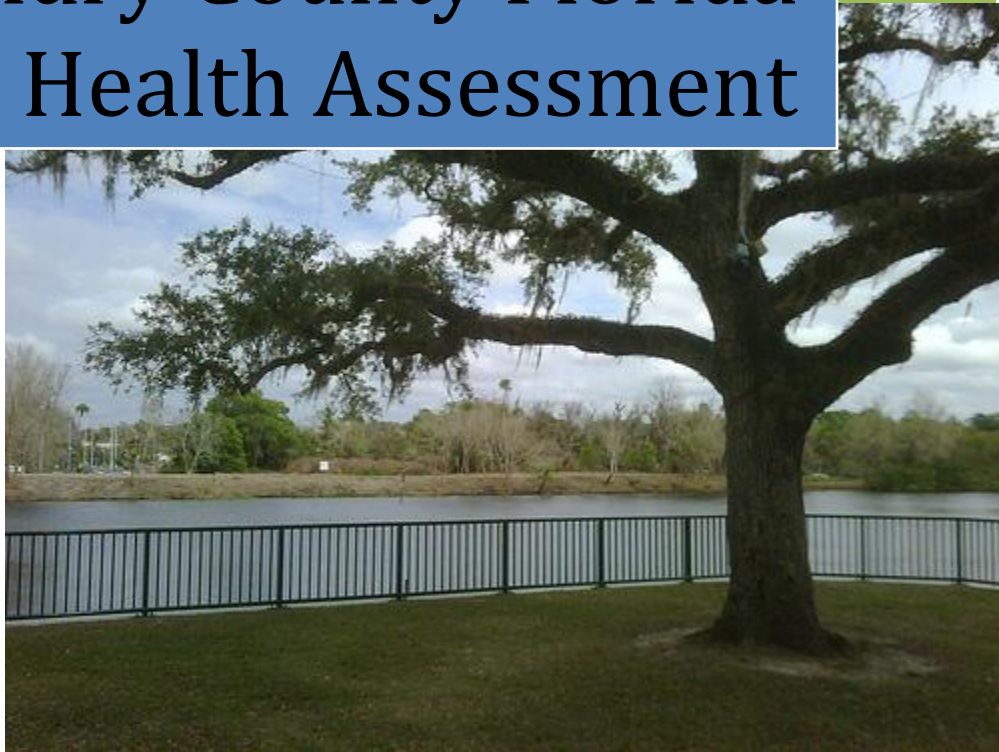


# 2011

## Hendry County Florida Health Assessment



Prepared by:

The Health Planning Council of  
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# Introduction

In an effort to improve the health of the residents of Hendry County, a collaborative partnership was formed between the Hendry 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 Hendry 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 Hendry County unique in comparison to the state of Florida.

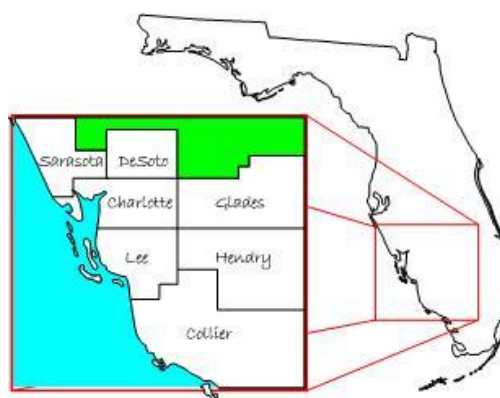
### Population Demographics

Clearly, the sheer number of people in a community is the leading determinant of the demand for healthcare services. Hendry County, which has a population of just fewer than 42,000, is located in southwest Florida (Fig. 1). The county also shares borders with the following counties: Glades to the north; Martin and Okeechobee to the northeast; Palm Beach to the east; Broward to the southeast; Collier to the south; and Lee and Charlotte to the west. As seen in Figure 2, Hendry is one of seven counties in southwest Florida that comprise the Local Health Planning District 8 as designated by the Florida Agency for Health Care Administration (AHCA). LaBelle is the county seat. Clewiston is the largest and most populous incorporated area. Hendry County is 1189.79 square miles in area; about 3% of that area is covered by water. The county has a population density of about 31 persons per square mile compared to a state average of 296 persons per square mile.

Figure 1:

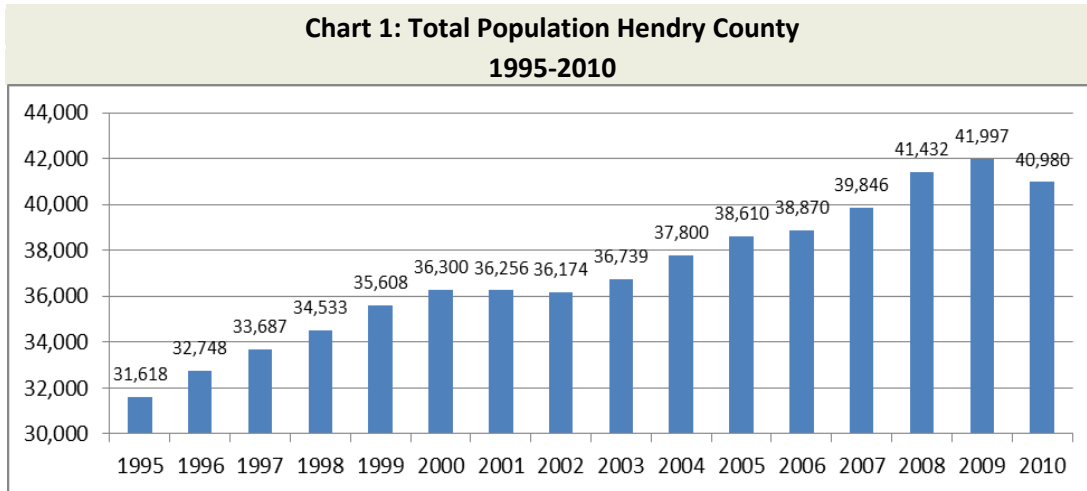


Figure 2:



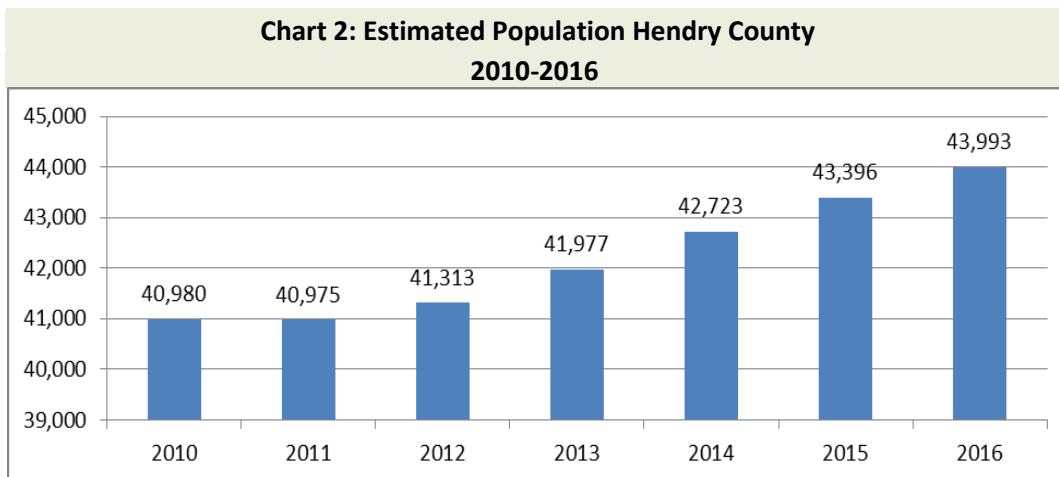
## Population Growth

The illustration below (Chart 1) represents the total population of Hendry County from 1995-2010. The estimate for 2010 places the population of Hendry County as 40,980. This represents a 29.61% increase since 1995; however there was a dip in population from 2009 to 2010.



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

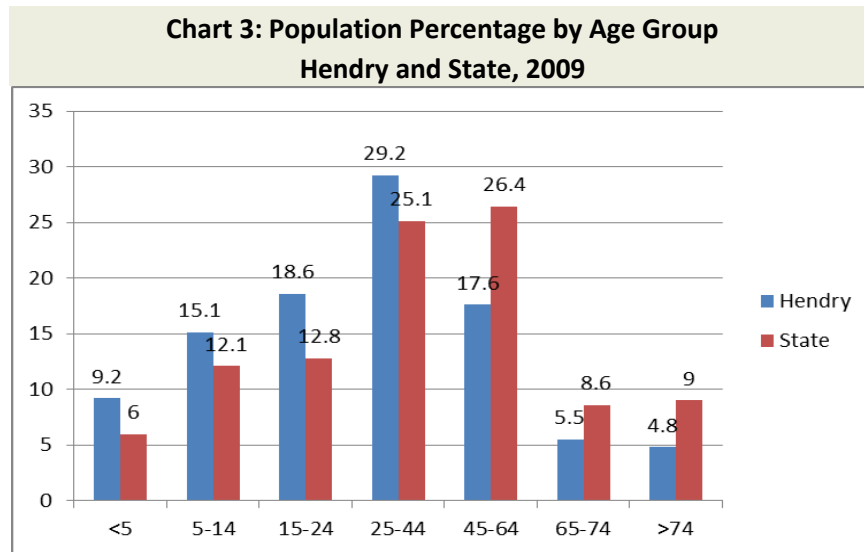
Population growth in a community is the result of natural increase (more births than deaths) and also the migration of people moving into the area at a higher rate than those who are leaving. The population of Hendry County is expected to continue to grow in the coming years. In 2016, it is estimated that the population of Hendry County will be 43,993; that is an increase of about seven percent from the projected number for 2010.



