

Hendry County Florida 2019 Community Health Assessment



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



Table of Contents

- Introduction4**
 - Methodology..... 5
 - Visioning..... 5
- Demographic and Socioeconomic Characteristics7**
 - Population Demographics..... 7
 - Population Growth..... 8
 - Age 9
 - Gender 9
 - Race and Ethnicity..... 10
 - Socioeconomic Indicators 12
 - Housing 12
- Health Status14**
 - Health Ranking 14
 - Leading Causes of Death 15
 - Chronic Diseases 24
 - Communicable Diseases 28
 - Maternal and Child Health..... 31
 - Hospitalizations..... 33
 - Emergency Room Visits..... 37
- Health Resources39**
 - Medicaid..... 39
 - Uninsured..... 40
 - Physicians and Facilities 41
 - Federal Health Professional Shortage Designations 42
- Social and Mental Health44**
 - Suicides 44
 - Baker Act 44
 - Crime and Domestic Violence 46
 - Florida Youth Substance Abuse Survey..... 48
 - Behavioral Risk Factor Surveillance Survey..... 51
 - Healthy People 2020 Objectives 52
- Community Input.....55**
 - Survey on Health and Healthcare 55
 - Interviews with Community Leaders 63
- Dissemination Plan68**

Appendices:

Appendix A: Healthier Hendry Glades Taskforce Members 69

Appendix B: Survey on Health and Healthcare 70

Appendix C: Key Informant Interview Guide 72

Appendix D: Community Leaders Interviewed 74

Appendix F: County Health Rankings 75

Appendix G: Definitions of Prevention Quality Indicators 76

Appendix H: Florida Youth Substance Abuse Survey 77

Appendix I: Behavioral Risk Factor Surveillance Survey 78

Appendix J: Hendry County Guide to Health Services 83

Appendix K: Selected Data Sources 89

Introduction and Methodology

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

The Healthier Hendry Glades Taskforce is a community committee comprised of area residents and community 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 Hendry County unique in comparison to the state of Florida.

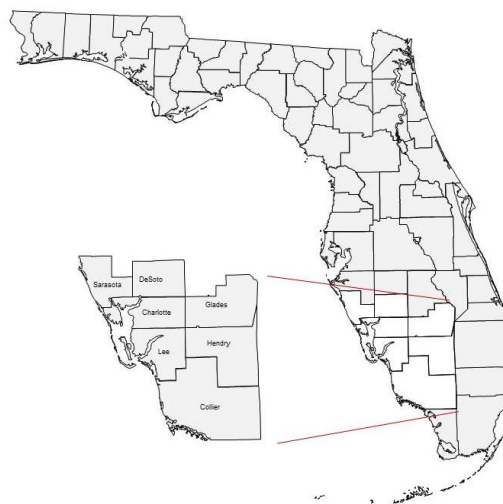
Population Demographics

The sheer number of people in a community is the leading determinant of the demand for healthcare services. Hendry County, which has a population of just over 38,000, is located in southwest Florida (Fig. 1). The county also shares borders with the following counties: Glades to the north; Martin and Okeechobee to the northeast; Palm Beach to the east; Broward to the southeast; Collier to the south; and Lee and Charlotte to the west. As seen in Figure 2, Hendry is one of seven counties in southwest Florida that comprise the Local Health Planning District 8 as designated by the Florida Agency for Health Care Administration (AHCA). LaBelle is the county seat. Clewiston is the largest and most populous incorporated area. Hendry County is 1,189.79 square miles in area; about 3 percent of that area is covered by water. The county has a population density of about 34 persons per square mile compared to a state average of 392 persons per square mile. Hendry County is considered a rural county.

Figure 1:

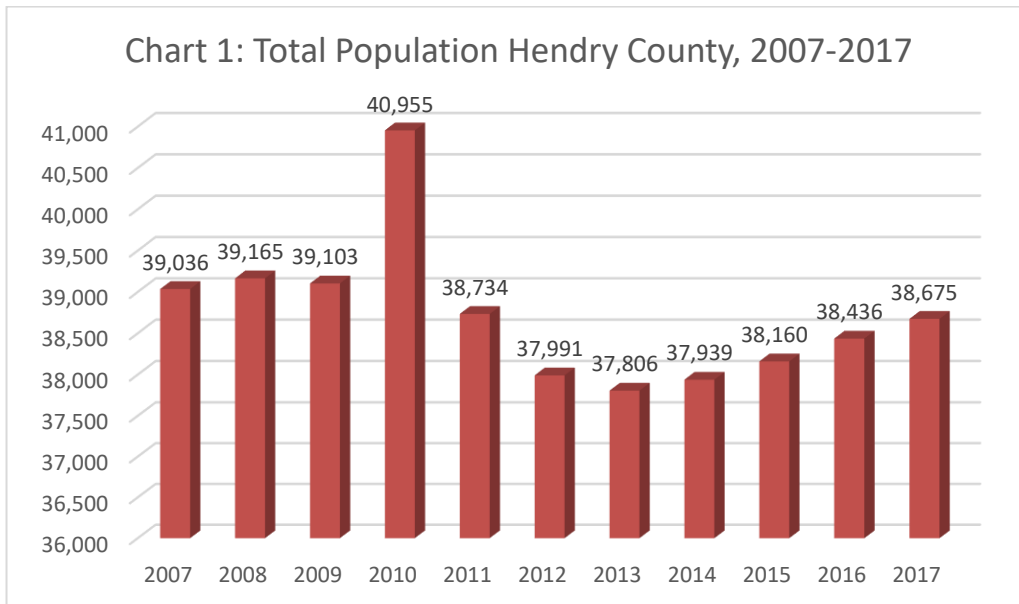


Figure 2:



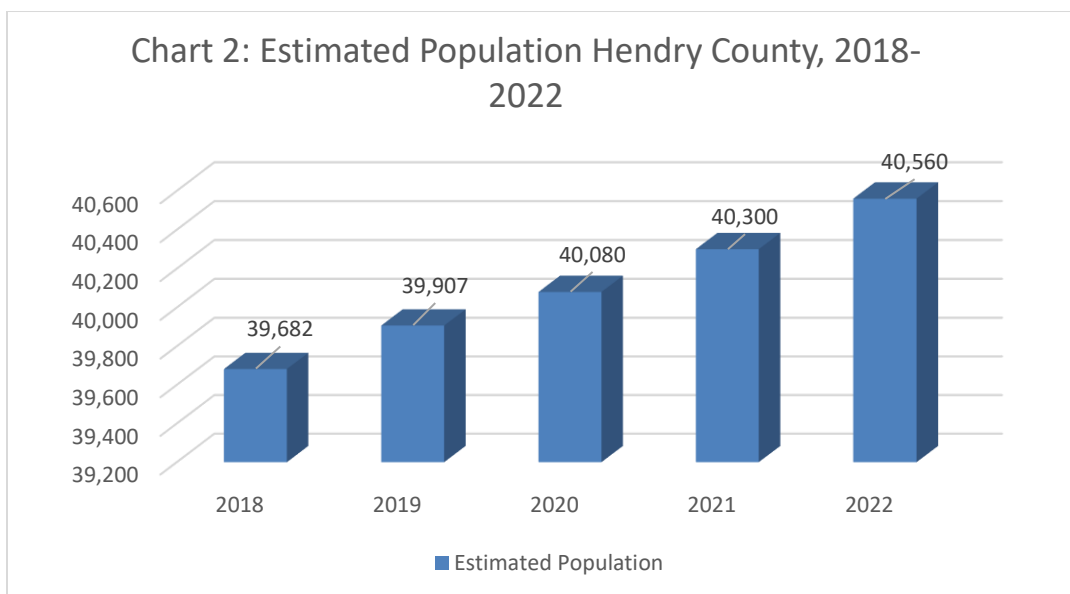
Population Growth

The illustration below represents the total population of Hendry County from 2007-2017. The estimate for 2017 places the population of Hendry County at 38,675. This number has been growing since 2013, however it is slightly lower than it was in 2007-2011). The spike in 2010 represents a census year when there was a more complete count. The next census year is 2020.



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

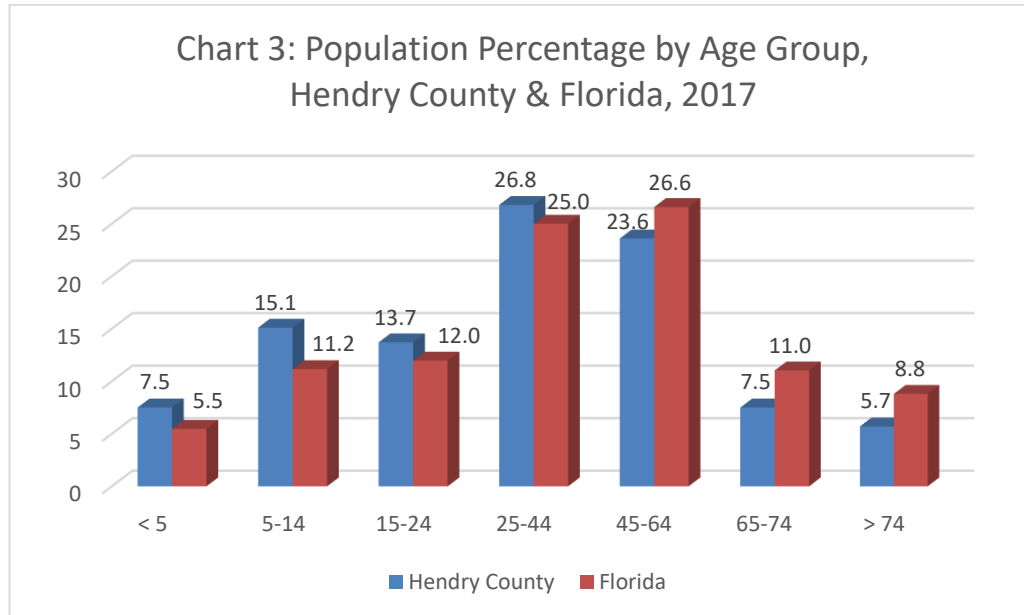
Population growth in a community is the result of natural increase (more births than deaths) and also the migration of people moving into the area at a higher rate than those who are leaving. According to the Office of Economic and Demographic Research, the population of Hendry County is expected to continue to grow in the coming years. In 2022, it is estimated that the population of Hendry County will be 40,560; that is an increase of about two percent from the same number for 2018.



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

Age

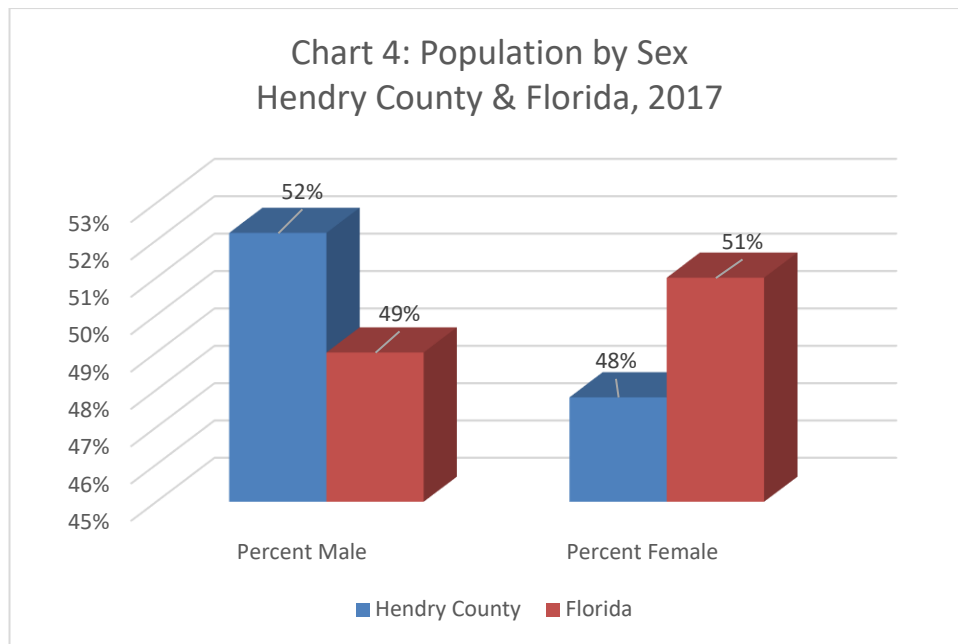
The average age for residents of Hendry County is about the same as the average age of residents of Florida. The largest proportion of the population of the county is between the ages of 25 and 44 while the largest proportion of the population for the state is between 45 and 64. Approximately thirty-six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



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

Gender

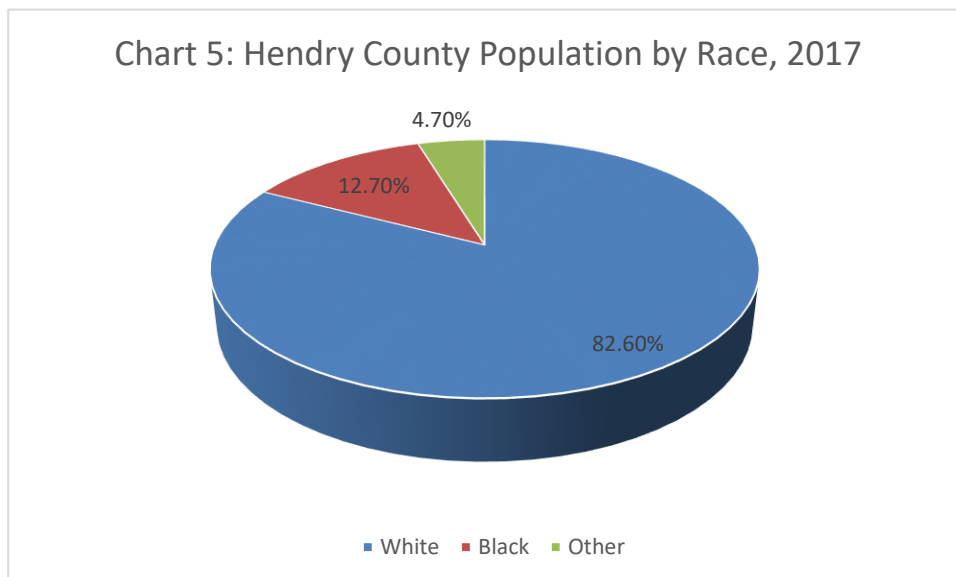
There are significantly more men than women in Hendry County. Approximately, 52 percent of the residents of Hendry County are male while about 48 percent are female; statewide the percentages are 51 percent female and 49 percent male. Nationwide females outnumber males, but it is not uncommon for men to outnumber women in rural areas.



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

Race and Ethnicity

17.4 percent of the population of Hendry County is non-white; compared to a statewide population comprised of 21.5 percent non-whites. Approximately 4.7 percent of the population is listed as “Other non-white”. This category includes American Indian, Alaskan Native, Asian, Native Hawaiian, and other Pacific Islanders, and those of mixed race who chose not to select white or black.



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

Ethnicity in Florida is broken out separately from race. For ethnicity, a person must designate themselves as Hispanic or Non-Hispanic; people in both of those groups can identify as white, black or other non-white. About 52 percent of the residents of Hendry County identify as Hispanic; this is significantly higher than the state average. The vast majority of the people in Hendry County who identify as Hispanic identify as white.

Table 1: Race and Ethnicity, 2017					
Hendry			State		
	Hispanic	Non-Hispanic		Hispanic	Non-Hispanic
White	49.2%	33.4%	White	22.8%	54.7%
Black	1.3%	11.4%	Black	1.3%	15.6%
Other	1.6%	3.2%	Other	0.9%	4.7%
Total	52%	48%	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, Hendry County was hit hard by the economic downturn. The unemployment rate jumped from 7.2 percent in 2000 to 14.7 percent in 2010. As of 2017, it has reduced to 8.2 percent. That is higher than the state rate of 7.2 percent.

The percent of people living under the poverty level in Hendry County is significantly higher than the state as a whole. Unfortunately, that also holds true for the percent of children 0-17 years of age who are under the poverty level; that rate is 31.1 percent for Hendry County compared to 22.3 percent for the state. On a positive note, the county rate has improved from 39.8 percent in 2010.

