



Community Health Needs  
*assessment*



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**Initial draft document prepared by One Voice for Volusia**

One Voice for Volusia and Halifax Health gratefully acknowledge and appreciate everyone who offered expertise throughout the planning process that led to the development of this Community Health Needs Assessment and Improvement Plan.

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1.

## Executive Summary

Halifax Health initiated this community health needs assessment project in October 2011 in partnership with an advisory committee of community leaders. The process, facilitated by One Voice for Volusia, intentionally made use of existing assessment data and information to build on the community's existing assets. As the advisory committee reviewed collected health and socioeconomic data and other qualitative assessment information, they narrowed their priorities to four focus areas:

1. Chronic Disease (specifically Asthma, Chronic Lower Respiratory Disease and Diabetes)
2. Promoting Health and Wellness
3. Health Access (to information, preventive care and screenings)
4. Infant and Maternal Health

After obtaining input from the community, a strategic plan was developed to address three of these four focus areas. The strategic plan was grounded in the philosophy that:

- Strategies implemented by a team of community organizations would be more successful and sustainable than strategies implemented by one organization alone
- A successful plan would include strategies that focus on primary, secondary and tertiary prevention
- Strategies should build on community assets, rather than focusing on gaps and weaknesses

### Strategic Goals and Strategies

**Goal A. Promote Wellbeing** by supporting an environment that encourages healthy living

- **Strategy A. 1.** Create an online resource to optimize access to and awareness of Volusia County's extensive health and wellness assets.
- **Strategy A. 2.** Create a population health and wellness program that includes personal health assessments, protected aggregate reports and evidence-based local provider solutions.

**Goal B. Reduce Risk** by improving access to economic, social and preventive health services

- **Strategy B. 1.** Improve access to health and social services by improving the county's current Information and Referral System--First Call for Help (2-1-1).
- **Strategy B.2.** Develop a pilot project to utilize collaboration and technology to reduce eligibility barriers and access barriers through multi-agency information sharing/reciprocity agreements.

**Goal C. Reclaim Health** through an innovative multi-system care model for individuals with chronic illness

- **Strategy C. 1.** Implement a pilot project utilizing a multi-agency collaborative care model to serve an identified target population disparately impacted by chronic disease, compounded by poverty

The Advisory Committee involved in the development of this health assessment and implementation plan have committed to an ongoing oversight role during plan implementation.

# Introduction

## Community Health Needs Assessment

A community health needs assessment is a systematic process involving the community, to identify and analyze community health needs and assets in order to prioritize these needs, and to plan and act upon collective priorities. Community health assessment is a continuous, interactive local process that regularly assesses the local health environment for changes in conditions and emerging health issues. Improving the health of a community is a shared responsibility, not only that of health care providers and public health officials, but also including a variety of organizations and individuals that contribute to the well-being of the residents. By providing the basis for discussion and action, Community Health Assessment is the foundation for improving and promoting the health of community members.

“Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity”

-Constitution of the World Health Organization, 1946

## Halifax Health

The mission of Halifax Health is to be the community healthcare leader through exceptional talent and superior patient centered service delivered in a financially sustainable manner. Halifax Health provides a continuum of healthcare services through a network of organizations including a tertiary hospital, a community hospital, psychiatric services, four cancer treatment centers, the area's largest hospice organization, and a preferred provider organization.

As the leading provider of healthcare in Volusia County for 83 years, assessing health needs and developing plans to benefit the community has been a fundamental step in achieving its mission. In 2012, Halifax Health expanded its process by conducting this community health needs assessment with key community leaders with the intent to adopt implementation strategies beyond its traditional reach.

## Methodology

The process utilized to conduct this Community Health Needs Assessment and Community Health Improvement Plan married several planning models including MAPP (Mobilizing for Action through Planning and Partnerships) and a model described in *Assessing & Addressing Community Health Needs* by the Catholic Health Association of the United States. This process intentionally made use of existing assessment data and information to build on the community's existing assets. Halifax Health contracted with One Voice for Volusia, a local non-profit organization with extensive experience in facilitating collaborative assessment and planning processes, to facilitate the effort. A diverse Community Advisory Committee guided the assessment and planning process and provided oversight and analysis of local health indicator data and input gathered from the community at large.

## **Community Advisory Committee**

Members of the Community Advisory Committee were recruited not only for the positions they hold in the community, but also for their proven ability to focus on systemic solutions to population-level health.

### *Members of the Community Advisory Committee:*

- Ray Salazar, President of the United Way of Volusia-Flagler Counties
- Tom Lindzon, CFO of Council on Aging of Volusia County
- Cheryl Selesky, Coordinator of Student Health Services at Volusia County Schools
- Dr. Bonnie Sorensen, Director of the Volusia County Health Department
- Teresa Rogers, CEO of Volusia/Flagler Family YMCA
- Reginald Williams, District Administrator of the Department of Children and Families
- Dona DeMarsh Butler, Director of Community Assistance at the County of Volusia
- Bob Williams, Director of Business Development at Halifax Health
- Bill Griffin, Director of System Research and Planning at Halifax Health

The Community Advisory committee met five times between December 2011 and June 2012 and members reviewed a significant amount of data and information between meetings. All decisions were made through consensus. The committee adopted a shared philosophy early in the process that guided their decision making throughout. One shared philosophy was a focus on health and wellness rather than a focus on illness. The committee also embraced a belief that effective health improvement strategies are collaborative and community-centered, not hospital-centered approaches.

## **Utilization of Existing Assessment Information**

The committee reviewed a large amount of data and information illustrating the health status of Volusia County as well as community input to develop their priorities and implementation strategies. Information reviewed included:

- Summary of Health Indicators (117 health indicators and 46 demographic indicators with quartile and disparity information)
- AHRQ Prevention Quality Indicators
- Health Issue Summaries (detailed information for 13 priorities health issues) See page 21
- Florida Department of Health Minority Profiles
- Local Public Health System Assessment (conducted by the Volusia County Health Department)
- Florida Department of Health State Health Status Report, 12-2-11 Draft
- Florida Department of Health Forces of Change Assessment

Detailed information regarding the above documents can be found in the Appendices, page 66.



## Community and Stakeholder Input

The preliminary priorities identified by the Advisory Committee at their meeting in January 2012 were presented to an existing multi-agency coalition called One Voice for Volusia.

Seventy-four community members participated in the meeting representing over 64 organizations including businesses, social service agencies, health organizations, governmental agencies, faith organizations, higher education and grassroots organizations. Those present were divided into three groups to participate in a facilitated group discussion to address three tasks:

1. Validation of the preliminary priorities identified by the Advisory Committee
2. Mapping existing efforts or initiatives aimed at the preliminary priorities
3. Identifying additional best practices or innovative ideas to address the preliminary priorities

One Voice for Volusia, established in 1998, is a coalition of over 135 organizations focused on strengthening the community's organized capacity to meet human needs.

The results of this facilitated input session were utilized by the Advisory Committee to further refine their priorities and develop their Community Health Improvement Plan. The community input summary can be found on page 90.

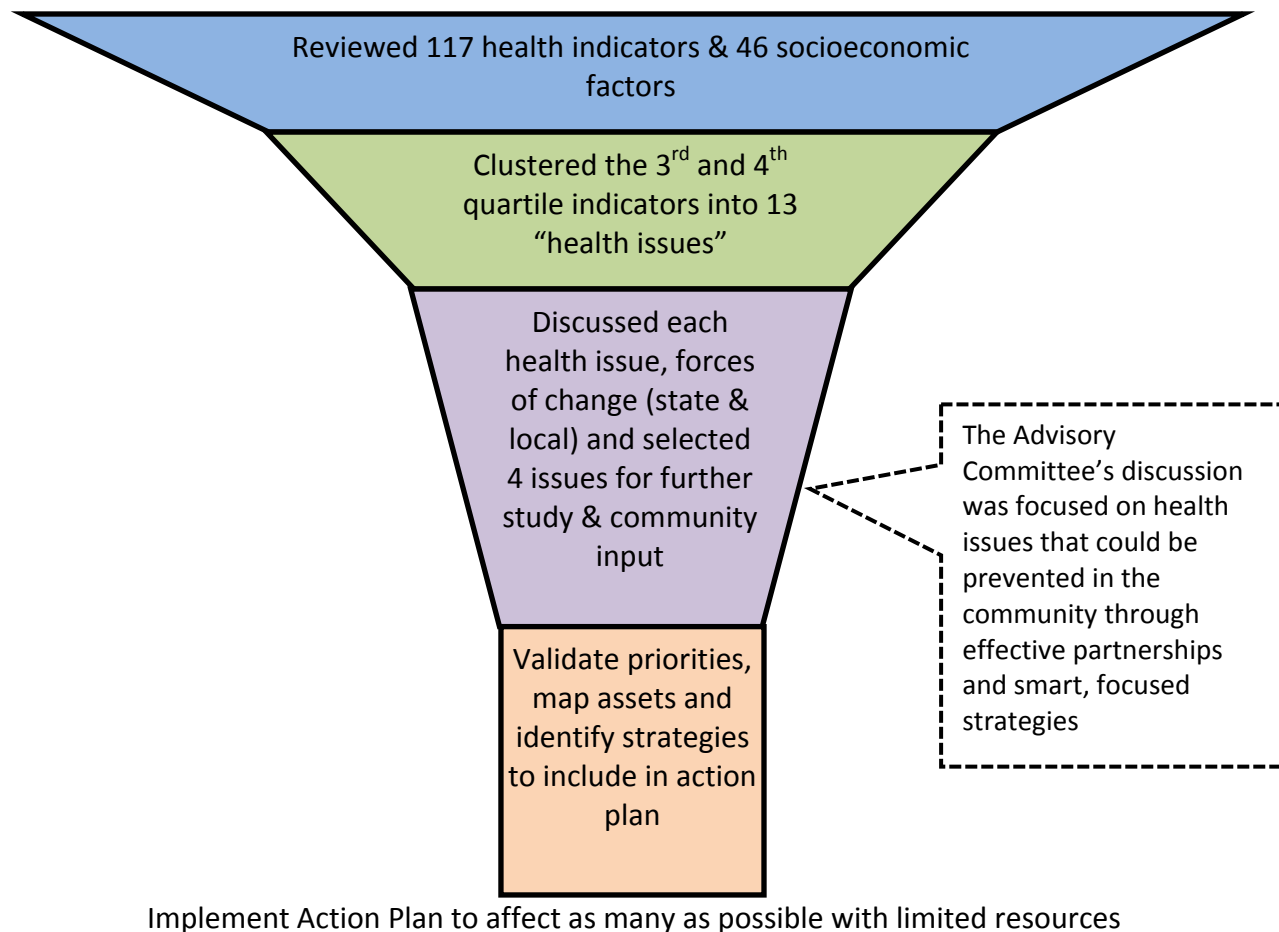
## Prioritization Process

The Advisory Committee reviewed a variety of data and information throughout their assessment work that enabled them to narrow their focus at each meeting to ultimately identify key priorities to be addressed in the Community Health Improvement Plan.

Step	Information Reviewed	Decisions Made
Step One	The Advisory Committee reviewed: <ul style="list-style-type: none"><li>• One-year data for 117 health indicators and 46 socio-economic indicators that included state quartile data and disparity information, <i>See Appendix A</i></li></ul>	The Advisory Committee decided to focus on the health indicators where Volusia County ranked in the third or fourth (worse) quartiles. These 41 indicators were "clustered" into 13 health issues.
Step Two	The Advisory Committee reviewed: <ul style="list-style-type: none"><li>• Detailed information for the identified 13 health issues</li><li>• AHRQ Prevention Quality Indicators, <i>See Appendix C</i></li><li>• Minority Health Profiles, <i>See Appendix D</i></li><li>• Local Public Health Assessment, <i>See Appendix F</i></li><li>• Florida Department of Health State Health Status Report, <i>See Appendix G</i></li><li>• Florida Department of Health Forces of Change Assessment, <i>See Appendix H</i></li></ul>	The Advisory Committee selected 4 health issues to focus on: <ol style="list-style-type: none"><li>1. Chronic Disease: Asthma, Chronic Lower Respiratory Disease and Diabetes (three health issues combined)</li><li>2. Promote Health and Wellness</li><li>3. Health Access (to information, preventive care and screenings)</li><li>4. Infant and Maternal Health</li></ol>

Step	Information Reviewed	Decisions Made
Step Three	<p>The Advisory Committee reviewed:</p> <ul style="list-style-type: none"> <li>A summary of the community input gathered at the One Voice for Volusia meeting in February 2012, <i>See Appendix E</i></li> </ul>	<p>The Advisory Committee narrowed their focus down to 3 health issues: Chronic Disease, Promote Health and Wellness and Health Access (eliminating Infant and Maternal Health due to the comprehensive service delivery plan currently in place and led by the Healthy Start Coalition of Flagler and Volusia Counties.)</p>

### Prioritization and Planning Model



## **Planning Process**

The planning process utilized by the Advisory Committee involved several stages which collectively resulted in the final Community Health Improvement plan being finalized at the June 2012 Advisory Committee meeting.

**Inventory and Assessment:** Utilizing the community input gathered at the One Voice for Volusia meeting, the committee developed initial proposed strategies to address the three identified health priorities. The committee also focused on the improvement or expansion of current health assets in the development of their plan and reviewed State and National Plans to align local strategies with state and national strategies. The Advisory Committee intentionally took special focus on the underlying factors that determine the health and/or condition of health of Volusia County residents.

**Continued Visioning:** The identification of health assets led way to brainstorming and a sub-committee of Advisory Committee members and additional community leaders was convened to develop the strategies to address health and wellness priority. Through Advisory Committee discussion, components of the plan were identified as key strategies and potential strategies for the plan were determined.

**Plan Preparation:** The compilation of existing strategic plans and the assessment through key informant interviews directed by the Advisory Committee led to an initial draft of the Community Health Improvement Plan. The following questions guided the draft:

- Does the plan include all information realistically needed to take action/implement?
- Does the plan adequately reflect the outcomes of inventory and assessment steps?
- Is the plan flexible enough to incorporate new strategies, if determined by need?

# Community Health Improvement Plan

**Goal A. Promote Wellbeing** by supporting an environment that encourages healthy living

## **Strategy**

Create a population health and wellness program that includes personal health assessments, protected aggregate reports and evidence-based local provider solutions.

## **Rationale**

Lead by Halifax Health, a program will be developed with the providers of Volusia Health Network and other local providers to offer to employers and other organizations in our community to help drive change that will improve wellness, help prevent chronic diseases and drive down health care costs.

## **Implementation Plan**

Halifax Health will develop a population health and wellness program branded Halifax Health Re-New You. The program will include a Health Risk Assessment and provide a mechanism to connect individuals with health solutions appropriate for their health status and health risks.

**Goal B. Reduce Risk** by improving access to economic, social and preventive health services

## **Strategy**

Improve access to health and social services by improving the county's current Information and Referral System--First Call for Help (2-1-1).

## **Rationale**

Individuals at risk for chronic diseases often have difficulty accessing assistance that might be able to prevent the onset of disease. This strategy seeks to increase the capacity of the existing First Call for Help (2-1-1) hotline/website to enable access to information for more individuals.

## **Implementation Plan**

The Volusia-Flagler United Way will provide leadership of this initiative. The 2-1-1 system will be evaluated for increasing capacity to include health and wellness information. Advanced technology for expanded web and mobile access will be considered.

**Goal C. Reclaim Health** through an innovative multi-system care model for individuals with chronic illness

**Strategy**

Implement a pilot project utilizing a multi-agency collaborative care model to serve an identified target population disparately impacted by chronic disease, compounded by poverty and other social determinants of health.

**Rationale**

A small number of individuals suffering from co-occurring chronic illnesses are consuming a disproportionate share of health and social service resources but not realizing gains in health or quality of life. This strategy aims to implement an innovative care model through partnerships with multiple organizations and systems to improve individuals' quality of life and reduce system costs.

**Implementation Plan**

Halifax Health will partner with Johns Hopkins University to develop a program to train volunteer "health advocates" to assist individuals with chronic disease. The implementation team will seek to acquire grant resources to assist with the pilot project development. The Halifax Health Center for Family and Sports Medicine will participate to identify the target population and recruit pilot program participants. Lessons learned from this pilot program will then be evaluated for expansion and/or replication across multiple agencies.

# Profile of Volusia County

Volusia County, Florida, is bordered on the west by the historic St. Johns River, and by the Atlantic Ocean to the east. Roughly the size of Rhode Island, Volusia County is about 50 miles northeast of Orlando, 60 miles north of the Kennedy Space Center, and 90 miles south of Jacksonville. In 2010, Volusia County's population decreased to 494,593. Slightly less than 19% of the population was under 18 years and almost 22% were 65 years and older.<sup>1</sup> Volusia County is geographically separated into east and west, and in some areas almost literally divided by wetlands. Volusia County has 16 cities--the city of Deltona, on the west, is the largest in population and Daytona Beach, on the east, ranks second.

The 2010 median household income was \$41,556.<sup>2</sup> The Florida Department of Economic Opportunity, Labor Market Data Center, reported that 226,670 of the 254,098 identified as in the labor force were employed in 2011 resulting in an annual unemployment rate of 10.8%.

The Volusia County population is 82.5% white, 10.2% black and 7% other races or multi-racial. 11.2% of the population is Hispanic.<sup>2</sup>

87.1% of the population has a high school education or higher and 20.9% have a bachelor degree or higher. In October, 2011, total public school enrollment (PreK-12) in Volusia County was almost unchanged at 61,524.<sup>3</sup>

10.3% of all Volusia Families are living below the poverty line. The figure jumps to 19.2% for families with children.<sup>2</sup>

## Top 5 Industries in Volusia County<sup>2</sup>

	Employees	Avg. Weekly Wage
Health Care & Social Assistance .....	26,819	\$831
Retail Trade .....	23,174	\$477
Accommodation & Food Services.....	18,012	\$315
Education Services.....	12,300	\$652
Admin., Support, Waste Mgmt.,.....	8,889	\$514
Remediation		

*Note: Construction moved out of the Top 5 in 2009*

## 2011 Top Volusia Employers<sup>4</sup>

Business/Organization	Total Employees	Type of Business
Volusia County Schools	8,211	Education
Florida Hospital-all divisions	4,248	Healthcare
Halifax Health	3,957	Healthcare
Volusia County Government	3,280	Government
Wal-Mart	3,160	Grocery/retail
Publix	2,486	Grocery
State of Florida	2,361	Government
Daytona State College	1,797	Education
U.S. Government	1,422	Government
Embry-Riddle Aeronautical Univ.	1,176	Education

Sources:

1 U.S. Census 2010

2 2010 American Community Survey

3 Florida Department of Education

4 Volusia County Division of Economic Development

<b>POPULATION 2010</b>					
<b>Volusia County Population</b>	<b>494,593</b>	<b>100%</b>			
Daytona Beach	61,005	12.3%	Oak Hill	1,792	0.4%
Daytona Beach Shores	4,247	0.9%	Orange City	10,599	2.1%
DeBary	19,320	3.9%	Ormond Beach	38,137	7.7%
DeLand	27,031	5.5%	Pierson	1,736	0.4%
Deltona	85,182	17.2%	Ponce Inlet	3,032	0.6%
Edgewater	20,750	4.2%	Port Orange	56,048	11.3%
Holly Hill	11,659	2.4%	South Daytona	12,252	2.5%
Lake Helen	2,624	0.5%	Unincorporated Volusia County*	116,398	23.6%
New Smyrna Beach	22,464	4.5%			
<b>Population by Age (% of Total Population)</b>	<b>Volusia</b>		<b>Florida</b>		
	<b>Number</b>	<b>Percent</b>	<b>Number</b>	<b>Percent</b>	
<b>Total Population</b>	<b>494,593</b>	<b>100%</b>	<b>18,801,310</b>	<b>100%</b>	
Under 18 years	93,273	18.9%	4,002,091	21.3%	
Under 5 years	24,235	4.9%	1,071,675	5.7%	
5 to 17 years <sup>1</sup>	68,626	13.9%	2,931,533	15.6%	
5-14 years <sup>1</sup>	51,369	10.4%	2,219,515	11.8%	
15-17 years <sup>1</sup>	17,257	3.5%	712,018	3.8%	
18-64	275,031	55.6%	11,539,617	61.4%	
18 to 19 years	13,901	2.8%	510,899	2.7%	
20 to 34 years	81,460	16.5%	3,518,303	18.7%	
35 to 49 years	93,019	18.8%	3,832,456	20.4%	
50 to 64 years	108,471	21.9%	3,677,959	19.6%	
65 +	104,289	21.1%	3,259,602	17.3%	
65 to 84 years <sup>1</sup>	90,389	18.3%	2,825,649	15.0%	
85 years and over <sup>1</sup>	14,207	2.9%	447,550	2.4%	

Sources: U.S. Census Bureau, 2010 Census unless otherwise noted

<sup>1</sup>2010 American Community Survey

\*Calculated by subtracting total of city populations from county population

Note: Percentages may not always add up to 100% due to rounding.

Note: Population age groups may not add up due to data from Census counts and Census estimates.

