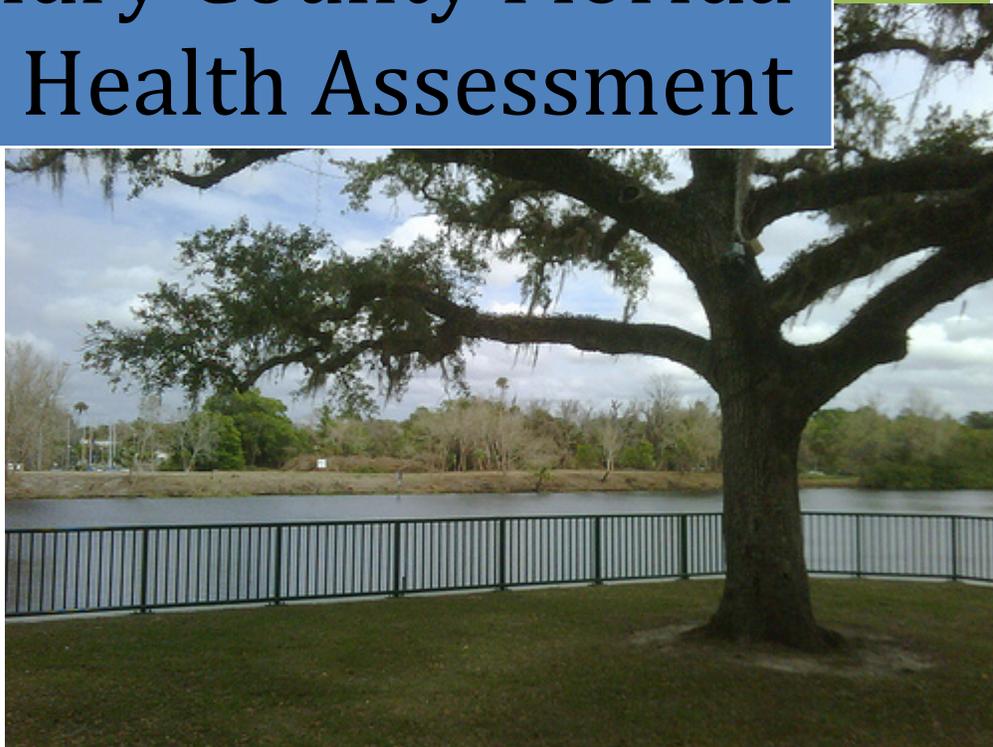


# 2013

## Hendry County Florida Health Assessment



Prepared by:

The Health Planning Council of  
Southwest Florida, Inc.

[www.hpcswf.com](http://www.hpcswf.com)



HEALTH PLANNING COUNCIL  
of Southwest Florida, Inc



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## Introduction

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

The Hendry County Health Department created a community committee comprised of area residents and business leaders who showed an interest in improving the health of their community. A list of participating members of the Hendry-Glades Public Health System Task Force (H-G PHSTF) is available in Appendix A. This group held monthly meetings for the duration of the project to aid in the creation and implementation of this needs assessment.

HPC reviewed numerous data sources and received feedback from the Hendry-Glades Public Health System Task Force as well as from members of the community through surveys and interviews. The Hendry-Glades Public Health System Task Force (H-G PHSTF) reviewed the preliminary data that was collected, and provided feedback to the Health Planning Council.

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

## Demographic and Socioeconomic Characteristics

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

### Population Demographics

The sheer number of people in a community is the leading determinant of the demand for healthcare services. Hendry County, which has a population of just fewer than 39,000, is located in southwest Florida (Fig. 1). The county also shares borders with the following counties: Glades to the north; Martin and Okeechobee to the northeast; Palm Beach to the east; Broward to the southeast; Collier to the south; and Lee and Charlotte to the west. As seen in Figure 2, Hendry is one of seven counties in southwest Florida that comprise the Local Health Planning District 8 as designated by the Florida Agency for Health Care Administration (AHCA). LaBelle is the county seat. Clewiston is the largest and most populous incorporated area. Hendry County is 1,189.79 square miles in area; about 3 percent of that area is covered by water. The county has a population density of about 34 persons per square mile compared to a state average of 357 persons per square mile. Hendry County is considered a rural county.

Figure 1:

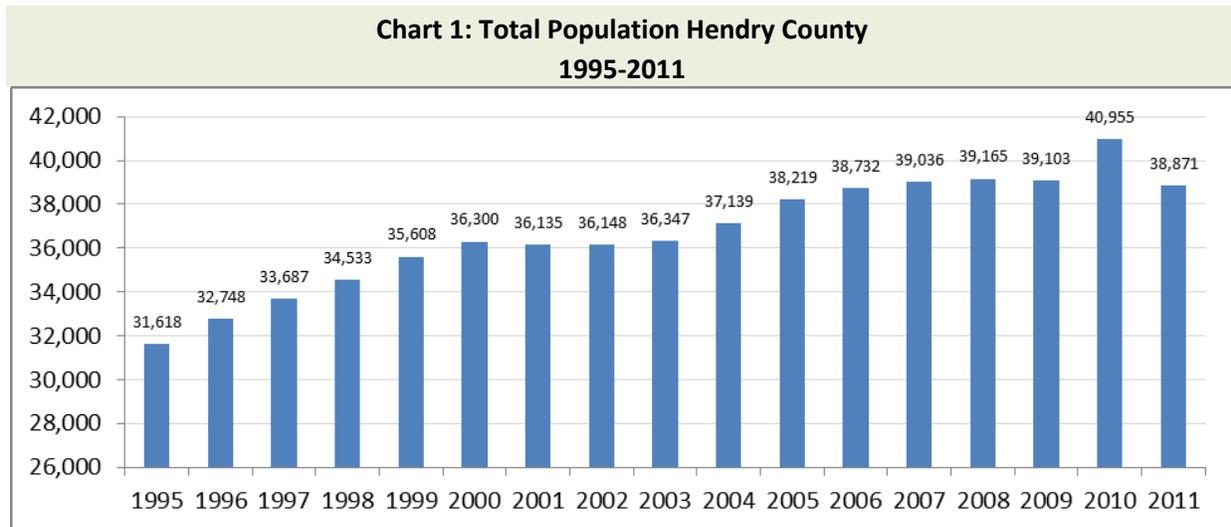


Figure 2:



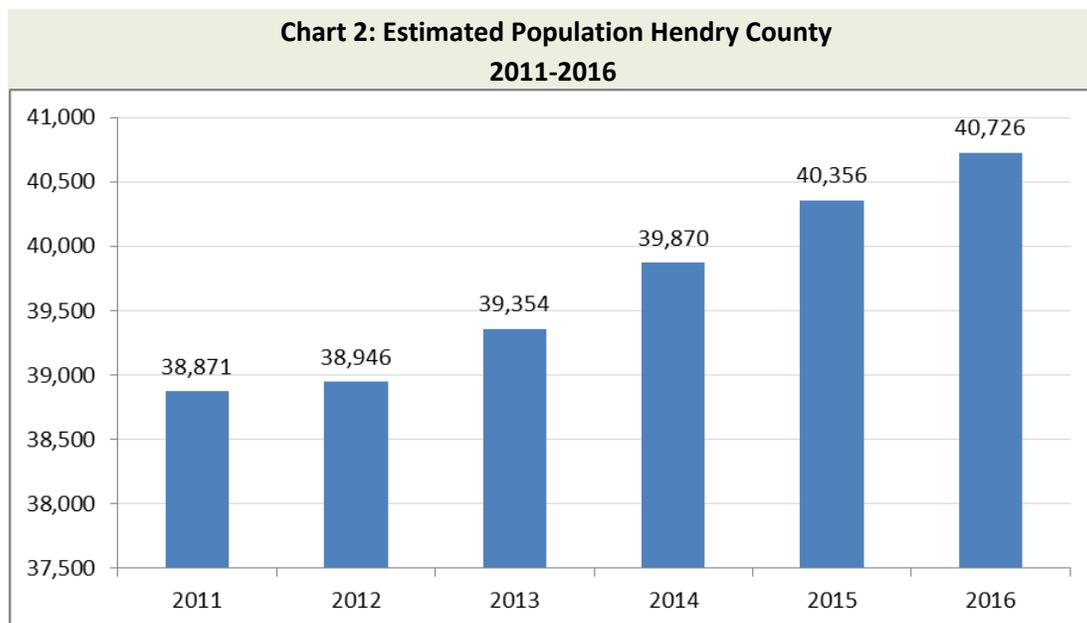
## Population Growth

The illustration below represents the total population of Hendry County from 1995-2011. The estimate for 2011 places the population of Hendry County at 38,871. This represents a 23 percent increase since 1995.



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

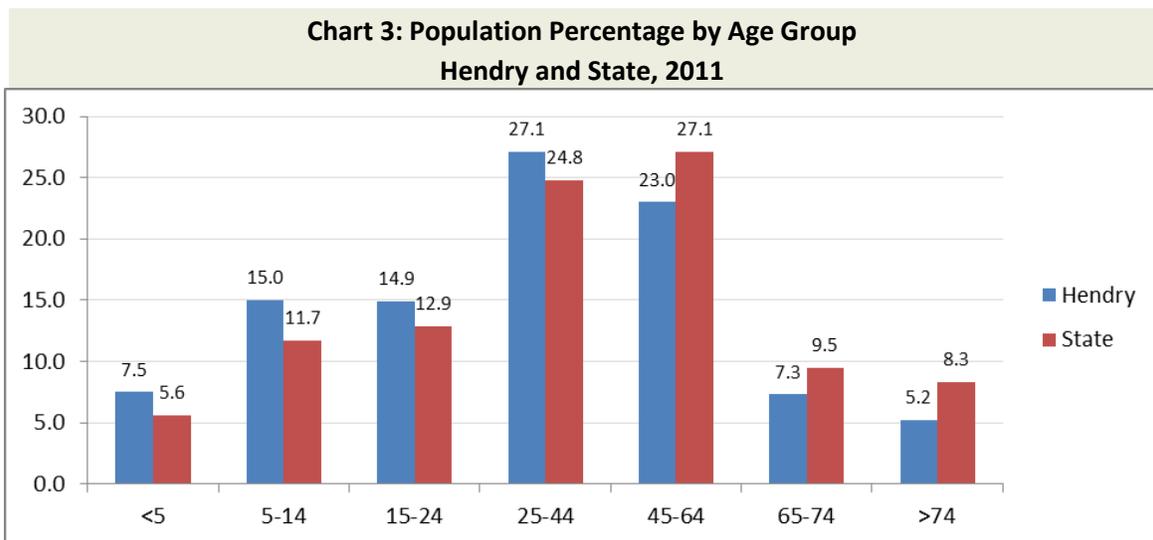
Population growth in a community is the result of natural increase (more births than deaths) and also the migration of people moving into the area at a higher rate than those who are leaving. According to the Office of Economic and Demographic Research, the population of Hendry County is expected to continue to grow in the coming years. In 2016, it is estimated that the population of Hendry County will be 40,726; that is an increase of nearly five percent from the same number for 2011.



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

## Age

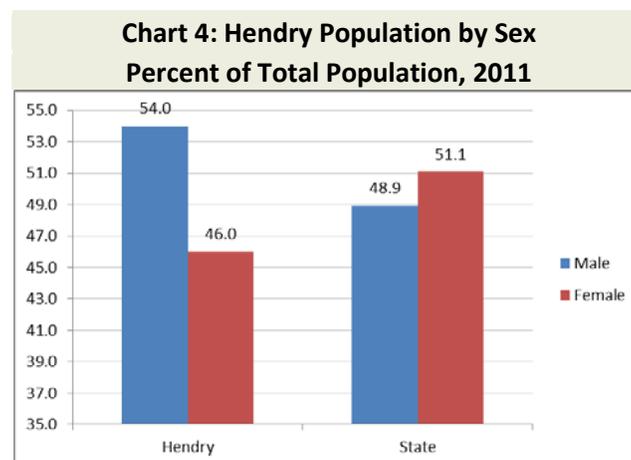
The average age for residents of Hendry County is younger than the average age of residents of Florida. The largest proportion of the population of the county is between the ages of 25 and 44 while the largest proportion of the population for the state is between 45 and 64. Approximately thirty-seven percent of the population in Hendry is under the age of 25 and approximately twelve percent are 65 or older.



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

## Gender

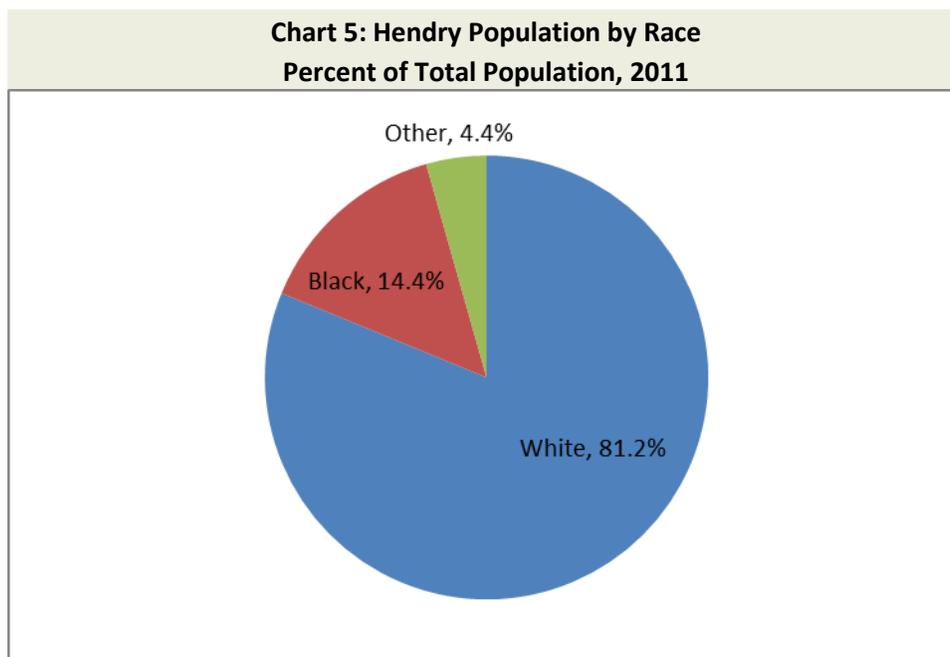
There are significantly more men than women in Hendry County. 54.0 percent of the residents of Hendry County are male while 46.0 percent are female; statewide the percentages are 51.1 percent female and 48.9 percent male. Nationwide females outnumber males, but it is not uncommon for men to outnumber women in rural areas.



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

## Race and Ethnicity

18.8 percent of the population of Hendry County is non-white; compared to a statewide population comprised of 21.5 percent non-whites. Approximately 4.4 percent of the population is listed as “Other non-white”. This category includes American Indian, Alaskan Native, Asian, Native Hawaiian, and other Pacific Islanders, and those of mixed race who chose not to select white or black.



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

Ethnicity in Florida is broken out separately from race. For ethnicity, a person must designate themselves as Hispanic or Non-Hispanic; people in both of those groups can identify as white, black or other non-white. About 50 percent of the residents of Hendry County identify as Hispanic; this is significantly higher than the state average. The vast majority of the people in Hendry County who identify as Hispanic identify as white.

		Hendry		State	
		Hispanic	Non-Hispanic		
White		46.7%	34.5%	White	20.9%
Black		1.3%	13.1%	Black	1.1%
Other		1.4%	3.0%	Other	0.8%
Total		49.4%	50.6%	Total	22.8%
					77.2%

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

## Socioeconomic Indicators

The figures shown below summarize some of the primary indicators of economic health for the county and state. Like the rest of Florida, Hendry County was hit hard by the economic downturn. The unemployment rate jumped from 7.2 percent in 2000 to 14.7 percent in 2010; it is also higher than the state rate of 11.3 percent. However, while the bankruptcy filing rate of the residents of Hendry County rose between 2000 and 2011, that rate is still significantly lower than the state.

The percent of people living under the poverty level in Hendry County is significantly higher than the state as a whole; nearly double than the state average. Unfortunately, that also holds true for the percent of children 0-17 years of age who are under the poverty level; that rate is 39.8 percent for Hendry County compared to 25.1 percent for the state.

	<b>County 2000</b>	<b>County 2011</b>	<b>State 2011</b>
Labor Force as a % of Pop. Aged 18+ (2010)	64.3%	62.0%	61.7%
Personal Bankruptcy Filing Rate per 1,000	1.98	2.26	4.67
Unemployment Rate (2010)	7.2%	14.7%	11.3%
Average Annual Wage		\$31,936	\$41,570
Per Capita Personal Income	\$20,355	\$28,285	\$39,636
% Living Below Poverty Level		29.6%	17.0%
% ages 0-17 living below Poverty		39.8%	25.1%

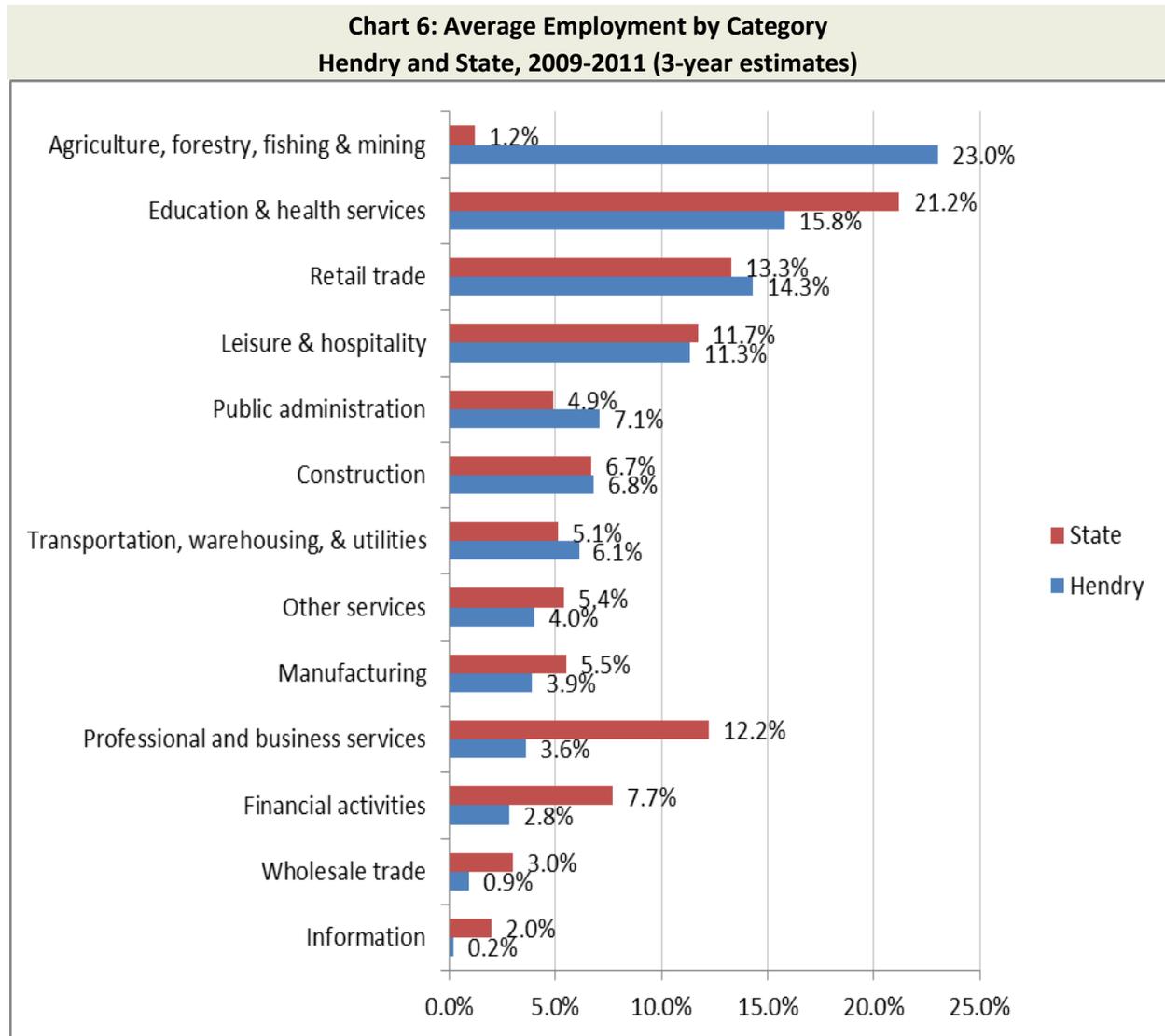
Source: The Florida Legislature, Office of Economic and Demographic Research

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

	<b>Hendry</b>	<b>State</b>
% High School graduate or higher	64.9%	85.6%
% Bachelor's degree or higher	10.6%	25.7%

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

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



Source: Florida Legislature, Office of Economic and Demographic Research

# Health Status

## Health Ranking

County Health Rankings & Roadmaps, a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, has Hendry County currently ranked the 32<sup>nd</sup> healthiest out of 67 counties in Florida for Health Outcomes, and 63<sup>rd</sup> healthiest for Health Factors. These rankings are based on a variety of factors that affect the health of the county's residents such as unemployment, levels of physical inactivity, and rates of smoking, obesity, and children living in poverty. A detailed breakdown of the ranking and full definitions for each health measure are available in Appendix X.

