Hardee County

Community Health Assessment

December 2022 – December 2027

Reviewed January 2023

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INTRODUCTION

Beginning in January of 2022, the Florida Department of Health in Hardee County (FDOH-Hardee) in Partnership with Advent Health, Conduent and Healthy Hardee formerly known as the Health Care Task Force (HCTF) led the process to produce the Community Health Assessment (CHA) in Hardee County. The CHA displays the year long process that seeks to discover major health and social issues affecting the health status and quality of life in our community. The CHA provides a snapshot in time of the community strengths, needs and priorities.

Healthy Hardee includes a diverse group of public, private, non-profit, social services and government entities that make up the public health system in Hardee County. The Mobilizing for Action through Planning and Partnership (MAPP) is a nationally recognized model to conduct the 2022 CHA. This strategic planning tool is a community-wide strategy for improving community health developed by the National Association of County and City Health Officials (NACCHO) and the Centers for Disease Control and Prevention (CDC). The MAPP process is described on page 4.

The CHA examines differences in health outcomes and their causes among groups of people, or health disparities, to help achieve health equity.

This document aims to:

• Accurately identify Hardee County's key health issues.

• Identify strategic health planning issues.

• Provide insight and input to the next phase of the MAPP assessment

 (i.e., development of the Hardee County 2023-2028 Community Health Improvement Plan [CHIP]).

• Provide the community with a rich data resource, not only for the next phase of CHIP creation, but also for ongoing program development and implementation as well as evaluation of community health improvements

In an ongoing effort to improve inclusiveness and diversity among Healthy Hardee members, the group has strategically invited partners that represent community organizations who serve diverse populations within Hardee County.

Members of the Healthy Hardee group actively participate in the Health Equity Coalition, these Coalition members also participate in Healthy Hardee meetings broadening the spectrum of partners engaged in

community health efforts. Organizations that have attended and participated include Redland's Christian Migrant Association, Step Up Suncoast, Drug Free Hardee, Tri-County Human Services, Career Source Heartland, City and County Commissioners, AdventHealth Wauchula, Florida Center for Early Childhood, Central Florida Health Care, Senior Connection Center, Heartland for Children, Heartland Rural Health Network, Healthy Start Coalition, and more.

PREVIOUS ASSESSMENT

A previous MAPP assessment was completed in 2018 which led to the 2019-2023 Community Health Improvement Plan (CHIP).

RATES AND RATIOS

At times, the data in this report will refer to a number known as the "Age-Adjusted Death Rate" or "Age-Adjusted Incidence". Since each county or region has different sized populations, one way to compare rates of specific diseases or behaviors is to use a ratio. Ratios and percentages are both used to discuss population trends; however, a ratio can be used to reflect disease rates that are too small for a percentage. For example, if there are 120 cases of malaria in a county with a population of 100,000, the rate is 120 out of 100,000. If you tried to use a percentage to describe malaria in this situation, the percentage would be 0.12% which would be more difficult to compare. Rates are usually calculated per 100,000 people, although some data sources calculate rates per 1,000 people.

Age-Adjusted Rate is a measure that controls for the effects of differences in population age distributions. Across different geographic areas, there will be different sized age groups (example: college town vs. retirement community). When comparing across geographic areas, some method of age-adjusting is typically used to control for the influence that different population age distributions might have on health event rates.

LIMITATIONS

In implementing MAPP, listening to the community is essential for identifying the important issues and formulating possible solutions. Surveys and group discussions were used to gain feedback from members of the community, policy makers, and providers. While this was an assessment for planning purposes and not a research project, we must consider some limitations in reviewing the feedback. This includes:

1. Having a relatively small sample. Therefore, while we can make some assumptions related to these results, we must be mindful that the sample cannot be generalized to the entire population of the county.
2. Using multiple data sources to gather information to share in this document. This allows for different data to be combined and share so that there is no manipulation in the information given.

DATA CONSIDERATIONS

A key part of any data collection and analysis process is recognizing potential limitations within the data considered. Each data source used in this assessment was evaluated based on its strengths and limitations during data synthesis and should be kept in mind when reviewing this report.

For both primary and secondary data, immense efforts were made to include as wide a range of community health indicators, key informants, and focus group participants as possible. Although the topics by which data are organized cover a wide range of health and quality of life areas, within each topic there is a varying scope and depth of secondary data indicators and primary data findings.

Secondary data were limited by the availability of data, with some health topics having a robust set of indicators, while others were more limited. Population health and demographic data are often delayed in their release, so data is presented for the most recent years available for any given data source. There is also variability in the geographic level at which data sets are available, ranging from census tract or zip code to statewide or national geographies. Whenever possible, the most relevant localized data is reported. Due to variations in geographic boundaries, population sizes, and data collection techniques for different locations (hospital service areas, zip codes, and counties), some datasets are not available for the same time spans or at the same level of localization. Finally, persistent gaps in data exist for certain community health issues.

For the primary data, the breadth of findings is dependent upon who self-selected to participate as focus group participants or survey respondents. Focus group participants represented a diverse sampling of key community voices within the county including Black/African Americans, Hispanic/Latinos, Older Adults, and Parents of Pediatric Children as well as community leaders providing services and programming in Hardee County. The number of survey respondents from the

county was lower than expected however despite efforts to increase participation, particularly from underrepresented groups within the county.

METHODOLOGY

Mobilizing for Action through Planning and Partnerships (MAPP) was used to conduct the assessment. The MAPP process is a community-driven strategic planning process for improving community health.

The MAPP process has six phases that build upon each other and includes four individual assessments that help to understand the needs of a community and to inform the development, implementation, and evaluation of community health improvement plans.

COMMUNITY THEMES & STRENGTHS ASSESSMENT

Answers questions such as: "What would make our community healthier?" and "What is important to our community?". This assessment results in an understanding of community issues and concerns, perceptions about quality of life, and community assets. Community focus groups were held virtually in September 2022. 380 surveys were collected from Hardee County residents at various locations and events between July and September of 2022. The previous Community Health assessment there were only 278 respondents.

FORCES OF CHANGE ASSESSMENT (FOC)

The FOC exercise allowed participants to identify forces – such as trends, events, or factors – that are or will be affecting the community or local public health system. A session was held on November 17th, 2022 in which participants were asked to brainstorm strengths and weaknesses that could impact the community.

LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT (LPHSA)

On November 18th, stakeholders measured capacity and performance of the local public health system and entities that contribute to the public's health. The LPHSA answers the questions, "What are the components, activities, competencies, and capacities of our local public health system?"

COMMUNITY HEALTH STATUS ASSESSMENT

During the Health Care Task Force meetings held from June 2022-December 2022, attendees assessed data about health status, quality of life and risk factors in the community.

Summary of Findings

Community Themes and Strengths Assessment

- Access to Affordable Healthcare
- Mental Health Care (more resources)
- Substance use and misuse

Forces of Change Assessment

- Trending drug abuse issues (opioids, medical/recreational marijuana, e-cigarettes)
- Natural disasters
- Mental Health

Local Public Health System Assessment

- Essential Service #6: Utilize legal and regulatory actions designed to improve and protect the public's health.
- Essential Service #7: Assure an effective system that enables equitable access to the individual services and care needed to be healthy.
- Essential Service #8: Build and support a diverse and skilled public health workforce.
- Essential Service #10: Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement.

Community Health Status Assessment

- Health Outcomes
- Health Behaviors
- Quality of life
- Social and Economic Factors

Population Overview

According to the 2022 Claritas Pop-Facts® population estimates, Hardee County has an estimated population of 26,811 persons. Figure 1 shows the population size by each zip code, with the darkest blue representing the zip codes with the largest population. The most populated zip code area within Hardee County is zip code 33873 Wauchula with a population of 14,126.

Figure 1: Population by Zip Code: Hardee County
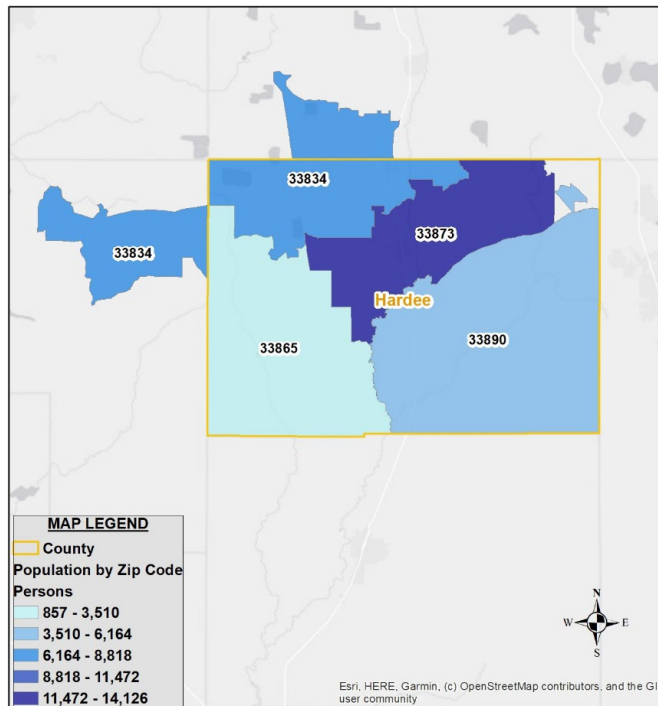

Hardee County was established in 1921 from a portion of Desoto County and named for Cary Augustus Hardee, who was governor the year the county was formed. Wauchula was the site of a military post built during the Seminole Wars.

Hardee County's major industry is agriculture which includes: citrus, cattle and calves, milk from cows, vegetables, melons, potatoes, and sweet potatoes.

Age

Children 0-17 comprised 25.7% of the population in Hardee County. When compared to Florida, Hardee County has a lower proportion of residents ages 65+ and a higher proportion of children population age 0-17. **Figure 2** shows further breakdown of age categories.
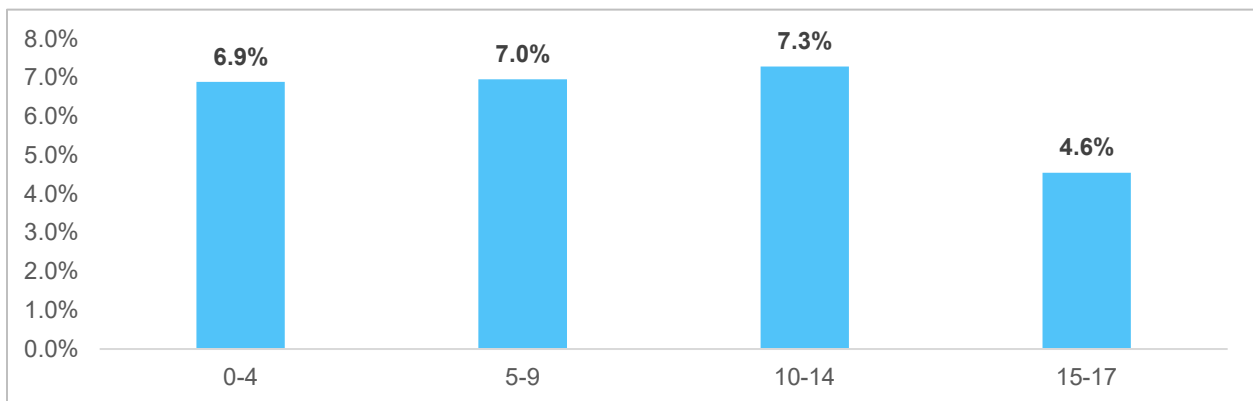
Figure 2: Population by Age: Hardee County
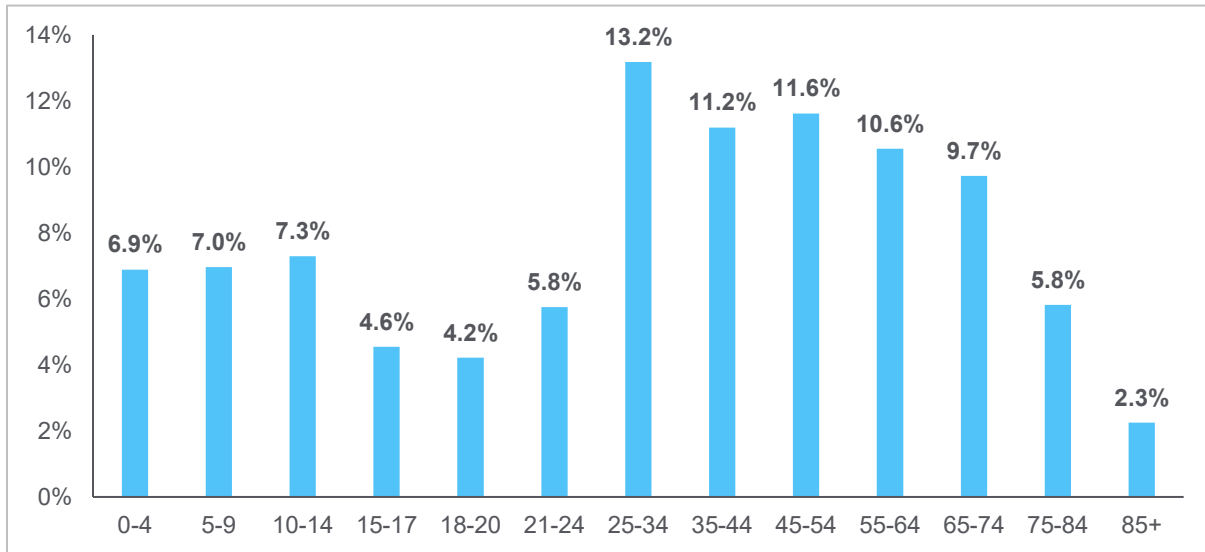
*County and state values- Claritas Pop-Facts® 2022 population estimates

Figure 3 shows the population of Hardee County by age under 18 years.

Figure 3: Population by Age Under 18: Hardee County

*County values- Claritas Pop-Facts® 2022 population estimates

Sex

Figure 4 shows the population of Hardee County by sex. In Hardee County, males comprise 52.5% of the population, whereas females comprise 47.5% of the population, which is higher in proportion when compared to males 48.9% and lower than females 51.1% in Florida.

Figure 4: Percentage of Population by Sex Under 18: County and State Comparisons
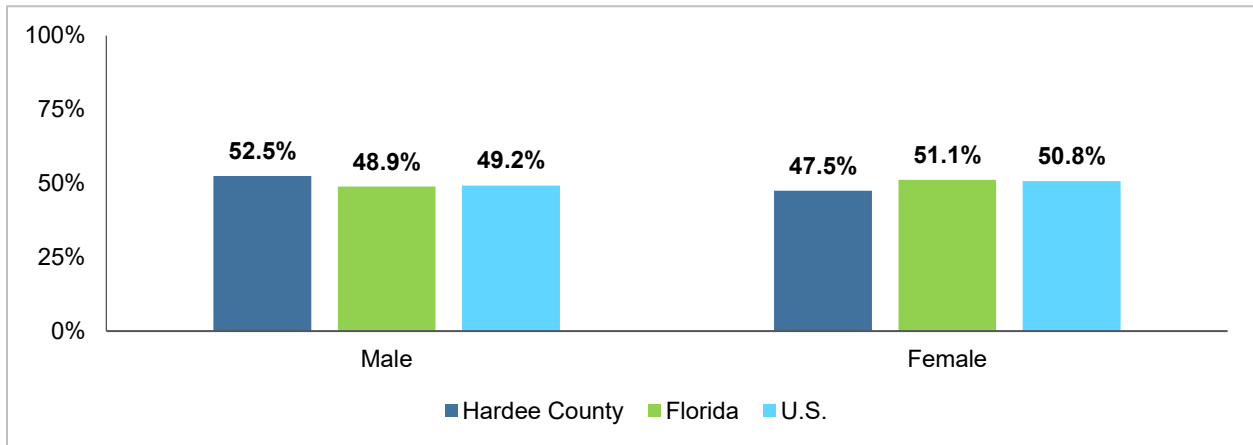
*County values- Claritas Pop-Facts® 2022 population estimates

Race and Ethnicity

The racial and ethnic composition of a population is important in planning for future community needs, particularly for schools, businesses, community centers, health care, and childcare. Analysis of health and social determinants of health data by race/ethnicity can also help identify disparities in housing, employment, income, and poverty.

The racial makeup of Hardee County shows 71.2% of the population identifying as White, as indicated in **Figure 5**. The proportion of community members identifying as some other race is the second largest of all races in Hardee County at 17.8%.

**Figure 5: Population by Race: Hardee County**
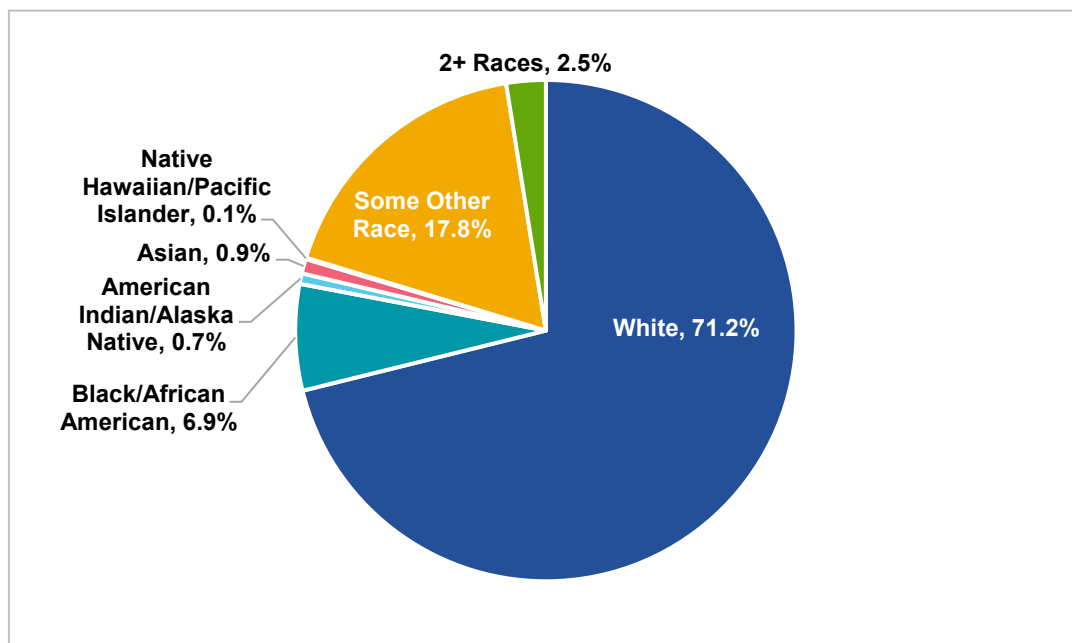
*County values- Claritas Pop-Facts® 2022 population estimates

Those community members identifying as White at 71.2% represent a lower proportion of the population in Hardee County when compared to Florida 72.4% and higher than the U.S (United States) 70.4%. While Black/African American community members in Hardee County at 6.9% represent a lower proportion of

the population when compared to Florida 16.3% and the U.S. 12.6% (**Figure 6**).

Figure 6: Population by Race: Hardee County, State, and U.S. Comparisons
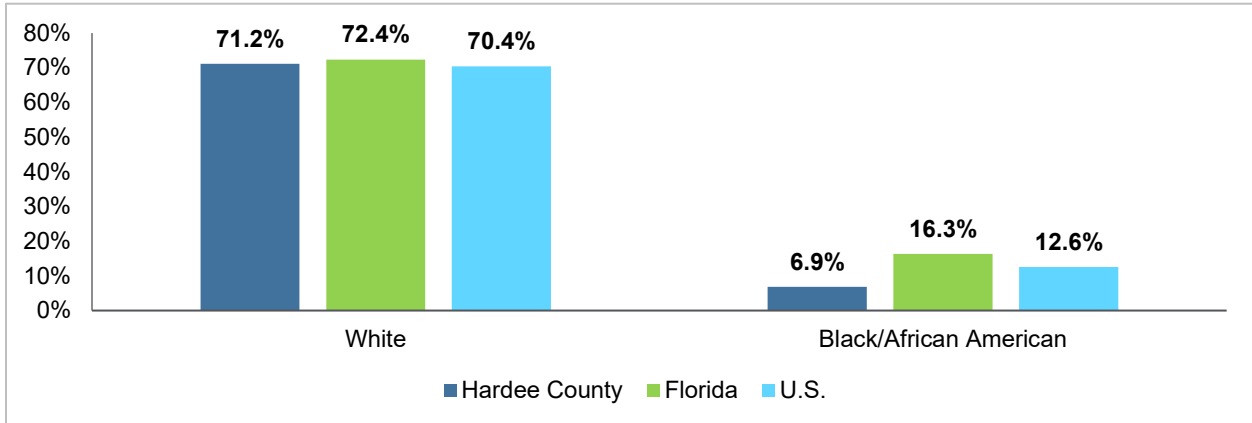
*County and state values- Claritas Pop-Facts® 2022 population estimates, U.S. values taken from American Community Survey five-year 2016-2020 estimates

As shown in **Figure 7**, 44.4% of the population in Hardee County identify as Hispanic/Latino. This is a higher proportion of the population when compared to Florida 27.8% and the U.S. 18.2%.
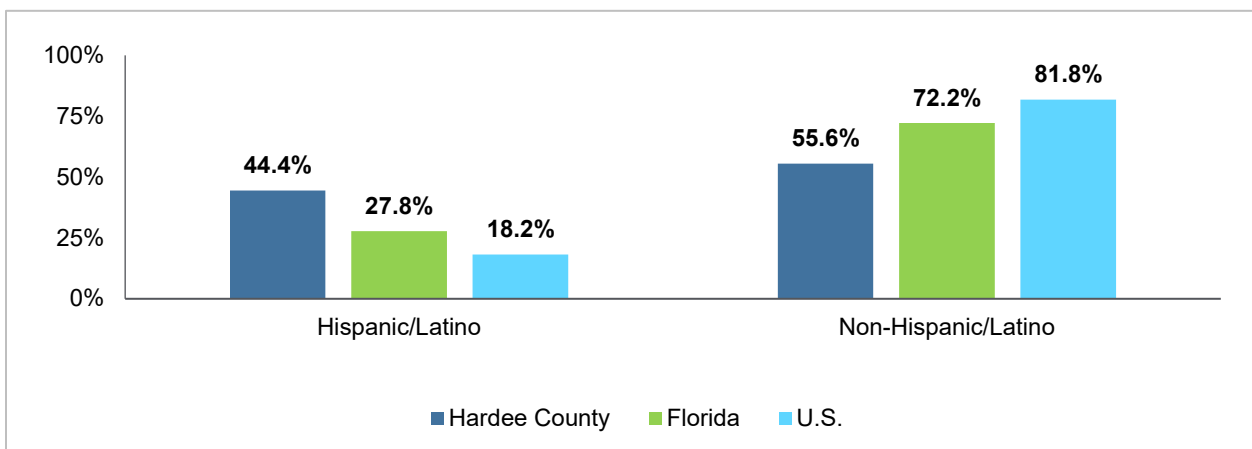
Figure 7: Population by Ethnicity: Hardee County, State, and U.S. Comparisons

*County and state values- Claritas Pop-Facts® 2022 population estimates, U.S. values taken from American Community Survey five-year 2016-2020 estimates

Language and Immigration

Understanding countries of origin and language spoken at home can help inform the cultural and linguistic context for the health and public health system. According to the American Community Survey, 10.4% of residents in Hardee County are born outside the U.S., which is lower than the national value of 13.6%.

