Okeechobee County

Community Health Needs Assessment

2016

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2016

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Acknowledgments

The 2016 Okeechobee Community Health Needs Assessment is a result of the collaborative effort, partnership, and contribution of a diverse spectrum of health and human service organizations that revolved around the commitment to improve and enhance services for the betterment of the entire community.

The Florida Department of Health in Okeechobee County, along with the Health Council of Southeast Florida, extends our thanks to all the organizations and agencies that participated and contributed to this comprehensive health needs assessment. Their collective efforts and dedication to improving access to health care on behalf of the residents of Okeechobee County, as well as the insight on health care priorities, populations, and topics were a critical component in identifying the health needs priorities of the county. We would like to especially acknowledge the participation and contribution of all the entities that served on the Advisory Council and/or played a valued role in gaining community input and perspective throughout the community health needs assessment process.

The Community Health Needs Assessment was conducted in context of the vision, mission, and values set forth by the Florida Department of Health in Okeechobee County, which is committed to improving the quality of life of residents in the community.

Methodology

In February 2016, the Florida Department of Health in Okeechobee County engaged the Health Council of Southeast Florida (HCSEF) to conduct a community health needs assessment, which is an integral component in improving the health of residents of Okeechobee County, Florida. The Health Council of Southeast Florida, (HCSEF) facilitated this community health needs assessment process. The Health Council of Southeast Florida (HCSEF) is defined in Florida State Statute (408.033) as the local health planning council serving this region of the state. The organization is well-positioned to facilitate the process that will ultimately lead to a comprehensive Community Health Needs Assessment (CHNA).

The goal of the CHNA is to identify and address some of the gaps, issues, challenges, and barriers that affect access to quality health care and by improving access to programs, services, and resources that support a healthy lifestyle through partnership and collaboration. The assessment satisfies the Public Health Accreditation Board (PHAB) health care regulatory requirements for the Local Health Department in Okeechobee County.

The assessment includes quantitative and qualitative data that serve to guide strategic planning initiatives. Quantitative and qualitative methods were used to gather primary and secondary data. Data presented in the Demographic and Socioeconomic Profile, Health Status Profile, and Health Resource Availability and Access Profile are comprised of secondary data. Data presented in the Local Public Health System Assessment and Community Perspective sections are comprised of primary data collected from community members and key stakeholders.

Data sources consulted for this report include, but are not limited to: The U.S. Census Bureau, the Florida Agency for Health Care Administration (AHCA), the Florida Department of Health (FDOH), the Florida Behavioral Risk Factor Surveillance System (BRFSS) Data Report, the Centers for Disease Control and Prevention (CDC), U.S. Department of Labor Statistics, Florida Department of Education Information and Accountability Services (EIAS) and Florida Department of Law Enforcement (FDLE). Information on the community's perspective was obtained through primary data collection methodology, including community focus groups and key informant interviews.

Data was collected, analyzed and compiled for the assessment to guide administration, staff, healthcare providers, managers, health and program planners and community leaders to identify health indicators within the community that present areas of concern, gaps in care or services and opportunities for improvement. The information provided in this assessment may be used to identify health needs priorities and guide change to improve future health planning activities.

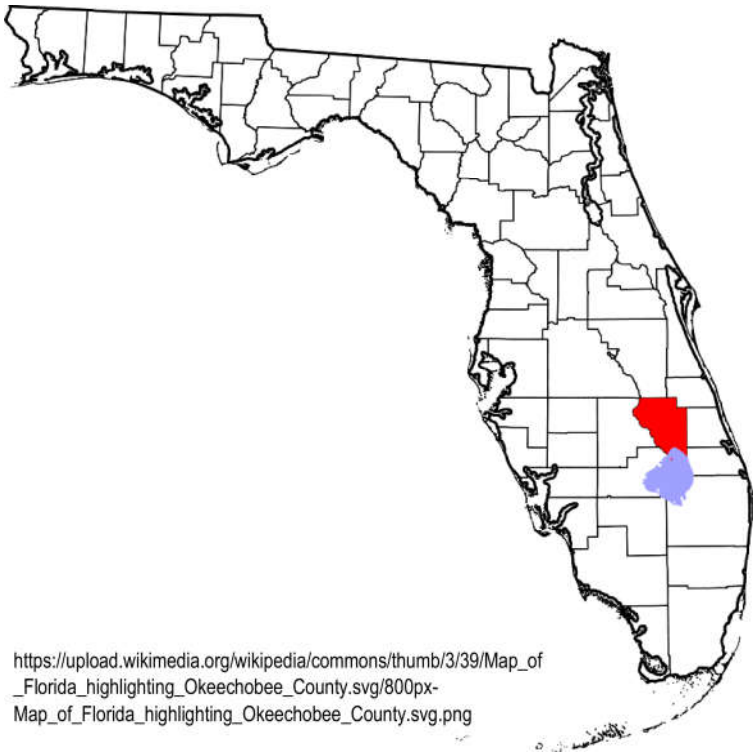
Demographic and Socioeconomic Profile

Established in 1917, Okeechobee County is situated in the heart of the southern region of Florida. It is bordered on the south by Lake Okeechobee, the name-sake of the county. Lake Okeechobee is recognized as the 2nd largest body of fresh water in the United States. The county has a total area of 891.57 square miles, of which, 773.94 square miles is land and 117.63 square miles is water. Adjacent counties include: Polk (northwest); Osceola (northwest); Indian River (northeast); Martin (east); St. Lucie (east); Palm Beach (southeast); Glades (southwest); Hendry (southwest); and Highlands (west).

This section is dedicated to the demographic and socioeconomic characteristics of the residents of Okeechobee County. These data-driven characteristics are central when addressing the health care needs of a community and are significant indicators for health care utilization patterns and health care outcomes. Lastly, the demographic and socioeconomic profile of a community provides insight essential to the identification of barriers to accessing health care services.

Data in this health needs assessment are provided for Okeechobee County and, in some cases the state of Florida, for comparison purposes. Additionally, data for the county may be presented and compared with other neighboring counties within the state.

Figure 1: Map of Okeechobee County, Florida



https://upload.wikimedia.org/wikipedia/commons/thumb/3/39/Map_of_Florida_highlighting_Okeechobee_County.svg/800px-Map_of_Florida_highlighting_Okeechobee_County.svg.png

Population

Total Population

As reflected in the table below, the U.S. Census Bureau reported that the 2014 population of Okeechobee County was 39,398. The residents of the county account for 0.2% of Florida's total population of 19,361,792.

Table 1: Total Population, Okeechobee County and Florida, 2014

Okeechobee		Florida
Population	**% of Florida's Population**	**Population**
39,398	0.2%	19,361,792

Source: U.S. Census American Community Survey (ACS), 2014
Compiled by: Health Council of Southeast Florida, 2016

Population by Gender

The table below shows the gender distribution in Okeechobee County and Florida. In 2014, the population in Okeechobee County was 53.7% male and 46.3% female.

Table 2: Population by Gender, Okeechobee County and Florida, 2014

	Okeechobee		Florida	
	Number	**Percent**	**Number**	**Percent**
Male population	21,173	53.7%	9,464,651	48.9%
Female population	18,225	46.3%	9,897,141	51.1%
Total Population	39,398	100.0%	19,361,792	100.0%

Source: U.S. Census American Community Survey (ACS), 2014
Compiled by: Health Council of Southeast Florida, 2016

Population by Age

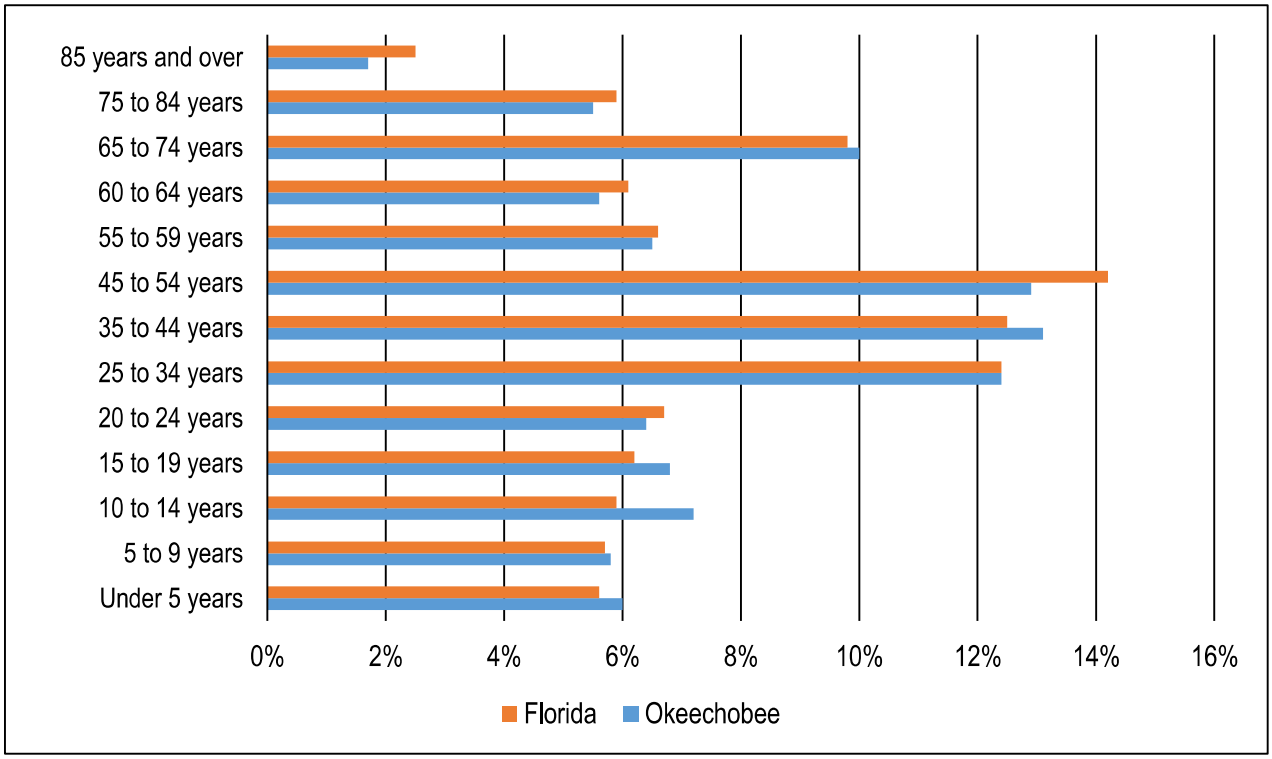
Health care needs vary greatly between age groups. Understanding the age composition of an area aids in identifying needs and planning for health services. Table 3 shows the population by age group in Okeechobee County and Florida. The median age in the county is 39.6 years, lower than the median age in Florida (41.2 years). The highest proportion of the population in Okeechobee County falls in the 35 to 44 year range, with 13.1% of its residents in this category. Figure 2 shows the population distribution graphically.

Table 3: Population by Age, Okeechobee County and Florida, 2014

	Okeechobee	Florida
Total Population	39,398	19,361,792
Under 5 years	6.0%	5.6%
5 to 9 years	5.8%	5.7%
10 to 14 years	7.2%	5.9%
15 to 19 years	6.8%	6.2%
20 to 24 years	6.4%	6.7%
25 to 34 years	12.4%	12.4%
35 to 44 years	13.1%	12.5%
45 to 54 years	12.9%	14.2%
55 to 59 years	6.5%	6.6%
60 to 64 years	5.6%	6.1%
65 to 74 years	10.0%	9.8%
75 to 84 years	5.5%	5.9%
85 years and over	1.7%	2.5%
18 years and over	76.8%	79.2%
21 years and over	72.3%	75.3%
62 years and over	20.8%	21.8%
65 years and over	17.2%	18.2%
Median age (years)	39.6	41.2

Source: U.S. Census American Community Survey (ACS), 2014
Compiled by: Health Council of Southeast Florida, 2016

Figure 2: Population by Age, Okeechobee County and Florida, 2013



Population Growth/Change

The table below reflects the population change by age group in Okeechobee County between 2013 and 2014. Overall, there was a 0.6% decrease in the total population. Although the total population decreased 0.6% from 2013 to 2014, there were subgroups of the population which changed disproportionately, which can have implications for health care planning. The 5-9 year old age group represented the largest percent change, with an 11.5% increase over the time period shown. The second largest percentage change occurred in the under 5 age group (-9.4%), followed by the 10-14 year old age group, with a 5.2% decrease. The graphs following the percent population by age group and the population change in Okeechobee County from 2010 to 2014.

Table 4: Population by Age, Okeechobee County, 2013 & 2014

	Population		Percent Change from 2013 to 2014
	2013	2014	
Total population	39,642	39,398	-0.6%
AGE			
Under 5 years	2,581	2,359	-9.4%
5 to 9 years	2,009	2,270	11.5%
10 to 14 years	2,996	2,848	-5.2%
15 to 19 years	2,805	2,690	-4.3%
20 to 24 years	2,575	2,530	-1.8%
25 to 34 years	4,825	4,892	1.4%
35 to 44 years	5,192	5,177	-0.3%
45 to 54 years	5,279	5,075	-4.0%
55 to 59 years	2,532	2,576	1.7%
60 to 64 years	2,080	2,213	6.0%
65 to 74 years	3,952	3,923	-0.7%
75 to 84 years	2,157	2,185	1.3%
85 years and over	659	660	0.2%
Median age (years)	39.6	39.6	0.0%

Source: U.S. Census American Community Survey (ACS), 2014
Compiled by: Health Council of Southeast Florida, 2016

Figure 3: Population by Age Group, Okeechobee County, 2014

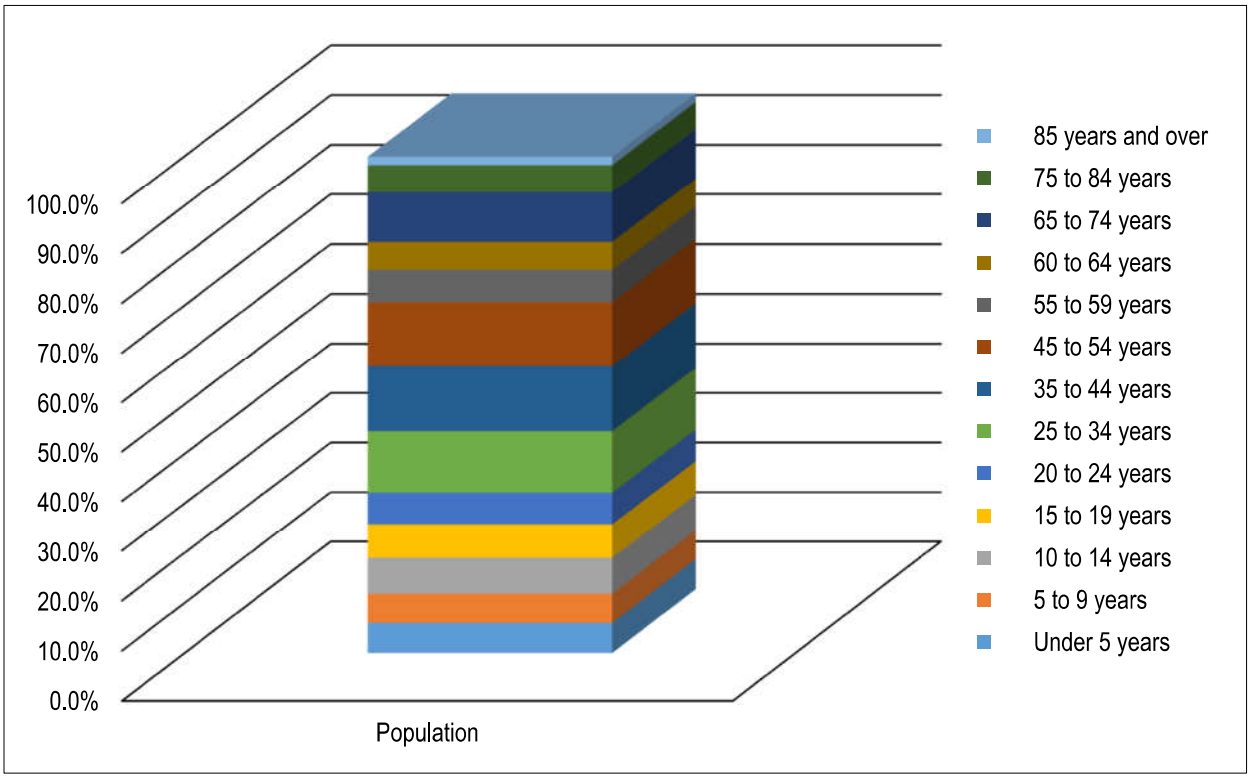
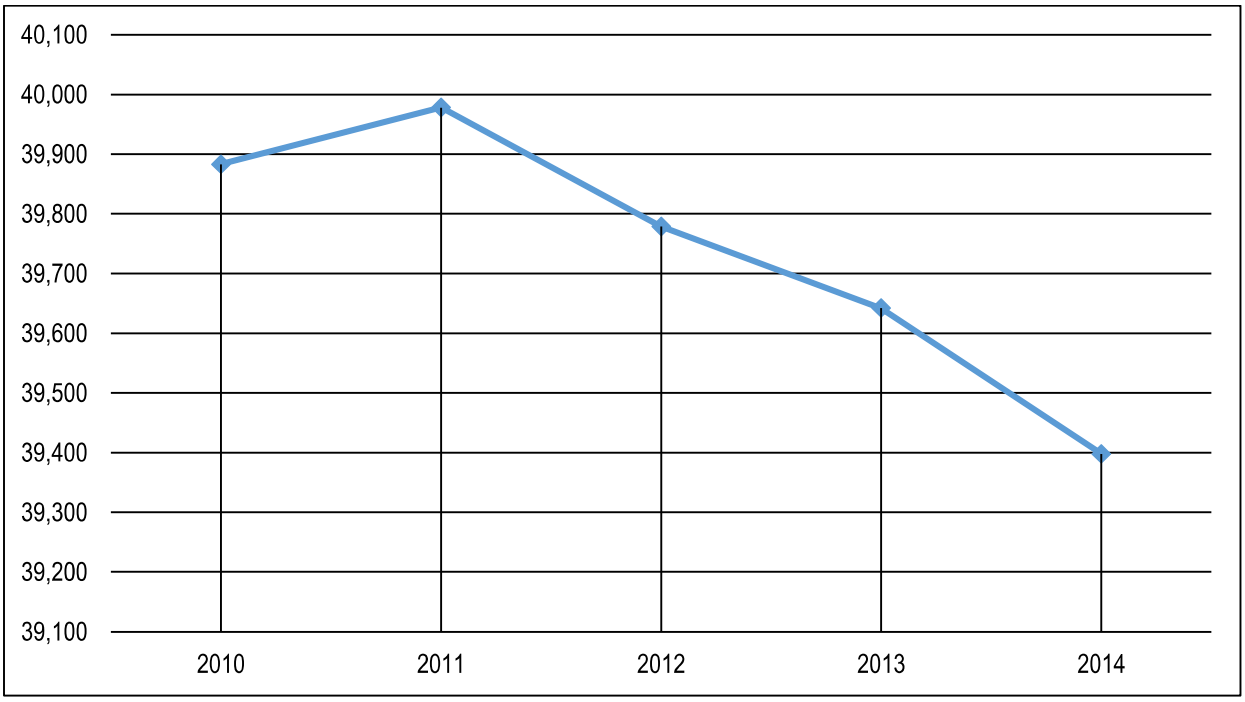


Figure 4: Population Change in Okeechobee County, 2010-2014



Population Projections / Population Growth

The table below shows the U.S. Census Bureau's projected population change in Okeechobee County through 2040, beginning with census data from 2010. The total population is projected to increase 9.6% from 2014 to 2040. The subgroups of the population are projected to increase at disproportionate rates, however, with the 5-17 age group projected to increase .7%, while the 80+ age group is anticipated to see an increase of over 80%. Assessment of population projections and age distributions can help anticipate future health care needs and demand, and can help inform planning activities.

Table 5: Population Projections by Age, Okeechobee County, 2010-2040

Age	Census		Projections					
	2010	2014	2015	2020	2025	2030	2035	2040
Total	39,996	39,828	40,029	41,132	41,989	42,620	43,150	43,637
0-4	2,659	2,518	2,498	2,458	2,523	2,540	2,575	2,563
5-17	6,925	6,886	6,920	6,896	6,722	6,648	6,837	6,934
18-24	3,645	3,710	3,745	3,811	4,093	4,009	3,665	3,836
25-54	15,427	14,845	14,777	14,745	14,883	15,252	15,720	15,701
55-64	4,549	4,760	4,847	5,154	4,951	4,558	4,517	4,662
65-79	5,179	5,290	5,357	5,959	6,297	6,904	6,727	6,577
80+	1,612	1,819	1,885	2,109	2,520	2,709	3,109	3,364

Source: Bureau of Economic & Business Research, 2014
Compiled by: Health Council of Southeast Florida, 2016

Population by Race and Ethnicity

Diversity of an area is another important consideration for health planning, as health behavior, health care utilization, and health outcomes often differ between races and ethnicities. The following table shows the population of Okeechobee County as compared to Florida, by race and ethnicity. The percentage of individuals identifying as White is 84.9%, higher than the state's rate of 76.2. The percentage of individuals who identify as Black or African American is 8.8%, lower than the state's rate of 16.1%. In Okeechobee County, 24.6% of individuals identify as Hispanic or Latino, slightly higher than the state's rate of 23.3%. The figures that follow show a graphic distribution by race and by ethnicity, respectively.

Table 6: Population by Race & Ethnicity, Okeechobee County and Florida, 2014

	Okeechobee		Florida	
	Estimate	Percent	Estimate	Percent
RACE				
Total population	39,398	39,398	19,361,792	19,361,792
One race	38,934	98.8%	18,908,393	97.7%
White	33,452	84.9%	14,747,196	76.2%
Black or African American	3,453	8.8%	3,114,841	16.1%
American Indian and Alaska Native	331	0.8%	59,121	0.3%
Asian	350	0.9%	490,833	2.5%
Native Hawaiian and Other Pacific Islander	0	0.0%	12,128	0.1%
Some other race	1,348	3.4%	484,274	2.5%
Two or more races	464	1.2%	453,399	2.3%
HISPANIC OR LATINO AND RACE				
Total population	39,398	39,398	19,361,792	19,361,792
Hispanic or Latino (of any race)	9,709	24.6%	4,517,191	23.3%
Not Hispanic or Latino	29,689	75.4%	14,844,601	76.7%

Source: U.S. Census American Community Survey (ACS), 2014
Compiled by: Health Council of Southeast Florida, 2016

Figure 5: Population by Race, Okeechobee County, 2014

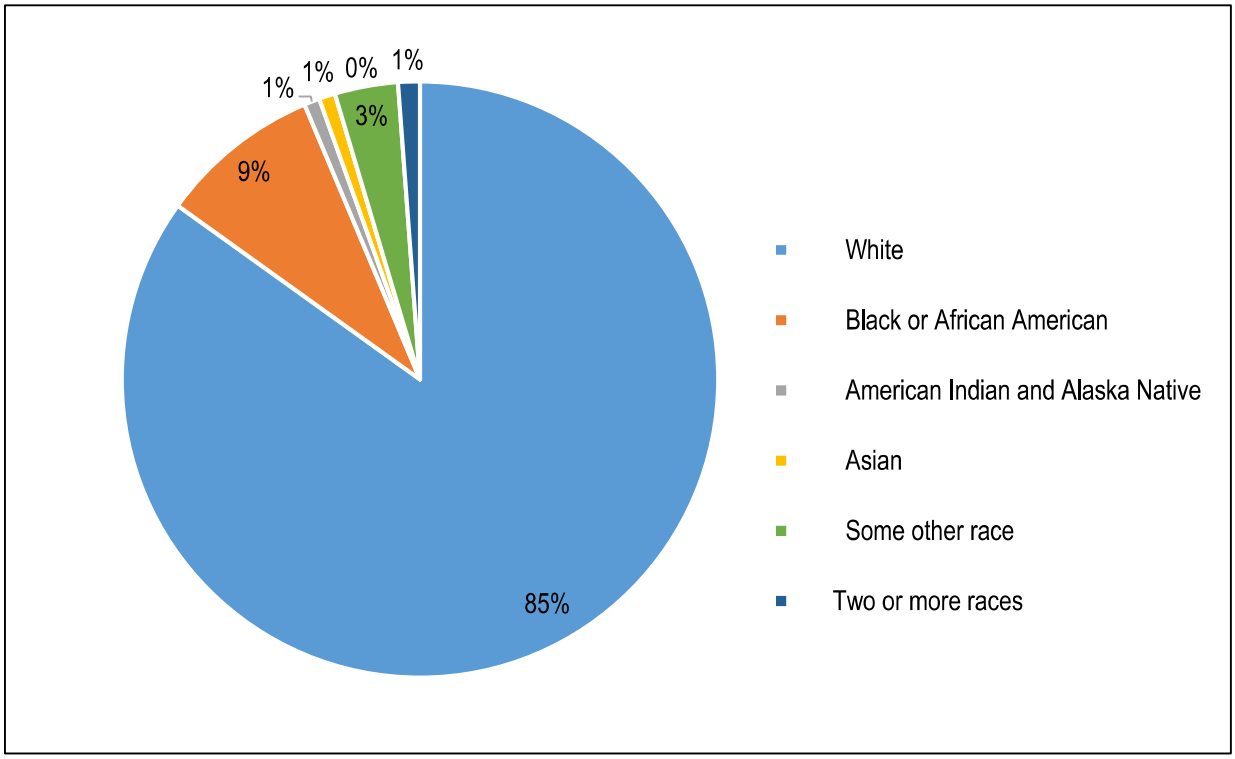
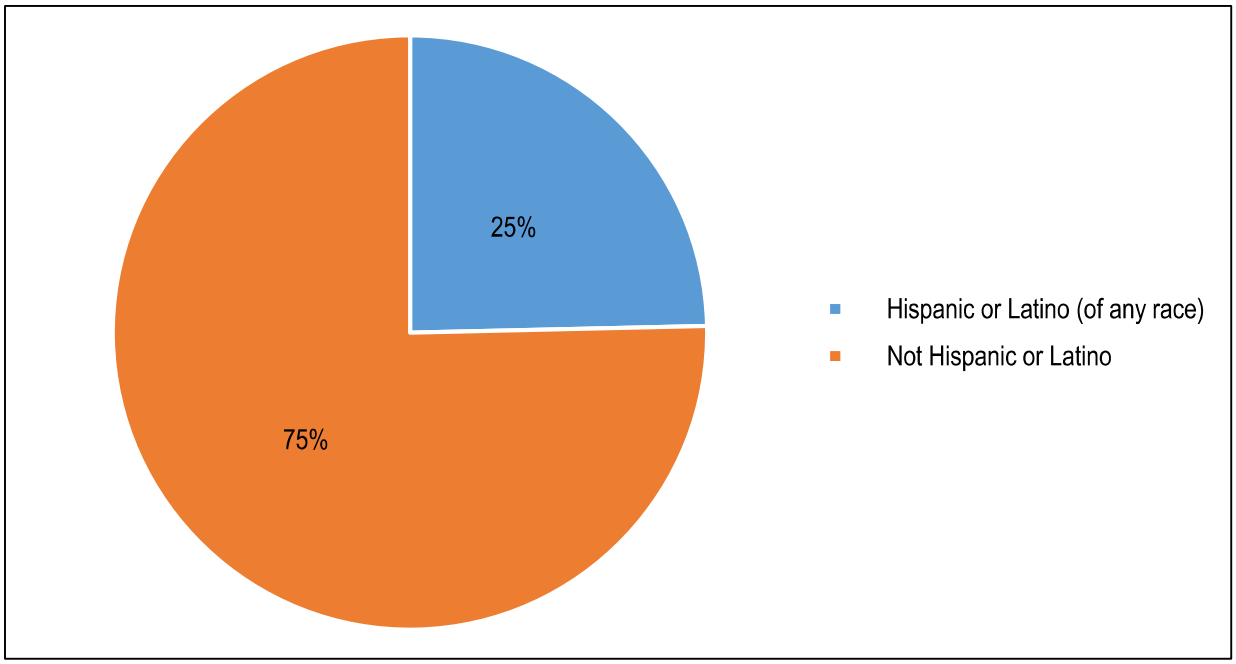


Figure 6: Population by Ethnicity, Okeechobee County, 2014



Population by Place of Birth

The table below shows the population distribution for Okeechobee County and Florida by place of birth. In 2014, 11.9% of the population of Okeechobee County was born in another country, and of those, 84.4% (10.1% of the total population in the county) were born in Latin America.

Table 7: Place of Birth, Okeechobee County and Florida, 2014

	Okeechobee		Florida	
	Estimate	Percent	Estimate	Percent
Total Population	39,398	100.0%	19,361,792	100.0%
Total Foreign Born Population	4,708	11.9%	3,789,565	19.6%
Total	4,708	11.9%	3,789,565	19.6%
Europe	270	0.7%	382,274	2.0%
Northern Europe	42	0.1%	99,124	0.5%
Western Europe	169	0.4%	90,321	0.5%
Southern Europe	53	0.1%	66,476	0.3%
Eastern Europe	6	0.0%	125,543	0.6%
Asia	282	0.7%	391,406	2.0%
Eastern Asia	3	0.0%	83,281	0.4%
South Central Asia	47	0.1%	103,510	0.5%
South Eastern Asia	219	0.6%	154,790	0.8%
Western Asia	13	0.0%	46,593	0.2%
Africa	75	0.2%	61,881	0.3%
Eastern Africa	0	0.0%	11,357	0.1%
Middle Africa	0	0.0%	1,580	0.0%
Northern Africa	4	0.0%	21,451	0.1%
Southern Africa	0	0.0%	9,722	0.1%
Western Africa	0	0.0%	13,846	0.1%
Oceania	0	0.0%	6,354	0.0%
Americas	4,081	10.4%	2,947,650	15.2%
Latin America	3,972	10.1%	2,838,756	14.7%
Caribbean	538	1.4%	1,569,321	8.1%
Central America	3,309	8.4%	605,859	3.1%
South America	125	0.3%	663,576	3.4%
Northern America	109	0.3%	108,894	0.6%

Source: U.S. Census American Community Survey (ACS), 2014

Compiled by: Health Council of Southeast Florida, 2016

Language Spoken at Home

Language is often a barrier to healthcare access, particularly for individuals with limited English proficiency. The following table shows languages spoken in Okeechobee County and in Florida. In Okeechobee, 24.6% of the population reported speaking a language other than English at home in 2014. In Okeechobee County, 22.2% of the population reports speaking Spanish or Spanish Creole at home, and only 1.3% reported speaking other Indo-European languages.

Table 8: Language Spoken at Home, Okeechobee County and Florida, 2014

	Okeechobee	Florida
Population 5 years and over	37,039	18,284,956
Speak only English	75.4%	72.2%
Speak a language other than English	24.6%	27.8%
Spanish or Spanish Creole	22.2%	20.5%
Other Indo-European languages	1.3%	5.2%
Asian and Pacific Island languages	0.8%	1.5%
Other languages	0.2%	0.6%

Source: U.S. Census American Community Survey (ACS), 2014
Complied by Health Council of Southeast Florida, 2016

Housing

The table below shows the total number of households and households by type in Okeechobee County and in Florida in 2014. A housing unit is a house, an apartment, a mobile home, a group of rooms, or a single room that is occupied as living quarters. In Okeechobee County in 2014, there were 18,335 housing units, of which 13,213 were occupied. In Okeechobee County in 2014, 27.9% of the housing units were vacant. Of the 72.1% of the occupied housing units, 9,538, or 72.2%, were owner-occupied.