## Leading Causes of Death

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

Table 4 gives detailed information on the leading causes of death for residents of Hendry County in 2011. The Deaths column is a simple count of the number of people who died by the listed cause during 2011. Percent of Total deaths lets you know what percent of the people who died in 2011 died from that cause. Crude Rate per 100,000 gives a sense of how likely a person is to die of that cause in any given year. For example, out of every 100,000 people in Hendry County, 12.9 of them died of a stroke in 2011. Since there are fewer than 100,000 people in Hendry County the rates per 100,000 are higher than the actual number of people who died. Using the rate per 100,000 allows comparison between areas with different populations such as comparing a small county to a large county or a county to the state.

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

The 3-Year Age-Adjusted Death Rate per 100,000 gives an average of the three years ending in 2011 (2009, 2010, and 2011). A small increase or decrease in the number of deaths in a given year can make a big difference in the rate so averages are used to flatten out large fluctuations.

The last column is Years of Potential Life Lost. This is an estimate of the number of years a person would have lived had they not died prematurely. In this case that number is given for all people who died under the age of 75 assuming that they would have lived to the age of 75. When the numbers are

particularly low, such as they are for Alzheimer’s disease, it is generally because that cause of death largely impacts the elderly. Conversely, a particularly high number such as for unintentional injuries suggests that the average age of the victims was fairly young.

**Table 4: Major Causes of Death For 2011  
Hendry County**

<b>Cause of Death</b>	<b>Deaths</b>	<b>Percent of Total Deaths</b>	<b>Crude Rate Per 100,000</b>	<b>Age-Adjusted Death Rate Per 100,000</b>	<b>3-Year Age-Adjusted Death Rate Per 100,000</b>	<b>YPLL &lt; 75 Per 100,000 Under 75</b>
ALL CAUSES	247	100.0	635.4	660.5	772.0	7027.5
HEART DISEASE	56	22.7	144.1	151.8	195.0	928.5
CANCER	49	19.8	126.1	132.3	165.7	912.2
UNINTENTIONAL INJURIES	24	9.7	61.7	65.2	57.2	1833.9
DIABETES MELLITUS	14	5.7	36.0	36.7	35.2	312.2
CHRONIC LOWER RESPIRATORY DISEASE	11	4.5	28.3	30.0	42.6	84.2
HOMICIDE	10	4.0	25.7	26.0	14.5	1004.5
SEPTICEMIA	6	2.4	15.4	16.3	14.7	84.2
STROKE	5	2.0	12.9	12.8	31.6	207.7
AIDS/HIV	4	1.6	10.3	10.0	10.1	157.5
CHRONIC LIVER DISEASE AND CIRRHOSIS	4	1.6	10.3	9.6	12.5	135.7
PNEUMONIA/INFLUENZA	4	1.6	10.3	10.5	11.2	76.0
ALZHEIMER'S DISEASE	1	0.4	2.6	3.0	9.7	0.0
KIDNEY DISEASE	1	0.4	2.6	2.7	10.5	78.7
BENIGN NEOPLASM	1	0.4	2.6	2.3	3.9	24.4
SUICIDE	1	0.4	2.6	2.3	10.0	5.4
PARKINSON'S DISEASE	0	0.0	0.0	0.0	1.0	0.0
PERINATAL CONDITIONS	0	0.0	0.0	0.0	0.0	0.0

Source: Florida Department of Health, Office of Health Statistics and Assessment, 850-245-4009

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

YPLL = Years of Potential Life Lost

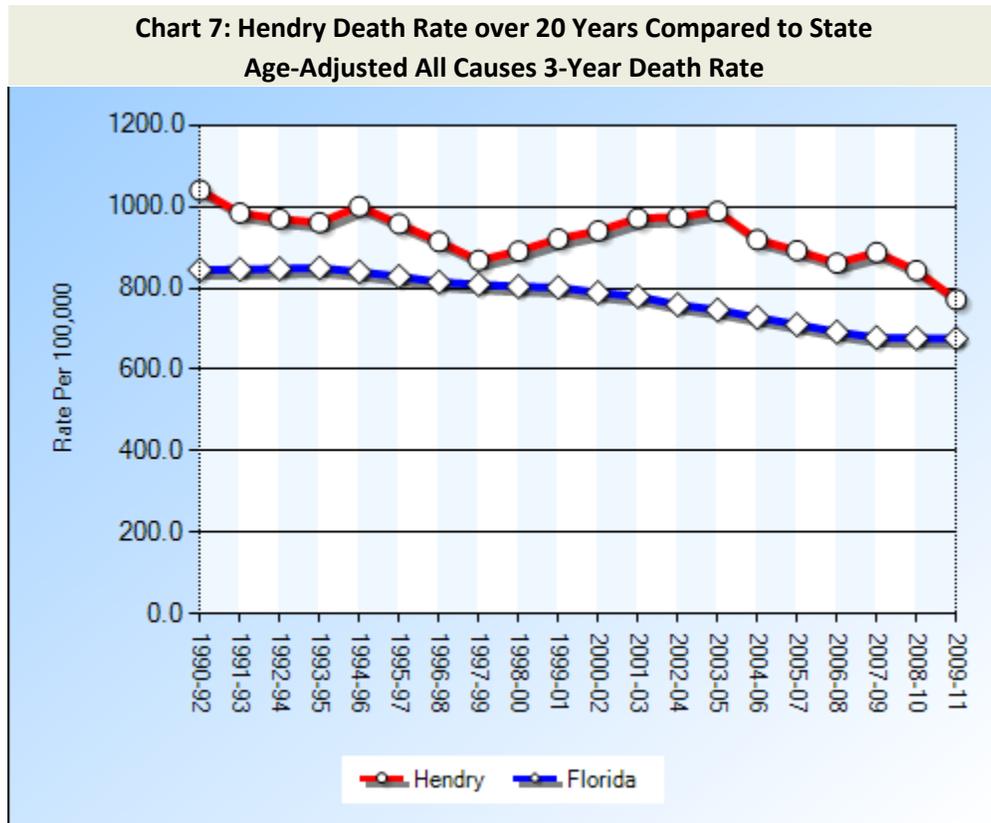
The most frequent causes of death for people in Hendry County are heart disease and cancer. Together they accounted for more than 42 percent of the deaths in 2011. Table 5, which compares the three-year age-adjusted rates for Hendry County with those for all of Florida, shows that the death rates for heart disease are significantly higher than the state average and the rates are slightly higher for cancer as well. Unfortunately the death rate for Hendry County is higher than the state average for each of these major causes of death.

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

	<b>County 2009-2011 Age-Adjusted Rate/100,000</b>	<b>Florida 2009-2011 Age-Adjusted Rate/100,000</b>
<b>Cause of Death</b>		
All Causes	772.0	676.2
Heart Disease	195.0	154.3
Cancer	165.7	161.1
Unintentional Injury	57.2	41.6
Chronic Lower Respiratory Disease	42.6	38.6
Diabetes	35.2	19.5
Stroke	31.6	31.4
Homicide	14.5	6.3
Septicemia	14.7	7.4
Chronic Liver Disease & Cirrhosis	12.5	10.5

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

The death rate for Hendry County is higher than the state average (Chart 7). After a rise in the first half of the last decade, the death rate for Hendry County has fallen in the past few years, and is currently the lowest it has been over the past twenty years.



Source: Florida Department of Health, Office of Vital Statistics

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

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

Table 6 lists the cause of death noted for all deaths in Hendry County from 2002-2011. The total number of deaths has fluctuated within a fairly narrow range during this period, with the lowest total in 2011. The death rate has fallen considerably during this same period, in part because the population of Hendry County has increased by about 7.5 percent since 2002.

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

<b>Cause of Death</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>
<b>All Causes</b>	<b>272</b>	<b>303</b>	<b>295</b>	<b>299</b>	<b>262</b>	<b>291</b>	<b>283</b>	<b>296</b>	<b>289</b>	<b>247</b>
<b>Infectious Diseases</b>	<b>11</b>	<b>10</b>	<b>6</b>	<b>10</b>	<b>6</b>	<b>10</b>	<b>9</b>	<b>13</b>	<b>7</b>	<b>12</b>
...Certain Other Intestinal Infections	0	1	0	0	0	0	0	0	0	1
...Human Immunodeficiency Virus (HIV) Disease	8	5	1	1	5	3	2	4	3	4
...Meningococcal Infection	0	0	0	1	0	0	0	0	0	0
...Other & Unspecified Infectious/Parasitic Disease & Sequelae	2	0	2	2	0	0	1	0	0	1
...Septicemia	0	3	3	5	1	6	5	6	3	6
...Syphilis	0	0	0	1	0	1	0	0	0	0
...Viral Hepatitis	1	1	0	0	0	0	1	3	1	0
<b>Malignant Neoplasm (Cancer)</b>	<b>66</b>	<b>52</b>	<b>53</b>	<b>61</b>	<b>64</b>	<b>54</b>	<b>56</b>	<b>58</b>	<b>75</b>	<b>49</b>
...All Other & Unspecified - Cancer	6	4	9	7	9	7	4	6	11	9
...Bladder Cancer	3	0	0	0	2	3	1	2	0	1
...Breast Cancer	2	2	2	3	4	3	3	3	3	4
...Cervical Cancer	0	1	0	1	0	1	2	0	0	0
...Colon, Rectum, & Anus Cancer	5	3	2	8	3	8	6	3	4	6
...Corpus Uteri & Uterus, Part Unspec Cancer	0	1	1	0	2	0	0	0	0	0
...Esophagus Cancer	1	1	1	1	0	2	1	6	2	2
...Hodgkins Disease	0	0	0	0	0	1	0	1	0	0
...Kidney and Renal Pelvis Cancer	3	3	3	1	5	3	1	0	3	0
...Larynx Cancer	1	0	0	0	0	0	3	0	1	0
...Leukemia	4	0	1	0	1	1	1	4	1	2
...Lip, Oral Cavity, Pharynx	2	0	0	0	3	1	4	0	1	1
...Liver & Intrahepatic Bile Ducts Cancer	1	1	2	2	5	1	3	2	1	0
...Meninges, Brain, & Other Pert Cen Nerv Sys Cancer	2	3	0	1	2	2	0	0	2	1
...Multiple Myeloma & Immunoprolifera Neoplas	1	1	4	0	2	0	2	1	1	1
...Non-Hodgkins Lymphoma	3	4	0	4	2	0	2	1	3	1
...Ovarian Cancer	0	2	1	2	0	1	1	1	2	2

...Pancreatic Cancer	0	3	2	4	4	2	3	5	4	3
...Prostate Cancer	5	5	6	3	0	4	1	3	6	3
...Skin Cancer	0	1	1	0	1	2	3	2	1	0
...Stomach Cancer	1	1	1	2	0	2	1	0	2	0
...Trachea, Bronchus, Lung Cancer	26	16	17	22	19	10	14	18	27	13
<b>In Situ, Benign, Uncert/Unk Behavior Neoplasms</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>1</b>
<b>Anemias</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>1</b>
<b>Nutritional and Metabolic Diseases</b>	<b>17</b>	<b>15</b>	<b>12</b>	<b>7</b>	<b>22</b>	<b>12</b>	<b>16</b>	<b>14</b>	<b>10</b>	<b>14</b>
...Diabetes Mellitus	17	15	12	7	22	12	15	14	10	14
...Malnutrition	0	0	0	0	0	0	1	0	0	0
<b>Nervous System Diseases</b>	<b>10</b>	<b>7</b>	<b>8</b>	<b>10</b>	<b>4</b>	<b>2</b>	<b>4</b>	<b>4</b>	<b>6</b>	<b>1</b>
...Alzheimers Disease	10	6	7	9	4	2	4	4	5	1
...Parkinsons Disease	0	1	1	1	0	0	0	0	1	0
<b>Cardiovascular Diseases</b>	<b>86</b>	<b>130</b>	<b>105</b>	<b>116</b>	<b>67</b>	<b>98</b>	<b>89</b>	<b>102</b>	<b>87</b>	<b>72</b>
...Acute Myocardial Infarction	19	27	11	16	5	13	12	8	10	4
...Acute Rheum Fever & Chronic Rheum Heart Dis	1	0	1	0	0	0	1	0	0	0
...All Other Chronic Ischemic Heart Dis	16	32	26	24	21	30	20	33	12	18
...Aortic Aneurysm & Dissection	1	2	1	4	3	1	0	4	1	2
...Atherosclerosis	1	3	0	1	1	0	1	0	1	0
...Atherosclerotic Cardiovascular Disease	24	28	34	35	13	20	24	19	21	19
...Cerebrovascular Diseases	8	14	15	18	9	15	14	15	13	5
...Essen Hypertension & Hypertensive Renal Dis	0	3	0	2	1	4	3	3	2	5
...Heart Failure	2	5	2	3	3	0	3	4	4	3
...Hypertensive Heart & Renal Disease	1	0	1	0	1	0	0	0	0	0
...Hypertensive Heart Disease	8	2	4	3	3	4	3	4	5	5
...Other Acute Ischemic Heart Disease	0	0	0	0	1	0	0	0	2	2
...Other Arteries, Arterioles, Capillaries Dis	1	2	2	0	1	0	0	1	0	3
...Other Forms Heart Dis	3	12	8	10	5	11	8	10	16	5
...Pericardium Diseases & Acute Myocarditis	0	0	0	0	0	0	0	1	0	0
...Other Circulatory System Disorders	1	0	0	0	0	0	0	0	0	1
<b>Respiratory Diseases</b>	<b>25</b>	<b>29</b>	<b>20</b>	<b>24</b>	<b>31</b>	<b>18</b>	<b>23</b>	<b>27</b>	<b>26</b>	<b>22</b>
...Asthma	1	0	0	1	0	0	0	3	0	0
...Bronchitis, Chronic & Unspecified	1	0	0	0	0	0	0	0	0	0
...Emphysema	3	3	3	2	2	2	2	1	3	0

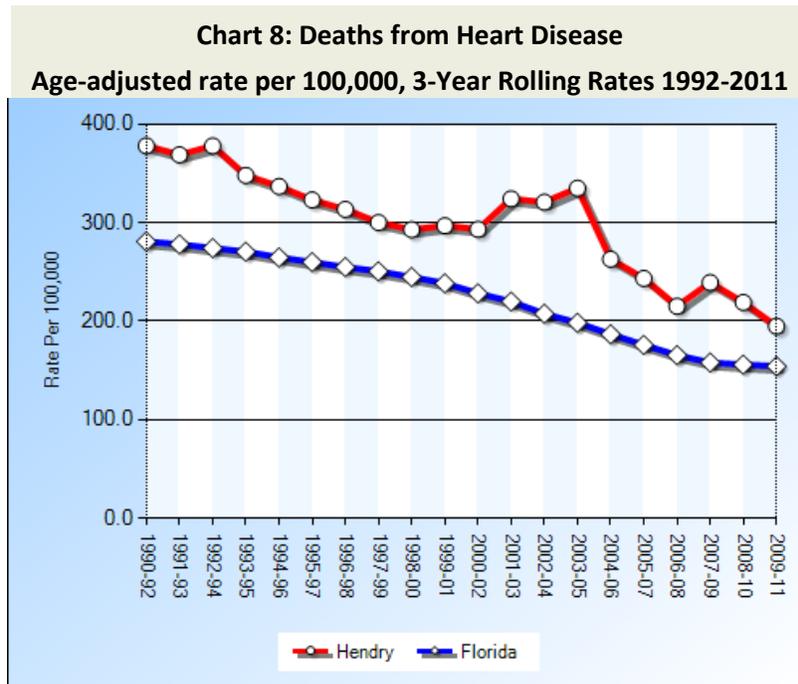
...Other Chronic Lower Respiratory Diseases	17	16	9	15	18	6	14	13	15	11
...Influenza	0	1	0	0	0	0	0	0	0	1
...Pneumonia	3	7	5	4	5	5	2	4	4	3
...Other Respiratory System Dis	0	2	2	2	4	3	4	4	2	4
...Pneumonitis Due to Solids & Liquids	0	0	1	0	2	2	1	2	2	3
<b>Digestive Diseases</b>	<b>3</b>	<b>4</b>	<b>7</b>	<b>5</b>	<b>7</b>	<b>7</b>	<b>4</b>	<b>6</b>	<b>6</b>	<b>4</b>
...Cholelithiasis & Other Gallbladder Disorders	0	1	0	0	0	0	0	0	1	0
...Alcoholic Liver Disease	0	3	4	3	6	4	2	1	1	3
...Other Chronic Liver Disease & Cirrhosis	2	0	3	2	1	2	2	5	3	1
...Hernia	0	0	0	0	0	1	0	0	0	0
...Peptic Ulcer	1	0	0	0	0	0	0	0	1	0
<b>Urinary Tract Diseases</b>	<b>3</b>	<b>4</b>	<b>3</b>	<b>3</b>	<b>3</b>	<b>11</b>	<b>10</b>	<b>6</b>	<b>4</b>	<b>1</b>
...Glomeruloneph, Nephri/Nephro, Renal Sclerosis	0	0	0	0	0	0	0	1	0	0
...Other Kidney Disorders	1	0	0	0	0	0	0	0	0	0
...Renal Failure	2	4	3	3	3	11	10	5	4	1
<b>Perinatal Period Conditions</b>	<b>2</b>	<b>3</b>	<b>3</b>	<b>4</b>	<b>1</b>	<b>3</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Congenital &amp; Chromosomal Anomalies</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>3</b>	<b>1</b>	<b>4</b>	<b>1</b>	<b>3</b>	<b>0</b>	<b>0</b>
<b>Symptoms, Signs &amp; Abnormal Findings</b>	<b>1</b>	<b>0</b>	<b>5</b>	<b>2</b>	<b>8</b>	<b>4</b>	<b>4</b>	<b>7</b>	<b>6</b>	<b>6</b>
<b>Other Causes (Residual)</b>	<b>15</b>	<b>11</b>	<b>17</b>	<b>15</b>	<b>13</b>	<b>19</b>	<b>27</b>	<b>20</b>	<b>34</b>	<b>28</b>
<b>External Causes</b>	<b>30</b>	<b>34</b>	<b>49</b>	<b>38</b>	<b>33</b>	<b>44</b>	<b>38</b>	<b>32</b>	<b>26</b>	<b>34</b>
...Drowning & Submersion	1	1	1	1	0	1	0	0	0	0
...Falls	1	2	4	4	2	2	5	6	2	8
...Firearms Discharge	1	0	0	0	0	0	0	0	0	0
...Homicide by Firearms Discharge	2	4	1	1	3	5	0	1	5	5
...Homicide by Other & Unspecified Means & Sequelae	1	2	2	0	4	3	1	1	0	5
...Medical & Surgical Care Complications	1	0	0	0	1	0	0	0	0	0
...Motor Vehicle Crashes	14	16	24	20	15	20	16	11	10	11
...Other & Unspecified Event & Sequelae	0	0	0	0	0	0	0	0	1	0
...Other & Unspecified Nontransport & Sequelae	4	1	5	5	2	5	1	1	2	4
...Other Land Transport Accidents	0	1	0	0	0	0	1	0	0	0
...Poisoning & Noxious Substance Exposure	4	4	4	5	2	5	7	4	4	0
...Smoke, Fire, Flames Exposure	0	0	0	0	0	0	1	0	0	0

...Suicide by Firearms Discharge	1	2	6	1	1	1	3	6	0	1
...Suicide by Other & Unspecified Means & Sequelae	0	0	2	1	2	1	2	2	2	0
...Water/Air/Space/Oth-Unsp Transport & Seq	0	1	0	0	1	1	1	0	0	0
<b>Maternal Deaths</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Source: Florida Department of Health, Office of Vital Statistics

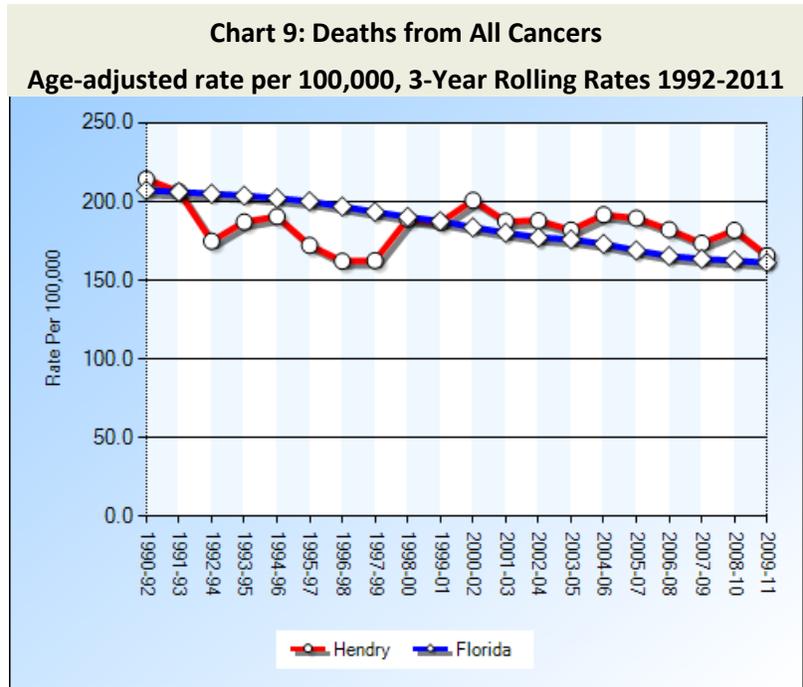
## Chronic Diseases

Heart disease is the leading cause of death in Hendry County. Chart 8 gives a detailed look at the decline in deaths from coronary heart disease across the last twenty years. The decline in Hendry County is not as smooth as the decline at the state level and the rate is consistently higher in Hendry than for the state as a whole. However, despite a few higher years, the overall trend is mostly positive.