Table 2: Socioeconomic Indicators Hendry County and State, 2017		
	Hendry	State
Civilian Labor Force which is unemployed	8.2%	7.2%
Median Household Income	\$37,966	\$50,883
Individuals Below Poverty Level	9,739	3,070,972
% Living Below Poverty Level	25.5%	15.5%
% of Individuals Under 18 Below Poverty Level	31.1%	22.3%

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

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

Table 3: Educational Attainment Persons aged 25 and older, Hendry and State, 2017		
	Hendry	State
% High School graduate or higher	62.9%	87.2%
% Bachelor's degree or higher	9.1%	27.9%

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

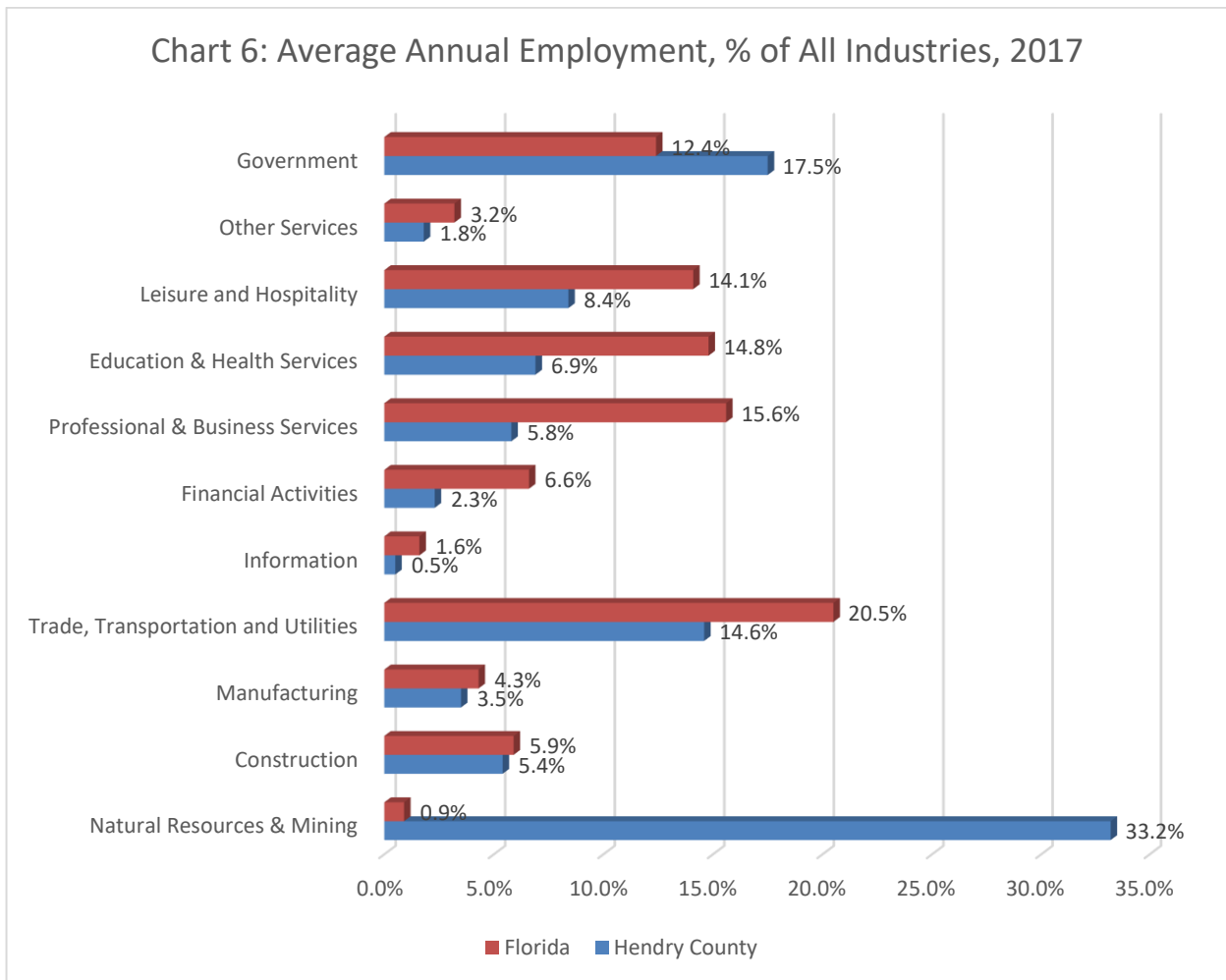
Housing

Table 4: Housing Occupancy Hendry and State, 2013 - 2017		
	Hendry	State
Occupied housing units (%)	82.5	81.1
Owner-occupied (%)	65.4	64.8
Renter-occupied (%)	34.6	35.2
Household size owner-occupied unit	3.16	2.62
Household size renter-occupied unit	2.91	2.69

Vacant housing units (%)	17.5	18.9
Homeowner vacancy (%)	1.2	2.4
Rental vacancy (%)	3.2	8.5
Occupying mobile home (%)	41.3	9.1
Occupying boat, RV, van, etc. (%)	0.5	0.1
Median value of owner-occupied units (dollars)	\$79,700	\$178,700

Source: US Census Bureau DP04 Selected Housing Characteristics

As seen in Chart 6, among working adults in Hendry County the most common sectors of employment are: natural resources and mining, government and trade, transportation, and utilities. Natural resources and mining represents about one-third of all employment in Hendry County, by far the largest industry.



Source: Florida Legislature, Office of Economic and Demographic Research

Health Status

Health Ranking

County Health Rankings & Roadmaps, a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, has Hendry County currently ranked the 33rd healthiest out of 67 counties in Florida for Health Outcomes, and 65th healthiest for Health Factors. These rankings are based on a variety of factors that affect the health of the county's residents such as unemployment, levels of physical inactivity, and rates of smoking, obesity, and children living in poverty.

Table 5: County Health Ranking, 2018
Hendry County

	Hendry County	Error Margin	Top U.S. Performers	Florida	Rank (of 67)
Health Outcomes					33
Length of Life					32
Premature death	8,300	7,300-9,300	5,400	7,200	
Quality of Life					30
Poor or fair health	24%	24-25%	12%	19%	
Poor physical health days	4.4	4.3-4.5	3.0	3.8	
Poor mental health days	3.8	3.7-3.9	3.1	3.8	
Low birthweight	8%	7-9%	6%	9%	
Health Factors					65
Health Behaviors					36
Adult smoking	15%	15-16%	14%	15%	
Adult obesity	33%	28-38%	26%	27%	
Physical inactivity	33%	28-37%	19%	25%	
Access to exercise opportunities	63%		91%	88%	
Excessive drinking	16%	16-17%	13%	18%	
Alcohol-impaired driving deaths	32%	25-39%	13%	25%	
Sexually transmitted infections	521.5		152.8	467.4	
Teen births	50	45-55	14	23	
Food insecurity	13%		9%	14%	
Limited Access to Healthy Foods	15%		2%	7%	
Motor Vehicle Crash Deaths	27	21-34	9	14	
Clinical Care					65
Uninsured	25%	22-27%	6%	15%	
Primary care physicians	2,810:1		1,050:1	1,390:1	
Dentists	2,520:1		1,260:1	1,700:1	

Mental Health Providers	2,240:1		310:1	670:1	
Preventable hospital stays	6,556		2,765	5,066	
Definitions for each measure are listed on the next pages	Hendry Country	Error Margin	Top U.S. Performers	Florida	Rank (of 67)
Mammography screening	33%		49%	42%	
Flu vaccinations	32%		52%	41%	
Social & Economic Factors					67
High school graduation	86%		96%	82%	
Some college	32%	26-38%	73%	62%	
Unemployment	7.2%		2.9%	4.2%	
Children in poverty	35%	26-44%	11%	21%	
Income inequality	4.6	4.0-5.3	3.7	4.7	
Children in single-parent households	46%	37-54%	20%	38%	
Social associations	8.9		21.9	7.1	
Violent crime	560		63	484	
Injury deaths	79	67-92	57	76	
Physical Environment					11
Air pollution - particulate matter	7.3		6.1	8.2	
Drinking water violations	Yes				
Severe housing problems	22%	18-26%	9%	21%	
Driving alone to work	64%	60-69%	72%	79%	
Long commute - driving alone	37%	31-43%	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 Hendry County's deaths are premature and preventable. Behavior modification and risk reduction can reduce the mortality rates of many of the leading causes of death, especially those attributed to heart disease, stroke, diabetes, lung cancer and motor vehicle accidents. Individuals may improve both the length and the quality of their lives by simply following a healthy lifestyle and receiving regular medical care.

Table 5 gives detailed information on the leading causes of death for residents of Hendry 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 Hendry County, 206.9 of them died of heart disease in 2017. Since there are fewer than 100,000 people in Hendry County the rates per 100,000 are higher than the actual number of people who died, which in the case of heart disease was 80. 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 suggests that the average age of the victims was fairly young.

**Table 6: Leading Causes of Death, 2018
Hendry County**

Cause of Death	Deaths	Percent of Total Deaths	Crude Rate Per 100,000	Age-Adjusted Death Rate Per 100,000	3-Year Age-Adjusted Death Rate Per 100,000	YPLL < 75 Per 100,000 Under 75
All Causes	291	100.0	752.4	731.5	749.7	8,328.3
Heart Disease	80	27.5	206.9	195.6	187.3	1,398.8
Cancer	52	17.9	134.5	129.2	145.3	949.0
Unintentional Injury	23	7.9	59.5	61.9	64.3	1,744.4
Chronic Lower Respiratory Disease	19	6.5	49.1	48.1	46.0	249.6
Diabetes	14	4.8	36.2	35.5	33.0	397.7
Stroke	13	4.5	33.6	32.7	35.7	126.2
Alzheimer's Disease	10	3.4	25.9	27.4	23.7	0.0
Suicide	5	1.7	12.9	12.7	16.7	329.1
Perinatal Period Conditions	4	1.4	10.3	9.7	5.5	817.3
Benign Neoplasm	4	1.4	10.3	10.1	6.1	5.5
Hypertension	4	1.4	10.3	10.1	13.1	101.5
Chronic Liver Disease & Cirrhosis	4	1.4	10.3	10.5	12.8	216.7
Influenza & Pneumonia	3	1.0	7.8	7.1	9.6	35.7
Septicemia	3	1.0	7.8	6.9	9.5	60.3
Congenital Malformations	2	0.7	5.2	4.5	2.3	253.7
Nephritis, Nephrotic Syndrome & Nephrosis	2	0.7	5.2	5.3	6.5	0.0
Homicide	2	0.7	5.2	5.2	10.2	304.4
HIV/AIDS	1	0.3	2.6	2.1	3.3	49.4
Pneumonitis	1	0.3	2.6	2.5	3.4	0.0

Parkinson's Disease	1	0.3	2.6	2.3	6.9	13.7
Viral Hepatitis	1	0.3	2.6	2.3	2.2	27.4
Atherosclerosis	1	0.3	2.6	2.8	2.5	0.0
Cholelithiasis & Other Gallbladder Disorders	1	0.3	2.6	2.5	1.8	0.0
Medical & Surgical Care Complications	1	0.3	2.6	2.1	0.7	49.4
Peptic Ulcer	0	0.0	0.0	0.0	1.5	0.0
Hernia	0	0.0	0.0	0.0	0.9	0.0
Pregnancy, Childbirth & The Puerperium	0	0.0	0.0	0.0	1.7	0.0
Anemias	0	0.0	0.0	0.0	1.8	0.0
Nutritional Deficiencies	0	0.0	0.0	0.0	1.7	0.0
Aortic Aneurysm & Dissection	0	0.0	0.0	0.0	2.2	0.0

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

The most frequent causes of death for people in Hendry County are heart disease and cancer. Together they accounted for more than 44 percent of the deaths in 2015-2017. Table 6, which compares the three-year age-adjusted rates for Hendry County with those for all of Florida, shows that the death rates for heart disease are higher than the state average. The rates are slightly lower for cancer for Hendry County than the state. In 2010, the death rate for Hendry County was higher than the state average for each of these major causes of death. For 2015-2017, the death rate in Hendry is higher than the state's rate overall, but it is lower for stroke. It is significantly higher for unintentional injury and diabetes.

**Table 7: Major Causes of Death
Hendry and State**

	County 2015-2017 Age-Adjusted Rate/100,000	Florida 2015-2017 Age-Adjusted Rate/100,000
Cause of Death		
All Causes	749.7	685.2
Heart Disease	187.3	150.8
Cancer	145.3	151.9
Unintentional Injury	64.3	52.6
Chronic Lower Respiratory Disease	46	39.6
Diabetes	33	20
Stroke	35.7	38.7
Alzheimer's Disease	23.7	21.9

Suicide	16.7	14.2
Perinatal Period Conditions	5.5	4.5

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

Table 7 lists the cause of death noted for all deaths in Hendry County from 2008-2017. The total number of deaths has fluctuated within a fairly narrow range during this period, with the lowest total in 2012 and the highest in 2016 (it should be noted that the population also fluctuated a bit during that period with the highest population in 2010).

**Table 8: Deaths From All Causes
All Races, All Sexes, All Ethnicities, All Ages
Hendry County 2008-2017**

Cause of Death	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
All Causes	283	296	289	247	242	285	281	278	311	291
Infectious Diseases	9	13	7	12	6	4	7	11	6	6
Certain Other Intestinal Infections	0	0	0	1	0	1	0	2	1	1
Human Immunodeficiency Virus (HIV) Disease	2	4	3	4	0	1	1	3	0	1
Other & Unspecified Infectious/Parasitic Disease & Sequelae	1	0	0	1	2	0	1	0	1	0
Septicemia	5	6	3	6	2	1	5	4	4	3
Viral Hepatitis	1	3	1	0	2	1	0	2	0	1
Malignant Neoplasm (Cancer)	56	58	75	49	43	74	56	58	64	52
All Other & Unspecified - Cancer	9	13	7	12	6	4	7	11	6	6
Bladder Cancer	1	2	0	1	1	3	0	2	3	1
Breast Cancer	3	3	3	4	4	3	3	2	5	1
Cervical Cancer	2	0	0	0	0	0	0	0	4	1

Colon, Rectum, & Anus Cancer	6	3	4	6	2	7	6	6	7	9
Corpus Uteri & Uterus, Part Unspec Cancer	0	0	0	0	2	0	0	0	4	1
Esophagus Cancer	1	6	2	2	5	3	1	0	2	4
Hodgkins Disease	0	1	0	0	0	0	0	0	0	0
Kidney and Renal Pelvis Cancer	1	0	3	0	1	2	3	1	3	1
Larynx Cancer	3	0	1	0	0	0	0	1	0	0
Cause of Death	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Leukemia	1	4	1	2	1	2	4	1	4	1
Lip, Oral Cavity, Pharynx	4	0	1	1	1	4	3	2	0	0
Liver & Intrahepatic Bile Ducts Cancer	3	2	1	0	3	3	2	2	4	2
Meninges, Brain, & Other Pert Cen Nerv Sys Cancer	0	0	2	1	0	3	1	1	0	1
Multiple Myeloma & Immunoprolifera Neoplasm	2	1	1	1	0	0	1	2	0	2
Non-Hodgkins Lymphoma	2	1	3	1	2	3	2	0	1	1
Ovarian Cancer	1	1	2	2	1	4	1	0	2	3
Pancreatic Cancer	3	5	4	3	1	2	4	3	5	2
Prostate Cancer	1	3	6	3	0	5	2	6	3	1
Skin Cancer	3	2	1	0	1	2	1	0	0	1
Stomach Cancer	1	0	2	0	0	0	0	0	1	1
Trachea, Bronchus, Lung Cancer	14	18	27	13	12	18	17	20	17	10
In Situ, Benign, Uncert/Unk Behavior Neoplasms	0	1	2	1	2	1	4	2	1	4
Anemias	1	2	0	1	1	1	0	1	1	0
Nutritional and Metabolic Diseases	16	14	10	14	10	12	17	16	11	14

Diabetes Mellitus	15	14	10	14	10	12	17	16	9	14
Malnutrition	1	0	0	0	0	0	0	0	2	0
Nervous System Diseases	4	4	6	1	7	11	12	11	12	11
Alzheimer's Disease	4	4	5	1	4	10	9	5	11	10
Parkinson's Disease	0	0	1	0	3	1	3	6	1	1
Cardiovascular Diseases	89	102	87	72	73	84	85	80	108	98
Acute Myocardial Infarction	12	8	10	4	6	8	6	3	14	14
Cause of Death	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Acute Rheum Fever & Chronic Rheum Heart Disease	1	0	0	0	1	1	0	0	0	0
All Other Chronic Ischemic Heart Disease	20	33	12	18	16	18	25	22	23	41
Aortic Aneurysm & Dissection	0	4	1	2	0	4	2	2	1	0
Atherosclerosis	1	0	1	0	0	0	0	0	2	1
Atherosclerotic Cardiovascular Disease	24	19	21	19	20	14	9	16	19	11
Cerebrovascular Diseases	14	15	13	5	10	17	12	12	17	13
Essen Hypertension & Hypertensive Renal Disease	3	3	2	5	3	4	7	4	7	4
Heart Failure	3	4	4	3	1	2	2	1	1	5
Hypertensive Heart & Renal Disease	0	0	0	0	0	0	2	1	0	0
Hypertensive Heart Disease	3	4	5	5	5	6	5	9	14	5
Other Acute Ischemic Heart Disease	0	0	2	2	0	1	0	0	0	0
Other Arteries, Arterioles, Capillaries Disease	0	1	0	3	0	2	1	2	0	0
Other Forms Heart Disease	8	10	16	5	10	6	14	8	10	4

Pericardium Diseases & Acute Myocarditis	0	1	0	0	0	0	0	0	0	0
Other Circulatory System Disorders	0	0	0	1	1	1	0	0	0	0
Respiratory Diseases	23	27	26	22	32	25	30	28	24	24
Chronic Lower Respiratory Disease	16	17	18	11	21	17	21	20	15	19
Influenza & Pneumonia	2	4	4	4	9	6	3	5	4	3
Other Respiratory System Dis	4	4	2	4	2	2	4	2	3	1
Cause of Death	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Pneumonitis Due to Solids & Liquids	1	2	2	3	0	0	2	1	2	1
Digestive Diseases	4	6	6	4	4	8	7	8	7	5
Cholelithiasis & Other Gallbladder Disorders	0	0	1	0	0	2	0	1	0	1
Alcoholic Liver Disease	2	1	1	3	3	1	4	4	4	2
Other Chronic Liver Disease & Cirrhosis	2	5	3	1	0	2	3	2	1	2
Hernia	0	0	0	0	0	2	0	0	1	0
Peptic Ulcer	0	0	1	0	1	1	0	1	1	0
Urinary Tract Diseases	10	6	4	1	5	6	5	2	3	2
Female Pelvic Organs-Inflammatory Disease	0	0	0	0	0	0	1	0	0	0
Nephritis, Nephrotic Syndrome, Nephrosis	10	6	4	1	5	6	4	2	3	2
Pregnancy, Childbirth, Puerperium Complications	0	0	0	0	1	0	0	2	0	0
Perinatal Period Conditions	1	0	0	0	1	2	0	2	1	4
Congenital & Chromosomal Anomalies	1	3	0	0	2	1	1	0	1	2