Table 9: Households, Okeechobee County and Florida, 2014

	Okeechobee		Florida	
	Estimate	Percent	Estimate	Percent
HOUSING OCCUPANCY				
Total housing units	18,335	100.0%	9,051,851	100.0%
Occupied housing units	13,213	72.1%	7,217,508	79.7%
Vacant housing units	5,122	27.9%	1,834,343	20.3%
Homeowner vacancy rate	2.6	(X)	3	(X)
Rental vacancy rate	8.6	(X)	9.7	(X)
HOUSING TENURE				
Occupied housing units	13,213	13,213	7,217,508	7,217,508
Owner-occupied	9,538	72.2%	4,772,944	66.1%
Renter-occupied	3,675	27.8%	2,444,564	33.9%
Average household size of owner-occupied unit	2.6	(X)	2.6	(X)
Average household size of renter-occupied unit	3.0	(X)	2.7	(X)

Source: U.S. Census American Community Survey (ACS), 2014
Compiled by: Health Council of Southeast Florida, 2016

The table below shows a breakdown of the housing type in Okeechobee County. In 2014, almost half, 49.5%, of housing types in Okeechobee were classified as 1-unit, detached. Mobile homes accounted for 42.4% of housing units in Okeechobee County.

Table 10: Housing Units by Type, Okeechobee County, 2014

Housing Type	Count	Percent
Total	18,335	100.0%
1-unit, detached	9,067	49.5%
1-unit, attached	213	1.2%
2 units	282	1.5%
3 or 4 units	273	1.5%
5 to 9 units	254	1.4%
10 to 19 units	124	0.7%
20 or more units	133	0.7%
Mobile home	7,777	42.4%
Boat, RV, van, etc.	212	1.2%

Source: U.S. Census American Community Survey (ACS), 2014
Compiled by: Health Council of Southeast Florida, 2016

Population by Census County Division

A Census County Division (CCD) is a subdivision of a county that is a relatively permanent statistical area established cooperatively by the Census Bureau and state and local government authorities. There are two CCDs in Okeechobee County: North Okeechobee and Okeechobee. The table below shows the population for each of these divisions. The data shown in the table below is a 5-year estimate (2010-2014) and due to the granularity of the data shown and the data collection methods, 1-year estimates are not available.

Table 11: Population by Census County Division, Okeechobee County, 2010-2014 (5-year estimates)

Okeechobee Census County Division	Population	Percent
Total Population	39,398	100.0%
North Okeechobee CCD, Okeechobee County, Florida	9,289	23.6%
Okeechobee CCD, Okeechobee County, Florida	30,109	76.4%

Source: U.S. Census American Community Survey (ACS), 5-year estimates, 2014
Compiled by: Health Council of Southeast Florida, 2016

Socioeconomic status can influence access to care and health outcomes. The socioeconomic variables and indicators reported in this community health assessment include measures on: poverty, income levels, education, employment/unemployment status, public assistance benefits housing, transportation, uncompensated care, and crime.

Poverty

Poverty creates many difficulties for individuals, families and the communities in which they live. Poverty often hinders access to a variety of services and products including proper medical care and nutrition. There are different terms commonly used to reflect certain levels of poverty. The U.S. Census Bureau employs 'poverty thresholds' which are statistical calculations used to ascertain the number of poor persons. The Department of Health and Human Services uses 'poverty guidelines' to determine eligibility for certain programs.[1] Table 12 shows the Department of Health and Human Services 2016 poverty guidelines.

Table 12: 2016 Poverty Guidelines

Family Size	Percent of Poverty Guideline								
	100%	120%	133%	135%	150%	175%	185%	200%	250%
1	11,880.00	14,256.00	17,107.20	20,528.64	24,634.37	29,561.24	35,473.49	42,568.19	51,081.83
2	16,020.00	19,224.00	23,068.80	27,682.56	33,219.07	39,862.89	47,835.46	57,402.56	68,883.07
3	20,160.00	24,192.00	29,030.40	34,836.48	41,803.78	50,164.53	60,197.44	72,236.92	86,684.31
4	24,300.00	29,160.00	34,992.00	41,990.40	50,388.48	60,466.18	72,559.41	87,071.29	104,485.55
5	28,400.00	34,080.00	40,896.00	49,075.20	58,890.24	70,668.29	84,801.95	101,762.33	122,114.80
6	32,580.00	39,096.00	46,915.20	56,298.24	67,557.89	81,069.47	97,283.36	116,740.03	140,088.04
7	36,730.00	44,076.00	52,891.20	63,469.44	76,163.33	91,395.99	109,675.19	131,610.23	157,932.28
8	40,890.00	49,068.00	58,881.60	70,657.92	84,789.50	101,747.40	122,096.89	146,516.26	175,819.52

Source: Medicaid.gov, 2016

Notes: For family units of more than 8 members, add $4,060 for each additional member.

Compiled by: Health Council of Southeast Florida, 2016

[1] http://aspe.hhs.gov/poverty/faq.shtml#programs

Individuals in Poverty/Children in Poverty

This area measures the percent of children in poverty, as defined by the federal poverty threshold. The table below shows the estimated counts and percentages of people in poverty in Okeechobee County and Florida in 2014. The counts and percentages of people in poverty are shown for the entire population, for the groups under age 18, and for ages 18 years and over. The percentage of individuals in poverty in Okeechobee County was 27.9%, which was higher than in the state (16.7%). In Okeechobee County, 41.4% of individuals under 18 are in poverty, a rate significantly higher than the state's average (24.1%).

Table 13: Poverty Status in the Past 12 Months by Age and Gender, Okeechobee County and Florida, 2014

	Okeechobee			Florida		
	Total	Below poverty level	Percent below poverty level	Total	Below poverty level	Percent below poverty level
Population for whom poverty status is determined	36,405	10,161	27.9%	18,946,215	3,159,259	16.7%
AGE						
Under 18 years	8,418	3,481	41.4%	3,956,251	953,348	24.1%
Related children under 18 years	8,341	3,404	40.8%	3,939,036	937,243	23.8%
18 to 64 years	21,401	5,786	27.0%	11,536,759	1,852,505	16.1%
65 years and over	6,586	894	13.6%	3,453,205	353,406	10.2%
SEX						
Male	18,415	4,966	27.0%	9,192,121	1,438,816	15.7%
Female	17,990	5,195	28.9%	9,754,094	1,720,443	17.6%
RACE						
One race	36,015	10,102	28.0%	18,504,434	3,070,227	16.6%
White	31,866	7,703	24.2%	14,482,145	2,023,478	14.0%
Black or African American	2,205	1,340	60.8%	2,993,544	841,140	28.1%
American Indian and Alaska Native	312	81	26.0%	57,319	13,716	23.9%
Asian	346	28	8.1%	484,603	62,827	13.0%
Native Hawaiian and Other Pacific Islander	0	0	-	11,794	1,988	16.9%
Some other race	1,286	950	73.9%	475,029	127,078	26.8%
Two or more races	390	59	15.1%	441,781	89,032	20.2%
ETHNICITY						
Hispanic or Latino origin (of any race)	8,855	3,982	45.0%	4,451,167	971,507	21.8%
White alone, not Hispanic or Latino	24,442	4,677	19.1%	10,744,360	1,241,898	11.6%

Source: U.S. Census American Community Survey (ACS), 2014
Compiled by: Health Council of Southeast Florida, 2016

ALICE & Poverty

ALICE, an acronym for **A**sset **L**imited, **I**ncome **C**onstrained, **E**mployed, are households that earn more than the U.S. poverty level, but less than the basic cost of living for the county. Combined, the number of poverty and ALICE households equals the total population struggling to afford basic needs. [2] The table below shows the total households, the percentage of ALICE population and poverty in towns in Okeechobee County in 2012.

Table 14: ALICE Population, Okeechobee County, 2012

Town	Total HH	% Alice & Poverty
Cypress Quarters CDP	408	58.0%
North Okeechobee CCD	2,237	54.0%
Okeechobee	1,834	47.0%
Taylor Creek CDP	1,892	61.0%

Adapted from: United Way ALICE Report, 2014
Notes: CDP=Census Designated; CCD= Census County Division; Municipal-level data; municipal often relies on 3-and 5- year average, is not available for the smallest towns that don't report income and may overlap with Census Designated Places (CDP)
Compiled by: Health Council of Southeast Florida, 2016

Income

Per Capita Income

Income and financial resources influence health, as they facilitate access to vital resources and services including: health insurance, medical care, healthy food, safe housing, and other basic goods.

Per capita income is calculated by adding all income in an area and dividing by the total population. While per capita income offers some indication of the financial state in an area, it does not offer insight into disparities or the distribution of wealth within a community.

The table below shows the per capita income in Okeechobee County and in Florida. In 2014, Okeechobee County's per capita income was $18,087, which was lower than that of the state ($26,499).

Table 15: Per Capita Income and Median Earnings, Okeechobee County and Florida, 2014

	Okeechobee	Florida
Per capita income (dollars)	$18,087	$26,499
Nonfamily households	$4,138	$2,567,346
Median nonfamily income (dollars)	$21,132	$30,319
Mean nonfamily income (dollars)	$33,275	$43,903
Median earnings for workers (dollars)	$23,659	$27,404
Median earnings for male full-time, year-round workers (dollars)	$33,518	$41,944
Median earnings for female full-time, year-round workers (dollars)	$29,056	$35,305

Source: U. S. Census American Community Survey (ACS), 2014
Compiled by: Health Council of Southeast Florida, 2016

[2] United Way: ALICE Report: Florida. http://www.uwof.org/alice

Median Household Income

Household income reflects the totaled amount of income of all workers within one single household. A household is all people who occupy a housing unit; the occupants may or may not be related.

The table below shows household income data by income bracket in Okeechobee County and Florida in 2014. Almost half of households in Okeechobee County (49.4%) had an income of less than $35,000, which was higher than the proportion in Florida (37.3%). The percentage of households in the income ranges from $100,000 to $150,000, was smaller in Okeechobee County than in the state.

Table 16: Household Income, Okeechobee County and Florida, 2014

	Okeechobee		Florida	
	Estimate	Percent	Estimate	Percent
Total households	13,213	13,213	7,217,508	7,217,508
Less than $10,000	1,400	10.6%	566,058	7.8%
$10,000 to $14,999	1,181	8.9%	409,607	5.7%
$15,000 to $24,999	1,929	14.6%	876,644	12.1%
$25,000 to $34,999	2,020	15.3%	844,807	11.7%
$35,000 to $49,999	1,901	14.4%	1,087,665	15.1%
$50,000 to $74,999	2,317	17.5%	1,307,549	18.1%
$75,000 to $99,999	1,192	9.0%	800,834	11.1%
$100,000 to $149,999	852	6.4%	773,446	10.7%
$150,000 to $199,999	184	1.4%	268,710	3.7%
$200,000 or more	237	1.8%	282,188	3.9%
Median household income (dollars)	35,490	(X)	47,212	(X)
Mean household income (dollars)	50,362	(X)	67,143	(X)
With earnings	8,671	65.6%	5,222,511	72.4%
Mean earnings (dollars)	50,481	(X)	67,371	(X)
With Social Security	5,330	40.3%	2,568,333	35.6%
Mean Social Security income (dollars)	17,106	(X)	18,153	(X)
With retirement income	2,534	19.2%	1,393,786	19.3%
Mean retirement income (dollars)	20,305	(X)	25,455	(X)
With Supplemental Security Income	893	6.8%	351,948	4.9%
Mean Supplemental Security Income (dollars)	7,779	(X)	9,375	(X)
With cash public assistance income	602	4.6%	155,460	2.2%
Mean cash public assistance income (dollars)	3,737	(X)	3,283	(X)
With Food Stamp/SNAP benefits in the past 12 months	2,834	21.4%	1,032,766	14.3%

Source: U.S. Census American Community Survey (ACS), 2014
Compiled by: Health Council of Southeast Florida, 2016

Family Income

A family, as defined by the U.S. Census Bureau, is a household in which the householder and all (one or more) other individuals living in the same household are related to the householder by blood, marriage, or adoption.

In 2014, 27.9% of families in Okeechobee County had an annual income of less than $25,000, which is higher than the state rate of 17.8%.

Table 17: Families Income and Benefits, Okeechobee County and Florida, 2014

	Okeechobee		Florida	
	Estimate	Percent	Estimate	Percent
Families	9,075	9,075	4,650,162	4,650,162
Less than $10,000	827	9.1%	238,613	5.1%
$10,000 to $14,999	436	4.8%	163,609	3.5%
$15,000 to $24,999	1,265	13.9%	429,694	9.2%
$25,000 to $34,999	1,246	13.7%	494,360	10.6%
$35,000 to $49,999	1,301	14.3%	694,071	14.9%
$50,000 to $74,999	1,873	20.6%	918,608	19.8%
$75,000 to $99,999	966	10.6%	613,375	13.2%
$100,000 to $149,999	796	8.8%	631,643	13.6%
$150,000 to $199,999	173	1.9%	226,879	4.9%
$200,000 or more	192	2.1%	239,310	5.1%
Median family income (dollars)	43,399	(X)	57,176	(X)
Mean family income (dollars)	56,827	(X)	78,507	(X)

Source: U.S. Census American Community Survey (ACS), 2014
Compiled by: Health Council of Southeast Florida, 2016

Income Inequality

The table below shows the Gini Coefficient of Income Inequality for Okeechobee County and surrounding counties. The Gini Coefficient represents the inequitable distribution of income in a community by household. Typically, a Gini Coefficient is between 0 and 1. A value of 1 would indicate that all the income in the county is concentrated in one household. A value of 0 would indicate that all the income in the county is equally distributed among all households. In 2014, the Gini Coefficient for the state of Florida was 0.4812. Okeechobee County had a Gini Coefficient of 0.4766.

Table 18: Gini Index, Okeechobee County, Surrounding Counties and Florida, 2014

	Gini Index
Okeechobee	0.4766
Florida	0.4812
Surrounding Counties:	
Indian River	0.5251
Martin	0.5160
St. Lucie	0.4615
Glades	0.4439
Highlands	0.4375
Osceola	0.4175

Source: US Census Bureau, American Community Survey, 2014
Compiled by: Health Council of Southeast Florida, 2016

Housing

Median Housing Price

The table below shows occupied housing units, by value bracket, as well as median house value in Okeechobee County and in Florida in 2014. The median housing value in Okeechobee County was $100,900, which was $55,300 less than the median value in the state.

Table 19: Housing Value, Owner-Occupied Units, Okeechobee County and Florida, 2014

	Okeechobee		Florida	
	Estimate	Percent	Estimate	Percent
Owner-occupied units	9,538	9,538	4,772,944	4,772,944
Less than $50,000	1,995	20.9%	494,384	10.4%
$50,000 to $99,999	2,726	28.6%	931,301	19.5%
$100,000 to $149,999	2,036	21.3%	841,661	17.6%
$150,000 to $199,999	1,033	10.8%	774,301	16.2%
$200,000 to $299,999	1,238	13.0%	841,987	17.6%
$300,000 to $499,999	353	3.7%	569,449	11.9%
$500,000 to $999,999	118	1.2%	234,982	4.9%
$1,000,000 or more	39	0.4%	84,879	1.8%
Median (dollars)	100,900	(X)	156,200	(X)

Source: U.S. Census American Community Survey (ACS), 2014
Compiled by: Health Council of Southeast Florida, 2016

Average Rent

The table below shows rental units, by rent bracket, in Okeechobee County and in Florida in 2014, as well as the median rent. The median rent in Okeechobee County was $699, lower than the state median rent of $998.

Table 20: Gross Rent, Okeechobee County and Florida, 2014

	Okeechobee		Florida	
	Estimate	Percent	Estimate	Percent
Occupied units paying rent	3,176	3,176	2,322,949	2,322,949
Less than $200	99	3.1%	23,945	1.0%
$200 to $299	163	5.1%	42,904	1.8%
$300 to $499	445	14.0%	91,347	3.9%
$500 to $749	1,091	34.4%	364,991	15.7%
$750 to $999	927	29.2%	644,839	27.8%
$1,000 to $1,499	411	12.9%	800,080	34.4%
$1,500 or more	40	1.3%	354,843	15.3%
Median (dollars)	699	(X)	998	(X)

Source: U.S. Census American Community Survey (ACS), 2014
Compiled by: Health Council of Southeast Florida, 2016

Homelessness

The table below shows the number of homeless adults in Okeechobee County from 2008 to 2015. There are four broad categories of homelessness contained in the Federal Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act:

- Those persons living in a place not meant for human habitation, in emergency shelter, in transitional housing, or are exiting an institution where they temporarily resided. People will be considered homeless if they are exiting an institution where they resided for up to 90 days and were in shelter or a place not meant for human habitation immediately prior to entering that institution.
- Those persons who are losing their primary nighttime residence, which may include a motel or hotel or a doubled up situation, within 14 days and lack resources or support networks to remain in housing.
- Families with children or unaccompanied youth who are unstably housed and likely to continue in that state. This category applies to families with children or unaccompanied youth who have not had a lease or ownership interest in a housing unit in the last 60 or more days, have had two or more moves in the last 60 days, and who are likely to continue to be unstably housed because of disability or multiple barriers to employment.
- People who are fleeing or attempting to flee domestic violence, have no other residence, and lack the resources or support networks to obtain other permanent housing.

This definition is used in the annual Point in Time Count of people experiencing homelessness. On a single night during the last ten days of January, the homeless Continuums of Care conduct an annual count of homeless persons in the community. The Point in Time Count provides a snapshot of the persons experiencing homelessness on a given night. It does not reflect homelessness throughout the year.

The table below shows the point in time counts of homeless in Okeechobee County, Surrounding Counties and Florida from 2008 to 2015. In 2015, there were 158 homeless individuals, accounting for 0.4% of the homeless population in Florida.

Table 21: Homeless Point in Time Counts, Okeechobee County, Surrounding Counties and Florida, 2008-2015

	2008	2009	2010	2011	2012	2013	2014	2015
Okeechobee	112	383	383	32	190	89	158	158
	0.2%	0.7%	0.7%	0.1%	0.3%	0.2%	0.4%	0.4%
Florida	59,034	57,687	57,751	56,771	54,972	43,455	41,335	35,964
Surrounding Counties								
Brevard	1,899	1,207	1,221	1,889	1,907	1,567	1,567	1,178
Glades	172	220	220	NC	NC	NC	96	96
Hendry	422	727	727	16	NC	NC	138	138
Highlands	912	1,782	1,782	105	55	215	495	483
Indian River	462	662	648	606	774	837	1,048	812
Martin	507	211	517	306	314	486	567	504
Osceola	573	374	443	833	722	599	278	372
Palm Beach	1,766	2,147	2,147	2,148	2,148	1,543	1,543	1,421
Polk	973	820	820	1,095	1,100	404	536	464
St. Lucie	964	788	995	771	636	915	976	1,096

Source: Council on Homelessness, Florida, 2015
Compiled by: Health Council of Southeast Florida, 2016

The table below shows the number of homeless students in Okeechobee County. The public education system uses a different definition than that of the HEARTH Act. Each year, school districts report to the Florida Department of Education (FDOE) the number of students identified as homeless according to the following definition during the school year. The definition determines that a person is homeless if they lack a fixed, regular, and adequate nighttime residence, including those who are:

- Sharing the housing of others due to loss of housing, economic hardship, or similar reason;
- Living in motels, hotels, trailer parks, and camping grounds, due to lack of adequate alternative housing;
- Living in emergency or transitional shelters;
- Abandoned in hospitals or awaiting foster care placement;
- Living in a public or private place not designed for or used as a regular sleeping accommodation for human beings to live;
- Living in cars, parks, abandoned buildings, bus or train stations; substandard housing or similar setting; and
- Migratory children living in any of the above circumstances.

In the 2013-2014 school year, there were a total of 573 homeless students reported in Okeechobee County Public Schools.

Table 22: Homeless Students reported in Public Schools, Okeechobee County, 2009-2014

	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014
Population	203	318	396	495	573

Source: Council on Homelessness, Florida, 2015
Compiled by: Health Council of Southeast Florida, 2016

Education

School Enrollment

The table below shows enrollment by school type in Okeechobee County and Florida. In 2014, 9,083 individuals in Okeechobee County were enrolled in school. Of those enrolled, 5.2% were in preschool, 4.9% were in kindergarten, 22.1% were in grade 1 to grade 4, and 24.7% were in grade 5 to grade 8. Over a quarter (26.2%) were in grade 9 to grade 12, and 16.8% were in college or graduate school.

Table 23: School Enrollment, Okeechobee County, Florida, 2014

	Okeechobee		Florida	
	Estimate	Percent	Estimate	Percent
Enrolled in school	9,083	9,083	4,665,703	4,665,703
Enrolled in nursery school, preschool	473	5.2%	289,140	6.2%
Enrolled in kindergarten	446	4.9%	226,374	4.9%
Enrolled in grade 1 to grade 4	2,008	22.1%	829,664	19.1%
Enrolled in grade 5 to grade 8	2,248	24.7%	916,077	19.6%
Enrolled in grade 9 to grade 12	2,379	26.2%	946,234	20.3%
Enrolled in college, undergraduate years	1,283	14.1%	1,171,733	25.1%
Graduate or professional school	246	2.7%	223,481	4.8%

Source: U.S. Census American Community Survey (ACS), 2014
Compiled by: Health Council of Southeast Florida, 2016

Educational Attainment

Educational attainment can also influence socioeconomic status. As previously noted, low socioeconomic status can hinder access to health care services and can result in less desirable health outcomes.

The table below shows the highest degree or level of education attained by the population 18 to 24 years and 25 years and older in Okeechobee County in 2014. In the county, approximately 34% had obtained a high school diploma or higher, slightly higher than the state rate.

Table 24: Educational Attainment, Okeechobee County and Florida, 2014

	Okeechobee			Florida		
	Total	Male	Female	Total	Male	Female
Population 18 to 24 years	3,545	1,944	1,601	1,779,219	912,288	866,931
Less than high school graduate	33.5%	45.6%	18.7%	17.0%	19.8%	13.9%
High school graduate (includes equivalency)	34.0%	28.8%	40.4%	30.3%	33.3%	27.1%
Some college or associate's degree	30.1%	24.2%	37.2%	44.9%	40.7%	49.3%
Bachelor's degree or higher	2.4%	1.4%	3.6%	7.9%	6.2%	9.7%
Population 25 years and over	26,701	14,244	12,457	13,561,596	6,496,259	7,065,337
Less than 9th grade	16.9%	19.5%	13.9%	5.4%	5.7%	5.2%
9th to 12th grade, no diploma	14.4%	16.0%	12.7%	8.1%	8.8%	7.5%
High school graduate (includes equivalency)	34.8%	34.0%	35.6%	29.7%	29.5%	29.8%
Some college, no degree	18.3%	17.7%	18.9%	20.9%	20.3%	21.4%
Associate's degree	5.0%	3.5%	6.6%	9.2%	8.2%	10.1%
Bachelor's degree	7.2%	6.1%	8.4%	17.1%	17.3%	17.0%
Graduate or professional degree	3.5%	3.2%	3.9%	9.6%	10.3%	9.0%
Percent high school graduate or higher	68.7%	64.5%	73.4%	86.5%	85.5%	87.3%
Percent bachelor's degree or higher	10.7%	9.3%	12.3%	26.8%	27.6%	26.0%

Source: U.S. Census American Community Survey (ACS), 2014
Compiled by: Health Council of Southeast Florida, 2016

High School Graduation Rates

The table below shows trends in high school graduation rates, using the Florida calculation, for school years 2009-10 through 2014-15. In the 2014-2015 school year, the graduation rate in Okeechobee County was 65.9%, an increase from 61.2% in the 2013-14 school year. However, the rate was lower in the county than the graduation rate in Florida as a whole.

Table 25: Graduation Rates, Okeechobee County and Florida, 2010-11 through 2014-15

	2010-11	2011-12	2012-13	2013-14	2014-15
Okeechobee	61.9%	58.9%	63.0%	61.2%	65.9%
Florida	70.6%	74.5%	75.6%	76.1%	77.8%

Source: 2014-15 Florida Department of Education (FDOE) cohort graduation data as of 06/2016
Compiled by: Health Council of Southeast Florida, 2016

School Performance

The table below shows accountability reports for local schools in Okeechobee County from the Florida Department of Education with school grades from 2010 to 2014. Schools indicated as type 01 are elementary schools, 02 are middle schools, 03 are high schools and 04 are combination. School grades for elementary and middle schools are determined by a combination of factors including learning gains and performance measures. Grades from high school include consideration of additional measures.

Table 26: Okeechobee County School Grades, 2010 - 2014

School Name	School Type	2010	2011	2012	2013	2014
Central Elementary School	1	A	A	B	C	C
Okeechobee High School	3	C	B	C	C	C
South Elementary School	1	A	A	B	C	D
Yearling Middle School	2	B	A	B	C	C
North Elementary School	1	B	B	C	D	B
Everglades Elementary School	1	C	B	C	D	C
Seminole Elementary School	1	C	A	B	C	C
Osceola Middle School	4	B	C	C	C	C

Source: Florida Department of Education (FDOE), 2014
Compiled by: Health Council of Southeast Florida, 2016
Note: Legend for School Types: 01=Elementary; 02=Middle; 03=High; 04=Combination

Business and Employment

Unemployment

High rates of unemployment can affect the financial stability of individuals within a community. This can lead to decreased expenditures for health care and can result in higher proportions of the population being uninsured.

The table below shows employment status of the population aged 16 years and older in Okeechobee County and in Florida in 2014. In Okeechobee County, there were 15,446 individuals in the labor force, constituting 49.1% of the county's population. Individuals in the labor force include those who are currently working, as well as those who are not working but are actively looking for a job and available to start work. In Okeechobee County, 6.9% of the labor force was unemployed, just slightly greater than in Florida as a whole.

Table 27: Employment Status, Okeechobee County and Florida, 2014

	Okeechobee		Florida	
	Estimate	Percent	Estimate	Percent
Population 16 years and over	31,448	31,448	15,817,611	15,817,611
In labor force	15,446	49.1%	9,415,088	59.5%
Civilian labor force	15,446	49.1%	9,359,928	59.2%
Employed	13,285	42.2%	8,335,023	52.7%
Unemployed	2,161	6.9%	1,024,905	6.5%
Armed Forces	0	0.0%	55,160	0.3%
Not in labor force	16,002	50.9%	6,402,523	40.5%
Civilian labor force	15,446	15,446	9,359,928	9,359,928
Percent Unemployed	(X)	14.0%	(X)	10.9%

Source: U.S. Census American Community Survey (ACS), 2014
Compiled by: Health Council of Southeast Florida, 2016

Employer Size & Industry

The table below shows the number and percentage of workers by industry in Okeechobee County and in Florida in 2014. The greatest percentage of workers in the county, 19.5%, were in the industries comprised of educational services, health care, and social assistance, followed by 14.1% in the retail trade, and 13.6% in the agriculture, forestry, fishing and hunting, and mining industries.

Table 28: Industry, Okeechobee County and Florida, 2014

	Okeechobee		Florida	
	Estimate	Percent	Estimate	Percent
Civilian employed population 16 years and over	13,285	13,285	8,335,023	8,335,023
Agriculture, forestry, fishing and hunting, and mining	1,809	13.6%	93,187	1.1%
Construction	1,052	7.9%	541,489	6.5%
Manufacturing	312	2.3%	438,566	5.3%
Wholesale trade	414	3.1%	241,375	2.9%
Retail trade	1,876	14.1%	1,117,570	13.4%
Transportation and warehousing, and utilities	819	6.2%	420,878	5.0%
Information	103	0.8%	168,616	2.0%
Finance and insurance, and real estate and rental and leasing	503	3.8%	635,062	7.6%
Professional, scientific, and management, and administrative and waste management services	1,306	9.8%	1,048,038	12.6%
Educational services, and health care and social assistance	2,585	19.5%	1,779,713	21.4%
Arts, entertainment, and recreation, and accommodation and food services	1,129	8.5%	1,000,993	12.0%
Other services, except public administration	577	4.3%	453,462	5.4%
Public administration	800	6.0%	396,074	4.8%

Source: U.S. Census American Community Survey (ACS), 2014
Compiled by: Health Council of Southeast Florida, 2016

The table below shows the number and percentage of workers in Okeechobee County and in Florida by occupation. Almost a quarter of individuals in the county (24.3%) were in sales and office occupations.

Table 29: Occupation, Okeechobee County and Florida, 2014

	Okeechobee		Florida	
	Estimate	Percent	Estimate	Percent
Civilian employed population 16 years and over	13,285	13,285	8,335,023	8,335,023
Management, business, science, and arts occupations	2,949	22.2%	2,817,634	33.8%
Service occupations	2,844	21.4%	1,724,282	20.7%
Sales and office occupations	3,228	24.3%	2,291,150	27.5%
Natural resources, construction, and maintenance occupations	2,640	19.9%	750,501	9.0%
Production, transportation, and material moving occupations	1,624	12.2%	751,456	9.0%

Source: U.S. Census American Community Survey (ACS), 2014
Compiled by: Health Council of Southeast Florida, 2016

The table below shows the employed population 16 years and older in Okeechobee County and in Florida by the class of worker. The majority, 78.9%, of workers in Okeechobee County were private wage and salary workers. There was a higher percentage of government workers (15.6%) in the county than in the state (12.9%).

Table 30: Class of Worker, Okeechobee County and Florida, 2014

	Okeechobee		Florida	
	Estimate	Percent	Estimate	Percent
Civilian employed population 16 years and over	13,285	13,285	8,335,023	8,335,023
Private wage and salary workers	10,487	78.9%	6,758,350	81.1%
Government workers	2,070	15.6%	1,074,790	12.9%
Self-employed in own not incorporated business workers	721	5.4%	489,858	5.9%

Source: U.S. Census American Community Survey (ACS), 2014
Compiled by: Health Council of Southeast Florida, 2016

Public Assistance Benefits

School Lunch Program

Specific schools are identified as Provision 2 schools, where meals are served to all students at no charge, while other students are given eligibility for free and reduced lunch based on the community eligibility provision, which uses information from other programs, such as Supplemental Nutrition Assistance Program (SNAP), to qualify a student for free or reduced price lunch.

The table below shows students in Okeechobee County and in Florida eligible for free or reduced priced lunch during the 2014-15 school year. During this time period 75.5% of students were eligible for free lunch and an additional 3.8% were eligible for reduced lunch.

Table 31: Free and Reduced Lunch Status, Okeechobee County and Florida, SY 2014-15

	Total Students	# Free	# Reduced Price	# Provision 2	# CEP Direct Certified
Okeechobee	6,440	4,859	243	0	0
Florida	2,791,894	1,175,236	108,153	57,381	297,017

Source: 2014-15 Florida Department of Education (FDOE) cohort graduation data
Notes: Free = The student is eligible for free lunch; Reduced Priced = The student is eligible for reduced-price lunch; Provision 2 = The student is enrolled in a USDA-approved Provision 2 school; Direct Cert = The student is enrolled in a USDA – approved Community Eligibility Provision (CEP) school and is identified as eligible for free meals based upon the Direct Certification determination or the extension of eligibility to the household due to eligibility of an identified direct certified student.
Compiled by: Health Council of Southeast Florida, 2016

The table below shows the breakdown of the percent of the student population receiving free and reduced lunch by school in Okeechobee County during the 2014-2015 school year. In Okeechobee County, Seminole Elementary School had 94.0% of the student population receiving free and reduced lunch, the highest of all schools in the county.

Table 32: Free and Reduced Lunch Status by School, Okeechobee County, SY 2014-2015

School Name	Percent Free or Reduced
Freshman Campus	75.4%
Okeechobee Achievement Academy	85.8%
Central Elementary School	88.2%
Okeechobee High School	69.6%
South Elementary School	78.5%
Yearling Middle School	84.3%
North Elementary School	79.5%
Everglades Elementary School	91.8%
Seminole Elementary School	94.0%
Osceola Middle School	79.5%
District Average	81.7%

Source: 2014-15 Florida Department of Education (FDOE) cohort graduation data
Compiled by: Health Council of Southeast Florida, 2016

Florida KidCare

Florida Kidcare is health insurance offered by the state of Florida for individuals up to 18 years, even if one or both parents are employed. The four parts of Florida KidCare for which one may be eligible are: MediKids, Healthy Kids, Children's Medical Services Network and Medicaid. Title XXI, also known as Children's Health Insurance Program (CHIP), is a state- and federally- funded program (currently, a 31 – 69 match) that provides insurance for children who do not qualify for Medicaid but whose families cannot afford private insurance.[3]

The table below displays CHIP Title XXI enrollment in Okeechobee County from 2004 to 2014. The number of enrollments fluctuated during this time period. It is interesting to note that the KidCare enrollment has been declining since 2012. In 2014, there were 79 KidCare enrollments in Okeechobee County.