In Hardee County, 62.0% of the population age five and older speak only English at home, which is lower than both the state value of 70.2% and the national value of 78.5% (**Figure 8**). A larger proportion of Hardee County residents speak Spanish (35.4%) compared to Florida (22.1%) or the U.S. (13.2%).

Figure 8: Population Ages 5+ by Language Spoken at Home: County, State and U.S. Comparisons
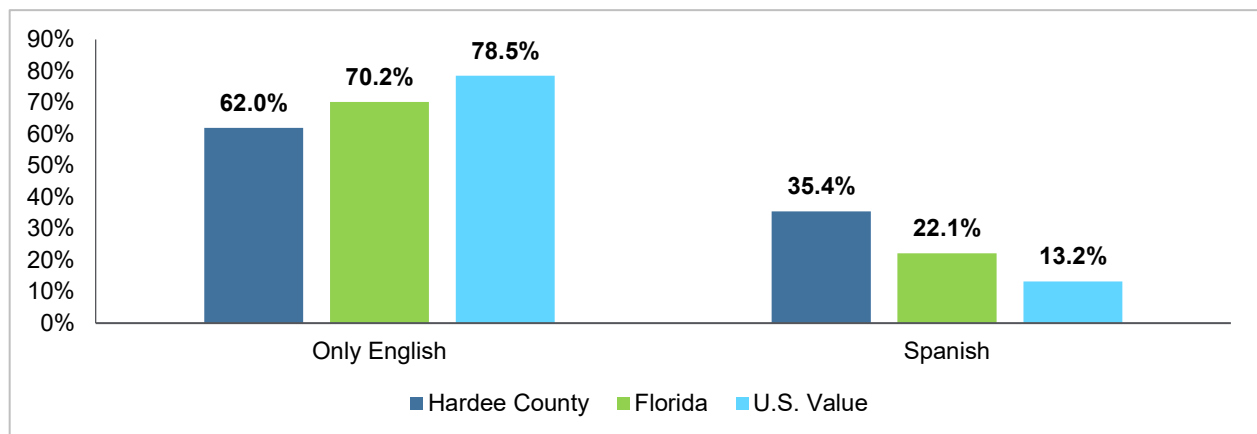

*County and state values- Claritas Pop-Facts® 2022 population estimates, U.S. values taken from American Community Survey five-year 2016-2020 estimates

The most common languages spoken at home are English 62.0%, Spanish 35.4%, Asian/Pacific Islander language 0.9% and Indo-European languages 1.6% (**Figure 9**).

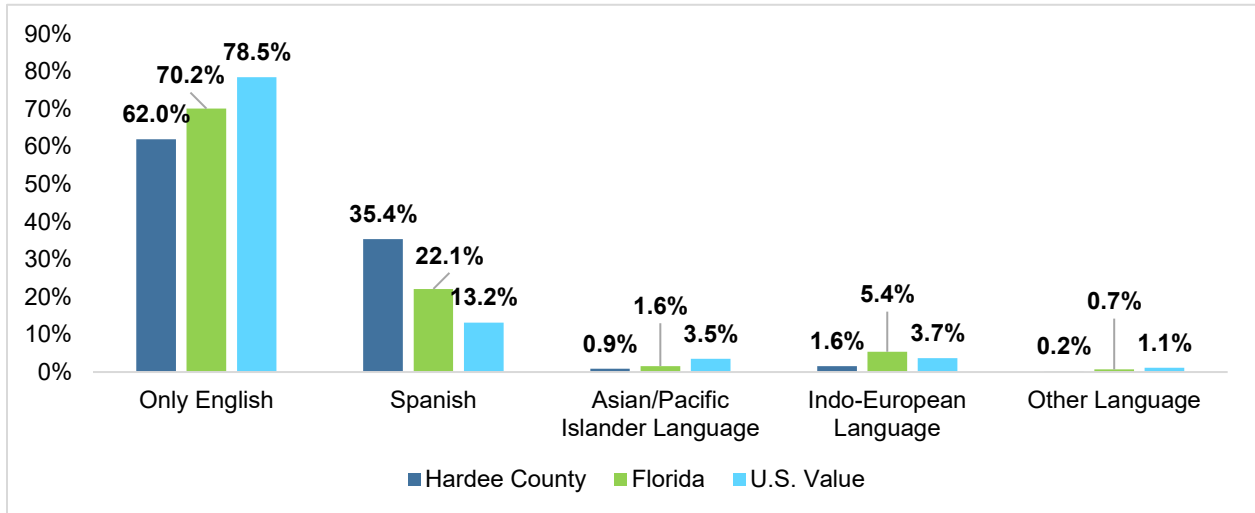**Figure 9: Population Ages 5+ by Language Spoken at Home: County, State and U.S. Comparisons**

*County values- Claritas Pop-Facts® 2022 population estimates

Social Determinants of Health

This section explores the economic, environmental, and social determinants of health impacting Hardee County. Social determinants are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. The Social Determinants of Health SDOH can be grouped into five domains. **Figure 10** shows the Healthy People 2030 Social Determinants of Health domains Healthy People 2030 (2022).

Figure 10: Healthy People 2030 Social Determinants of Health Domains

Geography and Data Sources

Data in this section are presented at various geographic levels, including zip code and/or county level depending on data availability. When available, comparisons to county, state, and/or national values are provided. It should be noted that county level data can sometimes mask what could be going on at the zip code level in many communities. While indicators may be strong

when examined at a higher level, zip code level analysis can reveal disparities.

All demographic estimates are sourced from Claritas Pop-Facts® 2022 population estimates and American Community Survey one-year 2019 or five-year 2016-2020 estimates unless otherwise indicated.

Income

Income has been shown to be strongly associated with morbidity and mortality, influencing health through various clinical, behavioral, social, and environmental factors. Those with greater wealth are more likely to have higher life expectancy and reduced risk of a range of health conditions including heart disease, diabetes, obesity, and stroke. Poor health can also contribute to reduced income by limiting one's ability to work.[1]

Figure 11 provides a breakdown of households by income in Hardee County. A household income of less than $15,000 is shared by the largest proportion of households in Hardee County 18.2%. Households with an income range $50,000-$74,999 make up 17.6% of households in Hardee County.

Figure 11: Households by Income, Hardee County
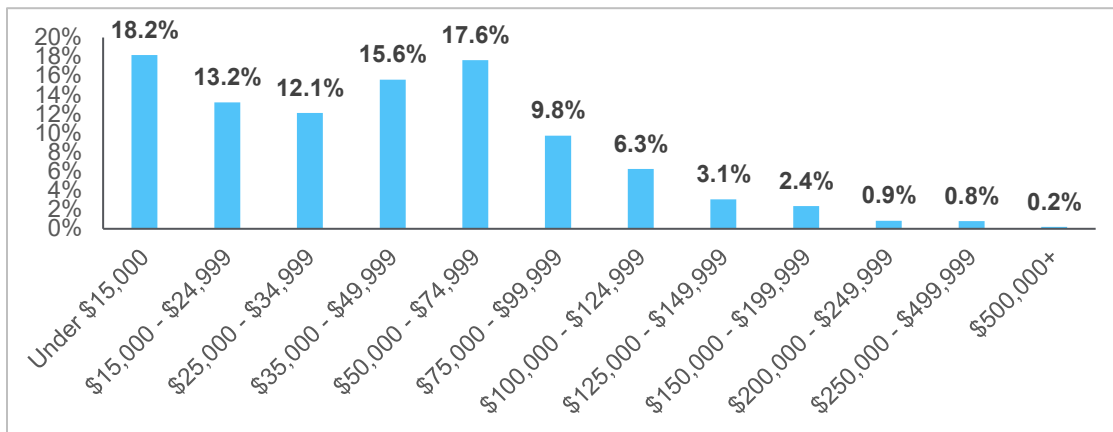
*County values- Claritas Pop-Facts® 2022 population estimates

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[1] [1] Robert Wood Johnson Foundation. Health, Income, and Poverty. https://www.rwjf.org/en/library/research/2018/10/health--income-and-poverty-where-we-are-and-what-could-help.html

The median household income for Hardee County is $41,245, which is lower than the state value of $66,251 and national value of $64,994 (**Figure 12).**

Figure 12: Median Households Income by: County, State and U.S. Comparisons
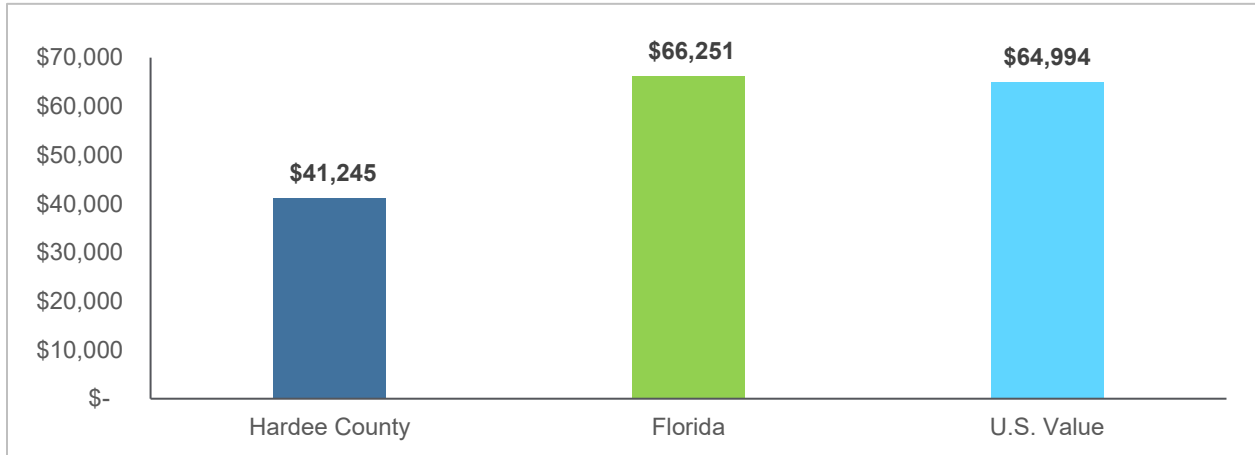
*County and state values- Claritas Pop-Facts® 2022 population estimates, U.S. values taken from American Community Survey five-year 2016-2020 estimates

Figure 13 shows median household income by race and ethnicity. Racial/ethnic groups – White, American Indian Alaskan Native, some other races, Asian, and Non-Hispanic/Latino – have median household incomes above the overall median value for Hardee County ($41,245). All other races have incomes below the overall value, with the Black/African American populations having the lowest median household income at $27,636.

Figure 13: Median Household Income by Race/Ethnicity, Hardee County
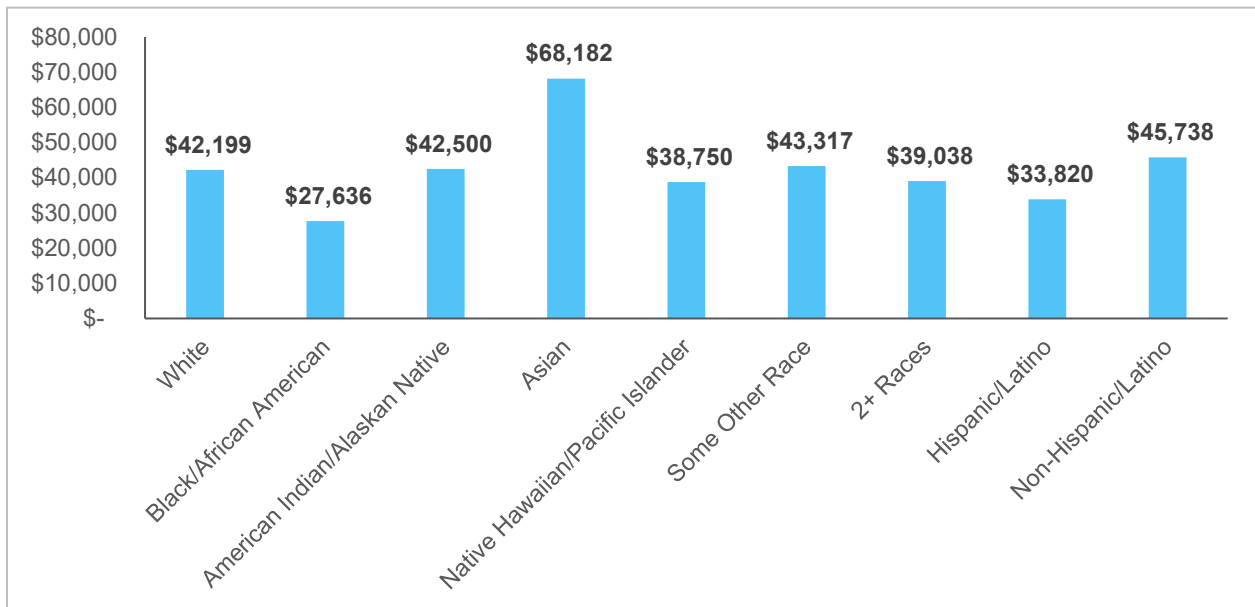
*County values- Claritas Pop-Facts® 2022 population estimates

Poverty

Federal poverty thresholds are set every year by the Census Bureau and vary by size of family and ages of family members. People living in poverty are less likely to have access to health care, healthy food, stable housing, and opportunities for physical activity. These disparities mean people living in poverty are more likely to experience poorer health outcomes and premature death from preventable diseases.[2]

Figure 14 shows the percentage of families living below the poverty level by zip code. The darker blue colors represent a higher percentage of families living below the poverty level, with zip code 33834 (Bowling Green) having the highest percentage of families at 20.1%. Overall, 17.1% of families in Hardee County live below the poverty level, which is higher than both the state value of 9.3% and the national value of 9.1%.

Figure 14: Families Living Below the Poverty Level: Hardee County
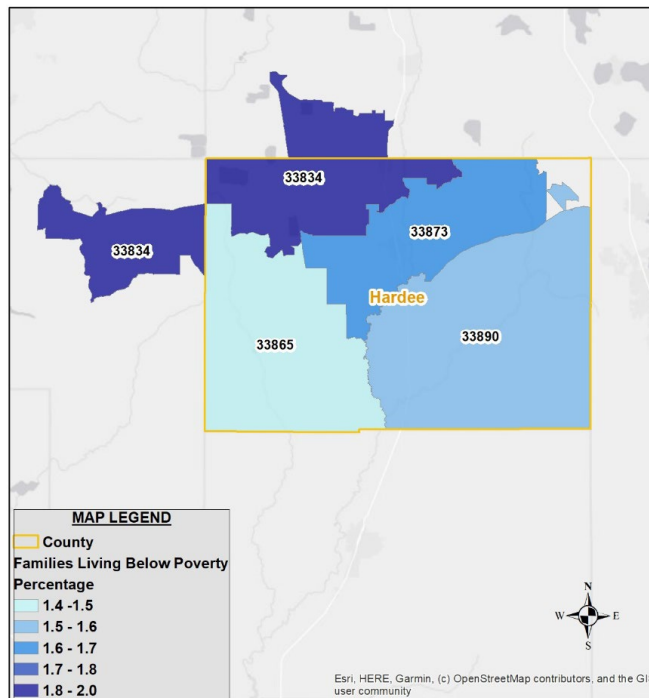
*County values- Claritas Pop-Facts® 2022 population estimates

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[2] [2] U.S. Department of Health and Human Services, Healthy People 2030. https://health.gov/healthypeople/objectives-and-data/browse-objectives/economic-stability/reduce-proportion-people-living-poverty-sdoh-01

Employment

A community's employment rate is a key indicator of the local economy. An individual's type and level of employment impacts access to health care, work environment, health behaviors, and health outcomes. Stable employment can help provide benefits and conditions for maintaining good health. In contrast, poor or unstable work and working conditions are linked to poor physical and mental health outcomes.[3]

Unemployment and underemployment can limit access to health insurance coverage and preventive care services. Underemployment is described as involuntary part-time employment, poverty-wage employment, and insecure employment.

Type of employment and working conditions can also have significant impacts on health. Work-related stress, injury, and exposure to harmful chemicals are examples of ways employment can lead to poorer health.

Figure 15 shows the population age 16 and over who are unemployed. The unemployment rate for Hardee County is 6.0%, which is higher than the state value of 4.8% and the national value of 5.4%.

Figure 15: Population Ages 16+ Unemployed
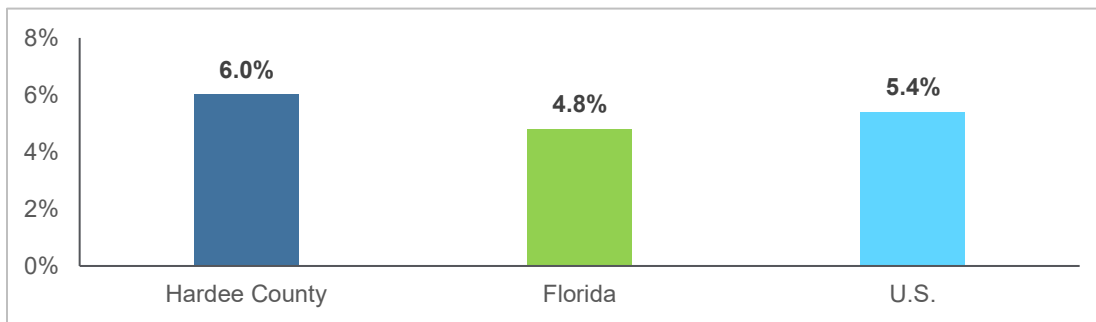
*County and state values- Claritas Pop-Facts® 2022 population estimates, U.S. values taken from American Community Survey five-year 2016-2020 estimates

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[3] U.S. Department of Health and Human Services, Healthy People 2030. https://health.gov/healthypeople/objectives-and-data/social-determinants-health/literature-summaries/employment

Education

Education is an important indicator for health and well-being. Education can lead to improved health by increasing health knowledge, providing better job opportunities and higher income, and improving social and psychological factors linked to health. People with higher levels of education are likely to live longer, to experience better health outcomes, and practice health-promoting behaviors.[4]

Figure 16 shows the percentage of the population 25 years or older by educational attainment.

Figure 16: Population Ages 25+ by Education Attainment, Hardee County
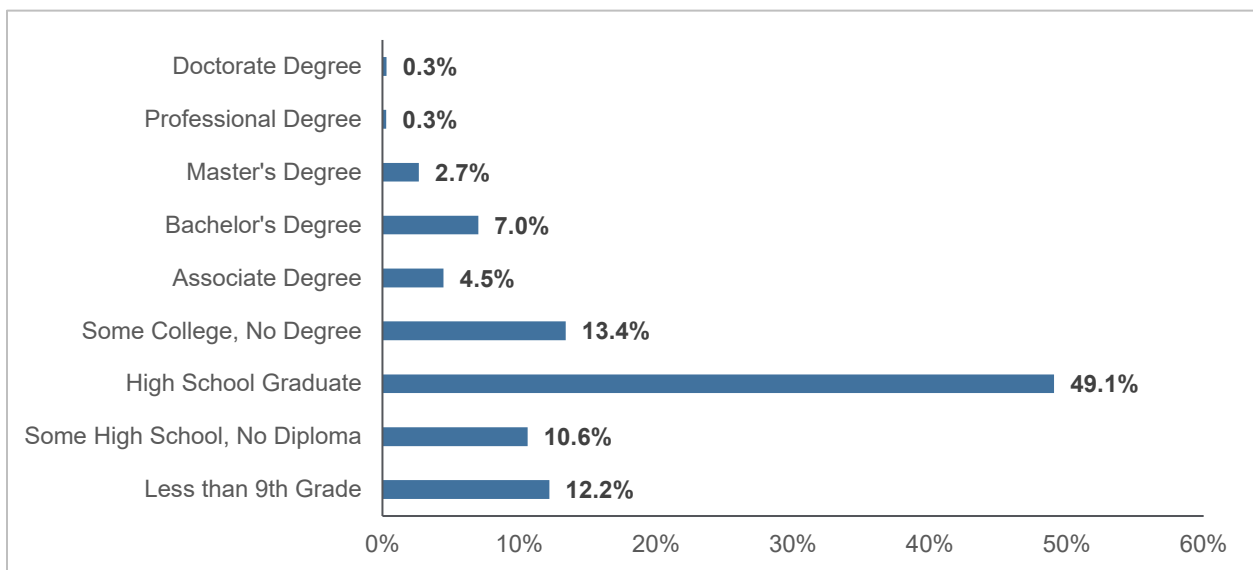
*County values- Claritas Pop-Facts® 2022 population estimates

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[4] Robert Wood Johnson Foundation, Education and Health.
https://www.rwjf.org/en/library/research/2011/05/education-matters-for-health.html

Another indicator related to education is on-time high school graduation. A high school diploma is a requirement for many employment opportunities and for higher education. Not graduating high school is linked to a variety of negative health impacts, including limited employment prospects, low wages, and poverty.[5]

Figure 17 shows that Hardee County has a lower percentage of residents with a high school degree or higher at 77.2% and bachelor's degree or higher at 10.2% when compared to both the state and the national values.

