

2013

DeSoto County Florida Health Assessment



Prepared by:

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Introduction

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

The DeSoto County Health Department created a community committee comprised of area residents and business leaders who showed an interest in improving the health of their community. A list of participating members of the DeSoto Community Health Assessment Team (D-CHAT) 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 DeSoto Community Health Assessment Team as well as from members of the community through surveys and interviews. The DeSoto Community Health Assessment Team 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 DeSoto County unique in comparison to the state of Florida.

Population Demographics

The sheer number of people in a community is the leading determinant of the demand for healthcare services. DeSoto County, which has a population of just fewer than 35,000, is located in southwest Florida (Fig. 1). The county is adjacent to the following counties: Hardee and Manatee to the north; Sarasota to the west; Highlands to the east; Glades to the southeast; and Charlotte to the south. As seen in Figure 2, DeSoto 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). Arcadia is the county seat, with a population just over 7,600, and also the only incorporated area in DeSoto County. Unincorporated communities include Brownville, Fort Ogden, Hull, Lake Suzy, Nocatee, Pine Level, and Southeast Arcadia. DeSoto County is 639.5 square miles in area. The county has a far lower population density than the Florida average; about 55 persons per square mile compared to a state average of 357 persons per square mile.

Figure 1:

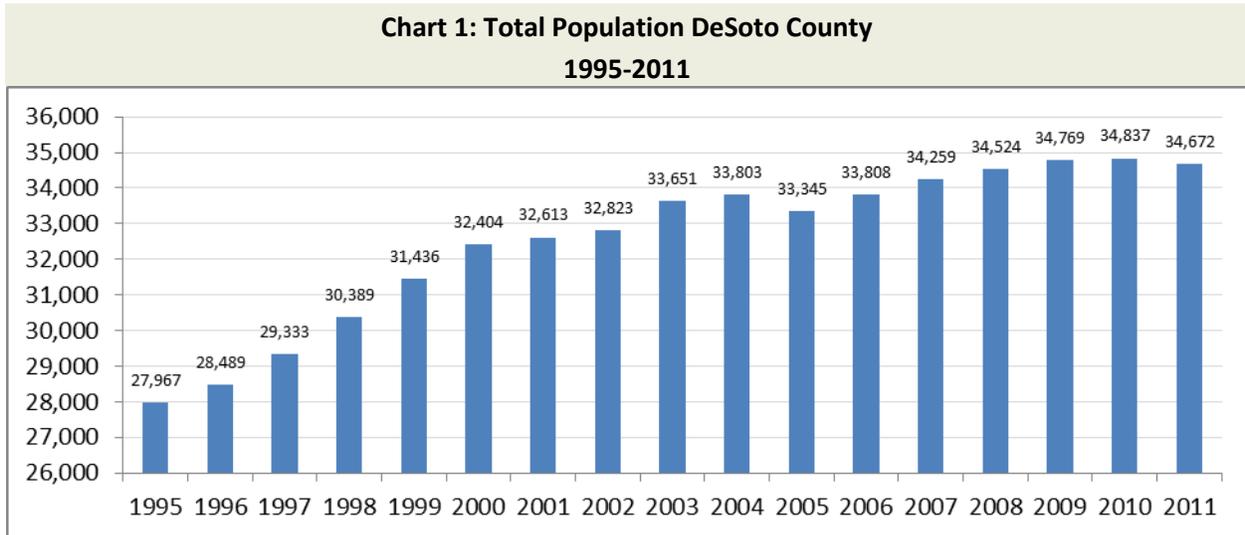


Figure 2:



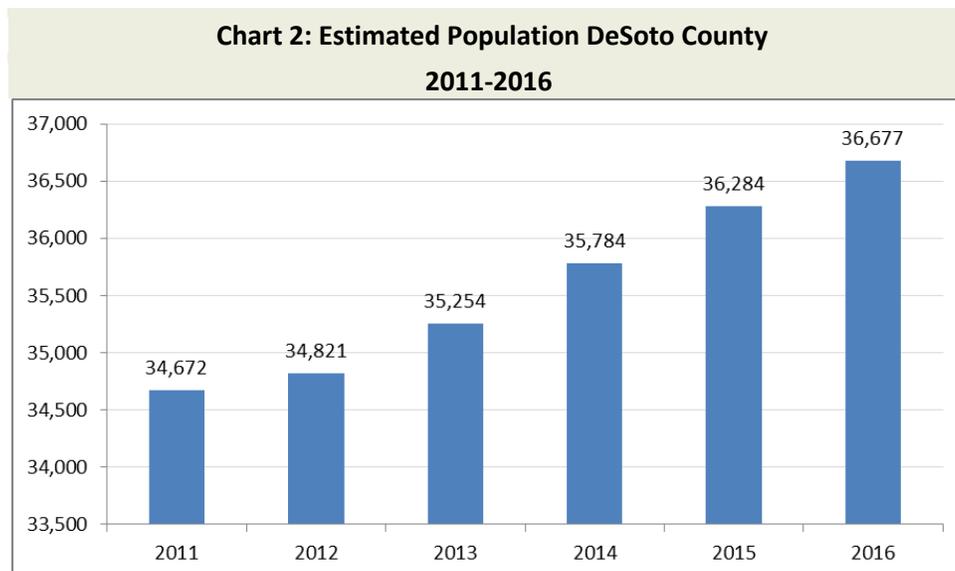
Population Growth

The illustration below (Chart 1) represents the total population of DeSoto County from 1995-2011. The estimate for 2011 places the population of DeSoto County as 34,672. This represents a 24 percent increase since 1995. However, growth seems to have leveled off in recent years; there has only been a 1.2 percent increase since 2007.



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

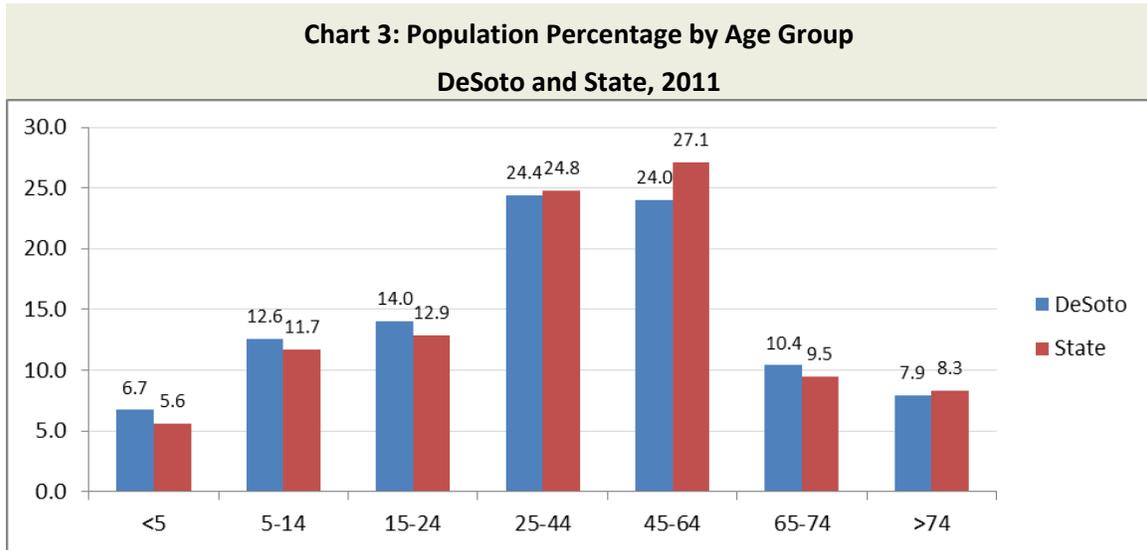
Population growth in a community is the result of natural increase (more births than deaths) and also the migration of people moving into the area at a higher rate than those who are leaving. According to the Office of Economic and Demographic Research, the population of DeSoto County is expected to continue to grow in the coming years. In 2016, it is estimated that the population of DeSoto County will be 36,677; that is an increase of nearly six percent from the same number for 2011.



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

Age

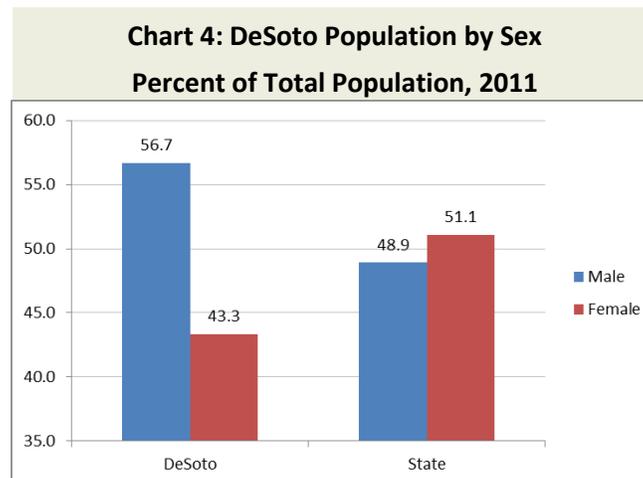
The median age for residents of DeSoto County (38.1) is slightly younger than the median age of residents of Florida (40.7). The age distribution for DeSoto County is quite similar to the distribution for the state as a whole. Approximately 33 percent of the population in DeSoto is under the age of 25 and approximately 18 percent are 65 or older.



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

Gender

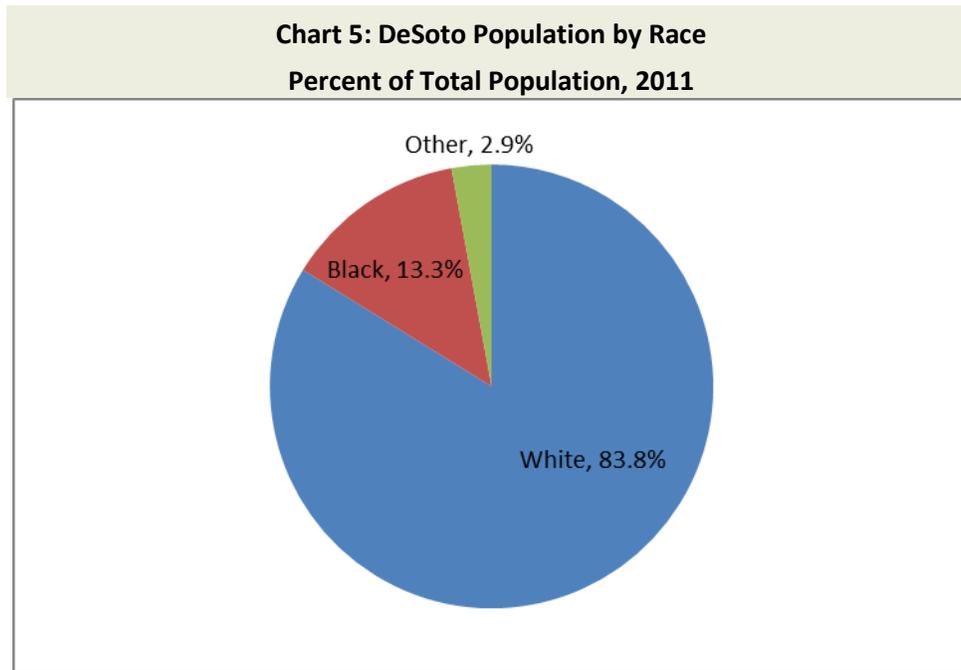
There are quite a few more men than women in DeSoto County. 56.7 percent of the residents of DeSoto County are male while 43.3 percent are female; statewide the percentages are 51 percent female and 49 percent male. Nationwide females outnumber males, but it is not uncommon for men to outnumber women in rural areas.



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

Race and Ethnicity

16.2 percent of the population of DeSoto County is non-white compared to a statewide population comprised of 21.5 percent non-whites. Approximately 2.9 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 30 percent of the residents of DeSoto County identify as Hispanic; this is higher than the state average of just under 23 percent.

| DeSoto | | | State | | |
|--------|----------|--------------|-------|----------|--------------|
| | Hispanic | Non-Hispanic | | Hispanic | Non-Hispanic |
| White | 28.2% | 55.6% | White | 20.9% | 57.6% |
| Black | 0.7% | 12.6% | Black | 1.1% | 15.3% |
| Other | 1.4% | 1.5% | Other | 0.8% | 4.3% |
| Total | 30.3% | 69.7% | Total | 22.8% | 77.2% |

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

Socioeconomic Indicators

The figures shown below (Table 2) summarize some of the primary indicators of economic health for the county and state. The economic downturn hit DeSoto County hard. The unemployment rate jumped from 4.4 percent in 2000 to 9.9 percent in 2011; it is, however, lower than the state rate of 10.5 percent. The percent of people living below the poverty level in DeSoto County is double that of the state rate. In fact, as of the 2010 Census, DeSoto County was listed as the poorest county in the entire state. Children are particularly impacted; four out of ten children in the county are living in poverty.

The bankruptcy filing rate shows a decrease from 2.20 people out of every 1,000 in 2000 to 1.77 per 1,000 in 2011.

**Table 2: Socioeconomic Indicators
DeSoto County and State**

| | County 2000 | County 2011 | State 2011 |
|---|----------------|----------------|---------------|
| Labor Force as a % of Pop. Aged 18+ | 53.3% | 56.5% | 62.1% |
| Personal Bankruptcy Filing Rate per 1,000 | 2.20 | 1.77 | 4.67 |
| Unemployment Rate | 4.4% | 9.9% | 10.5% |
| Average Annual Wage | | \$31,936 | \$41,570 |
| Per Capita Personal Income (2010) | \$17,067 | \$22,957 | \$38,210 |
| % Living Below Poverty Level (2010) | | 32.9% | 16.5% |
| % ages 0-17 living below Poverty (2010) | | 40.1% | 23.6% |

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

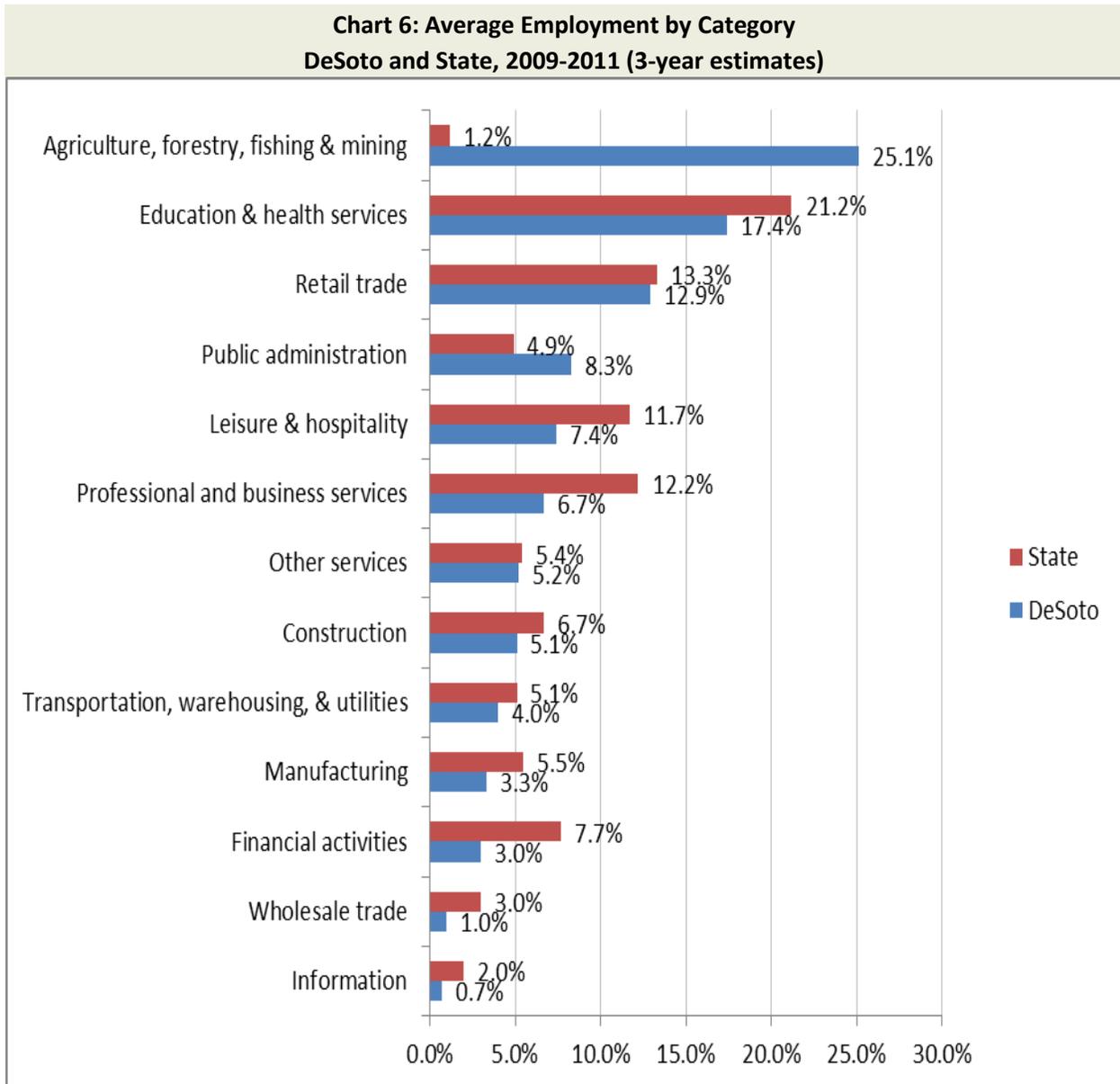
Fewer residents of DeSoto County have received a high school diploma than the state average. Additionally, a higher percentage of people at the state level who are aged 25 and older have received a Bachelor's degree than the percentage of residents of DeSoto County who have done the same.

**Table 3: Educational Attainment
Persons aged 25 and older, DeSoto and State, 2009-2011**

| | DeSoto | State |
|----------------------------------|--------|-------|
| % High School graduate or higher | 72.9% | 85.6% |
| % Bachelor's degree or higher | 12.6% | 25.7% |

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

As seen in Chart 6, among working adults in DeSoto County the most common non-agricultural sectors of employment are: education and health services, retail trade, public administration, and leisure and hospitality. The agriculture, forestry, fishing and mining category is by far the largest sector of employment for DeSoto County.



Source: U.S. Census Bureau, 2009-2011 American Community Survey

Health Status

Health Ranking

County Health Rankings & Roadmaps, a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, has DeSoto County currently ranked the 13th healthiest out of 67 counties in Florida. 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, and rates of smoking, obesity, and children living in poverty. A detailed breakdown of the ranking and full definitions for each health measure are available in Appendix C.

Leading Causes of Death

Mortality rates can be key indicators of the state of health of a community. A significant number of DeSoto 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 following a healthy lifestyle and receiving regular medical care.