Table 33: Children Less than 5 Years Old Covered by KidCare, Okeechobee County and Florida, 2004-2014

	Okeechobee		Florida	
	Count	Rate (%)	Count	Rate (%)
2004	100	4.0	35,348	3.3
2005	68	2.7	22,249	2.1
2006	73	2.8	16,827	1.5
2007	90	3.4	22,916	2.1
2008	124	4.6	29,901	2.6
2009	86	3.1	23,873	2.1
2010	106	4.1	33,495	3.2
2011	120	4.7	35,019	3.3
2012	121	4.7	34,045	3.2
2013	99	3.9	31,904	2.9
2014	79	3.1	29,947	2.7

Source: FloridaCHARTS, Agency for Health Care Administration (AHCA), 2014
Compiled by: Health Council of Southeast Florida, 2016

[3] www.floridakidcare.org

Transportation

Number of Vehicles Available

The table below shows the number of vehicles available to households in Okeechobee County and in Florida. In 2014, 1,3%, or 166 households in Okeechobee County had no vehicle available.

Table 34: Vehicles Available by Household, Okeechobee County and Florida, 2014

	Okeechobee		Florida	
	Estimate	Percent	Estimate	Percent
Total	13,004	13,004	8,175,907	8,175,907
No vehicles available	166	1.3%	254,460	3.1%
1 vehicle available	3,416	26.3%	2,027,413	24.8%
2 vehicles available	6,593	50.7%	3,741,515	45.8%
3 or more vehicles available	2,829	21.8%	2,152,519	26.3%

Source: U.S. Census American Community Survey (ACS), 2014
Compiled by: Health Council of Southeast Florida, 2016

Crime

Crime in a community can influence health status both as a result of direct injury from the crimes themselves and as a result of the emotional stress present in areas of high crime.

The table below shows arrests in Okeechobee County in 2013 and 2014 by type of arrest. The total number of arrests decreased 10.8% from 2,333 in 2013 to 2,082 in 2014.

Table 35: Arrests, Okeechobee County, by Agency, 2013 & 2014

	2013	2014	% Change
Population	39,762	39,828	0.2%
Total Arrests	2,333	2,082	-10.8%
Total Index Offenses	1,682	1,369	-18.6%
Violent Rate	382.3	381.6	-0.2%
Property Rate	4,230.2	3,055.6	-27.8%
Index Rate	–	3,437.3	-18.7%

Source: Florida Department of Law Enforcement, Annual Crime Report- Okeechobee County, 2014
Notes: Offenses: The 7 index crimes of Murder, Sexual Offenses, Robbery, Aggravated Assault, Burglary, Larceny, and Motor Vehicle Theft as reported to law enforcement (not arrest).Violent Crime: Murder, Sexual Offenses, Robbery, and Aggravated Assault Offenses. On-Violent/Property Crime: Burglary, Larceny, and Motor Vehicle Theft Offenses. Arrests: Part I and Part II Crimes. Index Rate: Rate Per 100,000 Population
Compiled by: Health Council of Southeast Florida, 2016

Health Status Profile

This section provides data on Okeechobee County's health status for the following health categories: Maternal and Child Health, Behavioral Health, Morbidity and Mortality. The data presented herein can be used to identify health care priorities and to inform health policy and program development.

Data in the section may be present as age-adjusted rates or as crude rates. Age adjustment, also called age standardization, is a statistical technique utilized to better allow populations to be compared when the age profiles and distributions within the populations are different.[4] Age-adjusted rates are often used to answer the question, "How does the rate in my county compare to the rate in another even though the distribution of persons by age may vary?"[5] The frequency with which health events occur is almost always related to age. Therefore, in order to examine other risk factors independent of age, age adjustments are often used in public health analyses. The 2010 U.S. Standard population is often used as a guideline to calculate age-adjusted rates.[6] Crude rates, conversely, are the total number of events in a given population over a period of time.[7] Crude rates are useful in examining the burden of disease or death on a community.

Maternal and Child Health

Improving the well-being of mothers, infants and children is a critical component of public health in the United States. Their well-being determines the health of future generations and can help predict future public health challenges and successes for families, communities and the health care system.

Prenatal Care Access

Having a healthy pregnancy is one of the best ways to promote a healthy birth and getting early and regular prenatal care improves the chances of a healthy pregnancy. Most practitioners recommend scheduling visit by 8 weeks gestation in the first trimester of pregnancy. The table below shows the births to mothers who received prenatal care during the first trimester of their pregnancy. Trimester prenatal care is calculated as the time elapsed from the date of the last menstrual period to the date of the first prenatal care visit. In Okeechobee County, 67.9% mothers received prenatal care during the first trimester, 11.5 percentage points less than Florida overall.

[4] http://seer.cancer.gov/seerstat/tutorials/aarates/definition.html
[5] http://www.floridacharts.com/charts/calculate.aspx?RepID=6
[6] http://www.floridacharts.com/charts/calculate.aspx?RepID=6
[7] http://medical-dictionary.thefreedictionary.com/crude+rate

Table 36: Births to Mothers with 1st Trimester Prenatal Care, Okeechobee County and Florida, 2010-2014

Year	Okeechobee		Florida	
	Count	Rate (%)	Count	Rate (%)
2010	385	74.3%	147,843	79.3%
2011	356	69.0%	154,294	80.3%
2012	351	69.0%	159,307	80.0%
2013	354	70.0%	159,880	79.9%
2014	358	67.9%	160,186	79.4%

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2014
Compiled by: Health Council of Southeast Florida 2016

The table below shows the number and percentage of births to those mothers with third trimester prenatal care. In Okeechobee County, 6.3% of mothers received prenatal care beginning in the third trimester, 2.5 percentage points higher than the state of Florida.

Table 37: Births to Mothers with 3rd Trimester Prenatal Care, Okeechobee County and Florida, 2010-2014

Year	Okeechobee		Florida	
	Count	Rate (%)	Count	Rate (%)
2010	16	3.1%	5,810	3.1%
2011	19	3.7%	5,978	3.1%
2012	25	4.9%	6,675	3.4%
2013	16	3.2%	6,884	3.4%
2014	33	6.3%	7,699	3.8%

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2014
Compiled by: Health Council of Southeast Florida 2016

The Kotelchuck Index, also called the Adequacy of Prenatal Care Utilization (APNCU), uses initiation of prenatal care and number of prenatal visits for calculating adequate prenatal care. The table below shows births by the Kotelchuck index and by mother's education level in Okeechobee County in 2014. In Okeechobee County, a total of 400 or 72.3% of births were to mothers that have a high school diploma or higher, while 27.7% were to mothers with less than a high school diploma. Among mothers with a high school diploma or higher, 80 or 20.0% had inadequate prenatal care, while 34.0% of those with less than a high school diploma had inadequate prenatal care.

Table 38: Births by Kotelchuck Index by Mother's Education Level, Okeechobee County, 2014

		Births by Kotelchuck Index					
		Inadequate Prenatal Care	Intermediate Prenatal Care	Adequate Prenatal Care	Adequate Plus Prenatal care	Unknown	Total
Less than High School	8th grade or less	12	21	3	1	2	39
	9th-12th grade, no diploma	39	41	15	10	6	111
	Total	51	62	18	11	8	150
High School Graduate or Higher	HS Graduate or GED	50	61	51	26	12	200
	Some college but no degree	17	25	48	28	5	123
	Associate's Degree	8	6	15	9	1	39
	Bachelor's Degree	4	5	10	8	1	28
	Master's Degree	1	0	7	1	0	9

	Doctorate Degree	0	0	1	0	0	1
	Total	80	97	132	72	19	400
Unknown		2	0	0	1	0	3
Total		133	159	150	84	27	553

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2014
Complied by the Health Council of Southeast Florida, 2016

Births

The table below show the counts and rates of birth in Okeechobee County and Florida from 2010 to 2014. The rates in Okeechobee have been consistently higher than rates in Florida overall. In 2014, there were 553 live births in Okeechobee County, a rate of 13.8 per 1,000, higher than that in the state, as seen in the table below.

Table 39: Total Resident Live Births, Okeechobee County and Florida, 2010-2014

Year	Okeechobee		Florida	
	Count	Rate (%)	Count	Rate (%)
2010	549	13.7%	214,519	11.4%
2011	532	13.3%	213,237	11.3%
2012	524	13.1%	212,954	11.2%
2013	522	13.1%	215,194	11.1%
2014	553	13.8%	219,905	11.2%

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2014
Complied by the Health Council of Southeast Florida, 2016

The table shows the birth counts and rates for Florida, Okeechobee County and surrounding counties in 2014. Okeechobee County has the third highest birth rate per 1,000 residents among all of the surrounding counties.

Table 40: Birth Counts and Rates, Okeechobee County, Surrounding Counties and Florida, 2014

County	Count (%)	Rate (%)
Okeechobee	553	13.8%
Florida	219,905	11.2%
Hendry	569	15.0%
Osceola	4,195	14.0%
Polk	7,608	12.1%
Palm Beach	14,433	10.6%
St. Lucie	2,969	10.3%
Brevard	5,259	9.5%
Highlands	937	9.4%
Indian River	1,282	9.0%
Martin	1,263	8.4%
Glades	60	4.7%

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2014
Complied by the Health Council of Southeast Florida, 2016

Birth Rates by Age of Mother

Shown here are the births counts in the county by age and race in 2014. We see the largest number of births (156 or 28.2%) are to mothers identifying as 'White', ages 25-29.

Table 41: Births Counts by Mother's Age and Race, Okeechobee County, 2014

Age Range	White	Black & Other	Unknown	Total
0-14	1	0	0	1
15-19	51	5	1	57
20-24	156	20	8	184
25-29	161	16	4	181
30-34	72	10	3	85
35-39	35	5	0	40
40-44	3	1	1	5
Total	479	57	17	553

Source: FloridaCHARTS, Florida Bureau of Vital Statistics, 2014
Compiled by: Health Council of Southeast Florida 2016

Births to Overweight & Obese Mothers

Clear evidence indicates that a woman's pre-pregnancy weight is an independent predictor of many adverse outcomes of pregnancy for the woman and her baby. Women who have a Body Mass Index, or BMI, greater than 25 when they become pregnant have an increased risk of having a C-section, developing gestational diabetes, hypertension, preeclampsia and postpartum weight retention. Women who are underweight when they become pregnant have a higher risk of having a preterm or low-birthweight baby.[8]

The table below shows the number and percentage of births to overweight mothers at the time pregnancy occurred in Okeechobee County and in Florida for the years 2010-2014. During the time period shown, the percent of births to overweight mothers at the time pregnancy occurred in the county ranged from 21.0% (the lowest, 2014) to 28.4%. In 2014, the percent of births to overweight mothers at the time pregnancy occurred in the county (21.0%) was lower than that of the state (24.1%).

Table 42: Births to Overweight Mothers at Time Pregnancy Occurred, Okeechobee County and Florida, 2010-2014

Year	Okeechobee		Florida	
	Count	Rate (%)	Count	Rate (%)
2010	129	23.5%	50,480	23.5%
2011	151	28.4%	50,524	23.7%
2012	143	27.3%	50,636	23.8%
2013	135	25.9%	51,950	24.1%
2014	116	21.0%	53,059	24.1%

Source: FloridaCHARTS, Florida Bureau of Vital Statistics, 2014
Compiled by: Health Council of Southeast Florida 2016

[8] Institute of Medicine (IOM) and National Research Council: Implementing Guidelines on Weight Gain & Pregnancy. Retrieved in 2015, from: http://www.iom.edu/~/media/Files/About%20the%20IOM/Pregnancy-Weight/ProvidersBro-Final.pdf

The table below shows the number and percentage of births to obese mothers at the time pregnancy occurred in Okeechobee County and in Florida for the years 2010-2014. In 2014, the percent of births to obese mothers at the time pregnancy occurred in the county (33.8%) was higher than the state's (21.5%).

Table 43: Births to Obese Mothers at Time Pregnancy Occurred, Okeechobee County and Florida, 2010-2014

Year	Okeechobee		Florida	
	Count	Rate (%)	Count	Rate (%)
2010	176	32.1%	42,331	19.7%
2011	145	27.3%	43,913	20.6%
2012	148	28.2%	43,940	20.6%
2013	135	25.9%	45,252	21.0%
2014	187	33.8%	47,243	21.5%

Source: FloridaCHARTS, Florida Bureau of Vital Statistics, 2014
Compiled by: Health Council of Southeast Florida 2016

Births to Teenage Mothers

The table below shows the number and rate of teen births to ages 15-19 in Okeechobee County and Florida from 2005-2014. The teen birth rate in Okeechobee County has been consistently higher in the county when compared to the state over the ten years shown in the table; however, there has been a significant reduction within the county from 2005 (79.5 per 1,000 female residents of the same age group) to 2014 (48.2 per 1,000 female residents of the same age group).

Table 44: Teen Births, Okeechobee County and Florida, 2005-2014

Year	Okeechobee		Florida	
	Count	Rate	Count	Rate
2005	100	79.5	24,167	42.0
2006	108	82.7	25,507	43.7
2007	119	89.7	25,688	43.5
2008	99	73.4	24,089	40.7
2009	102	74.9	22,016	37.2
2010	88	68.9	19,142	32.4
2011	73	58.1	17,126	29.1
2012	58	46.9	15,950	27.2
2013	64	52.6	13,956	23.8
2014	57	48.2	12,811	21.9

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2014
Compiled by: Health Council of Southeast Florida, 2016

The table below shows birth counts and rates to teenage mothers ages 15-17 and 18-19 in Okeechobee County, Surrounding Counties and Florida in 2014. We see that Okeechobee County has one of the highest birth rates to those ages 15-17 at 26.1 per 1,000 female residents of the same as group. As expected, the rates for those ages 18-19 are significantly higher.

Table 45: Teen Births by Age Group, Okeechobee County, Surrounding Counties and Florida, 2014

County	Age 15-17		Age 18-19	
	Count	Rate	Count	Rate
Okeechobee	19	26.1	38	83.7
Florida	3,206	9.1	9,605	41.2
Surrounding Counties				
Glades	5	27.0	5	44.2
Highlands	24	16.5	66	81.3
Polk	159	13.7	488	64.7
Hendry	11	13.3	45	90.5
Osceola	68	10.1	257	64.8
Indian River	19	8.2	62	49.8
Martin	19	7.8	60	47.0
Palm Beach	156	6.6	504	35.2
St. Lucie	33	6.3	136	44.8
Brevard	59	6.2	224	40.7

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2014
Compiled by: Health Council of Southeast Florida, 2016

The table below shows birth counts and rates to teenage mothers ages 15-19 in Okeechobee County, Surrounding Counties and Florida in 2014. We see that Okeechobee County has the highest birth rate among the surrounding counties at 48.2 per 1,000 female residents.

Table 46: Teen Births by Age Group, Okeechobee County, Surrounding Counties and Florida, 2014

	Count	Rate
Okeechobee	57	48.2
Florida	12,811	21.9
Surrounding Counties		
Hendry	56	43.1
Highlands	79	35.0
Polk	577	30.0
Osceola	312	28.7
St. Lucie	176	21.6
Indian River	72	20.3
Brevard	283	19.2
Palm Beach	623	16.4
Martin	55	15
Glades	3	10

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2014
Compiled by: Health Council of Southeast Florida, 2016

Shown below are the teen birth rates by race and ethnicity in Okeechobee County for 2014.The highest rate (75.0 per 100,000) for ages 15-17 were among white mothers, while the highest rate (26.3 per 100,000) among ages 18-19 were among 'other' races. Regarding ethnicity, the highest birth rates per 100,000 (29.9 and 87.3) for both age groups were among non-Hispanic mothers. When combining both age groups to determine the overall birth rate for each race and ethnicity, mothers of 'other' races have the highest birth rate as well as mothers of non-Hispanic origins.

Table 47: Teen Birth Rates (Per 1,000), By Race and Ethnicity, Okeechobee County. 2014

	Ages 15-17	Ages 18-19	Combined (Ages 15-19)
RACE			
White	26.3	85.2	48.8
Black	17.2	25.6	20.6
Other	-	187.5	75.0
ETHNICITY			
Hispanic	19.2	78.2	43.2
Non-Hispanic	29.9	87.3	51.1

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2014
Compiled by: Health Council of Southeast Florida, 2016

The two tables below show the number and percent of repeat births by mother's age in Okeechobee County and in Florida for the years 2010-2014. It is important to note that rates calculated on a small number of occurrences are affected considerably by even a small change in the number of occurrences.

The table below display the numbers and rates of repeat births to mothers ages 15-17 in Okeechobee County and Florida from 2010 to 2014. The rate of repeat teen births for the 15 to 17 year old age group is fluctuating in the time period shown and the number of births range from 1 to 4.

Table 47: Repeat Births to Mothers Ages 15-17, Okeechobee County and Florida, 2010-2014

Year	Okeechobee		Florida	
	Count	Rate (%)	Count	Rate (%)
2010	2	7.4%	486	9.0%
2011	2	9.5%	391	8.3%
2012	1	7.1%	314	7.4%
2013	1	5.3%	274	7.4%
2014	4	21.1%	235	7.3%

Source: FloridaCHARTS, Bureau of Vital Statistics, 2014
Compiled by: Health Council of Southeast Florida 2016

The rates of repeat births to mothers in the 18-19 age group was slightly lower in Okeechobee County (18.4%) than in Florida (19.6%).

Table 48: Repeat Births to Mothers Ages 18-19, Okeechobee County and Florida, 2010-2014

Year	Okeechobee		Florida	
	Count	Rate (%)	Count	Rate (%)
2010	11	18.0%	2,926	21.3%
2011	8	15.4%	2,597	20.9%
2012	14	31.8%	2,379	20.3%
2013	9	20.0%	2,009	19.6%
2014	7	18.4%	1,878	19.6%

Source: FloridaCHARTS, Bureau of Vital Statistics, 2014
Compiled by: Health Council of Southeast Florida 2016

Birth Weight

Proper prenatal care and healthy behaviors during pregnancy can reduce the likelihood of low birthweight babies. The table below shows the number and percent of babies born at very low birth weight, under 1500 grams (~3.3 pounds) in Okeechobee County and in Florida in from 2010 to 2014. In Okeechobee County 1.3% of live births in the county were very low birth weight babies, a percent slightly lower than the state's at 1.6%

Table 50: Live Births Under 1500 Grams (Very Low Birth Weight), Okeechobee County and Florida, 2010-2014

Year	Okeechobee		Florida	
	Count	Rate (%)	Count	Rate (%)
2010	12	2.2%	3,522	1.6%
2011	4	0.8%	3,433	1.6%
2012	5	1.0%	3,415	1.6%
2013	7	1.3%	3,311	1.5%
2014	7	1.3%	3,550	1.6%

Source: FloridaCHARTS, Florida Bureau of Vital Statistics, 2014
Compiled by: Health Council of Southeast Florida 2016

The table below shows the count number and percent of babies born at low birth weight, under 2500 grams (~5.5 pounds) in Okeechobee County and in Florida from 2010 to 2014. The percent of low birth weight babies was lower in the county, 6.5%, than in the state, 8.7%.

Table 51: Live Births Under 2500 Grams (Low Birth Weight), Okeechobee County and Florida, 2010-2014

Year	Okeechobee		Florida	
	Count	Rate (%)	Count	Rate (%)
2010	55	10.0%	18,719	8.7%
2011	42	7.9%	18,558	8.7%
2012	44	8.4%	18,291	8.6%
2013	44	8.4%	18,371	8.5%
2014	36	6.5%	19,104	8.7%

Source: FloridaCHARTS, Florida Bureau of Vital Statistics, 2014
Compiled by: Health Council of Southeast Florida 2016

Infant Mortality

Infant mortality is the death of an infant 0-364 days old. Infant mortality is often used as an indicator to measure the health and well-being of a nation, because the contributing factors that affect the health of entire populations can also impact infant mortality. The table below shows the infant death counts and rates per 1,000 live births from 2010 to 2014 in Okeechobee County and Florida. In 2014, the infant death rate was 9.0 per 1,000 live births for the county, higher than that of the state.

Table 49: Infant Death Counts and Rates, Okeechobee County and Florida, 2010-2014

Years	Okeechobee		Florida	
	Count	Rate	Count	Rate
2010	6	10.9	1,400	6.5
2011	1	1.9	1,372	6.4
2012	2	3.8	1,285	6.0
2013	4	7.7	1,318	6.1
2014	5	9.0	1,327	6.0

Source: FloridaCHARTS, Florida Bureau of Vital Statistics 2014
Compiled by: Health Council of Southeast Florida 2016

The leading cause of infant mortality in Okeechobee County was respiratory distress, accounting for 2 deaths in 2014.

Table 50: Leading Causes of Infant Death, Okeechobee County, 2014

Cause	Count
Respiratory Distress of Newborn	2
Neonatal Aspiration Syndromes	1
Congenital Malformations, Deformations, & Chromosomal Abnormalities	1
Unintentional Injuries	1
Total	**5**

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2014
Compiled by: Health Council of Southeast Florida, 2016

The table below shows the three-year rolling infant death counts and rates for Okeechobee County and Florida by race from 2008-2014. Though the 'White' infant death rate is lower in Okeechobee County when compared to the state from 2012-2014, the 'Black and Other' infant mortality rate is over one and a half times the 'White' rate at 11.0 per 1,000 live births.

Table 51: Infant Death Counts and Rate by Race, Okeechobee County and Florida, 2008-2014 (3-Year Rolling Rates)

Years	Okeechobee				Florida			
	White		Black & Other		White		Black & Other	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2008-10	9	6.1	3	16.6	2,444	5.1	2,142	11.6
2009-11	5	3.4	4	23.8	2,228	4.8	2,061	11.3
2010-12	6	4.2	3	17.3	2,135	4.7	1,915	10.5
2011-13	5	3.6	2	11.1	2,092	4.6	1,873	10.2
2012-14	9	6.5	2	11.0	2,082	4.5	1,836	10.0

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2014
Complied by: Health Council of Southeast Florida, 2016

The table below shows infant mortality three-year rolling counts and rates for Okeechobee County and Florida by ethnicity. Though the 'Hispanic' and 'Non-Hispanic' infant mortality rates are comparable to the state in 2014; however, during the time period shown the rate fluctuates considerably and there were very few reported 'Hispanic' infant deaths.

Table 52: Infant Death Counts and Rate by Ethnicity, Okeechobee County and Florida, 2008-2014 (3-Year Rolling Rates)

Years	Okeechobee				Florida			
	Hispanic		Non-Hispanic		Hispanic		Non-Hispanic	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2008-10	1	1.6	11	10.7	1,029	5.5	3,522	7.4
2009-11	0	0.0	9	8.6	954	5.3	3,296	7.1
2010-12	1	1.8	8	7.8	903	5.1	3,094	6.7
2011-13	1	1.8	6	5.9	857	4.9	3,054	6.6
2012-14	4	7.2	7	6.7	857	4.8	3,000	6.4

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2014
Complied by: Health Council of Southeast Florida, 2016

Fetal Mortality

Fetal mortality is a loss of a fetus that occurs after 20 weeks gestation. The table below shows the fetal death counts and rates in Okeechobee County and Florida from 2010 to 2014. In 2014, the fetal death rate was 7.2 per 1,000 live births for the county, slightly higher than Florida's (7.1 per 1,000).

Table 53: Fetal Deaths per 1,000 Deliveries, Okeechobee County and Florida, 2010-2014

Years	Okeechobee		Florida	
	Count	Rate	Count	Rate
2010	3	5.4	1,551	7.2
2011	2	3.7	1,558	7.3
2012	1	1.9	1,530	7.1
2013	2	3.8	1,533	7.1
2014	4	7.2	1,576	7.1

Source: FloridaCHARTS, Florida Bureau of Vital Statistics 2014
Compiled by: Health Council of Southeast Florida 2016

The table below shows the fetal death counts and rates in the county and state broken down by race in three-year time periods. There were 6 'White' fetal deaths and 1 'Black & Other" fetal death in Okeechobee County from 2012-2014.

Table 54: Fetal Death Counts and Rate by Race, Okeechobee County and Florida, 2008-2014 (3-Year Rolling Rates)

Years	Okeechobee				Florida			
	White		Black & Other		White		Black & Other	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2008-10	9	6.1	2	10.9	2,677	5.5	2,104	11.3
2009-11	8	5.4	1	5.9	2,558	5.5	2,096	11.4
2010-12	6	4.2	0	0.0	2,476	5.4	2,144	11.7
2011-13	5	3.6	0	0.0	2,523	5.5	2,080	11.3
2012-14	6	4.3	1	5.5	2,584	5.6	2,040	11.0

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2014
Complied by the Health Council of Southeast Florida, 2016

The table below shows fetal mortality three-year rolling counts and rates for Okeechobee County and Florida by ethnicity. In Okeechobee County, there were 3 'Hispanic' and 4 'Non-Hispanic' fetal deaths from 2012-2014.

Table 55: Fetal Death Counts and Rate by Ethnicity, Okeechobee County and Florida, 2008-2014 (3-Year Rolling Rates)

Years	Okeechobee				Florida			
	Hispanic		Non-Hispanic		Hispanic		Non-Hispanic	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2008-10	2	3.3	8	7.7	1,143	6.1	3,530	7.4
2009-11	3	5.0	5	4.8	1,030	5.7	3,494	7.5
2010-12	2	3.5	3	2.9	1,000	5.6	3,497	7.5
2011-13	3	5.4	2	2.0	983	5.6	3,496	7.5
2012-14	3	5.4	4	3.8	1,032	5.7	3,471	7.4

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2014
Complied by the Health Council of Southeast Florida, 2016

Breastfeeding

Breast milk is best for babies and benefits of breastfeeding include: creating a bond with mother and baby, providing all the vitamins and nutrients the baby needs in the first six months of life, providing antibodies that help fight off viruses and bacteria and lowering baby's risk of having allergies. Breastfed infants are more likely to gain the right amount of weight as they grow rather than become overweight. Research has also found that breast-fed babies have a decreased risk of dying of Sudden Infant Death Syndrome (SIDS), less likely to develop Type 2 diabetes and experience fewer hospitalizations for pneumonia. Maternal benefits to breastfeeding include: having a decreased risk of breast and ovarian cancer, a decrease likelihood of developing Type 2 diabetes and breastfeeding burns extra calories, so it may also help a mother lose weight.

The table below reflects the count and percentage of mothers who initiated breastfeeding in Okeechobee County and Florida for the years 2010-2014. In 2014, 79.4% of mothers initiated breastfeeding in the county, 4.8 percentage points lower than the state percentage.

Table 56: Mothers who Initiate Breastfeeding, Okeechobee and Florida, 2010-2014

Year	Okeechobee		Florida	
	Count	Rate (%)	Count	Rate (%)
2010	407	74.1	171,905	80.1
2011	400	75.2	169,717	79.6
2012	373	71.2	172,427	81.0
2013	397	76.1	177,535	82.5
2014	439	79.4	185,186	84.2

Source: FloridaCHARTS, Florida Bureau of Vital Statistics, 2014
Compiled by: Health Council of Southeast Florida, 2016

Women, Infants and Children (WIC) Program

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides federal grants to states for supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age five who are found to be at nutritional risk.

Pregnant and breastfeeding women, women who have recently been pregnant, infants, and children under the age of 5 years who have a low or moderate income, are at nutrition risk, and who live in Florida. A person is considered income-eligible for WIC if the household income is less than or equal to those listed in the WIC Income Guidelines or if the person is currently receiving Medicaid, Temporary Cash Assistance (TCA), or Food Assistance. However, a person does not have to be on a public assistance program to qualify for WIC. WIC income guidelines are 185% of the most current U.S. Poverty Income Guidelines[9]

The table below shows the number of individuals eligible for WIC benefits who were served in 2010 through 2014. During the time period shown, Okeechobee County consistently had higher rates than the state as a whole with 92.5% of WIC eligible individuals serves in 2014 in the county.

Table 57: WIC Eligible Individuals Served, Okeechobee County and Florida, 2010-2014

Year	Okeechobee		Florida	
	Count	Rate (%)	Count	Rate (%)
2010	1,840	92.3%	502,959	86.6%
2011	1,756	88.1%	502,959	86.6%
2012	1,720	86.5%	481,110	82.9%
2013	1,792	90.1%	488,961	83.8%
2014	1,821	92.5%	489,383	83.3%

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2014
Complied by: Health Council of Southeast Florida, 2016

[9] Florida Department of Health, WIC Frequently Asked Questions. Available at: http://www.floridahealth.gov/programs-and-services/wic/wic-faq.html#faq_top2

Immunizations

Immunization is one of public health's leading health indicators and a primary defense against some of the most deadly and debilitating diseases known. If a community or population has 'herd immunity', the large number of individuals who are immune to a disease, such as those vaccinated, can reduce the probability of an infection spreading to those who are not immune.

The table and figure below show the number and percent of kindergarteners who were immunized in Okeechobee County and Florida in the years 2010-2016. The percentage of kindergarten students in Okeechobee County who had received all of their immunizations in 2016 was 98.1%, higher than the state's rate of 93.7%.

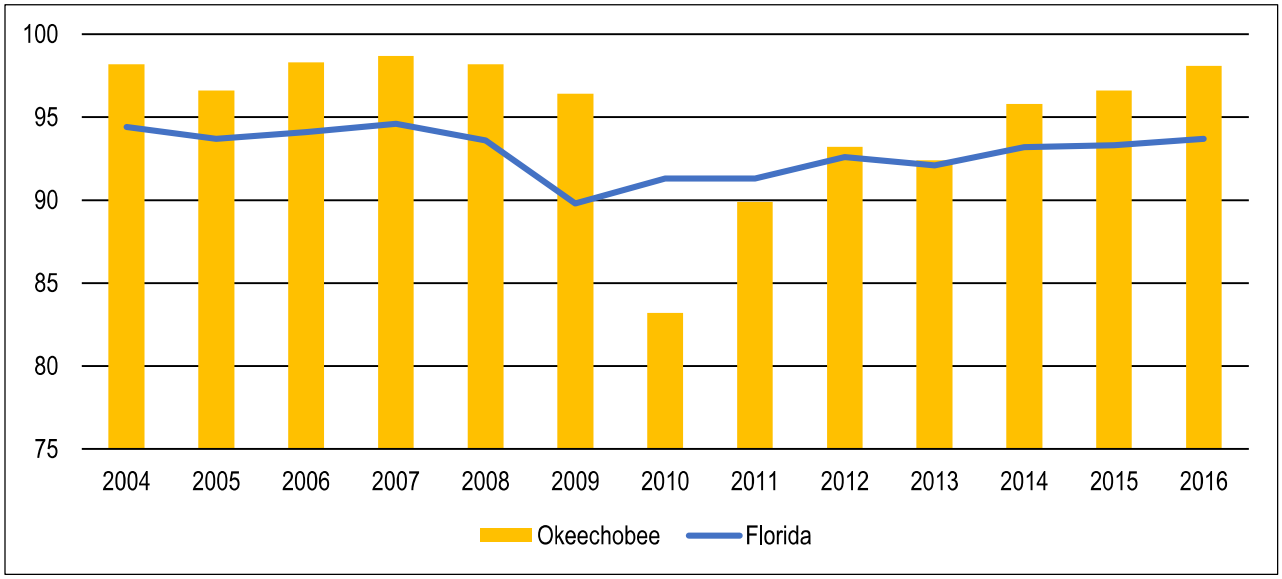
Table 58: Immunization Levels in Kindergarten, Okeechobee County and Florida, 2010-2016

Year	Okeechobee		Florida	
	Count	Rate (%)	Count	Rate (%)
2010	487	83.2%	199,638	91.3%
2011	559	89.9%	200,264	91.3%
2012	550	93.2%	208,766	92.6%
2013	544	92.4%	216,027	92.1%
2014	503	95.8%	217,945	93.2%
2015	512	96.6%	213,552	93.3%
2016	516	98.1%	210,376	93.7%

Source: FloridaCHARTS, Florida Department of Health, Bureau of Immunization, 2016
Compiled by: Health Council of Southeast Florida, 2016

The figure below graphically depicts the kindergarten immunization at the state level for Okeechobee County and Florida from 2004 to 2016. There was a large decrease in 2010 followed by a steady increase since 2011. This could possibly be due to the changes in vaccination classification. In 2010, the CDC began tracking whether children were receiving the appropriate number of doses of the Hib (Haemophilus influenzae type b) vaccine. The appropriate number of doses varies by brand. Previous classification had considered any child who had received three or more doses of the Hib vaccine to be fully vaccinated. As data did not previously distinguish between vaccine brands, children who had received three doses of a vaccine that required four doses in order to be fully vaccinated where being misclassified as "fully vaccinated."[10]

Figure 7: Immunization Levels in Kindergarten, Okeechobee County and Florida, 2004-2014



Vaccine Preventable Diseases

The table shows the selected vaccine preventable disease rates in Okeechobee County and Florida from 2012 to 2014. There were five cases in total from 2012-2014 in Okeechobee County.

