION OF CARE WHEN OTHERWISE UNAVAILABLE

Many community leaders felt that linking residents to needed health services was an integral part of improving the health of the community. Several leaders stated that there needs to be more awareness of available programs and services, possibly through social media, mail advertising, and cable television advertisements. One interviewee suggested creating health bulletin boards to provide current information on available screening locations, events, etc. Also noted was that providing transportation to programs and classes would improve participation. Two interviewees suggested that there is a great opportunity to use portable or mobile services; "bring services to the people."

Several other community leaders that that health fairs are not serving a large portion of the population, but would be more effective as targeted outreaches to specific areas of the community or to specific population groups, such as seniors.

Three interviewees mentioned obesity prevention, with a focus on both diet and exercise, is greatly needed in the community.

Two interviewees stated that Hendry County and Glades County need a local resource manual. It was noted that residents, "need to know who is there in the community, at a drivable distance, or available via telemedicine."

Other community leaders interviewed stated that Glades County needs a primary care doctor for adult medicine.

Other ideas suggested included having hospital billing department trained to counsel patients on payment options and cash discounts, calling patients with an appointment just before the doctor is ready to see them to eliminate long waits, and finding ways to ensure that patients can obtain prescriptions when they do not have the ability to pay for them.

#### ENSURE A COMPETENT PUBLIC HEALTH AND PERSONAL HEALTHCARE WORKFORCE

It was stated by multiple community leaders that it can be difficult to attract and retain physicians and other non-clinical staff. One interviewee stated that, "we have a lack of education in the area." Another suggested that it would be beneficial to have, "more partners on the coast to have satellite offices here." It was also stated that the area would have more success in recruiting nurses, "if we provide the education." Additionally, for those already employed in the field, it was suggested that continuing education for healthcare staff be provided and paid for by the employer. One interviewee stated, "a lot of nurses have to get the resources on their own."

One interviewee felt strongly that the salaries in the area are too low, and that the area needs more attractive entry-level positions. It was stated, "You only get what you pay for."

EVALUATE EFFECTIVENESS, ACCESSIBILITY AND QUALITY OF PERSONAL AND POPULATION BASED HEALTH SERVICES

Community leaders suggested that evaluations be put in place for Healthy Start and for the Healthier Hendry Glades Task Force to ensure that they are operating effectively and making progress toward their goals. It was suggested by one interviewee that more third-party evaluations need to be done in the area, perhaps through partnerships with local universities.

#### **Essential Health Services**

Community leaders were also asked to complete a survey ranking what they felt to be the essential health services, as defined by the Affordable Care Act, which would have the greatest impact on the health of the community if improved. The full survey results are also available in the Key Leaders Survey Results section of this document. Listed below are the ten essential health services, and the thoughts and suggestions provided by those who felt they were a priority.

#### **DOCTOR VISITS**

A few community leaders interviewed felt that improvements could be made to local ambulatory patient services (outpatient care you get without being admitted to a hospital). Thoughts included the need for more primary care doctors, more ambulatory patient services for adults, and the need for improvement to follow-up to care at the Hendry Regional Convenient Care Clinic. One interviewee expressed the frustration that, "FQHC in LaBelle does not provide care for adults."

#### **EMERGENCY SERVICES**

Multiple community leaders expressed a need for new ambulances and additional staff for them. One interviewee stated that there are times when they have had to, "call a Sebring company to utilize their ambulance." One interviewee noted, additionally, that the EMS in the area is great.

It was stated that Glades County residents desire an urgent care center.

Other interviewees stated that the Emergency Department at Hendry Regional Medical Center is inundated with non-emergencies. It was suggested that residents need to be educated on the appropriate use of the Emergency Department. Additionally, it was suggested that the Emergency Department needs to work on better prioritizing patients that come in and more effectively following up on complaints received.

#### **HOSPITALIZATIONS**

When discussing ways to improve hospital care in the area, multiple community leaders stated that there has been a lack of follow-up after patients leave the hospital. One leader suggested that the hospital needs, "QA/QI on discharge use to make improvements." It was also suggested that Hendry Regional Medical Center could increase its capabilities to care for children, and perhaps hire surgical specialists to work on an on-call basis.

MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES (THIS INCLUDES COUNSELING AND PSYCHOTHERAPY)

Several community leaders interviewed stated that there is a shortage of mental health services in Hendry County and Glades County. One interviewee noted, "Mental health services here are desperately needed." Three community leaders expressed concerns that it is difficult to find quality mental health professionals to provide services. Two others stated that substance abuse is a major issue in the area. It was also stated that that potential substance abuse clients have difficulty getting an initial appointment, and there is no follow-up after their evaluation. Another community leader stated that there is no inpatient substance abuse treatment in the area.

Three community leaders stated that more funding is needed for mental health and mental health medications, possibly through County government. It was noted by some that the current State funding methodology does not provide adequate funding for rural populations.

Suggestions to the issues surrounding mental/behavioral health and substance abuse treatment included having later office hours to accommodate clients who work during regular business hours, offering a 24/7 on-call psychiatrist, offering mental health first aid to a broader spectrum of medical staff in the area, and ensuring that there are bilingual providers for those who do not speak English.

#### PRESCRIPTION DRUGS

It was stated by two community leaders that access to affordable medication can be a challenge for residents of Hendry County and Glades County. It was mentioned that the elderly have concerns about being able to afford the medications they need, and that some antibiotics can be extremely expensive. One interviewee stated, "Government regulation makes the cost so high." Another interviewee stated, "K&M has been good about giving discounted prescriptions."

#### PREGNANCY/MATERNITY CARE (CARE BEFORE AND AFTER YOUR BABY IS BORN)

Four community leaders stated that there is a need for more obstetric care in Hendry County and Glades County. It was suggested that this could be housed at the Florida Department of Health, or that a nurse educator could be available on-call.

One interviewee noted, "There are no Lamaze classes; no classes on breastfeeding or how to care for a newborn." It was mentioned by one community leader that teen pregnancy is an issue that needs to be addressed in the area.

It was suggested that the Healthy Families program could be expanded so that families would be eligible for longer. Another suggested an, "educational outreach on formula versus breast milk."

REHABILITATIVE & HABILITATIVE SERVICES AND DEVICES (SERVICES AND DEVICES TO HELP PEOPLE WITH INJURIES, DISABILITIES, OR CHRONIC CONDITIONS RECOVER MENTALY & PHYSICALLY)

Four community leaders stated that there is a need for local rehabilitative services. One interviewee stated, "If somebody needs a rehabilitative service, they have to go to the coast and be separated from their family."

It was stated by one interviewee that, "We have uninsured that really fall through the cracks." However, another interviewee stated the opposite, "We have the best (rehabilitative services), next to Dominos, but a lot of people don't know about it."

Concerns regarding rehabilitative and habilitative services in Hendry County and Glades County included difficulties in locating an occupational therapist, obtaining a prosthesis, and finding resources to help make a home, car, etc. more handicap accessible, such as by building a wheelchair ramp. One community leader expressed a need for a new nursing home in the area as well.

#### LABORATORY SERVICES

Two community leaders interviewed stated that the area needs labs. One interviewee stated that there are, "no labs in Glades. Going without eating (prior to lab work) is challenging." Another stated that, "Hendry Regional Medical Center offers services." And another interviewee stated that, "Convenient Care doesn't have a draw center. A LabCorp would be awesome."

