

2013

Glades County Florida Health Assessment



Prepared by:

The Health Planning Council of
Southwest Florida, Inc.

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HEALTH PLANNING COUNCIL
of Southwest Florida, Inc



Table of Contents

Introduction	4
Demographic and Socioeconomic Characteristics.....	5
Population Demographics.....	5
Population Growth.....	6
Age	7
Gender	7
Race and Ethnicity.....	8
Socioeconomic Indicators	9
Health Status	11
Health Ranking	11
Leading Causes of Death.....	11
Chronic Diseases	18
Communicable Diseases	21
Maternal and Child Health.....	23
Hospitalizations.....	25
Emergency Room Visits.....	27
Health Resources	28
Medicaid.....	28
Uninsured.....	29
Physicians and Facilities	30
Federal Health Professional Shortage Designations	31
Social and Mental Health	33
Suicides	33
Crime and Domestic Violence	34
Baker Act.....	35
Florida Youth Substance Abuse Survey.....	36
Behavioral Risk Factor Surveillance Survey.....	39
Healthy People 2020 Objectives	42
Community Input.....	44
Survey on Health and Healthcare	44
Community Focus Groups.....	49
Dissemination Plan	54

Appendices:

Appendix A: Hendry-Glades Public Health System Task Force Members..... 55
Appendix B: Survey on Health and Healthcare 56
Appendix C: Focus Group Moderator Guide..... 58
Appendix D: County Health Rankings 61
Appendix E: Definitions of Prevention Quality Indicators 64
Appendix F: Florida Youth Substance Abuse Survey 65
Appendix G: Behavioral Risk Factor Surveillance Survey 66
Appendix H: Glades County Guide to Health Services 71
Appendix I: Selected Data Sources 73

Introduction

In an effort to improve the health of the residents of Glades County, a collaborative partnership was formed between the Glades 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 Glades County Health Department and other community partners.

The Glades 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 Hendry-Glades Public Health System Task Force (H-G PHSTF) 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 Hendry-Glades Public Health System Task Force (H-G PHSTF) as well as from members of the community through surveys and focus groups. The Hendry-Glades Public Health System Task Force (H-G PHSTF) 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 focus groups, the strategic planning process can begin.

Demographic and Socioeconomic Characteristics

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

Population Demographics

The number of people in a community is the leading determinant of the demand for healthcare services. Glades County, which has a population of just fewer than 13,000, is located in southwest Florida (Fig. 1). The county shares borders with the following counties: Highlands to the north; Okeechobee to the northeast; Martin to the east; Palm Beach in the southeast; Hendry to the Southeast; Lee in the southwest; Charlotte to the west; and DeSoto to the northwest. As seen in Figure 2, Glades is one of seven counties in southwest Florida that comprise the Local Health Planning District 8 as designated by the Florida Agency for Health Care Administration (AHCA). Moore Haven, which is the county seat, is the largest incorporated municipality in the county. Moore Haven's population is slightly below 1,700 persons. Glades County is 986 square miles in area; about 22 percent of that area is covered by water. The county is the 64th most populous county in Florida out of 67; it accounts for 0.1 percent of the population of the state. The county has a far lower population density than the Florida average; about 17 persons per square mile compared to a state average of 357 persons per square mile. It has the second smallest population density (Liberty County is the smallest, with a population density of 10.35).

Figure 1:

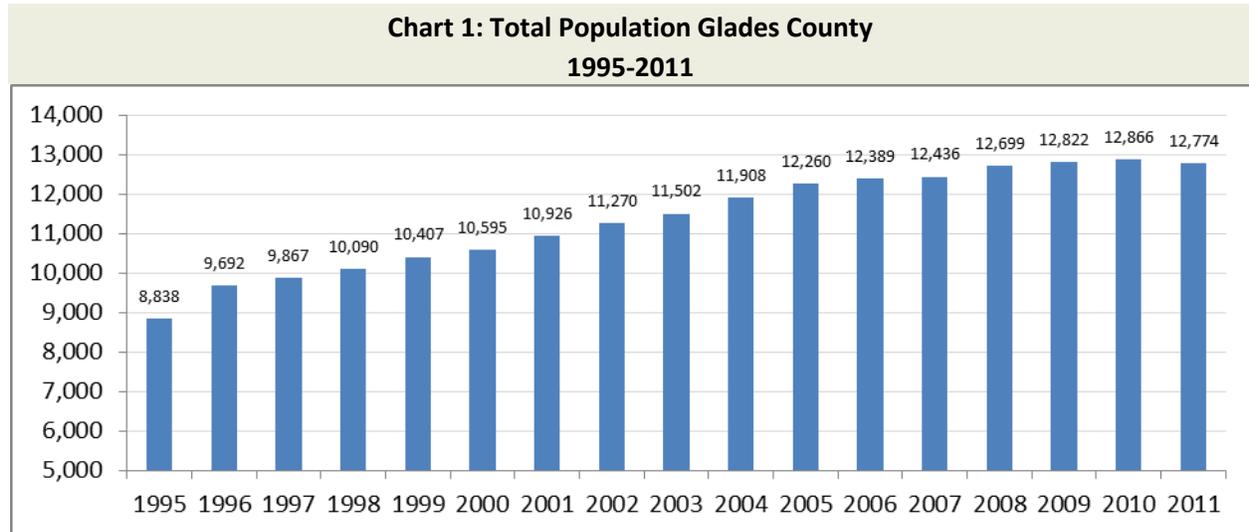


Figure 2:



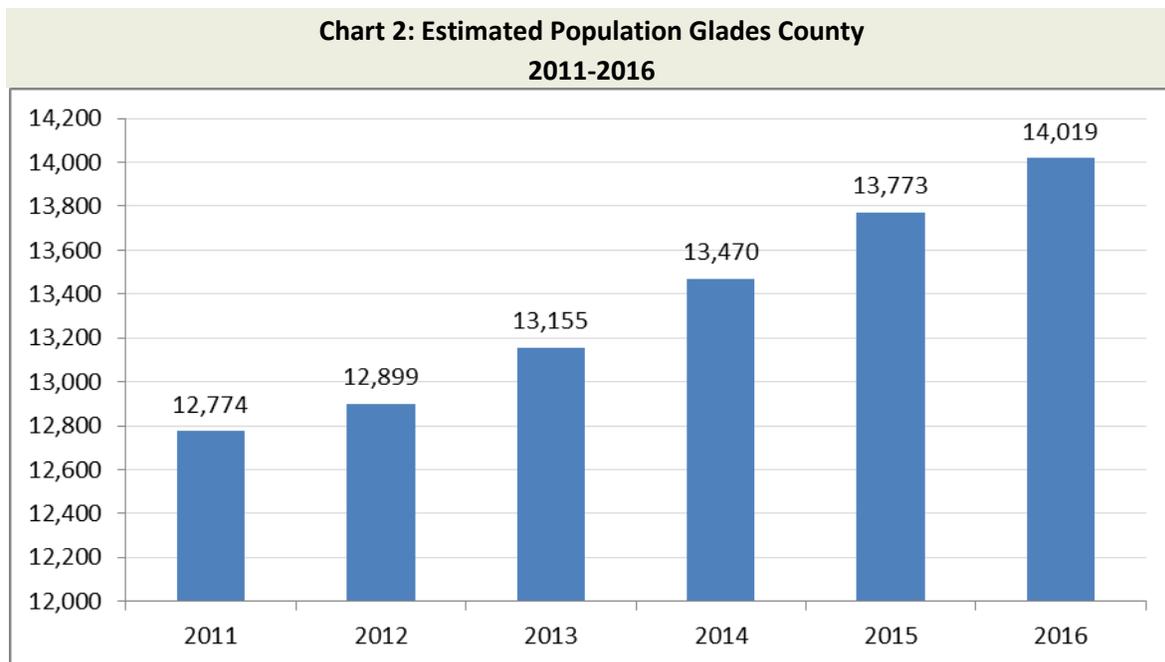
Population Growth

The illustration below (Chart 1) represents the total population of Glades County from 1995-2011. The estimate for 2011 places the population of Glades County at 12,774. This represents a 45 percent increase since 1995; however growth has flattened out in recent years.



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

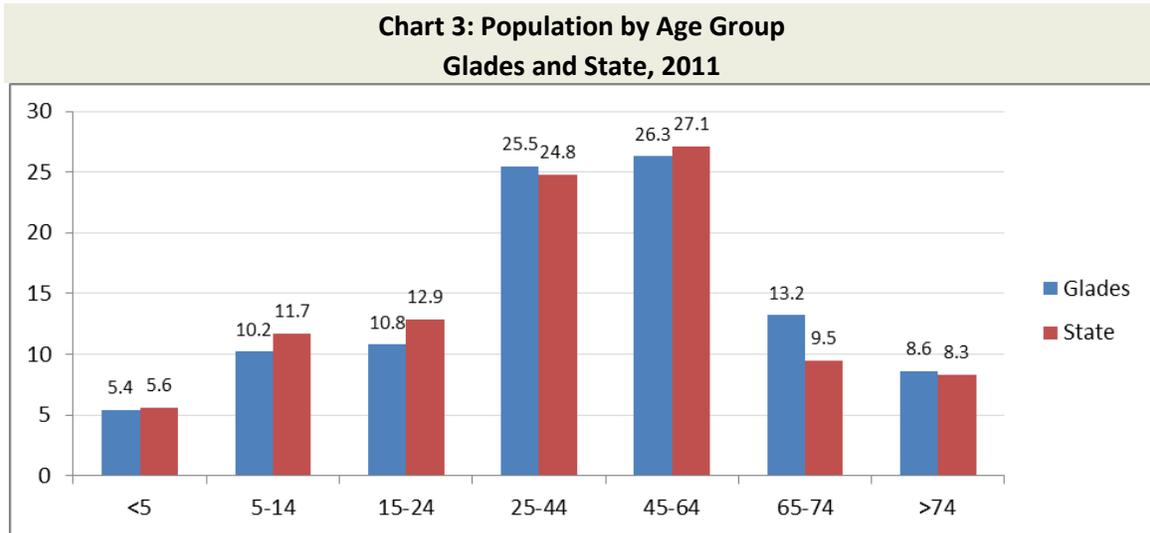
Population growth in a community is the result of natural increase (more births than deaths) and also the migration of people moving into the area at a higher rate than those who are leaving. According to the Office of Economic and Demographic Research, the population of Glades County is expected to grow slightly in the coming years. In 2016, it is estimated that the population of Glades County will be 14,019; that is an increase of nearly ten percent from the same number for 2011.



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

Age

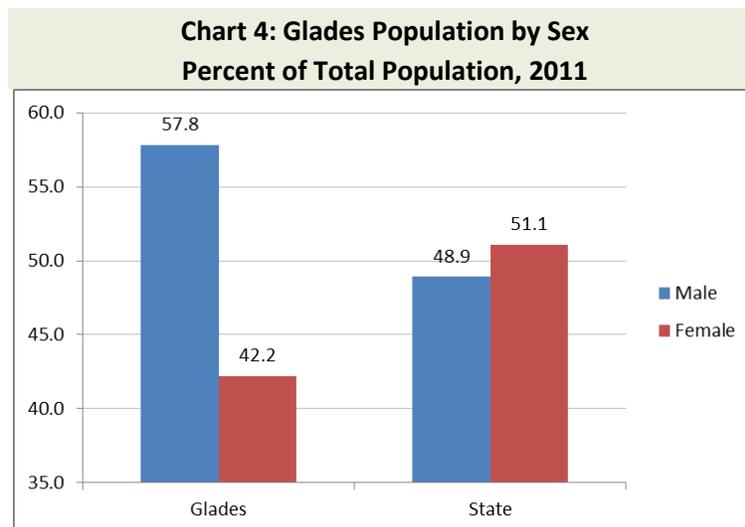
The age distribution for Glades County is quite similar to the distribution for the state as a whole. The largest proportion of the population of the county is between the ages of 25 and 64. Approximately twenty-six percent of the population in Glades is under the age of 25 and approximately twenty-two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



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

Gender

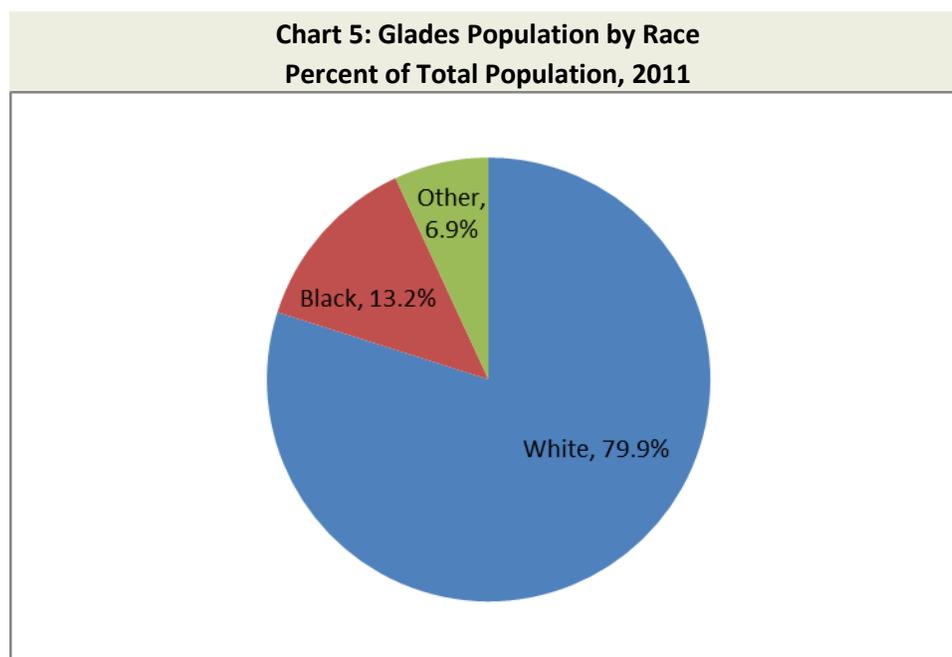
There are significantly more men than women in Glades County. 57.8 percent of the residents of Glades County are male while 42.2 percent are female; statewide the percentages are 51 percent female and 49 percent male. Nationwide females outnumber males, but it is not uncommon for men to outnumber women in rural areas.



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

Race and Ethnicity

20.1 percent of the population of Glades County is non-white, which mirrors the statewide population comprised of 21.5 percent non-whites. Approximately 6.9 percent of the population is listed as “Other non-white”. This category includes American Indian, Alaskan Native, Asian, Native Hawaiian and other Pacific Islanders, and those of mixed race who chose not to select white or black.



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

Ethnicity in Florida is broken out separately from race. For ethnicity, a person must designate themselves as Hispanic or Non-Hispanic; people in both of those groups can identify as white, black or other non-white. About 22 percent of the residents of Glades County identify as Hispanic; of those 89 percent are identified as white.

Glades		State			
	Hispanic	Non-Hispanic		Hispanic	Non-Hispanic
White	19.5%	60.4%	White	20.9%	57.6%
Black	0.8%	12.4%	Black	1.1%	15.3%
Other	1.5%	5.4%	Other	0.8%	4.3%
Total	21.8%	78.2%	Total	22.8%	77.2%

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

Socioeconomic Indicators

The figures shown below summarize some of the primary indicators of economic health for the county and state. Like the rest of Florida, Glades County was hit hard by the economic downturn.

Unemployment has increased significantly in Glades County from 4.7 percent in 2000 to more than double that in 2010; a rate of 10.4 percent. Of those residents who are employed, the average annual income in Glades County is 11 percent lower than the average for the state.

The percent of all people living under the poverty level in Glades County is higher than the state average. Unfortunately, that is also true for the percent of children 0-17 years of age who are under the poverty level; that rate is 33.6 percent for Glades County compared to 25.1 percent for the state.

Bankruptcy filing rates, however, are showing a positive trend in Glades County. The bankruptcy filing rate decreased from 1.6 people out of every 1,000 in 2000 to .78 per 1,000 in 2011; that is considerably lower than the state average.