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

## Age

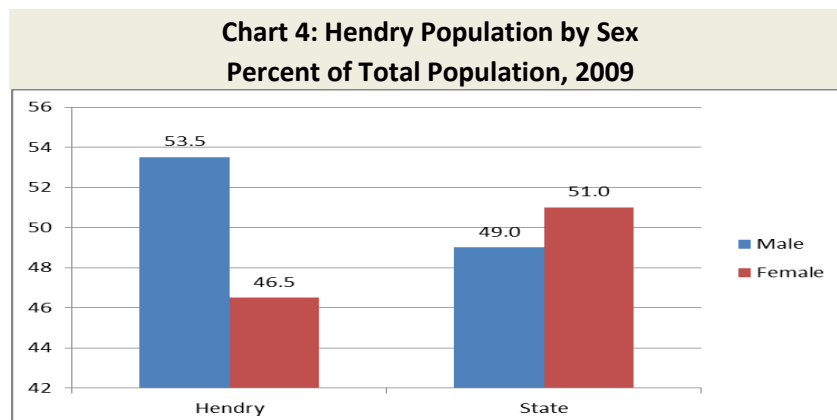
The average age for residents of Hendry County is younger than the average age of residents of Florida. The largest proportion of the population of the county is between the ages of 25 and 44 while the largest proportion of the population for the state is between 45 and 64. Approximately forty-three percent of the population in Hendry is under the age of 25 and approximately ten percent are 65 or older.



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

## Gender

There are more men than women in Hendry County. 53.5 percent of the residents of Hendry County are male while 46.5 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.

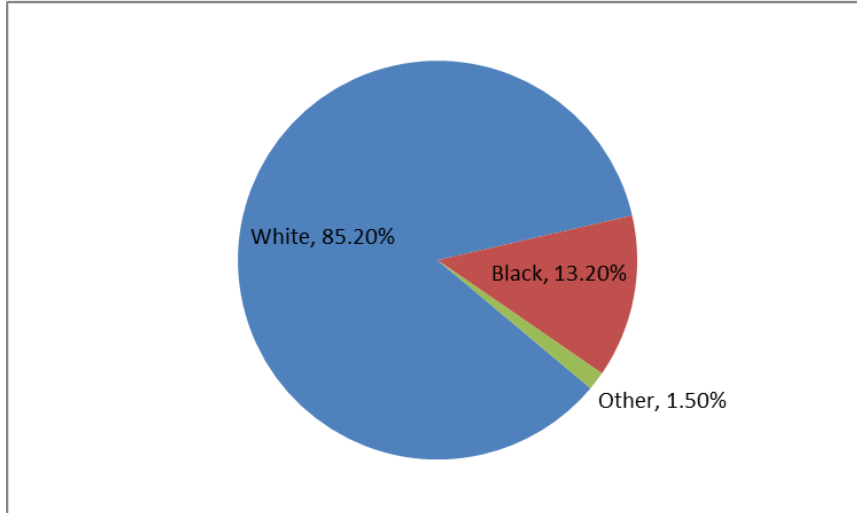


Source: The Florida Legislature, Office of Economic and Demographic Research

## Race and Ethnicity

14.7 percent of the population of Hendry County is non-white; compared to a statewide population comprised of 19.4 percent non-whites. Approximately 1.5 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: Hendry 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 50 percent of the residents of Hendry County identify as Hispanic; this is significantly higher than the state average. The vast majority of the people in Hendry County who identify as Hispanic identify as white.

**Chart 1: Race and Ethnicity, 2009**

		Hendry		State	
	Hispanic	Non-Hispanic		Hispanic	Non-Hispanic
White	48.7%	36.5%	White	20.2%	60.4%
Black	0.7%	12.6%	Black	0.9%	15.6%
Other	0.5%	1.1%	Other	0.3%	2.6%
Total	49.8%	50.2%	Total	21.4%	78.6%

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 Hendry County rose 30 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 31.6% for Hendry County compared to 21.5% for the state.

Like the rest of Florida, Hendry County was hit hard by the economic downturn. The unemployment rate jumped from 7.2 percent in 2000 to 15.6 percent in 2010; it is also higher than the state rate of 10.5 percent.

**Table 2: Socioeconomic Indicators  
Hendry County and State**

	<b>County 2000</b>	<b>County 2009</b>	<b>State 2010</b>
Labor Force as a % of Pop. Aged 18+ (2010)	64.3%	61.6%	62.3%
Personal Bankruptcy Filing Rate per 1000 (2010)	1.98	1.86	5.72
Unemployment Rate (2010)	7.2%	15.6%	11.5%
Average Annual Wage		\$29,061	\$40,974
Per Capita Personal Income	\$20,315	\$26,462	\$38,965
% Living Below Poverty Level		22.6%	15.0%
% ages 0-17 living below Poverty		31.6%	21.5%

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

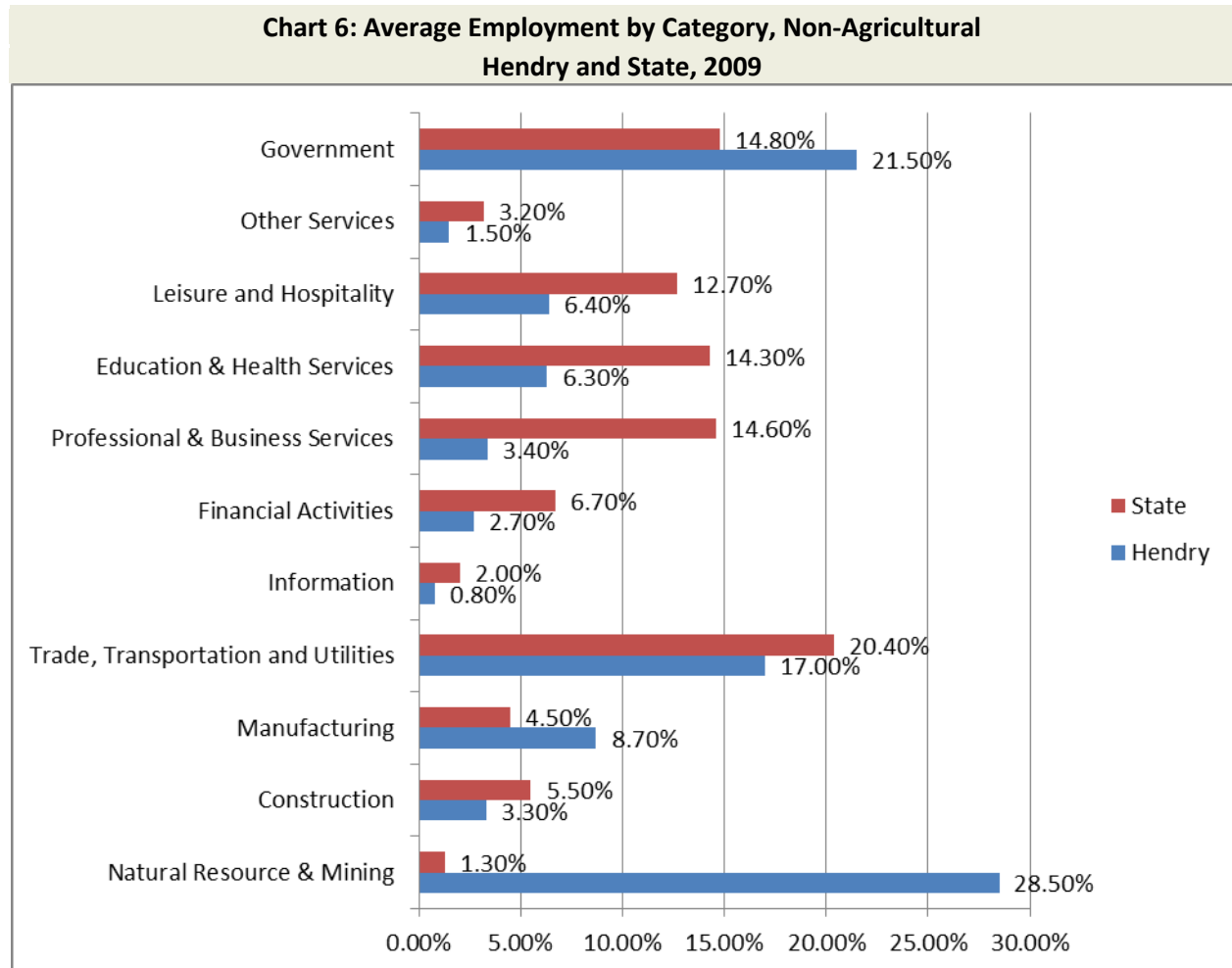
Far fewer residents of Hendry County have received a high school diploma than the state average. Also a much lower percentage of people in Hendry County who are aged 25 and older have received a Bachelor's degree than the percentage of residents of Florida who have done the same.

**Table 3: Educational Attainment  
Persons aged 25 and older, Hendry and State, 2009**

	<b>Hendry</b>	<b>State</b>
% HS graduate or higher	61.0%	84.9%
% Bachelor's degree or higher	7.8%	25.6%

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

As seen in Chart 6, among working adults in Hendry County the most common non-agricultural sectors of employment are: natural resources and mining, government, and trade, transportation and utilities. Natural resource and mining is by far the largest non-agricultural sector of employment for Hendry County. While not reflected in the chart, agriculture is also a large employment sector in Hendry County.



