

HIGHLANDS COUNTY



Community Health Assessment

December 2020- December 2025

What is Health Equity?

We want everyone in our community to achieve health equity. “Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.”

- Robert Wood Johnson Foundation



Adopted 12/2020

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A Special Thanks...

We would like to extend a sincere thank you to our multiple community partners, residents, non-profit organizations, health care professionals, school representatives, and many other community members and organizations who have tirelessly lent their support throughout this process.

Their valuable input and expertise provided not only representative voices from the community, but also credibility to a foundation from which our leaders and the community can continue to collaborate in addressing health care needs in Highlands County. Through these partnerships we can develop and implement community projects; create built environments; and advocate for the implementation of policies to improve local health outcomes.



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Who we are

The Florida Department of Health in Highlands County (Highlands CHD) provides a range of services to the residents of our community – from promoting healthy lifestyles and protecting the health of our residents through disease investigations and immunizations or serving as a local provider for residents. We are committed to the organizational mission of protecting, promoting, and improving the health of all people in Florida through integrated state, county and community efforts.

Public health depends on partnerships, and as a community, Highlands County has demonstrated a commitment to build and maintain a strong public health network. We have many examples of community coalitions that work together to improve health and quality of life for our residents. I am proud of our dedicated, highly trained, and experienced public health workforce who are ready to respond to a range of public health emergencies.

Mary Kay Burns, MBA, BSN, RN
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Summary

The National Public Health Accreditation standards require that the Florida Department of Health (DOH) together with all local health departments complete a Community Health Assessment (CHA) every five years. Regular assessments allow community partners to look for health trends in the community, to set goals, and define plans to meet the needs of the community and special populations. The CHA Steering Committee began a multi-phase plan in March of 2019. The assessment included collection and review of various community data indicators: socioeconomic data, a community health assessment survey, focus groups, stakeholder interviews, data analysis, and community collaboration. The final phase of the CHA includes identification of strategic issues that will guide the Community Health Improvement Plan (CHIP) and will address health related matters identified in multiple areas.

1. Methodology

Generally, the health of a community is measured by the physical, mental, environmental, and social wellbeing of its residents. Due to the complex determinants of health, the Community Health Needs Assessment is driven by both quantitative and qualitative data collecting and analysis from primary and secondary data sources. In March of 2019, the Highlands CHD Senior Leadership Team and core members from AdventHealth met to determine timelines and methodology. Mobilizing for Action through Planning and Partnerships (MAPP) was the method selected to complete the CHA process.

2. Community Input

To determine the community's perspectives on priority community health and quality of life issues related to health care, surveys were used to collect input from community members at large and health care providers. The core of the community's input or perspective into the health needs of Highlands County is represented within the survey data analysis and within the Community Themes & Strengths Assessment. In addition, members of the CHA steering committee, provided input in their field of expertise throughout the process. Members used email, surveys, conference calls, and in-person meetings to communicate monthly throughout this process.

3. Marketing

The group sought to include input from all residents of Highlands County. To ensure that this goal was met, the group used the following tools/techniques:

- ❖ **Branding:** Promotional materials and plan to include logo, QR code, and predetermined color scheme.
- ❖ **Outreach:** To reach various populations throughout the community, the group chose to take a boots-on-the-ground approach. Members from Highlands CHD and AdventHealth took i-pads and hard copy surveys to locations such as retirement communities, food banks, churches, and health fairs. Community partners were also encouraged to share the survey link via Facebook posts.
- ❖ **Technology:** The survey was developed using SurveyMonkey and made available through computer, tablet, and smartphone technology. A QR code was also available on printed materials to link individuals directly to the survey.

Demographics & Socioeconomics

As population dynamics change over time, so do the health and healthcare needs of a community. It is therefore, important to periodically review key demographic and socioeconomic indicators to understand current health issues and anticipate future health needs. These indicators should be a primary consideration when designing and developing any system of care. This section provides a brief overview of some of the characteristics and trends that make Highlands County unique in comparison to the state of Florida.

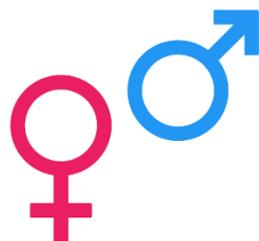
Social and economic factors describe five elements—education, employment, income, family and social support, and community safety—that all contribute to health long before illness occurs. These elements affect a wide range of health, functioning, and quality-of-life outcomes and risks. Public health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

1. Population

Highlands County is in south central Florida and is adjacent to the following counties: Charlotte, DeSoto, Glades, Hardee, Okeechobee, and Polk. The county’s largest communities are Avon Park, Lake Placid, and Sebring; with Sebring serving at the county seat. Unincorporated communities within the county include Brighton, Cornwell, Fort Basinger, Lorida, Palmdale, Placid Lakes, Spring Lake, Sylvan Shores, and Venus. Highlands County has a far lower population density as compared to the state; 97.2 persons per square mile to the state’s 350.6 persons. While still considered rural, the county’s population continues to grow. Between 2010 and 2019 the population increased by 7.5 percent. The latest estimate from the US Census Bureau (07/2019) reports the population for Highlands County as 106,221.

2. Gender, Race, & Ethnicity

According to the most recent U. S. Census data, Highlands County has a larger proportion of older residents than the state. In Florida, 20.9 percent of the total population were aged 65 and older whereas in Highlands County that age group constitutes 36.0% percent of the population. This is important to note because the healthcare needs of working and aging residents tend to require a broad spectrum of services, in areas of primary prevention as well as secondary and tertiary care for emerging chronic health conditions.



FEMALE: 51.1%

MALE: 48.9%

AGE %	0 to 4	5 to 17	18 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 +
	4.56%	13.65%	4.94%	9.67%	8.75%	9.77%	13.35%	35.31%

The U.S. Census Bureau 2019 estimate shows 85.4 percent of the Highlands County population as Caucasian, 10.5 percent African American, with the remainder at fractional percentages representing Asian, American Indian and Alaska Native, Native Hawaiian and Other Pacific Islander, or two or more races. Some 21.1 percent of residents identified themselves as Hispanic or Latino. The estimates of Highlands County’s racial and ethnic makeup are shown below.

Percentage of population by race, 2019		
Race	Highlands Rate	Florida Rate
Caucasian	85.4%	77.3%
African American	10.5%	16.9%
American Indian & Alaska Native	0.7%	0.5%
Asian	1.5%	3.0%
Native Hawaiian & Pacific Islander	0.1%	0.1%
Two or more races	1.8%	2.2%

Ethnicity in Florida is broken out separately from race. For ethnicity, individuals must designate themselves as Hispanic/Latino or Non- Hispanic/Latino; people in both of those groups can identify as white, black, or other non-white. In Highlands County, 20.8 percent of residents identify as Hispanic or Latino. This is a 2.6 percent increase since 2013; however, Highlands County remains well below the state average of 26.1 percent.

3. Life Expectancy

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

The 2019 Vital Statistics Annual Report shows that Highlands County residents, without regard for racial classification, have an average life expectancy of 79.8 years, whereas the state average life expectancy is 80.0 years. Due to the small amount of data present, no ethnicity data is available and race is only divided into three categories: African American, 77.7 years; Caucasian, 80.1 years; and Hispanic, 83.7 years.

CHART P-1: YEARS OF LIFE EXPECTANCY AT BIRTH, BY RACE, ETHNICITY AND GENDER, FOR FLORIDA RESIDENTS AND UNITED STATES TOTAL, CENSUS YEARS 1970-2000 AND 2009-2019

YEAR	FLORIDA							UNITED STATES			
	TOTAL	WHITE ¹		BLACK ¹		HISPANIC ²		TOTAL	WHITE ¹	BLACK ¹	HISPANIC ²
		MALE	FEMALE	MALE	FEMALE	MALE	FEMALE				
1970	71.0	68.4	76.8	58.9	68.4	NA	NA	70.9	71.1	NA	NA
1980	74.3	71.2	79.4	63.2	72.8	NA	NA	73.7	74.4	68.0	NA
1990	76.3	73.5	81.1	64.4	73.8	NA	NA	75.4	76.1	69.1	NA
2000	77.8	75.5	81.5	69.6	75.7	NA	NA	76.8	77.3	71.8	NA
2009	80.2	77.6	83.4	73.8	79.7	80.3	86.5	78.6	78.8	74.7	81.1
2010	79.8	77.4	82.9	74.3	79.8	81.1	86.5	78.7	78.9	75.1	81.2
2011	79.8	77.4	82.9	74.2	79.9	80.3	85.8	78.7	79.0	75.3	81.4
2012	80.0	77.7	82.9	74.5	80.5	80.5	85.6	78.8	79.1	75.5	81.6
2013	80.0	77.8	83.0	74.7	80.6	80.9	85.7	78.8	79.1	75.5	81.6
2014	80.0	77.6	83.0	75.1	80.8	80.5	86.1	78.8	79.0	75.6	81.8
2015	79.8	77.4	83.0	74.6	80.8	80.3	86.1	78.8	78.7	75.1	82.0
2016	79.6	77.1	82.7	74.7	80.4	80.1	86.0	78.7	78.9	75.3	81.8
2017	79.6	77.0	82.7	74.5	80.9	80.3	85.9	78.6	78.8	75.3	81.8
2018	79.8	77.4	82.8	74.7	80.7	80.8	86.6	NA	NA	NA	NA
2019	80.1	77.6	83.1	74.7	80.9	81.1	86.9	NA	NA	NA	NA

1. Regardless of ethnicity.
2. Regardless of race

4. Economic Characteristics

a. Income

Many studies have indicated a strong link between income and health. A 2016 study suggests that a dollar increase in minimum wage above the federal level was associated with a 1–2% decrease in low birthweight births and a 4% decrease in infant deaths. Lower income is a strong predictor of poor health, including increased risk for cardiovascular and other chronic diseases, higher rates of preterm or low birthweight infants and increased mortality.

Poor families and individuals are most likely to live in unsafe homes and neighborhoods, often with limited access to healthy foods, employment options and quality schools, thereby exacerbating poor health. In addition, living in poverty that results from lack of income can induce high levels of stress that can lead to physical and mental health issues. The household income for all races in Highlands County is estimated to be \$36,374 in comparison to Florida’s average of \$50,883. There are differences in median household income within racial groups at the county and state levels. The median income for Caucasians is \$38,269; for African Americans, \$25,800; and for Hispanics, \$27,544. Of note, the African American median income is 33.21 percent below the Caucasian median income. These differences are depicted below.

