

2015

Highlands County Community Health Assessment



Health Council of West Central
Florida, Inc.

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WHO WE ARE

The health councils were created in 1983 by Florida Statute to identify, address and resolve health care issues of local concern. Each health council is a private, non-profit organization governed by a Board of Directors. The Board members are appointed by County Commissioners to represent the concerns of health care consumers, providers and purchasers.

The Health Council of West Central Florida, Inc. (HCWCF) serves Hardee, Highlands, Hillsborough, Manatee and Polk counties. The Council has extensive experience working with for-profit and non-profit agencies, public health organizations, consumers and professionals. Collaboration and cooperation are critical to the success of our mission.

We have three strategic goals: (1) support the accessibility of health care and social support systems through *comprehensive health planning*; (2) obtain and provide *education* about essential community health challenges and solutions; and (3) participate as collaborative partners to address current and emerging health issues to develop and sustain efficient and cost-effective *service delivery* systems.

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Introduction

In an effort to improve the health of the residents of Highlands County, a collaborative partnership was formed between the Highlands County Health Department and the Health Council of West Central Florida, Inc. (HCWCF) for the purpose of conducting a needs assessment for use by the Highlands County Community Health Improvement Planning Committee and other community partners.

The Community Health Improvement Planning (CHIP) Committee is comprised of area residents and business leaders with an interest in improving the health of their community. For the duration of the project, these members devoted time during their monthly meetings to aid in the creation and implementation of this community assessment. A list of participating members of CHIP is available in Appendix F. HCWCF reviewed numerous data sources and received feedback from the CHIP Committee as well as from members of the community through surveys and interviews. The Committee reviewed the preliminary data that was collected and provided feedback to the Health 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.

Executive Summary

Community Health Data Report

Since many sources of data were used with different methodologies for collecting data and different reporting years, care should be used when comparing information from the different sources. The sum of information on a certain topic should be considered when using this report for strategic planning purposes.

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

Comparing the most current 3-year age-adjusted death rates for Highlands County with those for all of Florida shows that, for the majority of categories listed, county rates are higher than Florida as a whole. Most significantly, rates for black residents are much higher than the state's black population averages for cancer, lower respiratory disease, and stroke. Among whites, county death rates are also much higher than their state-wide counterparts for the following causes: diabetes, motor vehicle crashes, and pneumonia/influenza.

Age-adjusted rates of hospitalizations for coronary heart disease, diseases of the circulatory system, stroke, CLRD, adult asthma and diabetes are higher than the statewide rates. Incidence of lung cancer, cervical cancer, melanoma and diabetes were higher for Highlands County than for the state. With regard to communicable diseases, an increase in pertussis rates was noted beginning around 2011. Highlands County's rate has outpaced the state-wide rate for several years.

Maternal and child health indicators show progress in the reduction of teen pregnancy rates and maternal smoking in the county over time, but overall rates still exceed the state rates. Repeat births to mothers between 15 and 17 continue to exceed state rates, and breastfeeding rates are lower than statewide rates. Health resources indicate greater percent of uninsured in Highlands County when compared with the State and fewer physicians and dentists per 100,000 population. Social indicators show higher rates of suicides, unintentional injuries and death by firearm discharge (among males) in Highlands County.

Behavioral indicators show rates of heavy drinking are disproportionately higher among men at both the county and state level; however, Highlands County males' rates are seen to trend downward over the past decade. Highlands County also has a higher percentage of current smokers than the average for the state of Florida.

Community Health Survey

The Community Health Survey questionnaire was developed by the Steering Committee to assess the feelings and perceptions of healthcare and health issues for Highlands County residents. The survey was conducted online and on paper, in English, Spanish, and Creole. Surveys were distributed by members of the CHIP Committee and others to individuals who live and/or work in Highlands County. Links to the online version of the survey were distributed through flyers and via email. 286 surveys were completed over a two-week period. Highlights of survey responses reveal that most people (66%) get health information from their family doctor or health care provider, followed by the internet/websites at 49% (more than one response was permitted). Likewise, most people reported that they received health care from their family doctor. However over 15 % indicated that they had no source of care or that they used the emergency room as source of care.

When asked what health issues were of concern to the respondent or their family, cancer, dental problems and accidents and injuries were most frequently cited. Respondents were asked to rate a variety of factors related to overall health and well-being on a scale of minor, moderate or urgent. Each factor was weighted on a scale of 0 to 3 with three being most urgent. Weighted averages indicated drug/alcohol use as most urgent, followed by unemployment, smoking/tobacco use and being overweight.

When asked about barriers to seeking or getting medical treatment, 34% reported no barriers. Lack of insurance or ability to pay for care was the next most common reason with 26% reporting that as an issue. Several comments in the “other” response category also highlighted cost as a barrier. Health services that respondents reported knowing someone who had difficulty accessing included dental care (34%), specialty care (31%), primary care (24%) and mental health/alcohol or drug treatment (23%). No barriers were reported by 27% of respondents. When asked what Highlands County could provide more of in order to improve health in the community 60% indicated more affordable healthcare and /or insurance. Cheaper, healthier food was cited by 39% of respondent and job opportunities by 34%.

Key Informant Interviews

The Key Informant Interviews report elicited interviewees’ opinions on the number and availability of particular health services & resources, and in many instances their opinions reflected that these participants lack awareness of what services are available. These interviews serve to highlight two phenomena for future planning purposes: 1) there may be a negative mindset in the greater community where residents are aware of which clinics have closed, which areas are underserved, etc., but they are not necessarily aware of what services *are* still operating or what new ones have opened; and 2) services may not be getting publicized to a sufficient extent - perhaps it should be readdressed where and how advertising dollars are being spent for this purpose (newspaper ads vs. billboards, etc.).

Community Health Data Report

Demographic and Socioeconomic Characteristics

Population Demographics

Highlands County is located in south central Florida (Fig. 1). It is adjacent to the following counties: Polk to the north; Hardee and DeSoto to the east; Glades to the south; Charlotte to the Southwest; and Okeechobee to the east. Highlands is one of five counties in southwest Florida (along with Hardee, Hillsborough, Manatee, and Polk) that comprise the Local Health Planning District 6 as designated by the Florida Agency for Health Care Administration (AHCA).

The sheer number of people in a community is the leading determinant of the demand for healthcare services. Intercensal data estimates the 2014 population of Highlands County at just under 100,000 people (99,818), ranking it 35th among Florida's 67 counties and holding 0.5% of the state's total population. Sebring is the county seat, with a population of 10,331; the city of Avon Park and the town of Lake Placid are the county's other largest communities. Unincorporated communities include Placid Lakes, Sylvan Shores, Venus, Spring Lake, Brighton, Lorida, Ft. Basinger, Cornwell, and Palmdale. With a geographical area of 1,106 square miles, this rural county has a far lower population density than the Florida average; about 98 persons per square mile compared to a state average of 364 persons per square mile.

Population Demographics and Growth

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. Chart 1 below shows the total population of Highlands County from 1997-2013. During that time span, the county saw an overall 21 percent increase. However, population growth has slowed and declined slightly during, and since, the 2007-2009 recession. Growth in the past five years has averaged 2%. The population is beginning to return to pre-recession levels, and is expected to continue to grow at faster rates in the coming years. Projected growth between 2015 and 2020 is 4.9%.

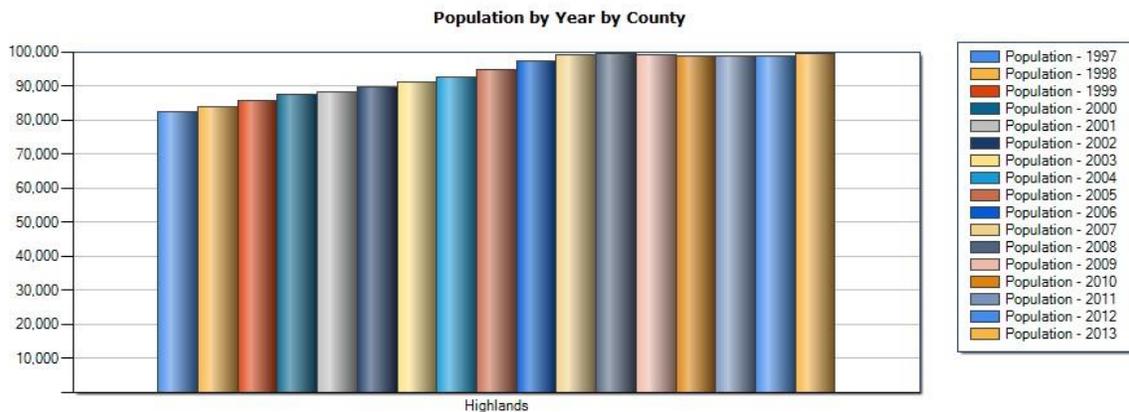


Chart 1: Total Population of Highlands County, 1997-2013

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

Table 1: Population Estimates and Projections, Highlands County & Florida, 2014-2020

Estimates and Projections		
2014 Estimate	99,818	19,507,369
% change 2010-14	1.0%	3.8%
2015 Projection based on 2014 estimate	100,799	19,789,625
% change 2010-15	2.0%	5.3%
2020 Projection based on 2014 estimate	105,751	21,236,667
% change 2015-20	4.9%	7.3%
2014 Median Age	52.8	41.3
Density		
Persons per square mile		
2000	85.0	296.4
2010	97.2	350.6
2014	98.2	363.8

Socioeconomic Indicators

The relationship between socioeconomic levels, living standards, health status, the quality of life and life expectancy have been well documented, studied and proven scientifically for centuries. There is a well-established statistical association existing between income level and educational attainment which, consequently, leads to healthier communities and populations.

An individual’s health does not occur or develop in isolation. Many social, economic, physical and lifestyle factors combine to influence the health of individuals, families and communities. Together these factors are referred to as “determinants of health”. The determinants of health significantly influence outcomes such as the prevalence and severity of chronic illnesses. The most discussed determinants of health include: poverty or economic status, housing, transportation, health services, education, and lifestyle behaviors.



Age

The median age for residents of Highlands County, 52.4, is approximately 10 years older than the median age of state residents (42.5). Age distribution also skews older compared with Florida as a whole. Highlands County ranks 58th (out of 67 counties) in percentage of residents who are 17 and younger (17.8%, compared to state average of 21.3%); it ranks 4th in percentage of residents who are 65 and older (32.5%, compared to 17.3% statewide).

Table 2: Population Percentages by Age Group and Gender, Highlands County & Florida, 2013

Population by Age and Gender										
County								State		
Age Group	Data Year	Male	Female	Total	Male%	Female%	Total%	Male%	Female%	Total%
< 5	2013	2,532	2,411	4,942	5.20%	4.70%	5.00%	5.90%	5.40%	5.60%
5-14	2013	5,069	4,873	9,942	10.50%	9.50%	10.00%	12.20%	11.20%	11.70%
15-24	2013	4,941	4,517	9,458	10.20%	8.80%	9.50%	13.40%	12.30%	12.90%
25-44	2013	8,866	8,579	17,445	18.30%	16.80%	17.50%	25.20%	24.10%	24.70%
45-64	2013	12,251	13,527	25,778	25.30%	26.40%	25.90%	26.70%	27.30%	27.00%
65-74	2013	7,532	8,773	16,305	15.50%	17.10%	16.40%	9.40%	10.30%	9.80%
> 74	2013	7,312	8,518	15,830	15.10%	16.60%	15.90%	7.30%	9.40%	8.30%

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

Gender

There are slightly more women than men in Highlands County; 51.3 percent of residents are female. This ratio mirrors the statewide percentage, which is 51.1 percent female.

Table 3: Population by Age and Gender, Percent of Total Population, Highlands County & Florida, 2013

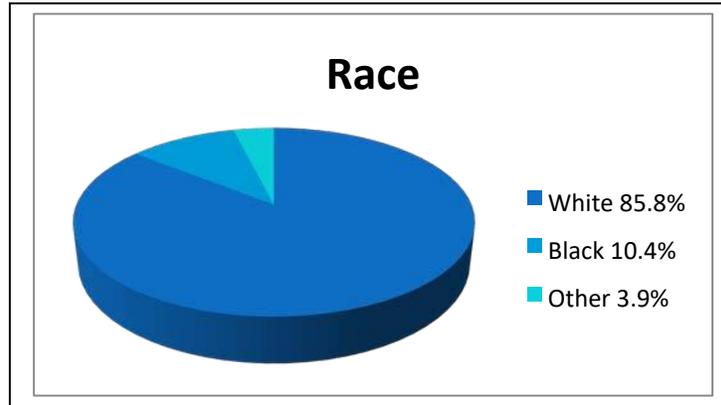
Highlands County								Florida		
Age Group	Data Year	Male	Female	Total	Male%	Female%	Total%	Male%	Female%	Total%
< 5	2013	2,531	2,410	4,942	5.20%	4.70%	5.00%	5.90%	5.40%	5.60%
5-14	2013	5,069	4,873	9,942	10.50%	9.50%	10.00%	12.20%	11.20%	11.70%
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> 74	2013	7,312	8,518	15,830	15.10%	16.60%	15.90%	7.30%	9.40%	8.30%

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

Race and Ethnicity

14.3% of the population of Highlands County is non-white, compared to a statewide population comprised of 21.9% non-whites. Approximately 3.9% of the county's population is listed as "Other, nonwhite" (a category that includes Asian, American Indian, Alaskan Native, Pacific Islander including Native Hawaiian, and those of mixed race who chose not to select white or black. Statewide, a slightly greater percentage of the population (5.2%) is listed as "Other, non-white".

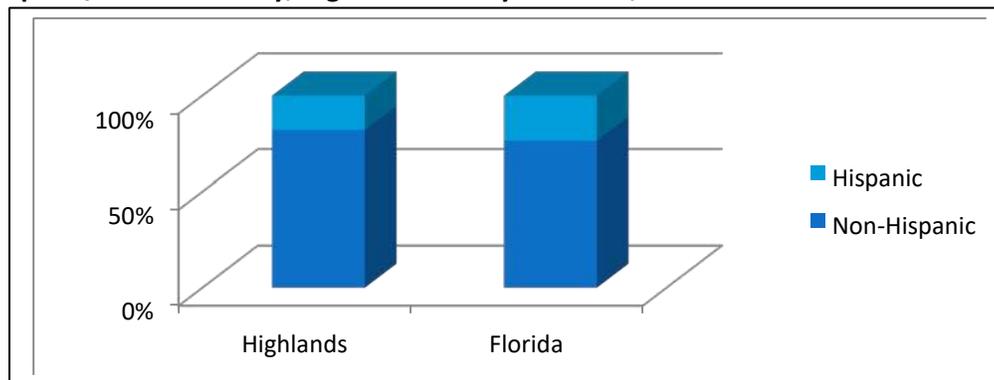
Chart 2: Highlands County Population by Race, Percent of Total Population, 2013



Source: US Census data

Ethnicity in Florida is broken out separately from race. For ethnicity, individuals must designate themselves as Hispanic/Latino or Non-Hispanic/Latino; people in both of those groups can identify as white, black or other non-white. As depicted below (Chart 3), 18.2 percent of the residents of Highlands County identify as Hispanic/Latino; this is lower than the state average of 23.6 percent.

Chart 3: Hispanic/Latino Ethnicity, Highlands County & Florida, 2013



Source: US Census data

Languages Spoken

English is more commonly spoken in Highlands County (81.1%) as compared with the state as a whole (72.6%), as shown in Table 4 below:

Table 4: Languages Spoken at Home, Highlands County and Florida, 2013

LANGUAGES SPOKEN AT HOME	Florida	Percent	Highlands Co.	Percent
Population 5 years and older	18,014,852	(X)	93,359	(X)
English only	13,070,061	72.6%	75,745	81.1%
Language other than English	4,944,791	27.4%	17,614	18.9%
Spanish	3,640,750	20.2%	14,615	15.7%
Other Indo-European languages	940,254	5.2%	1,998	2.1%
Asian and Pacific Islander languages	269,329	1.5%	945	1.0%
Other languages	94,458	0.5%	56	0.1%

Source: US Census, 2013

Median Household Income

Statewide, the median income is almost \$47,000 per household. By contrast, households in Highlands County see an average of \$35,560 per year. The median value of owner-occupied homes in Highlands County was \$93,600, compared with a statewide median value of \$160,200, in US Census figures from 2013. Bear in mind that median home values in many areas of the state have shifted in the past two years given the recent volatility of the real estate market.

Lower income is a strong predictor of poor health, including increased risk for cardiovascular and other chronic diseases, higher rates of preterm or low birthweight infants and increased mortality. Poor families and individuals are most likely to live in unsafe homes and neighborhoods, often with limited access to healthy foods, employment options and quality schools, thereby exacerbating poor health. In addition, living in poverty that results from lack of income can induce high levels of stress that can lead to physical and mental health issues.

Table 5: Median Household Income, Highlands County and Florida, 2013

Median Household Income	Florida (est.)	Percent	Highlands (est.)	Percent
Total households	7,158,980	(X)	39,931	(X)
Less than \$10,000	558,329	7.8%	3,773	9.4%
\$10,000 to \$14,999	408,552	5.7%	2,920	7.3%
\$15,000 to \$24,999	871,585	12.2%	6,475	16.2%
\$25,000 to \$34,999	846,131	11.8%	6,480	16.2%
\$35,000 to \$49,999	1,090,027	15.2%	7,031	17.6%
\$50,000 to \$74,999	1,305,146	18.2%	7,047	17.6%
\$75,000 to \$99,999	795,247	11.1%	3,089	7.7%
\$100,000 to \$149,999	755,400	10.6%	2,271	5.7%
	260,153	3.6%	407	1.0%
\$150,000 to \$199,999				
\$200,000 or more	268,410	3.7%	438	1.1%
Median household income (dollars)	\$46,956	(X)	\$35,560	(X)

Source: US Census, 2013

Persons Under 18 and Over 65 Living in Poverty

The data in Table 6 below highlight that a significantly higher percentage of children (almost one third) in Highlands County are living below the poverty level, as compared to Florida as a whole. However, the poverty rates for persons age 65 and older are quite similar between the county and the state:

Table 6: Persons with Income Below Poverty Level, past 12 Months, Highlands County & Florida, 2013

Income Below the Poverty Level in Last 12 Months	Florida	Highlands Co
All people	16.3%	20.1%
Under 18 years	23.6%	32.4%
65 years and over	10.1%	11.1%

Source: US Census, 2013

Educational Attainment

Stress and poor health early in life, common among those whose parents have lower levels of education, are linked to decreased cognitive development, increased tobacco and drug use, and a higher risk of cardiovascular disease, diabetes, depression and other conditions. People with more education are likely to live longer, know more about health and practice health-promoting behaviors such as regularly exercising, refraining from smoking, and obtaining regular health checkups and screenings. The health-related social and psychological advantages of higher educational attainment continue across generations. The converse is true for populations with lower educational levels. Knowledge and skills enable full participation in the labor market, and education can be key in promoting social mobility and breaking the cycle of intergenerational disadvantage and related health disparities.

As seen in Table 7 below, most recently available data show that fewer residents of Highlands County (81%) possess at least a high school diploma or equivalent than the state average (86%). However, data also demonstrate that nearly the same proportion of county and state residents have received some post-secondary education (21.7% county vs. 21.0% state):

Table 7: Educational Attainment by Adults Age 25+, Highlands County & Florida, 2013

Educational Attainment, 25 years and older Percent	Florida	Percent		Highlands (est.)
	(est.)			
Population 25 years+	13,317,503	(X)		73,949 (X)
Less than 9th grade	739,623	5.6%		5,519 7.5%
9th to 12th grade, no diploma	1,109,845	8.3%		8,527 11.5%
High school graduate (includes equivalency)	3,964,227	29.8%		27,143 36.7%
Some college, no degree	2,799,815	21.0%		16,017 21.7%
Associate's degree	1,188,081	8.9%		5,701 7.7%
Bachelor's degree	2,253,937	16.9%		7,062 9.5%
Graduate or professional degree	1,261,975	9.5%		3,980 5.4%
Percent high school graduate or higher	(X)	86.1%		(X) 81.0%
Percent bachelor's degree or higher	(X)	26.4%		(X) 14.9%

Source: US Census, 2013

Major Employers and Industries

Among working adults in Highlands County, the two most common sectors of employment are Education & Health Services and Trade/Transportation/Utilities. Other major employment sectors are Government, Natural Resources & Mining, and Leisure & Hospitality. **Table 8: Employment Rates by Industry, Highlands County & Florida, 2014**

Employment by Industry					
Average Annual Employment, % of All Industries, 2014	Highlands County	Florida	Average Annual Wage, 2014	Highlands County	Florida
All industries	26,341	7,754,770	All industries	\$31,321	\$44,803
Natural Resource & Mining	12.1%	1.1%	Natural Resource & Mining	\$24,836	\$28,626
Construction	3.5%	5.1%	Construction	\$28,993	\$43,690
Manufacturing	2.5%	4.3%	Manufacturing	\$35,861	\$55,520
Trade, Transportation and Utilities	19.3%	20.9%	Trade, Transportation and Utilities	\$27,784	\$40,122
Information	0.7%	1.8%	Information	\$39,075	\$70,634
Financial Activities	3.0%	6.6%	Financial Activities	\$39,015	\$66,169
Professional & Business Services	9.2%	15.0%	Professional & Business Services	\$30,217	\$54,245
Education & Health Services	20.5%	14.8%	Education & Health Services	\$41,575	\$46,571
Leisure and Hospitality	11.2%	14.0%	Leisure and Hospitality	\$15,264	\$23,020
Other Services	2.3%	3.2%	Other Services	\$21,745	\$32,244
Government	15.7%	13.2%	Government	\$38,666	\$49,707

Note: Industries may not add to the total due to unclassified and confidential data.

Source: Florida Legislature, Office of Economic and Demographic Research

The Highlands County School Board is the county's largest **public** employer. Table 9 below depicts the county's largest employers in the private sector:

Table 9: Ten Largest Private Sector Employers, Highlands County, 2014

Employer	Industry	# of Employees
Florida Hospital	Health Care	1,500
Wal-Mart	Retail	796
Agero	Roadside Assistance	600
Highlands Regional Medical Center	Health Care	413
Delray Plants	Ornamental Plants	350
Palms of Sebring	Assisted Living/Nursing Home	257
Alan Jay Auto Network	Automotive Dealership	250
Lake Placid Health Care	Assisted Living/Nursing Home	210
Positive Medical Transport	Health Care Transportation	150
E-Stone Corporation	Manufacturing	81

Source: Enterprise Florida

Current Unemployment Rates, Trends

Unemployed individuals are more likely to be in poor or fair health than individuals who are employed, and are more likely to suffer from increased stress, high blood pressure, heart disease and depression. Racial and ethnic minorities and those with less education—often already at risk for poor health outcomes—are most likely to be unemployed. The most recent figures available from the Bureau of Labor Statistics show an unemployment rate in Highlands County of 7.3% (May 2015), compared to 5.6% state-wide. As shown in Figure 2 below, Highlands County has one of the state’s highest unemployment rates.

Unemployment rates by county, not seasonally adjusted, Florida May 2015

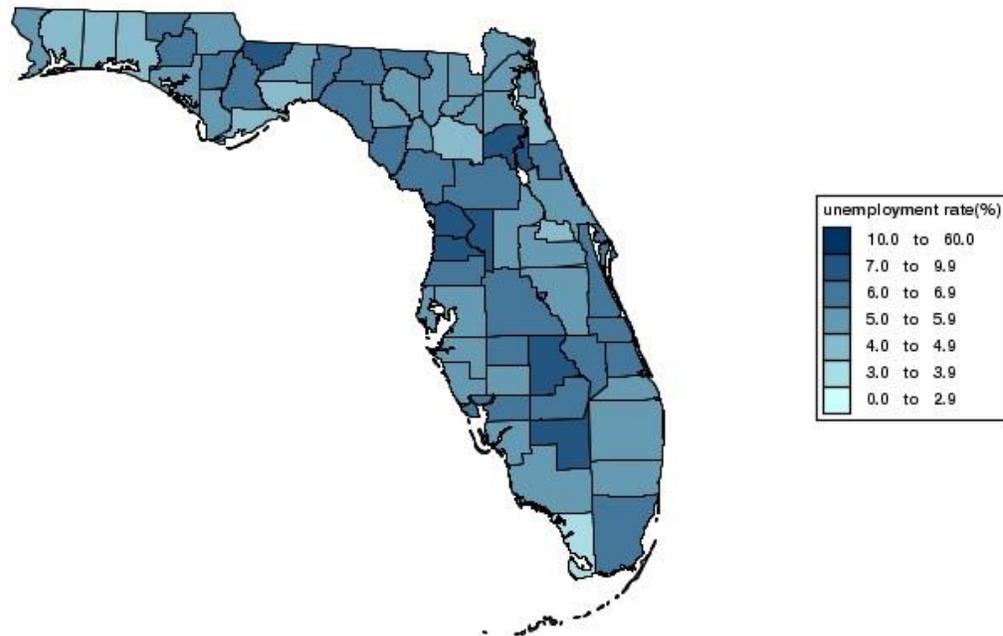


Figure 2: Unemployment Rates by County, 2015

Source: Bureau of Labor Statistics, 2015

One year earlier (May 2014), the county rate was 7.9% vs. 6.3% state-wide, and as seen in the 2013 snapshot below, the county rate was 7.0% vs. 6.7% state-wide. Note: rates are not seasonally adjusted.

Table 10: Employment Status, Highlands County & Florida, 2013

EMPLOYMENT STATUS	Florida	Percent	Highlands Co	Percent
Population 16 years and over	15,563,534	(X)	82,436	(X)
In labor force	9,355,809	60.1%	36,523	44.3%
Civilian labor force	9,298,664	59.7%	36,459	44.2%
Employed	8,202,636	52.7%	30,935	37.5%
Unemployed	1,096,028	7.0%	5,524	6.7%
Armed Forces	57,145	0.4%	64	0.1%
Not in labor force	6,207,725	39.9%	45,913	55.7%

Source: US Census, 2013

Health Status

Health Rankings

County Health Rankings & Roadmaps is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. It currently ranks Highlands County the 40th healthiest (in health factors and health outcomes) out of 67 counties in Florida. These rankings are based on a variety of factors that affect the health of the county's residents such as unemployment, levels of physical inactivity, and rates of smoking, obesity, and children living in poverty. See Appendix E.

Source: County Health Rankings, 2015

Mortality Rates

Mortality rates (overall death rates) can be key indicators of the state of health of a community. A significant number of Highlands County's deaths are premature and preventable. Behavior modification and risk reduction can reduce the mortality rates of many of the leading causes of death, especially those attributed to heart disease, stroke, diabetes, lung cancer and motor vehicle accidents. Individuals may improve both the length and the quality of their lives by following a healthy lifestyle and receiving regular medical care. The overall death rate for Highlands County has kept fairly consistent with the state average (Chart 4), with both rates having shown a gradual decrease over the last twenty years:

**Chart 4: Highlands Death Rate over 20 Years Compared to State of Florida
Age-Adjusted All Causes 3-Year Rolling Rates**



Source: Florida Department of Health, Bureau of Vital Statistics

Leading Causes of Death

Table 11 gives detailed information on the leading causes of death for residents of Highlands County in 2013. The Deaths column is a simple count of the number of people who died by the listed cause during 2013. Percent of Total Deaths lets you know what percent of the people that died in 2013 died from the specific 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 Highlands County, 59.2 of them died of a stroke in 2013. Since there are slightly fewer than 100,000 people in Highlands 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 2013 (2011, 2012 and 2013). 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, YPLL, is Years of Potential Life Lost. This is an estimate of the number of years a person would have lived had they not died prematurely. In this case that number is given for all people who died under the age of 75 assuming that they would have lived to the age of 75. When the numbers are particularly low, such as they are for Alzheimer's disease or Pneumonia/Influenza, it is generally because that cause of death largely impacts the elderly. Conversely, a particularly high number, such as for unintentional injuries, suggests that the average age of the victims was fairly young.

