Living Well in
Highlands County

C.H.I.P.

Community Health Improvement Planning

Highlands County

Community Health Improvement Plan
2023 - 2027

Mission Statement:

To identify and address health issues important to Highlands County residents through planning and community partnerships

Vision Statement:

Engaging the community today for a healthier tomorrow.

Florida
HEALTH

Last reviewed:

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Florida Department of Health in Highlands County

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Produced by
The Florida Department of Health in Highlands County
Community Health Improvement Planning Committee
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Special thanks to Contributors and Community Partners

Community Partners

Florida Department of Health in Highlands County
AdventHealth
Champion for Children Foundation
Healthy Families
Peace River Center
Conduent HCI

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FDOH Mission, Vision, and Values

The Florida Department of Health in Highlands County is an integrated agency under the direction of the state Florida Department of Health located in Tallahassee. Public health departments play a crucial role in protecting and improving the health of people and communities in cities, towns, and states across the nation, and local health departments provide a range of services aimed at promoting healthy behaviors, preventing diseases and injuries, ensuring access to safe food, water, and life-saving immunizations, and preparing for and responding to public health emergencies.

Mission – Why do we exist?

To protect, promote and improve the health of all people in Florida
through integrated state, county, and community efforts.

Vision – What do we want to achieve?

To be the *Healthiest State* in the Nation.

Values – What do we use to achieve our mission and vision?

Innovation………… We search for creative solutions and manage resources wisely.

Collaboration………We use teamwork to achieve common goals & solve problems.

Accountability……. We perform with integrity & respect.

Responsiveness…. We achieve our mission by serving our customers & engaging our partners.

Excellence…………. We promote quality outcomes through learning & continuous performance improvement.

Executive Summary

Due to the COVID-19 pandemic, work on community assessments paused for almost three years. Now that the pandemic has subsided, we are again able to meet with community partners to begin discussing the health and socioeconomic factors that impact all communities within Highlands County. In 2022, the Florida Department of Health in Highlands County partnered with AdventHealth to conduct a Community Health Assessment for Highlands County. This assessment took the form of an online survey disseminated through emails, press releases, and outreach events, as well as informational interviews with key stakeholders.

For purposes of conducting this assessment, AdventHealth contracted with Conduent HCI to perform data gathering and initial assessment of the primary and secondary data relative to Highlands County. Conduent assigned a team of analysts to work with a group of community partners, including DOH-Highlands, to develop, launch, and analyze the 2022 Highlands County Community Health Assessment.

The Community Health Assessment consisted of demographic, socioeconomic, and health status information that was used to identify areas where targeted interventions and policy changes are most needed and may have the greatest impact. Once community needs were identified through quantitative data analysis and qualitative interviews, we were able to begin the strategic planning process.

No institution or organization can improve community health alone; this can only be achieved through strong partnerships. This CHIP outlines a framework for achieving improved health in Highlands County over the coming three-to-five-year period. We are profoundly grateful to the community members and partners who took time to participate in this assessment and look forward to continuing our work to improve the health of all who live, work, learn, and play in Highlands County.

Background and Overview

What is the Community Health Improvement Plan (CHIP)?

In 2022, the Florida Department of Health in Highlands County and its community partners updated the Highlands County Community Health Improvement Plan (CHIP), using a process called Mobilizing for Action through Planning and Partnerships (MAPP). The MAPP process was developed by the National Association of County and City Health Officials (NACCHO) and the Centers for Disease Control and Prevention (CDC). The MAPP process is a community-driven, highly participatory process intended to bring together not only health care providers, but also mental health and social service agencies, public safety agencies, education and youth development organizations, recreation agencies, economic development agencies, environmental agencies, local governments, neighborhood associations, and civic groups.

The CHIP is based on data from the Highlands County Community Health Assessment (CHA), Community Health Profile, community surveys conducted in 2022, key informant interviews, input from DOH-Highlands staff, and input received at community meetings and from focus groups of engaged community members.

The assessment was offered as a survey tool people could fill out and submit, either online or via hard copy. A total of 380 completed surveys were collected and analyzed, along with secondary data gathered from reliable public organizations and resources, such as FLHealthCHARTS and the U.S. Census Bureau, Claritas Pop-Facts® 2022, Robert Wood Johnson Foundation, and the American Community Survey one-year 2019.
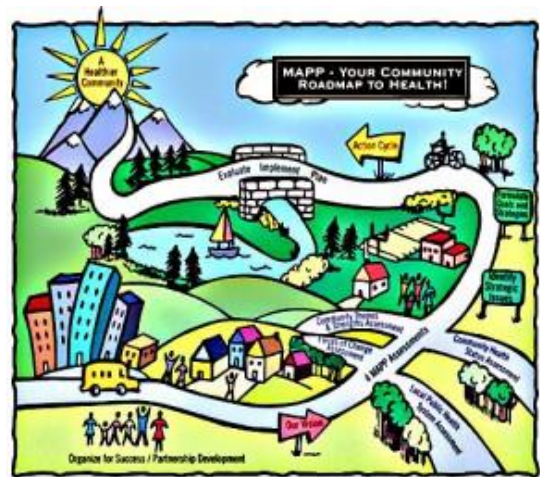
Assessment and Dissemination

This report will only be beneficial to the residents of Highlands County if the information it contains is utilized by DOH-Highlands, community leaders, and other community partners to help inform their planning processes. This report includes demographic, socioeconomic, and health status information, as well as input from the community that can be used to identify health priorities and available resources to address those priorities.

This plan and related goals will be reviewed, at a minimum, on a quarterly basis, and revised as objectives are met or changed. The CHIP document will be provided to community partners for distribution and will be posted on the Florida Department of Health in Highlands County website at https://highlands.floridahealth.gov. Agendas, meeting minutes, photos, press releases, policies, proclamations, and objectives will be gathered to document this process and the ongoing review of this plan.

How to use this Community Health Improvement Plan (CHIP)

Everyone in Highlands County can play an important role in community health improvement, whether in homes, schools, workplaces, or churches. Encouraging and supporting healthy behaviors from the start is much easier than changing unhealthy habits later. Below are some simple ways to use this plan to improve the health of the community:

Community Residents can:

- Understand the priority health issues identified within the community and use this plan to improve the overall health of their neighborhoods.
- Use information from this plan to start a conversation with community leaders about health issues important to you.
- Get involved! Volunteer your time or expertise for an event or activity, or financially help support initiatives related to health topics discussed here that are meaningful to you.
- Watch for announcements about future surveys and plan to participate. You can help inform the process of community health improvement by taking the surveys and volunteering to join a focus group. Make sure you have a voice in this process by sharing your unique perspective and ideas.

Educators can:

- Understand priority health issues within the community and use this plan and recommended resources to integrate topics of health and health factors, such as access to quality health care and healthy foods, into lesson plans across all subject areas.
- Create a healthier school environment by aligning this plan with school wellness efforts.
- Engage the support of leadership, teachers, parents, and students.

Employers can:

- Understand priority health issues within the community and use this plan and recommend resources to help make your business a healthier place to work.
- Educate your team about the link between employee health and productivity.

Faith-based Organizations can:

- Understand priority health issues within the community and talk with members about the importance of overall wellness (mind, body, and spirit) and local community health improvement initiatives that support wellness.
- Identify opportunities that your organization or individual members can support and participate in, such as food pantry initiatives, community gardens, youth groups focused on health priorities, etc.

Government Officials can:

- Understand priority health issues within the community.
- Identify the barriers to good health in communities and mobilize community leaders to action by investing in programs and policy changes that help members of the community lead healthier lives.

Health Care Professionals can:

- Understand priority health issues within the community and use this plan to remove barriers and create solutions for identified health priorities.
- Share information from this plan with colleagues, staff, and patients.
- Offer their time and expertise to local health improvement efforts (committee member, content resource, etc.).

- Offer patients relevant counseling, education, and other preventive services in alignment with identified health needs of the Highlands County community.

State and Local Public Health Professionals can:

- Understand priority health issues within the community and use this plan to improve the health of this community.
- Understand how the Highlands County community and populations within the county compare with peer counties, Florida, and the U.S. population. Use this knowledge to create targeted health improvement initiatives that align with this plan.

Community Health Assessment

The MAPP process required engagement of local public health system partners and the community at large in various stages of the process. The revision of the Community Health Assessment (CHA) in 2022 resulted in updated community health statistics, both from primary and secondary data.

Community Themes and Strengths

The Highlands County Community Themes and Strengths Assessment (CTSA) was conducted as part of the MAPP process. This assessment provides a deeper understanding of the issues residents feel are important by answering the questions, "What is important to our community?", "How is quality of health perceived in our community?", and "What assets do we have that can be used to improve community health?".

Conduent HCI, with assistance from the committee, developed a survey questionnaire to assess respondents' feelings and perceptions about quality of life and health issues in Highlands County. As an additional component of the Highlands County Community Health Assessment, individual interviews were conducted with key informants in the county to document their perception of the health status of county residents. Potential interview candidates were identified in conjunction with Conduent HCI. Candidates represented a variety of viewpoints and backgrounds. These interviews were intended to ascertain opinions among key individuals likely

to be knowledgeable about the community and who are likely to influence the opinions of others about health concerns in the county.

