

Glades County Florida 2019 Community Health Assessment



Prepared by: The Health Planning Council of Southwest Florida, Inc.



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Introduction and Methodology

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

The Healthier Hendry Glades Taskforce is a community committee comprised of area residents and business leaders who showed an interest in improving the health of their community. This group was created to work on a previous Health Assessment and have continued to meet consistently to discuss ways to improve the health of the community. This group served as the community advisors for this Assessment. A list of participating members of the Healthier Hendry Glades Task Force (Healthier Hendry Glades) is available in Appendix A. This group held monthly meetings for the duration of the project to aid in the creation and implementation of this needs assessment.

MAPP Process

The Florida Department of Health in Hendry and Glades Counties and the Healthier Hendry Glades Task Forces decided on using a modified MAPP process. The group considered the various elements of the MAPP process through their monthly meetings and stand-alone planning sessions. The planning elements included:

1. Phase One - Organize for Success: The group discussed the plan for the assessment and the relevant partners needed for success during a Healthier Hendry Glades Taskforce meeting on January 23, 2019.
2. Phase Two - Visioning: The group conducted a visioning exercise to define the community vision for what a healthy community in Hendry and Glades Counties could look like on April 24, 2019. The results of this exercise are available below.
3. Phase Three - The four assessments:
 - a. Community Themes and Strengths: The group conducted interviews and a community survey to help identify community themes and strengths. These took place between January 2019 and March 2019.
 - b. Local Public Health System Assessment: The strengths and weaknesses of the local public health system were discussed during a planning session including a SWOT Analysis on April 11, 2019
 - c. Community Health Status Assessment: Data was collected and analyzed for the Community Health Status Assessment. Data was reviewed and discussed over the course of two task force meetings on March 16, 2019 and April 24, 2019
 - d. Forces of Change: The forces of change were part of the planning session discussion and SWOT and TOWS discussion on April 11, 2019
4. Phase Four - Identify Strategic Issues: During a half-day planning session on July 15, 2019, the Healthier Hendry Glades Task Force members identified three strategic issues of focus. This was further refined during a task force meeting on August 28, 2019.

5. Phase Five - Formulate Goals and Strategies: The Healthier Hendry Glades Task Force brainstormed ideas for goals and strategies in workgroups on July 15, 2019. This discussion was continued and solidified at the task force meeting on August 28, 2019.
6. Phase Six - Action Cycle: The Healthier Hendry Glades Task Force will be meeting bi-monthly on the first Friday of every month to review progress against the action plan and to make any necessary process revisions to the plan. At the annual review session, a full review and revision of the plan will be conducted. The annual review session will include an evaluation of progress and a survey of partners to allow for feedback and input from the community.

Visioning

The Healthier Hendry Glades Taskforce was asked how they would describe a healthy community or what a health community means to them. Using the Mentimeter tool, they supplied 53 responses. These responses were compiled in the form of a word cloud. The most common responses were active, safe, happy, proactive, fun, supportive, productive, involved individuals and mentally healthy.



Source: Healthier Hendry Glades Taskforce via Mentimeter, Spring 2019

Next, the Healthier Hendry Glades Taskforce was asked to describe the current health of Hendry and Glades Counties. Using the Mentimeter tool, they supplied 52 responses. These responses were also presented in the form of a word cloud. The most common responses were overweight, poor, stressed, challenged, rural, work in progress, segregated, obese and good intentions. They indicate that there is potential room for improvement for the health in the area.



Source: Healthier Hendry Glades Taskforce via Mentimeter, Spring 2019

HPC reviewed numerous data sources and received feedback from the Healthier Hendry Glades Task Force as well as from members of the community through surveys and interviews. The Healthier Hendry Glades Task Force reviewed the preliminary data that was collected, and provided feedback to the Health Planning Council.

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

Demographic and Socioeconomic Characteristics

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

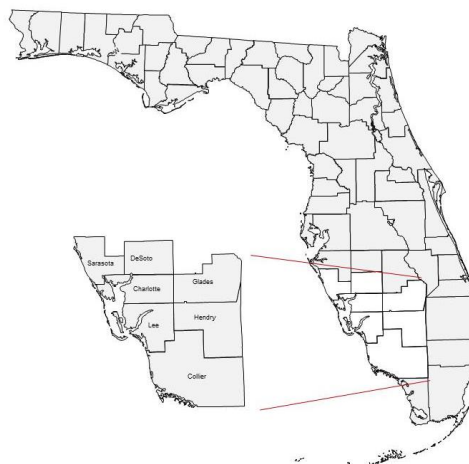
Population Demographics

The number of people in a community is the leading determinant of the demand for healthcare services. Glades County, which has a population of almost 13,263, is located in southwest Florida (Fig. 1). The county shares borders with the following counties: Highlands to the north; Okeechobee to the northeast; Martin to the east; Palm Beach in the southeast; Hendry to the Southeast; Lee in the southwest; Charlotte to the west; and DeSoto to the northwest. As seen in Figure 2, Glades is one of seven counties in southwest Florida that comprise the Local Health Planning District 8 as designated by the Florida Agency for Health Care Administration (AHCA). Moore Haven, which is the county seat, is the largest incorporated municipality in the county. Moore Haven's population is approximately 1,740 persons as of 2018. Glades County is 986 square miles in area; about 22 percent of that area is covered by water. The county is the 64th most populous county in Florida out of 67; it accounts for 0.1 percent of the population of the state. The county has a far lower population density than the Florida average; 16.32 persons per square mile compared to a state average of 357 persons per square mile. It has the second smallest population density (Liberty County is the smallest, with a population density of 9.94).

Figure 1:

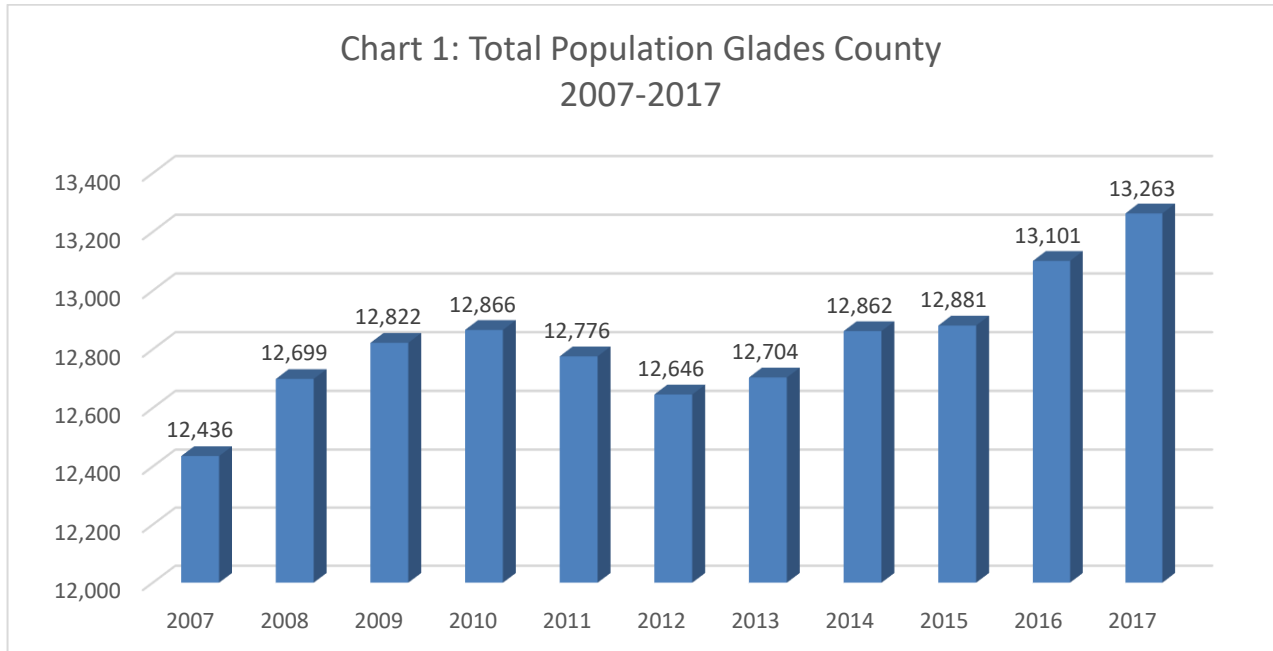


Figure 2:



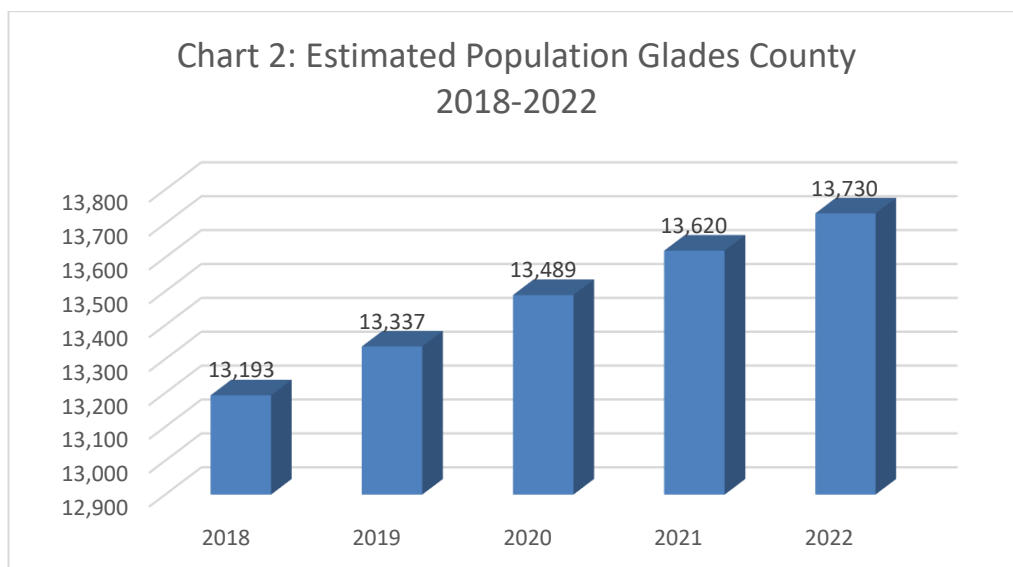
Population Growth

The illustration below (Chart 1) represents the total population of Glades County from 2007-2017. The estimate for 2017 places the population of Glades County at 13,263. This represents a six percent increase since 2007.



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

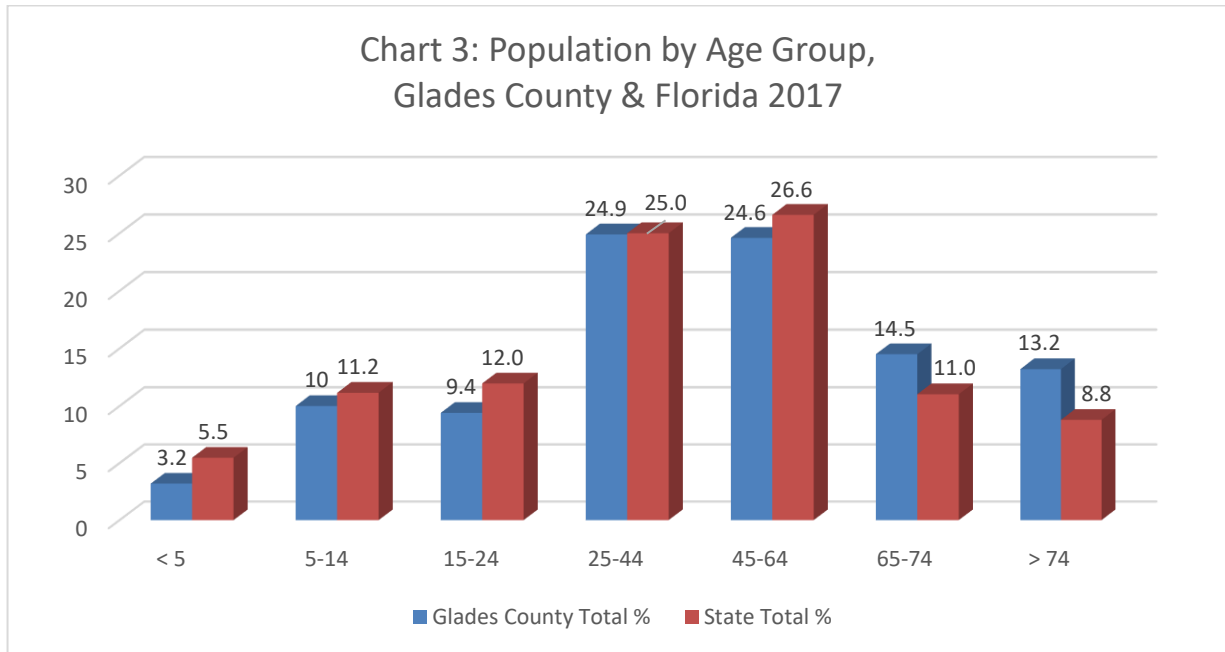
Population growth in a community is the result of natural increase (more births than deaths) and also the migration of people moving into the area at a higher rate than those who are leaving. According to the Office of Economic and Demographic Research, the population of Glades County is expected to grow slightly in the coming years. In 2022, it is estimated that the population of Glades County will be 13,730; that is an increase of nearly four percent from the same number for 2018.



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

Age

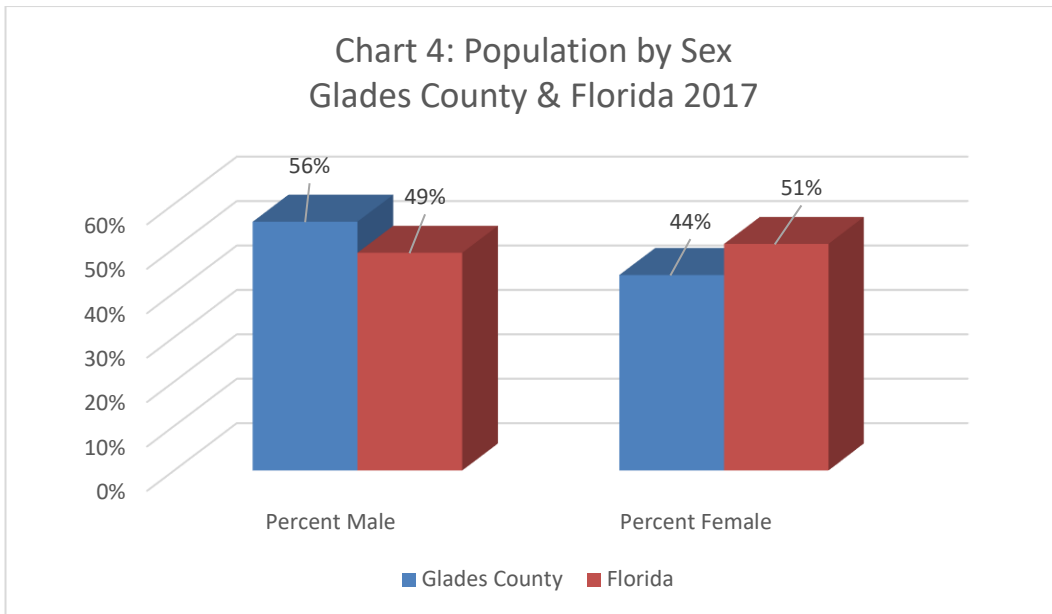
The age distribution for Glades County is quite similar to the distribution for the state as a whole. The largest proportion of the population of the county is between the ages of 25 and 64. Approximately twenty-two percent of the population in Glades is under the age of 25 and approximately twenty-seven percent are 65 or older.



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

Gender

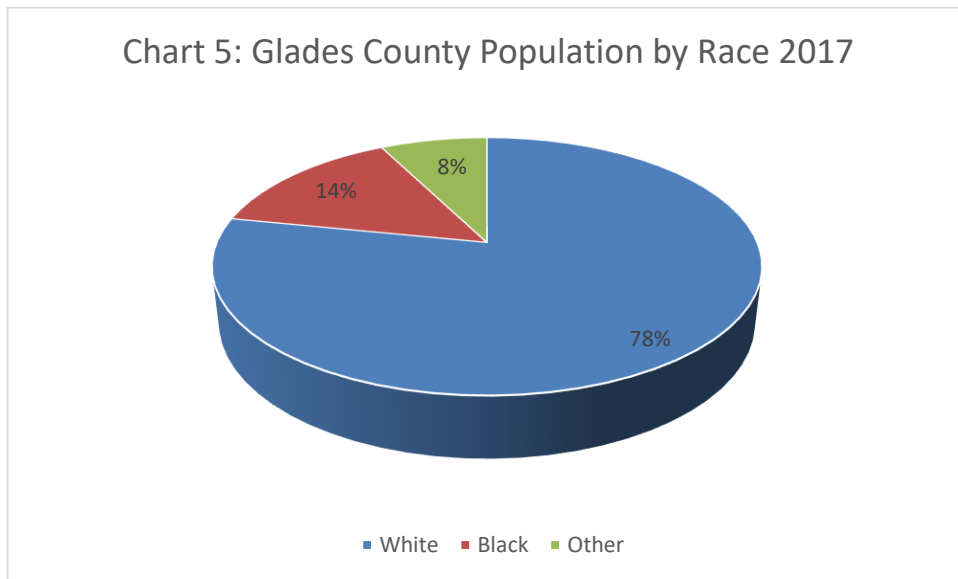
There are more men than women in Glades County. 56 percent of the residents of Glades County are male while 44 percent are female; statewide the percentages are 51 percent female and 49 percent male. Nationwide females outnumber males, but it is not uncommon for men to outnumber women in rural areas.



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

Race and Ethnicity

22 percent of the population of Glades County is non-white, which is less than the statewide population comprised of 21.4 percent non-whites. Approximately 8 percent of the population is listed as “Other non-white”. This category includes American Indian, Alaskan Native, Asian, Native Hawaiian and other Pacific Islanders, and those of mixed race who chose not to select white or black.



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

Ethnicity in Florida is broken out separately from race. For ethnicity, a person must designate themselves as Hispanic or Non-Hispanic; people in both of those groups can identify as white, black or other non-white. 21.4 percent of the residents of Glades County identify as Hispanic; of those 17.9 percent identified as white.

Table 1: Race and Ethnicity, 2017					
Glades			State		
	Hispanic	Non-Hispanic		Hispanic	Non-Hispanic
White	17.9%	60.3%	White	22.8%	54.7%
Black	1.9%	12.5%	Black	1.3%	15.6%
Other	1.7%	5.8%	Other	0.9%	4.7%
Total	21.4%	78.6%	Total	25%	75%

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

Socioeconomic Indicators

The figures shown below summarize some of the primary indicators of economic health for the county and state. Like the rest of Florida, Glades County was hit hard by the economic downturn. Unemployment has increased significantly in Glades County from 4.7 percent in 2000 to more than double that in 2010; a rate of 10.4 percent. As of 2017, the unemployment rate has remained steady at 10 percent, however it is still higher than the state rate of 7.2 percent. Of those residents who are employed, the average annual wage in Glades County is 26 percent lower than the average for the state.

The percent of all people living under the poverty level in Glades County is higher than the state average. Unfortunately, that is also true for the percent of children 0-17 years of age who are under the poverty level; that rate is 26.9 percent for Glades County compared to 22.3 percent for the state.

