



2021-2022

Polk, Highlands and Hardee Counties  
Community Health Needs Assessment:  
Chronic, Advanced and Terminal Illness





Dear Friends of Empath Health,

Every day Empath Health serves more than 14,000 people in southwest, central and north central Florida. As the country's largest non-profit hospice and home health organization, we provide compassionate, expert hospice care, home health care, personal care, palliative care, all-inclusive elder care, HIV and sexual health services, grief services and more. Through these recent challenging years, our resolve has been strengthened to live out our mission to the fullest, "United in Empathy, we serve our communities through extraordinary Full Life Care for all."

Empath Health has more than 90 years of combined service and we continuously explore new and innovative ways to care for those in our communities. A few of these initiatives include virtual reality for our patients to visit places they want to experience or take tours of our care centers; grief counseling for seniors and healthcare workers impacted by COVID-19; specialized care and grief counseling for our pediatric patients and loved ones; telehealth support for patients with family members who don't live close-by; specialized therapies like aromatherapy, music therapy, massage therapy; and so much more.

In an effort to better serve those living with chronic, advanced or terminal illnesses in Polk, Highlands and Hardee counties, Empath Health recently applied for and was initially awarded by the State of Florida the ability to begin providing hospice care in your communities. As part of this process, Empath Health launched a Community Health Needs Assessment (CHNA), led by our affiliate member Suncoast Hospice Foundation. This tool identifies the strengths and resources available in the community and needs identified by its citizens, and provides a framework for developing and matching services and solutions that support individuals living with chronic, advanced or terminal illness. The Polk, Highlands and Hardee Counties CHNA offered the opportunity for Empath Health to engage and collaborate with public health and community stakeholders and allows our staff to identify and understand the issues faced daily by those living with chronic, advanced or terminal illnesses. It also provided insight into access to comprehensive and quality healthcare services for these populations.

A special thank you to those who participated in the assessment for your dedication, time and invaluable contributions as well as the involvement of the many community leaders who added considerably to this report. Empath Health is honored to begin providing full life care to the residents of Polk, Highlands and Hardee counties.

Sincerely,

A handwritten signature in black ink that reads "Rafael J. Sciuillo". The signature is fluid and cursive, with the first name being the most prominent.

Rafael J. Sciuillo  
CEO Empath Health



EXIT



## EXECUTIVE SUMMARY



## Purpose

In January 2021, Empath Health launched a Community Health Needs Assessment (CHNA) to better understand the needs of individuals and families facing chronic, advanced and terminal illness in Polk, Highlands and Hardee Counties. The intent of this assessment is to identify community assets, issues and barriers, in order to guide how we can improve our programs, services and partnerships to better meet the needs of the community and create shared solutions to long-term challenges.

## Process

Qualitative data for this assessment was gathered through 18 Key Informant interviews/questionnaires. A broad range of community stakeholders participated between February and April 2021, including representatives from the Florida Department of Health, hospitals, health associations, healthcare providers, senior citizen service organizations, social service organizations, academia, community leaders, cultural groups, veteran services and community foundations.

*“Empath Health recognizes that every community is unique.”*

Given the wealth of quantitative data available regarding the socioeconomic and health context in Pinellas County with respect to chronic, advanced and terminal illness, the CHNA Task Force did not consider separate collection of quantitative survey data to be necessary. A number of secondary sources provided the quantitative data for this assessment.

## Key Findings:

### Community Strengths and Weaknesses

While the strengths and assets supporting people with chronic and advanced illness in Polk, Highlands and Hardee counties differed across the counties, respondents generally highlighted the quality of services and good networking across organizations. In Polk and Highlands counties respondents noted the high commitment of service providers as well as the collaboration between them.

### Main Issues and Barriers

**Healthcare/Service Providers:** People in these counties acknowledged gaps in healthcare staffing, provider shortages and language barriers. Hardee County has been specifically noted for all service gaps. For Polk County, there are more services available but training opportunities and staffing shortages are barriers. In Highlands County there are gaps with adult day care, overnight care and in-home respite care.

**Knowledge/Information:** All three counties' respondents noted there is a lack of knowledge of available services that support patients and caregivers, when to engage hospice care and general education around palliative care. They also noted there is a lack of online information as well as singular service databases containing care options.

**Access:** Lack of transportation in all three counties is a barrier to care with Hardee and Highlands especially being impacted due to lack of public transportation and the long distances required to travel to reach care providers. Because of the long distances required to travel, the high cost of gas can be a burden to community members looking to access care.

**Cost:** The cost of healthcare and related services for managing chronic and advanced illness is a primary barrier – even for people who have health insurance. However, obtaining affordable insurance coverage that adequately covers care and treatment needs is also a major barrier given the gaps in Medicaid coverage in Florida. In addition, while healthcare costs take a huge toll on household income, chronic illness can also impact employment, making it more challenging for people with chronic, advanced and terminal illness to afford care and make ends meet. Limited financial support is available for non-healthcare, but nonetheless essential, needs and costs.



**Care Navigation:** Challenges related to navigating the complexity of the healthcare system emerged as an overall issue and a barrier to care. Some of these barriers are knowledge-related, but the challenges go beyond knowledge, awareness and the “what” of available resources. Care navigation barriers include the “how” of accessing available services, support and assistance; care coordination and communication across providers; and patient advocacy to ensure needs are met. Navigating these challenges is even more daunting for patients and families who are in the midst of crisis as they manage their illness.

**Diversity, Equity and Inclusion:** People with chronic, advanced or terminal illness face barriers stemming from systemic disparities that impact equitable access to quality

care, treatment and support, such as race-based disparities and biases, language barriers and a lack of culturally-informed services. Respondents noted the overall lack of Spanish-language services, and in Hardee County, the notably large senior population and the challenges it brings.

**Internet/Technology:** Access to high-speed internet is increasingly becoming essential to accessing and navigating healthcare. Respondents noted barriers in accessing these technologies and the barriers faced due to lack of communication, information and virtual programming. Community members are also more likely to suffer from isolation. It was noted Polk County lacks adequate access to high-speed internet services.

# TABLE OF CONTENTS

I. Purpose .....	9
II. Methodology .....	10
III. Geographic, Demographic and Socioeconomic Profile .....	14
IV. Chronic, Advanced and Terminal Illness .....	24
V. Qualitative Information on Strengths and Barriers .....	34
VI. Conclusion/Summary .....	44
VII. Empath Health .....	48
VIII. Appendices .....	52
Endnotes .....	56





# I.

## PURPOSE

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In August 2021, Empath Health launched a Community Health Needs Assessment to better understand the needs of individuals and families facing chronic, advanced and terminal illness in Polk, Highlands and Hardee counties in anticipation of the opportunity to provide hospice services in these communities. Empath Health recognizes the uniqueness of these communities and our services need to be tailored to these individuals. The intent of this assessment is to identify issues, community assets and barriers that can enable us to improve our programs, services and partnerships in order to better meet the needs of the community and create shared solutions to long-term challenges.



# II.

## METHODOLOGY

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This CHNA is based on publicly available quantitative data and a thematic analysis of newly gathered qualitative information regarding chronic, advanced and terminal illness in the Florida counties of Polk, Highlands and Hardee. The assessment was conducted between August and October 2021.

## ASSESSMENT PROCESS





There is a wealth of quantitative data available regarding the socioeconomic and health context in the target counties with respect to chronic, advanced and terminal illness. The following served as key sources of quantitative data for this assessment:

- U.S. Census Bureau data accessed via [Data.Census.gov](https://data.census.gov)
- Florida Department of Health data accessed via [FLHealthCHARTS.org](https://flhealthcharts.org)
- Polk County Community Health Assessment 2020, Florida Department of Health in Polk County
- Highlands County Community Health Assessment December 2020-December 2025, Florida Department of Health in Highlands County
- Hardee County Community Health Assessment January 2019 (Version 1.1, Revised March 2020), Florida Department of Health in Hardee County



