
Community Health Assessment DeSoto County, Florida 2022



Adopted July 2022

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Introduction and Methodology

In efforts to improve the health of the residents in DeSoto County, a collaborative partnership was formed between the Florida Department of Health in DeSoto County (DOH-DeSoto), DeSoto Memorial Hospital (DMH), MCR Health, and the Health Planning Council of Southwest Florida, Inc. (HPC) for the purpose of conducting a needs assessment for use by the Florida Department of Health in DeSoto County, DeSoto Memorial Hospital, MCR Health, and other community partners.

The DeSoto County Community Health Improvement Planning (CHIP) group was comprised of area residents and community leaders who showed an interest in improving the health of their community. This group was created to work on a previous Health Assessment and has continued to meet consistently to discuss ways to improve the health of the community. This workgroup served as the community advisors for this assessment. A list of participating members of the DeSoto County Community Health Improvement Planning is available in Appendix A. This committee held quarterly meetings for the duration of the project to aid in creating and implementing of this needs assessment.

HPC reviewed numerous data sources and received feedback from the partner agencies and as well as from members of the community through surveys. This needs assessment consists of demographic, socioeconomic, and health status information that will be used to identify areas where targeted interventions and policy changes may have the greatest impact. Once community needs are identified through quantitative data analysis of demographic, socioeconomic and health status information the strategic planning process and community health improvement planning can begin.

MAPP Process



Source: NACCHO, MAPP Process

The DOH-DeSoto and the DeSoto County CHIP group decided on using a modified MAPP process. Mobilizing for Action through Planning and Partnerships (MAPP) “is a community-driven strategic planning process for improving community health” (National Association of County and City Health Officials [NACCHO], 2021). The committee considered the various elements of the MAPP process through their quarterly meetings and stand-alone planning session. The planning elements included:

1. **Phase One – Organize for Success:** The group discussed the plan for the assessment and the relevant partners needed for success during a DeSoto County CHIP Group meeting on June 5, 2020.
2. **Phase Two – Visioning:** The group conducted a visioning exercise to define the community vision for what a healthy community in DeSoto County could look like on August 13, 2020. The results of this exercise are available below.
3. **Phase Three – The Four Assessments:**

Community Themes and Strengths

A community survey was used to identify community themes and strengths. This took place between August and October 2020 and January through February 2021.

Local Public Health System Assessment

April 29, 2021, a modified version of the LPHSA was completed by the CHIP Committee and community partners via SurveyMonkey.

Community Health Status Assessment

Data was collected and analyzed for the Community Health Status Assessment. Data was reviewed and discussed on July 15, 2021.

Forces of Change

The assessment was completed on May 13, 2021, during the DeSoto County CHIP Committee quarterly meeting.


4. **Phase Four – Identify Strategic Issues:** Based on the data collected and analyzed on past plans and activity the group identified several strategic issues. The DeSoto County CHIP Committee participated in a prioritization of strategic issues on July 15, 2021, using Mentimeter.
5. **Phase Five – Formulate Goals and Strategies:** The DeSoto County CHIP Committee will formulate goals and strategies as part of their Community Health Improvement Plan (CHIP).
6. **Phase Six – Action Cycle:** The DeSoto County CHIP group will use this CHA to help shape their CHIP and any future projects that will further the health and well-being of DeSoto County.

Community Themes and Strengths Assessment

In collaboration with the DeSoto County CHIP members, the Health Planning Council of Southwest Florida, Inc. developed a questionnaire to assess DeSoto County residents' perception of health and well-being in DeSoto County. The survey was available online, via SurveyMonkey, and on paper, in both English and Spanish. Links to the online version of the survey were distributed through email blasts to community partners and social media. 205 surveys were completed on paper and online over five months in August through October 2020 and January through February 2021.

Key Findings of the Community Survey

The top five most important health concerns in DeSoto County were: access to primary care, access to specialty care, mental health, Diabetes, and not enough doctors. We were able to compare the top five health concerns from the 2017 survey. Access to specialty care, not enough doctors, and Diabetes were in the top five for both 2017 and 2020.

Survey 2020	Survey 2017
<p>Access to primary care</p> <p>Access to specialty care</p> <p>Mental health</p> <p>Diabetes</p> <p>Not enough doctors</p>	<p>Access to specialty care</p> <p>Obesity</p> <p>Cancer</p> <p>Not enough doctors</p> <p>Diabetes</p>
	

In the survey, we asked residents what DeSoto County needs to improve the health of your family, friends, and neighbors. The top five responses were: job opportunity, affordable housing, high quality jobs, quality education, and more doctors. We were able to compare the top five health concerns from the 2017 survey. Jobs and more doctors were in the top five for 2017 and 2020.

Survey 2020	Survey 2017
<p>Job Opportunity</p> <p>Affordable Housing</p> <p>High Quality Jobs</p> <p>Quality Education</p> <p>More Doctors</p>	<p>Job Opportunities</p> <p>Additional Health Services</p> <p>Specialty Doctors</p> <p>More Doctors</p> <p>Substance abuse treatment services</p>
	

Full report can be found in Appendix B, starting on page 76.

Local Public Health Assessment

The Health Planning Council of Southwest Florida, Inc. met with members of the DeSoto County CHIP members to conduct the Local Public Health System Assessment (LPHSA). The assessment was conducted via an online survey using SurveyMonkey. The LPHSA Survey was released to community partners in April 2021; it concluded June 2021.

HPC introduced the LPHSA during a DeSoto County CHIP meeting on April 29, 2021. We modified the LPHSA by using/combing six out of the Ten Essential Services for this assessment The Ten Essential Services according to NACCHO, which were developed by the Core Public Health Functions Steering Committee in 1994, “is a method for better identifying and describing the core processes used in public health to promote health and prevent diseases”. Below are the Essential Services that were used for this modified LPHSA:

- Monitor, diagnose, and investigate health problems and health hazards in the community
- Inform, educate, and empower people about health issues
- Mobilize community partnerships to identify and solve health problems
- Develop policies and plans that support individual and community health efforts
- Link people to needed personal health services and assure the provision of health care when otherwise unavailable

Each Essential Service section of the survey contained a scale, strengths/highlighted activities, and weakness/gaps questions. The scale was scored using the following answer choices: no activity (1), minimal (2), moderate (3), significant (4), and optimal outcome (5).

Essential Services Scores

Essential Service	Score
Monitor, diagnose, and investigate health problems and health hazards in the community	3.6
Inform, educate, and empower people about health issues	3.6
Mobilize community partnerships to identify and solve health problems	3.8
Develop policies and plans that support individual and community health efforts	3.6
Link people to needed personal health services and assure the provision of health care when otherwise unavailable	3.7

Full report can be found in Appendix D, starting on page 100.

Forces of Change Assessment

Forces of Change Assessment is one of the four Mobilizing for Action through Planning and Partnerships (MAPP) assessments conducted in this process. This assessment focuses on identifying the trend, events, and factors that may affect the quality of life and/or impact the local public health system. The key forces that were focused on for this session were:

- Social/Cultural
- Health
- Technological/Scientific
- Economic
- Political/Legal
- Environmental

The Forces of Change Assessment trends in these areas seek to answer the following question: what is occurring or might occur that affects the health and well-being of our community or the local public health system?

On May 13, 2021, HPC hosted the Forces of Change Assessment via Microsoft Teams during the DeSoto County CHIP quarterly meeting. Twenty-three people attended, representing 15 agencies from DeSoto County. HPC used Mentimeter to conduct the assessment. In addition, the participants used their cell phones and/or the chat box to respond to the questions.

Full report can be found in Appendix E, starting on page 113.

Prioritization of Priority Areas

On July 15, 2021, the Health Planning Council of Southwest Florida led the DeSoto County CHIP through a prioritization exercise. HPC presented the priority areas that were identified for the Florida State Health Improvement Plan (FSHIP): health equity, maternal and child health, immunization, injury, safety & violence, healthy weight, nutrition & physical activity, behavioral health (including mental illness and substance abuse), sexually transmitted diseases (STDs, includes other diseases), chronic diseases & conditions (includes tobacco-related illness and cancer), and Alzheimer's disease and related dementias. The past strategic objectives from the 2018-2021 DeSoto County CHIP: tobacco use, diabetes & obesity, domestic violence, and mental health. HPC identified two additional topics from the 2021 Community Health Assessment for the group to consider social determinants of health and neighborhood & built environment.

Mentimeter was used to aid in the prioritization. Each priority area was listed along with two statements, importance to the community and ability to create change as a group. The CHIP group was asked to rate these statements in conjunction of the priority on a scale of 1 to 5, with 1 being low and 5 being high.

The top five priority areas were social determinants of health, healthy weight, nutrition & physical activity, immunization and influenza, maternal and child health, and health equity. The scores from the two statements were averaged. Below is a table of the results of the prioritization.

Priority Area	Importance to Community	Ability to Create Change	Average Score
Social Determinants of Health	4.83	3.5	4.17
Healthy Weight, Nutrition, and Physical Activity	4.25	4	4.13
Immunization and Influenza	4.36	3.72	4.05
Maternal and Child Health	4.33	3.67	4.00
Health Equity	4.64	3.27	3.95
Injury, Safety, and Violence	4.54	3.00	3.77
Behavioral Health	4.33	3.00	3.67
Chronic Diseases and Conditions	4.33	3.00	3.67
Neighborhood and Built Environment	4.50	2.83	3.67
Sexually Transmitted Diseases (STDs)	3.18	3.09	3.14
Alzheimer's Disease and Related Dementias	3.64	2.27	2.95

These identified priorities are the first step for the DeSoto County CHIP Committee to formulate their Community Health Improvement Plan (CHIP). As part of the CHIP process goals and strategies will be developed to address these identified priority areas.






Community Health Status Assessment Data Through the Lens of Healthy Equity

In a 2017 report designed to increase consensus around meaning of health equity, the Robert Wood Johnson Foundation (RWJF) provides the following definition: *“Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.”*

For this CHA, health equity was considered during every phase of development. The focus was placed on the social determinants of health and the outcomes that can be seen in the health data. According to the U.S. Department of Health and Human Services *“Social Determinants of Health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.”* Healthy People 2030 highlights the importance of addressing SDOH by including *“creating social, physical, and economic environments that promote attaining the full potential for health and well-being for all”* as one of the five overarching goals for the decade.

The five key indicators of SDOH that were identified by Healthy People 2030 were incorporated into some of the key factors that focused on the data and community involvement. Additionally, community health and wellness data were examined looking for disparities based on stratifications including:



-  Economic Stability
-  Education Access and Quality
-  Health Care Access and Quality
-  Neighborhood and Built Environment
-  Social and Community Context

The partners working on the CHA took extra steps to include voices from throughout the community in the gathering all of the community data. Participants were recruited or invited to participate to ensure that there was input from people of all geographical areas of the county, gender, race, ethnicity, economic status, marital status, and educational attainment.

Population

Population Selected Findings*

- There was an increase of approximately 670 persons or 1.9 percent of the population of DeSoto County in 2020. There was a small decrease from 2018 to 2019.
- The county has a far lower population density than the Florida average, about 53 persons per square mile compared to a state average of 408 persons per square mile.
- When combined, people who identify as non-Hispanic white make up 54 percent of the population, Hispanic white individuals make up 30 percent of the population, non-Hispanic black individuals make up 12 percent of the population, and all other groups make up two percent or less each of the population.
- The Hispanic population in DeSoto County grew by a little more than 13 percent between 2012 and 2020.
- 16.2 percent of the public in DeSoto County have a disability; this is higher than the Florida average of 13.4 percent.
- The annual wage and per capita personal income for a person in DeSoto County both increased between 2014 and 2021, however, they remain significantly below the state averages.

**All sources and further details for the selected findings can be found in the relevant section of the DeSoto County CHA*

Population Demographics

The sheer number of people in a community is the leading determinant of the demand for healthcare services. DeSoto County, which has a population of a little over 35,000, located in southwest Florida (Fig. 1). The county is adjacent to the following counties: Hardee and Manatee to the north; Sarasota to the west; Highlands to the east; Glades to the southeast; and Charlotte to the south. As seen in Figure 2, DeSoto is one of seven counties in southwest Florida that comprise Local Health Planning District 8 as designated by the Florida Agency for Health Care Administration (AHCA). Arcadia is the county seat, with a population just over 7,400, and the only incorporated area in DeSoto County. (US Bureau of the Census, 2020 Census, Table P1) Unincorporated communities include Brownville, Fort Ogden, Hull, Lake Suzy, Nocatee, Pine Level, and Southeast Arcadia. DeSoto County is 639.5 square miles in area. In 2021, the county had a far lower population density than the Florida average; about 53 persons per square mile compared to a state average of 408 persons per square mile.

Exhibit 1:



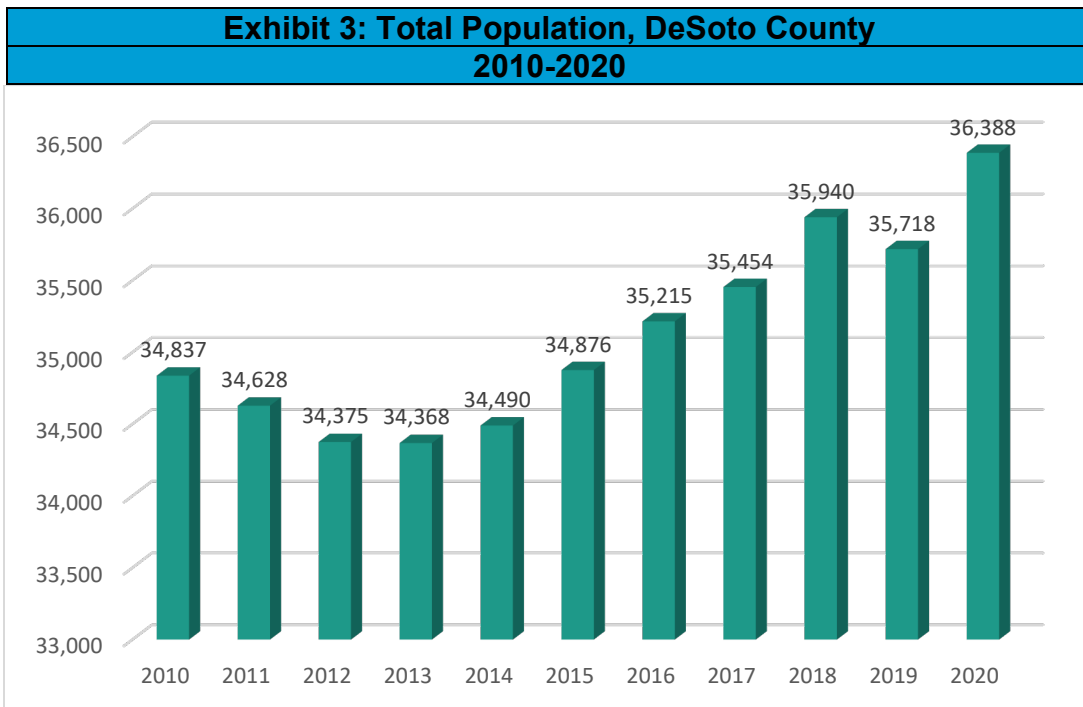
Exhibit 2:



Population Estimate

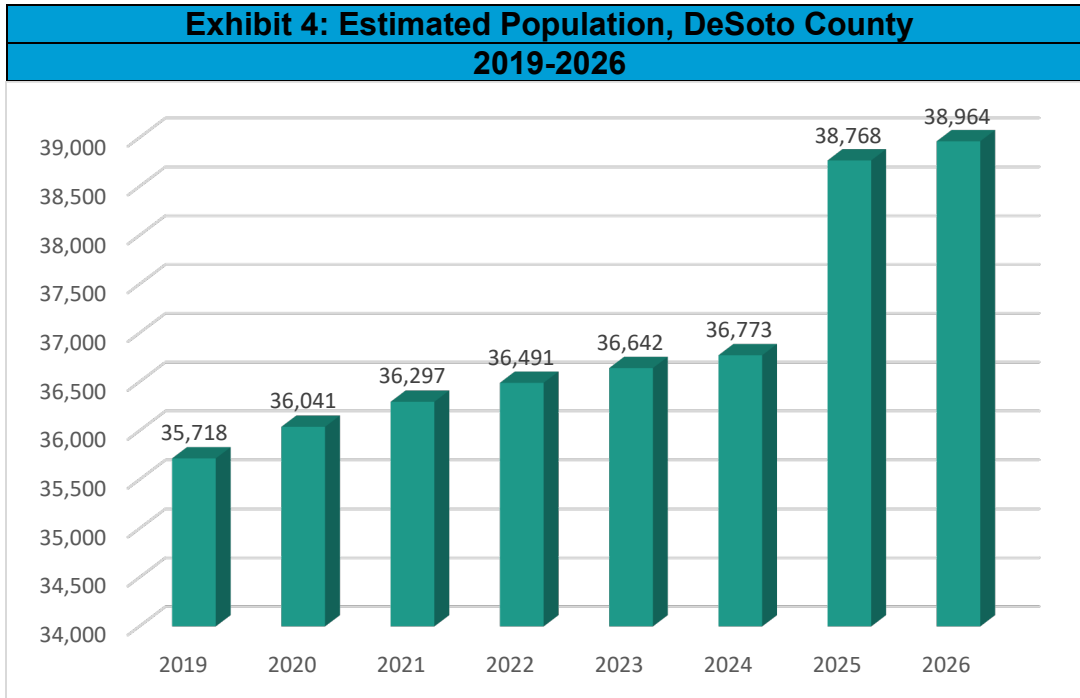
There was an increase of approximately 670 persons or 1.9 percent of the population of DeSoto County in 2020. There was a small decrease from 2018 to 2019.

According to the 2021 County Health Rankings, the average number of years a person is expected to live (life expectancy) in DeSoto County is 80.5 years.



Source: Florida Legislature, Office of Economic and Demographic Research

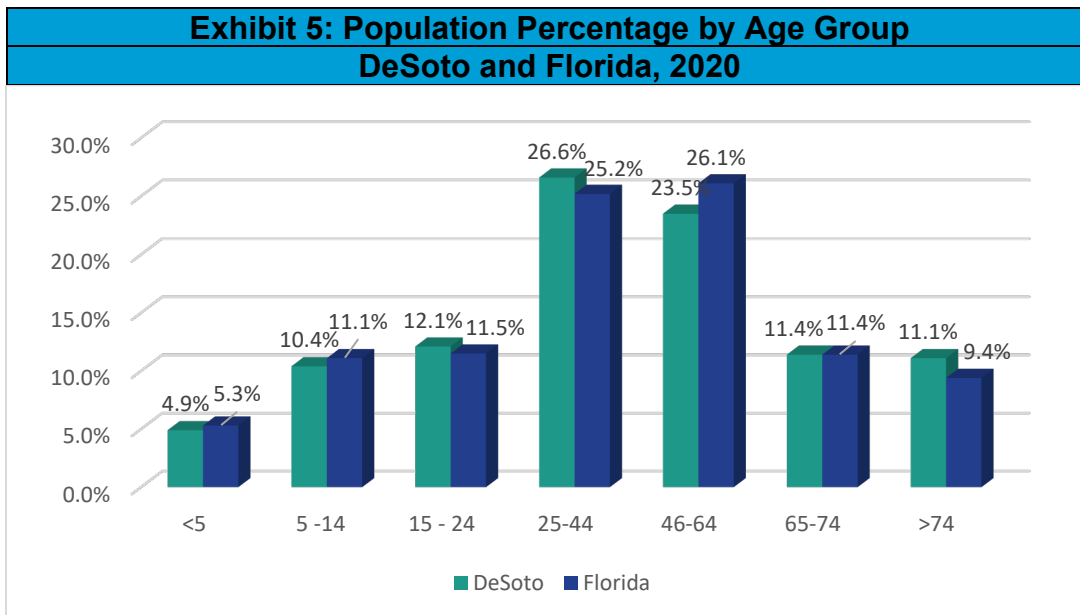
The Florida Legislature Office of Economic and Demographic research anticipates a little over 8 percent growth in population in DeSoto County between 2019 and 2026.



Source: Florida Legislature, Office of Economic and Demographic Research

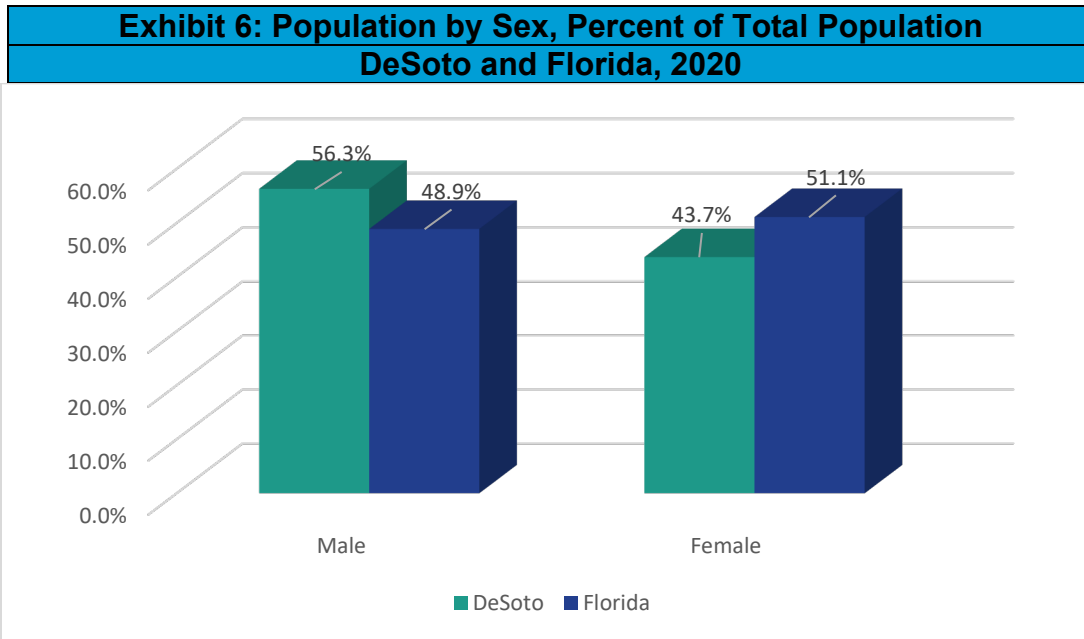
Age and Gender

Compared to the State of Florida, DeSoto County has a similar age distribution with the biggest difference being that DeSoto has more adults ages 25-44 and fewer ages 46-64. DeSoto also has slightly fewer children under 14 and more seniors over 65.



Source: Florida Legislature, Office of Economic and Demographic Research

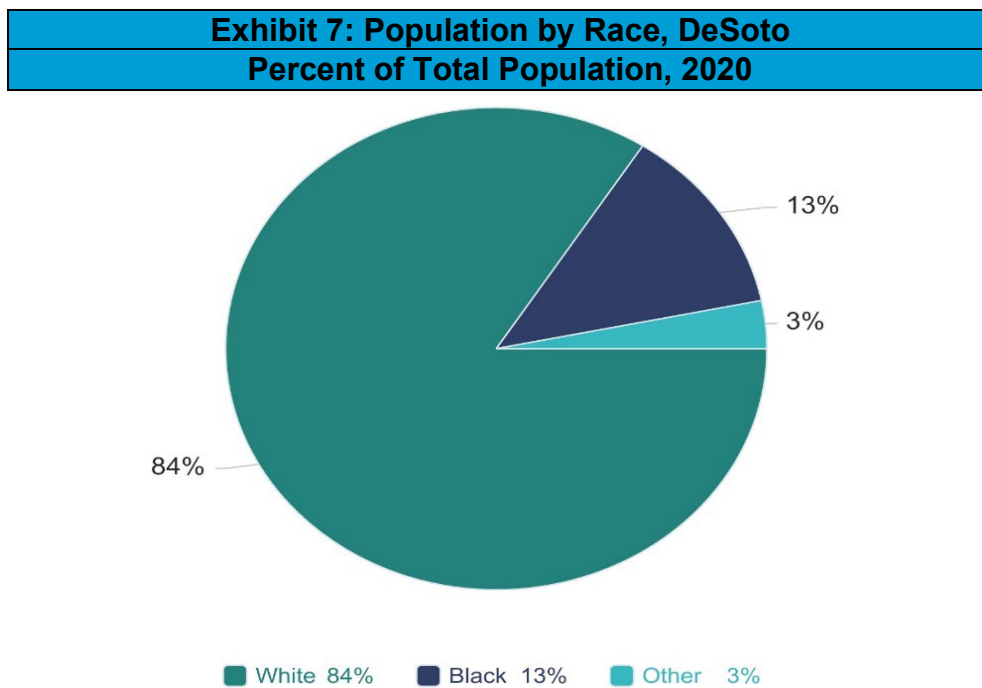
Like most rural counties in the Florida, DeSoto has more males than females.



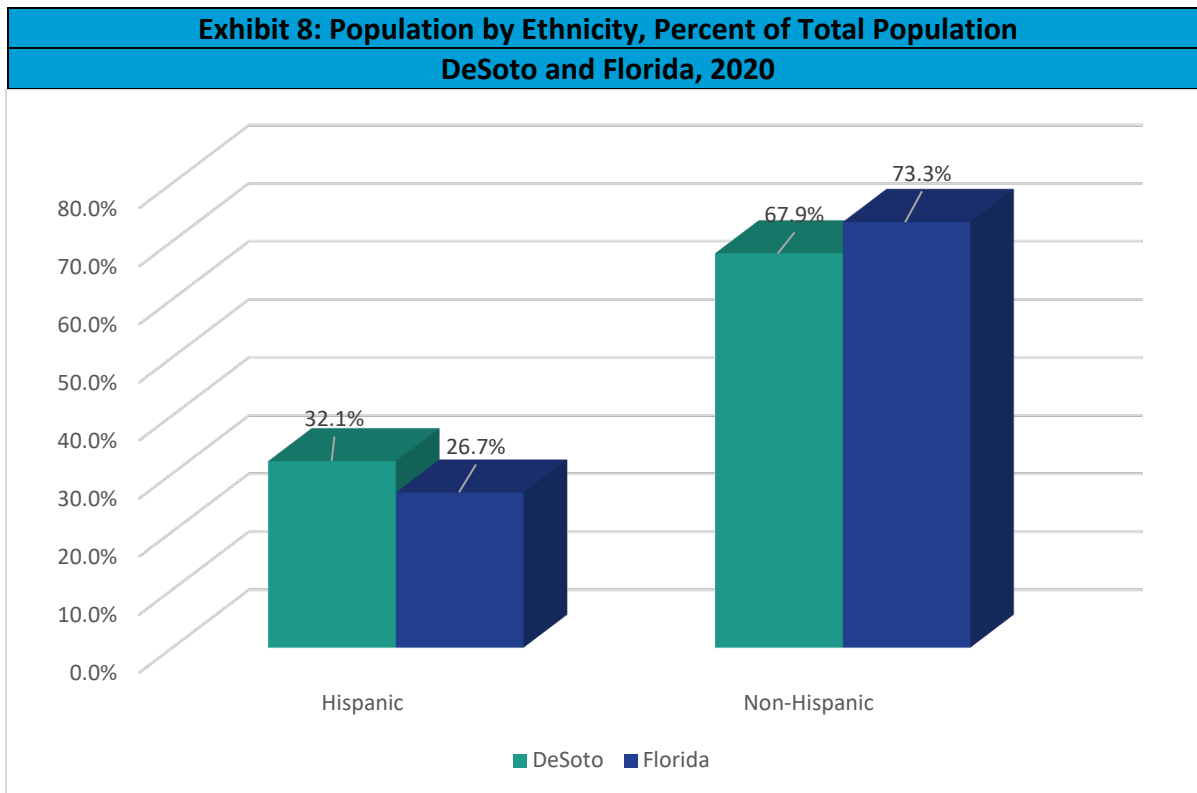
Source: Florida Legislature, Office of Economic and Demographic Research

Race and Ethnicity

DeSoto County has 84 percent of the population identifying as white, 13 percent identifying as black and 3 percent identifying as other. It should be noted that race and ethnicity are tracked separately, and 32.1 percent of the population identify as Hispanic. This is 5.4 percent higher than the Florida average.



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



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

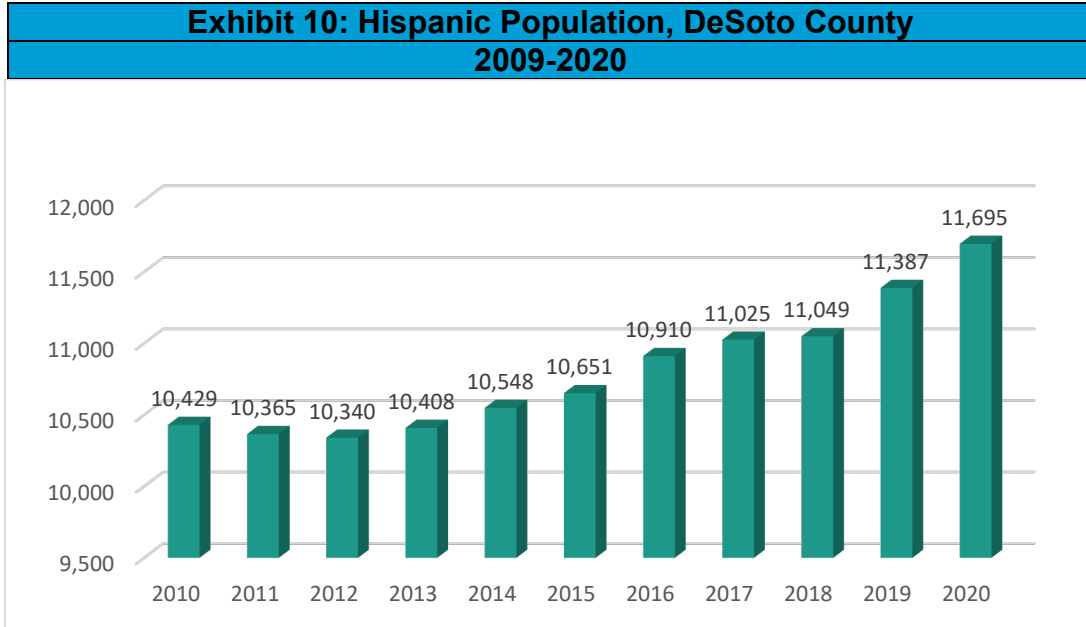
When combined, people who identify as non-Hispanic white make up 54 percent of the population, Hispanic white individuals make up 30 percent of the population, non-Hispanic black individuals make up 12 percent of the population, and all other groups make up two percent or less each of the population.

Exhibit 9: Race and Ethnicity, 2020

	DeSoto		Florida		
	Hispanic	Non-Hispanic		Hispanic	Non-Hispanic
White	30%	54%	White	24%	53%
Black	1%	12%	Black	1%	16%
Other	1%	2%	Other	1%	5%
Total	32%	67%	Total	26%	74%

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

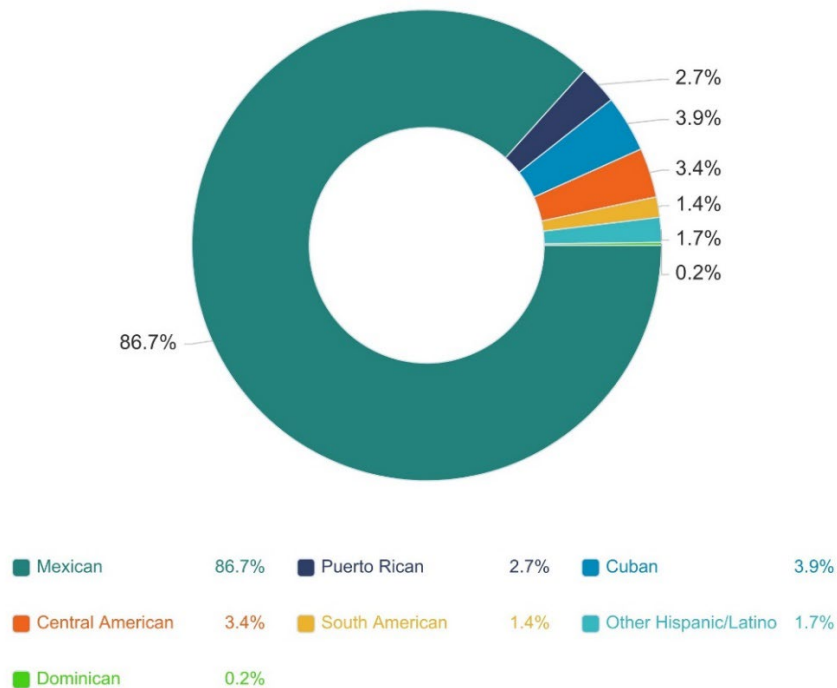
The Hispanic population in DeSoto County grew by a little more than 13 percent between 2012 and 2020.



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

The vast majority of people in DeSoto who identify as Hispanic or Latino are of Mexican origin (86.7%). The next most common origins are Cuba (4.1%), Central America (3.9%), and Puerto Rico (2.4%).

**Exhibit 111: Hispanic or Latino Origin
2019, DeSoto County**



Source: US Census Bureau ACS 5-year Estimates, B0300

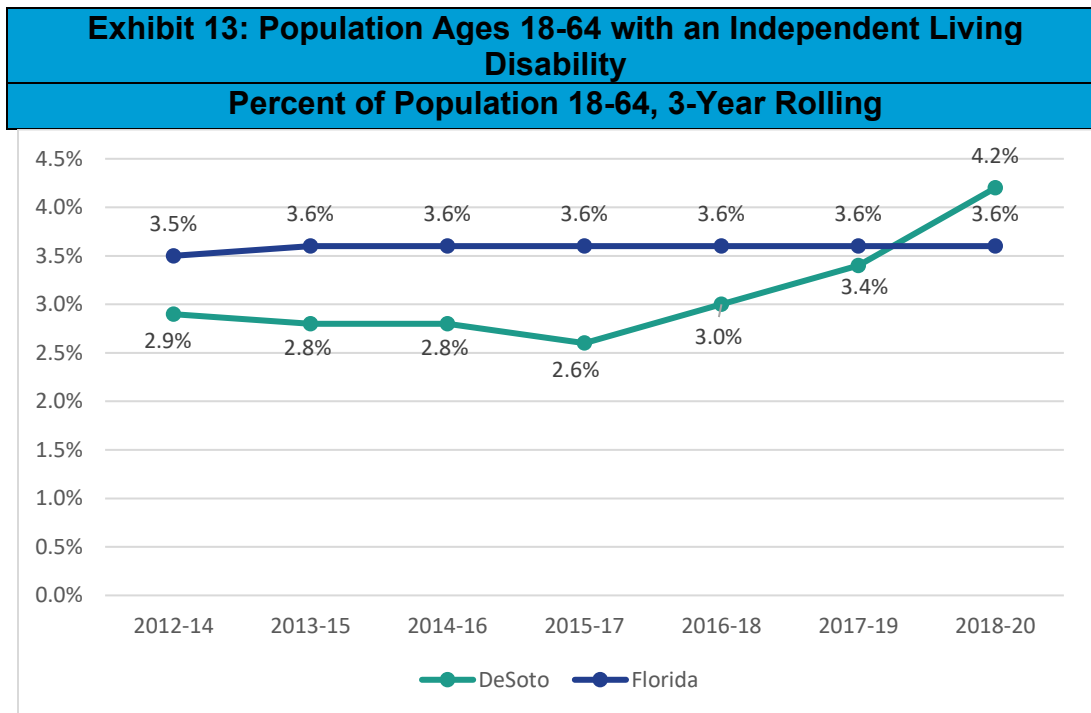
People with Disabilities

16.2 percent of the public in DeSoto County have a disability which is higher than the Florida average of 13.4 percent. The percentage of children with a disability is slightly lower in DeSoto County compared to the state average (3.3% vs. 4.7%). The percent of adults with a disability is slightly higher than the state average (14.3% vs. 10.1%).

Exhibit 12: Disability Status		
DeSoto County and Florida, 2016-2020		
	DeSoto	Florida
Civilian noninstitutionalized population with a disability (%)	16.2%	13.4%
Under 18 years with a disability (%)	3.3%	4.7%
18 to 64 years with a disability (%)	14.3%	10.1%
65 years and over with a disability (%)	31.8%	32.5%

Source: US Census Bureau DP 02 Selected Social Characteristics in the United States

The percentage of adults in DeSoto County with an independent living disability is higher than the state average (4.2% DeSoto vs. 3.6% State) but has been increased since 2015-2017.



Source: US Bureau of the Census, American Community Survey, Table B18107

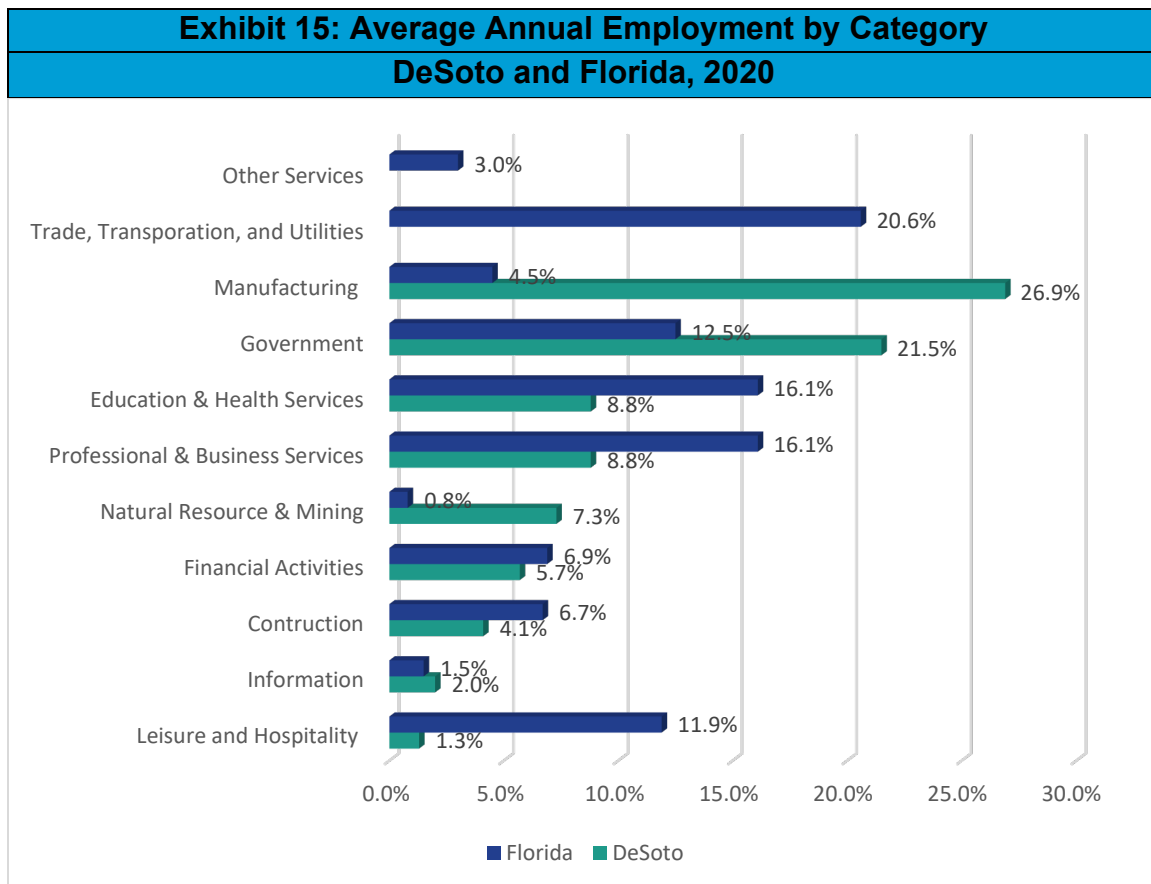
Workforce

The labor force as a percentage of the adult population grew almost 10 percent between 2014 and 2021 as the unemployment rate dropped from 6.7 percent to 3.8 percent. The annual wage and per capita personal income for person in DeSoto County both increased between 2014 and 2021, however, they remain significantly below the state averages. Compared to the state, a more significant percentage of workers 16 and over are working outside of DeSoto County.

Exhibit 14: Workforce data			
DeSoto County and Florida			
	County 2014	County 2021	State 2021
Labor Force as a % of population age 18+	40.3%	49.1%	59.0%
Unemployment rate (%)	6.7%	3.8%	4.6%
Average Annual Wage, all industries*	\$34,459	\$40,690	\$55,840
Per Capita Personal Income*	\$21,696	\$27,863	\$55,674
Workers 16 + working outside of county of residence		21.2%	18.1%

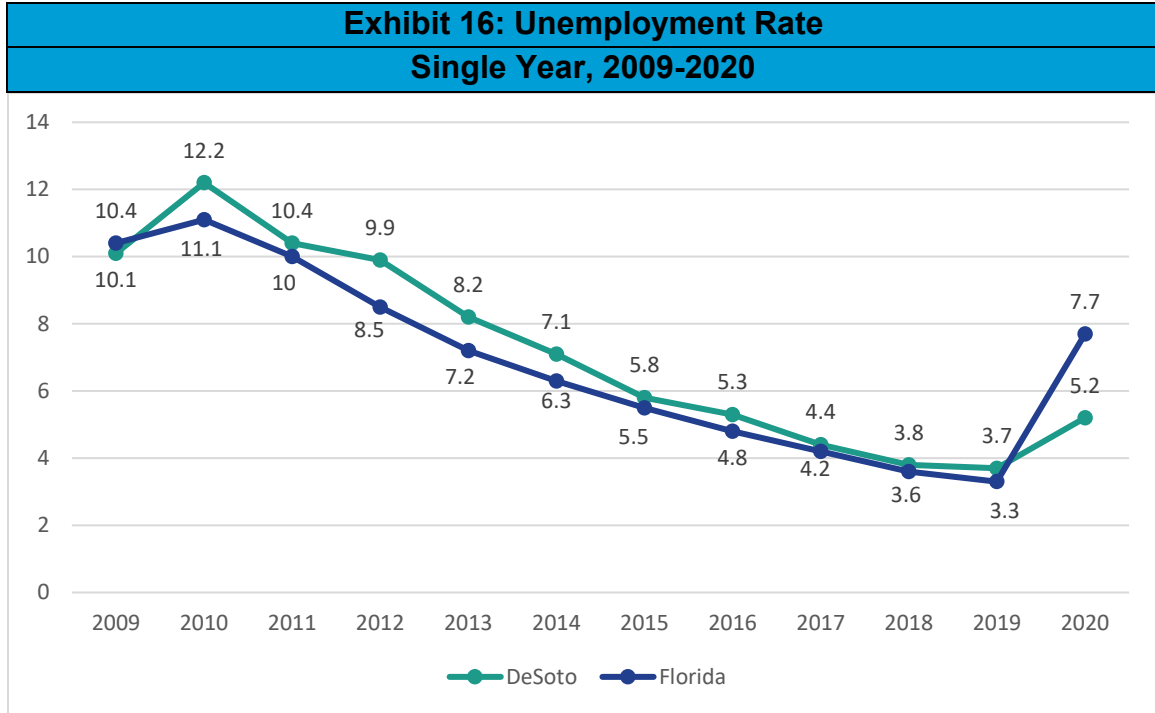
Source: The Florida Legislature, Office of Economic and Demographic Research *2020

The top three employment categories for 2020 in DeSoto County were manufacturing, government, and education and health services. The average annual wages for the top employment categories are as follows: manufacturing - \$37,894, government - \$45,873, and education - \$20,574.



