

Hardee County



Community Health Assessment & Improvement Plan



<http://www.hardeechd.org/>

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Summary

The Community Health Improvement Plan presents primary data from assessments completed locally in addition to secondary health and demographic data from a variety of sources.

Our review of the data indicates that for Hardee County, 19.5% of the total population is below the federal poverty level. Only 58% of the residents over age 25 in Hardee County have a high school diploma. And as of 2007, Hardee County joined the list of counties with minorities in the majority, with a 6.5% decrease in the white population between the years of 2000-2007 and a 23.5% increase in the Hispanic population during the same time period.

The leading cause of death for Hardee County residents is Cancer. The Hardee County death rate for cancer is higher than the state rate. The second leading cause of death for Hardee County residents is heart disease. Chronic diseases continue to be a concern in terms of their incidence, prevalence, and the impact that they have on the quality of life of individuals, families and communities. Risk factors associated with cancer, such as tobacco, chemical exposure and lack of physicians and insurance remain a challenge in this area. Diabetes is an epidemic in Hardee County, with Hispanics being the largest minority group in our county with the greatest risks for diabetes.

Hardee County is less fortunate in that economic and educational attainment indicators show less than acceptable trends. Per capita income in Hardee County has consistently stayed in the poverty level.

Hardee has a higher percentage of families with female head of household living in poverty than Florida. In Hardee County the high school graduation rate is much lower (59.9%) than Florida (89.3%). Higher levels of poverty and lower educational attainment are related to poorer health outcomes. Within Hardee County there are still considerable disparities in many health indicators, especially those related to birth outcomes, access to care, and negative health behaviors. Interventions specifically targeted to disparate groups are necessary to reverse negative health trends.

In Hardee County, health care resources vary by location and income. The declining economy and increasing unemployment rate is negatively impacting health insurance coverage. Data indicate that there is a disparity in access to health care with more difficult access for low income, younger, and uninsured or underinsured individuals. Access to care is also limited due to the lack of physicians and specialists in Hardee County. Access to dental care is of concern for the entire county and dental care for patients of all ages covered by Florida Medicaid is severely limited.



Summary

Federal designation as a Health Professional Shortage Area documents a shortage of health care providers 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.

In our assessment of community perceptions of health through utilization of a survey tool, respondents selected Alcohol/Drug Abuse as the most important health issue, alcohol/drug abuse as one of the risky behaviors, and the majority of respondents perceived that their personal health status to be healthy or very healthy. Residents felt a little less confident about the health status of the community.

The Forces of Change Assessment allowed providers and partners to discuss occurrences, threats, opportunities, changes, and varied factors that may affect the health of the community and the public health system. Health reform, budget, and legislative issues generated the greatest focus and concern.

Although included at the end of the profile document, the National Public Health Performance Standard Program was the process initiated prior to the other assessments. The tool was implemented with involvement from a large group of public health system partners. Scoring was generated after submitting a report to the CDC. Results for Hardee indicated that we are doing well overall in providing the 10 Essential Public Health Services. Opportunities for improvement exist in Essential Services number 8 (assure workforce) and number 4 (mobilize partners) with both these scores in the 50% cortile. We received our highest performance scores for Essential Service number 1 (Monitor Health Status) with a score of 84% and a score of 78% for number 2 (Diagnose/Investigate).

Current efforts are now directed toward working with partners to establish community health improvement plans for priority areas as well as working internally to assess readiness for public health accreditation.

Acknowledgements

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Introduction

The availability of local level data continues to be important for the work of our health department and our partners. Information on health status and trends assists us in planning appropriately and in efficiently using our resources to achieve our mission. Additionally, when members of the community and partners are kept informed, they too are able to be responsive to opportunities and needs in the community.

Background:

The 2013 Florida Department of Health, Hardee County Community Health Assessment and Improvement Plan has resulted from several months of implementing in-depth and broad-ranging assessment processes that are used nationally by state and local public health departments.

Steps for this included:

- Initiation of the **National Public Health Performance Standards Program (NPHSP)** utilizing the Local Public Health System Performance Assessment instrument. This instrument provided assistance in evaluating the activities and capabilities of our public health system, not only our local health department. We were also able to determine how well we, as a local health department, are providing the Essential Public Health Services.
- The **Mobilizing for Action through Planning and Partnership (MAPP)** process was utilized as the next step. This is a community-driven strategic planning process that helps to prioritize public health issues and identify resources to address them, anticipate and manage change, improve public health infrastructure, and engage the community. During this phase more than 30 partners and 150 residents of the community provided feedback that allowed us to assess what is important in our community and what perceptions exist related to health and quality of life. Providers also explored forces of change, those external factors such as funding, policy, and technology, which impact the context in which we provide public health services.
- Health statistics data and the information from our assessment processes were then reviewed by the health department and a large group of systems partners in a day-long endeavor to identify local public health priorities. Current efforts are now focused toward evaluating a number of priorities and creating Community Health Improvement Plans to strategically address relevant issues.

The entire process allows us to not only understand the health of our community but also to evaluate our resources, strengths, weaknesses, and opportunities for improvements.

How to Use:

This report has been shared with partners and is made available to citizens in this county. It is anticipated that this information will be useful in raising awareness and promoting dialogue for ongoing strategic planning and action. Therefore, this report, along with data from the MAPP process, was provided to local partners on April 11, 2013 in a half day strategic planning meeting. The report will also be available at our website. Readers are encouraged to use this information for community priority-setting, as well as grant writing, to sustain existing programs or establish new initiatives to address specific health concerns.

Introduction

This report will also assist the local health department in taking appropriate action. Planned ongoing future discussions with community residents, faith-based and other organizations will further enhance our efforts to understand opportunities, resources, trends, and other factors that may impact the public's health. The report first provides details on our population demographics and various relevant characteristics. Data related to a variety of health indicators that assist us in understanding the county, including some selected health care challenges, are then provided. The sections on Community Health Perceptions and Themes, Forces of Change Assessment, and the National Public Health Performance Standards includes the information that resulted from our local efforts to survey and gain feedback from stakeholders.

Rates and Ratios:

At times, the data in this report will refer to a number known as the "Age-Adjusted Death Rate." 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.

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 implementing MAPP, 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 included:

1. Having a relatively small sample. 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.
2. The number of discussion groups provided opportunities to more deeply explore issues, probe, and follow-up discussion points. Initial plans included more focus groups. Due to a variety of challenges, this was not possible.

For further information and to respond to questions on the health profile document, please contact the Florida Department of Health, Hardee County at (863) 773-4161, or email us through our website, www.hardeechd.org

Demographic and Socio-Economic Characteristics

Population overview

Hardee County is east of Bradenton and south of Lakeland-Winter Haven. The county is bordered by Polk, Manatee, De Soto, and Highlands counties. The county has 1 square mile of water. The average January temperature is 63.0 degrees F, and the average August temperature is 82.3 degrees F. The average annual rainfall is 58.07 inches.

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 has an estimated 28,000 residents (according to The Bureau of Economic and Business Research, University of Florida,) which is less than 1% of the states population, with 83% of the population living outside the cities. Hardee County's major industry is agriculture, including cattle, citrus, cucumber, eggplant, peppers and tomatoes, and is located in Florida's Heartland, roughly 72 miles southeast of Tampa. Due to its rural nature, the area has significant barriers to accessing health care.

Figure 1. Hardee County, Florida



Population by Race and Ethnicity

Hardee County has a predominately White population as illustrated by the racial breakdown in Figure 2. According to current data from the Florida Community Health Assessment Resource Tool Set (CHARTS), of residents who reported being of one race, about 72% were White and about 7% were Black or African American (Figure 2). Collectively, Asian, Native American Indian, Native Alaskan, Native Hawaiian, and Pacific Islander accounted for 19.8% of the population. About 41.6% of the population also reported being of Hispanic or Latino origin (Figure 3).

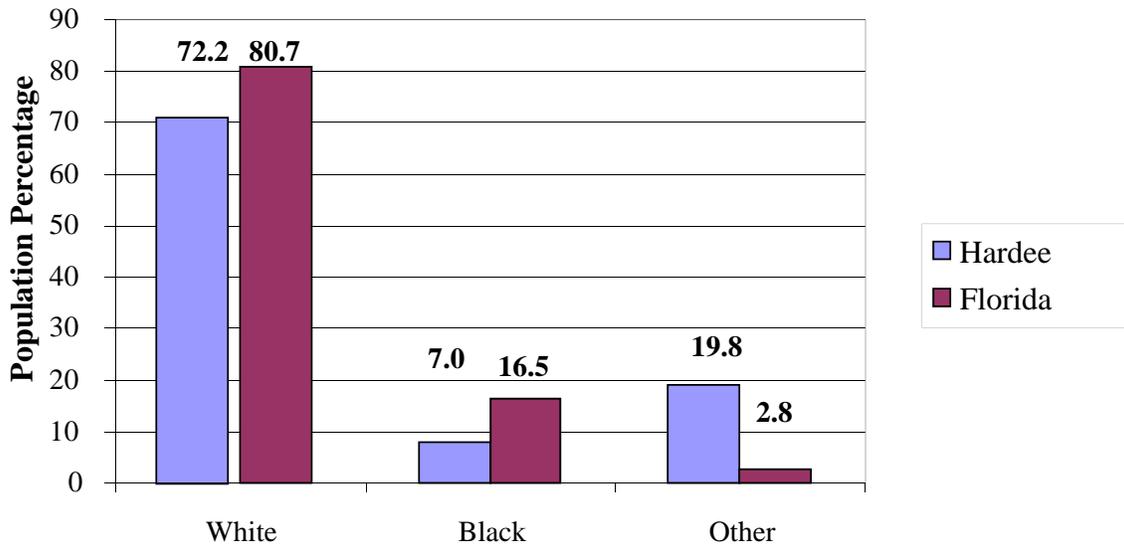
*Note: The following terms may be used interchangeably throughout the report: Black and African American; White and Caucasian; American Indian and Native American; Hispanic or Latino. This is done to remain consistent with the terminology used throughout the literature and various data sources.

Source: <http://www.floridacharts.com/charts/chart.aspx>

Demographics

Figure 2.

Population Percentage by Race, Hardee County and Florida, 2009

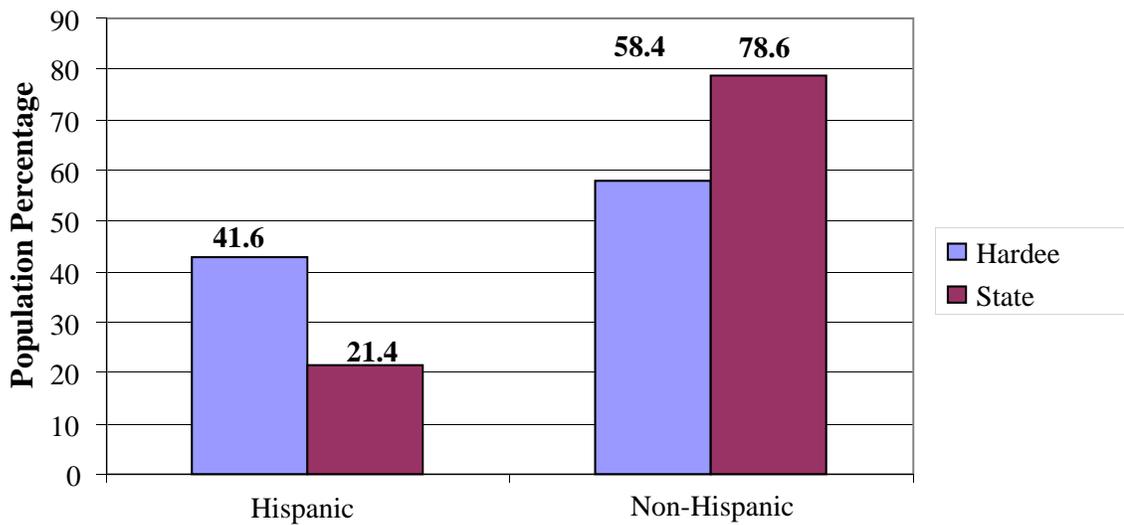


Source: Florida CHARTS.

Note: These figures may include those individuals who also reported being Hispanic or Latino.

Figure 3.

Population Percentage by Ethnicity, Hardee County and Florida, 2009



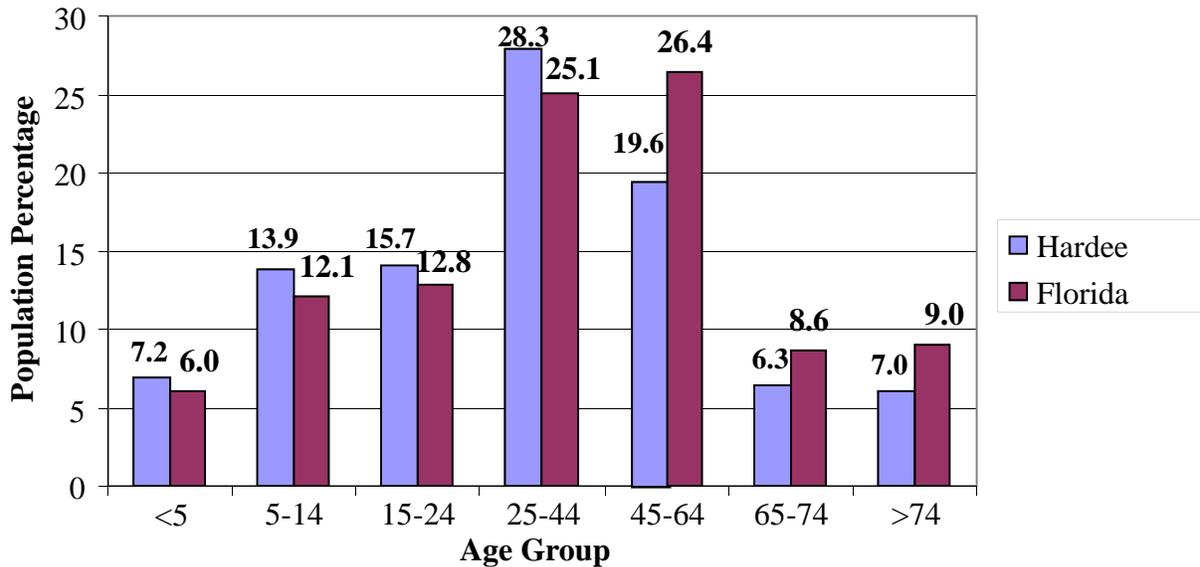
Source: Florida CHARTS, 2009

Demographics

Population by Age and Gender

Hardee County has a slightly younger age distribution than the rest of the state. About 28% of the population falls within the 25-44 age group (Figure 4). The median age is 32.8 years. Notably, 72.3% of the county's population is 18 years and older, with 13% being age 65 years and older. The ratio of females (46%) to males (54%) slightly higher in males than females.

Figure 4. Population Percentage by Age Group, Hardee County and Florida, 2009



Source: Florida CHARTS

Socio-Economic Characteristics

Households and Families

In 2010, there were 8,245 households reported in Hardee County with an average household size of 3.12 persons. Families made up 53.3% of the households in Hardee County. This percentage includes both married-couple families (53%) and other families (38%). Non-family households made up 8% of all households in the county.

Source: <http://factfinder.census.gov>

Demographics

Approximately 21.6% of people residing in Hardee County in 2005-2009 were foreign born; 78.4% were native. Among those, 40.5% spoke a language other than English in the home (Table 1). Again, this is significantly higher than Florida (25.8%) and the U.S. (19.6%). Of those speaking a language other than English at home, 75% spoke Spanish and 25% spoke some other language, with 41% that they did not speak English “very well.”

Table 1.

Place of Birth and Language Spoken at Home, Hardee County and Florida, 2005-2009

	Hardee County	Florida
Native born	78.4%	81.3%
Born in Florida	39.0%	34.2%
Foreign born	21.6%	18.7%
Speak a language other than English at home	40.5%	25.8%
Spanish	75%	18.9%
Other language	25%	7.0%
Reported not speaking English “very well”	41%	11.6%

Source: United States Census Bureau
<http://factfinder.census.gov>

Income

The median household income in 2005-2009 was reported at \$38,046, which is lower than the state’s (\$47,450). Data compiled from the census indicated 75% of the households received earnings, while 13% received retirement income other than Social Security. 37% of the households received Social Security benefits which averaged approximately \$15,874. About 2% of the population received cash public assistance, and another 17% received food stamp benefits in the past 12 months (Table 2). Additional information about income levels are shown in Tables 3 and 4.

Table 2.

Income, Hardee County and Florida, 2005-2009

	Hardee County	Florida
Median Household Income	\$38,046	\$47,450
% Households receiving earnings	75%	75.5%
% Households receiving retirement income other than Social Security	13%	19.1%
% Households receiving Social Security benefits	37%	32.7 %
Average amount of Social Security benefits	\$15,874	\$15,418
% Population receiving cash assistance	2%	1.4%
% Population receiving food stamp benefits in past 12 months	17.5%	7.5%

Source: United States Census Bureau
<http://factfinder.census.gov>

Demographics

Table 3.

Income, Hardee County and Florida State 2005-2009

Household Income	<u>Hardee County</u>	Florida
Less than \$10,000	<u>6.4%</u>	7.2%
\$10,000 to \$14,999	<u>8.8%</u>	5.7%
\$15,000 to \$24,999	<u>15.1%</u>	11.8%
\$25,000 to \$34,999	<u>15.9%</u>	11.9%
\$35,000 to \$49,999	<u>16.3%</u>	15.7%
\$50,000 to \$74,999	<u>19.8%</u>	19.0%
\$75,000 to \$99,999	<u>10.1%</u>	11.4%
\$100,000 to \$149,999	<u>4.8%</u>	10.3%
\$150,000 to \$199,999	<u>1.48%</u>	3.3%
\$200,000 or more	<u>1.4%</u>	3.5%

Source: United States Census Bureau
<http://factfinder.census.gov>

Household income data from the U.S. Census Bureau 2008 indicates that 28.5% of individuals fall below the Federal Poverty Level. This is higher than the percentage for Florida state overall which is 13.3%. The Federal Poverty guidelines for the 48 contiguous states and District of Columbia are listed in Table 4.

Table 4.

The 2010 Poverty Guidelines for the 48 Contiguous States and the District of Columbia

Persons in family	Poverty guideline
1	\$10,830
2	\$14,570
3	\$18,310
4	\$22,050
5	\$25,790
6	\$29,530
7	\$33,270
8	\$37,010

For families with more than 8 persons, add \$3,740 for each additional person

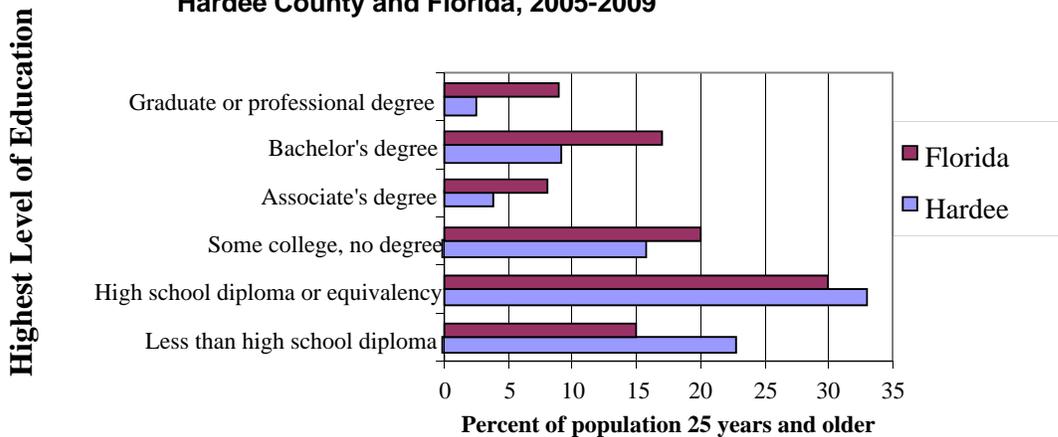
Source: Health and Human Services Federal Poverty Guidelines
<http://aspe.hhs.gov/poverty/10poverty.shtml>

Demographics

Education

In 2005-2009, an estimated 63% of the Hardee County population 25 years and older had at least a high school diploma, and 9% had a bachelor's degree or higher, which are drastically lower than the state (85% and 26%, respectively) (Figure 5). 36% were dropouts; they were not enrolled in school and had not graduated from high school. (Table 5).

Figure 5. Educational Attainment of Persons 25 Years and Older, Hardee County and Florida, 2005-2009



Source: U.S. Census Bureau
<http://factfinder.census.gov>

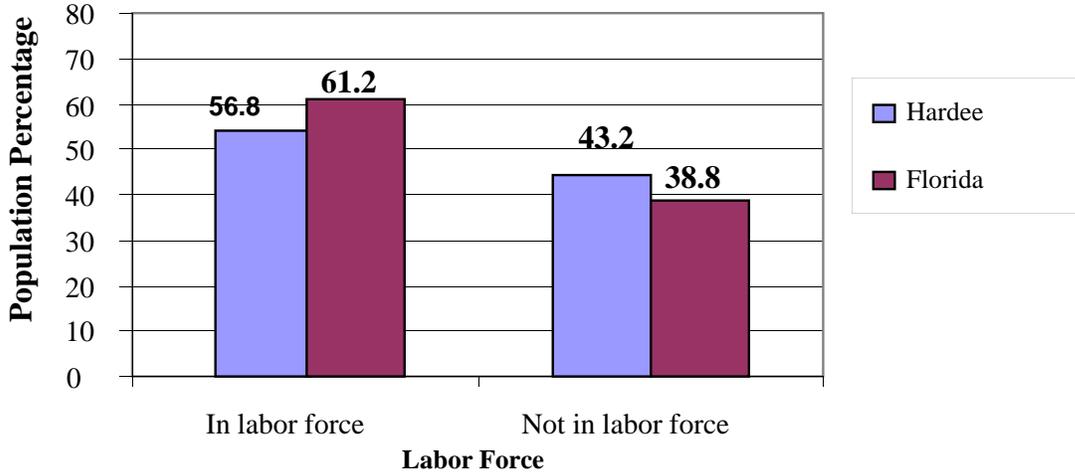


Demographics

Employment

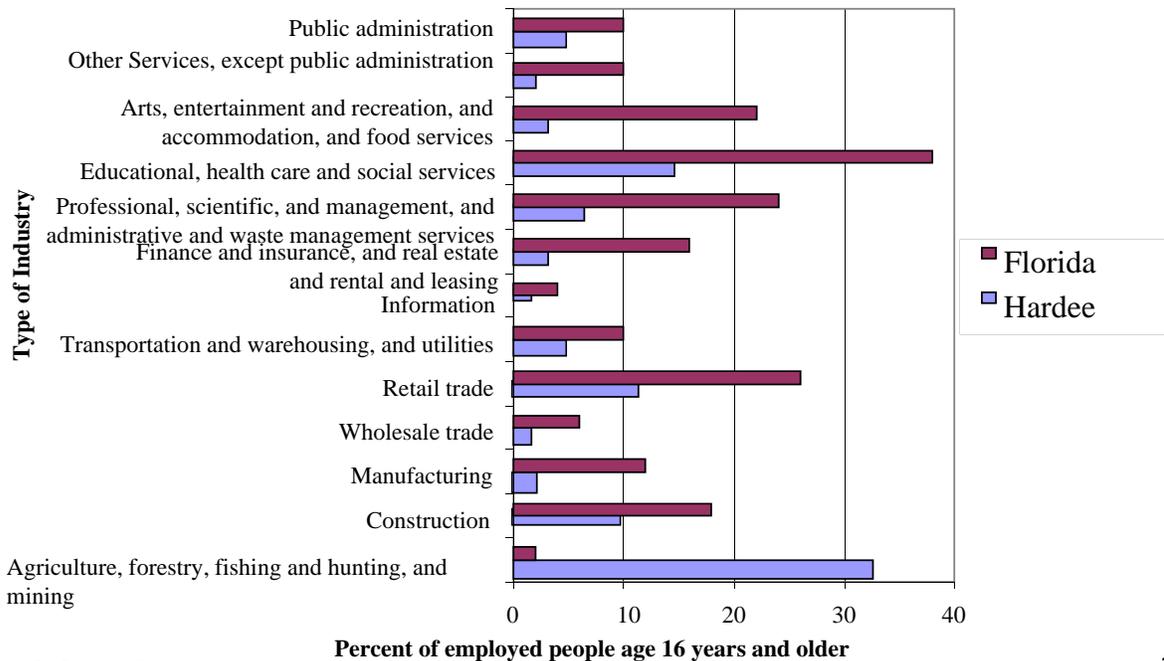
According to the U.S. Census Bureau, in 2005-2009 56.8% of the population 16 years and older were estimated to be in the labor force, which is less than the state average (Figure 6). In May 2010, the Hardee County unemployment rate was estimated to be 6.7%, which is lower than the September 2010 estimate for Florida of 11.9%.

