

2015

Highlands County Community Health Assessment: Executive Summary



McKell Moorhead, MPH, LCSW

Teresa Kelly, Executive Director

WHO WE ARE

The health councils were created in 1983 by Florida Statute to identify, address and resolve health care issues of local concern. Each health council is a private, non-profit organization governed by a Board of Directors. The Board members are appointed by County Commissioners to represent the concerns of health care consumers, providers and purchasers.

The Health Council of West Central Florida, Inc. (HCWCF) serves Hardee, Highlands, Hillsborough, Manatee and Polk counties. The Council has extensive experience working with for-profit and non-profit agencies, public health organizations, consumers and professionals. Collaboration and cooperation are critical to the success of our mission.

We have three strategic goals: (1) support the accessibility of health care and social support systems through *comprehensive health planning*; (2) obtain and provide *education* about essential community health challenges and solutions; and (3) participate as collaborative partners to address current and emerging health issues to develop and sustain efficient and cost effective *service delivery* systems.

HEALTH COUNCIL OF WEST CENTRAL FLORIDA, INC.

BOARD OF DIRECTORS

Ray Dielman (Chair), Manatee

Dr. Eric Folkens , Manatee

Ian Galloway (Treasurer), Hillsborough

Carole Mackey (Vice Chair), Hillsborough

James Wesley Nall, Polk

Russell Patterson, Hillsborough

TO LEARN MORE ABOUT THE HEALTH COUNCIL

Visit our website - www.hcwcfl.org

Or Contact Us:

Health Council of West Central Florida, Inc.

550 North Reo Street, Suite 300

Tampa, FL 33609

813-261-5022

Introduction

In an effort to improve the health of the residents of Highlands County, a collaborative partnership was formed between the Highlands County Health Department and the Health Council of West Central Florida, Inc. (HCWCF) for the purpose of conducting a needs assessment for use by the Highlands County Community Health Improvement Planning Committee and other community partners.

The Community Health Improvement Planning (CHIP) Committee is comprised of area residents and business leaders with an interest in improving the health of their community. For the duration of the project, these members devoted time during their monthly meetings to aid in the creation and implementation of this community assessment. A list of participating members of CHIP is available in Appendix F.

HCWCF reviewed numerous data sources and received feedback from the CHIP Committee as well as from members of the community through surveys and interviews. The Committee reviewed the preliminary data that was collected and provided feedback to the Health Council.

This needs assessment consists of demographic, socioeconomic, and health status information that will be used to identify areas where targeted interventions and policy changes may have the greatest impact. Once community needs are identified through quantitative data analysis of demographic, socioeconomic, and health status information, and qualitative interviews, the strategic planning process can begin.

Executive Summary

Community Health Data Report

Since many sources of data were used with different methodologies for collecting data and different reporting years, care should be used when comparing information from the different sources. The sum of information on a certain topic should be considered when using this report for strategic planning purposes.

A significant number of Highlands 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 following a healthy lifestyle and receiving regular medical care.

Comparing the most current 3-year age-adjusted death rates for Highlands County with those for all of Florida shows that, for the majority of categories listed, county rates are higher than Florida as a whole. Most significantly, rates for black residents are much higher than the state's black population averages for cancer, lower respiratory disease, and stroke. Among whites, county death rates are also much higher than their state-wide counterparts for the following causes: diabetes, motor vehicle crashes, and pneumonia/influenza.

Age-adjusted rates of hospitalizations for coronary heart disease, diseases of the circulatory system, stroke, CLRD, adult asthma and diabetes are higher than the statewide rates.

Incidence of lung cancer, cervical cancer, melanoma and diabetes were higher for Highlands County than for the state.

With regard to communicable diseases, an increase in pertussis rates was noted beginning around 2011. Highlands County's rate has outpaced the state-wide rate for several years.

Maternal and child health indicators show progress in the reduction of teen pregnancy rates and maternal smoking in the county over time, but overall rates still exceed the state rates. Repeat births to mothers between 15 and 17 continue to exceed state rates, and breastfeeding rates are lower than statewide rates.