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

The unemployment rate in DeSoto County has typically followed a similar pattern as the state average. In 2020, the rate in DeSoto was 5.2 percent compared to the state average of 7.7 percent. The COVID-19 pandemic had a significant impact on the economy. In 2020 the State of Florida saw a higher-than-average unemployment rate.



Source: US Department of Labor, Bureau of Labor Statistics

Health Conditions

Health Conditions Selected Findings*

- Cancer and heart disease are the two most common causes of death in DeSoto County. Combined, they are responsible for 37.7 percent of all deaths.
- The age-adjusted death rate in DeSoto County declined from 725.4 per 100,000 in 2016-2018 to 708.7 in 2017-2019, it has since significantly increased to 732.2 in 2018-2020. The rate is currently higher than the state average of 698.4.
- The Black population in DeSoto County has the highest age-adjusted death rate and it saw the highest rate increase between 2014 and 2018 (but since fell during the 2017-2020 period). The Hispanic population in DeSoto County has the lowest age-adjusted death rate.
- The age-adjusted death rate due to cancer in DeSoto County rose from 138.6 per 100,000 in 2012-2014 to 175.6 in 2015-2017, it has since declined somewhat to 168.1 in 2018-2020. The rate is currently significantly higher than the state average of 142.5.
- The incidence rate or rate of new cancer cases in DeSoto County is similar among the black and white population (349.1 black vs. 349.3 white); it is significantly lower in the Hispanic population (190.1).
- The most common types of cancer in DeSoto County are breast and prostate cancer. However, lung cancer is the deadliest for individuals in the county.
- Individuals in DeSoto have fewer deaths from heart disease than the state average (118.9 DeSoto vs. 145.7 Florida per 100,000).
- The rate of death from heart disease is highest among the white population and lowest among the Hispanic population (122.1 White vs. 59.0 Hispanic per 100,000).
- There has been a decline in the rate of death from a stroke in DeSoto County, it is now well below the state average (24.7 DeSoto vs. 42.3 Florida).
- Individuals in DeSoto County have a higher rate of death from Chronic Lower Respiratory Disease than the state average (47.9 DeSoto vs. 36.2 Florida). The rate increased between 2013-2015 but since lowered.
- Diabetes deaths in DeSoto County have risen sharply since 2014-16 and has slightly decreased in 2018-2020. The rate is now nearly double the state rate (34.5 DeSoto vs. 21.1 Florida).
- Diabetes deaths in DeSoto County are significantly more common in the black population than the non-Hispanic and white population (103.7 black, 38.6 non-Hispanic, 27.9 white per 100,000). The rate for the black population slightly decreased between 2017-2019 and 2018-2020; however, it should be noted that this is based on a small count – the number of deaths from diabetes in the black population was 8 in 2019 and 3 in 2020).
- The rate of most infectious and vaccine preventable, except for varicella, diseases are lower in DeSoto County than the state average. However, it should be noted that lower rates of screening may contribute to the variance. DeSoto County does have slightly higher than average rates of tuberculosis and campylobacteriosis than the state.

- The suicide rate in DeSoto County is typically a little higher than the state rate. For 2018-2020, DeSoto County had a slightly lower average of suicide deaths for the first time (13.7 DeSoto vs. 14.3 Florida).
- There were 381 involuntary examinations due to the Baker Act for residents of DeSoto County. This number has been rising in recent years. That is also true across the state although the rise in the past four years is faster in DeSoto than across the state.
- DeSoto County has a lower-than-average percentage of births with lower or very low birth weight.
- The rate of births to teen mothers in DeSoto County is higher than the state average (24.8 DeSoto vs. 15.0 Florida). However, it has reduced greatly from a high of 65.8 in 2010.

**All sources and further details for the selected findings can be found in the relevant section of the DeSoto County CHA*

County Health Rankings

County Health Rankings & Roadmaps is a collaboration between Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute that looks at the health of all states and counties in the United States. DeSoto County currently is ranked in the lower middle range of counties in Florida (lower 25%-50%) for Health Outcomes and is ranked the least healthy amongst all counties in Florida (lowest 0%-25%) for Health Factors. These rankings are based on a various factor that affect the health of the county's residents such as unemployment, levels of physical inactivity, and rates of smoking, obesity, and children living in poverty. When applicable, data from the County Health Rankings can be found in various sections throughout the community health assessment.

The Chronic Condition Indicator tool is another method to look at the health of a community through hospitalizations. This tool stratifies chronic diseases based on ICD-10-CM diagnosis codes. A chronic condition is a condition lasting 12 months or longer and meeting one or both of the following tests: (a) the condition places limitations on self-care, independent living, and social interactions; (b) the condition results in the need for ongoing intervention with medical products, services, and special equipment. Identifying of chronic conditions is based on all five-digit ICD-10-CM diagnosis codes, excluding external cause of injury codes (E codes). The data from this tool tells a similar story as the PQI data.

Leading Causes of Death

The following table gives detailed information on the leading causes of death for residents of DeSoto County in 2020. The Deaths column is a simple count of the number of people who died of the listed cause during 2020. Percent of Total Deaths lets you know what percent of the people who died from that cause. Cancer and heart disease are the two most common causes of death in DeSoto County. Combined, they are responsible for 37.7 percent of all deaths.

The crude Rate per 100,000 gives a sense of how likely a person is to die of that cause in any given year. For example, out of every 100,000 people in DeSoto County, 39 of them died of a stroke in 2020. Since there are fewer than 100,000 people in DeSoto County the rates per 100,000 are higher than the actual number of people who died. Using the rate per 100,000 allows comparison between areas with different populations such as comparing a small county to a large county or a county to the state.

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

The last column is Years of Potential Life Lost. This is an estimate of the number of years a person would have lived had they not died prematurely. In this case that number is given for all people who died under the age of 75 if they would have lived to the age of 75. When the numbers are particularly low, such as they are for Alzheimer’s disease, it is generally because that cause of death largely impacts the elderly. Conversely, a particularly high number, such as for unintentional injuries, suggests that the average age of the victims was young.

The first case of COVID-19 was in March 2020, but it continues to have a significant impact on the community and other health conditions and behaviors.

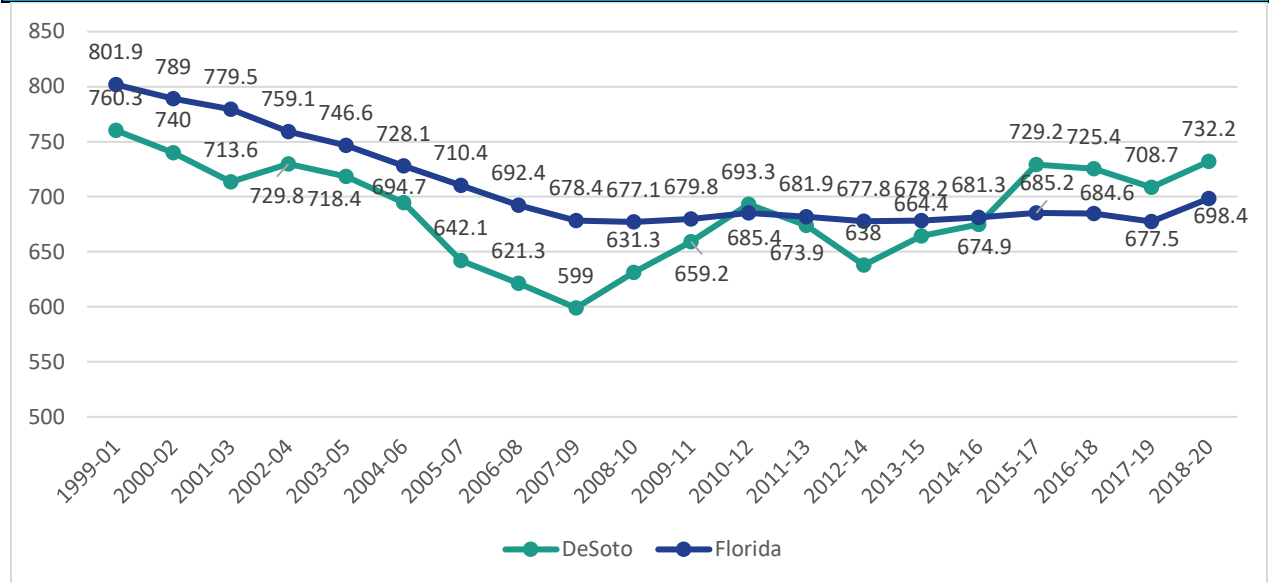
Exhibit 17: Leading Causes of Death					
DeSoto County, 2020					
Cause of Death	Deaths	Percent of Total Deaths	Crude Rate per 100,000	Age-Adjusted Death Rate per 100,000	YPLL <75 per 100,000 Under 75
All Causes	448	100.0%	1,231.2	829.4	11,726.2
Cancer	98	21.9%	269.3	177.4	2,170.6
Heart Disease	71	15.9%	195.1	127.7	1,518.1
COVID-19	55	12.3%	151.1	95.2	1,140.9
Unintentional Injury	37	8.3%	101.7	90.0	2,741.0
Chronic Lower Respiratory Disease	23	5.1%	63.2	38.8	318.5
Influenza and Pneumonia	15	3.4%	41.2	27.7	402.0
Stroke	14	3.1%	38.5	23.9	225.7
Diabetes	13	2.9%	35.7	22.5	253.5

Cause of Death	Deaths	Percent of Total Deaths	Crude Rate per 100,000	Age-Adjusted Death Rate per 100,000	YPLL <75 per 100,000 Under 75
Chronic Liver Disease and Cirrhosis	12	2.7%	33.0	25.7	507.1
Nephritis, Nephrotic Syndrome & Nephrosis	12	2.7%	33.0	21.4	250.4
Parkinson's Disease	6	1.3%	16.5	8.9	9.3
Benign Neoplasm	6	1.3%	16.5	11.2	136.0
Alzheimer's Disease	5	1.1%	13.7	7.9	37.1
Homicide	4	0.9%	11.0	10.3	222.6
Suicide	3	0.7%	8.2	10.0	287.6
Hypertension	2	0.5%	5.5	3.1	3.1
Pneumonitis	2	0.5%	5.5	3.6	0.0
Septicemia	2	0.5%	5.5	3.6	37.1
Congenital Malformations	1	0.2%	2.7	3.9	230.4
Anemias	1	0.2%	2.7	1.5	0.0
Nutritional Deficiencies	1	0.2%	2.7	1.5	0.0
Cholelithiasis & Other Gallbladder Disorders	1	0.2%	2.7	1.5	0.0
Medical & Surgical Care Complications	1	0.2%	2.7	1.5	0.0
Peptic Ulcer	1	0.2%	2.7	1.4	0.0
Hernia	1	0.2%	2.7	2.0	40.2
Perinatal Period Conditions	1	0.2%	2.7	3.9	230.4

Source: Florida Department of Health, Bureau of Vital Statistics
Age-adjusted death rates computed using the year 2000 standard population
YPLL = Years of Potential Life Lost

The age-adjusted death rate in DeSoto County declined from 725.4 per 100,000 in 2016-2018 to 708.7 in 2017-2019, it has since significantly increased to 732.2 in 2018-2020. The rate is currently higher than the state average of 698.4.

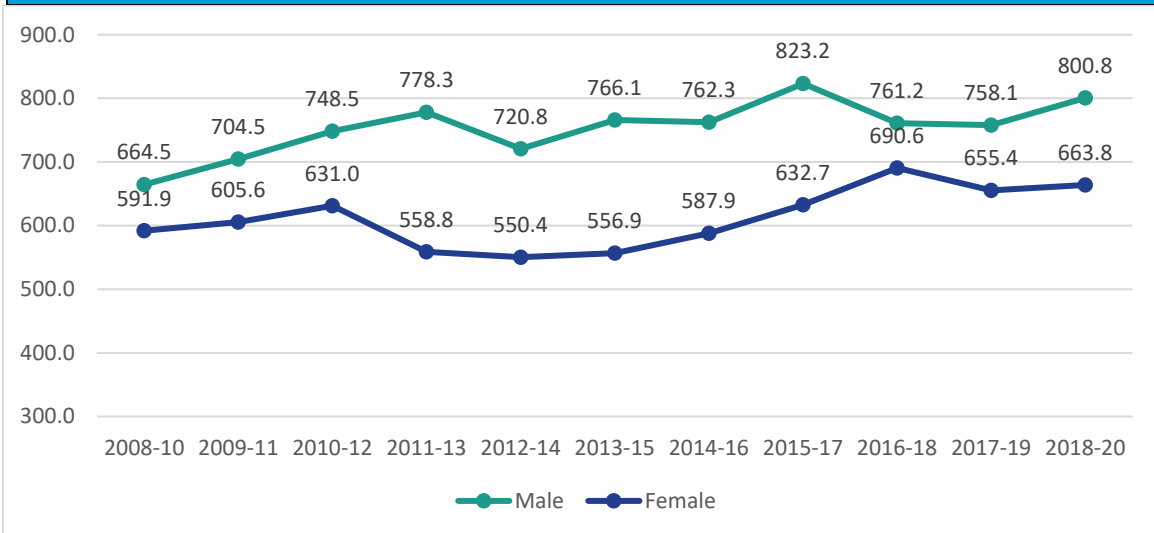
**Exhibit 18: DeSoto Death Rate over 20 Years Compared to State
Age-Adjusted All Causes 3-Year Death Rate 1999-2020**



Source: Florida Department of Health, Bureau of Vital Statistics
Data for 1970-78, 1979-98, and 1999-present are not fully comparable due to changes in coding causes of death. Consequently, increases or decreases in 1979 and 1999 may not be due to changes in disease trends but rather coding changes. Starting with 2003 deaths, the sum of the deaths from all counties will not equal the total number of resident deaths due to an unknown county of residence on some records

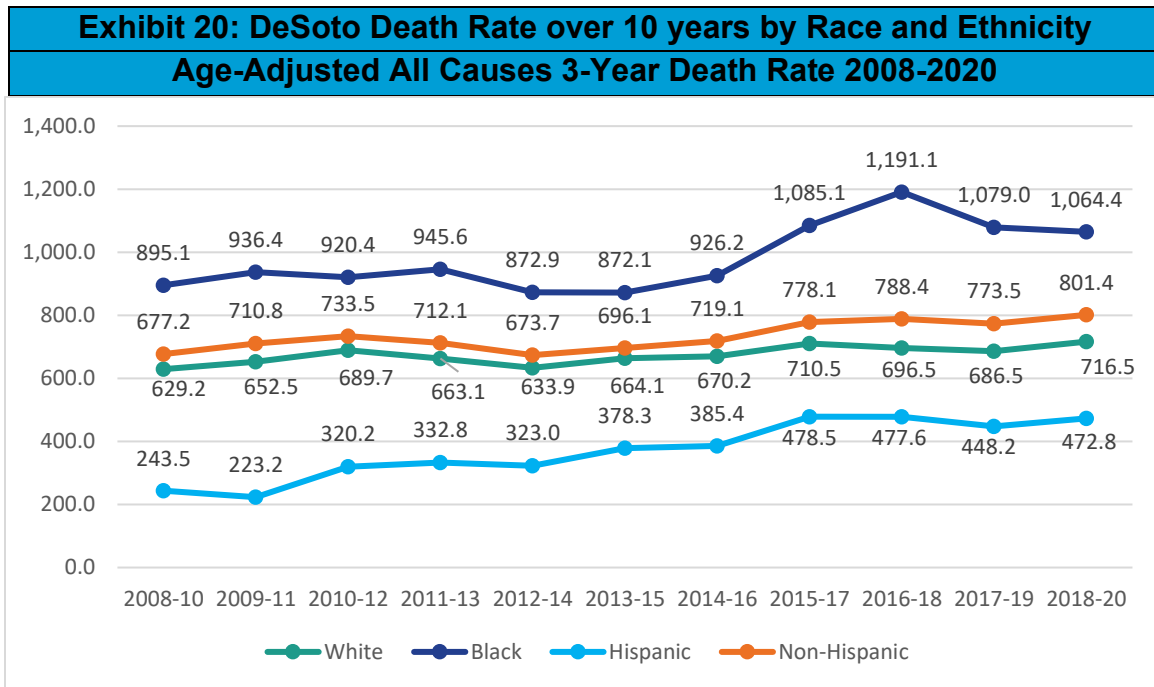
Like most of the country, males in DeSoto County have a higher age-adjusted death rate than females, meaning that females typically live longer.

**Exhibit 19: DeSoto Death Rate over 10 years by Gender
Age-Adjusted All Causes 3-Year Death Rate 2008-2020**



Source: Florida Department of Health, Bureau of Vital Statistics

The Black population in DeSoto County has the highest age-adjusted death rate and it saw the highest rate increase between 2014 and 2018 (but since fell during the 2017-2020 period). The Hispanic population in DeSoto County has the lowest age-adjusted death rate.



There has been a small increase in hospitalizations due to diabetes and an increase in the number of hospitalizations for congestive heart failure. There has been a decrease in the number of hospitalizations for asthma.

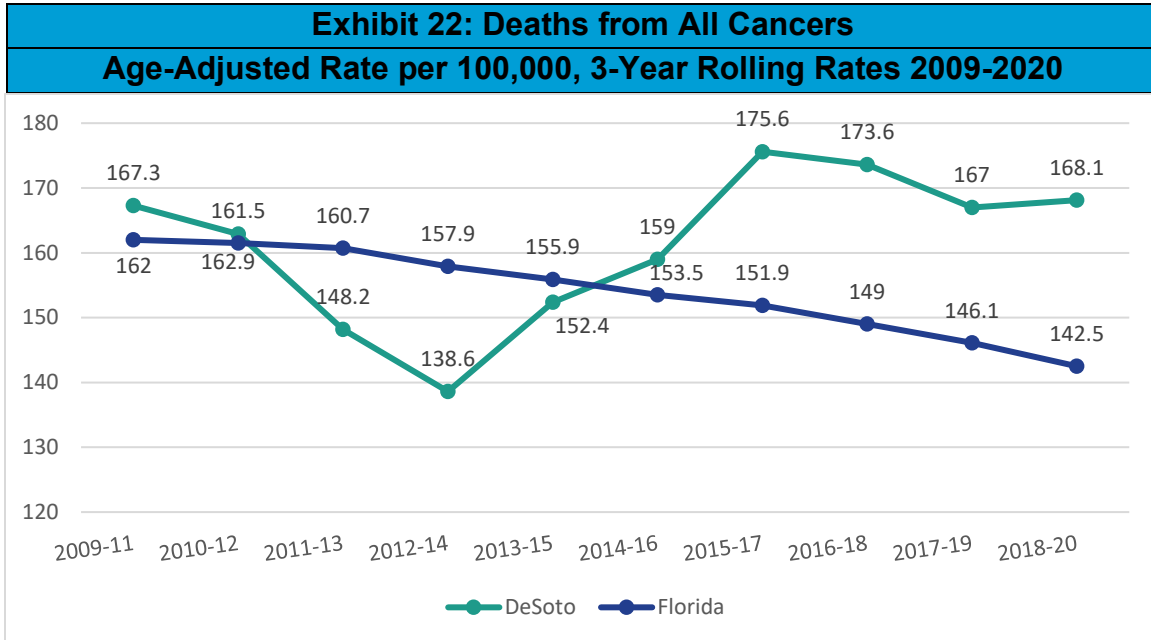
Exhibit 21: Hospitalizations for Chronic Conditions
Annual Figures, 2014-2019, DeSoto County Residents

Diseases	2014	2015	2016	2017	2018	2019
Diabetes	1,092	1,030	974	995	1,084	1,127
Asthma	217	213	181	177	152	168
Congestive Heart Failure	568	483	513	520	662	712
AIDS	11	3	18	7	14	7
Sickle Cell	14	23	17	12	12	11

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

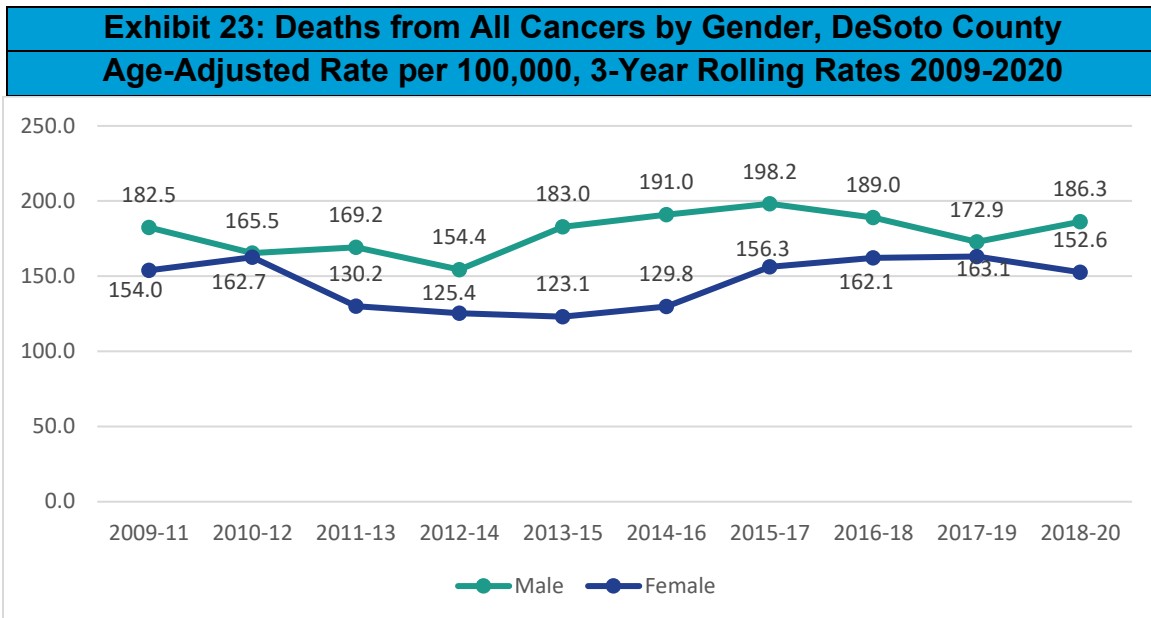
Cancer

The age-adjusted death rate due to cancer in DeSoto County rose from 138.6 per 100,000 in 2012-2014 to 175.6 in 2015-2017, it has since declined somewhat to 168.1 in 2018-2020. The rate is currently significantly higher than the state average of 142.5.



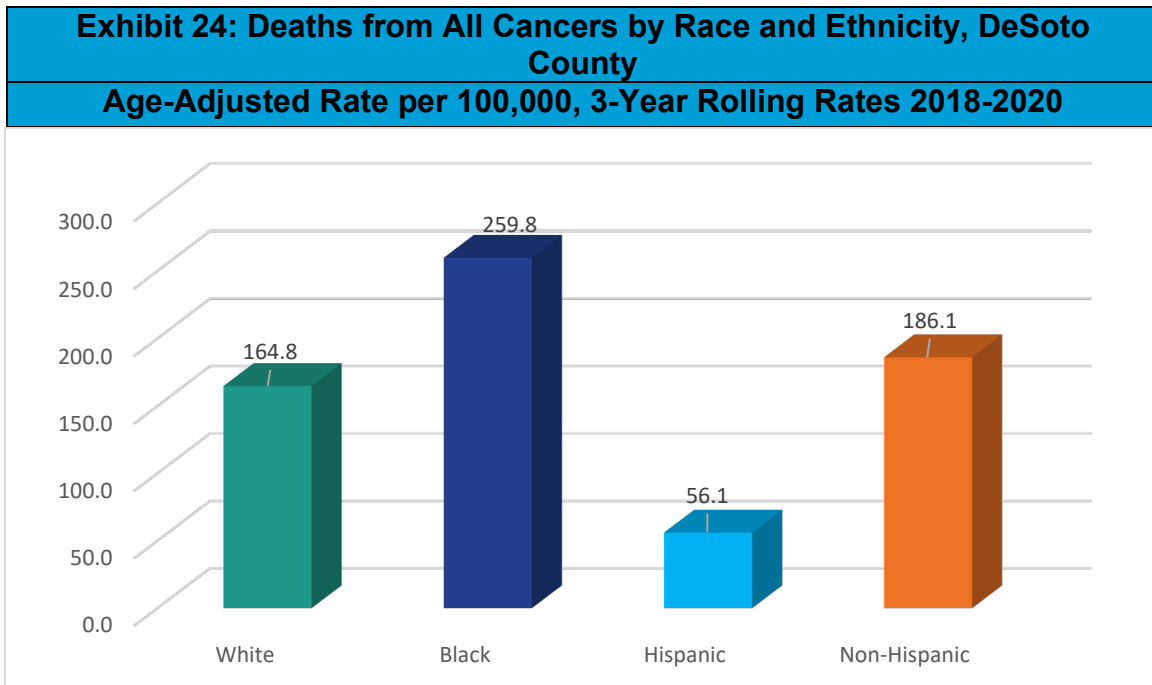
Source: Florida Department of Health, Bureau of Vital Statistics

The age-adjusted death rate from cancer is higher for males in DeSoto County than females.



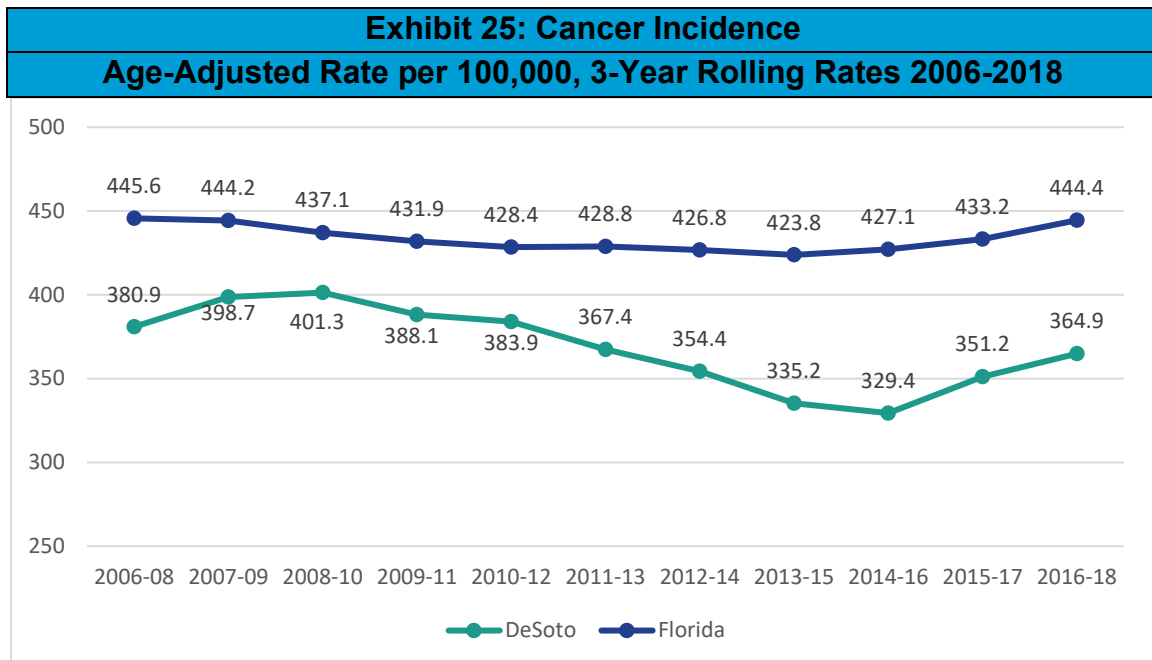
Source: Florida Department of Health, Bureau of Vital Statistics

The age-adjusted death rate from cancer is highest among the black population in DeSoto County (259.8 per 100,000) and lowest among the Hispanic population (56.1 per 100,000).



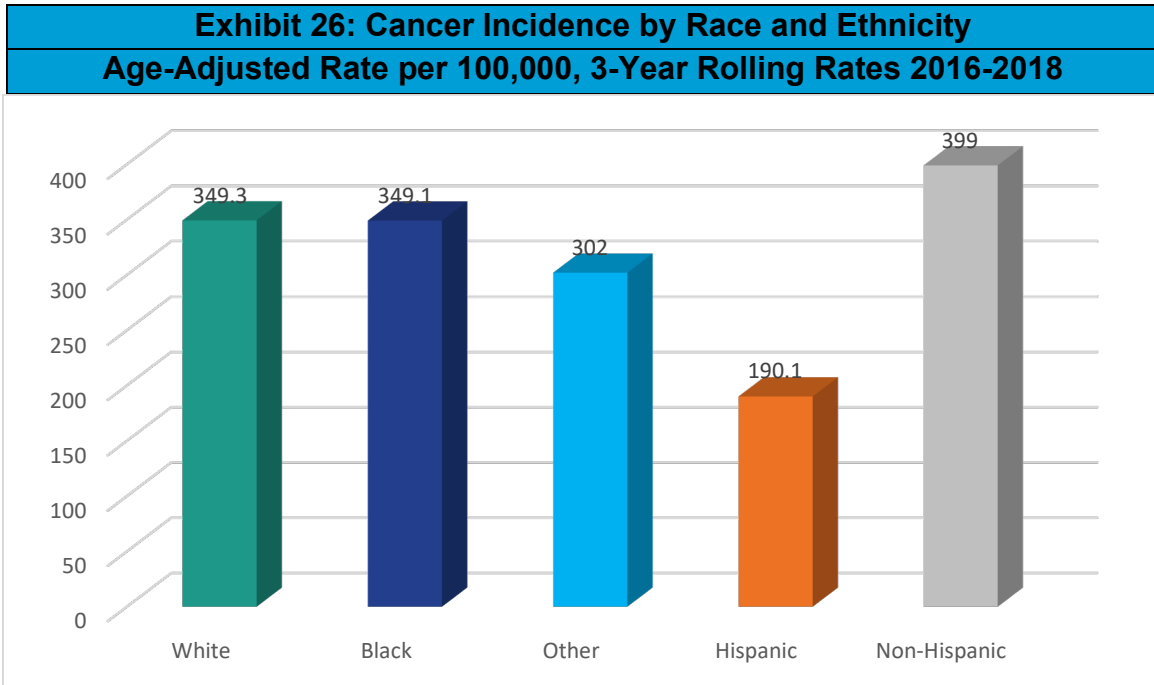
Source: Florida Department of Health, Bureau of Vital Statistics

The incidence rate of new cancer cases in DeSoto County is lower than the state average (364.9 DeSoto vs. 444.4 Florida).



Source: University of Miami (FL) Medical School, Florida Cancer Data System

The incidence rate or rate of new cancer cases in DeSoto County is similar among the black and white population (349.1 black vs. 349.3 white); it is significantly lower in the Hispanic population (190.1).



The most common types of cancer in DeSoto County are breast and prostate cancer. However, lung cancer is the deadliest for individuals in the county.

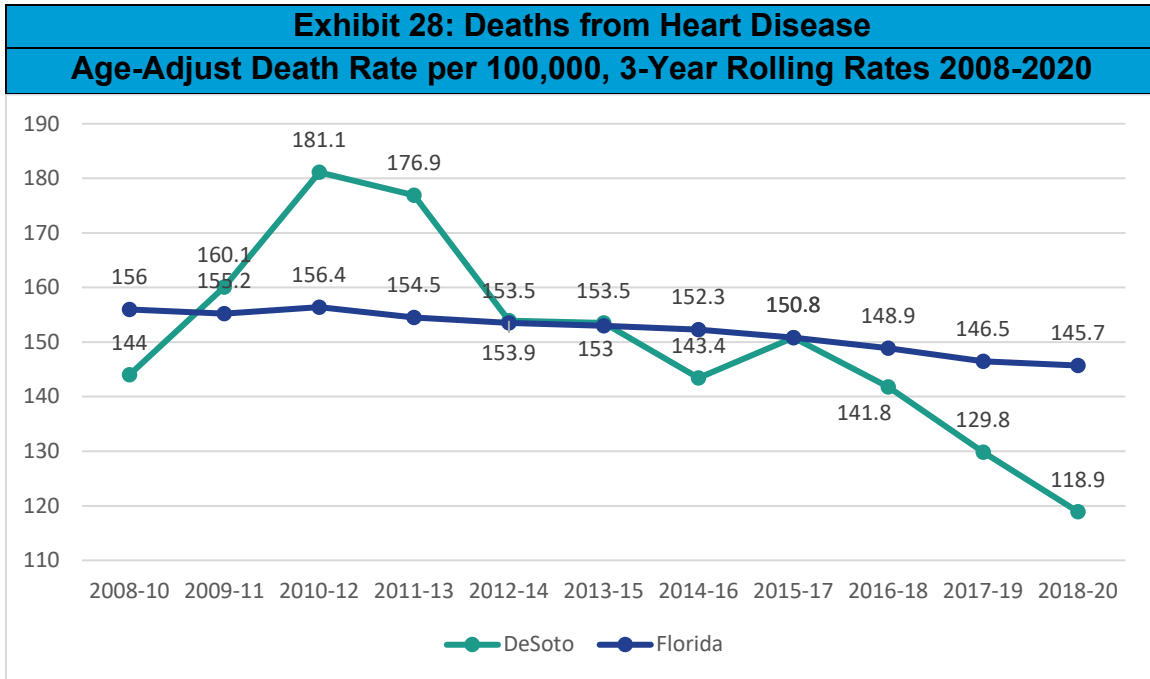
Exhibit 27: Common Types of Cancer
Death Rate and Incidence, DeSoto County

	3 yr. Age-Adjusted Death Rate, 2018-2020	Average Incidence Rate, 2016-2018
Lung Cancer	56.4	59.6
Prostate Cancer	17.1	64.3
Breast Cancer	11.2	83.3
Colorectal Cancer	14.0	50.8
Melanoma	2.1	7.8
Cervical Cancer	1.1	4.8

Source: Florida Department of Health, Vital Statistics
 University of Miami (FL) Medical School, Florida Cancer Data System

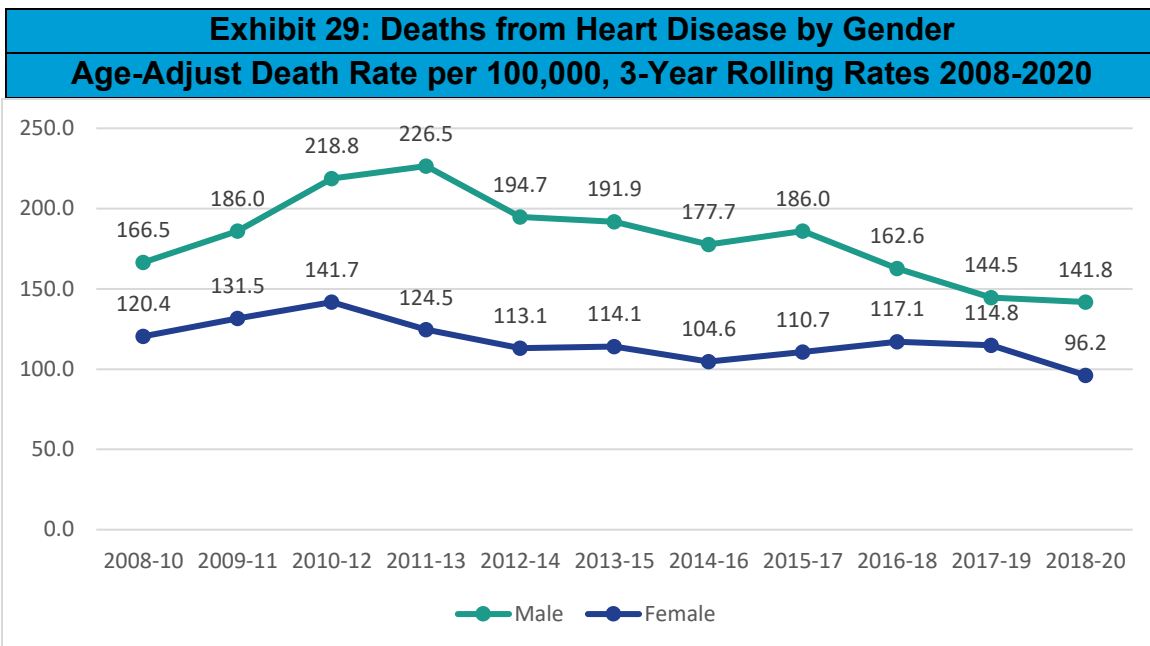
Heart Disease and Stroke

Individuals in DeSoto have fewer deaths from heart disease than the state average (118.9 DeSoto vs. 145.7 Florida per 100,000).



Source: Florida Department of Health, Bureau of Vital Statistics

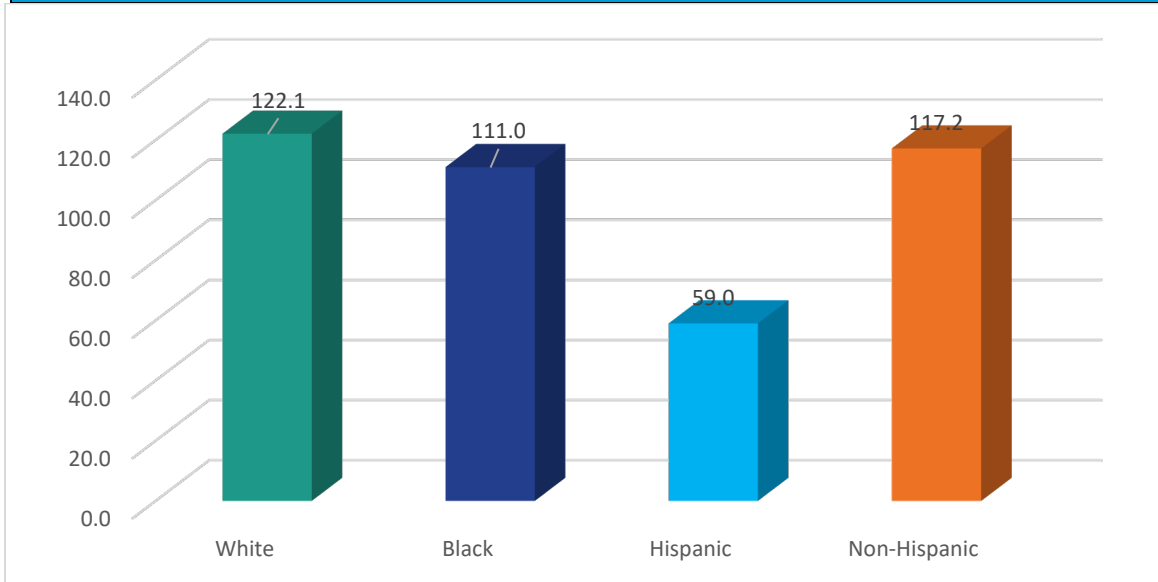
Males in DeSoto die at a higher rate from heart disease than females (141.8 males vs. 96.2 females per 100,000).



Source: Florida Department of Health, Bureau of Vital Statistics

The rate of death from heart disease is highest among the white population and lowest among the Hispanic population (122.1 White vs. 59.0 Hispanic per 100,000).

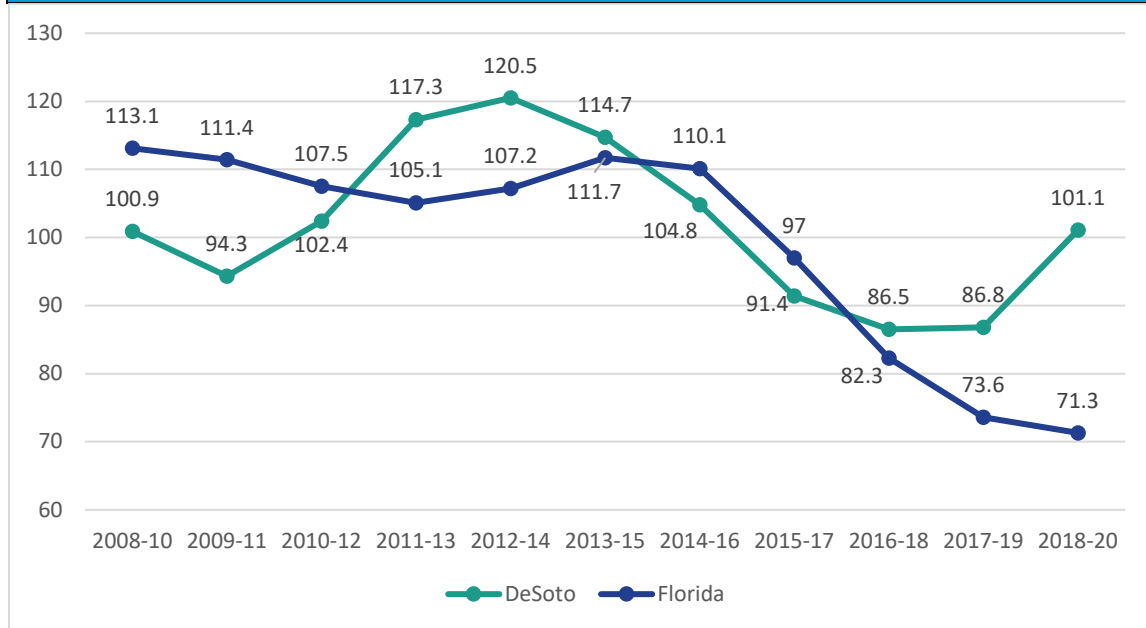
Exhibit 30: Deaths from Heart Disease by Race and Ethnicity
Age-Adjust Death Rate per 100,000, 3-Year Rolling Rates 2018-2020



Source: Florida Department of Health, Bureau of Vital Statistics

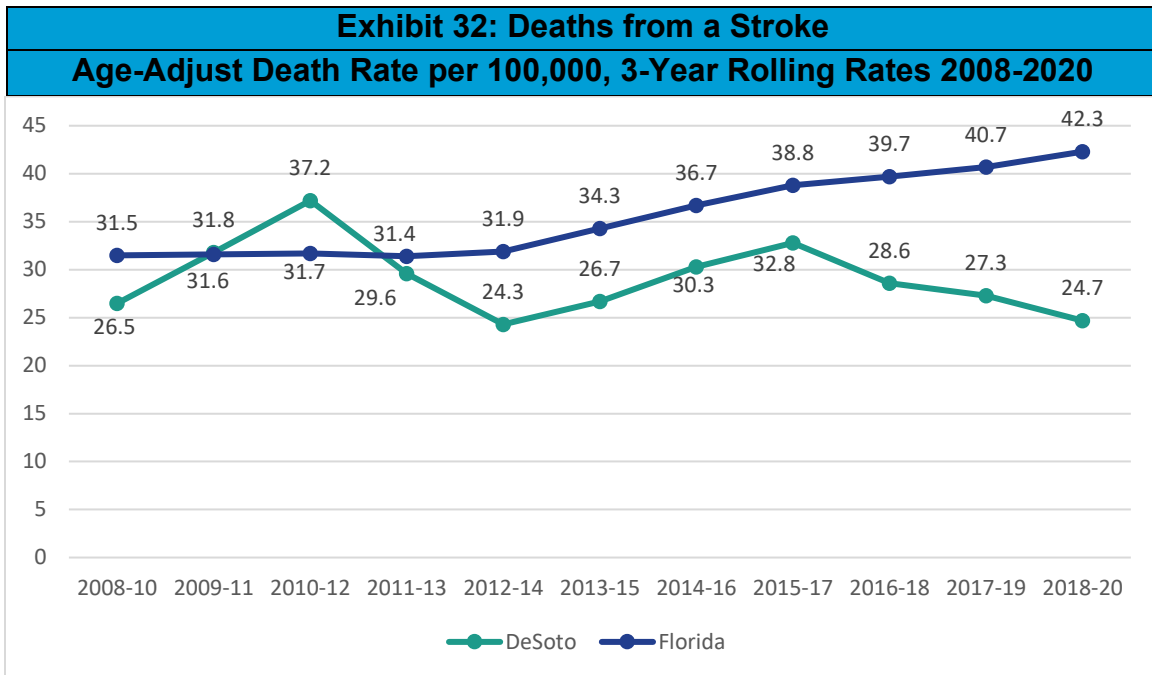
Individuals in DeSoto are more likely to have preventable hospitalizations from congestive heart failure than the state average (101.1 DeSoto vs. 71.3 Florida).

