

Community Health Assessment

HARDEE COUNTY

JANUARY 2019



VERSION 1.1
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Introduction

Beginning in November of 2016, the Florida Department of Health in Hardee County (DOH-Hardee) and the Hardee County Health Care Task Force (HCTF) led the process to produce a Hardee County Community Health Assessment (CHA). This CHA is the result of a two-year long process seeking to identify the major health and social issues affecting the health status and quality of life in our community. The CHA provides a snapshot in time of the community strengths, needs, and priorities.

The HCTF is comprised of a diverse group of public, private, non-profit, social services, and government entities that make up the public health system in Hardee County. The HCTF and DOH-Hardee used a nationally recognized model called MAPP (Mobilizing for Action through Planning and Partnership) to conduct the 2018 CHA. This strategic planning tool is a community-wide strategy for improving community health developed by the National Association of County and City Health Officials (NACCHO) and the Centers for Disease Control and Prevention (CDC). The MAPP process is described on the following page.

The CHA examines differences in health outcomes and their causes among groups of people, or health disparities, to help achieve health equity.

This document aims to:

- Accurately identify Hardee County's key health issues.
- Identify strategic health planning issues.
- Provide insight and input to the next phase of the MAPP assessment (i.e., development of the Hardee County 2019-2023 Community Health Improvement Plan [CHIP]).
- Provide the community with a rich data resource, not only for the next phase of CHIP creation, but also for ongoing program development and implementation as well as evaluation of community health improvements

As part of the MAPP process, HCTF members shared their definition of what a healthy community looks like. Members then came to an agreement on the following vision statement: To create a community that recognizes the connection between environmental health, mental health and physical health. That educates, informs and inspires residents to protect our children's future, build healthier lives, create a safe environment where alcohol and substance use do not present harmful consequences, and design lasting solutions to poverty and cultural disparities.

The 2018 Hardee County CHA is a living document that will be reviewed quarterly and updated by December 31st of each year. Updates and changes will be tracked under the Updates and Revisions section of this document.

Previous Assessment

A previous MAPP assessment was completed in 2013 which lead to the 2014-2018 Community Health Improvement Plan.

Rates:

Since each county or region has different sized populations, one way to compare rates of specific diseases or behaviors is to use a ratio. Ratios and percentages are both used to discuss population trends; however, a ratio can be used to reflect disease rates that are too small for a percentage. For example, if there are 120 cases of malaria in a county with a population of 100,000, the rate is 120 out of 100,000. If you tried to use a percentage to describe malaria in this situation, the percentage would be 0.12% which would be more difficult to compare. Rates are usually calculated per 100,000 people, although some data sources calculate rates per 1,000 people.

At times, the data in this report will refer to a number known as the “Age-Adjusted Death Rate” or “Age-Adjusted Incidence.” An Age-Adjusted Rate is a measure that controls for the effects of differences in population age distributions. Across different geographic areas, there will be different sized age groups (example: college town vs. retirement community). When comparing across geographic areas, some method of age-adjusting is typically used to control for the influence that different population age distributions might have on health event rates.

Limitations:

In conducting a MAPP assessment, listening to the community is essential for identifying the important issues and formulating possible solutions. Surveys and group discussions were used to gain feedback from members of the community, policy makers, and providers. While this was an assessment for planning purposes and not a research project, we must consider some limitations in reviewing the feedback. These limitations include having a relatively small sample size. Therefore, while we can make some assumptions related to these results, we must be mindful that the sample cannot be generalized to the entire population of the county.

Methodology

Mobilizing for Action through Planning and Partnerships (MAPP) was used to conduct the assessment. The MAPP process is a community-driven strategic planning process for improving community health.

The MAPP process has six phases that build upon each other and includes four individual assessments that help to understand the needs of a community and to inform the development, implementation, and evaluation of community health improvement plans.

Community Themes & Strengths Assessment

Answers questions such as: “How is quality of life perceived in our community?” and “What is important to our community?”. This assessment results in an understanding of community issues and concerns, perceptions about quality of life, and community assets. Community meetings were held on November 4, 2016 and February 3, 2017. Between May-October 2017, 278 surveys were collected from Hardee County residents at various locations and events.

Forces of Change Assessment (FOC)

The FOC exercise allowed participants to identify forces – such as trends, events, or factors – that are or will be affecting the community or local public health system. A session was held on July 26, 2018 in which participants were asked to brainstorm strengths and weaknesses that could impact the community.

Local Public Health System Assessment (LPHSA)

On March 27, 2018 stakeholders measured capacity and performance of the local public health system and entities that contribute to the public’s health. The LPHSA answers the questions, “What are the components, activities, competencies, and capacities of our local public health system?”

Community Health Status Assessment

During the Health Care Task Force meetings held from January 2017- June 2018, attendees assessed data about health status, quality of life and risk factors in the community.



Summary of Findings (Appendix A-D)

Community Themes and Strengths Assessment

The below topics were identified through community surveys and meetings as areas of concern representing opportunities for improvement:

- Focus on expanding community partnerships
- Community commitment to education (high drop-out rates, continuing education including vocational)
- Chronic Disease (overweight and obesity, nutrition education for all ages, diabetes)
- Access to affordable healthcare (limited healthcare providers)
- Health literacy
- Drug and alcohol abuse
- Teen pregnancy

Forces of Change Assessment

The items below are trends, events, or factors that were identified during the Forces of Change Assessment.

- Trending drug abuse issues (opioids, medical/recreational marijuana, e-cigarettes)
- Natural disasters
- Immigration (laws/changes)
- Telehealth/Telemedicine
- Mental Health
- Technology advancement (communication)

Local Public Health System Assessment

The Essential Services identified received a low average performance score and received a high priority rating.

- Essential Service #3: Inform, educate, and empower people about health issues
- Essential Service #4: Mobilize community partnerships to identify and solve health problems
- Essential Service #7: Link people to needed personal health services and assure the provision of health care when otherwise available
- Essential Service #8: Assure a competent public health and personal health care workforce
- Essential Service #9: Evaluate the effectiveness, accessibility, and quality of personal and population-based health services

Community Health Status Assessment

During data review the following were noted areas of concern:

- Education (graduation rates, higher education)
- Chronic Disease (overweight and obesity, heart disease, diabetes)
- Cancer
- Access to care
- Substance Abuse and Mental Health

Demographic and Socio-Economic Characteristics

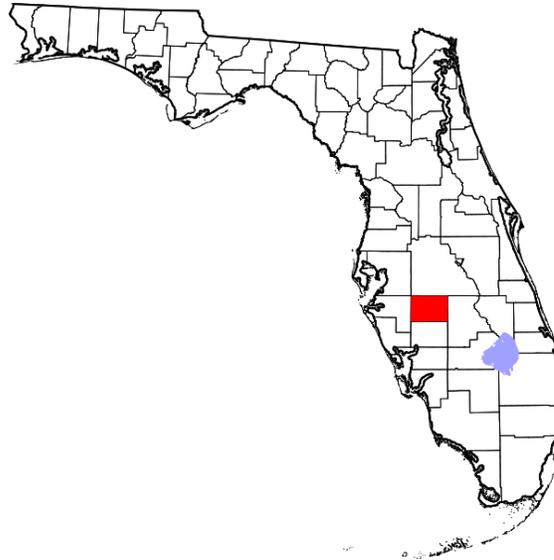
Population Overview

Hardee County with a population of just over 27,000, is in Central Florida (Fig. 1). Hardee County is the 51st most populous county in Florida out of 67 counties. The county is adjacent to the following counties: Polk to the north; Manatee to the west; Hillsborough to the north west; Highlands to the east; and Desoto to the south. Wauchula is the county seat, with a population just over 5,000, according to the 2010 Census. Hardee County is approximately 638 square miles in area.

Hardee County was established in 1921 from a portion of Desoto County and named for Cary Augustus Hardee, who was governor the year the county was formed. Wauchula was the site of a military post built during the Seminole Wars.

Hardee County's major industry is agriculture which includes: citrus, cattle and calves, milk from cows, vegetables, melons, potatoes, and sweet potatoes.

Figure 1:

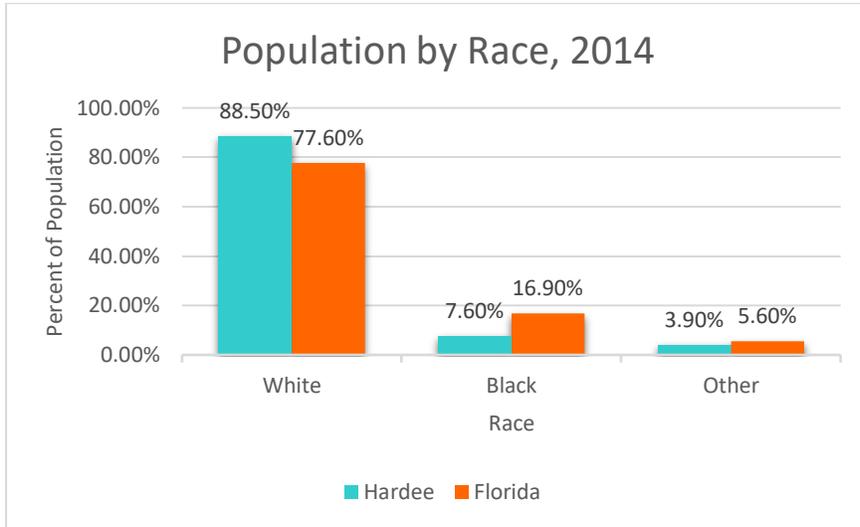


Source: Florida Legislature Office of Economic and Demographic Research and 2012 Census of Agriculture County Profile

Race and Ethnicity

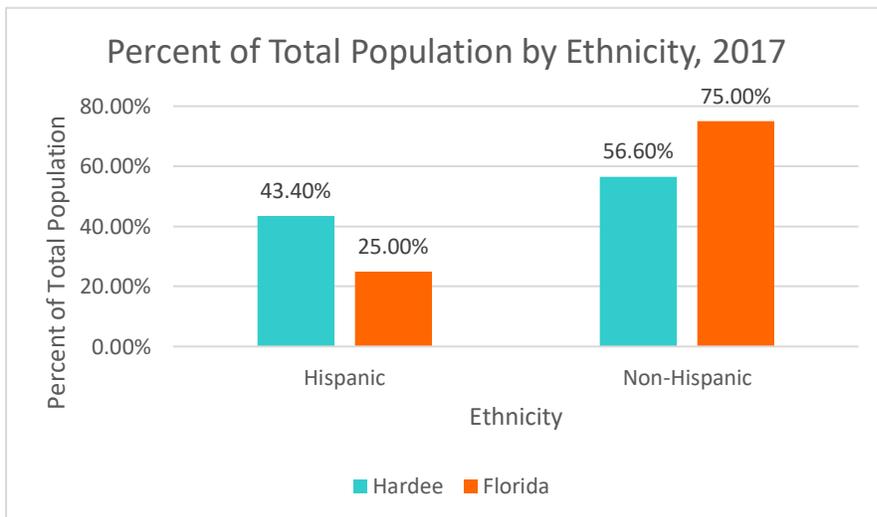
Hardee County has a predominately White population as illustrated by the racial breakdown in Chart 1. Per current data from the Florida Community Health Assessment Resource Tool Set (CHARTS), of residents who reported being of one race, about 88.5% are White and about 7.6% are black. Collectively, Asian, Native American Indian, Native Alaskan, Native Hawaiian, and Pacific Islander accounted for 3.9% of the population. About 44.3% of the population also reported being of Hispanic or Latino origin compared to the state at 25% (Chart 2).

Chart 1



Source: Florida CHARTS

Chart 2

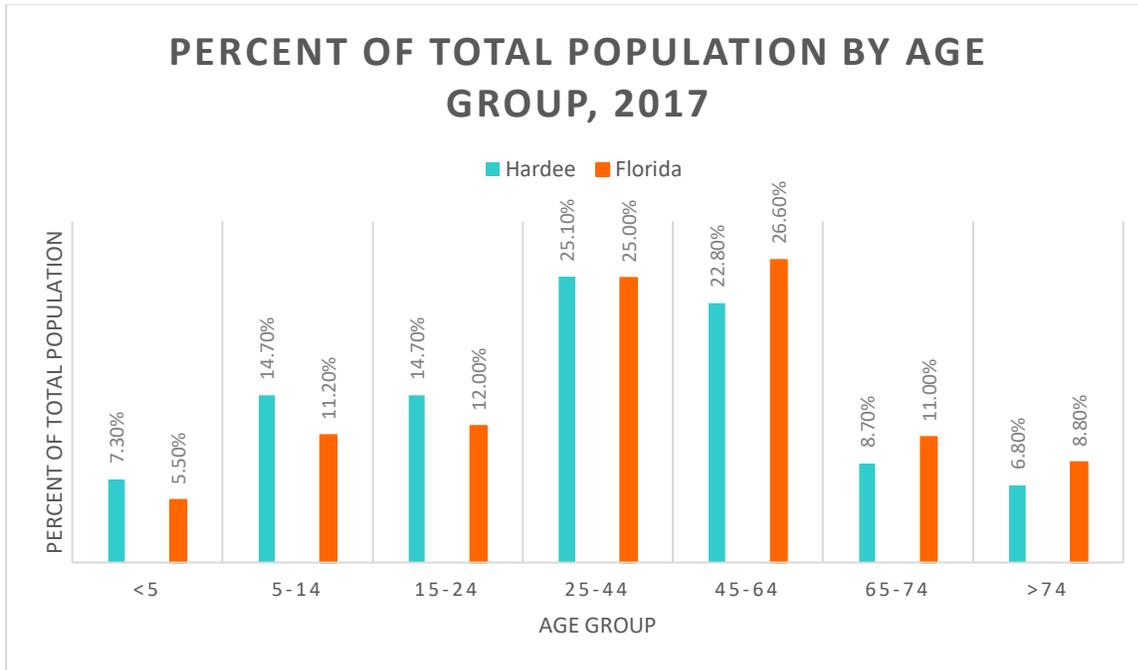


Source: Florida CHARTS

Age

Approximately 36.7 percent of the population in Hardee is under the age of 25 and approximately 15.5 percent are 65 or older (Chart 3). The median age for residents of Hardee County (34.3) is younger than the median age of residents of Florida (41.6) (Table 1).

Chart 3



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

Table 1

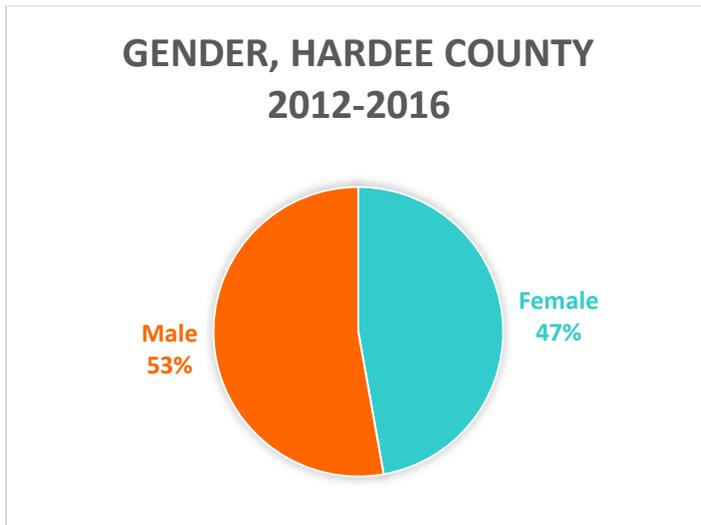
Median age, Single Year Rates		
	Hardee	Florida
Year	Years of Age	Years of Age
2016	34.3	41.6

Source: Florida CHARTS

Gender

There are more men than women in Hardee County. The ratio of males (52.8%) to females (47.2%) shows slightly more males than females; statewide the percentages are 51.1 percent female and 48.9 percent male.

Chart 4



Source: U.S. Census Bureau QuickFacts

Socioeconomic Indicators

The figures shown below show some of the primary indicators of economic health for the county and state. Hardee County has consistently stayed above the state on the percent of families below poverty level (Chart 5).

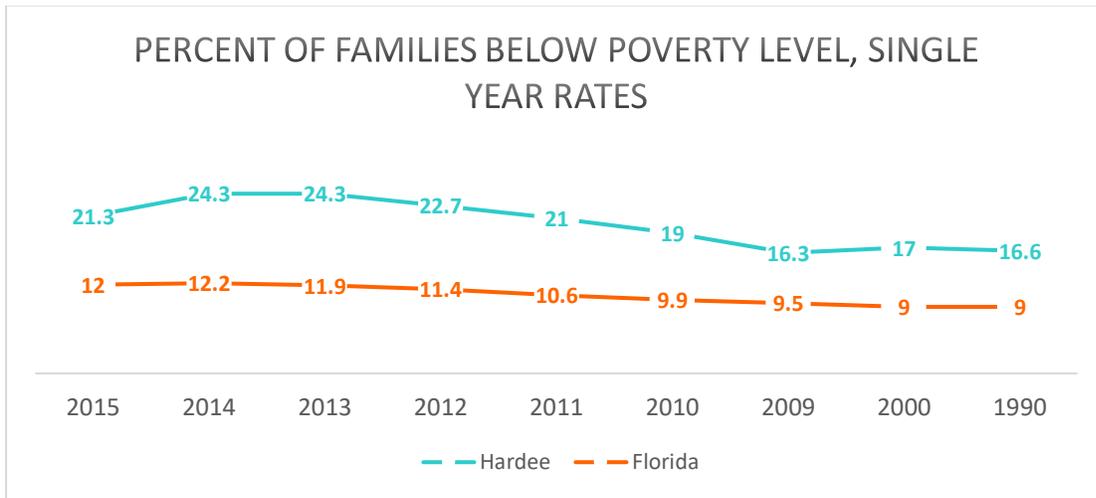
Table 2 indicates that those who are Black or Other Race are more likely to live below the poverty level than those who are White. Hispanics are also more likely than Non-Hispanics to live below the poverty level.

