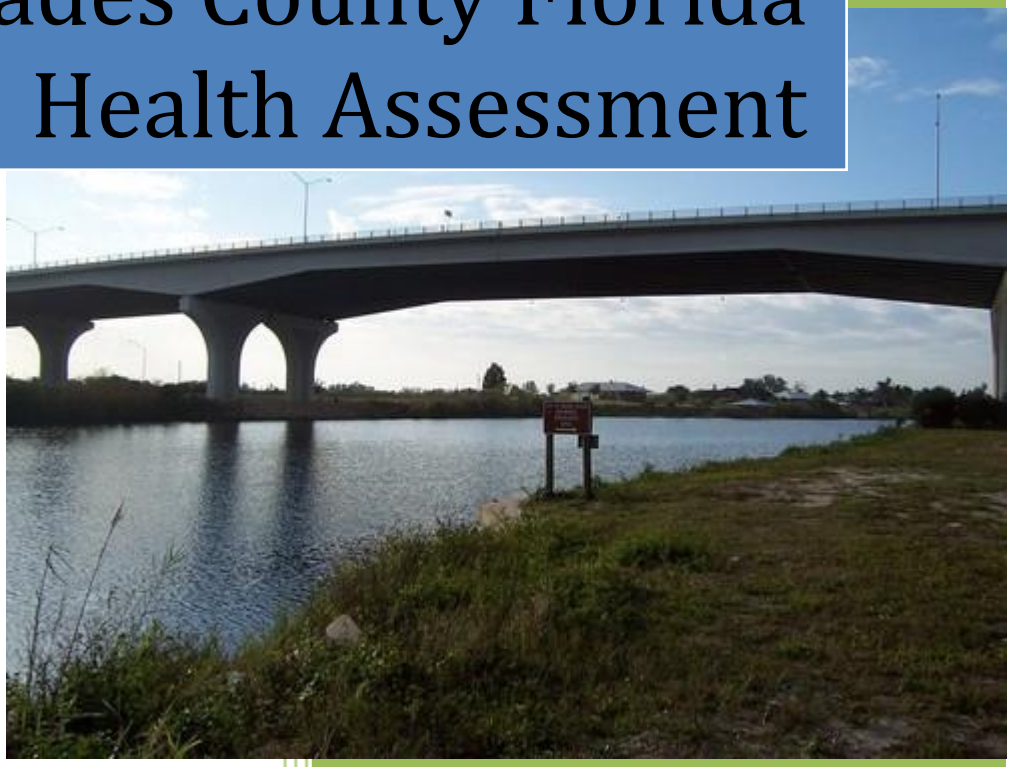
2011

Glades County Florida Health Assessment



Prepared by:

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Introduction

In an effort to improve the health of the residents of Glades County, a collaborative partnership was formed between the Glades County Health Department and the Health Planning Council of Southwest Florida, Inc. for the purpose of conducting a needs assessment for the use by the Glades County Health Department and other community partners. This needs assessment consists of demographic, socioeconomic and health status information that will be used to identify areas where targeted interventions and policy changes may have the greatest impact. Once community needs are identified through quantitative data analysis of demographic, socioeconomic and health status information, and qualitative interviews, the strategic planning process can begin.

Demographic and Socioeconomic Characteristics

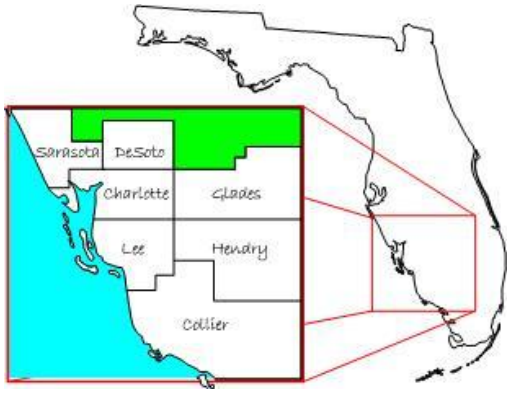
The demographic, social and economic characteristics of a community can strongly influence the community's health status and related service needs. These indicators should be a primary consideration when designing and developing any system of care within the region. This section provides a brief overview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

Population Demographics

Clearly, the sheer number of people in a community is the leading determinant of the demand for healthcare services. Glades County, which has a population of just fewer than 11,500, is located in southwest Florida (Fig. 1). The county also shares borders with the following counties: Highlands to the north; Okeechobee to the northeast; Martin to the east; Palm Beach in the southeast; Hendry to the Southeast; Lee in the southwest; Charlotte to the west; and DeSoto to the northwest. As seen in Figure 2, Glades is one of seven counties in southwest Florida that comprise the Local Health Planning District 8 as designated by the Florida Agency for Health Care Administration (AHCA). Moore Haven, which is the county seat, is the largest incorporated municipality in the county. Moore Haven's population is slightly below 1700 persons. Glades County is 986 square miles in area; about 22% of that area is covered by water. The county is the 65th most populous county in Florida out of 67; it accounts for .1% of the population of the state.

Figure 1:

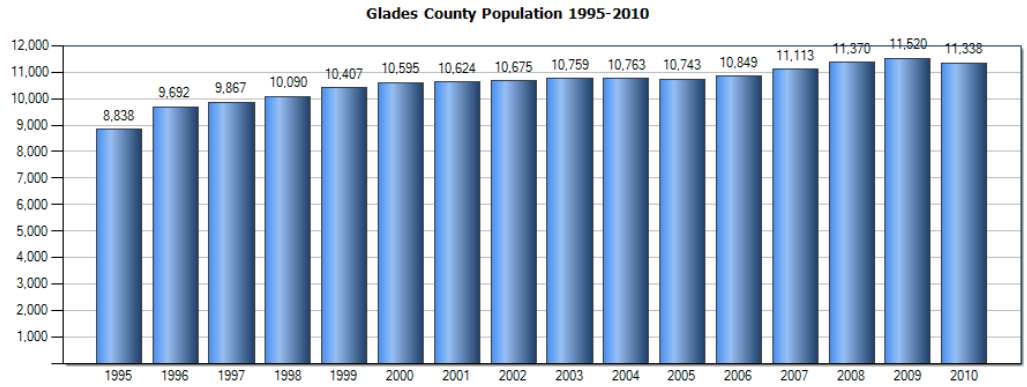
Figure 2:



Population Growth

The illustration below (Chart 1) represents the total population of Glades County from 1995-2010. The estimate for 2010 places the population of Glades County as 11,338. This represents a 28% increase since 1995, however growth has flattened out in recent years and there was a small dip from 2009 to 2010.

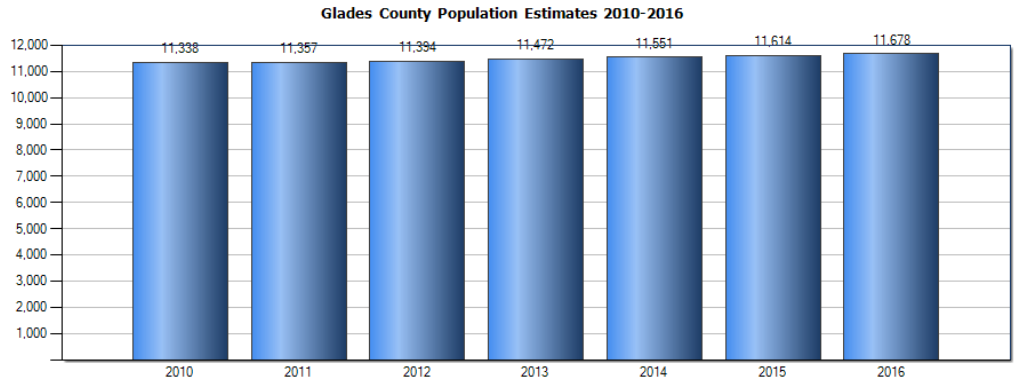
Chart 1: Total Population Glades County 1995-2010



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

Population growth in a community is the result of natural increase (more births than deaths) and also the migration of people moving into the area at a higher rate than those who are leaving. The population of Glades County is expected to grow slightly in the coming years. In 2016, it is estimated that the population of Glades County will be 11,678; that is an increase of about three percent from the projected number for 2010.

Chart 2: Estimated Population Glades County 2010-2016

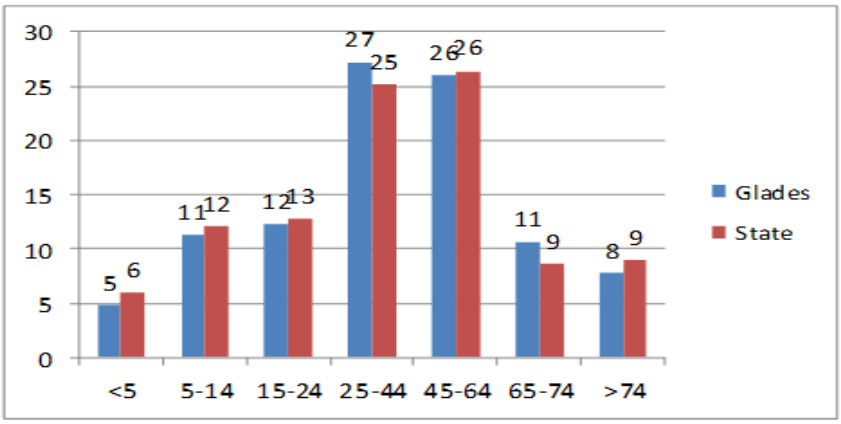


Source: The Florida Legislature, Office of Economic and Demographic Research

Age

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

Chart 3: Population by Age Group
Glades and State, 2009

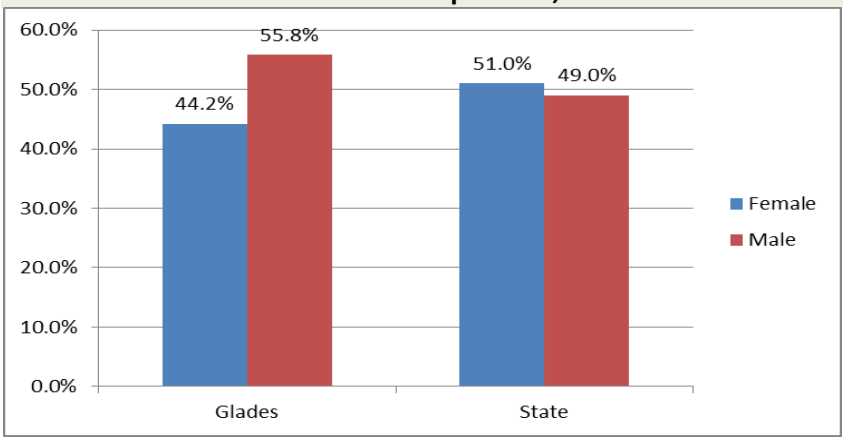


Source: The Florida Legislature, Office of Economic and Demographic Research

Gender

There are more men than women in Glades County. 55.8% percent of the residents of Glades County are male while 44.2 percent are women; statewide the percentages are 51 percent female and 49 percent male. Nationwide females outnumber males, but it is not uncommon for men to outnumber women in rural areas.