POPULATION 2010				
Population by Gender	Volusia		Florida	
	Number	Percent	Number	Percent
Male (% of Total Population)	241,715	48.9%	9,189,355	48.9%
0-17 (% of 0-17) <sup>1</sup>	47,952	51.6%	2,048,698	51.2%
18-64 (% of 18-64) <sup>1</sup>	147,353	49.6%	5,706,085	49.3%
65 + (% of 65+) <sup>1</sup>	46,673	44.6%	1,457,765	44.5%
Female (% of Total Population)	252,878	51.1%	9,611,955	51.1%
0-17 (% of 0-17) <sup>1</sup>	44,945	48.4%	1,950,821	48.8%
18-64 (% of 18-64) <sup>1</sup>	149,681	50.4%	5,864,523	50.7%
65 + (% of 65+) <sup>1</sup>	57,923	55.4%	1,815,434	55.5%
Population by Race (% of Total Population)	Volusia		Florida	
	Number	Percent	Number	Percent
White alone	408,256	82.5%	14,109,162	75.0%
Black or African-American alone	51,791	10.5%	2,999,862	16.0%
Asian alone	7,567	1.5%	454,821	2.4%
American Indian or Alaska Native alone	1,778	0.4%	71,458	0.4%
Native Hawaiian or other Pacific Islander alone	204	0.0%	12,286	0.1%
Some other race alone	14,487	2.9%	681,144	3.6%
Two or more races	10,510	2.1%	472,577	2.5%
Population by Ethnicity	Volusia		Florida	
	Number	Percent	Number	Percent
Hispanic or Latino	55,217	11.2%	4,223,806	22.5%
Households that speak Spanish and are linguistically isolated* <sup>1</sup>	2,468	1.3%	376,638	5.4%
Households that speak Indo-European languages and are linguistically isolated* <sup>1</sup>	832	0.4%	79,834	1.1%
Other Population Characteristics	Volusia		Florida	
	Number	Percent	Number	Percent
Women of child-bearing age, 15-50 (% of Total Pop) <sup>1</sup>	104,038	21.0%	4,418,652	23.4%
Total Births <sup>2</sup>	4,714		214,519	
Group Quarters Population (% of Total Pop)	12,849	2.6%	421,709	2.2%
Population of Veterans (% of 25+) <sup>1</sup>	54,872	16.5%	1,594,835	12.2%

Sources: U.S. Census, 2010 Census unless otherwise noted

<sup>1</sup>U.S. Census Bureau, 2010 American Community Survey

<sup>2</sup>Florida CHARTS

(Group Quarters include correctional facilities, medical facilities, college dormitories, and similar quarters)

Note: Percentages may not always add up to 100% due to rounding.



<b>PERSONS with DISABILITIES 2010 (Civilian, Non-institutionalized Population)</b>				
<b>Children &amp; Youth Under Age 18</b>	<b>Volusia</b>		<b>Florida</b>	
	<b>Number</b>	<b>Percent</b>	<b>Number</b>	<b>Percent</b>
Children Under 18 with a Disability (% of children under 18 years)	3,339	3.6%	153,785	3.9%
<b>Adults Age 18 - 64</b>	<b>Volusia</b>		<b>Florida</b>	
	<b>Number</b>	<b>Percent</b>	<b>Number</b>	<b>Percent</b>
Total Population, 18 to 64	294,623	100%	11,335,279	100%
Population 18 to 64 with Any Disability (% of ages 18-64)	34,601	11.7%	1,114,635	9.8%
with One Type of Disability (% of ages 18-64)	17,796	6.0%	597,066	5.3%
with Two or More Types of Disabilities (% of ages 18-64)	16,805	5.7%	517,569	4.6%
<b>Adults Age 65 + (% of ages 65 +)</b>	<b>Volusia</b>		<b>Florida</b>	
	<b>Number</b>	<b>Percent</b>	<b>Number</b>	<b>Percent</b>
With at Least One Type of Disability	16,245	15.9%	493,629	15.4%
With Two or More Disabilities	16,432	16.0%	602,541	18.8%
With No Disability	69,725	68.1%	2,112,385	65.8%
<b>Disability Characteristics* (% of ages 18 to 64)</b>	<b>Volusia</b>		<b>Florida</b>	
	<b>Number</b>	<b>Percent</b>	<b>Number</b>	<b>Percent</b>
Total Population, ages 18 to 64	294,623	100%	11,335,279	100%
with a hearing difficulty**	5,919	2.0%	200,686	1.8%
with a vision difficulty**	7,089	2.4%	178,043	1.6%
with a cognitive difficulty**	15,696	5.3%	468,771	4.1%
with an ambulatory difficulty**	16,788	5.7%	596,017	5.3%
with a self-care difficulty**	5,624	1.9%	206,664	1.8%
with an independent living difficulty**	11,924	4.0%	403,293	3.6%

Sources: U.S. Census, 2010 American Community Survey

\* There items have a large margin of error

\*\* These numbers may be duplicative.

Note: Percentages may not always add up to 100% due to rounding.

2010 Total Population –Volusia 494,593. Source: 2010 Census

<b>ELDERLY 2010</b>				
<b>Elderly Population – Age 60+</b>	<b>Volusia</b>		<b>Florida</b>	
	Number	Percent	Number	Percent
Total Population – All Ages	494,593	100%	18,801,310	100%
60+ Population (% of Total Population)	139,546	28.2%	4,394,852	23.4%
Percent Male (% of 60+)	63,317	45.4%	1,984,292	45.2%
Percent Female (% of 60+)	76,229	54.6%	2,410,558	54.8%
65 + Population (% of Total Population)	104,289	21.1%	3,259,602	17.3%
70 to 84 years Population (% of Total Population)	59,878	12.1%	1,866,244	9.9%
85 years and over Population (% of Total Population)	14,650	3.0%	434,125	2.3%
65+ Living Alone <sup>1</sup> (% of 65+ Population)	26,754	25.6%	807,111	24.7%
60+ Living with Their Grandchildren (under age 18) <sup>2</sup> (% of 60+ Population)	4,536	3.2%	192,628	4.4%
60+ Responsible for Their Grandchildren (under age 18) <sup>2</sup> (% of 60+ Population)	2,660	1.9%	62,722	1.4%
<b>Households with Cost Burden above 30% and Income Below 60% Area Median Income <sup>2</sup></b>	<b>Volusia</b>		<b>Florida</b>	
	Number	Percent	Number	Percent
Elder Households (age 65+) (% of All Households)	69,667	14.1%	2,095,442	16.5%
<b>Medicaid Eligibility<sup>2</sup> (with Medicare)</b>	<b>Volusia</b>		<b>Florida</b>	
	Number	Percent	Number	Percent
Dual Eligibilities – All Ages	16,223	100%	597,818	100%
Dual Eligibilities – 60+ (% of Dual Eligibilities – All Ages)	10,616	65.4%	425,968	71.3%

Sources: U.S. Census, 2010 Census unless otherwise noted

<sup>1</sup>2010 American Community Survey

<sup>2</sup>Florida Department of Elder Affairs 2011

Note: Percentages may not always add up to 100% due to rounding.

Total 2010 Population – Volusia 494,593. Source: 2010 Census

HOUSEHOLD CHARACTERISTICS 2010				
Household Characteristics (% of Total Households)	Volusia		Florida	
	Number	Percent	Number	Percent
Total Households (with or without children)	190,757	100%	7,035,068	100%
Family Households	120,242	63.0%	4,556,930	64.8%
Married Couples	93,829	49.2%	3,307,884	47.0%
Male Householder	7,381	3.9%	313,305	4.5%
Female Householder	19,032	10.0%	935,741	13.3%
Family Households with children	42,871	22.5%	2,008,549	28.6%
Married Couples	27,517	14.4%	1,238,181	17.6%
Male Householder	3,923	2.1%	167,145	2.4%
Female Householder	11,431	6.0%	603,223	8.6%
Households with one or more persons 65 years or older	69,749	36.6%	2,217,940	31.5%
Total Households with one or more persons with a disability	51,073	26.8%	1,754,140	24.9%
Community Nonfamily Characteristics (% of Total Households)	Volusia		Florida	
	Number	Percent	Number	Percent
Nonfamily households	70,515	37.0%	2,478,138	35.2%
Householder living alone	59,710	31.3%	2,013,028	28.6%
Community Economic Characteristics	Volusia		Florida	
	Number	Percent	Number	Percent
Number in Labor Force <sup>1</sup>	253,470	100%	9,224,000	100%
Number in Labor Force, Age 60+ (% of Labor Force)	29,154	11.5%	1,073,722	11.6%
Number employed <sup>1</sup> (% of Labor Force)	223,067	88.0%	8,159,000	88.5%
Number Employed, Age 60+ (% of 60+ Labor Force)	25,598	87.8%	954,025	88.9%
Children with all parents in the labor force	59,065	63.3%	2,713,383	67.8%
Average Hourly Wage (2 <sup>nd</sup> quarter 2011) <sup>1</sup>	\$16.40		\$20.05	
Median Household Income	\$41,556		\$44,409	
Median Earnings (wage or salary income)	\$25,304		\$26,045	
Male, full time, year-round	\$41,253		\$40,731	
Female, full time, year-round	\$32,035		\$32,762	

Source: U.S. Census, 2010 American Community Survey unless otherwise noted

<sup>1</sup>Florida Research and Economic Database  
Total 2010 Population–Volusia 494,593. Source: 2010 Census

<b>EDUCATION 2010</b>				
<b>Community Education Characteristics</b>	<b>Volusia</b>		<b>Florida</b>	
	<b>Number</b>	<b>Percent</b>	<b>Number</b>	<b>Percent</b>
School Enrollment – Public and Private PreK-graduate school (Population Age 3+)	112,653		4,614,324	
Total Nursery School, Preschool (Pop. Age 3+, % of Total Enrollment)	4,364	3.9%	288,411	6.3%
Public Nursery School, Preschool (Pop. Age 3+, % of Preschool Enrollment)	2,877	65.9%	155,399	53.9%
Private Nursery School, Preschool (Pop. Age 3+, % of Preschool Enrollment)	1,487	34.1%	133,012	46.1%
Total K-12 (Pop. Age 3+, % of Total Enrollment)	68,879	61.1%	2,964,990	64.3%
Public K-12 (Population Age 3+, % of K-12 Enrollment)	63,985	92.9%	2,630,582	88.7%
Private K-12 (Population Age 3+, % of K-12 Enrollment)	4,894	7.1%	334,408	11.3%
Total College, Graduate or Professional School (Pop. Age 3+, % of Total Enrollment)	39,410	35.0%	1,360,923	29.5%
Public College, Graduate or Professional School (Pop. Age 3+, % of College Enrollment)	22,753	57.7%	1,014,198	74.5%
Private College, Graduate or Professional School (Pop. Age 3+, % of College Enrollment)	16,657	42.3%	346,725	25.5%
Students with Exceptionalities Public School Enrollment PreK-12 <sup>1</sup> (Fall 2010)	12,573	19.8%	502,335	19.4%
High School Graduate or Higher (Population 25 years +)	87.1%		85.5%	
Bachelor's Degree or Higher	20.9%		25.8%	

Source: U.S. Census, 2010 American Community Survey unless otherwise noted

1. Florida Department of Education, Fall 2010

2. Early Learning Coalition of Flagler & Volusia

Note: Percentages may not always add up to 100% due to rounding.

Total 2010 Population –Volusia 494,593. Source: 2010 Census

<b>POVERTY 2010</b>				
<b>POVERTY BY AGE</b>	<b>Volusia</b>		<b>Florida</b>	
	Number	Percent	Number	Percent
Under 18 years (% of under 18)	24,326	26.7%	923,963	23.5%
18 to 64 years (% of 18 to 64)	46,943	16.4%	18048,758	16.0%
65+ years (% of 65+ years)	7,005	6.8%	318,622	9.9%
<b>POVERTY BY RACE</b> (% of same)	<b>Volusia</b>		<b>Florida</b>	
	Number	Percent	Number	Percent
White	51,125	13.1%	1,937,858	13.7%
Black or African American	18,483	37.7%	819,923	28.6%
American Indian & Alaska Native	Number too small	Number too small	13,734	20.6%
Asian	928*	12.8%*	59,226	13.2%
Native Hawaiian & Other Pacific Islander	Number too small	Number too small	1,941*	17.3%*
Some other race	5,809*	25.0%*	136,316	28.0%
<b>POVERTY BY ETHNICITY</b>	<b>Volusia</b>		<b>Florida</b>	
	Number	Percent	Number	Percent
Hispanic or Latino origin (of any race)	12,310	22.8%	913,141	21.8%
White alone, not Hispanic or Latino	45,366	12.6%	1,223,852	11.5%
<b>FAMILIES BELOW POVERTY LEVEL</b> (% of same)	<b>Volusia</b>		<b>Florida</b>	
	Percent		Percent	
All Families	10.3%		12.0%	
With Related Children under 18 years	19.2%		19.5%	
Married Couple, Children under 18 years	8.1%		10.0%	
Female-Householder, Children under 18 years, No Husband Present	43.2%		37.6%	
Female Householder, Children under 5 only, No Husband Present	41.2%*		42.2%	
<b>FOOD STAMPS</b> (% of same)	<b>Volusia</b>		<b>Florida</b>	
	Number	Percent	Number	Percent
Households with one or more people under 18 years	10,560	24.5%	442,618	21.8%
Households with at least one person age 60+	7,408	8.2%	286,831	9.9%
Households with one or more Persons with a Disability	10,564	20.7%	370,223	21.1%
Median Household Income (Households receiving food stamps)	\$19,336		\$18,963	

Source: U.S. Census, 2010 American Community Survey

\*These items have a large margin of error

# **Community Health Status**

## **13 Key Health Issues**

The following 39 pages are a summary of data and information related to thirteen health issues prioritized by the Advisory Committee after a review of the most recent quartile data available for 117 key data indicators (in alphabetical order, not priority order).

1. Chronic Disease: Asthma
2. Cancer
3. Chronic Disease: Cardiovascular Disease
4. Chronic Disease: Chronic Lower Respiratory Disease
5. Chronic Disease: Diabetes
6. Chronic Disease: Chronic Liver Disease and Cirrhosis
7. Health Access
8. Infant and Maternal Health
9. Injury
10. Promote Health and Wellness
11. Risky Sexual Activity
12. Tobacco
13. Youth Alcohol/Drug Use

# Chronic Disease: Asthma (1)

Asthma causes the airways to become inflamed and hypersensitive to environmental allergens, irritants and viral infections. This chronic disease is not choosy and while it is more commonly diagnosed during childhood, it affects all age groups. Incurable, approximately 24.6 million Americans have asthma and seven million of them are children (National Institute of Health).

## Contributing Factors

- Smoking and second-hand smoke
- Obesity
- Family history
- Allergies

Percentage of Adults Who Currently Have Asthma			
	2002	2007	2010
Volusia	4.9	8.6	9.0
Florida	6.5	6.2	8.3
Volusia Male	2.2	5.3	6.3
Volusia Female	7.4	11.6	11.5
Source: Florida BRFSS (Behavioral Risk Factor Surveillance System Data Report)			

## Rates are on the Rise

- Increasing across the country for the last three decades.
- Volusia County's percentage of adults who currently have asthma is increasing and higher than the State percentage.
- Volusia County's trend is steady but we fall in the third quartile in the State in our age-adjusted hospitalization rate from asthma per 100,000 of the population.

## Youth with Asthma

The percentage of students who report having asthma (numbers not reported):

- Middle School: 19.8% (3rd quartile)
- High School: 18.6% (2nd quartile)

2008-09 Asthma Hospitalizations Rate per 100,000 population (three-year)			
Age	Rate	Number	Quartile
5-11	377.0	141	2 <sup>nd</sup>
12-18	337.7	141	3 <sup>rd</sup>
Source: Florida CHARTS, 2010 School-aged Child and Adolescent Profile			

## Health Care Utilization, Burden of Asthma in Florida 2009

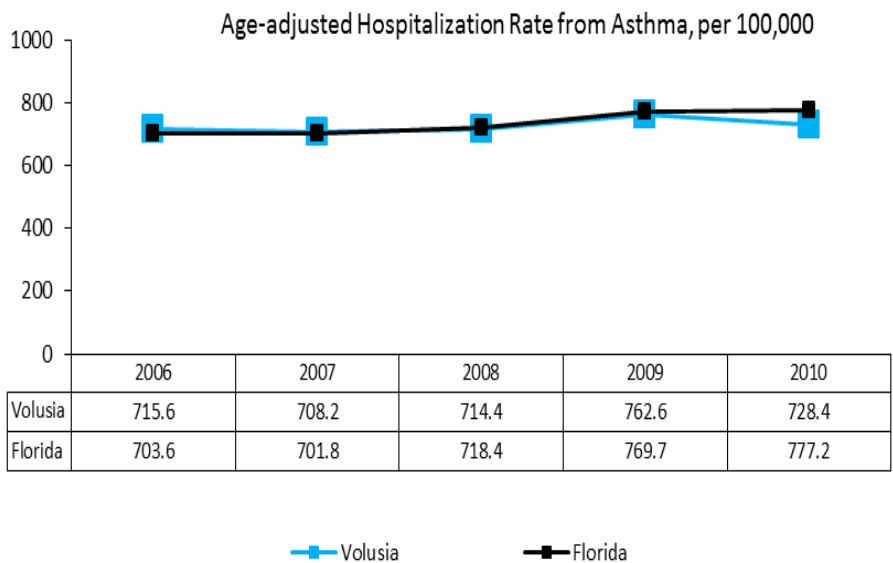
- In 2006, there were 150,159 Emergency Department (ED) visits among Florida residents who had asthma. The cost for asthma-related ED visits in Florida for 2006 was more than \$186 million.
- In 2003, total Medicaid spending on asthma in Florida was estimated to be more than \$230 million.
- Asthma costs the United States approximately \$14 billion a year (ALA, 2008).

## Why is this important?

Asthma is a condition in which a person's air passages become inflamed, and the narrowing of the respiratory passages makes it difficult to breathe. The CDC reports that nationwide in 2007, 16.2 million noninstitutionalized adults had asthma.

Symptoms can include tightness in the chest, coughing, and wheezing. These symptoms are often brought on by exposure to inhaled allergens (like dust, pollen, cigarette smoke, and animal dander) or by

exertion and stress. There is no cure for asthma, but for most people, the symptoms can be managed through a combination of long-term medication prevention strategies and short-term quick relievers. In some cases, however, asthma symptoms are severe enough to warrant hospitalization, and can result in death.



Source: Florida CHARTS

**“Asthma is one of the most common chronic diseases in children in the United States, the third leading cause of preventable hospitalizations, one of the leading causes of school absenteeism, and the leading work-related lung disease. In addition, asthma incurs high costs, in terms of costs of care, lost workdays and productivity, and lower quality of life for persons with asthma and their families. For these reasons, asthma is a public health priority for the State of Florida.”**

Anna M. Viamonte Ros, M.D., M.P.H.  
State Surgeon General  
Florida Department of Health  
August 2011

## Statewide Efforts

- While the percentage of county health departments addressing asthma is declining – from 25% in 2007 to 19% in 2010 – local trends indicate this is a battle that can be won – or at least monitored more effectively (*Florida State Health Status Report*, December 2, 2011).
- The Florida Department of Health has a Florida Asthma Plan 2009-2014 outlining this significant public health and economic concern. Its five-year strategic plan details eight priorities: Clinical Services, Education, Environment, Occupational Asthma, Private Sector/Business Support, State Collaboration and Coordination, Surveillance, and Vulnerable Populations and Disparities. Plan can be found at: <http://www.myfloridaeh.com/medicine/Asthma/flasthmaplan.pdf>.



## Cancer (2)

Cancer is a large group of diseases characterized by uncontrolled growth and spread of abnormal cells. If the growth is left uncontrolled, it can result in death. Cancer is the leading cause of death in Volusia County. The top five causes of death from cancer in Volusia County are:

- Trachea, Bronchus & Lung Cancer
- Lymphoid, Hematopoietic and Related Tissue
- Colon, Rectum and Anus Cancer
- Breast Cancer
- Pancreatic Cancer

Screenings can help avoid cancer deaths and the percentage of Volusia County women 18 & over who received a pap test in the last year was less than the State and dropped by almost 20% since 2002.

Percentage of Women 18 & Over Who Received a Pap Test in the Past Year			
	2002	2007	2010
Volusia	75.5	53.6	56.3
Florida	Not available	64.8	57.1
Volusia White	74	52.3	52.7
Volusia Black	Not available	Not available	Not available
Volusia Hispanic	Not available	Not available	Not available
Source: Behavioral Risk Factor Surveillance System Data Report Note: Data by race and ethnicity is not available.			

The percentage of adults 50 years of age and older who received a sigmoidoscopy or colonoscopy in the past five years is also lower than the State percentage, but remaining steady. The age-adjusted rate of colorectal cancer (incidence) was 41.2 in 2006-08 in Volusia County.

Percentage of Adults Age 50+ Who Received a Sigmoidoscopy or Colonoscopy in the Past Five Years		
	2007	2010
Volusia	56.4	54.8
Florida	53.7	56.4
Volusia Non-Hispanic White	57.0	57.5
Volusia Non-Hispanic Black	Not available	42.7
Volusia Hispanic	Not available	Not available
Volusia Male	65.4	57.8
Volusia Female	49.0	52.3
Source: Behavioral Risk Factor Surveillance System Data Report		

### Early Detection

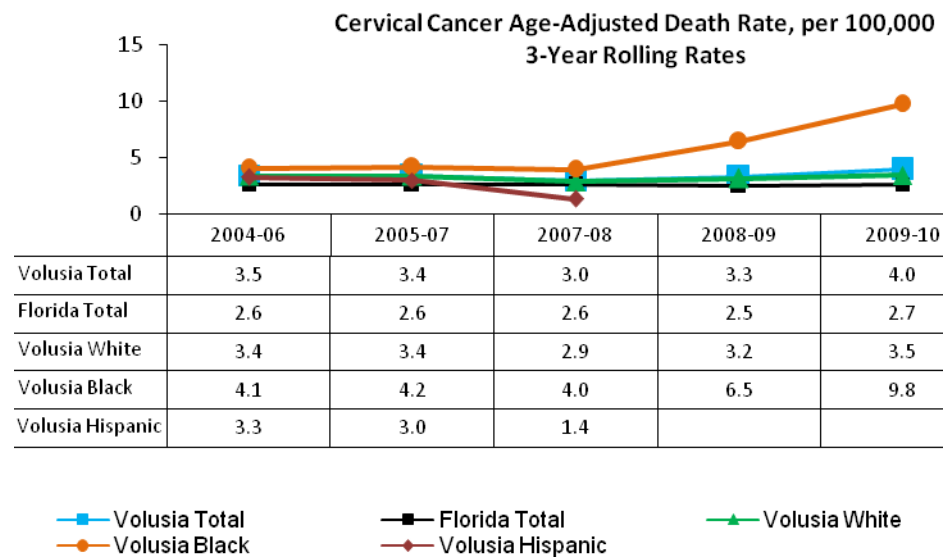
- Could substantially reduce the billions of dollars spent on cancer treatment annually.
- First step in preventing many cases of colorectal and cervical cancers from ever developing.
- Routine screening can reduce the number of people who die of colorectal cancer by as much as 60% or more.
- A mammogram every 1–2 years can reduce the risk of dying of breast cancer by approximately 20%–25% over 10 years for women aged 40 years or older.
- Pap tests can detect precancerous lesions so they can be treated before cervical cancer develops. Researchers in many countries found that rates of cervical cancer death dropped by 20%–60% after screening programs began.