Local Public Health Assessment

A Local Public Health System Assessment (LPHSA), used in conjunction with the MAPP process, focuses on the organizations and entities that contribute to the public's health. The LPHSA answers the questions, "What are the components, activities, competencies, and capacities of our local public health system?". Because our approach to this assessment had to be modified due to the changes brought on by the pandemic, we were unable to perform an official Local Public Health Assessment. Instead, key informant interviews were conducted by Conduent HCI to gather thoughts from community health leaders on the status of our local health systems. Those interviews were used to inform a SWOT (Strengths, Weaknesses, Opportunities, Threats) analysis to allow better visualization of the current state of public health systems in Highlands County.

Community Health Status Assessment

The Community Health Survey questionnaire was developed to assess the perceptions of healthcare and health issues for Highlands County residents. The survey was conducted online and in hard copy, in English, Spanish, and Haitian-Creole. Surveys were distributed to individuals who live and/or work in Highlands County. Links to the online version of the survey were distributed through flyers and via email. 380 surveys were received over a 7-week period from July to September 2022.

Survey respondents were asked to answer a set of 60 questions designed to find out what they felt were the top health needs in the community, perception of their own overall health, thoughts on access to health care services, and the socioeconomic factors that impacted health in their community. The following top health and quality of life categories were identified:

- Access to health care
- Aging problems
- Alcohol abuse
- Being overweight
- Diabetes

- Distracted driving
- Good jobs and healthy economy
- Good schools
- Drug use/abuse
- Low crime/safe neighborhoods
- Mental health, including suicide
- Poor eating habits
- Vaping, cigarette, cigar, or e-cigarette use

Forces of Change

The Forces of Change Assessment identifies factors, such as legislation, technology, and other impending changes, that affect the context in which the community and its public health system operate. During this assessment, the Strengths, Opportunities, Weaknesses, and Threats (SWOT) format was utilized. To do this, a brainstorming session among stakeholders was conducted and participants were asked to identify strengths and weaknesses of our community that could have health impacts. Information from the key informant interviews was also used to develop the SWOT table shown here:

STRENGTHS	OPPORTUNITIES
- Co-location of services - Information Sharing - Three hospitals - Community outreach - Volunteers	- Community leadership involvement - Economic development - Access to care
WEAKNESSES	THREATS
- Communication - Transportation - Affordable housing	- Social and political differences - Changes in leadership - Lack of communication

Demographic Characteristics

The demographic, social, and economic characteristics of a community can strongly influence the community's health status and related service needs. This section provides a brief overview of some of the characteristics and trends in Highlands County, as documented in the 2022 Highlands County Health Assessment.

Population Demographics

The number of people in a community is the leading determinant of the demand for healthcare services. According to the 2022 Claritas Pop-Facts® estimates, the population of Highlands County is 106,816, ranking it 36th among Florida's 67 counties and comprising 0.5% of the state's total population. Sebring is the county seat, with a population of 11,639. The city of Avon Park, with a population of 9,737, and the town of Lake Placid, with a population of 2,348, are the county's other largest communities. Unincorporated communities include Placid Lakes, Sylvan Shores, Venus, Spring Lake, Brighton, Lorida, Ft. Basinger, Cornwell, and Palmdale. With a geographical area of 1,106 square miles, this rural county has a far lower population density than the Florida average, with about 101 persons per square mile compared to 353 persons per square mile. In addition to full-time residents, Highlands County experiences a surge of winter visitors made up primarily of retirees and seasonal workers.

Population Growth

Highlands County showed population growth for most of the years between 2010 and 2021, with the largest annual population increase of 2% between 2020 and 2021. There was also a large population decline of 4.4% between 2019 and 2020. Overall, between the years of 2010 and 2021, the county grew by an average of only 0.4% annually. Concerns regarding growth potential for Highlands County include its rural location, lack of good jobs, lack of higher education opportunities, lack of cultural and entertainment venues, and the fact that most of the population is elderly. Young people who grow up in Highlands do not find enough opportunity locally, and so move to other areas that offer a chance for better living conditions and career choices.

Age

As indicated by the graph below, children ages 0-17 make up 16.8% of the population of Highlands County, which is lower than the state average. Residents aged 65 and up are the largest portion of the population at 37.3%, with an annual growth of 15.8% from 2010 to 2021.

Figure 1: Population by Age: Highlands County
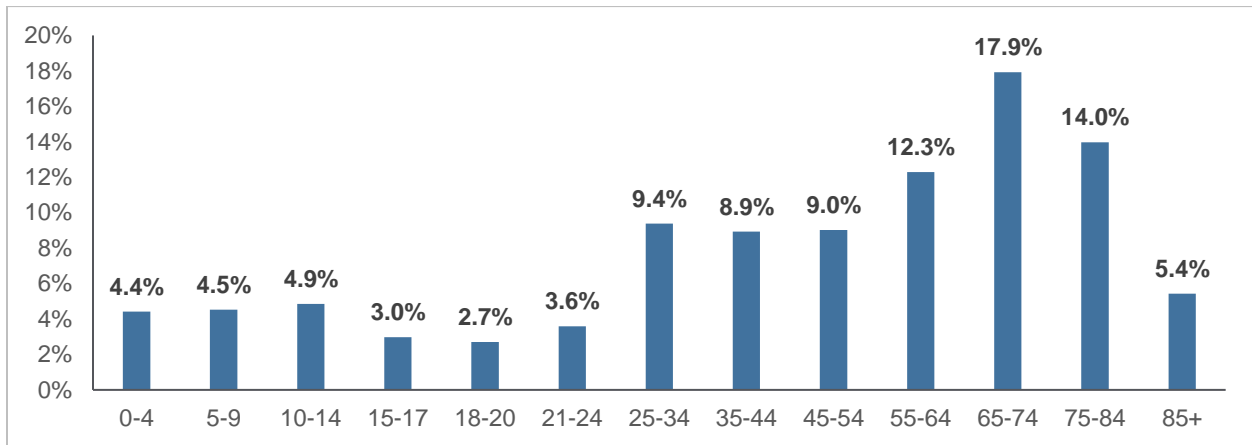
Source: County values-Claritas Pop-Facts® 2022 population estimates

Gender

The county is comprised of 48.8% males and 51.2% females, which closely mirrors the statewide percentages of 48.9% males and 51.1% females. Nationwide, females outnumber males, but it is common for men to outnumber women in rural areas.

Figure 2: Percentage of Population by Sex: County and State Comparisons
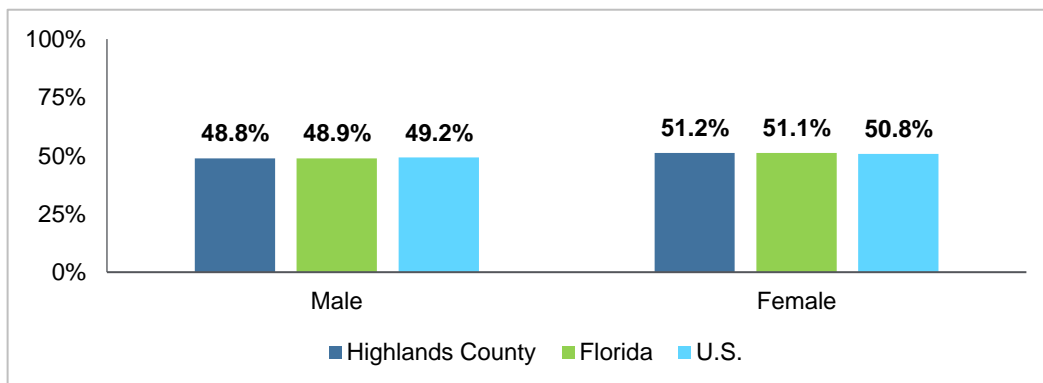
Source: County values-Claritas Pop-Facts® 2022 population estimates

Race and Ethnicity

Ethnicity in Florida is classified separately from race. For ethnicity, a person must designate themselves as Hispanic or Non-Hispanic; people in both of those groups can identify as White, Black or Other Non-White. Among Highlands County residents, 77.7% identify as White alone, 22.5% as Hispanic or Latino, and 10.3% as black or African American alone.