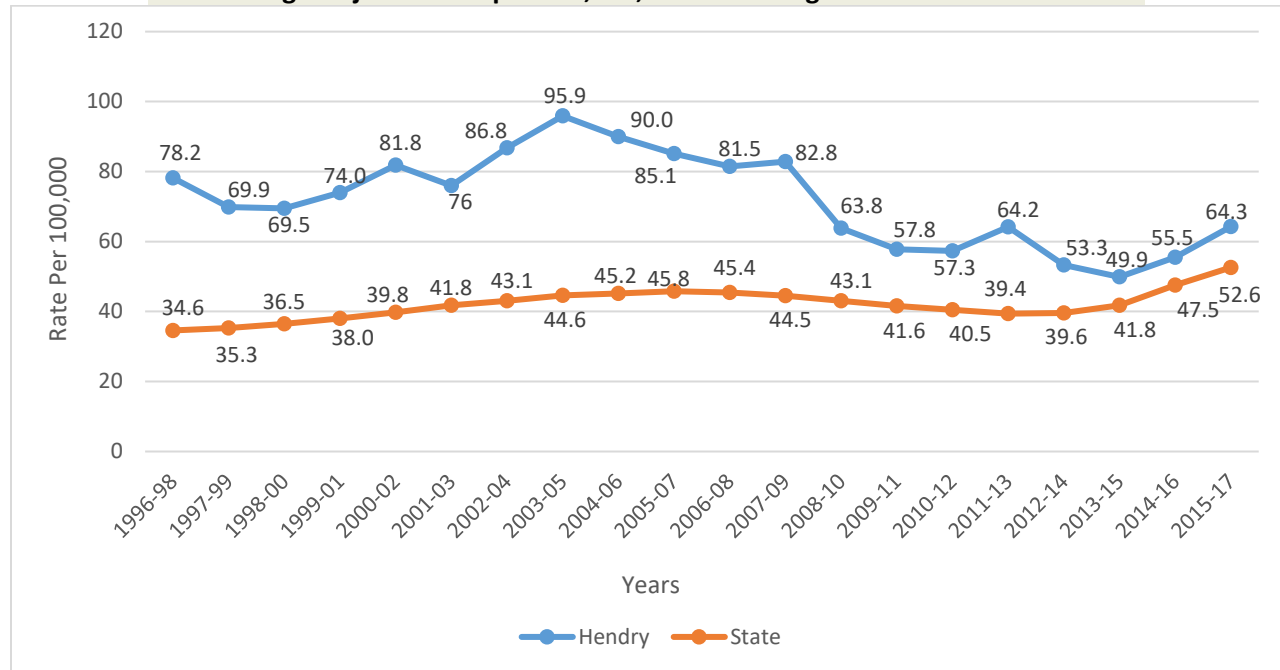
Symptoms, Signs & Abnormal Findings	4	7	6	6	3	0	2	2	2	2
Other Causes (Residual)	27	20	34	28	26	27	33	23	28	36
External Causes	38	32	26	34	26	28	22	32	42	31
Drowning & Submersion	0	0	0	0	1	2	0	2	1	0
Falls	5	6	2	8	7	3	4	3	4	4
Homicide by Firearms Discharge	0	1	5	5	2	0	4	3	3	2
Homicide by Other & Unspecified Means & Sequelae	1	1	0	5	1	3	0	1	3	0
Cause of Death	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Medical & Surgical Care Complications	0	0	0	0	0	0	0	0	0	1
Motor Vehicle Crashes	16	11	10	11	6	14	4	12	18	12
Other & Unspecified Event & Sequelae	0	0	1	0	0	0	0	0	0	0
Other & Unspecified Nontransport & Sequelae	1	1	2	4	2	2	3	1	2	2
Other Land Transport Accidents	1	0	0	0	0	1	0	0	0	0
Poisoning & Noxious Substance Exposure	7	4	4	0	4	2	2	1	5	5
Smoke, Fire, Flames Exposure	1	0	0	0	1	0	0	0	1	0
Suicide by Firearms Discharge	3	6	0	1	2	0	3	7	1	5
Suicide by Other & Unspecified Means & Sequelae	2	2	2	0	0	1	2	2	4	0
Water/Air/Space/Oth-Unsp Transport & Seq	1	0	0	0	0	0	0	0	0	0

Source: Florida Department of Health, Office of Vital Statistics

Unintentional Injury

Hendry County residents die from unintentional injuries at a higher rate than the state average. This difference in rates is not as large as it was in the early parts of the 2000s though. The death rate from unintentional injuries in both Hendry County and the State has been rising in recent years. It should be noted that drug overdoses are included in this category.

Chart 7: Deaths from Unintentional Injury
Age-Adjusted rate per 100,000, 3-Year Rolling Rates 1996-2017

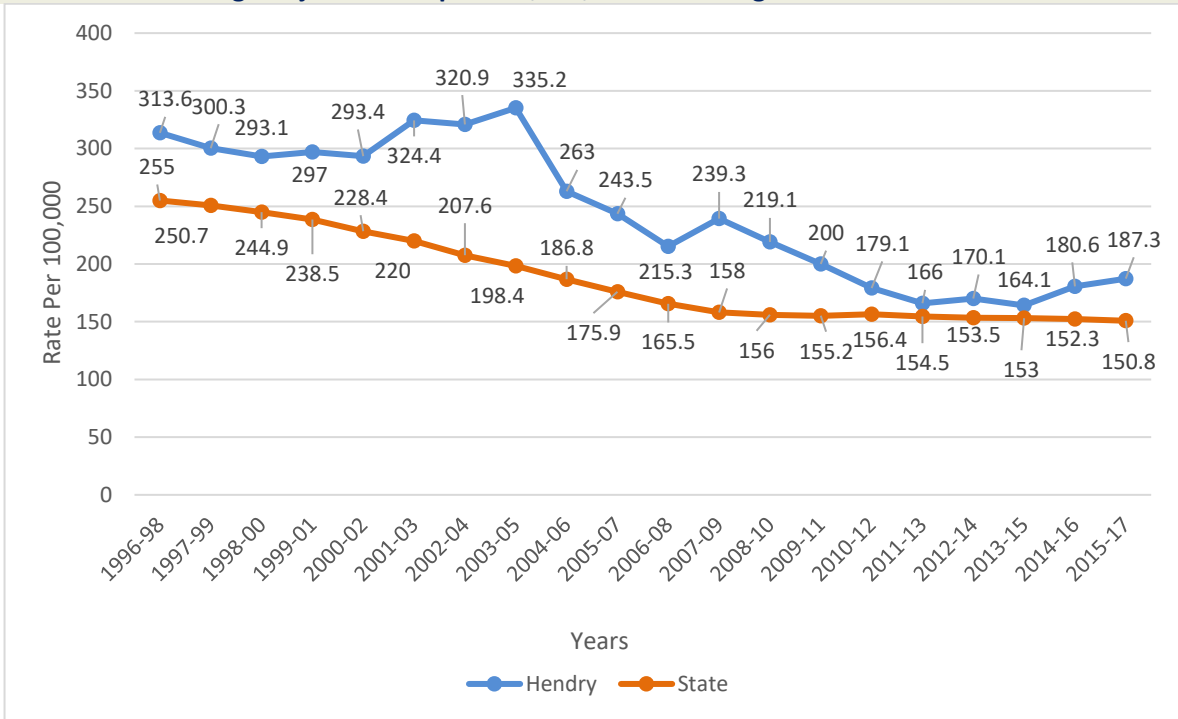


Source: Florida Department of Health, Bureau of Vital Statistics

Chronic Diseases

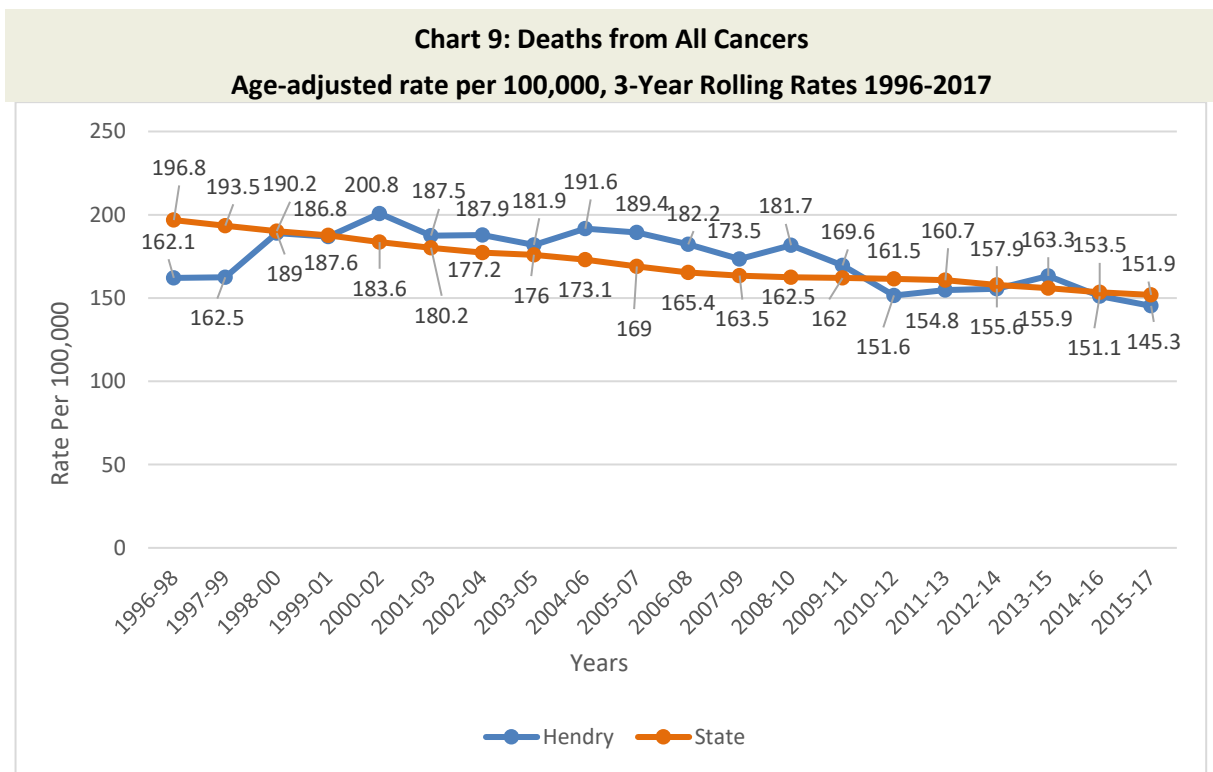
Heart disease is the leading cause of death in Hendry County. Chart 7 gives a detailed look at the decline in deaths from coronary heart disease across the last twenty years. Unfortunately after many years of decline, the rate seems to be rising again in recent years, however it remains lower than it was ten years ago.

Chart 8: Deaths from Heart Disease
Age-adjusted rate per 100,000, 3-Year Rolling Rates 1996-2017



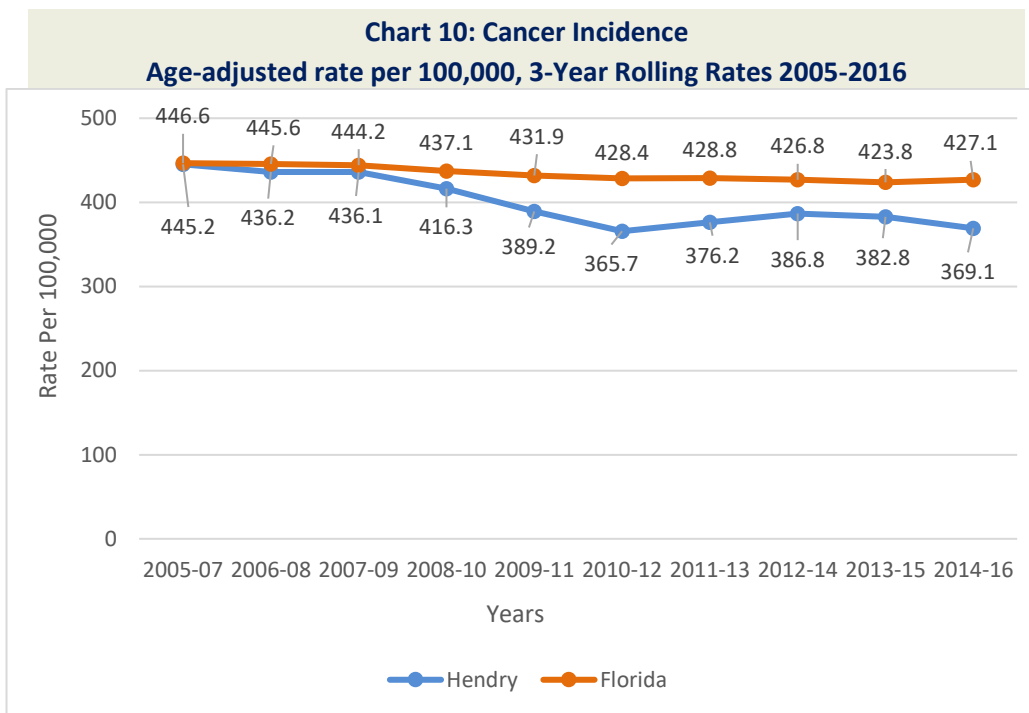
Source: Florida Department of Health, Bureau of Vital Statistics

Cancer is the second most common cause of death in Hendry County. As seen in Chart 8, age-adjusted death rates from cancer showed a decrease between 2013 and 2017 after a bit of a rise earlier in the decade. Rates for Hendry County are now slightly lower than the rate for the state as a whole.



Source: Florida Department of Health, Bureau of Vital Statistics

Cancer incidence in Hendry County has been lower than the state average since 2007. The rates have decreased significantly since 2005.



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

Among the types of cancer, lung cancer is the primary cause of death in Hendry County. The second most deadly form of cancer in Hendry County is skin cancer.

Table 9: Common Types of Cancer
Death Rate and Incidence, Hendry County

	3 yr. Age Adjusted Death Rate, 2015-2017	Avg. Annual Number of Events (Incidence), 2014-2016
Lung Cancer	37.8	72
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 black individuals in Hendry County is considerably higher than that of white individuals; this is also true for the state of Florida as a whole. From 2015-2017, the black population in Hendry County had considerably higher rates of death due to heart disease, cancer, and stroke than the white population. Please note that due to the small size of the black population, a small number of deaths in one category can cause a large variance in the death rate for that category. Cancer and heart disease were the leading causes of death for both whites and blacks although the death rate for both of those categories were higher for the black population than the white population.

**Table 10: Major Causes of Death by Race, Hendry 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	680.1	998.7	713.3	663.1	742.6	670.4
Heart Disease	175.6	272.3	187.3	148.7	169	150.8
Cancer	143.1	191.2	145.3	152.2	156.5	151.9
CLRD*	46.3	55.9	46	41.6	25.6	39.6
Stroke	29.6	88.7	35.7	36.5	56	38.7
Diabetes	28.1	63.2	33	17.7	38.9	20
Cirrhosis	13.4	7.6	12.8	13.1	6	11.9
Pneumonia/Influenza	6.6	24.7	9.6	9.3	11.6	9.5
HIV/AIDS	1.1	18.8	3.3	1.8	14.3	3.7

Source: Florida Department of Health, Office of Vital Statistics

*Chronic Lower Respiratory Disease

Ethnicity is broken out separately from race in the state of Florida. The Hispanic population in Hendry County has similar or lower death rates than the non-Hispanic population from most major causes of death. Hispanic residents are more likely to die from Cirrhosis or influenza and pneumonia than the non-Hispanic population.

**Table 11 : Major Causes of Death Ethnicity and Race, Hendry County
3-Year Age-Adjusted Death Rates by Cause, 2015-2017**

	Non-Hispanic		Hispanic	
	White	Black & Other	White	Black & Other
Heart Disease	205.7	277.8	97.6	64.1
Cancer	158.8	165.5	116.6	35.1
CLRD*	59.8	51.7	25.9	0
Stroke	32.9	79.1	20.3	0

Diabetes	36.8	64.4	17.1	0
Cirrhosis	13.0	11.2	16.5	0
Influenza & Pneumonia	6.7	26.3	7.8	0
HIV/AIDS	2.6	15.9	0	0

Source: Florida Department of Health, Office of Vital Statistics

*Chronic Lower Respiratory Disease

Communicable Diseases

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

Chlamydia is the most prevalent sexually transmitted disease in Hendry County with an average of 658 cases per year between 2015 and 2017. That works out to a rate per 100,000 of 570.8; higher than the state average of 470.3.

The overall rate of infection from vaccine preventable diseases is very low. For most of these diseases there is an average of less than one case every three years. Hepatitis B is the most prevalent vaccine preventable disease in Hendry County with an average of 19 cases per year between 2015 and 2017. Varicella (commonly known as chickenpox) is the second most prevalent vaccine preventable disease in Hendry County with an average of 6 case per year between 2015 and 2017.

An average of 10.0 people per year were diagnosed with AIDS in Hendry County between 2015 and 2017. The rate per 100,000 in Hendry County is 8.7 compared to a rate of 10.4 for the state as a whole. The largest number of those cases come from urban areas. The rate of tuberculosis in Hendry County is higher than the state as a whole at 7.8 per 100,000 compared to 2.9 per 100,000, however this is based on a small number of cases (average of 9.0 per year).