	County 2000	County 2011	State 2011
Labor Force as a % of Pop. Aged 18+ (2010)	49.6%	49.6%	61.7%
Personal Bankruptcy Filing Rate per 1,000	1.60	.78	4.67
Unemployment Rate (2010)	4.7%	10.4%	11.3%
Average Annual Wage		\$37,164	\$41,570
Per Capita Personal Income	\$16,803	\$23,725	\$39,636
% Living Below Poverty Level		22.2%	17.0%
% ages 0-17 living below Poverty		33.6%	25.1%

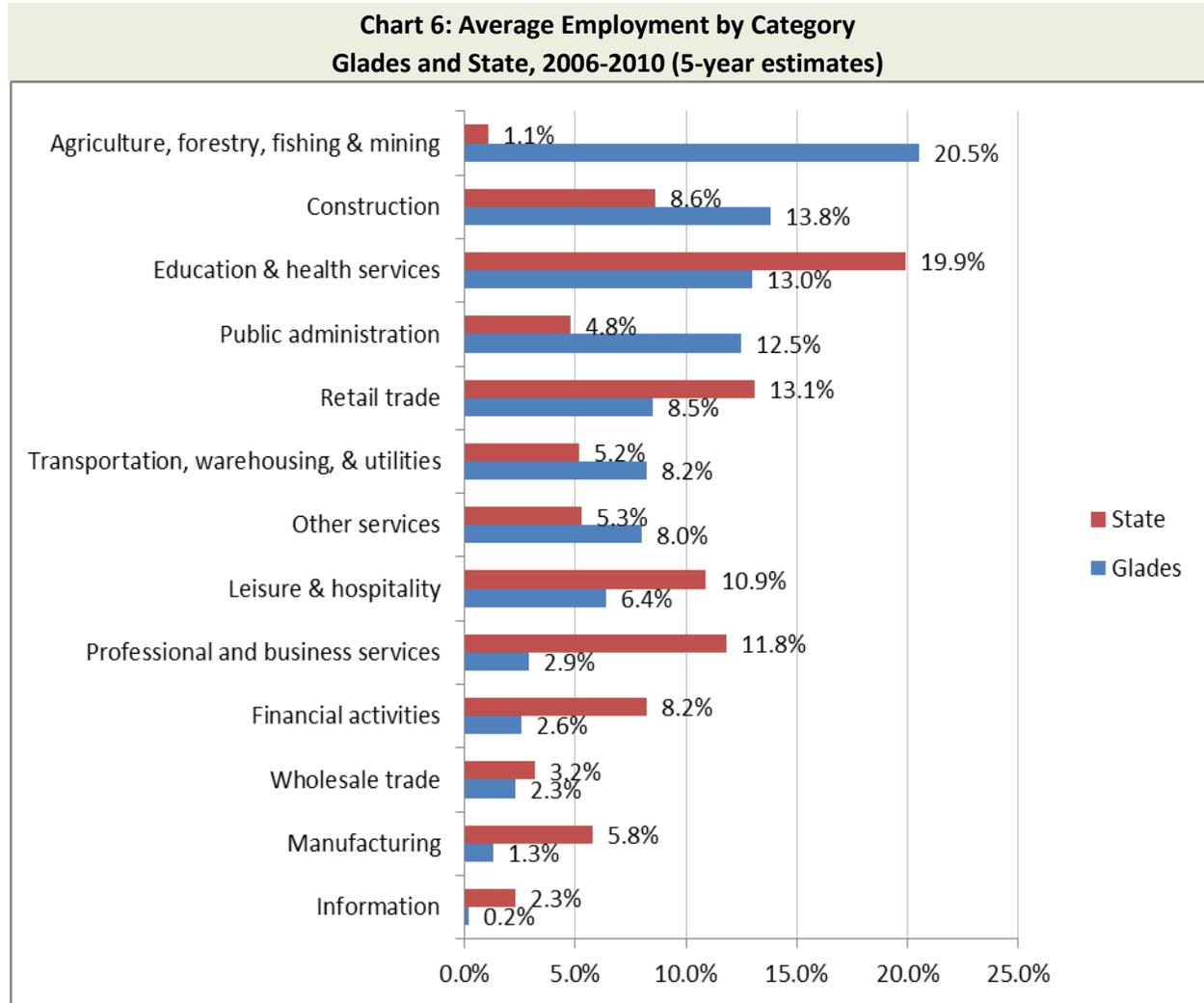
Source: The Florida Legislature, Office of Economic and Demographic Research

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

	Glades	State
% High School graduate or higher	71.3%	85.3%
% Bachelor's degree or higher	11.3%	25.9%

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

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



Source: Florida Legislature, Office of Economic and Demographic Research

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 Glades County currently ranked the 36th healthiest out of 67 counties in Florida for Health Outcomes and 59th for Health Factors. These rankings are based on a variety of factors that affect the health of the county's residents such as unemployment, levels of physical inactivity, 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 D.

Leading Causes of Death

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

Table 4 gives detailed information on the leading causes of death for residents of Glades County in 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 Glades County, 23.5 of them died of a stroke in 2011. Since there are fewer than 100,000 people in Glades County the rates per 100,000 are higher than the actual number of people who died. Using the rate per 100,000 allows comparison between areas with different populations such as comparing a small county to a large county or a county to the state.

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

The 3-Year Age-Adjusted Death Rate per 100,000 gives an average of the three years ending in 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 stroke, 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
Glades County**

Cause of Death	Deaths	Percent of Total Deaths	Crude Rate Per 100,000	Age-Adjusted Death Rate Per 100,000	3-Year Age-Adjusted Death Rate Per 100,000	YPLL < 75 Per 100,000 Under 75
ALL CAUSES	97	100.0	759.4	557.3	641.3	5898.5
CANCER	28	28.9	219.2	131.5	140.7	1232.8
HEART DISEASE	24	24.7	187.9	145.2	148.6	1121.5
UNINTENTIONAL INJURIES	8	8.2	62.6	57.9	65.2	1900.5
CHRONIC LOWER RESPIRATORY DISEASE	6	6.2	47.0	33.0	58.8	0.0
DIABETES MELLITUS	4	4.1	31.3	21.0	31.5	145.5
STROKE	3	3.1	23.5	24.6	23.6	0.0
SUICIDE	3	3.1	23.5	20.0	16.9	522.2
HOMICIDE	1	1.0	7.8	5.2	4.9	137.0
CHRONIC LIVER DISEASE AND CIRRHOSIS	1	1.0	7.8	8.1	12.0	222.6
PARKINSON'S DISEASE	1	1.0	7.8	5.0	1.8	0.0
PNEUMONIA/INFLUENZA	1	1.0	7.8	3.9	5.7	77.0
ALZHEIMER'S DISEASE	1	1.0	7.8	5.0	5.7	0.0
KIDNEY DISEASE	1	1.0	7.8	5.0	7.4	0.0
SEPTICEMIA	0	0.0	0.0	0.0	9.0	0.0
BENIGN NEOPLASM	0	0.0	0.0	0.0	1.8	0.0

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

The most frequent causes of death for people in Glades County are cancer and heart disease. Together they accounted for more than 43 percent of the deaths in 2011. Table 5, which compares the three-year age-adjusted rates for Glades County with those for all of Florida, shows that the death rates for heart disease, cancer, and stroke are slightly lower than the state average. The averages for all other major causes of death are higher than the state averages. In some categories a small number of deaths can have a large impact on the rates for Glades County.

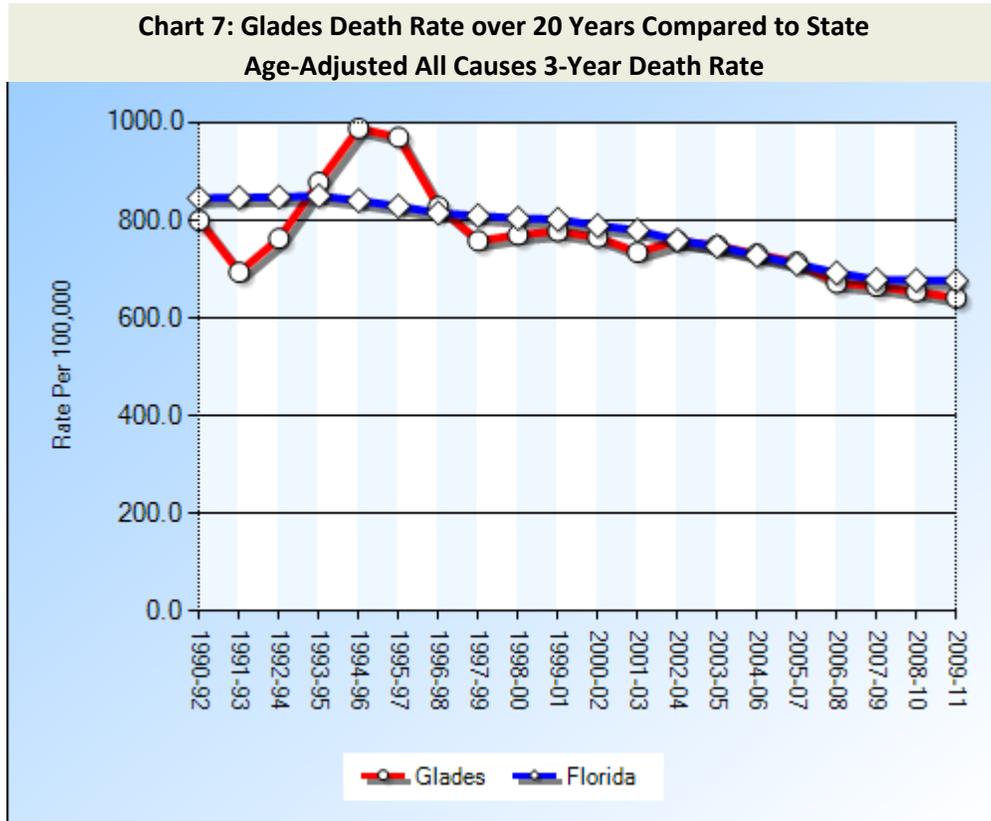
**Table 5: Major Causes of Death
Glades and State**

**County 2009-2011
Age Adjusted
Rate/100,000** **Florida 2009-2011
Age Adjusted
Rate/100,000**

Cause of Death		
All Causes	641.3	676.2
Heart Disease	148.6	154.3
Cancer	140.7	161.1
Unintentional Injury	65.2	41.6
Chronic Lower Respiratory Disease	58.8	33.6
Diabetes	31.5	19.5
Stroke	23.6	31.4
Suicide	16.9	13.8
Chronic Liver Disease & Cirrhosis	12.0	10.5
Perinatal Period Conditions	9.6	4.6

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

The death rate for Glades County is slightly lower than the state average (Chart 7). The death rate for Glades County has fallen consistently for the past ten 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 Glades County from 2000-2011. The number of deaths has remained fairly consistent during these years; however the death rate has fallen slightly because the population of Glades County has increased by about 13 percent during this period.

Table 6: Deaths From All Causes
All Races, All Sexes, All Ethnicities, All Ages
Glades County 2002-2011

Cause of Death	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
All Causes	104	104	113	110	109	108	92	111	110	97
Infectious Diseases	3	3	4	4	2	6	2	5	1	0
...Certain Other Intestinal Infections	1	1	1	0	1	0	0	0	0	0
...Human Immunodeficiency Virus (HIV) Disease	0	2	1	2	1	3	1	0	0	0
...Other & Unspecified Infectious/Parasitic Disease & Sequelae	0	0	0	0	0	0	0	1	0	0
...Septicemia	2	0	2	1	0	1	1	3	1	0
...Viral Hepatitis	0	0	0	1	0	2	0	1	0	0
Malignant Neoplasm (Cancer)	24	20	29	28	24	20	24	26	26	28
...All Other & Unspecified - Cancer	2	3	6	3	4	1	4	3	5	2
...Bladder Cancer	0	0	1	0	0	0	0	0	0	1
...Breast Cancer	1	2	0	1	1	1	1	2	1	2
...Cervical Cancer	0	0	0	0	0	0	0	0	1	0
...Colon, Rectum, & Anus Cancer	2	4	2	2	2	1	2	2	2	4
...Corpus Uteri & Uterus, Part Unspec Cancer	2	0	0	0	0	0	0	0	0	1
...Esophagus Cancer	0	0	1	1	1	2	1	0	1	0
...Kidney and Renal Pelvis Cancer	0	0	0	1	0	0	0	0	2	0
...Larynx Cancer	1	0	1	0	1	0	0	1	0	0
...Leukemia	0	1	2	0	1	0	1	1	0	1
...Lip, Oral Cavity, Pharynx	1	2	0	3	1	0	0	0	1	1
...Liver & Intrahepatic Bile Ducts Cancer	0	2	0	2	0	0	2	1	0	1
...Meninges, Brain, & Other Pert Cen Nerv Sys Cancer	1	0	1	0	1	0	0	0	0	1
...Multiple Myeloma & Immunoprolifera Neoplas	0	0	1	0	0	1	0	1	0	0
...Non-Hodgkins Lymphoma	0	0	1	0	1	1	1	0	2	2
...Ovarian Cancer	0	0	1	0	0	0	0	1	0	0
...Pancreatic Cancer	0	1	0	1	2	1	0	2	0	2
...Prostate Cancer	1	0	0	2	1	3	1	1	1	1
...Skin Cancer	1	0	2	0	0	0	0	0	3	0
...Stomach Cancer	0	1	0	1	0	0	0	1	0	1
...Trachea, Bronchus, Lung Cancer	12	4	10	11	8	9	11	10	7	8
In Situ, Benign, Uncert/Unk Behavior Neoplasms	0	0	1	0	2	2	0	1	0	0

Nutritional and Metabolic Diseases	2	5	4	2	2	2	4	9	4	4
...Diabetes Mellitus	2	5	4	2	2	2	4	8	4	4
...Malnutrition	0	0	0	0	0	0	0	1	0	0
Nervous System Diseases	3	1	0	1	3	2	1	1	1	2
...Alzheimer's Disease	3	1	0	1	3	2	0	1	1	1
...Meningitis	0	0	0	0	0	0	1	0	0	0
...Parkinsons Disease	0	0	0	0	0	0	0	0	0	1
Cardiovascular Diseases	31	38	42	36	38	39	28	27	34	29
...Acute & Subacute Endocarditis	0	0	0	0	0	0	0	0	1	0
...Acute Myocardial Infarction	9	2	6	4	2	7	5	6	5	3
...Acute Rheum Fever & Chronic Rheum Heart Dis	0	0	0	0	0	0	1	0	0	0
...All Other Chronic Ischemic Heart Dis	7	15	12	17	11	15	9	7	10	15
...Aortic Aneurysm & Dissection	1	0	1	0	1	1	0	1	0	0
...Atherosclerosis	0	0	1	0	0	0	0	0	0	1
...Atherosclerotic Cardiovascular Disease	5	9	6	5	7	5	1	4	4	1
...Cerebrovascular Diseases	1	3	7	5	7	3	6	3	5	3
...Essen Hypertension & Hypertensive Renal Dis	1	0	1	0	1	0	0	0	0	1
...Heart Failure	1	2	1	1	0	1	0	2	3	0
...Hypertensive Heart & Renal Disease	0	0	0	0	1	0	0	0	0	0
...Hypertensive Heart Disease	1	1	1	1	1	2	2	2	0	2
...Other Arteries, Arterioles, Capillaries Dis	0	2	0	0	1	0	0	0	1	0
...Other Forms Heart Dis	4	4	6	3	6	5	4	2	5	3
...Other Circulatory System Disorders	1	0	0	0	0	0	0	0	0	0
Respiratory Diseases	17	9	8	12	8	6	4	18	12	9
...Asthma	0	1	0	2	0	1	0	1	0	0
...Emphysema	3	1	0	1	1	0	0	2	1	1
...Other Chronic Lower Respiratory Diseases	6	3	4	6	5	5	2	12	8	5
...Pneumonia	6	2	3	1	1	0	2	2	0	1
...Other Respiratory System Dis	2	1	1	1	1	0	0	1	0	2
...Pneumonitis Due to Solids & Liquids	0	1	0	1	0	0	0	0	3	0
Digestive Diseases	3	1	1	5	2	4	3	1	4	1
...Cholelithiasis & Other Gallbladder Disorders	0	0	0	1	0	0	0	0	0	0
...Alcoholic Liver Disease	0	0	0	3	2	4	2	0	2	0
...Other Chronic Liver Disease & Cirrhosis	2	1	1	1	0	0	1	1	2	1
...Hernia	1	0	0	0	0	0	0	0	0	0
Urinary Tract Diseases	2	0	0	1	3	3	3	0	3	1
...Acute/Progressive Nephritic/Nephrotic Synd	0	0	0	0	1	0	0	0	1	0
...Glomeruloneph, Nephri/Nephro, Renal Sclerosis	0	0	0	0	0	0	0	0	0	1
...Renal Failure	2	0	0	1	2	3	3	0	2	0

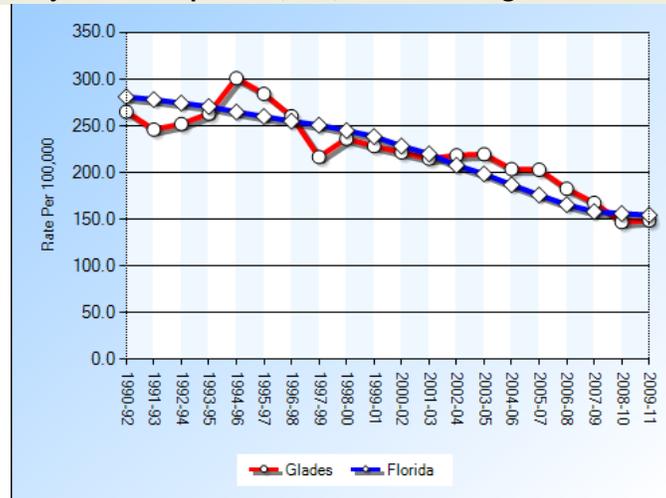
Perinatal Period Conditions	0	1	1	0	0	1	0	0	2	0
Congenital & Chromosomal Anomalies	0	0	1	0	0	0	0	0	0	0
Symptoms, Signs & Abnormal Findings	1	0	0	0	3	0	1	0	3	0
Other Causes (Residual)	3	9	9	5	7	9	10	12	9	11
External Causes	14	17	13	16	15	14	12	11	11	12
...Drowning & Submersion	1	0	0	0	1	0	1	0	0	1
...Falls	0	1	0	2	3	0	0	2	1	0
...Homicide by Firearms Discharge	0	4	1	1	1	1	0	0	1	0
...Homicide by Other & Unspecified Means & Sequelae	0	1	0	0	0	0	1	0	0	1
...Motor Vehicle Crashes	5	8	7	7	7	5	6	6	3	3
...Other & Unspecified Nontransport & Sequelae	0	0	0	0	0	1	0	0	1	0
...Other Land Transport Accidents	1	0	0	0	0	1	0	0	0	1
...Poisoning & Noxious Substance Exposure	3	1	3	0	2	3	1	3	0	2
...Smoke, Fire, Flames Exposure	0	0	0	0	0	0	0	0	1	0
...Suicide by Firearms Discharge	2	1	1	3	0	2	3	0	3	3
...Suicide by Other & Unspecified Means & Sequelae	1	1	0	2	1	1	0	0	1	0
...Water/Air/Space/Oth-Unsp Transport & Seq	1	0	1	1	0	0	0	0	0	1