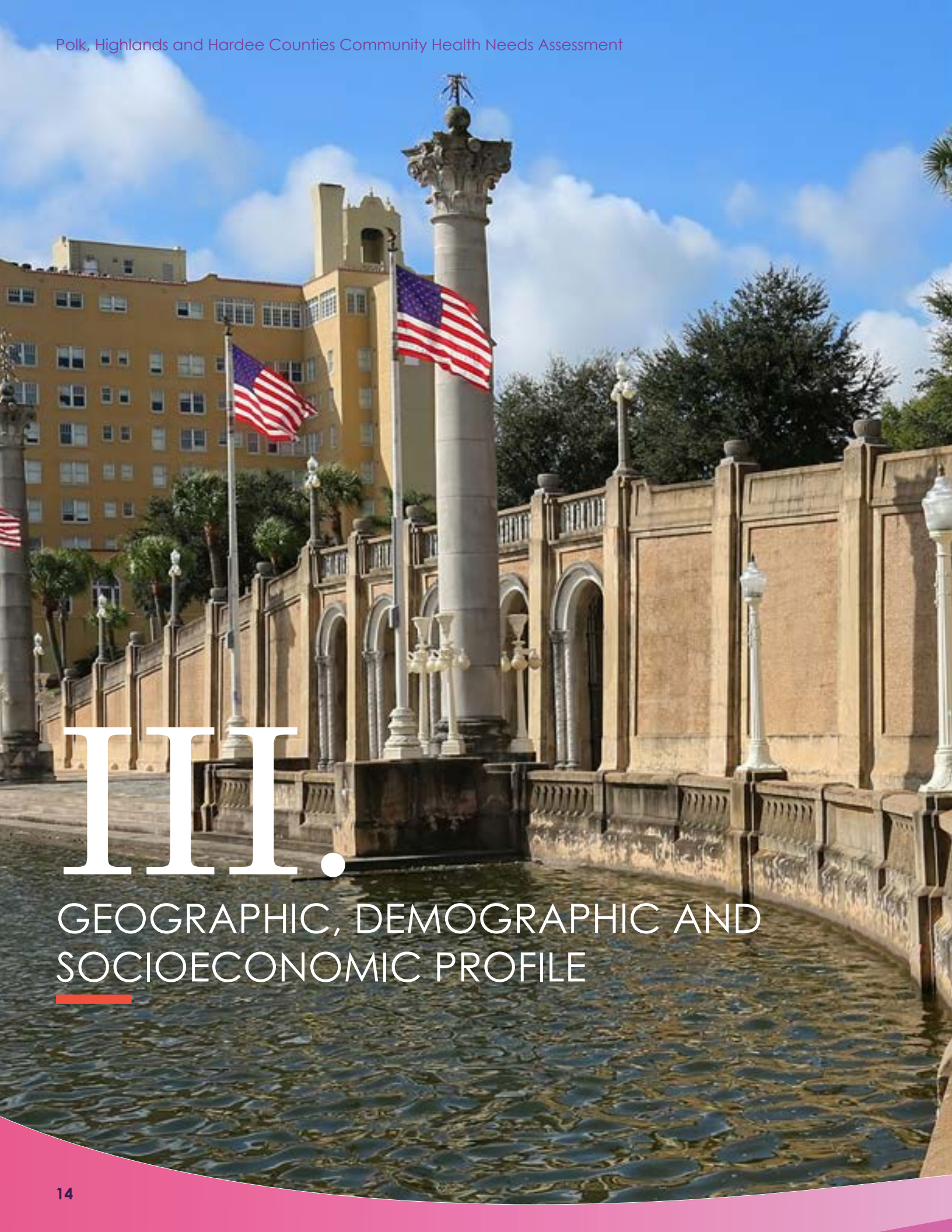
*“to support identification of community strengths and assets”*

Qualitative information was gathered through 18 Key Informant (KI) Questionnaires. A copy of the KI Questionnaire can be found in

Appendix 1. Information gathered from KIs provided qualitative information to support identification of community strengths and assets and top issues and barriers for residents of Polk, Highlands and Hardee counties facing chronic, advanced or terminal illness. Community stakeholders who participated as KIs included representatives

from the Florida Department of Health, local government, veteran services, senior citizen services, academia and other

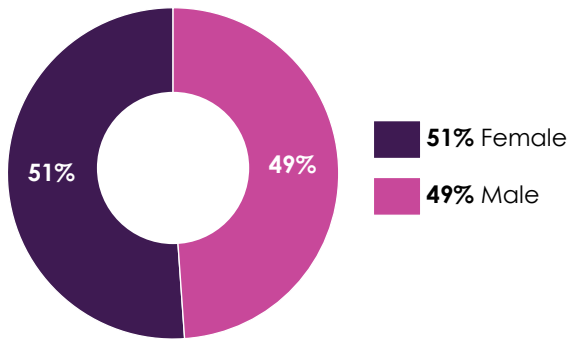
community organizations and members. KI responses were explored by assigning codes (themes) to identify commonalities and differences. Thematic analysis utilized a primarily deductive coding process, while also looking for themes arising from the responses. Please see Appendix 2 for the results of thematic analysis.



# III.

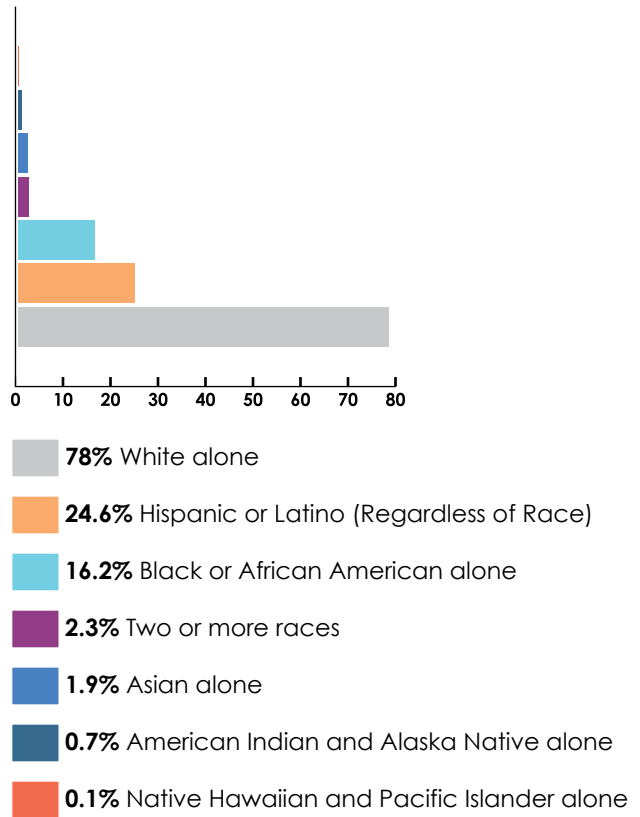
## GEOGRAPHIC, DEMOGRAPHIC AND SOCIOECONOMIC PROFILE

### Gender Demographics Polk County



Source: U.S. Census Bureau, QuickFacts: Polk County (accessed 9/15/21)

### Race Demographics Polk County



Source: U.S. Census Bureau, QuickFacts: Polk County (accessed 9/15/21)

## Polk County

Polk County covers 1,797 square miles of land in central Florida and hosts a population of 724,777 individuals (235,283 households).<sup>1</sup> The population of Polk County has grown by 20% since 2010,<sup>2</sup> and the Lakeland-Winter Haven metropolitan area is among the fastest growing in the U.S.<sup>3</sup> Bartow is the county seat and Lakeland is the largest city.

Polk County is designated as a Health Professional Shortage Area for primary care, dental care and mental health care for the low income population, and 17% of the

county population under the age of 65 lacks health insurance coverage.<sup>4</sup> The county has a higher percentage of individuals with public insurance coverage (e.g., Medicare/Medicaid) than the state as a whole.<sup>5</sup> According to the Polk County Community Health Assessment, seniors in Polk County are more likely than seniors statewide to not have been able to see a doctor due to cost.<sup>6</sup>

The median age in Polk County (40 years) is younger than the statewide median age of 42, and 20% of the population is aged 65 years or

older.<sup>7</sup> The population of adults over the age of 65 in Polk County is expected to grow over the next 20 years alongside the increasing elderly population in the U.S. as a whole.<sup>8</sup> Eighteen percent of the county population aged 5 and over speaks Spanish at home, and 35.8% of this population reports speaking English “less than very well.”<sup>9</sup> Veterans make up 9.1% of the population of Polk County (91.6% male and 8.4% female), compared to 8.2% of the population of Florida.<sup>10</sup>

Economic constraints impact an individual's ability to access factors that are critical to health, such as housing, nutrition, insurance and education, among others. It also directly impacts access to medical care and treatment. The median household income in Polk County is \$50,584, lower than the median income of Florida (\$55,660).<sup>11</sup> Median income differs significantly across racial demographic groups: \$63,674 for Asian households, \$52,709 for White households, \$38,295 for Black households, and \$45,703 for Hispanic households.<sup>12</sup> Fourteen percent of the population of Polk County lives below the federal poverty level. This is higher than the statewide figure of 12.7%.<sup>13</sup> Nearly 10% of the senior population aged 65 or older in Polk County is below the poverty level. Poverty rates differ by demographic group: 12.4% of the White population is below the poverty level, 19.7% of the Black population, 9.3% of the Asian population and 19.2% of the Hispanic population.<sup>14</sup>

The federal poverty level may underestimate real poverty because it is determined based on the cost of food and does not reflect how household expenses have evolved since the 1960s. The United Way studies what it calls the ALICE population: Asset Limited, Income Constrained, Employed. These are households that earn more than the federal poverty level, but less than the “ALICE threshold,” which is a measure of the basic cost of living by county that includes housing, childcare, food, transportation, technology, healthcare and taxes. In 2018, 37% of Polk County households were above the federal poverty level but below the ALICE threshold.<sup>15</sup> Combined with the percentage of the population below the poverty level, this indicates that approximately half of the population of Polk County is struggling to make ends meet. Healthcare costs are a factor in households falling below the ALICE threshold.

Housing is a social determinant of health. Unstable housing can make it much more difficult for people with chronic and advanced illnesses to access care and manage treatment regimens. Unsuitable, ill-equipped or poor-quality housing can also make it difficult for people with serious illnesses to live healthily and independently. The U.S. Department of Housing and Urban Development (HUD) defines households that pay more than 30% of their income for housing as “cost burdened.” By this





measure, in Polk County, an estimated 50.3% of renter households and 29.8% of owner-occupied households with a mortgage are cost burdened. Approximately 31.1% of households in Polk County are renters and the median rent is \$978.<sup>16</sup> The proportion of income spent on housing impacts both housing stability and the ability of households to afford healthcare and other health-related needs, such as food and transportation.