**Table 2: Socioeconomic Indicators
Glades County and State, 2017**

	Glades	State
Civilian labor force which is unemployed	10%	7.2%
Median Household Income	37,385	50,883
Individuals below poverty level	2,140	3,070,972
% Living Below Poverty Level	18%	15.5%
% of Individuals Under 18 Below Poverty Level	26.9%	22.3%

Source: American Communities Survey 5-Year estimates

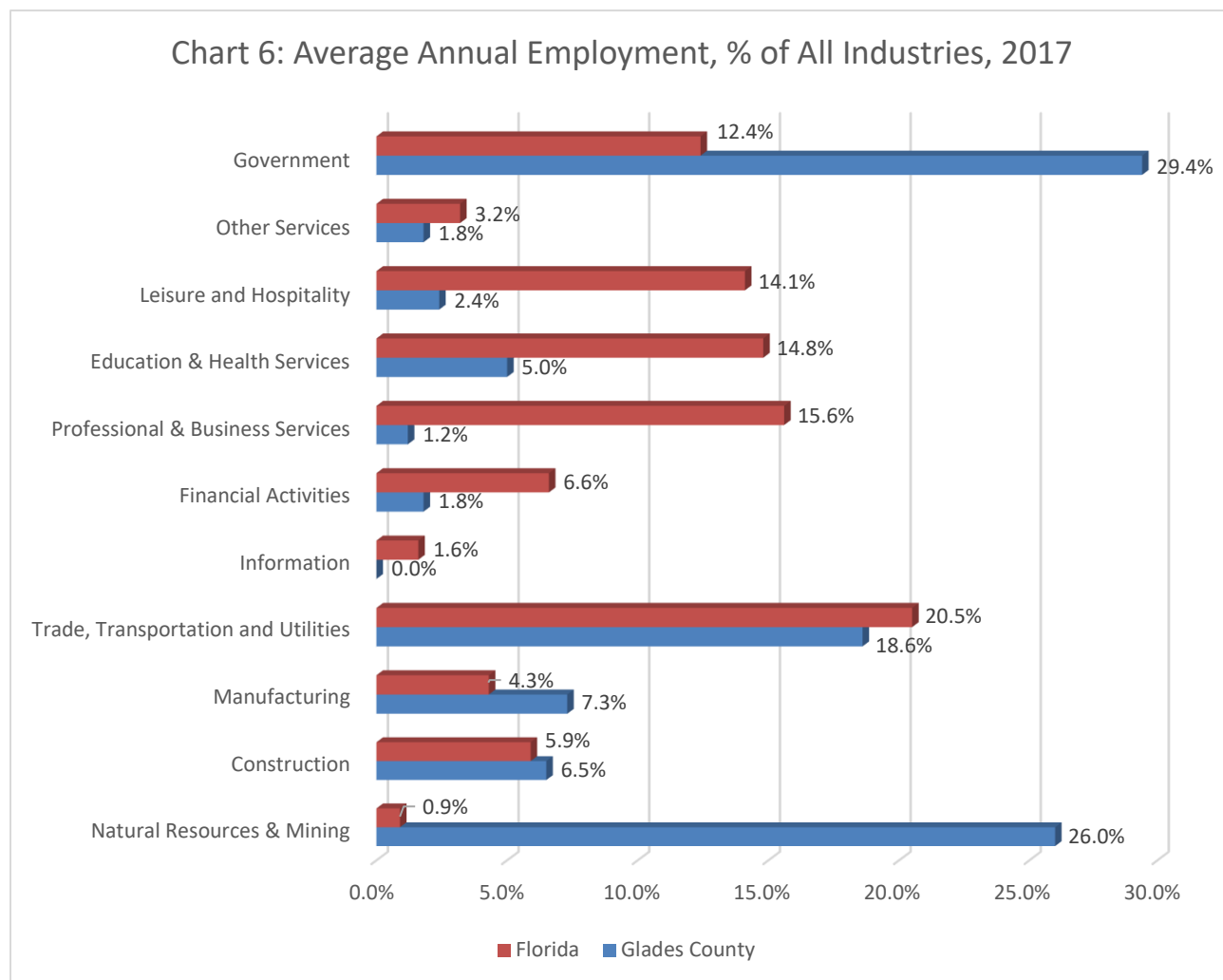
Glades County lags behind the state average for educational attainment. Fewer residents of Glades County have received a high school diploma than the state average. Also a lower percentage of people in Glades County who are aged 25 and older have received a Bachelor's degree than the percentage of residents of Florida who have done the same.

**Table 3: Education & Employment
Persons aged 25 and older, Glades and State, 2017**

	Glades	State
% High School graduate or higher	74.4%	87.2%
% Bachelor's degree or higher	8.9%	27.9%

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

As seen in Chart 6, among working adults in Glades County the most common non-agricultural sectors of employment are: government, natural resources and mining and trade, transportation and utilities.



Source: Florida Legislature, Office of Economic and Demographic Research

Housing

Housing is increasingly being seen as a major driver of health in a community. High housing costs can make it difficult to prioritize other needs such as healthcare and healthy living. Glades County has fewer of its homes occupied than the state average; therefore there are more vacant housing units. A much higher percentage of Glades County residents occupy a mobile home than the state average. Several large mobile housing parks help to drive this number. It may be worth noting that some of these residents are seasonal. The median value of owner-occupied units in Glades County is also significantly lower than the state average.

Table 4: Housing Occupancy Glades and State, 2013 - 2017		
	Glades	State
Occupied housing units (%)	61.5	81.1
Owner-occupied (%)	75.0	64.8
Renter-occupied (%)	25.0	35.2
Household size owner-occupied unit	2.64	2.62
Household size renter-occupied unit	3.06	2.69
Vacant housing units (%)	38.5	18.9
Homeowner vacancy (%)	4.5	2.4
Rental vacancy (%)	9.2	8.5
Occupying mobile home (%)	51.0	9.1
Occupying boat, RV, van, etc. (%)	0.9	0.1
Median value of owner-occupied units (dollars)	\$80,100	\$178,700

Source: US Census Bureau DP04 Selected Housing Characteristics

Health Status

Health Ranking

County Health Rankings & Roadmaps, collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, has Glades County currently ranked the 48th healthiest out of 67 counties in Florida for Health Outcomes and 59th for Health Factors. These rankings are based on a variety of factors that affect the health of the county's residents such as unemployment, levels of physical inactivity, rates of smoking, obesity, and children living in poverty. Glades County is ranked number two in the state for physical environment.

	Glades County	Error Margin	Top U.S. Performers	Florida	Rank (of 67)
Health Outcomes					48
Length of Life					52
Premature death	9,600	7,200-12,000	5,400	7,200	
Quality of Life					40
Poor or fair health	22%	21-22%	12%	19%	
Poor physical health days	4.6	4.5-4.8	3.0	3.8	
Poor mental health days	4.5	4.3-4.6	3.1	3.8	
Low birthweight	8%	5-10%	6%	9%	
Health Factors					59
Health Behaviors					49
Adult smoking	21%	20-21%	14%	15%	
Adult obesity	33%	28-38%	26%	27%	
Food environment index	5.2		8.7	6.9	
Physical inactivity	35%	30-40%	19%	25%	
Access to exercise opportunities	45%		91%	88%	
Excessive drinking	18%	17-18%	13%	18%	
Alcohol-impaired driving deaths	25%	17-34%	13%	25%	
Sexually transmitted infections	417.0		152.8	467.4	
Teen births	25	19-33	14	23	
Food insecurity	15%		9%	14%	
Limited access to healthy foods	31%		2%	7%	
Motor vehicle crash deaths	24	16-37	9	14	
Clinical Care					67
Uninsured	26%	23-29%	6%	16%	
Primary care physicians	13,970:1		1,050:1	1,390:1	
Dentists	2,750:1		1,260:1	1,700:1	

Mental health providers			310:1	670:1	
Definitions for each measure are listed in Appendix F	Glades County	Error Margin	Top U.S. Performers	Florida	Rank (of 67)
Preventable hospital stays	7,456		2,765	5,066	
Mammography screening	40		49%	42%	
Flu vaccinations	37%		52%	41%	
Social & Economic Factors					53
High school graduation	85%		96%	82%	
Some college	33%	25-41%	73%	62%	
Unemployment	5.2%		2.9%	4.2%	
Children in poverty	29%	20-38%	11%	21%	
Income inequality	4.0	2.9-5.1	3.7	4.7	
Children in single-parent households	40%	23-57%	20%	38%	
Social associations	5.7		21.9	7.1	
Violent crime	234		63	484	
Injury deaths	82	62-106	57	76	
Physical Environment					2
Air pollution - particulate matter	7.1		6.1	8.2	
Drinking water violations	No				
Severe housing problems	14%	10-19%	9%	21%	
Driving alone to work	76%	67-85%	72%	79%	
Long commute - driving alone	30%	20-39%	15%	40%	

Source: Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute

Leading Causes of Death

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

Table 4 gives detailed information on the leading causes of death for residents of Glades County in 2017. The Deaths column is a simple count of the number of people who died by the listed cause during 2017. Percent of Total Deaths lets you know what percent of the people who died in 2017 died from that cause. Crude Rate per 100,000 gives a sense of how likely a person is to die of that cause in any given year. For example, out of every 100,000 people in Glades County, 37.7 of them died of a stroke in 2017. Since there are fewer than 100,000 people in Glades County the rates per 100,000 are higher than the actual number of people who died. Using the rate per 100,000 allows comparison between areas with different populations such as comparing a small county to a large county or a county to the state.

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

The 3-Year Age-Adjusted Death Rate per 100,000 gives an average of the three years ending in 2017 (2015, 2016 and 2017). A small increase or decrease in the number of deaths in a given year can make a big difference in the rate, so averages are used to flatten out large fluctuations.

The last column is Years of Potential Life Lost. This is an estimate of the number of years a person would have lived had they not died prematurely. In this case that number is given for all people who died under the age of 75 assuming that they would have lived to the age of 75. When the numbers are particularly low, such as they are for Alzheimer's disease, it is generally because that cause of death largely impacts the elderly. Conversely, a particularly high number such as for unintentional injuries suggests that the average age of the victims was fairly young.

Table 5: Leading Causes of Death- Glades County, Florida 2018

Causes of Death	Deaths	Percent of Total Deaths	Crude Rate Per 100,000	Age-Adjusted Death Rate Per 100,000	3-Year Age-Adjusted Death Rate Per 100,000	YPLL < 75 Per 100,000 Under 75
All Causes	115	100.0	867.1	526.2	604.3	8,011.8
Heart Disease	33	28.7	248.8	145.5	149.5	1,885.6
Cancer	30	26.1	226.2	118.8	137.8	1,355.6
Chronic Lower Respiratory Disease	9	7.8	67.9	31.5	32.8	78.2

Unintentional Injury	9	7.8	67.9	62.7	50.7	1,989.9
Chronic Liver Disease & Cirrhosis	6	5.2	45.2	27.3	16.8	547.4
Stroke	5	4.3	37.7	21.3	27.9	208.6
Diabetes	3	2.6	22.6	17.1	16.8	356.3
Hypertension	3	2.6	22.6	21.6	8.8	547.4
Alzheimer's Disease	3	2.6	22.6	11.7	11.9	0.0
Parkinson's Disease	1	0.9	7.5	3.2	3.4	0.0
Influenza and Pneumonia	1	0.9	7.5	3.2	5.9	0.0
Suicide	1	0.9	7.5	8.2	21.1	191.2
Homicide	1	0.9	7.5	11.1	10.5	459.3
HIV/AIDS	0	0	0	0	0	0.0
Pneumonitis	0	0	0	0	1.5	0.0

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

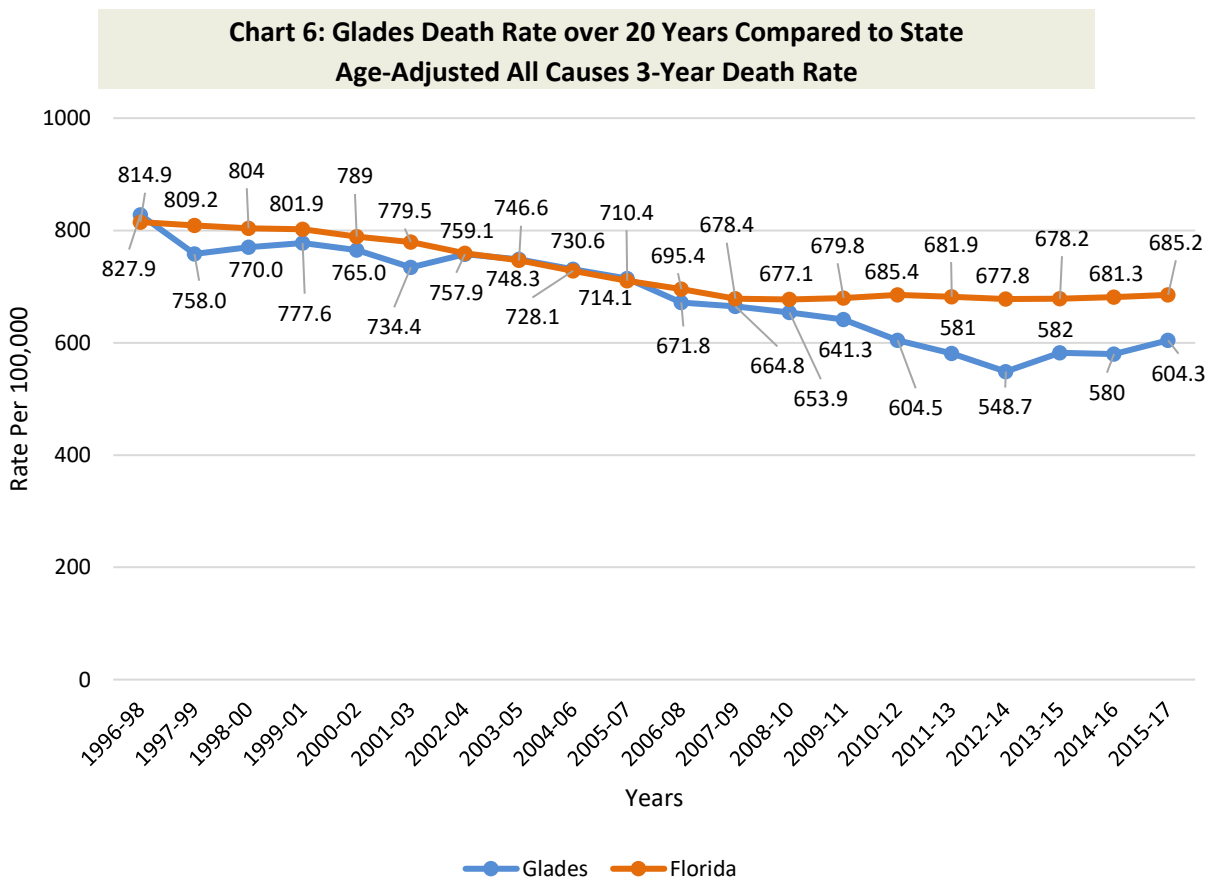
The most frequent causes of death for people in Glades County are heart disease and cancer. Together they accounted for nearly 48 percent of the deaths in 2017. Table 5, which compares the three-year age-adjusted rates for Glades County with those for all of Florida, shows that the death rates for heart disease, cancer, chronic lower respiratory disease, unintentional injury, stroke, diabetes, and Alzheimer’s disease are lower than the state average. The averages for chronic liver disease and cirrhosis and hypertension are higher than the state averages. In some categories a small number of deaths can have a large impact on the rates for Glades County due to the small population size.

**Table 6: Major Causes of Death
Glades and State**

	County 2015-2017 Age Adjusted Rate/100,000	Florida 2015-2017 Age Adjusted Rate/100,000
Cause of Death		
All Causes	604.3	685.2
Heart Disease	149.5	150.8
Cancer	137.8	151.9
Chronic Lower Respiratory Disease	32.8	39.6
Unintentional Injury	50.7	52.6
Chronic Liver Disease and Cirrhosis	16.8	11.9
Stroke	27.9	38.7
Diabetes	16.8	20.0
Hypertension	8.8	8.0
Alzheimer's Disease	11.9	21.9

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

The death rate for Glades County is a little lower than the state average (Chart 7). The death rate for Glades County has increased in the last five years while the death rate for the state has remained fairly flat since 2007.



Source: Florida Department of Health, Bureau of Vital Statistics

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

When rates are per 100,000 population they are calculated using population estimates provided by the Florida Legislature, Office of Economic and Demographic Research. All age-adjusted rates utilize the Year 2000 Standard Population Proportion.

Table 6 lists the cause of death noted for all deaths in Glades County from 2008-2017. The number of deaths has remained fairly consistent during these years; however the death rate has increased slightly because the population of Glades County has increased by about five percent during this period.

**Table 7: Deaths From All Causes
All Races, All Sexes, All Ethnicities, All Ages
Glades County 2008-2017**

Cause of Death	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
All Causes	92	111	110	97	106	108	91	134	119	115
Infectious Diseases	2	5	1	0	2	3	1	1	2	2
Certain Other Intestinal Infections	0	0	0	0	0	0	0	1	0	1
Human Immunodeficiency Virus (HIV) Disease	1	0	0	0	0	0	0	0	0	0
Other & Unspecified Infectious/Parasitic Disease & Sequelae	0	1	0	0	0	1	0	0	0	1
Septicemia	1	3	1	0	2	2	0	0	2	0
Viral Hepatitis	0	1	0	0	0	0	1	0	0	0
Malignant Neoplasm (Cancer)	24	26	26	28	28	27	19	33	29	30
All Other & Unspecified - Cancer	4	3	5	2	2	2	1	1	3	7
Bladder Cancer	0	0	0	1	0	1	1	0	1	0
Breast Cancer	1	2	1	2	1	2	0	3	3	5
Cervical Cancer	0	0	1	0	0	0	0	0	0	1
Colon, Rectum, & Anus Cancer	2	2	2	4	3	1	4	7	6	0

Corpus Uteri & Uterus, Part Unspec Cancer	0	0	0	1	0	0	0	0	0	0
Cause of Death	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Esophagus Cancer	1	0	1	0	0	1	0	1	0	0
Kidney and Renal Pelvis Cancer	0	0	2	0	1	0	1	1	0	3
Larynx Cancer	0	1	0	0	0	0	0	0	0	0
Leukemia	1	1	0	1	2	1	1	1	0	0
Lip, Oral Cavity, Pharynx	0	0	1	1	1	1	0	0	1	1
Liver & Intrahepatic Bile Ducts Cancer	2	1	0	1	2	1	0	1	2	1
Meninges, Brain, & Other Pert Cen Nerv Sys Cancer	0	0	0	1	0	1	0	0	1	1
Multiple Myeloma & Immunoprolifera Neoplasm	0	1	0	0	0	0	1	1	1	0
Non-Hodgkins Lymphoma	1	0	2	2	2	0	0	0	0	0
Ovarian Cancer	0	1	0	0	1	0	0	0	1	1
Pancreatic Cancer	0	2	0	2	1	1	3	1	0	1
Prostate Cancer	1	1	1	1	1	3	0	1	0	1
Skin Cancer	0	0	3	0	0	1	0	2	2	0
Stomach Cancer	0	1	0	1	2	0	0	0	0	0
Trachea, Bronchus, Lung Cancer	11	10	7	8	9	11	7	13	8	8

In Situ, Benign, Uncert/Unk Behavior Neoplasms	0	1	0	0	0	1	0	0	0	0
Cause of Death	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Nutritional and Metabolic Diseases	4	9	4	4	8	7	5	3	4	3
Diabetes Mellitus	4	8	4	4	8	7	5	3	4	3
Malnutrition	0	1	0	0	0	0	0	0	0	0
Nervous System Diseases	1	1	1	2	1	3	2	3	5	4
Alzheimer's Disease	0	1	1	1	0	1	1	2	4	3
Meningitis	1	0	0	0	0	0	0	0	0	1
Parkinson's Disease	0	0	0	1	1	2	1	1	1	1
Cardiovascular Diseases	28	27	34	29	35	37	28	48	35	41
Acute & Subacute Endocarditis	0	0	1	0	0	0	0	0	0	0
Acute Myocardial Infarction	5	6	5	3	1	6	2	8	5	5
Acute Rheum Fever & Chronic Rheum Heart Disease	1	0	0	0	1	0	1	0	0	0
All Other Chronic Ischemic Heart Dis	9	7	10	15	8	10	13	15	15	15
Aortic Aneurysm & Dissection	0	1	0	0	0	1	1	0	0	0
Atherosclerosis	0	0	0	1	0	0	0	0	0	0

Atherosclerotic Cardiovascular Disease	1	4	4	1	3	4	2	6	1	4
Cause of Death	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Cerebrovascular Diseases	6	3	5	3	10	7	3	7	6	5
Essen Hypertension & Hypertensive Renal Disease	0	0	0	1	5	0	0	0	1	3
Heart Failure	0	2	3	0	1	2	1	0	1	0
Hypertensive Heart Disease	2	2	0	2	4	2	1	3	3	4
Other Acute Ischemic Heart Disease	0	0	0	0	0	0	0	1	0	0
Other Arteries, Arterioles, Capillaries Disease	0	0	1	0	0	0	0	1	0	0
Other Forms Heart Disease	4	2	5	3	2	5	4	7	3	4
Pericardium Diseases & Acute Myocarditis	0	0	0	0	0	0	0	0	0	1
Respiratory Diseases	4	18	12	9	12	7	11	11	15	10
Chronic Lower Respiratory Disease	2	15	9	6	9	4	8	6	11	9
Influenza & Pneumonia	2	2	0	1	2	2	1	2	1	1
Other Respiratory System Disease	0	1	0	2	1	1	2	2	3	0