Figure 17: Population Ages 25+ by Education Attainment, FL, and U.S. Comparisons
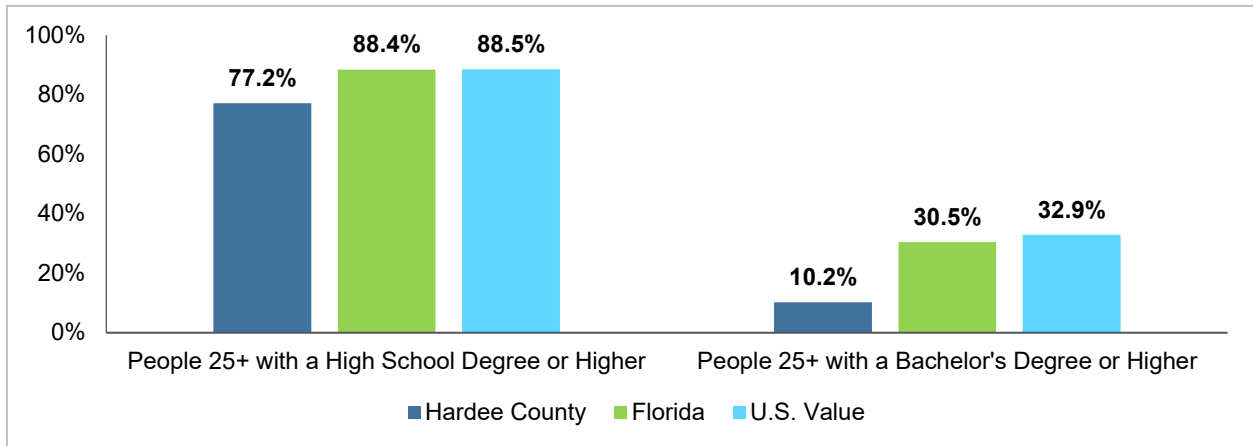
*County and state values- Claritas Pop-Facts® 2022 population estimates, U.S. values taken from American Community Survey five-year 2016-2020 estimates

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[5] U.S. Department of Health and Human Services, Healthy People 2030. https://health.gov/healthypeople/priority-areas/social-determinants-health

Housing

Safe, stable, and affordable housing provides a critical foundation for health and well-being. Exposure to health hazards and toxins in the home can cause severe damage to an individual or family's health.[6]

Figure 18 shows the percentage of houses with severe housing problems. This indicator measures the percentage of households with at least one of the following problems: overcrowding, high housing costs, lack of kitchen, or lack of plumbing facilities. In Hardee County, 13.7% of households were found to have at least one of those problems, which is lower than the state value of 19.2%, and the national value of 17.0%.

Figure 18: Severe Housing Problems: County, State, and U.S. Comparisons
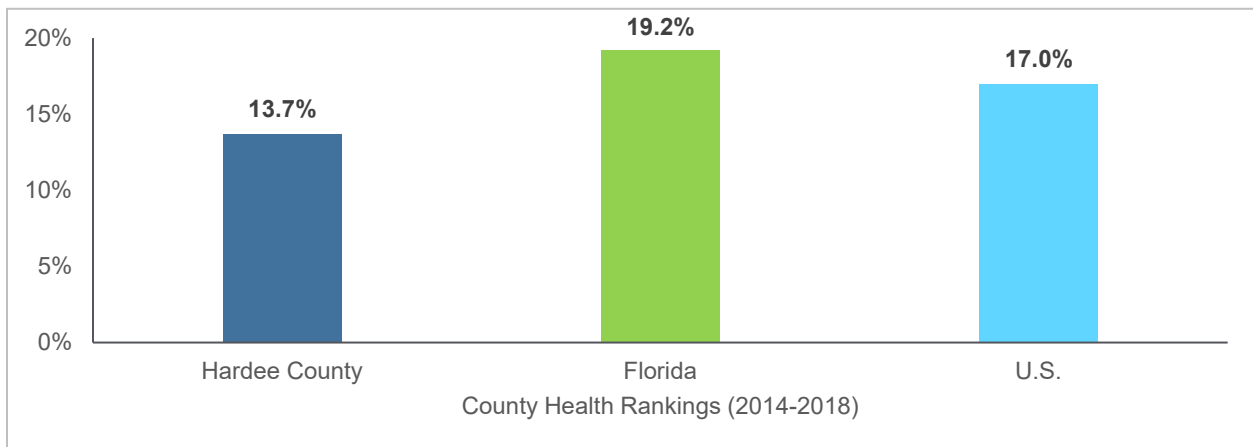
County Health Rankings (2014-2018)

*County and state values- Claritas Pop-Facts® 2022 population estimates, U.S. values taken from American Community Survey five-year 2016-2020 estimates

When families must spend a substantial portion of their income on housing, they may not have enough money to pay for things like healthy foods or health care. This is linked to increased stress, mental health problems, and an increased risk of disease.[7]

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[6] County Health Rankings, Housing and Transit. https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/physical-environment/housing-and-transit

[7] U.S. Department of Health and Human Services, Healthy People 2030. https://health.gov/healthypeople/objectives-and-data/browse-objectives/housing-and-homes/reduce-proportion-families-spend-more-30-percent-income-housing-sdoh-04

Figure 19 shows the percentage of renters who are spending 30% or more of their household income on rent. The value in Hardee County 50.5% is higher than the national value 49.1%, and lower than the state value 56.3%.

Figure 19: Renters Spending 30% or More of Household Income on Rent: County, State, U.S. Comparisons
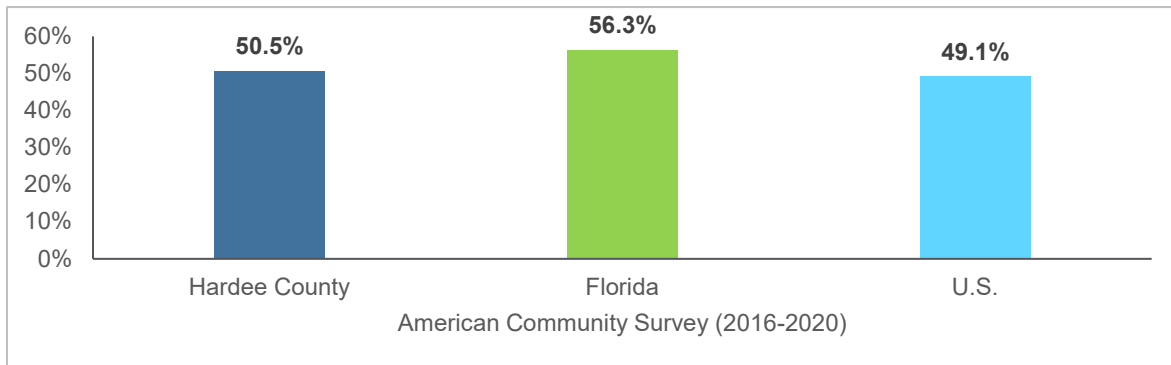
*County and state values- Claritas Pop-Facts® 2022 population estimates, U.S. values taken from American Community Survey five-year 2016-2020 estimates

Neighborhood and Built Environment

Internet access is essential for basic health care access, including making appointments with providers, getting test results, and accessing medical

records. Access to the internet is also increasingly essential for obtaining home-based telemedicine services.[8]

Internet access may also help individuals seek employment opportunities, conduct remote work, and participate in online educational activities.

Figure 20 shows the percentage of households that have an internet subscription. The rate in Hardee County 65.2% is lower than the state value 85.7% and the national value 85.5%.

Figure 20: Households with an Internet Subscription: County, State and U.S. Comparison
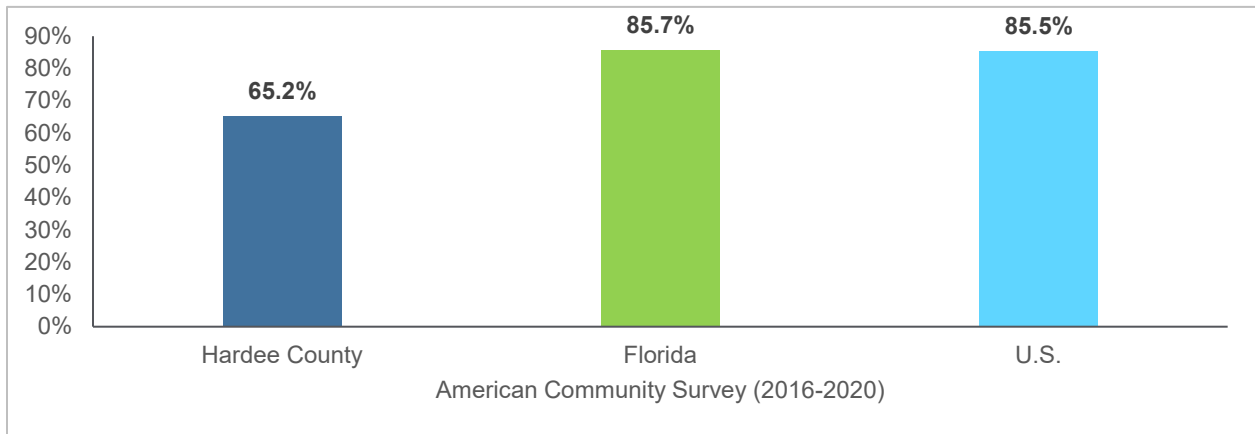
*County and state values- Claritas Pop-Facts® 2022 population estimates, U.S. values taken from American Community Survey five-year 2016-2020 estimates

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[8] U.S. Department of Health and Human Services, Healthy People 2030. https://health.gov/healthypeople/objectives-and-data/browse-objectives/neighborhood-and-built-environment/increase-proportion-adults-broadband-internet-hchit-05

Health Challenges

Leading Causes of Death

The leading causes of death in Hardee County are listed below:

- Heart Disease
- Cancer
- Stroke
- Chronic Lower Respiratory Disease (CLRD)
- Diabetes

Figure 21 shows the rates in Hardee County compared to the rates of the state.

Leading Causes of Death for 2018-2020 Age-Adjusted Death Rate per 100,000

Figure 21

Causes of Death	Hardee	Florida
Heart Disease	135.7	145.7
Cancer	135.3	142.5
Stroke	70.5	42.3
CLRD	54.2	36.2
Diabetes	33.5	21.1

Source: Florida CHARTS

In 2020 the leading causes of death in Hardee County included cancer, heart disease, stroke, diabetes, and CLRD, all of which are chronic diseases. Chronic diseases such as heart disease, cancer, and diabetes are the leading causes of death and disability in the United States (CDC).

Heart Disease

Heart Disease is the leading cause of death in Hardee County as of 2020. Heart disease refers to several types of heart conditions according to the CDC. These can include heart attacks, arrhythmia, and heart failure. There are risk factors associated with heart disease. These risk factors are:

- Diabetes
- Overweight and obesity
- Unhealthy Diet
- Physical inactivity
- Excessive alcohol use

As evidenced by **Figure 22**, the age-adjusted death rate for Black Hardee County residents is higher than the state rate. White and Hispanic Hardee County residents' death rate is lower than the state for heart disease. Although these rates are lower, it is still the leading cause of death for Hardee County residents.

Figure 22

Heart Disease 3-Year Age-Adjusted Resident Death Rates 2018-2020			
	White	Black	Hispanic
County	131.9	206.7	107.0
State	142.5	172.8	117.2

FL Health CHARTS - Behavioral Risk Factors – County Health Dashboard

In 2019, the number of adults who have ever been told they had a heart attack in Hardee County was 7.7% compared to the state rate of 4.7%. This percentage has been slightly decreasing. It is still significantly higher than the state rate. See **Figure 23**.

Figure 23
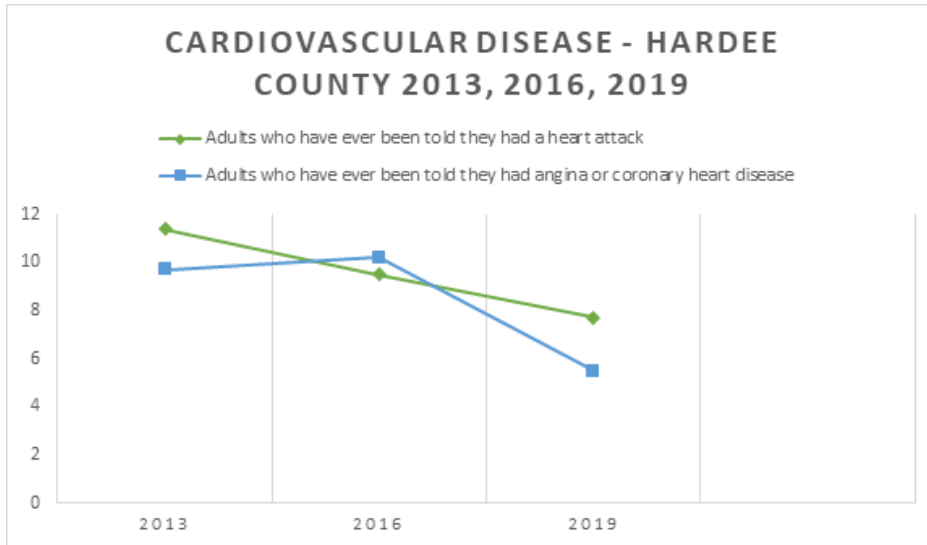
FL Health CHARTS - Behavioral Risk Factors – County Health Dashboard

Figure 24 shows hospitalizations are occurring frequently related to heart disease conditions. The chart below shows hospitalization rates for certain cardiovascular diseases. For each cardiovascular disease, Hardee County's rate is higher than the state rate.

Figure 24
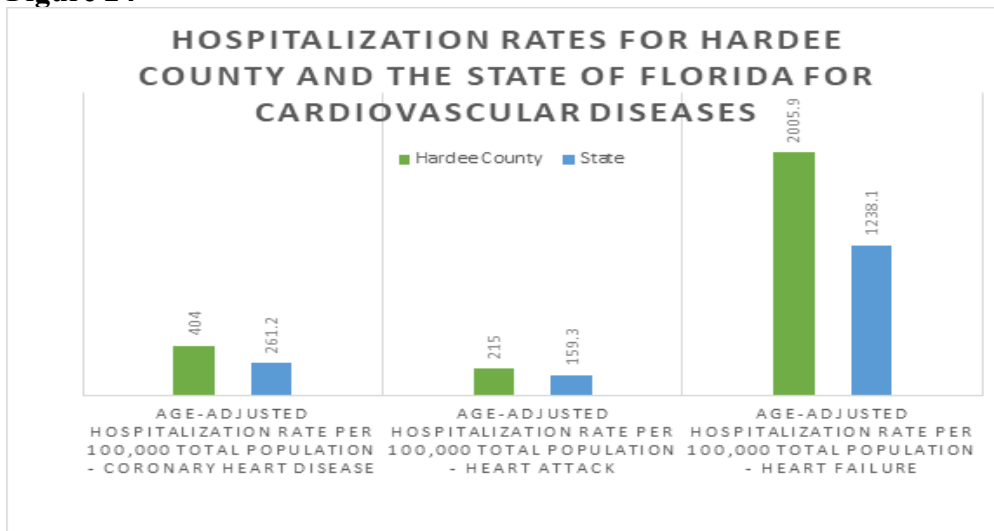
FL Health CHARTS – Chronic Disease Profile

Cancer

Cancer is one of the leading causes of death in Hardee County. The National Cancer Institute describes cancer as the name given to a collection of related diseases. In all types of cancer, some of the body's cells begin to divide without stopping and may spread into surrounding tissues. Risk factors associated with cancer include: age, alcohol, diet, tobacco, obesity, sunlight, and others.

Hardee County is higher than the state in death rates for cervical, lung, melanoma, and prostate cancer. Colorectal is slightly lower than the state rate and breast cancer is lower than the state rate. Healthy People 2030 has also set goals for the death rate for each of these types of cancer. **Figure 25** shows Hardee County is only exceeding the expectations for breast cancer death rates.

FL Health CHARTS – Chronic Disease Profile 2020

Figure 25

Cancer Death Rates by Cancer Type 2018-2020

■ County Deaths: Age-adjusted death rate per 100,000 total population
■ State Deaths: Age-adjusted death rate per 100,000 total population
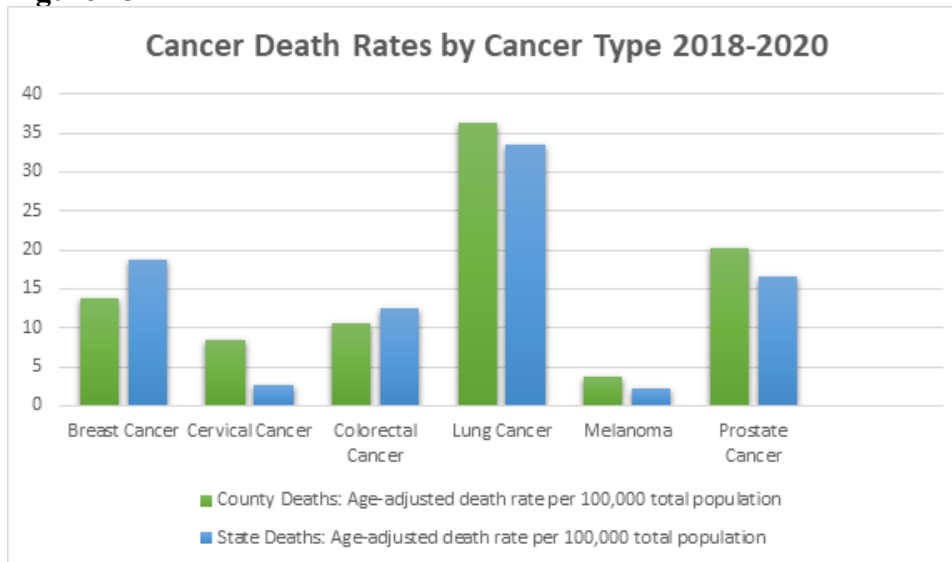
FL Health CHARTS – Chronic Disease Profile 2020

In **Figure 26** Black and Hispanic Hardee County residents are more likely to die from cancer than their state counterparts. The rates are slightly lower for White Hardee County residents compared to their counterparts in state rates.

Figure 26

County and State 3-Year Adjusted Resident Death Rates by Race/Ethnicity
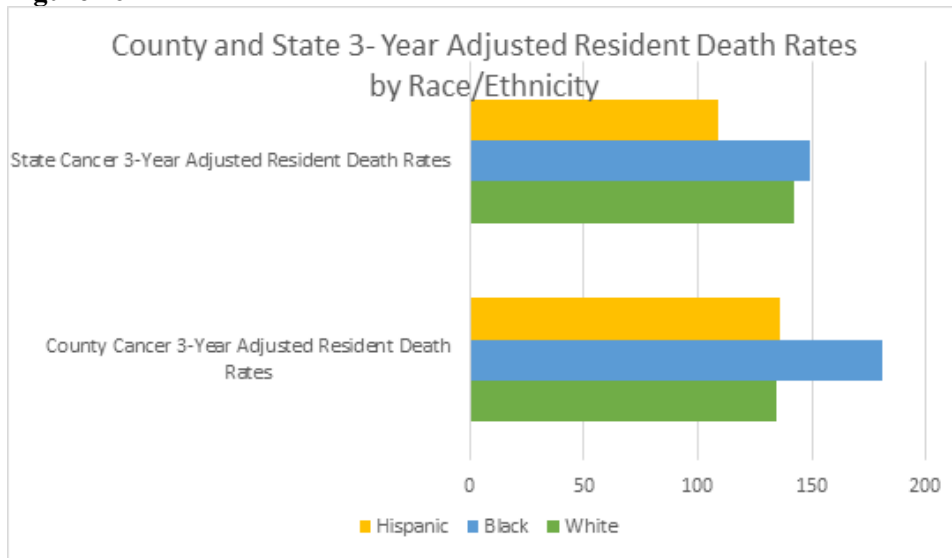
FL Health CHARTS – County Health Dashboard – Selected Causes of Death

Cancer screening can help with early detection of certain types of cancers. Breast, cervical, colorectal, and prostate cancer are a few of the types of cancers that can be detected with screening methods. **Figure 27** shows the rates at which Hardee County residents are being screened in comparison to the state rates. Hardee County women are less likely to have received a mammogram in the past year and less likely to have received a Pap test in the past year. Hardee County residents are less likely to have received a sigmoidoscopy or colonoscopy in the past five years. Early detection increases the chances of survival for cancer.