Transportation is a social determinant of health that impacts an individual's ability to access healthcare services and practice healthy behaviors. In Polk County, only 0.5% of the population uses public transportation to get to work. The vast majority (84.3%) drives alone. Only 2.2% of households have no vehicle available.<sup>17</sup>

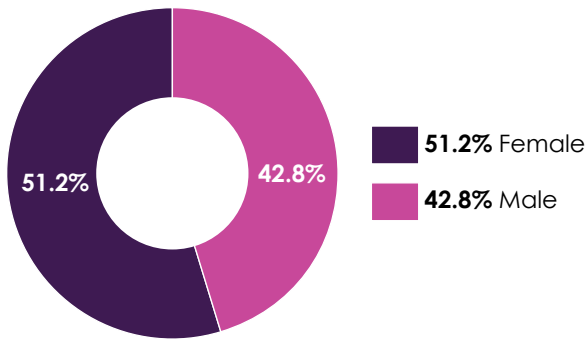
Internet access is becoming increasingly important to healthcare access. People without adequate internet access or skills increasingly face a “digital divide” and are at risk of being left behind. In Polk County, 88% of households have a computing device and 70.2% have a broadband internet subscription.<sup>18</sup> However, 29.4% of households have no internet subscription. The digital divide is more pronounced as household income decreases. In Polk County, 50.4% of households with income of less than \$20,000 do not have an internet subscription, 30.3% of households with income between \$20,000 and \$75,000 are without an internet subscription, and only 16.6% of households with income of \$75,000 or more have no internet subscription.<sup>19</sup>



INTERNET ACCESS	HARDEE COUNTY		HIGHLANDS COUNTY		POLK COUNTY	
	Number of Households	Percent of Households	Number of Households	Percent of Households	Number of Households	Percent of Households
<b>Total Households</b>	7,863		41,740		235,283	
<b>DEVICE ACCESS</b>						
<b>Has a Computing Device</b>	<b>5,711</b>	<b>72.6%</b>	<b>34,642</b>	<b>83.0%</b>	<b>206,962</b>	<b>88.0%</b>
Only has desktop or laptop	695	8.8%	4,715	11.3%	22,368	9.5%
Only has smartphone	816	10.4%	3,292	7.9%	19,456	8.3%
Only has tablet	45	0.6%	601	1.4%	2,371	1.0%
<b>No Computer</b>	<b>2,152</b>	<b>27.4%</b>	<b>7,098</b>	<b>17.0%</b>	<b>28,321</b>	<b>12.0%</b>
<b>INTERNET SUBSCRIPTIONS</b>						
<b>Has Internet Subscription</b>	<b>4,803</b>	<b>61.1%</b>	<b>31,425</b>	<b>75.3%</b>	<b>166,127</b>	<b>70.6%</b>
<b>Dial-up subscription only</b>	125	1.6%	433	1.0%	1,039	0.4%
<b>Broadband of any type</b>	4,678	59.5%	30,992	74.3%	165,088	70.2%
Cellular data plan only	998	12.7%	4,705	11.3%	21,318	9.1%
Satellite internet service	631	8.0%	3,582	8.6%	10,872	4.6%
<b>No Internet Subscription</b>	<b>3,060</b>	<b>38.9%</b>	<b>10,315</b>	<b>24.7%</b>	<b>69,156</b>	<b>29.4%</b>

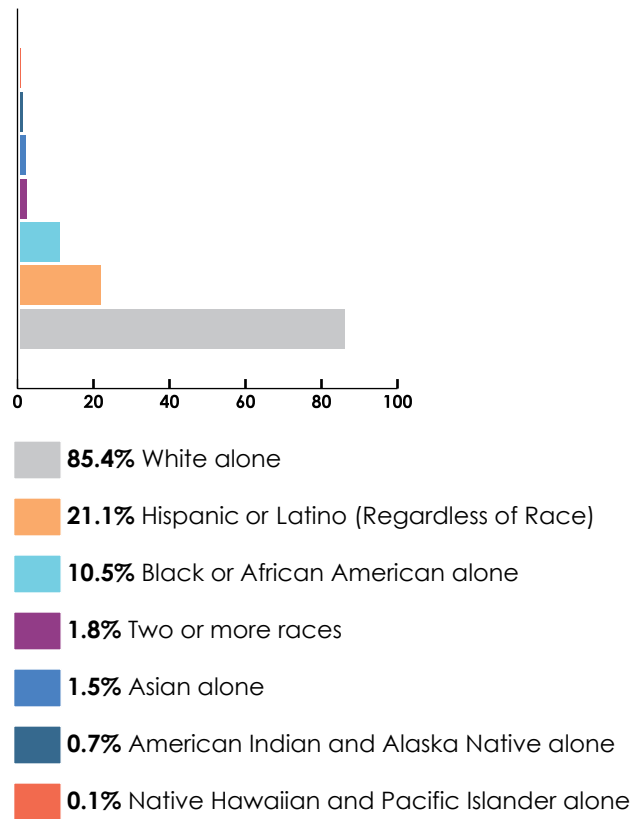
Source: U.S. Census Bureau, 2019 ACS 5-Year Estimates Subject Tables, Types Of Computers And Internet Subscriptions

### Gender Demographics Highlands County



Source: U.S. Census Bureau, QuickFacts: Highlands County (accessed 9/15/21)

### Race Demographics Highlands County



Source: U.S. Census Bureau, QuickFacts: Highlands County (accessed 9/15/21)

### Highlands County

Highlands County covers 1,016 square miles of land and hosts a population of 106,221 individuals (41,740 households). The population of Highlands County has grown by 7.5% since 2010.<sup>20</sup> The county seat is Sebring and the largest towns are Sebring, Avon Park and Lake Placid. Twenty-one percent of the Highlands County population is considered rural.<sup>21</sup> Highlands County is designated as a Health Professional Shortage Area for mental healthcare. For low income and migrant populations, Highlands County is designated as a Medically Underserved

Area and a Health Professional Shortage Area for primary care and dental care.<sup>22</sup> Over 20% of the county population under the age of 65 lacks health insurance coverage.<sup>23</sup>

The median age in Highlands County is 54 years and 35% of the population is aged 65 years of older.<sup>24</sup> Over 16 percent of the population speaks Spanish at home, and 37.6% of this population speaks English “less than very well.”<sup>25</sup> Veterans make up 10.8% of the population (93.9% male and 6.1% female).<sup>26</sup>



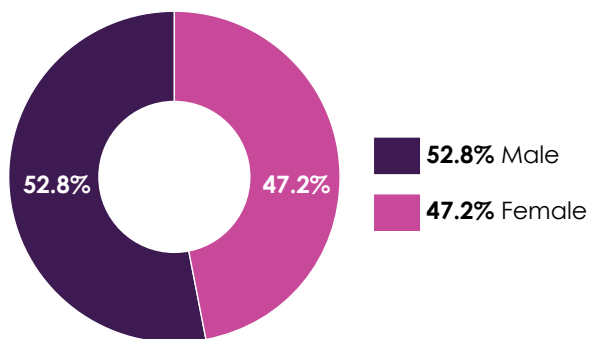
The median household income is \$40,942, almost \$15,000 lower than the median income of Florida (\$55,660).<sup>27</sup> Median income differs significantly across demographic groups: \$51,574 for Asian households, \$43,264 for White households, \$31,584 for Hispanic households and \$25,851 for Black households.<sup>28</sup> In Highlands County 15.8% of the population lives below the poverty level, which is higher than the 12.7% statewide figure.<sup>29</sup> Nearly 9% of the senior population aged 65 or older in Highlands County is below the poverty level. Poverty rates differ by demographic group: 13.3% of the White population is below the poverty level, 15.3% of the Black population and 29.8% of the Hispanic population.<sup>30</sup> In 2018, 42% of Highlands County households were above the federal poverty level but below the ALICE threshold.<sup>31</sup> An estimated 53.2% of renter households and 29.3% of owner-occupied households that have a mortgage

in Highlands County are cost burdened.<sup>32</sup> Nearly 25% of households in Highlands County are renters and the median rent is \$816.<sup>33</sup>

In Highlands County, only 1.1% of the population use public transportation to get to work. The vast majority (79.3%) drives alone, and only 2.1% have no vehicle available.<sup>34</sup> With respect to internet access, 83% of households have a computing device and 74.3% have a broadband internet subscription.<sup>35</sup> In 24.7% of households there is no internet subscription. The income-based digital divide is also present in Highlands County: 42.7% of households with income of less than \$20,000 have no internet subscription, 23.7% of households with income between \$20,000 and \$75,000 are without an internet subscription, and only 9.4% of households with income of \$75,000 or more have no internet subscription.<sup>36</sup>

### Gender Demographics

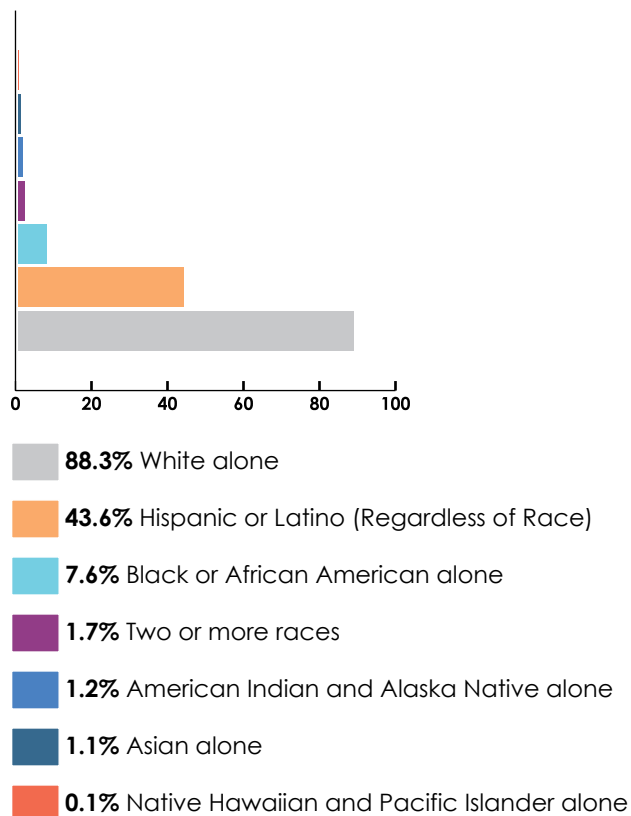
Hardee County



Source: U.S. Census Bureau, QuickFacts: Hardee County (accessed 9/15/21)

### Race Demographics

Hardee County



Source: U.S. Census Bureau, QuickFacts: Hardee County (accessed 9/15/21)

## Hardee County

Hardee County covers 637 square miles of land and hosts a population of 26,937 individuals (7,863 households). The population of Hardee County has decreased by 2.9% since 2010.<sup>37</sup> Hardee County is designated as rural by the Federal Office of Rural Health Policy and 47.8% of the county population is considered rural.<sup>38</sup> The county seat is Wauchula and the other main city is Bowling Green.