**Table 12: Communicable Diseases
Hendry County and State 2015-2017**

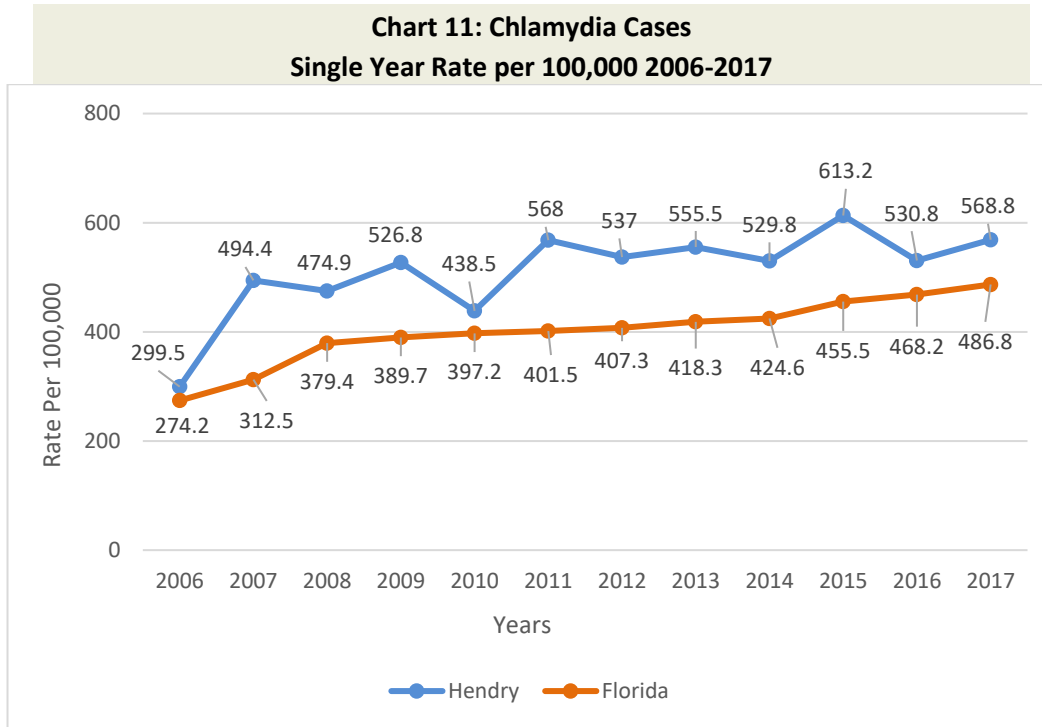
Disease	# of Cases Annual Avg.	County 3 yr. Rate per 100,000	State 3 yr. Rate per 100,000
Sexually Transmitted Diseases (STD)			
Early Syphilis	4.0	3.5	24.5
Infectious Syphilis	2.0	1.7	11.4
Gonorrhea	82.0	71.1	138.5
Chlamydia	658.0	570.8	470.3
Vaccine Preventable Diseases			
Hepatitis B, chronic	19.0	16.5	24.3
Measles	0.0	0.0	0
Mumps	0.0	0.0	0
Rubella	0.0	0.0	0.0
Pertussis	2.0	1.7	1.7

Tetanus	0.0	0.0	0.0
Varicella (Chickenpox)	6.0	5.2	3.5
AIDS and Other Diseases			
AIDS	10.0	8.7	10.4
Tuberculosis	9.0	7.8	2.9

Source: Division of Disease Control, Florida Department of Health

Chlamydia

Chlamydia is the most common of the reported sexually transmitted diseases. The infection rate for chlamydia across the state of Florida has been on the rise for the last fifteen years. The rates in Hendry County have followed a similar pattern and are currently higher than the state rate.



Source: Florida Department of Health, Bureau of Communicable Diseases

Maternal and Child Health

On average, 593 babies were born per year to mothers from Hendry County between 2015 and 2017. The health of the babies, the care they received before birth and the age of the mothers are important factors in determining the state of maternal and child health which in turn is a large factor in the overall health of the county.

Babies born to young mothers under the age of 19 are more likely to experience poor birth outcomes than those born to adult mothers and are more at risk for developmental complications later in life. There were more than twice as many babies born to mothers between the ages of 15 and 19 in Hendry County than the Florida average. The birth rate for mothers under the age of 19 in Hendry County has been declining in recent years. There were more babies born to unwed mothers in Hendry County than the Florida average and more babies born overall to Hendry County mothers than the state 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 non-prone position. Infant mortality rates in Hendry County are below the average for the state of Florida. The percent of infants born with a low birth weight are less to that of the state average, however this rate has been rising in recent years. Fewer babies born to mothers in Hendry County receive 1st trimester prenatal care than the state average.

Table 13: Maternal & Child Health Indicators, Hendry County & State				
3-Year Figures, 2015 - 2017				
Births	County	State	Trend	Quartile*
Total Births (3-yr annual avg.)	593			
Births to Mothers ages 15-19, per 1,000	41.9	19.7	Positive	3
Infant Deaths				
Infant Deaths (0-364 days) per 1,000 Births	5.1	6.1	Inconsistent	1
Neonatal Deaths (0-27 days) per 1,000 Births	3.9	4.2	Inconsistent	2
Low Birth Weight				
Percent of Births < 2500 Grams	8.0%	8.7%	Negative	2
Prenatal Care				
Percent of Births with 1st Trimester Prenatal Care	72.9%	78.3%	Positive	3
Percent of Births with Late or No Prenatal Care	5.6%	6.1%	Positive	2

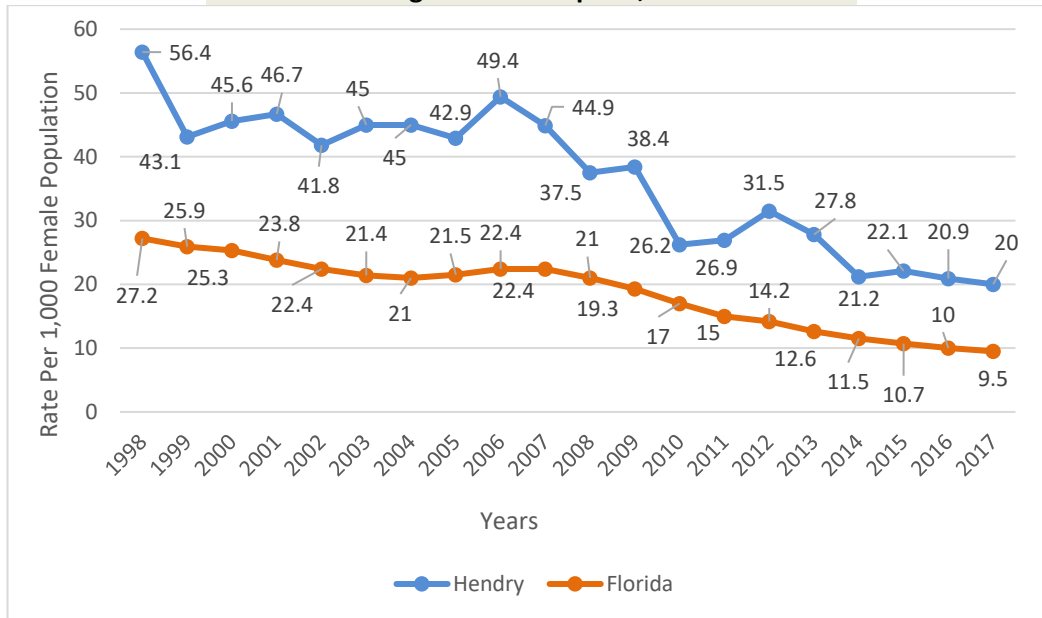
Source: Florida Department of Health

*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

Hendry County has had consistently higher rates of live births to teenage and pre-teen mothers than the rates for the state of Florida. However, like Florida as a whole, rates for teen births in Hendry County have been on the decline since their most recent peak in 2006 (49.4 births per 1,000). In 2017, Hendry County saw their lowest rates in recent years (20 births per 1,000).

Chart 12: Births to Mothers ages 10-19
Single Year Rate per 1,000



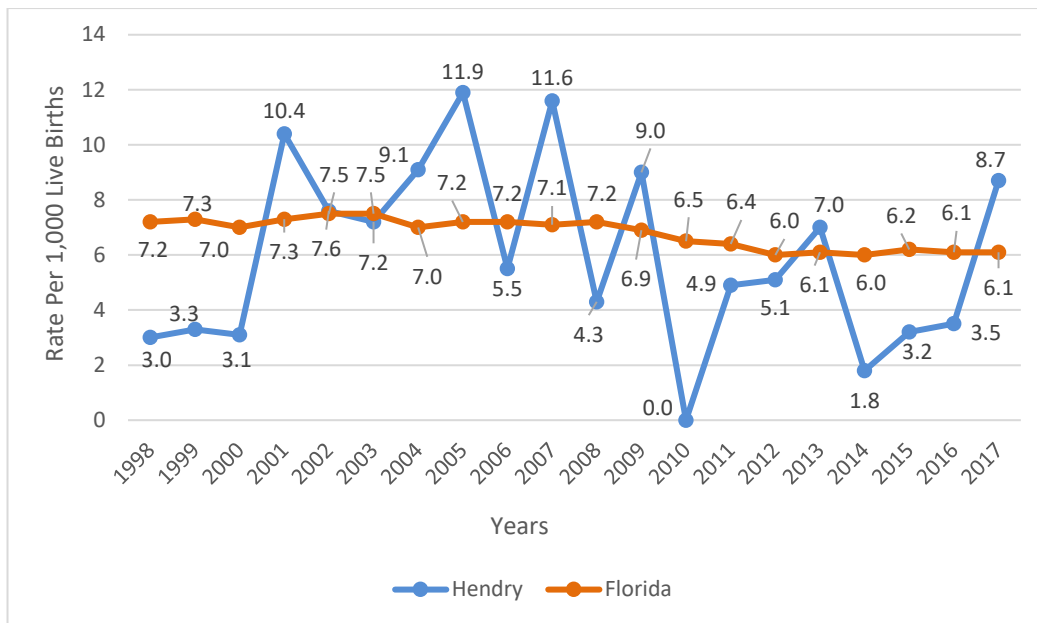
Source: Florida Department of Health, Bureau of Vital Statistics

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 14 that the total number of births in Hendry County each year is fairly small and one or two infant deaths can cause a large variance in the death rate. For example, nine infant deaths caused the peak in 2005 (11.9 per 1,000 births). There were five infant death in 2017.

Chart 13: Infant Deaths (0-364 days)
Single Year Rate per 1,000 births



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, Hendry County's 2017 rates of hospitalization for diabetes (short and long term), chronic obstructive pd, hypertension, uncontrolled diabetes and diabetes leg amputations are significantly higher. Rates of hospitalization for adult asthma and urinary infections are a bit lower than the state average.

	Annual Rate per 100,000 Hendry County											Florida
	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2017	
	01-Diabetes/short-term	39.5	79.3	97.6	70.6	45.2	62.2	63.8	70.8	101.3	122.2	79.8

03-Diabetes/long-term	211.8	182.6	148.1	144.6	132.2	145.2	173.8	244.2	141.8	158.5	115.6
05-Chronic obstructive PD	416.4	458.3	471.3	366.5	292.2	435.5	386.5	421.2	449	445.7	412.7
07-Hypertension	96.9	93	53.9	121.1	97.4	76	81.6	67.2	87.8	39.6	18.9
08-Congestive HF	473.8	444.5	478	400.2	459.2	432	418.5	509.6	489.5	442.4	437.8
10-Dehydration	147.2	89.6	57.2	104.2	62.6	55.3	63.8	134.5	162.1	224.5	178.5
11-Bacterial pneumonia	323	396.3	474.7	457.3	431.4	452.8	397.2	361	178.9	145.3	161.5
12-Urinary infections	208.2	220.5	269.3	262.3	198.3	176.3	273.1	276.1	209.3	194.8	207.3
13-Angina w/o procedure	28.7	34.5	13.5	20.2	41.7	20.7	28.4	10.6	0	0	
14-Uncontrolled diabetes	39.5	34.5	37	70.6	41.7	31.1	49.6	53.1	111.4	75.9	59.7
15-Adult asthma	168.7	127.5	104.4	131.1	87	69.1	106.4	92	23.6	42.9	44.5
16-Diabetes/LE amputations	46.7	51.7	50.5	50.4	62.6	55.3	46.1	56.6	47.3	52.8	26.0

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

The Chronic Condition Indicator tool is another method to look at the health of a community through hospitalizations. This tool stratifies chronic diseases based on diagnosis codes. A chronic condition is a condition lasting 12 months or longer and meeting one or both of the following tests: (a) the condition places limitations on self-care, independent living and social interactions; (b) the condition results in the need for ongoing intervention with medical products, services and special equipment. The data from this tool tells a similar story as the PQI data. Hypertension is the number one cause of hospitalization for a chronic condition. The number of hospitalizations for diabetes is also high.

Table 15: Hospitalizations for Chronic Conditions										
Annual Figures, 2008-2017, Hendry County Residents										
Disease	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Diabetes	1130	1210	1136	1157	1075	1174	1238	1313	1215	1174
Asthma	284	345	296	319	312	304	336	345	250	217
Congestive Heart Failure	540	580	600	613	565	533	557	593	593	628
Hypertension	1498	1582	1686	1734	1639	1552	1637	1720	1707	1410
AIDS	24	33	32	28	11	14	22	14	18	21
Sickle Cell	44	47	34	34	28	30	19	19	17	12

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

Ambulatory Care Sensitive conditions such as asthma, diabetes or dehydration are hospitalization 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. Hendry County has a higher rate of preventable hospitalizations than the state average.

**Table 16 : Ambulatory Sensitive Conditions Profile for Preventable Hospitalizations Under 65
Hendry County, 2017**

	County Count	County Rate	County Quartile	State Rate
All Conditions	390	1,162.60	3	1,033.30
Acute Conditions				
Bacterial Pneumonia	31	92.4	2	103.9
Cellulitis	34	101.4	2	99.9
Gastroenteritis	17	50.7	2	48.3
Hypoglycemia	0	0	n/a	1.4
Kidney/Urinary Infection	15	44.7	3	29.9
Pelvic Inflammatory Disease			n/a	12.1
Severe Ear, Nose, & Throat Infections	7	20.9	n/a	19.5
Skin Grafts with Cellulitis	6	14.3	n/a	8
Chronic Conditions				
Angina	7	20.9	n/a	6.5
Asthma	29	86.4	3	71.5
Congestive Heart Failure	29	86.4	2	73.7
Diabetes	63	187.8	3	167.5
Grand Mal & Other Epileptic Conditions	33	98.4	3	81.9
Hypertension	6	17.9	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	22	65.6	2	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 Hendry County Residents

Hendry County Residents made 20,371 visits to hospitals in 2017 that did not result in an inpatient admission. Medicaid was the number one payer source representing 44.7 percent of the visits. The largest number of visits was made to the Hendry Regional Medical Center, the only hospital in Hendry County. The next largest numbers of visits were made to hospitals in Lee and Palm Beach counties.

Table 17: 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	5405	1831	440	206	2163	1798	11843
Lakeside Medical Center	955	129	1	90	421	242	1838
Lehigh Regional Medical Center	671	243		40	334	542	1830
Healthpark Medical Center	1123	47	53	44	279	100	1646
Gulf Coast Hospital	242	274	32	48	262	79	937
Palms West Hospital	163	50	2	20	135	38	408
Lee Memorial Hospital	103	95	16	40	83	52	389
Cleveland Clinic Hospital	10	20		1	66	18	115
NCH Healthcare System North Naples Hospital	51	7	5	15	11	10	99
Naples Community Hospital	32	8	3	16	18	12	89
Memorial Hospital West	9	6		52	8	6	81
Cape Coral Hospital	30	9	4	9	11	6	69
Memorial Regional Hospital	3	8		39	8	6	64
Raulerson Hospital	22	13	1	4	14	6	60
Saint Mary's Medical Center	24	8		2	14	9	57
Wellington Regional Medical Center	16	12	1	1	16	4	50
Florida Hospital Lake Placid	5	5		7	13	8	38

JFK Medical Center	12	8			9	9	38
Anne Bates Leach Eye Hospital	1	7			10	5	23
Florida Hospital Heartland Medical Center	5	4		2	7	5	23
Jackson Memorial Hospital	8	6			2	7	23
Memorial Hospital Pembroke	2	1		13	5	2	23
Other	5	3		1	11	2	22
Physicians Regional Medical Center - Pin	7	3		3	7	2	22
Memorial Hospital Miramar	12			3	5	1	21
Miami Children's Hospital	16				3		19
Broward General Medical Center	6	1		1	7	2	17
Kendall Regional Medical Center	7	1	1		2	4	15
Other Hospitals	168	69	4	22	145	104	512
Grand Total	9113	2868	563	679	4069	3079	20371
Percent of Total	44.7%	14.1%	2.8%	3.3%	20.0%	15.1%	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 Hendry County residents to the ED of any hospital in Florida.

Blank spots represent where no data was collected

*Providers have indicated potential discrepancies with published data.

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

Health Resources

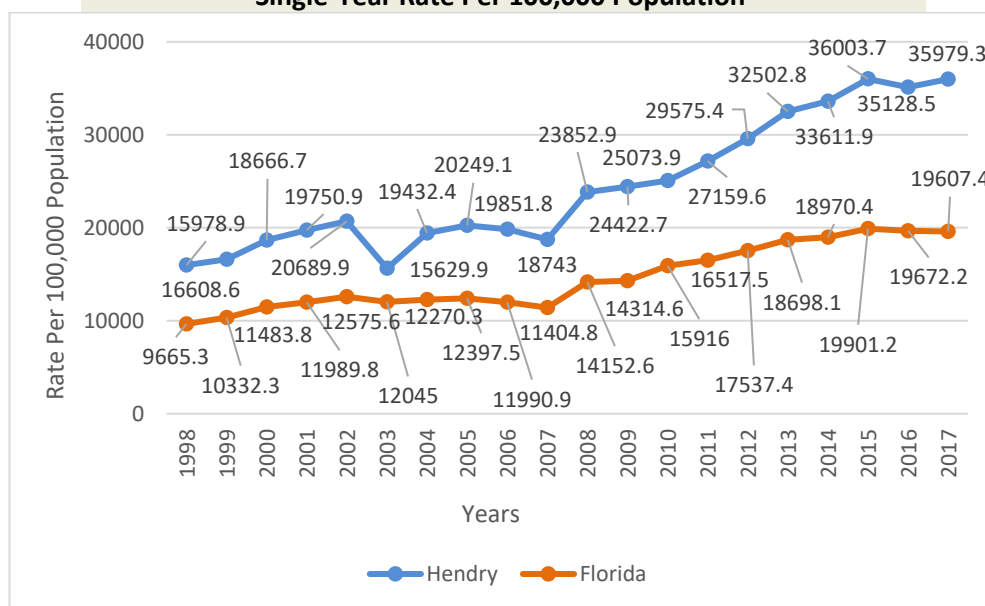
Access to health care is the key to achieving a healthy community and is a primary goal of health policy in Florida. This section will review health coverage of Hendry County residents including the rate of uninsured residents, licensed providers and facilities, and federal health professional shortage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

Medicaid

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

There are four categories of Medicaid eligibility for adults in Florida, which include low-income families, pregnant women, emergency medical assistance for non-citizens, and Medicaid for the elderly and disabled. Florida has not chosen to expand Medicaid to additional persons who might be eligible under the Affordable Care Act. Eligibility for each of those programs is based on specific income criteria. As of 2017, approximately 35,900 out of every 100,000 people in Hendry County were enrolled in Medicaid; the state rate is approximately 19,600 per 100,000. At both the state and the county level, there was a sharp increase in the number of people enrolled in Medicaid between 2007 and 2008. Both rates have continued to climb since then and the rate in Hendry County has climbed at a faster rate than for the state as a whole.