The unemployment rate in Hardee county is 6.7% which is higher than the state rate of 4.9% (Table 3). Hardee has continuously been above the state rate for unemployment. The median salary in Florida is \$48,900, while in Hardee county it is \$36,222 (Table 4) which is a difference of \$12,678.

Of households led by a single female (no husband present), 51.7% are living below the poverty level in Hardee County compared to the state percentage of 28.1% (Table 5). 25 percent of residents receive food stamp/SNAP benefits compared to 14.8 percent of the state (Table 6).

The U.S. Census Bureau American Community Survey 2012-2016 5 year estimates indicate that 65.3% of Hardee County resident's household income is below \$49,999.00 with 47.9% of resident's household income being less than \$34,999.00 (Table 7).

Chart 5



Source: Florida CHARTS

Table 2

Indicator	Measure	Year(s)	Total	White	Black	Other Race	Hispanic	Non-Hispanic
Individuals below poverty level	Percent	2012-16	26.4	24.7	40.4	33.8	30.0	22.0

Source: Florida CHARTS

Table 3

	Hardee	Florida
Year	Percent	Percent
2016	6.7	4.9
2015	6.9	5.4
2014	7.7	6.3

Source: Florida CHARTS

Table 4

	Hardee	Florida
Year	Dollars (\$)	Dollars (\$)
2016	36222.0	48900.0

Source: Florida CHARTS

Table 5

Percentage of Families with Female Householder (No Husband Present) Below Poverty Level, Single Year Rates		
	Hardee	Florida
Year	Percent	Percent
2016	51.7	28.1

Source: Florida CHARTS

Table 6

Households with Food Stamp/SNAP benefits		
	Hardee	Florida
Years	Percent	Percent
2012-2016	25.0	14.8

Table 7**Household Income, Hardee County 2012-2016**

Household Income	Hardee County Percentage
Less than \$10,000	10.3
\$10,000 to \$14,999	6.6
\$15,000 to \$24,999	15.1
\$25,000 to \$34,999	15.9
\$35,000 to \$49,999	17.4
\$50,000 to \$74,999	13.7
\$75,000 to \$99,999	9.2
\$100,000 to \$149,999	8.7
\$150,000 to \$199,999	1.7
\$200,000 or more	1.3

Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimate

Table 8 shows 19.2% of Hardee County residents that are over the age of 5 speak English less than very well. This number is slowly declining; however, we are still above the state rate of 11.7%.

Table 9 shows that Hispanics have health insurance at a lower rate than Non-Hispanics. Also, those who are Other Race have health insurance at a lower rate than Black or White.

Table 8

Population 5+ that speak English less than very well, Single Year Rates						
	Hardee			Florida		
Year	Count	Denom	Percent	Count	Denom	Percent
2016	4,875	25,380	19.2	2,199,976	18,840,238	11.7
2015	5,448	25,517	21.4	2,167,671	18,564,715	11.7
2014	5,574	25,436	21.9	2,136,685	18,284,956	11.7

Source: Florida CHARTS

Table 9

Indicator	Measure	Year(s)	Total	White	Black	Other Race	Hispanic	Non-Hispanic
Civilian non-institutionalized population with health insurance	Per 100,000 population	2012-16	79.2	79.7	94.2	63.4	70.0	86.0

Source: Florida CHARTS

Table 10 shows Hardee County's high school graduation rate for the last 5 school years. The graduation rate has increased since the 2014-2015 school year by 12.4%. On-time high school graduation rate is among the 26 leading health indicators for Healthy People 2020.

Table 11 indicates that Hispanics are more likely to be 25 years and over with no high school diploma. Also, those who are Other Race.

Only 9.6 percent of residents have a Bachelor's degree or higher and 31.1 percent have no high school diploma (Chart 6). Education is one of the (5) key areas of social determinants of health. Dropping out of school was also identified as one of the most urgent risks to health and safety (Community Health Survey).

Panther Youth Partners through South Florida State College offers youth who are between 16-24 years old who are economically disadvantaged, seeking to earn their GED the opportunity to earn it while also learning employability skills.

Drug Free Hardee offers the Student Hub as a resource to students as well. The Student Hub offers services such as: resume building, assistance applying for scholarships, assistance applying for college, soft skills and leadership skills.

Table 10**Graduation Rates, Hardee 2012-13 through 2016-17**

District	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017
Hardee	65.2%	64.3%	59.7%	67.3%	72.1%

Source: Florida Department of Education

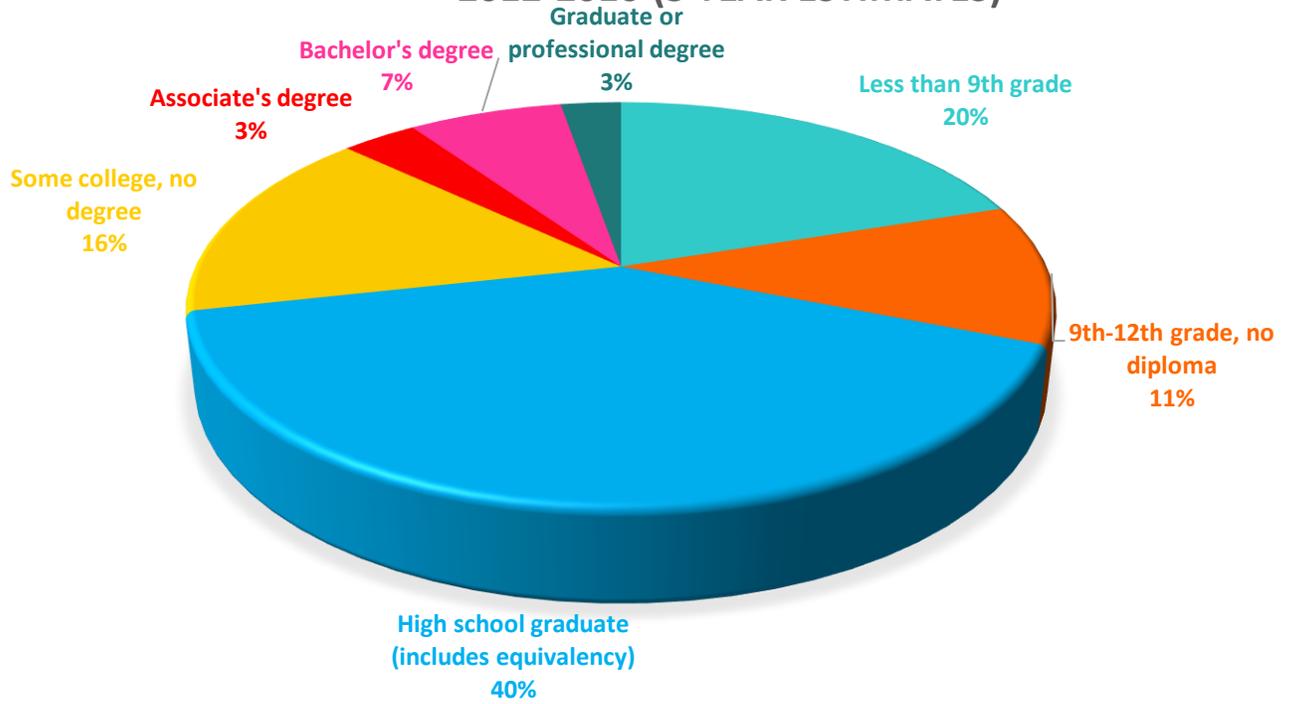
Table 11

Indicator	Measure	Year(s)	Total	White	Black	Other Race	Hispanic	Non-Hispanic
Individuals 25 years and over with no high school diploma	Percent	2012-16	31.1	30.0	28.2	56.0	55.3	17.3

Source: Florida CHARTS

Chart 6

POPULATION 25 YEARS AND OVER EDUCATION ATTAINMENT 2012-2016 (5 YEAR ESTIMATES)



Source: United States Census Bureau American Fact Finder

County Health Rankings

Each year County Health Rankings and Roadmaps, a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, releases a report that ranks the health of nearly every county in the nation. The rankings include health outcomes like length of life and quality of life and health factors such as: health behaviors, clinical care, social and economic factors, and physical environment. 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.

Hardee County currently rates 33rd for health outcomes and 62nd for health factors out of 67 counties. Please note that the desired ranking is a lower number. Overall the rankings have improved from 2016 except for social and economic factors and physical environment. (Table 12)

Table 12

Measures for Health Outcomes and Health Factors for Hardee County, FL, 2013-2018 (Ranks based on 67 counties)						
	2013	2014	2015	2016	2017	2018
Health Outcomes	25	23	21	46	47	33
Mortality/Length of Life	32	32	32	26	25	15
Morbidity/ Quality of Life	16	10	10	63	62	46
Health Factors	57	58	60	62	64	62
Health Behavior	47	57	58	64	64	52
Clinical Care	61	64	63	61	66	61
Social & Economic Factors	59	56	56	61	63	65
Physical Environment	53	4	4	3	4	11

Source: County Health Rankings and Roadmaps

Health Outcomes

Leading Causes of Death

One of the best strategies for measuring health and well-being is by examining a community's rates of disease and death. A significant number of Hardee County's death are premature and preventable. In Hardee County, premature disease and death are primarily attributable to chronic health issues.

The five major causes of death in 2017 for Hardee County include:

- Cancer
- Heart Disease
- Unintentional Injury
- Stroke
- Diabetes

Heart disease and cancer are the leading causes of death in the State of Florida and Hardee County. Hardee County has a higher rate in unintentional injury, stroke, and diabetes than the state. (Table 13)

Table 13
Leading Causes of Death 2017 Age-Adjusted Death Rate per 100,000

Causes of Death	Hardee	Florida
Cancer	148.6	149.4
Heart Disease	140.4	148.5
Unintentional Injury	79.7	56.0
Stroke	48.2	39.6
Diabetes	44.6	29.9

Source: Florida CHARTS

Length of Life

Hardee County females live on average a year less than their female counterparts in Florida and ½ a year less than the national average.

Life Expectancy at Birth (years), 2014

Sex	Hardee	Florida	National
Female	81.0	82.0	81.5
Male	76.4	76.9	76.7

Source: Institute for Health Metrics and Evaluation

Chronic Disease

Per the Centers for Disease Control (CDC), chronic diseases are defined broadly as conditions that last 1 year or more and require ongoing medical attention or limit activities of daily living or both.

In surveys collected, residents of Hardee County rated chronic diseases as one of the greatest health issues affecting the community (Community Health Survey).

In 2017 the leading causes of death in Hardee County included cancer, heart disease, stroke and diabetes, all of which are chronic diseases. Chronic diseases such as heart disease, cancer, and diabetes are the leading causes of death and disability in the United States (CDC).

Chronic diseases may be caused by or be exacerbated by risk behaviors including: tobacco use, poor nutrition, excessive alcohol use, and lack of physical activity.

Adults who have ever been told they have angina, coronary disease, a heart attack, or a stroke are all higher in Hardee County than for the State of Florida. (Chart 7) Hospitalizations are also higher than the states numbers for all areas also including heart failure. (Chart 8)

Chart 7

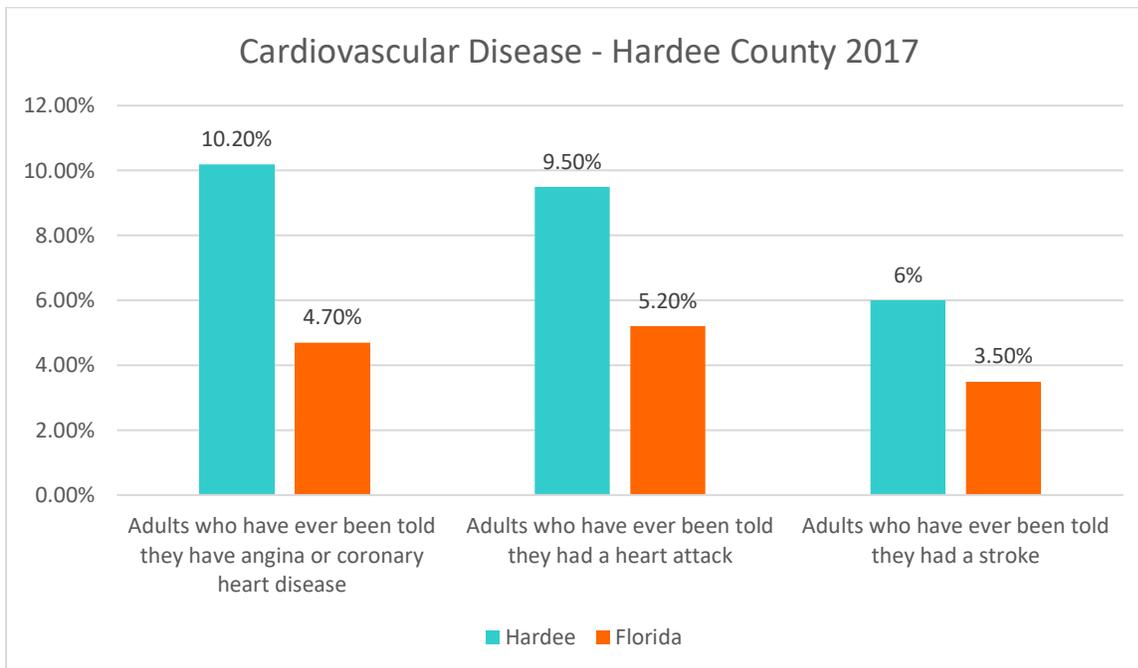
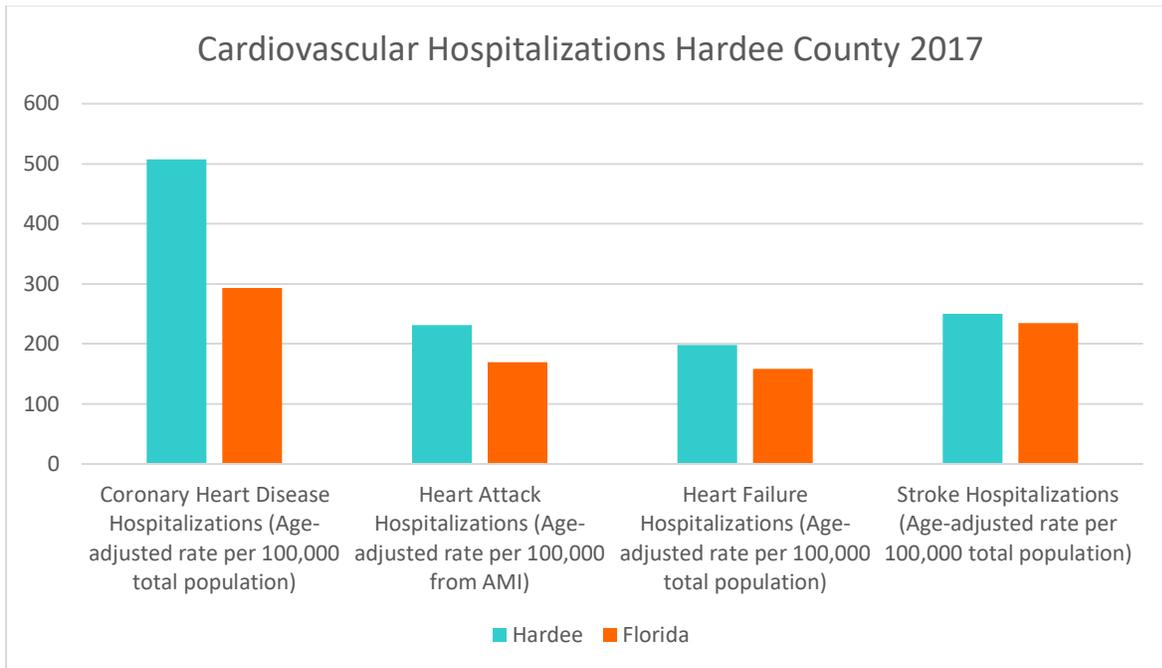