Table 4 gives detailed information on the leading causes of death for residents of DeSoto County in 2011. The Deaths column is a simple count of the number of people who died by the listed cause during 2011. Percent of Total Deaths lets you know what percent of the people who died in 2011 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 DeSoto County, 51.9 of them died of a stroke in 2011. Since there are fewer than 100,000 people in DeSoto 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 2011 (2009, 2010 and 2011). 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 or Pneumonia/ Influenza, 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 2011
DeSoto 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 |
|---|---------------|--------------------------------|-------------------------------|--|---|--|
| <i>ALL CAUSES</i> | 299 | 100 | 862.4 | 692.3 | 654.0 | 6,558.7 |
| HEART DISEASE | 86 | 28.8 | 248 | 203.9 | 158.7 | 1,672.6 |
| CANCER | 68 | 22.7 | 196.1 | 148.4 | 166.1 | 1,102.5 |
| CHRONIC LOWER RESPIRATORY DISEASE | 27 | 9.0 | 77.9 | 59.0 | 49.6 | 150.3 |
| STROKE | 18 | 6.0 | 51.9 | 40.1 | 31.5 | 15.7 |
| UNINTENTIONAL INJURY | 12 | 4.0 | 34.6 | 33.6 | 31.2 | 1,014.8 |
| KIDNEY DISEASE | 9 | 3.0 | 26 | 19.9 | 18.6 | 153.5 |
| DIABETES MELLITUS | 8 | 2.7 | 23.1 | 18.5 | 23.9 | 344.5 |
| SUICIDE | 5 | 1.7 | 14.4 | 12.8 | 17.0 | 391.5 |
| CHRONIC LIVER DISEASE & CIRRHOSIS | 4 | 1.3 | 11.5 | 8.6 | 11.4 | 106.5 |
| SEPTICEMIA | 4 | 1.3 | 11.5 | 8.8 | 6.6 | 9.4 |
| VIRAL HEPATITIS | 4 | 1.3 | 11.5 | 10.6 | 3.7 | 256.8 |
| AIDS/HIV | 3 | 1.0 | 8.7 | 8.9 | 6.9 | 213 |
| ATHEROSCLEROSIS | 2 | 0.7 | 5.8 | 5.3 | 2.4 | 81.4 |
| HYPERTENSION & HYPERTENSIVE RENAL DISEASE | 2 | 0.7 | 5.8 | 4.6 | 5.9 | 0 |
| INFLUENZA & PNEUMONIA | 2 | 0.7 | 5.8 | 4.3 | 10.2 | 28.2 |
| ALZHEIMER'S DISEASE | 1 | 0.3 | 2.9 | 2.1 | 3.5 | 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

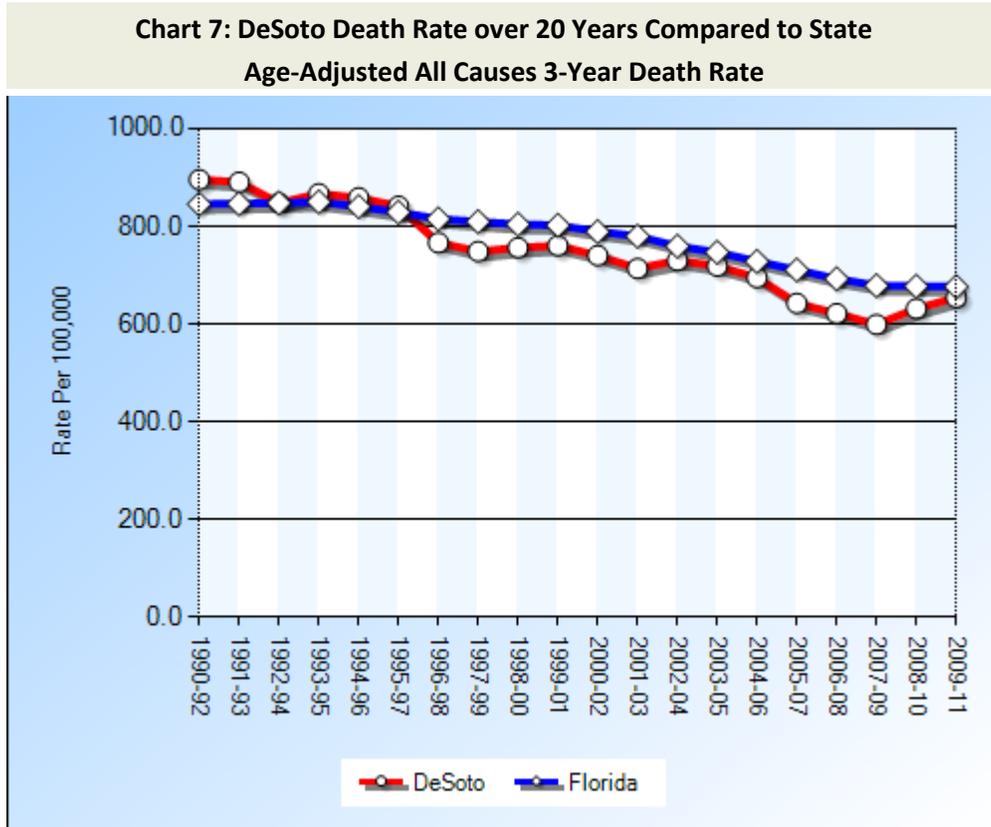
The most frequent causes of death for people in DeSoto County are heart disease and cancer. Together they accounted for half of the deaths in 2011. Table 5, which compares the 3-year age-adjusted rates for DeSoto County with those for all of Florida, shows that the death rates for chronic lower respiratory disease are significantly higher than the state average and the rates are higher for cancer and heart disease as well. Unintentional injury is the only category listed that DeSoto County had a lower age-adjusted death rate than Florida as a whole.

**Table 5: Major Causes of Death For 2011
DeSoto and State**

| Cause of Death | County 2009-2011 | Florida 2009-2011 |
|-----------------------------------|---------------------------|---------------------------|
| | Age Adjusted Rate/100,000 | Age Adjusted Rate/100,000 |
| ALL CAUSES | 654.0 | 676.2 |
| CANCER | 166.1 | 161.1 |
| HEART DISEASE | 158.7 | 154.3 |
| CHRONIC LOWER RESPIRATORY DISEASE | 49.6 | 38.6 |
| STROKE | 31.5 | 31.4 |
| UNINTENTIONAL INJURY | 31.2 | 41.6 |
| DIABETES | 23.9 | 19.5 |
| INFECTIOUS DISEASES | 22.4 | 19.7 |
| KIDNEY DISEASE | 18.6 | 11.9 |
| SUICIDE | 17.0 | 13.8 |
| CHRONIC LIVER DISEASE & CIRRHOSIS | 11.4 | 10.5 |

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 DeSoto County is fairly consistent with the state average (Chart 7). Both rates have decreased gradually over the last twenty years.



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 DeSoto County from 2002-2011. The number of deaths has fluctuated within a fairly narrow range during this period, rising a bit in 2010; however, the overall death rate has fallen slightly because the population of DeSoto County has increased by nearly 6 percent during this period.

Table 6: Deaths From All Causes
All Races, All Sexes, All Ethnicities, All Ages
DeSoto County 2011

| Cause of Death | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 |
|--|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| All Causes | 303 | 301 | 309 | 291 | 277 | 254 | 274 | 271 | 311 | 299 |
| Infectious Diseases | 10 | 12 | 10 | 6 | 5 | 3 | 4 | 4 | 8 | 16 |
| ...Certain other Intestinal Infections | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 2 | 4 |
| ...Human Immunodeficiency Virus (HIV) Disease | 2 | 6 | 3 | 1 | 2 | 2 | 1 | 2 | 2 | 3 |
| ...Other & Unspecified Infectious/Parasitic Disease & Sequelae | 1 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 1 |
| ...Respiratory Tuberculosis | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| ...Septicemia | 7 | 4 | 5 | 4 | 0 | 1 | 1 | 1 | 4 | 4 |
| ...Viral Hepatitis | 0 | 1 | 0 | 1 | 2 | 0 | 2 | 0 | 0 | 4 |
| Malignant Neoplasm (Cancer) | 61 | 70 | 62 | 73 | 63 | 48 | 66 | 82 | 83 | 68 |
| ...All Other & Unspecified - Cancer | 5 | 9 | 7 | 12 | 8 | 8 | 7 | 9 | 3 | 7 |
| ...Bladder Cancer | 1 | 2 | 3 | 0 | 1 | 1 | 3 | 4 | 2 | 3 |
| ...Breast Cancer | 3 | 4 | 2 | 3 | 5 | 0 | 8 | 6 | 7 | 1 |
| ...Cervical Cancer | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 2 | 1 | 0 |
| ...Colon, Rectum, & Anus Cancer | 4 | 5 | 8 | 5 | 4 | 3 | 2 | 6 | 11 | 7 |
| ...Corpus Uteri & Uterus, Part Unspec Cancer | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 3 | 2 |
| ...Esophagus Cancer | 1 | 0 | 1 | 4 | 5 | 1 | 0 | 1 | 3 | 2 |
| ...Hodgkins Disease | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 1 | 1 | 0 |
| ...Kidney and Renal Pelvis Cancer | 3 | 2 | 1 | 1 | 1 | 2 | 4 | 2 | 5 | 2 |
| ...Larynx Cancer | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| ...Leukemia | 1 | 6 | 1 | 1 | 0 | 2 | 2 | 3 | 3 | 1 |
| ...Lip, Oral Cavity, Pharynx | 2 | 0 | 1 | 0 | 0 | 0 | 2 | 0 | 1 | 0 |
| ...Liver & Intrahepatic Bile Ducts Cancer | 3 | 2 | 3 | 3 | 1 | 1 | 1 | 2 | 2 | 1 |
| ...Meninges, Brain, & Other Part Cen Nerv Sys Cancer | 0 | 1 | 2 | 1 | 0 | 0 | 1 | 3 | 2 | 0 |
| ...Multiple Myeloma & Immunoprolifera Neoplas | 1 | 0 | 1 | 0 | 1 | 1 | 2 | 0 | 2 | 0 |

| | | | | | | | | | | |
|---|------------|------------|------------|-----------|-----------|-----------|-----------|-----------|------------|------------|
| ...Non-Hodgkins Lymphona | 3 | 4 | 0 | 3 | 0 | 2 | 3 | 2 | 1 | 4 |
| ...Ovarian Cancer | 0 | 1 | 2 | 3 | 3 | 0 | 0 | 3 | 0 | 0 |
| ...Pancreatic Cancer | 5 | 3 | 3 | 5 | 7 | 1 | 6 | 5 | 6 | 5 |
| ...Prostate Cancer | 6 | 4 | 2 | 5 | 6 | 3 | 2 | 3 | 5 | 7 |
| ...Skin Cancer | 1 | 1 | 0 | 0 | 0 | 0 | 2 | 1 | 1 | 2 |
| ...Stomach Cancer | 0 | 2 | 3 | 3 | 1 | 1 | 1 | 1 | 0 | 0 |
| ...Trachea, Bronchus, Lung Cancer | 21 | 23 | 21 | 24 | 17 | 22 | 18 | 28 | 24 | 24 |
| In Situ, Benign, Uncert/Unk Behavior Neoplasms | 1 | 1 | 5 | 1 | 2 | 0 | 1 | 6 | 2 | 1 |
| Anemias | 1 | 2 | 1 | 0 | 1 | 0 | 0 | 1 | 1 | 1 |
| Nutritional and Metabolic Diseases | 17 | 18 | 17 | 16 | 11 | 13 | 9 | 13 | 12 | 8 |
| ...Diabetes Mellitus | 17 | 18 | 17 | 14 | 10 | 13 | 9 | 13 | 12 | 8 |
| ...Malnutrition | 0 | 0 | 0 | 2 | 1 | 0 | 0 | 0 | 0 | 0 |
| Nervous System Diseases | 3 | 5 | 7 | 5 | 2 | 7 | 6 | 4 | 5 | 1 |
| ...Alzheimers Disease | 2 | 5 | 6 | 3 | 1 | 5 | 3 | 0 | 4 | 1 |
| ...Meningitis | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| ...Parkinsons Disease | 1 | 0 | 1 | 1 | 1 | 2 | 3 | 4 | 1 | 0 |
| Cardiovascular Diseases | 105 | 113 | 110 | 99 | 91 | 88 | 89 | 62 | 104 | 109 |
| ...Acute & Subacute Endocarditis | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| ...Acute Myocardial Infarction | 21 | 23 | 21 | 16 | 12 | 10 | 13 | 10 | 15 | 14 |
| ...Acute Rheum Fever & Chronic Rheum Heart Dis. | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 |
| ...All Other Chronic Ischemic Heart Dis. | 38 | 45 | 29 | 36 | 50 | 31 | 41 | 25 | 43 | 42 |
| ...Aortic Aneurysm & Dissection | 2 | 4 | 1 | 5 | 3 | 1 | 0 | 0 | 0 | 1 |
| ...Atherosclerosis | 2 | 1 | 1 | 3 | 1 | 1 | 4 | 1 | 0 | 2 |
| ...Atherosclerotic Cardiovascular Disease | 3 | 6 | 10 | 5 | 6 | 8 | 5 | 4 | 2 | 4 |
| ...Cerebrovascular Diseases | 15 | 13 | 19 | 7 | 8 | 8 | 11 | 10 | 18 | 18 |
| ...Essen Hypertension & Hypertensive Renal Dis. | 4 | 2 | 2 | 4 | 0 | 5 | 2 | 3 | 3 | 2 |
| ...Heart Failure | 1 | 3 | 2 | 3 | 1 | 4 | 1 | 1 | 5 | 7 |
| ...Hypertensive Heart & Renal Disease | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 2 | 0 |
| ...Hypertensive Heart Disease | 4 | 3 | 5 | 3 | 2 | 8 | 2 | 2 | 1 | 4 |
| ...Other Acute Ischemic Heart Disease | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 |
| ...Other Arteries, Arterioles, Capillaries | 2 | 0 | 2 | 2 | 1 | 1 | 0 | 0 | 2 | 0 |
| ...Other Forms Heart Dis. | 12 | 10 | 17 | 13 | 7 | 10 | 9 | 5 | 10 | 15 |

| | | | | | | | | | | |
|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| ...Pericardium Diseases & Acute Myocarditis | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| ...Other Circulatory System Disorders | 1 | 1 | 0 | 2 | 0 | 1 | 0 | 0 | 2 | 0 |
| Respiratory Diseases | 43 | 21 | 35 | 21 | 21 | 23 | 27 | 39 | 24 | 33 |
| ...Asthma | 2 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |
| ...Emphysema | 0 | 3 | 2 | 1 | 1 | 1 | 0 | 1 | 1 | 1 |
| ...Other Chronic Lower Respiratory Diseases | 17 | 5 | 23 | 13 | 12 | 13 | 20 | 24 | 19 | 26 |
| ...Influenza | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 |
| ...Pneumonia | 17 | 9 | 5 | 1 | 3 | 3 | 5 | 8 | 2 | 2 |
| ...Acute Bronchitis & Bronchiolitis | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| ...Other Respiratory System Dis. | 2 | 2 | 3 | 2 | 1 | 2 | 2 | 4 | 2 | 3 |
| ...Pneumoconiosis & Chemical Effects | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| ...Pneumonitis Due To Solids & Liquids | 4 | 1 | 2 | 2 | 4 | 3 | 0 | 0 | 0 | 1 |
| Digestive Diseases | 5 | 4 | 6 | 4 | 10 | 7 | 7 | 7 | 4 | 4 |
| ...Cholelithiasis & Other Gallbladder Disorders | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| ...Alcoholic Liver Disease | 0 | 3 | 0 | 2 | 2 | 2 | 1 | 2 | 1 | 2 |
| ...Other Chronic Liver Disease & Cirrhosis | 5 | 1 | 4 | 2 | 6 | 5 | 6 | 5 | 2 | 2 |
| ...Peptic Ulcer | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| Urinary Tract Diseases | 6 | 2 | 3 | 4 | 3 | 2 | 3 | 7 | 10 | 9 |
| ...Glomeruloneph, Nephri/Nephro, Renal Sclerosis | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| ...Renal Failure | 5 | 2 | 3 | 4 | 3 | 2 | 3 | 7 | 10 | 9 |
| Perinatal Period Conditions | 2 | 0 | 1 | 0 | 2 | 0 | 2 | 1 | 0 | 0 |
| Congenital & Chromosomal Anomalies | 3 | 2 | 0 | 1 | 2 | 2 | 0 | 1 | 2 | 1 |
| Symptoms, Signs & Abnormal Findings | 3 | 5 | 4 | 2 | 2 | 7 | 1 | 1 | 3 | 2 |
| Other Causes (Residual) | 18 | 18 | 18 | 25 | 25 | 27 | 31 | 23 | 33 | 28 |
| External Causes | 25 | 28 | 28 | 33 | 35 | 27 | 28 | 20 | 19 | 18 |
| ...Drowning & Submersion | 2 | 1 | 1 | 0 | 1 | 0 | 2 | 1 | 2 | 0 |
| ...Falls | 0 | 1 | 1 | 5 | 4 | 3 | 6 | 3 | 1 | 4 |
| ...Homicide by Firearms Discharge | 0 | 2 | 1 | 0 | 0 | 1 | 2 | 1 | 1 | 0 |
| ...Homicide By Other & Unspecified Means & Sequelae | 0 | 2 | 1 | 2 | 1 | 1 | 0 | 0 | 0 | 1 |
| ...Medical & Surgical Care Complications | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| ...Motor Vehicle Crashes | 18 | 15 | 11 | 16 | 18 | 12 | 10 | 4 | 8 | 5 |

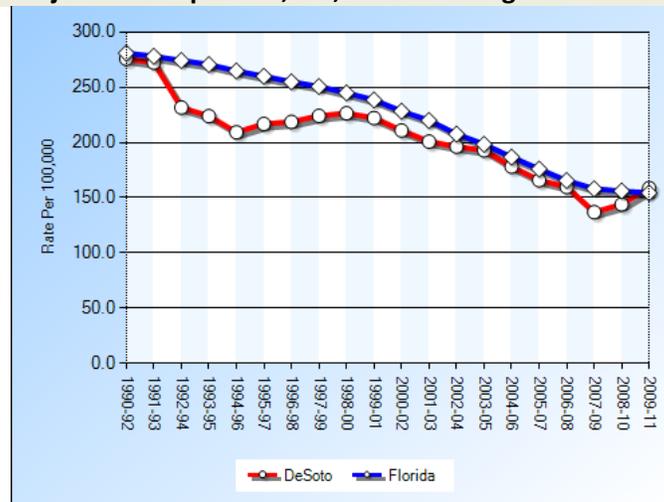
| | | | | | | | | | | |
|---|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| ...Other & Unspecified Nontransport & Sequelae | 3 | 2 | 4 | 2 | 2 | 1 | 2 | 0 | 1 | 1 |
| ...Poisoning & Noxious Substance Exposure | 0 | 1 | 3 | 2 | 4 | 1 | 1 | 3 | 0 | 1 |
| ...Smoke, Fire, Flames Exposure | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 |
| ...Suicide By Firearms Discharge | 1 | 3 | 3 | 1 | 3 | 4 | 4 | 4 | 5 | 2 |
| ...Suicide By Other & Unspecified Means & Sequelae | 1 | 0 | 2 | 4 | 2 | 3 | 1 | 3 | 1 | 3 |
| ...Water/Air/Space/Oth-Unsp Transport & seq | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |
| Maternal Deaths | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |

Source: Florida Department of Health, Office of Vital Statistics

Chronic Diseases

Heart disease was the leading cause of death for DeSoto County residents in 2011; however, the rates are going down. Chart 8 gives a detailed look at the decline in deaths from coronary heart disease across the last twenty years. The decline in DeSoto County is not as smooth as the decline at the state level, but the overall trend is mostly positive.

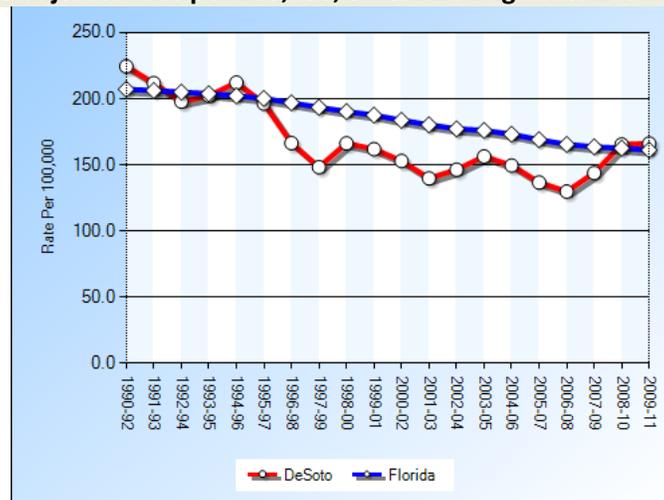
Chart 8: Deaths from Heart Disease
Age-adjusted rate per 100,000, 3-Year Rolling Rates 1992-2011



Source: Florida Department of Health, Bureau of Vital Statistics

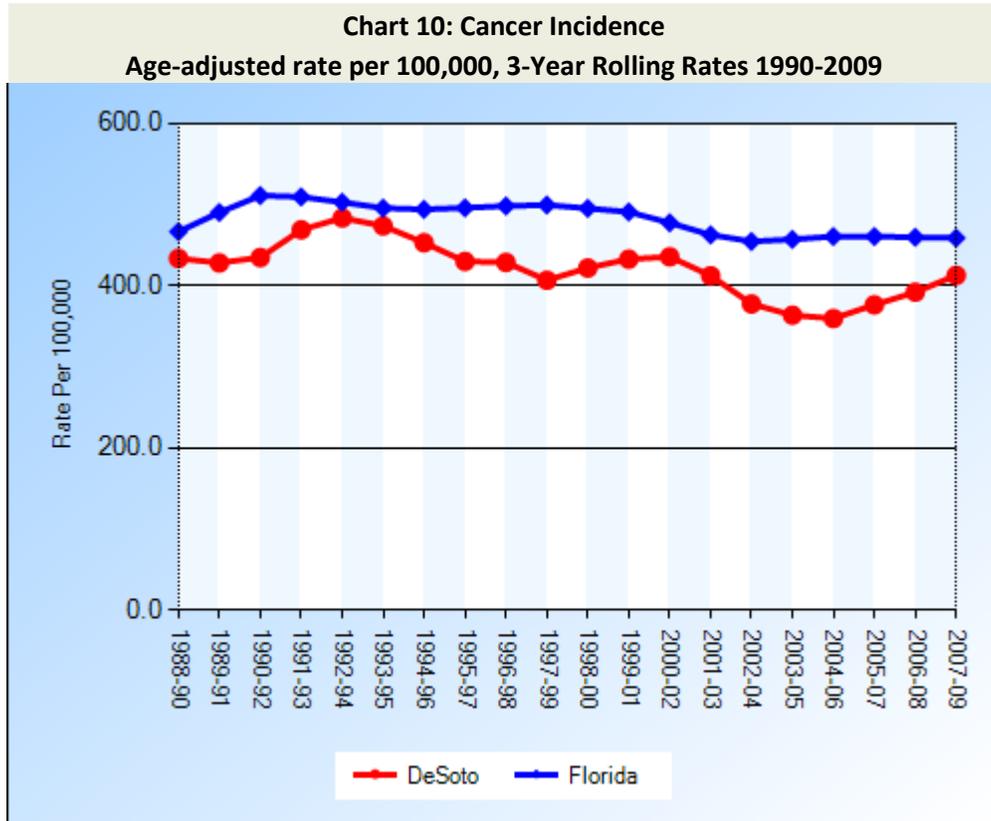
Cancer was the second most common cause of death in DeSoto County in 2011. Age-adjusted death rates from cancer have shown a slight increase recently after being significantly below state rates from 1995 - 2008. Rates for DeSoto County are currently similar to the rate for the state as a whole.