According to 2013 data, the two most frequent causes of death for people in Highlands County are cancer followed closely by heart disease. Together they accounted for slightly under half of all deaths. Another quarter of total deaths are represented by (in decreasing order of frequency) chronic lower respiratory disease, unintentional injuries, diabetes, and stroke:

Table 11: Leading Causes of Death, Highlands County, 2013

Cause of Death	Deaths	Percent of Total Deaths	Crude Rate Per 100,000	Age-Adjusted Death Rate Per 100,000	3-Year Age Adjusted Death Rate Per 100,000	YPLL* < 75 Per 100,000 Under Age 75
ALL CAUSES	1,480	100.0	1,484.5	707.3	686.7	8,883.5
CANCER	344	23.2	345.0	163.6	162.8	2,208.2
HEART DISEASE CHRONIC LOWER	334	22.6	335.0	146.9	149.7	1,432.0
RESPIRATORY DISEASE	148	10.0	148.4	58.6	56.1	354.1
UNINTENTIONAL INJURIES	67	4.5	67.2	55.0	50.2	1,473.7
DIABETES MELLITUS	59	4.0	59.2	26.4	31.3	263.5
STROKE	59	4.0	59.2	24.1	24.3	150.2
PNEUMONIA/ INFLUENZA	31	2.1	31.1	13.6	12.9	96.6
KIDNEY DISEASE	30	2.0	30.1	11.8	11.0	83.5
SUICIDE	27	1.8	27.1	24.6	20.0	615.2
SEPTICEMIA CHRONIC LIVER	22	1.5	22.1	8.9	9.9	53.7
DISEASE AND CIRRHOISIS	19	1.3	19.1	13.1	12.4	305.2
PARKINSON'S DISEASE	17	1.1	17.1	6.5	5.5	23.8
ALZHEIMER'S DISEASE	14	0.9	14.0	5.2	5.8	9.5
AIDS/HIV	5	0.3	5.0	5.3	4.1	114.5
HOMICIDE	4	0.3	4.0	5.0	6.6	182.4

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

Despite efforts to make affordable health care available to all citizens, disparities persist. People of color and people with low socioeconomic status are disproportionately uninsured and experience more barriers accessing health care. Similarly, individuals with low incomes have trouble accessing care due to a coverage gap. Comparing the most current 3-year age-adjusted death rates for Highlands County with those for all of Florida shows that, for the majority of categories listed, county rates are higher than Florida as a whole. Most significantly, rates for black residents are much higher than the state’s black population averages for cancer, lower respiratory disease, and stroke. Among whites, county death rates are also much higher than their state-wide counterparts for the following causes: diabetes, motor vehicle crashes, and pneumonia/influenza.

Table 12: Leading Causes of Death by Race, Highlands County & Florida, 2013

Major Causes of Death by Race

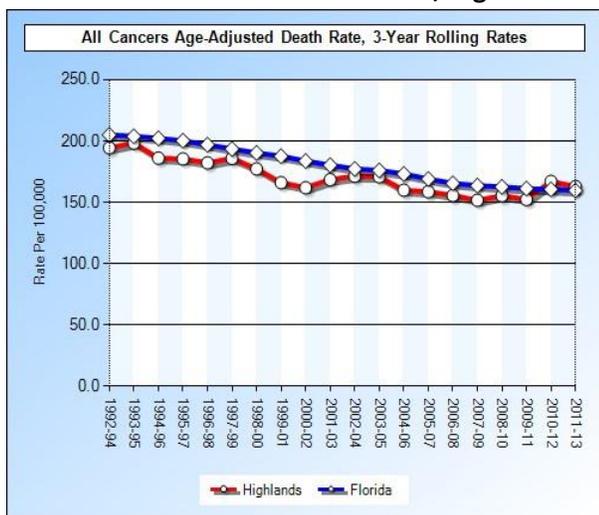
3-Year Age-Adjusted Resident Death Rates	Data Year	Highlands County			Florida		
		White	Black	All Races	White	Black	All Races
Cancer	2013	160.5	209.3	162.8	160.5	162.1	159.6
Heart Disease	2013	148.6	157.2	149.7	152.2	170.2	153.9
Chronic Lower Respiratory Disease	2013	56.6	53.4	56.1	41.6	23.7	39.6
Diabetes	2013	29.8	44	31.3	17.4	39.8	19.6
Stroke	2013	22.3	64.2	24.3	29.4	46.7	31.3
Motor Vehicle Crashes	2013	17.7	14.1	16.1	12.7	11.9	12.2
Pneumonia/Influenza	2013	13.6		12.9	8.9	11.2	9.2
Cirrhosis	2013	13.5	3.5	12.4	11.8	5.4	10.8
HIV/AIDS	2013	2.9	15.1	4.1	2.1	19.6	4.7

Source: Florida Department of Health, Bureau of Vital Statistics

Cancer Deaths

Cancer was the most common cause of death in Highlands County as of 2013. Age-adjusted death rates from cancer since the early 1990s have trended very closely to the rate for Florida as a whole over this time period:

Chart 5: Deaths from All Cancers, Highlands County & Florida, 1992-2013

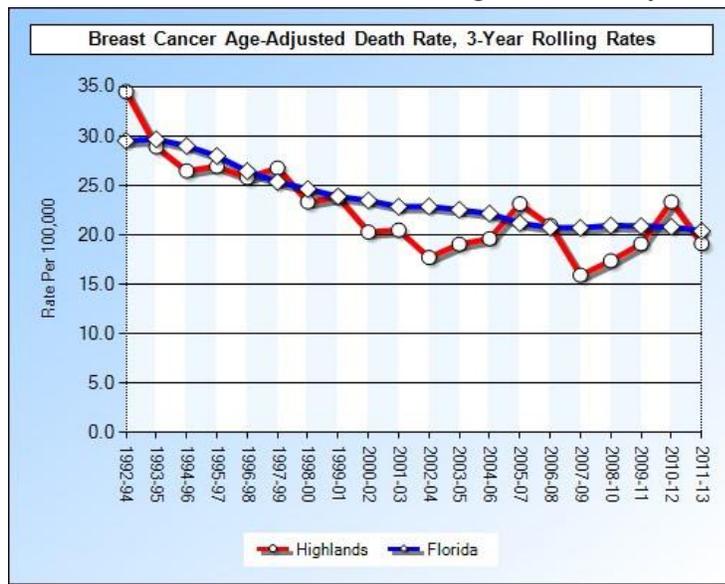


Source: Florida Department of Health, Bureau of Vital Statistics

Death rates from four common cancers

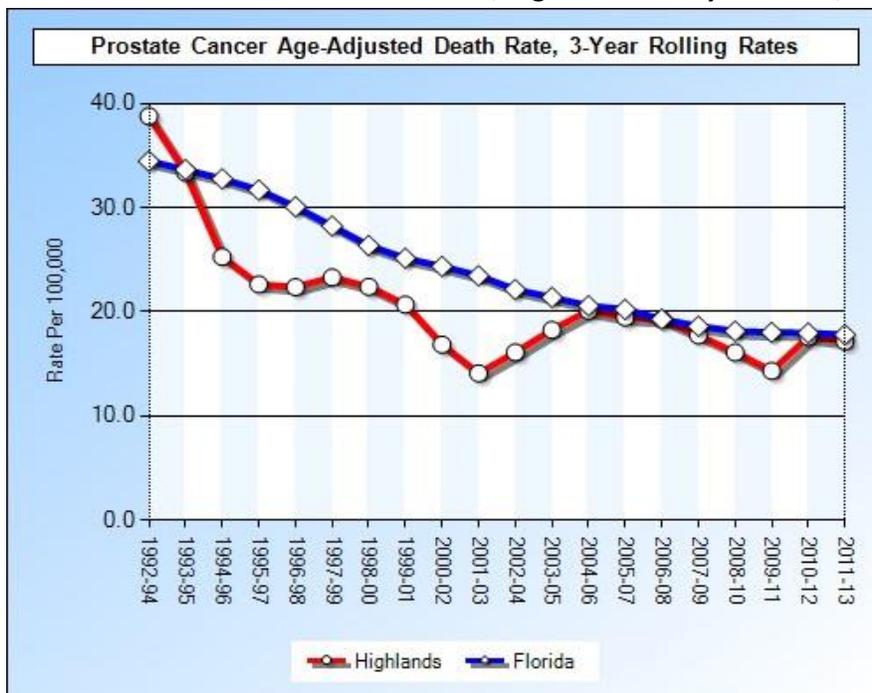
The following four charts illustrate county vs. state cancer death rate trends for four of the most common types of cancer: breast, prostate, lung, and colorectal. Of these four, lung cancer causes the highest number of deaths in both Highlands County and Florida by far. These charts all demonstrate a long-range decrease in death rates (for all four cancer types) at both the county and state level. Highlands County rates have shown somewhat greater fluctuation, but have roughly mirrored Florida's both in rate and trend.

Chart 6: Deaths from Breast Cancer, Highlands County & Florida, 1992-2013



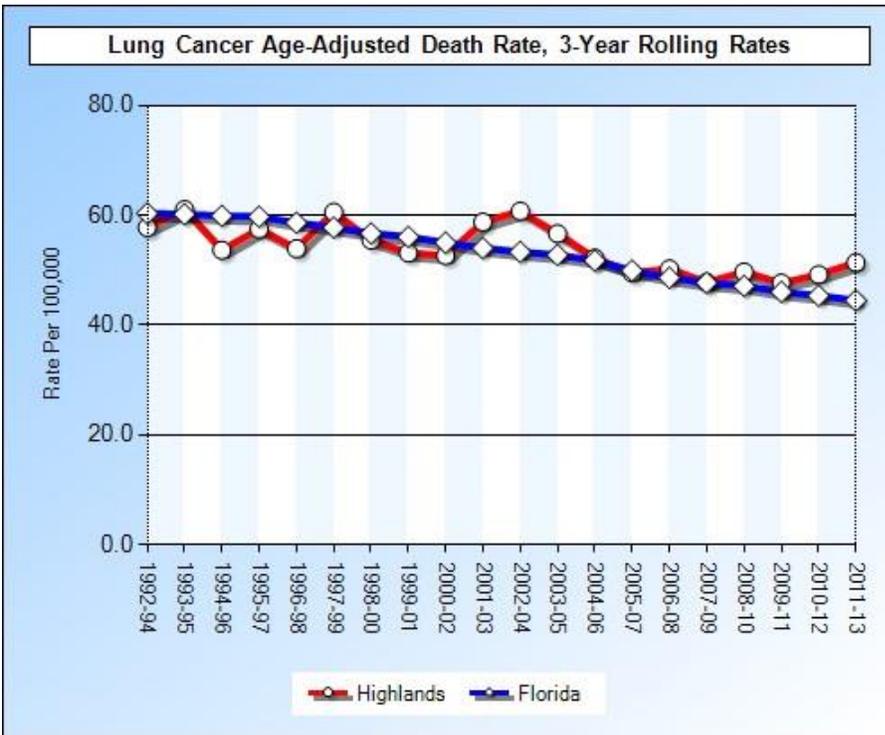
Source: Florida Department of Health, Bureau of Vital Statistics

Chart 7: Deaths from Prostate Cancer, Highlands County & Florida, 1992-2013



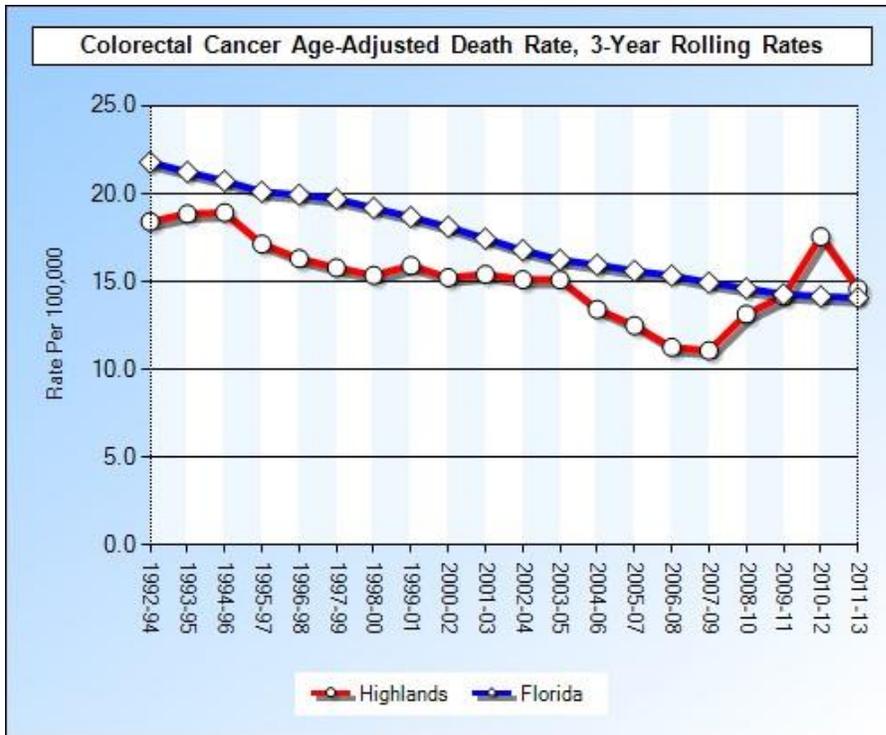
Source: Florida Department of Health, Bureau of Vital Statistics

Chart 8: Deaths from Lung Cancer, Highlands County & Florida, 1992-2013



Source: Florida Department of Health, Bureau of Vital Statistics

Chart 9: Deaths from Colorectal Cancer, Highlands County & Florida, 1992-2013



Source: Florida Department of Health, Bureau of Vital Statistics

Morbidity Rates / Chronic Diseases (overall disease rates & incidence)

As shown below, county rates of hospitalization for several chronic conditions (coronary heart disease and circulatory diseases, stroke, lower respiratory disease, asthma, and diabetes) surpass state-wide rates by wide margins. Overall cancer incidence in Highlands County has closely paralleled the state average for decades, but county residents show higher rates of cervical cancer and melanoma.

Table 13: Incidence of and Deaths from Chronic Disease, Highlands County & Florida, 2009-2012

 Highlands County and Florida: Chronic Disease Profile			
Indicator	Year(s)	County Age-Adjusted Rate ¹	State Age-Adjusted Rate
Coronary Heart Disease			
Hospitalizations	2010-12	557	352.7
Diseases of the Circulatory System			
Hospitalizations	2010-12	1,832.60	1,558.60
Stroke			
Hospitalizations	2010-12	315.4	266.2
Heart Failure			
Hospitalizations from congestive heart failure	2010-12	73.2	111.6
Lung Cancer			
Incidence	2009-11	67	63.4
Colorectal Cancer			
Incidence	2009-11	36.4	38
Breast Cancer			
Incidence	2009-11	95.3	113.4
Prostate Cancer			
Incidence	2009-11	71.3	115.8
Cervical Cancer			
Incidence	2009-11	12.2	8.9
Melanoma			
Incidence	2009-11	26.7	18.8
Chronic Lower Respiratory Diseases (CLRD)			
CLRD Hospitalizations	2010-12	643.2	368.2
Adults who currently have asthma	2013	11.30%	8.30%
Asthma Hospitalizations ₁	2010-12	976.3	780.4
Diabetes			
Hospitalizations ₁	2010-12	2,568.00	2,291.20

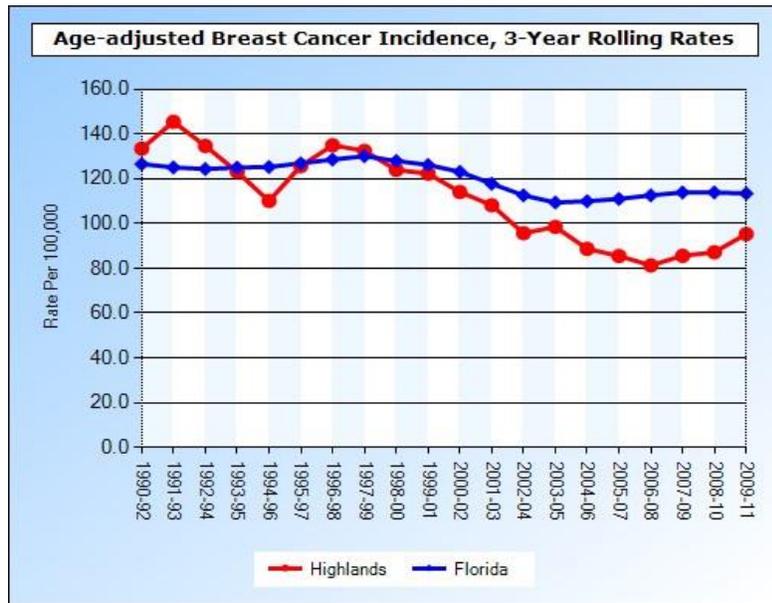
¹ Includes primary and contributing diagnoses

Sources: Deaths - Florida Department of Health, Bureau of Vital Statistics; Hospitalizations - Florida Agency for Health Care Administration (AHCA); Cancer Incidence - University of Miami (FL) Medical School, Florida Cancer Data System

Incidence of four common cancers

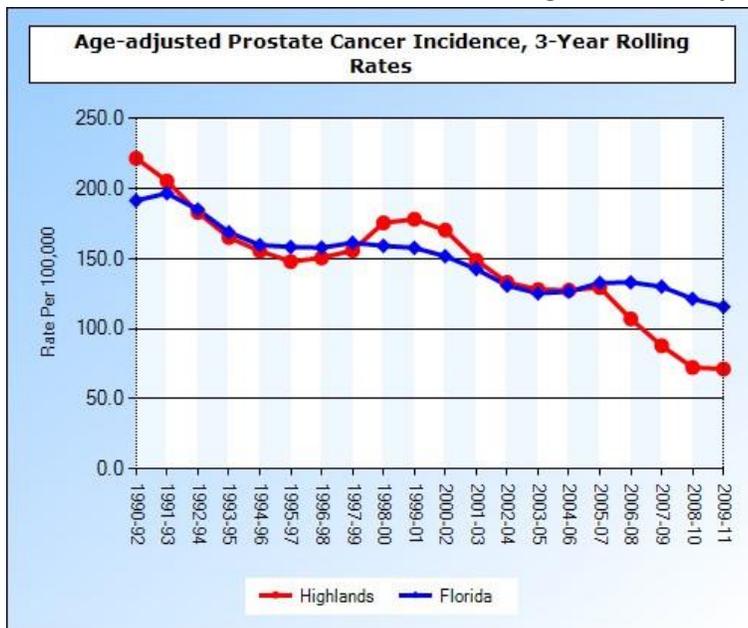
The following four charts illustrate county vs. state cancer incidence trends for four of the most common types of cancer: breast, prostate, lung, and colorectal. These charts all demonstrate, since at least the late 1990s, a long-range decrease in cancer incidence for all four types at both the county and state level. Of note: the incidence of both breast and prostate cancer in Highlands County has trended lower than the state's rate since the late 1990s (breast) and the mid-2000s (prostate). As with cancer death rates, incidence rates have shown somewhat greater fluctuation at the county level.

Chart 10: Incidence of Breast Cancer, Highlands County & Florida, 1990-2011



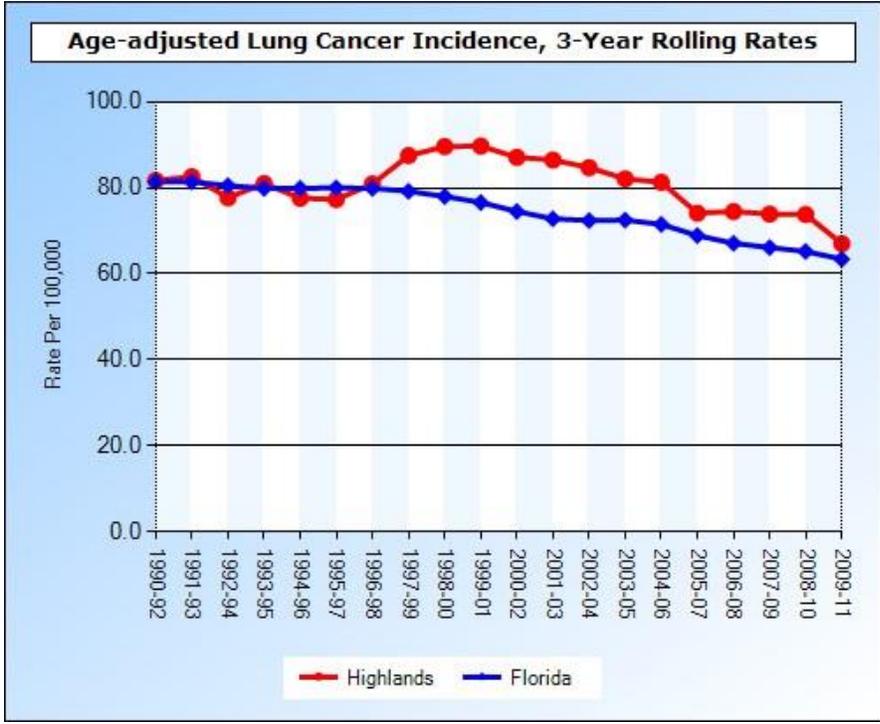
Source: Florida Department of Health, Bureau of Vital Statistics

Chart 11: Incidence of Prostate Cancer, Highlands County & Florida, 1990-2011



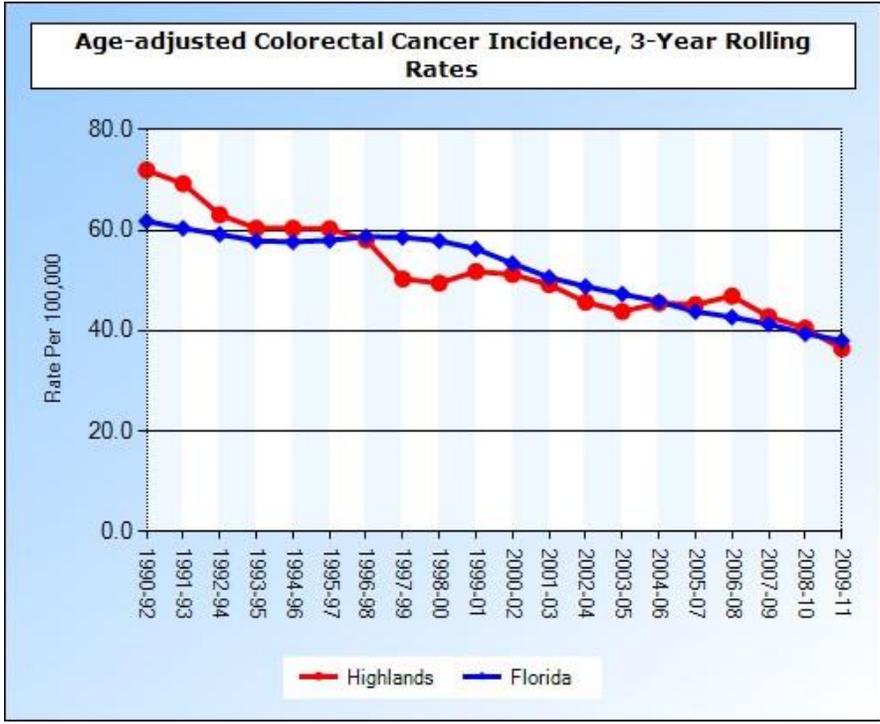
Source: Florida Department of Health, Bureau of Vital Statistics

Chart 12: Incidence of Lung Cancer, Highlands County & Florida, 1990-2011



Source: Florida Department of Health, Bureau of Vital Statistics

Chart 13: Incidence of Colorectal Cancer, Highlands County & Florida, 1990-2011

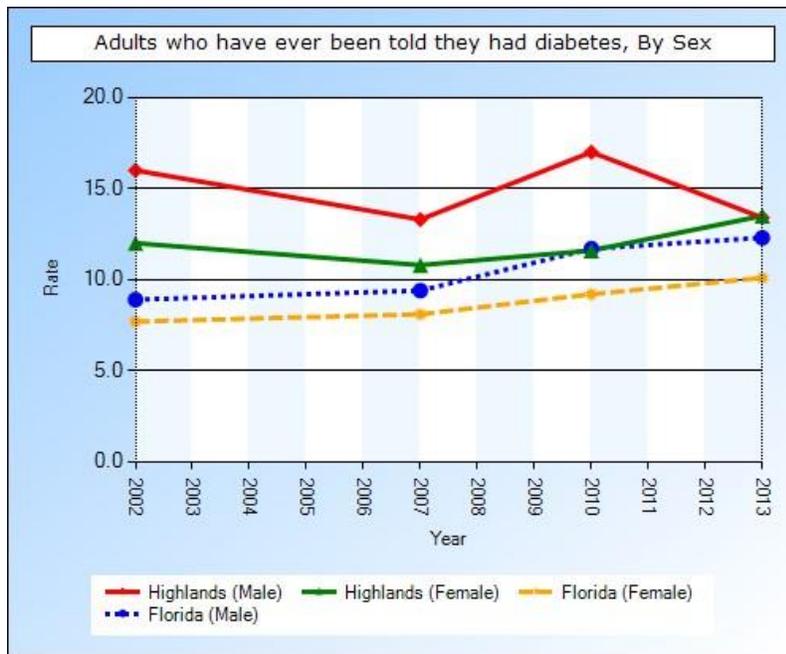


Source: Florida Department of Health, Bureau of Vital Statistics

Diabetes Incidence

Highlands County continues to show a slightly higher rate of adults diagnosed with diabetes, 13.4%, compared with 11.2% statewide. The percentage of men reporting a diabetes diagnosis has fluctuated during the past decade (between approximately 13% - 17%), whereas women’s rates of this chronic condition (10.8% in 2007; 11.6% in 2010; 13.5% in 2013) have mirrored Florida women’s upward trend.