Table 59: Selected Vaccine Preventable Diseases for All Ages, Okeechobee County and Florida, 2012-2014

	Number of Cases			Rate per 100,000		
	2012	2013	2014	2012	2013	2014
Okeechobee	2	3	0	5.0	7.5	0.0
Florida	876	1,120	1,130	4.6	5.8	5.8

Source: FloridaCHARTS, Florida Department of Health, Bureau of Epidemiology, 2014
Notes: Includes: Diphtheria, Acute Hepatitis B, Measles, Mumps, Pertussis, Rubella, Tetanus and Polio.
Compiled by: Health Council of Southeast Florida, 2016

[10] Santibanez, T.a., J.a. Singleton, A. Shefer, and A. Cohn. "Changes in Measurement of Haemophilus Influenzae Serotype B (Hib) Vaccination Coverage - National Immunization Survey, United States, 2009." *MMWR. Morbidity and Mortality Weekly Report*. N.p., 27 Aug. 2010. Web. 16 June 2016. "Immunization." *Child Trends*. N.p., 2015. Web. 16 June 2016.

Behavioral Health

Mental health and physical health are closely connected. Mental health plays an important role in a person's ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect an individual's ability to participate in health-promoting behaviors. This section provides indicators on youth and adult mental health behavior, alcohol consumption, substance abuse and violence/injury measures.

Mental Health

The table below reflects the percent of adults who reported 'good mental health' in Okeechobee County and Florida in 2007, 2010 and 2013. In 2013, 85.6% of adults reported being in 'good mental health', which was slightly lower than in the state of Florida.

Table 60: Adults with Good Mental Health, Okeechobee County and Florida, 2007, 2010, 2013

Year	Okeechobee	Florida
2007	85.6%	90.3%
2010	86.8%	88.2%
2013	85.6%	87.3%

Source: FloridaCHARTS, Florida County-level Behavioral Risk Factors Surveillance Telephone Survey, Florida Department of Health, Bureau of Epidemiology, 2013
Compiled by: Health Council of Southeast Florida, 2016

Below is a table showing the percent of adults who reported having had 'poor mental health' on fourteen or more of the past thirty days in Okeechobee County and Florida in 2007, 2010 and 2013. In 2013, the percent of adults reporting 'poor mental health' on fourteen or more of the past thirty days in Okeechobee County was 14.4%, which was higher than 12.7% of adults at the state level.

Table 61: Adults who had Poor Mental Health on ≥ 14 of the Past 30 Days, Okeechobee County and Florida, 2007, 2010, 2013

Year	Okeechobee	Florida
2007	14.4%	9.7%
2010	13.2%	11.8%
2013	14.4%	12.7%

Source: FloridaCHARTS, Florida County-level Behavioral Risk Factors Surveillance Telephone Survey, Florida Department of Health, Bureau of Epidemiology, 2013
Compiled by: Health Council of Southeast Florida, 2016

The table below shows the percent of adults in Okeechobee County and Florida who reported having ever been told they had a depressive disorder in 2013. In the county, 18.9% of adults reported having ever been told they had a depressive disorder in 2013, which is significantly higher than the rate in Florida.

Table 62: Adults who have ever been told they had a depressive disorder, Okeechobee County and Florida, 2013

Year	Okeechobee	Florida
2013	18.9%	16.8%

Source: FloridaCHARTS, Florida County-level Behavioral Risk Factors Surveillance Telephone Survey, Florida Department of Health, Bureau of Epidemiology, 2013
Compiled by: Health Council of Southeast Florida, 2016

Suicide

The table and figure below show the counts and age-adjusted rates of suicide in Okeechobee County and Florida from 2004 to 2014. In 2014, there were 8 deaths by suicide by county residents, a rate of 20.2 per 100,000 residents, which was higher than Florida overall (13.9 per 100,000) and higher than the Healthy People 2020 target of 10.2 per 100,000.

Table 63: Suicide (All Means) Age-Adjusted Death Rate, Okeechobee County and Florida, 2004-2014

Years	Okeechobee		Florida	
	Count	Rate	Count	Rate
2004	5	12.9	2,382	13.0
2005	6	15	2,308	12.3
2006	8	17.8	2,410	12.4
2007	7	17.3	2,570	13.1
2008	8	19.6	2,723	13.8
2009	7	18.4	2,854	14.5
2010	7	17.4	2,753	13.5
2011	10	23.9	2,765	13.5
2012	7	18.4	2,922	14.2
2013	5	10.9	2,892	13.8
2014	8	20.2	2,961	13.9

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2014
Data Note(s): ICD-10 Code(s): X60-X84, Y87.0.
Compiled by: Health Council of Southeast Florida, 2016

The table below shows suicide three-year rolling counts and rates per 100,000 residents by age group in Okeechobee County and Florida from 2012-2014. The greatest rate, 22.7 per 100,000, is among the 45-64 age group.

Table 64: Suicide (All Means) by Age Group, Okeechobee County and Florida, 2012-2014 (3-Year Rolling Rates)

Age	Okeechobee		Florida	
	Count	Rate	Count	Rate
0-18	1	3.3	244	1.9
19-24	0	0.0	557	12.2
25-44	7	23.6	2,294	16.1
45-64	6	20.1	3,552	22.7
65-74	3	26.1	1,057	18.6
75+	3	32.5	1,071	22.2
Total:	20	16.7	8,775	15.2

Source: FloridaCHARTS, Florida Department of Vital Statistics, 2012-2014
Compiled by: Health Council of Southeast Florida, 2016

The below table reflect the suicide means three-year rolling counts and rates per 100,000 in Okeechobee County and Florida from 2012-2014. Firearm discharge was the leading means of suicide in Okeechobee County accounting for 14 suicides over the three year period shown.

Table 65: Suicide by Means, Okeechobee County and Florida, 2012-2014 (3-Year Rolling Rates)

Means	Okeechobee		Florida	
	Count	Rate	Count	Rate
Firearms Discharge	14	10.7	4,598	7.1
Other/Unspecified	6	5.7	4,177	6.9

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2012-2014
Compiled by: Health Council of Southeast Florida, 2016

Alcohol Consumption and Substance Abuse

Excessive alcohol consumption is the third leading lifestyle-related cause of death for people in the United States each year.[11] Excessive drinking is a risk factor associated with a number of adverse health outcomes including: alcohol poisoning, hypertension, acute myocardial infarction, sexually transmitted infections, unintended pregnancy, fetal alcohol syndrome, sudden infant death syndrome, suicide, interpersonal violence, and motor vehicle crashes.[12]

Excessive drinking, as used by the Behavioral Risk Factor Surveillance System (BRFSS), includes binge drinking and/or heavy drinking and is a frequently used indicator at the population level. Binge drinking is defined as drinking five or more drinks on a single occasion for men and four or more drinks on a single occasion for women. Heavy drinking is defined as drinking more than two drinks per day on average for men and more than one drink per day on average for women.[13]

The table shows adults in Okeechobee County and in Florida who reported engaging in heavy or binge drinking in 2002, 2007, 2010 and 2013. The rate in Okeechobee County was 21.6% in 2013, which was 4.0 percentage points higher than in the state as a whole.

Table 66: Adults who engage in heavy or binge drinking, Okeechobee County and Florida, 2002, 2007, 2010, 2013

Year	Okeechobee	Florida
	Rate (%)	Rate (%)
2002	11.1%	16.3%
2007	14.3%	16.2%
2010	13.7%	15.0%
2013	21.6%	17.6%

Source: FloridaCHARTS, Florida County-level Behavioral Risk Factors Surveillance Telephone Survey, Florida Department of Health, Bureau of Epidemiology, 2002-2013
Compiled by: Health Council of Southeast Florida, 2016

The table below shows the percent of middle school students who have used alcohol in past 30 days in Okeechobee County and Florida in 2004, 2006, 2008 and 2012. In 2012, the percent of middle school students reporting having used alcohol in the past 30 days was 22.1%, significantly higher when compared to the state (12.3%).

Table 67: Percent of middle school students who have used alcohol in past 30 days, Okeechobee County and Florida, 2004, 2006, 2008, 2012

Year	Okeechobee	Florida
	Rate (%)	Rate (%)
2004	24.7%	20.3%
2006	25.0%	19.0%
2008	27.8%	17.3%
2012	22.1%	12.3%

Source: FloridaCHARTS, Florida Department of Children and Families, Florida Youth Substance Abuse Survey, 2012
Compiled by: Health Council of Southeast Florida, 2016

[11] Mokdad AH, Marks JS, Stroup DF, Gerberding JL. Actual causes of death in the United States, 2000. *JAMA* 2004;291(10):1238–1245.
[12] The University of Wisconsin, population Health Institute, County Health Rankings, http:// www.countryhealthrankings.org/health-factors/alcohol-use
[13] Centers for Disease Control and Prevention Web Site: Alcohol and Public Health. http://www.cdc.gov/alcohol/index.htm. Updated January 13, 2011. Accessed February 8, 2011

The table below shows the percent of middle school students who reported binge drinking in Okeechobee County and Florida in 2004, 2006, 2008 and 2012. The percent of binge drinking among middle school students is significantly higher in Okeechobee County than in Florida with the percent in Okeechobee being three times higher than in Florida overall (4.7%) in 2012.

Table 68: Percent of middle school students reporting binge drinking, Okeechobee County and Florida, 2004, 2006, 2008, 2012

Year	Okeechobee	Florida
	Rate (%)	Rate (%)
2004	12.5%	8.5%
2006	13.8%	8.4%
2008	14.0%	6.2%
2012	13.2%	4.7%

Source: FloridaCHARTS, Florida Department of Children and Families, Florida Youth Substance Abuse Survey, 2012
Compiled by: Health Council of Southeast Florida, 2016

The table below shows the percent of high school students who have used alcohol in past 30 days in Okeechobee County and Florida in 2004, 2006, 2008 and 2012. The percent of high school students reporting having using alcohol in the past 30 days in Okeechobee County was 40.3% in 2012, significantly higher than Florida overall (33.9%).

Table 69: Percent of high school students who have used alcohol in past 30 days, Okeechobee County and Florida, 2004, 2006, 2008, 2012

Year	Okeechobee	Florida
	Rate (%)	Rate (%)
2004	48.8%	42.0%
2006	46.3%	41.8%
2008	49.3%	39.5%
2012	40.3%	33.9%

Source: FloridaCHARTS, Florida Department of Children and Families, Florida Youth Substance Abuse Survey, 2012
Compiled by: Health Council of Southeast Florida, 2016

The table below shows the percent of high school students who reported binge drinking in Okeechobee County and Florida in 2004, 2006, 2008 and 2012. The percent in both the county and the state decreased from 2008 to 2012, especially in the county, which was 23.0% in 2012, significantly higher than that of the state (16.4%).

Table 70: Percent of high school students reporting binge drinking, Okeechobee County and Florida, 2004, 2006, 2008, 2012

Year	Okeechobee	Florida
	Rate (%)	Rate (%)
2004	16.5%	22.0%
2006	29.9%	23.0%
2008	30.7%	21.5%
2012	23.0%	16.4%

Source: FloridaCHARTS, Florida Department of Children and Families, Florida Youth Substance Abuse Survey, 2012
Compiled by: Health Council of Southeast Florida, 2016

The table below shows the percentage of middle school and high school youth reporting substance use in the previous 30 days in the 2014 Florida Youth Substance Abuse Survey. The rates of use in the past 30 days for various drugs among Okeechobee County youth are comparable to the state, except for alcohol use in Okeechobee County students, which is significantly higher among Okeechobee County students when compared to Florida. In 2014, over a quarter (25.3%) of middle school and high school students reported having used alcohol, compared to 20.5% at the state level.

Table 71: Youth Reporting Having Used Various Drugs in the Past 30 Days, Okeechobee County and Florida, 2014

	Okeechobee							Florida						
	Middle School (%)	High School (%)	Female (%)	Male (%)	Ages 10-14 (%)	Ages 15-17 (%)	Total (%)	Middle School (%)	High School (%)	Female (%)	Male (%)	Ages 10-14 (%)	Ages 15-17 (%)	Total (%)
Alcohol	13.6	34.8	26.6	24.4	13.2	35.4	25.3	10.1	28.4	21.7	19.4	11.1	28.1	20.5
Binge Drinking	6.4	19.9	12.5	15.6	6.9	18.4	13.9	3.9	13.7	9.5	9.4	4.1	13.7	9.5
Cigarettes	2.6	11.2	5.4	9.4	2.7	10.9	7.3	2.0	7.1	4.4	5.3	2.1	6.8	4.9
Marijuana or Hashish	6.7	16.1	10.3	13.7	6.2	15.6	11.9	4.2	18.6	11.7	13.1	4.7	18.9	12.4
Synthetic Marijuana	--	1.7	0.3	3.0	--	1.8	1.7	--	1.4	1.2	1.6	--	1.5	1.4
Inhalants	3.5	1.3	2.3	2.0	3.5	1.2	2.3	3.1	1.3	2.3	1.9	2.8	1.5	2.1
Club Drugs	0.9	0.5	0.7	0.6	0.9	0.3	0.7	0.3	1.0	0.7	0.8	0.4	1.0	0.7
LSD, PCP or Mushrooms	1.1	1.0	1.0	0.9	1.2	0.5	1.1	0.6	1.4	0.8	1.2	0.6	1.4	1.0
Methamphetamine	0.4	0.0	0.0	0.2	0.4	0.0	0.2	0.4	0.5	0.4	0.6	0.4	0.5	0.5
Cocaine or Crack Cocaine	0.7	1.7	1.3	1.1	1.1	1.0	1.2	0.4	0.7	0.5	0.7	0.4	0.7	0.6
Heroin	0.0	0.3	0.3	0.1	0.1	0.3	0.2	0.3	0.3	0.2	0.3	0.2	0.3	0.3
Depressants	1.1	2.2	2.9	0.4	1.6	1.9	1.7	0.8	2.1	1.8	1.2	0.9	2.2	1.5
Prescription Pain Relievers	1.9	1.6	2.1	1.4	1.7	2.0	1.7	1.4	2.6	2.4	1.8	1.6	2.6	2.1
Prescription Amphetamines	0.9	0.4	0.9	0.4	0.9	0.2	0.6	0.5	1.7	1.1	1.1	0.6	1.6	1.2
Steroids (without a doctor's order)	0.0	0.3	0.0	0.3	0.1	0.2	0.1	0.2	0.3	0.1	0.4	0.2	0.3	0.3
Over-the-Counter Drugs	3.0	1.8	2.0	2.8	2.5	2.3	2.4	1.6	2.4	2.3	1.8	1.7	2.4	2.1
Any illicit drug	9.7	20.5	15.1	16.2	9.6	20.5	15.7	8.7	22.3	16.4	16.3	9.2	22.5	16.4
Any illicit drug other than marijuana	5.8	7.8	7.7	6.0	6.1	7.3	6.9	6.2	8.5	7.9	7.0	6.2	8.7	7.5
Alcohol only	7.6	20.9	15.6	14.5	6.7	22.5	15.0	6.3	14.5	11.7	10.1	6.8	14.3	10.9
Alcohol or any illicit drug	17.2	41.1	30.5	30.4	16.4	42.3	30.4	14.8	36.3	27.9	26.1	15.9	36.4	27.0
Any illicit drug, but no alcohol	3.9	6.6	4.3	6.3	3.5	7.2	5.4	4.8	8.1	6.5	6.9	4.9	8.5	6.7

Source: Florida Youth Substance Abuse Survey, 2014
Complied by : Health Council of Southeast Florida, 2016

The table below shows the trend of youth reporting select alcohol and illicit drug use in the previous 30 days from 2004 to 2014. There has been a decrease in all of the select indicators from 2004 to 2014, especially alcohol use; however, there has been a slight increase in the last two years (2012 and 2014) in any illicit drug use without alcohol use.

Table 72: Youth Reporting Having Used Select Drugs in the Past 30 Days, Okeechobee County, 2004- 2014

	2004	2006	2008	2012	2014
Alcohol	38.8%	37.0%	39.7%	32.4%	25.3%
Binge Drinking	23.5%	23.0%	23.3%	18.7%	13.9%
Cigarettes	17.8%	15.0%	13.5%	11.6%	7.3%
Marijuana or Hashish	12.4%	11.4%	11.5%	12.3%	11.9%
Any illicit drug	16.2%	16.9%	17.5%	16.8%	15.7%
Any illicit drug other than marijuana	8.7%	10.4%	11.0%	7.9%	6.9%
Alcohol only	25.6%	24.1%	26.0%	19.9%	15.0%
Alcohol or any illicit drug	41.8%	41.0%	43.1%	36.6%	30.4%
Any illicit drug, but no alcohol	3.2%	4.2%	3.7%	4.3%	5.4%

Source: Florida Youth Substance Abuse Survey, 2014
Complied by : Health Council of Southeast Florida, 2016

The table below shows the trend of youth reporting tobacco and e-cigarette use in the previous 30 days in 2014. The rates of cigarette and smokeless tobacco use in Okeechobee County were higher than the rates in Florida overall among both middle school and high school students. E-cigarette use was lower among both middle school and high school students in Okeechobee County (2.5% versus 4.0% and 8.0% versus 10.8%, respectively) than among the state.

Table 73: Tobacco and E-Cigarette Use in the Past 30 Days by School Age, Okeechobee County and Florida, 2014

		Okeechobee	Florida
Cigarettes	Middle School	3.7%	2.3%
	High School	10.6%	7.5%
Smokeless Tobacco	Middle School	2.4%	2.1%
	High School	8.8%	5.4%
E-Cigarettes	Middle School	2.5%	4.0%
	High School	8.0%	10.8%

Source: Florida Youth Tobacco Survey (FYTS), 2014
Compiled by: Health Council of Southeast Florida, 2016

Morbidity

Morbidity is another term for illness. The tables and figures in the section below illustrate the numbers of and the rates of hospitalizations for the following diseases: coronary heart disease, cardiovascular disease, stroke, chronic lower respiratory disease (CLRD), diabetes, cancer, obesity, and communicable diseases including enteric disease, tuberculosis, HIV/AIDS and other sexually transmitted diseases.

Coronary Heart Disease

Heart disease is the leading cause of death for people of most races and ethnicities in the United States. According to the Centers for Disease Control and Prevention (CDC), coronary heart disease (CHD) is the most common type of heart disease.

The table below shows the counts and age-adjusted hospitalization rates from coronary heart disease from 2010 to 2014. The rate in the county fluctuated, but ultimately decreased over the time period shown from 1105.9 per 100,000 in 2010 to 882.5 per 100,000 in 2014.

Table 74: Age-adjusted Hospitalizations From or With Coronary Heart Disease, Okeechobee County and Florida, 2010-2014

Year	Okeechobee		Florida	
	Count	Rate	Count	Rate
2010	538	1105.9	98,075	375.6
2011	519	1068.7	91,344	345.0
2012	639	1314.1	85,179	338.0
2013	588	1193.5	79,631	309.4
2014	449	882.5	78,494	299.4

Source: FloridaCHARTS, Agency for Health Care Administration, 2010-2014
Notes: ICD-9-CM Code(s): 49-CM-414, 429.2. Includes primary diagnosis only
Compiled by: Health Council of Southeast Florida, 2016

The following table shows the percent of adults who reported having ever been told they had angina or coronary heart disease in Okeechobee County and Florida in 2013. For that year, there was a higher percentage of adults in Okeechobee County (8.7%) who had been told they had angina or CHD than in the state of Florida.

Table 75: Adults who have ever been told they had angina or coronary heart disease, Okeechobee County and Florida, 2013

Year	Okeechobee	Florida
2013	8.7%	5.0%

Source: FloridaCHARTS, Florida County-level Behavioral Risk Factors Surveillance Telephone Survey, Florida Department of Health, 2013
Compiled by: Health Council of Southeast Florida, 2016

The table below shows the percent of adults who reported having ever been told they had hypertension in Okeechobee County and in Florida, from 2002 through 2013. The percentage of adults who have been told that they had hypertension in Okeechobee County in 2013 was 30.2%, lower than the state rate of 34.6%.

Table 76: Adults who have ever been told they had hypertension, Okeechobee County and Florida, 2002, 2007, 2010, 2013

Year	Okeechobee	Florida
2002	33.7%	27.7%
2007	29.8%	28.2%
2010	42.1%	34.3%
2013	30.2%	34.6%

Source: FloridaCHARTS, Florida County-level Behavioral Risk Factors Surveillance Telephone Survey, Florida Department of Health, 2013
Compiled by: Health Council of Southeast Florida, 2016

The table below shows the breakdown of adults who reporting ever being told they have hypertension by gender. The trend of males having reported higher rates of hypertension than females is apparent in both Okeechobee County and the state.

Table 80: Adults who have ever been told they had hypertension, Okeechobee County and Florida, 2002, 2007, 2010, 2013

Year	Okeechobee		Florida	
	Men	Women	Men	Women
2002	34.4%	33.0%	28.8%	26.7%
2007	31.4%	28.1%	28.8%	27.6%
2010	48.5%	34.5%	36.5%	32.2%
2013	31.1%	29.0%	37.2%	32.1%

Source: FloridaCHARTS, Florida Behavioral Risk Factor Surveillance System county-level telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Bureau of Epidemiology, 2002-2013
Compiled by: Health Council of Southeast Florida, 2016

Stroke

Stroke costs the United States an estimated $34 billion each year.[14] It is the fifth leading cause of death in the United States and is a major cause of adult disability. Every year, more than 795,000 people in the United States have a stroke.[15] The table below shows the counts and age-adjusted hospitalization rates from stroke in Okeechobee County and in Florida from 2010 through 2014. While the rate in Okeechobee has decreased since 2010, at 484.9 per 100,000, it is still considerably higher than the rate in Florida (253.1 per 100,000).

Table 77: Age-adjusted Hospitalizations from Stroke, Okeechobee County and Florida, 2010-2014

Year	Okeechobee		Florida	
	Count	Rate	Count	Rate
2010	313	636.9	70,162	267.7
2011	250	506.5	70,232	264.6
2012	282	559.0	67,748	266.2
2013	272	538.5	66,659	256.3
2014	243	484.9	66,968	253.1

Source: FloridaCHARTS, Agency for Health Care Administration, 2010-2014
Notes: ICD-9-CM Code(s): 430-438. Includes primary diagnosis only
Compiled by: Health Council of Southeast Florida, 2016

The following table shows the percent of adults in Okeechobee County and in Florida who reported having ever been told they had a stroke, for years 2007, 2010, and 2013. The rate in Okeechobee County has risen from 4.2% in 2007 to 7.0% in 2013, and is considerably higher than the state rate of 3.7%.

Table 78: Adults who have ever been told they had a stroke, Okeechobee County and Florida, 2007, 2010, 2013

Year	Okeechobee	Florida
2007	4.2%	3.1%
2010	4.2%	3.5%
2013	7.0%	3.7%

Source: FloridaCHARTS, Florida County-level Behavioral Risk Factors Surveillance Telephone Survey, Florida Department of Health, 2013
Compiled by: Health Council of Southeast Florida, 2016

[14] Center of Disease Control (CDC). (2015) Stroke Facts. Retrieved from http://www.cdc.gov/stroke/facts.htm
[15] Center of Disease Control (CDC). (2015) Stroke Facts. Retrieved from http://www.cdc.gov/stroke/facts.htm

Chronic Lower Respiratory Disease (CLRD)

Chronic lower respiratory diseases are diseases that affect the lungs. The most serious of these diseases is chronic obstructive pulmonary disease (COPD) which includes emphysema and chronic bronchitis. Cigarette smoking is the main cause of COPD.[16]

The following table shows the counts and age-adjusted rates of hospitalizations from chronic lower respiratory disease, including asthma, in Okeechobee County and in Florida from 2010 through 2014. The rate for Okeechobee County was 942.0 per 100,000 in 2014, over twice the state rate of 346.9 per 100,000.

Table 79: Age-adjusted Hospitalizations from C.L.R.D. (including asthma), Okeechobee County and Florida, 2010-2014

Year	Okeechobee		Florida	
	Count	Rate	Count	Rate
2010	454	933.8	84,922	374.0
2011	416	827.6	84,618	366.8
2012	455	917.5	84,560	362.9
2013	534	1086.1	85,454	358.5
2014	465	942.0	84,451	346.9

Source: FloridaCHARTS, Agency for Health Care Administration, 2010-2014
Notes: ICD-9-CM Code(s): 490-496. Includes primary diagnosis only
Compiled by: Health Council of Southeast Florida, 2016

The table below shows the percent of adults who reported having ever been told they had COPD, emphysema or chronic bronchitis in Okeechobee County and Florida in 2013. In Okeechobee County in 2013, 17.0% of respondents reported having ever been told that they had chronic obstructive pulmonary disease, more than twice the rate of the state of Florida (7.4%).

Table 80: Adults who have ever been told they had Chronic Obstructive Pulmonary Disease, Emphysema, or Chronic Bronchitis, Okeechobee County and Florida, 2013

Year	Okeechobee	Florida
2013	17.0%	7.4%

Source: FloridaCHARTS, Florida County-level Behavioral Risk Factors Surveillance Telephone Survey, Florida Department of Health, 2013
Compiled by: Health Council of Southeast Florida, 2016

[16] U.S. Department of Health and Human Services, womenshealth.gov

Diabetes

The American Diabetes Association (ADA) released new research on March 6, 2013, estimating the total costs of diagnosed diabetes have risen to $245 billion in 2012 from $174 billion in 2007, when the cost was last examined.[17] Diabetes is a disease that affects how the body uses blood sugar (glucose). Glucose is vital to health because it's an important source of energy for the cells that make up muscles and tissues. It's also the brain's main source of fuel. Too much glucose can lead to serious health problems. Complications of diabetes include cardiovascular disease, nerve, kidney, foot and eye damage, skin conditions and hearing impairment. Chronic diabetes conditions include Type 1 diabetes and Type 2 diabetes.[18]

The table below shows the counts and age-adjusted rates of hospitalizations from diabetes, including asthma, in Okeechobee County and in Florida, from 2010 to 2014. In 2014, there were over 2,100 hospitalizations of Okeechobee County residents with a primary diagnoses of diabetes, a rate of 4537.3 per 100,000. The county's rate has risen since 2010, and is significantly higher than the state's rate of 2339.8 per 100,000.

Table 81: Age-adjusted Hospitalizations from or with Diabetes, Okeechobee County and Florida, 2010-2014

Year	Okeechobee		Florida	
	Count	Rate	Count	Rate
2010	1,988	4095.0	566,381	2274.8
2011	2,036	4190.4	577,529	2293.4
2012	2,122	4384.1	565,117	2305.2
2013	2,245	4642.1	570,622	2281.0
2014	2,199	4537.3	594,637	2339.8

Source: FloridaCHARTS, Agency for Health Care Administration, 2010-2014
Notes: ICD-9-CM Code(s): 250.00-250.9. Includes primary diagnosis only
Compiled by: Health Council of Southeast Florida, 2016

The table below shows the percent of adults who reported having ever been told that had diabetes in Okeechobee County and Florida, in 2007, 2010, and 2013. The percentage of adults in the county who reported having ever been told that had diabetes in 2013 was 11.6%, comparable to the state's rate of 11.2%.

Table 82: Adults Who Have Ever Been Told They Had Diabetes, Okeechobee County and Florida, 2007, 2010, 2013

Year	Okeechobee	Florida
2007	11.2%	8.7%
2010	11.3%	10.4%
2013	11.6%	11.2%

Source: FloridaCHARTS, Florida County-level Behavioral Risk Factors Surveillance Telephone Survey, Florida Department of Health, 2013
Compiled by: Health Council of Southeast Florida, 2016

[17] American Diabetes Association (2013). The Cost of Diabetes. Retrieved from: http://www.diabetes.org/advocacy/news-events/cost-of-diabetes.html#sthash.rD7jxOY9.dpuf

[18] http://www.mayoclinic.org/diseases-conditions/diabetes/basics/definition/con-20033091

Cancer

The following table shows the number of cancer cases and the age-adjusted rate of new cancer cases in Okeechobee County and in Florida from 2008 through 2012. In 2012, there were 264 new cases of cancer in the county, a rate of 571.8 per 100,000, considerably higher than the state's rate of 368.2 per 100,000.

Table 83: Age-adjusted Cancer Incidence, Okeechobee County and Florida, 2008-2012

Year	Okeechobee		Florida	
	Count	Rate	Count	Rate
2008	234	483.6	108,373	463.1
2009	233	494.0	107,161	453.4
2010	241	481.2	107,258	441.1
2011	253	564.5	110,428	378.5
2012	264	571.8	109,818	368.2

Source: FloridaCHARTS, University of Miami (FL) Medical School, Florida Cancer Data System, 2008-2012
Compiled by: Health Council of Southeast Florida, 2016

The table below shows the percent of adults who reported having ever been told they had any type of cancer (except skin cancer) in Okeechobee County and in Florida in 2013. In Okeechobee County in 2013, 9.0% of adults reported having ever been told they had any type of cancer, other than skin cancer, which was slightly higher than the state rate of 7.6%.

Table 84: Adults Who Have Ever Been Told They Had Any Other Type of Cancer except Skin Cancer, Okeechobee County and Florida, 2013

Year	Okeechobee	Florida
2013	9.0%	7.6%

Source: FloridaCHARTS, Florida County-level Behavioral Risk Factors Surveillance Telephone Survey, Florida Department of Health, 2013
Compiled by: Health Council of Southeast Florida, 2016

The following chart shows the three-year rolling rate of cancer incidence and the age-adjusted rate by type in Okeechobee County and Florida, from 2010 to 2012. The type of cancer with the highest incidence in Okeechobee was lung cancer, with a rate of 114.2 per 100,000. This rate is more than twice the state rate of lung cancer (58.0 per 100,000).

Table 85: Age-adjusted Cancer Incidence by Type of Cancer, Okeechobee County and Florida, 2012-2014 (3-Year Rolling Rate)

Type	Okeechobee		Florida	
	Count	Rate	Count	Rate
Lung	160	114.2	48,531	58.0
Prostate	72	112.5	38,488	114.6
Breast	81	109.7	43,256	90.4
Colorectal	92	66.9	27,955	33.7
Bladder	45	32.0	15,061	17.9
Kidney/Renal/Pelvis	28	20.5	10,044	12.2
Uterus	16	20.0	8,484	17.4
Leukemia	24	17.1	8,540	10.6
Ovarian	13	16.5	4,344	9.1
Oral	19	15.9	9,254	16.3
Melanoma	15	10.9	14,359	17.5
Other	193	(x)	99,188	(x)
Total	758	545.6	327,504	397.7

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2012-2014
Compiled by: Health Council of Southeast Florida, 2016

The table below shows age-adjusted cancer incidence in 2012 in Okeechobee County and Florida, in comparison with Okeechobee's surrounding counties. Okeechobee County's 2012 age-adjusted cancer rate of 571.8 per 100,000 is relatively high in comparison to Florida overall. In comparison to the surrounding counties, the 2012 cancer rate is second only to Osceola County.