## Why is this Important?

Cancer is the leading cause of death in the United States and Florida. Public health is concerned with threats to the health of the community based on population health analysis. By monitoring patterns of health and illness, including incidence of disease and causes of death, we are able to identify where and in what populations the disease occurs, better identify its causes and risk factors, and measure what preventive actions effectively reduce disease and death.

The Volusia County rate is worse than the State and in the fourth quartile.

There is a significant disparity with race and ethnicity.



Source: Florida CHARTS

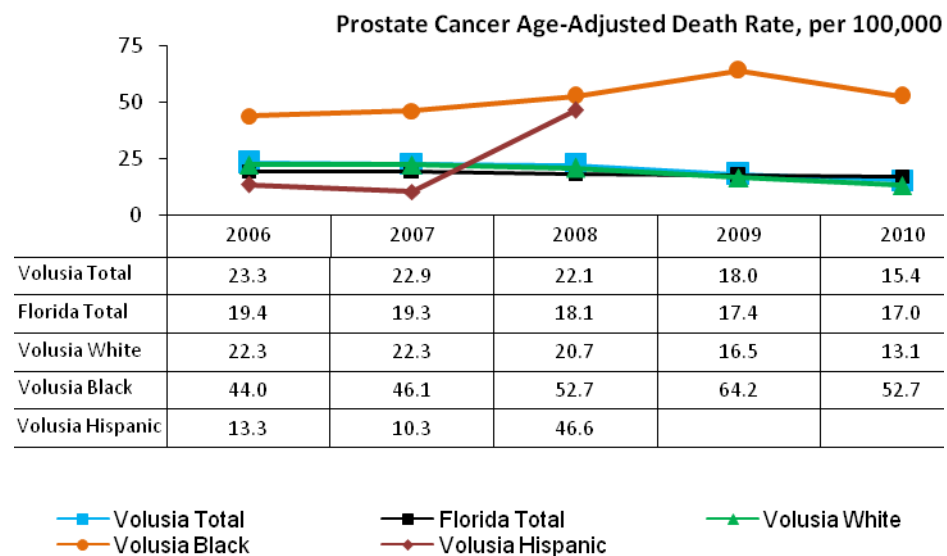
Cervical Cancer Age-Adjusted Death Count (three year rolling)					
	2004-06	2005-07	2006-08	2007-09	2008-2010
Volusia	28	29	27	30	33
Florida	844	857	862	836	886

Source: Florida CHARTS

Cervical cancer is malignant neoplasm of the cervix uteri and cervical area. Pap smear screening can identify potentially precancerous changes. Treatment of high grade changes can prevent the development of cancer.

The Volusia County rate is improving but third quartile in Florida.

There is a significant disparity with race and ethnicity



Source: Florida CHARTS

Prostate Cancer Age-Adjusted Death Count					
	2006	2007	2008	2009	2010
Volusia	87	87	85	73	62
Florida	2,117	2,151	2,105	2,069	2,043

Source: Florida CHARTS

Prostate cancer is a form of cancer that develops in the prostate, a gland in the male reproductive system. Prostate cancer tends to develop in men over the age of 50 and although it is one of the most prevalent types of cancer in men, many never have symptoms, undergo no therapy, and eventually die of other causes.

- Percentage of men 50 years of age and older who received a digital rectal exam in the past year in Volusia County: 48.1% (2010; 2<sup>nd</sup> quartile in State. Note: 2007 was 64.7%).

Top 5 Age-Adjusted Death Rate, Cancer, 2008-10	
	Average Count per Year
Lung	439
Colorectal	110
Breast	85

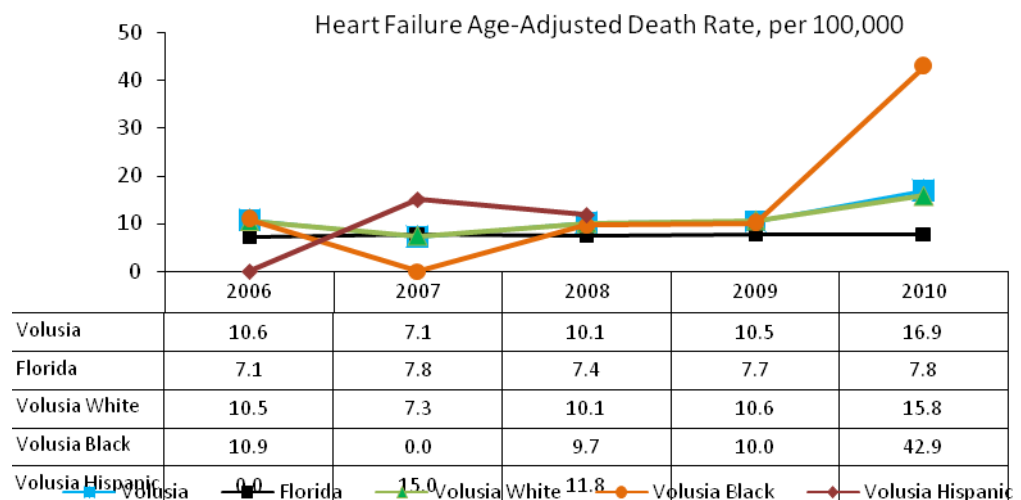
Prostate	73
Cervical	11
<i>Source: Florida CHARTS</i>	

## Chronic Disease: Cardiovascular (3)

Cardiovascular diseases, including heart disease and stroke, account for more than one-third (34.3%) of all U.S. deaths. Nationally, coronary heart disease makes up the majority of heart disease deaths. For 2010, the CDC has estimated that the cost of cardiovascular diseases, including health care expenditures and lost productivity from deaths and disability, have exceeded more than \$503 billion dollars.

Heart failure is when the heart can't keep up with its workload. Signs of heart failure:

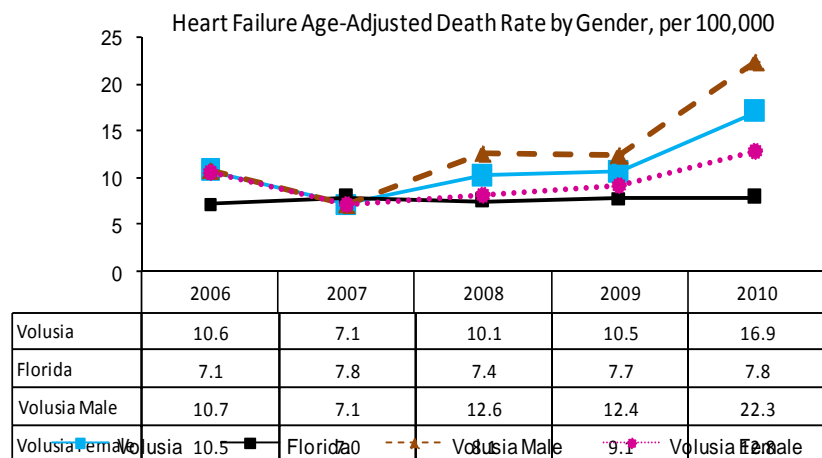
- Shortness of breath (also called dyspnea)
- Persistent coughing or wheezing
- Buildup of excess fluid in body tissues (edema)
- Tiredness, fatigue
- Lack of appetite, nausea
- Confusion, impaired thinking
- Increased heart rate



The age-adjusted death rate due to heart failure, per 100,000 in Volusia County more than doubles the State rate.

Source: Florida CHARTS

Blacks are significantly affected (42.9). Volusia males are affected more than females.



*Source: Florida CHARTS*

### Blood Cholesterol

- By itself isn't bad.
- One of the major risk factors leading to heart disease, heart attack and stroke.
- Can run in families.
- Women generally tend to have higher levels than men.

Volusia's percentage of adults with diagnosed high blood cholesterol is getting worse and higher than the State, affecting more males and the white population.

More Volusia adults have had a heart attack, angina or coronary high blood cholesterol than the State percentage.

Percentage of Adults Who Have Diagnosed High Blood Cholesterol			
	2002	2007	2010
Volusia	40.4	38.3	41.3
Florida	35.2	37.1	38.6
Volusia White	40.0	39.7	42.6
Volusia Black	Not available	Not available	27.0
Volusia Hispanic	Not available	Not available	31.7
Volusia Male	40.6	39.4	43.2
Volusia Female	40.3	37.3	39.6

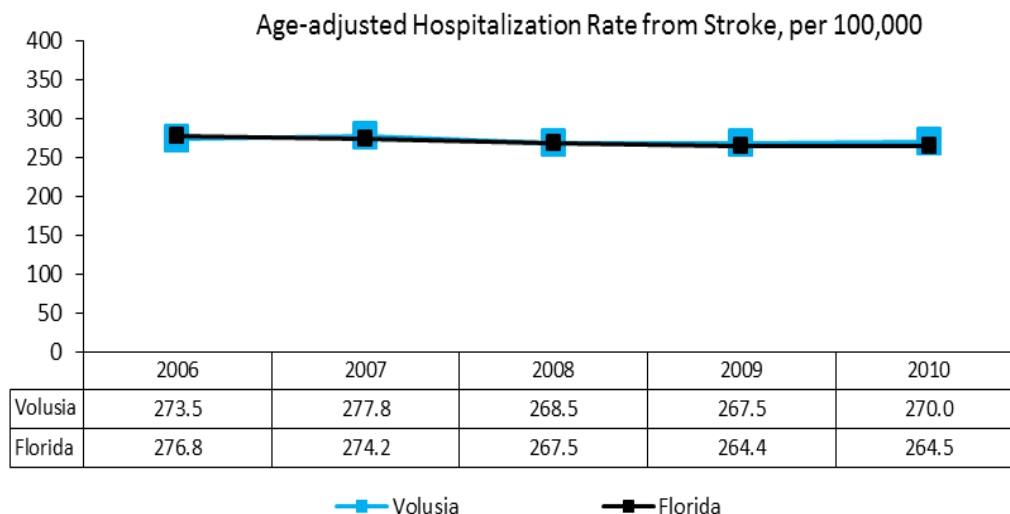
Source: Behavioral Risk Factor Surveillance System Data Report

Percentage of Adults Who Have Ever Had a Heart Attack, Angina, or Coronary High Blood Cholesterol		
	2007	2010
Volusia	18.5	12.2
Florida	9.3	10.2
Volusia White	9.1	13.9
Volusia Black	Not available	1.9
Volusia Hispanic	4.8	3.4
Volusia Male	11.0	14.0
Volusia Female	6.2	10.5

Source: Behavioral Risk Factor Surveillance System Data Report

### Why is Stroke Death Rate Important?

A stroke occurs when blood vessels carrying oxygen to the brain become clogged (or burst), thereby cutting off the brain's supply of oxygen. Each year, approximately 795,000 people in the U.S. will suffer a new or recurrent stroke. The risk of stroke more than doubles with each decade of life for those that are 55 and older.

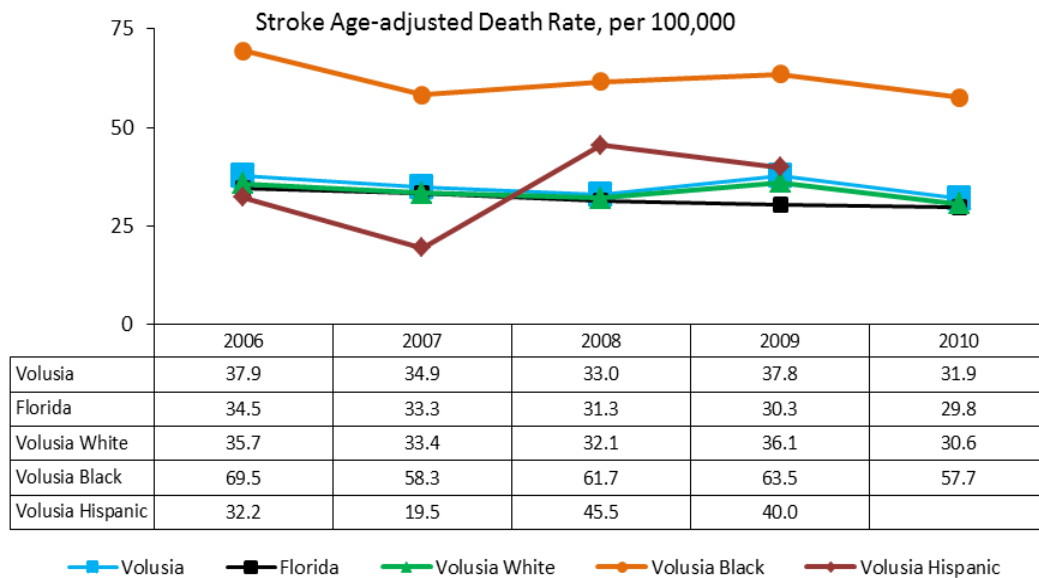


Source: Florida CHARTS

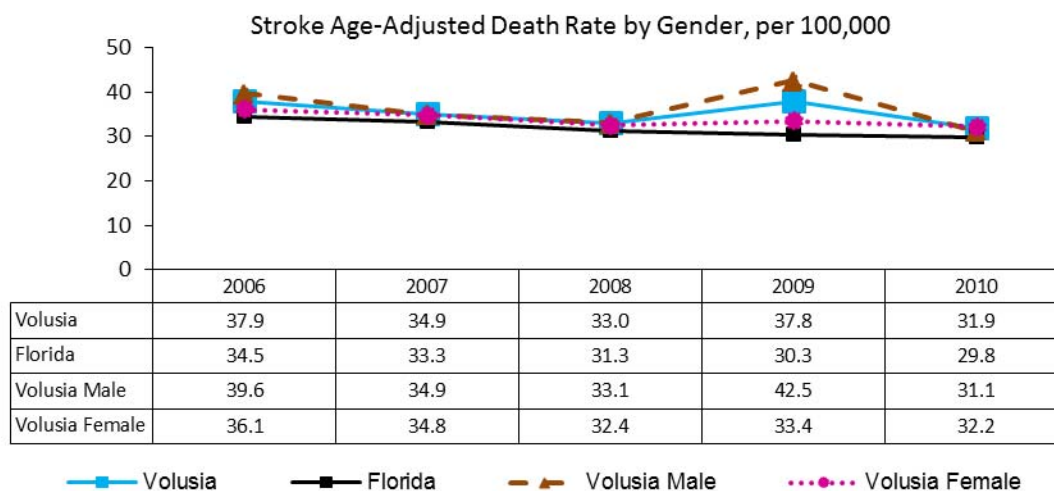
## Modifiable Risk Factors for Stroke

- High blood pressure
- High cholesterol
- Diabetes

**Healthy People 2020 national target:** reduce the stroke deaths to 33.8 deaths per 100,000 population.



Source: Florida CHARTS



Source: Florida CHARTS



Hospitalization rate from Stroke is higher in Volusia than State rate. The death rate due to Stroke significantly affects the black population in Volusia County. The death rate for males due to strokes made significant progress from 2009 to 2010; the trend for females has remained steady.

<b>Volusia Congestive Heart Failure Hospitalizations</b>					
	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>
Number of hospitalizations	2,125	1,813	1,232	1,098	1,046
Age-adjusted Rate per 100,000	267.9	224.4	149.4	132.6	126.0
<i>Source: Florida CHARTS</i>					

<b>Volusia Coronary Artery Disease Hospitalizations</b>					
	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>
Number of hospitalizations	4,111	3,780	3,129	2,768	2,655
Age-adjusted Rate per 100,000	562.3	510.3	417.4	369.1	350.4
<i>Source: Florida CHARTS</i>					

<b>Percentage of Adults with Diagnosed Hypertension</b>			
	<b>2002</b>	<b>2007</b>	<b>2010</b>
Volusia	28.6	30.1	34.6
Florida	27.7	28.2	34.3
Volusia White	28.0	31.3	36.9
Volusia Black	Not available	Not available	27.8
Volusia Hispanic	Not available	17.8	17.3
Volusia Male	29.0	30.0	37.2
Volusia Female	28.2	30.1	32.3
<i>Source: Behavioral Risk Factor Surveillance System Data Report</i>			

## Chronic Disease: Chronic Lower Respiratory Disease (4)

Chronic Lower Respiratory Disease is the co-occurrence of chronic bronchitis and emphysema, a pair of commonly co-existing diseases of the lungs in which the airways become narrowed. The limiting flow of air to and from the lungs causes shortness of breath (Wikipedia). Also known as Chronic Obstructive Pulmonary Disease (COPD), it refers to a group of disease to include emphysema, chronic bronchitis and in some cases, asthma.

### Contributing Factors

- Smoking (leading cause)
- Asthma
- Exposure to air pollutants
- Genetics
- Respiratory infections

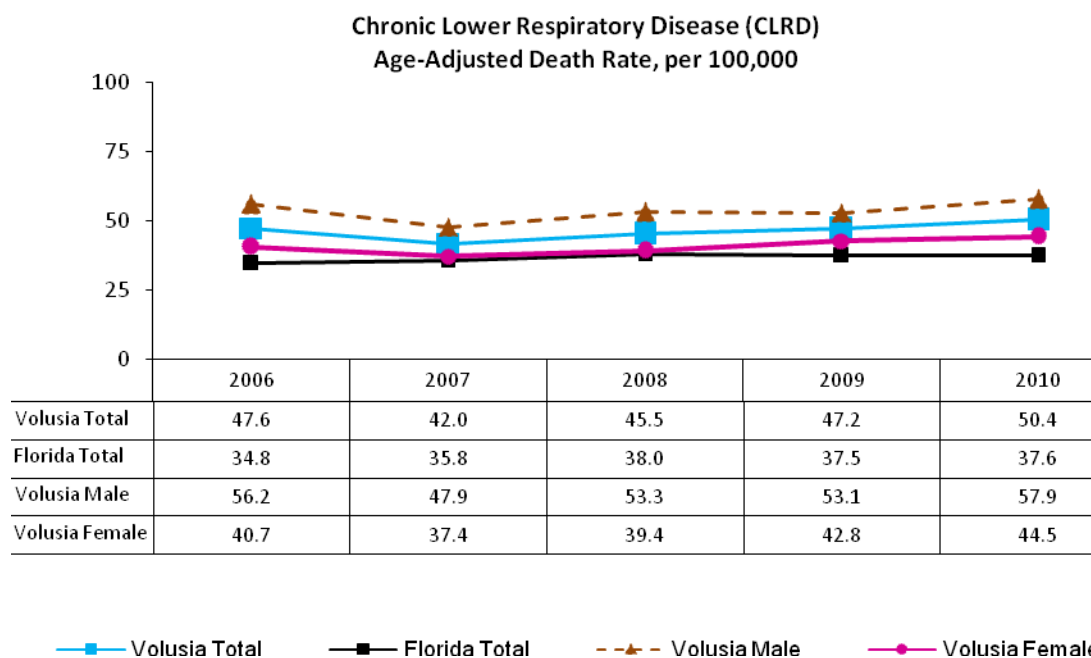
### Cost Impact

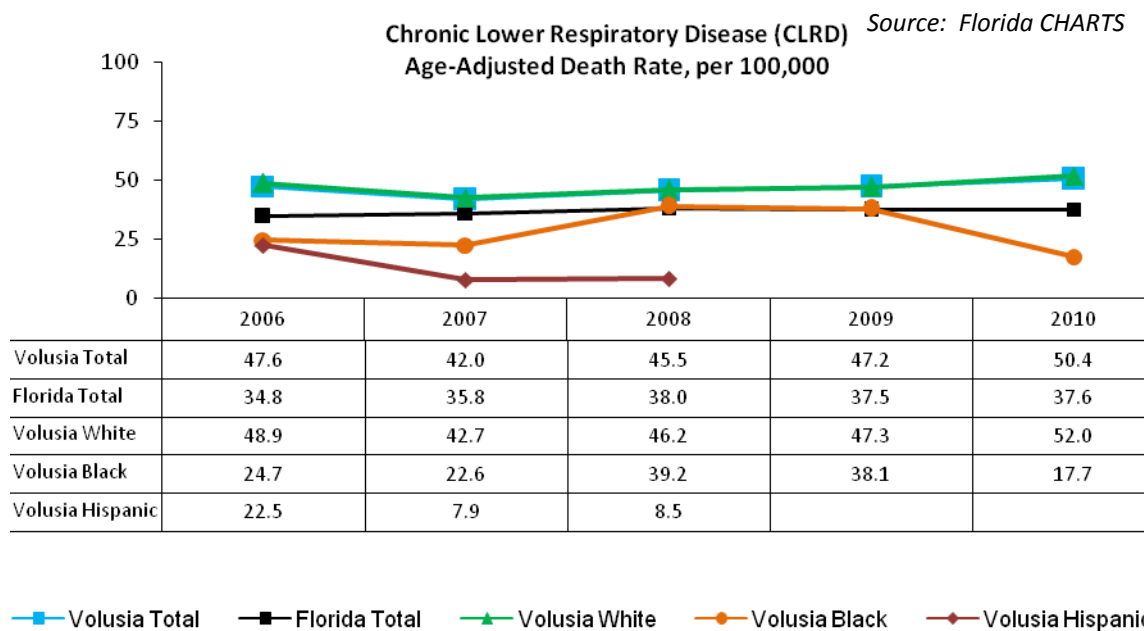
- Projected to be approximately \$49.9 billion, including \$29.5 billion in direct health care expenditures, \$8.0 billion in indirect morbidity costs and \$12.4 billion in indirect mortality costs in 2010.

*(U.S. Department of Health and Human Services. National Institutes of Health. National Heart Lung and Blood Institute. Morbidity and Mortality: 2009 Chartbook on Cardiovascular, Lung and Blood Diseases)*

### Trends

- Projected to be the fourth leading cause of death worldwide by 2030.
- Third leading cause of death in the U.S. (surpassed stroke)
- New data released by the Federal Centers for Disease Control and Prevention (CDC) indicates that the deaths from Chronic Lower Respiratory Disease (CLRD) are on the rise.
- Accounts for more than 120,000 U.S. deaths each year, and causes serious, long-term disability.
- While Volusia County's trend is steady, our age-adjusted death rate is higher than the State rate per 100,000.





*Source: Florida CHARTS*

*Caution: Small numbers for race & ethnicity*

## Why is this important?

Chronic Lower Respiratory Disease is a serious lung disease which makes it hard to breathe. Also known by other names, such as emphysema or chronic bronchitis, it is the third leading cause of death in the United States and also causes long-term disability. Early detection of the disease might change its course and progress.

