



January
2023 - January 2026
COMMUNITY
HEALTH
ASSESSMENT

Hendry and Glades Counties

Prepared by the Health Planning Council of Southwest Florida, Inc.



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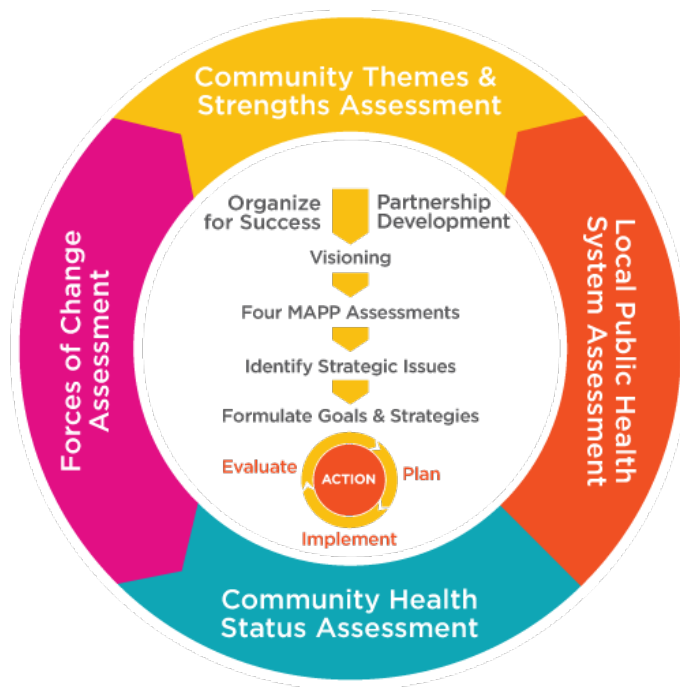
Introduction and Methodology

In efforts to improve the health of the residents in Glades and Hendry Counties, a collaborative partnership was formed between the Florida Department of Health in Hendry and Glades Counties (FDOH-Hendry/Glades) 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 and Glades Counties and other community partners.

The Healthier Hendry/Glades Task Force (HHGTF) was comprised of area residents and community leaders who showed an interest in improving the health and well-being of their community. This group was created to work on a previous health assessment and has continued to meet consistently to discuss ways to improve the health of the community. This workgroup served as the community advisor for this assessment. A list of participating members of the Healthier Hendry/Glades Task Force is available in Appendix A. This committee held quarterly meetings for the duration of the project to aid in creating and implementing this needs assessment.

HPC reviewed numerous data sources and received feedback from the partner agencies and as well as from members of the community through surveys, interviews with community leaders, and a focus group. 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 community health improvement planning can begin.

MAPP Process



Source: NACCHO, MAPP Process

The FDOH-Hendry/Glades and the HHGTF decided on using a modified MAPP process. Mobilizing for Action through Planning and Partnerships (MAPP) “is a community-driven strategic planning process for improving community health” (National Association of County and City Health Officials [NACCHO], 2021). The committee considered the various elements of the MAPP process through their quarterly meetings and stand-alone planning session. The planning elements included:

1. **Phase One – Organize for Success:** The Health Planning Council of Southwest Florida and the Florida Department of Health in Hendry and Glades Counties discussed the plan for the assessment and the relevant partners needed for success on August 29, 2022.
2. **Phase Two – Visioning:** The group conducted a visioning exercise to define the community vision for what a healthy community in Glades and Hendry Counties could look like on January 6, 2023. The results of this exercise are available below.
3. **Phase Three – The Four MAPP Assessments:**

Community Themes and Strengths	A community survey was used to identify community themes and strengths. This took place between January 2023 through February 2023.
Local Public Health System Assessment	December 2022 through January 2023, a modified version of the LPHSA was completed by the HHGTF and community partners via SurveyMonkey.
Community Health Status Assessment	Data was collected and analyzed for the Community Health Status Assessment. Data was reviewed and discussed on March 3, 2023.
Forces of Change	The assessment was completed on January 6, 2023, during the HHGTF quarterly meeting.

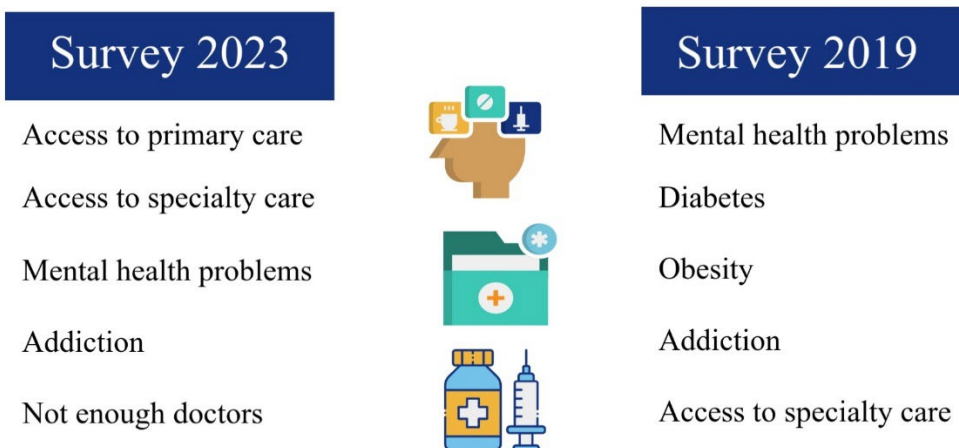
4. **Phase Four – Identify Strategic Issues:** Based on the data collected and analyzed on past plans and activity the group identified several strategic issues. The Healthier Hendry/Glades Task Force participated in the prioritization of strategic issues on March 3, 2023, using Mentimeter.
5. **Phase Five – Formulate Goals and Strategies:** The HHGTF formulate goals, strategies, and activities as part of their Community Health Improvement Plan (CHIP) between April and May 2023.
6. **Phase Six – Action Cycle:** The Healthier Hendry/Glades Task Force will use this CHA to help shape their CHIP and any future projects that will further the health and well-being of Glades and Hendry Counties.

Community Themes and Strengths Assessment

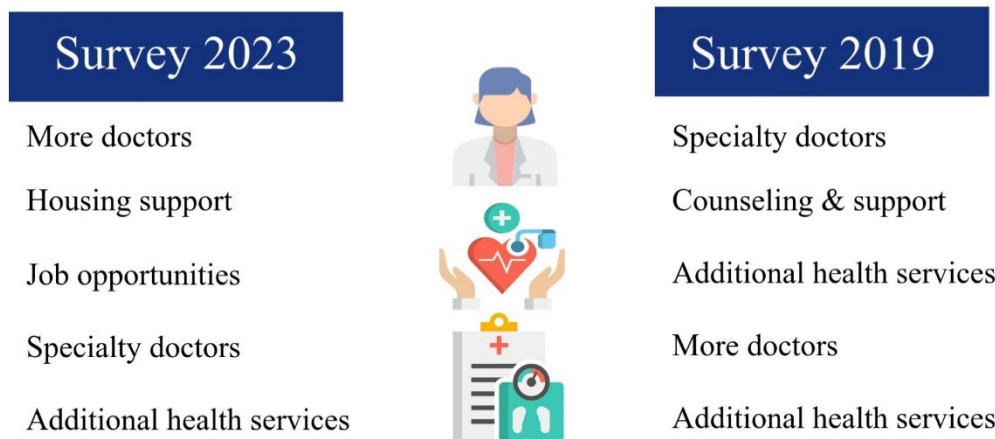
In collaboration with the Healthier Hendry/Glades Task Force members, the Health Planning Council for Southwest Florida, Inc. developed a questionnaire to assess the Glades and Hendry Counties residents' perception of health in well-being in the area. The area refers to the two counties and was used throughout this assessment. The survey was available online, via SurveyMonkey, and on paper in both English and Spanish. Links to the online version of the survey were distributed through email blasts to community partners and social media. 486 surveys were completed on paper and online from January through February 2023.

Key Findings of the Community Survey

The top five most important health concerns in the area responses were: access to primary care, access to specialty care, mental health problems, addiction, and not enough doctors. Mental health problems, addiction, and access to specialty care were in the top five in 2019 and 2023.



In the survey, we asked residents what they needed to improve the health of their family, friends, and neighbors to have a healthier lifestyle. The top five responses were more doctors, housing support, job opportunities, specialty doctors, and additional health services. More doctors, specialty doctors, and additional health services were in the top five in 2019 and 2022.





The full report can be found in Appendix B, starting on page 124.




Community Leader Interviews and Focus Group

The Health Planning Council of Southwest Florida (HPC) conducted twelve key informant interviews and a focus group with ten community leaders in 2023 with the cooperation of the Florida Department of Health in Hendry and Glades Counties (FDOH-Hendry/Glades). The purpose of conducting the interviews and the focus was to better understand the perspectives of key community leaders on the health and healthcare needs of Glades and Hendry Counties residents. These conversations 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 area. The findings provide qualitative information and reveal factors affecting the views and sentiments regarding healthcare services in Glades and Hendry Counties.

The top two health issues identified by most of the interviewed community leaders in Glades and Hendry Counties are:

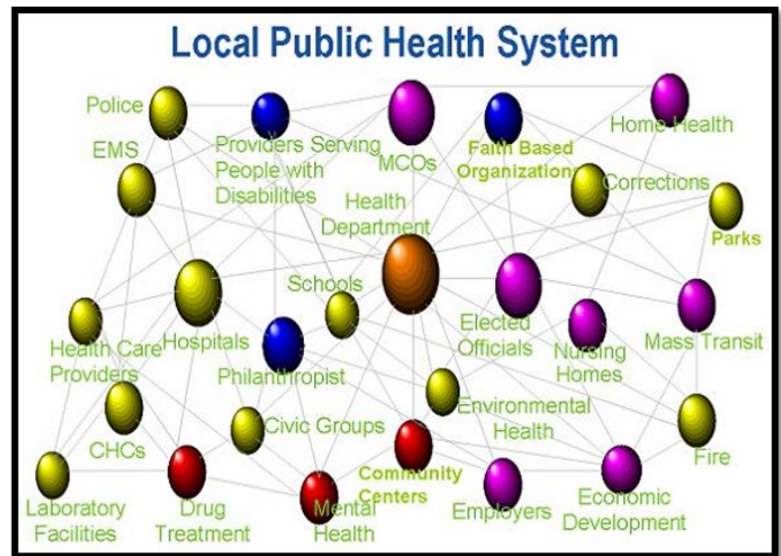
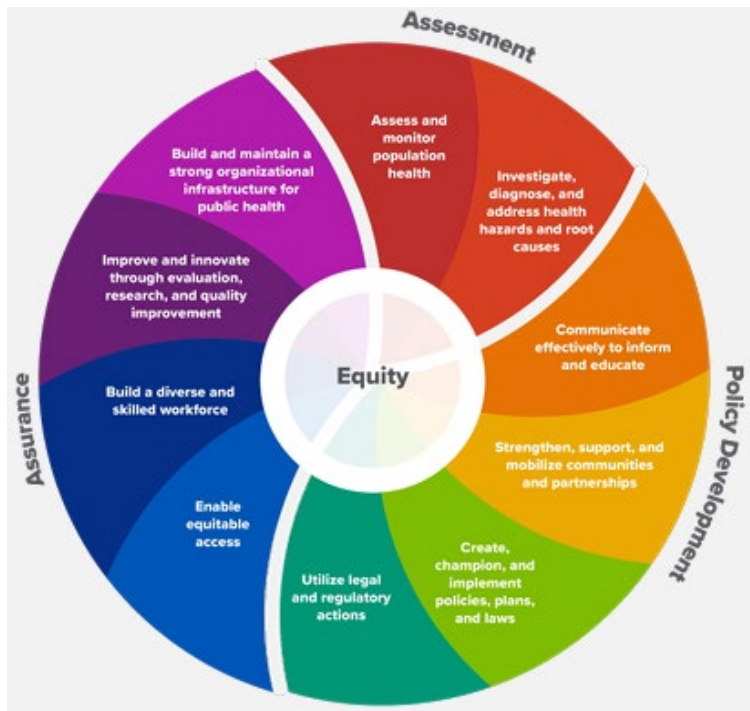
-  Mental health
-  Access to primary care

During the focus group, we asked community leaders what they think is needed to improve the health of the community. The top three responses were:

-  Mental health center
-  Urgent care
-  Better communication of resources

The full report can be found in Appendix C, starting on page 143.

Local Public Health Assessment



The Health Planning Council of Southwest Florida, Inc. met with Healthier Hendry/Glades Task Force members to conduct the Local Public Health System Assessment (LPHSA). The assessment was conducted via an online survey using SurveyMonkey. The LPHSA Survey was released to community partners in December 2022 and concluded in January 2023

HPC introduced the LPHSA during an HHGTF meeting on January 6, 2023. HPC modified the LPHSA by using/combing six out of the Ten Essential Services for this assessment. The Ten Essential Services according to NACCHO, which were developed by the Core Public Health Functions Steering Committee in 1994, “is a method for better identifying and describing the core processes used in public health to promote health and prevent diseases”. Below are the Essential Services that were used for this modified LPHSA:

- 📊 Monitor, diagnose, and investigate health problems and health hazards in the community
- 📊 Inform, educate, and empower people about health issues
- 📊 Mobilize community partnerships to identify and solve health problems
- 📊 Develop policies and plans that support individual and community health efforts
- 📊 Link people to needed personal health services and assure the provision of health care when otherwise unavailable

Each Essential Service section of the survey contained a scale, strengths/highlighted activities, and weakness/gaps questions. The scale was scored using the following answer choices: no activity (1), minimal (2), moderate (3), significant (4), and optimal outcome (5).

Essential Services Scores

Essential Service	Score
Monitor, diagnose, and investigate health problems and health hazards in the community	3.5
Inform, educate, and empower people about health issues	3.5
Mobilize community partnerships to identify and solve health problems	3.8
Develop policies and plans that support individual and community health efforts	3.6
Link people to needed personal health services and assure the provision of health care when otherwise unavailable	3.5

The full report can be found in Appendix H, starting on page 162.

Forces of Change

Forces of Change Assessment is one of the four Mobilizing for Action through Planning and Partnerships (MAPP) assessments conducted in this process. This assessment focuses on identifying the trend, events, and factors that may affect the quality of life and/or impact the local public health system. The key forces that were focused on for this session were:

-  Social/Cultural
-  Economic
-  Health
-  Political/Legal
-  Technological/Scientific
-  Environmental

The Forces of Change Assessment trends in these areas seek to answer the following question: what is occurring or might occur, that affects the health and well-being of our community or the local public health system?

On January 6, 2023, the Health Planning Council of Southwest Florida (HPC) hosted the Forces of Change Assessment via Zooms during the Healthier Hendry/Glades Taskforce meeting. HPC used Mentimeter, an internet and cell phone-based presentation tool, to conduct the assessment. The participants used their cell phones and/or the chat box to respond to the questions.

The full report can be found in Appendix I, starting on page 174.

Prioritization of Priority Areas

On March 3, 2023, the Health Planning Council of Southwest Florida led the Healthier Hendry/Glades Task Force (HHGTF) through a prioritization exercise. HPC presented the priority areas that were identified for the Florida State Health Improvement Plan (FSHIP): Alzheimer’s disease and related dementias, chronic diseases and conditions, injury, safety, and violence, maternal and child health, mental well-being and substance abuse prevention, social and economic conditions impacting health, and transmissible and emerging diseases. The past strategic objectives from the 2019-2022 Hendry and Glades Counties CHIP: Mental Health and Child Safety.

Mentimeter was used to aid in the prioritization. A total of 14 priority areas were listed along with two statements, importance to the community and ability to create change as a group. The HHGTF was asked to rate these statements in conjunction with the priority on a scale of 1 to 5, with 1 being low and 5 being high.

The top five priority areas were mental well-being, child safety/health, transportation, health communication, and substance abuse prevention. The scores from the two statements were averaged. Below is a table of the results of the prioritization.

Priority Area	Importance to Community	Ability to Create Change	Average Score
Mental Well-Being	4.7	4.0	4.4
Child Safety/Health	4.4	3.7	4.1
Transportation	4.7	3.4	4.1
Health Communication	4.2	4.0	4.1
Substance Abuse Prevention	4.4	3.4	4.0
Youth Engagement/Activities	4.2	3.3	3.8
Access to Care	4.8	2.7	3.8
Maternal and Child Health	3.8	3.2	3.7
Food and Nutrition	4.2	3.0	3.6
Chronic Diseases and Conditions	3.9	3.0	3.5
Aging Health	3.5	3.0	3.4
Affordable Safe Housing	4.6	2.2	3.4
Transmissible and Emerging Diseases	3.6	3.0	3.3
Injury, Safety, and Violence	3.5	2.9	3.2

**2023 - 2026
Priorities**



**GLADES & HENDRY COUNTIES
COMMUNITY HEALTH PRIORITIES**



1

**MENTAL
WELL-BEING**



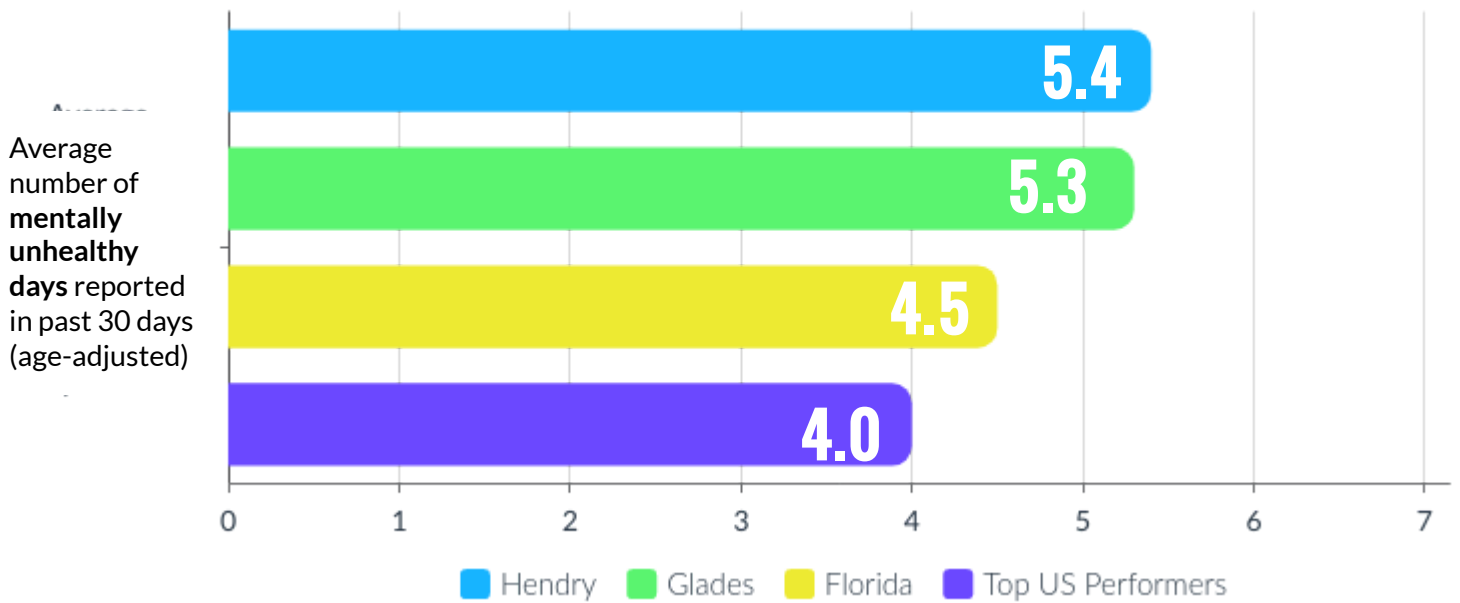
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**CHILD HEALTH
& SAFETY**

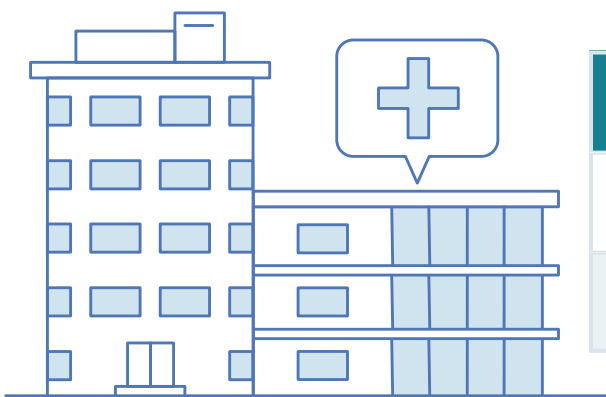
PRIORITY 1: MENTAL WELL-BEING



Quality of Life



Mental Health Care Provider per 100,000 (2021)



Glades County	7.1
Hendry County	38.3
Florida	115.2

Hendry Glades Catchment area was selected as a shortage area for mental health services, scoring sixteen out of twenty-six (with twenty-six indicating the greatest level of need).

During a focus group, community leaders identified that a mental health center is needed to improve the community's health. Also, better communication of resources, including current mental health resources.

"Mental health care/behavioral health care in the area is lacking" - Focus Group Participant, 2023

PRIORITY 1: MENTAL WELL-BEING



Self Harm

In 2021, the rate per 100,000 of Non-fatal hospitalizations for self-harm injuries in Hendry County was 19.2 compared to Florida at 34.7



Involuntary Examinations



Over the past five years, the 25 - 64 year age group consistently had the highest percentage of Baker Act in Hendry County.

Community survey takers were asked “are there services that individuals in the area have difficulty accessing? The top two responses respectively were mental/behavioral health care for adults (167 responses) and mental/behavioral health care for children (160 responses).



PRIORITY 2: CHILD HEALTH & SAFETY



Poverty

24%  of children (ages 18 and under) in **Glades County** live in poverty.

31%  of children (ages 18 and under) in **Hendry County** live in poverty.

17%  of children (ages 18 and under) in **Florida** live in poverty.

Hendry County had a disproportionately high percentage of women and children eligible for WIC services. The rate has significantly decreased but is still higher than Glades County and the state average.

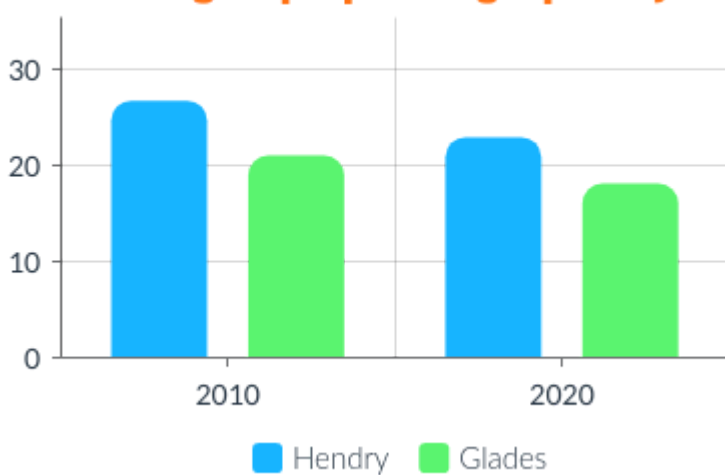
Compared to Glades County and Florida, Hendry County has served a higher percentage of those eligible for WIC since 2015.

Access to Food

Food Environment Index, (2019)
Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best)

Glades County	5.8
Hendry County	7.1
Florida	7.0
Top U.S. Performers	8.8

Percentage of people living in poverty



According to a 2023 community survey, the lack of parks/recreational facilities (47 responses) and a lack of playgrounds (28 responses) was identified as an environmental factor that was affecting their health.

As reported by Feeding America's Map the Meal Gap 2020, it is estimated that **1,710 people in Glades County & 6,210 people in Hendry County** are food insecure.



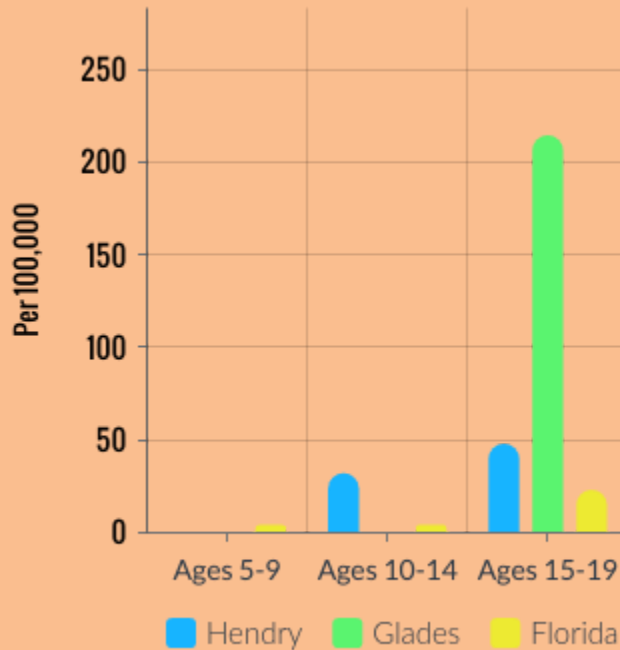
PRIORITY 2: CHILD HEALTH & SAFETY



Unintentional Injury Deaths, 2019-2021

From 2017 to 2020, both counties had higher unintentional injury death rates than the state.

The death rate significantly increased in Glades County from 2016 to 2019, then decreased in 2020.



When asked what the most important health issues are affecting children community leaders listed the following issues:

- Proper nutrition
- Obesity
- Spending too much time on their phones
- Experiencing and witnessing trauma such as domestic violence, sexual abuse, and substance abuse
- Being removed from the home
- Drowning
- Safety belt
- Lack of physical activity

	Hendry County	Glades County	Florida
Post-neonatal deaths (28-364 days), per 1,000 live births	1.8	5.3	1.9

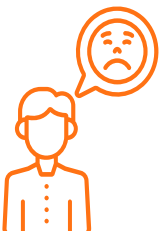
Child Trauma, 2022



10.8 % of the students in Glades County & 11.9 % in Hendry County did not go to school because they felt they would be unsafe at school or on their way to school in the Past 30 Days (All Middle and High School Students) **compared to 10.1% statewide**

54% of the students in Glades County and 48.3% of students in Hendry County have been taunted, Teased, experienced name-calling or been excluded or ignored by others in a mean way (overall) can be compared to **58.3% statewide.**

	Hendry County	Glades County	Florida
High School Students Who Experienced Emotional Abuse (Overall)	14.3%	12%	17.1%








Community Health Status Assessment Data Through the Lens of Health Equity

In a 2017 report designed to increase consensus around the meaning of health equity, the Robert Wood Johnson Foundation (RWJF) provides the following definition: *“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.”*

For this CHA, health equity was considered during every phase of development. The focus was placed on the social determinants of health and the outcomes that can be seen in the health data. According to the U.S. Department of Health and Human Services, *“Social Determinants of Health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.”*

Healthy People 2030 highlights the importance of addressing SDOH by including “creating social, physical, and economic environments that promote attaining the full potential for health and well-being for all” as one of the five overarching goals for the decade.

The five key indicators of SDOH that were identified by Healthy People 2030 were incorporated into some of the key factors that focused on the data and community involvement. Additionally, community health and wellness data were examined looking for disparities based on stratifications including:

-  Economic Stability
-  Education Access and Quality
-  Healthcare Access and Quality
-  Neighborhood and Built Environment
-  Social and Community Context

The partners working on the CHA took extra steps to include voices from the community in gathering all the community data. Participants were recruited or invited to participate to ensure that there was input from people of all geographical areas of the county, gender, race, ethnicity, economic status, marital status, and educational attainment.



Population

Population Selected Findings*

- Hendry and Glades are both considered rural counties. In 2021, Glades County has a far lower population density than the Florida average; 15.0 persons per square mile compared to a state average of 408.2 persons per square mile. Hendry County is denser than Glades with 35.1 persons per square mile but still significantly less dense than the Florida average.
- Both Glades and Hendry Counties experienced overall growth over the last 10 years. There was an increase of approximately 450 people or 3.4 percent from 2011 to 2020 in Glades County. In Hendry County, there was an increase of 1,860 people or 4.8 percent
- In Glades County, 21 percent of the population identifies as non-white which is slightly lower than the state average of 23 percent. Seventeen percent of people in Hendry County identify as non-white which is significantly less than the state average.
- A little over half of the population in Hendry County identifies as Hispanic (55.4%). Glades County has a lower-than-average percentage of individuals that identify as Hispanic (21.9% 26.7%).
- In Hendry County, the Hispanic population grew by almost 18 percent between 2011 and 2020. The Hispanic population in Glades County grew by a little more than seven percent.
- In Glades County, 17.3 percent of the public have a disability which is higher than the Florida average of 13.6 percent. 11.6 percent of the public in Hendry County have a disability which is lower than the Florida average.
- In 2021, Glades and Hendry Counties had a lower-than-average annual wage when compared to the Florida average (\$46,277 Glades, \$42,653 Hendry, \$55,840 State).
- The difference is starker when looking at per-capita personal income (\$28,116 Glades, \$35,546 Hendry, \$44,675 Florida).
- The percentage of people living in poverty in Glades and Hendry Counties is higher than the state average (18.1% Glades, 22.9% Hendry vs. 12.4% Florida). The percentage of children under eighteen living in poverty is also significantly higher than the state average (23.5% Glades, 31.4% Hendry vs. 17.2% Florida).
- Glades and Hendry Counties also have an extremely high percentage of Spanish-speakers aged five and older who speak English less than very well (93.0% Glades, 96.2% Hendry vs. 77.8% Florida).
- Over the past ten years, the overall percentage of people living in poverty in Glades and Hendry Counties has decreased (Glades 21.0% 2010 vs. 18.1% 2020, Hendry 26.7% 2010 vs. 22.9% 2020).
- In Glades and Hendry County, those under 18 who identify as Hispanic have the highest percentage of living below the poverty level compared to other races/ethnicities (Glades 25.5% White, 36.8% Black, 37.3% Hispanic; Hendry 37.0% White, 20.1% Black, 50.0% Hispanic).
- In 2021, 51 percent of Glades County students were deemed ready when they entered kindergarten, this is slightly higher than the state of Florida (50%). In Hendry County, 70

percent of students were deemed ready when they entered kindergarten, this is significantly higher than the state average.

- In 2021, Glades and Hendry County students passed the Florida Standards English Language Arts Assessment (FSA) at significantly lower rates than the state average (38% Glades, 37% Hendry vs 54% Florida).
- Glades and Hendry Counties had a lower high school graduation rate than the state average for the 2020 – 2021 school year (78.5% Glades vs 86.6% Hendry vs 90.0% Florida). Since the 2017 – 2018 school year, there’s been a decrease in the high school graduation rate in Glades County (93.5% 2017-2018, 78.5% 2020-2021).
- Compared to Glades and the state average, people in Hendry County over 25 are less likely to have graduated high school (71.9% Glades, 69.1% Hendry vs. 88.5% Florida).
- Over the past four years, access to the internet has increased in both counties. Despite the increase, both counties have a significantly lower percentage of households with access to broadband internet when compared to the state average (65.5% Glades, 75.8% Hendry vs 85.4% Florida).
- According to Feeding America’s Map the Meal Gap 2020, it is estimated that 1,710 people in Glades County are food insecure. In 2020, it is estimated that 6,210 people in Hendry County are food insecure.
- Over the past six years, Glades and Hendry Counties had a higher child food insecurity rate when compared to the state average. In 2014 and 2019 Glades County had the highest child food insecurity rate. Both counties have had an overall decrease in the percentage of food insecure children (Glades 30.0% in 2014, 20.2% in 2019, Hendry 27.7% in 2014, 19.4% in 2019 vs. Florida 24.9% 2014, 17.1% 2019).
-

****All sources and further details for the selected findings can be found in the relevant section of the Glades and Hendry Counties CHA***

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

The sheer number of people in a community is the leading determinant of the demand for healthcare services. Glades County (population just over 13,000) and Hendry County (population just slightly over 40,000) are in southwest Florida toward the center of the state. These two counties are two of the seven counties in southwest Florida that comprise the Local Health Planning District 8 as designated by the Florida Agency for the Health Care Administration (AHCA).

Moore Haven, which is the county seat of Glades County, is the largest incorporated municipality in the county. According to the Florida Legislature Office of Economic and Demographic Research (EDR), Glades County is Florida’s 65th most populous county out of 67 and makes up 0.1 percent of Florida’s population. The county is 986 square miles in area; about 22 percent of that area is covered by water. In 2021, Glades County has a far lower population

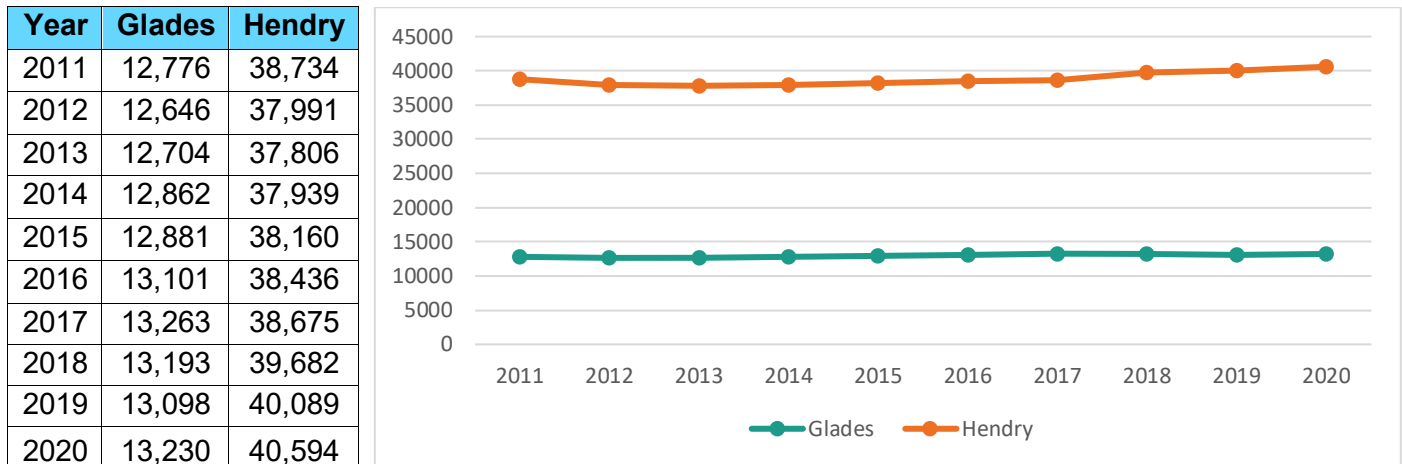
density than the Florida average; 15.0 persons per square mile compared to a state average of 408.2 persons per square mile. Glades County is considered a rural county.

LaBelle is the county seat of Hendry County; Clewiston is the largest incorporated area in the county. Hendry County is 1,189.79 square miles in area; about three percent of that area is covered by water. According to EDR, Hendry County is Florida’s 46th most populous county, which makes up 0.2 percent of Florida’s population. In 2021, Hendry County has a far lower population density than the Florida average; 35.1 persons per square mile compared to a state average of 408.2 persons per square mile. Hendry County is considered a rural county.

Population Growth, Age Distribution, and Gender

Both Glades and Hendry Counties experienced overall growth over the last 10 years. There was an increase of approximately 450 people or 3.4 percent from 2011 to 2020 in Glades County. In Hendry County, there was an increase of 1,860 people or 4.8 percent.

Exhibit P1: Total Population in Glades and Hendry Counties, 2011-2020

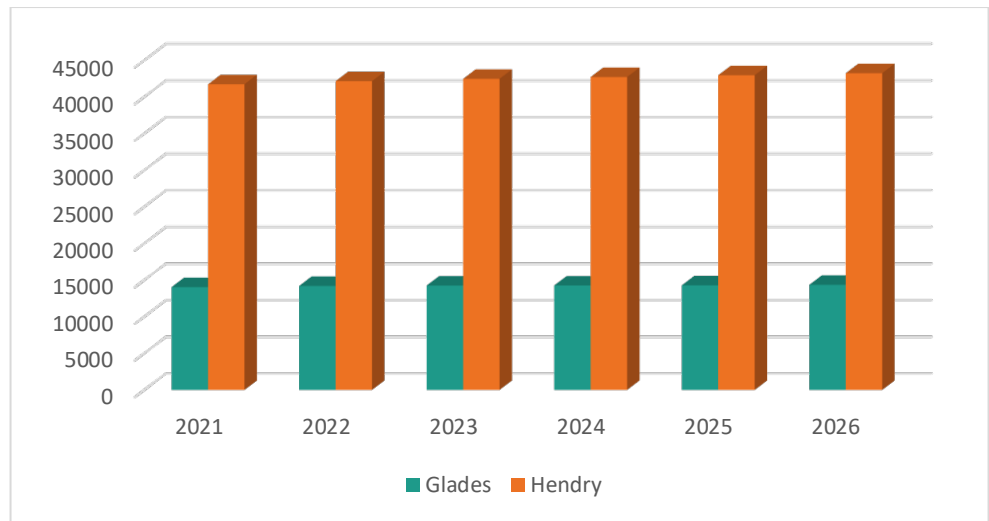


Source: Florida Legislature’s Office of Economic and Demographic Research

The Florida Legislature Office of Economic and Demographic Research anticipates steady growth in the population in both Glades and Hendry Counties over the next five years. The population in Hendry County anticipates growth of 3.5 percent and a 2.2 percent growth rate in Glades County.

Exhibit P2: Estimated County Population, Glades and Hendry Counties, 2021-2026

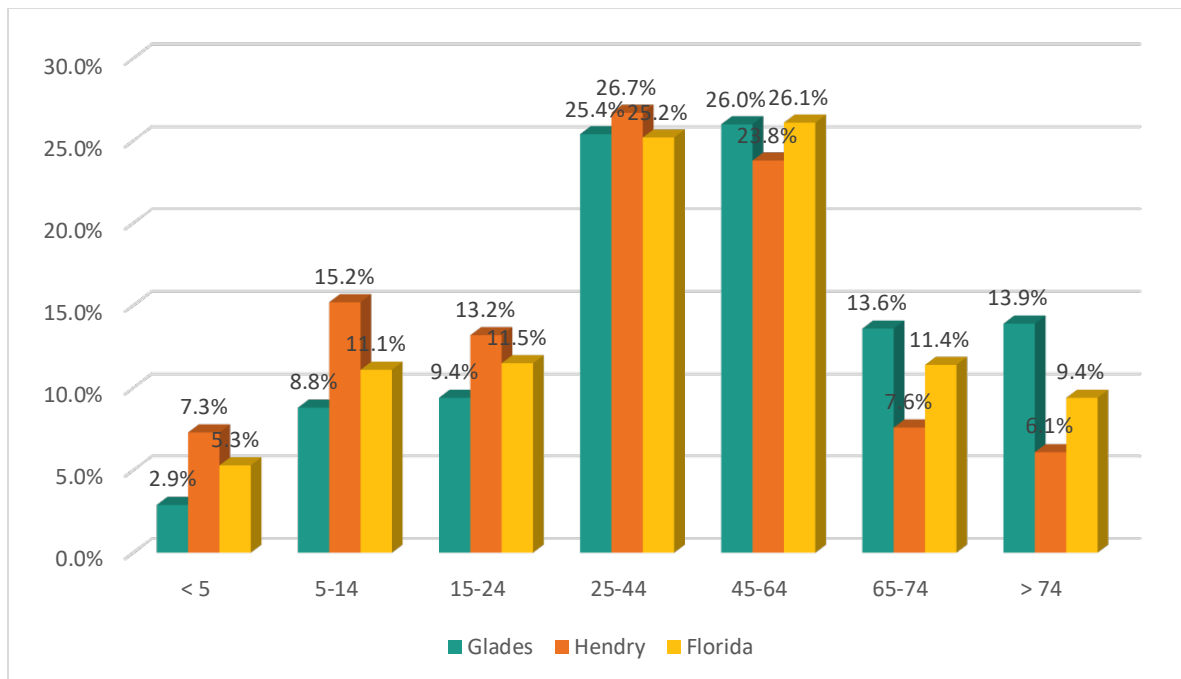
Year	Glades	Hendry
2021	14,040	41,730
2022	14,199	42,159
2023	14,253	42,470
2024	14,260	42,717
2025	14,281	42,963
2026	14,351	43,244



Source: Florida Legislature's Office of Economic and Demographic Research

The age distribution for Glades County is quite similar to the distribution for the state as a whole. The largest proportion of the population of Glades and Hendry Counties is between the ages of 25 and 64. Approximately 21 percent of the population in Glades is under the age of 25 and approximately 28 percent are 65 or older. In Hendry County, about 36 percent of the population is under the age of 25, and about 14 percent are 65 or older.

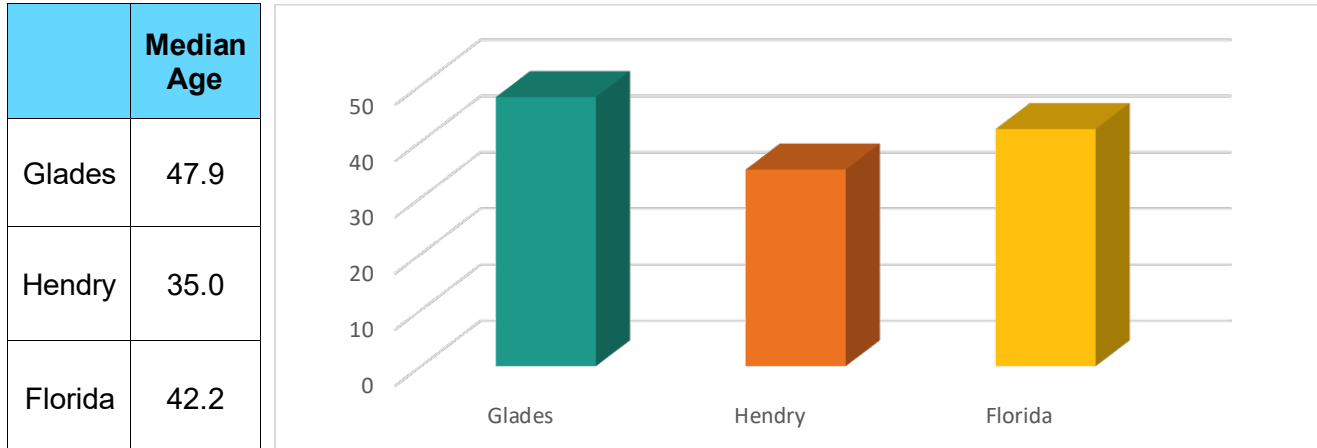
Exhibit P3: Population Percentage by Age Group, Glades and Hendry Counties, Florida, 2020



Source: Florida Legislature's Office of Economic and Demographic Research

When compared to Glades County and the Florida average of 42.2, Hendry County has a younger median age (35.0). Glades County has a higher-than-average median age (47.9) when compared to the state as a whole.

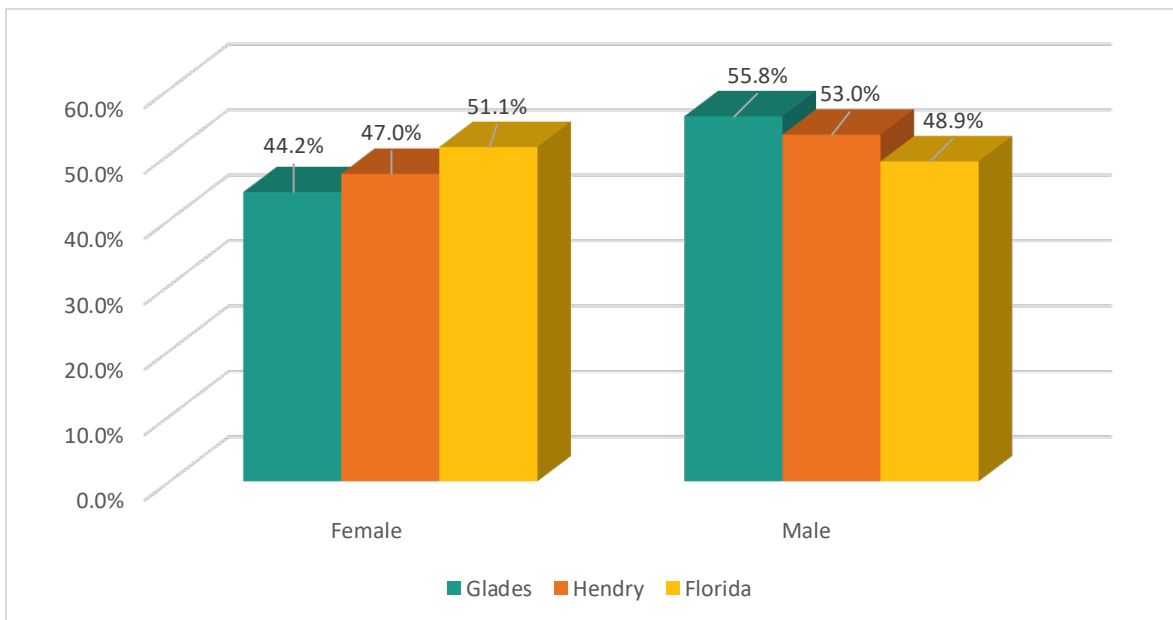
Exhibit P4: Median Age, Glades and Hendry Counties, Florida, 2020



Source: US Bureau of the Census, American Community Survey, 2020 5-Year Estimate, Table ID S0101

Glades and Hendry Counties have a higher percentage of males than females compared to the state. According to the US Bureau of the Census, there is a slightly higher percentage of females than males in the United States, but it is not uncommon for men to outnumber women in rural areas.

Exhibit P5: Population by Sex, Percent of Total Population, Glades and Hendry Counties, Florida, 2020



Source: Florida Legislature's Office of Economic and Demographic Research

Race and Ethnicity

It should be noted that race and ethnicity are tracked separately in Florida. For ethnicity, a person must designate themselves as Hispanic or non-Hispanic; people in both groups can identify as white, black, or other non-white. The vast majority of the people in Glades and Hendry Counties, and Florida who identify as Hispanic also identify as white.

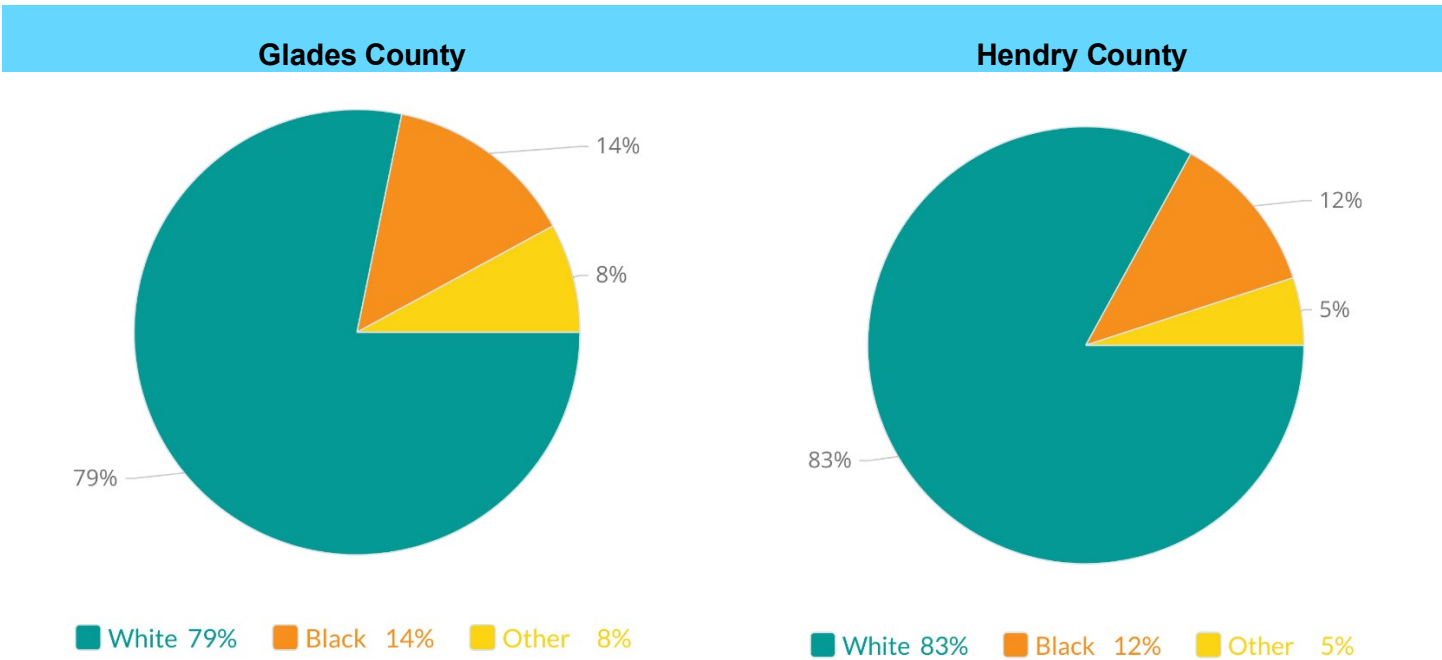
Exhibit P6: Population by Race and Ethnicity, Glades and Hendry Counties, Florida, 2020

Glades			Hendry			Florida		
	Hispanic	Non-Hispanic		Hispanic	Non-Hispanic		Hispanic	Non-Hispanic
White	18.4%	61.4%	White	48.4%	33.9%	White	22.2%	55.9%
Black	0.9%	12.2%	Black	1.2%	11.8%	Black	1.2%	15.4%
Other	1.5%	5.6%	Other	1.8%	2.9%	Other	0.8%	4.5%
Total	20.8%	79.2%	Total	51.5%	48.5%	Total	24.2%	75.8%

Source: Florida Legislature's Office of Economic and Demographic Research

In Glades County, 21 percent of the population identifies as non-white which is slightly lower than the state average of 23 percent. Seventeen percent of people in Hendry County identify as non-white which is significantly less than the state average. The category other includes American Indian, Alaska Native, Asian, Native Hawaiian, and other Pacific Islanders, and those of mixed race who chose not to select white or black.

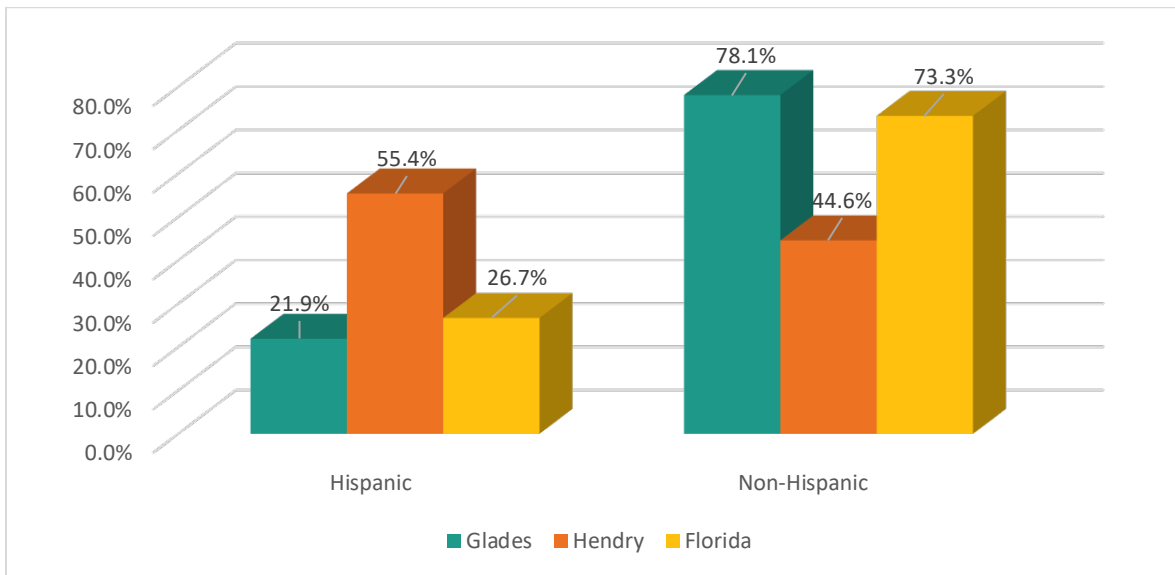
Exhibit P7: Population by Race, Glades and Hendry Counties, 2020



Source: Florida Legislature's Office of Economic and Demographic Research

Compared to Glades County (21.9%) and the Florida average (26.7%), Hendry County has a significantly higher percentage (55.4%) of individuals identifying as Hispanic. A little over half of the population in Hendry County identifies as Hispanic (55.4%). Glades County has a lower-than-average percentage of individuals that identify as Hispanic (21.9%).

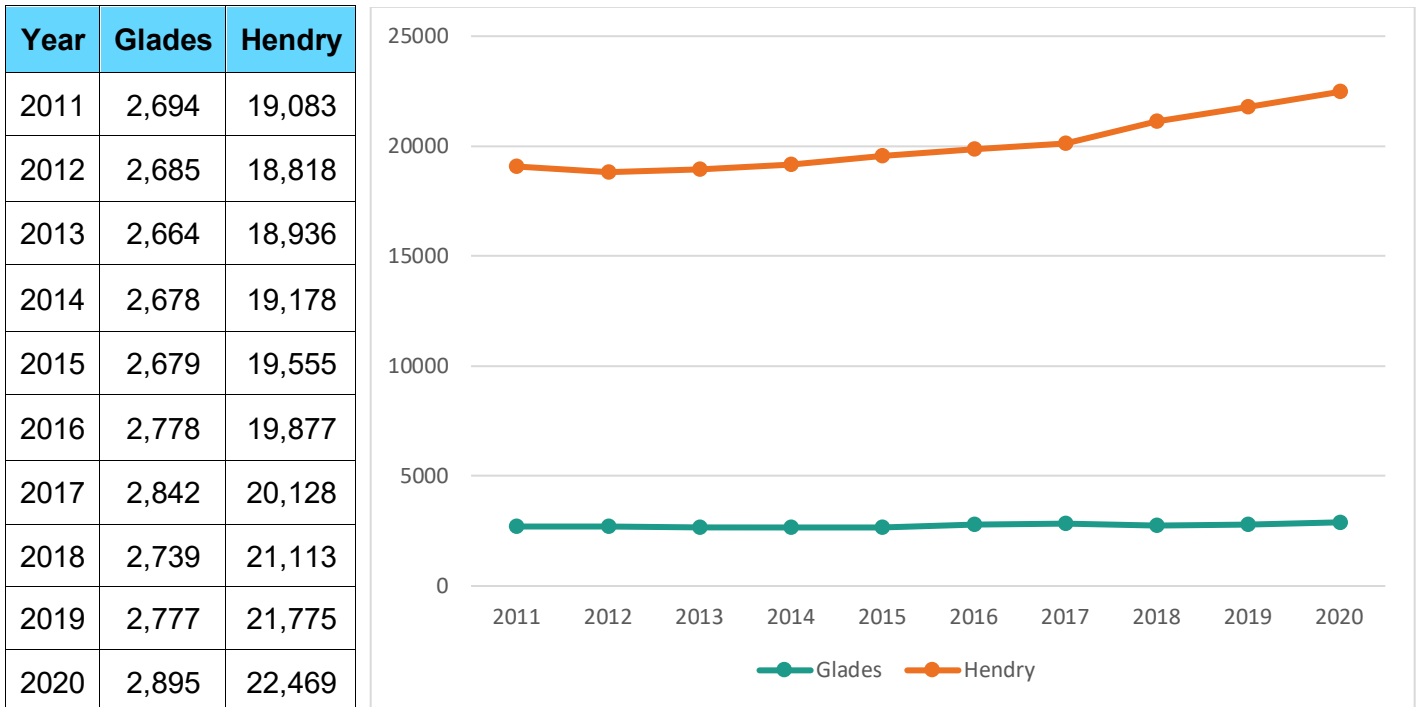
Exhibit P8: Population by Ethnicity, Percent of Total Population, Glades and Hendry County, Florida, 2020



Source: Florida Legislature's Office of Economic and Demographic Research

In Hendry County, the Hispanic population grew by almost 18 percent between 2011 and 2020. The Hispanic population in Glades County grew by a little more than seven percent.

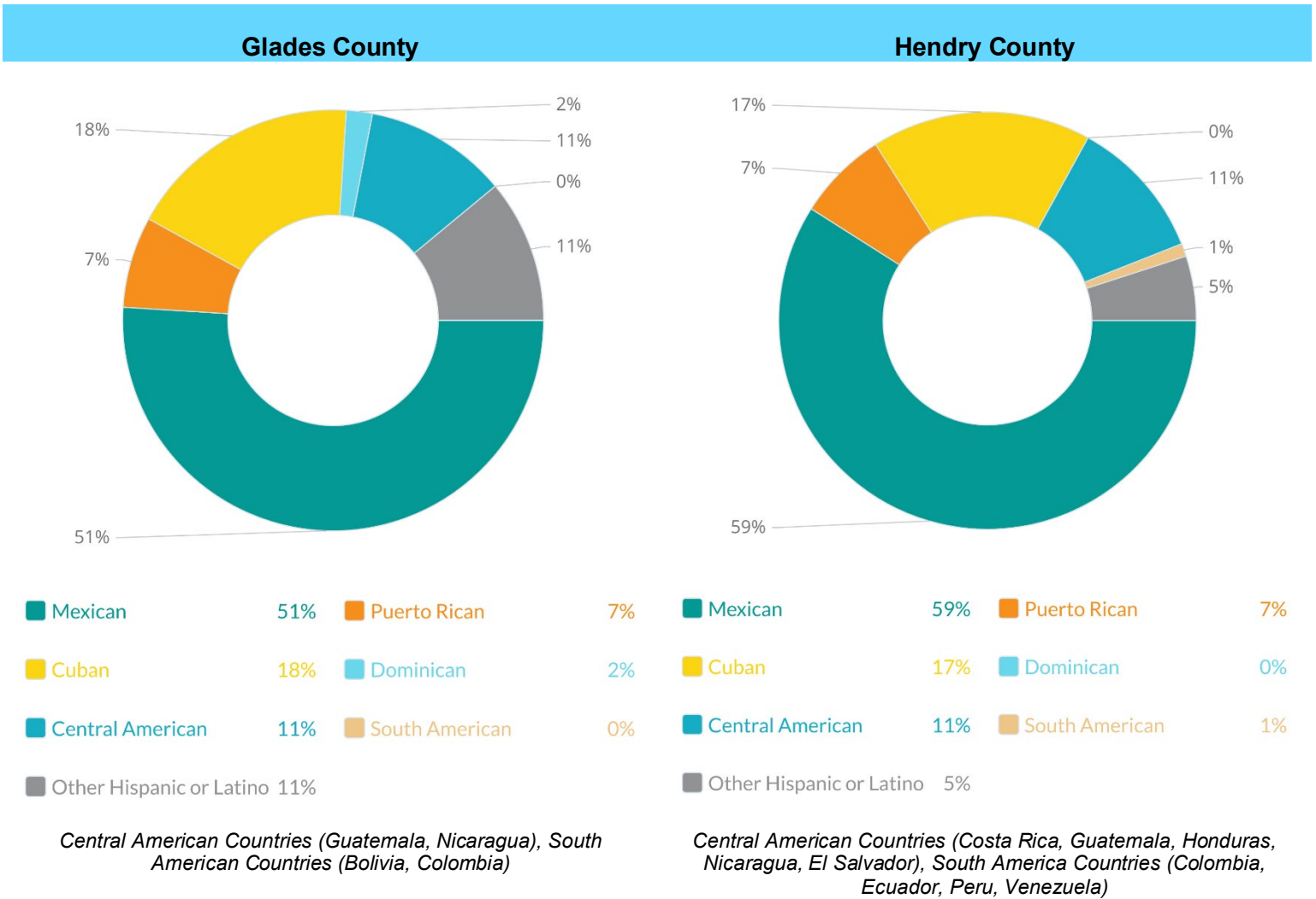
Exhibit P9: Hispanic Population, Glades and Hendry Counties, 2011-2020



Source: Florida Legislature's Office of Economic and Demographic Research

The vast majority of people in Glades and Hendry Counties who identify as Hispanic or Latino are of Mexican origin (Glades 51%, Hendry, 59%). The next most common for both counties were Cuban (Glades 18%, Hendry 17%) and Central American (Glades 11%, Hendry 11%). Below the pie charts are listed countries from Central America and South America.