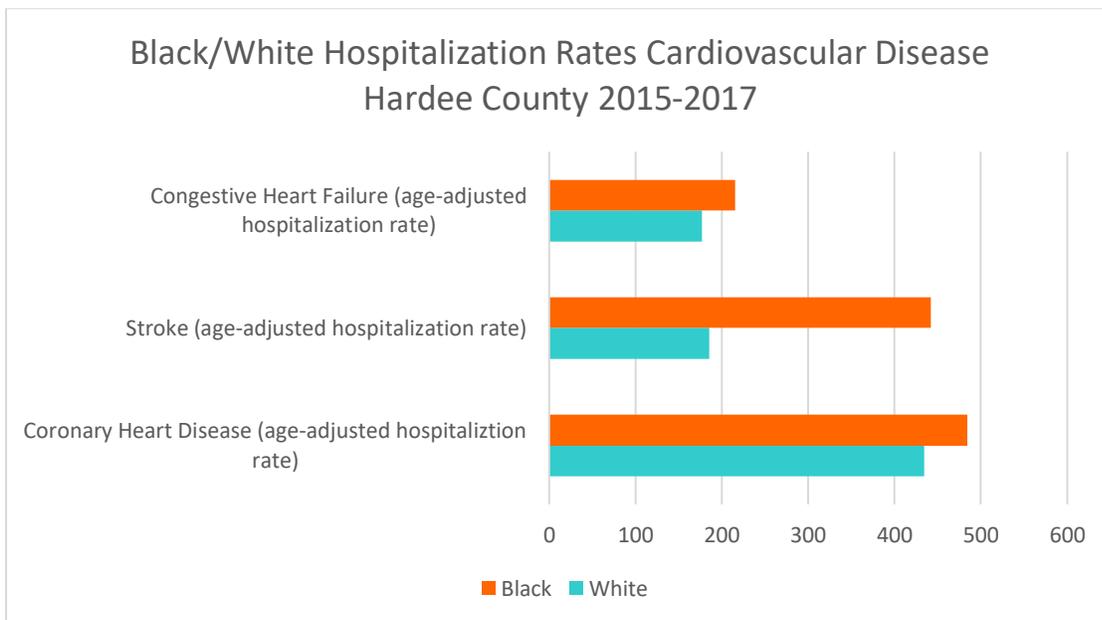
Chart 8



Source: Florida CHARTS

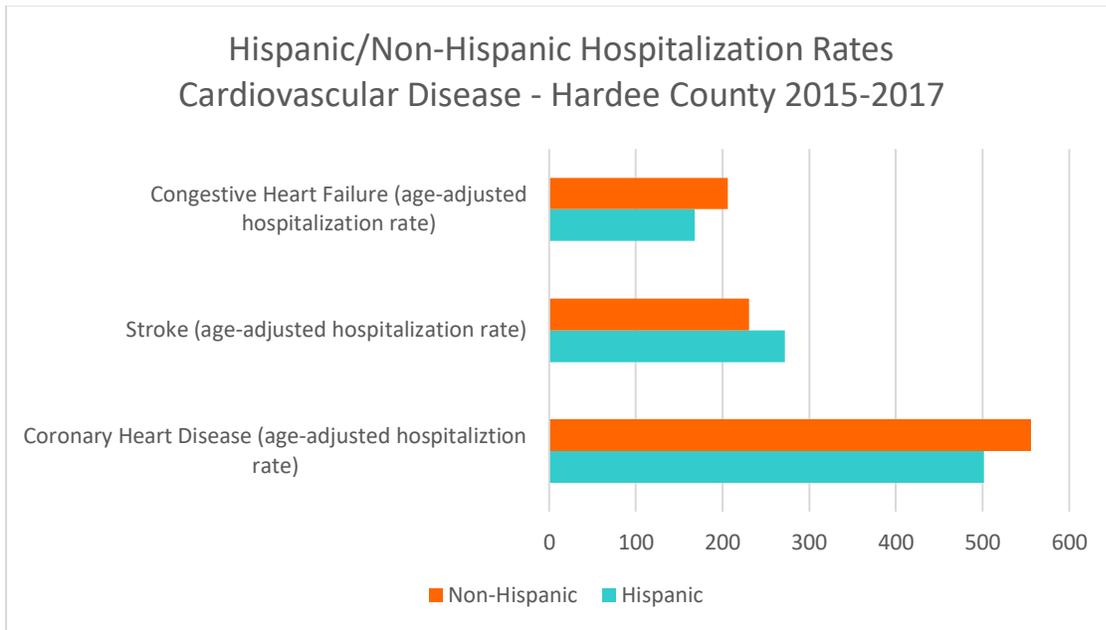
Black Hardee county residents are more likely to have congestive heart failure and coronary heart disease. They are more than twice as likely to have a stroke. (Chart 9) Hispanics are slightly more likely to have a stroke than Non-Hispanics. (Chart 10)

Chart 9



Source: Florida CHARTS

Chart 10



Source: Florida CHARTS

Cancer

Cancer is the leading cause of death in Hardee County. The National Cancer Institute describes cancer as the name given to a collection of related diseases. In all types of cancer, some of the body's cells begin to divide without stopping and may spread into surrounding tissues. Risk factors associated with cancer include: age, alcohol, diet, tobacco, obesity, sunlight, and others.

The age adjusted death rate for the last 3 years has risen from 132.3 in 2015 to 148.6 in 2017 (Table 14).

Chart 11 shows the age adjusted cancer incidence rate from 2005-2015. The rate was the highest in 2014. The rate then dropped in 2015.

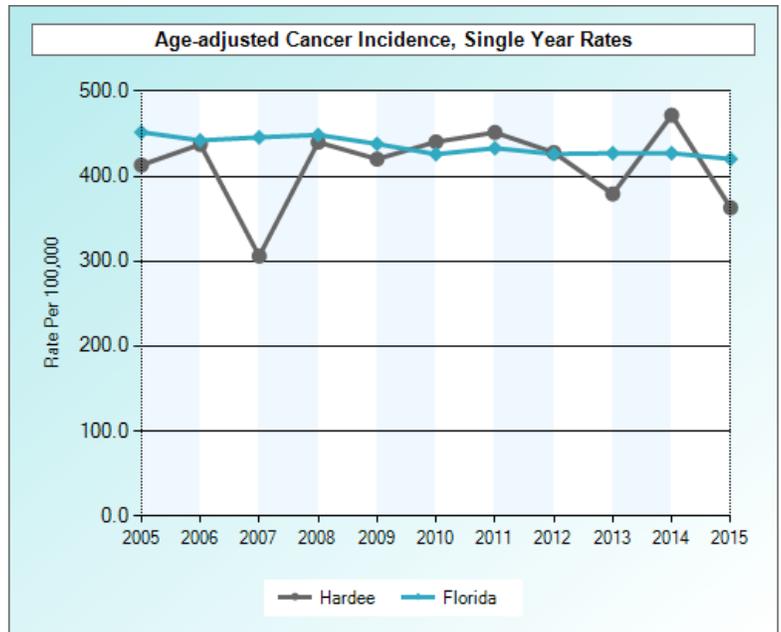
Hardee County residents have a higher incidence of colorectal cancer than the state. Less adults (50 years of age and older) have received a sigmoidoscopy or colonoscopy than their counterparts throughout the state. There is also a higher death rate than for lung cancer deaths in Hardee. Hardee performed slightly better in melanoma deaths and incidences (Table 15).

Table 14

Cancer Age-Adjusted Death Rate, Single Year Rates				
	Hardee		Florida	
Years	Count	Rate	Count	Rate
2017	49	148.6	44,862	149.4
2016	42	134.0	44,237	151.5
2015	40	132.3	43,877	154.8

Source: Florida CHARTS

Chart 11



Source: Florida CHARTS

Table 15

Cancer	Measure	Year(s)	County	State
Breast Cancer				
Women 40 years of age and older who received a mammogram in the past year	Percent	2016	55.3%	60.8%
Cervical Cancer				
Women 18 years of age and older who received a Pap test in the past year	Percent	2016	46.9%	48.4%
Colorectal Cancer				
Deaths: Age-adjusted death rate per 100,000 total population	Per 100,000 Total Population	2015-17	11.2	13.5
Incidence (new cases): Age-adjusted incidence rate per 100,000 total population	Per 100,000 Total Population	2013-15	41.4	36.6
Adults 50 years of age and older who received a sigmoidoscopy or colonoscopy in the past five years	Percent	2016	44.2%	53.9%
Adults 50 years of age and older who received a stool blood test in the past year	Percent	2016	16%	16%
Lung Cancer				
Deaths: Age-adjusted death rate per 100,000 total population	Per 100,000 Total Population	2015-17	46.7	38.6
Incidence (new cases): Age-adjusted incidence rate per 100,000 total population	Per 100,000 Total Population	2013-15	62	58.9
Melanoma				
Deaths: Age-adjusted death rate per 100,000 total population	Per 100,000 Total Population	2015-17	0.9	2.4
Incidence (new cases): Age-adjusted incidence rate per 100,000 total population	Per 100,000 Total Population	2013-15	21.2	24
Prostate Cancer				
Men 50 years of age and older who received a PSA test in the past two years	Percent	2016	61.6%	54.9%

Source: Florida CHARTS

Diabetes

Diabetes is one of the top 5 leading causes of death in Hardee. Diabetes is a chronic disease that affects how your body turns food into energy and results in too much sugar in the blood. The American Diabetes Association reports that 30.3 million Americans had diabetes in 2015, and 7.2 million of them were undiagnosed.

People with diabetes are more likely to have heart disease or a stroke. Diabetes is also the leading cause of kidney failure, lower-limb amputations, and adult-onset blindness.

Risk factors for developing diabetes include:

- Prediabetes
- Being overweight
- Being 45 years or older
- Having a parent, brother, or sister with diabetes
- Being physically active less than 3 times per week
- Having gestational diabetes (diabetes during pregnancy) or giving birth to baby who weighed more than 9 pounds
- Being African American, Hispanic/Latino American, American Indian, or Alaska Native (some Pacific Islanders and Asian Americans are also at higher risk)

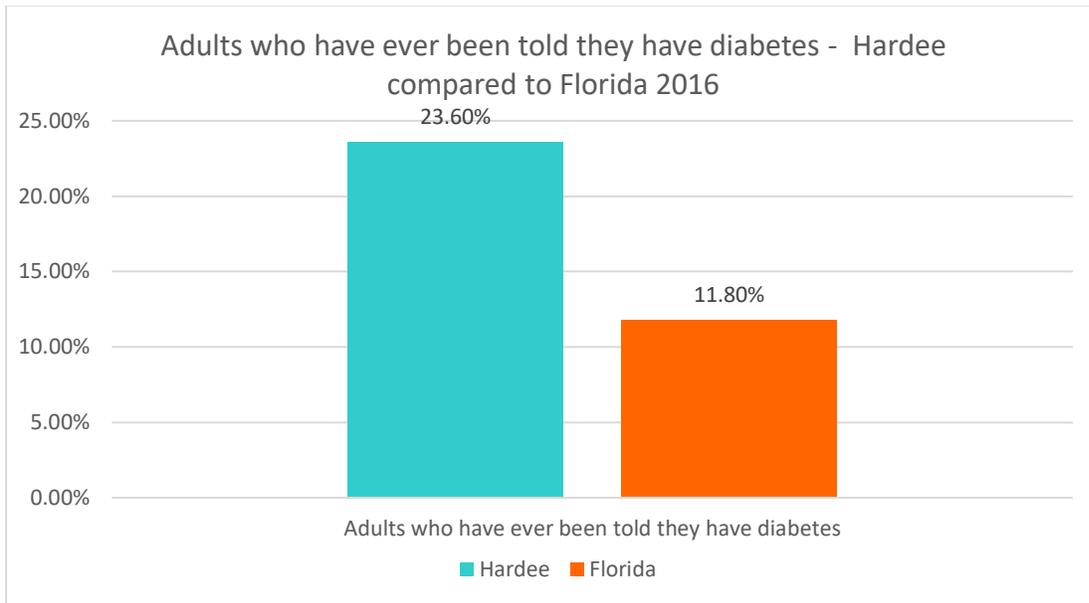
Ways to prevent or delay diabetes are losing weight if you are overweight, eating healthier, getting physical activity regularly.

Diabetes Self-Management Education and Support services are available for those diagnosed and help people learn how to best take care of themselves.

Central Florida Health Care and AdventHealth Wauchula collaborate to provide Food is Medicine, an 8-week free diabetes class. This class provides education on diabetes, eating healthy, and staying active. Participants also receive a \$10 voucher to purchase fresh fruits and vegetables at a food truck following each class.

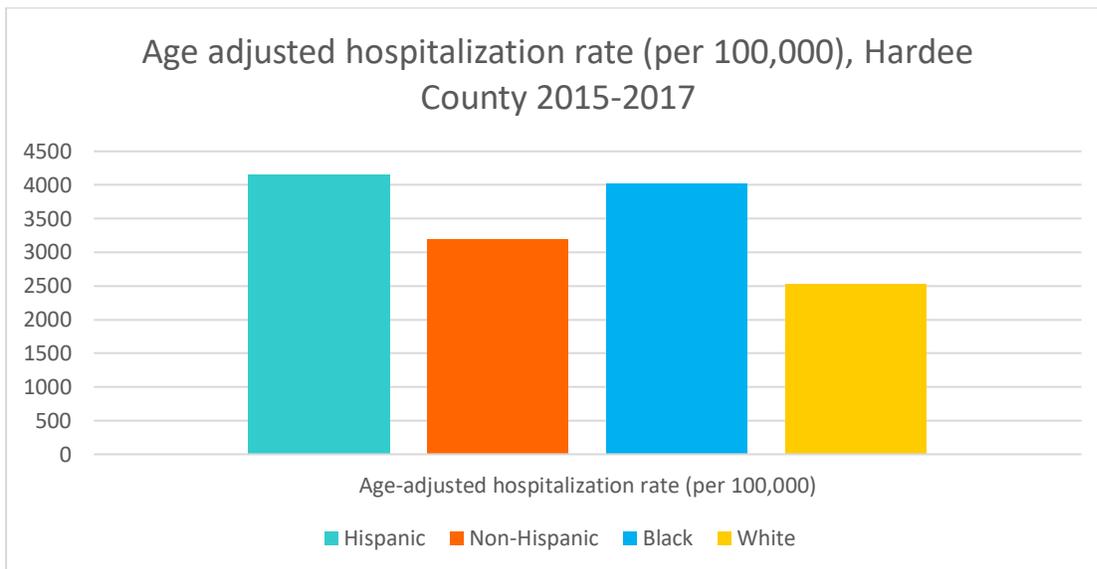
Twice the number of Hardee County residents have ever been told they have diabetes (23.6%) compared to Floridians (11.8%) (Chart 12). Black and Hispanic residents are more likely to be hospitalized due to diabetes than Non-Hispanic and White residents (Chart 13). This is a health disparity for Black and Hispanic Hardee County residents.

Chart 12



Source: Florida CHARTS

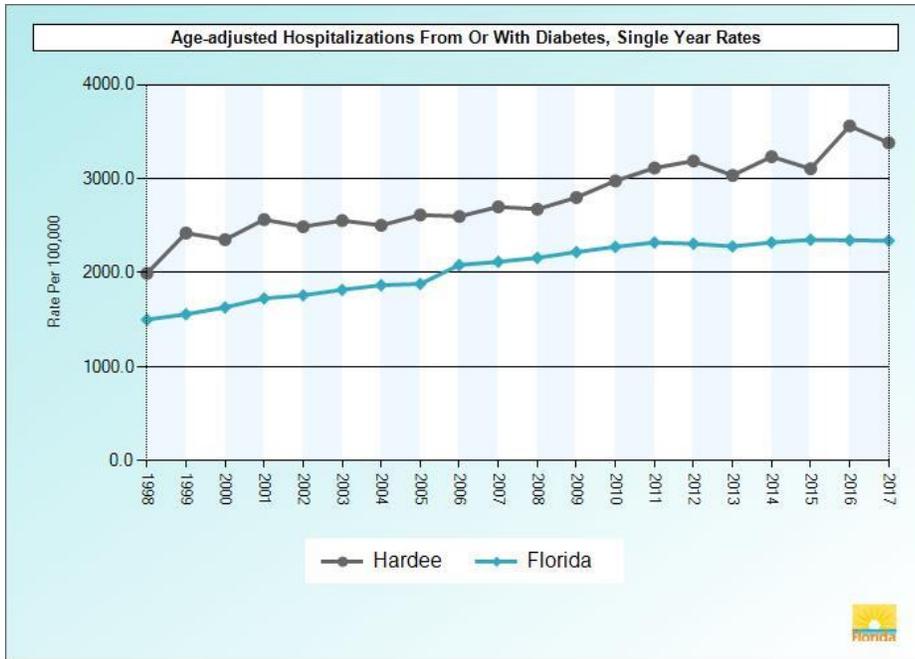
Chart 13



Source: Florida CHARTS

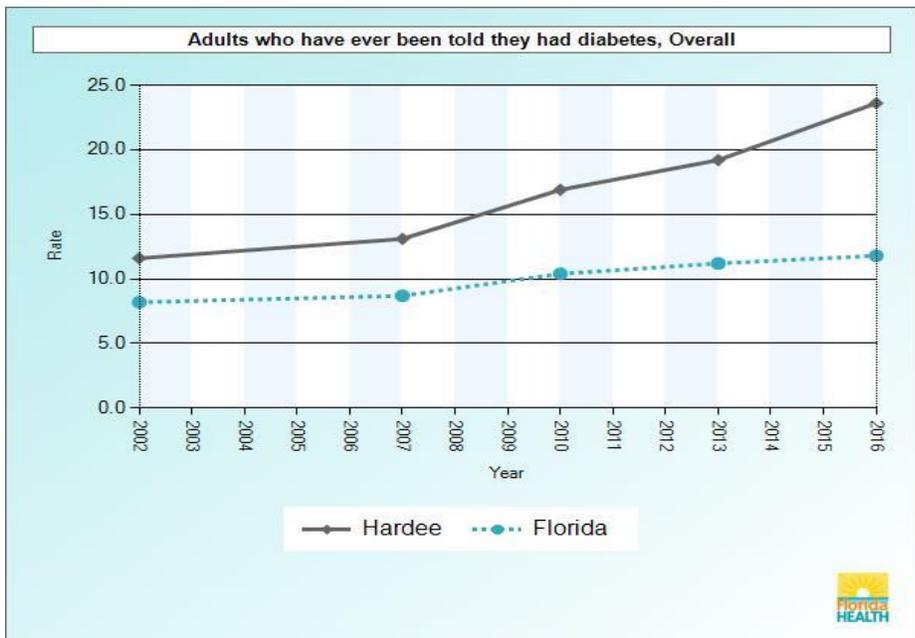
Age adjusted hospitalizations have been increasing overall in Hardee and Florida (Chart 14). Adults who have ever been told they have diabetes has also increased overall (Chart 15).