<b>Volusia CLRD Hospitalizations (actual)</b>					
	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>
Number of hospitalizations	1,783	1,706	2,086	2,223	2,215
Age-adjusted Rate per 100,000	269.5	261.2	302.3	326.8	321.8
<i>Source: Florida CHARTS</i>					

<b>Chronic Lower Respiratory Disease, Single Year Count</b>					
	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>
Volusia	414	360	403	424	445
Florida	8,869	9,317	10,154	10,163	10,268
<i>Source: Florida CHARTS</i>					

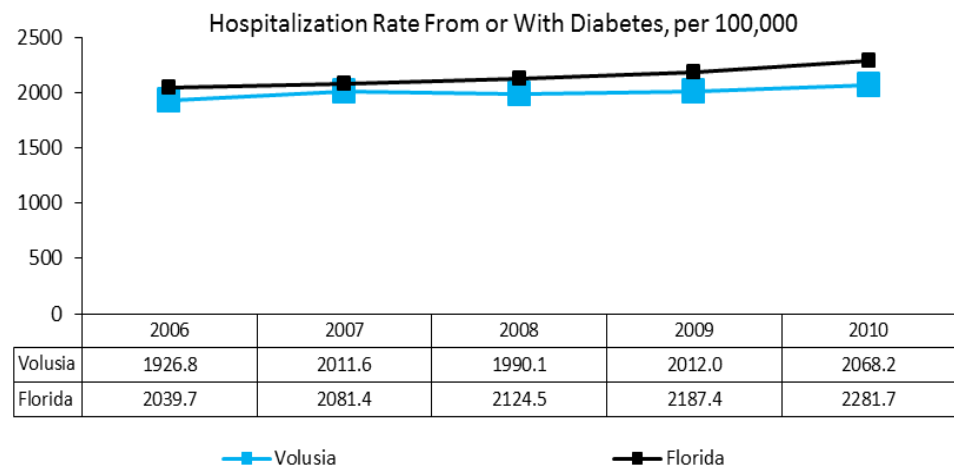
# Chronic Disease: Diabetes (5)

Diabetes is a disease in which blood glucose levels are above normal. Diabetes is the sixth leading cause of death in the United States. Diabetes can cause serious health complications:

- Heart Disease
- Blindness
- Kidney Failure
- Lower-extremity amputations

## Why is this important?

Diabetes affects an estimated 23.6 million people in the United States and is the 7th leading cause of death. It lowers life expectancy by up to 15 years and increases the risk of heart disease by 2 to 4 times. In addition, the estimated total financial cost of diabetes in the United States in 2007 was \$174 billion, which includes the costs of medical care, disability, and premature death.



Source: Florida CHARTS  
Disparity Data Not Available

## In Florida

Diabetes prevalence is at an all-time high and Florida ranks 15<sup>th</sup> among the states with the highest death rates from diabetes. Compared with Whites, Blacks have higher diabetes death rates, higher rates of hospital discharges with diabetes as the primary diagnosis, and higher non-traumatic lower extremity amputation rates (*Florida State Health Status Report, December 2011*).

Percentage of Adults with Diabetes Who Had Two A1C Tests in the Past Year		
	2007	2010
Volusia	81.0	72.2
Florida	71.2	75.6
Volusia White	77.0	71.3
Volusia Black	Not available	Not available
Volusia Hispanic	Not available	Not available
Volusia Male	Not available	76.0
Volusia Female	Not available	67.6

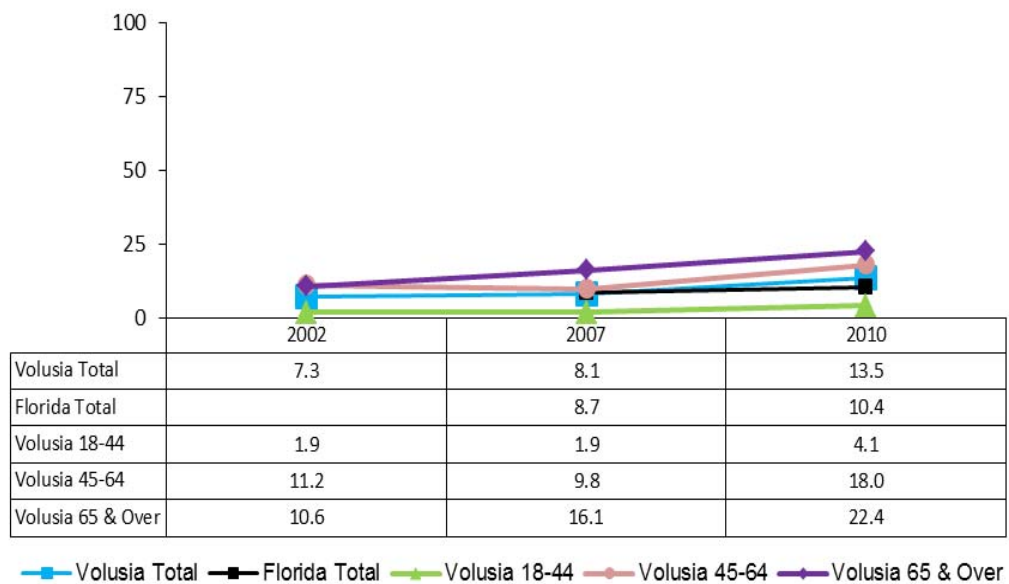
The A1C test is a common blood test used to diagnose type 1 and type 2 diabetes and then to gauge how well you're managing your diabetes.

The A1C test result reflects your average blood sugar level for the past two to three months. The higher your A1C level, the poorer your blood sugar control. And if you have previously diagnosed diabetes, the higher the A1C level, the higher your risk of diabetes complications.

## Types of Diabetes

- Type 2 diabetes results from a combination of resistance to the action of insulin and insufficient insulin production.
- Type 1 diabetes results when the body loses its ability to produce insulin.
- Gestational diabetes is a common complication of pregnancy. Can lead to perinatal complications in mother and child and substantially increases the likelihood of cesarean section. Also a risk factor for subsequent development of type 2 diabetes after pregnancy.

Percentage of Adults with Diagnosed Diabetes by Age



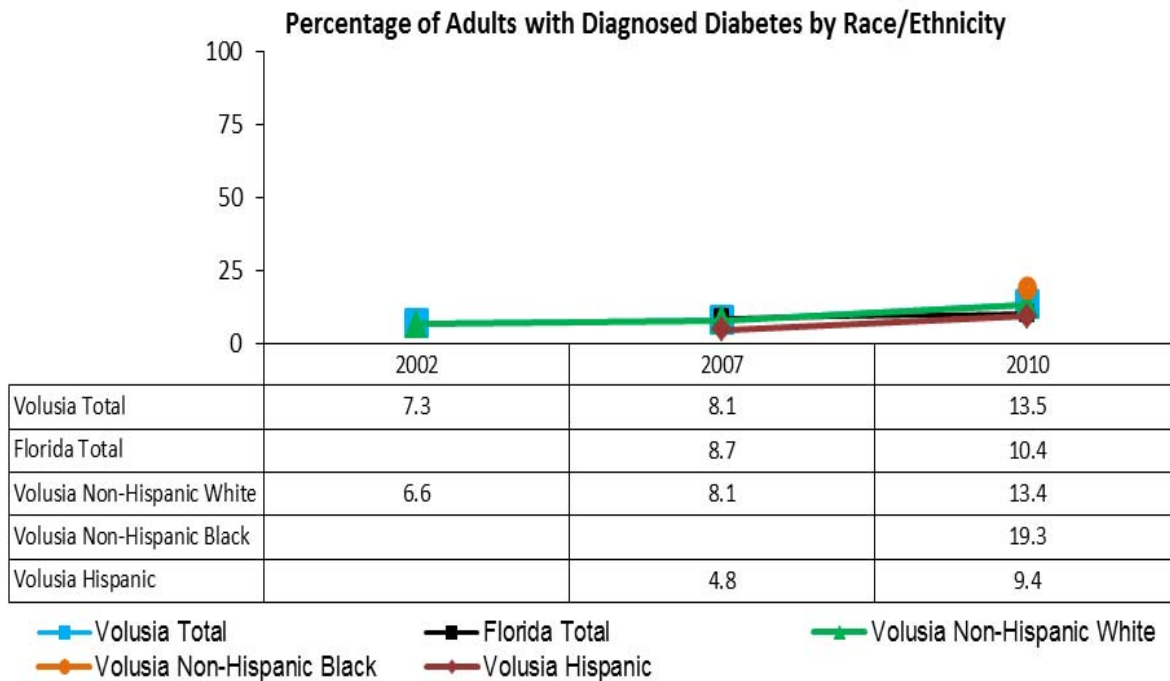
Source: Florida CHARTS

## Disparities in Diabetes Risk

People from minority populations are more frequently affected by type 2 diabetes. Minority groups constitute 25% of all adult patients with diabetes in the United States and represent the majority of children and adolescents with type 2 diabetes.

African Americans, Hispanic/Latino Americans, American Indians, and some Asian Americans and Native Hawaiians and other Pacific Islanders are at particularly high risk for the development of type 2 diabetes.

Diabetes prevalence rates among American Indians are 2 to 5 times those of whites. On average, African American adults are 1.7 times as likely and Mexican Americans and Puerto Ricans are twice as likely to have the disease as non-Hispanic whites of similar age.



*Source: Florida CHARTS*

A significant proportion of mortality and morbidity related diabetes could be prevented by addressing:

- Exercise
- Weight control
- Smoking prevention and cessation
- Hypertension
- Glycemic control
- Elimination of barriers to preventive care and treatment

### **In Volusia County**

The hospitalization rate due to diabetes in Volusia is getting worse and the percentage of adults with diagnosed diabetes is higher than the State with the highest percentage representing non-Hispanic Blacks.

## Chronic Disease: Chronic Liver Disease and Cirrhosis (6)

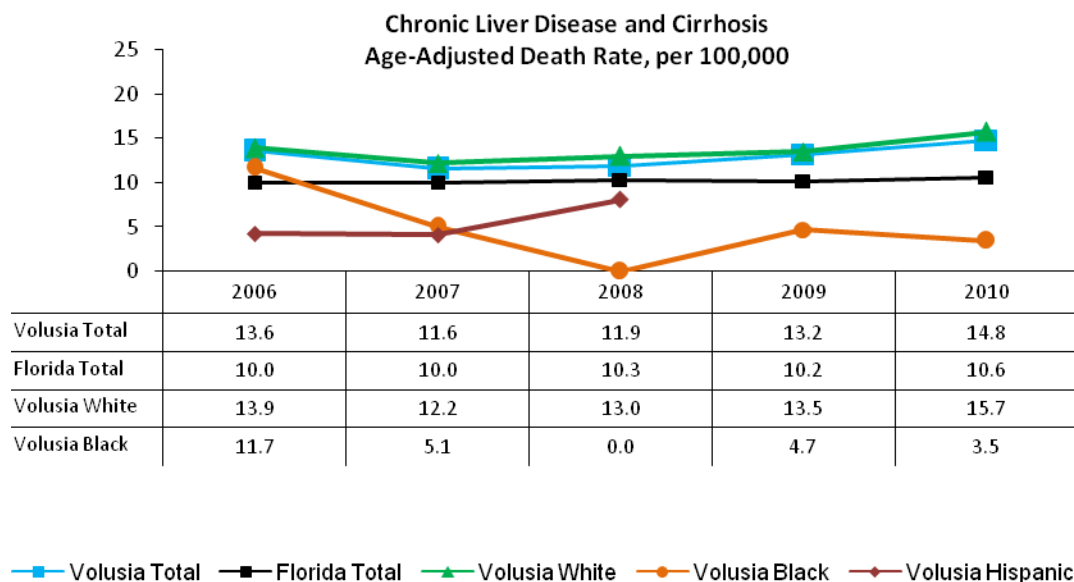
The liver is the second largest and one of the most important organs in the human body. Almost all of the blood in the body passes through the liver. The liver performs hundreds of functions including storing nutrients, removing waste, and worn-out cells from the blood, filtering, and processing chemicals from food, alcohol, and medications. Among the numerous diseases that affect the liver, cirrhosis accounts for most of the cases of liver disease and death associated with liver failure.

### Causes of Cirrhosis

- Chronic alcoholism (leading)
- Some drugs, medicines, and harmful chemicals
- Infections
- Chronic hepatitis B, C, or D
- Autoimmune hepatitis, which causes the body's immune system to destroy liver cells
- Nonalcoholic fatty liver disease (often caused by obesity)
- Diseases that damage or destroy bile ducts
- Some inherited diseases

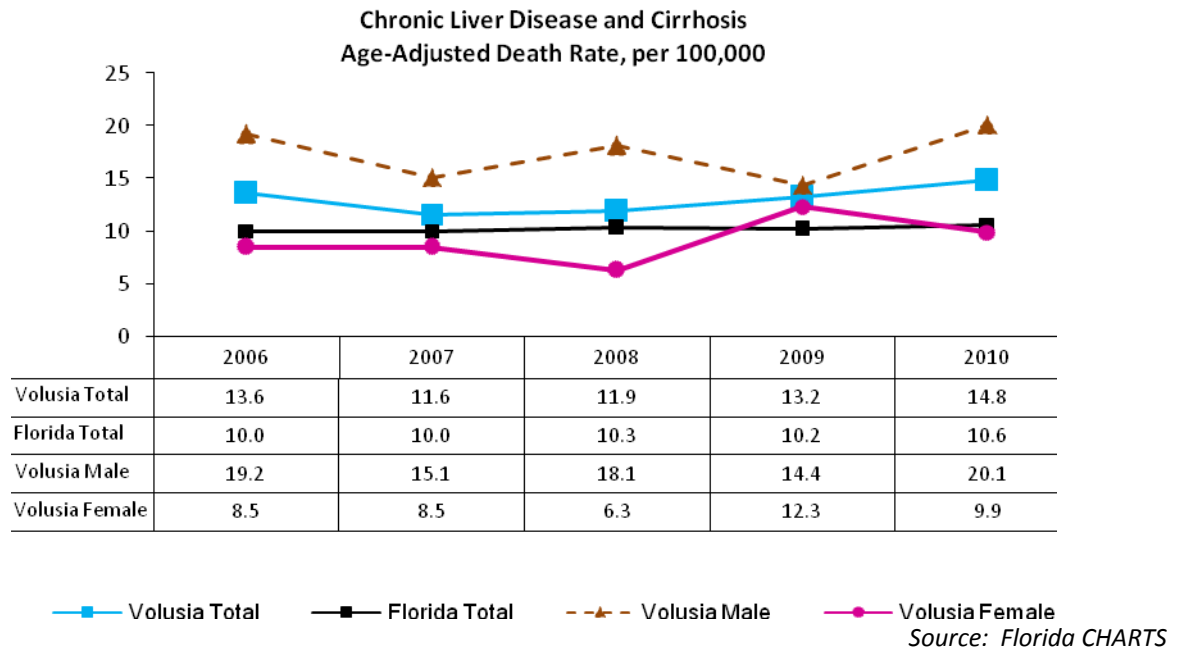
### Disparities in Volusia County

- Age-adjusted death rate per 100,000 is higher than the State's rate.
- Impacts white population groups significantly more than those in non-white populations (note small numbers for race and ethnicity).
- Volusia males doubled rate of females in 2010.



Source: Florida CHARTS





## Why is this important?

Cirrhosis and chronic liver failure are leading causes of morbidity and mortality in the United States, with the majority of preventable cases attributed to excessive alcohol consumption, viral hepatitis, or non-alcoholic fatty liver disease.

The liver is an important organ in the body. It performs many critical functions, two of which are producing substances required by the body, for example, clotting proteins that are necessary in order for blood to clot, and removing toxic substances that can be harmful to the body, for example, drugs. The liver also has an important role in regulating the supply to the body of glucose (sugar) and lipids (fat) that the body uses as fuel.

Cirrhosis is a complication of many liver diseases that is characterized by abnormal structure and function of the liver. The diseases that lead to cirrhosis do so because they injure and kill liver cells, and the inflammation and repair that is associated with the dying liver cells causes scar tissue to form.

Deaths from Chronic Liver Disease and Cirrhosis, Single Year Count						
		2006	2007	2008	2009	2010
Volusia	Total	86	76	81	92	95
	White	81	73	81	87	90
	Black	5	2	NA	2	2
	Hispanic	2	2	4	NA	NA
Florida	Total	2,183	2,244	2,323	2,361	2,459
	White	2030	2067	2148	2165	2278
	Black	129	153	149	153	145
	Hispanic	280	298	288		

*Source: Florida CHARTS*

## Health Access (7)

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone (Healthy People 2020).

### Why Is Access to Health Services Important?

Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires 3 distinct steps:

- Gaining entry into the health care system.
- Accessing a health care location where needed services are provided.
- Finding a health care provider with whom the patient can communicate and trust.

Percentage of Adults Who Had a Medical Checkup in the Past Year		
	2007	2010
Volusia	69.2	65.4
Florida	74.6	69.7
Volusia Non-Hispanic White	68.9	67.4
Volusia Non-Hispanic Black	Not available	51.1
Volusia Hispanic	52.3	51.4
Volusia Male	70.0	59.5
Volusia Female	68.4	70.9
Source: Florida BRFSS (Behavioral Risk Factor Surveillance System Data Report)		

Volusia County is in third quartile in the State, falling below the State's percentage of adults who had a medical checkup in the past year. Volusia County's non-Hispanic Black and Hispanic percentage is significantly lower than that of the non-Hispanic white.

### Access to Health Care Impacts:

- Overall physical, social, and mental health status
- Prevention of disease and disability
- Detection and treatment of health conditions
- Quality of life
- Preventable death
- Life expectancy
- Disparities in access to health services

affect individuals and society. Limited access to health care impacts people's ability to reach their full potential, negatively affecting their quality of life.

Percentage of Adults Who Could Not See a Doctor Due to Cost Over the Past Year		
	2007	2010
Volusia	16.1	20.0
Florida	15.1	17.3
Volusia Non-Hispanic White	12.7	18.8
Volusia Non-Hispanic Black	Not available	25.8
Volusia Hispanic	41.4	26.9
Volusia Male	11.3	19.4
Volusia Female	20.5	20.3

### Barriers to Services:

- Lack of availability
- High cost
- Lack of insurance coverage

### Access Barriers Lead to:

- Unmet health needs
- Delays in receiving appropriate care
- Inability to get preventive services
- Hospitalizations that could have been prevented

In Volusia County, the percentage of adults who could not see a doctor due to cost was higher than the State's percentage. A greater percentage of non-Hispanic Black and Hispanic individuals to that of non-Hispanic White individuals reported they could not see a doctor due to cost.

The percentage of adults who could not see a dentist over the past year due to cost was only available for 2007.

<b>Percentage of Adults Who Could Not See a Dentist in the Past Year Due to Cost</b>	
	<b>2007</b>
Volusia	21.8
Florida	19.2
Volusia Non-Hispanic White	19.0
Volusia Non-Hispanic Black	Not available
Volusia Hispanic	47.5
Volusia Male	18.5
Volusia Female	24.9
<i>Source: Florida BRFSS (Behavioral Risk Factor Surveillance System Data Report)</i>	

## Volusia County Insurance Coverage and Personal Doctor

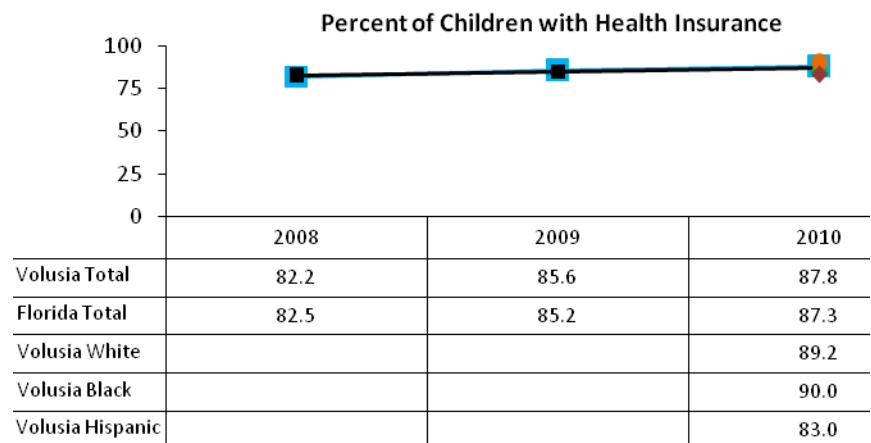
- 82.1% of Volusia County adults with any type of health care insurance coverage (2010, BRFSS)
  - 84% of Non-Hispanic White with any type of health care insurance coverage
  - 75.7% of Non-Hispanic Black with any type of health care insurance coverage
  - 64.2% of Hispanic with any type of health care insurance coverage
- 82% of Volusia County adults have a personal doctor (2010, BRFSS)

## Health Insurance Coverage for Children

Volusia County was the first county in the State to pilot the Healthy Kids program which is now part of the federal government provisions for children's health coverage include Medicaid and Title XXI of the Social Security Act. In Florida, the KidCare Act of 1997 established eligibility requirements for coverage as well as created the Healthy Kids Program and the MediKids program for children ages 0-5.

*Note: Disparity Data only available for 2010.*

*A great percentage of male children (88.1%) have health insurance compared to female children (87.4%).*



■ Volusia Total      ■ Florida Total      ■ Volusia White  
■ Volusia Black      ■ Volusia Hispanic

*Source: US Census, 2010 American Community Survey*

**Why Children Should have Health Insurance**

- Children with insurance are more likely to have a access to preventive and usual source of care.
- Children with insurance get health care services they need.
- Insuring children will help close the racial disparities gap.
- Health insurance helps improve social and emotional development.
- Insured children are better equipped to do well in school.

## Infant and Maternal Health (8)

Improving the well-being of mothers, infants, and children is an important public health goal for the United States. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the health care system (Healthy People).