Chart 14: Adults Reporting a Diabetes Diagnosis, Highlands County & Florida, 2002-2013



Source: Florida Department of Health, Bureau of Vital Statistics

Overweight/Obesity

Excess weight is considered to be a strong factor and precursor to serious health problems such as diabetes, hypertension and heart disease. Individuals are considered overweight if their Body Mass Index ranges from 25.0 to 29.9. Having a Body Mass Index that is equal to or greater than 30.0 is considered obese. For the purpose of this study, statistics for both conditions are combined. Prior to 2010, Highlands County rates (and trends) of overweight/obesity roughly mirrored those in Florida as a whole. Since then, while state-wide rates have trended slightly downward, county rates have risen significantly for both men and women. As seen below in Tables 14 and 15, it is noteworthy that men’s rates are twenty percentage points higher than women’s in Highlands County:

Tables 14 and 15: Male and Female Adults who are Overweight or Obese, Highlands County & Florida, 2002-2013

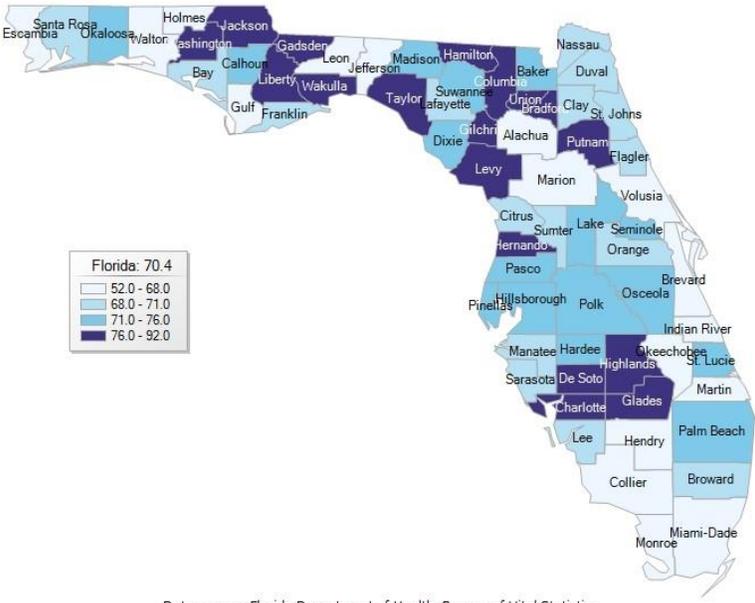
Male adults, overweight or obese		
Year	Highlands	Florida
2002	66.70%	67.70%
2007	71.60%	71.20%
2010	73.70%	73.60%
2013	83.20%	70.40%

Female adults, overweight or obese		
Year	Highlands	Florida
2002	53.5%	49.1%
2007	56.4%	53.2%
2010	55.3%	56.5%
2013	63.0%	55.3%

Source: Florida Department of Health, Bureau of Vital Statistics

The male rate of overweight/obesity in Highlands Co. (83.2%) ranks in Florida’s top quartile, along with rates in neighboring Desoto & Charlotte Counties, as seen in Figure 3 below. Directly to the south, Glades Co. has the highest male state-wide rate (91.5%):

Figure 3: Male Adults who are Overweight or Obese, Statewide by County, 2013



Both county-wide and state-wide, education level has a strong reverse correlation with adults’ rates of overweight and obesity, as seen in Table 16 below:

Table 16: Adults who are Overweight or Obese, by Education Level, Highlands County & Florida, 2002-2013

Year	HIGHLANDS CO.			FLORIDA		
	Less than high school	High school graduate or college	4+ yrs. college	Less than high school	High school graduate or college	4+ yrs. college
2002	59.30% (44.3 - 72.7)	56.20% (48.3 - 63.9)	62.50% (54.5 - 69.8)	65.10% (61.1 - 68.8)	58.80% (56.5 - 61.1)	56.40% (54.7 - 58.2)
2007	66.40% (40.3 - 85.3)	61.90% (51.4 - 71.4)	64.80% (57.8 - 71.2)	68.20% (64.1 - 72.0)	62.00% (59.7 - 64.3)	61.20% (59.7 - 62.6)
2010	75.40% (61.9 - 89.0)	64.00% (52.8 - 75.2)	61.60% (53.7 - 69.5)	69.40% (64.6 - 74.2)	66.50% (64.2 - 68.7)	64.10% (62.5 - 65.6)
2013	90.30% (81.4 - 99.1)	71.80% (63.6 - 80.0)	69.60% (60.8 - 78.4)	67.80% (63.8 - 71.7)	63.80% (61.5 - 66.1)	61.00% (59.6 - 62.4)

Source: Florida Department of Health, Bureau of Vital Statistics

Communicable Disease Incidence

Communicable diseases include Sexually Transmitted Diseases (STDs), vaccine-preventable diseases, and others for which no vaccine has been developed. Most recently available data, listed below in Table 17, show that Highlands County ranks below the state-wide rate for all STDs, as well as AIDS, Hepatitis A, and tuberculosis cases. With regard to vaccine-preventable diseases, recent state and county data (past five years) is unavailable for measles, mumps, or rubella; hepatitis B and pertussis data are included below. See further discussion on the high rate of pertussis, both county- and state-wide. Note that it is possible that a larger number are positive for these diseases than are captured by data; the discrepancy may owe to these individuals not having been tested.

Table 17: Communicable Diseases, 3-Year Rate per 100,000, Highlands County & Florida, 2012-2014

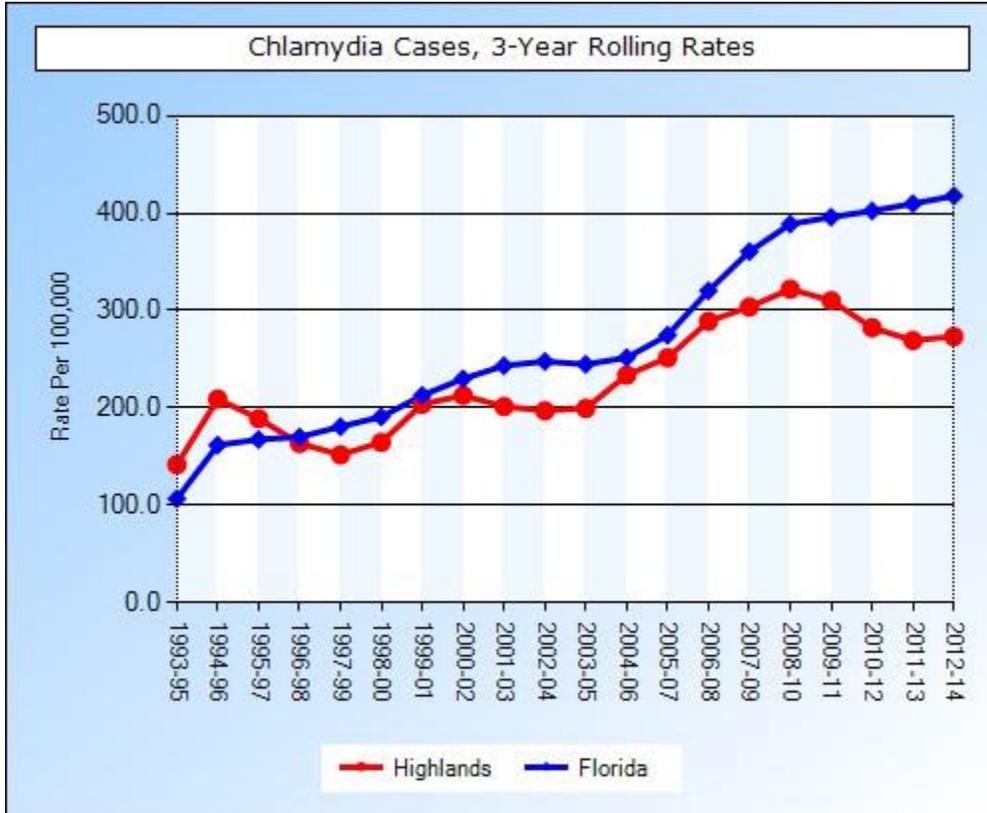
Diseases	Highlands County			Florida
	Data Year	Number of Cases (annual average)	3-Yr Rate Per 100,000	3-Yr Rate Per 100,000
Sexually Transmitted Diseases (STD)				
Total Gonorrhea, Chlamydia & Infectious Syphilis	2014	927	310.3	531.5
Infectious Syphilis Cases	2014	5	1.7	8
Gonorrhea Cases	2014	106	35.5	105.7
Chlamydia	2014	267	269.3	409.8
Vaccine Preventable Disease				
Acute Hepatitis B Cases	2014	3	3	1.9
Pertussis	2014	18	6	3.5
AIDS and Other Diseases				
AIDS Cases	2014	X	5	14.8
Hepatitis A Cases	2014	1	0.3	0.6
Tuberculosis Cases	2013	X	3.4	3.6

Source: Division of Disease Control, Florida Department of Health

Communicable disease profiles: Chlamydia

Chlamydia is the most common of the reported sexually transmitted diseases. Reporting of chlamydia became required in 1993; since then, the infection rate for chlamydia has been on the rise across the state of Florida. Rates in Highlands County declined between 2008 and 2012, but may be leveling out again:

Chart 15: Chlamydia Cases, Highlands County & Florida, 1993-2014

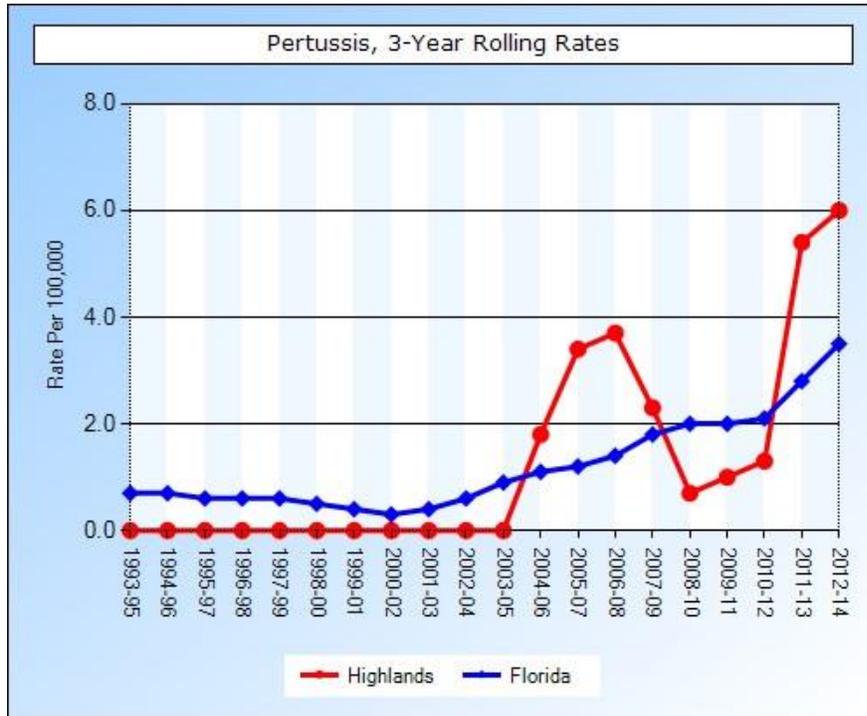


Source: Florida Department of Health, Bureau of Vital Statistics

Communicable disease profiles: Pertussis

Pertussis, also known as whooping cough, is a vaccine-preventable but highly contagious bacterial infection for which infants are especially at risk. As evident in Chart 16 and Table 18 below, an increase in pertussis rates is noted beginning around 2011. Highlands County's rate has outpaced the state-wide rate for several years.

Chart 16: Pertussis Cases, Highlands County & Florida, 1993-2014



Source: Florida Department of Health, Bureau of Vital Statistics, Centers for Disease Control & Prevention

Table 18: Pertussis Cases, Highlands County & Florida, 1993-2014

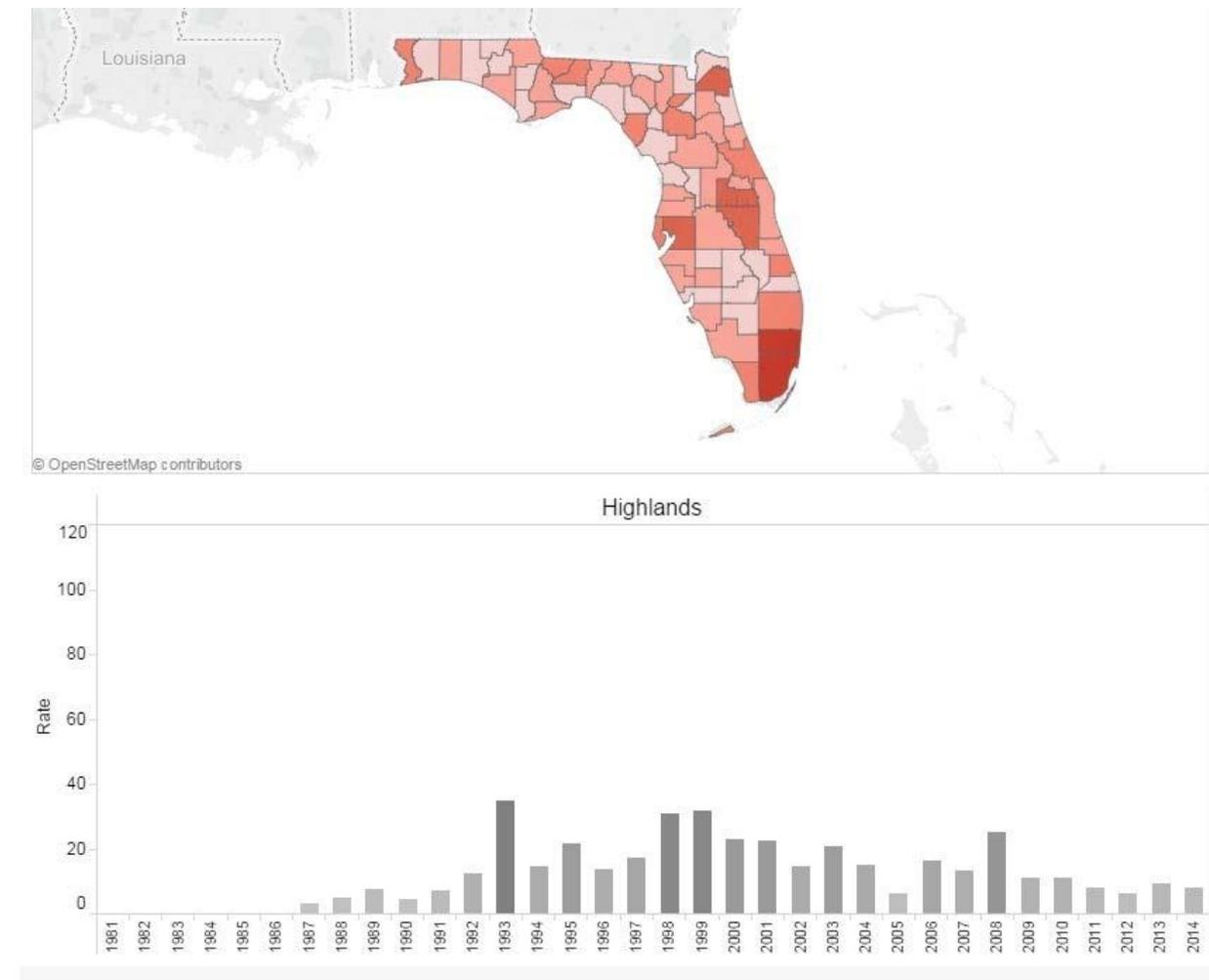
Pertussis, 3-Year Rolling Rates				
Year	Highlands		Florida	
	Count	Rate	Count	Rate
2004-06	5	1.8	568	1.1
2005-07	10	3.4	647	1.2
2006-08	11	3.7	753	1.4
2007-09	7	2.3	1,022	1.8
2008-10	2	0.7	1,139	2
2009-11	3	1	1,137	2
2010-12	4	1.3	1,215	2.1
2011-13	16	5.4	1,619	2.8
2012-14	18	6	2,026	3.7

Source: Florida Department of Health, Bureau of Vital Statistics, Centers for Disease Control & Prevention

Communicable disease profiles: HIV/AIDS

HIV infection remains a serious and often deadly condition. Statewide, there has been a large uptick in the number of new HIV infections (a 27% increase between 2012 and 2014, according to the Florida Department of Health). More recent data collected during the first few months of 2015 show that the numbers are continuing to climb. State-wide data by county show that the rate of new HIV infection in Highlands County remains relatively low at 7.95 new cases per 100,000 population. By comparison, Broward County has the highest rate at 55.39 new cases per 100,000. Broken down by age and gender, the largest increases are being seen among white and Hispanic men who have sex with other men, ages 50+ and ages 20-39.

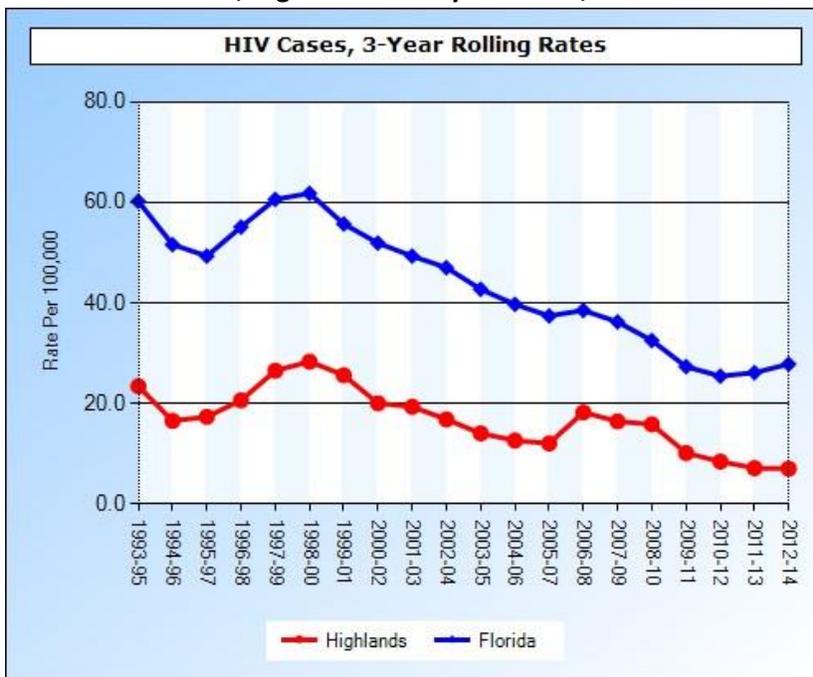
Figure 4: Statewide Rates of New HIV Infection, 1981-2014, and Table 19: Rates of New HIV Infection, Highlands County, 1981-2014



Source: Florida Department of Health

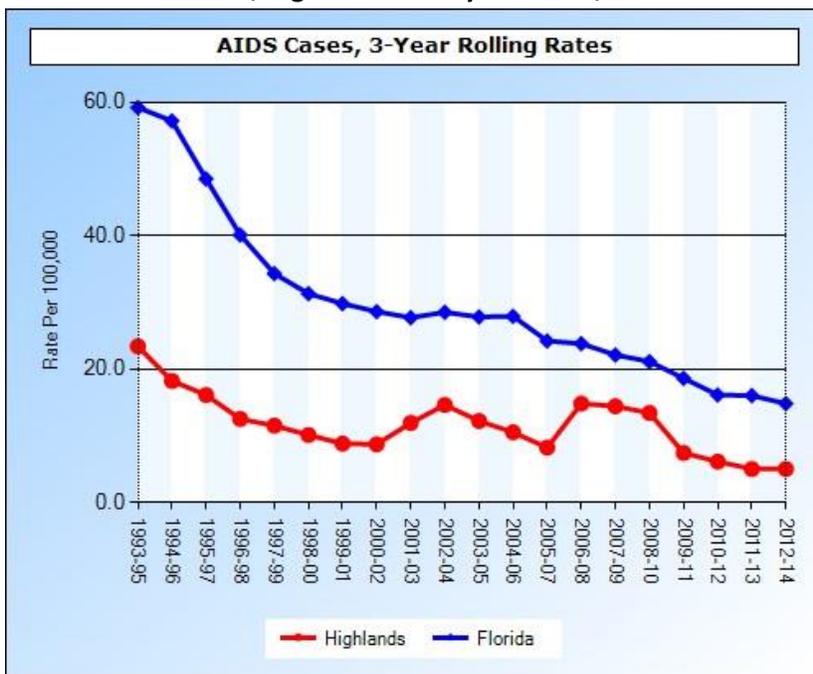
Charts 17 and 18 provide a longitudinal view of the trends in HIV and AIDS cases for Highlands County and Florida:

Chart 17: HIV Cases, Highlands County & Florida, 1993-2014



Source: Florida Department of Health, Bureau of Vital Statistics

Chart 18: AIDS Cases, Highlands County & Florida, 1993-2014

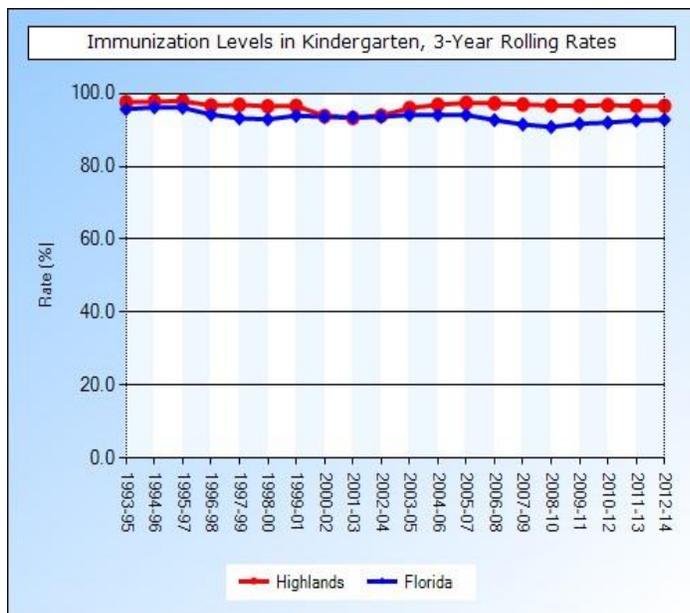


Source: Florida Department of Health, Bureau of Vital Statistics

Childhood Immunization Rates for Vaccine-Preventable Diseases

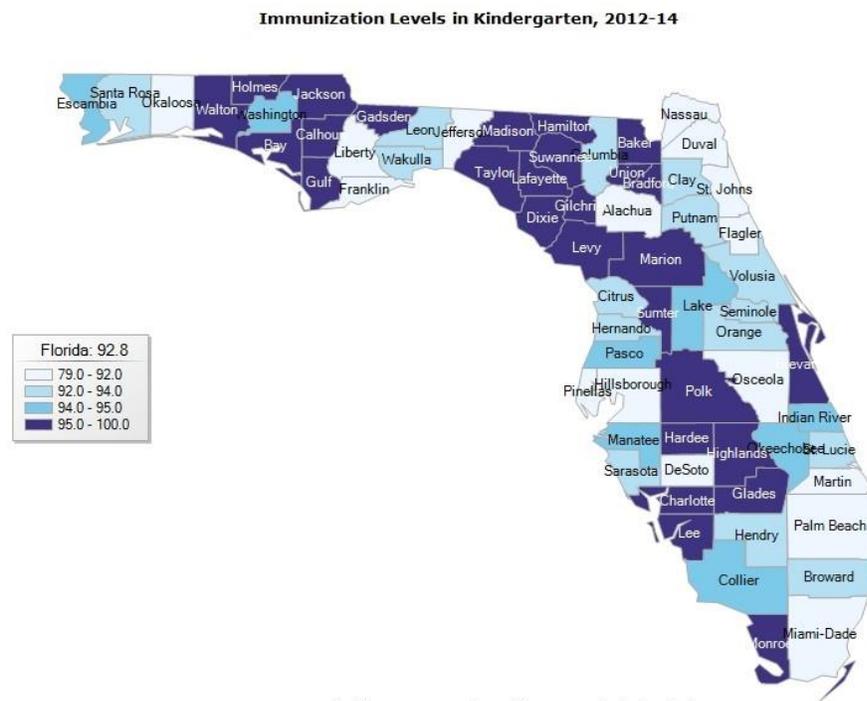
As seen in Chart 19 below, and in Figure 5 following, childhood immunization rates in Highlands County compare favorably with Florida as a whole and with other counties:

Chart 19: Immunization Levels in Kindergarten, Highlands County & Florida, 1993-2014



Source: Florida Department of Health, Bureau of Vital Statistics

Figure 5: Florida Immunization Levels in Kindergarten, by County, 2012-2014



Maternal & Child Health

Approximately 900 babies were born to Highlands County residents in 2013. 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. Health data by race, as shown in Table 20 below, illustrates wide disparities between black mothers & infants and their white counterparts in Highlands County. A greater proportion of teen births occur among blacks, as well as infant deaths and extremely low birthweights. Highlands County mothers across all races enter prenatal care later in their pregnancies and are more likely to be unmarried.

Table 20: Maternal & Child Health Profile, 3-Year Rolling Rates, Highlands County & Florida, 2011-2013
Maternal & Child Health Profile, 2013

Highlands County						Florida
Indicator (3-Year Figures)	Data Year	White	Black	All Races	Hispanic	State
Births						
Total Births	2013	708	149	894	248	213,795
Birth Rate: Mothers Ages 15-44	2013	68.3	74.1	68.3	74.4	59.8
Birth Rate: Mothers Ages 10-14	2013	0.9	0	0.7	1.4	0.3
Birth Rate: Mothers Ages 15-19	2013	41.1	47.8	40.4	44.7	26.7
Birth Rate: Unwed Mothers	2013	49.7	80.3	54.2	57.4	47.9
Infant Deaths						
Infant Death Rates (0-364 days)	2013	4.7	13.5	6.3	4	6.2
Neonatal Death Rates (0-27 days)	2013	3.3	6.7	4.1	2.7	4.1
Post-Neonatal Death Rates (28-364 days)	2013	1.4	6.7	2.2	1.3	2.1
Low Birth Weight Births						
Live Births Under 1500 Grams (rate)	2013	1	2.7	1.3	0.8	1.6
Live Births Under 2500 Grams (rate)	2013	8	9	8.2	8.6	8.6
Parental Care						
Prenatal Care Begun in First Trimester (rate)	2013	68.7	56.6	66.8	65.3	80.1
Prenatal Care Begun Late / No Prenatal Care (rate)	2013	4.8	6.1	5.1	6.1	4.7

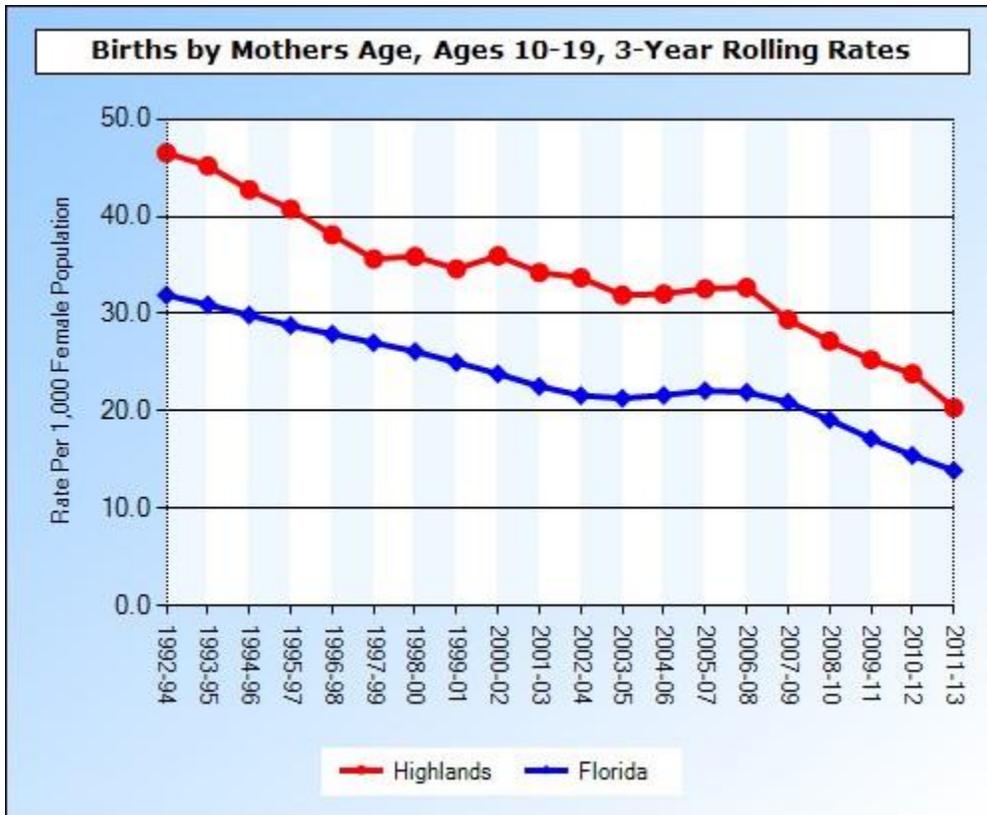
Important note regarding births by mothers' age: Births by mothers' age represents the age-specific birth rate (i.e., births to mothers in a specific age group divided by females in the same age group, expressed per 1,000 population).