Table 90: Age-Adjusted Cancer Incidence, Okeechobee, Surrounding Counties and Florida, 2012

County	Count	Rate
Okeechobee	264	571.8
Florida	109,818	368.2
Surrounding Counties		
Osceola	1,299	600.3
Polk	3,850	470.9
Hendry	144	426.2
Brevard	3,855	391.5
St. Lucie	1,689	364.8
Indian River	1,175	300.8
Highlands	844	299.8
Glades	36	275.0
Martin	1,123	268.2
Palm Beach	8,617	260.0

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2012
Compiled by: Health Council of Southeast Florida, 2016

The table below shows the incidence of lung cancer in Okeechobee County. The rates for Okeechobee County have fluctuated from 2004 to 2013; the highest rate being 132.1 per 100,000 in 2013.The rates have consistently been significantly higher than the state of Florida, which had a rate of 55.1 per 100,000 in 2013.

Table 91: Age-Adjusted Lung Cancer Incidence, Okeechobee County and Florida, 2004-2013

Years	Okeechobee		Florida	
	Count	Rate	Count	Rate
2004	42	89.1	16,350	73.9
2006	51	105.3	16,531	72.3
2007	48	97.0	16,154	68.5
2008	53	106.6	15,854	65.9
2009	44	85.9	16,339	67.0
2010	49	97.6	16,182	65.5
2011	43	81.2	16,139	63.4
2012	56	125.0	15,962	54.7
2013	61	132.1	16,430	55.1

Source: FloridaCHARTS, University of Miami (FL) Medical School, Florida Cancer Data System, 2013
Compiled by: Health Council of Southeast Florida, 2016

Enteric Disease Outbreaks

Enteric diseases enter the body through the mouth and intestinal tract and are usually spread through contaminated food and water or by contact with vomit or feces. Every year, millions of cases of foodborne illness and thousands of associated deaths occur in the United States. Enteric diseases are infections that cause gastrointestinal symptoms and may be caused by food or water that is contaminated with a bacteria, virus, or protozoa, including: Campylobacteriosis, Cryptosporidiosis, Cyclosporiasis, Escherichia Coli, Shiga Toxin Producing, Giardiasis, Hepatitis A, Salmonellosis, Shigellosis and Typhoid Fever.

The table below shows the number and rate of enteric diseases in Okeechobee County from 2010 to 2014. The number of cases in Okeechobee County ranged from 16 to 33 during the time period shown. In 2014, the county rate was 82.5 per 100,000, slightly higher than the state's rate of 71.4 per 100,000.

Table 86: Enteric Diseases, Okeechobee County and Florida, 2010-2014

Year	Okeechobee		Florida	
	Count	Rate	Count	Rate
2010	25	62.5	11,600	61.6
2011	16	40.1	12,568	66.4
2012	21	52.7	12,001	63.0
2013	18	45.1	11,013	57.0
2014	33	82.5	13,950	71.4

Source: FloridaCHARTS, Florida Department of Health, Florida Department of Health, Bureau of Epidemiology, 2010-2014
Notes: Cases include Campylobacteriosis, Cryptosporidiosis, Cyclosporiasis, Escherichia coli, Shiga Toxin Producing, Giardiasis, Hepatitis A, Salmonellosis, Shigellosis, and Typhoid Fever.
Compiled by: Health Council of Southeast Florida, 2016

Reportable Diseases

The Florida Health Department requires that practitioners report certain disease and medical conditions. These include: outbreaks, vector borne diseases, some sexually transmitted diseases, food borne diseases, pertussis, Q fever, tuberculosis, lead poisoning, carbon monoxide poisoning and some cancers.[19]

The following table shows the number and rate of select reportable disease cases in Okeechobee County and in Florida for the years 2010 through 2014. During the time period shown, the number of cases ranged from 32 to 52, and the rate in 2014 was 130.0 per 100,000, slightly higher than the state's rate of 117.9 per 100,000.

Table 87: Select Reportable Disease Cases, Okeechobee County and Florida, 2010-2014

Year	Okeechobee		Florida	
	Count	Rate	Count	Rate
2010	41	102.6	19,990	106.2
2011	32	80.2	20,696	109.3
2012	50	125.4	20,128	105.7
2013	43	107.6	19,803	102.5
2014	52	130.0	23,050	117.9

Source: FloridaCHARTS, Florida Department of Health, Bureau of Epidemiology, 2014
Compiled by: Health Council of Southeast Florida, 2016

The table below shows the counts and rates of tuberculosis in Okeechobee County from 2010 to 2014. During the time period shown, the number of cases ranged from 2 to 4 cases in the county per year, with the rates being consistently higher in the county than in the state.

Table 88: Tuberculosis, Okeechobee County and Florida, 2010-2014

Year	Okeechobee		Florida	
	Count	Rate	Count	Rate
2010	4	10.0	834	4.4
2011	3	7.5	754	4.0
2012	2	5.0	678	3.6
2013	3	7.5	652	3.4
2014	2	5.0	595	3.0

Source: FloridaCHARTS, Florida Department of Health, Bureau of TB & Refugee Health, 2014
Compiled by: Health Council of Southeast Florida, 2016

[19] Reportable Diseases, Florida Department of Health.

Sexually Transmitted Infections

Sexually transmitted infections are passed from one person to another through sexual contact. The table below shows the bacterial sexually transmitted diseases, including Chancroid, Chlamydia, Gonorrhea, Granuloma Inguiniale, Lymphogranuloma Venereum (LGV) and Syphilis, among 15-19 year olds in Okeechobee County and Florida from 2006-2015. In Okeechobee County, the rate has fluctuated over the ten year period shown with a rate of 2410.5 per 100,000 in 2015.

Table 89: Teenage Bacterial Sexually Transmitted Diseases, Okeechobee County and Florida, 2006-2015

Year	Okeechobee		Florida	
	Count	Rate	Count	Rate
2006	65	2203.4	24,031	2017.9
2007	68	2261.4	26,124	2168.1
2008	81	2662.7	30,695	2544.4
2009	101	3308.2	30,654	2542.4
2010	68	2390.2	30,248	2484.3
2011	67	2380.1	28,918	2394.9
2012	62	2215.1	27,052	2251.2
2013	69	2486.5	25,250	2103.7
2014	66	2401.7	24,317	2039.0
2015	66	2410.5	26,697	2226.7

Source: FloridaCHARTS, Florida Department of Health, Bureau of STD Prevention & Control, 2015
Data Note: Includes Chancroid, Chlamydia, Gonorrhea, Granuloma inguiniale, Lymphogranuloma Venereum (LGV), Syphilis
Compiled by: Health Council of Southeast Florida, 2016

HIV/AIDS

The table below shows the counts and rates of new HIV cases in Okeechobee County and in Florida from 2010 to 2014. The rates of HIV incidence in the county have been significantly lower than those of the state in the time period shown, with a rate of 5.0 per 100,000 in Okeechobee County in 2014.

Table 90: HIV Cases, Okeechobee County and Florida, 2010-2014

Year	Okeechobee		Florida	
	Count	Rate	Count	Rate
2010	7	17.5	4,719	25.1
2011	4	10.0	4,680	24.7
2012	2	5.0	4,521	23.7
2013	4	10.0	4,433	22.9
2014	2	5.0	4,613	23.6

Source: FloridaCHARTS, Florida Department of Health, Bureau of HIV/AIDS, 2014
Notes: HIV and AIDS cases by year of report are NOT mutually exclusive and should NOT be added together.
Compiled by: Health Council of Southeast Florida, 2016

The following table shows the counts and rates of AIDS cases in Okeechobee County and in Florida from 2010 to 2014. The rate of AIDS cases in the county has tended to be lower than in the state, with a rate of 7.5 per 100,000 in 2014, as compared to a rate of 12.1 per 100,000 in the state of Florida.

Table 91: AIDS Cases, Okeechobee County and Florida, 2010-2014

Year	Okeechobee		Florida	
	Count	Rate	Count	Rate
2010	5	12.5	3,157	16.8
2011	7	17.5	3,029	16.0
2012	1	2.5	2,855	15.0
2013	4	10.0	2,964	15.3
2014	3	7.5	2,370	12.1

Source: FloridaCHARTS, Florida Department of Health, Bureau of HIV/AIDS, 2014
Notes: HIV and AIDS cases by year of report are NOT mutually exclusive and should NOT be added together.
Compiled by: Health Council of Southeast Florida, 2016

The table below shows the percent of adults less than 65 years of age who reported having ever been tested for HIV, for Okeechobee County and Florida in 2007, 2010, and 2013. In 2013, 57.9% of adults in Okeechobee County reported having ever been tested for HIV, slightly higher than the state rate of 50.6%.

Table 92: Adults less than 65 years of age who reported having ever been tested for HIV, Okeechobee County and Florida, 2007, 2010, 2013

Year	Okeechobee	Florida
2007	42.2%	49.1%
2010	49.6%	48.4%
2013	57.9%	50.6%

Source: FloridaCHARTS, Florida County-level Behavioral Risk Factors Surveillance Telephone Survey, Florida Department of Health, Bureau of Epidemiology 2013
Compiled by: Health Council of Southeast Florida, 2016

Below we see the counts and rates of HIV incident, or new, cases and deaths from HIV/AIDS in Okeechobee County, Surrounding Counties and Florida in 2014. In 2014, there were 2 new HIV cases and 1 death from HIV/AIDS.

Table 93: HIV Incident Cases and HIV/AIDS Deaths, Okeechobee County, Surrounding Counties and Florida, 2014

County	Incident Cases		Deaths	
	Count	Rate	Count	Rate
Okeechobee	2	5.0	1	1.8
Florida	4,613	23.6	878	4.2
Surrounding Counties				
Palm Beach	320	23.5	64	4.4
Osceola	67	22.4	11	3.1
St. Lucie	48	16.7	12	4.0
Polk	85	13.6	26	4.1
Brevard	52	9.4	11	2.2
Martin	13	8.7	2	1.3
Indian River	12	8.5	3	2.4
Hendry	3	7.9	1	2.2
Glades	1	7.8	0	0.0
Highlands	5	5.0	5	5.6

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2014
Compiled by: Health Council of Southeast Florida, 2016

Overweight and Obesity

Overweight and obesity are often associated with poor health outcomes and rapidly increase the risk of mortality. Overweight and obese individuals can develop other diseases such as high blood pressure, high cholesterol, heart disease, stroke, some types of cancer and orthopedic issues.

Being overweight and obese are determined by body mass index (BMI) percentile using sex- and age-specific reference data from the 2000 CDC growth charts. BMI is calculated by dividing weight in pounds by height in inches, squared and multiplying by 703. A BMI of 30 or more is considered obese and 25 or more is considered to be overweight.

The following table shows the percentage of middle school students with a BMI at or above the 95th percentile for their weight and gender in Okeechobee County and in Florida for the years 2006, 2008, and 2012. The percent of middle school students with a BMI at or above the 95th percentile was 16.5% in Okeechobee County in 2012, higher than the state rate of 11.1%. The rate has been increasing since 2006.

Table 100: Percent of Middle School Students with BMI at or above 95th Percentile, Okeechobee County and Florida, 2006, 2008 and 2012

Year	Okeechobee	Florida
	Rate (%)	Rate (%)
2006	13.3%	11.3%
2018	15.7%	11.3%
2012	16.5%	11.1%

Source: FloridaCHARTS, Florida Department of Health, Bureau of Epidemiology, Youth Risk Behavior Survey (YRBS), 2012
Notes: Overweight is defined as "body mass index (BMI) greater than or equal to the 95th percentile in weight distribution among students having the same age and gender.
Compiled by: Health Council of Southeast Florida, 2016

The table below shows the percentage of high school students with a BMI at or above the 95th percentile for their weight and gender in Okeechobee County and in Florida for the years 2006, 2008, and 2012. The percent of high school students with a BMI at or above the 95th percentile was 17.6% in Okeechobee County in 2012, higher than the state rate of 14.3%.

Table 101: Percent of High School Students with BMI at or above 95th Percentile, Okeechobee County and Florida, 2006, 2008 and 2012

Year	Okeechobee	Florida
	Rate (%)	Rate (%)
2006	17.0%	11.2%
2008	16.6%	11.0%
2012	17.6%	14.3%

Source: FloridaCHARTS, Florida Department of Health, Bureau of Epidemiology, Youth Risk Behavior Survey (YRBS), 2012
Notes: Overweight is defined as "body mass index (BMI) greater than or equal to the 95th percentile in weight distribution among students having the same age and gender.
Compiled by: Health Council of Southeast Florida, 2016

The following table shows the percentage of adults who reported being overweight in Okeechobee County and in Florida in 2002, 2007, 2010, and 2013. In 2013, 36.5% of adults reported being overweight, which is comparable to the state rate of 36.4%.

Table 94: Adults who reported Being Overweight, Okeechobee County and Florida, 2002, 2007, 2010, 2013

Year	Okeechobee	Florida
2002	33.6%	37.5%
2007	29.2%	38.0%
2010	35.5%	37.8%
2013	36.5%	36.4%

Source: FloridaCHARTS, Florida County-level Behavioral Risk Factors Surveillance Telephone Survey, Florida Department of Health, 2013
Compiled by: Health Council of Southeast Florida, 2016

The following table shows the percentage of adults who reported being obese in Okeechobee County and in Florida in 2002, 2007, 2010, and 2013. In 2013, 24.2% of adults reported being obese. That is a considerable decrease from the 2010 rate of 38.1%, and is slightly lower than the state rate of 26.4%.

Table 95: Adults who reported Being Obese, Okeechobee County and Florida, 2002, 2007, 2010, 2013

Year	Okeechobee	Florida
2002	29.4%	20.4%
2007	34.4%	24.1%
2010	38.1%	27.2%
2013	24.2%	26.4%

Source: FloridaCHARTS, Florida County-level Behavioral Risk Factors Surveillance Telephone Survey, Florida Department of Health, 2013
Compiled by: Health Council of Southeast Florida, 2016

Food Insecurity

Access to affordable and healthy foods has been a barrier to maintaining a healthy lifestyle. Difficulty accessing healthy foods can lead to poor healthy choices and negative health outcomes. Food insecurity refers to USDA's measure of lack of access, at times, to enough food for an active, healthy life for all household members and limited or uncertain availability of nutritionally adequate foods.[20]

Food insecure households are not necessarily food insecure all the time. Food insecurity may reflect a household's need to make trade-offs between important basic needs, such as housing or medical bills, and purchasing nutritionally adequate foods. The food insecurity rate reflects a model that uses the percentage of food insecure individuals living in households that answered at least three out of ten questions affirmatively related to food security. The model also takes into account poverty, income, unemployment, race, ethnicity and home ownership.[21]

The table below shows the food insecurity rate in Okeechobee County, Surrounding Counties and Florida in 2014. We see the overall food insecurity rate in Okeechobee County is equitable to the state. Okeechobee County also has the fourth highest rate of food insecurity when comparing the rates of the surrounding counties.

[20] United States Department of Agriculture, Economic Research Service: Household Food Security in the United States in 2014. Available at: http://ers.usda.gov/publications/err-economic-research-report/err194.aspx.
[21] Feeding America, Map the Meal Gap 2016: Technical Brief. Available at: http://www.feedingamerica.org/hunger-in-america/our-research/map-the-meal-gap/2014/2014-map-the-meal-gap-tech-brief.pdf.

Table 96: Food Insecurity, Okeechobee County, Surrounding Counties and Florida, 2014

County	Rate (%)
Okeechobee	16.2%
Florida	16.2%
Surrounding Counties	
St. Lucie	17.2%
Glades	16.4%
Polk	16.3%
Brevard	15.9%
Indian River	15.9%
Highlands	15.8%
Palm Beach	14.7%
Hendry	14.6%
Martin	13.3%
Osceola	11.8%

Source: Feeding America, Map the Meal Gap, 2016
Compiled by: Health Council of Southeast Florida, 2016

Mortality

There were a total of 422 deaths in Okeechobee County in 2014 with a rate of 841.9 per 100,000, significantly higher that the state's rate of 683.5 per 100,000.

Table 97: Deaths, Okeechobee County and Florida, 2010-2014

Years	Okeechobee		Florida	
	Count	Rate	Count	Rate
2010	426	891.0	172,509	687.4
2011	376	768.1	172,856	677.9
2012	405	832.0	175,849	680.7
2013	415	844.9	180,014	679.3
2014	422	841.9	185,038	683.5

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2010-2014
Compiled by: Health Council of Southeast Florida, 2016

Major Causes of Death

Mortality is a term used when referring to death. The table below shows the number of deaths, percent of total deaths, crude death rate, age-adjusted death rate, and years of potential life lost for the leading causes of death in Okeechobee County in 2014.

There were 422 deaths in Okeechobee County in 2014. The most frequent cause of death was heart disease, responsible for 26.1% of deaths, followed by cancer (24.2%). The greatest age-adjusted death rate was due to heart disease (214.7 per 100,000).

Years of Potential Life Lost is an estimate of premature mortality and is the number of years of life lost among persons who die before a predetermined age (75 years).[22] Cancer deaths had the highest rate of years of potential life lost (YPLL), with 2,145.8 per 100,000 people under 75, indicative of deaths to a population with a younger average age.

Table 98: Major Causes of Death, Okeechobee County, 2014

Cause of Death	Deaths	Percent of Total Deaths	Crude Rate Per 100,000	Age-Adjusted Death Rate Per 100,000	YPLL < 75 Per 100,000 Under 75
All Causes	422	100%	1,055.1	841.9	9,886.6
Heart Disease	110	26.1%	275	214.7	1,364.5
Cancer	102	24.2%	255	197.3	2,145.8
Unintentional Injuries	29	6.9%	72.5	68.1	2,092.9
Chromic Lower Respiratory Disease	27	6.4%	67.5	52.1	333.7
Stroke	11	2.6%	27.5	20.9	225.2
Diabetes Mellitus	10	2.4%	25.0	18.6	84.1
Pneumonia/Influenza	9	2.1%	22.5	17.4	130.2
Kidney Disease	9	2.1%	22.5	17.3	24.4

[22] FloridaCHARTS User's Guide

Suicide	8	1.9%	20.0	20.2	653.8
Parkinson's Disease	4	0.9%	10.0	7.7	0.0
Alzheimer's Disease	4	0.9%	10.0	7.4	8.1
Chronic Liver Disease/Cirrhosis	4	0.9%	10.0	8.3	143.8
Septicemia	3	0.7%	7.5	6.2	62.4
Homicide	2	0.5%	5.0	6.0	179.0
AIDS/HIV	1	0.2%	2.5	1.8	40.7

ource: FloridaCHARTS, Florida Department of Health, Office of Health Statistics and Assessment 2014
otes: Age-adjusted death rates are computed using the year 2000 standard population; YPLL = years of potential life lost.
ompiled by: Health Council of Southeast Florida 2016

Cardiovascular Disease Deaths

The table below shows the number of deaths and the age-adjusted rate for deaths due to major cardiovascular disease in Okeechobee County and in Florida from 2010 to 2014. In 2014, the age-adjusted rate in the county was 247.4 per 100,000, which was higher than Florida's rate of 202.9 per 100,000.

Table 99: Deaths due to Major Cardiovascular Diseases, Okeechobee County and Florida, 2010-2014

Years	Okeechobee		Florida	
	Count	Rate	Count	Rate
2010	126	266.3	53,330	204.7
2011	112	232.2	52,527	198.4
2012	136	278.7	53,802	200.6
2013	130	257.6	54,958	199.5
2014	127	247.4	57,410	202.9

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2014
Notes: ICD-10 Code(s): I00-I78.
Compiled by: Health Council of Southeast Florida, 2016

Cancer Deaths

The following table shows the number of deaths and the age-adjusted rate for deaths due to cancer in Okeechobee County and in Florida from 2010 to 2014. In 2014, the age-adjusted rate in the county was 197.3 per 100,000, which was higher than Florida's rate of 155.5 per 100,000.

Table 100: Deaths due to Cancer, Okeechobee County and Florida, 2010-2014

Years	Okeechobee		Florida	
	Count	Rate	Count	Rate
2010	108	219.0	40,883	161.2
2011	101	195.2	41,221	159.9
2012	103	205.7	41,696	160.3
2013	105	202.3	42,350	158.7
2014	102	197.3	42,330	155.5

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2014
Notes: ICD-10 Code(s): C00-C97.
Compiled by: Health Council of Southeast Florida, 2016

The table below shows age-adjusted cancer deaths in 2014 in Okeechobee County and Florida, in comparison with Okeechobee's surrounding counties. Okeechobee County's 2014 age-adjusted cancer rate of 197.3 per 100,000 was considerably higher than that of Florida and was the highest among the surrounding counties.

Table 101: Age-Adjusted Cancer Deaths, Okeechobee County, Surrounding Counties and Florida, 2014

County	Count	Rate
Okeechobee	102	197.3
Florida	42,330	155.5
Surrounding Counties		
Brevard	1,643	182.5
Indian River	510	175.8
St. Lucie	746	172.5
Polk	1,458	168.6
Martin	456	150.8
Highlands	310	150.3
Osceola	429	148.6
Hendry	56	144.7
Palm Beach	3,241	140.7
Glades	19	86.3

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2014
Compiled by: Health Council of Southeast Florida, 2016

The table below shows three-year rolling rates of cancer deaths by type, for 2012 through 2014, in Okeechobee County and Florida. Lung cancer caused the most deaths in Okeechobee with the rate of 67.3 per 100,000, which was significantly higher than Florida's rate of 43.4 per 100,000 residents.

Table 102: Cancer Deaths by Type, Okeechobee County and Florida, 2012-2014 (3-Year Rolling Crude Rate)

Type	Okeechobee		Florida	
	Count	Rate	Count	Rate
Lung	106	67.3	35,218	43.4
Breast	16	23.2	8,429	20.2
Colorectal	32	21.1	11,025	13.8
Prostate	10	12.9	6,268	17.5
Ovarian	8	9.8	2,970	7.0
Leukemia	11	7.6	5,035	6.4
Bladder	9	5.9	3,694	4.5
Oral	7	4.3	2,133	2.7
Uterus	3	2.0	1,825	2.3
Kidney/Renal/Pelvis	3	1.9	2,710	3.4
Melanoma	0	0.0	2,288	2.9
Other	105	(x)	44,781	(x)
Total	310	201.7	126,376	158.1

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2012-2014
Compiled by: Health Council of Southeast Florida, 2016

The table below shows three-year rolling rates of tobacco-related cancer deaths among adults aged 35 and up, for 2012 through 2014, in Okeechobee County and Florida, in comparison with Okeechobee's surrounding counties. Okeechobee County's rate of 245.2 per 100,000 is considerably higher than that of Florida and is second only to surrounding Highland County.

Table 103: Tobacco-Related Cancer Deaths for Ages 35+, Okeechobee County, Surrounding Counties and Florida, 2012-2014 (3-Year Rolling Crude Rate)

County	Count	Rate
Okeechobee	160	245.2
Florida	57,362	172.6
Surrounding Counties		
Highland	492	246.6
Indian River	661	238.7
Brevard	2,332	226.8
Martin	612	204.0
St. Lucie	1,015	199.6
Polk	2,003	192.7
Palm Beach	4,318	176.8
Glades	40	173.5
Hendry	77	141.4
Osceola	567	126.8

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2012-2014
Compiled by: Health Council of Southeast Florida, 2016

Shown below are the age-adjusted death rates for lung cancer from 2006 to 2015. Although the age-adjusted rates for Okeechobee County have fluctuated from 2006 to 2015, the rate has decreased from 86.3 per 100,000 in 2006 to 67.3 per 100,000 in 2015. The age-adjusted rate for Okeechobee County (67.3 per 100,000) in 2015 was higher than the state age-adjusted rate of 41.2 per 100,000.

Table 112: Age-Adjusted Death Rate Lung Cancer, Okeechobee and Florida, 2006-2015

Year	Okeechobee		Florida	
	Count	Rate	Count	Rate
2006	42	86.3	11,946	50.1
2007	27	53.9	11,650	47.8
2008	40	78.0	11,898	48.1
2009	36	72.9	11,878	47.3
2010	28	54.1	11,865	46.2
2011	32	61.6	11,704	44.9
2012	30	56.7	11,873	45.0
2013	49	94.1	11,823	43.6
2014	27	50.9	11,522	41.7
2015	37	67.3	11,908	41.2

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2015
Compiled by: Health Council of Southeast Florida, 2016

The table below indicates the estimated years of potential life lost from lung cancer. It is important to note that deaths that occur at age 75 or greater are excluded from the calculations. In 2015, the rate of potential life lost was 666.8 per 100,000 in Okeechobee County compared to 401.5 per 100,000 in the state of Florida.

Table 113: Lung Cancer, Years of Potential Life Lost Death Rate, Okeechobee and Florida, 2006-2015

Year	Okeechobee		Florida	
	Count	Rate	Count	Rate
2006	297	824.4	78,090	468.9
2007	186	510.3	75,457	446.5
2008	231	631.5	76,893	452.3
2009	281	770.7	75,202	440.8
2010	123	332.1	75,718	438.5
2011	159	430.6	73,208	421.6
2012	261	708.4	73,366	420.2
2013	397	1076.7	74,171	418.9
2014	183	496.4	69,783	389.7
2015	245	666.8	72,748	401.5

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2015
Note: Deaths that occur at age 75 or greater are excluded from this calculation.
Compiled by: Health Council of Southeast Florida, 2016

Unintentional Injury Deaths

According to the National Center for Health Statistics, unintentional injuries are the fourth leading cause of death overall. Unintentional injuries include: poisoning, drowning, falls, fires, and motor vehicle crashes.

The following table shows the number and age-adjusted death rate of deaths due to unintentional injuries from 2010 to 2014 in Okeechobee County and Florida. In 2014, there were 29 deaths in the county due to unintentional injuries, an age-adjusted rate of 68.1 per 100,000, which was significantly higher than the state rate of 41.1 per 100,000.

Table 104: Deaths due to Unintentional Injuries, Okeechobee County and Florida, 2010-2014

Years	Okeechobee		Florida	
	Count	Rate	Count	Rate
2010	27	65.7	8,644	41.8
2011	22	52.4	8,475	40.2
2012	19	45.1	8,561	39.7
2013	27	66.0	8,534	38.8
2014	29	68.1	9,128	41.1

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2014
Notes: ICD-10 Code(s): V01-X59, Y85-Y86.
Compiled by: Health Council of Southeast Florida, 2016

Health Resource Availability and Access Profile

Licensed Facility Overview

This section provides indicators on: licensed facilities, hospital and nursing home utilization hospitalization data, health provider data and health insurance coverage.

Licensed Hospitals

Raulerson Hospital is the only general acute care facility located in Okeechobee. The 100-bed healthcare facility offers a wide range of healthcare services including: cardiopulmonary services, radiology diagnostic imaging, emergency care, a range of other outpatient services, physical medicine and rehabilitation, and a full range of inpatient and outpatient surgical services.

Table 105: Total Licensed Hospitals, Okeechobee County, June 2016

Name	Street Address	City	Phone
Raulerson Hospital	1796 Hwy 441 North	Okeechobee	(863) 824-2760

Source: FloridaHealthFinder, Agency for Health Care Administration, June 2016
Compiled By: Health Council of Southeast Florida, 2016

The following table shows the total number of hospital beds and the number of hospital beds per 100,000 in the population. The rates in both areas have remained relatively unchanged over the three year period of 2012-2014; however, Okeechobee's rate of approximately 250 beds per 100,000 individuals is lower than Florida's rate of approximately 320 beds.

Table 116 Total Hospital Beds, Okeechobee County and Florida, 2012-2014

	Number of Beds			Rate per 100,00		
	2012	2013	2014	2012	2013	2014
Florida	61,140	61,879	62,021	321.1	320.3	317.3
Okeechobee	100	100	100	250.8	250.3	250

Source: FloridaCHARTS, Florida Agency for Health Care Administration (AHCA), Certificate of Need Office, 2012-2014
Notes: Rates calculated using July 1 population estimates from the Office of the Governor.
Compiled by: Health Council of Southeast Florida, 2016

Licensed Nursing Homes

Okeechobee County has one licensed nursing home. Okeechobee Healthcare Facility was established in 1984. This nursing home facility has 180 licensed beds and serves senior citizens and offers rehabilitative services.

Table 106: Total Licensed Nursing Homes, Okeechobee County, June 2016

Name	Street Address	City	Phone
Okeechobee Health Care Facility	1646 Highway 441 N	Okeechobee	(863) 763-2226

Source: FlorideHealthFinder, Agency for Health Care Administration, June 2016
Compiled By: Health Council of Southeast Florida, 2016

Licensed Home Health Agencies

The table that follows lists licensed home health agencies in Okeechobee County. Home health agencies typically evaluate a patient's condition and assess home care needs. They may also determine whether other services such as therapy and personal care are necessary,(e.g., physical speech, occupational, respiratory and IV therapy, home health aides, homemaker and companion services, home medical equipment, nutritional guidance, etc.) There are a total of four home health agencies in Okeechobee County.

Table 107: Home Health Agencies, Okeechobee County, June 2016

Name	Street Address	City	Phone Number
Big Lake Home Health Services of Glade County, Inc.	1124 Buck Head Ridge Rd.	Okeechobee	(863) 763-0804
Big Lake Home Health Services	111 NE 11th Street	Okeechobee	(863) 467-9997
Nurse on Call of South Florida	413 S Parrott Ave Unit 6 & 7	Okeechobee	(863) 357-0024
Visiting Nurse Association of Florida, Inc.	208 SE Park St.	Okeechobee	(863) 357-2197

Source: FloridaHealthFinder, Agency for Health Care Administration, June 2016
Compiled by: Health Council of Southeast Florida, 2016

Total AHCA Licensed Facilities

The table below provides a list of health care and medical facilities located in the county that have been licensed by the Agency for Health Care Administration. There are 36 licensed facilities in Okeechobee County.

Table 108: Adult Day Care Centers, Okeechobee County, June 2016

Facility Name	Address	City
All About You Caregivers Inc.	605 W S Park Street, SU 215	Okeechobee
All About You Caregivers Inc.	206 SW 3rd Street	Okeechobee
Big Lake Home Health Services of Glade County, Inc.	1124 Buck Head Ridge Rd.	Okeechobee
Big Lake Home Health Services	111 NE 11th Street	Okeechobee
Dr. Peter W. Stephens Inc.	375 SW 32nd Street	Okeechobee
Florida Community Health Centers Lakeshore	1100 N Parrot Avenue	Okeechobee
Gateway Medical Group LLC	111 NE 19th Drive	Okeechobee
Grand Oaks	203 SE 2nd Street	Okeechobee
Hospice of Okeechobee	411 SE 4th Street	Okeechobee
Lakeshore Urology	215 NE 19 Drive	Okeechobee
Legacy Behavioral Health Center, Inc.	304 NW 5th Street Plaza 300	Okeechobee
Lincare, Inc.	107 SW 17th Street, Suite B & C	Okeechobee
Medmark Services, Inc.	1201 North Parrot Avenue	Okeechobee
Metcare of Okeechobee	208 NE 19th Drive	Okeechobee
Muhammad Nooruddin PT	1065 SE 23rd Street	Okeechobee
New American Physical Therapy, Inc.	1204 North Parrott Avenue	Okeechobee
Nurse on Call of South Florida, Inc.	413 S Parrott Ave, Unit 6 & 7	Okeechobee
Okeechobee Cancer Center	301 NE 19th Drive	Okeechobee

Okeechobee Health Care Facility	1646 Highway 441 N	Okeechobee
Open MRI of Okeechobee	115 NE 3rd Street	Okeechobee
Platt Chiropractic Clinic PA	280 SW 32nd Street	Okeechobee
Professional Respiratory Home Care	1020 North Parrott Avenue	Okeechobee
Radiant Development Center LLC	1702 NE 3rd Street	Okeechobee
Raulerson Hospital	1796 HWY 441 North	Okeechobee
Raulerson Hospital Clinical Lab	1796 HWY 441 North	Okeechobee
Renal Care Center of Okeechobee	201 SW 16th Street	Okeechobee
Shirley's Personal Care Services of Okeechobee	200 SE 3rd Street	Okeechobee
Stephens Chiropractic Office	375 SW 32nd Street	Okeechobee
Suncoast Medical Equipment	412 NE Park Street	Okeechobee
Surgery Center of Okeechobee, Inc.	1655 Highway 441 North	Okeechobee
The Chiropractic Group, LLC	1140 South Parrott Avenue	Okeechobee
The Heritage	608 NE 2nd Avenue	Okeechobee
Tim Ioannides, MD LLC	1713 US Highway 441 North	Okeechobee
Total Fitness	332 SW 32nd Street	Okeechobee
Visiting Nurse Association of Florida, Inc.	208 SE Park Street	Okeechobee
Water's Edge Dermatology	301 NE 19th Drive	Okeechobee

Source: FloridaHealthFinder, Agency for Health Care Administration, June 2016
Compiled by: Health Council of Southeast Florida, 2016

Hospital Emergency Department Visits

The following table shows the top emergency room visits, by principal diagnosis groupings. The highest percentage of emergency room visits were due to injury and poisonings (25.2%).