Exhibit 31: Preventable Hospitalizations Under 65 from Congestive Heart Failure
Rate per 100,000, 3-Year Rolling Rates 2008-2020



Source: Florida Agency for Health Care Administration (AHCA)

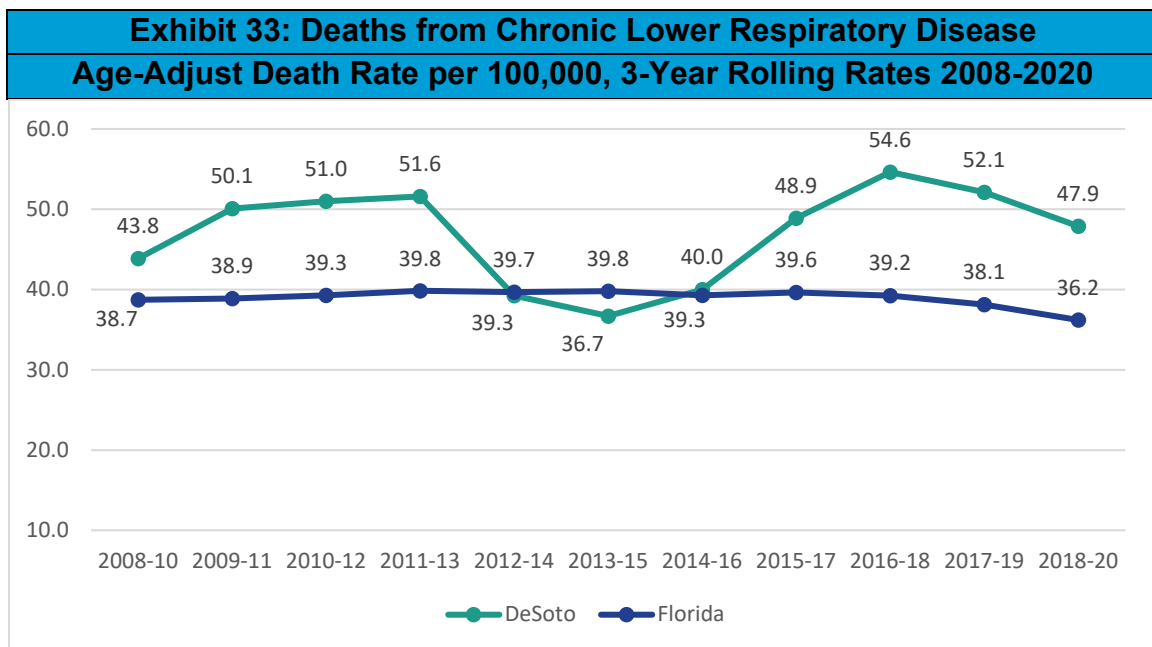
There has been a decline in the rate of death from a stroke in DeSoto County, it is now well below the state average (24.7 DeSoto vs. 42.3 Florida).



Source: Florida Department of Health, Bureau of Vital Statistics

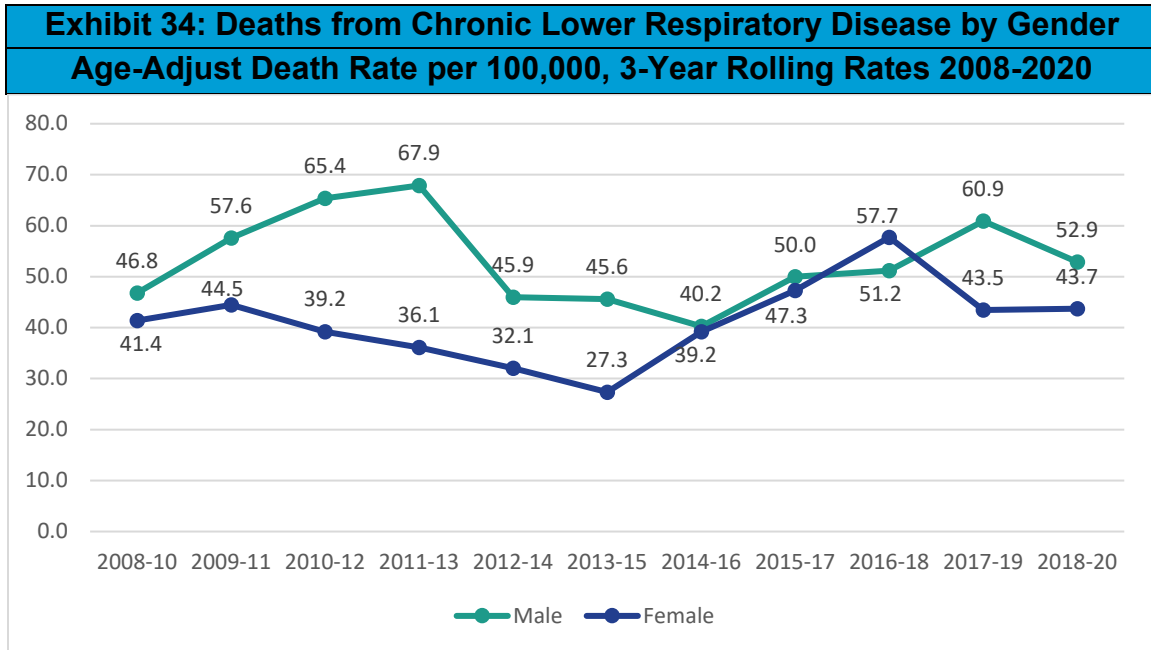
Chronic Lower Respiratory Disease

Individuals in DeSoto County have a higher rate of death from Chronic Lower Respiratory Disease than the state average (47.9 DeSoto vs. 36.2 Florida). The rate increased between 2013-2015 but since lowered.

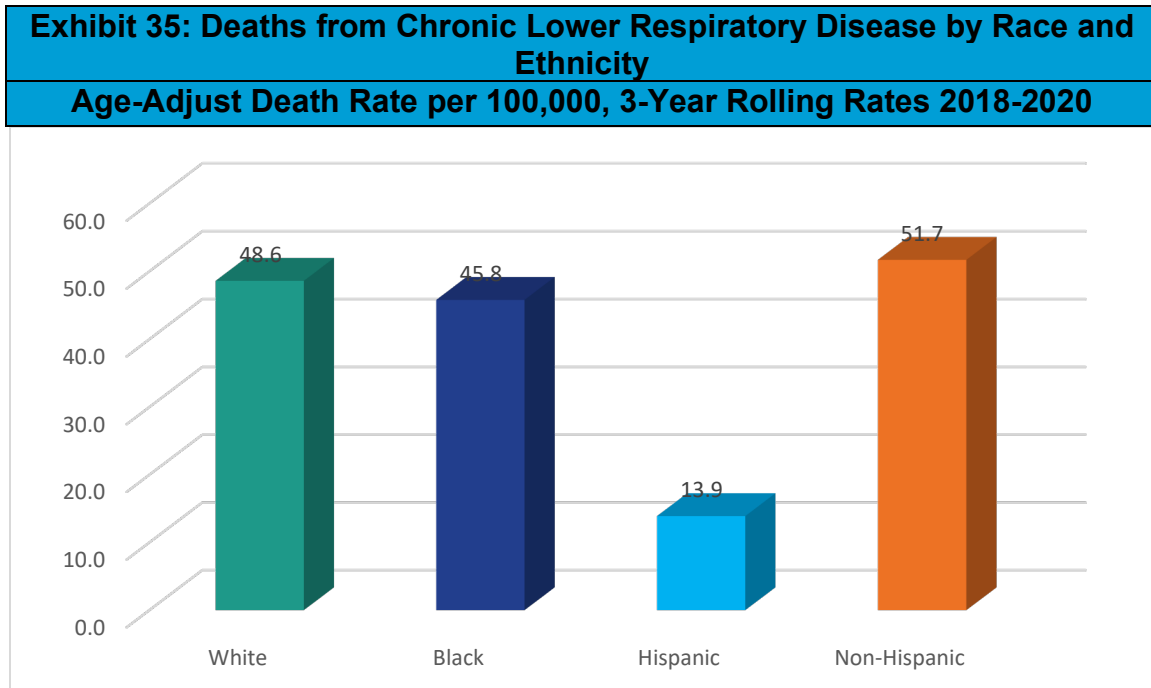


Source: Florida Department of Health, Bureau of Vital Statistics

Males in DeSoto County have a higher rate of death from Chronic Lower Respiratory disease than females (52.9 male vs. 43.7 female per 100,000).

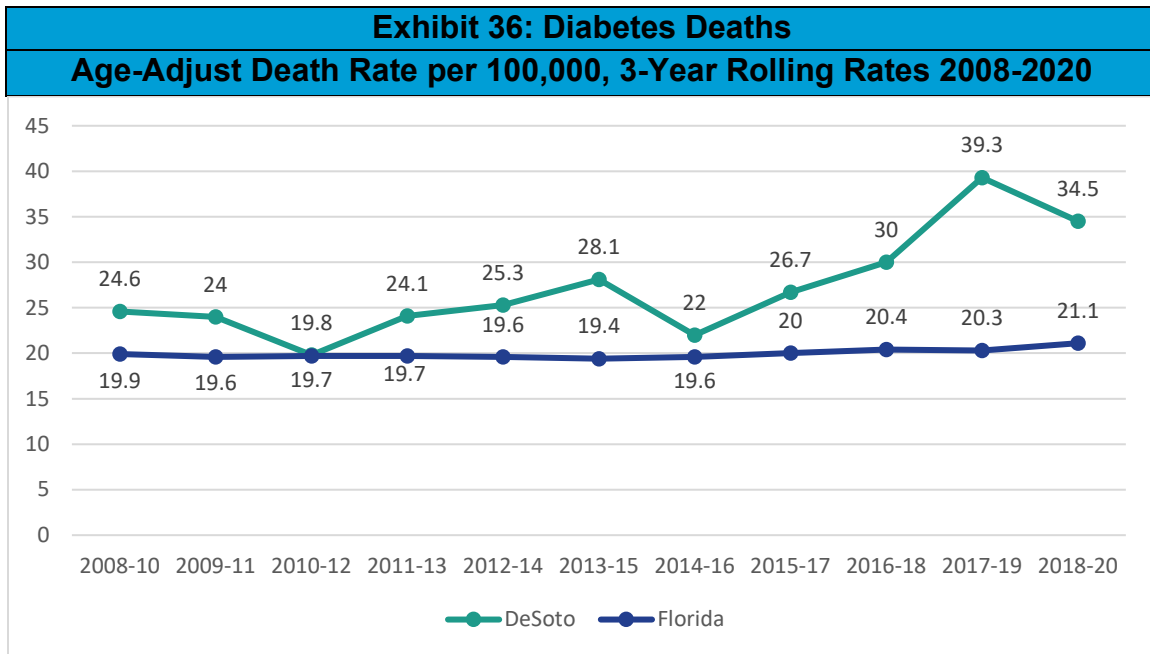


The rate of death from Chronic Lower Respiratory disease is comparable among the black and white population in DeSoto County (48.6 white vs. 45.8 black) and lowest among the Hispanic population (13.9 per 100,000).



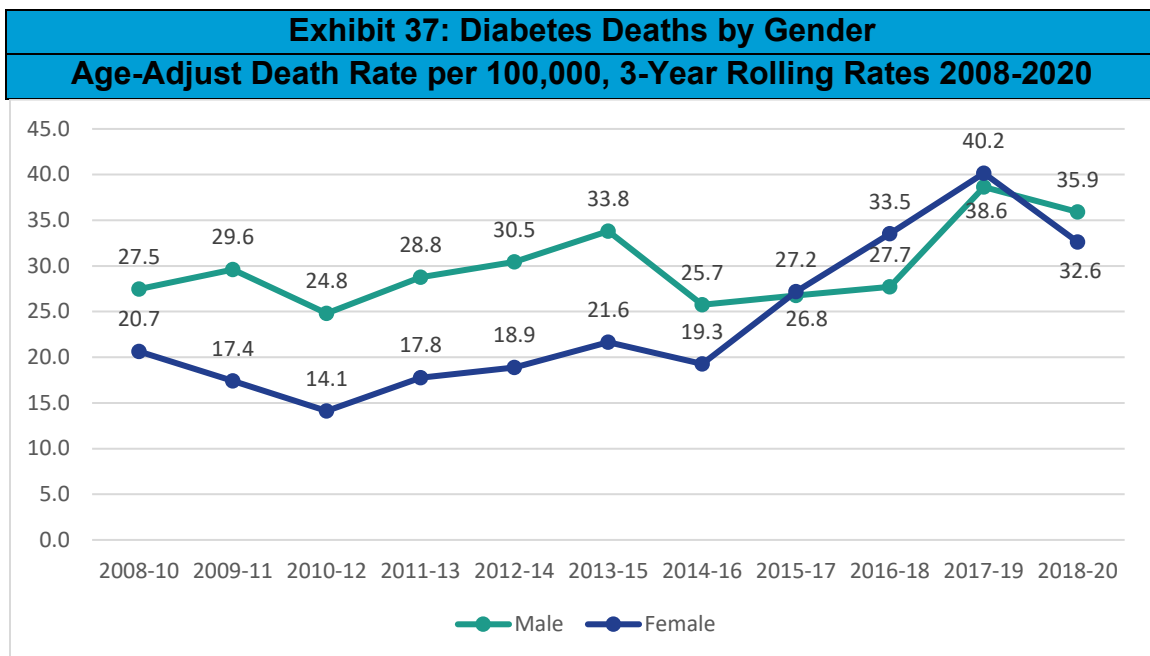
Diabetes

Diabetes deaths in DeSoto County have risen sharply since 2014-16 and has slightly decreased in 2018-2020. The rate is now nearly double the state rate (34.5 DeSoto vs. 21.1 Florida).



Source: Florida Department of Health, Bureau of Vital Statistics

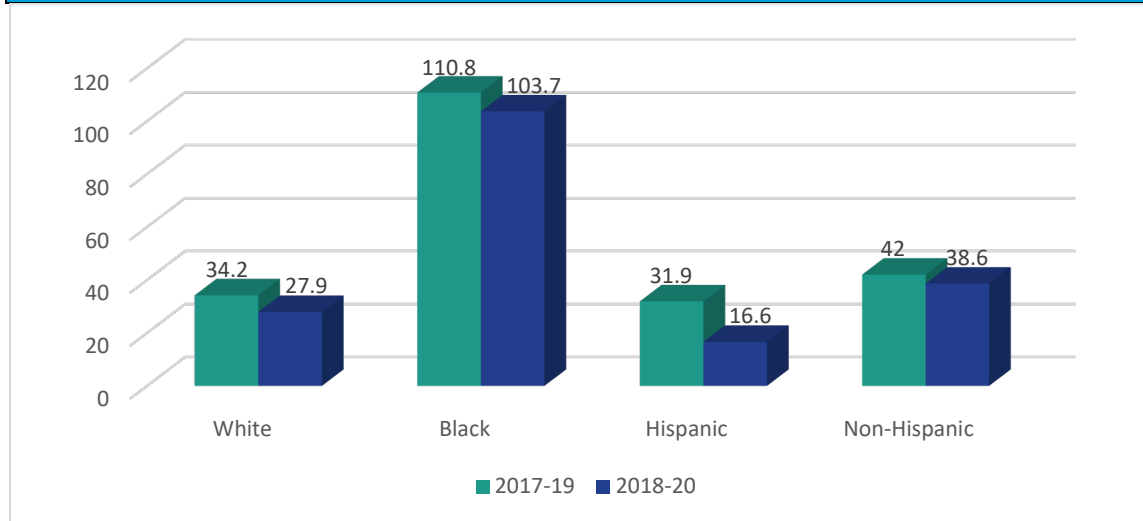
Diabetes deaths in DeSoto County are higher among males than females (35.9 male vs. 32.6 female per 100,000), however the rate has been rising more quickly among the female population from 2014 to 2020.



Source: Florida Department of Health, Bureau of Vital Statistics

Diabetes deaths in DeSoto County are significantly more common in the black population than the non-Hispanic and white population (103.7 black, 38.6 non-Hispanic, 27.9 white per 100,000). The rate for the black population slightly decreased between 2017-2019 and 2018-2020; however, it should be noted that this is based on a small count – the number of deaths from diabetes in the black population was 8 in 2019 and 3 in 2020).

Exhibit 38: Diabetes Deaths by Race and Ethnicity
Age-Adjust Death Rate per 100,000, 3-Year Rolling Rates 2017-2020

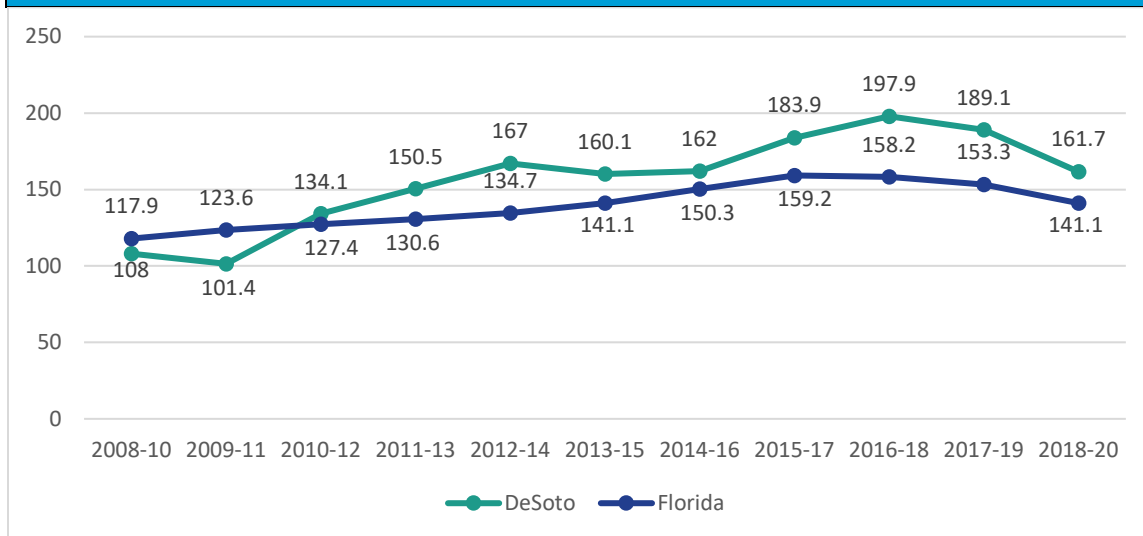


Source: Florida Department of Health, Bureau of Vital Statistics

14% of adults aged 20 and over were diagnosed with Diabetes in DeSoto County. (2021 County Health Rankings).

Preventable hospitalizations from diabetes have been rising both in DeSoto County and in the state. The rate in DeSoto County is higher than the state average (161.7 DeSoto vs. 141.1 Florida).

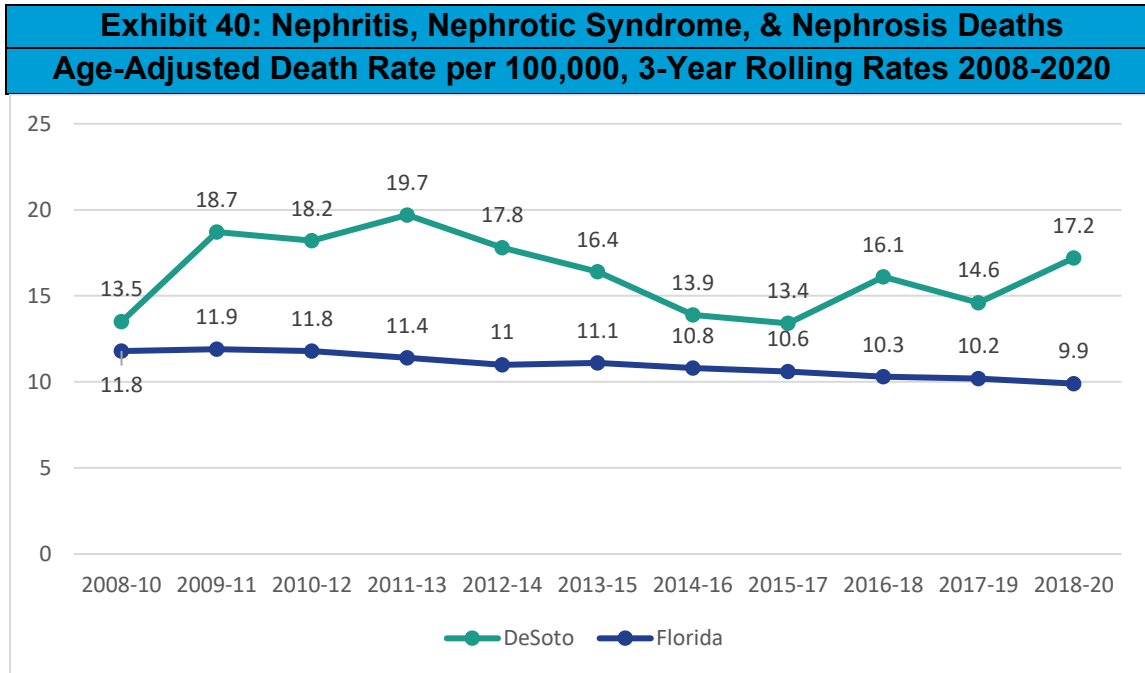
Exhibit 39: Preventable Hospitalizations Under 65 from Diabetes
Rate per 100,000, 3-Year Rolling Rates 2008-2020



Source: Florida Agency for Health Care Administration (AHCA)

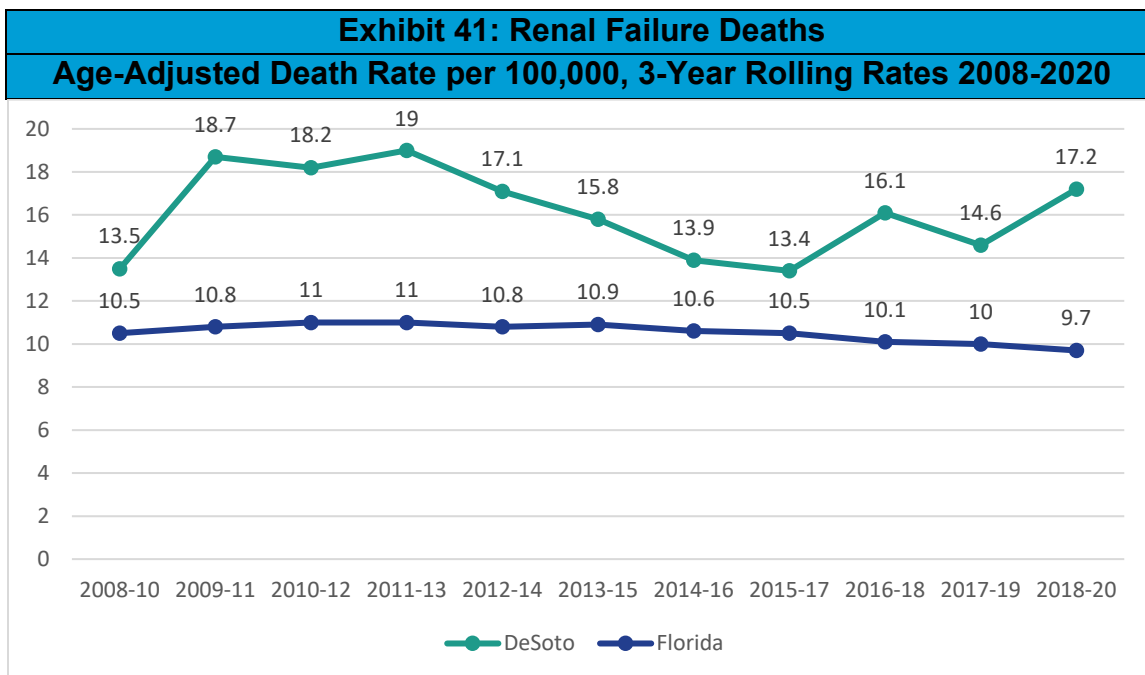
Chronic Kidney Disease

Death from chronic kidney disease is more common in DeSoto County than the state average (17.2 DeSoto vs. 9.9 Florida).



Source: Florida Department of Health, Bureau of Vital Statistics

Death from renal failure kidney disease is more common in DeSoto County than the state average (17.2 DeSoto vs. 9.7 Florida).



Source: Florida Department of Health, Division of Public Health Statistics & Performance Management

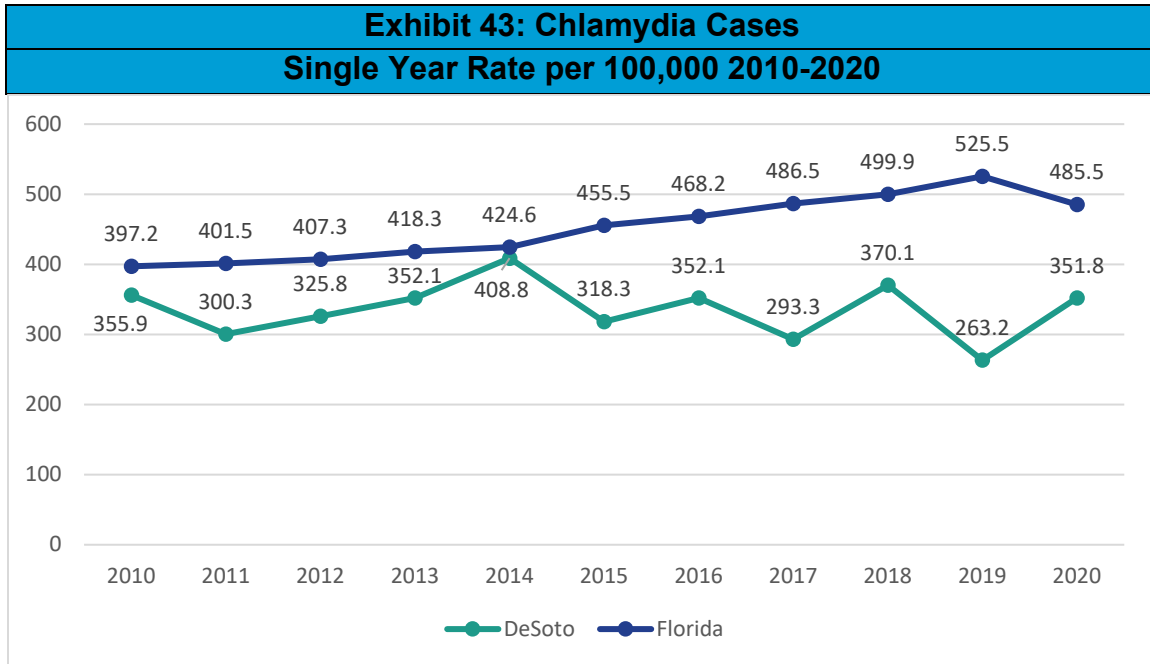
Infectious Disease

The rate of most infectious and vaccine preventable (except for varicella) diseases are lower in DeSoto County than the state average. However, it should be noted that lower rates of screening may contribute to the variance. DeSoto County does have slightly higher than average rates of tuberculosis and campylobacteriosis than the state.

Exhibit 42: Communicable Diseases			
DeSoto County and Florida, 2018-2020			
Disease	# Of Cases Annual Avg.	County 3 yr. Rate per 100,000	State 3 yr. Rate per 100,00
Sexually Transmitted Diseases			
Chlamydia	335	328.6	493.8
Gonorrhea	133	123.1	172.5
Syphilis, Infectious	2	1.9	15.0
Vaccine Preventable Disease			
Hepatitis B, Chronic	6	5.6	21.4
Varicella (Chickenpox)	7	6.5	3.4
Pertussis	0	0.0	1.6
Meningococcal Disease	0	0.0	0.1
AIDS and Other Diseases			
AIDS	9	8.3	8.4
Tuberculosis	6	5.6	2.4
Enteric, Food and Waterborne Disease			
Campylobacteriosis	29	26.8	19.8
Salmonellosis	37	34.2	33.0
Hepatitis A	5	4.6	7.8

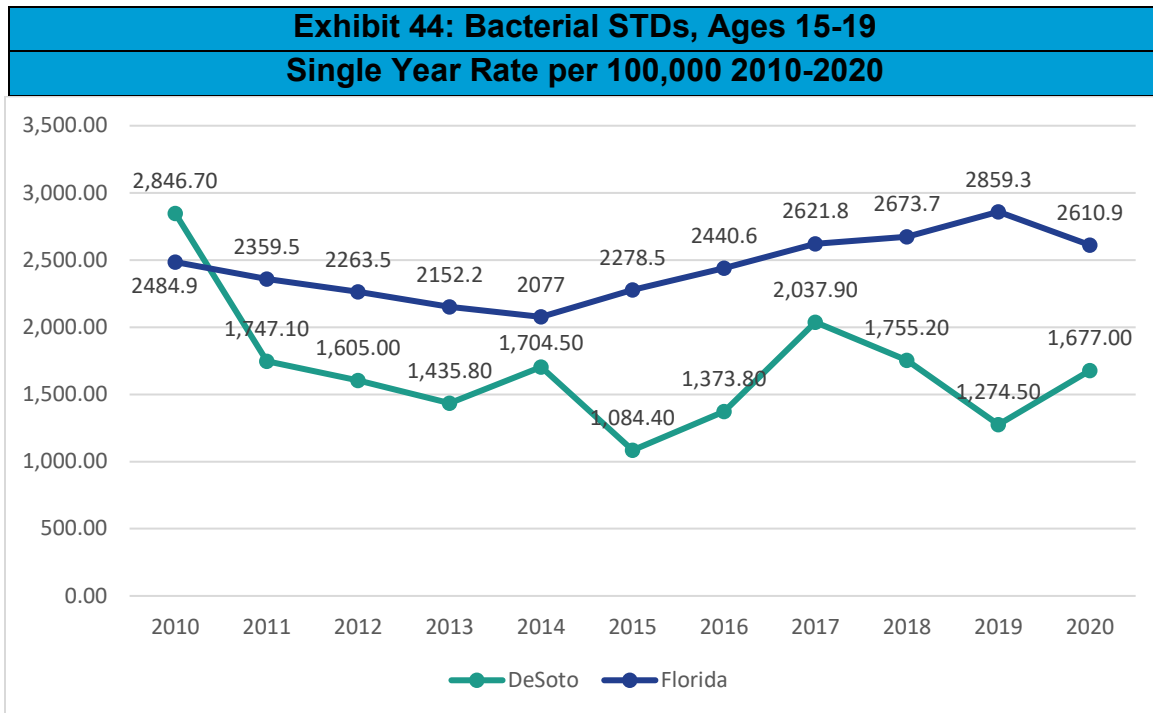
Source: Division of Disease Control, Florida Department of Health

The rate of Chlamydia has been consistently rising at the state level across in recent years. The rate in DeSoto County has been more variable. The rate for 2020 was significantly lower than the state average (351.8 DeSoto vs. 485.5 Florida).



Source: Florida Department of Health, Bureau of Communicable Diseases

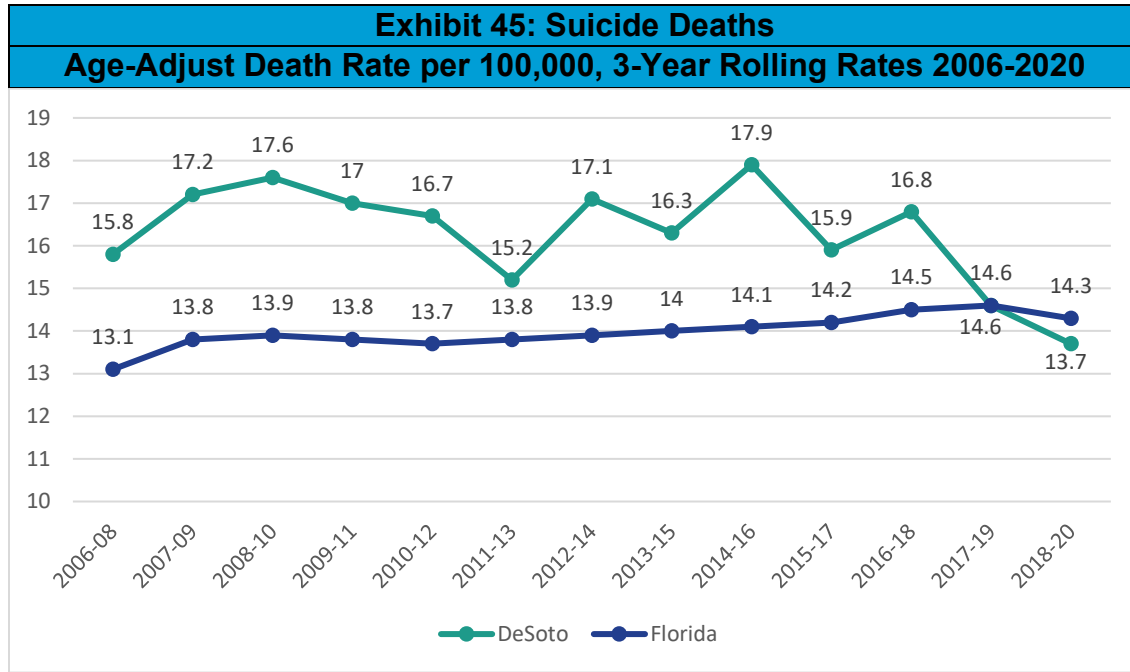
The rate of bacterial STDs among teens ages 15-19 has been rising for the state of Florida from 2014 to 2019. The rates have been more variable for DeSoto County. They are lower than the state average for 2020 (1,677.0 DeSoto vs. 2,610.9 Florida).



Source: Florida Department of Health, Bureau of Communicable Diseases

Mental Health and Mental Disorders

On average, the suicide rate in DeSoto County is slightly higher than the state rate. For 2018-2020, DeSoto County had a slightly lower average of suicide deaths for the first time (13.7 DeSoto vs. 14.3 Florida).



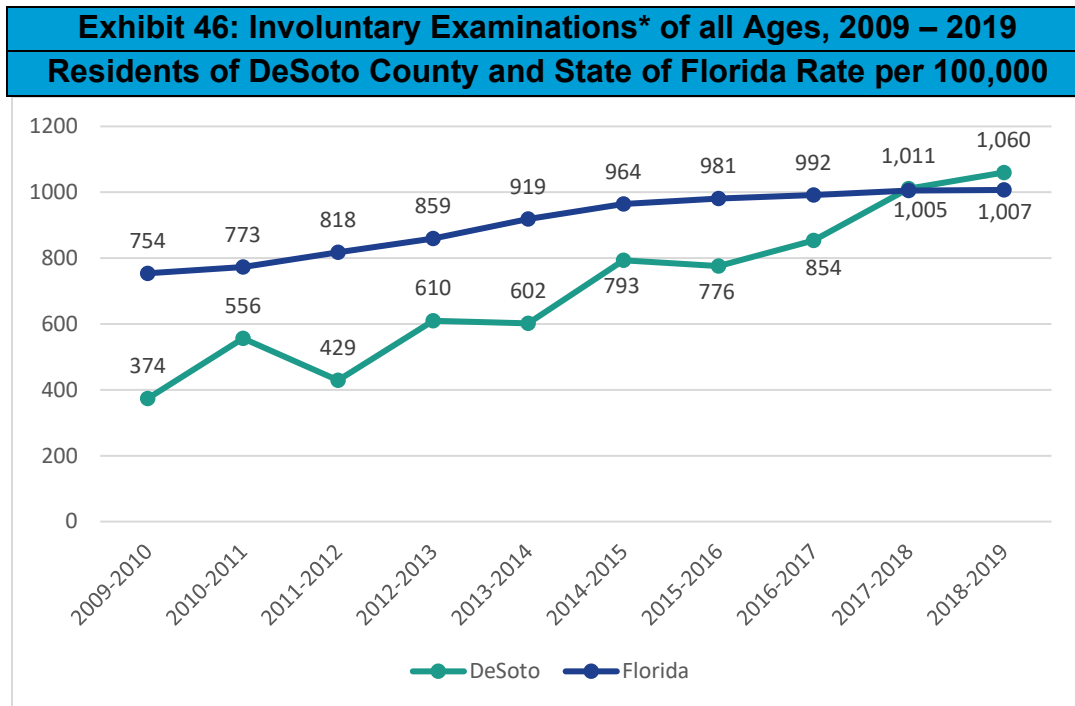
Source: Florida Department of Health, Bureau of Vital Statistics

Baker Act

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

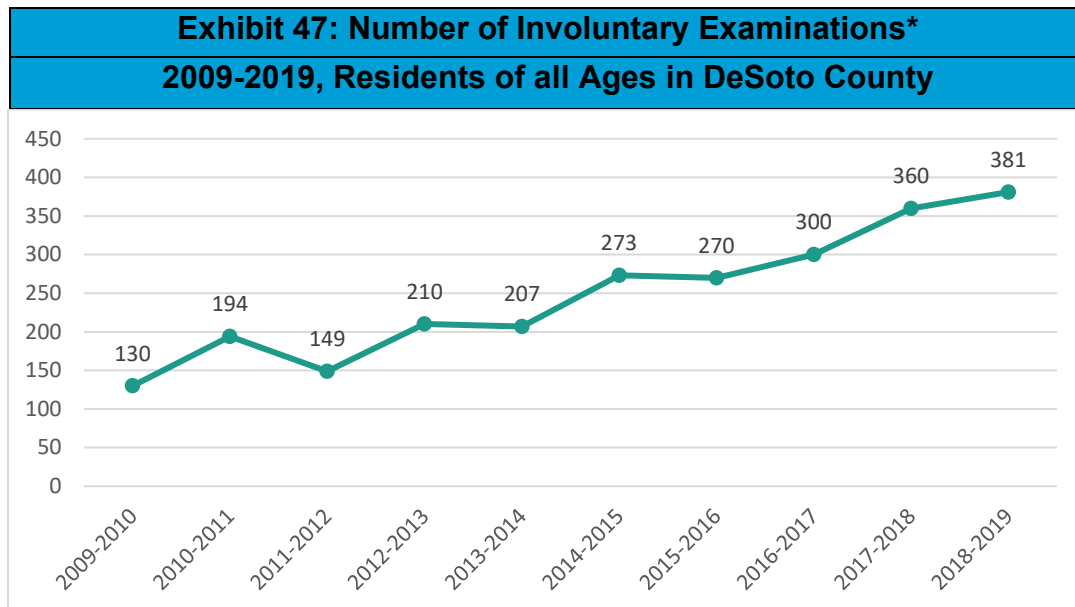
There are many possible outcomes following the examination of the patient. This includes the release of the individual to the community (or other community placement), a petition for involuntary inpatient placement (what some call civil commitment), involuntary outpatient placement (what some call outpatient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

There were 381 involuntary examinations due to the Baker Act for residents of DeSoto County. This number has been rising in recent years. That is also true across the state, although the rise in the past four years is faster in DeSoto than across the state.



Source: 2018/2019 Florida Mental Health Act (The Baker Act) Reports, Baker Act Center

*Involuntary examination forms for people who never reach a receiving facility are not received by the Baker Act Reporting Center, so are not included in the data

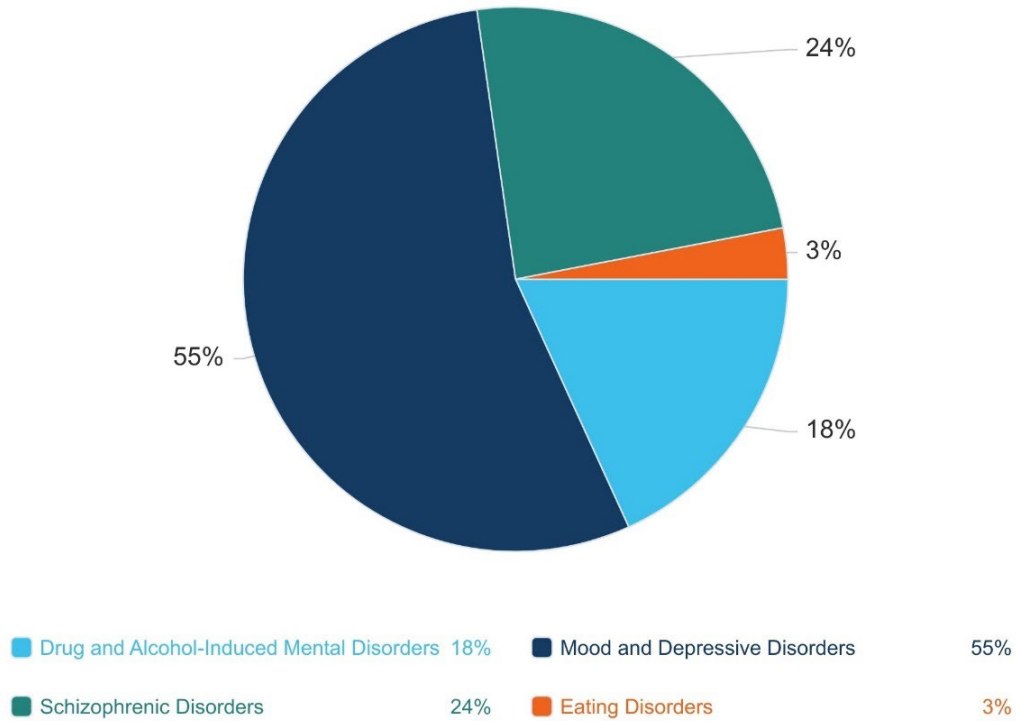


Source: 2018/2019 Florida Mental Health Act (The Baker Act) Reports, Baker Act Center

*Involuntary examination forms for people who never reach a receiving facility are not received by the Baker Act Reporting Center, so are not included in the data

Among DeSoto County individuals hospitalized for mental and behavioral health disorders in 2020, more than half (55%) were hospitalized as a result of mood and depressive disorders.

