COMMUNITY HEALTH NEEDS ASSESSMENT FINAL REPORT

HIGHLANDS COUNTY
May 2023- December 2027

Executive Summary

Introduction & Purpose

National Public Health Accreditation standards require that the Florida Department of Health (FDOH), together with all local health departments, complete a Community Health Assessment (CHA) every five years. Performing regular assessments also allows community partners to monitor health trends in the community, set goals, and define plans to meet the needs of the community and identified special populations. In the fall of 2022, the Florida Department of Health in Highlands County (DOH-Highlands) partnered with AdventHealth and Conduent Healthy Communities Institute (Conduent HCI) in a collaborative effort to conduct a Community Health Needs Assessment (CHNA), leading into the process of reviewing and updating our own Community Health Assessment (CHA). This assessment involved collection and review of various community data indicators, including socioeconomic data, a community health assessment survey, focus groups, stakeholder interviews, secondary data analysis, and community collaboration. The final phase of the CHA includes identification of strategic issues that will guide the Community Health Improvement Plan (CHIP) and address health concerns identified through the survey.

Geographic of Service Area

Highlands County, Florida

Demographics

Highlands County is a rural area in south central Florida and lies adjacent to the following counties: DeSoto, Glades, Hardee, Okeechobee, and Polk. The county's largest communities are Avon Park, Lake Placid, and Sebring, with Sebring serving as the county seat. Unincorporated communities within the county include Brighton, Cornwell, Fort Basinger, Lorida, Palmdale, Placid Lakes, Spring Lake, Sylvan Shores, and Venus. Highlands County has a far lower population density, at 97.2 persons per square mile, than the state, at 350.6 persons per square mile. Highlands County experienced population growth for most of the years between 2010 and 2021, with the largest annual population increase of 2% between 2020 and 2021. There was also a large population decline of 4.4% between 2019 and 2020. Overall, between the years of 2010 and 2021, the county grew by an average of only 0.4% annually. Concerns regarding growth potential for Highlands County include its rural location, lack of good jobs, lack of higher education opportunities, lack of cultural and entertainment venues, and the fact that

most of the population is elderly. Young people who grow up in Highlands do not find enough opportunity locally, and so move to other areas that offer a chance for better living conditions and career choices.

Methods for Identifying Community Needs

Secondary Data

Conduent HCI, as the consultant hired by AdventHealth, conducted an analysis of secondary data to inform the Community Health Needs Assessment for Highlands County. The secondary data used in this assessment was obtained and analyzed from multiple sources, as noted throughout this report. This included a review of more than 200 community health and quality of life indicators covering over 26 topic areas. Indicator values for Highlands County were measured against other counties in Florida, the state, and nationwide to compare health topics and relative areas of need. Other considerations for health areas of need included trends over time, Healthy People 2030 targets, and disparities by age, gender, and race/ethnicity.

Primary Data

This needs assessment included the following primary data collection efforts:

- Focus groups hosted virtually with community members and key informants to inform understanding of Highlands County's health needs; and,
- A community survey distributed online throughout Highlands County.

Prioritized Areas

Highlands County held multiple convenings to determine final priority areas for this report. On October 26, 2022, community partners representing diverse sectors in Highlands County learned about the significant health needs identified through the community needs assessment process in a virtual session led by the HCI consulting team. This session included an online prioritization scoring exercise of each health topic, based on how well each met the defined criteria. HCI calculated the results and created a ranked list of significant health needs. The following three areas were identified as Prioritized Health Needs for Highlands County:

Access to Quality
Healthcare

Access to Healthy
Foods (including
Diabetes)

Behavioral Health
(including Mental Health and
Substance Use)

Conclusion

This report describes the process and findings of a comprehensive and collaborative Community Health Assessment (CHA) for the residents of Highlands County, Florida. The prioritization of the identified significant health needs will guide the community health improvement efforts of DOH-Highlands over the coming 3-to-5-year period. Following this process, DOH-Highlands will outline how it plans to address the prioritized health needs.

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Introduction & Purpose

The Florida Department of Health in Highlands County (DOH-Highlands) is pleased to present its 2022 Community Health Assessment (CHA). This report provides an overview of the process and methods used to identify and prioritize significant health needs for Highlands County, as federally required by the Affordable Care Act.

The purpose of this CHA is to offer a deeper understanding of the health needs within Highlands County and guide public health planning efforts to address needs in actionable ways that engage the whole community. Findings from this report will be used to identify and develop efforts to address disparities, improve health outcomes, and focus on social determinants of health to improve the health and quality of life of residents in the community.

This report includes a description of:

- The community demographics and population served;
- The process and methods used to obtain, analyze and synthesize primary and secondary data;
- The significant health needs in the community, taking into account the needs of uninsured, low-income, and marginalized groups;
- The process and criteria used in identifying certain health needs as significant and prioritizing those significant community needs.

Acknowledgements

The development of this CHA was a collaborative effort that included DOH-Highlands employees, community-serving organizations, and community members from various areas of focus who provided input, lived knowledge of issues, and suggested solutions, as well as those who share our commitment to improving the health and quality of life for all people who live, work, learn, and play in Highlands County.

Health Department Leadership

Jennifer Roth, MSPH	DOH-Highlands Administrator
Tessa Hickey, RN	Director of Nursing
Patrick Hickey, BSN	Division Director, Epi and EH
Angela Robles	Administrative Services Director
Lorie Jackson	Preparedness Planner
Ahylia Ramnarain, BAS	Executive Assistant/HR Liaison
Pamela Crain, MPH	Community Programs Director

Community Health Assessment Planning Team

Pamela Crain	DOH-Highlands
Ashley Wendt	Conduent HCI
Alison Grooms	AdventHealth
Kimberly Williams	AdventHealth

Florida Department of Health in Highlands County

The Florida Department of Health in Highlands County (DOH-Highlands) provides a range of services to the residents of our community, from promoting healthy lifestyles to protecting the health of the public through disease investigations and immunizations or serving as a local primary care provider and medical home for those who are uninsured or underinsured.   We are committed to the organizational mission of the Florida Department of Health, as stated below:

Mission

To protect, promote, and improve the health of all people in Highlands County through integrated state, county, and community efforts

Vision

To be the healthiest state in the nation

Values

I nnovation: We search for creative solutions and manage resources wisely

C ollaboration: We use teamwork to achieve common goals and solve problems

A ccountability: We perform with integrity and respect

R esponsiveness: We achieve our mission by serving our customers and engaging our partners

E xcellence: We promote quality outcomes through learning and continuous performance improvement

Consultants

AdventHealth commissioned Conduent Healthy Communities Institute (Conduent HCI) to support the assessment and create the report for its 2022 Community Health Needs Assessment. Conduent HCI works with clients across the nation to drive community health outcomes by assessing needs, developing focused strategies, identifying appropriate intervention programs, establishing monitoring systems, and implementing performance evaluation processes. The following HCI team members were involved in the development of this report:

- Ashley Wendt, MPH - Director of Public Health Consulting
- Corinna Kelley, MPH - Public Health Consultant
- Era Chaudhry, MPH - Research Associate
- Samreen Fathima, MPH

To learn more about Conduent HCI, please visit www.conduent.com/community-population-health.

Demographic Profile of Highlands County

The demographics of a community significantly impact its health profile. Different racial, ethnic, age, and socioeconomic groups may have unique needs and require varied approaches to health improvement efforts. The following section explores the demographic profile of the Highlands County community.

Geography and Data Sources

Data are presented in this section at the geographic level of Highlands County. County comparisons, state, and national values are also provided, when available. All data are sourced from Claritas Pop-Facts® 2022 population estimates[1] and American Community Survey one-year 2019 or five-year 2016-2020 estimates, unless otherwise indicated.

Population

According to the 2022 Claritas Pop-Facts® population estimates, Highlands County has an estimated population of 106,816 persons. Figure 1 shows the population size by each ZIP code, with the darkest blue representing ZIP codes with the largest population. The most populated ZIP code area within Highlands County is 33825 (Avon Park) with a population of 24,567.
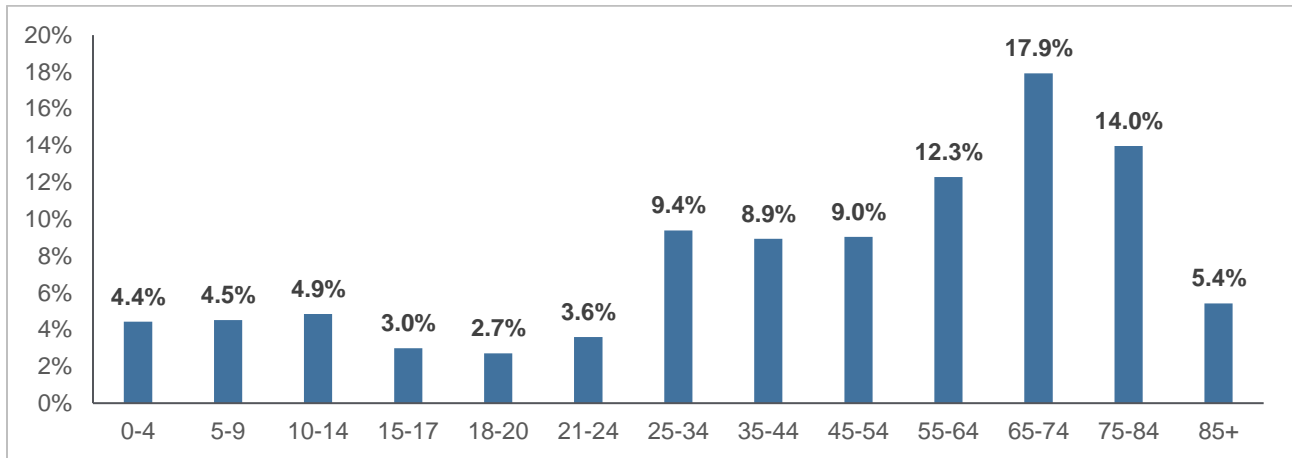
Figure 1: Population by ZIP Code: Highlands County
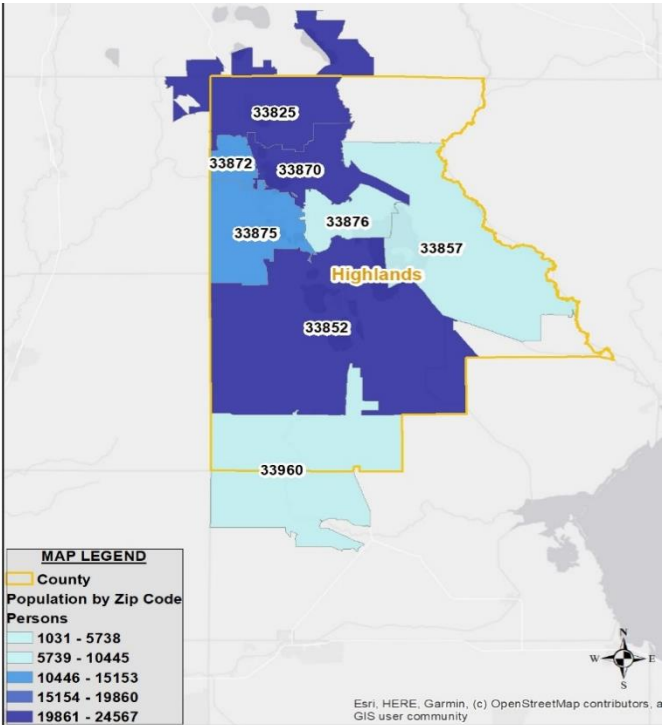
Age

Children ages 0-17 comprise 16.8% of the population in Highlands County. When compared to Florida, Highlands County has a higher proportion of residents ages 65+ and a lower proportion of children age (0-17). Figure 2 shows further breakdown of age categories.

**Figure 2: Population by Age: Highlands County**

*County and state values- Claritas Pop-Facts® 2022 population estimates

Sex

Figure 3 below shows the population of Highlands County by sex. In Highlands County, males comprise 48.8% and females 51.2% of the population, which is similar in proportion to Florida, as shown below.

**Figure 3: Percentage of Population by Sex: County and State Comparisons**
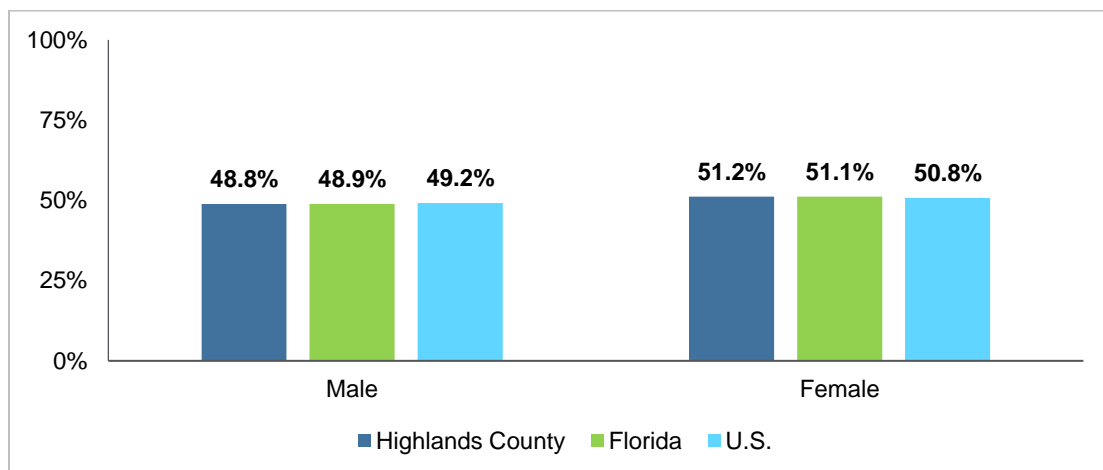
*County values- Claritas Pop-Facts® 2022 population estimates

Race and Ethnicity

The racial and ethnic composition of a population is important in planning for future community needs, particularly for schools, businesses, community centers, health care, and childcare. Analysis of health status and social determinants of health data by race/ethnicity can also help identify disparities in housing, employment, income, and poverty.

The racial makeup of Highlands County, as shown in Figure 4 below, shows 77.7% of the population identifying as White. The proportion of Black/African American community members is the second largest of all races in Highlands County at 10.3%. See Figure 5 below:
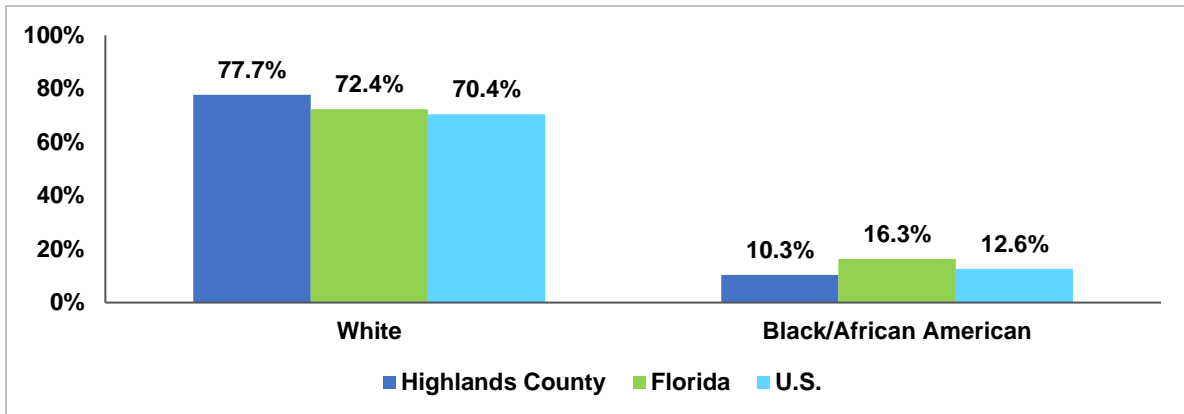
Figure 4: Population by Race: Highlands County
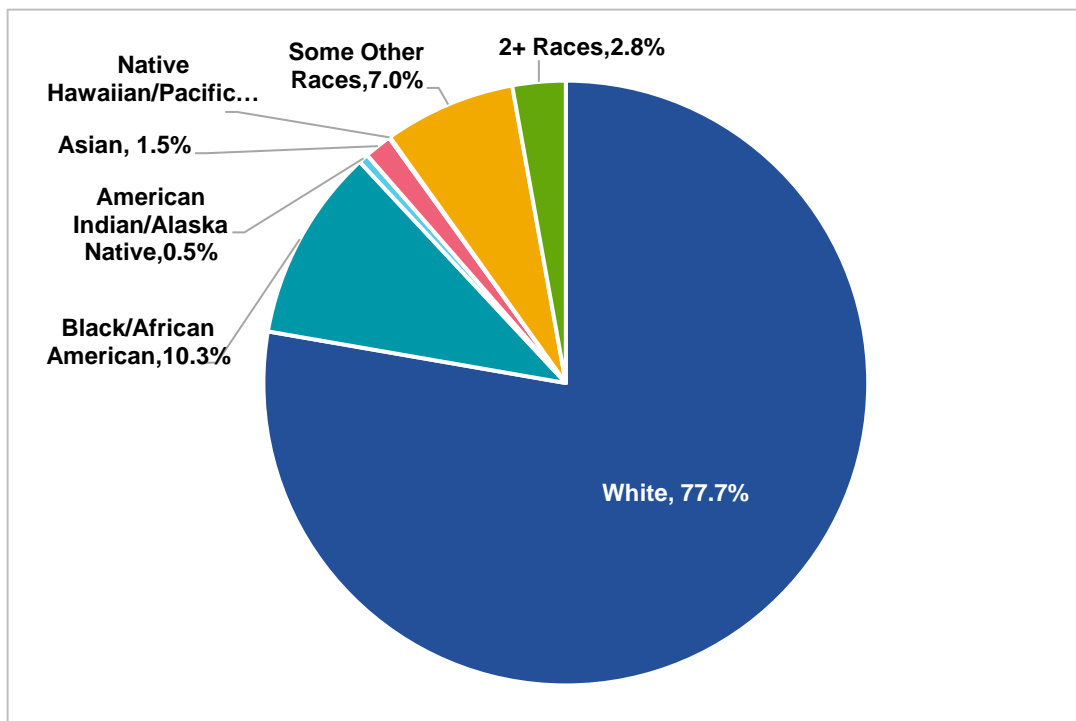
*County values- Claritas Pop-Facts® 2022 population estimates

Those community members identifying as White at 77.7% represent a higher proportion of the population in Highlands County when compared to Florida at 72.4% and the United States (U.S.) at 70.4%. Black/African American community members in Highlands County at 10.3% represent a lower proportion of the population when compared to Florida at 16.3% and the U.S. at 12.6% (Figure 5).
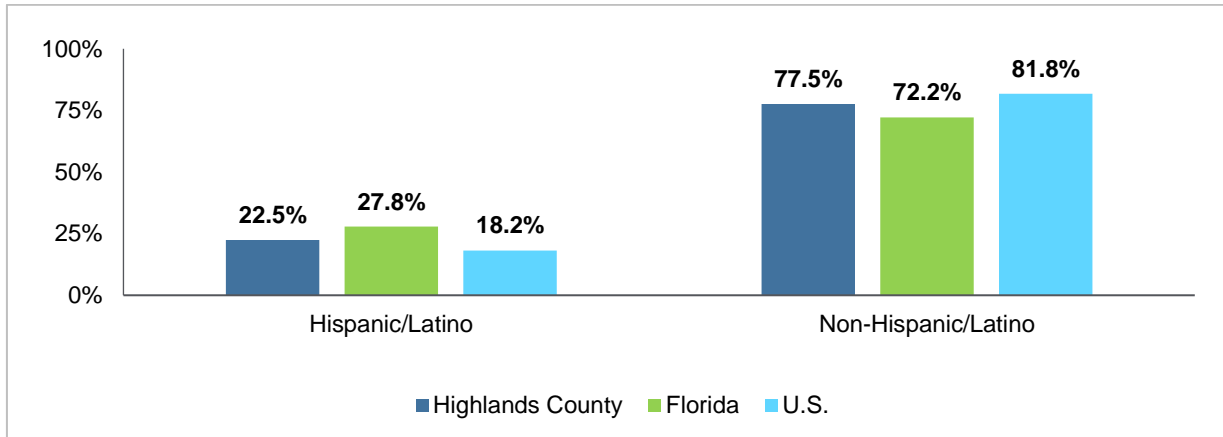
Figure 5: Population by Race: Highlands County, State, and U.S. Comparisons

As shown in Figure 6, 22.5% of the population in Highlands County identify as Hispanic/Latino. This is a smaller proportion of the population when compared to Florida at 27.8% and higher than the U.S. at 18.2%.