#### PREVENTIVE AND WELLNESS SERVICES (VACCINATIONS, SCREENINGS, ETC.)

When discussing preventive and wellness services in Hendry County and Glades County, community leaders had a variety of suggestions. Two leaders felt that there is a need for more prevention messaging in the community. It was stated by one leader that there are many services in place that the community is simply unaware of.

Suggestions for improving preventive and wellness services in the area included having healthcare providers offer these services at a group discount for businesses, encouraging employees and employers to be partners in health, and offering mobile services and/or increasing the locations of these services. Another suggestion was to have patients discharged from the Emergency Department speak with a counselor who can more fully explain the diagnosis they received from the doctor. It was stated that it, "takes a little more than fifteen minutes for high blood pressure, diabetes and cholesterol."

It was also stated by one community leader interviewed that the Healthier Hendry Glades Task Force, "is powerful."

#### CHRONIC DISEASE MANAGEMENT (DIABETES, HIGH BLOOD PRESSURE, ETC.)

One community leader stated that chronic diseases contribute significantly to Emergency Department, inpatient, and trauma visits. Two community leaders interviewed felt that hypertension is an issue in the area.

Three community leaders suggested finding ways to incorporate community-level messaging and support groups for various health topics. One leader stated that the area needs, "more staff to recruit participants," in chronic disease management programs. Other suggestions included offering more chronic disease education, incorporating health coaching for residents with chronic conditions, and offering case management services to individuals with chronic diseases.

#### PEDIATRIC AND NEWBORN SERVICES (BIRTH THROUGH AGE 18)

When it came to discussing pediatric and newborn services in Hendry County and Glades County, there were concerns from some community leaders that there are very few pediatricians practicing in the area and that there can be long waits for children to receive immunizations at the Department of Health. One interviewee stated that Glades residents are unaware that there is a pediatrician located at the Department of Health in Glades County.

One community leader interviewed suggested that there is a need for education for new parents on basic care for children. The leader felt that it would be beneficial for residents to have access to a tollfree number for parents to call with questions instead of calling 9-1-1 for concerns that are nonemergencies.

#### **Difficult to Access Services**

The leaders were asked to give their impressions about any other types of services that individuals in the county have difficulty accessing. Six community leaders stated that transportation is a major issue in Hendry County and Glades County. One leader noted, "There is no true taxi services. There are no buses. There are no car pool programs." Six leaders stated specialty healthcare services in the area is extremely limited. One leader stated, "There is a limited number of specialists who take Medicaid Managed Care plans." Another leader stated, "It's always difficult for the uninsured." One community leader noted that there is a lack of surgical specialties. Specific specialty services noted as lacking were pulmonology, neurology, and ear, nose and throat.

Four community leaders stated that orthopedic services are difficult to access. Two leaders stated that cardiology services are difficult to access. Another two leaders stated that adult primary care services are difficult to access.

Several other types of services were listed by the community leaders interviewed as being difficult for individuals in the county to access. They included:

- Legal services attorneys, especially for those with mental health issues,
- gym,
- a monitored park seniors are intimidated by youth at the local parks and therefore do not utilize them,
- fresh food in Glades County,
- medical supplies,
- assisted living facilities,

- food pantries and clothes closets,
- housing,
- dental services,
- activities for youth,
- dietary counseling,
- telemedicine,
- dialysis, and
- chemotherapy.

### **Changes to Implement**

Interviewees were asked to imagine that they were "in charge" of Hendry County and/or Glades County. In that scenario, they are asked what they would change or implement to improve health outcomes in the area. The most common responses were:

- public transportation,
- educating the population on available resources, and
- health education in the community

Seven of the community leaders interviewed stated that transportation would be their number one priority. One leader stated, "Taxis can't accommodate wheelchairs." Another suggested that it would be successful to, "utilize what's here but expand the routes." Another stated that with more transportation options, residents, "could get jobs. When you have jobs, you have money."

Six leaders interviewed felt a desire to educate the population on available resources. Some leaders stated that Hendry County and Glades County have a variety of underutilized resources, perhaps due to lack of awareness.

Four community leaders stated that health education would be their priority. It was stated by one community leader, "Start with the next generation – middle and high school students. Bring more awareness about health while they are young." Another suggested that it is necessary to, "empower people through information and education."

Two interviewees felt strongly that new ambulances are a necessity. One leader stated, "Without that, we're going to lose people." Two other interviewees recommended adding a primary care doctor.

Other suggestions for implementing change in Hendry County and Glades County included allocating more resources to preventive and wellness services, creating walking paths, community gardens, and a public gym with a pool, advocating for Medicaid expansion, locating a grocery store in Glades County, locating an urgent care center in Glades County, adding more dental providers in Glades County and more sliding scales for dental care in Hendry County, and improving the relationships between existing providers.

#### **Programs and Services That Could be Eliminated**

Each community leader was asked to identify any programs/services/agencies that are not particularly useful in improving the health of Hendry County and Glades County residents, or that need improvement. Two interviewees stated that the community should be challenging everyone to improve, not simply one specific agency or program. Another interviewee suggested that there be improvement in the collaboration among agencies in the area.

Other areas for improvement were Federally Qualified Health Centers' sometimes long wait times, as well as increasing their capacity for adult and children's services, increasing funding for programs for seniors, increasing attendance at the pre-diabetes classes offered through the Department of Health, and combining some of the current educational programs, such as tobacco cessation and chronic disease management.

Other thoughts on areas that are not being particularly useful or need improvement in the area were that the Lake Okeechobee Rural Health Network has only recently begun to focus on available resources, as they did not fully know what different organizations in the area do, and that the Children's Health Network does not appear to fully understand rural communities.

#### **Programs and Services That Are Being Done Well**

Community leaders were then asked to identify programs and services in Hendry County and Glades County that they felt are being done well to improve health outcomes for area residents. Four community leaders spoke highly of the Department of Health. One interviewee stated, "I think the Health Department does a phenomenal job with what they have to work with." Three interviewees stated that the Health Department's communicable disease and HIV programs are being done well. Three others stated that Health Families and Healthy Start are excellent in Hendry County.

Three community leaders felt that Hendry Regional Medical Center is doing things well, and has made noticeable improvements in recent years. Two community leaders spoke highly of Hendry Regional Medical Center's tobacco cessation and diabetes prevention classes. Another two leaders had positive things to say about tobacco prevention programs in the area.

Two community leaders had positive things to say about the Healthier Hendry Glades Task Force. Two leaders felt that the Fresh To You program is being done well. Two others stated that the emergency services in the area are doing well. One leader stated that the, "ER is doing better since expansion."

Other programs and services mentioned by community leaders as being done well to improve health outcomes included Good Wheels, third-party athletic leagues, K&M Pharmacy (provides outreach and education), pediatrics and women's health at Family Health Centers, renal dialysis, prenatal and STDs at the Department of Health, the United Way, and Salvation Army.

One community leader stated, "Florida Community Health Centers does a good job." The leader added that they are members of the community they serve and therefore have a vested interest. Another leader stated that the area's public schools have taken strides in chronic disease prevention, including incorporating gardening projects. One leader stated, "We have an amazing food pantry in this community."

#### **Local Assets**

When asked about assets that could be used to better improve health outcomes, community leaders first focused on community advocates. One leader stated, "Our area's biggest assets are the people who are willing to invest their time and energy. The community pulls together when there is a need." Also high on the list of local assets were those who work in the medical profession. It was stated that there are, "some committed dedicated people," working in Hendry County and Glades County. Another leader stated, "We have a very talented group of medical people in this community."