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

Table 4 gives a lot of information on the leading causes of death for residents of Hendry 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 Hendry County, 35.7 of them died of a stroke in 2009. Since there are fewer than 100,000 people in Hendry County the rates per 100,000 are higher than the actual number of people who died. 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 Alzheimer's disease or Pneumonia/ Influenza 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  
Hendry County**

<b>Cause of Death</b>	<b>Deaths</b>	<b>Percent of Total Deaths</b>	<b>Crude Rate Per 100,000</b>	<b>Age-Adjusted Death Rate Per 100,000</b>	<b>3-Year Age-Adjusted Death Rate Per 100,000</b>	<b>YPLL &lt; 75 Per 100,000 Under 75</b>
ALL CAUSES	296	100	704.8	842.5	846.1	9197.6
HEART DISEASE	79	26.7	188.1	229.1	228	1241
CANCER	58	19.6	138.1	165.4	165.4	1603.8
UNINTENTIONAL INJURIES	22	7.4	52.4	57.4	78.8	1523.8
CHRONIC LOWER RESPIRATORY DISEASE	17	5.7	40.5	48.2	40.8	332.8
STROKE	15	5.1	35.7	43.8	44.1	210.2
DIABETES MELLITUS	14	4.7	33.3	40.6	41	280.2
SUICIDE	8	2.7	19	21.6	13.2	545.4
CHRONIC LIVER DISEASE AND CIRRHOSIS	6	2	14.3	18.2	16.1	270.2
KIDNEY DISEASE	6	2	14.3	17.4	27.3	147.6
SEPTICEMIA	6	2	14.3	19	17.3	245.2
PNEUMONIA/INFLUENZA	4	1.4	9.5	11.7	11.2	12.5
ALZHEIMER'S DISEASE	4	1.4	9.5	11.5	10.1	25
AIDS/HIV	4	1.4	9.5	11.7	8.8	222.7
HOMICIDE	2	0.7	4.8	6.1	8.8	190.2
BENIGN NEOPLASM	1	0.3	2.4	2.8	2	0
PARKINSON'S DISEASE	0	0	0	0	0	0
PERINATAL CONDITIONS	0	0	0	0	0	0

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 Hendry County are heart disease and cancer. Together they accounted for more than 45 percent of the deaths in 2009. Table 5, which compares the three-year age-adjusted rates for Hendry County with those for all of Florida, shows that the death rates for heart disease are significantly higher than the state average and the rates are higher for cancer as well. Unfortunately the death rate for Hendry County is higher than the state average for each of these major causes of death.

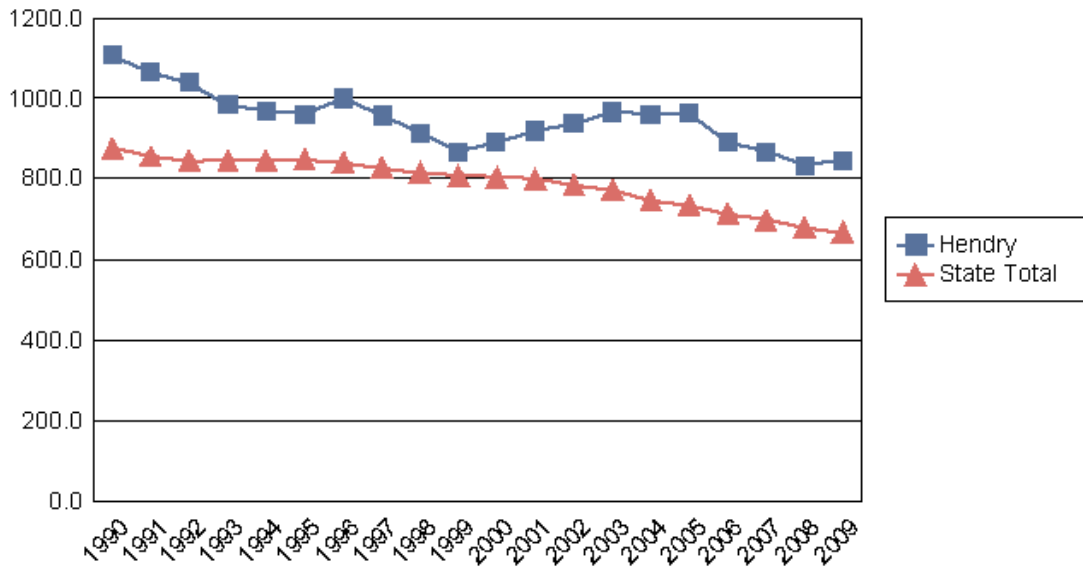
**Table 5: Major Causes of Death For 2009**

<b>Cause of Death</b>	<b>Hendry and State</b>	
	<b>County 2007-2009 Age Adjusted Rate/100,000</b>	<b>Florida 2007-2009 Age Adjusted Rate/100,000</b>
All Causes	846.1	666.7
Heart Disease	228.0	155.0
Cancer	165.4	160.7
Stroke	44.1	31.6
Diabetes	41.0	20.0
Chronic Lower Respiratory Disease	40.8	37.1
Motor Vehicle Crashes	39.8	15.7
Cirrhosis	16.1	10.2
Pneumonia/Influenza	11.2	8.7
AIDS/HIV	8.8	7.4

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 Hendry County is quite a bit higher than the state average (Chart 7). After a rise in the first half of the last decade, the death rate for Hendry County has fallen in the past few years.

**Chart 7: Hendry 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 Hendry County from 2000-2009. The number of deaths has fluctuated within a fairly narrow range during this period rising a bit; however the death rate has fallen slightly because the population of Hendry County has increased by about 16% during this period.

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

<b>Cause of Death</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
<b>All Causes</b>	<b>267</b>	<b>278</b>	<b>272</b>	<b>303</b>	<b>295</b>	<b>299</b>	<b>262</b>	<b>291</b>	<b>283</b>	<b>296</b>
Infectious Diseases	5	7	11	10	6	10	6	10	9	13
...Certain Other Intestinal Infections	0	0	0	1	0	0	0	0	0	0
...Meningococcal Infection	0	0	0	0	0	1	0	0	0	0
...Septicemia	2	1	0	3	3	5	1	6	5	6
...Syphilis	0	0	0	0	0	1	0	1	0	0
...Viral Hepatitis	0	1	1	1	0	0	0	0	1	3
...Human Immunodeficiency Virus	3	5	8	5	1	1	5	3	2	4
...Other & Unspecified Infectious/Parasitic Disease & Sequelae	0	0	2	0	2	2	0	0	1	0
Malignant Neoplasms	62	50	66	52	53	61	64	54	56	58
...Lip, Oral Cavity, Pharynx Cancer	1	2	2	0	0	0	3	1	4	0
...Esophagus Cancer	2	1	1	1	1	1	0	2	1	6
...Stomach Cancer	0	0	1	1	1	2	0	2	1	0
...Colon, Rectum & Anus Cancer	3	3	5	3	2	8	3	8	6	3
...Liver & Intrahepatic Bile Ducts Cancer	2	0	1	1	2	2	5	1	3	2
...Pancreatic Cancer	2	1	0	3	2	4	4	2	3	5
...Larynx Cancer	0	0	1	0	0	0	0	0	3	0
...Trachea, Bronchus & Lung Cancer	22	20	26	16	17	22	19	10	14	18
...Skin Cancer	3	0	0	1	1	0	1	2	3	2
...Breast Cancer	5	5	2	2	2	3	4	3	3	3
...Cervical Cancer	0	0	0	1	0	1	0	1	2	0
...Corpus Uteri & Uterus, Part Unspec Cancer	0	0	0	1	1	0	2	0	0	0
...Ovarian Cancer	1	0	0	2	1	2	0	1	1	1
...Prostate Cancer	5	2	5	5	6	3	0	4	1	3

...Kidney & Renal Pelvis Cancer	1	2	3	3	3	1	5	3	1	0
...Bladder Cancer	3	1	3	0	0	0	2	3	1	2
...Meninges, Brain, & Other Part Cen Nerv Sys Cancer	2	2	2	3	0	1	2	2	0	0
...Lymphoid, Hematopoietic and Related Tissue	3	2	8	5	5	4	5	2	5	7
.....Hodgkin's Disease	0	0	0	0	0	0	0	1	0	1
.....Non-Hodgkin's Lymphoma	2	0	3	4	0	4	2	0	2	1
.....Leukemia	0	2	4	0	1	0	1	1	1	4
.....Multiple Myeloma & Immunoprolifera Neoplas	1	0	1	1	4	0	2	0	2	1
All Other & Unspecified	7	9	6	4	9	7	9	7	4	6
In Situ, Benign, Uncert/Unk Behavior Neoplasms	1	1	1	2	3	1	1	1	0	1
Anemias	0	0	0	0	1	0	1	1	1	2
Diabetes Mellitus	15	17	17	15	12	7	22	12	15	14
Nutritional Deficiencies	0	0	0	0	0	0	0	0	1	0
...Malnutrition	0	0	0	0	0	0	0	0	1	0
Parkinson's Disease	0	1	0	1	1	1	0	0	0	0
Alzheimer's Disease	5	3	10	6	7	9	4	2	4	4
Major Cardiovascular Diseases	90	108	85	130	105	116	67	98	89	102
...Heart Diseases	77	86	74	106	87	91	52	78	71	79
.....Acute Rheum Fever & Chronic Rheum Heart Dis	0	0	1	0	1	0	0	0	1	0
.....Hypertensive Heart Disease	6	3	8	2	4	3	3	4	3	4
.....Hypertensive Heart & Renal Disease	0	0	1	0	1	0	1	0	0	0
.....Ischemic Heart Diseases	62	74	59	87	71	75	40	63	56	60
.....Acute Myocardial Infarction	11	15	19	27	11	16	5	13	12	8
.....Other Acute Ischemic Heart Disease	0	0	0	0	0	0	1	0	0	0
.....Other Forms of Chronic Ischemic Heart Dis	51	59	40	60	60	59	34	50	44	52
.....Atherosclerotic Cardiovascular Disease	25	30	24	28	34	35	13	20	24	19
.....All Other Chronic Ischemic Heart Dis	26	29	16	32	26	24	21	30	20	33