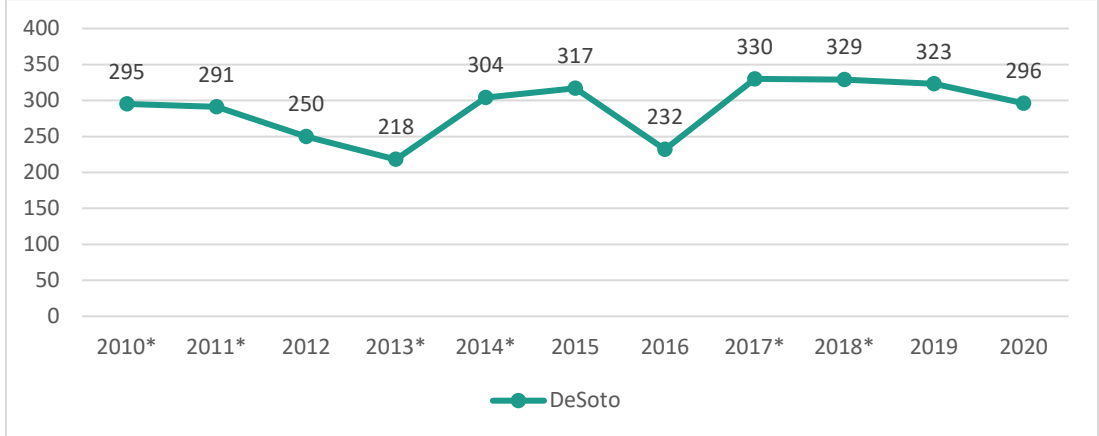
**Exhibit 48: Hospitalizations for Mental and Behavioral Health Disorders
DeSoto County, 2020**



Source: Florida Agency for Healthcare Administration

In 2020, 296 out of every 100,000 individuals in DeSoto County (fewer than 100,000 so each incidence counts more than once) were hospitalized due to mental and behavioral health disorders. This is a slightly lower rate than the previous two years.

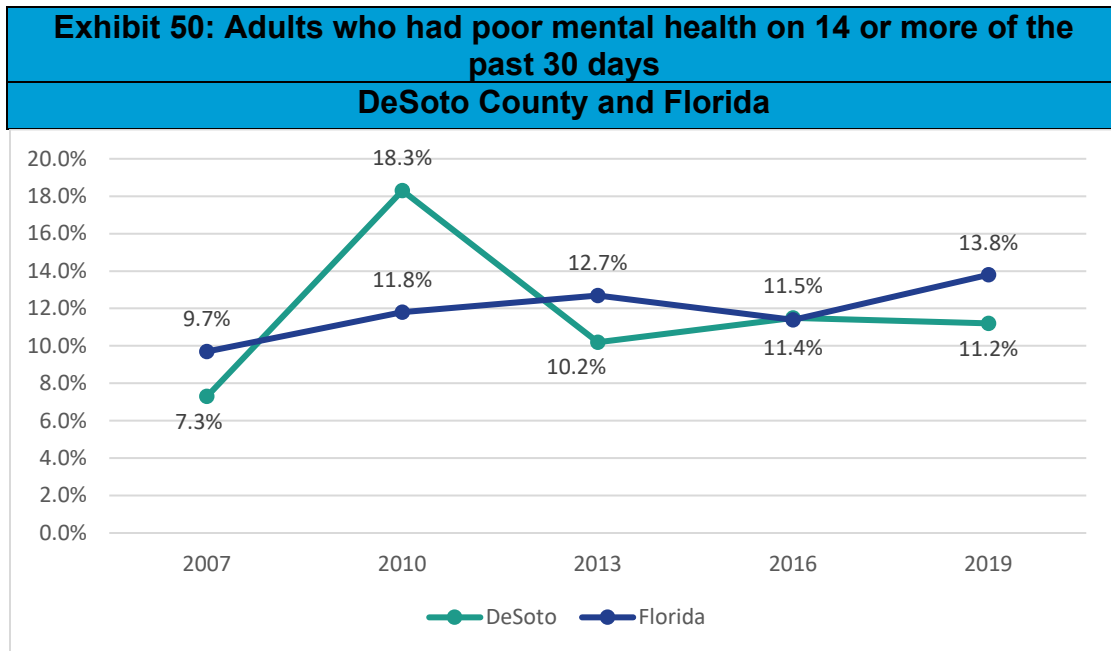
**Exhibit 49: Hospitalizations for Mental and Behavioral Health Disorders
Single Year, Total Hospitalizations, 2010-2020**



Source: Florida Agency of Health Care Administration

* Indicates a year where total hospitalizations for eating disorders was <5, for this year a count of 1 was used.

The percentage of adults who reported that they had had poor mental health for 14 or more of the past 30 days in DeSoto County was less than the state average (11.2% DeSoto vs. 13.8% Florida).



Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers of Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion

Pregnancy and Childbirth

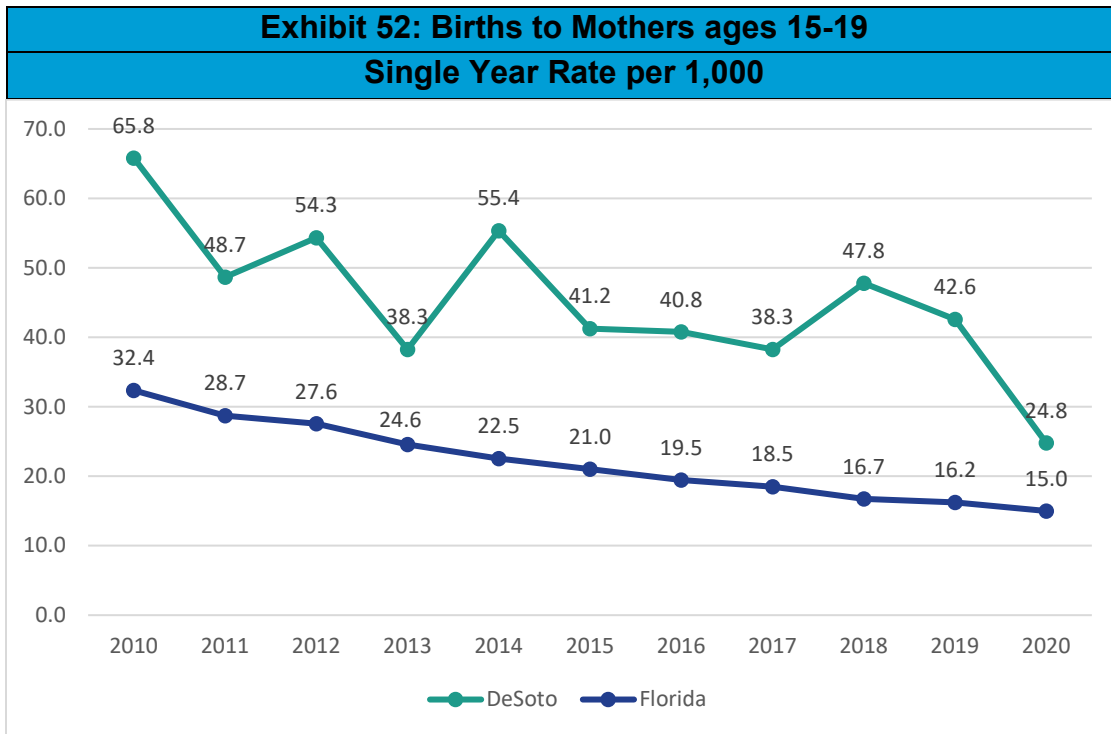
DeSoto County has a significantly greater number of births to teen mothers than the state average (38.2 DeSoto vs. 16.0 Florida). DeSoto County has a lower-than-average percentage of births with lower or very low birth weight.

Exhibit 51: Maternal & Child Health Indicators, DeSoto County and Florida				
3-Year Figures 2018-2020				
	County	State	Trend	Quartile*
Birth Family Characteristics				
Total Births (Count, 3-year annual avg.)	385	217,054		3
Births to Mothers ages 15-44, per 1,000	75.9	55.8		4
Births to Mothers ages 15-19, per 1,000	38.2	16.0	Inconsistent	4
Births to Unwed Mothers ages 15-44 (%)	59.5%	46.7%	Positive	4
Births to Mothers 19 and Over without High School Education (%)	28.7%	9.9%	Positive	4
Infant Deaths				
Infant Deaths (0-364 days) per 1,000 Live Births	5.2	6.0	Inconsistent	2

Neonatal Deaths (0-27 days) per 1,000 Live Births	1.7	4.0	Positive	1
Post-Neonatal Deaths (28-364 days) per 1,000 Live Births	3.5	1.9	Inconsistent	4
Low Birth Weight				
Births <1500 Grams (Very Low Birth Weight) %	0.7%	1.6%	Inconsistent	1
Births < 2500 Grams (Low Birth Weight) %	7.8%	8.7%	Inconsistent	1
Prenatal Care				
Births with 1 st Trimester Prenatal Care (%)	60.5%	76.1%	Negative	4
Births with Late or No Prenatal Care (%)	9.5%	7.2%	Inconsistent	4

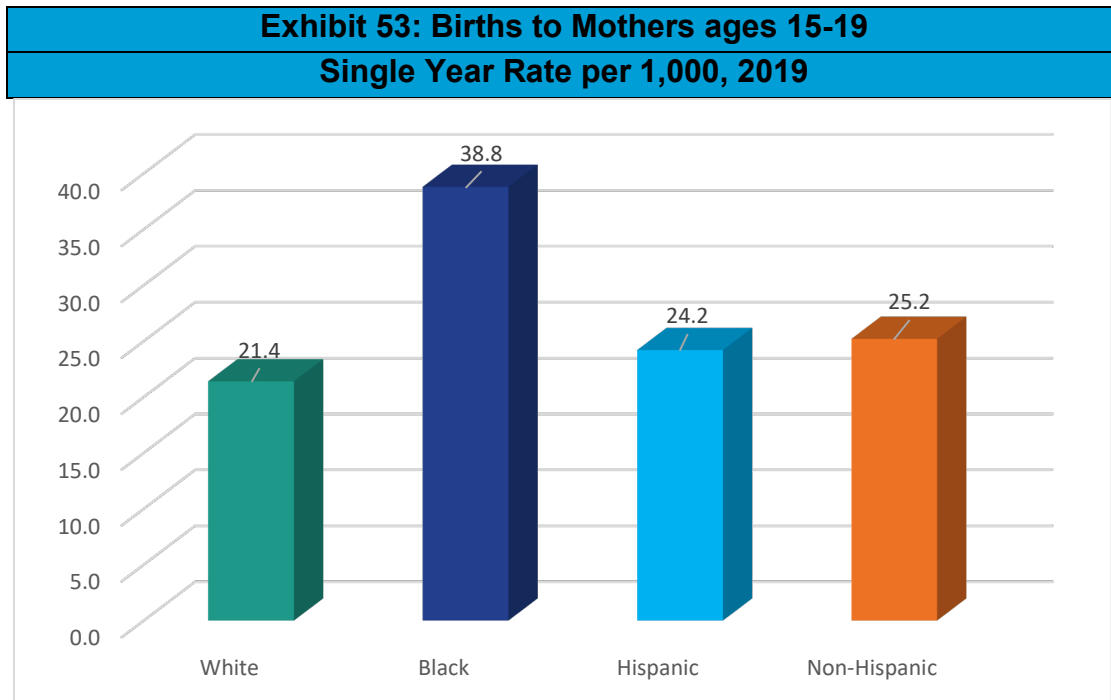
Source: Florida Department of Health, Bureau of Vital Statistics
 *County compared to other Florida counties. 1 is the best to 4 as the lowest.

The rate of births to teen mothers in DeSoto County is higher than the state average (24.8 DeSoto vs. 15.0 Florida). However, it has reduced greatly from a high of 65.8 in 2010.



Source: Department of Health, Bureau of Vital Statistics

The rate of births to teen mothers in DeSoto County is lowest among the white population and highest among the black population (38.8 black, 21.4 white and 24.2 Hispanic per 1,000).



Source: Department of Health, Bureau of Vital Statistics

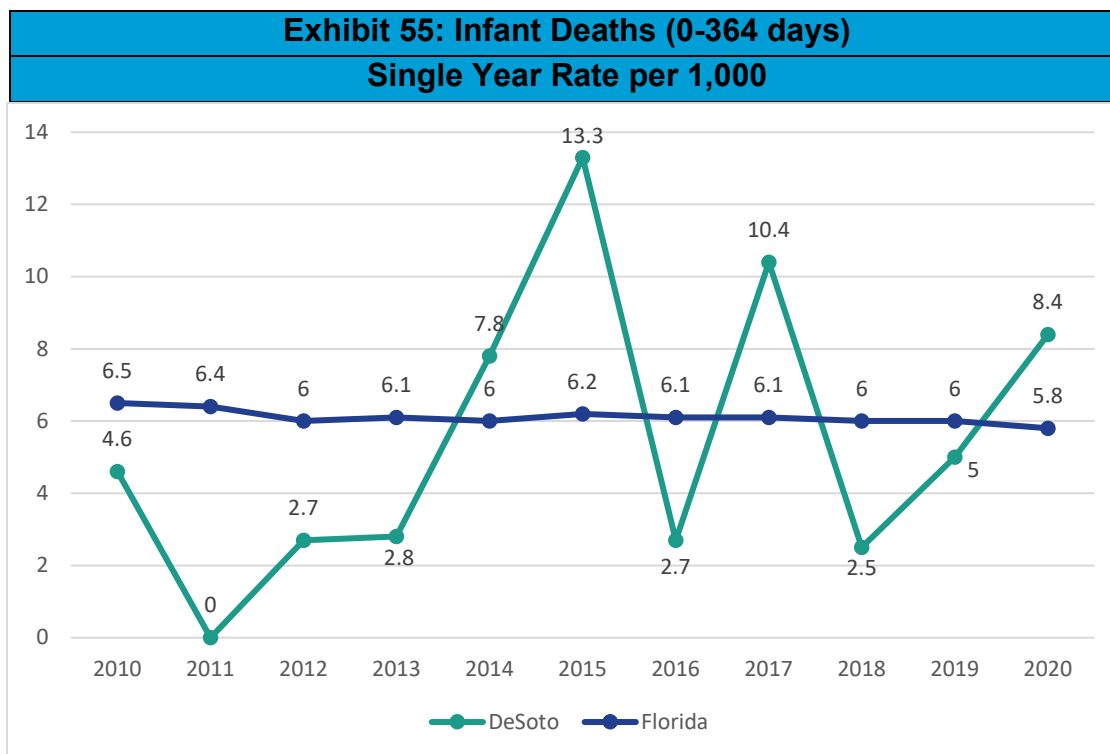
The birth rate in DeSoto County is the highest among Hispanic individuals and the lowest among non-Hispanic individuals. The birth rate has fallen among all groups.

Exhibit 54: Birth Rate by Race and Ethnicity
Single Year Rate per 1,000 Live Births, DeSoto County

	Hispanic	Non-Hispanic	White	Black & Other
2020	12.5	8.5	9.5	11.0
2019	13.8	9.8	10.8	12.9
2018	13.7	9.4	11.4	8.3
2017	15.0	9.0	11.3	8.6
2016	12.9	9.3	10.5	9.8
2015	12.7	9.8	11.4	7.5
2014	13.6	10.0	11.6	8.6
2013	15.4	8.4	11.1	7.7
2012	14.5	8.9	10.8	9.7
2011	15.5	9.3	11.4	10.1
2010	17.7	10.2	13.2	8.7

Source: Florida Department of Health, Bureau of Vital Statistics

The rate of infant deaths in DeSoto County is quite variable due to the small numbers. The 2020 rate of 8.4 per 1,000 is higher than the state average of 5.8.



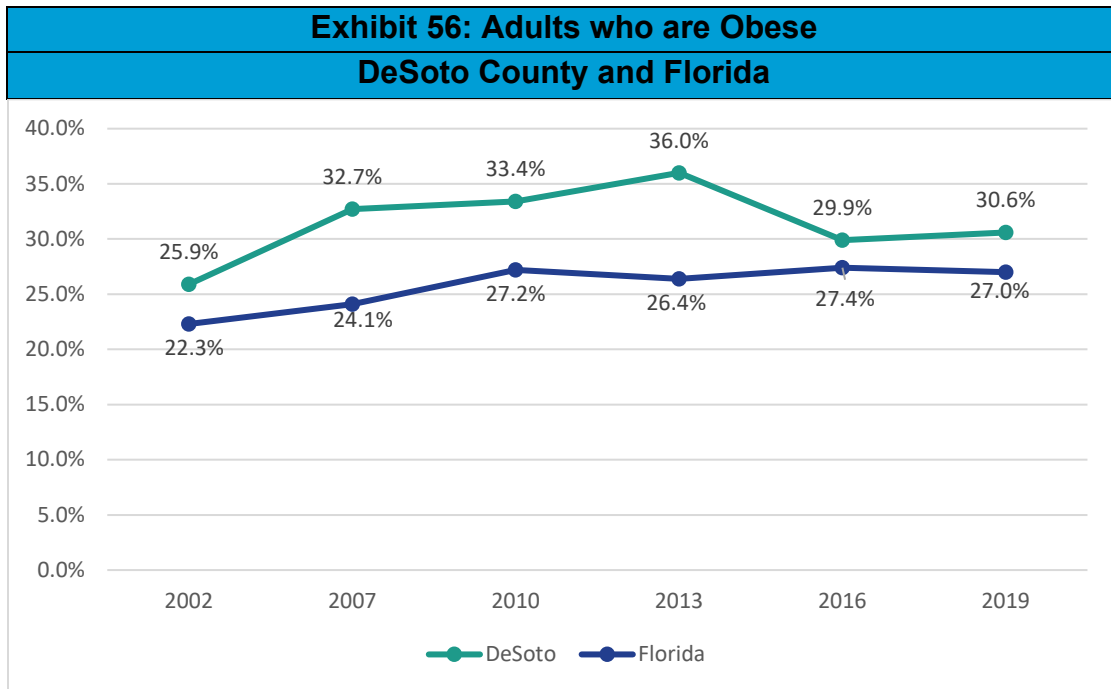
Source: Florida Department of Health, Bureau of Vital Statistics

Health Behaviors

Health Behaviors Selected Findings*

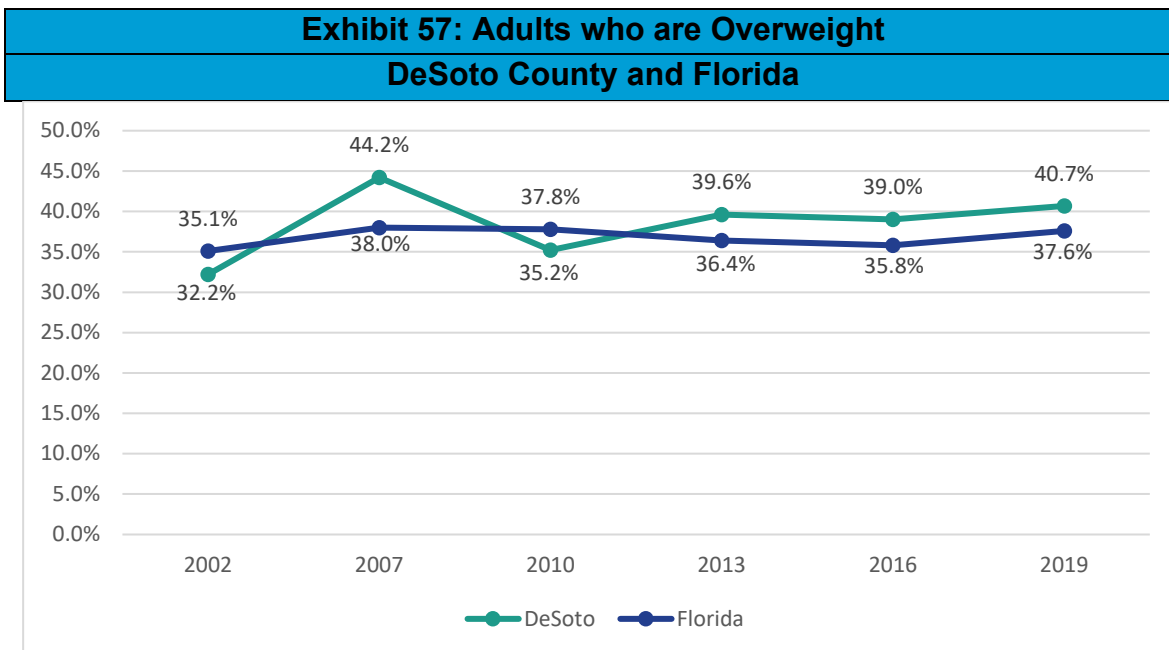
- Individuals over the age of 20 in DeSoto County are more likely than the state average to report that they conduct no leisure-time physical activity (36% DeSoto vs. 26% Florida).
- The percentage of adults in DeSoto County who report binge or heavy drinking (20%) is the same as the state level. The rate of drug overdose deaths in DeSoto County is lower than the state rate (13 DeSoto vs. 24 Florida per 100,000).
- The percentage of middle and high school students in DeSoto County who report that they have used alcohol in the past 30-days has decreased significantly in the past decade (30.5% 2010 vs. 14.8% 2020).
- The percentage of middle and high school students in DeSoto County who report that they have used cigarettes in the past 30-days has decreased significantly in the past decade (9.1% 2010 vs. 1.8% 2020).
- The rate of students in DeSoto County who report that they vape is higher than the state rate (9.3% Marijuana, 13.9% Nicotine, DeSoto, vs. 7.3% Marijuana, 11.4% Nicotine, Florida).

The percentage of adults who are obese in DeSoto County has been higher than the state average since at least 2002. However, the percentage fell between 2013 and 2016 and is now more similar to the state average (30.6% DeSoto vs. 27.0% Florida).



Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers of Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion

The percentage of adults in DeSoto County who are overweight has been consistent and is consistent with the state average (40.7% DeSoto vs. 37.6% Florida).



Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers of Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion

Individuals over the age of 20 in DeSoto County are more likely than the state average to report that they conduct no leisure-time physical activity (36% DeSoto vs. 26% Florida).

Exhibit 58: Physical Inactivity				
DeSoto, Florida, and United States				
	DeSoto	Error Margin	Top U.S. Performers	Florida
Physical Inactivity <i>Percentage of adults aged 20 and over reporting no leisure-time physical activity</i>	36%	32-39%	19%	26%
Access to Exercise Opportunities <i>Percentage of population with adequate access to locations for physical activity</i>	56%		91%	89%

Source: 2021 County Health Rankings – Robert Wood Johnson Foundation, University of Wisconsin Population Health Institute

Drug and Alcohol Use

The percentage of adults in DeSoto County who report binge or heavy drinking (20%) is the same as the state level. The rate of drug overdose deaths in DeSoto County is lower than the state rate (13 DeSoto vs. 24 Florida per 100,000).

Exhibit 59: Substance Abuse				
DeSoto, Florida, and United States				
	DeSoto	Error Margin	Top U.S. Performers	Florida
Excessive Drinking <i>Percentage of adults reporting binge or heavy drinking</i>	20%	20-21%	15%	20%
Drug Overdose Deaths <i>Number of drug poisoning deaths per 100,000 population</i>	13	7-22	11	24

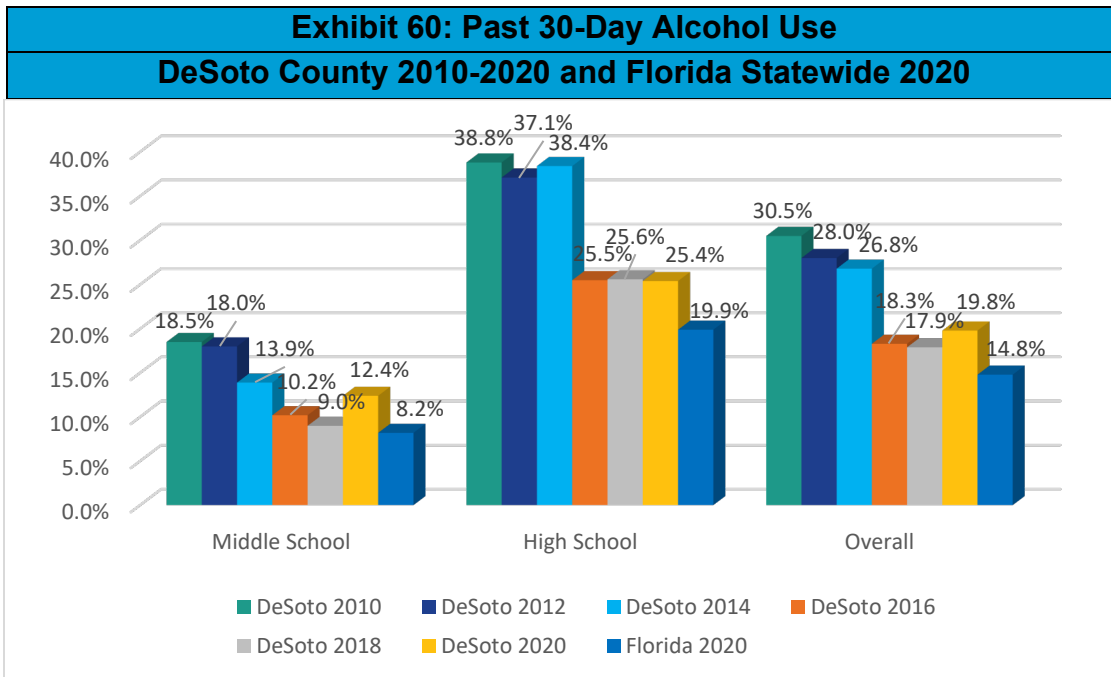
Source: 2021 County Health Rankings – Robert Wood Johnson Foundation, University of Wisconsin Population Health Institute based on data from 2018.

Florida Youth Substance Abuse Survey (FYSAS)

Florida Youth Substance Abuse Survey (FYSAS) is a collaborative effort between the Florida Departments of Health, Department of Education, Children and Families, Juvenile Justice, and the Governor’s Office of Drug Control. It is based on the “Communities That Care” survey, which measures the prevalence and frequency of drug use, the prevalence and frequency of other antisocial behaviors, and the degree to which risk and protective factors exist that can predict alcohol, tobacco, and other drug use, delinquency, gang involvement, and other problem behaviors in adolescents.

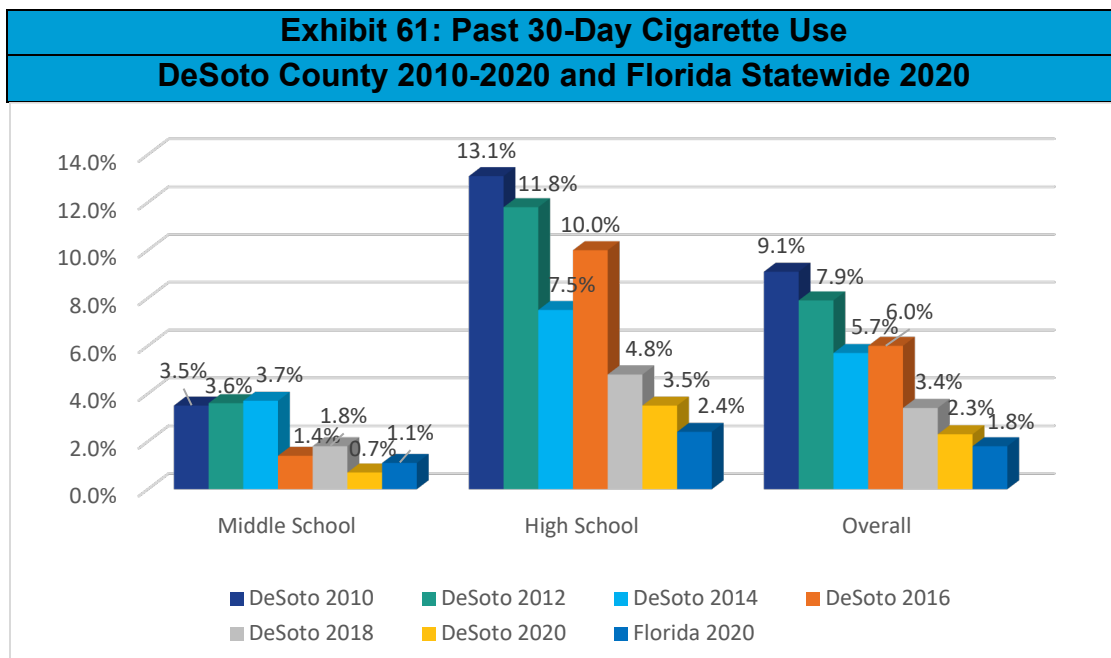
The FYSAS was administered to students in grades 6 through 12 in spring of 2020 (prior to schools transferring to at home learning due to the COVID-19 pandemic). In DeSoto County, 713 students completed the survey (343 middle school students, 370 high school students).

The percentage of middle and high school students in DeSoto County who report that they have used alcohol in the past 30-days has decreased significantly in the past decade (30.5% 2010 vs. 14.8% 2020).



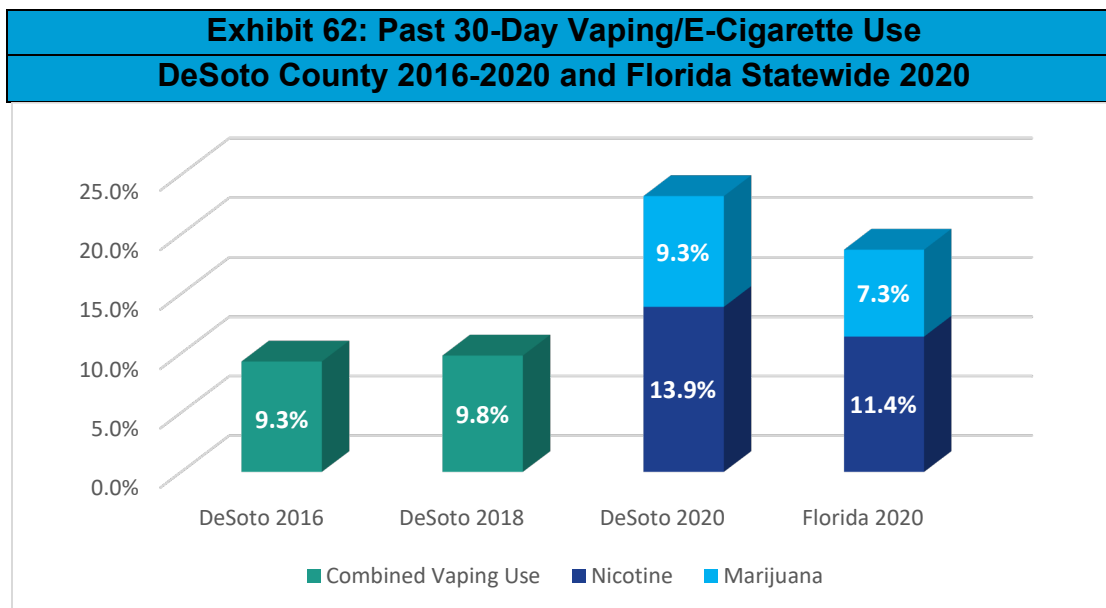
Source: Florida Youth Substance Abuse Survey (2020), Florida Department of Children and Families

The percentage of middle and high school students in DeSoto County who report that they have used cigarettes in the past 30-days has decreased significantly in the past decade (9.1% 2010 vs. 1.8% 2020).



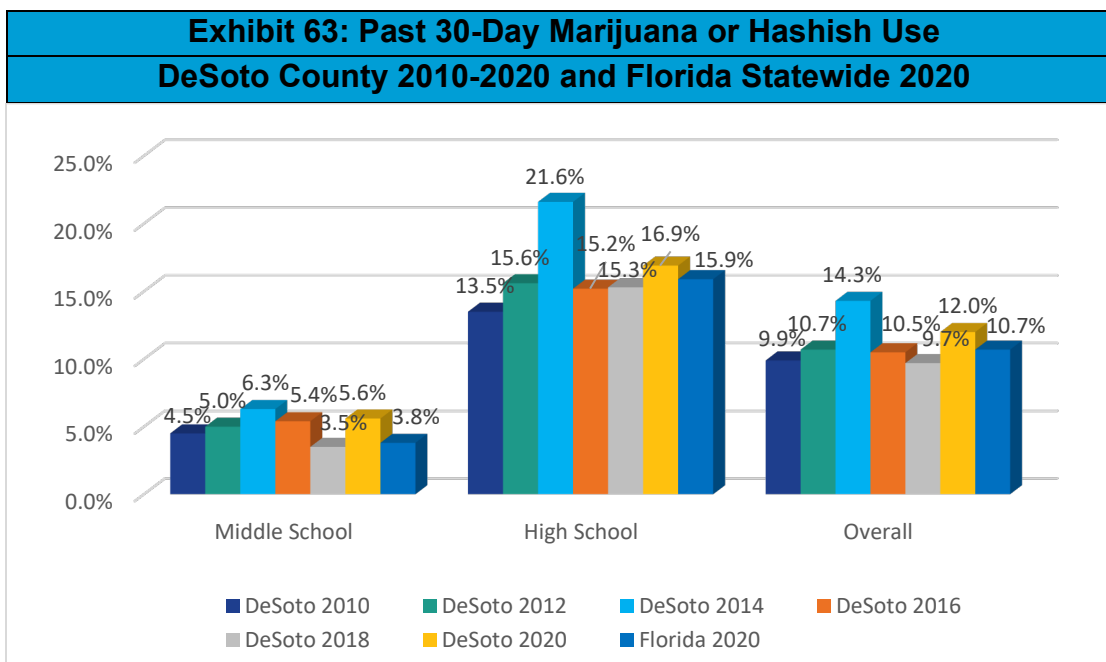
Source: Florida Youth Substance Abuse Survey (2020), Florida Department of Children and Families

Starting in 2016 the FYSAS started tracking vaporizer (vaping)/e-cigarette use among middle school and high school students. In 2020, the vaping category was broken into two vaping nicotine and vaping marijuana. It is likely that there is an overlap between nicotine and marijuana users. The rate of students in DeSoto County who report that they vape is higher than the state rate (9.3% Marijuana, 13.9% Nicotine, DeSoto, vs. 7.3% Marijuana, 11.4% Nicotine, Florida).



Source: Florida Youth Substance Abuse Survey (2020), Florida Department of Children and Families

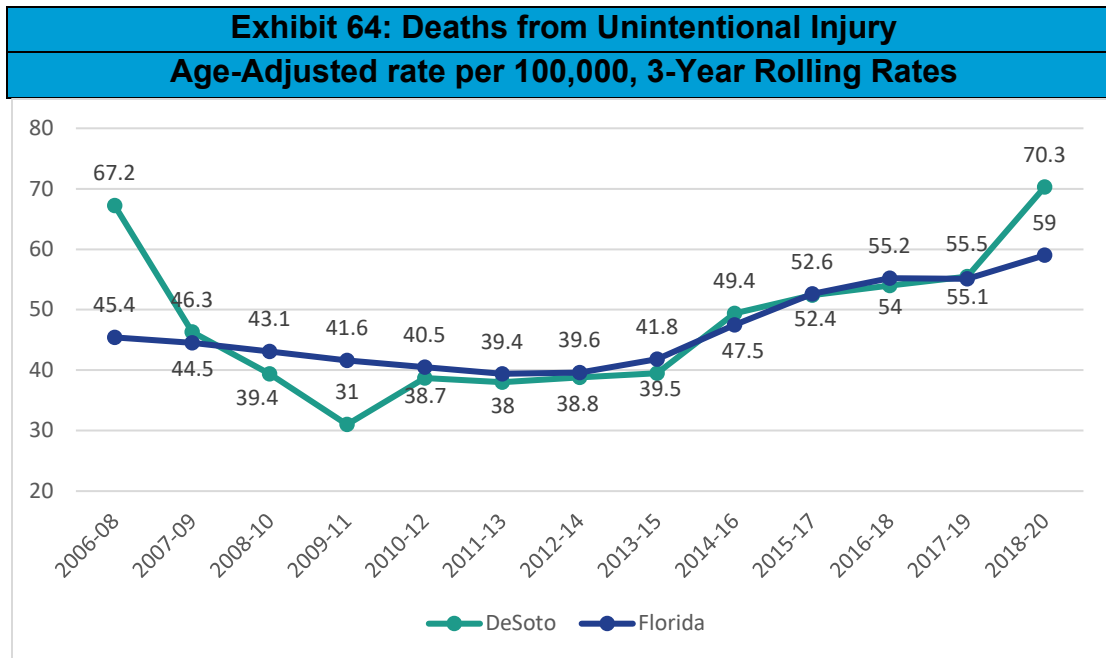
There has not been a significant change in the percentage of students in DeSoto County who report marijuana or hashish usage in the past 30 days across the last decade.



Source: Florida Youth Substance Abuse Survey (2020), Florida Department of Children and Families

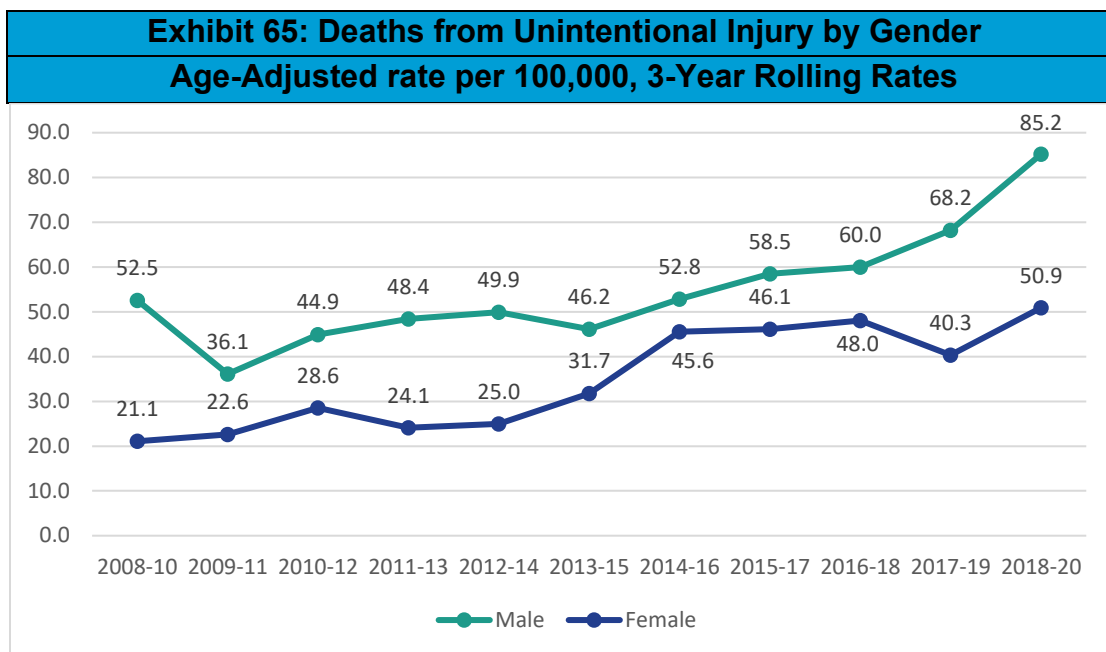
Injury Prevention

Deaths from unintentional injuries among individuals from DeSoto County have increased from 39.6 per 100,000 in 2013-2015 to 70.3 per 100,000 for 2018-2020.



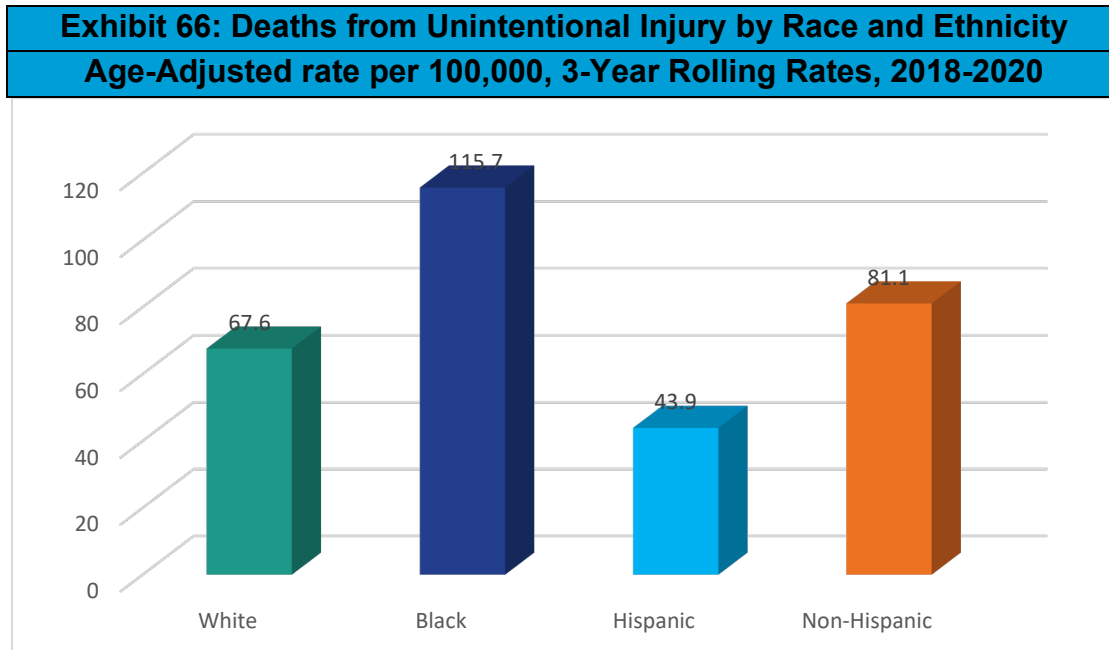
Source: Florida Department of Health, Bureau of Vital Statistics

The death rate from unintentional injury in DeSoto County is significantly higher among males than among females (85.2 male vs. 50.9 female). From 2013-2015 there's been a significant increase in deaths from unintentional injuries among males.



Source: Florida Department of Health, Bureau of Vital Statistics

The death rate from unintentional injuries in DeSoto County is highest among the black population and lowest among the Hispanic population (115.7 black, 67.6 white, 43.9 Hispanic per 100,000); it should be noted that this is based on a small number of cases – 7 black individuals in DeSoto County died of unintentional injuries in 2020.



Source: Florida Department of Health, Bureau of Vital Statistics

The most common cause of death in 2020 from unintentional injury and the one that has seen the largest increase from 2019 to 2020 is motor vehicle traffic – occupant. It should be noted that deaths from unintentional poisoning include drug overdoses.