Chart 14



Source: Florida CHARTS

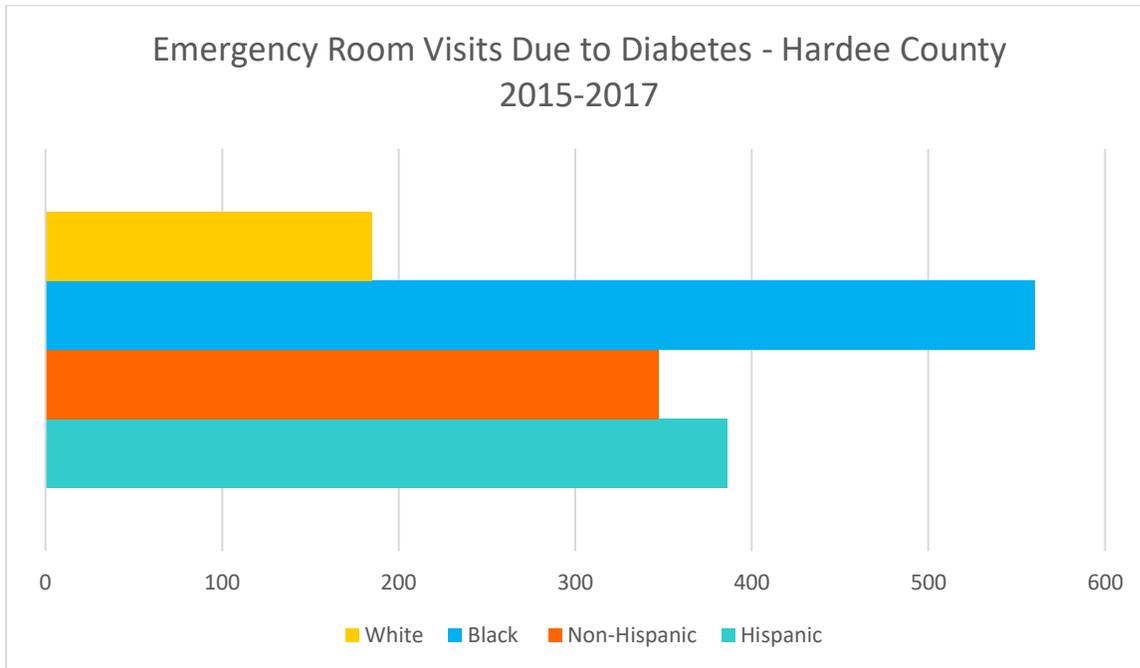
Chart 15



Source: Florida CHARTS

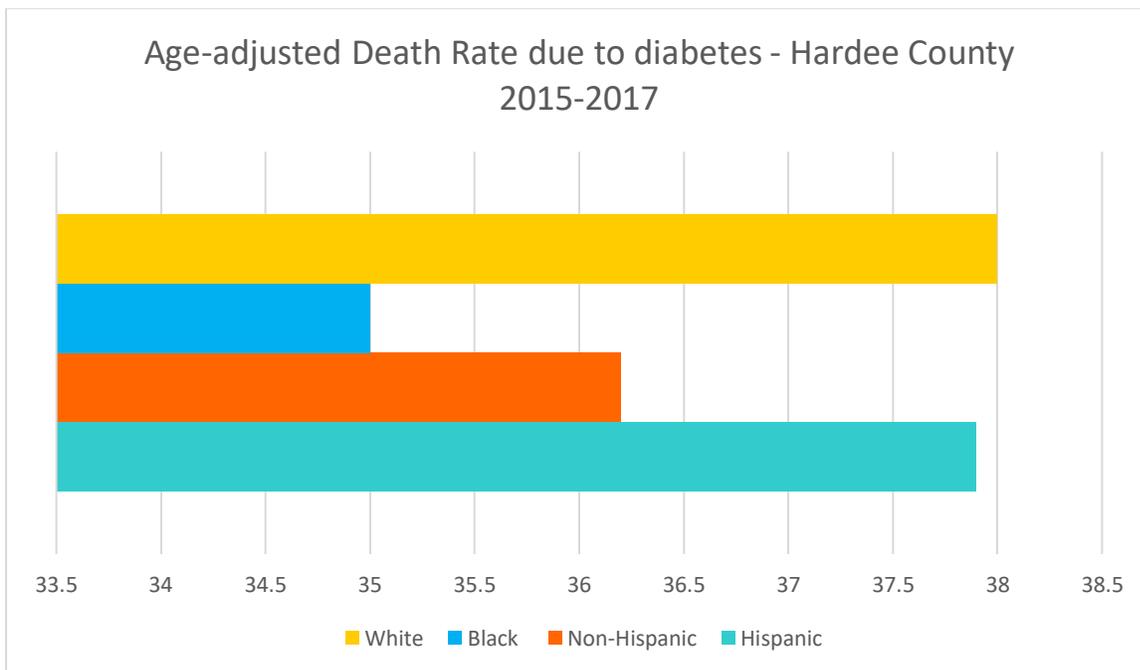
Black Hardee County residents are more likely to visit the emergency room due to diabetes than white residents and Hispanics are also slightly more likely than Non-Hispanics. (Chart 16 and 17)

Chart 16



Source: Florida CHARTS

Chart 17



Source: Florida CHARTS

Modifiable Risks and Behaviors

Most common chronic diseases share risk factors. These include tobacco use, alcohol use, an unhealthy diet, and physical inactivity.

In 2017, Hardee County residents ranked overweight and obesity as one of the greatest health issues and being among the most urgent risks in Hardee (Community Health Survey).

Physical inactivity and unhealthy diet, along with lack of access to affordable healthy food all play a factor in being overweight or obese.

Table 16 shows some of the top indicators for Hardee County compared to the state rate. There is an 11.1% difference between Hardee County and the State of Florida obesity rates with Hardee adults at a 38.5% rate and the state rate of 27.4%. Hardee County performs worse in all indicators except adults who are overweight where there is only a 1.9% difference. The Hispanic rate of obesity is 45.5% while the Non-Hispanic rate is 34.7%. Hispanics are also more likely to be sedentary and inactive or insufficiently active than Non-Hispanics. (Table 17) This is a health disparity between Hispanic and Non-Hispanic residents.

Adults who are obese has shown an increase since 2013, while adults who are overweight has slightly decreased each year since 2010.

Chart 18 shows adults who are obese was as it highest point in 2010. There was a steady decrease from 2011-2013. 2014-2016 has shown a slight increase each year. Adults who are overweight has been decreasing since 2007 (Chart 19).

Hardee County middle and high school students are performing better in all indicators among weight, activity, and eating habits among children and teens compared to the state rates (Table 18).

Table 16

Chronic Disease Risk and Protective Factors – Hardee County 2016

Indicator	Year(s)	Rate Type	County Rate	State Rate
Adults who are sedentary	2016	Percent	44.6%	29.8%
Adults who are inactive or insufficiently active	2016	Percent	66.1%	56.7%
Adults who meet aerobic recommendations	2016	Percent	35.8%	44.8%
Adults who meet muscle strengthening recommendations	2016	Percent	25.7%	38.2%
Adults who are overweight	2016	Percent	33.9%	35.8%
Adults who are obese	2016	Percent	38.5%	27.4%
Adults who are at a healthy weight	2016	Percent	25.5%	34.5%

Source: Florida CHARTS

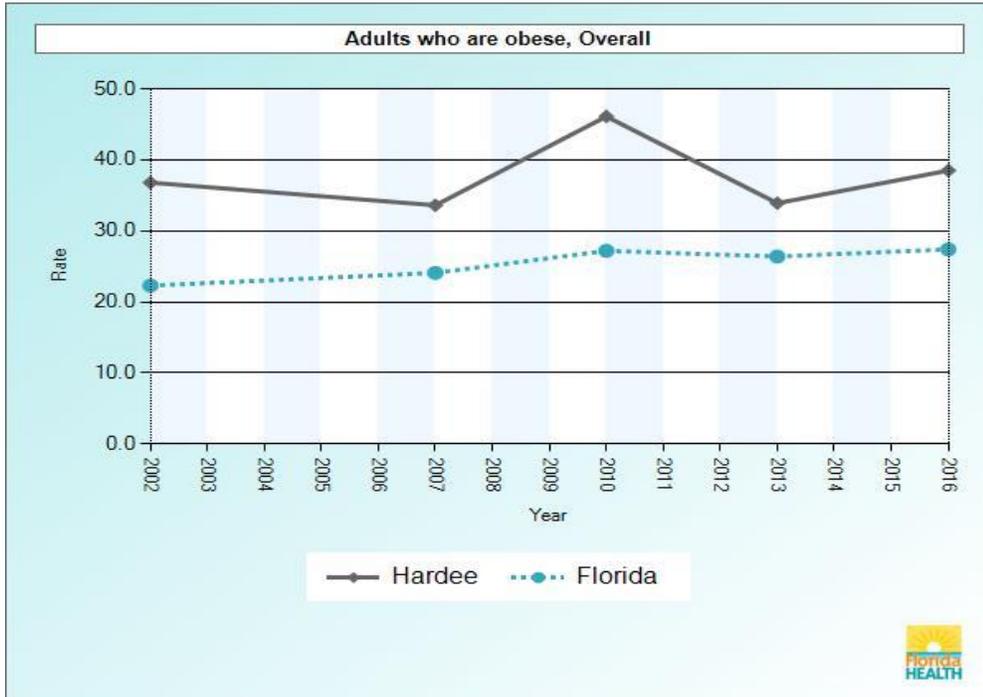
Table 17

Modifiable Risks and Behaviors – Hispanic and Non-Hispanic 2016

Indicator	Year	Rate Type	Hispanic Rate	Non-Hispanic Rate
Adults who are obese	2016	Percent	45.5%	34.7%
Adults who are overweight	2016	Percent	36.8%	33.5%
Adults who are sedentary	2016	Percent	54%	40.7%
Adults who are inactive or insufficiently active	2016	Percent	72.3%	63.4%
Adults who meet aerobic recommendations	2016	Percent	29.9%	38%
Adults who meet muscle strengthening recommendations	2016	Percent	19.5%	27.1%

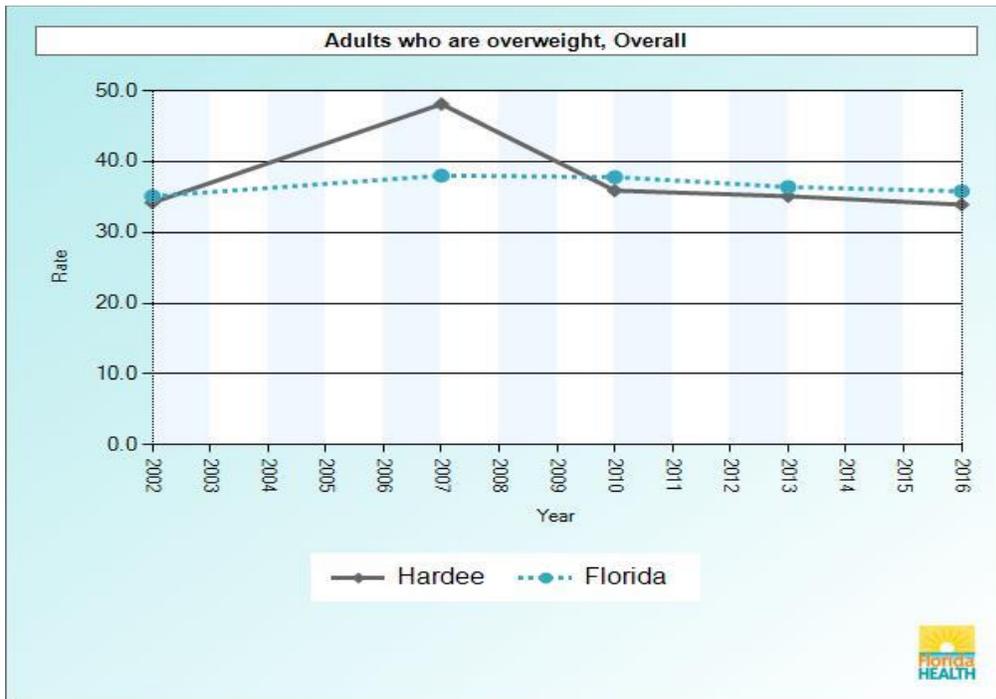
Source: Florida CHARTS

Chart 18



Source: Florida CHARTS

Chart 19



Source: Florida CHARTS

Table 18

Weight, Activity, and Eating Habits among Children and Teens 2017

Indicator	Year	Rate Type	Hardee	Florida
Middle and high school students who are at a healthy weight	2014	Percent	70.3	67.6
Middle and high school students who are underweight	2014	Percent	3.4	4.2
Middle and high school students who are overweight or obese	2014	Percent	26.2	28.2
Middle and high school students who are overweight	2014	Percent	14.8	15.8
Middle and high school students who are obese	2014	Percent	11.4	12.4

Source: Florida CHARTS – Healthiest Weight Profile

Diet

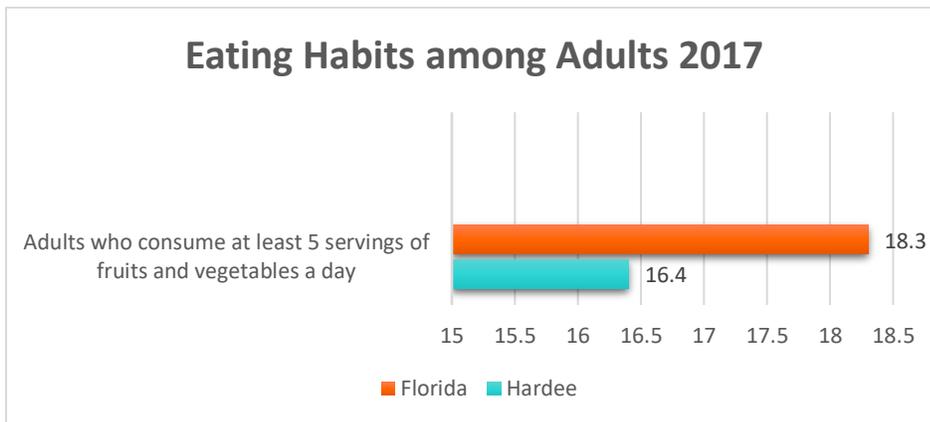
The availability of healthy, affordable foods contributes to a person's diet and risk of related chronic diseases. Fewer than 1 in 10 children and adults eat the recommended daily amount of vegetables. Only 4 in 10 children and fewer than 1 in 7 adults eat enough fruit, per the CDC.

A healthy diet lowers risk for serious health problems such as heart disease, type 2 diabetes, and obesity. Healthy eating also helps to manage chronic diseases and prevent future complications.

Only 16.4% of Hardee County residents consume at least 5 servings of fruits and vegetables a day which is less than the state at 18.3%. (Chart 20)

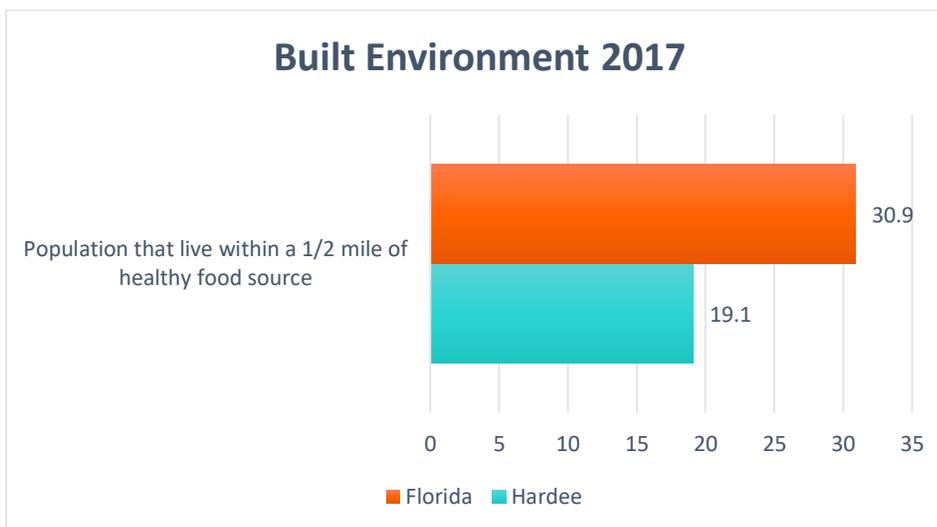
Around 30.9% of Florida residents live within a ½ mile of a healthy food source while only 19.1% of Hardee County residents live within a ½ mile of a healthy food source. (Chart 21)

Chart 20



Source: Florida CHARTS

Chart 21



Source: Florida CHARTS

Maternal and Child Health

In 2017, there were 353 births to mothers who reside in Hardee County. Maternal health is the health of women during pregnancy, childbirth, and the postpartum period. The cognitive and physical development of infants and children may be influenced by the health, nutrition, and behaviors of their mothers during pregnancy and early childhood (Healthy People 2020).

Many factors affect pregnancy and childbirth. This includes: age, preconception health status, and access to appropriate health care.

A goal of Healthy People 2020 is to improve the health and well-being of women, infants, children and families.

Table 19 shows birth family characteristics. Hardee County has a higher rate of births to teen mothers ages 15-19 with 41.3 per 1,000 females and the state only 19.7 per 1,000 females. Repeat births among the same age group are also higher than the state. Total births to unwed mothers is also higher than the states rate. Children are also more likely to be born to a mother 19 and over without a high school education in Hardee County.

Table 19

Birth Family Characteristics

Indicator	Rate Type	Year(s)	County Number	County Rate	State Comparison
Births to teen mothers ages 15-19	Per 1,000 females 15-19	2015-17	115	41.3	19.7
Repeat births to teen mothers ages 15-19	Percent of births 15-19	2015-17	27	23.5	15.7
Births to mothers >35	Per 1,000 females > 35	2015-17	93	4.8	4.9
Total births to unwed mothers	Percent of births	2015-17	650	57.6	47.2
Births among unwed teen mothers ages 15-19	Percent of births 15-19	2015-17	94	81.7	91.6
Births among unwed mothers ages 15-44	Percent of births 15-44	2015-17	647	57.5	47.2
Births with father acknowledged on birth certificate	Percent of births	2015-17	960	85.0	87.4
Births to mothers 19 and over without high school education	Percent of births > 18	2015-17	373	34.9	11.1
Births to mothers born in other countries	Percent of births	2015-17	306	27.1	32.2

Source: Florida CHARTS

The table below shows pregnant women are less likely to receive 1st trimester prenatal care. They are also slightly more likely to receive late or no prenatal care. There are more births to uninsured women and Medicaid covered births as well.