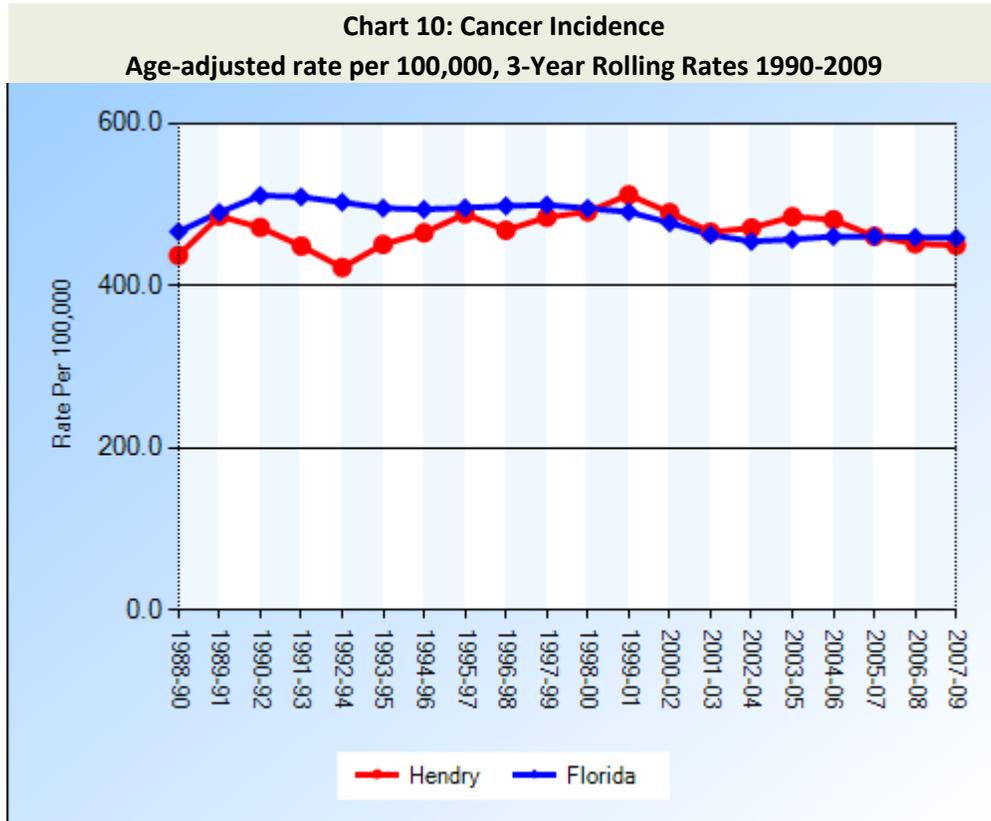
Source: Florida Department of Health, Bureau of Vital Statistics

Cancer is the second most common cause of death in Hendry County. As seen in Chart 9, age-adjusted death rates from cancer showed a small decrease between 2006 and 2009 after a bit of a rise earlier in the decade. Rates for Hendry County are currently similar to the rate for the state as a whole.



Source: Florida Department of Health, Bureau of Vital Statistics

Cancer incidence in Hendry County is fairly consistent with the state as a whole. After a brief climb in the 1990s, Hendry County is now seeing a slight downward trend.



Source: Florida Department of Health, Bureau of Vital Statistics

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

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

	<b>3 yr. Age-Adjusted Death Rate, 2009-2011</b>	<b>Avg. Annual Number of Events (Incidence), 2007-2009</b>
Lung Cancer	52.0	24
Prostate Cancer	23.3	16
Breast Cancer	19.0	14
Colorectal Cancer	12.4	14
Skin Cancer	2.7	7
Cervical Cancer	N/A	1

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

The death rate for blacks in Hendry County is considerably higher than that of whites; this is also true for the state of Florida as a whole. From 2009-2011, the black population in Hendry County had considerably higher rates of death due to diabetes and AIDS/HIV than the white population. Diabetes rates were nearly three times as high (85.6 black population vs. 29.1 white population), and AIDS/HIV rates were over seventeen times as high (58.5 black population vs. 3.3 white population). Please note that due to the small size of the black population, a small number of deaths in one category can cause a large variance in the death rate for that category. Cancer and heart disease were the leading causes of death for both whites and blacks.

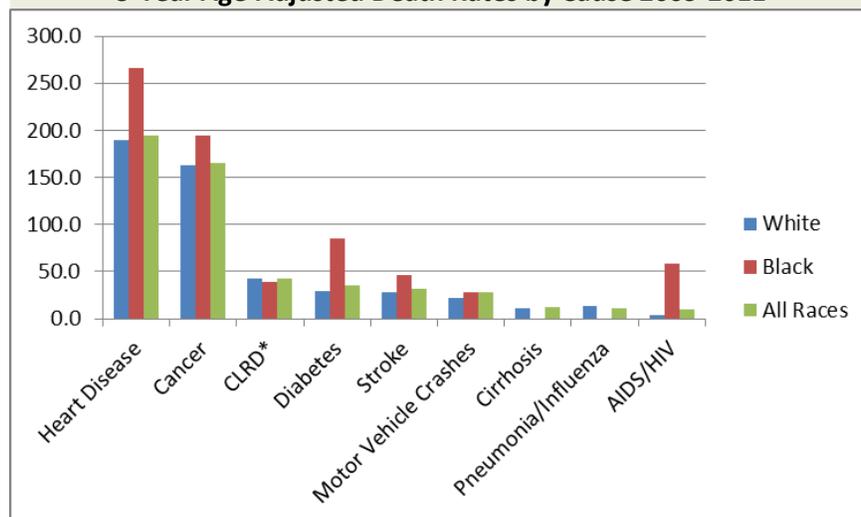
**Table 8: Major Causes of Death and Race, Hendry County and State  
3-Year Age-Adjusted Death Rates by Cause, 2009-2011**

	County			State		
	White	Black	All Races	White	Black	All Races
Total Deaths	716.1	1110.5	772.0	667.9	783.6	676.2
Heart Disease	189.1	266.7	195.0	151.9	181.9	154.3
Cancer	163.3	194.9	165.7	161.6	170.7	161.1
CLRD*	43.0	38.6	42.6	40.5	23.6	38.6
Diabetes	29.1	85.6	35.2	17.5	40.0	19.5
Stroke	28.3	46.0	31.6	29.4	49.2	31.4
Motor Vehicle Crashes	22.3	28.5	27.8	13.5	12.3	12.9
Cirrhosis	11.5	0.0	12.5	11.5	5.6	10.5
Pneumonia/Influenza	13.1	0.0	11.2	8.8	11.4	9.0
AIDS/HIV	3.3	58.5	10.1	2.6	23.1	5.6

Source: Florida Department of Health, Office of Vital Statistics

\*Chronic Lower Respiratory Disease

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



Source: Florida Department of Health, Office of Vital Statistics

## Communicable Diseases

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

Chlamydia is the most prevalent sexually transmitted disease in Hendry County with an average of 207.7 cases per year between 2009 and 2011. That works out to a rate per 100,000 of 523.8; higher than the state average of 396.0.

The overall rate of infection from vaccine preventable diseases is very low. For most of these diseases there is an average of less than one case every three years. Pertussis (commonly known as whooping cough) is the most prevalent vaccine preventable disease in Hendry County with an average of 2.7 cases per year between 2009 and 2011.

An average of 3.3 people per year was diagnosed with AIDS in Hendry County between 2009 and 2011. The rate per 100,000 in Hendry County is 8.4 compared to a rate of 18.9 for the state as a whole. The largest number of those cases come from urban areas. The rate of tuberculosis in Hendry County is higher than the state as a whole at 5.9 per 100,000 compared to 2.9 per 100,000.

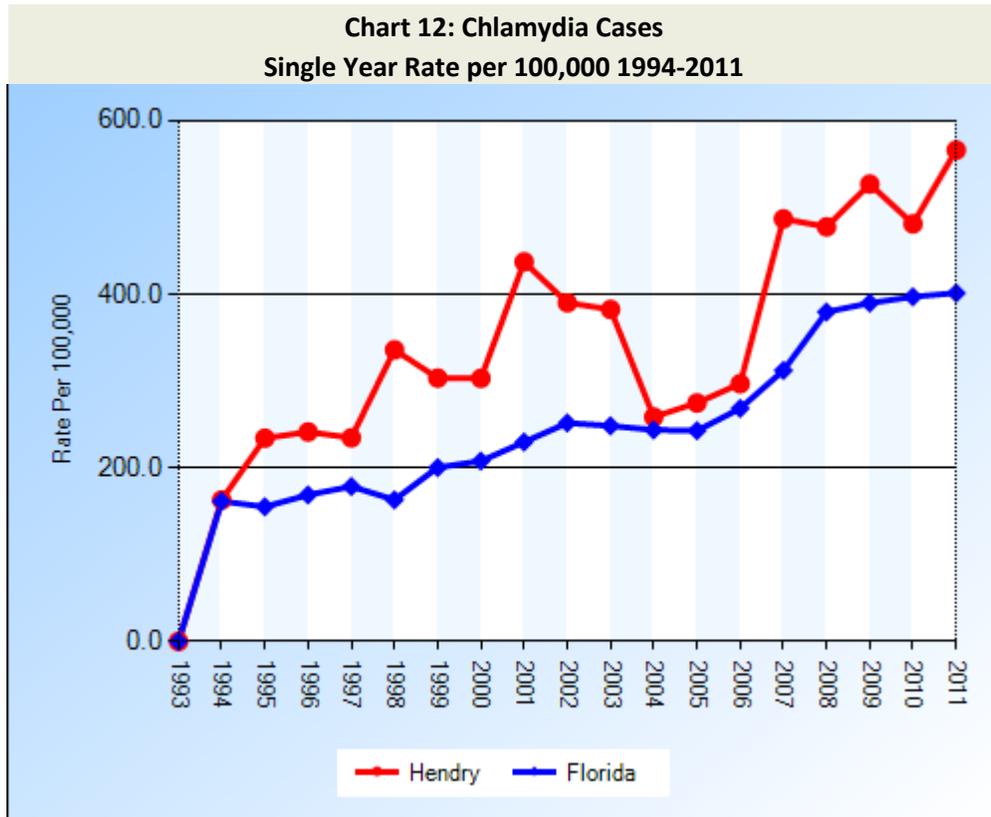
**Table 9: Communicable Diseases  
Hendry County and State 2009-2011**

<b>Disease</b>	<b># of Cases Annual Avg.</b>	<b>County 3 yr. Rate per 100,000</b>	<b>State 3 yr. Rate per 100,000</b>
<b>Sexually Transmitted Diseases</b>			
Infectious Syphilis	0.3	0.8	6.2
Gonorrhea	29.3	74.0	107.6
Chlamydia	207.7	523.8	396.0
<b>Vaccine Preventable Diseases</b>			
Hepatitis B	0.0	0.0	1.5
Measles	0.0	0.0	0.0
Mumps	0.0	0.0	0.1
Rubella	0.0	0.0	0.0
Pertussis	2.7	6.7	2.0
Tetanus	0.0	0.0	0.0
<b>AIDS and Other Diseases</b>			
AIDS	3.3	8.4	18.9
Meningococcal Meningitis	0.0	0.0	0.0
Hepatitis A	1.0	2.5	0.9
Tuberculosis	2.3	5.9	2.9

Source: Division of Disease Control, Florida Department of Health

## Chlamydia

Chlamydia is the most common of the reported sexually transmitted diseases. The infection rate for chlamydia across the state of Florida has been on the rise for the last fifteen years. The rates have increased especially quickly in the past five years. The rates in Hendry County have also seen a sharp rise and are currently higher than the state rate.



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

## Maternal and Child Health

On average, 630.3 babies were born per year in Hendry County between 2009 and 2011. The health of the babies, the care they received before birth and the age of the mothers are important factors in determining the state of maternal and child health which in turn is a large factor in the overall health of the county.

Babies born to young mothers under the age of 19 are more likely to experience poor birth outcomes than those born to adult mothers and are more at risk for developmental complications later in life. There were twice as many babies born to mothers between the ages of 15 and 19 in Hendry County than the Florida average. There were also more babies born to unwed mothers in Hendry County than the Florida average.

Infant mortality rates are considered a primary indicator of the health of a community. These rates document the deaths of babies between birth and 364 days of life. The leading causes of infant deaths in Florida are perinatal conditions, congenital anomalies, low birth weight and sleep-related deaths. There has been a major decrease in the incidence of sudden infant death syndrome (SIDS) since the American Academy of Pediatrics released its recommendation in 1992 that infants be placed down for sleep in a nonprone position. Infant mortality rates in Hendry County are below the average for the state of Florida. However, the percent of infants born with a low birth weight is very similar to that of the state average.

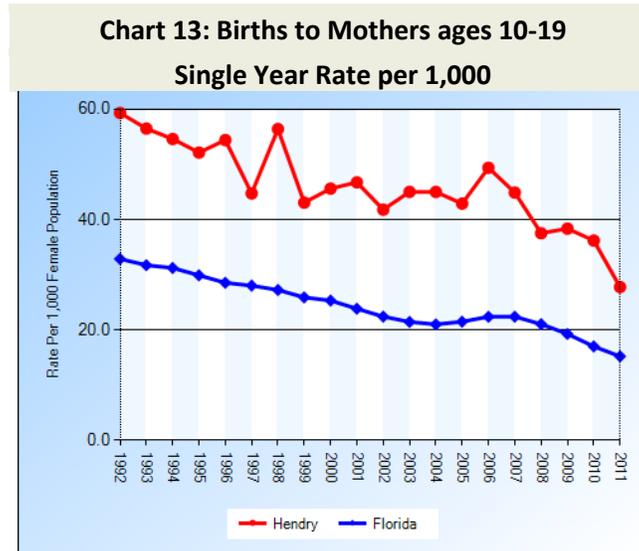
<b>Table 10: Maternal &amp; Child Health Indicators, Hendry County &amp; State</b>				
<b>3-Year Figures, 2009-2011</b>				
<b>Births</b>	<b>County</b>	<b>State</b>	<b>Trend</b>	<b>Quartile*</b>
Total Births (3-yr annual avg.)	630.3			
Births to Mothers ages 15-44, per 1,000	85.1	61		
Births to Mothers ages 10-14, per 1,000	1.2	0.4	Steady	4
Births to Mothers ages 15-19, per 1,000	65.5	32.9	Positive	4
Percent of Births to Unwed Mothers	62.6	47.6	Negative	4
<b>Infant Deaths</b>				
Infant Deaths (0-364 days) per 1,000 Births	4.8	6.6	Positive	1
Neonatal Deaths (0-27 days) per 1,000 Births	2.1	4.4	Positive	1
Postneonatal Deaths (28-364 days) per 1,000 Births	2.6	2.2	Steady	3
<b>Low Birth Weight</b>				
Percent of Births < 1500 Grams	1.2	1.6	Steady	2
Percent of Births < 2500 Grams	8.8	8.7	Negative	3
<b>Prenatal Care</b>				
Percent of Births with 1st Trimester Prenatal Care	66.1	79.3	Steady	1
Percent of Births with Late or No Prenatal Care	6.2	4.7	Positive	4

Source: Florida Department of Health

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

## Teen Births

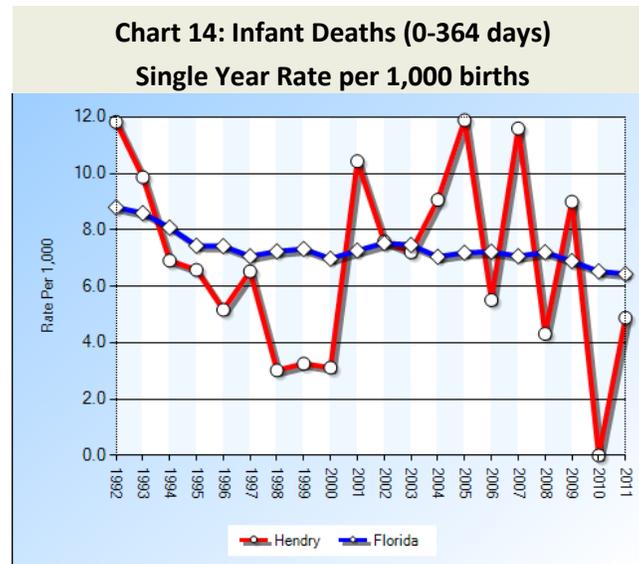
Hendry County has had consistently higher rates of live births to teenage and pre-teen mothers than the rates for the state of Florida. However, like Florida as a whole, rates for teen births in Hendry County have been on the decline since their most recent peak in 2006 (49.4 births per 1,000). In 2011, Hendry County saw their lowest rates in recent years (27.8 births per 1,000).



Source: Florida Department of Health, Bureau of Vital Statistics

## Infant Deaths

It should be noted for the data in Chart 14 that the total number of births in Hendry County each year is fairly small and one or two infant deaths can cause a large variance in the death rate. For example, nine infant deaths caused the peak in 2005 (11.9 per 1,000 births). There were three infant deaths in 2011.



Source: Florida Department of Health, Bureau of Vital Statistics

## Hospitalizations

The Prevention Quality Indicators (PQIs) are a set of measures that can be used with hospital inpatient discharge data to identify quality of care for "ambulatory care-sensitive conditions." These are conditions for which good outpatient or preventative care can potentially eliminate the need for hospitalization or for which early intervention can prevent complications or more severe disease. Even though these indicators are based on hospital inpatient data, they provide insight into the community health care system or services outside the hospital setting. For instance, patients with diabetes may be hospitalized for diabetic complications if their conditions are not adequately monitored or if they do not receive the patient education needed for appropriate self-management. Full definitions for each of the PQIs are available in Appendix D. Bacterial pneumonia, congestive heart failure, and chronic obstructive pulmonary disease (this category includes chronic bronchitis and emphysema) are the most common preventable causes of hospitalizations for Hendry County residents.