Figure 3: Population by Race: Highlands County
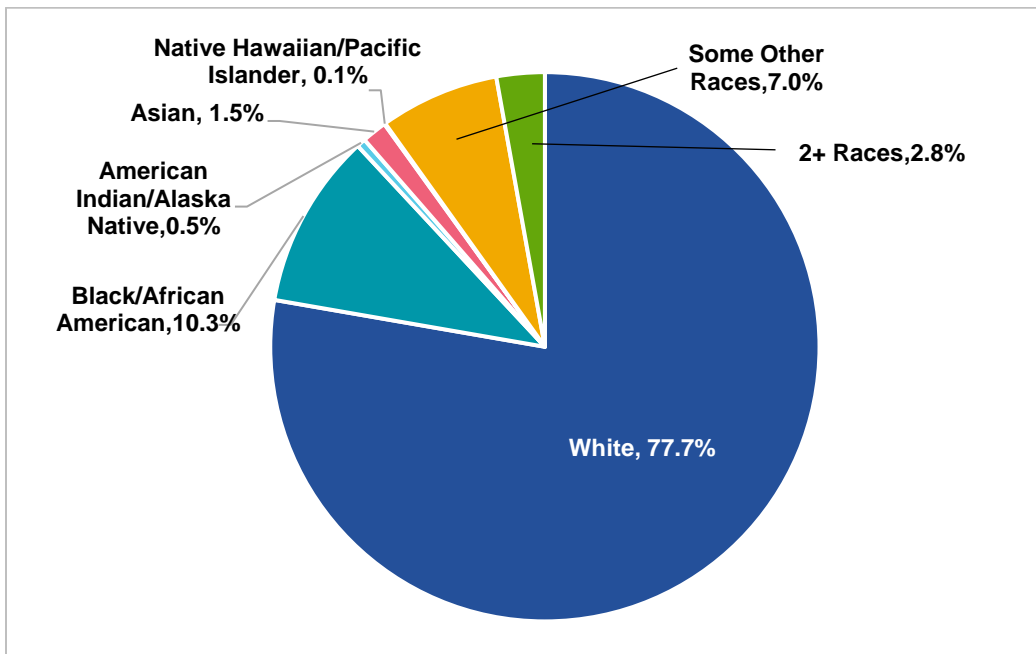
Source: County values-Claritas Pop-Facts® 2022 population estimates

Figure 4: Population by Ethnicity: Highlands County, State, and U.S. Comparisons
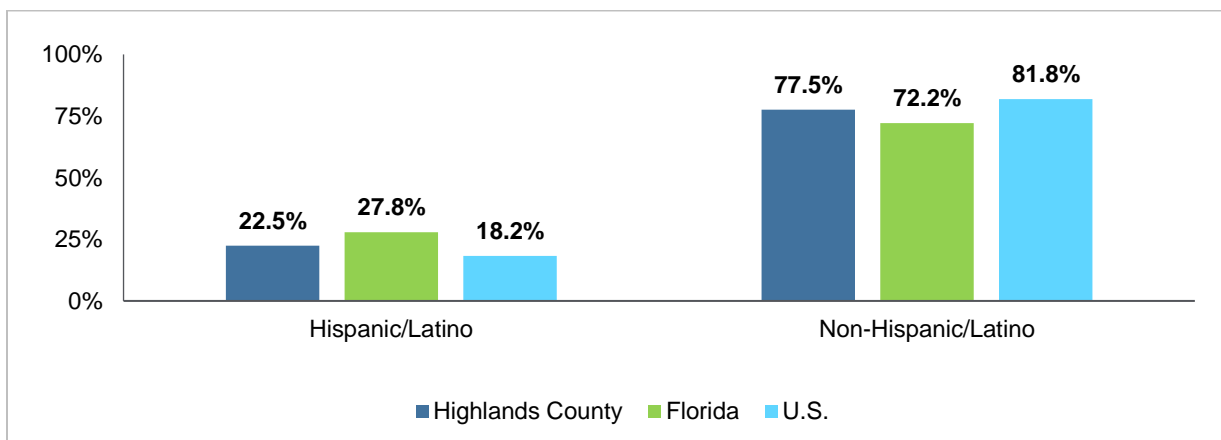
Source: County values-Claritas Pop-Facts® 2022 population estimates

Social and Economic Indicators

Social determinants of health are the conditions in which people are born, grow, work, live, and age. They consist of a wide range of factors that impact the health of all people within a community, no matter the construct. According to Healthy People 2030, these factors can be grouped into five domains: *Economic Stability, Education Access and Quality, Health Care Access and Quality, Neighborhood and Built Environment, and Social and Community Context*. Further definition of each domain is as follows:

- *Economic Stability* focuses on poverty levels, income, and employment rates.
- *Education Access and Quality* speaks to how people with higher levels of education are more likely to be healthier and live longer, while those from lower-income backgrounds are less likely to graduate high school or go to college, which has a direct impact of their ability to get a good-paying jobs with benefits.
- *Health Care Access and Quality* refers to the ability of people to afford needed health services, whether through insurance coverage or social services and programs.
- *Neighborhood and Built Environment* addresses the places we live and how healthy and safe they are.
- *Social and Community Context* discusses our relationships with family, friends, co-workers, and other community members who provide social supports where we live, learn, work, play or worship.

Figure 5: Socio-economic Indicators for Highlands County and Florida

Socio-economic Indicators		
	Highlands	Florida
Percent of total population below poverty level (2021)	15.9%	13.1%
Families in poverty (2021)	11.9%	9.3%
Percent of civilian labor force unemployed (2021)	7.4%	5.3%
Median household income (2021)	$46,895	$61,777
High school graduate or higher	85.9%	89.0%
Bachelor's degree or higher	18.8%	31.5%

Source: FLHealthCHARTS; census.gov/quickfacts

2021 Health Profile: Highlands County

County Health Status Summary Profile, Highlands County, Florida 2021							
Indicator	Year(s)	Measure	Quartile (1st=most favorable to 4th=least favorable)	County	State	County Trend	U.S. Healthy People 2030 Goal
Socio-Demographics							
Total Population	2021	Count	N/A	106,182	22,005,587	N/A	N/A
White	2021	Count	N/A	90,394	16,956,037	N/A	N/A
Black	2021	Count	N/A	11,360	3,744,736	N/A	N/A
Other	2021	Count	N/A	4,428	1,304,814	N/A	N/A
Hispanic	2021	Count	N/A	22,583	5,881,467	N/A	N/A
Non-Hispanic	2021	Count	N/A	83,599	16,124,120	N/A	N/A
Population (Aged 0-17 Years)	2021	Count	N/A	17,685	4,314,627	N/A	N/A
Population (Aged 18-64 Years)	2021	Count	N/A	49,733	13,004,777	N/A	N/A
Population (Aged 65 Years and Older)	2021	Count	N/A	38,764	4,686,183	N/A	N/A
Median Household Income	2017-21	Dollars	3rd Quartile	46,895	61,777	N/A	N/A
Individuals Below Poverty Level	2017-21	Percent	3rd Quartile	15.9	13.1	N/A	8.0%
Unemployed Civilian Labor Force	2017-21	Percent	4th Quartile	7.4	5.3	N/A	N/A
Population That Speak English Less Than Very Well (Aged 5 Years and Older)	2017-21	Percent	3rd Quartile	6.2	11.8	N/A	N/A
Individuals With No High School Diploma (Aged 25 Years and Older)	2017-21	Percent	3rd Quartile	14.1	11	N/A	N/A
Physical Activity							
Adults Who Are Sedentary	2019	Percent	3rd Quartile	34	26.5	N/A	N/A
Adults Who Are Inactive or Insufficiently Active	2016	Percent	3rd Quartile	58.6	56.7	N/A	N/A
Adults Who Meet Aerobic Recommendations	2016	Percent	2nd Quartile	43.8	44.8	N/A	59.2%
Adults Who Meet Muscle Strengthening Recommendations	2019	Percent	3rd Quartile	28.3	38.1	N/A	32.1%
Overweight and Obesity							
Adults Who Are Overweight	2019	Percent	3rd Quartile	36.5	37.6	N/A	N/A
Adults Who Are Obese	2019	Percent	2nd Quartile	29.1	27	N/A	36.0%
Adults Who Have a Healthy Weight	2019	Percent	2nd Quartile	31.8	32.8	N/A	N/A
Tobacco Use and Exposure							
Adults Who Are Current Smokers	2019	Percent	2nd Quartile	16.5	14.8	N/A	16.2%
Adult Current Smokers Who Tried to Quit Smoking at Least Once in the Past Year	2019	Percent	3rd Quartile	57.6	59	N/A	65.7%
Adults Who Are Former Smokers	2019	Percent	1st Quartile	32.4	26.3	N/A	10.2%
Adults Who Have Never Smoked	2019	Percent	3rd Quartile	51	58.9	N/A	N/A
Adults Who Currently Use E-Cigarettes	2019	Percent	1st Quartile	3.1	7.5	N/A	N/A
Adults Who Are Former E-Cigarette Users	2019	Percent	2nd Quartile	15.8	18.4	N/A	N/A
Adults Who Have Never Used E-Cigarettes	2019	Percent	1st Quartile	81.1	74.1	N/A	N/A

Indicator	Year(s)	Measure	Quartile (1st=most favorable to 4th=least favorable)	County	State	County Trend	U.S. Healthy People 2030 Goal
Health Status and Access to Care							
Population Non-Institutionalized Civilians With Health Insurance	2017-21	Percent	3rd Quartile	87.6	87.4	N/A	92.1%
Adults Who Have a Personal Doctor	2019	Percent	1st Quartile	77.8	72	N/A	84.0%
Adults Who Could Not See a Doctor in the Past Year Due to Cost	2019	Percent	1st Quartile	13.5	16	N/A	N/A
Adults Who Had a Medical Checkup in the Past Year	2019	Percent	1st Quartile	78.7	78.8	N/A	N/A
Licensed Florida Family Practice Physicians	2019-21	Per 100,000 population	3rd Quartile	13.7	18.8	N/A	N/A
Licensed Florida Dentists	2019-21	Per 100,000 population	2nd Quartile	32.2	55.2	N/A	N/A
Hospital Beds	2019-21	Per 100,000 population	1st Quartile	315.3	311.6	N/A	N/A
County Health Department Full-Time Employees	2019-21	Per 100,000 population	3rd Quartile	58.7	43.6	N/A	N/A
Adults Who Received a Flu Shot in the Past Year	2019	Percent	3rd Quartile	32.6	36.9	N/A	N/A
Adults Who Have Ever Received a Pneumonia Vaccination	2019	Percent	1st Quartile	43.6	35.4	N/A	N/A
Women Who Received a Mammogram in the Past Year (Aged 40 Years and Older)	2016	Percent	2nd Quartile	58.3	60.8	N/A	N/A
Women Who Received a Pap Test in the Past Year (Aged 18 Years and Older)	2016	Percent	3rd Quartile	40.5	48.4	N/A	N/A
Men Who Received a Prostate-Specific Antigen (PSA) Test in the Past Two Years (Aged 50 Years and Older)	2016	Percent	3rd Quartile	52.8	54.9	N/A	N/A
Adults Who Received a Blood Stool Test in the Past Year (Aged 50 Years and Older)	2016	Percent	2nd Quartile	15.5	16	N/A	N/A
Adults Who Received a Sigmoidoscopy or Colonoscopy in the Past Five Years (Aged 50 Years and Older)	2016	Percent	4th Quartile	48.3	53.9	N/A	N/A
Adults Who Had an Human Immunodeficiency Virus (HIV) Test in the Past 12 Months (Aged 18-64 Years)	2016	Percent	3rd Quartile	14.3	19.7	N/A	N/A