Chart 4: Glades Population by Sex
Percent of Total Population, 2009

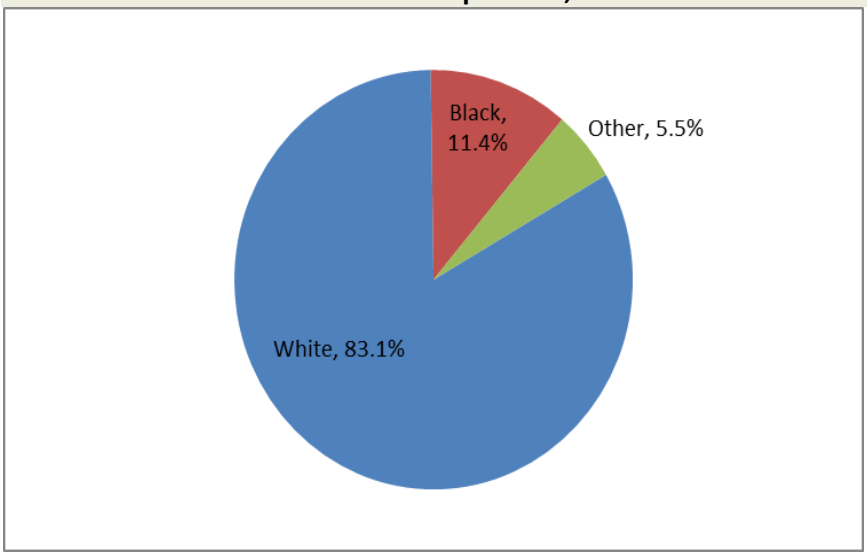


Source: The Florida Legislature, Office of Economic and Demographic Research

Race and Ethnicity

16.9 percent of the population of Glades County is non-white; compared to a statewide population comprised of 19.4 percent non-whites. Approximately 5.5 percent of the population is listed as "Other non-white"; that category includes American Indian, Alaskan Native, Asian, Native Hawaiian and other Pacific Islanders and those of mixed race who chose not to select white or black.

Chart 5: Glades Population by Race
Percent of Total Population, 2009



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

Ethnicity in Florida is broken out separately than race. For ethnicity, a person must designate themselves as Hispanic or Non-Hispanic; people in both of those groups can identify as white, black or other non-white. About 21 percent of the residents of Glades County identify as Hispanic; of those 94 percent are identified as white.

Chart 1: Race and Ethnicity, 2009				
	Glades 2009		Florida 2009	
	#	%	#	%
White	9,578	83.3%	15,135,817	80.6%
Black	1,314	11.4%	3,106,660	16.5%
Other	628	5.5%	546,318	2.9%
Hispanic	2,423	21.1%	4,143,731	22.1%

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

Socioeconomic Indicators

The figures shown below summarize some of the primary indicators of economic health for the county and state. The average annual income of the residents of Glades County rose 42.8 percent between 2000 and 2009; however that income still lags significantly behind the average for the state.

The percent of people living under the poverty level is significantly higher than the state average. Unfortunately, that is consistent for the percent of children 0-17 years of age who are under the poverty level; that rate is 30.7% for Glades County compared to 21.5% for the state.

Like the rest of Florida, Glades County was hit hard by the economic downturn. The unemployment rate jumped from 4.7 percent in 2000 to 10.2 percent in 2009; however it is slightly lower than the state rate of 10.5 percent. The bankruptcy filing rate also increased from 1.6 people out of every 1000 in 2000 to 2.1 per 1000 in 2009; that is lower than the state average.

Table 2: Socioeconomic Indicators
Glades County and State

	County 2000	County 2009	State 2009
Labor Force as a % of Pop. Aged 18+	49.5%	48.7%	62.7%
Personal Bankruptcy Filing Rate per 1000	1.6	2.1	4.9
Unemployment Rate	4.7%	10.2%	10.5%
Average Annual Wage		$36,135	$40,974
Per Capita Personal Income (2008)	$16,794	$23,988	$39,064
% Living Below Poverty Level		21.5%	15.0%
% ages 0-17 living below Poverty		30.7%	21.5%

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

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

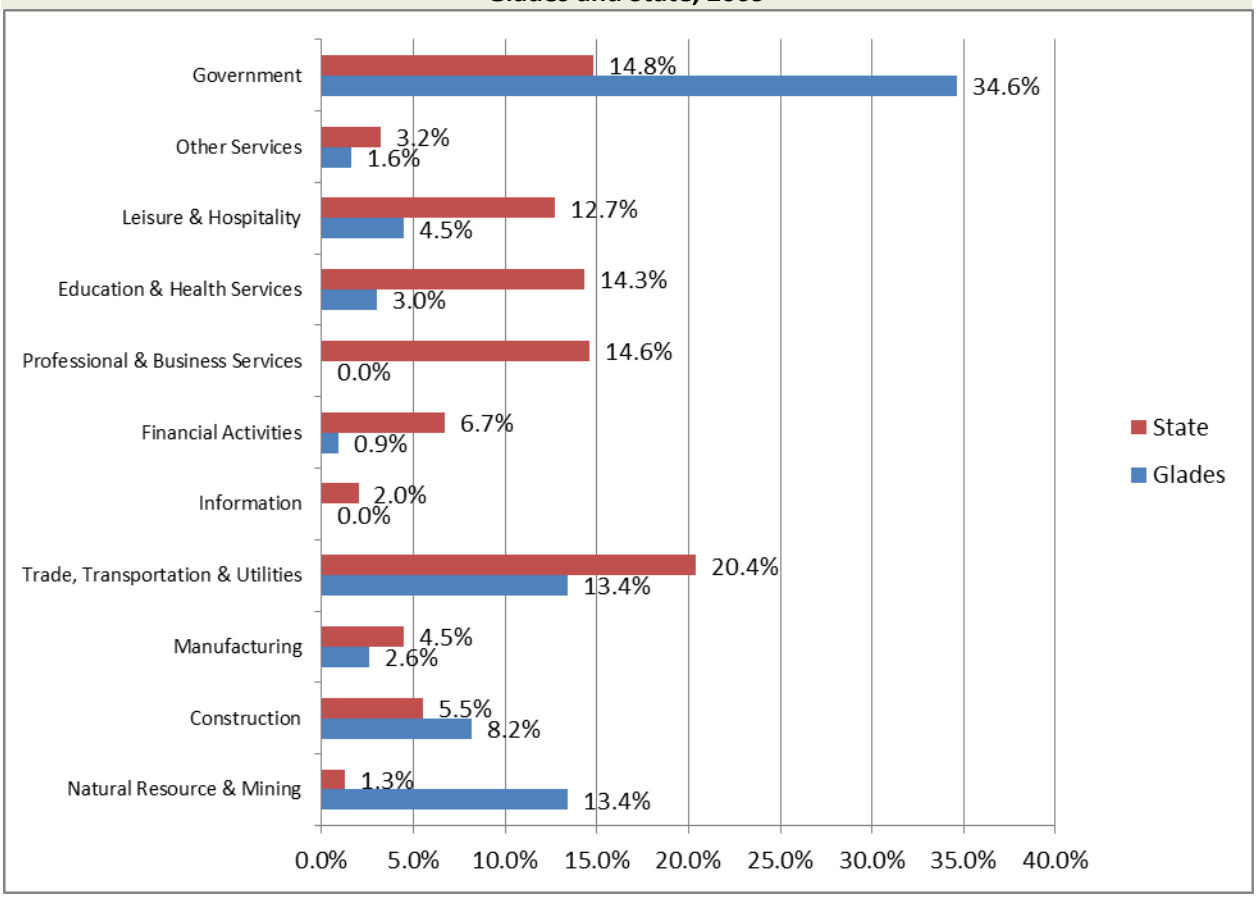
Table 3: Educational Attainment
Persons aged 25 and older, Glades and State

	Glades	State
% HS graduate or higher	73.4%	84.9%
% Bachelor's degree or higher	10.8%	25.6%

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

As seen in Chart 6, among working adults in Glades County the most common non-agricultural sectors of employment are: government, natural resources and mining, and trade, transportation and utilities. Government is by far the largest non-agricultural sector of employment for Glades County. Agriculture is also a large employment sector in Glades County.

Chart 6: Average Employment by Category, Non-Agricultural Glades and State, 2009



Source: Florida Legislature, Office of Economic and Demographic Research

Health Status

Leading Causes of Death

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

Table 4 gives a lot of information on the leading causes of death for residents of Glades County in 2009. The deaths column is a simple count of the number of people who died by the listed cause during 2009. Percent of total deaths lets you know what percent of the people who died in 2009 died from that cause. Crude rate per 100,000 gives a sense of how likely a person is to die of that cause in any given year. For example, out of every 100,000 people in Glades County, 225.7 of them died of a stroke in 2009. Since there are fewer than 100,000 people in Glades County the rates per 100,000 are higher than the actual number of people who died. Using the rate per 100,000 allows comparison between areas with different populations such as comparing a small county to a large county or a county to the state.

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

The 3-year age-adjusted death rate per 100,000 gives an average of the three years ending in 2009 (2007, 2008 and 2009). A small increase or decrease in the number of deaths in a given year can make a big difference in the rate so averages are used to flatten out large fluctuations. The last column is years of potential life lost.

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

Table 4: Major Causes of Death For 2009
Glades County

Cause of Death	Deaths	Percent of Total Deaths	Crude Rate Per 100,000	Age-Adjusted Death Rate Per 100,000	3-Year Age-Adjusted Death Rate Per 100,000	YPLL < 75 Per 100,000 Under 75
ALL CAUSES	111	100	963.5	757.9	734.5	8,278.4
CANCER	26	23.4	225.7	162.8	147.9	979.5
HEART DISEASE	23	20.7	199.7	152.9	184.5	1045.4
CHRONIC LOWER RESPIRATORY DISEASE	15	13.5	130.2	102.4	51.8	706.3
UNINTENTIONAL INJURIES	11	9.9	95.5	92.6	88.7	2,731.2
DIABETES MELLITUS	8	7.2	69.4	53.7	30	649.8
STROKE	3	2.7	26	19	25.5	18.8
SEPTICEMIA	3	2.7	26	21.9	12.1	565.1
PNEUMONIA/INFLUENZA	2	1.8	17.4	12.9	8.5	103.6
ALZHEIMER'S DISEASE	1	.9	8.7	5.4	6.5	18.8
BENIGN NEOPLASM	1	.9	8.7	6.6	6.9	0
CHRONIC LIVER DISEASE AND CIRRHOSIS	1	.9	8.7	8.9	18.8	207.2

Source: Florida Department of Health, Office of Health Statistics and Assessment, 850-245-4009
Age-adjusted death rates are computed using the year 2000 standard population.
YPLL = Years of Potential Life Lost

The most frequent causes of death for people in Glades County are cancer and heart disease. Together they accounted for more than 40 percent of the deaths in 2009. Table 5, which compares the three-year age-adjusted rates for Glades County with those for all of Florida, shows that the death rates for heart disease are higher than the state average while the death rates for cancer in Glades are lower than the state average. The death rate from motor vehicle crashes is higher than the state average. The averages for the other major causes of death are fairly similar to the state averages. In some categories a small number of deaths can have a large impact on the rates for Glades County.