Table 20
Pregnancy and Mother's Health Behaviors

Indicator	Rate Type	Year(s)	County Number	County Rate	State Comparison
Births to mothers who report smoking during pregnancy	Percent of births	2015-17	65	5.8	5.2
Hepatitis B, surface antigen in pregnant women	Per 100,000 Females 15-44	2014-16	2	13.7	13.0
Births to mothers with recommended weight gain during pregnancy	Percent of births	2015-17	303	29.1	22.8
Births with inter-pregnancy interval <18 months	Percent of births	2015-17	292	37.7	34.7
Births with 1st trimester prenatal care	Percent of births w/ known PNC status	2015-17	646	60.4	78.3
Births with late or no prenatal care	Percent of births w/ known PNC status	2015-17	106	9.9	6.1
Births with adequate prenatal care (Kotelchuck index)	Percent of births w/ known PNC status	2015-17	536	50.5	70.5
Births to uninsured women ("self-pay" checked on birth certificate)	Percent of births	2015-17	154	13.7	6.3
Births covered by Medicaid	Percent of births	2015-17	740	65.7	48.8
C-section births	Percent of births	2015-17	347	30.7	37.3
Births 37-38 Weeks Gestation with an Elective Delivery	Percent	2015-17	79	31.3	33.1
Mothers who initiate breastfeeding	Percent	2015-17	934	82.7	85.7

Source: Florida CHARTS

As mentioned above there were 353 births in Hardee County in 2017. Of those born between 2015-2017, 5.7% were preterm with low birth weight. There were 60 hospital or emergency room treated unintentional falls for infants under 1 year of age between 2012-2014. (Table 21)

Table 21

Infants (Under 1)

Indicator	Rate Type	Year(s)	County Number	County Rate	State Comparison
Total births	Per 1,000 population	2017	353	12.8	10.9
White births	Per 1,000 white population	2017	314	12.8	9.9
Black births	Per 1,000 black population	2017	25	11.9	14.4
Other nonwhite births	Per 1,000 other nonwhite population	2017	12	11.0	12.8
Hispanic births	Per 1,000 hispanic population	2017	191	15.9	13.0
Non-Hispanic births	Per 1,000 non-hispanic population	2017	160	10.2	10.1
Very low birthweight infants born in subspecialty perinatal centers	Percent of VLBW births	2015-17	8	61.5	77.1
Multiple births (twins, triplets, or more)	Percent of births	2015-17	16	1.4	3.3
Preterm with Low Birth Weight	Percent	2015-17	64	5.7	6.0
Births <1500 grams (very low birth weight)	Percent of births	2015-17	13	1.2	1.6
Births <2500 grams (low birth weight)	Percent of births	2015-17	83	7.4	8.7
Births <37 weeks gestation (preterm)	Percent of births	2015-17	116	10.3	10.1
Critical Congenital Heart Defects	Per 10,000 births	2010-2014	9	44.9	20.4
Trisomy 21 (Down syndrome)	Per 10,000 births	2010-2014	0		13.5
Infants in foster care	Per 100,000 population < 1	2015-17	10	892.1	1,351.5
Infant asthma hospitalizations age <1	Per 100,000 Population Under 1	2015-17	8	713.6	445.7
Hospitalizations for all non-fatal unintentional injuries <1	Per 100,000 population < 1	2012-14	5	422.7	284.3
Hospital/ER treated non-fatal unintentional falls <1	Per 100,000 population < 1	2012-14	60	5,071.9	4,431.6
Hospitalizations for non-fatal traumatic brain injuries <1	Per 100,000 population < 1	2012-14	<5	253.6	180.1
Child passengers <1 injured or killed in motor vehicle crashes	Per 100,000 population < 1	2014-16	3	253.2	442.6

Source: Florida CHARTS

Emergency Room Visits for Injuries

The most common reason for an emergency room visit for a non-fatal injury in 2016 was for a fall with 158 visits. The next most common is motor vehicle traffic with 95 visits. 23 of the 87 visits occurred within the 1-4-year-old age range. Then struck by or against with 75. Falls affected people of all ages, but the majority occurred in the 55-64 and 65-74-year-old range. (Table 22)

Table 22

Non-Fatal Injury Emergency Department Visits, Hardee County, Florida 2016

*2017 data unavailable at time of report

Mechanism	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	Unknown	Total Count	County Age Adj Rate	Florida Age Adj Rate	
Bites and Stings	<5	6	9	<5	6	5	18	<5	6	<5	<5	<5	<5	<5	63	223.46	437.99	
Bites and Stings-Nonvenomous	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	18	61.85	362.98	
Bites and Stings-Venomous	<5	<5	8	<5	5	<5	14	<5	5	<5	<5	<5	<5	<5	45	161.62	75.01	
Cut/Pierce	<5	<5	<5	<5	<5	5	<5	5	11	<5	<5	<5	<5	<5	38	144.75	583.14	
Drowning/Submersion	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	3.57	2.93
Fall	6	14	12	13	5	10	13	9	14	20	20	18	<5	<5	158	546.93	2488.64	
Fire/Flame	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	3.38	24.26
Firearm	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	6.37	16.55
Hot Object/Substance	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	11	43.61	86.19	
Machinery	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	6	23.68	33.95	
Motor Vehicle Traffic ¹	<5	<5	<5	<5	12	12	23	22	<5	8	<5	<5	<5	<5	95	360.96	1255.45	
MVT-Motorcyclist	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	7	24.76	53.71	
MVT-Occupant	<5	<5	<5	<5	10	6	22	19	<5	5	<5	<5	<5	<5	78	299.63	971.55	
MVT-Other/Unspecified	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	8	29.82	159.03	
MVT-Pedalcyclist	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	3.38	48.94	
MVT-Pedestrian	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	3.38	22.22	
Motor Vehicle Non-Traffic	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	5	20.1	47.59	

Mechanism	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	Unknown	Total Count	County Age Adj Rate	Florida Age Adj Rate
Natural/Environmental, Other	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	8	29.77	46.14
Not E-Coded	28	232	268	274	256	210	379	293	297	264	185	117	64	<5	2867	10330.65	962.86
Other Specified, Child/Adult Abuse	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	6	23.42	18.73
Other Specified, Foreign Body	<5	28	15	<5	<5	<5	5	8	<5	<5	<5	<5	<5	<5	70	253.61	201.45
Other Specified, Classifiable	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	12	45.13	155.84
Other Specified, Not Elsewhere Classified	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	7.52	41.7
Overexertion	<5	<5	<5	<5	<5	5	<5	<5	<5	<5	<5	<5	<5	<5	20	73.02	141.86
Pedalcyclist, Other	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	2.76	64.4
Pedestrian, Other	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	2.76	20.06
Poisoning	<5	14	<5	<5	7	6	<5	<5	6	6	<5	<5	<5	<5	55	191.61	230.32
Drug	<5	9	<5	<5	5	<5	<5	<5	<5	<5	<5	<5	<5	<5	34	121	174.34
Non-Drug	<5	5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	21	70.61	55.98
Struck By Against	<5	<5	<5	12	14	10	10	8	8	5	<5	<5	<5	<5	75	274.23	1302.56
Suffocation	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	0	3.43
Transport (Land/Other)	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	15	52.55	58.9
Other Land Transport	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	12	42.8	46.77
Other Transport	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	9.75	12.13
Unspecified	<5	5	<5	<5	<5	13	20	23	11	12	<5	<5	<5	<5	103	391.25	1631.8
TOTAL	45	313	321	317	315	285	488	388	365	332	224	151	71	<5	3615	13055.1	9856.74

Data Source: Florida Agency for Health Care Administration.

Access to Care/Health Resources

Access to health resources was identified by residents as important for the overall health of Hardee County. 30% of respondents to the Hardee County Community Health Survey ranked access to specialty care as poor. Access to comprehensive and quality health care services is a key to achieving health equity and increases the quality of life for everyone. Access to health resources is a broad and complex issue that focuses on four main components: coverage, services, timeliness, and workforce.

This section will review health coverage of Hardee County residents including the rate of uninsured residents, licensed providers and facilities, and federal health professional shortage designations.

Coverage and Services

Uninsured people are less likely to receive medical care, more likely to die early and are more likely to have poor health status. Underinsured individuals also have a difficult time receiving the care they need due to out-of-pocket costs or deductibles that create financial barriers. 79.2% of Hardee County residents have health insurance as compared to the state rate of 83.6% (Table 23).

In 2017 the median monthly Medicaid enrollment was 7,967. This is a slight decrease from 2015 and 2016. However, the rate 28,787.7 is still higher than the state's rate 19,607.4 (Chart 22).

National research has suggested that there are four non-financial barriers that were more frequent reasons for unmet need or delayed care.

The top non-financial barriers include:

- Accommodation—busy with work or other commitments
- Availability—couldn't get appointment soon enough
- Accessibility—took too long to get to the doctor's office or clinic
- Acceptability—doctor or hospital wouldn't accept health insurance

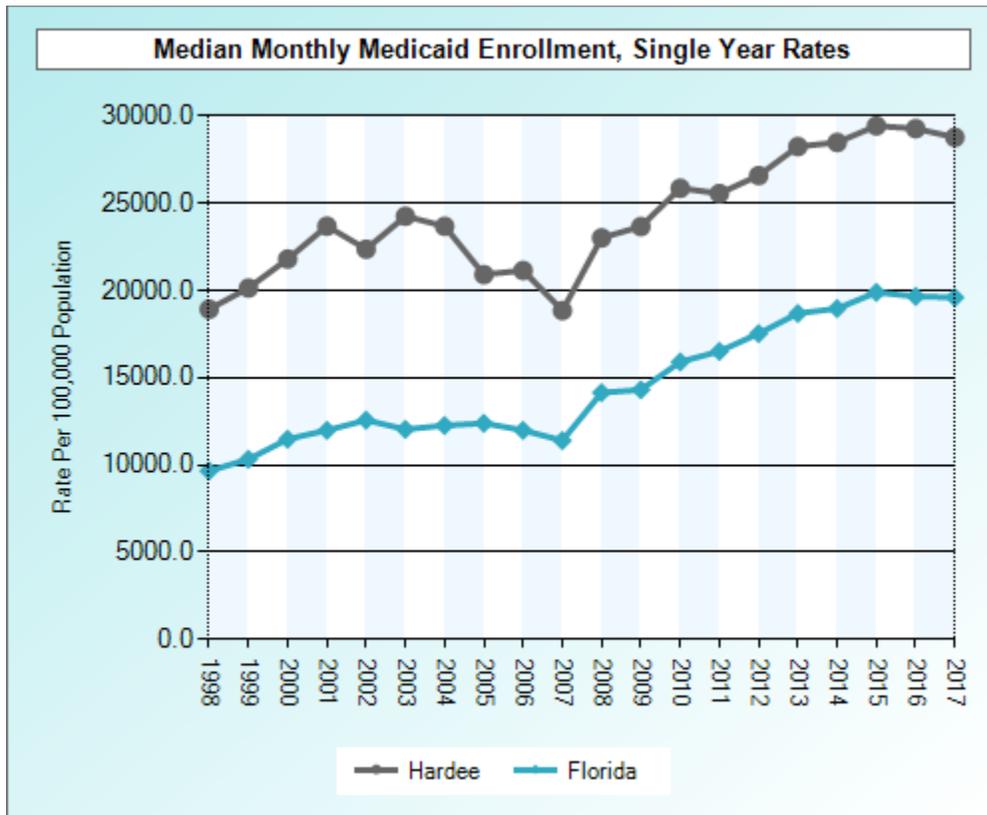
Telehealth is the use of telecommunications and information technology to provide access to health assessment, diagnosis, intervention, consultation, supervision and information across long distances. These methods allow users to receive care, often from the comforts of their own home or where ever the appropriate technology is available. Telehealth and telemedicine may help to address some of the barriers faced by rural communities.

Table 23

Civilian non-institutionalized population with health insurance, Single Year Rates		
	Hardee	Florida
Year	Percent	Percent
2016	79.2	83.6

Data Source: American Community Survey

Chart 22



Source: Florida CHARTS

Physician/Facility Availability

Health Professional Shortage Area (HPSAs)

The Health Resources and Services Administration (HRSA) has designated Hardee County as a Health Professional Shortage Area (HPSAs) and a Medically Underserved Area (MUA). HPSAs are designated by HRSA as having shortages of primary care, dental care, or mental health providers and may be geographic (a county or service area), population (e.g., low income or Medicaid eligible) or facilities (e.g., federally qualified health centers, or state or federal prisons). Hardee County has received a designation for the county in primary care providers along with the Hardee Correctional Institute. Low Income/Migrant Farmworker and the Hardee Correctional Institute have received this status in dental health providers. The county and Hardee Correctional Institute also received this status for Mental Health providers.

Table 24 shows the number of licensed providers and the number of beds at facilities that serve Hardee County residents. There are 3 licensed dentists and 6 total licensed physicians making the rate 10.8 for dentists and 21.7 for physicians. This rate per 100,000 is significantly lower than the states rate of 55.8 for dentists and 310.6 for physicians.

The total number of nursing home beds is 104 making the rate 375.8. The rate per 100,000 is also lower than the states of 407.6.

AdventHealth Wauchula is the only hospital located in Hardee County. It is a 25-bed accredited facility offering inpatient and outpatient care and has a 13-bed emergency department. Services include: emergency care, a transitional care unit, laboratory care, and radiology, along with a mammography unit.

is a Federally Qualified Health Center (FQHC) and aims to provide primary health care services to underserved and vulnerable populations and plays a role in filling gaps in health care services in Hardee County. They offer services in chronic care, dental health, diabetes education, enabling services, men’s health, migrant population health, nutritional counseling, pediatrics, pharmacy and women’s health.

Table 24
Health Resource Availability, Hardee County, Florida 2017

County				State
Indicators	Data Year	County Number	Rate Per 100,000	Rate Per 100,000
Providers				
Total Licensed Dentists (Fiscal Year)	2017	3	10.8	55.8
Total Licensed Physicians (Fiscal Year)	2017	6	21.7	310.6
Total Licensed Family Practice Physicians (Fiscal Year)	2017	1	3.6	19.2
Total Licensed Internists (Fiscal Year)	2017	2	7.2	47.9
Total Licensed OB/GYN (Fiscal Year)	2017	0	0.0	9.5
Total Licensed Pediatricians (Fiscal Year)	2017	1	3.6	22.3
Facilities				
Total Hospital Beds	2017	25	90.3	312.3
Total Acute Care Beds	2017	25	90.3	253.5
Total Specialty Beds	2017	0	0.0	58.8
Total Nursing Home Beds	2017	104	375.8	407.6

Data Source: Florida Department of Health, Division of Medical Quality Assurance, Agency for Health Care Administration.

Social and Behavioral Health

Social and behavioral health are critical aspects of maintaining physical health. Social and behavioral health include mental, emotional, and social well-being.

Crime

Crime has a direct impact on health. Violence can lead to premature death or cause injury. Victims of crimes may also experience mental distress which leads to increased mental health issues resulting from fear, anxiety, or stress.

Overall from 2016 to 2017 Hardee County's crime volume and rate decreased including violent crime and property crime (Table 25). There is an 11.1% difference in violent crime and a 9.6% difference in property crime. Rape, robbery, burglary and larceny all decreased from 2016 to 2017 (Table 26). There was a very slight increase in aggravated assault, and an increase in motor vehicle theft (Table 26).

Chart 23 shows the total domestic violence offense rate compared to the state's. Hardee's rate is higher.

Hardee County has a higher rate of alcohol related crashes resulting in injuries (Table 27). Alcohol abuse was also identified as one of the three most urgent risks to health and safety in Hardee County (Community Health Survey). The number of alcohol related charges rose from 21 in 2016 to 36 in 2017 (Table 28).

The number of charges for methamphetamines decreased from 93 in 2016 to 84 in 2017 (Table 28).