Chart 9: Deaths from All Cancers
Age-adjusted rate per 100,000, 3-Year Rolling Rates 1992-2011



Source: Florida Department of Health, Bureau of Vital Statistics

Cancer incidence in DeSoto County has consistently remained below the state average. After a brief dip in the early 2000s, DeSoto County is now seeing an increased incidence of cancer.



Source: Florida Department of Health, Bureau of Vital Statistics

Among the types of cancer, lung cancer causes the highest number of deaths in DeSoto County. The incidence of prostate cancer is actually higher than the incidence of lung cancer, but it is not nearly as deadly.

Table 7: Common Types of Cancer
Death Rate and Incidence, DeSoto County

| | 3 yr. Age-Adjusted Death Rate, 2009-2011 | Avg. Incidence Rate, 2007-2009 |
|-------------------|---|---|
| Lung Cancer | 52.7 | 29 |
| Prostate Cancer | 21.6 | 33 |
| Breast Cancer | 21.2 | 22 |
| Colorectal Cancer | 18.5 | 18 |
| Cervical Cancer | 5.3 | 3 |
| Skin Cancer | 3.2 | 10 |

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

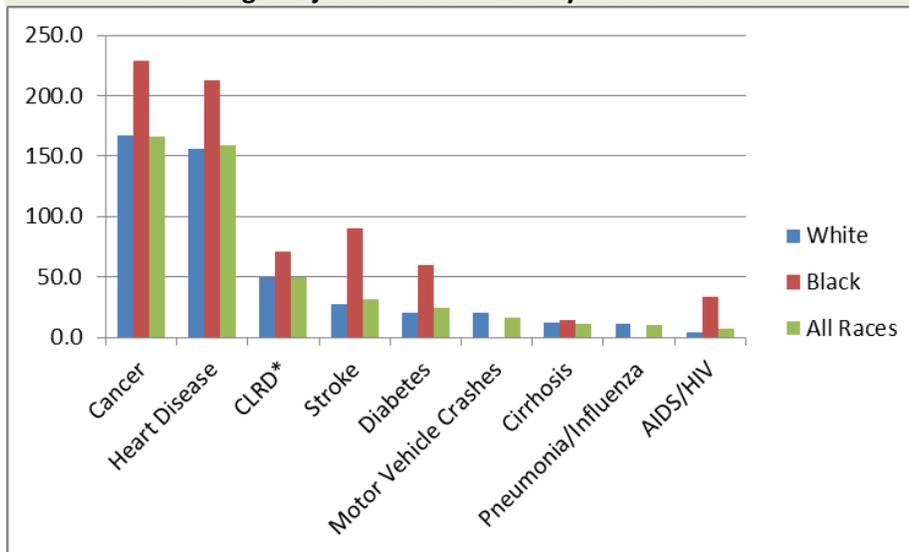
The death rate for blacks in DeSoto County is quite a bit higher than that of whites. For the state of Florida, the death rate for blacks is also higher than the rate for whites. It should be noted for much of the data in Table 8 that the total number of blacks in DeSoto County each year is fairly small 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. However, the rate of death from cancer and heart disease is quite a bit higher for blacks than for whites.

**Table 8: Major Causes of Death and Race, DeSoto County and State
3-Year Age-Adjusted Death Rates by Cause, 2009-2011**

| | County | | | State | | |
|-----------------------|--------|-------|-----------|-------|-------|-----------|
| | White | Black | All Races | White | Black | All Races |
| Total Deaths | 647.4 | 917.8 | 654.0 | 667.9 | 783.6 | 676.2 |
| Cancer | 166.7 | 228.7 | 166.1 | 161.6 | 170.7 | 161.1 |
| Heart Disease | 155.7 | 212.9 | 158.7 | 151.9 | 181.9 | 154.3 |
| CLRD* | 49.9 | 71.0 | 49.6 | 40.5 | 23.6 | 38.6 |
| Stroke | 27.3 | 90.2 | 31.5 | 29.4 | 49.2 | 31.4 |
| Diabetes | 20.6 | 59.4 | 23.9 | 17.5 | 40.0 | 19.5 |
| Motor Vehicle Crashes | 20.4 | 0.0 | 16.5 | 13.5 | 12.3 | 12.9 |
| Cirrhosis | 12.4 | 14.6 | 11.4 | 11.5 | 5.6 | 10.5 |
| Pneumonia/Influenza | 11.3 | 0.0 | 10.2 | 8.8 | 11.4 | 9.0 |
| AIDS/HIV | 3.8 | 33.2 | 6.9 | 2.6 | 23.1 | 5.6 |

Source: Florida Department of Health, Office of Vital Statistics
*Chronic Lower Respiratory Disease

**Chart 11: Major Causes of Death and Race, DeSoto County
3-Year Age-Adjusted Death Rates by Cause 2009-2011**



Source: Florida Department of Health, Office of Vital Statistics

Communicable Diseases

DeSoto County ranks below the state rate for most sexually transmitted diseases and most 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 DeSoto County with an average of 111.7 cases per year between 2009 and 2011. That works out to a rate per 100,000 of 321.3, which is slightly lower than the state average of 396.0.

The overall rate of infection from vaccine preventable diseases is very low. For each of these diseases, except Hepatitis B, there is an average of less than one case every three years. Hepatitis B, an infectious inflammatory illness of the liver caused by the *hepatitis B* virus, is the most prevalent vaccine preventable disease in DeSoto County with an average of 0.7 cases per year between 2009 and 2011.

An average of 6.0 people per year were diagnosed with AIDS in DeSoto County between 2009 and 2011. The rate per 100,000 in DeSoto County is 17.3 compared to a rate of 18.9 for the state as a whole. The largest number of cases in the state come from urban areas. The rate of tuberculosis in DeSoto County is double that of the state as a whole at 5.8 per 100,000 compared to 2.9 per 100,000.

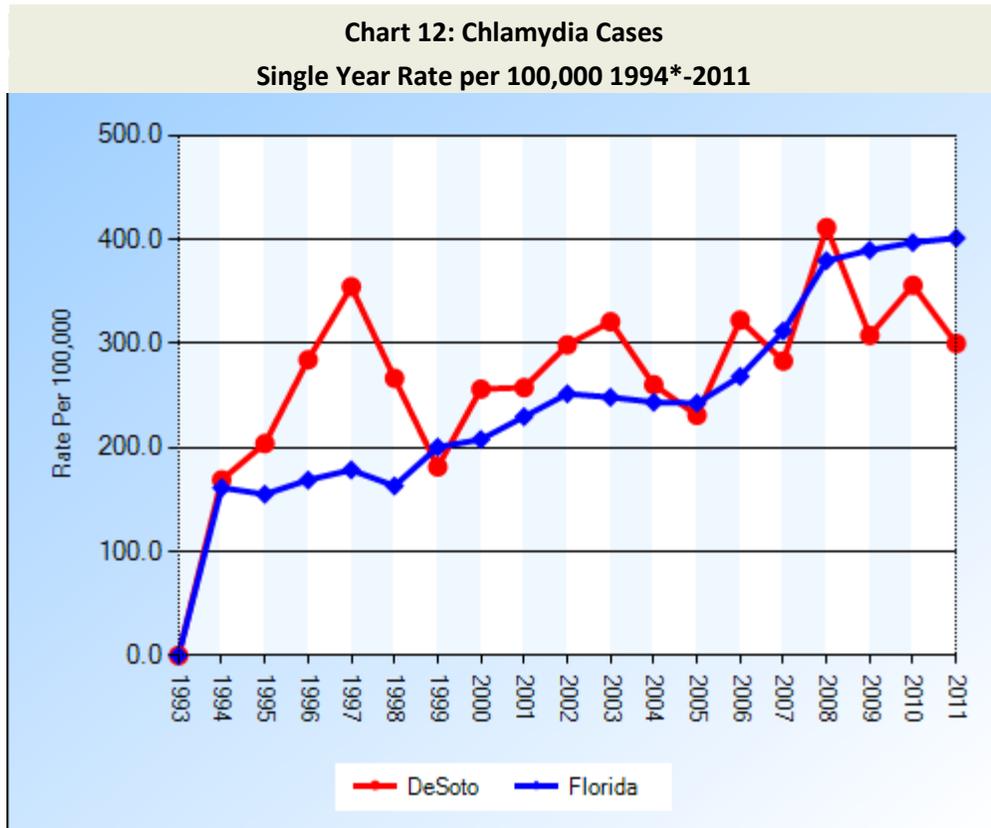
**Table 9: Communicable Diseases
DeSoto County and State 2009-2011**

| Disease | # of Cases Annual Avg. | County 3 yr. Rate per 100,000 | State 3 yr. Rate per 100,000 |
|--------------------------------------|---------------------------|-------------------------------------|------------------------------------|
| Sexually Transmitted Diseases | | | |
| Infectious Syphilis | 0.0 | 0.0 | 6.2 |
| Gonorrhea | 19.3 | 55.6 | 107.6 |
| Chlamydia | 111.7 | 321.3 | 396.0 |
| Vaccine Preventable Diseases | | | |
| Hepatitis B | 0.7 | 1.9 | 1.5 |
| Measles | 0.0 | 0.0 | 0.0 |
| Mumps | 0.0 | 0.0 | 0.1 |
| Rubella | 0.0 | 0.0 | 0.0 |
| Pertussis | 0.3 | 1.0 | 2.0 |
| Tetanus | 0.0 | 0.0 | 0.0 |
| AIDS and Other Diseases | | | |
| AIDS | 6.0 | 17.3 | 18.9 |
| Meningococcal Meningitis | 0.0 | 0.0 | 0.0 |
| Hepatitis A | 0.3 | 1.0 | 0.9 |
| Tuberculosis | 2.0 | 5.8 | 2.9 |

Source: Division of Disease Control, Florida Department of Health

Chlamydia

Chlamydia is the most common of the reported sexually transmitted diseases. Since reporting became required in 1993, the infection rate for chlamydia across the state of Florida has been on the rise. The rates have increased more slowly in the past five years. The rates in DeSoto County, while lower than the state, have also increased significantly over the time that cases have been reported.



Source: Florida Department of Health, Bureau of STD Prevention & Control
*No data reported for 1993.

Maternal and Child Health

On average, 424.7 babies were born per year to DeSoto County residents between 2009 and 2011. 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 outcome than those born to adult mothers and are more at risk for developmental complications later in life. There was nearly double the number of babies born to mothers between the ages of 15 and 19 in DeSoto County than the Florida average. There were also more babies born to unwed mothers in DeSoto County than the Florida average.

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 DeSoto County are currently much lower than the rates for the state of Florida. Additionally, the percent of infants born with a low birth weight is slightly lower than the state average.

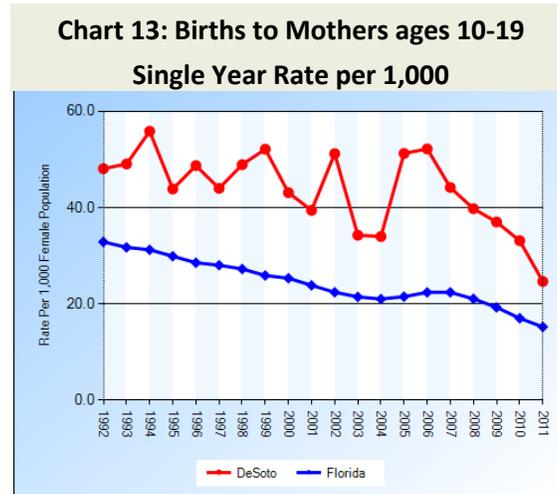
| Table 10: Maternal & Child Health Indicators, DeSoto County and State | | | | |
|--|---------------|--------------|--------------|------------------|
| 3-Year Figures, 2009-2011 | | | | |
| Births | County | State | Trend | Quartile* |
| Total Births (3-year annual avg.) | 424.7 | | | |
| Births to Mothers ages 15-44, per 1,000 | 83.6 | 61.0 | | 4 |
| Births to Mothers ages 10-14, per 1,000 | 1.1 | 0.4 | Steady | 4 |
| Births to Mothers ages 15-19, per 1,000 | 61.8 | 32.9 | Positive | 4 |
| Percent of Births to Unwed Mothers | 61.5 | 47.6 | Negative | 4 |
| Infant Deaths | | | | |
| Infant Deaths (0-364 days) per 1,000 Births | 3.1 | 6.6 | Positive | 1 |
| Neonatal Deaths (0-27 days) per 1,000 Births | 2.4 | 4.4 | Positive | 1 |
| Postneonatal Deaths (28-364 days) per 1,000 Births | 0.8 | 2.2 | Steady | 1 |
| Low Birth Weight | | | | |
| Percent of Births < 1500 Grams | 1.1 | 1.6 | Steady | 1 |
| Percent of Births < 2500 Grams | 7.5 | 8.7 | Negative | 1 |
| Prenatal Care | | | | |
| Percent of Births with 1st Trimester Prenatal Care | 68.8 | 79.3 | Steady | 1 |
| Percent of Births with Late or No Prenatal Care | 6.7 | 4.7 | Inconsistent | 4 |

Source: Florida Department of Health

*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

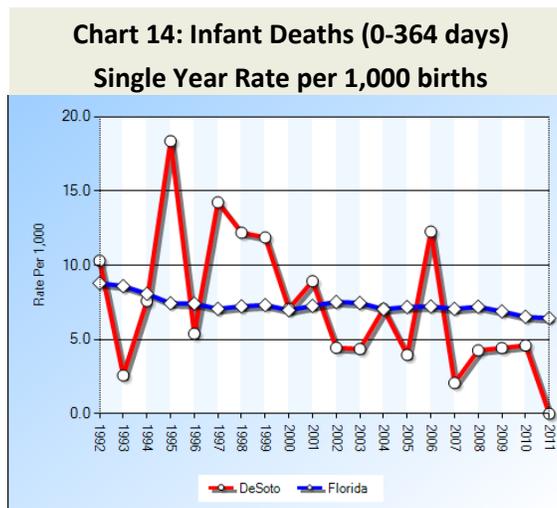
DeSoto County has had consistently higher rates of live births to teenage and pre-teen mothers (ages 10-19) than the rates for the state of Florida. Peaking most recently in 2006 with a rate of 52.2 per 1,000 females in that age range, the rate of teen births has begun to steadily decrease. The rate in 2011 was 24.6 per 1,000 for DeSoto County, and 15.2 per 1,000 for 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 DeSoto County each year is fairly small and one or two infant deaths can cause a large variance in the death rate. For example, six infant deaths caused a large upswing in the chart in 2006. Aside from a peak in 2006, infant death rates in DeSoto County have most recently been consistently lower than the Florida rates. There were no infant deaths in 2011.



Source: Florida Department of Health, Bureau of Vital Statistics

Hospitalizations

The Prevention Quality Indicators (PQIs) are a set of measures that can be used with hospital inpatient discharge data to identify quality of care for "ambulatory care-sensitive conditions." These are conditions for which good outpatient or preventative care can potentially eliminate the need for hospitalization or for which early intervention can prevent complications or more severe disease. Even though these indicators are based on hospital inpatient data, they provide insight into the community healthcare system or services outside the hospital setting. For instance, patients with diabetes may be hospitalized for diabetic complications if their conditions are not adequately monitored or if they do not receive the patient education needed for appropriate self-management. Full definitions for each of the PQIs are available in Appendix D.

The rates of hospitalization in DeSoto County are on the rise for short-term diabetes, chronic obstructive pulmonary disease (this category includes chronic bronchitis and emphysema), hypertension, and bacterial pneumonia. Bacterial pneumonia, congestive heart failure and chronic obstructive pulmonary disease are the most common preventable causes for hospitalizations for DeSoto County residents.

Compared to the state of Florida as a whole, DeSoto County's 2011 rates were considerably higher for most indicators. Chronic obstructive pulmonary disease, dehydration, bacterial pneumonia, and angina without procedure had more than double the annual rate of Florida's average for 2011. Angina (chest pain or discomfort), in particular, is extremely high, nearly four times the Florida rate.

| Table 11: Prevention Quality Indicators | | | | | | | |
|---|-------------|-------------|-------------|-------------|-------------|-------------|----------------|
| Annual Rate per 100,000 2006-2011, DeSoto County | | | | | | | Florida |
| PQI | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2011 |
| 01-Diabetes/short-term | 37.2 | 30.4 | 57.0 | 37.4 | 67.9 | 69.0 | 57.4 |
| 03-Diabetes/long-term | 96.8 | 114.2 | 121.6 | 101.1 | 117.0 | 116.2 | 123.2 |
| 05-Chronic obstructive PD | 342.7 | 395.8 | 634.6 | 692.4 | 653.1 | 522.7 | 239.2 |
| 07-Hypertension | 89.4 | 60.9 | 114.0 | 175.9 | 139.7 | 137.9 | 86.2 |
| 08-Congestive HF | 696.5 | 548.0 | 516.8 | 524.0 | 490.7 | 569.9 | 343.3 |
| 10-Dehydration | 201.1 | 102.8 | 140.6 | 116.0 | 166.1 | 137.9 | 53.3 |
| 11-Bacterial pneumonia | 387.4 | 262.6 | 228.0 | 340.6 | 645.5 | 620.7 | 288.3 |
| 12-Urinary infections | 115.5 | 167.5 | 182.4 | 288.2 | 169.9 | 148.8 | 219.7 |
| 13-Angina w/o procedure | 130.4 | 156.0 | 121.6 | 52.4 | 41.5 | 54.5 | 14.0 |
| 14-Uncontrolled diabetes | 33.5 | 19.0 | 60.8 | 26.2 | 34.0 | 36.3 | 28.5 |
| 15-Adult asthma | 163.9 | 144.6 | 220.4 | 146.0 | 211.4 | 137.9 | 126.5 |
| 16-Diabetes/LE amputations | 11.2 | 38.1 | 7.6 | 22.5 | 22.6 | 18.2 | 32.2 |

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

The Chronic Condition Indicator tool is another 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). The data from this tool tells a similar story as the PQI data. Hypertension is the number one cause of hospitalization for a chronic condition, and has remained fairly consistent over the last several years. The hospitalization rates for diabetes and asthma are also fairly consistent.

**Table 12: Hospitalizations for Chronic Conditions
Annual Figures, 2006-2011, DeSoto County Residents**

| Disease | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 |
|--------------------------|-------|-------|-------|-------|-------|-------|
| Diabetes | 1,035 | 907 | 988 | 1,050 | 1,149 | 1,205 |
| Asthma | 221 | 242 | 270 | 245 | 266 | 239 |
| Congestive Heart Failure | 676 | 564 | 620 | 628 | 674 | 674 |
| Hypertension | 1,952 | 1,774 | 1,712 | 1,775 | 2,015 | 1,943 |
| AIDS | 12 | 25 | 17 | 19 | 22 | 23 |
| Sickle Cell | 0 | 0 | 8 | 14 | 10 | 7 |

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

Emergency Room Visits by DeSoto County Residents

DeSoto County Residents made 14,421 visits to hospitals in 2011 that did not result in an inpatient admission. The majority of visits were made to the DeSoto Memorial Hospital, the only hospital in DeSoto County. Hospitals in Charlotte County received the next highest number of visits.

Just under half of all emergency room visits were paid for by Medicaid (41%), while only 16.5 percent were paid for by private insurance. One out of every five visits to the emergency room by DeSoto County residents was listed as self-pay.

**Table 13: Emergency Room Visits by DeSoto County Residents by Payer Source
2011**

| | Medicaid | Medicare | No charge/ Charity | Other | Private, incl. HMO | Self-Pay | Grand Total |
|---|------------------------------|------------------------------|--------------------------|---------------------------|------------------------------|------------------------------|------------------------------|
| DeSoto Memorial Hospital | 5,123 | 1,896 | | 459 | 1,822 | 2,546 | 11,846 |
| Charlotte Regional Medical Center | 219 | 192 | | 22 | 128 | 133 | 694 |
| Peace River Regional Medical Center | 214 | 95 | | 28 | 155 | 87 | 579 |
| Fawcett Memorial Hospital | 74 | 190 | 11 | 33 | 105 | 80 | 493 |
| Sarasota Memorial Hospital | 48 | 30 | 1 | 10 | 35 | 34 | 158 |
| Florida Hospital Wauchula | 38 | 12 | | 11 | 13 | 36 | 110 |
| All Children's Hospital Inc | 48 | | | | 13 | 3 | 64 |
| Florida Hospital Lake Placid | 13 | 5 | | 4 | 9 | 4 | 35 |
| Lakewood Ranch Medical Center | 8 | 4 | 2 | 3 | 8 | 6 | 31 |
| Healthpark Medical Center | 16 | 2 | 1 | | 5 | 6 | 30 |
| Manatee Memorial Hospital | 9 | 7 | 1 | 2 | 2 | 9 | 30 |
| Doctors Hospital of Sarasota | 5 | 9 | 1 | 2 | 8 | 3 | 28 |
| Highlands Regional Medical Center | 12 | 1 | | 1 | 1 | 6 | 21 |
| Florida Hospital Heartland Medical Center | 9 | 3 | | | 4 | 4 | 20 |
| Lee Memorial Hospital | 4 | 2 | 3 | 2 | 3 | 5 | 19 |
| Tampa General Hospital | 6 | 1 | | 3 | 1 | 7 | 18 |
| Englewood Community Hospital | 3 | | | 2 | 3 | 6 | 14 |
| Bayfront Medical Center Inc | 3 | 2 | | | 5 | 2 | 12 |
| Cape Coral Hospital | 6 | 1 | | 1 | 4 | | 12 |
| Lehigh Regional Medical Center | 6 | 2 | | | | 4 | 12 |
| Southwest Florida Regional Medical Center | 2 | 2 | 2 | 1 | 3 | 2 | 12 |
| Total* | 5,914 41.0% | 2,483 17.2% | 29 0.2% | 597 4.1% | 2,373 16.5% | 3,025 21.0% | 14,421 100% |

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 DeSoto County residents to the ED of any hospital in Florida.