Source: Florida Department of Health, Office of Vital Statistics

Chronic Diseases

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

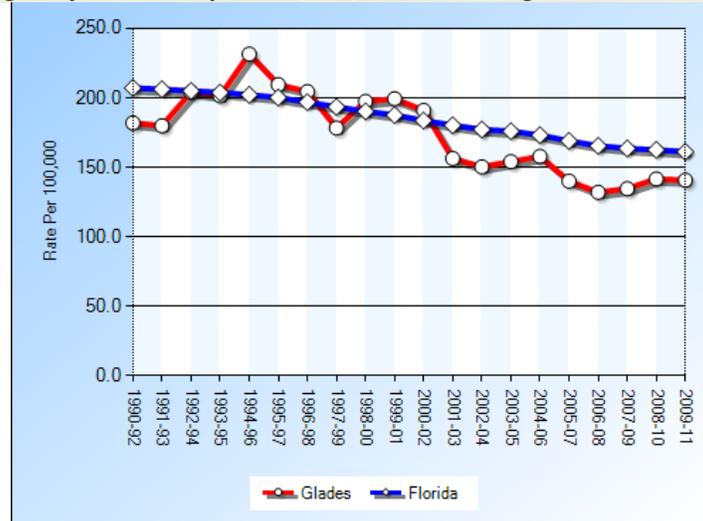
Chart 8: Deaths from Heart Disease
Age-adjusted rate per 100,000, 3-Year Rolling Rates 1992-2011



Source: Florida Department of Health, Bureau of Vital Statistics

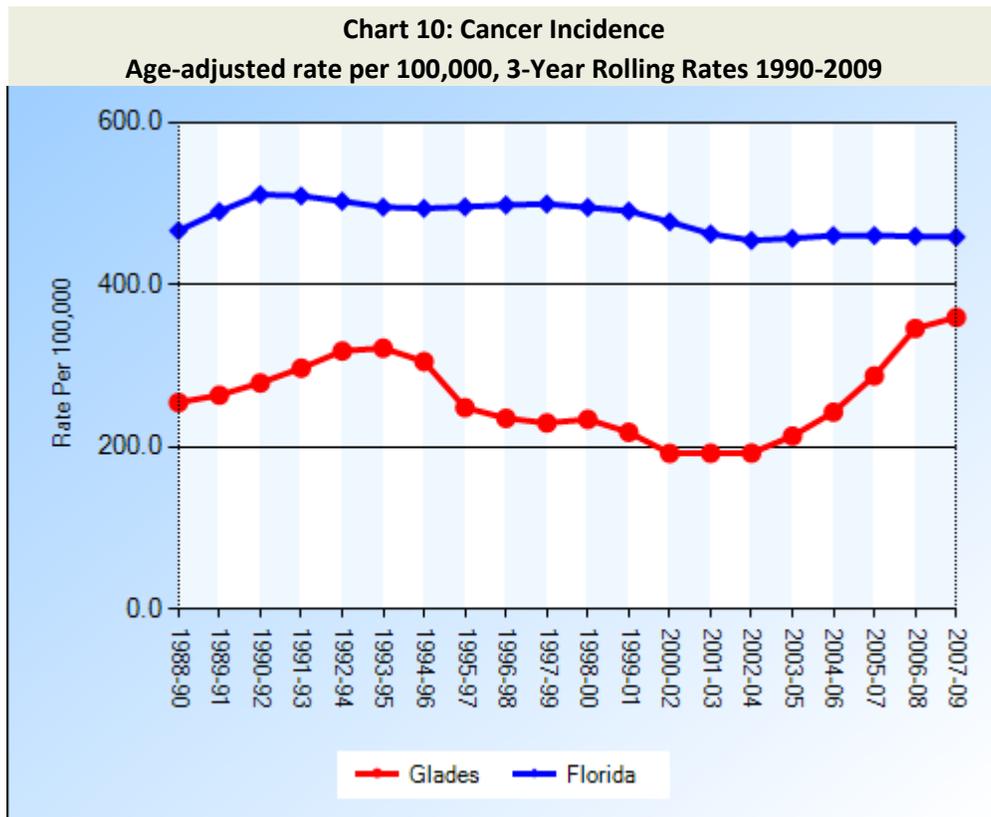
While it ranked highest for 2011, on an average from 2009-2011 cancer is considered the second most common cause of death in Glades County. As seen in Chart 9, age-adjusted death rates from cancer showed a small decrease between 1990 and 2009 after a bit of a rise in the mid-1990s. Rates for Glades County have remained lower than the state for the past ten years.

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 Glades County is lower than the state as a whole. Unfortunately the incidence rate in Glades County has been rising after a decline seen in the late 1990s.



Source: Florida Department of Health, Bureau of Vital Statistics

Among the types of cancer, lung cancer causes the highest number of deaths in Glades County. The incidence of prostate cancer is identical to the incidence of lung cancer, but it is not as deadly.

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

	3 yr. Age Adjusted Death Rate, 2009-2011	Avg. Annual Number of Events (Incidence), 2007-2009
Lung Cancer	41.4	10
Breast Cancer	16.1	7
Prostate Cancer	14.4	10
Colorectal Cancer	13.7	6
Cervical Cancer	6.7	<1
Skin Cancer	5.7	4

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

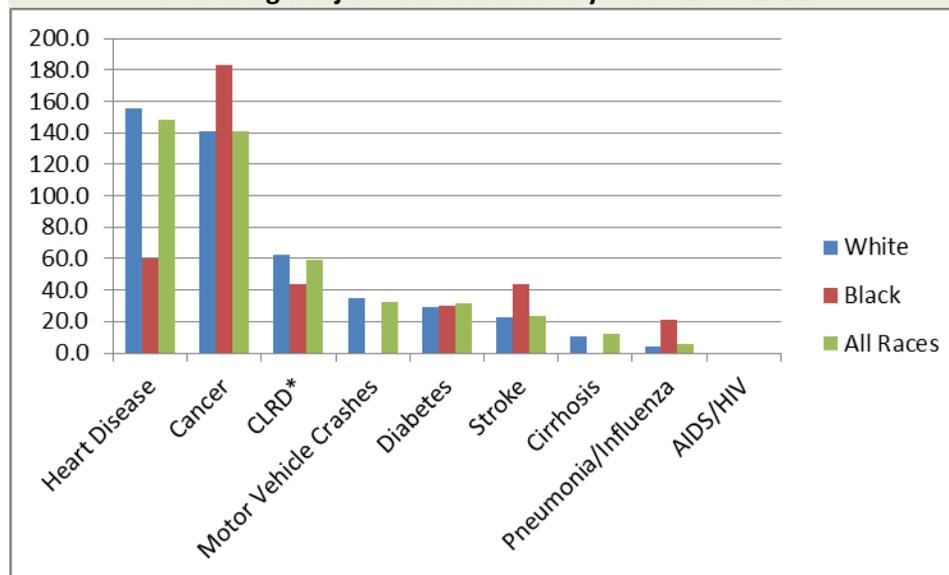
**Table 8: Major Causes of Death and Race, Glades County and State
3-Year Age Adjusted Death Rates by Cause, 2009-2011**

	County			State		
	White	Black	All Races	White	Black	All Races
Total Deaths	642.4	574.6	641.3	667.9	783.6	676.2
Heart Disease	155.5	60.0	148.6	151.9	181.9	154.3
Cancer	140.9	183.0	140.7	161.6	170.7	161.1
CLRD*	62.1	44.0	58.8	40.5	23.6	38.6
Motor Vehicle Crashes	34.5	0.0	32.5	13.5	12.3	12.9
Diabetes	29.3	30.0	31.5	17.5	40.0	19.5
Stroke	23.0	44.0	23.6	29.4	49.2	31.4
Cirrhosis	10.6	0.0	12.0	11.5	5.6	10.5
Pneumonia/Influenza	4.1	21.1	5.7	8.8	11.4	9.0
AIDS/HIV	0.0	0.0	0.0	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, Glades County
3-Year Age Adjusted Death Rates by Cause 2009-2011**



Source: Florida Department of Health, Office of Vital Statistics

Communicable Diseases

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

Chlamydia is the most prevalent sexually transmitted disease in Glades County with an average of 39 cases per year between 2009 and 2011. That works out to a rate per 100,000 of 306. It should be noted for all of the data in Table 9 that the sample size for all of the Glades County data is quite small and one case of any particular disease can cause a large variance in the data.

The overall rate of infection from vaccine preventable diseases is very low. For most of these diseases there is an average of less than one case every three years. Pertussis (commonly known as whooping cough) and Hepatitis B are the most prevalent vaccine preventable disease in Glades County with one case each between 2009 and 2011.

An average of just over one person per year was diagnosed with AIDS in Glades County between 2009 and 2011. The rate per 100,000 in Glades County is 10.4. The rate for the state of Florida as a whole is 18.9. The largest number of those cases come from urban areas.

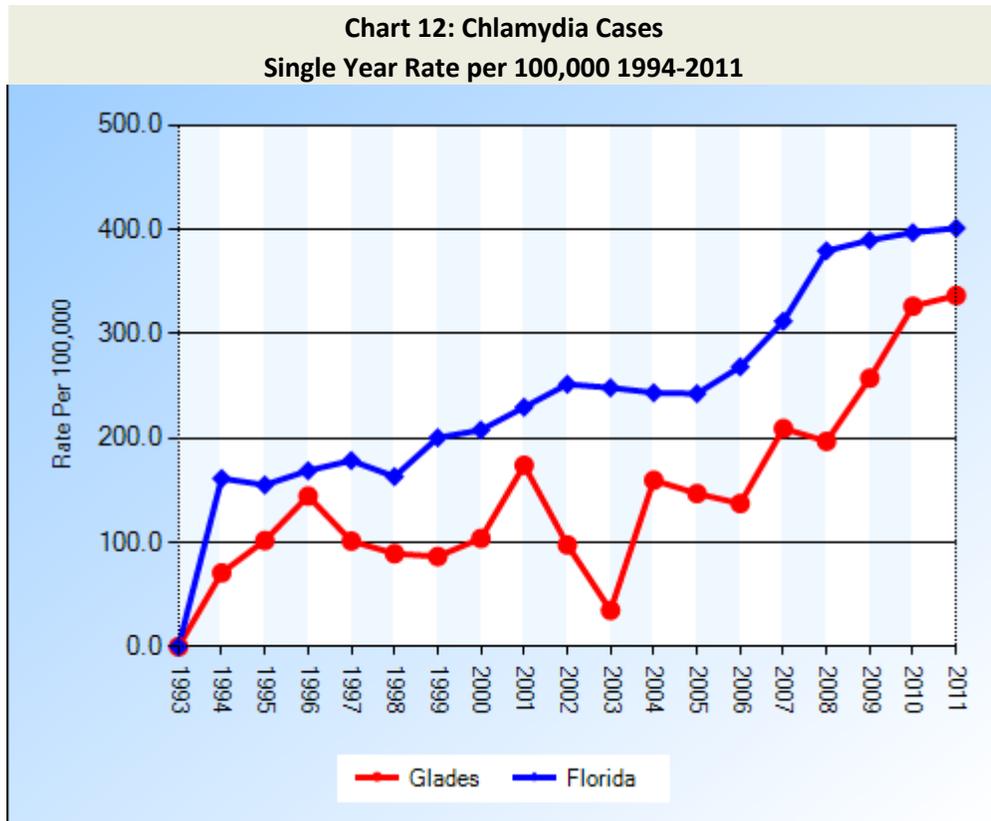
**Table 9: Communicable Diseases
Glades County and State 2009-2011**

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	7.0	54.6	107.6
Chlamydia	39.3	306.8	396.0
Vaccine Preventable Diseases			
Hepatitis B	0.3	2.6	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	2.6	2.0
Tetanus	0.0	0.0	0.0
AIDS and Other Diseases			
AIDS	1.3	10.4	18.9
Meningococcal Meningitis	0.0	0.0	0.0
Hepatitis A	0.3	2.6	0.9
Tuberculosis	1.0	7.8	2.9

Source: Division of Disease Control, Florida Department of Health

Chlamydia

Chlamydia is the most common of the reported sexually transmitted diseases. The infection rate for chlamydia across the state of Florida has been on the rise for the last fifteen years. The state rate has begun to level off in the last few years. However, in Glades County, after a dramatic decrease in 2003, rates have seen a sharp rise, although they are still somewhat lower than the state rates.



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

Maternal and Child Health

On average, 78.7 babies were born per year in Glades County 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 outcomes than those born to adult mothers and are more at risk for developmental complications later in life. There are more babies born to mothers between the ages of 15 and 19 in Glades County than the Florida average. There were also more babies born to unwed mothers in Glades 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 Glades County have increased since 2009 (3.6 2007-2009 vs. 8.5 2009-2011), and are now above the average for the state of Florida. However, the percent of infants born with a low birth weight has decreased (2.2 2007-2009 vs. 1.3 2009-2011), and is slightly lower than the state average. It should be noted that there is a small sample size for these rates and a small number of infants can have a large impact on the rates.

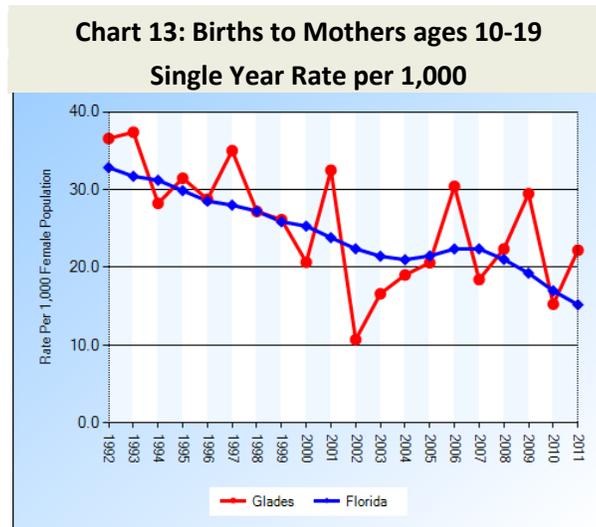
Table 10: Maternal & Child Health Indicators, Glades County and State				
3-Year Figures, 2009-2011				
Births	County	State	Trend	Quartile*
Total Births (3-yr annual avg.)	78.7			
Births to Mothers ages 15-44, per 1,000	45.4	61		
Births to Mothers ages 10-14, per 1,000	0.0	0.4	Steady	1
Births to Mothers ages 15-19, per 1,000	46.0	32.9	Steady	3
Percent of Births to Unwed Mothers	56.4	47.6	Steady	4
Infant Deaths				
Infant Deaths (0-364 days) per 1,000 Births	8.5	6.6	Steady	4
Neonatal Deaths (0-27 days) per 1,000 Births	4.2	4.4	Steady	3
Postneonatal Deaths (28-364 days) per 1,000 Births	4.2	2.2	Steady	4
Low Birth Weight				
Percent of Births < 1500 Grams	1.3	1.6	Inconsistent	2
Percent of Births < 2500 Grams	10.2	8.7	Inconsistent	4
Prenatal Care				
Percent of Births with 1st Trimester Prenatal Care	72.4	79.3	Steady	2
Percent of Births with Late or No Prenatal Care	4.2	4.7	Steady	2

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

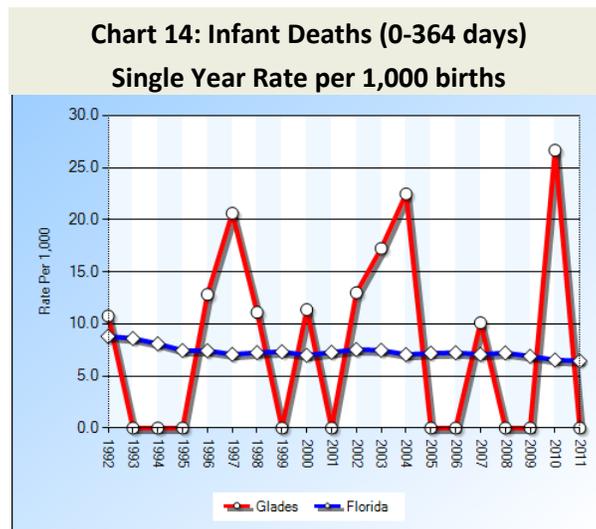
Aside from some fluctuations due to the small population size, Glades County has had rates of births to teenage and pre-teen mothers consistent to the rates for the state of Florida as a whole. Peaking most recently in 2006 with a rate of 30.4 per 1,000 females in that age range, the rate of live births has fluctuated between 15 and 29 births per 1,000 ever since. The rate in 2011 was 22.2 per 1,000 for Glades 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 Glades County each year is fairly small and as few as one infant death can cause a large variance in the death rate. For example, two infant deaths caused a large upswing in the chart in 2010. There 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 E. The rates of hospitalization in Glades County are on the rise for diabetes, chronic obstructive pulmonary disease (COPD), and bacterial pneumonia. Congestive heart failure and COPD (this category includes chronic bronchitis and emphysema) are the most common preventable causes of hospitalizations for Glades County residents.

Compared to Florida as a whole, Glades County's 2011 rates of chronic obstructive pulmonary disease (COPD), hypertension, congestive heart failure, bacterial pneumonia, and angina without procedure were significantly higher. COPD is particularly high; nearly three times the Florida rate.