Figure 6. Labor Force, Population 16 Years and Older, Hardee County and Florida, 2005-2009



In the county, 80% of those employed in the civilian sector are in professional or business services. This is slightly higher than the state, 78%. The leading industries in the county for the employed population 16 years and older were agriculture (16.6%) (Figure 7).

Figure 7. Employment by Industry, Hardee County and Florida, 2005-2009



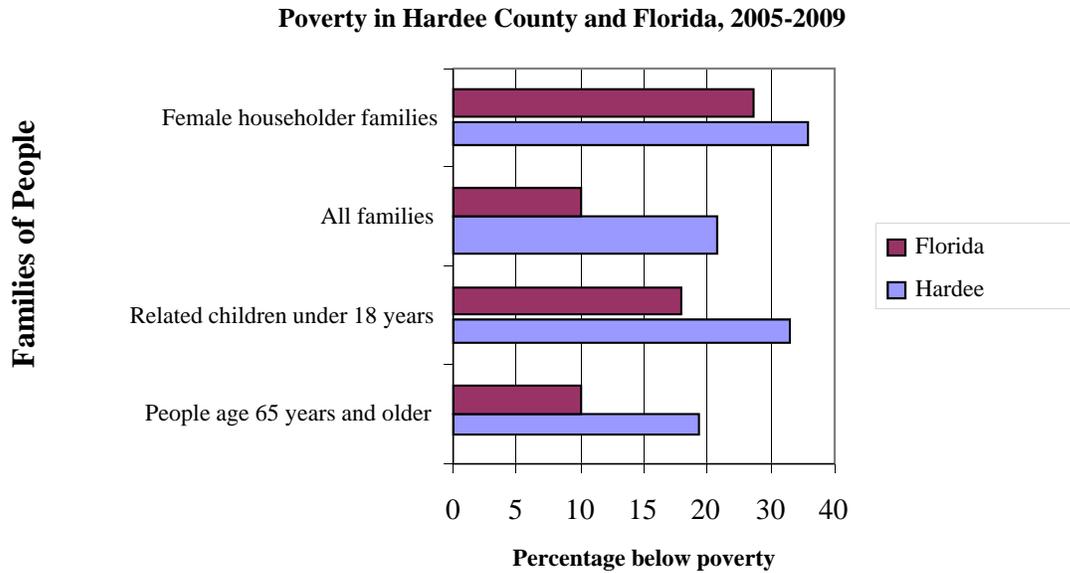
Source: U.S. Census Bureau
<http://factfinder.census.gov>

Demographics

Poverty

In 2009, an estimated 28.5% of the population in the county reported income in the past 12 months below the poverty level (Office of Economic and Demographic Research). From 2005-2009, a larger percentage of Hardee County families were living below the poverty level when compared to the state (Figure 8).

Figure 8.



Source: U.S. Census Bureau
<http://factfinder.census.gov>



Demographics

Crime in Hardee County

A major source of cost in the criminal justice system at all levels is the effect on behavior caused by mental disorder. According to the Florida Department of Law Enforcement, approximately 660,000 individuals are arrested in Florida in any given year. A recent study of jails found that nearly 15% of incarcerated men and more than 30% of women had symptoms of acute, serious mental illness (Steadman, Osher, Robbins, et al, 2009).

In 2008-2009, 101 individuals were arrested in the county for a total of 2,858 arrests. Demographic breakdown of arrestees within the county can be seen in (Table 5).

Table 5..		
Demographics of Arrestees, Hardee County vs. Florida, 2008-2009		
	Hardee County	Florida
% of Medicaid Enrolled Individuals	17.88%	19.93%
Male (%)	81.21%	75.90%
Female (%)	18.79%	24.10%
African American (%)	14.24%	34.04%
White (%)	85.34%	65.26%
Other ethnicity (%)	0.42%	0.69%

Source: Mental Health and Substance Abuse Technical Assistance Center
<http://www.floridatac.org/county-data.aspx?type=county&cid=28>



Demographics

Hardee County Schools

Demographics

The Hardee County School District consists of 7 schools, and an adult education program. There are a total of 5,114 students in grades K-12.

Source: Hardee County School District

<http://www.hardee.k12.fl.us/>

Title 1 Schools

Title 1 is a federally funded education program that provides supplemental funds to school districts to assist eligible schools with the highest student concentration of poverty to meet school educational goals. For academic year 2010-2011, 85%, or 6 out of the 7 schools in the county, are considered Title 1 schools. This includes 5 elementary schools, and the Jr. High school.

Source: Hardee County School Board

<http://www.hardee.k12.fl.us/board/>



Health Status Indicators: Mortality and Morbidity

Health Status Among Hardee County Adults

How people rate their own health is a good indication of the overall perception of the health of a community. According to the Behavioral Risk Factor Surveillance Survey (BRFSS) report generated from CHARTS, approximately 23% of the county's population perceived their health status as "fair" or "poor", which is slightly higher than the state total (17%) (Table 8).

Table 8.

Percent of population that perceive health status as "fair" or "poor"

Population	Percent that perceive health status as fair or poor
Males	17%
Females	31%
Whites	21%
Blacks	16%
Hispanics	16%
18-44 years of age	22%
45-64 years	20%
65 years and older	32%
No High School Diploma	16%
High School Diploma	23%
4 or more years of college	12%
Total Population	23%

Source: Behavioral Risk Factor Surveillance Survey (BRFSS).

Mortality

In 2009, there were 193 deaths among Hardee County residents, which translated to an overall age-adjusted mortality rate of 695.1 deaths per 100,000. This was slightly higher than Statewide, the estimated age-adjusted mortality rate for 2009 was 656.2 per 100,000.

Of the 193 deaths in 2009, males accounted for 51% (100) of the deaths and females accounted for 49% (93). Whites accounted for 90% (174) of all deaths, while Blacks and other (19) accounted for 10%, respectively. Age group 75 years and older accounted for the greatest number of deaths in the county, 65 (34%) during 2009.

In Hardee County, the top 3 disease-related leading causes of death in 2009 were cancer, heart disease, and Unintentional Injury (Table 6).

Source: Florida CHARTS

Health Status Indicators

Table 6.

Leading Causes of Death by Age Group, Hardee County, 2009

Age Group	Cause of Death	Count
Ages <1	Perinatal Period Conditions	1
	Congenital Malformations	1
	Unintentional Injury	1
Ages 1-9	Unintentional Injury	1
	Congenital Malformations	1
Ages 10-19	Unintentional Injury	1
	Other Residual Diseases	1
Ages 20-24	Unintentional Injury	1
Age 25-34	Unintentional Injury	1
	Chronic Lower Respiratory Disease	2
	Heart Disease	2
	Cancers	1
Ages 35-44	Unintentional Injury	1
	Cancers	1
	Heart Disease	2
	Infectious Disease	2
	Maternal	1
	Digestive	1
Ages 45-54	Cancer	2
	Unintentional Injury	3
	Suicide	1
	Heart Disease	5
	Chronic Lower Respiratory Disease	4
	Other Residual	4
Ages 55-64	Cancer	10
	Heart Disease	2
	Other Residual	8
	Chronic Lower Respiratory Disease	2
Ages 65-74	Cancer	13
	Heart Disease	9
	Chronic Lower Respiratory Disease	3
	Other	5
	Unintentional Injury	2
Ages 75-84	Heart Disease	19
	Cancer	17
	Chronic Lower Respiratory Disease	13
	Other	16
Ages 85+	Heart Disease	16
	Cancer	1
	Chronic Lower Respiratory Disease	5
	Other	9

Source: Florida Vital Statistics Annual Report, 2009
<http://www.flpublichealth.com/VSBOOK/VSBOOK.aspx>

Health Status Indicators

Table 7.

Top 10 Leading Causes of Death for All Age Groups, Hardee County, 2009

Cause of Death	Total Count
Heart Disease	44
Cancer	43
Unintentional Injury	13
Cerebrovascular Disease	8
Diabetes	8
Influenza/Pneumonia	6
Congenital Malformation	5
Nephritis	5

Source: Florida Vital Statistics Annual Report, 2009

<http://www.flpublichealth.com/VSBOOK/VSBOOK.aspx>

Injury-Related Deaths

Injury-related deaths include unintentional injuries (events such as fires, falls, motor vehicle crashes, pedestrians injured by motor vehicles, and unintentional poisonings), homicide, suicide, and deaths by undetermined intent (Table 8). Between 2007-2009, there were 37 injury-related deaths reported in the county which translate to an age-adjusted injury-mortality rate of 46.7 per 100,000, which was slightly higher than the state (44.5 per 100,000).

Table 8.

Injury-related deaths by type, Hardee County, 2007-2009

Intent	Total Count	County Age Adj. Rate	State Age Adj. Rate
Unintentional Injuries	37	46.7	44.5
Suicide	7	13.4	13.9
Homicide	5	5.2	7.1
Undetermined	6	0.50	1.08
Other	1	0.08	0.13

Source: Florida Department of Health, Office of Vital Statistics, DeathStat Database

Morbidity and Disease Prevalence
Communicable Diseases

Communicable diseases are illnesses such as enteric infections, hepatitis A, tuberculosis, sexually transmitted diseases (STD's), and vaccine-preventable illnesses, caused by various organisms, including viruses, protozoa, bacteria, fungi, parasites, and others. They can be transmitted directly from person to person, from animal to person, through vectors such as contaminated water, food, insects, or infected objects. Prevention of communicable diseases depends on the particular disease and its mode of transmission.

Sexually Transmitted Diseases (STD's)

More than 25 diseases can be transmitted sexually. Gonorrhea, chlamydia, and syphilis are the most common sexually transmitted diseases (Centers for Disease Control and Prevention), and almost half occur among young people between the ages of 15 and 24 years. Between 2008-2010, an average of 341 cases (411.5 per 100,000) of these common STD's was reported annually in Hardee County (Figure 12).

Chlamydia is a bacterial disease caused by the bacterium, *chlamydia trachomatis*, which can cause significant reproductive complications, including infertility, if left untreated. In 2008, there were 114 new cases of chlamydia reported, a rate of 412.4 per 100,000 persons.



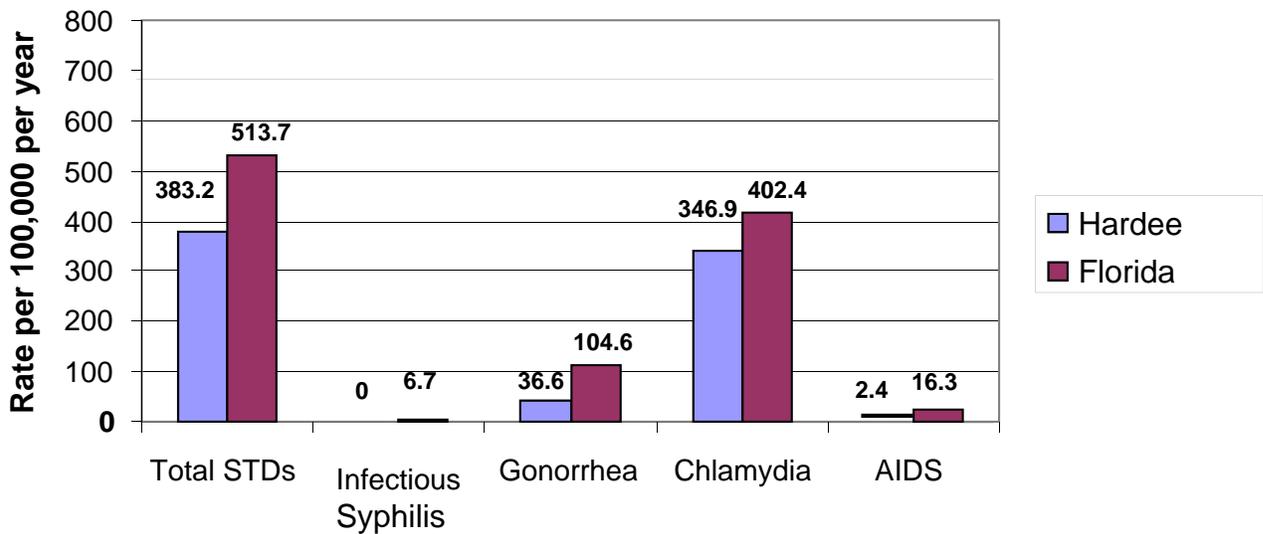
Health Status Indicators

Gonorrhea is a common cause of pelvic inflammatory disease (PID) and ectopic (tubal) pregnancies in women. In 2010, 30 new cases of gonorrhea were reported in Hardee County, a rate of 36.3 cases per 100,000 persons. Reported cases of gonorrhea decreased from 51 in 2004 for decrease of 40% in six years.

Syphilis is also a bacterial disease that, if left untreated, can have serious health complications. Pregnant women can transmit the disease to their newborns, resulting in infant death, low birth weight, preterm delivery, deafness, and seizures. In 2010, 0 cases, of infectious syphilis were reported. This is lower than the state rate of 6.7 per 100,000.

Figure 12.

Average Yearly Rate of Reported Sexually Transmitted Disease Cases per 100,000 residents, Hardee County and Florida, 2010-2012

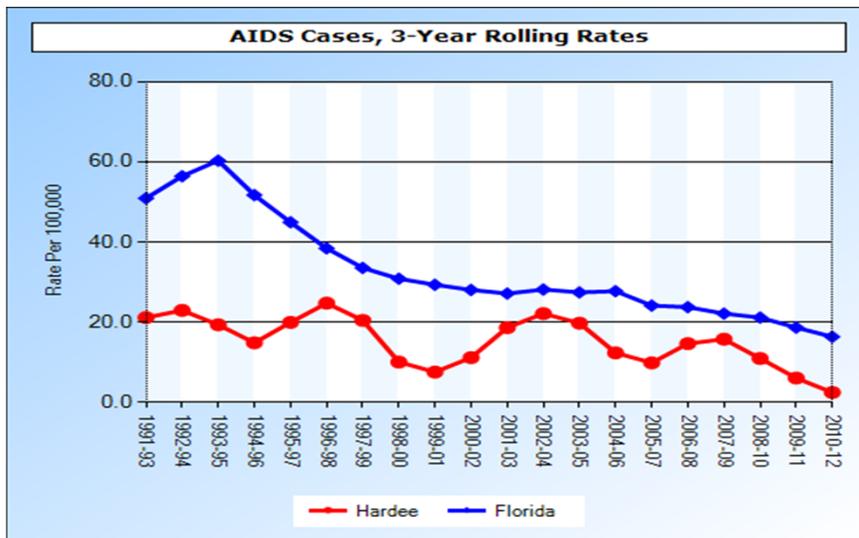


HIV/AIDS

HIV (Human Immunodeficiency Virus) is a retrovirus that causes the immune system to fail, increasing the susceptibility of opportunistic infections such as tuberculosis, pneumonia, and other serious infections. The virus is spread through direct contact (intravenous drug use, sexually, or other ways) with body fluids. In 2010, 4 total cases of HIV were reported, a rate of 14.5 per 100,000, which is a 20% decrease from 2008.

AIDS (Acquired Immune Deficiency Syndrome) is the most serious stage of HIV disease. People at this stage of the HIV disease have severely damaged immune systems and are at high risk for other infections. In 2010, there were a total of 1 AIDS cases reported, a rate of 3.6 per 100,000. This was a 80% decrease from 2009. Figure 13 highlights the HIV/AIDS trends from 2000-2009 in Hardee County.

Figure 13



Source: Florida CHARTS

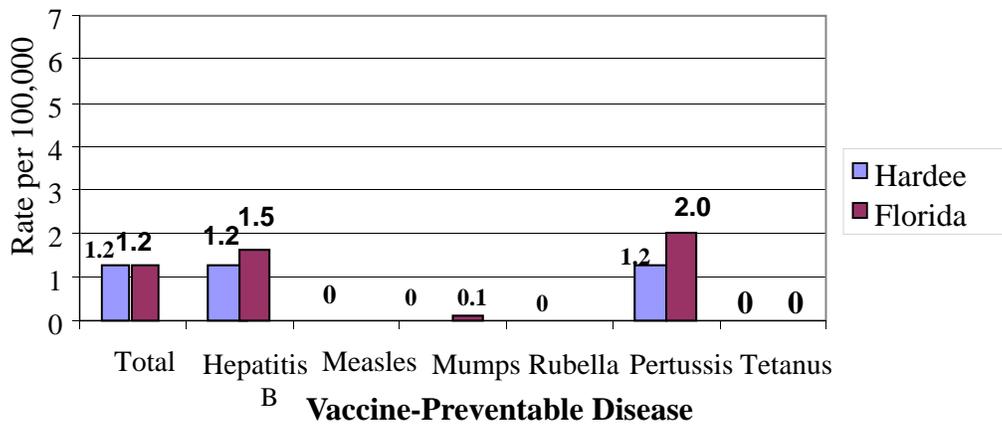
Health Status Indicators

Vaccine-Preventable Diseases

Vaccine-preventable diseases are those which can be prevented through immunization. Examples of vaccine-preventable diseases include hepatitis, polio, measles, mumps, pertussis, and influenza (Figure 14). Transmission depends on the specific disease and may include airborne transmission via direct contact with an infected individual, or through his/her body fluids (such as blood), or through ingestion.

Figure 14.

Average Yearly Rate of Vaccine- Preventable Disease Cases per 100,000, Hardee County vs. Florida, 2009-2011



Health Status Indicators

Hepatitis

-Hepatitis A (HAV)

Hepatitis A is a liver disease caused by the hepatitis A virus (HAV) and causes only acute (short term) infection. HAV infection is primarily spread person-to-person by the fecal-oral route. Individuals at greatest risk include household and sexual contacts of infected persons, people traveling to areas where HAV infections are common, and men who have sex with men. A vaccine to prevent HAV infection was introduced in the late 1990's. In 2010, there was 1 case reported in the county, which was an increase as no cases have been reported since 2002.

-Hepatitis B (HBV)

Hepatitis B is a liver disease caused by the hepatitis B virus (HBV) and causes both acute and chronic infection. HBV is primarily spread through unprotected sex with an infected person, sharing needles for injection drug use, or from an infected mother to her baby during birth. In 1982, a vaccine was introduced for the prevention of HBV infection. In 2010, there was 1 acute hepatitis B case reported, which increased from the previous year.

-Measles, Mumps, and Rubella

Measles, mumps and rubella are highly contagious respiratory diseases that are spread from person-to-person through the air.

-Measles

Symptoms for measles typically begin with a fever that lasts for a couple of days, followed by a cough, runny nose, and conjunctivitis (pink eye). A rash starts on the face and upper neck, spreads down the back and trunk, then extends to the arms and hands as well as the legs and feet. After about 5 days, the rash fades in the same order it appeared. No cases have been reported in the last 10 years.

-Mumps

Mumps is an acute viral illness that causes fever, headache, muscle aches, loss of appetite, and tiredness followed by swelling of salivary glands. No cases have been reported in the last 10 years.

-Rubella (German measles)

The symptoms for rubella are usually a rash and fever for 2 to 3 days. Rubella can cause serious birth defects when acquired by pregnant women. No cases have been reported in the last 10 years.

-Tetanus (Lockjaw)

Tetanus is caused by a toxin or poison produced by a bacteria that enters the body through a cut or wound. Tetanus causes serious, painful spasms and stiffness of all muscles in the body and can lead to "locking" of the jaw so that a person is unable to open his or her mouth, swallow, or breathe. In Hardee County, no cases of Tetanus have been reported.

Health Status Indicators

Pertussis

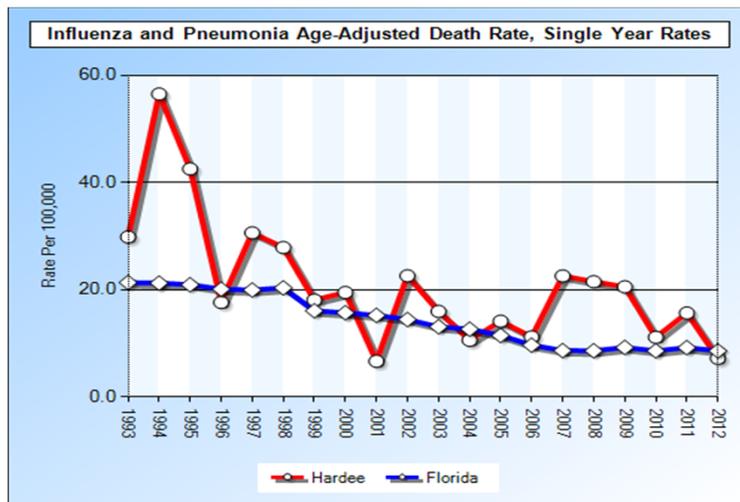
Also known as “whooping cough,” pertussis is an acute bacterial disease involving the respiratory tract. It is transmitted from person-to-person through direct contact with airborne droplets from mucous membranes. A characteristic symptom of pertussis is prolonged and severe coughing spasms which may persist for weeks. From 1991 to 2010, there were no cases reported. There was only one case reported in 2011.



Influenza and Pneumonia

Seasonal influenza, commonly called “the flu,” is caused by viruses which infect the respiratory tract (i.e., the lungs, throat, and nose). Unlike many other viral respiratory infections, such as the common cold, the flu can cause severe illness and sometimes life-threatening complications. Pneumonia is an infection of the lungs that can cause mild to severe illness. Signs of pneumonia can include coughing, fever, nausea, vomiting, fatigue, shortness of breath, chills, or chest pain. Adults 65 years or older and children younger than 5 years are more likely to become ill with pneumonia. The county has typically had higher or about the same age-adjusted rates than the state.

Figure 15.