Table 109: Top Ten Hospital Emergency Room Visits by Principal Diagnosis Groupings, Okeechobee County, 2014

Principal Diagnosis	Number of Visits	Percent of Total
Injury And Poisoning	5,722	25.2%
Symptoms, Signs, And Ill-Defined Conditions	3,431	15.1%
Diseases Of The Respiratory System	2,772	12.2%
Diseases Of The Digestive System	1,705	7.5%
Diseases Of The Musculoskeletal System And Connective Tissue	1,591	7.0%
Diseases Of The Nervous System And Sense Organs	1,523	6.7%
Diseases Of The Genitourinary System	1,407	6.2%
Diseases Of The Skin And Subcutaneous Tissue	1,086	4.8%
Complications Of Pregnancy, Childbirth, And The Puerperium	761	3.4%
Diseases Of The Circulatory System	628	2.8%
Other	2,042	9.0%
Total	22,668	100%

Source: Agency for Health Care Administration, Emergency Room Visits Database, 2014
Compiled by: Health Council of Southeast Florida, 2016

The International Classification of Diseases (ICD) is designed to promote international comparability in the collection, processing, classification, and presentation of mortality statistics. The ICD has been revised periodically to incorporate changes in the medical field. To date, there have been 10 revisions of the ICD. The following table shows the top emergency room visits, by principal diagnosis groupings, based on ICD-9 codes. The highest percentage of emergency room visits by ICD-9 code were due to acute upper respiratory infections of an unspecified site (3.0%).

Table 110: Top Ten Hospital Emergency Room Visits by ICD-9 Primary Diagnosis Code, Okeechobee County, 2014

Principal Diagnosis	Visits	Percent of Total Visits	Hours in ER	Percent of Total Hours in ER
Acute upper respiratory infection of unspecified site	671	3.0%	2,117	2.2%
Urinary tract infection of unspecified site	626	2.8%	2,443	2.6%
Noninfectious gastroenteritis and colitis, unspecified	368	1.6%	1,823	1.9%
Acute pharyngitis	343	1.5%	971	1.0%
Headache	317	1.4%	1,312	1.4%
Chest pain, other	310	1.4%	6,453	6.7%
Otitis media, unspecified (Infection of the middle ear)	299	1.3%	1,087	1.1%
Sprain lumbar region	278	1.2%	940	1.0%
Contusion face/scalp/neck	267	1.2%	970	1.0%
Sprain of neck	258	1.1%	874	0.9%
Other	18,931	83.5%	76,788	80.2%
Total	22,668	100%	95,778	100%

Source: Agency for Health Care Administration, Emergency Room Visits Database, 2014
Compiled by: Health Council of Southeast Florida, 2016

Federal Health Professional Shortage Area (HPSA)

Health Professional Shortage Areas (HPSAs) are areas, populations, or institutions that have been designated by the Health Resources and Services Administration (HRSA) as having shortages of primary medical care, dental, or mental health providers. HPSA designations are based on criteria including: a rational need for services, a provider to population ratio that falls below a set criteria, and an occurrence of current health providers being over-utilized, inaccessible or excessively distant.

As of June 19, 2014, across the country, there were approximately:

- **6,100 Primary Care HPSAs -** Based on a physician to population ratio of 1:3,500, it would take approximately additional 8,200 practitioners to meet the need for primary care providers.
- **4,900 Dental HPSAs -** Based on a dentist to population ratio of 1:5,000, it would take approximately 7,300 additional practitioners to meet the need for dental providers.
- **4,000 Mental Health HPSAs -** Based on a psychiatrist to population ratio of 1:30,000, it would take approximately 2,800 additional practitioners to meet the need for mental health providers.[23]

Primary Care

Okeechobee County as a whole and Okeechobee Correctional Institution are both designated HPSAs in primary care, meaning there is a recognized shortage of primary medical care providers in these areas. The table below indicates the shortage population and facility in Okeechobee County for primary medical care.

Table 111: Primary Medical Care Health Professional Shortage Areas, Okeechobee County, 2016

HPSA Name	ID	Type	FTE	Score
Low Income – Okeechobee	11299912AR	HPSA Population	3	13
Okeechobee Correctional Institution	11299912A7	Correctional Facility	1	3

Source: U.S. Department of Health and Human Services, 2016
Compiled by: Health Council of Southeast Florida, 2016

Dental Care

Okeechobee County, as of June 2016, does not have any designated HPSAs in dental care, meaning there is no recognized shortage of dental care providers.

[23] Source: Source: U.S. Department of Health & Human Services; Health Resource and Services Administration; http://www.hrsa.gov/shortage/

Mental Health Care

Okeechobee County as a whole and Okeechobee Correctional Institution are designated HPSAs for mental health care, meaning there is a recognized shortage of mental health care providers in these areas.

Table 112: Mental Health Care Health Professional Shortage Areas, Okeechobee County, 2016

HPSA Name	ID	Type	FTE	Score
Okeechobee Correctional Institution	712999120A	Correctional Facility	1	3
Okeechobee County	712093	HPSA Geographic High Needs	1	19

Source: U.S. Department of Health and Human Services, 2016
Compiled by: Health Council of Southeast Florida, 2016

Federal Medically Underserved Areas/Populations

Medically Underserved Areas (MUAs)/Populations (MUPs) are designated by Health Resources Service Administration (HRSA) as areas or populations having: too few primary care providers, high infant mortality, high poverty and/or high elderly population. An Index of Medical Underservice (IMU) uses weighted values for different factors to determine the score.

Medically Underserved Populations (MUPs) are comprised of groups of individuals who face economic, cultural or linguistic barriers to health care. Okeechobee County does have one Medically Underserved Population (MUP), low-income migrant farmworkers. This population has been designated since September of 2001.

Table 113: Medically Underserved Populations, Okeechobee County, as of June 2016

Name	ID#	Type	Score	Designation Date
Low-Income/Migrant Farm Workers of Okeechobee County	537	MUP	57.2	9/26/2001

Source: Health Resources Services Administration, as of June 2016
Compiled by: Health Council of Southeast Florida, 2016

Preventable Hospitalizations

Preventable hospitalizations are determined using the Agency for Health Research and Quality (AHRQ) Ambulatory Sensitive Conditions ICD-9 Codes. These conditions include asthma, diabetes or dehydration and are conditions which timely and effective ambulatory care may decrease hospitalizations. Early and preventative care may prevent the onset of the illness or condition or it may help control an acute episode of an illness or managing a chronic disease or condition. High rates of hospitalizations for ambulatory sensitive conditions may be an indicator of insufficient prevention efforts, a shortage in primary care resources or other issues within the health care system that may be barriers to obtaining timely and effective care.[24]

The table below shows the number and rate of preventable hospitalization for individuals in Okeechobee County and in Florida for the years 2008-2014 by three-year rolling rates. Across the time period shown, Okeechobee County has had significantly higher rates of preventable hospitalizations for those under the age of 65 when compared to the state.

Table 114: Preventable Hospitalizations under 65 from All Conditions, Okeechobee County and Florida, 2008-2014

Year	Okeechobee		Florida	
	Count	Rate	Count	Rate
2008-10	2,258	2,270.6	563,517	1214.1
2009-11	2,178	2,194.2	578,001	1242.0
2010-12	2,150	2,168.5	569,197	1219.1
2011-13	2,274	2,295.5	561,302	1194.5
2012-14	2,369	2,391.3	560,960	1183.8

Source: FloridaCHARTS, Florida Agency for Health Care Administration (AHCA), 2008-2014.
Notes: Ambulatory Care Sensitive Conditions ICD-9-CM Codes
Compiled by Health Council of Southeast Florida, 2016

[24] http://www.floridacharts.com/charts/documents/ACS_Conditions_Definition_UPDATE.pdf

Health Insurance

Insured

The table below displays the percent of adults in Okeechobee County that were covered by any type of health insurance, broken down by gender, race, age group, and annual income. The total percent of the population covered has been slowly decreasing since 2002 – just over a 10% decrease in the 11 years spanned by the survey. This drop occurs drastically in the younger age group (18-44), dropping 22.9% over 11 years, while the 45-64 age groups actually shows an increase in coverage by approximately 3%, and the 65 and up group fluctuated, but remains roughly the same. A similar difference is seen among income groups. Those making less than $25,000 per year saw a 16.9% decrease in the rate of insurance coverage, whereas those making $25,000 to less than $50,000 increased by 10%, and those making over $50,000 annually saw an increase of 7.1% in rate of coverage. It should be noted that under Race, the figures for Black are all blank. This is because prevalence was not included in these figures when the sample size of a population was fewer than 30 individuals, as this would lead to statistically unreliable results.

Table 126: Percent of Adults with Health Insurance Coverage, Okeechobee County, 2002, 2007, 2010, 2013

		2002	2007	2010	2013
Total		74.4%	69.0%	68.6%	63.7%
Sex	Men	78.0%	65.1%	64.7%	69.8%
	Women	71.2%	73.6%	73.3%	56.6%
Race/ Ethnicity	White	81.6%	82.7%	74.3%	72.4%
	Black*	–	–	–	–
	Hispanic	37.1%	44.1%	17.4%	24.4%
Age Group	18-44	70.9%	48.7%	53.2%	48.0%
	45-64	66.8%	78.8%	69.2%	69.5%
	65+	93.2%	97.3%	94.3%	93.2%
Annual Income	<$25,000	68.4%	57.8%	52.1%	51.5%
	$25,000 - $49,999	75.0%	70.3%	74.2%	85.0%
	>$50,000	90.2%	91.1%	84.3%	97.3%

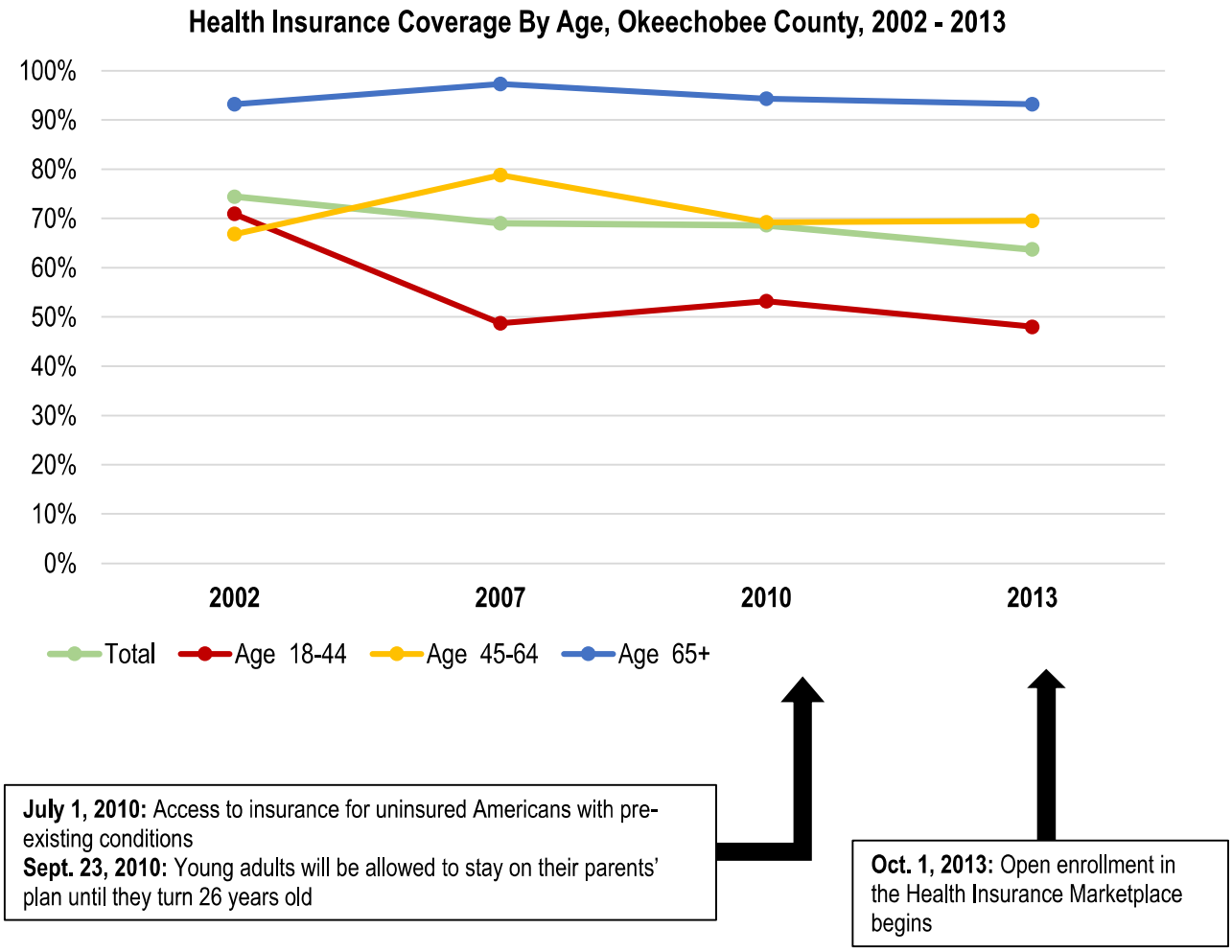
Source: Florida Behavioral Risk Factor Surveillance System (BRFSS) Data Report, 2007, 2013

** Prevalence is excluded (blank cells) from the tables for any subpopulation with a sample size less than 30, which would yield statistically unreliable estimates.*

Compiled by: Health Council of Southeast Florida, 2016

The figure below illustrates the percentages from the previous table. The effects of the rollout of the Affordable Care Act's Health Insurance Marketplace in 2013 are likely yet to be seen in available data, as it did not begin until late in 2013 – they year of the most recently available health care coverage data. It is important to note that Florida was among the states that opted not to adopt Medicaid Expansion; therefore, that particular legislation would not have had an impact on coverage rates in Okeechobee County during the displayed time period.

Figure 12: Percent of Adults with Health Insurance Coverage, Okeechobee County, 2002, 2007, 2010, 2013



Source: U.S. Dept. of Health and Human Services. Key Features of the Affordable Care Act by Year. Retrieved from: http://www.hhs.gov/healthcare/facts-and-features/key-features-of-aca-by-year/index.html#

Uninsured

The table below shows the number and percent of uninsured individuals in Okeechobee County in 2014 by age, gender, race, ethnicity, place of birth, and citizenship status. In Okeechobee County, 8,185 individuals, or 22.3% of the total civilian noninstitutionalized population were uninsured in 2014. Of all individuals between the ages of 19 and 25 years old, 48.8% were uninsured, higher than any other age group. Among the sexes, males were more likely to be uninsured at 25.1%. More than half (58.0%) of the American Indian and Alaskan Native population group were uninsured as well as over half of the population without United States citizenship.

Table 115: Health Insurance Coverage by Age, Gender, Race, Ethnicity & Place of Birth in Okeechobee County and Florida, 2014

Subject	Okeechobee County		
	Total	Number Uninsured	Percent Uninsured
Total civilian noninstitutionalized population	36,769	8,185	22.3%
AGE			
Under 18 years	8,782	787	9.0%
18 to 64 years	21,401	7,362	34.4%
65 years and older	6,586	36	0.5%
19 to 25 years	3,008	1,468	48.8%
SEX			
Male	18,697	4,690	25.1%
Female	18,072	3,495	19.3%
RACE AND HISPANIC OR LATINO ORIGIN			
One Race	36,379	8,085	22.2%
White	32,157	6,918	21.5%
Black or African American	2,265	349	15.4%
American Indian and Alaska Native	312	181	58.0%
Asian	346	71	20.5%
Native Hawaiian and Other Pacific Islander	0	0	-
Some other race	1,299	566	43.6%
Two or more races	390	100	25.6%
White alone, not Hispanic or Latino	24,508	4,458	18.2%
Hispanic or Latino (of any race)	9,153	3,131	34.2%
NATIVITY AND CITIZENSHIP STATUS			
Native born	32,361	6,118	18.9%
Foreign born	4,408	2,067	46.9%
Naturalized	1,148	312	27.2%
Not a citizen	3,260	1,755	53.8%

Source: US Census Bureau, American Community Survey, 2014
Compiled by: Health Council of Southeast Florida, 2016

The table below shows the managed care health insurance enrollment (as of September 2015) in Okeechobee County and Florida organized by type of insurance. Medicaid had 3,528 enrollments, the highest among the eight different insurance types in Okeechobee County.

Table 116: Managed Care Insurance Enrollment, Okeechobee County and Florida, as of September 2015

Insurance Type	Okeechobee	Florida
Small Group	258	310,824
Large Group	792	752,081
Individual	255	882,956
Conversion	762	147,851
Healthy Kids	477	176,264
Medicaid	3,528	2,614,230
Medicare	170	1,126,000
Federal Employees	1	8,228

Source: Florida Office of Insurance Regulation, NAIC DSSPROD and FLOIR IDCS schema, 2015
Compiled by: Health Council of Southeast Florida, 2016

Medicaid

Medicaid is a federally and state funded health program in the United States that provides health services to low income individuals and families. The table below shows the median monthly Medicaid enrollment in Okeechobee County and in Florida for the years 2004 through 2014. In 2014, the median monthly enrollment in the county was 10,499, a rate of 26,248.8 per 100,000 population.

Table 117: Median Monthly Medicaid Enrollment, Okeechobee County and Florida, 2004-2014

Year	Okeechobee		Florida	
	Count	Rate	Count	Rate
2004	5,198	13536.8	2,144,415	12270.3
2005	6,225	16076.1	2,216,268	12397.5
2006	6,251	15920.8	2,186,843	11990.9
2007	4,238	10648.5	2,109,988	11404.8
2008	7,598	18983.1	2,637,603	14152.6
2009	7,909	19784.9	2,678,520	14314.6
2010	8,765	21925.7	2,995,439	15916.0
2011	9,107	22824.6	3,128,693	16524.1
2012	9,356	23469.2	3,352,966	17607.8
2013	10,061	25181.5	3,611,417	18693.7
2014	10,499	26248.8	3,714,376	19001.3

Source: FloridaCHARTS, Agency for Health Care Administration (AHCA), 2014
Notes: The median enrollment in Medicaid is the number where, over 12 months of enrollment, half are more than this number median and half are below this number.
Compiled by: Health Council of Southeast Florida, 2016

Health Care Provider Supply

Physicians

The table below shows the total licensed Florida Physicians in Okeechobee County from the 2002-2003 state fiscal year through the 2013-2014 state fiscal year. In the 2013-2014 fiscal year, there were 54 licensed physicians in Okeechobee County, a rate of 135.2 per 100,000 population, a rate which is less than half that of the state, 275.7 per 100,000 population.

Table 118: Total Licensed Physicians, Okeechobee County and Florida, Fiscal Years 2002-2014

Year	Okeechobee		Florida	
	Count	Rate	Count	Rate
FY 02-03	35	95.0	27,595	165.1
FY 03-04	39	103.8	32,220	188.7
FY 04-05	48	125.0	37,267	213.2
FY 05-06	46	118.8	38,834	217.2
FY 06-07	49	124.8	39,852	218.5
FY 07-08	43	108.0	40,815	220.6
FY 08-09	45	112.4	42,307	227.0
FY 09-10	35	87.6	42,572	227.5
FY 10-11	42	105.1	48,098	255.6
FY 11-12	37	92.7	49,270	260.2
FY 12-13	36	90.3	50,586	265.6
FY 13-14	54	135.2	53,259	275.7

Source: FloridaCHARTS, Florida Department of Health, Division of Medical Quality Assurance, 2014

Notes: Licensure data is for a fiscal year (July 1-June 30). Data includes actively licensed providers only. Rates calculated using July 1 population estimates from the Office of the Governor

Compiled by: Health Council of Southeast Florida, 2016

The table below details the number of physicians in Okeechobee County by physician specialty in 2013-2014. It is important to note that there were no specialists in the county practicing in the area of dermatology or pediatric sub-specialists.

Table 119: Licensed Physicians by Specialty, Okeechobee County, 2013-2014

Specialty	Count
Internal	12
Family	6
Pediatrics	5
Emergency Medicine	5
Surgical Specialist	4
Obstetrics and Gynecology (OB/GYN)	2
Anesthesiology	1
General Surgery	2
Radiology	1
Dermatology	0
Pediatric Sub-specialist	0
Psychiatry	1
Other	16
Total	55

Source: Florida Department of Health, Physician Workforce Annual Report, 2014
Compiled by: Health Council of Southeast Florida, 2016

Dentists

The table below shows the total licensed dentists in Okeechobee County from the 2002-2003 state fiscal year through the 2013-2014 state fiscal year. In the 2013-2014 fiscal year, there were 13 licensed physicians in Okeechobee County, a rate of 32.5 per 100,000 population, a rate which is significantly lower than that of the state's rate of 53.8 per 100,000 population.

Table 120: Total Licensed Dentists, Okeechobee County, Fiscal Years 2002-2014

	Okeechobee		Florida	
Year	Count	Rate	Count	Rate
FY 02-03	9	24.4	6,974	41.7
FY 03-04	8	21.3	8,750	51.2
FY 04-05	10	26.0	9,212	52.7
FY 05-06	9	23.2	9,214	51.5
FY 06-07	11	28.0	9,605	52.7
FY 07-08	12	30.2	9,574	51.7
FY 08-09	11	27.5	9,845	52.8
FY 09-10	9	22.5	9,860	52.7
FY 10-11	11	27.5	10,048	53.4
FY 11-12	10	25.1	10,118	53.4
FY 12-13	10	25.1	10,443	54.8
FY 13-14	13	32.5	10,396	53.8

Source: FloridaCHARTS, Florida Department of Health, Division of Medical Quality Assurance, 2014

Notes: Licensure data is for a fiscal year (July 1-June 30). Data includes actively licensed providers only. Rates calculated using July 1 population estimates from the Office of the Governor

Compiled by: Health Council of Southeast Florida, 2016

Safety Net

Safety net providers are generally non-profit, consumer directed health care centers whose mission is to provide high quality, cost-effective and comprehensive primary and preventive care to medically underserved and uninsured people.[25] These organizations serve low income, working families, the uninsured and other high risk populations, such as homeless, migrant farm workers, isolated rural families, poor women, children and the elderly. Through innovative approaches and interventions in community outreach, patient education and prevention, these safety net agencies also strive to teach their patients to take responsibility for their own health.

Working under the Florida Department of Health in Okeechobee County is part of a statewide system of coordinated county health departments formed under Chapter 154 Florida Statutes. The Florida Department of Health in Okeechobee County has a location offering primary care services for adults, women's health, family planning, WIC, chronic disease prevention program, sexually transmitted diseases (STDs), epidemiology, immunizations for adults and international travel, environmental health and vital statistics (birth and death certificates).[26]

Federally Qualified Health Centers (FQHC) and Federally Qualified Health Center Look-Alikes (FQHC Look-Alikes) are supported by Health Resources and Service Administration (HRSA) and aim to provide primary health care services to underserved and vulnerable populations. The health centers serve populations with limited access to health care including: low income populations, the uninsured, individuals with language barriers, migrant and seasonal farmworkers, the homeless, and individuals living in public housing[27]. FQHCs and FQHC Look- alikes may include community health centers, migrant health centers, Healthcare for the Homeless programs, and public housing primary care programs. These organizations play an instrumental role in filling critical gaps in health care. There are 3 FQHCs in Okeechobee County, all part of Florida Community Health Center, Inc.

Table 121: Federally Qualified Health Centers and Look-Alike Sites in Okeechobee County

Facility	Location Type
Dr. Fred Brown Children's Health Center 2015 US Highway 441 N, Okeechobee, FL 34972-1901	Permanent
Lakeshore Pediatrics Annex 103 NE 19th Drive, Okeechobee, FL 34972-1933	Permanent
Lakeshore Medical Adults 1100 Parrott Avenue, Okeechobee, FL 34972-2129	Permanent

Source: HRSA Data Warehouse, 2016
Compiled by: Health Council or Southeast Florida, 2016

[25] National Association of Community Health Centers (NACHC). October 2010. Partnerships between Federally Qualified Health Centers and Local Health Departments for Engaging in the Development of a Community-Based System of Care. http://www.naccho.org/topics/hpdp/upload/partnerships-between-fqhcs-and-lhds_final_11_03_10.pdf
[26] http://okeechobee.floridahealth.gov/about-us/index.html
[27] www.bphc.hrsa.gov

Local Public Health System Assessment

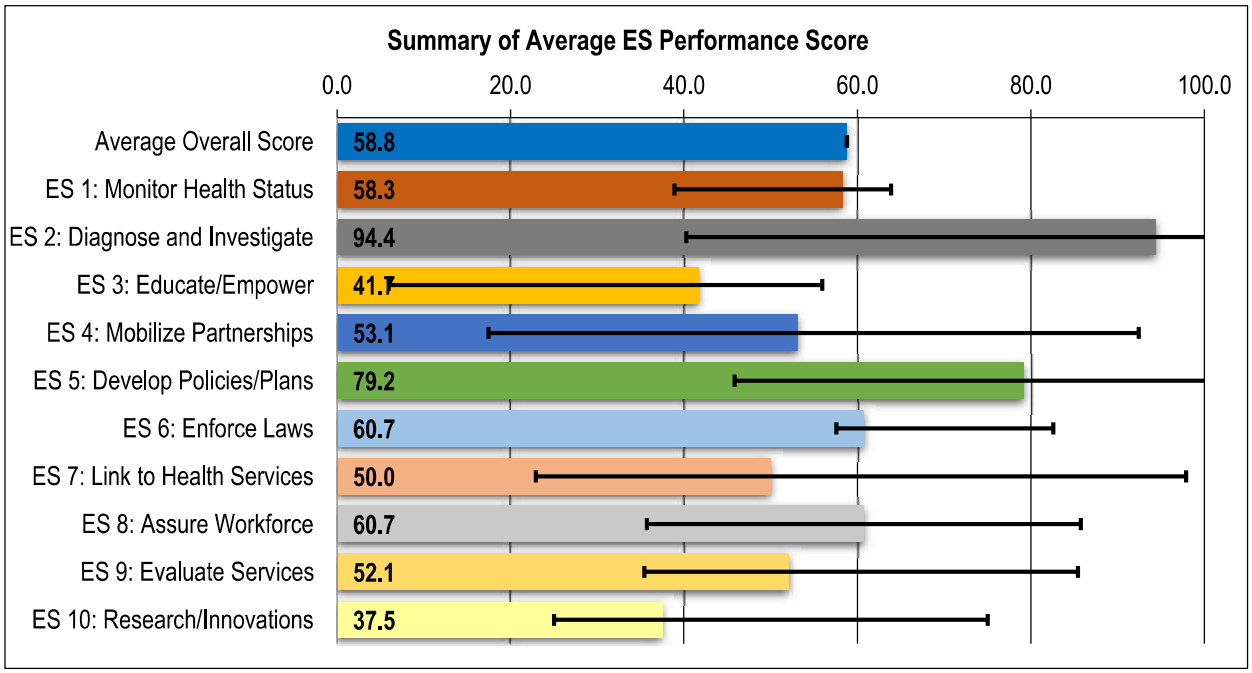
One phase of the Okeechobee County Community Health Assessment consisted of the Local Public Health System Assessment (LPHSA). This process is a means of collecting and synthesizing information from internal and external stakeholders with regards to the performance of the local public health system. The data contained herein is qualitative, primary data obtained directly from internal and external community stakeholders from of agencies, providers, and stakeholders that were identified and engaged by the Florida Department of Health in Okeechobee County in collaboration with the Health Council of Southeast Florida (HCSEF).

HCSEF facilitated the LPHSA with a diverse group of community stakeholders representing the local public health system in Okeechobee County, Florida. Key stakeholders were asked to score the system in each of the following 10 Essential Public Health Services (EPHS):

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

Each EPHS was given a composite value, determined by the scores given to those activities that contribute to each Essential Service. These scores range from a minimum value of 0% (meaning that no activity is performed pursuant to the standards) to a maximum of 100% (meaning that all activities associated with the standards are performed at optimal levels). The following graphic displays the summary of the average essential services performance scores as determined by the LPHSA in Okeechobee County.

Figure 8: Overall Scores of 10 Essential Public Health Services



Background, Purpose and Methodology

Background

The National Public Health Performance Standards (NPHPS) is a program that was developed by the Centers for Disease Control and Prevention (CDC), American Public Health Association (APHA), Association of State and Territorial Health Officials (ASTHO), National Association of County and City Health Officials (NACCHO), National Association of Local Boards of Health (NALBOH), National Network of Public Health Institutes (NNPHI) and the Public Health Foundation (PHF).

The NPHPS is a collaborative effort to improve the practice of public health and the performance of public health systems. The NPHPS assessment instruments are used to guide state and local jurisdictions in evaluating their performance against a set of optimal or model standards. The intention of NPHPS assessments are to help answer questions such as "What are the components, activities, competencies, and capacities of our public health system?" and "How well are the ten Essential Public Health Services being provided in our system?" The information obtained from these conducting and analyzing the assessments provide a better understanding of how the local public health system and governing entities perform.

Purpose

The primary purpose of the Local Public Health System Assessment is to promote continuous improvement that will result in positive outcomes for system performance through the evaluation of the current local public health system. This assessment was used by HCSEF as a working tool to:

- Better understand current system functioning and performance;
- Identify and prioritize areas of strengths, weaknesses, and opportunities for improvement;
- Articulate the value that quality improvement initiatives will bring to the public health system;
- Develop an initial work plan with specific quality improvement strategies to achieve goals;
- Begin taking action for achieving performance and quality improvement in one or more targeted areas; and
- Re-assess the progress of improvement efforts at regular intervals.

Methodology

The Local Public Health System was conducted at two meetings in Okeechobee County, Florida. On June 1, 2016, eighteen external stakeholders and two members of the local health department assessed essential services 3, 4, 7, 8 and 9. On June 22, 2016, eight local internal stakeholders gathered together to assess essential services 1, 2, 5, 6 and 10. Local public health system partners gathered to assess the performance of the Okeechobee County public health system relative to the national standard set by the NPHPS. Activities of all public health system partners and agencies, including both public and private entities that contribute to the local public health system, were assessed.

The assessment tools are based on the framework of the Ten Essential Public Health Services. Each essential service outlines up to four model standards for the quality and performance in local public health system. Each model standard demonstrates the optimal level of performance. The program has been identified by the CDC and other national public health entities as being a necessary foundation for public health activity. The program is designed in the spirit of continuous quality improvement for local health system partners.

Participants of each meeting for the LPHSA were given an overview of the Essential Public Health Services, as well as the goals and purpose for completing the assessment. The groups engaged in discussion, facilitated by the HCSEF staff, addressing the level of activity in relation to the specific performance measure of each model standard. Participants were asked to rate the LPHS's performance of each model standard using the response options in the table below, a nominal scale, in which 0% is no activity and 100% is maximum activity. At each meeting, participants voted using portable electronic keypads. Results were captured and displayed instantly after each vote. In the event of a tie, participants were asked to discuss the performance measure and reach a consensus before a revote occurred.

The table below shows the response options participants were given.

Table 122: Performance Measures Response Options

Optimal Activity (76-100%)	Greater than 75% of the activity described within the question is met.
Significant Activity (51-75%)	Greater than 50%, but no more than 75% of the activity described within the question is met.
Moderate Activity (26-50%)	Greater than 25%, but no more than 50% of the activity described within the question is met.
Minimal Activity (1-25%)	Greater than zero, but no more than 25% of the activity described within the question is met.
No Activity (0%)	0% or absolutely no activity.