Hardee County is designated as a Medically Underserved Area, a high needs Health Professional Shortage Area for primary care and mental health care, and a Health Professional Shortage Area for dental care for low income and migrant worker populations.<sup>39</sup> Nearly 20% of the county population under the age of 65 lacks health insurance coverage.<sup>40</sup> The 2019 Community Health Assessment conducted by the Florida



Department of Health in Hardee County noted that Hispanics in Hardee County were less likely to have health insurance than non-Hispanics. The assessment also highlighted that “30% of respondents to the Hardee County Community Health Survey ranked access to specialty care as poor.”<sup>41</sup>

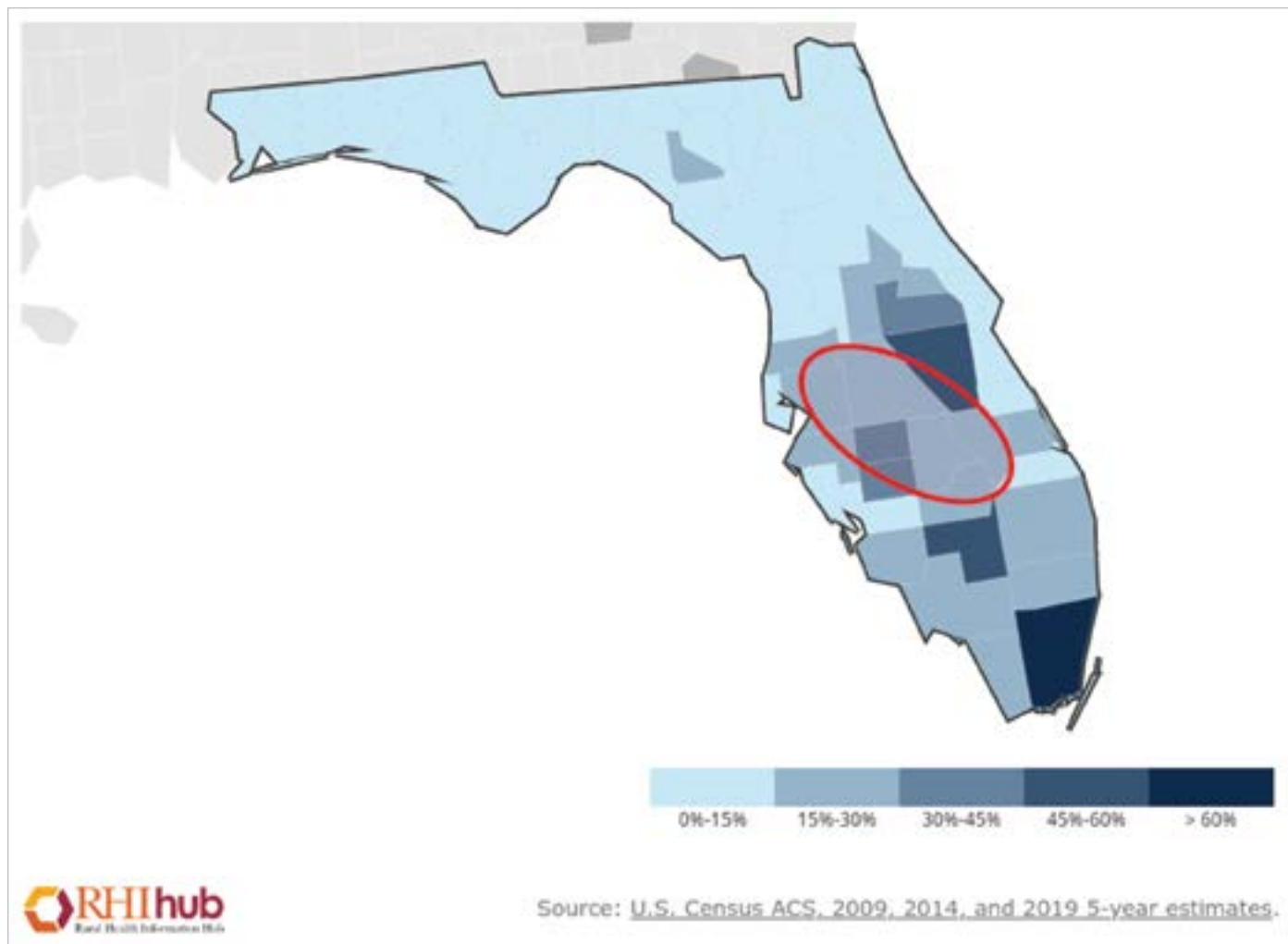
The median age in Hardee County is 35 years, which is notably younger than the statewide median age of 42.<sup>42</sup> Only 17.4% of the population is aged 65 years of older.<sup>43</sup> Thirty-five percent of the county population speaks Spanish at home, and 42.5% of this population speaks English “less than very well.”<sup>44</sup> Veterans make up 6% of the county population (95.1% male and 4.9% female).<sup>45</sup>

The median household income in Hardee County is \$38,682, more than \$15,000 less than the median household income of Florida (\$55,660).<sup>46</sup> Median income differs across demographic groups: \$38,835 for White households, \$25,805 for Black households and \$33,096 for Hispanic households.<sup>47</sup> The poverty rate in Hardee County is 22.1%, which is notably higher than the statewide figure of 12.7%.<sup>48</sup> More

than 14% of the senior population aged 65 or older lives in poverty. Poverty also differs significantly across racial demographic groups: 21.9% for Whites, 38.4% for Blacks and 31.6% for Hispanics.<sup>49</sup> In 2018, 42% of Hardee County households were above the federal poverty level but below the ALICE threshold.<sup>50</sup>

An estimated 46% of renter households and 17.5% of owner-occupied households with a mortgage in Hardee County are cost burdened. Approximately 35% of households in Hardee County are renters and the median rent is \$740.<sup>51</sup> According to HUD’s 2020 Annual Homeless Assessment Report to Congress, the Hendry, Hardee, and Highlands area ranked first nationwide for rural areas with the highest percentages of unsheltered homeless individuals, counting 260 unsheltered individuals. These counties also ranked in the top five for rural areas with the highest percentages of people experiencing family homelessness.<sup>52</sup> People experiencing homelessness face higher rates of chronic illness and greater challenges accessing factors essential to health, such as adequate nutrition.

### Hispanic Population in Florida



Red circle indicates the three-county area covered by this assessment.

In Hardee County, only 2.8% of the population uses public transportation to get to work. The vast majority (82.3%) drive alone and only 1.9% have no vehicle available.<sup>53</sup>

With respect to internet access, 72.6% of households have a computing device and only 59.5% have a broadband internet subscription (compared to 83% state-wide).<sup>54</sup> 12.7% of households only have a cellular

data plan and 38.9% of households have no internet subscription. The income-based digital divide is even more pronounced in Hardee County, where 61.6% of households with income of less than \$20,000 have no internet subscription, 38.8% of households with income between \$20,000 and \$75,000 are without an internet subscription and 12% of households with income of \$75,000 or more have no internet subscription.<sup>55</sup>



# IV.

## CHRONIC, ADVANCED AND TERMINAL ILLNESS

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*“Leading causes of death, disability and high healthcare costs”*

The National Center for Chronic Disease Prevention and Health Promotion defines **chronic diseases**

as “conditions that last 1 year or more and require ongoing medical attention or limit activities of daily living or both.”<sup>56</sup> This may include conditions such as heart disease, cancer, diabetes, stroke and Chronic Obstructive Pulmonary Disease (COPD), among others. Chronic diseases are among the leading causes of death, disability and high healthcare costs in the United States. The Coalition to Transform Advanced Care (CTAC) defines **advanced illnesses** as those which “occur when one or more chronic

conditions progress to the point where general health and functioning declines and response to treatment is

reduced.”<sup>57</sup> This is a process that continues to the end of life. Healthcare providers who focus on chronic and advanced illness may also refer to “serious illness.” A serious illness may be considered “a health condition that carries a high risk of mortality and commonly affects a patient for several years.”<sup>58</sup> According to the Centers for Medicare and Medicaid Services, with respect to the federal hospice benefit, **terminal illness** is defined by “a medical prognosis of 6 months or less to live if the illness runs its normal course.”<sup>59</sup>

<b>LEADING CAUSES OF DEATH</b>		
<b>POLK COUNTY</b>	<b>DEATHS</b>	<b>PERCENT OF TOTAL DEATHS</b>
Heart Disease	1,623	21.99%
Cancer	1,454	19.7%
Stroke	594	8.05%
Chronic Lower Respiratory Disease	524	7.1%
Unintentional Injury	409	5.54%
Diabetes	239	3.24%
Alzheimer's Disease	147	1.99%
<b>HIGHLANDS COUNTY</b>	<b>DEATHS</b>	<b>PERCENT OF TOTAL DEATHS</b>
Heart Disease	354	21.24%
Cancer	343	20.58%
Chronic Lower Respiratory Disease	163	9.78%
Stroke	142	8.52%
Unintentional Injury	81	4.86%
Alzheimer's Disease	69	4.14%
Diabetes	45	2.7%
<b>HARDEE COUNTY</b>	<b>DEATHS</b>	<b>PERCENT OF TOTAL DEATHS</b>
Heart Disease	48	20%
Cancer	46	19.17%
Chronic Lower Respiratory Disease	25	10.42%
Unintentional Injury	22	9.17%
Stroke	19	7.92%
Diabetes	16	6.67%
Influenza and Pneumonia	6	2.5%

Source: FL Health Charts, Leading Causes of Death, 2019

## Leading Causes of Death

The top three leading causes of death in Polk, Highlands and Hardee counties are chronic diseases, with heart disease being the leading cause of death for men in all three counties and cancer being the leading cause of death for women.