Indicator	Year(s)	Measure	Quartile (1st=most favorable to 4th=least favorable)	County	State	County Trend	U.S. Healthy People 2030 Goal
Health Status and Access to Care							
County Public Health Department Expenditures in Dollars	2019-21	Per person	2nd Quartile	45.4	33.5	N/A	N/A
Adults Who Said Their Overall Health Was Fair or Poor	2019	Percent	3rd Quartile	25.9	19.7	N/A	N/A
Adults Who Said Their Overall Health Was Good to Excellent	2019	Percent	3rd Quartile	74.1	80.3	N/A	N/A
Adults Whose Poor Physical or Mental Health Kept Them From Doing Usual Activities on 14 or More of the Past 30 Days Among Adults Who Have Had at Least One Day of Poor Mental or Physical Health	2019	Percent	3rd Quartile	25.1	18.3	N/A	N/A
Average Number of Days Where Poor Mental or Physical Health Interfered With Activities of Daily Living in the Past 30 Days Among Adults Who Have Had at Least One Day of Poor Mental or Physical Health	2019	Percent	3rd Quartile	7.3		N/A	N/A
Adults With Good Physical Health	2019	Percent	3rd Quartile	82	86.2	N/A	N/A
Adults Who Had Poor Physical Health on 14 or More of the Past 30 Days	2019	Percent	3rd Quartile	18	13.8	N/A	N/A
Average Number of Unhealthy Physical Days in the Past 30 Days	2019	Percent	4th Quartile	5.6		N/A	N/A
Adults With Good Mental Health	2019	Percent	3rd Quartile	84.9	86.2	N/A	N/A
Adults Who Had Poor Mental Health on 14 or More of the Past 30 Days	2019	Percent	3rd Quartile	15.1	13.8	N/A	N/A
Average Number of Unhealthy Mental Days in the Past 30 Days	2019	Percent	3rd Quartile	4.6		N/A	N/A
Adults Who Have Ever Been Told They Had a Depressive Disorder	2019	Percent	3rd Quartile	18	17.7	N/A	N/A
Chronic Diseases							
Coronary Heart Disease							
Deaths From Coronary Heart Disease	2019-21	Per 100,000 population	3rd Quartile	102	89	NO TREND ↔	71.1
Hospitalizations From Coronary Heart Disease	2019-21	Per 100,000 population	4th Quartile	451.9	250.7	NO TREND ↔	N/A
Stroke							
Deaths From Stroke	2019-21	Per 100,000 population	3rd Quartile	52.2	43.2	WORSE ↑	33.4

Indicator	Year(s)	Measure	Quartile (1st=most favorable to 4th=least favorable)	County	State	County Trend	U.S. Healthy People 2030 Goal
Chronic Diseases							
Stroke							
Hospitalizations From Stroke	2019-21	Per 100,000 population	2nd Quartile	248.1	228.4	NO TREND ↔	N/A
Heart Failure							
Deaths From Heart Failure	2019-21	Per 100,000 population	2nd Quartile	12.5	12.6	NO TREND ↔	N/A
Hospitalizations From or With Congestive Heart Failure as Any Listed Diagnosis	2019-21	Per 100,000 population	4th Quartile	1727.8	1243.4	NO TREND ↔	319.7
Lung Cancer							
Deaths From Lung Cancer	2019-21	Per 100,000 population	2nd Quartile	35.3	32	NO TREND ↔	25.1
Lung Cancer Incidence	2017-19	Per 100,000 population	2nd Quartile	58.9	55.8	NO TREND ↔	N/A
Colorectal Cancer							
Deaths From Colorectal Cancer	2019-21	Per 100,000 population	1st Quartile	11.8	12.2	NO TREND ↔	8.9
Colorectal Cancer Incidence	2017-19	Per 100,000 population	1st Quartile	29.5	35.5	NO TREND ↔	N/A
Breast Cancer							
Deaths From Breast Cancer	2019-21	Per 100,000 females	3rd Quartile	21.1	18.6	NO TREND ↔	15.3
Female Breast Cancer Incidence	2017-19	Per 100,000 females	4th Quartile	137.8	123.3	NO TREND ↔	N/A
Prostate Cancer							
Deaths From Prostate Cancer	2019-21	Per 100,000 males	1st Quartile	10.3	16.3	NO TREND ↔	16.9
Prostate Cancer Incidence	2017-19	Per 100,000 males	2nd Quartile	73	90.8	NO TREND ↔	N/A

Indicator	Year(s)	Measure	Quartile (1st=most favorable to 4th=least favorable)	County	State	County Trend	U.S. Healthy People 2030 Goal
Chronic Diseases							
Cervical Cancer							
Deaths From Cervical Cancer	2019-21	Per 100,000 females	3rd Quartile	4.1	2.7	BETTER ↓	N/A
Cervical Cancer Incidence	2017-19	Per 100,000 females	4th Quartile	18.7	8.9	NO TREND ↔	N/A
Melanoma							
Deaths From Melanoma	2019-21	Per 100,000 population	3rd Quartile	2.8	2.1	WORSE ↑	N/A
Melanoma Incidence	2017-19	Per 100,000 population	3rd Quartile	27.6	25.4	NO TREND ↔	N/A
Chronic Lower Respiratory Diseases							
Deaths From Chronic Lower Respiratory Disease (CLRD)	2019-21	Per 100,000 population	3rd Quartile	53.6	33.6	BETTER ↓	N/A
Hospitalizations From Chronic Lower Respiratory Disease (CLRD) (Including Asthma)	2019-21	Per 100,000 population	2nd Quartile	187.3	183.7	BETTER ↓	N/A
Hospitalizations From or With Asthma as Any Listed Diagnosis	2019-21	Per 100,000 population	3rd Quartile	631.1	630.1	NO TREND ↔	N/A
Diabetes							
Deaths From Diabetes	2019-21	Per 100,000 population	3rd Quartile	28.2	22.4	NO TREND ↔	N/A
Hospitalizations From or With Diabetes as Any Listed Diagnosis	2019-21	Per 100,000 population	3rd Quartile	2815.2	2243.4	NO TREND ↔	N/A
Hospitalizations From or With Diabetes as Any Listed Diagnosis Which Resulted in a Diabetes-Attributable Amputation of a Lower Extremity	2019-21	Per 100,000 population	4th Quartile	61.2	37.2	NO TREND ↔	4.3

Indicator	Year(s)	Measure	Quartile (1st=most favorable to 4th=least favorable)	County	State	County Trend	U.S. Healthy People 2030 Goal
Reportable & Infectious Diseases							
Acquired Immunodeficiency Syndrome (AIDS) Diagnoses	2019-21	Per 100,000 population	2nd Quartile	4.5	8.2	N/A	N/A
Campylobacteriosis	2019-21	Per 100,000 population	1st Quartile	7.6	18.2	N/A	N/A
Chlamydia	2019-21	Per 100,000 population	2nd Quartile	335.1	485.5	NO TREND ↔	N/A
Cryptosporidiosis	2019-21	Per 100,000 population	4th Quartile	3.2	2	N/A	N/A
Cyclosporiasis	2019-21	Per 100,000 population	2nd Quartile	1	1.5	N/A	N/A
Giardiasis, Acute	2019-21	Per 100,000 population	2nd Quartile	2.5	3.8	N/A	N/A
Gonorrhea	2019-21	Per 100,000 population	2nd Quartile	121	188.4	WORSE ↑	N/A
Haemophilus Influenzae Invasive Disease (Aged 0-4 Years)	2019-21	Count	1st Quartile	0	96	N/A	N/A
Hepatitis A	2019-21	Per 100,000 population	2nd Quartile	3.5	7.1	N/A	0.4
Hepatitis B, Acute	2019-21	Per 100,000 population	4th Quartile	5.1	3	N/A	0.9
Hepatitis B, Chronic	2019-21	Count	2nd Quartile	53	13285	N/A	N/A
Human Immunodeficiency Virus (HIV) Diagnoses	2019-21	Per 100,000 population	2nd Quartile	8.6	19.6	N/A	N/A
Deaths From Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS)	2019-21	Per 100,000 population	4th Quartile	3.6	2.7	NO TREND ↔	N/A