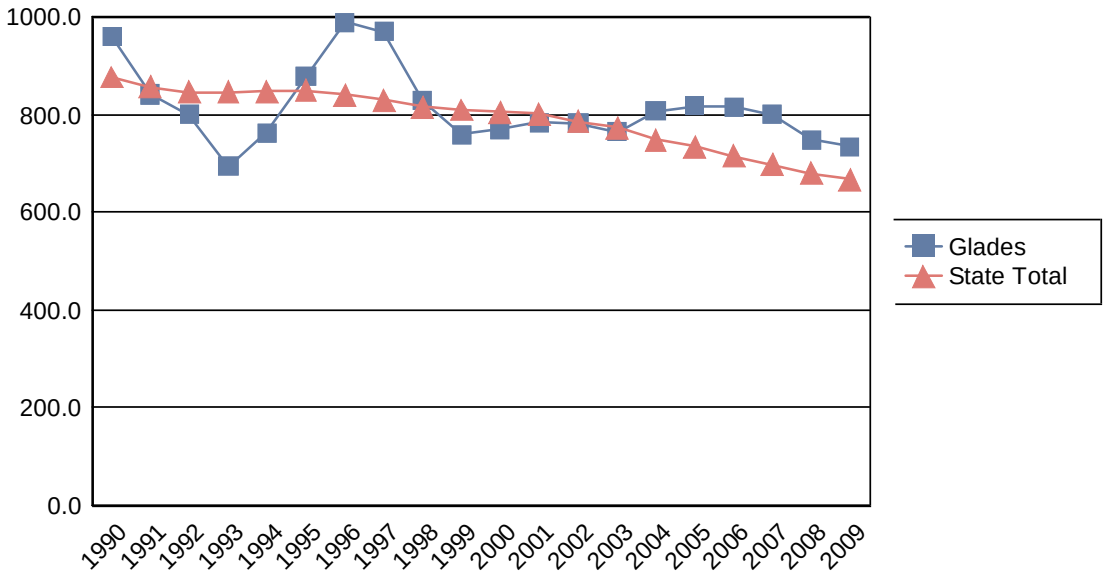
Table 5: Major Causes of Death For 2009
Glades and State

Cause of Death	Glades County 2007-2009 Age Adjusted Rate/100,000	Florida 2007-2009 Age Adjusted Rate/100,000
ALL CAUSES	734.5	666.7
HEART DISEASE	184.5	155.0
CANCER	147.9	160.7
MOTOR VEHICLE CRASHES	52.0	15.7
CHRONIC LOWER RESPIRATORY	51.8	37.1
DIABETES	30.0	20.0
STROKE	25.5	31.6
CIRRHOSIS	18.8	10.2
AIDS/HIV	10.8	7.4
PNEUMONIA/INFLUENZA	8.5	8.7

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

The death rate for Glades County is slightly higher than the state average (Chart 7). After a flat death rate for the past several years, the death rate for Glades County has fallen slightly in the past three years.

Chart 7: Glades Death Rate over 20 Years Compared to State
Age-Adjusted All Causes 3-Year Death Rate



Source: Florida Department of Health, Office of Vital Statistics
Data for 1999 and subsequent years are not fully comparable to data from 1998 and prior years, due to changes in coding of causes of deaths resulting from the switch from the ninth revision of the International Classification of Diseases (ICD9) to the tenth revision (ICD10).
Age-adjusted death rates are computed using the year 2000 standard population.

Table 6 lists the cause of death noted for all deaths in Glades County from 2000-2009. The number of deaths has remained fairly consistent during these years; however the death rate has fallen slightly because the population of Glades County has increased by about 9% during this period.

Table 6: Deaths From All Causes
All Races, All Sexes, All Ethnicities, All Ages
Glades County 2009

Cause of Death	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
All Causes	**107**	**93**	**104**	**104**	**113**	**110**	**109**	**108**	**92**	**111**
Infectious Diseases	2	4	3	3	4	4	2	6	2	5
...Certain Other Intestinal Infections	0	0	1	1	1	0	1	0	0	0
...Septicemia	0	2	2	0	2	1	0	1	1	3
...Viral Hepatitis	1	1	0	0	0	1	0	2	0	1
...Human Immunodeficiency Virus	0	1	0	2	1	2	1	3	1	0
...Other & Unspecified Infectious/Parasitic Disease & Sequelae	1	0	0	0	0	0	0	0	0	1
Malignant Neoplasms	33	29	24	20	29	28	24	20	24	26
...Lip, Oral Cavity, Pharynx Cancer	0	0	1	2	0	3	1	0	0	0
...Esophagus Cancer	0	0	0	0	1	1	1	2	1	0
...Stomach Cancer	1	0	0	1	0	1	0	0	0	1
...Colon, Rectum & Anus Cancer	2	3	2	4	2	2	2	1	2	2
...Liver & Intrahepatic Bile Ducts Cancer	1	0	0	2	0	2	0	0	2	1
...Pancreatic Cancer	3	2	0	1	0	1	2	1	0	2
...Larynx Cancer	0	1	1	0	1	0	1	0	0	1
...Trachea, Bronchus & Lung Cancer	12	12	12	4	10	11	8	9	11	10
...Skin Cancer	1	0	1	0	2	0	0	0	0	0
...Breast Cancer	2	1	1	2	0	1	1	1	1	2
...Corpus Uteri & Uterus, Part Unspec Cancer	0	0	2	0	0	0	0	0	0	0
...Ovarian Cancer	1	0	0	0	1	0	0	0	0	1
...Prostate Cancer	1	0	1	0	0	2	1	3	1	1
...Kidney & Renal Pelvis Cancer	0	1	0	0	0	1	0	0	0	0
...Bladder Cancer	0	3	0	0	1	0	0	0	0	0
...Meninges, Brain, & Other Part Cen Nerv Sys Cancer	0	0	1	0	1	0	1	0	0	0
...Lymphoid, Hematopoietic and Related Tissue	3	3	0	1	4	0	2	2	2	2
.....Non-Hodgkin's Lymphoma	1	3	0	0	1	0	1	1	1	0
.....Leukemia	1	0	0	1	2	0	1	0	1	1
.....Multiple Myeloma & Immunoprolifera Neoplas	1	0	0	0	1	0	0	1	0	1

All Other & Unspecified	6	3	2	3	6	3	4	1	4	3
In Situ, Benign, Uncert/Unk Behavior Neoplasms	1	0	0	0	1	0	2	2	0	1
Diabetes Mellitus	6	3	2	5	4	2	2	2	4	8
Nutritional Deficiencies	0	0	0	0	0	0	0	0	0	1
...Malnutrition	0	0	0	0	0	0	0	0	0	1
Meningitis	0	0	0	0	0	0	0	0	1	0
Parkinson's Disease	0	2	0	0	0	0	0	0	0	0
Alzheimer's Disease	1	1	3	1	0	1	3	2	0	1
Major Cardiovascular Diseases	41	33	30	38	42	36	38	39	28	27
...Heart Diseases	32	28	27	33	32	31	28	35	22	23
.....Acute Rheum Fever & Chronic Rheum Heart Dis	0	0	0	0	0	0	0	0	1	0
.....Hypertensive Heart Disease	1	1	1	1	1	1	1	2	2	2
.....Hypertensive Heart & Renal Disease	0	0	0	0	0	0	1	0	0	0
.....Ischemic Heart Diseases	25	26	21	26	24	26	20	27	15	17
.....Acute Myocardial Infarction	3	6	9	2	6	4	2	7	5	6
.....Other Forms of Chronic Ischemic Heart Dis	22	20	12	24	18	22	18	20	10	11
.....Atherosclerotic Cardiovascular Disease	5	3	5	9	6	5	7	5	1	4
.....All Other Chronic Ischemic Heart Dis	17	17	7	15	12	17	11	15	9	7
.....Other Heart Diseases	6	1	5	6	7	4	6	6	4	4
.....Heart Failure	3	0	1	2	1	1	0	1	0	2
.....Other Forms Heart Dis	3	1	4	4	6	3	6	5	4	2
...Essen Hypertension & Hypertensive Renal Dis	0	1	1	0	1	0	1	0	0	0
...Cerebrovascular Diseases	7	4	1	3	7	5	7	3	6	3
...Atherosclerosis	1	0	0	0	1	0	0	0	0	0
...Other Disease of Circulatory System	1	0	1	2	1	0	2	1	0	1
.....Aortic Aneurysm & Dissection	1	0	1	0	1	0	1	1	0	1
.....Other Arteries, Arterioles, Capillaries Dis	0	0	0	2	0	0	1	0	0	0
Other Circulatory System Disorders	0	0	1	0	0	0	0	0	0	0
Influenza & Pneumonia	0	0	6	2	3	1	1	0	2	2
...Pneumonia	0	0	6	2	3	1	1	0	2	2
Chronic Lower Respiratory Diseases	4	4	9	5	4	9	6	6	2	15
...Emphysema	1	1	3	1	0	1	1	0	0	2
...Asthma	0	0	0	1	0	2	0	1	0	1
...Other Chronic Lower Respiratory Diseases	3	3	6	3	4	6	5	5	2	12
Pneumonitis Due To Solids & Liquids	0	1	0	1	0	1	0	0	0	0

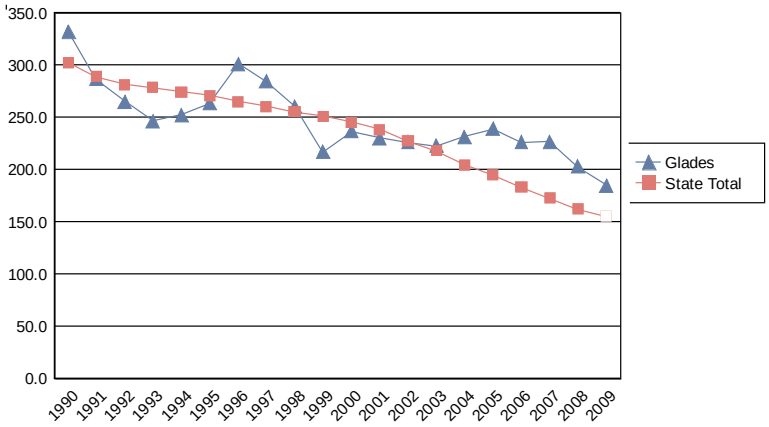
Other Respiratory System Dis	1	1	2	1	1	1	1	0	0	1
Peptic Ulcer	0	1	0	0	0	0	0	0	0	0
Hernia	0	0	1	0	0	0	0	0	0	0
Chronic Liver Diseases & Cirrhosis	0	5	2	1	1	4	2	4	3	1
...Alcoholic Liver Disease	0	0	0	0	0	3	2	4	2	0
...Other Chronic Liver Disease & Cirrhosis	0	5	2	1	1	1	0	0	1	1
Cholelithiasis & Other Gallbladder Disorders	0	0	0	0	0	1	0	0	0	0
Nephritis, Nephrotic Syndrome & Nephrosis	0	0	2	0	0	1	3	3	3	0
...Acute/Progressive Nephritic/Nephrotic Synd	0	0	0	0	0	0	1	0	0	0
...Renal Failure	0	0	2	0	0	1	2	3	3	0
Pregnancy, Childbirth and the Puerperium	1	0	0	0	0	0	0	0	0	0
...Pregnancy, Childbirth, Puerperium Complications	1	0	0	0	0	0	0	0	0	0
Perinatal Period Conditions	0	0	0	1	1	0	0	1	0	0
Congenital & Chromosomal Anomalies	1	0	0	0	1	0	0	0	0	0
Symptoms, Signs, Abnormal Clinical/Lab Findings	0	1	2	0	0	0	3	0	1	0
All Injuries	11	5	14	17	13	16	15	14	12	11
...Unintentional Injury	7	4	11	10	11	10	13	10	8	11
.....Transport Accident	3	2	7	8	8	8	7	6	6	6
.....Motor Vehicle Crashes	2	2	5	8	7	7	7	5	6	6
.....Other Land Transport Accidents	1	0	1	0	0	0	0	1	0	0
.....Water/Air/Space/Oth-Unsp Transport & Seq	0	0	1	0	1	1	0	0	0	0
.....Non-Transport Accident	4	2	4	2	3	2	6	4	2	5
.....Falls	0	0	0	1	0	2	3	0	0	2
.....Drowning & Submersion	0	1	1	0	0	0	1	0	1	0
.....Smoke, Fire, Flames Exposure	3	0	0	0	0	0	0	0	0	0
.....Poisoning & Noxious Substance Exposure	0	1	3	1	3	0	2	3	1	3
.....Other & Unspec. Nontrnspt & Seq.	1	0	0	0	0	0	0	1	0	0
...Suicide	1	1	3	2	1	5	1	3	3	0
.....Suicide by Firearms Discharge	1	0	2	1	1	3	0	2	3	0
.....Suicide by Other & Unspec. Means & Seq.	0	1	1	1	0	2	1	1	0	0
...Homicide	3	0	0	5	1	1	1	1	1	0
.....Homicide by Firearms Discharge	1	0	0	4	1	1	1	1	0	0
.....Homicide by Other & Unspec. Means & Seq.	2	0	0	1	0	0	0	0	1	0
All Other Diseases	5	3	3	9	9	5	7	9	10	12

Source: Florida Department of Health, Office of Vital Statistics

Chronic Diseases

Heart Disease is the leading cause of death in Glades County. Chart 8 gives a more detailed look at the decline in deaths from coronary heart disease across the last twenty years. The decline in Glades County is not as smooth as the decline at the state level and the rate is currently a little higher in Glades than for the state as a whole. However, the overall trend is quite positive.