Exhibit P10: Hispanic or Latino Origin by Specific Origin, Glades and Hendry Counties, 2020



Source: US Bureau of the Census, American Community Survey, 5-Year Estimate 2020, Table ID B03001

People with Disabilities

In Glades County, 17.3 percent of the public have a disability which is higher than the Florida average of 13.6 percent. 11.6 percent of the public in Hendry County have a disability which is lower than the Florida average. The percentage of children with a disability is significantly higher in Glades County compared to the state average (17.3% vs. 13.6%). The percentage of seniors with a disability is slightly higher than the state average (35.6% vs. 32.5%).

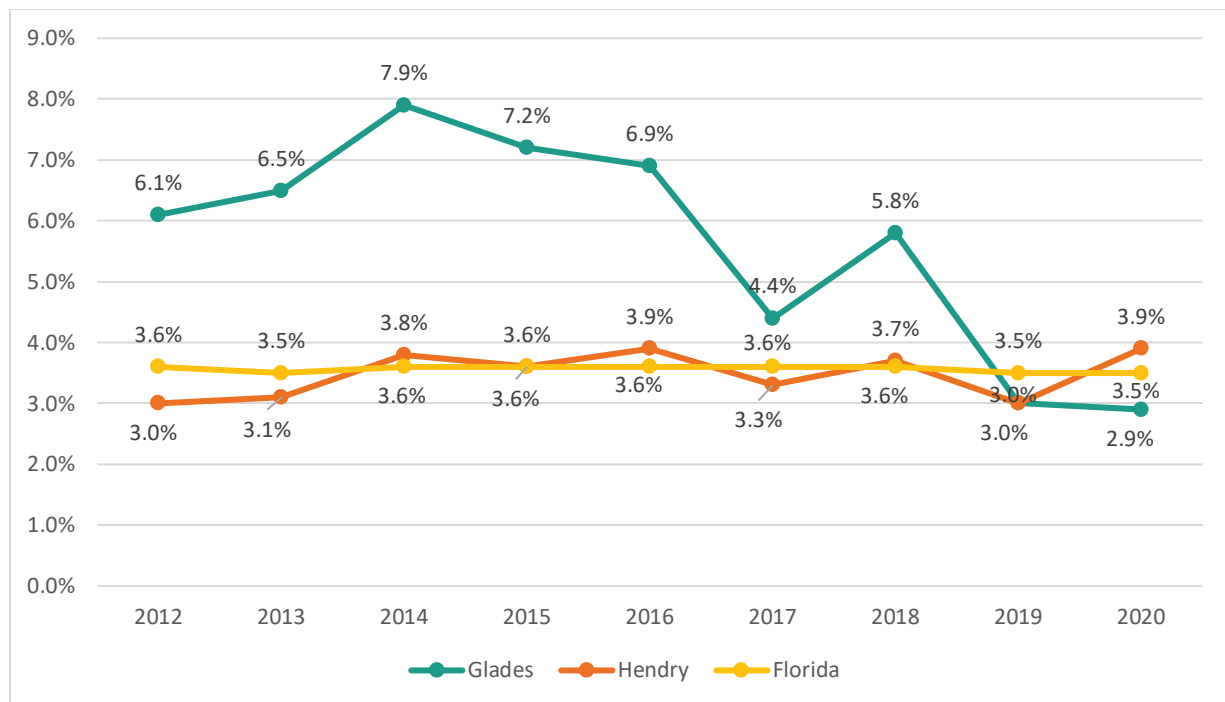
Exhibit P11: Disability Status, Glades and Hendry Counties, Florida, 2016-2020

	Glades	Hendry	Florida
Civilian noninstitutionalized population with a disability (%)	17.3%	11.6%	13.6%
Under 18 years with a disability (%)	9.1%	4.5%	4.7%
18 to 64 years with disability (%)	10.1%	9.5%	10.1%
65 years and over with a disability (%)	34.0%	35.6%	32.5%

Source: US Census Bureau, Table DP02 Selected Characteristics in the United States

In 2020, the percentage of adults with an independent living disability was highest in Hendry County (3.9%) when compared to Glades County (2.9%) and the Florida average (3.5%).

Exhibit P12: Population with an Independent Living Disability (Aged 18-64 Years) (Census), Percent of Population 18-64, Glades and Hendry Counties, Florida, 2012-2020



Source: United States Bureau of the Census, American Community Survey, Table B18107

Workforce

In 2021, Glades and Hendry Counties had a lower-than-average annual wage when compared to the Florida average (\$46,277 Glades, \$42,653 Hendry, \$55,840 State). The difference is starker when looking at per-capita personal income (\$28,116 Glades, \$35,546 Hendry, \$44,675 Florida). When compared to the state, Glades County has a slightly lower unemployment rate (4.2%), unlike Hendry County which has a significantly higher unemployment rate (6.1%). An extremely high percentage of Glades County residents aged 16 and older work outside the county.

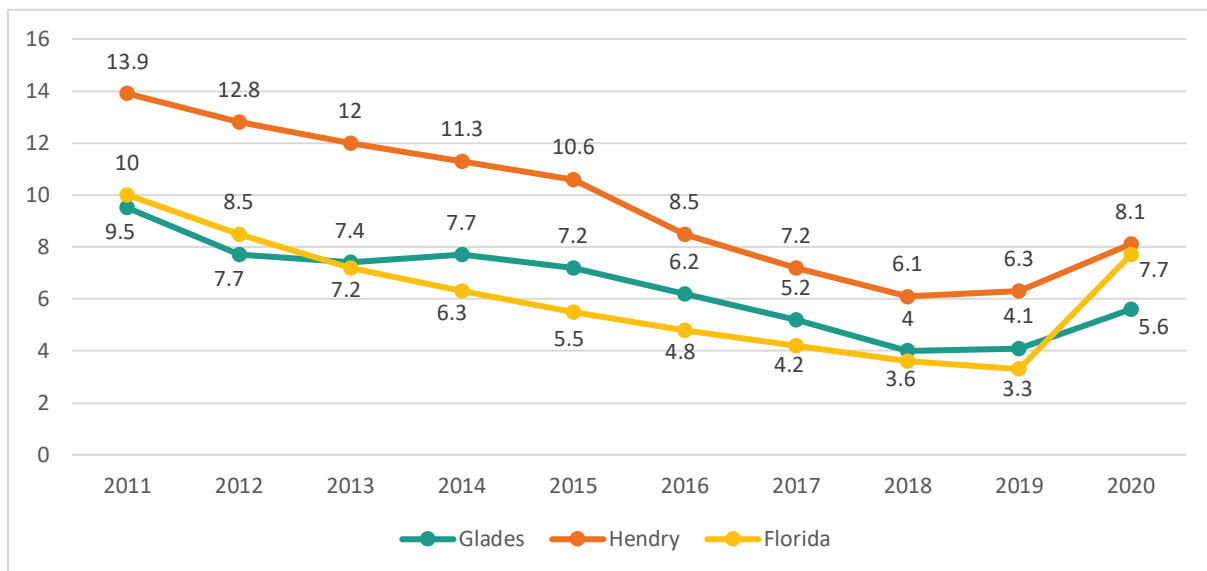
Exhibit P13: Workforce Data, Glades and Hendry Counties, Florida, 2021

	Glades	Hendry	Florida
Labor force as a percentage of population age 18+	43.8%	52.2%	59.0%
Unemployment rate (%)	4.2%	6.1%	4.6%
Average annual wage, all industries*	\$46,277	\$42,653	\$55,840
Per capita personal income*	\$28,116	\$35,546	\$55,675
Workers 16+ working outside county of residence	68.7%	28.5%	18.1%

Source: The Florida Legislature, Office of Economic and Demographic Research, County Profiles, May 2022 Version
*2020 data

Over the past 10 years, Hendry County consistently had a significantly higher than average unemployment rate when compared to Glades County and the Florida average. Even though Hendry County has a higher average unemployment rate, the unemployment rate was decreasing from 2011 to 2018 but has started to increase. The COVID-19 pandemic had a significant impact on the economy. In 2020 the State of Florida saw a rapid increase in the unemployment rate.

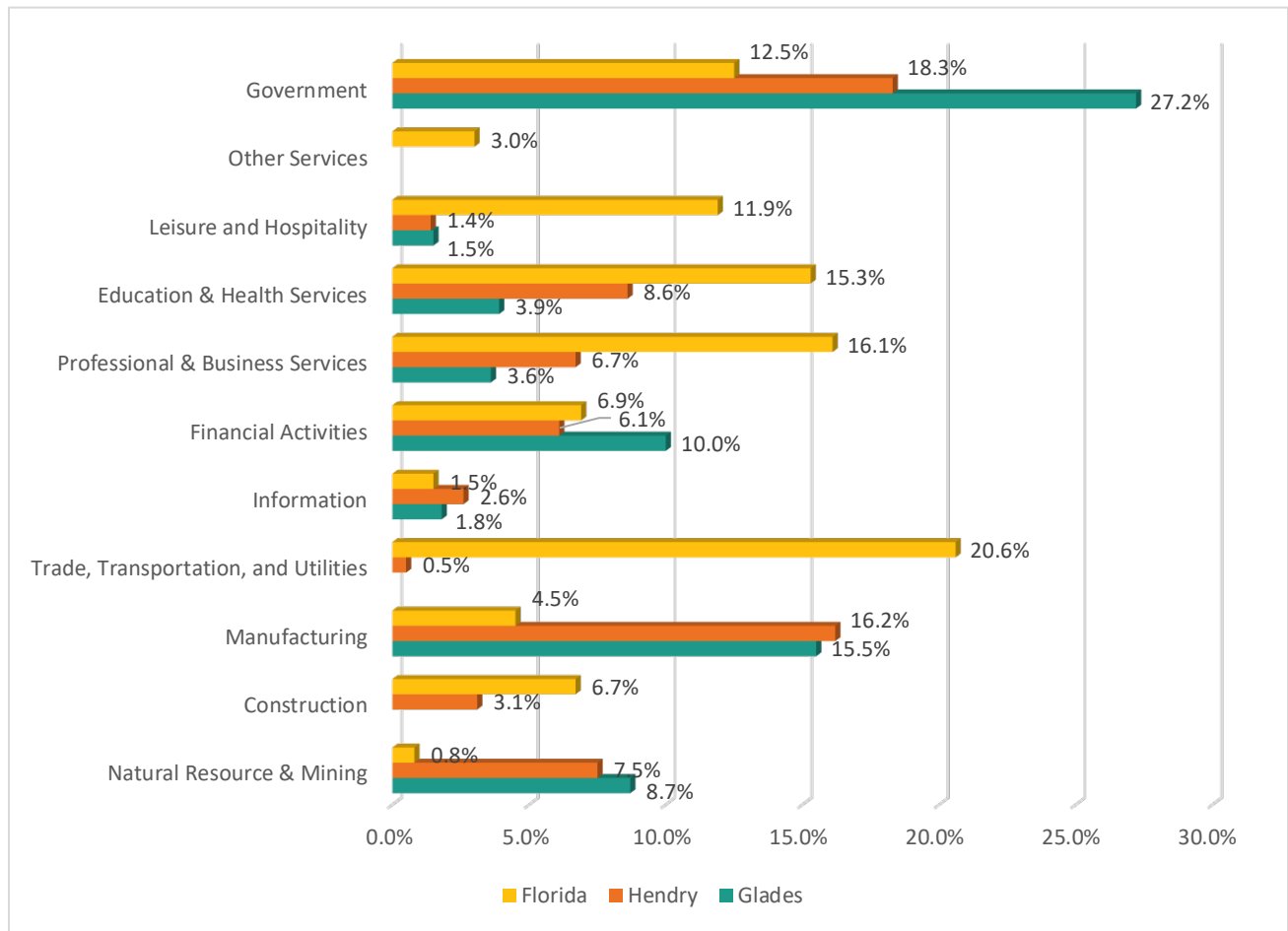
Exhibit P14: Unemployment Rate, Glades and Hendry Counties, Florida, 2011-2020



Source: United States Department of Labor, Bureau of Labor Statistics

The top three employment categories for 2020 in Glades County were government, manufacturing, and financial activities. The average annual wages for the top employment categories in Glades County are as follows: government - \$43,383, manufacturing - \$48,621, and financial activities - \$47,455. The top three employment categories for 2020 in Hendry County were government, manufacturing, and education & health services. The average annual wages for the top employment categories in Hendry County are as follows: government - \$45,617, manufacturing - \$28,962, and education & health services - \$18,208.

Exhibit P15: Average Annual Employment by Category, Glades and Hendry County, Florida, 2020



Source: The Florida Legislature, Office of Economic and Demographic Research, County Profiles, May 2022 Version

Economic Stability

The percentage of people living in poverty in Glades and Hendry Counties is higher than the state average (18.1% Glades, 22.9% Hendry vs. 12.4% Florida). The percentage of children under eighteen living in poverty is also significantly higher than the state average (23.5% Glades, 31.4% Hendry vs. 17.2% Florida). Glades and Hendry Counties also have an extremely high percentage of Spanish-speakers aged five and older who speak English less than very well (93.0% Glades, 96.2% Hendry vs. 77.8% Florida).

Exhibit P16: Socioeconomic Indicators, Glades and Hendry Counties, Florida, 2020

	Glades	Hendry	Florida
Personal bankruptcy filing rate per 1,000*	0.66	0.72	1.66
% All ages in poverty	18.1%	22.9%	12.4%
% Under age 18 in poverty	23.5%	31.4%	17.2%
% Spanish-speakers among population that speak English less than very well (aged 5+)	93.0%	96.2%	77.8%

Source: The Florida Legislature, Office of Economic and Demographic Research, County Profiles, May 2022 Version
*12-Month Period Ending December 31, 2021

According to County Health Rankings, the definition of a living wage is “the hourly wage needed to cover basic household expenses plus all relevant taxes for a household”. The Living Wage Calculator was first created by Dr. Amy K. Glasmeier in 2004. The calculator estimates the living wage needed to support families using twelve different familial compositions. The tables below show the hourly rate an individual in a household must earn to support themselves and/or their family. At the time this data was compiled the minimum wage in Florida was \$10.00, which is greater than the federal minimum wage of \$7.25.

Exhibit P17: Living Wage Calculator for Glades County, 2022*

	Living Wage	Poverty Wage
1 Adult		
0 Children	\$15.42	\$6.19
1 Child	\$30.15	\$8.38
2 Children	\$38.03	\$10.56
3 Children	\$49.40	\$12.74
2 Adults (1 Working)		
0 Children	\$23.72	\$8.38

1 Child	\$28.62	\$10.56
2 Children	\$33.73	\$12.74
3 Children	\$36.01	\$14.92
2 Adults (Both Working)*		
0 Children	\$11.86	\$4.19
1 Child	\$16.70	\$5.28
2 Children	\$21.63	\$6.37
3 Children	\$25.15	\$7.46

Source: Glasmeier, Amy K. Living Wage Calculator. 2020. Massachusetts Institute of Technology.

*2022 was compiled in the first quarter of the year using the best available data as of December 31 of the previous year.

+In the case of household with two working adults, all values are per working adult, single, or in a family unless otherwise noted

Exhibit P18: Living Wage Calculator for Hendry County, 2022*

	Living Wage	Poverty Wage
1 Adult		
0 Children	\$15.10	\$6.19
1 Child	\$29.82	\$8.38
2 Children	\$37.75	\$10.56
3 Children	\$50.07	\$12.74
2 Adults (1 Working)		
0 Children	\$23.50	\$8.38
1 Child	\$28.25	\$10.56
2 Children	\$33.36	\$12.74
3 Children	\$36.55	\$14.92
2 Adults (Both Working)*		
0 Children	\$11.75	\$4.19

1 Child	\$16.53	\$5.28
2 Children	\$21.49	\$6.37
3 Children	\$25.49	\$7.46

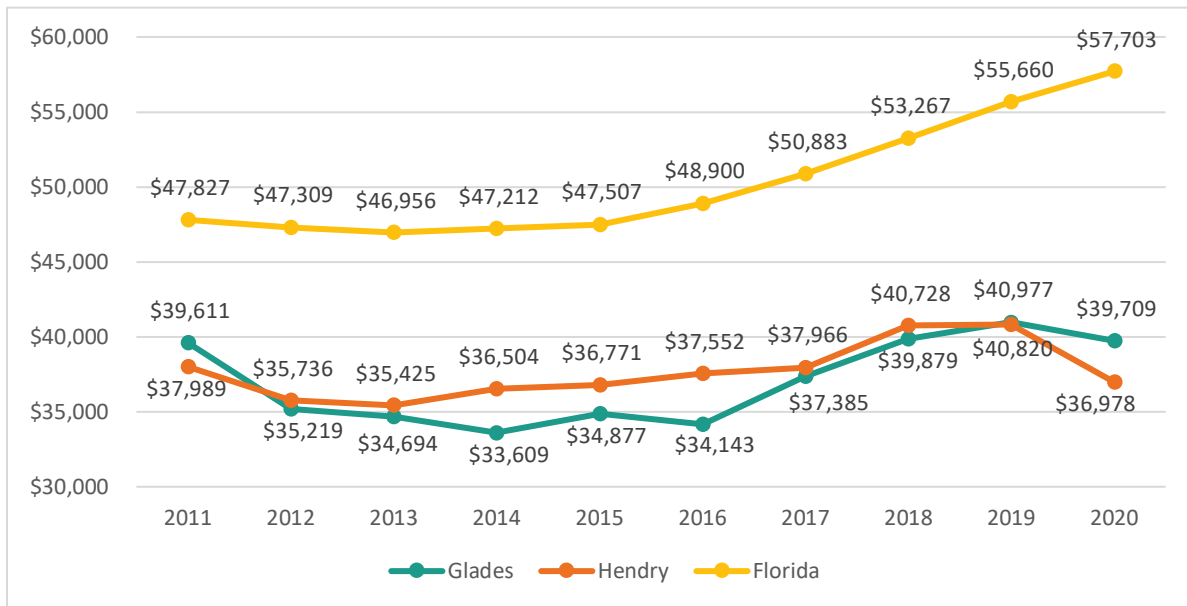
Source: Glasmeier, Amy K. Living Wage Calculator. 2020. Massachusetts Institute of Technology.

*2022 was compiled in the first quarter of the year using the best available data as of December 31 of the previous year.

+In the case of household with two working adults, all values are per working adult, single, or in a family unless otherwise noted

In 2020, Hendry and Glades Counties have a lower median household income when compared to the state average. In Hendry County, the median household income increased from 2013 to 2019 and then decreased (it should be noted that 2020 included periods with pandemic-related shutdowns that may have impacted household income).

Exhibit P19: Median Household Income, Glades and Hendry Counties, Florida, 2011-2020

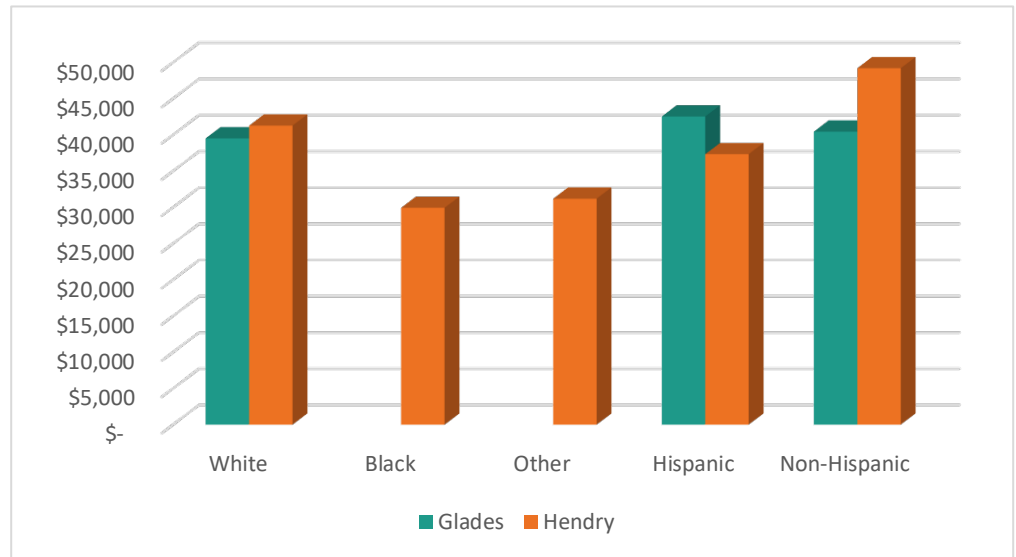


Source: United States Bureau of the Census, American Community Survey, Table B19013

In Glades County, Hispanic households had the highest median household income when compared to white and non-Hispanic households. In Hendry County, non-Hispanic households had the highest median household income when compared to other races/ethnicities. It should be noted that black and other data in Glades County was left blank intentionally, no data was given.

Exhibit P20: Median Household Income by Race and Ethnicity, Glades and Hendry Counties, 2020

Race/Ethnicity	Glades	Hendry
White	\$39,515	\$41,271
Black		\$29,931
Other		\$31,188
Hispanic	\$42,536	\$37,330
Non-Hispanic	\$40,446	\$49,196



Source: United States Bureau of the Census, American Community Survey, Table B19013

Over the past ten years, the overall percentage of people living in poverty in Glades and Hendry Counties has decreased (Glades 21.0% in 2010 vs. 18.1% 2020, Hendry 26.7% 2010 vs. 22.9% 2020). In 2020, Hendry County had a higher percentage of people of all ages living in poverty when compared to Glades County (Glades, 18.1%, Hendry 22.9% vs. Florida 12.4%).

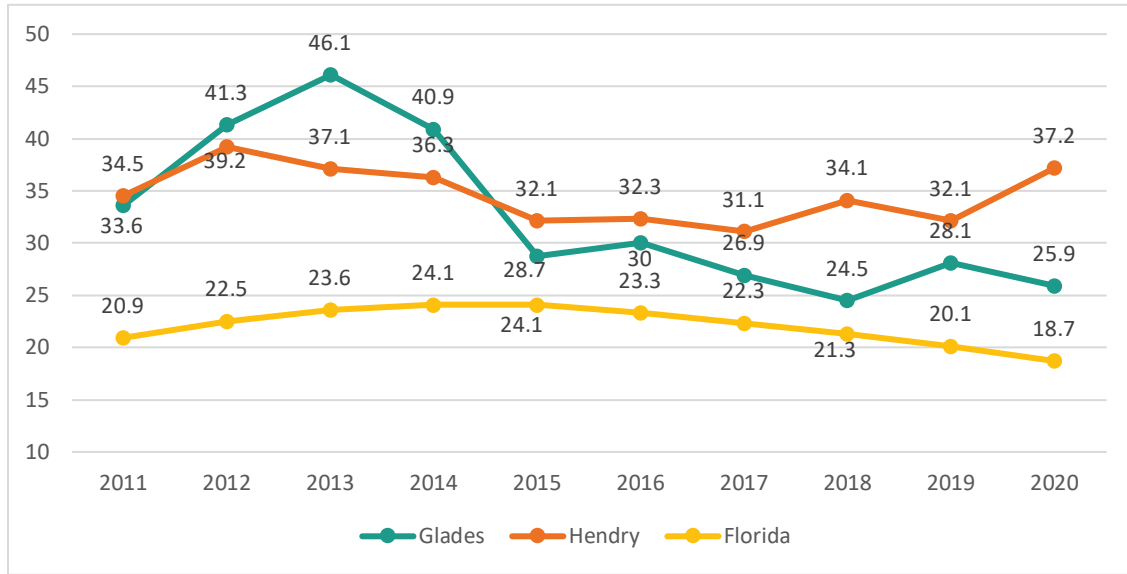
Exhibit P21: Percent of All Ages in Poverty, Glades and Hendry Counties, Florida, and United States

	Glades	Hendry	Florida	United States
2020	18.1%	22.9%	12.4%	11.9%
2015	22.1%	25.8%	15.8%	14.7%
2010	21.0%	26.7%	16.5%	15.3%

Source: U.S. Census Bureau, Small Area Income and Poverty Estimates

Compared to the Florida average, both Glades and Hendry Counties had a higher percentage of young people under the age of 18 living below the poverty level, but Hendry County had the highest percentage, 37 percent. Since 2013, Glades County's overall percentage of those under of 18 living in poverty has drastically decreased from 46 percent to 26 percent.

Exhibit P22: Individuals Under 18 Years of Age Below Poverty Level, Percentage of Population Under 18, Glades and Hendry Counties, Florida, 2011-2020

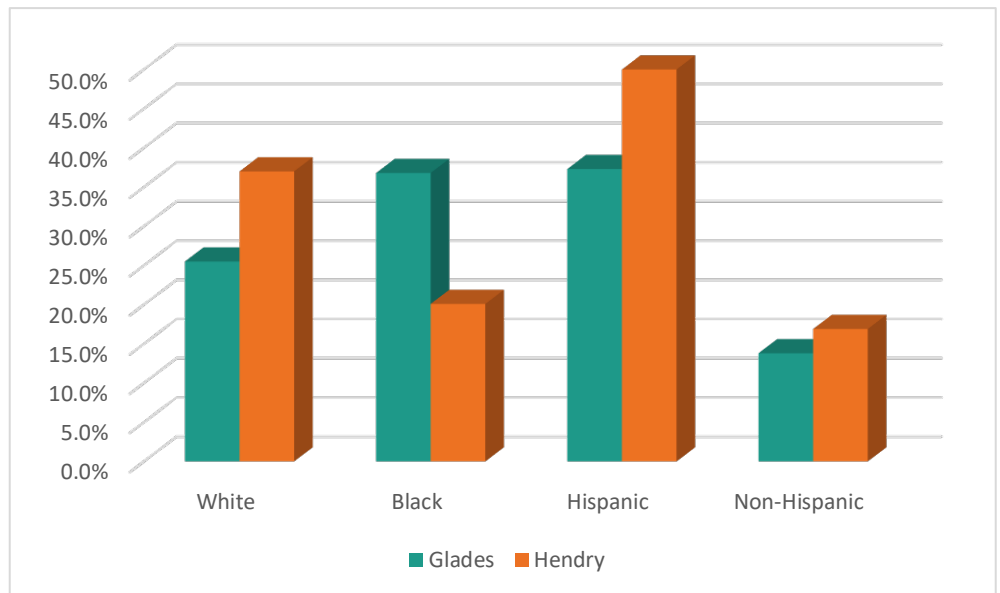


Source: United States Bureau of the Census, American Community Survey, Table DP03

In Glades and Hendry County, those under 18 who identify as Hispanic have the highest percentage of living below the poverty level compared to other races/ethnicities (Glades 25.5% White, 36.8% Black, 37.3% Hispanic; Hendry 37.0% White, 20.1% Black, 50.0% Hispanic).

Exhibit P23: Individuals Under 18 Years of Age Below Poverty Level by Race/Ethnicity, Percentage of Population Under 18, Glades and Hendry Counties, 2020

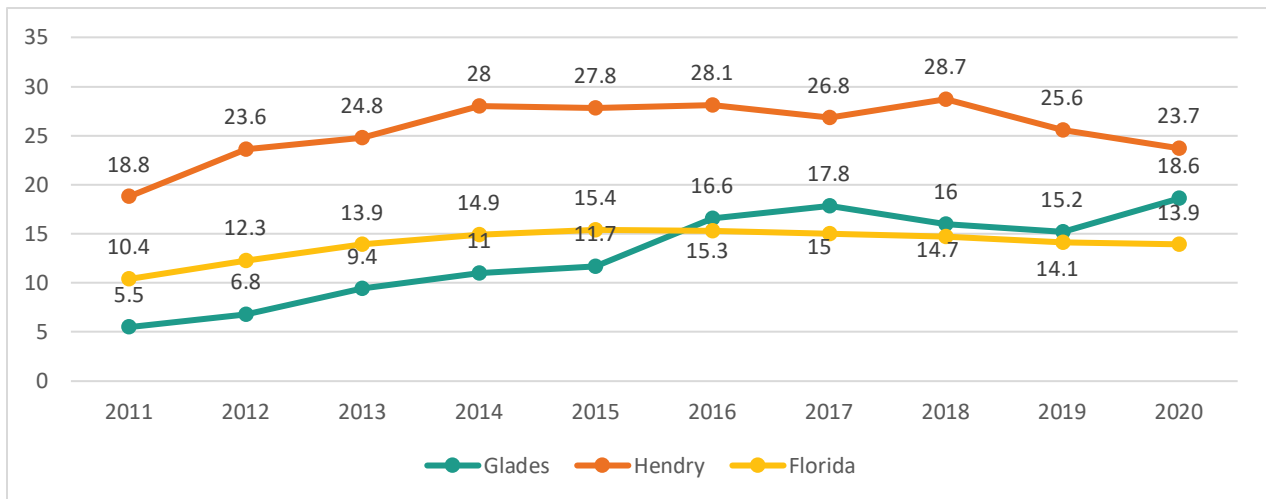
Race/Ethnicity	Glades	Hendry
White	25.5%	37.0%
Black	36.8%	20.1%
Hispanic	37.3%	50.0%
Non-Hispanic	13.8%	16.9%



Source: United States Bureau of the Census, American Community Survey, Table DP03

The Supplemental Nutrition Assistance Program (SNAP), also known as Food Stamps, of the U.S. Department of Agriculture, is a national program that provides benefits to purchasing food at grocery stores, convenience stores, and some farmer's markets and co-op food programs. Current requirements for eligibility are a household monthly net income of less than 100 percent of the federal poverty guideline. Hendry County consistently has had a higher percentage of households receiving assistance when compared to Glades County and the Florida average. From 2011 to 2015 Glades County had a lower percentage of households receiving assistance than Florida, since 2016 the percentage has remained higher than the state average.

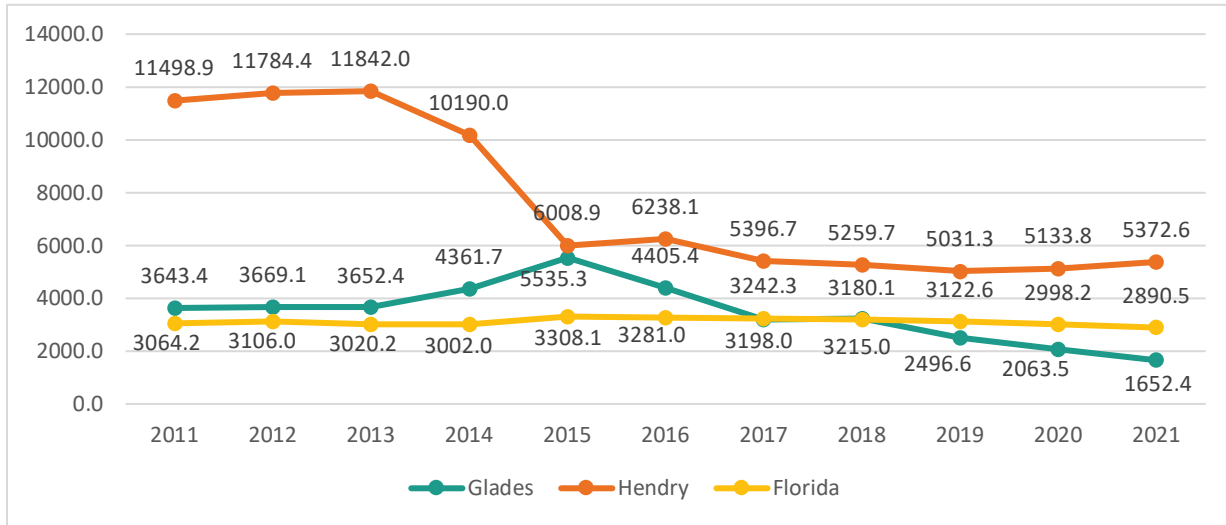
Exhibit P24: Households Receiving Cash Public Assistance or Food Stamps, Percent of Households, Glades and Hendry Counties, Florida, 2011-2020



Source: United States Bureau of the Census, American Community Survey, Table B19058

Women, Infant, and Children Nutrition Program (WIC) is a national program from the U.S. Department of Agriculture. The WIC program provides food, nutrition education, breastfeeding support, and health care and social services referrals. Eligibility includes pregnant and breastfeeding women, women, who have recently been pregnant, infants, and children under the age of five who have a low or moderate income and are at nutritional risk. Hendry County had a disproportionately high percentage of women and children eligible for WIC. The rate has significantly decreased but is still higher than Glades County and the state average. Starting in 2015, the rate of eligible women and children in Glades County has significantly decreased.

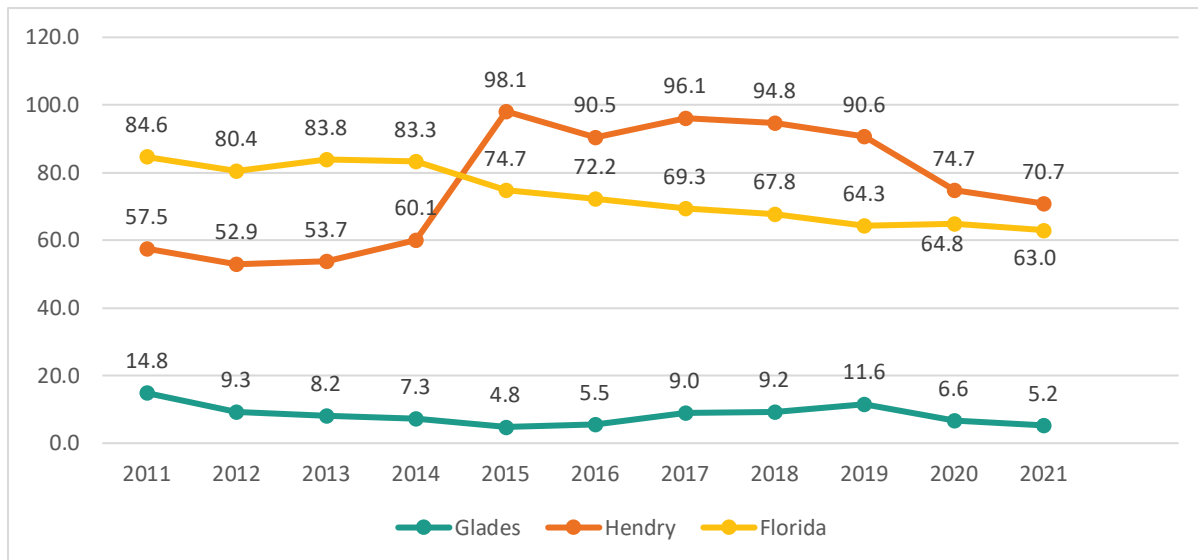
Exhibit P25: WIC Eligibles, Rate per 100,000 Population, Glades and Hendry Counties, Florida, 2011-2021



Source: Florida Department of Health, WIC & Nutrition Services, FLWiSE

WIC eligibles include pregnant and post-partum women and children ages zero to four. The number of WIC eligibles served is the number of people who were issued benefits during September, the last month of the federal fiscal year. The percent of WIC eligibles served is the number served divided by the estimated number in need. Compared to Glades County and Florida, Hendry County has served a higher percentage of those eligible for WIC since 2015. In 2015 nearly all who were eligible for WIC were served. Since 2011, Glades County experienced a decrease in service.

Exhibit P25: WIC Eligibles Served, Percentage of WIC Eligibles, Glades and Hendry Counties, Florida, 2011-2021



Source: Florida Department of Health, WIC & Nutrition Services, FLWiSE

Education Access and Quality

The Star Early Literacy assessment is administered to kindergarten students during the first 30 days of the school year to indicate a student is “ready for kindergarten.” A student needs to earn a 500 or more on the Star Literacy Assessment to be “ready for kindergarten”. In 2021, 51 percent of Glades County students were deemed ready when they entered kindergarten, this is slightly higher than the state of Florida (50%). In Hendry County, 70 percent of students were deemed ready when they entered kindergarten, this is significantly higher than the state average.

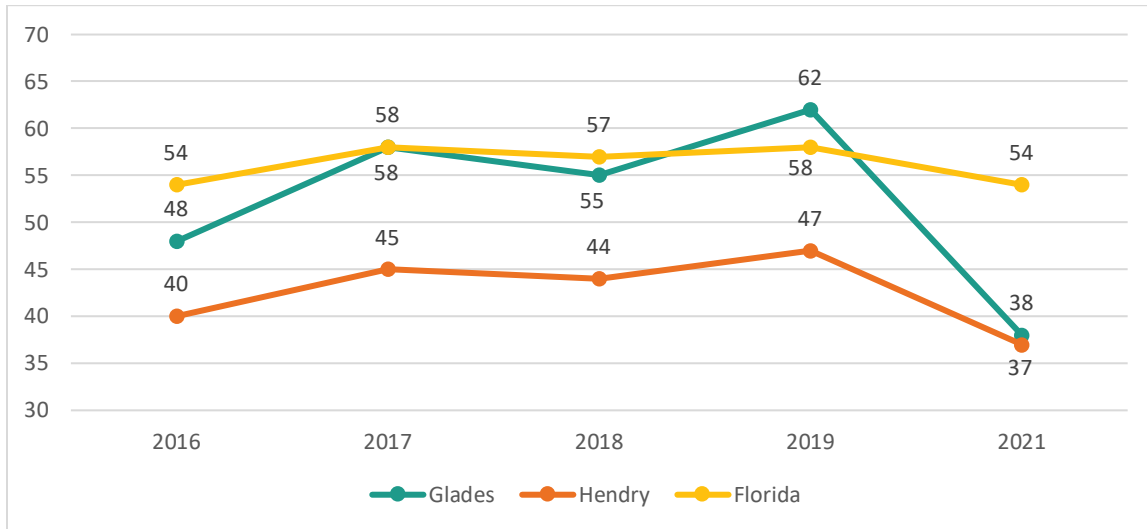
Exhibit P26: Florida Kindergarten Readiness Screener (FLKRS), Fall 2021, Glades and Hendry Counties

	Number of Test Takers	Number “Ready for Kindergarten”	Percentage “Ready for Kindergarten”
Florida	182,986	91,511	50%
Glades County Public Schools	125	64	51%
West Glades School	57	32	56%
More Haven Elementary School	39	20	51%
Pemayetv Emahakv Charter “Our Way School”	29	12	41%
Hendry County Public Schools	792	557	70%
Digital Academy of Florida	313	282	90%
Edward A. Upthegrove Elementary	77	50	65%
LaBelle Elementary School	50	32	64%
Central Elementary School	93	59	63%
Country Oaks Elementary School	123	74	60%
Eastside Elementary School	72	33	46%
Westside Elementary School	64	27	42%

Source: Florida Department of Education

In 2021, Glades and Hendry County students passed the Florida Standards English Language Arts Assessment (FSA) at significantly lower rates than the state average (38% Glades, 37% Hendry vs 54% Florida). To pass, students must achieve a passing level of 3 or above on the FSA. In 2020, the FSA was not given due to the COVID-19 pandemic.

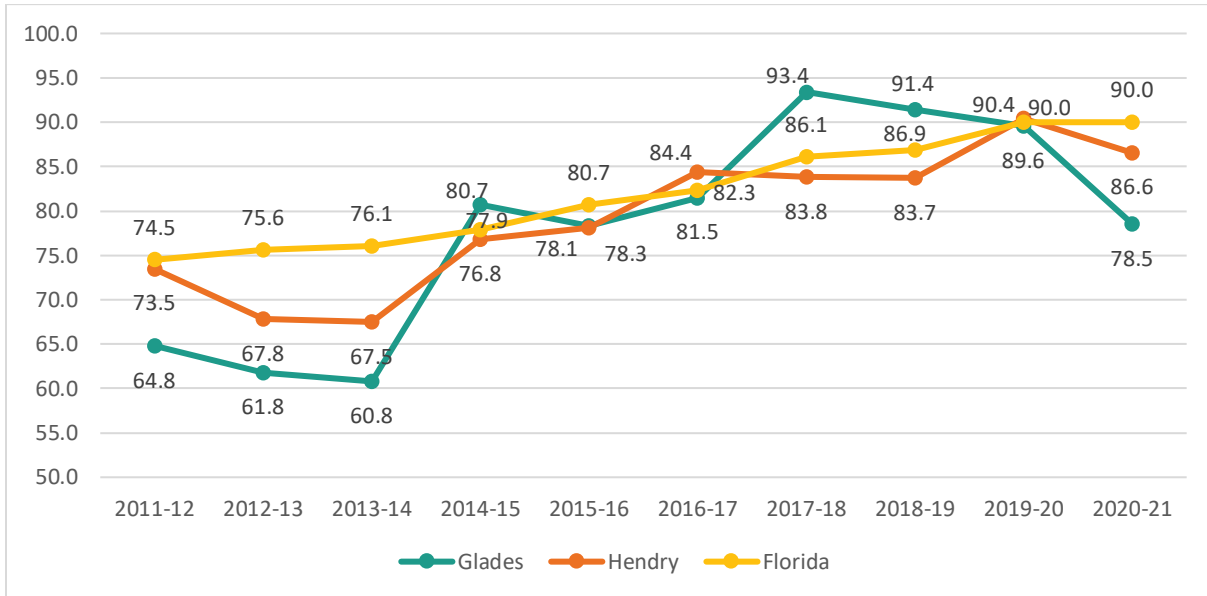
Exhibit P27: Students in 3rd Grade with a Passing Grade on Florida Standards Assessment (FSA) English Language Arts, Percent of Grade 3 Students, Glades and Hendry Counties, Florida, 2016-2021



Source: Florida Department of Education

Glades and Hendry Counties had a lower high school graduation rate than the state average for the 2020 – 2021 school year (78.5% Glades vs 86.6% Hendry vs 90.0% Florida). Since the 2017 – 2018 school year, there’s been a decrease in the high school graduation rate in Glades County (93.5% 2017-2018, 78.5% 2020-2021).

Exhibit P28: High School Graduation Rate, Percentage of Student Cohort since 9th Grade, Glades and Hendry Counties, Florida, Single Year by School Year



Source: Florida department of education, education information and accountability services (EIAS)

Compared to Glades and the state average, people in Hendry County over 25 are less likely to have graduated high school or obtained a bachelor’s degree.

Exhibit P29: Educational Attainment, Population 25 Years and Over, Glades and Hendry Counties, Florida, 5-Year Average, 2016-2020

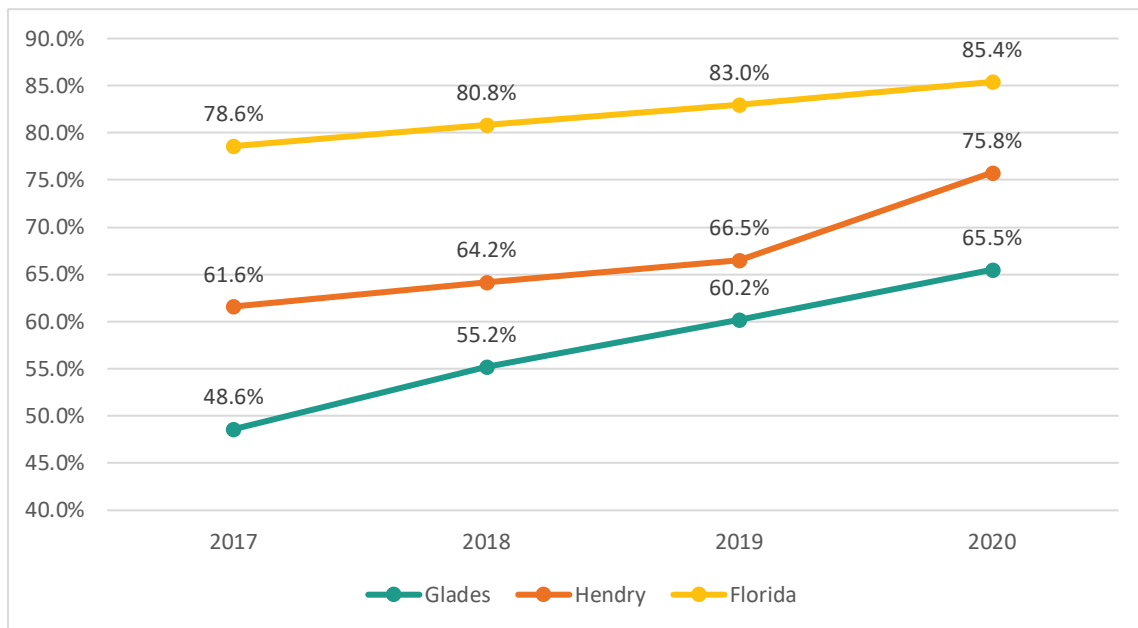
	Glades	Hendry	Florida
Less than 9 th grade	13.3%	16.4%	4.6%
9 th to 12 th grade, no diploma	14.8%	14.5%	6.9%
High school graduate, including GED	35.8%	33.6%	28.2%
Some college, no degree	21.3%	17.5%	19.8%
Associate’s degree	3.4%	9.8%	10.0%
Bachelor’s degree	8.0%	5.5%	19.3%
Graduate or professional degree	3.4%	2.7%	11.3%
High school graduate or higher	71.9%	69.1%	88.5%
Bachelor’s degree or higher	11.5%	8.2%	30.5%

Source: United States Census Bureau, Table DP02 Selected Social Characteristics in the United States

Neighborhood and Built Environment

The percentage of households with access to broadband internet includes access via cellular data plans, satellite internet services, cable, fiber optic, or DSL. Having access to the internet has multiple benefits for a person's health. For example, access to telehealth services, emergency services information, management of health care, and remaining connected to their community. Over the past four years, access to the internet has increased in both counties. Despite the increase, both counties have a significantly lower percentage of households with access to broadband internet when compared to the state average (65.5% Glades, 75.8% Hendry vs 85.4% Florida).

Exhibit P30: Households with Access to Broadband Internet, Percentage of Households, Glades and Hendry Counties, Florida, 2017-2020



Source: United States Bureau of the Census, American Community Survey, Table S2801

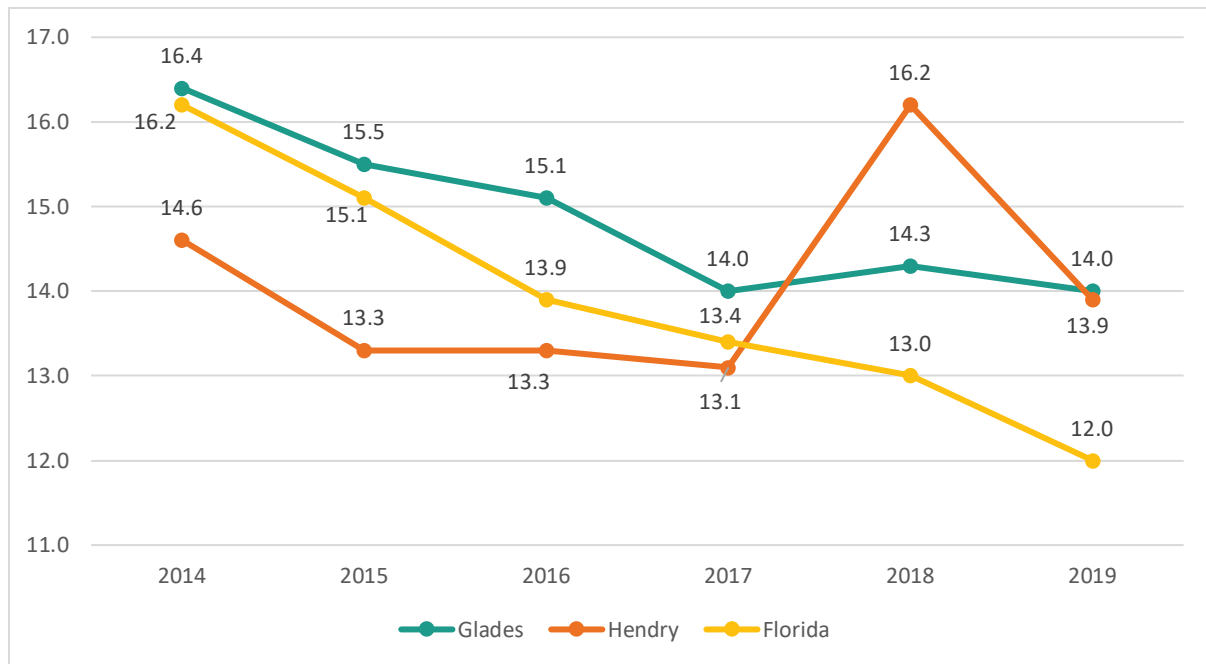
According to Feeding America's Map the Meal Gap 2020, it is estimated that 1,710 people in Glades County are food insecure. The average meal cost in Glades County is \$2.95, this is .44 cents below the Florida average, \$3.39. It is estimated that 30 percent of food insecure people were above SNAP and other nutritional programs threshold of 200% poverty, while 70 percent were below. The annual food budget shortfall for Glades County is \$812,000; this is the total annualized additional dollar amount that food insecure individuals report needing, on average, to purchase just enough food to meet their food needs.

In 2020, it is estimated that 6,210 people in Hendry County are food insecure. The average meal cost in Hendry County is \$2.95, this is .44 cents below the Florida average, \$3.39. It is estimated that 19 percent of food insecure people were above the SNAP and other nutritional

programs threshold of 200 percent poverty, while 81 percent are below. The annual food budget shortfall for Hendry County is \$2,948,000.

From 2014 – 2019 Glades County had an overall decrease percentage in the food insecurity rate but remained consistently higher than the state average. From 2014 – 2017 Hendry County had a lower food insecurity rate than the Florida average. In 2018 there was a dramatic increase in the food insecurity rate for the county.

Exhibit P31: Food Insecurity Rate, Percentage of Population, Glades and Hendry Counties, Florida, 2014-2019

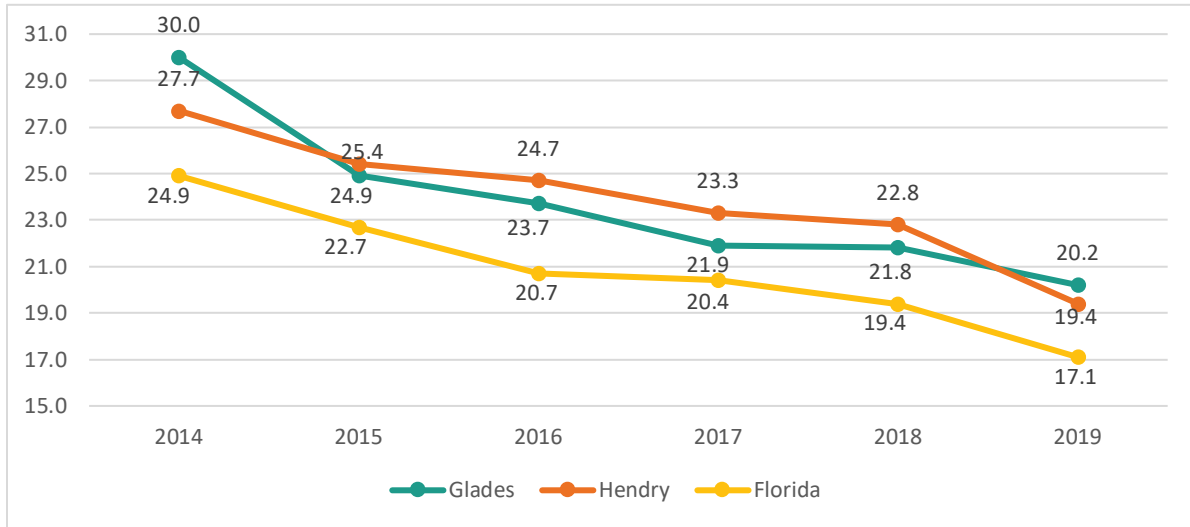


Source: Feeding America, Map the Meal Gap

In 2020, it is estimated that there are 370 children in Glades County who are food insecure. It is estimated that among food insecure children in Glades County 26 percent are likely ineligible for federal nutrition programs (incomes above 185% of poverty), while 74 percent are income eligible (incomes at or below 185% of poverty). In Hendry County, it is estimated that there are 2,480 food-insecure children. It is estimated that among food insecure children in Hendry County five percent are likely ineligible for federal nutrition programs, while 95 percent are income eligible for federal nutrition programs.

Over the past six years, Glades and Hendry Counties had a higher child food insecurity rate when compared to the state average. In 2014 and 2019 Glades County had the highest child food insecurity rate. Both counties have had an overall decrease in the percentage of food insecure children (Glades 30.0% in 2014, 20.2% in 2019, Hendry 27.7% in 2014, 19.4% in 2019 vs. Florida 24.9% 2014, 17.1% 2019).

Exhibit P32: Child Food Insecurity Rate, Percentage of Population Under 18, Glades and Hendry Counties, Florida, 2014-2019



Source: Feeding America, Map the Meal Gap

Crime and Domestic Violence

The top three crimes in Glades County were larceny, domestic violence offenses, and aggravated assault.

Exhibit P33: Crime and Domestic Violence Glades County, 3-Year Rate per 100,000, 2018-2020

	Glades	Florida	Quartile*
Larceny	609.8	1,600.4	1
Domestic Violence Offenses	432.7	495.9	2
Aggravated Assault	187.2	268.4	2
Burglary	177.1	292.6	1
Motor Vehicle Theft	88.6	184.9	1
Forcible Sex Offenses	19.2	53.7	2
Robbery	7.6	72.8	1
Murder	0.0	5.5	1

Source: Florida Department of Law Enforcement

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

Hendry County had higher-than-average rates of burglary, domestic violence offenses, aggravated assault, forcible sex offenses, and murder. Hendry County had lower-than-average rates of larceny, motor vehicle theft, and robbery. The top three crimes in Hendry County were larceny, burglary, and domestic violence.

Exhibit P34: Crime and Domestic Violence, Hendry County, 3-Year Rate per 100,000, 2018-2020

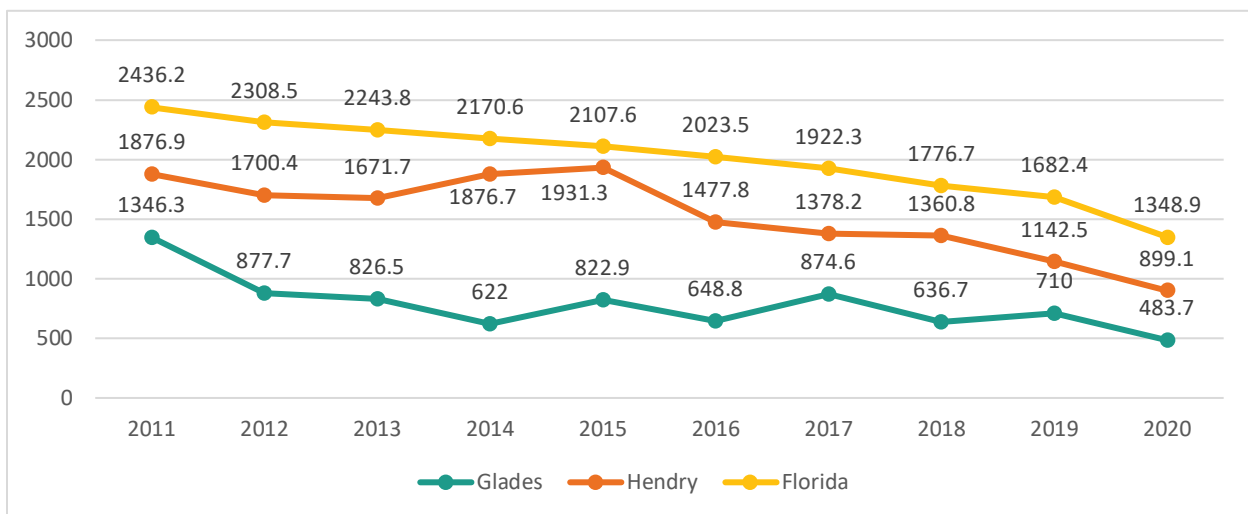
	Hendry	Florida	Quartile*
Larceny	1,132.4	1,600.4	3
Burglary	722.8	292.6	4
Domestic Violence Offenses	621.4	495.9	3
Aggravated Assault	303.2	268.4	3
Motor Vehicle Theft	143.7	184.9	3
Forcible Sex Offenses	75.6	53.7	4
Robbery	61.5	72.8	4
Murder	12.5	5.5	4

Source: Florida Department of Law Enforcement

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

Larceny in Glades and Hendry Counties occurs at a lower rate than the state average. The rate has decreased in Hendry County from 2015-2020.

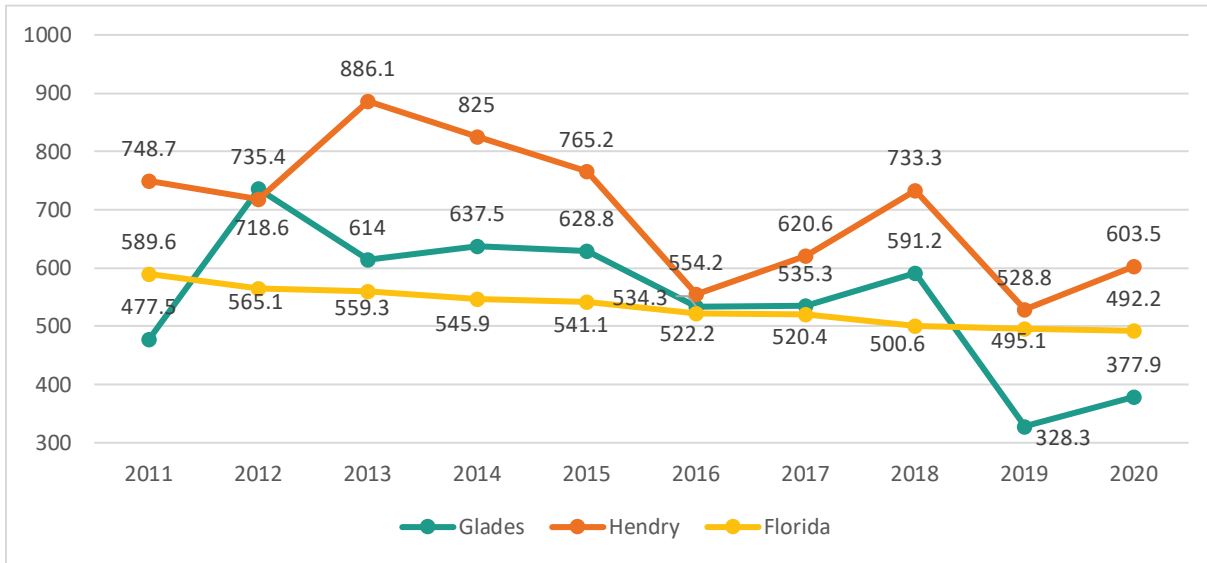
Exhibit P35: Larceny, Rate per 100,000 Population, Glades and Hendry Counties, Florida, 2011-2020



Source: Florida Department of Law Enforcement

Hendry County consistently had a higher-than-average rate of domestic violence offenses than the state average and Glades County, except in 2012.

Exhibit P36: Domestic Violence Offenses, Rate per 100,000 Population, Glades and Hendry Counties, Florida, 2011-2020



Source: Florida Department of Law Enforcement

Settings and Systems

Settings and Systems Selected Findings*

- As of the fiscal year 2020-2021, there was one licensed physician and one OB/GYN listed in Glades County. That works out to about 7.6 doctors for every 100,000 residents, which is a significantly lower rate per 100,000 than the state for every major category of providers. There are no hospital or nursing home beds in Glades County. There are no internal medicine physicians and no pediatricians.
- As of the fiscal year 2020-2021, there were 19 licensed physicians listed in Hendry County. That works out to 46.8 doctors for every 100,000 residents. That is a significantly lower rate than the state average of about 314.0 doctors for every 100,000 residents. The county has a lower rate 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 facility bed type that has a higher rate than the state average was nursing home beds.
- Glades County has been designated as a Health Professional Shortage Area (HPSA) for primary care. The HPSA designation scores counties between one and twenty-six, with the higher scores indicating higher levels of need. Glades County scored a seventeen for primary care. Glades County also scored an eighteen for dental care 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 sixteen out of twenty-six (with twenty-six indicating the greatest level of need).