Source: Florida Department of Health

Teen Births

Babies born to young mothers under the age of 19 are more likely to experience poor birth outcome than those born to adult mothers, and are more at risk for developmental complications later in life. For decades, Highlands County has had consistently higher rates of live births to teenage mothers (ages 10-19) than the state of Florida as a whole. However, as shown in Chart 20, since 2006 both Highlands and state-wide rates have steadily decreased. By 2011-2013, teen births had fallen to 20.3 (per 1,000 female population of that age range) for Highlands County, and 13.9 per 1,000 statewide.

Chart 20: Births to Mothers ages 10-19, per 1,000 Female Population, Highlands County & Florida, 1992-2013



Source: Florida Department of Health, Bureau of Vital Statistics

Repeat Births to Teens

Charts 21, 22, and 23 below show longitudinal trends for three subsets of teen birth rates: **Chart**

21: Repeat Births to Mothers ages 15-19, Highlands County & Florida, 1992-2013

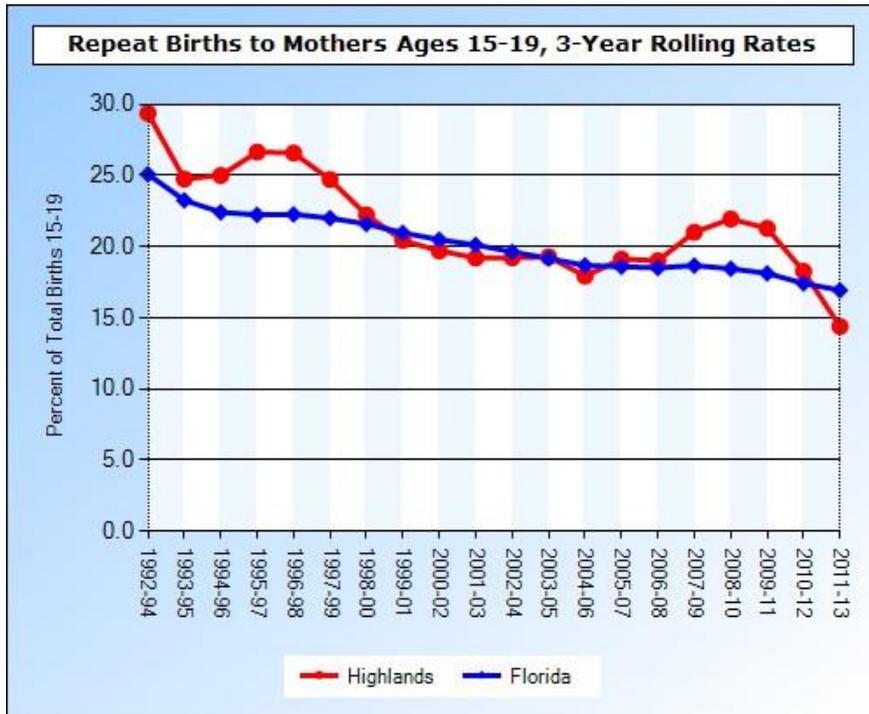
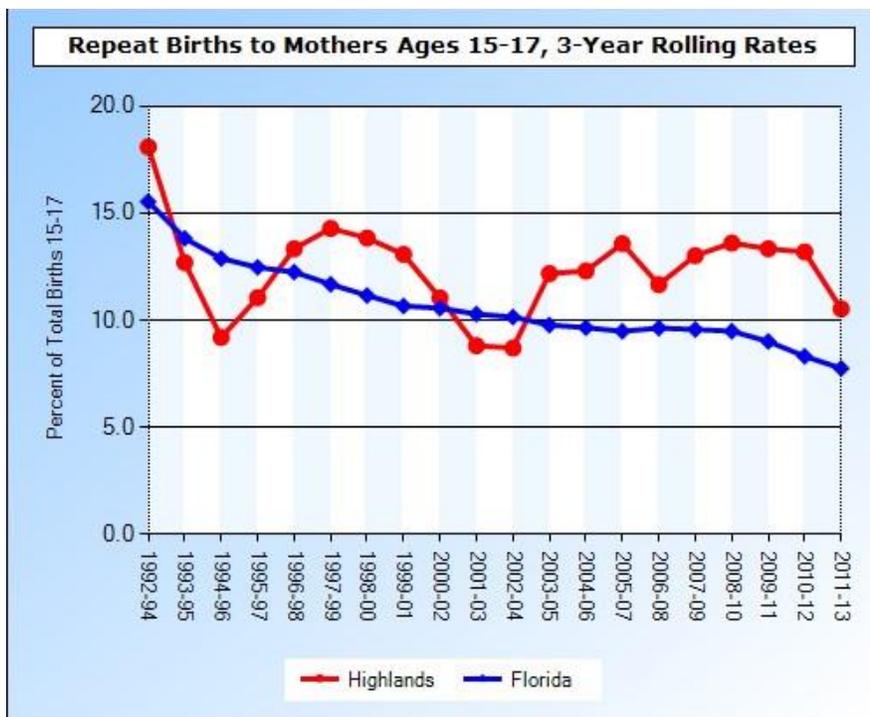
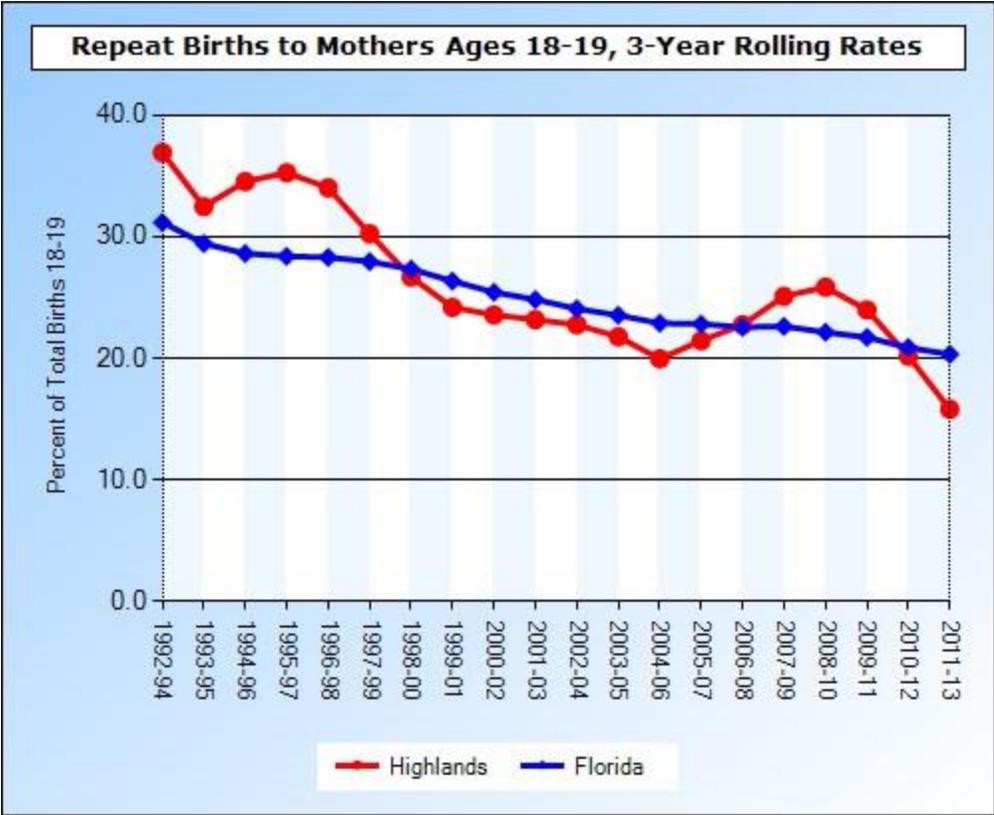


Chart 22: Repeat Births to Mothers ages 15-17, Highlands County & Florida, 1992-2013



Source: Florida Department of Health, Bureau of Vital Statistics

Chart 23: Repeat Births to Mothers ages 18-19, Highlands County & Florida, 1992-2013



Source: Florida Department of Health, Bureau of Vital Statistics

Infant Mortality

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 non-prone position.

It should be noted in Chart 24 that the total number of infant deaths in Highlands County each year is so low that one or two such deaths can cause a large statistical variance in the rate. For example, from 2011 to 2013, yearly rates ranged from 3 deaths per year to 12. For this reason, 3-year rolling rates are used to give a longitudinal view.

Chart 24: Infant Deaths (0-364 days) per 1,000 births, Highlands County & Florida, 1992-2013

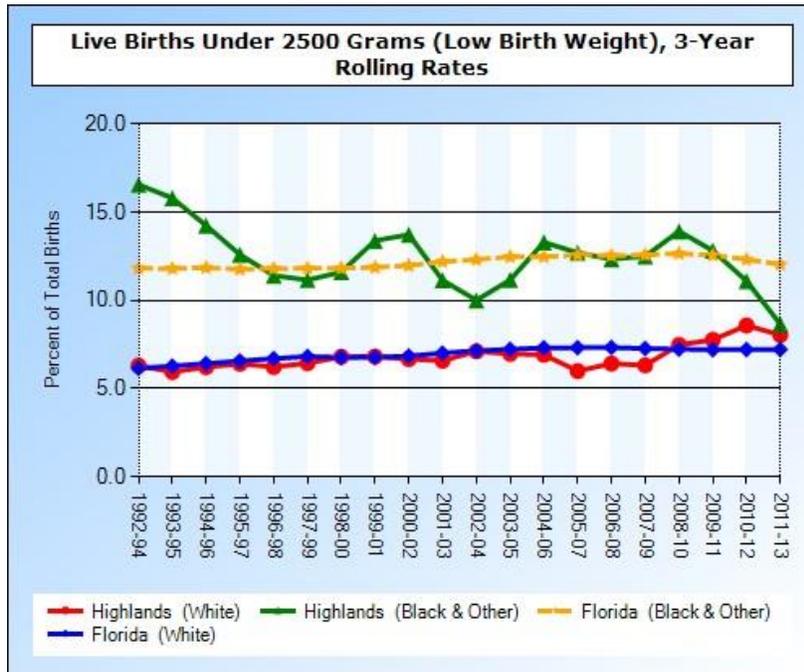


Source: Florida Department of Health, Bureau of Vital Statistics

Low Birthweight by Race of Mother

Low birthweight rates among minority women in Highlands County have trended downward since the late 2000s and were well below those of the state average by 2013:

Chart 25: Low Birth Weight Rates by Race, Highlands County & Florida, 1992-2013

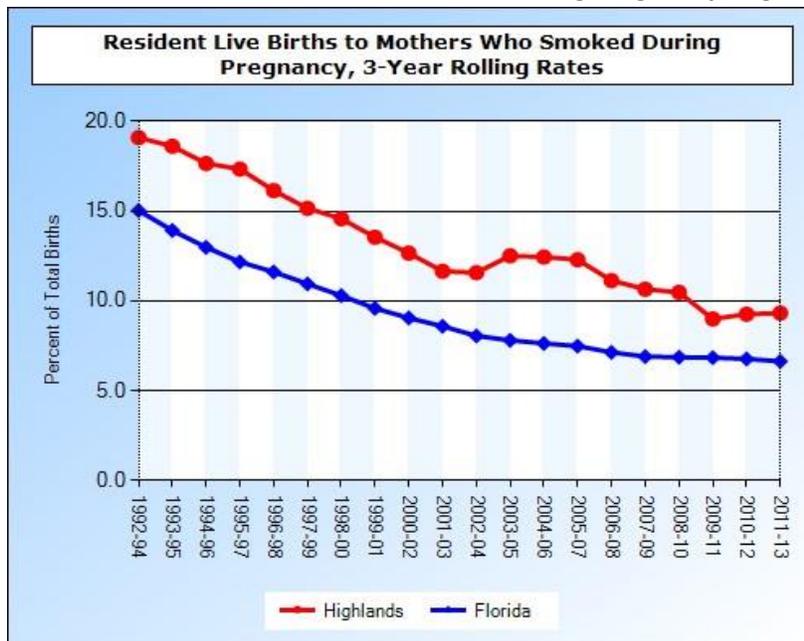


Source: Florida Department of Health, Bureau of Vital Statistics

Maternal Smoking Rates

Smoking during pregnancy is a known contributor to the risk of premature birth as well as a low or very low birthweight. Mothers' smoking rates during pregnancy in Highlands County have mirrored Florida's state-wide downward trend but remain higher on average:

Chart 26: Births to Mothers who Smoked During Pregnancy, Highlands County & Florida, 1992 - 2013



Source: Florida Department of Health, Bureau of Vital Statistics

Breastfeeding Rates

Breast milk contains antibodies that boost infants' protection against common childhood illnesses and infections. Breastfeeding lowers babies' risk of developing asthma or allergies. Babies who are breastfed exclusively for the first 6 months, without any formula, have fewer ear infections, respiratory illnesses, and bouts of diarrhea. Researchers have observed a decrease in the probability of Sudden Infant Death Syndrome (SIDS) in breast-fed infants. Another apparent benefit from breastfeeding may be protection from allergies. Breastfeeding is also thought to lower risks of obesity and of developing Type 1 diabetes. Mothers who breastfeed also receive numerous health benefits and advantages. Rates of breastfeeding initiation among mothers in Highlands County have trailed those of Florida as a whole for at least a decade, as seen in Table 21 below:

Table 21: Rates of Breastfeeding Initiation, 3-Year Rolling Rates per 1,000 Female Population, Highlands County & Florida, 2002 – 2013

Mothers who initiate breastfeeding, 3-Year Rolling Rates				
	Highlands		Florida	
Year	Count	Rate (%)	Count	Rate (%)
2002-04	535	19.3	138,374	21.8
2003-05	1,184	42.2	310,586	47.3
2004-06	1,936	64.3	493,231	72.4
2005-07	2,206	69	540,455	76.9
2006-08	2,301	69.8	549,200	77.6
2007-09	2,280	71.2	541,116	78.2
2008-10	2,128	71.2	527,423	79
2009-11	2,053	71.6	516,183	79.5
2010-12	1,999	72.3	514,049	80.2
2011-13	1,982	73.9	519,679	81

Source: Florida Department of Health, Bureau of Vital Statistics, National Institutes of Health

Health Resources

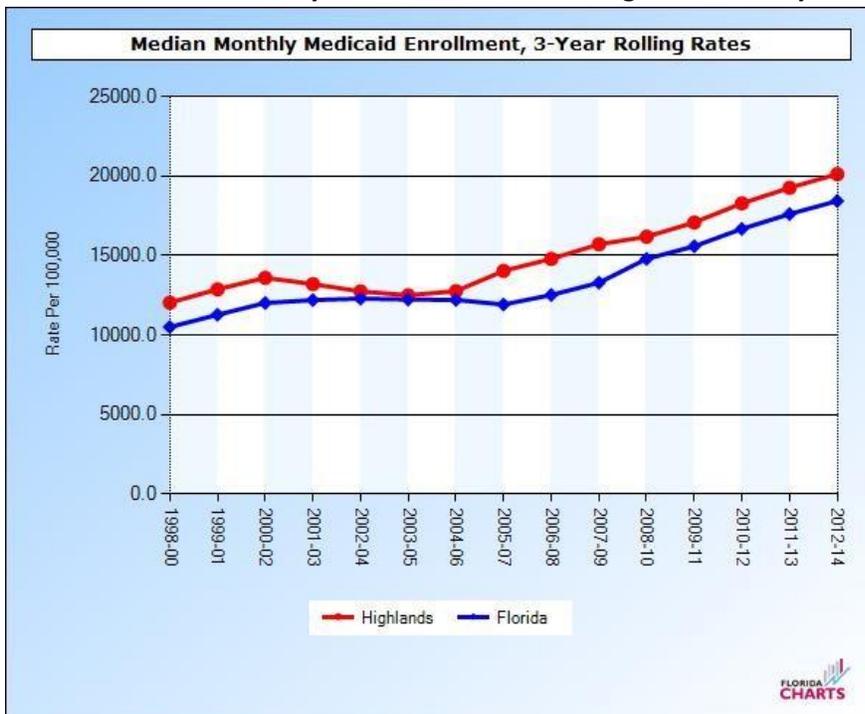
Access to healthcare is the key to achieving a health community and is a primary goal of health policy in Florida. This section will review health coverage of Highlands County residents including the rate of uninsured residents, licensed providers and facilities, and federal health professional shortage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

Medicaid

Medicaid provides medical coverage to low income individuals and families. The state and federal government share the costs of the Medicaid program. States set individual eligibility criteria within federal minimum standards. Medicaid services in Florida are administered by the Agency for Health Care Administration (AHCA). 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.

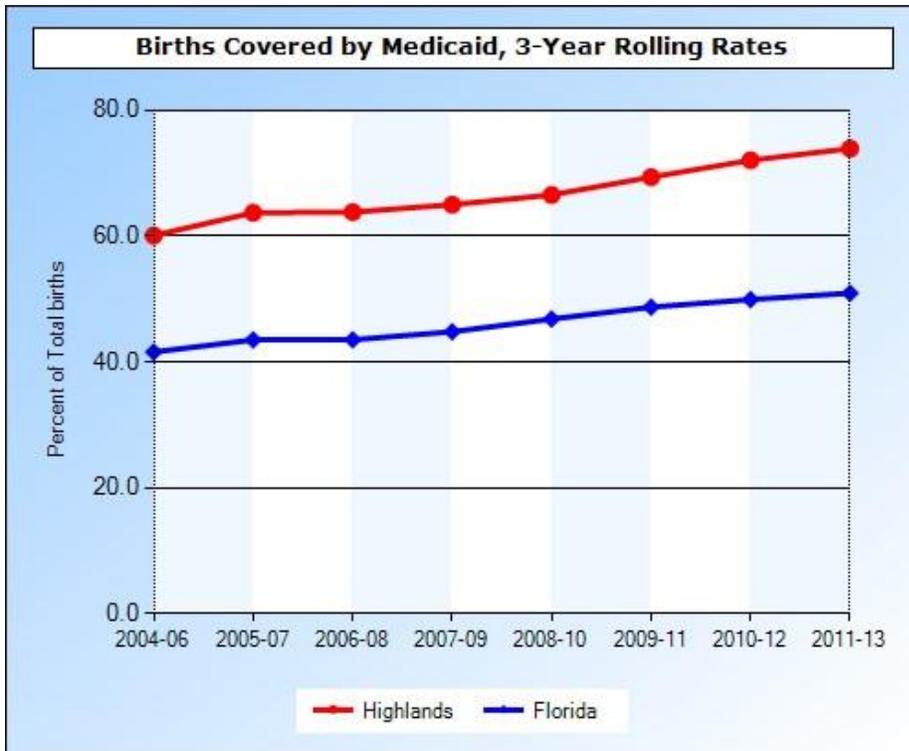
The four categories of Medicaid eligibility for adults in Florida include low-income families, pregnant women, emergency medical assistance for non-citizens, and Medicaid for the elderly and disabled. Eligibility for each of those programs is based on specific income criteria. As of 2014, 20.7% of people in Highlands County were enrolled in Medicaid, versus 19% of Florida's population. At both the state and the county level, both Medicaid enrollment and the proportion of births covered by Medicaid have steadily increased over the past decade, as shown in Charts 27 and 28 below:

Chart 27: Median Monthly Medicaid Enrollment, Highlands County & Florida, 1999-2014



Florida Department of Health, Bureau of Vital Statistics

Chart 28: Births Covered by Medicaid, Highlands County & Florida, 2004-2013



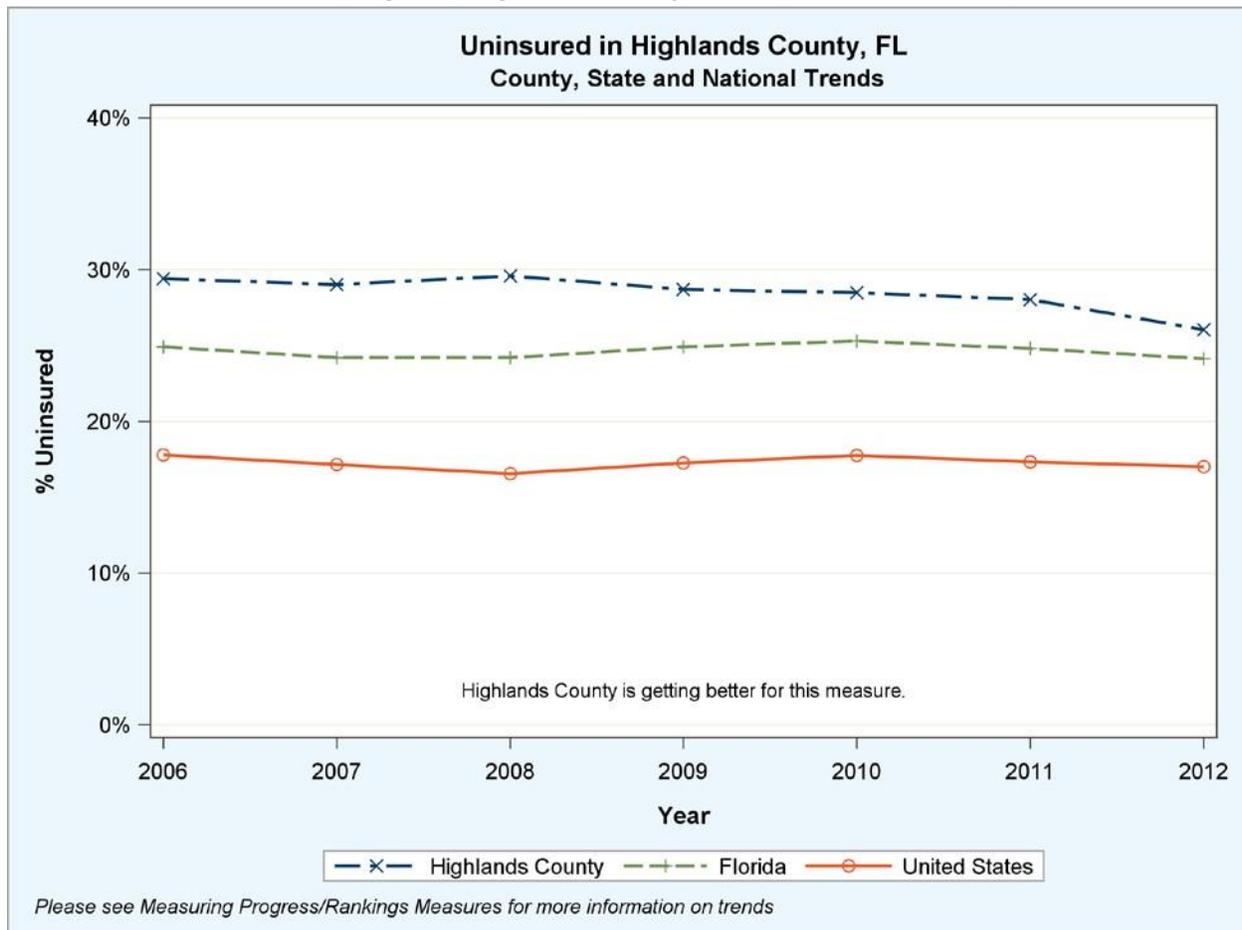
Florida Department of Health, Bureau of Vital Statistics

Uninsured

Lack of health insurance coverage is a significant barrier to accessing needed healthcare. The rate of uninsured adults represents the estimated percent of the adult population under age 65 that have no health insurance coverage. People over the age of 65 are eligible for Medicare from the federal government.

The percentage of uninsured adults in Highlands County (26%) remains higher than the statewide rate, but is trending downward. In 2012 data, rates of uninsured adults among Florida's 67 counties ranged from 15-33%, with a statewide average of 24%. Age of this data may not fully reflect current trends with the implementation of the Affordable Care Act occurring after 2012.

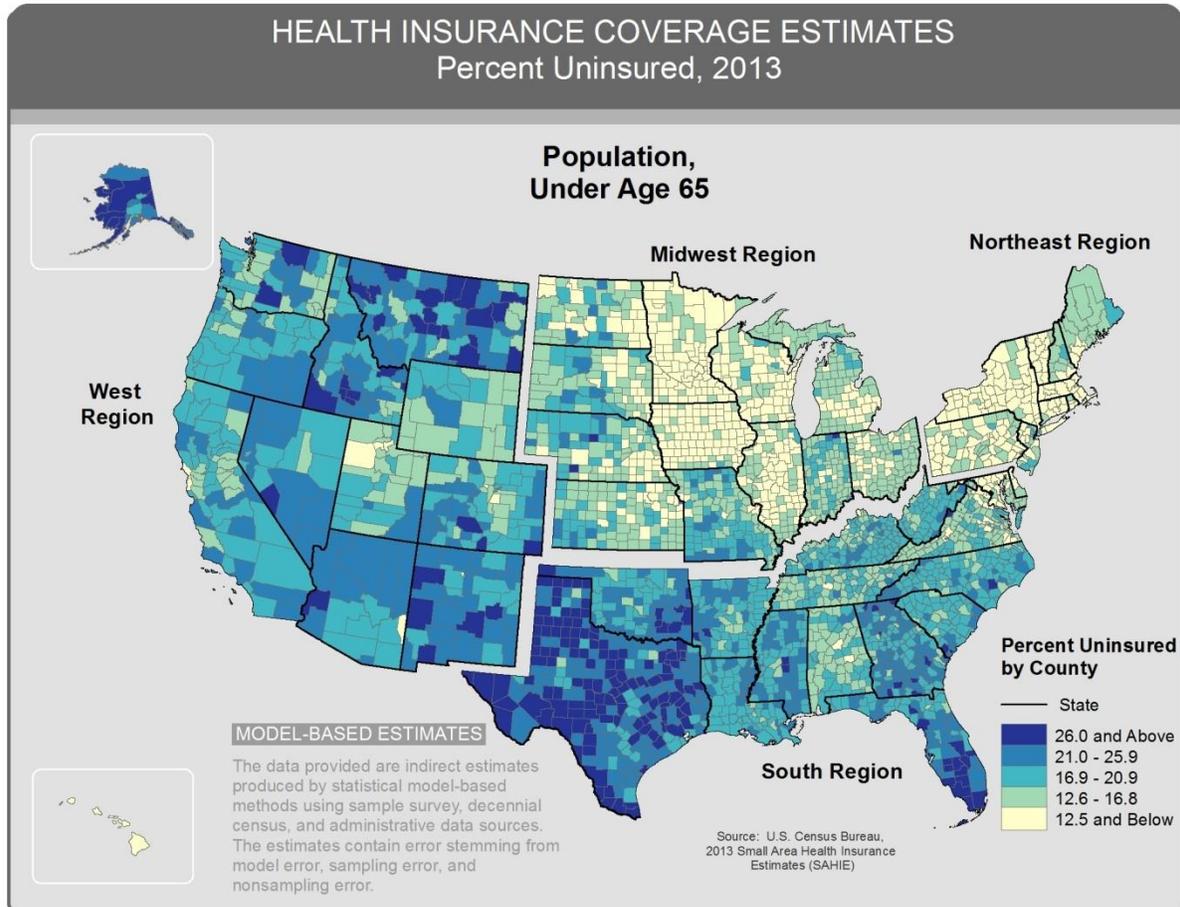
Chart 29: Uninsured Adults (< age 65), Highlands County, Florida, and United States, 2006-2012



Source: County Health Rankings & Roadmaps, 2015

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. As depicted below in Figure 6, Highlands County and many neighboring counties in the southern half of Florida carried uninsured rates among the highest in the nation as of 2013:

Figure 6: Uninsured Adults under Age 65, Nationwide by County, 2013



Health Resource Availability

Across all measures of per-capita provider availability, Highlands County ranks below state rates. Its county facilities have a greater number of hospital and acute-care beds per population than the statewide average, but there exists no Level 1 Trauma Center. As is typical of rural counties, per capita public health expenditures are higher than more densely-populated counties.