Compared to Florida as a whole, Hendry County's 2011 rates of chronic obstructive pulmonary disease (COPD), dehydration, bacterial pneumonia, and diabetes/LE amputations were significantly higher. Dehydration, in particular, is extremely high; nearly double the Florida rate.

<b>Table 11: Prevention Quality Indicators</b>							
<b>Annual Rate per 100,000 2006-2011, Hendry County</b>							<b>Florida</b>
<b>PQI</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2011</b>
01-Diabetes/short-term	52.5	27.0	39.5	79.3	97.6	70.6	57.4
03-Diabetes/long-term	209.8	301.1	211.8	182.6	148.1	144.6	123.2
05-Chronic obstructive PD	343.0	362.9	416.4	458.3	471.3	366.5	239.2
07-Hypertension	44.4	81.1	96.9	93.0	53.9	121.1	86.2
08-Congestive HF	528.6	490.3	473.8	444.5	478.0	400.2	343.3
10-Dehydration	88.8	96.5	147.2	89.6	57.2	104.2	53.3
11-Bacterial pneumonia	439.8	393.7	323.0	396.3	474.7	457.3	288.3
12-Urinary infections	209.8	204.6	208.2	220.5	269.3	262.3	219.7
13-Angina w/o procedure	56.5	46.3	28.7	34.5	13.5	20.2	14.0
14-Uncontrolled diabetes	80.7	84.9	39.5	34.5	37.0	70.6	28.5
15-Adult asthma	141.2	123.5	168.7	127.5	104.4	131.1	126.5
16-Diabetes/LE amputations	92.8	81.1	46.7	51.7	50.5	50.4	32.2

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

The Chronic Condition Indicator tool is another method to look at the health of a community through hospitalizations. This tool stratifies chronic diseases based on ICD-9-CM diagnosis codes. A chronic condition is a condition lasting 12 months or longer and meeting one or both of the following tests: (a) the condition places limitations on self-care, independent living and social interactions; (b) the condition results in the need for ongoing intervention with medical products, services and special equipment. The identification of chronic conditions is based on all five-digit ICD-9-CM diagnosis codes, excluding external cause of injury codes (E codes). The data from this tool tells a similar story as the PQI data. Hypertension is the number one cause of hospitalization for a chronic condition and the rates are rising. The hospitalization rates for diabetes and asthma are also on the rise. Hospitalizations for AIDS have declined over the last five years.

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

Disease	2006	2007	2008	2009	2010	2011
Diabetes	965	1054	1130	1210	1136	1157
Asthma	286	251	284	345	296	319
Congestive Heart Failure	484	479	540	580	600	613
Hypertension	1430	1358	1498	1582	1686	1734
AIDS	40	31	24	33	32	28
Sickle Cell	0	0	44	47	34	34

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

## Emergency Room Visits by Hendry County Residents

Hendry County Residents made 15,625 visits to hospitals in 2011 that did not result in an inpatient admission. The largest number of visits was made to the Hendry Regional Medical Center, the only hospital in Hendry County. The next largest numbers of visits were made to hospitals in Lee and Palm Beach counties.

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

	Medicaid	Medicare	No charge/ Charity	Other	Private, incl. HMO	Self-Pay	Grand Total
Hendry Regional Medical Center	2924	1154	16	195	1447	2324	8060
Lehigh Regional Medical Center	1467	297		78	374	519	2735
Lakeside Medical Center	573	93	1	39	401	390	1497
Healthpark Medical Center	870	28	64	33	188	89	1272
Gulf Coast Medical Center	176	109	14	25	120	92	536
Lee Memorial Hospital	100	57	32	21	98	67	375
Palms West Hospital	67	24	1	4	67	32	195
Cleveland Clinic Hospital	3	14			85	20	122
Memorial Regional Hospital	10	5		22	20	14	71
NCH Healthcare System North Naples Hospital	25	3		5	11	24	68
Raulerson Hospital	10	11		3	8	16	48
Wellington Regional Medical Center	10	10		2	13	12	47
Cape Coral Hospital	13	5	2		10	4	34
Florida Hospital Lake Placid	6	5		5	14	3	33
Memorial Hospital West	4	1		4	20	1	30
Saint Mary's Medical Center	11	2		1	5	11	30
Miami Children's Hospital	20		1		1	3	25
JFK Medical Center	3	5			4	4	16
Memorial Hospital Pembroke	1	2		2	7	4	16
Memorial Hospital Miramar	2	2		3	7	1	15
<b>Total*</b>	<b>6,400</b> <b>40.9%</b>	<b>1,889</b> <b>12.1%</b>	<b>134</b> <b>1.0%</b>	<b>474</b> <b>3.0%</b>	<b>3,007</b> <b>19.2%</b>	<b>3,721</b> <b>23.8%</b>	<b>15,625</b> <b>100%</b>

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

\*Only hospitals with at least 15 visits are included in the chart above. There are an additional 400 visits divided amongst 121 hospitals that have not been included in the chart, but are included in the total.

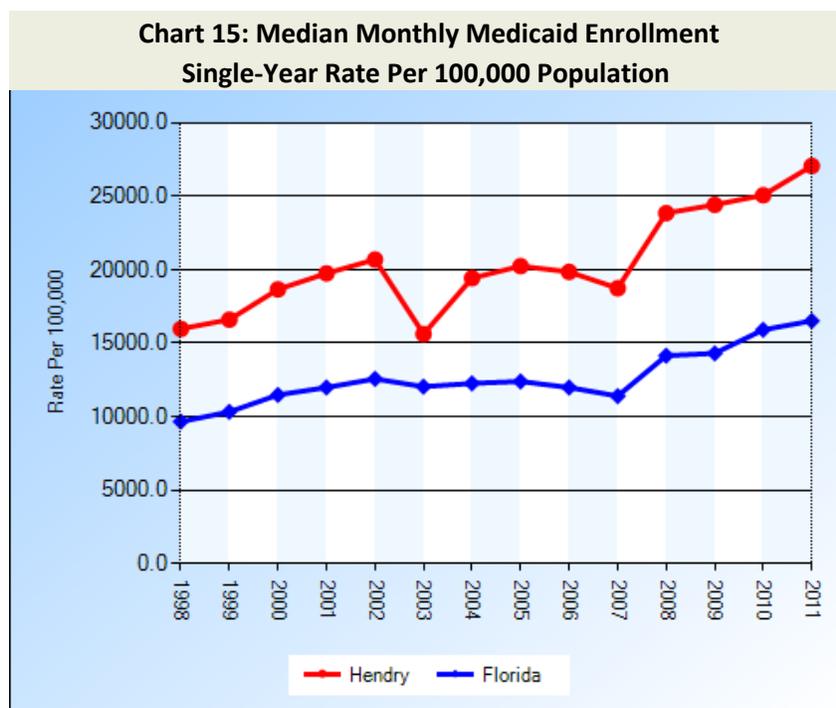
## Health Resources

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

### Medicaid

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

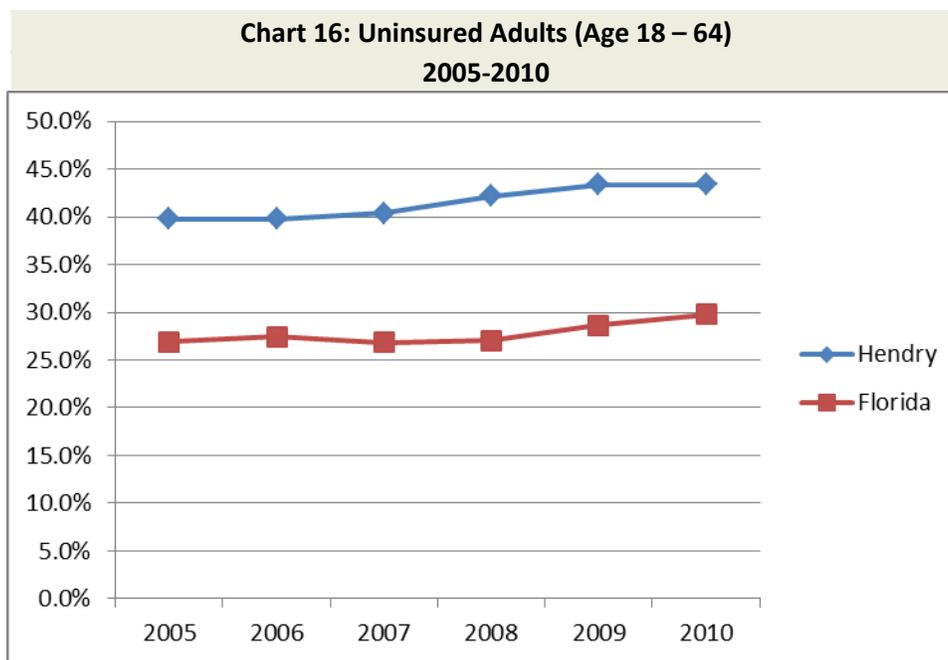
There are four categories of Medicaid eligibility for adults in Florida, which include low-income families, pregnant women, emergency medical assistance for non-citizens, and Medicaid for the elderly and disabled. Eligibility for each of those programs is based on specific income criteria. As of 2011, approximately 27,000 out of every 100,000 people in Hendry County were enrolled in Medicaid; the state rate is approximately 16,500 per 100,000. At both the state and the county level, there was a sharp increase in the number of people enrolled in Medicaid between 2007 and 2008. Both rates have continued to climb since then.



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

## Uninsured

Lack of health insurance coverage is a significant barrier to accessing needed health care. The rate of uninsured adults represents the estimated percent of the adult population under age 65 that has no health insurance coverage. People over the age of 65 are eligible for Medicare from the federal government. The Small Area Health Insurance Estimates from the U.S. Census Bureau provide annual estimates of the population without health insurance coverage for all U.S. states and their counties. The most recent year for which reliable county-level estimates are available is 2010. Hendry County was estimated as having 39.8 percent of adults without health insurance; this compares to a rate of 29.8 percent for Florida as a whole.



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

## Physicians and Facilities

As of 2011, there were twenty-one licensed physicians in Hendry County. That works out to 54 doctors for every 100,000 residents. That is a much lower rate than the state average of about 342 doctors for every 100,000 residents. The county has a much lower rate per 100,000 than the state for every major category of physician. The only non-Health Department category where Hendry County has more resources than the state average is nursing home beds.

The number of Hendry County Health Department employees per every 100,000 residents is higher than the state average. The Hendry County Health Department spent \$3,978,225 dollars in 2011; that places the rate of expenditure per 100,000 residents at more than double the state average. However, it is typical for rural counties to have a significantly higher rate of expenditure than the state average.

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

Providers*†	County			State
	Number	Rate per 100,000	Quartile**	Rate per 100,000
Total Licensed Dentists	3	7.7	1	63.0
Total Licensed Physicians	21	54.0	2	342.0
Total Licensed Family Private Practice Physicians	4	10.3	1	29.4
Total Licensed Internists	1	2.6	1	60.3
Total Licensed OB/GYN	0	0.0	1	12.0
Total Licensed Pediatricians	5	12.9	3	25.7
<b>Facilities</b>				
Total Hospital Beds	25	64.3	1	319.2
Total Acute Care Beds	25	64.3	1	262.9
Total Specialty Beds	0	0.0	1	56.3
Total Nursing Home Beds	248	638.0	3	438.0
<b>County Health Department</b>				
County Health Department Full-Time Employees	70	180.0	4	63.1
County Health Department Expenditures	3,978,225	10,234,429	4	4,204,339

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

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

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

\*\*County compared to other Florida counties. The lowest Quartiles equal the lowest number. For resource availability the lowest number is generally considered the worst ranking.

## Federal Health Professional Shortage Designations

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

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

Hendry County's Low Income/Migrant Farmworker Populations in LaBelle have been designated as Medically Underserved Populations. Any population with a score of 65 or lower on the Index of Medical Underservice is considered medically underserved. LaBelle's Low Income/Migrant Farmworker Populations scored a 59.50.

Health Professional Shortage Areas (HPSAs) are defined in Section 332 of the Public Health Service Act, 42 U.S.C. 254e to include: (1) urban and rural geographic areas, (2) population groups, and (3) facilities with shortages of health professionals. Federal designation as a HPSA documents a shortage of health care providers (primary care, dental or mental health) as well as the existence of barriers to accessing care including lack of public transportation, travel time and distance to the next source of undesignated care and high poverty. To be eligible for designation, a geographic area or a population group (a low income or migrant population) must have a population-to-physician ratio greater than 3,000 to one.

### What a Designation Means

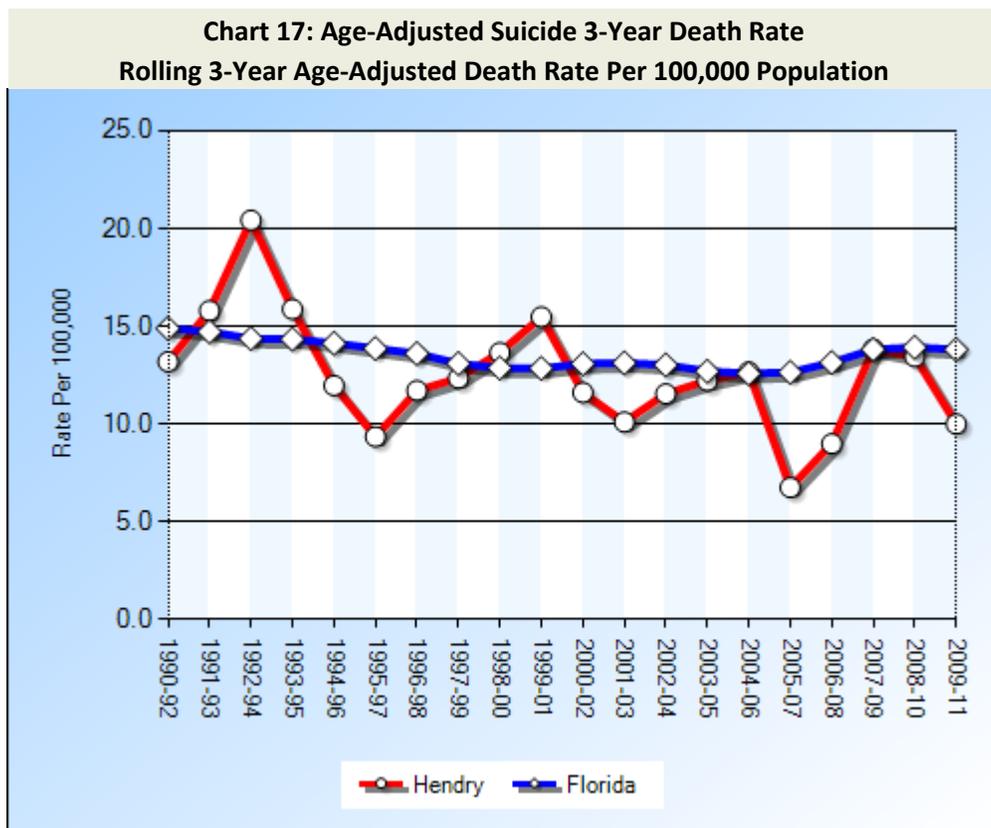
- A geographic designation for the whole county means there is a shortage of providers (primary care physicians, dentists, mental health professionals) for everyone living in the county, regardless of ability to pay for services through insurance or other means.
- A geographic area within the county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

Hendry County has been designated as a Health Professional Shortage Area (HPSA) for primary care. According to federal calculations, Hendry County should have thirteen primary care doctors serving the population; there is currently a shortage of three doctors. HRSA calculated that the area requires six dentists serving the low-income population and migrant farmworker populations; there were no dentists fitting that criterion at the time of designation. The Glades/ Hendry Catchment area has been designated as having a shortage of two mental health professionals.

# Social and Mental Health

## Suicides

Suicides can be considered as a strong indicator of the overall mental health of a community. The most common underlying causes of suicide are depression, anxiety, damaged relationships and loss of employment. Suicide is a major, preventable public health problem. The suicide rate for Hendry County has been quite variable over the last twenty years. The most recent rate per 100,000 is below the state average (10.0 Hendry vs. 13.8 State). Please note that these rates are based on a small number of cases and a few cases can cause a seemingly large fluctuation.



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

## Crime and Domestic Violence

In several categories Hendry County ranks amongst the worst quartile for crime in the state of Florida. The county is well below the state average for larceny, motor vehicle theft, and robbery. It is significantly higher, in addition to being in the 4<sup>th</sup> Quartile, for burglary, aggravated assault, murder, and alcohol-related motor vehicle crash deaths.

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

<b>Crime and Domestic Violence</b>	<b>County</b>	<b>State</b>	<b>Quartile*</b>
Burglary	1,638.8	922.5	4
Larceny	1,604.3	2,477.4	2
Total Domestic Violence Offenses	584.4	605.0	2
Aggravated Assault	477.6	350.6	4
Motor Vehicle Theft	158.9	232.5	3
Robbery	90.8	146.2	3
Forcible Sex Offenses	53.0	53.1	3
Murder	12.6	5.3	4
<b>Alcohol-related Motor Vehicle Crashes</b>			
Alcohol-related Motor Vehicle Crashes	100.7	107.0	2
Alcohol-related Motor Vehicle Crash Injuries	96.5	74.8	3
Alcohol-related Motor Vehicle Crash Deaths	16.8	5.3	4

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

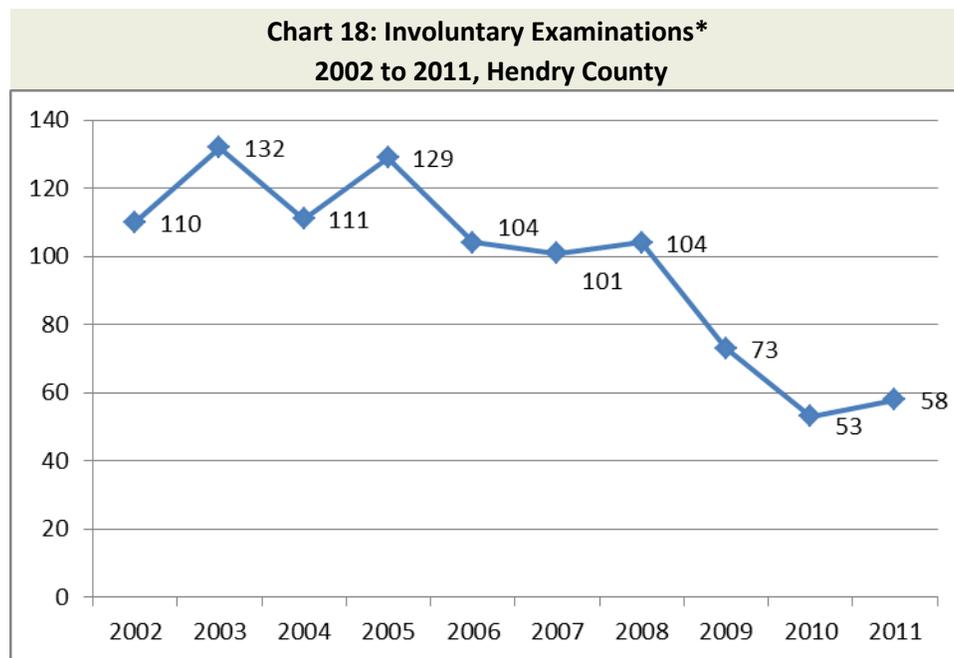
\*County compared to other Florida Counties. The lowest Quartile equals the lowest number.

## Baker Act

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

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

There were 58 involuntary examinations in Hendry County in 2011. This number has been on the decline since 2002. The percent of the population in Hendry County that was given an involuntary exam is significantly lower than the state average.