Median household income, by Race				
Year	Caucasian		African American	
	Highlands	Florida	Highlands	Florida
2018	\$37,314.00	\$53,267.00	\$25,426.00	\$39,586.00
2017	\$38,296.00	\$53,357.00	\$25,800.00	\$37,280.00
2016	\$37,253.00	\$51,444.00	\$26,176.00	\$35,722.00
2015	\$36,108.00	\$50,308.00	\$26,045.00	\$34,664.00
2014	\$36,523.00	\$50,002.00	\$27,652.00	\$34,467.00
2013	\$36,014.00	\$49,641.00	\$27,663.00	\$34,282.00

Median household income, by Ethnicity				
Year	Hispanic		Non-Hispanic	
	Highlands	Florida	Highlands	Florida
2018	\$26,699.00	\$58,853.00	\$41,374.00	\$58,853.00
2017	\$27,544.00	\$44,196.00	\$40,381.00	\$56,032.00
2016	\$25,781.00	\$41,909.00	\$39,027.00	\$53,904.00
2015	\$26,814.00	\$40,851.00	\$37,369.00	\$52,510.00
2014	\$27,917.00	\$40,712.00	\$37,540.00	\$52,147.00
2013	\$27,434.00	\$40,629.00	\$37,250.00	\$51,783.00

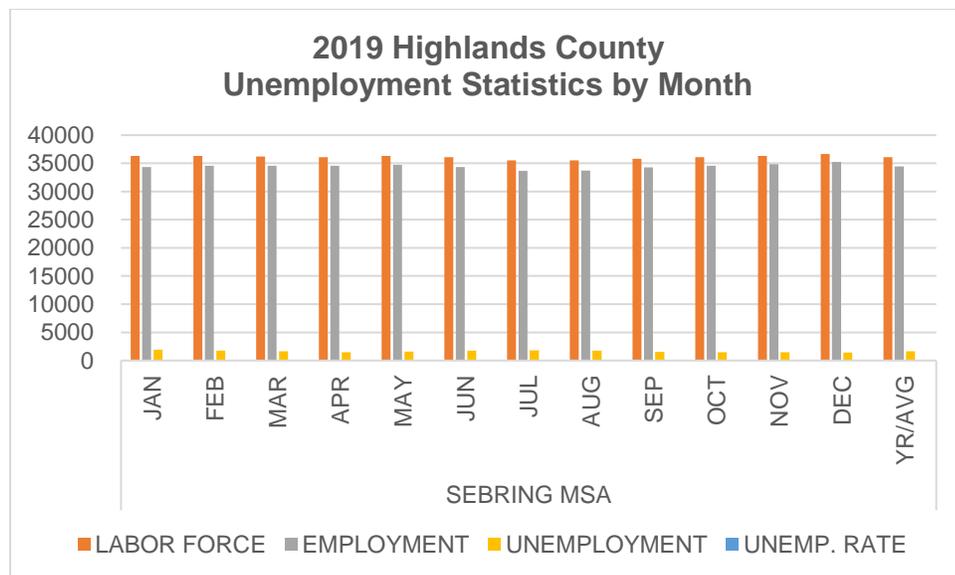
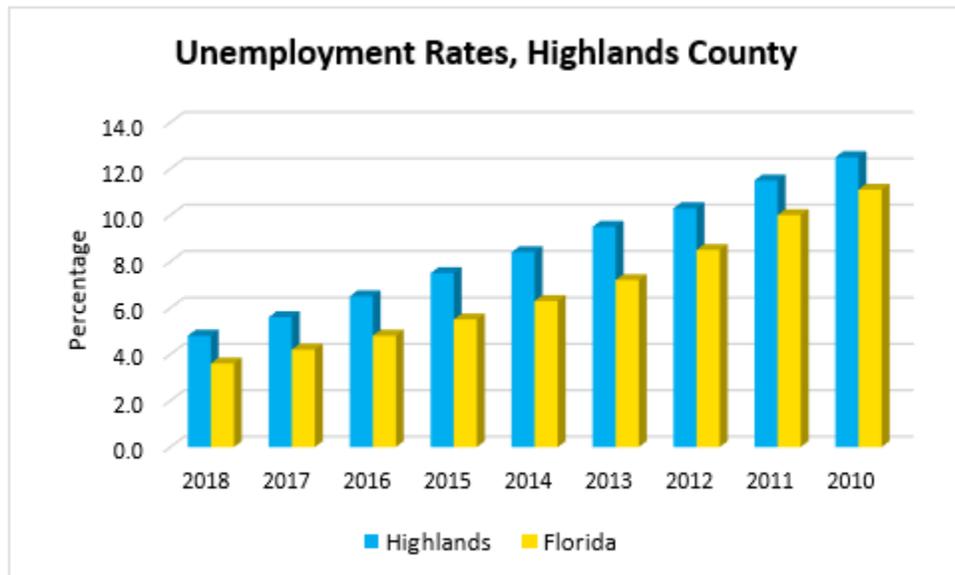
b. Poverty

According to data from the U. S. Census Bureau, the poverty rate for all individuals was higher in Highlands County than the state of Florida in 2019. While the state rate was 12.7 percent, the rate in the county was 20.8 percent. Regarding children living in poverty, the rates for Highlands County were higher than the state rate at 34.0 and 20.6 percent. Over one-third of the individuals living in poverty in the county are under the age of 18.

c. Employment

The working poor are defined as people who spend 27 weeks or more in a year in the labor force either working or looking for work, but whose incomes fall below the poverty level. Employment, regardless of income, provides benefits that can support healthy lifestyle choices.

Employment is linked to economic stability and a decrease in poverty, as well as an increase in food security, educational opportunities and access to stable and quality housing. Recent data on employment in Highlands County and the state of Florida is derived from the Florida Research and Economic database and FL CHARTS. The unemployment rate in the county continues to decline much like that of the state rate. While recent rates are at a historical low, the Highlands County unemployment rate is consistently higher than the state. As of the most recent data released in 2018, Highlands County (4.8) unemployment is 1.2 percent above the state rate (3.6).



Among working residents in Highlands County, the two most common sectors of employment are Education & Health Services and Trade/Transportation/Utilities. Other major employment sectors are Government, Natural Resources & Mining, and Leisure & Hospitality. The top five Private and Public Employers include:



Private Employers

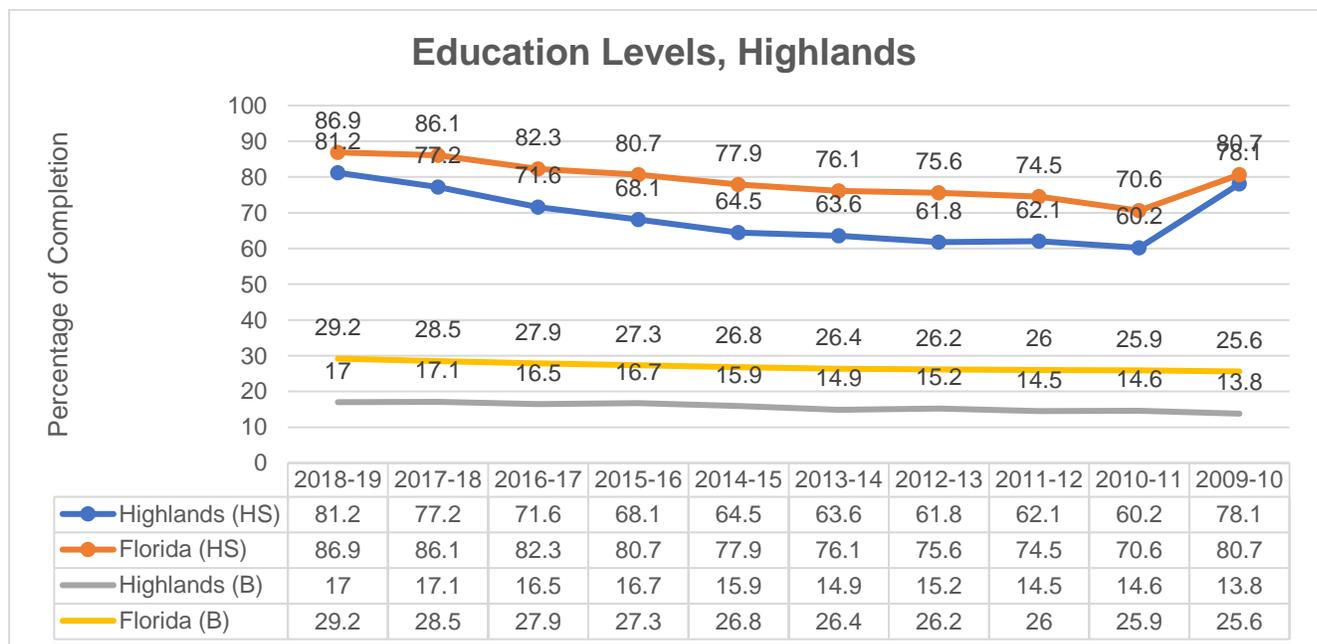
- AdventHealth
- Walmart
- The Results Company
- Publix
- Alan Jay Automotive Network

Public Employers

- Highlands County School Board
- South Florida State College
- Highlands County Sheriff's Office
- Board of County Commissioners

d. Education

Better educated individuals live longer, healthier lives than those with less education, even when controlling for factors such as income. College graduates live an estimated nine years longer than individuals who have not completed high school. They also have fewer chronic conditions, better employment opportunities and higher incomes. Each additional year of schooling leads to about 11% more income annually. Furthermore, higher educational attainment can lead to a greater sense of control over one's life, can improve social standing and social networks, and is linked to better health.



(B) = Bachelor's Degree or higher

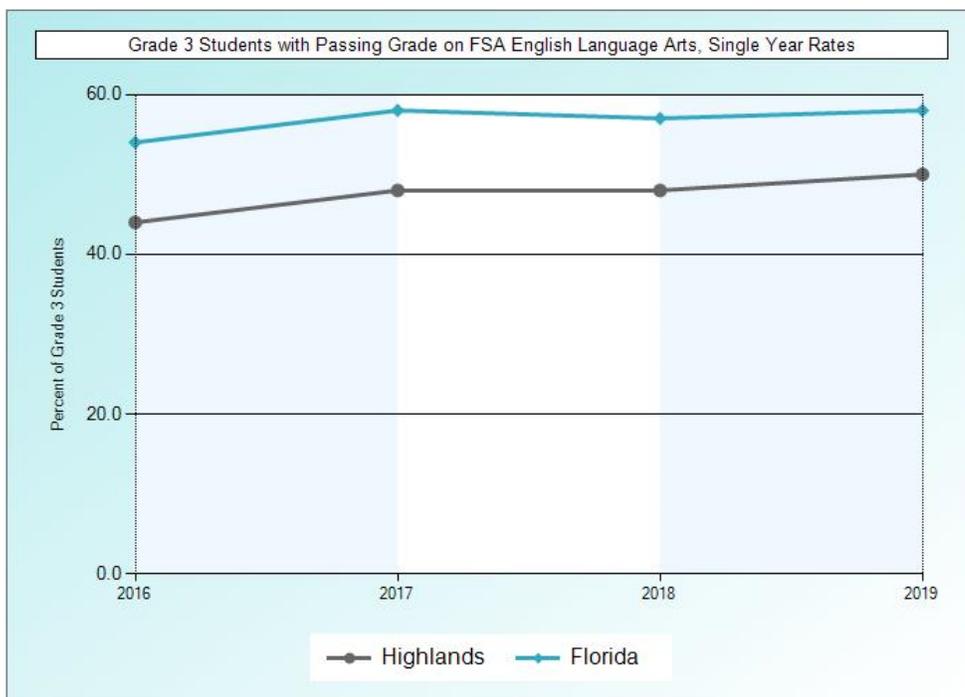
(HS) = High School graduate or higher

From 2009 – 2016 Highlands County had seen a steady sixty percent range in high school graduation rates. Starting with the 2016 school year, the district moved into the seventy percent range. Highlands experienced an 81.2 percent result for the 2018-2019 year which was 21 percent increase since 2010. Also, the 2018-2019 year ushered in the eighty percent range as well.

Data are for school years (September-June) and Florida's high school graduation rate is the percentage of students who graduated within four years of their initial enrollment in ninth grade, not counting deceased students or students who transferred out to attend another public school outside the system, a private school, a home education program, or an adult education program. Incoming transfer students are included in the appropriate cohort (the group whose progress is tracked) based on their grade level and year of entry.

Highlands County lags in the estimated percentage of the population who hold a bachelor's degree or higher. This would include those with a Bachelor's, Master's, and/or Doctorate. The county rate is 17.1 percent which is over 10.0 percent below that of the state at 28.5 percent.

The Florida Standards Assessments (FSA) in English Language Arts (ELA), Mathematics, and end-of-course (EOC) subjects (Algebra 1 and Geometry) serve Florida students by measuring education gains and progress. The following Table describes the Highlands Grade 3 student data regarding the English Language Arts scores for years 2016 through 2019



Mortality & Morbidity

Disease and death rates are the most direct measures of health and well-being in a community. In Highlands County, as in Florida and the rest of the United States, premature disease and death are primarily attributable to chronic health issues. Certain demographic and socioeconomic indicators can reveal how, why, and to what extent certain chronic health problems affect communities.