.....Other Heart Diseases	9	9	5	17	10	13	8	11	11	15
.....Pericardium Diseases & Acute Myocarditis	0	0	0	0	0	0	0	0	0	1
.....Heart Failure	1	1	2	5	2	3	3	0	3	4
.....Other Forms Heart Dis	8	8	3	12	8	10	5	11	8	10
...Essen Hypertension & Hypertensive Renal Dis	0	2	0	3	0	2	1	4	3	3
...Cerebrovascular Diseases	13	16	8	14	15	18	9	15	14	15
...Atherosclerosis	0	3	1	3	0	1	1	0	1	0
...Other Disease of Circulatory System	0	1	2	4	3	4	4	1	0	5
.....Aortic Aneurysm & Dissection	0	1	1	2	1	4	3	1	0	4
.....Other Arteries, Arterioles, Capillaries Dis	0	0	1	2	2	0	1	0	0	1
Other Circulatory System Disorders	1	1	1	0	0	0	0	0	0	0
Influenza & Pneumonia	5	7	3	8	5	4	5	5	2	4
...Influenza	0	0	0	1	0	0	0	0	0	0
...Pneumonia	5	7	3	7	5	4	5	5	2	4
Chronic Lower Respiratory Diseases	15	14	22	19	12	18	20	8	16	17
...Bronchitis, Chronic & Unspecified	0	0	1	0	0	0	0	0	0	0
...Emphysema	3	1	3	3	3	2	2	2	2	1
...Asthma	0	1	1	0	0	1	0	0	0	3
...Other Chronic Lower Respiratory Diseases	12	12	17	16	9	15	18	6	14	13
Pneumonitis Due To Solids & Liquids	1	1	0	0	1	0	2	2	1	2
Other Respiratory System Dis	0	1	0	2	2	2	4	3	4	4
Peptic Ulcer	1	0	1	0	0	0	0	0	0	0
Hernia	0	0	0	0	0	0	0	1	0	0
Chronic Liver Diseases & Cirrhosis	2	3	2	3	7	5	7	6	4	6
...Alcoholic Liver Disease	1	2	0	3	4	3	6	4	2	1
...Other Chronic Liver Disease & Cirrhosis	1	1	2	0	3	2	1	2	2	5
Cholelithiasis & Other Gallbladder Disorders	0	0	0	1	0	0	0	0	0	0
Nephritis, Nephrotic Syndrome & Nephrosis	4	6	3	4	3	3	3	11	10	6
...Glomeruloneph, Nephri/Nephro, Renal Sclerosis	0	0	0	0	0	0	0	0	0	1
...Renal Failure	4	6	2	4	3	3	3	11	10	5

...Other Kidney Disorders	0	0	1	0	0	0	0	0	0	0
Pregnancy, Childbirth and the Puerperium	0	0	0	0	1	0	0	1	0	0
...Pregnancy With Abortive Outcome	0	0	0	0	1	0	0	0	0	0
...Pregnancy, Childbirth, Puerperium Complications	0	0	0	0	0	0	0	1	0	0
Perinatal Period Conditions	1	3	2	3	3	4	1	3	1	0
Congenital & Chromosomal Anomalies	0	2	1	2	0	3	1	4	1	3
Symptoms, Signs, Abnormal Clinical/Lab Findings	4	0	2	0	7	2	8	5	4	8
All Injuries	44	41	30	34	49	38	33	45	38	32
...Unintentional Injury	33	31	25	26	38	35	22	35	32	22
.....Transport Accident	21	23	14	18	24	20	16	21	18	11
.....Motor Vehicle Crashes	15	23	14	16	24	20	15	20	16	11
.....Other Land Transport Accidents	6	0	0	1	0	0	0	0	1	0
.....Water/Air/Space/Oth-Unsp Transport & Seq	0	0	0	1	0	0	1	1	1	0
.....Non-Transport Accident	12	8	11	8	14	15	6	14	14	11
.....Falls	0	2	1	2	4	4	2	2	5	6
.....Firearms Discharge	1	0	1	0	0	0	0	0	0	0
.....Drowning & Submersion	2	1	1	1	1	1	0	1	0	0
.....Smoke, Fire, Flames Exposure	2	0	0	0	0	0	0	0	1	0
.....Poisoning & Noxious Substance Exposure	1	1	4	4	4	5	2	5	7	4
.....Other & Unspec. Nontrnspt & Seq.	6	4	4	1	5	5	2	6	1	1
...Suicide	4	6	1	2	8	2	3	2	5	8
.....Suicide by Firearms Discharge	1	3	1	2	6	1	1	1	3	6
.....Suicide by Other & Unspec. Means & Seq.	3	3	0	0	2	1	2	1	2	2
...Homicide	7	3	3	6	3	1	7	8	1	2
.....Homicide by Firearms Discharge	5	3	2	4	1	1	3	5	0	1
.....Homicide by Other & Unspec. Means & Seq.	2	0	1	2	2	0	4	3	1	1
...Undetermined Injury	0	1	0	0	0	0	0	0	0	0
.....Other & Unspecified Event & Sequelae	0	1	0	0	0	0	0	0	0	0

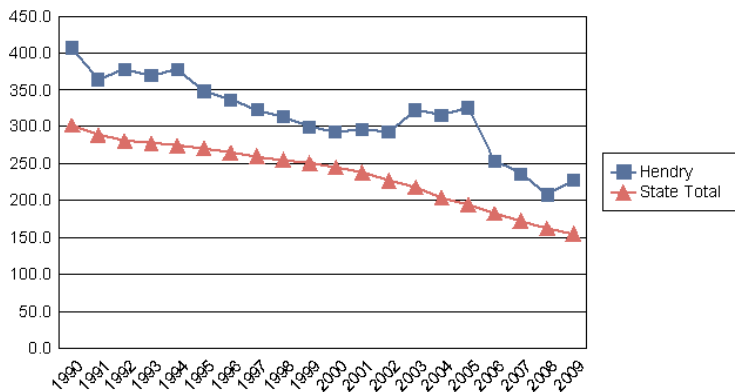
...Medical & Surgical Care Complications	0	0	1	0	0	0	1	0	0	0
All Other Diseases	11	12	15	11	17	15	13	19	27	20

Source: Florida Department of Health, Office of Vital Statistics

## Chronic Diseases

Heart Disease is the leading cause of death in Hendry 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 Hendry County is not as smooth as the decline at the state level and the rate is consistently higher in Hendry than for the state as a whole. However, despite a small rise in the past year, the overall trend is mostly positive.

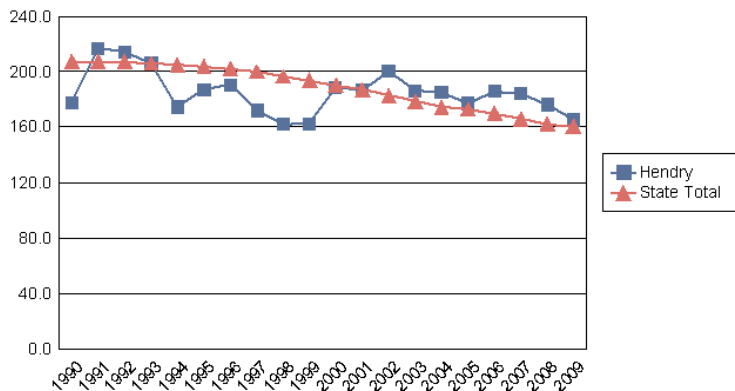
**Chart 8: Deaths from Heart Disease**  
Age-adjusted rate per 100,000, 1990-2009



Source: Florida Department of Health, Bureau of Vital Statistics

Cancer is the second most common cause of death in Hendry County. As seen in Chart 9, age-adjusted death rates from cancer showed a small decrease between 2006 and 2009 after a bit of a rise earlier in the decade. Rates for Hendry County are currently 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

The death rate for blacks in Hendry 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 Hendry 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 quite a bit higher for blacks than for whites.