Three community leaders expressed their opinion that the Department of Health is a strong asset locally, but could use some increased funding for disease management programs. Two community leaders spoke highly of the parks in the area which can be utilized for walking tours and other activities for individuals and families. One leader added that existing sidewalks are a great asset. Two other leaders stated that the United Way is a local asset that could be used to better improve health outcomes.

Other local assets mentioned included natural gathering places where mobile services could be offered, social service agencies that address economic issues, the Healthier Me program, diabetes classes at Hendry Regional Medical Center, churches that would be willing to offer their locations for Alcoholics Anonymous and Narcotics Anonymous classes, and the Seminole tribe and local businesses that already contribute.

#### **Changes on the Horizon**

Looking forward, community leaders were asked if there are changes on the horizon for Hendry County and Glades County that should be considered when planning health services. Four community leaders mentioned the Glades Inland Port project is expected to be completed within the next five years. This project would potentially increase jobs, population, and traffic. Three interviewees stated that there is talk of a Walmart being opened in LaBelle by the end of 2015. Two leaders mentioned that a large planned unit development project is being proposed around the airport.

Other changes mentioned by the community leaders were possible changes in Medicaid coverage, aging healthcare workforce, growth in Lee County and Collier County which could make Hendry County and Glades County options for affordable housing, a technical school that is to be located in Glades County, the monkey farm, Lykes Brothers and Duda trying to make a distribution hub, and Hendry County privatizing the airport.

#### **Actions, Policy Changes, or Funding Priorities**

Community leaders were then asked if there were actions, policy changes, or funding priorities that they would support in an effort to build a healthier community. Two community leaders felt a desire to brainstorm how to best bring in more local doctors – primary care and specialty care doctors. Two leaders offered their support to bringing in more local transportation. Two other leaders supported funding for mental health, perhaps through County funds. Another two leaders stated that they were willing to support any actions or ideas that promote teamwork and collaboration. One leader stated, "When you're in rural communities, we just have to pull together."

Other suggestions for actions for improving the health of the community included funding for an urgent care center, mobile services, medication assistance programs, a grant writing position, a coordinator for chronic disease prevention community-wide, better pay for teacher to improve the education rating of the area to attract new residents, reimbursement changes to maximize billing, and Medicaid expansion.

One leader encouraged new regulations related to paramedics' abilities on the field. It was stated that paramedics could possibly be doing more for patients if regulations were loosened. Another community leader stated that it is imperative that healthcare providers, "don't deny illegals. They've gotta have healthcare."

#### **What Would Excite You**

Community leaders were asked to identify a program or population or goal that would excite them to become more involved in the health of the community. Three community leaders expressed interest in some form of outreach teams going directly into the community. One leader stated that this is a way to reach people, "on an individual basis."

Two community leaders supported the idea of a public gym; another two leaders offered their support to more fitness and exercise programs, and one other leader stated that sidewalks would be exciting.

Two community leaders stated that they would be excited to work on anything to do with children. Another leader felt that a project revolving around preteens and adolescents would be exciting. Two interviewees felt that it would be exciting to work on programs that helped residents on an individual level, such as building a wheelchair ramp at their home, delivering a meal, etc.

Other programs that leaders stated would excite them to become more involved in the health of the community were a mobile clinic, anything cancer-related, a chronic disease train-the-trainer program, an advisory council to the hospital CEO comprised of area business leaders, vocational training for relevant jobs, expansion of the Healthier Hendry Glades Task Force if implementing a Community Advocate model, telemedicine, nutrition, and funding for primary care doctors.

### **Most Important Health Issue**

The interviews with the community leaders were wrapped up with a question on what one thing each leader would like to see happen to improve the health of the community. The most common responses were:

- public transportation,
- mental health,
- health education, and
- chronic disease prevention

Five community leaders stated that working toward solving transportation issues in the area would be their first priority. Two leaders felt the initial focus would be on increasing and improving mental healthcare services in Hendry County and Glades County. Two community leaders felt strongly that health education should be a high priority – at schools and at health fairs. Two other leaders stated that the one thing they would like to see happen would be working to improve chronic disease prevention, perhaps through a train-the-trainer program.

Other priority areas were finding ways to provide access to preventive and wellness services, to provide more providers, particularly adult primary care, to provide more options that are affordable, to provide health insurance for those who do not qualify for Medicaid, and to provide flu shots for medically needed individuals. Leaders also suggested cable television advertising of area services and working to connect better with the community, possibly with mobile outreaches and services, would be integral to improving the health of the community. Others suggested improving the focus on case management, integrating mental health into primary care, increasing access to emergency services, dental services, pediatric rehabilitation, and health coaching in the area.

#### **Final thoughts**

Community leaders were given the opportunity to offer additional thoughts about healthcare needs in the counties. One leader stated that being sure that residents are aware of healthcare services and how to access them is a great challenge.

Another stated that being sure that residents are aware of other social services can be a challenge as well. One leader emphasized the oral healthcare shortage in the area as a problem. Another leader felt strongly that employment is a big issue that directly impacts health.

One interviewee suggested that Hendry Regional Medical Center could use a marketing person, and another suggested an increase in communication and partnership among existing healthcare providers. One leader stated that the, "Health Department staff are great." Another stated, "The state goes cyclical. I worry about regionalization. They look at it as having us served out of Lee County." Another leader stated that, "Parents are forgotten when working with you. Need parent involvement."

#### Dissemination Plan

This report will only be beneficial to the residents of Glades County if the information it contains is utilized by the Glades County Health Department, community leaders, and other community partners. This includes demographic, socioeconomic and health status information as well as input from the community that can be used to identify health priorities as well as available resources. From there, the community can move forward to implement action steps for improvement.

The ultimate impact of this needs assessment rests in the effectiveness of the dissemination strategy. The Hendry-Glades Public Health System Task Force (H-G PHSTF) considered a wide variety of dissemination methods that would best lead to a plan of action within the community. With utilization as the goal, the Hendry-Glades Public Health System Task Force presents the following plan to begin dissemination of this report.

- Document is available on the Health Planning Council's website:
   www.hpcswf.com/health-planning-services/community-health-assessments/
   Document will be available on the Glades County Health Department's website
   It will be requested that the document be posted on the Lake Okeechobee Rural Health Network website.
- Document will be presented to the Hendry County Commissioners
- Document will be presented to the Ministerial Alliance
- Document will be presented to the local Board of Education
- Document will be presented to area healthcare providers
- Document will be presented to the local Rotary Club and Kiwanis group
- Summary will be provided to local school teachers and nurses
- Summary will be provided to area churches
- Summary will be provided to local AM radio station in Clewiston
- Summary will be provided to local email distribution lists
- Press release will be submitted to local newspaper and other media outlets

The Hendry-Glades Public Health System Task Force will continue to meet to develop an implementation plan. Using the information included in this assessment, they will be able to identify areas where targeted interventions and policy changes may have the greatest impact. Once key strategies have been chosen based on level of impact as well as the community's ability to implement, the health improvement process can begin. From there, steps will be taken to move toward a healthier Glades County.