Figure 6: Population by Ethnicity: Highlands County, State, and U.S. Comparisons

Language and Immigration

Understanding countries of origin and languages other than English spoken at home can help inform the cultural and linguistic context for the health care and public health system in any community. According to the American Community Survey, 11.3% of residents in Highlands County are born outside the U.S., which is lower than the national value of 13.6%. In Highlands, 80.8% of the population age five and older speak only English at home, which is higher than both the state value of 70.2% and the national value of 78.5%, as shown in Figure

7. This data also indicates that 16.7% of the population in Highlands County speak Spanish, and 0.1% speak languages other than English, Spanish, Asian, or Indo-European.

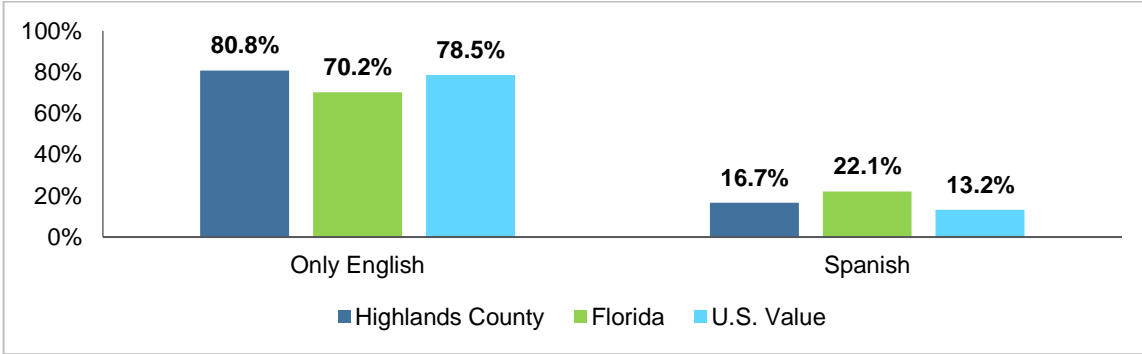**Figure 7: Population Ages 5+ by Language Spoken at Home: County, State and U.S. Comparisons**

County and state values- Claritas Pop-Facts® 2022 population estimates, U.S. values taken from American Community Survey five-year 2016-2020 estimates

The most common languages spoken at home in Highlands County are English 80.8%, Spanish 16.7%, Asian/Pacific Islander languages 1.0%, and Indo-European languages 0.1% (Figure 8).

Figure 8: Population Ages 5+ by Language Spoken at Home: County, State and U.S. Comparisons
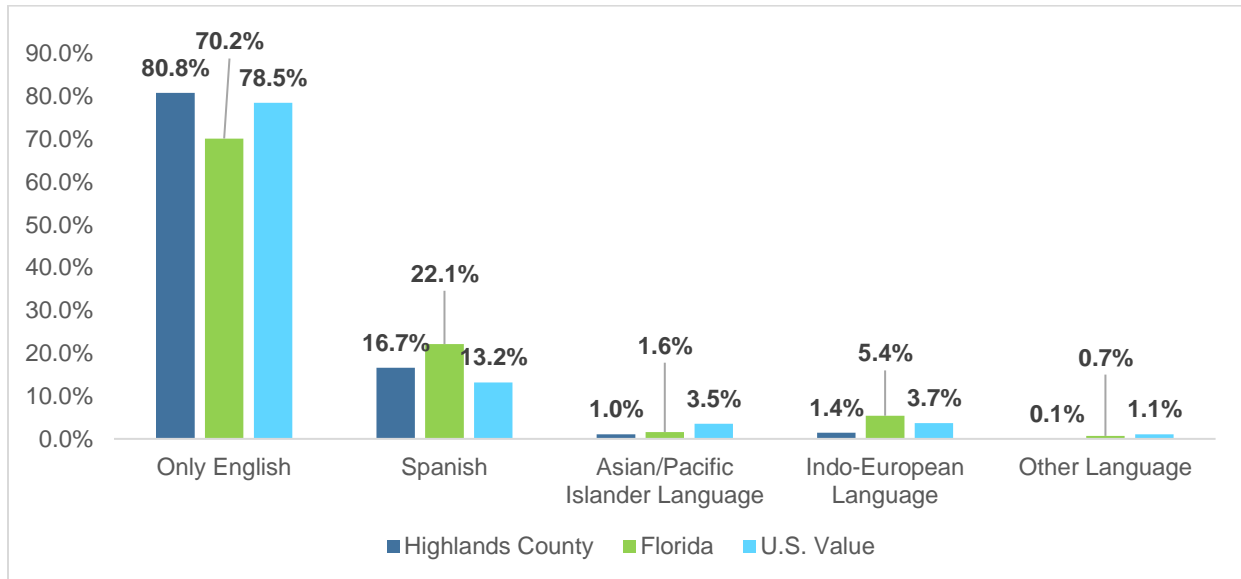
*County values- Claritas Pop-Facts® 2022 population estimates

Social & Economic Determinants of Health

This section explores the economic, environmental, and social determinants of health impacting Highlands County. Social determinants are the conditions in which people are born, grow, work, live, and age. They are the wider set of forces and systems shaping the conditions of daily life. The Social Determinants of Health (SDOH) can be grouped into five domains. Figure 9 shows the Healthy People 2030 Social Determinants of Health domains.

Figure 9: Healthy People 2030 Social Determinants of Health Domains

Geography and Data Sources

Data in this section is presented at various geographic levels, including zip code and/or county level, depending on data availability. When available, comparisons to county, state, and/or national values are provided. It should be noted that county level data can sometimes mask what could be going on at the zip code level in many communities. While indicators may be strong when examined at a higher level, zip code level analysis can reveal important information about disparities within communities.

All demographic estimates are sourced from Claritas Pop-Facts® 2022 population estimates and American Community Survey one-year 2019 or five-year 2016-2020 estimates, unless otherwise indicated.

Income

Income has been shown to be strongly associated with morbidity and mortality, influencing health through various clinical, behavioral, social, and environmental factors. Those with greater wealth are more likely to have higher life expectancy and reduced risk of a range of health conditions, including heart disease, diabetes, obesity, and stroke. Poor health can also contribute to reduced income by limiting one's ability to work.[1]

Figure 10 below provides a breakdown of households by income in Highlands County. A household income of $50,000-$74,999 is reported by the largest proportion of households in Highlands County at 20.0%. Households with an income of less than $15,000 make up 11.4% of households in Highlands County.

Figure 10: Households by Income, Highlands County
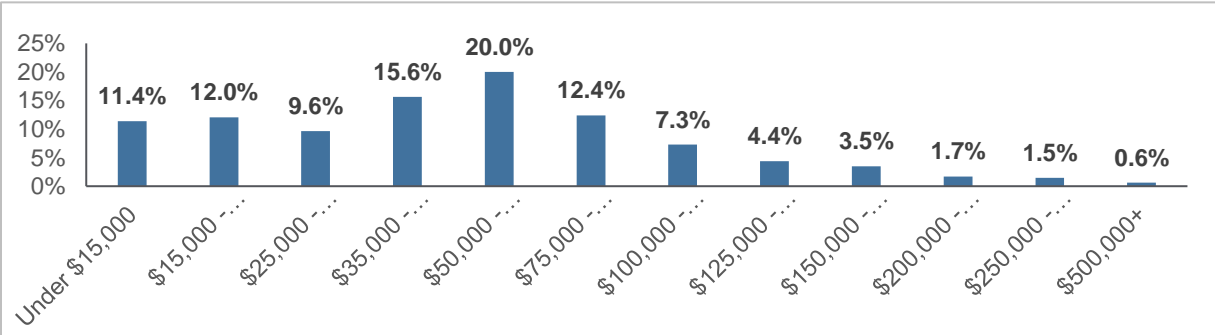
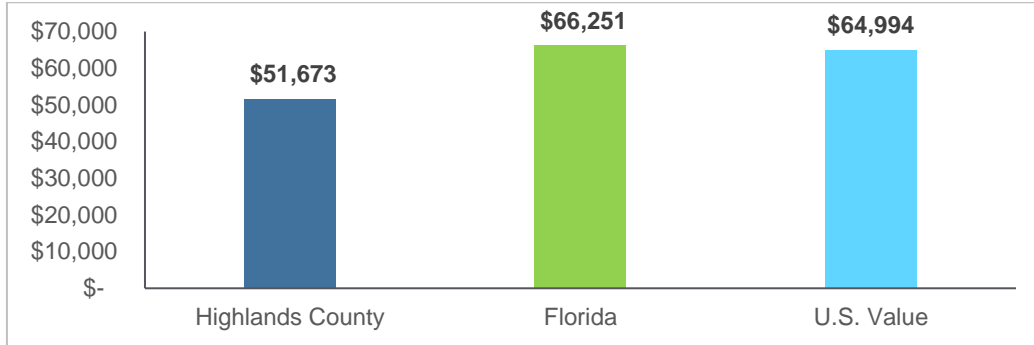*County values- Claritas Pop-Facts® 2022 population estimates

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[1] 1 Robert Wood Johnson Foundation. Health, Income, and Poverty. https://www.rwjf.org/en/library/research/2018/10/health--income-and-poverty-where-we-are-and-what-could-help.html

The median household income for Highlands County is $51,673, which is lower than either the state value of $66,251 or the national value of $64,994, as shown in Figure 11 below.

Figure 11: Median Households Income by: County, State and U.S. Comparisons

*County and state values- Claritas Pop-Facts® 2022 population estimates, U.S. values taken from American Community Survey five-year 2016-2020 estimates

Figure 12 shows median household income by race and ethnicity. Three racial/ethnic groups – White, Asian, and Non-Hispanic/Latino – have median household incomes above the overall median value for Highlands County. All other races have incomes below the overall value, with the American Indian population having the lowest median household income at $14,999.

**Figure 12: Median Household Income by Race/Ethnicity, Highlands County**
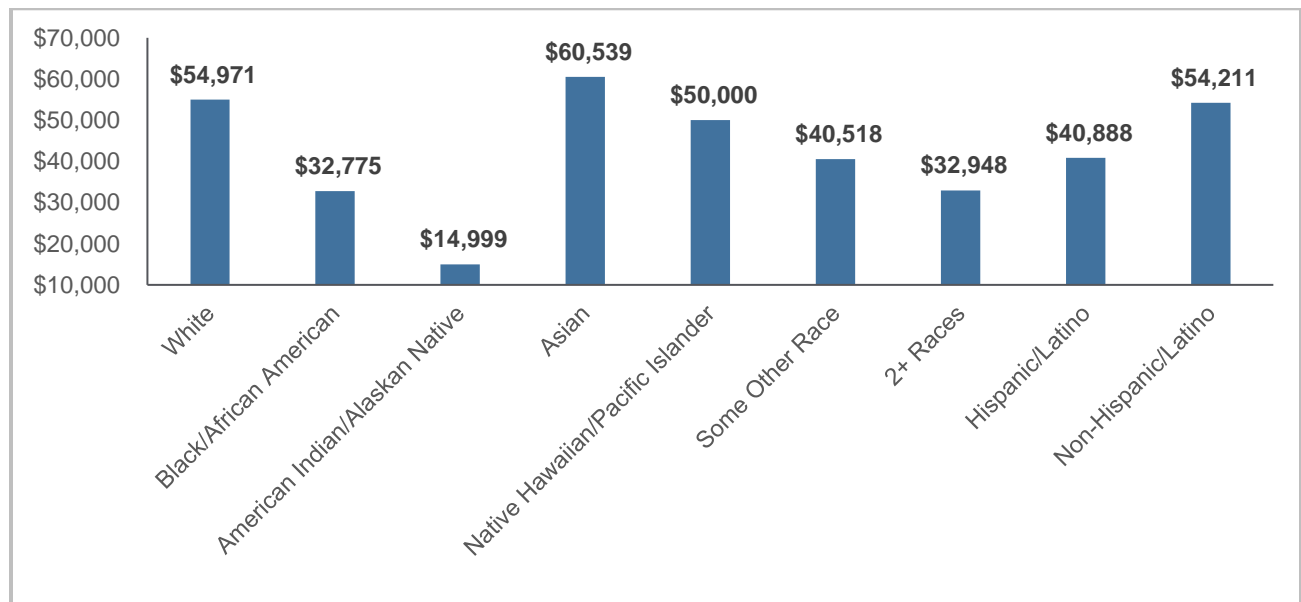
*County values- Claritas Pop-Facts® 2022 population estimates

Poverty

Federal poverty thresholds are set every year by the Census Bureau and vary by size of family and ages of family members. People living in poverty are less likely to have access to health care, healthy food, stable housing, and opportunities for physical activity. These disparities mean people living in poverty are more likely to experience poor health outcomes and premature death from preventable diseases.[2]

Figure 13 shows the percentage of Highlands County families living below the poverty level by ZIP code. The darker blue colors represent a higher percentage of families living below the poverty level, with ZIP code 33857 (Lorida) having the highest percentages at 22.6%. Overall, 12.9% of families in Highlands County live below the poverty level, which is higher than both the state value of 9.3% and the national value of 9.1%.

**Figure 13: Families Living Below Poverty Level: Highlands County**
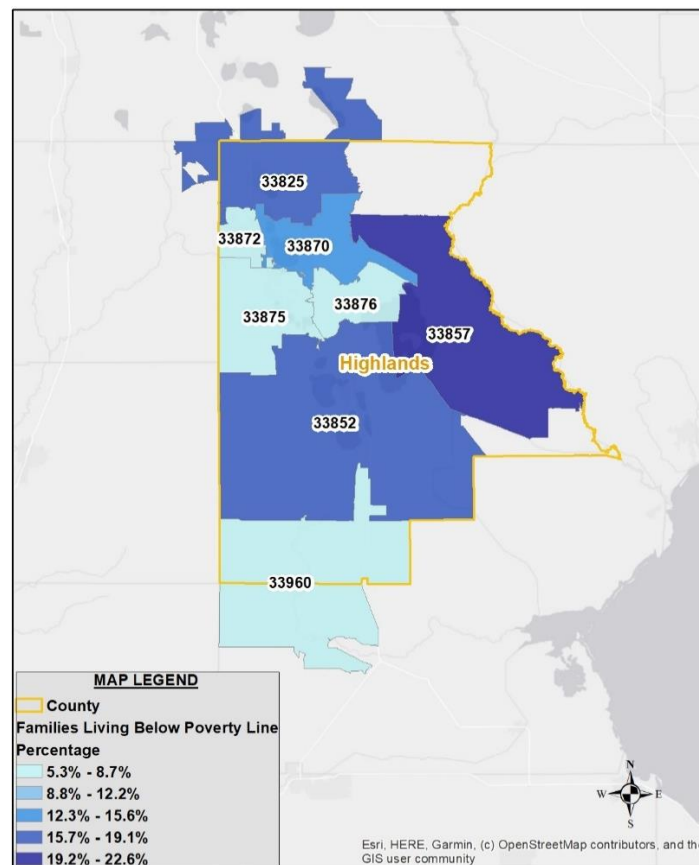
Employment

A community's employment rate is a key indicator of the local economy. An individual's type and level of employment impacts access to health care, work environment, health behaviors, and health outcomes. Stable employment can help provide benefits and conditions for maintaining good health. In contrast, poor or unstable work and working conditions are linked to poor physical and mental health outcomes.[3]

Unemployment and underemployment can limit access to health insurance coverage and preventive care services. Underemployment is described as involuntary part-time employment, poverty-wage employment, and insecure employment.

Type of employment and working conditions can also have significant impacts on health. Work-related stress, injury, and exposure to harmful chemicals are examples of ways employment can lead to poorer health.[7]

Figure 14 shows the population age 16 and over who are unemployed. The unemployment rate for Highlands County is 6.8%, which is higher than the state value of 4.8% and the national value of 5.4%.

Figure 14: Population Ages 16+ Unemployed
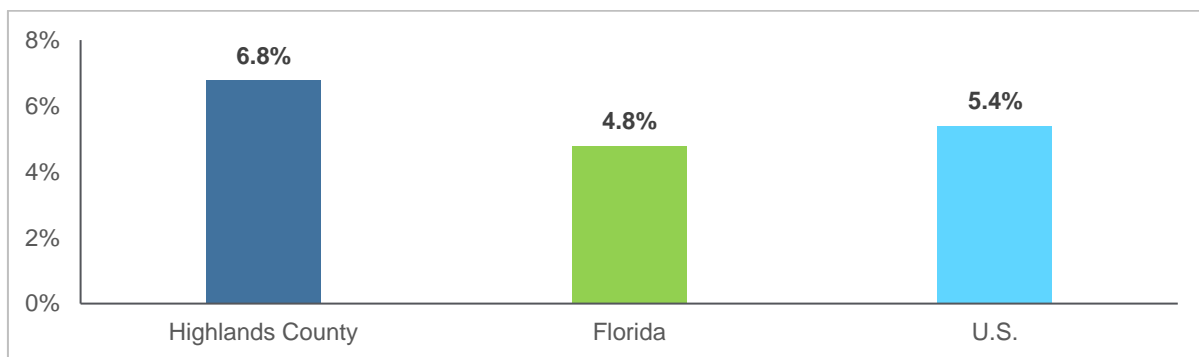
*County and state values- Claritas Pop-Facts® 2022 population estimates, U.S. values taken from American Community Survey five-year 2016-2020 estimates

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[3] U.S. Department of Health and Human Services, Healthy People 2030. https://health.gov/healthypeople/objectives-and-data/social-determinants-health/literature-summaries/employment

Education

Education is an important indicator for health and well-being. Education can lead to improved health by increasing health literacy, providing better job opportunities and higher income, and improving social and psychological factors linked to health. People with higher levels of education are likely to live longer, experience better health outcomes, and practice health-promoting behaviors.[4]

Figure 15 shows the percentage of the population 25 years or older by educational attainment.