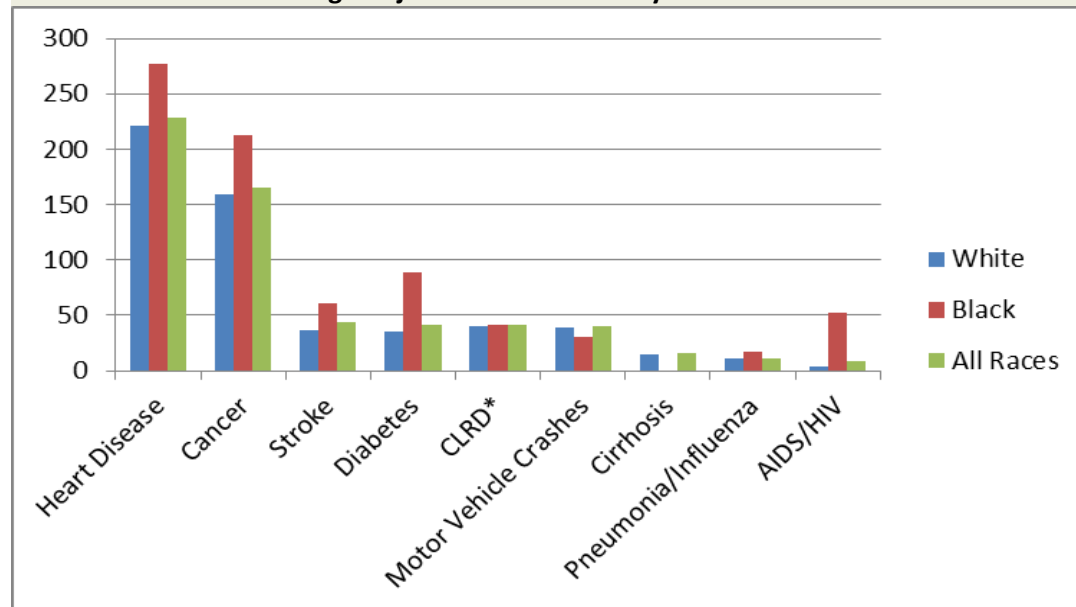
**Table 8: Major Causes of Death and Race, Hendry County and State  
3-Year Age Adjusted Death Rates by Cause, 2007-2009**

	County			State		
	White	Black	All Races	White	Black	All Races
Total Deaths	781.2	1206.3	846.1	649.3	799.9	666.7
Heart Disease	220.7	276.5	228.0	150.6	190.3	155.0
Cancer	159.4	212.6	165.4	159.5	171.6	160.7
Stroke	36.8	61.1	44.1	29.3	52.8	31.6
Diabetes	35.3	89.1	41.0	17.7	41.4	20.0
CLRD*	39.8	41.0	40.8	38.4	23.8	37.1
Motor Vehicle Crashes	38.5	30.6	39.8	16.3	13.4	15.7
Cirrhosis	15.0	0.0	16.1	10.9	5.8	10.2
Pneumonia/Influenza	10.5	17.4	11.2	8.4	11.1	8.7
AIDS/HIV	3.1	51.8	8.8	3.4	29.5	7.4

Source: Florida Department of Health, Office of Vital Statistics

\*Chronic Lower Respiratory Disease

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



Source: Florida Department of Health, Office of Vital Statistics

## Communicable Diseases

Hendry County ranks below the state average rate for most sexually transmitted diseases and most vaccine preventable diseases. Chlamydia is the most prevalent sexually transmitted disease in Hendry County with an average of 194.3 cases per year between 2007 and 2009. That works out to a rate per 100,000 of 472.9; higher than the state average of 357.3.

The overall rate of infection from vaccine preventable diseases is very low. For most of these diseases there is an average of less than one case every three years. Pertussis (commonly known as whooping cough) is the most prevalent vaccine preventable disease in Hendry County with an average of two cases per year between 2007 and 2009.

An average of 4.7 people per year was diagnosed with AIDS in Hendry 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 Hendry County is 11.4 compared to a rate of 22.9 for the state as a whole. The largest number of those cases come from urban areas. The rate of Tuberculosis in Hendry County is higher than the state as a whole at 13 per 100,000 compared to 4.9 per 100,000.

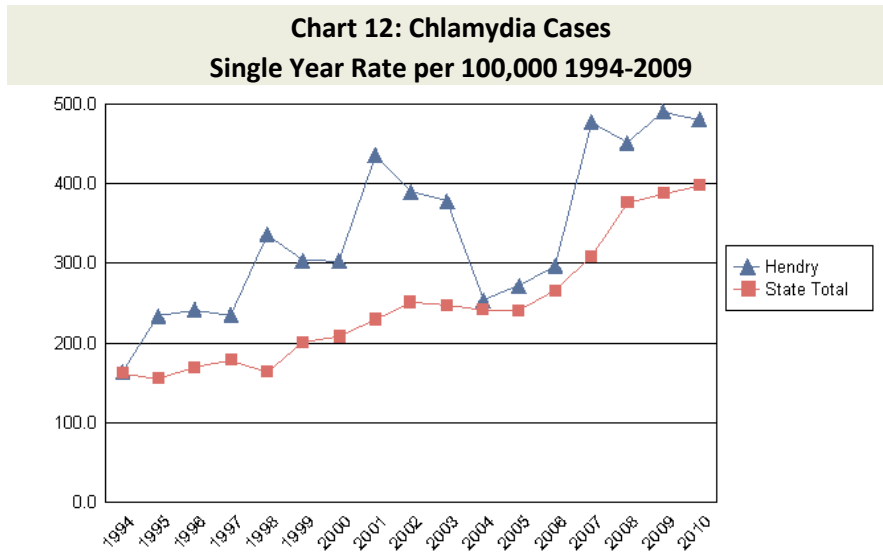
**Table 9: Communicable Diseases  
Hendry County and State 2007-2009**

Disease	# of Cases Annual Avg.	County 3 yr. Rate per 100,000	State 3 yr. Rate per 100,000
<b>Sexually Transmitted Diseases</b>			
Infectious Syphilis Cases	0.0	0.0	5.3
Gonorrhea Cases	30.3	73.8	119.7
Chlamydia	194.3	472.9	357.3
<b>Vaccine Preventable Diseases</b>			
Hepatitis B Cases	0.0	0.0	1.9
Measles	0.0	0.0	0.0
Mumps	0.0	0.0	0.1
Rubella	0.0	0.0	0.0
Pertussis	2.0	4.9	1.8
Tetanus	0.0	0.0	0.0
<b>AIDS and Other Diseases</b>			
AIDS Cases	4.7	11.4	22.9
Meningococcal Meningitis	0.0	0.0	0.0
Hepatitis A Cases	1.0	2.4	0.9
Tuberculosis Cases	5.3	13.0	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 Hendry County have also seen a sharp rise and are currently higher than the state rate.



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

## Maternal and Child Health

On average, 713 babies were born per year in Hendry 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 Hendry County than the Florida average. There were also more babies born to unwed mothers in Hendry 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 causes of infant deaths in Florida are perinatal conditions, congenital anomalies, low birth weight and sleep-related deaths. There has been a major decrease in the incidence of sudden infant death syndrome (SIDS) since the American Academy of Pediatrics released its recommendation in 1992 that infants be placed down for sleep in a nonprone position. Infant mortality rates in Hendry County are slightly above the average for the state of Florida. However, the percent of infants born with a low birth weight is slightly lower than the state average.

<b>Table 10: Maternal &amp; Child Health Indicators, Hendry County &amp; State</b>			
<b>3-Year Figures, 2007-2009</b>			
<b>Births</b>	<b>County</b>	<b>State</b>	<b>Quartile*</b>
Total Births (3-yr annual avg.)	713.0		
Births to Mothers ages 15-44 per 1000	84.1	64.9	4
Births to Mothers ages 10-14 per 1000	0.2	0.6	1
Births to Mothers ages 15-19 per 1000	73.5	40.4	4
Percent of Births to Unwed Mothers	59.3	46.9	4
<b>Infant Deaths</b>			
Infant Deaths (0-364 days) per 1000 Births	8.4	7.1	3
Neonatal Deaths (0-27 Days) per 1000 Births	4.7	4.5	3
<b>Low Birth Weight</b>			
Percent of Births < 1500 Grams	1.4	1.6	2
Percent of Births < 2500 Grams	8.4	8.7	3
<b>Prenatal Care</b>			
Percent of Births with 1st Trimester Care	66.9	77.0	1
Percent of Births with Late or No Care	7.3	5.6	4

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 1<sup>st</sup> 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. Congestive heart failure and chronic obstructive pulmonary disease (this category includes chronic bronchitis and emphysema) are the most common preventable causes of hospitalizations for Hendry County residents.

<b>Table 11: Prevention Quality Indicators</b>								
<b>Annual Rate per 100,000 2004-2009, Hendry County</b>							<b>Florida</b>	
PQI	2004	2005	2006	2007	2008	2009	2009	
01-Diabetes/short-term	86.1	59.6	52.5	27	39.5	79.3	48.2	
03-Diabetes/long-term	172.2	221.5	209.8	301.1	211.8	182.6	118.1	
05-Chronic obstructive PD	413.3	396.1	343	362.9	416.4	458.3	240.1	
07-Hypertension	64.6	80.9	44.4	81.1	96.9	93	87.6	
08-Congestive HF	546.8	677.3	528.6	490.3	473.8	444.5	377.4	
10-Dehydration	133.5	85.2	88.8	96.5	147.2	89.6	74.8	
11-Bacterial pneumonia	396.1	502.6	439.8	393.7	323	396.3	288.4	
12-Urinary infections	176.5	242.8	209.8	204.6	208.2	220.5	208.8	
13-Angina w/o procedure	103.3	140.6	56.5	46.3	28.7	34.5	17.8	
14-Uncontrolled diabetes	47.4	12.8	80.7	84.9	39.5	34.5	31.0	
15-Adult asthma	146.4	170.4	141.2	123.5	168.7	127.5	135.8	
16-Diabetes/LE amputations	60.3	63.9	92.8	81.1	46.7	51.7	30.5	

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

The Chronic Condition Indicator tool is another method to look at the health of a community through hospitalizations. This tool stratifies chronic diseases based on 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 and asthma are also on the rise.