Table 25
Crime Volume and Rate

Measure	2016	2017	Percent Change
Total Index Crime	602	543	-9.8
Total Violent Crime	81	72	-11.1
Total Property Crime	521	471	-9.6
Total Crime Rate	2178.2	1979.9	-9.1
Violent Crime Rate	293.1	262.5	-10.4
Property Crime Rate	1885.2	1717.3	-8.9

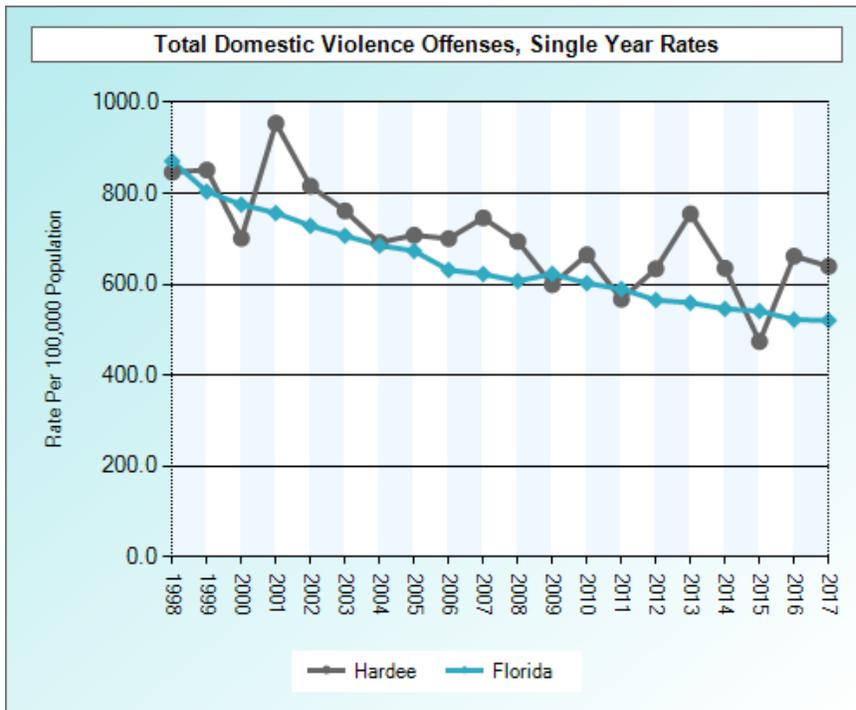
Source: Florida Department of Law Enforcement

Table 26
Offense Totals

Index Offenses	2016	2017	Percent Change
Murder	0	0	0
Rape	11	7	-36.4
Robbery	11	5	-54.5
Aggravated Assault	59	60	1.7
Burglary	158	154	-2.5
Larceny	336	285	-15.2
Motor Vehicle Theft	27	32	18.5

Source: Florida Department of Law Enforcement

Chart 23



Source: Florida CHARTS

Table 27

Alcohol-suspected Motor Vehicle Traffic Crash Injuries, Single Year Rates		
	Hardee	Florida
Year	Rate	Rate
2016	72.4	51.3

Source: Florida CHARTS

Table 28

Charges Relating to Methamphetamines and Alcohol		
Year	Number of Charges - Methamphetamines	Number of Charges - Alcohol
2016	93	21
2017	84	36

Source: Hardee County Sheriff's Office

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 assesses risk and protective factors for substance abuse, in addition to substance abuse prevalence, and other problem behaviors in adolescents.

The FYSAS was administered to students in 6th-12th grade in February of 2016 and was given to 829 students.

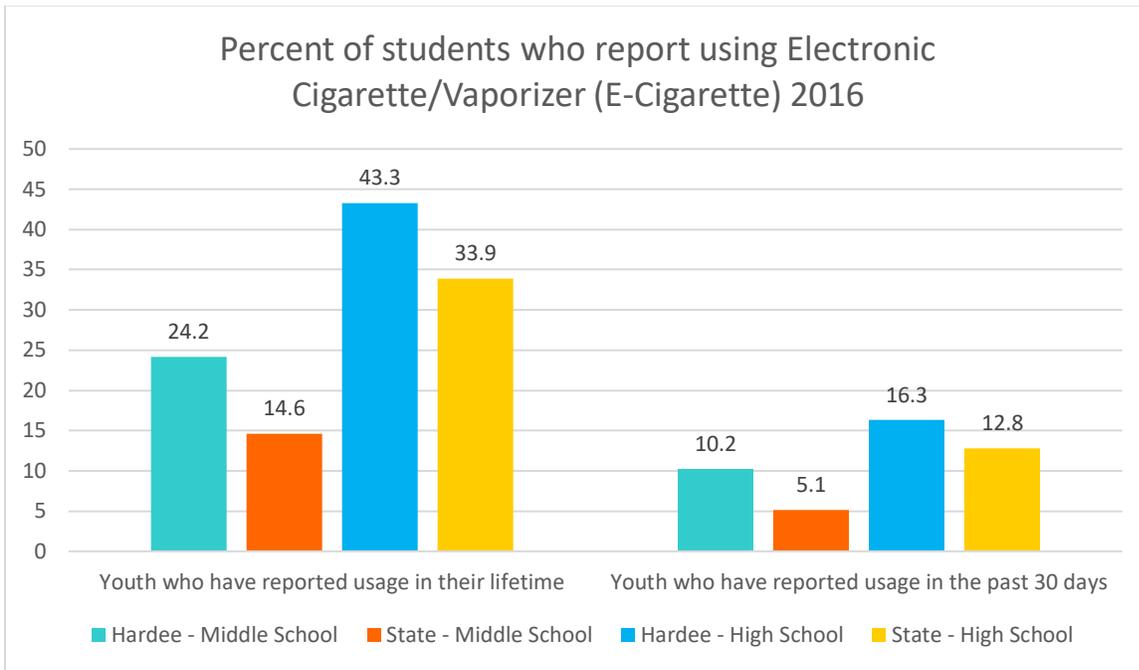
During the Forces of Change assessment, trending drug abuse issues were discussed. Particularly marijuana and electronic cigarettes or vaporizers.

Drug Free Hardee addresses alcohol, tobacco, and other drug use through social norming campaigns that are used within the middle and high school. UthMpact meets at the high school during the school year and STAND (Students Together Against Negative Decisions) meets at the junior high. Together these clubs work to impact their schools and bring down the number of students who report using any substance.

Tobacco Free Hardee works to change policy in Hardee County regarding tobacco and its use. Some of the focus areas include: tobacco free worksites, tobacco free parks, tobacco point of sale, and youth initiation. Students Working Against Tobacco or SWAT is a student club available at both the junior and senior high schools in Hardee County through Tobacco Free Hardee.

An alarming 43.3% of Hardee County High School students have reported using vaporizers/electronic cigarettes in their lifetime, while only 33.9% reported statewide. 16.3% of Hardee County High School students reported using in the last 30 days. The state rate was only 12.8%. Hardee County middle school students also reported usage at a higher rate of 24.2% while the state rate was 14.6% for their lifetime. The last 30 days was also higher than the state's 5.1%, Hardee's rate was 10.2%. (Chart 24) There is no trending information for e-cigarettes, as this is the first year the question was asked.

Chart 24



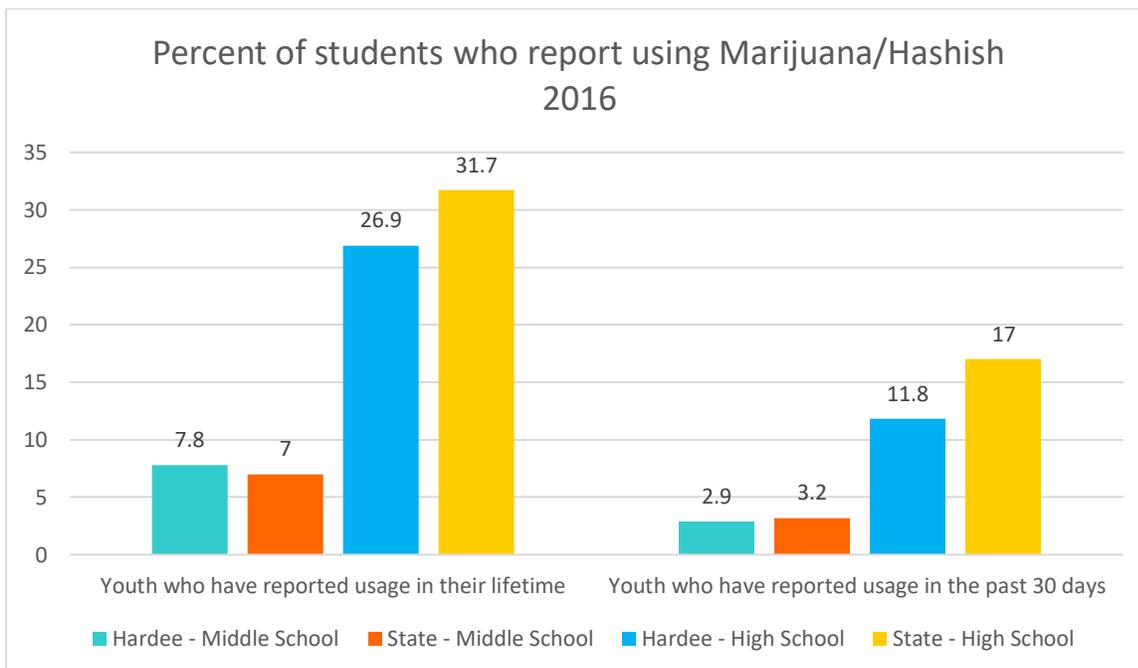
Source: Florida Youth Substance Abuse Survey

The number of students who reported using marijuana/hashish in their lifetime or in the past 30 days is less than the state’s rate for most of the categories, except for middle school students who report using marijuana/hashish in their lifetime. Hardee students reported at 7.8% while the state rate was only 7% (Chart 25).

Marijuana past 30-day use dropped in middle school students from 2014 to 2016 (Chart 25). There was no data for the high school in 2014, however usage dropped in high school students from 2012 to 2016 (Chart 26).

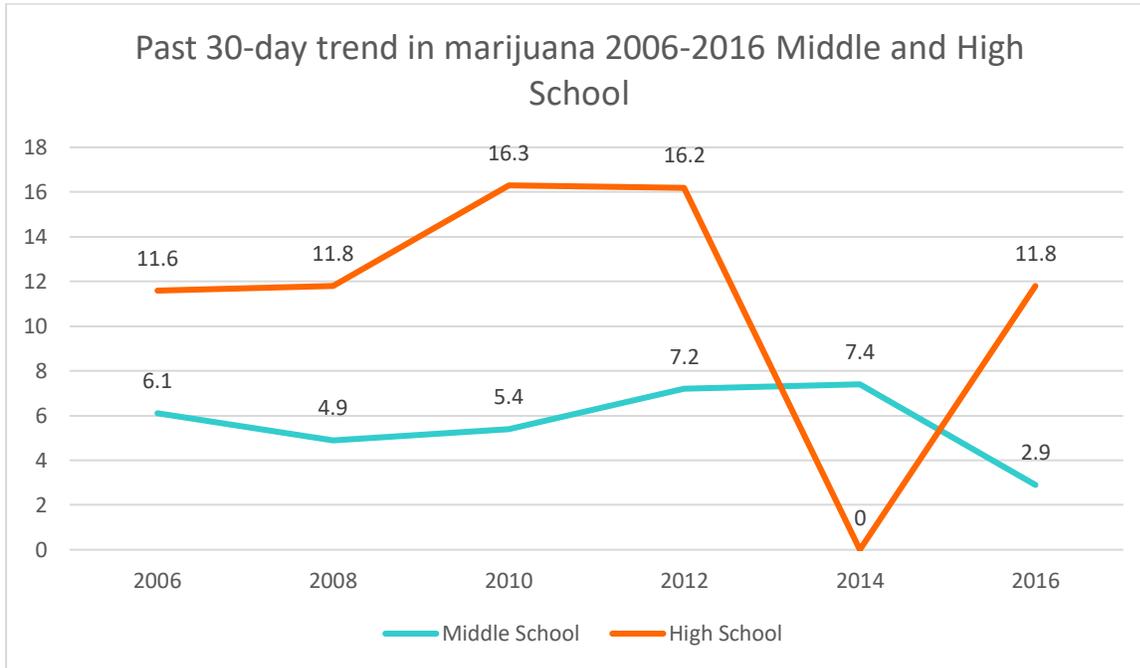
Chart 27 includes information on alcohol and binge drinking among middle and high school aged students. Hardee County middle school students are more likely to have used alcohol or to binge drink than their Statewide counterparts. The amount of high school students in Hardee County that binge drank or used alcohol in the past 30 days is slightly less likely than the state rates.

Chart 25



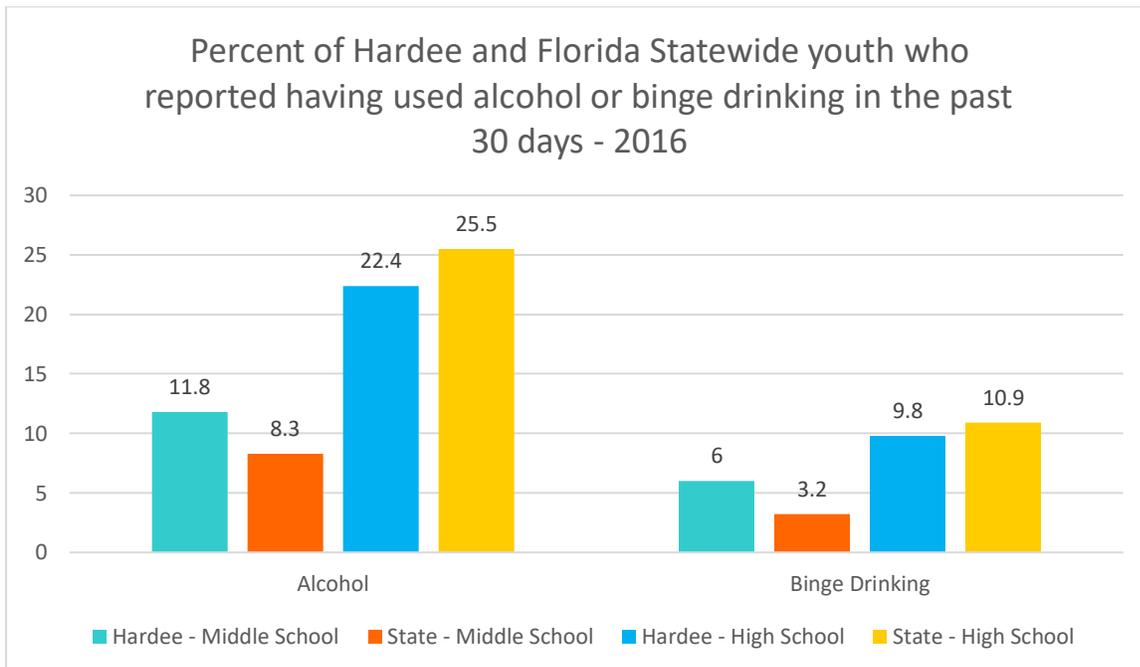
Source: Florida Youth Substance Abuse Survey

Chart 26



Source: Florida Youth Substance Abuse Survey ***Please note there is no data for the high school in 2014**

Chart 27



Source: Florida Youth Substance Abuse Survey

Mental Health

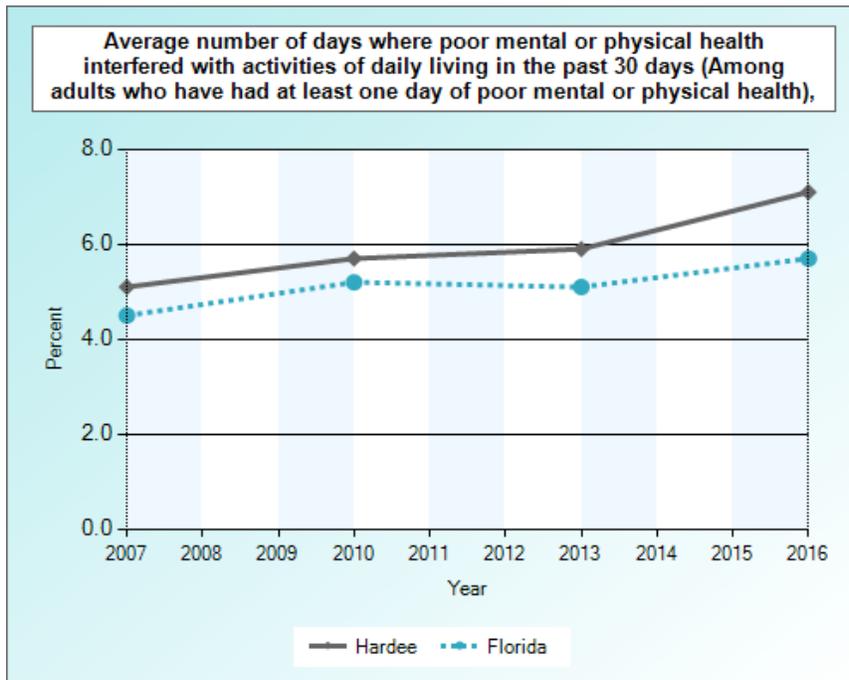
Adults with good mental health has been increasing since 2010. In 2016, 89.4% reported having good mental health (Table 29). However, the average number of days where poor mental health or physical health interfered with activities of daily living in the past 30 days has been steadily increasing (Chart 28). The current number in Hardee County is 7.1 while the state is 5.7.

Table 29

Adults with good mental health, Overall		
Year	Hardee	Florida
2007	90.2% (85.6 - 93.5)	90.3% (89.6 - 91.0)
2010	85.6% (81.1 - 90.1)	88.2% (87.4 - 89.0)
2013	88.8% (83.3 - 94.2)	87.3% (86.4 - 88.1)
2016	89.4% (86.5 - 92.4)	88.6% (87.9 - 89.3)

Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion.

Chart 28



Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion.

The average number of unhealthy mental days in the past 30 days for Hardee County residents is 3.2 days, slightly lower than the state at 3.6 days (Table 30). 13.9% of Hardee residents have ever been told they have a depressive disorder (Table 31)

In 2017, there was only 1 suicide, however in 2016 there were 6 suicides. Chart 29 shows the fluctuation in the suicide rate.