Figure 15: Population Ages 25+ by Education Attainment, Highlands County
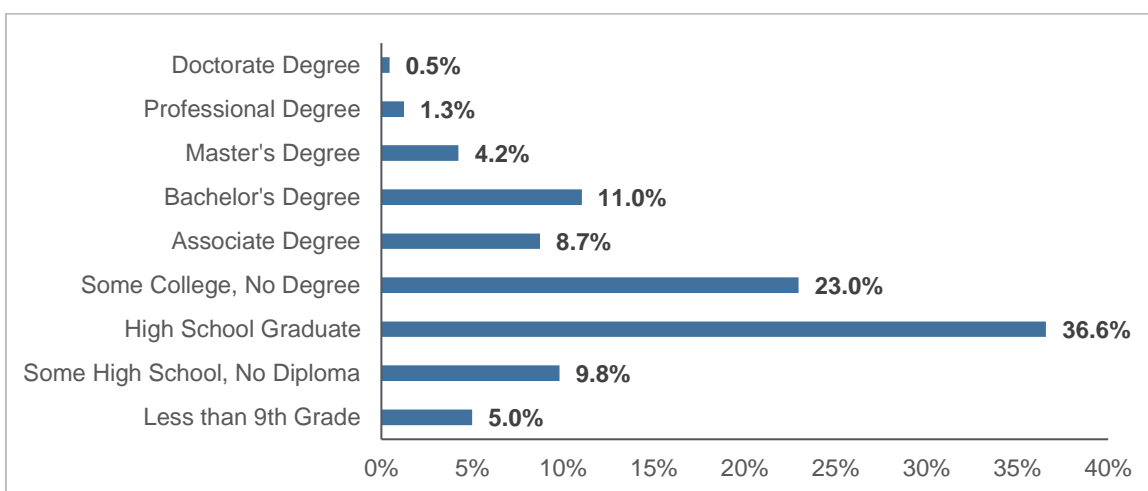
*County values- Claritas Pop-Facts® 2022 population estimates

Another indicator related to education is on-time high school graduation. A high school diploma is a requirement for many employment opportunities and for higher education. Not graduating high school is linked to a variety of negative health impacts, including limited employment prospects, low wages, and poverty.[9]

Figure 16 shows that Highlands County has a lower percentage of residents with a high school degree or higher at 85.2% and bachelor's degree or higher at 17.0% when compared to both the state and national value for the same indicators.

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[4] Robert Wood Johnson Foundation, Education and Health. https://www.rwjf.org/en/library/research/2011/05/education-matters-for-health.html

Figure 16: Population Ages 25+ by Education Attainment, FL and U.S. Comparisons
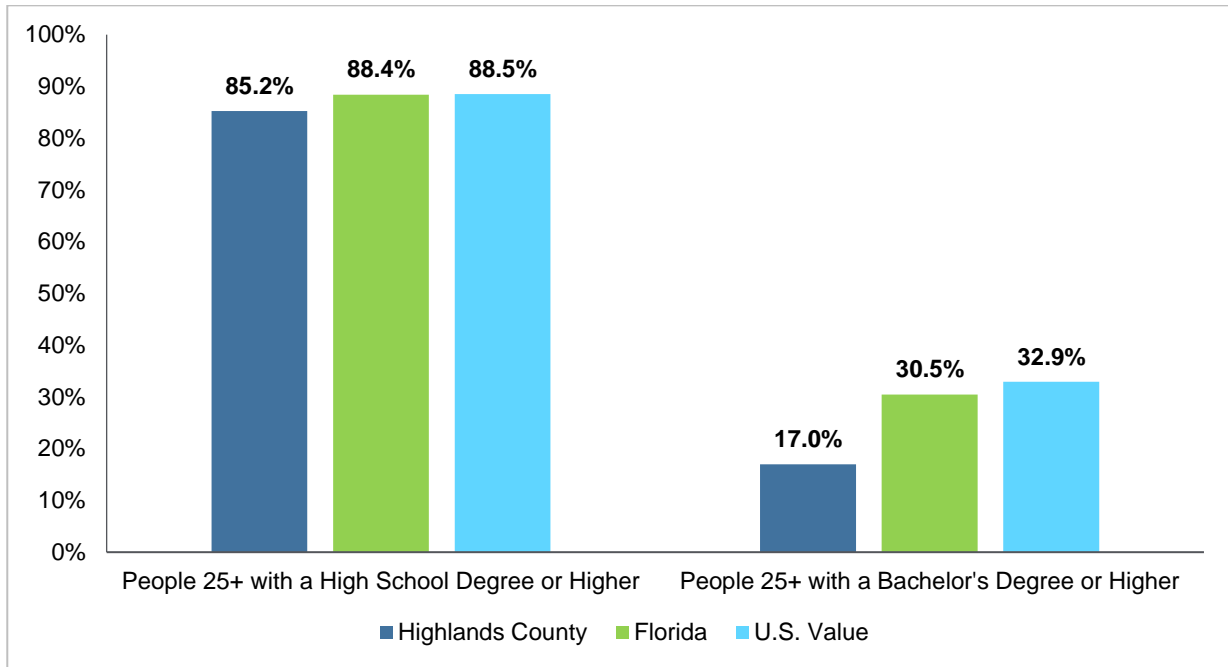
*County and state values- Claritas Pop-Facts® 2022 population estimates, U.S. values taken from American Community Survey five-year 2016-2020 estimates

Housing

Safe, stable, and affordable housing provides a crucial foundation for health and well-being. Exposure to health hazards and toxins in the home can cause severe damage to an individual's or family's health.[5] Figure 17 shows the percentage of households with severe housing problems. This indicator measures the percentage of households with at least one of the following problems: overcrowding, high housing costs, lack of kitchen, or lack of plumbing facilities. In Highlands County, 14.3% of households were found to have at least one of those problems, which is lower than the state value of 19.2% and the national value of 17.0%.

Figure 17: Severe Housing Problems: County, State, and U.S. Comparisons

*County and state values- Claritas Pop-Facts® 2022 population estimates, U.S. values taken from County Health Rankings 2014-2018 estimates

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[5] County Health Rankings, Housing and Transit. https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/physical-environment/housing-and-transit

When families must spend a substantial portion of their income on housing, they may not have enough money to pay for things like healthy foods or health care. This is linked to increased stress, mental health problems, and an increased risk of disease.[6]

Figure 18 shows the percentage of renters who are spending 30% or more of their household income on rent. The value in Highlands County of 49.7% is slightly higher than the national value of 49.1%, but lower than the state value of 56.3%.

Figure 18: Renters Spending 30% or More of Household Income on Rent: County, State, U.S. Comparisons
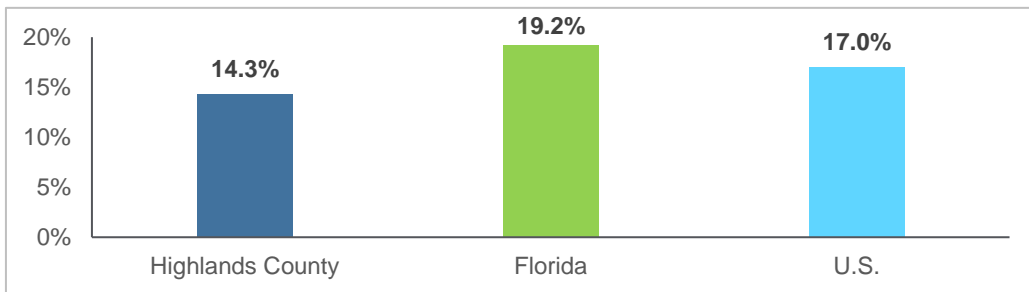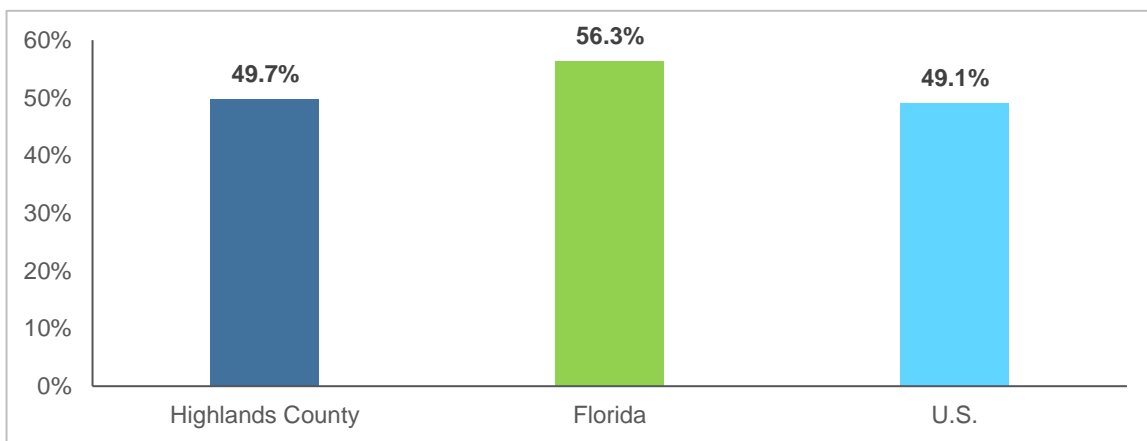

*County and state values- Claritas Pop-Facts® 2022 population estimates, U.S. values taken from American Community Survey five-year 2016-2020 estimates

Neighborhood and Built Environment

Internet access is essential for basic health care access, including making appointments with providers, getting test results, and accessing medical records. Access to the internet is also increasingly essential for obtaining home-based telemedicine services.[7] Internet access may also help individuals seek employment opportunities, conduct remote work, and participate in online educational activities. Figure 19 shows the percentage of households that have an internet subscription. The rate in Highlands County, at 77.5%, is lower than both the state value of 85.7% and the national value of 85.5%.

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[6] U.S. Department of Health and Human Services, Healthy People 2030. https://health.gov/healthypeople/objectives-and-data/browse-objectives/housing-and-homes/reduce-proportion-families-spend-more-30-percent-income-housing-sdoh-04

[7] U.S. Department of Health and Human Services, Healthy People 2030. https://health.gov/healthypeople/objectives-and-data/browse-objectives/neighborhood-and-built-environment/increase-proportion-adults-broadband-internet-hchit-05

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Figure 19: Households with an Internet Subscription: County, State and U.S. Comparison

American Community Survey (2016-2020)

*County and state values- Claritas Pop-Facts® 2022 population estimates, U.S. values taken from American Community Survey five-year 2016-2020 estimates
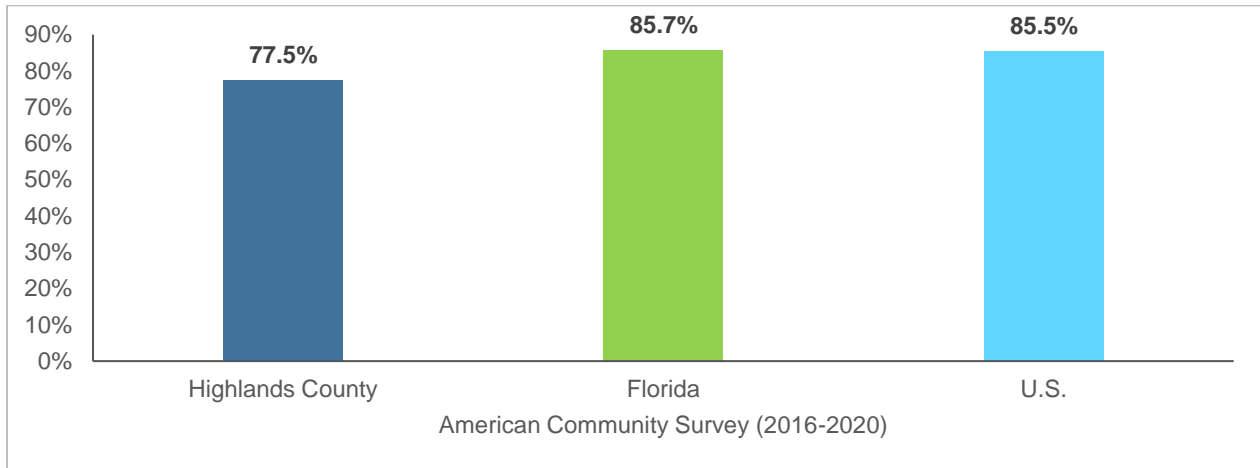
Disparities and Health Equity

Identifying disparities by population groups and geography helps inform and focus priorities and strategies. Understanding disparities also helps us better understand root causes that impact health in a community and inform action toward health equity.

Health Equity

Health equity is the fair distribution of health determinants, outcomes, and resources across communities.[8] National trends have shown that systemic racism, poverty, and gender discrimination have led to poorer health outcomes for groups such as Black/African Americans, Hispanic/Latinos, Indigenous, communities with incomes below the federal poverty level, and LGBTQ+ communities.

Race, Ethnicity, Age & Gender Disparities

Primary and secondary data for Highlands County revealed significant community health disparities by race, ethnicity, and gender that is included throughout this report. It is important to note that the data is presented to show differences and distinctions by population groups. The assessment workgroup was intentional in creating community assessments and forums to

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[8] Klein R, Huang D. Defining and measuring disparities, inequities, and inequalities in the Healthy People initiative. National Center for Health Statistics. Center for Disease Control and Prevention. https://www.cdc.gov/nchs/ppt/nchs2010/41_klein.pdf

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understand different groups' unique experiences and perceptions around diversity, equity, and inclusion. Focus group forums consisted of community residents from various race, ethnicity, age, and gender groups, as well.

Secondary Data

Community health disparities were assessed in the secondary data using the Index of Disparity[9] analysis, which identifies disparities based on how far each subgroup (by race, ethnicity, or gender) is from the overall county value.

Table 1 below identifies secondary data indicators with a statistically significant race, ethnicity, or gender disparity for Highlands County, based on the Index of Disparity.

Table 1: Indictors with Significant Race, Ethnicity or Gender Disparities

Health Indicator	Group(s) Negatively Impacted
Adults Who Currently Use E-Cigarettes	White, Hispanic/Latino, Female
Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	Black, Female
Age-Adjusted Death Rate due to Chronic Liver Disease and Cirrhosis	Black, Male
Age-Adjusted Death Rate due to Colorectal Cancer	Black, Male
Age-Adjusted Death Rate due to Coronary Heart Disease	White, Male
Age-Adjusted Death Rate due to Diabetes	Black, Hispanic/Latino, Male
Age-Adjusted Death Rate due to Lung Cancer	White, Female
Age-Adjusted Death Rate due to Motor Vehicle Collisions	Black, Male
Age-Adjusted Death Rate due to Suicide	White, Hispanic/Latino, Male
Age-Adjusted Death Rate due to Unintentional Injuries	White, Male
Babies with Low Birth Weight	Black
Cervical Cancer Incidence Rate	Black
Families Living Below Poverty Level	Black, Asian, Multiple Races, Other Race, Hispanic/Latino
HIV Incidence Rate	Black, Male
Melanoma Incidence Rate	White
People 65+ Living Below Poverty Level	Asian, Multiple Races, Hispanic/Latino, Female
Youth not in School or Working	Female

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[9] Pearcy, J. & Keppel, K. (2002). A Summary Measure of Health Disparity. Public Health Reports, 117, 273-280.

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The Index of Disparity analysis for Highlands County reveals that Black/African American populations are disproportionately impacted for several chronic diseases, including stroke, chronic liver disease, colorectal cancer, diabetes, and lung cancer. White populations in Highlands County are also disproportionately impacted by lung cancer. Further, Black/African American populations are disproportionately impacted for indicators on babies with low birth weight and cervical cancer incidence rates.

Table 1 above also provides examples of significant race and ethnic disparities across various measures of poverty. Disparities can be associated with poorer health outcomes for those groups that are disproportionately impacted. Some indicators include: Families Living Below Poverty Level, Youth not in School or Working, and People Ages 65+ Living Below Poverty Level.

Geographic Disparities

In addition to disparities by race, ethnicity, age, and gender, this assessment identified specific zip codes/municipalities with differences in outcomes related to health and social determinants of health. Geographic disparities were identified using the Health Equity Index, Food Insecurity Index, and Mental Health Index. These indices have been developed by Conduent Healthy Communities Institute to easily identify areas of high socioeconomic need, food insecurity, and mental health need.

Conduent's Health Equity Index estimates areas of highest socioeconomic need correlated with poor health outcomes. Conduent's Food Insecurity Index estimates areas of low food accessibility correlated with social and economic hardship. Conduent's Mental Health Index (MHI) is a measure of socioeconomic and health factors correlated with self-reported poor mental health. For all indices, counties, zip codes, and census tracts with a population over 300 are assigned index values ranging from 0 to 100, with higher values indicating greater need. Understanding where there are communities with higher need is critical to targeting prevention and outreach activities.

Health Equity Index

Conduent's Health Equity Index estimates areas of high socioeconomic need, which are correlated with poor health outcomes. ZIP codes are ranked based on their index value to identify relative levels of need, as illustrated by the map in Figure 20. The following ZIP code in

Highlands County had the highest level of socioeconomic need, as indicated by the darkest shades of blue: 33825 Avon Park, with index values of 94.2.

Food Insecurity Index

Conduent's Food Insecurity Index estimates areas of low food accessibility correlated with social and economic hardship. ZIP codes are ranked based on their index value to identify relative levels of need, as illustrated by the map in Figure 21. The following ZIP codes had the highest level of food insecurity, as indicated by the darkest shades of green: 33870 (Sebring), 33857 (Lorida), and 33825 (Avon Park), and with index values of 71 and 69.6 and 69 respectively.