### Health Risks in Pregnancy

- Hypertension and heart disease
- Diabetes
- Depression
- Genetic conditions
- Sexually transmitted diseases (STDs)
- Tobacco use and alcohol abuse
- Inadequate nutrition
- Unhealthy weight

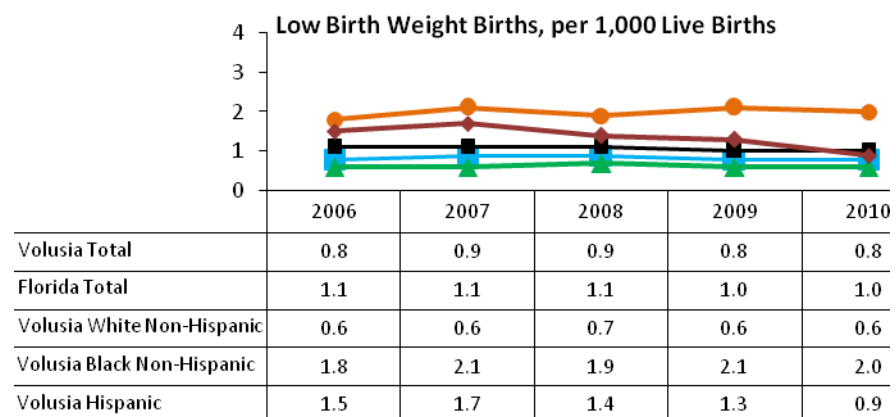
### Factors Affecting Pregnancy, Infant and Child Health

- Preconception health status
- Age
- Access to appropriate preconception and inter-conception health care
- Poverty
- Socio-demographic factors (*family income, physical and mental health of parents and caregivers*)

### Low Birth Weight

Birth weight is one of the strongest predictors of an infant's health and survival.

Low birth weight is often associated with premature birth. Babies born with a low birth weight are more likely to require specialized medical care and there may be risk of infant death or long-term disability.



While steady, Volusia County's rate of low birth weight babies falls in the third quartile in the State Black Non-Hispanics doubling that of the State rate and Hispanics higher than White Non-Hispanics.

Source: Florida CHARTS

*The Healthy People 2020 national health goal is to reduce the proportion of infants born with low birth weight to 7.8%.*

### To prevent prematurity and low birth weight:

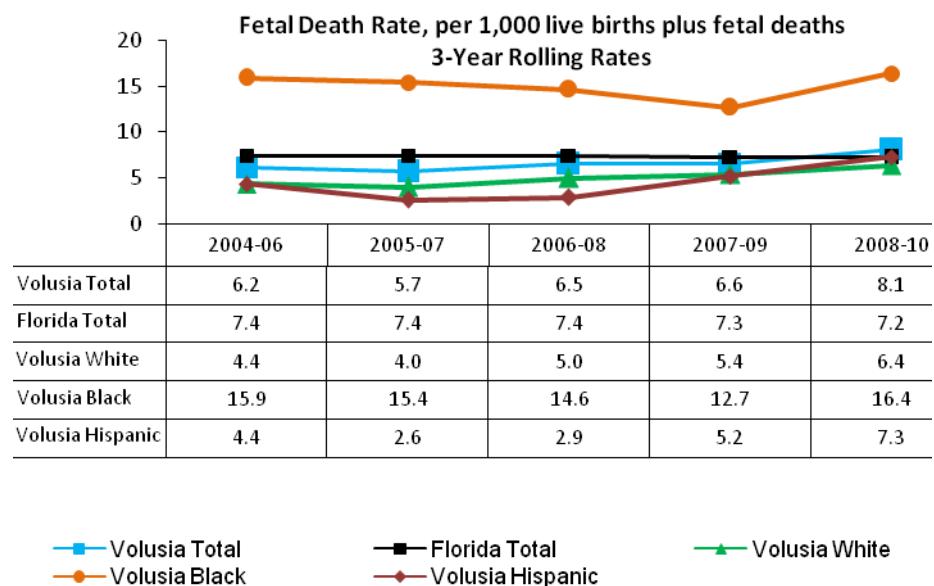
- Take prenatal vitamins
- Good nutrition
- Stop smoking
- Stop drinking alcohol and using drugs
- Get prenatal care

### Fetal Mortality

Fetal mortality is the death of fetus or baby after 20 weeks gestation. Pre-term birth is a major contributor to infant mortality.

### Why is this Important?

Fetal mortality and the fetal mortality rate reflect the health and well-being of the population's reproductive age women, their pregnancies, and quality of the health care available.



Source: Florida CHARTS

### A Quick Look, Nation, State, and County

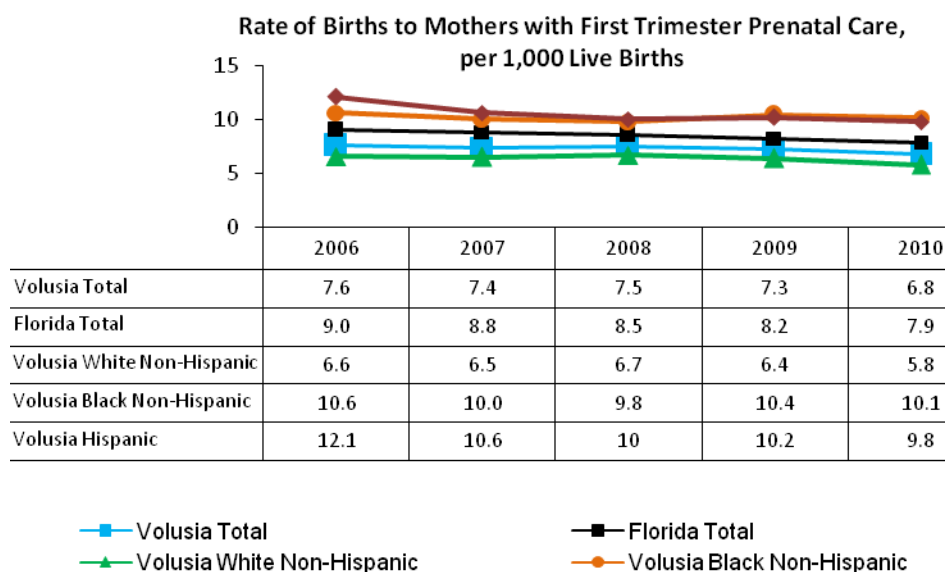
- U.S. ranks 34<sup>th</sup> among world nations in high rates of babies who die during the 1<sup>st</sup> year of life.
- Florida's rate ranks 29<sup>th</sup> among the states of babies who die during first year.
- Florida is one of six states with the highest rates of preterm birth.
- Florida's African-American infants: higher rates than any other race/ethnicity for the last 20 years.
- Since 1995, the infant mortality rates for all Floridians has stayed stable.
- Volusia's rate is higher than the State (fourth quartile)

- The rate of Blacks in Volusia County are almost triple that of Whites, and almost double that of Hispanics which are also higher than Whites.

### **Births to Mothers with First Trimester Prenatal Care**

Prenatal care refers to the medical care that women receive during pregnancy. To achieve the greatest benefit for both the mother and baby, it is recommended that women begin prenatal visits in the first trimester of pregnancy or as soon as pregnancy is suspected or confirmed.

The rate of births to mothers with first trimester prenatal care in Volusia County is less than the State. Non-Hispanic Whites are close to half of the Black Non-Hispanics's rate and lower than Hispanics, too.



*Source: Florida CHARTS*

## Injury (9)

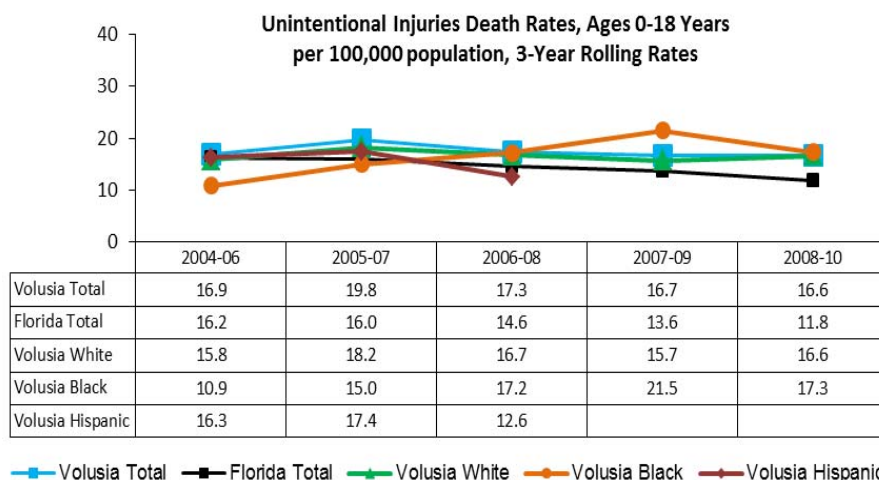
Injury not intended as self-harm or an intentional harm to another person. Unintentional injuries include those that result from motor vehicle crashes, drowning, fire, falls, poisoning, and other home/recreational/workplace injuries.

### 5<sup>th</sup> leading cause of death in the U.S.:

- More than 180,000 people die from injuries each year—1 person every 3 minutes.
- Injuries are the leading cause of death for people ages 1–44.
- Injuries cost more than \$406 billion annually in medical care and lost productivity.

**Florida Injuries:** #1 cause of death for ages 1-44 and 3<sup>rd</sup> overall leading cause of death (*after cancer and heart disease*).

**Volusia County Injuries:** The three-year rolling rate of unintentional injury deaths in the 0-18 age group has remained fairly steady in Volusia County over the last four years with an increase in the black population in 2007-08 as well as a significant increase in males. Volusia County's rate is worse than the State. The death rate of all ages due to unintentional injuries is also worse in Volusia County than the State with males more than doubling the rate of females and the white population exceeding the black population.



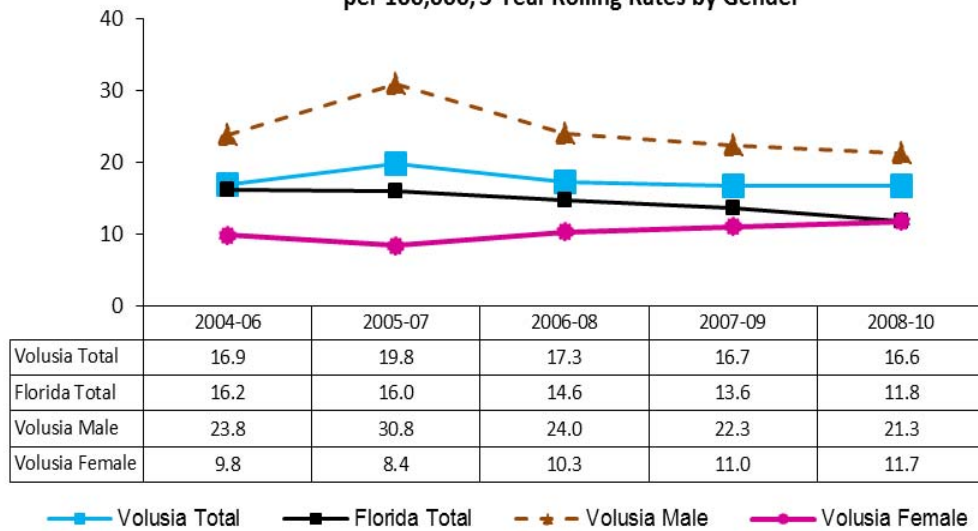
Source: Florida CHARTS

### Why is this Important?

An injury is damage to your body. It is a general term that refers to harm caused by accidents, falls, blows, burns, weapons and more. In the U.S., millions of people injure themselves every year. Injury mortality rate reflects the health and well-being of the population as well as the quality of the health care available. Injury mortality information is used by local governments and organizations to identify areas in need and designate available resources.



**Unintentional Injuries Death Rates, Ages 0-18 Years  
per 100,000, 3-Year Rolling Rates by Gender**

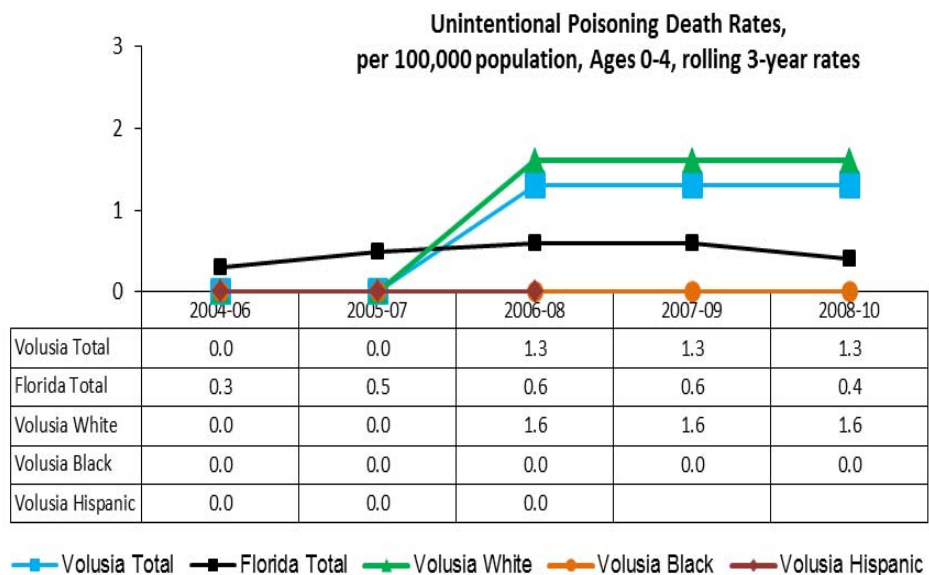


*Source: Florida CHARTS*

## Why is Measuring Poisoning Important?

Poisoning deaths come from external causes such as drugs, medicaments and biological substances. Unintentional poisoning is second only to motor vehicle crashes as a cause of unintentional injury death. Among people 35 to 54 years old, unintentional poisoning caused more deaths than motor vehicle crashes. Poisoning mortality information is used by local governments and organizations to identify areas in need and designate available resources.

While remaining steady, Volusia's death rate due to unintentional poisoning in the 0-4 years age breakdown (right) is higher in the State and in the fourth quartile.



*Source: Florida CHARTS*

### Falls – Volusia Higher than State

- Leading cause of fatal and non-fatal injuries among the 65+ population in Florida
- Significant physical, personal, social and economic burden
- Rate is increasing
- Hospitalizations due to falls are increasing

### Percentage of Adults 45 & Over Who Had a Fall-related Injury in the Past 3 Months

	2010
Volusia	6.6
Florida	5.7
Volusia Non-Hispanic White	6.0
Volusia Non-Hispanic Black	8.7
Volusia Hispanic	4.3
Volusia Male	6.5
Volusia Female	6.8

*Source: Behavioral Risk Factor Surveillance System Data Report*

Mechanism	<1	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	Total Count	County Age Adj Rate	Florida Age Adj Rate
Bite, Sting	56	535	470	456	424	313	401	261	179	140	3,235	730.2	346.8
Cut, Pierce	7	151	489	867	749	599	585	421	238	210	4,316	939.5	566.7
Drowning, Submersion	0	8	5	4	4	1	5	0	0	0	27	6.6	3.4
Fall	212	1,172	1,844	1,392	1,401	1,329	2,037	1,670	1,417	3736	16,210	3054.3	2026.6
Fire, Flame	1	16	8	51	27	30	34	14	7	7	195	43.1	20.6
Firearm	0	1	0	10	14	3	3	1	0	1	33	7.6	9.9
Hot Object, Substance	13	74	50	111	128	84	105	41	23	16	645	147.4	82.5
MV Traffic - Motorcyclist	0	1	14	139	103	85	115	51	18	7	533	115.6	41.8
MV Traffic - Occupant	21	85	234	1,141	893	664	635	383	230	165	4,451	971.2	726.4
MV Traffic - Oth, Unspec	1	1	17	187	181	125	115	74	41	34	776	167.2	90.5
MV Traffic - Pedalcyclist	0	0	20	33	23	20	26	11	1	1	135	30.6	19.4
MV Traffic - Pedestrian	1	3	24	70	43	26	33	15	10	9	234	51.5	32.1
Machinery	0	0	4	35	29	32	45	24	29	14	212	41.6	17.0
Natural, Environmental	2	14	25	57	55	54	73	32	23	31	366	76.7	42.2
Not E-Coded	5	21	39	75	74	52	54	39	22	26	407	88.1	161.0
Other Spec & Classifiable	28	282	363	450	408	353	328	199	111	147	2,669	601.4	346.9
Other Spec & NEC	12	50	162	342	244	199	198	88	55	72	1,422	316.8	249.4
Overexertion	11	134	634	1,186	1,206	1,033	946	512	260	237	6,159	1369.9	717.5
Pedalcyclist, Other	0	23	328	150	102	95	155	65	24	15	957	222.8	99.3
Pedestrian, Other	0	3	6	4	11	4	6	3	1	1	39	8.9	4.6
Poisoning	14	139	44	155	179	142	160	84	47	52	1,016	225.0	145.9
Struck By, Against	54	592	1,442	1,955	1,337	936	841	443	283	300	8,183	1881.4	1151.7
Suffocation	1	25	4	4	7	1	9	5	1	7	64	14.2	5.1

Transport, Other	0	7	67	127	116	69	49	26	11	8	<b>480</b>	111.7	60.6
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## Promote Health and Wellness (10)

Preventing disease before it starts is critical to helping people live longer.

### Indicators of a Healthy Community

Many of the strongest indicators of a healthy community fall outside of the health care setting. In Volusia County, the below indicators fall in the third or fourth quartile in the State:

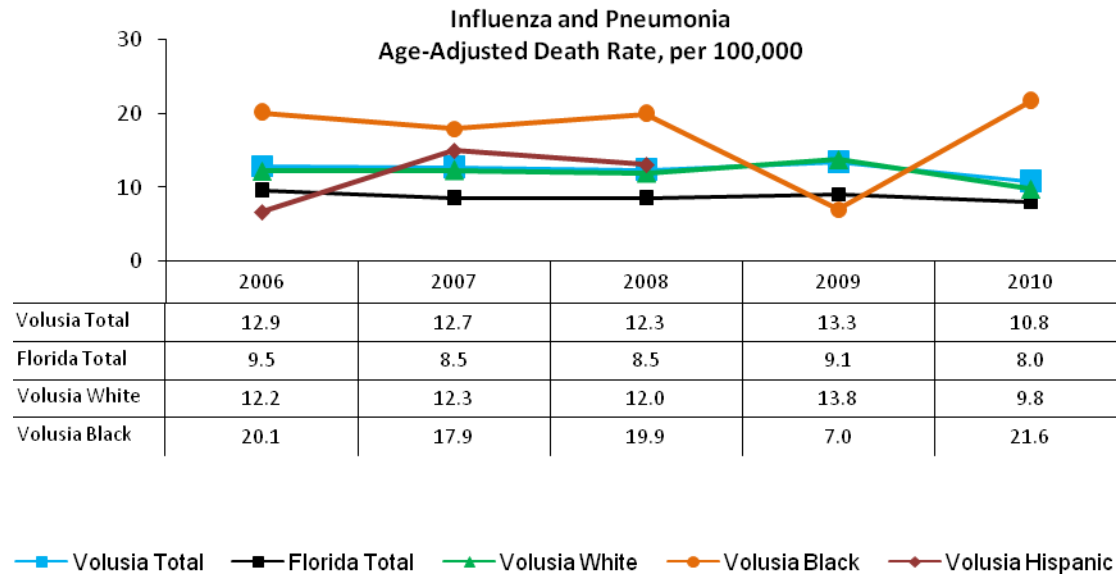
- Influenza and pneumonia age-adjusted death rate (steady)
- Kindergarten children fully immunized (steady)
- Adults with good physical health (no trend; little information)
- Adults who are overweight (getting worse)
- Adults with good mental health (no trend; little information)

<b>2010 Health Status and Quality of Life for Volusia Adults</b> (Percentages)			
	<b>Good to excellent overall health</b>	<b>"very satisfied" or "satisfied" with their lives</b>	<b>Always or usually receive social/emotional support needed</b>
Volusia Total	78.3	89.3	77.8
Florida Total	82.9	93.1	79.5
Volusia Non-Hispanic White	79.6	90.8	81.3
Volusia Non-Hispanic Black	72.7	79.9	65.0
Volusia Hispanic	79.4	90.0	64.7
Volusia Male	77.1	87.1	71.2
Volusia Female	79.4	91.4	83.8
<i>Source: Behavioral Risk Factor Surveillance System (BRFSS)</i>			

<b>2010 Health Status and Quality of Life for Volusia Adults</b> (Number of Days in the Past 30 Days)			
	<b>Poor mental or physical health interfered with activities of daily living</b>	<b>Unhealthy physical days</b>	<b>Unhealthy mental days</b>
Volusia Total	5.8	5.4	4.5
Florida Total	5.2	4.1	3.8
Volusia Non-Hispanic White	6.0	5.3	4.3
Volusia Non-Hispanic Black	5.8	6.0	6.5
Volusia Hispanic	4.4	3.7	3.5
Volusia Male	5.6	5.2	4.5
Volusia Female	5.9	5.6	4.5
<i>Source: Behavioral Risk Factor Surveillance System (BRFSS)</i>			

## Influenza and Pneumonia

The flu is a contagious infection of the nose, throat, and lungs caused by the influenza virus. Pneumonia is an infection of the lungs.



orida CHARTS

### Influenza (*the flu*)

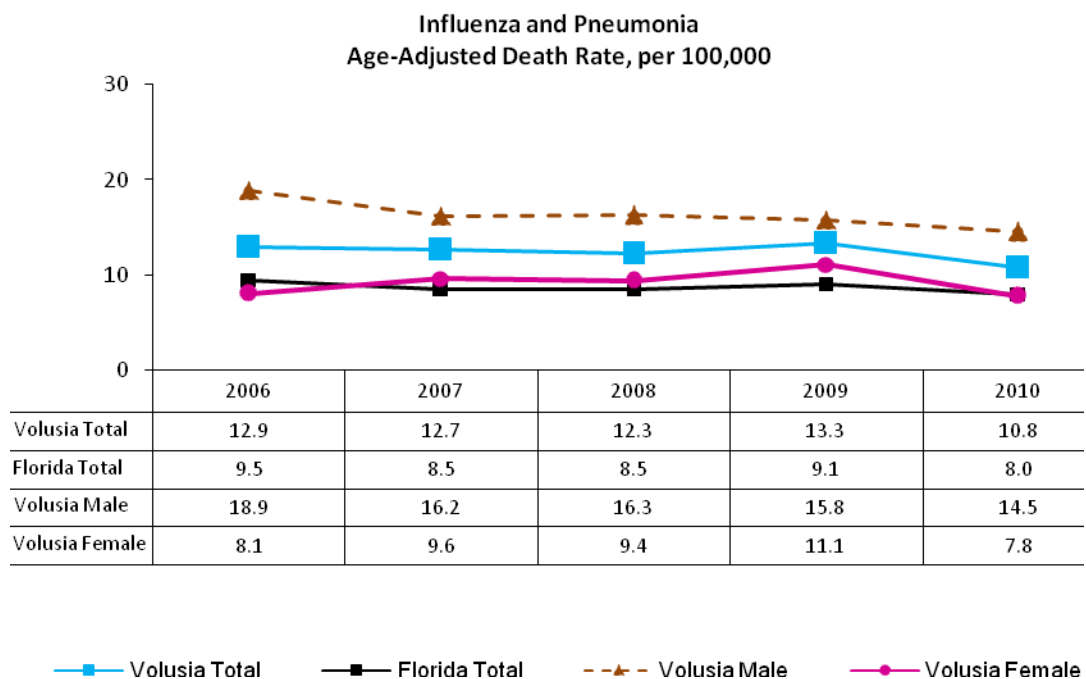
- can cause mild to severe illness
- at times can lead to death
- *some* older and younger people and people with certain health conditions, are at high risk for serious flu complications
- best way to prevent: get vaccinated

## Pneumonia

- usually caused by bacteria or viruses
- causes more deaths than any other infectious disease
- often prevented with vaccines
- usually treated with antibiotics or antiviral drugs

## Why is this important?

Together influenza and pneumonia constitute the sixth leading cause of death in the United States. The two diseases are reported together, as pneumonia is frequently a complication of influenza. Influenza is a contagious disease caused by a virus. Pneumonia is an infection of the lungs. The number of influenza deaths can fluctuate considerably from one year to the next and can become more virulent as the viruses constantly mutate year after year. Influenza and pneumonia mortality information is used by local governments and organizations to identify areas in need and designate available resources.