*Only hospitals with at least 10 visits are included in the chart above. There are an additional 183 visits divided amongst 79 hospitals that have not been included in the chart, but are included in the total.

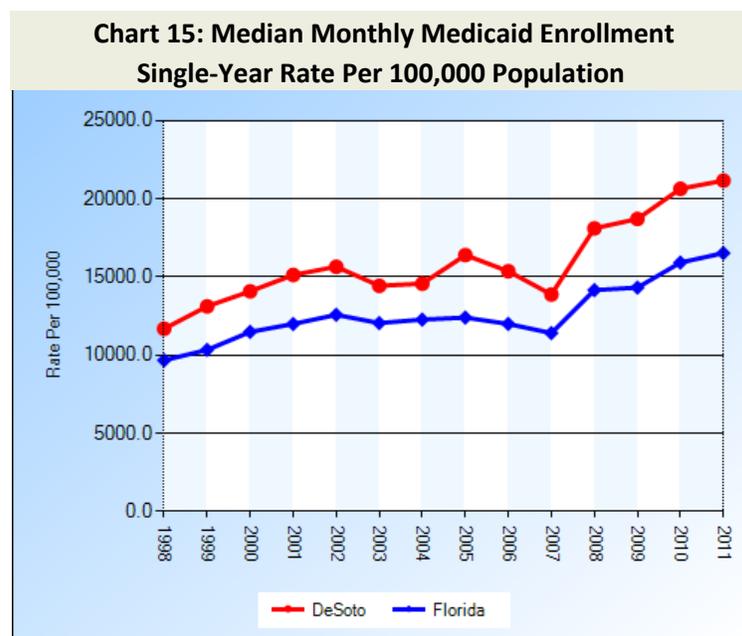
Health Resources

Access to healthcare is the key to achieving a health community and is a primary goal of health policy in Florida. This section will review health coverage of DeSoto 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.

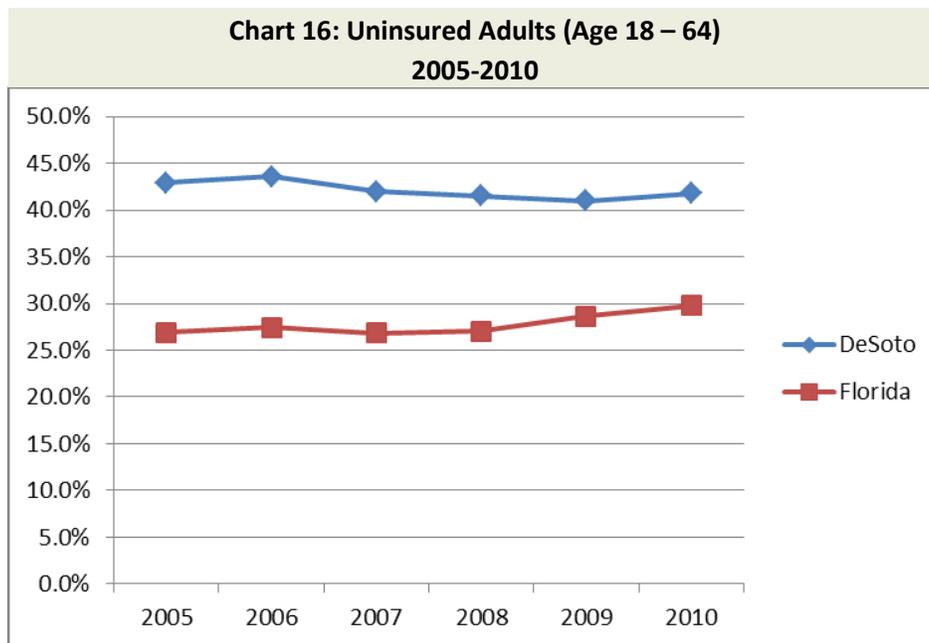
There are four categories of Medicaid eligibility for adults in Florida, which include low-income families, pregnant women, emergency medical assistance for non-citizens, and Medicaid for the elderly and disabled. Eligibility for each of those programs is based on specific income criteria. As of 2011, approximately 21,000 out of every 100,000 people in DeSoto County were enrolled in Medicaid; the state rate is approximately 16,500 per 100,000. At both the state and the county level, there was a sharp increase in the number of people enrolled in Medicaid between 2007 and 2008. Both rates have continued to climb since then.



Source: Florida Department of Health, Agency for Health Care Administration

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 have 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 2010. The percentage of uninsured adults in DeSoto County has been consistently higher than that of the state. In 2010, DeSoto County was estimated as having 41.8 percent of adults without health insurance; this compares to a rate of 29.8 percent for Florida as a whole.



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

Physicians and Facilities

As of 2011, there were twenty licensed physicians in DeSoto County. That works out to 57.7 doctors for every 100,000 residents; that is a much lower rate than the state average of about 342.0 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.

The number of DeSoto County Health Department employees per every 100,000 residents is significantly higher than the state average. The DeSoto County Health Department spent \$5,084,564 dollars in 2011; that places the rate of expenditure per 100,000 residents at more than triple the state average. However, it is typical for rural counties to have a significantly higher rate of expenditure than the state average.

**Table 14: Health Resources Availability
DeSoto County and State 2011**

| Providers*† | County | | | State |
|---|-----------|------------------|------------|------------------|
| | Number | Rate per 100,000 | Quartile** | Rate per 100,000 |
| Total Licensed Dentists | 5 | 14.4 | 1 | 63.0 |
| Total Licensed Physicians | 20 | 57.7 | 2 | 342.0 |
| Total Licensed Family Private Practice Physicians | 2 | 5.8 | 1 | 29.4 |
| Total Licensed Internists | 4 | 11.5 | 2 | 60.3 |
| Total Licensed OB/GYN | 3 | 8.7 | 3 | 12.0 |
| Total Licensed Pediatricians | 2 | 5.8 | 2 | 25.7 |
| Facilities | | | | |
| Total Hospital Beds | 49 | 141.3 | 2 | 319.2 |
| Total Acute Care Beds | 49 | 141.3 | 2 | 262.9 |
| Total Specialty Beds | 0 | 0.0 | 1 | 56.3 |
| Total Nursing Home Beds | 41 | 118.3 | 1 | 438.0 |
| County Health Department | | | | |
| County Health Department Full-Time Employees | 71 | 203.7 | 4 | 63.1 |
| County Health Department Expenditures | 5,084,564 | 14,664,755 | 4 | 4,204,339 |

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

*Data for Providers are for a fiscal year, not a calendar year.

†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.

**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 healthcare 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 Underservice (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.

The Low Income/Migrant Farmworker Population in DeSoto County has been designated as a Medically Underserved Population. Any population with a score of 65 or lower on the Index of Medical Underservice is considered medically underserved. DeSoto County's Low Income/Migrant Farmworker Population scored a 48.9.

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 healthcare 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. To be eligible for designation, a geographic area or a population group (a low income or migrant population) must have a population-to-physician ratio greater than 3,000 to one.

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 healthcare 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.

DeSoto County has been designated as Health Professional Shortage Areas (HPSAs) for primary care and dental care for its Low Income/Migrant Farmworker Populations. According to federal calculations, DeSoto County should have five primary care doctors serving those populations; there is currently a shortage of one doctor. HRSA calculated that the area requires five dentists serving the Low Income/Migrant Farmworker Populations; there is currently a shortage of three dentists. Additionally, the DeSoto Correctional Institution has been designated as a Health Professional Shortage Area for primary care and dental care. Florida Civil Commitment Center, DeSoto County's secure treatment facility for sexually violent predators, has been designated as having a shortage of twenty-five mental health professionals; they currently only have one.

Social and Mental Health

Crime and Domestic Violence

Crime in a community has a direct impact on health, through injuries, fatalities, and increased mental health issues from fear, stress, and anxiety. In half of the crime and domestic violence categories DeSoto County ranks amongst the worst quartile for crime in the state of Florida. On the positive side, the county is well below the state average for larceny, motor vehicle theft, forcible sex offenses, and murder. Unfortunately, it is higher than the state average and/or in the worst quartile in every other category. While only listed as the 3rd quartile for the state, DeSoto County's rates of alcohol-related motor vehicle crash deaths is over twice the state average.

Alcohol-related Motor Vehicle Crashes

While drugs other than alcohol (for example, cocaine or marijuana) are involved in many motor vehicle crashes, alcohol-impaired drivers are involved in about 1 in 3 crash deaths. DeSoto County's most recent rates for alcohol-related motor vehicle crash injuries and deaths are well above that of the state for the same period.

Table 15: DeSoto County Social and Mental Health Indicators
3-Year Rate per 100,000, 2009-2011

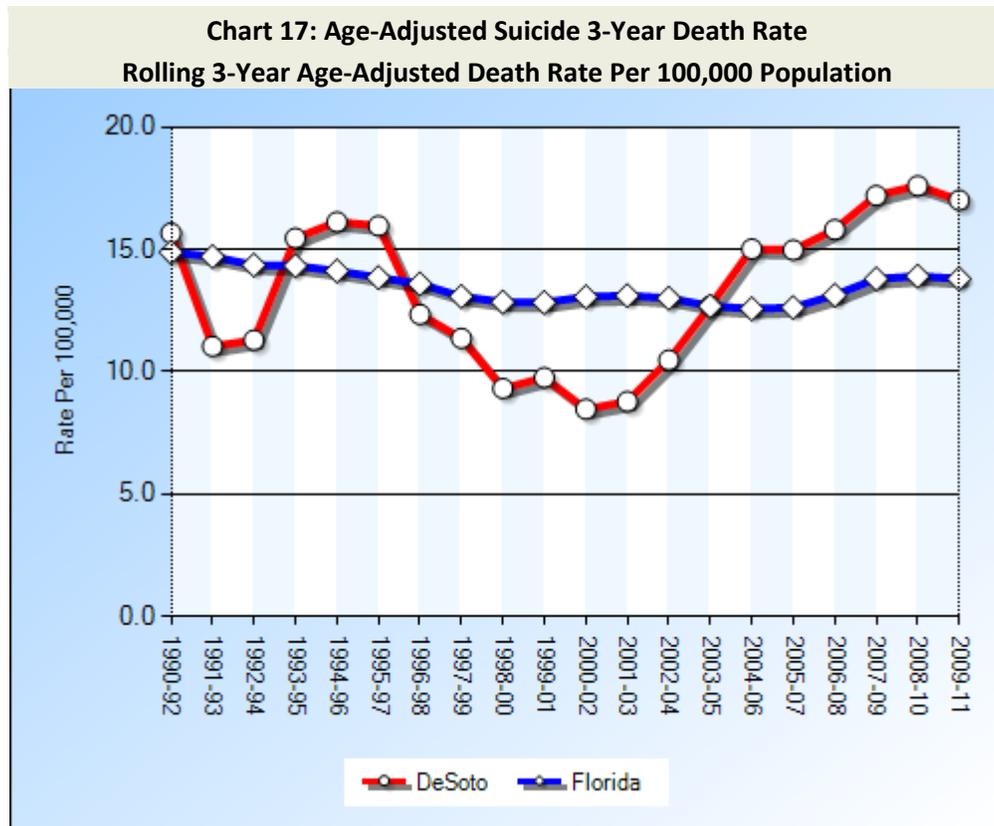
| Crime and Domestic Violence | County | State | Quartile* |
|---|---------------|--------------|------------------|
| Larceny | 1,637.0 | 2,477.4 | 2 |
| Burglary | 1,165.2 | 922.5 | 4 |
| Total Domestic Violence Offenses | 856.4 | 605.0 | 4 |
| Aggravated Assault | 563.9 | 350.6 | 4 |
| Robbery | 109.3 | 146.2 | 4 |
| Motor Vehicle Theft | 107.4 | 232.5 | 2 |
| Forcible Sex Offenses | 42.2 | 53.1 | 2 |
| Murder | 1.0 | 5.3 | 1 |
| Alcohol-related Motor Vehicle Crashes | | | |
| Alcohol-related Motor Vehicle Crash Injuries | 106.6 | 74.8 | 3 |
| Alcohol-related Motor Vehicle Traffic Crashes | 100.8 | 107.0 | 2 |
| Alcohol-related Motor Vehicle Crash Deaths | 11.5 | 5.3 | 3 |

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

*County compared to other Florida counties. The lowest quartile equals the lowest number.

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. The suicide rate for DeSoto County has been quite variable over the last twenty years. The most recent rate is higher than the state average (17.0 for DeSoto County compared to 13.8 for the state). Please note that these rates are based on a small number of cases and a few cases can cause a seemingly large fluctuation.



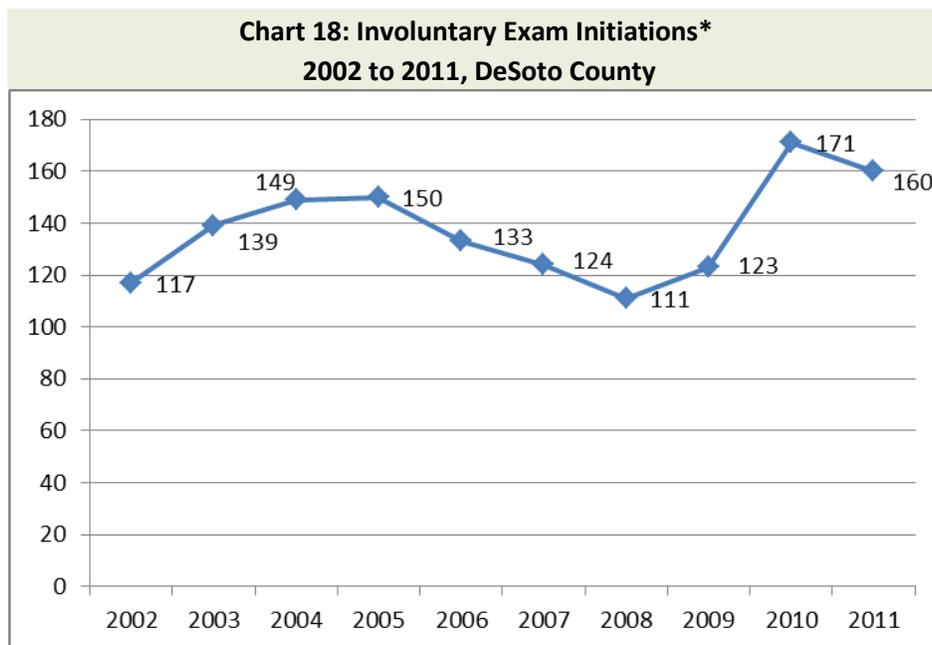
Source: Florida Department of Health, Bureau of Vital Statistics.

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 160 involuntary exam initiations in DeSoto County in 2011. This number has fluctuated in the years since 2002. The percent of the population in DeSoto County that was given an involuntary exam is significantly lower than the state average. (Counties that do not have a Baker Act receiving facility often have lower rates than those that do.)



Source: 2007, 2008, 2009, 2010, & 2011 Florida Mental Health Act (The Baker Act) Reports

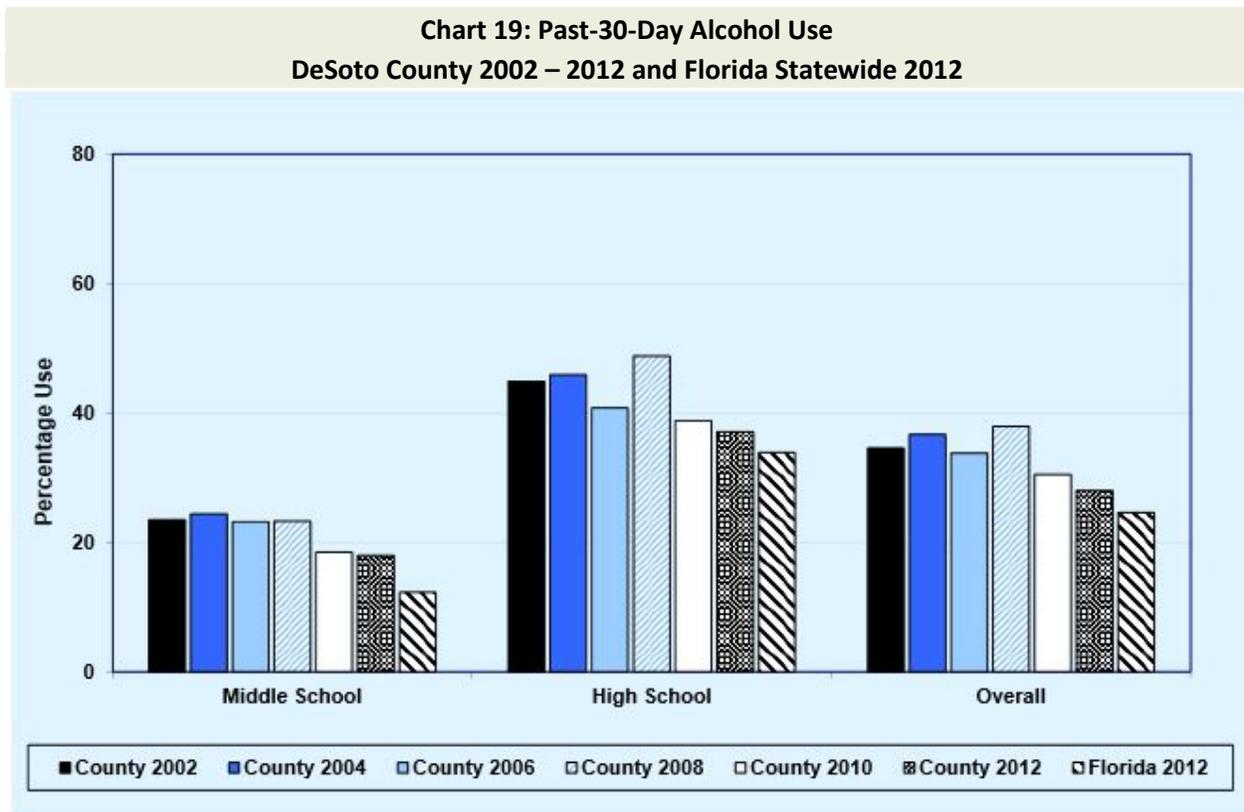
*Involuntary examination forms for people who never reach a receiving facility are not received by the Baker Act Reporting Center, so are not included in the data.

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.

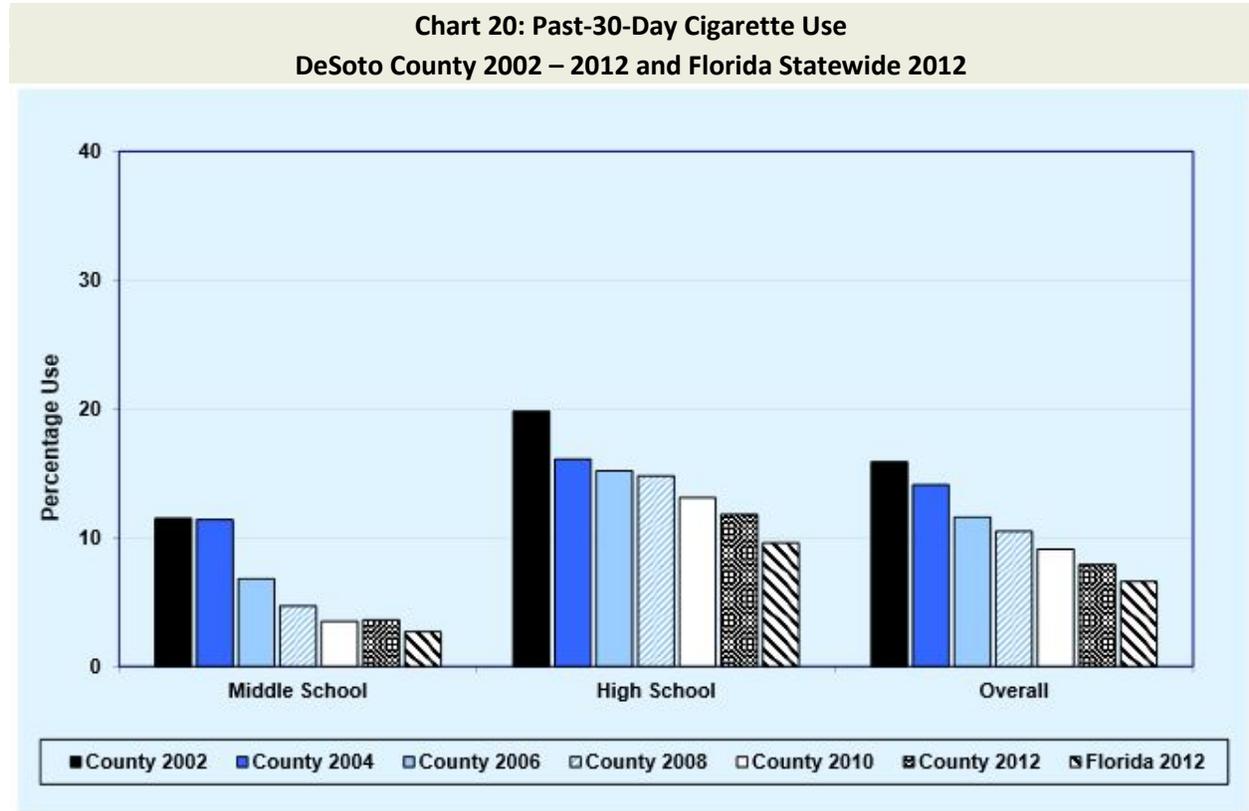
The FYSAS was administered to 70,859 students in grades 6 through 12 in February and March of 2012. Across Florida, 417 middle schools and 329 high schools administered the surveys. In DeSoto County, 812 students completed the survey (416 middle school students; 396 high school students). The survey has been administered annually since 2000, making the 2012 FYSAS the thirteenth set of data.