- Hendry County has been designated as a Health Professional Shortage Area (HPSA) for primary care. Hendry County scored a twelve 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.
- Almost 80 percent of Glades County residents and 76 percent of Hendry County residents have the cost of their health care expenses covered by some type of health insurance plan; this compares to 87 percent statewide.
- Children in Glades County are three times more likely to be uninsured when compared to the state average (26.6% Glades vs. 7.2% Florida). Children in Hendry County are two times more likely to be uninsured when compared to the Florida average (16.0 Hendry County vs. 7.2% Florida).
- There has been a trend for both counties and the state with an increase in Medicaid enrollment. The monthly Medicaid enrollment in Hendry County is almost double the state average while the rate in Glades County is significantly below the state average (8.1 Glades, 38.5 Hendry vs. 22.4 State for 2021).
- In 2020, the median household income in Glades County was \$39,709 and the median household income in Hendry County was \$36,978. The median household income in both counties is significantly lower than the state average (\$57,703). From 2012 to 2019, the amount increased in both counties but they had decreased in 2020.
- The black population in both counties consistently had a lower median household income when compared to the white population. From 2013 to 2020 the median household income among black residents in Hendry County has increased. It should be noted that no data was reportable in 2020 for the black population in Glades County.
- The non-Hispanic population in Hendry County had a higher median household income over the past ten years than the Hispanic population. The median household income almost doubled over the past ten years amongst Hispanics in Glades County (\$23,631, 2010 vs. \$42,536, 2019).
- In 2020, Hendry County homeowners had a higher percentage of being housing burdened than those owning a home in Glades County (25.1% Hendry vs. 14.8% Glades). Over the past four years, the percentage of housing-burdened homeowners in Glades County has decreased.
- Hendry County has more people than average living per household than the Florida average with owned households containing more individuals than rented households. Both counties have a higher percentage of residents living in mobile homes, Glades County has the highest percentage, 50 percent.

****All sources and further details for the selected findings can be found in the relevant section of the Glades and Hendry Counties CHA***

Access to healthcare, housing, and a healthy environment is the key to achieving a healthy community and is a primary health policy goal in Florida.

Access to Health Care

As of the fiscal year 2020-2021, one licensed physician and one OB/GYN were listed in Glades County. That works out to about 7.6 doctors for every 100,000 residents, which is a significantly lower rate per 100,000 than the state for every major category of providers. There are no hospital or nursing home beds in Glades County. There are no internal medicine physicians and no pediatricians.

The number of Glades County Health Department employees per every 100,000 residents is higher than the state average. The Glades County Health Department spent \$1,045,981 in 2021; that places the rate of expenditure per 100,000 residents more than double the state average. It is typical for rural counties to have a significantly higher rate of expenditure than the state average.

Exhibit S1: Health Resource Availability, Glades County, Florida, Fiscal Year 2020-2021

	Glades County			Florida
	Number	Rate Per 100,000	Quartile*	Rate Per 100,000
Providers**				
Total licensed dentist	0	0.0	1	56.7
Total licensed physicians	1	7.6	1	314.0
Total licensed family practice physicians	0	0.0	1	19.2
Total licensed internal medicine physicians	0	0.0	1	47.3
Total licensed OB/GYN	1	7.6		9.2
Total licensed pediatricians	0	0.0		21.9
Facility bed types				
Total hospital beds	0	0.0	1	316.0
Total acute care beds	0	0.0	1	247.1
Total specialty beds	0	0.0		
Total nursing home beds	0	0.0	1	386.5
County Health Department				
County health department full-time employees	10	75.6	3	47.8
County health department expenditures (in dollars)	\$1,045,981	\$79.10	3	\$33.40

Source: Florida Department of Health, Division of Medical Quality Assurance; Florida Agency for Health Care Administration (AHCA); Florida Department of Health, Division of Public Health Statistics and Performance Management

*County compared to other Florida counties. The lowest quartile equals the lowest number. For resource availability, the lowest number is generally considered the worst ranking. Quartile information is provided when at least 51 counties have rates greater than zero.

**Number of licensed providers does not necessarily equal the number of practicing providers. These numbers may include providers working in another county, working only part-time, or retired.

As of the fiscal year 2020-2021, there were 19 licensed physicians listed in Hendry County. That works out to 46.8 doctors for every 100,000 residents. That is a significantly lower rate than the state average of about 314.0 doctors per 100,000 residents. In addition, the county has a lower rate than the state for every major category of providers. These numbers may include providers working in another county, working only part-time, or retired. "Nursing home" beds are the only facility bed type with a higher rate than the state average.

The number of Hendry County Health Department employees per every 100,000 residents is higher than the state average. The Hendry County Health Department spent \$5,483,337 dollars in 2021; that places the rate of expenditure per 100,000 residents four times the state average. It is typical for rural counties to have a significantly higher rate of expenditure than the state average.

Exhibit S2: Health Resource Availability, Hendry County, Florida, Fiscal Year 2020-2021

	Hendry County			Florida
	Number	Rate Per 100,000	Quartile*	Rate Per 100,000
Providers				
Total Licensed Dentist	9	22.2	2	56.7
Total licensed physicians	19	46.8	1	314.0
Total licensed family practice physicians	2	4.9	1	19.2
Total licensed internal medicine physicians	2	4.9	1	47.3
Total licensed OB/GYN	0	0.0		9.2
Total licensed pediatricians	3	7.4		21.9
Facility bed types				
Total hospital beds	25	59.9	1	316.0
Total acute care beds	25	59.9	1	247.1
Total specialty beds	0	0.0		69.0
Total nursing home beds	248	610.9	3	386.5
County Health Department				
County health department full-time employees	70	172.4	4	47.8
County health department expenditures (in dollars)	\$5,483,337	\$135.10	4	\$33.40

Source: Florida Department of Health, Division of Medical Quality Assurance; Florida Agency for Health Care Administration (AHCA); Florida Department of Health, Division of Public Health Statistics and Performance Management

*County compared to other Florida counties. The lowest quartile equals the lowest number. For resource availability, the lowest number is generally considered the worst ranking. Quartile information is provided when at least 51 counties have rates greater than zero.

**Number of licensed providers does not necessarily equal the number of practicing providers. These numbers may include providers working in another county, working only part-time, or retired.

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

Glades County has been designated as Medically Underserved Population. Any population with a score of 62 or lower on the Index of Medical Underservice is considered medically underserved. The areas with the lowest numbers are those that are determined to have the most need. Glades County scored 57.3.

Hendry County's Low Income/Migrant Farmworker Populations in LaBelle have been designated as Medically Underserved Populations. LaBelle's Low Income/Migrant Farmworker Populations scored 59.5.

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

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

Hendry County has been designated a Health Professional Shortage Area (HPSA) for primary care. Hendry County scored a twelve for primary care. Hendry County also scored a nineteen for dental care for low-income and migrant farmworkers, meaning it is designated as a shortage area.

Access to Insurance

Almost 80 percent of Glades County residents and 76 percent of Hendry County residents have the cost of their health care expenses covered by some health insurance plan; employer-sponsored health insurance, individual health plans, Medicare, Medicare Advantage plans, Medicaid, or marketplace plans. However, children in Glades County are three times more likely to be uninsured when compared to the state average (26.6% Glades vs. 7.2% Florida). In addition, children in Hendry County are twice as likely to be uninsured compared to the Florida average (16.0 Hendry County vs. 7.2% Florida).

Exhibit S3: Health Insurance Coverage, Percentage of the Population, Glades and Hendry Counties, Florida, 2016-2020

	Glades County	Hendry County	Florida
Civilian noninstitutionalized population			
With health insurance coverage (%)	79.5%	75.7%	87.3%
With private insurance (%)	43.7%	42.6%	62.9%
With public coverage (%)	53.8%	40.7%	36.9%
No health insurance coverage (%)	20.5%	24.3%	12.7%

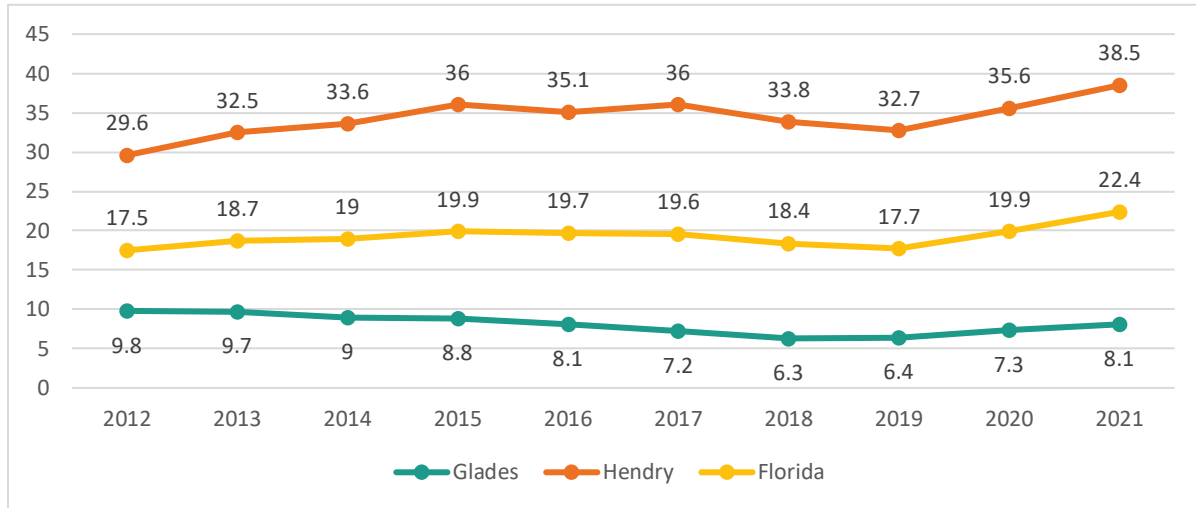
Under 19 years			
No health insurance (%)	26.6%	16.0%	7.2%
Employed 19 to 64 years			
With health insurance coverage (%)	73.8%	71.1%	83.2%
With private health insurance (%)	57.9%	62.5%	78.1%
With public coverage (%)	18.3%	11.5%	7.7%
No health insurance coverage (%)	26.2%	28.9%	16.0%
	Glades County	Hendry County	Florida
Not in labor force			
With health insurance coverage (%)	65.1%	60.6%	79.0%
With private health insurance (%)	32.4%	21.5%	50.9%
With public coverage (%)	37.4%	44.8%	34.9%
No health insurance coverage (%)	34.9%	39.4%	21.0%

Source: United States Census Bureau, American Community Survey (ACS) 5-Year estimates, Table DP03 Selected Economic Characteristics

Medicaid provides medical coverage to low-income individuals and families. The state and federal governments 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, and people with disabilities with high medical costs.

There are four categories of Medicaid eligibility for adults in Florida: 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. There has been a trend for both counties and the state with an increase in Medicaid enrollment. For example, the monthly Medicaid enrollment in Hendry County is almost double the state average.

Exhibit S4: Monthly Medicaid Enrollment, Percentage of Population, Glades and Hendry Counties, Florida, 2012-2021

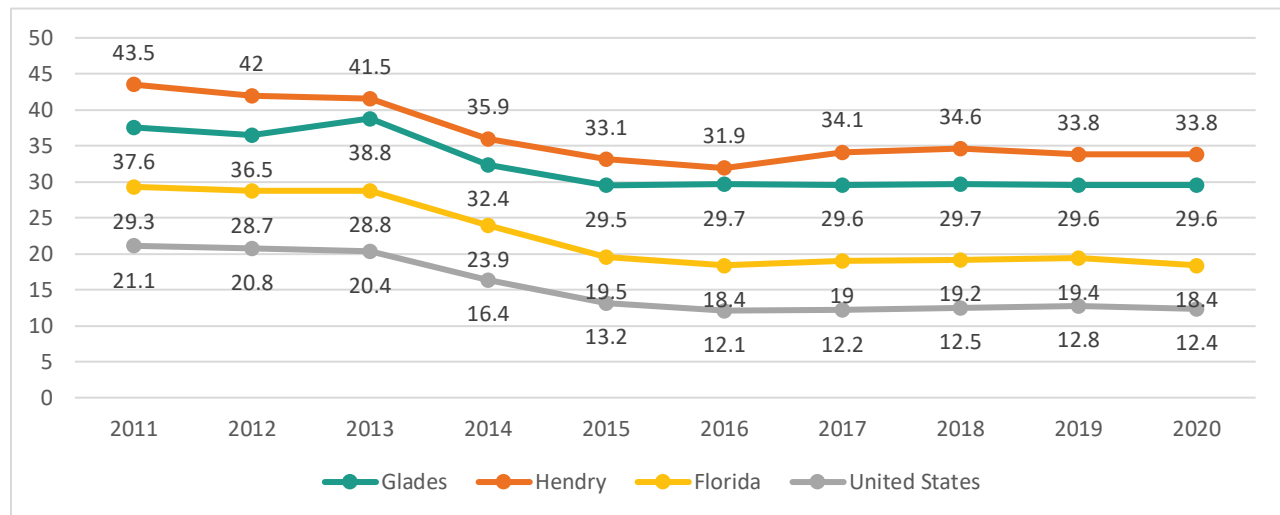


Source: Agency for Health Care Administration

Note: The monthly Medicaid enrollment is the number of reported enrollees as of September of each year.

Both counties consistently had a higher percentage of uninsured adults 18 to 64 years of age than the state and national average. Moreover, from 2015 to 2020, the percentage of adults who were uninsured remained steady.

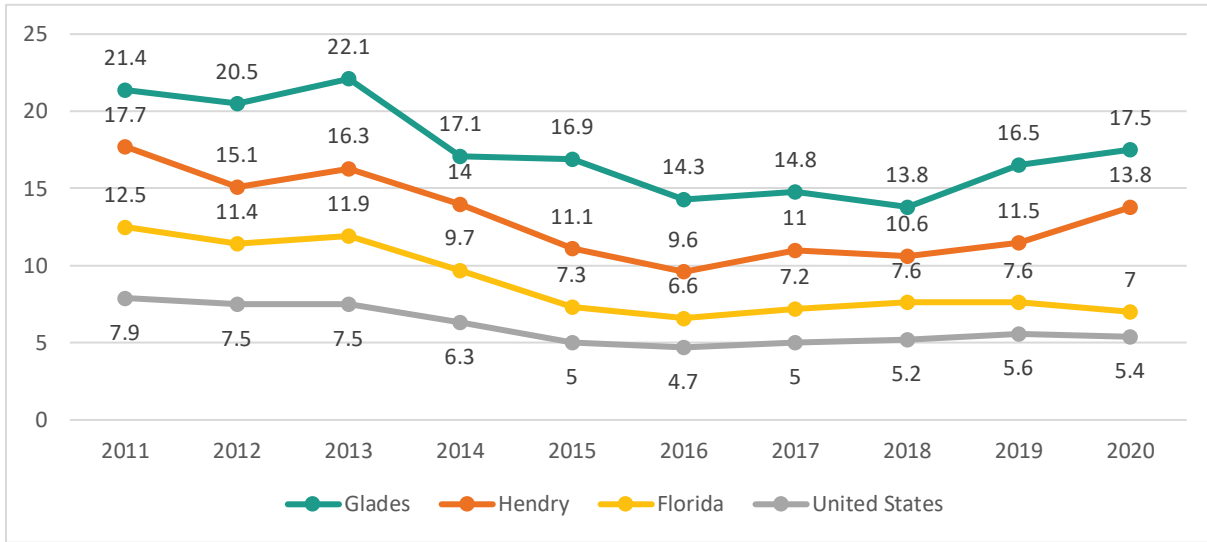
Exhibit S5: Uninsured Adults (18 – 64 Years of Age), Percentage of the Population, Glades and Hendry Counties, Florida, United States, 2012-2021



Source: U.S. Census Bureau, Small Area Health Insurance Estimate

Both counties consistently had a higher percentage of uninsured children under 19 years of age than the state and national average. The percentage of uninsured children declined significantly between 2013 and 2018 but increased in 2019 and 2020 in Glades and Hendry Counties.

Exhibit S6: Uninsured Children (Under 19 Years of Age), Percentage of the Population, Glades and Hendry Counties, Florida, United States, 2012-2021

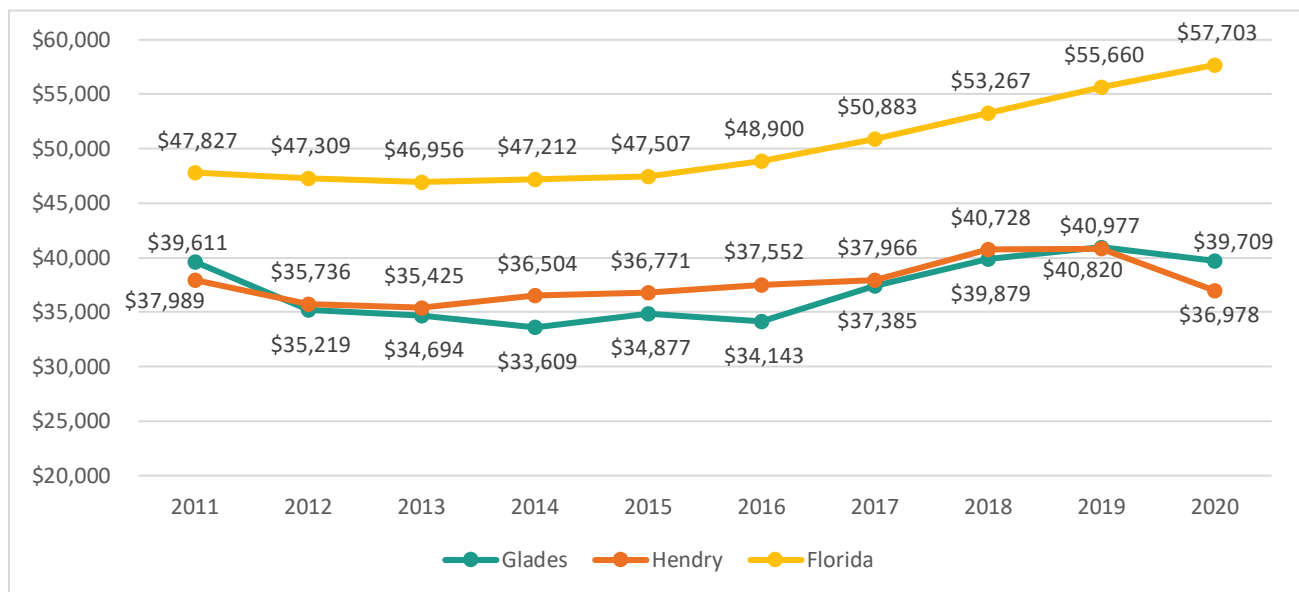


Source: U.S. Census Bureau, Small Area Health Insurance Estimate

Housing

Household income is a leading indicator of a family’s ability to afford to house. In 2020, the median household income in Glades County was \$39,709, and the median household income in Hendry County was \$36,978. The median household income in both counties is significantly lower than the state average (\$57,703). From 2012 to 2019, the amount increased in both counties but decreased in 2020.

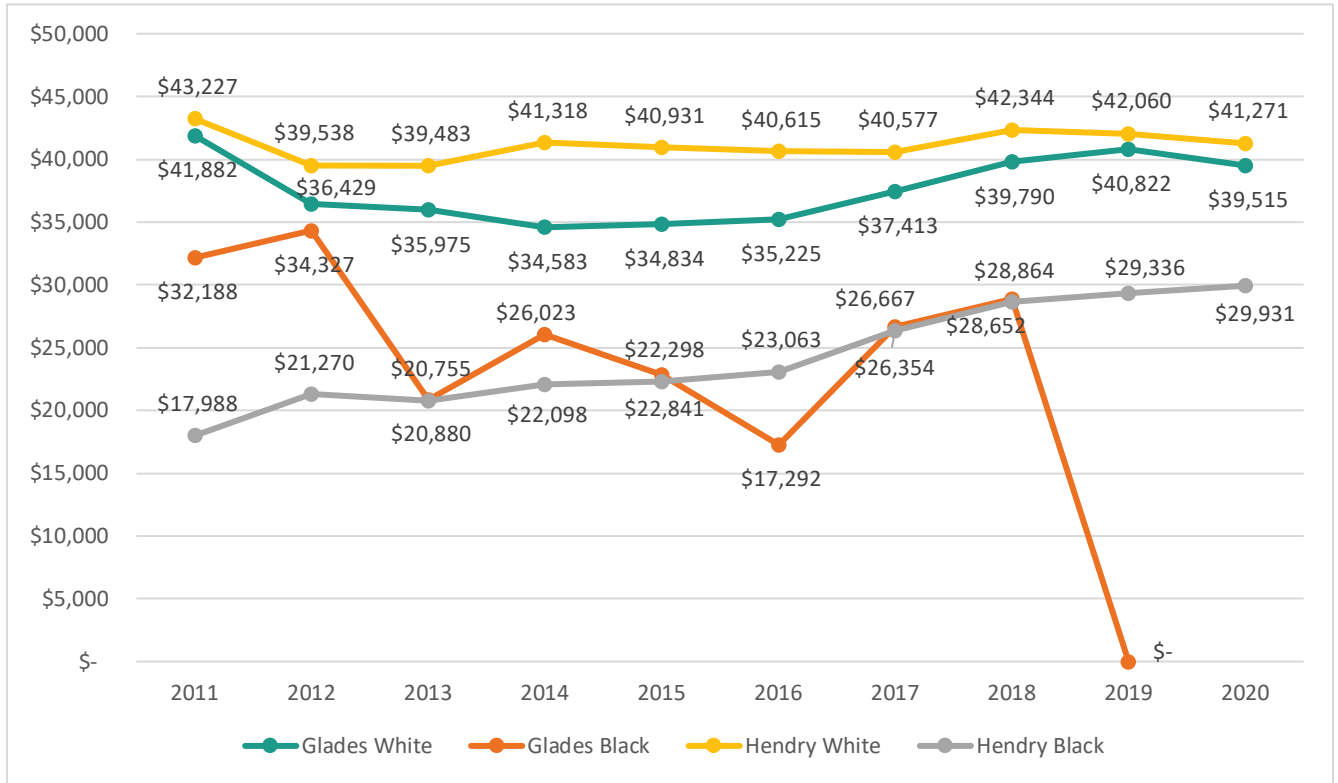
Exhibit S7: Median Household Income, Glades and Hendry Counties, Florida, 2011-2020



Source: United States Bureau of the Census, American Community Survey, Table B19013

The black population in both counties consistently had a lower median household income when compared to the white population. However, from 2013 to 2020, the median household income among black residents in Hendry County increased. It should be noted that no data was reportable in 2020 for the black population in Glades County.

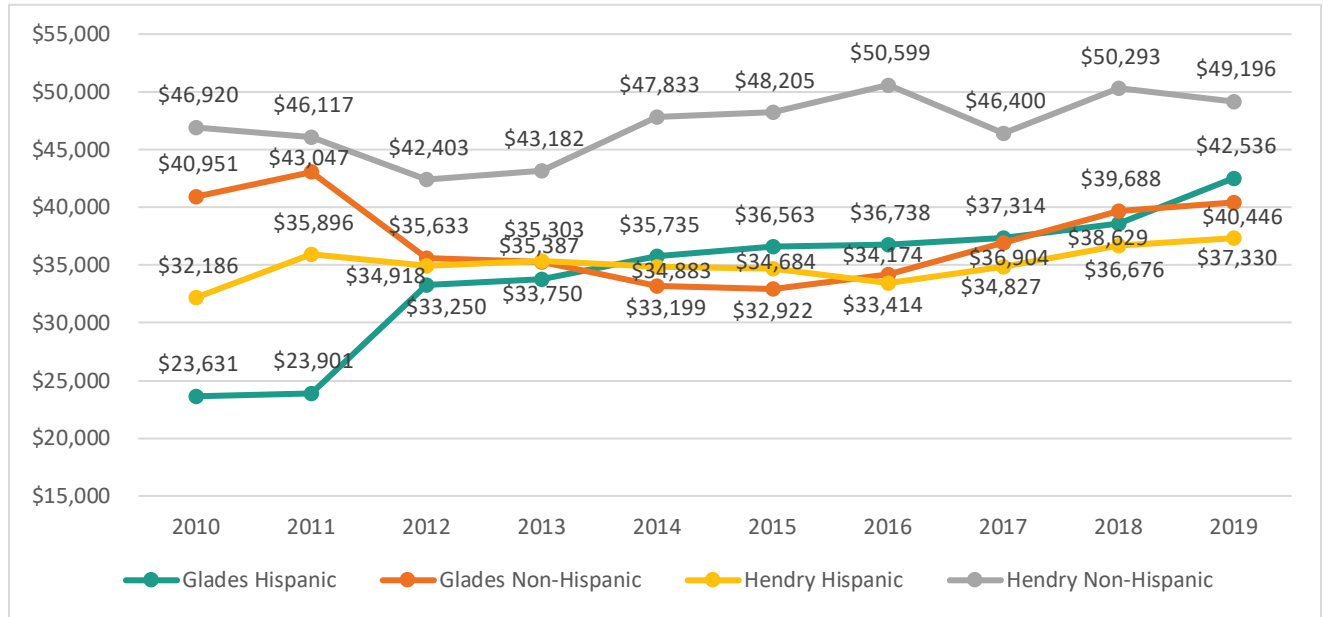
Exhibit S8: Median Household Income by Race, Glades and Hendry Counties, Florida, 2011-2020



Source: United States Bureau of the Census, American Community Survey, Table B19013

The non-Hispanic population in Hendry County had a higher median household income over the past ten years than the Hispanic population. However, the median household income almost doubled over the past ten years amongst Hispanics in Glades County (\$23,631, 2010 vs. \$42,536, 2019).

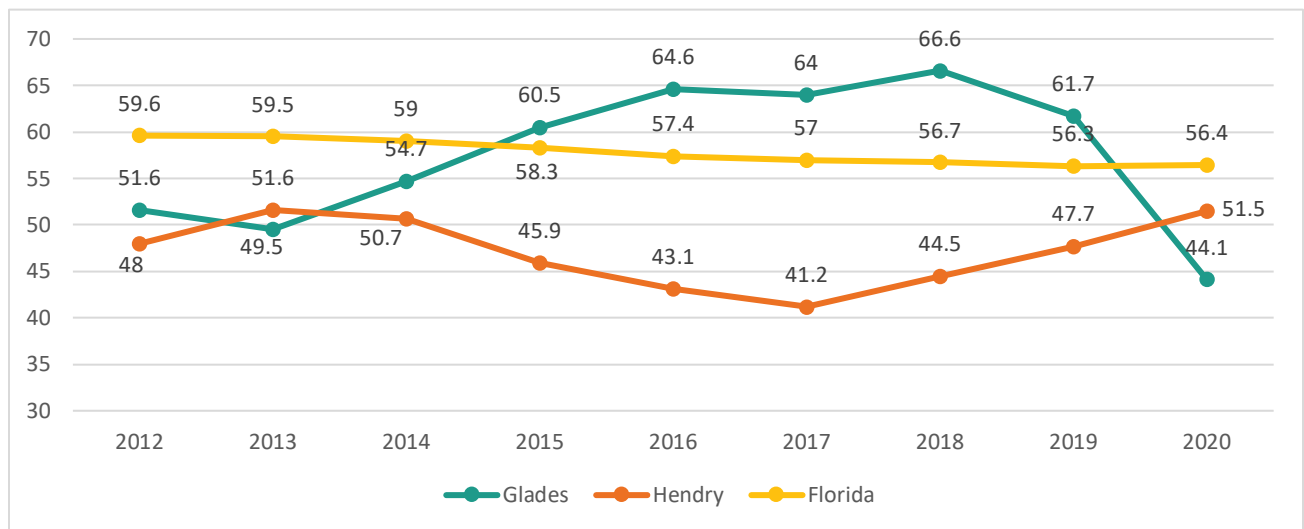
Exhibit S9: Median Household Income by Ethnicity, Glades and Hendry Counties, Florida, 2010-2019



Source: United States Bureau of the Census, American Community Survey, Table B19013

The Department of Housing and Urban Development (HUD) considers housing costing more than thirty percent of a household’s income unaffordable. From 2015 to 2019, there was a higher percentage of renters in Glades County that were considered housing burdened compared to the state average; however, there was a significant decline for 2020. Over the past four years, the percentage of renters who are housing burdened has been increasing.

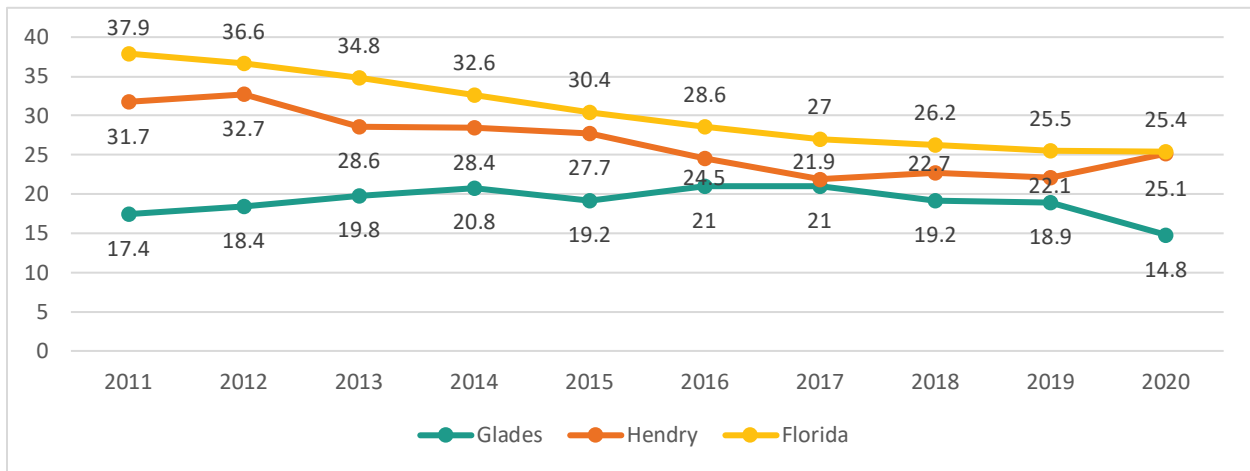
Exhibit S10: Renter-Occupied Housing Units with Gross Rent Costing 30% or More of Household Income, Percentage of Renter-Occupied Household, Glades and Hendry Counties, Florida, 2012-2020



Source: United States Bureau of the Census, American Community Survey, Table DP04

In 2020, Hendry County homeowners had a higher percentage of being housing burdened than those owning a home in Glades County (25.1% Hendry vs. 14.8% Glades). However, the percentage of housing-burdened homeowners in Glades County has decreased over the past four years.

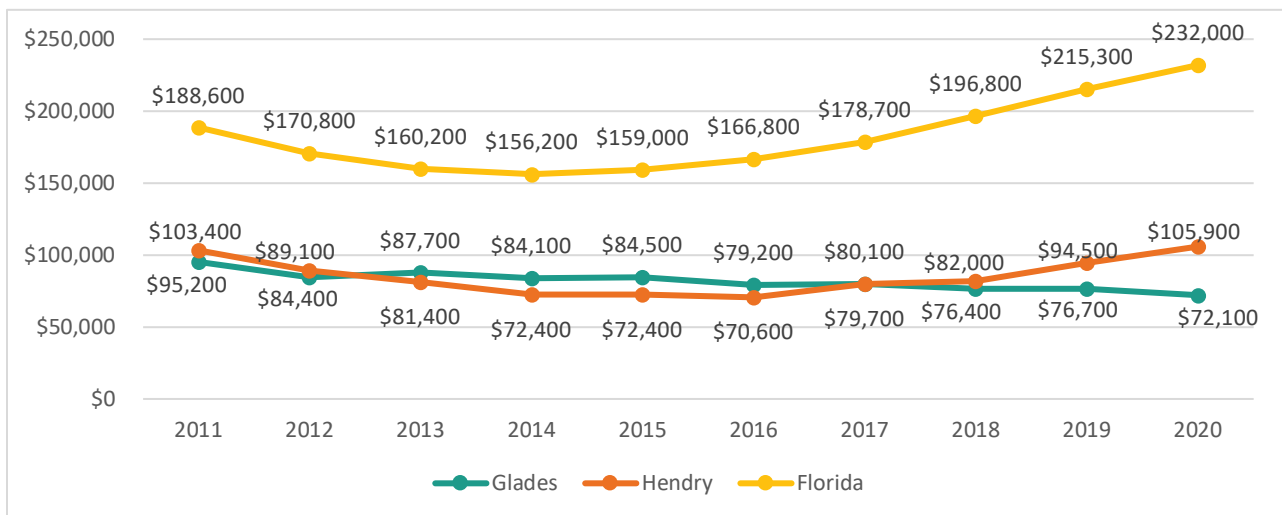
Exhibit S11: Owner-Occupied Households with Monthly Housing Costs of 30% or More of Household Income, Percentage of Owner-Occupied Households, Glades and Hendry Counties, Florida, 2011-2020



Source: United States Bureau of the Census, American Community Survey, Table DP04

The median value of the homes in both counties is considerably cheaper than the state average (\$72,100, Glades vs. \$105,900, Hendry vs. \$232,000 Florida). Starting in 2016, the median value of homes in Hendry County increased following a similar trend for the state, while the opposite is happening in Glades County.

Exhibit S12: Median Owner-Occupied Housing Unit Value, Glades and Hendry Counties, Florida, 2011-2020



Source: United States Bureau of the Census, American Community Survey, Table DP04

Hendry County has more people than average living per household than the Florida average, with owned households containing more individuals than rented households. Although both counties have a higher percentage of residents living in mobile homes, Glades County has the highest percentage, 50 percent.

Exhibit S13: Housing Occupancy, Glades and Hendry Counties, Florida, 2016-2020

	Glades County	Hendry County	Florida
Occupied housing units (%)	68.4%	86.2%	82.9%
Owner-occupied (%)	80.1%	70.3%	66.2%
Renter-occupied (%)	19.9%	29.7%	33.8%
Household size owner-occupied unit (people)	2.44	3.09	2.61
Household size renter-occupied unit (people)	2.89	3.02	2.63
Vacant housing (%)	31.6%	13.8%	17.1%
Homeowner vacancy (%)	2.4%	0.6%	2.1%
Rental vacancy (%)	4.5%	2.4%	8.2%
Occupying mobile home (%)	50.7%	38.6%	8.7%
Occupying boat, RV, van, etc. (%)	2.3%	0.9%	0.2%

Source: United States Census Bureau, American Community Survey (ACS) 5-Year Estimate, Table DP04 Selected Housing Characteristics

Health Conditions

Health Conditions Selected Findings*

- According to the County Health Rankings from the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, Glades County currently is ranked 52nd healthiest out of 67 counties in Florida for health outcomes (length of life and quality of life) and 54th for health factors (health behaviors, clinical care, social & economic factors, and physical environment). Hendry County currently is ranked 44th out of 67 counties in Florida for health outcomes and 65th for health factors.
- Over the past ten years, Glades County consistently had a lower death rate than the state average (673.4 Glades vs. 748.4 State for 2020), while Hendry County consistently had a higher death rate than the state average (861.4 Hendry vs. 748.4 State for 2020). The death rate in Glades County has increased from 2017 to 2020 (526.2 2017, 673.4 2020).
- The death rate for black individuals in Hendry County dramatically increased from 2017 to 2020, from 750.6 to 1,350.4. The death rate for black individuals in Glades County has also increased from 362.4 in 2019 to 1072.3 in 2020.
- Hendry County has consistently had a higher death rate from heart disease when compared to the Florida average. Over the past three years, 2018 – 2020, the rate of death from heart disease has decreased (209.9 to 189.4).
- The age-adjusted death rate from heart disease is higher for males in Glades and Hendry Counties than females.
- In 2020, the black population in Glades and Hendry Counties had the highest death rate from heart disease (354.8 Glades and 341.3 Hendry).
- Glades County has consistently had a lower-than-average rate of cancer incidence when compared to the state average. In 2018 there was a spike in cancer incidence in Hendry County, it has since decreased to be similar to the state average.
- In Hendry County, the death rate from cancer decreased from 167.4 to 114.0 between 2018 and 2020. Glades County has consistently had a lower rate of death from cancer when compared to Hendry County and the Florida average although in 2020, since Hendry County declined their rates were similar.
- In both Hendry and Glades County, breast cancer was the most common form of cancer based on incidence rates 2017-2019. However, in both counties, lung cancer has been the deadliest form of cancer based on age-adjusted death rates 2018-2020.
- Though breast cancer is the most common, Glades and Hendry Counties have consistently had a lower-than-average incidence, except Hendry County's 2010, rate of breast cancer than the state average (for 2020, 82.3 Glades, 83.9 Hendry vs. 128 State). However, it should be noted that incidences can be missed if there are lower rates of screenings.
- Glades consistently had a lower-than-average incidence of lung cancer when compared to Hendry County and the state average (for 2020, 22.4 Glades, 84.2 Hendry vs. 55.1 State). From 2017 to 2019 the incidence rate in Hendry County increased, from 29.3 to 84.2. The only years the incidence rate in Hendry County was lower than the state average was in 2011 and 2017.

- In 2020, Hendry County had a higher rate of hospitalizations from stroke than Glades County and the state average (112.7 Glades, 247.2 Hendry vs. 221.6 State).
- Starting in 2018 the death rate from stroke has increased in Hendry County, from 29.3 in 2018 to 51.1 in 2020. When compared to Glades County and the Florida average in 2020, Hendry County had the highest death rate from stroke (18.4 Glades, 51.1 Hendry vs. 44.4 State).
- Prevention efforts (testing and vaccinations) for infectious diseases were greatly impacted by the COVID-19 pandemic. It should be noted that a larger number of individuals are likely positive for these diseases but have not been tested. Hendry County has disproportionately had a higher rate of chlamydia cases than Glades County and Florida. Glades County had a higher rate of chickenpox in 2018-2020. Both counties had a higher rate of tuberculosis than the state average in 2019-2021. Glades and Hendry Counties had a lower rate of diagnoses for HIV and AIDS than the state average.
- Hendry County consistently had a higher rate of chlamydia cases than Glades County and the state average. In 2020, both counties had a higher rate of chlamydia cases than the state (542.0 Hendry vs. 476.2 Glades vs. 458.5 Florida).
- Infant mortality rates in Glades County are above the average for the state (10.5 Glades vs. 6 Florida for 2018-2020), but the rates are declining. Infant mortality rates in Hendry County were slightly above the average for the state (6.5 Hendry vs. 6.0 State for 2018-2020), but the rates are declining.
- The rate of babies born to mothers between the ages of 15 and 19 in Glades has been increasing but is still lower than the Florida average (14.1 Glades vs. 16.0 State for 2018-2020). The rate of babies born to mothers between the ages of 15 and 19 in Hendry has been decreasing but is still higher than the Florida average (33.1 Hendry vs. 16.0 State for 2018-2020).
- In Glades County, it was the 11th highest cause of death and in Hendry County, it was the 13th highest cause of death. Over the past ten years, there was an overall increase in suicide deaths in Hendry County (2.5, 2011 vs. 11.9, 2020). In 2020, Glades County had the highest rate of deaths from suicide when compared to Hendry County and the state average (14.9 Glades vs. 13.1 Florida vs. 11.9 Hendry). Please note, the rates for Glades and Hendry Counties are based on small numbers.

****All sources and further details for the selected findings can be found in the relevant section of the Glades and Hendry Counties CHA***

County Health Rankings

County Health Rankings & Roadmaps is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute that looks at the health of all states and counties in the United States. Glades County currently is ranked 52nd healthiest out of 67 counties in Florida for health outcomes (length of life and quality of life) and 54th for health factors (health behaviors, clinical care, social & economic factors, and physical

environment). Hendry County currently is ranked 44th out of 67 counties in Florida for health outcomes and 65th for health factors.

These rankings are based on various factors that affect the health of the county’s residents such as unemployment, levels of physical inactivity, rates of smoking, obesity, and children living in poverty.

Exhibit HC1: County Health Rankings, Glades and Hendry Counties, Florida 2022

	Glades	Hendry	Top U.S. Performers	Florida
Health Outcomes				
Length of Life, Rank	49	35		
Premature death <i>Years of potential life lost before age 75 per 100,000 population (age-adjusted)</i>	10,100	8,800	5,600	7,500
Quality of Life, Rank	54	55		
Poor or Fair Health <i>Percentage of adults reporting fair or poor health (age-adjusted)</i>	28%	34%	15%	18%
Poor Physical Health Days <i>Average number of physically unhealthy days reported in past 30 days (age-adjusted)</i>	5.5	5.8	3.4	4.0
Poor Mental Health Days <i>Average number of mentally unhealthy days reported in the past 30 days (age-adjusted)</i>	5.4	5.3	4.0	4.5
Low Birthweight <i>Percentage of live births with low birthweight (<2,500 grams)</i>	9%	8%	6%	9%
Health Factors				
Health Behaviors	50	48		
Adult Smoking <i>Percentage of adults who are current smokers (age-adjusted)</i>	24%	22%	15%	15%
Adult Obesity <i>Percentage of the adult population (age 18 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m² (age-adjusted)</i>	37%	42%	23%	26%
Food Environment Index <i>Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best)</i>	5.8	7.1	8.8	7.0
Physical Inactivity <i>Percentage of adults age 18 and over reporting no leisure-time physical activity (age-adjusted)</i>	37%	42%	23%	26%
Access to Exercise Opportunities <i>Percentage of population with adequate access to locations for physical activity</i>	10%	51%	86%	26%

	Glades	Hendry	Top U.S. Performers	Florida
Excessive Drinking <i>Percentage of adults reporting binge or heavy drinking (age-adjusted)</i>	20%	18%	15%	20%
Alcohol-Impaired Driving Deaths <i>Percentage of driving deaths with alcohol involvement</i>	30%	22%	10%	22%
Sexually Transmitted Infections <i>Number of newly diagnosed chlamydia cases per 100,000 population</i>	391.0	483.1	161.8	515.9
Teen Births <i>Number of births per 1,000 female population ages 15-19</i>	17	37	11	18
Clinical Care	60	66		
Uninsured <i>Percentage of population under age 65 without health insurance</i>	27%	27%	6%	16%
Primary Care Physicians <i>Ratio of population to primary care physicians</i>		3,820:1	1,010:1	1,370:1
Dentists <i>Ratio of population to dentists</i>	3,550:1	2,380:1	1,210:1	1,630:1
Mental Health Providers <i>Ratio of population to mental health providers</i>		2,850:1	250:1	550:1
Preventable Hospital Stays <i>Rate of hospital for ambulatory-care sensitive conditions per 100,000 Medicare enrollees</i>	4,485	3,898	2,233	4,203
Mammography Screening <i>Percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening</i>	41%	36%	52%	44%
Flu Vaccinations <i>Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination</i>	41%	33%	55%	45%
Social & Economic Factors	45	67		
High School Completion <i>Percentage of adults ages 25 and over with a high school diploma or equivalent</i>	72%	69%	94%	89%
Some College <i>Percentage of adults ages 25-44 with some post-secondary education</i>	34%	42%	74%	64%
Unemployment <i>Percentage of population ages 16 and older unemployed but seeking work</i>	5.6%	8.1%	4.0%	7.7%
Children in Poverty <i>Percentage of people under age 18 in poverty</i>	24%	31%	9%	17%
Income Inequality <i>Ratio of household income at the 80th percentile to income at the 20th percentile</i>	4.2	4.8	3.7	4.6

	Glades	Hendry	Top U.S. Performers	Florida
Children in Single-Parent Households <i>Percentage of children that live in a household headed by a single parent</i>	21%	36%	14%	28%
Social Associations <i>Number of memberships associations per 10,000 population</i>	4.3	7.9	18.1	7.0
Violent Crimes <i>Number of reported violent crime offenses per 100,000 population</i>	234	560	63	484
Injury Deaths <i>Number of deaths due to injury per 100,000 population</i>	101	94	61	87
Physical Environment	22	16		
Air Pollution – Particulate Matter <i>Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)</i>	7.2	7.6	5.9	7.8
Severe Housing Problems <i>Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities</i>	16%	22%	9%	19%
Driving Alone to Work <i>Percentage of the workforce that drives alone to work</i>	72%	61%	72%	78%
Long Commute – Driving Alone <i>Among workers who commute in their car alone, the percentage that commute more than 30 minutes</i>	36%	30%	16%	43%

Source: Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, 2022 County Health Rankings

Leading Causes of Death

Mortality rates can be key indicators of the state of health of a community. A significant number of Glades and Hendry Counties' 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, 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.

The following table gives detailed information on the leading causes of death for residents in Glades and Hendry Counties in 2020. The deaths column is a simple count of the number of people who died of the listed cause during 2020. Percentage of total deaths lets you know what percent of the people died from that cause. Heart disease and cancer were the two most common causes of death in Glades County; combined they are responsible for 47 percent of all

deaths. Heart disease and COVID-19 were the two most common causes of death in Hendry County; combined they are responsible for 36 percent of all deaths.

The crude rate, per 100,000, gives a sense of how likely a person is to die of that cause in any given year. For example, out of every 100,000 people in Glades County 120.9 of them died from COVID-19 in 2020. Since there are fewer than 100,000 people in Glades County the rates per 100,000 are higher than the actual number of people who died. Using the rate per 100,000 allows comparison between areas with different populations, such as 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 has 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 comparing races, genders, or time periods. Age adjustment can make the different groups more comparable.

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 if they would have lived to the age of 75. When the numbers are particularly low, such as they are for Alzheimer's disease, it is generally because that cause of death largely impacts the elderly. Conversely, a particularly high number, such as for unintentional injuries, suggests that the average age of the victims was young.

The first case of COVID-19 was in March 2020, but it continues to significantly impact the community and other health conditions and behaviors. A further dive into the top five causes of death will follow these tables (heart disease, cancer, stroke, and chronic lower respiratory disease). Even though, deaths from unintentional injuries are in the top five for both counties this will be covered in the health behaviors section.

Exhibit HC2: Leading Causes of Death, Glades County, 2020

Cause of Death	Deaths	Percent of Total Deaths	Crude Rate Per 100,000	Age-Adjusted Death Rate Per 100,000	YPLL <75 Per 100,000 Under 75
All Causes	152	100.0%	1,148.9	673.4	10,440.8
Heart disease	40	26.3%	302.3	169.6	2,388.5
Cancer	32	21.1%	241.9	118.9	1,519.1
COVID-19	16	10.5%	120.9	69.1	684.9
Chronic lower respiratory disease	11	7.2%	83.1	37.7	105.4
Unintentional injury	11	7.2%	83.1	82.5	2,818.8
Influenza and pneumonia	5	3.3%	37.8	16.5	87.8
Diabetes	4	2.6%	30.2	20.3	316.1
Stroke	4	2.6%	30.2	18.4	228.3
Parkinson's disease	3	2.0%	22.7	9.8	87.8
Chronic liver disease and cirrhosis	2	1.3%	15.1	9.8	307.3

Cause of Death	Deaths	Percent of Total Deaths	Crude Rate Per 100,000	Age-Adjusted Death Rate Per 100,000	YPLL <75 Per 100,000 Under 75
Suicide	2	1.3%	15.1	14.9	500.5
Hypertension	2	1.3%	15.1	7.9	52.7
Pneumonitis	1	0.7%	7.6	4.2	0.0
Aortic aneurysm & dissection	1	0.7%	7.6	3.7	52.7
Anemias	1	0.7%	7.6	4.2	0.0
Nephritis, nephrotic syndrome & nephrosis	1	0.7%	7.6	3.7	8.8

Source: Florida Department of Health, Bureau of Vital Statistics

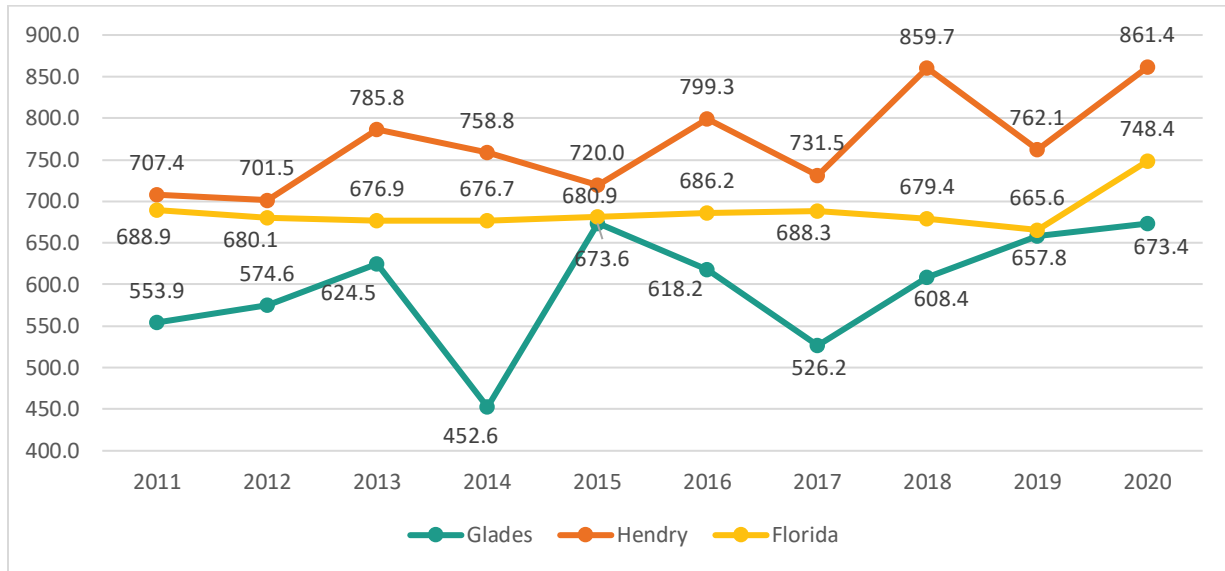
Exhibit HC3: Leading Causes of Death, Hendry County, 2020

Cause of Death	Deaths	Percent of Total Deaths	Crude Rate Per 100,000	Age-Adjusted Death Rate Per 100,000	YPLL <75 Per 100,000 Under 75
All Causes	372	100.0%	916.4	861.4	10,017.6
Heart disease	82	22.0%	202.0	189.4	1,755.5
COVID-19	51	13.7%	125.6	116.5	1,136.2
Cancer	50	13.4%	123.2	114.0	1,007.7
Unintentional injury	31	8.3%	76.4	74.3	2,101.9
Stroke	22	5.9%	54.2	51.1	330.6
Diabetes	17	4.6%	41.9	39.1	380.5
Alzheimer's disease	11	3.0%	27.1	24.6	0.0
Chronic lower respiratory disease	10	2.7%	24.6	23.3	202.1
Chronic liver disease and cirrhosis	9	2.4%	22.2	21.0	359.5
Influenza and pneumonia	9	2.4%	22.2	20.2	160.1
Hypertension	7	1.9%	17.2	15.7	81.3
Perinatal period conditions	5	1.3%	12.3	14.1	977.5
Suicide	5	1.3%	12.3	11.9	91.8
Homicide	5	1.3%	12.3	12.3	627.2
Septicemia	4	1.1%	9.9	9.6	154.8
Parkinson's disease	3	0.8%	7.4	6.9	0.0
Nephritis, nephrotic syndrome & nephrosis	3	0.8%	7.4	6.8	15.7
HIV/AIDS	1	0.3%	2.5	2.6	63.0
Pneumonitis	1	0.3%	2.5	2.5	0.0
Medical & surgical care complications	1	0.3%	2.5	3.2	89.2
Anemias	1	0.3%	2.5	2.1	21.0

Source: Florida Department of Health, Bureau of Vital Statistics

Over the past ten years, Glades County consistently had a lower death rate than the state average, while Hendry County consistently had a higher death rate than the state average. The death rate in Glades County has increased from 2017 to 2020.

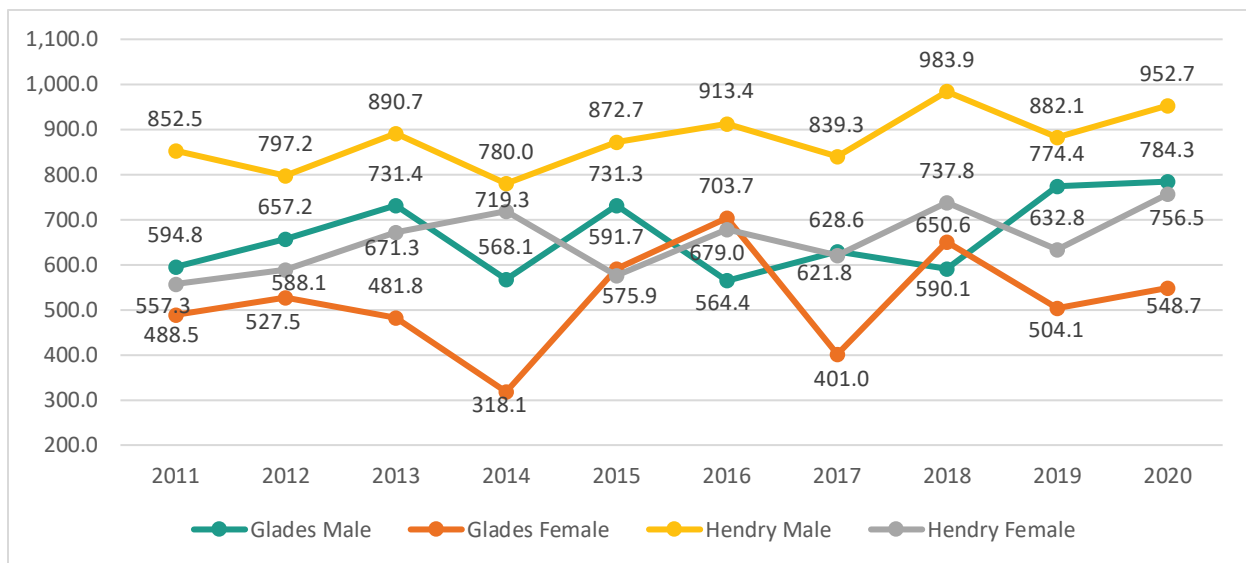
Exhibit HC4: Age-Adjusted Deaths from All Causes, Rate per 100,000 Population, Glades and Hendry Counties, Florida, 2011-2020



Source: Florida Department of Health, Bureau of Vital Statistics

Like most of the country, males in Glades and Hendry Counties had a higher age-adjusted death rate than females, meaning that females typically live longer.

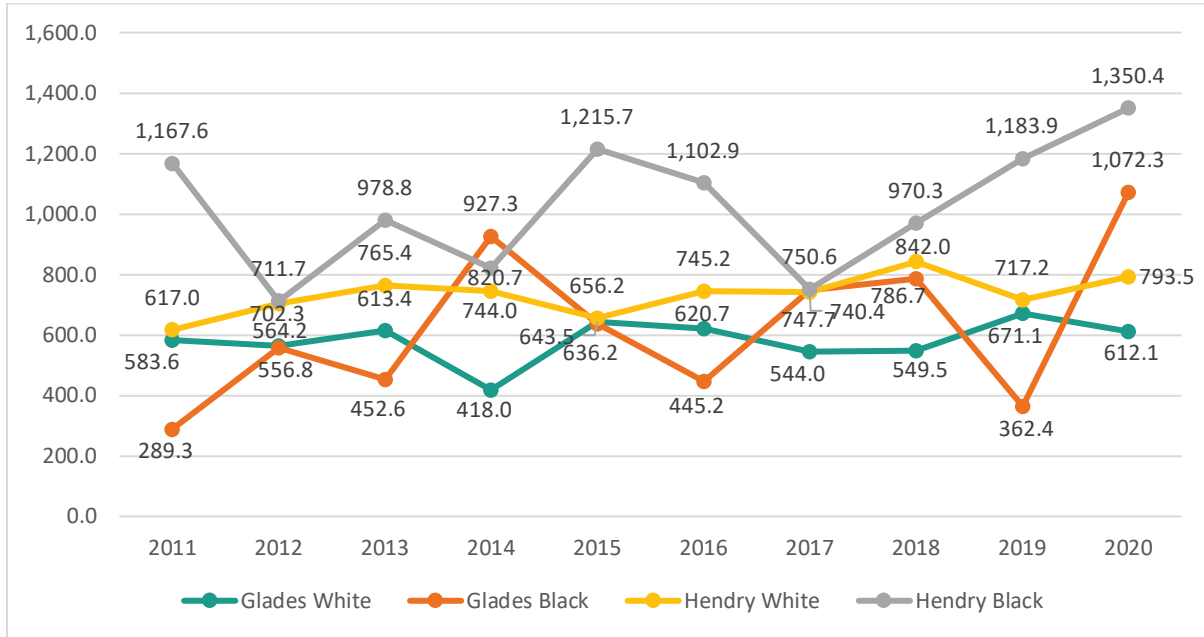
Exhibit HC5: Age-Adjusted Deaths from All Causes by Gender, Rate per 100,000 Population, Glades and Hendry Counties, 2011-2020



Source: Florida Department of Health, Bureau of Vital Statistics

The death rate for black individuals in Hendry County dramatically increased from 2017 to 2020, from 750.6 to 1,350.4.

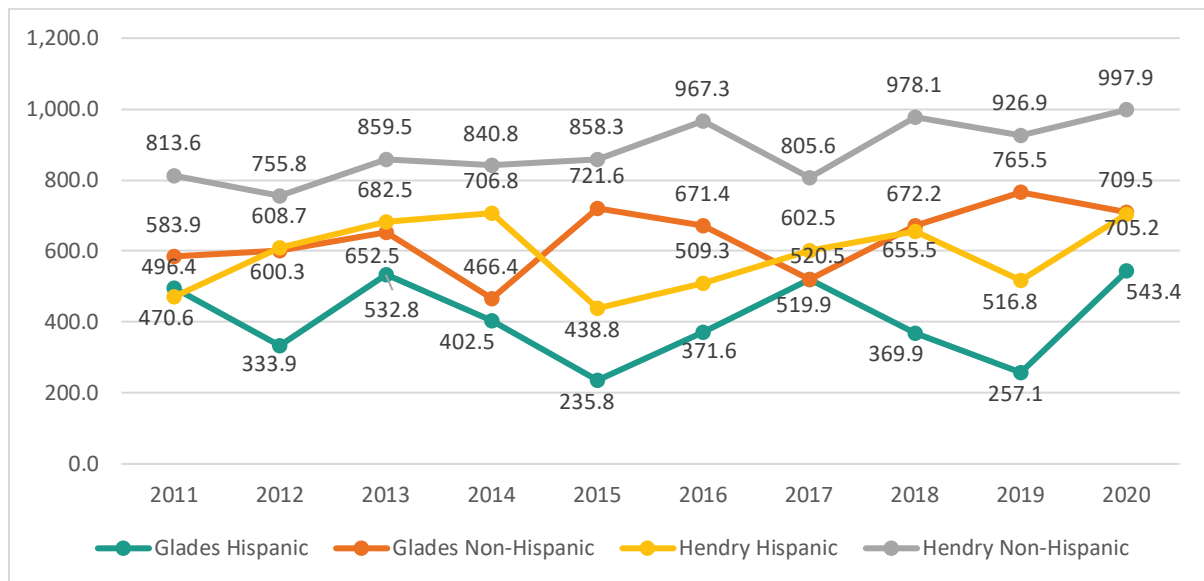
Exhibit HC6: Age-Adjusted Deaths from All Causes by Race, Rate per 100,000 Population, Glades and Hendry Counties, 2011-2020



Source: Florida Department of Health, Bureau of Vital Statistics

The non-Hispanic population in Hendry County consistently had the highest death rate, while the Hispanic population in Glades County consistently had the lowest death rate.

