Florida Hospital Heartland Medical Center

2013 Community Health Needs Assessment

Florida Hospital Heartland in Sebring and Florida Hospital Lake Placid conducted a joint Community Health Needs Assessment (CHNA) in 2013. The CHNA was conducted through a collaborative community needs assessment process with the hospitals, Highlands County Health Department, the Community Health Improvement Planning Committee (CHIP) of Highlands County, Samaritan’s Touch free clinics in Sebring, the Highlands County Rural Health Network, Highlands Regional Medical Center, and Central Florida Health Care (a federally qualified health center). The hospitals also developed a Community Health Needs Assessment Committee (CHNAC) to analyze the data and prioritize key issues for the hospital to address.

Highlands County includes the cities of Sebring, Lake Placid, and Avon Park. The County has an estimated population of 102,000 permanent residents. In the winter, the population increases by approximately 35,000 seasonal visitors who reside in the county for several months. Highlands County boasted the fifth-oldest population in America in 2012.

The Community Health Improvement Planning Committee (CHIP) of Highlands County met throughout 2012 and 2013 to collect and review primary and secondary data listed, and narrow down the priorities on which to focus over the next three years. The CHIP members represent public health, the broad community and people who are low-income, minorities or otherwise undeserved. Their mission is to improve the health of communities through education and the promotion of healthy lifestyles; build partnerships to maximize resources; and provide access to quality health care to all of the people in Highlands County regardless of ability to pay.

Primary data came from surveys and internal hospital data. Secondary data included Health Department and other state and local data including demographics and social/economic factors. According to these data resources, the overall health concerns for our community are cancer, diabetes, heart disease and stroke, and respiratory diseases. Obesity is a contributor to heart disease, stroke and diabetes. Secondary concerns include teen pregnancy and children’s health.

According to County Health Rankings & Roadmaps 2013 data, Highlands County ranked 37th in Health Outcomes and 38th in Health Factors out of the 67 counties in Florida. Because of the age of our residents, it is not surprising that heart disease was Highlands County's No. 1 killer last year (Attachment 2). But while the number of deaths from cardiovascular diseases in Highlands County has dropped since 2002, the number of cancer-related deaths has either remained steady or spiked some years. As it has been nationwide, cancer is the second largest cause of death in Highlands County, followed by chronic lower respiratory diseases, such as asthma and bronchitis, and stroke according to HealthCouncils.org.

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1 The two hospitals operate under the same license, so a single needs assessment served both facilities.
2 Further understanding of the age and race breakdown can be seen in Attachment 1.
3 A full list of data sources can be found later in this document.
Last year, complications from diabetes took 60 lives, making it fifth on the local list. Highlands's statistics mirror, in many respects, the national numbers, even though the proportion of seniors who call the county home is much higher. Ninety-one percent of the 13,590 people who died from 2002 to 2011 in the county were ages 64 and up. Men died faster than women, a statistic that also holds true across the world, and almost 48 percent of county deaths last year were from heart disease and cancer, the same proportion that was seen in the United States in 2010. Cancer was the second leading cause of death in Highlands County, in part, because the expected rate of cervical cancer is high. Along with screenings for cervical cancer, the county has lower-than-average screenings for clinical breast exams for those under 45 and prostate exams for 65 and over men.

Highlands County also has higher-than-average rates of people with hypertension and cholesterol, and the rates are higher among those who make more than $50,000 or have more than a high school education.

The average age of Highlands County residents is 55. That obviously plays a role in the mortality equation because it means the incidence of chronic disease among county residents is higher. But age is not the only factor. Highlands County's higher-than-average rate of diabetes to its lower-than-average access to education on how to manage the disease is a contributing factor. From 2010 to 2013 for Highlands County, the Adult Obesity rate increased from 20% to 29%. Diabetes Screenings have stayed level at 81%. Both factors contribute to heart disease and stroke.

The hospital’s Community Health Improvement Planning Committee agreed that the predictive risk factor for increased heart disease, stroke and diabetes is the relationship of the poverty rate to morbidity in Highlands County. This sets the community at risk for increased number of patients lacking the resources necessary for medications availability. The Underinsured rose from 27% to 29% (compared to the state average of 24%). Unemployment increased as well from 7.0% to 10.4% in 2012.