## Appendix A

## Hendry-Glades Public Health System Task Force Members

Lisa Sands Nancy Olson

United Way of Hendry/Glades

Daisy Ellis

The Salvation Army

Rebecca Springer

Hendry Regional Medical Center

Nardina Johnson

Florida Community Health Center,

Clewiston

Traci Thomas

Florida Community Health Center,

Moore Haven

Ruby Nixon

**Hope Connections** 

Estela Aguilar

Healthy Start Coalition of

Southwest Florida

Susan Harrelle

Hendry County Sheriff's

Department

Samantha Vernon

Crossroads Behavioral Health

Norm Coderre

Children's Medical Services

Nancy Acevedo

Maricela Morado

ACT

Meghan Snell

**Hendry County Emergency** 

Management

Janet Papinaw

**Hendry County Board of County** 

Commissioners

Dana Breeden

**Early Learning Coalition** 

Charlene Blum

Florida Department of Children and

**Families** 

Nancy Coker

Child Care of Southwest Florida

Aimee McLaughlin

Area Agency on Aging for SWFL

Jennifer Hood Mary Ruth Prouty

Lucille Cisnero Melissa Franco

Vanessa Fischel

The Florida Department of Health in Hendry and Glades Counties

Laura Centeno

Children's Advocacy Center

Yadatnycelis Ovides

**WIC Lee County** 

**Rick Griffiths** 

CSI Health

Sandy Hoy Staywell

Brenda Hernandez

Sally Kreuscher

Golisano Children's Hospital

Tammy Lynn Taylor Marini

Make A Wish Foundation

Carolyn Jones

Harry Chapin Food Bank

Mary Bartoshuk

Community Volunteer

**Ron Stephens** 

Community Volunteer

Peggy Brown Desireé Lopez

Health Planning Council of

Southwest Florida

## Appendix B

## Survey on Health and Healthcare in Glades County

1.	How would you rate the <b>general health</b> of Glades County residents?					
	☐ Excellent	<b>□</b> Good	☐ Fair	☐ Poor		
2.	How would you rate the <b>q</b>	w would you rate the <b>quality</b> of healthcare in Glades County?				
	☐ Excellent	<b>☐</b> Good	☐ Fair	☐ Poor		
3.	Where do you think the residents of Glades County go to get health information?					
	<ul> <li>□ Newspaper</li> <li>□ Family doctor or health provider</li> <li>□ Television</li> <li>□ Magazines</li> <li>□ Other</li> </ul>		☐ Friends or I☐ Radio☐ Internet☐ Books	relatives		
4.	Where do you go to get healthcare?					
	☐ Family Doctor ☐ Hospital/Emergency Ro ☐ Don't know ☐ Other		☐ Clinic (Florida Comr☐ Health Department			
5.	Which of the following do you feel are the <u>three</u> most important <b>health concerns</b> in Glades County (select three)?					
	□ Asthma □ Dental problems □ Flu □ Mental health problem □ Obesity □ Sexually Transmitted □ Diseases (STDs) □ Women's issues □ Aging problems (such a	s □ Not □ Sen □ Tee □ Acc (fan as arthritis, hea	oetes ort Disease and Stroke enough doctors ior care nage pregnancy ess to primary care nily doctor) oring/vision loss, etc.)	☐ Crime ☐ Domestic Violence ☐ HIV/AIDS ☐ Nutrition/food ☐ Access to specialty care (doctors who provide care for one specific medical issue)		
6.	Which of the following do you feel are the $\underline{\text{three}}$ most important $\mathbf{risky}$ behaviors in Glades County (select three)?					
	□ Being overweight □ Dropping out of school □ Drug/Alcohol Abuse □ Lack of exercise □ Lack of maternity care □ Not getting shots to pre □ Other		□ Not using b □ Not using s □ Poor eating □ Racism □ Smoking/To □ Unsafe sex	eat belts/child safety seats g habits obacco Use		

7.	What do you think is the main reason that keeps people in Glades County from seeking medical treatment?				
	☐ Cultural/health beliefs	☐ Fear (not ready to face health problem)			
	☐ Health services too far away	☐ Lack of insurance/unable to pay for			
	☐ Lack of knowledge/understanding of need	doctor's visit			
	☐ No appointments available at doctor when	☐ Transportation			
	needed/have to wait too long at doctor's office				
	□ None/no barriers				
	Other				
8.	What types of residents of Glades County have more difficulty with healthcare than others?				
	☐ Adults	☐ Children			
	☐ Elderly/Senior Citizens	☐ Non-English Speaking			
	☐ Teens/Adolescents	☐ Uninsured/Low-Income			
	☐ Other				
9.	Are there areas/neighborhoods in the county where residents have a particularly difficult time				
	accessing health services?				
	□ No				
	Yes				
	If yes, which areas/neighborhoods?				
10	Are there considers that individuals in Clades Co.	matur bayon difficultur a conscience?			
10.	Are there services that individuals in Glades County have difficulty accessing?  □ No				
	☐ Yes				
		ave you or someone you know had difficulty accessing			
	(select all that apply)?	ave you or someone you know had unficulty accessing			
	(select all triat apply)!	□ Emorgonov Caro			
	☐ Dental care	☐ Emergency Care ☐ Hospital care			
		☐ Pediatric Care			
	☐ Specialty care☐ Mental Health care				
	☐ Other	☐ Pharmacy/Medications			
11.	What does Glades County need to improve the health of your family, friends, and neighbors?				
	☐ Additional health services	☐ More doctors			
	☐ After-school programs	☐ Recreational facilities (parks, sports fields, etc.)			
	☐ Counseling & support	☐ Safe places to walk/play			
	☐ Health education/wellness programs	☐ Specialty doctors			
	☐ Healthier food choices	☐ Substance abuse treatment services			
	☐ Job opportunities	☐ Transportation			
	Other	•			
	_ 55.	<del></del>			
12.	Please share any additional comments you have	about healthcare needs in Glades County.			
	, , , , , , , , , , , , , , , , , , , ,				

### Appendix C

### **Hendry and Glades County**

#### **Key Informant Interview Questions**

In our final report, the information you give will not be attributed to you by name. You will however be listed as a participant in the study. Some of the questions will be duplicative of material we have already discussed in earlier questions but they may prompt you to think of additional issues. This interview will take approximately an hour or a little more. Are you ready to get started?

- 1. Could you briefly describe your position and how long you have lived and/or worked in Hendry/Glades County?
- 2. What is your affiliation with healthcare services in Hendry and Glades counties, either as a provider or consumer of services?
- 3. What are some of the perceptions of healthcare in Hendry and Glades counties that you hear in the community? Do those perceptions present roadblocks?
- 4. Based on the survey and data sheet, what do you think are the most pressing healthcare needs in the county?
- 5. Let's go through your survey together (for each item listed as a Top Area For Improvement)

What are your thoughts? What could be improved?

- 6. Are there other types of services that individuals in the county have difficulty accessing? What can be done to allow better access to them?
- 7. Imagine you were in charge of Hendry/Glades counties, what is one thing you would change or implement to improve health outcomes in the area?
- 8. What programs/services/agencies would you eliminate that you don't think are very useful or needs improvement?
- 9. What programs or services do you feel are being done well in Hendry and Glades counties to improve health outcomes?
- 10. What are some assets that could be used to better improve health outcomes?
- 11. Are there changes on the horizon for Hendry and Glades counties that should be considered when planning health services?
- 12. What actions, policy changes, or funding priorities would you support to build a healthier community?
- 13. What would excite you to become more involved in the health of the community?
- 14. Of all the issues and services we have discussed, what is the one thing you would like to see happen/get done to improve the health of the community?
- 15. Do you have any additional comments you would like to share about healthcare needs in the county?