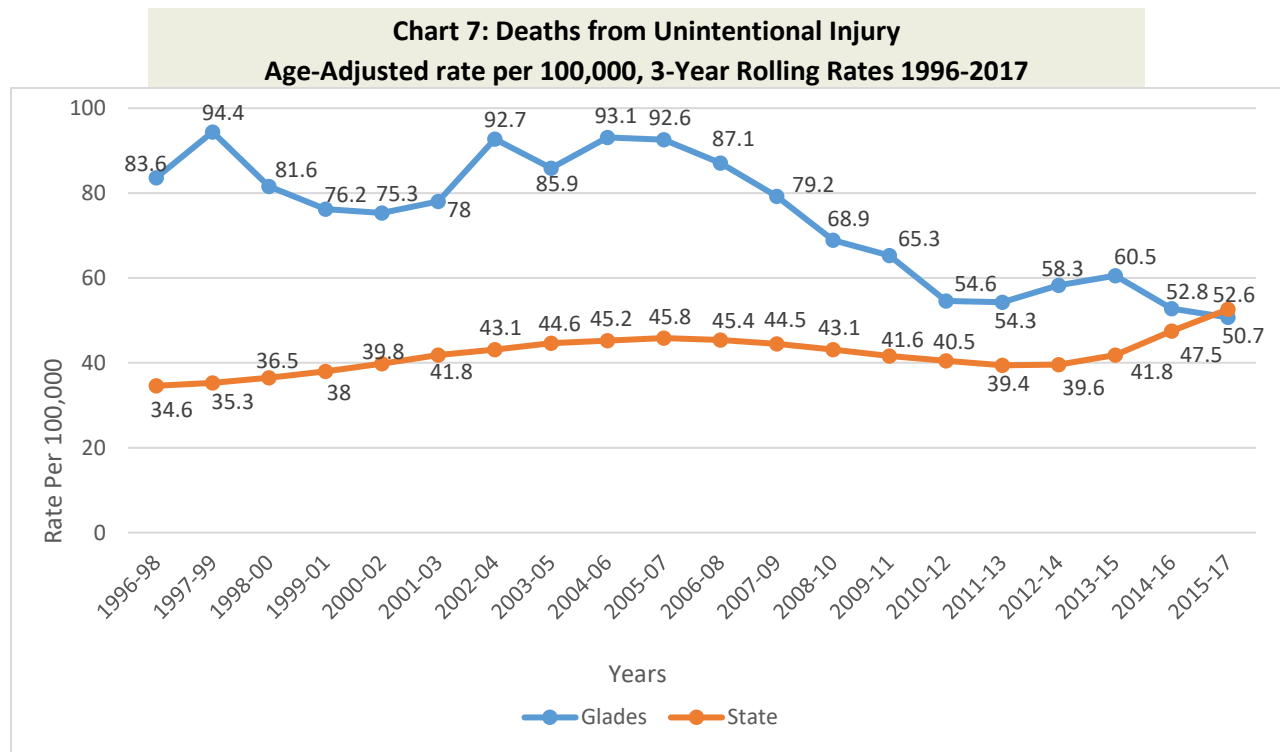
Pneumonitis Due to Solids & Liquids	0	0	3	0	0	0	0	1	0	0
Cause of Death	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Digestive Diseases	3	1	4	1	1	5	1	1	3	6
Alcoholic Liver Disease	2	0	2	0	0	3	1	0	3	5
Other Chronic Liver Disease & Cirrhosis	1	1	2	1	1	2	0	1	0	1
Urinary Tract Diseases	3	0	3	1	3	2	0	2	3	0
Hyperplasia of Prostate	0	0	0	0	0	1	0	0	0	0
Acute/Progressive Nephritic/ Nephrotic Synd	0	0	1	0	0	0	0	0	0	0
Glomeruloneph, Nephri/Nephro, Renal Sclerosis	0	0	0	1	1	0	0	0	0	0
Renal Failure	3	0	2	0	3	1	0	2	3	0
Perinatal Period Conditions	0	0	2	0	0	0	0	0	1	0
Congenital & Chromosomal Anomalies	0	0	0	0	0	1	0	0	0	0
Symptoms, Signs & Abnormal Findings	1	0	3	0	0	1	0	7	1	1
Other Causes (Residual)	10	12	9	11	8	6	11	13	10	7
External Causes	12	11	11	12	8	8	12	12	11	11
Drowning & Submersion	1	0	0	1	0	0	0	0	0	1

Falls	0	2	1	0	2	1	2	0	1	1
Cause of Death	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Firearms Discharge	0	0	0	0	0	0	0	1	0	0
Homicide by Firearms Discharge	0	0	1	0	0	0	1	1	1	1
Homicide by Other & Unspecified Means & Sequelae	1	0	0	1	0	0	0	0	0	0
Motor Vehicle Crashes	6	6	3	3	1	5	3	6	2	4
Other & Unspecified Event & Sequelae	0	0	0	0	0	0	0	0	1	0
Other & Unspecified Nontransport & Sequelae	0	0	1	0	1	0	1	0	0	1
Other Land Transport Accidents	0	0	0	1	1	0	0	0	0	0
Poisoning & Noxious Substance Exposure	1	3	0	2	1	1	1	1	2	2
Smoke, Fire, Flames Exposure	0	0	1	0	0	0	1	0	0	0
Suicide by Firearms Discharge	3	0	3	3	0	0	3	3	2	1
Suicide by Other & Unspecified Means & Sequelae	0	0	1	0	1	1	0	0	2	0
Water/Air/Space/ Oth-Unsp Transport & Seq	0	0	0	1	1	0	0	0	0	0

Source: Florida Department of Health, Office of Vital Statistics

Unintentional Injury

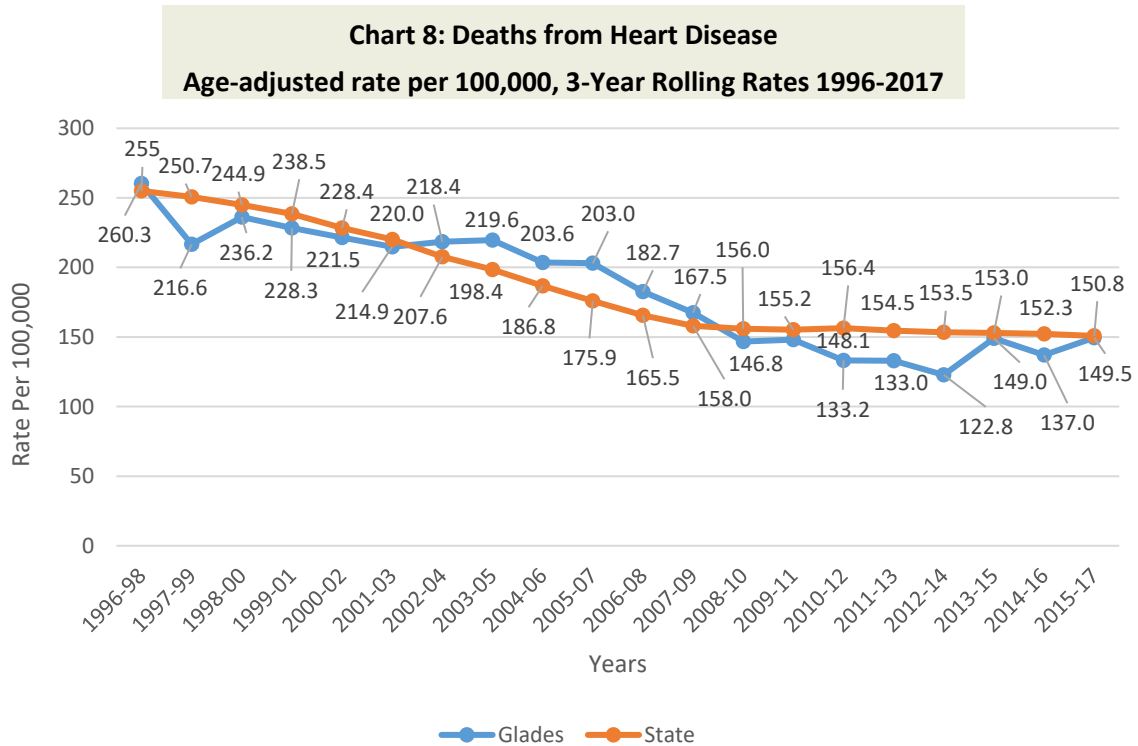
The rate of deaths from unintentional injury have been rising across Florida in the past several years. That has not been the case in Glades County where the rates are generally trending positively.



Source: Florida Department of Health, Bureau of Vital Statistics

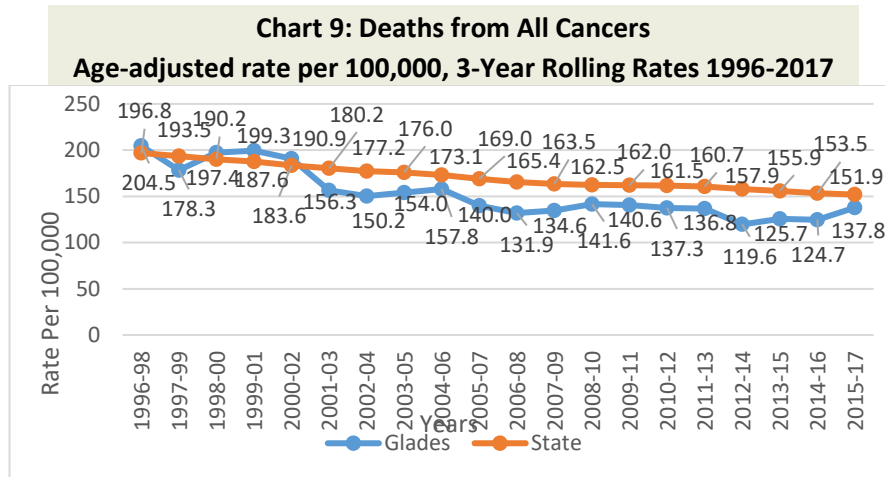
Chronic Diseases

Heart disease is the leading cause of death in Glades County. Chart 8 gives a more detailed look at the decline in deaths from coronary heart disease across the last twenty years. The rate across the state has leveled off in recent years. The rate is currently similar in Glades County as for the state as a whole.



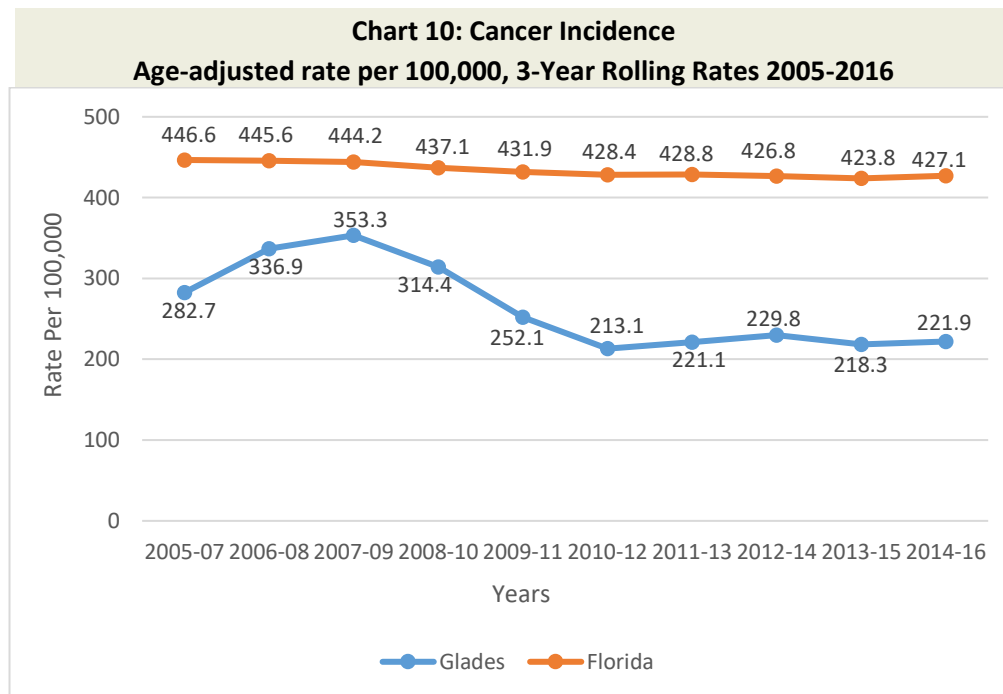
Source: Florida Department of Health, Bureau of Vital Statistics
Multi-year counts are a sum of the selected years, not an average.

Cancer is the second most common cause of death in Glades County. As seen in Chart 9, age-adjusted death rates from cancer have been slowly declining. Despite an increase in the past couple of years, rates for Glades County have remained lower than the state for the past ten years.



Source: Florida Department of Health, Bureau of Vital Statistics

Cancer incidence in Glades County is lower than the state as a whole. The incidence rates rose in the mid 2000s but have since declined.



Source: University of Miami (FL) Medical School, Florida Cancer Data System

Among the types of cancer, lung cancer causes the highest number of deaths in Glades County. The incidence rates of other types of cancer are similar but not as deadly.

Table 8: Common Types of Cancer Death Rate and Incidence, Glades County		
	3 yr. Age Adjusted Death Rate, 2015-2017	Avg. Annual Number of Events (Incidence), 2014-2016
Lung Cancer	37.7	22
Breast Cancer	36.6	21
Colorectal Cancer	23.7	12
Prostate Cancer	5.1	10
Liver Cancer	6.2	0
Ovarian Cancer	5.4	0
Skin Cancer	6.2	25

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

The death rate for blacks in Glades County is higher than that of whites. For the state of Florida, the death rate for blacks is also higher than the rate for whites. It should be noted for much of the data in Table 8 that the total number of blacks in Glades County each year is fairly small and one or two deaths can cause a large variance in some of the categories. Cancer and heart disease are the leading causes of death for both whites and blacks.

**Table 9: Selected Causes of Death by Race, Glades County and State
3-Year Age Adjusted Death Rates by Cause, 2015-2017**

	County			State		
	White	Black	All Races	White	Black	All Races
Total Deaths	572.6	606.2	576.5	663.1	742.6	670.4
Heart Disease	158.5	115.9	149.5	148.7	169	150.8
Cancer	142.2	127.1	137.8	152.2	156.5	151.9
CLRD*	32.1	56.3	32.8	41.6	25.6	39.6
Stroke	21.4	99.4	27.9	36.5	56	38.7
Diabetes	8.3	14.4	16.8	17.7	38.9	20
Cirrhosis	20	0	16.8	13.1	6	11.9
Pneumonia/Influenza	6.7	0	5.9	9.3	11.6	9.5
HIV/AIDS	0	0	0	1.8	14.3	3.7

Source: Florida Department of Health, Office of Vital Statistics

*Chronic Lower Respiratory Disease

The death rate for Hispanic residents is similar or lower than that for non-Hispanic residents for nearly all major causes of death, except for chronic lower respiratory disease, stroke, and cirrhosis.

**Table 10: Major Causes of Death by Ethnicity, Glades County
3-Year Age Adjusted Death Rates by Cause, 2012-2014**

	Non-Hispanic		Hispanic	
	White	Black & Other	White	Black & Other
Heart Disease	178.4	100.2	55.9	
Cancer	155.7	140.4	60.9	
CLRD*	31.5	20.4	58.3	
Stroke	14.6	67.7	101.6	
Diabetes	9.3	104.7	0	
Cirrhosis	16.6	0	30.2	

Influenza & Pneumonia	5.1	0	15.1	
HIV/AIDS	0	0	0	

Source: Florida Department of Health, Office of Vital Statistics

*Chronic Lower Respiratory Disease

Data left blank, when there isn't enough data to support

Communicable Diseases

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

Chlamydia is the most prevalent sexually transmitted disease in Glades County with an average of 149 cases per year between 2015 and 2017. It should be noted for all of the data in Table 9 that the sample size for all of the Glades County data is quite small and one case of any particular disease can cause a large variance in the data.

The overall rate of infection from vaccine preventable diseases is very low. For each of these diseases there is an average of less than one case every three years.

An average of two persons per year were diagnosed with AIDS in Glades County between 2015 and 2017. The rate per 100,000 in Glades County is 5.1. The rate for the state of Florida as a whole is 10.4. The largest number of those cases come from urban areas.

**Table 11: Communicable Diseases
Glades County and State 2015-2017**

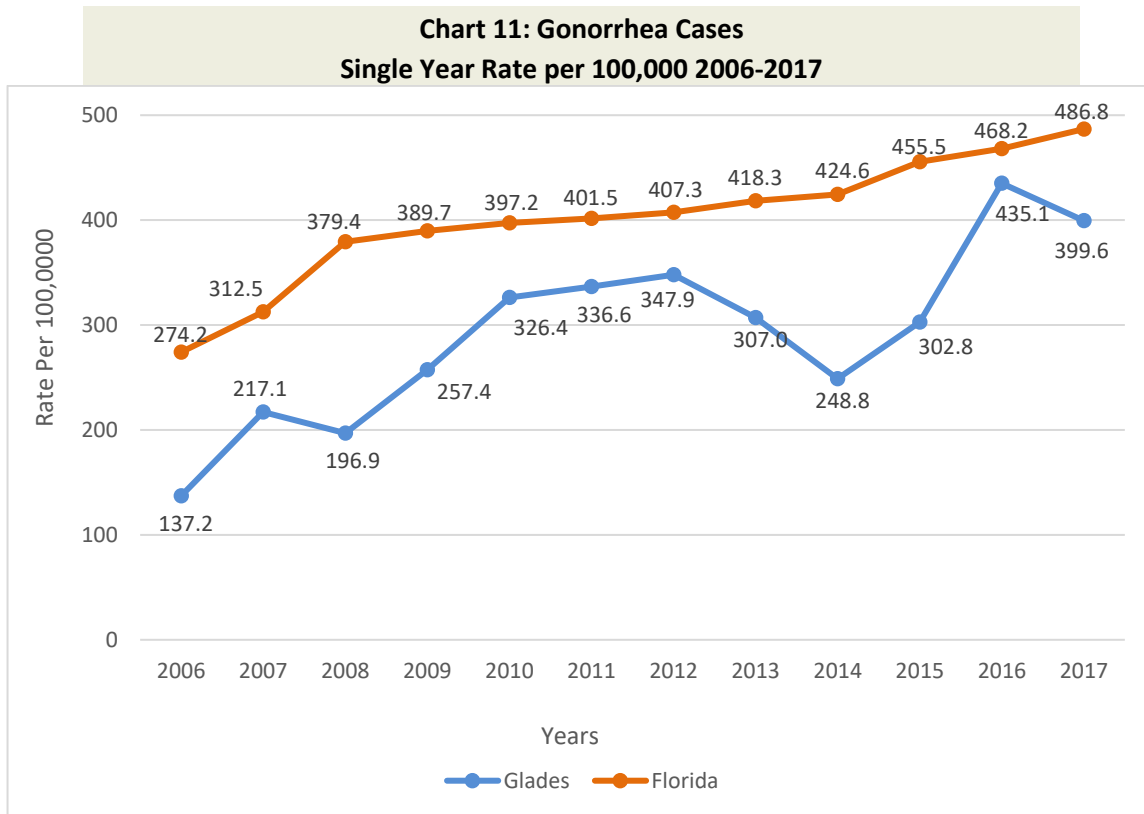
Disease	# of Cases	County 3 yr. Rate per 100,000	State 3 yr. Rate per 100,000
Sexually Transmitted Diseases (STD)			
Early Syphilis	2.0	5.1	24.5
Infectious Syphilis	0.0	0.0	11.4
Gonorrhea	9.0	22.9	138.5
Chlamydia	149.0	379.7	470.3
Vaccine Preventable Diseases			
Hepatitis B, chronic	0.0	0.0	24.3
Measles	0.0	0.0	0.0
Mumps	0.0	0.0	0.0
Rubella	0.0	0.0	0.0
Pertussis	0.0	0.0	1.7
Tetanus	0.0	0.0	0.0
Varicella (Chickenpox)	7.0	17.8	3.5
AIDS and Other Diseases			

AIDS	2.0	5.1	10.4
Tuberculosis	0.0	0.0	2.9

Source: Division of Disease Control, Florida Department of Health

Chlamydia

Chlamydia is the most common of the reported sexually transmitted diseases. The infection rate for chlamydia across the state of Florida has been on the rise for the last fifteen years. In Glades County, there has been an increase in infection rates, but the rates are still less than the state.



Source: Florida Department of Health, Bureau of Communicable Diseases

Maternal and Child Health

On average, 68 babies were born per year in Glades County between 2014 and 2016. The health of the babies, the care they received before birth and the age of the mothers are important factors in determining the state of maternal and child health, which in turn is a large factor in the overall health of the county.

Babies born to young mothers under the age of 19 are more likely to experience poor birth outcomes than those born to adult mothers and are more at risk for developmental complications later in life. There rate of babies born to mothers between the ages of 15 and 19 in Glades County has been decreasing and is now less to the Florida average.

Infant mortality rates are considered a primary indicator of the health of a community. These rates document the deaths of babies between birth and 364 days of life. The leading causes of infant deaths in Florida are perinatal conditions, congenital anomalies, low birth weight and sleep-related deaths. There has been a major decrease in the incidence of sudden infant death syndrome (SIDS) since the American Academy of Pediatrics released its recommendation in 1992 that infants be placed down for sleep in a nonprone position. Infant mortality rates in Glades County are above the average for the state of Florida. The percent of infants born with a low birth weight has is slightly greater than the state average. It should be noted that there is a small sample size for these rates and a small number of infants can have a large impact on the rates.