Table 30

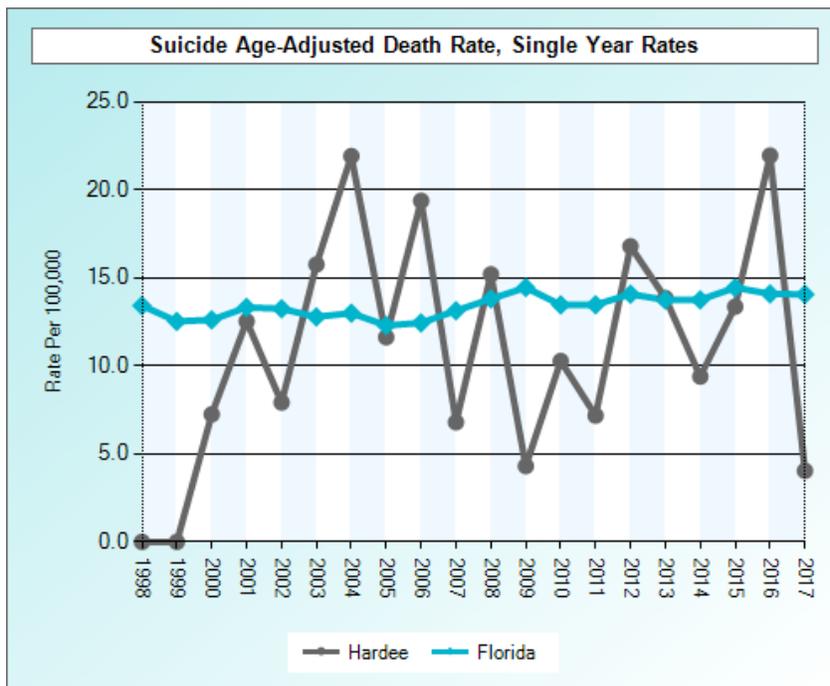
Average number of unhealthy mental days in the past 30 days, Overall		
Year	Hardee	Florida
2007	3.2 (2.0 - 4.4)	3.3 (3.1 - 3.5)
2010	4.3 (3.1 - 5.4)	3.8 (3.6 - 4.0)
2013	3.7 (2.1 - 5.2)	4.1 (3.8 - 4.3)
2016	3.2 (2.4 - 4.0)	3.6 (3.4 - 3.7)

Table 31

Adults who have ever been told they had a depressive disorder, Overall		
Year	Hardee	Florida
2013	11.9% (7.3 - 16.4)	16.8% (15.9 - 17.6)
2016	13.9% (10.6 - 17.1)	14.2% (13.5 - 15.0)

Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion.

Chart 29



Source: Florida Department of Health, Bureau of Vital Statistics

Health Disparities

- Black or Other Race are more likely to live below the poverty level than those who are white. Hispanics are more likely than Non-Hispanics to live below the poverty level. (page 9)
- Hispanics have health insurance at a lower rate than Non-Hispanics. Also, those who are Other Race have health insurance at a lower rate than Black or White. (page 11)
- Hispanics who are 25 years and over are more like to have no high school diploma, also those who are other race are more likely to have no high school diploma. (page 12)
- Black Hardee County residents are more likely to have congestive heart failure and coronary heart disease. They are also more than twice as likely to have a stroke. Hispanics are also slightly more likely to have a stroke than Non-Hispanics. (page 17)
- Black and Hispanics are more like to be hospitalized due to diabetes than Non-Hispanics and White residents. (page 21)
- Black Hardee County residents are more likely to visit an emergency room due to diabetes than White residents. Hispanics are also slightly more likely than Non-Hispanics. (page 24)
- The Hispanic death rate is higher than the Non-Hispanic death rate due to diabetes. (page 24)
- Hispanic rate of obesity is 45.5% while the Non-Hispanic rate is 34.7%. Hispanics are also more likely to be sedentary and inactive or insufficiently active than Non-Hispanics. (page 25)

Next Step: Community Health Improvement Plan (CHIP)

Dissemination Plan

This Community Health Assessment will be utilized by the Health Care Task Force, the Florida Department of Health in Hardee, and other community partners. The Community Health Assessment can be used to identify and implement action steps for improvement and the creation of a CHIP.

This document will be disseminated through multiple channels including:

- Florida Department of Health in Hardee County's website - <http://hardee.floridahealth.gov/programs-and-services/community-health-planning-and-statistics/index.html>
- Link to document provided to community partners for distribution – 1/15/2019, 2/1/2019
- Copies provided at December 7, 2018 Health Care Task Force meeting and future meetings
- Presentations to civic organizations – Lion's Club 9/26/2019
- Presentation to Hardee County Chamber of Commerce – 4/25/2019
- Presentation to Leadership Hardee Class – 12/11/2019
- Emailed to community members for distribution –12/7/2018 (revisions), 1/10/2019

Updates and Revisions

The Hardee County Health Care Task Force (HCTF) is responsible for monitoring, refreshing, and adding data to the CHA. Progress will be monitored through meetings where the CHA will be a meeting item listed on the HCTF agenda. By December 31st of each year, the HCTF will review to make revisions and updates as necessary.

Members of the HCTF will communicate with the Community Health Educator for the Florida Department of Health in Hardee County to ensure receipt of the meeting agenda, minutes, and documentation required.

Date	Description of Change	Page (s) Affected	Reviewed or Changed by
3/9/20	Added health disparity verbiage	21,25	S. Sweet
3/9/20	Added updates and revisions section	47	S. Sweet
3/9/20	Added health disparities page	45	S. Sweet
3/9/20	Add updates and revisions verbiage	2	S. Sweet
3/9/20	Dates and locations added to dissemination page	46	S. Sweet
3/10/20	Updated Florida Hospital to AdventHealth	21,36,49	S. Sweet
3/10/20	Added information on Panther Youth Partners and Student Hub	12	S. Sweet
3/10/20	Updated table of contents	1	S. Sweet

For questions regarding this plan please contact:
 Stefania Sweet
Stefania.Sweet@FLHealth.gov
 (863) 473-6078 or (863) 773-7045

Thank you to the individuals and organizations that contributed to the 2018 Community Health Assessment.

Allayana Turner	Youth Visitor
Amy Harper	Hardee Help Center
Andrea Hagan	Heartland for Children
Angel Whidden	Florida Department of Health Hardee
Araceli Plata	Central Florida Health Care
Beatrice Zamorano	Redlands Christian Migrant Association
Bill Yonce	Hardee County Fire Rescue
Brenda Farmer	Florida Department of Health Hardee
Carolyn Wyatt	University of Florida Institute of Food and Agricultural Sciences Hardee
Cathy Robinson Pickett	Central Florida Area Health Education Center
Chantelle Williams	Tri County Human Services
Charlene Edwards	Healthy Start Coalition
Chase Webber	Heartland for Children
Colleen Mangan	Florida Department of Health Polk
David Horton	Hardee County Public Defender
Debbie Wilson	United Way
Dee Zerfas	Florida Department of Health Hardee
Deja' Sparkman	Florida Department of Health Hardee
Georgeann Singletary	Florida Department of Health Hardee / Tobacco Free Hardee
Gregory Danyluk	Florida Department of Health Polk
Holly Parker	Healthy Start Coalition
Ingra Gardner	NuHope Elder Care
Ivy Gonzales	Tri County Human Services
Jackie Rawlings	Tri-County Human Services
Jamie Samuels	Send Me Missions
Jan Knight	Choices
Janese Acree	Florida Department of Health Healthy Start
Jean Shoemaker	University of Florida Institute of Food and Agricultural Sciences Manatee
Jemima Desir	Florida Poison Control Center
Jenna Levine	Florida Department of Health Polk
Jennifer Harris	Bureau for Tobacco Free Florida
Jerri Kaplan	Hardee County Emergency Management
Jill Newman	Hardee County Emergency Management
Joanna Fowler	Florida Department of Health Polk
Joanne DiLella	Florida Department of Health Hardee
John Eason	Wauchula Police Department
Joy Jackson	Florida Department of Health Hardee
Kathie Southern	Heartland for Children
Katrina Blandin	South Florida State College
Kristin Casey	Florida Department of Health Hardee

Leah Blankinship	AdventHealth
Leslie McKay	Florida Department of Health Polk
Lex Albritton	Hardee County Board of County Commissioners
Linda Blas	Central Florida Health Care
Maria Lucatero	Florida Department of Health Hardee
Maria Pearson	Drug Free Hardee
Matt Tinsley	Hardee County Sheriff's Office
Matthew Whatley	Wauchula Police Department
Michaela Villarreal	Drug Free Hardee
Mindy Lee	Peace River Center
Nicole Riley	Florida Department of Health Polk
Nikesha Yarbrough	Florida Poison Control Center
Norberta Tijerina	Peace River Center
Olga Torres	Florida Department of Health Hardee
Pauline Brown	Drug Free Hardee
Rosa Ontiveros	Drug Free Hardee
Sara Rosenbaum	AdventHealth
Savannah O'Steen	Healthy Start Coalition
Sheila Figueroa	Central Florida Health Care
Shena Kitt	Florida Coalition Against Domestic Violence
Sheryl Cooper	Florida Department of Health Polk
Shujuana Larry	Hardee County Board of County Commissioners Probation
Sophie Alonso	Parents as Teachers
Stefania Sweet	Florida Department of Health Hardee
Stephanie Blondin	AdventHealth
Susana Boyett	Central Florida Health Care
T.J. Blankinship	Drug Free Hardee
Taylor Freeman	Florida Department of Health Polk
Todd Miller	Hardee County Board of County Commissioners
Tonya Akwetey	Healthy Start
Vereuch Simmons	Heartland for Children
Vivian Hartzell	Florida Department of Health Hardee

What Does a Healthy Hardee Look Like?

Life Coaching



- Post-Secondary School Planning
- Safety Net (Second Chances)
- Increase Graduation Rate
- Increase Mentorship Programs
- Work with Early Learning Centers to Increase Family Education
- Teen Pregnancy Education

Infrastructure



- Transportation
- Living Wage
- Affordable Housing
- Early Learning and Affordable Childcare
- Build Strong Community Partnerships
- Increase Infrastructure and Complete Streets to have Walkable Access
- A Community that is Well Prepared for All Emergencies, Both Natural and Man-Made.

Healthy Lifestyles



- "True" Community Garden
- "Mooga" Youth Yoga Program
- Community Bridge
- Celebrating Positives
- Increase School and Community Gardens
- Nutrition Education for All Ages
- Local Engaging Recreation
- Built Environment to Support Movement/Exercise
- Local Activities to Engage Youth

Community Partnerships



- Inventory and Recruit Partners
- Engage Ministerial Alliance
- Central Resource Location
- Leverage Worksite Partnership for Health
- Businesses as Partners in Health
- Engage Additional Stakeholders (County Government, Community Members)

Obtainable Housing



- Housing- Sufficient for all income levels and family sizes
- Housing Options

Health Literacy



- Increase Awareness and Ways to Prevent Diabetes (chronic illness)
- Community Based Promotion of Healthy Life Choices (eg. walking groups & cooking classes)
- Healthy Women of Child Bearing Age

Access to Affordable Healthcare



- Community Dental Clinic
- Mental Health Accessibility
- Decrease Substance Abuse
- Pediatric Urgent Care (Healthy Kids)
- Access to Free Medical Care
- Access to Essential Health Services including primary care, mental health, and dental
- Medical Facility (24/7)
- Samaritan's Touch
- Mobilize/Recruit/Attract Physicians

Data to Assess and Evaluate



- Access to and Utilization of Adult/Senior Data

Develop and Implement Realistic Education Goals/Philosophy



- Education System in which students feel safe; encouraged to pursue personal goals. Comfortable pursuing vocational goals. Teaching of 'soft skills'
- Focus on Education: Increase high school graduation rate and college attendance



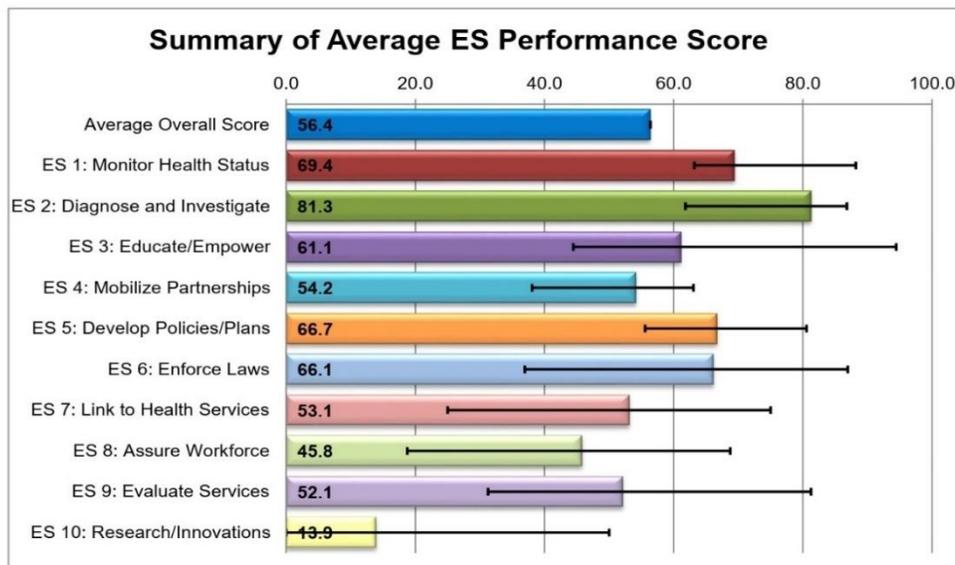
Local Public Health System Assessment 2018 –Agenda

Florida Department of Health in Hardee County, Wauchula
March 27, 2018
8:00 AM

- | | |
|-------------------|--|
| 8:00 am | Registration |
| 8:30 am | Welcome and Orientation - Dr. Joy Jackson, Florida Department of Health in Hardee and Polk County Stefania Sweet, Florida Department of Health in Hardee |
| 9:00 am | Essential Service 5 - Develop Policies & Plans that Support Individual & Community Health Efforts |
| 9:35 am | Essential Service 6 - Enforce Laws & Regulations that Protect Health & Ensure Safety |
| 10:15 am | BREAK |
| 10:25 am | Essential Service 7 - Link People to Needed Personal Health Services & Assure the Provision of Health Care when Otherwise Unavailable |
| 10:55 am | Essential Service 2 - Diagnose & Investigate Health Problems & Health Hazards in the Community |
| 11:35 | Essential Service 3 - Inform, Educate, & Empower People about Health Issues |
| 12:05 pm | LUNCH (Catered) |
| 12:45
Problems | Essential Service 4 - Mobilize Community Partnerships to Identify & Solve Health |
| 1:15 pm | Essential Service 1 - Monitor Health Status to Identify Community Health Problems |
| 1:45 pm | Essential Service 9- Evaluate Effectiveness, Accessibility, & Quality of Personal & Population-based Health Services |
| 2:25 pm | BREAK |
| 2:35 pm | Essential Service 8 - Assure a Competent Public & Personal Health Care Workforce |
| 3:20 pm | Essential Service 10 - Research for New Insights & Innovative Solutions to Health Problems |
| 4:00 pm | Wrap - up |
| 4:30 pm | Adjourn |

Appendix B

Model Standards by Essential Services	Performance Scores	Priority Rating
ES 1: Monitor Health Status	69.4	7.7
1.1 Community Health Assessment	66.7	10.0
1.2 Current Technology	66.7	8.0
1.3 Registries	75.0	5.0
ES 2: Diagnose and Investigate	81.3	8.3
2.1 Identification/Surveillance	75.0	9.0
2.2 Emergency Response	75.0	10.0
2.3 Laboratories	93.8	6.0
ES 3: Educate/Empower	61.1	10.0
3.1 Health Education/Promotion	75.0	10.0
3.2 Health Communication	50.0	10.0
3.3 Risk Communication	58.3	10.0
ES 4: Mobilize Partnerships	54.2	7.0
4.1 Constituency Development	50.0	7.0
4.2 Community Partnerships	58.3	7.0
ES 5: Develop Policies/Plans	66.7	8.3
5.1 Governmental Presence	75.0	8.0
5.2 Policy Development	58.3	8.0
5.3 CHIP/Strategic Planning	58.3	9.0
5.4 Emergency Plan	75.0	8.0
ES 6: Enforce Laws	66.1	7.3
6.1 Review Laws	75.0	6.0
6.2 Improve Laws	58.3	6.0
6.3 Enforce Laws	65.0	10.0
ES 7: Link to Health Services	53.1	8.0
7.1 Personal Health Service Needs	50.0	8.0
7.2 Assure Linkage	56.3	8.0
ES 8: Assure Workforce	45.8	7.0
8.1 Workforce Assessment	25.0	7.0
8.2 Workforce Standards	58.3	7.0
8.3 Continuing Education	50.0	7.0
8.4 Leadership Development	50.0	7.0
ES 9: Evaluate Services	52.1	6.0
9.1 Evaluation of Population Health	43.8	6.0
9.2 Evaluation of Personal Health	50.0	6.0
9.3 Evaluation of LPHS	62.5	6.0
ES 10: Research/Innovations	13.9	2.0
10.1 Foster Innovation	25.0	4.0
10.2 Academic Linkages	16.7	1.0
10.3 Research Capacity	0.0	1.0
Average Overall Score	56.4	7.2
Median Score	57.6	7.5



2017 Hardee County Community Health Survey

The Health Care Task Force wants your opinion on community health issues in Hardee County. The results of this survey will be used to identify the greatest health concerns needing to be addressed in the next three years within our community.

We ask that you take a few moments of your time to share your thoughts and help us contribute to a healthier Hardee. Your input is greatly appreciated.

If you have taken this survey before, thank you for your time and opinions.

Important Community Qualities

1. What do you believe are the three most important qualities that make a community healthy and improve the quality of life? (Select up to three.)