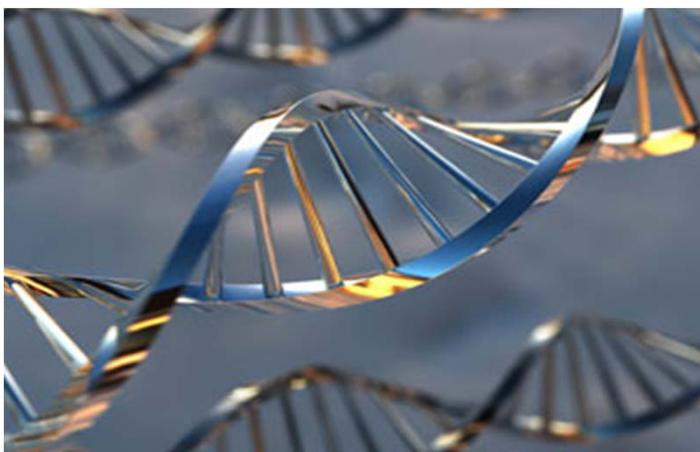


Health Status Indicators

Meningitis

Meningitis is an infection of the tissues surrounding the brain and spinal cord and can be caused by bacteria, viruses, fungi, or parasites. Meningitis can range from mild illness that resolves without specific treatment to a very severe illness that may result in brain damage, hearing loss, or learning disability. A major cause of bacterial meningitis is *Neisseria meningitis*, which causes both sporadic disease and outbreaks. Persons at risk for infection include infants and young children, household contacts of persons with infection, and college freshmen who live in dormitories. From 2009-2011, there was one reported case, which represents a significant decrease.

Source: Florida CHARTS



Tuberculosis

Tuberculosis is a bacterial infection which primarily affects the lungs. It is transmitted through airborne droplets created by activities such as sneezing, coughing, or spitting. Some people develop “active tuberculosis” (TB disease) which is usually associated with symptoms such as prolonged cough, chest pain, fatigue, fever, and weight loss. TB disease can be transmitted from person-to-person. Other people with TB have latent infection, which does not cause symptoms and cannot be transmitted. In 2009-2011, there were 8 reported cases of tuberculosis in the county.

Source: Florida CHARTS

Health Status Indicators

Hepatitis C

Hepatitis C virus is the most common chronic blood borne infection in the United States with approximately 3.2 million people chronically infected. It is transmitted primarily through repeated percutaneous (i.e., transmitted through the skin) exposure to infectious blood. It can also be spread through sex with an infected person or sharing personal items contaminated with infectious blood. Those who are at increased risk for infection include current or former injection drug users, persons with HIV, children born to mothers who are infected, chronic kidney dialysis patients, and persons with known exposures to the virus, such as healthcare workers or recipients of blood or organs from a hepatitis C positive donor. Long term effects of hepatitis C infection can lead to chronic liver disease, cirrhosis, and death.

Hepatitis C becomes chronic in about 75% - 85% of cases with the remaining 15% - 25% clearing the virus from their bodies without treatment. Reasons for this are unknown. In 2011, there were 2 acute cases reported in the county.

Source: Florida CHARTS

Varicella

Chickenpox is a very contagious disease caused by the varicella-zoster virus (vzv). It causes a blister-like rash, itching, tiredness, and fever. Chickenpox can be serious, especially in babies, adults, and people with weakened immune systems. It spreads easily from infected people to others who have never had chickenpox or received the chickenpox vaccine. chickenpox spreads in the air through coughing or sneezing. It can also be spread by touching or breathing in the virus particles that come from chickenpox blisters.

The best way to prevent chickenpox is to get the chickenpox vaccine. Before the vaccine, about 4 million people would get chickenpox each year in the united states. Also, about 10,600 people were hospitalized and 100 to 150 died each year as a result of chickenpox. In 2011, there were 3 total cases confirmed.

Source: Centers for Disease Control

<http://www.cdc.gov/vaccines/vpd-vac/varicella/in-short-adult.htm>

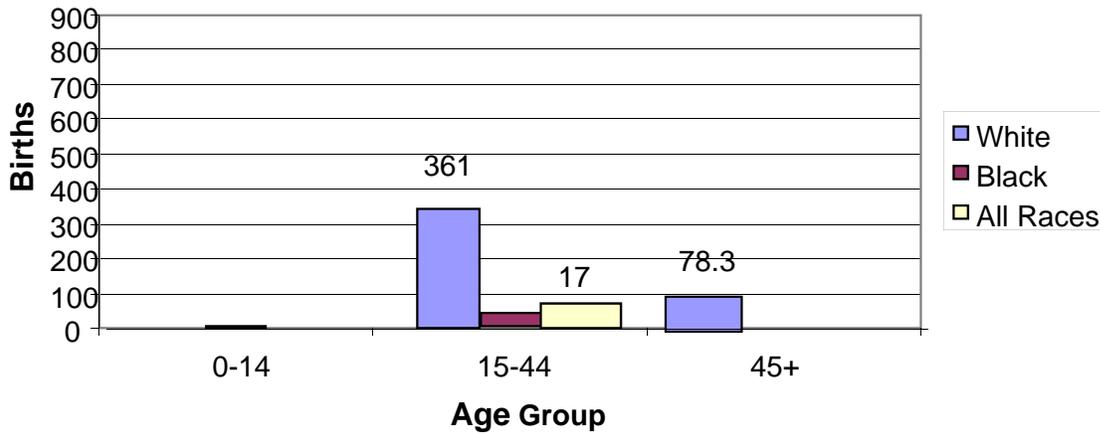


Health Status Indicators

Maternal and Child Health

In 2011, there were 390 live births in Hardee County, which translates to an overall birth rate of 13.9 per 1,000 for all races, higher than the state's rate of 14.1 births per 1,000. Births to White mothers accounted for 92% of the total births. Births to Black mothers accounted for 3% (12) of the total births.

Table 9. Births by Age and Race of Mother, Hardee County, 2011



Source: Florida CHARTS

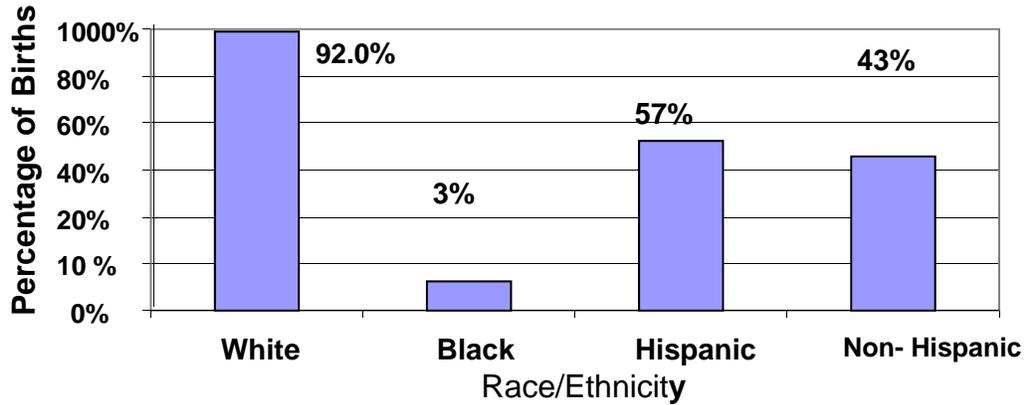
Of the 390 live births reported in the county in 2011, approximately 54% were to unmarried mothers. This was slightly higher than the state's rate (48%) (Figure 19). In regard to resident live births by mother's education, data shows that mothers with a high school diploma or higher accounted for approximately 58% of the total births.

In 2011, 1% of all live births weighed less than 1500 grams (very low birth weight) compared to 5.6% with a birth weight of less than 2500 grams (low birth weight). These rates are comparable to those of the state.

Of all births in 2011, 56% were paid by Medicaid, 41% were paid by private insurance, and 2% were self-pay. The remaining percentage of payments were either unknown or from another source of payment.

Health Status Indicators

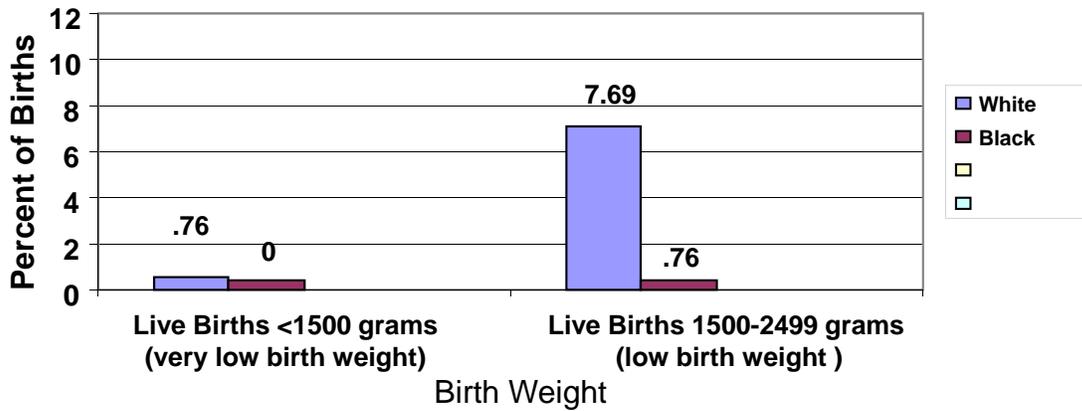
Table 10. Percentage of Births to Unwed Mothers by Race/Ethnicity, Hardee County, 2011



Source: Florida CHARTS

Table 11.

Percentage of Low and Very Low Birth Weights to Mothers by Race, Hardee County, 2011



Source: Florida CHARTS

Health Status Indicators

Women in Hardee County fail to meet the Healthy People 2010 goal of 90% of births with prenatal care in the first three months of pregnancy. In Hardee County, 60% of women enter prenatal care in the first three months of pregnancy. Florida has higher rates of entry into prenatal care at 77%.

Another way to assess the adequacy of prenatal care is the Kotelchuck Index. The Kotelchuck Index uses two pieces of information obtained from birth certificate data-when prenatal care began (initiation) and the number of prenatal visits from when prenatal care began until delivery (received services). The Kotelchuck index classifies the adequacy of initiation as follows.

- Pregnancy months 1 and 2
- Months 3 and 4
- Months 5 and 6
- Months 7 to 9

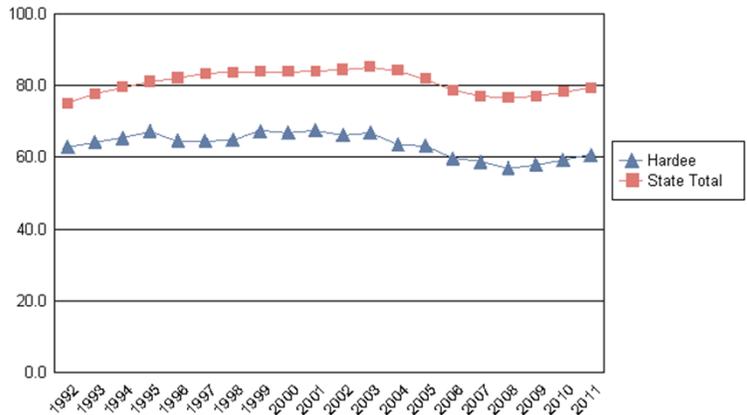
To classify the adequacy of received services, the number of prenatal visits is compared to the expected number of visits for the period between when care began and the delivery date. The expected number of visits is based on the American College of Obstetricians and Gynecologists prenatal care standards for uncomplicated pregnancies and is adjusted for the gestational age when care began and for the gestational age at delivery.

A ratio of observed-to-expected visits is calculated and grouped into four categories.

1. Inadequate (received less than 50% of expected visits)
2. Intermediate (50%-79%)
3. Adequate (80%-109%)
4. Adequate Plus (110% or more)

The final Kotelchuck index measure combines these two items into a single summary score. The profiles define adequate prenatal care as a score of 80% or greater on the Kotelchuck Index. Receiving early prenatal care can help detect health problems of the mother, which when treated, can lead to better birth outcomes. There are also some types of health conditions of the infant that can be detected and treated while the mother is still pregnant.

Figure 16.



Source: Florida CHARTS

Health Status Indicators

Infant mortality is defined as the death of any child less than one year of age. Infant mortality and birth weight statistics are used extensively in public health. These statistics are especially useful because of their relevance as maternal and child health indicators and because of their ease of availability. These data are also virtually 100 percent complete since they are recorded for every birth and death that occurs in the state.

Despite the dramatic decline in infant mortality during the 20th century, the U.S. infant mortality rate has reached a plateau in the first few years of the 21st century. The U.S. infant mortality rate is higher than rates in most other developed countries. The relative position of the United States in comparison to countries with the lowest infant mortality rates, is worsening. In 2004, the 67 United States ranked 29th in the world in infant mortality, tied with Poland and Slovakia. Previously, the United States international ranking in infant mortality was 12th in 1960 and 23d in 1990. In 2004 (the latest year that data are available for all countries), the United States ranked 29th in the world in infant mortality, tied with Poland and Slovakia (5).

Infant mortality is defined as a death in the first year of life. In Hardee County, the infant mortality rate was at 13.8, which reflects 6 infant deaths. This rate is highly variable number in a county with less than 500 births a year. When we review the deaths in our community, every year we find that these losses were primarily to women who did not seek prenatal care, were not screened for Healthy Start, and did not receive services that could have had a potential positive impact on the mother, baby, and family.

There are large differences in infant mortality rates by race and ethnicity. Non-Hispanic black, American Indian or Alaska Native, and Puerto Rican women have the highest infant mortality rates; rates are lowest for Asian or Pacific Islander, Central and South American, and Cuban women.

Preterm birth has a considerable impact on the U.S. and state infant mortality rate. The plateau in the U.S. infant mortality rate from 2000 to 2005 is due to an increase in the percentage of infants born preterm (including very preterm and late preterm), together with a lack of decline in the infant mortality rate for very preterm infants. There has also been an increase in the relative impact of preterm-related causes of death.

In 2005, 36.5% of infant deaths in the United States were due to preterm-related causes of death, a 5% increase since 2000. Florida has shown a decline in infant mortality over the past ten years while Hardee County infant mortality rates have stayed at about the same level.



Health Status Indicators

Breastfeeding

Breastfeeding has been found to be beneficial to both mothers and their babies. Breast milk contains nutrients and antibodies that protect babies from illness. Breastfed babies are at lower risk of developing:

Obesity

Asthma

Type 1 and 2 diabetes

Lower respiratory infections

Atopic dermatitis, a type of skin rash

Childhood leukemia

Breastfeeding has also been shown to lower the risk of sudden infant death syndrome (SIDS). In addition, children who are breastfed are less likely to suffer from diarrhea, ear infections, urinary tract infections, and bacterial meningitis.

Furthermore, breastfeeding provides positive health benefits for the mother and is linked to lower risk of:

- Type 2 diabetes
- Breast Cancer
- Ovarian Cancer
- Postpartum Depression

Source: www.womenshealth.gov

Longer durations of breastfeeding have greater effects on health. Therefore, exclusive breastfeeding is recommended for the first six months of life. For year 2010-2011 82.9% of Hardee County women who gave birth breastfed their newborn infants.

Chronic Disease and Behavioral Risk Factors

Cardiovascular disease refers to a wide variety of heart and blood vessel diseases including coronary heart disease, hypertension, and stroke. The two major forms of cardiovascular disease that make the greatest contribution to mortality are stroke and coronary heart disease. Although cardiovascular disease usually manifests itself clinically in middle age, the disease process begins in childhood and is associated with several modifiable risk factors including physical inactivity, tobacco use, diabetes, overweight, obesity, high blood pressure, and high cholesterol (American Heart Association).

Deaths from coronary heart disease have followed a similar pattern as heart diseases overall for Hardee and Florida, including men and women as well as black and white. However, the 2007-2009 age-adjusted death rate from myocardial infarctions (or heart attacks) in Hardee County (32.7/100,000) continues to significantly exceed the state rate(25.9/100,000). Hardee County has seen a 26% reduction in heart attacks deaths between the years of 2000-2009, while Florida has seen a 42% reduction in heart attacks deaths.

Health Status Indicators

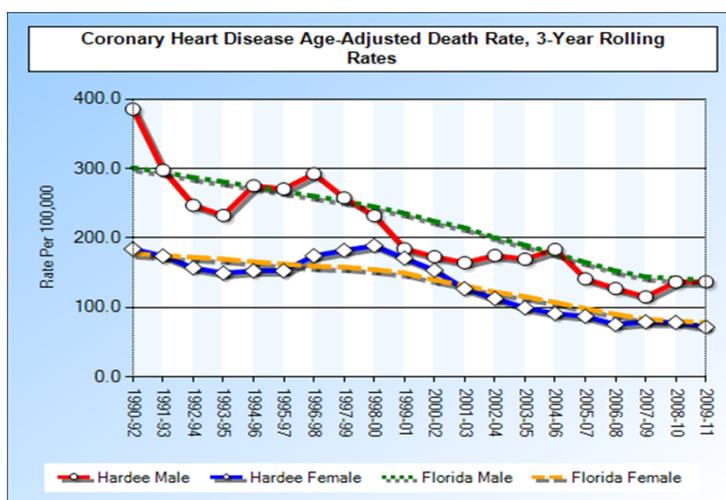
While heart attack death rates have declined for Hardee County men and women over the past decade, they have not declined as rapidly as for Florida men and women. Hardee County men have had a 22% decline in heart attack deaths compared to 45% for men in Florida. Hardee County women have had a 32% decline in heart attack deaths, while the women of Florida have had a 48% decline.

This pattern is different for black Hardee residents. Black Hardee residents have seen a 38% decline in heart attack death rates between 2000-2009 and while somewhat lower than the decline for black Floridians (49%), black Hardee residents actually have a lower rate of heart attack death (16.7/100,000) than black Floridians (35/100,000). However white Hardee residents have only seen a 16.0% decline in heart attack death rates compared to 46% decline for white Floridians and white Hardee residents have a higher rate of heart attack deaths (47.3/100,000) than white Floridians (29/100,000).

High cholesterol, high blood pressure, obesity, diabetes, tobacco use, unhealthy diet, physical inactivity, and secondhand smoke are modifiable risk factors associated with heart diseases. A report by The Institute of Medicine finds even brief exposure to secondhand smoke can trigger a heart attack. Tobacco smoke can cause health problems not only for smokers, but also for people around them. Breathing secondhand smoke increases a person's risk for a heart attack and other heart conditions. Never smoking or stopping smoking, maintaining a healthy weight, consuming a healthy diet, and getting regular moderate physical activity are the best weapons to fight heart diseases.

This pattern of significantly declining death rates from heart diseases is also seen for black men and women. Black Hardee residents have seen a 37% decline in heart disease mortality between 2000 and 2009 compared to a 29.5% reduction in heart disease mortality for white Hardee residents for the same time period. For 2007-2009, the age-adjusted death rate from heart diseases in Hardee for blacks (141.1/100,000) is lower than the death rate from heart diseases for white Hardee residents (160.2/100,000) and is significantly lower than black Floridians (190.3/100,000). The Healthy People 2010 goal of no more than 162 heart diseases deaths per 100,000 has essentially been attained for Hardee.

Figure 17.



Source: Florida CHARTS

Health Status Indicators

Diabetes

Diabetes (mellitus) is a group of diseases characterized by high levels of blood glucose resulting from defects in insulin production, insulin action, or both. Diabetes can be associated with serious complications that may include kidney damage, nervous system disease, amputation, blindness, stroke, heart disease, complications in pregnancy, and even premature death. However, people with diabetes can take steps to control the disease and lower the risk for complications.

In 2007, the overall Florida population percentage with diabetes was 10.4% and 16.90% for the population in Hardee County. The number of diabetes-related hospitalizations in the county (2,924.6 per 100,000) is higher than the statewide level (2,260.3 per 100,000).

Figure 18.



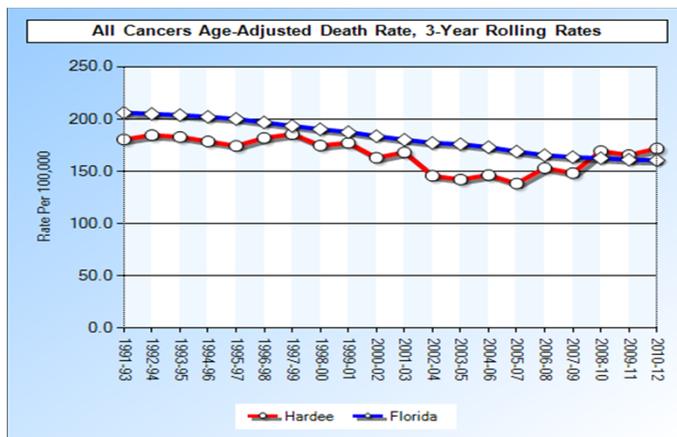
Source: Florida CHARTS

Cancers

Approximately 1 out of every 2 American men and 1 out of every 3 American women will have some type of cancer at some point during their lifetime. Cancer involves a combination of environmental, genetic, and behavioral factors. Adopting a healthy lifestyle, in addition to regular cancer screenings, is strongly recommended to reduce risk and impact of disease.

The most recent data from the Florida Department of Health shows that death rates from cancer in Hardee County are slightly rising while Florida has been falling.

Figure 19.



Source: Florida CHARTS

Health Status Indicators

Behavioral Risk Factors, County and State, 2007

The prevalence of several acute and/or chronic health conditions in the county can also give a picture of the health status of the population. In 2007, the County Behavioral Risk Factors Survey (BRFSS) was used to assess the various risk factors prevalent in the community that may contribute to certain adverse health outcomes. Some behavioral risk factors that contribute to chronic diseases are physical inactivity, being overweight/obese, high cholesterol, and high blood pressure. The findings from the 2007 BRFSS survey indicate that 72% of resident adults had no regular vigorous activity, 74% consumed less than 5 servings of fruits and vegetables each day, 40% were overweight, and 41% were obese. In addition, 11% engaged in heavy or binge drinking, and 16% were current smokers.

Hypertension

Hypertension, or high blood pressure, substantially contributes to the risks of stroke and coronary heart disease. In many cases, the cause of high blood pressure is unknown; however, for some people this condition can be controlled or prevented by modifying their unhealthy habits, including their exercise routine and diet. In Hardee County, 38.9% of adults in 2010 were diagnosed with high blood pressure, which is slightly higher than the state average of 34.3%.

Physical Activity

Regular physical activity improves health by reducing the risk of dying prior to reaching average life expectancy, developing diabetes, developing high blood pressure, and dying from heart disease. Regular physical activity also reduces feelings of anxiety, depression, and helps with weight control. In Hardee County, 31% of adults do not achieve the recommended amount of regular physical activity, defined as a cumulative 30 minutes of moderate activity per day on most days of the week. The report showed that physical inactivity decreased with age, but only slightly. Physical inactivity was more common among men than women (60% vs. 40%) as well as among those with less education and lower incomes compared to those with higher education and incomes.

Overweight/Obesity

Being overweight and obese are functions of nutrition, physical activity, environment, and genetics. Many diseases are associated with overweight and obesity. People who are overweight or obese are at increased risk for type 2 diabetes, high blood pressure, coronary heart disease, gallbladder disease, stroke, sleep apnea, respiratory problems, osteoarthritis, and some types of cancer.

In Hardee County, 40% of the population is overweight, and 41% is obese. Interestingly, more women than men were overweight (34.3% vs. 38.2%), and more men than women were obese (51% vs. 38%). As of 2007, 18.3 percent of children and teens, age 10 to 17, were considered obese in Florida.

Approximately 21.9% of Florida's population is under the age of 18, making up to 750,000 young people at risk of developing serious medical conditions. Hardee county ranks the highest in the state in obesity at 40%. Only two counties in the state of Florida were under 20%.



Health Status Indicators

Table 17.