Figure 20: Health Equity Index
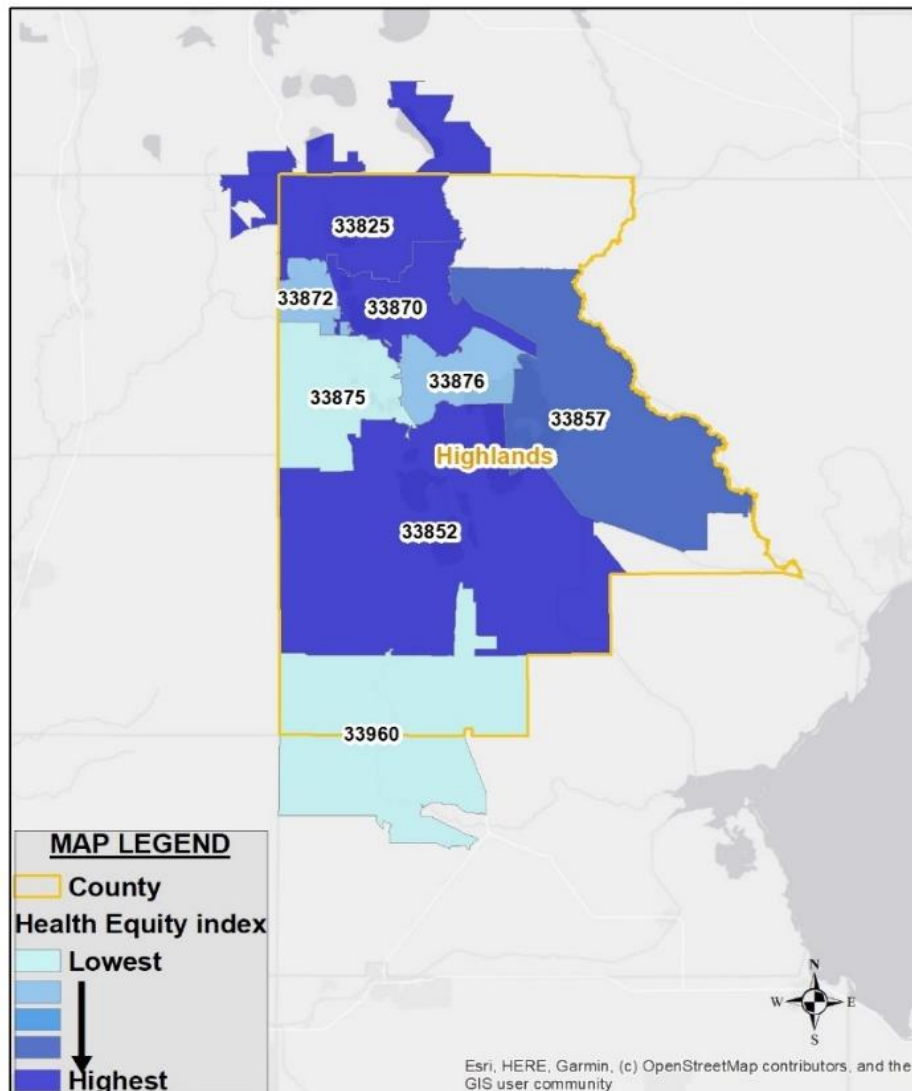
Figure 21: Food Insecurity Index
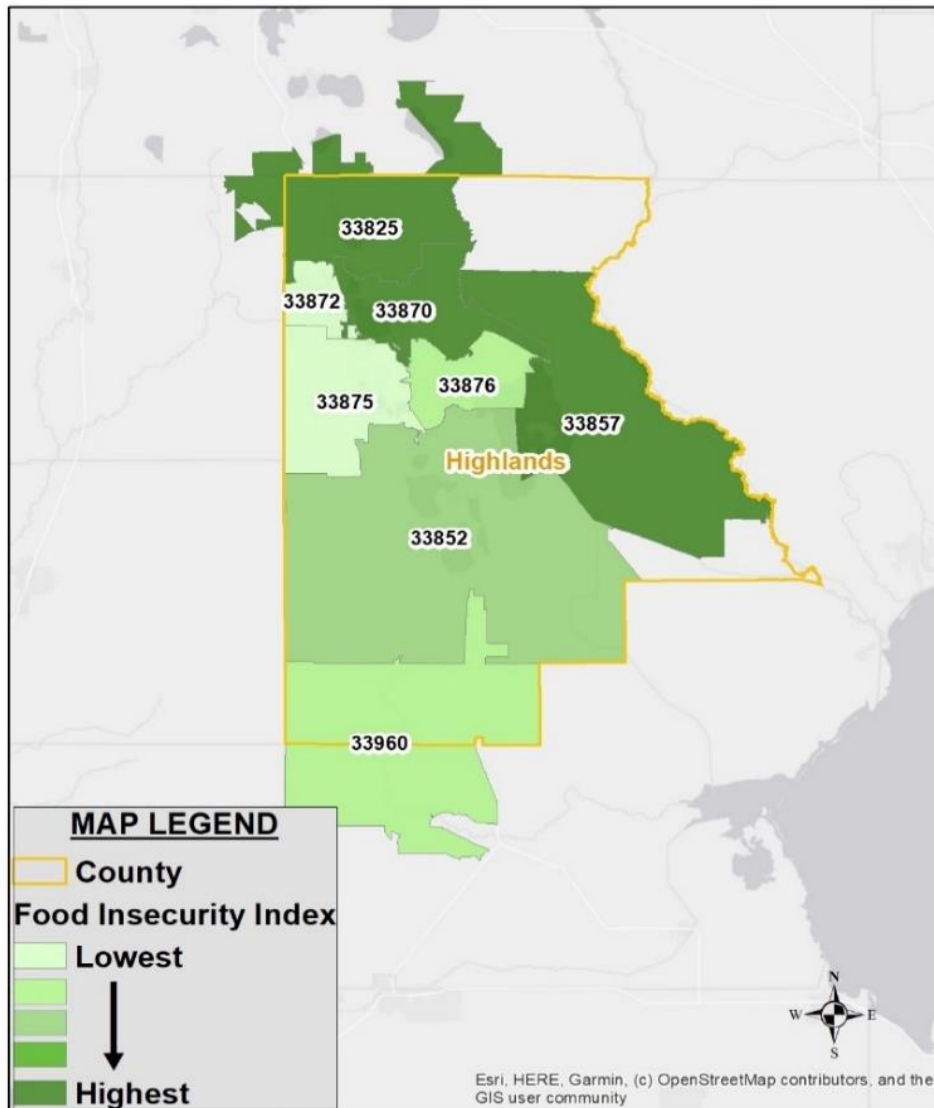
Mental Health Index

Conduent's Mental Health Index (MHI) is a measure of socioeconomic and health factors correlated with self-reported poor mental health. Based on the MHI, in 2021, ZIP codes were ranked based on their index value to identify the relative levels of need, as illustrated by the map in Figure 22. The following two ZIP codes are estimated to have the highest need, as

indicated by the darkest shades of purple: 33870 (Sebring), and 33825 (Avon Park), with index values of 97.8 and 97.3 respectively.

Figure 22: Mental Health Index
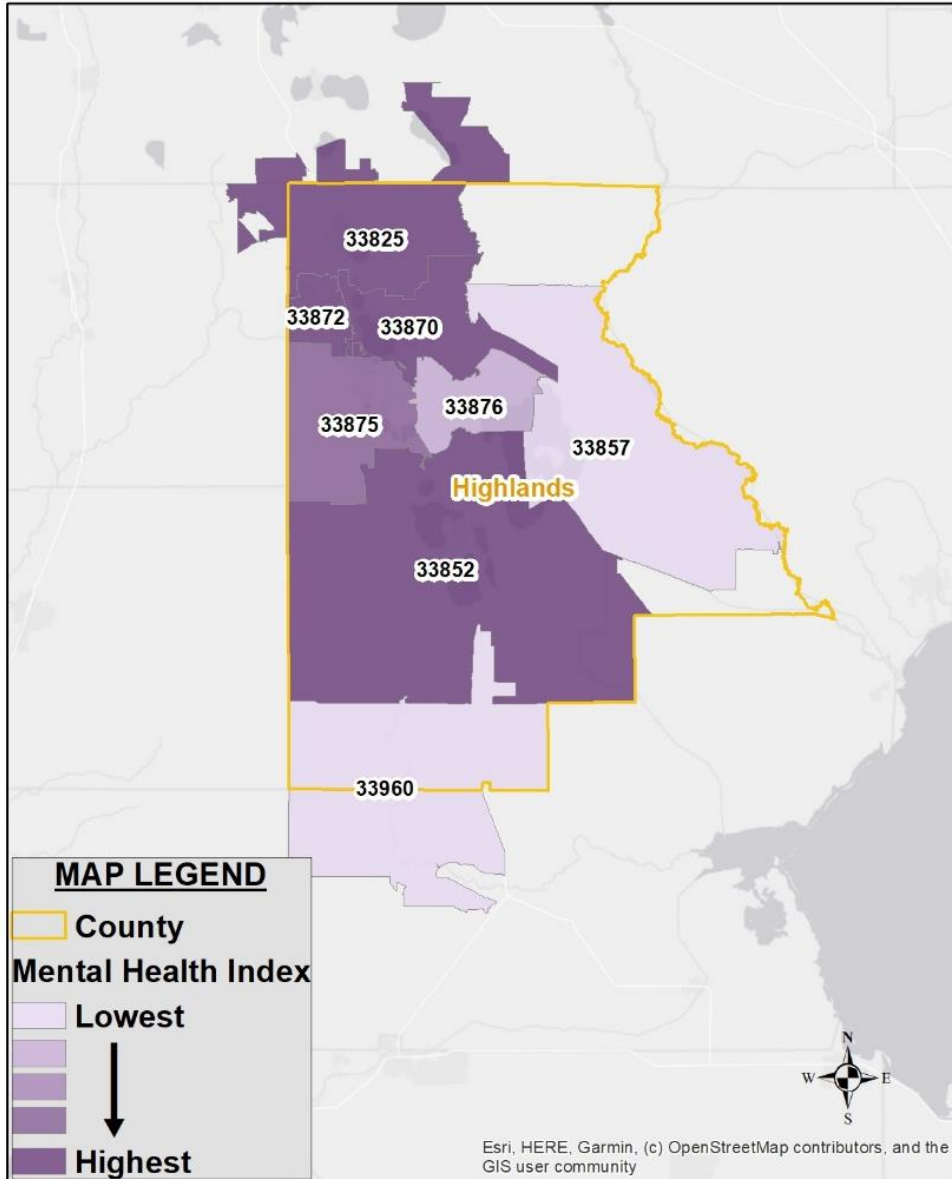
Data Methodology and Key Findings

Secondary Data Sources & Analysis

Secondary data used for this assessment was collected and analyzed from a community indicator database developed by Conduent Healthy Communities Institute (HCI). The database, maintained by researchers and analysts at HCI, includes over 150 community indicators, spanning at least 24 topics in the areas of health, determinants of health, and quality of life. The data is primarily derived from state and national public secondary data sources. The value for each of these indicators is compared to other communities, national targets, and to previous time periods.

HCI's Data Scoring Tool systematically summarizes multiple comparisons and ranks indicators based on highest need. For each indicator, the Highlands County value was compared to a distribution of Ohio and U.S. counties, state and national values, Healthy People 2030 targets, and significant trends, as shown in Figure 23. Each indicator was then given a score, based on the available comparisons. These scores range from 0 to 3, where 0 indicates the best outcome and 3 indicates the poorest outcome. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected from other communities, and changes in methodology over time. These indicators were grouped into topic areas for a higher-level ranking of community health needs. Due to the limited availability of zip code, census tract, or other sub-county health data, the data scoring technique is only

Figure 23. Secondary Data Scoring
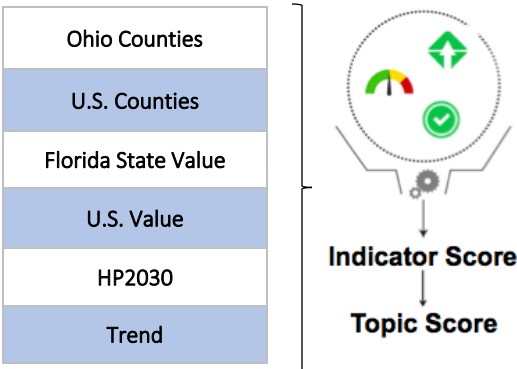
Table 2. Topic Scoring Results

Health and Quality of Life Topics	Score
Diabetes	2.13
Heart Disease & Stroke	2.11
Education	2.09
Oral Health	2.02
Other Conditions	2.01
Women's Health	1.98
Older Adults	1.97
Children's Health	1.97
Nutrition & Healthy Eating	1.96
Prevention & Safety	1.90
Wellness & Lifestyle	1.87
Maternal, Fetal & Infant Health	1.81
Health Care Access & Quality	1.75
Mental Health & Mental Disorders	1.74
Economy	1.73
Cancer	1.71

Score range: Good → Bad, 0 1 2 3
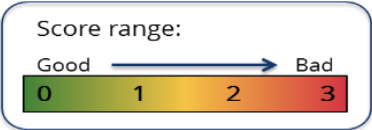
available at the county level. The data scoring results are therefore presented in the context of Highlands County.

Table 2 shows the health and quality of life topic scoring results for Highlands County, with Diabetes as the poorest performing topic area with a score of 2.13, followed by Heart Disease and Stroke with a score of 2.11. Topics that received a score of 1.70 or higher were considered a significant health need. Nineteen topics scored at or above that threshold. Topic areas with fewer than three indicators were considered a data gap.

Community Feedback: Primary Data Collection & Analysis

To ensure all perspectives were considered, input was collected from Highlands County community members at large. Primary data used in this assessment consisted of results from a digital community health survey with individual community members, along with community-level focus groups. These findings expanded upon information gathered from the secondary data analysis to inform this Highlands County CHA.

Qualitative Data: Focus Groups

The Conduent HCI team facilitated five joint focus groups in Hardee and Highlands County. The intent of these focus groups was to understand the different health experiences for Black/African Americans, Hispanic/Latinos, Older Adults, and Parents of Pediatric Children. An additional focus group was held with community leaders from both counties to understand overall access to healthcare, barriers to care, as well as community resources. Community organizations and residents of these communities were invited to participate in all groups.

Focus Group discussions took place both in person and virtually during September 2022. There was a total of 53 participants. A focus group facilitation guide was developed to assist the conversations, which included topics such as Community Strengths & Assets, Top Health Problems, Access to Health, and Impact on Health. A list of questions utilized for focus group discussions can be found in Appendix B. To help inform an assessment of community assets, participants were also asked to identify and describe resources available in their community. The list of available resources is in Appendix C.

The project team captured detailed transcripts of the focus group sessions. The text from these transcripts was analyzed using the qualitative analysis program Dedoose[10]. Text was coded using a pre-designed codebook, organized by themes, and analyzed for significant take-aways.

Table 3 below summarizes the top health and quality of life categories that were identified from the focus groups. These top need areas were synthesized with findings from secondary data analysis to identify overall health needs for consideration during prioritization in Highlands County.

Table 3. Highlands County Top Needs Identified Through Qualitative Data Analysis

Topic Area
Access to Health Services
Children's Health
Discrimination & Bias
Economy
Food Security/Access
Healthcare Insurance
Mental Health
Substance Use and Misuse
Transportation

Community Survey

Another method of community input was gathering primary quantitative data through an online survey. The survey was promoted across Highlands County by the Florida Department of Health in Highlands County, AdventHealth, and their community partners. Responses were collected from July 21, 2022, to September 9, 2022. The survey was made available in English, Spanish, and Creole. A paper survey was also developed and distributed. The survey consisted of 60 questions related to top health needs in the community, individuals' perception of their overall health, individuals' access to health care services, as well as social and economic determinants of health and general health status. A copy of the community survey tool can be found in

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[10] Dedoose Version 8.0.35, web application for managing, analyzing and presenting qualitative and mixed method research data (2018). Los Angeles, CA: SocioCultural Research Consultants, LLC www.dedoose.com

. A total of 380 responses were collected, of those 70 respondents identified as being from Highlands County.

The following top health and quality of life categories were identified through the analysis of the community survey:

- Access to Healthcare
- Aging Problems
- Alcohol Abuse
- Being Overweight
- Diabetes
- Distracted Driving
- Good Jobs and Healthy Economy
- Good Schools
- Drug Use/Abuse
- Lack of Exercise
- Low Crime/Safe Neighborhoods
- Mental Health (including suicide)
- Poor Eating Habits
- Vaping, Cigarette, Cigar, or e-cigarette use

Data Considerations

A key part of any data collection and analysis process is recognizing potential limitations within the data being considered. Each data source used in this assessment was evaluated based on its strengths and limitations during data synthesis, which should be kept in mind when reviewing this report.

For both primary and secondary data, immense efforts were made to include as wide a range of community health indicators, key informants, and focus group participants as possible. Although the topics by which data are organized cover a wide range of health and quality of life areas, within each topic there is a varying scope and depth of secondary data indicators and primary data findings.

Secondary data was limited by the availability of data, with some health topics having a robust set of indicators, while others were more limited. Population health and demographic data are often delayed in their release, so data is presented for the most recent years available for any given data source. There is also variability in the geographic level at which data sets are available, ranging from census tract or zip code to statewide or national geographies. Whenever possible, the most relevant localized data is reported. Due to variations in geographic boundaries, population sizes, and data collection techniques for different locations (hospital service areas, zip codes, and counties), some datasets are not available for the same time spans or at the same level of localization. Finally, persistent gaps in data exist for certain community health issues.

For the primary data, the breadth of findings is dependent upon who self-selected to participate as focus group participants or survey respondents. Focus group participants represented a diverse sampling of key community voices within the county, including Black/African Americans, Hispanic/Latinos, Older Adults, and Parents of Pediatric Children, as well as community leaders providing services and programming in Highlands County.

Highlands County Health Concerns

Overview

Multiple types of data were collected and analyzed to inform this Community Health Assessment. They include the following data collection activities:

- Secondary Data Analysis of 150 community indicators, spanning at least 24 topics in the areas of health, determinants of health, and quality of life
- Five community focus groups with Highlands County residents
- Digital Community Survey

Significant Health Needs

Findings from the data sources described above were analyzed and combined to identify the significant health needs for Highlands County. Figure 24 illustrates the nine significant health needs, listed in alphabetical order, that were included for prioritization, based on the findings of all forms of data collected for the Highlands County 2022 CHA.

Figure 24. Highlands County Significant Health Needs

Access to Healthy Foods	Mental Health & Mental Disorders
Access to Quality Healthcare	Older Adult Health
Children's Health	Prevention & Safety
Diabetes	Substance Use and Misuse
Economy	

Prioritization

To better target activities that address the most pressing health needs in the community, the Highlands County CHA Steering Committee convened a group of community members and leaders to participate in a virtual presentation of data on significant health needs facilitated by Conduent HCI. Following the data presentation and facilitated discussion, the group participated in a prioritization voting activity.

Process

After initial delays due to the impact of Hurricane Ian on the region, invitations to participate in the Highlands County data synthesis presentation and virtual prioritization activity were sent out in the weeks preceding the meeting held on Wednesday, October 26, 2022. A total of 25 individuals representing local hospital systems, health departments, educational institutions, as well as community-based organizations, nonprofits, and the general community attended the virtual meetings. Documents were shared with participants ahead of the meeting to support this discussion.

During the virtual meeting, the group reviewed and discussed the results of the primary and secondary data analysis leading to the identified nine significant health needs. Participants were given a set time during the end of the session to participate in prioritization voting. During this activity, each participant voted on the significant health needs based on how well they met the criteria set forth by the Highlands County CHA Steering Committee.

Discussion Visuals

To facilitate discussions, session participants were directed to Jamboards to capture initial thoughts about the data that was presented. They also provided additional feedback on the significant health needs and shared resources that are available in the community. The visuals in Figure 25a, 25b, and 25c below illustrate details of these discussion boards.