Indicator	Year(s)	Measure	Quartile (1st=most favorable to 4th=least favorable)	County	State	County Trend	U.S. Healthy People 2030 Goal
Reportable & Infectious Diseases							
Syphilis, Infectious	2019-21	Per 100,000 population	1st Quartile	5.7	17.3	N/A	N/A
Legionellosis	2019-21	Per 100,000 population	3rd Quartile	2.5	2.1	N/A	N/A
Listeriosis	2019-21	Per 100,000 population	3rd Quartile	0.3	0.2	N/A	0.2
Measles (Rubeola)	2019-21	Count	1st Quartile	0	4	N/A	N/A
Meningococcal Disease (Aged 0-23 Years)	2019-21	Per 100,000 population	1st Quartile	0	0.1	N/A	N/A
Pertussis	2019-21	Per 100,000 population	3rd Quartile	1.3	1	N/A	N/A
Rubella	2019-21	Count	1st Quartile	0	0	N/A	N/A
Salmonellosis	2019-21	Per 100,000 population	2nd Quartile	27.7	30.9	N/A	11.1
Shiga Toxin-Producing Escherichia coli (STEC) Infection	2019-21	Per 100,000 population	1st Quartile	0.3	2.8	N/A	3.2
Shigellosis	2019-21	Per 100,000 population	2nd Quartile	1	3.9	N/A	N/A
Streptococcus pneumoniae Invasive Disease (Aged 0-5 Years)	2019-21	Count	2nd Quartile	1	205	N/A	N/A
Tetanus	2019-21	Count	1st Quartile	0	11	N/A	N/A
Tuberculosis (TB)	2019-21	Per 100,000 population	3rd Quartile	1.6	2.3	NO TREND ↔	1.4
Varicella	2019-21	Per 100,000 population	1st Quartile	1	2.6	N/A	N/A

Indicator	Year(s)	Measure	Quartile (1st=most favorable to 4th=least favorable)	County	State	County Trend	U.S. Healthy People 2030 Goal
Reportable & Infectious Diseases							
Vibriosis (Excluding Cholera)	2018-20	Per 100,000 population	1st Quartile	0.3	1.1	N/A	N/A
Maternal, Infant & Young Child Health							
Births to Mothers With 1st Trimester Prenatal Care	2019-21	Percent	4th Quartile	69.2	75.3	NO TREND ↔	80.5%
Preterm With Low Birth Weight	2019-21	Percent	3rd Quartile	6.3	6.1	N/A	N/A
Live Births Under 2500 Grams (Low Birth Weight)	2019-21	Percent	3rd Quartile	9.5	8.8	NO TREND ↔	N/A
Preterm Births (<37 Weeks Gestation)	2019-21	Percent	2nd Quartile	10.6	10.6	NO TREND ↔	9.4%
Multiple Births	2019-21	Percent	4th Quartile	3.5	3.1	NO TREND ↔	N/A
Births (Aged 15-19 Years)	2019-21	Per 1,000 females 15-19	3rd Quartile	24.3	14.9	NO TREND ↔	31.4
Repeat Births to Mothers (Aged 15-19 Years)	2019-21	Percent	1st Quartile	11.4	13.5	NO TREND ↔	N/A
Infant Mortality (Aged 0-364 Days)	2019-21	Per 1,000 live births	2nd Quartile	5.7	5.9	NO TREND ↔	5.0
Neonatal Mortality (Aged 0-27 Days)	2019-21	Per 1,000 live births	2nd Quartile	4.1	4	NO TREND ↔	N/A
Postneonatal Mortality (Aged 28-364 Days)	2019-21	Per 1,000 live births	1st Quartile	1.6	1.9	NO TREND ↔	N/A
Fetal Deaths (Stillbirths)	2019-21	Per 1,000 deliveries	4th Quartile	11.3	7	NO TREND ↔	5.7
Mothers Who Initiate Breastfeeding	2019-21	Percent	1st Quartile	86.3	85.5	N/A	N/A
Immunization Levels in Kindergarten	2019-21	Percent	2nd Quartile	95	93.5	N/A	N/A
Unintentional Injuries							
Deaths From Unintentional Injury	2019-21	Per 100,000 population	4th Quartile	87.9	65.3	NO TREND ↔	43.2
Deaths From Motor Vehicle Crashes	2019-21	Per 100,000 population	4th Quartile	36.1	15.8	NO TREND ↔	10.1
Social and Physical Environment							
Murder	2018-20	Per 100,000 population	4th Quartile	6.8	5.5	N/A	N/A
Domestic Violence Offenses	2018-20	Per 100,000 population	3rd Quartile	575.7	495.9	N/A	N/A
Deaths From Suicide	2019-21	Per 100,000 population	4th Quartile	22.9	13.8	NO TREND ↔	12.8

Moving Forward

The Florida Department of Health in Highlands County (DOH-Highlands) was established to address community health needs by providing quality public health services that are equally available and accessible to all people. The mission of DOH-Highlands is to protect, promote, and improve the health of all residents and visitors within the county. DOH-Highlands is one of 67 county health departments statewide providing services to meet local health needs under the overall guidance, direction, and coordination of the state Florida Department of Health in Tallahassee. DOH-Highlands and our dedicated staff are committed to improving health outcomes for the local community. We will continue making a difference in the lives of our neighbors through hard work and building strong community partnerships.

The SWOT analysis and Community Health Assessment provided significant findings that were incorporated into the current Community Health Improvement Plan. They will also enhance and inform community efforts for meeting the Healthy People 2030 goals of increasing the quality and years of healthy life for all people and eliminating health disparities. Of all the potential priorities, Access to Quality Foods (including Diabetes), Access to Quality Health Care, and Behavioral Health (including Mental Health and Substance Misuse) were the top 3 concerns identified in the 2022 Highlands County Community Health Assessment.

Without input from public health system partners and local residents who took time to participate in this process, this Community Health Improvement Plan could not have been developed. Without their continued collaboration and support, the goals established here cannot be fulfilled.

DOH-Highlands welcomes your feedback on this Community Health Improvement Plan and encourages you to learn more about Highlands County. For more information, please visit us at http://Highlands.floridahealth.gov/. Learn how you can be a part of the ongoing effort to implement strategic objectives and action steps outlined in this CHIP.

Revisions

The Community Health Improvement Planning Committee is responsible for measuring, monitoring, and reporting progress on the goals and objectives of this Community Health Improvement Plan (CHIP). Members will monitor progress of this plan and manage strategic objectives through periodic review. On a quarterly basis, the CHIP Committee will review data from FL Charts, BRFSS, and tracking reports, noting progress toward goals. An annual review and assessment will be completed and submitted to the state office in Tallahassee.

Community partners will work closely with the CHIP Coordinator to provide necessary items to document objective targets. We will revise the Community Health Improvement Plan annually, or as needed, based on an assessment of available resources and data, community readiness, current progress, and the alignment of goals.

Date	Action Taken	Name

Strategic Objectives

The priorities and strategies listed in this plan were identified using a compilation of the results of the MAPP assessments and Community Health Assessment data. After analysis and considerations of community feedback and statistical data, the Community Health Improvement Planning Committee developed a list of community health priorities. Considerations included the upward or downward trend of the data, comparison of county data to state, national and county averages, community beliefs about primary health concerns, greatest potential impacts given resources available, risk of not addressing an issue, and compatibility with work already being done in the community. Once the strategic priority areas were identified, the goals, strategies, and objectives for achieving these priorities were developed.

The goal of this CHIP is to not only outline strategic issues and define future action steps and strategies to improve the health of Highlands County, but to align with already existing state and national objectives and other local programs, projects, and organizations. This plan aligns Highlands County with state and national objectives contained in the Florida State Health Improvement Plan 2022-2026, Healthy People 2030, National Prevention Strategy, Health and Human Services Action Plan to Reduce Disparities, and CDC's Public Health Preparedness Performance Measures.

Strategy 1: Access to Healthy Foods (includes Diabetes)

The top priority identified in the Highlands County 2022 Community Health Assessment was Access to Healthy Foods. This topic also focuses on the prevalence of diabetes in our communities and the need to find ways to combat this disease through providing more resources to healthy, affordable foods in all areas of Highlands County. Data from the Community Health Assessment shows the following for Highlands County respondents:

- 33.2% indicate having low access to a grocery store
- 14.2% have both low income and low access to a grocery store
- 20.9% report worrying about whether their food would run out before they had money to buy more

- 16.5% report that food they purchased did not last until they had money to buy more.
- 9.6% report that they or someone in their household received emergency food from a food bank or other charitable organization in the past year.

Focus groups identified that transportation challenges contribute to a lack of access to healthy foods for those with no access to a vehicle and that many communities are not built to support healthy food access. Diabetes was included as a sub-category for this strategy because 18% of Highlands County adults are reported as ever being diagnosed with diabetes. Diabetes can lead to other serious health conditions and is aggravated by a lack of access to healthy foods. The Strategic Priorities listed in this section have been designed to help mitigate the impacts of a lack of access to healthy foods for the residents of Highlands County.