Source: Okeechobee County Local Public Health System Assessment Report, 2016
Compiled by: Health Council of Southeast Florida, 2016

The Florida of Department of Health in Okeechobee County also chose to complete the two optional questionnaires: Priority Rating Questionnaire and Agency Contribution Questionnaire. Both can be used to enhance the accuracy of this assessment process. The Agency Contribution Questionnaire is available so that sites may consider the contribution that the local health department has to each Model Standard, while the Priority Rating Questionnaire allows participants to prioritize the importance of each Model Standard in the community. This information is used to strengthen the performance improvement activities resulting from the assessment process.[28] At the conclusion of both the June 1, 2016, and the June 22, 2016 meetings, hardcopy questionnaires were administrated to all participants. The results were recorded manually into the NPHPS assessment score sheets and report tool from NACCHO/CDC, the aggregate data from which is included in this assessment.

Community health partners understand the potential data limitations and how to appropriately interpret the assessment results to evaluate and improve the public health system. The data collected within the assessment are based upon processes that utilize input from a diverse set of stakeholders with different backgrounds, expertise and experiences. The gathering of information incorporates an element of subjectivity and bias, which can be minimized through the use of particular assessment methods. The assessment methods are not fully standardized and these differences may introduce an element of measurement error and the results and recommendations should be used only for quality and performance improvement purposes. Furthermore, the assessment does not reflect the performance of any single agency or organization.

[28] National Association of County & City Health Officials (NACCHO). Local Assessment Instrument Version 3.0

Results

The Local Public Health System Assessment simply asks the question: "How well did the local public health system perform the ten Essential Public Health Services?" The tables below provide a quick overview of the system's performance, as assessed by stakeholders, in each of the 10 Essential Public Health Services (EPHS) in Okeechobee County. Each EPHS score is a composite value determined by the scores given to those activities that contribute to each Essential Service. These scores range from a minimum value of 0% (no activity is performed pursuant to the standards) to a maximum of 100% (all activities associated with the standards are performed at optimal levels).

The following table highlights the summary scores for each of the ten essential services and the two optional questionnaires. This table provides a concise view of the overall results of the assessment.

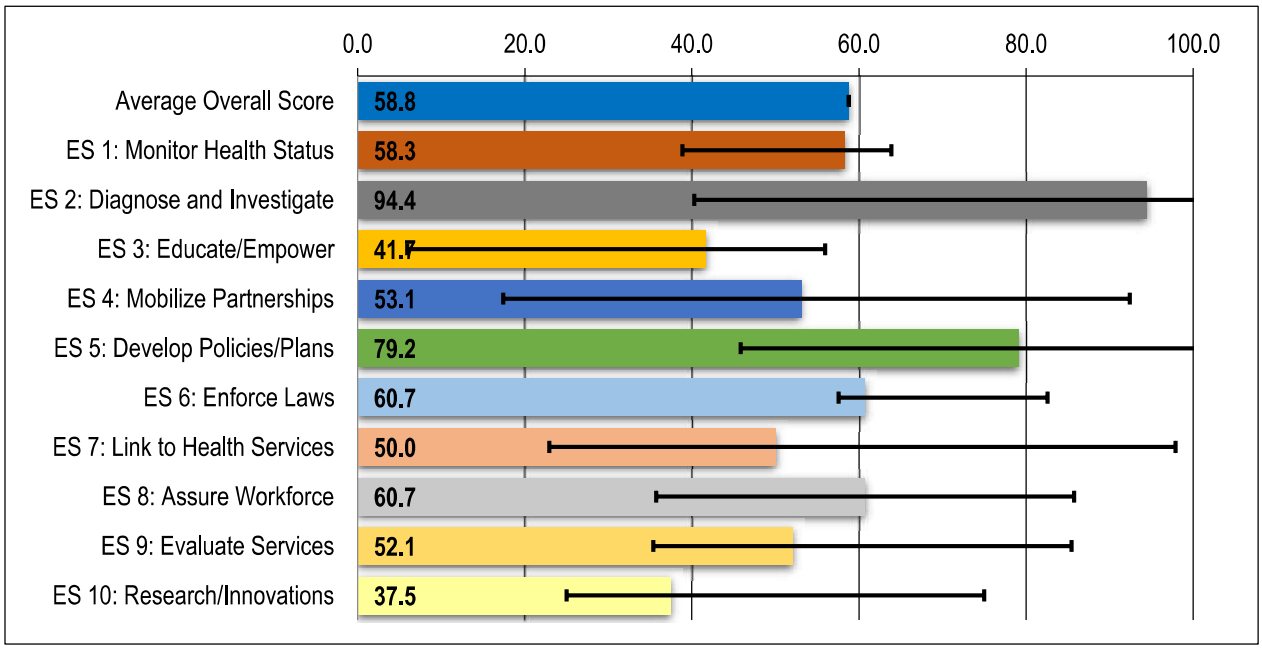
Table 123: Overall Performance Scores, Priority Rating and Agency Contribution Scores by Essential Public Health Service and Corresponding Model Standard

Model Standards by Essential Services	Performance Scores	Priority Rating	Agency Contribution Scores
ES 1: Monitor Health Status	58.3	8.3	75.0
ES 2: Diagnose and Investigate	94.4	8.7	91.7
ES 3: Educate/Empower	41.7	8.7	75.0
ES 4: Mobilize Partnerships	53.1	8.5	75.0
ES 5: Develop Policies/Plans	79.2	8.3	68.8
ES 6: Enforce Laws	60.7	8.3	58.3
ES 7: Link to Health Services	50.0	9.0	62.5
ES 8: Assure Workforce	60.7	8.5	68.8
ES 9: Evaluate Services	52.1	7.3	75.0
ES 10: Research/Innovations	37.5	8.3	33.3
Average Overall Score	**58.8**	**8.4**	**68.3**
Median Score	**55.7**	**8.4**	**71.9**

Source: Okeechobee County Local Public Health System Assessment Report, 2016
Compiled by: Health Council of Southeast Florida, 2016

The table and figure below shows the average performance score for each of the model standards within each essential service. This level of analysis enables the identification of specific activities that contributed to high or low performance within each essential service.

Figure 9: Summary of Average Essential Service Performance Scores



Source: Okeechobee County Local Public Health System Assessment Report, 2016
Compiled by: Health Council of Southeast Florida, 2016

As seen above, three of the Ten Essential Public Health Service (EPHS) were scored at 50 or below, which indicates a self-assessment of moderate or lower performance as compared to the standards. These low scores for EPHS 3, EPHS 7 and EPHS 10 indicate that there may be opportunities in Okeechobee County to inform, educate, and empower individuals about health issues; link people to needed personal health services and assure the provision of health care when otherwise unavailable; and research new insights and innovative solutions to health problems. The findings are accompanied by recommendations and opportunities provided by the CDC for the community's consideration as they move forward with health planning from a systems perspective.

Performance Assessment Instrument Results

Essential Public Health Service 1

The *Local Public Health System Strengths* in this area were:

- Ongoing data collection efforts within the local health department
- Access to current Community Health Assessment (CHA) for:
  - DOH employees
  - New partners
  - General public, upon request
- Continuous work on previous CHIPs at Community Health Advisory Team (CHAT) meetings

Overall, according to the LPHSA, the community moderately meets this standard, but indicated the following areas as opportunities to improve.

- Keep new DOH employees up to date on CHA and CHIP processes and past years' efforts
- Grant access to CHA and CHIP to the community at large. At present, it is only available outside the DOH upon request
- Improve communication and outreach efforts to the community
- Inadequate training for and utilization of available GIS software.
- Increase and expand utilization of collected data.

The following table displays each model standard score for Public Health Essential Service 1, allowing for easy identification of model standards where performance is relatively strong or weak.

Table 124: Summary of Performance Measures Public Health Essential Service 1

ESSENTIAL SERVICE 1: Monitor Health Status to Identify Community Health Problems		
1.1	**Model Standard: Population-Based Community Health Assessment (CHA)** *At what level does the local public health system:*	
1.1.1	Conduct regular community health assessments?	100
1.1.2	Continuously update the community health assessment with current information?	75
1.1.3	Promote the use of the community health assessment among community members and partners?	75
1.2	**Model Standard: Current Technology to Manage and Communicate Population Health Data** *At what level does the local public health system:*	
1.2.1	Use the best available technology and methods to display data on the public's health?	50
1.2.2	Analyze health data, including geographic information, to see where health problems exist?	25
1.2.3	Use computer software to create charts, graphs, and maps to display complex public health data (trends over time, sub-population analyses, etc.)?	50
1.3	**Model Standard: Maintenance of Population Health Registries** *At what level does the local public health system:*	
1.3.1	Collect data on specific health concerns to provide the data to population health registries in a timely manner, consistent with current standards?	75
1.3.2	Use information from population health registries in community health assessments or other analyses?	25

Source: Okeechobee County Local Public Health System Assessment Report, 2016
Compiled by: Health Council of Southeast Florida, 2016

Essential Public Health Service 2

The *Local Public Health System Strengths* in this area were:

- The Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE) database is in place in the Hospital Emergency Room and effectively provides tracking data.
- There is a positive working relationship with Raulerson Hospital, specifically the Epidemiology Department.
- Established emergency response plans are up to date and Project Public Health Ready (PPHR) plans are approved; there are designated, knowledgeable Emergency Response Coordinators and administrators in the county.
- Florida Department of Health in Okeechobee County receives desired support from federal and state level agencies.
- There is ready access to appropriate and adequate laboratory resources.
- County employees are trained in use of public health applications.
- Efficient communication via daily updates received from the Centers for Disease Control and Prevention (CDC) and World Health Organization (WHO).

Overall, according to the LPHSA, the community does an optimal job meeting this standard, but indicated the following areas as opportunities to improve.

- Initiate and sustain engagement of all community partners and coordinate appropriate allocation of responsibilities.
- Develop rules and public health threat/emergency plans specific to Okeechobee County and its unique needs.

The table below displays each model standard score for Public Health Essential Service 2, allowing for easy identification of model standards where performance is relatively strong or weak.

Table 125: Summary of Performance Measures Public Health Essential Service 2

ESSENTIAL SERVICE 2: Diagnose and Investigate Health Problems and Health Hazards		
2.1	**Model Standard: Identification and Surveillance of Health Threats** *At what level does the local public health system:*	
2.1.1	Participate in a comprehensive surveillance system with national, state and local partners to identify, monitor, share information, and understand emerging health problems and threats?	100
2.1.2	Provide and collect timely and complete information on reportable diseases and potential disasters, emergencies and emerging threats (natural and manmade)?	100
2.1.3	Assure that the best available resources are used to support surveillance systems and activities, including information technology, communication systems, and professional expertise?	75
2.2	**Model Standard: Investigation and Response to Public Health Threats and Emergencies** *At what level does the local public health system:*	
2.2.1	Maintain written instructions on how to handle communicable disease outbreaks and toxic exposure incidents, including details about case finding, contact tracing, and source identification and containment?	100
2.2.2	Develop written rules to follow in the immediate investigation of public health threats and emergencies, including natural and intentional disasters?	75
2.2.3	Designate a jurisdictional Emergency Response Coordinator?	100
2.2.4	Prepare to rapidly respond to public health emergencies according to emergency operations coordination guidelines?	100
2.2.5	Identify personnel with the technical expertise to rapidly respond to possible biological, chemical, or and nuclear public health emergencies?	100
2.2.6	Evaluate incidents for effectiveness and opportunities for improvement?	75
2.3	**Model Standard: Laboratory Support for Investigation of Health Threats** *At what level does the local public health system:*	
2.3.1	Have ready access to laboratories that can meet routine public health needs for finding out what health problems are occurring?	100
2.3.2	Maintain constant (24/7) access to laboratories that can meet public health needs during emergencies, threats, and other hazards?	100
2.3.3	Use only licensed or credentialed laboratories?	100
2.3.4	Maintain a written list of rules related to laboratories, for handling samples (collecting, labeling, storing, transporting, and delivering), for determining who is in charge of the samples at what point, and for reporting the results?	100

Source: Okeechobee County Local Public Health System Assessment Report, 2016
Compiled by: Health Council of Southeast Florida, 2016

Essential Public Health Service 4

The *Local Public Health System Strengths* in this area were:

- Community Health Advisory Team (CHAT) team meets monthly, working on an action plan. Great progress has been made so far in the areas of teenage risky behavior and chronic conditions, such as obesity, diabetes and hypertension.
- Very good communication of public health emergency messages via newspaper and radio, specifically in regards to:
    - 5-2-1-0 message
    - Zika virus and mosquito awareness messages
- Farm worker staff through partners, such as CareerSource Heartland, reach out directly to farm worker and migrant worker populations in order to educate the population and distribute information.
- The Florida Department of Health in Okeechobee County is actively seeking a health educator in order to increase public health outreach.
- There is continuous risk communication training by and within various organizations in the LPHS.

Overall, according to the LPHSA, the community moderately meets this standard, but indicated the following areas as opportunities to improve.

- Increase use of available resources (radio, newspaper) to broadcast public health messages.
- Investigate best means to reach various sectors of the population.
- Build trust and relationships between healthcare providers and the community.
- Address language needs of hard-to-reach populations (i.e. migrant farm workers) to ensure that messages are being distributed in multiple languages and over Spanish radio and television channels, as well as English media outlets.
- Educate the community on the existence of the public health emergency alert system and how to sign-up to receive public health alerts.

The table below displays each model standard score for Public Health Essential Service 3, allowing for easy identification of model standards where performance is relatively strong or weak.

Table 126: Summary of Performance Measures Public Health Essential Service 3

ESSENTIAL SERVICE 3: Inform, Educate, and Empower People about Health Issues		
3.1	**Model Standard: Health Education and Promotion** *At what level does the local public health system:*	
3.1.1	Provide policymakers, stakeholders, and the public with ongoing analyses of community health status and related recommendations for health promotion policies?	50
3.1.2	Coordinate health promotion and health education activities to reach individual, interpersonal, community, and societal levels?	75
3.1.3	Engage the community throughout the process of setting priorities, developing plans and implementing health education and health promotion activities?	25
3.2	**Model Standard: Health Communication** *At what level does the local public health system:*	
3.2.1	Develop health communication plans for relating to media and the public and for sharing information among LPHS organizations?	25
3.2.2	Use relationships with different media providers (e.g. print, radio, television, and the internet) to share health information, matching the message with the target audience?	25
3.2.3	Identify and train spokespersons on public health issues?	25
3.3	**Model Standard: Risk Communication** *At what level does the local public health system:*	
3.3.1	Develop an emergency communications plan for each stage of an emergency to allow for the effective dissemination of information?	50
3.3.2	Make sure resources are available for a rapid emergency communication response?	50
3.3.3	Provide risk communication training for employees and volunteers?	50

Source: Okeechobee County Local Public Health System Assessment Report, 2016

Compiled by: Health Council of Southeast Florida, 2016

Essential Public Health Service 4

The *Local Public Health System Strengths* in this area were:

- Strong partnerships exist within the community.
- Resources are readily available to broadcast public health messages to the public :
    - Local television stations
    - Local radio stations
    - Newspaper
- Meetings reflect a broad cross-section of the community.

Overall, according to the LPHSA, the community has met this standard significantly, but indicated the following areas as opportunities to improve:

- Encourage sustained engagement by community members and organizations.
- Bridge the gap in communication between organizations and the general public.
- Educate and encourage stakeholders to take advantage of available resources.
- Determine and put into action more effective means of disseminating public health information to the public.
- Adjust community meeting times in order to allow members of the general public to attend without compromising work obligations.

The following table displays each model standard score for Public Health Essential Service 4, allowing for easy identification of model standards where performance is relatively strong or weak.

Table 127: Summary of Performance Measures Public Health Essential Service 4

ESSENTIAL SERVICE 4: Mobilize Community Partnerships to Identify and Solve Health Problems		
4.1	**Model Standard: Constituency Development** *At what level does the local public health system:*	
4.1.1	Maintain a complete and current directory of community organizations?	75
4.1.2	Follow an established process for identifying key constituents related to overall public health interests and particular health concerns?	50
4.1.3	Encourage constituents to participate in activities to improve community health?	50
4.1.4	Create forums for communication of public health issues?	50
4.2	**Model Standard: Community Partnerships** *At what level does the local public health system:*	
4.2.1	Establish community partnerships and strategic alliances to provide a comprehensive approach to improving health in the community?	50
4.2.2	Establish a broad-based community health improvement committee?	50
4.2.3	Assess how well community partnerships and strategic alliances are working to improve community health?	50

Source: Okeechobee County Local Public Health System Assessment Report, 2016
Compiled by: Health Council of Southeast Florida, 2016

Essential Public Health Service 5

The *Local Public Health System Strengths* in this area were:

- Financial resources are available from the county and a yearly contribution to the budget from the county has increased upon request in two of the past three years.
- The Economic Council develops and lobbies for public health policy and the school district has legislative advocates.
- A Community Health Improvement Plan (CHIP) exists and is periodically updated; agencies and individuals that are responsible or that need to be held accountable for addressing and implementing changes have been identified.
- Changes have been made in various sectors in order to address issues in the CHIP, including:
    - Workplace wellness and school health
    - Teen risky behavior being addressed by Sheriff's Office
- Emergency response teams meet at least twice a year.
- Emergency tabletop drills are conducted every two years and plans are being developed to carry out drills in the form of mock scenarios.

Overall, according to the LPHSA, the community does an excellent job meeting this standard, but indicated the following areas as opportunities to improve:

- Address and develop a plan in order to improve school health.
- Engage the LPHS in order to work together to create a county-specific emergency preparedness and response plan.
- Communicate with all relevant partners in order to provide adequate education on emergency plans.
- Sustain engagement from a broad spectrum of stakeholders.

The following table displays each model standard score for Public Health Essential Service 5, allowing for easy identification of model standards where performance is relatively strong or weak.

Table 128: Summary of Performance Measures Public Health Essential Service 5

ESSENTIAL SERVICE 5: Develop Policies and Plans that Support Individual and Community Health Efforts		
5.1	**Model Standard: Governmental Presence at the Local Level** *At what level does the local public health system:*	
5.1.1	Support the work of a local health department dedicated to the public health to make sure the essential public health services are provided?	75
5.1.2	See that the local health department is accredited through the national voluntary accreditation program?	100
5.1.3	Assure that the local health department has enough resources to do its part in providing essential public health services?	75
5.2	**Model Standard: Public Health Policy Development** *At what level does the local public health system:*	
5.2.1	Contribute to public health policies by engaging in activities that inform the policy development process?	75
5.2.2	Alert policymakers and the community of the possible public health impacts (both intended and unintended) from current and/or proposed policies?	75
5.2.3	Review existing policies at least every three to five years?	75
5.3	**Model Standard: Community Health Improvement Process and Strategic Planning** *At what level does the local public health system:*	
5.3.1	Establish a community health improvement process, with broad- based diverse participation, that uses information from both the community health assessment and the perceptions of community members?	100
5.3.2	Develop strategies to achieve community health improvement objectives, including a description of organizations accountable for specific steps?	100
5.3.3	Connect organizational strategic plans with the Community Health Improvement Plan?	100
5.4	**Model Standard: Plan for Public Health Emergencies** *At what level does the local public health system:*	
5.4.1	Support a workgroup to develop and maintain preparedness and response plans?	25
5.4.2	Develop a plan that defines when it would be used, who would do what tasks, what standard operating procedures would be put in place, and what alert and evacuation protocols would be followed?	100
5.4.3	Test the plan through regular drills and revise the plan as needed, at least every two years?	50

Source: Okeechobee County Local Public Health System Assessment Report, 2016
Compiled by: Health Council of Southeast Florida, 2016

Essential Public Health Service 6

The *Local Public Health System Strengths* in this area were:

- Laws and regulations are regularly reviewed by the local health department.
- Progress is being made toward creating a more tobacco-free community:
  - Smoking in public places ordinances
  - Tobacco free commission
  - Working to prevent candy-flavored tobacco products from being sold in shops
- Implementation of Florida statute that schools may purchase Epi Pens to have readily available for students.

Overall, according to the LPHSA, the community met this standard significantly, but indicated the following areas as opportunities to improve:

- Improve dissemination of information to community members.
- Intensify efforts to identify health issues.
- Engage partners in order to more efficiently address issues that have been identified.

The table below displays each model standard score for Public Health Essential Service 6, allowing for easy identification of model standards where performance is relatively strong or weak.

Table 129: Summary of Performance Measures Public Health Essential Service 6

ESSENTIAL SERVICE 6: Enforce Laws and Regulations that Protect Health and Ensure Safety		
6.1	**Model Standard: Review and Evaluation of Laws, Regulations, and Ordinances** *At what level does the local public health system:*	
6.1.1	Identify public health issues that can be addressed through laws, regulations, or ordinances?	25
6.1.2	Stay up-to-date with current laws, regulations, and ordinances that prevent, promote, or protect public health on the federal, state, and local levels?	75
6.1.3	Review existing public health laws, regulations, and ordinances at least once every five years?	75
6.1.4	Have access to legal counsel for technical assistance when reviewing laws, regulations, or ordinances?	100
6.2	**Model Standard: Involvement in the Improvement of Laws, Regulations, and Ordinances** *At what level does the local public health system:*	
6.2.1	Identify local public health issues that are inadequately addressed in existing laws, regulations, and ordinances?	25
6.2.2	Participate in changing existing laws, regulations, and ordinances, and/or creating new laws, regulations, and ordinances to protect and promote the public health?	50
6.2.3	Provide technical assistance in drafting the language for proposed changes or new laws, regulations, and ordinances?	25
6.3	**Model Standard: Enforcement of Laws, Regulations, and Ordinances** *At what level does the local public health system:*	
6.3.1	Identify organizations that have the authority to enforce public health laws, regulations, and ordinances?	100
6.3.2	Assure that a local health department (or other governmental public health entity) has the authority to act in public health emergencies?	100
6.3.3	Assure that all enforcement activities related to public health codes are done within the law?	75
6.3.4	Educate individuals and organizations about relevant laws, regulations, and ordinances?	50
6.3.5	Evaluate how well local organizations comply with public health laws?	75

Source: Okeechobee County Local Public Health System Assessment Report, 2016
Compiled by: Health Council of Southeast Florida, 2016

Essential Public Health Service 7

The *Local Public Health System Strengths* in this area were:

- Improved collaboration when multiple organizations are working toward similar missions.
- Populations in need have been identified:
    - Homeless
    - Veterans
    - Undocumented
    - Individuals lacking transportation
- Continued development and education of the community regarding 211 Palm Beach/Treasure Coast as a resource.

Overall, according to the LPHSA, the community moderately met this standard and indicated the following areas as opportunities to improve:

- Improve collaboration efforts between organizations.
- Investigate and work toward addressing barriers that prevent community members from accessing care, such as:
    - Cultural differences
    - Transportation
    - Availability of childcare
    - Language
- Increase awareness of 211 Palm Beach/Treasure Coast as a resource, among others available.

The table below displays each model standard score for Public Health Essential Service 7, allowing for easy identification of model standards where performance is relatively strong or weak.

Table 130: Summary of Performance Measures Public Health Essential Service 7

ESSENTIAL SERVICE 7: Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable		
7.1	**Model Standard: Identification of Personal Health Service Needs of Populations** *At what level does the local public health system:*	
7.1.1	Identify groups of people in the community who have trouble accessing or connecting to personal health services?	75
7.1.2	Identify all personal health service needs and unmet needs throughout the community?	50
7.1.3	Defines partner roles and responsibilities to respond to the unmet needs of the community?	50
7.1.4	Understand the reasons that people do not get the care they need?	25
7.2	**Model Standard: Assuring the Linkage of People to Personal Health Services** *At what level does the local public health system:*	
7.2.1	Connect (or link) people to organizations that can provide the personal health services they may need?	25
7.2.2	Help people access personal health services, in a way that takes into account the unique needs of different populations?	50
7.2.3	Help people sign up for public benefits that are available to them (e.g., Medicaid or medical and prescription assistance programs)?	75
7.2.4	Coordinate the delivery of personal health and social services so that everyone has access to the care they need?	50

Source: Okeechobee County Local Public Health System Assessment Report, 2016
Compiled by: Health Council of Southeast Florida, 2016

Essential Public Health Service 8

The *Local Public Health System Strengths* in this area were:

- Good overall monitoring of licensures within the LPHS.
- Licensing requirements are excellent within the DOH. All staff undergo extensive evaluations and training.
- The local hospital and health department do a good job at incentivizing continuing education.
- There are many competent bilingual workers in the LPHS.
- Epidemiological training is conducted specific to the issues that are immediately relevant to the community, such as:
    - Zika virus
    - Ebola virus

Overall, according to the LPHSA, the community significantly met this standard, but indicated the following areas as opportunities to improve:

- The working public is underrepresented among leadership due to time constraints.
- Eliminate or improve upon the prevalence of barriers to care, such as transportation.
- Education is needed to dispel difficulties caused by cultural barriers and stigmas, such as stigmas surrounding communicable diseases that result in an unwelcoming view of the DOH among various sectors of the community.
- Organizations should show more transparency regarding their gaps and shortcomings, in order to work with others to provide better services for the community.

The following table displays each model standard score for Public Health Essential Service 8, allowing for easy identification of model standards where performance is relatively strong or weak.

Table 131: Summary of Performance Measures Public Health Essential Service 8

ESSENTIAL SERVICE 8: Assure a Competent Public and Personal Health Care Workforce		
8.1	**Model Standard: Workforce Assessment, Planning, and Development** *At what level does the local public health system:*	
8.1.1	Set up a process and a schedule to track the numbers and types of LPHS jobs and the knowledge, skills, and abilities that they require whether those jobs are in the public or private sector?	50
8.1.2	Review the information from the workforce assessment and use it to find and address gaps in the local public health workforce?	50
8.1.3	Provide information from the workforce assessment to other community organizations and groups, including governing bodies and public and private agencies, for use in their organizational planning?	25
8.2	**Model Standard: Public Health Workforce Standards** *At what level does the local public health system:*	
8.2.1	Make sure that all members of the public health workforce have the required certificates, licenses, and education needed to fulfill their job duties and meet the law?	75
8.2.2	Develop and maintain job standards and position descriptions based in the core knowledge, skills, and abilities needed to provide the essential public health services?	75
8.2.3	Base the hiring and performance review of members of the public health workforce in public health competencies?	75
8.3	**Model Standard: Life-Long Learning through Continuing Education, Training, and Mentoring** *At what level does the local public health system:*	
8.3.1	Identify education and training needs and encourage the workforce to participate in available education and training?	75
8.3.2	Provide ways for workers to develop core skills related to essential public health services?	75
8.3.3	Develop incentives for workforce training, such as tuition reimbursement, time off for class, and pay increases?	75
8.3.4	Create and support collaborations between organizations within the public health system for training and education?	75
8.3.5	Continually train the public health workforce to deliver services in a cultural competent manner and understand social determinants of health?	50
8.4	**Model Standard: Public Health Leadership Development** *At what level does the local public health system:*	
8.4.1	Provide access to formal and informal leadership development opportunities for employees at all organizational levels?	50
8.4.2	Create a shared vision of community health and the public health system, welcoming all leaders and community members to work together?	75
8.4.3	Ensure that organizations and individuals have opportunities to provide leadership in areas where they have knowledge, skills, or access to resources?	50
8.4.4	Provide opportunities for the development of leaders representative of the diversity within the community?	50

Source: Okeechobee County Local Public Health System Assessment Report, 2016
Compiled by: Health Council of Southeast Florida, 2016

Essential Public Health Service 9

The *Local Public Health System Strengths* in this area were:

- Gaps in health services have been identified.
- Improvements have been seen in the Veteran's Affairs, as well as with the use of the clinic instead of the Emergency Room.
- DOH comment cards are addressed within 24 hours, while changes to service and care are influenced by surveys (Hospital Consumer Assessment of Healthcare Providers and Systems: HCAHPS).

Overall, according to the LPHSA, the community significantly met this standard and indicated the following areas as opportunities to improve:

- Generate ideas on compensating for the lack of resources, which ultimately impedes progress in addressing service gaps.
- Address gaps in various healthcare services:
    - Mental health
    - Dental care
    - Rural diabetes care
- Educate community in order to build trust regarding use of technology in medical care.
- Use existing Community Health Advisory Team (CHAT) meetings to more effectively address gaps and issues surrounding personal health services.

The table below displays each model standard score for Public Health Essential Service 9, allowing for easy identification of model standards where performance is relatively strong or weak.

ESSENTIAL SERVICE 9: Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services		
9.1	**Model Standard: Evaluation of Population-Based Health Services** *At what level does the local public health system:*	
9.1.1	Evaluate how well population-based health services are working, including whether the goals that were set for programs were achieved?	50
9.1.2	Assess whether community members, including those with a higher risk of having a health problem, are satisfied with the approaches to preventing disease, illness, and injury?	50
9.1.3	Identify gaps in the provision of population-based health services?	50
9.1.4	Use evaluation findings to improve plans and services?	25
9.2	**Model Standard: Evaluation of Personal Health Services** *At what level does the local public health system:*	
9.2.1	Evaluate the accessibility, quality, and effectiveness of personal health services?	25
9.2.2	Compare the quality of personal health services to established guidelines?	50
9.2.3	Measure satisfaction with personal health services?	25
9.2.4	Use technology, like the internet or electronic health records, to improve quality of care?	100
9.2.5	Use evaluation findings to improve services and program delivery?	50
9.3	**Model Standard: Evaluation of the Local Public Health System** *At what level does the local public health system:*	
9.3.1	Identify all public, private, and voluntary organizations that provide essential public health services?	75
9.3.2	Evaluate how well LPHS activities meet the needs of the community at least every five years, using guidelines that describe a model LPHS and involving all entities contributing to essential public health services?	75
9.3.3	Assess how well the organizations in the LPHS are communicating, connecting, and coordinating services?	50
9.3.4	Use results from the evaluation process to improve the LPHS?	50

Table 132: Summary of Performance Measures Public Health Essential Service 9

Source: Okeechobee County Local Public Health System Assessment Report, 2016
Compiled by: Health Council of Southeast Florida, 2016

Essential Public Health Service 10

The *Local Public Health System Strengths* in this area were:

- Employees are given the opportunity to field pilot programs, such as food trucks.
- Many programs are being implemented or considered for implementation, if resources can be made available, such as:
    - Complete Streets
    - Let's Go! 5-2-1-0 program
    - Healthiest Weight Programs
    - Early learning centers
    - Bucket Program
    - Employee wellness/school health programs
- Indian River State College (IRSC) students are offered opportunities to partner with the DOH through clinical and dental practicums, and environmental health internships.
- DOH staff are provided incentives for continuing education via tuition waver from IRSC.

Overall, according to the LPHSA, the community conducts moderate activity in this area.

The following table displays each model standard score for Public Health Essential Service 10, allowing for easy identification of model standards where performance is relatively strong or weak.

Table 133: Summary of Performance Measures Public Health Essential Service 10

ESSENTIAL SERVICE 10: Research for New Insights and Innovative Solutions to Health Problems		
10.1	**Model Standard: Fostering Innovation** *At what level does the local public health system:*	
10.1.1	Provide staff with the time and resources to pilot test or conduct studies to test new solutions to public health problems and see how well they actually work?	75
10.1.2	Suggest ideas about what currently needs to be studied in public health to organizations that do research?	25
10.1.3	Keep up with information from other agencies and organizations at the local, state, and national levels about current best practices in public health?	50
10.1.4	Encourage community participation in research, including deciding what will be studied, conducting research, and in sharing results?	50
10.2	**Model Standard: Linkage with Institutions of Higher Learning and/or Research** *At what level does the local public health system:*	
10.2.1	Develop relationships with colleges, universities, or other research organizations, with a free flow of information, to create formal and informal arrangements to work together?	25
10.2.2	Partner with colleges, universities, or other research organizations to do public health research, including community-based participatory research?	25
10.2.3	Encourage colleges, universities, and other research organizations to work together with LPHS organizations to develop projects, including field training and continuing education?	25
10.3	**Model Standard: Capacity to Initiate or Participate in Research** *At what level does the local public health system:*	
10.3.1	Collaborate with researchers who offer the knowledge and skills to design and conduct health-related studies?	25
10.3.2	Support research with the necessary infrastructure and resources, including facilities, equipment, databases, information technology, funding, and other resources?	25
10.3.3	Share findings with public health colleagues and the community broadly, through journals, websites, community meetings, etc.?	50
10.3.4	Evaluate public health systems research efforts throughout all stages of work from planning to impact on local public health practice?	50

Source: Okeechobee County Local Public Health System Assessment Report, 2016
Compiled by: Health Council of Southeast Florida, 2016

Priority Rating Questionnaire

The local public health department chose to complete the Priority Rating Questionnaire, which allows participants to provide individual priority rankings to each Model Standard. At the conclusion of both the June 1, 2016, and the June 22, 2016 meetings, hardcopy questionnaires were administrated to all participants. The four quadrants in the table below are based on the priority rating of each Essential Service or Model Standard and how it compares with the respective performance score. The results help hone in on recommended areas for attention to improve the local public health system.