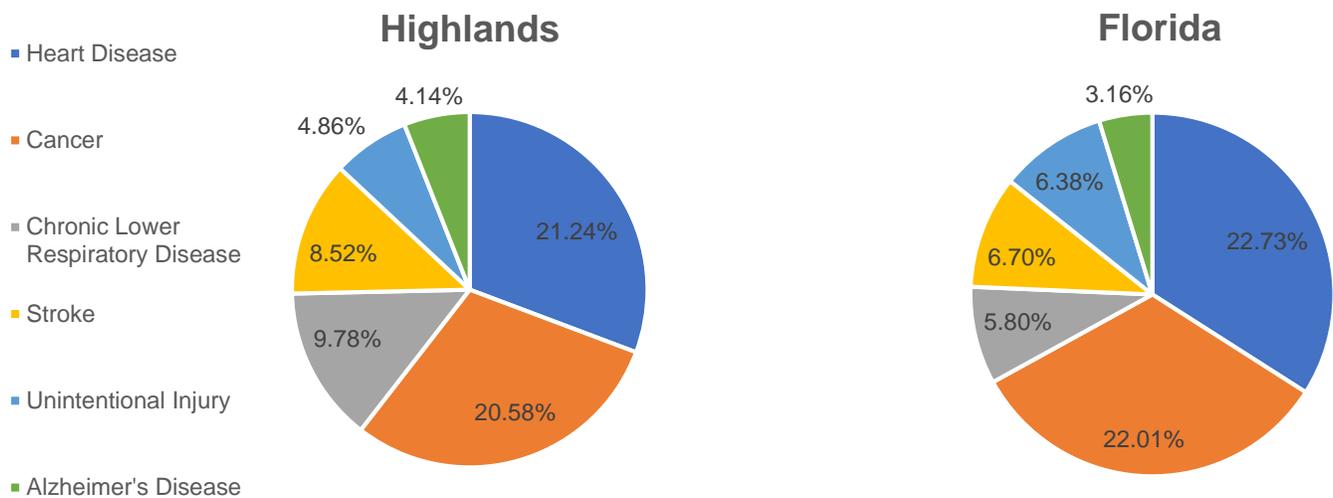
1. Health Ranking

The County Health Rankings & Roadmaps is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. It currently ranks Highlands County the 38th healthiest (in health factors and health outcomes) out of 67 counties in Florida. These rankings are based on

a variety of factors that affect the health of the county’s residents such as unemployment, levels of physical inactivity, and rates of smoking, obesity, and children living in poverty.

1. Causes of Death

According to 2019 FL CHARTS data, the two most frequent causes of death for people in Highlands County are Heart Disease (21.24%), Cancer (20.58%). Together they accounted for slightly under half of all deaths. The remaining top 5 causes of death are represented by (in decreasing order of frequency) Chronic Lower Respiratory Disease (9.78%), Stroke (8.52%), and Unintentional Injury (4.86%). Causes of death in Highlands County are like that of the state.

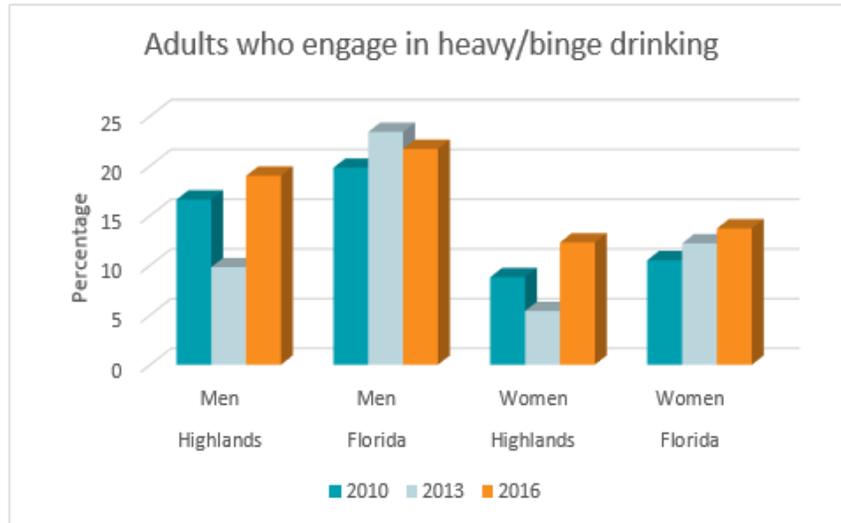


2. Behavioral Risk Factors

The tables below list a wide variety of behavioral health and risk factors, including Alcohol Consumption, Cancer Screenings, Cardiovascular Disease, Diabetes, Immunizations, and Tobacco Use. Florida’s population is healthier than that of Highlands County on many of the indicators. Most notably, Highlands County rates are significantly higher in the areas of Cardiovascular Disease, COPD, Dental Care, and Health Care Access & Coverage. A complete list of the BRFSS data can be found in **APPENDIX B**.

a. Alcohol Consumption

In 2016, 15.3% of adults in Highlands County reported engaging in heavy or binge drinking. The prevalence of men (21.7 %) engaging in heavy or binge drinking was slightly higher than women (19.0%). Disparities in heavy and binge drinking behaviors are prevalent among gender and race/ethnicity as well. More Hispanic residents (21.5%) reported binge drinking than white (13.6%). Age, income and marital status also had an impact on heavy and binge drinking behaviors.



b. Cancer

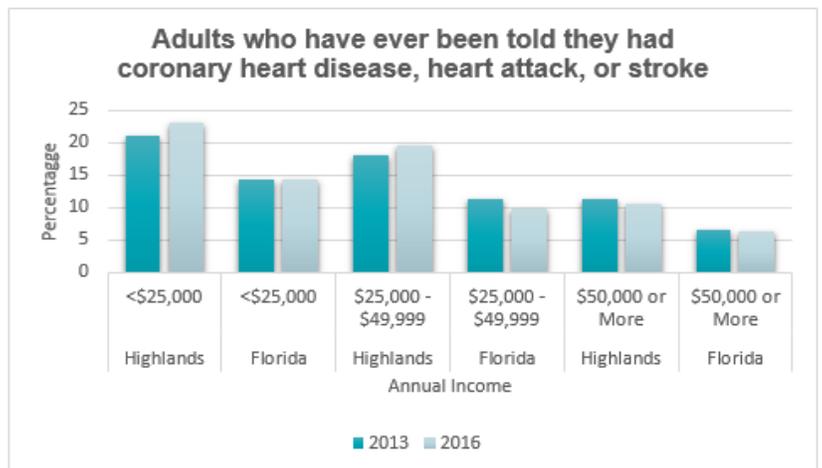
Preventive health care services, such as screenings, can detect cancer before symptoms start; treatment is most beneficial when cancers are detected early. Overall, cancer prevalence has decreased in Highlands County, but disparity remains in race, ethnicity, age and marital status.

2016 Florida BRFSS Data Report Highlands

Cancer Prevalence		2016 County Measure		2016 State Measure		2013 County Measure
Percentage of adults who have been told they have had skin cancer		Measure	95% CI	Measure	95% CI	Measure
ALL	Overall	11.0	8.0 14.1	9.1	8.6 9.6	16.6
SEX	Men	11.1	6.6 15.6	9.9	9.1 10.7	22.6
	Women	11.0	6.9 15.1	8.4	7.7 9.0	11.2
RACE/ETHNICITY	Non-Hisp. White	15.1	10.9 19.3	14.4	13.6 15.2	22.0
	Non-Hisp. Black	2.2	0.0 6.4	0.8	0.0 1.7	
	Hispanic	0.8	0.0 2.4	2.3	1.6 3.0	0.6
SEX BY RACE/ETHNICITY	Non-Hisp. White Men	13.8	8.0 19.6	15.8	14.5 17.1	32.4
	Non-Hisp. White Women	16.1	10.3 22.0	13.1	12.1 14.1	13.6
	Non-Hisp. Black Men			1.6	0.0 3.4	
	Non-Hisp. Black Women			0.2	0.0 0.4	
	Hispanic Men	1.9	0.0 5.6	1.8	1.0 2.6	
	Hispanic Women	0.0		2.9	1.7 4.0	
AGE GROUP	18-44	2.5	0.0 6.0	1.7	1.2 2.1	1.4
	45-64	7.9	2.8 13.0	8.2	7.4 9.1	11.4
	65 & Older	19.6	13.8 25.4	22.7	21.2 24.1	31.5
EDUCATION LEVEL	<High School	6.1	0.0 12.6	6.4	4.6 8.1	1.5
	H.S. / GED	12.0	6.3 17.8	7.8	6.9 8.7	16.8
	>High School	11.6	7.8 15.5	10.6	9.9 11.3	22.0
ANNUAL INCOME	<\$25,000	9.7	4.0 15.4	6.4	5.6 7.2	11.9
	\$25,000-\$49,999	14.5	7.5 21.5	9.9	8.7 11.1	23.5
	\$50,000 or More	12.8	6.4 19.2	11.2	10.2 12.2	21.4
MARITAL STATUS	Married/Couple	13.1	8.8 17.4	10.8	10.0 11.6	18.8
	Not Married/Couple	8.2	4.2 12.3	7.2	6.5 7.8	13.3

c. Cardiovascular Disease

Cardiovascular disease (CVD) is the leading cause of death for both men and women in the U.S. and in Florida. Due to methodological changes in BRFSS survey, data collected in 2010 and earlier are not comparable to data collected in 2011 and later. The most significant disparity to note, is related to annual income. The percentage of residents of Highlands County (23.2%) with an annual income of less than \$25,000 having been told they had coronary heart disease, heart attack, or stroke is almost double that of the state rate of 14.4%.



a. Diabetes

Preventive health care services, such as screenings and immunizations, nutrition and physical activity counseling, and diabetes self-management and education classes, can reduce and prevent the onset of obesity and diabetes. According to the most recent BRFSS data, adults having been told they have diabetes is 15.3%, while the state is only 11.8%. In addition, women have a higher rate within the county (17.4%) and the state (11.0%).

b. Immunizations

Immunization is the most cost-effective and widely used public health and safety intervention available. Wide usage of vaccinations has significantly decreased the spread of vaccine preventable disease that historically resulted in severe morbidity and mortality rates among the most vulnerable populations. Highlands County continues to remain at or above the state rate for both flu and pneumonia vaccinations.

c. Tobacco Use

In the U.S., cigarette smoking-related diseases cause more deaths than alcohol use, human immunodeficiency virus (HIV), car crashes, illegal drug use and firearm-related incidents combined. Smoking causes diseases such as cancer, lung diseases, heart disease, stroke and chronic obstructive pulmonary disease (COPD). Cigarette smoking in adults in Highlands County (16.1%) is slightly higher than the state rate (15.5%). In addition, 21.1% of adults with less than a high school education reported being current smokers, compared to 20.6% of adults with a high school diploma or GED and 10.9% of adults with more than a high school education.

The Florida Youth Tobacco Survey (FYTS) was administered in the spring of 2020. A total of 683 public high schools and middle schools in 65 Florida counties participated in the FYTS. There were 56,266 students who participated in the 2020 FYTS; 27,157 at the high school level and 29,109 at the middle school level. Flavorings in tobacco products is one factor that can be attributed to rising youth vaping rates. Of those who participated in Highlands in 2020, 26.5% of middle school students and 26.4% of high school students reported that they had tried electronic vaping.

4. Reportable & Infectious Disease

Sexually transmitted diseases (STDs), are among the most common infectious diseases in the United States today. More than 20 STDs have now been identified, and they affect more than 20 million men and women in the United States each year. Infectious diseases are caused by pathogenic microorganisms, such as bacteria, viruses, parasites, or fungi. These diseases can be spread, directly or indirectly, from one person to another. Among these are Sexually Transmitted Diseases (STDs) that include Gonorrhea, Chlamydia, and Infectious Syphilis. According to three-year (2017-2019) rolling data, STD rates in Highlands County at 452.3 are less than most half the state rate which is 716.8.