Health resources indicate greater percent of uninsured in Highlands County when compared with the State and fewer physicians and dentists per 100,000 population.

Social indicators show higher rates of suicides, unintentional injuries and death by firearm discharge (among males) in Highlands County.

Behavioral indicators show rates of heavy drinking are disproportionately higher among men at both the county and state level; however, Highlands County males' rates are seen to trend downward over the past

decade. Highlands County also has a higher percentage of current smokers than the average for the state of Florida.

Community Health Survey

The Community Health Survey questionnaire was developed to assess the feelings and perceptions of healthcare and health issues for Highlands County residents. The survey was conducted online and on paper, in English, Spanish, and Creole. Surveys were distributed by members of the CHIP Committee and others to individuals who live and/or work in Highlands County. Links to the online version of the survey were distributed through flyers and via email. 286 surveys were completed over a two week period.

Highlights of survey responses reveal that most people (66%) get health information from their family doctor or health care provider, followed by the internet/websites at 49% (more than one response was permitted). Likewise most people reported that they received health care from their family doctor. However over 15 % indicated that they had no source of care or that they used the emergency room as source of care.

When asked what health issues were of concern to the respondent or their family, cancer, dental problems and accidents and injuries were most frequently cited.

Respondents were asked to rate a variety of factors related to overall health and well-being on a scale of minor, moderate or urgent. Each factor was weighted on a scale of 0 to 3 with three being most urgent. Weighted averages indicated drug/alcohol use as most urgent, followed by unemployment, smoking/tobacco use and being overweight.

When asked about barriers to seeking or getting medical treatment, 34% reported no barriers. Lack of insurance or ability to pay for care was the next most common reason with 26% reporting that as an issue. Several comments in the "other" response category also highlighted cost as a barrier.

Health services that respondents reported knowing someone who had difficulty accessing included dental care (34%), specialty care 31%), primary care (24%) and mental health/alcohol or drug treatment (23%). No barriers were reported by 27% of respondents.

When asked what Highlands County could provide more of in order to improve health in the community 60% indicated more affordable healthcare and /or insurance. Cheaper, healthier food was cited by 39% of respondent and job opportunities by 34%.

Key Informant Interviews

The Key Informant Interviews report elicited interviewees' opinions on the number and availability of particular health services & resources, and in many instances their opinions reflected that these participants lack awareness of what services are available. These interviews serve to highlight two phenomena for future planning purposes: 1) there may be a negative mindset in the greater community where residents are aware of which clinics have closed, which areas are underserved, etc., but they are not necessarily aware of what services *are* still operating or what new ones have opened; and 2) services

may not be getting publicized to a sufficient extent - perhaps it should be readdressed where and how advertising dollars are being spent for this purpose (newspaper ads vs. billboards, etc.).

Community Health Improvement Planning (CHIP) Committee Members

Wendy Amos, Chair	communications@drugfreehighlands.org
Judith New	judith.new@flhealth.gov
Tessa Hickey	tessa.hickey@flhealth.gov
Barbara Turner	bturner@cfhconline.org
Ashley Moats	amoats@cfhconline.org
Jeff Roth	jroth@hcbcc.org
Holly Parker	hollyp@healthystarthhp.org
Kitty Slark	kslark@TCHSonline.org
Kathleen Gray	kathleen.gray@flhealth.gov
Anthony Lopez	balanceheartland@yahoo.com
Connie Snyder	connie_snyder@uss.salvationarmy.org
Melissa Thibodeau	melissa.thibodeau@hrhn.org
Kelly Johnson	kelly.johnson@hrhn.org
K Lea	klea@peacervercenter.org
Danyiell Blosser	danyiell.blosser@flhealth.gov
Mary Plankenhorn	mplankenhorn@hcbcc.org
Machele Albritton	machele.albritton@flhealth.gov
Stephanie Douglas	sdouglas@peacervercenter.org
Aisha Alayande	aalayande@drugfreehighlands.org