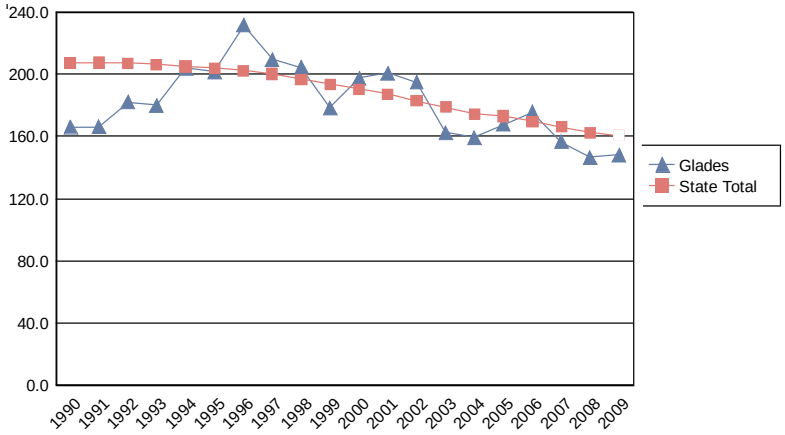
Chart 8: Deaths from Heart Disease
Age-adjusted rate per 100,000, 1990-2009



Source: Florida Department of Health, Bureau of Vital Statistics

Cancer is the second most common cause of death in Glades County. As seen in Chart 9, age-adjusted death rates from cancer showed a small decrease between 1990 and 2009 after a bit of a rise in the mid-1990s. Rates for Glades County are similar to the rate for the state as a whole.

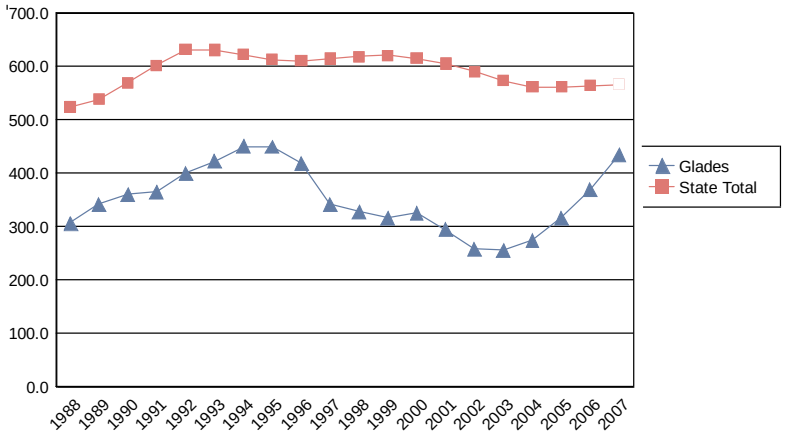
Chart 9: Deaths from All Cancers
Age-adjusted rate per 100,000, 1990-2009



Source: Florida Department of Health, Bureau of Vital Statistics

Cancer incidence in Glades County is lower than the state as a whole. Unfortunately the incidence rate in Glades County has been rising after a decline seen in the late 1990s.

Chart 10: Cancer Incidence
Age-adjusted rate per 100,000, 1990-2009



Source: Florida Department of Health, Bureau of Vital Statistics

Among types of cancer, lung cancer causes the highest number of deaths in Glades County. The incidence of prostate cancer and colorectal cancer are nearly as high as the incidence of lung cancer, but they are not as deadly.

Table 7: Common Types of Cancer
Death Rate and Incidence, Glades County

	3 yr. Age Adjusted Death Rate, 2007-2009	Avg. Incidence Rate, 2005-2007
Lung Cancer	10	9
Colorectal Cancer	2	6
Breast Cancer	1	3
Prostate Cancer	2	7
Cervical Cancer	<1	4
Skin Cancer	<1	2

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

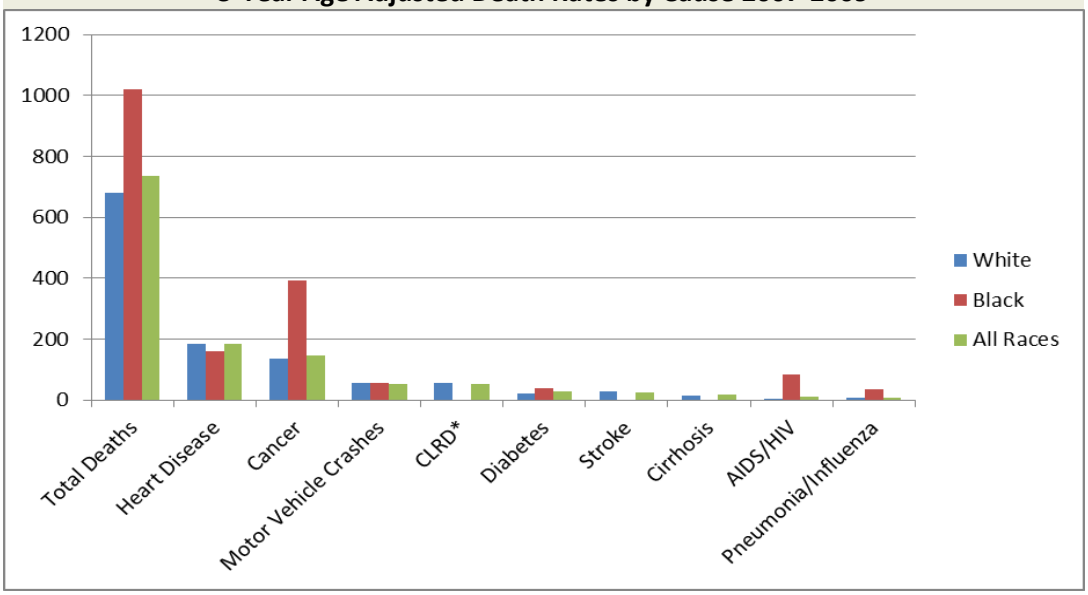
The death rate for blacks in Glades County is quite a bit higher than that of whites. For the state of Florida, the death rate for blacks is also higher than the rate for whites. It should be noted for much of the data in Table 8 that the total number of blacks in Glades County each year is fairly small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

Table 8: Major Causes of Death and Race, Glades County and State
3-Year Age Adjusted Death Rates by Cause, 2007-2009

	County			State		
	White	Black	All Races	White	Black	All Races
Total Deaths	680.9	1,019.4	734.5	649.3	799.9	666.7
Heart Disease	184.8	159.7	184.5	150.6	190.3	155.0
Cancer	136.8	391.7	147.9	159.5	171.6	160.7
Motor Vehicle Crashes	56.5	55.3	52.0	16.3	13.4	15.7
CLRD*	55.9	0.0	51.8	38.4	23.8	37.1
Diabetes	20.2	37.3	30.0	17.7	41.4	20.0
Stroke	27.1	0.0	25.5	29.3	52.8	31.6
Cirrhosis	15.8	0.0	18.8	10.9	5.8	10.2
AIDS/HIV	5.7	85.1	10.8	3.4	29.5	7.4
Pneumonia/Influenza	6.9	34.2	8.5	8.4	11.1	8.7

Source: Florida Department of Health, Office of Vital Statistics
*Chronic Lower Respiratory Disease

Chart 11: Major Causes of Death and Race, Glades County
3-Year Age Adjusted Death Rates by Cause 2007-2009



Source: Florida Department of Health, Office of Vital Statistics

Communicable Diseases

Glades County ranks below the state average rate for all sexually transmitted diseases and most vaccine preventable diseases. Chlamydia is the most prevelant sexually transmitted disease is Glades County with an average of 28 cases per year between 2007 and 2009. That works out to a rate per 100,000 of 247. It should be noted for all of the data in Table 9 that the sample size for all of the Glades County data is quite small and one case of any particular disease can cause a large variance in the data.

The overall rate of infection from vaccine preventable diseases is very low. For most of these diseases there is an average of less than one case every three years. Pertussis (commonly known as whooping cough) and Hepititis B are the most prevelant vaccine preventable disease in Glades County with one case each between 2007 and 2009.

An average of one person per year was diagnosised with AIDS in Glades County between 2007 and 2009. That number is higher than it needs to be, but it is significantly lower than the state average. The rate per 100,000 in Glades County is 8.8. The rate for the state of Florida as a whole is 22.9. The largest number of those cases come from urban areas.

Table 9: Communicable Diseases
Glades County and State 2007-2009

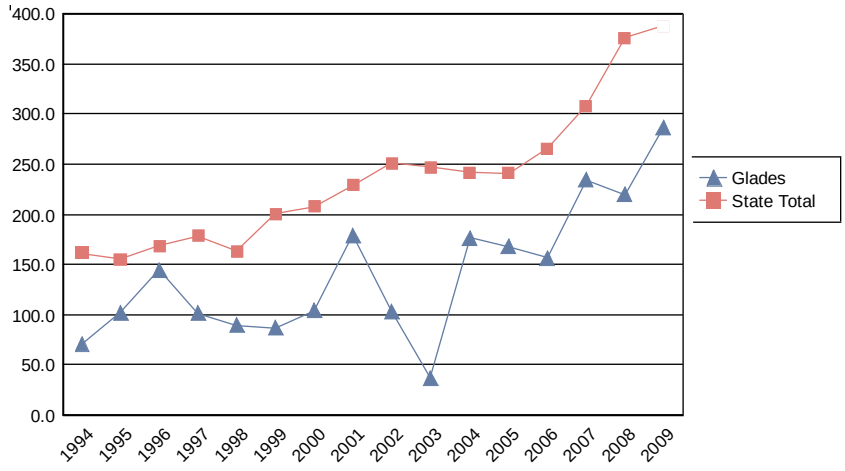
Disease	# of Cases Annual Avg.	County 3 yr. Rate per 100,000	State 3 yr. Rate per 100,000
Sexually Transmitted Diseases			
Infectious Syphilis Cases	0.0	0.0	5.3
Gonorrhea Cases	7.0	61.8	119.7
Chlamydia	28.0	247.0	357.3
Vaccine Preventable Diseases			
Hepatitis B Cases	0.3	2.9	1.9
Measles	0.0	0.0	0.0
Mumps	0.0	0.0	0.1
Rubella	0.0	0.0	0.0
Pertussis	0.3	2.9	1.8
Tetanus	0.0	0.0	0.0
AIDS and Other Diseases			
AIDS Cases	1.0	8.8	22.9
Meningococcal Meningitis	0.0	0.0	0.0
Hepatitis A Cases	0.3	2.9	0.9
Tuberculosis Cases	1.7	14.7	4.9

Source: Division of Disease Control, Florida Department of Health

Chlamydia

Chlamydia is the most common of the reported sexually transmitted diseases. The infection rate for Chlamydia across the state of Florida has been on the rise for the last fifteen years. The rates have increased especially quickly in the past five years. The rates in Glades County have also seen a sharp rise, but they are somewhat lower than the state rates.