Exhibit 67: Deaths from Unintentional Injury
Age-Adjusted Death Rate, DeSoto County, 2010-2020

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Poisoning	0.00	3.12	12.11	4.68	9.42	13.93	18.11	5.78	6.77	26.73	16.47
Motor Vehicle Traffic – Occupant	15.58	14.38	2.18	2.90	6.82	13.32	12.09	12.38	24.62	8.46	33.07
Fall	2.51	8.71	6.86	11.45	6.63	1.93	8.85	5.86	7.91	6.68	12.42
Motor Vehicle Traffic – Motorcyclist	0.00	0.00	2.18	0.00	0.00	3.93	3.02	2.04	5.09	4.11	2.62
Fire, Flame	0.00	2.73	0.00	0.00	0.00	0.0	0.00	1.66	1.63	3.63	2.00

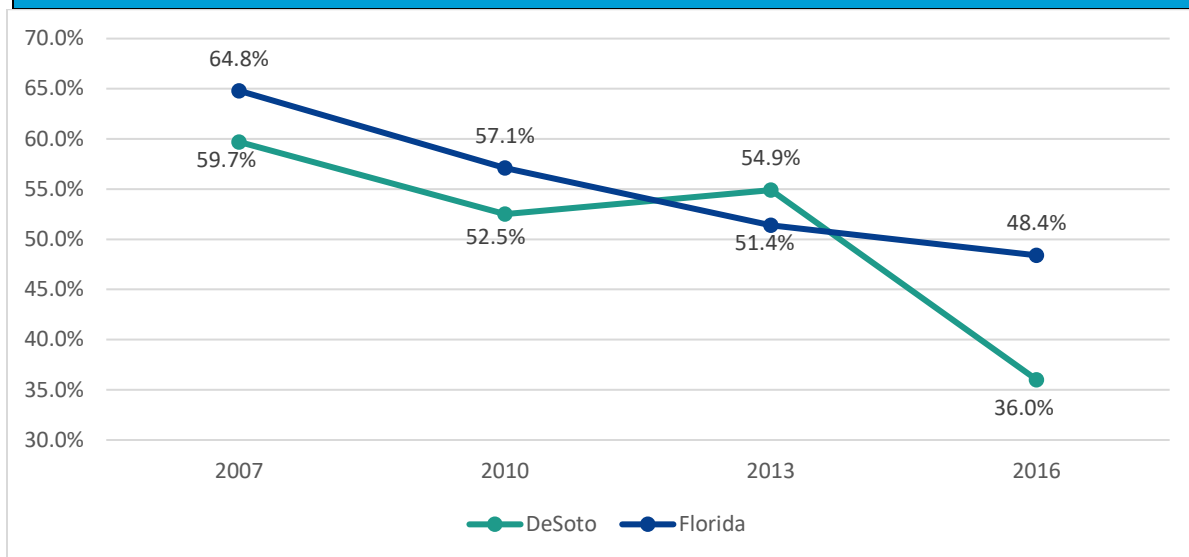
Source: Florida Department of Health, Bureau of Vital Statistics

Prevention Care

According to the 2021 County Health Rankings 47% of female Medicare enrollees ages 65-74 received an annual mammography screening in DeSoto County. This is slightly greater than the percentage for the state, 43%.

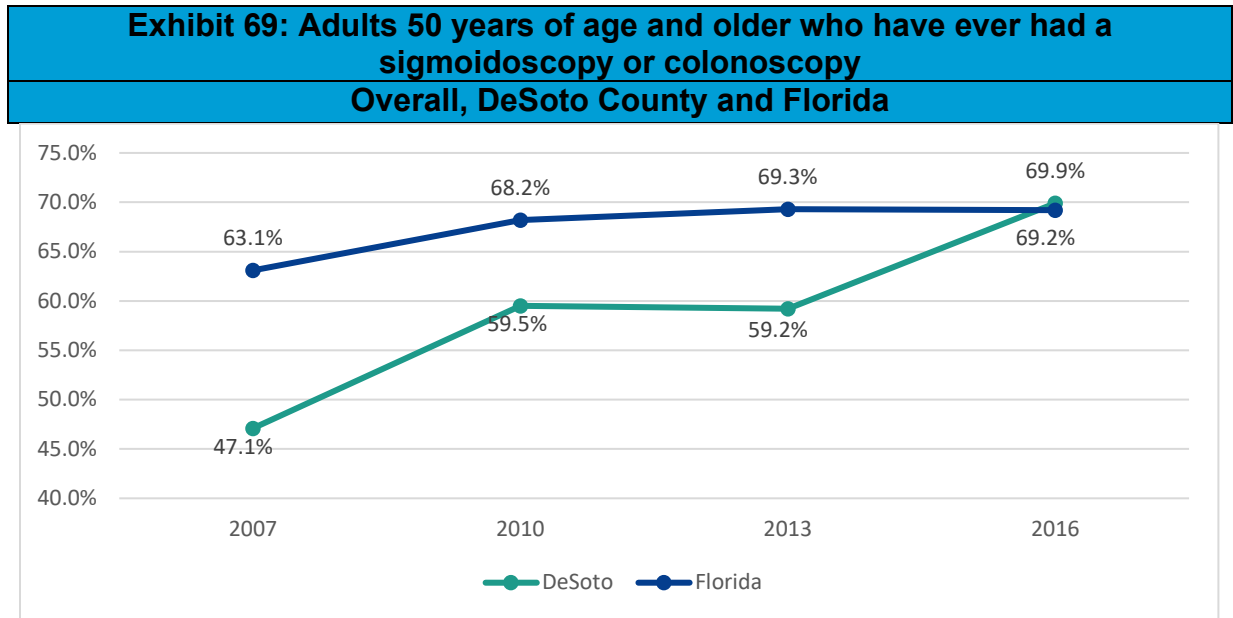
There was a significant decline in the percentage of women 18 years of age and older who reported that they had received a Pap smear in the last year between 2013 and 2016. It should be noted that the newest Behavioral Risk Factor Surveillance System (BRFSS) data release did not include cancer screening data.

Exhibit 68: Women 18 years of age and older who received a Pap test in the past year
Overall, DeSoto County and Florida



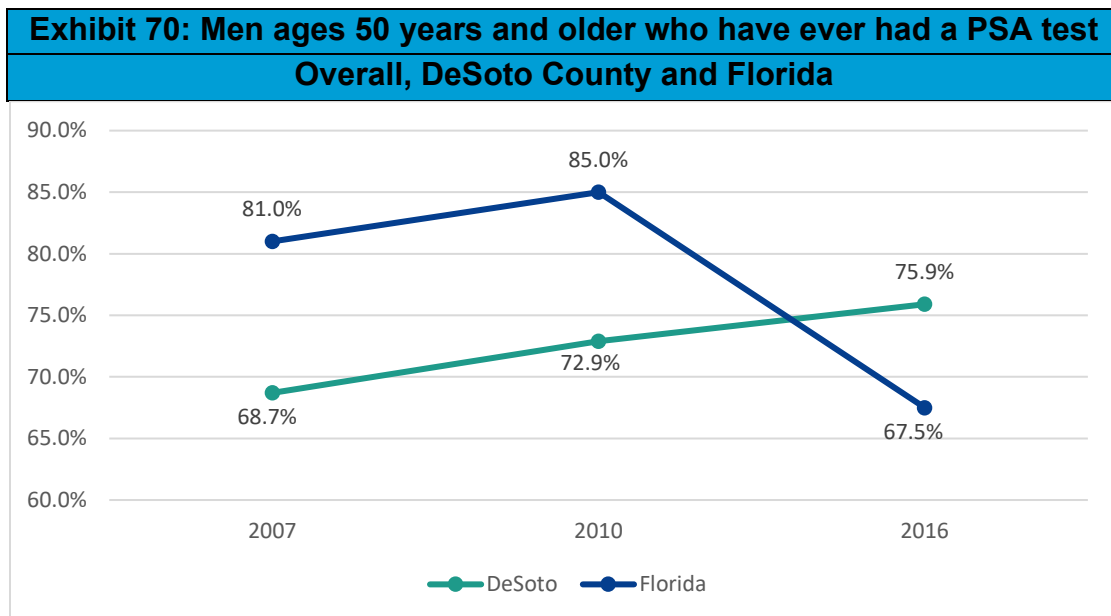
Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion

There was a significant increase in the percentage of women 18 years of age and older who reported that they had ever received a sigmoidoscopy or colonoscopy between 2013 and 2016. It should be noted that the newest Behavioral Risk Factor Surveillance System (BRFSS) data release did not include cancer screening data.



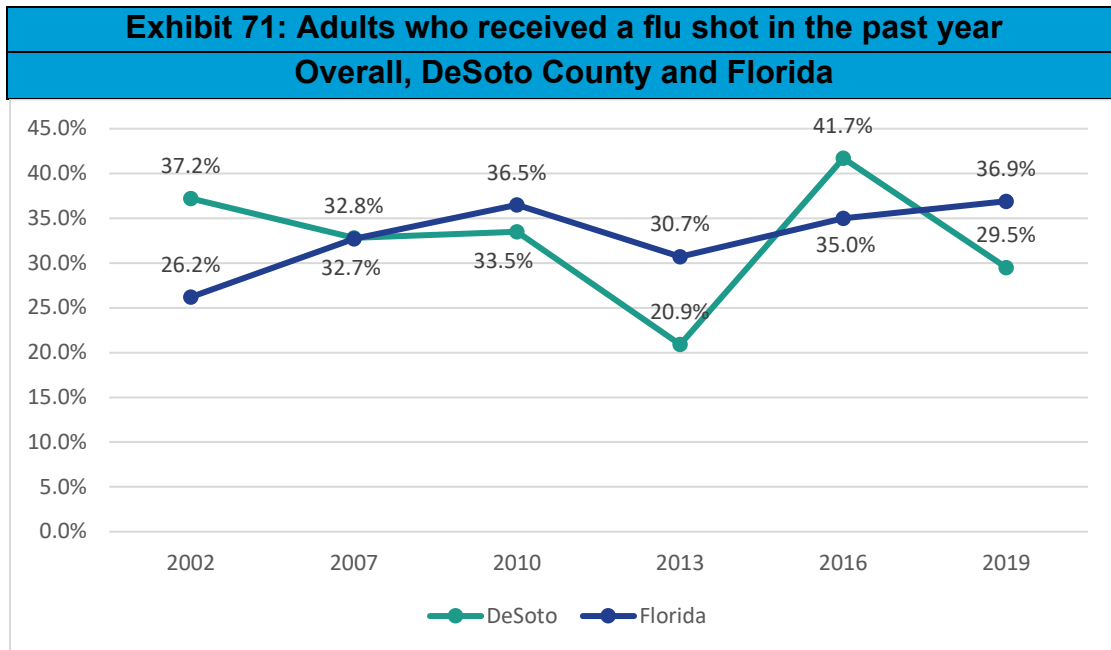
Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion

There was an increase in the percentage of men 50 years of age and older who reported that they have had received a PSA test between 2013 and 2016. It should be noted that the newest BRFSS data release did not include cancer screening data.



Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion

There was a significant decrease in the percentage of adults who reported that they had received a flu shot in the last year between 2016 and 2019.



Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion

Settings and Systems

Settings and Systems Selected Findings*

- DeSoto County has significantly fewer licensed providers than the state average in every category. The county also has fewer facility beds than average of every type. DeSoto County does have significantly higher than average funding per resident for the health department; this is typical in rural counties and other counties with health care shortages as the health department works to fill many local gaps.
- DeSoto County's Low Income/Migrant Farmworker Populations have been designated as Medically Underserved Populations. Any population with a score of 62 or lower on the Index of Medical Underservice is considered medically underserved. The areas with the lowest numbers are those that are determined to have the most need. DeSoto's Low Income/Migrant Farmworker Populations scored a 48.9.
- DeSoto County has been designated as a Health Professional Shortage Area (HPSA) for primary care Geographic High Needs. DeSoto County was also designated as a shortage area. For dental care for the low income and migrant farmworker population. DeSoto was also designated as a geographic high needs area for mental health services.
- 80.7 percent of DeSoto County residents have the cost of their health care expenses covered by some type of health insurance plan; Employer sponsored health

insurance, individual health plans, Medicare, Medicare Advantage plans, Medicaid, or Market place plans. This percentage is 6.5 percent less than the state average. Children in DeSoto County under 19 are a little more likely to be uninsured (10.2% in DeSoto vs. 7.2% state). However, the biggest difference is among those who are employed and 19-64 years of age with health insurance coverage (70.8% DeSoto vs. 83.2% Florida). The percentage of adults in DeSoto County who have public coverage (such as Medicaid) is significantly higher than the state average (50.8% DeSoto, vs. 34.9% State).

- In both DeSoto County and Florida as a whole, adults with lower income levels are more likely to be uninsured. 41.3 percent of adults in DeSoto County under 138 percent of the poverty level are uninsured.
- Household income is a leading indicator of a family's ability to afford housing. The median household income in DeSoto County is \$36,360. That amount has remained consistent across the past eleven years despite increases in the statewide average household income.
- The median household income in DeSoto County is significantly higher for the non-Hispanic population than for the Hispanic and black population (\$38,439 white, \$28,492 Hispanic, \$26,019 black, 2020).
- The Department of Housing and Urban Development considers housing that costs more than thirty percent of a household's income to be unaffordable. A slightly lower percentage of renters in DeSoto County have unaffordable rent than the Florida average (54.1% DeSoto, vs. 56.4% State). The percentage has been increasing in DeSoto County across the past six years and recently decreased.
- DeSoto has more people than average living per household than the Florida average with owned households containing more individuals than rented households. Thirty percent of DeSoto County residents live in mobile homes. This is significantly higher than the state average of 8.7 percent. The median value of housing in DeSoto County is much lower than the state average (\$103,600 DeSoto, vs. \$232,000 Florida).

**All sources and further details for the selected findings can be found in the relevant section of the DeSoto County CHA*

Healthcare

The Prevention Quality Indicators (PQIs) are measures that can be used with hospital inpatient discharge data to identify the quality of care for “ambulatory care sensitive conditions.” These are conditions for which good outpatient or preventative care can potentially eliminate the need for hospitalization or for which early intervention can prevent complications or more severe disease. Even though these indicators are based on hospital inpatient data, they provide insight into the community healthcare system or services outside the hospital setting. For instance, patients with diabetes may be hospitalized for diabetic complications if their conditions are not adequately monitored or if they do not receive the patient education needed for appropriate self-management. Full definitions for each of the PQIs are available in Appendix G.

Exhibit 72: Prevention Quality Indicators

Annual Rate per 100,000 2014-2019, DeSoto County Residents

PQI	2014	2015	2016	2017	2018	2019
01 – Diabetes/Short-Term	93.1	78.4	61.3	77.5	120.9	83.4
03 – Diabetes/Long-Term	152.6	141.9	126.2	232.5	172.7	170.1
05 – Chronic Obstructive PD	350.0	298.7	342.4	676.3	462.9	370.2
07 – Hypertension	96.8	74.7	32.4	17.6	10.4	16.7
08 – Congestive HF	498.9	481.6	501.0	405.1	487.0	543.6
10 – Dehydration	33.5	70.9	194.6	193.7	165.8	0.0
11 – Bacterial Pneumonia	469.1	436.8	277.5	190.2	293.6	360.2
12 – Urinary Infections	171.3	115.7	151.4	140.9	176.2	166.8
13 – Angina w/o Procedure	14.9	14.9	0.0	0.0	0.0	0.0
14 – Uncontrolled Diabetes	18.6	26.1	57.7	45.8	72.5	60.0
15 – Adult Asthma	70.7	85.9	10.8	24.7	13.8	16.7
16 – Diabetes/LE Amputations	52.1	59.7	39.6	38.7	34.5	40.0

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

DeSoto County residents made 16,510 visits to hospitals in 2019 that did not result in an inpatient admission. Most visits were made to the DeSoto Memorial Hospital, the only hospital in DeSoto County. Hospitals in Charlotte County received the next highest number of visits. Please note that many of the individuals coded as self-pay received charity care or assistance through the hospitals.

Exhibit 73: Emergency Room Visits by DeSoto County Residents by Payer Source 2019							
	Medicaid	Medicare	No Charge/ Charity	Other	Private, incl. HMO	Self-Pay	Grand Total
DeSoto Memorial Hospital	5,018	2,432	2300	453	1,987	44	12,234
Bayfront Hospital – Port Charlotte	586	169	5	23	278	186	1,247
Fawcett Memorial Hospital	154	336	19	51	160	107	827
Bayfront Hospital – Punta Gorda	269	151		18	128	123	689
Sarasota Memorial Hospital	120	47	10	34	110	89	410
Healthpark Medical Center	108	1	2	1	32	13	157
Florida Hospital Wauchula	36	16		14	12	31	109
Lakewood Ranch Medical Center	37	26	3	9	28	5	108
All Children’s Hospital Inc.	66			4	17	4	91
Doctors Hospital of Sarasota	15	23	1	6	21	22	88
Manatee Memorial Hospital	19	10	3	9	11	11	63
Florida Hospital Heartland Medical Center	10	6		4	8	9	37
Lee Memorial Hospital	1	4	3	7	5	5	25
Lakeland Regional Medical Center	5	6		1	5	10	22
Gulf Coast Medical Center	3	5		4	7	3	22
Venice Regional Medical Center	4	2		1	5	10	22
Highlands Regional Medical Center	5	7			4	4	20
Florida Hospital Lake Placid	4	4		4	3	3	18
Tampa General Hospital	4	1		2	5	5	17
Cape Coral Hospital		2	1	8	1	2	14
Bartow Regional Medical Center	3	1			8	1	13
Raulerson Hospital	7	2			1	3	13
Englewood Community Hospital		2	1	1	4	4	12
Other Hospitals*	59	31	5	14	56	47	212
Grand Total	6,542	3,292	2,353	673	2,905	3,040	16,510

Source: AHCA via Broward Regional Health Planning Council Inpatient and Emergency Department Analytical System. The AHCA ED data contains records for all ED visits for which the severity of the visit did not result in an inpatient admission. Includes visits by DeSoto County residents to the ED of any hospital in Florida*Only hospitals with at least 12 visits are included in the table above. There were additional 212 visits divided amongst 88 hospitals that have not been included in the chart but are included in the grand total.

Exhibit 74: Emergency Room Visits by DeSoto County Residents

By Zip Code, 2019

	34265	34266	34267	34268	34269	Grand Total
DeSoto Memorial Hospital	590	11,271	44	233	96	12,234
Bayfront Hospital – Port Charlotte	17	918	7	13	292	1,247
Fawcett Memorial Hospital	5	420	6	5	391	827
Bayfront Hospital – Punta Gorda	15	444	14	4	212	689
Sarasota Memorial Hospital	3	343	1	9	54	410
Healthpark Medical Center		147			10	157
Florida Hospital Wauchula	4	100		3	2	109
Lakewood Ranch Medical Center	5	100		2	1	108
All Children’s Hospital Inc.	3	86		2		91
Doctors Hospital of Sarasota	1	78		4	5	88
Manatee Memorial Hospital	1	61		1		63
Blake Medical Center	1	38			1	40
Florida Hospital Heartland Medical Center	1	36				37
Lee Memorial Hospital		17			8	25
Lakeland Regional Medical Center	2	20				22
Gulf Coast Medical Center		19			3	22
Venice Regional Medical Center		22				22
Highlands Regional Medical Center	1	19				20
Florida Hospital Lake Placid		17		1		18
Tampa General Hospital	2	13			2	17
Cape Coral Hospital		10			4	14
Bartow Regional Medical Center	1	12				13
Raulerson Hospital		12			1	13
Englewood Community Hospital		9			3	12
Other Hospitals*	13	176	1	7	15	212
Grand Total	665	14,388	73	284	1,100	16,510

Source: AHCA via Broward Regional Health Planning Council Inpatient and Emergency Department Analytical System
 The AHCA ED data contains records for all ED visits for which the severity of the visit did not result in an inpatient admission.

Includes visits by DeSoto County residents to the ED of any hospital in Florida

*Only hospitals with at least 12 visits are included in the table above. There were additional 212 visits divided amongst 88 hospitals that have not been included in the chart but are included in the grand total.

DeSoto County has significantly fewer licensed providers than the state average in every category. The county also has fewer facility beds than average of every type. DeSoto County does have significantly higher than average funding per resident for the health department; this is typical in rural counties and other counties with health care shortage as the health department works to fill many local gaps.

Exhibit 75: Health Resource Availability				
DeSoto County and Florida Fiscal Year 2020-2021				
	DeSoto County			Florida
	Number	Rate per 100,000	Quartile**	Rate per 100,000
Providers*				
Total Licensed Dentists	6	16.5	1	56.7
Total Licensed Physicians	15	41.2	1	314.0
Total Licensed Family Practice Physicians	0	0.0	1	19.2
Total Licensed Internists	3	8.2	2	47.3
Total Licensed OB/GYN	1	2.7		9.2
Total Licensed Pediatricians	2	5.5		21.9
Facilities				
Total Hospital Beds	49	134.7	2	307.6
Total Acute Care Beds	49	134.7	2	248.9
Total Specialty Beds	0	0.0		58.6
Total Nursing Home Beds	118	324.3	2	386.5
County Health Department				
County Health Department Full-Time Employees	52	143.5	4	40.9
County Health Department Expenditures	5,858,942	\$161.0	4	\$33.40

Source: Florida Department of Health, Division of Medical Quality Assurance; Florida Agency for Health Care Administration (AHCA); Florida Department of Health, Division of Public Health Statistics and Performance Management

*Number of licensed providers does not necessarily equal the number of practicing providers. These numbers may include providers who work in another county, only work part time, or retired.

**County compared to other Florida counties. The lowest quartile equals the lowest number. For resource availability the lowest number is generally considered the worst ranking. Quartile information is provided when at least 51 counties have rates greater than zero.

Federal Health Professional Shortage Designations

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

Medically Underserved Areas or Populations (MUAs/MUPs) are a measure under service as defined by the U.S. Department of Health and Human Services. These designations determine the Index of Medical Underservice (IMU) using the following variables: (1) percent of the

population below 100 percent of the Federal Poverty Level, (2) percent of the population over the age of 65, (3) infant mortality rate (5-year average) and (4) population-to-physician ratio.

DeSoto County's Low Income/Migrant Farmworker Populations have been designated as Medically Underserved Populations. Any population with a score of 62 or lower on the Index of Medical Underservice is considered medically underserved. The areas with the lowest numbers are those that are determined to have the most need. DeSoto's Low Income/Migrant Farmworker Populations scored a 48.9.

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

A geographic area will be designated as having a shortage of primary medical care professionals if the following three criteria are met:

1. The area is a rational area of the delivery of primary medical care services.
2. One of the following conditions prevails within the area:
 - a. The area has a population to full-time-equivalent primary care physician ratio of at least 3,500:1.
 - b. The area has a population to full-time-equivalent primary care physician ration of less than 3,500:1 but greater than 3,000:1 and has unusually high needs for primary care services or insufficient capacity of existing primary care providers.
3. Primary medical care professionals in contiguous areas are over utilized, excessively distant, or inaccessible to the population of the area under consideration.

What a Designation Means

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

DeSoto County has been designated as a Health Professional Shortage Area (HPSA) for primary care Geographic High Needs. The HPSA designation scores counties between one and twenty-six, with the higher scores indicating levels of need. DeSoto County scored fifteen for the Geographic High Needs. DeSoto County also scored an eighteen for dental care for the low income and migrant farmworker population meaning it is designated as a shortage area. DeSoto was also designated as a geographic high needs area for mental health services, scoring an eighteen out of twenty-six (with twenty-six indicating the greatest level of need).

Health Insurance

80.7 percent of DeSoto County residents have the cost of their health care expenses covered by some type of health insurance plan; Employer sponsored health insurance, individual health plans, Medicare, Medicare Advantage plans, Medicaid or Market place plans. This percentage is 6.5 percent less than the state average. Children in DeSoto County under 19 are more likely to be uninsured (10.2% in DeSoto vs. 7.2% state). However, the biggest difference is among those who are employed and 19-64 years of age with health insurance coverage (70.8% DeSoto vs. 83.2% Florida). The percentage of adults in DeSoto County who have public coverage (such as Medicaid) is significantly higher than the state average (50.8% DeSoto, vs. 34.9% State).

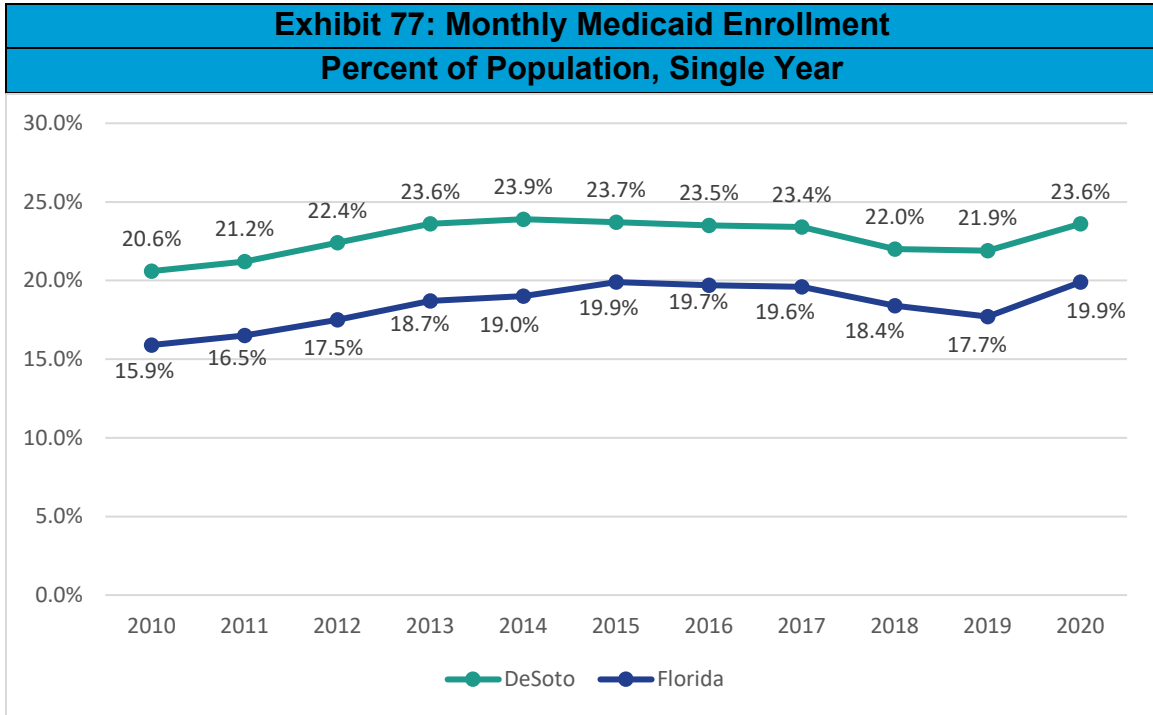
Exhibit 76: Health Insurance Coverage		
Percentage of the Population, DeSoto County and Florida, 2016-2020		
	DeSoto	Florida
Civilian Noninstitutionalized Population		
With health insurance coverage	80.7%	87.2%
With private health insurance	40.7%	62.9%
With public coverage	53.9%	36.9%
No health insurance coverage	19.3%	12.7%
Under 19 Years		
No health insurance	10.2%	7.2%
Employed 19 to 64 Years		
With health insurance coverage	70.8%	83.2%
With private health insurance	49.1%	78.1%
With public coverage	25.2%	7.7%
No health insurance coverage	29.2%	16.8%
Not in Labor Force		
With health insurance coverage	74.9%	79.0%
With private health insurance	28.1%	50.9%
With public coverage	50.8%	34.9%
No health insurance coverage	25.1%	21.0%

Source: US Census Bureau DP03 Selected Economic Characteristics

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

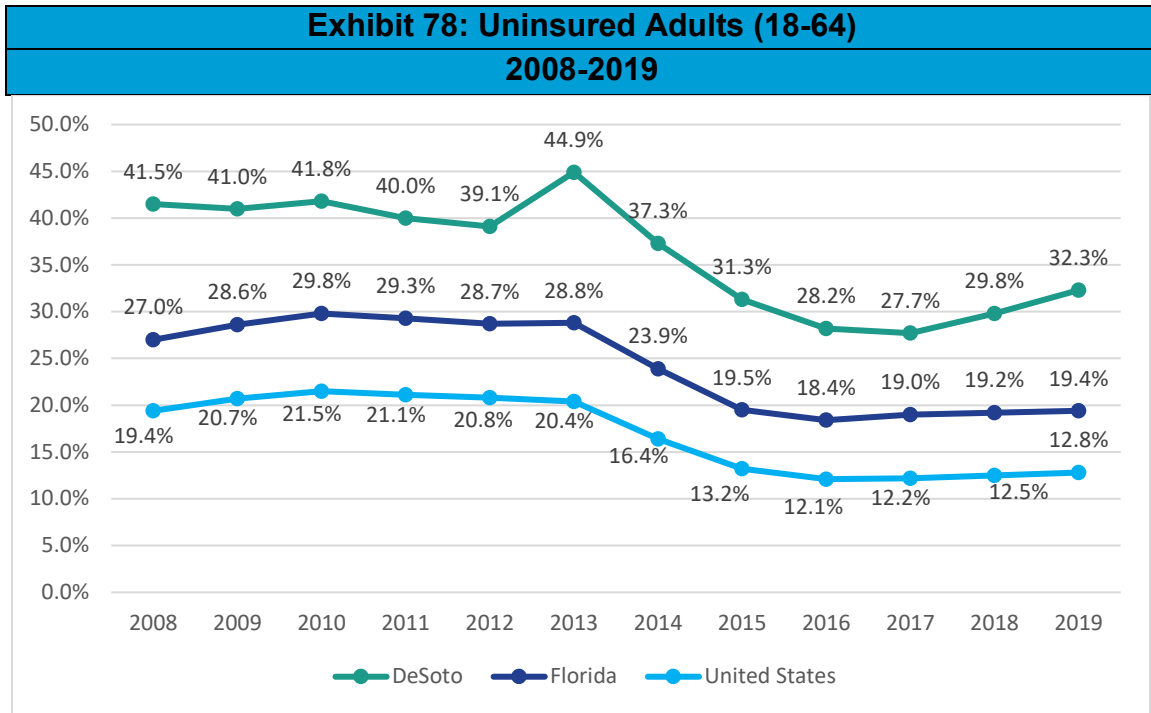
four categories of Medicaid eligibility for adults in Florida, which include low-income families, pregnant women, emergency medical assistance for non-citizens, and Medicaid for the elderly and disabled. Eligibility for each of those programs is based on specific income criteria.

The changes in rates for DeSoto County have closely mirrored those for Florida as a whole, and DeSoto consistently has a rate about 3 percentage points higher than the state average.



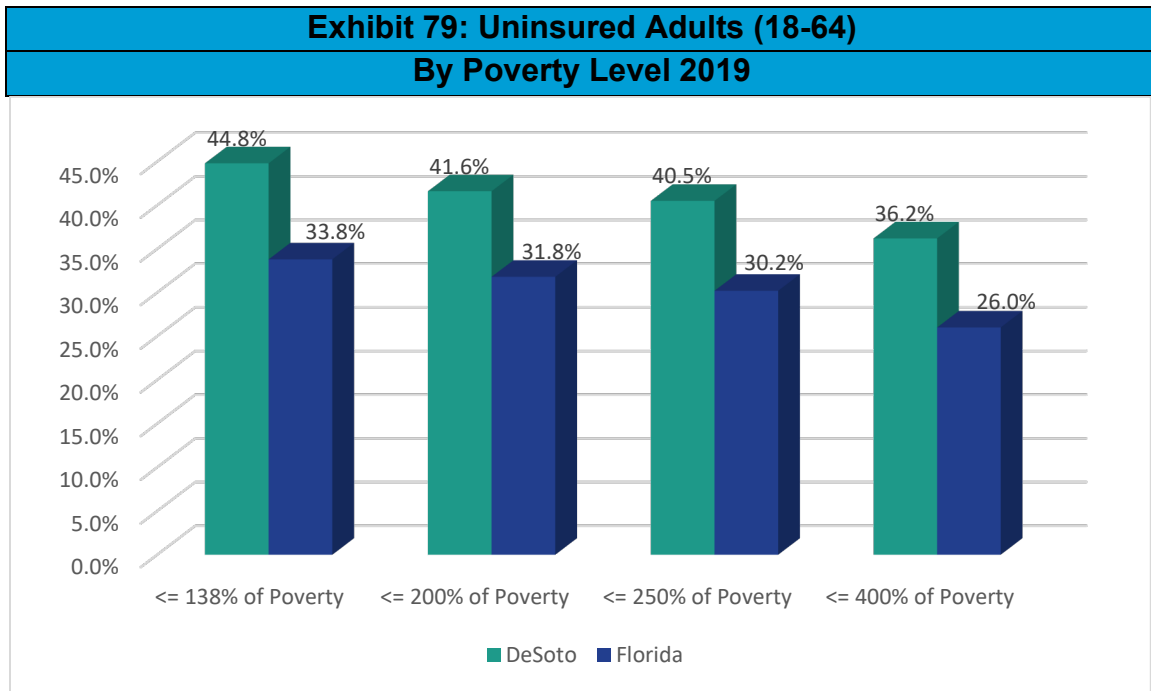
Source: Agency for Health Care Administration

DeSoto County has a higher rate of uninsured adults than the state average (32.3% DeSoto vs. 19.4% Florida). This rate declined significantly between 2013 and 2017 but has increased between 2017 and 2019. Adults 18 – 64 are typically insured at lower rates than children or seniors.



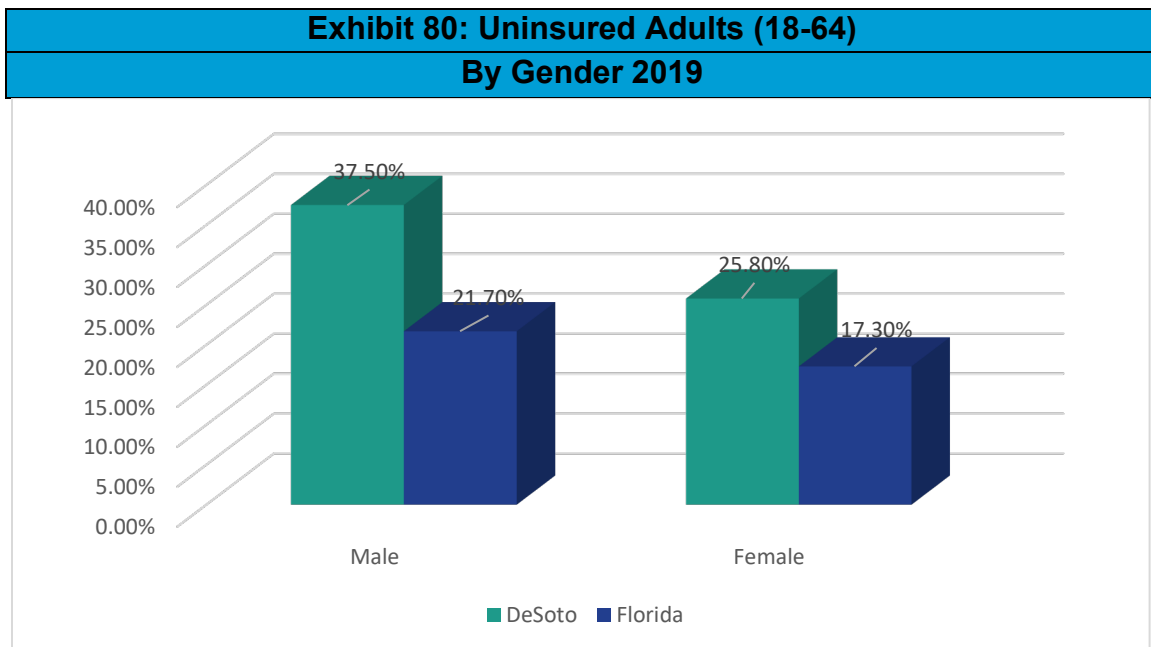
Source: U.S. Census Bureau, Small Area Health Insurance Estimates

In both DeSoto County and Florida, adults with lower income levels are more likely to be uninsured. 44.8 percent of adults in DeSoto County under 138 percent of the poverty level are uninsured.



Source: U.S. Census Bureau, Small Area Health Insurance Estimates

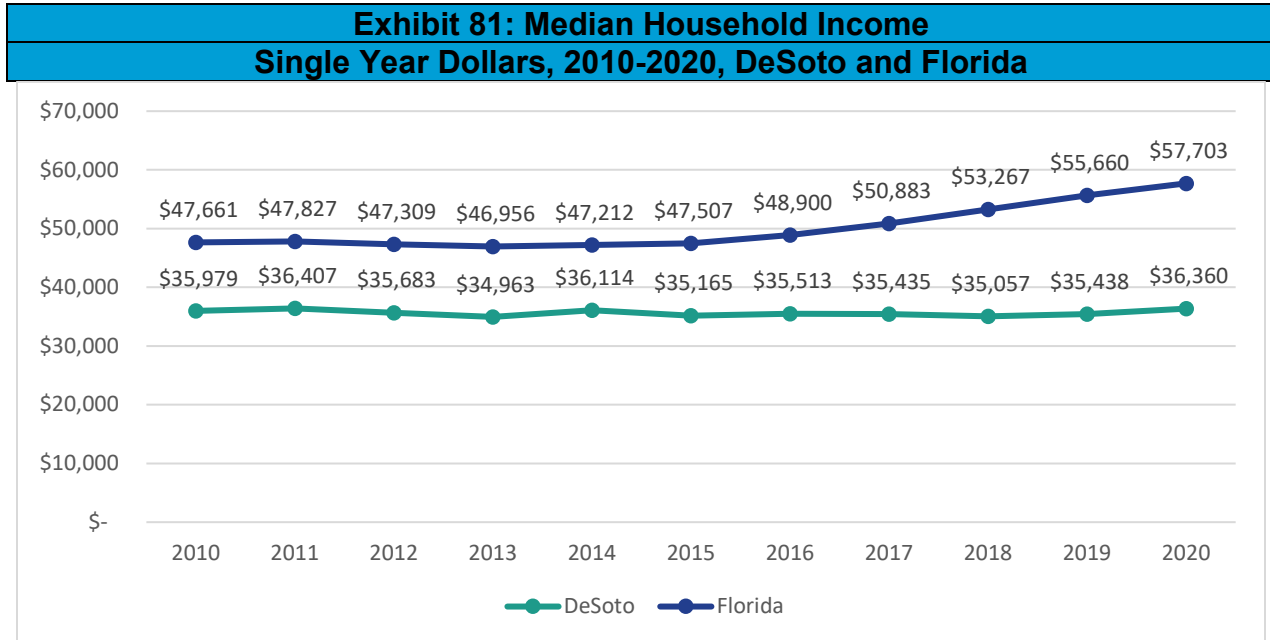
In both DeSoto County and Florida as a whole, males are more likely to be uninsured than females (37.5% male, 25.8% female, DeSoto).



Source: U.S. Census Bureau, Small Area Health Insurance Estimates

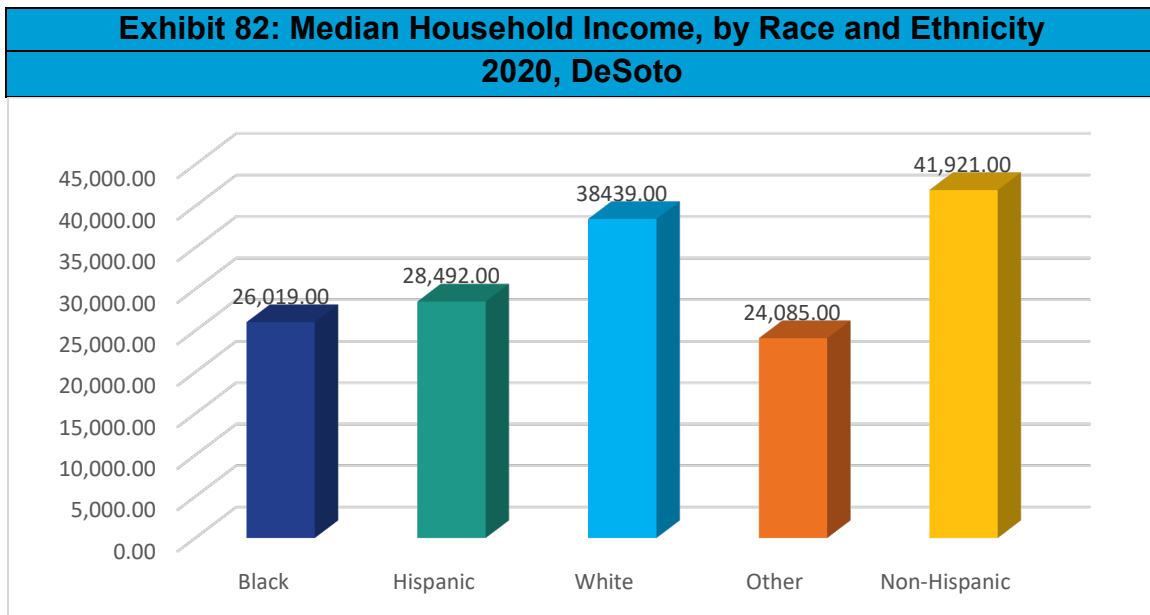
Housing

Household income is a leading indicator of a family’s ability to afford housing. The median household income in DeSoto County is \$36,360. That amount has remained consistent across the past eleven years despite increases in the statewide average household income.



Source: US Bureau of the Census, American Community Survey, Table B19013

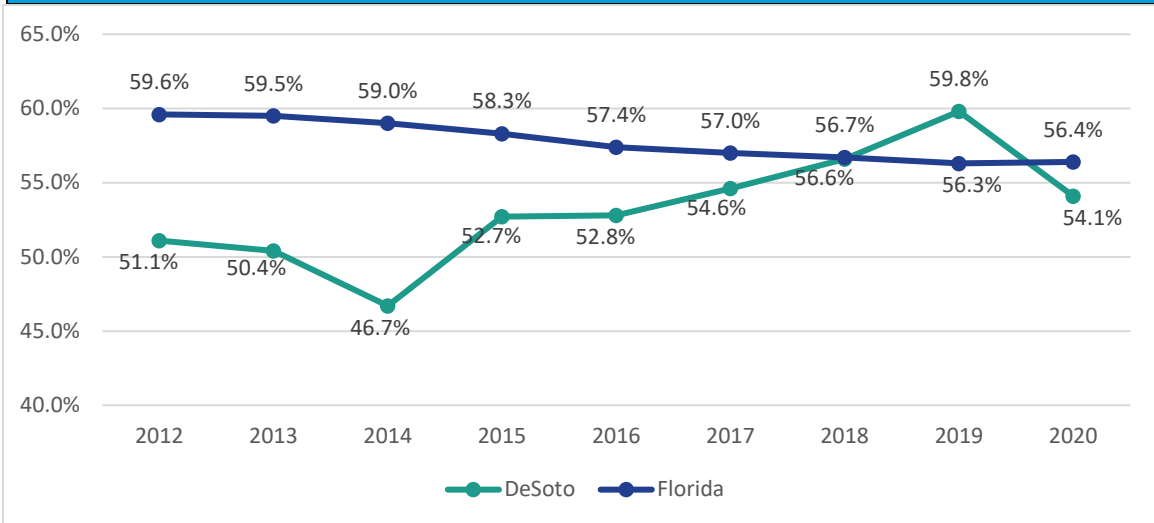
The median household income in DeSoto County is significantly higher for the non-Hispanic population than for the Hispanic and black population (\$38,439 white, \$28,492 Hispanic, \$26,019 black, 2020).



Source: US Bureau of the Census, American Community Survey, Table B19013

The Department of Housing and Urban Development considers housing that costs more than thirty percent of a household's income to be unaffordable. A slightly lower percentage of renters in DeSoto County have unaffordable rent than the Florida average (54.1% DeSoto, vs. 56.4% State). The percentage has been increasing in DeSoto County across the past six years and recently decreased.