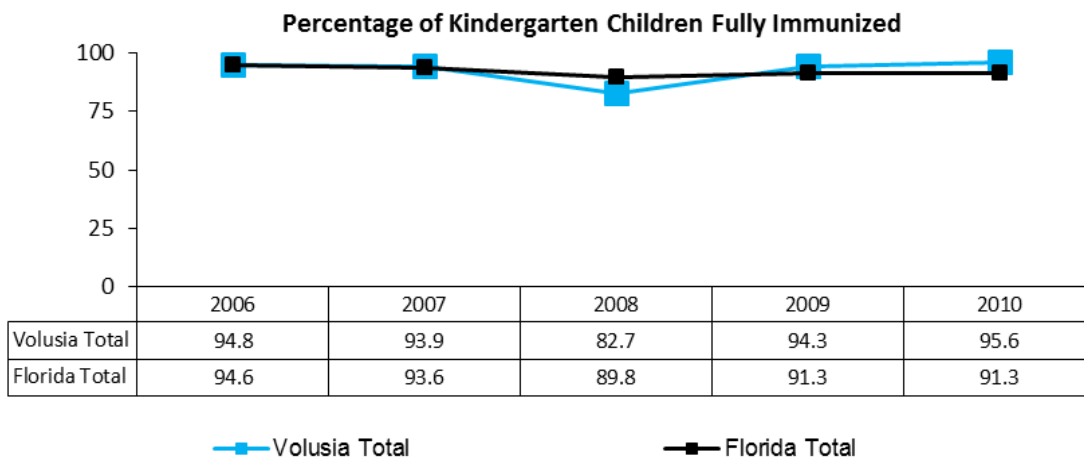
Source: Florida CHARTS

## Kindergarten Children Fully Immunized

Immunizations protect children from contracting and spreading communicable disease such as measles, mumps, and whooping cough. These diseases can result in extended school absences, hospitalizations, and death. Childhood illnesses also have a significant financial impact on parents including costly medical bills and loss of work time.

### Why is this important?

Immunization is one of public health's leading health indicators and a primary defense against some of the most deadly and debilitating diseases known. It is particularly important to vaccinate small children to prevent them from contracting serious diseases that can be prevented by immunizations.



Source: Florida CHARTS

*Healthy People 2010 Goal: Through mandatory immunization requirements for school-age children, Florida is able to improve immunization coverage and is available to assist in reducing the threat of vaccine-preventable diseases to our children's lives. The Florida Department of Health's Bureau of Immunization conducts an annual immunization survey of Kindergarten children attending public and private schools in Florida.*

In Volusia County the percentage of Kindergarten children fully immunized is steady and higher than the State. However, when calculated by a three-year rolling average (note: above is a single year percentage), considering how well the counties fare respectively, Volusia County falls in the fourth quartile.

## Adults who are Overweight

The percentage of overweight and obese adults is an indicator of the overall health and lifestyle of a community. Losing weight and maintaining a healthy weight helps prevent and control these diseases.

Being overweight or obese carries significant economic costs due to increased healthcare spending and lost earnings.

The percentage of Volusia County adults who are overweight is higher than the State, increasing since 2007. Non-Hispanic whites are heavier than other race and ethnicities and the percentage of overweight males is greater than females.

Percentage of Adults Who Are Overweight by Race, Ethnicity and Gender			
	2002	2007	2010
Volusia Total	36.8	37.6	38.9
Florida Total	35.1	38.0	37.8
Volusia Non-Hispanic White	35.2	38.9	40.0
Volusia Non-Hispanic Black	Not available	Not available	36.2
Volusia Hispanic	Not available	20.7	29.0
Volusia Male	48.9	47.7	41.9
Volusia Female	25.3	28.2	36.0
Source: Behavioral Risk Factor Surveillance System (BRFSS)			

### Obesity Increases Risk of:

- Heart disease
- Type 2 diabetes
- Cancer
- Hypertension
- Stroke
- Liver
- Gallbladder disease
- Respiratory problems
- Osteoarthritis

## Adults with Good Physical Health

According to the Center for Disease Control and Prevention, physical activity:

Percentage of Adults with Good Physical Health by Age		
	2007	2010
Volusia Total	86.9	81.8
Florida Total	88.8	87.4
Volusia 18-44	91.0	81.5
Volusia 45-64	81.5	82.1

- helps control weight, increases chances of living longer
- reduces risk of cardiovascular disease
- reduces risk of type 2 diabetes and metabolic syndrome
- reduces risk of some cancers
- strengthens bones and muscles
- improves mental health and mood
- improves ability to do daily activities and prevent falls

Volusia 65 & over	87.1	81.3
<i>Source: Behavioral Risk Factor Surveillance System (BRFSS)</i>		

In Volusia County, the percentage of adults with good physical health by age and by race, ethnicity and gender is not as high as the State reports. The percentage of adults with good physical health in the 18-44 age group dropped significantly from 2007 to 2010 (from 91% to 81.5%).

<b>Percentage of Adults with Good Physical Health by Race, Ethnicity and Gender</b>		
	<b>2007</b>	<b>2010</b>
Volusia Total	86.9	81.8
Florida Total	88.8	87.4
Volusia Non-Hispanic White	86.4	82.4
Volusia Non-Hispanic Black	Not available	79.1
Volusia Hispanic	92.6	85.9
Volusia Male	87.9	82.8
Volusia Female	85.9	80.8
<i>Source: Behavioral Risk Factor Surveillance System (BRFSS)</i>		

## 2010 Student Activity and BMI (Percentages)

	<b>Without sufficient vigorous physical activity</b>	<b>Reporting BMI at or above 95th percentile</b>
Middle School	26.8	11.3
High School	37.3	10.5
<i>Source: Behavioral Risk Factor Surveillance System (BRFSS)</i>		

## Adults with Good Mental Health

Good mental health is essential to overall health and personal well-being. The ability to lead a healthy, balanced and productive life stems, in part, from an individual's ability to handle emotions. Emotional problems can impair a person's thinking, feelings, and behavior and, over



time, can become increasingly serious and disabling (*The Substance Abuse and Mental Health Services Administration (SAMHSA)*).

Volusia County's percentage of adults with good mental health by age, race, ethnicity and gender is below that of the State.

<b>Percentage of Adults with Good Mental Health by Age</b>		
	<b>2007</b>	<b>2010</b>
Volusia Total	85.8	86.3
Florida Total	90.3	88.2
Volusia 18-44	82.4	83.0
Volusia 45-64	82.5	84.5
Volusia 65 & Over	94.5	92.8
<i>Source: Behavioral Risk Factor Surveillance System (BRFSS)</i>		

<b>Percentage of Adults with Good Mental Health by Race, Ethnicity and Gender</b>		
	<b>2007</b>	<b>2010</b>
Volusia Total	85.8	86.3
Florida Total	90.3	88.2
Volusia Non-Hispanic White	86.7	87.2
Volusia Non-Hispanic Black	Not available	80.3
Volusia Hispanic	74.5	86.0
Volusia Male	89.8	85.6
Volusia Female	82.1	86.8
<i>Source: Behavioral Risk Factor Surveillance System (BRFSS)</i>		

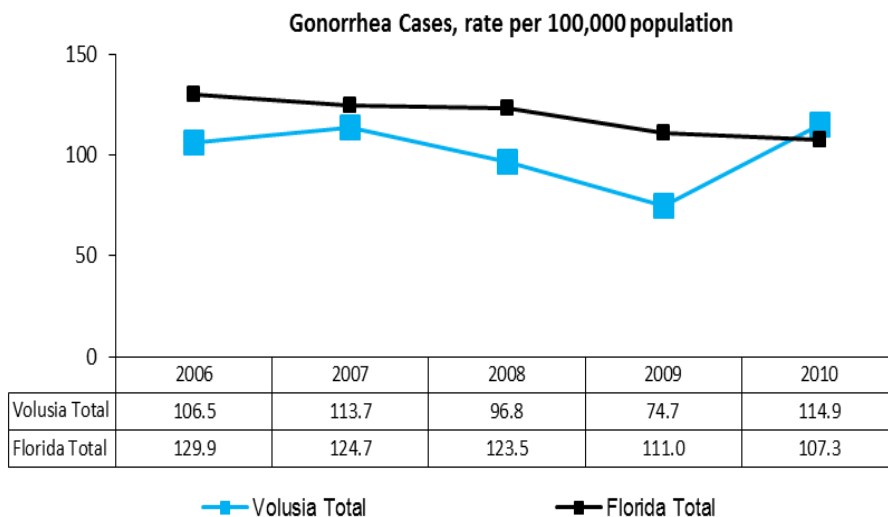
## **Why is Mental Health Important?**

Mental disorders are among the most common causes of disability. The resulting disease burden of mental illness is among the highest of all diseases. According to the National Institute of Mental Health (NIMH), in any given year, an estimated 13 million American adults (approximately 1 in 17) have a seriously debilitating mental illness.

Mental health disorders are the leading cause of disability in the United States and Canada, accounting for 25 percent of all years of life lost to disability and premature mortality. Suicide is the 11th leading cause of death in the United States, accounting for the deaths of approximately 30,000 Americans each year.

## Risky Sexual Activity (11)

Sexually transmitted diseases (STDs) are among the most common infectious diseases in the United States today. More than 20 STDs have been identified and they affect more than 13 million men and women annually.



*Source: Florida CHARTS*

### How Common is Gonorrhea?

- Very common infectious disease.
- Less than half of infections are reported.
- More than 700,000 U.S. persons get new gonorrheal infections each year (CDC).
- 301,174 cases of gonorrhea were reported to CDC (2009).
- Any sexually active person can be infected with gonorrhea.
- In Volusia County, the rate of cases exceeds that of the State.

<b>Gonorrhea Reported New Cases (actual)</b>			
	<b>2008</b>	<b>2009</b>	<b>2010</b>
Volusia	494	380	582
Florida	23,238	20,880	20,164

*Source: Florida CHARTS*

### Why is this Important?

Sexually transmitted diseases refer to more than 25 infectious organisms that are transmitted primarily through sexual activity. STD prevention is an essential for improving public health.

#### National Estimates:

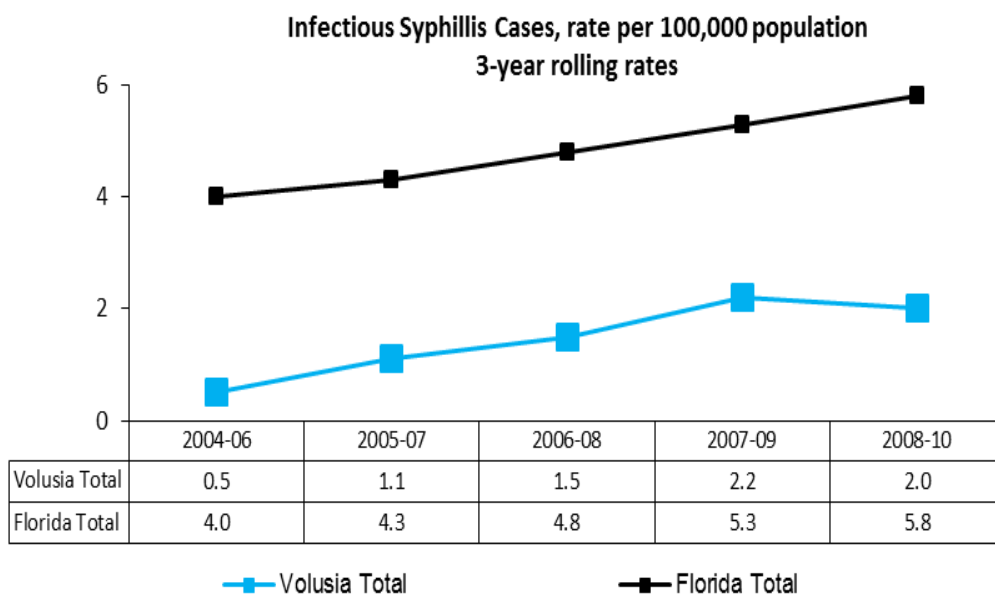
- 19 million new STD infections each year
- Half of new infections are among ages 15-24
- Cost to health care system: \$15.9 billion annually

## How Common is Syphilis?

- Syphilis is passed from person to person through direct contact with a syphilis sore.
- May not have symptoms for years.
- Transmission may occur from persons who are unaware of their infection.
- In Volusia County, the rate of infectious syphilis cases is less than the State.
- Volusia County is in the third quartile because of the number of counties that have fewer cases of infectious syphilis.

Syphilis Reported New Cases (actual)			
	2008	2009	2010
Volusia	9	14	8
Florida	1,041	1,041	1,184

Source: Florida CHARTS



Source: Florida CHARTS

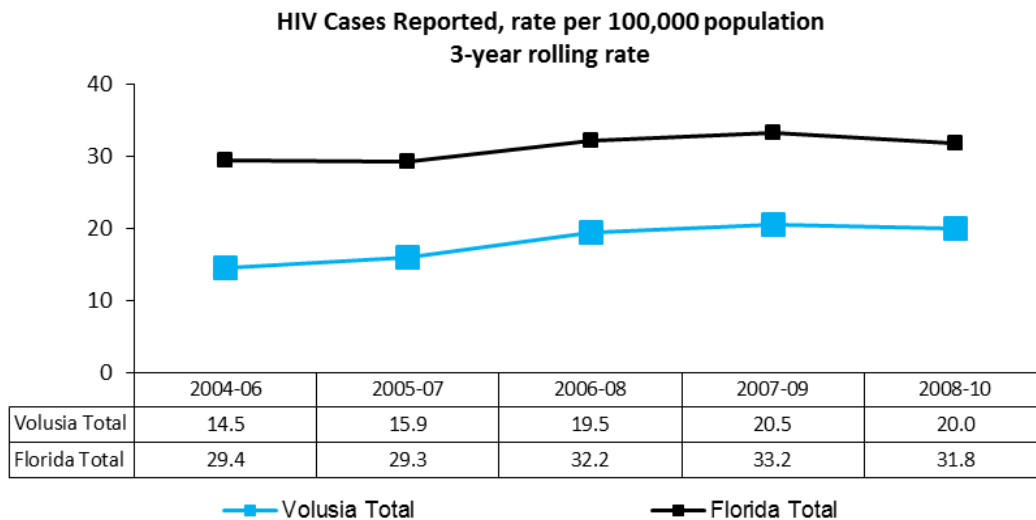
## HIV/AIDS

Since the AIDS epidemic began in 1981:

- 1.7 million Americans have been infected with HIV
- 583,298 have died of AIDS-related causes
- An estimated 21% of people living with HIV are undiagnosed
- Every 9.5 minutes, a new case is found.

Average Number of Reported New Cases, HIV (actual, rolling 3-year)			
	2006-08	2007-09	2008-10
Volusia	99	104	102
Florida	6,002	6,233	5,977

Source: Florida CHARTS



*Source: Florida CHARTS*

Florida has the highest HIV incidence in the country, and third to highest incidence of AIDS and HIV/AIDS age-adjusted death rates. Although incidence of both HIV and AIDS is very high, Florida has seen a decline over the last three years. The cases of HIV reported in Volusia County are less than Florida's rate and falls in the third quartile.

### Why is this Important?

According to the CDC, more than 18,000 people with AIDS still die each year in the United States. The CDC also estimates that more than one million people are living with HIV in the U.S. It is estimated that one in five (21%) of those people living with HIV is unaware of their infection.

*The Healthy People 2020 national health target is to reduce the HIV infection deaths to 3.3 deaths per 100,000 population.*

<b>Percentage of Adults Less than 65 Who Have Ever Been Tested for HIV by Race, Ethnicity and Gender</b>			
	<b>2002</b>	<b>2007</b>	<b>2010</b>
Volusia Total	40.6	49.9	47.7
Florida Total	47.7	49.1	48.4
Volusia Non-Hispanic White	40.4	47.9	44.7
Volusia Non-Hispanic Black	Not available	Not available	62.0
Volusia Hispanic	Not available	Not available	60.6
Volusia Male	40.0	43.8	37.4
Volusia Female	41.1	55.8	58.1

*Source: Florida CHARTS*

### Testing

HIV is preventable. It has a significant impact on the physical, emotional and fiscal health of the affected person and places others at risk of infection.

The percentage of Volusia adults less than 65 who have ever been tested for HIV is less than the State. More women than men have been tested and a lower percentage of the white population have been tested compared to other race/ethnicities.

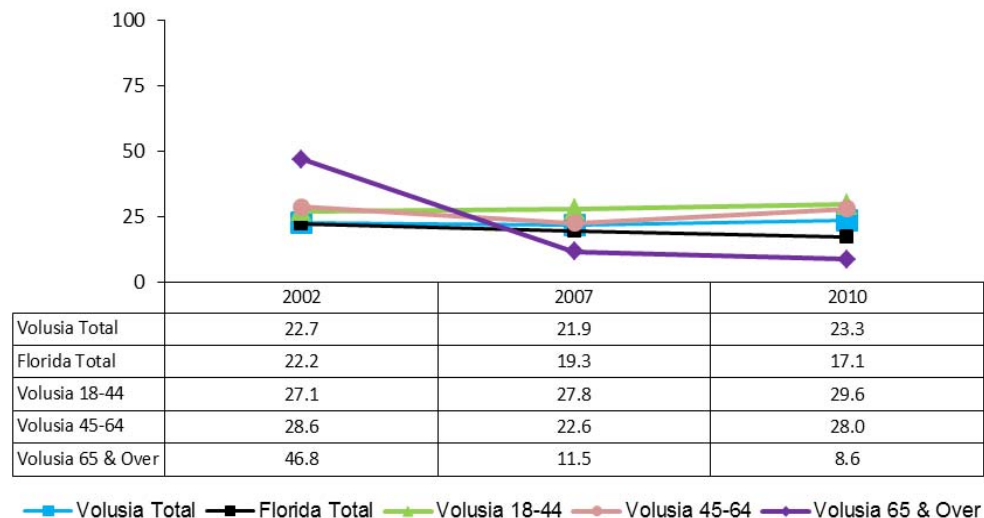
## Tobacco (12)

Tobacco is the agent most responsible for avoidable illness and death in America today. Tobacco use brings premature death to almost half a million Americans each year, and it contributes to profound disability and pain in many others. Approximately one-third of all tobacco users in this country will die prematurely because of their dependence on tobacco. Areas with a high smoking prevalence will also have greater exposure to secondhand smoke for non-smokers, which can cause or exacerbate a wide range of adverse health effects, including cancer, respiratory infections, and asthma. (*Northeast Florida Counts*)

*Healthy People 2020 national health target: to reduce the proportion of adults aged 18 years and older who smoke cigarettes to 12%.*

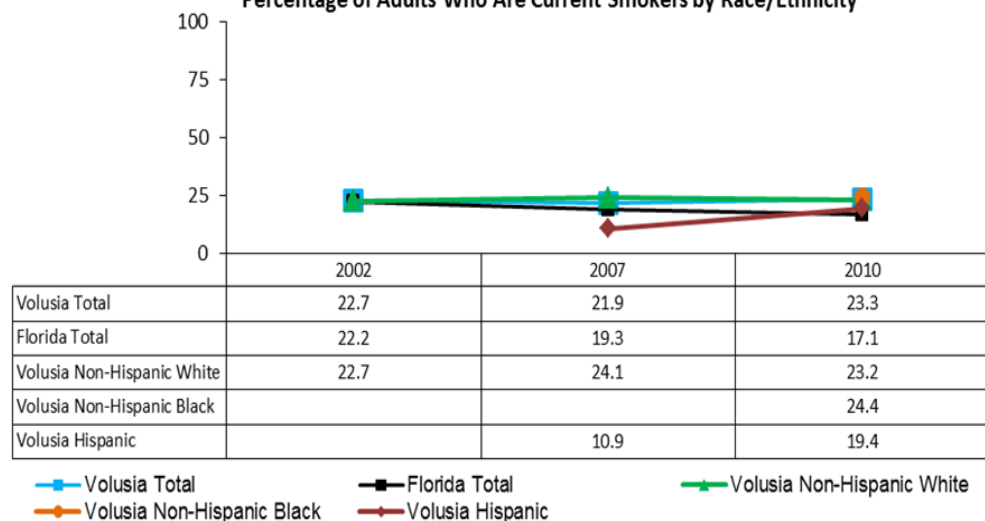
17% of Florida adults are current smokers. This is defined as those who have smoked 100+ cigarettes in their lifetime and who are still smokers. Volusia County adults surpass this percentage at 23%. Non-Hispanic Blacks (24%) and ages 18-44 (29.6%) have the highest rates.