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

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

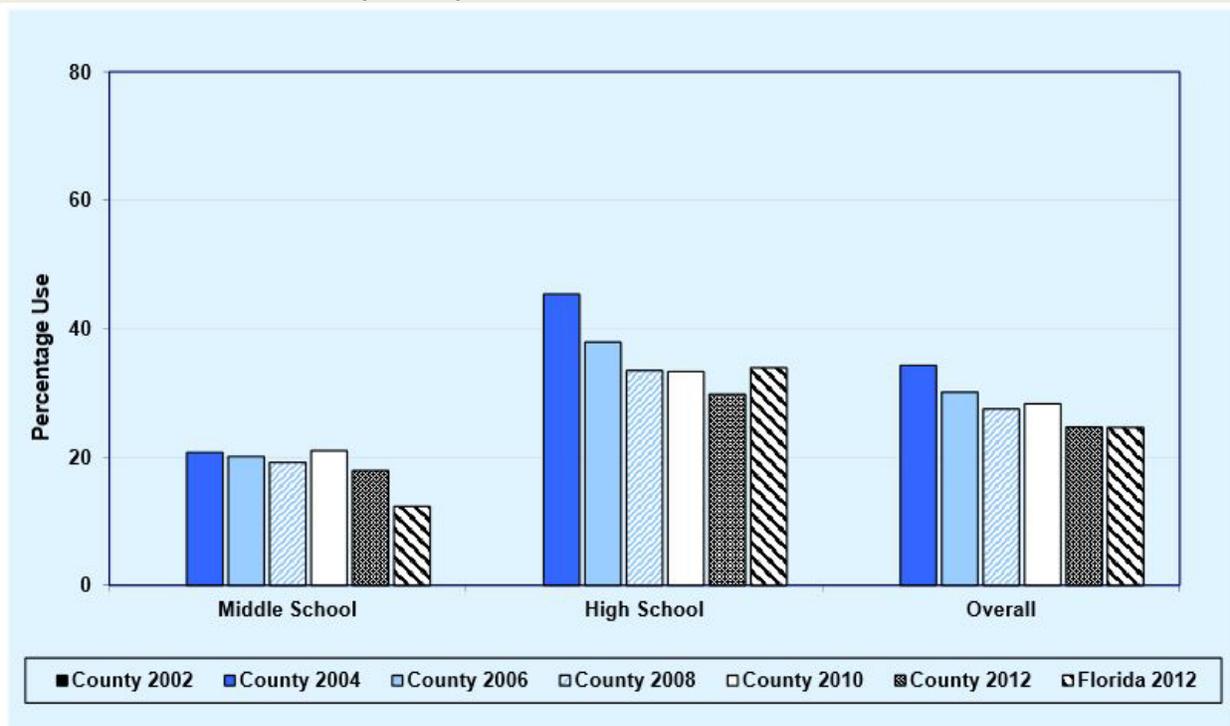
## Florida Youth Substance Abuse Survey

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

The FYSAS was administered to 70,859 students in grades 6 through 12 in February and March of 2012. Across Florida, 417 middle schools and 329 high schools administered the surveys. In Hendry County, 1,028 students completed the survey (485 middle school students; 543 high school students). The survey has been administered annually since 2000, making the 2012 FYSAS the thirteenth set of data.

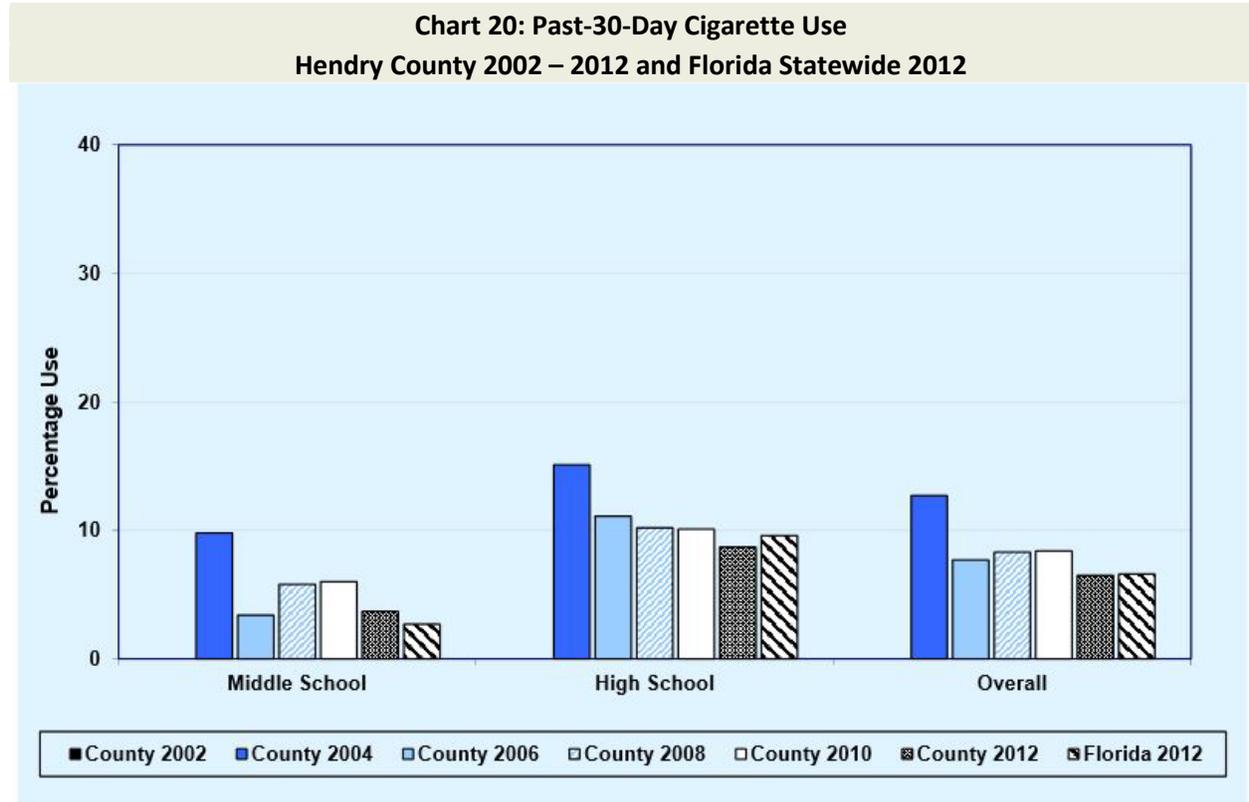
Alcohol use in the past 30 days was 24.7 percent for Hendry County students, which was roughly the same as the state average of 24.6 percent. 2012 had the lowest percentage of Hendry County students reporting that they had used alcohol in the past 30 days in the years surveyed.

**Chart 19: Past-30-Day Alcohol Use  
Hendry County 2002 – 2012 and Florida Statewide 2012**



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

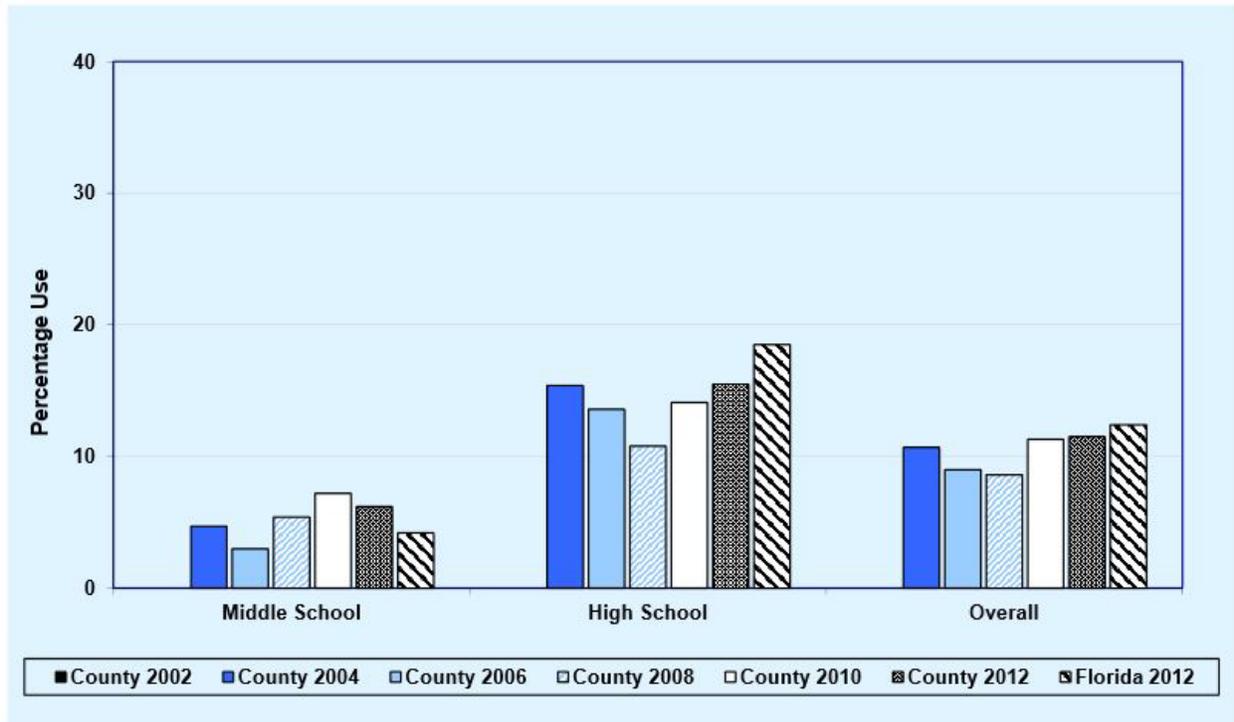
Similarly, the percentage of students reporting cigarette use over the past 30 days in Hendry County was nearly identical to the Florida average (6.5% Hendry vs. 6.6% State). This is lower for Hendry County than past years, with a high of 12.7 percent in 2004. High school students have higher rates of cigarette use than middle school students of cigarette use (8.7% high school students vs. 3.7% middle school students). Males are more likely to report cigarette use than females (8.5% males vs. 5.0% females).



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

Past-30-day marijuana use for Hendry County students was slightly lower than for the state as a whole (11.5% Hendry vs. 12.4% State). The overall percentage of Hendry County students who have reported marijuana use has remained fairly consistent since 2002, from a low of 8.6 percent in 2008 to a high of 11.5 percent in 2012. High school students surveyed were more than twice as likely to have used marijuana as middle school students.

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



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

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

## Behavioral Risk Factor Surveillance Survey

The Centers for Disease Control and Prevention began the Behavior Risk Factor Surveillance Survey (BRFSS) in the early 1980s in a handful of states. Today, all states participate in the survey. The 2010 Florida BRFSS provides individual counties and the state with a rich data source to estimate the prevalence of personal health behaviors that contribute to mortality and morbidity among adults.

Over 35,000 interviews were completed in the 2010 calendar year, with a target sample size of 500 completed surveys in each county. The 2010 BRFSS is the third time the survey was conducted at county-level. Previous county-level surveys were conducted in 2002 and 2007. 449 Hendry County residents completed the survey in 2010. A sampling of significant findings is included in this section along with a comparison with 2007 data and state-level data. Additional data can be found in Appendix G.

### Alcohol Use

The percent of adults who reported that they engage in heavy or binge drinking decreased from 19.1 percent in 2007 to 12.5 percent in 2010. This percentage is lower than the state average of 15.0 percent. The rate is much higher for men than for women (17.6 vs. 5.7). The highest rate is among people between 18 and 44 (13.5) and lowest among people over the age of 65 (8.3). Persons with less education reported drinking at higher rates than their more educated counterparts, and singles were more likely to drink than persons who are married.

### Cancer Screenings

Women over 18 years of age in Hendry County were less likely than women across the state as a whole to report that they had received a pap test in the last year (49.6% Hendry vs. 57.1% State). The rate is lowest for those women who make under \$25,000 annually. Additionally, a lower percentage of women 40 years or older in Hendry County received a mammogram than the state average (49.1% Hendry vs. 61.9% State). Residents of Hendry County over the age of 50 indicated that they are less likely to have received a blood stool test than their counterparts across the state (10.3% Hendry vs. 14.7% State); these rates have decreased significantly since 2007 (10.3% 2010 vs. 17.4 2007). Similarly, there has been a decrease of almost 14 percentage points in the number of adults 50 years or older who have received a colonoscopy and that rate is also significantly less than the state average (40.5% 2010 vs. 54.0% 2007).

### Dental Care

Significantly fewer adults in Hendry County reported that they had visited a dentist or dental clinic in the past year than the same for the state (52.9% Hendry vs. 64.7% State). Persons with higher levels of education reported lower rates of having a permanent tooth removed due to tooth decay or gum disease than their less educated counterparts.

## **Diabetes**

Hendry County has a slightly higher rate of adults diagnosed with diabetes (12.0% Hendry vs. 10.4% State). The number of men reporting a diabetes diagnosis has increased slightly (9.7% 2010 vs. 5.2% 2007), but the number of women reporting this chronic condition has nearly doubled from 2007 (15.1% 2010 vs. 7.8% 2007).

## **Health Care Access & Coverage**

24.2 percent of adults in Hendry County reported that they were unable to see a doctor at least once in the previous year due to cost. This is worse than the state average of 17.3 percent. 59.3 percent of adults in Hendry County reported that they had a medical check-up in the past year; this is worse than the state average of 69.7 percent. 66.9 percent of adults in Hendry County stated that they have some type of health insurance coverage; in 2007 the response was 64.5 percent. The state average is 83.0 percent. More women than men reported that they have some type of health insurance. Only 55.9 percent of Hispanic men and 50.0 percent of Hispanic women reported that they have some sort of insurance. Virtually all people above the age of 65 indicated that they have insurance; however only 52.7 percent of persons between the ages of 18 and 44 answered the same way. 69.5 percent of people between the ages of 45 and 64 stated that they did have insurance. As would be expected, there were definite correlations between education and income in relation to whether respondents reported having insurance. For example, 83.7 percent of persons with an income of \$50,000 or more are insured compared to 46.4 percent of those making less than \$25,000 per year.

## **General Health and Quality of Life**

Overall, 71.5 percent of Hendry County residents reported feeling in good or excellent health; which was significantly lower than the state's rate of 82.9 percent. Age and income level seem to be the largest factors in the perception of personal wellness. 73.2 percent of people between the ages of 18 and 44 reported that they were in good or excellent health while only 69.8 percent of people over the age of 65 reported the same. 87.6 percent of people who earn \$50,000 or more per year reported feeling well compared to 51.4 percent of those who make less than \$25,000 per year.

Similarly the persons reporting to be "satisfied" or "very satisfied" with their lives closely mirrored the state rate, with 91.5 percent in Hendry County and 93.1 percent for the state. Respondents age 65 and older reported being "satisfied" or "very satisfied" 96.6 percent, as compared to 90.1 percent for persons between the ages of 18 and 44 and 90.8 percent for persons between the ages 45 and 64. Likewise, different income levels had vastly different responses, with persons earning below \$25,000 annually only reporting 84.7 percent and persons earning \$50,000 or more reporting 98.4 percent. Married residents of Hendry County reported much higher rates than their non-married counterparts (94.7 married vs. 85.1 not married).

## **HIV/AIDS**

49.3 percent of adults less than 65 years of age reported that they have ever been tested for HIV. That is higher than the state average of 48.4 percent. The Hispanic population in Hendry County reported the highest rate of testing; 66.9 percent have been tested.

## **Overweight and Obesity**

72.9 percent of Hendry County residents are overweight or obese. This is higher than the state rate of 65.0 percent and much higher than the percentage for Hendry County in 2007 (62.3 percent). Excess weight is considered to be a strong factor and precursor to serious health problems such as diabetes, hypertension and heart disease. 38.0 percent of the people in Hendry County reported that they are obese in 2010; that is an increase from 2007 when that number was 30.2 percent. This number is considerably higher than the state as a whole (27.2 percent). Women in Hendry County particularly show much higher rates of obesity than women in the state as a whole (40.2 percent Hendry County vs. 24.7 percent State). There were no strong correlations found between age or education level in regards to overweight and obesity. The highest rates of overweight and obesity are found in the non-Hispanic black population (83.9 percent).

## **Tobacco Use**

Hendry County has a higher percentage of current smokers than the average for the state of Florida as a whole; 21.6 percent of Hendry County residents reported that they smoke compared to 17.1 percent for the state. People between the ages of 18 and 44 are most likely to smoke. Lower income residents are more likely to smoke than higher income residents. The group with the highest rates of current smokers was non-Hispanic white women, reporting 28.5 percent. The number of people in Hendry County who reported that they are current smokers remained unchanged between 2007 and 2010.

## Healthy People 2020 Objectives

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

### Mission

Healthy People 2020 strives to:

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

### Overarching Goals

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

**Table 16: Healthy People 2020 Objectives  
Hendry County 2010**

Objective	Measure	2007	2010	Status
AOCBC-2. Reduce the proportion of adults with doctor-diagnosed arthritis who experience a limitation in activity due to arthritis or joint symptoms.	Percentage of adults who are limited in any way in any usual activities because of arthritis or chronic joint symptoms.	10.8%	12.7%	Needs Improvement
C-15. Increases the proportion of women who receive a cervical cancer screening based on the most recent guidelines.	Percentage of women 18 years of age and older who received a Pap test in the past year.	64.0%	49.6%	Needs Improvement
C-16. Increase the proportion of adults who receive a colorectal cancer screening based on the most recent guidelines.	Percentage of adults 50 years of age and older who received a sigmoidoscopy or colonoscopy in the past five years.	54.0%	40.5%	Needs Improvement
C-17. Increase the proportion of women who receive a breast cancer screening based on the most recent guidelines.	Percentage of women 40 years of age and older who received a mammogram in the past year.	58.8%	49.1%	Needs Improvement
	Percentage of women 18 years of age and older who had a clinical breast exam in the past year.	60.9%	51.3%	Needs Improvement

D-9. Increase the proportion of adults with diabetes who have at least an annual foot examination.	Percentage of adults with diabetes who had an annual foot exam.	81.0%	70.1%	Needs Improvement
D-10. Increase the proportion of adults with diabetes who have an annual dilated eye examination.	Percentage of adults with diabetes who had an annual eye exam.	60.3%	60.9%	Needs Improvement
D-11. Increase the proportion of adults with diabetes who have a glycosylated hemoglobin (A1C) measurement at least twice a year.	Percentage of adults with diabetes who had two A1C tests in the past year.	63.1%	79.1%	Progress Shown
D-13. Increase the proportion of adults with diabetes who perform self-blood glucose-monitoring at least once daily.	Percentage of adults with diabetes who self-monitor blood glucose at least once a day on average.	46.7%	59.5%	Progress Shown
D-14. Increase the proportion of persons with diagnosed diabetes who receive formal diabetes education.	Percentage of adults with diabetes who ever had diabetes self-management education.	40.5%	56.9%	Progress Shown
HDS-5. Reduce the proportion of persons in the population with hypertension.	Percentage of adults with diagnosed hypertension.	23.0%	34.5%	Needs Improvement
HIV-14. Increase the proportion of adolescents and adults who have been tested for HIV in the past 12 months.	Percentage of adults less than 65 years of age who have ever been tested for HIV.	51.5%	49.3%	Needs Improvement
IID-12.7. Increase the percentage of non-institutionalized adults aged 65 years and older who are vaccinated against seasonal influenza.	Percentage of adults age 65 and over who received a flu shot in the past year.	53.6%	60.2%	Progress Shown
IID-13. Increase the percentage of adults who are vaccinated against pneumococcal disease.	Percentage of adults who have ever received a pneumonia vaccination.	23.0%	26.6%	Progress Shown
IID-13.1. Increase the percentage of non-institutionalized adults aged 65 years and older who are vaccinated against pneumococcal disease.	Percentage of adults age 65 and over who have ever received a pneumonia vaccination.	48.0%	64.4%	Progress Shown
NWS-8. Increase the proportion of adults who are at a healthy weight.	Percentage of adults who have a healthy weight (BMI from 18.5 to 24.9).	36.4%	25.0%	Needs Improvement
NWS-9. Reduce the proportion of adults who are obese.	Percentage of adults who are obese.	30.2%	38.0%	Needs Improvement
SA-14. Reduce the proportion of persons engaging in binge drinking of alcoholic beverages.	Percentage of adults who engage in heavy or binge drinking.	19.1%	12.5%	Progress Shown
TU-4. Increase smoking cessation attempts by adult smokers.	Percentage of adult current smokers who tried to quit smoking at least once in the past year.	43.4%	51.8%	Progress Shown

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

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

# Community Input

## Survey on Health and Healthcare in Hendry County

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

120 surveys were completed on paper and online over a two month period in the spring of 2013. The findings of the surveys were compiled by the Health Planning Council, and are as follows:

When asked, “How would you rate the general health of Hendry County residents?” 3 percent of survey respondents said Excellent, 24 percent said Good, 54 percent said Fair, and 19 percent said Poor. When asked, “How would you rate the quality of healthcare in Hendry County?” 3 percent said Excellent, 32 percent said Good, 40 percent said Fair, and 25 percent said Poor.