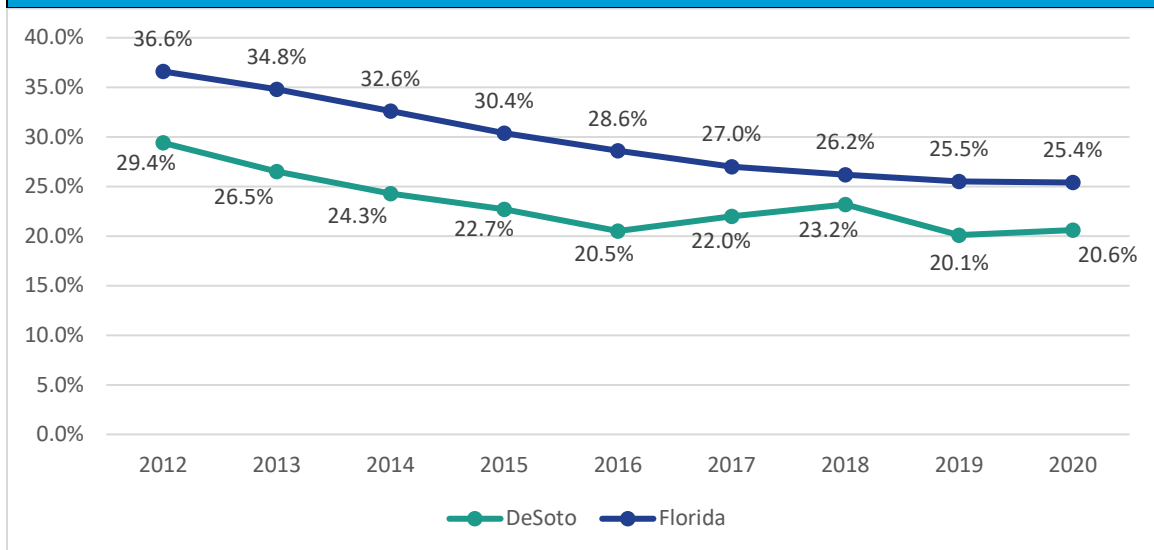
Exhibit 83: Renter-Occupied Housing Units with Gross Rent Costing 30% or more of Household Income
Percent of Renter-Occupied Households, Single Year, DeSoto and Florida



Source: US Bureau of the Census, American Community Survey, Table DP04

On average, fewer residents of DeSoto County who own their homes are paying unaffordable amounts compared to the average Florida resident (20.6% DeSoto vs. 25.4% Florida).

Exhibit 84: Owner-Occupied Housing Units with Gross Rent Costing 30% or more of Household Income
Percent of Renter-Occupied Households, Single Year, DeSoto and Florida



Source: US Bureau of the Census, American Community Survey, Table S2703

DeSoto has more people than average living per household than the Florida average with owned households containing more individuals than rented households. Thirty percent of DeSoto County residents live in mobile homes. This is significantly higher than the state average of 8.7 percent. The median value of housing in DeSoto County is much lower than the state average (\$103,600 DeSoto, vs. \$232,000 Florida).

Exhibit 85: Housing Occupancy		
DeSoto County and Florida, 2016-2020		
	Desoto	Florida
Occupied housing units (%)	81.1%	82.9%
Owner-occupied (%)	68.9%	66.2%
Renter-occupied (%)	31.1%	33.8%
Household size owner-occupied unit (people)	2.77	2.61
Household size renter-occupied unit (people)	2.64	2.63
Vacant housing (%)	18.9%	17.1%
Homeowner vacancy (%)	0.7%	2.1%
Rental vacancy (%)	5.6%	8.2%
Occupying mobile home (%)	29.6%	8.7%
Occupying boat, RV, van, etc. (%)	2.9%	0.2%
Median value of owner-occupied units (dollars)	\$103,600	\$232,000

Source: US Census Bureau DP04 Selected Housing Characteristics

Social Determinants of Health

Social Determinants of Health Selected Findings*

- The percentage of people living in poverty is almost twice as high in DeSoto County compared to the state average (20.8% DeSoto vs. 12.4% Florida). However, the rate did decrease by 10 percentage points between 2014 and 2020.
- The percentage of children under eighteen living in poverty is also significantly higher than the state average (27.6% DeSoto vs. 17.2% Florida); it has also dropped significantly since 2014.
- According to the 2020 County Health Rankings, 13 percent of DeSoto county teens ages 16-19 are neither working nor in school. This is almost double the percentage of Florida teens, 7 percent.
- In 2019, 28.3% of students were deemed school ready when they entered kindergarten, this is significantly less than the state of Florida (53.4%).
- In 2021, 32 percent of third graders in DeSoto County received a passing grade on the Florida Standards Assessment for Language Arts. DeSoto County students passed at significantly lower rates than the state average (32% DeSoto vs. 54%

Florida). Students must achieve a passing level of 3 or above on the Florida Standards English Language Arts Assessment to pass. In 2020, the FSA was not given due to the COVID-19 pandemic.

- DeSoto County had a lower high school graduation rate than the state average for 2020-21 (82.0% DeSoto vs. 90.0% Florida). However, the 2019-20 school year was the highest rate of graduation for DeSoto County in ten years and it was a major increase from the most recent years prior.
- DeSoto County has a higher rate of people who are considered to have food insecurity than the state average (16% DeSoto vs. 13% Florida). However, overall DeSoto County is rated as having a healthier than average food environment and a slightly lower percentage of DeSoto residents have a limited access to healthy foods (6% DeSoto vs. 7% Florida).
- DeSoto has higher than average rates of Domestic Violence Offenses, burglaries, aggravated assault, forcible sex offenses, and motor vehicle traffic crashes, injuries, and fatalities. DeSoto has lower than average rates of larceny, motor vehicle theft and robbery.

**All sources and further details for the selected findings can be found in the relevant section of the DeSoto County CHA*

According to the U.S. Department of Health and Human Services, Social Determinants of Health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks (Healthy People, 2030). Social Determinants account for 40 percent of a person's health (County Health Rankings Model, 2014). There are a variety of ways in which these determinants can have an impact. For example, "children born to parents who have not completed high school are more likely to live in an environment that poses barriers to health such as lack of safety, exposed garbage, and substandard housing. They also are less likely to have access to sidewalks, parks or playgrounds, recreation centers, or a library" (Kaiser Family Foundation).

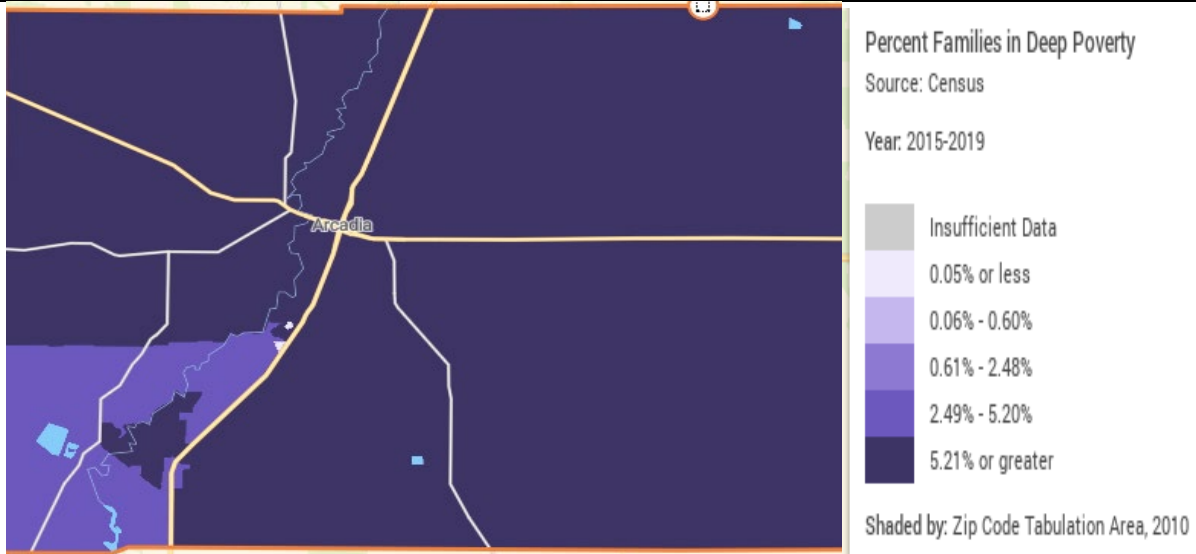
Economic Stability

The percentage of people living in poverty is almost twice as high in DeSoto County compared to the state average (20.8% DeSoto vs. 12.4% Florida). However, the rate did decrease by 10 percentage points between 2014 and 2020. The percentage of children under eighteen living in poverty is also significantly higher than the state average (27.6% DeSoto vs. 17.2% Florida); it has also dropped significantly since 2014. The percentage of people in DeSoto County who file for bankruptcy is low (0.79 per 1,000 in 2021) and is lower than the state average.

Exhibit 86: Socioeconomic Indicators			
DeSoto County and Florida			
	DeSoto 2014	DeSoto 2020	Florida 2020
Personal Bankruptcy Filing Rate per 1,000*	1.10	0.79	1.45
% Living in Poverty	30.5%	20.8%	12.4%
% Under Age 18 Living in Poverty	43.7%	27.6%	17.2%

Source: The Florida Legislature, Office of Economic and Demographic Research *12-Month Period Ending September 30, 2021

Exhibit 87: Estimated percent of families that live in deep poverty (at less than 50% of the poverty level)



Source: US Census Bureau via PolicyMap

Education Access and Quality

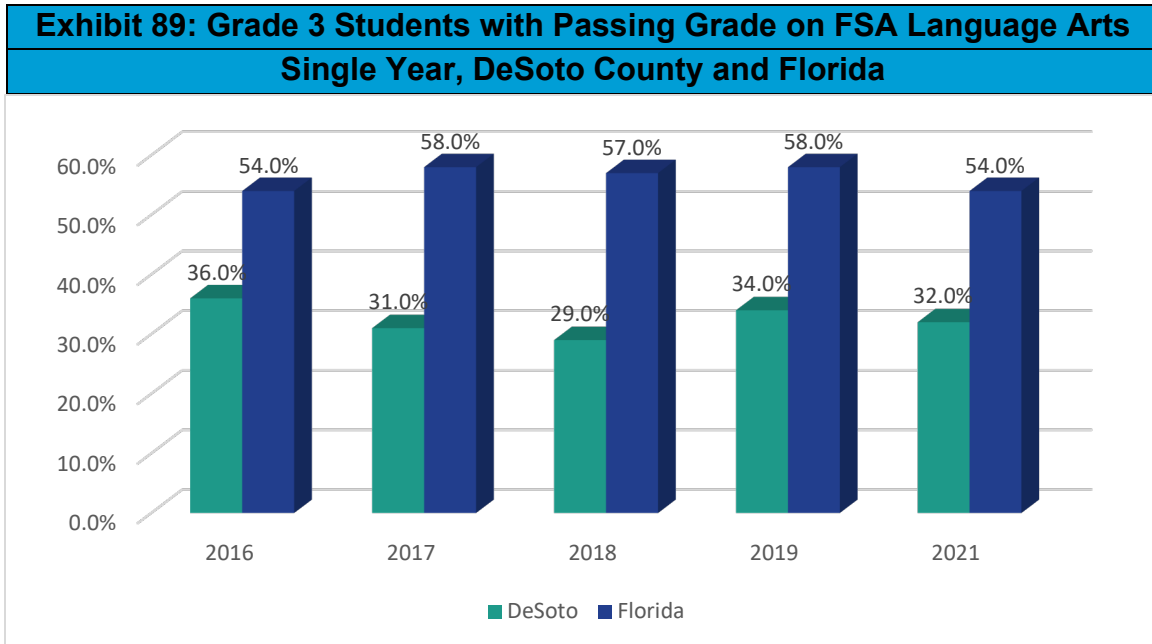
According to the 2020 County Health Rankings, 13 percent of DeSoto county teens ages 16-19 are neither working nor in school. This is almost double the percentage of Florida teens, 7 percent.

The Star Early Literacy assessment is administered to kindergarten students during the first 30 days of the school year indicates a student is “ready for kindergarten.” In 2021, 32 percent of students were deemed school ready when they entered kindergarten, this is significantly less than state of Florida (50%).

Exhibit 88: Florida Kindergarten Readiness Screener (FLKRS)			
DeSoto County, Fall 2021			
	Number of test takers	Number “Ready for Kindergarten” *	Percentage “Ready for Kindergarten” *
DeSoto County Total	326	104	32%
West Elementary School	136	51	38%
Memorial Elementary School	135	39	29%
Nocatee Elementary School	55	14	26%

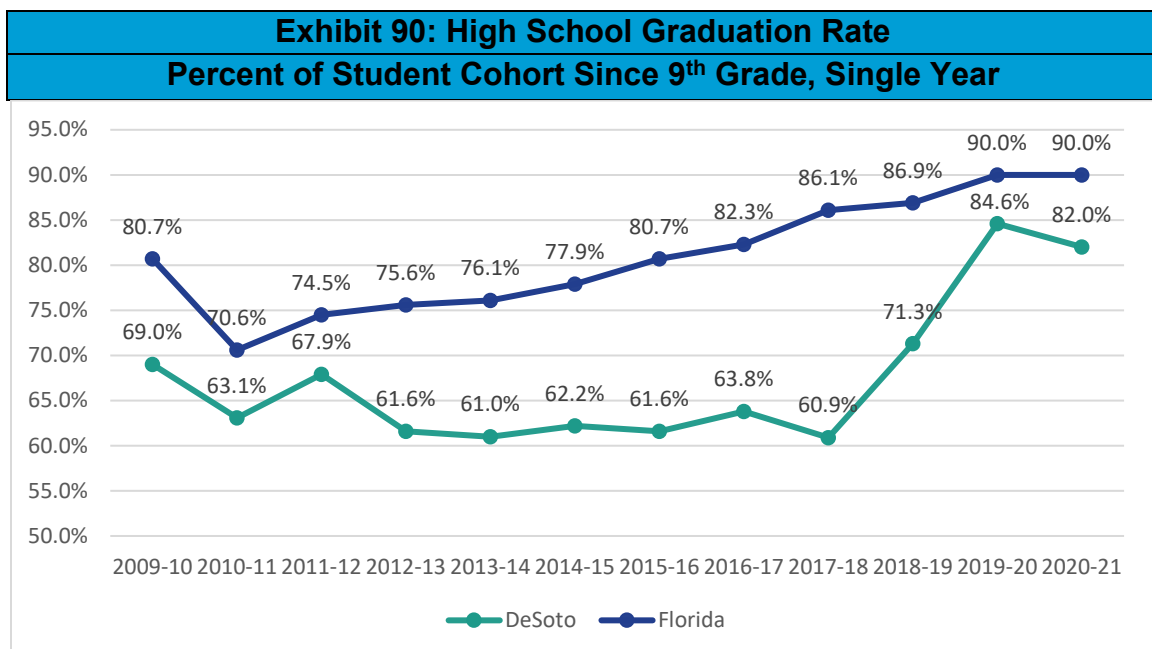
Source: Florida Department of Education
 *Scoring 500+ on Star Early Literacy Assessment

In 2021, 32 percent of third graders in DeSoto County received a passing grade on the Florida Standards Assessment for Language Arts. DeSoto County students passed at significantly lower rates than the state average (32% DeSoto vs. 54% Florida). Students must achieve a passing level of 3 or above on the Florida Standards English Language Arts Assessment to pass. In 2020, the FSA was not given due to the COVID-19 pandemic.



Source: Florida Department of Education, Florida Standards Assessment - Spring

DeSoto County had a lower high school graduation rate than the state average for 2020-21 (82.0% DeSoto vs. 90.0% Florida). The 2019-20 school year was the highest rate of graduation for DeSoto County in eleven years and it was a major increase from the most recent years prior.



Source: Florida Department of Education, Education Information and Accountability Services (EIAS)

People in DeSoto County over the age of twenty-five are less likely than the Florida average to have graduated high school (74.4% DeSoto vs. 88.5% Florida) or have obtained a bachelor's

degree or higher (12.2% DeSoto vs. 30.5% Florida). However, both of those rates increased between 2014-2018 and 2016-2020.

Exhibit 91: Educational Attainment			
Persons aged 25 and older, DeSoto and Florida			
	DeSoto 2014-2018	Desoto 2016-2020	Florida 2016-2020
% High School graduate or higher	72.7%	74.4%	88.5%
% Bachelor's degree or higher	11.4%	12.2%	30.5%

Source: US Census Bureau DP02 Selected Social Characteristics in the United States

Neighborhood and Built Environment

DeSoto County has a higher rate of people who are considered to have food insecurity than the state average (16% DeSoto vs. 13% Florida). However, overall DeSoto County is rated as having a healthier than average food environment and a slightly lower percentage of DeSoto residents have a limited access to healthy foods (6% DeSoto vs. 7% Florida).

Exhibit 92: Food Insecurity			
Desoto County, Florida, and United States			
	DeSoto	Top U.S. Performers	Florida
Food Environment Index <i>Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best)</i>	7.1	8.7	6.9
Food Insecurity <i>Percentage of population who lack adequate access to food</i>	16%	9%	13%
Limited Access to Healthy Foods <i>Percentage of population who are low-income and do not live close to a grocery store</i>	6%	2%	7%

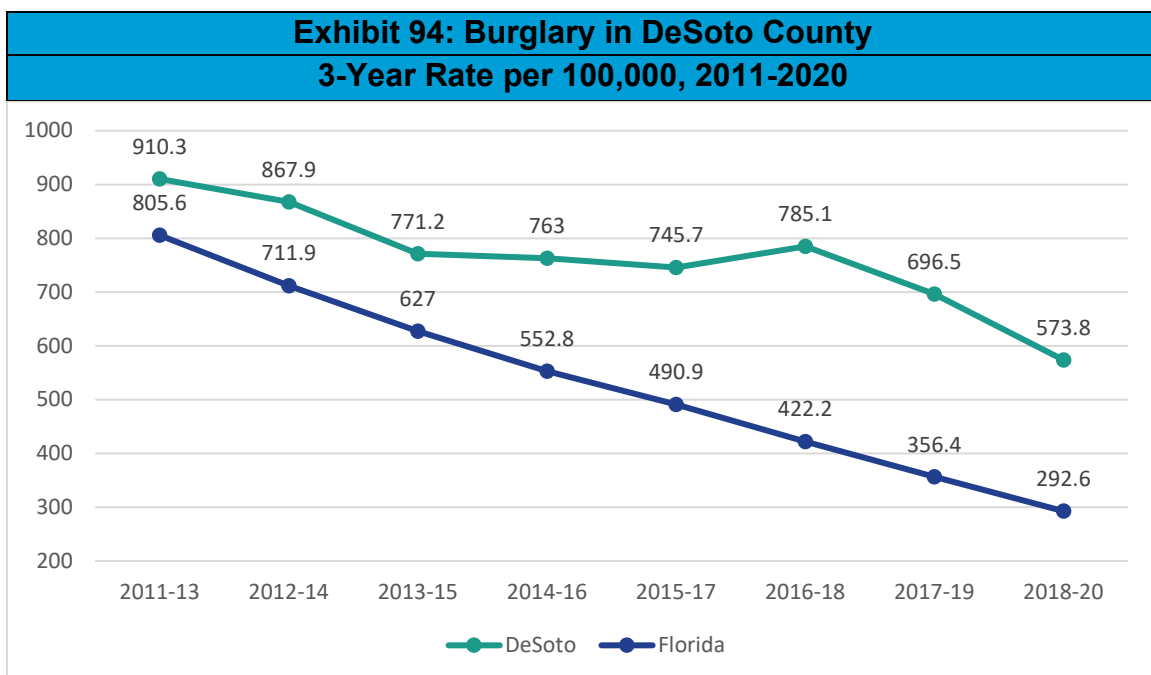
Source: 2021 County Health Rankings – Robert Wood Johnson Foundation, University of Wisconsin Population Health Institute

DeSoto has higher than average rates of Domestic Violence Offenses, burglaries, aggravated assault, forcible sex offenses, and motor vehicle traffic crashes, injuries, and fatalities. DeSoto has lower than average rates of larceny, motor vehicle theft, and robbery.

Exhibit 93: Crime in DeSoto County			
3-Year Rate per 100,000, 2018-2020			
	DeSoto	Florida	Quartile*
Crime and Domestic Violence			
Larceny	1,052.3	1,600.4	2
Total Domestic Violence Offenses	881.1	495.9	4
Burglary	573.8	292.6	4
Aggravated Assault	356.3	268.4	4
Motor Vehicle Theft	137.0	184.9	3
Forcible Sex Offenses	70.3	53.7	4
Robbery	43.5	72.8	3
Murder	5.6	5.5	3
Alcohol Confirmed Motor Vehicle Crashes			
Motor Vehicle Traffic Crashes	30.5	22.9	3
Motor Vehicle Traffic Crash Injuries	15.7	13.5	2
Motor Vehicle Traffic Crash Fatalities	3.7	1.8	3

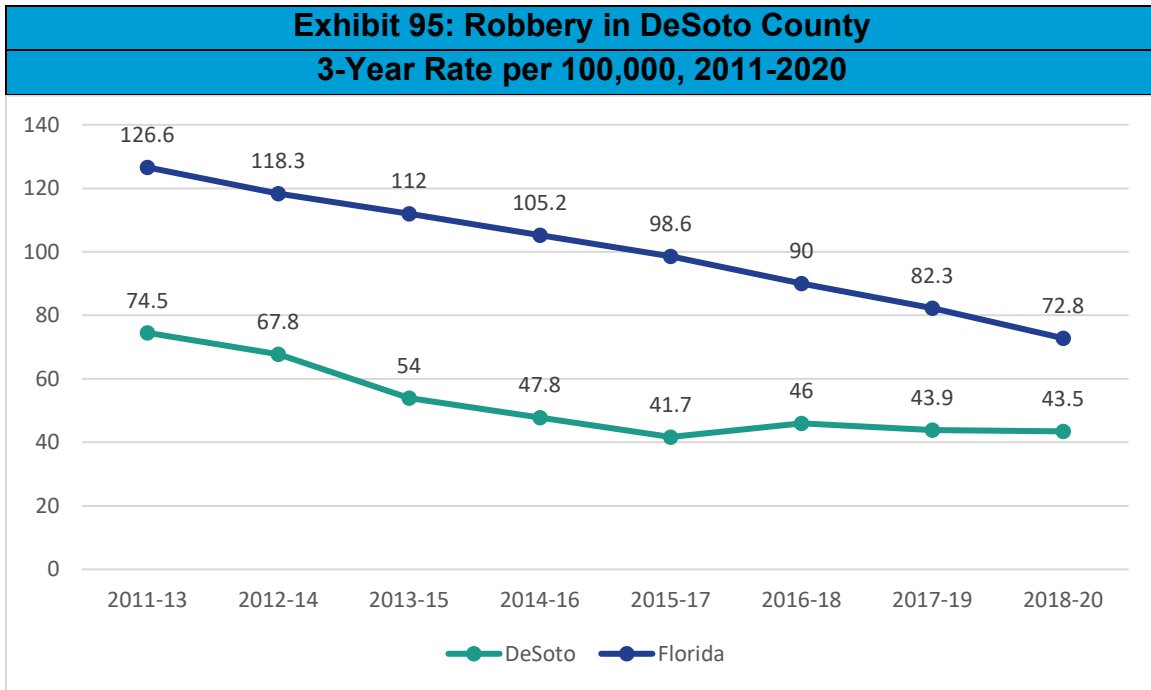
Source: Florida Department of Law Enforcement; Florida Department of Highway Safety and Motor Vehicles
 *County compared to other Florida Counties. The lowest quartile equals the lowest number.

While the burglary rate in DeSoto County is significantly higher than the state average (573.8 DeSoto, vs. 292.6 Florida), it has fallen by over thirty-seven percent since 2011-2013.



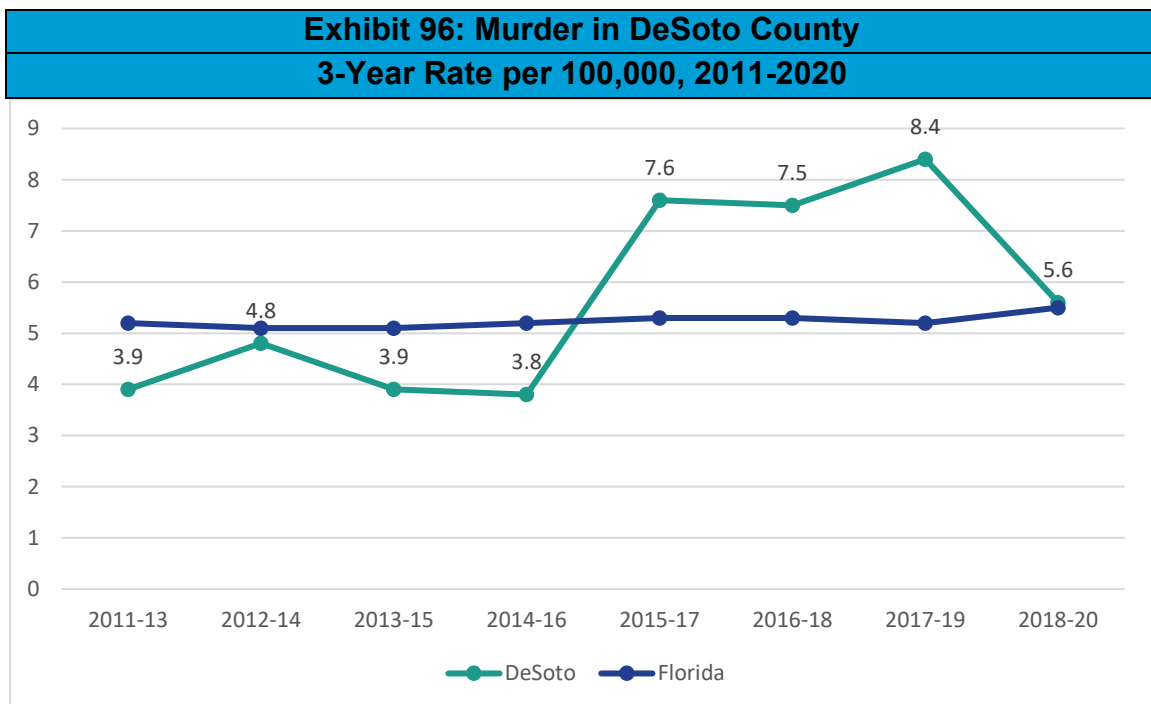
Source: Florida Department of Law Enforcement

Robbery in DeSoto County occurs at a lower rate than the state average (43.5 DeSoto vs. 72.8 Florida). It has also fallen by more than forty percent in the past nine years.



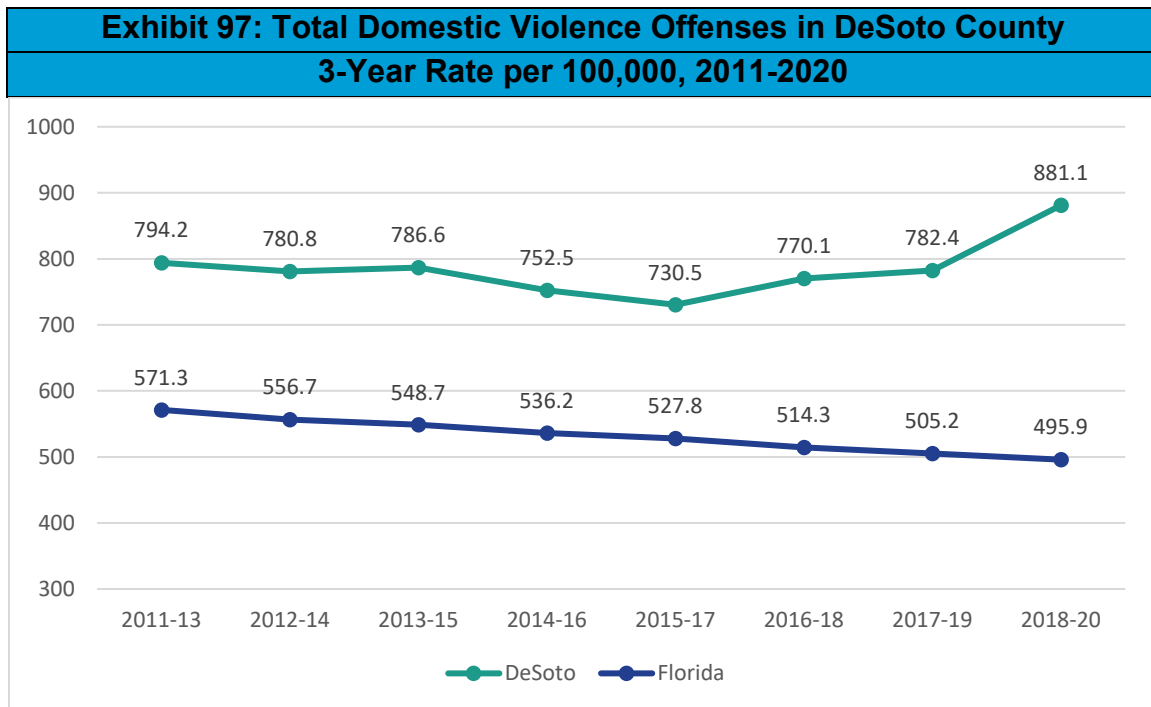
Source: Florida Department of Law Enforcement

Murder in DeSoto County occurs at a similar rate than the state average (5.6 DeSoto vs. 5.5 Florida). It has increased significantly from 2014-2016 to 2017-2019. However, the rates are based on a small number of incidents; there were three murders in DeSoto County in 2020.



Source: Florida Department of Law Enforcement

Domestic violence in DeSoto County occurs at a higher rate than the state average (881.1 DeSoto vs. 495.9 Florida). It has also increased significantly since 2015-2017.



Dissemination Plan

This report will only be beneficial to the residents and those who work in DeSoto County if the information it contains is utilized by the Florida Department of Health in DeSoto County, community leaders, and other community partners. This includes demographic, socioeconomic, and health status information as well as input from the community that can be used to identify health priorities as well as available resources. From there, the community can move forward to implement action steps for improvement.

The ultimate impact of this needs assessment rests in the effectiveness of the dissemination strategy. The DeSoto County Community Health Improvement Plan (CHIP) Committee considered a wide variety of dissemination methods that would lead to a plan of action within the community. With utilization as the goal, the committee presents the following plan to begin dissemination of this report.

- Document is available on the Health Planning Council of Southwest Florida’s website: Hpcswf.com/health-planning-services/community-health-assessments/
- Document is available on the Florida Department of Health in DeSoto County, and other community partners websites
- Document will be presented to local community groups

The CHIP Committee will continue to meet to develop an implementation plan. Using the information included in this assessment, they will be able to identify areas where targeted interventions and policy changes may have the greatest impact. Once key strategies have been chosen based on the level of impact as well as the community’s ability to implement, the health improvement process can begin. Then the appropriate, steps can be implemented to move toward a healthier DeSoto County.

Appendix A: List of Community Partners

Florida Department of Health in DeSoto County

MCR Health

South Florida State College

United Way Suncoast

Heartland Regional Transportation Planning
Organization

University of Florida IFAS Extension

City of Arcadia Government

Advent Health

DeSoto Board of County Commissioners

Safe Place Rape and Crisis Center

Department of Children and Families – DeSoto
County

DeSoto Memorial Hospital

DeSoto County School Board

Charlotte Behavioral Health Care

All-Faiths Food Bank

Florida Gulf Coast University

Centerstone

Catholic Charities

DeSoto County Sheriff Department

Suncoast Campaign for Grade Level Reading

Health Planning Council of Southwest Florida

Appendix B: Survey on Health and Well-being in DeSoto County

The Health Planning Council of Southwest Florida, with feedback from the Community Health Improvement Plan (CHIP) Committee, developed a survey questionnaire to assess the DeSoto County resident's perceptions of healthcare and health issues in the county. The survey was conducted online and on paper, in both English and Spanish. Surveys were distributed by members of the CHIP committee to those who live and/or work in DeSoto County. Links to the online version of the survey were distributed through flyers and email blasts. The English version of the survey is included in Appendix B. 205 surveys were completed on paper and online over five months from August through October of 2020 and January through February 2021.

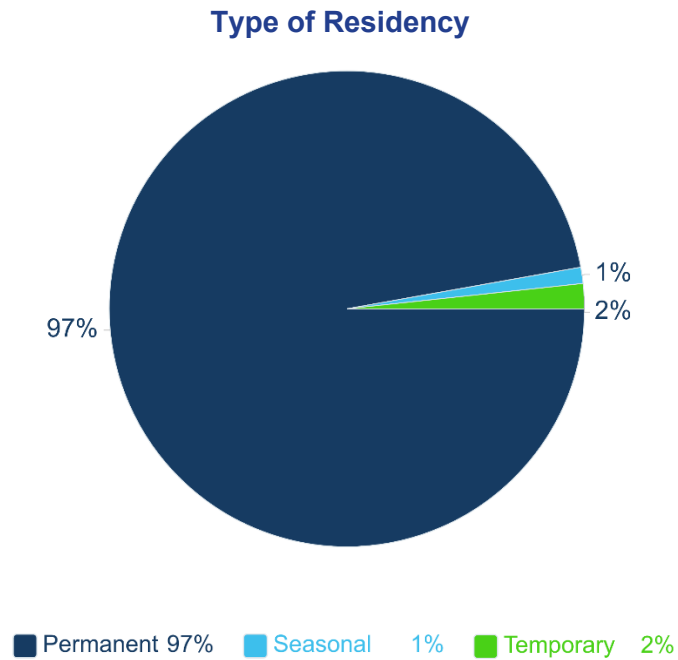


The flyer features a blue circular icon with a person and a thought bubble. The main title is "DeSoto County Health Improvement" in a large, bold, dark blue font. Below this is a teal banner with the text "Take Our Community Survey" in white. The central message is "Let Your Voice Be Heard" in a large, bold, dark blue font, underlined. Below this, a smaller line of text reads: "Participate in the community-wide survey. Survey results will be used to plan services and make needed improvements in the community." At the bottom, there are logos for HPC (Health Planning Council of Southwest Florida, Inc.), Florida Health (DeSoto County), DMH (Department of Mental Health), and MCR (Mental Crisis Response) Health. To the right of the logos, under the heading "Survey Links", are two links: "English: [Surveymonkey.com/r/DeSotoCountyHealth](https://www.surveymonkey.com/r/DeSotoCountyHealth)" and "Espanol: [Surveymonkey.com/r/SaludenDeSoto](https://www.surveymonkey.com/r/SaludenDeSoto)".

The findings of the surveys were compiled by the Health Planning Council and are as follows: (Please note that OTHER was listed as an option on most survey questions. Respondents filled in individual responses to specify what they meant by OTHER). The views expressed in these responses are those of the comment writers alone. They do not represent the views or opinions of the Health Planning Council of Southwest Florida, nor do they represent the views or opinions of the CHIP Committee). Respondents could select multiple answers for many of the questions asked.

Demographics

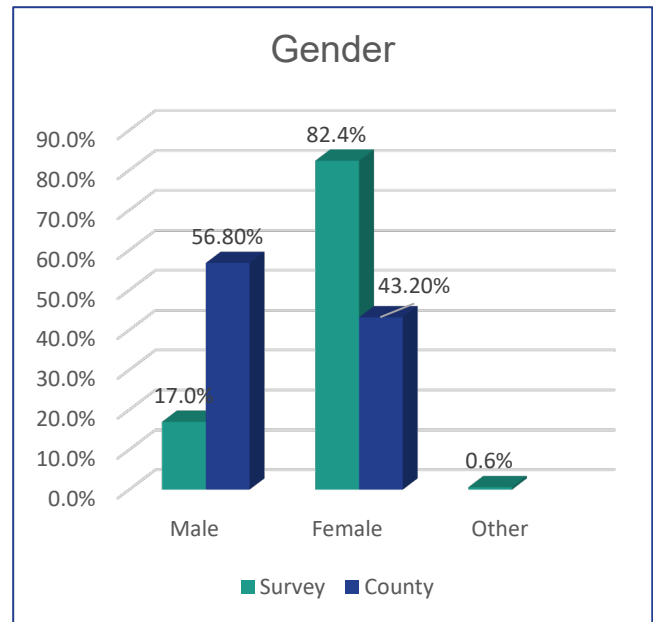
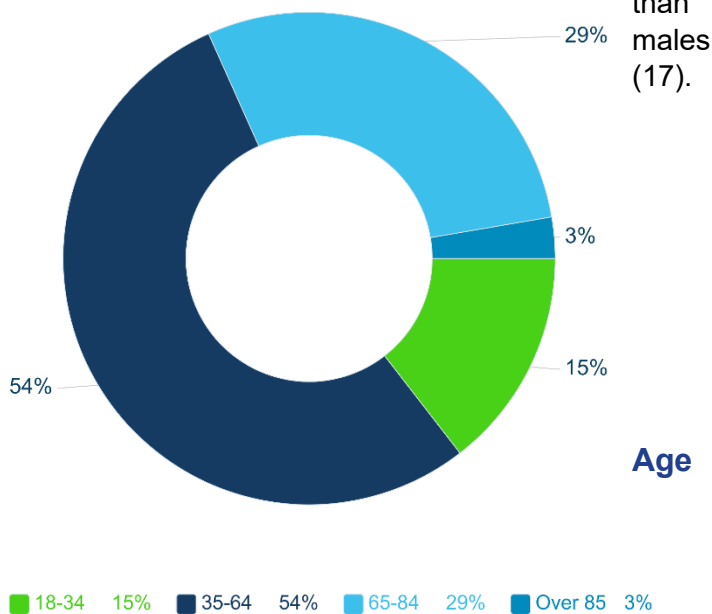
Of the survey takers, 97% said they were permanent residents of DeSoto County followed by 2% who were temporary residents. Respondents were asked to write their zip code. Nearly all the survey takers resided in DeSoto County. The top zip code with the most survey respondents was 34266.



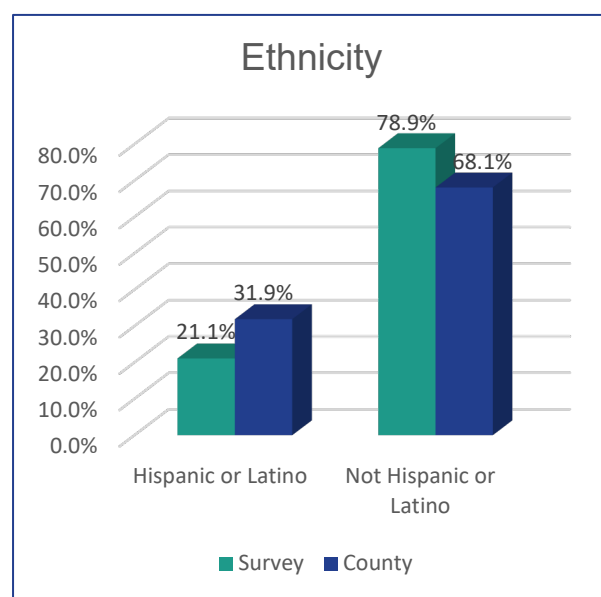
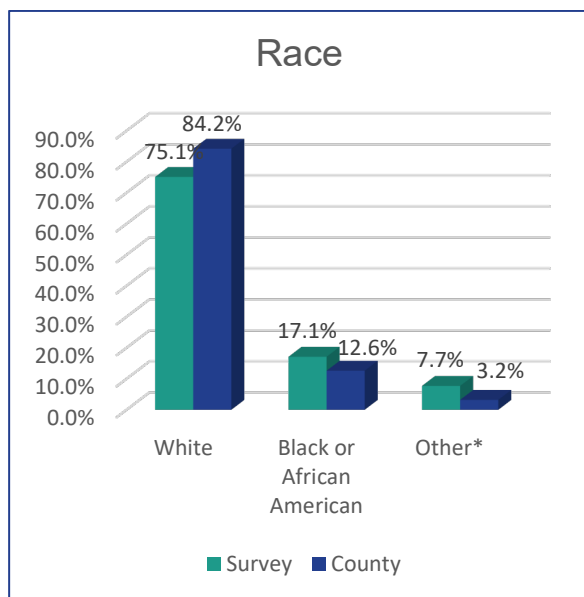
Zip Code	
Zip Code	Number of survey takers
34266	150
34269	5
34268	5
34265	4
Other*	7

*34267, 33890, 24666, 33983, 34219, 33834, 33954

Respondents were asked their age and gender. Over half of the respondents (54%) stated they were between 35-64 years of age, followed by 29% of those 65-84 years of age. There were more females (82%) who responded to the survey than males (17%).

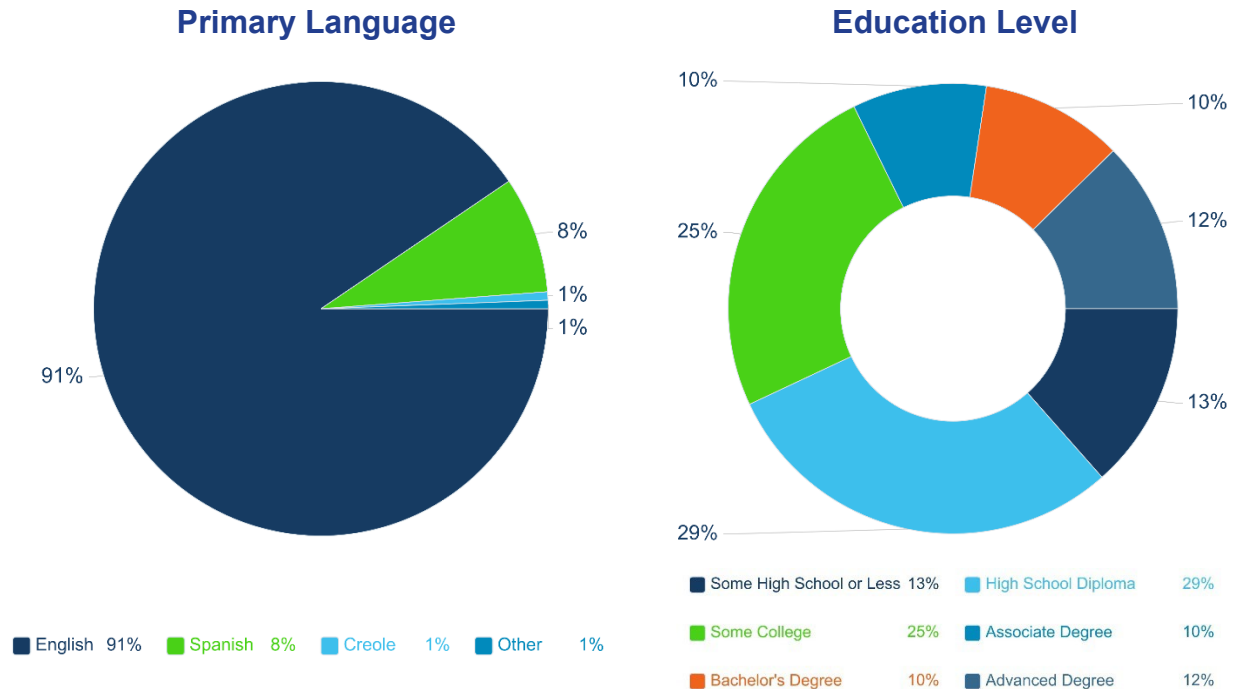


The stated race of respondents was similar to the distribution within the county as a whole, with 75% of survey respondents being white (84% of the overall population in DeSoto County), and 17% of respondents were black or African American (13% in the overall population). The surveys were completed by a higher proportion of Non-Hispanic residents than reside in the county as a whole (79% of the survey respondents identified as Non-Hispanic).