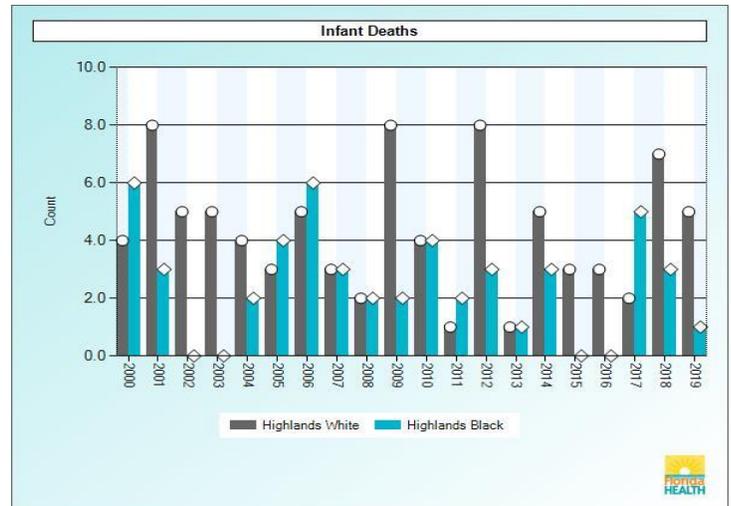
Many of the following diseases can be prevented with immunization including Chronic Hepatitis B, Diphtheria, Measles, Mumps, Pertussis, Rubella, Tetanus, and Varicella (Chickenpox). While vaccine-preventable diseases can be a public health challenge; historically, this has not been the case for Highlands County. The most common vaccine-preventable disease in Highlands County is Chronic

Hepatitis B. Since 2013, the rate in Highlands County has only increased by 1.5 percent from 9.0 (3-Yr Rate Per 100,000) to 10.5 (3-Yr Rate Per 100,000). The county continues to remain below the state rate for Enteric disease (stomach or intestines) and Human Immunodeficiency Virus (HIV). However, there is no vaccine to prevent HIV therefore, the risk of transmission remains of concern.

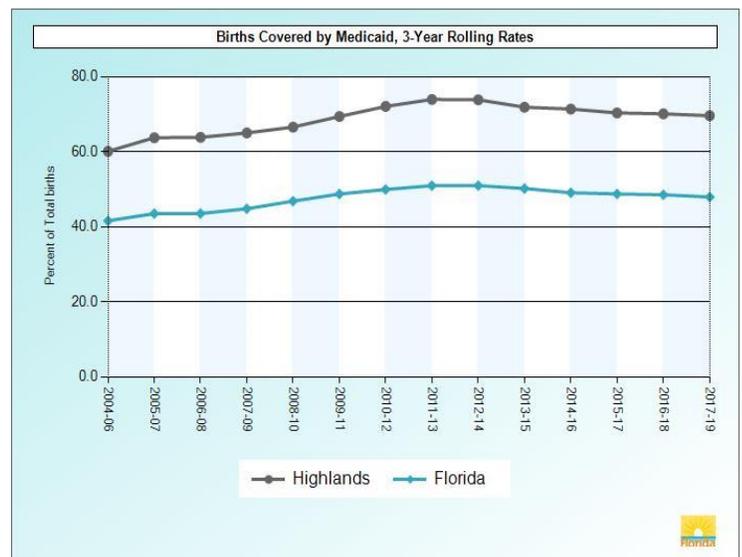
5. Maternal & Child Health

In 2019, eight hundred and thirty-nine (839) babies were born to Highlands County residents. Factors used to determine Maternal and Child Health rates include the overall health of the baby, the care that both the baby and mother receive before birth, and the age of the mother. It should be noted that due to the limited number of infant deaths and population size, a large statistical variance can skew data when comparing race and ethnicity.

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.



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



There is a wide disparity of Black mothers & infants to either White or Hispanic counterparts. The rate of infant deaths and low birth weights are more than three times the rate for Black mothers as compared to either White or Hispanic mothers. Prenatal care rates have improved since 2015-2017, with Hispanic mothers being the least likely to seek care during the first trimester. The following table describes Highlands County Birth Data Comparison for 2017-2019 including Florida's state rate.

County Birth Data Comparison 2017-19

Indicators	Highlands Count	Highlands Rate	State Rate
Births (Per 1,000 Population)			
Total Births	2,557	8.3	10.6
White	1,996	7.6	9.7
Black	435	13.4	13.8
Other	126	10.1	12.4
Hispanic	737	12	12.4
Non-Hispanic	1,817	7.3	9.8
Births by Mother's Age (Per 1,000 Females)			
Births to Mothers 10-14	0	0	0.2
Births to Mothers 15-17	34	7.7	6.7
Births to Mothers 15-19	170	24.9	17.1
Births to Mothers 36 and Over	231	2.2	5.1
Prenatal Care (% of Births with Know Prenatal Care Status)			
Births With 1st Trimester Prenatal Care	1,375	63.5	76.5
Births With 2nd Trimester Prenatal Care	519	24	16.3
Births With 3rd Trimester or No Prenatal Care	273	12.6	7.2
Maternal and Family Characteristics			
Total births to unwed mothers	1,454	56.9	46.6
Repeat births to mothers ages 15-19	22	12.9	14.8
Birth with Inter-Pregnancy Interval < 18 months	576	36.8	34.7
Persons Eligible for WIC (Estimated Eligible)	11,108		
Percentage Served by WIC	7,666	69	67.7
Mothers who Initiate Breastfeeding	2,068	80.9	86.1
Low Birth Weight (Percentage of)			
Total Live Births Under 2500 Grams	253	9.9	8.8
White	167	8.4	7.2
Black	65	14.9	13.9
Other	21	16.7	8.7
Hispanic	54	7.3	7.3
Non-Hispanic	199	11	9.4
Total Live Births Under 1500 Grams	41	1.6	1.6
White	25	1.3	1.1
Black	13	3	3
Other	3	2.4	1.3
Hispanic	8	1.1	1.3
Non-Hispanic	33	1.8	1.7
Preterm Births and Elective Deliveries (Percentage of)			
Total Preterm Births (<37 weeks gestation)	286	11.2	10.4
White	199	10	9.3
Black	66	15.2	14.2
Other	21	16.7	9.2
Hispanic	72	9.8	9.3
Non-Hispanic	213	11.7	10.8
Births 37-38 Weeks Gestation with an Elective Delivery	67	35.8	33.2
Maternal and Fetal Deaths			
Maternal Deaths	0	0	21
Infant Deaths (0-364 days)			
Total Infant Deaths	26	10.2	6

6. Social & Mental Health

Reviewing hospital discharge data is one method of gauging the mental health status of a community. The National Institute of Mental Health estimates that approximately one in five adults in the United States suffers from a mental illness in each year. Common mental health issues such as anxiety and depression are associated with a variety of other public health issues including substance abuse, domestic violence, and suicide. Crime in a community has a direct impact on health, through injuries, fatalities, and increased mental health issues from fear, stress, and anxiety. According to the most recent Crime in Florida Abstract released by the Florida Department of Law Enforcement, crime is trending down in the county much like it is across the state.

CRIME IN FLORIDA ABSTRACT

Highlands County

January - December 2019

Crime Trends

Year	Index Total Crimes	% Change	Violent Crime	% Change	Property Crime	% Change	Population	% Change	Crime Rate	% Change
2015	2,699	-4.5	278	6.9	2,421	-5.7	100,748	0.9	2,679.0	-5.4
2016	2,994	10.9	327	17.6	2,667	10.2	101,531	0.8	2,948.9	10.1
2017	2,994	0.0	329	0.6	2,665	-0.1	102,138	0.6	2,931.3	-0.6
2018	2,708	-9.6	314	-4.6	2,394	-10.2	102,525	0.4	2,641.3	-9.9
2019	2,621	-3.2	280	-10.8	2,341	-2.2	103,434	0.9	2,534.0	-4.1

Domestic Violence

by Offense Type to Victim's Relationship to Offender

OFFENSES	RELATIONSHIP VICTIM TO OFFENDER									Arrests
	Total	Spouse	Parent	Child	Sibling	Other Family	Cohabitant	Other		
Murder	0	0	0	0	0	0	0	0	0	0
Manslaughter	0	0	0	0	0	0	0	0	0	0
Rape	6	0	1	2	1	0	2	0	2	2
Fondling	7	0	0	6	1	0	0	0	0	0
Aggravated Assault	62	9	2	9	4	7	24	7	51	51
Aggravated Stalking	0	0	0	0	0	0	0	0	0	0
Simple Assault	505	64	50	49	27	27	224	64	394	394
Threat/Intimidation	11	4	0	0	0	0	4	3	9	9
Simple Stalking	0	0	0	0	0	0	0	0	0	0
TOTAL OFFENSES	591	77	53	66	33	34	254	74	456	

Domestic Violence by Offense Type

PRIMARY OFFENSE	2018	2019	Percent Change
Murder	0	0	
Manslaughter	0	0	
Rape	4	6	50.0
Fondling	7	7	0.0
Aggravated Assault	59	62	5.1
Aggravated Stalking	0	0	
Simple Assault	448	505	12.7
Threat/Intimidation	15	11	-26.7
Simple Stalking	0	0	
TOTAL OFFENSES	533	591	10.9

Crime Volume and Rate

MEASURE	2018	2019	Percent Change
Total Index Crime	2,708	2,621	-3.2
Total Violent Crime	314	280	-10.8
Total Property Crime	2,394	2,341	-2.2
Total Crime Rate	2,641.3	2,534.0	-4.1
Violent Crime Rate	306.3	270.7	-11.6
Property Crime Rate	2,335.0	2,263.3	-3.1

Healthcare Resources

1. Shortage areas

Health Professional Shortage Areas (HPSAs) and Medically Underserved Areas (MUAs) are defined in the Public Health Service Act to include: (1) urban and rural geographic areas; (2) population groups; and (3) facilities with shortages of health professionals. Shortages may be geographic-, population- or facility-based. The HPSA score of shortage areas is calculated using the following four key factors: population-to-primary care physician ratio, percent of population with incomes below 100.0 percent of the poverty level, infant mortality rate or low birth weight birth rate (whichever scores higher), and travel time or distance to the nearest available source of care (whichever scores higher). The maximum score that a facility can receive is 26. The higher the score the lower the access and utilization are of the healthcare facility. Highlands County has been designated as a Health Professional Shortage Area (HPSA) for primary care, mental health care, and dental care. The county is also designated a Medically Underserved Area (MUA).

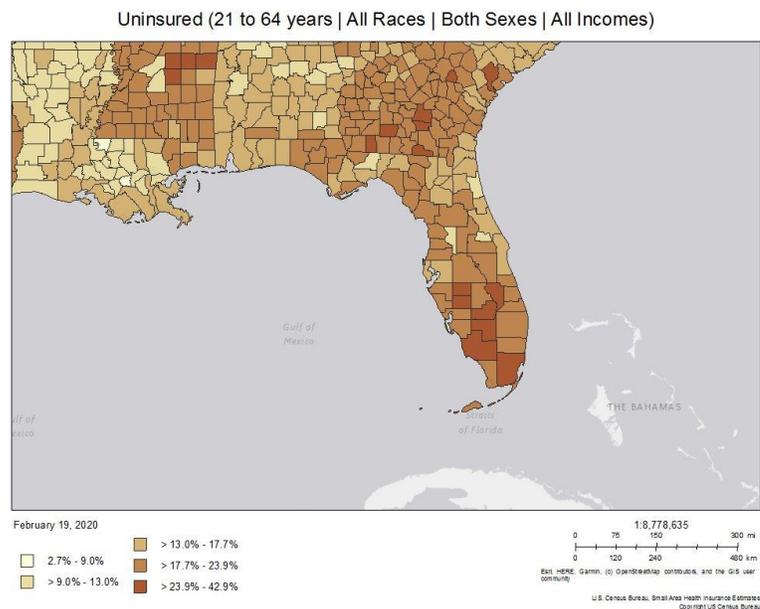
2. Medicaid

Medicaid provides medical coverage to low income individuals and families. The state and federal government share the costs of the Medicaid program. The four categories of Medicaid eligibility for adults in Florida include low-income families, pregnant women, emergency medical assistance for non-citizens, and Medicaid for the elderly and disabled. Eligibility for each of those programs is based on specific income criteria. In the latest report from the Agency for Health Care Administration, 20.7 percent of Highlands County residents of all ages received Medicaid benefits (also termed being Medicaid eligible), which is above the state rate of 17.9 percent. When segmented by age, Highlands County exceeded state percentages for Medicaid among those 11 to 18 years of age at 20.7 percent; ages 21 to 35 at 11.6 percent; ages 36 to 59 at 13.8 percent; ages 60 to 64 at 3.8 percent; ages 65 to 74 at 8.0 percent; comparable to state rates of 20.3, 11.1, 12.3, 3.0, and 8.4 percent, respectively.