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



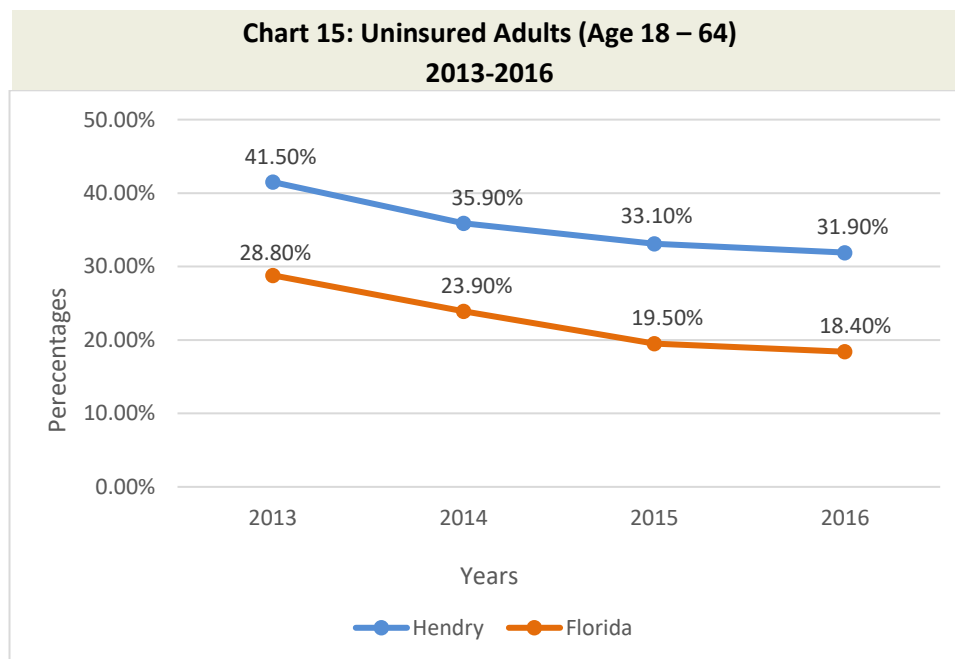
Source: Agency for Health Care Administration (AHCA).

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

The

Uninsured

Lack of health insurance coverage is a significant barrier to accessing needed health care. The rate of uninsured adults represents the estimated percent of the adult population under age 65 that has no health insurance coverage. People over the age of 65 are eligible for Medicare from the federal government. The Small Area Health Insurance Estimates from the U.S. Census Bureau provide annual estimates of the population without health insurance coverage for all U.S. states and their counties. The most recent year for which reliable county-level estimates are available is 2016. Hendry County was estimated as having 31.9 percent of adults without health insurance; this compares to a rate of 18.4 percent for Florida as a whole. The uninsured rate in Hendry County has fallen significantly in recent years following the same pattern throughout the state. According to the Department of Health and Human Services 2,641 persons from Hendry County enrolled in a Marketplace plan in the 2015-2016 enrollment period.



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

Physicians and Facilities

As of 2017, there were twenty licensed physicians in Hendry County. That works out to 51.7 doctors for every 100,000 residents. That is a much lower rate than the state average of about 310.6 doctors for every 100,000 residents. The county has a lower rate per 100,000 than the state for every major category of providers. These numbers may include providers who work in another county, only work part time, or are retired. The only non-Health Department category where Hendry County has more resources than the state average is nursing home beds. These numbers may include providers who work in another county, only work part time, or are retired.

The number of Florida Department of Health in Hendry County employees per every 100,000 residents is higher than the state average. The Florida Department of Health in Hendry County spent \$4,595,943 dollars in 2017; that places the rate of expenditure per 100,000 residents at more than triple the state average. However, it is typical for rural counties to have a significantly higher rate of expenditure than the state average.

**Table 18: Health Resources Availability
Hendry County & State 2017**

Providers*†	County			State
	Number	Rate per 100,000	Quartile**	Rate per 100,000
Total Licensed Dentists	6	15.5	1	55.8
Total Licensed Physicians	20	51.7	1	310.6
Total Licensed Family Practice Physicians	2	5.2	1	19.2
Total Licensed Internists	2	5.2	1	47.8
Total Licensed OB/GYN	0	0.0		9.5
Total Licensed Pediatricians	5	12.9	2	22.3
Facilities				
Total Hospital Beds	25	63.0	2	306.3
Total Acute Care Beds	25	63.0	2	247.1
Total Specialty Beds	0	0.0		59.2
Total Nursing Home Beds	248	641.2	3	407.6
County Health Department				
County Health Department Full-Time Employees	69	180.8	4	47.0
County Health Department Expenditures	\$4,595,943	118.8	4	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.

Hendry County's Low Income/Migrant Farmworker Populations in LaBelle have been designated as Medically Underserved Populations. 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. LaBelle's Low Income/Migrant Farmworker Populations scored a 59.50.

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

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.

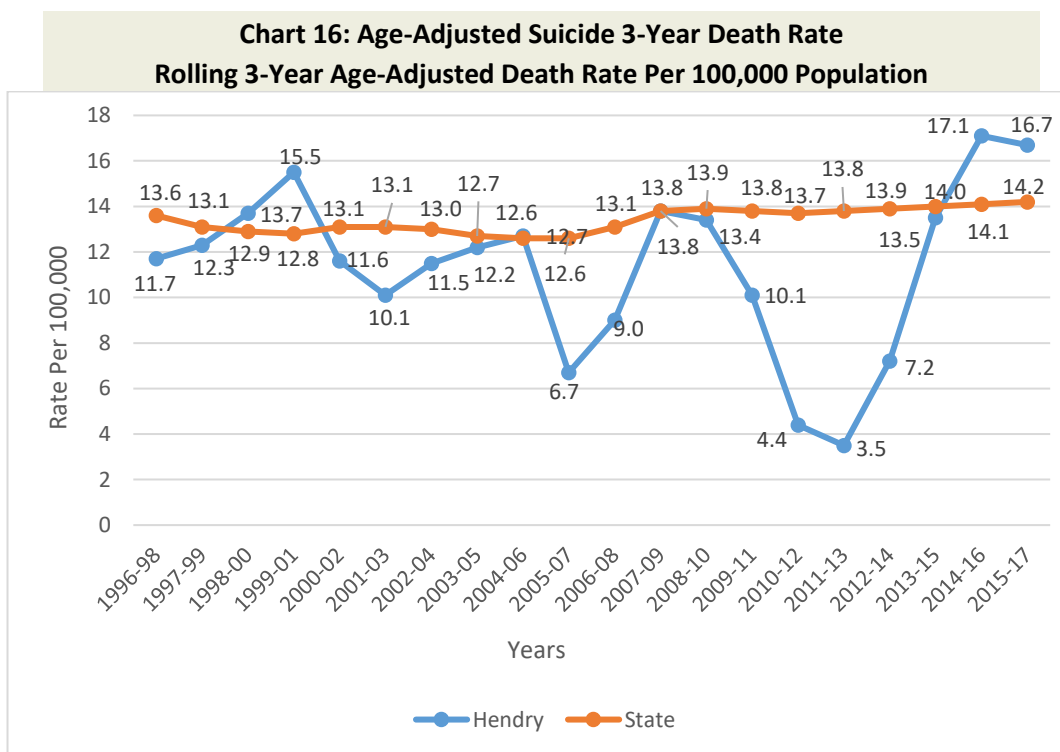
- A geographic area within the county means there is a shortage of health care providers for everyone living in that area of the county.
- A special population designation for the whole county (or parts of counties) means there is a shortage of providers to meet the needs of low income, migrant or other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

Hendry 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. Hendry County scored a sixteen for primary care. Hendry County also scored a nineteen for dental care for the low income and migrant farmworker 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. The suicide rate for Hendry County has been quite variable over the last twenty years. In 2015 and 2017 the rate per 100,000 was above the state average (16.7 for Hendry and 14.2 for the state). Please note that these rates are based on a small number of cases and a few cases can cause a seemingly large fluctuation. However, the change in rates in Hendry County may warrant monitoring of a potential trend.



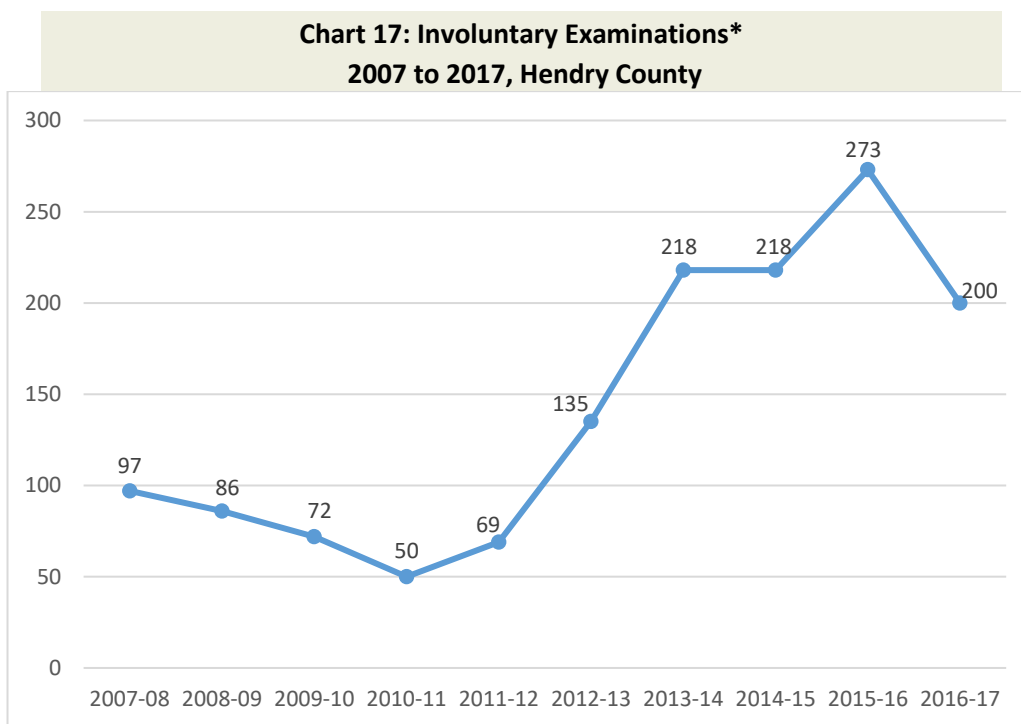
Source: Florida Department of Health, Bureau of Vital Statistics.

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 200 involuntary examinations in Hendry County in 2017. For Hendry County, the determinations for these examinations were initiated by Law Enforcement, Mental Health Professionals and Judge. This number has been on the rise since 2011, with a spike in 2016. There is not a Baker Act receiving facility in Hendry 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.

Crime and Domestic Violence

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

**Table 19: Hendry County Social & Mental Health Indicators
3-Year Rate per 100,000, 2015-2017**

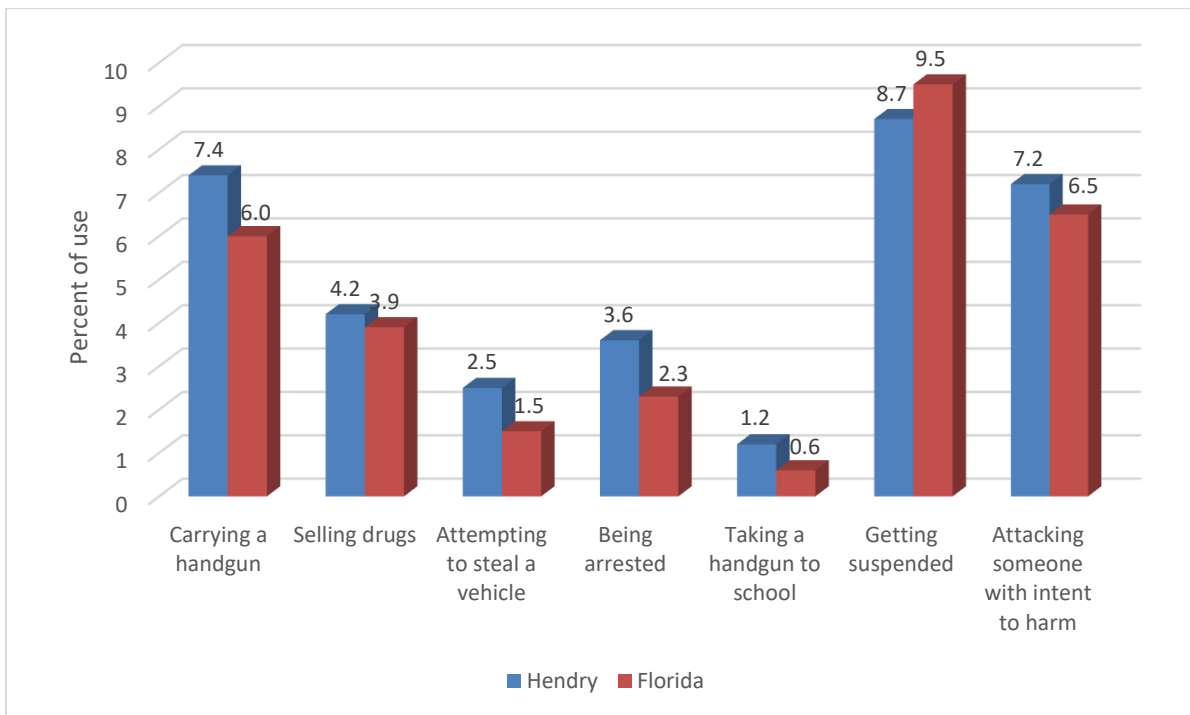
Crime and Domestic Violence	County	State	Quartile*
Larceny	1,594.5	2,016.8	3
Burglary	1,053.2	490.9	4
Total Domestic Violence Offenses	646.3	527.8	3
Aggravated Assault	381.7	298.9	3
Motor Vehicle Theft	121.5	208.5	2
Forcible Sex Offenses	73.7	53.4	3
Robbery	94.6	98.6	4
Murder	10.4	5.3	4
Alcohol-related Motor Vehicle Crashes			
Alcohol-related Motor Vehicle Crashes**	70.2	77.3	1
Alcohol-related Motor Vehicle Crash Injuries**	50.6	53.6	1
Alcohol-related Motor Vehicle Crash Deaths**	10.5	4.5	3

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.

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

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



Source:

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

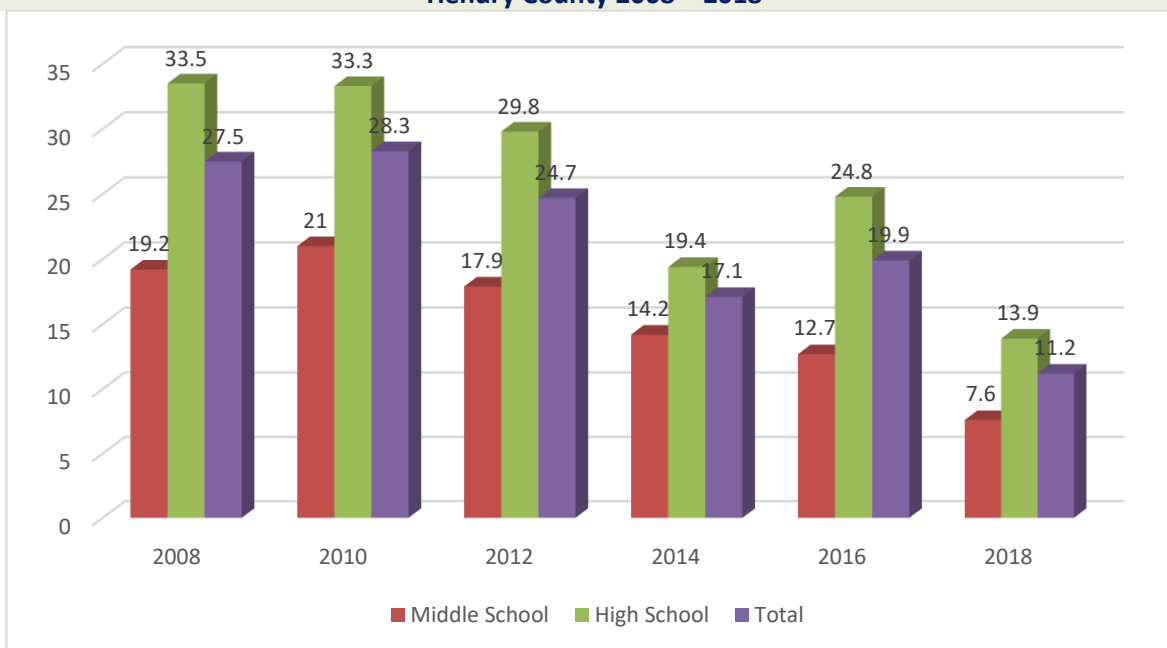
Florida Youth Substance Abuse Survey

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 Hendry County, 863 students completed the survey (339 middle school students; 524 high school students). The survey has been administered annually since 2000, making the 2018 FYSAS the nineteenth set of data.