In Polk County, the leading cause of death among Whites and Blacks is heart disease, and the leading cause of death among Hispanics is cancer.<sup>60</sup> According to data from FL Health CHARTS, the death rate from kidney disease is more than two times higher for Blacks compared to Whites.<sup>61</sup> According to the Florida Department of Health's 2020 Polk County Community Health Assessment, with respect to death rates, the Black population of Polk County is disproportionately affected by coronary heart disease, stroke, diabetes, breast cancer, colorectal cancer, prostate cancer and HIV. The Hispanic population is disproportionately affected by prostate cancer.<sup>62</sup> The death rate from coronary heart disease has been decreasing over time, for both Whites and Blacks,<sup>63</sup> and the death rates from diabetes and stroke have been increasing.<sup>64</sup> The death rate for lung cancer is higher for Whites than for Blacks or Hispanics, in Polk County and statewide.<sup>65</sup> While incidence of breast cancer is slightly higher among Whites than Blacks, the death rate from breast cancer is higher among Blacks.<sup>66</sup>

In Highlands County, the leading cause of death for Whites is heart disease and the leading cause of death for Blacks and Hispanics is cancer.<sup>67</sup> The FL Health CHARTS Health Equity Profile for Highlands County shows the death rate for diabetes is 3.6 times higher for Blacks than Whites in Highlands County, the death rate for prostate cancer is 2.5 times higher, for breast cancer 2.3 times higher, and for congestive heart failure 1.6 times higher. All of these are greater than statewide differences.<sup>68</sup>

In Hardee County, the leading cause of death for Whites is heart disease. For Blacks, the leading cause of death is equally split between heart disease and cancer, and for Hispanics the leading cause of death is cancer.<sup>69</sup> Blacks are more likely than Whites to have cancer diagnosed at an advanced stage. The death rate for prostate cancer is more than two times higher among Blacks than Whites, and the death rate for lung cancer is four times higher for Blacks, even though Whites are more likely to smoke. The death rate for diabetes is more than two times higher among Hispanics than non-Hispanics, and the death rate for chronic liver disease/cirrhosis is seven times higher among Hispanics, even though Hispanics are only slightly more likely to engage in heavy binge drinking.<sup>70</sup>

## Major Chronic Illnesses

CHRONIC ILLNESS	POLK COUNTY			FLORIDA		
	Adults who have ever been told they had it (2016)	Hospitalizations (per 100,000, 2019)	Deaths (age adjusted per 100,000, 2019)	Adults who have ever been told they had it (2016)	Hospitalizations (per 100,000, 2019)	Deaths (age adjusted per 100,000, 2019)
Diabetes	14.7%	3,363.7	24.9	11.8%	2,320.9	20.3
Chronic Lower Respiratory Disease		498.0	52.5		301.1	38.1
Stroke	5.8%	277.9	53.3	3.5%	233.3	40.7
Coronary Heart Disease	4.2%	371.1	96.6	4.7%	278.1	91.1
Heart Failure		1,603.9	18.4		1,240.1	12.6
	HIGHLANDS COUNTY			HARDEE COUNTY		
	Adults who have ever been told they had it (2016)	Hospitalizations (per 100,000, 2019)	Deaths (age adjusted per 100,000, 2019)	Adults who have ever been told they had it (2016)	Hospitalizations (per 100,000, 2019)	Deaths (age adjusted per 100,000, 2019)
Diabetes	15.3%	2,585.5	27.2	23.6%	3,545.3	42.5
Chronic Lower Respiratory Disease		345.2	66.5		294.0	50.7
Stroke	5.4%	235.9	46.4	6%	249.9	57.5
Coronary Heart Disease	10.2%	439.1	87.3	10.2%	421.4	82.6
Heart Failure		1,529.8	12.8		1,796.2	8.9

Source: FL Health Charts, County Chronic Disease Profile, 2019

Highlighting indicates least favorable quartile of Florida counties for indicator.

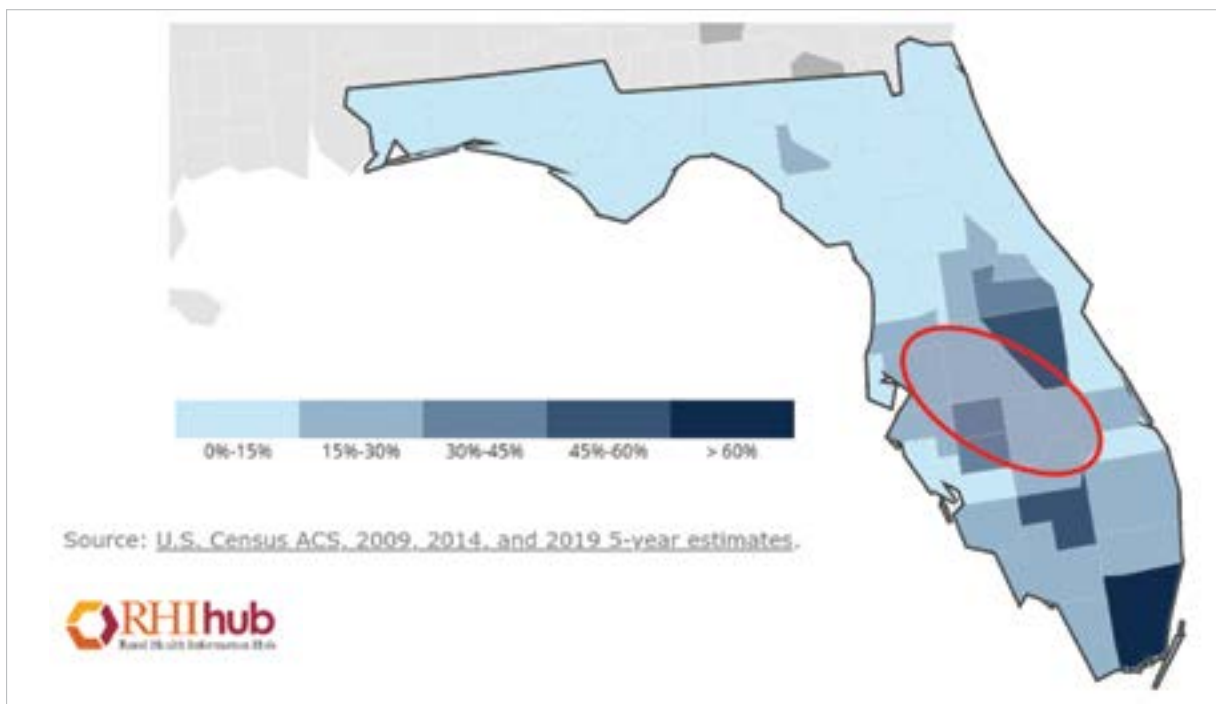
According to the 2020 Polk County Community Health Assessment, with respect to hospitalizations and/or emergency room visits, the Black population is disproportionately affected by coronary heart disease, congestive heart failure, stroke, diabetes and chronic lower respiratory disease (CLRD). The Hispanic population is disproportionately affected by diabetes.<sup>71</sup> Hospitalizations for diabetes have been increasing over time, for both

Whites and Blacks.<sup>72</sup> The rate of emergency room visits for Blacks for diabetes is more than double the rate for Whites,<sup>73</sup> indicating potential barriers for the Black population in accessing care and support for managing diabetes. The rate of emergency room visits for asthma is also more than double for Blacks as compared to Whites.<sup>74</sup> Hospitalizations for stroke have been decreasing over time, for both Whites and Blacks.<sup>75</sup>

There are notable disparities in Highlands County with respect to diabetes, congestive heart failure, and respiratory illnesses, with Blacks experiencing higher rates of emergency room visits and hospitalizations as compared to Whites. The rates for hospitalizations due to CLRD (including asthma), diabetes and congestive heart failures are, respectively, 1.5 times, 2.4 times and 2.1 times higher for Blacks. The rate of ER visits for diabetes is more than 3 times higher for Blacks.<sup>76</sup> According to the Department of Health in Highlands County, there is a notable income-related disparity with respect to cardiovascular disease. Highlands County residents with income less than \$50,000 are much more likely to have heart disease, a heart attack or a stroke compared to their counterparts statewide.<sup>77</sup>

In Hardee County, Blacks are slightly more likely than Whites to have been diagnosed with diabetes, but nearly two times as likely to have been hospitalized due to diabetes and more than two times more likely to have had a related emergency room visit. Hispanics are more than two times more likely than non-Hispanics to have had emergency room visits and hospitalizations for diabetes.<sup>78</sup> The Hardee County Community Health Assessment (CHA) notes that this “is a health disparity for Black and Hispanic Hardee County residents.” The CHA also notes that diabetes contributes to heart disease, stroke and kidney failure. Hospitalizations for diabetes have been increasing in Hardee County.<sup>79</sup> Blacks are over two times more likely

### Diagnosed Diabetes Prevalence in Florida



Red circle indicates the three-county area covered by this assessment.