### Appendix D

### Community Leaders Interviewed

**Brenda Barnes** 

Florida Department of Health

**Mary Bartoshek** 

Community Volunteer

**Scott Bass** 

**Glades County Schools** 

Superintendent

**Arlene Bettencourt** 

**United Way** 

**Robert Bobo** 

Florida Department of Health

**Dr. Leonard Carroll** 

Hendry Regional Medical Center

**Charles Chapman** 

**Hendry County Manager** 

Norm Coderre

Children's Medical Services

**Patricia Dobbins** 

Florida Department of Health

Sandra Gerber

Hendry Regional Medical Center

Dr. Michael Gervasi

Florida Community Health Center

**Debbie Goebel** 

Florida Department of Health

Shannon Hall

Community Volunteer

**Kara Helvey** 

Hendry Regional Medical Center

**Sherry Hooker** 

Hendry Regional Medical Center

Nardina Johnson

Florida Community Health Center

**Bob Jones** 

EMS - Glades

Mona Kajkowski

Florida Department of Health

Jose Ramon Llossas

Florida Department of Health WIC

Wayne Meddick

Hendry-Glades Behavioral

**Health Center** 

Toni Pavey-McDonald

Hendry Regional Medical Center

**Angelica Pena** 

Hendry Regional Medical Center

**Mary Ruth Prouty** 

Florida Department of Health

Jorge Quinonez

Family Health Centers of

Southwest Florida

**Teresa Summeralls** 

EMS - Glades

Janet Taylor

**Board of County Commissioners** 

**Traci Thomas** 

Florida Community Health Center

Luan Walker

Sugar Realty

**RD Williams** 

Hendry Regional Medical Center

### Appendix E

### **Hendry and Glades Rural Health Survey**



The Rural Health Coalition serving Hendry and Glades counties is conducting a survey and interviews with key individuals in the community to address the needs of Hendry and Glades counties. The goal is to use the information gather to create a detailed three-year strategic plan that will lead to increased access to quality health care services across the area.

Please rank the following services as to how they are being done in Hendry and Glades counties:

- This activity is being well done. We should maintain our current level of effort in this area. (Success-maintain effort)
- This activity is being done well, but can be cut back (i.e., has reached maintenance level, decreasing demand). We can withdraw some resources from this activity to devote to some of the higher priority activities (Success cut back resources)
- This activity requires improvement. More attention is needed in this area. (Challenge requires increased activity)
- This activity requires improvement. Better coordination among partners should occur. (Challenge
   –requires increased coordination)

Top 4 Areas for Improvement (see below)	Please check one box for each of the following services.	Success / Maintain	Success / Cut Back	Challenge / increase activity	Challenge / improve coordination
	Monitor health status to identify community health problems				
	Diagnose and investigate health problems and health hazards				
	Inform, educate and empower people about health issues				
	Mobilize community partnerships to identify and solve health problems				

Top 4 Areas for Improvement (see below)	Please check one box for each of the following services.	Success / Maintain	Success / Cut Back	Challenge / increase activity	Challenge / improve coordination
	Develop policies and plans the support individual and community health efforts				
	Enforce laws and regulations that protect health and ensure safety				
	Link people to needed health services and ensure the provision of care when otherwise unavailable				
	Ensure a competent public health and personal healthcare workforce				
	Evaluate effectiveness, accessibility and quality of personal and population based health services				
	Research new insights and innovative solutions to health problems				

Please rank (in the LEFT COLUMN above) what you feel are the <u>top four services where improvement has</u> <u>the greatest potential to improve the health of the community</u>.

Comments:		

Please rank the following health benefits as to how they are available in Hendry and Glades counties:

- These services are adequately available and high quality.
- There is an overabundance of these services.
- There is not enough availability of these services.
- These services are available but are not high quality.

Top 4 Areas for Improvement (see below)	Please check one box for each of the following health benefits.	Adequate / high quality	Overabundance	Not enough availability	Available / Not high quality
	Doctor visits.				
	Emergency services.				
	Hospitalization (such as surgery).				
	Pregnancy / maternity care (care before and after your baby is born).				
	Mental health and substance use disorder services (this includes counseling and psychotherapy).				
	Prescription drugs.				
	Rehabilitative & habilitative services and devices (services and devices to help people with injuries, disabilities, or chronic conditions recover mentally & physically).				
	Laboratory services.				
	Preventative and wellness services (vaccinations, screenings, etc.).				
	Chronic disease management (diabetes, high blood pressure, etc.).				
	Pediatric and newborn services (birth through age 18).				
Please rank (in the greatest im Comments:	the LEFT COLUMN above) what you nprovement.	feel are the <u>t</u>	top four areas with	n the opportu	nity for

### Appendix F

# County Health Rankings Definitions of Health Measures

Premature death - Years of potential life lost before age 75 per 100,000 population (age-adjusted)

Poor or fair health - Percent of adults reporting fair or poor health (age-adjusted)

**Poor physical health days** – Average number of physically unhealthy days reported in past 30 days (ageadjusted)

**Poor mental health days** - Average number of mentally unhealthy days reported in past 30 days (ageadjusted)

Low birth weight - Percent of live births with low birth weight (<2500 grams)

Adult smoking - Percent of adults that report smoking >=100 cigarettes and currently smoking

Adult obesity - Percent of adults that report a BMI >=30

Physical inactivity - Percent of adults aged 20 and over reporting no leisure time physical activity

Excessive drinking - Binge plus heavy drinking

Motor vehicle crash death rate - Motor vehicle crash deaths per 100,000 population

Sexually transmitted infections - Chlamydia rate per 100,000 population

**Teen birth rate** - Teen birth rate per 1,000 female population, ages 15-19

Uninsured - Percent of population under age 65 without health insurance

Primary care physicians - Ratio of population to primary care physicians

**Dentists - Ratio of population to dentists** 

**Preventable hospital stays -** Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees

Diabetic screening - Percent of diabetic Medicare enrollees that receive HbA1c screening

Mammography screening - Percent of female Medicare enrollees that receive mammography screening

High school graduation - Percent of ninth grade cohort that graduates in 4 years

Some college - Percent of adults aged 25-44 years with some post-secondary education

Unemployment - Percent of population age 16+ unemployed but seeking work

**Children in poverty - Percent of children under age 18 in poverty** 

Inadequate social support - Percent of adults without social/emotional support

**Children in single-parent households -** Percent of children that live in household headed by single parent **Violent crime rate -** Violent crime rate per 100,000 population

**Daily fine particulate matter -** The average daily measure of fine particulate matter in micrograms per cubic meter (PM2.5) in a county

**Drinking water safety -** Percentage of population exposed to water exceeding a violation limit during the past year

Access to recreational facilities - Rate of recreational facilities per 100,000 population

**Limited access to healthy foods** - Percent of population who are low-income and do not live close to a grocery store

Fast food restaurants - Percent of all restaurants that are fast-food establishments

### Appendix G

### Florida Youth Substance Abuse Survey

## Percentages of Glades County youth and Florida Statewide youth who reported having used various drugs in the past 30 days, 2014