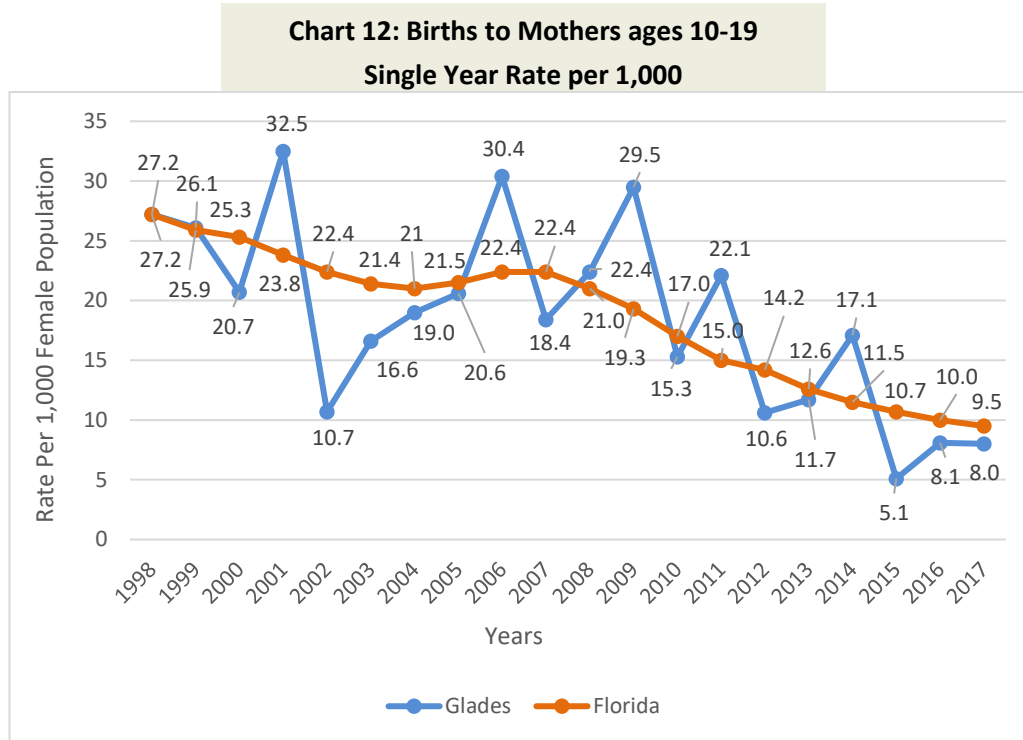
Table 12: Maternal & Child Health Indicators, Glades County and State				
3-Year Figures, 2015-2017				
Births	County	State	Trend	Quartile*
Total Births (3-yr annual avg.)	68			
Births to Mothers ages 15-19, per 1,000	15.3	19.7	Positive	1
Infant Deaths				
Infant Deaths (0-364 days) per 1,000 Births	9.7	6.1	Inconsistent	4
Neonatal Deaths (0-27 days) per 1,000 Births	4.9	4.2	Inconsistent	3
Low Birth Weight				
Percent of Births < 2500 Grams	9.7%	8.7%	Positive	3
Prenatal Care				
Percent of Births with 1st Trimester Prenatal Care	75.9%	78.3%	Positive	2
Percent of Births with Late or No Prenatal Care	6.0%	6.1%	Positive	3

Source: Florida Department of Health

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

Teen Births

Aside from fluctuations due to the small population size, Glades County has had rates of births to teenage and pre-teen mothers that generally follow the rates for the state of Florida as a whole.

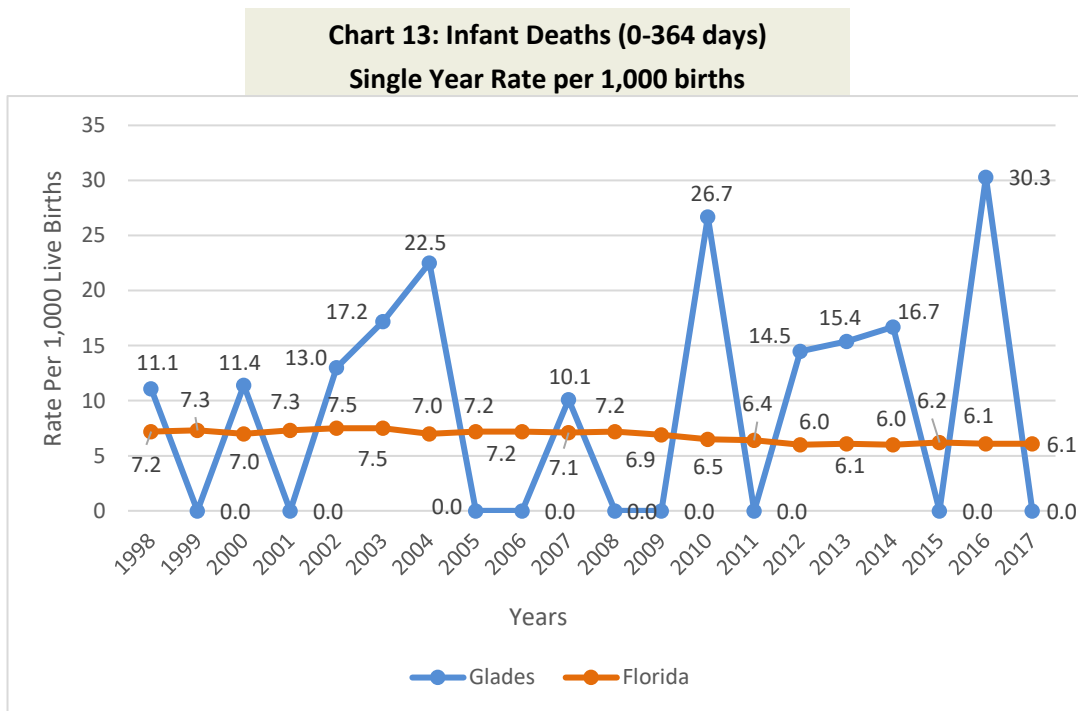


Source: Florida Department of Health, Bureau of Vital Statistics

When Births by Mothers Age is selected as the indicator and specific ages are selected, the rate displayed is the age-specific birth rate (i.e., births to mothers in a specific age group divided by females in the same age group expressed per 1,000 population).

Infant Deaths

It should be noted for the data in Chart 15 that the total number of births in Glades County each year is fairly small and as few as one infant death can cause a large variance in the death rate. For example, two infant deaths caused a large upswing in the chart in 2010 and 2016.



Source: Florida Department of Health, Bureau of Vital Statistics
Deaths occurring within 364 days of birth

Hospitalizations

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

Compared to Florida as a whole, Glades County's 2017 rates of hospitalization for Diabetes (long-term), chronic obstructive pd, congestive heart failure, uncontrolled diabetes, and diabetes leg amputations are significantly higher. Rates of hospitalization for hypertension and bacterial pneumonia are a bit lower than the state average.

	Annual Rate per 100,000 Glades County										Florida
	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2017
01-Diabetes/short-term	149.4	143.9	84.7	71.1	89.2	108.6	16	93.6	211.1	106.3	79.8
03-Diabetes/long-term	130.8	233.9	220.2	88.9	104.1	155.2	288.3	187.3	75.4	212.5	115.6
05-Chronic obstructive PD	747.2	665.6	880.6	675.9	594.8	744.9	848.8	499.4	422.2	455.4	412.7
07-Hypertension	149.4	161.9	33.9	124.5	59.5	139.7	144.1	0	60.3	15.2	18.9
08-Congestive HF	541.8	611.6	677.4	622.6	475.8	651.8	768.7	390.1	512.7	576.9	437.8
10-Dehydration	56	143.9	135.5	53.4	44.6	108.6	16	62.4	241.3	167	6546.8
11-Bacterial pneumonia	411	377.8	321.8	355.7	282.5	372.4	288.3	343.3	150.8	151.8	178.5
12-Urinary infections	112.1	251.8	84.7	142.3	208.2	155.2	112.1	62.4	135.7	75.9	207.3
13-Angina w/o procedure	224.2	89.9	33.9	35.6	0	31	64.1	15.6	0	0	
14-Uncontrolled diabetes	0	18	33.9	17.8	14.9	15.5	64.1	31.2	165.9	91.1	59.7
15-Adult asthma	112.1	72	118.5	71.1	163.6	139.7	128.1	62.4	15.1	15.2	44.5
16-Diabetes/LE amputations	37.4	54	169.3	35.6	59.5	62.1	96.1	15.6	75.4	60.7	26

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

The Chronic Condition Indicator tool is a method to look at the health of a community through hospitalizations. A chronic condition is a condition lasting 12 months or longer and meeting one or both of the following tests: (a) the condition places limitations on self-care, independent living and social interactions; (b) the condition results in the need for ongoing intervention with medical products, services and special equipment. Hypertension is the number one cause of hospitalization for a chronic condition.

Table 14: Hospitalizations for Chronic Conditions										
Annual Figures, 2008-2017, Glades County Residents										
Disease	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Diabetes	217	249	240	205	243	252	299	248	225	246
Asthma	30	40	38	37	43	44	57	49	61	25
Congestive Heart Failure	108	147	108	139	153	143	176	151	122	168
Hypertension	368	363	392	333	375	392	422	396	359	318
AIDS	5	1	0	1	4	4	0	0	2	1
Sickle Cell	2	4	5	1	1	2	1	3	4	0

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

Ambulatory Care Sensitive conditions such as asthma, diabetes or dehydration are conditions where timely and effective ambulatory care can decrease hospitalizations by preventing the onset of an illness or condition, controlling an acute episode of an illness or managing a chronic disease or condition. High rates of Ambulatory Care Sensitive hospitalizations in a community may be an indicator of a lack of or failure of prevention efforts, a primary care resource shortage, poor performance of primary health care delivery systems, or other factors that create barriers to obtaining timely and effective care. The Florida Department of Health released an Ambulatory Sensitive Conditions Profile for Preventable Hospitalizations for Persons under 65 years of age for each county using 2017 data. Glades County has a lower rate of preventable hospitalizations than the state average.

Table 15: Ambulatory Sensitive Conditions Profile for Preventable Hospitalizations Under 65 Glades County, 2017				
	County Count	County Rate	County Quartile	State Rate
All Conditions	86	897.8	1	1,033.30
Acute Conditions				
Bacterial Pneumonia	6	62.6	1	103.9

Cellulitis	9	94	2	99.9
Gastroenteritis			n/a	48.3
Hypoglycemia	0	0	n/a	1.4
Kidney/Urinary Infection	0	0	1	29.9
Pelvic Inflammatory Disease	28	10.9	n/a	12.1
Severe Ear, Nose, & Throat Infections			n/a	19.5
Skin Grafts with Cellulitis			n/a	8
Chronic Conditions				
Angina	0	0	n/a	6.5
Asthma			n/a	71.5
Congestive Heart Failure	11	114.8	3	73.7
Diabetes	21	219.2	4	167.5
Grand Mal & Other Epileptic Conditions	8	83.5	2	81.9
Hypertension	0	0	n/a	7
Non-Pulmonary Tuberculosis	0	0	n/a	0.3
Pulmonary Tuberculosis	0	0	n/a	1.2
Avoidable Conditions				
Dental Conditions			n/a	12
Nutritional Deficiencies			n/a	54.9
Vaccine Preventable Conditions	0	0	n/a	0.5

Source: Florida Agency for Health Care Administration (AHCA).

Data are suppressed when a county has between 1 and 4 reported hospitalizations.

Quartiles are calculated when data is available for at least 51 counties.

Emergency Room Visits by Glades County Residents

Glades County Residents made 2,695 visits to hospitals in 2017 that did not result in an inpatient admission. There are no hospitals in Glades County. More than half of the emergency room visits by Glades County residents were made to Hendry Regional Medical Center in Hendry County. The next four hospitals that received the largest number of visits from Glades County residents are in Okeechobee, Palm Beach, Highlands and Lee Counties respectively.

Table 16: Emergency Room Visits by Hendry County Residents by Payer Source

2017							
Hospital	Medicaid	Medicare	No charge/ Charity	Other	Private, incl. HMO	Self- Pay	Grand Total
Hendry Regional Medical Center	596	344	51	108	273	277	1649
Raulerson Hospital	71	130	11	15	61	47	335
Lakeside Medical Center	87	14		6	54	28	189
Florida Hospital Lake Placid	38	46		8	24	20	136
HealthPark Medical Center	45	6	3	1	24	4	83
Gulf Coast Hospital	9	29	1	2	17	2	60
Lehigh Regional Medical Center	11	10		2	8	11	42
Palms West Hospital	8	7			10	5	30
Lee Memorial Hospital	6	13	1	2	4	2	28
Florida Hospital Heartland Medical Center	6	9			1	3	19
Highlands Regional Medical Center	5	3			5	3	16
Lawnwood Regional Medical Center & Heart	1	1		1	3	2	8
Saint Mary's Medical Center	5				2		7
JFK Medical Center	1				2	3	6
Cape Coral Hospital		1		3		1	5
Cleveland Clinic Hospital		4					4
Naples Community Hospital	1			2		1	4

Arnold Palmer Medical Center	2				1		3
Fawcett Memorial Hospital		3					3
Manatee Memorial Hospital		1			2		3
Memorial Regional Hospital		2		1			3
Memorial Regional Hospital South	3						3
Miami Children's Hospital	2					1	3
Palm Bay Community Hospital					3		3
Desoto Memorial Hospital					1	1	2
Englewood Community Hospital					1	1	2
Gulf Coast Medical Center					1	1	2
Healthmark Regional Medical Center	2						2
Other Hospitals	13	7	0	4	13	8	45
Grand Total	912	630	67	155	510	421	2695
Percent of Total	33.8%	23.4%	2.5%	5.8%	18.9%	15.6%	100.0%

Source: AHCA via Broward Regional Health Planning Council Hospital Inpatient and Emergency Department Analytical System

The AHCA ED data contains records for all ED visits for which the severity of the visit did not result in an inpatient admission. Includes visits by Glades County residents to the ED of any hospital in Florida.

Blank spots represent where there was no data collected

*Providers have indicated potential discrepancies with published data.

*Visits are indicative of Glades County residents only, not all visits for each facility.

Health Resources

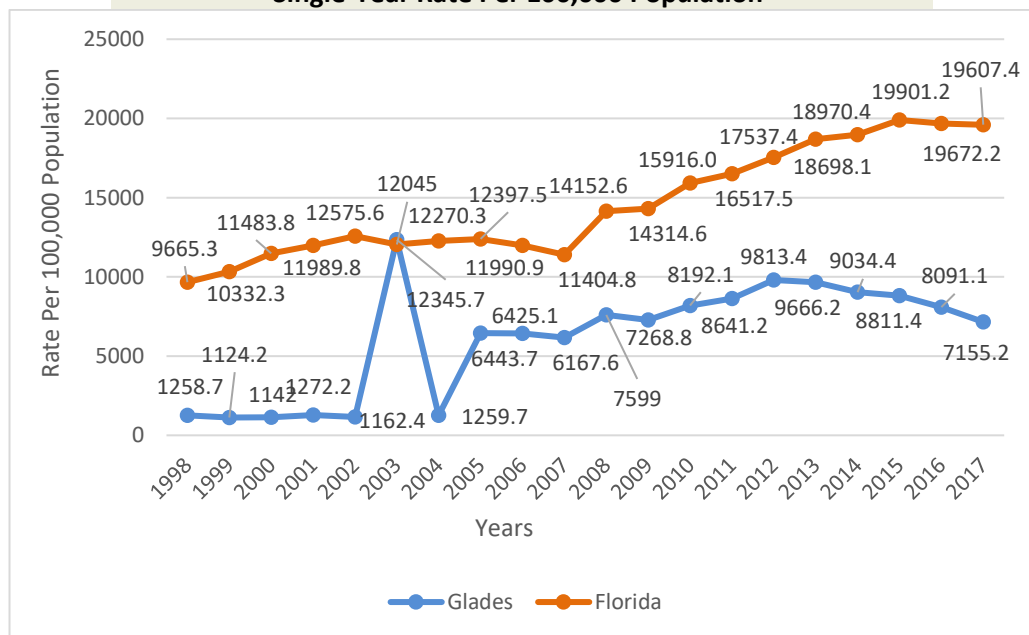
Access to healthcare is the key to achieving a healthy community and is a primary goal of health policy in Florida. This section will review health coverage of Glades County residents including the rate of uninsured residents, licensed providers and facilities, and federal health professional shortage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

Medicaid

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

There are four categories of Medicaid eligibility for adults in Florida, which include low income families, pregnant women, emergency medical assistance for non-citizens, and Medicaid for the elderly and disabled. Eligibility for each of those programs is based on specific income criteria. As of 2017, approximately 7,100 out of every 100,000 people in Glades County were enrolled in Medicaid; the state rate is approximately 19,600 per 100,000. At the state level, there has been a noticeable increase in the number of people enrolled in Medicaid in recent years. The rate in Glades County has not grown quite as quickly as the state rate though and has decreased across the last five years.

**Chart 14: Median Monthly Medicaid Enrollment
Single-Year Rate Per 100,000 Population**

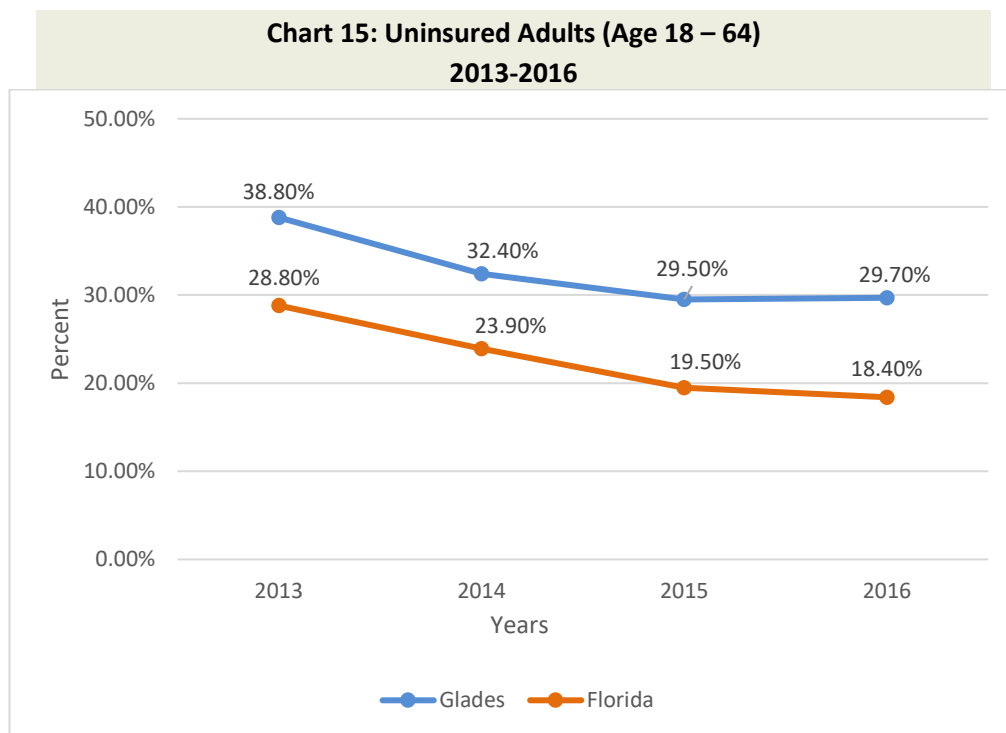


Source: Agency for Health Care Administration (AHCA).

The median enrollment in Medicaid is the number where, over 12 months of enrollment, half are more than this number median and half are below this number.

Uninsured

Lack of health insurance coverage is a significant barrier to accessing needed healthcare. The rate of uninsured adults represents the estimated percent of the adult population under age 65 that has no health insurance coverage. People over the age of 65 are eligible for Medicare from the federal government. The Small Area Health Insurance Estimates from the U.S. Census Bureau provide annual estimates of the population without health insurance coverage for all U.S. states and their counties. The most recent year for which reliable county-level estimates are available is 2016. Glades County was estimated as having 29.7 percent of adults without health insurance; this compares to a rate of 18.4 percent for Florida as a whole. Both Florida and Glades County have seen a decrease in the percentage of adults without health insurance.



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

Physicians and Facilities

As of 2017, there was one licensed physician in Glades County. That works out to about 7.5 doctors for every 100,000 residents; that is a much lower rate than the state average of about 310 doctors for every 100,000 residents. The county has a much lower rate per 100,000 than the state for every major category of providers. There are no hospital or nursing home beds in Glades County. There are also no internists and no pediatricians.