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

Disease	2004	2005	2006	2007	2008	2009
Diabetes	861	866	965	1054	1130	1210
Asthma	206	215	286	251	284	345
Congestive Heart Failure	463	518	484	479	540	580
Hypertension	1267	1327	1430	1358	1498	1582
AIDS	31	31	40	31	24	33
Sickle Cell	0	0	0	0	44	47

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

## Emergency Room Visits by Hendry County Residents

Hendry County Residents made 16,921 visits to hospitals in 2009 that did not result in an inpatient admission. The largest number of visits was made to the Hendry Regional Medical Center, the only hospital in Hendry County. The next largest number of visits was made to hospitals in Lee and Palm Beach counties.

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

	Medicaid	Medicare	No charge/ Charity	Other	Private , incl. HMO	Self- Pay	Grand Total
Hendry Regional Medical Center	3523	1209		200	1945	2463	9340
Lehigh Regional Medical Center	1468	266	2	52	473	763	3024
Healthpark Medical Center	767	36	60	28	239	105	1235
Lakeside Medical Center	549	74		23	288	285	1219
Southwest Florida Regional Medical Center	154	81	4	7	140	79	465
Lee Memorial Hospital	68	61	30	21	103	75	358
Palms West Hospital	84	18	6	7	97	32	244
Cleveland Clinic Hospital	5	5		4	67	11	92
Gulf Coast Hospital	35	14	1		18	16	84
NCH Healthcare System North Naples Hospital	31	1		3	12	22	69
Memorial Hospital West	4	3		2	41	9	59
Cape Coral Hospital	28	9	3		9	8	57
Memorial Regional Hospital	2	1	4	1	35	3	46
Florida Hospital Lake Placid	13	5		4	12	10	44
Raulerson Hospital	15	1		2	8	10	36
Wellington Regional Medical Center	7	1			18	3	29
Miami Children's Hospital	18				6	1	25
Desoto Memorial Hospital	6			3	3	6	18
Memorial Hospital Miramar	3				13	2	18
Saint Mary's Medical Center	3	2	1		4	7	17
Memorial Hospital Pembroke	3	1	6		4	2	16
Physicians Regional Medical Center - Col	5			2	4	5	16

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

The AHCA ED data contains records for all ED visits for which the severity of the visit did not result in an inpatient admission. Includes visits by Hendry County residents to the ED of any hospital in Florida. Only hospitals with at least 15 visits are included in the chart above. There are an additional 410 visits divided amongst 114 hospitals that have not been included in the chart.

## Health Resources

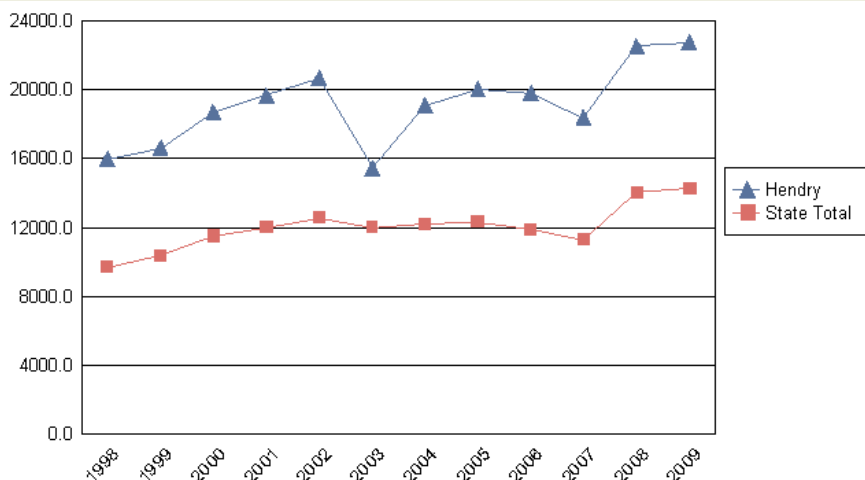
Access to health care is the key to achieving a health community and is a primary goal of health policy in Florida. This section will review health coverage of Hendry County residents including the rate of uninsured residents, licensed providers and facilities, and federal health professional shortage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

### Medicaid

Medicaid provides medical coverage to low income individuals and families. The state and federal government share the costs of the Medicaid program. Medicaid services in Florida are administered by the Agency for Health Care Administration (AHCA). About half of the recipients are children or adolescents under the age of 21. While children are the 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 23,000 out of every 100,000 people in Hendry 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. Hendry County was estimated as having 34.8 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 2007. 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 Hendry County increased by 6.6 percent. This suggests that the uninsured rate could have increased by as much as 5.6 percent. That would place the estimated rate for uninsured adults under the age of 65 in Hendry County in 2009 as high as 40.4 percent.

## Physicians and Facilities

As of 2009, there were nineteen licensed physicians in Hendry County. That works out to 45.2 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. The only non-Health Department category where Hendry County has more resources than the state average is nursing home beds.

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 \$5,201,261 dollars in 2009; that places the rate of expenditure per 100,000 residents at near triple the state average. However, it is typical for rural counties to have a significantly higher rate of expenditure than the state average.

**Table 14: Health Resources Availability  
Hendry County & State 2009**

	County			State
	Number	Rate per 100,000	Quartile*	Rate per 100,000
<b>Providers**</b>				
Total Licensed Dentists	4	9.5	1	61.9
Total Licensed Physicians	19	45.2	1	300.6
Total Licensed Family Private Practice Physicians	4	9.5	1	19.7
Total Licensed Internists	1	2.4	1	41.8
Total Licensed OB/GYN	0	0.0	1	7.9
Total Licensed Pediatricians	2	4.8	2	14.9
<b>Facilities</b>				
Total Hospital Beds	25	59.5	1	319.1
Total Acute Care Beds	25	59.5	1	264.4
Total Specialty Beds	0	0.0	1	54.9
Total Nursing Home Beds	248	590.5	3	438.6
<b>County Health Department</b>				
County Health Department Full-Time Employees	73	173.6	4	64.8
County Health Department Expenditures	5,201,261	12,384,839	4	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

## 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.

Labelle in Hendry 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. Labelle scored a 59.50.

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

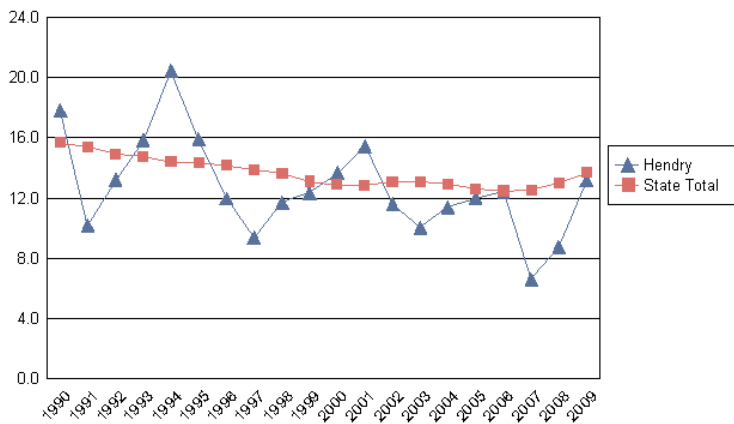
Hendry County has been designated as Health Professional Shortage Areas (HPSAs) for primary care. According to federal calculations, Hendry County should have twelve primary care doctors serving the population; there is currently a shortage of three doctors. HRSA calculated that the area requires six dentists serving the low-income population and migrant farmworker populations; there were no dentists fitting that criterion at the time of designation. The Hendry/ 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. The suicide rate for Hendry County has been quite variable over the last twenty years. The most recent rate is slightly below the state average. Please note that these rates are based on a small number of cases and a few cases 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 too many categories Hendry County ranks amongst the worst quartile for crime in the state of Florida. While the county is well below the state average for larceny and domestic violence offenses, it is higher than the state average or in the worst quartile in every other category.

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

<b>Crime and Domestic Violence</b>	<b>County</b>	<b>State</b>	<b>Quartile*</b>
Larceny	1680.8	2,618.0	2
Burglary	1503.1	978.3	4
Total Domestic Violence Offenses	510.2	611.8	2
Aggravated Assault	532.1	408.8	4
Motor Vehicle Theft	303.4	332.2	4
Forcible Sex Offenses	57.6	57.2	3
Robbery	135.5	186.7	4
Murder	12.2	6.0	4
<b>Alcohol-related Motor Vehicle Crashes</b>			
Alcohol-related Motor Vehicle Crashes	123.3	115.6	2
Alcohol-related Motor Vehicle Crash Injuries	103.8	81.7	3
Alcohol-related Motor Vehicle Crash Deaths	17.0	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.

# 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. 596 Hendry 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 decreased from 27.4 percent in 2002 to 19.1 percent in 2007. However it is still above the state average of 16.2 percent. The rate is higher for much higher for men than for women (26.7 vs. 9.8). The highest rate is among people between 18 and 44 (24.7) and lowest among people over the age of 65 (8.6). Persons with higher education level reported drinking at higher rates than their less educated counterparts, and singles were more likely to drink than persons who are married.