Table 22: Health Resource Availability, Highlands County & Florida, 2013

County				State	
Indicators	Data Year	Count (Annual Average)	Rate Per 100,000	Quartile	Rate Per 100,000
Providers*					
Total Licensed Dentists (Fiscal Year)	2013	31	31.1	2	53.8
Total Licensed Physicians (FY)	2013	189	189.6	3	275.7
Total Licensed Family Practice Physicians (FY)	2013	21	21.1	2	25.5
Total Licensed Internists (FY)	2013	33	33.1	3	51.8
Total Licensed OB/GYN (FY)	2013	4	4	2	9.9
Total Licensed Pediatricians (FY)	2013	10	10	3	23
Facilities					
Total Hospital Beds	2013	323	324	4	320.3
Total Acute Care Beds	2013	306	306.9	4	263.6
Total Specialty Beds	2013	17	17.1	3	56.7
Total Nursing Home Beds	2013	598	599.8	3	431.8
County Health Department					
County Public Health Dept. Full-Time Employees	2013	80	80.3	2	53.8
County Public Health Dept. Expenditures	2013	4,893,019.80	4,907,792.30	2	3,585,575.20

Source: Florida Department of Health, Division of Medical Quality Assurance, Agency for Health Care Administration. *Data for providers are for a fiscal year, not a calendar year.

Federal Manpower Shortage Designation Areas

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

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

Health Professional Shortage Areas (HPSAs) are defined in Section 332 of the Public Health Service Act, 42 U.S.C. 254e to include: (1) urban and rural geographic areas; (2) population groups; and (3) facilities with shortages of health professionals. Federal designation as a HPSA documents a shortage of healthcare providers (primary care, dental or mental health) as well as the existence of barriers to accessing care including lack of public transportation, travel time and distance to the next source of undesignated care and high poverty. To be eligible for designation, a geographic area or a population group (a low income or migrant population) must have a population-to-physician ratio greater than 3,000 to one. Highlands County has been designated as a Health Professional Shortage Area (HPSA) for primary care, mental health care, and dental care for its Low Income/Migrant Farmworker populations; it is also considered a MUA/P (Medically Underserved Area/Population).

What a Designation Means

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

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

Social & Economic Factors: Social Determinants of Health

Social and economic factors describe five elements—education, employment, income, family and social support, and community safety—that all contribute to health long before illness occurs. These elements affect a wide range of health, functioning, and quality-of-life outcomes and risks. Public health research has established that many Americans face circumstances that have made them vulnerable to poor health and therefore experience avoidable differences in health and quality of life. It is now understood that “medical care alone cannot adequately improve health overall or reduce health disparities without also addressing social, economic and environmental conditions which exert significant influences on health in the immediate future and over their life course.

Crime in a community has a direct impact on health, through injuries, fatalities, and increased mental health issues from fear, stress, and anxiety. In three of the eight crime and domestic violence categories below, Highlands County rates are lower than Florida’s, but the county is well above the state average for larceny, burglary, and total domestic violence offenses. While drugs other than alcohol (for example, cocaine or marijuana) are involved in many motor vehicle crashes, alcohol impaired drivers are involved in about 1 in 3 crash deaths. On all three alcohol-related motor vehicle crash categories, Highlands County rates are under the state average.

Table 23: Social & Mental Health Profile, Highlands County & Florida, 2011-2013

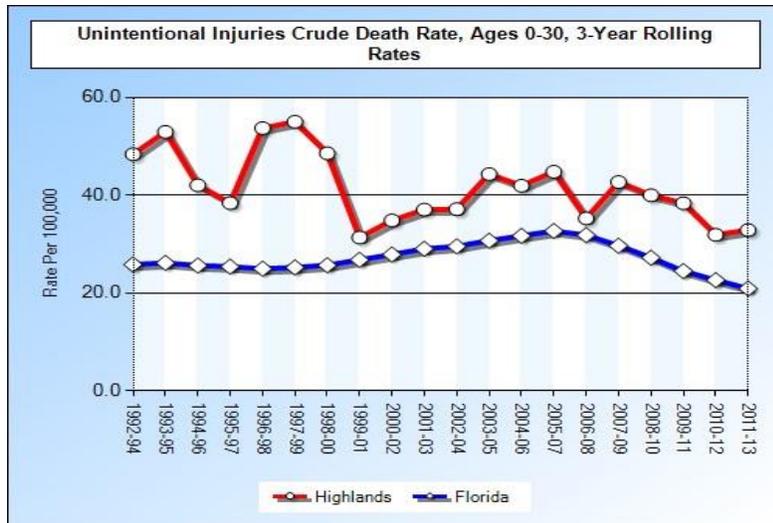
Highlands County				Florida
Indicators	Data Year	Number of Cases (annual average)	3-Yr Rate Per 100,000	3-Yr Rate Per 100,000
Crime and Domestic Violence				
Larceny	2013	1,776	1,791.60	2,332.10
Burglary	2013	886	893.3	806.7
Total Domestic Violence Offenses	2013	675	681.1	572
Aggravated Assault	2013	205	206.4	311.3
Motor Vehicle Theft	2013	112	112.6	195.1
Robbery	2013	54	54.8	126.8
Forcible Sex Offenses	2013	41	41	52.2
Murder	2013	3	3	5.2
Alcohol-related Motor Vehicle Crashes				
Alcohol-related Motor Vehicle Traffic Crashes	2011	72	72.8	97.3
Alcohol-related Motor Vehicle Traffic Crash Injuries	2011	53	53.6	67.4
Alcohol-related Motor Vehicle Traffic Crash Deaths	2011	5	5.4	4.7
Suicide				
Age-Adjusted Suicide 3-Year Death Rate	2013	20.3	20	13.8

Source: Florida Division of Law Enforcement, Florida Department Of Highway Safety and Motor Vehicles, Florida Department Of Health

Unintentional Injuries

Deaths from unintentional injury are seen at much higher rates among children and young adults than among older adults. Highlands County rates remain higher than Florida's in this longitudinal view:

Chart 30: Unintentional Injuries Death Rates, ages 0-30, Highlands County & Florida, 1992-2013

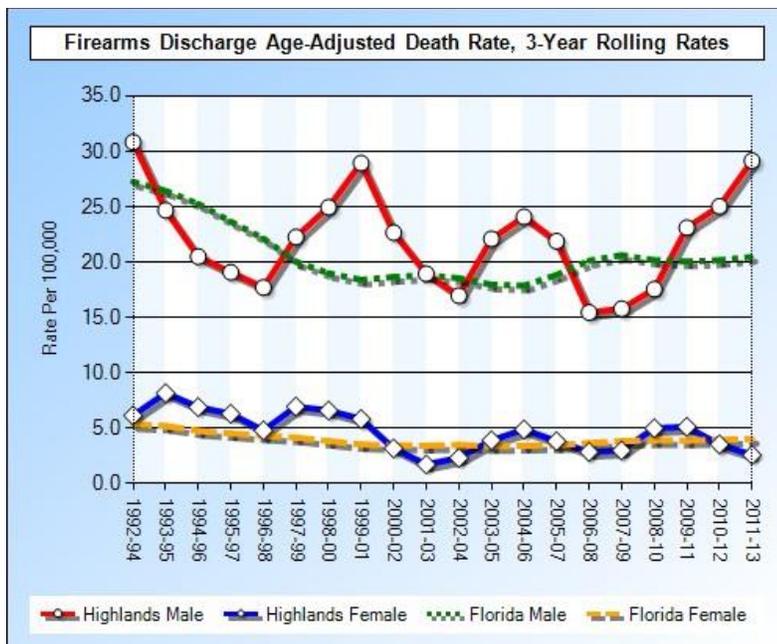


Source: Florida Department of Health, Bureau of Vital Statistics

Death by Firearms

Deaths resulting from the discharge of a firearm are disproportionately higher among men, at both the county and state level. Highlands County firearm death rates among its male residents are ten percentage points higher than Florida as a whole.

Chart 31: Death Rates by Firearms, Male vs Female, Highlands County & Florida, 1992-2013



Source: Florida Department of Health, Bureau of Vital Statistics

Behavioral Risk Factors / Quality of Life Profile / Healthcare Access

Table 24 lists a wide variety of behavioral health and risk factors, including rates of health screenings & adult immunizations, access to care, self-rated physical & mental health and debility, and use of contraception. Florida's population as a whole is healthier than that of Highlands County on virtually all of these indicators save immunization:

Table 24: Behavioral Risk Factors, Quality of Life Profile, Highlands County & Florida, 2010

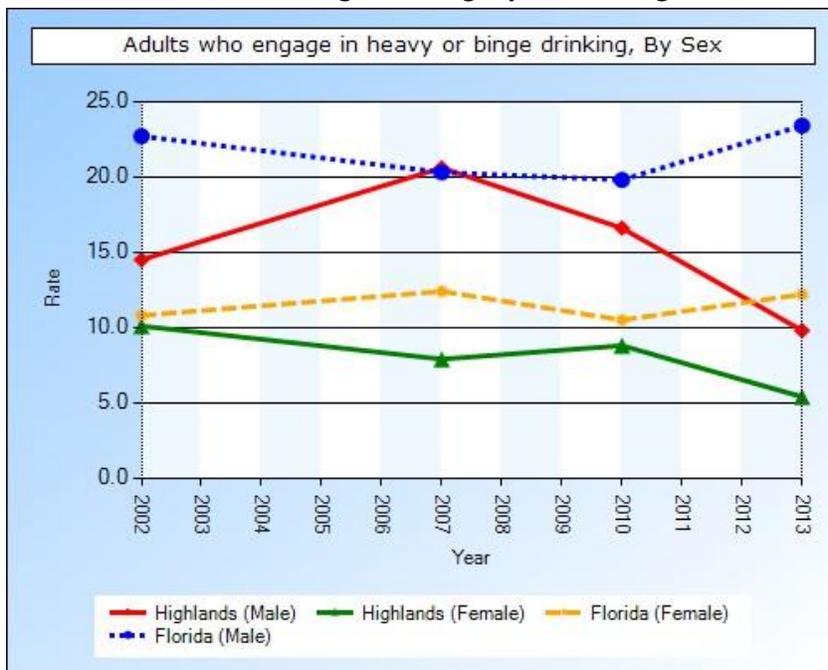
	Highlands County	Florida
Indicator	2010 Percent	2010 Percent
Alcohol Consumption		
Adults who engage in heavy or binge drinking	12.6	15
Cancer Screening		
Women 18 years of age and older who received a Pap test in the past year	51.1	57.1
Women 40 years of age and older who received a mammogram in the past year	57.9	61.9
Women ages 40 years and older who had a clinical breast exam in the past year	51	63.2
Women who have had a hysterectomy	37.6	26.2
Dental Care		
Adults who had a permanent tooth removed because of tooth decay or gum disease	64.2	53
Adults who had their teeth cleaned in the past year	54.3	60.9
Adults who visited a dentist or a dental clinic in the past year	56.9	64.7
Disability		
Adults who are limited in any way in any activities because of physical, mental, or emotional problems	30.4	24.3
Adults who use special equipment because of a health problem	12.2	9.3
Health Care Access & Coverage		
Adults who could not see a doctor at least once in the past year due to cost	17.9	17.3
Adults who had a medical checkup in the past year	67.3	69.7
Adults who have a personal doctor	86.3	81.7
Health Status & Quality of Life		
Adults who always or usually receive the social and emotional support they need	76.6	79.5
Adults who had poor mental health on 14 or more of the past 30 days	11.7	11.8
Adults who had poor physical health on 14 or more of the past 30 days	16.2	12.6
Adults who said their overall health was "fair" or "poor"	25.5	17.1
Adults whose poor physical or mental health kept them from doing usual activities on 14 or more of the past 30 days	23.9	16.8

Adults with good mental health	88.3	88.2
Adults with good physical health	83.8	87.4
Adults with good to excellent overall health	74.5	82.9
Average number of days where poor mental or physical health interfered with activities of daily living in the past 30 days		
	7.4	5.2
HIV/AIDS		
Adults less than 65 years of age who had an HIV test in the past 12 months	0.5	7
Adults less than 65 years of age who have ever been tested for HIV	45.2	48.4
Adults less than 65 years who think they can get AIDS virus from mosquitoes	22.9	19.2
Immunization		
Adults age 65 and older who have ever received a pneumonia vaccination	68.6	69.9
Adults age 65 and older who received a flu shot in the past year	70.2	65.3
Adults who have ever received a pneumonia vaccination	37.9	30.6
Adults who received a flu shot in the past year	43	36.5
Family Planning		
Females less than 45 years old or males less than 60 years old who report that they or their partner take measures to prevent pregnancy	50.1	56.2

Source: Florida Department of Health, Bureau of Vital Statistics

Rates of heavy drinking are disproportionately higher among men at both the county and state level; however, Highlands County males' rates are seen to trend downward over the past decade:

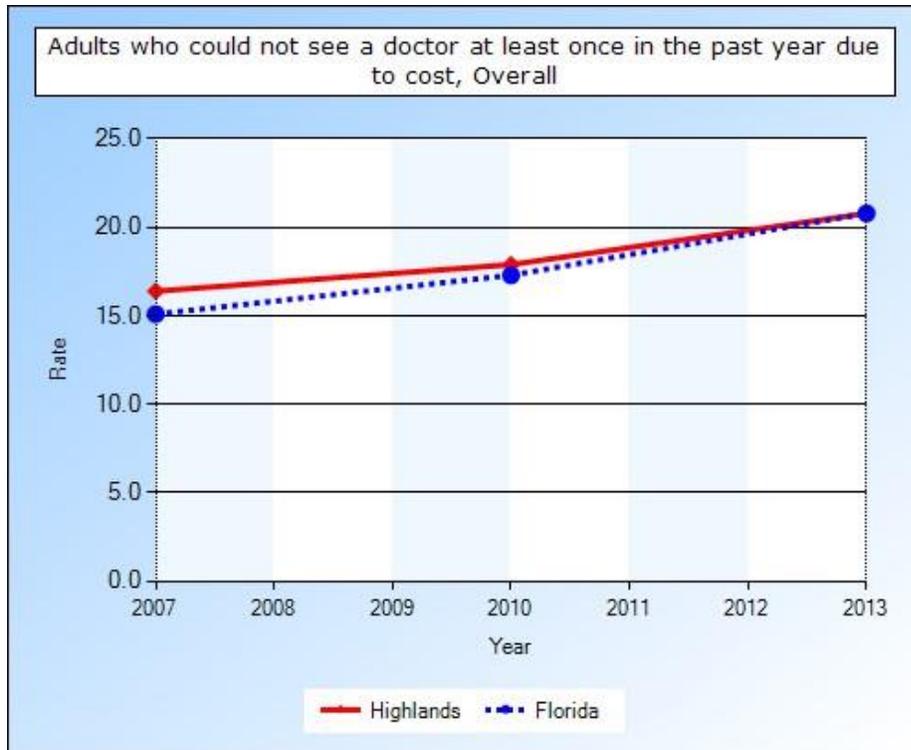
Chart 32: Rates of Adult Binge Drinking, by Gender, Highlands County & Florida, 2002-2013



Cost Barriers to Medical and Dental Care

Within the past decade, county rates have shown a steady rise, mirroring Florida's rates, in percentage of adults for whom cost was a barrier to seeing a doctor:

Chart 33: Adults Experiencing Cost Barriers to Medical Care in Past Year, Highlands County & Florida, 2002-2013



Source: Florida Department of Health, Bureau of Vital Statistics

Income level is shown to be directly proportional to utilization of dental care in Highlands County:

Table 25: Adults who received dental care in past year, by income level, Highlands Co. & Florida, 2010

Adults who visited a dentist or a dental clinic in the past year, By Annual Income						
Year	Highlands			Florida		
	<\$25,000	\$25,000 - \$49,999	\$50,000 or More	<\$25,000	\$25,000 - \$49,999	\$50,000 or More
2010	36.20% (26.1 - 46.3)	56.70% (44.3 - 69.0)	72.50% (60.7 - 84.4)	43.10% (40.6 - 45.6)	62.20% (59.6 - 64.7)	78.80% (77.0 - 80.5)

Florida Department of Health, Bureau of Vital Statistics

Healthiest Weight Profile

Highlands Co. ranks in the 1st or 2nd quartile (among FL counties) for only 7 of the following 20 health indicators related to weight and lifestyle, and ranks in the 4th quartile (worst) for middle and high school students who are overweight and live births to mothers who are overweight.

Table 26: Behavioral Risk Factors and Quality of Life Profile, Highlands County & Florida, 2010

2013 Healthiest Weight Profile					
Indicator	Year(s)	Rate Type	County Rate	County Quartile	State Rate
				1=most favorable	
				4=least favorable	
Activity and Eating Habits among Adults					
Adults who participated in 150 minutes or more (or vigorous equivalent minutes) of aerobic physical activity per week ⁴	2013	Percent	50.90%	2nd Quartile	
Adults who participated in muscle strengthening exercises two or more times per week ⁴	2013	Percent	26.00%	3rd Quartile	
Adults who participated in enough aerobic and muscle strengthening exercises to meet guidelines ⁴	2013	Percent	16.00%	3rd Quartile	
Adults who are sedentary ⁴	2013	Percent	32.10%	3rd Quartile	
Adults who consume at least 5 servings of fruits and vegetables a day ⁴	2013	Percent	14.60%	3rd Quartile	
Weight, Activity, and Eating Habits among Children and Teens					
Middle and high school students who are at a healthy weight ⁵	2014	Percent	61.90%	3rd Quartile	67.60%
Middle and high school students who are underweight ⁵	2014	Percent	4.00%	2nd Quartile	4.20%
Middle and high school students who are overweight or obese ⁵	2014	Percent	34.10%	3rd Quartile	28.20%
Middle and high school students who are overweight ⁵	2014	Percent	18.30%	4th Quartile	15.80%
Middle and high school students who are obese ⁵	2014	Percent	15.80%	3rd Quartile	12.40%
Middle and high school students who were physically active for at least 60 minutes per day on all 7 of the past days ⁵	2014	Percent	27.90%	2nd Quartile	22.90%
Maternal Weight					
Live births to mothers who are at a healthy weight (BMI 18.5-24.9) at time pregnancy occurred ⁶	2013	Pct. Live Births	40.70%	3rd Quartile	44.40%
Live births to mothers who are overweight (BMI 25.0-29.9) at time pregnancy occurred ⁶	2013	Pct. Live Births	27.40%	4th Quartile	24.10%
Live births to mothers who are obese (BMI ≥ 30) at time pregnancy occurred ⁶	2013	Pct. Live Births	27.10%	3rd Quartile	21.00%
Built Environment					
Population that live within a 1/2 mile of healthy food source ⁷	2013	Percent	18.70%	2nd Quartile	31.80%
Population that live within a 1/2 mile of a fast food restaurant ⁷	2013	Percent	13.70%	2nd Quartile	33.50%
Population that live within a ten-minute walk (1/2 mile) of an off-street trail system ⁸	2013	Percent	3.80%	3rd Quartile	10.60%
Workers who drive alone to work ⁹	2012 5-yr est.	Percent	77.00%	2nd Quartile	79.50%
Workers who ride a bicycle to work ⁹	2012 5-yr est.	Percent	0.30%	3rd Quartile	0.60%
Workers who walk to work ⁹	2012 5-yr est.	Percent	2.30%	1st Quartile	1.60%

Source: Florida Department of Health, Bureau of Vital Statistics

Adult Immunization Rates

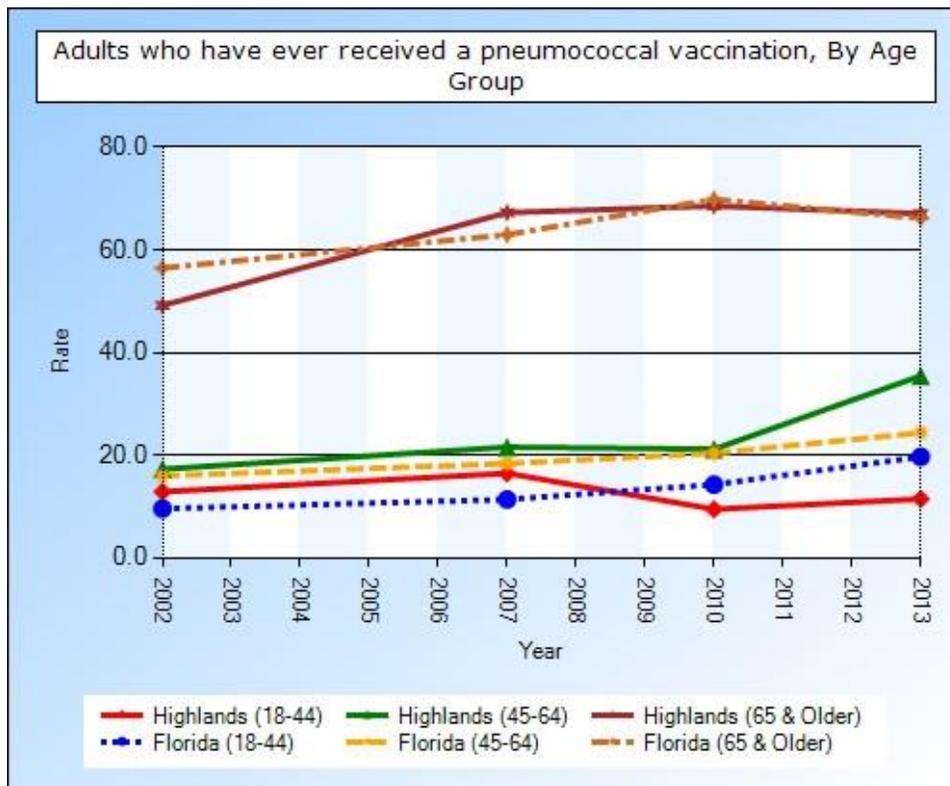
Until recent years, Highlands County adults' flu vaccine rates surpassed those of Florida as a whole; they still appear to be keeping pace, as are pneumococcal vaccination rates, especially among older adults.

Table 27: Adults who received a flu shot in the past year, Highlands County & Florida, 2002-2013

Adults who received a flu shot in the past year, Overall		
Year	Highlands	Florida
2002	34.90% (30.2 - 39.8)	26.20% (25.2 - 27.2)
2007	42.80% (37.4 - 48.3)	32.70% (31.7 - 33.7)
2010	43.00% (37.2 - 48.7)	36.50% (35.4 - 37.7)
2013	30.80% (25.3 - 36.3)	30.70% (29.6 - 31.8)

Source: Florida Department of Health, Bureau of Vital Statistics

Chart 34: Adults who have ever received a pneumococcal vaccination, by age group, Highlands County & Florida, 2002-2013



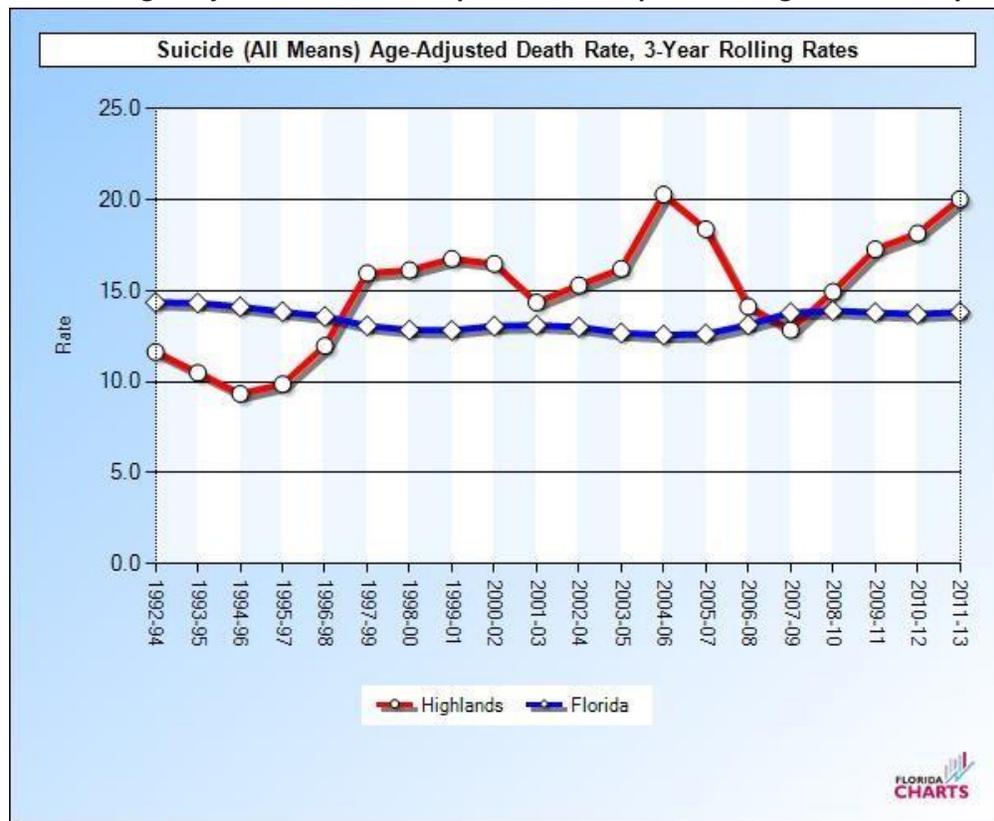
Source: Florida Department of Health, Bureau of Vital Statistics

Suicide

Suicide rates are considered a strong indicator of the overall mental health of a community. The most common underlying causes of suicide are untreated depression. Other factors include mental illnesses such as bipolar disorder or schizophrenia, damaged relationships, and loss of employment. Suicide is a major public health problem; it is also preventable.