Utilization of Mental Health, Substance Abuse, and/or Dual Diagnosis*
Services of Arrestees within County from July 1, 2001 to Year of Arrest (2009-2010)

	Hardee County	Florida
% of Individuals Utilizing Mental Health (MH) Services	5.19%	5.29%
% of Individuals Utilizing Substance Abuse (SA) Services	4.28%	4.46%
% of Individuals Utilizing Dual Diagnosis Disorders (DD) Services	5.19%	5.65%
% of Individuals Utilizing Services for MH, SA, and/or DDs Disorders	14.66%	15.40%
% of Females Utilizing MH and/or SA Services	5.68%	5.27%
% of Males Utilizing MH and/or SA Services	8.98%	10.13%
% of African Americans Utilizing MA and/or SA Services	2.10%	4.75%
% of Whites Utilizing MH and/or SA Services	9.19%	8.38%
% of Others Utilizing MH and/or SA Services	1.05%	0.56%
% of Hispanics Utilizing MH and/or SA Services	2.31%	1.71%
*Dual Diagnosis is when an individual has been diagnosed with both a mental illness and a substance abuse problem.		

Source: Florida Mental Health and Substance Abuse Technical Assistance Center.

<http://www.floridatac.org/county-data.aspx?type=county&cid=24>

Table 18.

Utilization of Mental Health, Substance Abuse, and/or Dual Diagnosis*
Services of Arrestees with Severe Mental Illness (SMI) within County from July 1, 2001 to Year of Arrest (2009-2010)

	Hardee County	Florida	Percent Difference
Number of individuals utilizing Mental Health (MH) Services	35	13,489	---
% of Medicaid Enrolled Individuals	60%	60.59%	.59%
% of Individuals Utilizing Dual Diagnosis Disorders (DD) Services	53.33%	47.57%	5.76%
% of Females Utilizing MH and/or SA Services	41.33%	39.99%	1.34%
% of Males Utilizing MH and/or SA Services	58.67%	60.01%	1.34%
% of African Americans utilizing MH and/or SA services	9.33%	28.51%	19.18%
% of Whites utilizing MH and/or SA services	74.67%	55.94%	18.73%
% of Others utilizing MH and/or SA Services	12%	3.75%	9.75%
% of Hispanics utilizing MH and/or SA Services	4%	11.79%	6.79%

Source: Florida Mental Health and Substance Abuse Technical Assistance Center.

<http://www.floridatac.org/county-data.aspx?type=county&cid=24>

Community Themes and Strengths Survey

Aside from the numerous types of data sources available, it is also necessary to gather community opinions on health. A mixed method approach was used to gather data from respondents. This included self-administered surveys, online discussions with community partners, and focus groups.

Surveys

Minor changes were made to the standard instrument (Appendix1). There were additional questions that sought feedback on how best to communicate with residents. In 2012/2013, 115 county residents responded to surveys distributed through the local health department, the county fair, another local event know as the (73rd) PRECO Annual Membership Meeting, and to other local citizens of the community. Surveys were administered to adults 18 years and older. Individuals completed the surveys which were then returned to the health department.

The demographics of respondents covered a wide range of race/ethnic groups, ages, sex/gender, martial status and zip codes. Females made up the majority of respondents (Figures 1-12).

Distribution of MAPP Survey Respondents by Age, Hardee County, 2012-2013 (115 Surveys)

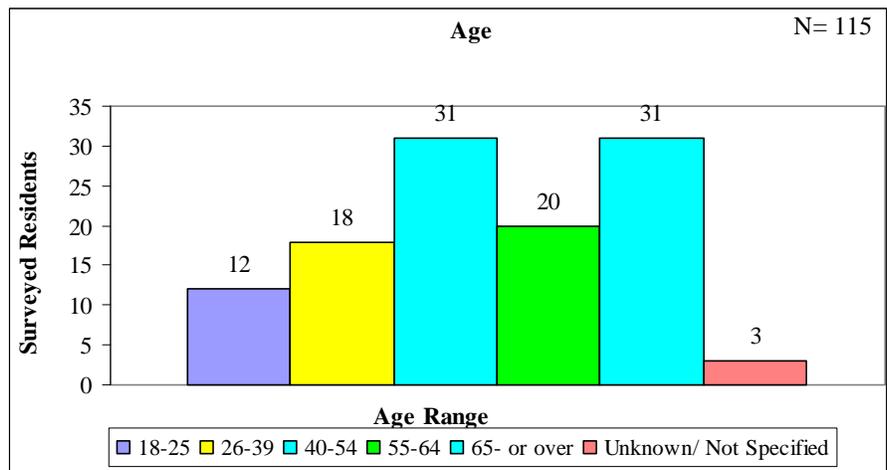


Figure 2.

Distribution of MAPP Survey Respondents by Race/ Ethnic, Hardee County, 2012-2013 (115 Surveys)

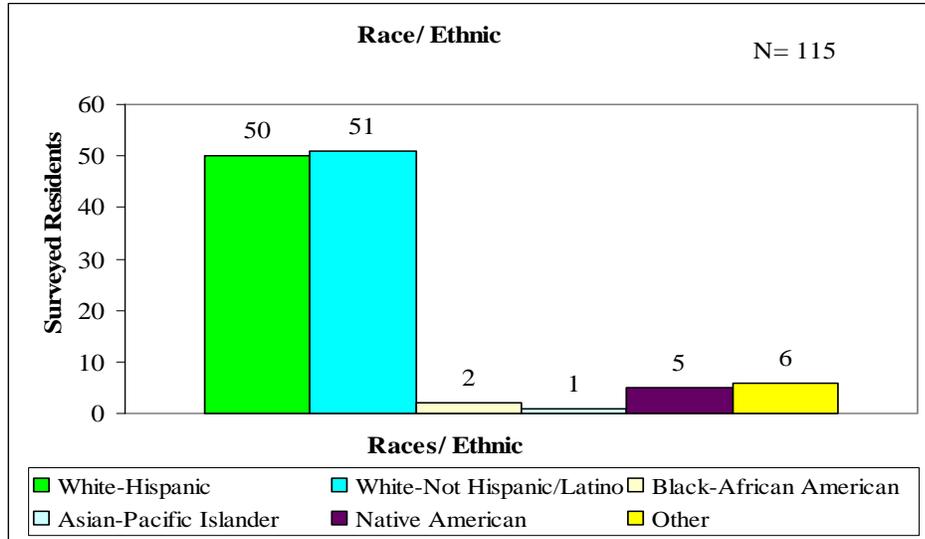


Figure 3.

Distribution of MAPP Survey Respondents by Sex/Gender, Hardee County, 2012-2013 (115 Surveys)

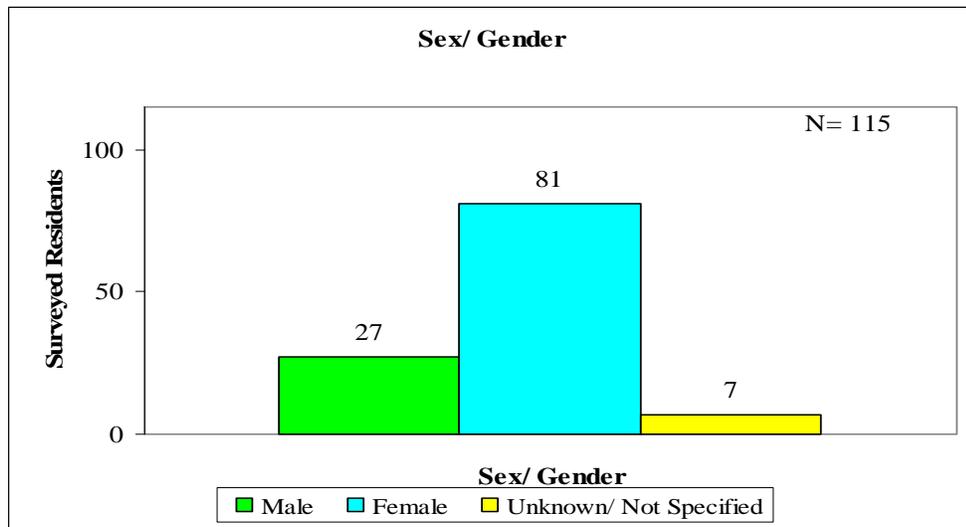


Figure 4.

Distribution of MAPP Survey Respondents by Martial Status, Hardee County, 2012-2013 (115 Surveys)

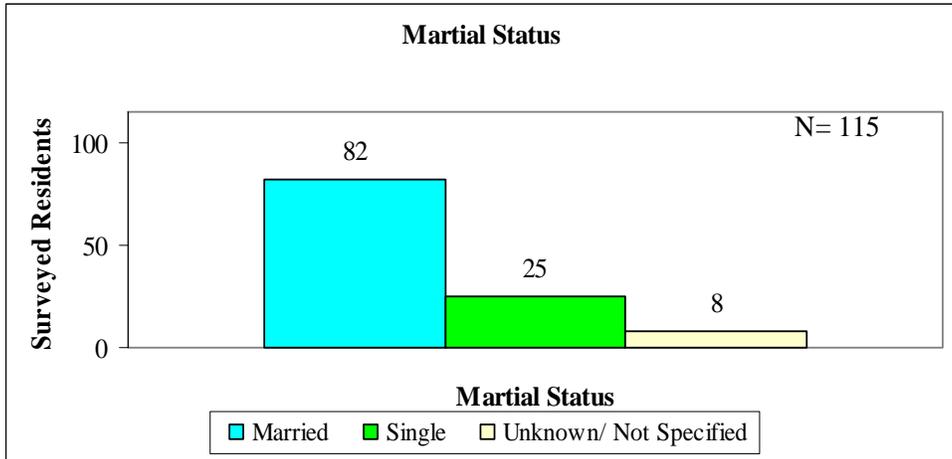


Figure 5.

Distribution of MAPP Survey Respondents by Zip Code, Hardee County, 2012-2013 (115 Surveys)

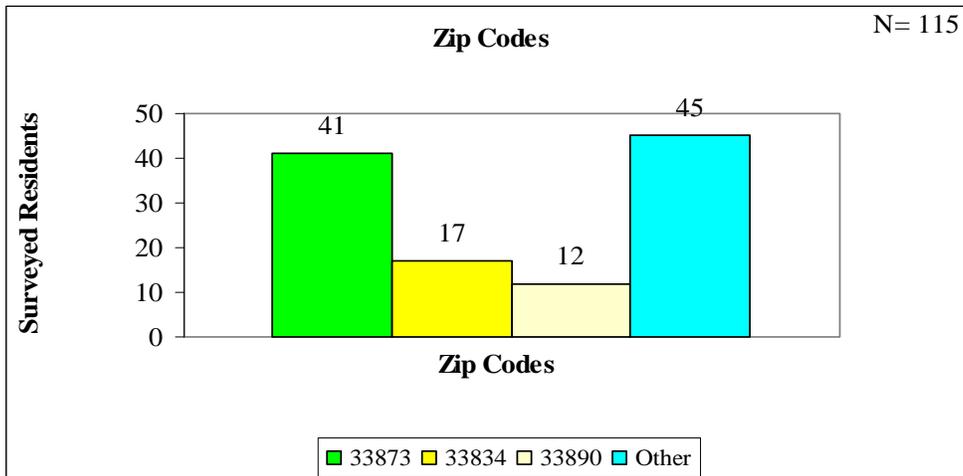
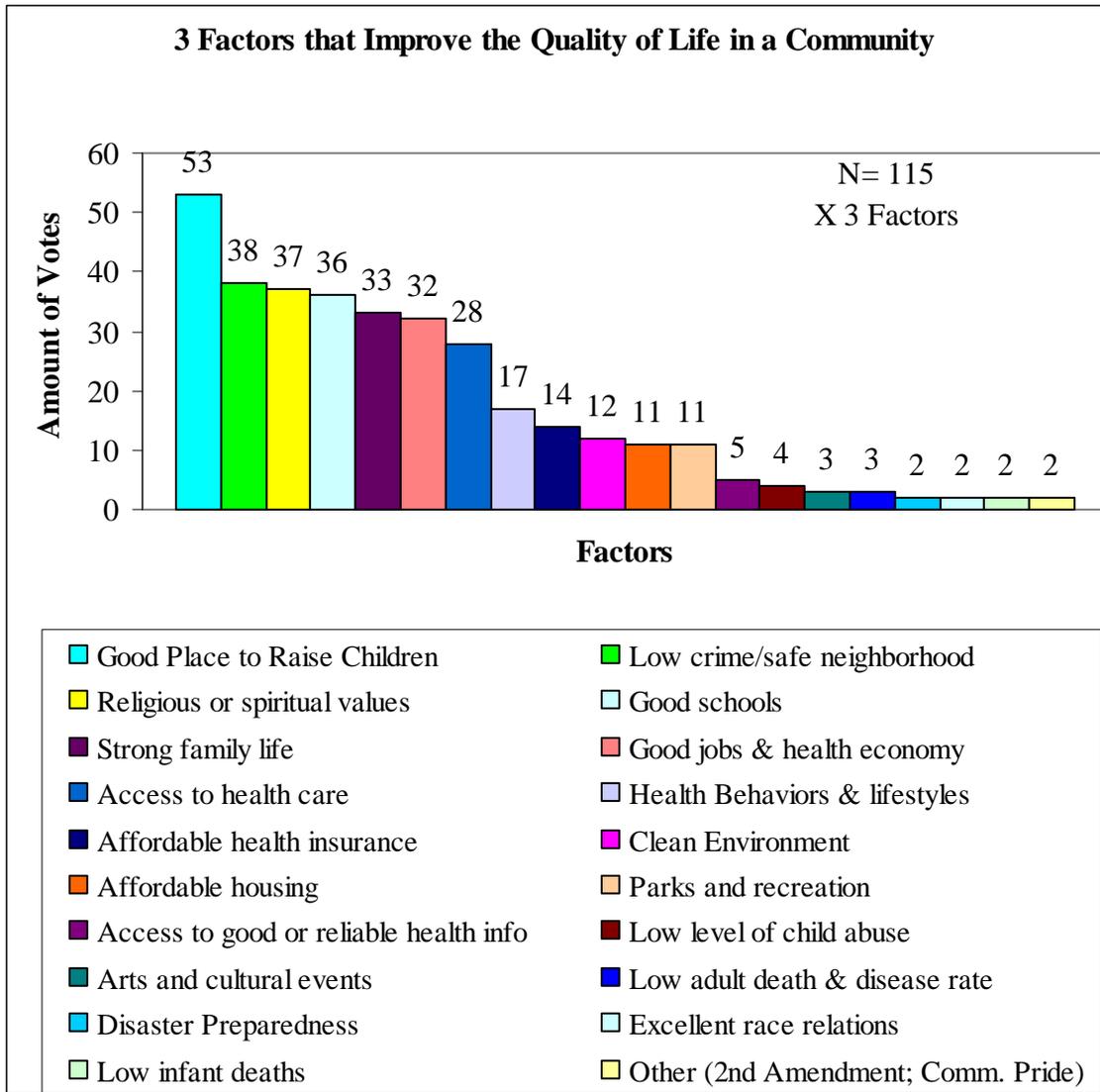


Figure 6.

Three Most Important Factors that Improve the Quality of Life in a Community as Identified by Survey Respondents, Hardee County, 2012/2013 (115 Surveys)

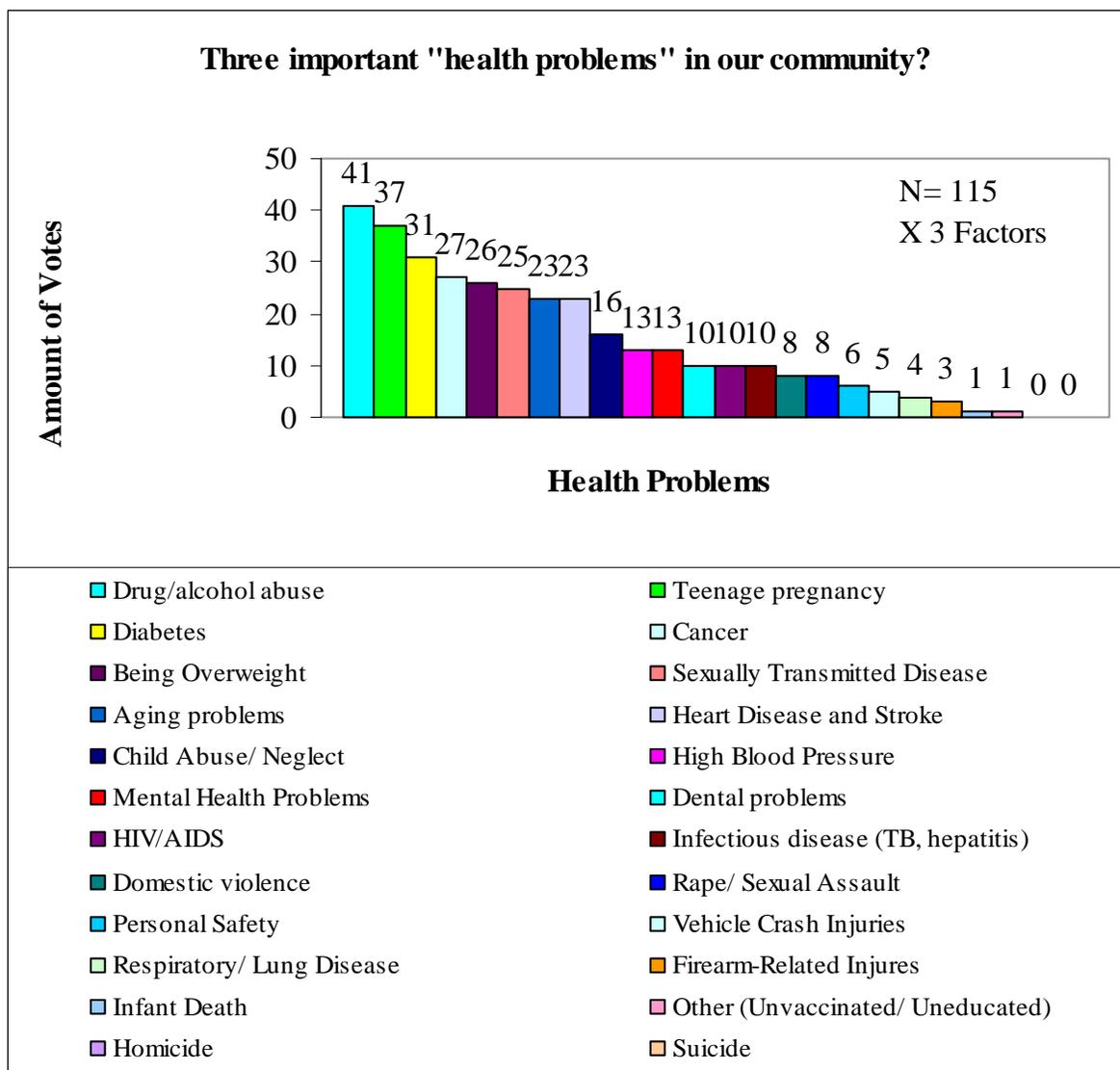


Community Health Perceptions

Most Important Health Problems

The second question of the survey asked respondents to choose what they felt were the three most important health problems in the community. This was further defined as those problems which have the greatest impact on overall community health. Drug/alcohol abuse received the greatest percent of responses, followed by Teenage pregnancy, Diabetes and Cancer (Figure 7).

Three Most Important Health Problems as Identified by Survey Respondents, Hardee County, 2012/2013 (115 Surveys)

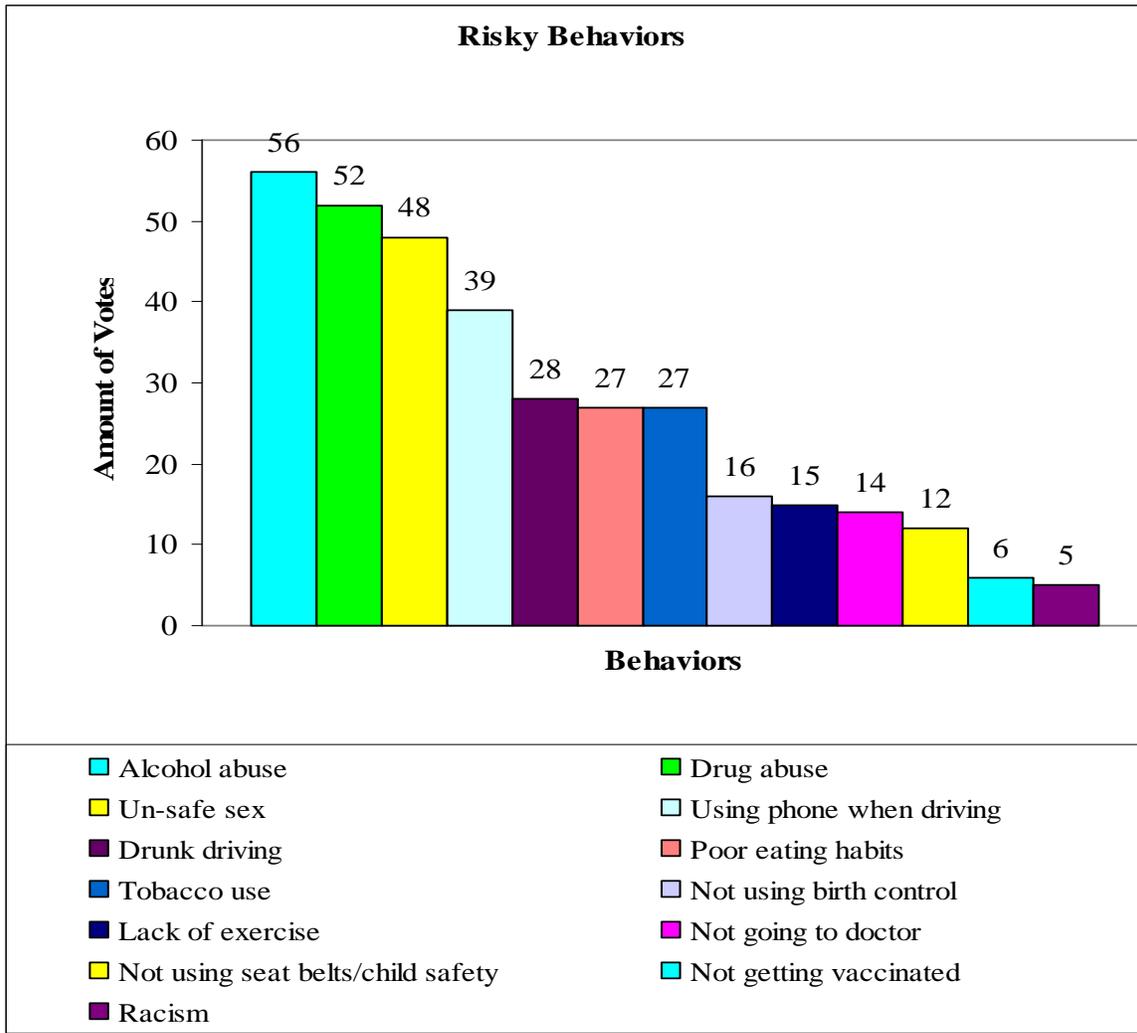


Community Health Perceptions

Most Risky Behaviors

Alcohol abuse, Drug abuse, and Un-safe Sex received the most responses from survey respondents (Figure 8).