Highlands County’s recent increase in individuals unemployed directly correlates to the number of underinsured. In addition, there are hundreds of undocumented people – mostly Mexican – who work on the farms around Lake Okeechobee; they are seasonal workers and make every effort to “stay under the radar” due to their immigration status. This population is often undertreated for chronic diseases.

To determine health priorities for Highlands County and the hospital’s service area, Florida Hospital Heartland and Lake Placid were actively involved in the CHIP (Community Health Improvement Planning Committee). As noted above, the CHIP determined the county’s priorities. Then, the hospital CHNAC (Community Health Needs Assessment Committee) reviewed the CHIP findings, and set hospital priorities based on the scope of the issue, the hospital’s ability to impact the issue, community capacity and assets around each need, the ability to collaborate, and the hospital’s capacities (i.e., service lines).

The Community Health Needs Assessment was approved by the hospital Board in November 2013. Building on available health resources and nurturing strong collaborative partnerships will
help the hospitals and our community to address these health issues in the Community Health Plan that we will create by May 15, 2014.

**Hospital Descriptions**

In June of 1947, the War Assets Administration of the United States announced the sale of the Highlands Lake Hotel and its surrounding properties to the Florida Sanitarium and Benevolent Association (now Florida Hospital). The government sale was made with a $150,000 provision to be raised by October 1, 1947 to convert the hotel into a hospital. Highly admired community leader Charles Walker put the call out to the Heartland community. The call was answered by the community and represented by the 5,000 people who gathered on the lawns above Lake Lillian on January 6, 1948, to witness the dedication of Walker Memorial Sanitarium and Hospital.

And so began a 63-year journey that has witnessed the growth of a three-facility community hospital system, numerous building and program expansions, increased services, modern equipment and the staffing of highly accredited physicians. Florida Hospital Heartland Medical Center and Florida Hospital Lake Placid are now part of Adventist Health System, the nation’s largest Protestant health care system. Both Heartland and Lake Placid offer a wide array of medical services and locations to better serve the Heartland Community (Attachment 3).

**Choosing the Community**

Florida Hospital Heartland Medical Center in Sebring’s primary service area and Florida Hospital Lake Placid’s primary service area were chosen to represent the community in which Florida Hospital Heartland Medical Center serves and which was the focal point of the Community Health Needs Assessment. Seventy-five (or more) percent of our patients come from the primary service area. The data that has been collected came from the following zip codes: 33825, 33843, 33870, 33872, 33875, 33852, 33873, 33960, 33876, 33857, and 34974. (Attachment 4)

**Defined Community**

Highlands County, Florida was established in February 1937 with a population of 10,912. Today, a permanent population of approximately 102,152, which is increased by about 35,000 seasonal visitors during the winter, resides here according to the Highlands County Health Department. The county has a total area of 1,106.28 square miles, of which 1,028.27 square miles (or 92.95%) is land and 78.01 square miles (or 7.05%) is water.
Highlands County is located in the Heartland region of Florida located to the north and west of Lake Okeechobee, surrounded by six inland, non-metropolitan counties — DeSoto, Glades, Hardee, Hendry, Highlands, and Okeechobee. As of the census of 2000, there were 87,366 people, 37,471 households, and 25,780 families residing in the county. The population density was 85.00 people per square mile (32.82/km²). There were 48,846 housing units at an average density of 47.5 per square mile (18.34/km²).

The racial makeup of the county in 2011 was 80.7% White, 9.33% Black or African American, 0.44% Native American, 1.3% Asian/Pacific Islander, 4.14% from other races, and 1.53% from two or more races. 12.07% of the population was Hispanic or Latino of any race.

In 2000 the county population was spread out with 19.20% under the age of 18, 6.30% from 18 to 24, 19.30% from 25 to 44, 22.20% from 45 to 64, and 33.00% who were 65 years of age or older. The median age was 50 years. (Attachment 5)

In 2000 there were 37,471 households out of which 20.00% had children under the age of 18 living with them, 16.70% had someone living alone who was 65 years of age or older. The average household size was 2.30 and the average family size was 2.70. The median income for a household in the county was $30,160 and the median income for a family was $35,647.