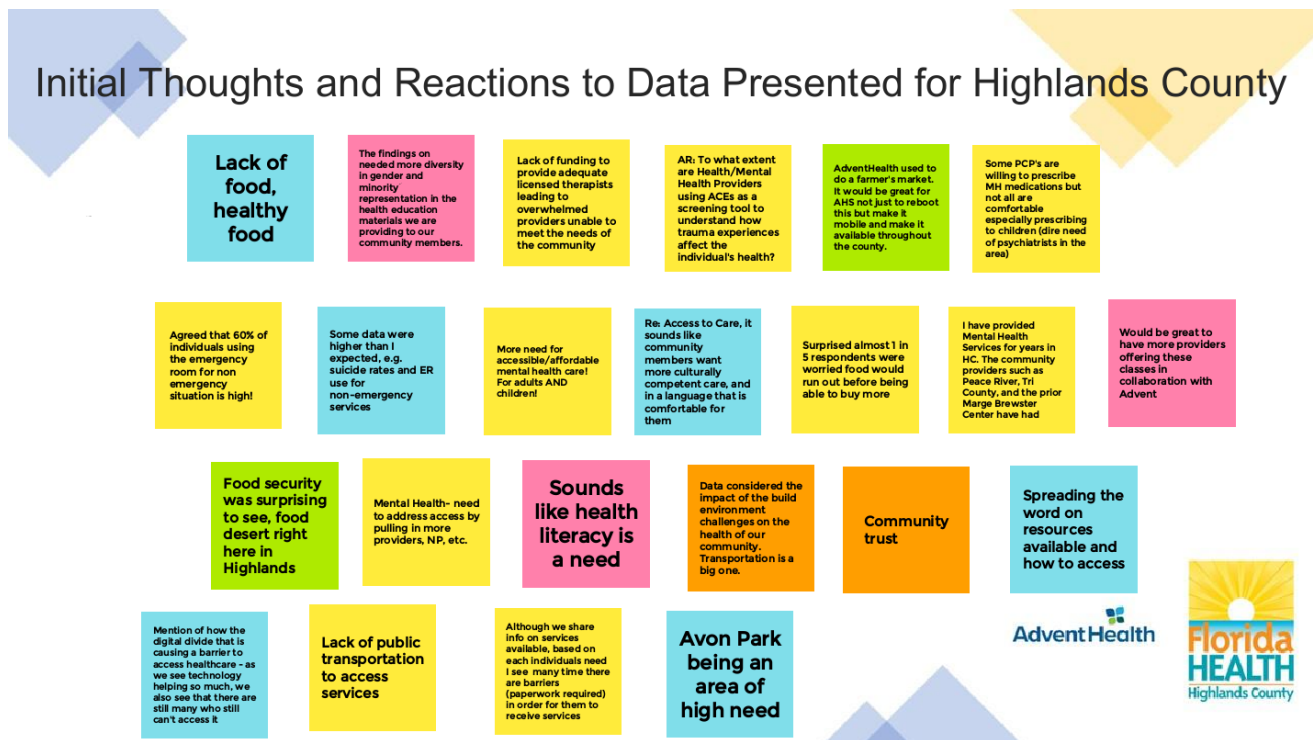**Figure 25a. Highlands County Prioritization Data Discussion**

Figure 25b. Highlands County Significant Health Need Discussion Deep Dive

Deeper Dive into Significant Health Needs

Lack of food, healthy food	Community trust	No public transportation or minimal knowledge about the programs that are available to the transportation disadvantaged	Lack of public transportation to access services	DEI may also have an impact
Economy	Initiate Community Health Worker teams to alleviate overuse of the ER.	Cost of food is going up and so are bills. People are having to choose between food and paying bills. There is even an increase in food requests for middle class population.	Many low to middle income people (families) cannot afford health insurance. Samaritans Touch Care Center is the only medical facility in Highlands County that is FREE.	Low health literacy
From an education stand point, those lacking a high school diploma may have limited income or cannot advance in their career.	There are working people who use the ER for their medical care to avoid the high cost of group health premiums.	Look into volunteer providers through government-funded education programs, so they commit to a few years in our county providing services.	Education to local leaders on the health needs. Some may not think we need to focus on key areas. How can we educate our local leaders in organizations. This may lead to collabs	

AdventHealth

Florida HEALTH Highlands County

Figure 25c. Highlands County Resource Discussion

What Community Resources Are Available?

Pastors	Samaritans Touch Care Center is the only medical facility in Highlands County that is FREE. We provide free Medical Care and Mental Health Counselling to the residents of Highlands	We provide free Medical Care and Mental Health Counselling to the residents of Highlands County whom cannot afford insurance and are struggling financially	Faith Community Initiatives with AdventHealth Mission & Ministry teams	Champion for Children foundation can help with limited healthcare costs for children to include medical, mental health, vision, dental and hearing.
AdventHealth offers Mental Health First Aid, free of charge for community members and organizations	Ridge SDA Church has a free community garden every week.	Avon Park SDA Church Depression Recovering Program – 8 week program every year during 1st Quarter	1. Avon Park SDA Church Reversing Diabetes Program – 6 week program every year during 3rd quarter	AdventHealth Lifestyle & Longevity Series – community lecture series on health
	AdventHealth Food is Health Program	AdventHealth Whole Health Hub (FindHelp Platform)	AdventHealth offers free Diabetes education classes through the wellness center and dietitians in the diabetes department	

AdventHealth

Florida HEALTH Highlands County

Florida HEALTH Highlands County

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Prioritization Criteria

The criteria for prioritization included:

1. **Scope and Severity:** How BIG an issue is each health issue?
   - How many people in the community are or will be impacted?
   - How does each need impact health and quality of life?
   - Has the need changed over time?
2. **Ability to Impact:** Do you feel the groups taking on this work will be able to have a positive impact on each health issue?
   - Do the hospitals, health departments, or community organizations have the knowledge, experience, and/or resources to address the health need?
   - Can the need be addressed in collaboration with community partners? Are organizations already addressing the health issue?
   - Can we create clear goals to address the health need? Are those goals achievable in the next few years?

In addition to considering the data presented by Conduent HCI, participants were encouraged to use their own knowledge, judgement, and lived experiences, as well as considering how well a health topic met the criteria.

The outcome of the prioritization resulted in a final list of significant health needs in ranked order. The Highlands County CHA Steering Committee then reviewed and discussed the scoring results of the prioritized significant community needs and identified three priority areas to be considered for subsequent implementation planning. The results of the overall Prioritization Activity are shown in Table 4.

Table 4. Overall Prioritization Activity Results

Rank	Significant Health Need Area
1	Mental Health & Mental Disorders
2	Access to Healthy Foods
3	Children's Health
4	Access to Healthy Foods
5	Diabetes
6	Substance Use & Misuse

7	Older Adult Health
8	Prevention & Safety
9	Economy

Prioritized Significant Health Needs

From the final scoring of the nine significant community health needs, three priority areas were identified to be considered for integration into the Implementation Strategy Planning process. These included combining the categories of Mental Health and Substance Use and Misuse into the broader category of Behavioral Health. The category of Diabetes was included under the Access to Healthy Foods need area. There will also be a focus on Children's Health across all categories. The final prioritized health needs are shown in Figure 26.

Figure 26: 2022 Highlands County Prioritized Health Needs

Access to Quality Healthcare

Access to Healthy Foods (including Diabetes)

Behavioral Health (including Mental Health and Substance Use)

A deeper dive into primary and secondary data for each of these priority areas is provided in the following section of this report and highlights how each topic became a priority area for Highlands County.

Prioritized Health Needs

The following section provides a detailed description of each prioritized health need. An overview is provided for each health topic, followed by a table highlighting the poorest performing indicators and a description of key themes that emerged from community feedback. The three prioritized health needs are presented in alphabetical order.

Each prioritized health topic includes key themes from community input and secondary data warning indicators. The warning indicators shown for certain health topics are above the 1.70 threshold for Highlands County and indicate areas of concern.

Prioritized Health Topic #1:

Access to Healthy Foods

Secondary Data Score: **1.96**

Key Themes from Community Input

- 17.9% of survey respondents worried their food would run out before they had money to buy more
- 9.6% of survey respondents received emergency food from a church, food pantry or food bank in the past 12 months
- Affordability and accessibility: processed food can be less expensive and more accessible
- Food insecurity is an ongoing issue; increasing food prices and wages are not keeping up
- Built environment is not conducive to healthy food options
- Neighborhoods vary in availability of resources

Warning Indicators

- Farmers Market Density
- Food Environment Index
- Low-Income and Low Access to a Grocery Store
- People with Low Access to a Grocery Store

Diabetes

Secondary Data Score: **2.13**

Key Themes from Community Input

- 16.2% of survey respondents reported being told by a doctor or medical provider that they had diabetes
- Being overweight, lack of exercise, and poor eating habits were also identified by survey respondents as important issues to address
- Lack of awareness on how to prevent or reduce chronic conditions

Warning Indicators

- Access to Exercise Opportunities
- Adults with Diabetes
- Adults who are Sedentary
- Age-Adjusted Death Rate due to Diabetes
- Diabetes: Medicare Population

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Secondary Data

Secondary data for Access to Healthy Foods included Nutrition and Healthy Eating data scoring. Nutrition and Healthy Eating ranked 8th highest in the overall data scoring for Highlands County. Further analysis was done to identify specific indicators of concern, which include indicators with high data scores (scoring at or above the threshold of 1.70). These are shown in Table 5.

Table 5: Data Scoring Results for Access to Healthy Foods

SCORE	NUTRITION & HEALTHY EATING	Highlands County	HP2030	FL	U.S.	Florida Counties	U.S. Counties	Trend
2.64	Food Environment Index (2022)	6.1	---	7	7.8			
2.00	Low-Income and Low Access to a Grocery Store (2015) Percent	14.2	---	---	---			---
2.00	People with Low Access to a Grocery Store (2015) Percent	33.2	---	---	---			---
1.83	Farmers Market Density (2018) Markets/1,000	0.009	---	---	---	---	---	

HP2030 - Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. HP2030 represents a Healthy People target to be met by 2030.

The worst-performing indicators within this topic category are Food Environment Index, Low-Income and Low Access to a Grocery Store, and People with Low Access to a Grocery Store. The Food Environment Index score of 1.6 is lower than that for the State of Florida and U.S. values. Low-Income and Low Access to a Grocery Store specifically highlights food accessibility challenges for the low-income community in Highlands County at 14.2%. People with Low Access to a Grocery Store highlights the general populations' food accessibility challenges at 33.2% for the county. Additional information can be taken from HCI's Food Insecurity Index®, discussed earlier in this report. The Food Insecurity Index can be used to help identify more specific geographic areas of low food accessibility at the zip code level within Highlands County.

The decision was made during prioritization discussions to include Diabetes within the Nutrition and Healthy Eating Prioritized Health Need focal area, given the connection between healthy eating and chronic disease prevention and management. Diabetes received the highest data score (2.13) of all topic areas for Highlands County, indicating an area of higher concern or opportunity to make health improvements. Further analysis was done to identify specific indicators of concern, which included indicators with high data scores (scoring at or above the threshold of 1.70). These are shown in Table 6.

Table 6: Data Scoring Results for Diabetes

SCORE	DIABETES	Highlands County	HP2030	FL	U.S.	Florida Counties	U.S. Counties	Trend
2.31	Diabetes: Medicare Population (2018) Percent	30	---	27.8	27	(gauge)	(gauge)	(up arrow)
2.08	Age-Adjusted Death Rate due to Diabetes (2020) Deaths/100,000	27.8	---	23.2	24.8	(gauge)	---	(equals)
2.00	Adults with Diabetes (2017-2019) Percent	18	---	11.7	---	(gauge)	---	---

HP2030 - Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. HP2030 represents a Healthy People target to be met by 2030.

The poorest-performing indicators within this topic area are Diabetes: Medicare Population, Age-Adjusted Death Rate Due to Diabetes, and Adults with Diabetes. Diabetes among the Medicare population in Highlands County, at 30%, is slightly higher than the values for the state of Florida (27.8%) and the U.S. value (27.0%). The trend over time for this indicator also shows increasing concern. The indicator of Age-Adjusted Death Rate Due to Diabetes in Highlands County shows the age-adjusted death rate per 100,000 people due to diabetes. For Highlands County the rate of 27.8 deaths/100,000 population is worse than both state (23.2) and national (24.8) values. The indicator Adults with Diabetes shows the percentage of adults who have ever been diagnosed with diabetes. This indicator shows that 18.0% of adults in Highlands County have received a diabetes diagnosis compared to 11.7% for the state of Florida.

Community Feedback

In addition to being a significant need area identified in the secondary data analysis, Access to Healthy Food was also a significant health need identified by community members as survey respondents and focus group participants.

Community Survey Findings

The community health survey implemented in Highlands County included questions about diet and exercise, as well as food insecurity. The following data highlights key findings from the survey respondents.

Figures 27 to 29 shows the percentages of survey respondents who reported experiencing food insecurity in the past year. While the majority of respondents reported never experiencing food insecurity in the last year, there were smaller percentages of respondents who had this experience. Overall, 17.9% of respondents reported worrying at some point over the past year about whether their food would run out before they had money to buy more (Figure 27). The percentage of respondents reporting that the food they bought just did not last before they had money to get more was 16.5% (Figure 28). Finally, 9.6% of respondents reported that they or someone living in their home had received emergency food from a church, a food pantry, or a food bank, or ate in a soup kitchen in the last 12 months (Figure 29).

Figure 27: Percent of survey respondents who reported worrying about whether their food would run out before they got money to buy more in the past 12 months (N = 249)
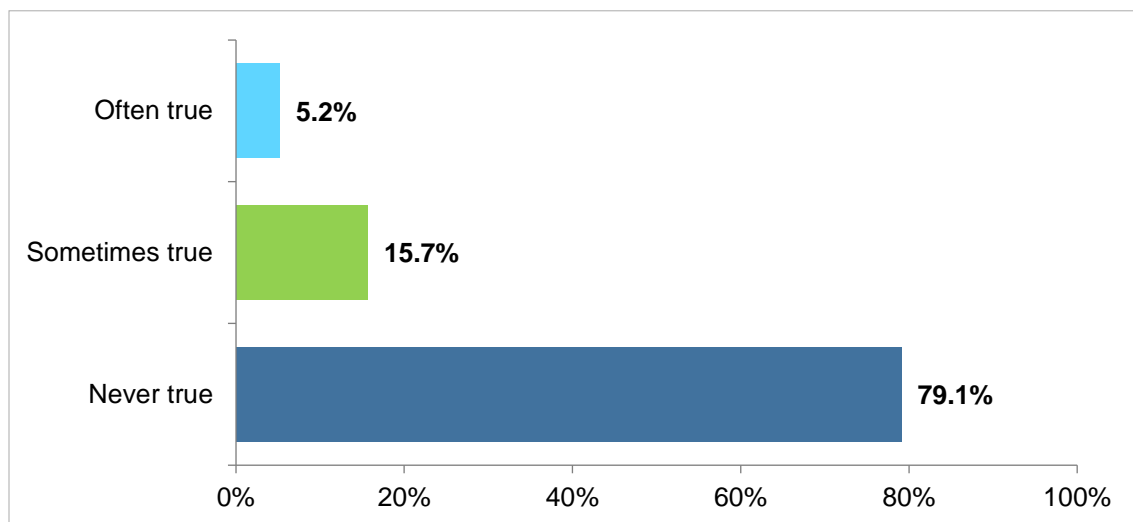
Figure 28: Percent of survey respondents who reported that the food they bought just did not last before they had money to get more (N = 249)

Often true — 4.8%
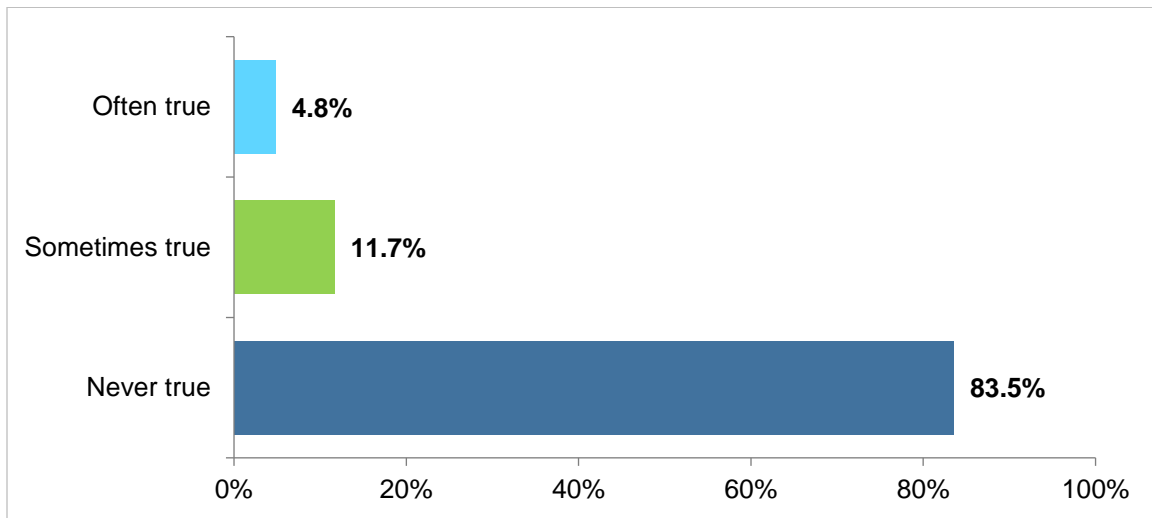Sometimes true — 11.7%
Never true — 83.5%

Figure 29: Percent of survey respondents who reported that they or someone living in their home had received emergency food from a church, a food pantry, or a food bank, or ate in a soup kitchen in the last 12 months (N =249)
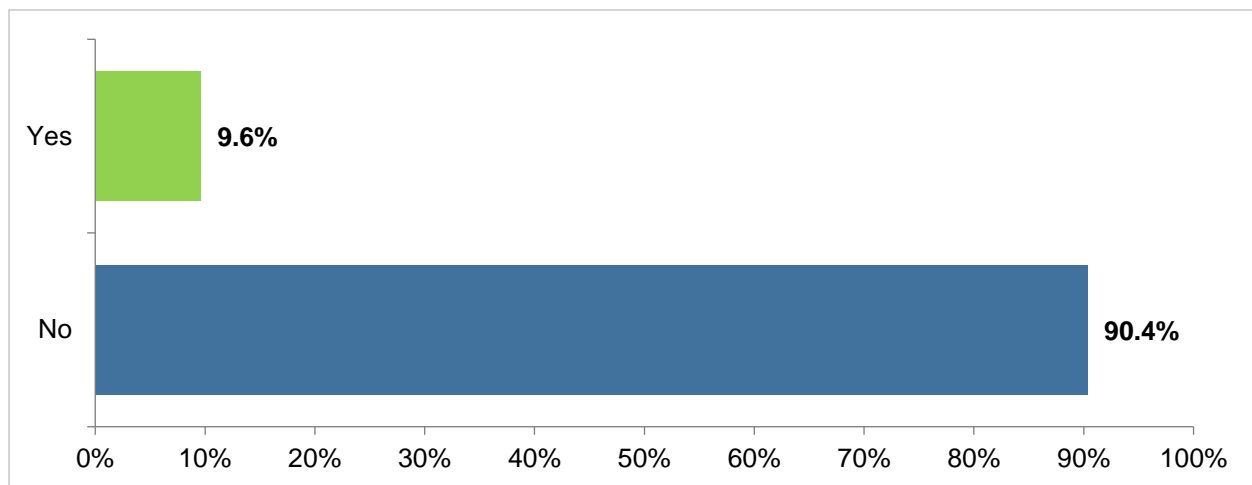

Yes — 9.6%
No — 90.4%

Figure 30 shows the percentage of survey respondents in Highlands County reporting eating at least five cups of fruits or vegetables every day. The majority of respondents (74.1%) reported that they had not eaten that quantity of fruits and vegetables each day.

Figure 30. Percent of survey respondents who reported eating at least five cups of fruits or vegetables every day (N =247)
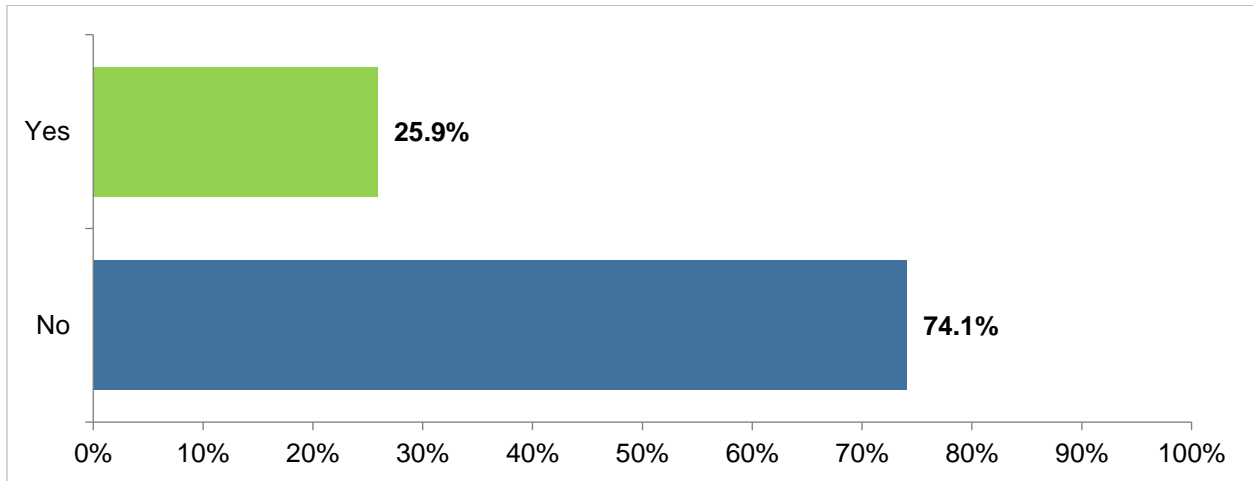
Qualitative Data Findings: Focus Groups

In general, focus group participants discussed the affordability and accessibility of healthy food in their communities. They expressed concerns that food insecurity is an ongoing issue and that increasing food prices, combined with stagnant wages, only make it worse. They also mentioned that processed food or fast food can often be less expensive than healthier options. Participants further recognized that local organizations, such as food banks and churches, were trying to increase support services to meet the growing nutritional needs in the county, but that they are unable to fill all the gaps.