3. Uninsured/Underinsured

Lack of health insurance coverage is a significant barrier to accessing needed health care and to maintaining financial security. The Kaiser Family Foundation released a report in December 2017 that outlines the effects insurance has on access to health care and financial independence. One key finding was that “going without coverage can have serious health consequences for the uninsured because they receive less

preventative care, and delayed care often results in serious illness or other health problems.” Uninsured adults are those who are under age 65 without health insurance. The downward trend in uninsured rates began to decline in 2012, but movement has fell flat since 2015. The 2019 rate for Highlands County is 19.4 percent with the state only at 16.1 percent.



Health Disparities

According to HealthyPeople.gov, if a health outcome is seen to a greater or lesser extent between populations, there is disparity. Race or ethnicity, sex, sexual identity, age, disability, socioeconomic status, and geographic location all contribute to an individual’s ability to achieve good health. It is important to recognize the impact that social determinants have on health outcomes of specific populations. Other influences on health include the availability and access to high-quality education, nutritious food, affordable transportation, and safe housing. Health disparities are preventable differences and include many factors. The disparities described below were found during Highlands County’s community health assessment process.

HIGHLANDS COUNTY					
Indicator	Measure	Year(s)	White	Black	Hispanic
Median household income	Dollars	2014-2018	\$40,371	\$25,426	\$29,699
Individuals below poverty level	Percent	2014-2018	15.0%	37.4%	31.9%
Children under 18 below poverty level	Percent	2014-2018	26.4%	55.2%	44.8%
Hospitalizations from or with diabetes	Per 100,000 population	2019	2094.9	4940.1	2654.4
Stroke deaths	Per 100,000 population	2019	48.2	88.9	66.6
Heart disease deaths	Per 100,000 population	2019	99.7	88.2	66.7
Infant deaths	Per 1,000 births	2019	7.5	7.3	4.2

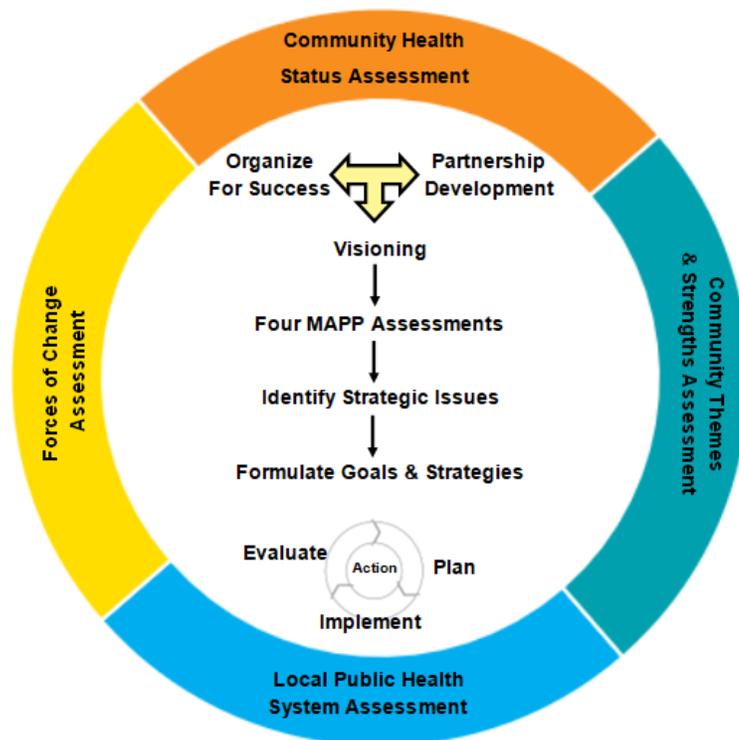
STATE OF FLORIDA					
Indicator	Measure	Year(s)	White	Black	Hispanic
Median household income	Dollars	2014-2018	\$56,008	\$39,586	\$46,627
Individuals below poverty level	Percent	2014-2018	12.7%	23.5%	18.9%
Children under 18 below poverty level	Percent	2014-2018	17.5%	33.8%	25.8%
Hospitalizations from or with diabetes	Per 100,000 population	2019	1915.1	1020.3	2249.3
Stroke deaths	Per 100,000 population	2019	38.8	59	40.2
Heart disease deaths	Per 100,000 population	2019	88.6	91.8	73.9
Infant deaths	Per 1,000 births	2019	4.4	10.9	4.9

Mobilizing for Action through Planning and Partnerships

The Mobilizing for Action through Planning and Partnerships (MAPP) process was developed by the National Association of County and City Health Officials (NACCHO) and the Centers for Disease Control and Prevention (CDC). It is a community-driven strategic planning process for improving community health. The process is not designed to be agency-focused; but rather one that is collaborative. Highlands CHD utilized this process in collaboration with various community partners to complete the six phases of the MAPP process. Members met via phone or in-person monthly during this process.

1. Phase 1: Organize for Success & Partnership Development

The first meeting was held on March 29, 2019. The Highlands CHD Senior Leadership Team and core members from AdventHealth met to discuss the development of the Community Health Assessment Survey. Following this meeting, the group presented and discussed the survey with Living Well in Highlands County (CHIP) on May 14, 2019. The CHA Steering Committee is comprised of members from both the Living Well in Highlands County group as well as the Community Health Assessment Team from AdventHealth. Representation includes local government, not-for-profit hospitals, non-profit organizations, faith-based organizations, federally qualified health centers, and community advocates.



2. Phase 2: Visioning

The “Visioning” phase of MAPP is a collaborative process leading to a shared community vision. Completing this phase answers the question “Where do we, as a community, see ourselves in three to five years?” (NACCHO 2013). Participants at the start-up meeting were offered the opportunity to express their viewpoints in selecting what they feel is the definition of a *healthy community*.

Statements selected include:

- One that works together to educate and implement healthy lifestyles, while addressing health concerns.
- A community that continues to provide methods/options to improve health.
- Individuals in the community have the knowledge and access to resources to choose healthy choices leading to more productive and satisfying days.
- A community that is striving to provide the best opportunities that enables people to mutually support each other to perform all functions of life and reach their maximum potential.

3. Phase 3: Four MAPP Assessments

a. Community Health Status Assessment

The Community Health Assessment was designed to gather both quantitative and qualitative information on community health conditions. The information included within the assessment is derived from multiple sources:

- Primary Data – Community Health Assessment Survey
- Secondary Data – Robert Wood Johnson Foundation, County Health Rankings, Florida Charts, Florida Department of Law Enforcement, and Centers for Disease Control and Prevention



The survey was offered in English and Spanish, as well as paper or electronic. Respondents could use the direct Survey Monkey link or QR code to complete the survey electronically. In total, 620 survey responses were received; 578 of which were completed in its entirety. A sample survey can be found in **APPENDIX A**.

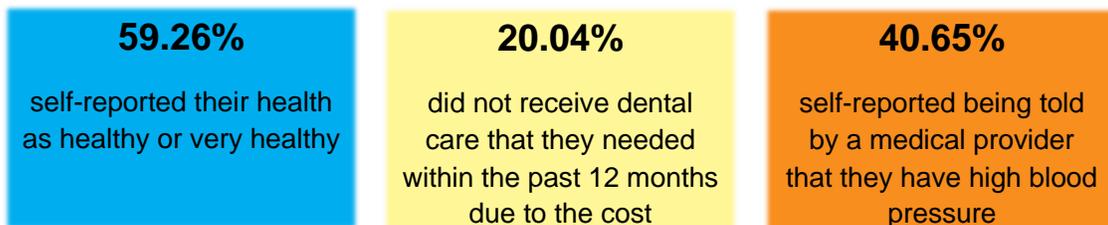
The survey was conducted from May 22, 2019 through June 30, 2019. To improve response rate, the survey was shared on Social Media by the local Board of County Commissioners, paper and electronic copies were made available to all Living Well in Highlands County Partners, and AdventHealth used I-pads while attending community health fairs to complete surveys. These additional methods proved to be successful. In 2015, only 286 survey responses were received. The composition of survey respondents includes:

- ❖ 61.59% of respondents were from Sebring
- ❖ 79.90% of respondents were Female
- ❖ 44.12% of respondents were between the ages of 45 to 64
- ❖ 86.12% self-reported as Caucasian
- ❖ 6.41% self-reported as African American
- ❖ 10.38% self-reported as Hispanic or Latino
- ❖ Of the 11 zip codes within the county, 33960 (Venus) was the only zip code had no responses

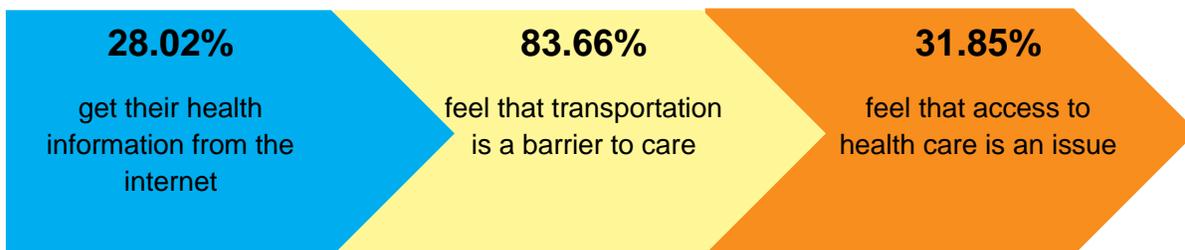
COMMUNITY CONCERNS



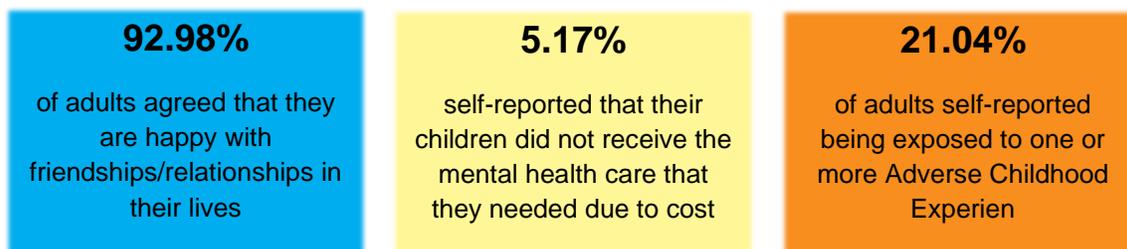
HEALTH



HEALTH RESOURCES



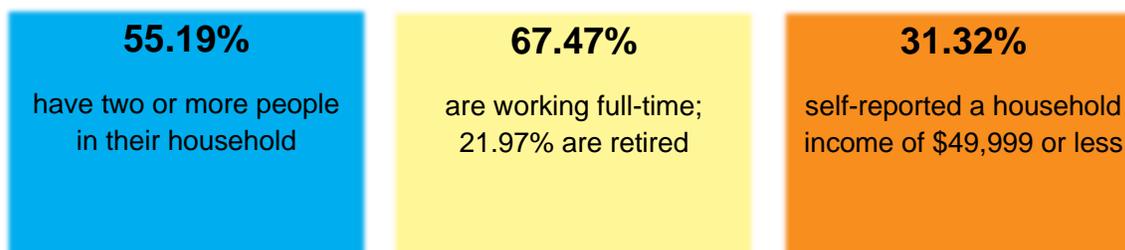
MENTAL HEALTH



NUTRITION



SOCIOECONOMICS



Key informant Interviews:

As an additional component of the Highlands County community health assessment during September of 2019, AdventHealth sent an online survey to key informants throughout the county to elicit their perception of the health status of 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 instrument used to conduct the survey was SurveyMonkey. Key informants were asked the following questions:

- ❖ Q1: Please enter your name & organization
- ❖ Q2: Please select all the counties in which you and/or your organization provide services or programs.
- ❖ Q3: Please select the hospital CHNA committee you attend.
- ❖ Q4: Could you tell us a little about yourself, your background, and your organization? If applicable, please share the following in your response: What is your organization's mission? Does your organization provide direct care or operate as an advocacy organization?
- ❖ Q5: We would like your perspective on the major health needs/issues in the community. Please share the following in your response: What are the top priority health issues that your organization is dealing with? What do you think are the factors that are contributing to these health issues?
- ❖ Q6: If your organization provides services or programs in multiple counties in the region, are there geographic differences in the health needs or issues each community faces?
- ❖ Q7: Which groups in your community appear to struggle the most with these issues you've identified and how does it impact their lives? Please consider the following in your response: Are there specific challenges that impact low-income, under-served and/or uninsured persons experience? Are there specific challenges that impact different racial or ethnic groups in the community? Are there specific challenges that impact different groups based on age or gender in the community?
- ❖ Q8: What barriers or challenges might prevent someone in the community from accessing health care or social services? (Examples might include lack of transportation, lack of health insurance coverage, language/cultural barriers, etc.)
- ❖ Q9: Could you tell us about some of the strengths and resources in your community that address these issues, such as groups, initiatives, services, or programs? (if including specific organizations in response, please include name and type of program)
- ❖ Q10: What services or programs do you feel could potentially have the greatest impact on the needs that you've identified?