		Glades County				Florida Statewide								
	Middle School	High School	Female	Male	Ages 10-14	Ages 15-17	Total	Middle School	High School	Female	Male	Ages 10-14	Ages 15-17	Total
Alcohol	19.1	26.4	21.4	22.4	16.3	31.0	22.1	10.1	28.4	21.7	19.4	11.1	28.1	20.5
Binge Drinking	8.4	17.2	10.7	12.7	5.5	20.0	12.0	3.9	13.7	9.5	9.4	4.1	13.7	9.5
Cigarettes	3.4	9.3	3.0	7.5	1.6	10.3	5.7	2.0	7.1	4.4	5.3	2.1	6.8	4.9
Marijuana or Hashish	3.6	19.3	6.3	12.7	1.7	19.7	10.0	4.2	18.6	11.7	13.1	4.7	18.9	12.4
Synthetic Marijuana		0.0	0.0	0.0		0.0	0.0		1.4	1.2	1.6		1.5	1.4
Inhalants	3.0	0.0	3.1	0.6	2.4	1.2	1.8	3.1	1.3	2.3	1.9	2.8	1.5	2.1
Club Drugs	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3	1.0	0.7	0.8	0.4	1.0	0.7
LSD, PCP or Mushrooms	1.2	0.0	0.0	1.4	0.0	0.0	0.7	0.6	1.4	0.8	1.2	0.6	1.4	1.0
Methamphetamine	0.7	0.0	0.8	0.0	0.7	0.0	0.4	0.4	0.5	0.4	0.6	0.4	0.5	0.5
Cocaine or Crack Cocaine	0.7	1.2	0.8	1.0	0.0	2.6	0.9	0.4	0.7	0.5	0.7	0.4	0.7	0.6
Heroin	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.3	0.2	0.3	0.2	0.3	0.3
Depressants	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.8	2.1	1.8	1.2	0.9	2.2	1.5
Prescription Pain Relievers	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.4	2.6	2.4	1.8	1.6	2.6	2.1
Prescription Amphetamines	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.5	1.7	1.1	1.1	0.6	1.6	1.2
Steroids (without a doctor's order)	1.2	0.0	0.0	1.4	0.0	0.0	0.7	0.2	0.3	0.1	0.4	0.2	0.3	0.3
Over-the-Counter Drugs	2.4	0.0	1.6	1.2	1.7	1.1	1.4	1.6	2.4	2.3	1.8	1.7	2.4	2.1
Any illicit drug	6.9	19.1	8.5	14.2	5.1	19.4	11.8	8.7	22.3	16.4	16.3	9.2	22.5	16.4
Any illicit drug other than marijuana	5.9	1.2	3.8	4.2	4.1	2.6	4.0	6.2	8.5	7.9	7.0	6.2	8.7	7.5
Alcohol only	13.2	14.9	15.4	12.8	12.2	17.2	13.9	6.3	14.5	11.7	10.1	6.8	14.3	10.9
Alcohol or any illicit drug	20.0	34.3	23.7	26.6	17.2	36.1	25.8	14.8	36.3	27.9	26.1	15.9	36.4	27.0
Any illicit drug, but no alcohol	1.2	8.1	2.3	4.7	1.2	5.2	4.0	4.8	8.1	6.5	6.9	4.9	8.5	6.7

Note: The first 16 data rows show results for alcohol, cigarettes, and other drugs. The last five data rows show results for various combinations of drugs. Binge drinking is defined as having had five or more alcoholic drinks in a row in the past two weeks. Ecstasy, Rohypnol, GHB and ketamine are provided as examples in the question about club drugs. The symbol "--" indicates that data are not available.

## Past-30-day trend in alcohol, tobacco and other drug use for Glades County youth 2004, 2006, 2008, 2010, 2012 and 2014

		2004			2006			2008			2010			2012			2014	
	Middle School	8	Total	Middle School	High School	Total	Middle School	8	Total									
Alcohol	51.8	62.8	58.3	36.9	67.3	52.5	47.1	73.6	58.8	44.1	70.9	56.0	38.6	46.2	41.6	28.0	47.3	35.9
Blacking Out																	13.8	13.8
Cigarettes	37.0	38.4	38.0	29.6	48.6	39.4	30.3	46.4	37.3	24.1	51.7	36.3	24.0	33.4	27.8	16.7	30.2	22.0
Marijuana or Hashish	13.0	32.2	23.9	5.8	29.9	18.3	9.3	20.9	14.4	10.5	25.1	17.0	17.1	25.0	20.2	6.8	26.4	14.8
Synthetic Marijuana														3.9	3.9		8.6	8.6
Inhalants	9.3	11.9	10.8	5.9	8.7	7.4	10.2	3.8	7.4	11.4	8.8	10.3	9.4	3.3	7.0	8.1	2.4	5.8
Club Drugs							1.7		1.7	1.2	5.0	2.9	1.5	1.0	1.3	0.0	0.0	0.0
LSD, PCP or Mushrooms							1.0	-	1.0	1.4	3.3	2.3	3.8	2.1	3.1	1.2	3.6	2.2
Methamphetamine	0.7	3.6	2.3	1.9	3.4	2.7	0.8	0.0	0.5	0.0	0.0	0.0	0.0	1.0	0.4	1.8	0.0	1.1
Cocaine or Crack Cocaine						-	2.4		2.4	2.8	2.8	2.8	3.9	2.1	3.2	1.8	1.2	1.6
Heroin	1.3	2.6	2.0	0.9	0.0	0.4	3.0	0.0	1.6	1.7	0.0	0.9	0.9	0.0	0.5	0.0	0.0	0.0
Depressants	1.3	14.8	9.1	0.9	3.4	2.1	2.5	6.7	4.4	0.7	6.6	3.3	4.4	8.0	5.8	0.0	1.2	0.5
Prescription Pain Relievers	5.9	17.2	12.3	1.8	3.5	2.6	4.9	10.5	7.4	5.0	4.8	4.9	10.5	12.1	11.1	1.8	1.3	1.6
Prescription Amphetamines	3.2	5.8	4.7	1.0	2.1	1.6	4.2	1.1	2.9	0.8	0.0	0.5	1.4	1.0	1.3	0.6	1.2	0.9
Steroids (without a doctor's order)	2.1	2.2	2.2	0.0	0.0	0.0	0.0	0.0	0.0	0.7	1.9	1.2	0.7	0.0	0.4	1.7	0.0	1.0
Over-the-Counter Drugs							7.2		7.2	5.5	4.2	4.9	6.4	4.1	5.5	4.3	0.0	2.6
Any illicit drug	23.0	37.0	30.9	13.5	33.8	23.9	19.3	28.3	23.3	25.1	36.9	30.3	29.2	29.9	29.5	14.8	26.4	19.5
Any illicit drug other than marijuana	17.3	22.3	20.1	9.6	11.4	10.6	17.6	19.1	18.3	20.7	19.2	20.0	21.3	17.2	19.7	13.3	6.1	10.4
Alcohol only	31.9	27.3	29.5	27.2	36.0	31.7	28.4	48.8	37.4	26.2	35.4	30.3	17.0	22.4	19.1	18.6	24.6	21.0
Alcohol or any illicit drug	54.5	64.5	60.4	40.6	69.8	55.6	47.4	76.2	60.1	51.4	72.3	60.6	45.8	53.0	48.7	33.1	51.0	40.3
Any illicit drug, but no alcohol	2.7	2.0	2.3	3.8	2.5	3.1	0.7	2.1	1.3	7.2	1.4	4.6	7.6	7.2	7.5	5.6	3.7	4.8

Note: The first 16 data rows show results for alcohol, cigarettes, and other drugs. The last five data rows show results for various combinations of drugs. Respondents were asked on how many occasions in their lifetime they woke up after a night of drinking and did not remember the things they did or the places they went. Ecstasy, Rohypnol, GHB and ketamine are provided as examples in the question about club drugs. The symbol "--" indicates that data are not available.