Alcohol use in the past 30 days was 28.0 percent for DeSoto County students, which was higher than the state average of 24.6 percent. However, this is lower for DeSoto County than past years, with a high of 37.9 percent in 2008.



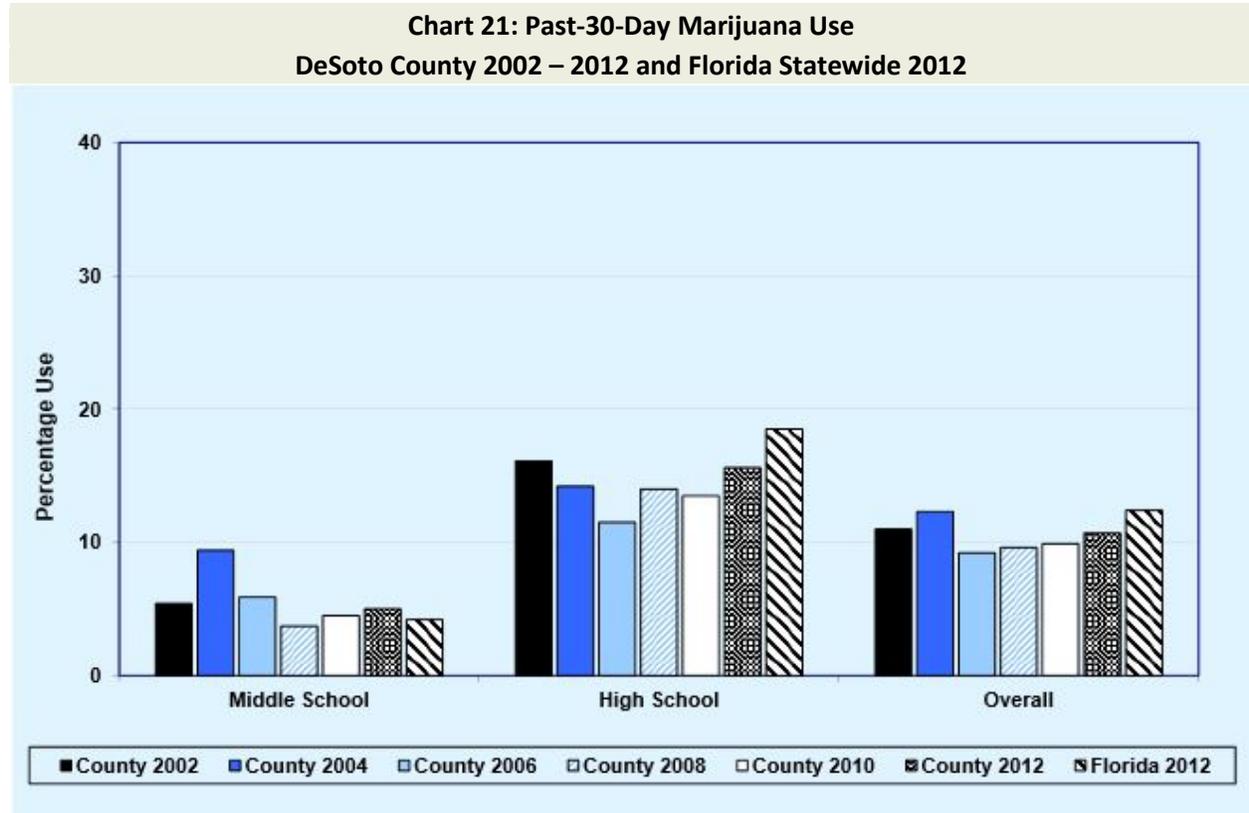
Source: Florida Youth Substance Abuse Survey (2012), Florida Department of Children and Families

The percentage of students reporting cigarette use over the past 30 days was higher in DeSoto County than the Florida average (7.9% DeSoto vs. 6.6% State). However, this is lower for DeSoto County than past years. They are half what they were in 2002 (15.9%). High school students have rates three times as high as middle school students of cigarette use.



Source: Florida Youth Substance Abuse Survey (2012), Florida Department of Children and Families

Past-30-day marijuana use for DeSoto County students was slightly lower than for the state as a whole (10.7% DeSoto vs. 12.4% State). After a 3.1% decrease in 2006, overall marijuana use has been on the rise. High school students surveyed were three times as likely to have used marijuana as middle school students.



Source: Florida Youth Substance Abuse Survey (2012), 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 Table X and Table Y in Appendix E.

Behavioral Risk Factor Surveillance Survey

Survey Results

The Centers for Disease Control and Prevention began the Behavioral Risk Factor Surveillance Survey (BRFSS) in the early 1980s in a handful of states. Today, all states participate in the survey. The 2010 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 35,000 interviews were completed across Florida in the 2010 calendar year, with a target sample size of 500 completed surveys in each county. The 2010 BRFSS is the third time the survey was conducted at county-level. Previous county-level surveys were conducted in 2002 and 2007. 503 DeSoto County residents completed the survey in 2010. A sampling of significant findings is included in this section along with a comparison with 2007 data and state-level data. Additional data can be found in Appendix G.

Alcohol Use

The percent of adults who reported that they engage in heavy or binge drinking decreased from 20.7 percent in 2007 to 14.5 percent in 2010. This is slightly lower than the state average of 15.0 percent. The rate for men and women is similar (15.0% vs. 13.8%). The Hispanic population of DeSoto County had a significantly lower rate than the state average for Hispanics (4.2% DeSoto vs. 15.3% State). For age groups, the highest rate in the county is among people between 45 and 64 (17.9%) and lowest among people between 18 and 44 (10.1%). Singles were more likely to drink than persons who are married.

Cancer Screenings

Women over 18 years of age in DeSoto County were slightly less likely than women across the state as a whole to report that they had received a pap test in the last year (52.5% DeSoto vs. 57.1% State). Men 50 years of age and older have a much lower percentage of having received a digital rectal exam in the past year than men across the state as a whole (26.5% DeSoto vs. 48.5% State). Residents of DeSoto County over the age of 50 indicated that they are fairly consistent with the state as a whole for receiving a blood stool test in the last year (13.8% DeSoto vs. 14.7% State). However, while there has been an increase of almost 18 percentage points in the number of adults 50 years or older in DeSoto County who have received a colonoscopy (48.0% 2010 vs. 40.8% 2007), that rate is below the state average (56.4%).

Dental Care

Significantly fewer adults in DeSoto County reported that they had visited a dentist or dental clinic in the past year than the same for the state (45.3% DeSoto vs. 64.7% State). Variances in annual income seem to have the largest influence over having visited a dentist or dental clinic. Adults with incomes less than \$25,000 had a rate of 24.5 percent; those in the \$25,000-\$49,999 income range reported 40.1 percent and residents earning \$50,000 or more annually reported 75.5 percent. Overall, more women than men reported having seen a dentist in the past year (58.2% women vs. 36.6% men).

Diabetes

DeSoto County has a slightly higher rate of adults diagnosed with diabetes (13.4% DeSoto vs. 10.4% State). The number of men reporting a diabetes diagnosis has decreased (15.2% 2010 vs. 18.5% 2007), but the number of women reporting this chronic condition rose significantly from 2007 (10.8% 2010 vs. 3.9% 2007).

Healthcare Access & Coverage

20.9 percent of adults in DeSoto County reported that they were unable to see a doctor at least once in the previous year due to cost. This is worse than the state average of 17.3 percent. Women in DeSoto County reported this more than men (25.1% women vs. 18% men). 62.3 percent of adults in DeSoto County reported that they had a medical check-up in the past year; this is slightly worse than the state average of 69.7 percent. 67.7 percent of adults in DeSoto County stated that they have some type of health insurance coverage. The state average is 83 percent. More women than men reported that they have some type of health insurance. Only 21.9 percent of Hispanics reported that they have some sort of insurance. Virtually all people above the age of 65 indicated that they have insurance; however only 46.6 percent of persons between the ages of 18 and 44 answered the same way. 68.8 percent of people between the ages of 45 and 64 stated that they did have insurance. As would be expected, there were definite correlations between education and income in relation to whether respondents reported having insurance. For example, 93.3 percent of persons with an income of \$50,000 or more are insured compared to 50.7 percent of those making less than \$25,000 per year. For DeSoto County residents with less than a high school diploma, only 36.3 percent reported being insured, as compared to 64.4 percent of that same population for the state as a whole.

General Health and Quality of Life

Overall, only 69.9 percent of DeSoto County residents reported feeling in good or excellent health; which was considerably lower than the state's rate of 82.9 percent. Age and income level seem to be the largest factors in the perception of personal wellness. 63.2 percent of people between the ages of 45 and 64 reported that they were in good or excellent health compared to 76.9 percent of people between the ages of 18 and 44. 88.9 percent of people who earn \$50,000 or more per year reported feeling well compared to 49.4 percent of those who make less than \$25,000 per year.

Overall, the persons reporting to be "satisfied" or "very satisfied" with their lives closely mirrored the state rate, with 92.1 percent in DeSoto County and 93.1 percent for the state. However, in certain age, education, and income brackets, DeSoto County residents reported higher rates of satisfaction with their lives. For example, 95.6 percent of DeSoto County residents between the ages of 45 and 64 felt "satisfied" or "very satisfied" compared to 91.3 percent for the state.

HIV/AIDS

45 percent of adults less than 65 years of age reported that they have ever been tested for HIV. This is lower than the state average of 48.4 percent. Those with less than a high school education had the highest rates of any education level (51.0), and those with only a high school diploma or GED had the lowest rates (35.1 percent).

Overweight and Obesity

Excess weight is considered to be a strong factor and precursor to serious health problems such as diabetes, hypertension and heart disease. Since 2007, the women of DeSoto County have reported being *overweight* (having a Body Mass Index ranging from 25.0 to 29.9) significantly less (24.5% 2010 vs. 44.5% 2007), but reported being *obese* (having a Body Mass Index that is greater than or equal to 30.0) at higher rates (37.0% 2010 vs. 26.9% 2007). Combining both indicators, 68.6 percent of DeSoto County residents are reportedly overweight *or* obese (having a Body Mass Index that is greater than or equal to 25.0). This is similar to the state rate of 65 percent. There were no strong correlations found between age or education level in regards to being overweight and/or obese.

Tobacco Use

DeSoto County has a much higher percentage of current smokers than the average for the state of Florida as a whole; 26.1 percent of DeSoto County residents reported that they smoke compared to 17.1 percent for the state. More men smoke than women. Lower income residents are more likely to smoke than higher income residents. The number of people in DeSoto County who reported that they are current smokers increased by 23 percentage points between 2007 and 2010. However, the Hispanic population in DeSoto County has a relatively high percentage of adults who have never smoked, 86.2 percent, compared to the Hispanic population of the state as a whole, 64.2 percent.

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 U.S. Department of Health and Human Services. Below is DeSoto 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 16: Healthy People 2020 Objectives
DeSoto County 2010**

| Objective | Measure | 2007 | 2010 | 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. | 13.3% | 18.5% | 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. | 59.7% | 52.5% | 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. | 40.8% | 48.0% | Progress Shown |
| C-17. Increase the proportion of women who receive a breast cancer screening based on the most recent guidelines. | Percentage of women 40 years of age and older who received a mammogram in the past year. | 63.6% | 61.2% | Needs Improvement |
| | Percentage of women 18 years of age and older who had a clinical breast exam in the past year. | 62.4% | 59.7% | Needs Improvement |

| | | | | |
|--|---|-------|-------|-------------------|
| 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. | 88.8% | 69.5% | 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. | 89.1% | 74.9% | 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. | 84.9% | 71.8% | 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. | 53.8% | 58.0% | 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 self-management education. | 31.6% | 56.1% | Progress Shown |
| HDS-5. Reduce the proportion of persons in the population with hypertension. | Percentage of adults with diagnosed hypertension. | 24.6% | 34.3% | Needs Improvement |
| 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. | 48.6% | 45.0% | Needs Improvement |
| 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. | 75.1% | 67.5% | 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. | 28.6% | 32.9% | Progress Shown |
| 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. | 75.3% | 77.4% | Progress Shown |
| 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). | 22.4% | 30.8% | Progress Shown |
| NWS-9. Reduce the proportion of adults who are obese. | Percentage of adults who are obese. | 32.7% | 33.4% | 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. | 20.7% | 14.5% | Progress Shown |
| 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. | 39.3% | 65.6% | 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 DeSoto County

The Health Planning Council of Southwest Florida, with feedback from the community committee, developed a survey questionnaire to assess the feelings and perceptions of healthcare and health issues for DeSoto County residents. The survey was conducted online and on paper, in both English and Spanish. Surveys were distributed by members of the community committee to those who live and/or work in DeSoto 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.

114 surveys were completed on paper and online over a two month period in the spring of 2013. 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 DeSoto County residents?” 6 percent of survey respondents said Excellent, 19 percent said Good, 56 percent said Fair, and 19 percent said Poor. When asked, “How would you rate the quality of healthcare in DeSoto County?” 8 percent said Excellent, 39 percent said Good, 39 percent said Fair, and 14 percent said Poor.

When asked where residents go to get health information, the majority of respondents noted that they go to friends or relatives (77 responses), or their family doctor or health provider (54 responses). When it comes to where they go to receive healthcare services, 58 said they visit their family doctor. A large number also indicated they use the health department (37 responses) or a local clinic (35 responses).

| Where do you think the residents of DeSoto County go to get health information? | |
|---|----|
| friends or relatives | 77 |
| family doctor or health provider | 54 |
| Internet | 27 |
| newspaper | 15 |
| television | 14 |
| other* | 12 |
| radio | 3 |
| magazines | 2 |
| books | 1 |
| * case manager, Peace River Shopper, mailers, school nurse, pharmacist | |

| Where do you go to get healthcare? | |
|------------------------------------|----|
| family doctor | 58 |
| health department | 37 |
| clinic | 35 |
| hospital/emergency room | 10 |
| other* | 9 |
| don't know | 3 |
| * out of county, Mayo Clinic | |

Respondents were also asked their opinions on healthcare difficulties for specific populations in DeSoto County. Of the specific population groups listed, those who are uninsured and have low income levels were selected the most (62 responses). Next were non-English speaking residents (31 responses). With regards to specific areas of the county where residents are thought to have a particularly difficult time

accessing healthcare services, 62 respondents said there are none. 32 respondents named Nocatee, Hull, Fort Ogden, and the outlying/rural areas in general as having difficulty accessing health services.

| What types of residents of DeSoto County have more difficulty with healthcare than others? | |
|---|----|
| uninsured/low-income | 62 |
| non-English speaking | 31 |
| adults | 23 |
| elderly/senior citizens | 21 |
| teens/adolescents | 11 |
| children | 8 |
| other* | 7 |
| * minorities, homeless, insured, middle class, those with specific health needs, uneducated, unemployed | |

| Are there areas/neighborhoods where residents have a particularly difficult time accessing health services? | |
|---|----|
| no | 62 |
| yes* | 32 |
| * outlying/rural areas, Nocatee, Hull, Fort Ogden | |

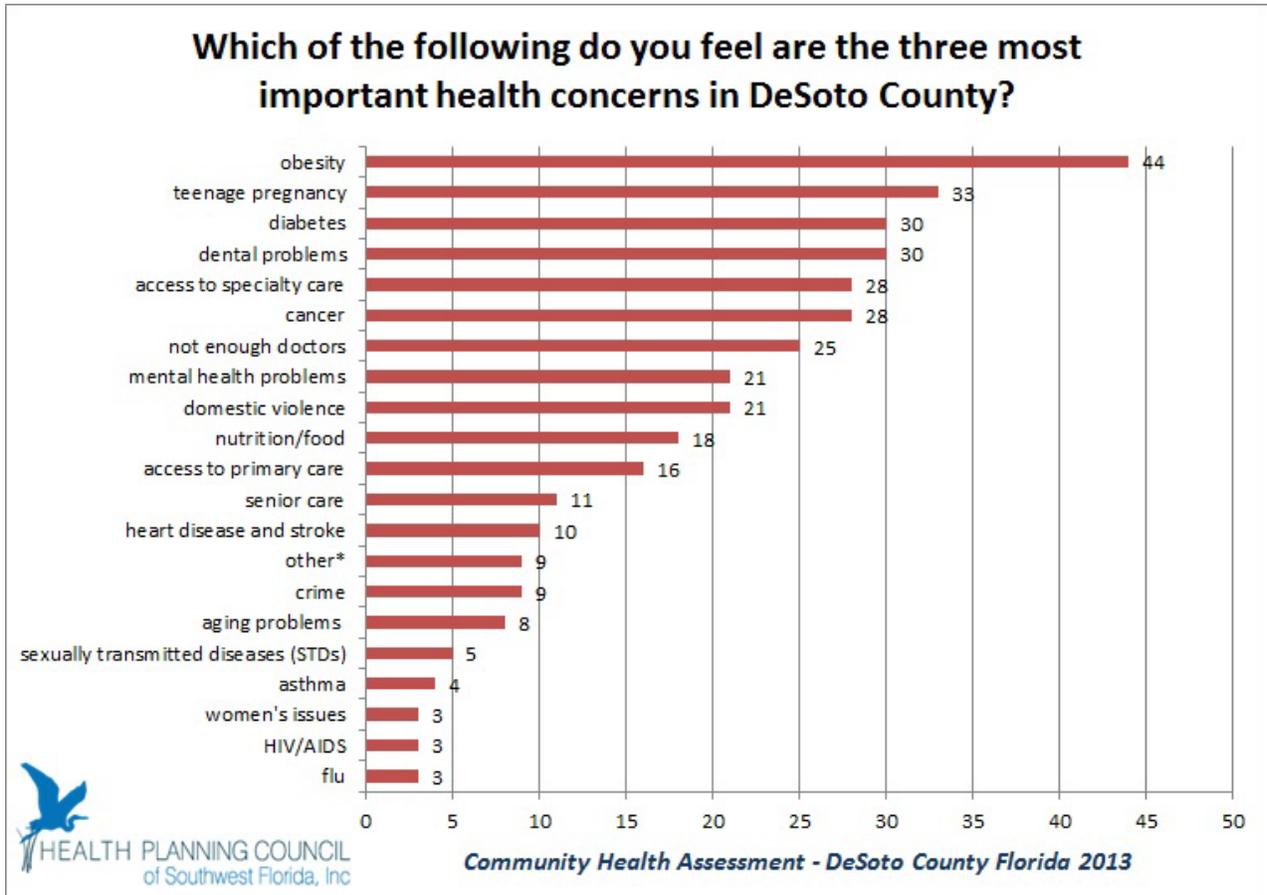
The surveys also asked about difficulties in receiving specific types of health services. 20 respondents said, no, there are no services that individuals in DeSoto County have difficulty accessing. Of those who felt there were services that were difficult to access, specialty care was number one, with 58 responses. Next highest on the list were dental care and mental health care, each receiving 37 responses.