The number of Glades County Health Department employees per every 100,000 residents is higher than the state average. The Glades County Health Department spent \$990,036 dollars in 2017 (up from \$769,821 in 2014); that places the rate of expenditure per 100,000 residents double the state average. It is typical for rural counties to have a significantly higher rate of expenditure than the state average.

**Table 17: Health Resources Availability
Glades County & State 2017**

Providers**†	County			State
	Number	Rate per 100,000	Quartile**	Rate per 100,000
Total Licensed Dentists	0	0.0	1	55.8
Total Licensed Physicians	1	7.5	1	310.6
Total Licensed Family Practice Physicians	0	0.0	1	19.2
Total Licensed Internists	0	0.0	1	47.8
Total Licensed OB/GYN	1	7.5		9.5
Total Licensed Pediatricians	0	0.0	1	22.3
Facilities				
Total Hospital Beds	0	0.0	1	306.3
Total Acute Care Beds	0	0.0	1	247.1
Total Specialty Beds	0	0.0		59.2
Total Nursing Home Beds	0	0.0	1	407.6
County Health Department				
County Health Department Full-Time Employees	9	75.2	3	47.0
County Health Department Expenditures	\$990,036	74.6	3	36.0

Source: Florida Department of Health, Division of Medical Quality Assurance, Florida Agency for Health Care Administration (AHCA), Florida Department of Health

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

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

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

Quartiles are calculated when data is available for at least 51 counties.

Federal Health Professional Shortage Designations

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

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

Glades County has been designated as Medically Underserved Population. Any population with a score of 62 or lower on the Index of Medical Underservice is considered medically underserved. The areas with the lowest numbers are those that are determined to have the most need. Glades County scored a 57.30.

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

A geographic area will be designated as having a shortage of primary medical care professionals if the following three criteria are met:

1. The area is a rational area for the delivery of primary medical care services.
2. One of the following conditions prevails within the area:
 - (a) The area has a population to full-time-equivalent primary care physician ratio of at least 3,500:1.
 - (b) The area has a population to full-time-equivalent primary care physician ratio of less than 3,500:1 but greater than 3,000:1 and has unusually high needs for primary care services or insufficient capacity of existing primary care providers.
3. Primary medical care professionals in contiguous areas are over utilized, excessively distant, or inaccessible to the population of the area under consideration.

What a Designation Means

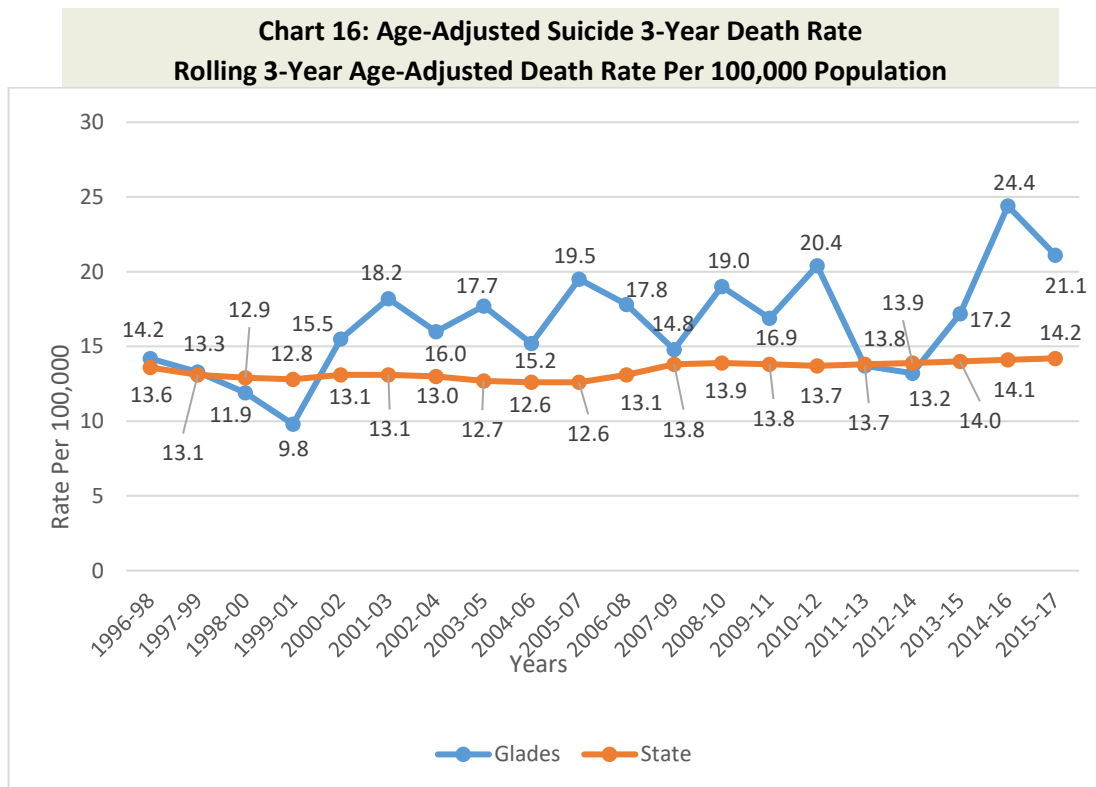
- A geographic designation for the whole county means there is a shortage of providers (primary care physicians, dentists, mental health professionals) for everyone living in the county, regardless of ability to pay for services through insurance or other means.
- A geographic area within the county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

Glades County has been designated as a Health Professional Shortage Area (HPSA) for primary care. The HPSA designation scores counties between one and twenty-six, with the higher scores indicating higher levels of need. Glades County scored an eighteen for primary care. Glades County also scored a sixteen for dental care for the low income population meaning it is designated as a shortage area. The Hendry Glades Catchment area scored was also designated as a shortage area for mental health services, scoring a seventeen out of twenty-six (with twenty-six indicating the greatest level of need).

Social and Mental Health

Suicides

Suicides can be considered as a strong indicator of the overall mental health of a community. The most common underlying causes of suicide are depression, anxiety, damaged relationships and loss of employment. Suicide is a major, preventable public health problem. Since 2002, Glades County has generally had a higher suicide rate than the state average. The rate seems to be rising in recent years. Please note that these rates are based on a small number of cases and a single case can cause a seemingly large fluctuation. It may be worth keeping an eye on this trend though.



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

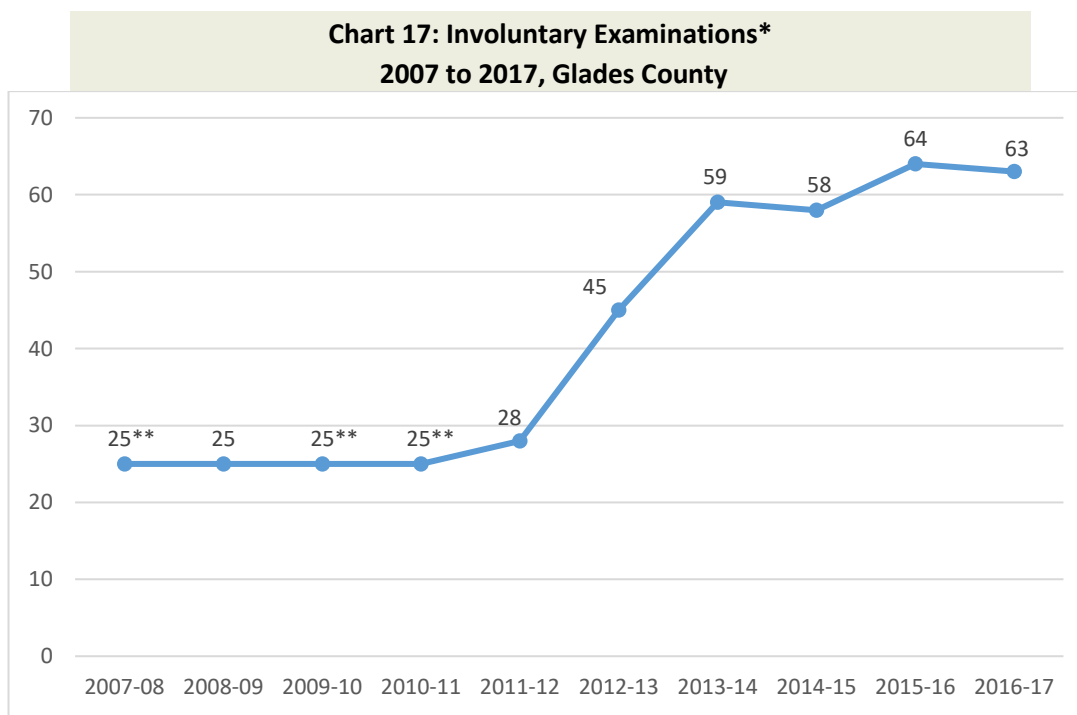
Baker Act

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

must be evidence that the person has a mental illness (as defined in the Baker Act) and is a harm to self, harm to others, or self-neglectful (as defined in the Baker Act). Examinations may last up to 72 hours and occur in over 100 facilities statewide.

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

There were 63 involuntary examinations in Glades County in 2017. This number has increased significantly in recent years. There is not a Baker Act receiving facility in Glades County.



Source: 2016/2017 Florida Mental Health Act (The Baker Act) Reports, Baker Act Reporting Center

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

** Indicates there were less than 25 Involuntary Examinations in that given year

Crime and Domestic Violence

In general, Glades County is safer than the state of Florida as a whole. Glades County did better than the state average for most categories of crime and domestic violence. However, residents in Glades County are more likely to be the victim of a domestic violence offense than the average resident of Florida. The county fares worse than the state on alcohol-related motor vehicle crashes; the rates in Glades County are higher in all three categories than the state average, even ranking in the 4th Quartile for alcohol-related motor vehicle crash deaths.

**Table 18: Glades County Social and Mental Health Indicators
3-Year Rate per 100,000, 2015-2017**

Crime and Domestic Violence	County	State	Quartile*
Larceny	782.3	2,016.8	2
Total Domestic Violence Offenses	565.7	527.8	3
Burglary	221.7	298.9	2
Aggravated Assault	240.3	302.1	2
Motor Vehicle Theft	112.1	208.5	2
Forcible Sex Offenses	30.6	53.4	1
Robbery	7.6	98.6	1
Murder	2.5	5.3	1
Alcohol-related Motor Vehicle Crashes			
Alcohol-related Motor Vehicle Crashes**	84.0	77.3	2
Alcohol-related Motor Vehicle Crash Injuries**	28.3	53.6	1
Alcohol-related Motor Vehicle Crash Deaths**	15.4	4.5	4

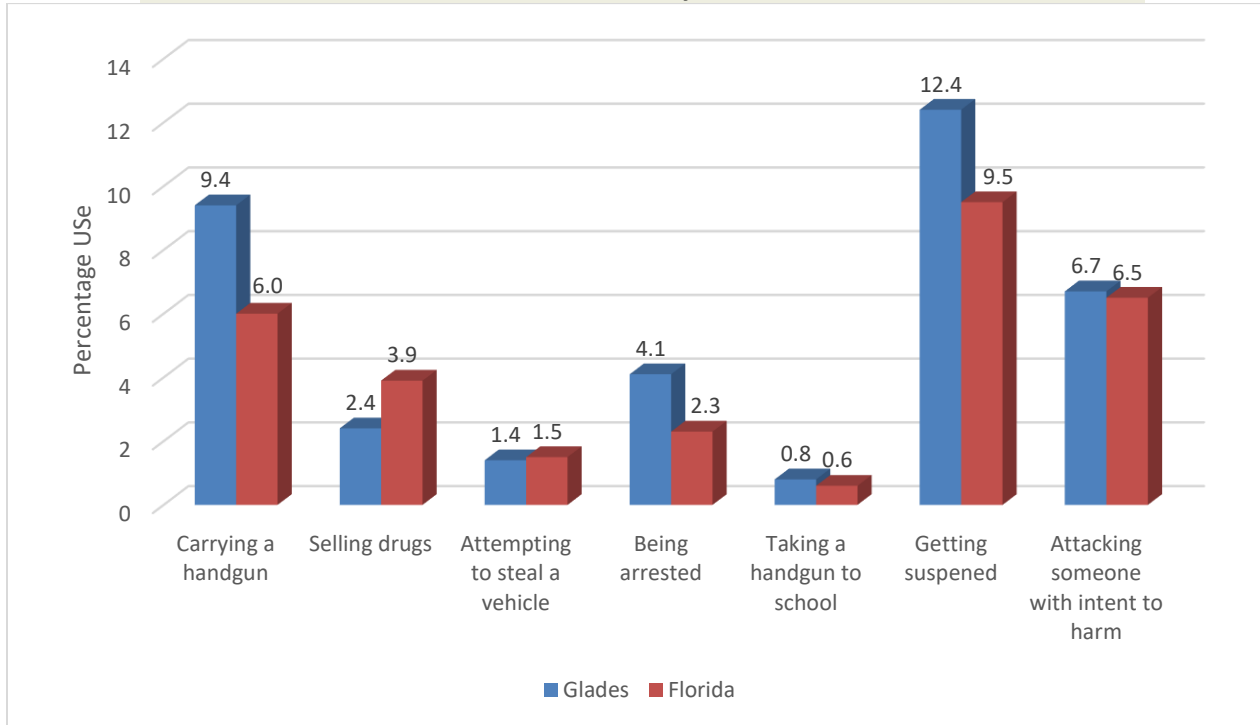
Sources: Florida Department of Law Enforcement, Florida Department of Highway Safety and Motor Vehicles

*County compared to other Florida counties. The lowest quartile equals the lowest number.

** Data is from years 2014 – 2016

The chart below shows youth delinquent behavior for 2018. Glades County has slightly higher rates than the state average for most indicators.

**Chart 18: 12 month Youth Delinquent behavior
Glades County, 2018**



Source: Florida Youth Substance Abuse Survey (2018), Florida Department of Children and Families

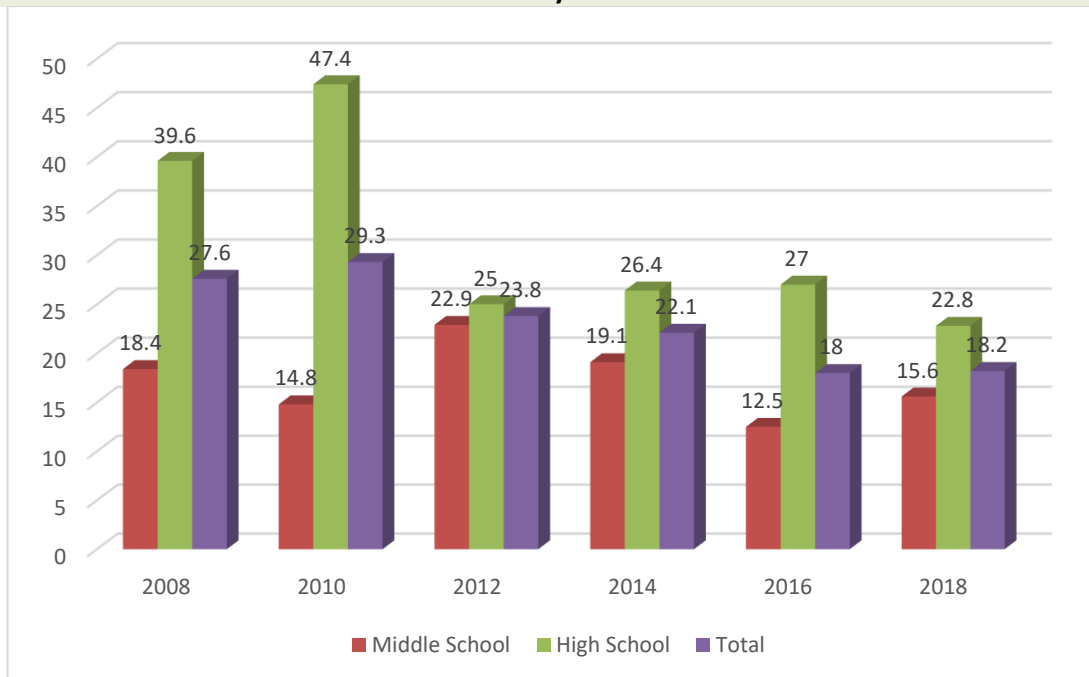
Florida Youth Substance Abuse Survey

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

The FYSAS was administered to 54,611 students in grades 6 through 12 in February 2018. Across Florida, 364 middle schools and 322 high schools administered the surveys. In Glades County, 232 students completed the survey. The survey has been administered annually since 2000, making the 2018 FYSAS the nineteenth set of data.

With overall prevalence rates of 32.9% for lifetime use and 18.2% for past-30-day use, alcohol is the most commonly used drug among Glades County students. After alcohol, students reported cigarettes/e-cigarettes (21.0% lifetime and 6.4% past-30-day) and marijuana (11.5% lifetime and 4.6% past-30-day) as the most commonly used drugs. Both alcohol and tobacco use by Glades County teens have been declining.

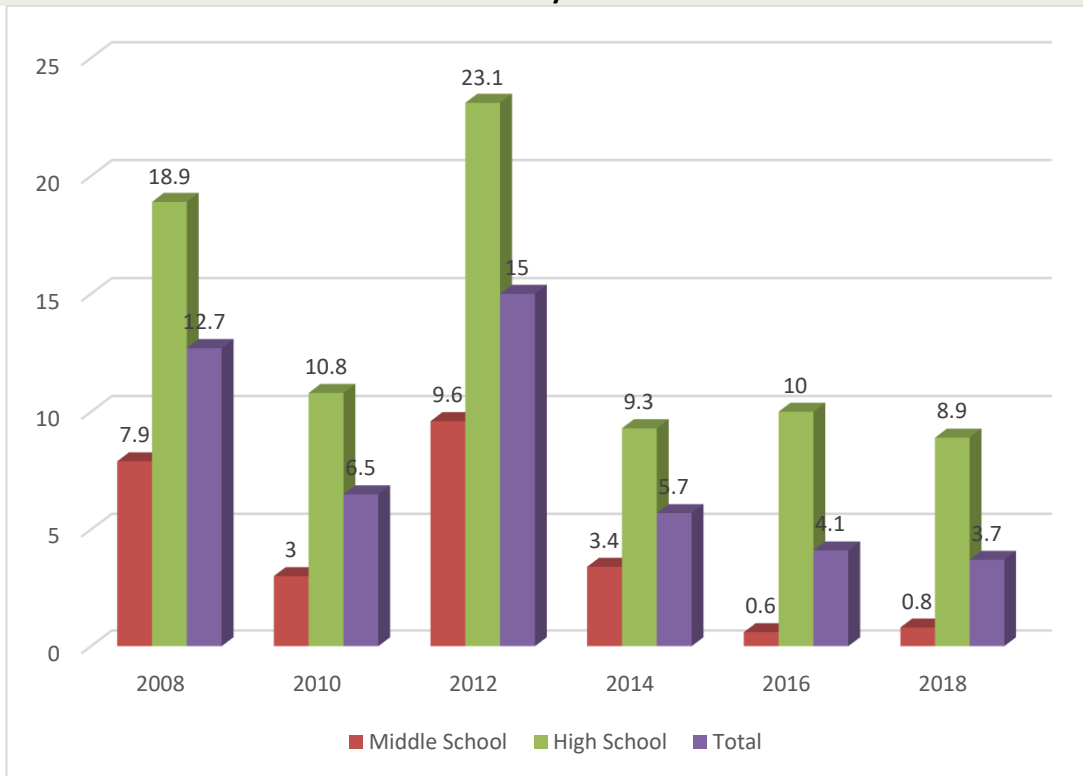
**Chart 19: Past-30-Day Alcohol Use
Glades County 2008 – 2018**



Source: Florida Youth Substance Abuse Survey (2018), Florida Department of Children and Families

The percentage of students reporting cigarette use over the past 30 days has reduced considerably, but is still above the state average. High school students have rates of cigarette use three times as high as middle school students.