### Appendix H

### Behavioral Risk Factor Surveillance Survey

	County Percent	2013 Quartile	State 2013 Percent	County 2010
Alcohol Consumption	Percent	Quartile	Percent	Percent
Adults who engage in heavy or binge drinking.	20.0% (4.0-36.1)	4	17.6% (16.6-18.6)	16.6% (9.5-23.6)
Arthritis				
Adults who are limited in any way in any usual activities because of arthritis or chronic joint symptoms.	18.8% (8.8-28.7)	4	12.8% (12.1-13.5)	16.7% (9.5-23.8)
Adults who have been told they have some form of arthritis.	35.9% (21.3-50.4)	4	26.0% (25.1-26.9)	45.0% (30.5-59.4)
Asthma				
Adults who currently have asthma.	13.4% (2.4-24.4)	4	8.3% (7.6-8.9)	3.9% (1.9-5.9)
Cancer Screening				
Adults 50 years of age and older who received a blood stool test in the past year.	7.6% (3.3-11.8)	1	13.9% (12.8-15.0)	5.1% (2.4-7.8)
Adults 50 years of age and older who received a sigmoidoscopy or colonoscopy in the past five years.	62.6% (40.2-85.0)	4	55.3% (53.7-56.9)	43.7% (26.6-60.8)
Adults ages 50 years and older who have ever had a blood stool test.	27.2% (11.2-43.3)	1	37.6% (36.2-39.1)	39.5% (19.5-59.3)
Adults ages 50 years and older who have ever had a sigmoidoscopy or colonoscopy.	72.3% (49.5-95.1)	3	69.3% ( <i>67.7-70.8</i> )	50.3% (32.0-68.5)
Men 45 years of age and older who have been told they have prostate cancer.				7.4% (2.7-12.1)
Men ages 50 years and older who have ever had a digital rectal exam.				73.0% (57.0-89.0)
Men ages 50 years and older who have ever had a PSA test.				71.0% (55.4-86.5)
Women 18 years of age and older who received a Pap test in the past year.	43.3% (13.1-73.5)	1	51.4% (49.3-53.5)	68.0% (43.4-92.5)
Women 40 years of age and older who received a mammogram in the past year.				48.6% (19.7-77.3)
Women ages 40 years and older who had a clinical breast exam in the past year.	51.7% (20.8-82.5)	1	58.8% (56.9-60.6)	70.2% (51.4-88.8)
	80			

	County		State 2013	County <b>2010</b>
Women who have had a hysterectomy	Percent 16.0% (6.7-25.3)	Quartile 1	Percent 24.7% (23.4-26.0)	<b>Percent</b> 35.1% (13.8-56.3)
Cardiovascular Disease				
Adults who have ever been told had angina, or coronary heart disease.	3.2% (1.3-5.1)	1	5.0% <i>(4.6-5.4)</i>	
Adults who have ever been told they had a stroke.	3.8% (1.6-6.1)	2	3.7% (3.3-4.1)	5.9% (2.6-9.2)
Cholesterol Awareness				
Adults who have ever been told they had high blood cholesterol.	46.6% (30.5-62.7)	4	33.4% (32.3-34.4)	39.5% (27.0-52.0)
Dental Care				
Adults who had a permanent tooth removed because of tooth decay or gum disease.				58.8% (46.2-71.3)
Adults who had their teeth cleaned in the past year.				46.3% (33.5-59.1)
Adults who visited a dentist of dental clinic in the past year.				53.6% (40.2-67.0)
Diabetes				
Adults with diabetes who ever had diabetes self-management education.	29.2% (8.5-49.8)		49.6% (46.2-53.0)	52.8% (30.7-74.7)
Adults with diabetes who had an annual eye exam.	38.4% (14.4-62.5)	1	69.7% (66.5-72.9)	80.3% (66.1-94.4)
Adults with diabetes who had an annual foot exam.	38.6% (16.2-61.0)	1	67.6% (64.6-70.7)	84.5% (72.5-96.3)
Adults with diabetes who had two A1C tests in the past year.	43.1% (16.3-69.9)	1	69.3% (65.8-72.9)	83.7% (69.1-98.2)
Adults who have ever been told they had diabetes.	11.4% (4.5-18.4)	2	11.2% (10.5-11.9)	11.5% (6.0-16.9)
Disability		4		
Adults who are limited in any way in any activities because of physical, mental, or emotional problems.	17.3% (9.4-25.2)	1	21.2% (20.2-22.1)	29.7% (19.6-39.7)
Adults who use special equipment because of a health problem.	9.7% (3.3-16.0)	2	8.8% (8.2-9.3)	11.7% (5.7-17.6)
Family Planning				
Females less than 45 years old or males less than 60 years old who report that they or their partner take measures to prevent pregnancy.			56.2% (54.0-58.4)	64.1% (49.9-78.3)

	County Percent	2013 Quartile	State 2013 Percent	County 2010 Percent
Healthcare Access & Coverage	rereent	Quartife	rereent	rereent
Adults who could not see a doctor at least once in the past year due to cost.	23.8% (9.0-38.5)	4	20.8% (19.7-21.8)	17.0% (9.9-24.1)
Adults who had a medical checkup in the past year.	69.3% (54.5-84.0)	2	70.3% (69.1-71.4)	69.7% (59.1-80.2)
Adults who have a personal doctor.	56.4% (39.9-73.0)		73.2% (72.1-74.4)	79.1% (70.3-87.8)
Adults who think they would get better medical care if they belonged to a different race/ethnic group.				13.1% (6.1-20.1)
Adults with any type of healthcare insurance coverage.	82.3% (69.4-95.2)	4	77.1% (76.1-78.2)	66.4% (51.5-81.2)
Health Status & Quality of Life				
Adults who always or usually receive the social and emotional support they need.				71.9% (60.5-83.2)
Adults who had poor mental health on 14 or more of the past 30 days.	26.1% (7.7-44.5)	4	12.7% (11.9-13.6)	15.2% (8.3-21.9)
Adults who had poor physical health on 14 or more of the past 30 days.	29.7% (12.0-47.4)	4	14.1% (13.3-15.1)	17.0% (9.6-24.4)
Adults who said their overall health was "fair" or "poor".	17.6% (9.5-25.7)	1	19.5% (18.6-20.5)	30.8% (16.1-45.4)
Adults whose poor physical or mental health kept them from doing usual activities on 14 or more of the past 30 days.	13.1% (4.6-21.6)	1	16.4% (15.2-17.6)	24.7% (11.2-38.2)
Adults with good mental health.	73.9% (55.5-92.3)	1	87.3% (86.4-88.1)	84.8% (78.0-91.6)
Adults with good physical health.	70.3% (52.6-88.0)	1	85.9% (85.0-86.7)	83.0% (75.5-90.3)
Adults with good to excellent overall health.	82.4% (74.3-90.5)	4	80.5% (79.5-81.4)	69.2% (54.5-83.8)
Average number of days where poor mental or physical health interfered with activities of daily living in the past 30 days.	4.2% (2.0-6.4)	1	5.1% (4.8-5.4)	7.8% (5.7-9.8)
HIV/AIDS				
Adults less than 65 years of age who had an HIV test in the past 12 months.	17.4% (3.3-31.5)	4	15.6% (14.4-16.9)	3.2% (0.1-6.2)