Chart 12: Chlamydia Cases
Single Year Rate per 100,000 1994-2009



Source: Florida Department of Health, Bureau of STD Prevention & Control

Maternal and Child Health

On average, 91.3 babies were born per year in Glades County between 2007 and 2009. The health of the babies, the care they received before birth and the age of the mothers are important factors in determining the state of maternal and child health which in turn is a large factor in the overall health of the county.

Babies born to young mothers under the age of 19 are more likely to experience poor birth outcome than those born to adult mothers and are more at risk for developmental complications later in life. There are more babies born to mothers between the ages of 15 and 19 in Glades County than the Florida average. There were also slightly more babies born to unwed mothers in Glades County than the Florida average.

Infant mortality rates are considered the primary indicator of the health of a community. These rates document the deaths of babies between birth and 364 days of life. The leading cases of infant deaths in Florida are perinatal conditions, congenital anomalies, low birth weight and sleep-related deaths. There has been a major decrease in the incidence of sudden infant death syndrome (SIDS) since the American Academy of Pediatrics released its recommendation in 1992 that infants be placed down for sleep in a nonprone position. Infant mortality rates in Glades County are well below the average for the state of Florida. However, the percent of infants born with a low birth weight is slightly higher than the state average.

Table 10: Maternal & Child Health Indicators, Glades County & State

3-Year Figures, 2007-2009

Births	**County**	**State**	**Quartile***
Total Births (3-yr annual avg.)	91.3		
Births to Mothers ages 15-44 per 1000	54.0	64.9	1
Births to Mothers ages 10-14 per 1000	0.0	0.6	1
Births to Mothers ages 15-19 per 1000	50.5	40.4	3
Percent of Births to Unwed Mothers	54.0	46.9	4
Infant Deaths			
Infant Deaths (0-364 days) per 1000 Births	3.6	7.1	1
Neonatal Deaths (0-27 Days) per 1000 Births	3.6	4.5	2
Low Birth Weight			
Percent of Births < 1500 Grams	2.2	1.6	4
Percent of Births < 2500 Grams	10.2	8.7	4
Prenatal Care			
Percent of Births with 1st Trimester Care	74.4	77.0	2
Percent of Births with Late or No Care	4.3	5.6	2

Source: Florida Department of Health

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

Hospitalizations

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

Table 11: Prevention Quality Indicators
Annual Rate per 100,000 2004-2009, Glades County

PQI	2004	2005	2006	2007	2008	2009
01-Diabetes/short-term	16.8	32.7	16.3	31.9	149.4	143.9
03-Diabetes/long-term	84.1	130.7	98	207.6	130.8	233.9
05-Chronic obstructive PD	656.3	702.6	440.9	399.2	747.2	665.7
07-Hypertension	33.7	16.3	114.3	175.6	149.4	161.9
08-Congestive HF	504.9	784.3	800.1	542.9	541.8	611.7
10-Dehydration	151.5	98	147	143.7	56	143.9
11-Bacterial pneumonia	437.6	310.5	212.3	271.4	411	377.8
12-Urinary infections	185.1	228.8	130.6	127.7	112.1	251.9
13-Angina w/o procedure	134.6	32.7	130.6	63.9	224.2	90
14-Uncontrolled diabetes	50.5	49	16.3	31.9	0	18
15-Adult asthma	134.6	98	147	79.8	112.1	72
16-Diabetes/LE amputations	50.5	49	16.3	47.9	37.4	54

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

The Chronic Condition Indicator tool is another method to look at the health of a community through hospitalizations. This tool stratifies chronic diseases based on ICD-9-CM diagnosis codes. A chronic condition is a condition lasting 12 months or longer and meeting one or both of the following tests: (a) the condition places limitations on self-care, independent living and social interactions; (b) the condition results in the need for ongoing intervention with medical products, services and special equipment. The identification of chronic conditions is based on all five-digit ICD-9-CM diagnosis codes, excluding external cause of injury codes (E codes). The data from this tool tells a similar story as the PQI data. Hypertension is the number one cause of hospitalization for a chronic condition and the rates of are rising. The hospitalization rates for diabetes are also on the rise.

Table 12: Hospitalizations for Chronic Conditions
Annual Figures, 2004-2009, Glades County Residents

Disease	2004	2005	2006	2007	2008	2009
Diabetes	167	194	208	174	217	249
Asthma	31	36	42	30	30	40
Congestive Heart Failure	99	143	150	114	108	147
Hypertension	296	317	343	305	368	363
AIDS	11	8	5	10	5	1

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

Emergency Room Visits by Glades County Residents

Glades County Residents made 2236 visits to hospitals in 2009 that did not result in an inpatient admission. There are no hospitals in Glades County. More than half of the emergency room visits by Glades County residents were made to Hendry Regional Medical Center in Hendry County. The next four hospitals that received that largest number of visits from Glades County residents are in Okeechobee, Palm Beach, Highlands and Lee Counties respectively.

Table 13: Emergency Room Visits by Glades County Residents with Payer Source 2009

Hospital	Medicaid	Medicare	No charge/Charity	Other	Private, incl. HMO	Self-Pay	Total
Hendry Regional Medical Center	383	239		69	319	359	1369
Raulerson Hospital	32	95	7	11	63	61	269
Lakeside Medical Center	38	4		1	38	35	116
Florida Hospital Lake Placid	24	26		10	25	24	109
Lehigh Regional Medical Center	19	12		3	31	21	86
Healthpark Medical Center	25	3	5	1	30	7	71
Lee Memorial Hospital	3	7	3		8	8	29
Southwest Florida Regional Medical Center	4	5	1		7	6	23
Palms West Hospital	6	3		1	7	4	21
Wellington Regional Medical Center	3	4		1	4	3	15
Florida Hospital Heartland Medical Center	2	3			4	3	12
Highlands Regional Medical Center	4	1			3	2	10
Lawnwood Regional Medical Center & Heart		5					5
Naples Community Hospital				1		4	5
Total	567	423	19	100	563	564	2236

Source: AHCA via Broward Regional Health Planning Council Hospital Inpatient and Emergency Department Analytical System
The AHCA ED data contains records for all ED visits for which the severity of the visit did not result in an inpatient admission. Includes visits by Glades County residents to the ED of any hospital in Florida. Only hospitals with at least 5 visits are included in the chart above. There are an additional 96 visits divided amongst 55 hospitals that have not been included in the chart.

Health Resources

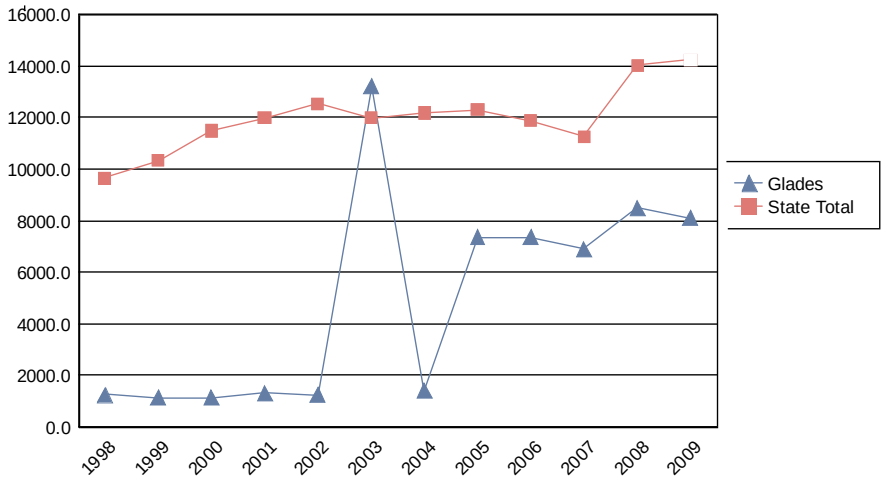
Access to health care is the key to achieving a health community and is a primary goal of health policy in Florida. This section will review health coverage of Glades County residents including the rate of uninsured residents, licensed providers and facilities, and federal health professional shortage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

Medicaid

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

There are four categories of Medicaid eligibility for adults in Florida, which include low income families, pregnant women, emergency medical assistance for non-citizens, and Medicaid for the elderly and disabled. Eligibility for each of those programs is based on specific income criteria. As of 2009, approximately 8,000 out of every 100,000 people in Glades County were enrolled in Medicaid; the state rate is approximately 14,000 per 100,000. At both the state and the county level, there was a sharp increase in the number of people enrolled in Medicaid between 2007 and 2008.

Chart 13: Median Monthly Medicaid Enrollment
Single-Year Rate Per 100,000 Population



Source: Florida Department of Health, Office of Planning, Evaluation & Data Analysis

Uninsured

Lack of health insurance coverage is a significant barrier to accessing needed health care. The rate of uninsured adults represents the estimated percent of the adult population under age 65 that has no health insurance coverage. People over the age of 65 are eligible for Medicare from the federal government. The Small Area Health Insurance Estimates from the U.S. Census Bureau provide annual estimates of the population without health insurance coverage for all U.S. states and their counties. The most recent year for which reliable county-level estimates are available is 2007. Glades County was estimated as having 29.4 percent of adults without health insurance; this compares to a rate of 24.2 percent for Florida as a whole.

The economic downturn of the last few years has likely caused this rate to increase significantly since 2005. Kaiser Family Foundation research found that for every 100 people who lose their jobs the number of uninsured grows by 85. Between 2007 and the end of 2010, the unemployment rate in Glades County increased by 8 percent. This suggests that the uninsured rate could have increased by as much as 6.8 percent. That would place the estimated rate for uninsured adults under the age of 65 in Glades County in 2009 as high as 36.2 percent.

Physicians and Facilities

As of 2009, there was one licensed physician in Glades County. That works out to about 8.7 doctors for every 100,000 residents; that is a much lower rate than the state average of about 300.6 doctors for every 100,000 residents. The county has a much lower rate per 100,000 than the state for every major category of physician although the rate is similar for OB/GYN. There are no hospital or nursing home beds in Glades County. There are also no internists and no pediatricians.

The number of Glades County Health Department employees per every 100,000 residents is higher than the state average. The Glades County Health Department spent $1,058,133 dollars in 2009; that places the rate of expenditure per 100,000 residents at more than double the state average. It is typical for rural counties to have a significantly higher rate of expenditure than the state average.

Table 14: Health Resources Availability
Glades County & State 2009

	County			State
Providers**	**Number**	**Rate per 100,000**	**Quartile***	**Rate per 100,000**
Total Licensed Dentists	1	8.7	1	61.9
Total Licensed Physicians	1	8.7	1	300.6
Total Licensed Family Private Practice Physicians	1	8.7	1	19.7
Total Licensed Internists	0	0	1	41.8
Total Licensed OB/GYN	1	8.7	4	7.9
Total Licensed Pediatricians	0	0.0	1	14.9
Facilities				
Total Hospital Beds	0	0.0	1	319.1
Total Acute Care Beds	0	0.0	1	264.4
Total Specialty Beds	0	0.0	1	54.9
Total Nursing Home Beds	0	0.0	1	438.6
County Health Department				
County Health Department Full-Time Employees	17***	145.0	4	64.8
County Health Department Expenditures	1,058,133	9,185,182.3	3	4,463,038.4

Source: Division of Medical Quality Assurance and Office of Planning, Evaluation and Data Analysis, Florida Department of Health; Florida Agency for Health Care Administration

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

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

***These numbers come from the State; the County self-reports 13 FTEs for the period.

Federal Health Professional Shortage Designations

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

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

Glades County has been designated as a Medically Underserved Area. Any population with a score of 65 or lower on the Index of Medical Under-service is considered medically underserved. Glades County scored a 57.30.