Exhibit HC7: Age-Adjusted Deaths from All Causes by Ethnicity, Rate per 100,000 Population, Glades and Hendry Counties, 2011-2020

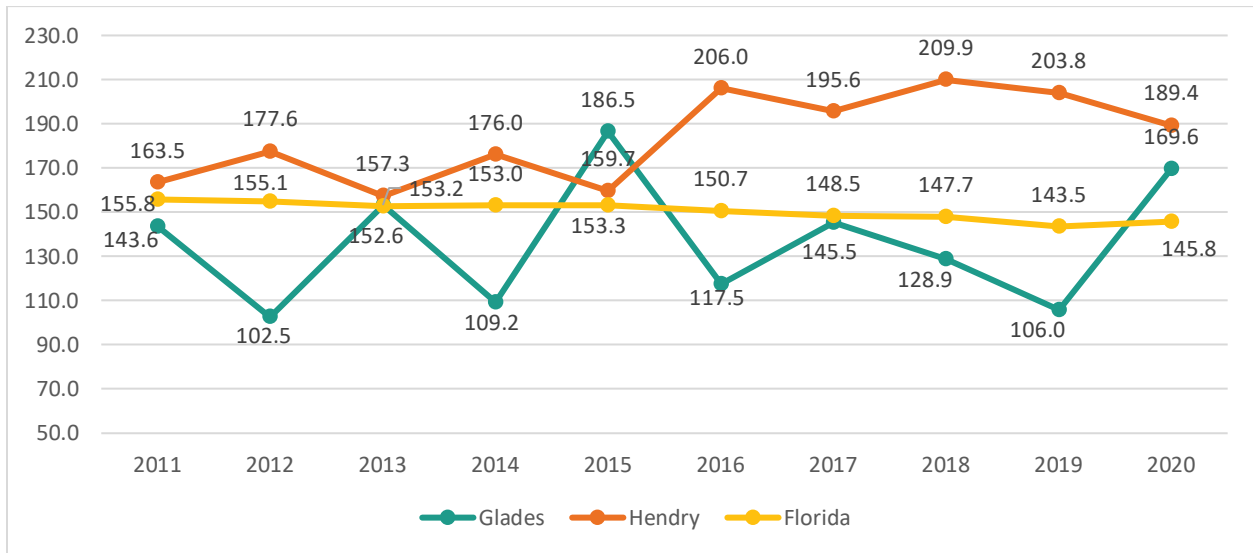


Source: Florida Department of Health, Bureau of Vital Statistics

Heart Disease

Heart disease is any disorder that affects the heart's ability to function normally. Hendry County has consistently had a higher death rate from heart disease when compared to the Florida average. Over the past three years, 2018 – 2020, the rate of death from heart disease has decreased (209.9 to 189.4).

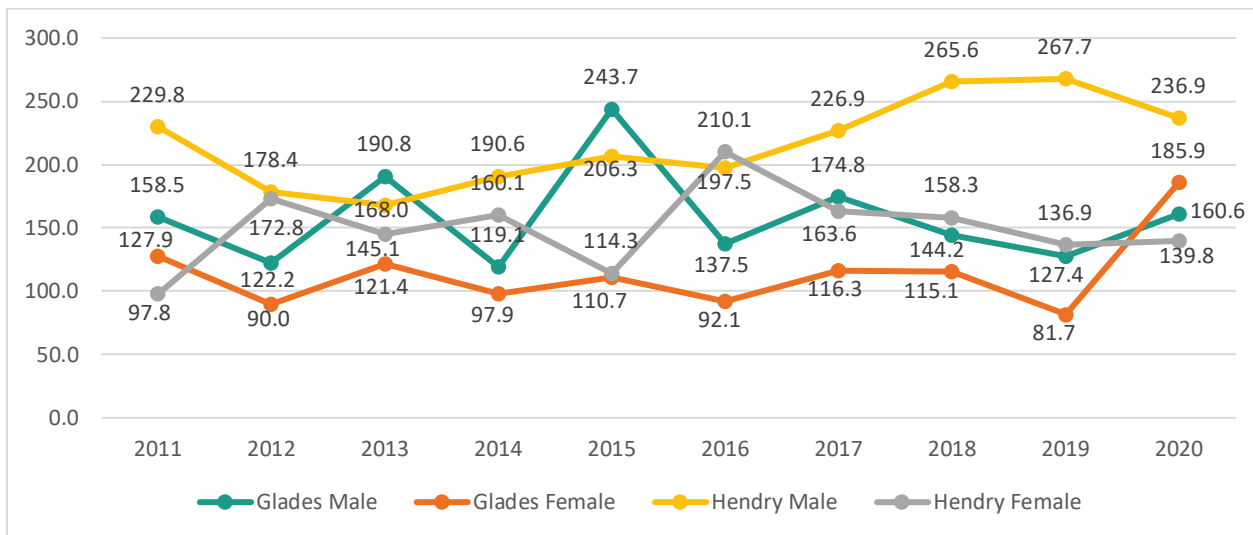
Exhibit HC8: Age-Adjust Deaths from Heart Disease, Rate Per 100,000 Population, Glades and Hendry Counties, Florida, 2011-2020



Source: Florida Department of Health, Bureau of Vital Statistics

The age-adjusted death rate from heart disease is higher for males in Glades and Hendry Counties than females.

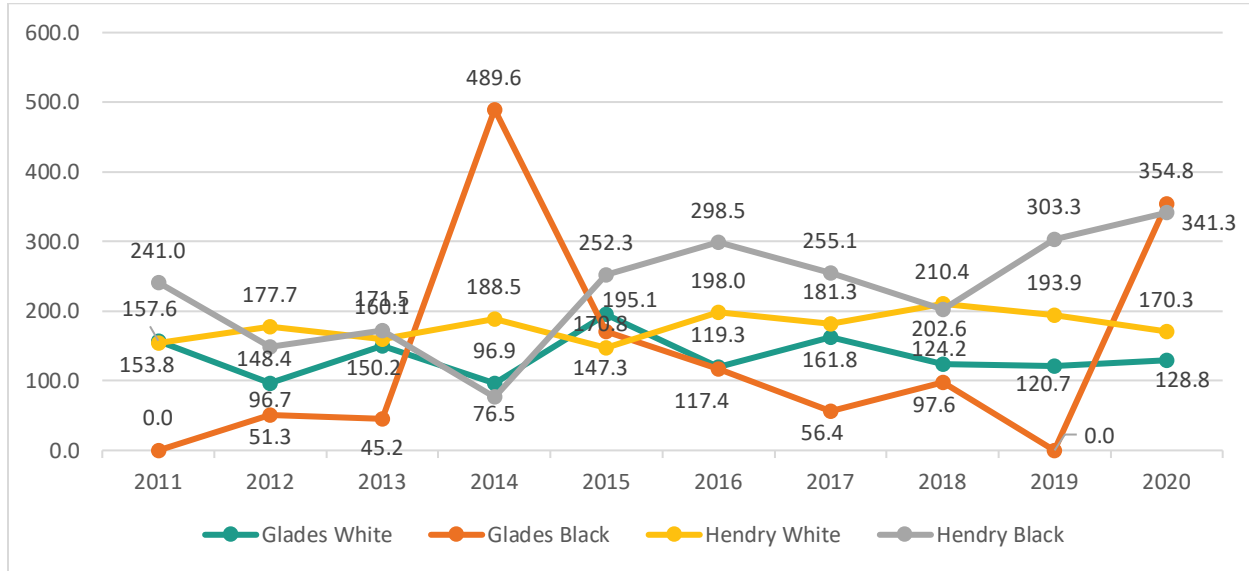
Exhibit HC9: Age-Adjust Deaths from Heart Disease by Gender, Rate Per 100,000 Population, Glades and Hendry Counties, 2011-2020



Source: Florida Department of Health, Bureau of Vital Statistics

In 2020, the black population in Glades and Hendry Counties had the highest death rate from heart disease (354.8 Glades and 341.3 Hendry).

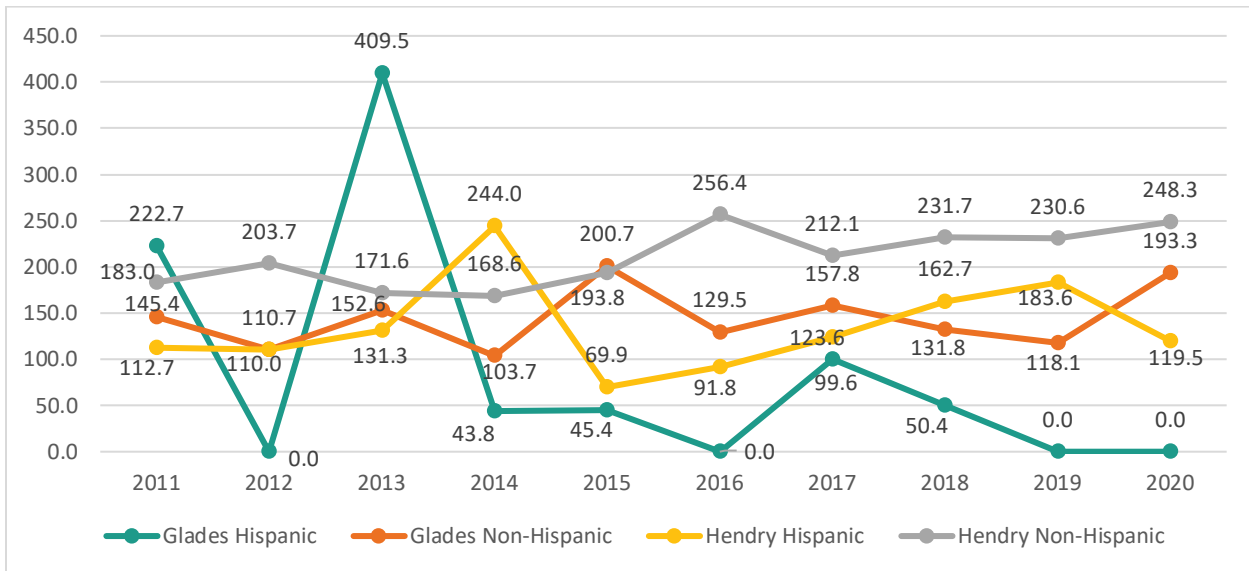
Exhibit HC10: Age-Adjust Deaths from Heart Disease by Race, Rate Per 100,000 Population, Glades and Hendry Counties, 2011-2020



Source: Florida Department of Health, Bureau of Vital Statistics

From 2015 to 2019 there was an increase in deaths from heart disease amongst the Hispanic population in Hendry County, it then decreased in 2020.

Exhibit HC11: Age-Adjust Deaths from Heart Disease by Ethnicity, Rate Per 100,000 Population, Glades and Hendry Counties, 2011-2020



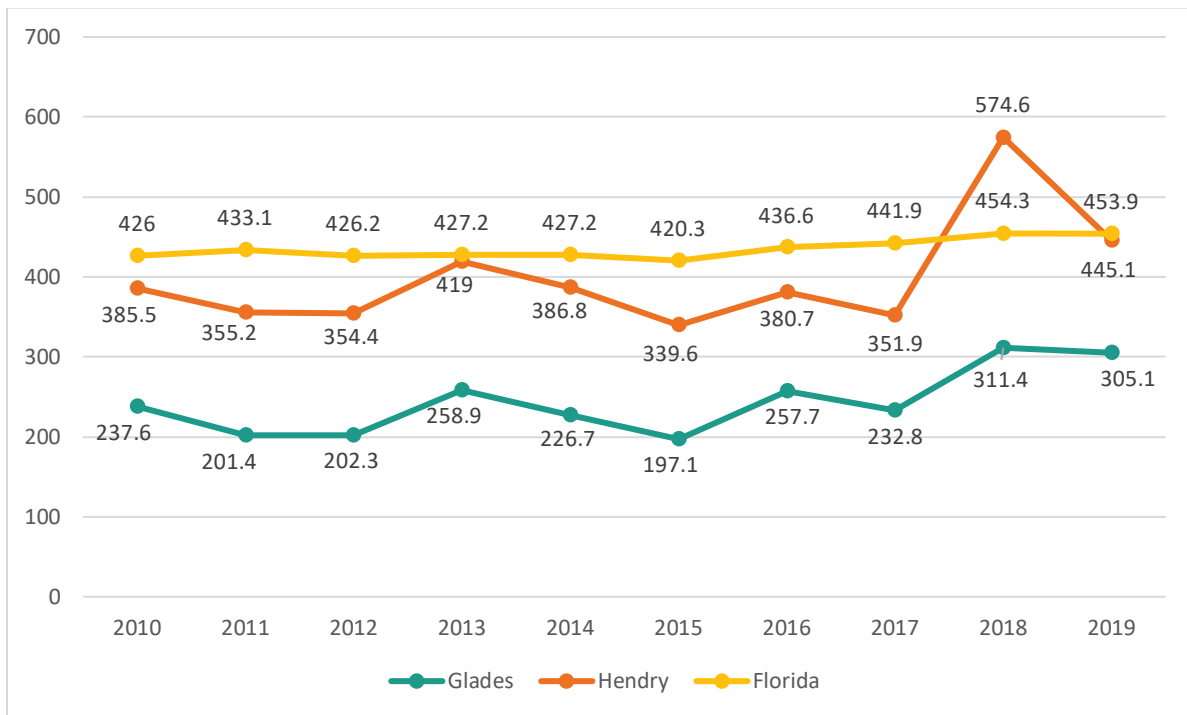
Source: Florida Department of Health, Bureau of Vital Statistics

Cancer

According to the National Cancer Institute, cancer is a disease in which abnormal cells grow uncontrollably and spread throughout a specific organ and/or spread to other organs in the body. There are more than 100 types of cancer and are typically named for the organs or tissues where cancer formed.

Glades County has consistently had a lower-than-average rate of cancer incidence when compared to the state average. In 2018 there was a spike in cancer incidence in Hendry County, it has since decreased to be similar to the state average.

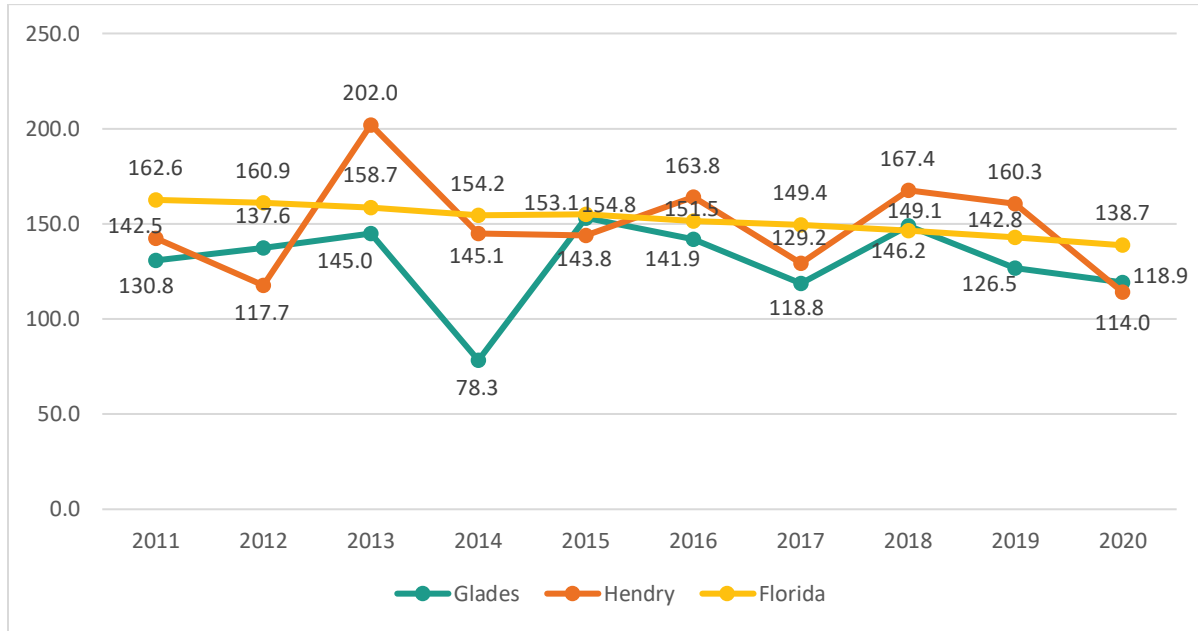
Exhibit HC12: Age-Adjusted Cancer Incidence, Rate Per 100,000 Population, Glades and Hendry Counties, Florida, 2010-2019



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

In Hendry County, the death rate from cancer decreased from 167.4 to 114.0 between 2018 and 2020. Glades County has consistently had a lower rate of death from cancer when compared to Hendry County and the Florida average although in 2020, since Hendry County declined their rates were similar.

Exhibit HC13: Age-Adjusted Deaths from Cancer, Rate Per 100,000 Population, Glades and Hendry Counties, Florida, 2011-2020



Source: Florida Department of Health, Bureau of Vital Statistics

In both Hendry and Glades County, breast cancer was the most common form of cancer-based on incidence rates from 2017-2019. However, in both counties, lung cancer has been the deadliest form of cancer based on age-adjusted death rates in 2018-2020.

Exhibit HC14: Common Types of Cancer, Death Rate and Incidence, Rate Per 100,000 Glades and Hendry Counties

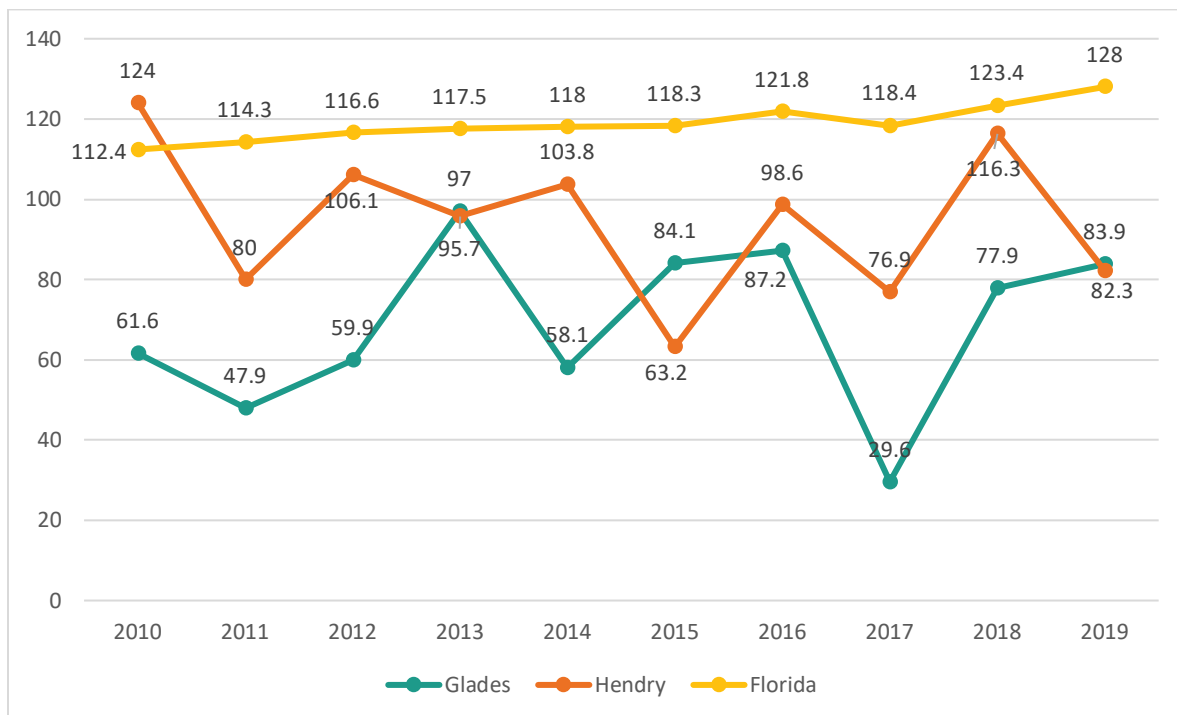
	Glades County		Hendry County	
	Age-Adjusted Death Rate 2018-2020	Incidence Rate 2017-2019	Age-Adjusted Death Rate 2018-2020	Incidence Rate 2017-2019
Breast Cancer	16.3	63.9	5.9	91.9
Lung Cancer	40.7	27.3	38.7	64.1
Colorectal Cancer	16.0	17.7	16.9	39.5
Melanoma (Skin Cancer)	1.1	60.9	1.5	22.6
Prostate Cancer	8.0	28.5	13.0	67.2
Ovarian Cancer	5.8	2.3	5.3	18.6

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

Breast cancer is cancer that originated from breast tissue. Breast cancer is a leading cause of cancer deaths among women nationally and in the state of Florida. The best way to detect breast cancer is through self-breast examines, receiving a breast exam at a gynecologist/OBGYN or physician, and/or a mammogram. Even though breast cancer impacts mainly women, men can also develop breast cancer.

Though breast cancer is the most common, Glades and Hendry Counties have consistently had a lower-than-average incidence, except Hendry County's 2010, rate of breast cancer than the state average (for 2020, 82.3 Glades, 83.9 Hendry vs. 128 State). However, it should be noted that incidences can be missed if there are lower rates of screenings.

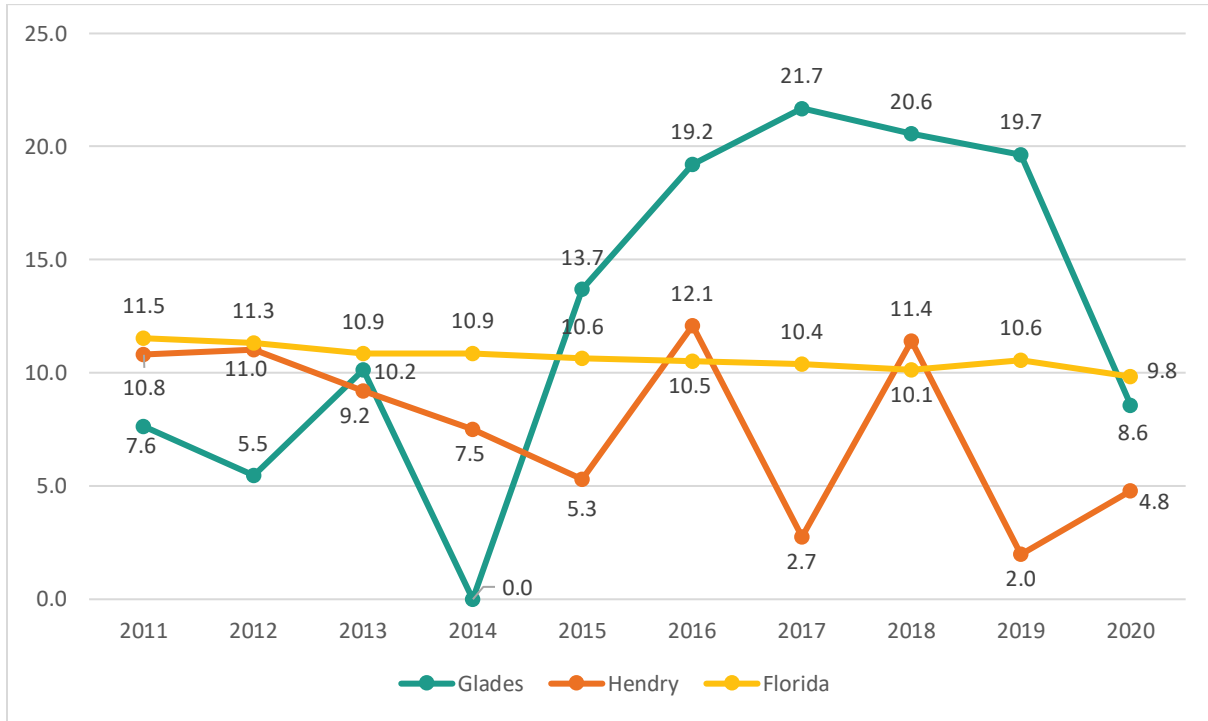
Exhibit HC15: Age-Adjusted Female Breast Cancer Incidence, Rate Per 100,000 Population, Glades and Hendry Counties, Florida, 2010-2019



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

From 2014 to 2017 there was a significant increase in deaths from breast cancer in Glades County, from 0.0 to 21.7. In 2020, Glades and Hendry Counties had a lower death rate from breast cancer than the Florida average. Please note, in Glades County these rates are based on a small number of cases.

Exhibit HC16: Age-Adjusted Deaths from Breast Cancer, Rate Per 100,000 Population, Glades and Hendry Counties, Florida, 2011-2020

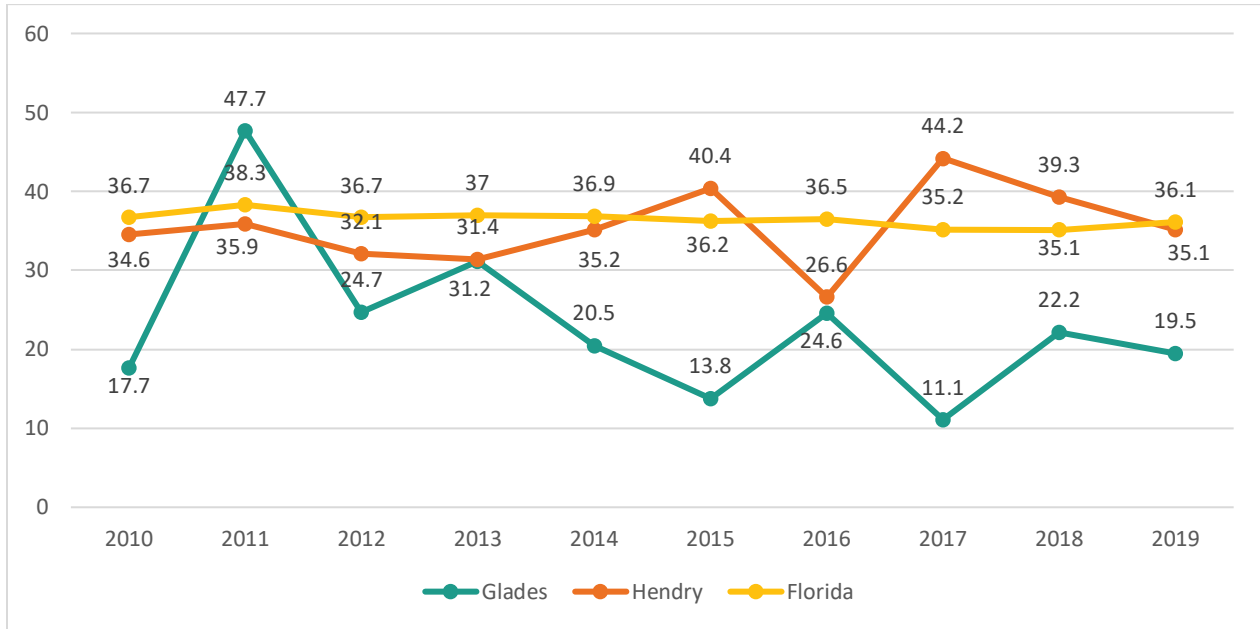


Source: Florida Department of Health, Bureau of Vital Statistics

Colorectal cancer, also known as colon cancer, occurs in the colon, rectum, and appendix. Colorectal cancer is usually diagnosed through a colonoscopy. According to the Centers for Disease Control and Prevention (CDC), it is recommended that screening for colorectal cancer begin at age 45. After the age of 75, a person should consult with their physician on whether to get screened or not.

In 2020, Glades and Hendry Counties had a lower-than-average colorectal cancer incidence rate when compared to the state average. However, it is possible that incidences are missed when there are lower rates of screenings.

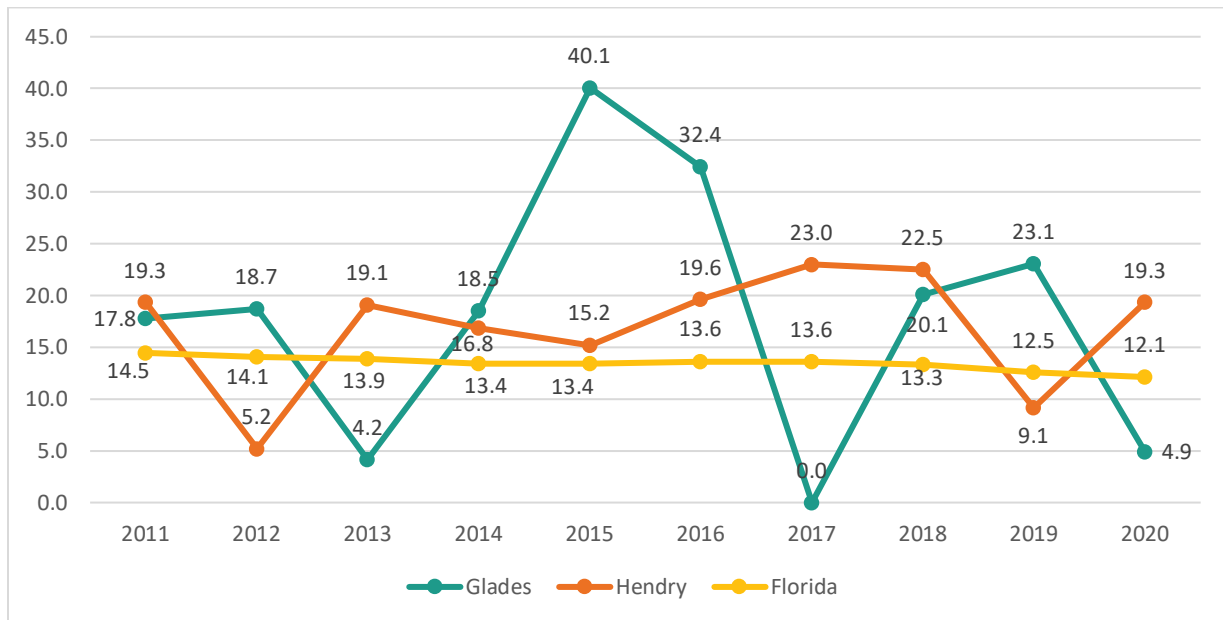
Exhibit HC17: Age-Adjusted Colorectal Cancer Incidence, Rate Per 100,000 Population, Glades and Hendry Counties, Florida, 2010-2019



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

In 2020, Hendry County had a higher death rate from Colorectal cancer than Glades County and Florida (19.3 Hendry vs. 12.1 Florida vs. 4.9 Glades).

Exhibit HC18: Age-Adjusted Deaths from Colorectal Cancer, Rate Per 100,000 Population, Glades and Hendry Counties, Florida, 2011-2020

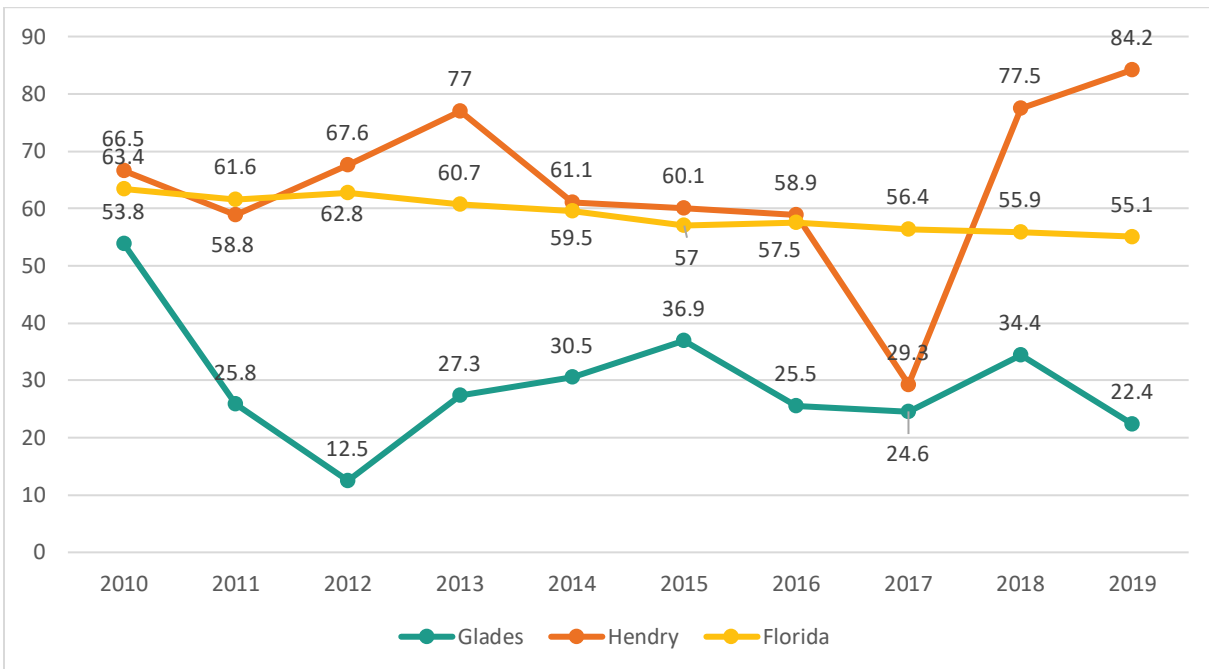


Source: Florida Department of Health, Bureau of Vital Statistics

The most common cause of lung cancer in men and women is long-term exposure to tobacco smoke. The U.S. Preventive Services Task Force (USPSTF) recommends yearly lung cancer screening for those who are between the ages of 50 and 80, current smokers, or those who have quit within the past 15 years, and if they have a 20-pack-year or more smoking history. The only screening test for lung cancer is a low-dose CT scan. Even if a person does not have a history of being a chronic tobacco smoker, if a person had exposure to radon gas, asbestos, and air pollution including secondhand smoke there can be an occurrence of lung cancer.

Glades consistently had a lower-than-average incidence of lung cancer when compared to Hendry County and the state average. From 2017 to 2019 the incidence rate in Hendry County increased, from 29.3 to 84.2. The only years the incidence rate in Hendry County was lower than the state average were in 2011 and 2017.

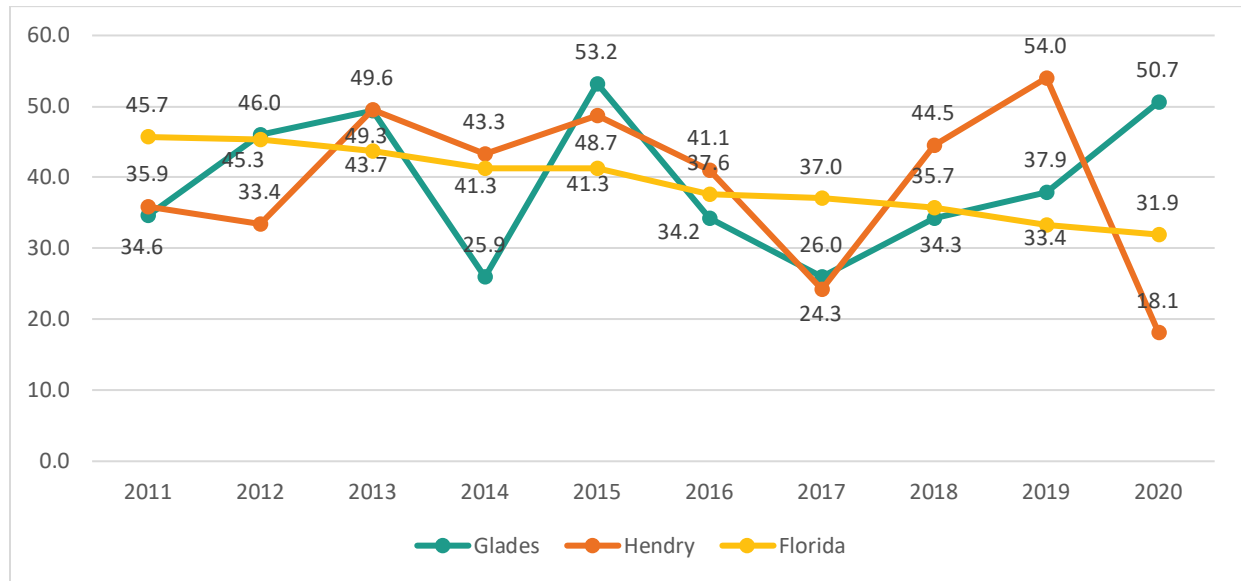
Exhibit HC19: Age-Adjusted Lung Cancer Incidence, Rate Per 100,000 Population, Glades and Hendry County, Florida, 2010-2019



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

Starting in 2017 the death rate from lung cancer in Glades County increased significantly, from 26.0 in 2017 to 50.7 in 2020. This was the highest death rate in 2020 when compared to Hendry County and the state average.

Exhibit HC20: Age-Adjust Deaths from Lung Cancer, Rate Per 100,000 Population, Glades and Hendry Counties, Florida, 2011-2020

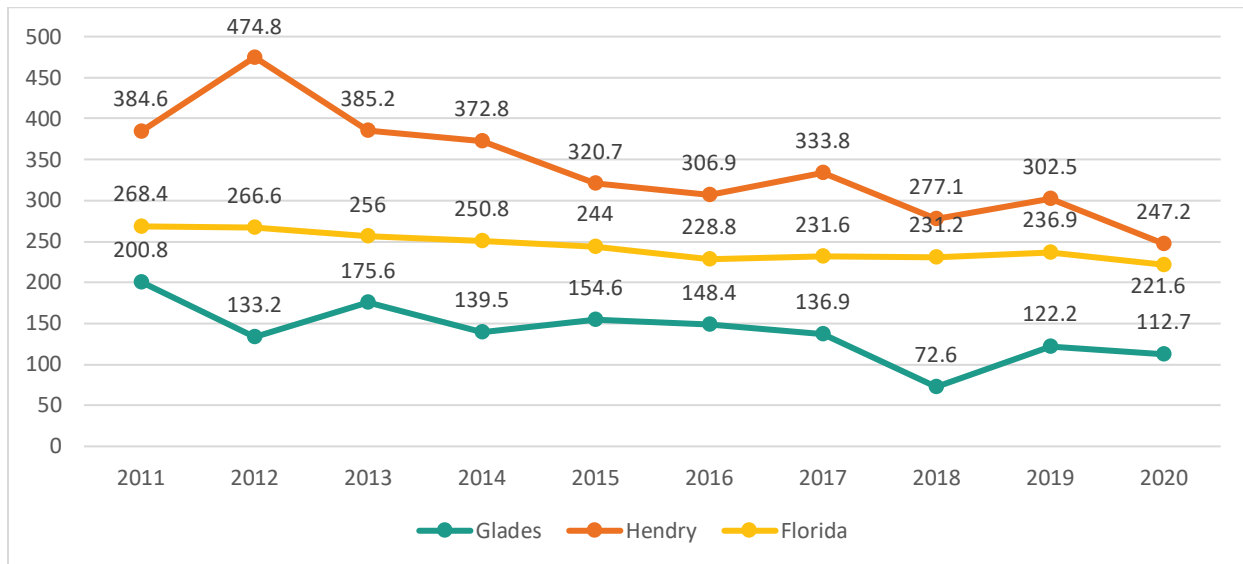


Source: Florida Department of Health, Bureau of Vital Statistics

Stroke

A stroke, also known as a brain attack, is an interruption of the blood supply to the brain. In 2020, Hendry County had a higher rate of hospitalizations from stroke than Glades County and the state average (112.7 Glades, 247.2 Hendry vs. 221.6 State).

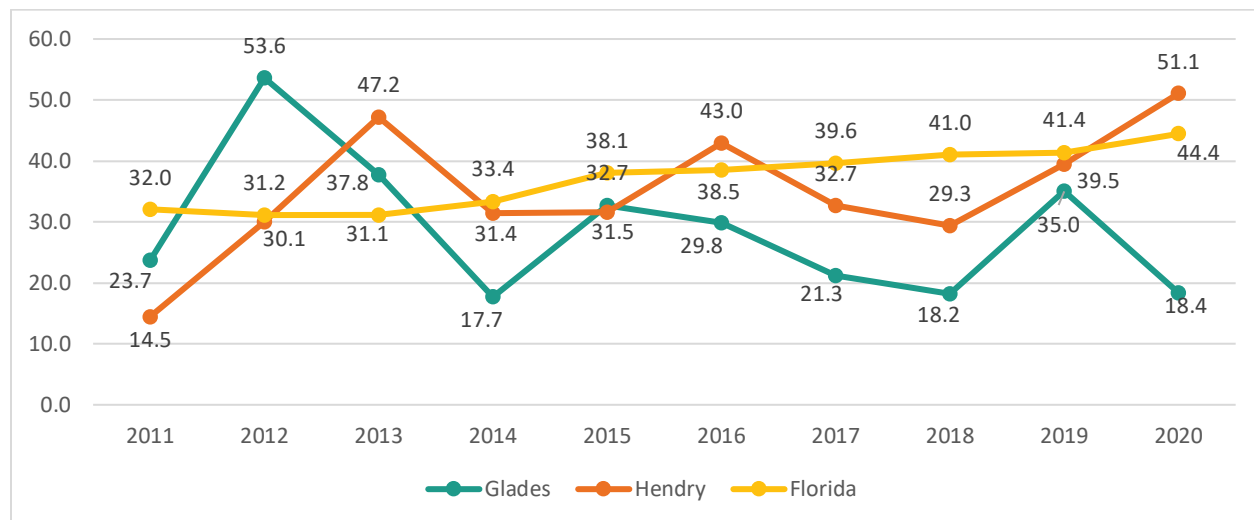
Exhibit HC21: Age-Adjusted Hospitalizations from Stroke, Rate Per 100,000 Population, Glades and Hendry Counties, Florida, 2011-2020



Source: Florida Agency for Health Care Administration (AHCA)

Starting in 2018 the death rate from stroke has increased in Hendry County, from 29.3 in 2018 to 51.1 in 2020. When compared to Glades County and the Florida average in 2020, Hendry County had the highest death rate from stroke (18.4 Glades, 51.1 Hendry vs. 44.4 State).

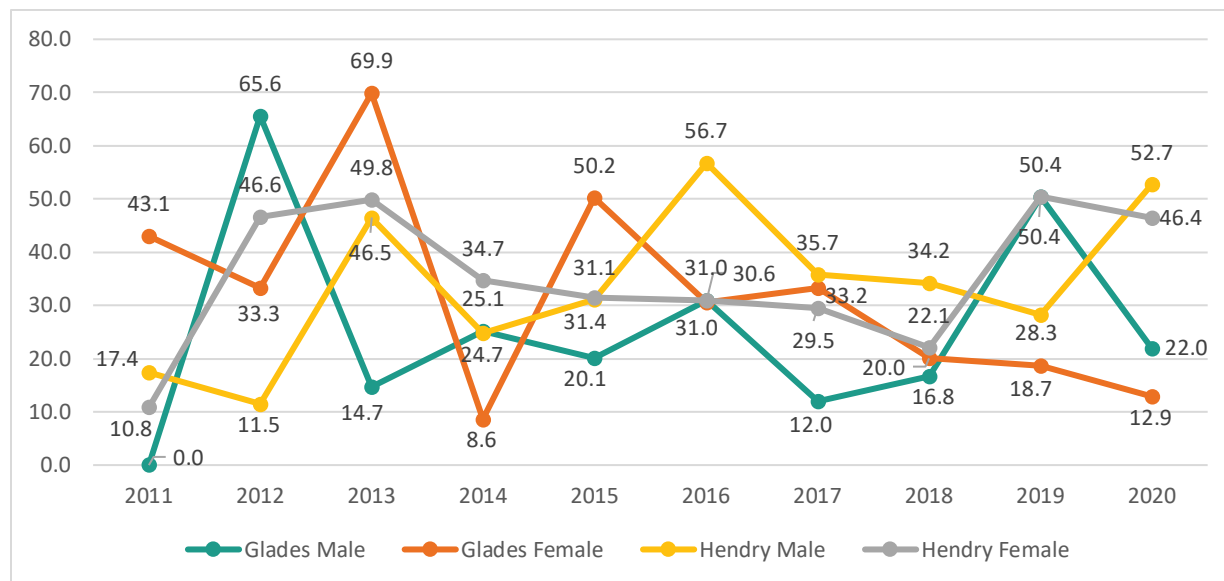
Exhibit HC22: Age-Adjusted Deaths from Stroke, Rate Per 100,000 Population, Glades and Hendry Counties, Florida, 2011-2020



Source: Florida Department of Health, Bureau of Vital Statistics

This chart illustrates the age-adjusted death rates from stroke by gender in Glades and Hendry Counties. There is significant variability in the data.

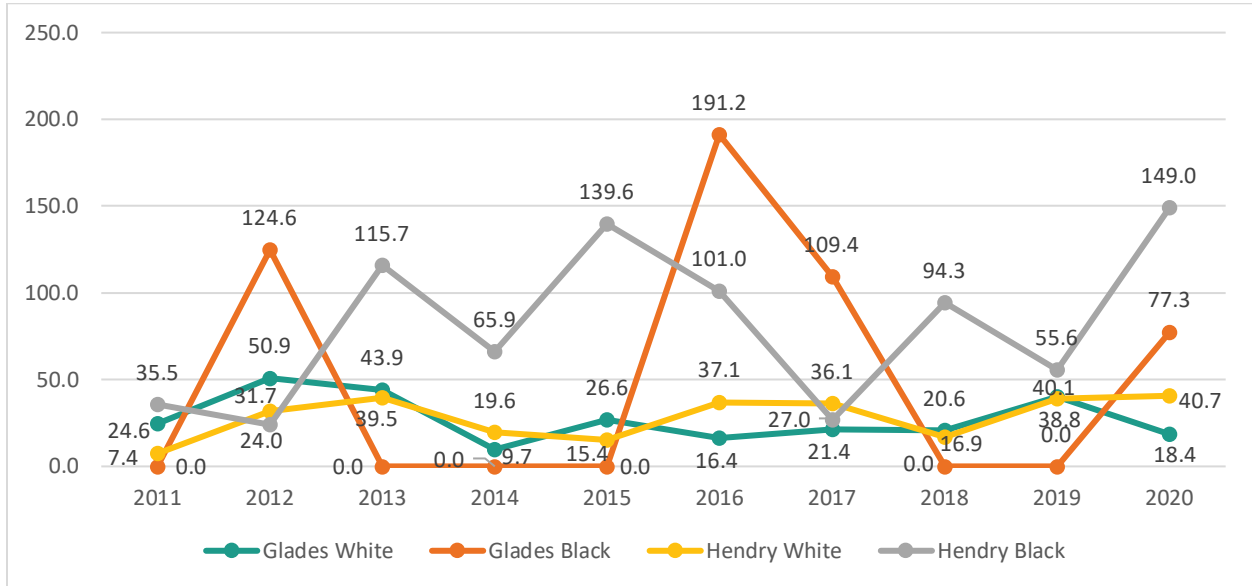
Exhibit HC23: Age-Adjusted Deaths from Stroke by Gender, Rate Per 100,000 Population, Glades and Hendry Counties, 2011-2020



Source: Florida Department of Health, Bureau of Vital Statistics

The high death rates from a stroke in Glades County are based on a small number. For example, in 2016 two black people in Glades County died from a stroke.

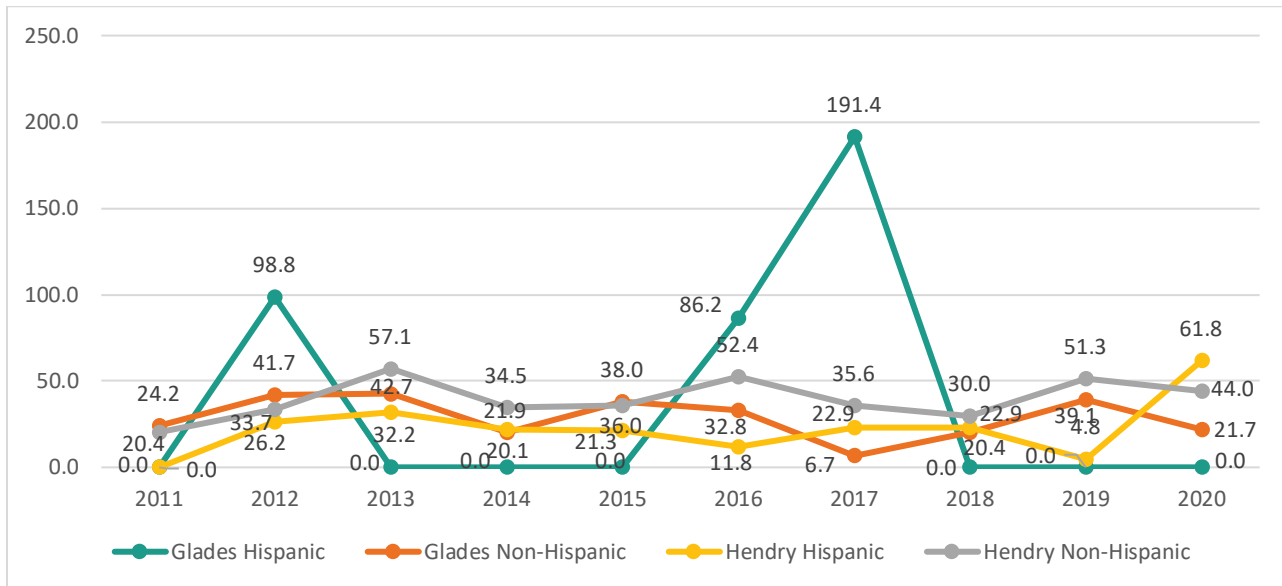
Exhibit HC24: Age-Adjusted Deaths from Stroke by Race, Rate Per 100,000 Population, Glades and Hendry Counties, 2011-2020



Source: Florida Department of Health, Bureau of Vital Statistics

The high death rates from a stroke in Glades County are based on a small number. For example, in 2017 two Hispanic people in Glades County died from a stroke. In 2020, the Hispanic population in Hendry County had the highest rate of death from stroke.

Exhibit HC25: Age-Adjusted Deaths from Stroke by Ethnicity, Rate Per 100,000 Population, Glades and Hendry Counties, 2011-2020

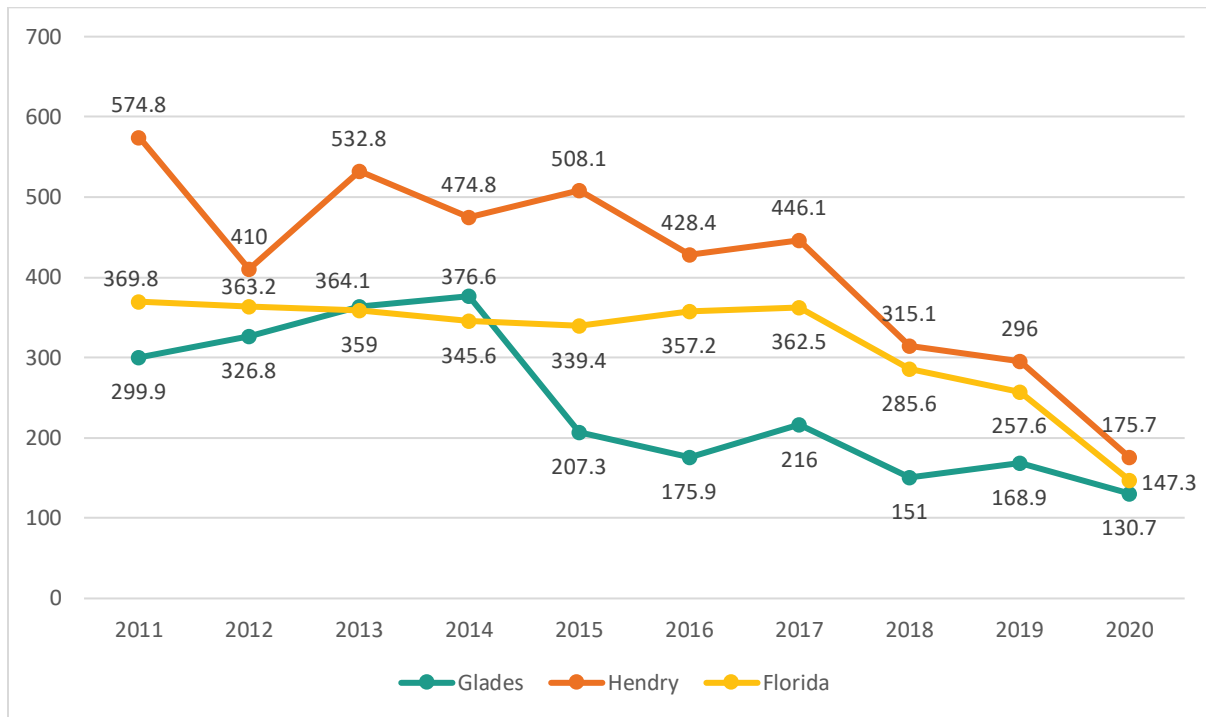


Source: Florida Department of Health, Bureau of Vital Statistics

Chronic Lower Respiratory Disease

According to the World Health Organization (WHO), chronic lower respiratory disease (CLRD) consists of four major diseases: chronic obstructive pulmonary disease (COPD), chronic bronchitis, emphysema, and asthma. This disease the structure of the lungs and airways. CLRD can have multiple effects on the person: lower quality of life, discomfort, early death, and potential high medical costs from hospitalizations. Starting in 2014 the hospitalization rate from CLRD has decreased in Glades County.

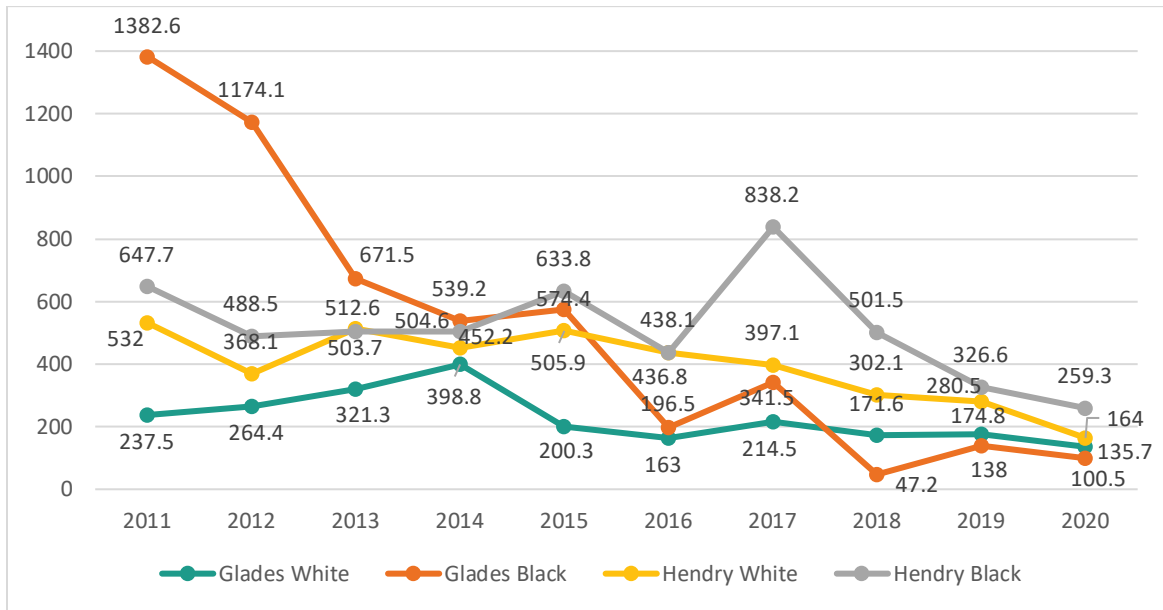
Exhibit HC26: Age-Adjusted Hospitalizations from Chronic Lower Respiratory Disease (CLRD) (Including Asthma), Rate Per 100,000 Population, Glades and Hendry Counties, Florida, 2011-2020



Source: Florida Agency for Health Care Administration (AHCA)

The hospitalization rate from CLRD among the black population in Glades County has significantly decreased over the past ten years, from 1,382.6 to 100.5. The hospitalization rate among the black population in Hendry County peaked in 2017, it has since decreased.

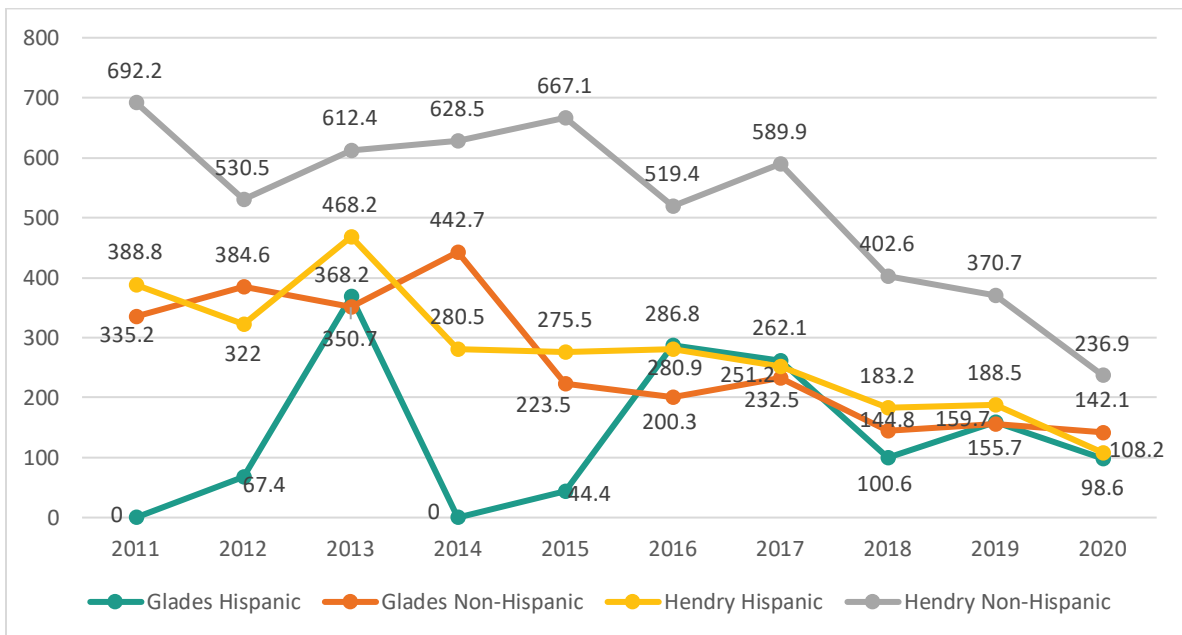
Exhibit HC27: Age-Adjusted Hospitalizations from CLRD (Including Asthma) by Race, Rate Per 100,000 Population, Glades and Hendry Counties, 2011-2020



Source: Florida Agency for Health Care Administration (AHCA)

The non-Hispanic population in Hendry County consistently had the highest rate of hospitalizations from CLRD from 2011 to 2020.

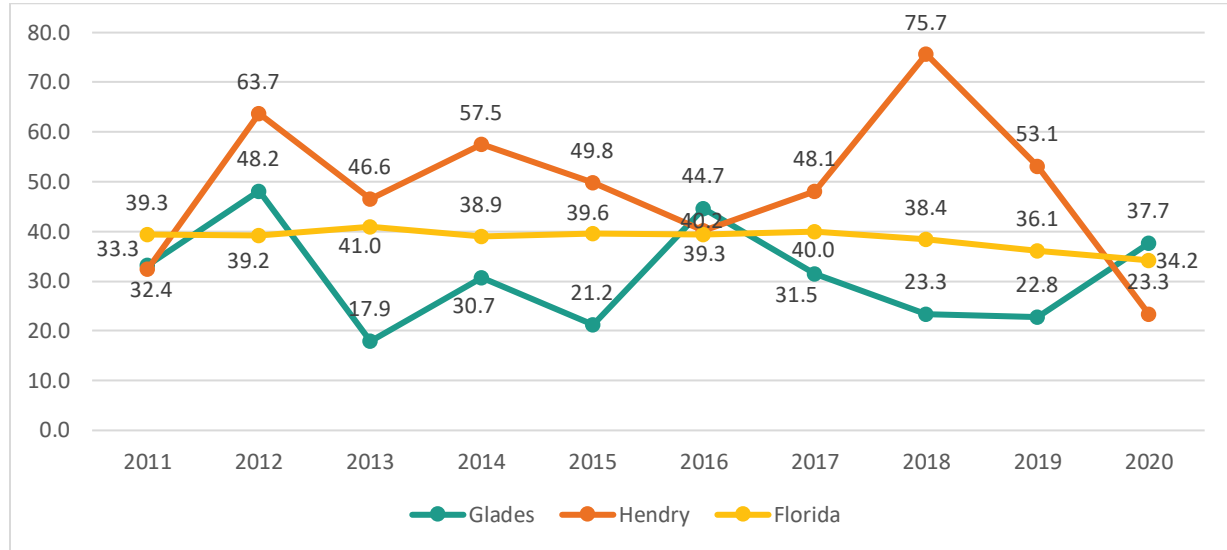
Exhibit HC28: Age-Adjusted Hospitalizations from CLRD (Including Asthma) by Ethnicity, Rate Per 100,000 Population, Glades and Hendry Counties, 2011-2020



Source: Florida Agency for Health Care Administration (AHCA)

In 2020, Glades County had a slightly higher rate of deaths from chronic lower respiratory disease when compared to Hendry County and Florida.