In 2010 there were 42,604 households out of which 18.2% had children under the age of 18, 32.2% was 65 years or older. The average household size was 2.28% and the average family size was 2.74. The median income for a household in the county was $34,913, and the median income for a family was $43,277. About 18.8% of all ages were in poverty, and 32.8% were under the age of 18 in poverty. Ages 5-17 in families that were in poverty were 32.0%.

**Stakeholder Input Process**

Individuals asked to participate in the Community Health Needs Assessment were chosen based on their involvement within the hospital, the community, and partnering organizations. The Community Health Improvement Planning Committee of Highlands County, in particular,
represented the board needs of the community, with a special focus on low-income, minority and underserved populations.

**Community Health Improvement Planning of Highlands County Committee**

Aisha Alayande  Drug Free Highlands  
Anthony Lopez  BALANCE  
Barbara Moore  Highlands County Department of Health  
Barbara Turner  Highlands County Department of Health  
Becky Rzaire  Tri-County Human Services  
Cheryl Weed  Highlands Regional Medical Center  
Connie Snyder  Salvation Army  
Danyiell Blosser  Florida Department of Health  
Emily Suter  Florida Department of Health  
Gaye Williams  Central Florida Health Care  
Holly Parker  Healthy Start Coalition  
Jackie Rawlings  Tri County Human Services  
Jamie Bateman  Florida Hospital Foundation  
Jeff Roth  Children’s Services Council  
Karen Lea  Peace River Program Manager  
Kelly Johnson  Heartland Rural Health Network  
Maryann Higgins  Highlands County Department of Health  
Melisa Thibodeau  Heartland Rural Health Network  
Nancy Zachary  Redlands Christian Migrant Association  
Natalie Valdivia  Peace River Hardee County Program Coordinator  
Peggy Pierce  FHHD Parish Nursing  
Robert Palussek  Highlands Regional Medical Center  
Tania Brown  Florida Hospital Heartland Medical Center

**Hospital (Internal) Community Health Needs Assessment Committee**

*The HHNAC guided the development of the Needs Assessment.*

Eric Stevens  CEO  
Anthony Stahl  Administrator, FH Lake Placid/Compliance  
Denise Grimsley  Administrator, FH Wauchula (and State Senator)  
Cathy Albritton  Director, Community Relations/Marketing  
Jamie Bateman  FH Heartland/Lake Placid Community Benefit Manager  
Nilda Dun stall  Director, Case Management  
Jorge Gonzalez  VP/CMO  
Rosalie Oliver  CFO/COO  
Gloria Santos  VP/CN

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4 See attachment 7.  
5 See attachment 6
Community Health Needs Assessment Committee

See Attachment 6

Florida Hospital Heartland Medical Center
Board Directors

Tony Y.T. Chen, MD		Physician
Eric Stevens		CEO, Florida Hospital Heartland Medical Center
Catherine Cornelius		Retired, Pres. South Florida State College
Bill Jarrett		Owner, Car Dealership-Bill Jarrett Ford
Rick Justice		Bank President, First National Bank of Wauchula
Kathy Lee, MD		FHHMC Physician
Carmelita Lim, MD		Physician
Eustus S. Nelson, MD		Physician
Mike Schultz, Chairman		CEO, Florida Region, Adventist Health System
Timothy Sheehan, Esq.		Attorney
Terry Atchley		Mayor, Wauchula
Richard Barron		Retired Pastor
Richard Campbell, MD		Physician
Carlos Gonzalez		President Medical Staff/CMO

Community Health Needs Assessment Committee

The Leaders represented on the hospital’s Community Health Needs Assessment Committee were chosen based on their positions within our Hospital organization as well as their roles in our community. Those representing include nurses, physicians, hospital administrators, case management, marketing, city and county government leaders, health department associates and community business leaders. The CHNAC meets quarterly throughout the year to review the progress of the program. The CHNAC recognizes that working with local organizations is essential in communicating to local residents and providing knowledge based information on health and social services for better health outcomes. Noting that heart disease and stroke, along with cancer, are the leading the way in causes of death, the CHNAC realized the importance of educating the community on proper diet, exercise and early detection measures.