Possible options for improving the health of area residents were given. Job opportunities was chosen overwhelmingly by survey respondents, with 72 responses. The next highest options were specialty doctors (45 responses) and after-school programs (38 responses).

| Are there services that individuals in DeSoto County have difficulty accessing? | |
|---|-----------|
| no | 20 |
| specialty care | 58 |
| dental care | 37 |
| mental health care | 37 |
| primary care | 19 |
| pediatric care | 17 |
| emergency care | 12 |
| pharmacy/medications | 11 |
| hospital care | 6 |
| other* | 1 |
| * substance abuse | |

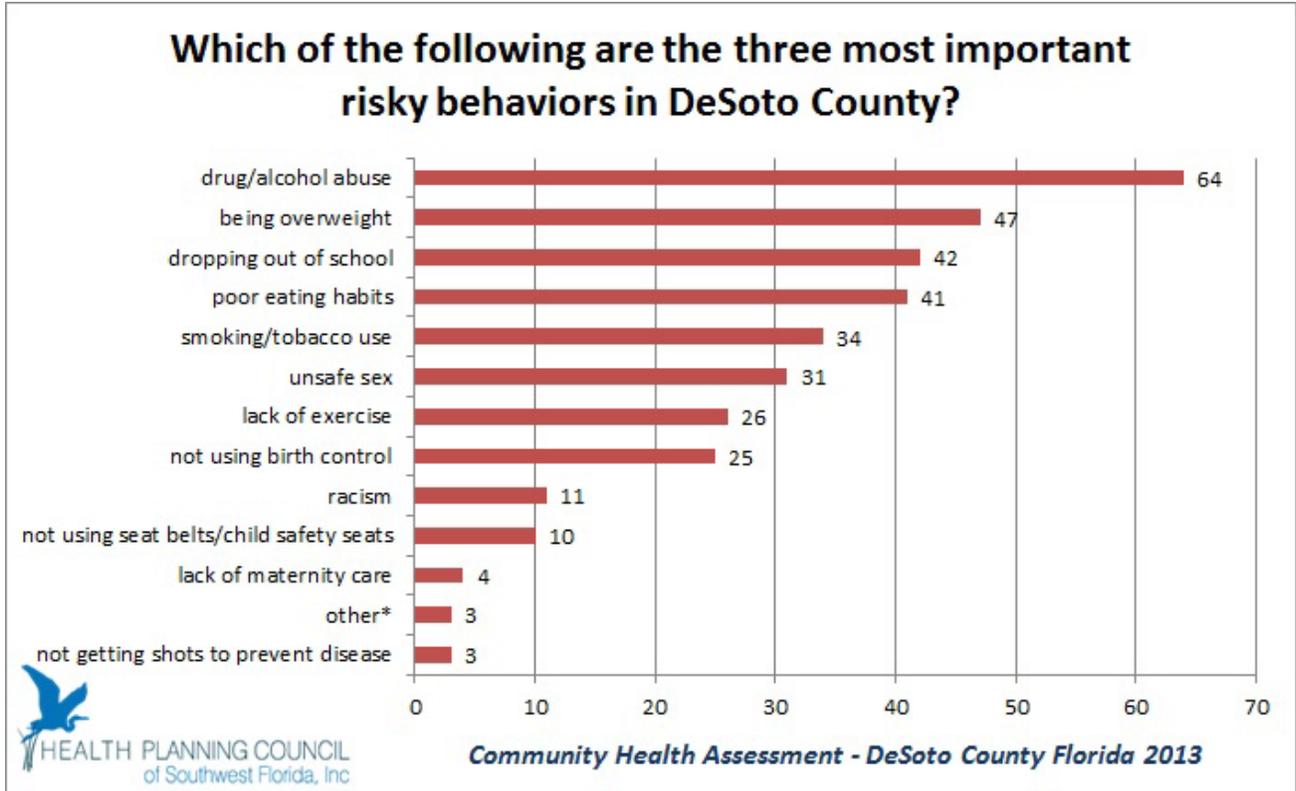
| What does DeSoto County need to improve the health of your family, friends, and neighbors? | |
|--|----|
| job opportunities | 72 |
| specialty doctors | 45 |
| after-school programs | 38 |
| health education/wellness programs | 35 |
| additional health services | 32 |
| more doctors | 32 |
| substance abuse treatment services | 32 |
| transportation | 31 |
| healthier food choices | 30 |
| safe places to walk/play | 30 |
| recreational facilities | 29 |
| counseling & support | 27 |
| other | 0 |

Respondents were asked to select what they felt to be the three most important health concerns for residents of DeSoto County. Obesity topped the list, with 44 responses. Second highest on the list was teenage pregnancy, with 33 responses, followed by diabetes and dental problems, each with 30 responses.



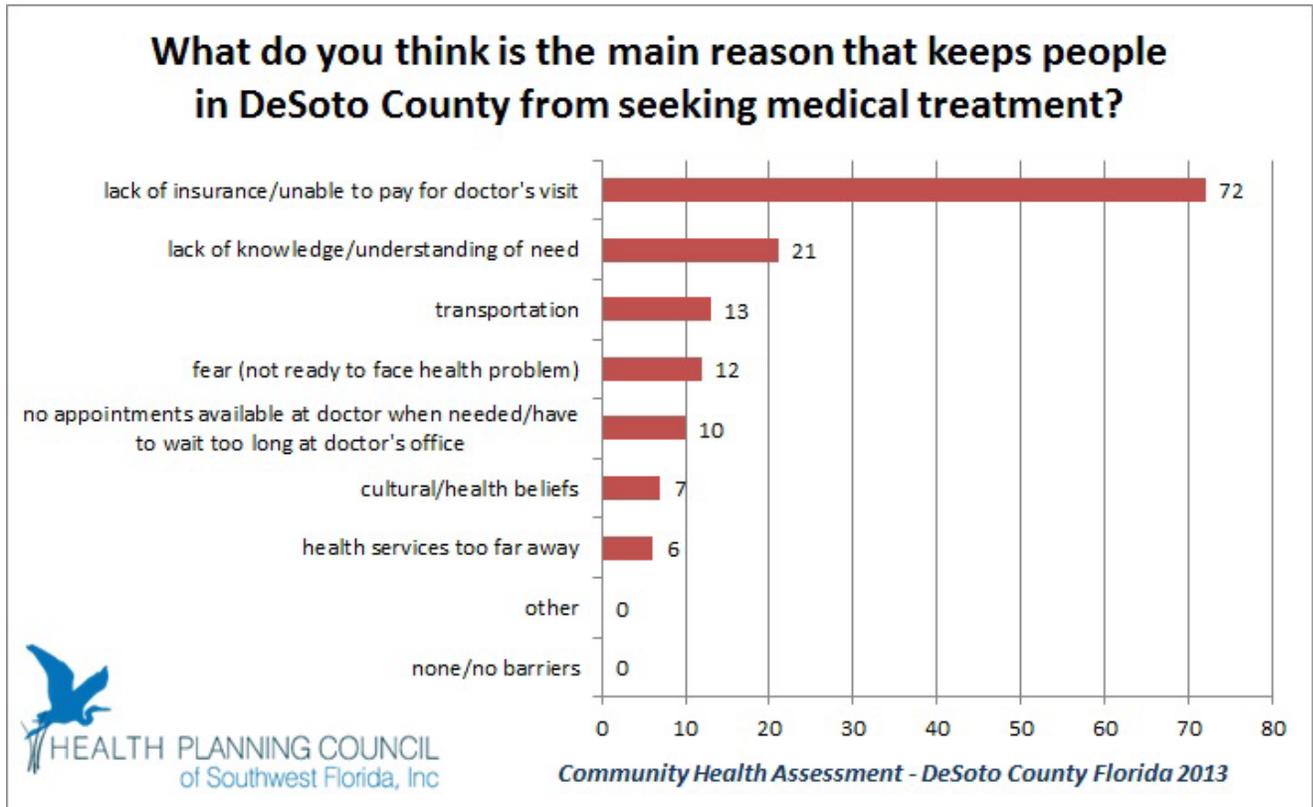
*other: substance abuse, hypertension, quality care, hygiene, cost of healthcare

Respondents were then asked to select the three most important risky behaviors in DeSoto County. Drug and alcohol abuse was listed most frequently, with 64 responses. Other risky behaviors identified included being overweight (47 responses), dropping out of school (42 responses), and poor eating habits (41 responses).



*other: poor parenting, loud music in cars

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 DeSoto 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 72 responses. This was more responses than all of the other options combined. The next most often cited reason was a lack of knowledge or understanding by residents of their health needs (21 responses).



Additional comments from survey respondents about health and healthcare in DeSoto County included: Need more outreach regarding what services are available; need a local domestic violence shelter; need jobs.

Interviews with Community Leaders

Introduction

The Health Planning Council of Southwest Florida (HPC) conducted sixteen key informant interviews in early 2013 with the cooperation of the DeSoto County Health Department. The purpose of conducting the interviews was to better understand the perspectives of key community leaders on the health and healthcare needs of DeSoto 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 affecting the views and sentiments regarding healthcare services in DeSoto County. A summary of community leaders' opinions is reported without judging the veracity of their comments.

Methodology

A community committee created by the DeSoto County Health Department (DeSoto Community Health Assessment Team) compiled a list of possible interview subjects and made initial contact with the interviewees. The list included governmental representatives, healthcare providers, healthcare consumers, and representatives of local businesses and community organizations. HPC staff conducted the interviews in person. The average interview lasted between thirty and sixty minutes. Sixteen key community leaders were interviewed at the place of their employment or another location of their choosing in DeSoto County in March and April of 2013. 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. That list is included in Appendix B.

All interviews were conducted using a standard questionnaire. The instrument used to conduct the interviews is included in Appendix A. Community leaders were asked to provide comments on the following issues:

- Overall perspective of healthcare in DeSoto County;
- Perception of essential components 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;
- Impressions of specific health services available in the county;
- 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 county.

Interview Analysis

The leaders interviewed were asked whether they serve on any boards or have any affiliations with healthcare providers in the community that deliver healthcare services that may have helped form their opinions. These affiliations included the Transportation for the Disadvantaged Board, DeSoto Health Resources, Heartland Rural Health Network, Heartland Work Force Board, Hospital District Board, DeSoto County Consortium and the advisory board for DeSoto Memorial Home Healthcare.

The length of time that the community leaders have lived and/or worked in DeSoto County ranges from fifteen months to fifty-six years. The average number of years that an interviewee has lived or worked in DeSoto County is twenty-six years. The majority of the leaders reside in DeSoto County.

The interview questions for each community leader are identical. The questions have been grouped into seven major 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 without assessing credibility of their comments.

General Perceptions

When asked to share their impressions about health and healthcare in DeSoto County, community leaders spoke at length about the assets and deficiencies of the system. The majority of the respondents noted that there is a lack of specialty care in the county, while primary care was thought by many to be adequate. Two respondents stated that the quality and scope of healthcare options in DeSoto County were mediocre and difficult to access, particularly for the poor and uninsured. Some respondents felt that there is a definite lack of care available to underserved populations, including the poor, the undocumented, and those without health insurance. While limited resources were cited as an obstacle, several respondents felt that things are improving and there are more options now than there were in the past.

The need for quality health information is always a priority for communities. By far the number one source for health information in the county cited by the interviewees was the DeSoto County Health Department. The next most often mentioned were family doctors, word of mouth, the Peace River Shopper, and DeSoto Memorial Hospital. Also cited were the Internet, Catholic Charities, Senior Friendship Center and the 211 telephone line.

Pressing Healthcare Needs

The community leaders were asked to identify the most pressing healthcare needs in DeSoto County. The number one response was access to specialty care. Specifically noted were neurologists and specialty care for diabetics. Affordability of the healthcare services currently available was the second most mentioned healthcare need in DeSoto County. The lack of affordable health insurance was also mentioned. Access to primary care, particularly for the uninsured and underinsured was identified as a pressing need as well. Nutrition was a prime concern for many of the interviewees, as they feel it is

directly related to other issues, such as diabetes, obesity, and hypertension. The need for more mental health services was also identified.

Issues Affecting Specific Groups

Community leaders were asked to give their opinion on issues impacting particular groups of DeSoto County residents. Those groups included children, teen/adolescents, adults, the elderly and the uninsured.

Interviewees mentioned a lack of dental and specialty care for children. It was mentioned that while there are some dental services, there was no dental provider in the area that accepts Medicaid. ADD/ADHD, allergies, and asthma were issues felt to be widely prevalent amongst the children in DeSoto County. Respondents seemed particularly concerned with the lack of preventative care, including annual well-checks and immunizations. It was suggested that parents were not always prioritizing getting their children in for annual check-ups and immunizations, and many would benefit from general parenting classes. Dietary issues, obesity and a lack of proper nutrition were also cited as issues for children in DeSoto County. There was felt to be a need for more nutrition education for the youth of DeSoto County, which can help prevent other health issues later, particularly diabetes.

Teens and adolescents present a different list of healthcare needs. It was widely noted that there is a problem with teen pregnancy and STDs. It was noted by one community leader that while the school system endorses abstinence, there are still a large number of teen pregnancies. Several of the interviewed leaders stated that there is too much tobacco, alcohol and drug use and abuse among teens in DeSoto County. Some leaders would like to see more general health education as well as more opportunities for recreation. There is also a concern about teenagers completing high school, and being able to read. A lack of education will lead to fewer job opportunities, which will make it that much more difficult to afford health insurance and healthcare as they get older.

When it comes to adults, access to specialty care is the most pressing concern. Chronic conditions, such as diabetes, were listed by several interviewees as major health issues as well. Also noted were affordable options for healthcare, insurance, and prescription drugs. Many residents are not working, and those who are working still are unable to afford healthcare and health insurance. A lack of affordability can lead to adults putting off routine care, as well as delaying treatment of health issues until they are severe and more costly. Nutrition education was mentioned as a need in the community. Residents need to know how to stay healthy and avoid obesity and diabetes.

The elderly generally have access to care through Medicare and so are typically considered to in a better situation than many. The number one concern mentioned for the elderly was regular care of general aging ailments. A lack of day to day, in-home care was felt by many respondents, the fear being that seniors might forget to take their regular medications or not have access to nutritious meals. Senior Friendship Center was cited as a resource for seniors to access recreation and meals. However, those who are homebound are unable to make use of this resource, and there is often a waiting list.

When discussing the uninsured in DeSoto County, the most common healthcare issue was access to affordable care and insurance options. It was felt that uninsured consumers often use the emergency room as their primary doctor, which is a burden on the hospitals, and unaffordable bills left unpaid can

lead to the consumers being left with negative history on their credit reports. The uninsured were also felt to be generally unaware of healthcare options available in DeSoto County for those without insurance, as well as options for obtaining health insurance. Some of the resources mentioned for the uninsured included Catholic Charities, Vocational Rehab and area churches that can help pay medical bills, and Community Care Health Care Center, which offers healthcare services for the uninsured. Also generally mentioned as pressing health needs of the uninsured were the lack of specialty care, lack of preventative care, annual well-checks, immunizations, and dental care.

Types of Residents with Difficulty Accessing Healthcare

Interviewees were asked about types of residents who have particular difficulty accessing care. The general consensus is that migrants and the uninsured have few options for healthcare. It was noted by several respondents that many undocumented immigrants do not access care because there is a fear of deportation, as well as often having a language barrier. Many (migrants as well as the uninsured) are not aware of what services are available to them, and/or do not think that they are eligible for services. Multiple respondents mentioned that young adults in DeSoto County also have difficulty accessing care. Their difficulties lie in the high cost of health insurance. Most do not qualify for Medicaid, and the poor job market in DeSoto County leaves them with few jobs that provide access to employer-paid insurance.

Impressions Regarding Services

The leaders were asked to give their impressions about the availability of different types of healthcare services and any obstacles that residents encounter when attempting to receive those types of services. The overall feeling was that primary care is available for the most part, but can be difficult for low/no-income populations to access. While primary doctors are available in DeSoto County, some interviewees felt that there were not enough doctors for the county, and those who are here are routinely overworked. Besides lack of health insurance, transportation was listed as an obstacle.

Respondents were split on the availability of dental care. About half the leaders stated that the available dental services were very good and there were several local dentists; the others stated that there weren't many who would accept Medicaid or Medicare, and that there were too few dentists, making for a long wait to get an appointment. The DeSoto County Health Department offers basic dental care, but certain Medicaid/Medicare aren't covered, and it was stated that the wait for appointments is upwards of three months at times.

Nearly all the participants stated that there are almost no specialty care services available in the county. While a few specialists rotate into the county occasionally, including a cardiologist, an orthopedist, a diabetic specialist, and a urologist, this was not felt to be adequate for the needs of DeSoto residents. A preference for permanent options was noted (as opposed to just one day a week). Many residents travel to Charlotte County for services such as dialysis and oncology care.

Mental health care was listed as a need in the county by half of the interviewees. Some respondents noted that Coastal Behavioral Health is "good" or "very good", but isn't sufficient for the county. It was suggested that an inpatient facility would be utilized if available. It is possible that services that are available are not widely known to the community. For example, two respondents believed there were no mental health providers in the county, and another felt there were no local counseling options

specifically for children or families. However, Coastal Behavioral Health offers mental health services, including those specifically for children and families, although there is often a wait to be seen. Similarly, half of the interviewees felt that there is not nearly enough substance abuse treatment, including none that are inpatient (such as a detox/rehab facility). There are local Narcotics Anonymous and Alcoholics Anonymous meetings, but for anything beyond recovery support groups, residents must travel outside the county for substance abuse issues.

The vast majority of leaders believe that the emergency care at DeSoto Memorial Hospital is good and adequate for the needs of the county. A few respondents noted long wait times to be seen in the ER, possibly due in part to the large number of residents using the emergency room for non-emergencies. While the care received was generally considered “good,” “excellent,” and “terrific,” the perception is that only basic emergency services are offered, with anything more severe requiring a trip outside the county. The hospitals in Charlotte County were seen as more reliable, particularly for those more severe emergencies.

Hospital care in general (non-emergency) was thought by most interviewees to be very good, and “very well-equipped”. Several respondents noted that the quality of the care provided by the doctors on staff has improved noticeably over the years. Hospital staff do refer out of county when they are out of their comfort zone, but this was seen by most as a positive. Lack of staff in both the emergency room as well as the hospital overall was a common critique.

Of those with an opinion on it, the area’s hospice care received universally positive reviews. Most felt the care available is good, and the Tidewell Hospice facility in Arcadia is nice. One interviewee specifically noted that the facility is fully-staffed, and people often come from other counties to use it.

Pediatric care was felt by a few respondents to be good, but lacking. Respondents knew of two or three pediatricians in the county, some who take Medicaid, but felt that residents could use more. Interviewees noted that there were no neonatal services available in DeSoto County. For neonatal care, most go to Peace River Regional Medical Center or Fawcett Memorial in Charlotte County, or Sarasota Memorial Hospital in Sarasota County. This becomes a larger issue for those without transportation, as they are unable to see their babies frequently while they are in care. And for those who do not speak English, it was stated that the language barrier was an extremely difficult obstacle to overcome.

As discussed earlier, specialty care is the service most often requiring residents to be referred outside the county. Specific services mentioned include: specialty cancer treatment, cardiology, allergy services, mental health and substance abuse, rape counseling, dermatology, and asthma services. Respondents stated that they most often traveled to Sarasota County and Charlotte County for specialty services. Veterans used the Veterans’ Affairs facility in Cape Coral (Lee County) for everything except mental health services, which they can receive in DeSoto County at Coastal Behavioral Health.

It is generally believed that the residents of the areas outside of Arcadia often have greater difficulty accessing health services. Particular neighborhoods mentioned as having difficulty accessing services were Hull, Nocatee, and Brownville. Migrant camps were also listed as places where healthcare was particularly difficult to access. Transportation is seen as a major barrier to care for all of these areas. While the new addition of the DART transportation service has made a difference in Arcadia, the only outlying area it travels to is Nocatee, once a week. The bus service was seen by some as not meeting

the needs of the residents of Nocatee, as the DART bus stop is at the Nocatee post office, and no one lives near enough to the post office for this bus stop to be useful.

Affordable Care Act/Healthcare Reform

Interviewees were asked their thoughts on how the Affordable Care Act will affect healthcare in DeSoto County, and how best to educate the public about the upcoming changes. The initial response of many interviewees was, "I don't know." Positive speculation included the idea that this could open doors for many people who are currently uninsured to obtain insurance. On the flip side, this could clog the healthcare system with the large number of newly-insured people entering care, especially the large number of people being treated for preexisting conditions that haven't been able to seek treatment previously. Other thoughts were that those with lower incomes will struggle to purchase insurance through the exchanges; Medicare services will be cut; and employers will cut back full time employees to part time and drop their health benefits.

Educating the population of DeSoto County about the upcoming changes may require multiple avenues. Suggestions primarily included public forums, flyers, media coverage, as well as a one-on-one/hotline approach. Public forums were thought to work best when targeted at specific populations, therefore having multiple forums would be best. These events should be held in places where residents naturally gather, particularly in rural areas. It was also suggested to have information available at doctors' offices, churches, DeSoto Memorial Hospital, and the DeSoto County Health Department.

Most Important Health Issue and How to Address It

Preventive education to combat chronic diseases such as diabetes and hypertension was listed as a serious need in DeSoto County, specifically, general health education, as well as education on healthy eating and healthy lifestyles. It was felt that educating people about taking care of their bodies, possibly through more health fairs and seminars, could make a huge difference, and allow people to take charge of their own health. A few respondents noted that lack of health insurance was an important health issue, as well as the lack of substance abuse treatment in the area.

About half the respondents would like to see the state and federal governments work together to bring in additional funds to allow for more resources (physicians and clinics) in DeSoto County. Others did not feel that the government was ultimately responsible. Many agreed that health education was a key component to addressing the health issues of DeSoto County.