Percentage of Adults Who Are Current Smokers by Age



Source: Florida CHARTS

Percentage of Adults Who Are Current Smokers by Race/Ethnicity



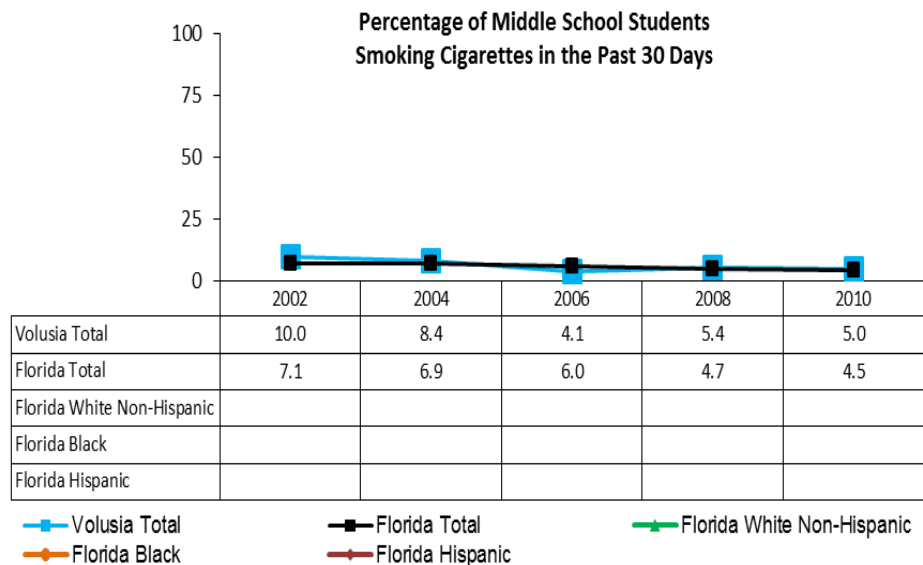
## Why is This Important?

Source: Florida CHARTS

Tobacco use is the single most preventable cause of death and disease in the United States. Each year, approximately 443,000 Americans die from tobacco-related illnesses. For every person who dies from tobacco use, 20 more people suffer with at least 1 serious tobacco-related illness. Tobacco use costs the U.S. \$193 billion annually in direct medical expenses and lost productivity.

## Percentage of Middle School Students Smoking Cigarettes in Past 30 Days

In 2010, 5% of middle school students smoked one or more cigarettes during the past 30 days. While our trend is getting better, Volusia County is higher than the State percentage. Disparity data not available.



Source: 2010 Florida Youth Substance Abuse Survey

Percentage of Adult Current Smokers Who Tried to Quit Smoking at Least Once in the Past Year			
	2002	2007	2010
Volusia	44.8	50.9	61.3
Florida	55.3	53.2	30.1
Volusia White	44.1	53.7	56.9
Volusia Black	Not available	Not available	Not available
Volusia Hispanic	Not available	Not available	Not available
Volusia Male	42.9	51.2	61.7
Volusia Female	46.6	50.6	60.9

Source: Behavioral Risk Factor Surveillance System Data Report

## Youth Alcohol and Drug Use (13)

Alcohol use by persons under age 21 years is a major public health problem. Alcohol is the most commonly used and abused drug among youth in the United States, more than tobacco and illicit drugs.

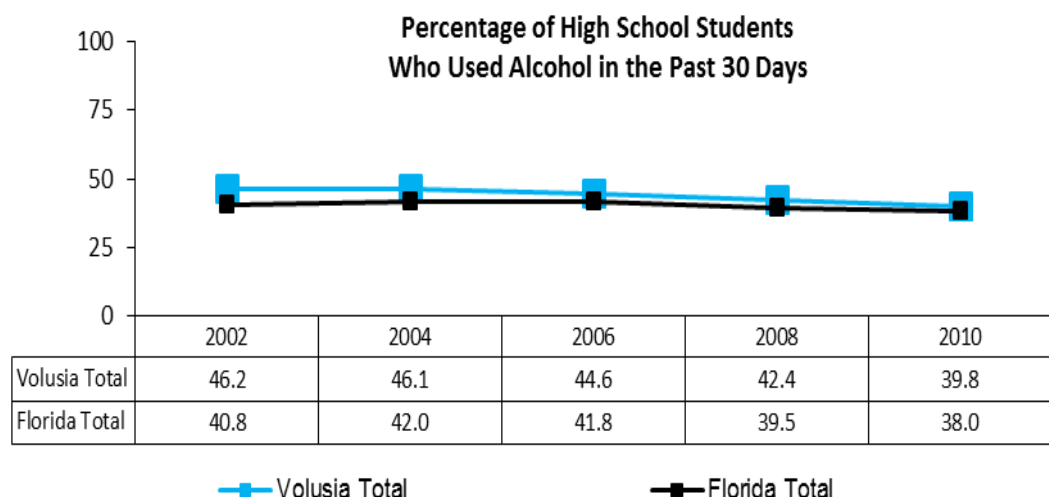
### Drinking Under Age 21 is Illegal, But...

- People aged 12 to 20 years drink 11% of all alcohol consumed in the United States.
- More than 90% of this alcohol is consumed in the form of binge drinks.
- On average, underage drinkers consume more drinks per drinking occasion than adult drinkers.
- In 2008, there were approximately 190,000 emergency rooms visits by persons under age 21 for injuries and other conditions linked to alcohol.
- Youth who start drinking before age 15 years are five times more likely to develop alcohol dependence or abuse later in life than those who begin drinking at or after age 21 years.

### Youth Alcohol Use in Florida

The Florida Youth Substance Abuse Survey (FYSAS) is administered bi-annually to randomly selected middle and high school students. Used to capture behavior, it is the only valid source of youth behavior. These indicators measure the percent of self-reported use of alcohol by high school students, the self-reported use of marijuana or hashish by high school students and middle schools students (respectively) in the past 30 days.

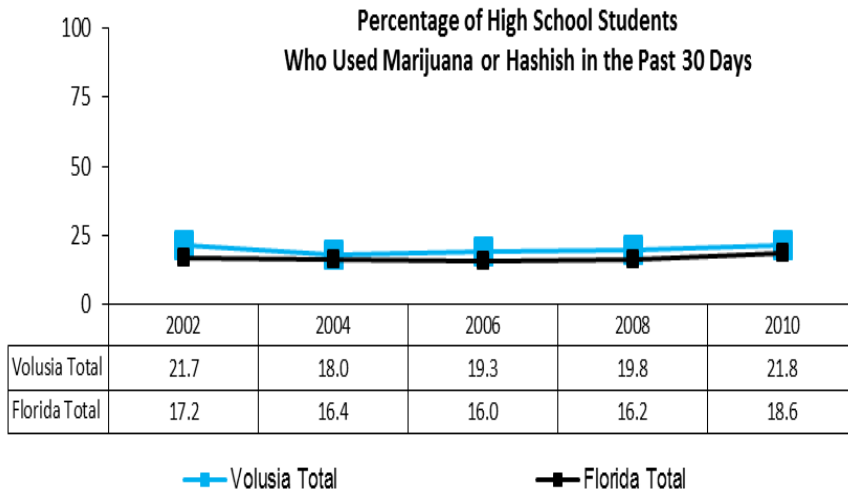
Volusia County high school students are self-reporting a greater level of alcohol consumption in the last 30 days than the State. Disparity data is not available by county, but by the State.



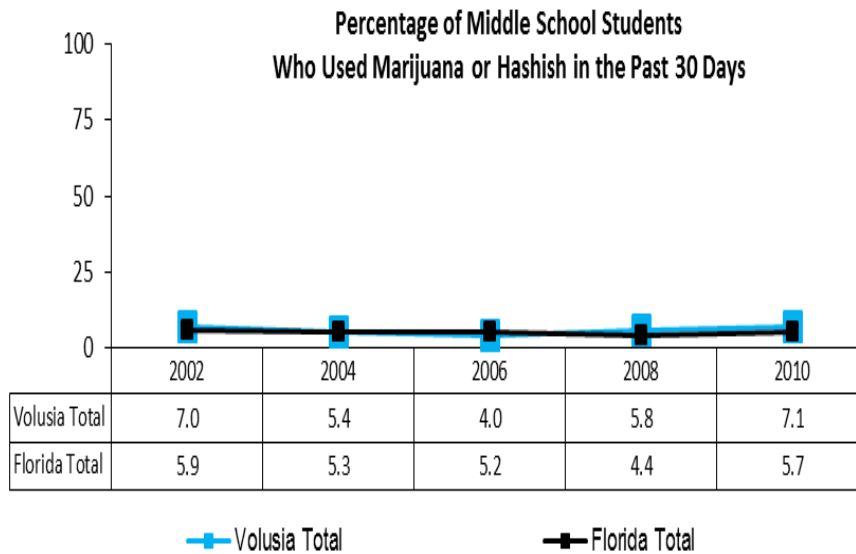
Source: Florida Youth Substance Abuse Survey

## Marijuana Use Among Youth

Marijuana use among youth is increasing and Volusia County youth self-reported a greater use than the State. Volusia County is in the fourth quartile among high school students.



*Source: Florida Youth Substance Abuse Survey*



*Source: Florida Youth Substance Abuse Survey*



## Volusia County Past 30-Day Trend in Alcohol, Cigarettes and Marijuana or Hashish

	<b>2002</b>			<b>2004</b>			<b>2006</b>		
	<i>Middle School</i>	<i>High School</i>	<i>Total</i>	<i>Middle School</i>	<i>High School</i>	<i>Total</i>	<i>Middle School</i>	<i>High School</i>	<i>Total</i>
<b>Alcohol</b>	21.5	46.2	35.2	21.8	46.1	35.5	20.0	44.6	34.4
<b>Binge Drinking</b>	11.2	27.7	20.5	9.9	24.1	17.9	8.1	24.1	17.6
<b>Cigarettes</b>	10.0	18.7	14.9	8.4	17.4	13.4	4.1	13.9	9.8
<b>Marijuana or Hashish</b>	7.0	21.7	15.4	5.4	18.0	12.5	4.0	19.3	13.0
<b>Inhalants</b>	5.4	2.2	3.7	4.9	3.7	4.2	5.0	3.5	4.1
<i>Source: Florida Youth Substance Abuse, 2010</i>									

	<b>2008</b>			<b>2010</b>		
	<i>Middle School</i>	<i>High School</i>	<i>Total</i>	<i>Middle School</i>	<i>High School</i>	<i>Total</i>
<b>Alcohol</b>	17.2	42.4	31.5	16.2	39.8	29.7
<b>Binge Drinking</b>	6.4	25.3	17.1	8.1	21.4	15.7
<b>Cigarettes</b>	5.4	13.8	10.2	5.0	12.8	9.4
<b>Marijuana or Hashish</b>	5.8	19.8	13.8	7.1	21.8	15.5
<b>Inhalants</b>	5.6	2.2	3.7	4.4	2.0	3.0
<i>Source: Florida Youth Substance Abuse, 2010</i>						

# Volusia County Health Resources and Access to Services

The quality of - and access to - health resources lends itself to an overall healthy community. Volusia County is home to a comprehensive range of health services.

While the county has been historically identified by three health regions – East, Southeast and West – health and human services, emergency personnel and other governmental agencies commonly divide the county into four large quadrants and strategic planning has often mirrored this geographic stratification.

<b>East Volusia</b> <i>(Greater Daytona Beach Area, or the Halifax Area)</i>	<b>Southeast Volusia</b> <i>(Greater New Smyrna Beach Area)</i>	<b>West Volusia</b>
This region includes the cities of Daytona Beach, Daytona Beach Shores, Holly Hill, Ormond Beach, Ponce Inlet, Port Orange, and South Daytona; and the surrounding unincorporated areas close to these cities.	This region includes the cities of New Smyrna Beach, Edgewater, and Oak Hill; also the unincorporated areas close to these cities.	This region includes the cities of Barberville, Debary, DeLand, De Leon Springs, Deltona, Glenwood, Lake Helen, Orange City, Pierson, and Seville; as well as the surrounding unincorporated areas close to these cities. Deltona is the largest city in Volusia County.
		This region – due to its size, area of land and population – is largely identified as two of the four quadrants of the county: Southwest Volusia and Northwest Volusia.
<b>Hospital(s) in Area:</b> Halifax Health Medical Center, Port Orange; Florida Hospital Oceanside, Ormond Beach; Halifax Health Medical Center, Daytona Beach; Florida Hospital Memorial Medical Center, Daytona Beach	<b>Hospital(s) In Area:</b> Bert Fish Medical Center	<b>Hospital(s) in Area:</b> Florida Hospital, DeLand; Florida Hospital Fish Memorial, Orange City;

## Area Hospitals

There are seven hospitals that combine nearly 2,000 beds in Volusia County. In addition, there are more than 600 practicing physicians outside the hospital setting that specialize in a broad array of fields.

- Florida Hospital, Deland: 156 licensed beds
- Florida Hospital Fish Memorial, Orange City: 139 licensed beds
- Halifax Health Medical Center, Port Orange: 80 licensed beds
- Florida Hospital Oceanside, Ormond Beach: 119 licensed beds
- Halifax Health Medical Center, Daytona Beach: 654 licensed beds
- Bert Fish Medical Center, New Smyrna Beach: 112 licensed beds
- Florida Hospital Memorial Medical Center, Daytona Beach: 277 licensed beds

### Florida Hospital Volusia/Flagler

With four campuses in Volusia County, Florida Hospital Volusia/Flagler specializes in a wide range of health services including nationally recognized programs in cardiology, cancer, women's medicine, neurology, diabetes, orthopaedics and rehabilitation.

### Halifax Health

Halifax Health offers a tertiary hospital in Daytona Beach, a community hospital in Port Orange, psychiatric services, four cancer treatment centers, hospice, a Neonatal Intensive Care Unit (NICU), the Florida's largest emergency department and the area's only Level II Trauma Center.

### Bert Fish Medical Center

Bert Fish is a not-for-profit acute care facility with outpatient programs in New Smyrna Beach and in Edgewater. Bert Fish Medical Center offers services including ICU, PCU, surgery program, radiology, and an oncology center.

### Hospital Taxing Districts

Volusia is the only county in Florida (67 counties) with three hospital taxing districts. The hospital special taxing districts levy ad valorem taxes used to provide for indigent care. The three hospital districts -- Halifax, Southeast Volusia and West Volusia -- collect about \$55 million in tax revenue and each district distributes the money differently and taxes at different rates.

Halifax Hospital District	<ul style="list-style-type: none"><li>• Supports Halifax Health Medical Center in Daytona Beach and Halifax Health Medical Center in Port Orange and other clinics/services</li><li>• Board Members Appointed by Governor</li><li>• Money does not follow patient</li></ul>
Southeast Volusia Hospital District	<ul style="list-style-type: none"><li>• Oversees Bert Fish Medical Center</li><li>• Board Members Appointed by Governor</li><li>• Money follows patient</li></ul>

West Volusia Hospital Authority	<ul style="list-style-type: none"> <li>• District Pays for Indigent Care in Clinics and at Florida Hospital DeLand and Florida Hospital Fish Memorial in Orange City</li> <li>• Elected Board</li> <li>• Money follows patient</li> </ul>
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### Volusia County, Community Health Characteristics\*

• Number of annual hospitalizations (4/10 – 3/11) <sup>1</sup>	54,412
• Number of annual emergency department (ED) visits (4/10 – 3/11) <sup>1</sup>	216,937
• Number ED visits paid by Commercial/HMO/PPO Insurance <sup>1</sup>	38,517
• Number ED visits paid by Medicare/Medicare Managed Care <sup>1</sup>	39,443
• Number ED visits paid by Medicaid/Medicaid Managed Care <sup>1</sup>	71,459
• Number ED visits paid by Self Pay <sup>1</sup>	50,819
• Number ED visits paid by KidCare <sup>1</sup>	2,373
• Number ED visits paid by Other <sup>1**</sup>	7,821
• Number of Medical Doctors and Osteopathic Physicians <sup>2</sup>	1,145
• Number of Dentists <sup>2</sup>	240

\* Hospitalizations and Emergency Department visits are for Flagler & Volusia Counties' residents and county facilities only.

\*\*Other – includes Workers' Comp., TriCare or other Federal Government, VA, State/Local government, and Other Sources:

1. Agency for Health Care Administration (April 2010-March 2011)

2. Department of Health, License Verification (currently licensed providers)

## Public Health, Services & Resources

### Volusia County Health Department

The Volusia County Health Department extends its reach of resources throughout the community. Services include basic family health care, immunizations, water testing, indoor air quality programs, health promotion, tobacco prevention, dental services, breast and cervical cancer screenings and much more.

### Federally Qualified Health Centers

A Federally Qualified Health Center (FQHC) is a reimbursement designation in the United States that refers to several health programs funded under the Health Center Consolidation Act (Section 330 of the Public Health Service Act) which include Community Health Centers, Migrant Health Centers, Health Care for the Homeless Programs, and Public Housing Primary Care Programs. There are three federally qualified health centers in Volusia County: Deland Medical Center, Northeast Florida Health Services in Deltona and Pierson Medical Center.

### Other Health Care Services in Volusia County

The following is a list of other health care services and agencies in Volusia County:

Home Health Agencies.....	38	Rural Health Clinics .....	3
Hospice.....	5	Adult Day Care Centers .....	4
Nursing Home Beds.....	3,427	Assisted Living Facilities .....	91

### Community Collaborations & Social Service Agencies

Human service providers are an extension of community healthcare in Volusia County. The level of resources through programs and collaborations is comprehensive, covering services from cradle to the grave.

<b>Education</b>	<ul style="list-style-type: none"><li>• Volusia County School District school health services are a public service for students pre-Kindergarten through 12<sup>th</sup> grade</li><li>• Bethune-Cookman University, Odessa Chambliss Wellness Center</li></ul>
<b>Community Collaborations</b>	<ul style="list-style-type: none"><li>• Behavioral Health Consortium (mental and behavioral health)</li><li>• Let's Move Volusia's YOUth Coalition (obesity prevention)</li><li>• One Voice for Volusia (community coalition, all sectors; separate <i>thrive by five</i> collaborative)</li><li>• Infant Mental Health Chapter</li><li>• Substance Abuse Task Force (prescription medication)</li></ul>
<b>Social Service Agencies</b>	<ul style="list-style-type: none"><li>• Council on Aging of Volusia County (senior services)</li><li>• Healthy Start Coalition of Volusia/Flagler (mother, pre-pregnancy through generally age 3)</li><li>• Early Learning Coalition of Flagler/Volusia (early childhood/learning)</li><li>• The Chiles Academy</li><li>• Halifax Urban Ministries and Family Star Center</li><li>• Mental Health Association</li></ul>

Health Insurance	Volusia		Florida	
	Number	Percent	Number	Percent
Total Population (civilian, non-institutionalized)	489,240	100%	18,534,081	100%
Total with Health Insurance Coverage (% of Total Population)	391,605	80.0%	14,593,021	78.7%
Under 6 with health insurance coverage (% of Under 6)	25,021	90.3%	1,159,682	90.1%
With private health insurance (% of Under 6 with health insurance coverage)	11,270	45.0%	608,780	52.5%
With public coverage (% of Under 6 with health insurance coverage)	14,131	56.5%	578,569	49.9%
Under 18 with health insurance coverage (% of Under 18)	80,935	87.8%	3,483,313	87.3%
Private health insurance only (% of Under 18 with health insurance coverage)	47,153	58.3%	2,010,780	57.7%
Public coverage only (% of Under 18 with health insurance coverage)	32,194	39.8%	1,376,290	39.5%
Both Private & Public coverage (% of Under 18 with health insurance coverage)	1,588*	2.0%*	96,243	2.8%
18 to 64 with health insurance coverage (% of 18 to 64)	208,767	70.9%	7,947,065	70.1%
Private health insurance only (% of 18 to 64 with health insurance coverage)	167,307	80.1%	6,538,482	82.3%
Public coverage only (% of 18 to 64 with coverage)	32,047	15.4%	1,092,060	13.7%
Both Private & Public coverage (% of 18 to 64 with health insurance coverage)	9,413*	4.5%*	316,523	4.0%
65+ with health insurance coverage (% of 65+)	101,903	99.5%	3,162,643	98.6%
Private health insurance only (% of 65+ with health insurance coverage)	1,397	1.4%	70,091	2.2%
Public coverage only (% of 65+ with health insurance coverage)	29,871	29.3%	1,236,375	39.1%
Both Private & Public coverage (% of 65+ with health insurance coverage)	70,635	69.3%	1,856,177	58.7%

Sources: U.S. Census, 2010 American Community Survey

# Appendices

The Advisory Committee reviewed a variety of data and information to develop their priorities for the Community Health Needs Assessment and Community Health Improvement Plan.

## **Appendix A: Summary of Health Indicators**

A summary of one-year data for 117 health indicators and 46 demographic indicators was created as an initial step in the prioritization process. The summary included quartile information that helped the Advisory Committee focus on key issues for Volusia County.

**See Page 68**

## **Appendix B: Prioritization Methodology**

The Advisory Committee considered a variety of factors when reviewing health indicator data and community demographics. This Prioritization Methodology summarizes these considerations.

**See Page 78**

## **Appendix C: AHRQ Prevention Quality Indicators**

The Advisory Committee reviewed a summary Prevention Quality Indicators (PQI) and cross walked the PQIs with the initial health priorities.

**See Page 79**

## **Appendix D: Florida Department of Health Minority Profiles**

The Advisory Committee reviewed Minority Health Profiles prepared by the Florida Department of Health.

**See Page 80**

## **Appendix E: Summary of Community Input**

As part of the prioritization process, community and stakeholder input was gathered from participants attending a regular community group, the One Voice for Volusia Coalition monthly meeting. The 74 participants present at the February 8, 2012 meeting participated in a facilitated brainstorming input session.