Table 11: Prevention Quality Indicators							
Annual Rate per 100,000 2006-2011, Glades County							Florida
PQI	2006	2007	2008	2009	2010	2011	2011
01-Diabetes/short-term	16.3	31.9	149.4	143.9	84.7	71.1	57.4
03-Diabetes/long-term	98.0	207.6	130.8	233.9	220.2	88.9	123.2
05-Chronic obstructive PD	440.9	399.2	747.2	665.6	880.6	675.9	239.2
07-Hypertension	114.3	175.6	149.4	161.9	33.9	124.5	86.2
08-Congestive HF	800.1	542.9	541.8	611.6	677.4	622.6	343.3
10-Dehydration	147.0	143.7	56.0	143.9	135.5	53.4	53.3
11-Bacterial pneumonia	212.3	271.4	411.0	377.8	321.8	355.7	288.3
12-Urinary infections	130.6	127.7	112.1	251.8	84.7	142.3	219.7
13-Angina w/o procedure	130.6	63.9	224.2	89.9	33.9	35.6	14.0
14-Uncontrolled diabetes	16.3	31.9	0.0	18.0	33.9	17.8	28.5
15-Adult asthma	147.0	79.8	112.1	72.0	118.5	71.1	126.5
16-Diabetes/LE amputations	16.3	47.9	37.4	54.0	169.3	35.6	32.2

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

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). Hypertension is the number one cause of hospitalization for a chronic condition. The hospitalization rates for AIDS have begun to fall over the last few years.

Table 12: Hospitalizations for Chronic Conditions Annual Figures, 2006-2011, Glades County Residents						
Disease	2006	2007	2008	2009	2010	2011
Diabetes	208	174	217	249	240	205
Asthma	42	30	30	40	38	37
Congestive Heart Failure	150	114	108	147	108	139
Hypertension	343	305	368	363	392	333
AIDS	5	10	5	1	0	1
Sickle Cell	0	0	2	4	5	1

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

Emergency Room Visits by Glades County Residents

Glades County Residents made 2160 visits to hospitals in 2011 that did not result in an inpatient admission. There are no hospitals in Glades County. More than half of the emergency room visits by Glades County residents were made to Hendry Regional Medical Center in Hendry County. The next four hospitals that received the largest number of visits from Glades County residents are in Okeechobee, Palm Beach, Highlands and Lee Counties respectively.

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

	Medicaid	Medicare	No charge/ Charity	Other	Private, incl. HMO	Self-Pay	Grand Total
Hendry Regional Medical Center	340	237	2	33	232	364	1208
Raulerson Hospital	47	130	6	11	58	60	312
Lakeside Medical Center	64	16	2	4	56	45	187
Florida Hospital Lake Placid	47	29		12	30	12	130
Lehigh Regional Medical Center	26	15		1	15	11	68
Healthpark Medical Center	24	2	11	3	18	5	63
Gulf Coast Medical Center	8	7	2	1	13	4	35
Highlands Regional Medical Center	5	5		3	6	2	21
Lee Memorial Hospital	3	2	4	1	9	1	20
Palms West Hospital	11				3	2	16
Florida Hospital Heartland Medical Center	3	4		1	2	1	11
Saint Mary's Medical Center					2	3	5
Sarasota Memorial Hospital		5					5
Wellington Regional Medical Center	2			2	1		5
Total*	591 27.4%	471 21.8%	27 1.2%	76 3.5%	469 21.7%	526 24.4%	2,160 100%

Source: AHCA via Broward Regional Health Planning Council Hospital Inpatient and Emergency Department Analytical System

The AHCA ED data contains records for all ED visits for which the severity of the visit did not result in an inpatient admission. Includes visits by Glades County residents to the ED of any hospital in Florida.

*Only hospitals with at least 5 visits are included in the chart above. There are an additional 74 visits divided amongst 44 hospitals that have not been included in the chart, but are included in the total.

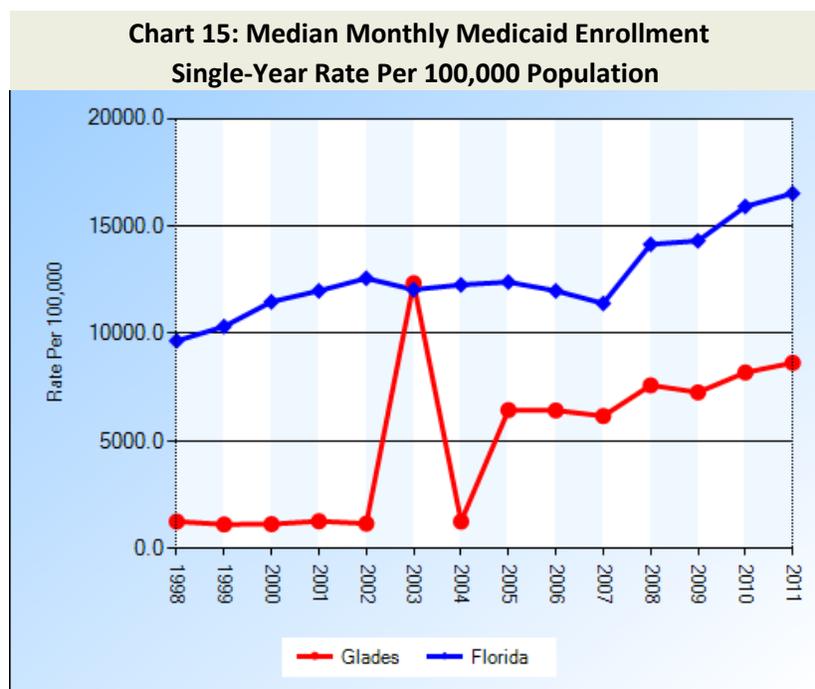
Health Resources

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

Medicaid

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

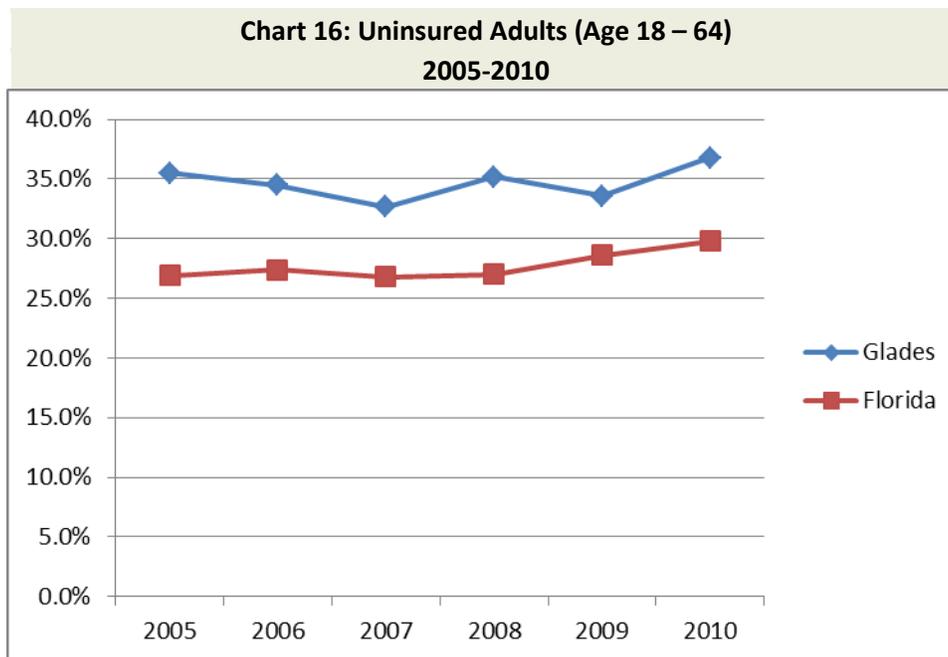
There are four categories of Medicaid eligibility for adults in Florida, which include low income families, pregnant women, emergency medical assistance for non-citizens, and Medicaid for the elderly and disabled. Eligibility for each of those programs is based on specific income criteria. As of 2011, approximately 8,600 out of every 100,000 people in Glades 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 noticeable 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, Office of Planning, Evaluation & Data Analysis

Uninsured

Lack of health insurance coverage is a significant barrier to accessing needed healthcare. The rate of uninsured adults represents the estimated percent of the adult population under age 65 that has no health insurance coverage. People over the age of 65 are eligible for Medicare from the federal government. The Small Area Health Insurance Estimates from the U.S. Census Bureau provide annual estimates of the population without health insurance coverage for all U.S. states and their counties. The most recent year for which reliable county-level estimates are available is 2010. Glades County was estimated as having 36.8 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 two licensed physicians in Glades County. That works out to about 15.7 doctors for every 100,000 residents; that is a much lower rate than the state average of about 342 doctors for every 100,000 residents. The county has a much lower rate per 100,000 than the state for every major category of physician. There are no hospital or nursing home beds in Glades County. There are also no internists and no pediatricians.

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

**Table 14: Health Resources Availability
Glades County & State 2011**

Providers*†	County			State
	Number	Rate per 100,000	Quartile**	Rate per 100,000
Total Licensed Dentists	1	7.8	1	63.0
Total Licensed Physicians	2	15.7	1	342.0
Total Licensed Family Private Practice Physicians	1	7.8	1	29.4
Total Licensed Internists	0	0	1	60.3
Total Licensed OB/GYN	1	7.8	3	12.0
Total Licensed Pediatricians	0	0.0	1	25.7
Facilities				
Total Hospital Beds	0	0.0	1	319.2
Total Acute Care Beds	0	0.0	1	262.9
Total Specialty Beds	0	0.0	1	56.3
Total Nursing Home Beds	0	0.0	1	438.0
County Health Department				
County Health Department Full-Time Employees	21	160.8	3	63.1
County Health Department Expenditures	1,064,472	8,333,114	3	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 underservice 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.

Glades County has been designated as a Medically Underserved Area. Any population with a score of 65 or lower on the Index of Medical Underservice is considered medically underserved. Glades County scored a 57.30.

Health Professional Shortage Areas (HPSAs) are defined in Section 332 of the Public Health Service Act, 42 U.S.C. 254e to include: (1) urban and rural geographic areas, (2) population groups, and (3) facilities with shortages of health professionals. Federal designation as a HPSA documents a shortage of 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

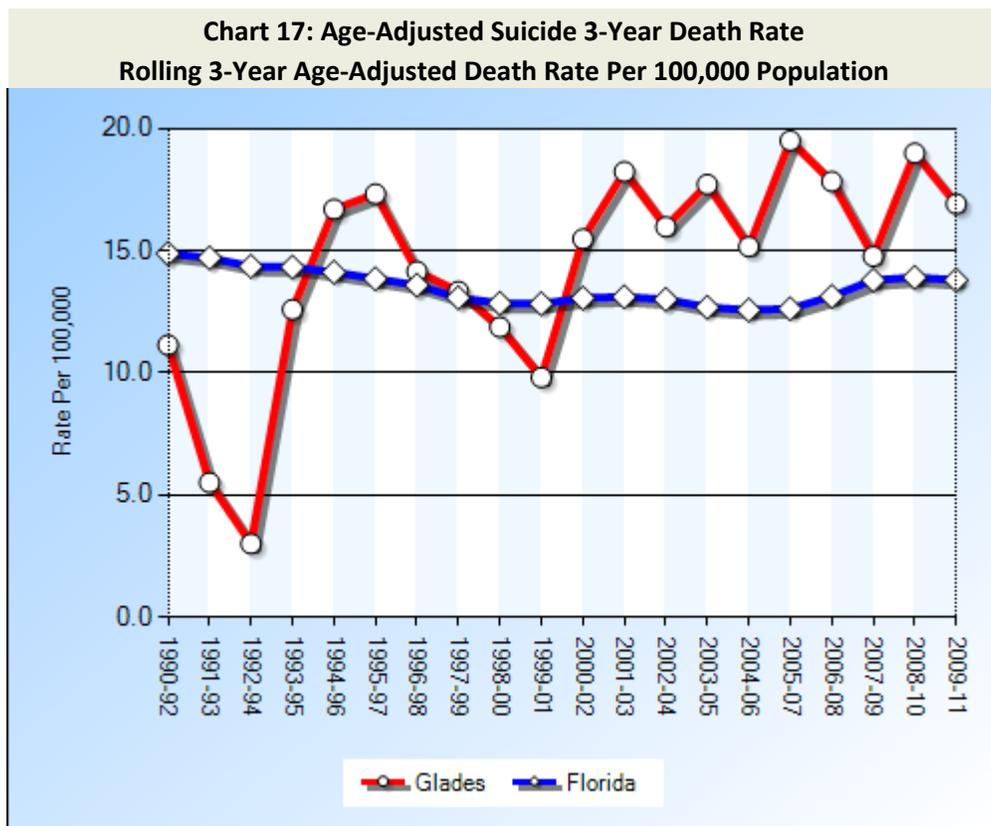
- A geographic designation for the whole county means there is a shortage of providers (primary care physicians, dentists, mental health professionals) for everyone living in the county, regardless of ability to pay for services through insurance or other means.
- A geographic area within the county 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.

Glades County has been designated as Health Professional Shortage Area (HPSA) for primary care. Its Low Income/Migrant Farmworker Populations have been designated as HPSA for dental. The Glades/ Hendry Catchment area has been designated as having a shortage of two mental health professionals.

Social and Mental Health

Suicides

Suicides can be considered as a strong indicator of the overall mental health of a community. The most common underlying causes of suicide are depression, anxiety, damaged relationships and loss of employment. Suicide is a major, preventable public health problem. Since 2002, Glades County has had a higher suicide rate than the state average. The rate for the county fell from a peak of 19.5 deaths by suicide per 100,000 residents in 2007 to 16.9 for 2011. Please note that these rates are based on a small number of cases and a single case can cause a seemingly large fluctuation.



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

Crime and Domestic Violence

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

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

Crime and Domestic Violence	County	State	Quartile*
Larceny	1,079.0	2,477.4	1
Burglary	699.4	922.5	2
Total Domestic Violence Offenses	618.8	605.0	3
Aggravated Assault	231.4	350.6	2
Motor Vehicle Theft	124.8	232.5	3
Forcible Sex Offenses	31.2	53.1	1
Robbery	26.0	146.2	1
Murder	5.2	5.3	3
Alcohol-related Motor Vehicle Crashes			
Alcohol-related Motor Vehicle Crashes	112.0	107.0	2
Alcohol-related Motor Vehicle Crash Injuries	101.6	74.8	3
Alcohol-related Motor Vehicle Crash Deaths	18.2	5.3	4

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

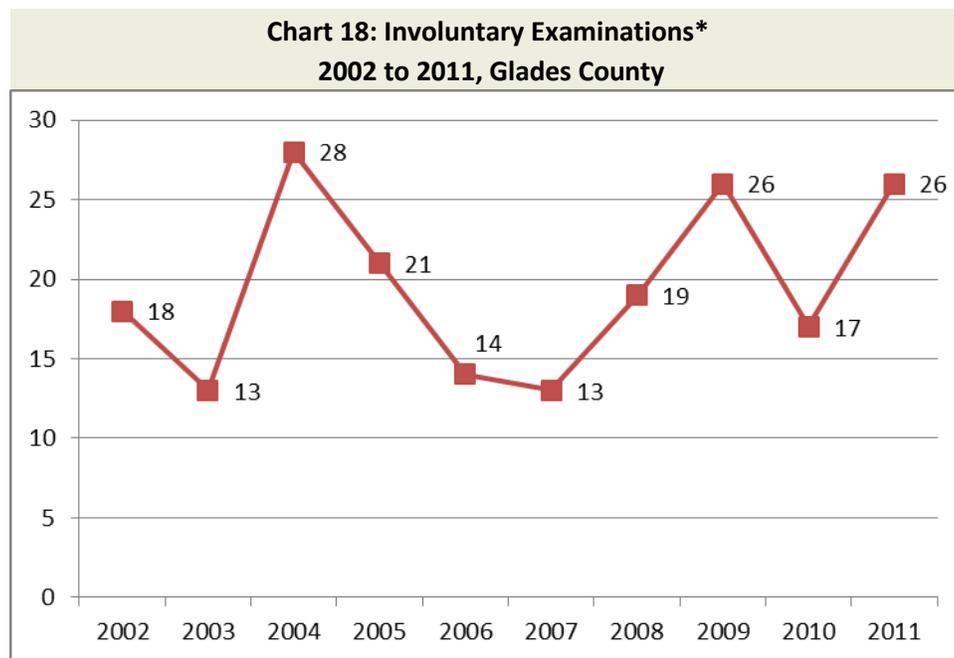
*County compared to other Florida counties. The lowest quartile equals the lowest number.

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 26 involuntary examinations in Glades County in 2011. This number has fluctuated in the years since 2002. The percent of the population in Glades County that was given an involuntary exam is significantly lower than the state average.