Issues impacting specific groups were identified in question seven of the survey. Responses included:

- Infants & children: Specifically, the respondents cited a shortage of pediatric specialty care, as well as adequate dental care, for these youngest residents. Parents of children with complicated conditions or significant disabilities, for which they may have to travel out of county to get the specialty care needed, and there are significant transportation and cost barriers. More specifically, a way to target the disparity between black and white infant deaths.
- Migrant workers: lack of affordable housing and childcare perpetuates the need to take children into the fields with their parents, risking heat exposure, insect bites, and exposure to pesticides and contagious illnesses.
- Adults: access to specialty care and the costly effects of poorly treated chronic conditions were mentioned by respondents as the most pressing concerns for this age group. Also noted was the need for affordable options for healthcare, insurance coverage, and prescription drugs. Many residents who are working are still unable to afford care.
- Uninsured: Individuals with insurance gaps, such as, indigents, undocumented workers, and those who are not covered by an employer's insurance. Participants noted that beyond the obvious need for preventative care and routine primary care for the uninsured, dangerous chronic conditions like heart disease & diabetes often go undiagnosed or untreated due to cost barriers. Children miss life-saving immunizations and basic dental care. Infections and illnesses can be neglected so long that they can become irreversible or fatal.

b. Community Themes & Strengths Assessment (CTS)

The CTS Assessment (NACCHO 2013) evaluates community members' thoughts, experiences, opinions, and concerns. It answers questions such as:

- How is quality of life perceived in the community?
- What is important to the community?
- What assets does the community have to improve community health?

The Steering Committee reviewed primary and secondary data from the Community Health Assessment on November 12, 2019. Common themes that surfaced within the data included:

- Dental care – cost prohibitive
- Poor diet/need for healthier options
- Overall community awareness of services available
- Access to Care
- Drug abuse
- Transportation

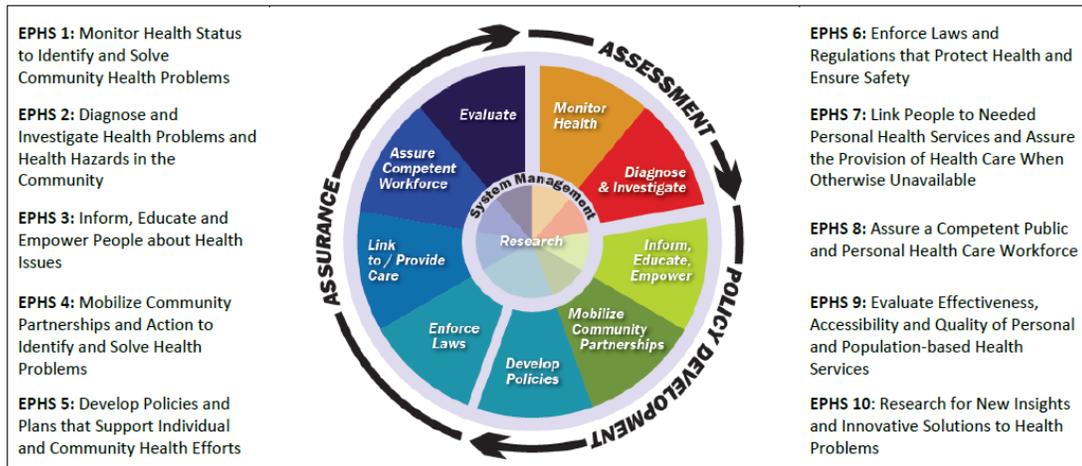
In reviewing community strengths, the committee looked to focus on the community partners that can most likely make an impact on the community concerns and themes found within the survey results. These partners include:

- ❖ AdventHealth
- ❖ CareerSource Heartland
- ❖ Children's Advocacy Center
- ❖ Drug-Free Highlands
- ❖ Economic Development Council
- ❖ Federally Qualified Healthcare Centers (Central Florida Healthcare)
- ❖ Feeding Tampa Bay
- ❖ Florida Department of Health
- ❖ Heartland Food Reservoir
- ❖ Heartland Regional Transportation Planning Organization
- ❖ Highlands County Board of County Commissioners
- ❖ Highlands County School Board
- ❖ Highlands Regional Medical Center
- ❖ Highway Park Neighborhood Council
- ❖ Nursing Homes
- ❖ Peace River Center
- ❖ QuitDoc/Tobacco Free Florida
- ❖ Samaritans Touch
- ❖ Tri-County Human Services
- ❖ YMCA

c. Local Public Health System Assessment

The Local Public Health System Assessment (LPHSA) is one of four MAPP assessments that inform the development of Highlands County's Community Health Improvement Plan. The purpose of this assessment is to identify the activities and capacities of our local public health system and identify areas for strengthening the system's ability to respond to day-to-day public health issues and to public health emergencies. The LPHSA uses the National Public Health Performance Standards (NPHPS) instrument, which Highlands County adopted to meet the community needs assessment. The assessment focuses on the core public health standards, designed around the Ten Essential Public Health Services (EPHS), by which local public health system performance can be determined.

According to the State Public Health Assessment that was conducted in May 2016, areas in need of additional focus include: assure a competent public health and personal health care workforce and link people to needed personal health services. Notably, EPHS 8 was ranked last in the previous assessment. The area in which the organization is excelling is the monitoring of health status to identify community health problems.



Stakeholder interviews were also used during the LPHSA. Each stakeholder responded to a series of questions via SurveyMonkey. The survey results were compiled and shared by local community partner, AdventHealth. A list of the interviewed stakeholders can be found in Special Thanks Section. Themes among responses included:

- ✓ Lack of transportation is a barrier to care
- ✓ Migrant workers and low-income families appear to struggle the most in the community
- ✓ Mobile care units, additional mental health providers, and low-cost services would be beneficial to improving the health of the community

d. Forces of Change Assessment (FoC)

The goal of the FoC Assessment is to identify forces that can affect the health of the community. These forces may include trends, factors, or events that either operate in the present or are expected in the future. A diverse group of community leaders participated in the strategic Forces of Change survey. Individuals were asked to identify events, trends, and factors in Highlands County that have been, or will be influencing the health and quality of life within the community. In addition, individuals were also asked to identify potential threats and opportunities associated with each. Once the survey results were compiled, the committee held a meeting to brainstorm and discuss key findings. The key findings included:

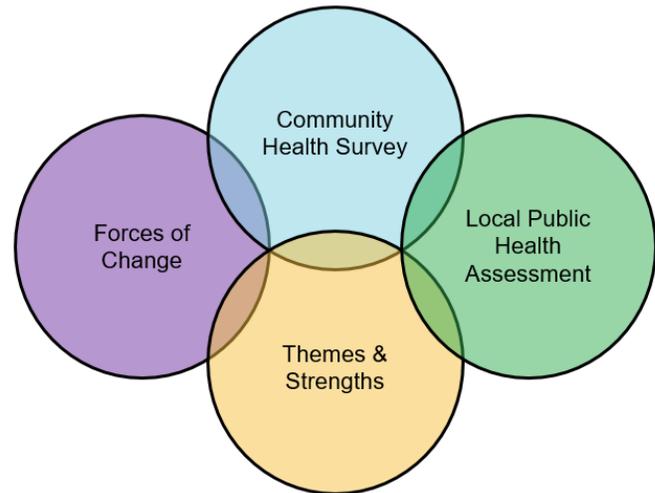
- ✓ Access to care
- ✓ Community awareness
- ✓ Drug abuse
- ✓ Poor diet/healthier options
- ✓ Transportation

Phase 4: Identify Strategic Issues

This phase uses the information gathered from the four assessments to determine strategic issues a community must address to reach its vision. The February 2020 meeting was dedicated to reviewing the data and findings from the entire community health assessment process including the secondary health data review, Forces of Change and Local Public Health System Assessments, and Community Themes and Strengths primary data. The committee also discussed the characteristics of strategic priorities to assure a common understanding of their scope, scale, and purpose. A feasibility/impact analysis was utilized to select the top three strategic issues. Those with the greatest feasibility and impact, based on

available resources, the potential for change, and alignment with the community's vision. The product was a mix of strategic issues that demand attention and will serve as foundation to the Community Health Improvement Plan (CHIP).

- ✓ **Aging Population**
- ✓ **Illness & Death**
- ✓ **Social & Behavioral Health**



4. Phase 5: Goals & Strategies

The Living Well in Highlands County CHIP Committee will facilitate the final two phases of the MAPP process. In this phase, community partners will meet to discuss and determine goals and activities that align with the selected Strategic Issues. Broad strategies are identified for addressing issues and achieving goals related to the community's vision. The result is the development and adoption of a Community Health Improvement Plan.

5. Phase 6: Action Cycle

The Action Cycle links three activities—Planning, Implementation, and Evaluation. Each of these activities builds upon the others in a continuous and interactive manner. While the Action Cycle is the final phase of MAPP, it is by no means the "end" of the process. During this phase, the efforts of the previous phases begin to produce results, as Highlands CHD and community partners develop and implement action plans for addressing strategic issues, goals, and activities.

Implementation & Monitoring

1. Dissemination Plan

The Community Health Assessment is only beneficial to the residents of Highlands County if the information it contains is utilized by the Florida Department of Health in collaboration with all community partners. Information 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. By using this information as a tool, the community can move forward to implement action steps for improvement. The ultimate impact of this data rests in the effectiveness of the dissemination strategy.

The CHA Steering Committee considered a wide variety of dissemination methods that would best lead to a plan of action within the community. With utilization as the goal, the committee presents the following plan to begin dissemination of this report.

- ✓ Document is available on the Florida Department of Health in Highlands County's website

- ✓ Document will be distributed to the Board of County Commissioners
- ✓ Document will be distributed to the Chamber of Commerce
- ✓ A press release will be submitted to the Highlands NewsSun
- ✓ Document will be distributed to the Living Well in Highlands County (CHIP) group
- ✓ Document will be distributed to the CHA Steering Committee

2. Roles & Responsibilities

The Community Health Assessment (CHA) Steering Committee is responsible for reviewing, measuring, and gathering of data. The group met throughout the MAPP process to facilitate the development of the CHA. Upon an internal final review and approval of the assessment, the Committee will be dissolved. At a minimum of quarterly, the Living Well in Highlands County (CHIP) group will review, monitor and report on the progress of strategic goals. The group will revise the CHA annually based on an assessment of availability of resources and data, community readiness, the current progress, and the alignment of goals.



3. Data Sources

The 2020-2025 CHA could not have been brought together without the collaboration of community partners. It provides a snapshot of Highlands County residents' health status, demographics, built environment, and quality of life. Highlands CHD will use the data to engage stakeholders in the development and implementation of the CHIP plan. The data presented in this CHA comes from multiple sources such as the Community Themes and Strengths Assessment, Local Public Health System Assessment, Forces of Change, Community Health Survey, Behavioral Risk Factor Surveillance System (BRFSS), U.S. Census Bureau, Florida CHARTS, Healthy People 2020, Office of Economic & Demographic Research (OEDR) and Florida Department of Law Enforcement (FDLE). A complete listing of data sources can be found in **APPENDIX C**.