Table 134: Essential Service Model Standard Priority Ranking

Quadrant A	(High Priority and Low Performance) – These activities may need increased attention.
Quadrant B	(High Priority and High Performance) – These activities are being done well, and it is important to maintain efforts.
Quadrant C	(Low Priority and High Performance) – These activities are being done well, consideration may be given to reducing effort in these areas.
Quadrant D	(Low Priority and Low Performance) – These activities could be improved, but are of low priority. They may need little or no attention at this time.

Source: Okeechobee County Local Public Health System Assessment Report, 2016
Compiled by: Health Council of Southeast Florida, 2016

The table below displays the health department contribution given to each Essential Service's Model Standard, along with the performance score for each Model Standard.

Table 135: Summary of Priority Rating and Performance Scores by Model Standard

Quadrant	Model Standard	Priority Rating	Performance Score (%)
Quadrant A	10.1 Foster Innovation	10	50.0
Quadrant A	7.2 Assure Linkage	10	50.0
Quadrant A	5.4 Emergency Plan	9	58.3
Quadrant A	4.2 Community Partnerships	10	50.0
Quadrant A	3.1 Health Education/Promotion	10	50.0
Quadrant A	1.2 Current Technology	10	41.7
Quadrant B	8.3 Continuing Education	9	70.0
Quadrant B	8.2 Workforce Standards	10	75.0
Quadrant B	6.1 Review Laws	9	68.8
Quadrant B	5.3 CHIP/Strategic Planning	9	100.0
Quadrant B	2.2 Emergency Response	9	91.7
Quadrant B	2.1 Identification/Surveillance	9	91.7
Quadrant B	1.1 Community Health Assessment	9	83.3
Quadrant C	9.3 Evaluation of LPHS	8	62.5
Quadrant C	6.3 Enforce Laws	8	80.0
Quadrant C	5.2 Policy Development	7	75.0
Quadrant C	5.1 Governmental Presence	8	83.3
Quadrant C	2.3 Laboratories	8	100.0
Quadrant D	10.3 Research Capacity	8	37.5
Quadrant D	10.2 Academic Linkages	7	25.0
Quadrant D	9.2 Evaluation of Personal Health	7	50.0
Quadrant D	9.1 Evaluation of Population Health	7	43.8
Quadrant D	8.4 Leadership Development	7	56.3
Quadrant D	8.1 Workforce Assessment	8	41.7
Quadrant D	7.1 Personal Health Services Needs	8	50.0
Quadrant D	6.2 Improve Laws	8	33.3
Quadrant D	4.1 Constituency Development	7	56.3
Quadrant D	3.3 Risk Communication	8	50.0
Quadrant D	3.2 Health Communication	8	25.0
Quadrant D	1.3 Registries	6	50.0

Source: Okeechobee County Local Public Health System Assessment Report, 2016
Compiled by: Health Council of Southeast Florida, 2016

The figure below is a breakdown of the 30 model standards by quadrant ranking. The green quadrant in the top right hand corner includes model standards given high priority and a high performance score. These activities are being done well, and it is important to maintain these efforts in Okeechobee County.

The blue quadrant contains model standards identified as having low priority and high performance. These are areas performing well within the county, but to which consideration may be given to reduce effort, as they are ranked with low priority in the Local Public Health System Assessment.

The pink quadrant on the bottom left contains activities with low priority and low performance. There is room for improvement; however, given their low priority assignment during the LPHSA, they are not in need of immediate or substantial attention at this time.

Finally, the yellow quadrant includes activities that may need increased attention. These 6 areas were ranked with low performance and high priority.

Figure 10: Priority and Performance Quadrant

High Priority, Low Performance	**High Priority, High Performance**
1.2 Current Technology 3.1 Health Education/Promotion 4.2 Community Partnerships 5.4 Emergency Plan 7.2 Assure Linkage 10.1 Foster Innovation	1.1 Community Health Assessment 2.1 Identification/Surveillance 2.2 Emergency Response 5.3 CHIP/Strategic Planning 6.1 Review Laws 8.2 Workforce Standards 8.3 Continuing Education
Low Priority, Low Performance	**Low Priority, High Performance**
1.3 Registries 3.2 Health Communication 3.3 Risk Communication 4.1 Constituency Development 6.2 Improve Laws 7.1 Personal Health Services Needs 8.1 Workforce Assessment 8.4 Leadership Development 9.1 Evaluation of Population Health 9.2 Evaluation of Personal Health 10.2 Academic Linkages 10.3 Research	2.3 Laboratories 5.1 Governmental Presence 5.2 Policy Development 6.3 Enforce Laws 9.3 Evaluation of LPHS

Source: Okeechobee County Local Public Health System Assessment Report, 2016
Compiled by: Health Council of Southeast Florida, 2016

Local Health Department Questionnaire

The local public health department chose to complete the Local Health Department (LHD) Contribution assessment, which allows participants to provide individual assessments of the contribution the local health department has to each Model Standard. At the conclusion of both the June 1, 2016, and the June 22, 2016 meetings, hardcopy questionnaires were administrated to all participants. The four quadrants in the table below are based on the performance rating of each Essential Service or Model Standard and how it compares with the respective contribution of the local health department. The results help improve on recommended areas for attention to improve the local public health system.

Table 148: Essential Service Model Standard Priority Ranking

Quadrant A	(High Priority and Low Performance) – These activities may need increased attention.
Quadrant B	(High Priority and High Performance) – These activities are being done well, and it is important to maintain efforts.
Quadrant C	(Low Priority and High Performance) – These activities are being done well, consideration may be given to reducing effort in these areas.
Quadrant D	(Low Priority and Low Performance) – These activities could be improved, but are of low priority. They may need little or no attention at this time.

Source: Okeechobee County Local Public Health System Assessment Report, 2016
Compiled by: Health Council of Southeast Florida, 2016

The table below displays the priority ratings given to each Essential Service's Model Standard.

Table 136: Summary of Contributions and Performance Scores by Model Standard

Quadrant	Model Standard	LHD Contribution (%)	Performance Score (%)
Quadrant A	9.2 Evaluation of Personal Health	75.0	50.0
Quadrant A	9.1 Evaluation of Population Health	75.0	43.8
Quadrant A	8.1 Workforce Assessment	75.0	41.7
Quadrant A	7.1 Personal Health Services Needs	75.0	50.0
Quadrant A	5.4 Emergency Plan	100.0	58.3
Quadrant A	4.2 Community Partnerships	75.0	50.0
Quadrant A	4.1 Constituency Development	75.0	56.3
Quadrant A	3.3 Risk Communication	75.0	50.0
Quadrant A	3.2 Health Communication	75.0	25.0
Quadrant A	3.1 Health Education/Promotion	75.0	50.0
Quadrant A	1.3 Registries	75.0	50.0
Quadrant A	1.2 Current Technology	75.0	41.7
Quadrant B	9.3 Evaluation of LPHS	75.0	62.5
Quadrant B	8.3 Continuing Education	75.0	70.0
Quadrant B	8.2 Workforce Standards	75.0	75.0
Quadrant B	6.1 Review Laws	75.0	68.8
Quadrant B	5.3 CHIP/Strategic Planning	75.0	100.0
Quadrant B	2.3 Laboratories	100.0	100.0
Quadrant B	2.2 Emergency Response	100.0	91.7
Quadrant B	2.1 Identification/Surveillance	75.0	91.7
Quadrant B	1.1 Community Health Assessment	75.0	83.3
Quadrant C	6.3 Enforce Laws	50.0	80.0
Quadrant C	5.2 Policy Development	50.0	75.0
Quadrant C	5.1 Governmental Presence	50.0	83.3
Quadrant D	10.3 Research Capacity	50.0	37.5
Quadrant D	10.2 Academic Linkages	25.0	25.0
Quadrant D	10.1 Foster Innovation	25.0	50.0
Quadrant D	8.4 Leadership Development	50.0	56.3
Quadrant D	7.2 Assure Linkage	50.0	50.0
Quadrant D	6.2 Improve Laws	50.0	33.3

Source: Okeechobee County Local Public Health System Assessment Report, 2016
Compiled by: Health Council of Southeast Florida, 2016

The figure below is a breakdown of the 30 model standards by quadrant ranking. The green quadrant in the top right hand corner includes model standards given high local health department contribution and a high performance score. These activities are being done well with much support from the local health department, and it is important to maintain these efforts in Okeechobee County.

The blue quadrant contains model standards identified as having low local health department contribution and high performance. These are areas performing well within the county, with efforts from many community partners, including the health department.

The pink quadrant on the bottom left contains activities with low local health department contribution and low performance. There is room for improvement at the local health department and throughout the local public health system.

Finally, the yellow quadrant includes activities that may need increased attention and support from outside the local health department. These 12 areas were ranked with low performance and high local health department contribution by the LPHSA. This quadrant represents aspects of seven of the ten Essential services, more than any other quadrant. It is also noteworthy that all model standards under both Essential Services 3 and 4 are included in this area of low performance and high priority.

Figure 11: Local Health Department Contribution and Performance Quadrant

High LHD Contribution, Low Performance	**High LHD Contribution, High Performance**
1.2 Current Technology 1.3 Registries 3.1 Health Education/Promotion 3.2 Health Communication 3.3 Risk Communication 4.1 Constituency Development 4.2 Community Partnerships 5.4 Emergency Plan 7.1 Personal Health Services Needs 8.1 Workforce Assessment 9.1 Evaluation of Population Health 9.2 Evaluation of Personal Health	1.1 Community Health Assessment 2.1 Identification/Surveillance 2.2 Emergency Response 2.3 Laboratories 5.3 CHIP/Strategic Planning 6.1 Review Laws 8.2 Workforce Standards 8.3 Continuing Education 9.3 Evaluation of LPHS
Low LHD Contribution, Low Performance	**Low LHD Contribution, High Performance**
6.2 Improve Laws 7.2 Assure Linkage 8.4 Leadership Development 10.1 Foster Innovation 10.2 Academic Linkages 10.3 Research	5.1 Governmental Presence 5.2 Policy Development 6.3 Enforce Laws

Source: Okeechobee County Local Public Health System Assessment Report, 2016
Compiled by: Health Council of Southeast Florida, 2016

Conclusion

The assessment results are a critical part of the performance improvement plan process. The results in the assessment aid in identifying strengths, weaknesses and areas of concern, as well as opportunities for improvement. The assessment is intended to help guide the planning efforts of local health and human service agencies in Okeechobee County. Using the results of this assessment, public health leaders can partner to institute changes within their local public health system to elevate available health services.

Community Perspective

As a critical part of the primary data gathering process, the Health Council of Southeast Florida conducted focus groups and key informant interviews. The purpose of these is to collect primary data from a broad cross-section of the community, including a variety of community members and key stakeholders. This approach enables the Health Council of Southeast Florida to effectively gather the thoughts and opinions of the key health issues, barriers, and strengths throughout the community as a whole. It also gives all sectors an opportunity to speak on what they see as opportunities and strategies for improvement. In Okeechobee County, the Health Council of Southeast Florida conducted five community focus groups and eleven in-depth key informant interviews as a part of this qualitative data collection process.

Community Focus Groups

The Health Council of Southeast Florida conducted five focus groups in July 2016 with the residents of Okeechobee County. The goal of these discussions was to understand the experiences and the needs of different demographics within the community with regards to health services and the health care system. This report outlines the focus group methodology and provides a summary of the common themes, key issues, and primary areas of interest identified during these focus group discussions.

Methodology

The Health Council of Southeast Florida developed focus group protocols and questions. Each focus group session was led by a trained facilitator who was accompanied by one or more note-takers. Each session lasted approximately one to one and a half hours. Sessions were audio-recorded for note-taking and clarification purposes only. Focus group participants were informed of their rights as participants. The facilitator assured all individuals participating in the focus groups that all comments made would be used for reporting purposes only and that participants and their responses would remain anonymous.

Specific subpopulations were recruited for the focus groups in Okeechobee County, including individuals aged 65 years and older, youth aged 20 years and under, Hispanics and Latinos, and African-Americans. A total of eighty-one (81) of individuals participated in the five focus groups that were conducted, with groups ranging in size from ten to twenty-four participants. Community–based organizations serving specific target populations assisted in the recruitment of these participants.

Refreshments were provided at each session and participants were incentivized to participate with $20 Walmart gift cards which were distributed at the conclusion of the sessions. The dates, locations, times of each focus group are listed in Table 150.

Participants in each of the five groups were asked a series of 15 pre-determined, open-ended questions. These questions can be referenced in Appendix A. Only comments made by participants across the different focus groups were included below. Thus, not everything said in the interviews was included in the results. The analysis produced a number of emergent themes described in detail in the sections below. In addition to these questions, participants were asked to complete a demographic questionnaire (see Appendix B) at the start of each focus group. A compilation of this information is summarized in Tables 146 through 154 below.

Demographic Data

Table 150: Location, Date, Time and Number of Participants in Focus Groups, 2016

Site	Date	Time	# of Participants
Beef O' Brady's Family Sports Restaurant	7/13/2016	12:00 pm	19
Dr. Fred Brown Children's Health Center	7/14/2016	6:30pm	15
Douglas Park, Okeechobee	7/21/2016	6:00pm	10
Okeechobee Senior Services	7/22/2016	9:45am	24
First United Methodist Church	7/22/2016	2:00pm	13

Compiled by: Health Council of Southeast Florida, 2016

Table 137: Focus Group Participants by Zip Code, 2016

ZIP	City	# of Participants	% of Participants
34972	Okeechobee	45	55.6%
34973	Okeechobee	1	1.2%
34974	Okeechobee	27	33.3%
No Response	No Response	8	9.9%

Compiled by: Health Council of Southeast Florida, 2016

Table 138: Focus Group Participants by Age Group, 2016

Age Group	# of Participants	% of Participants
0-18 years	14	17.3%
19-24 years	9	11.1%
25-44 years	24	29.6%
45-64 years	10	12.3%
65-84 years	14	17.3%
85+ years	4	4.9%
No Response	6	7.4%

Compiled by: Health Council of Southeast Florida, 2016

Table 153: Focus Group Participants by Gender

Gender	# of Participants	% of Participants
Female	49	60.5%
Male	26	32.1%
Both	0	0.0%
No Response	6	7.4%

Compiled by: Health Council of Southeast Florida, 2016

Table 139: Focus Group Participants by Race

Race	# of Participants	% of Participants
Asian	1	1.2%
Black or African American	12	14.8%
Native Hawaiian or Other Pacific Islander	0	0.0%
American Indian, Alaskan Native, or Indigenous	0	0.0%
White/Caucasian	38	46.9%
No Response	30	37.0%

Compiled by: Health Council of Southeast Florida, 2016

Table 140: Focus Group Participants by Employment Status

Employment	# of Participants	% of Participants
35 or more hours per week	17	21.0%
Less than 35 hours per week	10	12.3%
Unemployed	21	25.9%
Other (Retired/Disabled/Maternity Leave)	20	24.7%
No Answer	13	16.0%

Compiled by: Health Council of Southeast Florida, 2016

Table 141: Focus Group Participants by Educational Attainment

Educational Attainment	# of Participants	% of Participants
6th Grade or Less	10	12.3%
Some Middle School or Some High School, no Diploma (Grades 7-11)	9	11.1%
High School graduate or GED (grade 12)	28	34.6%
Some College, No Degree	6	7.4%
Associate's Degree/Certificate from Vocational, Business or Trade School	6	7.4%
4 years of college or more, with Bachelor's degree or higher	9	11.1%
Other	4	4.9%
No Answer	9	11.1%

Compiled by: Health Council of Southeast Florida, 2016

Table 142: Focus Group Participants by Ethnicity

Ethnicity	# of Participants	% of Participants
Hispanic or Latino	26	32.1%
Non-Hispanic or Non-Latino	46	56.8%
No Response	9	11.1%

Compiled by: Health Council of Southeast Florida, 2016

Table 143: Focus Group Participants by Annual Income

Annual Income	# of Participants	% of Participants
$0 - $20,000	27	33.3%
$20,001 - $40,000	14	17.3%
$40,001 - $60,000	10	12.3%
$60,001 - $80,000	5	6.2%
$80,001 - $100,00	0	0.0%
$100,001 or more	1	1.2%
Prefer not to answer	15	18.5%
No Response	9	11.1%

Compiled by: Health Council of Southeast Florida, 2016

Table 144: Focus Group Participants by Insurance Coverage

Insurance Coverage	# of Participants	% of Participants
Yes (Medicaid, Medicare, Private Insurance)	50	61.7%
No	12	14.8%
Don't Know/Not Sure	7	8.6%
Prefer not to answer	4	4.9%
No Response	8	9.9%

Results

To facilitate the discussion within the focus groups, participants were asked a series of fifteen primary questions about their perceptions, experiences, degree of satisfaction with Okeechobee County's local public health system, and access

to health care services. Some of the primary questions included sub-questions (for details, see tool in Appendix A). The following themes emerged across the five focus groups.

Positive Attributes:

- Okeechobee is generally perceived as a safe place to live
  - Participants mentioned that some areas are less safe than others
  - Areas with sidewalks are deemed much safer for pedestrians than areas without
- It is a good community to raise children and to grow old in
  - *"I'm glad I'm back here with my children"*
- It is a small, self-sufficient, close-knit community
  - *"We feel like a family here"*
- There are good parks and outdoor spaces for recreation
- The services and resources that are available and accessible are generally viewed as good

Challenges and areas of need:

- There is a lack of public transportation and transportation options
  - Transportation forms that are available are often too costly or very inconvenient
- Many parts of town lack sidewalks
  - Safety issue
  - Discourages walking as a part of a healthy lifestyle
- There is a shortage or complete absence of many types of specialty providers
  - Residents are often required to travel out of town in order to receive care
    - OB/GYNs
    - Dentists
    - Prenatal care
    - Mental health care
- There are limited numbers and types of activities for children and young adults
- There is a shortage of providers who accept certain insurance carriers, such as Medicaid
- The education available or provided to youth on issues such as STDs and pregnancy is insufficient or absent entirely
- There is a lack of access to healthy, affordable foods

Opportunities for improvement:

- Increase awareness of what community resources and programs are currently available
- Make better use of the available resources
  - *"We have a beautiful park and we don't use that park as much as we could"*
- Improve outreach to and recognition of the diverse needs of various subpopulations within the county
  - African American community
  - Hispanics and non-English speaking residents
  - Elderly

Key Informant Interviews

The Health Council of Southeast Florida conducted eleven in-depth key informant interviews with community stakeholders in Okeechobee County. Those selected to take part in these interviews included representatives from a broad range of sectors: local health providers, Police Department, Fire and Rescue, faith-based institutions, and children's services providers. The purpose of the key informant interviews was to collect information from a variety of individuals who have first-hand knowledge of the community and its available services and resources. These key informants are instrumental in the delivery of services to Okeechobee County residents. Their particular knowledge and understanding of Okeechobee County provided valuable insight on the existing health issues in the community and the perceived systemic health care problems.

Methodology

Each key informant interview was led by a skilled facilitator and took approximately 30-45 minutes. All eleven interviews were conducted in July 2016, via telephone. The facilitator provided an overview of the process at the beginning of each interview and informants were assured that responses would only be presented in the aggregate. To ensure the confidentiality of their comments, all names and identifying information of informants have not been included in this report.

The following ten core questions were asked of each key informant during the interviews. Additional probes were used to clarify responses and elicit additional insight and information. The complete survey tool can be found in Appendix C.

1. What do you perceive are the key health issues, conditions, or diseases the community or those you serve struggle with?
2. Who (which specific sub-groups) within the community appear to struggle with these issues the most?
3. What are some of the challenges that this community faces in staying healthy? What do you think is causing these health issues or conditions you have described?
4. What does the community have that helps people to improve or maintain health? What are some of the community's assets and strengths as related to the health of community residents?
5. What is the biggest thing needed to improve the overall health of the community?
6. What do you see as the key barriers for individuals or families in accessing healthcare in Okeechobee County?
7. What strategies can you suggest for overcoming these barriers?
8. What do services providers in this area need to know about the community?
9. What ideas do you have to improve the health of the community?
10. Is there anything else you would like to add about health and human services in Okeechobee County?

Results

The following information was generated from the key informant interviews in Okeechobee County. This information represents the primary opinions and thoughts of the group, their input and specific points. The answers to each open-ended question listed below are the aggregate responses of the eleven key informants.

1. **What do you perceive are the key health issues, conditions, and/or diseases the community or those you serve struggle with?**

    - Alcohol and substance abuse
    - Mental health
    - Obesity (especially childhood obesity), poor diet
    - Diabetes
    - Teen pregnancy and teen risky behaviors
    - Domestic violence and child abuse

2. **Who (which specific sub-groups) within the community appear(s) to struggle with these issues the most?**

    - Individuals of lower income or socioeconomic status
    - Youth
    - Hispanic and migrant workers
    - Native American population
    - Individuals native to Okeechobee

3. **What are some challenges that this community faces in staying healthy? What do you think is causing these health issues and health conditions you've described?**

    - Economics, finances
    - Diet and nutrition choices
    - Sedentary lifestyle and a lack of exercise
    - Mental health
        - Stigma and lack of education surrounding mental health issues
        - *"Mental health services are sorely lacking"*
    - Dental care
    - Lack of available or affordable public transportation
    - Lack of activities and entertainment
    - Lack of health services

4. **What does the community have that helps improve or maintain health? What are some of the community's assets and strengths as related to the health of community residents?**

    - Many strong and active community organizations
    - A close, self-sufficient, rural community
        - *"Generosity in town is tremendous"*
    - Health department is viewed as a strong, involved community resource
    - Numerous recreational opportunities
        - Nature trails for walking and biking
        - Sports teams for children
        - Soccer and baseball fields

- Free 5k hosted by the Health Department
- Public health events and educational outreach

5. What is the biggest thing needed to improve the overall health of the community?

- Education on various aspects of health, as well as education on what resources are available
- Better community partnerships

6. What do you see as the key barriers for individuals/families in accessing healthcare in Okeechobee County?

- Lack of affordable public transportation hinders access to care
- Unaffordability of available services
- Insufficient knowledge of what resources are available
- Lack of insurance coverage
- Stigma
- Language and culture
  - *"Language barriers really limit us as providers from serving Okeechobee residents"*

7. What strategies can you suggest for overcoming these barriers?

- Increase community health education and outreach
  - *"I'm not sure we are getting the word to people who need it most"*
- Work with the needs of the public to better understand and meet their needs
  - *"Listen to the patients! They want to be helped, they want to be heard."*
- Increase and strengthen community and agency partnerships and collaboration
- Improve the affordability and availability of public transportation, especially to those farthest from care; this includes adding more sidewalks to improve the safety, accessibility, and walkability of the community
- Increase resources (especially clinics and service providers)

8. What do service providers in this area need to know about the community?

- Providers need to get involved and get to know the community
- There needs to be consistency in order to build the trust of the community

9. What ideas do you have to improve the health of the community?

- Increase health education and outreach
  - *"Education is key"*
  - *"Public education, regardless of age"*
- Improve access or affordability of transportation

Summary

The major overarching themes that emerged across the eleven key informant interviews include:

- A need for a transportation system and for more sidewalks
- A need and desire for increased health education and outreach programs
- A desire for improved community and organizational partnerships and collaboration
- The importance of providers to work with and familiarize themselves with the Okeechobee community and its specific needs

Conclusion

Communities face the challenge of balancing a desire to provide residents access to quality health and human services with decreasing resources and with an increasing burden of demand. The community health needs assessment conducted in 2016 will help policy and decision makers in Okeechobee County, Florida, to better understand the health needs and priorities of its communities, and aid in planning efforts to improve the health status of the community. The data from the Community Health Perspective should be considered along with the quantitative data from the Demographic and Socioeconomic Profile, Health Status Profile, and Health Resource Availability and Access Profile. The consideration of this aggregation of data will be an asset in the development of specific goals, objectives, strategies and activities, as part of an implementation plan.

Appendix A

Okeechobee County
Collaborative Community Health Needs Assessment
Resident Focus Group Questionnaire

Quality of Life

1. How do you feel about living in your community? Is it a safe place to live?
   Probes:
   - Safety in the home
   - Safety in the workplace
   - Schools and playgrounds

2. Is it a good place to raise children? If so why? If not why not?

3. Do you think Okeechobee County is a good place to grow up/grow old?
   Probes:
   - Churches
   - Shopping
   - Elder day care services
   - Social support organizations
   - Recreational activities
   - Other (Please specify)

Health Issues and Challenges

4. What do you perceive are the key health issues, conditions, and/or diseases that you or the community in which you live struggle with?
   Probes:
   - Diabetes, high blood pressure, heart disease, cancer and obesity
   - Mental health or substance abuse
   - Oral health and/or dental care
   - Other issues, including those that are emerging that often go undetected

5. What are some of the challenges that this community faces in staying healthy? What do you think is causing these health issues conditions you have described?
   Probes:
   - Individual behavior
     - Activities or behaviors of specific groups
     - Dietary behaviors
     - Attitudes and beliefs
     - Cultural or community norms or beliefs in the community around what it means to be “healthy”
     - Stress and anxiety

    - Physical activity, exercise

Probes:

- Physical environment
  - Aspects of the built environment
  - Sidewalks
  - Transportation routes
  - Places to engage in activity
  - Lack of places to exercise
  - Access to healthy foods
  - Access to preventative services
  - Access to basic health care

Health Care Access and Barriers

6. Have any of you had problems getting the health care that you need?
   Probes:
   - What are the main problems you have faced getting health care services in your neighborhood /community?
   - Have you been able to overcome any of these problems? If so, how did you do it?

7. What are the problems or barriers you see in maintaining or improving your or your family's health?

8. What health services do you need that are not currently available to you and your family?]

9. Where do you get most of your health care now, in your neighborhood or outside of your neighborhood?
   Probes:
   - At a doctors' office
   - At the ER
   - Health Department
   - Local community clinic
   - If outside neighborhood, ask why this is the case? –
     - What type of services do you need to get outside your community? Tell us about your experience in this regard?
     - Would you prefer to go somewhere else? Why or why not?
     - Is this the same place where other members of your family receive their health care? Why or why not?
     - How many of you have a regular doctor who you've gone to more than once?

Health System

10. What does the community have that helps people to improve or maintain health? What are some of the community's assets and strengths as related to the health of community residents?
    Probes:
    - Shifting social and community norms and beliefs
    - Public health awareness
    - Opportunities to exercise
    - Access to fresh produce, healthier diet
    - Areas for families to gather

- Sense of community safety
- Access to preventative services
- Access to basic health care
- Access to policy makers and local elected officials

11. What is your level of satisfaction with the health care system in Okeechobee County?
    Probes:

    - Cost
    - Quality of care
    - Access to care
    - Prescription drugs…

Suggestions and Comments

12. What ideas or suggestions do you have to improve the health of the community?

Appendix B

FOCUS GROUP DEMOGRAPHIC FORM

Please complete this form. You do not need to answer any question that makes you uncomfortable. If you have any questions, please ask us!

1. What ZIP code do you live in? _____

2. What is your age? (Check only one)

[ ] 0 – 18 years

[ ] 19 – 24 years

[ ] 25 – 44 years

[ ] 45 – 64 years

[ ] 65 – 84 years

[ ] 85+ years

3. What is your gender? (Check only one)

[ ] Female

[ ] Male

4. What race do you identify with most? (Check only one)

[ ] Asian

[ ] Black or African American

[ ] Native Hawaiian or Other Pacific Islander

[ ] American Indian, Alaskan Native, or Indigenous

[ ] White /Caucasian

5. What ethnicity do you identify with most? (Check only one)

[ ] Hispanic or Latino

[ ] Non-Hispanic or Non-Latino

6. What is the highest grade or year in school you have completed? (Check only one)

[ ] 6th grade or less

[ ] Some middle school or some high school, no diploma (grades 7 -11)

[ ] High school graduate or GED (grade 12)

[ ] Some college, No degree

[ ] Associate's degree/Certificate from vocational, business, or trade school

[ ] 4-years of college or higher, with bachelor's degree or higher

[ ] Other: _____

[ ] No answer

7. Do you work now? (Check only one)

[ ] Work 35 or more hours per week

[ ] Work less than 35 hours per week

[ ] Unemployed

[ ] Other: _____

[ ] No answer

8. Do you and your family have any kind of health care coverage, private carrier, Medicaid, Medicare, Florida KidCare, or any other (please specify). (Check only one)

[ ] Yes, please specify: _____

[ ] No

[ ] Do not know

[ ] Prefer not to answer

9. What is your annual household income from all sources, including money from jobs, social security, unemployment benefits, public assistance, and retirement income? (Check only one)

[ ] $0 - $20,000

[ ] $20,001 - $40,000

[ ] $40,001 - $60,000

[ ] $60,001 - $80,000

[ ] $80,001 - $100,000

[ ] $100,101 or more

[ ] Prefer not to answer

Appendix C

Okeechobee County
Collaborative Community Health Needs Assessment
Key Informant Interview

Name: _____ Organization: _____

Date: _____ Time: _____

Check ALL that apply.

- ☐ Persons with special knowledge of or expertise in public health
- ☐ Federal, tribal, regional, state, or local health or other departments or agencies, with current data or other information relevant to the health needs of the community served by the hospital facility
- ☐ Leaders, representatives, or members of medically underserved, low-income, and minority populations, and populations with chronic disease needs, in the community served by the hospital.

10. What do you perceive are the key health issues, conditions, and/or diseases the community or those you serve struggle with?

Probes:

- Diabetes, high blood pressure, heart disease, cancer, obesity
- Mental health or substance abuse
- Oral health
- Other issues, including those that are emerging that often go undetected

11. Who (which specific sub-groups) within the community appear(s) to struggle with these issues the most?

Probes:

- How do you know, what leads you to this conclusion?
- Where in the community do these groups live?

12. What are some challenges that this community faces in staying healthy? What do you think is causing these health issues and health conditions you've described?

    Probes:

    a. Individual behavior
        - Activities or behaviors of specific groups
        - Dietary behaviors
        - Attitudes and beliefs
        - Cultural or community norms or beliefs in the community around what it means to be "healthy"
        - Stress and anxiety
        - Physical activity, exercise

    b. Physical environment
        - Aspects of the built environment
        - Sidewalks

- Transportation routes
- Places to engage in activity
- Lack of places to exercise
- Access to healthy foods
- Access to preventative services
- Access to basic health care

13. What does the community have that helps improve or maintain health? What are some of the community's assets and strengths as related to the health of community residents?

    Probes:

    - Shifting social and community norms and beliefs
    - Public health awareness
    - Opportunities to exercise
    - Access to fresh produce, healthier diet
    - Areas for families to gather
    - Sense of community safety
    - Access to preventative services
    - Access to basic health care
    - Access to policy makers and local elected officials

14. What is the biggest thing needed to improve the overall health of the community?

    Probes:

    - Policies
    - Partnerships
    - Economic growth
    - Physical environment

15. What do you see as the key barriers for individuals/families in accessing healthcare in Okeechobee County?

Probe:

- Inadequate transportation
- Long wait times
- Don't know where to go
- Lack of insurance
- Stigma

16. What strategies can you suggest for overcoming these barriers?

17. What do service providers in this area need to know about the community?

18. What ideas do you have to improve the health of the community?

19. Is there anything else you would like to add about health and human service in Okeechobee County?