Figure 27

Screening Type	Percentage of Hardee County Residents	State of Florida percentage
Women 40 years of age and older who received a mammogram in the past year	55.3%	60.8%
Women 18 years of age and older who received a Pap test in the past year	46.9%	48.4%
Adults 50 years of age and older who received a sigmoidoscopy or colonoscopy in the past five years	44.2%	53.9%
Adults 50 years of age and older who received a stool blood test in the past year	16%	16%
Men 50 years of age and older who received a PSA test in the past two years	61.6%	54.9%

FL Health CHARTS – Chronic Disease Profile – 2020

Stroke

A stroke is a brain attack that occurs when something blocks blood supply to the brain or when a blood vessel bursts in the brain according to the CDC. Strokes are preventable and treatable. Previous strokes, high blood pressure, high cholesterol, heart disease, diabetes, obesity, and sickle cell disease all increase the risks of having a stroke.

In Hardee County, out of all the residents, 3.4% of residents have been told they had a stroke compared to the state at 3.6% (**Figure 28**).

Figure 28

Stroke 3-Year Age-Adjusted Resident Death Rates 2018-2020			
	White	Black	Hispanic
County	69.5	80.8	87.3
State	40.1	61.2	41.9

FL Health CHARTS – Chronic Disease Profile – 2020

Figure 29 shows the Hispanic population death rate due to stroke is 87.3 compared to Whites at 69.5 and Black or African American at 80.8 in Hardee County. All of these rates are significantly higher than the state rates.

3.4% of adults in Hardee County have ever been told they have had a stroke compared to the state at 3.6%. Due to the number being similar to the state rate, there may be a disparity in awareness about the warning signs and symptoms of stroke.

Figure 29 below shows the hospitalization rate due to stroke in Hardee County and the State of Florida. Hardee County has a slightly higher rate at 250.6 versus the state rate at 229.8.
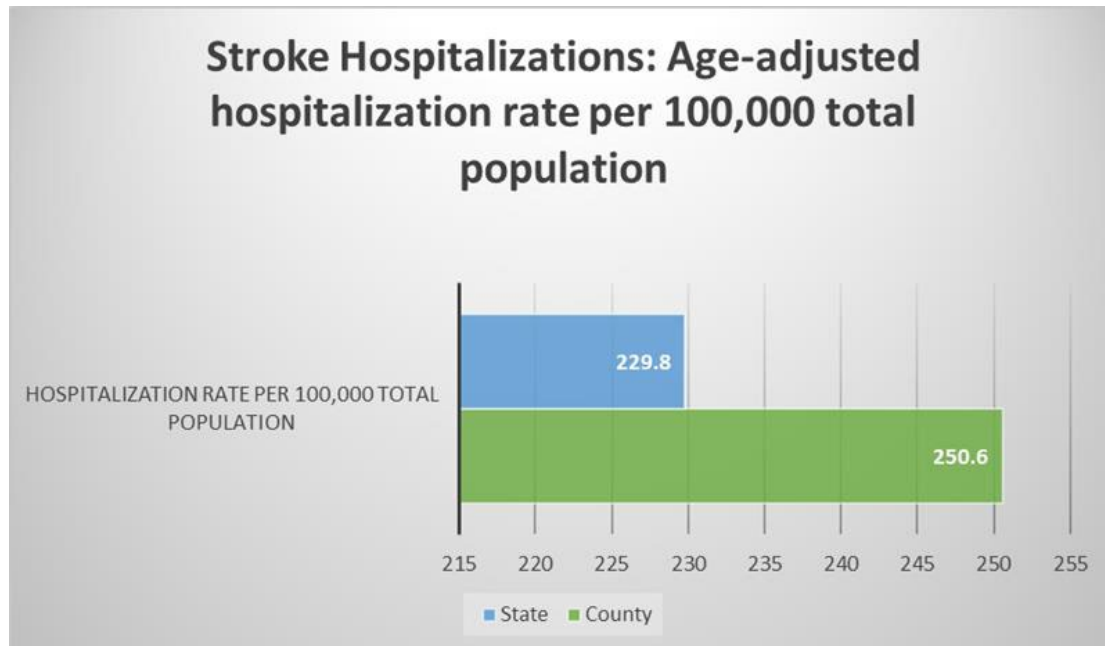
FL Health CHARTS – Chronic Disease Profile 2020

Chronic Lower Respiratory Disease

Chronic lower respiratory disease (CLRD) is defined by the Centers for Disease Control and Prevention (CDC) and the World Health Organization as encompassing 4 major diseases: chronic obstructive pulmonary disease (COPD), chronic bronchitis, emphysema, and asthma.

Figure 30 shows the 3-year age adjusted resident death rate. White residents are leading at the rate of 56.7, followed by Black residents at 44.5 and last Hispanic residents at the rate of 20.8.

Figure 30
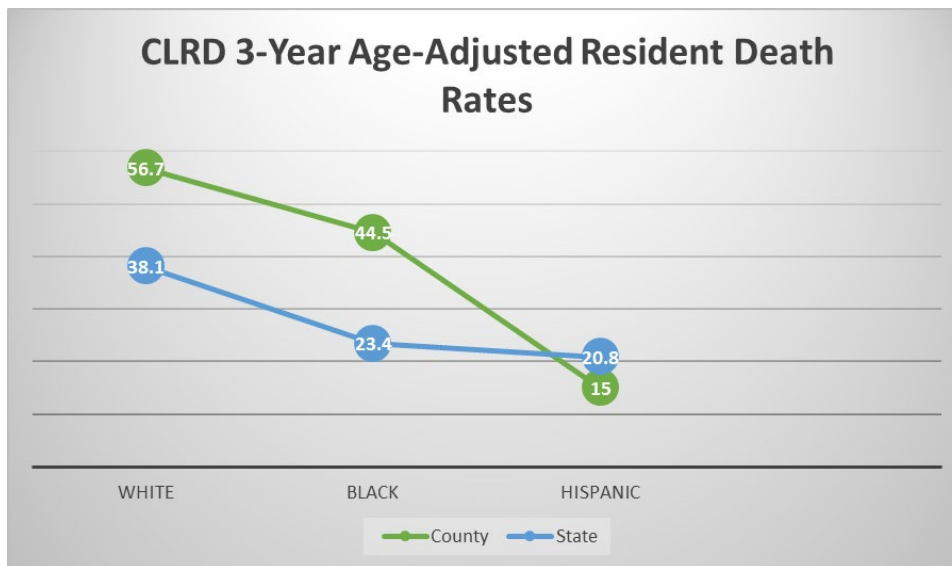
FL Health CHARTS – County Health Dashboard – Selected Causes of Death

Figure 31 shows the age adjusted hospitalization rate in Hardee County versus the State. Hardee county has significantly more hospitalizations at the rate of 301.3 in comparison to the State rate of 229.3.

Figure 31
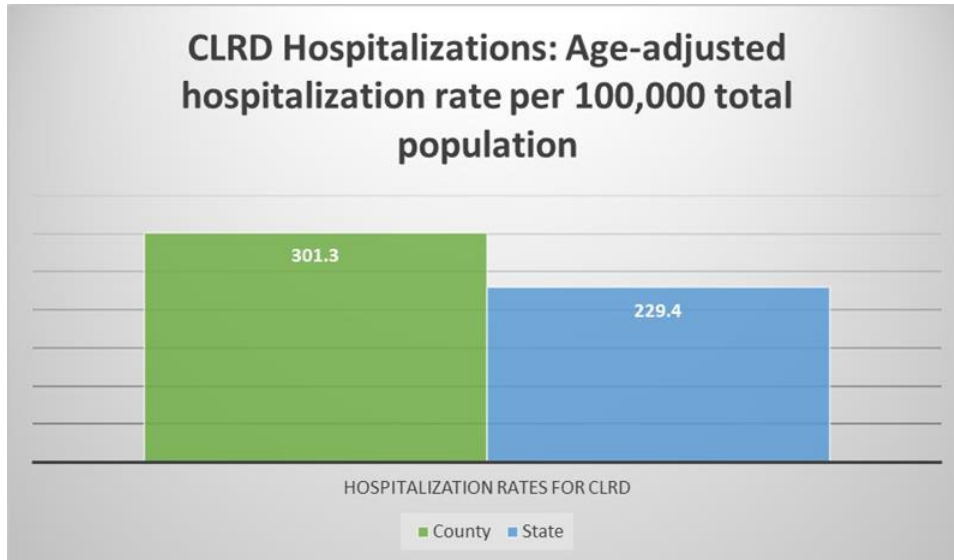
FL Health CHARTS – Chronic Disease Profile 2020

Figure 32 displays the rates of hospitalization for asthma in Hardee County versus the state. Hardee County rate is higher at 1.096.30 compared to the State at 636.

Figure 32
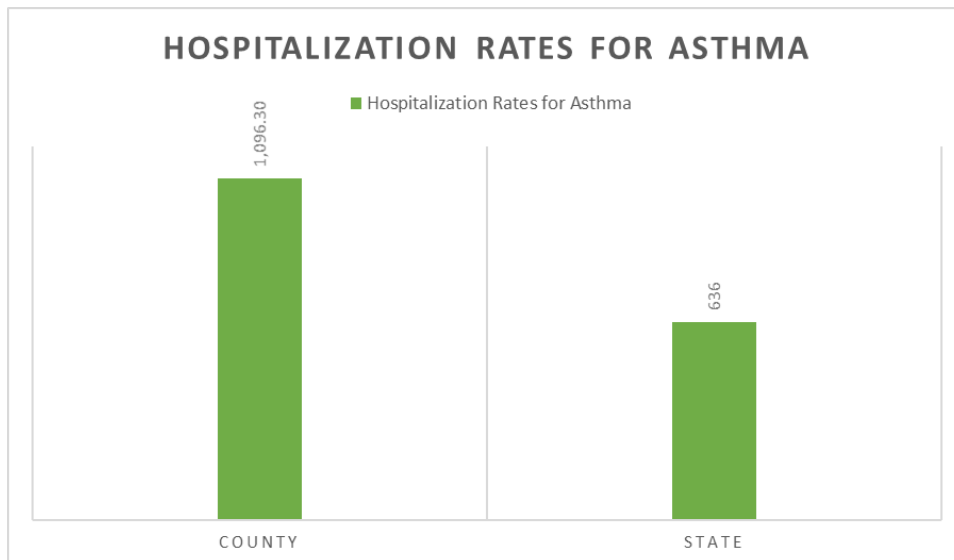
FL Health CHARTS – Chronic Disease Profile 2020

Figure 33 shows the percentage of adults who have Asthma in Hardee County compared to the State.

Figure 33

	County	State
Adults who currently have asthma	9.3%	7.4%

FL Health CHARTS – Chronic Disease Profile 2020

Diabetes

Diabetes is one of the top 5 leading causes of death in Hardee. Diabetes is a chronic disease that affects how your body turns food into energy and results in too much sugar in the blood.

People with diabetes are more likely to have heart disease or a stroke. Diabetes is also the leading cause of kidney failure, lower-limb amputations, and adult-onset blindness.
Risk factors for developing diabetes include:

- Prediabetes
- Being overweight
- Being 45 years or older
- Having a parent, brother, or sister with diabetes
- Being physically active less than 3 times per week
- Having gestational diabetes (diabetes during pregnancy) or giving birth to baby who weighed more than 9 pounds
- Being African American, Hispanic/Latino American, American Indian, or Alaska Native (some Pacific Islanders and Asian Americans are also at higher risk)

Ways to prevent or delay diabetes are losing weight if you are overweight, eating healthier, getting physical activity regularly.
Diabetes Self-Management Education and Support services are available for those diagnosed and help people learn how to best take care of themselves.

In 2020, the state rate was 2160.3 while Hardee County's rate was 3566.0

Figure 34 shows the number of adults who have ever been told they had pre-diabetes is lower than the state percentage. However, the number of adults who have ever been told they had diabetes is significantly higher than the state rate. This may be caused by a lack of testing or care taking place while in the stages of pre-diabetes.

Figure 34

Adults who have ever been told they had pre-diabetes	County	State
	7.4%	9.1%

Florida Health Charts – County Health Dashboard

Average age at which diabetes was diagnosed is 47.4 in Hardee County.

Age-adjusted Hospitalizations From or With Diabetes as Any Listed Diagnosis , Single Year
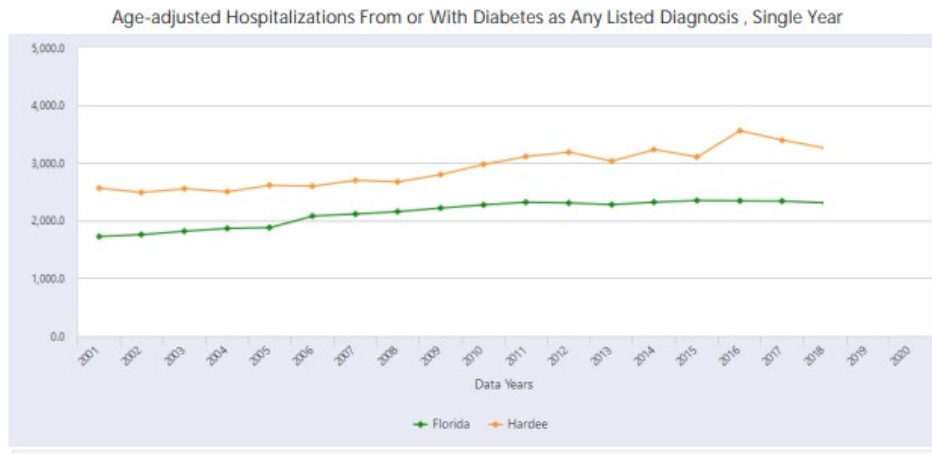
FLHealthCHARTS

The Hardee County age-adjusted hospitalization rate from or with diabetes as any listed diagnoses is significantly higher than the state rate for the same measure.

__Behavioral Risk Factors for Chronic Disease__

- Most common chronic diseases share risk factors. These include tobacco use, alcohol use, an unhealthy diet, and physical inactivity.
- Physical inactivity and unhealthy diet, along with lack of access to affordable healthy food all play a factor in being overweight or obese.

Figure 36

Adults who have ever been told they had diabetes	County	State
	16.5%	11.7%

Overweight and Obesity & Physical Activity and Nutrition

Figure 37

Indicator	Year(s)	Rate Type	County Rate	State Rate
Adults who have a healthy weight (BMI from 18.5 – 24.9)	2019	Percent	25.6%	32.8%
Adults who are overweight or obese	2019	Percent	71.7%	64.6%
Adults who are sedentary	2019	Percent	42.7%	26.5%
Adults who meet muscle strengthening recommendations	2019	Percent	21.2%	38.1%

Florida Health CHARTS - County Health Dashboard

Tobacco Use and Exposure

Figure 38

Indicator	Year(s)	Rate Type	County Rate	State Rate
Adults who are current smokers	2019	Percent	20.7%	14.8%
Adults who currently use e-cigarettes	2019	Percent	4.8%	7.5%

Florida Health CHARTS - County Health Dashboard

Alcohol Consumption

Figure 39

Indicator	Year(s)	Rate Type	County Rate	State Rate
Adults who engage in heavy or binge drinking	2019	Percent	12.8%	18%

Florida Health CHARTS - County Health Dashboard

Disparities and Health Equity

Identifying disparities by population groups and geography helps to inform and focus priorities and strategies. Understanding disparities also helps us better understand root causes that impact health in a community and inform action toward health equity.

Health Equity

Health equity is the fair distribution of health determinants, outcomes, and resources across communities.[9] National trends have shown that systemic racism, poverty, and gender discrimination have led to poorer health outcomes for groups such as Black/African American, Hispanic/Latino, Indigenous, communities with incomes below the federal poverty level, and LGBTQ+ communities.

Race, Ethnicity, Age & Gender Disparities

Primary and secondary data revealed significant community health disparities by race, ethnicity and gender that is included throughout this report. It is important to note that the data is presented to show differences and distinctions by population groups. The assessment workgroup was intentional in creating community assessments and forums to understand different groups' unique experiences and perceptions around diversity,

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[9] Klein R, Huang D. Defining and measuring disparities, inequities, and inequalities in the Healthy People initiative. National Center for Health Statistics. Center for Disease Control and Prevention. https://www.cdc.gov/nchs/ppt/nchs2010/41_klein.pdf

equity, and inclusion. Focus group forums consisted of community residents from various race, ethnicity, age, and gender groups as well.

Secondary Data

Community health disparities were assessed in the secondary data using the Index of Disparity[10] analysis, which identifies disparities based on how far each subgroup (by race, ethnicity, or gender) is from the overall county value. For more detailed methodology related to the Index of Disparity, see Appendix B.

Figure 40 below identifies secondary data indicators with a statistically significant race, ethnicity, or gender disparity for Hardee County, based on the Index of Disparity.

Figure 40: Indictors with Significant Race, Ethnicity or Gender Disparities

Health Indicator	Group(s) Negatively Impacted
Adults Who Currently Use E-Cigarettes	Female
Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	White, Hispanic / Latino
Age-Adjusted Death Rate due to Chronic Liver Disease and Cirrhosis	White, Hispanic / Latino
Age-Adjusted Death Rate due to Colorectal Cancer	Hispanic / Latino
Age-Adjusted Death Rate due to Diabetes	White
Age-Adjusted Death Rate due to Influenza and Pneumonia	Male
Age-Adjusted Death Rate due to Lung Cancer	Black
Age-Adjusted Death Rate due to Prostate Cancer	Black, Hispanic / Latino
Age-Adjusted Death Rate due to Suicide	White, Male
Asthma: Medicare Population	Black, Other Race, Hispanic / Latino, Female
Atrial Fibrillation: Medicare Population	White
Depression: Medicare Population	Female
Lung and Bronchus Cancer Incidence Rate	Black
People 25+ with a Bachelor's Degree or Higher	Black, Multiple Races, Other Race, Hispanic / Latino

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[10] Pearcy, J. & Keppel, K. (2002). A Summary Measure of Health Disparity. Public Health Reports, 117, 273-280.

People 65+ Living Below Poverty Level	Multiple Races, Other Race, Hispanic / Latino, Female
Youth not in School or Working	Male

The Index of Disparity analysis for Hardee County reveals that Hispanic/Latino, White and Black/African American populations are disproportionately impacted for several chronic diseases, including Stroke, Chronic Liver Disease, Colorectal Cancer, Diabetes, Lung Cancer, Prostrate Cancer. Furthermore Black/African American populations are disproportionately impacted in the Asthma, and Lung and Bronchus Cancer Incidence Rate. Lastly, Adults who currently use E-cigarettes and Depression among the Medicare Population Incidence rates are higher in Female populations.

Additionally, Figure 40 provides examples of significant race and ethnicity disparities across various measures of poverty. Disparities can be associated with poorer health outcomes for these groups that are disproportionately impacted. Some indicators include Families Living Below Poverty Level, Youth not in school or working and People Ages 65+ Living Below Poverty Level.

Geographic Disparities

In addition to disparities by race, ethnicity, age, and gender, this assessment also identified specific zip codes/municipalities with differences in outcomes related to health and social determinants of health. Geographic disparities were identified using the Health Equity Index, Food Insecurity Index, and Mental Health Index. These indices have been developed by Conduent Healthy Communities Institute to easily identify areas of high socioeconomic need, food insecurity and mental health need.

Conduent's Health Equity Index estimates areas of highest socioeconomic need correlated with poor health outcomes. Conduent's Food Insecurity Index estimates areas of low food accessibility correlated with social and economic hardship. Conduent's Mental Health Index (MHI) is a measure of socioeconomic and health factors correlated with self-reported poor mental health.

For all indices, counties, zip codes, and census tracts with a population over 300 are assigned index values ranging from 0 to 100, with higher values

indicating greater need. Understanding where there are communities with higher need is critical to targeting prevention and outreach activities.

Health Equity Index

Conduent's Health Equity Index estimates areas of high socioeconomic need, which are correlated with poor health outcomes. Zip codes are ranked based on their index value to identify relative levels of need, as illustrated by the map in **Figure 41**. The following zip code in Hardee County had the highest level of socioeconomic need as indicated by the darkest shades of blue: 33834 (Bowling Green) with index values of 95.