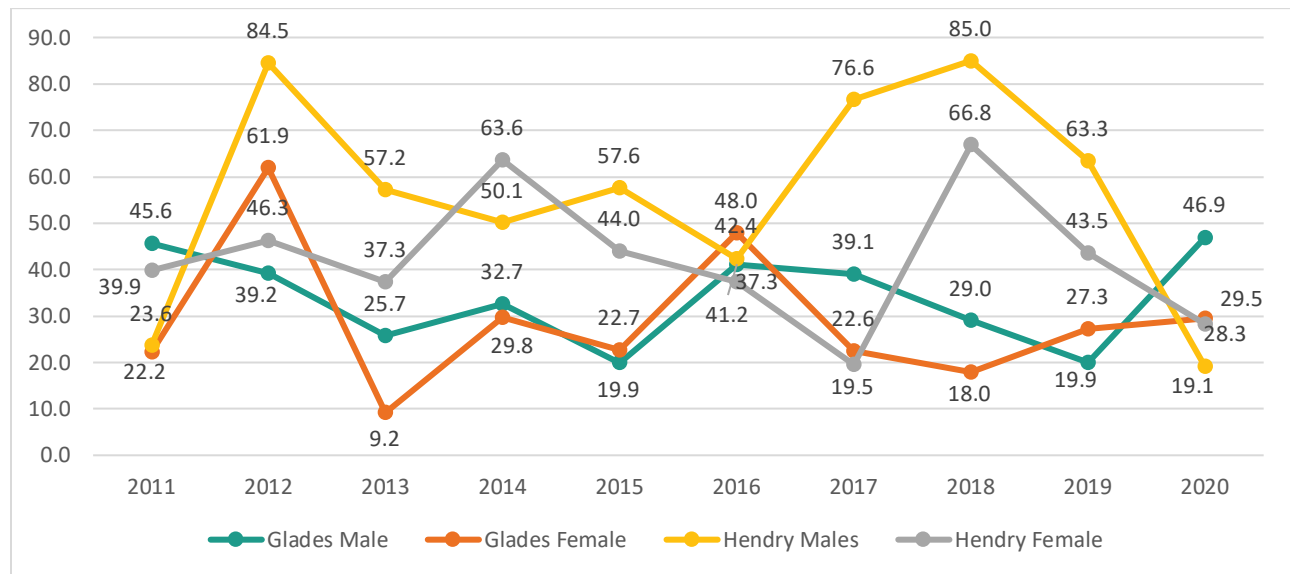
Exhibit HC29: Age-Adjusted Death Rate from Chronic Lower Respiratory Disease (CLRD), Rate Per 100,000 Population, Glades and Hendry Counties, Florida, 2011-2020



Source: Florida Department of Health, Bureau of Vital Statistics

There is no clear gender trend shown in the graph.

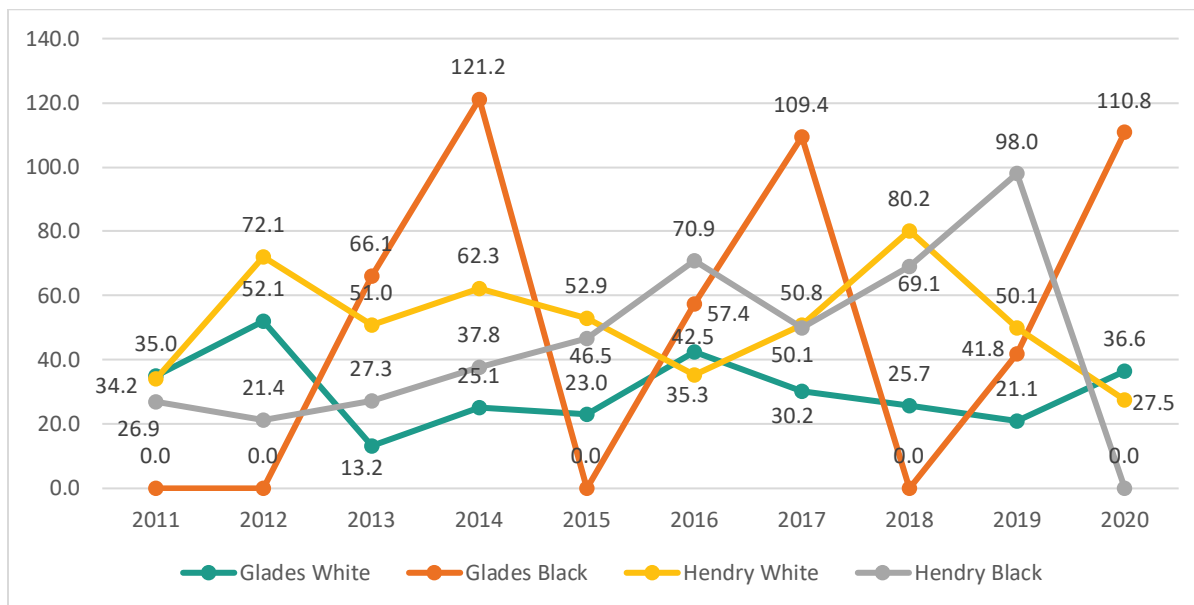
Exhibit HC30: Age-Adjusted Death Rate from CLRD by Gender, Rate Per 100,000 Population, Glades and Hendry Counties, 2011-2020



Source: Florida Department of Health, Bureau of Vital Statistics

Starting in 2012 the death rate from CLRD increased amongst the black population in Hendry County, with a slight decrease in 2017, until 2019.

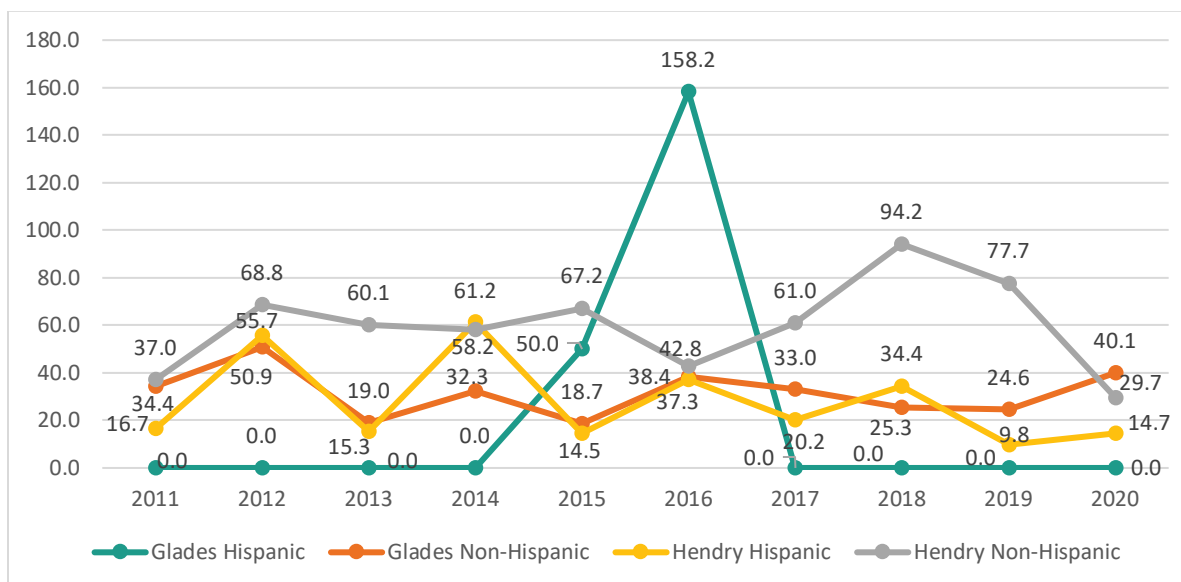
Exhibit HC31: Age-Adjusted Death Rate from CLRD by Race, Rate Per 100,000 Population, Glades and Hendry Counties, 2011-2020



Source: Florida Department of Health, Bureau of Vital Statistics

The non-Hispanic population in Hendry County had the highest rate of death from CLRD from 2011 to 2019, except in 2014.

Exhibit HC32: Age-Adjusted Death Rate from CLRD by Ethnicity, Rate Per 100,000 Population, Glades and Hendry Counties, 2011-2020



Source: Florida Department of Health, Bureau of Vital Statistics

Infectious Disease

Prevention efforts (testing and vaccinations) for infectious diseases were greatly impacted by the COVID-19 pandemic. It should be noted that a larger number of individuals are likely positive for these diseases but have not been tested. Hendry County has disproportionately had a higher rate of chlamydia cases than Glades County and Florida. Glades County had a higher rate of chickenpox in 2018-2020. Both counties had a higher rate of tuberculosis than the state average in 2019-2021. Glades and Hendry Counties had a lower rate of diagnoses for HIV and AIDS than the state average.

Exhibit HC33: Reportable and Infectious Diseases, Glades and Hendry Counties, Florida, 3-year Figures, 2018-2020

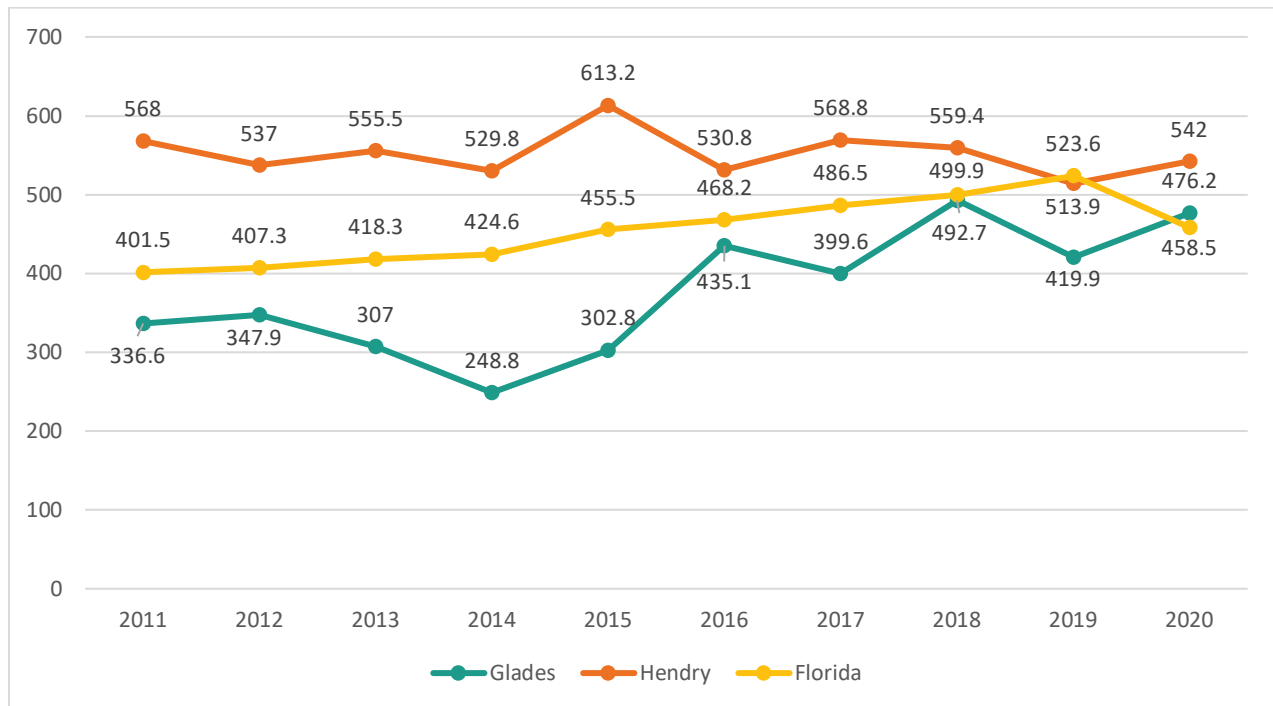
Disease	Glades County		Hendry County		Florida
	# of Cases Annual Avg.	County 3 Yr. Rate Per 100,000	# of Cases Annual Avg.	County 3 Yr. Rate Per 100,000	State 3 Yr. Rate Per 100,000
Sexually Transmitted Diseases (STDs)					
Chlamydia	61	463.0	216	538.4	493.8
Gonorrhea	8.7	65.8	44	109.7	172.5
Syphilis, Infectious	1	2.5	2	5.0	15.0
Vaccine-Preventable Diseases					
Varicella (Chickenpox)	0.7	5.1	1.3	3.3	3.4
Pertussis (Whooping Cough)	0	0.0	1.3	3.3	1.5
Viral Hepatitis and Tuberculosis					
Hepatitis A	1	7.6	1	2.5	7.8
Hepatitis B, Chronic	1.7	12.7	6.7	16.6	21.4
Hepatitis C, Chronic (Including Perinatal)	11.3	86.0	19	47.4	87.4
Tuberculosis (TB)*	0.7	5.0	1.3	3.3	2.3
HIV/AIDS					
Human Immunodeficiency Virus (HIV) Diagnoses*	1	7.4	3.3	8.2	19.6
Acquired Immunodeficiency Syndrome (AIDS) Diagnoses*	1	7.4	2.3	5.7	8.2

Source: Florida Department of Health, Bureau of Communicable Diseases; Florida Department of Health, Bureau of Epidemiology; Florida Department of Health Division of Disease Control and Health Protection, Tuberculosis Section
*Year 2019-2021

Chlamydia, which is caused by the bacteria *chlamydia trachomatis*, is the most common sexually transmitted disease (STD). Chlamydia is most transmitted sexually. According to the CDC, untreated chlamydia can cause permanent damage to a woman's reproductive system, which can make it difficult and/or impossible to get pregnant.

Hendry County consistently had a higher rate of chlamydia cases than Glades County and the state average. In 2020, both counties had a higher rate of chlamydia cases than the state (542.0 Hendry vs. 476.2 Glades vs. 458.5 Florida).

Exhibit HC34: Chlamydia, Rate Per 100,000 Population, Glades and Hendry Counties, Florida, 2011-2020

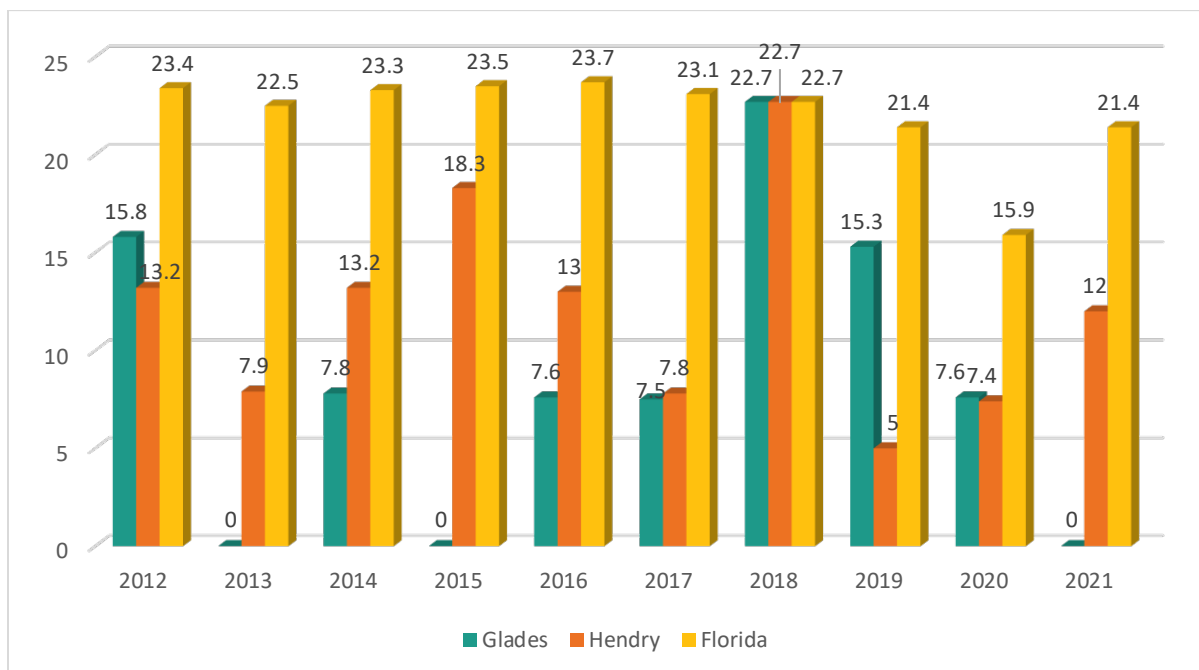


Source: Florida Department of Health, Bureau of Communicable Diseases

HIV is a disease that is caused by the human immunodeficiency virus, which gradually destroys the immune system. HIV is spread during sexual contact, body fluids, and sharing needles, and can be spread through breastfeeding. If HIV goes on not treated, it can lead to AIDS (acquired immunodeficiency syndrome). The only way to know if a person has HIV is to get tested.

It should be noted that data for Glades County in 2021, 2015, and 2013 were not at levels that were reportable. In 2018, both counties and the state had the same rate of HIV diagnosis.

Exhibit HC35: Human Immunodeficiency Virus (HIV) Diagnoses, Rate Per 100,000 Population, Glades and Hendry Counties, Florida, 2012-2021



Source: Florida Department of Health, Bureau of Communicable Diseases

Pregnancy and Childbirth

On average, 63 babies were born per year in Glades County between 2018 and 2020. 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 infant health, which in turn is a large factor in the overall health of the county. It should be noted that there is small sample size for these rates and a small number of infants can have a large impact on the rates.

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. The rate of babies born to mothers between the ages of 15 and 19 in Glades has been increasing but is still lower than the Florida average. In recent years, there's been a focus in public health on maternal deaths. The World Health Organization (WHO) defines maternal death as the death of a woman while pregnant or within 42 days of termination of pregnancy. In Glades County, there have not been any maternal deaths over the past 20 years.

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. Infant mortality rates in Glades County are above the average for the state, but the rates are declining.

Prenatal care is the health care women receive when they get pregnant, this includes taking prenatal vitamins, seeing a health care provider regularly, and receiving ultrasounds. To achieve the greatest health benefits for both mother and baby, it is recommended to begin prenatal care visits in the first trimester of pregnancy or as soon as a pregnancy is suspected or confirmed. Glades County has a higher percentage of mothers receiving prenatal care than the Florida average.

Exhibit HC36: Maternal & Infant Health Indicators, Glades County and Florida, 3-Year Figures, 2018-2020

	Glades County	Trend	Quartile*	Florida
Birth Family Characteristics				
Total births (County, 3-year annual average)	63.3			217,054.3
Births to mothers ages 15-44, per 1,000	36.7	Inconsistent	1	55.8
Births to mothers ages 15-19, per 1,000	14.1	Negative	1	16.0
Births to unwed mothers ages 15-44 (%)	59.3%	Inconsistent	4	46.7
Births to mothers 19 and over without a high school education (%)	14.0%	Inconsistent	3	9.9%
Maternal deaths, per 100,000 live births	0.0	Steady		20.1
Infant Deaths				
Infant deaths (0-364 days), per 1,000 live births	10.5	Positive	4	6.0
Neonatal deaths (0-27 days), per 1,000 live births	5.3	Steady	3	4.0
Post-neonatal deaths (28-364 days), per 1,000 live births	5.3	Positive	4	1.9
Deaths from SUID (sudden unexpected infant death), per 1,000 live births	5.3	Steady	4	0.9
Low Birth Weight				
Births <1,500 grams (very low birth weight) [%]	1.6%	Inconsistent	3	1.6%
Births <2,500 grams (low birth weight) [%]	9.5%	Positive	3	8.7%
Pregnancy and Mother's Health Behaviors				
Births with 1st-trimester prenatal care (%)	81.4%	Inconsistent	1	76.1%
Births with late or no prenatal care (%)	4.2%	Inconsistent	1	7.2%
C-section births, percent of births (%)	38.9%	Inconsistent	4	36.4%
Mothers who initiate breastfeeding (%)	72.1%	Steady	4	85.9%

Source: Florida Department of Health, Bureau of vital statistics

*County compared to other Florida counties, 1 is the best to 4 as the lowest

On average, 564 babies were born per year in Hendry County between 2018 and 2020. The rate of babies born to mothers between the ages of 15 and 19 in Hendry has been decreasing but is still higher than the Florida average. In Hendry County, there were no maternal deaths in the past three years. Infant mortality rates in Hendry County were slightly above the average for

the state, but the rates are declining. Hendry County has a slightly lower percentage of mothers receiving prenatal care than the Florida average. It should be noted that there is a small sample size for these rates and a small number of infants can have a large impact on the rates.

Exhibit HC37: Maternal & Infant Health Indicators, Hendry County and Florida, 3-Year Figures, 2018-2020

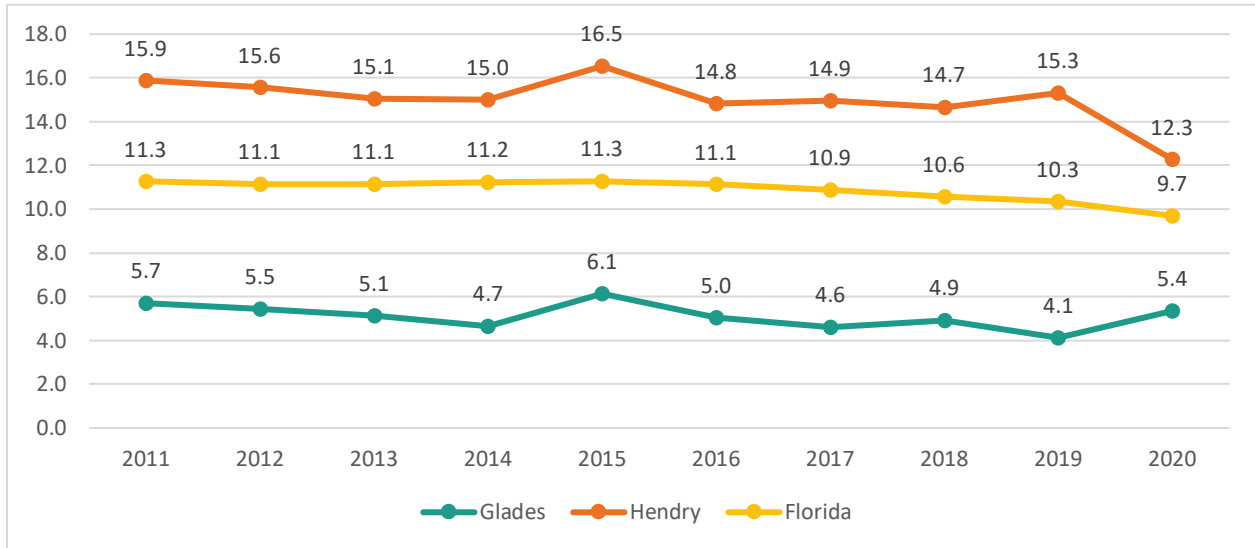
	Hendry County	Trend	Quartile*	Florida
Birth Family Characteristics				
Total births (County, 3-year annual average)	564.7			217,054.3
Births to mothers ages 15-44, per 1,000	77.4	Inconsistent	4	55.8
Births to mothers ages 15-19, per 1,000	33.1	Positive	4	16.0
Births to unwed mothers ages 15-44 (%)	62.2%	Inconsistent	4	46.7%
Births to mothers 19 and over without a high school education (%)	20.5	Positive	4	9.9%
Maternal deaths, per 100,000 live births	0.0	Inconsistent		20.1
Infant Deaths				
Infant deaths (0-364 days), per 1,000 live births	6.5	Positive	3	6.0
Neonatal deaths (0-27 days), per 1,000 live births	4.7	Steady	3	4.0
Post-neonatal deaths (28-364 days), per 1,000 live births	1.8	Inconsistent	2	1.9
Deaths from SUID (sudden unexpected infant death), per 1,000 live births	0.6	Inconsistent	1	0.9
Low Birth Weight				
Births <1,500 grams (very low birth weight) [%]	1.8	Inconsistent	3	1.6%
Births <2,500 grams (low birth weight) [%]	9.1	Negative	3	8.7%
Pregnancy and Mother's Health Behaviors				
Births with 1st-trimester prenatal care (%)	72.8%	Inconsistent	3	76.1%
Births with late or no prenatal care (%)	7.6%	Negative	3	7.2%
C-section births, percent of births (%)	36.2%	Steady	4	36.4%
Mothers who initiate breastfeeding (%)	67.8%	Inconsistent	4	85.9%

Source: Florida Department of Health, Bureau of vital statistics

*County compared to other Florida counties, 1 is the best to 4 as the lowest

Hendry County consistently had a higher birth rate than the state average, while Glades County consistently had a lower birth rate. There was a peak in births in both counties in 2015 (16.5 Hendry and 6.1 Glades).

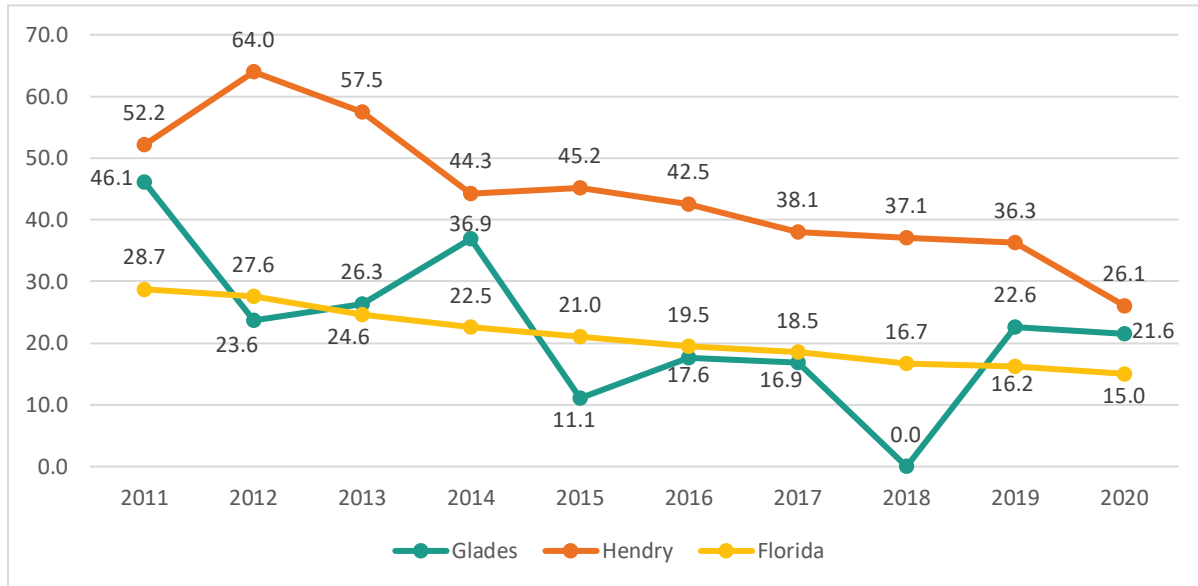
Exhibit HC38: Resident Live Births, Rate Per 1,000 Total Population, Glades and Hendry Counties, Florida, 2011-2020



Source: Florida Department of Health, Bureau of Vital Statistics

Starting in 2012, the birth rate of teen mothers has greatly decreased over the past eight years in Hendry County (64.0 2012 to 26.1 2020). In 2020, both counties had a higher birth rate of teen mothers than the state average.

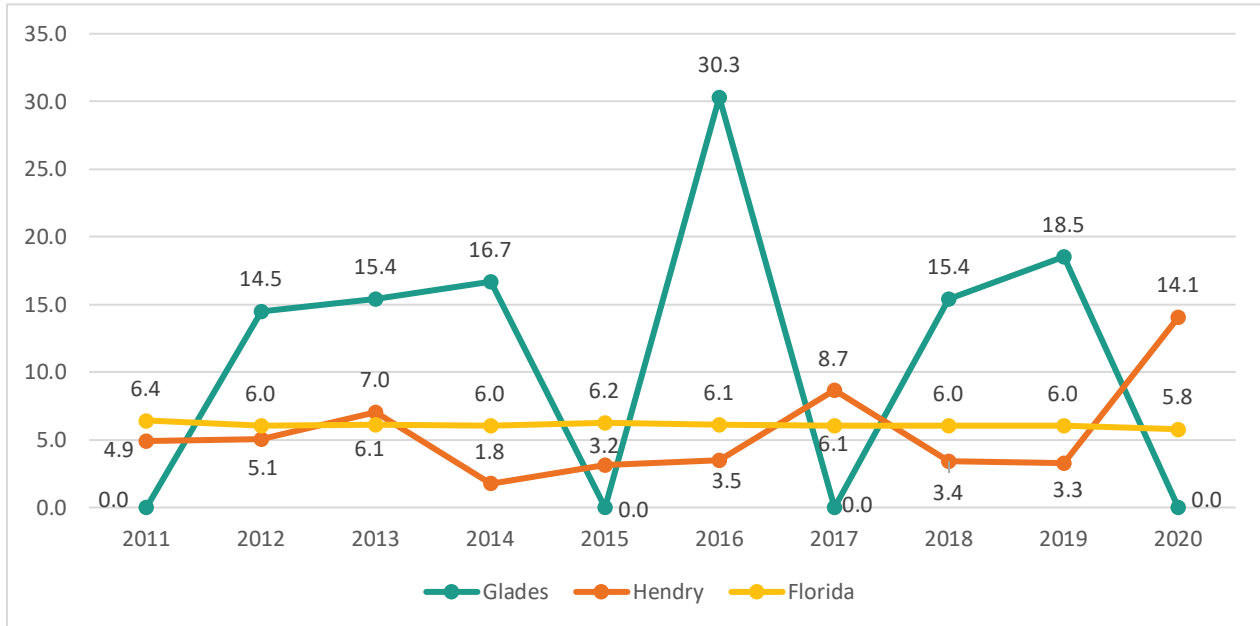
Exhibit HC39: Births by Mothers' Age, Age 15-19, Rate Per 1,000 Population, Glades and Hendry Counties, Florida, 2011-2020



Source: Florida Department of Health, Bureau of Vital Statistics

The only years the infant mortality rate in Glades County was lower than the state average was in 2011, 2015, 2017, and 2020. In 2020 Hendry County had a significantly higher than average of infant mortality than the state average, however this rate is based on a small number of cases.

Exhibit HC40: Infant Mortality (Aged 0-364 Days), Rate Per 1,000 Live Births, Glades and Hendry Counties, Florida 2011-2020



Source: Florida Department of Health, Bureau of Vital Statistics

Mental Health and Mental Disorders

The Florida Mental Health Act of 1971 (commonly known as the “Baker Act”) is a statute allowing for the 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 to gaining control over their estate prior to their death. Once committed, it was difficult for many other patients to obtain representation, and they became warehoused until their death. The Baker Act allows for involuntary examination (some call it 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 harmful 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 the 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 outpatient commitment or assisted treatment orders), or voluntary treatment (if the person is competent to consent to voluntary treatment and consent to voluntary treatment).

Over the past five years, the number of involuntary examinations has greatly increased with the 25 – 64 year age group consistently having the highest percentage. According to the annual Baker Act Report, Glades County residents that received an involuntary examination were seen at facilities outside the county including SalusCare (Lee County), Park Royal Hospital (Lee County), and South County Mental Health Center (Palm Beach County).

Exhibit HC41: Involuntary Exams: Residents of Glades County for Five Years, 2015-2020

Year	Involuntary Exams* (All Ages)	% of Total				% of Total by Initiator Type		
		<18	18-24	25-64	65+	Law Enforcement	Health Professional	Ex-Parte
2019-2020	106	28.3%	11.3%	54.7%	5.66%	65.1%	28.3%	6.6%
2018-2019	122	26.2%	12.3%	50.8%	9.8%	54.1%	41.0%	4.9%
2017-2018	83	21.7%	20.5%	50.6%	6.0%	57.8%	34.9%	7.2%
2016-2017	63	17.5%	9.5%	71.4%	1.6%	60.3%	39.7%	0.0%
2015-2016	64	17.2%	12.5%	68.8%	1.6%	42.2%	48.4%	9.4%

Source: Baker Act Reporting Center FY 2019-2020 Annual Report, Baker Act 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

Over the past five years, the 25 – 64 year age group consistently had the highest percentage of involuntary examinations in Hendry County. According to the annual Baker Act Report, Hendry County residents that received an involuntary examination were seen at facilities outside the county including SalusCare (Lee County), Park Royal Hospital (Lee County), South County Mental Health Center (Palm Beach County), and JFK Medical Center North Campus (Palm Beach County).

Exhibit HC42: Involuntary Exams: Residents of Hendry County for Five Years, 2015-2020

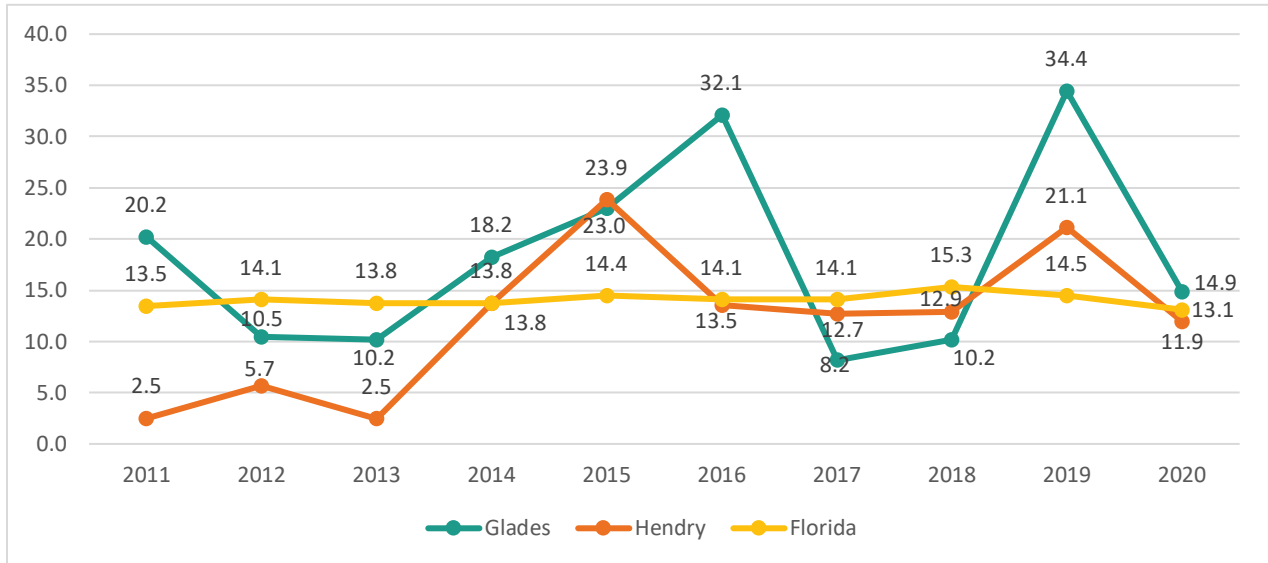
Year	Involuntary Exams* (All Ages)	% of Total				% of Total by Initiator Type		
		<18	18-24	25-64	65+	Law Enforcement	Health Professional	Ex-Parte
2019-2020	224	21.4%	15.6%	57.6%	5.4%	64.75	35.3%	0.0%
2018-2019	244	24.6%	21.3%	47.1%	7.0%	68.0%	29.9%	2.1%
2017-2018	254	20.1%	19.3%	52.8%	7.9%	59.5%	38.2%	2.4%
2016-2017	200	21.5%	11.0%	60.0%	7.5%	59.5%	39.0%	1.5%
2015-2016	273	34.4	13.4%	47.3%	4.8%	69.6%	30.4%	0.0%

Source: Baker Act Reporting Center FY 2019-2020 Annual Report, Baker Act 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

Suicide can be considered a strong indicator of the overall mental health of a community. The most common underlying causes of suicide are depression, anxiety, damaged relationships, bullying, and hardships. Suicide is a major, preventable public health problem. In Glades County, it was the 11th highest cause of death and in Hendry County, it was the 13th highest cause of death. Over the past ten years, there was an overall increase in suicide deaths in Hendry County (2.5, 2011 vs. 11.9, 2020). In 2020, Glades County had the highest rate of deaths from suicide when compared to Hendry County and the state average (14.9 Glades vs. 13.1 Florida vs. 11.9 Hendry). Please note, the rates for Glades and Hendry Counties are based on small numbers.

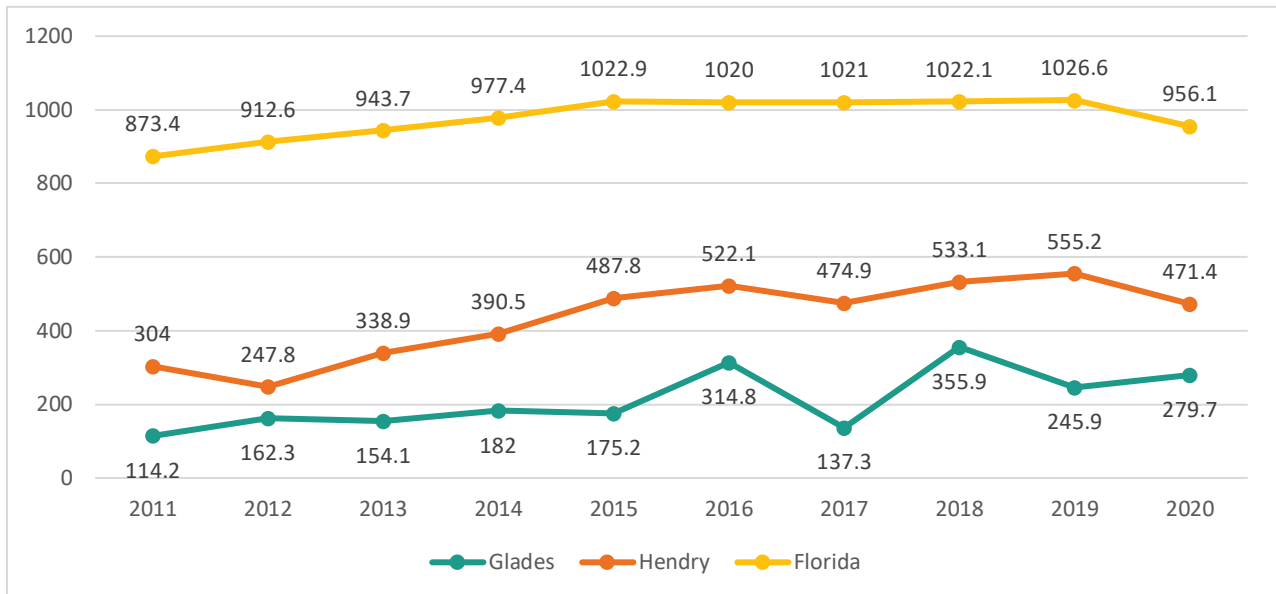
Exhibit HC43: Age-Adjusted Deaths from Suicide, Rate Per 100,000 Population, Glades and Hendry Counties, Florida, 2011-2020



Source: Florida Department of Health, Bureau of Vital Statistics

Hospitalizations from mental disorders include mental and behavioral disorders due to drug and alcohol-induced mental disorders, mood and depressive disorders, schizophrenic disorders, eating disorders, and other mental disorders. Glades and Hendry Counties consistently had lower hospitalizations from mental disorders when compared to the state average.

Exhibit HC44: Age-Adjusted Hospitalizations from Mental Disorders, Rate Per 100,000 Population, Glades and Hendry Counties, Florida, 2011-2020



Source: Florida Agency for Health Care Administration (AHCA)

Health Behaviors

Health Behaviors Selected Findings*

- Compared to the Florida average, there's a higher percentage of Glades County residents considered overweight (43.5% Glades vs. 37.6% Florida, 2019). Compared to the Florida average, there's a lower percentage of Hendry County residents considered overweight (29.7% Hendry vs. 37.6% Florida, 2019).
- Compared to the Florida average, a higher percentage of Glades County residents are considered obese (35.0% Glades vs. 27.0% Florida, 2019). Compared to the Florida average, a significantly higher percentage of Hendry County residents are considered obese (43.4% Hendry vs. 27.0% Florida, 2019).
- Compared to the Florida average, there's a slightly higher percentage of Glades County residents who are current smokers (15.3% Glades vs. 14.8% Florida, 2019). Compared to the Florida average, there's a slightly higher percentage of Hendry County residents who are current smokers (18.1% Hendry vs. 14.8% Florida, 2019).
- Compared to the Florida average, there's a lower percentage of Glades County residents who are e-cigarette users (2.0% Glades vs. 7.5% Florida, 2019). Compared to the Florida average, there's a lower percentage of Hendry County residents who are current e-cigarette users (4.4% Hendry vs. 7.5% Florida, 2019).
- Compared to the Florida average, a higher percentage of Glades County residents were involved in heavy or binge drinking (22.6% Glades vs. 18.0% Florida, 2019). Compared to the Florida average, a slightly lower percentage of Hendry County residents were involved in heavy or binge drinking (16.9% Hendry vs. 18.0% Florida, 2019).
- In the spring of 2020, the FYSAS was administered to students in grades 6 through 12 (before schools transferred to at-home learning due to the COVID-19 pandemic. The percentage of middle and high school students in Glades County who reported consuming alcohol in the past 30 days has decreased significantly from 2012 to 2020 (23.8% 2012 vs. 9.6% 2020). Among high school students from 2012 to 2016, there was an increase in alcohol use, but it has since decreased.
- Year to year, there was no clear trend for alcohol use in middle and high schoolers in Hendry County. Even though there was no clear trend, there was an overall decrease in alcohol use among students in Hendry over the past eight years (24.7% 2012 vs 14.0% 2020).
- The percentage of middle and high school students in Glades County who reported cigarette use in the past 30 days has decreased significantly from 2012 to 2020 (15.0% 2012 vs. 0.9% 2020). Starting in 2016, the percentage of middle and high school students in Hendry County who reported cigarette use decreased.
- When compared to the Florida average, students in Glades County reported a lower percentage of using marijuana or hashish in 2020 (4.8% Glades vs. 10.7% Florida). In 2020, high school students in Hendry County reported a higher percentage of marijuana or hashish use than the Florida average (8.7% Hendry vs. 6.6% Florida). However, starting in 2016, there was a decrease in the percentage of middle and high school students who reported using marijuana or hashish.

- In 2020 Glades County students reported using nicotine and marijuana vapes less than the Florida average (6.9% Nicotine, 4.7% Marijuana, Glades; 11.4% Nicotine, 7.3% Marijuana, Florida). In 2020 Hendry County students reported using nicotine and marijuana vapes less than the Florida average (6.9% Nicotine, 4.6% Marijuana, Hendry; 11.4% Nicotine, 7.3% Marijuana, Florida).
- Poisoning, motor vehicle traffic, and falls were the top three leading causes of unintentional injury deaths in Glades County in 2020. Unintentional fatal injuries from poisoning include overdose deaths; the age-adjusted rate of death in Glades County from poisoning was higher than the state average in 2020 (37.12 Glades, 33.89 Florida).
- Poisoning, motor vehicle traffic, and falls were the top three leading causes of unintentional injury deaths in Hendry County in 2020. Unintentional fatal injuries from poisoning include overdose deaths; the age-adjusted rate of death in Hendry County from poisoning was lower than the state average in 2020 (20.74 Hendry, 33.89 Florida).
- In 2020, drug poisonings were responsible for most of the fatal unintentional injuries in Glades County. From 2016 to 2019, there was an increase in motor vehicle traffic injury deaths in Glades County, but it decreased in 2020.
- Over the past five years, motor vehicle traffic injuries have been the leading cause of fatalities from unintentional injuries in Hendry County. The rate of drug poisoning deaths in Hendry County increased over the past five years (11.13, 2016 vs. 23.00, 2020).
- Falls is one of the leading causes of death among seniors (adults 65 and older). In 2020, Hendry County significantly had a higher death rate from unintentional falls when compared to the Florida average and Glades County (15.4 Hendry vs. 10.8 Florida vs. 7.3 Glades). In addition, from 2018 to 2020, the death rate falls in Hendry County increased significantly.
- In 2020, both counties had a higher age-adjusted death rate from motor vehicle crashes than the state average (33.8 Glades, 32.6 Hendry, 15.6 Florida).

****All sources and further details for the selected findings can be found in the relevant section of the Glades and Hendry Counties CHA***

Unhealthy Weight

The table below shows adults in Glades County who reported being overweight in 2013, 2016, and 2019. Overall, compared to the Florida average, there's a higher percentage of Glades County residents considered overweight (43.5% Glades vs. 37.6% Florida, 2019). In addition to the overall snapshot, the data is presented using various demographic cuts: age group, sex, race/ethnicity, education level, annual income, and marital status. The 65 and older age group had the highest percentage of overweight adults compared to those 45 to 64. In 2016 and 2019 there was a higher percentage of men than women who said they were overweight. When compared to other education levels in Glades County those with less than a high school education had a higher percentage of overweight adults. In 2019, almost 60 percent of adults in Glades County with an annual income of \$25,000 - \$49,999 were overweight; this is significantly higher than those with make less than \$25,000 and those making more than \$50,000 a year. In

Glades County and Florida, in 2019, those adults who were married/couples had a higher percentage of being overweight.

Exhibit HB1: Adults Who are Overweight, Glades County, Florida, 2013, 2016, and 2019

	Glades County				Florida
	2013	2016	2019	Trend	2019
Overall	41.2%	36.7%	43.5%		37.6%
Age Group					
Ages 18-44*	45.4%				35.5%
Ages 45-64	19.6%	28.8%	32.2%		39.2%
Ages 65 & older	59.3%	40.4%	39.1%		39.2%
Sex					
Men	41.0%	44.2%	43.8%		42.6%
Women	41.4%	32.4%	35.1%		32.5%
Race/Ethnicity					
Non-Hispanic White	42.0%	37.8%	38.2%		37.8%
Non-Hispanic Black*					35.1%
Hispanic*					39.1%
Education Level					
Less than high school	67.9%		58.1%		36.7%
High school/GED	37.0%	34.5%	45.1%		37.1%
More than high school	33.8%	36.9%	33.7%		38.2%
Annual Income					
<\$25,000	48.3%	37.3%	38.2%		34.7%
\$25,000 - \$49,999	32.4%	32.6%	58.1%		35.3%
\$50,000 or more	49.5%	46.7%	31.0%		42.4%
Marital Status					
Married/couple	38.0%	39.4%	46.4%		40.2%
Not married/couple	48.0%	32.7%	40.8%		34.7%

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

The table below shows adults in Hendry County who reported being overweight in 2013, 2016, and 2019. Overall, compared to the Florida average, there's a lower percentage of Hendry County residents considered overweight (29.7% Hendry vs. 37.6% Florida). In addition to the overall snapshot, the data is presented using various demographic cuts: age group, sex, race/ethnicity, education level, annual income, and marital status. The 65 and older age group had the highest percentage (48.3%) of overweight adults, and adults aged 18 to 44 had the lowest percentage (20.8%). In 2016 and 2019, a higher percentage of men than women said they were overweight. There was a decrease in overweight non-Hispanic black adults between 2013 and 2019. Hispanic residents in Hendry County had the lowest percentage of overweight adults in 2019. Compared to other education levels in Hendry County, those with high school/GED levels of education had a higher percentage of overweight adults. In 2019, about 26 percent of adults in Glades County with an annual income of \$25,000 - \$49,999 were overweight; this is lower than those who make less than \$25,000 and those making more than \$50,000 yearly.

Exhibit HB2: Adults Who are Overweight, Hendry County, Florida, 2013, 2016, and 2019

	Hendry County				Florida
	2013	2016	2019	Trend	2019
Overall	30.7%	36.8%	29.7%		37.6%
Age Group					
Ages 18-44*	23.1%	36.0%	20.8%		35.5%
Ages 45-64	28.5%	36.5%	31.0%		39.2%
Ages 65 & older	56.4%	37.9%	48.3%		39.2%
Sex					
Men	25.5%	43.6%	31.2%		42.6%
Women	37.2%	33.0%	28.1%		33.3%
Race/Ethnicity					
Non-Hispanic White	17.1%	34.5%	36.3%		37.8%
Non-Hispanic Black	41.7%	36.7%	29.7%		35.1%
Hispanic	40.0%	42.2%	24.3%		39.1%
Education Level					
Less than high school	26.3%	38.2%	29.7%		36.7%
High school/GED	41.7%	33.2%	30.9%		37.1%
More than high school	13.2%	39.7%	27.7%		38.2%
Annual Income					
<\$25,000	24.1%	37.2%	30.4%		34.7%
\$25,000 - \$49,999	39.0%	43.5%	25.6%		35.3%
\$50,000 or more	22.2%	35.8%	28.0%		42.4%
Marital Status					
Married/couple	32.4%	40.4%	27.8%		40.2%
Not married/couple	29.7%	32.8%	32.0%		34.7%

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

The table below shows adults in Glades County who reported being obese in 2013, 2016, and 2019. Overall, compared to the Florida average, a higher percentage of Glades County residents are considered obese (35.0% Glades vs. 27.0% Florida in 2019). In addition to the overall snapshot, the data presented uses various demographic cuts: age group, sex, race/ethnicity, education level, annual income, and marital status. Adults aged 45 to 64 in Glades County and Florida had a higher percentage of adults who were obese in 2013, 2016, and 2019. Men were more likely to report being obese than women in 2019 (36.9% men vs. 32.1% women). Compared to other education levels in Glades County and Florida, those with high school/GED levels of education had a higher percentage of overweight adults. In 2019, adults in Glades County with an annual income of \$50,000 or more reported higher percentages of being obese.

Exhibit HB3: Adults Who are Obese, Glades County, Florida, 2013, 2016, and 2019

	Glades County				Florida
	2013	2016	2019	Trend	2019
Overall	37.3%	34.7%	35.0%		27.0%
Age Group					
Ages 18-44*	36.6%				22.1%
Ages 45-64	52.9%	43.3%	52.4%		32.6%
Ages 65 & older	20.6%	29.2%	34.8%		27.6%
Sex					
Men	50.5%	36.1%	36.9%		26.9%
Women	17.7%	33.9%	32.1%		27.2%
Race/Ethnicity					
Non-Hispanic White	24.9%	33.6%	35.8%		25.4%
Non-Hispanic Black*					35.0%
Hispanic*					28.2%
Education Level					
Less than high school	18.9%		21.7%		28.9%
High school/GED	34.3%	33.8%	40.6%		30.3%
More than high school	53.3%	37.5%	35.4%		25.1%
Annual Income					
<\$25,000	16.5%	41.0%	36.8%		30.3%
\$25,000 - \$49,999	50.9%	38.1%	33.5%		29.8%
\$50,000 or more	39.7%	34.0%	44.1%		25.0%
Marital Status					
Married/couple	46.2%	34.6%	37.1%		26.6%
Not married/couple	17.8%	35.7%	33.0%		27.5%

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

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

The table below shows adults in Hendry County who reported being obese in 2013, 2016, and 2019. Compared to the Florida average, a significantly higher percentage of Hendry County residents are considered obese (43.4% Hendry vs. 27.0% Florida). In addition to the overall snapshot, the data presented uses various demographic cuts: age group, sex, race/ethnicity, education level, annual income, and marital status. Hendry County seniors had the lowest percentage of being obese when compared to other age groups in 2019. In 2019 45 percent of men in Hendry County claimed to be obese, which is significantly higher than the Florida average (26.9%). From 2013 to 2019, the percentage of non-Hispanic black residents in Hendry County who said they were obese decreased. Adults with more than a high school education level had a lower percentage of obese adults. Adults with less than a high school education and those with a high school/GED level of education saw an increase in the percentage of adults who were obese over the past six years.

Exhibit HB4: Adults Who are Obese, Hendry County, Florida, 2013, 2016, and 2019

	Hendry County				Florida
	2013	2016	2019	Trend	2019
Overall	26.9%	33.6%	43.4%		27.0%
Age Group					
Ages 18-44*	20.7%	31.8%	46.7%		22.1%
Ages 45-64	35.6%	38.5%	48.6%		32.6%
Ages 65 & older	26.8%	30.0%	29.9%		27.6%
Sex					
Men	26.8%	33.9%	45.2%		26.9%
Women	27.1%	33.3%	41.7%		27.2%
Race/Ethnicity					
Non-Hispanic White	21.6%	33.9%	34.3%		25.4%
Non-Hispanic Black	43.8%	41.7%	40.2%		35.0%
Hispanic	23.4%	29.6%	55.4%		28.2%
Education Level					
Less than high school	24.5%	34.7%	46.2%		28.9%
High school/GED	18.7%	31.6%	49.2%		30.3%
More than high school	50.8%	34.7%	33.7%		25.1%
Annual Income					
<\$25,000	36.2%	30.1%	42.3%		30.3%
\$25,000 - \$49,999	7.9%	29.2%	52.8%		29.8%
\$50,000 or more	61.4%	42.4%	41.0%		25.0%
Marital Status					
Married/couple	20.0%	35.5%	46.9%		26.6%
Not married/couple	32.3%	31.4%	39.6%		27.5%

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

Tobacco Use

The table below shows adults in Glades County who reported being current smokers in 2013, 2016, and 2019. Overall, compared to the Florida average, there's a slightly higher percentage of Glades County residents who are current smokers (15.3% Glades vs. 14.8% Florida). In addition to the overall snapshot, the data presented uses various demographic cuts: age group, sex, race/ethnicity, education level, annual income, and marital status. Adults aged 45 to 64 had the highest percentage of current smokers in Glades County and Florida in 2019 (24.0% in Glades and 19.6% in Florida). In addition, adults with more than a high school level of education reported a higher percentage of being current smokers in 2019. In 2013, 2016, and 2019 married/coupled adults in Glades County had a higher percentage of current smokers.

Exhibit HB5: Adults Who Are Current Smokers, Glades County, Florida, 2013, 2016, and 2019

	Glades County				Florida
	2013	2016	2019	Trend	2019
Overall	9.6%	19.8%	15.3%		14.8%
Age Group					
Ages 18-44*	12.4%		8.3%		15.0%
Ages 45-64	6.5%	30.2%	24.0%		19.6%
Ages 65 & older	8.3%	12.6%	16.1%		9.3%
Sex					
Men	9.6%	24.2%	14.0%		15.7%
Women	9.6%	17.4%	17.1%		13.9%
Race/Ethnicity					
Non-Hispanic White	10.3%	20.4%	17.4%		16.4%
Non-Hispanic Black*			12.1%		12.4%
Hispanic*					12.6%
Education Level					
Less than high school	14.9%	32.2%	17.5%		23.6%
High school/GED	4.7%	21.5%	8.2%		20.0%
More than high school	15.6%	14.5%	23.4%		10.2%
Annual Income					
<\$25,000	12.3%	34.3%	20.7%		23.4%
\$25,000 - \$49,999	10.8%	8.5%	9.6%		17.9%
\$50,000 or more	2.1%	15.5%	17.2%		9.9%
Marital Status					
Married/couple	9.1%	13.1%	10.1%		11.3%
Not married/couple	10.7%	24.7%	20.5%		18.9%

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

The table below shows adults in Hendry County who reported being current smokers in 2013, 2016, and 2019. Overall, compared to the Florida average, there's a slightly higher percentage of Hendry County residents who are current smokers (18.1% Hendry vs. 14.8% Florida). In addition to the overall snapshot, the data presented uses various demographic cuts: age group, sex, race/ethnicity, education level, annual income, and marital status. In Hendry County, seniors aged 65 and older had a lower percentage of residents who said they were current smokers compared to other age groups. The percentage of women in Hendry County who are current smokers increased from 2013 to 2019. In 2019, the Hispanic population in Hendry County had the lowest percentage of current smokers when compared to other races/ethnicities. In Hendry County and Florida, adults with less than a high school education reported a higher percentage of being current smokers. Hendry County, with an annual income of \$25,000 - \$49,999 had a smaller percentage of adults who claimed to be current smokers.

Exhibit HB6: Adults Who Are Current Smokers, Hendry County, Florida, 2013, 2016, and 2019

	Hendry County				Florida
	2013	2016	2019	Trend	2019
Overall	25.0%	8.8%	18.1%		14.8%
Age Group					
Ages 18-44*	22.1%	7.8%	20.0%		15.0%
Ages 45-64	38.8%	12.5%	22.6%		19.6%
Ages 65 & older	5.3%	6.1%	7.0%		9.3%
Sex					
Men	41.8%	11.0%	22.7%		15.7%
Women	4.7%	7.7%	13.3%		13.9%
Race/Ethnicity					
Non-Hispanic White	16.0%	11.3%	25.0%		16.4%
Non-Hispanic Black	20.2%	4.6%	25.1%		12.4%
Hispanic	21.0%	6.8%	11.6%		12.6%
Education Level					
Less than high school	35.5%	5.8%	22.6%		23.6%
High school/GED	18.2%	14.2%	14.4%		20.0%
More than high school	20.7%	5.7%	16.2%		10.2%
Annual Income					
<\$25,000	26.0%	10.7%	18.4%		23.4%
\$25,000 - \$49,999	35.6%	5.7%	23.8%		17.9%
\$50,000 or more	3.0%	10.2%	19.7%		9.9%
Marital Status					
Married/couple	33.7%	7.9%	19.6%		11.3%
Not married/couple	18.2%	10.2%	15.9%		18.9%

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

The table below shows adults in Glades County who reported being former smokers in 2013, 2016, and 2019. Compared to the Florida average, a higher percentage of Glades County residents are former smokers (33.5% Glades vs. 26.3% Florida). In addition to the overall snapshot, the data presented uses various demographic cuts: age group, sex, race/ethnicity, education level, annual income, and marital status. In Glades County and Florida, adults aged 65 and older consistently had a higher percentage of former smokers in 2013, 2016, and 2019 than in other age groups. In Glades County and Florida, women consistently had a lower percentage of former smokers in 2013, 2016, and 2019 than men. In 2019 adults in Glades County with less than a high school education had the highest percentage of former smokers. Adults making more than \$50,000 a year had the lowest percentage of former smokers in 2019. Almost double the percentage of adults who are married/couples had a higher percentage of former smokers in Glades County.

Exhibit HB7: Adults Who Are Former Smokers, Glades County, Florida, 2013, 2016, and 2019

	Glades County				Florida
	2013	2016	2019	Trend	2019
Overall	28.3%	39.1%	33.5%		26.3%
Age Group					
Ages 18-44*	21.8%		16.1%		14.4%
Ages 45-64	20.3%	23.6%	34.0%		27.7%
Ages 65 & older	47.0%	51.1%	52.4%		42.8%
Sex					
Men	37.4%	59.6%	36.2%		29.5%
Women	15.2%	28.2%	29.9%		23.3%
Race/Ethnicity					
Non-Hispanic White	28.6%	43.1%	42.7%		33.9%
Non-Hispanic Black*			8.1%		14.2%
Hispanic*					17.0%
Education Level					
Less than high school	25.5%	16.1%	49.5%		24.2%
High school/GED	21.1%	38.8%	26.2%		27.8%
More than high school	42.7%	46.2%	34.5%		26.1%
Annual Income					
<\$25,000	21.2%	24.5%	34.4%		24.1%
\$25,000 - \$49,999	28.1%	52.3%	33.8%		29.0%
\$50,000 or more	38.4%	45.4%	32.0%		27.8%
Marital Status					
Married/couple	26.7%	38.9%	40.5%		29.6%
Not married/couple	31.6%	40.2%	26.6%		22.4%

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

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

The table below shows adults in Hendry County who reported being former smokers in 2013, 2016, and 2019. Compared to the Florida average, a lower percentage of Hendry County residents are former smokers (17.0% Hendry vs. 26.3% Florida). In addition to the overall snapshot, the data presented uses various demographic cuts: age group, sex, race/ethnicity, education level, annual income, and marital status. In Hendry County and Florida, adults aged 65 and older consistently had a higher percentage of former smokers in 2013, 2016, and 2019 than in other age groups. In Hendry County and Florida, adult women had a lower percentage of former smokers in 2019. In Hendry County and Florida, non-Hispanic White adults consistently had a higher percentage of former smokers in 2013, 2016, and 2019 compared to the races/ethnicities. There was a decrease in the percentage of adult former smokers over the past six years for adults with less than a high school education. Adults making \$25,000 or less annually had the lowest percentage of former smokers compared to adults making \$25,000 or higher.