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

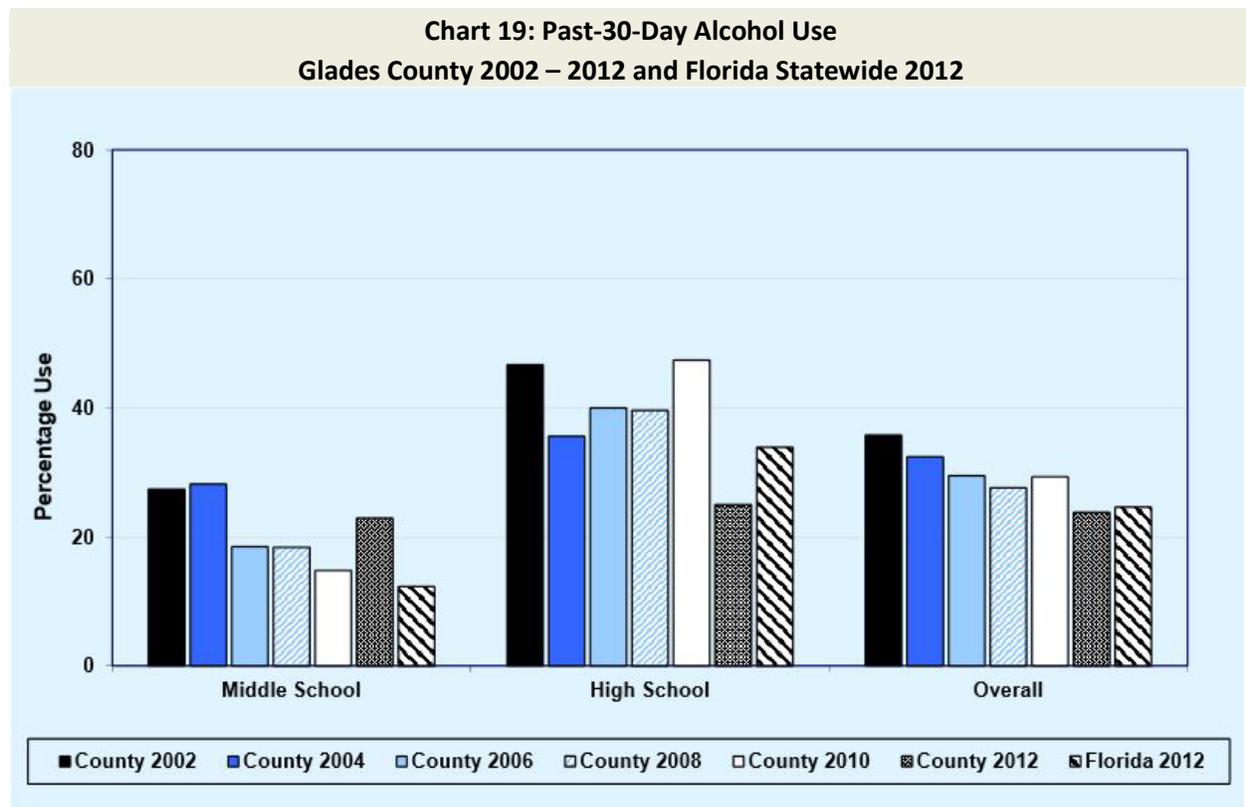
*Involuntary examination forms for people who never reach a receiving facility are not received by the Baker Act Reporting Center, so are not included in the data.

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 Glades County, 232 students completed the survey (153 middle school students; 79 high school students). The survey has been administered annually since 2000, making the 2012 FYSAS the thirteenth set of data.

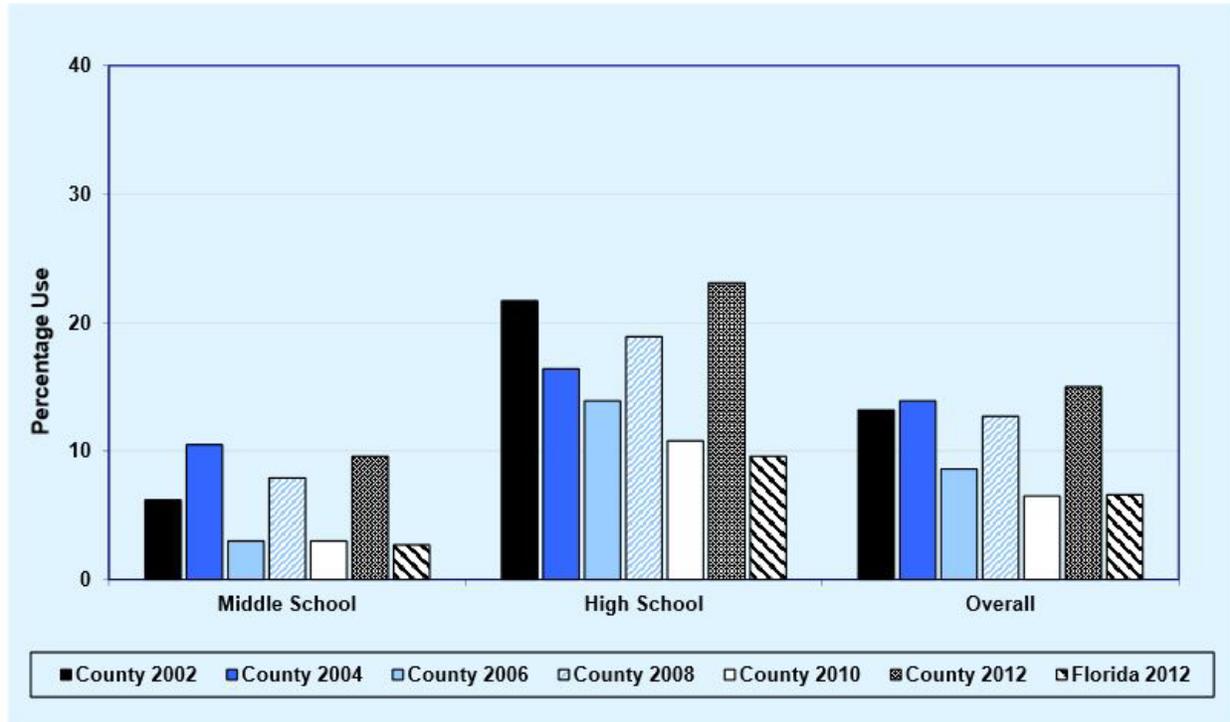
Alcohol use in the past 30 days was 23.8 percent for Glades County students, which was slightly lower than the state average of 24.6 percent. Female students were more likely than male students to have used alcohol in the past 30 days (27.6% females vs. 21.1% males). Alcohol use has been on the decline for Glades County students in the years surveyed, with a high of 35.8 percent in 2002.



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 considerably higher in Glades County than the Florida average (15.0% Glades vs. 6.6% State). High school students have rates of cigarette use three times as high as middle school students (23.1% high school students vs. 9.6% middle school students).

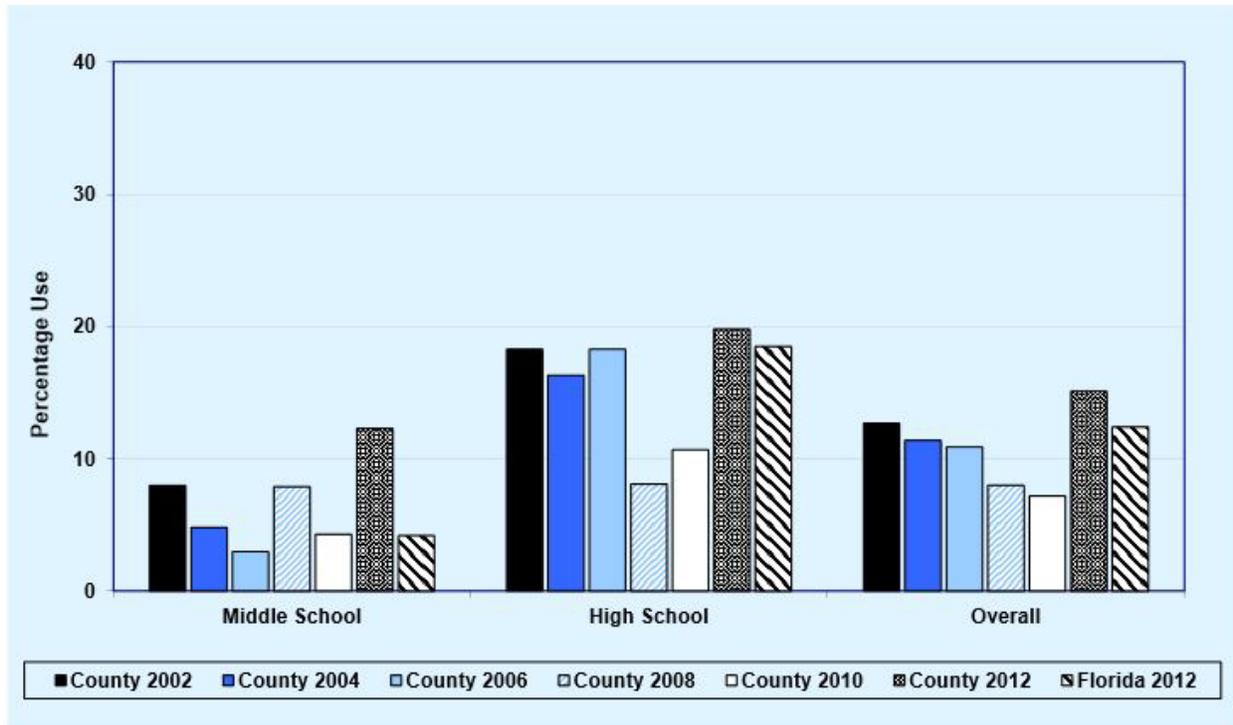
**Chart 20: Past-30-Day Cigarette Use
Glades County 2002 – 2012 and Florida Statewide 2012**



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

Past-30-day marijuana use for Glades County students was slightly higher than for the state as a whole (15.1% Glades vs. 12.4% State). Up until 2012, marijuana use had been on the decline, with a low of 7.2 percent in 2010. Females were as likely as males to have used marijuana in the past 30 days (15.0% females vs. 15.4% males).

**Chart 21: Past-30-Day Marijuana Use
Glades County 2002 – 2012 and Florida Statewide 2012**



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 Appendix F.

Behavioral Risk Factor Surveillance Survey

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 2007 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 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 Glades 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 increased from 12.5 percent in 2007 to 16.6 percent in 2010. This is above the state average of 15.0 percent. The rate is considerably higher for men than for women (24.0% men vs. 6.8% women). The highest rate is among people between the ages of 45 and 64 (18.2%) and lowest among those 65 and over (14.4%). Persons with less than a high school education reported heavy or binge drinking the least (2.9%) compared to their more educated counterparts (20.5 percent high school diploma/GED; 19.6 percent more than high school education).

Cancer Screenings

Women over 18 years of age in Glades County were more likely than women across the state as a whole to report that they had received a pap test in the last year (68.0% Glades vs. 57.1% State). However a lower percentage of women 40 years or older in Glades County had received a mammogram than the state average (48.6% Glades vs. 61.9% State). Residents of Glades County over the age of 50 indicated that they are much less likely to have received a blood stool test than their counterparts across the state; these rates have decreased significantly since 2007 (5.1% 2010 vs. 25.2% 2007). There has also been a decrease in the number of adults 50 years or older who have received a colonoscopy, and that rate is below the state average.

Dental Care

Fewer adults in Glades County reported that they had visited a dentist or dental clinic in the past year than the number who said the same for the state (53.6% Glades vs. 64.7% State). Residents of Glades County with less than a high school education were the least likely to have visited a dentist or dental clinic (6.9%). Non-Hispanic black residents of Glades County had higher rates out of adults who had a permanent tooth removed because of tooth decay or gum disease, compared to their counterparts across the state (93.4% Glades vs. 62.4% State). Persons with less than a high school education and those with less than \$25,000 annual income had the highest rates of all education and income levels for permanent tooth removal.

Healthcare Access & Coverage

17.0 percent of adults in Glades County reported that they were unable to see a doctor at least once in the previous year due to cost. This is similar to the state average of 17.3 percent. 66.4 percent of adults in Glades County stated that they have some type of health insurance coverage; in 2007 the response was 79.2 percent. The state average is 83.0 percent. Virtually all people above the age of 65 indicated that they have insurance; however only 52.8 percent of persons between the ages of 18 and 44 answered the same way. 56.0 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, 81.1 percent of persons with an income of \$50,000 or more are insured compared to 42.8 percent of those making less than \$25,000 per year. The percentage of adults in Glades County who reported having a medical checkup in the past year mirrored the state rate (69.7%).

General Health and Quality of Life

Overall, 69.2 percent of Glades County residents reported feeling in good or excellent health; which was lower than the state's rate of 82.9 percent. Education and income levels seem to be the largest factors in the perception of personal wellness. 87.9 percent of people with more than a high school education reported that they were in good or excellent health while only 19.9 percent of people with less than a high school education reported the same. 94.2 percent of people who earn \$50,000 or more per year reported feeling well compared to 38.7 percent of those who make less than \$25,000 per year.

The persons reporting to be "satisfied" or "very satisfied" with their lives was slightly lower than the state rate, with 89.8 percent in Glades County and 93.1 percent for the state. Increased income levels equated to increased satisfaction. Those who earn less than \$25,000 annually reported much lower rates of satisfaction (77.4%) than those who earn between \$25,000 and \$49,999 (95.2%) and those who earn \$50,000 or more (97.9%).

HIV/AIDS

30.8 percent of adults less than 65 years of age reported that they have ever been tested for HIV. That is much lower than the state average of 48.4 percent; however, this is an improvement for Glades County. In 2007, only 21.0 percent of adults had reported having been tested for HIV. The biggest discrepancy is in persons with less than a high school education; only 9.6 percent responded that they have ever been tested for HIV versus 47.7 percent at the state level.

Overweight and Obesity

75.1 percent of Glades County residents are overweight or obese. This is an increase from 2007 (58.2%) and higher than the state rate of 65.0 percent. Excess weight is considered to be a strong factor and precursor to serious health problems such as diabetes, hypertension and heart disease. 39.6 percent of the people in Glades County reported that they are obese in 2010; that is a huge increase from 2007 when that number was 15.8 percent. However the percent of people who are overweight decreased from 42.4 percent in 2007 to 35.6 percent in 2010. Men in Glades County are more likely to be overweight or obese than women (79.1% men vs. 69.2% women). Those with less than a high school education had much higher rates than those with more education.

Tobacco Use

Glades County has a lower percentage of current smokers than the average for the state of Florida as a whole; 15.2 percent of Glades County residents reported that they smoke compared to 17.1 percent for the state. Men reported smoking more than women (18.5% men vs. 10.8% women). People between the ages of 45 and 64 are most likely to smoke. The percentage of adults who report that they have never smoked has seen a slight increase since 2007 (54.5% 2010 vs. 52.3% 2007).

Healthy People 2020 Objectives

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

Mission

Healthy People 2020 strives to:

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

Overarching Goals

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

**Table 16: Healthy People 2020 Objectives
Glades 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.	14.0%	16.7%	Needs Improvement
C-15. Increases the proportion of women who receive a cervical cancer screening based on the most recent guidelines.	Percentage of women 18 years of age and older who received a Pap test in the past year.	67.1%	68.0%	Progress Shown
C-16. Increase the proportion of adults who receive a colorectal cancer screening based on the most recent guidelines.	Percentage of adults 50 years of age and older who received a sigmoidoscopy or colonoscopy in the past five years.	54.3%	43.7%	Needs Improvement
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.	59.7%	48.6%	Needs Improvement
	Percentage of women 18 years of age and older who had a clinical breast exam in the past year.	48.7%	68.3%	Progress Shown

D-9. Increase the proportion of adults with diabetes who have at least an annual foot examination.	Percentage of adults with diabetes who had an annual foot exam.	86.4%	84.5%	Needs Improvement
D-10. Increase the proportion of adults with diabetes who have an annual dilated eye examination.	Percentage of adults with diabetes who had an annual eye exam.	83.8%	80.3%	Needs Improvement
D-11. Increase the proportion of adults with diabetes who have a glycosylated hemoglobin (A1C) measurement at least twice a year.	Percentage of adults with diabetes who had two A1C tests in the past year.	87.7%	83.7%	Needs Improvement
D-13. Increase the proportion of adults with diabetes who perform self-blood glucose-monitoring at least once daily.	Percentage of adults with diabetes who self-monitor blood glucose at least once a day on average.	78.8%	54.6%	Needs Improvement
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.	26.6%	52.8%	Progress Shown
HDS-5. Reduce the proportion of persons in the population with hypertension.	Percentage of adults with diagnosed hypertension.	32.7%	48.8%	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.	21.0%	30.8%	Progress Shown
IID-12.7. Increase the percentage of non-institutionalized adults aged 65 years and older who are vaccinated against seasonal influenza.	Percentage of adults age 65 and over who received a flu shot in the past year.	45.7%	33.1%	Needs Improvement
IID-13. Increase the percentage of adults who are vaccinated against pneumococcal disease.	Percentage of adults who have ever received a pneumonia vaccination.	21.2%	33.8%	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.	67.7%	73.6%	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).	34.0%	24.2%	Needs Improvement
NWS-9. Reduce the proportion of adults who are obese.	Percentage of adults who are obese.	15.8%	39.6%	Needs Improvement
SA-14. Reduce the proportion of persons engaging in binge drinking of alcoholic beverages.	Percentage of adults who engage in heavy or binge drinking.	12.5%	16.6%	Needs Improvement
TU-4. Increase smoking cessation attempts by adult smokers.	Percentage of adult current smokers who tried to quit smoking at least once in the past year.	43.9%	52.0%	Progress Shown

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

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

Community Input

Survey on Health and Healthcare in Glades County

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

37 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 Glades County residents?” 3 percent of survey respondents said Excellent, 29 percent said Good, 54 percent said Fair, and 14 percent said Poor. When asked, “How would you rate the quality of healthcare in Glades County?” 11 percent of survey respondent said Excellent, 28 percent said Good, 28 percent said Fair, and 33 percent said Poor.