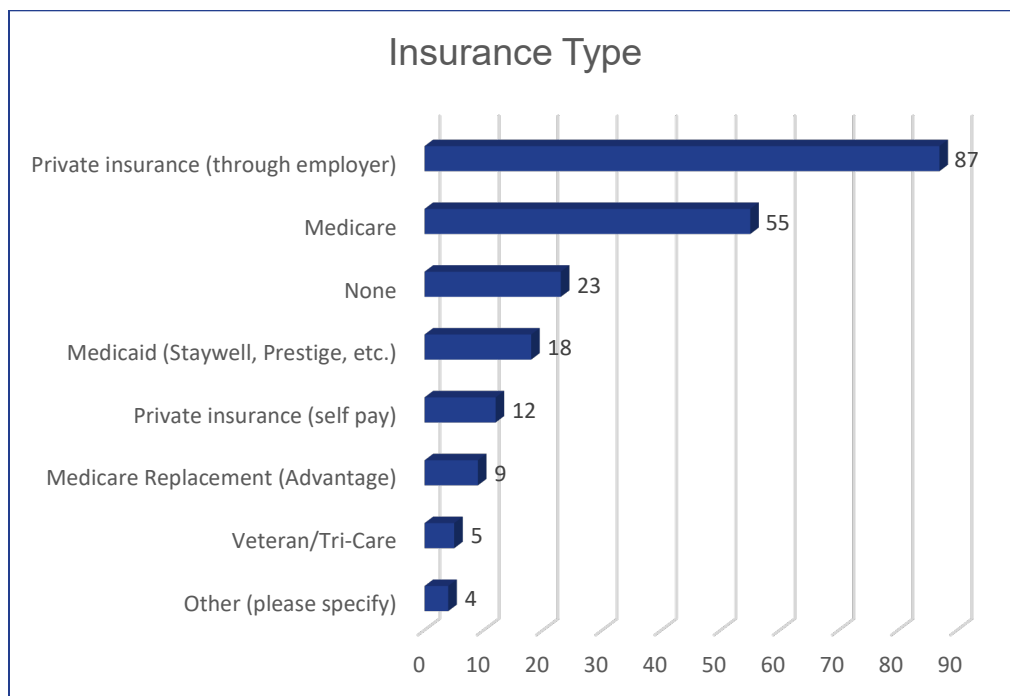


*Native Hawaiian or other Pacific Islander, mixed, Asian, American Indian or Alaska Native, and other

Of those who responded to the survey, the majority (91%) reported English as their primary language, followed by 7% speaking Spanish, less than 1% speaking Creole, and less than 1% speaking other languages as their primary language in DeSoto County. 29% of survey takers reported having their high school diploma followed by 25% who had some college, 13% who had some high school or less, 12% with an advanced degree, 10% with a bachelor's degree, and 10% with an associate degree.



Survey takers were asked what type of insurance they had. The majority had private insurance (99 respondents) followed by Medicare (55 respondents). 23 survey takers reported have no health insurance.

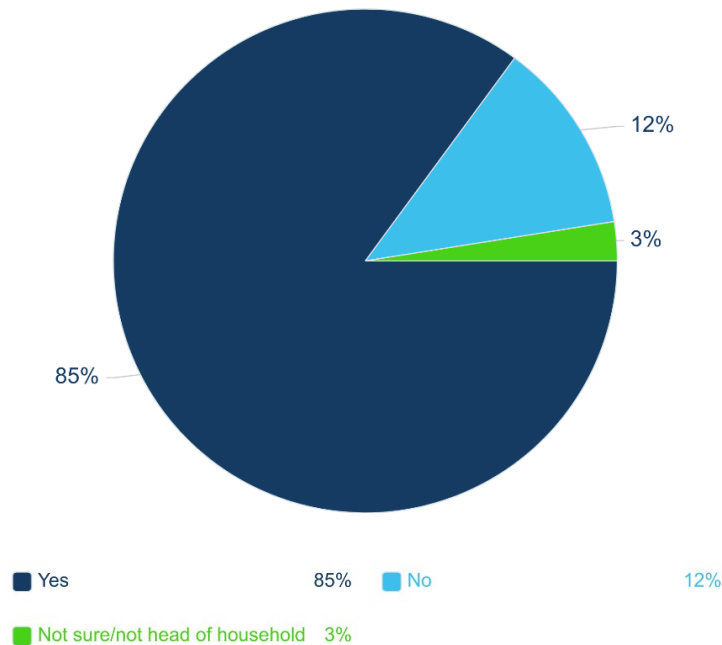


* Florida Blue, United Health Care, secondary through employer as retiree

Survey Questions

While the survey was open, data collection for the US Census was also happening. Survey takers were also given the US Census website and a hotline if they needed help completing the Census. The majority (85%) of the respondents said they had completed the US Census at the time they took the survey followed by 12% who said they had not completed the census and 3% who were not sure/not the head of household.

Have you completed the US Census?



When asked, “How would you rate the general health of DeSoto county residents?” 9% of respondents said excellent, 44% said good, 39% said fair, and 9% said poor. Compared to the past two surveys (2017 and 2013) the general health of DeSoto County residents has gotten better over the years: excellent (7% in 2020 compared to 3% in 2017) and good (47% in 2020 compared to 15% in 2017).

How would you rate the general health of DeSoto County residents?			
	2020	2017	2013
Excellent	8.5%	3%	6%
Good	43.5%	15%	19%
Fair	39.0%	63%	56%
Poor	9.0%	19%	19%

When survey takers were asked, “How would you rate the quality of healthcare in DeSoto County?” 12% said excellent, 44% said good, 34% said fair, and 10% said poor. Compared to the previous surveys the quality of healthcare in DeSoto County has improved over the years: excellent (11% in 2020 compared to 4% in 2017) and good (45% in 2020 compared to 29% in 2017).

How would you rate the quality of healthcare in DeSoto County?			
	2020	2017	2013
Excellent	12%	4%	8%
Good	44%	29%	39%
Fair	34%	44%	39%
Poor	10%	22%	14%

When asked “Where do you think residents of DeSoto County go to get health information?” the majority of respondents said their family doctor or health provider (128 responses) followed by friends or relatives (93 responses). In 2017 and 2013 DeSoto County residents said residents went to friends or relatives first then the family doctor or health provider for health information. *In 2020, the DeSoto CHIP Group decided to separate out the various social medias (Facebook, Instagram, and Twitter). In the previous year’s surveys survey takers were given a choice to select just social media.

Where do you think residents of DeSoto County go to get health information?			
	2020	2017	2013
Family doctor or health provider	128	52	54
Friends or relatives	93	62	77
Internet	72	29	27
Social Media*		29	
Facebook	58		
Television	40	10	14
Peace River Shopper	27	21	
Other social media	26		
Health Fair	19	8	
Radio	17	3	3
Newspaper	16	11	15
Books	7	0	1
Other (please specify)	5	<i>(Word of mouth, church, health department, paper mailings)</i>	
Instagram	4		
Twitter	2		

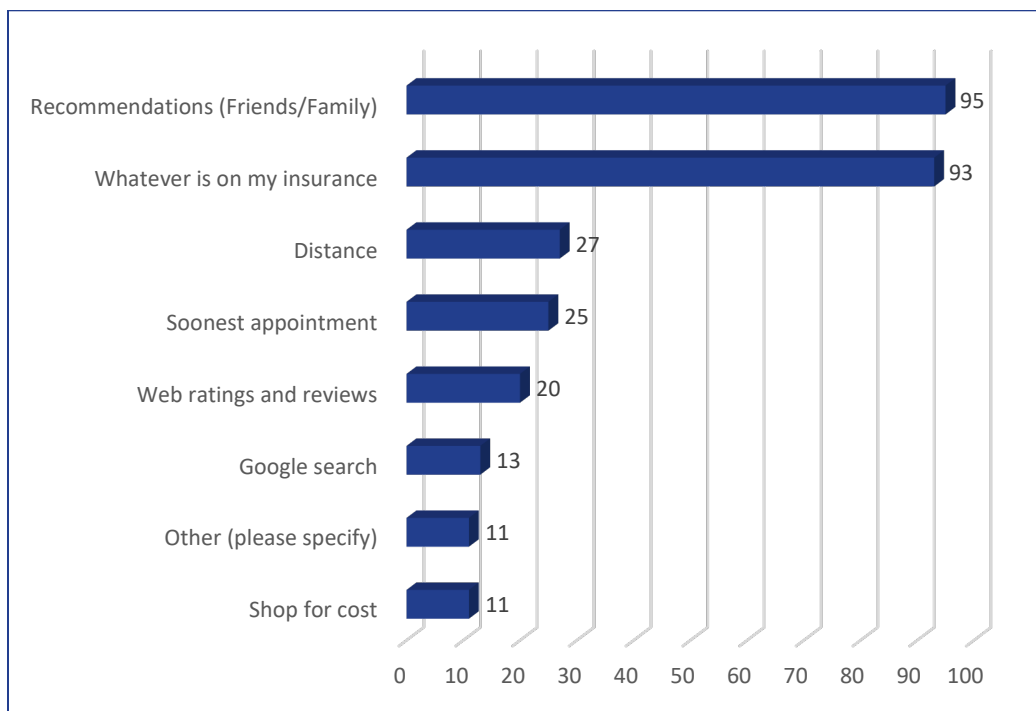
Survey takers were asked, “Where do you go to get healthcare?” a majority of said the family doctor (90 responses). Many respondents also indicated they go to the local clinic (56 responses) or go to the health department (44 responses).

Where do you go to get healthcare?	
Family Doctor	90
Clinic (Community Care Family Healthcare Center)	56
Health Department	44
Out of DeSoto County	43
Hospital/Emergency	25
Catalyst Walk-in Clinic	16
Epiphany Direct Primary Care	7
Don't Know	5
Other (please specify) *	2

* Don't have one might go to community health, Bay Pines Healthcare System

The survey asked survey takers “How do you choose your healthcare providers?” The most common responses were recommendations from friends/family (95 responses) and whatever is on my insurance (93 responses).

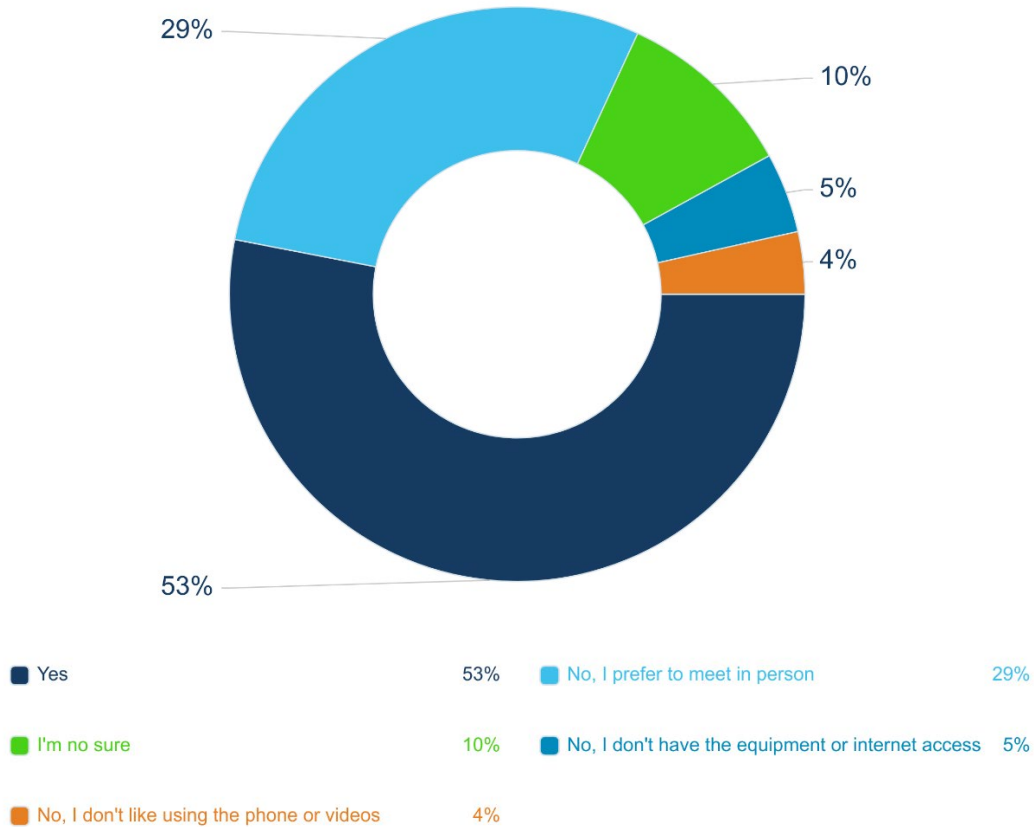
How do you choose your healthcare providers?



*After hour clinic, recommendation from primary care, word of mouth, got to V.A. clinic, depends on what the problems is, same doctor all my life, same building for 30 years, not in DeSoto County, specialty doctor

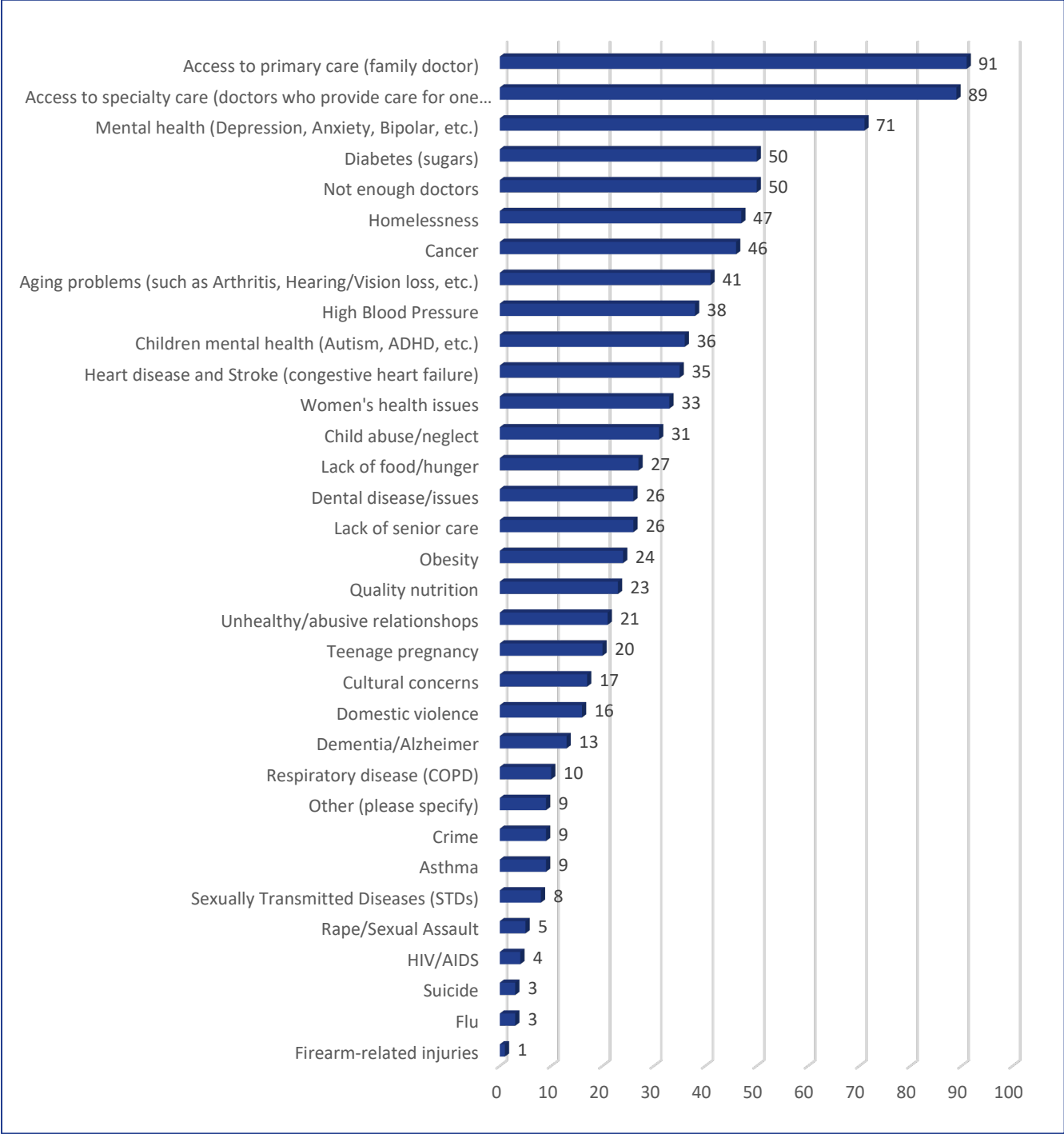
Due to COVID-19, there has been an increase in the use of tele-medicine (medical visits with a provider using video using either the phone or a computer). Survey takers were asked if they would use tele-medicine. 53% of survey takers said yes, followed by 29% who said no, they prefer to meet in person and 10% who said they were not sure.

If tele-medicine (medical visits through the phone or computer with video) were available. Would you or your family/friends use those services?



Respondents were asked to select what they felt were the five most important health concerns in DeSoto County. The top five responses were: access to primary care (91 responses), access to specialty care (89 responses), mental health (71 responses), diabetes (50 responses), and not enough doctors (50 responses). In 2017 survey takers listed access to specialty doctors, obesity, cancer, not enough doctors, and diabetes as the top five health concerns. Access to specialty care, not enough doctors, and diabetes were in the top five in both 2017 and 2020.

Which of the following do you feel are the five most important health concerns in DeSoto County?



*Lack of services for handicap person, blind or physical, substance abuse (drug, alcohol, and opioid) services, medical insurance, access to local services of any kind, pediatrics, and poverty

Survey 2020

Survey 2017

Access to primary care

Access to specialty care

Mental health

Diabetes

Not enough doctors



Access to specialty care

Obesity

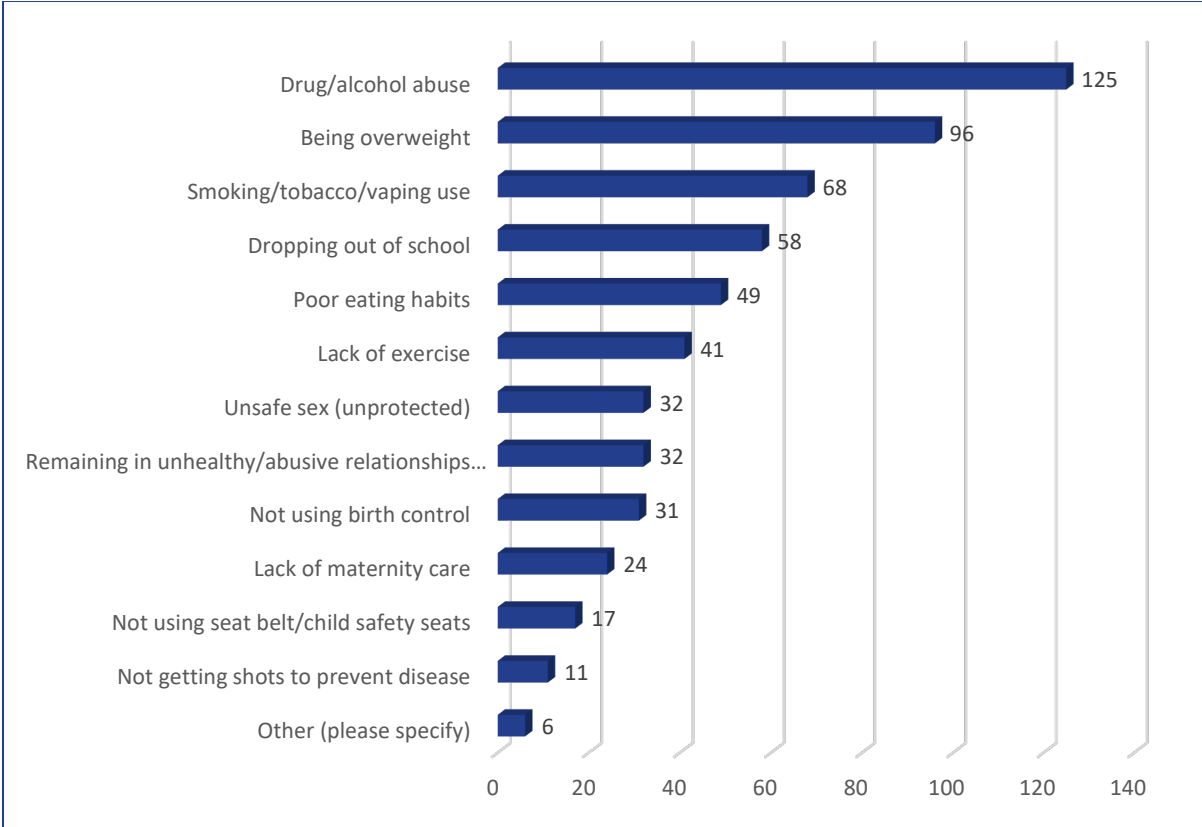
Cancer

Not enough doctors

Diabetes

Respondents were then asked to select the three most important risky behaviors in DeSoto County. Drug/alcohol abuse (125 responses), being overweight (96 responses), and smoking/tobacco/vaping use (68 responses) were the top three responses. These are the same top three risky behaviors survey takers chose in 2017.

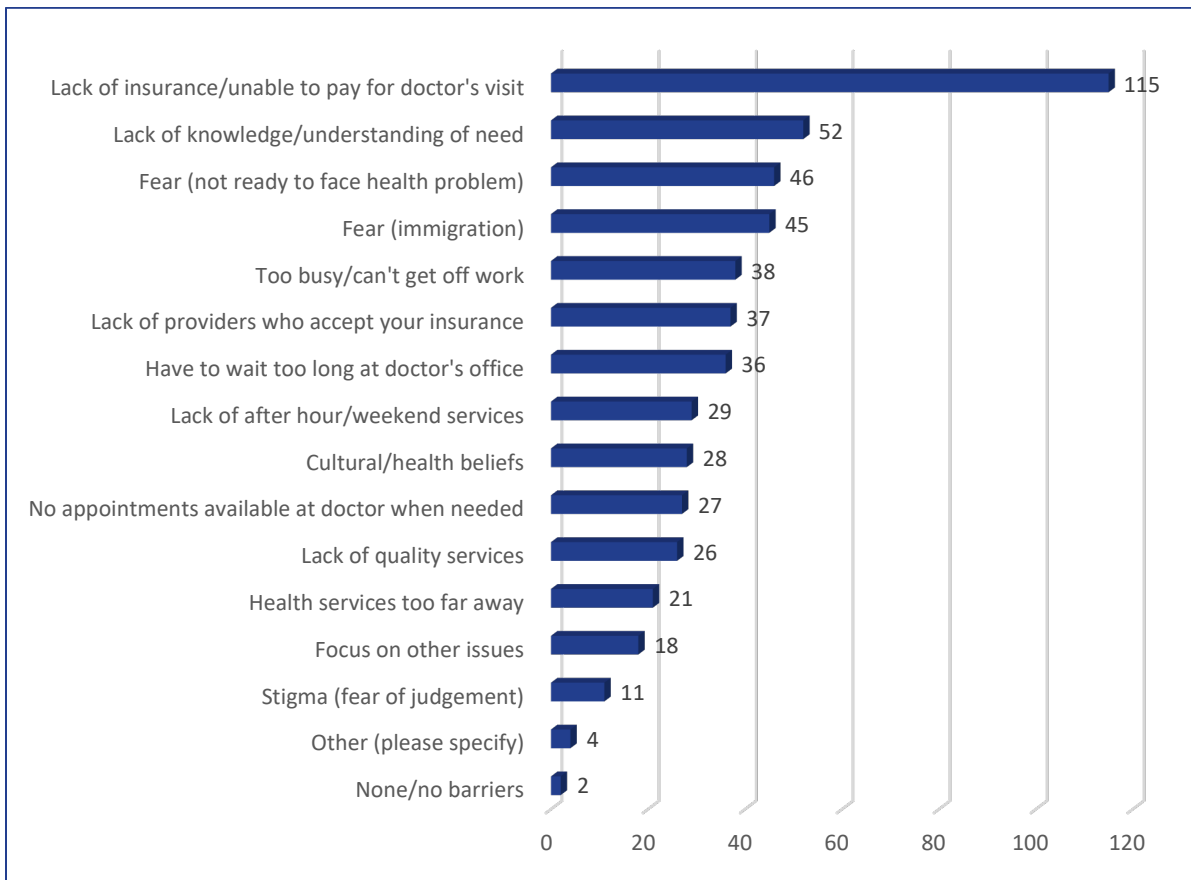
Which of the following do you feel are the three most important risky behaviors in DeSoto County?



**homeless/no protection, nothing to do for teenagers lack of growth for DeSoto County, teenage pregnancy, no help for people on drugs they can't afford to pay for it*

People sometimes delay receiving treatments for their ailments, which can lead to further problems and/or higher costs. Respondents were asked to designate the main reasons that keep people in DeSoto County from seeking medical treatment. Lack of insurance/unable to pay for a doctor's visit was the number one reason by majority of the respondents (115 responses). The next two most cited reasons were lack of knowledge/understanding of need (52 responses) and fear [not ready to face health problem] (46 responses).

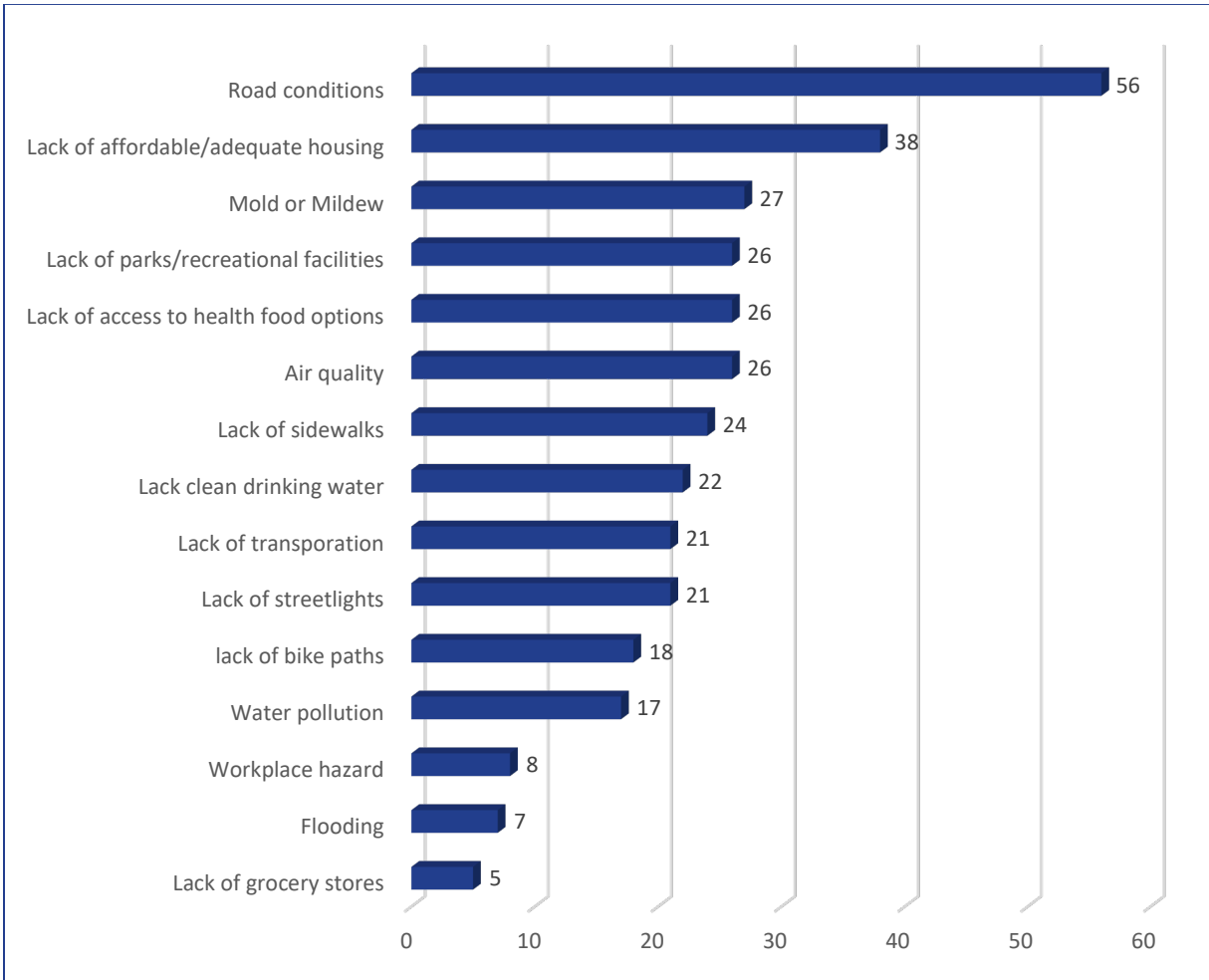
What do you think is the main reason that keeps people in DeSoto County from seeking medical treatment?



**Specialists are too far, think too much, cost*

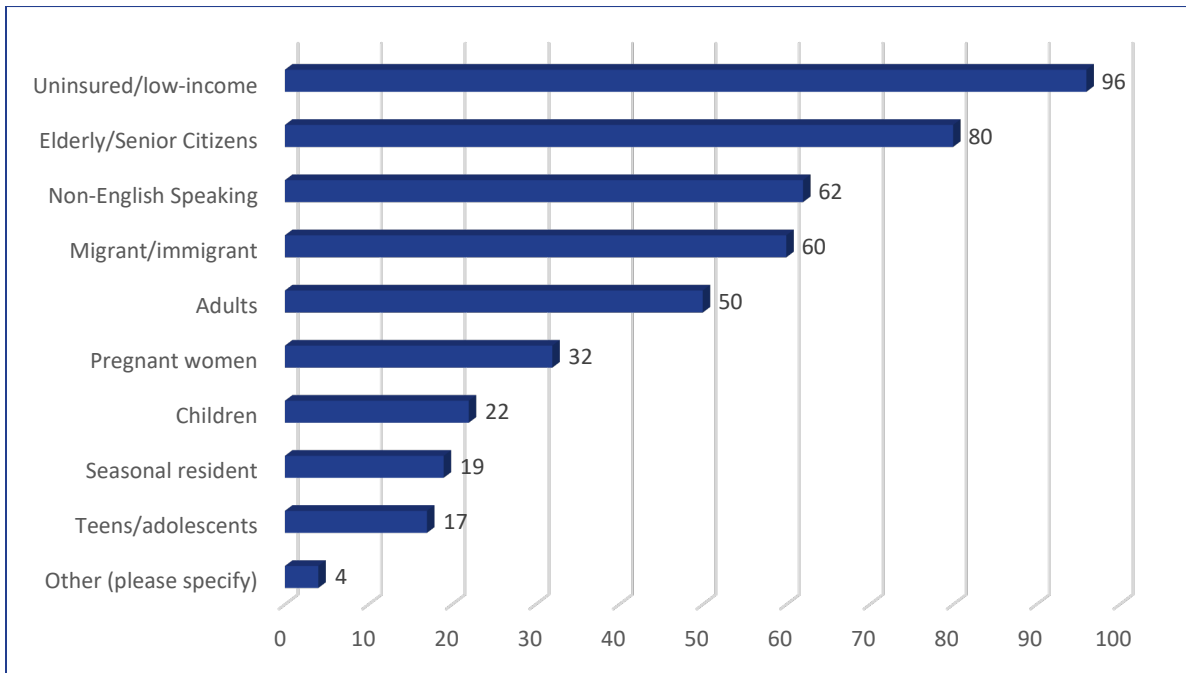
Survey takers were asked if there were any environmental factors that affect their health. The most common response cited was road conditions (56 responses), followed by lack of affordable/adequate housing (38 responses).

Are there environmental factors affecting your health?



The survey asked respondents to think about the types of residents of DeSoto County that have more difficulty with healthcare than others. The uninsured/low-income (96 responses) were cited as the residents to have the most difficulty. The next highest was the elderly/senior citizens (80 responses) followed by non-English speaking (62 responses) residents.

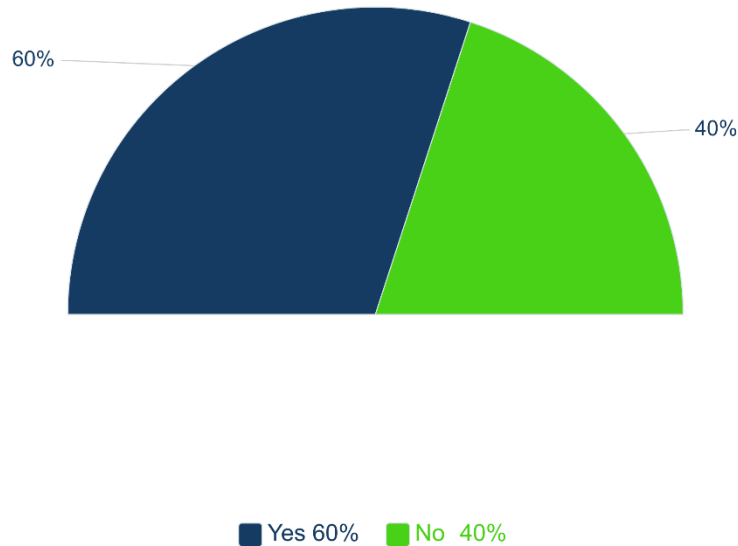
What types of residents of DeSoto County have more difficulty with healthcare than others?



**None, homeless, large prisoner population, illegals*

With regards to whether there are specific areas of the county where residents are thought to have a particularly difficult time accessing services, over half (60%) said yes. The survey asked for the respondents to identify where, their responses are below.

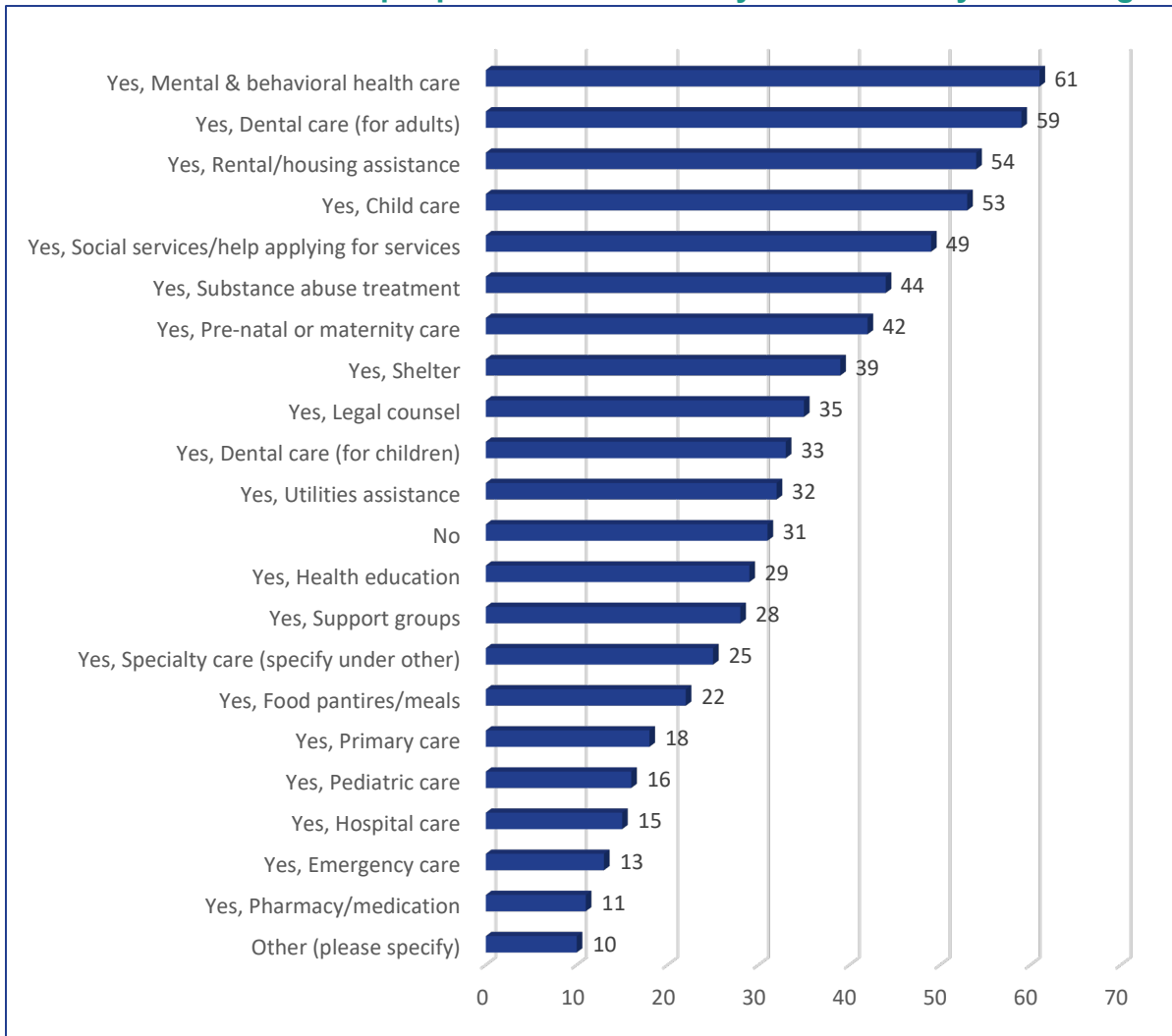
Are there areas/neighborhoods in the county where residents have a particular difficult time accessing health services?



The black and Mexican areas, Southwest Nocatee, Price Child, west end of Forest Pine, Hargrave St., the Avenues, remote areas, all over, homeless, low income neighborhoods, rural homeless, everywhere in Arcadia area, DeSoto, people who come with work visas/rely on bosses, Fort Ogden, Nocatee, homeless in the woods, down by the old health department, 55+ communities, where some of the migrant population reside, labor camps, rural, Picker housing, the whole county except for Lake Suzy, Brownville, MLK

The survey asked if there were any services that people had difficulty accessing. There were 31 respondents that said no, there are no services that people in DeSoto County had difficulty accessing. Of those who felt there were services that were difficult to access, mental & behavioral health care was the number one response (61 responses). The next highest on the list were dental care (for adults) [59 responses] and rental/housing assistance (54 responses). Respondents were asked if they select specialty care to please specify under other along with other services people have difficulty accessing. Those responses are listed under the graph.

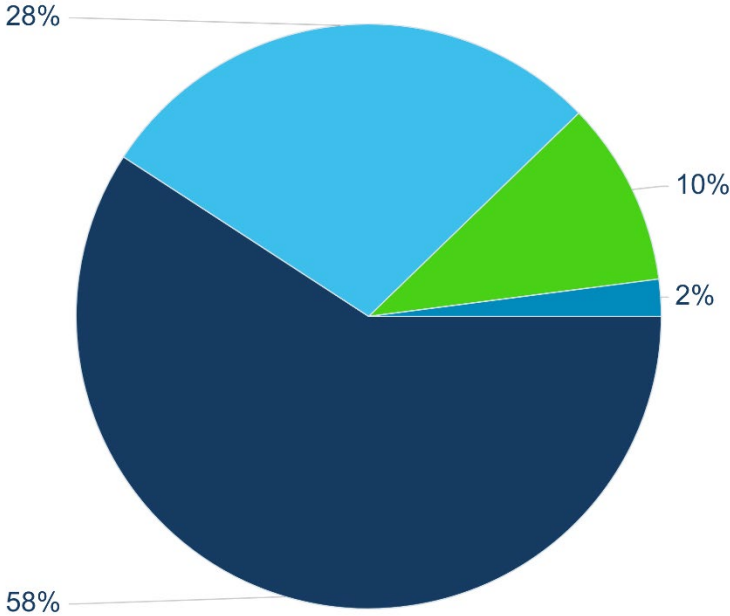
Are there services that people in DeSoto County have difficulty accessing?



**Physical therapy, occupational therapy, speech therapy, transportation, bloodwork (lab), newspaper, dermatology, orthopedic, pulmonologist, vision care, hearing care, I don't know*

Survey takers were asked about their food situation in the last 12 months. Over half (58%) stated that they have enough food their family likes to eat. 28% said they have enough but not always the kinds of food they want. 12% of respondents replied that their families either sometimes or often did not have enough food to eat.

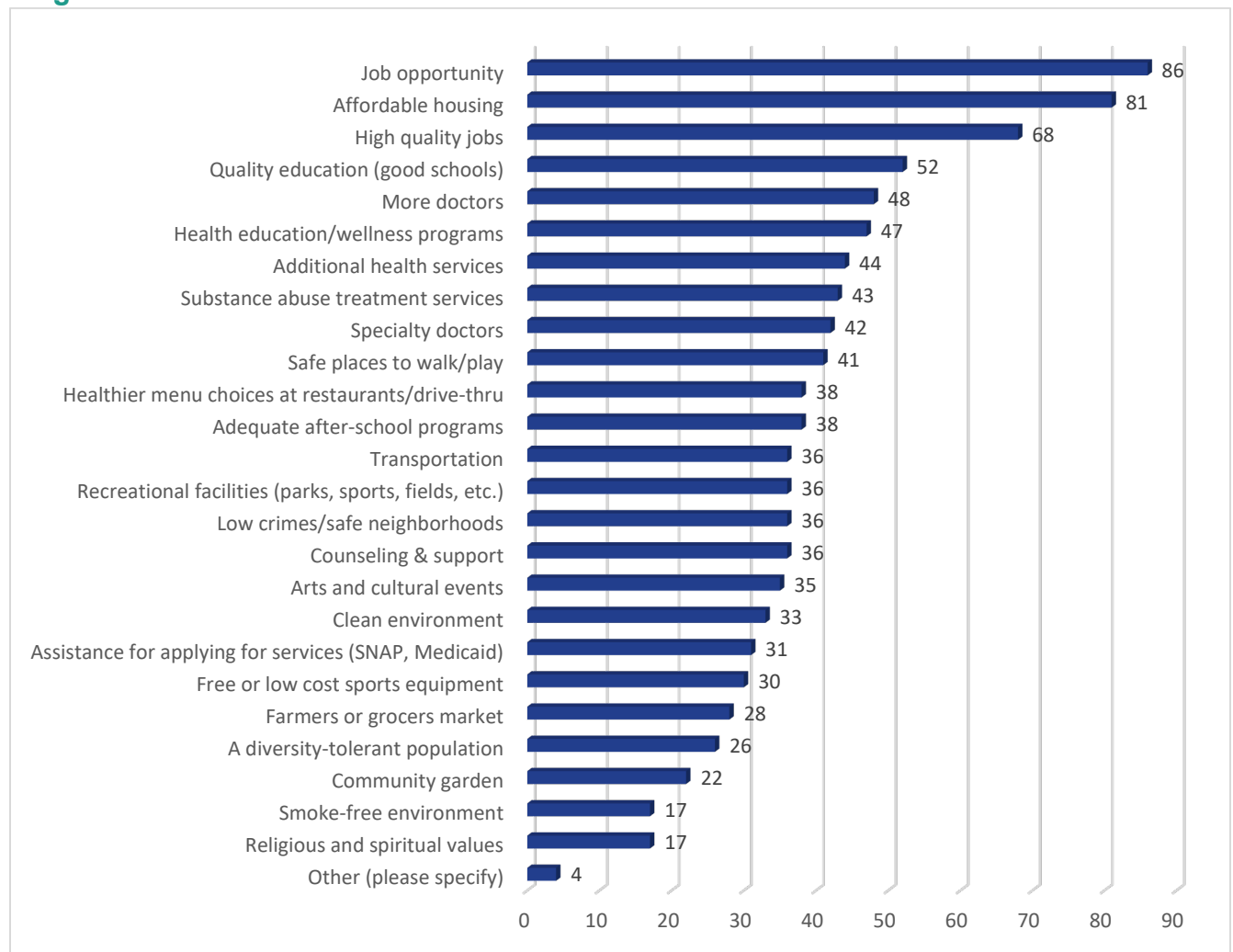
Which of these statements best describes your food situation in the last 12 months?