Dissemination Plan

This report will only be beneficial to the residents of DeSoto County if the information it contains is utilized by the DeSoto 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 DeSoto Community Health Assessment Team (D-CHAT) 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 D-CHAT 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 presented to the DeSoto County Commissioners
- Data will be made available at the annual Back to School Fair, July 20, 2013
- Document will be distributed to the DeSoto County Chamber of Commerce
- A press release will be submitted to The Arcadian newspaper, and other local and regional news organizations.
- Data will be presented to the local Rotary Club, and other local community groups
- Document will be posted on established local community social media sites and distribution lists
- It will be requested that the document be placed on the Florida Department of Health website and social media sites.

The D-CHAT community group 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 DeSoto County.

Appendix A

Community Committee Members

Mary Kay Burns, Health Officer
Penny Kurtz, Asst Director
Emily Suter, Gov. Operations Consultant III
Florida Department of Health, DeSoto County

Sister Ann De Nicolo
Catholic Charities

Peggy Waters
Social Services Director, DeSoto County

Batia Gold
Director, Coastal Behavioral Healthcare

Tim Vowels
Owner, McDonalds

Paul Parrish, Pharmacy Manager
Ken Cetin, Physician Assistant
Manatee County Rural Health Services

Kristie Popa
4-H Agent, DeSoto County

Judy Kirkpatrick
Manager, MidFlorida Credit Union

Deborah Dekeulenaere, Program Manager
Healthy Families DeSoto/Hardee

Vincent Sica
CEO, DeSoto Memorial Hospital

7. What do you think is the main reason that keeps people in DeSoto County from seeking medical treatment?

- Cultural/health beliefs
- Health services too far away
- Lack of knowledge/understanding of need
- No appointments available at doctor when needed/have to wait too long at doctor's office
- None/no barriers
- Other _____
- Fear (*not ready to face health problem*)
- Lack of insurance/unable to pay for doctor's visit
- Transportation

8. What types of residents of DeSoto County have more difficulty with healthcare than others?

- Adults
- Elderly/Senior Citizens
- Teens/Adolescents
- Other _____
- Children
- Non-English Speaking
- Uninsured/Low-Income

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 services that individuals in DeSoto County have difficulty accessing?

- No
- Yes

If yes, which of the following services have you or someone you know had difficulty accessing (select all that apply)?

- Primary care
- Dental care
- Specialty care
- Mental Health care
- Other _____
- Emergency Care
- Hospital care
- Pediatric Care
- Pharmacy/Medications

11. What does DeSoto County need to improve the health of your family, friends, and neighbors?

- Additional health services
- After-school programs
- Counseling & support
- Health education/wellness programs
- Healthier food choices
- Job opportunities
- Other _____
- More doctors
- Recreational facilities (parks, sports fields, etc.)
- Safe places to walk/play
- Specialty doctors
- Substance abuse treatment services
- Transportation

12. Please share any additional comments you have about healthcare needs in DeSoto County.

Appendix C

DeSoto County Health Assessment

Key Informant Interview Guide

On behalf of the DeSoto County Health Department, the Health Planning Council of Southwest Florida is conducting a county-wide health assessment. The goal of this assessment is to identify the most pressing health needs of residents of DeSoto County including issues like access to healthcare, barriers to receiving healthcare and the most pressing health issues of residents. As a part of this study, we are conducting a series of interviews with key individuals throughout the county who have knowledge of the health needs of individuals in DeSoto County. You have been identified by the project team as a key informant based on your knowledge of the health-related issues for DeSoto County residents. This interview will take approximately 45 minutes.

If it is okay with you, I will be recording this interview. The tape will only be used by the project team and then will be destroyed. In the 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. Are you ready to get started?

13. Could you briefly describe your position and how long you have lived and/or worked in DeSoto County?
14. It is important that we understand any affiliations you have with healthcare providers in the community that may have helped form your opinions about these issues. Do you serve on any boards or participate in any organization that delivers healthcare services?
15. Please comment on your overall perspective on healthcare in DeSoto County including the services available to meet healthcare needs and the general health of DeSoto County residents.
16. Where do you think the residents of DeSoto County go to get needed health information?
17. What do you think are the most pressing healthcare needs in DeSoto County?
18. Now I am going to name some specific populations in DeSoto County and I would like you to comment about what you think are the most important health issues affecting them:
 - a. Children
 - b. Teens/adolescents
 - c. Adults
 - d. Elderly
 - e. Uninsured

19. What types of residents of DeSoto County have more difficulty with healthcare than others? What are these difficulties? Why do you believe these folks have more difficulties with healthcare? What actions are necessary to address this issue?
20. What do you think are the essential components of a quality healthcare system for a community like DeSoto County? Are these components currently in DeSoto County?
21. I am going to name some specific types of services and ask you to share any impressions you have about them, particularly anything you know about how these services are available to all persons in DeSoto County and whether there are any obstacles to receiving these types of services:
 - a. Primary care
 - b. Dental care
 - c. Specialty care
 - d. Mental Health care
 - e. Substance Abuse treatment
 - f. Emergency care
 - g. Hospital care
 - h. Hospice care
 - i. Pediatric/Neonatal care
22. Are there other types of services that individuals in DeSoto County have difficulty accessing?
23. Are there services that individuals in DeSoto County must go outside of the county to receive?
24. Are there areas/neighborhoods in the County where residents have a particularly difficult time accessing services?
25. We often hear that transportation is an issue that impacts accessing needed healthcare. Is this something that you have seen in the community?
26. How do you think the Affordable Care Act (Healthcare Reform/Obamacare) will affect healthcare in DeSoto County?
27. What do you think are the best ways to educate people about the upcoming changes (regarding the Affordable Care Act)?
28. Of all the issues and services we have discussed, which do you think is the most important healthcare issue?
29. What actions are necessary to address this issue? Who do you think should take responsibility for addressing this issue?
30. Do you have any additional comments you would like to share about healthcare needs in DeSoto County?

Appendix D

Community Leaders Interviewed

Cathy Parrella
Vocational Rehab

Pastor Wayne Earnest
First Baptist Church of Fort Ogden

Treasa Griffin
Social Worker, DeSoto County Schools

Sister Ann De Nicolo
Catholic Charities

Roger Dalpe
Private Citizen

Peggy Waters
Social Services Director, DeSoto County

Batia Gold
Director, Coastal Behavioral Healthcare

Vincent Sica
CEO, DeSoto Memorial Hospital

Mary Kay Burns
Health Officer, DeSoto Co. Health Dept.

Penny Kurtz
Assistant Director, DeSoto Co. Health Dept.

Karen Blanchette
Director, Senior Friendship Center

Justin Sorrells
Sorrells Citrus

Judy Kirkpatrick
Manager, MidFlorida Credit Union

Dr. Sharon Goodman
Principal, DeSoto Early Childhood Center

Gloria Kendricks
Area Coordinator, RCMA

Alicia Zuniga
RCMA

Appendix E

County Health Rankings

| | DeSoto County | Error Margin | Florida | National Benchmark** | Rank (of 67) |
|--------------------------------------|------------------|-----------------|---------|-------------------------|-----------------|
| Health Outcomes | | | | | 13 |
| Mortality | | | | | 22 |
| Premature death | 7,540 | 6,536-8,545 | 7,310 | 5,317 | |
| Morbidity | | | | | 8 |
| Poor or fair health | 17% | 13-21% | 16% | 10% | |
| Poor physical health days | 3.6 | 2.7-4.5 | 3.6 | 2.6 | |
| Poor mental health days | 3.4 | 2.2-4.5 | 3.7 | 2.3 | |
| Low birth weight | 7.30% | 6.4-8.2% | 8.70% | 6.00% | |
| Health Factors | | | | | 60 |
| Health Behaviors | | | | | 46 |
| Adult smoking | 21% | 16-27% | 19% | 13% | |
| Adult obesity | 34% | 30-38% | 26% | 25% | |
| Physical inactivity | 31% | 28-35% | 24% | 21% | |
| Excessive drinking | 17% | 12-24% | 16% | 7% | |
| Motor vehicle crash death rate | 32 | 25-40 | 16 | 10 | |
| Sexually transmitted infections | 356 | | 398 | 92 | |
| Teen birth rate | 75 | 69-81 | 40 | 21 | |
| Clinical Care | | | | | 65 |
| Uninsured | 34% | 32-37% | 25% | 11% | |
| Primary care physicians† | 2,913:1 | | 1,439:1 | 1,067:1 | |
| Dentists† | 3,523:1 | | 2,095:1 | 1,516:1 | |
| Preventable hospital stays | 117 | 106-128 | 65 | 47 | |
| Diabetic screening | 88% | 80-95% | 84% | 90% | |
| Mammography screening | 68% | 59-76% | 70% | 73% | |
| Social & Economic Factors | | | | | 63 |
| High school graduation† | 63% | | 71% | | |
| Some college | 27% | 21-32% | 59% | 70% | |
| Unemployment | 9.90% | | 10.50% | 5.00% | |
| Children in poverty | 42% | 32-52% | 25% | 14% | |
| Inadequate social support | 23% | 17-30% | 22% | 14% | |
| Children in single-parent households | 49% | 40-57% | 37% | 20% | |
| Violent crime rate | 805 | | 614 | 66 | |

| Physical Environment | | | | | 43 |
|-----------------------------------|-----|---------|-----|-----|----|
| Daily fine particulate matter | 7.1 | 7.1-7.2 | 8.4 | 8.8 | |
| Drinking water safety | 1% | | 3% | 0% | |
| Access to recreational facilities | 3 | | 9 | 16 | |
| Limited access to healthy foods† | 6% | | 7% | 1% | |
| Fast food restaurants | 59% | | 44% | 27% | |

Source: County Health Rankings & Roadmaps. Available at <http://www.countyhealthrankings.org>. Accessed April 19, 2013.

*Definitions for each measure are listed below.

**90th percentile, i.e., only 10% are better

†Data should not be compared with prior years due to changes in definition.

Note: Blank values reflect unreliable or missing data.

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 (age-adjusted)

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

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 F

Definitions of Prevention Quality Indicators

PQI-1 (Diabetes short-term complication): All non-maternal/non-neonatal discharges of age 18 years and older with ICD-9-CM principal diagnosis code for short-term complications (ketoacidosis, hyperosmolarity, coma).

PQI-3 (Diabetes long-term complication): Discharges age 18 years and older with ICD-9-CM principal diagnosis code for long-term complications (renal, eye, neurological, circulatory, or complications not otherwise specified).

PQI-5 (Chronic obstructive pulmonary disease): All non-maternal discharges of age 18 years and older with ICD-9-CM principal diagnosis code for COPD.

PQI-7 (Hypertension): All non-maternal discharges of age 18 years and older with ICD-9-CM principal diagnosis code for hypertension.

PQI-8 (Congestive heart failure): All non-maternal/non-neonatal discharges of age 18 years and older with ICD-9-CM principal diagnosis code for CHF.

PQI-10 (Dehydration): All non-maternal discharges of age 18 years and older with ICD-9-CM principal diagnosis code for hypovolemia.

PQI-11 (Bacterial pneumonia): All non-maternal discharges of age 18 years and older with ICD-9-CM principal diagnosis code for bacterial pneumonia.

PQI-12 (Urinary tract infection): All non-maternal discharges of age 18 years and older with ICD-9-CM principal diagnosis code of urinary tract infection.

PQI-13 (Angina admission without procedure): All non-maternal discharges of age 18 years and older with ICD-9-CM principal diagnosis code for angina.

PQI-14 (Uncontrolled diabetes): All non-maternal discharges of age 18 years and older with ICD-9-CM principal diagnosis code for uncontrolled diabetes, without mention of a short-term or long-term complication.

PQI-15 (Adult asthma): All non-maternal discharges of age 18 years and older with ICD-9-CM principal diagnosis code of asthma.

PQI-16 (Rate of lower-extremity amputation among patients with diabetes): All non-maternal discharges of age 18 years and older with ICD-9-CM procedure code for lower-extremity amputation in any field and diagnosis code of diabetes in any field.

Appendix G

Florida Youth Substance Abuse Survey

Percentages of DeSoto County youth and Florida Statewide youth who reported having used various drugs in the past 30 days, 2012

| | DeSoto 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 | 18.0 | 37.1 | 29.7 | 26.6 | 15.2 | 40.2 | 28.0 | 12.3 | 33.9 | 25.3 | 23.8 | 13.2 | 34.0 | 24.6 |
| Binge Drinking | 8.7 | 17.9 | 10.7 | 16.8 | 6.8 | 18.4 | 13.5 | 4.7 | 16.4 | 10.6 | 11.9 | 4.9 | 16.4 | 11.3 |
| Cigarettes | 3.6 | 11.8 | 5.3 | 10.3 | 3.6 | 11.2 | 7.9 | 2.7 | 9.6 | 6.0 | 7.1 | 2.6 | 9.5 | 6.6 |
| Marijuana or Hashish | 5.0 | 15.6 | 9.6 | 12.2 | 4.4 | 17.5 | 10.7 | 4.2 | 18.5 | 10.6 | 14.1 | 4.5 | 18.9 | 12.4 |
| Synthetic Marijuana | -- | 6.3 | 4.6 | 8.5 | -- | 6.7 | 6.3 | -- | 4.3 | 3.3 | 5.3 | -- | 4.5 | 4.3 |
| Inhalants | 5.4 | 1.0 | 3.4 | 2.7 | 4.9 | 0.9 | 3.0 | 3.8 | 1.6 | 3.0 | 2.0 | 3.7 | 1.6 | 2.5 |
| Club Drugs | 1.1 | 0.6 | 0.6 | 1.2 | 1.1 | 0.4 | 0.9 | 0.4 | 1.5 | 0.9 | 1.2 | 0.4 | 1.5 | 1.1 |
| LSD, PCP or Mushrooms | 1.1 | 0.3 | 0.8 | 0.6 | 1.0 | 0.4 | 0.7 | 0.5 | 1.3 | 0.7 | 1.2 | 0.5 | 1.3 | 1.0 |
| Methamphetamine | 0.6 | 0.1 | 0.4 | 0.3 | 0.3 | 0.3 | 0.3 | 0.5 | 0.5 | 0.4 | 0.5 | 0.5 | 0.5 | 0.5 |
| Cocaine or Crack Cocaine | 0.6 | 1.0 | 0.4 | 1.2 | 0.6 | 0.3 | 0.8 | 0.4 | 0.9 | 0.5 | 0.8 | 0.4 | 0.8 | 0.7 |
| Heroin | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.2 | 0.4 | 0.2 | 0.4 | 0.2 | 0.4 | 0.3 |
| Depressants | 0.4 | 1.6 | 1.4 | 0.8 | 0.4 | 1.2 | 1.1 | 0.8 | 2.1 | 1.6 | 1.5 | 0.7 | 2.3 | 1.6 |
| Prescription Pain Relievers | 1.0 | 3.3 | 2.7 | 1.8 | 1.3 | 3.2 | 2.2 | 1.7 | 2.8 | 2.6 | 2.0 | 1.7 | 2.9 | 2.3 |
| Prescription Amphetamines | 0.0 | 1.5 | 0.3 | 1.4 | 0.0 | 1.5 | 0.8 | 0.4 | 1.5 | 1.0 | 1.0 | 0.5 | 1.5 | 1.0 |
| Steroids (without a doctor's order) | 0.0 | 0.3 | 0.0 | 0.4 | 0.0 | 0.4 | 0.2 | 0.3 | 0.5 | 0.2 | 0.6 | 0.3 | 0.4 | 0.4 |
| Over-the-Counter Drugs | 1.7 | 2.5 | 3.3 | 0.9 | 2.0 | 2.4 | 2.1 | 1.7 | 2.6 | 2.5 | 2.0 | 1.7 | 2.7 | 2.2 |
| Any illicit drug | 10.8 | 20.6 | 15.8 | 16.8 | 10.2 | 21.5 | 16.0 | 9.6 | 22.9 | 16.3 | 18.0 | 9.8 | 23.3 | 17.2 |
| Any illicit drug other than marijuana | 7.9 | 8.8 | 10.1 | 6.9 | 7.5 | 9.0 | 8.4 | 6.9 | 9.1 | 8.6 | 7.7 | 6.8 | 9.2 | 8.2 |
| Alcohol only | 12.0 | 21.4 | 18.5 | 15.5 | 10.0 | 23.7 | 17.0 | 7.9 | 18.1 | 14.7 | 12.7 | 8.4 | 18.2 | 13.7 |
| Alcohol or any illicit drug | 22.9 | 41.2 | 34.0 | 31.5 | 20.4 | 43.8 | 32.5 | 17.4 | 40.4 | 30.7 | 30.2 | 18.1 | 40.9 | 30.5 |
| Any illicit drug, but no alcohol | 5.1 | 4.0 | 4.5 | 4.6 | 5.1 | 4.0 | 4.5 | 5.3 | 6.8 | 5.7 | 6.7 | 5.1 | 7.2 | 6.2 |

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 DeSoto County youth 2002, 2004, 2006, 2008, 2010 and 2012

| | 2002 | | | 2004 | | | 2006 | | | 2008 | | | 2010 | | | 2012 | | |
|---------------------------------------|---------------|-------------|-------|---------------|-------------|-------|---------------|-------------|-------|---------------|-------------|-------|---------------|-------------|-------|---------------|-------------|-------|
| | Middle School | High School | Total |
| Alcohol | 23.5 | 44.9 | 34.6 | 24.4 | 45.9 | 36.7 | 23.2 | 40.8 | 33.8 | 23.3 | 48.8 | 37.9 | 18.5 | 38.8 | 30.5 | 18.0 | 37.1 | 28.0 |
| Binge Drinking | 13.8 | 29.2 | 21.9 | 14.3 | 22.3 | 18.9 | 12.9 | 24.0 | 19.5 | 7.1 | 31.6 | 21.2 | 9.1 | 20.4 | 15.7 | 8.7 | 17.9 | 13.5 |
| Cigarettes | 11.5 | 19.8 | 15.9 | 11.4 | 16.1 | 14.1 | 6.8 | 15.2 | 11.6 | 4.7 | 14.8 | 10.5 | 3.5 | 13.1 | 9.1 | 3.6 | 11.8 | 7.9 |
| Marijuana or Hashish | 5.4 | 16.1 | 11.0 | 9.4 | 14.2 | 12.3 | 5.9 | 11.5 | 9.2 | 3.7 | 14.0 | 9.6 | 4.5 | 13.5 | 9.9 | 5.0 | 15.6 | 10.7 |
| Inhalants | 3.4 | 2.6 | 3.0 | 2.4 | 2.3 | 2.3 | 5.1 | 2.7 | 3.6 | 3.4 | 2.9 | 3.1 | 2.8 | 2.0 | 2.3 | 5.4 | 1.0 | 3.0 |
| Club Drugs | -- | -- | -- | -- | -- | -- | -- | -- | -- | 0.0 | -- | 0.0 | 0.5 | 0.8 | 0.7 | 1.1 | 0.6 | 0.9 |
| LSD, PCP or Mushrooms | -- | -- | -- | -- | -- | -- | -- | -- | -- | 0.6 | -- | 0.6 | 0.0 | 1.5 | 0.9 | 1.1 | 0.3 | 0.7 |
| Methamphetamine | 0.3 | 1.5 | 0.9 | 1.3 | 1.6 | 1.5 | 0.7 | 0.7 | 0.7 | 0.6 | 0.5 | 0.6 | 0.0 | 0.0 | 0.0 | 0.6 | 0.1 | 0.3 |
| Cocaine or Crack Cocaine | -- | -- | -- | -- | -- | -- | -- | -- | -- | 0.6 | -- | 0.6 | 0.3 | 0.9 | 0.7 | 0.6 | 1.0 | 0.8 |
| Heroin | 0.9 | 0.3 | 0.6 | 0.3 | 0.8 | 0.6 | 0.3 | 0.4 | 0.4 | 0.0 | 0.0 | 0.0 | 0.5 | 0.2 | 0.3 | 0.0 | 0.0 | 0.0 |
| Depressants | 0.9 | 1.7 | 1.3 | 0.0 | 1.4 | 0.8 | 1.1 | 2.4 | 1.8 | 0.7 | 2.1 | 1.5 | 1.3 | 2.8 | 2.2 | 0.4 | 1.6 | 1.1 |
| Prescription Pain Relievers | 1.8 | 4.9 | 3.4 | 1.3 | 2.0 | 1.7 | 2.2 | 3.4 | 2.9 | 3.1 | 5.7 | 4.6 | 1.6 | 3.5 | 2.8 | 1.0 | 3.3 | 2.2 |
| Prescription Amphetamines | 0.3 | 0.3 | 0.3 | 0.0 | 0.5 | 0.3 | 0.6 | 1.3 | 1.0 | 0.7 | 1.3 | 1.1 | 0.3 | 1.8 | 1.2 | 0.0 | 1.5 | 0.8 |
| Steroids (without a doctor's order) | 1.9 | 0.3 | 1.1 | 0.3 | 0.2 | 0.2 | 0.3 | 0.0 | 0.1 | 0.5 | 0.6 | 0.6 | 0.0 | 0.2 | 0.1 | 0.0 | 0.3 | 0.2 |
| Over-the-Counter Drugs | -- | -- | -- | -- | -- | -- | -- | -- | -- | 1.3 | -- | 1.3 | 1.4 | 2.6 | 2.1 | 1.7 | 2.5 | 2.1 |
| Any illicit drug | 9.7 | 19.5 | 14.8 | 11.9 | 16.9 | 14.8 | 11.8 | 16.1 | 14.3 | 9.1 | 18.6 | 14.6 | 10.4 | 18.4 | 15.1 | 10.8 | 20.6 | 16.0 |
| Any illicit drug other than marijuana | 6.9 | 8.6 | 7.7 | 7.0 | 6.8 | 6.8 | 8.8 | 10.7 | 9.9 | 7.0 | 9.9 | 8.6 | 6.5 | 9.1 | 8.0 | 7.9 | 8.8 | 8.4 |
| Alcohol only | 17.4 | 30.3 | 24.1 | 15.4 | 31.0 | 24.5 | 16.2 | 28.7 | 24.0 | 18.1 | 33.6 | 27.1 | 13.5 | 26.1 | 20.9 | 12.0 | 21.4 | 17.0 |
| Alcohol or any illicit drug | 26.0 | 48.8 | 37.8 | 26.6 | 47.6 | 38.7 | 26.9 | 44.0 | 37.1 | 27.3 | 51.2 | 41.1 | 24.0 | 43.9 | 35.7 | 22.9 | 41.2 | 32.5 |
| Any illicit drug, but no alcohol | 2.9 | 4.4 | 3.7 | 2.8 | 1.9 | 2.4 | 4.1 | 3.4 | 3.7 | 4.4 | 3.1 | 3.6 | 6.0 | 5.1 | 5.5 | 5.1 | 4.0 | 4.5 |

Note: The first 15 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.