## Cancer

CANCER	POLK COUNTY		FLORIDA	
	Incidence (New cases, age-adjusted per 100,000, 2018)	Deaths (Age adjusted per 100,000, 2019)	Incidence (New cases, age-adjusted per 100,000, 2018)	Deaths (Age adjusted per 100,000, 2019)
Breast	117.4	20.1	121.2	19.0
Prostate	95.3	16.6	89.6	17.0
Cervical	5.8	3.8	9.0	2.7
Colorectal	12.2	14.5	35.6	13.1
	HIGHLANDS COUNTY		HARDEE COUNTY	
	Incidence (New cases, age-adjusted per 100,000, 2018)	Deaths (Age adjusted per 100,000, 2019)	Incidence (New cases, age-adjusted per 100,000, 2018)	Deaths (Age adjusted per 100,000, 2019)
Breast	138.9	24.6	86.4	14.3
Prostate	69.2	11.4	75.2	25.2
Cervical	17.7	9.7	10.8	4.9
Colorectal	33.1	12.8	43.9	9.0

Source: FL Health Charts, County Chronic Disease Profile, 2019

**Highlighting** indicates least favorable quartile of Florida counties for this indicator.

than Whites to have been hospitalized for coronary heart disease, 1.8 times more likely to have been hospitalized for stroke and 1.5 times more likely to have been hospitalized for congestive heart failure. Hispanics are 1.8 times more likely than non-Hispanics to have been hospitalized for congestive heart failure.<sup>80</sup> According to the Hardee County CHA, the overall rates of angina, coronary disease, heart attack and stroke are all higher in Hardee County than statewide rates.<sup>81</sup>

In Polk County, the incidence rate for cervical cancer and prostate cancer were both higher among Blacks as compared to Whites.

The incidence rate for prostate cancer was also slightly higher for Hispanics as compared to non-Hispanics. As noted above, the incidence rate for breast cancer was slightly higher among Whites.<sup>82</sup>

The Florida Department of Health's Highlands County Community Health Assessment 2020-2025 notes that the prevalence of cancer in the county has decreased in recent years, but that there are still disparities in cancer prevalence based on "race, ethnicity, age and marital status."<sup>83</sup> The rate of prostate cancer for Blacks in Highlands County is 1.3 times that of Whites, and the rate for Hispanics is 1.5 that of non-Hispanics.<sup>84</sup>

The incidence rate for breast cancer among Black women in Hardee County was more than 10 times higher than the rate for White women. The incidence rate for colorectal cancer among Blacks was 1.5 times the rate for Whites.<sup>85</sup> The Department of Health's 2019 Hardee County Community Health Assessment notes that colorectal cancer rates in general are higher than state rates, and that fewer adults in Hardee County received screenings for colon cancer than state screening rates.<sup>86</sup>

### Alzheimer's Disease

Alzheimer's disease is a degenerative brain disease that begins with mild memory loss and progressively affects memory, thinking and behavior. It is the most common type of dementia and over time can seriously impact an individual's ability to carry out activities of daily living. It can result in very high care needs and costs. Women are more likely to suffer from Alzheimer's than men and Black and Hispanic individuals are more likely to suffer from Alzheimer's than White individuals. The true extent of people with Alzheimer's is unknown and probable rates are estimated based on the diagnosed rates within certain age groups. The percentage of Probable Alzheimer's Cases (65+) statewide was 12.7% in 2020. In Polk County the percentage was 12.2%, in Highlands County it was 14.2%, and in Hardee County it was 12.7%. Highlands and Hardee counties

are both in the least favorable quartile of Florida counties for this indicator. Across the U.S., death rates and costs of care due to Alzheimer's are increasing. The age-adjusted death rate in for Alzheimer's per 100,000 population in Florida in 2019 was 18.8. In Polk County the rate was 14.3, in Highlands County the rate was 21.7, and in Hardee County the rate was 9.1.<sup>87</sup>

### Risk Factors

Many chronic diseases are caused by four main risk behaviors: (1) tobacco use/secondhand smoke, (2) poor nutrition, (3) lack of physical activity and (4) alcohol consumption.<sup>88</sup> According to the Global Burden of Disease Project, the top 10 risk factors that most drive death and disability in Florida are: tobacco use, high body-mass index (an indicator of overweight or obese), high fasting plasma blood glucose (an indicator of diet and diabetes risk), high blood pressure, dietary risks (e.g., diets low in "good" elements such as fruits and vegetables and/or high in "bad" elements such as sodium and trans fat), drug use, alcohol use, high LDL ("bad" cholesterol), kidney dysfunction (a factor in cardiovascular diseases, and chronic kidney disease, among others), and occupational risks (e.g., occupational exposure to carcinogens and other health hazards).<sup>89</sup>

Diet and nutrition are important factors that can contribute to health or increase risk for chronic conditions such as heart disease, diabetes, hypertension, certain cancers, and other issues. Food insecurity refers to people who do not have “consistent access to enough food for an active, healthy life.” According to the Florida Department of Health, 13.7% of the Polk County population<sup>90</sup>, 15.6% of Highlands County<sup>91</sup>, and 15.2% of Hardee County<sup>92</sup> were food insecure in 2018, compared to 13% in Florida overall.<sup>93</sup>

According to the United Way’s 2020 ALICE report for Florida, food insecurity is increasing for both young and older adults. Seniors who are food insecure are more likely to have depression, asthma, heart attacks and congestive heart failure.<sup>94</sup> “Only 16.4% of Hardee County residents consume at least 5 servings of fruits and vegetables a day,” according to the 2019 Hardee County Community Health Assessment, and only 19.1% live within a half mile of a healthy food source.<sup>95</sup>

Obesity refers to a weight that is significantly higher than what is considered as healthy for a given height, defined for adults by a body-mass index (BMI) of 30.0 or higher.<sup>96</sup> Obesity increases risks for several different chronic diseases, such as diabetes and heart disease, while physical activity reduces risk of serious illnesses and can help manage

conditions and complications related to some chronic diseases. As of 2016, 38.8% of adults in Polk County were obese, placing the county in the least favorable quartile of Florida counties for this risk factor. In addition, 59.2% of adults were inactive or insufficiently active, and 32.5% were sedentary.<sup>97</sup> In Highlands County, 29.2% of adults were obese, 58.6% were inactive or insufficiently active, and 36.7% were sedentary.<sup>98</sup>

Hardee County is in the least favorable quartile of counties for all three of these indicators: 38.5% of adults are obese (compared to 27% statewide<sup>99</sup>), 66.1% of adults are inactive or insufficiently active (compared to 56.7% statewide<sup>100</sup>), and 44.6% of adults are sedentary<sup>101</sup> (compared to 26.5% statewide<sup>102</sup>). According to the 2019 Hardee County Community Health Assessment, when surveyed in 2017, “Hardee County residents ranked overweight and obesity as one of the greatest issues and being among the most urgent risks in Hardee.”<sup>103</sup>

Polk and Highlands counties have slightly higher rates of smoking than Florida as a whole. In Polk County, as per 2016 data, 16% of adults were current smokers.<sup>104</sup> Highlands County also had 16% of adults as current smokers and Hardee County had 13.2%.<sup>105</sup> The statewide rate was 14.8%.<sup>106</sup> In Polk County, as per 2016 data, 12.2% of adults engage in heavy or binge drinking.<sup>107</sup> In Highlands County it is 15.3% and in Hardee County it is 8%. The statewide rate is 18%.<sup>109</sup>