Exhibit HB8: Adults Who Are Former Smokers, Hendry County, Florida, 2013, 2016, and 2019

	Hendry County				Florida
	2013	2016	2019	Trend	2019
Overall	23.5%	26.6%	17.0%		26.3%
Age Group					
Ages 18-44*	9.8%	9.5%	10.2%		14.4%
Ages 45-64	35.5%	30.7%	21.8%		27.7%
Ages 65 & older	35.7%	37.4%	24.9%		42.8%
Sex					
Men	21.6%	28.4%	21.7%		29.5%
Women	25.9%	25.7%	12.0%		23.3%
Race/Ethnicity					
Non-Hispanic White	38.7%	34.2%	22.0%		33.9%
Non-Hispanic Black	26.8%	15.0%	14.2%		14.2%
Hispanic	16.7%	17.2%	12.8%		17.0%
Education Level					
Less than high school	31.7%	21.3%	11.3%		24.2%
High school/GED	18.1%	22.7%	18.2%		27.8%
More than high school	20.4%	34.4%	23.8%		26.1%
Annual Income					
<\$25,000	30.5%	25.2%	14.8%		24.1%
\$25,000 - \$49,999	9.7%	24.9%	18.2%		29.0%
\$50,000 or more	39.2%	33.8%	18.0%		27.8%
Marital Status					
Married/couple	26.3%	27.2%	18.0%		29.6%
Not married/couple	21.3%	26.1%	14.8%		22.4%

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

The table below shows adults in Glades County who reported being current e-cigarette users in 2016 and 2019. Overall, compared to the Florida average, there's a lower percentage of Glades County residents who are e-cigarette users (2.0% Glades vs. 7.5% Florida). In addition to the overall snapshot, the data presented uses various demographic cuts: age group, sex, race/ethnicity, education level, annual income, and marital status. For example, in 2019, 4.7 percent of adults 45 to 65 years of age in Glades County stated that they currently use e-cigarettes. Adults in Glades County with less than a high school education had the highest percentage (5.3%) of current e-cigarette use.

Exhibit HB9: Adults Who Currently Use E-Cigarettes, Glades County, Florida, 2013, 2016, and 2019

	Glades County			Florida
	2016	2019	Trend	2019
Overall	1.6%	2.0%		7.5%
Age Group				
Ages 18-44*				13.2%
Ages 45-65	1.1%	4.7%		5.9%
Ages 65 & older	0.6%	2.0%		1.7%
Sex				
Men	1.5%	1.0%		8.4%
Women	1.6%	3.4%		6.7%
Race/Ethnicity				
Non-Hispanic White	1.9%	3.3%		8.6%
Non-Hispanic Black*		0.0%		4.0%
Hispanic*				6.3%
Education Level				
Less than high school	0.0%	5.3%		7.0%
High school/GED	1.0%	1.9%		7.5%
More than high school	2.6%	0.3%		7.6%
Annual Income				
<\$25,000	1.0%	4.0%		5.9%
\$25,000 - \$49,999	1.5%	1.5%		8.5%
\$50,000 or more	0.0%	0.0%		8.6%
Marital Status				
Married/couple	1.1%	1.6%		6.1%
Not married/couple	2.1%	2.4%		9.1%

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

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

The table below shows adults in Hendry County who reported being current e-cigarette users in 2016 and 2019. Overall, compared to the Florida average, there's a lower percentage of Hendry County residents who are current e-cigarette users (4.4% Hendry vs. 7.5% Florida). In addition to the overall snapshot, the data presented uses various demographic cuts: age group, sex, race/ethnicity, education level, annual income, and marital status. Adults aged 18 to 44 had the highest percentage of current e-cigarette users in Hendry County and Florida (8.4% Hendry, 13.2% Florida). In 2019, a higher percentage of non-Hispanic white adults were current e-cigarette users than other races/ethnicities. Compared to different education levels, those with more than a high school education reported a higher percentage of using e-cigarettes in Hendry County (11.4%). In Hendry County, the percentage of adults making \$25,000 to \$49,999 annually was higher than the Florida average (9.8% Hendry vs. 8.5%).

Exhibit HB10: Adults Who Currently Use e-Cigarettes, Hendry County, Florida, 2013, 2016, and 2019

	Hendry County			Florida
	2016	2019	Trend	2019
Overall	2.9%	4.4%		7.5%
Age Group				
Ages 18-44*	2.3%	8.4%		13.2%
Ages 45-65	4.3%	1.5%		5.9%
Ages 65 & older	2.0%	0.0%		1.7%
Sex				
Men	1.3%	4.8%		8.4%
Women	3.7%	4.1%		6.7%
Race/Ethnicity				
Non-Hispanic White	4.6%	8.3%		8.6%
Non-Hispanic Black	0.0%	0.2%		4.0%
Hispanic	0.9%	1.9%		6.3%
Education Level				
Less than high school	1.1%	0.0%		7.0%
High school/GED	6.0%	3.2%		7.5%
More than high school	1.1%	11.4%		7.6%
Annual Income				
<\$25,000	3.9%	3.0%		5.9%
\$25,000 - \$49,999	0.6%	9.8%		8.5%
\$50,000 or more	2.0%	4.1%		8.6%
Marital Status				
Married/couple	1.1%	2.4%		6.1%
Not married/couple	1.1%	5.3%		9.1%

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

Alcohol Use

The table below shows adults in Glades County reported heavy or binge drinking in 2013, 2016, and 2019. Compared to the Florida average, a higher percentage of Glades County adults were involved in heavy or binge drinking (22.6% Glades vs. 18.0% Florida). In addition to the overall snapshot, the data presented uses various demographic cuts: age group, sex, race/ethnicity, education level, annual income, and marital status. There was a decrease in the percentage of adults aged 45 to 64 who reported heavy or binge drinking in Glades County. Men in Glades County consistently reported a higher percentage of alcohol use in 2013, 2016, and 2019. About 37 percent of Glades County adults with a high school/GED education reported heavy or binge drinking in 2019, significantly higher than the Florida average. Thirty-one percent of Glades County adults who are not married/coupled reported heavy or binge drinking in 2019; this is significantly higher than the Florida average (31.0% Glades vs. 20.2% Florida).

Exhibit HB11: Adults Who Engage in Heavy or Binge Drinking, Glades County, Florida, 2013, 2016, and 2019

	Glades County				Florida
	2013	2016	2019	Trend	2019
Overall	20.0%	13.2%	22.6%		18.0%
Age Group					
Ages 18-44*	15.1%				24.5%
Ages 45-64	34.4%	12.8%	10.6%		17.9%
Ages 65 & older	11.7%	9.5%	11.6%		9.1%
Sex					
Men	31.0%	14.2%	30.2%		21.2%
Women	4.3%	12.7%	12.0%		15.1%
Race/Ethnicity					
Non-Hispanic White	9.6%	11.5%	18.8%		19.8%
Non-Hispanic Black*					14.3%
Hispanic*					17.1%
Education Level					
Less than high school	5.3%		7.5%		12.4%
High school/GED	21.9%	7.0%	37.2%		17.3%
More than high school	24.9%	17.8%	12.9%		19.6%
Annual Income					
<\$25,000	4.9%	9.3%	25.4%		15.7%
\$25,000 - \$49,999	30.5%	17.8%	27.3%		18.1%
\$50,000 or more	21.5%	7.6%	19.9%		22.4%
Marital Status					
Married/couple	25.4%	10.7%	14.7%		16.3%
Not married/couple	7.8%	13.6%	31.0%		20.2%

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

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

The table below shows adults in Hendry County who reported engaging in heavy or binge drinking in 2013, 2016, and 2019. Compared to the Florida average, a slightly lower percentage of Hendry County residents were involved in heavy or binge drinking (16.9% Hendry vs. 18.0% Florida). In addition to the overall snapshot, the data presented uses various demographic cuts: age group, sex, race/ethnicity, education level, annual income, and marital status. In 2019, almost 21 percent of adults aged 18 to 44 reported engaging in heavy or binge drinking. Adult men in Hendry County consistently reported a higher percentage of heavy or binge drinking in 2013, 2016, and 2019 compared to women. Non-Hispanic black residents in Hendry County reported a significantly higher percentage of adults who engage in heavy or binge drinking than other races/ethnicities in 2019, which is higher than the Florida average (25.1% Hendry vs. 14.3%). Adults with more than a high school education reported a lower percentage when compared to other education levels or heavy or binge drinking use in Hendry County.

Exhibit HB12: Adults Who Engage in Heavy or Binge Drinking, Hendry County, Florida, 2013, 2016, and 2019

	Hendry County				Florida
	2013	2016	2019	Trend	2019
Overall	13.1%	11.7%	16.9%		18.0%
Age Group					
Ages 18-44*	21.7%	14.6%	20.8%		24.5%
Ages 45-64	7.4%	14.1%	17.0%		17.9%
Ages 65 & older	1.3%	6.7%	6.6%		9.1%
Sex					
Men	23.2%	21.7%	25.4%		21.2%
Women	1.2%	6.5%	8.6%		15.1%
Race/Ethnicity					
Non-Hispanic White	9.6%	14.5%	16.4%		19.8%
Non-Hispanic Black	7.6%	6.9%	25.1%		14.3%
Hispanic	0.8%	9.5%	15.7%		17.1%
Education Level					
Less than high school	17.8%	9.1%	22.0%		12.4%
High school/GED	7.8%	9.6%	16.2%		17.3%
More than high school	16.2%	14.5%	11.0%		19.6%
Annual Income					
<\$25,000	18.6%	6.4%	18.9%		15.7%
\$25,000 - \$49,999	0.6%	12.6%	14.6%		18.1%
\$50,000 or more	36.2%	18.7%	19.6%		22.4%
Marital Status					
Married/couple	18.0%	13.7%	16.7%		16.3%
Not married/couple	9.1%	9.0%	17.4%		20.2%

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

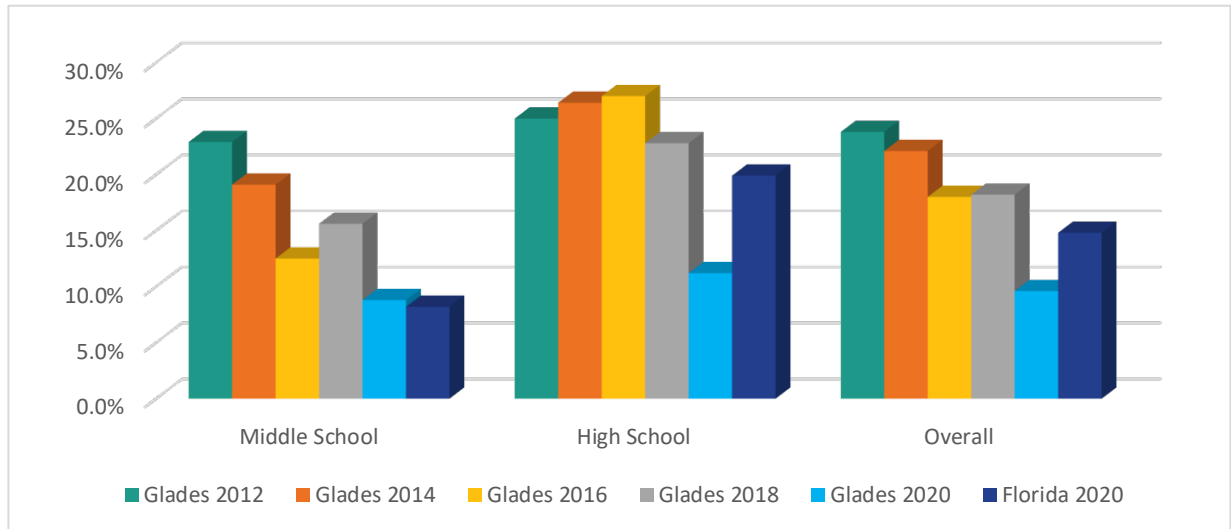
Florida Youth Substance Abuse Survey (FYSAS)

Florida Youth Substance Abuse Survey (FYSAS) is a collaborative effort between the Florida Departments of Health, the Department of Education, Children and Families, Juvenile Justice, and the Governor’s Office of Drug Control. FYSAS is based on the “Communities That Care” survey. It 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, other drug use, delinquency, gang involvement, and other problematic behaviors in adolescents.

In the spring of 2020, the FYSAS was administered to students in grades 6 through 12 (before schools transferred to at-home learning due to the COVID-19 pandemic). In Glades County, 257 students completed the survey (181 middle school students, and 76 high school students). In Hendry County, 1,107 students completed the survey (469 middle school students, and 638 high school students).

The percentage of middle and high school students in Glades County who reported consuming alcohol in the past 30 days has decreased significantly from 2012 to 2020 (23.8% 2012 vs. 9.6% 2020). Among high school students from 2012 to 2016, there was an increase in alcohol use, but it has since decreased.

Exhibit HB13: Past 30-Day Alcohol Use, Glades County 2012-2020, Florida Statewide 2020

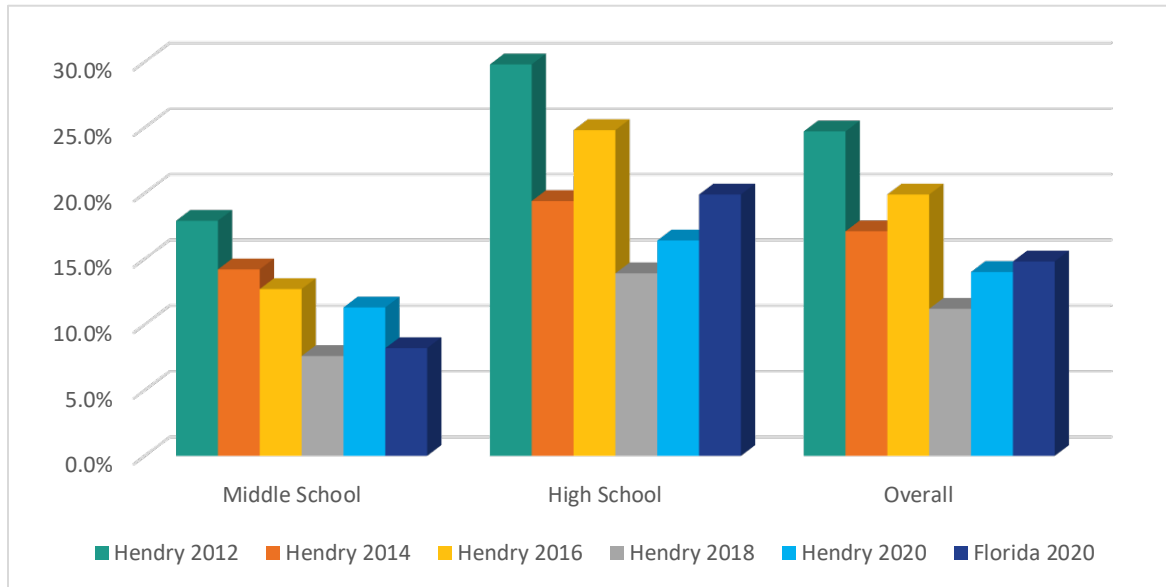


	Glades 2012	Glades 2014	Glades 2016	Glades 2018	Glades 2020	Florida 2020
Middle School	22.9%	19.1%	12.5%	15.6%	8.8%	8.2%
High School	25.0%	26.4%	27.0%	22.8%	11.2%	19.9%
Overall	23.8%	22.1%	18.0%	18.2%	9.6%	14.8%

Source: Florida Youth Substance Abuse Survey (2020), Florida Department of Children and Families

Year to year, there was no clear trend for alcohol use in middle and high schoolers in Hendry County. Even though there was no clear trend, there was an overall decrease in alcohol use among students in Hendry over the past eight years (24.7% 2012 vs 14.0% 2020).

Exhibit HB14: Past 30-Day Alcohol Use, Hendry County 2012-2020, Florida Statewide 2020

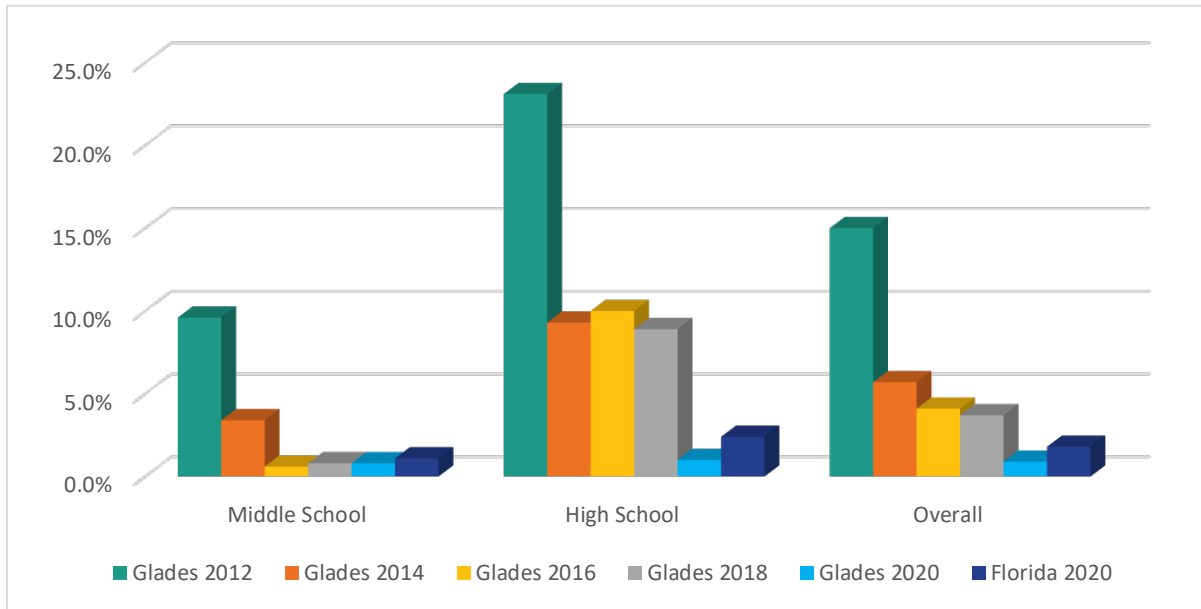


	Hendry 2012	Hendry 2014	Hendry 2016	Hendry 2018	Hendry 2020	Florida 2020
Middle School	17.9%	14.2%	12.7%	7.6%	11.3%	8.2%
High School	29.8%	19.4%	24.8%	13.9%	16.4%	19.9%
Overall	24.7%	17.1%	19.9%	11.2%	14.0%	14.8%

Source: Florida Youth Substance Abuse Survey (2020), Florida Department of Children and Families

The percentage of middle and high school students in Glades County who reported cigarette use in the past 30 days has decreased significantly from 2012 to 2020 (15.0% 2012 vs. 0.9% 2020). Compared to high school students, middle school students in Glades County significantly had a lower percentage of students that reported cigarette use over the past eight years.

Exhibit HB15: Past 30-Day Cigarette Use, Glades County 2012-2020, Florida Statewide 2020

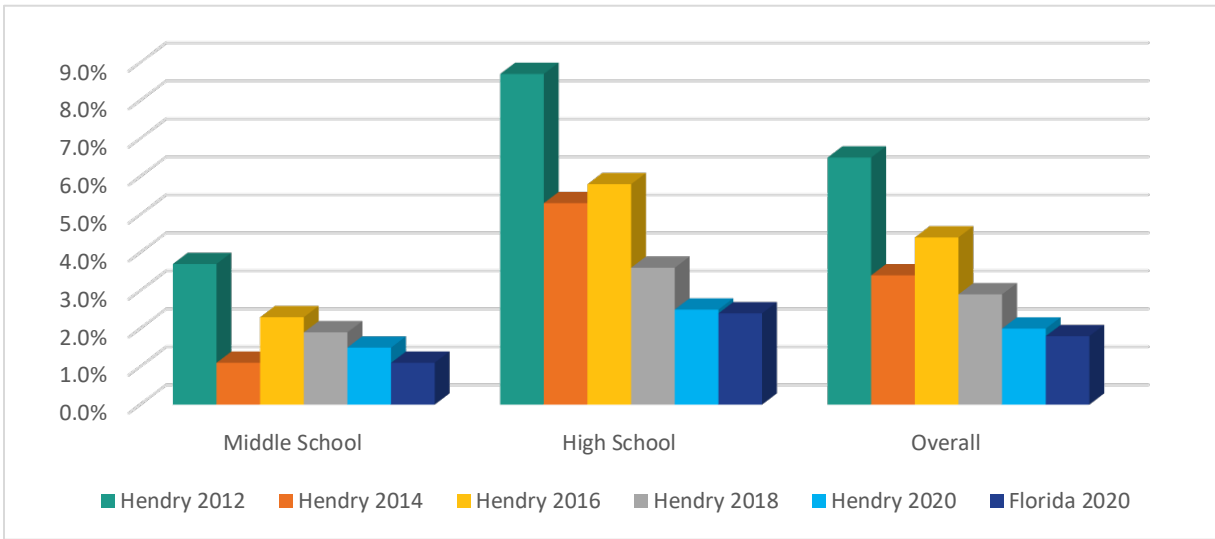


	Glades 2012	Glades 2014	Glades 2016	Glades 2018	Glades 2020	Florida 2020
Middle School	9.6%	3.4%	0.6%	0.8%	0.8%	1.1%
High School	23.1%	9.3%	10.0%	8.9%	1.0%	2.4%
Overall	15.0%	5.7%	4.1%	3.7%	0.9%	1.8%

Source: Florida Youth Substance Abuse Survey (2020), Florida Department of Children and Families

Starting in 2016, the percentage of middle and high school students in Hendry County who reported cigarette use decreased. Compared to high school students, middle school students in Hendry County had a lower percentage of students that reported cigarette use over the past eight years.

Exhibit HB16: Past 30-Day Cigarette Use, Hendry County 2012-2020, Florida Statewide 2020

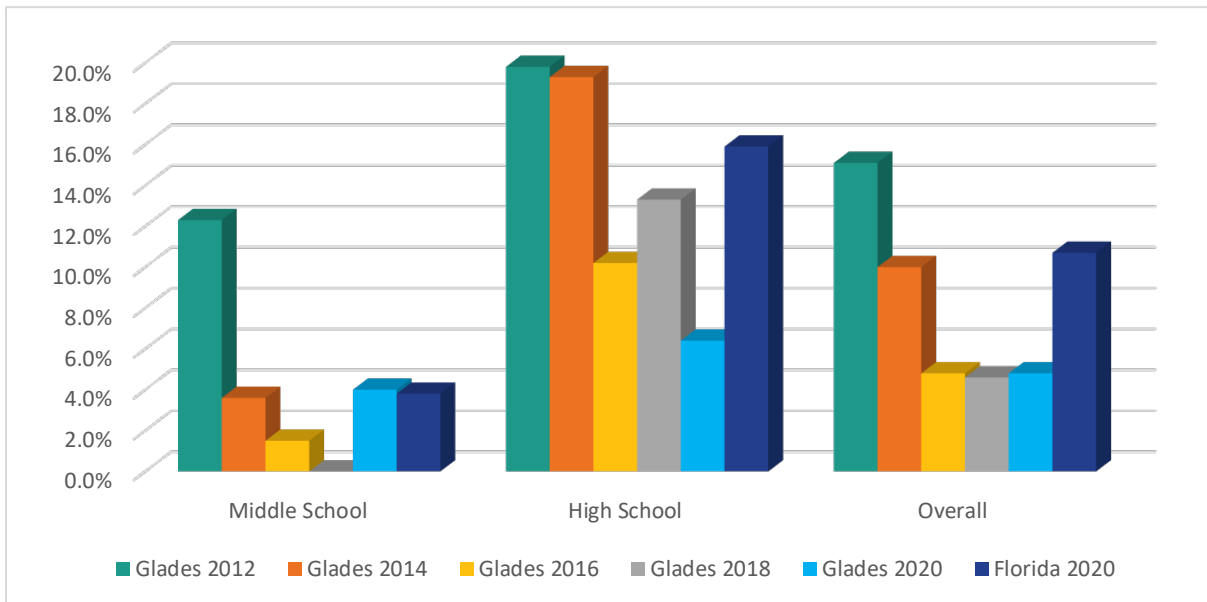


	Hendry 2012	Hendry 2014	Hendry 2016	Hendry 2018	Hendry 2020	Florida 2020
Middle School	3.7%	1.1%	2.3%	1.9%	1.5%	1.1%
High School	8.7%	5.3%	5.8%	3.6%	2.5%	2.4%
Overall	6.5%	3.4%	4.4%	2.9%	2.0%	1.8%

Source: Florida Youth Substance Abuse Survey (2020), Florida Department of Children and Families

When compared to the Florida average, students in Glades County reported a lower percentage of using marijuana or hashish in 2020 (4.8% Glades vs. 10.7% Florida). Among middle school students, there was a decrease in students claiming to use marijuana or hashish from 2012 to 2018, but it increased in 2020.

Exhibit HB17: Past 30-Day Marijuana or Hashish Use, Glades County 2012-2020, Florida Statewide 2020

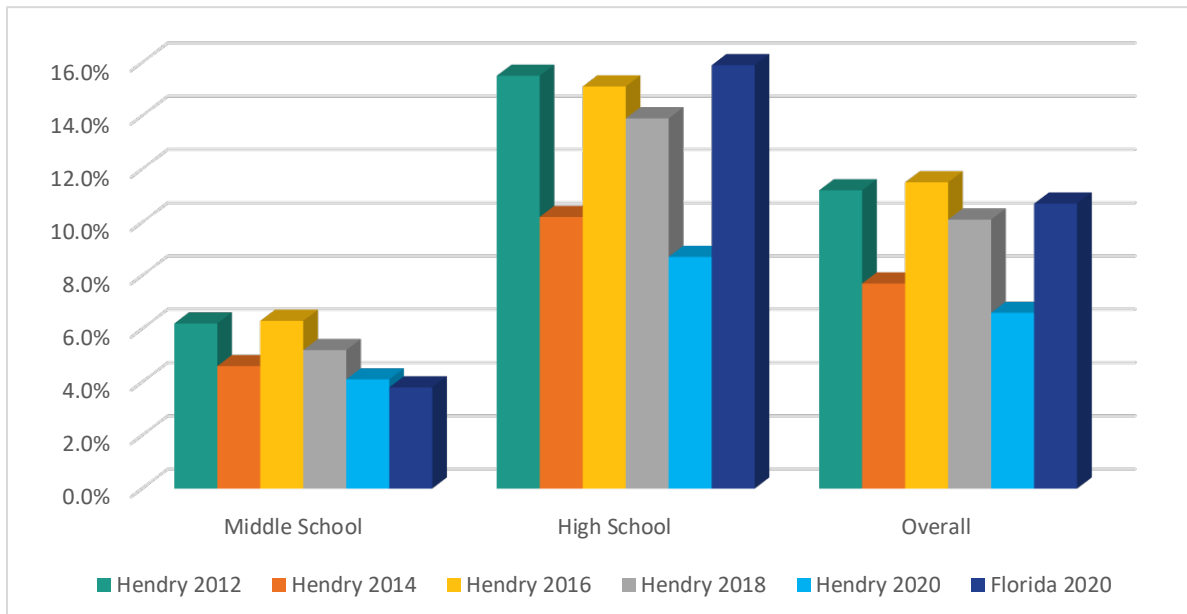


	Glades 2012	Glades 2014	Glades 2016	Glades 2018	Glades 2020	Florida 2020
Middle School	12.3%	3.6%	1.5%	0.0%	4.0%	3.8%
High School	19.8%	19.3%	10.2%	13.3%	6.4%	15.9%
Overall	15.1%	10.0%	4.8%	4.6%	4.8%	10.7%

Source: Florida Youth Substance Abuse Survey (2020), Florida Department of Children and Families

In 2020, high school students in Hendry County reported a higher percentage of marijuana or hashish use than the Florida average (8.7% Hendry vs. 6.6% Florida). However, starting in 2016, there was a decrease in the percentage of middle and high school students who reported using marijuana or hashish.

Exhibit HB18: Past 30-Day Marijuana or Hashish Use, Hendry County 2012-2020, Florida Statewide 2020

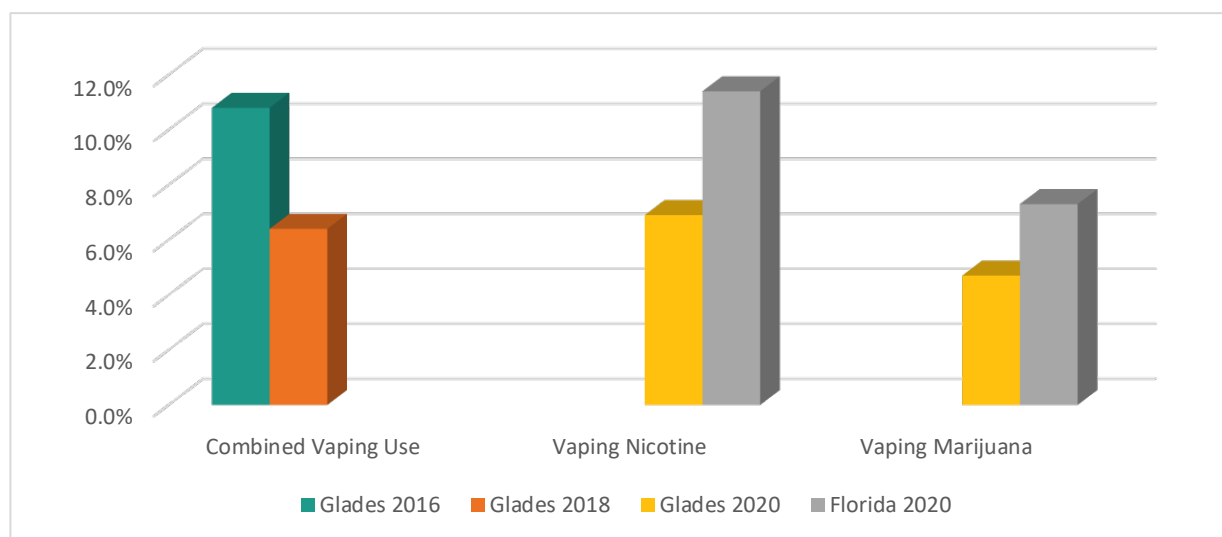


	Hendry 2012	Hendry 2014	Hendry 2016	Hendry 2018	Hendry 2020	Florida 2020
Middle School	6.2%	4.6%	6.3%	5.2%	4.1%	3.8%
High School	15.5%	10.2%	15.1%	13.9%	8.7%	15.9%
Overall	11.2%	7.7%	11.5%	10.1%	6.6%	10.7%

Source: Florida Youth Substance Abuse Survey (2020), Florida Department of Children and Families

In 2016, the FYSAS started tracking vaporizer (vaping)/e-cigarette use among middle school and high school students. In 2020, the vaping category was split into two vaping nicotine and vaping marijuana. There is likely overlap between nicotine and marijuana users. From 2016 to 2018, there was a significant decrease in middle and high school students who used a vape/e-cigarette in the past 30 days. Additionally, in 2020 Glades County students reported using nicotine and marijuana vapes less than the Florida average (6.9% Nicotine, 4.7% Marijuana, Glades; 11.4% Nicotine, 7.3% Marijuana, Florida).

Exhibit HB19: Past 30-Day Vaping/e-Cigarette Use Overall, Glades County 2012-2020, Florida Statewide 2020

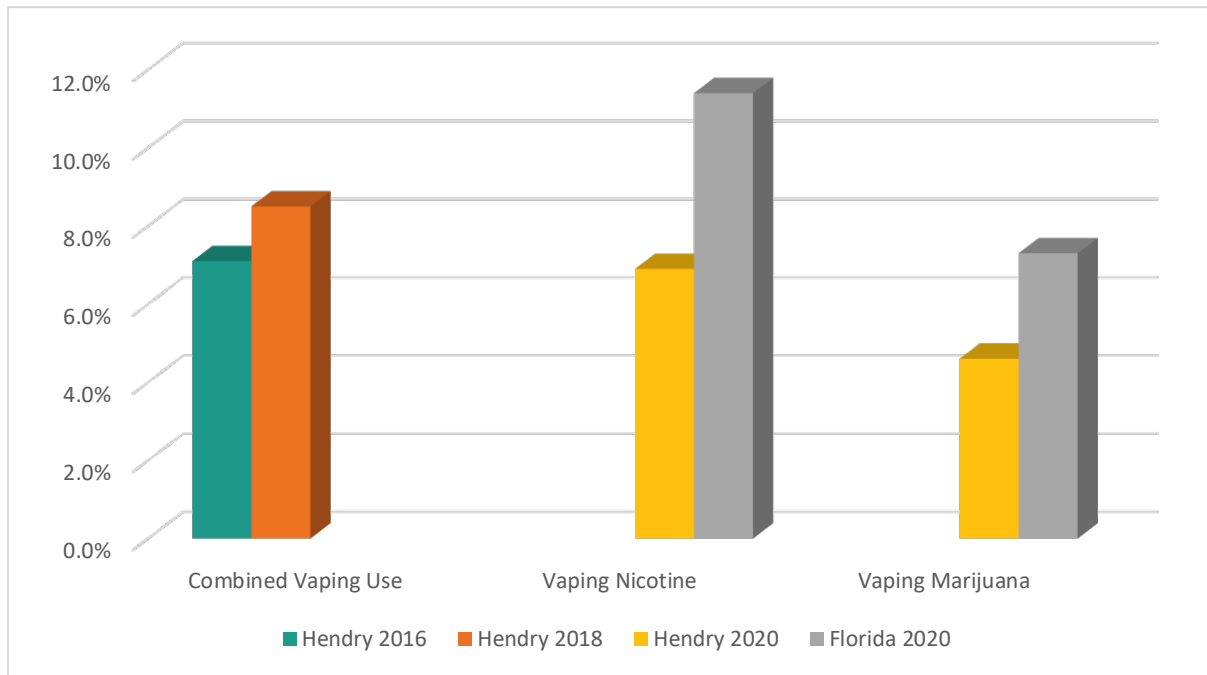


	Glades 2016	Glades 2018	Glades 2020	Florida 2020
Combined vaping use	10.8%	6.4%		
Vaping nicotine			6.9%	11.4%
Vaping marijuana			4.7%	7.3%

Source: Florida Youth Substance Abuse Survey (2020), Florida Department of Children and Families

In 2016, the FYSAS started tracking vaporizer (vaping)/e-cigarette use among middle and high school students. In 2020, the vaping category was split into two vaping nicotine and vaping marijuana. There is likely overlap between nicotine and marijuana users. From 2016 and 2018, there was an increase in middle and high school students who used a vape/e-cigarette in the past 30 days. In 2020 Hendry County students reported using nicotine and marijuana vapes less than the Florida average (6.9% Nicotine, 4.6% Marijuana, Hendry; 11.4% Nicotine, 7.3% Marijuana, Florida).

Exhibit HB20: Past 30-Day Vaping/e-Cigarette Use Overall, Hendry County 2012-2020, Florida Statewide 2020



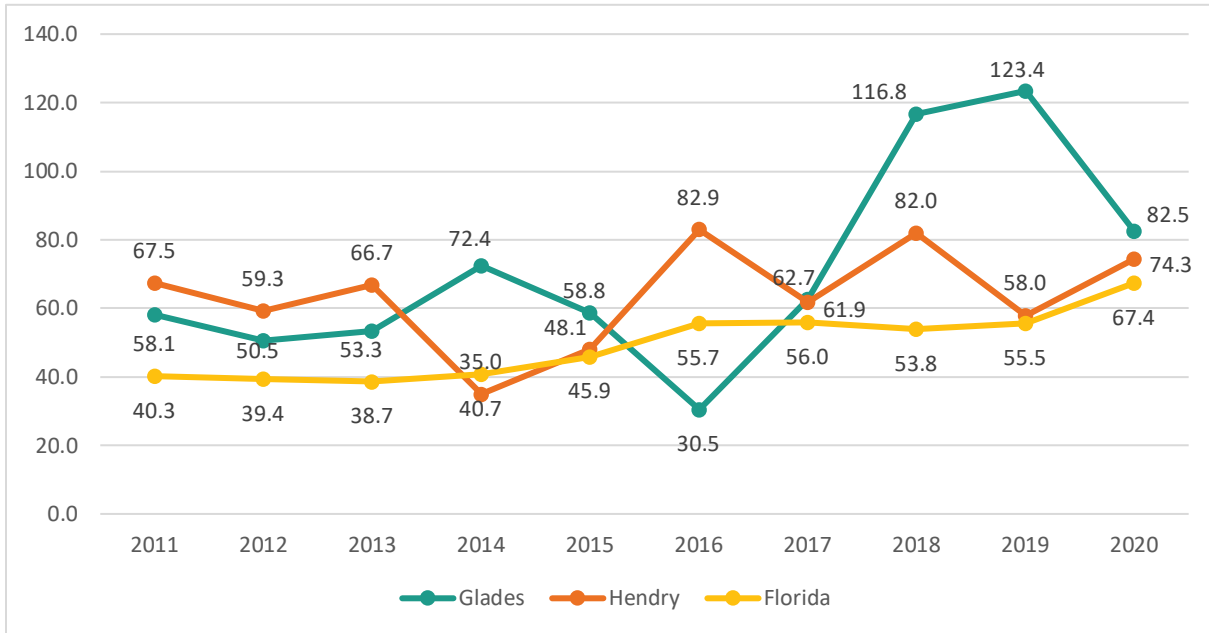
	Hendry 2016	Hendry 2018	Hendry 2020	Florida 2020
Combined vaping use	7.1%	8.5%		
Vaping nicotine			6.9%	11.4%
Vaping marijuana			4.6%	7.3%

Source: Florida Youth Substance Abuse Survey (2020), Florida Department of Children and Families

Unintentional Injury

An unintentional injury is defined as an injury not intended as self-harm or intentional harm to another person. From 2017 to 2020, both counties had higher unintentional injury death rates than the state. The death rate significantly increased in Glades County from 2016 to 2019, then decreased in 2020.

Exhibit HB21: Age-Adjust Deaths from Unintentional Injury, Rate Per 100,000 Population, Glades and Hendry Counties, Florida, 2011-2020



Source: Florida Department of Health, Bureau of Vital Statistics

Poisoning, motor vehicle traffic, and falls were the top three leading causes of unintentional injury deaths in Glades County in 2020. Unintentional fatal injuries from poisoning include overdose deaths; the age-adjusted rate of death in Glades County from poisoning was higher than the state average in 2020 (37.12 Glades, 33.89 Florida). In 2020, adults aged 35 to 44 had the highest number of deaths by poisoning.

Exhibit HB22: Unintentional Fatal Injuries, By Mechanism, Glades County, Florida, 2020

Mechanism	Number, All Ages	County Age-Adjusted Rate	Florida Age-Adjusted Rate
Poisoning	4	37.12	33.89
Motor vehicle traffic – other, unspecified	2	19.27	1.39
Motor vehicle traffic – occupant	1	9.68	7.56
Fall	2	7.33	10.81
Transport, other	1	4.89	0.51
Suffocation	1	4.20	1.65

Source: Florida Department of Health, Bureau of Vital Statics

Poisoning, motor vehicle traffic, and falls were the top three leading causes of unintentional injury deaths in Hendry County in 2020. Unintentional fatal injuries from poisoning include overdose deaths; the age-adjusted rate of death in Hendry County from poisoning was lower than the state average in 2020 (20.74 Hendry, 33.89 Florida). In 2020, adults aged 35 to 44 had the highest number of deaths by poisoning.

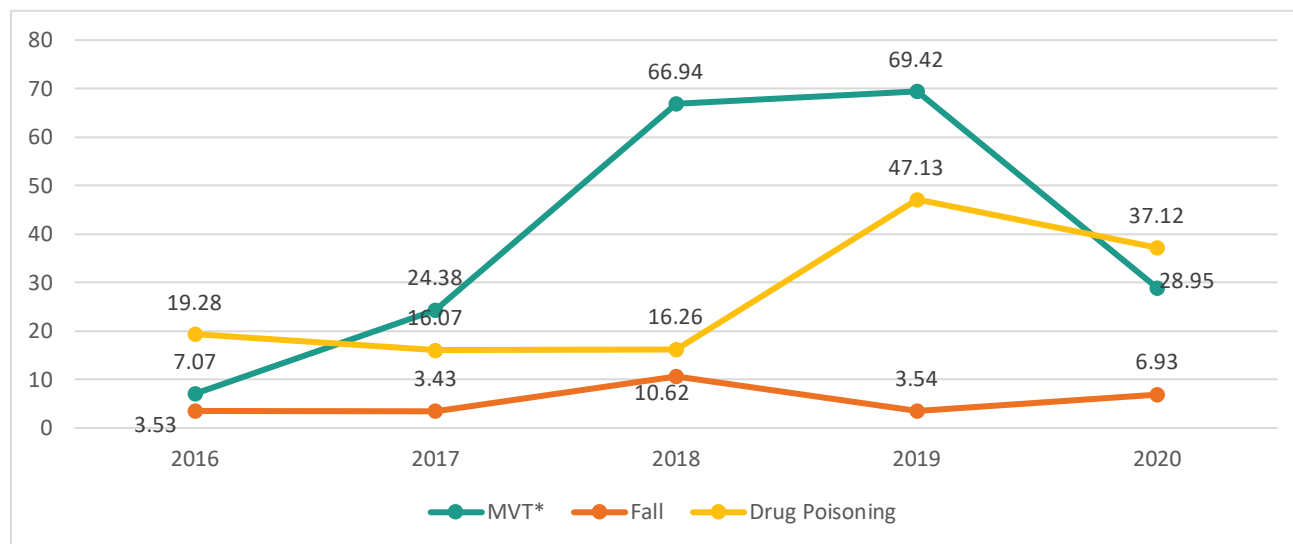
Exhibit HB23: Unintentional Fatal Injuries, By Mechanism, Hendry County, Florida, 2020

Mechanism	Number	County Age-Adjusted Rate	Florida Age-Adjusted Rate
Poisoning	8	20.74	33.89
Motor vehicle traffic – occupant	7	16.58	7.56
Fall	7	15.37	10.81
Motor vehicle traffic – pedestrian	4	8.61	2.92
Motor vehicle traffic – motorcyclist	2	4.74	2.77
Natural, environmental	1	2.83	0.23
Suffocation	1	2.83	1.65
Motor vehicle traffic – other, unspecified	1	2.65	1.39

Source: Florida Department of Health, Bureau of Vital Statics

In 2020, drug poisonings were responsible for most of the fatal unintentional injuries in Glades County. From 2016 to 2019, there was an increase in motor vehicle traffic injury deaths in Glades County, but it decreased in 2020.

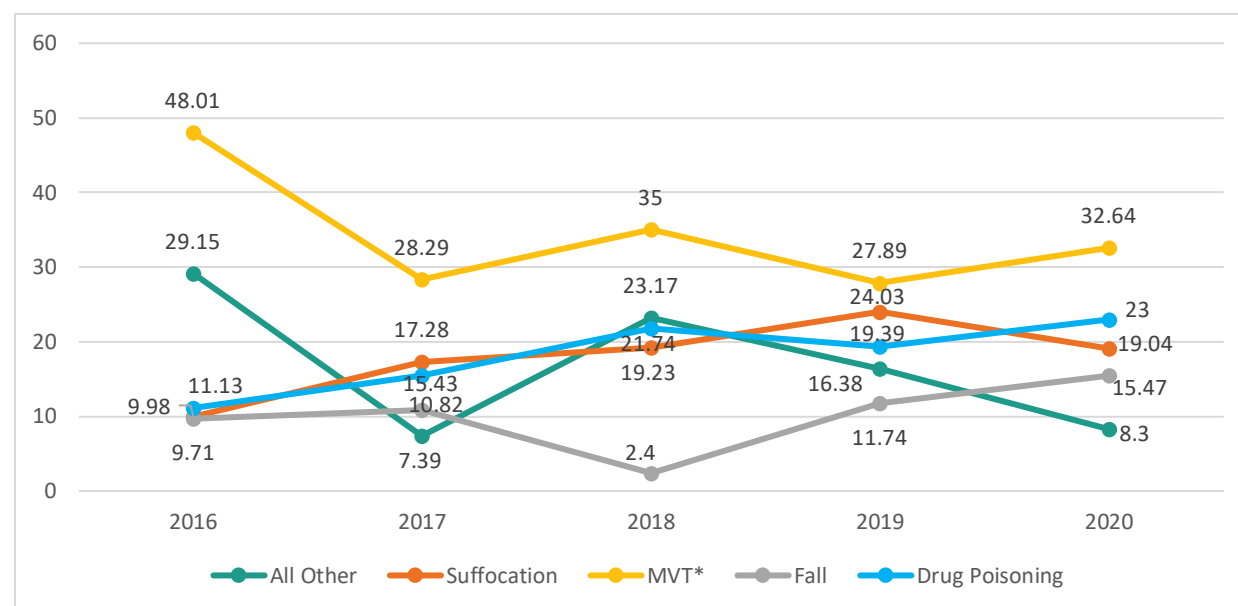
Exhibit HB24: Leading Causes of Fatal Unintentional Injury, Age-Adjusted Death Rate, Rate Per 100,000 Population, Glades County, 2016-2020



Source: Florida Department of Health, Bureau of Vital Statistics
 *MVT – Motor Vehicle Traffic

Over the past five years, motor vehicle traffic injuries have been the leading cause of fatalities from unintentional injuries in Hendry County. The rate of drug poisoning deaths in Hendry County increased over the past five years (11.13, 2016 vs. 23.00, 2020).

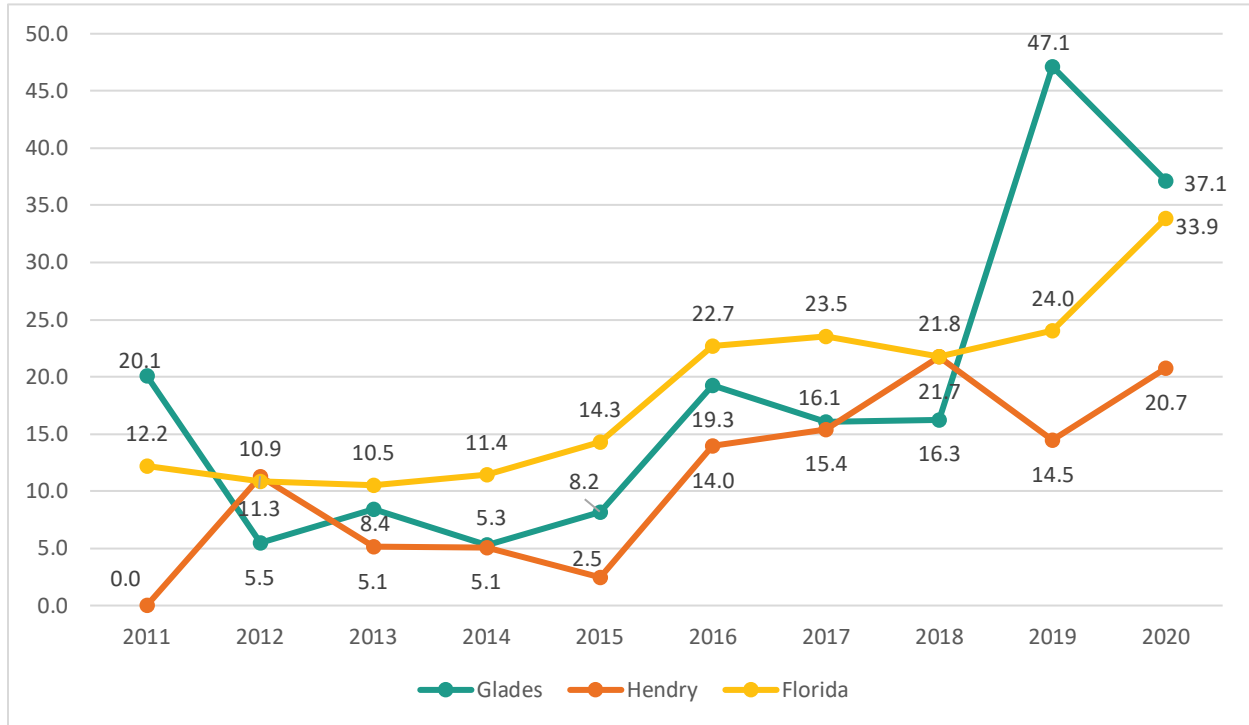
Exhibit HB25: Leading Causes of Fatal Unintentional Injury, Age-Adjusted Death Rate, Rate Per 100,000 Population, Hendry County, 2016-2020



Source: Florida Department of Health, Bureau of Vital Statistics
 *MVT – Motor Vehicle Traffic

Unintentional poisoning is defined as poisoning by external causes such as drugs, medications, and/or biological substances. Poisoning occurs when the person consumes the substances, takes too much, and does not mean to cause harm. From 2018 to 2019, there was a significant spike in deaths from unintentional poisoning.

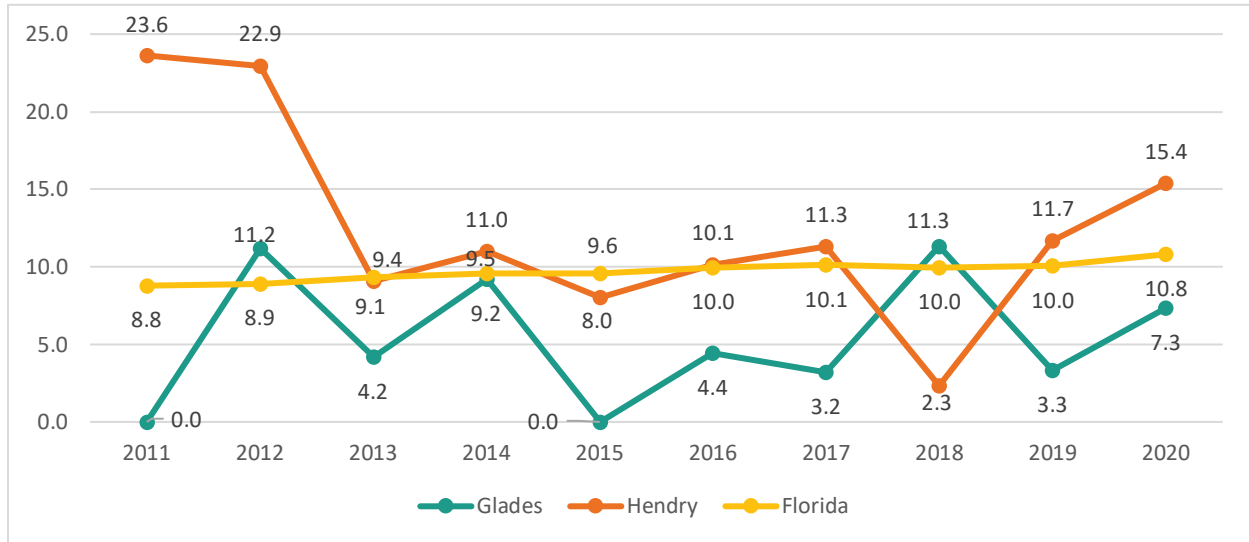
Exhibit HB26: Age-Adjusted Deaths from Unintentional Poisoning, Rate Per 100,000 Population, Glades and Hendry Counties, Florida, 2011-2020



Source: Florida Department of Health, Bureau of Vital Statistics

Falls are one of the leading causes of death among seniors (adults 65 and older). Besides causing deaths, falls can be costly and have negative consequences for seniors, including fear of falling again, loss of independence, and stress to family/caregivers. In 2020, Hendry County significantly had a higher death rate from unintentional falls when compared to the Florida average and Glades County (15.4 Hendry vs. 10.8 Florida vs. 7.3 Glades). In addition, from 2018 to 2020, the death rate from falls has increased significantly.

Exhibit HB27: Age-Adjusted Deaths from Unintentional Falls, Rate Per 100,000 Population, Glades and Hendry Counties, Florida 2011-2020

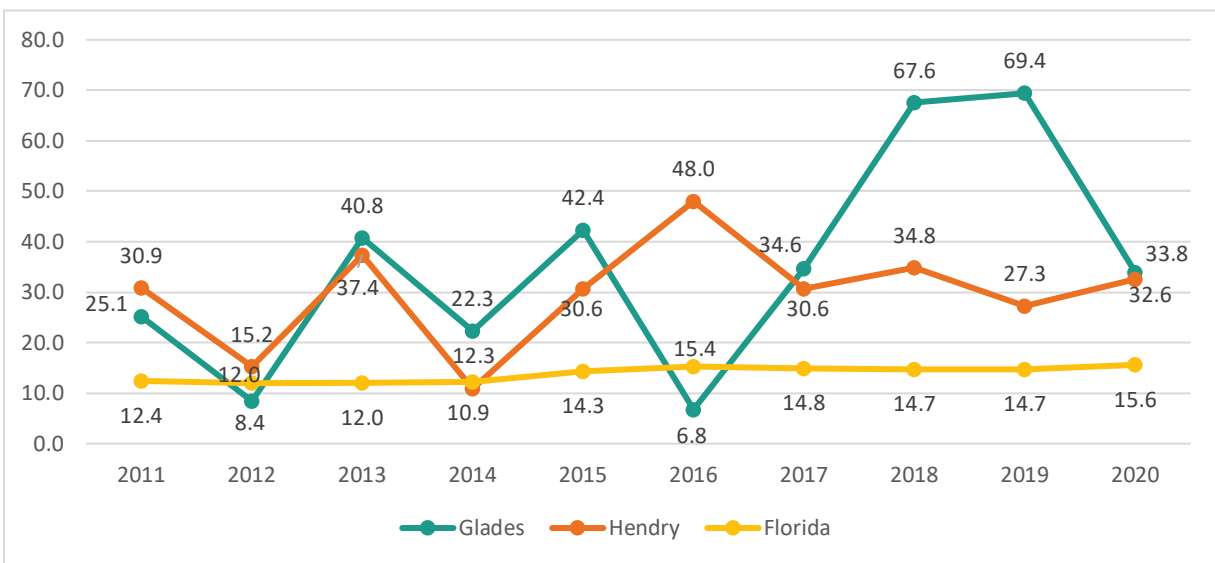


Source: Florida Department of Health, Bureau of Vital Statistics

Motor Vehicle Crashes

In 2020, both counties had a higher age-adjusted death rate from motor vehicle crashes than the state average (33.8 Glades, 32.6 Hendry, 15.6 Florida). From 2016 to 2019, there was a significant increase in deaths from motor vehicle crashes in Glades County, but it decreased in 2020.

Exhibit HB28: Age-Adjusted Deaths from Motor Vehicle Crashes, Rate Per 100,000 Population, Glades and Hendry Counties, Florida 2011-2020



Source: Florida Department of Health, Bureau of Vital Statistics

Compared to Florida, Glades and Hendry Counties had a higher rate of alcohol-confirmed motor vehicle traffic crash fatalities. Glades County had a lower-than-average rate of alcohol-confirmed motor vehicle traffic injuries.

Exhibit HB29: Alcohol Confirmed Motor Vehicle Traffic, 3-Year Rate Per 100,000, Glades and Hendry Counties, Florida, 2018-2020

	Glades County		Hendry County		Florida Rate
	Rate	Quartile*	Rate	Quartile*	
Motor Vehicle Traffic Crashes	25.3	2	22.4	2	22.9
Motor Vehicle Traffic Injuries	10.1	1	27.4	4	13.5
Motor Vehicle Traffic Crash Fatalities	10.1	3	2.5	4	1.8

Source: Florida Department of Highway Safety and Motor Vehicles

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

Dissemination Plan

This report will only be beneficial to the residents of Hendry and Glades Counties if the information it contains is utilized by the Florida Department of Health in Hendry and Glades Counties, 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 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 the dissemination of this report.

- ➊ The document is available on the Health Planning Council of Southwest Florida's website: <https://hpcswf.com/programs/health-planning/health-planning-projects>
- ➋ The document is available on the Florida Department of Health in Glades and Hendry Counties website.
- ➌ It will be requested that the document be posted on the Lake Okeechobee Rural Health Network website.
- ➍ The document will be presented and shared with the local public health system such as:
 - Police
 - EMS
 - Health care providers
 - Laboratory
 - Drug treatment
 - Hospitals
 - Providers serving people with disabilities
 - Public school system
 - Civic groups
 - Mental health agencies
 - Community centers
 - Elected officials
 - Faith-based organizations
 - Home health
 - Corrections
 - Parks and recreation
 - Nursing home
 - Mass transit
 - Economic development
 - Fire
 - Environmental health
 - Philanthropist
 - Community health centers

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 the level of impact as well as the community's ability to implement them, the health improvement process can begin. From there, steps will be taken to move toward healthier Hendry and Glades counties.

Appendix A: List of Community Partners

Abuse Counseling and Treat, Inc. (ACT)
Area Agency on Aging
Biker's Against Child Abuse
CAC
CARD-USF
CCSWFL Children's Garden
Center for Progress & Excellence
Centerstone
Children's Network
Department of Children and Families
Florida Department of Health in Hendry
and Glades Counties
Early Learning Coalition
Family Network on Disabilities
Florida Community Health Centers
Florida Lions Eye Clinic
Florida Southwestern College
Glades County School District
Golisano Children's Hospital
Safe Kids Southwest Florida
Goodwill LaBelle Resource Center
Guardian at Litem
Habitat for Humanity Lee/Hendry
Hanley Foundation
Harry Chapin Food Bank
Hendry County Sheriff's Office
Health Planning Council of Southwest
Florida, Inc.
Healthy Families
Healthy Start
Hendry County School District
Hendry/Glades Unmet Needs Coalition
Hope Connects
Hope Healthcare
IMPOWER
Florida Department of Health in Lee
County
Lee Health System
Liberty Dental
No Kid Hungry
Project 10
RCMA
Ross Dynasty Cares
Sickle Cell Disease Association
The Dubin Center
United Way
US Attorney's Office
Volunteer Extraordinaire
WIC

Appendix B: Hendry and Glades Counties Community Survey

The Health Planning Council of Southwest Florida (HPC), with feedback from the Florida Department of Health in Hendry and Glades Counties (FDOH) and the Healthier Hendry/Glades Taskforce (HHGTF), developed a survey questionnaire to assess Hendry and Glades Counties (also known as the area) residents' perceptions of healthcare and health issues in the counties. The survey was conducted online and on paper in English and in Spanish. Links to the online version of the survey were distributed through email blasts, social media, and outreach events. Below is an example of the promotional image used; it was also available in English and Spanish. The English version of the survey is included in Appendix E. 486 surveys were completed on paper and online from January through February 2023. This is 211 more surveys than the last time this survey was conducted in 2019.

HEALTHIER HENDRY GLADES TASK FORCE

Hendry/Glades Health Assessment

Take Our Community Survey

Let Your Voice Be Heard

Participate in the community-wide survey. Survey results will be used to plan services and make needed improvements in the community.

<https://www.surveymonkey.com/r/2023GladesHendryCommunitySurvey>

English Survey

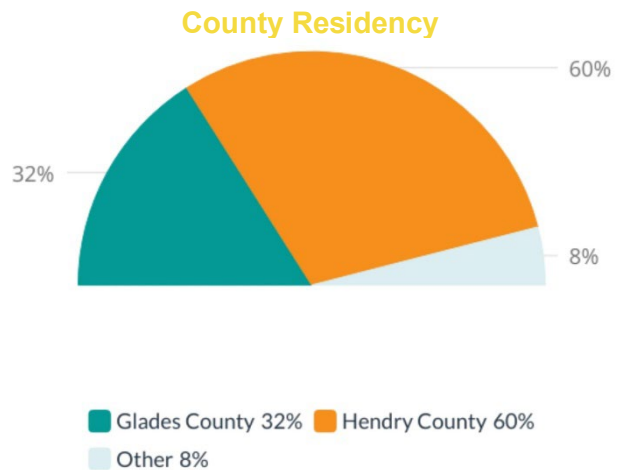
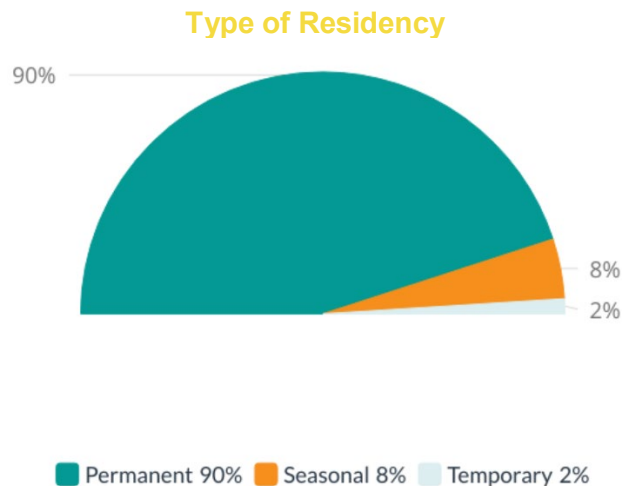
Spanish Survey

HPC HEALTH PLANNING COUNCIL OF SOUTHWEST FL. HEALTH FOCUSED COMMUNITY DRIVEN

The survey findings were compiled by the Health Planning Council and are as follows: (please note that other was listed as an option on most survey questions. Respondents filled in individual responses to specify what they meant by other). The views expressed in these responses are those of the comment writers alone. They do not represent the views or opinions of HPC, nor do they represent the views or opinions of FDOH). Respondents could select multiple answers for the majority of the questions asked.