Appendices

Appendix A – 2019 Community Health Survey

DEMOGRAPHICS

1. In which city do you live? (Please choose only one)

Avon Park Lake Placid Sebring Other: _____

2. What is your zip code? (Please write in): _____

3. What is your age? (Please choose only one)

18 to 24 25 to 34 35 to 44 45 to 54 55 to 64 65 to 74 75 or older

4. Are you of Hispanic or Latino origin or descent? (Please choose only one)

Yes, Hispanic or Latino No, not Hispanic or Latino Prefer not to answer

5. Which race best describes you? (Please choose only one)

American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Pacific Islander White More than one race
 Prefer Not to Answer Other: _____

6. Do you identify your gender as?

Female Male Other / Gender non-Conforming
If you identify as Transgender: Female to Male (or) Male to Female

7. Which of the following best describes your sexual orientation? (Please choose only one)

Bisexual Gay or Lesbian Heterosexual (Straight) Other: _____

8. What language do you MAINLY speak at home? (Please choose only one)

Arabic Chinese English French
German
 Haitian Creole Russian Spanish Tagalog
Vietnamese
 Other: _____

9. How well do you speak English? (Please choose only one)

Very well Well Not Well Not at all

10. What is the highest level of school that you have completed? (Please choose only one)

Less than high school 2 – Year College Degree
 Some high school, no diploma 4 – Year College Degree
 High school diploma (GED) Graduate – Level Degree or Higher
 Some college, no degree None of the above

11. How much total combined money did all people living in your home earn last year?

(Please choose only one)

- \$0 to \$9,999 \$75,000 to \$99,999 \$175,000 to \$199,999
- \$10,000 to \$24,999 \$100,000 to \$124,999 \$200,000 and up
- \$25,000 to \$49,999 \$125,000 to \$149,999 Prefer not to answer
- \$50,000 to \$74,999 \$150,000 to \$174,999

12. Which of the following categories best describes your employment status?

(Please choose only one)

- Employed, working full-time Student
- Employed, working part-time Retired
- Not employed, looking for work Disabled, not able to work
- Not employed, NOT looking for work

13. What transportation do you use most often to go places? (Please choose only one)

- I drive my own car Someone drives me
- I walk I take a taxi cab
- I ride a bicycle I take an Uber/Lyft
- I ride a motorcycle or scooter Some other way

14. How do you pay for most of your health care? (Please choose only one)

- I pay cash / I don't have insurance Private health insurance (HMO, PPO)
- Medicare or Medicare HMO Veteran's Administration/TRICARE
- Medicaid or Medicaid PPO Some other way

15. Including yourself, how many people currently live in your home? (Please choose only one)

- 1 2 3 4 5 6 or more

16. Are you a caregiver to an adult family member who cannot care for themselves in your home?

(Please choose only one)

- Yes No

17. Including yourself, how many people 65 years or older currently live in your home?

(Please choose only one)

- None 1 2 3 4 5 6 or more

18. How many CHILDREN (under age 18) currently live in your home? (Please choose only one)

- None (skip to question 30) 1 2 3 4 5 6 or more

CHILDREN'S SECTION

19. Was there a time in the PAST 12 MONTHS when children in your home needed medical care but did NOT get the care you needed?

- Yes No (skip to question 21)

20. What is the MAIN reason they didn't get the medical care they needed?

(Please choose only one)

- | | |
|---|--|
| <input type="checkbox"/> Can't afford it / Costs too much | <input type="checkbox"/> I had transportation problems |
| <input type="checkbox"/> I don't have a doctor | <input type="checkbox"/> I don't know where to go |
| <input type="checkbox"/> I had trouble getting an appointment | <input type="checkbox"/> I don't have health insurance |
| <input type="checkbox"/> Other: _____ | |

21. Was there a time in the PAST 12 MONTHS when children in your home needed DENTAL care but did NOT get the care you needed?

- Yes No (skip to question 23)

22. What is the MAIN reason they didn't get the dental care they needed?

(Please choose only one)

- | | |
|---|--|
| <input type="checkbox"/> Can't afford it / Costs too much | <input type="checkbox"/> I had transportation problems |
| <input type="checkbox"/> I don't have a dentist | <input type="checkbox"/> I don't know where to go |
| <input type="checkbox"/> I had trouble getting an appointment | <input type="checkbox"/> I don't have dental insurance |
| <input type="checkbox"/> Other: _____ | |

23. Was there a time in the PAST 12 MONTHS when children in your home needed mental health care but did NOT get the care you needed?

- Yes No (skip to question 25)

24. What is the MAIN reason they didn't get the mental health care they needed?

(Please choose only one)

- | | |
|---|--|
| <input type="checkbox"/> Can't afford it / Costs too much | <input type="checkbox"/> I had transportation problems |
| <input type="checkbox"/> I don't have a doctor / counselor | <input type="checkbox"/> I don't know where to go |
| <input type="checkbox"/> I had trouble getting an appointment | <input type="checkbox"/> I don't have health insurance |
| <input type="checkbox"/> Other: _____ | |

25. I feel safe walking in my neighborhood.

- Yes (skip to question 27) No

26. If you answered "NO", check all reasons you do not feel safe walking:

- | | |
|---|---|
| <input type="checkbox"/> Traffic | <input type="checkbox"/> No sidewalks |
| <input type="checkbox"/> Poor condition of roads or sidewalks | <input type="checkbox"/> Dogs not on a leash |
| <input type="checkbox"/> Stopped by police | <input type="checkbox"/> Violent Crime or theft |

27. What health issues have children in your home faced?

CHECK ALL THAT APPLY	
My children have not faced any health issues	<input type="checkbox"/>
Allergies	<input type="checkbox"/>
Asthma	<input type="checkbox"/>
Autism	<input type="checkbox"/>
Behavioral Health / Mental health	<input type="checkbox"/>
Birth-related (such as low birthweight, prematurity, prenatal, and others)	<input type="checkbox"/>
Bullying	<input type="checkbox"/>
Child abuse / child neglect	<input type="checkbox"/>
Children overweight	<input type="checkbox"/>
Children underweight	<input type="checkbox"/>
Dental Problems (such as cavities, root canals, extractions, surgery, and others)	<input type="checkbox"/>
Diabetes / Pre-diabetes / High Blood Sugar	<input type="checkbox"/>
Sexually Transmitted Disease	<input type="checkbox"/>
CHECK ALL THAT APPLY	
My children do not have any special needs	<input type="checkbox"/>
Attention deficit / hyperactivity disorder (AD/HD)	<input type="checkbox"/>
Autism / pervasive development disorder (PDD)	<input type="checkbox"/>
Blindness / visual impairment	<input type="checkbox"/>
Cerebral palsy	<input type="checkbox"/>
Child who uses a wheelchair or walker	<input type="checkbox"/>
Deaf / hearing loss	<input type="checkbox"/>
Developmental delay (DD)	<input type="checkbox"/>
Down syndrome	<input type="checkbox"/>
Emotional disturbance	<input type="checkbox"/>
Epilepsy / Seizure disorder	<input type="checkbox"/>
Intellectual disability (formerly mental retardation)	<input type="checkbox"/>
Learning disabilities / differences	<input type="checkbox"/>
Speech and language impairments	<input type="checkbox"/>

Spina bifida	
Traumatic brain injury	
Other (please specify): _____	
Teen pregnancy	
Unintentional injuries or accidents that required immediate medical care (such as a concussion from playing sports)	<input type="checkbox"/>
Using drugs or alcohol	<input type="checkbox"/>
Using tobacco, e-cigarettes, or vaping	<input type="checkbox"/>
Other (please specify): _____	<input type="checkbox"/>

28. Do any children in your home have special needs?

29. Do any children in your home?

CHECK ALL THAT APPLY	
Attend a Public or Charter School	<input type="checkbox"/>
Drink Sugary-Sweetened Sodas, Energy Drinks, or Sports Drinks Every Day	<input type="checkbox"/>
Eat at Least 3 Servings of Fruits and Vegetables Every Day	<input type="checkbox"/>
Eat Fast Food Every Week	<input type="checkbox"/>
Eat Junk Food Every Day	<input type="checkbox"/>
Exercise at Least 60 Minutes Every Day	<input type="checkbox"/>
Get 8 Hours or More of Sleep Every Night	<input type="checkbox"/>
Have a history of being bullied (including social media)	<input type="checkbox"/>
Have access to a pool where you live	<input type="checkbox"/>
Know how to swim	<input type="checkbox"/>
Need Regular Access to a School Nurse	<input type="checkbox"/>
Receive all shots to prevent disease	<input type="checkbox"/>
Receive gun safety education	<input type="checkbox"/>
Stay Home from School 5 or More Days a Year Because of Health Issues	<input type="checkbox"/>
Use a car/booster seat (under age 8)	<input type="checkbox"/>
Use Sunscreen	<input type="checkbox"/>
Wear a bike/skate helmet	<input type="checkbox"/>
Wear a seatbelt at all times	<input type="checkbox"/>
Other (please specify): _____	<input type="checkbox"/>

COMMUNITY HEALTH

30. Overall, how would you rate the health of the community in which you live?

(Please choose only one)

Very unhealthy

Unhealthy

Somewhat healthy

Healthy

Very healthy

Not sure

31. Please read the list of RISKY BEHAVIORS listed below.

Which three (3) do you feel are the most harmful to the overall health of your community?

1 Most harmful; 2 Second-most harmful; 3 Third-most harmful;

PLEASE ONLY MARK THREE (1,2,3)	Your Top 3	Example
Alcohol abuse		
Distracted driving (texting, eating, talking on the phone)		
Dropping out of school		
Drug abuse		1
Lack of exercise		
Not getting "shots" to prevent disease		
Not locking up guns		
Not seeing a doctor while you are pregnant		
Not using seat belts/not using child safety seats		3
Not wearing helmets		
Poor eating habits		
Tobacco use / E-cigarettes / Vaping		2
Unsafe sex including not using birth control		

32. Please read the list of HEALTH PROBLEMS and think about your community.

If addressed, which three (3) do you feel will improve the health of your community?

1 Most important;

2 Second-most important;

3 Third-most important

PLEASE ONLY MARK THREE (1,2,3)	Your Top 3	Example
Aging Problems (for example: difficulty getting around, dementia, arthritis)		
Being Overweight		2
Cancers		
Child Abuse / Neglect		1
Clean Environment / Air and Water Quality		

Dental Problems		
Diabetes / High Blood Sugar		
Domestic Violence / Rape / Sexual Assault		
Gun-Related Injuries		3
Heart Disease / Stroke / High Blood Pressure		
HIV/AIDS / Sexually Transmitted Diseases (STDs)		
Homicide		
Infant Death		
Infectious Diseases Like Hepatitis and TB		
Mental Health Problems Including Suicide		
Motor Vehicle Crash Injuries		
Respiratory / Lung Disease		
Teenage Pregnancy		
Tobacco Use / E-cigarettes / Vaping		

33. Please read the list of FACTORS and think about your community.

If addressed, which three (3) do you feel will improve the quality of life in your community?

1 Most important; 2 Second-most important; 3 Third-most important

PLEASE ONLY MARK THREE (1,2,3)	Your Top 3	Example
Access to Good Health Information		
Access to Health Care		
Access to Low-Cost, Healthy Food		
Arts and Cultural Events		3
Clean Environment / Air and Water Quality		
Disaster Preparedness		
Emergency Medical Services		
Good Jobs and Healthy Economy		
Good Place to Raise Children		
Good Schools		1
Healthy Behaviors and Lifestyles		
Low Crime / Safe Neighborhoods		

Low Rates of Adult Death and Disease		
Low Rates of Infant Death		
Low-Cost Health Insurance		2
Low-Cost Housing		
Parks and Recreation		
Public Transportation		
Religious or Spiritual Values		
Sidewalks / Walking Safety		
Strong Family Life		
Tolerance / Embracing Diversity		

34. Below are some statements about your local community. Please tell us if you agree or disagree with each statement.

	Agree	Disagree	Not Sure
Air pollution is a problem in my community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crime in my area is a serious problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug abuse is a problem in my community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can get healthy food easily.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel safe in my own neighborhood.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have no problem getting the health care services I need.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

35. Below are some statements about your local community. Please tell us if you agree or disagree with each statement.

	Agree	Disagree	Not Sure
Public transportation is easy to get to if I need it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The quality of health care is good in my neighborhood.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are affordable places to live in my neighborhood.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are good sidewalks for walking safely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are plenty of jobs available for those who want them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We have great parks and recreational facilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

36. Below are some statements about your connections with people in your life. Please tell us if you agree or disagree with each statement.