Three Most Risky Behaviors as Identified by Survey Respondents, Hardee County, 2012/2013 (115 Surveys)

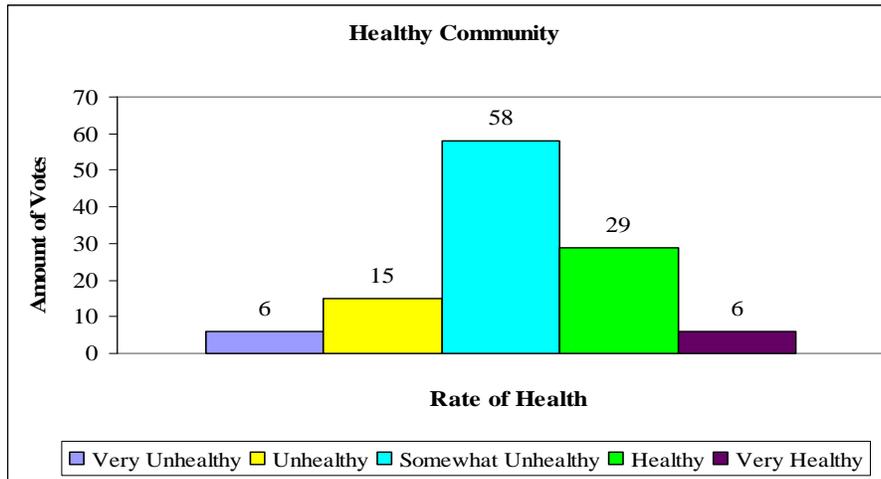


Community Health Perceptions

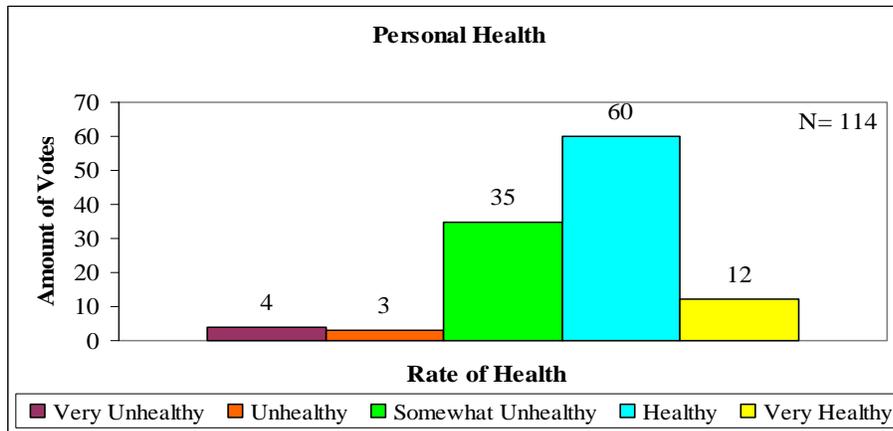
Perceptions of Community and Personal Health Status

Based on feedback, respondents had neutral perceptions of their community's health status and a more positive perception about their own personal health (Figures 9 & 10).

Perceptions of Community Health as Identified by Survey Respondents, Hardee County, 2012/2013 (115 Surveys)



Perceptions of Personal Health as Identified by Survey Respondents, Hardee County, 2012/2013 (115 Surveys)

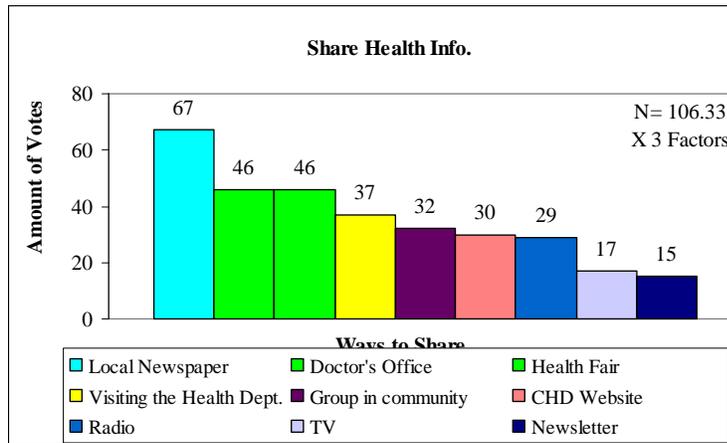


Community Health Perceptions

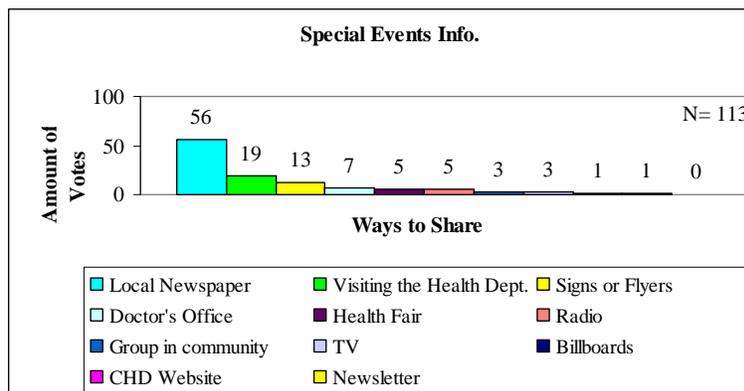
Communicating With Our Community

The majority of respondents felt the best way to share information with them was through the Local Newspaper, the Doctor's Office, and the Health Fair with the Local Newspaper selected most often (Figure 11). Visiting the Local Health Department to obtain health information was also found useful.

Best Ways to Regularly Share Health Information as Identified by Survey Respondents, Hardee County, 2012/2013 (115 Surveys)



Best Ways to Share Information about Special Events as Identified by Survey Respondents, Hardee County, 2012/2013 (115 Surveys)



Forces of Change Assessment

The Forces of Change assessment is designed to help MAPP participants answer the following questions:

“What is occurring or might occur that affects the health of our community or the local public health system?”

“What specific threats or opportunities are generated by these occurrences?”

A broader contextual environment is constantly affecting the communities and local public health systems (examples include state and federal legislation, rapid technological advances, changes in the organization of healthcare services, shifts in economic and employment forces, and changing family structures and gender roles). All of these qualities affect the life in a community and the effectiveness of the local public health system. Therefore, identifying these changes will assist in strategizing and developing a community action plan.

Florida Department of Health in Hardee County chose to offer the Forces of Change Assessment as a questionnaire via an email. The benefit to this method was convenience. No travel or time away from the office was required of our partners, and they were able to respond to the emails from the comfort of their home, office, or mobile devices. Data was collected electronically which conserved resources and ensured that partners’ ideas were expressed in their own terms. A drawback to this method was the lack of interpersonal face to face discussions. In order to provide an appropriate time frame for discussions online, the overall assessment process took much longer than a group gathering.

An email containing six questions was provided to partners who had committed to assisting with the MAPP process during our NPHPSP events as well as the Program Management Team at Hardee County Health Department. The questions may be viewed in Appendix ???

After the questionnaire was completed, responses were categorized based on topic and question. Six broad themes were identified and later used for focus group discussions. These themes were budgets, economy, legislation, healthcare reform, assets, natural disasters, and attitudes. These themes were discussed in depth during focus groups with participating partners to identify threats posed and opportunities created for each question.

Forces of Change Assessment

The following are the discussion topics and the number of responses per topic:

Topic	No. of Responses
Budget	30
Healthcare Reform	30
Legislation	28
Economy	28
Unemployment	19
National Disasters	19
Attitudes	17
Politics	16
Assets	15
Health Problems	15
Services	13
Education	11
Immigration	10
Funding	10
Health Care Facilities	8
Cultural Barriers	8
Children	7
Coordination/Collaboration	5
Transportation	3

Summary of topic responses and discussions:

The Budget and Healthcare Reform received the greatest number of responses and was viewed as both a threat and an opportunity. Several respondents felt that the reform poses an opportunity since everyone will have health insurance while others felt it is a “threat to quality, availability, and cost of health care’ to the community. While the respondents were split as to their views about the topic, it is clear that the budget and healthcare reform is something that will affect both the local public health system and the community. Two respondents pointed out that the full effects of the reform will not be implemented for several years. Therefore, in order to better serve the community, it is important to plan now for the changes to come.

Budget was also received the highest number of responses and was viewed as an overall threat to the local public health system and community. Respondents expressed their concerns that budgetary constraints and decreased funding opportunities will have a negative effect on all aspects of society, including education, county programs, recreation, and programs offered by the public health system



Forces of Change Assessment

The majority of respondents felt negatively about current and future legislation in both the county and the state. One respondent noted that the out of touch actions and reactions from legislature make it nearly impossible to provide the tools necessary to serve and protect the public. Health efforts and education were identified as being negatively impacted by several of the legislative actions.

Economic uncertainty and unemployment were two major topics of discussion. Respondents indicated that the increased loss of income in the population means more demand for free health services or delay of seeking services. Generally, respondents expressed a feeling that the economic downturn will continue to “spiral downward” putting further strain on the system, thereby affecting the quality of life of the community.

National Public Health Performance Standards Program

The Florida Department of Health in Hardee County participated in the National Public Health Performance Standards Program (NPHPSP). This program has three different tools that assess state and local public health systems and local public health governance.

Since Hardee County best met the qualifications for the local tool, we used a Local Public Health System Assessment Instrument. This is a broad assessment and involves all the organizations and entities that contribute to public health in the community.

The goal of this assessment is to answer the questions “What are the components, activities, competencies, and capacities of our local public health system?” and “How are the Essential Services being provided to our community?”

The fundamental framework that guides this assessment is the 10 Essential Public Health Services which describe public health activities that should be undertaken in all communities. Organizations were invited to attend a meeting where the Local Public Health System Assessment tool was used to examine each of these ten services in depth. The 10 Essential Services are as follows:

1. Monitor health status to identify community health problems
2. Diagnose and investigate health problems and health hazards in the community
3. Inform, educate, and empower people about health issues
4. Mobilize community partnerships to identify and solve health problems
5. Develop policies and plans that support individual and community health efforts
6. Enforce laws and regulations that protect health and ensure safety
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable
8. Assure a competent public health and personal health care workforce
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services
10. Research new insights and innovative solutions to health problems

Each Essential Service has several Model Standards (as defined by NACCHO) that define the “ideal public health service delivery” associated with them. At the meeting, each model standard was examined, and a set of questions were asked to determine whether or not an activity was performed to meet the Model Standard. Partners were asked to comment and vote. Qualitative results were recorded by note takers in breakout sessions, and quantitative results were submitted to the NPHPSP scoring tool to generate a report. Results, copied directly from the report can be viewed in the following pages. The results were, in general, good and reflect what we do as a system, not just the health department. Deficiencies will, therefore, need to be addressed through collaborative efforts.

For more information about the NPHPSP and the Local Public Health System Performance Assessment Instrument please visit: <http://www.cdc.gov/od/ocphp/nphpsp/>

NPHPSP List of Attendees by Organization

- Hardee Help Center
 - Board of County Commissioners
 - Hardee County Fire Rescue
 - Cutting Edge Ministries
 - South Florida State College
 - Pioneer Medical
 - Central Florida Healthcare
 - Department of Children and Families
 - Florida Hospital Wauchula
 - Hardee County Emergency Management
 - Healthy Start Coalition
 - Hardee County Sheriff's Office
 - Florida Department of Health, Hardee County
 - ASAPP
 - Heartland Rural Health Network
 - Hardee County School Board
 - Wauchula Police Department
 - Redlands Christian Migrant Association
 - Hardee Manor
 - East Coast Migrant Head Start
 - YMCA
 - Bowling Green Police Department
 - First National Bank of Wauchula
 - St. Michael's Catholic Church
 - Dr. Sevigny
 - Heartland Pediatrics
 - Parish Nursing
 - Hardee County Correctional Institute
-
- Agencies in attendance

B. Performance Assessment Instrument Results

I. How well did the system perform the ten Essential Public Health Services (EPHS)?

Table 1: Summary of performance scores by Essential Public Health Service (EPHS)

EPHS	Score
1 Monitor Health Status To Identify Community Health Problems	84
2 Diagnose And Investigate Health Problems and Health Hazards	78
3 Inform, Educate, And Empower People about Health Issues	61
4 Mobilize Community Partnerships to Identify and Solve Health Problems	57
5 Develop Policies and Plans that Support Individual and Community Health Efforts	73
6 Enforce Laws and Regulations that Protect Health and Ensure Safety	74
7 Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	74
8 Assure a Competent Public and Personal Health Care Workforce	55
9 Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	73
10 Research for New Insights and Innovative Solutions to Health Problems	64
Overall Performance Score	69

Table 1 (above) provides a quick overview of the system’s performance in each of the 10 Essential Public Health Services (EPHS). Each EPHS score is a composite value determined by the scores given to those activities that contribute to each Essential Service. These scores range from a minimum value of 0% (no activity is performed pursuant to the standards) to a maximum of 100% (all activities associated with the standards are performed at optimal levels).

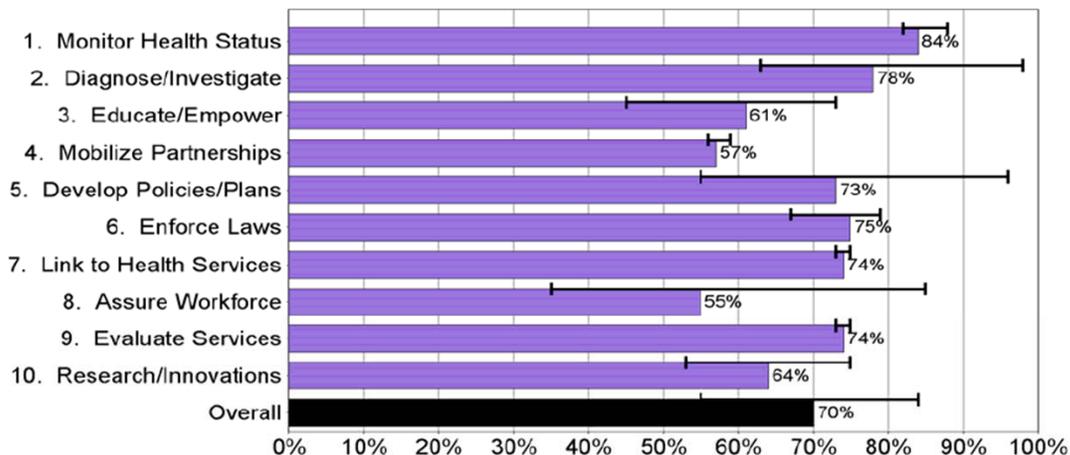


Figure 1 (above) displays performance scores for each Essential Service along with an overall score that indicates the average performance level across all 10 Essential Services and an overall score. Areas of wide range may warrant a closer look in **Figure 4** or the raw data.

Figure 2.
Rank ordered performance scores for each Essential Service

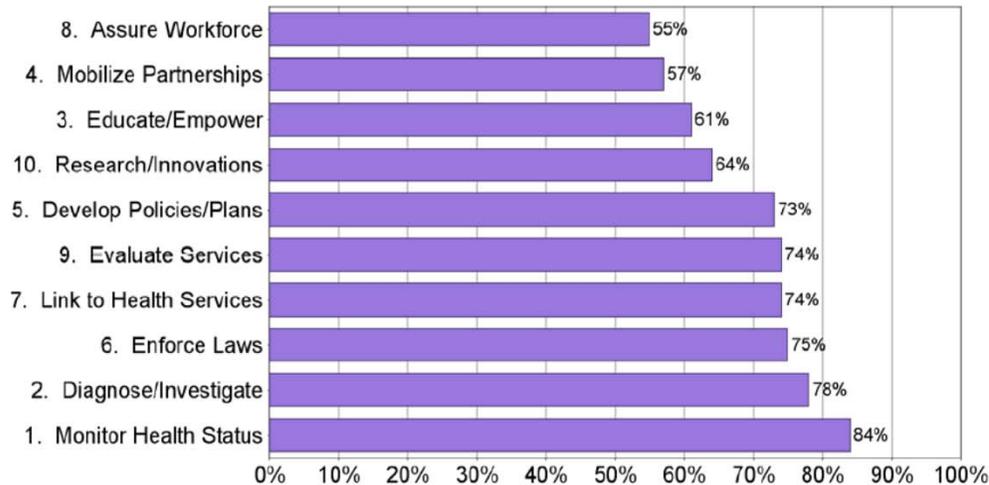


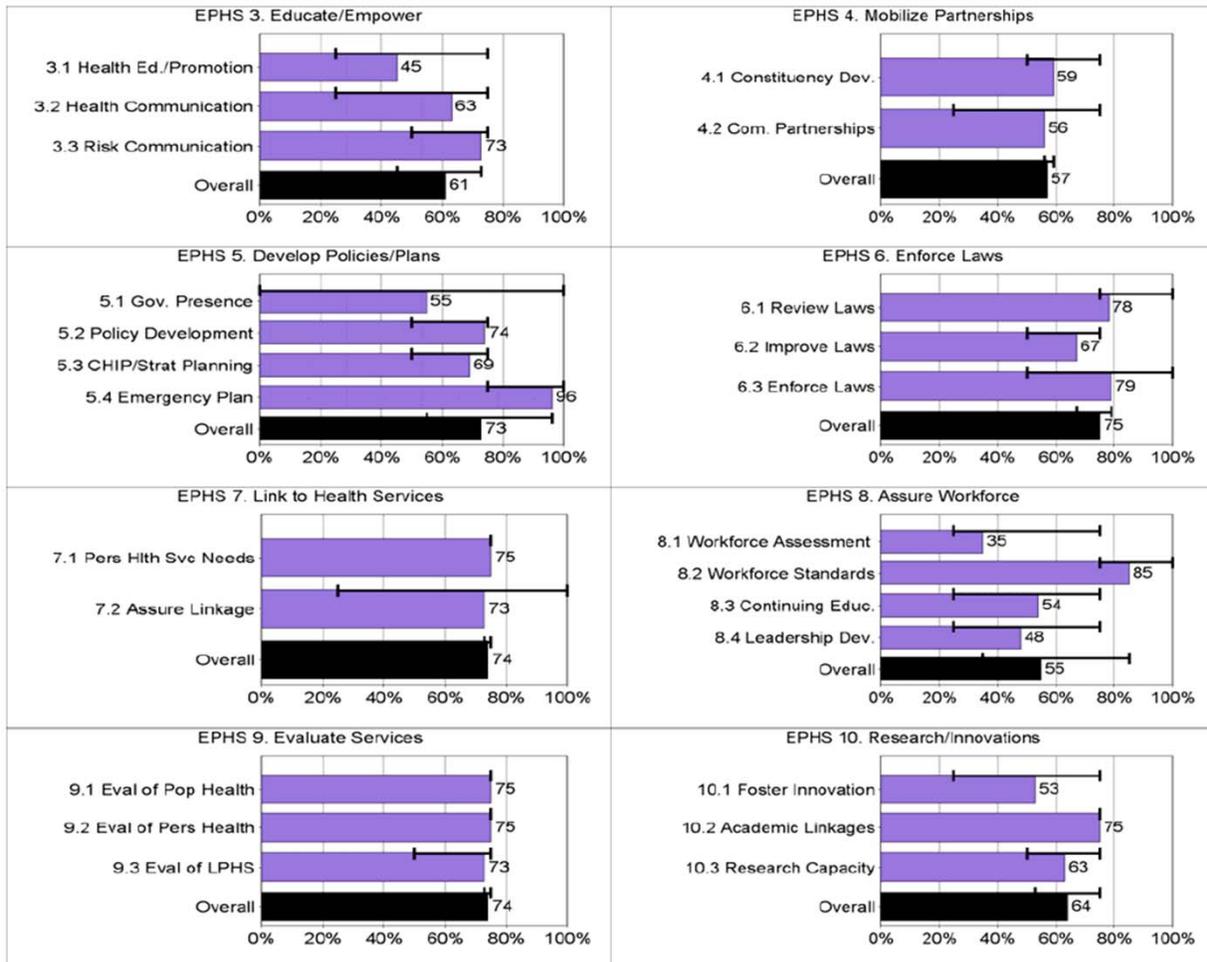
Figure 2 (above) displays each composite score from low to high, allowing easy identification of service domains where performance is relatively strong or weak.

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

Figure 3.
Rank ordered performance scores for each Essential Service, by level of activity

Figure 4 shows scores for each model standard. Sites can use these graphs to pinpoint specific activities within the Essential Service that may need a closer look. Note these scores also have range bars, showing sub-areas that comprise the model standard.

Figure 4.
Performance scores for each model standard by essential Service



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**Table 2.
Summary of performance scores by Essential Public Health Services (EPHS) and model**

Essential Public Health Service	Score
EPHS 1. Monitor Health Status To Identify Community Health Problems	84
1.1 Population-Based Community Health Profile (CHP)	82
1.1.1 Community health assessment	88
1.1.2 Community health profile (CHP)	88
1.1.3 Community-wide use of community health assessment or CHP data	71
1.2 Access to and Utilization of Current Technology to Manage, Display, Analyze and Communicate Population Health Data	83
1.2.1 State-of-the-art technology to support health profile databases	75
1.2.2 Access to geocoded health data	75
1.2.3 Use of computer-generated graphics	100
1.3 Maintenance of Population Health Registries	88
1.3.1 Maintenance of and/or contribution to population health registries	75
1.3.2 Use of information from population health registries	100
EPHS 2. Diagnose And Investigate Health Problems and Health Hazards	78
2.1 Identification and Surveillance of Health Threats	63
2.1.1 Surveillance system(s) to monitor health problems and identify health threats	75
2.1.2 Submission of reportable disease information in a timely manner	50
2.1.3 Resources to support surveillance and investigation activities	63
2.2 Investigation and Response to Public Health Threats and Emergencies	74
2.2.1 Written protocols for case finding, contact tracing, source identification, and containment	70
2.2.2 Current epidemiological case investigation protocols	73
2.2.3 Designated Emergency Response Coordinator	75
2.2.4 Rapid response of personnel in emergency / disasters	75
2.2.5 Evaluation of public health emergency response	75
2.3 Laboratory Support for Investigation of Health Threats	98
2.3.1 Ready access to laboratories for routine diagnostic and surveillance needs	100
2.3.2 Ready access to laboratories for public health threats, hazards, and emergencies	94
2.3.3 Licenses and/or credentialed laboratories	100
2.3.4 Maintenance of guidelines or protocols for handling laboratory samples	100
EPHS 3. Inform, Educate, And Empower People about Health Issues	61
3.1 Health Education and Promotion	45
3.1.1 Provision of community health information	31
3.1.2 Health education and/or health promotion campaigns	73
3.1.3 Collaboration on health communication plans	31
3.2 Health Communication	63
3.2.1 Development of health communication plans	40
3.2.2 Relationships with media	75
3.2.3 Designation of public information officers	75
3.3 Risk Communication	73
3.3.1 Emergency communications plan(s)	75
3.3.2 Resources for rapid communications response	75
3.3.3 Crisis and emergency communications training	75
3.3.4 Policies and procedures for public information officer response	69

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Essential Public Health Service	Score
EPHS 4. Mobilize Community Partnerships to Identify and Solve Health Problems	57
4.1 Constituency Development	59
4.1.1 Identification of key constituents or stakeholders	56
4.1.2 Participation of constituents in improving community health	63
4.1.3 Directory of organizations that comprise the LPHS	50
4.1.4 Communications strategies to build awareness of public health	69
4.2 Community Partnerships	56
4.2.1 Partnerships for public health improvement activities	67
4.2.2 Community health improvement committee	55
4.2.3 Review of community partnerships and strategic alliances	45
EPHS 5. Develop Policies and Plans that Support Individual and Community Health Efforts	73
5.1 Government Presence at the Local Level	55
5.1.1 Governmental local public health presence	88
5.1.2 Resources for the local health department	40
5.1.3 Local board of health or other governing entity (not scored)	0
5.1.4 LHD work with the state public health agency and other state partners	38
5.2 Public Health Policy Development	74
5.2.1 Contribution to development of public health policies	75
5.2.2 Alert policymakers/public of public health impacts from policies	75
5.2.3 Review of public health policies	71
5.3 Community Health Improvement Process	69
5.3.1 Community health improvement process	69
5.3.2 Strategies to address community health objectives	75
5.3.3 Local health department (LHD) strategic planning process	63
5.4 Plan for Public Health Emergencies	96
5.4.1 Community task force or coalition for emergency preparedness and response plans	88
5.4.2 All-hazards emergency preparedness and response plan	100
5.4.3 Review and revision of the all-hazards plan	100
EPHS 6. Enforce Laws and Regulations that Protect Health and Ensure Safety	74
6.1 Review and Evaluate Laws, Regulations, and Ordinances	78
6.1.1 Identification of public health issues to be addressed through laws, regulations, and ordinances	75
6.1.2 Knowledge of laws, regulations, and ordinances	75
6.1.3 Review of laws, regulations, and ordinances	88
6.1.4 Access to legal counsel	75
6.2 Involvement in the Improvement of Laws, Regulations, and Ordinances	67
6.2.1 Identification of public health issues not addressed through existing laws	75
6.2.2 Development or modification of laws for public health issues	75
6.2.3 Technical assistance for drafting proposed legislation, regulations, or ordinances	50
6.3 Enforce Laws, Regulations and Ordinances	77
6.3.1 Authority to enforce laws, regulation, ordinances	75
6.3.2 Public health emergency powers	88
6.3.3 Enforcement in accordance with applicable laws, regulations, and ordinances	63
6.3.4 Provision of information about compliance	75
6.3.5 Assessment of compliance	83