In relation to accessibility, community members discussed that sometimes communities themselves are not built to support healthy food access. Participants recognized that neighborhoods vary in what resources are available and that a lack of reliable and affordable transportation can be a barrier to food access. The quotes below further illustrate the points of discussion made by focus group participants.

> " Food prices are increasing and wages are just not keeping up. "
> - Focus Group Participant

Prioritized Health Topic #2: Access to Quality Healthcare

Access to Healthcare

Secondary Data Score: **1.75**

Key Themes from Community Input

- 60% of survey respondents accessed care in the ER for non-emergency care
- 24.3% of survey respondents needed dental care in the last 12 months but didn't receive care needed
- Cost/financial concerns, trust in providers, lack of/limited insurance, inability to take time off work, awareness and difficulties navigating the health system were cited as major barriers to care
- Non-English speakers have particular difficulties signing up for health insurance/ filling out paperwork at offices

Warning Indicators

- Adults 65+ without Health Insurance
- Adults with Health Insurance
- Adults without Health Insurance
- Adults who Visited a Dentist
- Children with Health Insurance
- Primary Care Provider Rate
- Mental Health Provider Rate

Secondary Data

From the secondary data scoring results, Health Care Access & Quality ranked 13th among all topic areas, with a score of 1.75. Further analysis was done to identify specific indicators of concern. Those indicators with high data scores (scoring at or above the threshold of 1.70) were categorized as indicators of concern and are listed in Table 7 below.

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Table 7. Data Scoring Results for Access to Quality Healthcare for Highlands County

SCORE	Health Care Access & Quality	Highlands County	HP2030	FL	U.S.	Florida Counties	U.S. Counties	Trend
2.92	Adults 65+ without Health Insurance (2016-2020) Percent	1.4	---	1.2	0.8			
2.25	Adults without Health Insurance (2019) Percent	29	---	---	13			---
2.08	Adults who Visited a Dentist (2018) Percent	54.3	---	---	66.5			---
2.00	Primary Care Provider Rate (2019) Providers/100,000 population	57	---	73	---			
1.78	Mental Health Provider Rate (2021) Providers/100,000 population	75	---	183	---			
1.75	Adults with Health Insurance (2019) Percent	78.9	---	80.5	87.1		---	---
1.75	Children with Health Insurance (2019) Percent	91.7	---	92.4	94.3		---	---

HP2030 - Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. HP2030 represents a Healthy People target to be met by 2030.

The indicators Adults 65+ without Health Insurance, Adults without Health Insurance, Adults who visited a Dentist, and Primary Care Provider Rate are top areas of concern related to Health Care Access & Quality in Highlands County. The indicator Adults 65+ without Health Insurance shows the percentage of adults aged 65+ that do not have any kind of health insurance coverage. The value for Highlands County, at 1.4%, falls within the lower 25% of counties in the state and nation, and the trend over time is showing increasing concern. The indicator Adults without Health Insurance shows the percentage of adults aged 18-64 that do not have any kind of health insurance coverage. The value for Highlands County, at 29.0%, also

falls within the lower 25% of counties in the state and nation. The Percentage of Adults who visited a Dentist in Highlands County, at 54.3%, is lower than that for the United States at 66.5%. Finally, the Rate of Primary Care Providers in Highlands County is 57 providers/100,000 population and is lower than the rate for the state of Florida at 73 providers/100,000.

Community Feedback

In addition to being a significant need area identified in the secondary data analysis, Access to Quality Healthcare was a significant health need identified by respondents in the community health survey and community members who served as focus group participants.

Community Survey Findings

Medical costs in the United States are extremely high, so people without health insurance may not be able to afford medical treatment or prescription drugs. They are also less likely to get routine checkups and screenings. If they do become ill, they will not seek treatment until the condition is more advanced and therefore more difficult and costly to treat. Many small businesses are unable to offer health insurance to employees due to rising health insurance premiums. Figure 31 shows the percentages of survey respondents in Highlands County reporting how they pay for most of their healthcare. While most respondents report having commercial health insurance through their employer, 2.5% of respondents reported not having health insurance and/or paying for their care with cash. The higher percentage of respondents reporting their insurance coverage being provided through their employer also highlights the connection between access to healthcare and having employment that provides these types of benefits.

Figure 31. Percent of respondents reporting how they pay for most of their healthcare (N = 283)
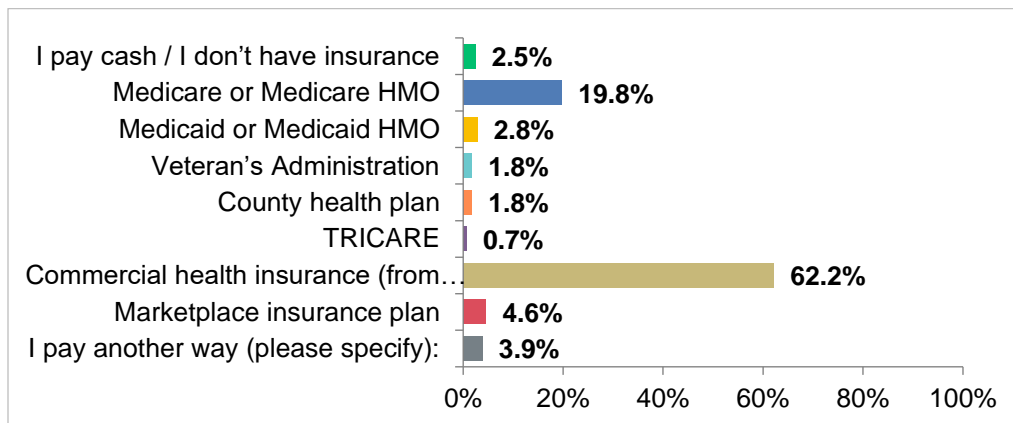
People who lack a regular source of health care may not receive proper medical services when they need them. This can lead to missed diagnoses, untreated conditions, and adverse health outcomes. People without a regular source of health care are less likely to get routine checkups and screenings. When they become ill, they generally delay seeking treatment until the condition is more advanced and, therefore, more difficult and costly to treat. Young children and elderly adults are most likely to have a usual source of care, whereas adults aged 18 to 64 years are the least likely. Maintaining regular contact with a health care provider is especially difficult for low-income people, who are less likely to have health insurance. This often results in emergency room visits, which raises overall costs and lessens the continuity of care.

Figure 32 shows the percentage of survey respondents needing medical care in the last 12 months who didn't receive the care they needed at 17.7% of respondents.

Figure 32. Percent of respondents who needed medical care in the last 12 months who didn't receive the care they needed (N = 249)
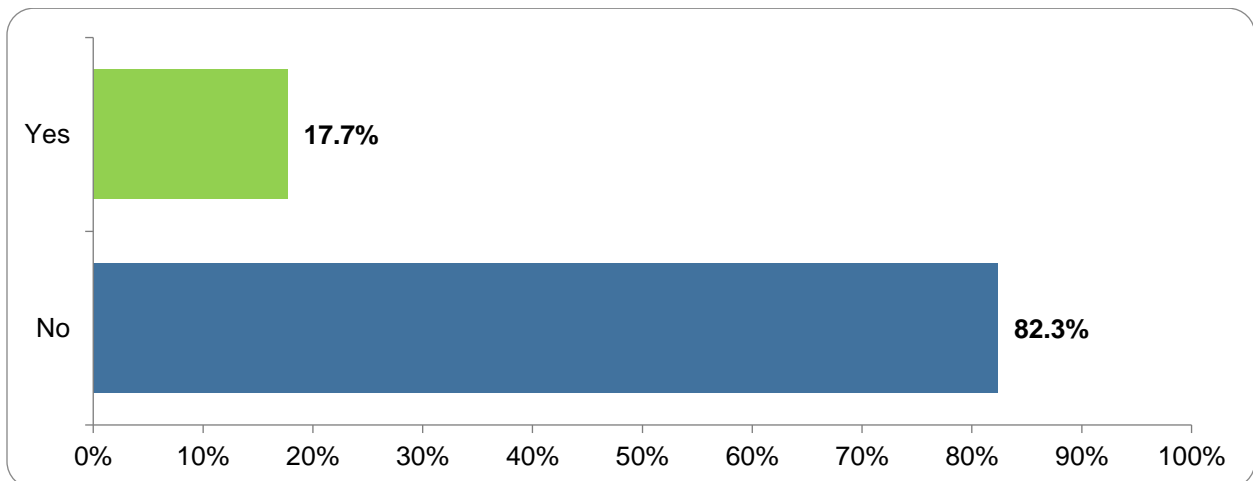
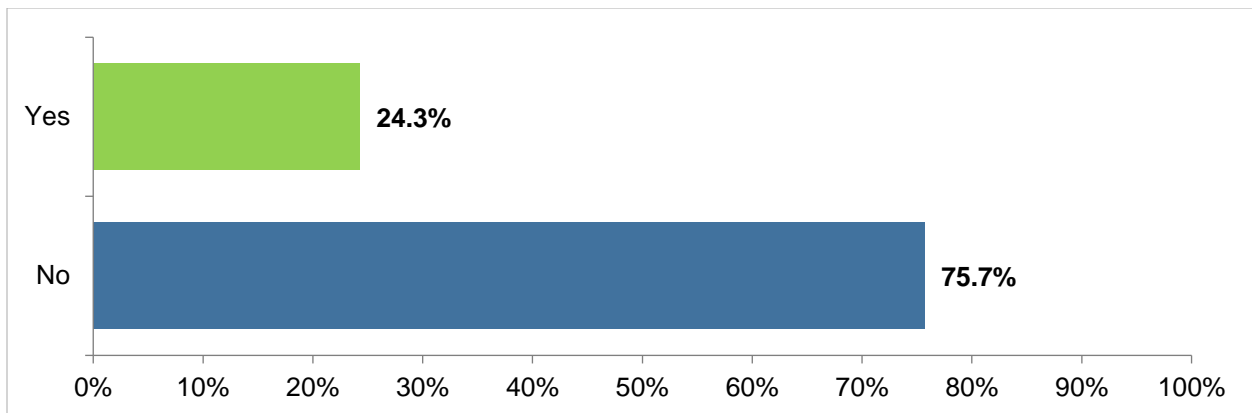The top reasons cited for being unable to access healthcare were:

- Inability to schedule an appointment
- Cost
- Inability to take the necessary time away from work
- Doctor's office does not have convenient hours

Oral health has been shown to impact overall health and well-being. Given the health consequences related to untreated tooth decay or cavities, it is important to maintain good oral health. General recommendations are for adults and children see a dentist on a regular basis. Professional dental care helps maintain the overall health of the teeth and mouth and provides

early detection of pre-cancerous or cancerous lesions. Maintaining good oral health by using preventive dental health services is one way to reduce oral diseases and disorders.

Figure 33 shows the percentage of survey respondents who reported needing dental care in the last 12 months who didn't receive the care they needed at 24.3% of respondents.

Figure 33. Percent of respondents who needed dental care in the last 12 months who didn't receive the care they needed (N = 247)


The top reasons cited for being unable to access dental care were:

- Cost
- Inability to schedule an appointment
- Not having health insurance that covers dental care

Figure 34 shows the percentage of survey respondents reporting the number of times they have gone to a hospital emergency room (ER) about their own health in the last 12 months. While the majority of those who accessed care in the ER in the last year did so because of emergency and/or life-threatening situations, 60.0% of respondents reported accessing care in the ER for non-emergency care. The most common reasons they cited were the need to access care after "normal business hours" or on the weekend, or that the wait was too long for an appointment with their regular primary care provider.

Figure 34. Percent of respondents reporting the number of times they have gone to a hospital emergency room (ER) about their own health in the last 12 months (N = 246)
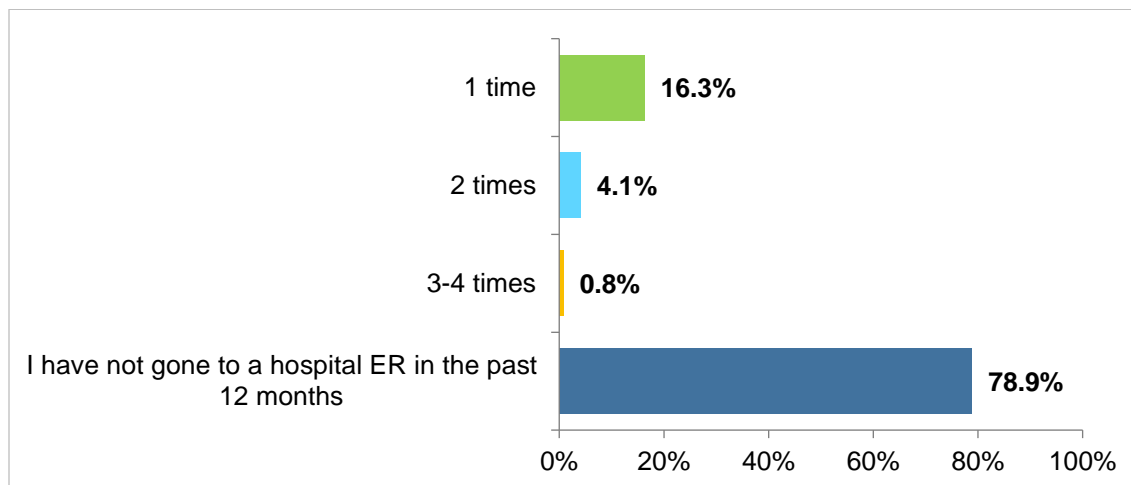
Qualitative Data Findings: Focus Groups

Focus group participants further emphasized many of the key points related to access to quality healthcare raised by survey respondents, including discussing the importance of affordability and/or having insurance to accessing healthcare. Cost was identified as a barrier to care by several survey respondents. Focus group participants specifically discussed how the lack of health insurance or being underinsured limited access to care. Some participants further explained challenges when the care they sought did not fall within their insurance or Medicaid coverage limits. Other community members mentioned specific barriers related to providers, such as when specific providers do not accept the insurance they do have.

Participants discussed the need to "meet the community where they are", as well as the need to build better trust between providers and their patients. They advocated for communicating in a way that can be understood by everyone, even "those with lower educational achievement or those who speak other languages". They also identified the need to offer more culturally competent care. Long wait times and few appointment opportunities outside people's Monday through Friday, 9 a.m. to 5 p.m., work schedules were discussed as an additional area that needed to be addressed to broaden access.

Participants also mentioned the need to better educate people on what services are available and that organizations and providers need a way to better understand what happens when referrals are made for services. They pointed out that, often, it is not understood if individuals referred to care actually receive the care and/or support they need.

Finally, another important barrier to care that was mentioned was access to transportation to reach needed services. Participants argued that there has been a "failure to prioritize funding for transit at the local, state, and federal level" that has resulted in difficulty accessing resources like healthcare, nutritious food, or specialty care. Access to internet was also specifically discussed. Participants pointed out that the lack of internet can be a barrier to accessing resources or utilizing care offered through Telehealth options. The quotes below further illustrate the points of discussion made by focus group participants.

> Improved health communication is needed. Communicating in a way that can be understood by all, even those with lower educational achievement or those who speak other languages.
> - Focus Group Participant

> We need to educate people on what services are available and what happens when we make referrals.
> - Focus Group Participant

> We need to shift to a "preventative" public health mindset and the mentality around not only having access to what we need for health, but the preventative measures needed to prevent diseases.
> - Focus Group Participant

> There has been a failure to prioritize funding of transit at local/state/federal level that leads to difficulty accessing resources like healthcare, nutritious food, or specialists for children's services
> - Focus Group Participant

Prioritized Health Topic #3: Behavioral Health (includes Mental Health & Mental Disorders and Substance Use & Misuse)

Mental Health & Mental Disorders
Secondary Data Score: **1.74**

Key Themes from Community Input

- Immigration status doesn't qualify individuals for insurance coverage if they need mental health counseling
- Mental toll of racism
- Private therapists have long wait lists
- Unable to schedule an appointment when needed, unable to pay for care, and cannot take time off work were cited as top barriers preventing care

Warning Indicators

- Age-Adjusted Death Rate due to Suicide
- Alzheimer's Disease or Dementia: Medicare Population
- Mental Health Provider Rate

Substance Use/Misuse
Secondary Data Score: **1.42**

Key Themes from Community Input

- Addictive behaviors affecting all aspects of life
- Adolescent drug misuse-cocaine, marijuana laced with fentanyl
- Homeless populations have some issues with mental health and substance use disorders

Warning Indicators

- Adolescents who Use Electronic Vaping: Lifetime
- Adolescents who Use Electronic Vaping: Past 30 Days
- Age-Adjusted Drug and Opioid-Involved Overdose Death Rate
- Alcohol-Impaired Driving Deaths
- Death Rate due to Drug Poisoning
- Teens who have Used Methamphetamines

Secondary Data

Mental Health & Mental Disorders

From the secondary data scoring results, Mental Health & Mental Disorders ranked 14th among all topic areas, with a score of 1.74. Further analysis was done to identify specific indicators of concern. Those indicators with high data scores (scoring at or above the threshold of 1.70) were categorized as indicators of concern and are listed in Table 8.

Table 8: Data Scoring Results for Behavioral Health (Mental Health & Mental Disorders and Substance Use & Misuse)

SCORE	MENTAL HEALTH & MENTAL DISORDERS	Highlands County	HP2030	FL	U.S.	Florida Counties	U.S. Counties	Trend
2.47	Age-Adjusted Death Rate due to Suicide (2020) Deaths/100,000 population	25.2	12.8	13.1	13.5		---	
2.47	Alzheimer's Disease or Dementia: Medicare Population (2018) Percent	13.1	---	12.6	10.8			
1.78	Mental Health Provider Rate (2021) Providers/100,000	75	---	183	---			

HP2030 - Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. HP2030 represents a Healthy People target to be met by 2030.

Age-Adjusted Death Rate due to Suicide in Highlands County is 25.2 deaths/100,000 population, which is higher compared to the Healthy People 2030 Target rate of 12.8. The rate for Highlands County is also higher than that for the state of Florida, at 13.1, and for the U.S. at 13.5. The trend over time for this indicator is also showing increasing concern. Alzheimer's Disease or Dementia: Medicare Population is an indicator of concern in Highlands County. The indicator shows the percentage of Medicare beneficiaries who were treated for Alzheimer's disease or dementia. The value for Highlands County of 13.1% falls within the lower 25% of counties in the state and nation and trend over time is showing increasing concern. The percentage for the county (13.1%) is also higher than that for Florida (12.6%) and the U.S. (10.8%).