Public Health Representation

Public Health representation has played an important part in our research and findings for the assessment. The Highlands County Health Department, along with the Community Health Improvement Planning of Highlands County Committee has been instrumental in determining the needs of our county as well as identifying the avenues of resources to support the priorities listed. Five representatives from Public Health served on the CHIP committee. Barbara Moore provides essential public health services to all Highlands County, including minority and the underserved population through her role at the health department.
Data Sources

The following list indicates the data sources used to support the needs of the priorities listed by the committee.

**Secondary Data**
- Health Council of West Central Florida ([www.healthcouncils.org](http://www.healthcouncils.org)) – 2012 data
- The Highlands County Health Department ([www.healthyhighlands.com](http://www.healthyhighlands.com)) – 2012 data
- County Health Rankings and Roadmaps ([www.countyhealthrankings.org](http://www.countyhealthrankings.org)) – 2012 data

**Primary Data**
- The School Board of Highlands County ([www.highlands.k12.fl.us](http://www.highlands.k12.fl.us)) – 2012 data
- Florida Hospital Market and Planning Research – 2012 data
- Stakeholder Input – Community Health Improvement Planning Committee of Highlands County, Samaritan’s Touch free clinics, the Highlands County Rural Health Network, and Central Florida Health Care (FQHC).
- Community surveys

Data Collection and Analysis

Primary and Secondary data was collected for the purpose of the Community Health Needs Assessment for Florida Hospital Heartland Medical Center and Florida Hospital Lake Placid.

- The Primary data consisted of community surveys, internal hospital data and stakeholder input.
- The Secondary data consisted of the sources above.

The CHNAC worked with community partners consisting of the local Health Department, Samaritan’s Touch Clinic, and the Community Health Improvement Planning committee (CHIP). The CHIP helped prioritize the key health issues for Highlands County. They selected priorities based on key criteria:

- Severity of need
- Scope of need
- Hospital ability to address identified needs
- Community resources addressing (or not addressing) the identified needs

The CHNAC conducted this work in its monthly meetings. The hospital CHNAC researched and reviewed the recommendations of the CHIP. The CHNAC used these recommendations to finalize the priorities for Florida Hospital Heartland Medical Center and Lake Placid.

Florida Hospital Heartland Medical Center and Florida Hospital Lake Placid recognize that working with local organizations is essential in communicating to local residents and providing knowledge based information on health and social services for better health outcomes. Noting that heart disease and stroke, along with cancer, are the leading the way in causes of death, the
CHIP and CHNAC realized the importance of educating the community on proper diet, exercise and early detection measures.

After identifying these needs, the Community Benefit Manager presented the findings to the Florida Hospital Board of Directors, including the CHIP/CHNAC priorities and the process to be used to address these issues. The CHNAC, with input from the CHIP, is now meeting quarterly to build the Community Health Plan, set measurable outcomes, and monitor progress. The committees have come up with their top four priorities: cancer, heart disease and stroke, diabetes, and access to health care; the hospital board has approved these priorities and has agreed to move forward with the Community Health Plan.

As always, our main focus is to share and exemplify our mission of the Extend the Healing Ministry of Christ in all that we do.

**Asset Inventory**

The Asset Inventories (Attachment 8) list sixteen areas of focus for primary and secondary data. The purpose was to evaluate the existing needs and programs that are mentioned that could be developed or enhanced for each area of focus.

The hospital currently provides smoking cessation classes, a Breast Center with Stereotactic biopsy equipment, a primary stroke program, community education about heart disease, partnership with EMS for timely treatments of stroke and STEMI patients, Community screenings, lectures, Parish Nurse Cardiac Screening and Education Grant for Hispanics and Low-income, diabetes lectures, and Lectures on prenatal care and pediatric services.

Within our community, Florida Hospital Heartland Medical Center offers specific lectures related to educational pieces and information on healthy hearts and stroke awareness. Along with that, the Health Education department at Florida Hospital is working to provide free health screenings and health fairs in an attempt to reach the underinsured and low-income communities providing them with the proper educational pieces to help educate them in making healthier choices concerning their diet, exercise, smoking and weight control.