When asked where residents go to get health information, the majority of respondents noted that they go to friends or relatives (65 responses), or their family doctor (64 responses). When asked where they go to receive healthcare services, the majority said they visit their family doctor (83 responses).

Where do you think the residents of Hendry County go to get health information?	
friends or relatives	65
family doctor or health provider	64
internet	41
television	19
newspaper	13
radio	7
other*	7
magazines	5
books	5
<i>*out of county, yellow pages, United Way House, Social Services, emergency room</i>	

Where do you go to get healthcare?	
family doctor	83
clinic	26
other*	11
hospital/emergency room	9
health department	8
don't know	3
<i>*out of county, nowhere</i>	

Respondents were asked their opinions on healthcare difficulties for specific populations in Hendry County. Of the population groups listed, those who are uninsured and have low income levels were selected most often (58 responses). The next most frequently chosen option was non-English speaking residents (41 responses). With regards to specific areas of the county where residents are thought to have a particularly difficult time accessing healthcare services, 61 respondents said there are none. 49

respondents named multiple locations in the area as having difficulty accessing health services. Their responses included Montura, Pioneer, Ford and Sunset Park, migrant camps, low-income areas, Palmdale, Felda, rural areas, LaBelle, Ortona, Crescent Acres, Port LaBelle, Muse, Moore Haven, and Flaghole.

What types of residents of Hendry County have more difficulty with healthcare than others?	
uninsured/low-income	58
non-English speaking	41
elderly/senior citizens	30
adults	25
children	10
teens/adolescents	7
other	0

Are there areas/neighborhoods where residents have a particularly difficult time accessing health services?	
no	61
yes*	49
*Montura, Pioneer, Ford, Sunset Park, migrant camps, low-income areas, Palmdale, Felda, rural areas, LaBelle, Ortona, Crescent Acres, Port LaBelle, Muse, Moore Haven, Flaghole	

The surveys also asked about difficulties in receiving specific types of health services. 13 respondents said, no, there are no services that individuals in Hendry County have difficulty accessing. Of those who felt there were services that were difficult to access, specialty care was number one, with 54 responses. Next highest on the list was mental health care, with 48 responses.

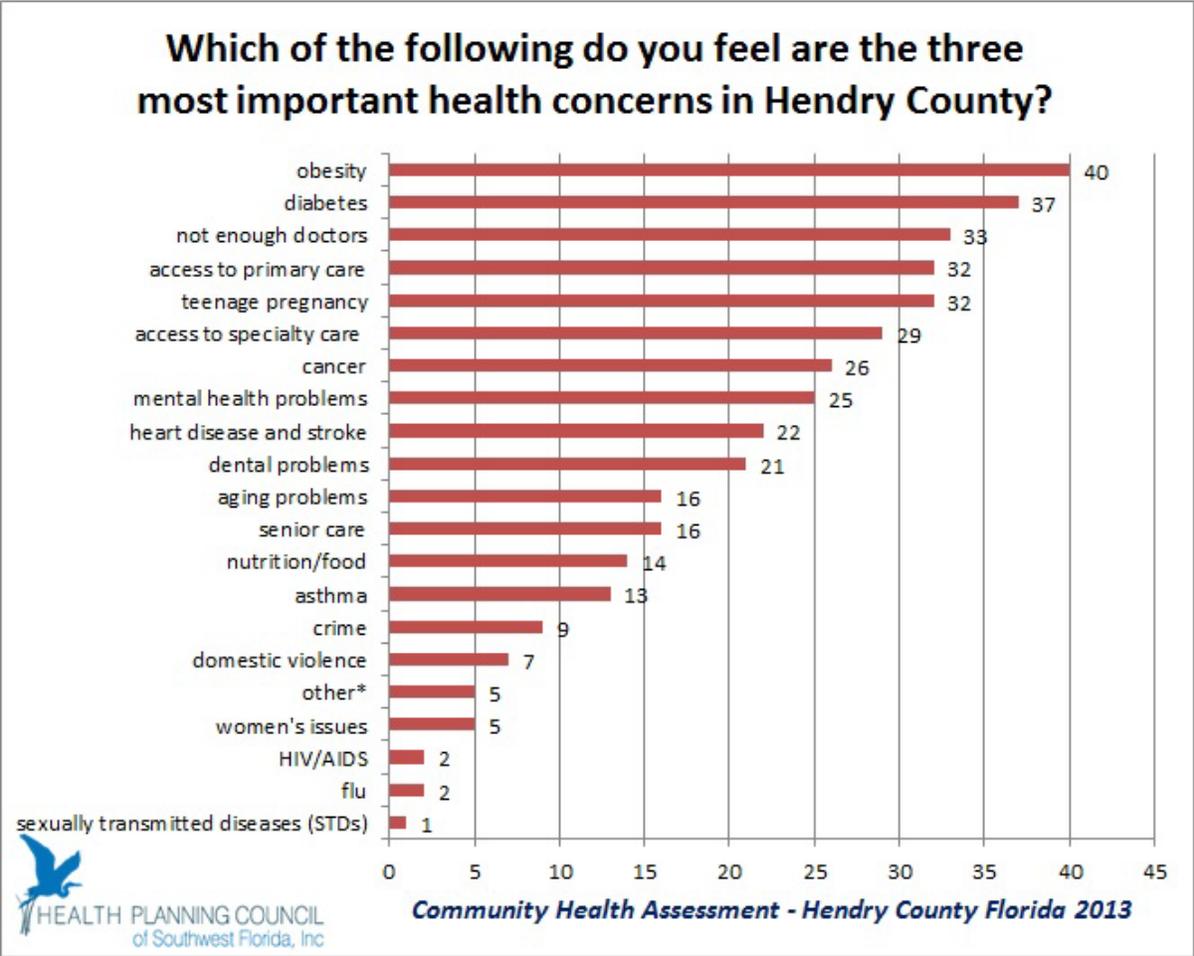
Possible options for improving the health of area residents were given. Job opportunities was chosen most often by survey respondents, with 61 responses. The next highest options were additional health services (52 responses) and transportation (49 responses).

Are there services that individuals in Hendry County have difficulty accessing?	
<b>no</b>	<b>13</b>
specialty care	54
mental health care	48
primary care	40
dental care	33
hospital care	27
emergency care	26
pediatric care	19
pharmacy/medications	15
other	0

What does Hendry County need to improve the health of your family, friends, and neighbors?	
job opportunities	61
additional health services	52
transportation	49
more doctors	41
specialty doctors	38
substance abuse treatment services	33
counseling & support	28
health education/wellness programs	25
healthier food choices	23
recreational facilities	23
safe places to walk/play	17
after-school programs	12
other*	5
*homeless shelter, job training, better doctors,	

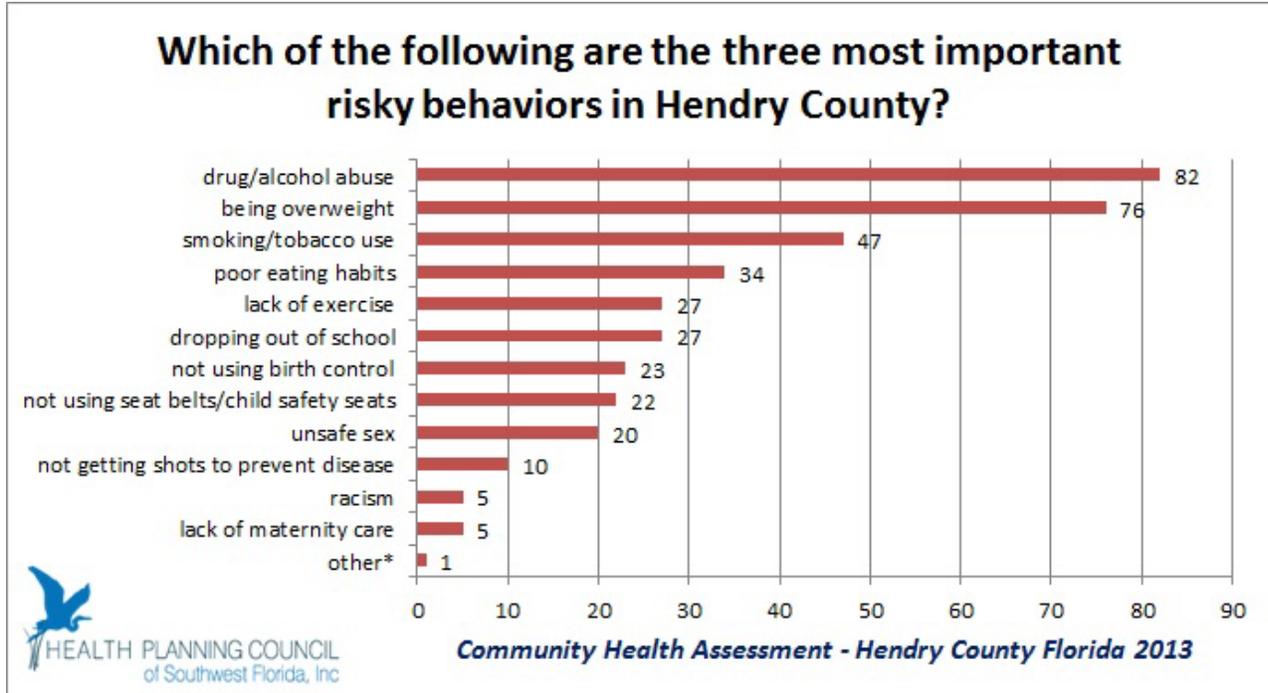
*Spanish-speaking doctors, more EMS workers*

Respondents were asked to select what they felt to be the three most important health concerns for residents of Hendry County. Obesity topped the list, with 40 responses. Second highest on the list was diabetes, with 37 responses, followed by not enough doctors (33 responses) and access to primary care and teenage pregnancy, each with 32 responses.



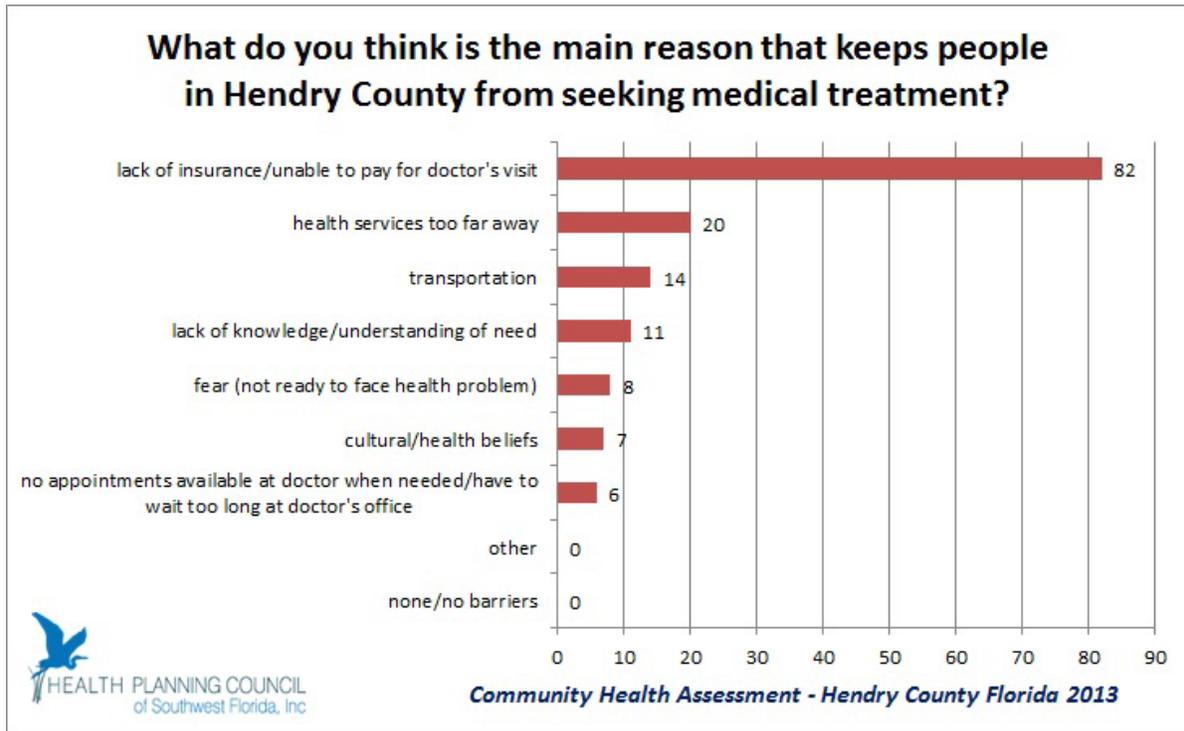
\*other: substance abuse, autism, lack of education, home care for disabled

Respondents were then asked to select the three most important risky behaviors in Hendry County. Drug and alcohol abuse was listed most frequently, with 82 responses. Other risky behaviors identified included being overweight (76 responses), smoking/tobacco use (47 responses), and poor eating habits (34 responses).



\*other: texting while driving

People sometimes delay receiving treatment for their ailments, which can lead to further problems and/or higher costs. Respondents were asked to identify the main reason that keeps Hendry County residents from seeking medical treatment. Lack of health insurance and/or lack of ability to pay was cited most frequently (82 responses), which was more responses than all of the other options combined. The next most often cited reason was health services were too far away (20 responses).



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

- Hendry Regional Convenient Care is understaffed; makes frequent billing errors.
- Healthcare available is insufficient.
- It has improved.
- We need transportation to doctors.
- Senior safety alert system is too costly.
- Need more health insurance coverage.
- We need rehab, physical therapy, and occupational therapy for children.
- Nothing for ASD (Autism Spectrum Disorder) patients in the county.
- Fast-track services in the emergency room for non-emergency patients.
- Teach healthy eating in the schools.
- Not a lot of quality options for those who have health insurance.
- We need to focus on meeting the needs of the homeless.
- United States Sugar Corp. is a big health problem for the Harlem community (asthma, eye & lung issues)
- Hendry Regional Medical Center needs better staff.
- Need a dependable urgent care center.
- Winn-Dixie prices for fresh produce and meats are too high.
- Need options late in the afternoons for working residents.
- Spanish-speaking pediatrician.
- We need jobs.

# Interviews with Community Leaders

## Introduction

The Health Planning Council of Southwest Florida (HPC) conducted twelve key informant interviews in early 2013 with the cooperation of the Hendry County Health Department. The purpose of conducting the interviews was to better understand the perspectives of key community leaders on the health and healthcare needs of Hendry County residents. These interviews were intended to ascertain opinions among key individuals likely to be knowledgeable about the community and who are influential over the opinions of others about health concerns in the county. The findings provide qualitative information and reveal factors affecting the views and sentiments regarding healthcare services in Hendry County. A summary of community leaders' opinions is reported without judging the veracity of their comments.

## Methodology

A community committee created by the Hendry County Health Department (Hendry-Glades Public Health System Task Force) compiled a list of possible interview subjects and made initial contact with the interviewees. The list included healthcare providers, healthcare consumers, and representatives of local businesses and community organizations. HPC staff conducted the interviews in person. The average interview lasted between thirty and sixty minutes. Twelve key community leaders were interviewed at the place of their employment or another location of their choosing in Hendry County in May of 2013. The interviewees were told that none of their comments would be directly attributed to them but that a list of all participants would be included in this report. That list is included in Appendix D.

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

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

## **Interview Analysis**

The leaders interviewed were asked whether they serve on any boards or have any affiliations with healthcare providers in the community that deliver healthcare services that may have helped form their opinions. These affiliations included the Transportation for the Disadvantaged Board, the Advisory Board for Senior Choices, the Advisory Council for Healthy Families, the Health Services Advisory Committee, and the Mental Health Board.

The length of time that the community leaders have lived and/or worked in Hendry County ranges from two years to forty-five years. The average number of years that an interviewee has lived or worked in Hendry County is twenty-four years.

The interview questions asked of each community leader were identical. The questions have been grouped into seven major categories. A summary of the leaders' responses by each of the categories follows. There is some duplication of subject matter and feedback between the categories. Paraphrases are included to reflect some commonly held opinions and direct quotes are employed when appropriate. This section of the report summarizes what the community leaders said without assessing credibility of their comments.

## **General Perceptions**

When asked to share their impressions about health and healthcare in Hendry County, community leaders spoke at length about the assets and deficiencies of the system. The majority of the respondents noted that there is a lack of primary and specialty care in the county. Five respondents stated that rates of chronic conditions, such as diabetes and obesity, were high in the county. It was stated that healthcare services are available; however, there is a need for more affordable options.

There is always a need for quality health information in communities. By far the number one source for health information in the county cited by the interviewees was the Hendry County Health Department. The next most often mentioned were word of mouth, the Internet, Florida Community Health Center, and a family doctor. Also cited were social workers, churches, Hendry Regional Medical Center, and the United Way House.

## **Pressing Healthcare Needs**

The community leaders were asked to identify the most pressing healthcare needs in Hendry County. The most common responses were transportation, services for children (including medical and dental), specialty care (particularly cardiology and endocrinology), and preventative care. Several interviewees suggested that health insurance and increasing the number of primary care doctors were also pressing healthcare needs. Other needs mentioned by interviewees included resources to overcome language barriers, a walk-in clinic, an obstetrician and/or gynecologist, more dental care options (for children in particular), home care for children and the elderly, as well as efforts to reduce high rates of obesity.

## Issues Affecting Specific Groups

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

Three community leaders stated that children “are taken care of” in Hendry County, and did not have any particular health issues. However, the remainder of those interviewed felt that the children of Hendry County needed additional resources. The issue mentioned most frequently for children was asthma. Other issues cited were obesity, diabetes, cancer, lack of dental care, behavioral health, allergies, head lice, general cold/flu, immunizations, preventative care, and the need for pediatric home care and pediatric rehabilitation services.

Teens and adolescents present a different list of healthcare needs. It was widely stated that there is a problem with teen pregnancy and STDs, and a need for further sex education. It was noted, however, by one community leader that teen pregnancy is decreasing, and “programs are making a difference”. Several of the interviewed leaders stated that there is a need for recreational activities for teens and adolescents in the community. Other issues mentioned included substance abuse, cancer, and a lack of counselors, specifically grief counselors.

For adults, the high rate of diabetes in the county was the most often mentioned pressing health concern. Chronic conditions, such as obesity and heart disease, as well as a lack of primary care doctors, were listed by several interviewees as major health issues as well. Also noted were affordable options for healthcare and health insurance, cancer, and the lack of dentists, public transportation, specialty care, and preventative care.

The elderly generally have access to care through Medicare and so are typically considered to be in a better situation than many others in the county. In fact, multiple community leaders stated that the elderly had no pressing health concerns; they have a lot of healthcare options and are generally “a self-sufficient group of people”. Of those who felt that the elderly do have pressing health issues, their number one concern was transportation. Diabetes and obesity were listed by several interviewees as pressing health concerns as well. Also mentioned were kidney issues, cancer, arthritis, Alzheimer’s disease, physical therapy, language barriers, chronic disease management, lack of primary care, and insurance. It was mentioned by one community leader that there was only one nursing home in Hendry County, which does not have the capacity to provide sufficient care for all of the elderly in the community. Another suggested there was a need for a cardiac care center in LaBelle; and that the facility in Clewiston, “will just transport you somewhere else”.

When discussing the uninsured in Hendry County, the most common healthcare issue mentioned was affordability. Mentioned nearly as frequently were the lack of local options for those without health insurance, as well as the lack of transportation to the healthcare options out of county. Interviewees were also concerned about obesity, HIV, pregnancy, overuse of the emergency room, and back issues from labor-intensive jobs.