Adults less than 65 years of age who have ever been tested for	County Percent 41.4%	<b>2013 Q</b> uartile  1	State 2013 Percent 50.6%	County 2010 Percent 30.8%
HIV.	(17.9-65.0)		(49.1-52.2)	(16.5-45.0)
Adults less than 65 years who think they can get AIDS virus from mosquitos.				13.6% (4.7-22.3)
Hypertension Awareness & Control				
Adults with diagnosed hypertension.	39.8% (25.5-54.0)	3	34.6% (33.5-35.7)	48.8% (34.7-62.9)
Adults with hypertension who currently take high blood pressure medicine.	92.7% (87.6-97.7)	4	79.4% (77.8-81.0)	83.4% (67.2-99.5)
Immunization				
Adults age 65 and older who have ever received a pneumonia vaccination.	59.0% (42.1-75.9)	1	66.2% (64.2-68.1)	73.6% (65.4-81.6)
Adults age 65 and older who received a flu shot in the past year.	60.7% (44.2-77.1)	4	54.6% (52.7-56.5)	69.6% (60.7-78.4)
Adults who have ever received a pneumonia vaccination.	28.9	1	33.1%	33.8%
Additional table even received a predimental vaccination.	(15.9-41.9)	-	(32.0-34.3)	(22.9-44.5)
Adults who received a flu shot in the past year.	28.2% (16.4-40.0)	2	30.7% (29.6-31.8)	33.1% (22.9-43.3)
Injury Prevention	,		,	, ,
Adults 45 older who had a fall-related injury in the past 3 months.				3.2% (0.9-5.4)
Adults who "always" or "nearly always" used seat belts when driving or riding in a car.	96.7% (93.8-99.5)	4	94.2% (93.5-94.9)	94.8% (91.0-98.4)
Adults who, in the past 30 days, drove a vehicle after consuming too many alcoholic beverages.				2.8% (0.0-6.3)
Overweight & Obesity				
Adults who are obese.	37.3%	4	26.4%	39.6%
	(21.1-53.5)		(25.3-27.4)	(25.1-54.0)
Adults who are overweight.	41.2%		36.4%	35.6%
	(26.3-56.0)	4	(35.2 -37.6	(24.5-46.5)
Adults who are overweight or obese.	78.5%		62.8%	75.1%
	(63.8-93.1)	4	(61.6-64.0)	(66.0-84.2)
Adults who have a healthy weight (BMI from 18.5 to 24.9).	21.1%	1	35.0%	24.2%
Tohacca lica & Evnacura	(6.5-35.8)		(33.8-36.1)	(15.1-33.2)
<b>Tobacco Use &amp; Exposure</b> Adult current smokers who tried to quit smoking at least once in	48.3%	1	61.1%	52.0%
the past year.	(21.7-74.9)		(58.3-63.9)	(32.1-71.8)
Adults who are current smokers.	9.6%	1	16.8%	15.2%
	83			

	County	2013	State 2013	County 2010
	Percent	Quartile	Percent	Percent
Adults who are former smokers.	28.3%	2	28.1%	30.3%
	(16.2-40.4)		(27.1-29.2)	(20.6-39.9)
Adults who have never smoked.	62.1%	4	55.0%	54.5%
	(48.5-75.7)		(53.8-56.2)	(42.2-66.7)

### Appendix I

#### Glades County Guide to Health Services

## **Emergency Numbers** Police/Fire/Ambulance......911 **Non-Emergency Numbers** Glades County Sheriff Office......877-445-2337 Fire Departments **Other Emergency Numbers** National Poison Control Center......1-800-222-1222 Florida Emergency Information Line (active during Florida Disasters)......1-800-342-3557 **Glades County Health Care Services** Health Department

1021 Health Park Drive, Moore Haven, Florida 33471 .......863-946-0707

### A Limited List of Other Licensed Facilities:

(for more community resources, contact the United Way 211 or go to SWFLResourceLink.com)

Facility Type	Name	Street Address	City	Phone
Health Care Clinic	FLORIDA MEDICAL & WELLNESS CENTER	691 US HWY 27 STE 1	MOORE	
			HAVEN	
Home Health	VISITING NURSE ASSOCIATION OF FLORIDA	1124 BUCKHEAD RIDGE	OKEECHOBEE	(941) 366-
Agency	INC	RD		1929
Home Health	VNA PLUS	1124 BUCKHEAD RIDGE	OKEECHOBEE	(941) 366-
Agency		RD		1929

Source: Florida Health Finder Provider Search. Available at http://www.floridahealthfinder.gov. Accessed May 1, 2016.

Provider Type	Agency Name	Services or Providers	Street Address
Hospital			
Moore Haven	None	None	None
<b>Primary Care Physicians</b>			
Moore Haven	Florida Community	M. Fernando Moraflores, MD,	1021 Health Park
	Health Center	Daniel Perez, MD, Dorothy Ann Baker, PA	Drive
Pediatricians			
Moore Haven	Florida Community	Moraflores, M Fernando, MD	1021 Health Park
	Health Center		Drive
Dental			
Moore Haven	Florida Community Health Center	Alberto Sylvester Blackwood, DDS	1021 Health Park Drive
Skilled Nursing Facility			
Moore Haven	None	None	None
Assisted Living Facility			
Moore Haven	None	None	None
Pharmacy			
Moore Haven	Fast & Friendly Pharmacy		629 US Hwy 27
<b>Laboratory Services</b>			
Moore Haven	None	None	None
Mental Health Services	•		
Moore Haven	None	None	None
Other Services			
	Area Agency for Aging	Assist seniors over the age of 60	866-413-5337

### Appendix J

#### Selected Data Sources

The Florida Department of Health has a large selection of data available on the internet as a part of their Community Health Assessment Resource Tool Set (CHARTS). That is a good starting point for locating health data for Florida or any of its counties: http://www.floridacharts.com/charts/chart.aspx

The Florida Office of Vital Statistics releases an annual report with detailed information on population, births and deaths: http://www.flpublichealth.com/VSBOOK/VSBOOK.aspx

The Behavioral Risk Factor Surveillance Reports are available at this site along with special reports on many health-related topics: http://www.floridahealth.gov/statistics-and-data/survey-data/behavioral-risk-factor-surveillance-system/index.html

The Florida Legislature, Office of Economic and Demographic Research: http://edr.state.fl.us/

The Agency for Health Care Administration (AHCA) publishes reports on hospitals, nursing homes and Medicaid: http://ahca.myflorida.com/publications/Publications.shtml

The Florida Mental Health Act (Baker Act) reports are available on the internet: http://bakeract.fmhi.usf.edu/

The Department of Health provides information on individual doctors including their license status at this site: http://ww2.doh.state.fl.us/IRM00profiling/searchform.asp

Florida Health Finder has helpful information on healthcare facilities and providers: http://www.floridahealthfinder.gov/

Glades County Department of Health: http://glades.floridahealth.gov/

Health Planning Council of Southwest Florida, Inc.: http://www.hpcswf.com