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Essential Public Health Service	Score
EPHS 7. Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	74
7.1 Identification of Populations with Barriers to Personal Health Services	75
7.1.1 Identification of populations who experience barriers to care	75
7.1.2 Identification of personal health service needs of populations	75
7.1.3 Assessment of personal health services available to populations who experience barriers to care	75
7.2 Assuring the Linkage of People to Personal Health Services	73
7.2.1 Link populations to needed personal health services	75
7.2.2 Assistance to vulnerable populations in accessing needed health services	67
7.2.3 Initiatives for enrolling eligible individuals in public benefit programs	100
7.2.4 Coordination of personal health and social services	50
EPHS 8. Assure a Competent Public and Personal Health Care Workforce	55
8.1 Workforce Assessment Planning, and Development	35
8.1.1 Assessment of the LPHS workforce	25
8.1.2 Identification of shortfalls and/or gaps within the LPHS workforce	48
8.1.3 Dissemination of results of the workforce assessment / gap analysis	31
8.2 Public Health Workforce Standards	85
8.2.1 Awareness of guidelines and/or licensure/certification requirements	75
8.2.2 Written job standards and/or position descriptions	75
8.2.3 Annual performance evaluations	75
8.2.4 LHD written job standards and/or position descriptions	100
8.2.5 LHD performance evaluations	100
8.3 Life-Long Learning Through Continuing Education, Training, and Mentoring	54
8.3.1 Identification of education and training needs for workforce development	63
8.3.2 Opportunities for developing core public health competencies	29
8.3.3 Educational and training incentives	50
8.3.4 Interaction between personnel from LPHS and academic organizations	75
8.4 Public Health Leadership Development	48
8.4.1 Development of leadership skills	53
8.4.2 Collaborative leadership	38
8.4.3 Leadership opportunities for individuals and/or organizations	50
8.4.4 Recruitment and retention of new and diverse leaders	50

**Local Public Health System Performance Assessment– Report of Results
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Essential Public Health Service	Score
EPHS 9. Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	73
9.1 Evaluation of Population-based Health Services	75
9.1.1 Evaluation of population-based health services	75
9.1.2 Assessment of community satisfaction with population-based health services	75
9.1.3 Identification of gaps in the provision of population-based health services	75
9.1.4 Use of population-based health services evaluation	75
9.2 Evaluation of Personal Health Care Services	71
9.2.1. In Personal health services evaluation	75
9.2.2 Evaluation of personal health services against established standards	75
9.2.3 Assessment of client satisfaction with personal health services	75
9.2.4 Information technology to assure quality of personal health services	56
9.2.5 Use of personal health services evaluation	75
9.3 Evaluation of the Local Public Health System	73
9.3.1 Identification of community organizations or entities that contribute to the EPHS	75
9.3.2 Periodic evaluation of LPHS	75
9.3.3 Evaluation of partnership within the LPHS	71
9.3.4 Use of LPHS evaluation to guide community health improvements	72
EPHS 10. Research for New Insights and Innovative Solutions to Health Problems	64
10.1 Fostering Innovation	53
10.1.1 Encouragement of new solutions to health problems	63
10.1.2 Proposal of public health issues for inclusion in research agenda	25
10.1.3 Identification and monitoring of best practices	75
10.1.4 Encouragement of community participation in research	50
10.2 Linkage with Institutions of Higher Learning and/or Research	75
10.2.1 Relationships with institutions of higher learning and/or research organizations	75
10.2.2 Partnerships to conduct research	75
10.2.3 Collaboration between the academic and practice communities	75
10.3 Capacity to Initiate or Participate in Research	63
10.3.1 Access to researchers	75
10.3.2 Access to resources to facilitate research	75
10.3.3 Dissemination of research findings	50
10.3.4 Evaluation of research activities	50

Figure 5.
 Percentage of Essential Services scored in each level of activity

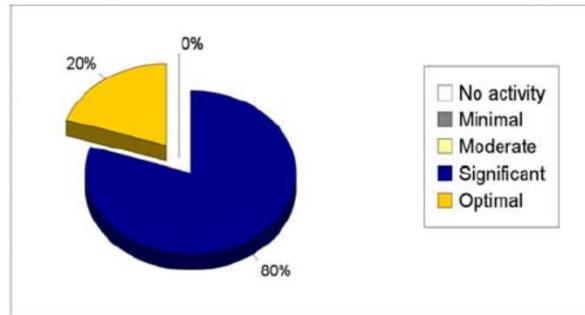


Figure 5 displays the percentage of the system’s Essential Services scores that fall within the five activity categories. This chart provides the site with a high level snap shot of the information found in **Figure 3**.

Figure 6.
 Percentage of model standards scored in each level of activity

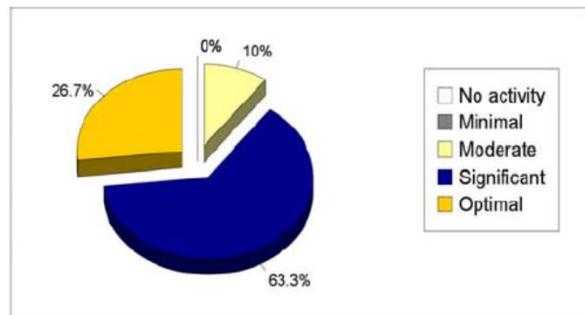


Figure 6 displays the percentage of the system’s model standard scores that fall within the five activity categories.

Figure 7.
 Percentage of all questions scored in each level of activity

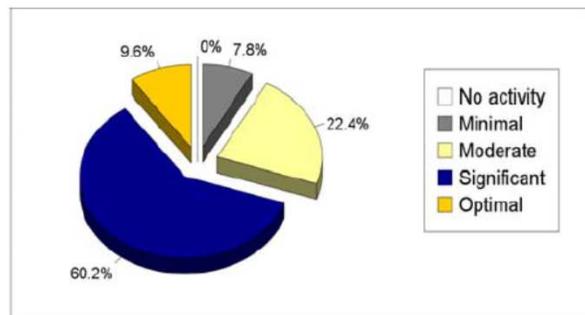


Figure 6 displays the percentage of all scored questions that fall within the five activity categories. This breakdown provides a closer snapshot of the system’s performance, showing variation that may be masked by the scores in **Figures 5** and **6**.

Comparison to Peer Counties

State values for health indicators are valuable comparisons but do not compare similar populations. Therefore, much of the variance could be explained by differences in race, age, and poverty level. A comparison to other counties whose demographics and socio-economic indicators closely match Hardee County will be most valuable (Tables 21, 22, and 23).

Table 21. County Health Status Comparison for 2007-2009

	Hardee	Desoto	Highlands	Okeechobee	State	U.S. Healthy people 2020 Goal 3
Coronary Heart Disease						
Deaths	101.8	117.9	101.3	140.1	105.8	100.8
Hospitalizations	533.0	532.3	594.4	1,100.9	375.3	
Stroke						
Deaths	31.3	31.5	28.5	29.8	31.4	33.8
Hospitalizations	321.3	303.3	310.9	584.5	266.6	
Heart Failure						
Deaths	5.9	9.3	10.9	4.6	8.4	
Hospitalization from congestive heart failure	65.8	78.3	83.0	189.0	131.5	
Lung Cancer						
Deaths	42.8	52.7	47.7	61.5	46.1	45.5
Incidence	55.8	60.6	73.9	96.9	66.1	
Percentage of adults who are current smokers	15.3	26.1	19.8	18.4	17.1	12

Comparison to Peer Counties

	Hardee	Desoto	Highlands	Okeechobee	State	U.S. Healthy People 2020 Goal 3
Colorectal Cancer						
Deaths	10.7	18.5	14.2	14.7	14.3	14.5
Incidence	45.1	40.6	42.8	43.7	41.3	
Percentage of adults 50 years of age and older who received a sigmoidoscopy or colonoscopy in the past five years	40.5%	48.0%	57.0%	47.7%	56.4%	
Percentage of adults 50 years of age and older who received a blood stool test in the past yr	10.3%	13.8%	13.7%	13.5%	14.7%	
Breast Cancer						
Deaths	14.2	21.2	19.1	33.9	20.9	20.6
Incidence	NA	114.8	85.6	120.4	113.9	
Prostate Cancer						
Deaths	12.7	21.6	14.3	16.0	18.0	21.2
Incidence	108.9	138.8	87.9	98.9	130.1	
Cervical Cancer						
Deaths	14.6	5.3	4.9	4.8	2.7	2.2
Incidence	NA	NA	NA	NA	9.0	
Percentage of women 18 years and older who received a Pap test in the past year	43.2%	52.5%	51.1%	58.0%	57.1%	93%

Comparison to Peer Counties

	Hardee	Desoto	Highlands	Okeechobee	State	U.S. Healthy people 2020 Goal 3
Skin Cancer						
Deaths	<1	3.2	2.3	5.5	2.9	2.4
Incidence	5	21.7	24.8	23.7	18.3	
Chronic Lower Respiratory Diseases (CLRD)						
Deaths	58.6	49.6	53.6	53.4	38.6	50.1
CLRD Hospitalizations	546.4	589.2	655.7	937.1	370.8	
Percentage of adults who currently have asthma	7.7%	13.2%	9.9%	8.4%	8.3%	
Asthma Hospitalizations	801.6	642.8	1,037.2	681.9	775.1	
Diabetes						
Deaths	27.6	23.9	26.5	19.6	19.5	65.8
Hospitalizations	2,924	2,578.4	2,541.6	4,034.2	2,260	
Percentage of adults with diabetes	16.9%	13.4%	14.2%	11.3%	10.4%	
BRFSS Data Percent of Adults						
Percentage of adults with hypertension	38.9%	34.3%	43.3%	42.1%	34.3%	
Percentage of adults with high blood cholesterol	44.3%	37.4%	41.5%	40.4%	38.6%	13.5%
Percentage of adults who had their cholesterol checked in the past five years	59.8%	66.0%	73.8%	64.0%	78.5%	
Percentage of adults who meet moderate physical activity recommendations	26.1%	34.4%	35.3%	31.9%	34.6%	

Comparison to Peer Counties

	Hardee	Desoto	Highlands	Okeechobee	State	U.S. Healthy people 2020 Goal 3
Percentage of adults who meet vigorous physical activity recommendations	32.4%	26.1%	22.8%	17.6%	26.0%	
Percentage of adults who engage in no leisure-time physical activity	40.2%	38.5%	33.6%	37.35	26.4%	32.6%
Percentage of adults who eat at least 5 servings of fruits and vegetables a day	19.5%	23.4%	33.5%	23.8%	26.2%	
Percentage of adults who are overweight	35.9%	35.2%	34.1%	35.5%	37.8%	
Percentage of adults who are obese	46.1%	33.4%	30.3%	38.1%	27.2%	30.6%

Comparison to Peer Counties

Heath Status Indicators	Hardee	Desoto	Highlands	Okeechobee	State
Mid-Year Population	27,621	34,672	98,782	39,900	18,934,175
Resident Live Births	390	387	920	532	213,237
Percent of Births Under 2500 Grams	6.7	8.3	8.8	7.9	8.7
Percent of Births Under 1500 Grams	1	1.3	1.3	.8	1.6
Neonatal Deaths	0	0	1	0	915
Infant Mortality Rate per 1,000 Live Births	5.1	0	3.3	1.9	6.4
Births per 1,000 Females 10-14 (SE)	0	0	1.3	0.8	.04
Births per 1,000 Females 15-19	66.7	49.7	47	58.1	29.1
Percent of Repeat Births to Mothers 15-19	23	25.5	16.1	13.7	17.4
Enteric Diseases Rate per 100,000	54.3	43.3	31.4	40.1	66.5
Enteric Diseases Rate per 1,000 Children Under 6	2.7	2.9	2.2	2.6	3.4
AIDS Cases per 100,000	3.6	8.7	5.1	25.1	18.2
Chlamydia Rate per 100,000	383.8	300	283.5	466.2	401.3
Congenital Syphilis Cases (SE)	0	0	0	0	32
Tuberculosis Rate per 100,000	7.2	5.8	1	5	4
Smoking Attributable Mortality Over Age 35, per 100,000	0	0	0	0	0
Years of Potential Life Lost per 100,000 Under 75 Years of Age	7,243.9	6,558.7	7,475.8	7,512	7,312.1
Coronary Heart Disease Age-Adjusted Death Rate per 100,000	86.8	140.4	99	131.3	103.9

Source: Florida CHARTS

Comparison to Peer Counties

Table 22. County Death Data Comparison for 2009

Death Indicators	Hardee	Desoto	Highlands	Okeechobee	State
Size / Population of County	27,621	34,672	98,782	39,900	18,934,175
Deaths from All Causes	200	299	1,339	376	172,856
Age-Adjusted Death Rate Per 100,000	736.2	692.3	635.2	768.1	677.9
Total Deaths Under 65	64	71	216	101	43,445
Percent of Deaths Under 65	32	23.7	16.1	26.9	25.1
Infant Deaths	2	0	3	1	1,372
Infant Mortality Rate Per 1,000 live Births	5.1	0	3.3	1.9	6.4
HIV/AIDS Deaths	2	3	2	0	1,005
HIV/AIDS Age-Adjusted Death Rate	8.8	8.9	2.5	0	5.1
Pneumonia/Influenza Deaths	4	2	26	5	2,418
Pneumonia/Influenza Age-Adjusted Death Rate	15.7	4.3	14.9	10	9.2
Cancer Deaths	46	68	310	101	41,221
Cancer Age-Adjusted Death Rate	163.5	148.4	143.9	195.2	159.9
Chronic Liver Disease and Cirrhosis Deaths	4	4	17	10	2,572
Chronic Liver Disease and Cirrhosis Age-Adjusted Death Rate	15.1	8.6	13.4	19.6	10.8
Chronic Lower Respiratory Disease Deaths	20	27	133	24	10,241
Chronic Lower Respiratory Disease Age-Adjusted Death Rate	70.3	59	52.9	47.1	38.6
Diabetes Deaths	8	8	60	11	5,044
Diabetes Age-Adjusted Death Rate	29.9	18.5	27.6	21.3	19.6
Heart Disease Deaths	34	86	337	92	40,522
Heart Disease Age-Adjusted Death Rate	129.1	203.9	140.2	191.9	153
Stroke Deaths	9	18	65	14	8,327
Stroke Age-Adjusted Death Rate	33.8	40.1	25.4	29.	31.5
Homicide Deaths	2	1	6	0	1,124
Homicide Age-Adjusted Death Rate	6.3	2.1	7.7	0	6.3
Suicide Deaths	2	5	16	10	2,765
Suicide Age-Adjusted Death Rate	7.2	12.8	15.7	23.9	13.5
Unintentional Injuries Deaths	12	12	43	22	8,475
Unintentional Injuries Age-Adjusted Death rate	45.2	33.6	38.5	52.4	40.2
Motor Vehicle Crash Deaths	5	5	8	8	2,439
Motor Vehicle Crash Age-Adjusted Death Rate	18.7	17.2	12.1	20.8	12.4
Alzheimer's Deaths	4	1	20	11	4,470
Alzheimer's Age-Adjusted Death Rate	15.6	2.1	7.8	22.9	16.1

Comparison to Peer Counties
County Births Data Comparison, 2009-2011

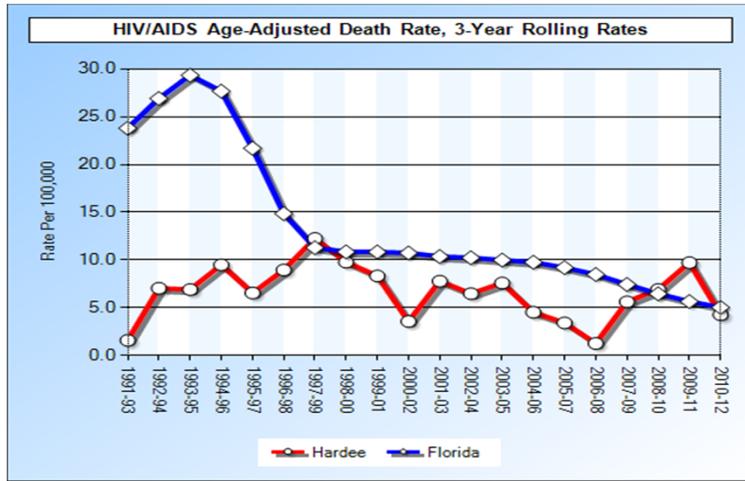
Indicators	Measure	Hardee	Desoto	Highlands	Okeechobee	State
Total Births						
Total Live Births	Per 100,000 Total Population	1,581.2	1221.7	967.2	1372.5	1149.6
White Live Births	Per 100,000 White Population	1642.8	1283.9	886.9	1396.4	1045.5
NonWhite Live Births	Per 100,000 NonWhite Population	1076.6	898.1	1484.3	1186.9	1513.2
Births By Age of Mother						
Births to Mothers 15-44	Per 1,000 Females 15-44	87.6	86.6	73.3	83.5	61
Births to Mothers 10-18	Per 1,000 Females 10-18	28.3	22.6	14.4	21.8	11
Births to Mothers 10-14	Per 1,000 Females 10-14	.3	1.1	1.1	.8	.4
Births to Mothers 15-19	Per 1,000 Females 15-19	81	61.8	49.0	67.5	32.9
Repeat Births to Mothers 15-19	Percent of Teens with Prev. Birth	17	10	25	14	3521
Births By Marital Status						
Births to Unwed Mothers	Percent of Total Births	55.3	61.5	54.1	58.8	47.6
Low Birth Weight						
Total Live Births Under 2500 Grams	Percent of Total Births	7.3	7.5	8.8	8.6	8.7
White Live Births Under 2500 Grams	Percent of White Births	7.3	6.7	7.8	7.9	7.2
NonWhite Live Births Under 2500 Grams	Percent of NonWhite Births	7.1	13.9	12.8	15.5	12.6
Total Live Births Under 1500 Grams	Percent of Total Births	1.4	1.1	1.5	1.6	1.6
White Live Births Under 1500 Grams	Percent of White Births	1.5	.9	1.2	1.5	1.2
NonWhite Live Births Under 1500 Grams	Percent of NonWhite Births	0	2.6	2.7	2.4	2.7
Prenatal Care						
Births With First Trimester Prenatal Care	Percent of Births With Known PNC Status	60.7	68.8	73.5	71	79.3
Births With Late or No Prenatal Care	Percent of Births With Known PNC Status	9.8	6.7	4.9	4.4	4.7
Infant Mortality						
Infant Deaths	Per 1,000 Live Births	8.4	3.1	8	5.5	6.6
White Infant Deaths	Per 1,000 White Live Births	8.3	3.6	5.7	3.4	4.8
NonWhite Infant Deaths	Per 1,000 NonWhite Live Births	10.1	0	16.9	23.8	11.3
Total Neonatal Infant Deaths	Per 1,000 Live Births	5.3	2.4	4.5	3.6	4.4
White Neonatal Infant Deaths	Per 1,000 White Live Births	5	2.7	3.1	3.4	3.2
NonWhite Neonatal Infant Deaths	Per 1,000 NonWhite Live Births	10.1	0	10.1	6	7.5

Source: Florida CHARTS

Mortality Trends in Hardee County

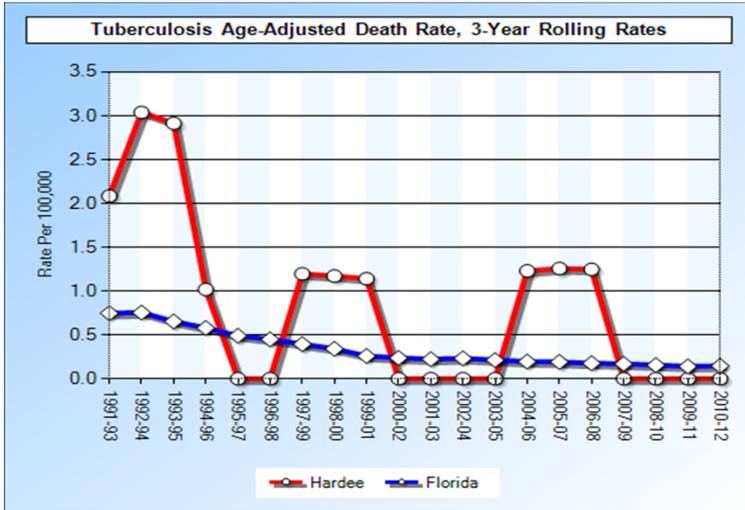
A number of selected mortality trends have been included to highlight some areas of great improvement, and those areas that need continued vigilance and increased intervention efforts.