When asked where residents go to get health information, the majority of respondents noted that they go to friends or relatives (25 responses), or their family doctor or health provider (19 responses). When it comes to where they go to receive healthcare services, 18 said they visit their family doctor, and 14 said they visit a local clinic.

Where do you think the residents of Glades County go to get health information?	
friends or relatives	25
family doctor or health provider	19
internet	9
television	8
radio	4
books	4
newspaper	2
magazines	2
other*	1
* <i>don't know</i>	

Where do you go to get healthcare?	
family doctor	18
clinic	14
health department	7
hospital/emergency room	5
other*	5
don't know	1
* <i>VA, out of county, none</i>	

Respondents were also asked their opinions regarding healthcare difficulties for specific populations in Glades County. Of the specific population groups listed, those who are uninsured and have low income levels were selected most frequently (18 responses). The elderly/senior citizens were selected nearly as often (17 responses). With regards to specific areas in the county where residents are thought to have a particularly difficult time accessing healthcare services, 14 respondents said there are none. 19 respondents named a variety of locations in the area as having difficulty accessing health services.

These responses included Montura Ranch, Muse, Palmdale, Lakeport, Washington Park, Ortona, Crescent Acres, Bimbo, Jack’s Branch, “rural areas”, and “all over”.

What types of residents of Glades County have more difficulty with healthcare than others?	
uninsured/low-income	18
elderly/senior citizens	17
non-English speaking	10
adults	4
children	3
other*	1
teens/adolescents	0
* none	

Are there areas/neighborhoods where residents have a particularly difficult time accessing health services?	
no	14
yes*	19
* Montura Ranch, Muse, Palmdale, Lakeport, Washington Park, Ortona, Crescent Acres, Bimbo, Jack's Branch, rural areas, all over	

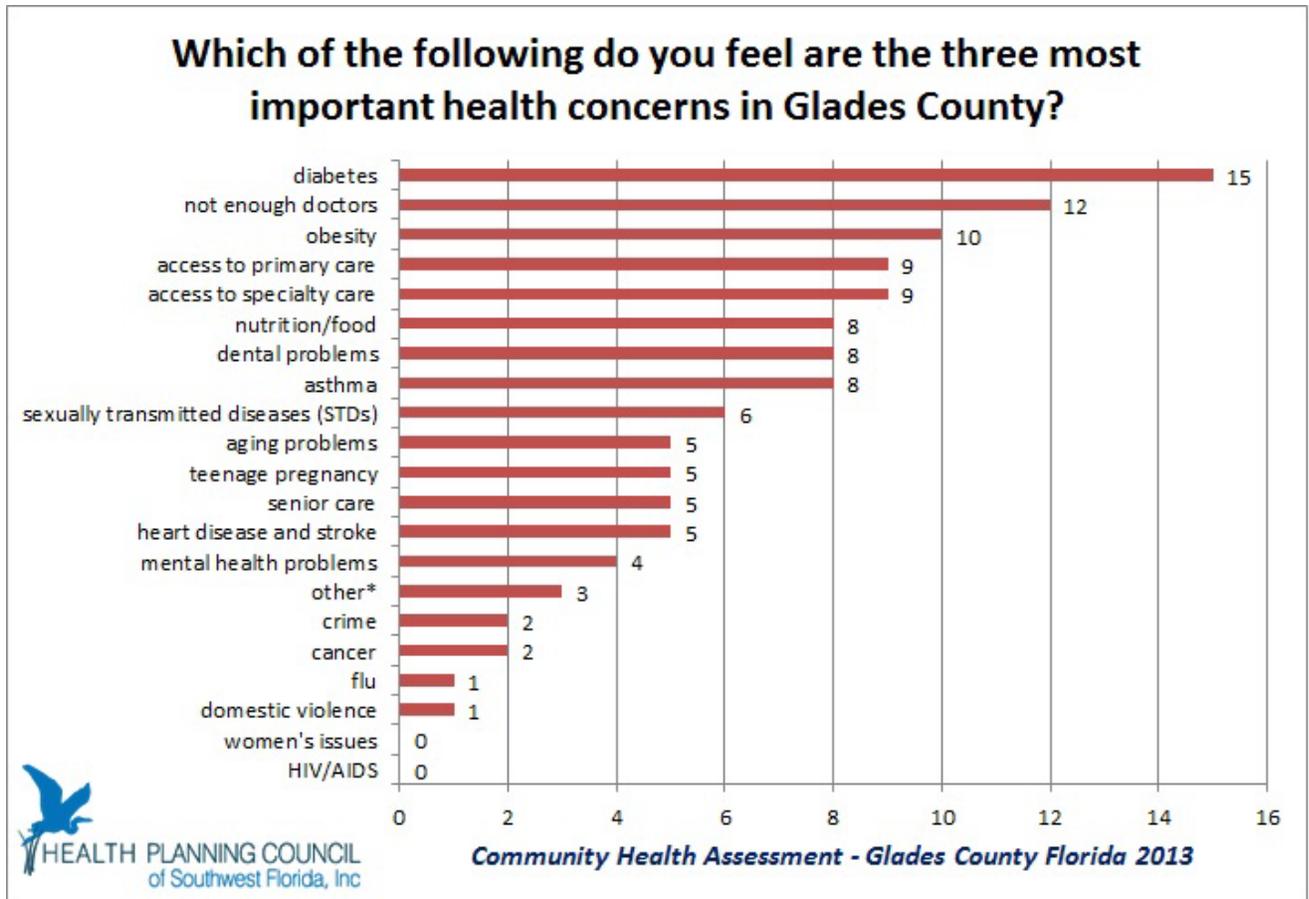
The surveys also asked if there are difficulties in receiving specific types of health services. 4 survey respondents said, no, there are no services that individuals in Glades County have difficulty accessing. Of those who felt there were services that were difficult to access, dental care was number one, with 19 responses. Next highest on the list were specialty care, emergency care, and hospital care, each receiving 15 responses.

Possible options for improving the health of area residents were given. More doctors was the option chosen the most by survey respondents, with 23 responses. The next most frequently chosen options were transportation (21 responses) and job opportunities (18 responses).

Are there services that individuals in Glades County have difficulty accessing?	
no	4
dental care	19
specialty care	15
emergency care	15
hospital care	15
primary care	14
mental health care	11
pharmacy/medications	8
pediatric care	3
other*	1
* don't know	

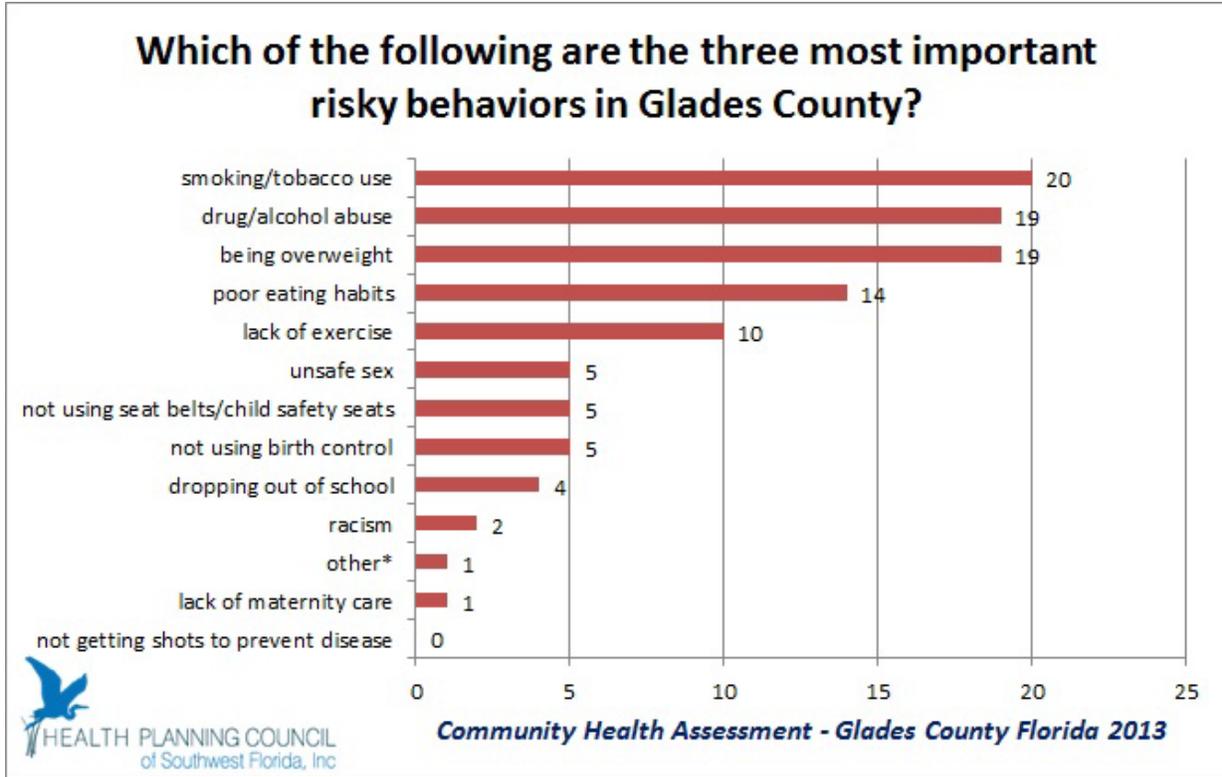
What does Glades County need to improve the health of your family, friends, and neighbors?	
more doctors	23
transportation	21
job opportunities	18
health education/wellness programs	11
additional health services	9
specialty doctors	8
after-school programs	8
substance abuse treatment services	7
healthier food choices	6
other*	6
counseling & support	4
safe places to walk/play	4
recreational facilities	3
* insurance, more nurse practitioners, mobile health services, don't know	

Respondents were asked to select what they felt to be the three most important health concerns for residents of Glades County. Diabetes topped the list, with 15 responses. Second highest on the list was not enough doctors, with 12 responses, followed by obesity, which received 10 responses.



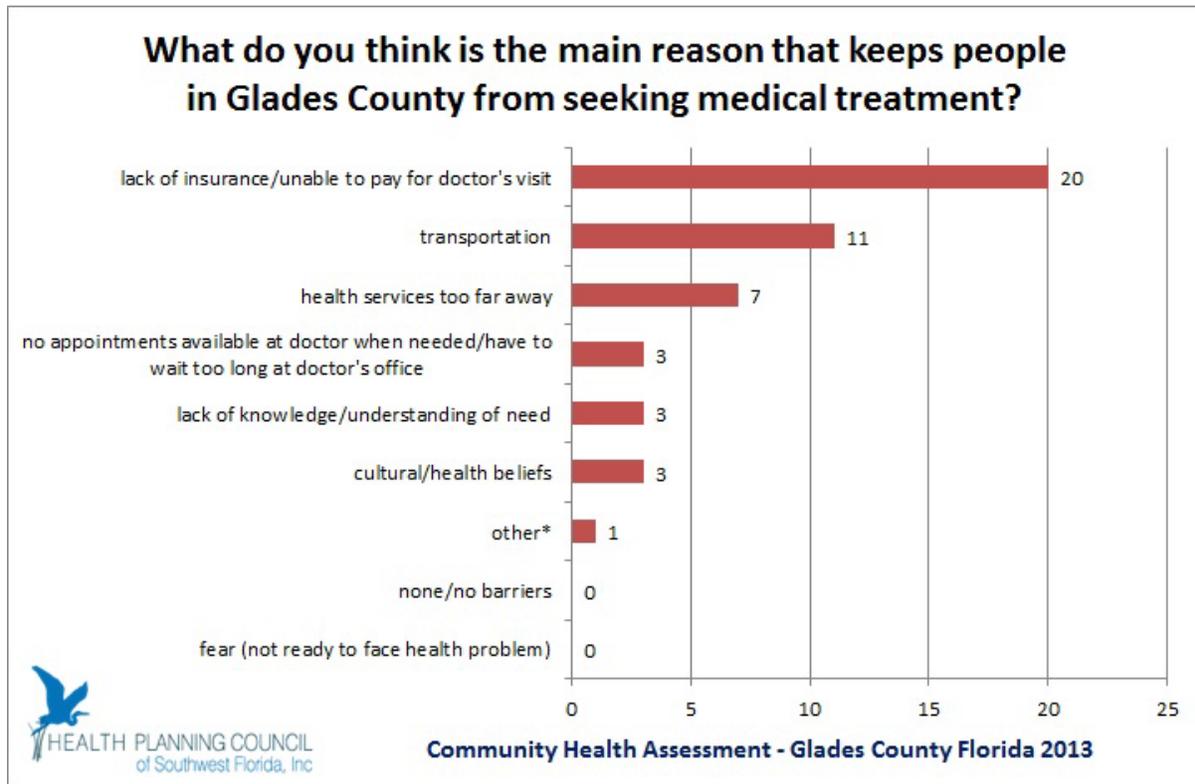
*other: smoking, substance abuse, don't know

Respondents were then asked to select the three most important risky behaviors in Glades County. Smoking and tobacco use was listed most frequently, with 20 responses. Other risky behaviors identified included drug/alcohol abuse (19 responses), being overweight (19 responses), and poor eating habits (14 responses).



*other: don't know

People sometimes delay receiving treatment for their ailments, which can lead to further problems and/or higher costs. Respondents were asked to designate the main reason that keeps Glades County residents from seeking medical treatment. Lack of health insurance and/or lack of ability to pay was cited as the number one reason by far with 20 responses. The next most often cited reason was transportation (11 responses).



*other: don't know

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

- Need community-based healthcare navigators.
- Cigarette use is driving up the cost of healthcare.
- We need a mobile medical unit.
- The quality of care at the Community Health Center in Moore Haven is terrible.
- The quality of care at the Family Community Health Center in Clewiston is great.
- The residents are not aware of the importance of healthcare.
- Access to medical care and wellness programs is extremely limited or nonexistent.
- Transportation is an issue for most of the residents.
- Primary problem is communication - getting the word out.
- Have testing services and wellness exams available at multiple locations on a set day each month.
- Work with food bank to ensure that those with sugar issues receive food to fit their health needs.

Community Focus Groups

Introduction

The Health Planning Council of Southwest Florida (HPC) conducted three focus groups in April of 2013 with the cooperation of the Glades County Health Department and the Hendry-Glades Public Health System Task Force (H-G PHSTF). The purpose of a focus group is to listen and gather information. It is a way to better understand how people feel or think about an issue, product or service, or in this case, the health and healthcare needs of Glades County residents. Participants are selected because they have certain characteristics in common that relate to the topic of the focus group. As a part of the Glades County Health Assessment, the Hendry-Glades Public Health System Task Force (H-G PHSTF) suggested locations for focus groups that would allow access to a variety of residents of Glades County. Individuals were recruited to attend the focus groups. Twenty-four individuals attended the focus groups, and gave a lot of insight into their impressions of healthcare in Glades County. The findings provide qualitative information and reveal factors affecting the views and sentiments regarding healthcare services in Glades County. Their responses are summarized below and reported without judging the veracity of their comments.

Methodology

A trained focus group facilitator and a note taker conducted three focus groups during the month of April 2013. The focus groups were held at three different locations in Glades County. Focus group protocols and questions were compiled by the Health Planning Council of Southwest Florida and approved by the Glades County Health Department. Participants for these groups were recruited primarily by word of mouth. A \$10.00 gift card from a local business was offered as a participation incentive at the conclusion of each meeting. Participant recruitment began approximately three weeks prior to the first group meeting.

The focus groups were held at the Ortona Community Center, St. Joseph the Worker Catholic Church and the Glades County branch of the Heartland Library Cooperative; all are located in different areas of Moore Haven. Each session lasted between one and two hours. The facilitator acted as discussion moderator and was assisted by a note taker.

Focus group participants were asked to fill out a brief survey covering basic demographic information. 22 of the 24 participants completed the demographic surveys. Of those who filled out the surveys, eighteen participants came from the 33471 zip code; three listed 33935 as their zip code. One participant was between the ages of 18 and 34; nine were between the ages of 35 and 65; twelve participants listed themselves as over 65. Sixteen of the participants were female and six were male. Three participants identified themselves as Hispanic or Latino. Fifteen were white, six were black or African American, and one identified as mixed.

It should be noted that the demographics of the focus group participants do not entirely mimic Glades County's demographics. Glades County has significantly more males than females, while the focus groups consisted primarily of females. There were a large number of participants age 65 and over, while the Glades County population for that age group is only 21.8 percent. A larger percentage of those who participated in the focus groups identify as black or African American than the percentage of those who live in the county. Hispanics accounted for 14 percent of participants, but represent 21.8 percent of the Glades County population.

With regards to having health insurance, some participants had more than one type of insurance. Thirteen of the participants had Medicaid or Medicare. Nine of the participants had private insurance. Three listed no insurance coverage, and three marked “other”. Fourteen of the participants were retired; four worked full time; two were self-employed; one worked part time, and one was unemployed. Three of the participants had children under eighteen in their household.

After an introduction and explanation of the meeting format, seventeen questions were sequentially presented to participants for discussion. The same format and questions were used at all three sessions. The Moderator’s Guide for the focus groups, including the introduction and all of the questions, is available in Appendix C.

Focus Group Question and Answer Summaries

As an icebreaker question, the participants were asked to give their first name and state how long they have lived in Glades County. Answers ranged from ten years to sixty-three years. The average answer was thirty years. Five were native-born Glades County residents; one was a seasonal resident.