We also believe it is important to share the many avenues being made within Florida Hospital Heartland Medical Center that assist in communicating with the public and providing the necessary resources available to help address the local health concerns. Some of the outreach attempts promoting a healthier lifestyle that are sponsored by or associated with Florida Hospital include, but are not limited to, the following; 5K/10K runs, Lecture Series on Stroke, Smoking Cessation Classes, Breast Cancer Screenings and events promoting the importance of early detection, and Community Education about Heart Disease involving presentations made to local Clubs and Organizations. Additional resources are being identified to assist in meeting these concerns to be addressed by the hospital or by existing community partnerships.
Data Summary

Attachment 9 (a and b) and 10 indicate the top 12 focus areas defined by the CHIP using the primary and secondary data collected.

1. **Access to Health Care** reflects how we are below the state average. This is mainly due to the higher than expected rate of Uninsured at 29%: ages 18 and under is 20%, 18-64 is 35%, Hispanics are 45%, Unemployed are at 52%, 14% have Private insurance and 12% have Medicaid. The county ranked 50th in Florida for social and economic factors affecting health with an unemployment rate of 11.7%, 33% of children in poverty, a high school graduation rate of 73%, and 43% having some college. 17% of community is poor and 30% of population receives food stamps. 58% of Community Transportation business is provided to Medicaid patients, but Medicaid payment will not sustain service at current rates. The majority of services are not located in close proximity to the economically deprived communities. Since access to health care is prevalent in many different categories of the population, this is one issue that was felt could be improved upon in the Community Health Plan. Central Florida Health Care provides community health center that provides care for the insured and uninsured.

2. The next health issue we identified is a physician/Medical Home shortage. The total of licensed family physicians is below average with ratios of 1 primary care physician to 1270 population. This issue falls under the umbrella of access to health care with addressing patient to physician ratio. Samaritan’s Touch is local organization that offers free primary and specialized medical care to uninsured, financially struggling families in Highlands County.

3. The third health issue is **Cancer**, which is the second leading cause of death with a higher than expected rate for cervical cancer deaths. Clinical Breast exams for women under the age of 45 and Prostate Cancer screenings for men over the age of 65 are below the state average. Since this is such a major issue in Highlands County, it was chosen as one of the projects in the Community Health Plan. Florida Hospital offers a Breast Cancer support group that promotes early detection through screenings and regular checkups at yearly Health Fairs.

4. The fourth health issue **Heart Disease and Stroke** are another leading cause of death with high cholesterol, MI, Angina, Heart Disease, and HTN above the state average for all adults and adult women. Rates are surprising above the expected level in adults in the $50,000+ income bracket and those with a higher than high school education population. Hospitalization for Heart Disease, Stroke, and CHF readmissions are above the expected level. As one of the leading causes of death in Highlands County was a major priority in the Community Health Plan.

5. **Motor Vehicle Deaths** is the fifth health concern with higher than the state average with age-adjusted motor vehicle crash deaths related to Alcohol. This issue was not chosen based on the fact that there are numerous advocacies and organizations already working on the effort to stop drinking and driving, also motor vehicle deaths that do not involve alcohol are seen as unintentional deaths.

6. The sixth issue is the prevalence for **Diabetes**, Hospitalizations, and Hospitalizations from amputations is higher than the state average. Diabetes self-management education is below the state average. Diabetes is a disease that is very dominant in this community not only among children but also the elderly. For this reason, diabetes was chosen as a
main priority for the Community Health Plan. Highlands County Rural Health Network has a Diabetes and Cardiovascular initiative that’s purpose is to improve patient care and chronic disease outcomes.

7. Our seventh issue is **Chronic Lower Respiratory Disease** prevalence and the potentially avoidable hospitalization rate exceeds the state average. This issue is being taken care off already with substance abuse organizations since smoking is the main cause of chronic lower respiratory disease. Smoking Cessation classes at Florida Hospital Heartland offers a 5 week program to become tobacco free as well as a Better Breathers Club that teaches ways to cope with COPD.