Figure 41: Health Equity Index
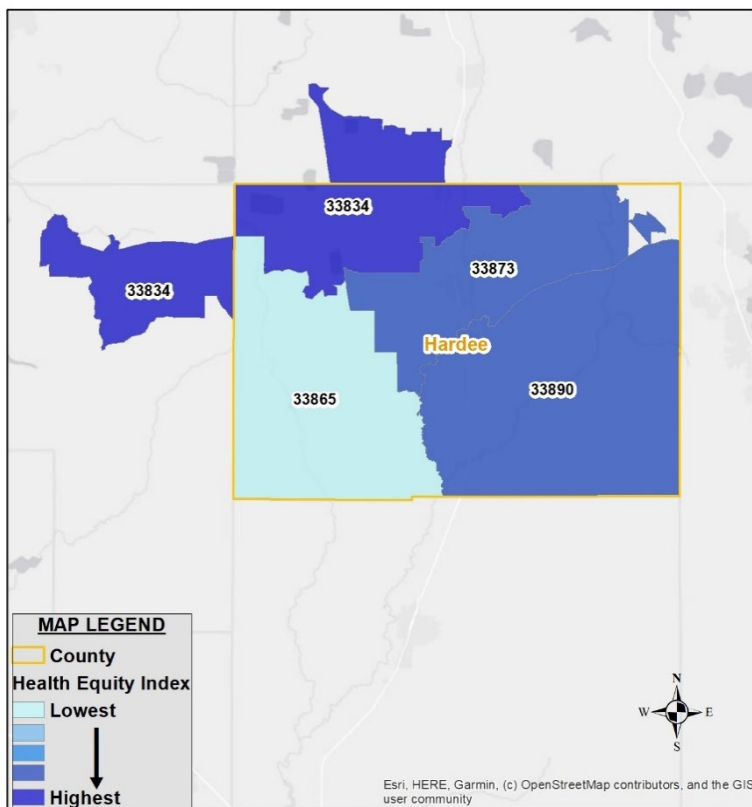
Food Insecurity Index

Conduent's Food Insecurity Index estimates areas of low food accessibility correlated with social and economic hardship. Zip codes are ranked based on their index value to identify relative levels of need, as illustrated by the map in **Figure 42**. The following zip code in Hardee County had the highest level of Food Insecurity as indicated by the darkest shades of green: 33834 (Bowling Green) with index values of 89.7.

Figure 42: Food Insecurity Index
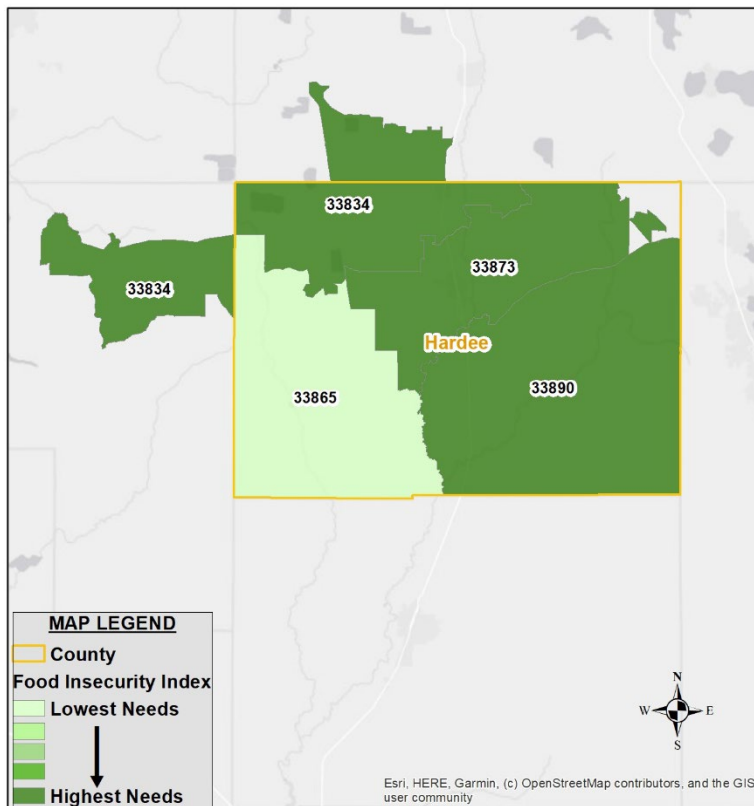
Mental Health Index

Conduent's Mental Health Index (MHI) is a measure of socioeconomic and health factors correlated with self-reported poor mental health. Based on the MHI, zip codes were ranked based on their index value to identify the relative levels of need, as illustrated by the map **in Figure 43**. The following zip code is estimated to have the highest need as indicated by the darkest shades of purple: 33873 (Wauchula) with index value of 68.4.

Figure 43: Mental Health Index
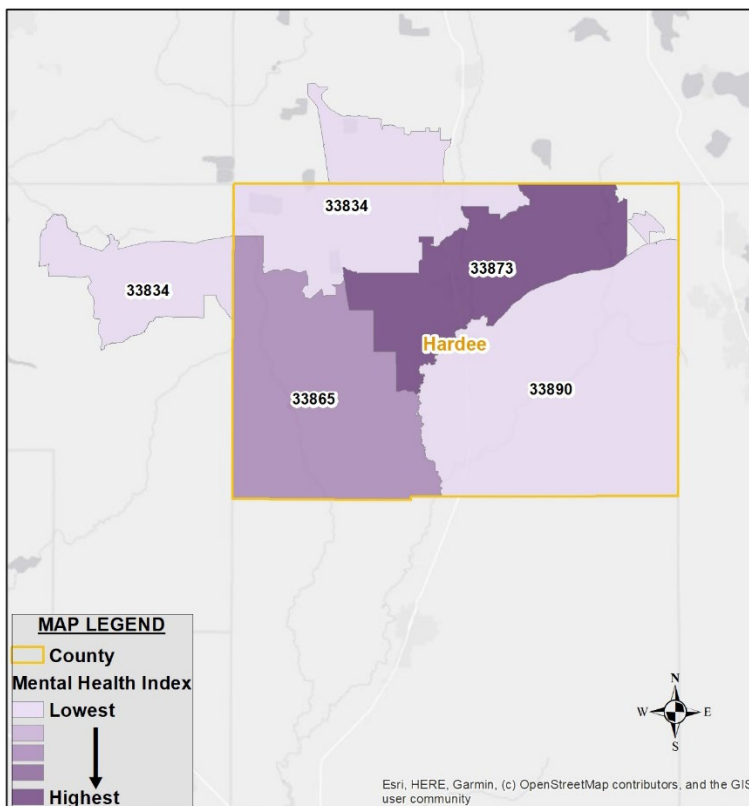
Data Methodology and Key Findings

Secondary Data Sources & Analysis

Figure 44. Secondary Data Scoring

Secondary data used for this assessment were collected and analyzed from a community indicator database developed by Conduent Healthy Communities Institute (HCI). The database, maintained by researchers and analysts at HCI, includes over 150 community indicators, spanning at least 24 topics in the areas of health, determinants of health, and quality of life. The data are primarily derived from state and national public secondary data sources. The value for each of these indicators is compared to other communities, national targets, and to previous time periods.

Florida Counties
U.S. Counties
Florida State Value
U.S. Value
HP2030
Trend

Indicator Score
Topic Score
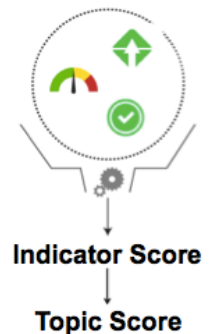
Figure 45 Topic Scoring Results

Health and Quality of Life Topics	Score
Maternal, Fetal & Infant Health	2.02
Economy	2.00
Health Care Access & Quality	1.98
Older Adults	1.98
Weight Status	1.93
Nutrition & Healthy Eating	1.92
Physical Activity	1.91
Oral Health	1.88
Heart Disease & Stroke	1.88
Community	1.86
Wellness & Lifestyle	1.86
Other Conditions	1.85
Children's Health	1.84

HCI's Data Scoring Tool systematically summarizes multiple comparisons and ranks indicators based on highest need. For each indicator, the Hardee County value was compared to a distribution of Ohio and U.S.

Adolescent Health	1.84
Mental Health & Mental Disorders	1.79
Tobacco Use	1.77
Women's Health	1.76
Education	1.74
Diabetes	1.70
Respiratory Diseases	1.65
Environmental Health	1.60
Immunizations & Infectious Diseases	1.56
Cancer	1.52
Alcohol & Drug Use	1.51
Sexually Transmitted Infections	1.33
Prevention & Safety	1.30

counties, state and national values, Healthy People 2030 targets, and significant trends, as shown in **Figure 44**. Each indicator was then given a score based on the available comparisons. These scores range from 0 to 3, where 0 indicates the best outcome and 3 indicates the poorest outcome. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected from other communities, and changes in methodology over time. These indicators were grouped into topic areas for a higher-level ranking of community health needs. Due to the limited availability of zip code, census tract, or other sub-county health data, the data scoring technique is only available at the county level. The data scoring results are therefore presented in the context of Hardee County.

Figure 45 shows the health and quality of life topic scoring results for Hardee County, with Maternal, Fetal, and Infant Health as the poorest performing topic area with a score of 2.02, followed by Economy with a score of 2.00. Topics that received a score of 1.70 or higher were considered a significant health need. Nineteen topics scored at or above the threshold. Topic areas with fewer than three indicators were considered a data gap. Please see Appendix A for the full list of health and quality of life topics, including the list of national and state indicators that are categorized into and included in the secondary data analysis for each topic area. Further details on the quantitative data scoring methodology are also available in Appendix A.

Score range:

Good → Bad

0 1 2 3
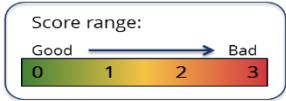
Community Feedback: Primary Data Collection & Analysis

To ensure the perspectives of community members were considered, input was collected from Hardee County community members as well. Primary data used in this assessment consisted of results from a digital community health survey with community members as well as community-level focus groups. These findings expanded upon information gathered from the secondary data analysis to inform this Hardee County CHNA.

Qualitative Data: Focus Groups

The Conduent HCI team facilitated five joint focus groups in Hardee and Highlands County. The intent of the focus groups was to understand the different health experiences for Black/African Americans, Hispanic/Latinos, Older Adults, and Parents of Pediatric Children. An additional focus group was held with community leaders from both counties to understand overall access to healthcare, barriers to care, as well as community resources. Community organizations and residents of these communities were invited to participate in these focus group.

Focus Group discussions took place virtually in September 2022. There were a total of 53 participants. A focus group facilitation guide was developed to guide the conversations, which included topics such as Community Strengths & Assets, Top Health Problems, Access to Health, and Impact on Health. A list of questions utilized for focus group discussions can be found in Appendix B. To help inform an assessment of community assets, participants were also asked to identify and describe resources available in their community. The list of available resources is in Appendix C.

The project team captured detailed transcripts of the focus group sessions. The text from these transcripts were analyzed using the qualitative analysis program Dedoose [11]. Text was coded using a predesigned codebook organized by themes and analyzed for significant observations. **Figure 46** below summarizes the top health and quality of life categories that were identified from the focus groups. These top need areas were synthesized with findings from secondary data analysis to identify overall health needs for consideration for prioritization in Hardee County.

Figure 46: Hardee County Top Needs Identified Through Qualitative Data Analysis

Topic Area
Access to Health Services
Children's Health
Discrimination & Bias
Economy
Food Security/Access
Healthcare Insurance
Mental Health
Substance Use and Misuse
Transportation

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[11] Dedoose Version 8.0.35, web application for managing, analyzing and presenting qualitative and mixed method research data (2018). Los Angeles, CA: SocioCultural Research Consultants, LLC www.dedoose.com

Community Survey

Another method of community input was gathering primary quantitative data through an online survey. The survey was promoted across Hardee County by the Florida Department of Health in Hardee County, AdventHealth, and their community partners. Responses were collected from July 21, 2022, to September 9, 2022. The survey was made available in English, Spanish, and Creole. A paper survey was also developed and distributed. The survey consisted of 60 questions related to top health needs in the community, individuals' perception of their overall health, individuals' access to health care services, as well as social and economic determinants of health and general health status. A copy of the community survey tool can be found in Appendix B. A total of 380 responses were collected, of those 70 respondents identified as being from Hardee County. A full analysis of the survey can also be found in Appendix B.

The following top health and quality of life categories were identified through the analysis of the community survey:

- Access to Healthcare
- Aging Problems
- Alcohol abuse
- Being Overweight
- Diabetes
- Distracted Driving
- Good Jobs and Healthy Economy
- Good Place to Raise Children
- Drug Use/Abuse
- Lack of Exercise
- Low Crime/Safe Neighborhoods
- Mental Health (including suicide)
- Poor Eating Habits
- Vaping, Cigarette, Cigar, or e-cigarette use

Prioritized Health Needs: Hardee County

The following section provides a detailed description of each prioritized health need. An overview is provided for each health topic, followed by a table highlighting the poorest performing indicators and a description of key themes that emerged from community feedback. The three prioritized health needs are presented in alphabetical order.

Each prioritized health topic includes key themes from community input and secondary data warning indicators. The warning indicators shown for certain health topics are above the 1.70 threshold for Hardee County and indicate areas of concern. A legend is available in Appendix B with more details on how to interpret the distribution gauges and trend icons used within the data scoring results tables.

Prioritized Health Topic #1: Access to Healthy Foods

Access to Healthy Foods — Secondary Data Score: 1.92

Key Themes from Community Input

- 28.6% of survey respondents worried their food would run out before they had money to buy more
- 12.9% of survey respondents received emergency food from a church, food pantry or food bank in the past 12 months
- Affordability and accessibility: processed food can be less expensive and more accessible
- Food insecurity is an ongoing issue; increasing food prices and wages are not keeping up
- Built environment is not conducive to healthy food options
- Transportation can be a barrier to access food

Warning Indicators

- Farmers Market Density
- Food Environment Index
- Households with No Car and Low Access to a Grocery Store
- Low-Income and Low Access to a Grocery Store
- People with Low Access to a Grocery Store

Secondary Data

Secondary data for Access to Healthy Foods included Nutrition and Healthy Eating data scoring. Nutrition and Healthy Eating had the 6th highest data score of all topic areas. Further analysis was done to identify specific indicators of concern, which include indicators with high data scores (scoring at or above the threshold of 1.70) and seen in **Figure 47**. See Appendix A for the full list of indicators categorized within this topic.

Figure 47: Data Scoring Results for Nutrition and Healthy Eating

SCORE	Nutrition and Healthy Eating	Hardee County	HP2030	Florida	U.S.	Florida Counties	U.S. Counties	Trend
2.19	Food Environment Index (2022)	6.6	--	7	7.8			
2.00	Households with No Car and Low Access to a Grocery Store (2015) Percent	5.6	--		--			---
2.00	Low-Income and Low Access to a Grocery Store (2015) Percent	22.1	--		--			---
2.00	People with Low Access to a Grocery Store (2015) Percent	35.3	--		--			---
1.83	Farmers Market Density	0	--		--	---	---	

	(2018) Markets/1,000 population							

*HP2030 - Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. HP2030 represents a Healthy People target to be met by 2030.

The worst-performing indicators within this topic category are Food Environment Index, Households with No Car and Low Access to a Grocery Store, Farmers Market Density, Low Income and Low access to Grocery store and farmers Market density are poorly performing indicators that measure food access. HCI's Food Insecurity Index®, discussed earlier in this report, can be used to help identify geographic areas of low food accessibility within Hardee County.

Community Feedback

In addition to being a significant need area identified in the secondary data analysis, Access to Healthy Food was also a significant health need identified by community members as survey respondents and focus group participants.

Community Survey Findings

The community health survey implemented in in Hardee County included questions about diet and exercise, as well as food insecurity. The following data highlights key findings from the survey respondents.

Figures 28 to 30 shows the percentages of survey respondents reporting experiencing food insecurity in the last year. While the majority of respondents reported never experiencing food insecurity in the last year, there were smaller percentages of respondents who had. Overall, 28.6% of respondents reported worrying at some point about whether their food would run out before they had money to buy more in the last year (**Figure 48**). The percentage of respondents reporting that the food they bought just did not last before they had money to get more was 20.7% (**Figure 49**). Finally, 12.9% of respondents reported that they or someone living in their home had received emergency food from a church, a food pantry, or a food bank, or ate in a soup kitchen in the last 12 months (**Figure 50**).

Figure 48. Percent of survey respondents who reported worrying about whether their food would run out before they got money to buy more in the past 12 months (N = 63)

- Often true: 4.8%
- Sometimes true: 23.8%
- Never true: 71.4%
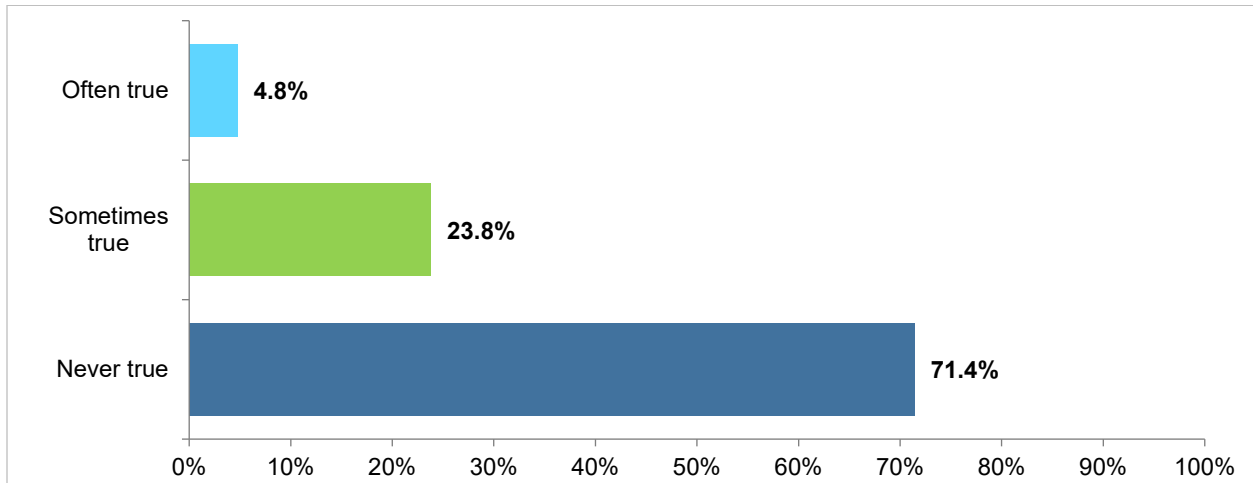
Figure 49. Percent of survey respondents who reported that the food they bought just did not last before they had money to get more (N = 63)

- Often true: 3.2%
- Sometimes true: 17.5%
- Never true: 79.4%
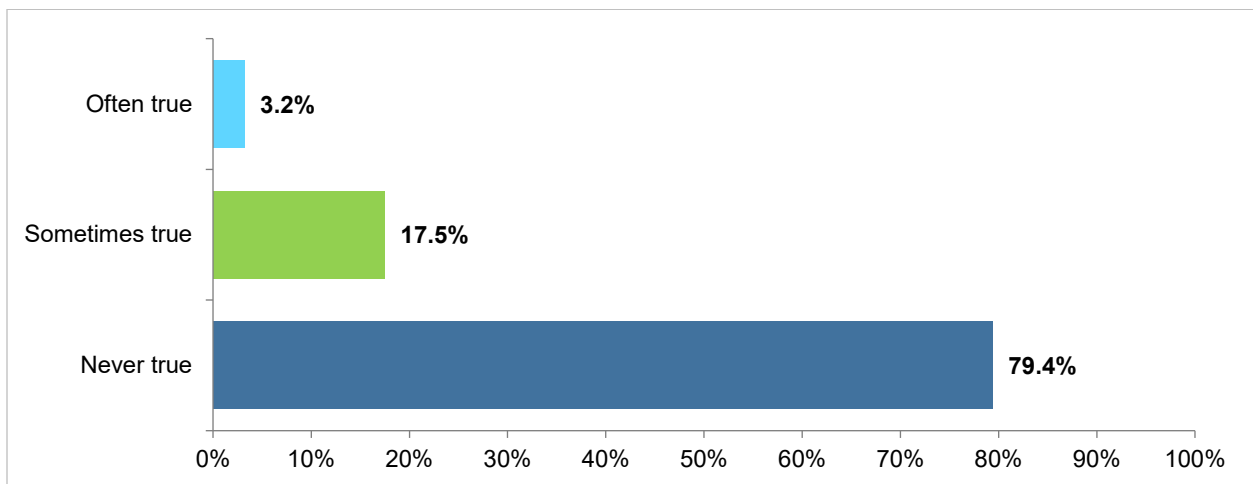
Figure 50. Percent of survey respondents who reported that they or someone living in their home had received emergency food from a church, a food pantry, or a food bank, or ate in a soup kitchen in the last 12 months (N = 62)

Yes — 12.9%
No — 87.1%
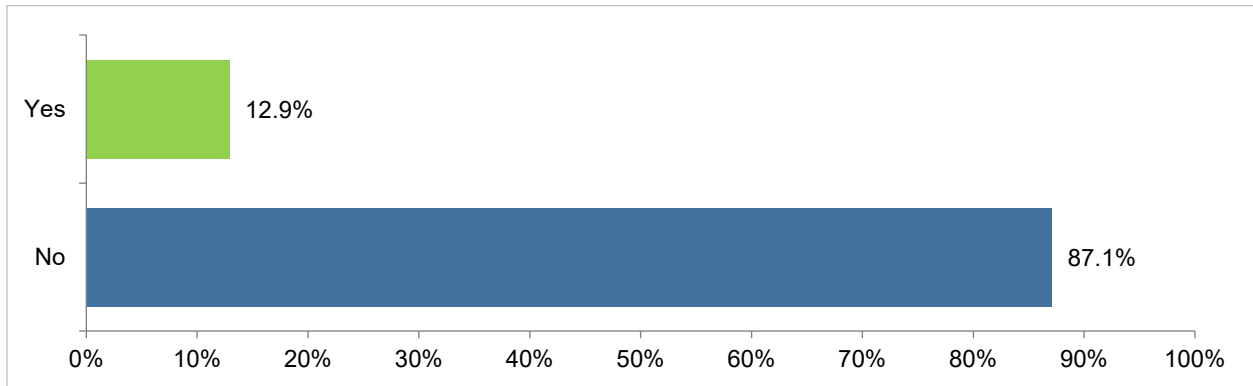
Figure 51 shows the percentage of survey respondents in Hardee County reporting eating at least five cups of fruits or vegetables every day. The majority of respondents (77.8%) reported that they had not eaten that quantity of fruits and vegetables each day.