Over the last twenty years, the suicide rate for Highlands County has been quite variable, and it is currently trending high. The most recent data reflects 20 suicide deaths per 100,000 population. By contrast, the state-wide rate of approximately 14 per 100,000 has remained relatively stable over time, as shown:

Chart 35: Age-Adjusted Suicide Rate, per 100,000 Population, Highlands County & Florida, 1992-2013



Source: Florida Department of Health, Bureau of Vital Statistics

Tobacco Use

Highlands County has a higher percentage of current smokers than the average for the state of Florida; overall, 19.7 percent of Highlands County residents reported that they smoke, compared to 16.8 percent state-wide. Lower income residents are more likely to smoke than higher income residents, and the highest rates of smoking are seen among those with the lowest levels of educational attainment; 33.5% of the county's adults who have not completed high school are current smokers. Tobacco use data by race and ethnicity is incomplete, but overall, Black and Hispanic adults report having never smoked in significantly higher numbers than Whites, both county- and state-wide. Smoking rates among men are generally higher than among women; in Table 28 below, the most recently available data illustrates wide disparities between male and female smokers both county- and state-wide:

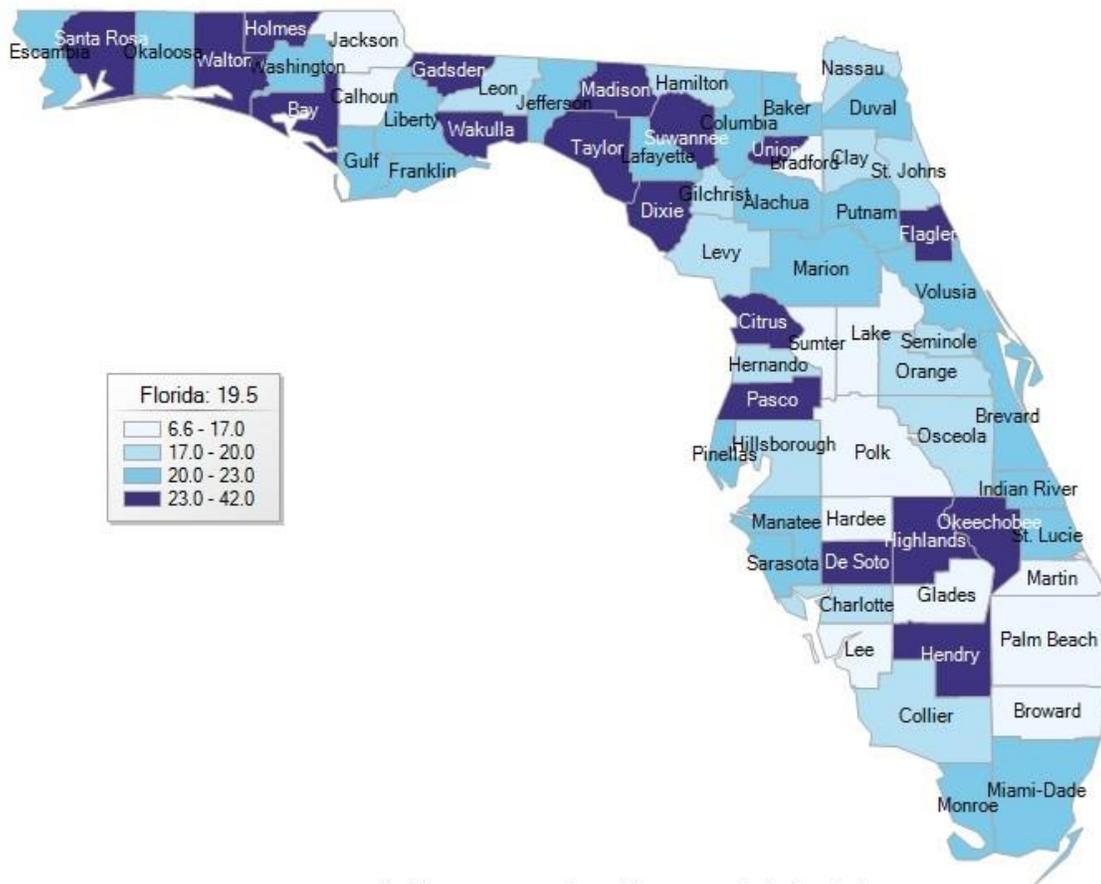
Table 28: Adults who Report Smoking, by Gender, Highlands County & Florida, 2002-2013

Male and Female Adults who are Current Smokers				
	Highlands		Florida	
	Male	Female	Male	Female
2002	23.50%	14.90%	24.50%	20.20%
2007	14.30%	15.80%	21.20%	17.50%
2010	25.00%	15.00%	18.40%	16.00%
2013	23.30%	16.50%	19.50%	14.40%

Source: Florida Department of Health, Bureau of Vital Statistics

As shown in Figure 7 below, Highlands Co. ranks among Florida counties with the highest male smoking rates; its percentage is 23.3% as compared with the statewide male average of 19.5%. Worth noting here is that Highlands County is neighbored by three other counties that rank among Florida's top four highest in male smoking rates: Okeechobee, 31.4%, DeSoto, 33.7%, and Hendry, 41.8%.

Figure 7: Male Adults who are Current Smokers, Statewide by County, 2013

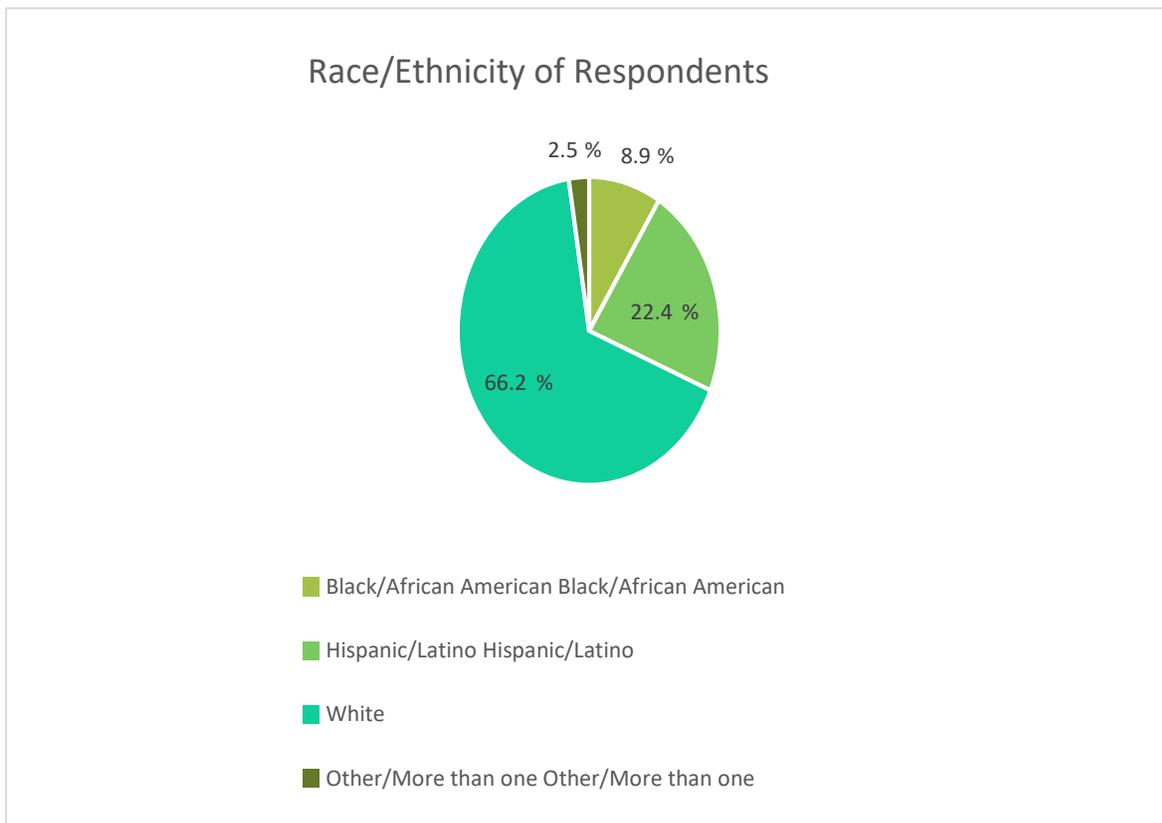


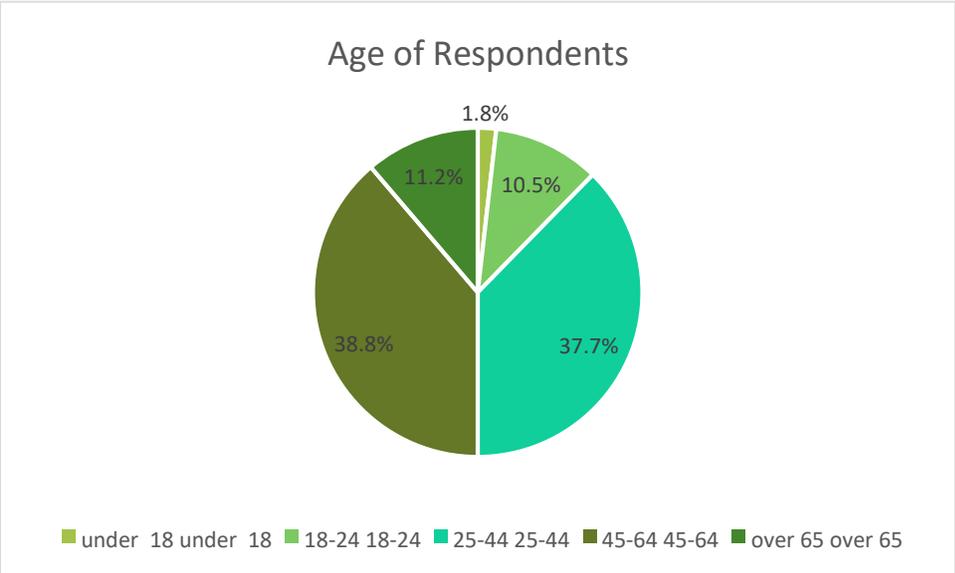
Data source: Florida Department of Health, Bureau of Vital Statistics

Community Input

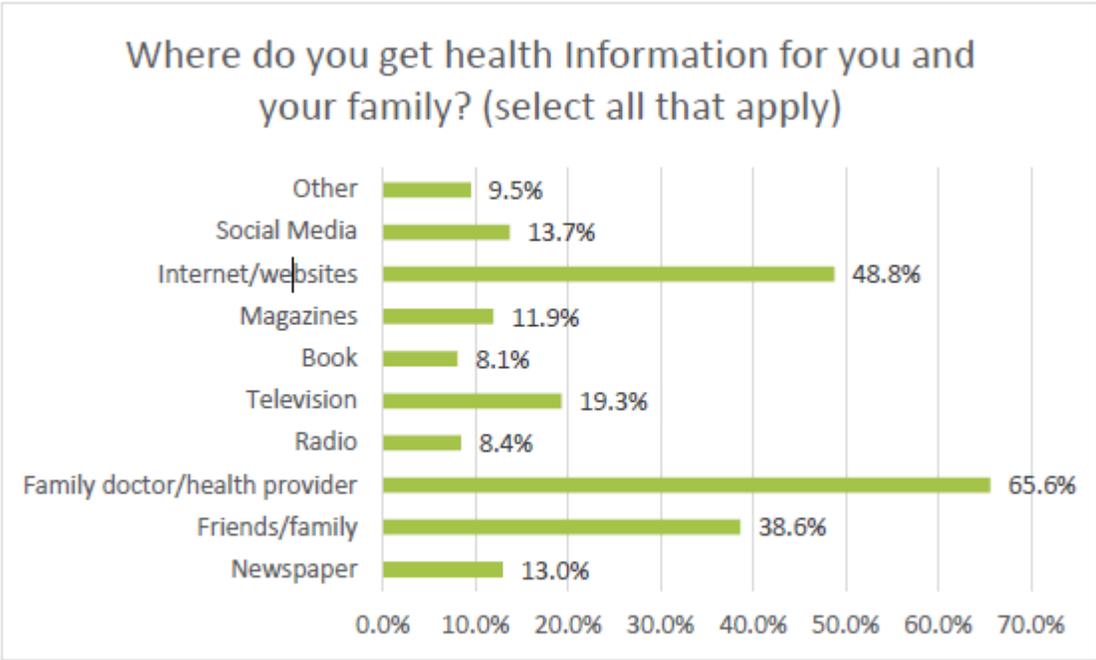
Survey on Health and Healthcare in Highlands County

The Health Council of West Central Florida, Inc., with feedback from the CHIP Committee, developed a survey questionnaire to assess the feelings and perceptions of healthcare and health issues for Highlands County residents. The survey was conducted online and on paper, in English, Spanish, and Creole. Surveys were distributed by members of the CHIP Committee and others to individuals who live and/or work in Highlands County. Links to the online version of the survey were distributed through flyers and via email. The English version of the survey is included in Appendix A. 286 surveys were completed on paper and online over a two-week period in the fall of 2015. 263 of the surveys were completed in English, 14 in Spanish and 9 in Creole. The findings of the surveys were compiled by the Health Council of West Central Florida, and are as follows:





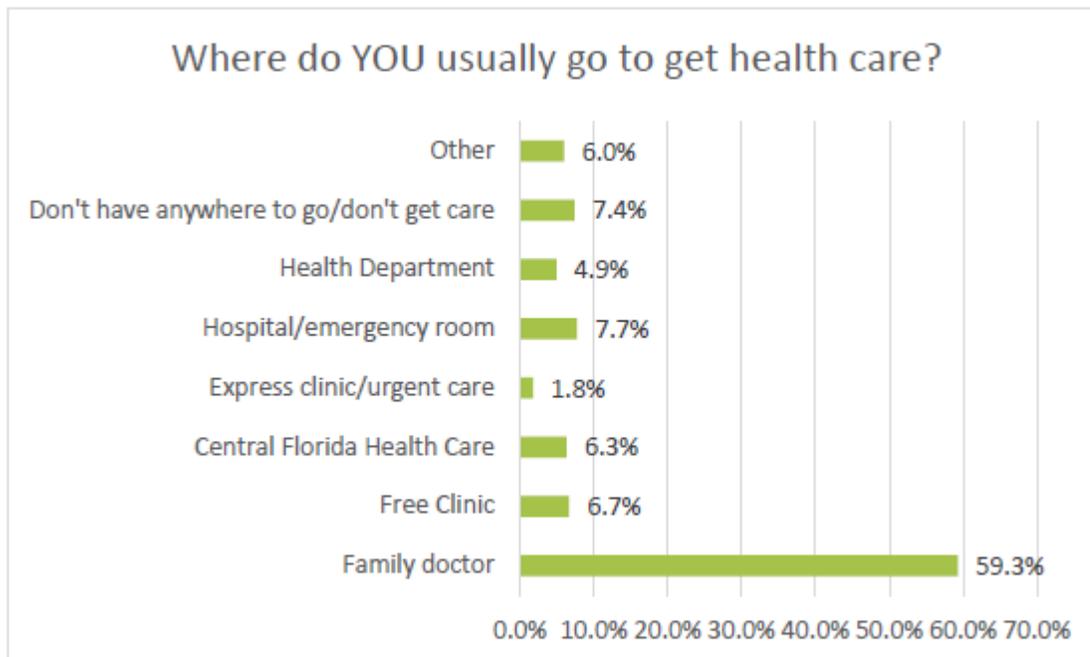
Most people (66%) get health information from their family doctor or health care provider, followed by the internet/websites at 49% (more than one response was permitted). Likewise, most people reported that they received health care from their family doctor. However over 15 % indicated that they had no source of care or that they used the emergency room as source of care.



“Other” responses

- ER
- None
- Blue Cross Blue Shield
- VA
- Google
- My insurance company Healthline
- Wife
- State of Florida Health Dept.

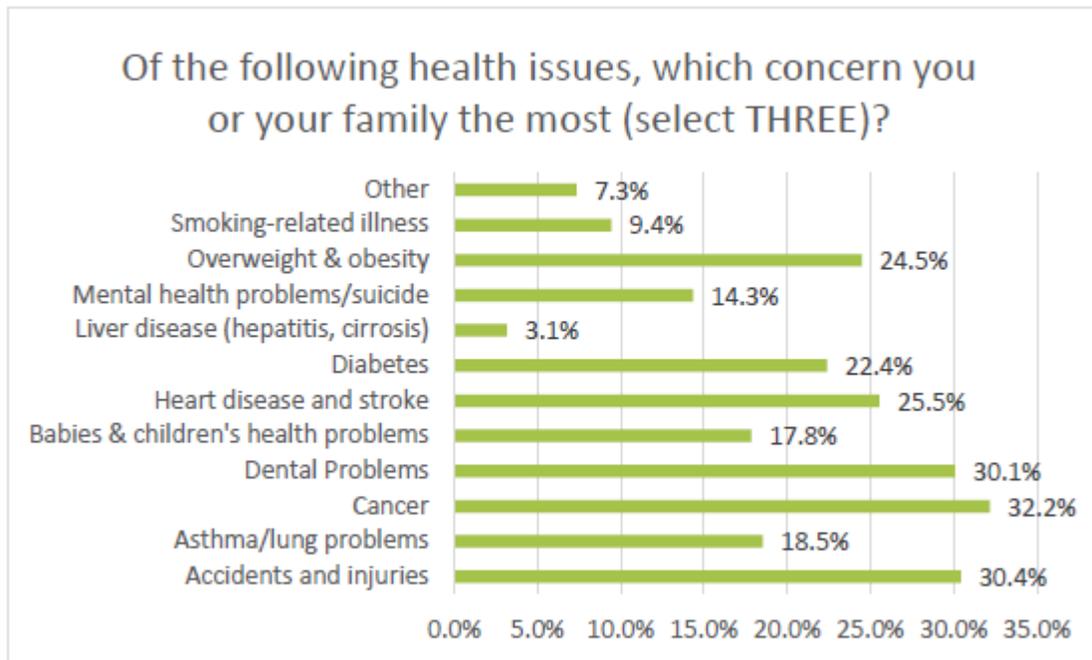
I use the Internet to check symptoms of illnesses due to the fact that I am currently disabled bit due to lack of money to get to doctors to prove my condition self: I am a dietitian
 Research on whatever my concern is, at the time. In
 the college
 television
 Work
 Have friends in the medical field I can call for advice. None are near-by.
 Cannot afford, had insurance but no doctors local would take. Thanks Mr. President Medical
 Books
 Medical sites on the internet
 Professional medical organizations/their websites & email bulletins, etc.
 Work - the hospital
 No care in the US



“Other” responses

Never have a real need
 VA clinic (6)
 Specialist
 Watson clinic
 Pediatrician
 Rarely go exception for emergency
 Couple times a year
 Outside the county
 Alternative health providers

When asked what health issues were of concern to the respondent or their family, cancer, dental problems and accidents and injuries were most frequently cited.



“Other” responses

Overall health

Neck and back injury

Paying for medication

Pre-existing conditions

Something aren't specified in this item.

We don't have any problems

High blood pressure

Disease due to chemicals in food

Tiredness and poor memory

Chronic pain

Arthritis pain

They don't work with the needy and their healthcare professionals don't do there ...they would let u die before they actually did their job

Paying for medication

Respondents were asked to rate a variety of factors related to overall health and well-being on a scale of minor, moderate or urgent. Each factor was weighted on a scale of 0 to 3 with three being most urgent. Weighted averages indicated drug/alcohol use as most urgent, followed by unemployment, smoking/tobacco use and being overweight.

In your opinion, how much of a problem is each factor below for the health & well-being of Highlands County? (Circle MINOR, MODERATE, or URGENT for each item in the list)

Answer Options	MINOR	MODERATE	URGENT	Rating Average
Being overweight	42	117	109	2.28
Smoking and tobacco use	39	93	127	2.32
Domestic/family violence	62	87	104	2.15
Not using birth control	65	96	96	2.11
Dropping out of school	56	103	96	2.14
Drug or alcohol abuse	47	60	152	2.40
Poor eating habits	44	108	103	2.22
Family instability/child neglect	55	80	118	2.23
Lack of exercise	48	108	106	2.23
Unemployment	45	85	131	2.32
Lack of maternity care	85	110	57	1.84
Not getting shots to prevent disease	104	94	53	1.76
Nor using seat belts/child safety seats	81	100	70	1.95
Unsafe sex	58	8	99	2.17
Crime	63	92	95	2.12

“Other” responses

MS/Fibromyalgia/neuropathy - urgent

Income

Senior day care program

Wreckless (sic) driving

Schizophrenia (sic)

Lack of sidewalks in some areas. Drivers failing to yield to pedestrians.

That's county need help medicine for person with escase money

No actual free clinics here have COPD no doctor and cannot afford medications

Chemical use in Agriculture and Lawns that leach into aquifer

Lack of mental health services

Limited mental health resources

Lack of doctors taking Medicare and/or Medicaid

Lack of work

When asked about barriers to seeking or getting medical treatment, 34% reported no barriers. Lack of insurance or ability to pay for care was the next most common reason with 26% reporting that as an issue. Several comments in the “other” response category also highlighted cost as a barrier.

What is the biggest reason keeping you or your family from seeking medical treatment/getting regular health care in Highlands County? (check ONE)		
Answer Options	Response Percent Count	
None/No barriers	33.7%	91
Cultural/health beliefs	1.5%	4
Fear (not ready to face health problem)	3.0%	8
Health service too far away	5.2%	14
No Transportation	2.6%	7
Lack of Specialty care	8.5%	23
Lack of insurance/unable to pay for	26.3%	71
Language barriers	3.0%	8
Lack of knowledge/understanding of need for doctor's or dentist care	3.0%	8
No appointments available at doctor or dentist when needed	3.7%	10
No time/have to wait too long at doctor/dentist/clinic	4.1%	11
Other		31

“Other” responses

Have to take children with me to get medical care

Money

Cost

No real need

Prefer providers in Polk

Financial

Referrals

Don't care for doctors here

My PCP is in Okeechobee and his quick response to ill visitors, no long wait on regular appts. And his expertise on my illness.

Out of area doctors due to insurance

While having insurance and V.A. services, my family cannot afford to use the insurance or pay for medications

Healthcare in Highlands county is of poor quality and they lack modern equipment and training.

Expense even with insurance

No type of specialist for children. Everything is out of town.

Low quality care

Time off needed from work to attend doctor appointments

I don't have money for assistance medical because the medic or hospital are very expense. We have no reliable healthcare in this county. Both hospitals are absolutely awful, staffed with incompetent doctors from God-only-knows-where. Highlands Regional is the worst, but FHHD is right on their heels.

No confidence in a lot of the doctors. Misdiagnosing, over medicating, using nurse practitioners, instead of seeing the patients, themselves. Charging full specialist copay, when you see a practitioner, with no doctor around.

We have insurance, can't afford the copay

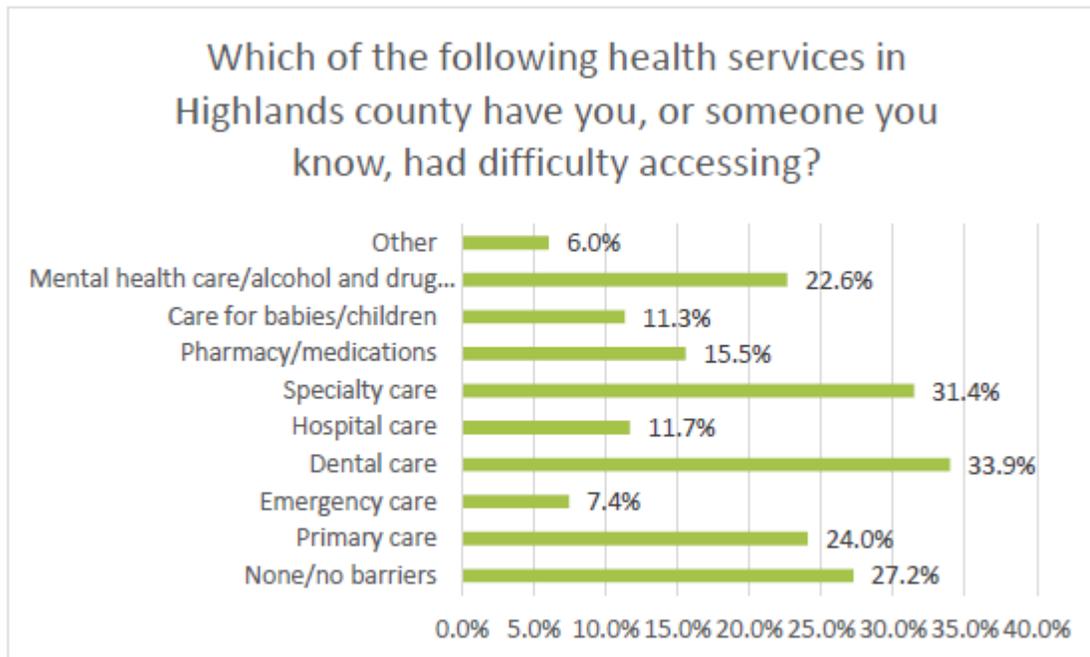
Dental care

Because I don't have transportation

Cannot afford, had insurance but no doctors local would take. Thanks Mr. President

We do get care, but distance & long waits for care and appts makes it more difficult & more expensive

Health services that respondents reported knowing someone who had difficulty accessing included dental care (34%), specialty care (31%), primary care (24%) and mental health/alcohol or drug treatment (23%). No barriers were reported by 27% of respondents.



“Other” Responses

Not taking Florida Blue HMO

Crisis stabilization and residential MH programs

No 24hr pharmacy

Telephone

No insurance

Never visit the doctor, because I don't have insurance Treatment for family members.

Dental care and hospital care

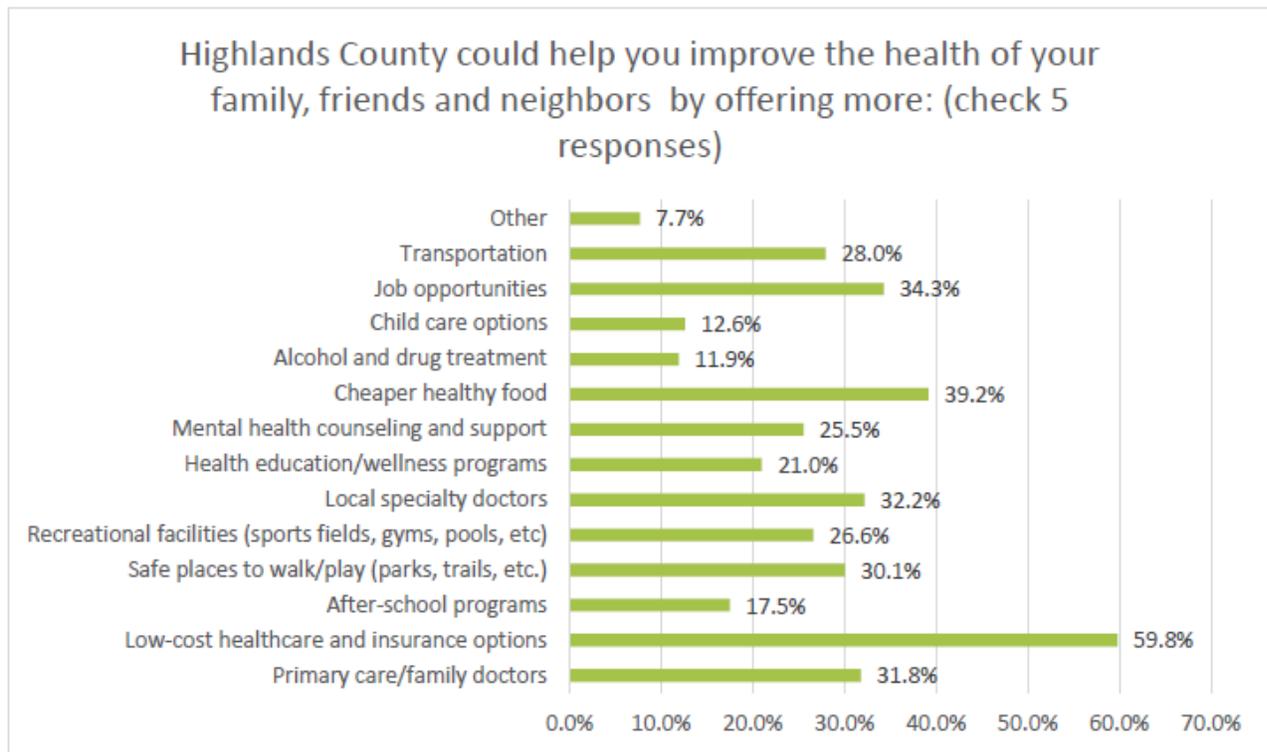
Timely ambulance service to eastern highlands county

Almost every specialist my primary care doctor recommends is a loser

Specialty surgical

They need to send all these people back to medical school

When asked what Highlands County could provide more of in order to improve health in the community 60% indicated more affordable healthcare and /or insurance. Cheaper, healthier food was cited by 39% of respondent and job opportunities by 34%.