Alcohol use in the past 30 days was 11.2 percent for Hendry County students, which was slightly lower than the state average of 15.3 percent. In 2018 the percentage of alcohol use in their lifetime was lower than the state (30.3 percent for Hendry and 36.5 for the state). There is a decrease among both middle and high school students for alcohol use. High school students have consistently had higher numbers, compared to middle school students, for alcohol use. It was also lower than the usage by Hendry students in 2012 which was 24.7 percent. 2018 had the lowest percentage of Hendry County students reporting that they had used alcohol in the past 30 days in the years surveyed.

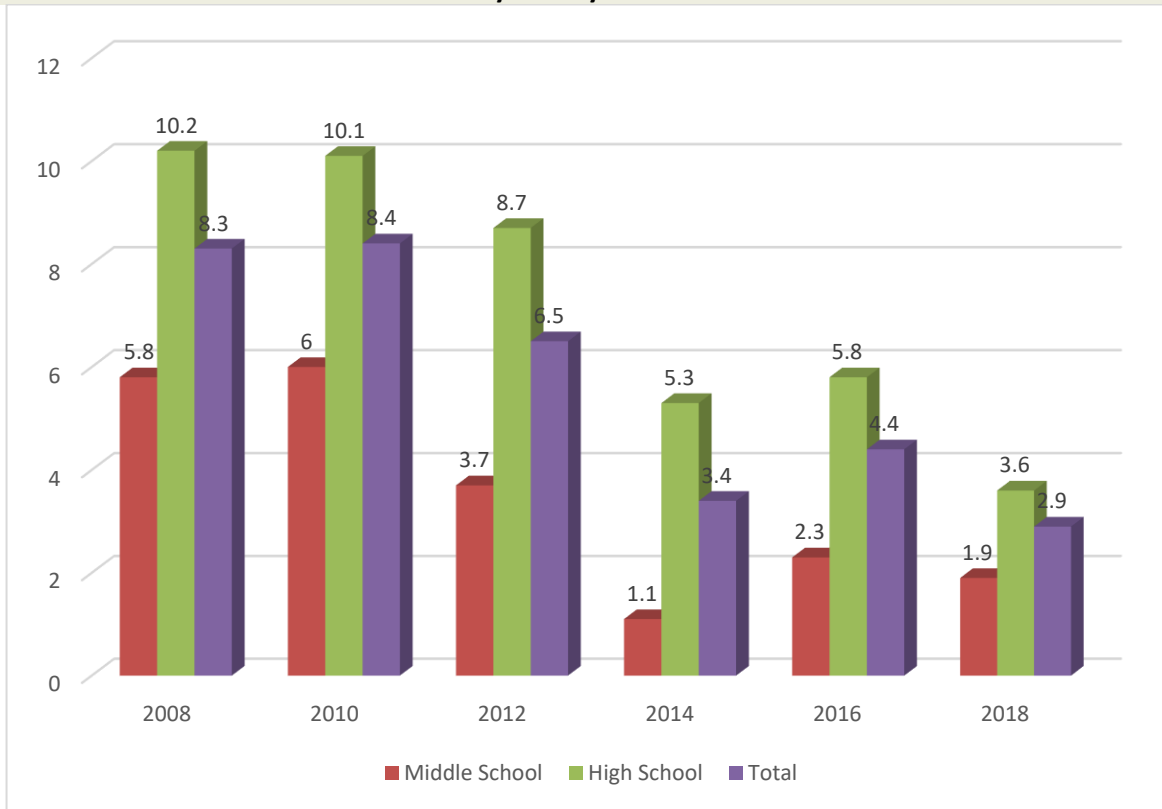
**Chart 19: Past-30-Day Alcohol Use
Hendry County 2008 – 2018**



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

Similarly, the percentage of students reporting cigarette use over the past 30 days in Hendry County was slightly higher than the Florida average (2.9% Hendry vs. 2.5 State). High school students have higher rates of cigarette use than middle school students of cigarette use. Males are more likely to report cigarette use than females (3.4% males vs. 2.2% females). Should we mention something about the popularity of e-cigs in this population?

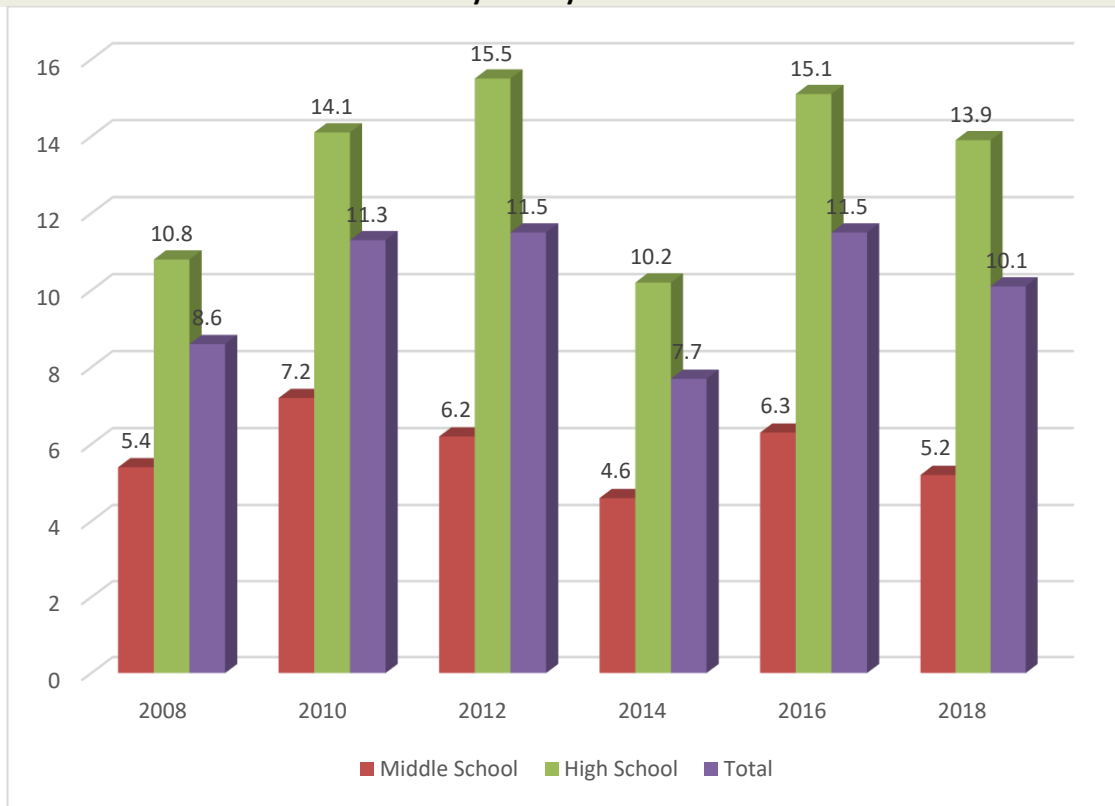
**Chart 20: Past-30-Day Cigarette Use
Hendry County 2008 – 2018**



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

Past-30-day marijuana use for Hendry County students, in 2018, was slightly lower than for the state as a whole (10.1% Hendry vs. 10.9% State). The overall percentage of Hendry County students who have reported marijuana use has remained fairly consistent since 2008 with a bit of a dip in 2014, from a low of 7.7 percent in 2014 to a high of 11.5 percent in 2012. High school students surveyed were more than twice as likely to have used marijuana as middle school students.

**Chart 21: Past-30-Day Marijuana Use
Hendry County 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 H.

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. 498 Hendry 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.

	Hendry			Florida
		Trend	County Quartile	
Percent who Smoke	8.8%	Positive	1	15.5%
Percent who Drink Heavily	11.7%	Positive	1	17.5%
Percent with High Blood Pressure*	41.3%	Negative	4	34.6%
Percent with High Cholesterol*	32.6%	Steady	2	33.4%
Percent with Diabetes	15.9%	Positive	3	11.8%
Percent Overweight	36.8%	Negative	3	35.8%
Percent Obese	33.6%	Negative	3	27.4%

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

Tobacco Use

Hendry County has a noticeably lower percentage of current smokers than the average for the state of Florida as a whole; 8.8 percent of Hendry County residents reported that they smoke compared to 15.5 percent for the state. People between the ages of 45 and 64 are most likely to smoke. Lower income residents are more likely to smoke than higher income residents.

Alcohol Use

The percent of adults who reported that they engage in heavy or binge drinking is lower in Hendry County compared to the state as a whole (11.7 vs. 17.5). The rate is much higher for men than for women (21.7 Hendry men, 6.5 Hendry women). Persons who are married reported engaging in heavy or binge drinking at rates higher than singles (13.7 Hendry married individuals vs. 9.0 Hendry singles).

High Blood Pressure (Only collected in 2013)

Hendry County residents reported higher rates of having been told that they have hypertension than the average for the state of Florida (41.3 percent Hendry vs. 34.6 percent State). Non-Hispanic black residents had the highest rates of hypertension in Hendry County (60.5).

High Cholesterol

Compared to the state of Florida as a whole (33.4 percent), Hendry County residents reported fewer instances of having been told that they had high blood cholesterol (32.6). The percent of those who reported high cholesterol were nearly equally for men as women in Hendry County (32.5 men vs. 32.7 women).

Diabetes

Hendry County has a significantly higher rate of adults diagnosed with diabetes (15.9 percent Hendry vs. 11.8 percent State). Non-Hispanic Black Women reported the highest rates in Hendry County (22.3 percent). Persons with less than a high school education reported the highest rates in Hendry County compared to other groups (26.6 percent).

Overweight and Obesity

In the state of Florida, 63.2 percent of the population is at a weight that is considered overweight or obese. This is lower than the rate in Hendry County (70.4). Excess weight is considered to be a strong factor and precursor to serious health problems such as diabetes, hypertension and heart disease. Non-Hispanic black women in Hendry County reported the highest rates in the county, with 34.1 percent reporting that they are overweight and 46.8 percent reporting that they are at a weight that is considered obese.

Healthy People 2020 Objectives

Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. Healthy People 2020 is managed by the Office of Disease Prevention and Health Promotion within the US Department of Health and Human Services. Below is Hendry County's data with relation to selected objectives (comparing 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 21: Healthy People 2020 Objectives
Hendry 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	12.7%	15.4%		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.	49.6%	60.2%	47.9%	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.	40.5%	46.4%	53.9%	Progress Shown
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.	49.1%		53.6%	Progress Shown
	Percentage of women 18 years of age and older who had a clinical breast exam in the past year.	51.3%	77.3%		Progress Shown
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.	70.1%	64.1%		Needs Improvement
D-10. Increase the proportion of adults with diabetes who have an annual dilated eye examination.	Percentage of adults with diabetes who had an annual eye exam.	60.9%	44.8%		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.	79.1%	90.3%		Progress Shown
D-13. Increase the proportion of adults with diabetes who perform self-blood glucose-monitoring at least once daily.	Percentage of adults with diabetes who self-monitor blood glucose at least once a day on average.	59.5%	78.8%		Progress Shown
D-14. Increase the proportion of persons with diagnosed diabetes who receive formal diabetes education.	Percentage of adults with diabetes who ever had diabetes self-management education.	56.9%	66.2%		Progress Shown
HDS-5.1. Reduce the proportion of persons 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.	49.3%	56.6%	55.1%	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.	29.3%	24.3%	33.8%	Progress Shown
Objective	Measure	2010	2013	2016	Status
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.	64.4%	40.6%	64.6%	Progress Shown
NWS-8. Increase the proportion of adults who are at a healthy weight.	Percentage of adults who have a healthy weight (BMI from 18.5 to 24.9).	36.4%	25.0%	40.3%	Progress Shown
NWS-9. Reduce the proportion of adults who are obese.	Percentage of adults who are obese.	38.0%	26.9%	33.6%	Progress Shown
SA-14. Reduce the proportion of persons engaging in binge drinking of alcoholic beverages.	Percentage of adults who engage in heavy or binge drinking.	12.5%	13.1%	11.7%	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.	51.8%	59.9%	52.2%	Needs Improvement

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 their family doctor (154 responses), or their friends or relative (144 responses). When asked where they go to receive healthcare services, the majority said they visit their family doctor (151 responses).

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	72
hospital/emergency room	34
Other*	21
Health Department	18
Family Health Centers	18
Lee Memorial	15
Don't know	1
<i>*VA, Urgent Care, specialist, none</i>	

Respondents were asked their opinions on healthcare difficulties for specific populations in the area. Of the population groups listed, those who are uninsured and have low income levels were selected most often (126 responses). The next most frequently chosen option was for Elderly/Senior Citizens (110 responses). With regards to specific areas of the county where residents are thought to have a particularly difficult time accessing healthcare services, 36 respondents said there are none. 201 respondents named multiple locations in the area as having difficulty accessing health services. Their responses included Montura, Pioneer, Muse, Clewiston, Labelle, Immokalee, Palmdale, Washington Park, Ladika, Moore Haven, Flaghole, Harlem, "rural", "migrant areas", "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
Single parents	36

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>	

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 about difficulties in receiving specific types of health services. 23 respondents said, no, there are no services that individuals 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 was substance abuse care, with 94 responses.

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

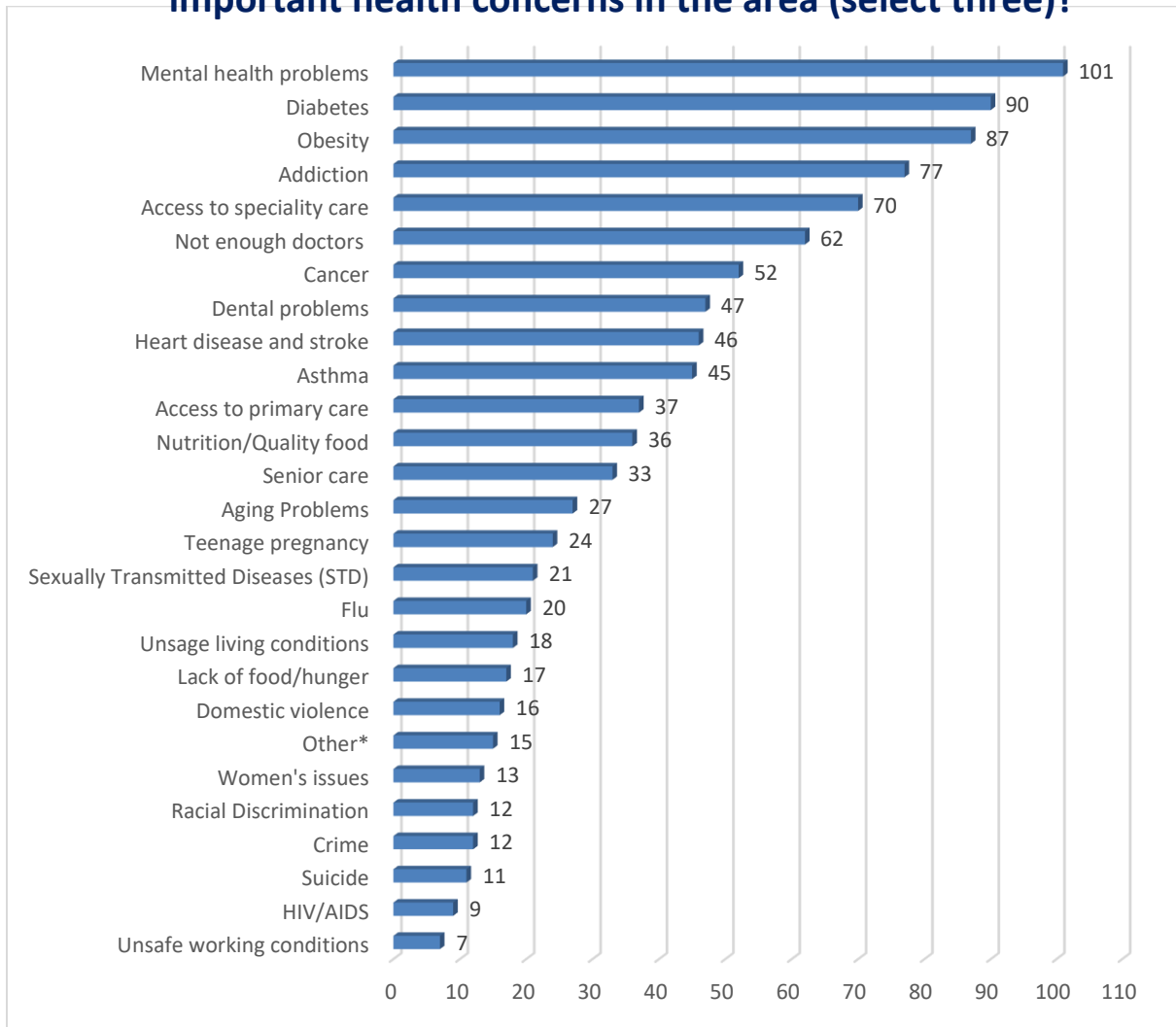
Are there services that individuals in the area have difficulty accessing? If yes, which of the following services have you or someone you know had difficulty accessing.	
No	23
Yes, Mental Health care	134
Yes, Substance abuse treatment	94
Yes, Dental care	88
Yes, OB/Gynecological care	83
Yes, Primary 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
Yes, Breastfeeding/Lactation Classes	24
Yes, Other*	23

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

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>	

Respondents were asked to select what they felt to be the three most important health concerns for residents of Hendry County. Mental health problems topped the list, with 101 responses. Second highest on the list was diabetes, with 90 responses, followed by obesity (87 responses), and addiction with 77 responses.