- Enough food my family likes to eat 58%
- Enough but not always the kinds of food we want 28%
- Sometimes not enough to eat 10%
- Often not enough 2%

Respondents were asked what they needed to allow themselves, family, friends, and neighbors to have a healthier lifestyle. The top five responses were job opportunity (86 responses), affordable housing (81 responses), high quality jobs (68 responses), quality education (good schools) [52 responses], and more doctors (48 responses). In 2017, the top five areas responses were access to specialty doctors, obesity, cancer, not enough doctors, and diabetes. Jobs and more doctors were in the top five in both 2017 and 2020.

What does DeSoto County need to improve the health of your family, friends, and neighbors?



**I think all in all Arcadia is great, our roads are the worst in the state, affordable insurance, adult educational classes*

Survey 2020

Job Opportunity

Affordable Housing

High Quality Jobs

Quality Education

More Doctors



Survey 2017

Job Opportunities

Additional Health Services

Specialty Doctors

More Doctors

Substance abuse treatment services

Additional comments from survey takers about the healthcare needs in DeSoto County. (Please note that all comments are unedited)

- Trailers in deplorable condition for the price of rent. Kids not in school.
- Need an automobile mobile to go through the community to assist people in need
- Need to set up some type of housing for the homeless. They need protection from the elements and have some type of medical care
- I am so thankful that we have the hospital
- More affordable medical and dental
- Have no health insurance rely on Health Department of low-cost care, not open certain days like holidays and never been able to get my kids seen without an appointment.
- Better public transit.
- In all it's really pretty good.
- Our pay rates are the worst in the state to me. We need more part-time jobs.
- Sidewalks are needed on Airport Road down to Tangelo.
- Homeless need the most help with healthcare in DeSoto County.
- More places to go to the doctors that don't charge you much to have a check-up when you don't have insurance.
- Family fun activities center
- Nothing available on weekends, hence, people use the emergency department for other than true emergencies
- More providers needed.
- There aren't enough doctors here and none that specialize with I specifically need.
- School district continues to make small yet unsatisfactory improvements. This leads to overall health concerns.
- Health department does a great job, but I think they are understaffed.
- The staff at MCR needs to explain things to the patients that are waiting in the waiting area. My friend sat in the waiting area from 8:45 till 11:30 before his daughter went and made him leave.

- We need people who care.
- Access to vocational education, assistance with skills to apply for jobs and job fairs.
- We need more pediatricians, counselors, and gynecologists
- That you need to be faster in terms of questions and inquiries because most of the time they are very time consuming
- There are a lot of racist people.

Appendix C: DeSoto County Community Survey Questionnaire

1. Have you completed the US Census?

- Yes No Not sure/not head of household

If you haven't completed the Census, you can go to [2020census.gov](https://www.census.gov). If you need help, please call 844-330-2020.

2. How would you rate the **general health** of DeSoto County residents?

- Excellent Good Fair Poor

3. How would you rate the **quality** of healthcare in DeSoto County?

- Excellent Good Fair Poor

4. Where do you think the people of DeSoto County go to get health information?

- | | |
|---|--|
| <input type="checkbox"/> Books | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> Facebook | <input type="checkbox"/> Other social media |
| <input type="checkbox"/> Family doctor or health provider | <input type="checkbox"/> Peace River Shopper |
| <input type="checkbox"/> Friends or relatives | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Health Fair | <input type="checkbox"/> Television |
| <input type="checkbox"/> Instagram | <input type="checkbox"/> Twitter |
| <input type="checkbox"/> Internet | |
| <input type="checkbox"/> Other _____ | |

5. Where do you go to get healthcare?

- | | |
|---|---|
| <input type="checkbox"/> Catalyst Walk-in Clinic | <input type="checkbox"/> Family Doctor |
| <input type="checkbox"/> Clinic (Community Care Family Healthcare Center) | <input type="checkbox"/> Health Department |
| <input type="checkbox"/> Don't Know | <input type="checkbox"/> Hospital/Emergency |
| <input type="checkbox"/> Epiphany Direct Primary Care | <input type="checkbox"/> Out of DeSoto County |
| <input type="checkbox"/> Other _____ | |

6. How do you choose your healthcare providers?

- | | |
|---|--|
| <input type="checkbox"/> Distance | <input type="checkbox"/> Soonest appointment |
| <input type="checkbox"/> Google search | <input type="checkbox"/> Web ratings and reviews |
| <input type="checkbox"/> Recommendations (Friends/Family) | <input type="checkbox"/> Whatever is on my insurance |
| <input type="checkbox"/> Shop for cost | |
| <input type="checkbox"/> Other _____ | |

7. If tele-medicine (medical visits through the phone or computer with video) were available, would you or your family/friends use those services?

- Yes
- No, I prefer to meet in person
- I'm not sure
- No, I don't like using the phone or videos
- No, I don't have the equipment or internet access

8. Which of the following do you feel are the five most important **health concerns** in DeSoto County (select five)?

- Access to primary care (*family doctor*)
- Access to specialty care (*doctors who provide care for one specific medical issue*)
- Aging problems (*such as Arthritis, Hearing/Vision loss, etc.*)
- Asthma
- Cancer
- Child abuse/neglect
- Children mental health (*Autism, ADHD, etc.*)
- Crime
- Lack of food/hunger
- Lack of senior care
- Mental health (*Depression, Anxiety, Bipolar, etc.*)
- Not enough doctors
- Obesity
- Quality nutrition
- Rape/Sexual Assault
- Other _____
- Cultural concerns
- Dementia/Alzheimer
- Dental disease/issues
- Diabetes (*sugars*)
- Domestic violence
- Firearm-related injuries
- Flu
- Heart disease and Stroke (*congestive heart failure*)
- High Blood Pressure
- HIV/AIDS
- Homelessness
- Respiratory disease (*COPD*)
- Sexually Transmitted Diseases (*STDs*)
- Suicide
- Teenage pregnancy
- Unhealthy/abusive relationships
- Women's health issues

9. Which of the following do you feel are the three most important **risky behaviors** in DeSoto County (select three)?

- Being overweight
- Dropping out of school
- Drug/alcohol abuse
- Lack of exercise
- Lack of maternity care
- Not getting shots to prevent disease
- Not using birth control
- Other _____
- Not using seat belts/child safety seats
- Poor eating habits
- Remaining in unhealthy/abusive relationships (*physical, verbal, emotional, controlling*)
- Smoking/tobacco/vaping use
- Unsafe sex (*unprotected*)

10. What do you think is the main reason that keeps people in DeSoto County from seeking medical treatment?

- | | |
|---|--|
| <input type="checkbox"/> Cultural/health beliefs | <input type="checkbox"/> Lack of knowledge/understanding of need |
| <input type="checkbox"/> Fear (<i>immigration</i>) | <input type="checkbox"/> Lack of providers who accept your insurance |
| <input type="checkbox"/> Fear (<i>not ready to face health problem</i>) | <input type="checkbox"/> Lack of quality services |
| <input type="checkbox"/> Focused on other issues | <input type="checkbox"/> No appointments available at doctor when needed |
| <input type="checkbox"/> Have to wait too long at doctor's office | <input type="checkbox"/> Stigma (<i>fear of judgement</i>) |
| <input type="checkbox"/> Health services too far away | <input type="checkbox"/> Too busy/can't get off work |
| <input type="checkbox"/> Lack of after hour/weekend services | <input type="checkbox"/> None/no barriers |
| <input type="checkbox"/> Lack of insurance/unable to pay for doctor's visit | |
|
 | |
| <input type="checkbox"/> Other _____ | |

11. Are there environmental factors affecting your health?

- | | |
|---|--|
| <input type="checkbox"/> Air quality | <input type="checkbox"/> Lack of parks/recreational facilities |
| <input type="checkbox"/> Flooding | <input type="checkbox"/> Lack of sidewalks |
| <input type="checkbox"/> Lack of access to healthy food options | <input type="checkbox"/> Lack of streetlights |
| <input type="checkbox"/> Lack of affordable/adequate housing | <input type="checkbox"/> Lack of transportation |
| <input type="checkbox"/> Lack of bike paths | <input type="checkbox"/> Mold or Mildew |
| <input type="checkbox"/> Lack of clean drinking water | <input type="checkbox"/> Road conditions |
| <input type="checkbox"/> Lack of grocery stores | <input type="checkbox"/> Water pollution |
| | <input type="checkbox"/> Workplace hazard |

12. What types of people in DeSoto County have more difficulty to access healthcare than others?

- | | |
|--|---|
| <input type="checkbox"/> Adults | <input type="checkbox"/> Seasonal resident |
| <input type="checkbox"/> Children | <input type="checkbox"/> Teens/adolescents |
| <input type="checkbox"/> Elderly/senior citizens | <input type="checkbox"/> Uninsured/low-income |
| | <input type="checkbox"/> Migrant/immigrant |
| <input type="checkbox"/> Non-English speaking | <input type="checkbox"/> Pregnant women |
| <input type="checkbox"/> Other _____ | |

13. Are there areas/neighborhoods in the county where people have a particularly difficult time accessing health services?

- No
- Yes

If yes, which areas/neighborhoods?

14. Are there services that people in DeSoto County have difficulty accessing?

- No
- Yes

If yes, which of the following services have you or someone you know had difficulty accessing (select all that apply)?

- | | |
|--|--|
| <input type="checkbox"/> Childcare | <input type="checkbox"/> Mental & behavioral health care |
| <input type="checkbox"/> Dental care (<i>for adults</i>) | <input type="checkbox"/> Pediatric care |
| <input type="checkbox"/> Dental care (<i>for children</i>) | <input type="checkbox"/> Pharmacy/medication |
| <input type="checkbox"/> Emergency care | <input type="checkbox"/> Pre-natal or maternity care |
| <input type="checkbox"/> Food pantries/meals | <input type="checkbox"/> Primary care |
| <input type="checkbox"/> Health education | <input type="checkbox"/> Rental/housing assistance |
| <input type="checkbox"/> Hospital care | <input type="checkbox"/> Shelter |
| <input type="checkbox"/> Legal counsel | <input type="checkbox"/> Substance abuse treatment |
| <input type="checkbox"/> Social services/help applying for services | <input type="checkbox"/> Support groups |
| <input type="checkbox"/> Specialty care (<i>specify under other</i>) | <input type="checkbox"/> Utilities assistance |

Other _____

15. Which of these statements best describes your food situation in the last 12 months:

- | | |
|--|--|
| <input type="checkbox"/> Enough food my family likes to eat | <input type="checkbox"/> Sometimes not enough to eat |
| <input type="checkbox"/> Enough but not always the kinds of food we want | <input type="checkbox"/> Often not enough |

16. What does DeSoto County need to improve the health of your family, friends, and neighbors?

- | | |
|---|--|
| <input type="checkbox"/> Additional health services | <input type="checkbox"/> High quality jobs |
| <input type="checkbox"/> A diversity-tolerant population | <input type="checkbox"/> Job opportunities |
| <input type="checkbox"/> Adequate after-school programs | <input type="checkbox"/> Low crime/safe neighborhoods |
| <input type="checkbox"/> Affordable housing | <input type="checkbox"/> More doctors |
| <input type="checkbox"/> Arts and cultural events | <input type="checkbox"/> Quality education (<i>good schools</i>) |
| <input type="checkbox"/> Assistance for applying for services (<i>SNAP, Medicaid</i>) | <input type="checkbox"/> Recreational facilities (<i>parks, sports fields, etc.</i>) |
| <input type="checkbox"/> Clean environment | <input type="checkbox"/> Religious and spiritual values |
| <input type="checkbox"/> Community garden | <input type="checkbox"/> Safe places to walk/play |
| <input type="checkbox"/> Counseling & support | <input type="checkbox"/> Smoke-free environment |
| <input type="checkbox"/> Farmers or grocers market | <input type="checkbox"/> Specialty doctors |
| <input type="checkbox"/> Free or low-cost sports equipment | <input type="checkbox"/> Substance abuse treatment services |
| <input type="checkbox"/> Health education/wellness programs | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Healthier menu choices at restaurants/drive-thru | |

Other (please explain):

17. Please share any additional comments you have about healthcare needs in DeSoto County.

What is your Zip Code? _____

Are you a permanent, seasonal, or temporary resident of DeSoto County?

- Permanent Seasonal Temporary

Age:

- Under 18 18-34 35-64 65-84 Over 85

Gender:

- Male Female Other

Race:

- American Indian or Alaska Native
 Native Hawaiian or Other Pacific Islander
- Asian Black or African American
- White Mixed Other

Ethnicity:

- Hispanic or Latino Not Hispanic or Latino

What is your primary language?

- English Spanish Creole Other _____

What type of insurance do you have?

- Private insurance (through employer) Private insurance (self-pay) Veteran/Tri-Care
- Medicare Medicaid (Staywell, Prestige etc.) Medicare Replacement (Advantage)
- None _____

What is your highest level of education?

- Some High School or less High School Diploma/GED Some College
- Associate Degree Bachelor's Degree Advanced Degree (Masters or Doctorate)

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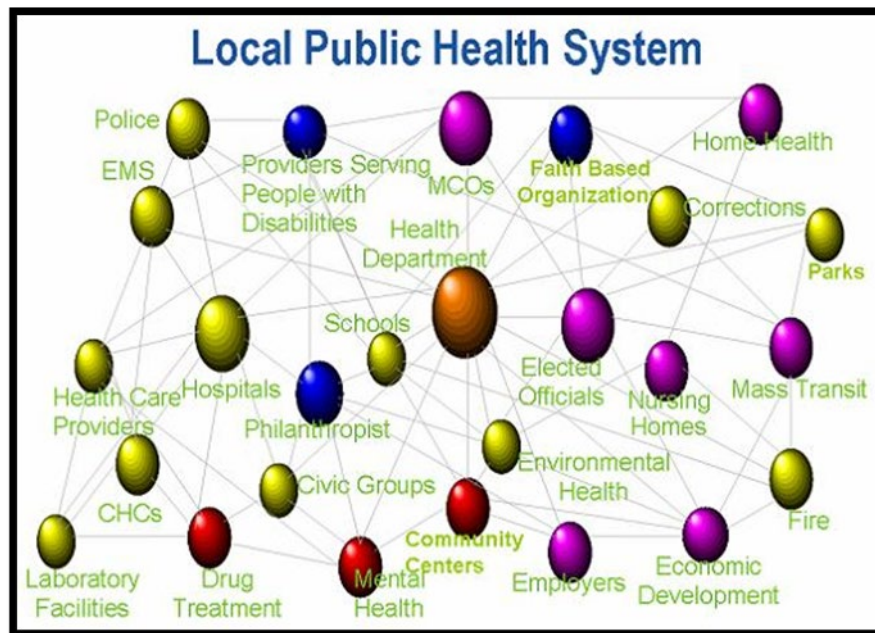
“;/m ,/ ;!/?./Appendix D: Local Public Health System Assessment

The Health Planning Council of Southwest Florida, Inc. (HPC) met with members of the DeSoto County CHIP Committee to conduct the Local Public Health System Assessment (LPHSA). The LPHSA was conducted via an online survey on SurveyMonkey. The LPHSA Survey was released to community partners in April of 2021 and concluded June 2021.

HPC introduced the LPHSA during a DeSoto County CHIP Committee meeting on April 29, 2021. For this assessment, we modified the LPHSA by using and combing six out of the ten Essential Services. Below are the Essential Services that were used for this modified LPHSA:

- Monitor, diagnose, and investigate health problems and health hazards in the community
- Inform, educate, and empower people about health issues
- Mobilize community partnerships to identify and solve health problems
- Develop policies and plans that support individual and community health efforts
- Link people to needed personal health services and assure the provision of health care when otherwise unavailable

Each Essential Service section of the survey contained a scale, strengths/highlighted activities, and weakness/gaps pertaining to that Essential Service. The scale was scored on using the following answer choices: no activity, minimal, moderate, significant, and optimal outcome.



What is the Local Public Health System Assessment?

The National Public Health Performance Standards (NPHPS) Local Public Health System Assessment (LPHSA) Report is designed to help health departments and public health system partners create a snapshot of where they are relative to the NPHPS and to progressively move toward refining and improving outcomes for performance across the public health system. The

NPHPS state, local, and governance instruments also offer opportunity and robust data to link to health departments, public health system partners and/or community-wide strategic planning processes, as well as to Public Health Accreditation Board (PHAB) standards. The assessment may also be used as a component of community health improvement planning processes, such as Mobilizing for Action through Planning and Partnerships (MAPP) or other community-wide strategic planning efforts.



The LPHSA is a valuable tool for identifying areas for system improvement, strengthening local partnerships, and assuring that a strong system is in place for effective delivery of day-to-day public health services and response to public health emergencies. Communities that have completed it report that it accomplished the following:

- Improved organizational and community communication and collaboration by bringing a broad spectrum of partners to the same table.
- Educated participants about public health and how activities are interconnected.
- Strengthened the diverse network of partners within state and LPHSs.
- Identified strengths and weaknesses to be addressed in quality improvement efforts.

Identifying system strengths and weaknesses may then be used to improve and better coordinate public health activities at the community level. In addition, the results provide a better understanding of the LPHS's performance. Most importantly, the results may inform policy and resource decisions leading to an improved LPHS.

Results

Table of Essential Services Scores

Essential Service	Score
Monitor, diagnose, and investigate health problems and health hazards in the community	3.6
Inform, educate, and empower people about health issues	3.6
Mobilize community partnerships to identify and solve health problems	3.8
Develop policies and plans that support individual and community health efforts	3.6
Link people to needed personal health services and assure the provision of health care when otherwise unavailable	3.7

Essential Service

Monitor, Diagnose, and Investigate Health Problems and Health Hazards in the Community



Performance Score

This score can be interpreted as the overall degree to which the local public health system meets the performance standards. The overall performance ranking score for this Essential Service is **3.6**, which represents **Moderate Activity**.



Perceived System Strengths and/or Highlighted Activities

- Access to crisis care
- The health department has a robust system to identify, track, treat, and monitor reported health problems and hazards
- DeSoto partners with other agencies in the community
- Contact tracing of COVID-19 testing – calling residents and interviewing
- Working with community partners to outreach to consumers to promote health and listen to concerns
- Rapid response to acute situations, such as COVID to ongoing dialogue and actions towards health in all places
- Planned parenthood is a highly beneficial part of this community
- The POD set up for the COVID-19 testing and vaccination shots
- DeSoto County Health Department has always rallied together with any health crisis, especially regarding COVID-19
- All area providers are concerned for the health of our community
- Mobile health clinics, annual health, and wellness awareness events
- The availability of resources



Perceived System Weakness and/or Gaps

- Unavailable resources
- There is nothing for teens that are using substances
- Lack of a variety of service providers
- Underreported health problems and hazards
- Lack of funding to help
- Challenges reaching people
- Limited manpower for outreaches, lack of radio public service announcements
- Identify and contact information with transient visitors
- Community distrust in government, local, or national, is a huge hinderance for fulfilling community health/hazard needs
- Technology and input of data
- A willingness of patients to embrace change in their behaviors with respect to obesity, diabetes, hypertension, and smoking
- Evaluation or follow-up
- Dealing with noncompliant patients
- Communication and exposure, we still have areas and populations that do not receive enough information regarding health issues
- Long wait times
- Lack of cohesive messaging, lack of communication between health agencies and the community
- Communication among the minority population could improve

Essential Service

Inform, Educate, and Empower People about Health Issues



Performance Score

This score can be interpreted as the overall degree to which the local public health system meets the performance standards. The overall performance ranking score for this Essential Service is **3.6**, which represents **Moderate Activity**.



Perceived System Strengths and/or Highlighted Activities

- Great community partnerships
- The use of information on web page, clinic message boards, and doctor offices
- Participating in community events with the different programs that is offered to the community
- Using different forms of media (billboards, signs, emails)
- Training offered through hospital, health department and county extension office
- Utilizing consumer encounter to inform/educate/counsel about services available and to consider consumer to advocate the services or make known to others that maybe in need of those services' who may otherwise not know
- CHIP group members are all in an action and progress forward mindset.
- Create and sustain partnerships that benefit the community
- FL Quit is one of the most well-known of the programs here in DeSoto County
- COVID-19 response
- HIV testing, treatment, and education
- There are numerous outreach opportunities throughout the county regarding healthy initiatives
- The food bank and UF/IFAS do offer great classes on nutrition and working with the health department on educating the public
- Health care providers really want to help people and the commitment and dedication is evident to our community

- Collaboration with community partners to help spread awareness and put-up posters/flyers to inform the public about upcoming events
- Outreach in the minority community
- Vaccination outreach on the health department website



Perceived System Weaknesses and/or Gaps

- Getting the public to join in on the activities
- Need to start in person events again
- Limited awareness, lack of community effort to promote education and awareness specific to the county solely
- Lack of funding, resources, and program options
- Lack of a local newspaper to post information
- Lack of participation from the public
- Hard to spread information to those who may need it the most (shut-ins, mental health concerns, elderly, homeless, undocumented person)
- Reaching non-English speakers, especially the Haitian community
- Social media
- There are not many workshop types of learning events
- One half of the health department would be informed of certain situations and the other of the health department would not know much of anything
- COVID-19
- Need the health fairs to come back to DeSoto County
- COVID-19 has limited the amount of outreach activities
- We could do a better job addressing the diversity that exists within our community
- Lack of communication between health agencies and the community
- Lack of cohesive messaging
- Need for regularly scheduled community health events where all agencies can offer screening services and health education services to all segments of the population
- Need a centralized with a PIO that can send out health information for all health-related agencies to the community on the radio, in print, and through social media
- CHIP needs more representation from local physicians
- Sometimes people are not interested in hearing the facts

Essential Service

Mobilize community partnerships to identify and solve health problems



Performance Score

This score can be interpreted as the overall degree to which the local public health system meets the performance standards. The overall performance ranking score for this Essential Service is **3.8**, which represents **Moderate Activity**.



Perceived System Strengths and/or Highlighted Activities

- Interagency meetings, inclusive of the county
- Great community partnerships, ability to think outside of the box and staff who are truly invested in the community as a whole
- Health department hosts routine meetings with community partners and stakeholders to share information and work together to solve health problems
- The health department works with the local hospital and other partners
- Set up screenings and vaccination post
- DeSoto Health Department is a high-level collaborative partner. We step into community meetings and other relationships to promote discussion and partnerships for outcomes/goals
- At this moment Heather Smith is assisting “Health Heroes” in mobilizing vaccinations to this community
- The staff on duty for the COVID-19 shots/vaccination would go above and beyond to help individual get set up for
- DeSoto County Health Department has always had strong relationships within the county to include, hospital, physician offices, radiology centers, food bank, business leaders
- CHIP meetings
- I think that social media has change DeSoto County
- Willingness to participate

- Tight group of active participants
- Vaccination outreach/allowing nursing student to assist with administration
- The opportunities for collaboration are present



Perceived System Weaknesses and/or Gaps

- Lack of in county partnerships
- Lack of community funding/resources
- The pandemic has caused interruption in meetings
- Lack of interest from the public
- Must fill gaps, but not duplicate
- Limited resources
- There isn't any large publication of the events
- COVID-19
- Still a gap between social service organizations that can address negative health outcomes and other public health initiatives
- Work together with other agency to partner up to increase awareness and to provide education
- Need TEAMS meeting to keep partners in the loop and discuss any issues that may arise
- On some occasion's plans are made and implemented without a sufficient amount of discussion weighing the pros and cons of the action
- Delay in implementation
- No centralized location to send clients to receive information and assistance on all the health and social service agencies in the county
- Communication between providers

Essential Service

Develop Policies and Plans that Support Individual and Community Health Efforts



Performance Score

This score can be interpreted as the overall degree to which the local public health system meets the performance standards. The overall performance ranking score for this Essential Service is **3.6**, which represents **Moderate Activity**.



Perceived System Strengths and/or Highlighted Activities

- Local health department serves as the holder of policies and plans
- The health department works with other agencies to develop outreach
- COVID-19 response
- The local health department did very well with setting up policies and planning event locations for community health events
- Partnered with local Eckerd's for COVID vaccine efforts
- Commitment of the area health care professionals to provide for the community



Perceived System Weaknesses and/or Gaps

- Lack of community funding/resources
- Lack of transportation and education
- Plans and policies are made, but with no follow through
- Opportunity for engagement at different policy sites within an education framework
- Local hospital had low participation with planning
- Individual agency problems plans are not compiled in a centralized document accessible to all community organizations

Essential Service

Link People to Needed Personal Health Services and Assure the Provision of Health Care When Otherwise Unavailable



Performance Score

This score can be interpreted as the overall degree to which the local public health system meets the performance standards. The overall performance ranking score for this Essential Service is **3.7**, which represents **Moderate Activity**.



Perceived System Strengths and/or Highlighted Activities

- Local health department has ensured the availability of services through flexible hours and mobile locations
- The health department works hard to provide services to all individuals in need
- Doing the best with resources and time available
- As a MUA, MUP, HPSA designation for primary, mental, and oral health; the health department is fully aware and offers the medical home and safety net mandated in Florida Statute
- Sliding fee scale
- DeSoto County Health Department networks with providers in surrounding areas to enable continuity of care.
- Coalitions and referrals
- Local health services work together
- Referrals are made as need to specialists
- Withing the different organizations, within the community, there is a willingness to help people get to the right provider for the right service
- Going out into the community to help link people to services and advertise it as much as possible to reach more people
- Relationship between the health department and All Faiths Food Bank
- DeSoto County Food and Resource Center has a staff member who will assist community members with applying for some services



Perceived System Weaknesses and/or Gaps

- Resources are scarce
- Lack of service providers and funding
- Migrant population significant and traveling so they do not stay in one area, also lack of specialty doctors in this area and people lack transportation
- Hard to meet the needs of population that may not be counted in Census and may not want to be identified
- No dedicated resource for connecting people to different area of needs in needed languages and within the communities
- Poverty and uninsured access to specialty care
- A weakness would be sending expectant mothers to other counties to have their children. If the mother experiences an emergency, she must drive/ be driven for care in a neighboring county
- Lack of specialty providers, some people are not willing to go out of town for specialty care
- Lack of durable medical equipment/oxygen equipment
- A platform like UniteUS could be really beneficial in connecting the community with services needed
- We need to work harder with getting local doctor's offices to help with education and outreach with other health agencies
- Sometimes people refuse to accept the proposed plan of care, because they were not fully informed and need more information in order to make an educated decision
- Lack of health services to all areas of the county
- Lack of prenatal services at the health department
- Lack of local hospital services so moms don't have to go out of county to deliver their babies

Thank you to the following agencies for participating in the Local Public Health System Assessment:

Florida Department of Health in DeSoto County	DeSoto Memorial Hospital
Centerstone	Department of Children and Families
Hanley Foundation	All Faiths Food Bank
Senior Friendship Centers DeSoto County	SPARCC
Florida Gulf Coast University	

Appendix E: Forces of Change

Overview

Forces of Change Assessment is one of the four Mobilizing for Action through Planning and Partnerships (MAPP) assessments conducted in this process. This assessment focuses on identifying the trend, events, and factors that may affect the quality of life and/or impact the local public health system. The key forces that were focused on for this session were:

- Social/Cultural
- Health
- Technological/Scientific
- Economic
- Political/Legal
- Environmental

The Forces of Change Assessment trends in these areas seek to answer the following question: what is occurring or might occur that affects the health and well-being of our community or the local public health system?

On May 13, 2021, the Health Planning Council of Southwest Florida (HPC) hosted the Forces of Change Assessment via Microsoft Teams during the DeSoto County CHIP Committee quarterly meeting. There were 23 people who attended representing 15 agencies from DeSoto County. HPC used Mentimeter, an internet and cell phone-based presentation tool, to conduct the assessment. The participants used their cell phones and/or the chat box to respond to the questions.

Below are the results from the Force of Change exercise.

Factors	Trends, Events, & Factors
Social/Cultural	<ul style="list-style-type: none"> • Number of people moving to Florida • Post-secondary attainment • Increase in Haitian, Creole, Cuban, population in the county • Increase in migrant population • Generation Z • Millennials • Digital divide • Older population increase • Black Lives Matter movement • Language barriers • Advanced language in medical portals
Health	<ul style="list-style-type: none"> • Food insecurity • Pandemic • Access to vaccines and willingness to vaccinate • Afraid to go to hospital/medical provider due to COVID • Healthy food is expensive • Lack of affordable health care • Increase in childhood obesity in DeSoto County • Delayed or no preventative screening

	<ul style="list-style-type: none"> • Increase in alcohol use, especially among women • Possible increase in depression and/or unstable emotional health due to COVID • Reduction of sexual health education for students • Lack of insurance • Increase in substance abuse • Increase in sexually transmitted diseases (STDs) • Increase in mental health illness • Increase in cancer • Increase in vaping by teenagers due to belief it is better than smoking cigarettes • COVID-19 • Diabetes • No birthing centers • Afraid to go to hospital due to cost • Increase in cancer
<p>Technological/Scientific</p>	<ul style="list-style-type: none"> • Virtual access vs. no access • Lack of technology for telehealth • Lack of good Wi-Fi • Lack of access to computers • Increase in telehealth • Telehealth only appointments • School district experience lack of broadband access for students (hotspots were needed) • Lack of clear cell coverage • Medical portals • mRNA application as seen in the Pfizer and Moderna vaccines • Increase need for internet/phones at home may have negative impact specifically for seniors as some may not be educated to use the technology • Using information that is not evidence-based • Telehealth can lead to lack of engagement with provider • Many doctors are not accepting telehealth
<p>Economic</p>	<ul style="list-style-type: none"> • Citrus groves are declining, which may decrease the need for migrant workers • Job loss • Lack of workforce board • Depleted funding, especially for social service organizations • Service industry jobs • Decline in farm labor • Unemployment compensation • Stores closing early • Increase in need for SNAP benefits due to COVID-19 • Homelessness • Supply chain issues, example grocery stores can't get special infant formula from warehouse • Food insecurity • Low paying jobs

	<ul style="list-style-type: none"> • Lack of high-level positions in the area • Growth in area • Money management • Individuals living in DeSoto County not always competitive for family sustaining jobs • The overall economic climate in DeSoto County is very depressed • Leadership jobs sourced outside of the county • Housing market is very slim • Increase in housing prices • Unskilled workers • Brick and mortar stores are struggling due to an increase in online purchasing • Lower education attainment • Population inconsistency – snowbirds increase population for only a few months • Higher rents • Workforce is unreliable for manual labor positions • Lack of affordable housing • Rising gas prices • Lack of full-time employment opportunities • Same job will pay significantly more in adjacent counties for those who are skilled • Emergency rental assistance prioritized for larger communities • Stimulus payments • Increase in cost of utilities
<p>Political/Legal</p>	<ul style="list-style-type: none"> • Decline in public benefits applications due to immigration fear • Lack of federal and state funds • Two new county commissioners • Difficulty in obtaining legal status • Public charge • Vaccine passport issues • Increase in social service dollars due to COVID and change in federal policies • New administration in Washington promoting things like the American Rescue Plan and the American Jobs Plan • Poverty rates need changed for SNAP/Medicaid eligibility to encompass for ALICE population • Federal assistance • The State of Florida does not allow undocumented immigrants to obtain driver's license, leading to lack of car insurance • New tax credits • Immigration attorneys don't know rules for federal food programs and pass incorrect information to migrants
<p>Environmental</p>	<ul style="list-style-type: none"> • Food desert • Health being affected due to climate change • City of Arcadia and DeSoto County both have a plan to address roadways and public utilities

	<ul style="list-style-type: none">• Climate change – making the growing season shift• Water quality• Long-term impacts from Hurricane Irma• Replacement of infrastructure• Adequate housing• Mining• Agricultural run off• Code enforcement does not regulate• Impact of fertilizers used in groves on health• Bicycle safety• Lacking a proper “built environment”• Lack of transportation
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Appendix F: County Health Rankings 2021

	DeSoto County	Error Margin	Top U.S. Performers	Florida
Health Outcome: DeSoto ranked in the lower middle range of counties in Florida (Lower 25%-50%)				
Length of Life				
Premature death <i>Years of potential life lost before age 75 per 100,000 population (age-adjusted)</i>	8,100	7,000-9,100	5,400	7,200
Quality of Life				
Poor or fair health <i>Percent of adults reporting fair or poor health (age-adjusted)</i>	29%	26-32%	14%	20%
Poor physical health days <i>Average number of physically unhealthy days reported in past 30 days (age-adjusted)</i>	5.3	4.9-5.7	3.4	4.0
Poor mental health days <i>Average number of mentally unhealthy days reported in past 30 days (age-adjusted)</i>	5.2	4.9-5.6	3.8	4.2
Low birthweight <i>Percent of live births with low birth weight (<2500 grams)</i>	7%	6-8%	6%	9%
Health Factors: DeSoto ranked among the least healthy counties in Florida (Lowest 0%-25%)				
Health Behaviors				
Adult smoking <i>Percent of adults that report smoking \geq100 cigarettes and currently smoking</i>	26%	24-29%	16%	15%
Adult obesity <i>Percent of adults that report a BMI \geq30</i>	31%	28-35%	26%	27%
Food environment index <i>Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best)</i>	7.1		8.7	6.9
Physical inactivity <i>Percent of adults aged 20 and over reporting no leisure physical activity time</i>	36%	32-39%	19%	26%
Access to exercise opportunities <i>Percentage of population with adequate access to locations for physical activity</i>	56%		91%	89%
Excessive drinking <i>Percentage of adults reporting binge or heavy drinking</i>	20%	20-21%	15%	20%
Alcohol-impaired driving deaths <i>Percentage of driving deaths with alcohol involvement</i>	37%	31-43%	11%	22%

	DeSoto County	Error Margin	Top U.S. Performers	Florida
Sexually transmitted infections <i>Number of newly diagnosed chlamydia cases per 100,000 population</i>	360.8		161.2	499.2
Teen Births <i>Number of births per 1,000 female population ages 15-19</i>	43	37-48	12	20
Clinical Care				
Uninsured <i>Percentage of population under 65 without health insurance</i>	25%	22-27%	6%	16%
Primary care physicians <i>Ratio of population to primary care physicians</i>	3,410:1		1,030:1	1,380:1
Dentists <i>Ratio of population to dentists</i>	5,430:1		1,210:1	1,650:1
Mental health providers <i>Ratio of population to mental health providers</i>	730:1		270:1	590:1
Preventable hospital stays <i>Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees</i>	5,695		2,565	4,684
Mammography screening <i>Percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening</i>	47%		51%	43%
Flu vaccinations <i>Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination</i>	41%		55%	46%
Social & Economic Factors				
High school completion <i>Percentage of adults ages 25 and over with a high school diploma or equivalent</i>	74%	71-76%	94%	88%
Some college <i>Percentage of adults 25-44 with some post- secondary education</i>	22%	18-25%	73%	63%
Unemployment <i>Percentage of population ages 16 and older unemployed but seeking work</i>	3.5%		2.6%	3.1%
Children in poverty <i>Percentage of people under 18 in poverty</i>	31%	19-42%	10%	18%
Income inequality <i>Ratio of household income at the 80th percentile to income at the 20th percentile</i>	4.0	3.5-4.5	3.7	4.6
Children in sing-parent households <i>Percentage of children that live in a household headed by a single parent</i>	31%	23-38%	14%	29%

	DeSoto County	Error Margin	Top U.S. Performers	Florida
Social associations <i>Number of membership associations per 10,000 population</i>	7.7		18.2	7.0
Violent crime <i>Number of reported violent crime offenses per 100,000 population</i>	441		63	484
Injury deaths <i>Number of deaths due to injury per 100,000 population</i>	84	71-97	59	82
Physical Environment				
Air pollution – particulate matter <i>Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)</i>	7.0		5.2	7.7
Drinking water violations <i>Indicator of the presence of health-related drinking water violations. 'Yes', indicates the presence of a violation. 'No' indicated no violation</i>	No			
Severe housing problems <i>Percentage of household with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities</i>	17%	13-20%	9%	20%
Driving alone to work <i>Percentage of the workforce that drives alone to work</i>	69%	62-75%	72%	79%
Long commute – driving alone <i>Among workers who commute in their car alone, the percentage that commute more than 30 minutes</i>	31%	25-36%	16%	42%

Source: County Health Rankings & Roadmaps. Available at Countyhealthrankings.org. Accessed July 29, 2021

Data should not be compared with prior years due to changes in definition

Note: Blank values reflect unreliable or missing data

Appendix G: Definitions of Prevention Quality Indicators

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

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

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

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

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

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

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

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

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

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

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

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

Appendix H: DeSoto County Guide to Health Services

Emergency and Non-Emergency Numbers

Name	Phone Number
Police/Fire/Ambulance	911
DeSoto County Sheriff's Office	863-993-4700
Arcadia Police Department	863-993-4660
DeSoto County Clerk of Courts	863-993-4876
DeSoto County Fire & Rescue	863-993-4842
United Way 211 <i>Information & referral service</i>	211
DeSoto Food and Resource Centers <i>Food assistance, SNAP, Medicaid, social security, disability, application assistance</i>	941-379-6333
Florida Emergency Information <i>Active during Florida disasters</i>	1-800-342-3557
Florida Abuse Hotline	1-800-962-2873
DeSoto County Animal Control	863-993-4855
National Poison Control Center	1-800-222-1222
National Domestic Violence Hotline	1-800-799-7233
National Substance Abuse Helpline	1-800-662-4357
Nationwide Runaway Hotline	1-800-786-2929
National Child Abuse Hotline	1-800-422-4453
Center for Missing & Exploited Children	1-800-843-5678
Safe Place and Rape Crisis Center (SPARCC)	1-877-365-1976

DeSoto County Healthcare Services

Name	Facility Type	Street Address	Phone Number	Services
DeSoto Memorial Hospital	Hospital & Emergency Department	900 N. Roberts Ave.	863-494-3535	Anesthesia, cardio-pulmonary, home health, infusion therapy, colon & rectal surgery, emergency medicine, gastroenterology, general surgery, physical therapy, ophthalmology, podiatry, radiology, urology, vascular surgery, wound care, and life improvement program
Florida Department of Health in DeSoto County – Baldwin Office	Health Department	34 South Baldwin Ave.	863-993-4601	Administration, dental clinic, environmental health – permits & regulations, and Area 8 Ryan White Part B lead agency
Florida Department of Health in DeSoto County – Oak Street	Health Department	1031 East Oak St.	863-491-7580	Medical records, prescription assistance, primary care (appointments and walk-ins, immunizations, pediatric services), epidemiology/communicable disease, health education, STD & HIV/AIDS, WIC, health & family planning, healthy start, and vital statistics

A Limited List of Other Licensed Facilities and Agencies:

(For more community resources, contact the United Way 211 or go to SWFLResourceLink.com)

Name	Facility Type	Street Address	Street City	Phone
21st Century Oncology Inc	Health Care Clinic	920 Mills North Ave	Arcadia	(863) 494-1400
Agency for Persons with Disabilities, Suncoast Region	Social Service	1313 North Tampa St	Tampa	1-800-615-8720
Amedisys Home Health	Home Health Agency	223 E Oak St Ste 2	Arcadia	(863) 993-1038
Arcadia Dialysis Center	End-Stage Renal Disease Center	1341 E Oak St	Arcadia	(863) 491-8550
Arcadia Medical Associates	Health Care Clinic	425 Nursing Home Dr	Arcadia	(863) 993-2966
Arcadia Oaks Assisted Living	Assisted Living Facility	1013 East Gibson St	Arcadia	(863) 993-9760
At Home Senior Assistance	Homemaker and Companion Service	12144 SW Egret Cir., Unit 1403	Lake Suzy	(941) 916-1320
Bayfront Health Medical Group OB/GYN	Women's Health Care Clinic	1012 N. Mills Ave	Arcadia	(863) 494-2663
Catalyst Walk-In Clinic	Health Care Clinic	1707 East Oak St	Arcadia	(863) 448-9242
Catholic Charities	Social Services	1210 E. Oak St	Arcadia	(863) 494-1068

Name	Facility Type	Street Address	Street City	Phone
Community Care	Mental Health Services	725 North 12 th Ave., Bldg. C	Arcadia	(863) 494-6222
Community Care Family Clinic LLC	Health Care Clinic	1110 E. Gibson St	Arcadia	(863) 494-6222
Community Care Family Healthcare Center	Clinical Laboratory	1110 E Gibson St., Bldg. A	Arcadia	(863) 494-1918
Department of Children and Families, Circuit 12	State Agency	1864 17 th St	Sarasota	(877) 595-0384
Desoto Care - Nocatee	Assisted Living Facility	2605 SW Baldwin St	Arcadia	(863) 494-2552
Desoto Care ALF	Assisted Living Facility	1711 SW County Rd 760A	Arcadia	(863) 494-2552
Desoto Health and Rehab	Nursing Home	475 Nursing Home Dr	Arcadia	(863) 494-5766
Desoto Memorial Home Health Care Agency	Home Health Agency	1006 North Mills Ave	Arcadia	(863) 494-8432
Desoto Memorial Hospital	Hospital	900 N Robert Ave	Arcadia	(863) 494-8402
Desoto Memorial Hospital Clinical Laboratory	Clinical Laboratory	900 N Robert Ave	Arcadia	(863) 494-8402
DeSoto Psychiatric Services	Mental Health Services	811 N. Mills Ave	Arcadia	(863) 494-4200
Epiphany Health	Health Care Clinic	1006 North Mills Ave	Arcadia	(941) 423-9936
Family Care Medical Center	Health Care Clinic	819 N. Mills Ave Suite C	Arcadia	(863) 491-2277
Gulf Coast Foot and Ankle	Health Care Clinic	1006 N Mills Ave	Arcadia	(863) 993-7731
Luminary Dermatology	Health Care Clinic	819 N Mills Ave Suite D	Arcadia	(941) 926-6553
Manatee Diagnostic Center Arcadia	Health Care Clinic	833 N Robert Ave	Arcadia	(863) 491-9970
Millennium Physician Group	Health Care Clinic	830 N. Mills Ave	Arcadia	(863) 494-6599
Safe Children Coalition, DeSoto Office	Social Service	925 North Mills Ave	Arcadia	(863) 494-5082
Share Spot	Mental Health Services	513 East Hickory St	Arcadia	(941) 639-8300
Senior Friendship Center	Senior Services	917 N. Arcadia Ave	Arcadia	(863) 494-5965
Tidewell Hospice	Hospice	919 N. Arcadia Ave	Arcadia	(863) 231-3350
Vocational Rehabilitation Division	Disability Services and Assistance	1733 East Oak St	Arcadia	(863) 993-4655
Water's Edge Dermatology	Health Care Clinic	163 N Brevard Ave	Arcadia	(863) 491-6448