Health Professional Shortage Areas (HPSAs) are defined in Section 332 of the Public Health Service Act, 42 U.S.C. 254e to include: (1) urban and rural geographic areas, (2) population groups, and (3) facilities with shortages of health professionals. Federal designation as a HPSA documents a shortage of health care providers (primary care, dental or mental health) as well as the existence of barriers to accessing care including lack of public transportation, travel time and distance to the next source of undesignated care and high poverty. To be eligible for designation, a geographic area or a population group (a low income or migrant population) must have a population-to-physician ratio greater than 3,000 to one.

What a Designation Means

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

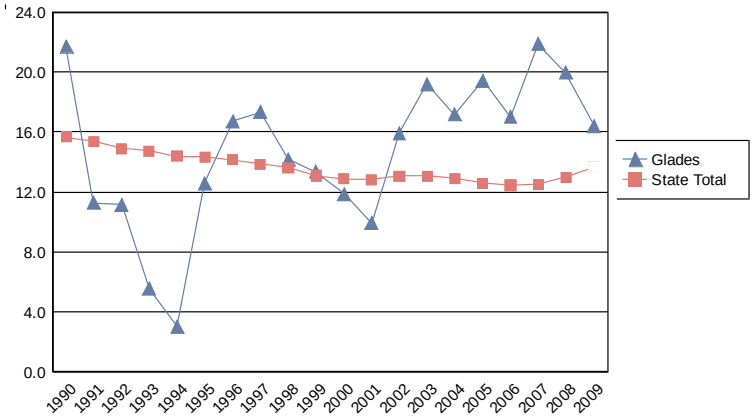
Glades County has been designated as Health Professional Shortage Areas (HPSAs) for primary care. According to federal calculations, Glades County should have three primary care doctors serving the population; there is currently a shortage of two doctors. HRSA calculated that the area requires one dentist serving the low-income population and migrant farmworker populations; there were no dentists fitting that criterion at the time of designation. The Glades/ Hendry Catchment area has been designated as having a shortage of one mental health professional.

Social and Mental Health

Suicides

Suicides can be considered as a strong indicator of the overall mental health of a community. The most common underlying causes of suicide are depression, anxiety, damaged relationships and loss of employment. Suicide is a major, preventable public health problem. Since 2002, Glades County has had a higher suicide rate than the state average. The rate for the county fell from a peak in 2007 to 16 deaths by suicide per 100,000 residents for 2009. Please note that these rates are based on a small number of cases and a single case can cause a seemingly large fluctuation.

Chart 14: Age-Adjusted Suicide 3-Year Death Rate
Rolling 3-Year Age-Adjusted Death Rate Per 100,000 Population



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

Crime and Domestic Violence

In general, Glades County is safer than the state of Florida as a whole. Glades County did better than the state average most categories of crime and domestic violence. However, residents in Glades County are more likely to be the victim of a domestic violence offense as the average resident of Florida and are slightly more likely to be the victim of a forcible sex offense. The county does not fare quite as well when compared to the state on alcohol-related motor vehicle crashes; the rates in Glades County are higher in those categories than the state average.

Table 15: Glades County Social & Mental Health Indicators
3-Year Rate per 100,000, 2007-2009

Crime and Domestic Violence	County	State	Quartile*
Larceny	1,388.1	2,618.0	2
Burglary	949.9	978.3	3
Total Domestic Violence Offenses	779.3	611.8	4
Aggravated Assault	305.9	408.8	2
Motor Vehicle Theft	223.5	332.2	3
Forcible Sex Offenses	58.8	57.2	3
Robbery	38.2	186.7	2
Murder	0.0	6.0	1
Alcohol-related Motor Vehicle Crashes			
Alcohol-related Motor Vehicle Crashes	135.3	115.6	3
Alcohol-related Motor Vehicle Crash Injuries	120.6	81.7	3
Alcohol-related Motor Vehicle Crash Deaths	26.5	6.1	4

Sources: FDLE Uniform Crime Report, DHSMV "Traffic Crash Facts", Florida Office of Vital Statistics
*County compared to other Florida Counties. The lowest Quartile equals the lowest number.

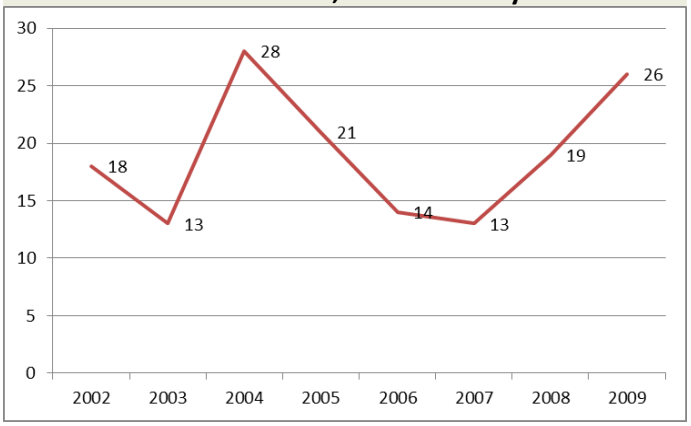
Baker Act

The Florida Mental Health Act of 1971 (commonly known as the "Baker Act") is a statute allowing for involuntary examination of an individual. It was originally enacted, at least in part, because of widespread instances of elder abuse in which one or more family members would have another family member committed in order to gain control over their estate prior to their death. Once committed, it was difficult for many of the patients to obtain representation, and they became warehoused until their death. The Baker Act allows for involuntary examination (what some call emergency or involuntary commitment). It can be initiated by judges, law enforcement officials, physicians or mental health professionals. There must be evidence that the person has a mental illness (as defined in the Baker Act) and is a harm to self, harm to others, or self-neglectful (as defined in the Baker Act). Examinations may last up to 72 hours and occur in over 100 facilities statewide.

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

There were 26 involuntary exam initiations in Glades County in 2009. This number has fluctuated in the years since 2002. The percent of the population in Glades County that was given an involuntary exam is significantly lower than the state average.

Chart 16: Involuntary Exam Initiations 2002 to 2009, Glades County



Source: 2007, 2008 & 2009 Florida Mental Health Act (The Baker Act) Reports

Behavioral Risk Factor Surveillance Survey

Survey Results

The Centers for Disease Control and Prevention began the Behavior Risk Factor Surveillance Survey (BRFSS) in the early 1980s in a handful of states. Today, all states participate in the survey. The 2007 Florida BRFSS provides individual counties and the state with a rich data source to estimate the prevalence of personal health behaviors that contribute to mortality and morbidity among adults.

Over 39,000 interviews were completed in the 2007 calendar year, with a target sample size of 500 completed surveys in each county. The 2007 county-level BRFSS was the first since the initial county-level effort in 2002. The 2007 county-level survey was developed in collaboration with state and local representatives. 608 Glades County residents completed the survey in 2007. A sampling of significant findings is included in this section along with a comparison with 2002 data and state-level data. Additional data can be found in Appendix F.

Alcohol Use

The percent of adults who reported that they engage in heavy or binge drinking increased from 10.2 percent in 2002 to 12.5 percent in 2007. However it is still below the state average of 16.2%. The rate is higher for men than for women. The highest rate is among people over 65 (14.3%) and lowest among those 18-44 (11.0). Persons with higher education and income levels reported drinking at higher rates than their less education counterparts, and singles were more likely to drink than persons who are married.

Cancer Screenings

Women over 18 years of age in Glades County were more likely than women across the state as a whole were less likely to report that they had received a pap test in the last year (67.1% Glades vs. 64.8% State). However a lower percentage of women 40 years or older in Glades County received a mammogram than the state average (59.7% Glades vs. 64.9% State). Residents of Glades County over the age of 50 indicated that they are more likely to have received a blood stool test than their counterparts across the state; these rates have actually increased eight percent since 2002. There has also been an increase in the number of adults 50 years or older who have received a colonoscopy and that rate is above the state average.

Dental Care

More adults in Glades County reported that they could not see a dentist in the past year than the number who said the same for the state (21.5% Glades, 19.2% State). More women than men reported being unable to attend the dentist (31.8% women, 14.5% men. People 18-44 were the most likely to report that they were unable to afford to see a dentist. Unfortunately this question was not asked in 2002.

Health Care Access & Coverage

13.9 percent of adults in Glades County reported that they were unable to see a doctor at least once in the previous year due to cost. This is better than the state average of 15.1 percent. 79.2 percent of adults in Glades County stated that they have some type of health insurance coverage; in 2002 the response was 68.3 percent. The state average is 81.4 percent. More men than women reported than they have some type of health insurance. Virtually all people above the age of 65 indicated that they have insurance; however only 70.9 percent of persons between the ages of 18 and 44 answered the same way. 79.2 percent of people between the ages of 45 and 64 stated that they did have insurance. As would be expected, there were definite correlations between education and income in relation to whether respondents reported having insurance. For example, 97.5 percent of persons with an income of $50,000 or more are insured compared to 41.6 percent of those making less than $25,000 per year. It should be noted that this survey was completed before the county felt the largest impact of the economic downturn.

General Health and Quality of Life

Overall, 81.7 percent of Glades County residents reported feeling in good or excellent health; which was slightly lower than the state's rate of 83.4 percent. Age and income level seem to be the largest factors in the perception of personal wellness. 92.6 percent of people between the ages of 18 and 44 reported that they were in good or excellent health while only 57.8 percent or people over the age of 65 reported the same. 92.3 percent of people who earn $50,000 or more per year reported feeling well compared to 65 percent of those who make less than $25,000 per year.

Similarly the persons reporting to be "satisfied" or "very satisfied" with their lives closely mirrored the state rate, with 96.3 percent in Glades County and 94.2 percent for the state. There was not as much of a discrepancy in the responses based on age or income level though; at least 90 percent of people of all ages reported satisfaction with their lives.

HIV/AIDS

Only 21 percent of adults less than 65 years of age reported that they have ever been tested for HIV. That is much lower than the state average of 49.1 percent. The biggest discrepancy is in Hispanic residents; only 4.7 percent of Hispanic persons responded that they have ever been tested for HIV versus 50.7 percent at the state level. There is also a large difference in the testing of men; only 14.1 percent of men in Glades County have been tested for HIV compared to 46.4 percent statewide.

Overweight and Obesity

58.2 of Glades County residents are overweight or obese. This is similar to but slightly better than the state rate of 62.1 percent. Excess weight is considered to be a strong factor and precursor to serious health problems such as diabetes, hypertension and heart disease. 15.8 percent of the people in Glades County reported that they are obese in 2007; that is a huge improvement from 2002 when that number was 36.1 percent. However the percent of people who are overweight increased from 30.5% in 2002 to 42.4% in 2007. Men in Glades County are more likely to be overweight or obese than women (68.3% men, 44.2% women). There were no strong correlations found between age or education level in regards to overweight and obesity. Those at higher income levels were less likely to report they were overweight or obese.

There seems to be quite a bit of fluctuation in the weight of residents of Glades County. 22.8 percent reported that they had lost at least five pounds in the past year and 10.5 percent reported that they had gained five or more pounds in the past year. Younger people tended to have more changes in their weight than older people.

Exercise and nutrition are two important aspects of maintaining a healthy weight. 35.4 percent of Glades County residents reported that they have a sedentary lifestyle; this is worse than the state rate of 25.4 percent and has worsened from 2002 when the rate was 24.5%. People with the lowest levels of education were most likely to be sedentary. Fewer people in Glades County report that they eat five servings a day of fruit and vegetables than the state average (19.0% Glades, 26.2% State) and fewer report that they meet at least the moderate physical activity recommendations (23.4% Glades, 34.6% State). Moderate physical activity recommendations include activities that increase the heart rate for at least 30 minutes per day on five or more days per week.