Demographics

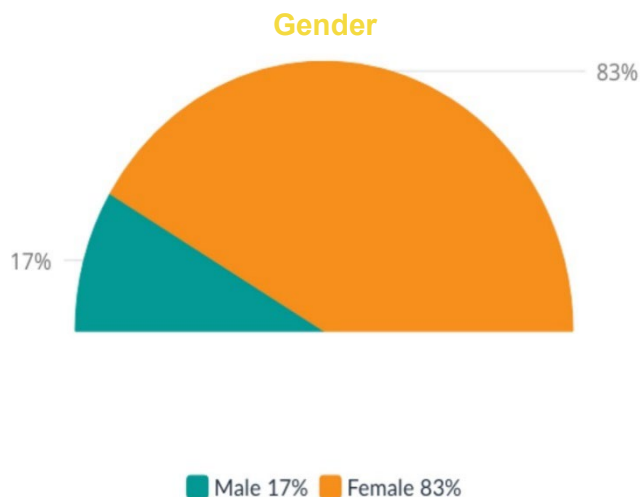
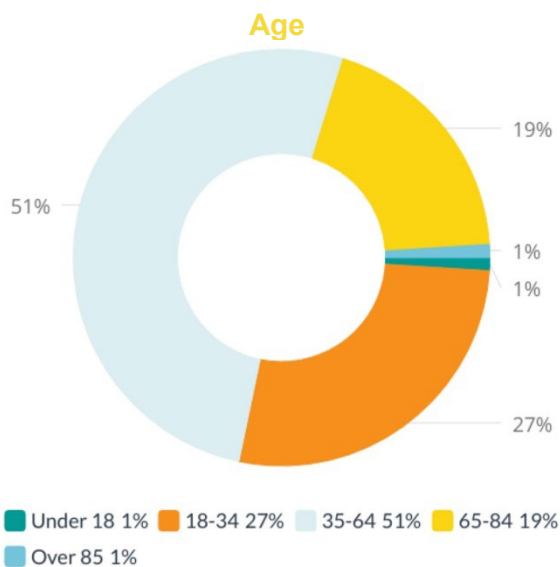
Of the survey takers, 90 percent said they were permanent residents of the area, followed by eight percent who were seasonal residents, and two percent who were temporary residents. Respondents were asked to check what county they lived in Glades County, Hendry County, or Other. Sixty percent stated that they live in Hendry County, while 32 percent said they live in Glades County. Survey takers were asked to write the city that they live in. The top cities that were cited the most were LaBelle, Clewiston, and Moore Haven.



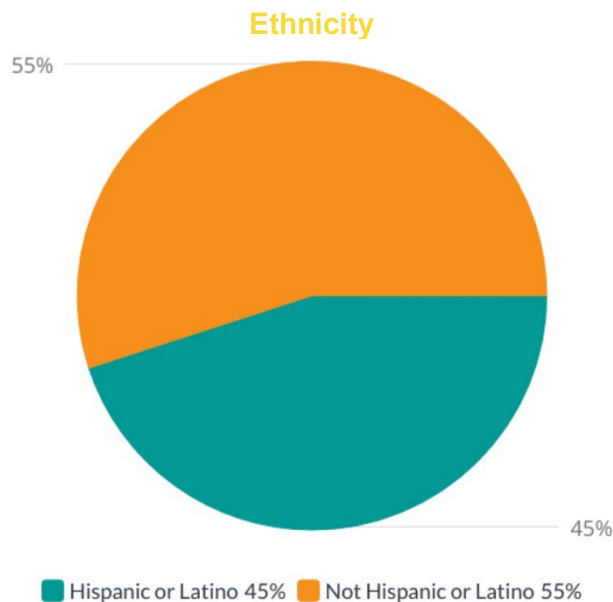
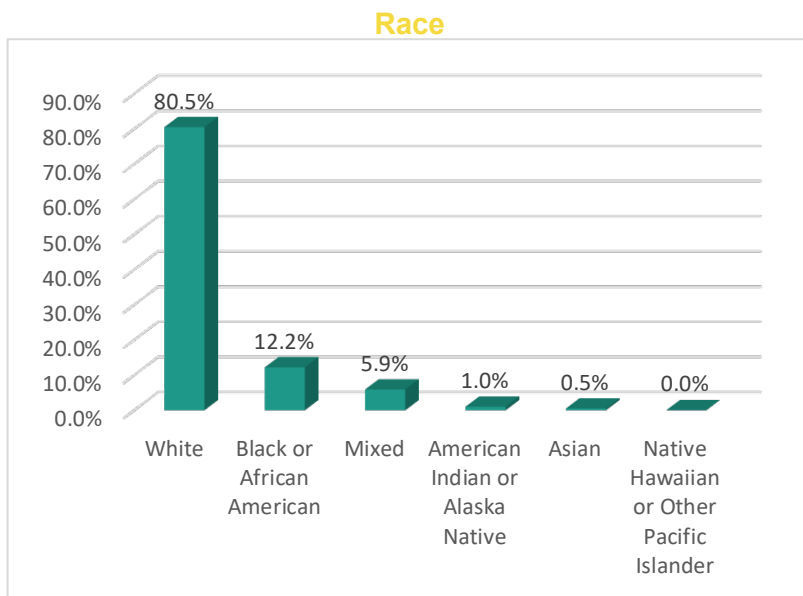
City	
LaBelle	145
Clewiston	119
Moore Haven	78
Lehigh Acres	6
Muse	6
Monutra Ranch	5
Fort Myers	4
Port LaBelle	4
Belle Glade	3
Pioneer Plantation	2
Other Cities*	15

*Alva, Berthoud Colorado, Buckhead Ridge, Cape Coral, Davenport, Felda, For Denaud, Harlem, Homestead, Immokalee, Lake Placid, Lakesport, North Fort Myers, Pahokee, Southbay, Venice

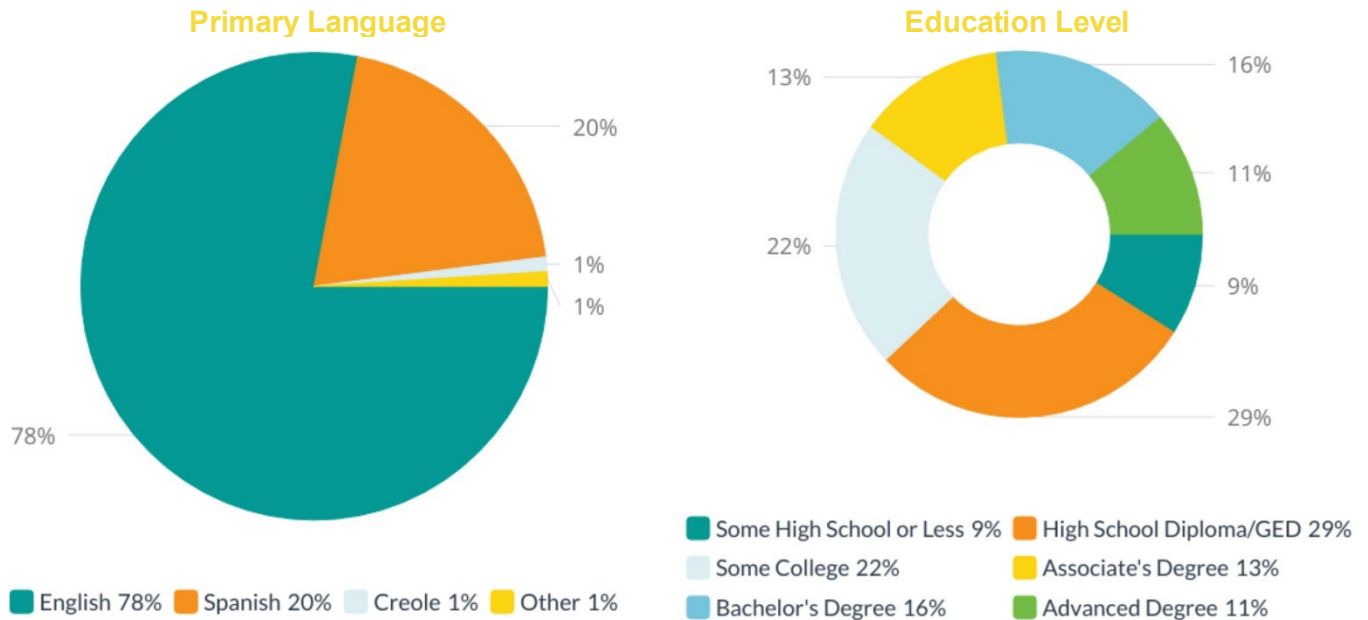
Respondents were asked about their age and gender. A little over half of the respondents (51%) stated they were between 35-64 years of age, followed by 18-34 years of age at 27 percent each. There were significantly more females (83%) who responded to the survey than males (17%).



When asked about their race, 81 percent of survey takers stated they were white, and 12 percent of respondents were black or African American. The surveys were completed by a higher proportion of people who identified as non-Hispanic or Latino residents (55%).

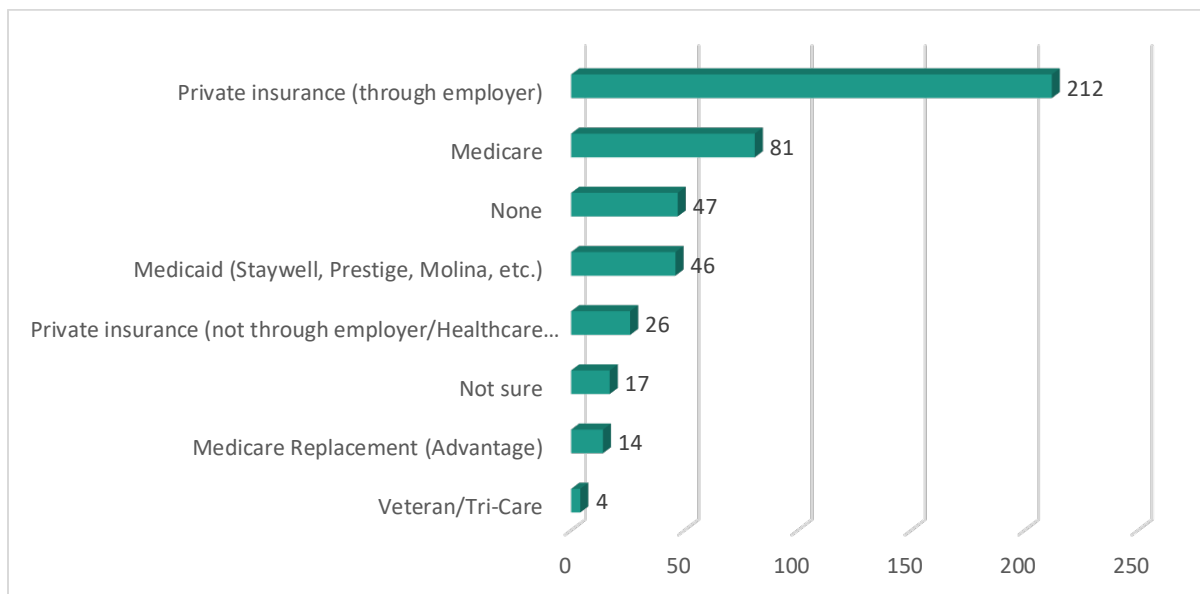


Of those who responded to the survey, the majority (78%) reported English as their primary language, followed by 20 percent speaking Spanish, and one percent speaking Creole as their primary language in the area. Twenty-nine percent of survey takers had a high school diploma/GED, followed by 22 percent who had some college, and 16 percent of residents who had a bachelor's degree.



Survey takers were asked what type of insurance they had. The majority had private insurance through an employer (212 respondents), followed by Medicare (81 respondents). Forty-seven survey takers reported having no health insurance.

What type of insurance do you have?



Survey Questions

When asked, “How would you rate the general health of area residents?” Eleven percent of respondents said excellent, 39 percent said good, 43 percent said fair, and seven percent said poor. Compared to the past two surveys (2019 and 2013), the general health of the area’s residents has increased over the years: excellent (11%, 2023 compared to 3% in 2013) and poor 7%, 2023 compared to 19%, 2013).

How would you rate the general health of area residents?			
	2023	2019	2013
Excellent	10.6%	5.2%	3%
Good	38.8%	30.2%	24%
Fair	43.4%	54.4%	54%
Poor	7.3%	10.3%	19%

Survey takers were asked, “How would you rate the quality of healthcare in the area?” 11 percent said excellent, 33 percent said good, 38 percent said fair, and 17 percent said poor. Compared to the previous surveys, the quality of healthcare has improved: excellent (11%, 2023 compared to 3%, 2013) and poor (17%, 2023 compared to 25%, 2013).

How would you rate the quality of healthcare in the area?			
	2023	2019	2013
Excellent	11.4%	8.0%	3%
Good	33.3%	29.1%	32%
Fair	37.9%	40.4%	40%
Poor	17.4%	22.6%	25%

Survey takers were asked, “Where do you think residents of the area go to get health information?” many stated the clinic, family doctor, or health provider (232 responses) followed by the internet (215 responses), and friends or relatives (211 responses). These results are consistent with the past surveys. The answer choices Facebook, Instagram, and Twitter were added to this year’s survey.

Where do you think the residents of the area go to get health information?			
	2023	2019	2013
Clinic, family doctor, or health provider	232	154	64
Internet	215	124	41
Friends or relatives	211	144	64
Health department	179	81	
Facebook	130		
Health fairs	69	38	

Other social media	59	83	
Television	55	40	19
Newspaper	27	19	13
211	23	9	
Radio	19	17	7
Instagram	18		
Caloosa Belle	17	17	
Glades County Democrat	14	4	
Other (please specify)*	13	<i>*Word of mouth, healthcare family members/friends, google, need hospital, internet if they have it, library, perception and hearsay, Tik Tok, HRMC, insurance company, why Glades County Democrat, why not Glades County Republican</i>	
Books	10	5	5
Twitter	10		
Magazines	9	10	5

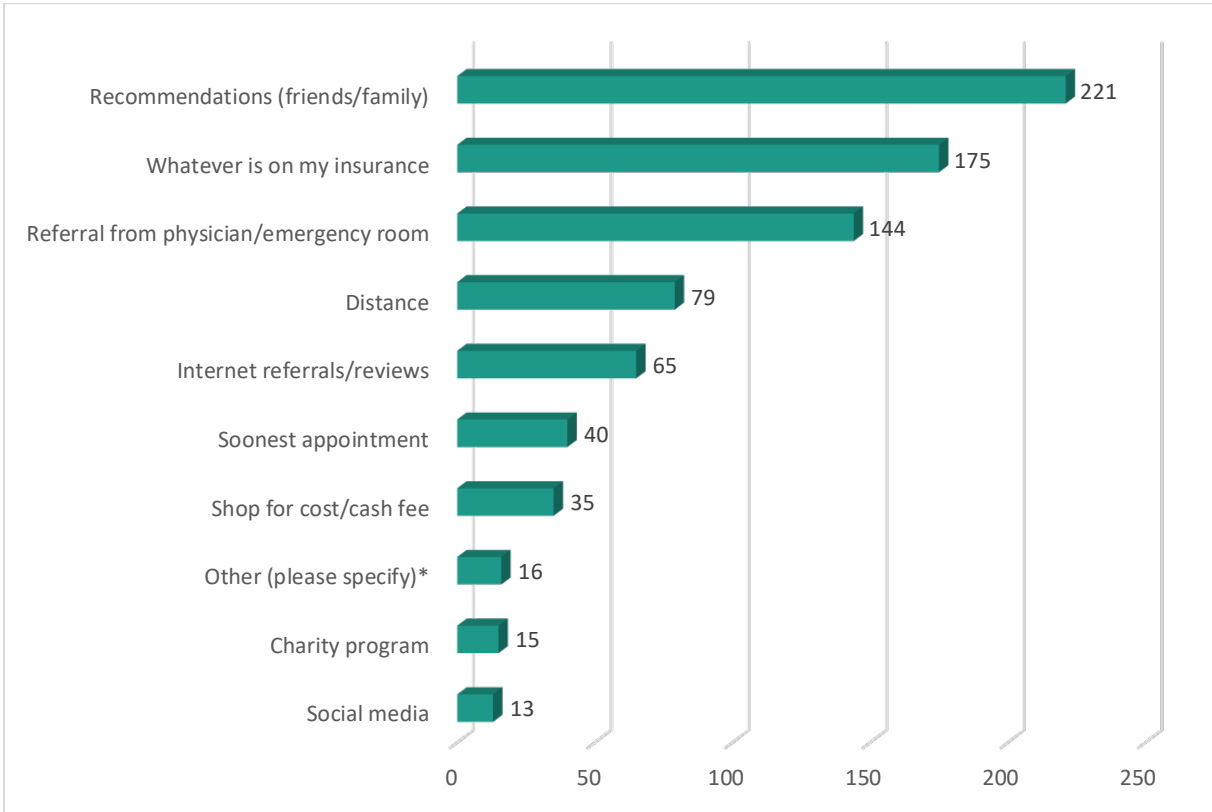
When asked, “Where do you go to get healthcare?” the majority stated the family doctor (200 responses). Many respondents also indicated they go to a clinic (162 responses) or go out of the county (110 responses) to receive healthcare. The top two choices were the same in 2019 and 2013.

Where do you go to get healthcare?			
	2023	2019	2013
Family doctor	200	151	83
Clinic (Florida Community Health Center, Hendry Regional Convenient Care)	162	82	26
Out of county	110	72	
Hospital/emergency room	68	34	9
Health department	49	18	8
Family Health Centers	47	18	
Lee Memorial	36	15	
Other (please specify)*	27		
Don't know	7	1	3

**Broward Health/HCA Healthcare, with the lack of insurance, “I constantly use the Emergency Room due to the fact I won’t be turned away”, teledoc, I do not have provider, Lee Health in LaBelle, online consultation, Advent, need specialty care, VA Hospital, sunshine and family, VA Medical in WPB and Okeechobee, “try the health center in LaBelle but they are always busy and have a long wait”, MedExpress in Clewiston need one in LaBelle, Healthpark or Gulfcoast Hospital, Cleveland Clinic – Weston, Golisano Children’s Hospital, Hendry Regional Medical Center, specialists in Fort Myers, Google*

The survey asked survey takers, “How do you choose your healthcare providers?” the top three responses were recommendations from friends/family (221 responses), whatever is on my insurance (175 responses), and referral from a physician/emergency room (144 responses).

How do you choose your healthcare providers?



**I don't know, my parents, I don't know how to choose a provider, visit doctor, money, did procedure I needed, experiences and reviews, VA, Medicare, "sometimes from what doctors are covered in-network under my health insurance", "I have good insurance, my husband has none", nurses at a hospital in Okeechobee, working in the same system (Lee Health) for coordinated care, specialty clinic, "Clewiston and LaBelle have weeks, sometimes months, to get into the doctors' office making you have to go to the ER or urgent care to be seen. Who can wait 2-3 weeks when you have illness or pain?"*

Due to COVID-19, there has been an increase in the use of telemedicine (medical visits with a provider using video using either a phone or a computer). Survey takers were asked if they would use telemedicine if it were available. Fifty-two percent said yes, followed by 34 percent who said no, I prefer to meet in person.

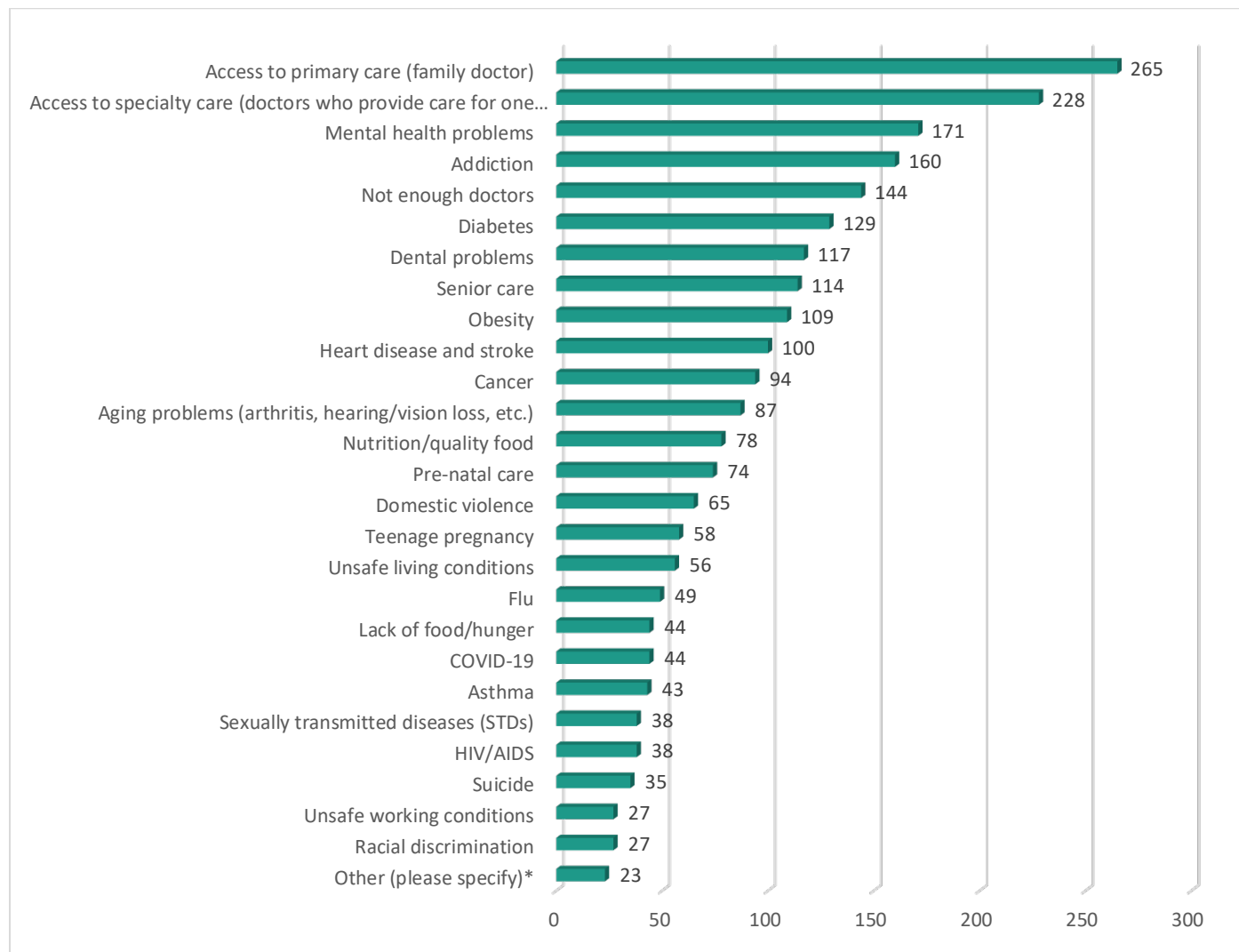
If telemedicine (medical visits through the phone or computer with video) were available, would you or your family/friends use those services?



- Yes 52%
- No, I prefer to meet in person 34%
- No, I don't like using the phone or videos 1%
- No, I don't have the equipment or internet access 4%
- I'm not sure 9%

Respondents were asked to select what they felt were the most important health concerns in the area. The top five responses were: access to primary care (265 responses), access to specialty care (228 responses), mental health problems (171 responses), addiction (160 responses), and not enough doctors (144 responses). In 2019 survey takers listed mental health problems, diabetes, obesity, addiction, and access to specialty care as the top five health concerns. Mental health problems, addiction, and access to specialty care were in the top five in 2019 and 2023.

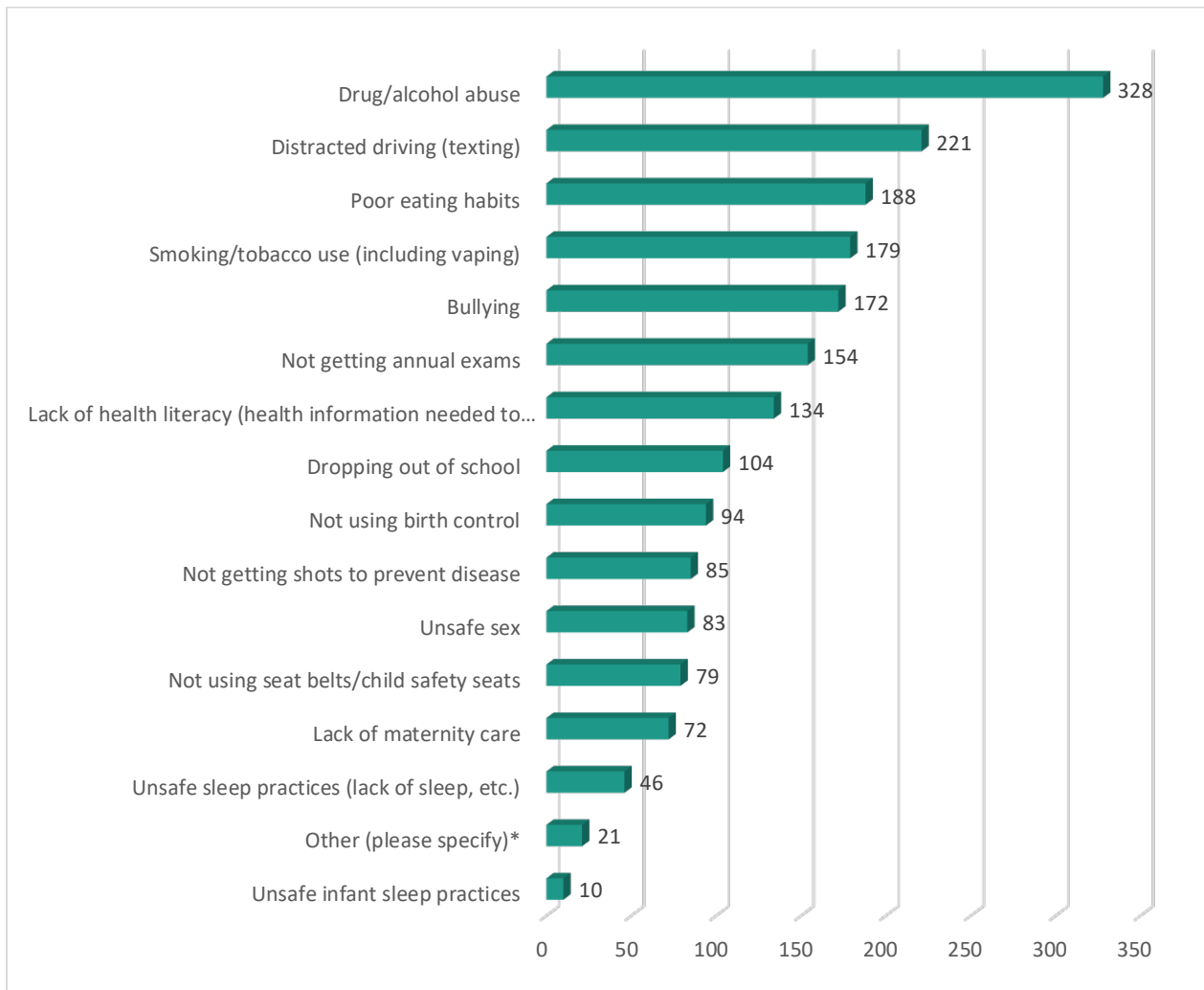
Which of the following do you feel are the most important health concerns in the area (select up to five)?



**Doctors tend not to stay long, I don't know, pain management, access to dental care for adults, free universal healthcare please, no grocery stores, none, need a hospital, family planning, access to services/resources, "no emergency services or urgent care in the LaBelle area only in Clewiston!", autoimmune doctors are in high demand with extended wait times for appointments, no affordable healthcare for self-paying patients, pediatrics, affordable healthcare for those uninsured, emergency services i.e. urgent care or hospital, addiction and suicide would also rank, "can't just choose 5 – all of the above are important", "severe lack of OB/GYN care in the area. Quality of cardiologists is low and the number is insufficient, standard of care through the 1 local hospital in the county is insufficient."*

Respondents were then asked to select the top important risky behaviors in the area. Drug/alcohol abuse (328 responses), distracted driving (221 responses), poor eating habits (188 responses), smoking/tobacco use (179 responses), and bullying (172 responses) were the top five responses. Drug/alcohol abuse, smoking/tobacco use, and poor eating habits were also in the top five in 2019.

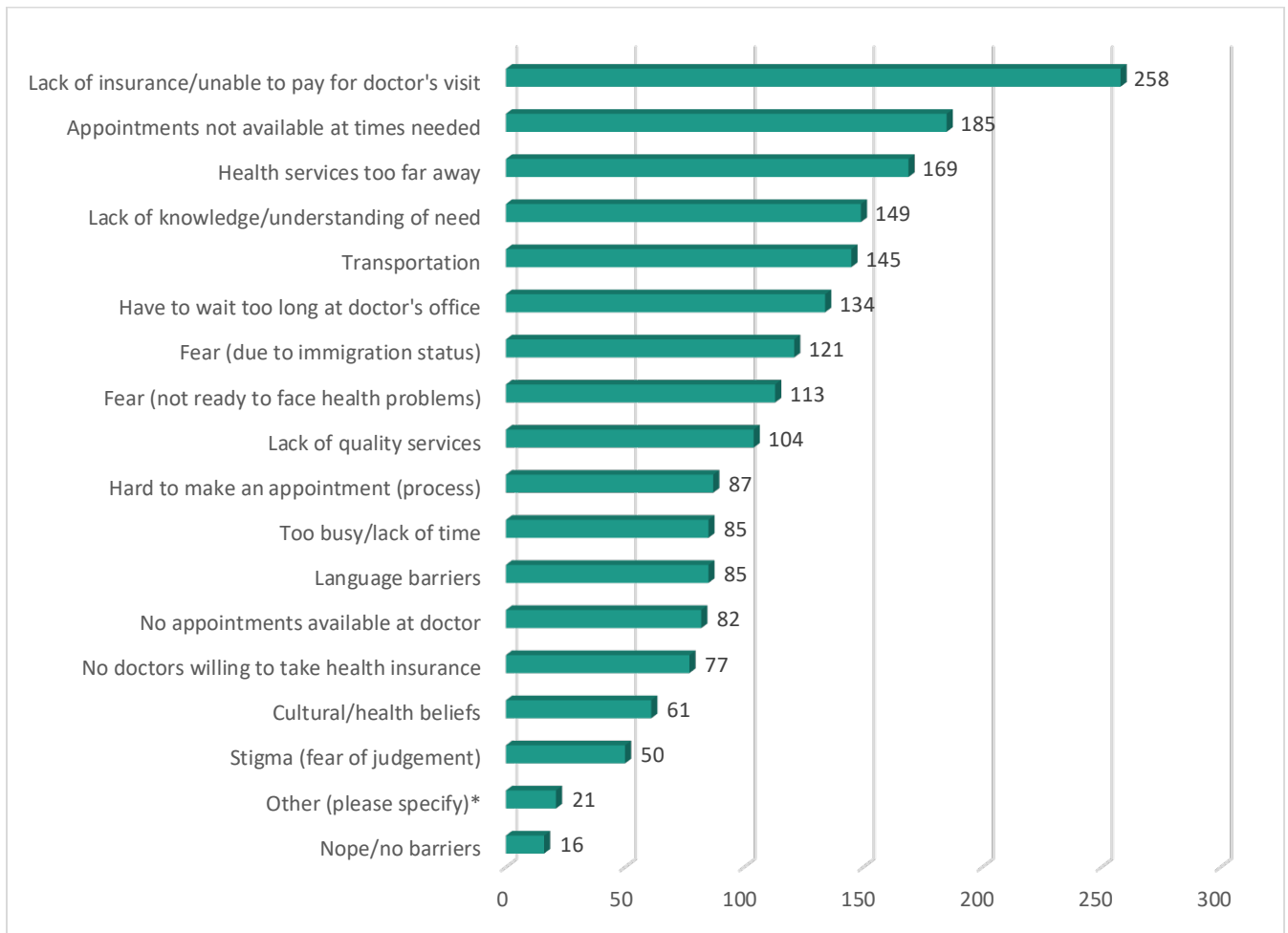
Which of the following do you feel are the most important risky behaviors in the area (select up to five)?



**Not seeking mental health resources, not getting regular checkups due to poor health provisions in the area, unsafe infant sleep practices, mental health, no shopping, if you love yourself you will take care of yourself, lack of food places, unsafe infant sleep practices, everything, no idea, bullying is number one, lack of mental healthcare, child abuse/neglect, people, all of the above*

People sometimes delay receiving treatments for their ailments, leading to further problems and/or higher costs. Respondents were asked to designate the main reasons that keep people in the area from seeking medical treatment. The top response was lack of insurance/unable to pay for doctor's visits (258 responses). The next two most cited reasons were appointments not available at times needed (185 responses) and health services too far away (169 responses).

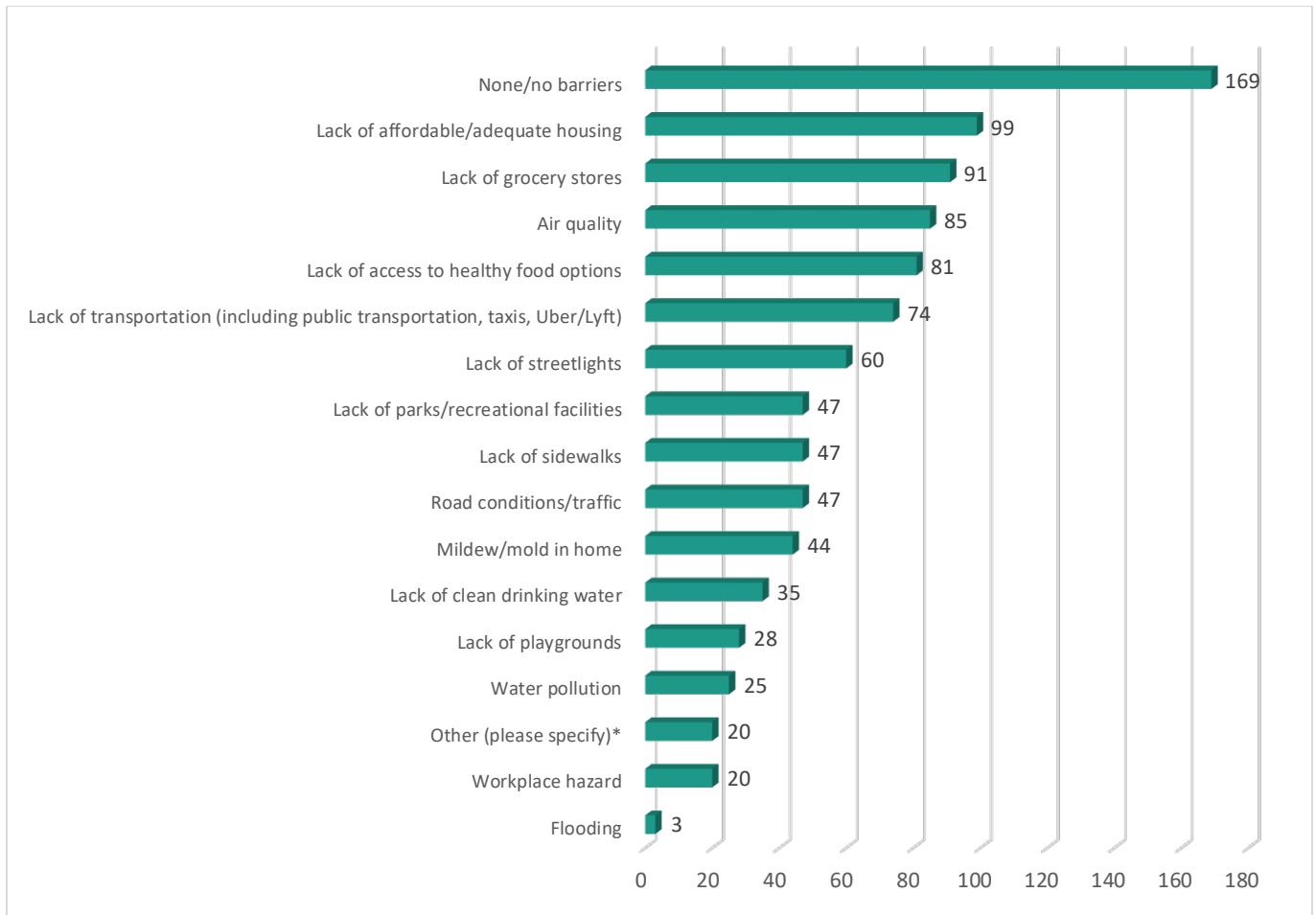
What do you think is the main reason that keeps people in the area from seeking medical treatment?



**Lack of trustworthy service, cost is the main reason, money, "lack of benefit/service information for individuals who residency status is not legal", no Medicaid, "Hendry Regional Clinic only takes so many appointments and there aren't any urgent care facilities in the LaBelle area", "have jobs that are 9-5 nobody is open on the weekends", "most offices close early, or a bit late, I don't like to miss work and prefer to have appt before or after work", use of ER at Hendry Regional Medical Center as an office visit and as primary care, need more doctors, "many people are immigrants and do not have insurance", "many people don't take care of it because you are immigrants and you don't have insurance", insurance issues, "Limited doctors covered by health insurance; therefore, the scheduling of appointments is too far out (takes months to see a doctor) as a result, health care quality is poor", "Heath service to far away for many specialties. If you go to the primary and need a specialist. you have a long drive. If you don't have transportation, you just don't go. My house shares one car. I work and my husband needs a car to go to the doctor out of town. That is a problem.", no after-work hours (for non-emergencies), all*

Survey takers were asked if there were any environmental factors that affected their health. The majority of the respondents said that there were no environmental factors affecting their health (169 responses). The top responses were lack of affordable/adequate housing (99 responses), followed by lack of grocery stores (91 responses), and air quality (85 responses). It should be noted that mildew/mold in the workplace was mentioned several times in the other section.

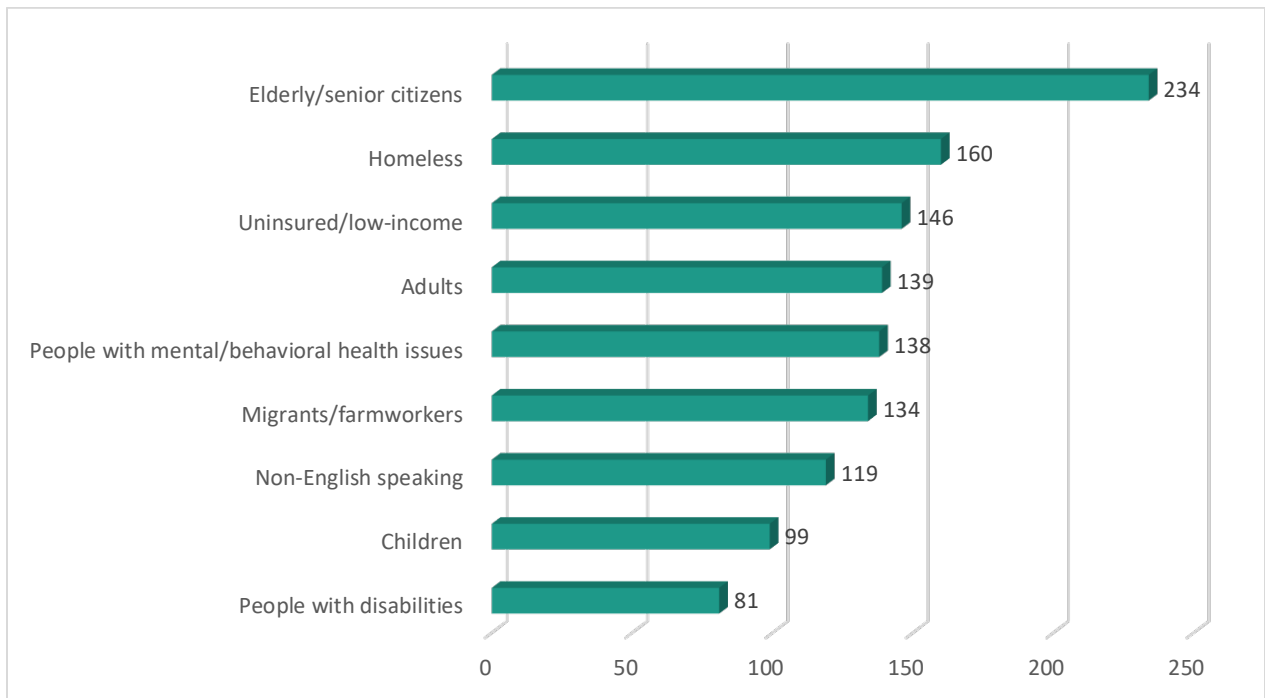
Are there environmental factors affecting your health?



**Cost of living too high, expense of healthy food, environmental allergies, “the community needs more housing and a place to buy more quality meals (grocery store), cane burning is terrible, “monitoring of pesticides and fertilizers used that may affect crops, air quality, and drinking water”, no place safe to walk for exercise, constant truck traffic through town, my busy schedule, “we need a Publix or Trader Joe’s someone who carries a higher quality & variety of fresh fruits & veggies”, “I personally have no barriers, but I know people facing everyone you have listed”, lack of social/extracurricular activities, children and families*

The survey asked respondents to think about the types of residents in Glades and Hendry Counties that have more difficulty with healthcare than others. The elderly/senior citizens (234 responses) were cited as having the most difficulty. The next highest was the homeless (160 responses), followed by the uninsured/low-income residents (146 responses).

What types of residents of the area have more difficulty accessing healthcare than others?

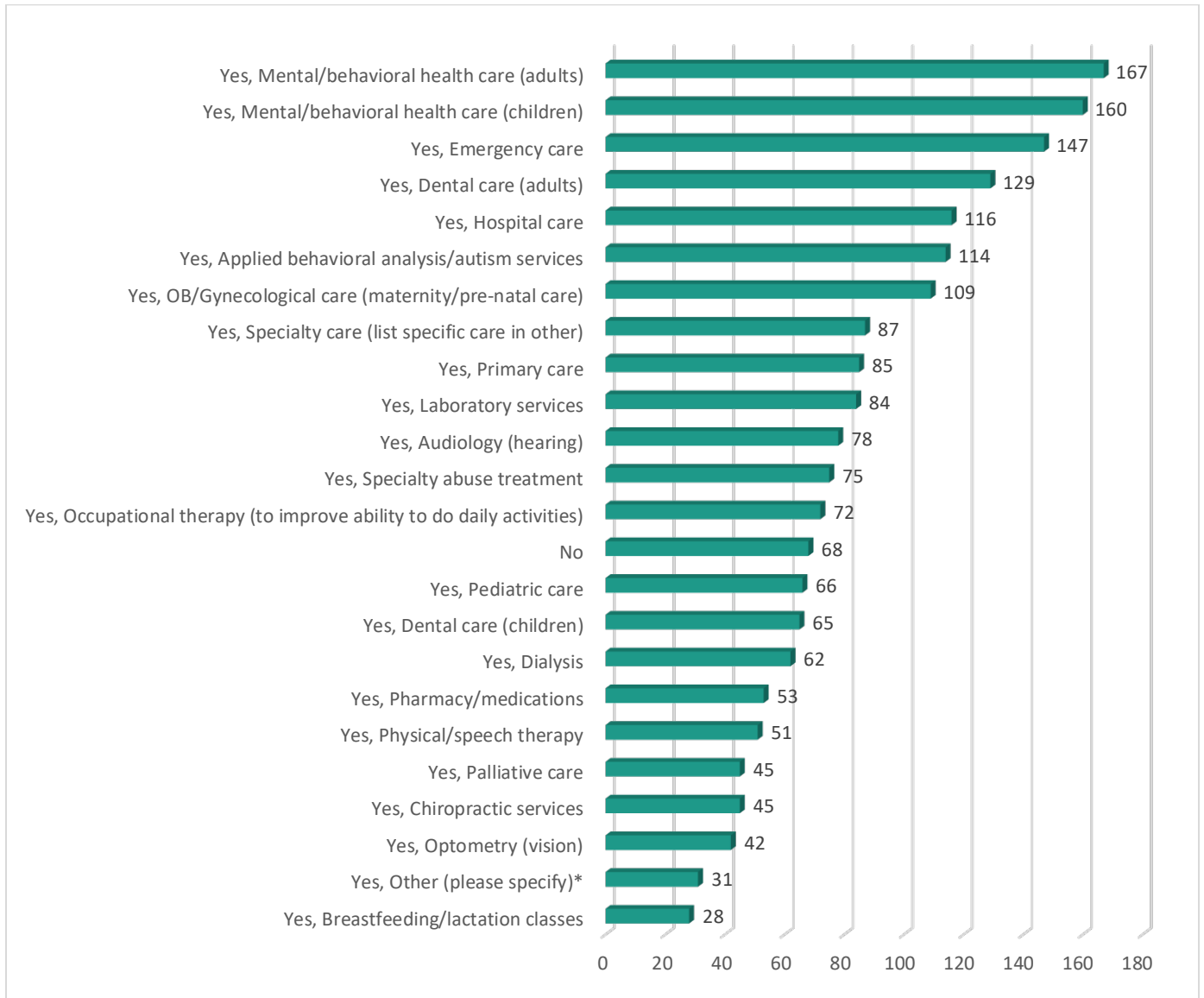


Regarding whether there are specific areas of the counties where residents are thought to have a challenging time accessing services, 45 percent (175 responses) said yes. The survey asked the respondents to identify; their responses are below.

All areas, all of Glades County, all of Hendry County, all of LaBelle, all over Clewiston, anywhere outside of Clewiston and LaBelle, anyone not in the city limits, Benbow Camp, Big Cypress, Buckhead Ridge, Clewiston, Devils Garden Rd., Felda area, fairgrounds, Ford Sunset park area, Foxbriar, Harlem community, Horseshoe acres, Hookers Point, LaBelle, labor camps, low-income housing areas, Ladecca, Lake Port, little Mexico near Nobles Road, low-income population with no transportation, migrant worker camps, Montura Ranch, Muse, North LaBelle, trailer parks, outlying rural areas, Palmdale, Pioneer, Plantation, Port LaBelle, Twin Lakes, Washington Park

The survey asked if there were any services that individuals had difficulty accessing. Sixty-eight respondents said no, there are no services that individuals in the area have difficulty accessing. Of those who felt some services were difficult to access, mental/behavioral health care (for adults) was the number one response (167 responses). The next highest on the list was mental/behavioral health care (for children) [160 responses] and emergency care (147 responses). Respondents were asked if they select specialty care to please specify under other along with other services people have difficulty accessing. Those responses are listed under the graph.

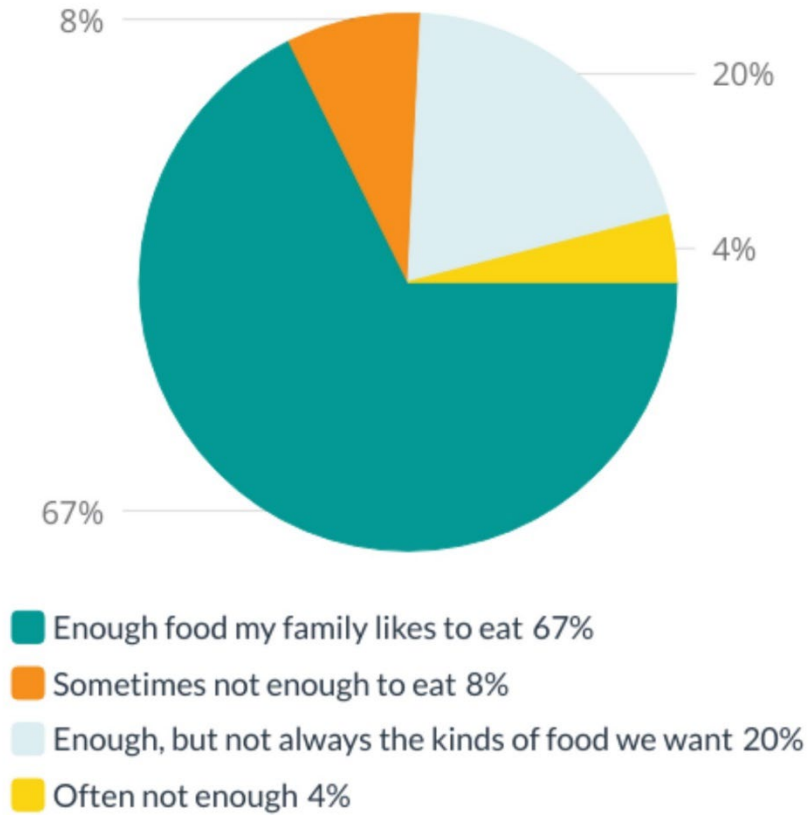
Are there services that individuals in the area have difficulty accessing?



**No specialists for pediatrics, all are needed, "all, to see any kind of specialist you have to leave town", orthopedic, urologist, psychiatrist, "most have insurances that are not in the network here but out of town", oncology, gastrologist, pulmonologist, neurology, "when LaBelle does get an occupational facility within 6 months to a year they close their doors.", ENT (ear, nose, and throat), cardiologist, OB/GYN, kidney doctor, rheumatologist, dermatology, nerve doctor, pain doctor, endocrinology*

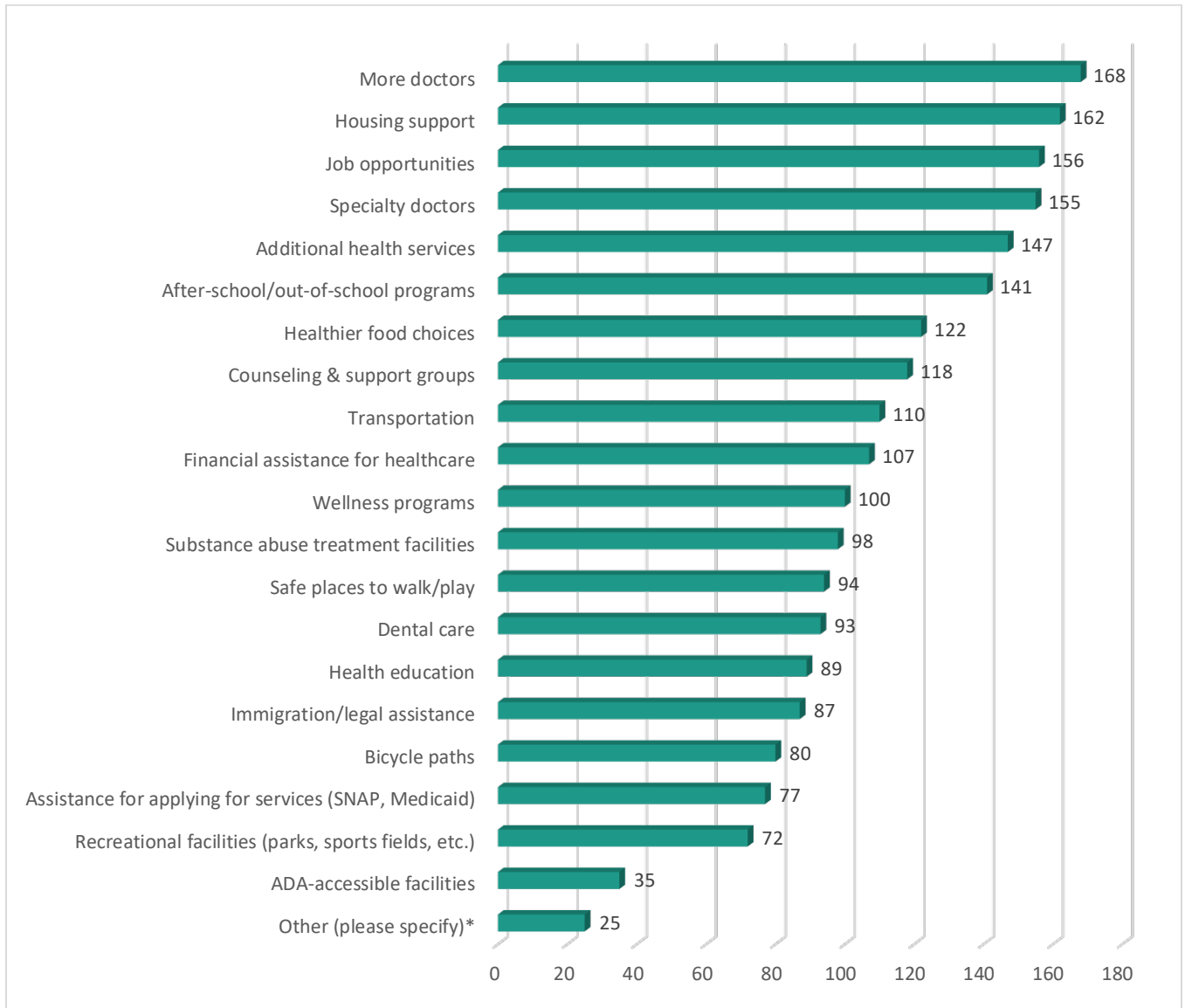
Survey takers were asked, “Which of these statements best describes your food situation in the last 12 months.” Sixty-seven percent of respondents said that they have enough food their family likes to eat, followed by 20 percent of respondents stating that they have enough, but not always the kinds of food they want.

Which of these statements best describes your food situation in the last 12 months:



Respondents were asked what they needed to improve the health of their family, friends, and neighbors to have a healthier lifestyle. The top five responses were more doctors (168 responses), housing support (162 responses), job opportunities (156 responses), specialty doctors (155 responses), and additional health services (147 responses). In 2019 specialty doctors, counseling & support, additional health services, more doctors, and substance abuse treatment services. More doctors, specialty doctors, and additional health services were in the top five in 2019 and 2022.

What does the area need to improve the health of your family, friends, and neighbors?



**“Need more places for autistic kids – help – need more mental health doctors for kids/teens”, Walmart, more fresh, “food banks, most food banks are given to they know and some people stay without food due to hoarding/greed of food.”, all of it, an affordable well-kept gym, diabetic education, none, housing for single mothers, mental health facilities, we need a dermatologist in town, “After school/out-of-school programs that is affordable that work and make \$10 a month to get assistant from the government.”, “None, would not attend any even if available. Would rather drive to Fort Myers.”, “I think the community mental health is one of the least served areas of health care.”, “The problem is when some services are offered, the cost is out of reach for the middle.”, doctors/therapists for kids with autism, fresher fruits & vegetables at an affordable price and better quality, local farmer’s market, “Fortunately, both my husband and I along with children and grandchildren are in good health.”, good doctors that can assist with personal health issues, “we have to go to Okeechobee, Sebring, Clewiston, or even Fort Myers or the East Coast for specialty services, mental health providers*

Additional comments from survey takers about the healthcare need in Glades and Hendry Counties. (Please note that all comments are unedited)

- Letting communities know that they are open to all groups.
- Domestic violence is so big of an issue, it should receive its own rst. Because victims are hidden, or culturally silenced (due to acceptance of the DV lifestyle) this goes unreported. Culturally sensitive education and response are VERY necessary.
- The healthcare in Clewiston needs to go under review. It is medical malpractice waiting to happen.
- Food
- Need more that don't cost so much
- Healthcare: family, pediatric, pharmacy, CVS/Walgreens.
- Need a mental health facility. Need an OBGYN facility.
- Pain management, OT, and PT
- More sidewalks so people can go walking with their families. More doctors who specialize in prenatal care, cardiologist, allergy specialist, and ENT. More supermarkets.
- Better ER doctors.
- Urgent care facility.
- Kids activity.
- Yes! There doesn't seem to be good healthy grocery stores in Moore Haven and also no farmers market. The people in this town are precious, please do better and take care of them. Give them a substantial grant.
- The hospital needs a day/walk-in clinic for non-emergencies in Clewiston because Med Express is a waste of resources.
- Need a grocery store and insurance companies to be in network with more doctors close by.
- Physical therapy and home care
- Grocery store
- New family practice has improved the quality of healthcare in the area. Healthcare in the area can be improved, but we do have a new provider with faster service times and quality care more affordable housing and transportation would improve the quality of health in the area.
- Due to significant number of low-income families dental costs are outrageous. When patients lack the appropriate dental care it has a significant impact on the patients health.
- People that live far out of an accessible health facility and with no transportation or residents that only have one vehicle in household, and/or needing to work and not being able to miss due to making money to pay bills.
- I'm a mother of 9 and it's hard to get section 8 or habitat housing because they give it all to family and friends. These people has 1 or 3 kids and receive it, but I have 9 and they look over me.
- Just it is a drive for me to get to the doctor as I have to see doctors for my disabilities.
- Need a hospital.
- IN GREAT NEED OF A HOSPITAL
- As a six month resident, I really don't know
- It's hard to reach clinic and must have a appt.
- More healthcare.

- For mental health services, people have to go out of the county. There are no day treatment programs.
- Maybe a mental health center and better health care for immigrants.
- I've only been a resident for 5 months.
- We need places to go and get blood drawn here in LaBelle for people that work 9-5.
- Hendry County definitely needs a mental health counseling facility.
- I think it is very important to have maternity care here, as sometimes in case of an emergency you have the convenience and care you need for the concerns you may have.
- Our rural area doesn't have any local specialists. We have to travel far for care.
- Not enough doctors!! Need medical complex!! Don't like to travel in for specialty doctors in Fort Myers!!
- Hendry Medical Services are horrible.
- It would be nice to have a health insurance counselor. Someone to walk you through purchasing affordable health care. I don't want advice from friends and family.
- I believe that there needs to be an emergency care facility available at all times in the immediate area instead of having to drive 30 plus minutes.
- Insufficient cardiac, OB/GYN, mental health, pediatric, hospital and emergency care, insufficient orthopedic care, insufficient trauma care and post care.
- Stand alone ER department.
- Homeless shelter is desperately needed.
- Shorter wait times in the ER for someone in excruciating pain from kidney problems, migraines, abdominal pain, or any kind of pain.
- When people have to go another county for health care, they just don't go.
- A lot of kids need mental health treatment available.
- Affordable housing is desperately needed.
- Hendry County has more to offer health wise than Glades
- Unfortunately I feel that many people don't lift a finger to help themselves. They prefer to sit on their ass and complain.
- More qualified and quality providers.
- Health Department should have rabies vaccine in stock. Many patients come to the emergency department for a rabies vaccine and many don't have insurance and are being charged for 3-4 visits for a rabies vaccine. Follow-up rabies vaccines aren't emergencies and should be going to Health Department for vaccinations.
- We need more proactive robust EMS services. The goal of our current EMS is to make sure they don't have to transport you anywhere because they don't want to leave town often time pressuring sick people into signing documents that they don't need to go to the hospital even though the patient wants to and often times need to go.
- There is a lot for the migrants, but not as much for poor people without children.
- A farmers market here and things like Yoga and Pilates classes.
- Local supermarket places for children. Better doctors.
- An urgent care is needed for this population.
- There needs to be transportation and availability for children 0 to Pre-K from 7-5.
- Medicaid dental insurance is not taken by anyone in the area of Clewiston and lack of urgent care specialist.
- A doctor who has accessible prices for people who do not have health insurance.
- My husband does not have health insurance and he has several medical problems. We can't afford health insurance for him. My job pays for mine.



- Can't get into a doctors office because appointments are 3 months out or more.
- Hello! I think this survey is an awesome tool to help and make our community aware of their health! What I don't see is help with Sexual Assault victims. It may fall under "Counseling & Support groups" maybe? The only reason I ask is because my daughter is an advocate for sexual assault as she is a survivor of this horrible act! As her mother, I find that our community needs help on this ASAP! We need support groups and counseling. They need a voice! My daughter's mission is to bring awareness and support. She has started an organization called Strength In Me and has done presentations to our local schools and treatment centers. She is the current Miss Teen US Latina 2021/2022 and this is her platform. This is also her social impact pitch, as she participates in pageants throughout Florida that are Miss America affiliated. Role models are hard to find, but my daughter is the perfect example how sexual assault can happen to anyone, does not matter your race, or home situation.
- Some drug abuser leave used needles on the ground
- Thanks to God for health
- I ended up going to Ft Myers for health care because there were never any appointments available
- Thank you 4 all you do!
- If there was more housing assistance it would be awesome
- More teen programs

Appendix C: Community Leader Input




Introduction

The Health Planning Council of Southwest Florida (HPC) conducted twelve key informant interviews and a focus group with ten community leaders in 2023 with the cooperation of the Florida Department of Health in Hendry and Glades Counties (FDOH). The purpose of conducting the interviews and the focus was to better understand the perspectives of key community leaders on the health and healthcare needs of Glades and Hendry Counties residents. These conversations 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 area. The findings provide qualitative information and reveal factors affecting the views and sentiments regarding healthcare services in Glades and Hendry Counties. A summary of community leaders' opinions is reported without judging the veracity of their comments.