Age-Adjusted HIV/AIDS 3-Year Death Rate
Rolling 3-Year Age-Adjusted Death Rate per 100,000 Population



Source: Florida CHARTS

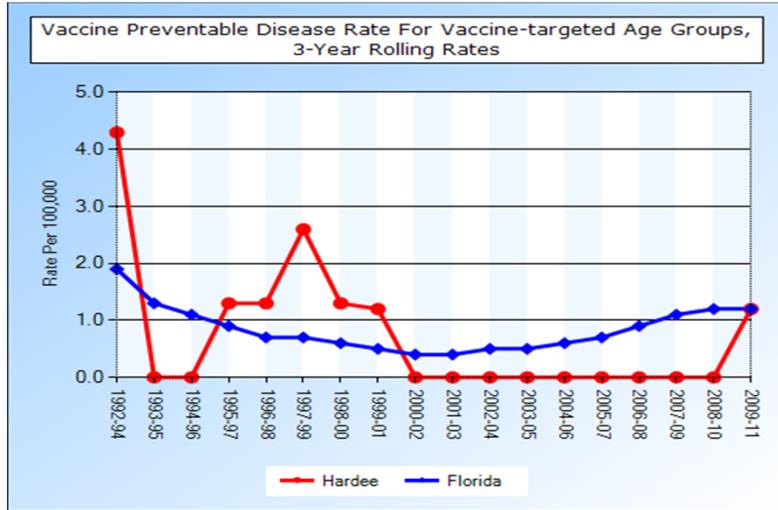
Age-Adjusted Tuberculosis 3-Year Death Rate
Rolling 3-Year Age-Adjusted Death Rate Per 100,000 Population



Source: Florida CHARTS

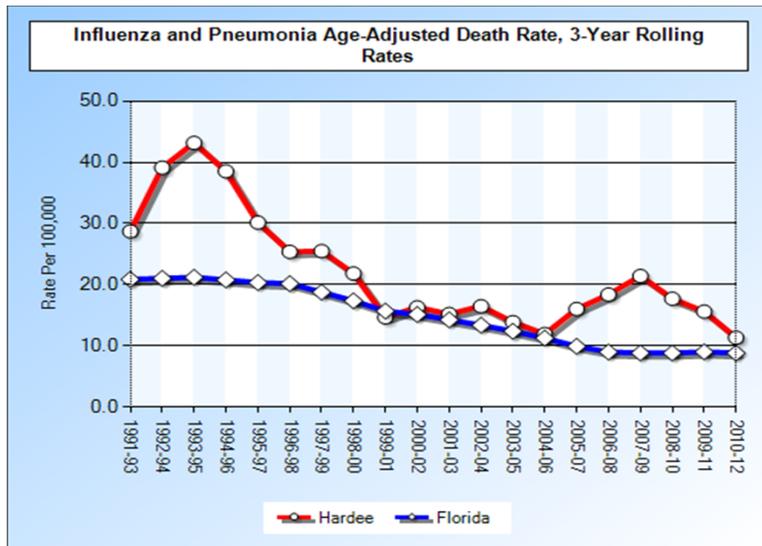
Mortality Trends in Hardee County

Vaccine Preventable Disease Rate For Vaccine-Targeted Age Groups Single Year Rate per 100,000 Population



Source: Florida CHARTS

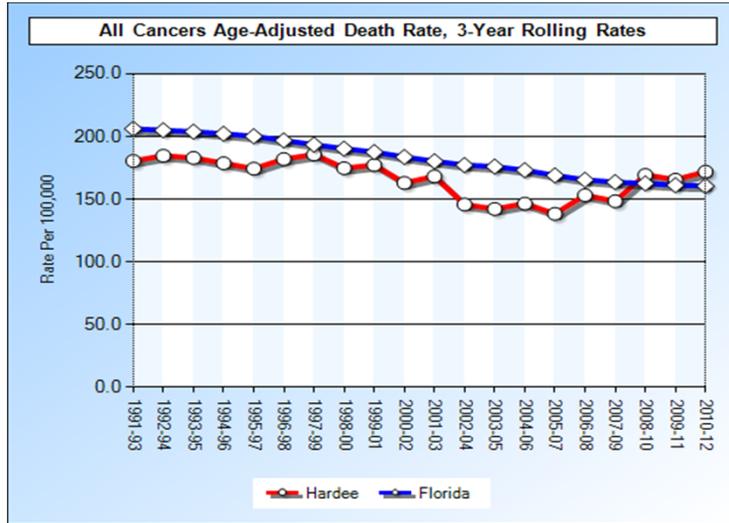
Age-Adjusted Influenza & Pneumonia 3-Year Death Rate Rolling 3-Year Age-Adjusted Death Rate Per 100,000 Population



Source: Florida CHARTS

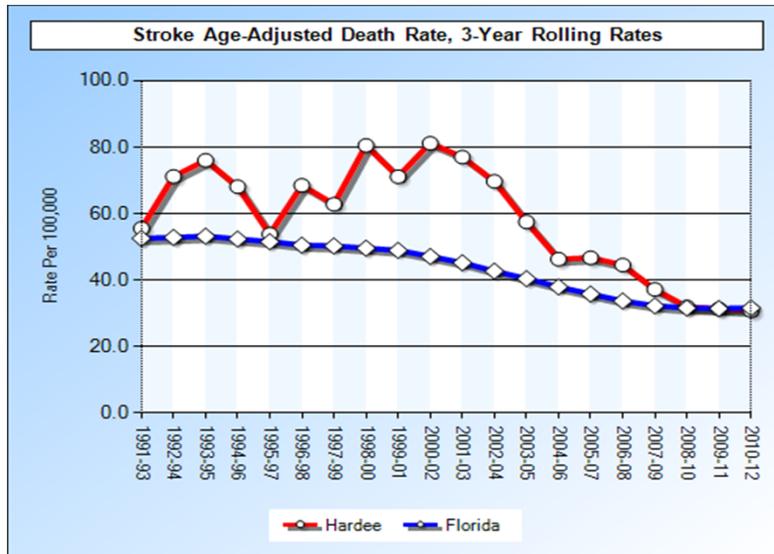
Mortality Trends in Hardee County

Age-Adjusted Cancer 3-Year Death Rate
Rolling 3-Year Age-Adjusted Death Rate Per 100,000 Population



Source: Florida CHARTS

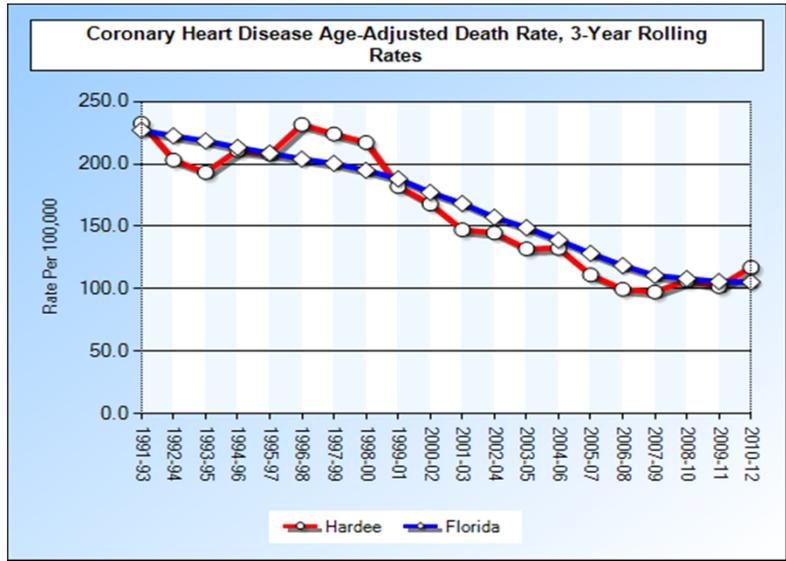
Age-Adjusted Stroke 3-Year Death Rate
Rolling 3-Year Age-Adjusted Death Rate Per 100,000 Population



Source: Florida CHARTS

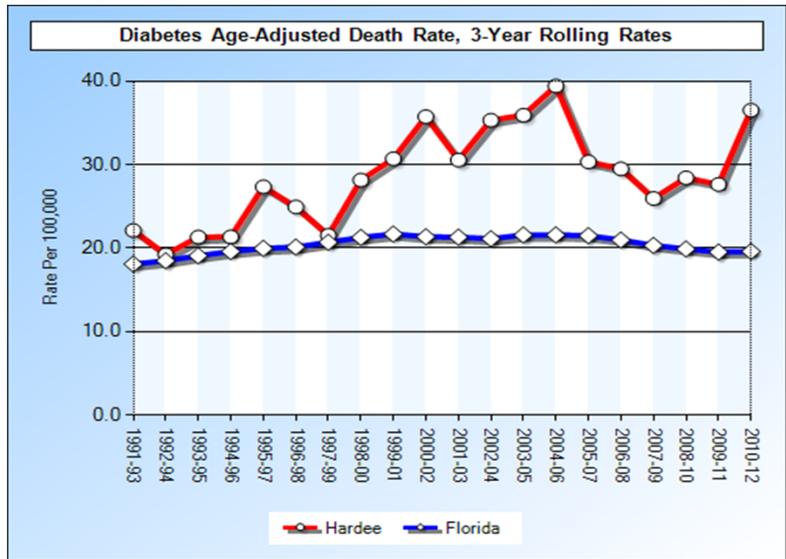
Mortality Trends in Hardee County

Age-Adjusted Coronary Heart Disease 3-Year Death Rate
Rolling 3-Year Age-Adjusted Death Rate Per 100,000 Population



Source: Florida CHARTS

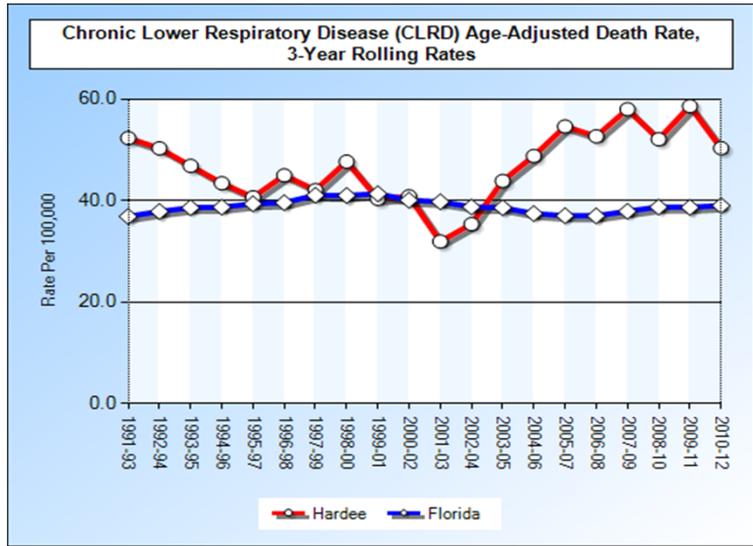
Age-Adjusted Diabetes 3-Year Death Rate
Rolling 3-Year Age-Adjusted Death Rate Per 100,000 Population



Source: Florida CHARTS

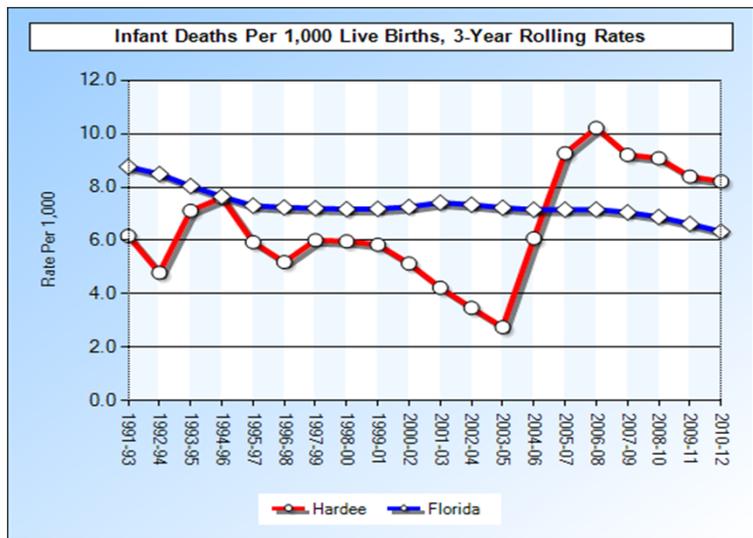
Mortality Trends in Hardee County

Age-Adjusted C.L.R.D. 3-Year Death Rate
Rolling 3-Year Age-Adjusted Death Rate Per 100,000 Population



Source: Florida CHARTS

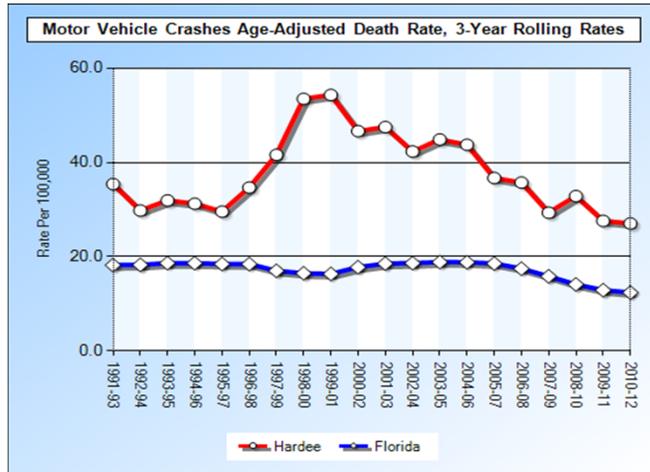
Total Infant Mortality
Rolling 3-Year Rate Per 1,000 Live Births



Source: Florida CHARTS

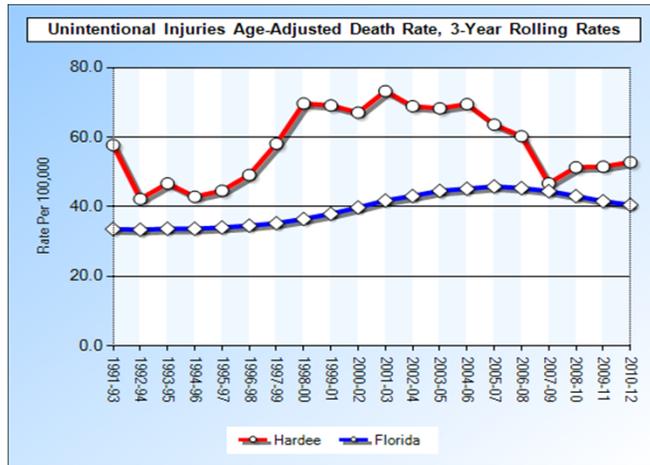
Mortality Trends in Hardee County

Age-Adjusted Motor Vehicle Traffic Crashes 3-Year Death Rate
Rolling 3-Year Age-Adjusted Death Rate Per 100,000 Population



Source: Florida CHARTS

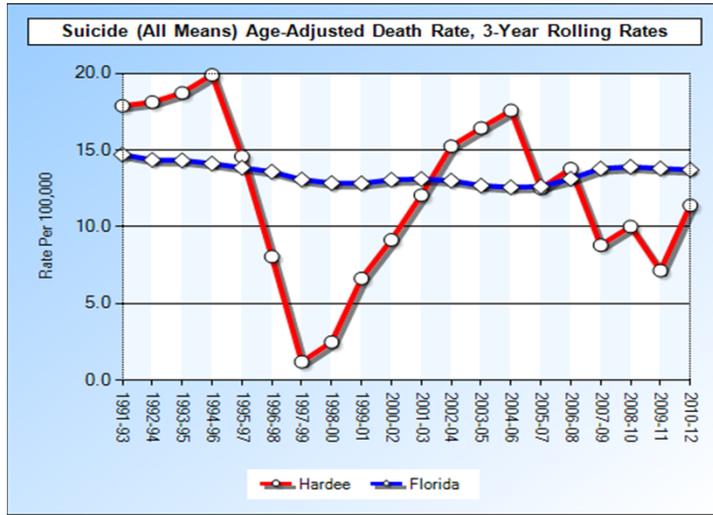
Age-Adjusted Unintentional Injury (Accident) 3-Year Death Rate
Rolling 3-Year Age-Adjusted Death Rate Per 100,000 Population



Source: Florida CHARTS

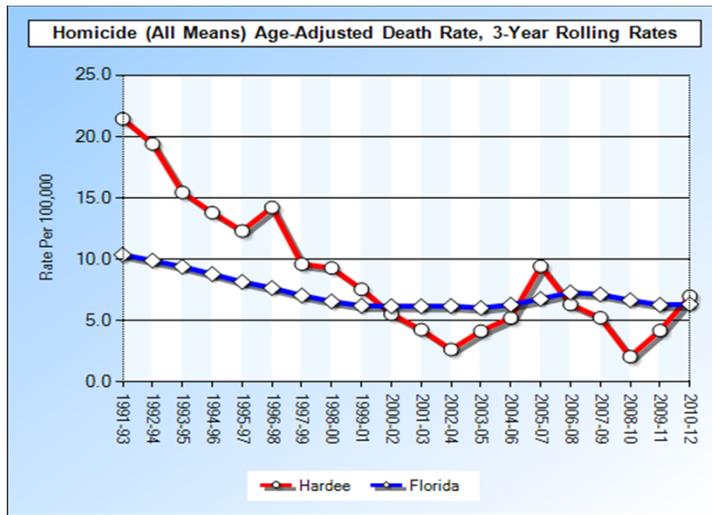
Mortality Trends in Hardee County

Age-Adjusted Suicide 3-Year Death Rate
 Rolling 3-Year Age-Adjusted Death Rate Per 100,000 Population



Source: Florida CHARTS

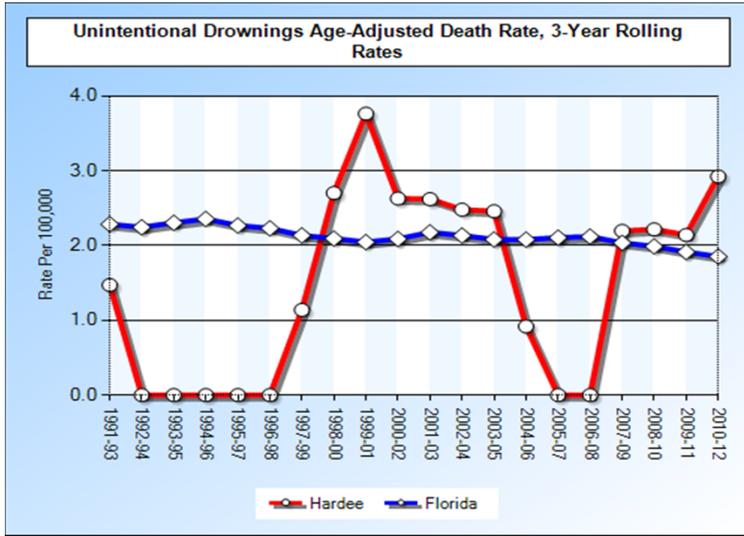
Age-Adjusted Homicide 3-Year Death Rate
 Rolling 3-Year Age-Adjusted Death Rate Per 100,000 Population



Source: Florida CHARTS

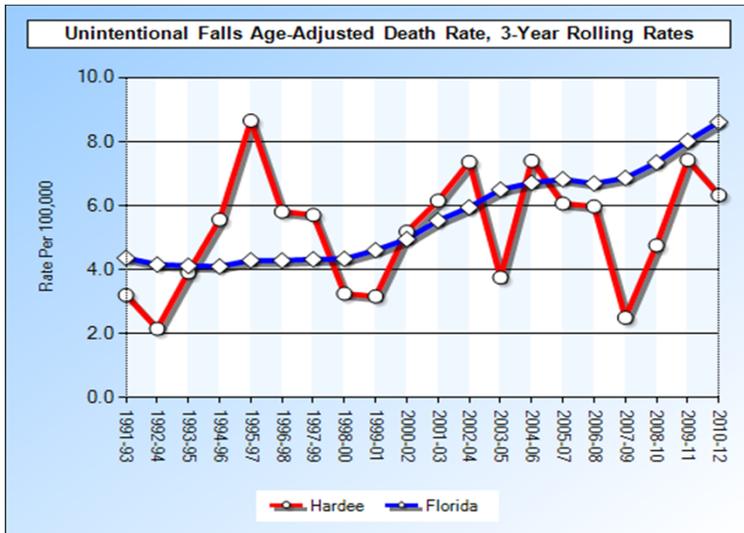
Mortality Trends in Hardee County

Age-Adjusted Unintentional Drowning 3-Year Death Rate
Rolling 3-Year Age-Adjusted Death Rate Per 100,000 Population



Source: Florida CHARTS

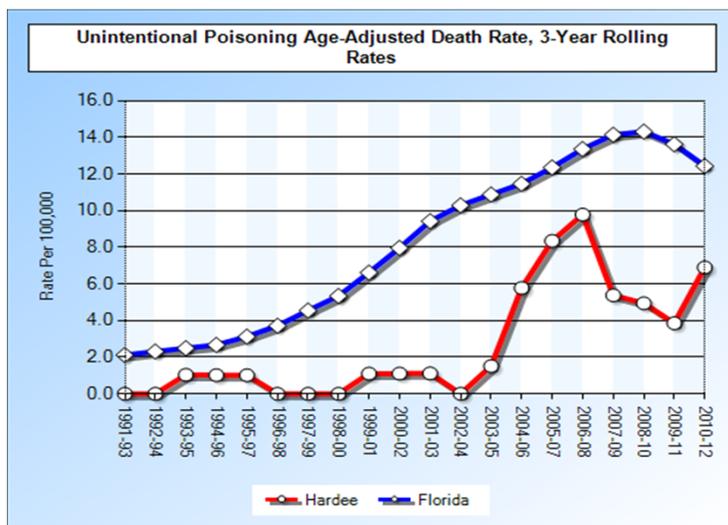
Age-Adjusted Unintentional Falls 3-Year Death Rate
Rolling 3-Year Age-Adjusted Death Rate Per 100,000 Population



Source: Florida CHARTS

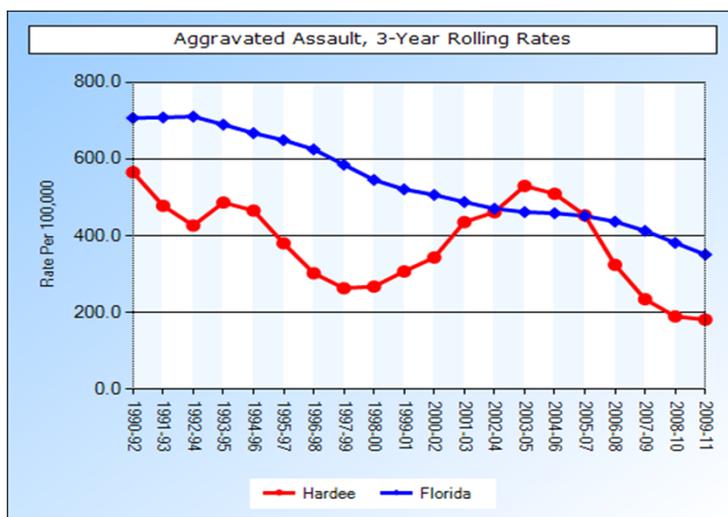
Mortality Trends in Hardee County

Age-Adjusted Unintentional Poisoning 3-Year Death Rate
Rolling 3-Year Age-Adjusted Death Rate Per 100,000 Population



Source: Florida CHARTS

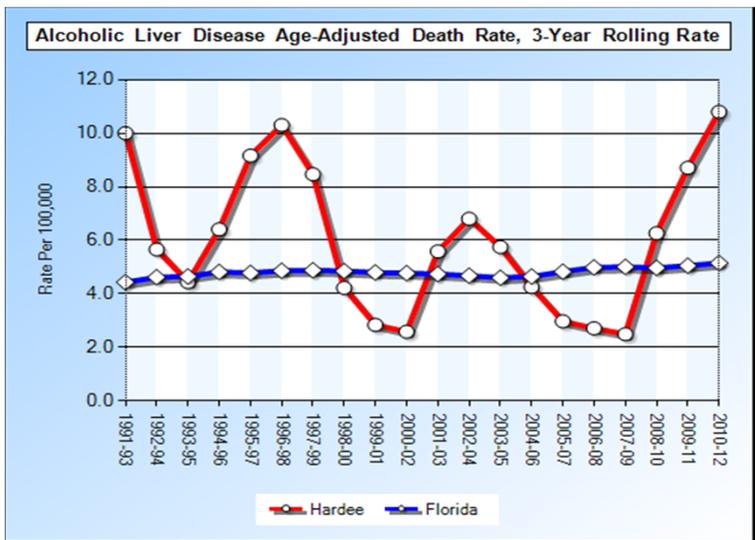
Aggravated Assault
Rolling 3-Year Rate Per 100,000 Population



Source: Florida CHARTS

Mortality Trends in Hardee County

Age-Adjusted Alcoholic Liver Disease 3-Year Death Rate
Rolling 3-Year Age-Adjusted Death Rate Per 100,000 Population



Source: Florida CHARTS



Community Health Improvement Plan

Following implementation of the National Public Health Performance Standards Program (NPHPSP) and Mobilizing for Action through Planning and Partnerships (MAPP) assessments, the Florida Department of Health in Hardee convened a broad group of system partners in three half day sessions to:

- Inform stakeholders
- Engage stakeholders in setting priorities
- Gain collaboration in initiating steps towards a community health improvement plan

The three sessions were focused on presenting health indicator data and discussing health, social, and economic issues in the county. Rankings from the community surveys and the Robert Wood Johnson Report were given to the attendees to view Hardee County in the context of our regional setting and compare the indicators of neighboring counties. The focus of the sessions were on identifying priorities. Broad priority areas included:

- Alcohol, Drug and Tobacco Abuse
- Diabetes, Physical Activity and Obesity
- Teen Pregnancy and Communicable diseases

Three work groups were later established and the priorities were narrowed down based on feedback from partners. Each work group met in person to develop a community health improvement plan for the area of focus. All work groups in their initial meetings had an opportunity to thoroughly explore relevant data, and discuss assets and gaps before preparing a plan.