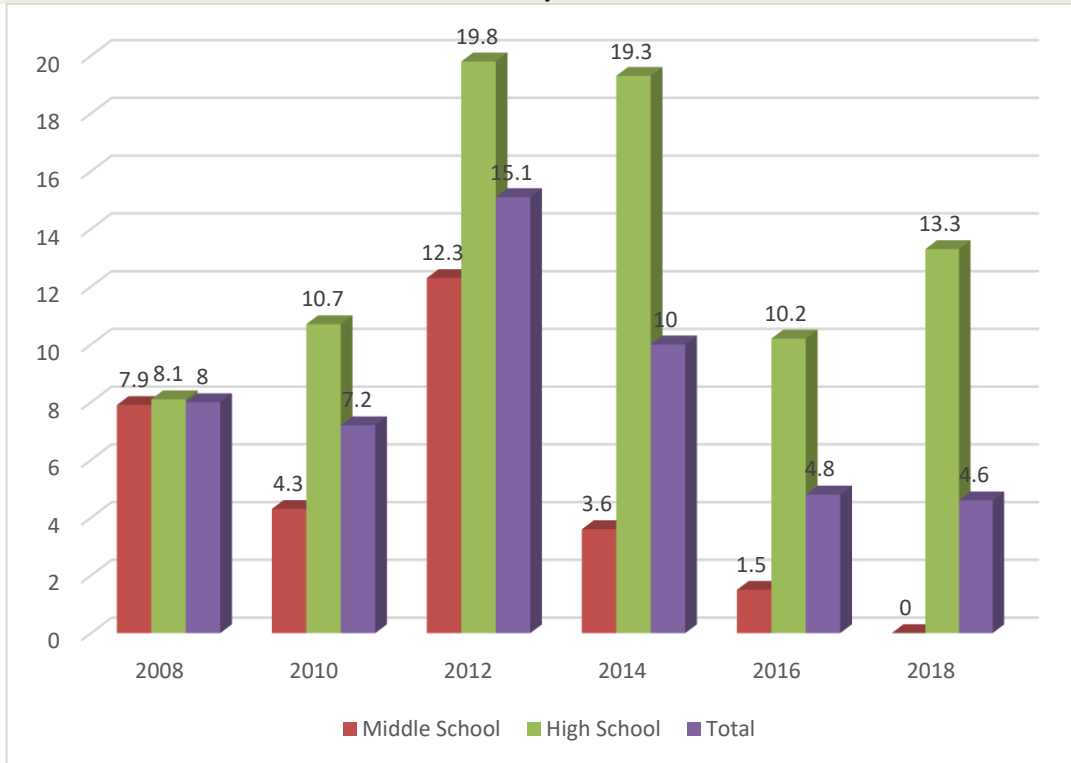
**Chart 20: Past-30-Day Cigarette Use
Glades County 2008 – 2018**



Source: Florida Youth Substance Abuse Survey (2018), Florida Department of Children and Families

Past-30-day marijuana use for Glades County students was slightly greater than for the state as a whole. Rates among middle school students has decreased, while rates among high school students have remained high.

**Chart 21: Past-30-Day Marijuana Use
Glades County 2008 – 2018**



Source: Florida Youth Substance Abuse Survey (2018), Florida Department of Children and Families

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

Behavioral Risk Factor Surveillance Survey

The Centers for Disease Control and Prevention began the Behavior Risk Factor Surveillance Survey (BRFSS) in the early 1980s in a handful of states. Today, all states participate in the survey. The 2016 Florida BRFSS provides individual counties and the state with a rich data source to estimate the prevalence of personal health behaviors that contribute to mortality and morbidity among adults.

Over 37,000 interviews were completed in the 2016 calendar year, with a target sample size of 500 completed surveys in each county. The 2016 BRFSS is the fifth time the survey was conducted at county-level. Previous county-level surveys were conducted in 2002, 2007, 2010, and 2013. 222 Glades County residents completed the survey in 2016. A sampling of significant findings is included in this section along with a comparison with 2010 data and state-level data. Additional data can be found in Appendix I.

Glades County residents reported a higher rate of smoking than for the state as a whole. The rates for most other indicators were similar to or worse than the state average. There has been a positive trend for the rates for people who drink heavily, have high blood pressure, who are overweight, and who are obese. There has been a negative trend for people who smoke and have diabetes. The other rates have either been steady.

Table 19: Behavioral Risk Factors Telephone Survey, Glades County, and State, 2016				
	Glades			Florida
		Trend	County Quartile	
Percent who Smoke	19.8%	Negative	4	15.5%
Percent who Drink Heavily	13.2%	Positive	2	17.5%
Percent with High Blood Pressure*	39.8%	Positive	3	34.6%
Percent with High Cholesterol*	46.6%	Steady	4	33.4%
Percent with Diabetes	21.9%	Negative	4	11.8%
Percent Overweight	36.7%	Positive	3	35.8 %
Percent Obese	34.7%	Positive	3	26.4%

Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion.

* Only 2013 data available

Healthy People 2020 Objectives

Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. Healthy People 2020 is managed by the Office of Disease Prevention and Health Promotion within the US Department of Health and Human Services. Below is Glades County's data with relation to selected objectives (comparing 2016 Behavioral Risk Factor Surveillance Survey data with 2010 data).

Mission

Healthy People 2020 strives to:

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

Overarching Goals

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

**Table 20: Healthy People 2020 Objectives
Glades County 2010, 2013, 2016**

Objective	Measure	2010	2013	2016*	Status
AOCBC-2. Reduce the proportion of adults with doctor-diagnosed arthritis who experience a limitation in activity due to arthritis or joint symptoms.	Percentage of adults who are limited in any way in any usual activities because of arthritis or chronic joint symptoms.	16.7%	18.8%		Needs Improvement
C-15. Increases the proportion of women who receive a cervical cancer screening based on the most recent guidelines.	Percentage of women 18 years of age and older who received a Pap test in the past year.	68.0%	43.3%	36.9%	Needs Improvement
C-16. Increase the proportion of adults who receive a colorectal cancer screening based on the most recent guidelines.	Percentage of adults 50 years of age and older who received a sigmoidoscopy or colonoscopy in the past five years.	43.7%	62.6%	54.2%	Needs Improvement
C-17. Increase the proportion of women who receive a breast cancer screening based on the most recent guidelines.	Percentage of women 40 years of age and older who received a mammogram in the past year.	48.6%		51.0%	Progress Shown
	Percentage of women 18 years of age and older who had a clinical breast exam in the past year.	68.3%	59.7%		Needs Improvement

Objective	Measure	2010	2013	2016	Status
D-9. Increase the proportion of adults with diabetes who have at least an annual foot examination.	Percentage of adults with diabetes who had an annual foot exam.	84.5%	38.6%		Needs Improvement
D-10. Increase the proportion of adults with diabetes who have an annual dilated eye examination.	Percentage of adults with diabetes who had an annual eye exam.	80.3%	38.4%		Needs Improvement
D-11. Increase the proportion of adults with diabetes who have a glycosylated hemoglobin (A1C) measurement at least twice a year.	Percentage of adults with diabetes who had two A1C tests in the past year.	83.7%	43.1%		Needs Improvement
D-13. Increase the proportion of adults with diabetes who perform self-blood glucose-monitoring at least once daily.	Percentage of adults with diabetes who self-monitor blood glucose at least once a day on average.	54.6%	44.7%		Needs Improvement
D-14. Increase the proportion of persons with diagnosed diabetes who receive formal diabetes education.	Percentage of adults with diabetes who ever had diabetes self-management education.	52.8%	29.2%		Needs Improvement
HDS-5.1. Reduce the proportion of adults in the population with hypertension.	Percentage of adults with diagnosed hypertension.	48.8%	39.8%		Progress Shown
HIV-14.1. Increase the proportion of adolescents and adults who have ever been tested for HIV.	Percentage of adults less than 65 years of age who have ever been tested for HIV.	30.8%	41.4%	44.3%	Progress Shown
IID-12.12. Increase the percentage of noninstitutionalized adults aged 18 and older who are vaccinated annually against seasonal influenza	Percentage of adults who received a flu shot in the past year.	33.1%	28.2%	50.8%	Progress Shown
IID-13.1. Increase the percentage of non-institutionalized adults aged 65 years and older who are vaccinated against pneumococcal disease.	Percentage of adults age 65 and over who have ever received a pneumonia vaccination.	73.6%	59.0%	70.7%	Progress Shown
NWS-8. Increase the proportion of adults who are at a healthy weight.	Percentage of adults who have a healthy weight (BMI from 18.5 to 24.9).	24.2%	21.1%	27.4%	Progress Shown
NWS-9. Reduce the proportion of adults who are obese.	Percentage of adults who are obese.	39.6%	37.3%	34.7%	Needs Improvement
SA-14. Reduce the proportion of persons engaging in binge drinking of alcoholic beverages.	Percentage of adults who engage in heavy or binge drinking.	16.6%	20.0%	13.2%	Needs Improvement
TU-4. Increase smoking cessation attempts by adult smokers.	Percentage of adult current smokers who tried to quit smoking at least once in the past year.	52.0%	48.3%	52.2%	Progress Shown

Source: Healthy People 2020. U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion.

Data source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion.

*Data is not always collected, if data was not collected in 2016 no data was inputted into chart

Community Input

Survey on Health and Healthcare in Hendry and Glades County

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

275 surveys were completed on paper and online over a two month period in the spring of 2019 (266 in English and 9 in Spanish). On the English version of the survey, 246 respondents indicated that English is their primary language and 12 indicated that Spanish is their primary language. On the Spanish versions of the survey, all nine respondents indicated that Spanish is their primary language. Ninety-six percent of survey respondents were permanent residents, about three percent temporary residents, and one percent were seasonal residents of Hendry and Glades County. Majority of the respondents said they lived in Hendry County (209 respondents), 29 respondents said they lived in Glades county and 28 claimed they lived in other counties.

The survey garnered responses from a higher proportion of respondents ages 27-45 and 46-64 (79% of survey respondents. With the remaining respondents ages 65 and up (13% of respondents), 18-26 (seven percent of survey takers), and under 18 (less than one percent of respondents). This survey did represent the largest population group in both Hendry and Glades County, those aged 27-64. There was a higher percentage of females who responded to the survey than there are in the total population of both counties (84% of survey respondents were female vs. 16% of survey respondents were male). The racial demographics of the survey respondents were similar to the demographics of the overall population of the two counties that were surveyed (88% white, 5% mixed, and 5% black or African American). Less than two percent of respondents were either American Indian or Alaska native, Asian, or native Hawaiian or other pacific islander. Those who identified as mixed identify as more than one race. There was a greater population of survey takers that identified as not Hispanic or Latino/a (71% of respondents) compared to those who identified as Hispanic or Latino/a (29% of survey respondents).

The following findings of the surveys were compiled by the Health Planning Council, and are as follows:

When asked, “How would you rate the general health of area residents?” 5 percent of survey respondents said Excellent, 30 percent said Good, 54 percent said Fair, and 10 percent said Poor. When asked, “How would you rate the quality of healthcare in the area?” 8 percent of survey respondent said Excellent, 29 percent said Good, 40 percent said Fair, and 22 percent said Poor.

When asked where residents go to get health information, the majority of respondents noted that they go to a clinic, family doctor or health provider (154 responses), or to friends or relatives (144 responses).

When it comes to where they go to receive healthcare services, 151 said they visit their family doctor, and 21 said other.

Where do you think the residents of the area go to get health information?	
Clinic, Family doctor or health provider	154
Friends or relatives	144
Internet	124
Social media	83
Health Department	81
Television	40
Health fairs	38
Newspaper	19
Caloosa Belle	17
Radio	17
Magazines	10
211	9
Other*	9
Books	5
Glades County Democrat	4
<i>*Church, Emergency Department, Schools</i>	

Where do you go to get healthcare?	
Family doctor	151
Clinic	82
Out of County hospital/emergency room	72
Other*	34
Health Department	21
Family Health Centers	18
Lee Memorial	18
Don't know	15
1	
<i>*VA, Urgent Care, specialist, none</i>	

Respondents were also asked their opinions regarding healthcare difficulties for specific populations. Of the specific population groups listed, those who are uninsured and have low income levels were selected most frequently (126 responses). The elderly/senior citizens were selected nearly as often (110 responses). With regards to specific areas in the county where residents are thought to have a particularly difficult time accessing healthcare services, 36 respondents said there are none. 201 respondents named a variety of locations in the area as having difficulty accessing health services.

These responses included Montura, Pioneer, Muse, Clewiston, Labelle, Immokalee, Palmdale, Washington Park, Ladika, Moore Haven, Flaghole, Harlem, "rural", "migrant areas, and "outskirts".

What types of residents of the area have more difficulty with healthcare than others?	
Uninsured/low-income	126
Elderly/senior citizens	110
People with mental health issues	108
Homeless people	75
Non-English Speaking	65
Undocumented residents	62
Adults	54
Migrants	52
People with disabilities	42

Are there areas/neighborhoods where residents have a particularly difficult time accessing health services?	
Yes*	201
No	36
<i>*Montura, Pioneer, Muse, Clewiston, Labelle, Immokalee, Palmdale, Washington Park, Ladika, Moore Haven, Flaghole, Harlem, "rural", "migrant areas", "outskirts"</i>	

Single parents	36
Children	34
Veterans	26
Teens/adolescents	21
Medicaid/Medicare recipients	19
Seasonal residents	13
LGBTQ	9
Other*	4
* <i>Mental Health</i>	

The surveys also asked if there are difficulties in receiving specific types of health services. 23 survey respondents said, no, there are no services that individuals in Glades County have difficulty accessing. Of those who felt there were services that were difficult to access, mental health care was number one, with 134 responses. Next highest on the list were substance abuse care (94 responses), dental care (88 responses), and ob/gynecological care (83 responses).

Possible options for improving the health of area residents were given. Specialty doctors was the option chosen the most by survey respondents, with 110 responses. The next most frequently chosen options were counseling and support (108 responses) and additional health services (100 responses).

Are there services that individuals in the area have difficulty accessing? If yes, which of the following services have you or someone you know had difficulty accessing.	
No	23
Yes, Mental Health care	134
Yes, Substance abuse treatment	94
Yes, Dental care	88
Yes, OB/Gynecological care	83
Yes, Primary care	72
Yes, Applied behavioral analysis/Autism services	71
Yes, Emergency care	52
Yes, Audiology (Hearing)	47
Yes, Hospital care	46
Yes, Specialist**	41
Yes, Dialysis	37
Yes, Physical/Occupational/Speech therapy	37
Yes, Laboratory services	36
Yes, Pediatric care	34
Yes, Optometry (Vision)	25

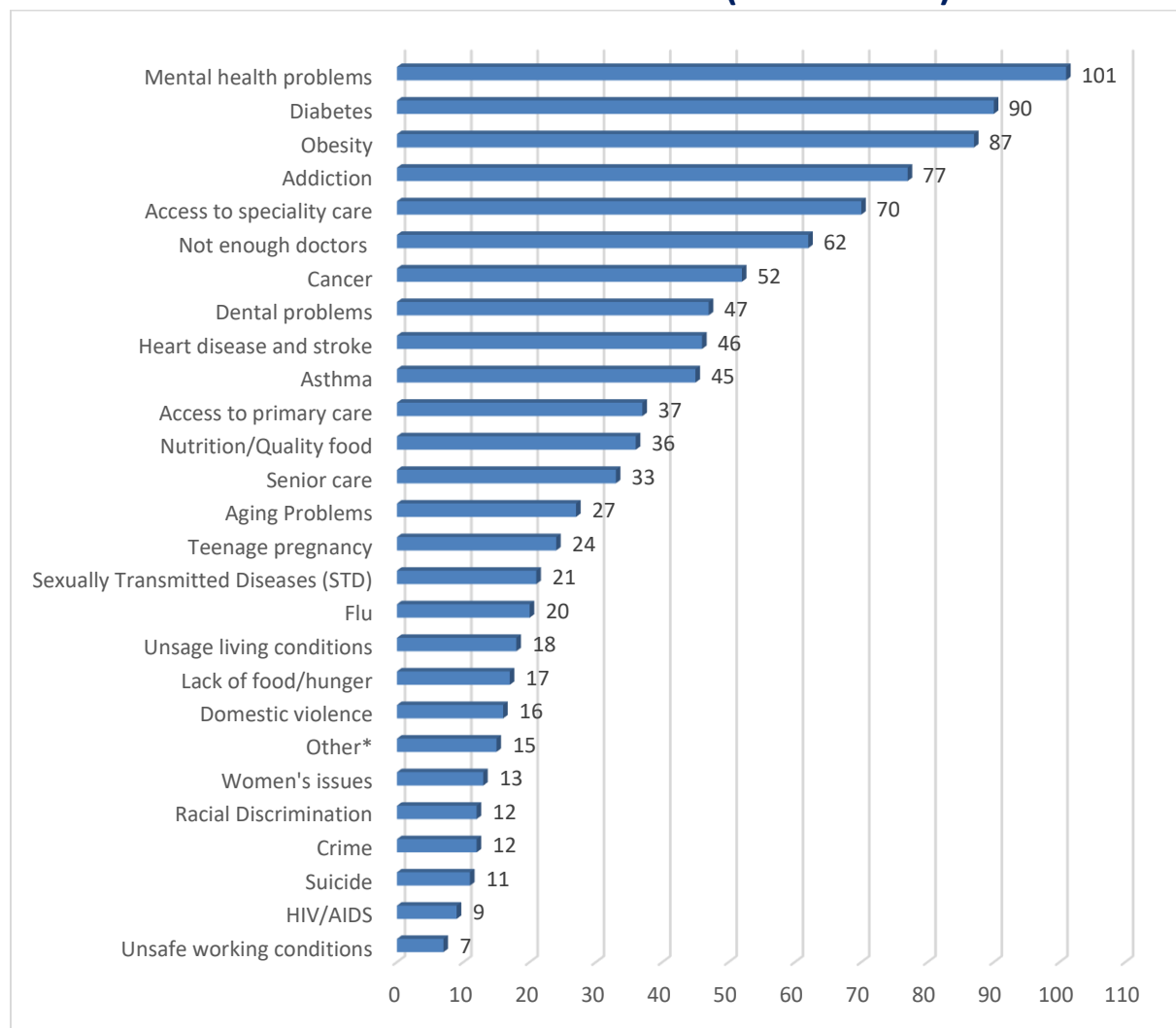
What does the area need to improve the health of your family, friends, and neighbors?	
Specialty doctors	110
Counseling & support	108
Additional health services	100
More doctors	96
Substance abuse treatment services	89
Transportation	86
Financial assistance for healthcare	82
Job opportunities	82
Healthier food choices	68
After-School programs	66
Housing support/Legal services	55
Wellness programs	54
Recreational facilities (parks, sports fields, etc.)	46
Safe places to walk/play	46
Immigration/Legal assistance	44
ADA accessible facilities	12

Yes, Breastfeeding/Lactation Classes	24
Yes, Other*	23
Yes, Pharmacy/Medications	22
Yes, Chiropractic Services	20
Yes, Palliative care	18
* <i>don't know, eye care, transportation</i>	
** <i>Orthopedic, allergy, infectious disease, pulmonology, oncology, ear nose and throat, endocrinology, cardiology, neurologist</i>	

Other*	11
* <i>Gym, nutritional counseling, local buy-in, navigation, mentorship for teen parents, VA primary care</i>	

Respondents were asked to select what they felt to be the three most important health concerns for residents of Glades and Hendry County. Mental health problems topped the list, with 101 responses. Second highest was diabetes, with 90 responses, followed by obesity, which received 87 responses.

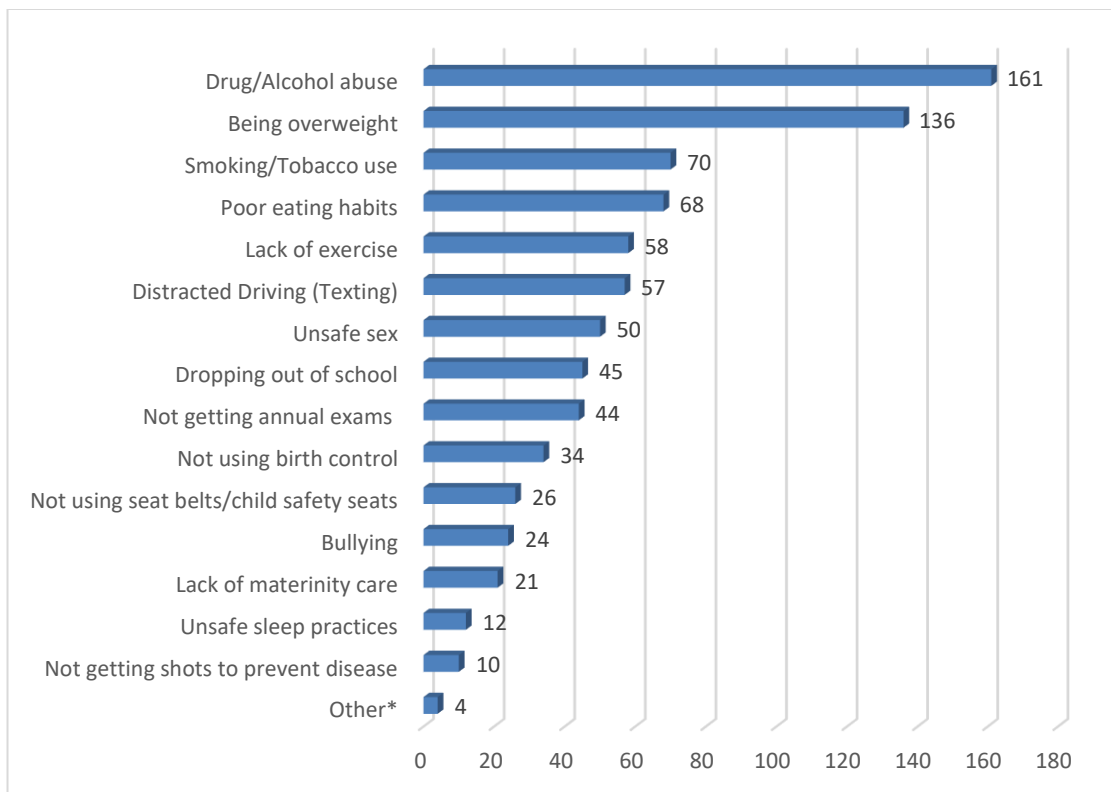
Which of the following do you feel are the three most important health concerns in the area (select three)?