The top two health issues identified by most of the interviewed community leaders in Glades and Hendry Counties are:

-  Mental health
-  Access to primary care



During the focus group, we asked community leaders what they think is needed to improve the health of the community. The top three responses were:

-  Mental health center
-  Urgent care
-  Better communication of resources

Methodology

A community committee created by FDOH compiled a list of possible interview subjects. The list included healthcare providers, healthcare consumers, county government officials, and representatives of local businesses and community organizations. HPC staff conducted the interviews over Zoom. The average interview lasted between twenty-five and forty-five minutes. These interviews were conducted between January and February of 2023. 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 is included in Appendix D.

All interviews were conducted using a standard questionnaire. The instrument used to conduct the interviews is included in Appendix F. The phrase “the area” will be used throughout this write-up to cover Glades and Hendry Counties. Community leaders were asked to provide comments on the following issues:

-  Overall perspective on healthcare in the area.
-  Perspective of where residents in the area go to get needed health information.

- Perception of residents in the area having a good understanding of health issues, benefits, and services.
- Opinion on what the most pressing healthcare needs in the area are.
- Opinions on important health issues affecting the area's residents and the types of services needed to address these issues.
- Impressions of specific health services available in the area.
- Thoughts on areas/neighborhoods where residents have difficulty accessing services.
- Opinion on transportation and its impacts on accessing healthcare.
- Thoughts on local initiatives, policies, or procedures.
- Perspective on recent changes to health/healthcare and any potential changes.
- Opinion on the most important healthcare issue.
- Opinions on the parties responsible for initiating and addressing health issues in the area.

A focus group was conducted on February 23, 2023, in LaBelle, FL. A community champion was used to help with promoting and inviting individuals from the community to gather for the focus group. HPC staff conducted the focus group in person. The background of attendees ranged from former pastors, city officials, Hendry County sheriff's office, and Hendry County schools. The participants were told that none of their comments would be directly attributed to them. A focus group guide was used to conduct the focus group. This guide is included in Appendix G. Community leaders were asked to provide comments on the following issues:

- General thoughts on health and well-being
- What are some things in the area that have helped to improve or maintain health and well-being
- The problems or barriers to maintaining good health and well-being
- Groups of people who need additional services or assistance in improving their health and well-being
- What is needed to improve the health of the community

Community Leader Analysis

The responses from both the interviews and the focus group were combined for the analysis. The leaders interviewed were asked whether they serve on any boards or have any affiliations with healthcare providers in the community that deliver healthcare services that may have helped form their opinions. These affiliations included Family Health Centers of Southwest Florida, Hendry County Safety Committee, Transportation Services, Hendry County school board, Lake Okeechobee Rural Health Network, the Health Planning Council of Southwest Florida, and Children's Network of Southwest Florida.

The length of time that the community leaders have lived and/or worked in Glades and Hendry Counties ranges from one year to eighty-two years. The average number of years an interviewee has lived or worked in Glades and Hendry Counties is thirty-three. When asked an overwhelming majority stated that they did not receive their healthcare in the area, meaning they traveled to surrounding counties for care.

The questions asked of each community leader were identical. Some leaders spoke solely about either Glades County or Hendry County as that is the county they are more familiar with.

There is some duplication of subject matter and feedback between the categories. Paraphrases are included to reflect some commonly held opinions and direct quotes are employed when appropriate. This section of the report summarizes what the community leaders said without assessing the accuracy of their comments.

General Perceptions

When asked to share their impressions about the health and healthcare in the area, community leaders spoke at length about the assets and deficiencies of the system. A common theme among leaders is that the overall healthcare system in the counties has improved over the years but is still lacking and limited. Glades and Hendry Counties are still underserved. One leader mentioned that the Health Department offers plenty of services for the area, but the community doesn't take advantage of them due to a lack of awareness. It was also mentioned that Family Health Centers of Southwest Florida, a local federally qualified health center (FQHC), has a location in LaBelle but only offers services for children. There are hopes that this location will eventually offer services for adults.

Two leaders stated that even though there are services here the community isn't aware of them or doesn't know how to access them. During the focus group, most of the participants agreed that there is a serious lack of community awareness of all the resources and services in the area. When asked if they were familiar with 211, all but one said they knew about this resource. One participant asked, "How do you get the word out?" It was identified when the cable company Xfinity extended its services into the area there was a local channel that show all the local news, resources, and what is going on in the community.

Regardless of where someone lives within Glades or Hendry Counties, the majority of the community leaders stated that there is a lack of primary care and more specifically specialty care. There is a need for specialists, stated multiple leaders, but the main issue is attracting specialists to come to serve the area. Some of the other services that the area is lacking are dental care, pediatrics, maternity care, and behavioral health care. If you live outside of Clewiston, residents lack access to a hospital and/or emergency/urgent care. There is an increased need for emergency care options. Focus group participants stressed the need for urgent care or an emergency room in LaBelle. Currently, people who live in the area go to Hendry Regional Hospital or outside the county, which can tie up EMS services. It was highlighted that the local EMS has limited resources and is not equipped to serve the growing community. One leader stated that people must go outside of the county to give birth.

Community leaders were asked if they think residents in the area know where to go to get needed health information. Leaders believed that residents are getting their health information from a variety of sources such as online, social media, google searches, family members, word of mouth from neighbors, local providers, and individuals who they believe have a background in healthcare. Leaders also identified entities where residents get their information, including the hospital, health department, United Way house, and the school system. The school system only benefits families who have children who are in school. "If she didn't have experience working with the United Way House, she wouldn't have known about it", said a community leader.

People who reside in Glades or Hendry Counties also travel outside of the county to the neighboring counties to receive their health information. "People in this area are used to traveling for healthcare and health information" stated one leader. Two leaders mentioned that there is a lack of how to communicate what is available to residents.

Community leaders were asked if they believe residents in the area have a good understanding of health issues, benefits, and services. Many of the leaders stated that they do not believe that they do. Many can't navigate the system, stated a community leader. There were two populations that were mentioned by several leaders who experienced the most gaps in health knowledge the migrant population and the elderly population. Regarding the migrant population, there is a language barrier and a fear to travel which limits their understanding of health issues, benefits, and services. The elderly population faces several challenges such as lack of access to the internet, knowing how to navigate the internet, and relying on the local newspaper (Calossa Bell). If residents are reaching out for services, they tend to look for services in the coastal counties. One leader stated, "He gets calls from residents who need guidance on where to go for services frequently." Another interview said, "Weekly runs into people telling him the hospital needs to be offering this service and he responds with we have been offering this service for the past 25 years." It was identified that there was an overall gap in how information is being disseminated to the community.

As a follow-up, leaders were asked how to educate the community about available services. Multiple leaders discussed health fairs as a way to increase education to the community about available services/resources. There is currently an annual health fair in Clewiston, but for residents who live outside the area, there is great difficulty with getting there. There is a lack of health fairs in LaBelle, but also when there is a health fair there is a lack of attendance from the community. Social media is another tactic to educate the community about available services. One leader stated that the Healthier Hendry/Glades Taskforce Facebook needs to be updated more regularly. The Health Department should continue to build trust with the community it serves. More targeted outreach to communities. One leader suggested sharing information in the places people frequent like the local Walmart. Another leader discussed a possible implementation of a community health worker network to help educate residents.

Pressing Healthcare Needs

The community leaders were asked to identify the most pressing healthcare needs in the area. The most common responses were mental health and access to primary care. Other interviewees suggested that access to urgent/emergency care, specialists, and substance abuse care were also pressing healthcare needs. Some other needs that were listed were medication management, health education, affordable housing, affordable dental care, diabetes care, pediatric care, chronic disease care, transportation, and access to insurance.

Issues Affecting Specific Groups

Community leaders were asked to give their opinion on issues impacting particular groups of residents in Glades and Hendry Counties. Those groups included children, teens/adolescents, adults, the elderly, and migrants/seasonal workers.

The majority of the community leaders suggested mental/behavioral health, access to pediatric care, and nutrition were the most pressing health issues for children in the area. Other issues cited were isolation, dental care, safety (drowning, seat belt use), obesity, access to specialty care, and lack of physical activity. One interviewee stated that children are spending more time on their phones than human interaction. Several leaders expressed concern about possible trauma that children are being exposed to, such as witnessing domestic violence, sexual abuse, witnessing parents abusing substances, and experiencing secondary abuse.

There were some similar healthcare issues listed for Teens and adolescents. All the community leaders cited mental health and tobacco and illicit drug use as the main issue affecting this population. Interviewees identified bullying at schools, obesity, overexposure to the internet, teen pregnancy, substance abuse, nutrition, sexual experimentation, and increase exposure to STIs. It was expressed that there is a lack of activities for this age range in this area, especially after after-school/during the summer. Many leaders expressed concern about the increase in substance abuse and potential overdoses amongst this population. A serious lack of access to substance abuse programs was noted.

For adults, access to mental health care, basic healthcare, and specialty care were the most often mentioned pressing health concerns. Chronic conditions, such as diabetes and heart disease were listed by several interviewees as major health issues as well. Also, noted were stigma (related to mental health), nutritious food, weight management, affordable dentistry, housing, substance abuse treatment, and stress. A couple of the community leaders discussed the difficulty of navigating the healthcare system regardless of insurance status. Also, working adults have a hard time prioritizing their health.

The elderly generally have access to care through Medicare and so are typically considered to be in a better situation than many others in the county. Of those who felt that the elderly do have pressing health issues, their number one concern was lack of support system/family. During the COVID-19 pandemic, seniors experienced more social isolation than normal due to COVID restrictions put in place for their safety. Also mentioned included lack of knowledge on how to access care, mental health, lack of knowledge about resources specific to the elderly, dental needs, having to go out of the county for basic care and dental needs, seniors living alone, fall prevention, lack of senior housing (nursing homes), nutrition, transportation, hospice care, and high cost of prescriptions.

The majority of the interviewees agreed the most pressing issue for migrant/seasonal workers is the barriers to receiving care due to current immigration status. The next pressing concern was not knowing how to access services. Interviewees also identified hospital services are too far, mental health, transportation, language barrier, fear due to immigration status, nutrition, isolation, low-income challenges, and continuity of care.

Impressions Regarding Services and Access

The community leaders were asked to give their impressions about different types of services particularly related to quality, accessibility, and barriers to receiving those types of services. The services included primary care, dental care, specialty care, mental/behavioral health care, substance abuse treatment, emergency care/urgent care, hospital care, hospice care, pediatric care, and social services.

Many leaders stated that many residents go outside the area to receive primary care. If they do seek care in the area, the main issue many residents face is whether the office takes their insurance or not. Also, transportation to and from appointments is one of the major barriers to accessing primary care in Glades and Hendry Counties. At the time of the interviews, multiple leaders mentioned that there weren't any providers in LaBelle. Community leaders recognize that it is tough for people who must work 9 – 5 jobs to have difficulty accessing care because they aren't able to get off work.

When asked about dental care in the area, community leaders noted that this service is seriously lacking. Even if someone can access dental services it is not affordable even with dental insurance. School-aged children can access dental services and screenings in the schools. Also, children have access to dental services at the local FQHC, Family Health Centers of Southwest Florida. Several community leaders stated that many dental offices do not accept Medicaid dental insurance.

When asked about specialty care, every person we interviewed mentioned the lack of specialty care in the area. In the focus group, it was mentioned that the area needs specialists for all ages. It is exceptionally more difficult for residents to access these services when experiencing a lack of access to transportation. Even though specialty care is very limited in Glades and Hendry Counties, some specialty care options that are available in the area are chiropractic care, eye doctors, cardiology, and breast health care. Some specialties that were mentioned that is a need for the area were OBGYN, women's care, and neurology. One leader stated that the health department tries to fill these gaps when they can. The sole hospital in the area, Hendry Regional Medical Center, is currently expanding its services and trying to hire more specialty care providers to help provide more services to the community.

The majority of community leaders felt that mental health care is still seriously lacking in the area. Mental health services are expensive regardless of insurance status. Due to the COVID-19 pandemic, telehealth has increased. Even with the increase in access to mental health services via telehealth, not everyone in the area has access to the internet. One leader stated, "Anytime we talk about this there is a huge stigma, especially in the community where there is no education on that and it's hard to get." One leader mentioned there is a need for more mental health services for adults. Children have access to the CAT program and in the schools. It should be noted that if someone has to be baker acted there isn't a receiving facility in either county.

Substance abuse treatment was felt by most to not be available in the area and limited for those who cannot afford to pay. There is a sober living facility in LaBelle from St. Matthews House, this is for men only, and there is Jill's House for women in Alva that accepts Hendry County residents. There are no inpatient substance abuse programs. The only way for people to access substance abuse treatment in the area is if it is court-mandated stated several leaders.

Emergency care and/or urgent care is a major gap in the area. There is a hospital and an urgent care in Clewiston. For many residents, the only emergency care is EMS, which is a limited resource and is not fully equipped for the rapidly growing population. During the focus group, there was a lot of discussion about the lack of emergency care in LaBelle. Residents in this area use EMS to try to access services in Fort Myers. It was stated several times by several community leaders that urgent care is needed in LaBelle. This urgent care should also be open on the weekends and stay open past 5:00 pm.

There is currently only one hospital in all of Glades and Hendry Counties, it is located in Clewiston. Majority of the leaders stated that residents go outside the county to seek hospital care. Transportation issues arise when talking about accessing hospital care since the majority go outside the county to receive it.

When asked about hospice care some community leaders didn't know if this service was available in the area. Those who were aware of hospice care services mentioned Hope Connections. Hope Connections provides hospice services at home, there currently isn't a

hospice facility in either county. One leader stated, “Hope Hospices does a good job, but there is more need and others need to know about it.” A couple of leaders stated the residents don’t know where to go and how to access it.

Pediatric care is another service that is lacking in the area. There are a few places that offer pediatric care, but more is needed. Many go out of the county to receive this care. Family Health Centers of Southwest Florida, in LaBelle, and Florida Community Health Centers, in Clewiston, offer pediatric services; this is a great option for uninsured children.

There is a lack of awareness of the various social services available to residents in the area. Many leaders stated there needs to be more outreach so residents are aware of all the resources that are available to them. One leader stated that people have a hard to accessing help with health insurance. The United Way was mentioned by several leaders as an organization that works hard to bring many services to the area. There are plenty of food pantries and food distribution throughout the area.

Community leaders were asked if there are other services that individuals in the area have difficulty accessing. Other services that were difficult to find in Glades and Hendry Counties were transportation, disability services, financial-related services, HIV care (more specifically there is no pediatric HIV care available), autism services for children, and access to affordable internet. Access to affordable housing was mentioned multiple times during the interviews and the focus group. Finding subsidized housing is tough to come by stated one leader. Due to the increase in rent in the coastal counties, people have moved to the rural counties due to rent being “cheaper” which tends to limit the options for people who are currently living here. Also, access to fresh fruits and vegetables. “It is ironic that this area produces the fruits and vegetables that are consumed in the eastern US, but people in the area can’t buy them,” said an interviewee.

When asked if there are services that individuals must go outside the area to receive every single interviewee said yes. The neighborhoods mentioned as having difficulty accessing services were immigrant populations, Montura, Pioneer, migrant camps, Harlem, remote areas of the county, Lake Port, Buckhead Ridge, Campo Bimbo, Crescent Acres, and Detona.

Transportation is seen as a major barrier to care. Community leaders were asked if they feel that transportation impacts the ability to access healthcare in the area, and all community leaders said yes. This issue impacts everyone regardless if someone is insured and has access to a vehicle, finding time within someone’s work schedule to travel out of the county for care is difficult. There is public transportation in Hendry and Glades Counties called STREAM. STREAM has a few fixed routes, but many people do not know what all this service offers.

Local Initiatives, Policies, and Procedures

Leaders were asked about local initiatives, policies, or procedures that have an impact on healthcare in the area. There is currently a behavioral and mental health task force that is currently assisting the Managing Entity (Central Florida Behavioral Health Network, Inc.) for local support. Another initiative that is having an impact on the area is ACT for domestic and sexual violence. The expansion of the STREAM bus, since the county took it over, is helping to address the transportation issue plaguing the area. One leader stated, “The United Way House in LaBelle has provided a positive impact on the community with increased access to services for residents.”

We asked community leaders if there were any potential changes to healthcare that particularly worried or excited them. Some of the changes they mentioned were the availability of insurance to people, access to Medicaid and eligibility, the rapid growth of the community, access to transportation, changes in technology, potential housing development, potential grocery store, and increase use of illegal substances.

Most Important Health Issue and How to Address It

The top two health issues identified by most of the interviewed community leaders in Glades and Hendry Counties are access to mental healthcare and access to primary care. “The lack of mental health services is overwhelming our families,” stated one leader. Another leader said, “Mental health continues to be something we need on many levels, including educating the community and reducing stigma.” Other interviewees also felt services for autistic children, access to health insurance, obesity, lack of low-income housing, transportation, chronic disease prevention, and communication of available services were major issues.

A variety of ideas on how to implement change regarding these health issues in the area were provided. Some leaders suggested that all agencies are responsible and should work together to bring about change. “Approaching providers and giving incentives to have them come here: grants that are given for working in rural areas, paying for their liability insurance, and tax breaks.” Getting the Healthier Hendry/Glades Taskforce involved, “It isn’t as gung-ho as it was when they first got started.” One community leader said “Everyone is responsible for addressing these issues. The healthcare industry, county leaders, we need to lock arms and come up with a solution before it spirals.”

Additional Comments from Community Leaders

- “When I moved here, we had one pediatric doctor. I had to drive people to Fort Myers and there have been impressive improvements in our community.”
- “I think when we talk about the other populations, especially the outlying area, that’s where a big service gap is. Whether it’s with transportation or a community fair. We need to focus on the county as a whole so no one gets left behind.”
- “If all the providers in Hendry County got together and read the results from these interviews and surveys, they would be shocked. So, ensuring they gain access to this document.”
- “There is a lack of foster parents. Guatemalan foster parents are needed. Children have been trafficked, labor, and sex trafficking. Adoption competency training is coming.”
- “We have a wonderful community and we do have gaps.”
- “I’m proud of what we have. For a rural county we have a lot of doctors and providers. We have a hospital for example. But I realize, we need more services, but again I realize its is demand driven.”

Appendix D: List of Interviewed Community Leaders

Aaron Sitti
*Department of Children and
Families*

Charity Williams
Beyond Barriers, Inc.

Emily Hunter
Hendry County

Estela Aguilar
Hanley Foundation

Heidi Jameson
Centerstone

Jennifer Hood
*Florida Health Department in
Hendry and Glades Counties*

Lisa Sands
United Way

Marcela Morado
Area Agency on Aging

Marissa Stress-Peterson
Harry Chapin Food

Michael Swindle
Hendry County Schools

R.D. Williams
Hendry Regional Hospital

Commissioner Tim Stanley
Glades County Commissioner

Appendix E: Hendry and Glades Counties Community Survey Questionnaire

1. How would you rate the **general health** of area residents?

- Excellent Good Fair Poor

2. How would you rate the **quality** of healthcare in the area?

- Excellent Good Fair Poor

3. Where do you think the residents of the area go to get health information?

- | | |
|--|---|
| <input type="checkbox"/> 211 | <input type="checkbox"/> Instagram |
| <input type="checkbox"/> Books | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Caloosa Belle | <input type="checkbox"/> Magazines |
| <input type="checkbox"/> Clinic, family doctor, or health provider | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> Facebook | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Friends or relatives | <input type="checkbox"/> Television |
| <input type="checkbox"/> Glades County Democrat | <input type="checkbox"/> Twitter |
| <input type="checkbox"/> Health Department | <input type="checkbox"/> Other social media |
| <input type="checkbox"/> Health Fairs | |

Other _____

4. Where do you go to get healthcare?

- | | |
|---|--|
| <input type="checkbox"/> Clinic (<i>Florida Community Health Center, Hendry Regional Convenient Care</i>) | <input type="checkbox"/> Hospital/emergency room |
| <input type="checkbox"/> Don't know | <input type="checkbox"/> Health department |
| <input type="checkbox"/> Family doctor | <input type="checkbox"/> Lee Memorial |
| <input type="checkbox"/> Family Health Centers | <input type="checkbox"/> Out of county |

Other _____

5. How do you choose your healthcare providers?

- Charity program
- Distance
- Internet referrals/reviews
- Recommendations (*friends/family*)
- Referral from physician/emergency room
- Shop for cost/cash fee
- Social media
- Soonest appointment
- Whatever is on my insurance
- Other _____

6. If telemedicine (medical visits through the phone or computer with video) were available, would you or your family/friends use those services?

- Yes
- No, I prefer to meet in person
- I'm not sure
- No, I don't like using the phone or videos
- No, I don't have the equipment or internet access

7. Which of the following do you feel are the most important **health concerns** in the area (select up to five)?

- Access to primary care (*family doctor*)
- Access to specialty care (*doctors who provide care for one specific medical issue*)
- Addiction
- Aging problems (*arthritis, hearing/vision loss, etc.*)
- Asthma
- Cancer
- COVID-19
- Dental problems
- Diabetes
- Other _____
- Domestic violence
- Flu
- Heart disease and stroke
- HIV/AIDS
- Lack of food/hunger
- Mental health problems
- Not enough doctors
- Nutrition/quality food
- Obesity
- Pre-natal care
- Racial discrimination
- Senior care
- Sexually transmitted diseases (*STDs*)
- Suicide
- Teenage pregnancy
- Unsafe living conditions
- Unsafe working conditions

8. Which of the following do you feel are the most important **risky behaviors** in the area (select up to five)?

- Bullying
- Distracted driving (*texting*)
- Dropping out of school
- Drug/alcohol abuse
- Lack of health literacy (*health information needed to make appropriate health decisions*)
- Lack of maternity care
- Not getting annual exams
- Not getting shots to prevent disease
- Not using birth control
- Not using seat belts/child safety seats
- Poor eating habits
- Smoking/tobacco use (*including vaping*)
- Unsafe infant sleep practices
- Unsafe sleep practices (*lack of sleep, etc.*)
- Unsafe sex
- Other _____

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

- None/no barriers
- Appointments not available at times needed
- Cultural/health beliefs
- Fear (*due to immigration status*)
- Fear (*not ready to face health problems*)
- Hard to make an appointment (*process*)
- Have to wait too long at doctor's office
- Health services too far away
- Lack of insurance/unable to pay for doctor's visit
- Lack of knowledge/understanding of need
- Lack of quality services
- Language barriers
- No appointments available at doctor
- No doctors willing to take health insurance
- Stigma (*fear of judgment*)
- Too busy/lack of time
- Transportation
- Other _____

10. Are there environmental factors affecting your health?

- | | |
|---|--|
| <input type="checkbox"/> None/no barriers | <input type="checkbox"/> Lack of playgrounds |
| <input type="checkbox"/> Air quality | <input type="checkbox"/> Lack of sidewalks |
| <input type="checkbox"/> Flooding | <input type="checkbox"/> Lack of streetlights |
| <input type="checkbox"/> Lack of access to healthy food options | <input type="checkbox"/> Lack of transportation (<i>including public transportation, taxis, Uber/Lyft</i>) |
| <input type="checkbox"/> Lack of affordable/adequate housing | <input type="checkbox"/> Mildew/mold in home |
| <input type="checkbox"/> Lack of clean drinking water | <input type="checkbox"/> Road conditions/traffic |
| <input type="checkbox"/> Lack of grocery stores | <input type="checkbox"/> Water pollution |
| <input type="checkbox"/> Lack of parks/recreational facilities | <input type="checkbox"/> Workplace hazard |

Other _____

11. What types of residents of the area have more difficulty accessing healthcare than others?

- | | |
|---|---|
| <input type="checkbox"/> Adults | <input type="checkbox"/> People with mental/behavioral health issues |
| <input type="checkbox"/> Children | <input type="checkbox"/> Persons in dependency (<i>foster care/non-relative care</i>) |
| <input type="checkbox"/> Elderly/senior citizens | <input type="checkbox"/> Pregnant women |
| <input type="checkbox"/> Homeless | <input type="checkbox"/> Seasonal residents |
| <input type="checkbox"/> LGBTQ+ | <input type="checkbox"/> Single parents |
| <input type="checkbox"/> Medicaid/Medicare recipients | <input type="checkbox"/> Teens/adolescents |
| <input type="checkbox"/> Migrants/farmworkers | <input type="checkbox"/> Undocumented residents |
| <input type="checkbox"/> Non-English speaking | <input type="checkbox"/> Uninsured/low-income |
| <input type="checkbox"/> People with disabilities | <input type="checkbox"/> Veterans |

Other _____

12. Are there areas/neighborhoods in Glades and/or Hendry Counties where residents have a particularly difficult time accessing health services?

- No Yes

If yes, which areas/neighborhoods?

13. Are there services that individuals in the area have difficulty accessing?

- | | | |
|---|---|---|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes, Emergency care | <input type="checkbox"/> Yes, Palliative care |
| <input type="checkbox"/> Yes, Applied behavioral analysis/autism services | <input type="checkbox"/> Yes, Hospital care | <input type="checkbox"/> Yes, Pediatric care |
| <input type="checkbox"/> Yes, Audiology (<i>hearing</i>) | <input type="checkbox"/> Yes, Laboratory services | <input type="checkbox"/> Yes, Pharmacy/medications |
| <input type="checkbox"/> Yes, Breastfeeding/lactation classes | <input type="checkbox"/> Yes, Mental/behavioral health care (<i>adults</i>) | <input type="checkbox"/> Yes, Physical/speech therapy |
| <input type="checkbox"/> Yes, Chiropractic services | <input type="checkbox"/> Yes, Mental/behavioral health care (<i>children</i>) | <input type="checkbox"/> Yes, Primary care |
| <input type="checkbox"/> Yes, Dental care (<i>adults</i>) | <input type="checkbox"/> Yes, OB/Gynecological care (<i>maternity/pre-natal care</i>) | <input type="checkbox"/> Yes, Specialty care (<i>list specific care in other</i>) |
| <input type="checkbox"/> Yes, Dental care (<i>children</i>) | <input type="checkbox"/> Yes, Occupational therapy (<i>to improve ability to do daily activities</i>) | <input type="checkbox"/> Yes, Substance abuse treatment |
| <input type="checkbox"/> Yes, Dialysis | <input type="checkbox"/> Yes, Optometry (<i>vision</i>) | |
- Other _____

14. Which of these statements best describes your food situation in the last 12 months:

- Enough food my family likes to eat
- Sometimes not enough to eat
- Enough, but not always the kinds of food we want
- Often not enough

15. What does the area need to improve the health of your family, friends, and neighbors?

- | | |
|---|--|
| <input type="checkbox"/> ADA-accessible facilities | <input type="checkbox"/> Housing support |
| <input type="checkbox"/> Additional health services | <input type="checkbox"/> Immigration/legal assistance |
| <input type="checkbox"/> After-school/out-of-school programs | <input type="checkbox"/> Job opportunities |
| <input type="checkbox"/> Assistance for applying for services (<i>SNAP, Medicaid</i>) | <input type="checkbox"/> More doctors |
| <input type="checkbox"/> Bicycle paths | <input type="checkbox"/> Recreational facilities (<i>parks, sports fields, etc.</i>) |
| <input type="checkbox"/> Counseling & support groups | <input type="checkbox"/> Safe places to walk/play |
| <input type="checkbox"/> Dental care | <input type="checkbox"/> Specialty doctors |
| <input type="checkbox"/> Financial assistance for healthcare | <input type="checkbox"/> Substance abuse treatment facilities |
| <input type="checkbox"/> Health education | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Healthier food choices | <input type="checkbox"/> Wellness programs |
- Other _____

16. Please share any additional comments you have about healthcare needs in the area.

17. What county do you live in?

- Glades Hendry Other

18. What city do you live in? _____

19. Are you a permanent, seasonal, or temporary resident of the area?

- Permanent Seasonal Temporary

20. Age:

- Under 18 18 – 34 35 – 64 65 – 84 Over 85

21. Gender:

- Male Female Other

22. Race:

- American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White Mixed
 Other _____

23. Ethnicity:

- Hispanic or Latino Not Hispanic or Latino

24. What is your primary language?

- English Spanish Creole Other _____

25. What type of insurance do you have?

- Private insurance (through employer) Private insurance (not through employer /Healthcare marketplace) Medicaid (Staywell, Prestige, Molina, etc.)
 Medicare Medicare Replacement (Advantage) Veteran/Tri-Care
 None Not sure
 Other _____

26. What is your highest level of education?

- Some High school or less High school diploma/GED Some college
 Associate's degree Bachelor's degree Advanced Degree (Masters or Doctorate)

Appendix F: Community Leader Interview Guide

On behalf of The Florida Department of Health in Hendry and Glades Counties and the Healthier Hendry/Glades Task Force, the Health Planning Council of SW Florida is conducting an area-wide health assessment. This assessment aims to identify the most pressing health needs of residents of Hendry and Glades Counties, including issues like access to health care, barriers to receiving healthcare, and the most pressing health issues of residents. As a part of this study, we are conducting a series of interviews with key individuals throughout the county who have knowledge of the health needs of individuals in the area. This interview will take approximately 45 minutes (give or take how chatty you are). In the final report, the information you give will not be attributed to you by name. You will however be listed as a participant in the study. Some of the questions will be duplicative of material we have already discussed in earlier questions but they may prompt you to think of additional issues. Feel free to pass on any question if you feel you have already answered it or do not have an answer. We are talking to several people with different perspectives and do not expect anyone to be familiar with everything. Are you ready to get started?

1. Could you briefly describe your position and how long you have lived and/or worked in Hendry County or Glades County? *Do you receive your healthcare in Glades and/or Hendry Counties?*
2. Do you serve on any boards or participate in any organization that delivers healthcare services? *(Besides the position you have already described?)*
3. We will start generally, please comment on your overall view of 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 *(what about adults without insurance?)*
 - d. Elderly
 - e. Migrant/seasonal workers
 - f. Any other special populations you would like to highlight?
8. Do you have any thoughts on local actions that can help address any of the health issues you just mentioned?

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:

- g. Primary care
- h. Dental care
- i. Specialty care
- j. Mental Health care/ Behavioral Healthcare
- k. Substance Abuse treatment
- l. Emergency care and/or Urgent care
- m. Hospital care
- n. Hospice care
- o. Pediatric care
- p. Neonatal Care
- q. Social Services (*food, housing, access to insurance*)

10. Are there other types of services that individuals have difficulty accessing? (*HIV, child and adult day care, care navigation, hospice/palliative care, and advanced care planning services*)

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 initiatives, policies, or procedures that have impacted the area (positively or negatively)?

15. The healthcare landscape is always changing. Are there any recent changes to health/healthcare you would like to highlight?

16. Are there any potential changes to health/healthcare that particularly worry you or excite you?

17. Of all the issues and services we have discussed, which do you think is the most important healthcare 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 healthcare needs in the area?

Appendix G: Focus Group Guide

Hello and welcome to our focus group. A focus group is a discussion among people who have something in common. Each of you is here today as a resident of Glades and Hendry Counties and has unique perspectives on the health and well-being of your community. I'd like to thank you for agreeing to join our discussion today.

My name is _____ and assisting me in this discussion is _____. We are both from the Health Planning Council of Southwest Florida. On behalf of the Healthier Hendry/Glades Taskforce, the Florida Department of Health in Glades and Hendry Counties is conducting a county-wide health and needs assessment. The goal of this assessment is to identify the things that make it easier or harder for people in the area to be as healthy and well as possible. We want to help the local policymakers and agencies focus on what is needed to improve the health and well-being of the community. Many things contribute to the health and well-being of a community.

Your input is extremely important.

To help manage our discussion, I am going to briefly review some guidelines:

- I will be asking you all some questions over the next hour or so. I encourage each of you to share as much as you feel comfortable. All of your opinions are important to us and this project. Feel free to say whatever you like; there are not right or wrong answers to our questions.
- We ask you to respect what other people in the group say and for you avoid negative comments about other peoples' thoughts or opinions.
- We ask that only one person talk at a time, we do not want to miss anything that anyone says, so it is important we do not talk over one another or break into separate conversations. If you think you might forget your ideas, please write them down. Then you can share them at the next opportunity in our conversation.
- Most importantly, what you say in here today will remain between us. We will not be using your name when we report the results of this study. We also ask that you not share what we talk about today in the group with others outside the group. It is important that we trust each other and that you are comfortable sharing your thoughts.
- As you walked in we handed you a brief questionnaire. This will be used to help describe the discussion group. If you have not yet, please take a minute and complete these questions before we start. We will not be using this information to identify you in anyway.
- If you have a cell phone, please turn them off or put them on vibrate. If you must answer the phone, please do so outside and return as quickly as you can.
- You will be receiving your incentive for participating at the end of the session.

Are there any questions about what we're doing today? If there are no additional questions, we'll begin.

QUESTIONS

As a way of getting started and getting to know each other, I would like to go around the room one at a time. Please tell us your name and how long you have lived and/or worked in Hendry or Glades Counties.

Now that we have heard from each of you, I would like to ask some questions for anyone to answer.

(Prompts are used only if people have no answers or after they give one answer but are pausing before giving more info. When possible ask follow-ups asking for more details.)

1. Considering your own experiences and those of your friends and family, what are your general thoughts on health and well-being in the area? **(Prompt: think about the different factors on the sheet in front of them)**
2. What are some things in the area that have helped you or your family improve or maintain their health and well-being? **(Prompt: programs, agencies)**
3. What are some problems or barriers for you or your friends/ families in maintaining good health and well-being? **(Prompt: think about the different factors on the sheet in front of them)**
4. Are there groups of people who need additional services or assistance in improving their health and well-being? **(Prompt: Give examples, children, seniors, persons with disabilities, veterans etc.)**
5. *(Use flip chart to list answers)* What do you think is needed to improve the health of the community?
6. *(Go around the circle and ask for an answer from each person.)* Of the different things we named which do you think is most important? If you were put in charge of the area which would you address first? If each of you will tell us what you think is most important, we will put a checkmark by it.
7. Ok, your top three answers were _____, _____, and _____. Let's go through them each. What do you think needs to be done locally to address _____. *(repeat with other two options)*
8. What advice would you give to the people working on these changes to help make sure they are effective?
9. Do you have any additional comments you would like to share about health and wellbeing in the area?

Now, if there are no further comments, we would like to thank you all for your participation in this project, and please remember to keep anything personal that you may have heard today inside this room and among us.

We are now going to come around the room and distribute your incentive for participation. Again, thank you for participating in this discussion with us. We really appreciate your thoughts and comments. They will be helpful in guiding the feedback to community leaders.

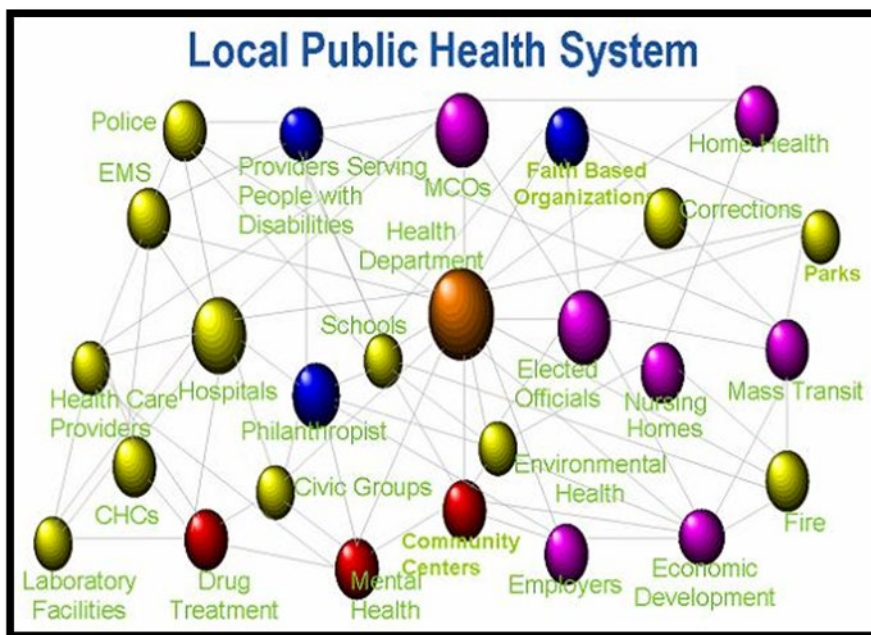
Appendix H: Local Public Health Status Assessment

The Health Planning Council of Southwest Florida, Inc. (HPC) met with members of the Healthier Hendry/Glades Taskforce (HHG) to conduct the Local Public Health System Assessment (LPHSA). The LPHSA was conducted via an online survey on SurveyMonkey. The LPHSA Survey was released to community partners in December 2022 and concluded in January 2023.

HPC introduced the LPHSA during an HHG meeting on January 6, 2023. For this assessment, we modified the LPHSA by using and combining six out of the ten Essential Services. Below are the Essential Services that were used for this modified LPHSA:

- Monitor, diagnose, and investigate health problems and health hazards in the community
- Inform, educate, and empower people about health issues
- Mobilize community partnerships to identify and solve health problems
- Develop policies and plans that support individual and community health efforts
- Link people to needed personal health services and assure the provision of health care when otherwise unavailable

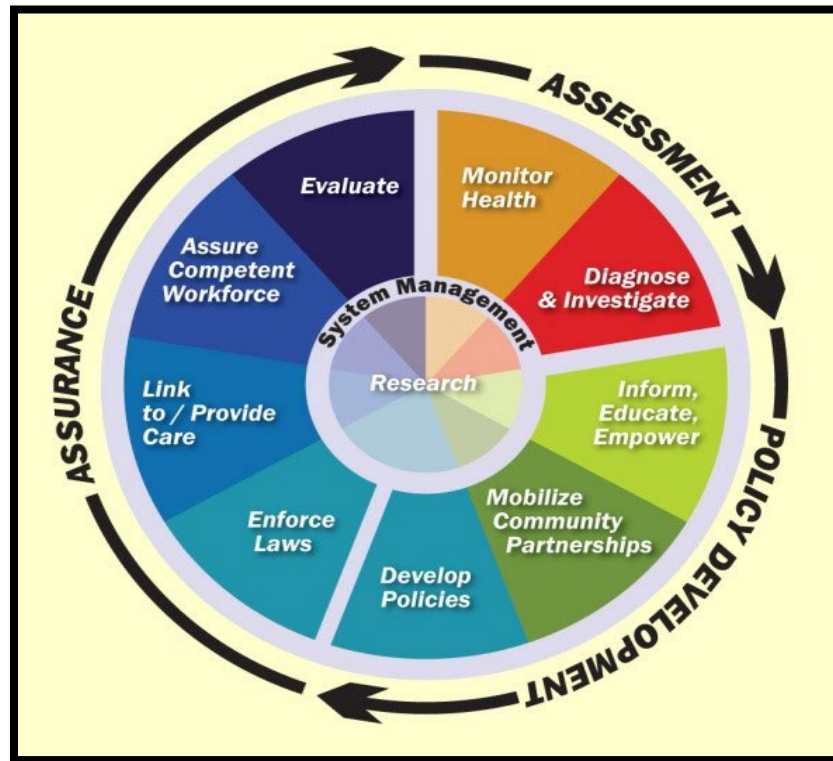
Each Essential Service section, of the survey, contained a scale, strengths/highlighted activities, and weaknesses/gaps about that Essential Service. The scale was scored on using the following answer choices: no activity, minimal, moderate, significant, and optimal outcome.







What is the Local Public Health System Assessment?

The National Public Health Performance Standards (NPHPS) Local Public Health System Assessment (LPHSA) Report is designed to help health departments and public health system partners create a snapshot of where they are relative to the NPHPS and to progressively move

toward refining and improving outcomes for performance across the public health system. The NPHPS state, local, and governance instruments also offer opportunities and robust data to link to health departments, public health system partners, and/or community-wide strategic planning processes, as well as to Public Health Accreditation Board (PHAB) standards. The assessment may also be used as a component of community health improvement planning processes, such as Mobilizing for Action through Planning and Partnerships (MAPP) or other community-wide strategic planning efforts.



The LPHSA is a valuable tool for identifying areas for system improvement, strengthening local partnerships, and assuring that a strong system is in place for the effective delivery of day-to-day public health services and response to public health emergencies. Communities that have completed their report that it accomplished the following:

-  Improved organizational and community communication and collaboration by bringing a broad spectrum of partners to the same table.
-  Educated participants about public health and how activities are interconnected.
-  Strengthened the diverse network of partners within state and LPHSs.
-  Identified strengths and weaknesses to be addressed in quality improvement efforts.

Identifying system strengths and weaknesses may then be used to improve and better coordinate public health activities at the community level. In addition, the results provide a better understanding of the LPHS's performance. Most importantly, the results may inform policy and resource decisions leading to an improved LPHS.

Results

Table of Essential Services Scores

Essential Service	Score
Monitor, diagnose, and investigate health problems and health hazards in the community	3.5
Inform, educate, and empower people about health issues	3.5
Mobilize community partnerships to identify and solve health problems	3.8
Develop policies and plans that support individual and community health efforts	3.6
Link people to needed personal health services and assure the provision of health care when otherwise unavailable	3.5

Essential Service

Monitor, Diagnose, and Investigate Health Problems and Health Hazards in the Community



Performance Score

This score can be interpreted as the overall degree to which the local public health system meets the performance standards. The overall performance ranking score for this Essential Service is **3.5**, which represents **Moderate Activity**.



Perceived System Strengths and/or Highlighted Activities

- They have a great system.
- They were organized in response to the COVID-19 event and had a good outreach system for vaccines.
- Wonderful network of helping individuals.
- Diligent staff, dedicated to the mission.
- Health fairs, and community collaborative meetings.
- Effort is being put forth to understand and remove or minimize barriers.
- The public health department does good at communicating information to the public. Added physicians and services to Convenient Care Center and LPG. Free food is available able through various local agencies.
- School screening and screenings are done at the health department.
- Having people in the field and coordinating with the county.
- Coordinated efforts – local agencies work together to diagnose, investigate, and work towards a possible solution



Perceived System Weakness and/or Gaps

- Glades is a rural area.

- Staffing, people understanding the role of the local department of health and small rural hospitals versus if they needed to go to a larger health system outside of the area.
- Gaps in services.
- Limited involvement with key community members.
- Lack of services.
- Big lack of collaboration between systems/agencies that impact the families the most.
- County ambulance service policy to deliver patients only to Hendry Regional or Lehigh Hospital.
- Staffing.
- Availability of services locally is very limited.

Essential Service

Inform, Educate, and Empower People about Health Issues



Performance Score

This score can be interpreted as the overall degree to which the local public health system meets the performance standards. The overall performance ranking score for this Essential Service is **3.5**, which represents **Moderate Activity**.



Perceived System Strengths and/or Highlighted Activities




- They do very well for expecting moms and children.
- Edwin does a wonderful job.
- Dedicated staff.
- Community collaborative meetings and community outreach events.
- There are a variety of departments in place for each stage of development in an individual's life.
- Good information delivered efficiently and good follow-up with customer service at the health department.
- So many! Starting with assistance for nursing mothers through school presentations by different providers.
- Community meeting and outreach.
- Strengths include outreach efforts – health fairs/outreach events, etc.

Perceived System Weaknesses and/or Gaps

- I feel there is a gap between working-aged persons and seniors
- Just limit what can be done with what is available.
- Engaging community, limited messaging in print.
- Lack of resources.
- Lack of connective referral system between agencies, and information sharing. It is unrealistic for every agency to know the details (eligibility, policies, procedures) for



every other agency, therefore a better line of streaming or referring the individual to the appropriate agency.

-  This area is very rural with limited local news coverage of any sort.
-  I think there is a language barrier with marketing/educational materials and finding enough staff to fill open positions.
-  Mental health continues to be an issue and working to treat mental health as any other condition. Destigmatization.

Essential Service

Mobilize community partnerships to identify and solve health problems



Performance Score

This score can be interpreted as the overall degree to which the local public health system meets the performance standards. The overall performance ranking score for this Essential Service is **3.8**, which represents **Moderate Activity**.



Perceived System Strengths and/or Highlighted Activities

- Attend non-healthcare events and promotes the programs they do offer.
- Attempts are made but they have limited services to work with.
- Engaged community partners.
- Community collaborative meetings.
- Consistent with sharing information with partner agencies by hosting Zoom meetings and information-sharing meetings.
- Thanks to the United Way and Hendry County Commission, local providers and governmental agencies have a venue for sharing information about our services, programs, and events regularly.
- Creating partnerships with other agencies.
- Community meetings and task forces are created to engage community partners to work together to problem solve for key issues and even individual client-based needs.



Perceived System Weaknesses and/or Gaps

- Staffing to address emerging health issues and basic support of the healthcare system that is in place in the area.
- Limited providers.

- Diversifying community partnerships.
- Lack of services available, people cannot afford services, limited staff to coordinate meetings, and task force groups.
- No follow-up to a referral or lack of an effective referral system.
- Again, finding qualified staff is always a challenge.
- There are not always local providers who fit the needs of the community for very specific issues.

Essential Service

Develop Policies and Plans that Support Individual and Community Health Efforts



Performance Score

This score can be interpreted as the overall degree to which the local public health system meets the performance standards. The overall performance ranking score for this Essential Service is **3.6**, which represents **Moderate Activity**.



Perceived System Strengths and/or Highlighted Activities

- I don't have much knowledge about this which probably is not a good sign since I work in healthcare in the region.
- Policies are reviewed and updated.
- Smoke-Free Zones, encouraging exercise in local parks
- Numerous departments are in place to provide services from birth to the grave. Each department has a streamed line plan and policy on how services are provided.
- Creation of committees to involve local providers.
- Creating plans with other agencies and partners.



Perceived System Weaknesses and/or Gaps

- I don't have much knowledge about this which probably is not a good sign since I work in healthcare in the region.
- No incentives for providers to come in.
- Limited flexibility to develop policies with state efforts.
- Lack of support staff to assist with development.
- For me personally, having the time to serve on committees and attend meetings.

Essential Service

Link People to Needed Personal Health Services and Assure the Provision of Health Care When Otherwise Unavailable



Performance Score

This score can be interpreted as the overall degree to which the local public health system meets the performance standards. The overall performance ranking score for this Essential Service is **3.5**, which represents **Moderate Activity**.



Perceived System Strengths and/or Highlighted Activities

- I think the local DOH and others do an amazing job getting the local population to the resources they need when those resources are available.
- Engaged Ryan White/Refugees
- Agency network meetings – sharing information with other community partners.
- There aren't as many providers in our area and both transportation and poverty are factors affecting our community's ability to obtain services.
- Having partners working together and outreach to the community.
- Referrals.



Perceived System Weaknesses and/or Gaps

- Those needed resources are not always available.
- Transportation/providers
- Difficulty obtaining services due to shortage of providers/funding.
- Referrals into Fort Myers are okay, but it is difficult for some to travel.
- Lack of referral system between agencies, which includes a lack of follow-up.
- Limited providers and transportation.
- Lack of specialty medical care locally.






Thank you to the following agencies for participating in the Local Public Health System Assessment:

Florida Department of Health in Glades and Hendry Counties	Hope Healthcare – Hope Connections
Beyond Barriers	Ross Dynasty
Centerstone CAT of Hendry/Glades	Community Member

Appendix I: Forces of Change

Overview





Forces of Change Assessment is one of the four Mobilizing for Action through Planning and Partnerships (MAPP) assessments conducted in this process. This assessment focuses on identifying the trend, events, and factors that may affect the quality of life and/or impact the local public health system. The key forces that were focused on for this session were:

-  Social/Cultural
-  Health
-  Technological/Scientific
-  Economic
-  Political/Legal
-  Environmental

The Forces of Change Assessment trends in these areas seek to answer the following question: what is occurring or might occur, that affects the health and well-being of our community or the local public health system?

On January 6, 2023, the Health Planning Council of Southwest Florida (HPC) hosted the Forces of Change Assessment via Zooms during the Healthier Hendry/Glades Taskforce meeting. HPC used Mentimeter, an internet and cell phone-based presentation tool, to conduct the assessment. The participants used their cell phones and/or the chat box to respond to the questions.

Below are the results from the Force of Change exercise.

Factors	Trends, Events, & Factors
<p>Social/Cultural</p>	<ul style="list-style-type: none">  Homelessness  Language  Aging population  Natural disaster impact  Language barriers  Isolated in their home  Aging population  New residents  Food insecurity  Decline in culture  Immigration housing  Technology  Transportation  Healthcare availability  Refugee  Cultural Stigma to accessing services  Racism  Decrease in housing options  Elderly need home visits

	<ul style="list-style-type: none"> ⊕ Lack/need for low-income housing ⊕ Mental health stigma ⊕ Stigma against outside resources ⊕ Homebound elderly ⊕ Increase need for mental health services ⊕ Limited preventive care for young adults
<p>Health</p>	<ul style="list-style-type: none"> ⊕ Expanding intensive outpatient services for children and teens ⊕ Competing priorities ⊕ Denial of the need ⊕ Lack of services ⊕ Loss of providers ⊕ Fluctuating services available ⊕ Retirement ⊕ Lack of nurses to make home visits to elderly ⊕ Lack of specialty care ⊕ Shortage of healthcare workers ⊕ Access to information ⊕ Workforce shortage ⊕ Virtual-only option ⊕ Access to healthcare ⊕ Health insurance ⊕ Healthcare to the homebound ⊕ Limited scope services ⊕ Access to affordable services ⊕ Lack of LOCAL services ⊕ Options for families to receive focused substance use treatment while remaining with their families ⊕ Shortage/lack of providers ⊕ Limited collaboration with medical providers ⊕ Accessibility to care ⊕ Transportation ⊕ Increase in chronic disease risk factors ⊕ Telehealth ⊕ Mental health providers ⊕ Mental health services other than meds
<p>Technological/Scientific</p>	<ul style="list-style-type: none"> ⊕ Internet access ⊕ "Internet/Connectivity access" ⊕ Lack of decent internet ⊕ Internet access ⊕ Lack of personal interaction ⊕ Mistrust ⊕ Stigma of telehealth ⊕ Illiteracy ⊕ COVID impacts ⊕ Lack of knowledge, of how to use the web ⊕ Strong internet access ⊕ Lack of tech knowledge

	<ul style="list-style-type: none"> ⊕ Lack of sufficient education ⊕ Meta Verse ⊕ Fear/mistrust of healthcare ⊕ County is resistant to change with technology ⊕ Social media info control ⊕ Social media influencers
<p>Economic</p>	<ul style="list-style-type: none"> ⊕ Increase in Wages ⊕ increase in homeless ⊕ Government issue with school board workers ⊕ Job shortages ⊕ Increased rent ⊕ Lack of affordable housing ⊕ Inability to fill positions ⊕ Inflation ⊕ More available jobs but a limited workforce ⊕ Increase in cost of living ⊕ Lack of affordable housing ⊕ Inflation ⊕ Disparity of pay ⊕ Increased fuel cost ⊕ “Food”-flation ⊕ Grocery costs. ⊕ The powers that be preventing businesses from moving in, which would create jobs ⊕ Assistance programs (like food stamps) not increasing with needs ⊕ Lack of employment opportunities ⊕ Lack of good-paying jobs ⊕ Can't wait in line for food distribution if you can't afford fuel ⊕ Housing costs ⊕ Limited medical providers, increase economic disparities for community members ⊕ Housing shortage ⊕ Debt/income ratios ⊕ Student loan debt ⊕ Not being able to find resources ⊕ Limited childcare ⊕ Affordable healthcare ⊕ DECENT housing ⊕ Cost of childcare ⊕ Limited resources ⊕ Cheaper to be unemployed than pay to send kids to daycare ⊕ Need to make difficult decisions on how to spend money. ⊕ Limited preventive care services ⊕ Stigma with leaders in the community ⊕ Immigration status
<p>Political/Legal</p>	<ul style="list-style-type: none"> ⊕ Immigration ⊕ Fear of deportation ⊕ Undocumented individuals may avoid care due to fear

	<ul style="list-style-type: none"> • Student discipline and no tolerance policy • Affordability of healthcare • Changes in Medicaid coverage like hormone treatments • Marijuana laws • Mistrust of political leaders • Flavored products targeting youth • Changes in medical care by health insurance • Student no tolerance policy-being expelled • Division between county and city officials • Relationships between political leaders and the local community, lacking • New administration and changing policies • State politics vs health necessity • Stigma with leadership in the community • Competing priorities • Open Border • Communication between city leaders and nonprofit agencies • Elected officials serve multiple roles which could pose a conflict of interest • A trustworthy administration • Election time
<p>Environmental</p>	<ul style="list-style-type: none"> • Natural disasters • Limited sidewalks • Hurricanes • Water quality • Flooding • Overuse of Fertilizers, negatively affecting our water • Lack of places where kids can play • Water quality needs improvement • Few gyms • Agriculture • Outbreak of another disease • Sugar cane burning • Lack of workers • Water quality improvements • Lighting • Putting agriculture profits over healthy water and soil • Population increase • New building • Change in landscape • Less green spaces • More businesses / \$\$\$ housing • Gentrification • Bad roads • Dangerous intersections • Losing the beautiful oaks • Roads are not designed for increased traffic • Water in the river, yuck

Appendix J: Guide to Health Resources in Hendry and Glades Counties

Emergency Numbers for Both Counties

Name	Number
Police/Fire/Ambulance	911
National Poison Control Center	1-800-222-1222
Florida Emergency Information Line (active during Florida Disasters)	1-800-34-3557

Glades County Non-Emergency Numbers

Name	Number
Glades County Sheriff Office	877-445-2337
Fire Departments	
Buckhead Ridge	863-634-5197
Indian Hills	863-983-6490
Lakeport	863-946-2733
Muse	863-675-4288
Ortona	863-674-1151
Palmdale	863-674-1400
Animal Control	863-946-6001
Social Services	863-946-0411

Hendry County Non-Emergency Numbers

Name	Number
Police and Sheriff's Office	
LaBelle Sheriff Office	863-674-5600
Clewiston Sheriff Office	863-805-5000
Clewiston Police	863-983-1474
Fire Department	
Clewiston Fire Department	863-983-1499
LaBelle Fire Department	863-675-1537
Animal Control	863-675-3381

Social Services	863-983-1469
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Healthcare Services

Name	Facility Type	Address	Number	Services
Florida Department of Health – Clewiston	Health Department	1100 South Olympia Ave.	863-983-1408	Ryan White Program, Infectious Disease Programs, Chronic Disease Prevention, Drug Free, Healthy Start, Healthy Families, Teen Health, Tobacco Programs, Teen Outreach Program, Dental Sealant Program, Family Planning
Florida Department of Health - LaBelle	Health Department	1140 Pratt Blvd.	863-674-4041	Ryan White Program, Infectious Disease Programs, Chronic Disease Prevention, Drug Free, Healthy Start, Healthy Families, Teen Health, Tobacco Programs, Teen Outreach Program, Dental Sealant Program, Family Planning
Florida Department of Health – Moore Haven	Health Department	1021 Health Park Dr.	863-946-0707	Immunizations, STD, Family Planning, WIC services, Refugee Health, Healthy Start/Healthy Families, Chronic Disease Prevention, Tobacco Programs, Teen Health, Teen Outreach Program, Infectious Disease Services, Dental Sealant Program
Hendry Regional Medical Center	Hospital & Emergency Department	524 W. Sagamore Ave.	863-902-3000	Audiology, Cardiology, Workers Comp Clinic, Intensive Care Unit, Diabetes Program, Emergency Department, Food and Nutrition Services, Imaging, Laboratory, Pharmacy, Rehabilitation, Surgery, Tobacco Cessation, Infusion Services

Mental Health Services in Glades and Hendry Counties

Provider	Service Offered	Population Served	Accepts	Service Location	Number
ABA of Southwest Florida Corp.	Behavioral Therapy	Children/Adults with Autism (1-30)	Commercial Insurance	In-Home	239-691-6482
ACT (Abuse Counseling & Treatment)	Domestic Violence, Human Trafficking, Sexual Assault	Adults	Free of Charge	In Person, Telehealth	24-Hour Helpline: 239-939-3112
Beyond Barriers	Therapy & Substance Abuse	Children (5+) & Adults	Some Commercial Insurance & Medicaid	In Person, Telehealth	239-839-3907
Catholic Charities	Therapy	Children, Adults, Couples	Sliding Scale Fee	Phone, Telehealth, In Person	239-237-1804
Center for Progress & Excellence (CPE)	Crisis Response Services	Children (12+) & Adults	Free of Charge	In Person	24-Hour Crisis Hotline: 844-395-4432
Centerstone	Intensive Outpatient Treatment	Children (5-21)	Referral Required	In Person	863-342-4221
Children's Advocacy Center	Trauma Therapy (for children who have been abused) & Abuse Prevention Services	Children (3-17) & Adults (survivors of childhood sexual abuse)	Free of Charge	In Person & Telehealth	239-939-2808
Chrysalis Wellness Center	Therapy, Substance Abuse & Medication Management	Children & Adults	Commercial Insurance	In Person & Telehealth	239-208-7084
Dr. Victoria Avellaneda	Therapy & Evaluations	Children (16-18) & Adults	Commercial Insurance & Medicare	In Person & Telehealth	863-695-2339 305-439-6014

Elite DNA Therapy	Therapy	Children & Adults	Call for Info	Telehealth	239-223-2751
HEADS	Counseling	Children (3-17) & Adults	Medicaid	In Person & Telehealth	239-689-4745 Ext. 1200
Healthy Start/Healthy Families – DOH	Mental Health Counseling	Pregnant Women/Families with infants	Free of Charge	In Home	239-425-6930
HER Movement, Inc.	Mentoring	Females Age 13+	Call for Info	In Person	772-236-4282
IMPOWER (impowerfl.org)	Counseling & Psychiatry	Children (6+) & Adults	Uninsured & Medicaid	Telehealth	321-639-1224 Option 2
Lighthouse Addiction Services (LAS)	Substance Abuse	Adults	Sliding Scale	In Person & Telehealth	941-225-5900
Mastery Solutions	Court Ordered Classes (AM, BIP, Parenting)	Adults	Sliding Scale	In Person & Telehealth	863-254-7146 (Bilingual)
NAMI	Support Services	Family & Client	Free of Charge	In Person & Telehealth	239-337-9024
The Dubin Center	Individual & Group Support Services	Caregivers & Individuals Living with Alzheimer's for Dementia	Free of Charge	Phone, Virtual, or In Person	239-437-3007
TLS Consulting	Substance Abuse	Adults	Sliding Scale	In Person	239-997-7770
Norma Henriquez, MD	Psychiatry & Therapy	Adults 18 & Up	Medicare & Commercial	In Person & Telehealth	239-400-9022

A Limited List of Other Licensed Facilities

(For more community resources, contact the United Way 2-1-1 or go to SWFLResourceLink.com)

Name	Facility Type	Street Address	City	Number
Family Health Centers of Southwest Florida	Health Center & Dental Services	930 South Main St	LaBelle	844-342-4935
Fast Friendly Pharmacy	Pharmacy	805 US Hwy 27	Moore Haven	863-946-0006
Florida Community Health Center	Health Care Clinic	1021 Health Park Dr	Moore Haven	863-946-0405
Florida Community Health Center	Health Care Clinic	315 South W.C. Owen Ave	Clewiston	863-983-7813
Hope Connections	Senior Services	1200 South W.C. Owen Ave	Clewiston	800-835-1673
Hope Connections	Senior Services	475 East Cowboys Way	LaBelle	800-835-1673
Hope Connections	Senior Services	200 Second St	Moore Haven	800-835-1673
Hope Hospice	Hospice	101 South W.C. Owen Ave	Clewiston	800-835-1673
Dr. James D. Forbes Family Care Center	Primary Care	500 W Sagamore Ave	Clewiston	863-983-3434