Tobacco Use

Glades County has a lower percentage of current smokers than the average for the state of Florida as a whole; 17.8 percent of Glades County residents reported that they smoke compared to 19.3% for the state. However 23.7 percent of Glades County residents who are non-smokers stated that they were exposed to secondhand smoke within the previous week; the rate for the state was 14.9%. Slightly more women smoke than men. People between the ages of 45 and 64 are most likely to smoke. Lower income residents are more likely to smoke than higher income residents. The number of people in Glades County who reported that they are current smokers dropped by nearly half from 2002 to 2007 (35.5 in 2002 vs. 17.8% in 2007). These numbers do not include chewing tobacco or dip; the Health Department reports that use these tobacco products is seen often in Glades County.

Community Input

Interviews with Community Leaders

Introduction

The Health Planning Council of Southwest Florida (HPC) conducted fifteen key informant interviews between November 2009 and March 2010 with the cooperation of the Glades County Health Department. The purpose of conducting the interviews was to better understand the perspectives of key community leaders on the health and healthcare needs of Glades County residents. These interviews were intended to ascertain opinions among key individuals likely to be knowledgeable about the community and who are influential over the opinions of others about health concerns in the county. The findings provide qualitative information and reveal factors affecting the views and sentiments regarding healthcare services in Glades County. A summary of community leaders' opinions is reported without judging the veracity of their comments.

Methodology

A community member compiled a list of possible interview subjects and made initial contact with the interviewees. The list included governmental representatives, healthcare providers, and representative of local businesses and community organizations. HPC staff conducted the interviews in person. The average interview lasted approximately thirty minutes. Eleven key community leaders were interviewed at the place of their employment or another location of their choosing in Glades County between December of 2010 and January of 2011. The interviewees were told that none of their comments would be directly attributed to them. All interviews were conducted using a standard questionnaire. The instrument used to conduct the interviews is included in Appendix A. Community leaders were asked to provide comments on the following issues:

- Overall perspective of healthcare in Glades County;
- Perception of essential components of the county's healthcare system;
- Opinions of important health issues that affect county residents and the types of services needed to address these issues;
- Impressions of specific health services available in the county;
- Thoughts on helpful services that may be missing from the county; and
- Opinions on the parties responsible for initiating and addressing health issues for the county.

Interview Analysis

The interview questions for each community leader are identical. The questions have been grouped into six major categories. A summary of the leaders' responses by each of the categories follows. 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 to emphasize strong feelings associated with statements. This section of the report summarizes what the community leaders said without assessing credibility of their comments.

General Perceptions

When asked to share their impressions about health and healthcare in Glades County, community leaders spoke at length about the assets and deficiencies of the system. The majority of the respondents stated that healthcare in Glades County is fair or poor. One respondent stated that healthcare in Glades County is very good; the health department is doing a good job and that the new facility will improve the healthcare of Glades residents. Other interviewees agreed that the health department does what it can, but mentioned that the area is desperately in need of doctors, pharmacies, pediatricians and dental care.

The need for quality health information is always a priority for communities. By far the number one source for health information in the county cited by the interviewees was the Glades County Health Department. Also cited were Clewiston Hospital, RCMA and the doctor. It was stated that the health department has a wealth of information but it can be hard to access because due to the limited hours that it is open. Additional evening hours would be particularly welcome.

Pressing Healthcare Needs

The community leaders were asked to identify the most pressing healthcare needs in Glades County. The number one response, mentioned all of the respondents, was a permanent full-time doctor for Glades County. Interviewees states that there is limited primary care available through the health department but there are no specialty care providers.

Issues Affecting Specific Groups

Community leaders were asked to give their opinion on issues impacting particular groups of Glades County residents. Those groups included children, teen/adolescents, adults, the elderly and the uninsured.

Respondents stated that children are not able to access pediatric services on a regular basis. There is also a lack of dental care for children. It can be particularly difficult to get care for children after four o'clock in the evening. Obesity was also mentioned as a growing problem for the children of Glades County. Some children may not have access to or knowledge of required immunizations especially migrant children.

Teens and adolescents present a different list of health care needs. Half of the interviewed leaders stated that there is too much tobacco, alcohol and drug use and abuse among teens in Glades County. It was also noted that there is a problem with teen pregnancy. Some leaders would like to see more

general health education including more lessons on proper nutrition. There is also a concern that there is a lack of sexual education for teens and that there is a need to foster communication between parents and teens. It is also believed that some teens do not have enough options for positive activities to deter them from alcohol, drugs and sexual activities.

When it comes to adults, access to primary and specialty care is the most pressing concern. Growing unemployment rates are also a problem and too many of the unemployed or underemployed are going without care. Adults are also suffering from increases in obesity and diabetes. Some may be suffering from poor nutrition due to a lack of funds and a lack of available work. Depression may be an untreated problem for many. Many of the same concerns were listed for the uninsured population which is seen as growing every day. There is a perception that the uninsured are waiting too long to seek care because they cannot afford the bill. Transportation can also be a major barrier for the uninsured. The health department is generally seen as the only option for healthcare for the uninsured, even those who are able to leave the county to seek care. It was stated that Family Health Center will not treat adults.

The number one concern mentioned for the elderly was limited access to care due to transportation issues. The elderly often cannot drive and there is no public transportation. It can also be difficult for the elderly to get to a pharmacy. They also may suffer from a lack of continuity of care as they may not have a permanent doctor. Some residents may live quite far from the closest hospital.

Types of Residents with Difficulty Accessing Health Care

Interviewees were asked about types of residents who have particular difficulty accessing care. The general consensus is that there is not one single type of resident with difficulty accessing care; this is a problem for all types of residents. The residents in the best situation have money, insurance and transportation and are in fairly good health; they can have their needs met outside of the county. However too many residents are missing one of those characteristics and have impediments to getting quality healthcare. The lack of affordable transportation and the lack of a permanent full-time doctor in Glades County cause residents to have many challenges in having high-quality consistent healthcare.

Impressions Regarding Services

The leaders were asked to give their impressions about the availability of different types of health care services and any obstacles that residents encounter when attempting to receive those types of services. The interviewees had largely positive feedback about the care that is available from the health department when it is available. Many stated that there are limited hours and that it may be difficult to get into the doctor and even sometimes to know when the doctor may be there. Interviewees would like to see greater availability of primary and specialty care. One respondent stated that a quality healthcare system should include a prevention/education component, a medical treatment component and a hospital component. One respondent felt that the healthcare in the county would improve greatly if only the county could find a full-time doctor who would provide care for at least ten years before turning over. The perception is that there is too much turnover and it has been difficult to incent a doctor to serve in the county for the long term.

The current lack of dental care in Glades County was almost universally bemoaned. However many of the leaders stated that the new health department facility will have a full-time dentist and they are confident that there will be improvement in this area.

A few interviewees indicated that there are limited specialty care services available through the health department. Many others stated that there are no specialty services available in Glades County. All respondents asserted that residents must go outside of Glades County for hospital, emergency room, mental health and substance abuse services. However, it was stated that the ambulance service is excellent. Other services that were listed by interviewees are difficult to access for some residents include pharmacies and walk-in clinics – neither of which is available in Glades County. Some respondents felt that there are limited pediatric services available through the health department. Others mentioned that there has not been a dedicated pediatrician in a number of years.

All respondents stated that they must go out of the county for all services not available through the health department. These include but are not limited to: hospital care; pharmacy; dental; mental health; rehab and specialty care. This can be very difficult and nearly impossible for those without transportation. The lack of transportation is seen as a major barrier to accessing care.

Most Important Health Issue and How to Address It

Universally, the most importation health issue is deemed to be the lack of a permanent full-time physician in the County. Community leaders feel that there must be a long-term full-time doctor servicing Glades County residents for people to have consistent quality care. The community must work together to recruit and retain a doctor and a dentist to serve the community. It was also stated that a pharmacy and a community health center could greatly improve the quality of life of people in Glades County.

Appendix A

Glades County Health Assessment

Key Informant Interview Guide

On behalf of The Glades County Health Department, the Health Planning Council of SW Florida is conducting a county-wide health assessment. The goal of this assessment is to identify the most pressing health needs of residents of Glades County 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 Glades County. You have been identified by the project team as a key informants based on your knowledge of the health-related issues for Glades County residents. This interview will take approximately 30 minutes.

If it is okay with you, I will be recording this interview. The tape will only be used by the project team and then will be destroyed. 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. Are you ready to get started?

1. Could you briefly describe your position and how long you have lived and/or worked in Glades County?
2. It is important that we understand any affiliations you have with healthcare providers in the community that may have helped form your opinions about these issues. Do you serve on any boards or participate in any organization that delivers healthcare services?
3. Please comment on your overall perspective on healthcare in Glades County including the services available to meet healthcare needs and the general health of Glades County residents.
4. Where do you think the residents of Glades County go to get needed health information?
5. What do you think are the most pressing healthcare needs in Glades County?
6. Now I am going to name some specific populations in Glades County and I would like you to comment about what you think are the most important health issues affecting them:
    a. Children
    b. Teens/adolescents
    c. Adults
    d. Elderly
    e. Uninsured
7. What types of residents of Glades County have more difficulty with healthcare than others? What are these difficulties? Why do you believe these folks have more difficulties with healthcare? What actions are necessary to address this issue?
8. What do you think are the essential components of a quality healthcare system for a community like Glades County? Are these components currently in Glades County?

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 Glades County and whether there are any obstacles to receiving these types of services:
    a. Primary care
    b. Dental care
    c. Specialty care
    d. Mental Health care
    e. Emergency care
    f. Hospital care
    g. Pediatric care
10. Are there other types of services that individuals in Glades County have difficulty accessing?
11. Are there services that individuals in Glades County must go outside of the county to receive?
12. Are there areas/neighborhoods in the County where residents have a particularly difficult time accessing services?
13. We often hear that transportation is an issue that impacts accessing needed health care. Is this something that you have seen in the community?
14. Of all the issues and services we have discussed, which do you think is the most important health care issue?
15. What actions are necessary to address this issue? Who do you think should take responsibility for addressing this issue?
16. Do you have any additional comments you would like to share about health care needs in Glades County?