Figure 51. Percent of survey respondents who reported eating at least five cups of fruits or vegetables every day (N = 63)

Yes — 22.2%
No — 77.8%
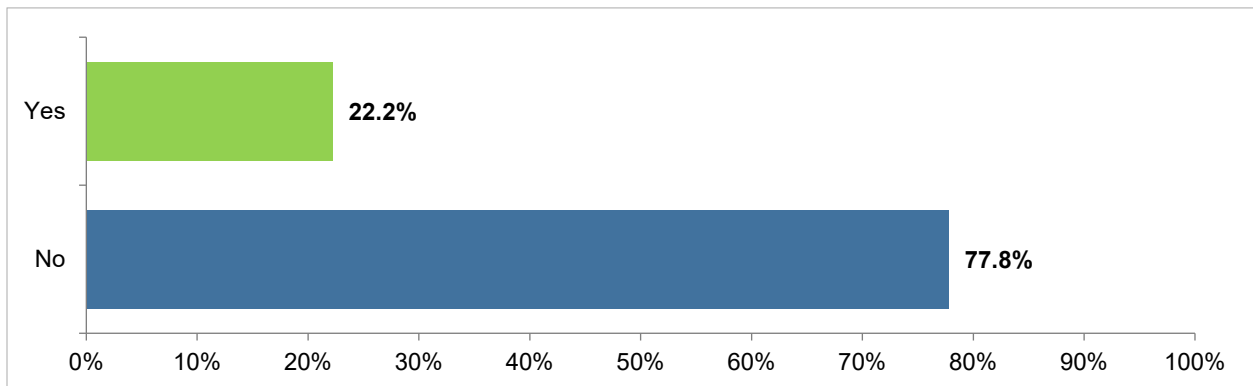
Qualitative Data Findings: Focus Groups

In general, focus group participants discussed the affordability and accessibility of healthy food in their communities. They expressed their concerns that food insecurity is an ongoing issue and that increasing food prices combined with stagnant wages only make it worse. They also mentioned that processed food or fast food can often be less expensive than healthier options. Participants further recognized that local organizations such as food banks and churches were trying to increase their support services to meet the growing nutritional needs in the county but that they are unable to fill in all the gaps.

In relation to accessibility, community members discussed that sometimes communities themselves are not built to support healthy food access. Participants recognized that neighborhoods vary in what resources are available and that a lack of reliable and affordable transportation can be a barrier to food access. The quotes below further illustrate the points of discussion made by focus group participants.

> Food prices are increasing and wages are just not keeping up.
> - Focus Group Participant

> There is no access to healthy foods as the built environment is not conducive to healthy food options, or healthy food stores.
> - Focus Group Participant

Prioritized Health Topic #2: Access to Quality Healthcare

Access to Healthcare

Secondary Data Score: **1.98**

Key Themes from Community Input

- 39.1% of survey respondents accessed care in the ER for non-emergency care
- 21.7% of survey respondents needed dental care in the last 12 months but didn't receive care needed
- Cost/financial concerns, trust in providers, lack of/limited insurance, inability to take time off work, awareness and difficulties navigating the health system were cited as major barriers to care
- Non-English speakers have particular difficulties signing up for health insurance/ filling out paperwork at offices

Warning Indicators

- Adults who have had a Routine Checkup
- Adults who Visited a Dentist
- Adults with a Usual Source of Health Care
- Adults without Health Insurance
- Adults 65+ without Health Insurance
- Clinical Care RankingPrimary Care Provider Rate
- Mental Health Provider Rate
- Non-Physician Primary Care Provider Rate

Secondary Data

From the secondary data scoring results, Health Care Access & Quality had the 3rd highest data score out of all topic areas, with a score of 1.98. Further analysis was done to identify specific indicators of concern. Those indicators with high data scores (scoring at or above the threshold of 1.70) were categorized as indicators of concern and are listed in **Figure 52** below. See Appendix A for the full list of indicators categorized within this topic.

Figure 52: Data Scoring Results for Health Care Access & Quality

SCORE	Health Care Access & Quality	Hardee County	HP2030	Florida	U.S.	Florida Counties	U.S. Counties	Trend
2.25	Adults who Visited a Dentist (2018) Percent	48.5	--	--	66.5			---

2.25	Adults without Health Insurance (2019) Percent	40.6	--	--	13	[gauge]	[gauge]	---
2.25	Primary Care Provider Rate (2019) Providers/100,00 population	11	--	73	--	[gauge]	[gauge]	[red down arrow]
2.11	Non-Physician Primary Care Provider Rate (2021) Providers/100,00 population	45	--	134	--	[gauge]	[gauge]	[green up arrow]
2.08	Adults who have had a Routine Checkup (2019) Percent	73.1	--		76.6	[gauge]	[gauge]	---
1.97	Adults 65+ without Health Insurance (2016-2020) Percent	0.9	--	1.2	0.8	[gauge]	[gauge]	[red up arrow]
1.83	Adults with a Usual Source of Health Care (2017-2019) Percent	66.1	--	72	--	[gauge]	---	---
1.83	Mental Health Provider Rate (2021) Providers/100,00 population	22	--	183	--	[gauge]	[gauge]	[green up arrow]
1.75	Clinical Care Ranking (2022)	56	--		--	[gauge]	---	---

HP2030 - Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. HP2030 represents a Healthy People target to be met by 2030.

Adults who visited a Dentist and Adults without Health Insurance as well as the Primary Care Provider rate are the top areas of concern related to Health Care Access & Quality in Hardee County. The percentage of adults who visited a Dentist in Hardee County is (48.5%), which falls in the lower 25% of counties in the nation. The indicator Adults without Health Insurance shows the percentage of adults aged 18-64 that do not have any kind of health insurance coverage. The value for Hardee County at 40.6%, falls in the lower 25% of counties in the state and nation. Furthermore, the rate of Primary Care Providers in Hardee County is 11 providers/100,000 population. The trend over time indicates that this is an increasing area of concern. HCI's Health Equity Index®, discussed earlier in this report, can be used to help identify geographic areas where residents are expected to experience greater burdens related to preventable health issues within Hardee County.

Community Feedback

In addition to being a significant need area identified in the secondary data analysis, Access to Quality Healthcare was also a significant health need identified by respondents in the community health survey as well as community members who served as focus group participants.

Community Survey Findings

Medical costs in the United States are extremely high, so people without health insurance may not be able to afford medical treatment or prescription drugs. They are also less likely to get routine checkups and screenings, so if they do become ill they will not seek treatment until the condition is more advanced and therefore more difficult and costly to treat. Many small businesses are unable to offer health insurance to employees due to rising health insurance premiums.

Figure 53 shows the percentages of survey respondents reporting how they pay for most of their healthcare. While the majority of respondents reporting having commercial health insurance through their employer, there was still 7.1% of respondents reported not having health insurance and/or paying for their care with cash. The higher percentage of respondents reporting their insurance coverage being provided through their employer also highlights

the connection between access to healthcare and having employment that provides these types of benefits.

Figure 53. Percent of respondents reporting how they pay for most of their healthcare (N = 70)

Payment method	Percent
I pay cash / I don't have insurance	7.1%
Medicare or Medicare HMO	11.4%
Veteran's Administration	1.4%
County health plan	10.0%
TRICARE	1.4%
Indian Health Services	0.0%
Commercial health insurance (from Employer)	60.0%
Marketplace insurance plan	1.4%
I pay another way (please specify):	4.3%
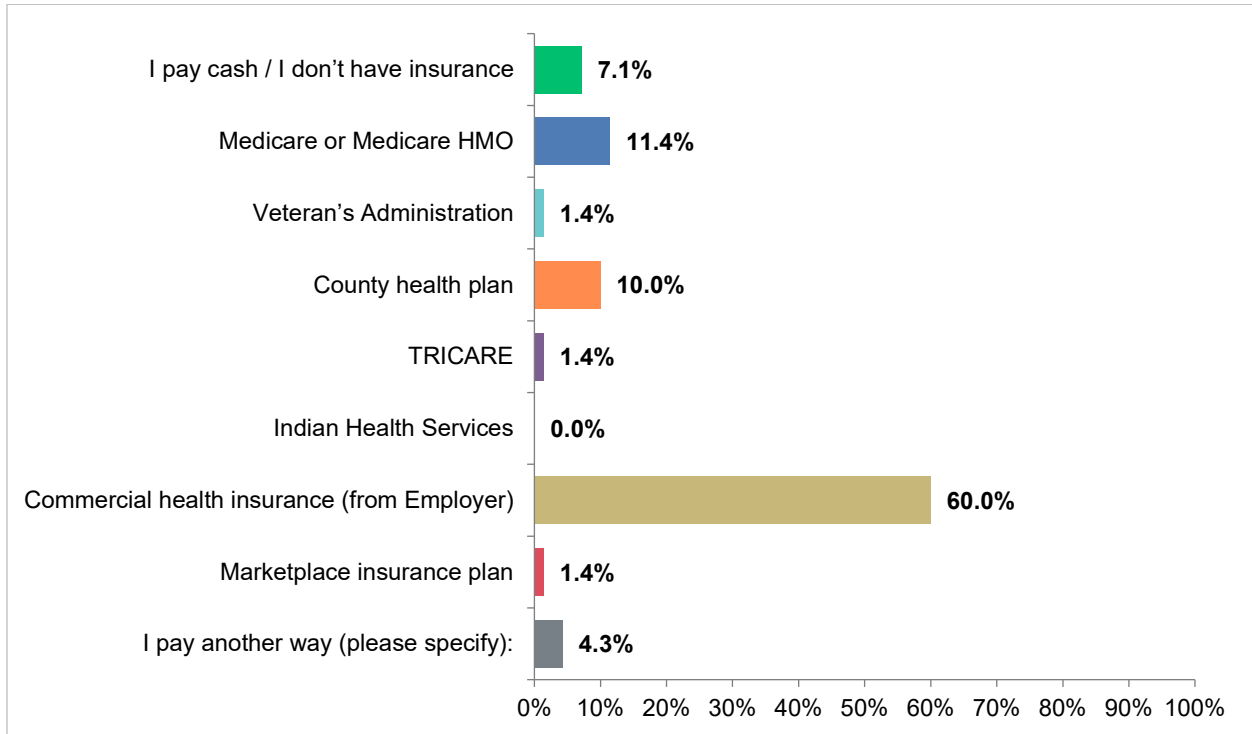
People who lack a regular source of health care may not receive the proper medical services when they need them. This can lead to missed diagnoses, untreated conditions, and adverse health outcomes. People without a regular source of health care are less likely to get routine checkups and screenings. When they become ill, they generally delay seeking treatment until the condition is more advanced and therefore more difficult and costly to treat. Young children and elderly adults are most likely to have a usual source of care, whereas adults aged 18 to 64 years are the least likely. Maintaining regular contact with a health care provider is especially difficult for low-income people, who are less likely to have health insurance. This often results in emergency room visits, which raises overall costs and lessens the continuity of care.

Figure 54 shows the percentage of survey respondents needing medical care in the last 12 months who didn't receive the care they needed. There were 14.5% of respondents who reported being unable to access the care they needed. 85% responded no, there was <u>not</u> a time in the past 12 months when they needed medical care but did not get the care they needed.

Figure 54. Percent of respondents who needed medical care in the last 12 months who didn't receive the care they needed (N = 62)
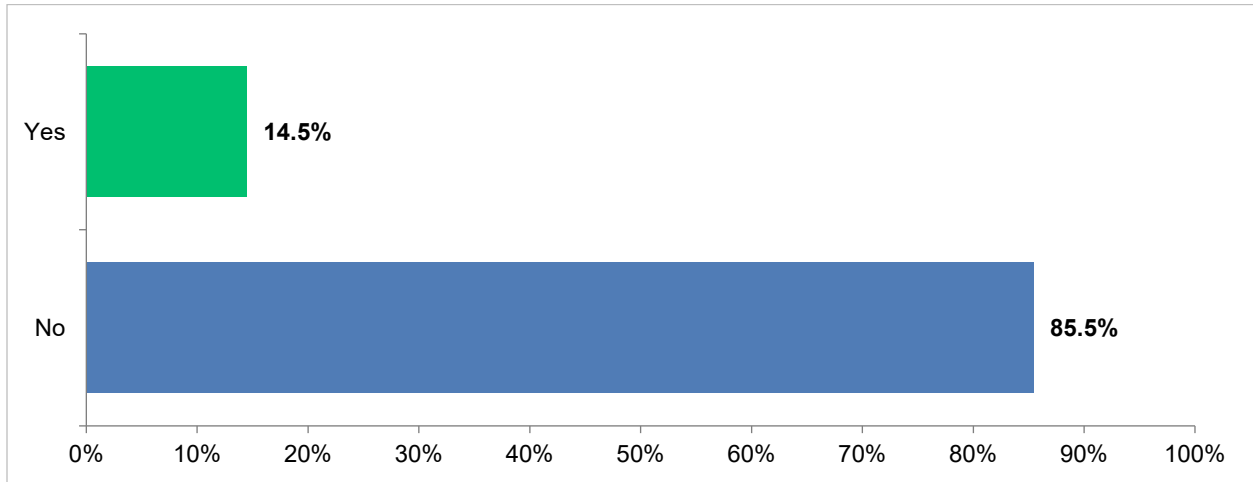
The top reasons cited for being unable to access healthcare were:
- Cost
- Inability to schedule an appointment
- Inability to take the necessary time away from work
- Inability to find a doctor who takes their insurance
- Not having health insurance that covered the needed care

Oral health has been shown to impact overall health and well-being. Given the health consequences related to untreated tooth decay or cavities, it is important to maintain good oral health. General recommendations are for adults and children see a dentist on a regular basis. Professional dental care helps to maintain the overall health of the teeth and mouth, and provides for early detection of pre-cancerous or cancerous lesions. Maintaining good oral health by using preventive dental health services is one way to reduce oral diseases and disorders.

Figure 55 shows the percentage of survey respondents who reported needing dental care in the last 12 months who didn't receive the care they needed. There were 21.7% of respondents who reported being unable to access the dental care they needed.

Figure 55. Percent of respondents who needed dental care in the last 12 months who didn't receive the care they needed (N = 62)
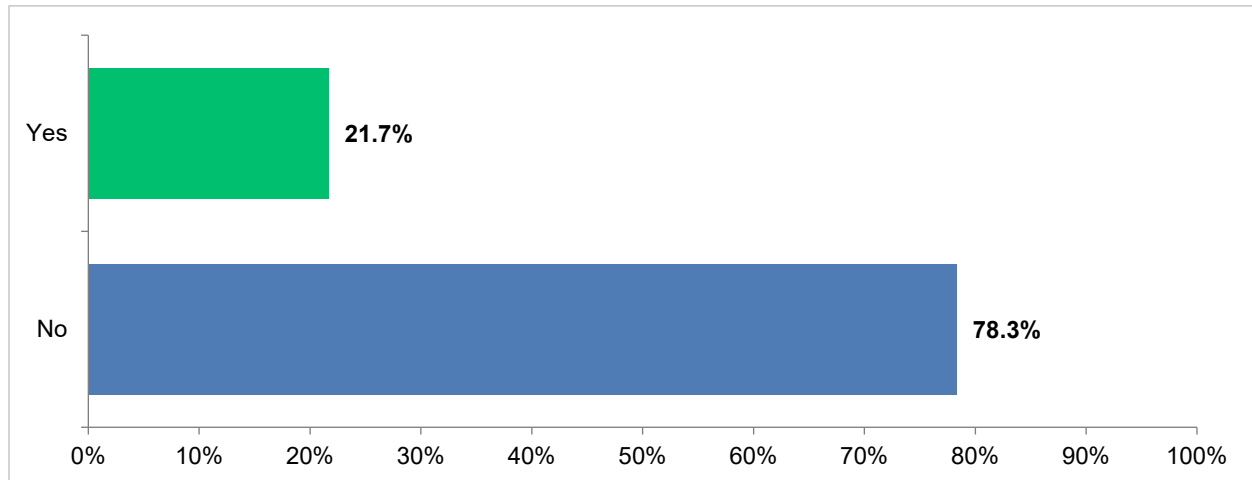

The top reasons cited for being unable to access dental care were:
- Cost
- Not having health insurance that covers dental care
- Inability to schedule an appointment

Figure 56 shows the percentage of survey respondents reporting the number of times they have gone to a hospital emergency room (ER) about their own health in the last 12 months. While the majority of those who accessed care in the ER in the last year had done so because of emergency and/or life-threatening situations, 39.1% of respondents reported accessing care in the ER for non-emergency care. The most common reasons they cited were the need to access care after "normal business hours" or on the weekend or that they did not have a primary care doctor of their own.

Figure 56. Percent of respondents reporting the number of times they have gone to a hospital emergency room (ER) about their own health in the last 12 months (N = 60)
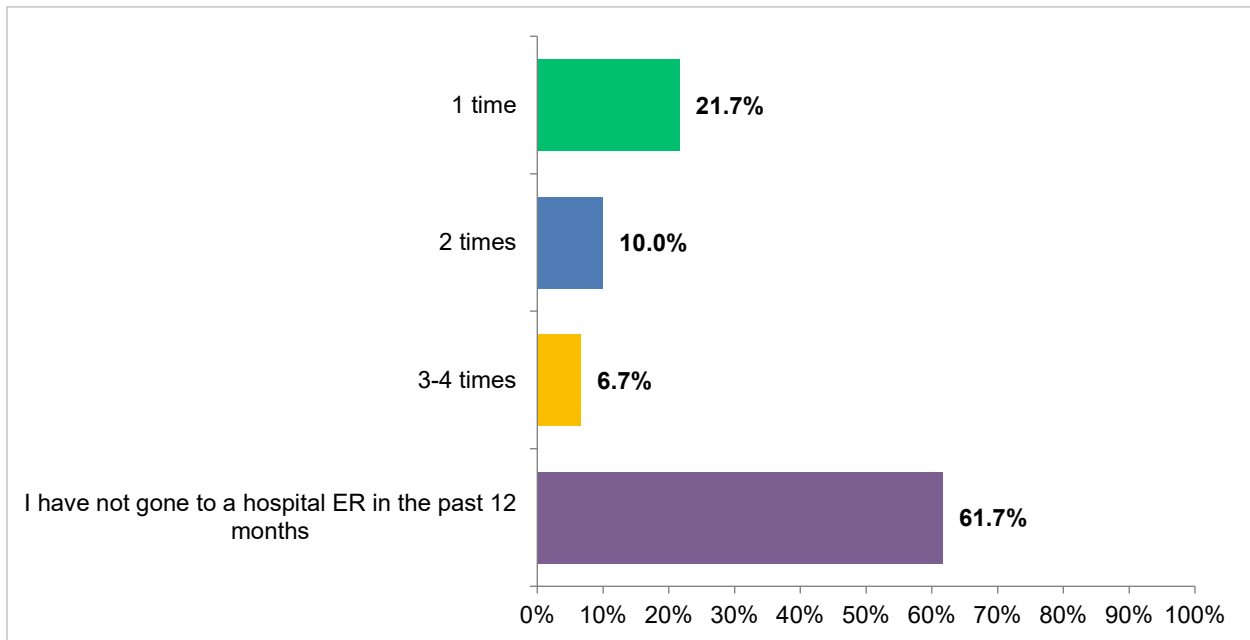
Qualitative Data Findings: Focus Groups

Focus group participants further emphasized many of the key points related to access to quality healthcare raised by survey respondents, including discussing the importance of affordability and/or insurance to accessing healthcare. Cost was identified as a barrier to care for by a number of survey respondents. Focus group participants specifically discussed how the lack of health insurance or being underinsured limited access to care. Some participants further explained challenges when the care they sought did not fall within their insurance or Medicaid coverage limits. Other community members mentioned specific barriers related to providers, such as when specific providers do not accept the insurance they do have.

Participants also discussed the need to "meet the community where they are", as well as the need to build better trust between provides and their patients. They advocated for communicating in a way that can be understood by everyone, even "those with lower educational achievement or those who speak other languages". They also identified the need to offer more culturally competent care. Long wait times and few appointment opportunities outside people's Monday through Friday, 9am to 5pm work schedules were discussed an additional area that needed to be addressed in order to broaden access opportunities.

Participants also discussed the need to better educate people on what services are available and that organizations and providers need a way to better understand what happens when referrals are made for services. They pointed out that often, it is not understood if individuals referred to care actually receive the care and/or support they need.

Finally, another important barrier to care that was mentioned included access to transportation to reach needed services. Participants argued that there has been a "failure to prioritize funding for transit at the local, state, and federal level" that has resulted in difficulty accessing resources like healthcare, nutritious food, or specialty care. Access to internet was also specifically discussed. Participants pointed out that the lack of internet can be a barrier to accessing resources or utilizing care offered through Telehealth options. The quotes below further illustrate the points of discussion made by focus group participants.