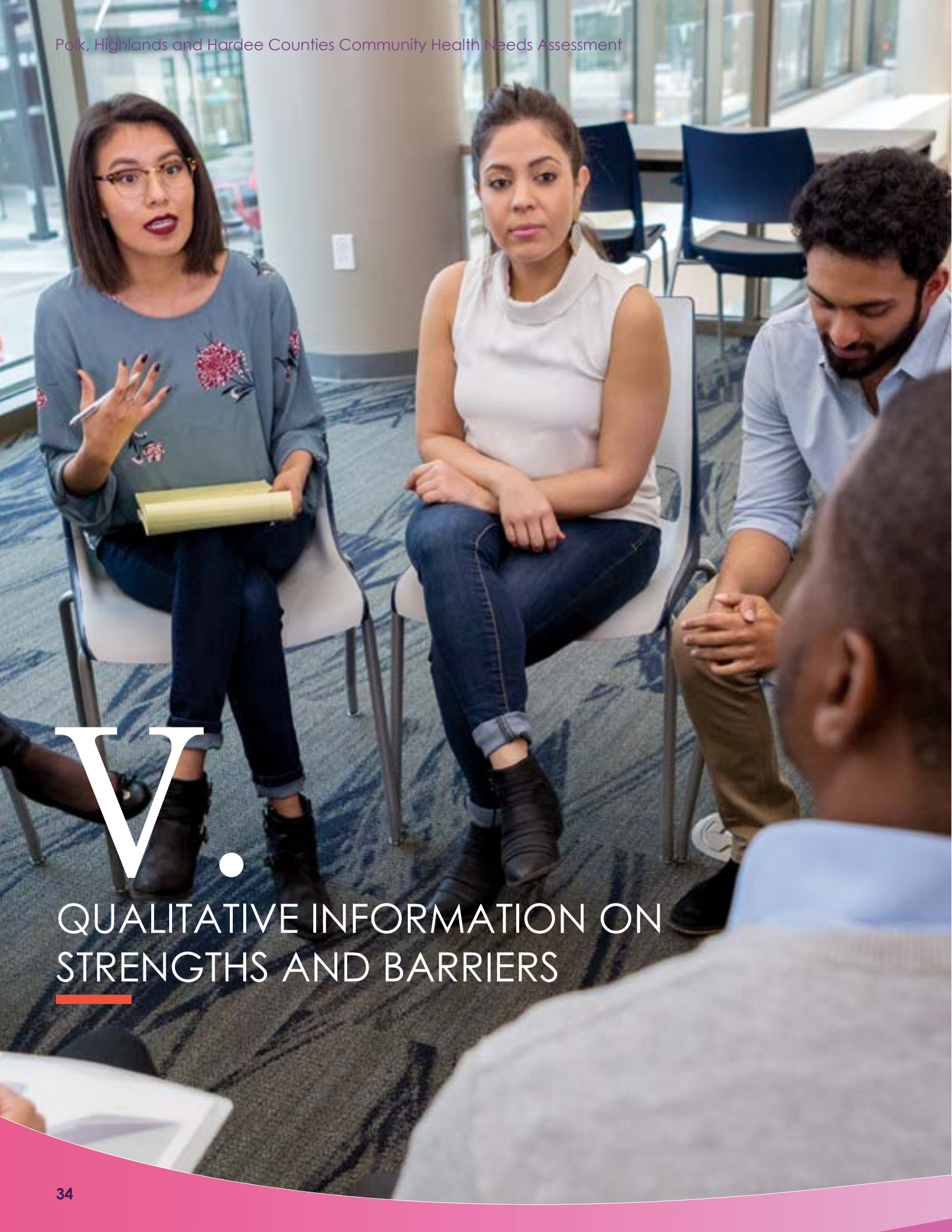
### People Living with Disabilities

FLORIDA	POLK	HIGHLANDS	HARDEE	
13.4%	14.8%	19.8%	11.4%	<b>Residents living with a disability</b>
	4.3%	6.8%	3.7%	Hearing difficulty
	3.4%	3.6%	2.3%	Vision difficulty
	5.8%	7.2%	5.9%	Cognitive difficulty
	8.8%	11.9%	7.1%	Ambulatory difficulty
	3.2%	3.8%	2.4%	Self-care difficulty
	7.3%	8.7%	6.3%	Independent living difficulty

Source: U.S. Census Bureau, 2019 American Community Survey

Having a disability does not mean an individual is unhealthy. However, people with disabilities may be at greater risk for some chronic health conditions and preventable

chronic diseases due to, e.g., lack of access to adequate health care, nutrition or physical activity; smoking; and broader social determinants that impact their overall health.<sup>110</sup>



# V.

## QUALITATIVE INFORMATION ON STRENGTHS AND BARRIERS

Key Informants (KIs) from Polk, Highlands and Hardee counties were asked about “the strengths and assets of the community that can help improve chronic, advanced and terminal illness” and separately asked to speak to “the 3 most pressing barriers to care facing those with chronic, advanced and terminal illness.” KIs were provided with a prompt to indicate if their experience and responses were relevant to Polk, Highlands or Hardee County (or to more than one county).



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*“strengths and assets of the community can help improve chronic, advanced and terminal illness”*

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## **A. Strengths and Assets**

The following two main themes around strengths and assets emerged from analysis of KI responses:

### **Healthcare/Social Services**

These responses differed across the three counties, but when speaking about strengths and assets, respondents generally highlighted the quality of services and good networking across organizations. With respect to Polk County, respondents noted the number of healthcare and other services available in the county, as well as the commitment of these service providers and their good collaboration. Responses related to this strength in Highlands County noted the quality of care and that access to care is growing, as well as good interagency coordination. While some respondents who were speaking about all three counties included Hardee County in their responses regarding healthcare and eldercare services as a general strength of the area, there were no specific responses about the strength of services in Hardee County.

*“The strength and assets in Polk County are the availability of the various number of clinics, hospitals and other medical facilities throughout the county.”*

– Polk County respondent

*“A strong network of eldercare resources and service providers that typically know one another; Well established healthcare systems; Several community-based organizations serve all three counties.”*

– Senior services organization respondent discussing all three counties

## **Community Support**

Community support was highlighted as a strength across all three counties, with smaller town sizes promoting relationships and trust among people and with the healthcare-related organizations working in the area. Respondents noted how individuals within the community support each other, volunteer and give donations. Some respondents also noted that community buy-in is key for new initiatives. Faith-based organizations were indicated as having potential to support health outreach to hard-to-reach populations, such as migrant workers.

*“The people are exceptionally caring. There is a very strong sense of community. There are numerous very generous donors and benefactors.”*

– Polk County respondent

*“Highlands County is a small county with strong agricultural foundation. There is a commitment from individuals to help one another. Many relationships are developed by word of mouth.”*

– Highlands County respondent



*“Hardee County’s strengths lie in its people. Hardee County residents are very resilient and once you are accepted by more than a handful in the community, you become a part of the community. This can help improve chronic, advanced, and terminal illnesses because the people of Hardee care about one another and when one experiences a program or service that allows them to better manage their chronic condition or deal with an advanced or terminal illness, they or their family will share this with others.”*

– Nonprofit respondent with experience in Hardee County



## B. Barriers and Gaps

The following main themes around barriers and gaps emerged from analysis of KI responses:

### Healthcare/Service Providers

As discussed above, respondents referenced existing healthcare providers and related services as a strength, but many also noted gaps, including: capacity and staffing issues, provider shortages, care provided in Spanish, staff (such as community health workers or similar) who can explain things to patients in language they understand, and medical providers who take the time to explain things to patients. Hardee County was specifically noted for service gaps. In Highlands County, gaps with respect to adult day care, overnight care and in-home respite care were mentioned. In Polk County, there is a greater availability of services than in the other two counties, but training and staffing issues were noted, as well as a need to increase providers generally to improve access.

*“In Highlands, there are pockets of care that are ever growing but seasonal. Hardee is the largest desert of services.”*

– Nonprofit respondent speaking to issues across all three counties



## Knowledge/Information

Lack of knowledge or information was highlighted as a barrier across all three counties. Lack of knowledge of what services are available to support patients and caregivers, lack of knowledge about when to engage with hospice care (or of the services hospice offers), and lack of community education around palliative care. One respondent noted a need for greater coordination and collaboration among providers on information provided to underserved areas and on advocacy initiatives. Respondents also noted the need for more online presence of healthcare and related service providers, and the lack of a “clearinghouse” database of all programs and services to make it easier for patients and caregivers to find what they need.

*“Knowledge of when to bring hospice into the home, many wait too long and only have the service for a short time. Caregivers believing that they have to do it alone because they promised their loved one they would not place them.”*

– Senior services respondent in Highlands County



## Additional Access Considerations

**Transportation:** Transportation is a barrier to care, notably with respect to getting to medical appointments and treatments and having access to facilities within a convenient driving distance. Respondents indicated that while Polk County has some public transportation that helps ease this barrier (although still not sufficient), public transportation in Highlands and Hardee counties is unavailable or extremely limited. The long distances that individuals need to drive in these two more rural, spread-out counties, means the cost of gas is also a factor in weighing access to care versus other needs such as getting to work or going to the grocery store.

*“Transportation is a huge barrier to any care in Highlands and Hardee counties because there is little to no public transportation. We have patients that have to continuously choose between having enough gas to go to work or to go to a doctor appointment.”*

– Nonprofit respondent

*“Barriers to healthcare in general in Polk County: Cost of medical care/being uninsured, lack of adequate transportation and provider shortages.”*

– Government respondent from Polk County

**Costs, Financial Issues and Insurance:** People with chronic, advanced and terminal illness face barriers with respect to the cost of healthcare services (or availability of affordable services), lack of financial resources in general (including to pay copays and deductibles), lack of insurance coverage, and lack of adequate insurance coverage that includes providers within their county or that has sufficient coverage for the needs of their condition.

*“Cost/Insurance is a barrier to a lot of people in these counties because a lot do not have regular health insurance, let alone insurance that will assist with advanced illness or terminal care, and/or people don’t understand what they do have and how it can help or cover the cost of certain things. Additionally, we hear of people having to go to another county because their insurance isn’t accepted in-county.”*

– Nonprofit respondent speaking about all three counties

**Care Navigation:** Individuals with chronic, advanced and terminal illness face a host of challenges navigating medical care, support services, insurance coverage, public assistance programs, and more, across multiple providers and segmented services. There is a lack of knowledge and understanding of what resources are available and how to access them, and – even if the knowledge is there – these processes can be complicated to navigate, even for professionals. Lack of support to navigate these processes is a barrier to patients accessing the care they need and the essential support services for which they are eligible.

*“Lack of insurance or affordable healthcare, lack of understanding and knowledge, lack of connectivity and ability to navigate and understand institutional red tape of organizations.”*

– Nonprofit respondent speaking about all three counties



**Diversity, Equity and Inclusion:** Respondents highlighted barriers related to a lack of understanding of the diversity of the area, a lack of medical professionals and other healthcare workers from minority communities or who are representative of the communities they serve, and the availability of Spanish-language care, as well as – in Highlands County – the challenge of having a notably large senior population.

*“I believe one of the major barriers is the lack of minority counselors, doctors and other medical professionals.”*

– Academic respondent from Polk County

**Internet/Technology:** Internet access is increasingly essential to accessing and navigating healthcare and other services. Respondents noted challenges with respect to broadband internet access, connectivity and technology serving as barriers to communication, information and virtual programming. It may also contribute to feelings of isolation and impact the ability of patients to be in touch with caregivers and family members who live farther away.

*“Many communities in Polk County lack adequate access to broadband/internet. Not all community members in Polk County can be reached virtually via the internet.”*

– Government respondent from Polk County



# VI.

## CONCLUSION/SUMMARY

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## *“Our Communities are Strong”*

Polk, Highlands and Hardee counties are all health professional shortage areas for primary care for the low-income population, and Hardee County is designated as a high-needs health

professional shortage area for primary care. Highlands and Hardee counties are also both designated as medically underserved areas, notably for low-income and migrant populations. Key informant (KI) responses also highlight service gaps, while noting good quality of services and collaboration among existing providers. Provider shortages may compound the transportation challenges that were also noted by KIs, making it even harder for patients to access care, in addition to the challenges that poor transportation in rural areas presents for other social determinants of health such as access to nutritious food.