## **Types of Residents with Difficulty Accessing Healthcare**

Interviewees were asked about types of residents who have particular difficulty accessing care. Multiple community leaders felt that the elderly have difficulty accessing care, often due to transportation issues. It was noted by several respondents that Hispanic residents and migrants also have a particularly difficult time accessing care due to lack of education, language barriers, and a lack of health insurance. It was suggested that area healthcare providers, the local hospital, local clinics and the Hendry County Health Department could work together to apply for grants which could be used to address issues such as transportation for the elderly and educational outreach for Hispanics and migrants.

## **Impressions Regarding Services**

The leaders were asked to give their impressions about the availability of different types of healthcare services and any obstacles that residents encounter when attempting to receive those types of services. The overall feeling was that primary care is available for the most part, but can be difficult for low/no-income populations to access and often require long wait times to obtain an appointment. Some interviewees felt that there were not enough permanent, full-time primary care doctors in Hendry County.

The majority of the interviewed community leaders felt that dental care is available, but is only accessible for those who have insurance or the ability to pay. It was stated that there are limited dental options for low-income residents. Some community leaders felt that the quality of services available was good; others felt that the dental services were “very poor quality”. It was suggested by one interviewee that a mobile dental clinic would be beneficial to the community.

Many community leaders stated that residents must travel out of county for specialty care. While a few specialists rotate into the county occasionally, including a cardiologist, a podiatrist, an obstetrician/gynecologist, and a nephrologist, this was not felt to be adequate for the needs of Hendry residents. It was noted that there is a need for an ear, nose, and throat specialist, an oncologist, an orthopedist, and specialists focused on children’s needs.

The majority of community leaders felt that mental health care is available in Hendry County. Hendry/Glades Mental Health was listed as a resource; a mental health program available through the school system was also mentioned. Three interviewees suggested that waits are long to obtain an appointment, and that more services are needed for the community. Opinions of the quality of the available mental health services were mixed; one community leader had “not heard good things about quality,” and another stated, “Hendry/Glades Mental Health is very good for the basics”. Substance abuse treatment was felt to be nonexistent or limited. Some interviewees mentioned that Southwest Florida Addiction Services is available at the United Way House. One community leader also noted that Alcoholics Anonymous meetings are held at area churches.

Emergency care options in Hendry County are available at Hendry Regional Medical Center. Several leaders mentioned that there was recently an expansion done at Hendry Regional, including the addition of updated equipment. Two interviewees felt that emergency care at Hendry Regional was “good” or “very good”, and two more said they had “no complaints”. One interviewee felt differently, stating that

the quality of care was “horrible”. It was also mentioned that the Hendry Regional Medical Center is the only option for 24/7 emergency care.

The level of hospital care in general (non-emergency) at Hendry Regional was thought by most interviewees to be extremely basic and lacking specialty care. Several respondents had heard negative reviews, but one leader felt that “people are hopeful with the new changes recently”. LaBelle residents are without a local hospital, and have to travel to Hendry Regional in Clewiston or Lehigh Regional Medical Center in Lee County for hospital services.

All of the community leaders were aware of Hope Hospice in Hendry County for hospice care. Of those with an opinion on it, the area’s hospice care received universally positive reviews. Comments included “excellent,” “love it,” “fantastic,” and “it truly has a value”. One interviewee noted that Hope Hospice also offers a home visit program for area children called Partners in Caring (PIC).

Pediatric care was felt by many respondents to be lacking. One interviewee stated that as far as pediatric and neonatal options, there is “nothing in LaBelle”. Of the pediatric services that are available in the area, one community leader stated the opinion that, “the people that handle that here are good; excellent.” Interviewees noted that Hendry Regional Medical Center does not offer a birthplace for babies to be delivered or any specialty neonatal services for infants.

According to the interviewed leaders, specialty care is the service most often requiring residents to be referred outside the county. Specific services mentioned include: cardiology, oncology, urology, substance abuse treatment, and rehabilitation. Respondents stated that diabetic supplies, lab work, x-rays, and MRIs were also difficult to find in Hendry County.

It is generally believed that the residents of the areas outside of Clewiston and LaBelle often have greater difficulty accessing health services. The neighborhoods mentioned most frequently as having difficulty accessing services were Montura Ranch and Pioneer. Also mentioned were Port LaBelle, Nobles Road, Ghost Town, Flaghole, Felda, and Lykes. Transportation is seen as a major barrier to care for all of these areas. While most interviewees mentioned Good Wheels as an option, all felt that Good Wheels was not sufficient for the needs of the county. The limitations of Good Wheels, as stated by community leaders, were that it is only for medical transportation, there is an application process which can be a barrier, 72 hour notice is required, and you have to wait all day. The lack of general public transportation was noted by several interviewees. One person noted that Hendry County is “not even bicycle-friendly,” and another suggested that the local “FQHC needs a van to transport patients”.

### **Affordable Care Act/Healthcare Reform**

Interviewees were asked their thoughts on how the Affordable Care Act will affect healthcare in Hendry County, and how best to educate the public about the upcoming changes. Some community leaders had positive feelings regarding the Affordable Care Act. Some suggested that more Hendry County residents will have health insurance, which could lead to more residents taking advantage of preventative care, more healthy babies, and lower rates of cancer. It was also thought that more local employers will begin offering health insurance to their employees as a result of the Affordable Care Act. Multiple leaders were concerned with how people will be able to afford the required health insurance, and one leader was concerned that more access to healthcare could lead to more prescription drug abuse.

Another fear is that there will be a large number of newly-insured residents accessing care, which will further tax the local healthcare resources, which are already overwhelmed. There is confusion in the county as to how Medicaid will be affected by healthcare reform. Two community leaders stated the Affordable Care Act will allow more access to Medicaid, while one leader stated that Florida legislature did not expand Medicaid.

Educating the population of Hendry County about the upcoming changes may require multiple avenues. Suggestions primarily included pamphlets and flyers as well as coverage in the local newspapers. It was suggested that information be made available at churches, civic organizations, clinics, laundromats, senior care centers, and the Hendry Regional Medical Center. Some community leaders felt that having health fairs or seminars would be an effective way to communicate to Hendry County residents, particularly if “freebies” were included. To help target residents who are unable to read, one leader suggested having an automated message go out to all area telephone numbers detailing basic information, and another leader suggested having a video message play in waiting rooms (at doctors’ offices, the United Way House, the Hendry County Health Department, etc.).

### **Most Important Health Issue and How to Address It**

The number one health issue identified by most of the interviewed community leaders in Hendry County is access to care. Several interviewees also felt that affordability of health insurance and healthcare is extremely important for Hendry County residents. Other issues mentioned were obesity, pediatrics, geriatrics, transportation, mental health and substance abuse treatment, and how the uninsured often delay getting needed care.

A variety of ideas on how to implement change regarding these health issues in Hendry County were mentioned. It was suggested by some community leaders that the government needs to place more healthcare providers in the area, and that the agencies that are already in Hendry County should work together to offer a mobile care clinic. This clinic could offer a variety of services to residents, such as mammograms, and diabetes testing.

Another general suggestion from a community leader for improving the health of Hendry County residents included adding a Jenny Craig and/or Weight Watchers program for help with nutrition and obesity issues. It was mentioned by another community leader that the area youth are in need of substance abuse education and a Big Brothers/Big Sisters program.

## Dissemination Plan

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

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

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

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

## Appendix A

### Hendry-Glades Public Health System Task Force Members

Arlene Bettencourt  
United Way of Hendry/Glades

Lisa Sands  
Daisy Ellis  
The Salvation Army

Lynn Beasley  
Sandra Viall  
Hendry Regional Medical Center

Nardina Johnson  
Florida Community Health Center, Clewiston

Traci Thomas  
Florida Community Health Center, Moore Haven

Ruby Nixon  
Hope Connections

Maricela Morado  
Healthy Start Coalition of Southwest Florida

Susan Harrelle  
Hendry County Sheriff's Department

Joe Hosick  
Susan Shilharvey  
Hendry Glades Behavioral Health

Norm Coderre  
Children's Medical Services

Jeannette Chelius  
Susan Komen Foundation of Southwest Florida

Lupe Taylor  
Hendry County Emergency Management

Janet Papinaw  
Hendry County Board of County Commissioners

Donna Storter Long  
Glades County Board of County Commissioners

Dana Breeden  
Early Learning Coalition

Charlene Blum  
Kim Kutch  
Florida Department of Children and Families

Donna Akin  
Hendry County Public Safety

Nancy Coker  
Child Care of Southwest Florida

Dr. Jorge Quinonez  
Family Health Center

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

Gail Holton  
Senior Choices

Melissa Barraza  
Lori Riddle  
WIC Lee County

Raoul Batalier  
The Hendry Glades Sunday News

Mary Bartoshuk  
Community Volunteer

Linda Corbitt  
Community Volunteer

Ron Stephens  
Community Volunteer

# Appendix B

## Survey on Health and Healthcare in Hendry County

1. How would you rate the **general health** of Hendry County residents?

- Excellent                       Good                       Fair                       Poor

2. How would you rate the **quality** of healthcare in Hendry County?

- Excellent                       Good                       Fair                       Poor

3. Where do you think the residents of Hendry County go to get health information?

- |   |   |
|---|---|
| <input type="checkbox"/> Newspaper                        | <input type="checkbox"/> Friends or relatives |
| <input type="checkbox"/> Family doctor or health provider | <input type="checkbox"/> Radio                |
| <input type="checkbox"/> Television                       | <input type="checkbox"/> Internet             |
| <input type="checkbox"/> Magazines                        | <input type="checkbox"/> Books                |
| <input type="checkbox"/> Other _____                      |   |

4. Where do you go to get healthcare?

- |  |   |
|--|---|
| <input type="checkbox"/> Family Doctor           | <input type="checkbox"/> Clinic ( <i>Florida Community Health Center, Hendry Regional Convenient Care</i> ) |
| <input type="checkbox"/> Hospital/Emergency Room | <input type="checkbox"/> Don't know   |
| <input type="checkbox"/> Health Department       |   |
| <input type="checkbox"/> Other _____             |   |

5. Which of the following do you feel are the three most important **health concerns** in Hendry County?

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Asthma   | <input type="checkbox"/> Cancer  | <input type="checkbox"/> Crime   |
| <input type="checkbox"/> Dental problems  | <input type="checkbox"/> Diabetes  | <input type="checkbox"/> Domestic Violence   |
| <input type="checkbox"/> Flu  | <input type="checkbox"/> Heart Disease and Stroke                        | <input type="checkbox"/> HIV/AIDS  |
| <input type="checkbox"/> Mental health problems   | <input type="checkbox"/> Not enough doctors                              | <input type="checkbox"/> Nutrition/food  |
| <input type="checkbox"/> Obesity  | <input type="checkbox"/> Senior care                                     | <input type="checkbox"/> Access to specialty care  |
| <input type="checkbox"/> Sexually Transmitted Diseases ( <i>STDs</i> )                          | <input type="checkbox"/> Teenage pregnancy                               | <input type="checkbox"/> Access to specialty care ( <i>doctors who provide care for one specific medical issue</i> ) |
| <input type="checkbox"/> Women's issues   | <input type="checkbox"/> Access to primary care ( <i>family doctor</i> ) |  |
| <input type="checkbox"/> Aging problems ( <i>such as arthritis, hearing/vision loss, etc.</i> ) |  |  |
| <input type="checkbox"/> Other _____  |  |  |

6. Which of the following do you feel are the three most important **risky behaviors** in Hendry County?

- |   |  |
|---|--|
| <input type="checkbox"/> Being overweight                     | <input type="checkbox"/> Not using birth control                 |
| <input type="checkbox"/> Dropping out of school               | <input type="checkbox"/> Not using seat belts/child safety seats |
| <input type="checkbox"/> Drug/Alcohol Abuse                   | <input type="checkbox"/> Poor eating habits                      |
| <input type="checkbox"/> Lack of exercise                     | <input type="checkbox"/> Racism                                  |
| <input type="checkbox"/> Lack of maternity care               | <input type="checkbox"/> Smoking/Tobacco Use                     |
| <input type="checkbox"/> Not getting shots to prevent disease | <input type="checkbox"/> Unsafe sex                              |
| <input type="checkbox"/> Other _____                          |  |

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

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

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

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

9. Are there areas/neighborhoods in the county where residents have a particularly difficult time accessing health services?

- No
- Yes

If yes, which areas/neighborhoods?

\_\_\_\_\_

10. Are there services that individuals in Hendry County have difficulty accessing?

- No
- Yes

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

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

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

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

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

\_\_\_\_\_

# Appendix C

## Hendry County Health Assessment

### Key Informant Interview Guide

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

If it is okay with you, I will be recording this interview. The tape will only be used by the project team and then will be destroyed. In the final report, the information you give will not be attributed to you by name. You will however be listed as a participant in the study. Some of the questions will be duplicative of material we have already discussed in earlier questions but they may prompt you to think of additional issues. Are you ready to get started?

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

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

## Appendix D

### Community Leaders Interviewed

Johnnie Nelson  
Nelson Chiropractic & Rehabilitation

Mary Bartoshuk  
Private Citizen

Barbara Dykes  
Hendry County Health Department

Arlene Bettencourt  
United Way 2-1-1

Margie Pruitt  
Hendry County Schools

Linda Corbitt  
Private Citizen

Dolly Burke  
Hendry County Schools

Norm Coderre  
Children's Medical Services

Sandi Rodriguez  
Walmart

Martha Valiant  
Retired Medical Doctor

Lynn Beasley  
Hendry Regional Hospital

Janet Falk  
Private Citizen

## Appendix E

### County Health Rankings

Definitions for each measure are listed on the next pages.	Hendry County	Error Margin	Florida	National Benchmark*	Rank (of 67)
<b>Health Outcomes</b>					32
<b>Mortality</b>					41
Premature death	8,747	7,755-9,738	7,310	5,317	
<b>Morbidity</b>					13
Poor or fair health	21%	16-28%	16%	10%	
Poor physical health days	3.3	2.6-4.1	3.6	2.6	
Poor mental health days	2.9	2.0-3.8	3.7	2.3	
Low birth weight	8.10%	7.3-8.8%	8.70%	6.00%	
<b>Health Factors</b>					63
<b>Health Behaviors</b>					41
Adult smoking	17%	12-23%	19%	13%	
Adult obesity	35%	31-39%	26%	25%	
Physical inactivity	31%	28-35%	24%	21%	
Excessive drinking	14%	9-20%	16%	7%	
Motor vehicle crash death rate	41	33-48	16	10	
Sexually transmitted infections	503		398	92	
Teen birth rate	80	75-85	40	21	
<b>Clinical Care</b>					64
Uninsured	35%	32-37%	25%	11%	
Primary care physicians**	3,558:1		1,439:1	1,067:1	
Dentists**	2,934:1		2,095:1	1,516:1	
Preventable hospital stays	93	78-109	65	47	
Diabetic screening	85%	74-95%	84%	90%	
Mammography screening	62%	48-75%	70%	73%	
<b>Social &amp; Economic Factors</b>					67
High school graduation**	66%		71%		
Some college	25%	20-30%	59%	70%	
Unemployment	14.40%		10.50%	5.00%	
Children in poverty	40%	31-48%	25%	14%	
Inadequate social support			22%	14%	
Children in single-parent households	42%	32-51%	37%	20%	
Violent crime rate	717		614	66	

<b>Physical Environment</b>					44
Daily fine particulate matter	6.7	6.6-6.7	8.4	8.8	
Drinking water safety	0%		3%	0%	
Access to recreational facilities	5		9	16	
Limited access to healthy foods**	14%		7%	1%	
Fast food restaurants	49%		44%	27%	

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

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

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

Note: Blank values reflect unreliable or missing data.

## Definitions of Health Measures

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

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

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

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

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

**Adult smoking** - Percent of adults that report smoking  $\geq 100$  cigarettes and currently smoking

**Adult obesity** - Percent of adults that report a BMI  $\geq 30$

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

**Excessive drinking** - Binge plus heavy drinking

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

**Sexually transmitted infections** - Chlamydia rate per 100,000 population

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

**Uninsured** - Percent of population under age 65 without health insurance

**Primary care physicians** - Ratio of population to primary care physicians

**Dentists** - Ratio of population to dentists

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

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

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

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

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

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

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

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

**Children in single-parent households** - Percent of children that live in household headed by single parent

**Violent crime rate** - Violent crime rate per 100,000 population

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

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

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

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

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

## Appendix F

### Definitions of Prevention Quality Indicators

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

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

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

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

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

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

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

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

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

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

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

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

# Appendix G

## Florida Youth Substance Abuse Survey

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

	Hendry County							Florida Statewide						
	Middle School	High School	Female	Male	Ages 10-14	Ages 15-17	Total	Middle School	High School	Female	Male	Ages 10-14	Ages 15-17	Total
Alcohol	17.9	29.8	25.0	24.4	16.8	30.6	24.7	12.3	33.9	25.3	23.8	13.2	34.0	24.6
Binge Drinking	8.4	17.9	14.4	13.2	8.5	17.7	13.8	4.7	16.4	10.6	11.9	4.9	16.4	11.3
Cigarettes	3.7	8.7	5.0	8.5	3.5	8.3	6.5	2.7	9.6	6.0	7.1	2.6	9.5	6.6
Marijuana or Hashish	6.2	15.5	9.0	14.6	5.6	15.7	11.5	4.2	18.5	10.6	14.1	4.5	18.9	12.4
Synthetic Marijuana	--	4.0	2.8	5.6	--	4.3	4.0	--	4.3	3.3	5.3	--	4.5	4.3
Inhalants	6.1	3.3	6.0	2.7	5.7	3.8	4.5	3.8	1.6	3.0	2.0	3.7	1.6	2.5
Club Drugs	1.0	1.3	1.3	1.0	0.3	1.9	1.2	0.4	1.5	0.9	1.2	0.4	1.5	1.1
LSD, PCP or Mushrooms	0.5	1.0	1.1	0.4	0.4	0.9	0.8	0.5	1.3	0.7	1.2	0.5	1.3	1.0
Methamphetamine	1.1	1.0	1.0	1.2	0.8	1.1	1.1	0.5	0.5	0.4	0.5	0.5	0.5	0.5
Cocaine or Crack Cocaine	1.2	2.2	1.8	1.9	0.9	2.3	1.8	0.4	0.9	0.5	0.8	0.4	0.8	0.7
Heroin	0.5	0.7	0.9	0.4	0.5	0.9	0.7	0.2	0.4	0.2	0.4	0.2	0.4	0.3
Depressants	0.6	2.1	1.8	1.1	0.6	2.2	1.4	0.8	2.1	1.6	1.5	0.7	2.3	1.6
Prescription Pain Relievers	2.9	3.6	3.1	3.6	2.8	4.0	3.3	1.7	2.8	2.6	2.0	1.7	2.9	2.3
Prescription Amphetamines	0.7	1.0	0.5	1.4	0.2	1.3	0.9	0.4	1.5	1.0	1.0	0.5	1.5	1.0
Steroids (without a doctor's order)	0.6	0.8	0.1	1.4	0.6	0.7	0.7	0.3	0.5	0.2	0.6	0.3	0.4	0.4
Over-the-Counter Drugs	2.5	3.4	3.3	2.7	2.0	4.2	3.0	1.7	2.6	2.5	2.0	1.7	2.7	2.2
Any illicit drug	13.7	20.7	17.2	18.6	12.2	22.1	17.8	9.6	22.9	16.3	18.0	9.8	23.3	17.2
Any illicit drug other than marijuana	9.6	11.4	11.2	10.1	8.5	13.0	10.6	6.9	9.1	8.6	7.7	6.8	9.2	8.2
Alcohol only	10.0	13.6	12.3	11.8	9.2	14.2	12.1	7.9	18.1	14.7	12.7	8.4	18.2	13.7
Alcohol or any illicit drug	23.8	34.8	29.8	30.6	21.9	36.2	30.1	17.4	40.4	30.7	30.2	18.1	40.9	30.5
Any illicit drug, but no alcohol	6.2	5.1	5.1	6.3	5.4	5.7	5.6	5.3	6.8	5.7	6.7	5.1	7.2	6.2