> " We need to educate people on what services are available and what happens when we make referrals. "
> - Focus Group Participant

> " Improved health communication is needed. Communicating in a way that can be understood by all, even those with lower educational achievement or those who speak other languages. "
> - Focus Group Participant

Prioritized Health Topic #3: Behavioral Health (includes Mental Health & Mental Disorders and Substance Use & Misuse)

Mental Health & Mental Disorders

Secondary Data Score: **1.79**

Key Themes from Community Input

- 11.5% of survey respondents reported needing mental healthcare in the last 12 months but not receiving it
- Mental toll of racism
- Social isolation became more pronounced during COVID-19
- Fear of family or community opinion, unable to pay for care, and unsure of how to find a doctor or counselor were cited as top barriers preventing care

Warning Indicators

- Age-Adjusted Death Rate due to Suicide
- Alzheimer's Disease or Dementia: Medicare Population
- Mental Health Provider Rate
- Poor Mental Health: 14+ Days
- Self-Reported General Health Assessment: Good or Better

Substance Use/Misuse

Secondary Data Score: **1.51**

Key Themes from Community Input

- 8.5% of survey respondents reporting using any of the following products: chewing tobacco, snuff, dip, cigarettes, cigars or little cigars more than once a day
- Addictive behaviors affecting all aspects of life
- Adolescent drug misuse-cocaine, marijuana laced with fentanyl
- Homeless populations have some issues with mental health and substance use disorders

Warning Indicators

- Adolescents who Use Electronic Vaping: Lifetime
- Adolescents who Use Electronic Vaping: Past 30 Days
- Adults who Smoke
- Adolescents who Use Smokeless Tobacco: Lifetime
- Adolescents who Use Smokeless Tobacco: Past 30 Days
- Alcohol-Impaired Driving Deaths
- Health Behaviors Ranking
- Teens who Binge Drink: High School Students
- Teens who have Used Methamphetamines
- Teens who Use Alcohol

Secondary Data

The significant health need areas of Mental Health & Mental Disorders and Substance Use & Misuse were combined into the general prioritized health area of behavioral health.

Mental Health & Mental Disorders

From the secondary data scoring results, Mental Health & Mental Disorders had the 15th highest data score out of all topic areas with a score of 1.79. Further analysis was done to identify specific indicators of concern, which include indicators with high data scores (scoring at or above the threshold of 1.70). These indicators are shown in **Figure 57**. See Appendix A for the full list of indicators categorized within this topic.

Figure 57: Data Scoring Results for Mental Health & Mental Disorders

SCORE	Mental Health & Mental Disorders	Hardee County	HP2030	Florida	U.S.	Florida Counties	U.S. Counties	Trend
2.31	Age-Adjusted Death Rate due to Suicide (2019) deaths/ 100,000 population	19.9	12.8	15.3	14.2		--	--
2.25	Poor Mental Health: 14+ Days (2019) percent	18.3	--	--	13.6			--
2.08	Alzheimer's Disease or Dementia: Medicare Population (2018) percent	11.4	--	12.6	10.8			
2.00	Self-Reported General Health Assessment: Good or Better percent	71.6	--	80.3	--		--	--
1.83	Mental Health Provider Rate (2021) Providers/100,000 Population	22	--	183	--			

HP2030 - Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. HP2030 represents a Healthy People target to be met by 2030.

Death Rate due to Suicide and Poor Mental Health: 14+ days are top areas of concern related to Mental Health & Mental Disorders in Hardee County. Age-Adjusted Death Rate due to Suicide in Hardee County is 19.9 deaths/100,000 population. It indicates an area of concern in the community as it is higher compared to the HP 2030 target value of 12.8 deaths/100,000 population. It is also higher than the rate for the state of Florida (15.3) and the national rate (14.2). Additionally, the indicator Poor Mental Health: 14+ days shows the percentage of adults who stated that their mental health was not good 14 or more days in the past month. The value for Hardee County, 18.3%, falls in the lower 25% of counties for the state and nation. HCI's Mental Health Index®, discussed earlier in this report, can be used to help identify geographic areas where social determinants and health factors are correlated with higher rates of self-reported poor mental health. This information allows for visualization of hyperlocal areas at greatest risk of poor mental health outcomes, helps justify and validate investments for prevention and early intervention, as well as informing opportunities for policy and intervention at the regional level.

Substance Use & Misuse

Substance Misuse is a health topic that is analyzed from two secondary data health topics, i.e., Alcohol, Drug Use, and Tobacco Use. From the secondary data scoring results, Alcohol & Drug Use ranked 24th and Tobacco Use ranked 16th out of all the topic areas, with scores of 1.51 and 1.77, respectively. Further analysis was done to identify specific indicators of concern in both areas. Those indicators with high data scores (scoring at or above the threshold of 1.70) were categorized as indicators of concern and are listed in **Figures 58 and 59** below. See Appendix A for the full list of indicators categorized within this topic.

Figure 58: Data Scoring Results for Alcohol & Drug Use

SCORE	ALCOHOL & DRUG USE	Hardee County	HP2030	Florida	U.S.	Florida Counties	U.S. Counties	Trend
2.00	Teens who Binge Drink: High School Students (2020) percent	12.9	--	9.2	--		--	--
1.86	Teens who have Used Methamphetami	2.6	--	0.8	--	--	--	--

	nes (2016) percent							
1.83	Alcohol-Impaired Driving Deaths (2016-2020) percent	27.7	28.3	22	27	(gauge)	(gauge)	(↓)
1.83	Teens who Use Alcohol (2020) percent	23.3	--	19.9	--	(gauge)	--	--
1.75	Health Behaviors Ranking (2022)	52	--	--	--	(gauge)	--	--

*HP2030 - Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. HP2030 represents a Healthy People target to be met by 2030.

From the secondary data results, there are several indicators within the Alcohol and Drug Use topic area that raise concerns for Hardee County. The worst performing indicator under this health topic is Teens who Binge Drink. This indicator shows the percentage of Teens: High School students who reported binge drinking at least once during the 30 days prior to the survey. Male binge drinking is defined as five or more drinks on one occasion, and female binge drinking is four or more on one occasion. In Hardee County, 12.9% of teens reported binge drinking, which is higher than the state value of 9.2%. Furthermore, the percentage of teens who have used Methamphetamine in Hardee County is 2.6% compared to that of the state (0.8%). Finally, the percentage of Alcohol impaired Driving Deaths is higher in Hardee County (27.7%) than the state of Florida (22%).

Table 59: Data Scoring Results for Tobacco Use

SCORE	TOBACCO USE	Hardee County	HP2030	Florida	U.S.	Florida Counties	U.S. Counties	Trend
2.00	Adolescents who Use Electronic Vaping: Lifetime (2016) percent	30.6	--	24.5	--	--	--	--
2.00	Adolescents who Use Electronic Vaping: Past 30 Days (2016) percent	16.8	--	11.6	--	--	--	--
2.00	Adults who Smoke (2019) percent	21.9	5	--	15.3			--
1.83	Adolescents who Use Smokeless Tobacco: Lifetime (2016) percent	10.4	--	5	--	--	--	--
1.83	Adolescents who Use Smokeless Tobacco: Past 30 Days (2016) percent	4.2	--	2.2	--	--	--	--

*HP2030 - Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. HP2030 represents a Healthy People target to be met by 2030.

From the secondary data results, several indicators in the Tobacco Use topic area raises concern for Hardee County. For example, the indicator Adolescents who Use Electronic Vaping: Lifetime Use, showing the percentage of 6th-12th grade students who have used electronic vaping prior to the survey is higher (30.6%) compared to the state of Florida (24.5%). Additionally, the indicator Percentage Adolescents who Use Electronic Vaping: Past 30 days for Hardee county (16.8%) is higher than the state (11.6%). The Adults who Smoke indicator shows the percentage of adults who currently smoke cigarettes. Hardee County has higher percentage of adults who smoke cigarettes at 21.9% compared to the national percentage at 15.3.

Community Feedback

In addition to being a significant need area identified in the secondary data analysis, Mental Health & Mental Disorders and Substance Use & Misuse were also a significant health needs identified by respondents in the community health survey as well as community members who served as focus group participants.

Community Survey Findings

Mental Health & Mental Disorders

Psychological distress can affect all aspects of our lives. It is important to recognize and address potential psychological issues before they become critical. Occasional down days are normal, but persistent mental/emotional health problems should be evaluated and treated by a qualified professional. Delays in mental health treatment can lead to increased morbidity and mortality, including the development of various psychiatric and physical comorbidities. In addition, it can lead to the adoption of life-threatening and life-altering self-treatments like substance abuse.

Figure 60 shows the percentage of respondents reporting how often they had thoughts that they would be better off dead or of hurting themselves in some way in the last 12 months. While the majority of respondents reported that they hadn't had these thoughts at all in the last year (88.9%), 4.8% reported having these thoughts on several days, another 4.8% reported having these thoughts on more than half the days, and another 1.6% reported having these thoughts nearly every day.

Figure 60. Percent of respondents reporting how often they had thoughts that they would be better off dead or of hurting themselves in some way in the last 12 months (N = 63)
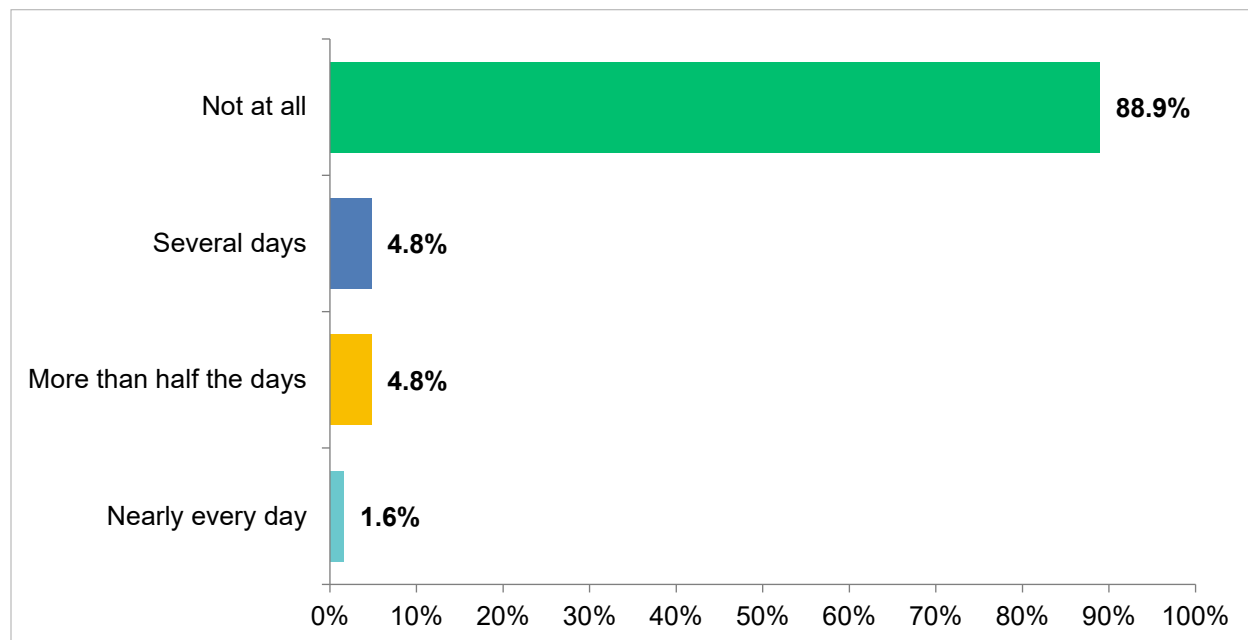
Respondents were also asked to report if they had been diagnosed with any particular illnesses by their doctor or medical provider. There were 22.4% of respondents who reported that a doctor or medical provider had diagnosed them with depression and/or anxiety.

Figure 61 shows the percentage of survey respondents who reported needing mental health care in the last 12 months who didn't receive the care they needed. There were 11.5% of respondents who reported being unable to access the mental health care they needed.
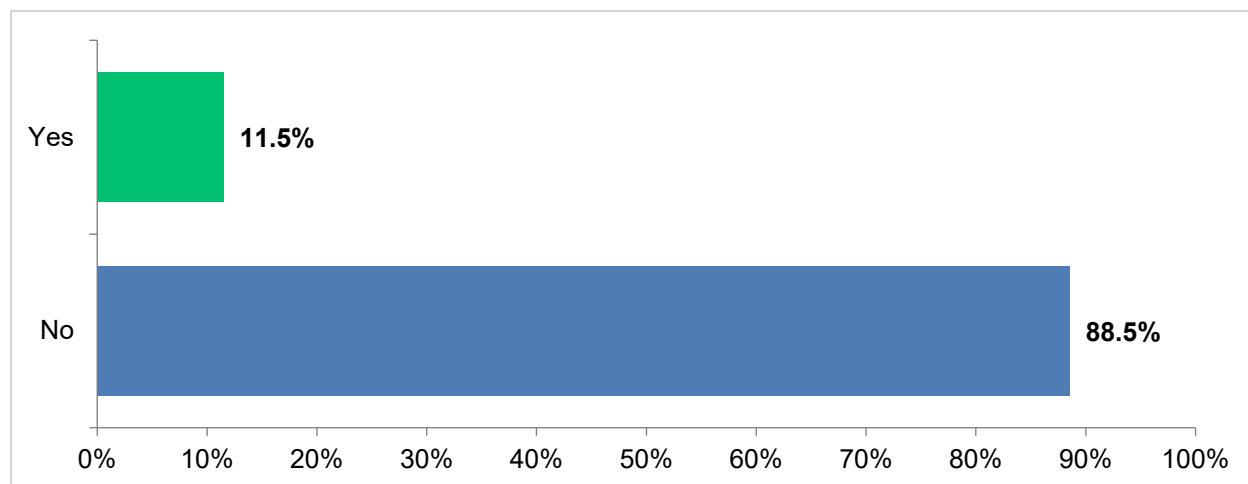
The top reasons cited for being unable to access mental health care were:
- Inability to pay for care
- Fear of family or community opinion
- Unsure of how to find a doctor or counselor

Finally, Research has shown that individuals who experience four or more Adverse Childhood Experiences or ACES before the age of age are at an increased risk for developing seven out of the ten leading causes of death in adults including: heart disease, stroke, cancer, chronic obstructive pulmonary disease (COPD), diabetes, Alzheimer's and suicide[12]. ACES are defined as potentially traumatic events such as violence and abuse that occur in childhood.

A total of 33.0% of survey respondents reported experiencing 4 or more ACES. **Figure 62** shows the percentage of respondents by the number of ACES they reported experiencing before age 18.

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[12] Centers for Disease Control (2021). Adverse Childhood Experiences (ACES): Preventing early trauma to improve adult health. Accessed from https://www.cdc.gov/vitalsigns/aces/index.html
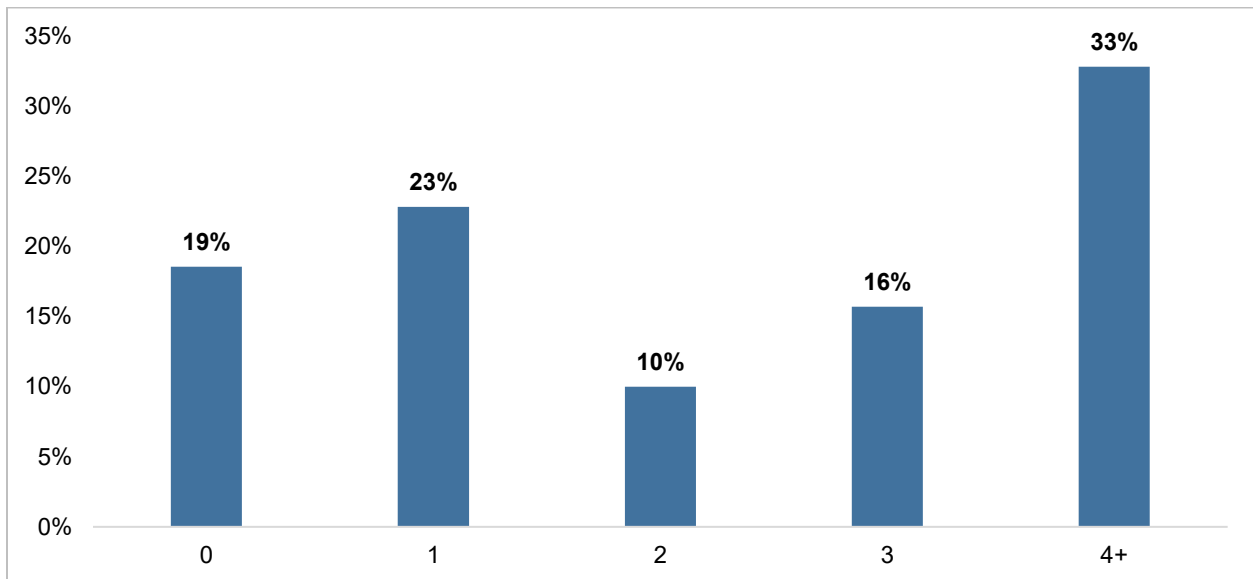
The top five most common ACES respondents reported experiencing were:
1. Living with anyone who was depressed, mentally ill, or suicidal
2. Living with anyone who was a problem drinker or alcoholic
3. Having parent(s) who were separated or divorced
4. Having parent(s) or adults who verbally harmed them (swear, insult, or put down)
5. Having parent(s) or adult who physically harmed them (slap, hit, kick, etc.)

Qualitative Data Findings: Focus Groups

Mental Health & Mental Disorders

One key theme that came from focus group discussions related to mental health was that the health care system should be more proactive in screening for mental health and connecting people to resources early. Others discussed how the system for providing mental health services is fragmented. They mentioned that sometimes available resources such as the mental health hotline is not encouraged enough and that often there is no follow-up once a call is made. Participants further pointed out that access to facilities where individuals are referred to can be difficult to access because they are too far away.

Focus group participants also acknowledged the on-going impact of COVID-19 to the general mental health and wellbeing in their community. They discussed that social isolation had become more of an issue during the pandemic and that this isolation had negative impacts on mental health.

Another barrier that was discussed was that stigma towards discussing mental health with family or peers or for accessing support and care for mental health needs still exist in some communities and that doing so can be considered taboo.

The mental toll of racism was also lifted up as negatively impacting the mental health of black and brown communities. Focus group participants specifically mentioned laws that were created that "strike fear and create prolonged stress" in communities and how these can have a long-term, fatal impact on health. They also discussed how historically, oppression has been "woven into pollical systems" resulting in a feeling of "hopelessness and despair". They also mentioned how microaggressions can negatively impact health, causing stress and aiding in the development of chronic health conditions.

The need for accessible, culturally competent care was also advocated for. Some participations mentioned that migration status does not qualify some individuals for insurance coverage if they need mental health counseling. Others mentioned that often times there are issues with mental health and substance use disorders among the homeless population that need to be addressed. The quote below further illustrates the points of discussion made by focus group participants.

> Many Hispanic households do not advocate talking about feelings. There is still a stigma around seeking mental health.
> - Focus Group Participant

Community Survey Findings

Substance Use & Misuse

Figure 63 shows the percentage of respondents reporting how often they used any of the following products: chewing tobacco, snuff, snus, dip, cigarettes, cigars, or little cigars. The majority of respondents (91.5%) reported they did not use any of the listed products. There were 8.5% of respondents who reported using one or more of the listed tobacco products more than once a day.

Figure 63. Percentage of respondents reporting how often they used any of the following products: chewing tobacco, snuff, snus, dip, cigarettes, cigars or little cigars (N = 59)
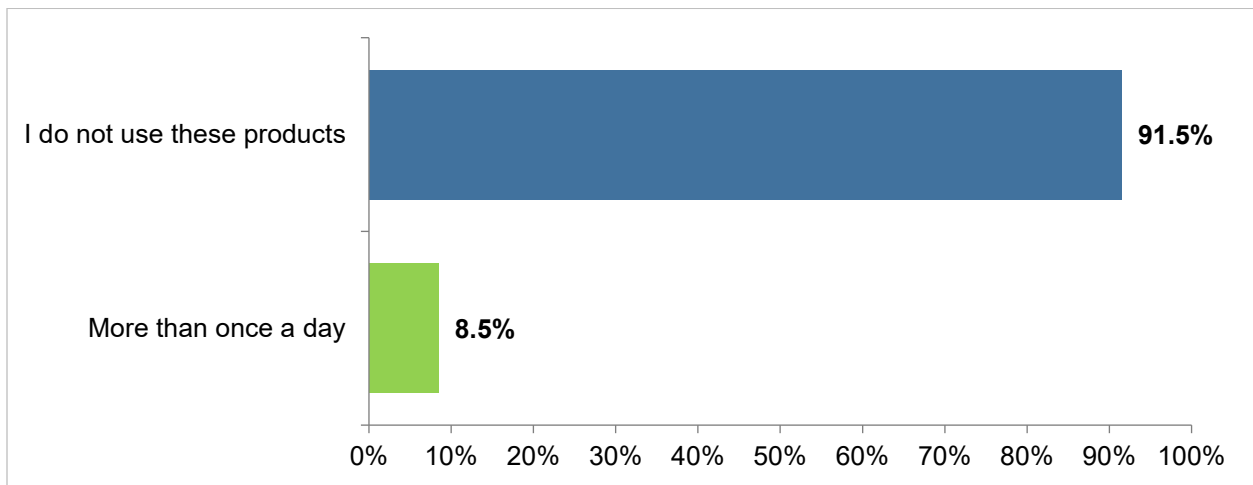
Figure 64 shows the percentage of respondents reporting how often they used any of the following electronic vapor products: e-cigarettes, e-cigars, e-hookahs, e-pipes, hookah pens, vape pipes, and vape pens (96.6%) reported they did not use any of the listed products. There were 3.4% of respondents who reported using one or more of the listed vape products more than once a day.