As throughout the United States and Florida, poverty and income are major barriers to care, especially in the context of high healthcare costs and inadequate insurance coverage that many people with chronic, advanced and terminal illness face. These three counties face higher poverty rates than the state as a whole: 14% in Polk County, 15.8% in Highlands County, and 22.1% in Hardee County, compared to the statewide rate of 12.7%. In addition, when considering the broader asset/limited income-constrained population, over half of the population in these three counties is struggling to make ends meet. There are also notable racial and ethnic disparities with respect to poverty that mirror some racial and ethnic health disparities. In Polk County and Hardee County, Blacks and Hispanics

face notably higher poverty rates than Whites. In Highlands County, Hispanics face a notably higher poverty rate than Whites and Blacks.

Polk, Highlands and Hardee counties all have higher rates than the state of Florida overall with respect to hospitalizations for CLRD, stroke, coronary heart disease, heart failure and diabetes. All three counties have higher incidence and death rates for cervical cancer than the statewide rates. All three counties also have higher death rates than the state for CLRD, stroke and diabetes, and higher than state rates for adults who have ever been told they had diabetes. Polk County is in the lowest quartile of counties with respect to hospitalizations for diabetes, CLRD and coronary heart disease. Highlands County is in the lowest quartile for coronary heart disease, breast cancer, cervical cancer and probable Alzheimer's cases. Hardee County is in the lowest quartile with respect to diabetes, coronary heart disease and probable Alzheimer's cases, as well as with respect to the death rates for prostate cancer and cervical cancer.

Diabetes is a key chronic disease concern. In addition, all three counties have higher obesity rates than statewide, with Polk and Hardee counties both presenting in the least

favorable quartile of counties in the state for this key diabetes risk factor. Diabetes data also demonstrates health disparities related to race and ethnicity:

- In Polk County, Blacks and Hispanics are both disproportionately affected by diabetes. The rate of emergency room visits for Blacks for diabetes is more than double the rate for Whites, indicating potential barriers for the Black population in accessing care and support for managing diabetes.
- In Highlands County, the death rate and the rate of emergency room visits for diabetes are both more than 3 times higher for Blacks as compared to Whites.
- In Hardee County, the death, hospitalization and emergency room visit rates for diabetes are all more than two times higher among Hispanics than non-Hispanics. In addition, although Blacks in Hardee County are only slightly more likely than Whites to have been diagnosed with diabetes, they are more than two times more likely to have had an emergency room visit for diabetes.

Language can serve as a barrier to care: 18% of people in Polk County, 16% of Highlands County, and 35% of Hardee County speak Spanish at home, and over

a third of this group speak English “less than very well.” This may contribute to the knowledge/information gap that was highlighted by KIs across all three counties, especially when combined with the gap noted with respect to provision of care in Spanish and provisions of explanations/ support in language that patients understand.

Likely also contributing to the knowledge/ information gap noted by KIs is access to the internet. Some KIs highlighted broadband internet access and connectivity as barriers. A significant portion of households – 29.4% in Polk County, 24.7% in Highlands County, and 38.9% in Hardee County – do not have internet subscriptions. There is also a clear income-based divide with respect to internet access in all three counties, with households that have annual income less than \$75,000 being much less likely to have an internet subscription.

Closely linked to knowledge/information barriers is the complexity of navigating the healthcare system through medical care, support services, insurance coverage, public assistance programs and more. Navigation requires knowledge of what is available and understanding of how the systems work and how the different pieces fit together for a particular case. There is currently a lack

of support to navigate these processes. Given the noted diversity of Polk, Highlands and Hardee counties, and the importance of community buy-in highlighted by KIs, navigation needs, and solutions would likely need to be developed on a county basis and in close consultation and collaboration with a diversity of patients, caregivers, community groups, healthcare providers and service provider organizations.

*“I would just say that there is not enough integration in healthcare yet. I know we are being encouraged to go that direction, but I am not seeing it enough yet. So, I would say to make sure you are offering partnerships or internal ways of treating the whole person and building up their support system to make sure the individual and their support system are best equipped to face the chronic, advanced or terminal illness.”*

– Nonprofit respondent



# VII.

EMPATH HEALTH




Empath Health is a not-for-profit, integrated network of care that provides expert medical, counseling and support services for anyone living with a chronic, advanced or terminal illness, or who is grieving. Empath Health began its mission as the first and only hospice provider in Pinellas County in 1977 when a group of pioneering community volunteers carried out their dream of compassionate care for the dying and their families. Today, Empath Health cares for hospice, home health, palliative care, private duty, veteran and pediatric patients, aging seniors and people living with HIV (PLWH). We also offer caregiver and family support, health education, testing for HIV and sexually transmitted infections (STIs), and grief and crisis counseling. Our goal is to treat holistic pain and enhance overall care and well-being for those we serve, according to their beliefs and wishes. We help nurture emotional, spiritual and social well-being, coordinate resources, educate caregivers, guide in healthcare decision making and other support.



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*Here for the  
Full Life*

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Empath Health is a community-based organization committed to providing full life care that meets the needs of all in our community, regardless of age, gender, race, ethnicity, religion, sexual orientation, or ability to pay. In 2020, Empath Health touched the lives of more than 34,000 individuals through our fully-integrated network and provided \$4.3 million in uncompensated care to the community. Empath Health provides organizational leadership and administration, human resources, information technology, accounting and payroll services, patient/client records, community outreach and volunteer services and philanthropy support for an integrated network of healthcare organizations.

In 2020, the most common conditions and illnesses that Empath Health affiliates cared for were related to cancer (notably lung, breast, pancreatic, colon and prostate cancer), heart disease, Alzheimer's disease and other forms of dementia, stroke, Chronic Obstructive Pulmonary Disease and respiratory failure, kidney disease, and HIV. We also cared for many patients with COVID-19.

*Redefining  
Health Care as  
Full Life Care*





# VIII.

## APPENDICES

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## APPENDIX 1

### Key Informant Questionnaire



### Polk, Hardee and Highlands County Community Health Needs Assessment Key Informant Questionnaire

**Name:**

**Company/Organization:**

**Title:**

**County:**

1. What is your role and responsibilities within your organization?
2. What do you consider to be the strengths and assets of the Polk, Hardee or Highlands community that can help improve chronic, advanced and terminal illness?
3. What do you believe are the 3 most pressing barriers to care facing those with chronic, advanced and terminal illness in Polk, Hardee or Highlands counties?
4. What are the strategies that could be implemented to address these barriers?
5. Are there any additional issues that should be considered for assessing the needs of people facing chronic, advanced and terminal illness?
6. Would you be willing to write a letter of support for Empath Health's application to provide hospice services in Polk, Hardee and Highlands counties?

## APPENDIX 2

### Key Informant Questionnaire

POLK COUNTY (14 RESPONDENTS)		
	Values	Total
Strengths / Assets	Sum of Healthcare/Services	8
	Sum of Community Support	8
	Sum of Public Policy	1
Gaps / Barriers	Sum of Cost/Financial/Insurance	5
	Sum of Equity	4
	Sum of Access	3
	Sum of Care Navigation	4
	Sum of Knowledge / Information	8
	Sum of Transportation	8
	Sum of Housing	1
	Sum of Mental Well-being	2
	Sum of Healthcare Providers	8
	Sum of Fear/Stigma	1
	Sum of Internet/Technology	3
	Sum of Caregiver Support	1
	Sum of Rurality	2

HIGHLANDS COUNTY (8 RESPONDENTS)		
	Values	Total
Strengths / Assets	Sum of Healthcare/Services	5
	Sum of Community Support	4
	Sum of Public Policy	
Gaps / Barriers	Sum of Cost/Financial/Insurance	4
	Sum of Equity	3
	Sum of Access	2
	Sum of Care Navigation	4
	Sum of Knowledge / Information	6
	Sum of Transportation	1
	Sum of Housing	
	Sum of Mental Well-being	
	Sum of Healthcare Providers	6
	Sum of Fear/Stigma	1
	Sum of Internet/Technology	1
	Sum of Caregiver Support	2
	Sum of Rurality	3

#### Key

	#1 most frequent
	#2 most frequent

HARDEE COUNTY (5 RESPONDENTS)		
	Values	Total
Strengths / Assets	Sum of Healthcare/Services	2
	Sum of Community Support	3
	Sum of Public Policy	1
Gaps / Barriers	Sum of Cost/Financial/Insurance	3
	Sum of Equity	2
	Sum of Access	1
	Sum of Care Navigation	3
	Sum of Knowledge / Information	4
	Sum of Transportation	1
	Sum of Housing	
	Sum of Mental Well-being	
	Sum of Healthcare Providers	5
	Sum of Fear/Stigma	1
	Sum of Internet/Technology	1
	Sum of Caregiver Support	1
Sum of Rurality	2	

ALL THREE COUNTIES (18 RESPONDENTS)		
	Values	Total
Strengths / Assets	Sum of Healthcare/Services	11
	Sum of Community Support	10
	Sum of Public Policy	1
Gaps / Barriers	Sum of Cost/Financial/Insurance	7
	Sum of Equity	5
	Sum of Access	4
	Sum of Care Navigation	5
	Sum of Knowledge / Information	11
	Sum of Transportation	8
	Sum of Housing	1
	Sum of Mental Well-being	2
	Sum of Healthcare Providers	10
	Sum of Fear/Stigma	1
	Sum of Internet/Technology	3
	Sum of Caregiver Support	2
Sum of Rurality	3	

**Key**

	#1 most frequent
	#2 most frequent

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## Polk, Highlands and Hardee Counties Community Health Needs Assessment

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## About Suncoast Hospice Foundation

The Suncoast Hospice Foundation is a philanthropic, non-for-profit organization supporting the mission and vision of Empath Health and its members. A member of Empath Health, the Foundation's focus is to advance understanding, participation and support of the those served today and in the future.



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