### Cancer Screenings

Women over 18 years of age in Hendry County were about as likely as women across the state as a whole to report that they had received a pap test in the last year (64% Hendry vs. 64.8% State). However a lower percentage of women 40 years or older in Hendry County received a mammogram than the state average (58.8% Hendry vs. 64.9% State). Residents of Hendry County over the age of 50 indicated that they are less likely to have received a blood stool test than their counterparts across the state; these rates have decreased slightly percent since 2002. However, there has been an increase of almost 20 percentage points 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 Hendry County reported that they could not see a dentist in the past year than the number who said the same for the state (23.2% Hendry, 19.2% State). More women than men reported being unable to attend the dentist (30.9% women, 16.3% 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**

22.7 percent of adults in Hendry County reported that they were unable to see a doctor at least once in the previous year due to cost. This is worse than the state average of 15.1 percent. 64.5 percent of adults in Hendry County reported that they had a medical check-up in the past year; this is worse than the state average of 74.6 percent. 64.5 percent of adults in Hendry County stated that they have some type of health insurance coverage; in 2002 the response was 58.0 percent. The state average is 81.4 percent. More women than men reported that they have some type of health insurance. Only 37.9 percent of Hispanic men and 33.3 percent of Hispanic women reported that they have some sort of insurance. Virtually all people above the age of 65 indicated that they have insurance; however only 49.1 percent of persons between the ages of 18 and 44 answered the same way. 80.5 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, 90.1 percent of persons with an income of \$50,000 or more are insured compared to 39.3 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, 80.9 percent of Hendry 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. 86.1 percent of people between the ages of 18 and 44 reported that they were in good or excellent health while only 60.3 percent of people over the age of 65 reported the same. 95.0 percent of people who earn \$50,000 or more per year reported feeling well compared to 74.5 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 94.2 percent in Hendry 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**

51.5 percent of adults less than 65 years of age reported that they have ever been tested for HIV. That is higher than the state average of 49.1 percent. Hispanic men reported the lowest rate of testing; only 40.4 percent had ever been tested.

## **Overweight and Obesity**

62.3 of Hendry County residents are overweight or obese. This is similar 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. 30.2 percent of the people in Hendry County reported that they are obese in 2007; that is a decrease from 2002 when that number was 37 percent. Men and women in Hendry County report similar rates of overweight and obesity (62.0 men, 62.8 women). There were no strong correlations found between age or education level in regards to overweight and obesity. The highest rates of overweight obesity are found in non-Hispanic white men (75.4 percent) and non-Hispanic black women (84.8 percent)

There seems to be quite a bit of fluctuation in the weight of residents of Hendry County. 25.2 percent reported that they had lost at least five pounds in the past year and 24.2 percent reported that they had gained five or more pounds in the past year.

Exercise and nutrition are two important aspects of maintaining a healthy weight. 38.1 percent of Hendry 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 33.9%. People with the lowest levels of education and income were most likely to be sedentary. More people in Hendry County report that they eat five servings a day of fruit and vegetables than the state average (28.9% Hendry, 26.2% State) but fewer report that they meet at least the moderate physical activity recommendations (30.2% Hendry, 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**

Hendry County has a higher percentage of current smokers than the average for the state of Florida as a whole; 21.6 percent of Hendry County residents reported that they smoke compared to 19.3% for the state. More men smoke than women. People between the ages of 18 and 44 are most likely to smoke. Lower income residents are more likely to smoke than higher income residents. The number of people in Hendry County who reported that they are current smokers dropped by 11 percentage points between 2002 and 2007.

# Community Input

## Interviews with Community Leaders

### Introduction

The Health Planning Council of Southwest Florida (HPC) conducted thirteen key informant interviews in early 2011 with the cooperation of the Hendry 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 Hendry 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 Hendry County. A summary of community leaders' opinions is reported without judging the veracity of their comments.

### Methodology

A committee from the Hendry County Health Department 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. Thirteen key community leaders were interviewed at the place of their employment or another location of their choosing in Hendry County in early 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 Hendry 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 Hendry County, community leaders spoke at length about the assets and deficiencies of the system. The majority of the respondents stated that healthcare in Hendry County is poor for the uninsured but fairly good for those with insurance. Many respondents noted that there is limited primary care (doctors and services) in the county and almost no specialty 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 Hendry County Health Department. Also cited were Hendry Regional Medical Center, 211, EMS staff and the internet.

## **Pressing Healthcare Needs**

The community leaders were asked to identify the most pressing healthcare needs in Hendry County. The number one response was access to primary and specialty care particularly for the uninsured. Other responses included: funding for permanent birth control; asthma care for children; a dialysis center; and dental care for the uninsured.

## **Issues Affecting Specific Groups**

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

Respondents stated that uninsured children are not able to access pediatric services on a regular basis particularly in Labelle. Interviewees also mentioned a lack of dental and specialty care for children. Dietary issues, obesity and a lack of proper nutrition were also cited as issues for children in Hendry County.

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 Hendry County. It was also widely noted that there is a problem with teen pregnancy and STDs. 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.

When it comes to adults, access to primary and specialty care especially for the uninsured is the most pressing concern particularly in Labelle. Many adults are believed to be using the convenient care center in lieu of primary care. Smoking was listed as a health concern for the residents of Hendry County. Two participants noted a lack of women's healthcare services.

The elderly generally have access to care through Medicare and so are considered to in a better situation than many. 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.

### **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 the uninsured have few options for healthcare. People with Medicaid also have a hard time access services because there are not many doctors willing to accept that form of payment. Non-English speaking residents were also noted as having difficulties accessing care. It was noted by multiple respondents that many illegal immigrants do not access care because there is a fear of deportation.

### **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. Many respondents stated that there is no primary care available for uninsured adults. Among the insured population, many choose to travel outside of the county to receive primary care. The convenient care center is being used as a substitute for primary care by many.

Respondents were split on the availability of dental care. About half the leaders stated that the available dental services were adequate; the others stated that the uninsured were unable to get dental care. Several participants mentioned that the new dental program at the health department was necessary to serve the needs of the residents.

Nearly all the participants stated that there are no specialty care services available in the western part of the county (Labelle). It is believed that the Clewiston area is in better shape with limited specialty care available through the hospital.

Mental health care was listed as a dire need in the county by more than one respondent. Multiple leaders stated that the current program is overtaxed and that there is a need for additional funding to increase the services. It was noted that there is very little therapy available for the uninsured. Leaders also said that there are very few mental health services available for children.

Leaders believe that the Clewiston-area benefits from having the Hendry Regional Medical Center. Through the hospital, there are many more services available in Clewiston than Labelle. However, the perception among the leaders is those residents who have insurance generally choose to use the hospitals in Lee County or Palm Beach County.

It was stated that residents generally leave the county for specialty care. Specific services mentioned include: cardiology; pulmonary; neurologic; orthopedic; dialysis and obstetrics including all births. Some

participants mentioned that some uninsured residents go to Collier Health Services, Inc. in Immokalee for care.

It is generally believed that the residents of the areas outside of Clewiston and Labelle have greater difficulty accessing health services. Particular neighborhoods mentioned as having difficulty accessing services were Muse, Pioneer, Ft. Denaud and Montura. Migrant camps and farms were also listed as places where healthcare was particularly difficult to access. Transportation is seen as a major barrier to care for all of these areas.

### **Most Important Health Issue and How to Address It**

Universally, the most important health issue is deemed to be the lack of primary care for the uninsured and specialty care for all. The second most pressing issue according to the interviewed leaders was a lack of transportation to health care services. Preventive education to combat chronic diseases such as diabetes and hypertension was also listed as a serious need.

Several respondents would like to see the county health department and the local and federal governments bring in additional funds to allow for more resources (physicians and clinics) in Hendry County. Additional outreach and education on issues such as smoking, hygiene and obesity was suggested. Some leaders were pessimistic that there would be many improvements in the current economy situation.

Additionally, leaders would like to see a solution to the lack of public transportation; it is considered a major barrier for residents attempting to access care. Some leaders would like to see a volunteer specialty clinic funded by the health department, the hospital and county government.

# Appendix A

## Hendry County Health Assessment

### Key Informant Interview Guide

On behalf of The Hendry 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 Hendry 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 Hendry County. You have been identified by the project team as a key informant based on your knowledge of the health-related issues for Hendry 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 Hendry 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 Hendry County including the services available to meet healthcare needs and the general health of Hendry County residents.
4. Where do you think the residents of Hendry County go to get needed health information?
5. What do you think are the most pressing healthcare needs in Hendry County?
6. Now I am going to name some specific populations in Hendry 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 Hendry 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 Hendry County? Are these components currently in Hendry 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 Hendry 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 Hendry County have difficulty accessing?
11. Are there services that individuals in Hendry 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 Hendry 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
<b>Air Quality</b>				
Adults who reduced or changed outdoor activity because the air quality was bad	21.0 (16.1-26.7)		19.2 (18.2-20.2)	
<b>Alcohol Consumption</b>				
Adults who engage in heavy or binge drinking	19.1 (12.5-27.9)	4	16.2 (15.2-17.1)	27.4 (15.5-43.6)
<b>Arthritis</b>				
Adults who are limited in any way in any usual activities because of arthritis or chronic joint symptoms	10.8 ( 7.4-15.3)	1	12.5 (11.8-13.1)	
Adults who have been told they have some form of arthritis	20.2 (15.3-26.1)	1	24.3 (23.4-25.1)	
<b>Asthma</b>				
Adults who currently have asthma	3.9 ( 2.5- 5.8)	1	6.2 ( 5.6- 6.7)	17.9 ( 7.0-38.7)
<b>Cancer Screening</b>				
Adults 50 years of age and older who received a blood stool test in the past year	17.4 (12.3-24.0)	3	21.2 (20.1-22.3)	19.5 (14.2-25.9)
Adults 50 years of age and older who received a sigmoidoscopy or colonoscopy in the past five years	54.0 (44.0-63.6)	3	53.7 (52.3-55.1)	35.2 (28.6-42.4)
Adults ages 50 years and older who have ever had a blood stool test	43.6 (33.4-54.3)	3	45.6 (44.2-46.9)	29.2 (23.1-36.0)
Adults ages 50 years and older who have ever had a sigmoidoscopy or colonoscopy	60.0 (50.6-68.6)	3	63.1 (61.6-64.4)	42.2 (35.3-49.4)
Men ages 50 years and older who have ever had a digital rectal exam	80.3 (69.1-88.1)		83.6 (81.7-85.2)	
Men ages 50 years and older who have ever had a PSA test	79.6 (68.4-87.5)		81.0 (79.0-82.7)	
Women 18 years of age and older who received a Pap test in	64.0	3	64.8	67.4