Figure 65. Percentage of respondents reporting how often they used any of the following electronic vapor products: e-cigarettes, e-cigars, e-hookahs, e-pipes, hookah pens, vape pipes, and vape pens (N = 59)
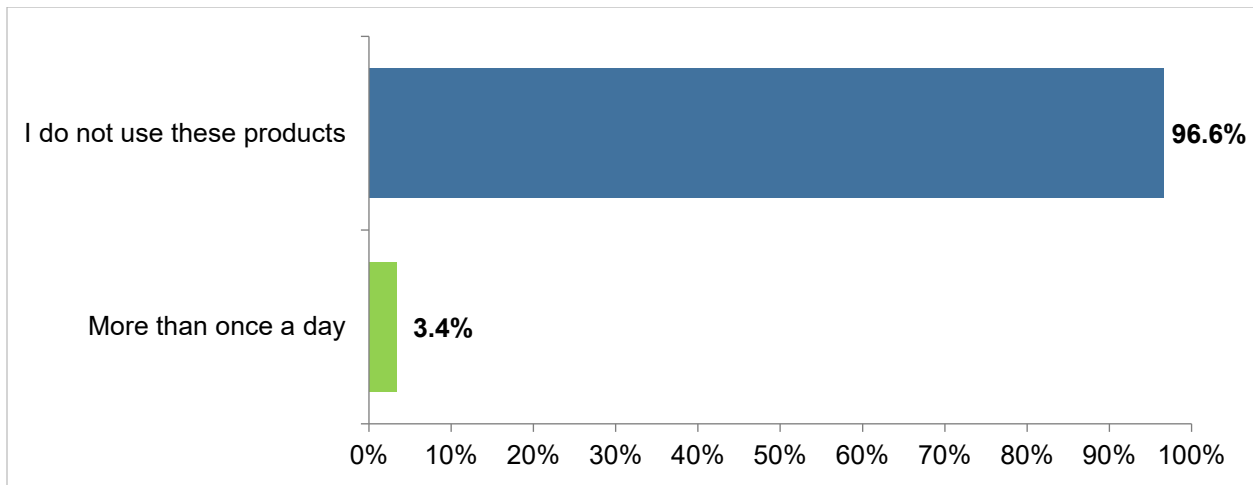
Qualitative Data Findings: Focus Groups

Substance Use & Misuse

While substance use wasn't discussed as robustly as other health topics presented, it was identified as a key issue that needed to be address in the community by focus group participants. Focus group participants recognized that addictive behaviors could affect all aspects of life for an individual as well as their family. They also discussed issues of drug misuse among adolescents, specifically the use of cocaine and the increasing danger of marijuana laced with fentanyl. The quote below further illustrates the points of discussion made by focus group participants.

> " Adolescent drug misuse including cocaine is a huge problem here. Also, fentanyl is being used to lace other drugs such as marijuana. "
> - Focus Group Participant

Prioritized Health Topic #4: Economy (Economic Stability)

Economy ——————————————— Secondary Data Score: **2.00**

Key Themes from Community Input

- 17.1% of families in Hardee County live below the poverty level. This is higher than both the state value of 9.3% and the national value of 9.1%
- Job availability is scarce and low wage jobs not appealing for community members
- Increasing food prices and wages are not keeping up
- Housing Costs: cost of housing, repair costs, wait list for funded houses is long, rent is rising, and people are unable to afford their houses/apartments

Warning Indicators

- Homeowner Vacancy Rate
- Median Household Income: Householders 65+
- People 65+ Living Below Poverty Level
- Youth not in School or Working
- People Living Below Poverty Level
- Per Capita Income
- Children Living Below Poverty Level
- Families Living Below Poverty Level
- Median Household Income
- People Living 200% Above Poverty Level
- Students Eligible for the Free Lunch Program
- Child Food Insecurity Rate
- Food Insecurity Rate
- Persons with Disability Living in Poverty (5-year)

- Households that are Above the Asset Limited, Income Constrained, Employed (ALICE) Threshold
- Households that are Asset Limited, Income Constrained, Employed (ALICE)
- Households that are Below the Federal Poverty Level
- Low-Income and Low Access to a Grocery Store
- Overcrowded Households
- Projected Child Food Insecurity Rate
- Projected Food Insecurity Rate
- Homeownership
- Social and Economic Factors Ranking
- Renters Spending 30% or More of Household Income on Rent

Economy (Economic Stability) was identified as a significant health need in secondary data analysis and was a trending topic of concern identified through focus group conversations and by survey respondents. It was also identified during the Forces of Change assessment with community members. It was ranked number eight out of eight significant health needs up for consideration. Economy was ranked lowest by prioritization participants in the criteria area of ability to impact, which lowered its overall rank.

Economy ranked 2nd overall in secondary data analysis with a score of 2.0. Focus group participants discussed scarcity of jobs, increasing food prices, and housing costs as being important areas of concern when it came to the economy. Economy was ultimately not voted as a prioritized health need during the Hardee County prioritization meeting, however, after further review by Healthy Hardee, it was selected as a fourth prioritized health topic during a follow-up meeting.

SCORE	ECONOMY	UNITS	HARDEE COUNTY	HP2030	FL	U.S.
2.64	Homeowner Vacancy Rate	*percent*	4.3		2.1	1.4
2.64	Median Household Income: Householders 65+	*dollars*	32226		46182	47484
2.64	People 65+ Living Below Poverty Level	*percent*	15.8		10.5	9.3
2.64	Youth not **in** School or Working	*percent*	4.1		1.7	1.8
2.58	People Living Below Poverty Level	*percent*	24.7	8	13.3	12.8
2.50	Per Capita Income	*dollars*	20181		32848	35384
2.36	Children Living Below Poverty Level	*percent*	38.4		18.7	17.5
2.36	Families Living Below Poverty Level	*percent*	18.2		9.4	9.1
2.36	Median Household Income	*dollars*	40165		57703	64994
2.36	People Living 200% Above Poverty Level	*percent*	48		67.1	70.2
2.36	Students Eligible for the Free Lunch Program	*percent*	62.1		50.3	38.5
2.33	Child Food Insecurity Rate	*percent*	21.9		17.1	14.6
2.33	Food Insecurity Rate	*percent*	15.2		12	10.9
2.19	Persons with Disability Living in Poverty (5-year)	*percent*	31.2		24.1	25.4

18.2% of families in Hardee County live below the poverty level. This is higher than both the state value of 9.4% and the national value of 9.1%.

6.0% Is the unemployment rate for Hardee County. This is higher than the state value of 4.8% and the national value of 5.4%.

"Job availability is scarce and low wage jobs not appealing for community members"

-Focus Group Participant

Updates and Revisions

Healthy Hardee is responsible for monitoring, refreshing, and adding data to the CHA. Progress will be monitored through meetings where the CHA will be a meeting item listed on the Healthy Hardee agenda. By December 31st of each year, Healthy Hardee will review to make revisions and updates as necessary.

Members of Healthy Hardee will communicate with the Community Health Educator for the Florida Department of Health in Hardee County to ensure receival of the meeting agenda, minutes, and documentation required.

Date	Description of Change	Page (s) Affected	Reviewed or changed by
9/1/2023	Added priority area list of assets and resources	86	Miranda Adame
9/1/2023	Changed person of contact	78	Miranda Adame

For questions regarding this plan please contact:
Miranda Adame
Miranda.Adame@flhealth.gov
(863) 368-2253

Next Step: 2023-2028 Hardee County Community Health Improvement Plan (CHIP)

Dissemination and Usage Plan

This Community Health Assessment will be utilized by Healthy Hardee, the Florida Department of Health in Hardee County, and other community partners. The Community Health Assessment can be used to identify and implement action steps for improvement and the creation of a CHIP. This document will also be used by community partners to secure funding for additional programs including but not limited to drug prevention education, teen pregnancy prevention, mental health and well-being, chronic disease prevention, and social determinants of health projects.

This documented will be disseminated throughout Hardee County using multiple channels including:

- Press Release to local newspaper
- Posting to Florida Department of Health in Hardee County's webpage
- Link will be provided to community partners for distribution
- Copies will be available to community members upon request
- Presentations to civic organizations, county and city commissioners, and community members

Thank you to the individuals and organizations that contributed to the 2022 Community Health Assessment.

Alison Grooms – AdventHealth
Amy Beascoechea – Healthy Start Coalition
Annie Arguello – Central Florida Regional Planning Council
Bethany Coz – Central Florida Area Health Education Center
Carina Shrestha – Senior Connection Center
Chiquita Robinson – City of Bowling Green
Christen Johnson – AdventHealth Wauchula
Clay Nicholson – Hardee County Sheriff's Office
Courtney Green – South Florida State College
Deja' Sparkman – Florida Department of Health in Hardee County
Dottie Robinett – AdventHealth
Diana Gonzalez – Solmart Media
Diane Smith – Supervisor of Elections
Emily Grant – University of Florida Institute of Food and Agricultural Sciences
Georgeann Singletary – Paynes Creek Historic State Park, Florida Department of Environmental Protection
Gregory Danyluk - Florida Department of Health in Polk County
Haley Jackson – Step Up Suncoast
Isaac Maldonado – Panther Youth Partners, South Florida State College
Itzel Halphen - Florida Department of Health in Polk County
Ivy Gonzalez – Tri County Human Services
Jemima Douge – Florida Poison Information Center, Tampa General Hospital
Jenna Levine – Florida Department of Health in Polk County
Katrina Blandin – South Florida State College
Kimberly Williams – AdventHealth
Kirk Fasshauer – Peace River Center
Kristin Casey – Florida Department of Health in Hardee County
Lacey Webb – Hardee County Chamber of Commerce
Latoya Hinson - Tobacco Free Hardee, Florida Department of Health in Hardee County
Lenora White – Career Source Heartland
Lesse Moreno – Redlands Christian Migrant Association
Maria Cruz – Step Up Suncoast
Maria Magowan – Florida Center for Early Childhood
Maria Pearson – Drug Free Hardee
Marissa Adame – Volunteer
Marty Fisher – Florida Department of Health in Polk County
Melissa Thibodeau – Heartland Rural Health Network
Michelle Cathey – Heartland Rural Health Network
Mindy Lee – Peace River Center
Miranda Adame – Florida Department of Health in Hardee County
Mylene Del Rio – Step Up Suncoast (Parents as Teachers)
Noey Flores – Hardee County Board of County Commissioners
N'Kosi Jones – City of Bowling Green Commissioner
Nancy Sneider – Hardee County Fire Rescue
Natalya Clemens – Heartland for Children

Patricia Henderson – Senior Connection Center
Pauline Brown – Drug Free Hardee
Renee Wyatt – Drug Free Hardee, Hardee County Board of County
Commissioners
Rosa Ontiveros – Florida Department of Health in Hardee County
Sam Fite – City of Bowling Green Commissioner
Sandra Meeks – Hardee County Board of County Commissioners
Sarah Maldonado – Tobacco Free Hardee, Florida Department of Health in
Hardee County
Skye Peters - Florida Department of Health in Polk County
Stefania Sweet – Florida Department of Health in Hardee County
Stephanie Severe – Central Florida Health Care
Tara Gage - University of Florida Institute of Food and Agricultural Sciences
Taylor Freeman – Florida Department of Health in Polk County
Tonya Akwetey – Healthy Start Coalition
Valeria Carrasquillo – Heartland Rural Health Network

Forces of Change Assessment

FORCES
OF
CHANGE

Agenda
November 17th,
2022

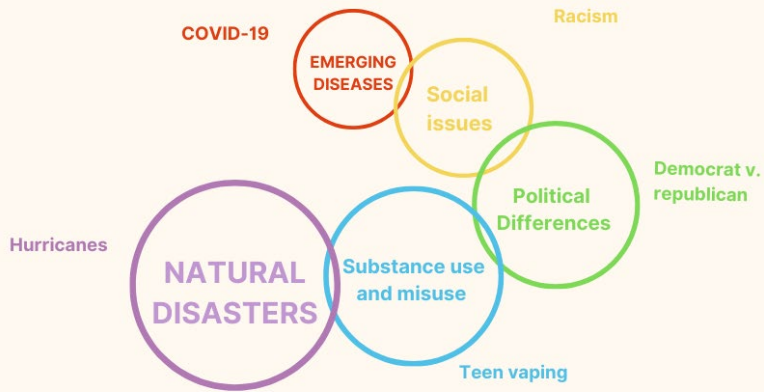9:45a-10a   Registration/ Sign-In

10:05a-10:15a   Introductions
                      Overview of vision
                      FOC Categories

10:20a-11:45a   How do we identify
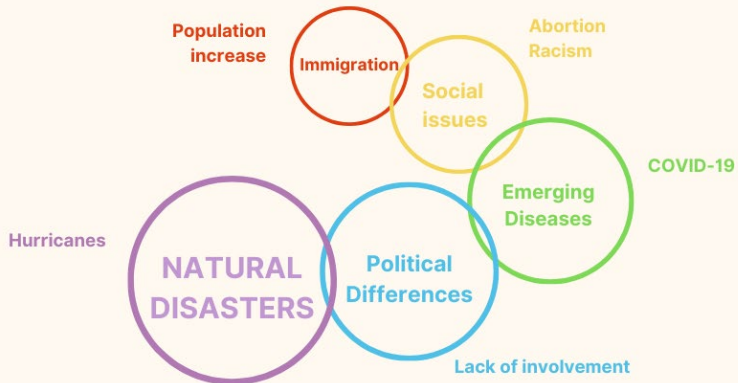   Forces of Change?

11:50-12p   Closing and Evaluation

1

What has occurred recently that may affect our local public health system or community?

COVID-19

EMERGING DISEASES

Racism

Social issues

Democrat v. republican

Political Differences

Hurricanes

NATURAL DISASTERS

Substance use and misuse

Teen vaping

2

What may occur in the future?

Population increase

Immigration

Abortion
Racism

Social issues

COVID-19

Emerging Diseases

Hurricanes

NATURAL DISASTERS

Political Differences

Lack of involvement

3 Are there any trends occurring that will have an impact? Describe the trends.

Employment

Economic Issues

Funding issues

Lack of involvement and participation

Emerging Diseases

COVID-19 Monkeypox Flu

Hurricanes

NATURAL DISASTERS

Inflation

Poverty

4 What forces are occurring locally? Regionally? Nationally? Globally?

Employment

Economic Issues

Social issues

Racism

Political Differences

Lack of support/involvement

Teen Vaping Mental Health

SUBSTANCE USE AND MISUSE

Inflation

Poverty
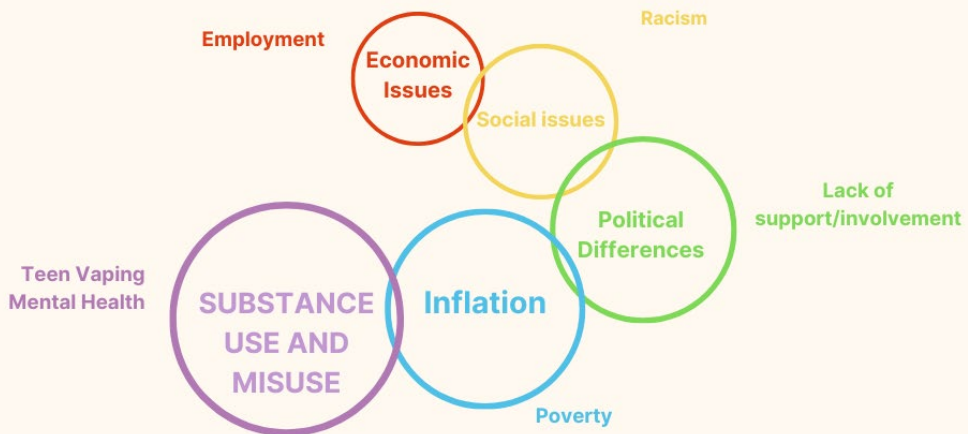
5

What characteristics of our jurisdiction or state may pose an opportunity or threat?

Housing

Economic Issues

Assistance Transportation

Lack of funding

Lack of support/involvement

Limited resources

Rural

GEOGRAPHY

Political Differences

Lack of support/involvement
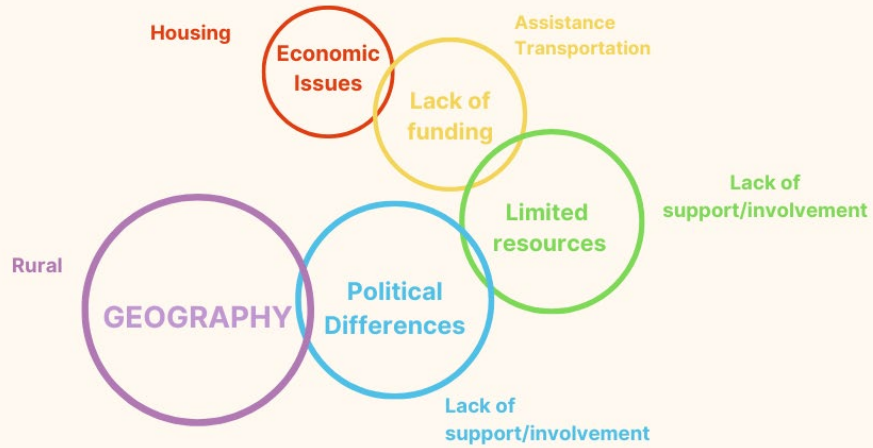
6

What may occur or has occurred that may pose a barrier to achieving the shared vision?

Telehealth Social Media

Technological Advancements

War

Global Changes

Lack of support/involvement

Limited resources

COVID-19!

EMERGING DISEASES

Political Differences

Lack of support/involvement
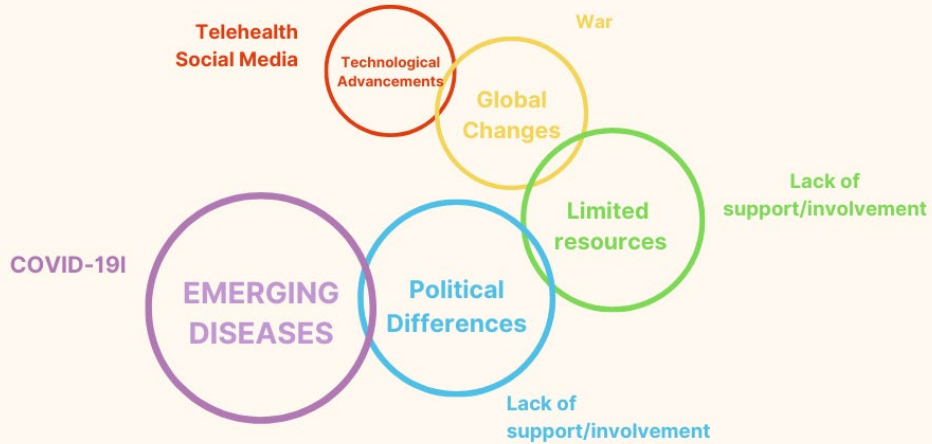
Local Public Health Systems Assessment

To view the LPHSA results, please follow the link below:

2022 LPHSA Summary.pdf

Community Health Survey

To view the Community Health Survey results, please follow the link below:

Hardee_Highlands_FL_CommunitySurvey_2022.pdf

Hardee County Assets and Resources

To view the Hardee County Assets and Resources, please view the list below.

Hardee County
Assests and Resources

Behavioral Health

- Peace River Center- Mobile Crisis Unit
- Tri-County Human Services- Project Hope
- Hardee County School Board
- Tobacco Free Hardee- SWAT Program
- Drug Free Hardee- Uthmpact

Access to Healthy Foods

- Advent Health Wauchula
- Feeding Tampa Bay- Food Is Health Classes
- WIC
- Cutting Edge Ministries- Food Distribution

Access to Healthcare

- Minority Health and Quality of Life- NMHM
- Multicultural Day
- Healthy Start Coalition- Florida Healthy Babies

Economic Stability

- Drug Free Hardee- Student Hub
- Career Source Heartland- Job Fair
- South Florida State College- Panther Youth Program

Healthy Hardee Community Meetings

AGENDA

Purpose: *Solicit input from the community on Community Health Issues through open two-way dialogue.*

Vision: *Healthy Citizens. Thriving Communities.*

Topic	Lead
Welcome/Call to Order • Introductions • Prompt attendees to sign-in	Ivy/Maria
Review Previous Minutes	Ivy/Maria
1. Review FOC 2. Review LPHSA 3. DRAFT	Stefania Sweet
Open Floor for Community Input	
Meeting Evaluation	Ivy/Maria
Adjourn	

December sign in
sheet.pdf

Initial thoughts and Responses

To view the initial thoughts and responses, results please follow the link below:

Data from AdventHealth\Hardee County Prioritization Jamboard.pdf

Data Sources

United States Census Bureau

https://www.census.gov/quickfacts/fact/table/hardeecountyflorida,US/PST045217

Florida Health CHARTS

http://www.flhealthcharts.com/charts/Default.aspx

Healthy People 2030

https://health.gov/healthypeople/objectives-and-data/browse-objectives

County Health Rankings and Roadmaps
https://www.countyhealthrankings.org/explore-health-rankings/florida/hardee?year=2022

American Diabetes Association

http://www.diabetes.org/diabetes-basics/statistics/

Florida Youth Substance Abuse Survey

Florida Youth Substance Abuse Surve - Florida Department of Children and Families (myflfamilies.com)

Centers for Disease Control and Prevention
www.cdc.gov
Office of Economic and Demographic Research
http://edr.state.fl.us/Content/area-profiles/county/hardee.pdf

Health Resources and Services Administration (HRSA)
https://data.hrsa.gov/geo