General Perceptions

When asked to share their impressions about healthcare in Glades County, focus group participants spoke at length about the assets and deficiencies of the system. The overall consensus was that residents are aware that their healthcare resources are limited in Glades County. A lack of specialists was identified, specifically for diabetes, heart problems, and foot problems. Many residents go out of county for healthcare services, particularly seasonal residents with out of state health insurance. It was noted that some healthcare services are available in LaBelle, and one participant mentioned that there is one, small, local pharmacy.

The need for quality health information is always a priority for communities. The most noted source for health information in the county cited by participants was the Glades County Health Department. Two participants stated that there was no real source for health information in the county. Other responses included Hendry Regional Medical Center, the Internet, Hendry Regional Convenient Care, word of mouth, the local newspaper, Hope Connection, and a local email distribution list.

When asked where not to go for health information, very few participants responded. One participant stated that any information would be appreciated, regardless of where it came from. Another stated that the Health Department rarely has staff available, and the wait to get an appointment was at least a week.

Availability of Healthcare Services

Participants were asked where they go to receive healthcare. The majority said they go to Clewiston, Fort Myers, Okeechobee or the Glades County Health Department. Other responses included Naples, Moore Haven, Veterans Affairs, Lehigh, LaBelle, Belle Glades, or nowhere. It was stated that if you needed to use an ambulance, it would take you to Fort Myers, so it seems logical to have a primary care relationship established there. The doctors available locally rotate in and out of the county, making it difficult to build a relationship with one provider. It was also noted that new facilities are under-utilized. The impression is that they are open on odd days and at odd hours. People don’t always know what is available or what times they can go for services. The Health Department also has limited hours. It was

suggested by one participant that school physicals can be done at a chiropractor's office for a cheaper rate than a primary doctor's office.

When asked what healthcare agencies are available in Glades County, the Health Department was mentioned most frequently. Participants stated that services available at the Glades County Health Department include immunizations, vital statistics, Healthy Start, dental, and tobacco cessation. People tend to go to the Health Department when they can't go anywhere else; particularly the uninsured. Dr. Geake was mentioned by multiple participants as a provider whom they have used. It was stated that Clewiston has an obstetrician/gynecologist that comes once a week; for pregnancy, residents travel to Belle Glades and Health Park. Another agency named was Hendry Regional Convenient Care Center in LaBelle. Residents stated they are pleased with the services that are available at the Convenient Care Center, but the wait times are felt to be extremely long. The general feel is that there is no longevity of providers in the area. Doctors are rotated; you don't know who you will get.

The focus group participants were then asked if they travel outside of the county to receive healthcare. It was stated that there is no specialty care and no pharmacy in Glades County. Participants noted that they travel to Fort Myers or Sebring to see an eye doctor, Belle Glades for dialysis, and Lehigh Acres for mammograms. Dental services were also an area of concern. It was stated that dental services are very limited, although there is a dentist at Florida Community. One participant stated that some health insurance plans only pay for providers outside of Glades County.

Health Resources and Obstacles

When asked to name things that have helped improve or maintain their health, respondents mentioned a number of programs and general aids. Things that promote exercise were noted by many, specifically new sidewalks being built, two playgrounds for children, and a ladies group that gathers to exercise three times a week. Recommendations received via word of mouth were mentioned as another source of improving and maintaining health. Specific programs were mentioned as well. It was noted that there used to be a Healthy Community Program eight years ago that brought activities to the community to help people with better eating and other healthy living skills. A mobile mammography bus comes around during Breast Cancer Awareness month. There is a Shine Representative at the Methodist Church to help people who are on Medicare to apply for supplemental insurance. The Health Department was also listed as a resource where Glades County residents can receive assistance in applying for various benefits, as well as a resource for children's summer programming.

Participants were then asked what problems or barriers there are in maintaining or improving their health or the health of their family. Most frequently mentioned was a lack of health insurance and/or income to pay for health services, as well as transportation. Specialists are all located out of town, and even the Health Department's new location is not within walking distance for those who do not have transportation. It was mentioned again that there are few healthcare providers who stay consistently in the county long enough for patients to build a relationship with. Another barrier mentioned was that residents aren't aware of what services are available locally.

Transportation was listed as an issue that impacts accessing needed healthcare. Discussing this further, focus group participants mentioned that Good Wheels is available for transportation to medical appointments, including having prescriptions filled. Advance notice is required to utilize Good Wheels, which was mentioned as something that can be difficult. Another difficulty mentioned with Good Wheels was that once a patient is dropped off at an appointment, he/she is required to wait until Good

Wheels is available for the return ride, which can lead to an all-day trip. Some participants suggested that when travelling out of the county for medical services, they try to book multiple appointments in one day. It was also stated that while taxi cabs are an option, they are an expensive option. When it comes to adequate nutrition, one participant mentioned that there is no hot lunch delivery program set up for seniors who lack transportation.

Participants were then asked what they need in order to improve their families' health. The majority of those who responded to this question stated that having more providers was the number one thing needed in Glades County. Suggestions to make this happen included having more mobile services, and recruiting volunteer doctors or students to offer services for free. Again, transportation was highlighted as a need. It was also stated that in the Washington Park area there are open septic tanks that need to be taken care of, as the residents of that area feel this makes an extremely unsafe environment for the area children.

Pressing Healthcare Needs

The focus group participants were asked to identify the most pressing healthcare needs in Glades County. The most noted responses were access to affordable healthcare and affordable health insurance, safer housing environments, information/health education, and the distance to emergency care. Other responses included more local providers, dial-a-nurse/hotline, urgent care, specialty care, night & weekend options, mobile care, transportation, mental health/crisis intervention, emergency care, physical therapy, vision, diabetes, recreation, support groups, adult daycare, high blood pressure, and arthritis.

When asked what can be done to work on these healthcare needs, one participant suggested that county commissioners, city counselors, social service agencies and churches need to come together and get involved. Another suggested that the community needed to gather together to talk about the issues. One participant stated that the "government needs to visit Washington Park" to talk to the people there and see first-hand what the needs are. It was noted that only so much can be done with the small population and the lack of funds.

Addressing specific risky behaviors is one way to tackle health problems preemptively. The risky behavior mentioned most often for Glades County was drug and alcohol abuse. It was noted by one focus group participant that "drug and alcohol abuse is high in the older population," as well as for the youth of the county. Mentioned as well were pollution, poor diet, and lack of recreational activities for young adults and children. One participant suggested that a lack of preventative healthcare was an important risky behavior, and another suggested that living in unsafe conditions was also a concerning risky behavior.

When asked what roles do the people in the community play in improving the overall health of Glades County, it was thought by many participants that the residents of Glades County need to get to know their neighbors, look out for them on a regular basis, and be active in community groups. Churches were mentioned as a resource for community outreach.

Affordable Care Act/Healthcare Reform

Participants were then asked about their thoughts about how the Affordable Care Act will affect healthcare in Glades County. Focus group participants were divided on this topic. A large portion of

participants stated that they did not understand it enough to know its effect. Some felt it will penalize people who cannot afford health insurance. Others felt that it will be a great thing. One participant stated, "It moves us toward better access to healthcare."

When asked how best to educate the people of Glades County about the upcoming changes regarding the Affordable Care Act, participants had several suggestions. Those suggestions included putting out a flyer, setting up a health fair outside at a local park, putting information in the newspaper and on the Internet, as well as having a speaker discuss the information at the area churches. Other suggestions included having more organized senior groups.

Additional Comments

At the end of each focus group, participants were given the opportunity to provide any additional comments on health and healthcare in Glades County that they felt was relevant. These included:

- We don't have any mental health.
- Health Department is out of town. Not far, but not within walking distance.
- Everyone should go door to door to check on their neighbors.
- There are a lot of children with diabetes and high blood pressure. Someone needs to talk to them.

Dissemination Plan

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

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

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

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

Appendix A

Glades Local Public Health System Task Force Members

Arlene Bettencourt
United Way of Hendry/Glades

Lisa Sands
Daisy Ellis
The Salvation Army

Lynn Beasley
Sandra Viall
Hendry Regional Medical Center

Nardina Johnson
Florida Community Health Center, Clewiston

Traci Thomas
Florida Community Health Center, Moore Haven

Ruby Nixon
Hope Connections

Maricela Morado
Healthy Start Coalition of Southwest Florida

Susan Harrelle
Hendry County Sheriff's Department

Joe Hosick
Susan Shilharvey
Hendry Glades Behavioral Health

Norm Coderre
Children's Medical Services

Jeannette Chelius
Susan Komen Foundation of Southwest Florida

Lupe Taylor
Hendry County Emergency Management

Janet Papinaw
Hendry County Board of County Commissioners

Donna Storter Long
Glades County Board of County Commissioners

Dana Breeden
Early Learning Coalition

Charlene Blum
Kim Kutch
Florida Department of Children and Families

Donna Akin
Hendry County Public Safety

Nancy Coker
Child Care of Southwest Florida

Dr. Jorge Quinonez
Family Health Center

Patricia K. Dobbins
Judy Paskvan
Jennifer Hood
Lynn Thomas
Brenda Barnes
Mary Ruth Prouty
The Florida Department of Health in Hendry and
Glades Counties

Gail Holton
Senior Choices

Melissa Barraza
Lori Riddle
WIC Lee County

Raoul Batalier
The Hendry Glades Sunday News

Mary Bartoshuk
Community Volunteer

Linda Corbitt
Community Volunteer

Ron Stephens
Community Volunteer

Appendix B

Survey on Health and Healthcare in Glades County

1. How would you rate the **general health** of Glades County residents?
 Excellent Good Fair Poor

2. How would you rate the **quality** of healthcare in Glades County?
 Excellent Good Fair Poor

3. Where do you think the residents of Glades County go to get health information?
 Newspaper Friends or relatives
 Family doctor or health provider Radio
 Television Internet
 Magazines Books
 Other _____

4. Where do you go to get healthcare?
 Family Doctor Clinic (Florida Community Health Center)
 Hospital/Emergency Room Health Department
 Don't know
 Other _____

5. Which of the following do you feel are the three most important **health concerns** in Glades County (select three)?
 Asthma Cancer Crime
 Dental problems Diabetes Domestic Violence
 Flu Heart Disease and Stroke HIV/AIDS
 Mental health problems Not enough doctors Nutrition/food
 Obesity Senior care Access to specialty care
 Sexually Transmitted Diseases (STDs) Teenage pregnancy *(doctors who provide care for one specific medical issue)*
 Women's issues Access to primary care *(family doctor)*
 Aging problems *(such as arthritis, hearing/vision loss, etc.)*
 Other _____

6. Which of the following do you feel are the three most important **risky behaviors** in Glades County (select three)?
 Being overweight Not using birth control
 Dropping out of school Not using seat belts/child safety seats
 Drug/Alcohol Abuse Poor eating habits
 Lack of exercise Racism
 Lack of maternity care Smoking/Tobacco Use
 Not getting shots to prevent disease Unsafe sex
 Other _____

7. What do you think is the main reason that keeps people in Glades 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 Glades 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 Glades 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 Glades 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 Glades County.

Appendix C

Glades County Health Assessment

Focus Group Moderator Guide

Hello and welcome to our focus group. A focus group is a discussion among people who have something in common. Each of you is here today as a resident of Glades County and have unique perspectives on the health of your community. I'd like to thank you for agreeing to join our discussion group today where we will be talking about the health needs of individuals in our community.

My name is _____ and assisting me in this discussion is _____. We are both from the Health Planning Council of Southwest Florida. On behalf of The Glades County Health Department, the Health Planning Council is conducting a county-wide health assessment. The goal of this assessment is to identify the most pressing health needs of residents of Glades County including issues like access to healthcare, barriers to receiving healthcare and the most pressing health issues of residents. We want to help the local policy makers and healthcare providers focus on the health needs that you feel are important.

Your input is extremely important.

To help manage our discussion, I am going to briefly review some guidelines:

- I will be asking you all some questions over the next hour or so. I encourage each of you to share as much as you feel comfortable. All of your opinions are important to us and this project. Feel free to say whatever you like; there are not right or wrong answers to our questions.
- We ask you to respect what other people in the group say and for you avoid negative comments about other peoples' thoughts or opinions.
- We ask that only one person talk at a time, we do not want to miss anything that anyone says, so it is important we do not talk over one another or break into separate conversations. If you think you might forget your ideas, please write them down. Then you can share them at the next opportunity in our conversation.
- Most importantly, what you say in here today will remain between us. We will not be using your name when we report the results of this study. We also ask that you not share what we talk about today in the group with others outside the group. It is important that we trust each other and that you are comfortable sharing your thoughts.
- We are taping today's meeting. The tape will only be used by our staff to make sure that our written reports are accurate. We do not want to miss any of your comments. Once those reports are complete, we will destroy the tapes.
- As you walked in we handed you a brief questionnaire. This will be used to help describe the discussion group. If you have not yet, please take a minute and complete these questions before we start. We will not be using this information to identify you in anyway.
- If you have a cell phone, please turn them off or put them on vibrate. If you must answer the phone, please do so outside and return as quickly as you can.
- You will be receiving your incentive for participating at the end of the session.

Are there any questions about what we're doing today? If there are no additional questions, we'll begin.

QUESTIONS

As a way of getting started and getting to know each other, I would like to go around the room one at a time. Please tell us your name and how long you have lived in Glades County.

Now that we have heard from each of you, I would like to ask some questions for anyone to answer. Please, I ask you to remember to talk one at a time because each one of you has important things to say and we want to make sure that we hear what you have to say. There are not right or wrong answers; we only want to get your input.

1. Let's suppose I am new to Glades County, and I need some health information, where would you suggest I go?
 2. Where would you suggest I not go?
 3. Considering your own experiences, what are your general thoughts on healthcare in Glades County?
 4. Do you have a primary/family doctor? Where do you go to get healthcare?
 5. What are the healthcare agencies in the area? Do you or people you know use them? Why or why not?
 6. Do you or members of your family go outside of the county to receive healthcare?
 7. Considering your own experiences, what are some things that have helped improve or maintain the health of you or your family?
 8. What are problems or barriers you see in maintaining or improving you or your family's health?
 9. We often hear that transportation is an issue that impacts accessing needed healthcare. Is this something that impacts you?
 10. In order to improve your family's health, what do you need?
 11. What do you think are the most pressing or most serious healthcare needs in Glades County?
- Overall, what would you say is the most important health need we have just come up with? If each of you will tell what you think is most important, we will put a check mark by it.
12. What do you think can be done to work on these healthcare needs?
 13. What do you feel are the most important risky behaviors in Glades County?
 14. What role do people in the community, like you, play in improving the overall health of Glades County?

15. How do you think the Affordable Care Act (Healthcare Reform/Obamacare) will affect healthcare in Glades County?

16. What do you think are the best ways to educate people about the upcoming changes (regarding the Affordable Care Act)?

17. Do you have any additional comments you would like to share about healthcare in Glades County?

Our discussion today was to help us understand how the community feels on the health needs in Glades County. Have we missed anything?

Now, if there are no further comments, we would like to thank you all for your participation in this project, and please remember to keep everything you have heard today inside this room and among us.

We are now going to come around the room and distribute your incentive for participation. Again, thank you for participating in this discussion with us. We really appreciate your thoughts and comments.