8. With a **Need for Health Promotion** as our eighth health issue, Obesity is above the expected level with students in the middle school and high school age bracket, as well as in adults. The access to recreational facilities is good, but 1/3 of the adults are considered sedentary. Alarmingly, middle-school binge drinking and tobacco/alcohol use by middle and high school students exceeds the state average. This issue would be addressed in the Diabetes priority. Florida Department of Children and Families offers ACCESS Florida, a program that helps individuals and families purchase nutritional foods needed to maintain and promote good health.

9. The ninth health issue is **HIV/AIDS** with age-adjusted deaths exceeding the state average. Surprisingly, 29% of married persons still think you can get HIV from mosquitoes. HIV is spread through sexual contact, needle sharing, breastfeeding, and during pregnancy and birth. This issue is covered in the group and organizations that are working to educate on pregnancy as well as substance abuse. Highlands County Rural Health Network offers Making a Difference!, a current initiative that empowers adolescents to change their behaviors that will reduce their risks of pregnancy, HIV and other sexual transmitted diseases.

10. With **Pregnancy, Parental Care, and Newborn** as the tenth health issue, and even though teen birth rates have decreased from 2010 at 68% to 2013 at 59%, currently a teenager at the age of 10-14 years of age has a statistical chance of 1% giving birth, 15-19 years of age jumps to 57%. 54% are unwed mothers, and 30% begin their Prenatal Care after the first trimester. 6% are either late or have no prenatal care. There are currently groups and organizations addressing the education of teen pregnancies and the importance of prenatal care during the first trimester. Healthy Choices Education /Teen Pregnancy Prevention are current initiatives by Highlands County Rural Health Network with their main focus on healthy choice education to help reduce STD and teen pregnancy within the community. Healthy Start is another program promoting optimal prenatal health and developmental outcomes for all pregnant women and babies.

11. Our eleventh health issue is in **Pediatric Services**. Due to our large aging population, pediatric services are limited within our community. With one pediatric hospitalist and no specialists, many families find themselves traveling outside the community for pediatric services. There are internal efforts in place to update the existing pediatric unit at Florida Hospital.

12. **Mental Health/Substance Abuse** comes in as our twelfth health issue. With a local shortage of mental health providers, the ability to care affectively is challenging. All types with a provider to patient ratio are four times the state average. Middle school marijuana use is above the state average. There are programs already available to address mental health and substance abuse problems. BALANCE Lives in Transition is an
organization that was formed as a unique support system to improve the treatment and quality of life for residents. They are engaged in a variety of activities to create awareness about behavioral health and promote the promise of recovery for residents of the heartland. Drug Free Highlands works with Highlands County School Board and the Sheriff’s Office to promote a drug free community.

**Priority Selection**

The Community Health Assessment Committee discussed the above-mentioned health concerns and issues that were discovered through the efforts of this program as they related to the community. During this, the committee discussed what the top four priorities would be and if there were programs already available to help meet the needs in the community. Along with this discussion, the decision process also included whether or not the resources needed to meet these concerns would be addressed by the hospital or by existing community partnerships. Finally, the CHNAC considered whether or not the hospital offered services that could help address the key priorities.

From this list, the committee chose the following four health issues.

**Priority 1:** Cancer is the second leading cause of death within our community. Efforts to promote the importance for early detection are key in reducing the number of cases of Cervical Cancer, Breast Cancer and Prostrate Cancer. Individuals from underserved populations are more likely to be diagnosed with late-stage cancers that might have been treated or cured if diagnosed earlier.

**Priority 2:** Heart Disease and Stroke are the leading cause of death with high cholesterol, MI, Angina, heart disease, and HTN above the state average for all adults and adult women. Poor eating habits and economic pressures are attributed to these outcomes. As with cancer, being diagnosed too late or not being diagnosed at all with Heart Disease can have a detrimental outcome due in large part to those who do not have routine checkups with a primary care doctor.