“Other” Responses

Language barrier

Better quality foods local farmers markets Senior

Adult Day Care Programs

Affordable rent to include utilities.

Too many people are having babies with live in boyfriends and no job while living off the government.

They need to be taught how to take care of themselves and make better life decisions.

Free, Universal Health Care

More help for seniors in housekeeping etc.

All the above

Sex Ed and family planning programs

A health plan for everybody in according their income

Either station an ambulance in eastern highlands county, or have an understanding with Okeechobee.

Transportation in Lake Placid

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

- Y'all are awesome
- We need more baby friendly hospitals and doctors. It would be nice to have a midwife here.
- Money is the biggest issue!
- Need more Florida Blue HMO providers. I go to Lake County.
- I have had very little need for health care myself.

- Health is a life style and we don't have the resources available currently to offer a mindset shift. They are here, but we don't use them.
- The ones who are below the grid (no job, no place to live) won't be answering this survey and won't ask for mental healthcare (alcoholic-drug user in and out of jail)
- Medical Marijuana
- The main concern is that parents are not doing their job with their children. It is hard for single parents to provide a stable home and example of a healthy lifestyle.
- We need a Healthcare system that works. (Look at Canada)
- Just falling apart
- Transportation to and from are preventing people from obtaining proper healthcare
- Is not too many good doctors.
- Don't throw people in jail (65+) for peeing in public sort of.
- Dental and jobs
- We need a Psychiatrist(sic) who accepts Medicaid.
- People need more teaching about mental health, diabetes, blood pressure and pregnancy while they are young.
- They have a high rate of post op infections and the hospitals just cover it up. Lake placid Florida hospital is filthy and the equipment has not been updated is ages. People get infections while being in the hospital but the hospital somehow has an a plus rating for surgical care. Healthcare in Highlands County is a joke and I will drive to Orlando or where ever I have to get quality healthcare for my family.
- We need pediatricians
- This county doesn't really promote walking or riding with the lack of sidewalks.
- Education and Community Culture seem to be the biggest problems.
- The state bring help for person don't have insurance
- As a young adult living on my own. It is impossible to pay for necessary procedures (teeth cleaning, cavity removal, sealant caps) all of which cost over \$80 apiece. When you have so many bills it makes it impossible to get necessary things done. I can't even remember the last time I went to a primary care doctor? Probably when I was 17. On Medicaid. I'm now 22. Supporting myself. Trying to better my future. Being a woman, I am supposed to have been to a OB GYN. haven't done that. To get insurance is like pulling teeth. Even when I went to school. Being a waitress, I apparently made to much money to get grants? That's ridiculous. I made less than 20K in a YEAR! It just blows my mind how the people who actually need health & medical care get denied. But the people who abuse it & live off social security get approved for a ridiculous amount!
- A pediatric dentist is definitely needed.
- Need mental health, dietary assistance, affordable
- Better doctors in the ER. Better nursing care in Nursing Homes. Better food for patients.
- It's expensive!!!!
- They need more transportation for people that need it
- good service
- I need some parks
- Need more jobs opportunity
- Dental Care is too much expensive
- The medical insurance for low income person
- 45 minutes is too long to wait for an EMT when someone's life is on the line.
- We have an awful lot of bad doctors

- I am unemployed household of one. Going to the CFHC just yesterday on the sliding scale cost me 112.00 for office visit and blood work. My prescriptions were over 150.00. That money that was spent for my health care was to pay my electric bill.
- Education for child and parent. Parenting classes, required!
- Seems like there is a need for weight control.
- need to work on dental for Medicaid patients
- not many options available for low income families
- I go out of town for some services because they offer better quality of treatment. That is the one disadvantage of living in a small town. It is scary to have to be airlifted out for some emergencies.
- Cannot afford, had insurance but no doctors local would take. Thanks Mr. President
- Access to alternative health providers
- they need better doctors who really care about their patients
- I am a local RN, in my practice obesity is a common problem leading to health complications; I have a son with moderate to severe mental health disorders & because of that have experienced lack of full services locally in that arena.
- We need more job opportunity here. Not enough good paying jobs to keep families here to live.
- drs are leaving which leaves us without local care. Local drs that stay are not accepting Medicaid programs.
- There is a major focus on the elderly (even though I do find those services to be lacking). There should be more focus on younger people to help prevent the issues that may arise later.
- need Transportation options
- People need more teaching about mental health, diabetes, blood pressure and pregnancy while they are young.
- Would be good to have streetlights in some streets to prevent crime and less fear that something bad can happen.
- best deal in health clinics
- The dentist is too expensive, so therefore my family needs a lot of work and it is not possible.

Key Informant Interviews with Community Participants

Introduction

As an additional component of the Highlands County community health assessment during the fall of 2015, individual interviews were conducted with key informants in the county to elicit their perception of the health status of county residents. Potential interview candidates were identified in conjunction with the Highlands County Community Health Improvement Planning (CHIP) committee. Candidates represented a variety of viewpoints and backgrounds. 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. Candidates were contacted to determine their willingness and availability to participate in the interview process.

A brief questionnaire and discussion comprised the telephone interview held with each individual who ultimately agreed to participate. The questions asked of key informants generally mirrored the countywide survey instrument in content and focus: overall health status, access & barriers to care, special challenges, specific populations, most pressing needs, and leadership. Once interviews were completed, responses were compiled, grouped by topic, and discussed in the below narratives. The findings provide qualitative information and reveal factors affecting the views and sentiments regarding healthcare services in Highlands County. A summary of community leaders' opinions is reported without judging the veracity of their comments, and common themes are identified in the discussion of each section.

Methodology

The Highlands County Community Health Improvement Planning committee compiled a list of possible interview subjects, and HCWCF staff made initial contact with these individuals to invite them to participate. The list included governmental representatives, healthcare providers, healthcare consumers, employees of the school system, members of the faith community, and representatives of local businesses and community organizations. From the candidates who agreed to participate, HCWCF staff conducted eight total interviews via telephone; the average interview lasted between thirty and sixty minutes. The interviewees were reached at their place of employment or another location of their choosing in Highlands County during September and October of 2015. Participants were told that the findings would only be reported in aggregate and that no individual would be linked to his/her specific opinions in the published report, but that a list of all participants would be included in the report. That list is located in Appendix C. All interviews were conducted using a standard questionnaire. The instrument used to conduct the interviews is included in Appendix D. Participants were asked to provide comments on the following issues:

- Overall impression of healthcare in Highlands 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;

- Impressions of the Affordable Care Act and its impact on residents' insured status, access to care, and ability to afford care; and
- Thoughts on the county's most important health issues and how to address them

Interview Analysis & Discussion

Interviewees were asked whether they serve on any boards or have any affiliations with healthcare providers in the community, to ascertain if these affiliations may have helped form their opinions. No board service or healthcare affiliations were self-identified among the eight interviewees; however, two described partnerships between their employer and other healthcare entities. These partnerships involve placement of volunteer and/or referrals to additional care providers.

The length of time that the interviewees have lived and/or worked in Highlands County ranges from nine to sixty years. Among the participants as a group, the average amount of time that they have lived or worked in Highlands County is twenty-two years. All eight of the individuals reside in Highlands County. The interview questions for each participant were identical. The responses to each question have been grouped into seven major categories, and a summary of the participants' responses follows below, edited for some duplication of feedback and subject matter between the categories. Paraphrasing is utilized 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 give their general impressions about health and healthcare in Highlands County, interviewees shared their perceptions about the assets and deficiencies of the overall system. Almost all cited the lack of care available to underserved populations, including the poor, the undocumented, and those without health insurance. Almost all remarked on the lack of specialty care in the county, noting the necessity of traveling outside the county to access many types of specialists. They acknowledged that a rural county such as Highlands has difficulty attracting and retaining doctors (primary care providers as well as specialists). One interviewee questioned if specialists rotate in from neighboring counties (and if not, proposed that this be considered) to see patients in Highlands.

Issues Affecting Specific Groups

Participants were asked to give their opinion on health issues impacting particular categories of Highlands County residents. Those categories included babies/children, teen/adolescents, adults, the elderly, the uninsured, and pregnant women.

Babies and children: In general, interviewees described a phenomenon in Highlands County in which the needs of the sizeable retiree and senior citizen populations skew healthcare resources and attention away from younger age groups. Specifically, they cite a shortage of pediatric specialty care, as well as adequate dental care, for these youngest residents. They also note that for parents of children with complicated conditions or significant disabilities, for which they may have to travel out of county to get the specialty

care needed, there are significant transportation and cost barriers. In other scenarios, when parents utilize the emergency room for their children's primary care, respondents expressed concern that there is often little medical follow-up for their children's conditions. Health challenges commonly noted by respondents for this age group included asthma, Type II diabetes (diagnosed at younger and younger ages), and poor nutrition.

Interviewees familiar with the healthcare needs of the county's migrant farmworker population also commented upon the particular health risks and conditions commonly seen in these families' children. They voiced concern that lack of affordable housing and childcare perpetuates the need to take children into the fields with their parents, risking heat exposure, insect bites, and exposure to pesticides and contagious illnesses.

Teens and adolescents: respondents cited poor nutrition and unhealthy lifestyles, mental health issues (specifically mentioning anxiety, ADD/ADHD, and cutting behaviors), as well as high rates of teen pregnancy as significant health challenges for this age group. Sexual health education and teen pregnancy prevention were mentioned as being given low priority in favor of focus on academics in the schools. One respondent also noted the difficulty of attracting and retaining teachers. Absenteeism was cited as an issue among older students from low-income families and migrant communities; where day care for younger children is unavailable or unaffordable, the older siblings sometimes miss school to care for the younger ones while parents work.

Adults: access to specialty care and the costly effects of poorly treated chronic conditions (diabetes, heart disease, and other heart conditions) were mentioned by respondents as the most pressing concerns for this age group. Also noted was the need for affordable options for healthcare, insurance coverage, and prescription drugs. Many residents who are working are still unable to afford care. Lack of affordability can lead to adults putting off routine and preventative care, as well as delaying treatment of health issues until they are severe and more costly. Respondents also cited several mental health issues of concern for this age group: suicide, perceived to be in the rise, anxiety/depression, and the perpetuation of generational experiences (cycles of trauma, violence, and abuse).

The elderly: generally, individuals age 65 and older qualify for healthcare coverage through Medicare and so their healthcare needs are typically considered to be more secure. The most commonly cited concerns for the county's elderly were: lack of affordable dental care, limited access to specialists for chronic conditions; mental health issues such as depression and isolation; obesity; inability to buy/make healthy meals; unaffordable medications; caregiver burnout, and chronic diseases like heart disease & cancer. Senior centers were cited as a resource for older adults to access recreation and nutritious meals. However, those who are homebound are unable to make use of this resource, and there is often a waiting list. Several respondents also voiced the opinion that in-home care can be ideal for helping support seniors' independence and ensure they manage their meals, medications, etc., but this type of care is very costly.

Affordable dental care, including care and fitting for dentures, can be an urgent challenge for the geriatric population – more frequent fittings are necessary at this stage of life, but Medicare doesn't cover these. Missing teeth and poorly-fitting or unwearable dentures affect more than just dental health; they can negatively affect nutrition (when seniors cannot properly chew their food). They can also hamper

socialization (due to self-consciousness), and increase isolation, which has been shown to have a wide range of ill effects on health.

The uninsured: almost across the board, interviewees remarked upon the challenges of helping residents without insurance gain access to affordable coverage and/or care, and gave examples of groups who fall into “coverage gaps”. Two of these groups include residents who are indigent or who are not covered by employers’ insurance, but who aren’t yet of Medicare age, and undocumented workers who may live in the county year-round or who may follow seasonal work through the state. These workers may avoid contact with the healthcare system if they fear their undocumented status will come to the attention of authorities; sadly, this concern often “trumps” health issues for themselves or their children.

Participants noted that beyond the obvious need for preventative care and routine primary care for the uninsured, dangerous chronic conditions like heart disease & diabetes often go undiagnosed or untreated due to cost barriers. Children miss life-saving immunizations and basic dental care. Infections and illnesses can be neglected so long that they can become irreversible or fatal.

The uninsured were also perceived by many respondents to be generally unaware of healthcare options available in Highlands County for those without insurance, as well as options for obtaining health insurance. Inevitably, many uninsured consumers opt to use the emergency room for their primary care. Hospitals are then overburdened by demand and costs, and unaffordable bills left unpaid can lead to poor credit reports for the consumers. Also contributing to the problem is the lack of providers in the county who can or are willing to treat indigent and uninsured residents.

Some of the resources mentioned for the uninsured include Central Florida Healthcare, Nu-Hope, and Samaritan’s Touch. Each of these helps meet the critical needs in the county; however, they each have service parameters which limit how many residents they can treat:

- Central Florida Healthcare receives government funding to offer low-cost care; however, they cannot offer free care, and they find that some individuals can’t even afford the lowest rates on their sliding scale.
- Because Nu-Hope accepts clients beginning at age 60, some of their clients present with chronic conditions that have gone untreated because they’re not yet 65 and covered by Medicare. Even once these clients do qualify for Medicare, some of them have to stretch their fixed income so far that they can afford to spend very little on their own healthcare.
- Finally, Samaritan’s Touch is able to provide care for free, but its clinics do not provide pediatric care, and there can be long waiting lists for services.

Pregnant women: several interviewees had current or past experience working directly with this population. One respondent expressed the perception that for family planning and routine prenatal care, Highlands County does offer adequate resources if women avail themselves of them. Samaritan’s Touch was mentioned as an important resource for low-income women, but in the same breath, it was acknowledged that these clinics are trying to meet the needs of a large rural community where the population is spread out.

Other common sentiments included concern that prenatal care is sometimes put off until late in pregnancy, especially among uninsured, indigent, or undocumented women. The point in pregnancy at which prenatal care is initiated is, of course, directly correlated with health outcomes of both the infant

and the mother. Some respondents also expressed concern about the lack of prenatal providers & facilities serving women with high-risk pregnancies; these women sometimes have to travel out of county (if they can afford to).

Types of Residents with Difficulty Accessing Healthcare

Interviewees were asked about types of residents who have particular difficulty accessing care. The general consensus is that migrants and the underinsured/uninsured have few options for healthcare. It was noted by several respondents that many undocumented workers do not access care for themselves and their families out of fear of deportation. Many (migrants as well as the uninsured) are not aware of what services are available to them, and/or do not think that they are eligible for services. Language barriers complicate this phenomenon.

Multiple respondents mentioned that younger adults in Highlands County also have greater difficulty accessing care than retirees and senior citizens. These difficulties lie in the high cost of health insurance as well as there being fewer overall services in the county aimed at this population group (adults under Medicare age who do not qualify for Medicaid, or who work in jobs where employer-paid insurance is unavailable or unaffordable).

Interviewees expressed concern about county residents with a low rate of “healthcare literacy” or lack of knowledge about what behaviors contribute to which conditions, the different words & phrases used for conditions (diabetes vs. “sugar”, etc.). They questioned if this is more of a basic literacy issue, or lack of education about health specifically. Also cited was the lack of “insurance literacy”, and lack of volunteers to help with educating the population. The SHINE resource helps, but they can’t meet all of the need.

The public transportation issue was remarked upon by many respondents: “With this being such a rural county, there’s no public transportation for parents and children to get to doctors’ appointments – it’s especially challenging for those without Medicaid. Transportation options are so limited – there are no public buses, very few cabs. There are transportation companies which Medicaid recipients can utilize, but some folks can’t even afford the \$2 co-pay per ride. And the time factor is an additional barrier – you’re dropped off sometimes 1 ½ hours before your appointment, and wait an hour to get picked up afterward, so it takes over half the day or longer. For some working parents, this means missing work and possibly sacrificing income.

Impressions Regarding Services

Interviewees were asked to give their impressions about the availability and quality of different types of healthcare services in the county, as well as any barriers (including geographical) that residents encounter when attempting to access or afford those types of services. Services discussed include primary care, dental care, specialty care, mental health & substance abuse treatment, emergency care/urgent care, hospitals, pediatric/neonatal care, and pharmacy care.

Primary care: Interviewees gave mixed reviews of the availability and quality of primary care in the county. Several expressed that the number of primary care doctors is not adequate to meet the need, and that existing doctors are stretched too thin. One remark was made that “a lot of doctors come and go, and that means their patients aren’t getting the best care” when continuity is lost.

Several interviewees brought up the recent closings of the several clinics operated by the County Health Department, and voiced that the funding for these needs to be restored. One respondent was aware that patients presenting to low-cost and free clinics are reporting to clinic staff that “the Health Department used to be their primary care provider, before it went away,” forcing these patients to seek care wherever else they can afford it. In addition to lack of health insurance, the county’s lack of public transportation was listed as an obstacle to accessing primary care.

Other remarks heard regarding quality:

“There are practitioners in the county who don’t really want to work with people who have certain lifestyles, are HIV-positive, etc.”

“The mentality of this area sometimes just seems to be ‘keep ‘em stable, just do maintenance care, they’re old, they’re going to die anyway,’ etc. Aggressive treatment is sometimes not valued highly enough.”

“Appropriate follow-up can be lacking.”

Dental care: Nearly all the participants shared the sentiment that accessing and affording good dental care in Highlands County is very challenging, even for middle-income residents. Opinions differed on whether there is an adequate number of dentists to meet the needs of the county. For comprehensive dental care, some participants noted that patients sometimes have to travel out-of-county.

Regarding insurance coverage for dental care, participants acknowledged two significant barriers: 1) many dentists do not accept Medicaid patients (“Since the Health Department clinics closed, few dental care options remain for the indigent or uninsured”), and 2) Medicare coverage for dental conditions and/or dentures is rare. As discussed above in the section regarding the elderly population, participants who work with this demographic echoed that dental care is chronically difficult to afford, especially for those on fixed incomes.

Specialty care: Nearly all the participants stated that there are very few specialty care services available in Highlands County; they are aware that many residents (including some of the participants themselves) must travel out of county for services. The added difficulty of affording the time and transportation for this travel was noted by most participants. It was expressed by another respondent that among the specialists who do practice in Highlands, “some are not as skilled as they could be; I think there’s a lack of confidence, and that contributes to people driving out of county for care.” Many of the interviewees remarked upon the fact that a great deal of county residents cannot afford specialty care with or without insurance coverage. One respondent was recently made aware that Florida Hospital is now offering a 6-week program, led by nurses, catering to the needs of patients with chronic conditions (heart, renal, diabetes, etc.).

Mental health care and substance abuse treatment: These combined categories elicited some of the most comments and concerns from interviewees. They differed in their levels of knowledge regarding the availability, cost, and type of treatment options in the county, but overall, they expressed that mental health and substance abuse treatment is underfunded, underpromoted, and underutilized.

The following responses illustrate the depth of their concerns:

“I know churches are trying to meet some of the mental health needs, but they can’t reach everyone, and they may not be able to offer professionally-qualified care.”

“We need better access to good mental health care here; you always have to wonder if suicidal people were aware of it and had access to it.”

“If you’re in jail, you can get it; if not, how can you afford it?”

“The county’s too small; you know everybody; so, where can people go when they can’t connect to out of county services?”

“For those who can afford care, its fine, but for those who don’t have the means, they really don’t have options. When there’s a lot of those needs not getting met, there’s low self-esteem, they self-medicate.”

“There’s a lack of care options, plus there exists a taboo for families to get outpatient services for their kids. There’s a lack of screening, too; I don’t think kids & teens are being diagnosed. Are cues not being picked up by teachers & other adults?”

“I think there is less stigma now, and a lot of older adults and elderly will accept mental health care, but only in certain settings where they’re comfortable, which is very often NOT group counseling. They’d do really well to start with a home visit, but that’s really difficult or impossible to arrange.”

“For clients in their eighth or ninth decade, there’s sometimes dependence on their pain management prescriptions, and for clients in their sixties and seventies, there’s some illegal substance use; these are aging baby boomers.”

“The Marge Brewster facility in Sebring was helping families & children with mental health and substance abuse issues, but it no longer exists; it closed 3-4 years ago; not sure why. Now they offer substance abuse treatment at the Health Dept. in Sebring, and there’s the Advocacy Center, also in Sebring.

“We have to take folks out of town to Arcadia; the Health Department has mental health services there. Even kids with ADD and ADHD have to be referred by their doctor and go out of town. Then you have Medicaid & transportation questions, parents missing work, etc.”

I’m aware a dual-diagnosis residential treatment facility just opened in Sebring, but I think MH/SA services are severely lacking for kids and adolescents. There’s also an ever-growing need for Alzheimer’s care. There’s one adult day care facility in Sebring (I think it’s Change of Pace), but it has maybe 15 spots.

“As far as substance abuse treatment, I’m aware of one facility in Avon Park, which is bombarded; they can’t possibly meet all the need. Also, that facility houses both the mild and the severe cases together. There’s a need for more availability of programs aimed at specific populations, not treating everyone under the same roof.”

“There aren’t enough resources/facilities; also, some stigma still exists.”

Emergency care: The majority of interviewees believe that the emergency care at the county’s hospitals is adequate for the needs of the county’s residents, but nearly all perceived that ERs are still being inappropriately utilized for primary healthcare by many residents. One respondent remarked that ERs are often so overburdened and wait times are so long that “people are reluctant to go to them”.

A few urgent care facilities operate in Highlands County and provide a viable alternative to hospital emergency rooms. One respondent mentioned the newer urgent care facility across from Florida Hospital in Sebring (Care Now); it is run by the hospital and serves hospital employees as well as the general public. Other respondents were unsure of the locations of urgent care facilities and whether some are currently operating or have closed. One remarked on Lake Placid, “The snowbirds and retirees there don’t want their town to grow and attract a population of folks they aren’t eager to have. They resisted a Walgreens and Walmart coming in, as well as an urgent care clinic. That town kind of runs itself; it’s a town vs. county thing.” It was also expressed by some respondents that urgent care facilities “need to be better-publicized to be more widely used.”

Hospital care: in general (non-emergency) hospital care was thought by most interviewees to be very good. Several respondents noted that certain inpatient specialties are underrepresented or not available.

The county does not offer a Level 1 trauma center; for some high-level care needs, patients must go out-of-county. One respondent voiced, “I wish our two hospital chains (Florida Hospital, with two locations, and Highlands Regional Medical Center) worked together in tandem, but they don’t.”

Pediatric/neonatal care: As with perceptions of primary care in Highlands County, interviewees gave mixed reviews of the availability and quality of pediatric care. Several questioned whether the number of pediatricians is adequate to meet the need and also whether enough pediatric practices accept Medicaid. The recent closings of the clinics operated by the County Health Department were cited again here, as well as the county’s lack of public transportation, as cost and access barriers for low-income parents seeking pediatric care for their children. It was mentioned by several respondents that Samaritan’s Touch helps serve a critical need in providing free care to the uninsured, but its clinics do not serve patients under age 18.

The eight interviewees as a group had relatively little familiarity with the county’s available services for neonates; however, most were aware that the existing hospitals are not equipped to handle some neonatal care needs and sicker infants must be served out-of-county. This can present great difficulty for those without transportation as well as those with language barriers.

Pharmacy/medications: Respondents remarked that they believe cost of medications is more of an issue than access to or availability of pharmacies. One respondent was aware that the chain pharmacies have cut way back on the list of common prescriptions medications which can be purchased for a nominal cost (under \$5.00).

Geographical Areas Experiencing Difficulty Accessing Healthcare

Respondents generally agreed that outside of the population centers of Sebring, Avon Park, and Lake Placid, the residents of the county’s more rural areas often have much greater difficulty accessing health services. Particular communities mentioned included Lorida and Venus, far to the east and south of larger centers. Migrant camps were also listed as places where healthcare was particularly difficult to access. Several respondents also cited the clustering of providers and facilities in the north part of the county, leaving the southern half underserved. The lack of public transportation is seen as a major barrier to care for all of these areas.

Healthcare Reform/ Affordable Care Act

Interviewees were asked their thoughts on how healthcare reform and the Affordable Care Act have affected healthcare in Highlands County in recent years. They were also asked to comment on how effectively the public has been educated about their changing options. At this point, several respondents remarked on the increasing costs of healthcare coverage, even for Medicaid recipients (re: share-of cost). They report that their own premiums for employer-provided coverage have increased steadily. Impressions of the ACA itself ranged from guardedly positive to very skeptical; many respondents remarked that they are unsure how beneficial the impact has been so far.

Some felt the marketing and public education by the ACA was extensive but lacked effectiveness, because of the level of confusion they still observe among residents trying to utilize it. Other interviewees voiced that they are still waiting to see the ACA help a significant number of residents gain coverage, citing those with lower incomes who do not qualify for Medicaid but still struggle greatly to afford premiums for insurance offered through the exchanges. These residents may (and do) reason that the tax penalty for remaining uninsured is cheaper than buying coverage, and they continue to utilize facilities like Samaritan's Touch, Central Florida Healthcare, or the emergency room for their healthcare. At least two respondents cited the added burden of politicization of healthcare reform, due to which some residents hesitate to access care through the exchanges lest they be perceived as expressing political support for Obamacare. These responses found consensus in the thought that more people need to be able to afford healthcare coverage and to access quality care.

Most Important Health Issues and How to Address Them

Finally, interviewees were each asked to identify what they consider the most pressing healthcare issue in Highlands County and offer their recommendations on how best to address this issue. Among the responses, a common concern emerges that healthcare resources for the county's children, teens, and younger adults are inadequate and need to be expanded.

Most often mentioned was access to specialty care, so that county residents would not have to travel out-of-county, as well as greater availability and affordability of standard dental care. The lack of affordable health insurance coverage, and difficulty accessing primary care, particularly for the uninsured and underinsured, were identified as pressing needs as well. Several respondents also remarked on the need for better mental health and substance abuse treatment across the lifespan.

The following quotes portray a cross-section of respondents' "wish list" items, in which they describe how they would dedicate future healthcare dollars and resources to achieve the greatest positive impact for county residents:

"Restore funding to the County Health Department to resume providing care in the clinics that were closed (Sebring and Lake Placid)."

"Expand affordable child care for working parents."

"I think more resources should be directed to younger adults across the board (ages 18-45). This is a county with a lot of retirees, and the services tend to skew toward them. We really don't have enough services for younger adults and children."

"Expand after school programs. Some churches provide a place for kids to go for help with their homework, mentorship, etc., but they can't all meet the need; these things cost money. Sebring's Boys & Girls Club is only \$15/mo., but they're having trouble getting grants for it. Lake Placid has the greatest need; it doesn't really have a place like that for kids (they do for teens); Avon Park doesn't have it. High school students could volunteer there and mentor kids."

"We need more mental health providers and resources in the county. We see so many mental health problems at all ages. We see it running in families – parents suffering from anxiety passing it down to their

children. We need more preventive care for mental health – more family-centered and prevention focused education, not just screening or trying to serve only the kids themselves in the school settings.”

“Expand public transportation. It would be enormously helpful to simply have bus service that ran up and down the highway.”

“We’re never going to reach the Hispanic & migrant populations if they remain distrustful of the system. Hold more health fairs in areas where they can attend; don’t call it health fair; call it a community fair; it attracts more people. Hold health screenings on-site. Bring the care to them.”