Appendix D

County Health Rankings

Definitions for each measure are listed on the next pages.	Glades County	Error Margin	Florida	National Benchmark*	Rank (of 67)
Health Outcomes					36
Mortality					37
Premature death	8,411	6,429- 10,392	7,310	5,317	
Morbidity					32
Poor or fair health	18%	13-25%	16%	10%	
Poor physical health days	3.3	2.4-4.2	3.6	2.6	
Poor mental health days	3.2	2.2-4.2	3.7	2.3	
Low birth weight	9.50%	7.1-11.8%	8.70%	6.00%	
Health Factors					59
Health Behaviors					49
Adult smoking			19%	13%	
Adult obesity	35%	32-38%	26%	25%	
Physical inactivity	34%	31-37%	24%	21%	
Excessive drinking	16%	9-28%	16%	7%	
Motor vehicle crash death rate	44	31-60	16	10	
Sexually transmitted infections	326		398	92	
Teen birth rate	50	41-60	40	21	
Clinical Care					67
Uninsured	33%	30-36%	25%	11%	
Primary care physicians**	12,839:1		1,439:1	1,067:1	
Dentists**			2,095:1	1,516:1	
Preventable hospital stays	108	94-123	65	47	
Diabetic screening	84%	73-95%	84%	90%	
Mammography screening	58%	45-70%	70%	73%	
Social & Economic Factors					55
High school graduation**	48%		71%		
Some college	32%	21-43%	59%	70%	
Unemployment	10.20%		10.50%	5.00%	
Children in poverty	34%	24-43%	25%	14%	
Inadequate social support	17%	11-26%	22%	14%	
Children in single-parent households	51%	33-70%	37%	20%	
Violent crime rate	365		614	66	

Physical Environment					52
Daily fine particulate matter	6.8	6.7-6.8	8.4	8.8	
Drinking water safety	0%		3%	0%	
Access to recreational facilities	0		9	16	
Limited access to healthy foods**	7%		7%	1%	
Fast food restaurants	67%		44%	27%	

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

*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 E

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 F

Florida Youth Substance Abuse Survey

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

	Glades County							Florida Statewide						
	Middle School	High School	Female	Male	Ages 10-14	Ages 15-17	Total	Middle School	High School	Female	Male	Ages 10-14	Ages 15-17	Total
Alcohol	22.9	25.0	27.6	21.1	21.3	23.9	23.8	12.3	33.9	25.3	23.8	13.2	34.0	24.6
Binge Drinking	11.2	19.4	15.1	14.0	9.2	18.3	14.4	4.7	16.4	10.6	11.9	4.9	16.4	11.3
Cigarettes	9.6	23.1	18.9	12.1	9.0	13.3	15.0	2.7	9.6	6.0	7.1	2.6	9.5	6.6
Marijuana or Hashish	12.3	19.8	15.0	15.4	11.5	19.1	15.1	4.2	18.5	10.6	14.1	4.5	18.9	12.4
Synthetic Marijuana	--	1.1	0.0	2.1	--	1.5	1.1	--	4.3	3.3	5.3	--	4.5	4.3
Inhalants	3.9	1.1	1.5	4.2	2.4	4.4	2.9	3.8	1.6	3.0	2.0	3.7	1.6	2.5
Club Drugs	0.7	0.0	0.0	0.9	0.0	1.5	0.5	0.4	1.5	0.9	1.2	0.4	1.5	1.1
LSD, PCP or Mushrooms	1.5	0.0	2.0	0.0	1.5	0.0	0.9	0.5	1.3	0.7	1.2	0.5	1.3	1.0
Methamphetamine	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.5	0.5	0.4	0.5	0.5	0.5	0.5
Cocaine or Crack Cocaine	3.1	0.0	2.2	1.8	2.3	1.5	2.0	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	2.2	4.1	4.2	1.8	1.4	1.5	2.9	0.8	2.1	1.6	1.5	0.7	2.3	1.6
Prescription Pain Relievers	8.2	4.0	11.1	2.8	7.3	1.5	6.6	1.7	2.8	2.6	2.0	1.7	2.9	2.3
Prescription Amphetamines	0.7	0.0	1.0	0.0	0.7	0.0	0.4	0.4	1.5	1.0	1.0	0.5	1.5	1.0
Steroids (without a doctor's order)	0.7	0.0	0.0	0.8	0.7	0.0	0.4	0.3	0.5	0.2	0.6	0.3	0.4	0.4
Over-the-Counter Drugs	3.7	3.2	4.5	2.7	3.7	1.5	3.5	1.7	2.6	2.5	2.0	1.7	2.7	2.2
Any illicit drug	20.7	20.3	22.0	19.6	20.0	19.8	20.6	9.6	22.9	16.3	18.0	9.8	23.3	17.2
Any illicit drug other than marijuana	13.2	6.3	14.3	7.7	12.4	4.3	10.6	6.9	9.1	8.6	7.7	6.8	9.2	8.2
Alcohol only	10.2	11.1	13.3	8.4	10.1	9.2	10.5	7.9	18.1	14.7	12.7	8.4	18.2	13.7
Alcohol or any illicit drug	30.5	32.0	34.6	28.7	29.6	28.5	31.1	17.4	40.4	30.7	30.2	18.1	40.9	30.5
Any illicit drug, but no alcohol	7.9	7.2	6.7	8.5	8.4	6.1	7.6	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 Glades County youth 2002, 2004, 2006, 2008, 2010 and 2012

	2002			2004			2006			2008			2010			2012		
	Middle School	High School	Total															
Alcohol	27.4	46.7	35.8	28.2	35.6	32.4	18.5	40.0	29.5	18.4	39.6	27.6	14.8	47.4	29.3	22.9	25.0	23.8
Binge Drinking	12.2	29.4	19.9	18.5	22.8	21.0	7.4	26.2	17.1	7.7	25.2	15.3	9.2	26.8	17.0	11.2	19.4	14.4
Cigarettes	6.2	21.7	13.2	10.5	16.4	13.9	3.0	13.9	8.6	7.9	18.9	12.7	3.0	10.8	6.5	9.6	23.1	15.0
Marijuana or Hashish	8.0	18.3	12.7	4.8	16.3	11.4	3.0	18.3	10.9	7.9	8.1	8.0	4.3	10.7	7.2	12.3	19.8	15.1
Inhalants	4.6	4.6	4.6	3.5	2.4	2.8	3.1	4.1	3.6	2.6	0.0	1.5	5.1	1.4	3.4	3.9	1.1	2.9
Club Drugs	--	--	--	--	--	--	--	--	--	1.0	--	1.0	1.3	0.0	0.7	0.7	0.0	0.5
LSD, PCP or Mushrooms	--	--	--	--	--	--	--	--	--	1.0	--	1.0	0.0	1.5	0.7	1.5	0.0	0.9
Methamphetamine	0.0	0.0	0.0	0.0	0.8	0.5	0.0	1.5	0.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Cocaine or Crack Cocaine	--	--	--	--	--	--	--	--	--	1.6	--	1.6	2.3	0.0	1.3	3.1	0.0	2.0
Heroin	1.8	0.0	1.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0	0.6	0.7	0.0	0.4	0.0	0.0	0.0
Depressants	3.5	4.7	4.0	1.4	11.2	7.1	0.0	2.3	1.1	1.6	4.6	2.9	0.0	0.0	0.0	2.2	4.1	2.9
Prescription Pain Relievers	3.4	4.8	4.9	4.8	12.1	9.0	0.9	2.3	1.6	4.4	4.8	4.6	3.7	1.8	2.8	8.2	4.0	6.6
Prescription Amphetamines	1.7	0.0	1.0	1.4	0.0	0.6	0.0	0.0	0.0	0.7	1.2	0.9	0.0	0.0	0.0	0.7	0.0	0.4
Steroids (without a doctor's order)	4.8	0.0	2.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.9	0.9	0.7	0.0	0.4
Over-the-Counter Drugs	--	--	--	--	--	--	--	--	--	5.5	--	5.5	3.5	1.5	2.6	3.7	3.2	3.5
Any illicit drug	18.3	18.3	18.1	8.1	18.6	14.4	4.9	19.5	12.4	10.0	14.4	11.9	11.2	18.6	14.6	20.7	20.3	20.6
Any illicit drug other than marijuana	12.4	6.9	9.8	4.8	12.8	9.7	3.8	6.3	5.1	7.5	9.5	8.4	9.0	8.0	8.5	13.2	6.3	10.6
Alcohol only	18.2	32.3	24.3	22.1	21.8	21.8	16.2	22.1	19.2	12.9	30.1	20.3	9.1	33.4	20.1	10.2	11.1	10.5
Alcohol or any illicit drug	35.4	46.8	40.3	29.3	38.4	34.8	21.4	40.0	30.9	22.3	43.1	31.5	20.8	52.0	34.6	30.5	32.0	31.1
Any illicit drug, but no alcohol	8.6	2.4	5.8	2.2	2.6	2.8	3.0	0.0	1.4	3.5	1.4	2.6	6.4	4.6	5.6	7.9	7.2	7.6

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 G

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.	16.6% (9.5-23.6)	3	15.0% (13.9-16.0)	12.5% (7.9-19.1)
Arthritis				
Adults who are limited in any way in any usual activities because of arthritis or chronic joint symptoms.	16.7% (9.5-23.8)		14.9% (14.0-15.6)	14.0% (8.5-22.0)
Adults who have been told they have some form of arthritis.	45.0% (30.5-59.4)		32.0% (30.8-33.0)	21.3% (13.7-31.4)
Asthma				
Adults who currently have asthma.	3.9% (1.9-5.9)	1	8.3% (7.6-9.0)	3.3% (1.8-5.6)
Cancer Screening				
Adults 50 years of age and older who received a blood stool test in the past year.	5.1% (2.4-7.8)	4	14.7% (13.7-15.6)	25.2% (13.5-42.0)
Adults 50 years of age and older who received a sigmoidoscopy or colonoscopy in the past five years.	43.7% (26.6-60.8)	4	56.4% (54.8-57.8)	54.3% (39.4-68.4)
Adults ages 50 years and older who have ever had a blood stool test.	39.5% (19.5-59.3)	3	42.5% (41.1-43.9)	39.5% (26.4-54.3)
Adults ages 50 years and older who have ever had a sigmoidoscopy or colonoscopy.	50.3% (32.0-68.5)	4	68.2% (66.7-69.6)	59.9% (44.6-73.4)
Men 45 years of age and older who have been told they have prostate cancer.	7.4% (2.7-12.1)	3	7.3% (6.3-8.3)	
Men ages 50 years and older who have ever had a digital rectal exam.	73.0% (57.0-89.0)	4	86.6% (84.8-88.4)	65.6% (36.3-86.4)
Men ages 50 years and older who have ever had a PSA test.	71.0% (55.4-86.5)	4	85.0% (83.1-86.9)	69.9% (37.7-89.8)
Women 18 years of age and older who received a Pap test in the past year.	68.0% (43.4-92.5)	1	57.1% (55.2-58.9)	67.1% (47.6-82.0)
Women 40 years of age and older who received a mammogram in the past year.	48.6% (19.7-77.3)	4	61.9% (60.2-63.5)	59.7% (46.4-71.6)
Women ages 40 years and older who had a clinical breast exam in the past year.	70.2% (51.4-88.8)	1	63.2% (61.5-64.8)	55.2% (41.8-67.7)

Women who have had a hysterectomy.	35.1% (13.8-56.3)	4	26.2% (24.9-27.4)	
Cardiovascular Disease				
Adults who have ever had a heart attack, angina, or coronary heart disease.	27.1% (12.0-42.1)	4	10.2% (9.5-10.7)	8.9% (5.6-13.8)
Adults who have ever had a stroke.	5.9% (2.6-9.2)	4	3.5% (3.1-3.9)	2.2% (1.2-3.9)
Cholesterol Awareness				
Adults who have diagnosed high blood cholesterol.	39.5% (27.0-52.0)		38.6% (37.3-39.8)	53.9% (38.1-68.8)
Dental Care				
Adults who had a permanent tooth removed because of tooth decay or gum disease.	58.8% (46.2-71.3)	3	53.0% (51.6-54.2)	
Adults who had their teeth cleaned in the past year.	46.3% (33.5-59.1)	4	60.9% (59.6-62.1)	
Adults who visited a dentist or dental clinic in the past year.	53.6% (40.2-67.0)	3	64.7% (63.4-65.9)	
Diabetes				
Adults with diabetes who ever had diabetes self-management education.	52.8% (30.7-74.7)	3	55.1% (51.8-58.3)	26.6% (10.3-53.2)
Adults with diabetes who had an annual eye exam.	80.3% (66.1-94.4)	1	70.2% (67.0-73.4)	83.8% (62.7-94.0)
Adults with diabetes who had an annual foot exam.	84.5% (72.5-96.3)	1	72.2% (69.2-75.2)	86.4% (68.6-94.8)
Adults with diabetes who had two A1C tests in the past year.	83.7% (69.1-98.2)	1	75.6% (72.5-78.6)	87.7% (68.9-95.8)
Adults with diagnosed diabetes.	11.5% (6.0-16.9)	3	10.4% (9.7-11.0)	8.4% (3.7-17.7)
Disability				
Adults who are limited in any way in any activities because of physical, mental, or emotional problems.	29.7% (19.6-39.7)	4	24.3% (23.2-25.2)	20.5% (12.3-32.0)
Adults who use special equipment because of a health problem.	11.7% (5.7-17.6)	3	9.3% (8.6-9.8)	8.4% (3.5-18.3)
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.	64.1% (49.9-78.3)		56.2% (54.0-58.4)	

Healthcare Access & Coverage

Adults who could not see a doctor at least once in the past year due to cost.	17.0% (9.9-24.1)	2	17.3% (16.2-18.3)	13.9% (7.6-24.0)
Adults who had a medical checkup in the past year.	69.7% (59.1-80.2)	2	69.7% (68.5-70.9)	80.1% (66.6-89.0)
Adults who have a personal doctor.	79.1% (70.3-87.8)	3	81.7% (80.6-82.7)	76.2% (58.8-87.7)
Adults who think they would get better medical care if they belonged to a different race/ethnic group.	13.1% (6.1-20.1)		10.8% (9.9-11.7)	
Adults with any type of healthcare insurance coverage.	66.4% (51.5-81.2)	4	83.0% (81.9-84.0)	79.2% (62.3-81.2)

Health Status & Quality of Life

Adults who always or usually receive the social and emotional support they need.	71.9% (60.5-83.2)	4	79.5% (78.4-80.6)	75.6% (59.2-86.8)
Adults who had poor mental health on 14 or more of the past 30 days.	15.2% (8.3-21.9)	3	11.8% (10.9-12.6)	10.3% (4.9-20.2)
Adults who had poor physical health on 14 or more of the past 30 days.	17.0% (9.6-24.4)	4	12.6% (11.8-13.3)	13.1% (6.9-23.4)
Adults who said their overall health was "fair" or "poor".	30.8% (16.1-45.4)	4	17.1% (16.2-18.0)	18.3% (10.9-29.1)
Adults whose poor physical or mental health kept them from doing usual activities on 14 or more of the past 30 days.	24.7% (11.2-38.2)	4	16.8% (15.5-18.0)	21.6% (10.3-39.6)
Adults with good mental health.	84.8% (78.0-91.6)	4	88.2% (87.3-89.0)	89.7% (79.7-95.1)
Adults with good physical health.	83.0% (75.5-90.3)	4	87.4% (86.6-88.1)	86.9% (76.5-93.0)
Adults with good to excellent overall health.	69.2% (54.5-83.8)	4	82.9% (82.0-83.7)	81.7% (70.8-89.0)
Average number of days where poor mental or physical health interfered with activities of daily living in the past 30 days.	7.8% (5.7-9.8)	4	5.2% (4.8-5.4)	6.0% (1.7-10.2)

HIV/AIDS

Adults less than 65 years of age who had an HIV test in the past 12 months.	3.2% (0.1-6.2)	4	7.0% (5.9-8.0)	7.0% (3.6-13.2)
Adults less than 65 years of age who have ever been tested for HIV.	30.8% (16.5-45.0)	4	48.4% (46.7-50.0)	21.0% (11.8-34.4)
Adults less than 65 years who think they can get AIDS virus from mosquitos.	13.6% (4.7-22.3)		19.2% (17.8-20.5)	

Hypertension Awareness & Control

Adults with diagnosed hypertension.	48.8% (34.7-62.9)	4	34.3% (33.1-35.4)	32.7% (18.7-50.5)
Adults with hypertension who currently take high blood pressure medicine.	83.4% (67.2-99.5)		82.8% (81.0-84.4)	48.7% (23.6-74.4)

Immunization

Adults age 65 and older who have ever received a pneumonia vaccination.	73.6% (65.4-81.6)	2	69.9% (68.4-71.4)	67.7% (51.0-80.7)
Adults age 65 and older who received a flu shot in the past year.	69.6% (60.7-78.4)	2	65.3% (63.7-66.9)	70.6% (54.9-82.6)
Adults who have ever received a pneumonia vaccination.	33.8% (22.9-44.5)	2	30.6% (29.5-31.7)	21.2% (12.6-33.3)
Adults who received a flu shot in the past year.	33.1% (22.9-43.3)	3	36.5% (35.3-37.7)	45.7% (28.4-64.1)

Injury Prevention

Adults 45 older who had a fall-related injury in the past 3 months.	3.2% (0.9-5.4)	1	5.7% (5.0-6.3)	
Adults who "always" or "nearly always" used seat belts when driving or riding in a car.	94.8% (91.0-98.4)	2	95.6% (95.0-96.1)	
Adults who, in the past 30 days, drove a vehicle after consuming too many alcoholic beverages.	2.8% (0.0-6.3)		1.9% (1.4-2.3)	

Overweight & Obesity

Adults who are obese.	39.6% (25.1-54.0)	4	27.2% (26.0-28.3)	15.8% (10.1-23.8)
Adults who are overweight.	35.6% (24.5-46.5)	2	37.8% (36.5-39.0)	42.4% (24.8-62.1)
Adults who are overweight or obese.	75.1% (66.0-84.2)	4	65.0% (63.8-66.2)	58.2% (39.2-75.0)
Adults who have a healthy weight (BMI from 18.5 to 24.9).	24.2% (15.1-33.2)	4	33.4% (32.1-34.5)	34.0% (19.1-52.8)

Tobacco Use & Exposure

Adult current smokers who tried to quit smoking at least once in the past year.	52.0% (32.1-71.8)	4	60.1% (56.9-63.2)	43.9% (25.9-63.5)
Adults who are current smokers.	15.2% (8.8-21.5)	1	17.1% (16.1-18.0)	17.8% (10.5-28.5)
Adults who are former smokers.	30.3% (20.6-39.9)	2	29.8% (28.7-30.9)	29.8% (16.2-48.2)

Adults who have never smoked.	54.5%	2	53.0%	52.3%
	(42.2-66.7)		(51.8-54.2)	(34.7-69.3)

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 H

Glades County Guide to Health Services

Emergency Numbers

Police/Fire/Ambulance.....911

Non-Emergency Numbers

Glades County Sheriff Office.....877-445-2337

Fire Departments

Buckhead Ridge.....863-634-5197

Indian Hills.....863-983-6490

Lakeport..... 863-946-2733

Moore Haven..... 863-946-0711

Muse..... 863-675-4288

Ortona.....863-674-1151

Palmdale.....863-674-1400

Other Emergency Numbers

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

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

Animal Control..... 863-946-6001

Social Services.....863-946-0411

Glades County Health Care Services

Health Department

1021 Health Park Drive, Moore Haven, Florida 33471863-946-0707

A Limited List of Other Licensed Facilities:

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

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

Source: Florida Health Finder Provider Search. Available at <http://www.floridahealthfinder.gov>. Accessed May 1, 2013.

Appendix I

Selected Data Sources

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

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

The Behavioral Risk Factor Surveillance Reports are available at this site along with special reports on many health-related topics: http://www.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/>

Glades County Department of Health: <http://www.doh.state.fl.us/chdglades/home.html>

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