the past year	(53.7-73.1)		(62.9-66.5)	(59.5-74.3)
Women 40 years of age and older who received a	58.8	4	64.9	53.0
mammogram in the past year	(47.8-68.8)		(63.2-66.4)	(44.5-61.3)
Women ages 40 years and older who had a clinical breast	60.5	4	66.1	
exam in the past year	(49.5-70.4)		(64.4-67.6)	
<b>Cardiovascular Disease</b>				
Adults who have ever had a heart attack, angina, or coronary	9.1	2	9.3	
heart disease	( 6.0-13.3)		( 8.7- 9.8)	
Adults who have ever had a stroke	1.6	1	3.1	
	( 0.8- 3.0)		( 2.8- 3.4)	
<b>Cholesterol Awareness</b>				
Adults who had their cholesterol checked in the past five	62.3	4	78.5	70.7
years	(54.9-69.1)		(77.3-79.6)	(62.7-77.5)
Adults who had their cholesterol checked in the past two	60.0	4	73.3	65.7
years	(52.5-66.9)		(72.0-74.4)	(57.2-73.3)
Adults who have diagnosed high blood cholesterol	32.0	1	37.1	43.7
	(24.6-40.3)		(35.8-38.2)	(29.5-59.0)
<b>Dental Care</b>				
Adults who could not see a dentist in the past year because of	23.2	3	19.2	
cost	(18.2-29.0)		(18.2-20.2)	
<b>Diabetes</b>				
Adults with diabetes who ever had diabetes self-management	40.5	4	51.4	
education	(26.4-56.3)		(48.1-54.6)	
Adults with diabetes who had an annual eye exam	60.3	4	77.4	
	(43.1-75.2)		(74.6-80.0)	
Adults with diabetes who had an annual foot exam	81.0	2	75.6	
	(66.0-90.2)		(72.5-78.3)	
Adults with diabetes who had two A1C tests in the past year	63.1	4	71.2	
	(43.2-79.3)		(67.6-74.4)	
Adults with diagnosed diabetes	6.3	1	8.7	18.9
	( 4.4- 8.9)		( 8.2- 9.3)	( 8.0-38.3)
<b>Disability</b>				
Adults who are limited in any way in any activities because of	15.2	1	17.8	
physical, mental, or emotional problems	(11.5-19.7)		(17.0-18.6)	
Adults who use special equipment because of a health	6.5	2	7.1	
problem	( 3.8-10.6)		( 6.6- 7.6)	

### Health Care Access & Coverage

Adults who could not see a doctor at least once in the past year due to cost	22.7 (15.9-31.2)	4	15.1 (14.2-16.0)	
Adults who had a medical checkup in the past year	64.5 (56.1-71.9)	4	74.6 (73.5-75.7)	
Adults who have a personal doctor	61.2 (53.1-68.7)	4	77.1 (75.9-78.2)	55.1 (43.7-65.9)
Adults with any type of health care insurance coverage	64.5 (56.2-71.8)	4	81.4 (80.2-82.4)	58.0 (46.1-69.0)

### Health Status & Quality of Life

Adults who always or usually receive the social and emotional support they need	70.1 (62.8-76.5)	4	77.9 (76.8-79.0)	
Adults who had poor mental health on 14 or more of the past 30 days	13.0 ( 7.0-22.7)	4	9.7 ( 9.0-10.4)	
Adults who had poor physical health on 14 or more of the past 30 days	8.7 ( 6.3-11.7)	1	11.2 (10.5-11.9)	
Adults who said their overall health was "fair" or "poor"	19.1 (14.8-24.2)	3	16.6 (15.8-17.5)	33.5 (22.1-47.2)
Adults whose poor physical or mental health kept them from doing usual activities on 14 or more of the past 30 days	9.4 ( 5.9-14.3)	1	14.2 (13.1-15.3)	
Adults with good mental health	87.0 (77.2-92.9)	4	90.3 (89.5-90.9)	
Adults with good physical health	91.3 (88.2-93.6)	1	88.8 (88.0-89.4)	
Adults with good to excellent overall health	80.9 (75.8-85.1)	3	83.4 (82.4-84.1)	66.5 (52.7-77.8)
Average number of days where poor mental or physical health interfered with activities of daily living in the past 30 days	3.9 ( 2.5- 5.2)	1	4.5 ( 4.1- 4.7)	

### HIV/AIDS

Adults less than 65 years of age who had an HIV test in the past 12 months	30.3 (22.8-38.9)	1	21.0 (19.6-22.4)	23.8 (18.4-30.0)
Adults less than 65 years of age who have ever been tested for HIV	51.5 (43.1-59.7)	2	49.1 (47.5-50.6)	50.1 (43.3-56.8)

### Hypertension Awareness & Control

Adults with diagnosed hypertension	23.0 (18.4-28.3)	1	28.2 (27.2-29.1)	28.8 (17.3-43.8)
Adults with hypertension who currently take high blood pressure medicine	76.8 (66.8-84.5)	4	82.1 (80.2-83.7)	51.0 (21.9-79.4)
Adults with hypertension who engage in blood pressure control measures	98.1 (93.8-99.4)	2	96.4 (95.4-97.2)	

**Immunization**

Adults age 65 and older who have ever received a pneumonia vaccination	48.0 (36.1-60.1)	4	63.0 (61.2-64.7)	67.5 (39.5-86.7)
Adults age 65 and older who received a flu shot in the past year	53.6 (41.1-65.6)	4	64.6 (62.8-66.3)	27.9 (11.6-53.0)
Adults who did not receive a flu shot in the past year because of cost or availability issues	17.0 (11.2-24.8)	4	11.1 (10.0-12.3)	
Adults who have ever received a pneumonia vaccination	23.0 (15.9-31.8)	4	25.9 (24.9-26.8)	28.0 (15.9-44.4)
Adults who received a flu shot in the past year	30.7 (23.4-38.9)	4	32.7 (31.6-33.7)	24.8 (18.5-32.3)
Adults who were at risk and who have received a hepatitis B vaccination	0.0 (0.0-0.0)		43.8 (37.6-50.2)	

**Overweight & Obesity**

Adults who are obese	30.2 (24.2-36.9)	3	24.1 (23.0-25.1)	37.0 (24.7-51.2)
Adults who are overweight	32.1 (25.6-39.3)	1	38.0 (36.8-39.2)	31.0 (23.9-39.1)
Adults who are overweight or obese	62.3 (53.0-70.7)	2	62.1 (60.8-63.2)	68.0 (59.7-75.3)
Adults who have a healthy weight (BMI from 18.5 to 24.9)	36.4 (27.9-45.7)	2	35.6 (34.4-36.8)	30.3 (23.3-38.3)
Adults whose body weight decreased by five pounds or more in the past year	25.2 (17.9-34.3)	1	23.0 (21.9-24.0)	
Adults whose body weight increased by five pounds or more in the past year	24.2 (18.9-30.4)	3	22.4 (21.3-23.4)	

**Physical Activity & Nutrition**

Adults who are inactive at work	45.2 (35.7-55.0)	1	64.5 (62.8-66.1)	49.9 (41.6-58.1)
Adults who are sedentary	38.1 (31.2-45.4)	4	25.4 (24.3-26.4)	33.9 (26.2-42.4)
Adults who consume at least five servings of fruits and vegetables a day	28.9 (22.3-36.3)	1	26.2 (25.1-27.3)	19.8 (15.2-25.4)
Adults who consumed three or more servings of vegetables per day	29.9 (23.4-37.3)	2	29.1 (28.0-30.2)	23.3 (17.9-29.6)
Adults who consumed two or more servings of fruit per day	34.9 (28.2-42.2)	2	36.2 (34.9-37.3)	30.7 (23.9-38.2)
Adults who meet moderate physical activity recommendations	30.2 (24.6-36.3)	4	34.6 (33.4-35.8)	40.9 (29.2-53.6)
Adults who meet vigorous physical activity recommendations	19.0 (14.6-24.3)	4	26.0 (24.8-27.2)	27.8 (15.7-44.1)

**Sexual Violence**

Adults who had an unwanted sexual experience in the past 12 months	6.4 (4.3-9.4)	2	6.7 (6.0-7.3)
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**Tobacco Use & Exposure**

Adult current smokers who tried to quit smoking at least once in the past year	43.4 (25.5-63.1)	4	53.2 (50.3-55.9)	40.9 (20.2-65.3)
Adults who are current smokers	21.6 (14.8-30.2)	2	19.3 (18.3-20.2)	32.9 (21.4-46.9)
Adults who are former smokers	25.5 (19.0-33.2)	3	26.2 (25.2-27.2)	18.7 (14.3-24.0)
Adults who have never smoked	52.9 (45.1-60.6)	2	54.5 (53.3-55.6)	48.4 (38.3-58.5)
Non-smoking adults who were exposed to secondhand smoke in the past seven days	14.3 (9.5-20.7)	2	14.9 (13.5-16.3)	

Data 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.

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

## Appendix D

### 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](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/>

Hendry County Department of Health: <http://www.doh.state.fl.us/chdhendry/home.html>

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