“A senior center combined with a children’s day care center should open up, where the seniors have the opportunity to interact with the kids. It would make a huge impact to bring elderly folks and children to the same spot; an inter-generational approach would be a win-win. There are a lot of older people in the retirement communities who would love to help with it. A big center where you could provide health education, have nursing care there, have a NP who can write prescriptions and meet the minor medical needs on-site, and refer to the PCPs for more serious stuff. There would have to be transportation to it.

Dissemination Plan

This report will only be beneficial to the residents of Highlands County if the information it contains is utilized by the Highlands 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 Highlands Community Health Improvement Plan Committee (CHIP) 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 committee presents the following plan to begin dissemination of this report.

- Document is available on the Health Planning Council’s website
- Document is available on the Department of Health in Highlands County’s website
- Document will be presented to the Highlands County Commissioners
- A press release will be submitted to the Highlands NewsSun and other news organizations
- Document will be distributed to the School Board
- Document will be distributed to all members of the Highlands County Community Health Planning Committee and CHIP Steering Committee

The CHIP committee 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 Highlands County.

Appendices

Appendix A:	Community Survey on Health and Healthcare: Survey Instrument
Appendix B:	Survey Sites
Appendix C:	Community Participants in Key Informant Interviews
Appendix D:	Key Informant Interview Questions
Appendix E:	County Health Rankings
Appendix F:	CHIP (Community Health Improvement Planning) Committee Members
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Appendix A - Community Survey on Health and Healthcare: Survey Instrument

Survey on Health and Healthcare in Highlands County

1. Where do you get health information for you and your family? (check all that apply)

- Newspaper Friends/relatives Family doctor/health provider
 Radio Television Books Magazines Internet/websites
 Social media Other _____

2. Where do you usually go to get healthcare? (check one)

- Family doctor Free clinic Central Florida Health Care
 Express clinics/urgent care Hospital/emergency room Health Department
 Don't have anywhere to go/don't get care Other _____

3. Of the following health issues, which concern you and/or your family the most? (check three)

- Accidents & injuries Asthma/lung problem Cancer Dental problems
 Babies' & children's health problems Heart disease & stroke Diabetes
 Liver disease (hepatitis, cirrhosis) Mental health problems & suicide risk
 Overweight & obesity Smoking-related illness Other _____

4. In your opinion, how much of a problem is each factor below for the health & well-being of Highlands County? (circle MINOR, MODERATE, or URGENT for each item in the list)

Being overweight	MINOR	MODERATE	URGENT
Smoking and tobacco use	MINOR	MODERATE	URGENT
Domestic/family violence	MINOR	MODERATE	URGENT
Not using birth control	MINOR	MODERATE	URGENT
Dropping out of school	MINOR	MODERATE	URGENT
Drug or alcohol abuse	MINOR	MODERATE	URGENT
Poor eating habits	MINOR	MODERATE	URGENT
Family instability/child neglect	MINOR	MODERATE	URGENT
Lack of exercise	MINOR	MODERATE	URGENT
Unemployment	MINOR	MODERATE	URGENT
Lack of maternity care	MINOR	MODERATE	URGENT
Not getting shots to prevent disease	MINOR	MODERATE	URGENT
Not using seat belts/child safety seats	MINOR	MODERATE	URGENT
Unsafe sex	MINOR	MODERATE	URGENT
Crime	MINOR	MODERATE	URGENT
Other _____	MINOR	MODERATE	URGENT

5. What are the **biggest** issues keeping you or your family from seeking medical treatment/getting regular health care in Highlands County? (check **one** or **two**)

- None/no barriers Cultural/health beliefs Fear (*not ready to face health problem*)
 Health services too far away No transportation Lack of local specialty care
 Lack of insurance/unable to pay for Language Barrier
 Lack of knowledge/understanding of need for doctor's or dentist's care
 No appointments available at doctor or dentist when needed
 No time/have to wait too long at doctor/dentist/clinic Other _____

6. Which of the following health services in Highlands County have you, or someone you know, had **difficulty accessing**? (check **all** that apply)

- None/no barriers Primary care Emergency care Dental care
 Hospital care Specialty care Pharmacy/medications
 Care for babies/children Mental health care/alcohol and drug treatment
 Other _____

7. The health of your family, friends, and neighbors in Highlands County could improve the most with the help of **more**: (check **five**)

- Primary care/family doctors Low-cost healthcare & insurance options
 After-school programs Safe places to walk/play (parks, trails, etc.)
 Recreational facilities (sports fields, gyms, pools, etc.) Local specialty doctors
 Health education/wellness programs Mental health counseling & support
 Cheaper healthy food Alcohol & drug treatment Child care options
 Job Opportunities Transportation Other _____

8. Please share any additional **comments** you have about healthcare needs in Highlands County.
Thank you!

Circle your race/ethnicity: White Black Hispanic/Latino Other/Multi
Circle your age group: Under 18 18-24 25-44 45-64 Over 65

Appendix B – Survey Sites

Bible Fellowship Church

- CareerSource Heartland
- Central Florida Health Care
- Champion for Children Child Advocacy Center
- Gold's Gym
- Highlands County Family YMCA
- Highlands County Health Department
- Highlands Regional Medical Center
- Samaritan's Touch

Appendix C - Community Participants in Key Informant Interviews

Rev. Jim Baker

Director of Spiritual Services at Palms of Sebring; minister (retired) at Lorida Church of the Brethren

Sharon Childress

ARNP (retired), Samaritan's Touch Care Center

Kris Juve

Coordinator, RSVP, SFSC Avon Park & Leadership Highlands

Laurie Murphy

Resource Development Director for Nu-Hope Elder Care Services, Inc.

Zeke Rodriguez

Family Support Worker II with Redlands Christian Migrant Association

Lisa Valentin

CNA, Phlebotomist, Samaritan's Touch Care Center

Christa Hampton, BSW

School Social Worker, Highlands County Schools

Sara Rosenbaum

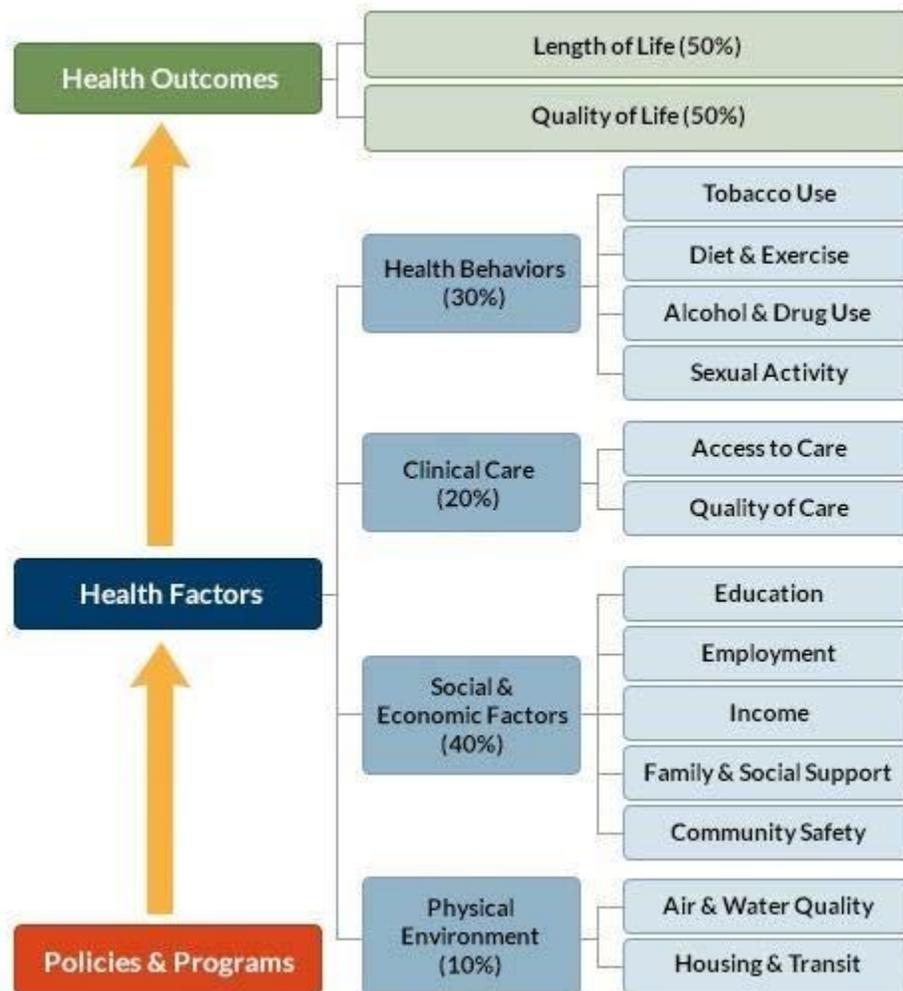
Creation Health Community Specialist, Florida Hospital Heartland

Appendix D - Key Informant Interview Questions

1. Could you briefly describe your position and how long you have lived and/or worked in Highlands County?
2. 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?
3. Please comment on your overall perspective on healthcare in Highlands County, including the general health of County residents and the services available to meet their healthcare needs.
4. I'm going to name some specific populations in Highlands County and I would like you to comment about what you think are the most important health issues affecting them:
 - a. Babies / Children
 - b. Teens / Adolescents
 - c. Adults
 - d. Elderly
 - e. Uninsured
 - f. Pregnant Women
5. Regarding access and barriers to healthcare: which County residents have more difficulty with these? What actions do you think are necessary to address this issue?
6. 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 Highlands 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 and substance abuse treatment
 - f. Emergency care
 - g. Hospital care
 - h. Pediatric/neonatal care
 - i. Pharmacy/medications
7. Are there areas/neighborhoods in the County where residents have a particularly difficult time accessing services?
8. How do you think the Affordable Care Act (Healthcare Reform/Obamacare) is affecting healthcare in Highlands County? What do you think are the best ways to educate people about the changes regarding the Affordable Care Act?
9. Of all the topics we have discussed, which would you rank as the most important healthcare issue for County residents? What actions are necessary to address this issue? Who do you think should take responsibility for addressing this issue?
10. Do you have any additional comments you would like to share about healthcare needs in Highlands County?

Appendix E - County Health Rankings

A collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, the *County Health Rankings* look at a variety of measures that affect health, including high school graduation rates, access to healthy foods, smoking, obesity, and teen births. The *County Health Rankings* measure the health of nearly all counties in the nation and rank them within states. The *Rankings* are compiled using county-level measures from a variety of national and state data sources. These measures are standardized and combined using scientifically-informed weights. Health outcomes in the *County Health Rankings* represent how healthy a county is. Two types of health outcomes are measured: how long people live (length of life) and how healthy people feel while alive.



Source: <http://www.countyhealthrankings.org/about-project/rankings-background>

Snapshot of Highlands County Health Rankings
Compared with State of Florida

	Florida	Highlands
Health Outcomes (rank out of 67 counties)		40
Length of Life (rank out of 67 counties)		44
Premature death (Years of potential life lost before age 75 per 100,000 population (age-adjusted))	6,893	8,548
Quality of Life (rank out of 67 counties)		36
Poor or fair health days reported in past 30 days	16%	22%
Poor physical health days reported in past 30 days	3.7	3.8
Poor mental health days reported in past 30 days	3.8	4.2
Low birthweight (percentage of live births with low birthweight (< 2500 grams))	8.7%	8.3%
Health Factors (rank out of 67 counties) Combined, weighted score of health behaviors, clinical care, social & economic factors, and physical environment		40
Health Behaviors (rank out of 67 counties)		24
Adult smoking (current smokers)	18%	19%
Adult obesity (Percentage of adults that report a BMI of 30 or more)	26%	30%
Food environment index (Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best))	7.0	6.1
Physical inactivity (Percentage of adults aged 20 and over reporting no leisure-time physical activity)	23%	27%
Access to exercise opportunities (Percentage of population with adequate access to locations for physical activity)	93%	89%
Excessive drinking (Percentage of adults reporting binge or heavy drinking)	16%	12%
Alcohol-impaired driving deaths (percentage of driving deaths with alcohol involvement)	29%	26%
Sexually transmitted infections (Number of newly diagnosed chlamydia cases per 100,000 population)	402	250

Teen births (Number of births per 1,000 female population ages 15-19)	36	54
Clinical Care (rank out of 67 counties)		43
Uninsured (percentage of population under 65 without health insurance)	24%	26%
Primary care physicians (Ratio population to providers)	1,423:1	1,663:1
Dentists (Ratio population to providers)	1,874:1	2,871:1
Mental health providers (Ratio population to providers)	744:1	1,319:1
Preventable hospital stays (Number of hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees)	59	71
Diabetic monitoring (Percentage of diabetic Medicare enrollees ages 65-75 that receive HbA1c monitoring)	85%	82%
Mammography screening (Percentage of female Medicare enrollees ages 67-69 that receive mammography screening)	67.7%	63.4%
Social & Economic Factors (rank out of 67 counties)		51
High school graduation (Percentage of ninth-grade cohort that graduates in four years)	75%	62%
Some college (Percentage of adults ages 25-44 with some post-secondary education)	60.1%	41.8%
Unemployment (Percentage of population ages 16 and older unemployed but seeking work, 2013)	7.2%	8.3%
Children in poverty	25%	33%
Income inequality (Ratio of household income at the 80th percentile to income at the 20th percentile)	4.6	3.9
Children in single-parent households	38%	39%
Social associations (Number of membership associations per 10,000 population)	7.3	11.6
Violent crime (Number of reported violent crimes reported per 100,000 population)	514	287
Injury deaths (Number of deaths due to injury per 100,000 population)	69	75
Physical Environment (rank out of 67 counties)		9
Air pollution - particulate matter	11.4	10.6

Drinking water violations (Percentage of population exposed to water exceeding a violation limit during the past year)	6%	16%
Severe housing problems (The percentage of the population living with severe housing problems is measured using Comprehensive Housing Affordability Strategy data)	22%	17%
Driving alone to work (The percentage of the working population who commute to work alone)	80%	78%
Long commute - driving alone (The percentage of the working population who spend more than 30 minutes commute to work alone)	38%	20%

Source: 2015 County Rankings and Roadmaps, Robert Wood Johnson Foundation, www.countyhealthrankings.org

Health Outcomes		
	Florida	Highlands County
Diabetes (Percentage of adults over age 20 diagnosed with diabetes)	11%	14%
HIV prevalence (Number of persons living with HIV per 100,000 population)	593	234
Premature age-adjusted mortality under age 75 per 100,000	329.4	369.2
Infant mortality (Number of infant deaths per 1,000 live births in one year)	7.0	7.9
Child mortality (Number of deaths among children under age 18 per 100,000)	55.5	76.5
Health Behaviors		
Food insecurity (Percentage of population who lack adequate access to food)	18%	16%
Limited access to healthy foods (percentage of population who are low income and do not live near a grocery store)	7%	16%
Motor vehicle crash deaths (per 100,000 population)	15	19
Drug poisoning deaths (per 100,000 population)	15	13
Health Care		
Uninsured adults	29%	31%
Uninsured children	11%	13%

Health care costs (amount of price-adjusted Medicare reimbursements per enrollee)	\$11,163	\$11,570
Could not see doctor due to cost (percentage of adults who could not see a doctor in the past 12 months because of cost)	17%	18%
Other primary care providers (Ratio of population to primary care providers other than physicians)	1,491:1	1,502:1
Social & Economic Factors		
Median household income	\$46,021	\$34,054
Children eligible for free lunch	50%	63%

Source: 2015 County Rankings and Roadmaps, Robert Wood Johnson Foundation, www.countyhealthrankings.org

Appendix F - Community Health Improvement Planning (CHIP)

Committee Members

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Appendix G - Selected Data Sources

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

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

The Behavioral Risk Factor Surveillance Reports are available at this site along with special reports on many health-related topics: <http://www.floridahealth.gov/statistics-and-data/survey-data/behavioralrisk-factor-surveillance-system/index.html>

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 at: <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/>

Highlands County Department of Health: <http://www.doh.state.fl.us/chdHighlands/>

Health Council of West Central Florida, Inc.: <http://www.hcwcfl.org/>

U.S. Department of Health & Human Services, Office of Disease Prevention & Health Promotion, Healthy People 2020: <http://www.healthypeople.gov/2020/topics-objectives>

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

Community Health Survey Results

What is your definition of a healthy community?

- A community that empowers ALL people to gain access to attain a healthier life in everyway....a community that works together to address social determinants of health - but with action. A community that has health equity at the top of the list can have a shot at really being healthy.
- A whole community. A community that has morals, protects its neighbors and shows kindness to strangers.
- where members are able to move towards health, through available quality health care and opportunities to exercise body and mind

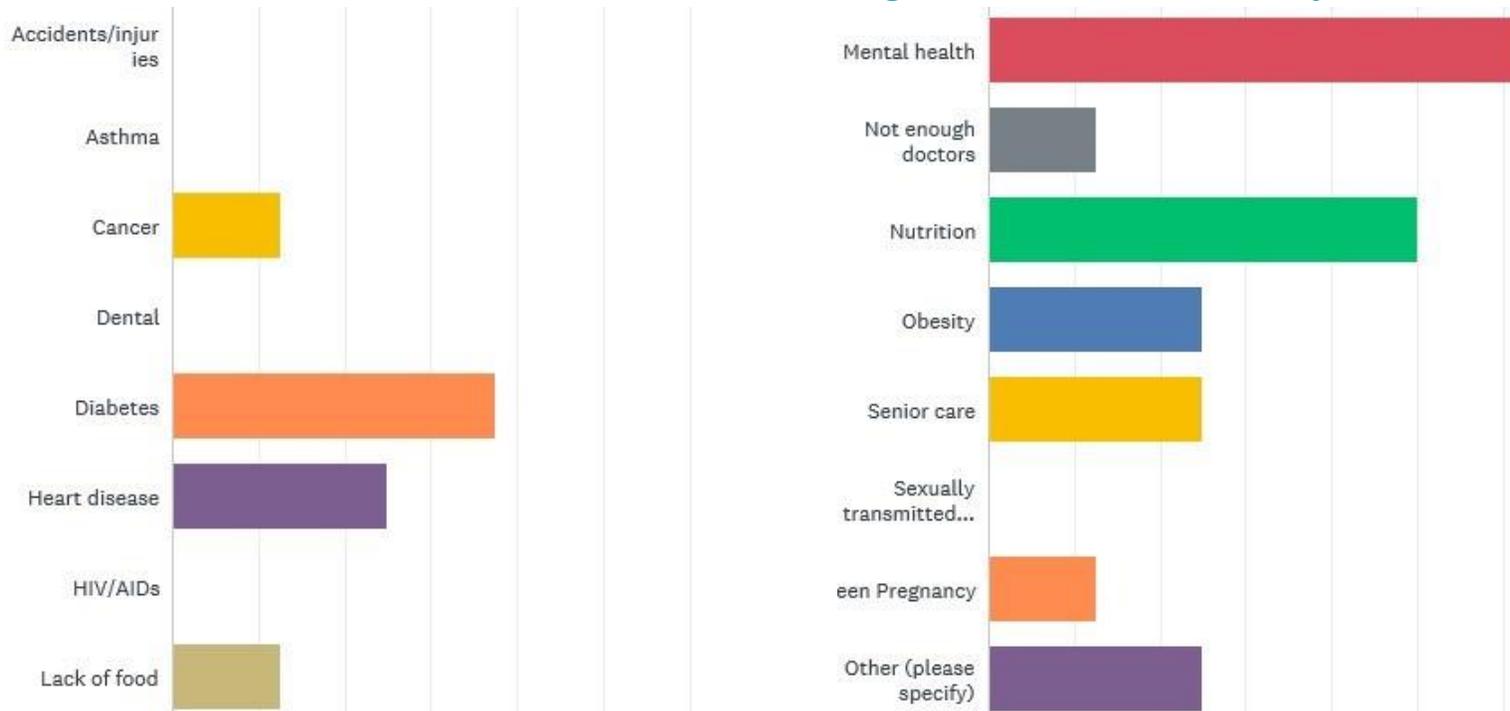
Community Health Survey Results

What is your definition of a healthy community?

- A healthy community encompasses a multi-dimensional and holistic approach to lifestyle, mental and spiritual well-being as well as thoughtful attention to the environment.
- A community that celebrates and thrives in all aspects of living: physically, socially, spiritually, emotionally, intellectually, environmentally, and with purpose.
- Strong school system, transportation system, easy access to Medical, Mental and Behavioral health care, opportunities for businesses to grow and employ the community, activities for folks of all ages as well as families to participate in and enjoy.

Community Health Survey Results

What do you think are the 3 most important health concerns in Highlands County?



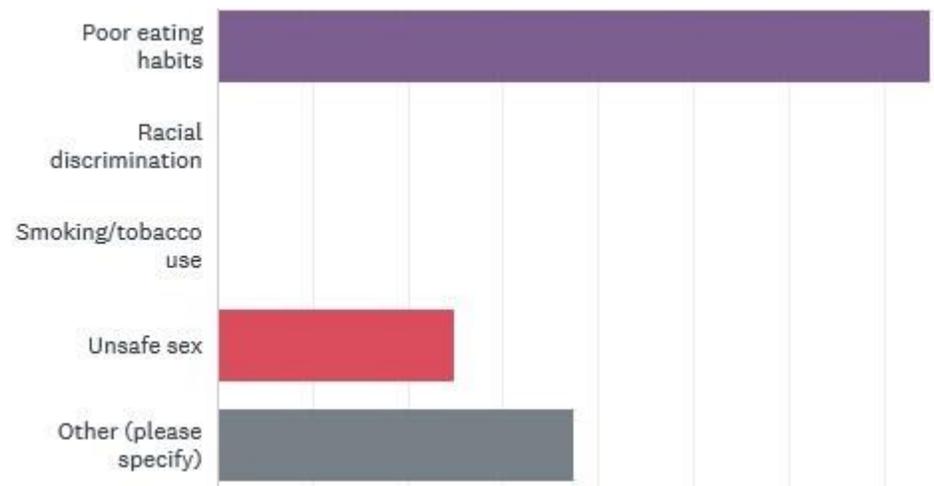
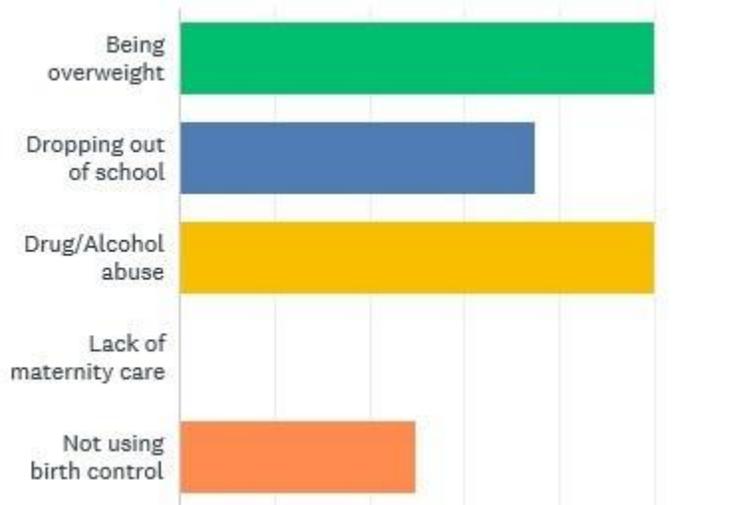
Community Health Survey Results

What do you think are the 3 most important health concerns in Highlands County?

- Top 3: Mental Health, Nutrition, and Diabetes
- Other responses included: Substance abuse, access to care, and under/uninsured

Community Health Survey Results

What do you think are the 3 most important risky behaviors in Highlands County?



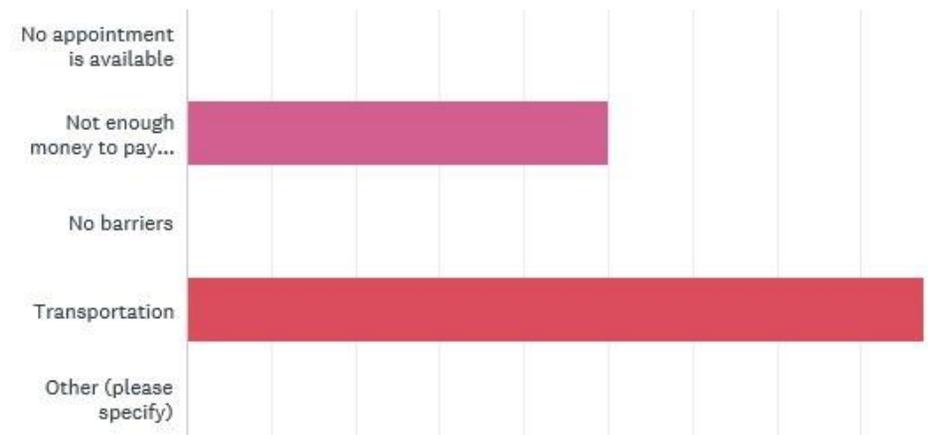
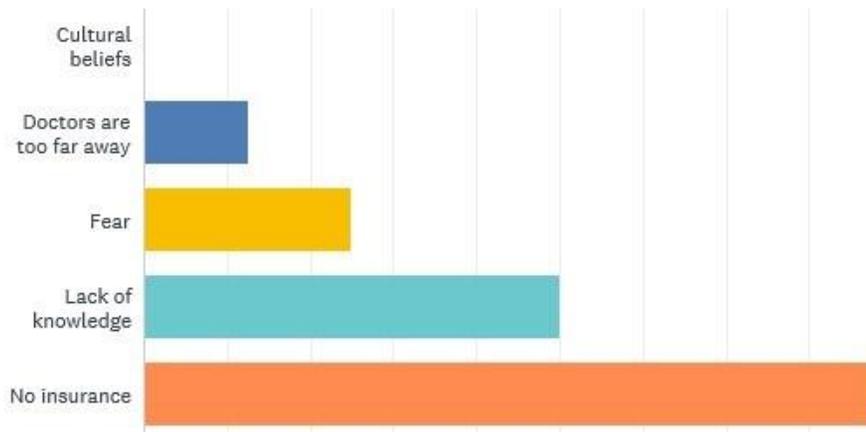
Community Health Survey Results

What do you think are the 3 most important risky behaviors
in Highlands County?

- Top 3: Poor eating habits, being overweight, and dropping out of school
- Other responses included: Unable to properly manage diabetes, lack of exercise, alcohol

Community Health Survey Results

What do you think are the 3 main reasons that keeps someone in Highlands County from going to the doctor?



Community Health Survey Results

What do you think are the 3 main reasons that keeps someone in Highlands County from going to the doctor?

- Top 3: Transportation, No insurance, Lack of knowledge, not enough money to pay for appointment
- Other responses included: N/A
-

Community Health Survey Results

As a community, what do you think are our strengths?

- 3 hospitals
- Children's Advocacy Center
- Churches
- Networking
- Many providers
- Caring community
 - Climate allows for year round activities

Community Health Survey Results

As a community, what do you think are our weaknesses?

- Only 1 Emergency Clinic
- Copays
- Funding
- Food deserts
- Poor eating habits
- Lack of mental health providers
- Transportation
- Lack of health knowledge
- Access to educational opportunities

Community Health Survey Results

As a community, what do you think are our opportunities?

- Quarterly Stakeholder
- More emergency clinics meetings
- Increase mental health services
- More therapy in school
- Education on available health
- Food truck with fresh foods resources for rural areas
- Longer library hours
- Utilize resources that are collaboration available

Community Health Survey Results

As a community, what do you think are our threats?

- Communication
- Lack of knowledge
- Funding opportunities
- Lack of Community Stakeholder involvement
- Rural community
- Employment wages
- Transportation
- Lack of mental health services