The Florida Department of Health in Hardee County is grateful to the organizations and individuals (Appendices) who donated their time to make this planning process a success. Partners were committed to the process and to the future work that needs to be done to ensure that county residents will benefit from this initiative.



Community Health Improvement Plan

The first session was held on May 14th, 2013. This session included discussion to prepare the improvement plan for Alcohol, Drugs and Tobacco Abuse.

In attendance were the following:

Tami Halstead	Program Manager	Florida Department of Health
Eddie Davis	Sergeant, Drug Task Force	Hardee County Sheriff Office
Junior Archer	Environmental Manager	Florida Department of Health
Maria Pearson	Alliance for Substance Abuse and Teen Pregnancy	
Suzanne Lambert	Alliance for Substance Abuse and Teen Pregnancy	
Norma Christmas	Assistant to the Director	Florida Department of Health
Jim Griffin	Administrator	Florida Department of Health
Leslie Bond	Program Manager	Florida Department of Health
Teresa Gaitan	Program Manager	Florida Department of Health

The second session was held in the morning of May 15th, 2013. This session included discussion to prepare the improvement plan for Teen Pregnancy and STD's.

In attendance were the following:

Tami Halstead	Program Manager	Florida Department of Health
Maria Pearson	Alliance for Substance Abuse and Teen Pregnancy	
Suzanne Lambert	Alliance for Substance Abuse and Teen Pregnancy	
Norma Christmas	Assistant to the Director	Florida Department of Health
Jim Griffin	Administrator	Florida Department of Health
Leslie Bond	Program Manager	Florida Department of Health
Lora Mendoza	Health Educator	Florida Department of Health
Kathy Roe	School DON	Florida Department of Health
Holly Parker	Healthy Start Coordinator	Health Start Coalition
Julia Hermelbracht	Director	Dept. of Children and Families
Sue Birge	Chair Person	Board of County Commissioners

The third session was held in the afternoon of May 15th, 2013. This session included discussion to prepare the improvement plan for Diabetes.

In attendance were the following:

Tami Halstead	Program Manager	Florida Department of Health
Norma Christmas	Assistant to the Director	Florida Department of Health
Jim Griffin	Administrator	Florida Department of Health
Leslie Bond	Program Manager	Florida Department of Health
Darren Armstrong	Epi/Preparedness	Florida Department of Health
Sharon Johnson	Director of Nursing	Florida Department of Health
Holly Parker	Healthy Start Coordinator	Health Start Coalition
Andrew Hein	Doctor	Central Florida Health Care
Scarlett Powers	Clerical Supervisor	Florida Department of Health
Kelly Johnson	Director	Heartland Rural Healthcare
Natoy Baker-Robinson	Diabetes Educator	Heartland Rural Healthcare

Community Health Improvement Plan

<u>Priority Area: Alcohol, Drug and Tobacco Abuse</u>					
Community Status: Hardee County ranks 47 (bottom 30%) out of 67 counties.					
Goal: To raise awareness to community, students, and parents.					
Objective: Speak with agencies that educate children.					
Strategy: Educate Awareness					
Action Steps	Responsible Team Members	Resources Needed	Potential Partners	Outcome (Products)	Time Frame
PSA	ASAPP HCHD Sheriff's Office Ministry Hardee Help Center WPD	Time Staff	All community	Educate Community	1 year 6/13-5/14 On going
Brochures	HCHD ASAPP	Websites Staff	All local agencies	Distribute info to the Senior Class "2013" June 7th Distribute throughout County at games, community events, health fairs, school events, parking lots, and "back to school"	6/13-5/14 On going
Develop Speaker list	HCHD ASAPP	Time Staff	All local Agencies	List of available speakers to present to their professional targets.	6/13-5/14 On going
Newspaper articles	HCHD Sheriff's office WPD Ministry ASAPP	Time Staff	All local Agencies	Educate Community	6/13-5/14 On going

Community Health Improvement Plan

Action Steps	Responsible Team members	Resources Needed	Potential Partners	Outcome (Products)	Time Frame
Incorporate Drug, Alcohol and Tobacco message in on going youth and adult educational OPP's.	HCHD ASAPP SWAT	Speakers, Brochures, Educational Material, Websites	Youth Leaders All Community	Develop a Department of Alcohol and Tobacco message provided in various settings to a variety of age groups.	6/13-5/15 On going
Increase ASAPP Coalition membership	HCHD ASAPP	Time Staff	All local Agencies	Participation and involvement in coalition meetings and activities by key stakeholders/ champions.	6/13-5/15 On going
Change Policies	HCHD ASAPP SWAT	Time Staff Community Support	Community BOCC Local Agencies	Change policy's by key stakeholders and decision makers.	6/13-6/15



Community Health Improvement Plan

Priority Area: Teen Pregnancy					
Goal: Teen pregnancy rates higher than Florida and US rates Hardee teen pregnancy rates highest in the state.					
Objective A: Expand and Enhance education and awareness. Objective B: Reduce births to H.C. repeat births to mothers under 18.					
Strategy A: Education, Life experience "Baby think it over"; Expand/Extend younger grades.					
Action Steps	Responsible Team Members	Resources Needed	Potential Partners	Outcome (Products)	Time Frame
Educate	HCHD	Staff Curriculum	County Extension Office Migrant Assoc. School Teachers ASAPP DOH HSC DCF/HFC	Offer education to school age Students beginning in 4th grade	5 years
Educate Jr. High	HCHD	Staff Funding Dolls	Jr. High DOH Teachers DCF ASAPP HSC DOE	"Baby think over" classes it after school and on weekends to Jr. High students for a min. of 12hours	5 years
Educate Senior High	HCHD	Staff Funding Curriculum	DCF DOH High School Teachers ASAPP HSC DOE	Educate High School Offer TOP program to all 9th grade students	2014-15
Educate Jr. High	HCHD	Staff Funding Curriculum	DOH Jr.High DCF Teachers ASAPP HSC DOE	Educate Jr. High With a minimum of 5 hr class on risky behaviors	5 years

Community Health Improvement Plan

Action Steps	Responsible Team members	Resources Needed	Potential Partners	Outcome (Products)	Time Frame
Parent advisory committee Jr./Sr.	HCHD ASAPP	Staff Funding	DCF DOH High School Teachers ASAPP	Parent Education Distribute Literature Build a parent	2014-15



Community Health Improvement Plan

Priority Area: Diabetes					
Community Status: Community health status indicators have always revealed that Hardee County, when compared to the State average, did poorly with respect to premature death due to diabetes or cardiovascular disease. Racial and ethnic breakdowns for diabetic death rates are more revealing: in 2002-2004, whites were 33.2 versus an alarming 63.8 for blacks, and 97.1 for Hispanics.					
Goal 1: To improve and expand programs to educate and raise awareness for prevention and management of Diabetes.					
Objective : A. Reduce persons diagnosed with Diabetes by <u>15%</u> .					
Strategy : .Educate Community on Obesity					
Action Steps	Responsible Team Members	Resources Needed	Potential Partners	Outcome (Products)	Time Frame
Develop School Gardens	Heartland Rural Health HCHD CFHC	Funding Garden Club Supplies Education Staff Volunteers	Mosaic Growers CF PRECO Nurseries Principles Seniors Faith Based School Board Ped's	Prevention Healthier Eating Introduction of Healthier Foods Education	5 years and on going
Develop School Clubs	Heartland Rural Health HCHD CFHC	Money Garden Club Supplies Education	Mosaic Growers CF PRECO Nurseries Principles Seniors Faith Based School Board Ped's	Prevention Healthier Eating Introduction of Healthier Foods Education Fitness Trails Student Participation	5 years and on going
Meet with School Decision Makers	Heartland Rural Health HCHD CFHC	Staff Plan Funding	Nutrition Signs Exercise Signs	School Board Members Principals Partnerships/ MOU with local schools	Life Style Change

Community Health Improvement Plan

Action Steps	Responsible Team Members	Resources Needed	Potential Partners	Outcome (Products)	Time Frame
Map out public areas available for physical activity	Rural Heartland Health HCHD CFHC	Knowledge Survey IDA	WPD HSO Schools Hardee IDA Mosaic CF	Educate community about where they can go to walk or workout	5 years and ongoing
Explore Potential Parks	Rural Heartland Health HCHD CFHC	Knowledge Survey IDA	WPD HSO Schools Hardee IDA Mosaic CF	Work with parks to establish a fitness trail for all community at different levels	5 years and ongoing
Grant for Community Garden	CF Mosaic Nurseries	Parrish Nurses Funding Location Staff/Volunteers Grant Writer	CF Mosaic Nurseries	Research Online– Educate Curriculum for different ages Growing Educate Prices Work plans– Hydroponics	5 years and ongoing
Media: Advertise about all walking paths	Rural Heartland Health HCHD CFHC	Funding PSA Scripts Staff Volunteers	HCHD Fire Department	Radio Print Media Articles on opportunities Location of all walking & fitness trails	5 years and ongoing
NCI–Excess	Community Wide Campaigns PSA Banners Health Fairs	Funding PSA Scripts Staff Volunteers	IDA’s to develop	Articles HCHD Fitness Trails Map out public areas for Physical survey Community Activities	5 years and ongoing
Develop Public Awareness Camp	Rural Heartland Health HCHD CFHC	Knowledge Survey IDA	WPD, HSO Schools Hardee IDA Mosaic CF	Education and awareness	5 years and ongoing

Community Health Improvement Plan

Action Steps	Responsible Team Members	Resources Needed	Potential Partners	Outcome (Products)	Time Frame
Outdoor Classroom	School Board Members Principals Teachers	Education Materials Funding	School Board Members Teachers Principals	Education Student Participation	Life Style Change
Fitness Trails	City and County Parks	Locations/ Partnerships Money Signs	Local Businesses Schools County City	Fitness Trails available throughout the county recreational department	Life Style Change
Community Outreach	Rural Heartland Health HCHD CFHC	Spanish and English Media, Graphics, and Signs	Adult Education School Board Faith Based County Extension Office	Getting into ESOL Health Fairs PSA's Fitness signs (double-sided)	5 Years and ongoing
Support Programs already in place	Rural Heartland Health HCHD CFHC	Community Plan Staff		Community Calendar Participation by Community Agencies	



Appendices



Florida Health Mission:
To protect, promote
& improve the health
of all people
in Florida through
integrated state, county,
& community efforts.

Rick Scott
Governor

John H. Armstrong, MD, FACS
Surgeon General & Secretary

Florida Department of Health
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www.Hardeechd.org

www.floridashealth.com
TWITTER: HealthyFLA
FACEBOOK:
FLDepartmentofHealth
YOUTUBE: fldoh

Community Health Survey

Please take a few minutes to complete the survey below. You must be 18 years or older to complete this survey. The purpose of this survey is to get your opinion about community health problems in Hardee County. The Hardee County Health Department will use the results of this survey and other information to identify the most pressing problems which can be addressed through community action. If you have previously completed a survey, you do not have to complete another. Remember...your opinion is important! Thank you and if you have any questions, please contact the Hardee County Health Department, Community Health, (863)773-4161, ext. 130.

In the following list, what do you think are the three factors that improve the quality of life in a community? Check only three (3):

- | | |
|---|--|
| <input type="checkbox"/> Good place to raise children | <input type="checkbox"/> Health Behaviors and lifestyles |
| <input type="checkbox"/> Low infant deaths | <input type="checkbox"/> Strong family life |
| <input type="checkbox"/> Low level of child abuse | <input type="checkbox"/> Excellent race relations |
| <input type="checkbox"/> Low crime/safe neighborhood | <input type="checkbox"/> Affordable Housing |
| <input type="checkbox"/> Arts and Cultural Events | <input type="checkbox"/> Good schools |
| <input type="checkbox"/> Religious or Spiritual Values | <input type="checkbox"/> Access to health care |
| <input type="checkbox"/> Parks and recreation | <input type="checkbox"/> Clean Environment |
| <input type="checkbox"/> Affordable health insurance | <input type="checkbox"/> Good jobs & healthy economy |
| <input type="checkbox"/> Low adult death & disease rate | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Access to good or reliable health information | |
| <input type="checkbox"/> Disaster Preparedness (i.e. natural disasters, epidemic) | |

In the following list, what do you think are the three important "health problems" in our community? (Those problems which have the greatest impact on overall community health.) Check only three (3):

- | | |
|--|--|
| <input type="checkbox"/> Aging problems (i.e. hearing/vision loss arthritis) | <input type="checkbox"/> Infant death |
| <input type="checkbox"/> Heart disease and stroke | <input type="checkbox"/> Rape/sexual assault |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> HIV/AIDS |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Child abuse/neglect |
| <input type="checkbox"/> Respiratory/lung disease | <input type="checkbox"/> Sexually Transmitted Disease |
| <input type="checkbox"/> Homicide | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Dental problems | <input type="checkbox"/> Firearm-related injuries |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Mental health problems |
| <input type="checkbox"/> Being overweight | <input type="checkbox"/> Personal safety |
| <input type="checkbox"/> Drug/alcohol abuse | <input type="checkbox"/> Teenage pregnancy |
| <input type="checkbox"/> Suicide | <input type="checkbox"/> Infectious Disease (i.e. TB, hepatitis) |
| <input type="checkbox"/> Vehicle crash injuries | <input type="checkbox"/> Other _____ |

In the following list, what do you think are the three most important "risky behaviors" in our community? (Those behaviors which have the greatest impact on overall community health.) Check only three (3):

- | | |
|--|--|
| <input type="checkbox"/> Alcohol abuse | <input type="checkbox"/> Tobacco use |
| <input type="checkbox"/> Drug Abuse | <input type="checkbox"/> Un-safe sex |
| <input type="checkbox"/> Lack of exercise | <input type="checkbox"/> Poor eating habits |
| <input type="checkbox"/> Racism | <input type="checkbox"/> Not using birth control |
| <input type="checkbox"/> Not getting "shots" to prevent disease | <input type="checkbox"/> Drunk driving |
| <input type="checkbox"/> Not using seat belts/child safety seats | <input type="checkbox"/> Not going to the doctor |
| <input type="checkbox"/> Using cell phone when driving | |

How would you rate our community as a “Healthy Community”?

- Very unhealthy
- Unhealthy
- Somewhat unhealthy
- Healthy
- Very healthy

How would you rate your own personal health?

- Very unhealthy
- Unhealthy
- Somewhat unhealthy
- Healthy
- Very healthy

What do you think are the three best ways for the Health Department to regularly share health information (i.e. Information on controlling high blood pressure, etc.)? Check only three:

- | | |
|---|--|
| <input type="checkbox"/> When you visit the health department | <input type="checkbox"/> In a newsletter |
| <input type="checkbox"/> Group in your community (church or social) | <input type="checkbox"/> At a health fair |
| <input type="checkbox"/> Local newspaper | <input type="checkbox"/> At your doctor’s office |
| <input type="checkbox"/> On the health department website | <input type="checkbox"/> Radio |
| <input type="checkbox"/> TV | |

What do you think is the best way for the Health Department to share information on special events occurring in your community with you? Check only one:

- | | |
|---|---|
| <input type="checkbox"/> When you visit the health department | <input type="checkbox"/> In a newsletter |
| <input type="checkbox"/> Group in your community (church or social) | <input type="checkbox"/> Local newspaper |
| <input type="checkbox"/> At a health fair | <input type="checkbox"/> On the health department website |
| <input type="checkbox"/> TV | <input type="checkbox"/> At your doctor’s office |
| <input type="checkbox"/> Signs or Flyers | <input type="checkbox"/> Radio |
| | <input type="checkbox"/> Billboards |

These last few questions tell us about you. They will be used only to help us understand our population and target information effectively. This information will not be used to identify you.

Zip code where you live: _____

Age: 18-25 26-39 40-54 55-64 65 or over

Race/Ethnic group which you most identify with:

- | | |
|---|--|
| <input type="checkbox"/> White – Hispanic/Latino | <input type="checkbox"/> White – Not Hispanic/Latino |
| <input type="checkbox"/> Black – African American | <input type="checkbox"/> Asian - Pacific Islander |
| <input type="checkbox"/> Native American | <input type="checkbox"/> Other |

Sex: Male Female
Marital Status Married Single

Appendices

Florida MAPP Field Guide, Nov. 2008 update

Forces of Change Brainstorming Worksheet

The following two-page worksheet is designed for MAPP Committee members to use in preparing for the Forces of Change brainstorming session.

What are Forces of Change?

Forces are a broad, all-encompassing category that includes trends, events and factors.

Trends are patterns over time, such as migration in and out of a community or a growing disillusionment with government.

Factors are discrete elements, such as a community's large ethnic population, an urban setting, or a jurisdiction's proximity to a major waterway.

Events are one-time occurrences, such as a hospital closure, a natural disaster or the passage of new legislation.

What Kind of Areas or Categories are Included?

Be sure to consider any and all types of forces, including:

- social
- economic
- political
- technological
- environmental
- scientific
- legal
- ethical

How to Identify Forces of Change

Think about forces of change — outside of your control— that affect the local public health system or community.

1. What has occurred recently that may affect our local public health system or community?
2. What may occur in the future?
3. Are there any trends occurring that will have an impact? Describe the trends.
4. What forces are occurring locally? Regionally? Nationally? Globally?
5. What factors/characteristics of our jurisdiction or state may pose an opportunity or threat? Please identify several forces you feel are occurring.
6. What may occur or has occurred that may pose a barrier to achieving the cooperative/community wide action?

Also, consider whether or not forces identified were unearthed in previous discussions.

7. What assets in our community do you feel improve our health/keep us healthy?

Using this information, list all brainstormed forces, including factors, events, and trends. Continue onto another page if needed. Bring the completed worksheet to the brainstorming session.

Appendices

Outline for Focus Group

Goal: Answer these questions:

- What is important in our community?
- How is quality of life perceived in our community?
- What assets do we have that can be used to improve community health?

•Introduction

- I.Overview of the goals of the focus group
- II.Overview of MAPP process
- III.Description of community health vs. personal health
- IV.Ensure confidentiality of participants

•Rapport Building Stage

- I.Introduction of participants
 - a.Tell us 3 interesting facts about yourself

•In – depth discussion

- I.See below

•Closure

- I.Summarize conclusions gathered and participants clarify, confirm or elaborate on the information – Laura and Jennifer

In-Depth Discussion Questions

- What do you believe are the 2-3 most important characteristics of a healthy community? What issues need to be addressed to improve the health and quality of life in our community?
- What makes you most proud of our community?
- Are you satisfied with the quality of life in our community?
 - 1.Are you satisfied with the health care system?
 - 2.Is it a good place to raise children? To grow old?
 - 3.Do you feel there is good economic opportunity?
 - 4.Is the community a safe place to live?
 - 5.Do you feel there are support networks for individuals and families during times of need and stress?
 - 6.Does everyone have the opportunity to contribute to and participate in the community's quality of life?
 - 7.Do all residents perceive that they can make the community a better place to live?
- What assets does the community have that can help to improve the health and quality of life? What do you believe is keeping the community from doing what needs to be done?
- What actions, policy, or funding priorities would you support to build a healthier community? (this might come out in earlier questions)
- What would excite you enough to become more involved in improving our community? (this might come out in earlier questions)

Appendices

DATE	INTERNAL	EXTERNAL	NAME OF MEETING	TOPICS	# ATTENDING	Information
1/29/2013	X		CHD Management Team	Review CHA & CHIP requirements	10	Distributed
2/26/2013	X		Community Health Assessment Webinar	Review Requirements	4	
2/27/2013	X		Community Health Improvement Planning	Review Requirements	4	
3/4/2013	X		MAPP TA @ Hillsborough	Review CHA & CHIP requirements and best practices.	7 (4 Hardee)	
3/11/2013	X		Accreditation Team Meeting	Four MAPP Assessments	5	
4/5/2013	X		Accreditation Team Meeting	Develop Timeline for CHA & CHIP	3	
4/11/2013		X	Community Health Assessment	Community Partners complete National Assessment for Essential Service #3		Rankings Report & The results for Assessment#3
4/23/2013	X		Accreditation Team Meeting	Plan for Leadership Retreat, give team assignments, and adjust timeline	5	
4/25/2013	X		Leadership Retreat	Complete National Assessment for Essential Services 1-2, 4-10	10	
5/8/2013	X		Accreditation Team Meeting	Plan for upcoming Focus Groups, give assignments, set timeline	4	
5/9/2013	X		Accreditation Team Meeting	CHD Strategic Planning Webinar	2	
5/14/2013		X	Community Health Improvement Plan - Focus Group	Alcohol/Drug Abuse		
5/15/2013		X	Community Health Improvement Plan - Focus Group	Diabetes		
5/15/2013		X	Community Health Improvement Plan - Focus Group	Teen Pregnancy		
5/28/2013	X		Accreditation Team Meeting	Review Progress with Leadership team	10	
5/30/2013	X		Accreditation Team Meeting	Completed Webinar for A General Overview of Public Health Accreditation	3	
5/30/2013	X		Accreditation Team Meeting	Completed Webinar "An Introduction to the PHAB Accreditation Process"	3	
5/30/2013	X		Accreditation Team Meeting	Completed Webinar -"The Nuts & Bolts of the PHAB Accreditation Process"	3	
5/30/2013	X		Accreditation Team Meeting	Completed Webinar-"Understanding the PHAB Standards and Measures and Documentation Requirements	3	
6/4/2013	X		Accreditation Team Meeting	Webinar: 10 Essential Public Health Services Overview	4	
6/11/2013	X		Accreditation Team Meeting	Webinar: Conduct Meetings that Rock (Effective Meeting Techniques)	4	
6/18/2013	X		Accreditation Team Meeting	Webinar: FDOH Public Health Accreditation - Domain 1	3	
6/20/2013	X		Accreditation Team Meeting	Accreditation Team Leaders Conference Call	4	
6/25/2013	X		Accreditation Team Meeting	Webinar: FDOH Public Health Accreditation - Domain 2 & 3	3	
6/25/2013	X		CHA / CHIP Work Group	Review final draft with Leadership team	7	
6/27/2013	X		Accreditation Team Meeting	Accreditation Team Leaders Conference Call		

References

US Census Bureau, State and County Quick facts:

<http://www.census.gov>

Hardee County School Board:

<http://www.hardee.k12.fl.us>

Florida CHARTS :

<http://www.floridacharts.com/charts/chart.aspx>

Florida Vital Statistics:

<http://www.flpublichealth.com/VSBOOK/VSBOOK.aspx>

American Cancer Society:

<http://www.cancer.org>

American Heart Association:

<http://www.heart.org/>

Centers for Disease Control and Prevention:

<http://www.cdc.gov>

<http://www.cdc.gov/od/ocphp/nphpsp/>

Florida Department of Health

www.doh.state.fl.us

2007 BRFSS

Hardeecounty.net

Healthystarthhp.org

Robert Wood Johnson Foundation (County Health Rankings & Roadmaps 2013)

Surveys from Hardee County Residents

Hardeechd.org