Substance Use & Misuse and **Alcohol & Drug Use**

Substance Use & Misuse is a health topic that is analyzed from two secondary data health topics: Alcohol & Drug Use and Tobacco Use. From the secondary data scoring results, Alcohol & Drug Use ranked 20th and Tobacco Use ranked 16th among all topic areas, with scores of 1.42

and 1.59 respectively. Further analysis was done to identify specific indicators of concern. Those indicators with high data scores (scoring at or above the threshold of 1.70) were categorized as indicators of concern and are listed in Tables 9 and 10 below.

Table 9: Data Scoring Results for Alcohol & Drug Use

SCORE	ALCOHOL & DRUG USE	Highlands County	HP2030	FL	U.S.	Florida Counties	U.S. Counties	Trend
2.17	Age-Adjusted Drug and Opioid-Involved Overdose Death Rate (2018-2020) Deaths/100,000	35.4	---	27.8	23.5			---
2.14	Death Rate due to Drug Poisoning (2018-2020) Deaths/100,000	28.6	---	26.7	23			
2.14	Teens who have Used Methamphetamines (2016) Percent	1.6	---	0.8	---	---	---	---
2.11	Alcohol-Impaired Driving Deaths (2016-2020) Percent	27.6	28.3	22	27			

HP2030 - Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. HP2030 represents a Healthy People target to be met by 2030.

From the secondary data results, there are several indicators within the Alcohol and Drug Use health topic that raise concerns for Highlands County. The poorest performing indicator under this health topic is the Age-Adjusted Drug and Opioid-Involved Overdose Death Rate. This indicator shows the age-adjusted drug and opioids-involved death rate. Age-Adjusted Drug and Opioid-Involved Overdose Death rate in Highlands County is 35.4 deaths/100,000 population and is higher compared to both state of Florida and U.S. rates of 27.8 and 23.5 respectively. Secondly, the indicator Death Rate due to Drug Poisoning for Highlands County is 28.6 deaths/100,000 population, which is higher than both the state of Florida at 26.7 and the U.S. at

23.0. The indicator Teens who have Used Methamphetamines is also higher in Highlands County, at 1.6%, compared to Florida at 0.8%. Finally, the indicator Alcohol-Impaired Driving Deaths is higher in Highlands County at 27.7% when compared to the Healthy People 2030 goal of 28.3%. It is also higher compared to that of the state of Florida at 22.0% and the U.S. at 27.0%.

Tobacco Use

<div align="center">

Table 10: Data Scoring Results for Tobacco Use

</div>

SCORE	TOBACCO USE	Highlands County	HP2030	FL	U.S.	Florida Counties	U.S. Counties	Trend
1.92	Adolescents who Use Electronic Vaping: Lifetime (2018) percent	26.5	---	26.3	---	---	---	---
1.92	Adolescents who Use Electronic Vaping: Past 30 Days (2018) percent	16	---	15.7	---	---	---	---

HP2030 - Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. HP2030 represents a Healthy People target to be met by 2030.

From the secondary data results, several indicators within the Tobacco Use topic area raise concern for Highlands County. The indicator Adolescents who Use Electronic Vaping: Lifetime for Highlands County, at 26.5%, is slightly higher than that for the state of Florida, at 26.3% This indicator shows the percentage of 6th-12th grade students who have used electronic vaping prior to the survey. The indicator Adolescents who Use Electronic Vaping: Lifetime for the county, at 16.0%, is also higher than that for the state of Florida at 15.7%. Adolescents who Use Electronic vaping: Past 30 days shows the percentage of 6th-12th grade students who have used electronic vaping in the 30 days prior to the survey.

Community Feedback

In addition to being a significant need area identified in the secondary data analysis, Mental Health & Mental Disorders was also a significant health need identified by respondents in the community health survey and among community members who served as focus group participants. Substance Use & Misuse, while not being scored as a top health need in secondary data scoring, was identified as a significant need area by respondents in the community health survey, as well as community members who served as focus group participants.

Community Survey Findings

Mental Health & Mental Disorders

Psychological distress can affect all aspects of our lives. It is important to recognize and address potential psychological issues before they become critical. Occasional down days are normal, but persistent mental/emotional health problems should be evaluated and treated by a qualified professional. Delays in mental health treatment can lead to increased morbidity and mortality, including the development of various psychiatric and physical co-morbidities. In addition, it can lead to the adoption of life-threatening and life-altering self-treatments, such as substance abuse. Figure 35 shows the percentage of respondents reporting how often they had thoughts that they would be better off dead or of hurting themselves in some way in the last 12 months. While most respondents reported that they hadn't had these thoughts at all in the last year (92.4%), 6.0% reported having these thoughts on several days, another 1.2% reported having these thoughts on more than half the days, and another 0.4% reported having these thoughts nearly every day.

Figure 35. Percent of respondents reporting how often they had thoughts that they would be better off dead or of hurting themselves in some way in the last 12 months (N = 249)
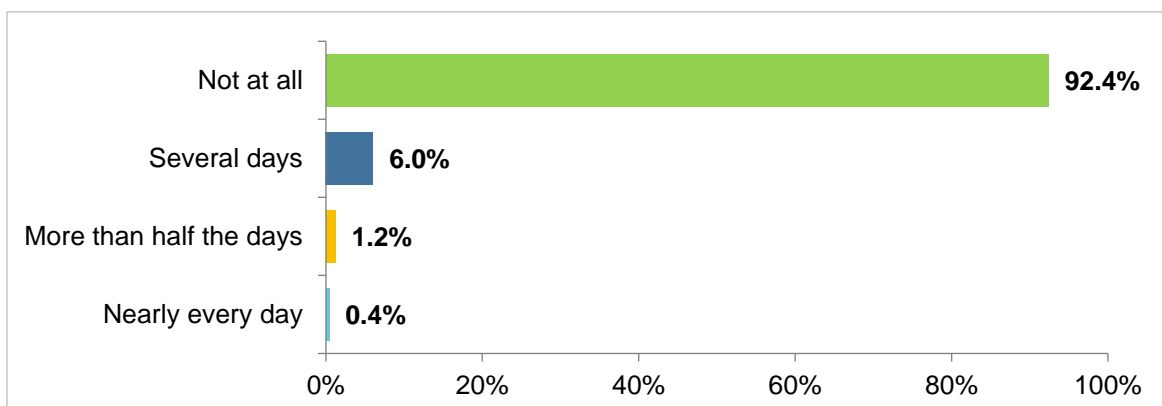
Respondents were also asked to report if they had been diagnosed with any particular illnesses by their doctor or medical provider. There were 27.8% of respondents who reported that a doctor or medical provider had diagnosed them with depression and/or anxiety.

Figure 36 shows the percentage of survey respondents who reported needing mental health care in the last 12 months who did not receive the care they needed. There were 12.1% of respondents who reported being unable to access the mental health care they needed.

Figure 36. Percent of respondents who needed mental health care in the last 12 months who didn't receive the care they needed (N =248)
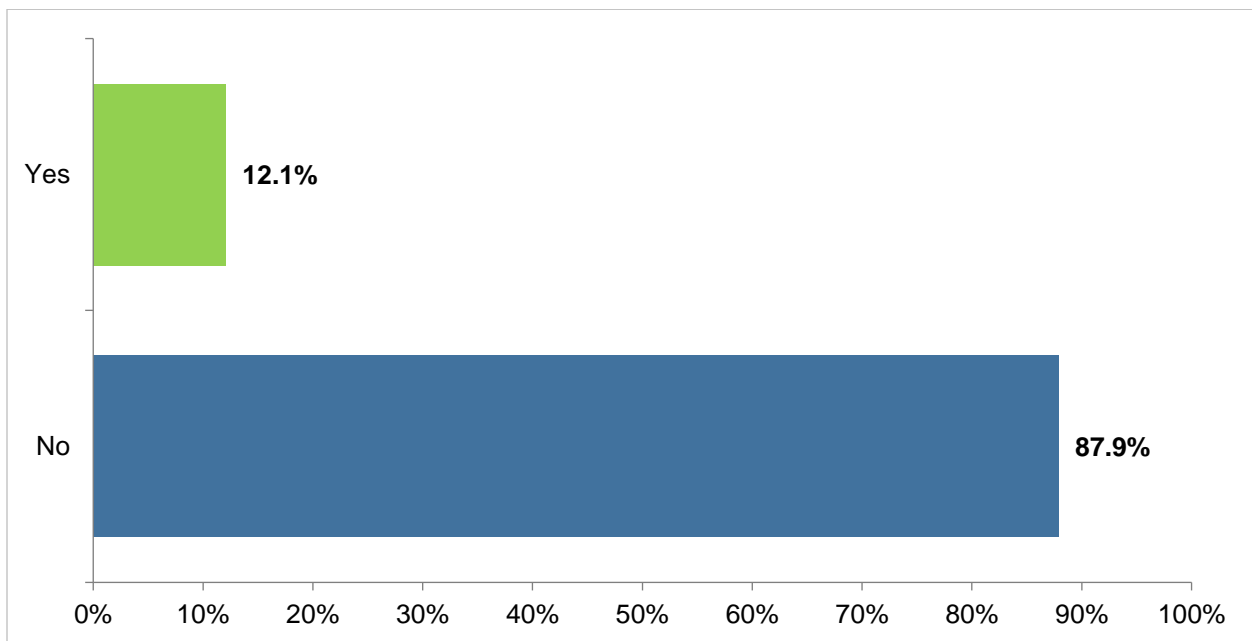
The top reasons cited for being unable to access mental health care were:

- Inability to schedule an appointment when needed
- Inability to pay for care
- Inability to take the necessary time off work

Finally, Research has shown that individuals who experience four or more Adverse Childhood Experiences, or ACES, before the age of 18 are at an increased risk for developing seven out of the ten leading causes of death in adults including: heart disease, stroke, cancer, chronic

obstructive pulmonary disease (COPD), diabetes, Alzheimer's, and suicide[11]. ACES are defined as potentially traumatic events, such as violence and abuse, that occur in childhood. A total of 14.9% of survey respondents reported experiencing 4 or more ACES. Figure 37 shows the percentage of respondents by the number of ACES they report experiencing before age 18.

Figure 37. Percentage of Respondents by Number of ACES Experienced before Age 18 (N = 289)
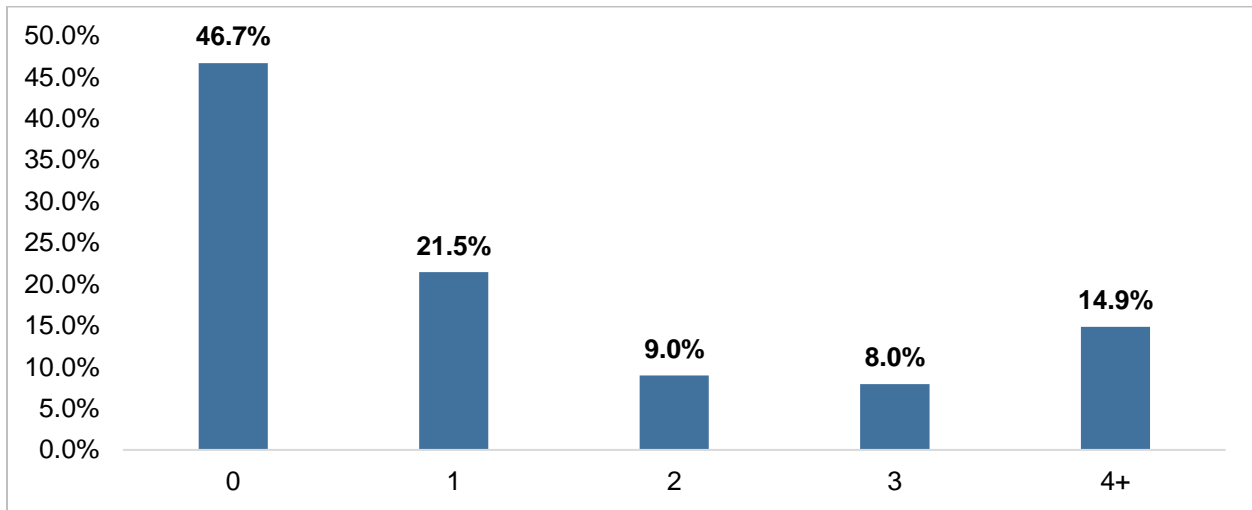
The top five most common ACES respondents reported experiencing were:

1. Having parent(s) who were separated or divorced
2. Living with anyone who was a problem drinker or alcoholic
3. Having parent(s) or adults who verbally harmed them (swear, insult, or put down)
4. Living with anyone who was depressed, mentally ill, or suicidal
5. Having parent(s) or adults who physically harmed them (slap, hit, kick, etc.)

Qualitative Data Findings: Focus Groups

Mental Health & Mental Disorders

One key theme that came from focus group discussions related to mental health was that the health care system should be more proactive in screening for mental health and connecting people to resources early. Others discussed how the system for providing mental health services is fragmented. They mentioned that sometimes available resources, such as the

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[11] Centers for Disease Control (2021). Adverse Childhood Experiences (ACES): Preventing early trauma to improve adult health. Accessed from https://www.cdc.gov/vitalsigns/aces/index.html

mental health hotline, are not encouraged enough and that there is often no follow-up once a call is made. Participants pointed out that access to facilities where individuals are referred to can be difficult because they are too far away.

Focus group participants also acknowledged the on-going impact of COVID-19 to the general mental health and wellbeing of their community. They discussed that social isolation had become more of an issue during the pandemic and that this isolation had negative impacts on mental health.

Another barrier discussed was that stigma towards talking about mental health with family or peers or for accessing support and care for mental health needs still exist in some communities and that doing so can be considered taboo.

The mental toll of racism was mentioned as negatively impacting the mental health of Black and Brown communities. Focus group participants specifically mentioned laws created that "strike fear and create prolonged stress" in communities and how these can have a long-term, potentially fatal impact on health. They discussed how, historically, oppression has been "woven into pollical systems", resulting in a feeling of "hopelessness and despair". They also mentioned how microaggressions can negatively impact health, causing stress and aiding in the development of chronic health conditions.

The need for accessible, culturally competent care was advocated for. Some participants mentioned that migration status does not qualify some individuals for insurance coverage if they need mental health counseling. Others mentioned that there are issues with mental health and substance use disorders among the homeless population that need to be addressed. The quotes below further illustrate the points of discussion from focus group participants.

> Many Hispanic households do not advocate talking about feelings.
> There is still a stigma around seeking mental health.
> - Focus Group Participant

Community Survey Findings

Substance Use & Misuse

Figure 38 shows the percentage of respondents reporting how often they used any of the following products: chewing tobacco, snuff, snus, dip, cigarettes, cigars, or little cigars. The majority of respondents (95.5%) reported they did not use any of the listed products. There were 0.8% of respondents who reported using one or more of the listed tobacco products only once a day. Another 1.2% of respondents reported using tobacco products on some days. Finally, 2.5% of respondents reported using tobacco products more than once a day.

Figure 38. Percentage of respondents reporting how often they used any of the following products: chewing tobacco, snuff, snus, dip, cigarettes, cigars, or little cigars (N = 243)
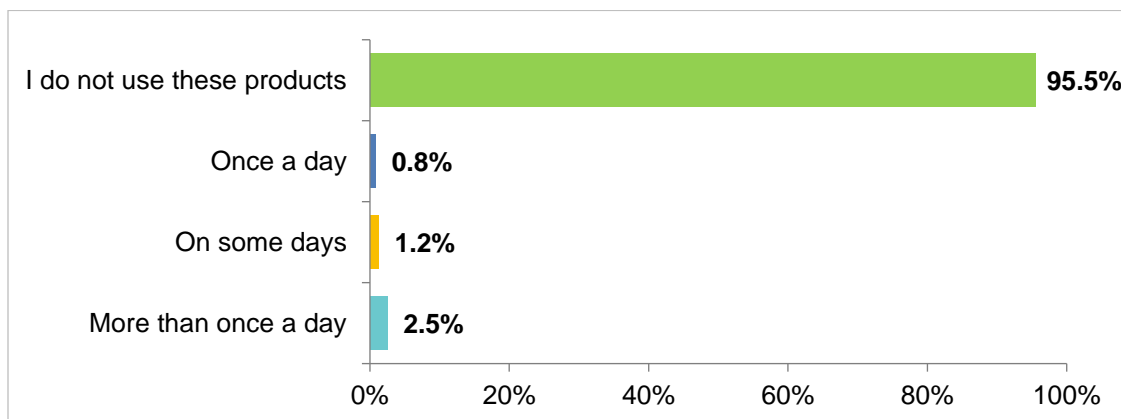
Figure 39 shows the percentage of respondents reporting how often they used any of the following electronic vapor products: e-cigarettes, e-cigars, e-hookahs, e-pipes, hookah pens, vape pipes, and vape pens. Many respondents (98.4%) reported they did not use any of the listed products. There were 0.4% of respondents who reported using one or more of the listed vape products only once a day. Another 0.8% of respondents reported using a vape product on some days. Finally, 0.4% of respondents reported using a vape product more than once a day.

Figure 39. Percentage of respondents reporting how often they used any of the following electronic vapor products: e-cigarettes, e-cigars, e-hookahs, e-pipes, hookah pens, vape pipes, and vape pens (N = 59)
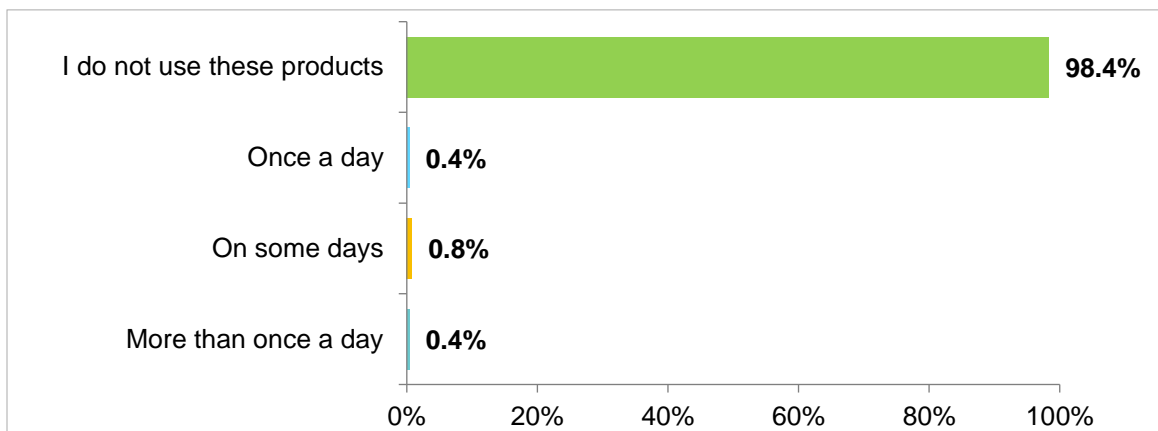
Qualitative Data Findings: Focus Groups

Substance Use & Misuse

While substance use wasn't discussed as robustly as other health topics presented, it was identified in focus groups as a key issue that needed to be addressed in the community. Focus group participants recognized that addictive behaviors could affect all aspects of life for an individual and their family. They also discussed issues of drug misuse among adolescents, specifically the use of cocaine and the increasing danger of marijuana laced with fentanyl. The quote below further illustrates the points of discussion made by focus group participants.