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

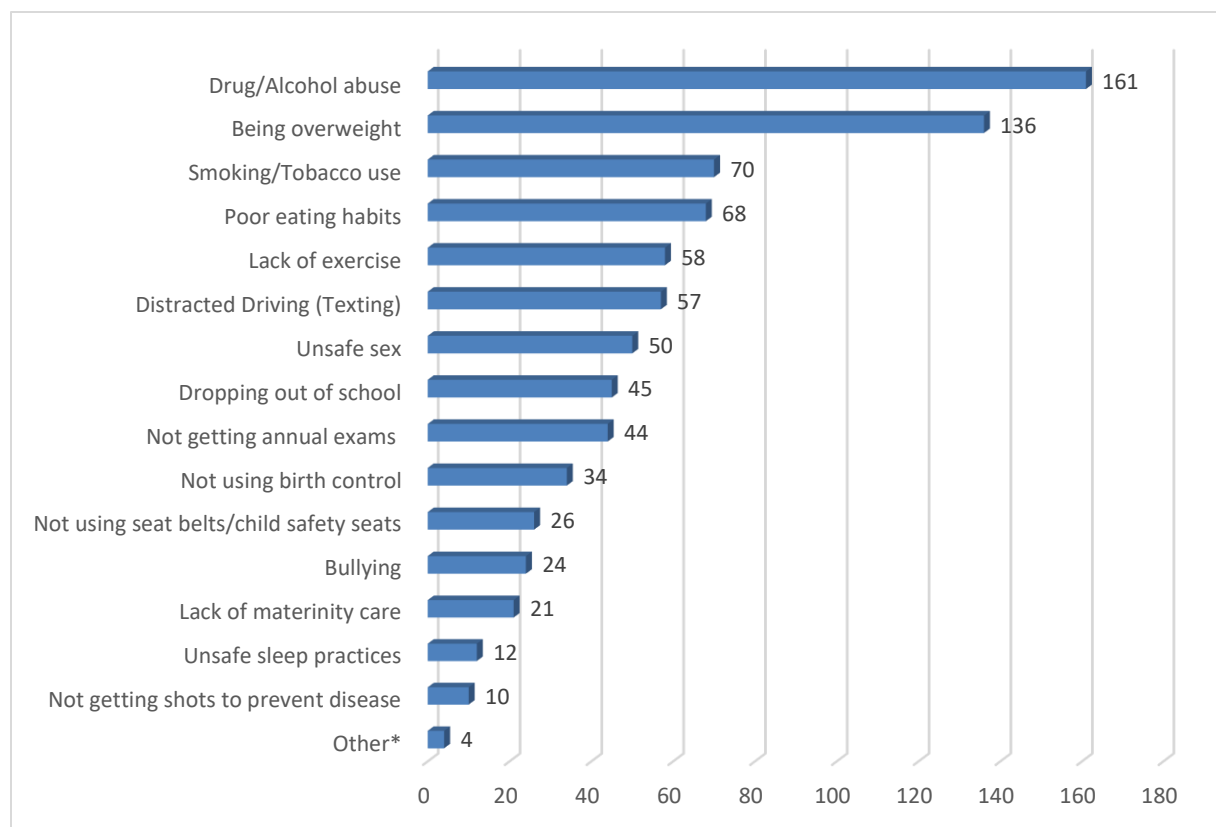


Community Health Assessment- Hendry/Glades 2019

**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. Drug/alcohol abuse was listed most frequently, with 161 responses. Other risky behaviors identified included 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)?

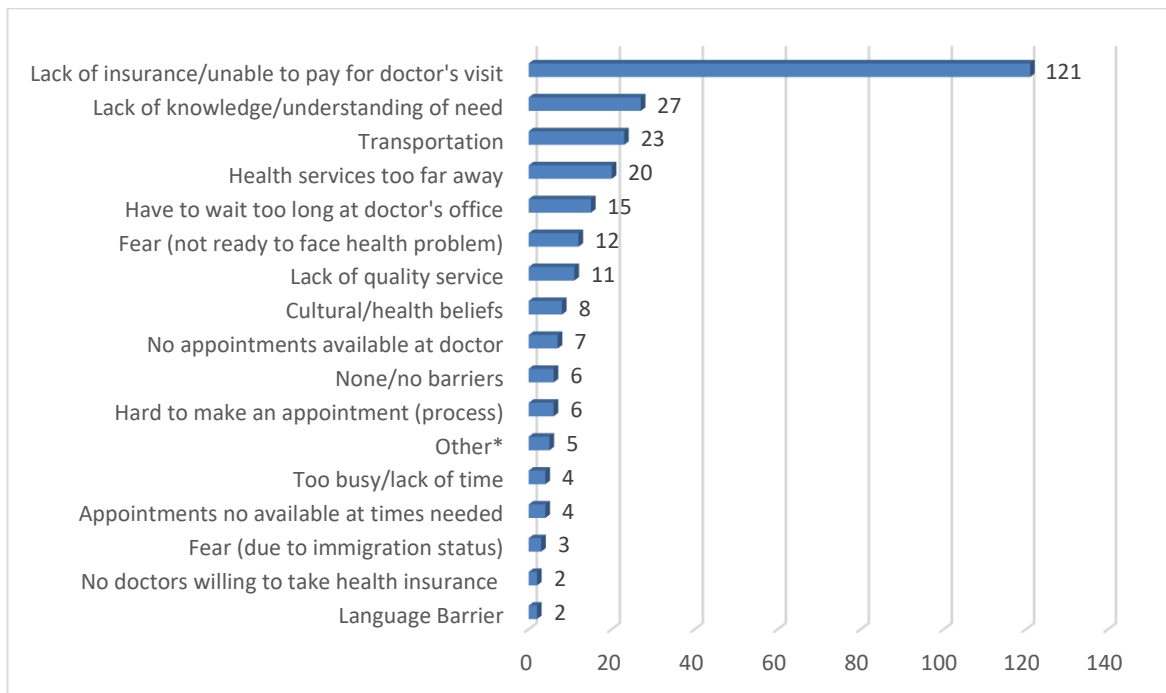


Community Health Assessment- Hendry/Glades 2019

**other: "Lack of follow-up in justice system. Repeat offenders and no follow up on rehab", poor living conditions, mental health issues, vaping among youth, and 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 identify the main reason that keeps residents from seeking medical treatment. Lack of insurance/unable to pay for doctor’s visit was cited most frequently (121 responses). The next most often cited reason was lack of knowledge/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 Sickie 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:

- 1. Mental Healthcare**
- 2. Nutrition Services**
- 3. Diabetes-related services**
- 4. 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 Hendry County if the information it contains is utilized by the Florida Department of Health in Hendry County, Hendry Regional Medical Center, 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 (Healthier Hendry Glades) considered a wide variety of dissemination methods that would best lead to a plan of action within the community. With utilization as the goal, the 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 Florida Department of Health in Hendry County'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 Hendry County.

Appendix A

Healthier Hendry Glades Task Force Members

Lisa Sands
Nancy Olson
United Way of Hendry/Glades

Daisy Ellis
The Salvation Army

Rebecca Springer
Hendry Regional Medical Center

Nardina Johnson
Florida Community Health Center,
Clewiston

Traci Thomas
Florida Community Health Center,
Moore Haven

Ruby Nixon
Hope Connections

Estela Aguilar
Healthy Start Coalition of
Southwest Florida

Susan Harrelle
Hendry County Sheriff's
Department

Lissette Giraldo
Centerstone CAT

Norm Coderre
Children's Medical Services

Nancy Acevedo
Maricela Morado
ACT

Meghan Snell
Hendry County Emergency
Management

Janet Papinaw
Hendry County Board of County
Commissioners

Dana Breedon
Early Learning Coalition

Charlene Blum
Florida Department of Children and
Families

Nancy Coker
Child Care of Southwest Florida

Aimee McLaughlin
Area Agency on Aging for SWFL

Jennifer Hood
Mary Ruth Prouty
Lucille Cisnero
Melissa Franco
Vanessa Fischel
The Florida Department of Health
in Hendry and Glades Counties

Laura Centeno
Children's Advocacy Center

Yadatnycelis Ovides
WIC Lee County

Rick Griffiths
CSI Health

Sandy Hoy
Staywell

Brenda Hernandez
Sally Kreuscher
Golisano Children's Hospital

Tammy Lynn
Taylor Marini
Make A Wish Foundation

Carolyn Jones
Harry Chapin Food Bank

Mary Bartoshuk
Community Volunteer

Ron Stephens
Community Volunteer

Peggy Brown
Julia Cooper
Health Planning Council of
Southwest Florida

Appendix B

Survey on Health and Healthcare in Hendry County

- How would you rate the **general health** of Hendry County residents?
 Excellent Good Fair Poor
- How would you rate the **quality** of healthcare in Hendry County?
 Excellent Good Fair Poor
- Where do you think the residents of Hendry County go to get health information?
 Newspaper Friends or relatives
 Family doctor or health provider Radio
 Television Internet
 Magazines Books
 Other _____
- Where do you go to get healthcare?
 Family Doctor Clinic (*Florida Community Health Center, Hendry Regional Convenient Care*)
 Hospital/Emergency Room
 Health Department Don't know
 Other _____
- Which of the following do you feel are the three most important **health concerns** in Hendry County?
 Asthma Cancer Crime
 Dental problems Diabetes Domestic Violence
 Flu Heart Disease and Stroke HIV/AIDS
 Mental health problems Not enough doctors Nutrition/food
 Obesity Senior care Access to specialty care
 Sexually Transmitted Diseases (*STDs*) Teenage pregnancy (*doctors who provide care for one specific medical issue*)
 Women's issues Access to primary care (*family doctor*)
 Aging problems (*such as arthritis, hearing/vision loss, etc.*)
 Other _____
- Which of the following do you feel are the three most important **risky behaviors** in Hendry County?
 Being overweight Not using birth control
 Dropping out of school Not using seat belts/child safety seats
 Drug/Alcohol Abuse Poor eating habits
 Lack of exercise Racism
 Lack of maternity care Smoking/Tobacco Use
 Not getting shots to prevent disease Unsafe sex
 Other _____
- What do you think is the main reason that keeps people in Hendry County from seeking medical treatment?
 Cultural/health beliefs Fear (*not ready to face health problem*)
 Health services too far away Lack of insurance/unable to pay for doctor's visit
 Lack of knowledge/understanding of need Transportation
 No appointments available at doctor when needed/have to wait too long at doctor's office

- None/no barriers
- Other _____

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

- | | |
|--|---|
| <input type="checkbox"/> Adults | <input type="checkbox"/> Children |
| <input type="checkbox"/> Elderly/Senior Citizens | <input type="checkbox"/> Non-English Speaking |
| <input type="checkbox"/> Teens/Adolescents | <input type="checkbox"/> Uninsured/Low-Income |
| <input type="checkbox"/> Other _____ | |

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

- No
- Yes

If yes, which areas/neighborhoods?

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

- No
- Yes

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

- | | |
|---|---|
| <input type="checkbox"/> Primary care | <input type="checkbox"/> Emergency Care |
| <input type="checkbox"/> Dental care | <input type="checkbox"/> Hospital care |
| <input type="checkbox"/> Specialty care | <input type="checkbox"/> Pediatric Care |
| <input type="checkbox"/> Mental Health care | <input type="checkbox"/> Pharmacy/Medications |
| <input type="checkbox"/> Other _____ | |

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

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

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

List of 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 E

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 ≥ 100 cigarettes and currently smoking

Adult obesity - Percent of adults that report a BMI ≥ 30

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

Excessive drinking - Binge plus heavy drinking

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

Sexually transmitted infections - Chlamydia rate per 100,000 population

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

Uninsured - Percent of population under age 65 without health insurance

Primary care physicians - Ratio of population to primary care physicians

Dentists - Ratio of population to dentists

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Appendix F

Definitions of Prevention Quality Indicators

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

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

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

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

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

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

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

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

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

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

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

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

Appendix G

Florida Youth Substance Abuse Survey

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

	Hendry							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	7.6	13.9	12.6	9.7	8.3	14.4	11.2	7.3	21.2	16.8	13.8	8.1	20.9	15.3
Binge Drinking	4.3	9.7	7.9	6.4	4.9	8.8	7.4	3.1	9.6	6.7	6.9	3.2	9.4	6.8
Cigarettes	1.9	3.6	2.2	3.4	2.0	3.0	2.9	1.2	3.5	2.6	2.4	1.2	3.3	2.5
Vaporizer / E-Cigarette	4.4	11.6	8.7	7.9	4.6	11.4	8.5	6.4	19.2	13.5	14.0	7.5	19.1	13.7
Marijuana or Hashish	5.2	13.9	9.4	10.9	5.6	13.3	10.1	3.7	16.3	11.0	10.7	4.2	16.2	10.9
Synthetic Marijuana	--	1.0	0.3	1.8	--	0.9	--	--	1.1	1.1	1.1	--	1.1	--
Inhalants	1.4	0.8	1.6	0.6	1.4	1.1	1.1	2.8	1.1	2.1	1.6	2.6	1.1	1.8
Flakka	--	0.4	0.3	0.5	--	0.6	--	--	0.4	0.3	0.4	--	0.3	--
Club Drugs	1.0	0.8	0.6	1.2	1.2	0.3	0.9	0.2	0.5	0.3	0.5	0.2	0.5	0.4
LSD, PCP or Mushrooms	1.4	0.8	0.6	1.4	1.8	0.2	1.1	0.4	1.1	0.7	0.9	0.4	1.2	0.8
Methamphetamine	0.6	0.8	0.2	1.2	0.6	1.0	0.7	0.4	0.4	0.3	0.5	0.4	0.4	0.4
Cocaine or Crack Cocaine	0.8	0.9	0.4	1.3	0.8	0.7	0.8	0.3	0.5	0.4	0.5	0.3	0.4	0.4
Heroin	0.2	0.3	0.6	0.0	0.2	0.0	0.3	0.1	0.1	0.1	0.2	0.1	0.1	0.1
Prescription Depressants	1.1	2.3	1.7	1.7	1.8	1.7	1.8	0.9	1.6	1.4	1.2	0.9	1.6	1.3
Prescription Pain Relievers	0.9	1.8	1.1	1.4	1.1	1.6	1.4	1.0	1.4	1.5	0.9	1.0	1.5	1.2
Prescription Amphetamines	1.1	0.3	0.4	1.0	0.8	0.3	0.7	0.5	1.0	0.8	0.7	0.5	1.0	0.8
Steroids (without a doctor's order)	0.2	0.3	0.6	0.0	0.2	0.4	0.3	0.2	0.1	0.2	0.2	0.2	0.2	0.2
Over-the-Counter Drugs	1.8	1.5	2.0	1.3	2.1	0.8	1.6	1.4	1.8	1.7	1.5	1.5	1.8	1.6
Any illicit drug	8.0	16.2	13.0	12.1	7.9	16.5	12.6	7.9	19.0	15.0	13.4	8.3	19.1	14.3
Any illicit drug other than marijuana	4.6	5.9	5.8	4.6	4.9	6.3	5.3	5.5	6.0	6.5	5.1	5.5	6.1	5.8
Alcohol only	4.6	6.2	5.7	5.5	4.6	6.8	5.5	4.3	11.1	9.0	7.4	4.8	10.9	8.2
Alcohol or any illicit drug	12.5	22.0	18.4	17.4	12.5	22.9	17.8	12.1	29.5	23.7	20.4	12.9	29.4	22.0
Any illicit drug, but no alcohol	5.0	8.4	6.3	7.7	4.3	8.8	6.9	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 Hendry 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	19.2	33.5	27.5	21.0	33.3	28.3	17.9	29.8	24.7	14.2	19.4	17.1	12.7	24.8	19.9	7.6	13.9	11.2
Binge Drinking	7.1	21.6	15.4	9.3	15.8	13.2	8.4	17.9	13.8	9.3	10.5	10.0	6.9	15.0	11.7	4.3	9.7	7.4
Cigarettes	5.8	10.2	8.3	6.0	10.1	8.4	3.7	8.7	6.5	1.1	5.3	3.4	2.3	5.8	4.4	1.9	3.6	2.9
Vaporizer / E-Cigarette	--	--	--	--	--	--	--	--	--	--	--	--	5.2	8.4	7.1	4.4	11.6	8.5
Marijuana or Hashish	5.4	10.8	8.6	7.2	14.1	11.3	6.2	15.5	11.5	4.6	10.2	7.7	6.3	15.1	11.5	5.2	13.9	10.1
Synthetic Marijuana	--	--	--	--	--	--	--	4.0	--	--	3.4	--	--	2.0	--	--	1.0	--
Inhalants	7.1	2.2	4.2	3.0	2.8	2.9	6.1	3.3	4.5	2.8	1.5	2.1	1.7	1.2	1.4	1.4	0.8	1.1
Flakka	--	--	--	--	--	--	--	--	--	--	--	--	--	0.7	--	--	0.4	--
Club Drugs	0.7	--	--	1.4	0.9	1.1	1.0	1.3	1.2	0.8	1.6	1.3	0.7	1.1	0.9	1.0	0.8	0.9
LSD, PCP or Mushrooms	0.2	--	--	1.8	0.6	1.1	0.5	1.0	0.8	0.6	2.2	1.5	0.9	0.8	0.8	1.4	0.8	1.1
Methamphetamine	0.5	0.4	0.4	0.0	0.4	0.3	1.1	1.0	1.1	0.6	1.9	1.3	0.5	0.7	0.6	0.6	0.8	0.7
Cocaine or Crack	1.7	--	--	1.1	1.3	1.2	1.2	2.2	1.8	1.5	1.5	1.5	0.8	1.0	0.9	0.8	0.9	0.8
Heroin	0.0	0.2	0.1	1.4	0.3	0.8	0.5	0.7	0.7	1.3	0.4	0.8	0.5	0.4	0.5	0.2	0.3	0.3
Prescription Depressants	0.6	0.8	0.7	0.8	3.0	2.2	0.6	2.1	1.4	1.1	2.8	2.0	0.8	2.2	1.6	1.1	2.3	1.8
Prescription Pain Relievers	1.7	2.3	2.1	2.6	4.8	3.9	2.9	3.6	3.3	1.8	3.5	2.8	1.0	1.9	1.5	0.9	1.8	1.4
Prescription Amphetamines	0.3	0.2	0.2	0.4	0.8	0.6	0.7	1.0	0.9	0.7	1.5	1.2	0.5	1.5	1.1	1.1	0.3	0.7
Steroids (without a doctor's order)	0.5	0.7	0.6	0.0	0.0	0.0	0.6	0.8	0.7	1.0	0.9	1.0	0.3	0.0	0.1	0.2	0.3	0.3
Over-the-Counter Drugs	2.6	--	--	2.3	3.8	3.2	2.5	3.4	3.0	2.0	3.2	2.7	2.2	2.2	2.2	1.8	1.5	1.6
Any illicit drug	12.6	13.9	13.4	11.1	18.9	15.7	13.7	20.7	17.8	9.2	13.4	11.6	9.0	18.2	14.4	8.0	16.2	12.6
Any illicit drug other than marijuana	9.4	8.8	9.0	8.3	10.0	9.4	9.6	11.4	10.6	6.9	6.9	6.9	5.1	6.8	6.1	4.6	5.9	5.3
Alcohol only	14.0	23.8	19.7	12.5	20.9	17.5	10.0	13.6	12.1	8.7	12.6	10.9	6.9	14.1	11.2	4.6	6.2	5.5
Alcohol or any illicit drug	25.1	37.3	32.1	23.8	39.2	32.9	23.8	34.8	30.1	16.8	26.0	22.0	15.5	31.9	25.1	12.5	22.0	17.8
Any illicit drug, but no alcohol	6.4	4.0	5.0	3.2	6.2	5.0	6.2	5.1	5.6	3.4	7.0	5.4	3.2	7.3	5.7	5.0	8.4	6.9