**other: Isolation, transportation, head lice, guidance counselors in schools, access to health insurance, mental health resources*

Respondents were then asked to select the three most important risky behaviors in Glades and Hendry County. Drug/Alcohol Abuse was listed most frequently, with 161 responses. Other risky behaviors identified being overweight (136 responses), smoking/tobacco use (70 responses), and poor eating habits (68 responses).

Which of the following do you feel are the three most important risky behaviors in the area (select three)?

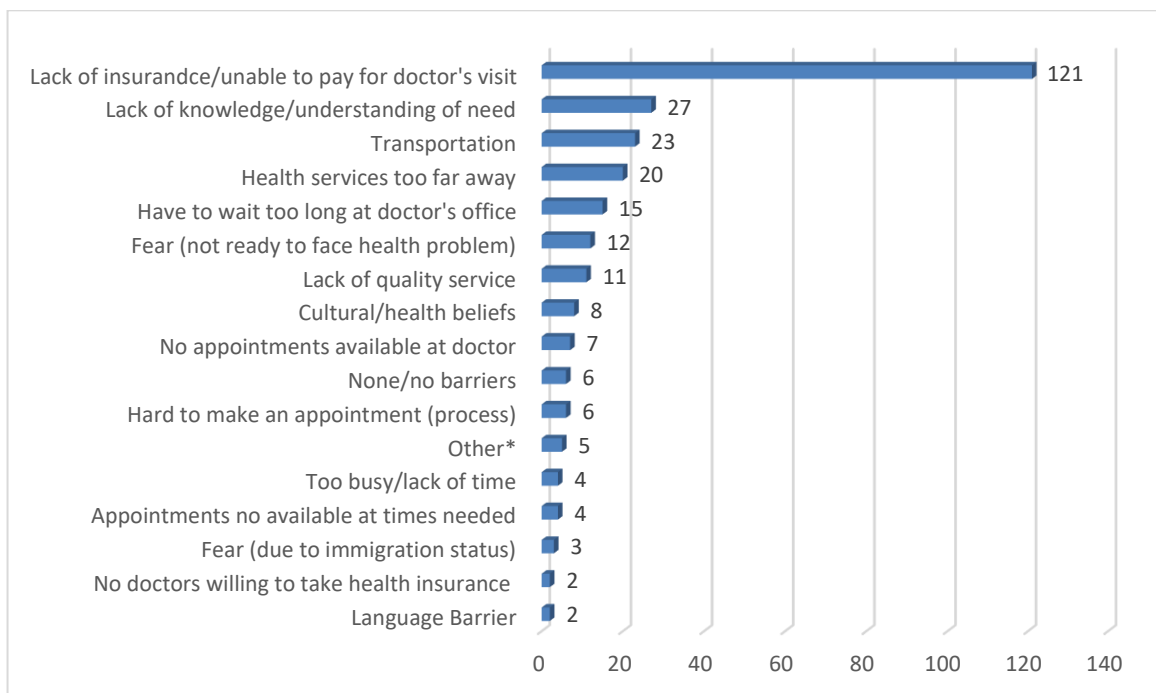


Community Health Assessment- Hendry/Glades 2019

**Other: lack of follow-up in justice system, poor living conditions, mental health issues, vaping in youth, U.S. Sugar mill pollution*

People sometimes delay receiving treatment for their ailments, which can lead to further problems and/or higher costs. Respondents were asked to designate the main reason that keeps county residents from seeking medical treatment. Lack of insurance and unable to pay for doctor's visit was cited as the number one reason by far with 121 responses. The next most often cited reason was lack of knowledge or understanding of need (27 responses).

What do you think is the main reason that keeps people in the area from seeking medical treatment?



**Other: Cost, very expensive, need orthopedic*

Additional comments from survey respondents about health and healthcare in the area included:

- Labelle has lack of doctors or good doctors
- Need more doctors and nurses
- Live too far for primary to come out
- Need someone to help the community with drug addiction
- Affordable gyms, CrossFit programs and Zumba
- Hard to get a sick appointment
- Too long of a wait in emergency room
- Hospital needs to refrain transferring non-essential patients
- Need adult recreational parks, outdoor exercise and sauna
- There are a lot of patients in Clewiston with Sickle cell, could use genetic counseling and education. Encourage genetic counseling.
- Increase pay for LPNs, nurses and providers to attract them to area

- Large lack of physicians for follow up when patients leave the ER and specialty doctors to keep the patients in the community.
 - Psychiatric facility is needed to help locals
 - People use the emergency room for things that could be handled in the doctors' office.
 - Need health education about disease processes, medication, and resources available/how to access them
 - Have great need for transportation and mental health
- Need bicycle trails/paths
 - Small country town
 - More choices and varieties of fresh foods available
 - The hospital system needs to be privately run
 - There are very few safe spaces to ride a bike, walk, or take children to play. If parks are available they are either not kept or located in rough areas.
 - Most primary care doctors are unable to take additional patients
 - Need more bilingual providers

Interviews with Community Leaders

The Health Planning Council of Southwest Florida (HPC) conducted twelve key informant interviews in 2018 with the cooperation of the Florida Department of Health in Hendry and Glades Counties and Hendry Regional Medical Center. The purpose of conducting the interviews was to better understand the perspectives of key community leaders on the health and healthcare needs of Hendry County and Glades County residents. These interviews were intended to ascertain opinions among key individuals likely to be knowledgeable about the community and who are influential over the opinions of others about health concerns in the county. The findings provide qualitative information and reveal factors effecting the views and sentiments regarding healthcare services in the area, as well as offering suggestions on ways to improve the health of area residents. A summary of community leaders' opinions is reported without judging the veracity of their comments.

Methodology

The Florida Department of Health in Hendry and Glades Counties put together an initial list of potential interview subjects. The list included healthcare providers, healthcare consumers, and representatives of local businesses and community organizations. The interviewees represented diverse populations and geographies across Hendry County and Glades County.

HPC staff conducted the interviews in person. The average interview lasted between thirty and sixty minutes. The leaders were interviewed at the place of their employment or another location of their choosing in Hendry County or Glades County. The interviewees were told that none of their comments would be directly attributed to them but that a list of all participants would be included in this report. The list of interview participants is included in Appendix D. All interviews were conducted using a standard questionnaire. The instrument used to conduct the interviews is included in Appendix C.

Interview Analysis

The leaders interviewed were first asked how long they have lived and/or worked in Hendry County or Glades County. The length of time that the community leaders have lived and/or worked in Hendry County or Glades County ranges from four years to more than fifty years. Eight of the interviewees live in Hendry or Glades Counties and four live outside of the area. Half of the interviewees receive their healthcare in Hendry or Glades Counties, although several of those leaders also mentioned that they receive some care such as specialty care out of the county.

Overall Perspective on Healthcare in the Area

When asked to share their overall perspective on health in the area, leaders from Hendry and Glades Counties frequently mentioned that the services available in the area are limited. Many mentioned that there are not enough services to meet the needs of the residents. Several leaders stated that they feel that healthcare is getting better. They feel that there are currently more primary care providers than there used to be. Two leaders mentioned that there is a good number of pediatric primary care providers. Many interviewees stated that there are not a lot of specialists. Many residents still go to Fort Myers because the perception is that the quality is higher. One leader wished there were more services available at the hospital. Many leaders felt that there is a lack of mental health care in Hendry and Glades Counties. Several mentioned that turnover in mental healthcare providers has been a challenge. Specific specialist that were

listed as a need included urologists, obstetricians, maternal health care providers, and dermatologists. One leader would like to see the addition of midwives.

The perception of many of the leaders is that the many of the residents are pretty unhealthy. Overall health was described as below average. The socio-economic situation of residents was mentioned frequently of a cause of the poor health. One interviewee stated that many people are non-compliant due to cost and competing demands for time and money. Several leaders also felt that there is a lack of health education and a lack of health knowledge in the region. One leader shared that there is not enough emphasis on quality of living, exercise and healthy diet among the residents.

Understanding of Health Issues, Benefits and Services

The community leaders were asked if they felt that people in the area had a good understanding of health issues, benefits and services. Nearly all of the leaders stated that they did not feel that the average resident had a good understanding of health issues and available services. Many also described a lack of understanding of behaviors that lead to a healthier lifestyle.

They felt that area residents do not understand the importance of preventative care. Insurance is particularly confusing to many residents. It can be challenging to find Medicaid providers. Many people do not know how to navigate the services available through their insurance. They also do not understand what insurance covers and does not covers. Many people do not know that Medicaid will help with transportation to health appointments.

The interviewees stated that health fairs are good, but they need to be publicized more. Fairs are especially effective when they include both food and health screenings along with outreach and information on services. Spanish-language radio is a good place to market health events. Leaders also mentioned that websites such as Facebook, DOH, school and county websites could be used more effectively to educate the public and link to available services. Billboards might also be effective for outreach.

Seniors and migrants were described as populations that have a particularly hard time understanding available services and who could use additional assistance with referrals. There are cultural barriers that must be overcome to make education on health issues more effective. Language can also create a barrier, both for those who do not speak English and those who do not read English or Spanish well.

Pressing Healthcare Needs

The community leaders were asked to identify the most pressing healthcare needs in Hendry County and Glades Counties. The most common responses were:

- **Mental Healthcare**
- **Nutrition Services**
- **Diabetes-related services**
- **Preventative Care to Reduce Chronic Diseases**

Mental healthcare was by far the most common response to the most pressing need. Many leaders mentioned that nutrition services, diabetes-related services and preventative care to reduce chronic diseases work together. Additional responses included: health education, birth control, smoking cessation, education on sexual health and teen pregnancy, prenatal care, geriatric services, specialty care and substance abuse treatment. All of these are discussed in more detail below.

Specific Populations

Community leaders were then asked to comment on the most important health issues affecting some specific populations.

CHILDREN

When asked about the health issues for children in Hendry and Glades Counties, the top answer for interviewees was a lack of mental and behavioral health care. Specifically, leaders mentioned that there was a need for additional mental health screenings, medication management and consistency in counseling and therapy. Several leaders stated that they felt there should be more wellness services for children. Leaders also expressed concerns that not enough parents were vaccinating their children. They were not sure if that was primarily due to choice or lack of education, but they did express concern that it may lead to an increase in preventable diseases. Dental issues, nutrition when not in school, smoking among preteens, and vision care were also listed as health concerns. A few leaders also stated that some children may not be getting the support they need following trauma.

TEENS/ADOLESCENTS

For teens and adolescents, the interviewees expressed a concern that there was a lack of mental healthcare. Leaders cited concerns with lack of access to counseling and rising rates of anxiety and depression. One leader linked these needs to an increased need for suicide prevention. The second most commonly cited concern was related to sexual health and sexual risk avoidance. Leaders felt that teens in Hendry and Glades County need additional education in these areas. Several leaders mentioned concerns with sexually transmitted diseases and teen pregnancy, although leaders also felt that rates were improving. A few leaders shared fears that teens in Hendry and Glades Counties may not feel they have adequate career choices. Teens could benefit from additional services that help with planning their futures and give them hope for their futures. Drug use, smoking and vaping were also major concerns. Other cited issues included dental hygiene and related issues, access to birth control, healthy lifestyle choices, nutrition, lack of physical activity, vision, diabetes and obesity.

ADULTS

The top health concern mentioned for the adult population was diabetes and other obesity-related diseases. Many leaders also mentioned poor nutrition and sedentary lifestyles that could lead to health issues for the adult population. Several leaders felt that too many adults smoke and/or vape and not enough adults are receiving preventative healthcare and screenings. Another major concern was a lack of substance abuse treatment and mental healthcare services. Women's health, immunizations for diseases such as hepatitis A and measles, and COPD, and untreated chronic diseases were also listed as health issues for the residents

of Hendry and Glades Counties. One leader stated that adults must drive out of town to have blood drawn. Another stated that the working poor fall through the cracks because they do not qualify for Medicaid and cannot afford health insurance.

ELDERLY

A lack of transportation to get to care, services and food was the number one health issue cited for the elderly population in Hendry and Glades Counties. Nutrition was mentioned by multiple leaders. One felt that the lack of grocery store in Glades County makes nutrition a real challenge. Another mentioned seeing large lines of elderly at some of the local food banks. Social isolation was frequently listed as a concern for the elderly. The suggestion was made to add a senior center. Several services were listed as limited or non-existent for seniors including fall prevention, Alzheimer's and dementia services, assisted living facilities, geriatric specialists and services geared for those who are over 75. The cost of medications and copays was mentioned as a barrier to wellness. Leaders also stated that there is confusion for many seniors regarding Medicaid plans including Medicaid Advantage plans.

Types of Residents who have Difficulties with Healthcare

The interviewees were asked what types of residents have more difficulty with healthcare than others. Answers included low income, non-English-speaking, undocumented residents, the uninsured, those lacking transportation, those with Medicaid who cannot find local providers, migrant workers, immigrants, and young adults who either do not have insurance or who do not think they need care. The most commonly cited barriers were fear related to immigration status, transportation, and cost of care.

Most Important Healthcare Issue

After a discussion of various services, issues and needs, the leaders were asked what they felt was the most pressing health issue for Hendry and Glades Counties. The limited mental health services in the county was the most common answer by far. Substance abuse was often paired with mental health as an issue of concern for the interviewees. One leader mentioned that physical health is connected to mental health and expressed that it is difficult to treat one when the other is neglected. Other primary issues included: diabetes and obesity, vaccinations and wellness care for the youth, education about sexual health and drug avoidance for teens, prenatal care, quality healthcare throughout the counties, trauma and adverse childhood experiences (ACEs) for the youth of the area, transportation and the recruitment of specialists.

Leaders were then asked what they would like to see done to address their primary issues. Some of their answers included:

- Make it easier to provide mental health care. The rules are regulations combined with the cost make it impossible to deliver services.
- Offer mental health services at the health department in Moore Haven. Just giving space for providers could be a big assistance.
- The state funding formula for safety net providers should be modified so that it is affordable to offer services in rural counties.
- There should be incentives for providers such as free space provided by the county.
- There should be a county-led program to help provide mental health-related prescriptions for children who cannot afford them.

- DOH could become a fiscal agent and hub for mental health services in the area.
- The county needs to work on recruiting providers through economic development.
- Economic growth would naturally lead to an increase in providers.
- The area needs broadband internet services to make it easier to do business in the area.
- There should be a countywide strategy to create a protective and resilient environment for children.
- A community council of leaders should collectively measure and benchmark metrics and then move together to make improvements.
- Facilities should do more outreach on the need for vaccinations and wellness care.
- DOH should have a dental clinic.
- DOH should also offer OB/GYN services.
- There should be a regular bus loop to major population centers, shopping areas and medical facilities.
- There should be a van that goes between downtown Moore Haven and the health department.
- The county should make medical transportation a priority.
- Family Health Centers and Florida Community Health Centers should offer OB/GYN services.

Dissemination Plan

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

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

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

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

Appendix A

Healthier Hendry Glades Task Force Members

Lisa Sands
United Way of Hendry/Glades

Tiffany Parrish
Lavita Holmes
Lake Okeechobee Rural Health
Network

Nardina Johnson
Stephanie Dominguez
Traci Thomas
Florida Community Health Center

Estela Aguilar
Healthy Start Coalition of
Southwest Florida

Wendy Amos
IMPOWER

Nancy Acevedo
Maricela Morado
D. Cotilla
ACT

Sherry Young
Area Agency on Aging for SWFL

Andrea May
Jennifer Hood
Lucille Cisnero
Angelica Paz
Socorro Balderas
Lora Stryker
Paul James
Edwin Melendez
Kaci McCullers
The Florida Department of Health
in Hendry and Glades Counties

Maria Richter
WIC

Rick Griffiths
CSI Health

Lissette Giraldo
Centerstone

Patricia Astorga
Alpi

Sally Kreuzscher
Golisano Children's Hospital

Mirna Velasquez
Joel Conner
Maria Dominguez
LaBelle Outreach Center

Maricela Morado
Angela
Us Census

Sarah Carrillo
Vivida Health

Mary Bartoshuk
Community Member

Ana Paz
District ELL/Office of Federal
Programs

Peggy Brown
Julia Cooper
Health Planning Council of
Southwest Florida

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

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

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

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

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

- No
- Yes

If yes, which areas/neighborhoods?

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

- No
- Yes

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

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

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

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

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

Appendix C

Hendry and Glades County

Key Informant Interview Questions

1. Could you briefly describe your position and how long you have lived and/or worked in Hendry County or Glades County?
2. It is important that we understand any affiliations you have with healthcare providers in the community that may have helped form your opinions about these issues. Do you serve on any boards or participate in any organization that delivers healthcare services?
3. We will start generally, please comment on your overall perspective on healthcare in the area including the services available to meet healthcare needs and the general health of community residents.
4. Where do you think the residents in the area go to get needed health information?
5. Do you think people in the area have a good understanding of health issues, benefits and services? Where do you think the knowledge gaps are? How would we educate them?
6. What do you think are the most pressing healthcare needs in the area?
7. Now I am going to name some specific populations and I would like you to comment about what you think are the most important health issues affecting them:
 - a. Children
 - b. Teens/adolescents
 - c. Adults
 - d. Elderly
8. What types of residents have more difficulty with healthcare than others? *What are these difficulties? Why do you believe these folks have more difficulties with healthcare? What actions are necessary to address this issue?*
9. I am going to name some specific types of services and ask you to share any impressions you have about them, particularly anything you know about how these services are available to all persons in the area and whether there are any obstacles to receiving these types of services:
 - a. Primary care
 - b. Dental care
 - c. Specialty care
 - d. Mental Health care/ Behavioral Healthcare
 - e. Substance Abuse treatment
 - f. Emergency care
 - g. Hospital care
 - h. Hospice care
 - i. Pediatric care
 - j. Neonatal Care
10. Are there other types of services that individuals have difficulty accessing?

11. Are there services that individuals must go outside of the county to receive? *Why are they leaving the county for these services? Are those services available in the county?*
12. Are there areas/neighborhoods where residents have a particularly difficult time accessing services?
13. Do you feel transportation impacts the ability to access healthcare in the area?
14. Are there any local policies, procedures or taxes that have had an impact (positive or negative) in the area?
15. In the past few years there have been many changes related to insurance and healthcare. How do you think this has impacted health and healthcare in the area?
16. What do you think could be the impact of potential changes moving forward? *Are there any potential changes to health/healthcare that particularly worry you?*
17. Of all the issues and services we have discussed, which do you think is the most important health care issue?
18. What actions are necessary to address this issue? Who do you think should take responsibility for addressing this issue?
19. Do you have any additional comments you would like to share about health care needs in the area?