**Priority 3:** Diabetes has a higher than state average on hospitalizations, and hospitalizations from amputations. With Diabetes self-management education below the state average, the emphasis on educating our public on the importance of managing their Diabetes is crucial. An individual’s socioeconomic status and race or ethnicity plays a major role in their access to education on diabetes and the risk factors involved in not being treated.

**Priority 4:** Access to health care issues can be attributed to the lack of education or understanding of healthcare systems and the ways treatments and overall care is communicated. Providing community education on how to access health care and improve decision-making skills with adequate resources for screening and intervention programs through providing health fairs and screening programs throughout the community. Access to care is effected by socio-economic status, health risk behaviors and limited job opportunities.
Priority 5: Medical Home Shortage: The total number of licensed family physicians is below average with a ratio of 1 primary care physician to 1270 population. This issue was not chosen because it is encompassed in the access to health care priority.

Priority 6: Motor vehicle Deaths – higher than the state average with age adjusted motor vehicle crash deaths related to alcohol. There are numerous advocacies and organizations already in place to stop and drinking and motor vehicle deaths that do not involve alcohol are seen as unintentional deaths.

Priority 7: Chronic Lower Respiratory Disease hospitalizations exceed the state rate. Smoking is the main cause of chronic lower respiratory disease, there are organizations that are already in place that focus on this disease. Florida Hospital offers smoking cessation classes and a Better Breathers Club.

Priority 8: Need for Health Promotion is growing concern with the obesity rate above the expected level with students in middle and high school, as well as in adults. This issue would be addressed in diabetes as obesity is one contributing factor to diabetes. There is also a program called ACCESS Florida which is offered by Florida department of children and Families that helps families purchase nutritional foods needed to maintain a healthy lifestyle.

Priority 9: HIV/AIDS deaths exceed the state average. There is an alarming 29% of married persons that still think you get HIV from mosquitoes. This is main issue of education, which many groups are now focusing on. Highlands County Rural Health Network offers Making a Difference!, a current initiative that empowers adolescents to change their behaviors that will reduce their risks of pregnancy, HIV and other sexual transmitted diseases.

Priority 10: Pregnancy, Parental Care, and Newborn care falls in as the tenth issue. Even though teen birth rates have decreased from 2010 the rates are still above the average. A 15-10 year old has a 57% chance of giving birth and 30 % of mothers began their prenatal care after the first trimester. All three of these topics fall into the education piece of health care, there are numerous groups that are working diligently to educate teens on pregnancy. Healthy Choices Education/ Teen Pregnancy Prevention are current initiatives by Highlands County Rural Health Network with their main focus on healthy choice education to help reduce STD and teen pregnancy within the community.

Priority 11: Pediatric Services are limited in this community due to the large aging population. With one pediatric hospitalist and no specialists many families have to travel out of the community for pediatric services. There are internal efforts in place to update the existing pediatric unit at Florida Hospital.

Priority 12: Mental Health/Substance Abuse suffers from a local shortage of mental health providers and the ability to care affectively is challenging. Provider to patient ratio is four times the state average. Substance abuse is also a growing issue especially in middle and high school aged population, with marijuana use above the state average. BALANCE Lives in Transition is an organization that was formed as a unique support system to improve treatment and quality of
life for residents. Drug Free Highlands works with the Highlands County School Board and the Sheriff’s Office to promote a drug free community.

**Next Steps**

The next steps will be to address the priorities mentioned and develop plans that can be measured over the next three years and beyond. The Community Health Assessment Committee, along with the CHIP and the Board of Directors, will continue to follow the progress of our plans as well as continuing to build upon or community relationships as we work together to successfully reduce the number of severe cancer patients and increase the number of early detection, reduce the number of stroke and heart disease patients with continued education along with diabetes patients, and continue to educate improve access to health care among low-income, minorities and the underserved population.
Attachments

Attachment 1 - 2010 Census by Race
Attachment 2 - 2010 Leading Causes of Death
Attachment 3 - Hospital Services
Attachment 4 - County Map
Attachment 5 – 2010 Census by Age
Attachment 6 – HHNAC/ CHNAC and Hospital Board
Attachment 7 - CHIP Committee
Attachment 8 – Asset Inventory
Attachment 9 – Priority Selection Report
Attachment 10 – Decision Tree