> " Adolescent drug misuse including cocaine is a huge problem here. Also, fentanyl is being used to lace other drugs such as marijuana.
> - Focus Group Participant "

Prioritized Populations

The following section provides a detailed description of the prioritized population of Children and Children's Health from this CHA. An overview is provided below, followed by a table highlighting the poorest performing indicators and a description of key themes that emerged from community feedback.

Prioritized Population: Children's Health

Children's Health

Secondary Data Score: **1.91**

Key Themes from Community Input

- 11.4% of survey respondents reported children in their home needing medical care in the last 12 months but not receiving care
- 13.8% of survey respondents reported children in their home needing dental care in the last 12 months but not receiving care
- 16.3% of survey respondents reported children in their home needing mental and/or behavioral healthcare in the last 12 months but not receiving care
- Lack of pediatric providers who accept Medicaid
- Difficulty finding/accessing Mental Health services for children that are affordable (i.e. to address challenging behavior in schools, mental health issues, services for children on the spectrum)

Warning Indicators

- Child Food Insecurity Rate
- Projected Child Food Insecurity Rate
- Children with Health Insurance

Secondary Data

From the secondary data scoring results, Children's Health ranked eighth among topic areas for Highlands County, with a score of 1.97. Further analysis was done to identify specific indicators of concern. Those indicators with high data scores (scoring at or above the threshold of 1.70) were categorized as indicators of concern and are listed in Table 11 below.

SCORE	CHILDREN'S HEALTH	Highlands County	HP2030	FL	U.S.	Florida Counties	U.S. Counties	Trend
2.50	Child Food Insecurity Rate (2019) Percent	24.3	---	17.1	14.6			---
2.25	Projected Child Food Insecurity Rate (2021) Percent	26.5	---	19.1	---			---
1.75	Children with Health Insurance (2019) Percent	91.7	---	92.4	94.3		---	---

HP2030 - Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. HP2030 represents a Healthy People target to be met by 2030.

From the secondary data results, several indicators in the Children's Health topic area raise concern for Highlands County. The Child Food Insecurity rate indicator shows the percentage of children under 18 years of age living in households that experienced food insecurity at some point during the year. Highlands county has higher rates of children who experienced food insecurity, at 24.3%, compared to the state of Florida, at 17.1%, and the U.S. at 14.6%. Projected Child Food Insecurity Rate shows children under 18 years of age living in households who are projected to experience food insecurity at some point during the year. Highlands county has higher percentages, at 26.5%, compared to the state of Florida, at 19.1%. Highlands County falls within the lowest 25% of counties in Florida and the United States. Highlands County also shows lower percentage of Children with Health Insurance at 91.7% compared to 92.4% in Florida and 94.3% in the U.S.

Community Feedback

A specific section was built into the community health survey to ask respondents about the health of children under the age of 18 living in their homes. There were 31.4% of respondents who reported children living in their home. Figure 40 shows the percentage of respondents who reported having children in their homes by the number of children.
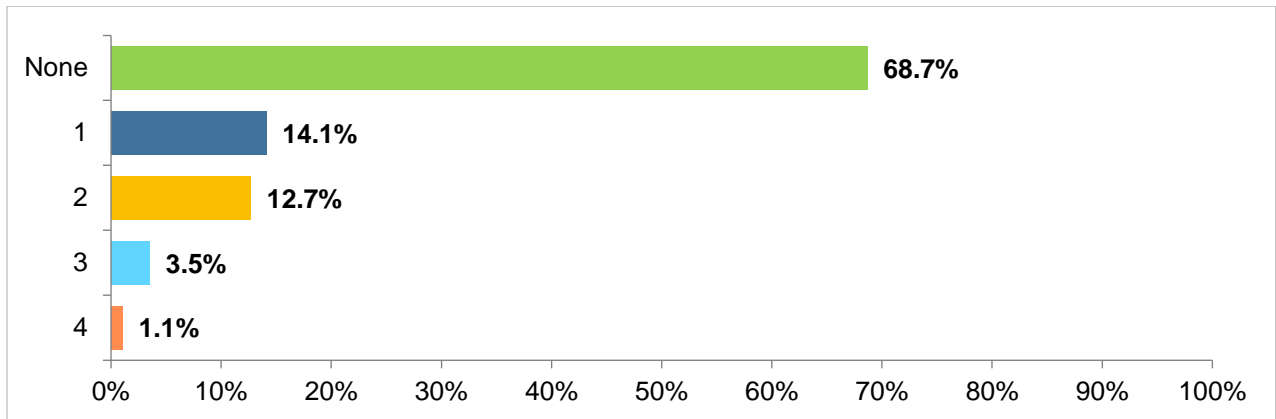
Figure 41 shows the percentage of respondents who reported that children in their home needed medical care sometime during the 12 months but were unable to receive the care they needed. There were 11.4% of respondents reporting inability to access the care their children needed.

Figure 41. Percentage of respondents reporting children in their home needing medical care in the last 12 months but not receiving the care they needed (N = 88)

The top reasons cited for being unable to access healthcare for their children were:

- Inability to pay for care
- Inability to find a doctor who takes their insurance
- Inability to schedule an appointment when needed
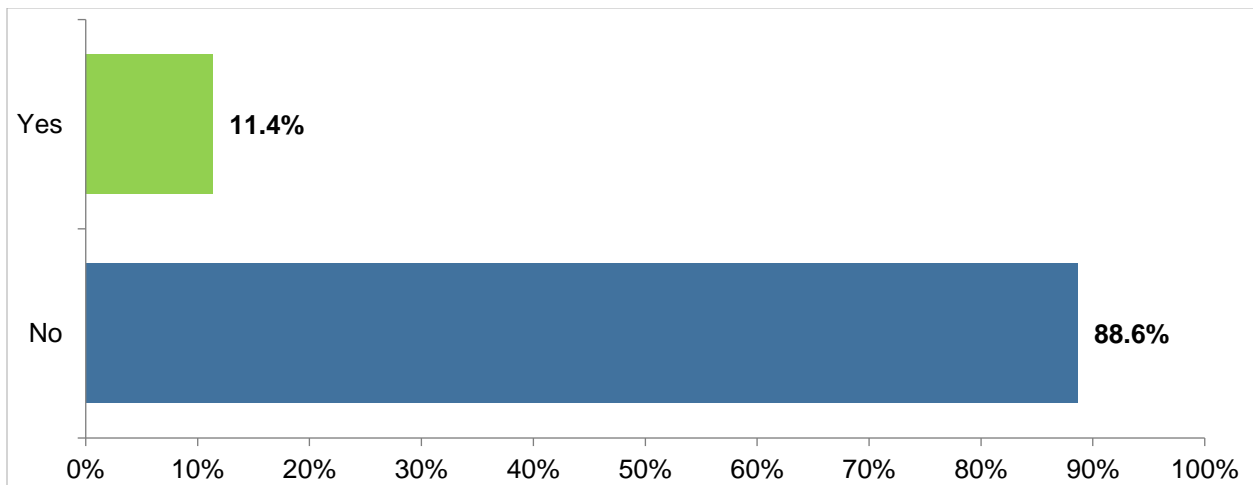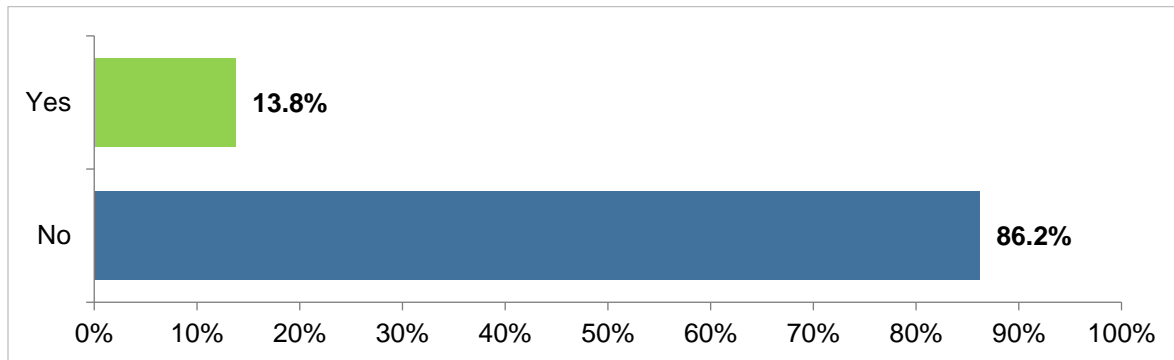- Inability to take time off work

Figure 42 shows the percentage of respondents who reported that children in their home needed dental care sometime during the 12 months but were unable to receive the care they needed. There were 13.8% of respondents reporting inability to access the dental care their children needed.

Figure 42. Percentage of respondents reporting children in their home needing dental care in the last 12 months but not receiving the care they needed (N = 87)
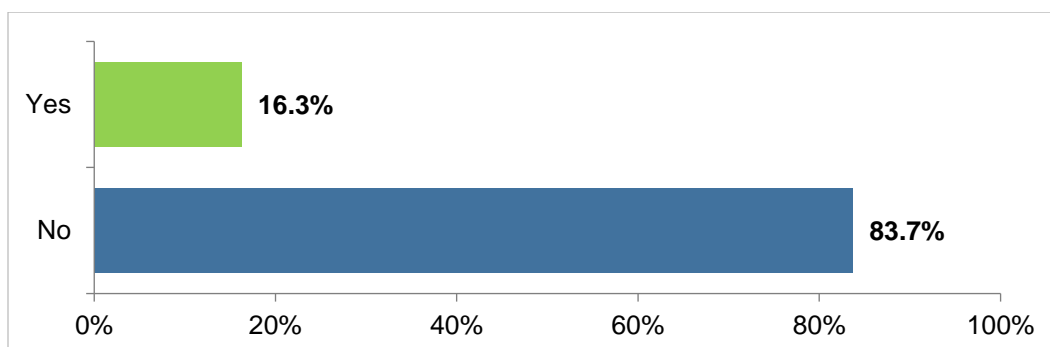

The top reasons cited for being unable to access dental care for their children were:

- Inability to pay for care
- Inability to find a dentist who takes their insurance
- Inability to schedule an appointment when needed
- Dentist does not offer convenient hours

Figure 43 shows the percentage of respondents who reported that children in their home needed mental and/or behavioral healthcare sometime during the 12 months but were unable to receive the care they needed. There were 16.3% of respondents reporting inability to access the mental and/or behavioral healthcare care their children needed.

Figure 43. Percentage of respondents reporting children in their home needing mental and/or behavioral healthcare in the last 12 months but not receiving the care they needed (N = 87)

The top reasons cited for being unable to access mental and/or behavioral healthcare for their children were:

- Inability to find a doctor or counselor who takes their insurance
- Inability to schedule an appointment when needed
- Inability to pay for care

Qualitative Data Findings: Focus Groups

Generally, focus group participants spoke to the lack of pediatric health services in Highlands County. They explained that you often must leave the county and drive a few hours away to receive care, such as specialty care, dental care, or vision screenings. Participants also discussed the difficulty finding and accessing mental health services for children that are affordable, especially care to help address behavioral issues in schools, mental health issues, and services for children on the autism spectrum. Community members also voiced the challenge of finding providers who accept Medicaid.

Focus Group participants recognized the need for more culturally competent care. They explained that sometimes non-English speaking parents need to take their children out of school to translate for them at their doctor's appointments. This can be disruptive to the child's education and underlines the need for consistent translation services.

The final key theme that came up in focus group discussions related to children's health was the need for improved education and communication. They acknowledged that parents want to be good parents and want to do what is best for their children, but they often lack resources, support and/or information to do so. Finally, as part of the communication and culturally competent care conversation, participants advocated for better representation of children of color and different genders and different family dynamics in pictures, flyers, and other educational and communication materials. The quotes below further illustrate the points of discussion made by focus group participants.

> There needs to be better representation of children of color, children of different genders, and different family dynamics in pictures, flyers and books in schools.
> - Focus Group Participant

> Non-English speaking parents have to take their kids out of school to translate for them at their doctor's appointments as translation services can be very inconsistent.
> - Focus Group Participant

Non-Prioritized Significant Health Needs

The additional significant health needs, presented in alphabetical order below, emerged from a review of the primary and secondary data. While AdventHealth and the Florida Department of Health in Highlands County may not directly focus on these topics in their Health Improvement Plans, additional opportunities will be identified to grow and expand existing work, as well as implementing additional programming in new areas as the opportunity arises.

Key themes from community input are included, where relevant, for each non-prioritized health need, along with the secondary data scores and warning indicators.

Non-Prioritized Health Need #1: Economy

Economy

Secondary Data Score: **1.73**

Key Themes from Community Input

- 12.9% of families in Highlands County live below the poverty level. This is higher than both the state value of 9.3% and the national value of 9.1%
- 7.7% of respondents reported being worried or concerned that in the next 2 months they may not have stable housing where they own, rent, or stay
- Job availability is scarce and low wage jobs not appealing for community members
- Increasing food prices and wages are not keeping up
- Housing Costs: cost of housing, repair costs, wait list for funded houses is long, rent is rising, and people are unable to afford their houses/apartments
- Limited dollars from Social Security

Warning Indicators

- Youth not in School or Working
- Child Food Insecurity Rate
- Children Living Below Poverty Level
- Homeowner Vacancy Rate
- Students Eligible for the Free Lunch Program
- Food Insecurity Rate
- Projected Child Food Insecurity Rate
- People Living Below Poverty Level
- Projected Food Insecurity Rate
- Families Living Below Poverty Level
- Households that are Above the Asset Limited, Income Constrained, Employed (ALICE) Threshold
- Households that are Asset Limited, Income Constrained, Employed (ALICE)
- Low-Income and Low Access to a Grocery Store
- Median Household Income
- People 65+ Living Below Poverty Level (Count)
- People Living 200% Above Poverty Level
- Households that are Below the Federal Poverty Level
- Per Capita Income
- Social and Economic Factors Ranking
- Unemployed Workers in Civilian Labor Force

CONDUENT

While Economy was identified as a significant health need in secondary data analysis and was a trending topic of concern identified through focus group conversations and by survey respondents, it was ultimately not voted as a prioritized health need during the Highlands County prioritization meeting. It was ranked number eight out of eight significant health needs up for consideration. Economy was ranked lowest by prioritization participants in the criteria area of ability to impact, which lowered its overall rank.

Economy ranked 15th overall in secondary data analysis with a score of 1.73. Focus group participants discussed scarcity of jobs, increasing food prices, and housing costs as being important areas of concern when it came to the economy.

Non-Prioritized Health Need #2: Older Adult Health

Older Adult Health

Secondary Data Score: **1.97**

Key Themes from Community Input

- Aging Problems (i.e. difficulty getting around, dementia, and arthritis) was one of the top important health issues identified by survey respondents
- Lack of specialists (neurologists) in rural areas, and more are needed as aging population grows
- Memory disabled clinics are available in larger cities but not rural areas.
- Transportation can be a specific barrier for those with mobility challenges or older adults
- Stereotyping older adults makes them feel as if they cannot do things others can "I'm old I'm going to fall its normal, I'm old I can't do this exercise"
- Older adults are fighting for equal access to care; care should be for all ages "we shouldn't have to fight for a piece of the pie"

Warning Indicators

- Adults 65+ without Health Insurance
- Heart Failure: Medicare Population
- Rheumatoid Arthritis or Osteoarthritis: Medicare Population
- COPD: Medicare Population
- Alzheimer's Disease or Dementia: Medicare Population
- Hyperlipidemia: Medicare Population
- Hypertension: Medicare Population
- Stroke: Medicare Population
- Osteoporosis: Medicare Population
- Ischemic Heart Disease: Medicare Population
- Atrial Fibrillation: Medicare Population
- Colon Cancer Screening
- Chronic Kidney Disease: Medicare Population
- Diabetes: Medicare Population
- Adults 65+ with Total Tooth Loss
- Adults with Arthritis
- Adults 65+ with Influenza Vaccination
- People 65+ Living Alone (Count)
- People 65+ Living Below Poverty Level (Count)
- Cancer: Medicare Population
- Adults 65+ who Received Recommended Preventive Services: Females
- People who have Difficulty Speaking English: 65+

While Older Adult Health was identified as a significant health need in secondary data analysis and was a top health need identified by survey respondents, it was not a trending topic of concern identified during focus groups. Older Adults ranked 7th among other topic areas in the secondary data analysis with a score of 1.97. Aging Problems (for example: difficulty getting around, dementia, and arthritis) was also one of the top important health issues identified by survey respondents. Even though Older Adult Health wasn't a trending topic of importance discussed by focus group participants, they did discuss that there are not enough specialists in rural areas, such as neurologists, who may be needed as individuals age. They also identified transportation as a specific barrier for older adults and those with mobility challenges. Older Adult Health was ultimately not voted as a prioritized health need during the Highlands County prioritization meeting. It was ranked 7th out of nine significant health needs.

Non-Prioritized Health Need #3: Prevention & Safety

Prevention & Safety

Secondary Data Score: **1.90**

Key Themes from Community Input 💬

- Survey respondents identified accent and injury prevention and an important health need to address in Highlands County
- Survey respondents also identified distracted driving (including texting, eating, or talking on the phone) as a risky behavior that is harmful to the overall health of their community

Warning Indicators ⚠

- Age-Adjusted Death Rate due to Unintentional Injuries
- Age-Adjusted Death Rate due to Motor Vehicle Collisions
- Death Rate due to Drug Poisoning

Healthy People 2030 focuses on preventing intentional and unintentional injuries, including injuries that cause death. Many unintentional injuries are caused by motor vehicle crashes and falls, and many intentional injuries involve gun violence and physical assaults. Interventions to prevent different types of injuries are key to keeping people safe in their homes, workplaces, and communities[12].

Prevention and Safety was identified as a significant health need in secondary data analysis and was a top health need identified by survey respondents. It was not a trending topic of

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[12] U.S. Department of Health and Human Services (2022). Healthy People 2030: Injury Prevention. Accessed from https://health.gov/healthypeople/objectives-and-data/browse-objectives/injury-prevention#:~:text=Healthy%20People%202030%20focuses%20on,gun%20violence%20and%20physical%20assaults.

concern identified through focus group conversations, however. Prevention and Safety ranked 10th among other topic areas in the secondary data analysis with a score of 1.90. Survey respondents identified accident and injury prevention as an important health need to address in Highlands County. They also identified distracted driving (including texting, eating, or talking on the phone) as a risky behavior that is harmful to the overall health of their community. Prevention and Safety was ultimately not voted as a prioritized health need during the Highlands County prioritization meeting. It was ranked 8th out of nine significant health needs.

Conclusion

Community health improvement is a process that takes everyone working together to identify and address gaps that impact health. Each individual or organization brings its own expertise and knowledge to the assessment process. Each identified gap requires a joint commitment to resolution. Each barrier must be overcome with creative solutions. This Community Health Assessment is the first step in improving the health of all people in Highlands County.

Now that we have gathered and analyzed current data, the next step is to design and implement a Community Health Improvement Plan. That plan will be supported by strategic planning initiatives that align with and build on quality improvement and workforce development projects at the Florida Department of Health in Highlands County.

Over the coming five-year period, the senior leadership team at the health department will continuously monitor progress toward objectives and goals set forth in these foundational plans, with an eye toward targeted improvement in the overall health of Highlands County residents. At the end of that time, we will again work in partnership with community stakeholders to repeat this assessment, find where we have succeeded, and refocus on where there is more work to be done. And we will do it with sincere dedication and a renewed commitment to serving the health of all those who live, work, learn, and play in Highlands County.

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