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

### Past-30-day trend in alcohol, tobacco and other drug use for Hendry County youth 2002, 2004, 2006, 2008, 2010 and 2012

	2002			2004			2006			2008			2010			2012		
	Middle School	High School	Total															
Alcohol	--	--	--	20.7	45.4	34.3	20.1	37.9	30.1	19.2	33.5	27.5	21.0	33.3	28.3	17.9	29.8	24.7
Binge Drinking	--	--	--	10.1	26.4	19.1	9.6	22.7	16.9	7.1	21.6	15.4	9.3	15.8	13.2	8.4	17.9	13.8
Cigarettes	--	--	--	9.8	15.1	12.7	3.4	11.1	7.7	5.8	10.2	8.3	6.0	10.1	8.4	3.7	8.7	6.5
Marijuana or Hashish	--	--	--	4.7	15.4	10.7	3.0	13.6	9.0	5.4	10.8	8.6	7.2	14.1	11.3	6.2	15.5	11.5
Inhalants	--	--	--	5.9	2.3	4.0	6.6	3.2	4.6	7.1	2.2	4.2	3.0	2.8	2.9	6.1	3.3	4.5
Club Drugs	--	--	--	--	--	--	--	--	--	0.7	--	0.7	1.4	0.9	1.1	1.0	1.3	1.2
LSD, PCP or Mushrooms	--	--	--	--	--	--	--	--	--	0.2	--	0.2	1.8	0.6	1.1	0.5	1.0	0.8
Methamphetamine	--	--	--	1.3	2.1	1.7	1.5	0.6	1.0	0.5	0.4	0.4	0.0	0.4	0.3	1.1	1.0	1.1
Cocaine or Crack Cocaine	--	--	--	--	--	--	--	--	--	1.7	--	1.7	1.1	1.3	1.2	1.2	2.2	1.8
Heroin	--	--	--	0.7	0.1	0.4	0.0	0.0	0.0	0.0	0.2	0.1	1.4	0.3	0.8	0.5	0.7	0.7
Depressants	--	--	--	1.3	3.5	2.5	0.2	1.8	1.1	0.6	0.8	0.7	0.8	3.0	2.2	0.6	2.1	1.4
Prescription Pain Relievers	--	--	--	2.3	3.2	2.8	0.7	3.6	2.4	1.7	2.3	2.1	2.6	4.8	3.9	2.9	3.6	3.3
Prescription Amphetamines	--	--	--	1.3	0.6	0.9	0.5	0.7	0.6	0.3	0.2	0.2	0.4	0.8	0.6	0.7	1.0	0.9
Steroids (without a doctor's order)	--	--	--	0.6	0.5	0.6	0.7	1.1	0.9	0.5	0.7	0.6	0.0	0.0	0.0	0.6	0.8	0.7
Over-the-Counter Drugs	--	--	--	--	--	--	--	--	--	2.6	--	2.6	2.3	3.8	3.2	2.5	3.4	3.0
Any illicit drug	--	--	--	11.8	19.0	15.9	9.6	17.3	14.0	12.6	13.9	13.4	11.1	18.9	15.7	13.7	20.7	17.8
Any illicit drug other than marijuana	--	--	--	10.3	9.2	9.8	8.9	10.3	9.7	9.4	8.8	9.0	8.3	10.0	9.4	9.6	11.4	10.6
Alcohol only	--	--	--	14.5	31.0	23.6	15.2	26.2	21.4	14.0	23.8	19.7	12.5	20.9	17.5	10.0	13.6	12.1
Alcohol or any illicit drug	--	--	--	25.7	49.3	38.9	24.0	43.0	34.6	25.1	37.3	32.1	23.8	39.2	32.9	23.8	34.8	30.1
Any illicit drug, but no alcohol	--	--	--	5.3	4.4	4.9	4.1	5.7	5.0	6.4	4.0	5.0	3.2	6.2	5.0	6.2	5.1	5.6

Note: The first 15 data rows show results for alcohol, cigarettes, and other drugs. The last five data rows show results for various combinations of drugs. Binge drinking is defined as having had five or more alcoholic drinks in a row in the past two weeks. Ecstasy, Rohypnol, GHB and ketamine are provided as examples in the question about club drugs. The symbol "--" indicates that data are not available.

# Appendix H

## Behavioral Risk Factor Surveillance Survey

	County 2010		State 2010	County 2007
	Percent	Quartile	Percent	Percent
<b>Alcohol Consumption</b>				
Adults who engage in heavy or binge drinking.	12.5% (7.5-17.3)	1	15.0% (13.9-16.0)	19.1% (13.9-16.0)
<b>Arthritis</b>				
Adults who are limited in any way in any usual activities because of arthritis or chronic joint symptoms.	12.7% (8.9-16.3)		14.9% (14.0-15.6)	10.8% (7.4-15.3)
Adults who have been told they have some form of arthritis.	24.8% (19.6-29.8)		32.0% (30.8-33.0)	20.2% (15.3-26.1)
<b>Asthma</b>				
Adults who currently have asthma.	8.6% (4.2-13.0)	2	8.3% (7.6-9.0)	3.9% (2.5-5.8)
<b>Cancer Screening</b>				
Adults 50 years of age and older who received a blood stool test in the past year.	10.3% (5.7-14.8)	4	14.7% (13.7-15.6)	17.4% (12.3-24.0)
Adults 50 years of age and older who received a sigmoidoscopy or colonoscopy in the past five years.	40.5% (31.9-48.9)	4	56.4% (54.8-57.8)	54.0% (44.0-63.6)
Adults ages 50 years and older who have ever had a blood stool test.	28.8% (20.5-37.0)	4	42.5% (41.1-43.9)	43.6% (33.4-54.3)
Adults ages 50 years and older who have ever had a sigmoidoscopy or colonoscopy.	53.4% (44.7-62.0)	4	68.2% (66.7-69.6)	60.0% (50.6-68.6)
Men 45 years of age and older who have been told they have prostate cancer.	5.9% (1.6-10.2)	2	7.3% (6.3-8.3)	
Men ages 50 years and older who have ever had a digital rectal exam.	78.1% (66.1-89.9)	4	86.6% (84.8-88.4)	80.3% (69.1-88.1)
Men ages 50 years and older who have ever had a PSA test.	68.0% (54.4-81.6)	4	85.0% (83.1-86.9)	79.6% (68.4-87.5)
Women 18 years of age and older who received a Pap test in the past year.	49.6% (41.2-57.9)	4	57.1% (55.2-58.9)	64.0% (53.7-73.1)
Women 40 years of age and older who received a mammogram in the past year.	49.1% (41.1-57.0)	4	61.9% (60.2-63.5)	58.8% (47.8-68.8)
Women ages 40 years and older who had a clinical breast exam in the past year.	53.1% (45.0-61.0)	4	63.2% (61.5-64.8)	60.5% (49.5-70.4)

Women who have had a hysterectomy.	26.7% (20.3-33.0)	2	26.2% (24.9-27.4)	
<b>Cardiovascular Disease</b>				
Adults who have ever had a heart attack, angina, or coronary heart disease.	12.0% (8.2-15.7)	4	10.2% (9.5-10.7)	9.1% (6.0-13.3)
Adults who have ever had a stroke.	5.9% (3.0-8.7)	4	3.5% (3.1-3.9)	1.6% (0.8-3.0)
<b>Cholesterol Awareness</b>				
Adults who have diagnosed high blood cholesterol.	35.9% (28.7-42.9)		38.6% (37.3-39.8)	32.0% (24.6-40.3)
<b>Dental Care</b>				
Adults who had a permanent tooth removed because of tooth decay or gum disease.	56.8% (49.6-63.9)	2	53.0% (51.6-54.2)	
Adults who had their teeth cleaned in the past year.	47.2% (40.1-54.3)	3	60.9% (59.6-62.1)	
Adults who visited a dentist or dental clinic in the past year.	52.9% (45.8-59.9)	3	64.7% (63.4-65.9)	
<b>Diabetes</b>				
Adults with diabetes who ever had diabetes self-management education.	56.9% (40.9-72.8)	2	55.1% (51.8-58.3)	40.5% (26.4-56.3)
Adults with diabetes who had an annual eye exam.	60.9% (43.3-78.5)	4	70.2% (67.0-73.4)	60.3% (43.1-75.2)
Adults with diabetes who had an annual foot exam.	70.1% (56.3-83.9)	3	72.2% (69.2-75.2)	81.0% (66.0-90.2)
Adults with diabetes who had two A1C tests in the past year.	79.1% (66.1-92.0)	1	75.6% (72.5-78.6)	63.1% (43.2-79.3)
Adults with diagnosed diabetes.	12.0% (8.1-15.8)	3	10.4% (9.7-11.0)	6.3% (4.4-8.9)
<b>Disability</b>				
Adults who are limited in any way in any activities because of physical, mental, or emotional problems.	21.2% (15.7-26.6)	1	24.3% (23.2-25.2)	15.2% (11.5-19.7)
Adults who use special equipment because of a health problem.	9.8% (5.6-14.0)	2	9.3% (8.6-9.8)	6.5% (3.8-10.6)
<b>Family Planning</b>				
Females less than 45 years old or males less than 60 years old who report that they or their partner take measures to prevent pregnancy.	61.3% (50.2-72.3)		56.2% (54.0-58.4)	

### Health Care Access & Coverage

Adults who could not see a doctor at least once in the past year due to cost.	24.2% (18.1-30.2)	4	17.3% (16.2-18.3)	22.7% (15.9-31.2)
Adults who had a medical checkup in the past year.	59.3% (52.1-66.4)	4	69.7% (68.5-70.9)	64.5% (56.1-71.9)
Adults who have a personal doctor.	74.1% (67.4-80.7)	4	81.7% (80.6-82.7)	61.2% (53.1-68.7)
Adults who think they would get better medical care if they belonged to a different race/ethnic group.	22.5% (16.1-28.8)		10.8% (9.9-11.7)	
Adults with any type of health care insurance coverage.	66.9% (59.9-73.8)	4	83.0% (81.9-84.0)	64.5% (56.2-71.8)

### Health Status & Quality of Life

Adults who always or usually receive the social and emotional support they need.	75.2% (69.1-81.1)	4	79.5% (78.4-80.6)	70.1% (62.8-76.5)
Adults who had poor mental health on 14 or more of the past 30 days.	13.9% (9.3-18.4)	3	11.8% (10.9-12.6)	13.0% (7.0-22.7)
Adults who had poor physical health on 14 or more of the past 30 days.	15.2% (10.9-19.5)	3	12.6% (11.8-13.3)	8.7% (6.3-11.7)
Adults who said their overall health was "fair" or "poor".	28.5% (22.1-34.8)	4	17.1% (16.2-18.0)	19.1% (14.8-24.2)
Adults whose poor physical or mental health kept them from doing usual activities on 14 or more of the past 30 days.	17.5% (11.0-24.0)	2	16.8% (15.5-18.0)	9.4% (5.9-14.3)
Adults with good mental health.	86.1% (81.5-90.6)	3	88.2% (87.3-89.0)	87.0% (77.2-92.9)
Adults with good physical health.	84.8% (80.4-89.0)	3	87.4% (86.6-88.1)	91.3% (88.2-93.6)
Adults with good to excellent overall health.	71.5% (65.1-77.8)	4	82.9% (82.0-83.7)	80.9% (75.8-85.1)
Average number of days where poor mental or physical health interfered with activities of daily living in the past 30 days.	5.3% (3.5-7.0)	2	5.2% (4.8-5.4)	3.9% (2.5-5.2)

### HIV/AIDS

Adults less than 65 years of age who had an HIV test in the past 12 months.	5.1% (1.2-8.9)	3	7.0% (5.9-8.0)	30.3% (22.8-38.9)
Adults less than 65 years of age who have ever been tested for HIV.	49.3% (43.1-59.7)	2	48.4% (46.7-50.0)	51.5% (43.1-59.7)
Adults less than 65 years who think they can get AIDS virus from mosquitos.	25.5% (17.6-33.4)		19.2% (17.8-20.5)	

**Hypertension Awareness & Control**

Adults with diagnosed hypertension.	34.5% (28.1-40.8)	2	34.3% (33.1-35.4)	23.0% (18.4-28.3)
Adults with hypertension who currently take high blood pressure medicine.	87.5% (81.3-93.7)		82.8% (81.0-84.4)	76.8% (66.8-84.5)

**Immunization**

Adults age 65 and older who have ever received a pneumonia vaccination.	64.4% (55.4-73.3)	4	69.9% (68.4-71.4)	48.0% (36.1-60.1)
Adults age 65 and older who received a flu shot in the past year.	60.2% (51.2-69.2)	4	65.3% (63.7-66.9)	53.6% (41.1-65.6)
Adults who have ever received a pneumonia vaccination.	26.6% (20.5-32.7)	4	30.6% (29.5-31.7)	23.0% (15.9-31.8)
Adults who received a flu shot in the past year.	29.3% (23.5-35.0)	4	36.5% (35.3-37.7)	30.7% (23.4-38.9)

**Injury Prevention**

Adults 45 older who had a fall-related injury in the past 3 months.	8.0% (4.6-11.2)	4	5.7% (5.0-6.3)	
Adults who "always" or "nearly always" used seat belts when driving or riding in a car.	95.7% (93.4-97.8)	2	95.6% (95.0-96.1)	
Adults who, in the past 30 days, drove a vehicle after consuming too many alcoholic beverages.	1.5% (0.0-3.8)		1.9% (1.4-2.3)	

**Overweight & Obesity**

Adults who are obese.	38.0% (30.7-45.1)	4	27.2% (26.0-28.3)	30.2% (24.2-36.9)
Adults who are overweight.	34.9% (28.1-41.7)	1	37.8% (36.5-39.0)	32.1% (25.6-39.3)
Adults who are overweight or obese.	72.9% (66.6-79.1)	4	65.0% (63.8-66.2)	62.3% (53.0-70.7)
Adults who have a healthy weight (BMI from 18.5 to 24.9).	25.0% (18.8-31.2)	4	33.4% (32.1-34.5)	36.4% (27.9-45.7)

**Tobacco Use & Exposure**

Adult current smokers who tried to quit smoking at least once in the past year.	51.8% (34.6-68.8)	4	60.1% (56.9-63.2)	43.4% (25.5-63.1)
Adults who are current smokers.	21.6% (15.3-27.9)	3	17.1% (16.1-18.0)	21.6% (14.8-30.2)
Adults who are former smokers.	18.4% (12.8-23.8)	4	29.8% (28.7-30.9)	25.5% (19.0-33.2)

Adults who have never smoked.	60.0%	1	53.0%	52.9%
	(52.9-67.0)		(51.8-54.2)	(45.1-60.6)

Data source: Behavioral Risk Factors Surveillance Telephone Survey conducted by the Florida Department of Health, Bureau of Epidemiology. Approximately 500 adults were surveyed in each county in the years 2007 and 2010.

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

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

# Appendix I

## Hendry County Guide to Health Services

### Emergency Numbers

Police/Fire/Ambulance.....911

### Non-Emergency Numbers

LaBelle Sheriff Office.....863-674-5600

Clewiston Sheriff Office.....863-805-5000

Clewiston Police.....863-983-1474

LaBelle Clerk of Courts .....863-675-5217

Clewiston Fire Department.....863-983-1499

LaBelle Fire Department.....863-675-1537

### Other Emergency Numbers

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

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

Animal Control.....863-675-3381

### Hendry County Health Care Services

#### Hospitals

Hendry Regional Medical Center.....863-902-3000

524 W. Sagamore Ave., Clewiston, FL, 33440

Emergency Department: Yes

Emergency Services: Anesthesia, Cardiology, Emergency Medicine, General Surgery, Hyperbaric Medicine, Internal Medicine, Radiology

Special Designations: Critical Access Hospital, Statutory Rural Hospital

Health Department

LaBelle.....863-674-4041

Environmental Health.....863-674-4047

1140 Pratt Blvd., LaBelle, FL 33935

Clewiston.....863-983-1408

Environmental Health.....863-902-4224

1100 South Olympia Avenue, Clewiston, FL 33440

A Limited List of Other Licensed Facilities:

(for more community resources, contact the United Way 211 or go to [SWFLResourceLink.com](http://SWFLResourceLink.com))

Facility Type	Name	Street Address	City	Phone
Health Care Clinic Exemption	AVREA M GUEVARA MD	112 SOUTH W.C. OWEN AVE	CLEWISTON	
Health Care Clinic Exemption	BELLE THERAPY CENTER INC	870 W KICKPOCHEE AVE SUITE #700	LABELLE	(863) 674-9001
Health Care Clinic Exemption	BERNER ER SVCS PARTNERSHIP	500 W SUGARLAND HWY	CLEWISTON	(863) 983-2227
Health Care Clinic Exemption	DR EDWARD D VICKERS SR	905 W VENTURA AVE	CLEWISTON	
Rural Health Clinic	DR JAMES D FORBES FAMILY CARE CENTER	500 W SAGAMORE AVE	CLEWISTON	(863) 983-3434
Clinical Laboratory	FAMILY HEALTH CENTERS OF SOUTHWEST FLORIDA INC	930 S MAIN ST	LABELLE	
End-Stage Renal Disease Center	FMC DIALYSIS SERVICES CLEWISTON	851 W VENTURA AVE	CLEWISTON	(863) 983-8855
Nurse Registry	HEARTLAND REGISTRY INC	238 N BRIDGE STREET	LABELLE	(863) 675-1231
Health Care Clinic Exemption	HENDRY FAMILY CARE CENTER	500 W. SUGARLAND HIGHWAY	CLEWISTON	
Health Care Clinic Exemption	HENDRY REGIONAL CONVENIENT CARE CENTER	450 S MAIN ST, SUITE 1	LABELLE	(863) 675-2356
Rural Health Clinic	HENDRY REGIONAL CONVENIENT CARE CENTER	450 S MAIN ST, SUITE 1	LABELLE	(863) 675-2356
Hospital	HENDRY REGIONAL MEDICAL CENTER	524 W SAGAMORE AVE	CLEWISTON	(863) 983-9121
Clinical Laboratory	HENDRY REGIONAL MEDICAL CENTER CLINICAL LAB	524 W SAGAMORE AVE	CLEWISTON	(863) 902-3081
Assisted Living Facility	KINGSHOUSE RETIREMENT CENTER	151 SOUTH MISSOURI STREET	LABELLE	(863) 675-3314
Health Care Clinic Exemption	LABELLE CHIROPRACTIC CLINIC	45 BRYAN AV.	LABELLE	
Clinical Laboratory	LABELLE MEDICAL CENTER	930 S MAIN ST	LABELLE	
Home Medical Equipment Provider	LAKE SURGICAL	700 W SUGARLAND HWY STE 7	CLEWISTON	(863) 983-0492
Homemaker and Companion Service	MELTON WE CARE CENTER INC	41 CENTRAL ST	CLEWISTON	(863) 228-2167
Nursing Home	OAKBROOK OF LABELLE	250 BROWARD AVE	LABELLE	(863) 675-1440
Nursing Home	PALM TERRACE OF CLEWISTON	301 S GLORIA STREET	CLEWISTON	(863) 983-5123

Health Care Clinic	PRECISION IMAGING & DIAGNOSTIC CENTER INC	439 W HICKPOOCHEE AVENUE	LABELLE	(305) 447-2324
Homemaker and Companion Service	SILKYS GROUP HOME INC	8073 MARSH CIRCLE	LABELLE	(863) 675-0230
Homemaker and Companion Service	SILKYS GROUP HOME INC	6008 ACORN CIR	LABELLE	(863) 675-0230
Health Care Clinic Exemption	URGENT AND CONVENIENT CARE	700 SOUTH MAIN ST	LABELLE	(239) 325-1310
Rural Health Clinic	URGENT AND CONVENIENT CARE CENTER	700 SOUTH MAIN ST	LABELLE	(239) 325-1310

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

## Appendix J

### Selected Data Sources

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

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

The Behavioral Risk Factor Surveillance Reports are available at this site along with special reports on many health-related topics: [http://www.doh.state.fl.us/Disease\\_ctrl/epi/brfss/reports.htm](http://www.doh.state.fl.us/Disease_ctrl/epi/brfss/reports.htm)

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

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

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

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

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

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

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