Appendix B

Definitions of Prevention Quality Indicators

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

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

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

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

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

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

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

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

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

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

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

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

Appendix C

Detailed Survey Results

Behavioral Risk Factors

	COUNTY 2007		STATE 2007	COUNTY 2002
	Percent	Quartile	Percent	Percent
Air Quality				
Adults who reduced or changed outdoor activity because the air quality was bad	13.1 *(8.0-20.7)*		19.2 *(18.2-20.2)*	
Alcohol Consumption				
Adults who engage in heavy or binge drinking	12.5 *(7.9-19.1)*	1	16.2 *(15.2-17.1)*	10.2 *(6.1-16.4)*
Arthritis				
Adults who are limited in any way in any usual activities because of arthritis or chronic joint symptoms	14.0 *(8.5-22.0)*	3	12.5 *(11.8-13.1)*	
Adults who have been told they have some form of arthritis	21.3 *(13.7-31.4)*	1	24.3 *(23.4-25.1)*	
Asthma				
Adults who currently have asthma	3.3 *(1.8- 5.6)*	1	6.2 *(5.6- 6.7)*	4.7 *(2.4- 8.7)*
Cancer Screening				
Adults 50 years of age and older who received a blood stool test in the past year	25.2 *(13.5-42.0)*	2	21.2 *(20.1-22.3)*	17.4 *(12.0-24.3)*
Adults 50 years of age and older who received a sigmoidoscopy or colonoscopy in the past five years	54.3 *(39.4-68.4)*	3	53.7 *(52.3-55.1)*	40.6 *(31.3-50.6)*
Adults ages 50 years and older who have ever had a blood stool test	39.5 *(26.4-54.3)*	4	45.6 *(44.2-46.9)*	40.3 *(31.3-50.0)*
Adults ages 50 years and older who have ever had a sigmoidoscopy or colonoscopy	59.9 *(44.6-73.4)*	3	63.1 *(61.6-64.4)*	46.8 *(36.8-56.9)*
Men ages 50 years and older who have ever had a digital rectal exam	65.6 *(36.3-86.4)*		83.6 *(81.7-85.2)*	
Men ages 50 years and older who have ever had a PSA test	69.9 *(37.7-89.8)*		81.0 *(79.0-82.7)*	
Women 18 years of age and older who received a Pap test in the past year	67.1 *(47.6-82.0)*	2	64.8 *(62.9-66.5)*	76.6 *(68.0-83.4)*
Women 40 years of age and older who received a mammogram in the past year	59.7 *(46.4-71.6)*	3	64.9 *(63.2-66.4)*	70.8 *(59.8-79.7)*
Women ages 40 years and older who had a clinical breast	55.2 *(41.8-67.7)*	4	66.1 *(64.4-67.6)*	

exam in the past year				
Cardiovascular Disease				
Adults who have ever had a heart attack, angina, or coronary	8.9 *(5.6-13.8)*	2	9.3 *(8.7- 9.8)*	
heart disease				
Adults who have ever had a stroke	2.2 *(1.2- 3.9)*	1	3.1 *(2.8- 3.4)*	
Cholesterol Awareness				
Adults who had their cholesterol checked in the past five	60.3 *(39.2-78.0)*	4	78.5 *(77.3-79.6)*	88.5 *(81.4-93.1)*
years				
Adults who had their cholesterol checked in the past two	57.9 *(37.6-75.7)*	4	73.3 *(72.0-74.4)*	86.5 *(78.6-91.7)*
years				
Adults who have diagnosed high blood cholesterol	53.9 *(38.1-68.8)*	4	37.1 *(35.8-38.2)*	31.9 *(19.1-47.9)*
Dental Care				
Adults who could not see a dentist in the past year because of	21.5 *(10.6-38.7)*	3	19.2 *(18.2-20.2)*	
cost				
Diabetes				
Adults with diabetes who ever had diabetes self-management	26.6 *(10.3-53.2)*	4	51.4 *(48.1-54.6)*	
education				
Adults with diabetes who had an annual eye exam	83.8 *(62.7-94.0)*	1	77.4 *(74.6-80.0)*	
Adults with diabetes who had an annual foot exam	86.4 *(68.6-94.8)*	1	75.6 *(72.5-78.3)*	
Adults with diabetes who had two A1C tests in the past year	87.7 *(68.9-95.8)*	1	71.2 *(67.6-74.4)*	
Adults with diagnosed diabetes	8.4 *(3.7-17.7)*	1	8.7 *(8.2- 9.3)*	9.8 *(5.8-15.9)*
Disability				
Adults who are limited in any way in any activities because of	20.5 *(12.3-32.0)*	2	17.8 *(17.0-18.6)*	
physical, mental, or emotional problems				
Adults who use special equipment because of a health	8.4 *(3.5-18.3)*	3	7.1 *(6.6- 7.6)*	
problem				
Health Care Access & Coverage				
Adults who could not see a doctor at least once in the past	13.9 *(7.6-24.0)*	1	15.1 *(14.2-16.0)*	
year due to cost				
Adults who had a medical checkup in the past year	80.1 *(66.6-89.0)*	1	74.6 *(73.5-75.7)*	
Adults who have a personal doctor	76.2 *(58.8-87.7)*	3	77.1 *(75.9-78.2)*	81.3 *(71.6-88.1)*
Adults with any type of health care insurance coverage	79.2 *(62.3-89.7)*	3	81.4 *(80.2-82.4)*	68.3 *(42.1-86.5)*
Health Status & Quality of Life				
Adults who always or usually receive the social and emotional	75.6 *(59.2-86.8)*	3	77.9 *(76.8-79.0)*	

support they need				
Adults who had poor mental health on 14 or more of the past	10.3 *(4.9-20.2)*	2	9.7 *(9.0-10.4)*	
30 days				
Adults who had poor physical health on 14 or more of the past	13.1 *(6.9-23.4)*	3	11.2 *(10.5-11.9)*	
30 days				
Adults who said their overall health was "fair" or "poor"	18.3 *(10.9-29.1)*	2	16.6 *(15.8-17.5)*	21.5 *(12.7-33.7)*
Adults whose poor physical or mental health kept them from	21.6 *(10.3-39.6)*	4	14.2 *(13.1-15.3)*	
doing usual activities on 14 or more of the past 30 days				
Adults with good mental health	89.7 *(79.7-95.1)*	2	90.3 *(89.5-90.9)*	
Adults with good physical health	86.9 *(76.5-93.0)*	3	88.8 *(88.0-89.4)*	
Adults with good to excellent overall health	81.7 *(70.8-89.0)*	3	83.4 *(82.4-84.1)*	78.5 *(66.2-87.2)*
Average number of days where poor mental or physical health	6.0 *(1.7-10.2)*	4	4.5 *(4.1- 4.7)*	
interferred with activities of daily living in the past 30 days				
HIV/AIDS				
Adults less than 65 years of age who had an HIV test in the	7.0 *(3.6-13.2)*	4	21.0 *(19.6-22.4)*	10.6 *(5.2-20.2)*
past 12 months				
Adults less than 65 years of age who have ever been tested	21.0 *(11.8-34.4)*	4	49.1 *(47.5-50.6)*	40.5 *(19.9-64.9)*
for HIV				
Hypertension Awareness & Control				
Adults with diagnosed hypertension	32.7 *(18.7-50.5)*	4	28.2 *(27.2-29.1)*	45.3 *(26.5-65.4)*
Adults with hypertension who currently take high blood	48.7 *(23.6-74.4)*	4	82.1 *(80.2-83.7)*	86.2 *(69.5-94.4)*
pressure medicine				
Adults with hypertension who engage in blood pressure	97.1 *(91.4-99.0)*	2	96.4 *(95.4-97.2)*	
control measures				
Immunization				
Adults age 65 and older who have ever received a pneumonia	67.7 *(51.0-80.7)*	2	63.0 *(61.2-64.7)*	64.9 *(50.7-76.8)*
vaccination				
Adults age 65 and older who received a flu shot in the past	70.6 *(54.9-82.6)*	2	64.6 *(62.8-66.3)*	62.1 *(47.6-74.7)*
year				
Adults who did not receive a flu shot in the past year because	9.3 *(4.6-17.5)*	2	11.1 *(10.0-12.3)*	
of cost or availability issues				
Adults who have ever received a pneumonia vaccination	21.2 *(12.6-33.3)*	4	25.9 *(24.9-26.8)*	42.3 *(23.0-64.1)*
Adults who received a flu shot in the past year	45.7 *(28.4-64.1)*	1	32.7 *(31.6-33.7)*	41.5 *(22.7-63.1)*
Adults who were at risk and who have received a hepatitis B	0.0 *(0.0- 0.0)*		43.8 *(37.6-50.2)*	
vaccination				
Overweight & Obesity				

Adults who are obese	15.8 *(10.1-23.8)*	1	24.1 *(23.0-25.1)*	36.1 *(16.8-61.2)*
Adults who are overweight	42.4 *(24.8-62.1)*	4	38.0 *(36.8-39.2)*	30.5 *(19.0-44.9)*
Adults who are overweight or obese	58.2 *(39.2-75.0)*	1	62.1 *(60.8-63.2)*	66.6 *(47.2-81.6)*
Adults who have a healthy weight (BMI from 18.5 to 24.9)	34.0 *(19.1-52.8)*	3	35.6 *(34.4-36.8)*	32.3 *(17.5-51.7)*
Adults whose body weight decreased by five pounds or more in the past year	10.5 *(6.6-16.3)*	4	23.0 *(21.9-24.0)*	
Adults whose body weight increased by five pounds or more in the past year	22.8 *(11.6-39.9)*	3	22.4 *(21.3-23.4)*	
Physical Activity & Nutrition				
Adults who are inactive at work	58.8 *(31.6-81.5)*	2	64.5 *(62.8-66.1)*	42.3 *(24.1-62.7)*
Adults who are sedentary	35.4 *(18.9-56.3)*	4	25.4 *(24.3-26.4)*	24.5 *(15.0-37.3)*
Adults who consume at least five servings of fruits and vegetables a day	19.0 *(11.1-30.6)*	4	26.2 *(25.1-27.3)*	24.9 *(12.2-44.1)*
Adults who consumed three or more servings of vegetables per day	22.4 *(13.3-35.2)*	4	29.1 *(28.0-30.2)*	30.8 *(16.9-49.3)*
Adults who consumed two or more servings of fruit per day	27.6 *(16.6-42.2)*	4	36.2 *(34.9-37.3)*	24.4 *(14.9-37.2)*
Adults who meet moderate physical activity recommendations	23.4 *(14.2-36.1)*	4	34.6 *(33.4-35.8)*	44.2 *(24.7-65.6)*
Adults who meet vigorous physical activity recommendations	19.4 *(7.9-40.1)*	4	26.0 *(24.8-27.2)*	39.4 *(19.2-64.0)*
Sexual Violence				
Adults who had an unwanted sexual expereince in the past 12 months	3.6 *(1.9- 6.6)*	1	6.7 *(6.0- 7.3)*	
Tobacco Use & Exposure				
Adult current smokers who tried to quit smoking at least once in the past year	43.9 *(25.9-63.5)*	4	53.2 *(50.3-55.9)*	72.5 *(40.8-90.9)*
Adults who are current smokers	17.8 *(10.5-28.5)*	1	19.3 *(18.3-20.2)*	35.5 *(16.9-59.6)*
Adults who are former smokers	29.8 *(16.2-48.2)*	2	26.2 *(25.2-27.2)*	28.7 *(17.8-42.6)*
Adults who have never smoked	52.3 *(34.7-69.3)*	2	54.5 *(53.3-55.6)*	35.9 *(20.9-54.1)*
Non-smoking adults who were exposed to secondhand smoke in the past seven days	23.7 *(7.6-53.8)*	4	14.9 *(13.5-16.3)*	

Source: Behavioral Risk Factors Surveillance Telephone Survey conducted by the Florida Department of Health, Bureau of Epidemiology. Approximately 500 adults were surveyed in each county in the years 2002 and 2007.

Blanks in the quartile column indicate that not enough data was available to compute a quartile. Not all indicators have data for both 2002 and 2007.

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

Appendix D

Glades County Guide to Health Services

Emergency Numbers

Police/Fire/Ambulance……. ……911

Non-Emergency Numbers

Glades County Sheriff Office……877.445.2337

Fire Departments

Buckhead Ridge……863-634-5197

Indian Hills……863-983-6490

Lakeport…… 863-946-2733

Moore Haven…… 863-946-0711

Muse…….. 863- 675-4288

Ortona……863-674-1151

Palmdale……863-674-1400

Other Emergency Numbers

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

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

Animal Control…… 863-946-6001

Social Services……863- 946-0411

Glades County Health Care Services

Health Department

1021 Health Park Drive, Moore Haven, Florida 33471 ……863-946-0707

Appendix E

Selected Data Sources

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

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

The Behavioral Risk Factor Surveillance Reports are available at this site along with special reports on many health-related topics: http://www.doh.state.fl.us/Disease_ctrl/epi/brfss/reports.htm

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

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

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

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

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

Glades County Department of Health: http://www.doh.state.fl.us/chdglades/home.html

Health Planning Council of Southwest Florida, Inc.: http://hpcswf.com/Home.asp