Strategic Priority 1: Access to Healthy Foods		Alignment		Partners
Objective	Action Steps	Healthy People 2030	State Health Improvement Plan	Organizations, Government Agencies, Other Resources
1.1: By December 31, 2025, decrease the number of adults in Highlands County who have ever been told they have diabetes from 18.0% (2019) to 16.0%.	a. Design and implement a media campaign on diabetes and healthy living. b. Host quarterly lunch-and-learn sessions for the public on diabetes, wellness, nutrition, and other health living topics. Use sign-in sheets to document attendance. Do pre- and post-tests to gauge session effectiveness.	Health Behaviors: Health Communication	Chronic Diseases and Conditions	Local health care agencies and providers DOH-Highlands Primary Care
1.2: By June 30, 2024, partner with Highlands Food Reservoir or other food bank resources to increase children's access to food for the summer by providing summer break snack packs for all students in Highlands County, including college-level.	a. By October 15, 2023, meet with food bank(s) to establish timelines, select target areas, and scope of project. b. By January 15, 2024, determine needed resources; initiate purchase of products; recruit help for filling bags; establish schedule of giveaways	Health Conditions: Diabetes; Overweight and Obesity Health Behaviors: Child and Adolescent Development; Nutrition and Healthy Eating Populations: Children; Adolescents Social Determinants of Health: Economic	Social and Economic Conditions Impacting Health Maternal and Child Health Chronic Diseases and Conditions	Heartland Food Reservoir Highlands County Schools Feeding Tampa Bay Local food vendors

	c. By June 30, 2024, distribute snack packs.	Stability; Social and Community Context		
1.3: By January 31, 2024, increase average participation in our Diabetes and Wellness program from 17 clients per month (2023) to 20.	a. Design and implement an information campaign to encourage local providers to refer clients to our program. b. Work with DOH-Highlands primary care program to increase referrals. c. Review the CTG class materials and tools to see where improvements can be made. Launch revised program and monitor client response to gauge effectiveness. Include nutrition as a component. d. Increase outreach opportunities to inform the public about diabetes and our services.	Social Determinants of Health: Health Care Access and Quality	Social and Economic Conditions Impacting Health Chronic Disease and Conditions	DOH-Highlands Diabetes and Wellness staff DOH-Highlands Primary Care Local health care providers Local agencies and CBOs who host outreach events
2.2: By December 31, 2025, increase the percentage of WIC mothers who initiate breastfeeding from 74.2% (2021) to 81.9%.	a. Design and implement an information and incentive campaign to encourage breastfeeding. b. Share campaign materials with local pediatric and maternity providers to enlist support. c. Monitor data to gauge effectiveness.	Health Conditions: Diabetes Health Behaviors: Child and Adolescent Development; Nutrition and Healthy Eating	Maternal and Child Health Chronic Diseases and Conditions	DOH-Highlands WIC Program Local pediatricians and health care providers

Strategy 2: Access to Quality Health Care

Primary and secondary data analysis regarding access to quality health care for the Highlands County population show several areas of concern when compared with state and national values for the same indicators. The rate of adults aged 19-64 years without health insurance is 22.4% in Highlands County, compared to 18.4% for the state. The rate of primary care providers per 100,000 population in Highlands County is 57 compared to the state rate of 73. Similarly, the rate of mental health service providers in Highlands County is 75 per 100,000 population as compared to the state rate of 183. Most Highlands County respondents indicated

having health insurance coverage, with 62.2% reporting employer-provided plans and 19.8% with either Medicare or Medicaid. Unfortunately, 17.7% of respondents reported being unable to access the health care they needed within the past year. Top reasons cited for lack of access were inability to schedule an appointment, cost, inability to take time away from work, and the provider's office not having convenient hours. Oral health is also a concern, with only 54.3% of Highlands residents visiting a dentist in 2019, compared to the state rate of 73%, and 24.3% of survey respondents report being unable to access the dental care they needed in the past year. The top reasons mentioned for lack of dental care were cost, inability to schedule an appointment, and lack of health insurance that covers dental care.

Another critical aspect of access to quality health care is the use of hospital emergency rooms for primary care by those who lack a medical home. This trend results in overuse of these services and rising costs to cover uninsured/underinsured who present for care. Survey results show that 60% of respondents reported using the emergency room for non-emergent care in the past year. The most common reason cited for this was the need to get care after "normal" hours or on the weekend, or the wait to see a primary care provider was too long. Focus group participants discussed the fact that having health insurance does not always guarantee care. Limitations on what plans will cover and for how much are factors in lack of access to care.

Participants also mentioned not meeting the people where they are and building trust as barriers to access. Cultural competence is needed to build trust and reach people at their own level. Educating the public on what services are available, when, and where would go a long way toward improving access. Access to transportation for medical appointments and services is a recurring theme. Telehealth might be more of an option if internet service was more broadly available and reliable. Better education of and communication with the public is needed, with people of color, different genders, and varying family dynamics more represented in materials for public education.

One other point of concern expressed by respondents and focus group participants is a lack of pediatric health services in Highlands County. Parents often must go out of the county for care for their children, particularly specialty and dental care, with the added aggravating factor of a lack of transportation for those visits in some cases. Mental health care for children was also discussed, specifically for help with behavioral issues at school and services for children on the autism spectrum. Another barrier was finding pediatric providers who accept Medicaid.

Culturally competent care was mentioned, as parents who do not speak English often take their children out of school to provide interpretation for them with doctors.

Strategic Priority 2: Access to Quality Health Care		Alignment		Partners
Objective	**Action Steps**	**Healthy People 2030**	**State Health Improvement Plan**	**Organizations, Government Agencies, Other Resources**
2.1: By December 31, 2025, work with the Heartland Rides program to increase available medical trips for vulnerable populations in Highlands County from 2,437 per month (2022) to 2,500 per month.	a. By December 31, 2023, gather data on additional medical rides needed from partner agencies and the public. b. By June 30, 2024, submit proposal for additional medical rides to the Heartland Rides board. c. By July 31, 2024, revise proposal, as needed; identify approved trips. d. By September 30, 2024, publicize additional trips. e. By December 31, 2024, monitor use of additional trips to ensure compliance and continued need; re-evaluate bi-annually	Social Determinants of Health: Health Care Access and Quality; Neighborhood and Built Environment; Social and Community Context	Social and Economic Conditions Impacting Health	Heartland Regional Transportation Planning Organization Highlands County Transportation Disadvantaged Program Heartland Rides program
2.2: By December 31, 2025, partner with Highlands County to establish a local mobile integrated health program.	a. By September 30, 2023, initiate discussions with Highlands County partners on proposed project; establish meeting schedule for project development; engage SMEs for help developing program b. By December 31, 2023, have initial outline of project set; establish project team. c. By March 31, 2024, finalize project; set hiring standards and begin recruitment; determine fiscal policies; determine equipment needs; outline agency responsibilities; begin implementation plan d. By July 31, 2024, begin team training.	Health Behaviors: Injury Prevention; Health Communication; Preventive Care; Vaccination Populations Settings and Systems: Hospital and Emergency Services	Social and Economic Conditions Impacting Health Injury, Safety, and Violence	Highlands County Highlands County Public Safety DOH-Highlands

	e. By September 30, 2024, launch program; begin data gathering			
2.3: By December 31, 2024, offer assistance for clients who may qualify with applying for Medicaid or other assistance programs.	a. By October 31, 2023, hire staff. b. By March 31, 2024, implement program of care to assist clients with health care options. c. By December 31, 2024, gather and analyze data to assess effectiveness of program and determine continuation	Populations: all Settings and Systems: Health Care; Health Insurance	Social and Economic Conditions Impacting Health	DOH-Highlands Health Education Team DOH-Highlands Primary Care
2.4: By December 31, 2025, implement telehealth options for clients	a. By October 31, 2024, review IOPs to determine feasibility of implementing telehealth program b. By December 31, 2024, convene workgroup to guide telehealth implementation c. By December 31, 2025, establish telehealth program and monitor progress; meet quarterly to review project	Health Conditions Health Behaviors Populations Settings and Systems Health Care Access and Quality	Maternal and Child Health: Improve pre-conception and inter-conception health Chronic Diseases and Conditions	DOH-Highlands Primary Care DOH-Highlands IT

Strategy 3: Behavioral Health (including Mental Health, Mental Disorders, and Substance Use Disorders)

Since the COVID-19 pandemic, there has been increasing concern among health care professionals that the mental health of our nation is at risk. Highlands County is no exception. The Age-Adjusted Death Rate due to Suicide in Highlands County is 25.2 per 100,000 population, which is almost double that of the state (13.1) and nation (13.5). Adding to the issue of treating mental health disorders is the fact that Highlands County only has 75 mental health providers per 100,000 population compared to 183 per 100,000 population for the state of Florida. This gap, along with the already highlighted lack of insurance coverage for this service, offers some correlation to the high suicide rate for our county. Survey respondents mentioned a lack of insurance, long wait lists for private therapists, the inability to get care when needed, being unable to take time from work, and cost as barriers to accessing mental health services. Discussion centered on a variety of mental health topics, including the mental toll of racism, as

well as the fact that many seniors are facing Alzheimer's and other dementia-related diseases that increase their need for these services.