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.	11.7% (8.1-15.2)	2	17.5% (16.7-18.4)	13.1% (0.7-25.5)
Arthritis				
Adults who are limited in any way in any usual activities because of arthritis or chronic joint symptoms.				9.7% (7.2-12.2)
Adults who have been told they have some form of arthritis.	32.8% (28.2-37.4)	3	24.8% (23.9-25.6)	37.4% (21.6-53.3)
Asthma				
Adults who currently have asthma.	6.7% (4.5-8.9)	2	6.7% (6.2-7.2)	13.7% (1.2-26.1)
Cancer Screening				
Adults 50 years of age and older who received a blood stool test in the past year.	11.3% (7.5-15.1)	3	16.0% (14.9-17.1)	4.1% (1.3-6.8)
Adults 50 years of age and older who received a sigmoidoscopy or colonoscopy in the past five years.	53.9% (47.7-60.0)	3	53.9% (52.4-55.3)	46.4% (24.7-68.2)
Adults ages 50 years and older who have ever had a blood stool test.	28.6% (23.2-33.9)	2	36.0% (34.6-37.4)	29.2% (9.3-49.0)
Adults ages 50 years and older who have ever had a sigmoidoscopy or colonoscopy.	67.4% (61.6-73.2)	3	69.2% (67.8 70.7)	65.4% (45.8-85.0)
Men ages 50 years and older who have ever had a PSA test.	66.6% (55.7-77.5)	3	67.5% (65.3-69.6)	

	County 2016		State 2016	County 2013
	Percent	Quartile	Percent	Percent
Women 18 years of age and older who received a Pap test in the past year.	47.9% (40.3-55.6)	2	48.4% (46.6-50.2)	60.2% (36.7-83.6)
Women 40 years of age and older who received a mammogram in the past year.	53.6% (45.7-61.5)	3	60.8% (58.8-62.9)	
Women ages 40 years and older who had a clinical breast exam in the past year.				75.5% (62.2-88.8)
Women who have had a hysterectomy.	31.4% (25.9-36.9)	3	22.7% (21.6-23.9)	20.6% (4.1-37.0)
Cardiovascular Disease				
Adults who have ever been told they had angina or coronary heart disease.	5.0% (3.2-6.8)	2	4.7% (4.3-5.2)	6.1% (0.0-13.8)
Adults who have ever been told they had a stroke.	9.4% (5.4-13.4)	2	3.5% (3.2-3.8)	3.8% (1.6-6.1)
Cholesterol Awareness				
Adults who have ever been told they have high blood cholesterol (among all adults)				33.4% (21.8-31.1)
Dental Care				
Adults who had a permanent tooth removed because of tooth decay or gum disease.	57.1% (52.0-62.2)	3	47.3% (46.2-48.4)	
Adults who visited a dentist or dental clinic in the past year.	57.1% (52.1-62.2)	3	63.0% (62.0-64.1)	
Diabetes				
Adults with diabetes who ever had diabetes self-management education.				66.2% (43.2-89.2)
Adults with diabetes who had an annual eye exam.				44.8% (13.6-76.0)
Adults with diabetes who had an annual foot exam.				64.1% (30.7-97.5)
Adults with diabetes who had two A1C tests in the past year.				90.3% (80.3-100.0)
Adults who have ever been told they had diabetes.	15.9% (12.4-19.3)	3	11.8% (11.1-12.4)	21.9% (9.4-34.3)
Disability				
Adults who are limited in any way in any activities because of physical, mental, or emotional problems.	19.1% (15.3-23.0)	1	21.2% (20.3-22.1)	28.2% (12.9-43.5)

	County 2016		State 2016	County 2013
	Percent	Quartile	Percent	Percent
Adults who use special equipment because of a health problem.	12.1% (9.0-15.2)	2	9.9% (9.2-10.5)	9.5% (2.8-16.1)
Health Care Access & Coverage				
Adults who could not see a doctor at least once in the past year due to cost.	14.9% (11.2-18.6)	2	16.6% (15.8-17.4)	42.0% (25.7-58.2)
Adults who had a medical checkup in the past year.	81.7% (77.7-85.6)	2	76.5% (75.6-77.5)	72.0% (57.7-86.4)
Adults who have a personal doctor.	72.3% (67.6-77.0)	3	72.0% (71.0-73.0)	64.9% (49.0-77.0)
Adults who have Medicare (Medicare is a coverage plan for people 65 or over and for certain disabled people)	50.0% (44.7-55.3)	3	37.9% (36.8-39.1)	
Adults with any type of health care insurance coverage.	82.1% (77.9-86.4)	3	83.7% (82.8-84.5)	62.4% (45.8-79.1)
Health Status & Quality of Life				
Adults who had poor mental health on 14 or more of the past 30 days.	8.0% (5.3-10.7)	1	11.4% (10.7-12.1)	10.6% (1.0-20.2)
Adults who had poor physical health on 14 or more of the past 30 days.	13.1% (9.7-16.6)	2	12.9% (12.2-13.6)	16.5% (2.5-30.5)
Adults who said their overall health was "fair" or "poor".	23.9% (19.6-28.2)	3	19.5% (18.6-20.4)	34.0% (18.2-49.8)
Adults whose poor physical or mental health kept them from doing usual activities on 14 or more of the past 30 days.	15.6% (10.1-21.1)	1	18.6% (17.4-19.9)	27.3% (7.2-47.4)
Adults with good mental health.	92.0% (89.3-94.7)	1	88.6% (87.9-89.3)	89.4% (79.8-99.0)
Adults with good physical health.	86.9% (83.4-90.3)	1	87.1% (86.4-87.8)	83.5% (69.5-97.5)
Adults with good to excellent overall health.	76.1% (71.8-80.4)	2	80.5% (79.6-81.4)	66.0% (50.2-81.8)
Average number of days where poor mental or physical health interfered with activities of daily living in the past 30 days.	5.1 (3.8-6.4)	1	5.7 (5.4-6.0)	8.8 (4.7-12.9)
HIV/AIDS				
Adults less than 65 years of age who had an HIV test in the past 12 months.	14.5% (8.6-20.3)	3	19.7% (18.4-20.9)	7.9% (3.0-12.8)
Adults less than 65 years of age who have ever been tested for HIV.	55.1% (48.1-62.0)	2	55.3% (53.9-56.7)	56.6% (37.3-76.0)

	County 2016		State 2016	County 2013
	Percent	Quartile	Percent	Percent
Percent of adults who have ever been tested for HIV	45.0% (39.7-50.3)	3	46.9% (45.8-48.1)	49.5% (32.9-66.2)
Hypertension Awareness & Control				
Adults who have ever been told they had hypertension.				41.3% (28.1-40.9)
Adults with hypertension who currently take high blood pressure medicine.				71.6% (46.5-96.7)
Immunization				
Adults age 65 and older who have ever received a pneumonia vaccination.	64.6% (57.0-72.2)	2	65.6% (63.7-67.5)	40.6% (15.5-65.6)
Adults age 65 and older who received a flu shot in the past year.	47.6% (40.1-55.1)	4	57.6% (55.7-59.5)	63.0% (39.6-86.3)
Adults who have ever received a pneumonia vaccination.	36.9% (31.9-41.9)	2	34.6% (33.5-35.7)	23.6% (11.7-35.4)
Adults who received a flu shot in the past year.	33.8% (29.2-38.5)	2	35.0% (33.9-36.0)	24.5% (13.2-35.8)
Injury Prevention				
Adults who "always" or "nearly always" used seat belts when driving or riding in a car.	95.2% (93.1-97.3)	1	95.0% (94.5-95.5)	96.6% (92.5-100.0)
Adults 45 years of age and older who had a fall-related injury in the past 12 months	10.9% (6.4-15.3)	3	9.9% (9.1-10.7)	
Overweight & Obesity				
Adults who are obese.	33.6% (28.5-38.6)	3	27.4% (26.4-28.5)	26.9% (15.2-38.7)
Adults who are overweight.	36.8% (31.7-42.0)	3	35.8% (34.7-36.9)	30.7% (15.9-45.5)
Adults who are overweight or obese.	70.4% (65.6-75.2)	3	63.2% (61.6-64.0)	57.7% (40.8-74.5)
Adults who have a healthy weight (BMI from 18.5 to 24.9).	28.1% (23.3-32.8)	3	35.4% (33.4-35.6)	40.3% (23.3-57.2)
Tobacco Use & Exposure				
Adult current smokers who tried to quit smoking at least once in the past year.	52.2% (34.5-69.8)	4	62.1% (59.5-64.8)	59.9% (23.4-96.4)
Adults who are current smokers.	8.8% (5.8-11.8)	1	15.5% (14.7-16.2)	25.0% (9.9-40.1)

	County 2016		State 2016	County 2013
	Percent	Quartile	Percent	Percent
Adults who are former smokers.	26.6% (22.2-31.0)	3	26.5% (25.6-27.5)	23.5% (11.7-31.0)
Adults who have never smoked.	64.6% (59.7-69.4)	1	58.0% (56.9-59.1)	51.5% (35.5-67.5)

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

Hendry County Guide to Health Services

Emergency Numbers

Police/Fire/Ambulance.....911

Non-Emergency Numbers

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

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

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

LaBelle Clerk of Courts863-675-5217

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

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

Other Emergency Numbers

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

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

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

Hendry County Health Care Services

Hospitals

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

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

Emergency Department: Yes

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

Special Designations: Critical Access Hospital, Statutory Rural Hospital

Health Department

LaBelle.....863-674-4041

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

1140 Pratt Blvd., LaBelle, FL 33935

Clewiston.....863-983-1408

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

1100 South Olympia Avenue, Clewiston, FL 33440

A Limited List of Other Licensed Facilities:

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

Source: Florida Health Finder Provider Search. Available at <http://www.floridahealthfinder.gov>.

Provider Type	Agency Name	Services or Providers	Street Address
Hospital			
<i>Clewiston</i>	Hendry Regional Medical Center	Anesthesia, Cardiology, Emergency Medicine, General Surgery, Gynecology, Internal Medicine, Radiology, Critical Access Hospital, Statutory Rural Hospital	524 West Sagamore Avenue
<i>LaBelle</i>	None	None	None
Primary Care Physicians			
<i>Clewiston</i>	Hendry Regional Medical Center		524 West Sagamore Avenue
<i>LaBelle</i>	Hendry Regional Medical Center		450 South Main Street #1
<i>Clewiston</i>	Dr. James D. Forbes Family Care Center	Carlos Romero, DO, Jennifer Romero, DO, Melanio Villarosa, MD, Alice Blandford, ARNP-C, Debbie McCarthy, ARNP, Alina Miracle, DNP, ARNP, Julia Soud ARNP-C, Annabelle Rodriguez, ARNP-C	500 West Sagamore Ave.

Provider Type	Agency Name	Services or Providers	Street Address
	Florida Community Health Center	Jean Fleurinor, MD, Daniel Perez, MD, Dorothy Baker, PA	315 South W.C. Owens Ave
	Sunshine Family Medicine Inc	Kristi Pena, ARNP Richard Miller, PA-C	115 South Gloria St
	Elite Healthcare Center	Hans Michael Louis-Charles, MD	876 West Sugarland Highway
	Abdel K Kaki MD	Abdel K Kaki, MD	406 S Deane Duff Ave
<i>LaBelle</i>	Family Health Centers		930 South Main Street
	Hendry Regional Medical Center: Convenient Care Center	Jose Hernandez, MD; Gabriela Harrison, PA- C; Annabelle Rodriguez, ARNP-C; Julie Soud ARNP-C	450 South Main Street
	Lee Physicians Group	Chow Kai-Fu MD	930 South Main Street Ste C
Pediatricians			
<i>Clewiston</i>	Florida Community Health Center	Mylai Garofalo, MD, Edgar Orellana, MD	315 South W.C. Owens Ave
	Dr. James D. Forbes Family Care Center	Quaison Dey, MD	500 West Sagamore Ave.
<i>LaBelle</i>	Family Health Centers	Heidi L. Kunstman, MD	930 South Main Street
	Hendry Regional Convenient Care Center	Melanio Villarosa II, MD, FAAP	450 South Main Street
Dental			
<i>Clewiston</i>	Edwards Orthodontics	Earle Edwards, III, DDS, PA	327 Central Ave
	Captivating Dental Care	Kevin H Van, DDS	205 South Glorida St
	Glades Dental	Kurt Gabriel Hausy, DDS	316 East Trinidad Ave
	Florida Community Health Center	Armando Sanchez, DMD	1021 Health Park Drive

<i>LaBelle</i>	Dr. Darryl Damon	Darryl Damon, DMD	55 Belmont Street
Provider Type	Agency Name	Services or Providers	Street Address
	Edwards Orthodontics	Earle Edwards, III, DDS, PA	150 Main St., Suite 2B
	Family Health Centers	Richard Ellis, DDS, Anabel Yamin Natali, DMD, Maidelys Oliva, DMD	930 South Main Street
	Sheri Watkins DDS	Sheri Watkins, DDS	367 West Hickpochee
Skilled Nursing Facility			
<i>Clewiston</i>	Palm Terrace of Clewiston		301 South Gloria St
<i>LaBelle</i>	Oakbrook of LaBelle		250 Broward Avenue
Assisted Living Facility			
<i>Clewiston</i>	Sunrise Community of Hendry		402 South Francisco Street
<i>LaBelle</i>	Kingshouse		151 South Missouri Street
Pharmacy			
<i>Clewiston</i>	K & M Drugs		340 East Sugarland Highway
	CVS		520 West Sugarland Highway
	Walmart- Pharmacy		1005 West Sugarland Highway
	Walgreens		300 West Sugarland Highway
<i>LaBelle</i>	K & M Drugs		149 West Hickpochee Avenue
	Walmart		Palm Beach Blvd, Rte 80

	Winn Dixie		906 South Main Street
Provider Type	Agency Name	Services or Providers	Street Address
Laboratory Services			
<i>Clewiston</i>	Hendry Regional Medical Center	full service lab	524 West Sagamore Ave
	Forbes Family Care Center	draw station, specimen sent to reference lab	500 West Sagamore Ave
<i>LaBelle</i>	Hendry Regional Convenient Care Center	draw station, specimen sent to reference lab	450 South Main Street
Mental Health Services			
	Centerstone CAT	Community Action Treatment is a self-contained multi-disciplinary clinical team that provides comprehensive, intensive community-based treatment to families with youth and young adults who are at risk of out of home placement due to a mental health or co-occurring disorder and related complex issues for whom traditional services are not/have not been adequate.	Referrals Program Lissette Giraldo PH: 863-342-4221 Fax: 863-342-4218
	IMPOWER	Telehealth behavioral health, online therapy and psychiatric services for uninsured in Hendry/Glades, case management	Phone: 407-790-0644 www.impowerfl.org
<i>Fort Myers</i>	Beyond Barriers, Inc.	They offer: anger management, batterer's intervention program, individual parenting, mental health assessments and counseling, parenting groups, parenting for special needs, substance groups and counseling, and supervised visitation	3677 Central Ave, Suite I
<i>LaBelle</i>	LaBelle Outreach Center	Mental health counseling, education and health support, and community resources	300 W Cowboys Way
<i>Fort Myers</i>	Lutheran Services Florida	Child and family counseling. Spanish speaking therapist in Hendry	3634 Central Ave

Other Services			
	Area Agency for Aging	Assist seniors over the age of 60 to receive information as needed	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/reports/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: <https://appsmqa.doh.state.fl.us/MQASearchServices/Home>

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

Hendry County Department of Health: <http://hendry.floridahealth.gov/>

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