Appendix D

Community Leaders Interviewed

Trish Adams

Armor Correctional

Lucinda Kelly

Hendry County School District

Shannon Bass

Glades County Schools

Barbara Mundy

Hendry County School District

Susan Beauvois

Healthy Start Coalition of SWFL

Joseph Pepe

Florida Department of Health

Lynn Chiarelli

Hendry Regional Medical Center

Kristina Rodriguez

Hope Healthcare

Jennifer Davis

Hendry County

Lisa Sands

United Way

Bonnie Feickert

LaBelle Middle School

RJ Williams

Hendry Regional Medical Center

Appendix F

County Health Rankings Definitions of Health Measures

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

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

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

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

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

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

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

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

Excessive drinking - Binge plus heavy drinking

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

Sexually transmitted infections - Chlamydia rate per 100,000 population

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

Uninsured - Percent of population under age 65 without health insurance

Primary care physicians - Ratio of population to primary care physicians

Dentists - Ratio of population to dentists

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Appendix G

Florida Youth Substance Abuse Survey

Percentages of Glades County youth and Florida Statewide youth who reported having used various drugs in the past 30 days, 2018

	Glades							Florida Statewide						
	Middle School	High School	Female	Male	Ages 10-14	Ages 15-17	Total	Middle School	High School	Female	Male	Ages 10-14	Ages 15-17	Total
Alcohol	15.6	22.8	18.6	18.1	14.0	25.0	18.2	7.3	21.2	16.8	13.8	8.1	20.9	15.3
Binge Drinking	3.0	10.3	2.7	8.8	3.8	8.2	5.7	3.1	9.6	6.7	6.9	3.2	9.4	6.8
Cigarettes	0.8	8.9	3.9	3.7	0.8	6.1	3.7	1.2	3.5	2.6	2.4	1.2	3.3	2.5
Vaporizer / E-Cigarette	2.4	13.4	3.0	9.6	3.2	11.7	6.4	6.4	19.2	13.5	14.0	7.5	19.1	13.7
Marijuana or Hashish	0.0	13.3	3.0	6.4	0.0	9.8	4.6	3.7	16.3	11.0	10.7	4.2	16.2	10.9
Synthetic Marijuana	--	0.0	0.0	0.0	--	0.0	--	--	1.1	1.1	1.1	--	1.1	--
Inhalants	2.5	1.3	2.0	2.1	2.4	1.6	2.0	2.8	1.1	2.1	1.6	2.6	1.1	1.8
Flakka	--	0.0	0.0	0.0	--	0.0	--	--	0.4	0.3	0.4	--	0.3	--
Club Drugs	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.5	0.3	0.5	0.2	0.5	0.4
LSD, PCP or Mushrooms	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.4	1.1	0.7	0.9	0.4	1.2	0.8
Methamphetamine	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.4	0.4	0.3	0.5	0.4	0.4	0.4
Cocaine or Crack Cocaine	0.0	2.9	1.0	1.1	0.0	3.7	1.0	0.3	0.5	0.4	0.5	0.3	0.4	0.4
Heroin	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.1	0.2	0.1	0.1	0.1
Prescription Depressants	1.6	5.2	1.0	4.7	1.6	6.0	2.8	0.9	1.6	1.4	1.2	0.9	1.6	1.3
Prescription Pain Relievers	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	1.4	1.5	0.9	1.0	1.5	1.2
Prescription Amphetamines	0.4	0.0	0.0	0.0	0.4	0.0	0.3	0.5	1.0	0.8	0.7	0.5	1.0	0.8
Steroids (without a doctor's order)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.1	0.2	0.2	0.2	0.2	0.2
Over-the-Counter Drugs	1.6	5.0	1.9	3.6	1.6	6.0	2.7	1.4	1.8	1.7	1.5	1.5	1.8	1.6
Any illicit drug	2.8	15.8	6.9	7.7	2.8	13.5	7.5	7.9	19.0	15.0	13.4	8.3	19.1	14.3
Any illicit drug other than marijuana	2.8	8.4	4.9	4.3	2.8	10.5	4.8	5.5	6.0	6.5	5.1	5.5	6.1	5.8
Alcohol only	12.6	11.8	13.4	11.7	11.0	14.6	12.3	4.3	11.1	9.0	7.4	4.8	10.9	8.2
Alcohol or any illicit drug	15.5	27.1	20.2	19.5	13.9	27.5	19.7	12.1	29.5	23.7	20.4	12.9	29.4	22.0
Any illicit drug, but no alcohol	0.0	4.5	1.7	1.6	0.0	2.7	1.6	4.9	8.6	7.2	6.9	5.1	8.8	7.1

Note: The first 18 data rows show results for alcohol, cigarettes, and other drugs. The last five data rows show results for various combinations of drugs. Binge drinking is defined as having had five or more alcoholic drinks in a row in the past two weeks. Ecstasy, Rohypnol, GHB and ketamine are provided as examples in the question about club drugs. The symbol "--" indicates that data are not available.

**Past-30-day trend in alcohol, tobacco and other drug use for Glades County youth
2008, 2010, 2012, 2014, 2016 and 2018**

	2008			2010			2012			2014			2016			2018		
	Middle School	High School	Total	Middle School	High School	Total	Middle School	High School	Total	Middle School	High School	Total	Middle School	High School	Total	Middle School	High School	Total
Alcohol	18.4	39.6	27.6	14.8	47.4	29.3	22.9	25.0	23.8	19.1	26.4	22.1	12.5	27.0	18.0	15.6	22.8	18.2
Binge Drinking	7.7	25.2	15.3	9.2	26.8	17.0	11.2	19.4	14.4	8.4	17.2	12.0	6.8	15.1	10.0	3.0	10.3	5.7
Cigarettes	7.9	18.9	12.7	3.0	10.8	6.5	9.6	23.1	15.0	3.4	9.3	5.7	0.6	10.0	4.1	0.8	8.9	3.7
Vaporizer / E-Cigarette	--	--	--	--	--	--	--	--	--	--	--	--	3.8	22.4	10.8	2.4	13.4	6.4
Marijuana or Hashish	7.9	8.1	8.0	4.3	10.7	7.2	12.3	19.8	15.1	3.6	19.3	10.0	1.5	10.2	4.8	0.0	13.3	4.6
Synthetic Marijuana	--	--	--	--	--	--	--	1.1	--	--	0.0	--	--	1.6	--	--	0.0	--
Inhalants	2.6	0.0	1.5	5.1	1.4	3.4	3.9	1.1	2.9	3.0	0.0	1.8	0.9	0.0	0.6	2.5	1.3	2.0
Flakka	--	--	--	--	--	--	--	--	--	--	--	--	--	0.0	--	--	0.0	--
Club Drugs	1.0	--	--	1.3	0.0	0.7	0.7	0.0	0.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
LSD, PCP or Mushrooms	1.0	--	--	0.0	1.5	0.7	1.5	0.0	0.9	1.2	0.0	0.7	0.0	0.0	0.0	0.0	0.0	0.0
Methamphetamine	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.7	0.0	0.4	0.0	0.0	0.0	0.0	0.0	0.0
Cocaine or Crack	1.6	--	--	2.3	0.0	1.3	3.1	0.0	2.0	0.7	1.2	0.9	0.0	0.0	0.0	0.0	2.9	1.0
Heroin	1.0	0.0	0.6	0.7	0.0	0.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Prescription Depressants	1.6	4.6	2.9	0.0	0.0	0.0	2.2	4.1	2.9	0.0	0.0	0.0	0.5	0.0	0.3	1.6	5.2	2.8
Prescription Pain Relievers	4.4	4.8	4.6	3.7	1.8	2.8	8.2	4.0	6.6	0.0	0.0	0.0	0.8	1.4	1.0	0.0	0.0	0.0
Prescription Amphetamines	0.7	1.2	0.9	0.0	0.0	0.0	0.7	0.0	0.4	0.0	0.0	0.0	0.6	0.0	0.4	0.4	0.0	0.3
Steroids (without a doctor's order)	0.0	0.0	0.0	0.0	1.9	0.9	0.7	0.0	0.4	1.2	0.0	0.7	0.0	0.0	0.0	0.0	0.0	0.0
Over-the-Counter Drugs	5.5	--	--	3.5	1.5	2.6	3.7	3.2	3.5	2.4	0.0	1.4	2.9	4.9	3.7	1.6	5.0	2.7
Any illicit drug	10.0	14.4	11.9	11.2	18.6	14.6	20.7	20.3	20.6	6.9	19.1	11.8	5.1	13.5	8.2	2.8	15.8	7.5
Any illicit drug other than marijuana	7.5	9.5	8.4	9.0	8.0	8.5	13.2	6.3	10.6	5.9	1.2	4.0	4.2	4.9	4.5	2.8	8.4	4.8
Alcohol only	12.9	30.1	20.3	9.1	33.4	20.1	10.2	11.1	10.5	13.2	14.9	13.9	11.7	22.7	15.9	12.6	11.8	12.3
Alcohol or any illicit drug	22.3	43.1	31.5	20.8	52.0	34.6	30.5	32.0	31.1	20.0	34.3	25.8	16.2	36.9	23.9	15.5	27.1	19.7
Any illicit drug, but no alcohol	3.5	1.4	2.6	6.4	4.6	5.6	7.9	7.2	7.6	1.2	8.1	4.0	4.3	10.4	6.6	0.0	4.5	1.6

Note: The first 18 data rows show results for alcohol, cigarettes, and other drugs. The last five data rows show results for various combinations of drugs. Binge drinking is defined as having had five or more alcoholic drinks in a row in the past two weeks. Ecstasy, Rohypnol, GHB and ketamine are provided as examples in the question about club drugs. The symbol "--" indicates that data are not available.

Appendix H

Behavioral Risk Factor Surveillance Survey

The 2016 Florida BRFSS provides individual counties and the state with a rich data source to estimate the prevalence of personal health behaviors that contribute to mortality and morbidity among adults. The Data table presents the survey data on a variety of issues related to health status, health care access, lifestyle, chronic illnesses, and disease prevention practice for adults over the age of 18. The completed results can be found at <http://www.floridahealth.gov/statistics-and-data/survey-data/behavioral-risk-factor-surveillance-system/index1.html>

	County 2016		State 2016	County 2013
	Percent	Quartile	Percent	Percent
Alcohol Consumption				
Adults who engage in heavy or binge drinking.	13.2%	2	17.5%	20.0%
	(8.0-18.4)		(16.7-18.4)	(4.0-36.1)
Arthritis				
Adults who are limited in any way in any usual activities because of arthritis or chronic joint symptoms.				18.8%
				(8.8-28.7)
Adults who have been told they have some form of arthritis.	50.6%	4	24.8%	35.9%
	(43.3-57.9)		(23.9-25.6)	(21.3-50.4)
Asthma				
Adults who currently have asthma.	7.0%	2	6.7%	13.4%
	(3.5-10.5)		(6.2-7.2)	(2.4-24.4)
Cancer Screening				
Adults 50 years of age and older who received a blood stool test in the past year.	14.7%	3	16.0%	7.6%
	(8.9-20.5)		(14.9-17.1)	(3.3-11.8)
Adults 50 years of age and older who received a sigmoidoscopy or colonoscopy in the past five years.	54.2%	2	53.9%	62.6%
	(46.1-62.4)		(52.4-55.3)	(40.2-85.0)
Adults ages 50 years and older who have ever had a blood stool test.	42.0%	2	36.0%	27.2%
	(34.0-50.0)		(34.6-39.1)	(11.2-43.3)
Adults ages 50 years and older who have ever had a sigmoidoscopy or colonoscopy.	68.6%	3	69.3%	72.3%
	(61.0-76.1)		(67.8-70.7)	(49.5-95.1)
Men ages 50 years and older who have ever had a PSA test.	67.3%	3	67.5%	71.0%
	(53.0-81.6)		(65.3-69.6)	(55.4-86.6)

Women 18 years of age and older who received a Pap test in the past year.	36.9% (25.0-48.7)	4	48.4% (46.6-50.2)	43.3% (13.1-73.5)
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	County 2016		State 2016	County 2013
	Percent	Quartile	Percent	Percent
Women 40 years of age and older who received a mammogram in the past year.	51.0% (38.4-63.7)	4	60.8% (58.8-62.9)	

Women ages 40 years and older who had a clinical breast exam in the past year.				51.7% (20.8-82.5)
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Women who have had a hysterectomy	38.7% (29.6-47.8)	4	22.7% (21.6-23.9)	16.0% (6.7-25.3)
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Cardiovascular Disease

Adults who have ever been told had angina, or coronary heart disease.	11.8% (7.2-16.3)	4	4.7% (4.3-5.2)	3.2% (1.3-5.1)
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Adults who have ever been told they had a stroke.	9.4% (5.4-13.4)	4	3.5% (3.2-3.8)	3.8% (1.6-6.1)
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Cholesterol Awareness

Adults who have ever been told they had high blood cholesterol.				46.6% (30.5-62.7)
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Dental Care

Adults who had a permanent tooth removed because of tooth decay or gum disease.	63.3% (56.2-70.4)	4	47.3% (46.2-48.4)	58.8% (46.3-71.4)
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Adults who visited a dentist or dental clinic in the past year.	55.7% (48.4-63.0)	3	63.0% (62.0-64.1)	
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Diabetes

Adults with diabetes who ever had diabetes self-management education.				29.2% (8.5-49.8)
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Adults with diabetes who had an annual eye exam.				38.4% (14.4-62.5)
--	--	--	--	----------------------

Adults with diabetes who had an annual foot exam.				38.6% (16.2-61.0)
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Adults with diabetes who had two A1C tests in the past year.	43.1% (16.3-69.9)	1	69.3% (65.8-72.9)	
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Adults who have ever been told they had diabetes.				43.1% (16.3-69.9)
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Disability

Adults who are limited in any way in any activities because of physical, mental, or emotional problems.	33.4% (26.4-40.3)	4	21.2% (20.3-22.1)	17.3% (9.4-25.2)
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Adults who use special equipment because of a health problem.	27.8% (21.1-34.6)	4	9.9% (9.2-10.5)	9.7% (3.3-16.0)
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	County 2016 Percent	Quartile	State 2016 Percent	County 2013 Percent
Healthcare Access & Coverage				
Adults who could not see a doctor at least once in the past year due to cost.	16.0% (10.3-21.7)	2	16.6% (15.8-17.4)	23.8% (9.0-38.5)
Adults who had a medical checkup in the past year.	85.1% (79.5-90.6)	1	76.5% (75.6-77.5)	69.3% (54.5-84.0)
Adults who have a personal doctor.	85.4% (79.9-91.0)	1	72.0% (71.0-73.0)	56.4% (39.9-73.0)
Adults who have Medicare (Medicare is a coverage plan for people 65 or over and for certain disabled people)	63.5% (56.0-71.1)	4	37.9% (36.8-39.1)	
Adults with any type of healthcare insurance coverage.	88.2% (82.6-93.7)	1	83.7% (82.8-84.5)	82.3% (69.4-95.2)
Health Status & Quality of Life				
Adults who had poor mental health on 14 or more of the past 30 days.	13.7% (8.7-18.7)	3	11.4% (10.7-12.1)	26.1% (7.7-44.5)
Adults who had poor physical health on 14 or more of the past 30 days.	23.0% (16.5-29.4)	4	12.9% (12.2-13.6)	29.7% (12.0-47.4)
Adults who said their overall health was "fair" or "poor".	27.6% (20.9-34.2)	4	19.5% (18.6-20.4)	17.6% (9.5-25.7)
Adults whose poor physical or mental health kept them from doing usual activities on 14 or more of the past 30 days.	29.7% (20.3-39.2)	4	18.6% (17.4-19.9)	13.1% (4.6-21.6)
Adults with good mental health.	86.3% (81.3-91.3)	2	88.6% (87.9-89.3)	73.9% (55.5-92.3)
Adults with good physical health.	77.0% (70.0-83.5)	4	87.1% (86.4-87.8)	70.3% (52.6-88.0)
Adults who said their overall health was "good" to "excellent"	72.4% (65.8-79.1)	3	80.5% (79.6-81.4)	82.4% (74.3-90.5)
Average number of days where poor mental or physical health interfered with activities of daily living in the past 30 days.	8.5% (6.3-10.7)	4	5.7% (5.4-6.0)	4.2% (2.0-6.4)
HIV/AIDS				
Adults less than 65 years of age who had an HIV test in the past 12 months.	6.4% (1.3-11.5)	4	19.7% (18.4-20.9)	17.4% (3.3-31.5)

	County 2016		State 2016	County 2013
	Percent	Quartile	Percent	Percent
Adults less than 65 years of age who have ever been tested for HIV.	44.3% (32.4-56.2)	4	55.3% (53.9-56.7)	41.4% (17.9-65.0)
Adults who have ever been tested for HIV	27.6% (20.5-34.6)	4	46.9% (45.8-48.1)	35.3% (18.0-52.5)
Hypertension Awareness & Control				
Adults with diagnosed hypertension.				39.8% (25.5-54.0)
Adults with hypertension who currently take high blood pressure medicine.				92.7% (87.6-97.7)
Immunization				
Adults age 65 and older who have ever received a pneumonia vaccination.	70.7% (61.7-79.7)	2	65.6% (63.7-67.5)	59.0% (42.1-75.9)
Adults age 65 and older who received a flu shot in the past year.	67.4% (58.3-76.4)	1	57.6% (55.7-59.5)	60.7% (44.2-77.1)
Adults who have ever received a pneumonia vaccination.	50.6% (42.9-58.4)	1	34.6% (33.5-35.7)	28.9% (15.9-41.9)
Adults who received a flu shot in the past year.	50.8% (43.2-58.3)	1	35.0% (33.9-36.0)	28.2% (16.4-40.0)
Injury Prevention				
Adults 45 older who had a fall-related injury in the past 3 months.	13.0% (7.6-18.5)	3	9.9% (9.1-10.7)	
Adults who "always" or "nearly always" used seat belts when driving or riding in a car.	91.8% (87.5-96.2)	3	95.0% (94.5-95.5)	96.7% (93.8-99.5)
Overweight & Obesity				
Adults who are obese.	34.7% (27.5-42.0)	3	27.4% (26.4-28.5)	37.3% (21.1-53.5)
Adults who are overweight.	36.7% (29.4-44.1)	3	35.8% (34.7-36.9)	41.2% (26.3-56.0)
Adults who are overweight or obese.	71.5% (64.7-78.3)	4	63.2% (62.1-64.3)	78.5% (63.8-93.1)
Adults who have a healthy weight (BMI from 18.5 to 24.9).	27.4% (20.6-34.1)	3	34.5% (33.4-35.6)	21.1% (6.5-35.8)
Tobacco Use & Exposure				
Adult current smokers who tried to quit smoking at least once in the past year.	52.2% (34.8-69.9)	4	62.1% (59.5-64.8)	48.3% (21.7-74.9)
Adults who are current smokers.	19.8% (13.7-25.9)	3	15.5% (14.7-16.2)	9.6% (4.0-15.1)

	County 2016 Percent	County 2016 Quartile	State 2016 Percent	County 2013 Percent
Adults who are former smokers.	39.1% (32.0-46.3)	1	26.5% (25.6-27.5)	28.3% (16.2-40.4)
Adults who have never smoked.	41.4% (33.8-48.4)	4	58.0% (56.9-59.1)	62.1% (48.5-75.7)

Data source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion.

Approximately 500 adults were surveyed in each county in the years 2013 and 2016.

Blanks in the quartile column indicate that not enough data was available to compute a quartile. Not all indicators have data for both 2013 and 2016.

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

Appendix I

Glades County Guide to Health Services

Emergency Numbers

Police/Fire/Ambulance.....911

Non-Emergency Numbers

Glades County Sheriff Office.....877-445-2337

Fire Departments

Buckhead Ridge.....863-634-5197

Indian Hills.....863-983-6490

Lakeport..... 863-946-2733

Moore Haven..... 863-946-0711

Muse..... 863-675-4288

Ortona.....863-674-1151

Palmdale.....863-674-1400

Other Emergency Numbers

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

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

Animal Control..... 863-946-6001

Social Services.....863-946-0411

Glades County Health Care Services

Health Department

1021 Health Park Drive, Moore Haven, Florida 33471863-946-0707

A Limited List of Other Licensed Facilities:

(for more community resources, contact the United Way 211 or go to SWFLResourceLink.com)

Facility Type	Name	Street Address	City	Phone
Health Care Clinic	FLORIDA MEDICAL & WELLNESS CENTER	691 US HWY 27 STE 1	MOORE HAVEN	
Home Health Agency	VISITING NURSE ASSOCIATION OF FLORIDA INC	1124 BUCKHEAD RIDGE RD	OKEECHOBEE	(941) 366-1929
Home Health Agency	VNA PLUS	1124 BUCKHEAD RIDGE RD	OKEECHOBEE	(941) 366-1929

Source: Florida Health Finder Provider Search. Available at <http://www.floridahealthfinder.gov>. Accessed May 1, 2016.

Provider Type	Agency Name	Services or Providers	Street Address
Hospital			
<i>Moore Haven</i>	<i>None</i>	<i>None</i>	<i>None</i>
Primary Care Physicians			
<i>Moore Haven</i>	Florida Community Health Center	M. Fernando Moraflares, MD, Daniel Perez, MD, Dorothy Ann Baker, PA	1021 Health Park Drive
Pediatricians			
<i>Moore Haven</i>	Florida Community Health Center	Moraflares, M Fernando, MD	1021 Health Park Drive
Dental			
<i>Moore Haven</i>	Florida Community Health Center	Alberto Sylvester Blackwood, DDS	1021 Health Park Drive
Skilled Nursing Facility			
<i>Moore Haven</i>	<i>None</i>	<i>None</i>	<i>None</i>
Assisted Living Facility			
<i>Moore Haven</i>	<i>None</i>	<i>None</i>	<i>None</i>
Pharmacy			
<i>Moore Haven</i>	Fast & Friendly Pharmacy		629 US Hwy 27
Laboratory Services			
<i>Moore Haven</i>	<i>None</i>	<i>None</i>	<i>None</i>
Mental Health Services			
<i>Moore Haven</i>	<i>None</i>	<i>None</i>	<i>None</i>
Other Services			
	Area Agency for Aging	Assist seniors over the age of 60	866-413-5337

Appendix J

Selected Data Sources

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

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

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

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

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

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

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

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

Glades County Department of Health: <http://glades.floridahealth.gov/>

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