Community feedback on this topic also shows an increased concern for the mental health of our residents. Even though substance use and misuse was not the highest priority in secondary data indicators, participants in both the survey and focus groups stressed their concerns on this topic and expressed a desire that the private and public health sectors find ways to overcome barriers to making this service available in Highlands County. While most respondents (92.4%) reported no thoughts of harming themselves, that leaves 7.6% of respondents who report days where they felt they would be better off dead. Additionally, 27.8% of respondents report that a doctor or medical provider had diagnosed them with depression and/or anxiety, and 12.1% report they were unable to access mental health care when needed. The social isolation caused by the COVID-19 pandemic, lack of or distance to available mental health resources, stigma about acknowledging and discussing mental health or accessing supportive care, and the mental toll of racism were all identified by participants as contributors to the gap in mental health care for Highlands County.

Substance use disorders have become a concern nationally and within the state of Florida. The scope of this topic includes alcohol, drug, and tobacco use. In Highlands County, the Death Rate due to Drug Poisoning stood at 28.6 deaths per 100,000 population in 2020. This trend is anticipated to increase. DOH-Highlands now offers overdose-reversal Naloxone kits free to the public. It is hoped that having this life-saving medication on hand will allow those who share their lives with opioid addicts to save a life should it become necessary. Another disturbing trend for drug use in Highlands County is Teens Who Have Used Methamphetamines. The Highlands County rate of 1.6% is twice the state rate of 0.8%. Focus group participants mentioned that the use of fentanyl to lace other drugs has added a life-threatening factor to what some may see as recreational drug use, with the added danger of users being in denial of their own risk.

Alcohol and tobacco use continue to be health indicators of concern in Highlands County, the state, and the nation. While most indicators for these statistics in Highlands County are in line with state and national levels, the rising trend for teens who use electronic vaping has become a topic of much discussion within our community. Secondary data shows that 16% of Highlands County 6th -12th graders have used electronic vaping products within the past 30 days and

26.5% have used these products longer. Adding to this concern is the lack of effective enforcement options for violators who sell tobacco and vaping products to minors and limited options for enforcement at the school level. Alcohol played a role in 27.6% of driving deaths in Highlands County (2016-2020), which is higher than the rate for Florida (22%) and close to the national rate of 27%.

Strategic Priority 3: Behavioral Health		Alignment		Partners
Objective	**Action Steps**	**Healthy People 2030**	**State Health Improvement Plan**	**Organizations, Government Agencies, Other Resources**
3.1: By December 31, 2025, decrease the rate of adults who are current smokers from 16.5% (2019) to 15.0%.	a. Share all QuitDoc materials with DOH-Highlands' clients, during outreach events, and in public lobbies. b. Offer Quit resources to appropriate clients during scheduled appointments. c. Refer Closing the Gap clients who agree to the Quit Line.	Health Conditions: Cancer; Heart Disease and Stroke; Oral Conditions; Respiratory Disease Health Behaviors: Tobacco Use Populations: Women; Men; Workforce; LGBTQ. Settings and Systems: Housing and Homes; Workplace	Chronic Diseases and Conditions MW3.2	DOH-Highlands Primary Care QuitDoc Closing the Gap team
3.2: By December 31, 2025, decrease the rate of students who used cigarettes, cigars, smokeless tobacco, hookah, or electronic vapor products in the past 30 days from 21.1% (2022) to 20.0%.	a. Share all QuitDoc materials about teen vaping/smoking with DOH-Highland's clients, during outreach events, and in public lobbies. b. Offer Quit resources to appropriate clients with parental consent during scheduled appointments. c. Refer Closing the Gap minor clients whose parents agree to the Quit Line.	Health Behaviors: Tobacco Use Populations: Women; Men; Workforce; LGBTQ; Adolescents Settings and Systems: Housing and Homes; Workplace	Chronic Diseases and Conditions MW3.1	DOH-Highlands Primary Care QuitDoc Closing the Gap team
3.3: By December 31, 2025, reduce the percentage of women who smoke	a. Share all QuitDoc materials with DOH-Highlands' clients, during	Health Behaviors: Tobacco Use	Chronic Diseases and Conditions MW3.3	WIC QuitDoc

during pregnancy from 6.9% (2021) to 5.9%.	outreach events, and in public lobbies. b. Offer Quit resources to appropriate clients during scheduled appointments. c. Refer Closing the Gap clients who agree to the Quit Line.	Populations: Women; Men; Workforce; LGBTQ Settings and Systems: Housing and Homes; Workplace		Closing the Gap team
3.4: By December 31, 2025, decrease the number of fatal drug overdoses in Highlands County from 36 per 100,000 population (2021) to 25.	a. Dispense free Naloxone kits to anyone 18 and over. b. Offer free Naloxone kits at all outreach events. c. Include substance use disorder information in all public lobbies and media campaigns.	Health Conditions: Addiction Health Behaviors: Drug and Alcohol Use	MW3.4	DOH-Highlands Primary Care Outreach team
3.5: By December 31, 2025, increase access to mental health services in Highlands County by partnering with at least 1 mental health service provider who will offer services to Highlands County residents at reduced or sliding scale fees.	a. Identify potential service providers b. Initiate discussion about possible service offerings. c. Promote services to the public d. Gather data and analyze effectiveness	Health Conditions: Mental Health and Mental Disorders	Mental Well-Being and Substance Abuse Prevention	DOH-Highlands Local mental health providers Local hospital systems

Highlands County

Florida's 36th most populous county with 0.5% of Florida's population

Prepared by:

Florida Legislature

Office of Economic and Demographic Research

http://edr.state.fl.us

April 2023

Population

Census Population	Highlands County	Florida
1980 Census	47,526	9,746,961
1990 Census	68,432	12,938,071
2000 Census	87,366	15,982,824
2010 Census	98,786	18,801,332
2020 Census	101,235	21,538,187
% change 2010-2020	2.5%	14.6%
Age		
% Under 18 years of age	17.5%	19.5%
Race (alone) & Ethnicity		
% Not Hispanic-White	64.7%	51.5%
% Not Hispanic-Black or African American	9.4%	14.5%
% Not Hispanic-American Indian and Alaska Native	0.3%	0.2%
% Not Hispanic-Asian	1.6%	2.9%
% Not Hispanic-Native Hawaiian and Other Pacific Islander	0.0%	0.1%
% Not Hispanic-Some Other Race	0.3%	0.6%
% Not Hispanic-Two or More Races	3.0%	3.7%
% Hispanic or Latino (of any race)	20.7%	26.5%

Population Estimates

	Highlands County	Florida
2021 Estimate	102,065	21,898,945
% change 2020-2021	0.8%	1.7%
2022 Estimate	103,102	22,276,132
% change 2020-2022	1.8%	3.4%
Based on 2022 Estimate		
2025	104,921	23,218,811
2030	107,626	24,588,452
2035	109,751	25,675,588
2040	111,336	26,537,878
2045	112,643	27,270,041
2050	113,844	27,953,598

Population Characteristics

	County	Florida
Language spoken at home other than English		
Persons aged 5 and over	20.5%	29.8%
Place of birth		
Foreign born	11.2%	21.0%
Veteran status		
Civilian population 18 and over	11.3%	8.2%

Migration

Residence 1 Year Ago Persons aged 1 and over	Highlands County	Florida
Same house	88.0%	85.2%
Different house in the U.S.	11.5%	13.8%
Same county in Florida	5.6%	7.9%
Different county in Florida	3.4%	3.1%
Different county in another state	2.5%	2.9%
Abroad	0.5%	0.9%

Real Gross Domestic Product

Real GDP (Thousands of Chained 2012 Dollars)	Highlands County	Florida
2015 GDP	2,245,501	852,242,411
Percent of the State	0.3%	
2016 GDP	2,317,301	881,539,238
Percent of the State	0.3%	
2017 GDP	2,364,405	912,687,386
Percent of the State	0.3%	
2018 GDP	2,272,300	941,626,696
Percent of the State	0.2%	
2019 GDP	2,416,158	965,672,478
Percent of the State	0.3%	
2020 GDP	2,393,429	950,164,387
Percent of the State	0.3%	
2021 GDP	2,428,533	1,029,575,591
Percent of the State	0.2%	

Population by Housing Type

	Highlands County	Florida
Household Population	99,826	21,073,604
Household Population per Occupied Housing Unit	2.25	2.47
Group Quarters Population	1,409	464,583

Housing

Housing Counts	Highlands County	Florida
Housing units, 2020 Census	57,486	9,865,350
Occupied	44,376	8,529,067
Vacant	13,110	1,336,283

Building Permits

Units Permitted	Highlands County	Florida
2000	450	155,269
2010	154	38,679
2020	384	164,074
2021	644	213,494

Density

Persons per square mile	Highlands County	Florida
2000	85.0	296.4
2010	97.2	350.6
2020	99.5	401.4
2022	100.3	408.2

Households and Family Households

Households	Highlands County	Florida
Total households, 2000 Census	37,471	6,338,075
Family households, 2000 Census	25,794	4,210,760
% with own children under 18	29.0%	42.3%
Total households, 2010 Census	42,604	7,420,802
Family households, 2010 Census	28,027	4,835,475
% with own children under 18	28.4%	40.0%
Average Household Size, 2010 Census	2.28	2.48
Average Family Size, 2010 Census	2.74	3.01

Note: According to Census definitions, a household includes all of the people who occupy a housing unit. The occupants may be a single family, one person living alone, two or more families living together, or another group of related or unrelated people who share living quarters. A family includes a householder and one or more other people living in the same household who are related to the householder by birth, marriage, or adoption.