	Agree	Disagree	Not Sure
I am happy with my friendships and relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have enough people I can ask for help at any time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My relationships are as satisfying as I want them to be	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

37. Over the past 12 months, how often have you had thoughts that you would be better off dead or of hurting yourself in some way? (Please choose only one)

- Not at All
 Several Days
 More than half the days
 Nearly Every Day

38. In the past 12 months, I worried about whether our food would run out before we got money to buy more. (Please choose only one)

- Often true
 Sometimes true
 Never true

39. In the past 12 months, the food that we bought just did not last, and we did not have money to get more. (Please choose only one)

- Often true
 Sometimes true
 Never true

40. In the last 12 months, did you or anyone living in your home ever get emergency food from a church, a food pantry, or a food bank, or eat in a soup kitchen? (Please choose only one)

- Yes
 No

41. Now think about the past 7 days. In the past 7 days, how many times did you eat fast food? Include fast food meals eaten at work, at home, or at fast-food restaurants, carryout or drive-through. (Please choose only one)

- ___ # of times in past 7 days
 Not sure

42. Has there been any time in the past 2 years when you were living on the street, in a car, or in a temporary shelter? (Please choose only one)

- Yes
 No

43. Are you worried or concerned that in the next 2 months you may not have stable housing that you own, rent, or stay in as part of a household? (Please choose only one)

- Yes
 No

44. In the past 12 months has your utility company shut off your service for not paying your bills? (Please choose only one)

- Yes
 No

45. In the past 12 months, have you used a prescription pain medicine (morphine, codeine, hydrocodone, oxycodone, methadone, or fentanyl) without a doctor's prescription or differently than how a doctor told you to use it? (Please choose only one)

- Yes No

PERSONAL HEALTH

46. Overall, how would you rate YOUR OWN PERSONAL health? (Please choose only one)

- Very unhealthy Unhealthy Somewhat healthy
 Healthy Very healthy Not sure

47. Was there a time in the PAST 12 MONTHS when you needed medical care but did NOT get the care you needed? (Please choose only one)

- Yes No **(Skip to question 49)**

48. What is the MAIN reason you didn't get the medical care you needed?

(Please choose only one)

- Can't afford it / Costs too much I had transportation problems
 I don't have a doctor I don't know where to go
 I had trouble getting an appointment I don't have health insurance
 Other: _____

49. Thinking about your MENTAL health, which includes stress, depression, and problems with emotions, how would you rate your overall mental health? (Please choose only one)

- Very unhealthy Unhealthy Somewhat healthy
 Healthy Very healthy Not sure

50. Was there a time in the PAST 12 MONTHS when you needed mental health care but did NOT get the care you needed? (Please choose only one)

- Yes No **(Skip to question 52)**

51. What is the MAIN reason you didn't get the mental health care you needed?

(Please choose only one)

- Can't afford it / Costs too much I had transportation problems
 I don't have a doctor / counselor I don't know where to go
 I had trouble getting an appointment I don't have health insurance
 Other: _____

52. Was there a time in the PAST 12 MONTHS when you needed DENTAL care but did NOT get the care you needed? (Please choose only one)

- Yes No **(Skip to question 54)**

53. What is the MAIN reason you didn't get the dental care you needed?

(Please choose only one)

- Can't afford it / Costs too much
- I don't have a dentist
- I had trouble getting an appointment
- Other: _____
- I had transportation problems
- I don't know where to go
- I don't have dental insurance

54. In the past 12 months, how many times have you gone to a hospital emergency room (ER) about your own health?

- Yes, Number of times: _____
- I have not gone to a hospital ER in the past 12 months **(Skip to question 56)**

55. What is the MAIN reason you used the emergency room INSTEAD of going to a doctor's office or clinic? (Please choose only one)

- After hours / Weekend
- Long wait for an appointment
- Emergency / Life-threatening situation
- Other: _____
- I don't have a doctor / clinic
- Cost
- I don't have insurance

56. Have you ever been told by a doctor or other medical provider that you had any of the following health issues?

CHECK ALL THAT APPLY	
Alzheimers	<input type="checkbox"/>
Cancer	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>
Heart disease	<input type="checkbox"/>
High blood pressure/hypertension	<input type="checkbox"/>
HIV/AIDS	<input type="checkbox"/>
Mental health issues (depression, anxiety)	<input type="checkbox"/>
Obesity	<input type="checkbox"/>
Respiratory/COPD	<input type="checkbox"/>
Stroke	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>

57. How often do you smoke? (Please choose only one)

- I do not smoke cigarettes I smoke less than one pack per day
 I do not smoke cigarettes; I smoke a pipe I smoke more than one pack per day
 I do not smoke cigarettes, I use smokeless tobacco (chewing tobacco, dip, snuff)

58. How often do you vape or use e-cigarettes? (Please choose only one)

- I do not vape or smoke e-cigarettes I vape or smoke e-cigarettes on some days
 I vape or smoke e-cigarettes everyday

59. Where do you get health information?

(Please choose only one)

- Books Newspaper
 Friends or relatives Radio or television
 Family doctor Social Media
 Internet Other: _____

CHILDHOOD EVENTS

If you would like help with or would like to talk about these issues, please call the National Hotline for Child Abuse at 1-800-4-A-CHILD (1-800-422-4453).

60. Below are some statements about your events that may have happened to you BEFORE you were 18 years of age. Below Please tell us if you agree or disagree with each statement.

	Yes	No	Not Sure
Did you live with anyone who was depressed, mentally ill, or suicidal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you live with anyone who was a problem drinker or alcoholic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you live with anyone who used illegal street drugs or who abused prescription medications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were your parents separated or divorced?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

61. Below are some statements about your events that may have happened to you BEFORE you were 18 years of age. Below Please tell us if you agree or disagree with each statement.

	Yes	No	Not Sure
Did your parents or adults in your home slap, hit, kick, punch, or beat each other up?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did a parent or adult in your home hit, beat, kick, or physically hurt you in any way?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did a parent or adult in your home swear at you, insult you, or put you down?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did an adult or anyone at least 5 years older than you touch you sexually?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did an adult or anyone at least 5 years older than you try to make you touch them sexually?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did an adult or anyone at least 5 years older than you force you to have sex?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Appendix B – Behavioral Risk Factors Surveillance System Profile

Behavioral Risk Factors	Highlands County		Florida	
	2013	2016	2013	2016
Alcohol Consumption				
Adults who engage in heavy or binge drinking	7.5	15.3	17.6	17.5
Arthritis				
Adults who have been told they have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia	34.6	30.3	26	24.8
Asthma				
Adults who currently have asthma	11.3	6.3	8.3	6.7
Adults who have ever been told they had asthma	15.3	11.4	13.5	11
Cancer Prevalence				
Adults who have ever been told they have had skin cancer	16.6	11	9.2	9.1
Adults who have ever been told they had any other type of cancer except skin cancer	13.2	13.6	7.6	7.5
Cancer Screening				
Adults 50 years of age and older who have ever had a sigmoidoscopy or colonoscopy	63.2	67.2	69.3	69.2
Adults aged 50 to 75 who had colorectal screening based on the most recent clinical guidelines	58.2	62	64.7	67.3
Women 40 years of age and older who received a mammogram in the past year	-	58.3	58.5	60.8
Women 18 years of age and older who received a Pap test in the past year	29.7	40.5	51.4	48.4
Men ages 50 years and older who have ever had a PSA test	-	65	-	67.5
Cardiovascular Disease				
Adults who have ever had a heart attack, angina, or coronary heart disease, or stroke	-	17.4	-	9.8
Adults who have ever been told they had a stroke	4.8	5.4	3.7	3.5
COPD				
Adults who have ever been told they had chronic obstructive pulmonary disease, emphysema, or chronic bronchitis	12	12.9	7.4	7.1
Dental Care				
Adults who visited a dentist or a dental clinic in the past year	-	55.7	-	63
Adults who had a permanent tooth removed because of tooth decay or gum disease	-	57.5	-	47.3
Diabetes				
Adults who have ever been told they had pre-diabetes	8.2	7.8	7.1	9.4
Adults who have ever been told they had diabetes	13.4	15.3	11.2	11.8
Average age at which diabetes was diagnosed	53	50.4	50.8	48.2

Behavioral Risk Factors	Highlands County		Florida	
	2013	2016	2013	2016
Disability				
Adults who use special equipment because of a health problem	9.4	13	8.8	9.9
Adults who are limited in any way in any activities because of physical, mental, or emotional problems	25.7	24.6	21.2	21.2
Health Care Access & Coverage				
Adults who have Medicare (Medicare is a coverage plan for people 65 or over and for certain disabled people)	-	59	-	37.9
Adults who have a personal doctor	77.7	76.9	73.2	72
Adults who had a medical checkup in the past year	70.6	76.1	70.3	76.5
Adults who could not see a doctor in the past year due to cost	20.8	18.9	20.8	16.6
Health Status & Quality of Life				
Adults who have Medicare (Medicare is a coverage plan for people 65 or over and for certain disabled people)	-	59	-	37.9
Adults who said their overall health was "fair" or "poor"	22	27.1	19.5	19.5
Adults with good physical health	85.2	84.8	85.9	87.1
Average number of unhealthy physical days in the past 30 days	4.7	4.7	4.5	4
Adults with good mental health	81.9	86.4	87.3	88.6
Average number of unhealthy mental days in the past 30 days	5	4.1	4.1	3.6
Adults who have ever been told they had a depressive disorder	18	10.7	16.8	14.2
HIV/AIDS				
Adults who have ever been tested for HIV	32.3	40.4	42.6	46.9
Adults less than 65 years of age who have ever been tested for HIV	44.5	56.3	50.6	55.3
Adults less than 65 years of age who had an HIV test in the past 12 months	14.7	14.3	15.6	19.7
Immunization				
Adults who received a flu shot in the past year	30.8	36	30.7	35
Adults 65 years of age and older who received a flu shot in the past year	57.3	47.8	54.6	57.6
Adults 65 years of age and older who have ever received a pneumonia vaccination	67.1	64.5	66.2	65.6
Injury Prevention				
Adults who always or nearly always use a seatbelt when riding in a car	96.7	92	94.2	95
Adults 45 years of age and older who had a fall-related injury in the past 12 months	-	11.3	-	9.9

Behavioral Risk Factors	Highlands County		Florida	
	2013	2016	2013	2016
Kidney Disease				
Adults who have ever been told they had kidney disease	4.6	3.1	3.5	3.2
Marijuana Use				
Adults who used marijuana or hashish during the past 30 days	-	3.7	-	7.4
Overweight & Obesity				
Adults who are a healthy weight (BMI from 18.5 to 24.9)	23.9	33.9	35	34.5
Adults who are overweight or obese	73.2	64.1	62.8	63.2
Adults who are overweight	38.8	34.9	36.4	35.8
Adults who are obese	34.4	29.2	26.4	27.4
Physical Activity & Nutrition				
Adults who are sedentary	32.1	36.7	27.7	29.8
Adults who are inactive or insufficiently active	50.4	58.6	52.9	56.7
Adults who meet aerobic recommendations	50.9	43.8	50.2	44.8
Adults who meet muscle strengthening recommendations	26	29.2	29.6	38.2
Tobacco Use & Exposure				
Adults who are current smokers	19.7	16.1	16.8	15.5
Adult current smokers who tried to quit smoking at least once in the past year	48.9	50.1	61.1	62.1
Adults who have never smoked	47.1	51.9	55	58
Adults who currently use e-cigarettes	-	3.2	-	4.7
Adults who have never used e-cigarettes	-	80.4	-	79.8
Vision Impairment				
Adults who have a vision disability	-	6.7	-	5.8

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