Acceptance of diverse cultures and races	Caring neighbors	Parks and recreation
Access to health insurance	Clean environment (air, water, trash)	Religious or spiritual values
Access to health services (e.g. specialists, referrals, counseling, medication)	Good jobs and a healthy economy	Resources for the elderly
Access to healthy and affordable foods	Good schools	Smoke-free public areas
Access to public transportation	Healthy babies and children	Strong families
Affordable living (e.g. housing and utilities =	Low crime and safe neighborhoods.	
Arts and cultural events	Low disease rates (e.g. diabetes, high blood pressure, cancer, asthma)	
Other (please comment)		

Hardee County Challenges

2. What do you believe are the three greatest "health problems" in Hardee County? (Select up to three.)

Child abuse/neglect	HIV / AIDS	Minor vehicle crash injuries and deaths
Chronic disease (e.g. cancer, heart disease, high blood pressure, diabetes, asthma)	Homelessness	Overweight and obesity
Cost of medications	Homicide	Pollution
Dental problems	Hunger	Rape/sexual assault
Disability	Infant Death	Sexually transmitted diseases (STDs)
Domestic violence	Infectious diseases (e.g. hepatitis, TB, etc.)	Suicide
Elder health care (e.g. arthritis, hearing, vision loss)	Lack of health insurance	Teen pregnancy
Firearm-related injuries	Mental health/substance abuse	Unintentional falls/injuries
Other (please comment)		

Appendix C

3. What do you believe are the three most urgent risks to health and safety in Hardee County: (Select up to three.)

Access to firearms by children	Lack of crosswalks, sidewalks, and bicycle lanes	Racism and intolerance
Alcohol abuse	Lack of physical activity	Tobacco use, e-cigarettes, nicotine use
Being overweight	Not getting “shots” to prevent disease	Unsafe or unprotected sex
Dropping out of school	Not using seatbelts, child safety seats, helmets	Unsafe driving
Drug abuse	Poor eating habits	
Gangs and juvenile violence	Postponing health care or medication	
Other (please comment)		

Rank Your Satisfaction

4. Please rank your satisfaction with the items below:

	Excellent	Good	Fair	Poor	Unsure or N/A
The overall health of Hardee County.					
Your overall health.					
The overall quality of life in Hardee County.					
Access to basic health care for you and your family.					
Access to specialty health care for you and your family.					
Hardee County as a place to raise children.					
Hardee County as a place to grow old.					
Hardee County as a safe place to live.					
Your neighborhood as a safe place to live.					
Hardee County job opportunities.					
Hardee County overall economy.					
Access to parks, libraries, pools, playgrounds, community centers in Hardee County.					
Access to parks, libraries, pools, playgrounds, community centers in your neighborhood.					
The way community groups work together to provide services.					
The way people in your neighborhood care about each other and work together.					
The way you are accepted in your neighborhood.					
The way you are accepted in Hardee County.					

Appendix C

5. How do you pay for your healthcare? (Select all that apply.)

<input type="checkbox"/>	Cash (no health insurance)
<input type="checkbox"/>	Private health insurance (e.g. Blue Cross Blue Shield, United Healthcare, etc.)
<input type="checkbox"/>	Medicaid
<input type="checkbox"/>	Medicare
<input type="checkbox"/>	Veteran's Administration
<input type="checkbox"/>	Dental Insurance
Other (please comment)	

6. What is your main source of health care information? (Select one.)

<input type="checkbox"/>	Employer	<input type="checkbox"/>	Friends
<input type="checkbox"/>	Medical Provider	<input type="checkbox"/>	Media (Magazines, Newspapers, TV, Radios)
<input type="checkbox"/>	Insurance Company	<input type="checkbox"/>	Internet
<input type="checkbox"/>	Family	<input type="checkbox"/>	Government
Other (please comment)			

About You . . .

7. Are you a Hardee County resident? (Please select one of the below.)

<input type="checkbox"/>	Yes, I live in Hardee County, all year.
<input type="checkbox"/>	No, I live in another county, all year.
<input type="checkbox"/>	Yes, but I live in Hardee County only for part of the year.
<input type="checkbox"/>	No, I am a visitor to Hardee County.

8. What zip code do you live in?

9. Are you employed? (Select all that apply.)

<input type="checkbox"/>	I work full-time	<input type="checkbox"/>	I am a full-time student	<input type="checkbox"/>	I am not currently employed
<input type="checkbox"/>	I work part-time	<input type="checkbox"/>	I am a part-time student		

10. What zip code do you work in? (Please skip if not employed.)

Appendix C

11. What is your household income per year?

Less than \$15,000	\$35,000 - \$49,000	Don't know
\$15,000 - \$24,999	\$50,000 - \$74,999	
\$25,000 - \$34,999	\$75,000 or more	

12. What is the highest level of education you have earned?

Less than high school	4-year college degree.
High school diploma or GED	Graduate degree or higher.
2-year college degree.	Certificate or technical training.
Other (please comment)	

13. In the last year, did any of the following happen to you?

My hours at work were cut.	My hours at work increased.
My hours at work stayed about the same.	None of the above.

14. Please answer the following information about yourself.

Your Age	Your Gender	Your Race	Your Ethnicity	Marital Status
Under 18	Male	African American/Black	Hispanic/Latino	Single
18-24	Female	Caucasian/White	Non-Hispanic/Latino	Married
25-34		Asian/Pacific Islander		Living with significant other
35-44		Native American		Divorced
45-54		Other		Widowed
55-64		More than one race		
65-80				
80 or older				

15. Did you receive any help today to complete this survey?

Yes
No

Thank you for the time and thoughts you have shared with us to help make Hardee County a healthier place to live!

COMMUNITY HEALTH ASSESSMENT

7/26/2018 9:30 AM

Florida Department of Health in Hardee County

Vernon Peoples Auditorium

9:30 AM Welcome and Introductions – Stefania Sweet

9:35 AM Brief overview of MAPP Process – Stefania Sweet

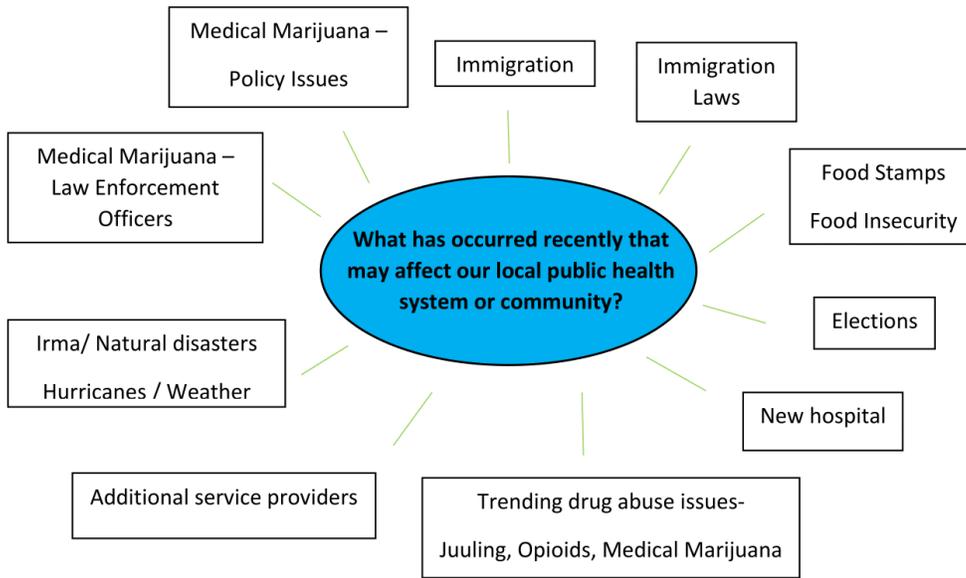
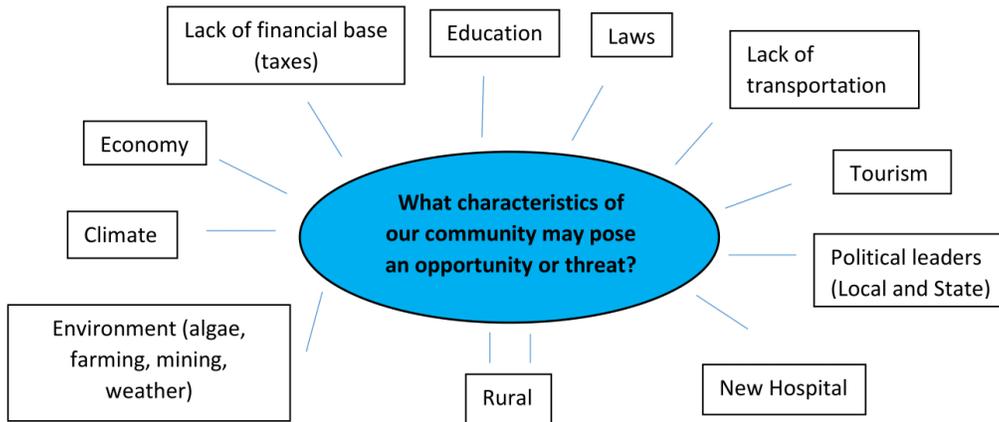
9:45 AM Facilitated Conversation – Georgeann Singletary & Stefania Sweet

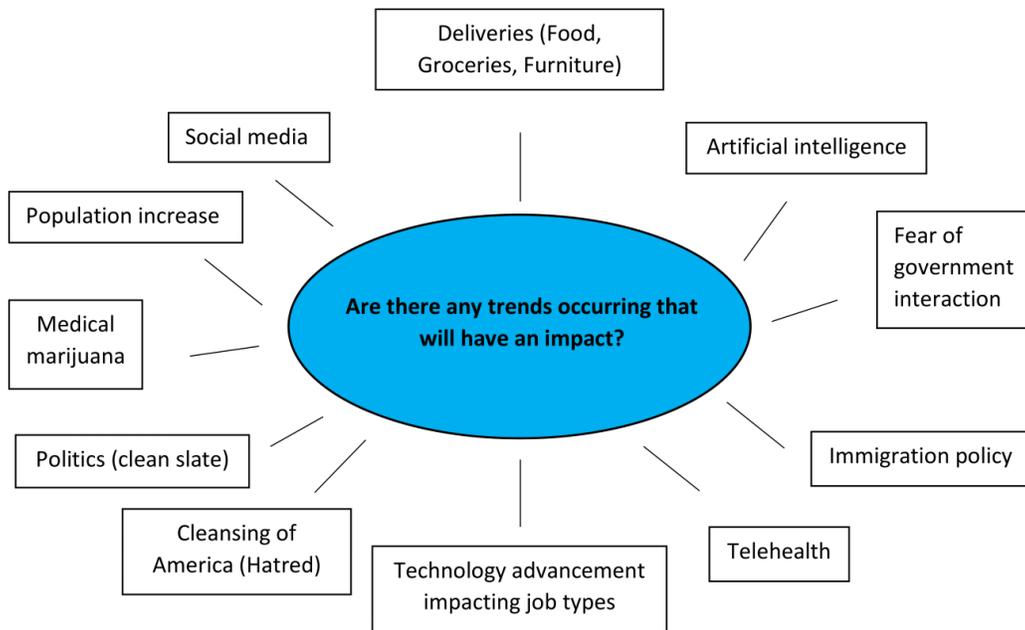
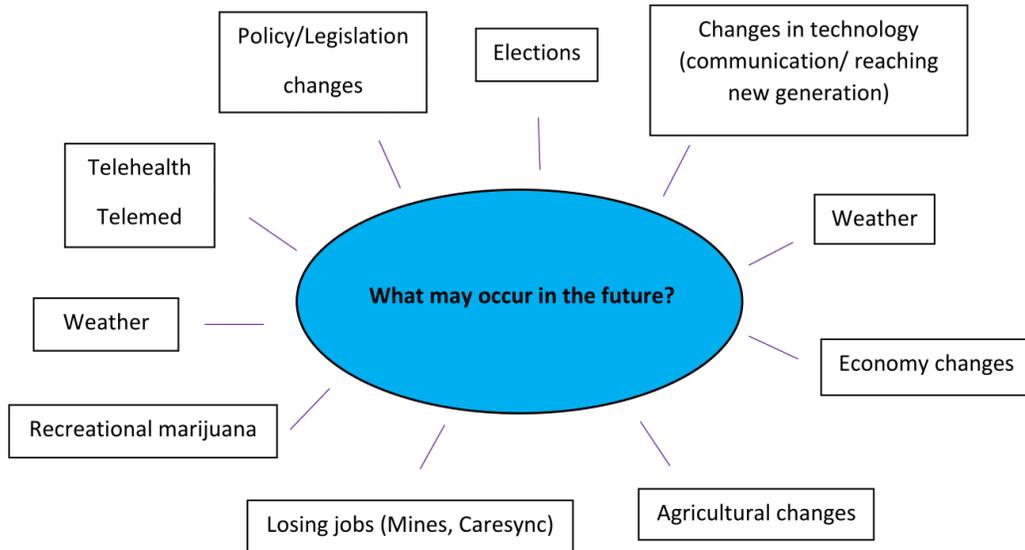
- *What has occurred*
- *What may occur*
- *Trends*
- *Forces – Local and Regional*
- *Forces – National and Global*
- *Characteristics of our community/state*
- *Possible barriers*

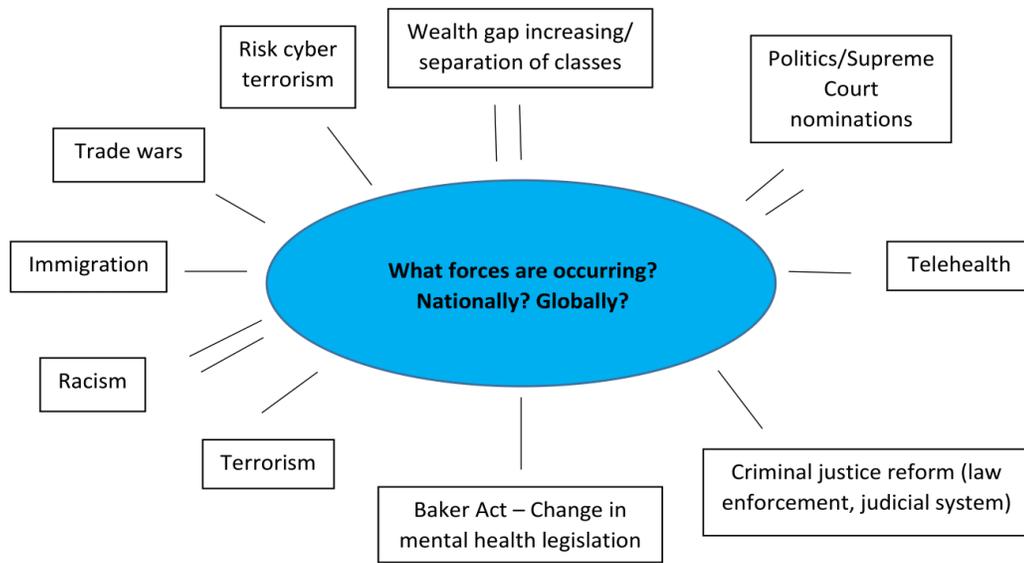
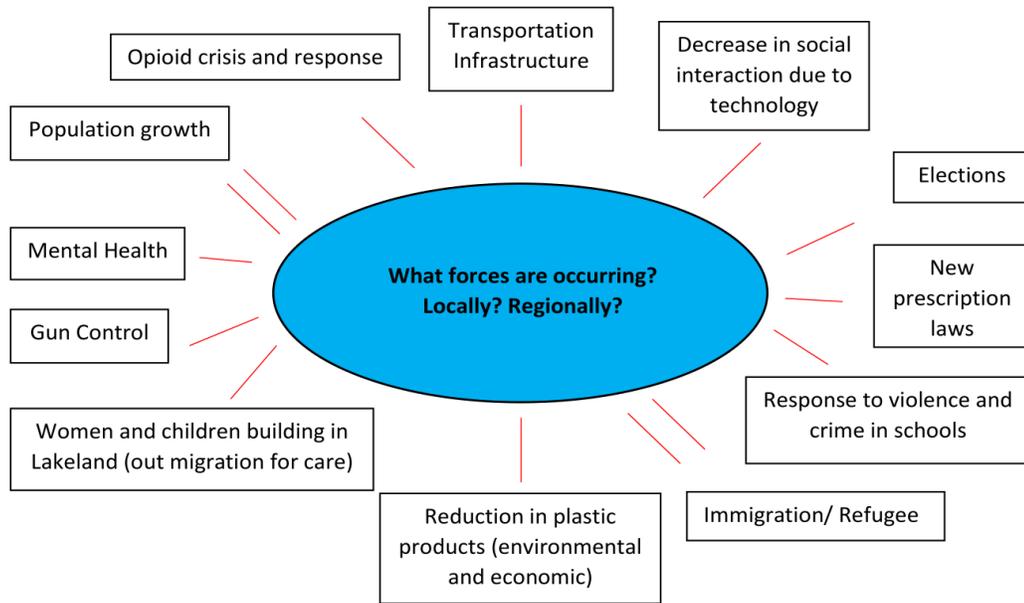
11:20 AM Wrap-Up and Evaluations – Georgeann Singletary

11:30 AM Adjourn

Forces of Change Assessment







Appendix E

Data Sources:

United States Census Bureau

<https://www.census.gov/quickfacts/fact/table/hardeecountyflorida,US/PST045217>

Florida Health CHARTS

<http://www.flhealthcharts.com/charts/Default.aspx>

Office of Economic and Demographic Research

<http://edr.state.fl.us/Content/area-profiles/county/hardee.pdf>

Florida Department of Education

<http://www.fldoe.org/core/fileparse.php/7584/urlt/GradRates1617.pdf>

Healthy People 2020

<https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>

National Center for Biotechnology Information

<https://www.ncbi.nlm.nih.gov/pubmed/26203586>

County Health Rankings and Roadmaps

<http://www.countyhealthrankings.org/app/florida/2018/rankings/hardee/county/outcomes/overall/snapshot>

Centers for Disease Control and Prevention

www.cdc.gov

National Cancer Institute

www.cancer.gov

Institute for Health Metrics and Evaluation

http://www.healthdata.org/sites/default/files/files/county_profiles/US/2015/County_Report_Hardee_County_Florida.pdf

American Diabetes Association

<http://www.diabetes.org/diabetes-basics/statistics/>

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Florida Department of Law Enforcement

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Department of Children and Families

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2012 Census of Agriculture

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2017 Hardee County Community Health Survey

[Hardee_County_CHA_Summary_2017.pdf](#)

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