Census counts may be corrected for Census County Question Resolution (CCQR)

Employment and Labor Force

Establishments 2021	Highlands County	Florida
All industries	2,471	820,313
Natural Resource & Mining	178	5,545
Construction	298	78,395
Manufacturing	65	22,795
Trade, Transportation and Utilities	512	151,294
Information	25	16,928
Financial Activities	211	89,810
Professional & Business Services	360	205,828
Education & Health Services	359	92,489
Leisure and Hospitality	213	63,682
Other Services	168	57,817
Government	57	5,893

Average Annual Employment % of All Industries, 2021	Highlands County	Florida
All industries	26,792	8,859,818
Natural Resource & Mining	7.2%	0.8%
Construction	6.2%	6.5%
Manufacturing	2.2%	4.4%
Trade, Transportation and Utilities	20.3%	20.7%
Information	0.7%	1.6%
Financial Activities	3.1%	6.9%
Professional & Business Services	8.5%	16.5%
Education & Health Services	22.5%	15.0%
Leisure and Hospitality	11.8%	12.7%
Other Services	2.2%	3.0%
Government	15.4%	11.8%

Industries may not add to the total due to confidentiality and unclassified.

Labor Force as Percent of Population Aged 18 and Older	Highlands County	Florida
2000	47.4%	64.2%
2010	45.7%	61.8%
2020	39.9%	58.7%
2021	41.7%	59.3%
2022	42.6%	60.6%

Establishments % of All Industries, 2021	Highlands County	Florida
All industries	2,471	820,313
Natural Resource & Mining	7.2%	0.7%
Construction	12.1%	9.6%
Manufacturing	2.6%	2.8%
Trade, Transportation and Utilities	20.7%	18.4%
Information	1.0%	2.1%
Financial Activities	8.5%	10.9%
Professional & Business Services	14.6%	25.1%
Education & Health Services	14.5%	11.3%
Leisure and Hospitality	8.6%	7.8%
Other Services	6.8%	7.0%
Government	2.3%	0.7%

Average Annual Wage

2021	Highlands County	Florida
All industries	$40,529	$60,299
Natural Resource & Mining	$33,500	$42,128
Construction	$42,557	$59,088
Manufacturing	$47,990	$69,997
Trade, Transportation and Utilities	$36,190	$53,762
Information	$58,299	$104,461
Financial Activities	$51,168	$93,945
Professional & Business Services	$37,432	$74,787
Education & Health Services	$52,873	$59,043
Leisure and Hospitality	$20,922	$31,029
Other Services	$29,597	$44,107
Government	$45,067	$61,210

Unemployment Rate	Highlands County	Florida
2000	4.8%	3.8%
2010	12.1%	10.8%
2020	8.1%	8.1%
2021	5.9%	4.6%
2022	4.2%	2.9%

Income and Financial Health

Personal Income ($000s)	Highlands	Florida
2000	$1,793,710	$472,851,789
2010	$2,870,330	$732,457,478
% change 2000-2010	60.0%	54.9%
2020	$3,964,116	$1,235,793,410
% change 2010-2020	38.1%	68.7%
2021	$4,293,843	$1,358,318,587
% change 2020-2021	8.3%	9.8%

Earnings by Place of Work ($000s)		
2000	$806,265	$308,751,767
2010	$1,270,876	$438,983,914
% change 2000-2010	57.6%	42.2%
2020	$1,593,829	$686,243,741
% change 2010-2020	25.4%	56.3%
2021	$1,686,182	$764,483,116
% change 2020-2021	5.8%	11.4%

Workers Aged 16 and Over	Highlands County	Florida
Place of Work in Florida		
Worked outside county of residence	10.2%	17.8%
Travel Time to Work		
Mean travel time to work (minutes)	21.0	27.9

Per Capita Personal Income	Highlands County	Florida
2000	$20,519	$29,466
2010	$29,137	$38,872
% change 2000-2010	42.0%	31.9%
2020	$39,163	$57,292
% change 2010-2020	34.4%	47.4%
2021	$41,588	$62,270
% change 2020-2021	6.1%	8.7%

Median Income	Highlands County	Florida
Median Household Income	$46,895	$61,777
Median Family Income	$56,527	$74,237

Percent in Poverty, 2021	Highlands County	Florida
All ages in poverty	15.1%	13.2%
Under age 18 in poverty	22.8%	18.4%
Related children age 5-17 in families in poverty	21.6%	17.5%

Personal Bankruptcy Filing Rate (per 1,000 population)	Highlands County	Florida
12-Month Period Ending December 31, 2021	0.96	1.38
12-Month Period Ending December 31, 2022	0.86	1.10
State Rank	31	NA

NonBusiness Chapter 7 & Chapter 13

Reported County Government Revenues and Expenditures

Revenue 2019-20	Highlands County	Florida*
Total - All Revenue Account Codes		
($000s)	$150,044.4	$52,645,134.4
Per Capita $	$1,431.26	$2,553.85
% of Total	100.0%	100.0%
Taxes		
($000s)	$57,650.7	$16,651,821.4
Per Capita $	$549.92	$807.79
% of Total	38.4%	31.6%
Permits, Fee, and Special Assessments		
($000s)	$13,356.3	$2,256,256.6
Per Capita $	$127.40	$109.45
% of Total	8.9%	4.3%
Intergovernmental Revenues		
($000s)	$31,523.0	$7,095,752.8
Per Capita $	$300.69	$344.22
% of Total	21.0%	13.5%
Charges for Services		
($000s)	$19,298.6	$14,148,555.9
Per Capita $	$184.09	$686.36
% of Total	12.9%	26.9%
Judgments, Fines, and Forfeits		
($000s)	$617.4	$161,937.7
Per Capita $	$5.89	$7.86
% of Total	0.4%	0.3%
Miscellaneous Revenues		
($000s)	$24,467.5	$1,629,204.3
Per Capita $	$233.39	$79.03
% of Total	16.3%	3.1%
Other Sources		
($000s)	$3,130.9	$10,701,605.8
Per Capita $	$29.87	$519.14
% of Total	2.1%	20.3%

* All County Governments Except Duval - The consolidated City of Jacksonville / Duval County figures are included in municipal totals rather than county government totals.

** (Not Court-Related)

Expenditures 2019-20	Highlands County	Florida*
Total - All Expenditure Account Codes		
($000s)	$150,010.70	$48,804,501.28
Per Capita $	$1,430.94	$2,367.54
% of Total	100.0%	100.0%
General Government Services**		
($000s)	$37,047.17	$8,468,311.68
Per Capita $	$353.39	$410.80
% of Total	24.7%	17.4%
Public Safety		
($000s)	$54,772.74	$12,039,077.73
Per Capita $	$522.47	$584.02
% of Total	36.5%	24.7%
Physical Environment		
($000s)	$15,317.29	$5,403,299.24
Per Capita $	$146.11	$262.12
% of Total	10.2%	11.1%
Transportation		
($000s)	$21,374.85	$5,666,984.30
Per Capita $	$203.89	$274.91
% of Total	14.2%	11.6%
Economic Environment		
($000s)	$3,091.15	$1,793,284.71
Per Capita $	$29.49	$86.99
% of Total	2.1%	3.7%
Human Services		
($000s)	$7,387.68	$4,112,446.49
Per Capita $	$70.47	$199.50
% of Total	4.9%	8.4%
Culture / Recreation		
($000s)	$3,214.31	$1,960,626.16
Per Capita $	$30.66	$95.11
% of Total	2.1%	4.0%
Other Uses and Non-Operating		
($000s)	$3,130.91	$8,431,538.28
Per Capita $	$29.87	$409.02
% of Total	2.1%	17.3%
Court-Related Expenditures		
($000s)	$4,674.60	$928,932.70
Per Capita $	$44.59	$45.06
% of Total	3.1%	1.9%

Quality of Life

Crime	County	Florida
Crime rate, 2020 (index crimes per 100,000 population)	2,084.2	2,158.0
Admissions to prison FY 2021-22	221	25,362
Admissions to prison per 100,000 population FY 2021-22	214.4	113.9

State Infrastructure

Transportation	County	Florida
State Highway		
Centerline Miles	132.5	12,123.4
Lane Miles	397.9	45,337.5
State Bridges		
Number	24	7,079
State Facilities		
Buildings/Facilities (min. 300 Square Feet)		
Number	82	9,426
Square Footage	144,289	65,539,144
Conservation Land (land acres only)		
State-Owned (includes partially-owned)	62,164	5,689,323
% of Total Conservation Land (CL)	35.5%	54.9%
% of Total Area Land	9.6%	16.6%
% of Florida State-Owned CL	1.1%	

Health Insurance Status

Percent Insured by Age Group	Highlands County	Florida
Under 65 years	81.2%	84.5%
Under 19 years	91.2%	93.0%
18 to 64 years	77.6%	81.6%

State and Local Taxation

2022	Highlands County	
	County-Wide	Not County-Wide*
County	8.1000	
School	5.5510	
Municipal		1.1675
Special Districts		0.2275

*MSTU included in Not County-Wide "County" category

Education

Public Education Schools Traditional Setting (2022-23)	Highlands County School District	Florida
Total (state total includes special districts)	19	3,780
Elementary	11	1,878
Middle	4	569
Senior High	4	725
Combination	0	608

Educational attainment Persons aged 25 and older	Highlands County	Florida
% HS graduate or higher	85.9%	89.0%
% bachelor's degree or higher	18.8%	31.5%

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