Appendix H

Detailed Survey Results

Behavioral Risk Factor Surveillance Survey

| | County 2010 | | State 2010 | County 2007 |
|---|----------------------|----------|----------------------|----------------------|
| | Percent | Quartile | Percent | Percent |
| Alcohol Consumption | | | | |
| Adults who engage in heavy or binge drinking. | 14.5% (8.8-20.1) | 2 | 15.0% (13.9-16.0) | 20.7% (12.7-31.8) |
| Arthritis | | | | |
| Adults who are limited in any way in any usual activities because of arthritis or chronic joint symptoms. | 18.5% (13.4-23.5) | | 14.9% (14.0-15.6) | 13.3% (8.1-21.1) |
| Adults who have been told they have some form of arthritis. | 35.7% (29.1-42.2) | | 32.0% (30.8-33.0) | 24.0% (17.7-31.5) |
| Asthma | | | | |
| Adults who currently have asthma. | 13.2% (8.3-18.0) | 4 | 8.3% (7.6-9.0) | 8.6% (4.2-16.9) |
| Cancer Screening | | | | |
| Adults 50 years of age and older who received a blood stool test in the past year. | 13.8% (8.4-19.2) | 4 | 14.7% (13.7-15.6) | 20.9% (12.9-31.9) |
| Adults 50 years of age and older who received a sigmoidoscopy or colonoscopy in the past five years. | 48.0% (38.6-57.2) | 4 | 56.4% (54.8-57.8) | 40.8% (30.0-52.5) |
| Adults ages 50 years and older who have ever had a blood stool test. | 38.8% (30.3-47.2) | 3 | 42.5% (41.1-43.9) | 44.1% (32.8-55.9) |
| Adults ages 50 years and older who have ever had a sigmoidoscopy or colonoscopy. | 59.5% (50.7-68.2) | 4 | 68.2% (66.7-69.6) | 47.1% (35.3-59.1) |
| Men 45 years of age and older who have been told they have prostate cancer. | 4.3% (1.4-7.1) | 2 | 7.3% (6.3-8.3) | |
| Men ages 50 years and older who have ever had a digital rectal exam. | 66.5% (49.5-83.5) | 4 | 86.6% (84.8-88.4) | 63.7% (41.7-81.1) |
| Men ages 50 years and older who have ever had a PSA test. | 72.9% (54.7-91.0) | 4 | 85.0% (83.1-86.9) | 68.7% (47.1-84.3) |
| Women 18 years of age and older who received a Pap test in the past year. | 52.5% (42.1-62.7) | 3 | 57.1% (55.2-58.9) | 59.7% (47.7-70.5) |

| | | | | |
|---|----------------------|---|----------------------|----------------------|
| Women 40 years of age and older who received a mammogram in the past year. | 61.2% (53.1-69.2) | 2 | 61.9% (60.2-63.5) | 63.6% (50.1-75.2) |
| Women ages 40 years and older who had a clinical breast exam in the past year. | 63.6% (55.7-71.3) | 2 | 63.2% (61.5-64.8) | 63.3% (49.6-75.1) |
| Women who have had a hysterectomy. | 31.7% (24.9-38.5) | 3 | 26.2% (24.9-27.4) | |
| Cardiovascular Disease | | | | |
| Adults who have ever had a heart attack, angina, or coronary heart disease. | 14.5% (9.9-19.0) | 4 | 10.2% (9.5-10.7) | 7.6% (5.0-11.3) |
| Adults who have ever had a stroke. | 4.2% (1.8-6.6) | 3 | 3.5% (3.1-3.9) | 2.0% (1.1-3.5) |
| Cholesterol Awareness | | | | |
| Adults who have diagnosed high blood cholesterol. | 37.4% (30.5-44.3) | | 38.6% (37.3-39.8) | 36.7% (27.3-47.2) |
| Dental Care | | | | |
| Adults who had a permanent tooth removed because of tooth decay or gum disease. | 64.3% (56.6-71.8) | 4 | 53.0% (51.6-54.2) | |
| Adults who had their teeth cleaned in the past year. | 37.2% (30.3-43.9) | 4 | 60.9% (59.6-62.1) | |
| Adults who visited a dentist or dental clinic in the past year. | 45.3% (38.0-52.5) | 4 | 64.7% (63.4-65.9) | |
| Diabetes | | | | |
| Adults with diabetes who ever had diabetes self-management education. | 56.1% (38.5-73.6) | 2 | 55.1% (51.8-58.3) | 31.6% (14.2-56.1) |
| Adults with diabetes who had an annual eye exam. | 74.9% (60.6-89.1) | 2 | 70.2% (67.0-73.4) | 89.1% (78.0-94.8) |
| Adults with diabetes who had an annual foot exam. | 69.5% (53.0-86.0) | 3 | 72.2% (69.2-75.2) | 88.8% (73.1-95.8) |
| Adults with diabetes who had two A1C tests in the past year. | 71.8% (53.8-89.7) | 3 | 75.6% (72.5-78.6) | 84.9% (67.1-93.9) |
| Adults with diagnosed diabetes. | 13.4% (8.7-18.0) | 4 | 10.4% (9.7-11.0) | 12.5% (7.2-20.7) |
| Disability | | | | |
| Adults who are limited in any way in any activities because of physical, mental, or emotional problems. | 27.7% (21.8-33.6) | 3 | 24.3% (23.2-25.2) | 17.2% (11.7-24.4) |
| Adults who use special equipment because of a health problem. | 10.4% (6.9-13.9) | 2 | 9.3% (8.6-9.8) | 9.2% (5.0-16.3) |

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. | 54.9% (42.8-66.9) | | 56.2% (54.0-58.4) | |
|--|----------------------|--|----------------------|--|

Health Care Access & Coverage

| | | | | |
|--|----------------------|---|----------------------|----------------------|
| Adults who could not see a doctor at least once in the past year due to cost. | 20.9% (14.8-26.9) | 3 | 17.3% (16.2-18.3) | 16.7% (9.6-27.5) |
| Adults who had a medical checkup in the past year. | 62.3% (54.6-69.9) | 4 | 69.7% (68.5-70.9) | 66.9% (57.1-75.4) |
| Adults who have a personal doctor. | 70.0% (62.0-77.9) | 4 | 81.7% (80.6-82.7) | 72.3% (65.6-78.0) |
| Adults who think they would get better medical care if they belonged to a different race/ethnic group. | 22.5% (15.7-29.2) | | 10.8% (9.9-11.7) | |
| Adults with any type of health care insurance coverage. | 67.7% (59.6-75.6) | 4 | 83.0% (81.9-84.0) | 65.4% (55.8-73.8) |

Health Status & Quality of Life

| | | | | |
|---|----------------------|---|----------------------|----------------------|
| Adults who always or usually receive the social and emotional support they need. | 76.7% (70.4-82.8) | 3 | 79.5% (78.4-80.6) | 79.2% (72.0-84.8) |
| Adults who had poor mental health on 14 or more of the past 30 days. | 18.3% (12.3-24.3) | 4 | 11.8% (10.9-12.6) | 7.3% (3.6-14.0) |
| Adults who had poor physical health on 14 or more of the past 30 days. | 18.5% (13.3-23.6) | 4 | 12.6% (11.8-13.3) | 8.6% (5.3-13.4) |
| Adults who said their overall health was "fair" or "poor". | 30.1% (22.9-37.3) | 4 | 17.1% (16.2-18.0) | 20.5% (14.7-27.7) |
| Adults whose poor physical or mental health kept them from doing usual activities on 14 or more of the past 30 days. | 32.3% (23.4-41.2) | | 16.8% (15.5-18.0) | 11.8% (6.0-21.8) |
| Adults with good mental health. | 81.7% (75.6-87.6) | 4 | 88.2% (87.3-89.0) | 92.7% (85.9-96.3) |
| Adults with good physical health. | 81.5% (76.3-86.6) | 4 | 87.4% (86.6-88.1) | 91.4% (86.5-94.6) |
| Adults with good to excellent overall health. | 69.9% (62.6-77.1) | 4 | 82.9% (82.0-83.7) | 79.5% (72.2-85.3) |
| Average number of days where poor mental or physical health interfered with activities of daily living in the past 30 days. | 8.4% (6.4-10.3) | 4 | 5.2% (4.8-5.4) | 3.8% (1.4-6.0) |

HIV/AIDS

| | | | | |
|---|----------------------|---|----------------------|----------------------|
| Adults less than 65 years of age who had an HIV test in the past 12 months. | 8.9% (0.0-18.2) | 1 | 7.0% (5.9-8.0) | 17.6% (9.2-31.0) |
| Adults less than 65 years of age who have ever been tested for HIV. | 45.0% (35.3-54.7) | 3 | 48.4% (46.7-50.0) | 48.6% (37.9-59.3) |
| Adults less than 65 years who think they can get AIDS virus from mosquitos. | 31.0% (21.8-40.2) | | 19.2% (17.8-20.5) | |

Hypertension Awareness & Control

| | | | | |
|---|----------------------|---|----------------------|----------------------|
| Adults with diagnosed hypertension. | 34.3% (27.5-41.1) | 2 | 34.3% (33.1-35.4) | 24.6% (18.7-31.6) |
| Adults with hypertension who currently take high blood pressure medicine. | 77.9% (66.4-89.4) | | 82.8% (81.0-84.4) | 81.1% (67.9-89.6) |

Immunization

| | | | | |
|---|----------------------|---|----------------------|----------------------|
| Adults age 65 and older who have ever received a pneumonia vaccination. | 77.4% (71.2-83.5) | 1 | 69.9% (68.4-71.4) | 75.3% (63.6-84.1) |
| Adults age 65 and older who received a flu shot in the past year. | 67.5% (59.4-75.5) | 2 | 65.3% (63.7-66.9) | 75.1% (63.5-83.9) |
| Adults who have ever received a pneumonia vaccination. | 32.9% (26.0-39.6) | 2 | 30.6% (29.5-31.7) | 28.6% (21.0-37.5) |
| Adults who received a flu shot in the past year. | 33.5% (26.9-40.1) | 3 | 36.5% (35.3-37.7) | 32.8% (25.2-41.4) |

Injury Prevention

| | | | | |
|--|----------------------|---|----------------------|--|
| Adults 45 older who had a fall-related injury in the past 3 months. | 10.6% (5.4-15.7) | 4 | 5.7% (5.0-6.3) | |
| Adults who "always" or "nearly always" used seat belts when driving or riding in a car. | 88.6% (83.5-93.7) | 4 | 95.6% (95.0-96.1) | |
| Adults who, in the past 30 days, drove a vehicle after consuming too many alcoholic beverages. | 0.8% (0.0-1.5) | | 1.9% (1.4-2.3) | |

Overweight & Obesity

| | | | | |
|-------------------------------------|----------------------|---|----------------------|----------------------|
| Adults who are obese. | 33.4% (26.4-40.4) | 3 | 27.2% (26.0-28.3) | 32.7% (24.5-41.9) |
| Adults who are overweight. | 35.2% (27.6-42.7) | 2 | 37.8% (36.5-39.0) | 44.2% (34.9-53.9) |
| Adults who are overweight or obese. | 68.6% (61.7-75.4) | 3 | 65.0% (63.8-66.2) | 76.9% (69.3-83.0) |

| | | | | |
|---|----------------------|---|----------------------|----------------------|
| Adults who have a healthy weight (BMI from 18.5 to 24.9). | 30.8% (23.9-37.7) | 3 | 33.4% (32.1-34.5) | 22.4% (16.3-29.9) |
|---|----------------------|---|----------------------|----------------------|

Tobacco Use & Exposure

| | | | | |
|---|----------------------|---|----------------------|----------------------|
| Adult current smokers who tried to quit smoking at least once in the past year. | 65.6% (49.7-81.4) | 1 | 60.1% (56.9-63.2) | 39.3% (23.1-58.0) |
|---|----------------------|---|----------------------|----------------------|

| | | | | |
|---------------------------------|----------------------|---|----------------------|----------------------|
| Adults who are current smokers. | 26.1% (19.0-33.0) | 4 | 17.1% (16.1-18.0) | 21.2% (14.7-29.5) |
|---------------------------------|----------------------|---|----------------------|----------------------|

| | | | | |
|--------------------------------|----------------------|---|----------------------|----------------------|
| Adults who are former smokers. | 26.2% (20.8-31.6) | 3 | 29.8% (28.7-30.9) | 22.4% (16.3-30.0) |
|--------------------------------|----------------------|---|----------------------|----------------------|

| | | | | |
|-------------------------------|----------------------|---|----------------------|----------------------|
| Adults who have never smoked. | 47.7% (40.2-55.1) | 3 | 53.0% (51.8-54.2) | 56.4% (47.6-64.8) |
|-------------------------------|----------------------|---|----------------------|----------------------|

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

Approximately 500 adults were surveyed in each county in the years 2007 and 2010.

Blanks in the quartile column indicate that not enough data was available to compute a quartile. Not all indicators have data for both 2007 and 2010.

Confidence Intervals - Ranges in parentheses below the prevalence estimate represent the 95% confidence interval for the measure.

Appendix I

DeSoto County Guide to Health Services

Emergency Numbers

Police/Fire/Ambulance.....911

Non-Emergency Numbers

DeSoto County Sheriff's Office.....863-993-4700

Arcadia Police Department.....863-993-4660

DeSoto County Clerk of Courts863-993-4876

DeSoto County Fire & Rescue.....863-993-4842

United Way 211 (Information & Referral Service).....211

Other Emergency Numbers

Florida Emergency Information Line (active during Florida Disasters).....1-800-342-3557

DeSoto County Animal Control.....863-993-4855

National Poison Control Center.....1-800-222-1222

National Domestic Violence Hotline.....1-800-799-7233

National Substance Abuse Helpline.....1-800-662-4357

Nationwide Runaway Hotline.....1-800-786-2929

National Child Abuse Hotline.....1-800-422-4453

Center for Missing & Exploited Children.....1-800-843-5678

DeSoto County Healthcare Services

Hospitals

DeSoto Memorial Hospital.....863-494-3535

900 N. Roberts Ave., Arcadia, FL, 34266

Emergency Department: Yes

Emergency Services: Anesthesia, Colon & Rectal Surgery, Emergency Medicine, Gastroenterology, General Surgery, Gynecology, Hematology, Internal Medicine, Obstetrics, Ophthalmology, Podiatry, Radiology, Urology

Special Designations: Statutory Rural Hospital

Health Department

34 South Baldwin Ave., Arcadia, FL, 34266.....863-993-4601

Services: Administration, Dental Clinic, Environmental Health - Permits and Regulations, and Healthy Start

1031 East Oak St., Arcadia, FL, 34266.....863-491-7580

Services: Medical Records, Prescription Assistance, Primary Care (Appointments and Walk-Ins, Immunizations, Pediatric Services), Epidemiology/Communicable Disease, Health Education, STD & HIV/AIDS, WIC, Health & Family Planning, and Vital Statistics

A Limited List of Other Licensed Facilities:
 (for more community resources, contact the United Way 211 or go to SWFLResourceLink.com)

| Name | Facility Type | Street Address | Street City | Phone |
|--|---------------------------------|-------------------------|-------------|----------------|
| 21ST CENTURY ONCOLOGY INC | Health Care Clinic Exemption | 920 MILLS NORTH AVE | ARCADIA | (863) 494-1400 |
| ARCADIA DIALYSIS CENTER | End-Stage Renal Disease Center | 1341 E OAK ST | ARCADIA | (863) 491-8550 |
| ARCADIA OAKS ASSISTED LIVING | Assisted Living Facility | 1013 EAST GIBSON ST | ARCADIA | (863) 993-9760 |
| ARCADIA STAFFING AND LEASING LLC | Health Care Services Pool | 1013 E GIBSON ST | ARCADIA | (863) 993-9760 |
| CENTRAL RADIATION THERAPY INSTITUTE | Health Care Clinic Exemption | 920 MILLS NORTH AVE | ARCADIA | |
| COASTAL BEHAVIORAL HEALTHCARE INC | Outpatient Mental Health | 1901 BAKER ST | ARCADIA | (863) 993-2911 |
| COMMUNITY CARE FAMILY CLINIC LLC | Health Care Clinic Exemption | 1110 E. GIBSON ST | ARCADIA | |
| COMMUNITY CARE FAMILY HEALTHCARE CENTER BLDG A | Clinical Laboratory | 1110 E GIBSON ST | ARCADIA | |
| DESOTO CARE - NOCATEE | Assisted Living Facility | 2605 SW BALDWIN ST | ARCADIA | (863) 993-0612 |
| DESOTO CARE ALF | Assisted Living Facility | 1711 SW COUNTY RD 760A | ARCADIA | (863) 494-2552 |
| DESOTO HEALTH & REHAB LLC | Nursing Home | 475 NURSING HOME DR | ARCADIA | (863) 494-5766 |
| DESOTO HOME HEALTH CARE INC | Home Medical Equipment Provider | 301 N BREVARD AVE STE C | ARCADIA | (863) 494-4755 |
| DESOTO MEMORIAL CENTER FOR FAMILY HEALTH | Clinical Laboratory | 888 N ROBERT AVE | ARCADIA | (941) 494-8402 |
| DESOTO MEMORIAL CENTER FOR FAMILY HEALTH | Rural Health Clinic | 888 N ROBERT AVE | ARCADIA | (863) 494-8426 |
| DESOTO MEMORIAL HOME HEALTH CARE | Home Health Agency | 1006 NORTH MILLS AVE | ARCADIA | (863) 494-8432 |
| DESOTO MEMORIAL HOSPITAL | Hospital | 900 N ROBERT AVE | ARCADIA | (863) 494-8402 |
| DESOTO MEMORIAL HOSPITAL CLINICAL LABORATORY | Clinical Laboratory | 900 N ROBERT AVE | ARCADIA | (863) 494-8402 |
| DR ROBERT ALFINI | Health Care Clinic Exemption | 1301 E. OAK STREET | ARCADIA | (863) 993-3560 |
| GULF COAST FOOT AND ANKLE | Health Care Clinic Exemption | 1006 N MILLS AVE | ARCADIA | (863) 993-7731 |
| LINCARE INC | Home Medical Equipment Provider | 819 N MILLS AVE STE D | ARCADIA | (863) 993-9787 |
| M & R PERSONAL CARE INC | Assisted Living Facility | 1289 HILLSBOROUGH AVE | ARCADIA | (863) 494-9300 |
| MORRISON WILLIE MAE | Adult Family Care Home | 430 16TH AVENUE NORTH | ARCADIA | (863) 494-5015 |
| PRECIOUS ANGELS HOME CARE | Nurse Registry | 18 N POLK AVE | ARCADIA | (863) 491-8300 |
| PRECIOUS ANGELS HOME CARE SERVICES | Homemaker and Companion Service | 18 N POLK AVE | ARCADIA | (863) 990-1340 |
| SIMON CLINIC OF CHIROPRACTIC | Health Care Clinic Exemption | 1101 E. GIBSON STREET | ARCADIA | |
| THERAPEUTIC MANAGEMENT SERVICES LLC | Homemaker and Companion Service | 1265 SW MELODY DR | ARCADIA | (407) 580-2868 |

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/default.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.doh.state.fl.us/Disease_ctrl/epi/brfss/reports.htm

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/>

DeSoto County Department of Health: <http://www.doh.state.fl.us/chdDeSoto/>

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

U.S. Department of Health & Human Services, Office of Disease Prevention & Health Promotion, Healthy People 2020: <http://www.healthypeople.gov/2020/topicsobjectives2020/pdfs/HP2020objectives.pdf>

Florida Youth Substance Abuse Survey (FYSAS): <http://www.dcf.state.fl.us/mentalhealth/publications/fysas>