**See Page 90**

## **Appendix F: Local Public Health System Assessment**

The Advisory Committee reviewed as assessment of the local public health system that was conducted by the Volusia County Health Department in September, 2011 utilizing an instrument developed by National Association of County and City Health Officials (NACCHO) and Centers for Disease Control and Prevention (CDC). **The assessment document can be found at: <http://ovfv.org/lphsa.pdf>**

## **Appendix G: Florida State Health Status Report, 12-2-11 Draft**

The Advisory Committee reviewed a state-level assessment of priority health issues. **The draft assessment document can be found at:** <http://ovfv.org/Statehealthstatus.pdf>

**Appendix H: Forces of Change Assessment, Florida Department of Health**








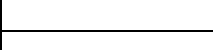
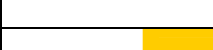










The Advisory Committee reviewed a state-level assessment of forces of change impacting public health in the state (intangible issues that impact the environment in which the public health system operates--trends, legislation, funding shifts, federal, state and local legislation, technological advances, changes in organization of health care services, shifts in economic and employment forces, changing family structures etc.) **The assessment document can be found at:** <http://ovfv.org/Forcesofchange.pdf>





# Summary of Health Indicators, Volusia County

Health Behaviors and Risk Factors							
Indicator	Source	Year	Rate Type	County Rate	State Rate	Quartile 1-Most favorable 4-Least favorable	
1. Adults who are current smokers	1	2010	Percent	23.3	17.1		3
2. Middle school students smoking cigarettes in the past 30 days	22	2010	Percent	7.4	4.0		3
3. High school students smoking cigarettes in the past 30 days	22	2010	Percent	16.0	13.1		2
4. Adults who engage in heavy or binge drinking	1	2010	Percent	14.1	15.0		2
5. Middle school students who used alcohol in the past 30 days	22	2010	Percent	16.2	16.8		2
6. High school students who used alcohol in the past 30 days	22	2010	Percent	39.8	38.0		3
7. Middle school students who used marijuana/ hashish in past 30 days	22	2010	Percent	7.1	5.7		3
8. High school students who used marijuana/ hashish in past 30 days	22	2010	Percent	21.8	18.6		4
9. Adults who meet moderate physical activity recommendations	1	2007	Percent	38.1	34.6		2
10. Middle school students without sufficient vigorous physical activity	22	2010	Percent	26.8	30.7		2
11. High school students without sufficient vigorous physical activity	22	2010	Percent	37.3	39.1		2
12. Adults who consume at least 5 servings of fruits & vegetables a day	1	2007	Percent	27.9	26.2		2
13. Adults who are overweight	1	2010	Percent	38.9	37.8		3
14. Adults who are obese	1	2010	Percent	26.8	27.2		2
15. Middle school students reporting BMI at or above 95 <sup>th</sup> percentile	22	2010	Percent	11.3	11.7		2

16. High school students reporting BMI at or above 95 <sup>th</sup> percentile	22	2010	Percent	10.5	11.5		<b>1</b>
17. HIV cases reported	10	08-10	Per 100,000	20.0	31.8		<b>3</b>
18. Teen birth rate (15-19)	7	08-10	Per 1,000	36.2	37.0		<b>2</b>
19. Chlamydia cases	10	08-10	Per 100,000	322.9	387.0		<b>2</b>
20. Gonorrhea cases	10	08-10	Per 100,000	95.4	113.9		<b>3</b>
21. Infectious Syphilis Cases	10	08-10	Per 100,000	2.0	5.8		<b>3</b>
22. Kindergarten children fully immunized	11	08-10	Percent	90.8	90.8		<b>4</b>
23. Adults who received a flu shot in the past year	1	2010	Percent	40.7	36.5		<b>1</b>
24. Adults who have ever received a pneumonia vaccination	1	2010	Percent	38.1	30.6		<b>1</b>
25. Screening, women 40 & over who received a mammogram in the past year	1	2010	Percent	58.4	61.9		<b>2</b>
26. Screening, women 18 & over who received a Pap test in the past year	1	2010	Percent	56.3	57.1		<b>3</b>
27. Screening, men 50 & over who received a digital rectal exam in the past year	1	2010	Percent	48.1	48.5		<b>2</b>
28. Screening, adults with diagnosed diabetes	1	2010	Percent	13.5	10.4		<b>4</b>
29. Screening, adults with diabetes who had two A1C tests in the past year	1	2010	Percent	72.2	75.6		<b>3</b>
30. Screening, adults who have diagnosed high blood cholesterol	1	2010	Percent	41.3	38.6		<b>3</b>
31. Screening, adults with diagnosed hypertension	1	2010	Percent	34.6	34.3		<b>2</b>
32. Screening, over 50 who received a sigmoidoscopy or colonoscopy in the past year	1	2010	Percent	54.8	56.4		<b>3</b>
33. Testing, adults less than 65 who have ever been tested for HIV	1	2010	Percent	47.7	48.4		<b>3</b>
34. Unintentional Injuries, adults 45 & over who had a fall-related injury in the past 3 months	1	2010	Percent	6.6	5.7		<b>3</b>
35. Emergency Department Visits for Non-fatal Unintentional Injuries, Bite, Sting (high number for ages 1-4)	23	2009	Per 100,000	716.3	366.1	not available	

36. Emergency Department Visits for Non-fatal Unintentional Injuries, Traffic-Motorcyclist	23	2009	Per 100,000	121.6	50.7	not available
37. Emergency Department Visits for Non-fatal Unintentional Injuries, Traffic-Occupant (high number for ages 15-24)	23	2009	Per 100,000	912.8	781.7	not available
38. Emergency Department Visits for Non-fatal Unintentional Injuries, Overexertion (high number for ages 15-44)	23	2009	Per 100,000	1,458.7	799.8	not available
39. Emergency Department Visits for Non-fatal Unintentional Injuries, Suffocation (high number for ages 1-4)	23	2009	Per 100,000	11.2	4.0	not available
40. Adults with good physical health	1	2010	Percent	81.8	87.4	4
41. Adults with good mental health	1	2010	Percent	86.3	88.2	3
42. Low birth weight births	7	08-10	Percent	8.5	8.7	3
43. Early (First Trimester) Prenatal Care	7,13	08-10	Percent	76.9	78.1	3
44. Adults who visited a dentist/dental clinic in the past year (first year of data)	1	2010	Percent	62.8	64.7	2
45. Adults who had their teeth Cleaned in the past year (first year of data)	1	2010	Percent	58.1	60.9	2

Morbidity						
Indicator	Source	Year	Rate Type	County Rate	State Rate	Quartile 1-Most favorable 4-Least favorable
46. Congestive Heart Failure Age-Adjusted Hospitalization Rate	8	08-10	Per 100,000	136.0	149.1	2
47. Asthma Age-Adjusted Hospitalization Rate	8	08-10	Per 100,000	741.9	755.1	3
48. Diabetes Age-Adjusted Hospitalization Rate	8	08-10	Per 100,000	2023.3	2198.0	3
49. Coronary heart disease age-adjusted hospitalization rate	8	08-10	Per 100,000	378.9	406.7	2
50. Stroke age-adjusted hospitalization rate	8	08-10	Per 100,000	268.7	265.5	3
51. Chronic Lower Respiratory Disease age-adjusted hospitalization rate	8	08-10	Per 100,000	317.0	361.4	2
52. Vaccine Preventative Disease Rate (Acute Hep, B, Measles, Mumps, Rubella, Pertussis, Tetanus)	10	08-10	Per 100,000	2.8	3.9	2

53. Tuberculosis Cases	10	08-10	Per 100,000	1.8	4.6		2
54. Gonorrhea cases reported	10	08-10	Per 100,000	95.4	113.9		3
55. Adults who have been told they have some form of arthritis	1	2010	Per 100,00	38.7	32.0	not available	
56. Adults who currently have asthma	1	2010	Percent	9.0%	8.3%		3
57. Adults who have ever had a heart attack, angina, or coronary	1	2010	Percent	12.2%	10.2%		3
58. Adults who have ever had a stroke	1	2010	Percent	3.3%	3.5%		2
59. Adults with diagnosed diabetes	1	2010	Percent	13.5%	10.4%		4
60. Adults with diagnosed hypertension	1	2010	Percent	34.6%	34.3%		2
61. Lung cancer age-adjusted incidence rate	9	06-08	Per 100,000	73.4	65.9		2
62. Colorectal cancer age-adjusted incidence rate	9	06-08	Per 100,000	41.2	42.0		2
63. Breast cancer age-adjusted incidence rate	9	06-08	Per 100,000	107.5	110.9		2
64. Prostate cancer age-adjusted incidence rate	9	06-08	Per 100,000	90.6	130.8		1
65. Cervical cancer age-adjusted incidence rate	9	06-08	Per 100,000	8.5	8.9		2
66. Melanoma age-adjusted incidence rate	9	06-08	Per 100,000	15.5	17.6		2

Mortality							
Indicator	Source	Year	Rate Type	County Rate	State Rate	Quartile 1-Most favorable 4-Least favorable	
67. Top Ten Causes of Death Chart	Not applicable, see table on last page						
68. Top Five Cancer Deaths Chart	Not applicable, see table on last page						
69. Lung Cancer age-adjusted death rate	7	08-10	Per 100,000	53.8	46.6		2
70. Colorectal cancer age-adjusted death rate	7	08-10	Per 100,000	13.4	14.3		2
71. Breast cancer age-adjusted death rate	7	09-10	Per 100,000	19.7	20.8		2

72. Prostate cancer age-adjusted death rate	7	08-10	Per 100,000	18.5	17.5		3
73. Cervical cancer age-adjusted death rate	7	08-10	Per 100,000	4.0	2.7		4
74. Lymphoid, hematopoietic and related tissue cancer age-adjusted death rate	6	08-10	Per 100,000	14.8	15.3		2
75. Pancreatic cancer age-adjusted death rate	6	08-10	Per 100,000	9.3	10.0		2
76. Melanoma age-adjusted death rate	7	08-10	Per 100,000	3.1	2.8		2
77. Coronary heart disease age-adjusted death rate	7	08-10	Per 100,000	96.9	104.5		2
78. Heart failure age-adjusted death rate	7	08-10	Per 100,000	12.6	7.6		4
79. Chronic Lower Respiratory Disease (CLRD) age-adjusted death rate	7	08-10	Per 100,000	47.7	37.7		3
80. Chronic liver disease and cirrhosis age-adjusted death rate	6	08-10	Per 100,000	13.3	10.4		4
81. Stroke age-adjusted death rate	7	08-10	Per 100,000	34.2	30.5		3
82. Diabetes age-adjusted death rate	7	08-10	Per 100,000	20.9	19.6		2
83. Influenza and Pneumonia age-adjusted death rate	6	08-10	Per 100,000	12.1	8.5		4
84. Unintentional Injuries age-adjusted death rate	7	08-10	Per 100,000	54.5	42.7		3
85. Unintentional Injuries death rate, 0-18 years	6	08-10	Per 100,000	16.6	11.8		3
86. Unintentional Injuries, age-adjusted unintentional drowning death rate	6	08-10	Per 100,000	1.2	2.0		1
87. Unintentional Injuries, unintentional drowning death rate, ages 0-18 years	6	08-10	Per 100,000	1.6	2.2		2
88. Unintentional Injuries, unintentional drowning death rate, ages 0-4 years	6	08-10	Per 100,000	5.3	6.0		2
89. Unintentional Injuries, motor vehicle crash age-adjusted death rate	7	08-10	Per 100,000	19.4	14.0		2
90. Unintentional Injuries, unintentional poisoning death rate, 0-4 years	6	08-10	Per 100,000	1.3	0.4		4
91. Unintentional Injuries, unintentional falls age-adjusted death rate	6	08-10	Per 100,000	5.9	7.1		2
92. Unintentional Injuries, unintentional falls death rate, 65 years and over	6	08-10	Per 100,000	43.6	51.6		2

93. Unintentional Injuries, unintentional falls death rate, 85 years and over	6	08-10	Per 100,000	135.0	171.5		<b>2</b>
94. Infant death rate	7	08-10	Per 1,000 live births	7.2	6.9		<b>2</b>
95. Fetal mortality rate	7	08-10	Per 1,000 deliveries	8.2	7.2		<b>4</b>

Access to Health Care Resources/Quality of Care							
Indicator	Source	Year	Rate Type	County Rate	State Rate	Quartile 1-Most favorable 4-Least favorable	
96. Adults who could not see a dentist at least once in the past year due to cost	1	2007	Percent	21.8%	19.2%		<b>3</b>
97. Adults who had a medical checkup in the past year	1	07-10	Percent	65.4%	69.7%		<b>3</b>
98. Adults who have a personal doctor	1	07-10	Percent	82.0%	81.7%		<b>2</b>
99. Adults who received a flu shot in the past year	1	2010	Percent	40.7%	36.5%		<b>1</b>
100. Adults age 65 and older who received a flu shot in the past year	1	02-10	Percent	74.5%	65.3%		<b>1</b>
101. Adults who did not receive a flu shot in the past year because of cost or availability issues	1	2007	Percent	10.4%	11.1%		<b>2</b>
102. Adults who visited a dentist or dental clinic in the past year	1	2010	Percent	62.8%	64.7%		<b>2</b>
103. Adults with health insurance (any type)	1	2010	Percent	82.1%	83.0%		<b>2</b>
104. Children with health insurance	2	08-10	Percent	85.5	85.0		<b>4</b>
105. Adults who think they would get better medical care if they belonged to a different race/ethnic group	1	2010	Percent	12.3%	10.8%	not available	
106. HMO enrollment	13	09-10	Percent	21.38%	18.68		<b>3</b>
107. Median monthly Medicaid enrollment	14	08-10	Per 100,000	14,181.9	14,731.6		<b>2</b>
108. Adults who could not see a doctor due to cost over the past year	1	07-10	Percent	20.0%	17.3%		<b>3</b>

109. Number of licensed family physicians	1	08-10	100,000	27.5	22.9		<b>1</b>
110. Number of licensed dentists	1	08-10	100,000	43.2	62.7		<b>2</b>
111. Number of hospital beds	1	08-10	100,000	303.3	318.9		<b>2</b>
112. Number of nursing home beds	1	2010	100,000	676.3	458.3		<b>3</b>

<b>Physical/Built Environment</b>							
Indicator	Source	Year	Rate Type	County Rate	State Rate	Quartile 1-Most favorable 4-Least favorable	
113. Low-Income and >1 Mile from a Grocery Store	15	2006	Percent	14.9	Not available		<b>2</b>
114. Households without a car and >1 Mile from a Grocery Store	15	2006	Percent	3.1	Not available		<b>2</b>
115. Workers Commuting by Public Transportation	2	06-10	Percent	0.9	2.0		<b>1</b>
116. Land Used for Farming	15	02-07	Percent	11	Not available	not available	
117. Percent of children tested for lead poisoning prior to 36 months of age	16	2000-04	Percent	13.55	28.14		<b>1</b>



## Socioeconomic Factors

Indicator	Source	Year	Rate Type	County	State
a. Population - Total	6	2011	Number	508,052	
b. Population – 0-4	6	2011	Number	25,144	
c. Population – 5-14	6	2011	Number	53,354	
d. Population – 15-17	6	2011	Number	17,841	
e. Population – Under 18	6	2011	Number	96,339	
f. Under 18 White	6	2011	Number	79,760	
g. Under 18 Black	6	2011	Number	16,576	
h. Under 18 Hispanic	6	2011	Number	15,353	
i. Population – 18-64	6	2011	Number	299,489	
j. 18-64 White	6	2011	Number	284,836	
k. 18-64 Black	6	2011	Number	45,313	
l. 18-64 Hispanic	6	2011	Number	37,989	
m. Population – 65 & over	6	2011	Number	112,225	
n. 65 & over White	6	2011	Number	106,288	
o. 65 & over Black	6	2011	Number	5,937	
p. 65 & over Hispanic	6	2011	Number	5,424	
q. Women of Child Bearing Age (15 to 50)	17	2010	Number	104,038	
r. Median income (in dollars)	18	2010	Dollars	\$41,368	\$44,390
s. Residents below 100% poverty	18	2010	Percent	16.5	16.5
t. Under 5, below poverty level	18	2010	#, %	7,960, N/A	27.0
u. Under 18, below poverty level	18	2010	#, %	21,229, 26.6	23.6
v. 18-64, below poverty level	2	2010	Number	46,943	
w. 65 & over, below poverty level	2	2010	Number	7,005	
x. Births	6	2010	Number	4,714	
y. Deaths	6	2010	Number	6,051	
z. Unemployment rate	3	2010	Percent	12.0	11.5
aa. Population that is linguistically isolated	17	2009	Number	3,727	
bb. Population over 25 without high school diploma or equivalency	17	2009	Number	47,975	
cc. Households	17	2009	Number	192,532	
dd. Family Households	17	2009	Number	122,055	
ee. Family Households with own children under 18	17	2009	Number	48,052	

ff. Married with own children under 18	17	2009	Number	27,874	
gg. Female Householder with own children under 18	17	2009	Number	11,614	
hh. Male Householder with own children under 18	17	2009	Number	8,564	
ii. Family Households with children under 6	17	2009	Number	16,580	
jj. Married with children under 6	17	2009	Number	11,213	
kk. Female Householder children under 6	17	2009	Number	4,076	
ll. Male Householder children under 6	17	2009	Number	1,291	
mm. Households with at least one person 65 or over	17	2009	Number	68,301	
nn. Households with at least one person with a disability	17	2009	Number	51,270	
oo. Householders Living Alone	17	2009	Number	59,395	
pp. Child Abuse	19	2010	Per 1,000 child pop.	38.8	30.5
qq. Domestic Violence	20	2010	Per 100,000	748.6	604.0
rr. Violent Crime	20	2010	Per 100,000	539.2	542.9
ss. Juvenile Delinquency	21	10-11	Per 1,000 (10-17)	50.4	36.1

## Data Sources

- 1) Florida Department of Health, Bureau of Epidemiology, Florida BRFSS survey
- 2) US Census Bureau
- 3) US Department of Labor, Bureau of Labor Statistics
- 4) Florida Department of Health, Division of Medical Quality Assurance
- 5) Florida Agency for Health Care Administration, Certificate of Need Office
- 6) Florida Department of Health, Office of Health Statistics and Assessment (Florida CHARTS)
- 7) Florida Department of Health, Office of Vital Statistics
- 8) Florida Agency for Health Care Administration (AHCA)
- 9) University of Miami (FL) Medical School, Florida Cancer Data System
- 10) Florida Department of Health, Division of Disease Control
- 11) Florida Department of Health, Bureau of Immunization
- 12) Florida Department of Law Enforcement
- 13) Florida Office of Insurance Regulation
- 14) Florida Department of Health, Office of Planning, Evaluation & Data Analysis
- 15) U.S. Department of Agriculture - Food Environment Atlas
- 16) The Centers for Disease Control and Prevention, Lead Poisoning Prevention Program
- 17) US Census Bureau, American Community Survey
- 18) US Census Bureau, Small Area Income and Poverty Estimates (SAIPE)
- 19) Florida Department of Children and Families
- 20) Florida Department of Law Enforcement
- 21) Florida Department of Juvenile Justice
- 22) Florida Department of Health, School-aged Child and Adolescent Profile
- 23) Florida Department of Health, Office of Injury Prevention

## Top Ten Causes of Death, Year

Cause of Death	Number of Deaths	Percent of Total Deaths
<b><i>All Causes</i></b>	<b><i>6,104</i></b>	<b><i>100%</i></b>
Cancer (see below)	1,399	22.90%
Heart Disease	1,351	22.10%
Chronic Lower Respiratory Disease	445	7.30%
Unintentional Injuries	322	5.30%
Stroke	289	4.70%
Diabetes Mellitus	174	2.90%
Alzheimer's Disease	151	2.50%
Kidney Disease	107	1.80%
Suicide	102	1.70%
Chronic Liver Disease and Cirrhosis	95	1.60%

## Top Five Causes of Death from Cancer

Cause of Death	Number of Deaths	Percent of Total Deaths
<b><i>All Cancers</i></b>	<b><i>1399</i></b>	<b><i>100%</i></b>
Trachea, Bronchus & Lung Cancer	437	31.24%
Lymphoid, Hematopoietic and Related Tissue	118	8.43%
Colon, Rectum & Anus Cancer	105	7.51%
Breast Cancer	86	6.15%
Pancreatic Cancer	78	5.58%

## Prioritization Criteria

Numbers	<b>Magnitude:</b> What is the number of people affected by the problem?
	<b>Severity:</b> What is the risk of morbidity and mortality associated with the problem?
	<b>Impact on Vulnerable Populations:</b> Does the problem particularly impact vulnerable populations?
	<b>Magnitude of Difference:</b> Just how much worse is the problem in the county compared to other counties or the state?
	<b>Trend Direction:</b> Has the trend improved or worsened in the last five years?
Efforts	<b>Efficacious Intervention:</b> Are there successful strategies to address this problem with a positive cost-benefit?
	<b>Current Efforts:</b> Is the problem currently being addressed in the community? Are the efforts collaborative, formally facilitated, funded, evaluated etc.?
Forces	<b>Economic Impact:</b> What is the cost of this health problem to the community? What is the cost of NOT addressing the problem?
	<b>Importance of the Problem/Community Readiness:</b> How important is this problem to the community and how likely are they to support related strategies?
	<b>Relationship to other Problems:</b> Does the problem affect other problems?
	<b>Forces of Change:</b> Is the problem currently or potential affected by uncontrollable factors such as population and economic trends, legislation, funding shifts, governmental philosophies, potential changes in hospital taxing districts, health reform etc.

## **Excerpt from Milliman Research Report: Ambulatory-care-sensitive admission rates: A key metric in evaluation health plan medical management effectiveness**

**Ambulatory-care-sensitive admissions** (ACSAs) are those “for which good outpatient care can potentially prevent the need for hospitalization, or for which early intervention can prevent complications or more severe disease.”

The **Agency for Healthcare Quality and Research (AHRQ)** encourages public health groups, policy maker and healthcare providers to analyze ACSAs in order to measure the outcomes of preventive and outpatient care.

### **AHRQ Prevention Quality Indicators (PQI)**

The Prevention Quality Indicators represent hospital admission rates for the following 14 ambulatory-care-sensitive conditions:

- Diabetes, short-term complications (PQI 1)
- Perforated appendicitis (PQI 2)
- Diabetes, long-term complications (PQI 3)
- Chronic obstructive pulmonary disease (PQI 5)
- Hypertension (PQI 7)
- Congestive heart failure (PQI 8)
- Low birth weight (PQI 9)
- Dehydration (PQI 10)
- Bacterial pneumonia (PQI 11)
- Urinary infections (PQI 12)
- Angina without procedure (PQI 13)
- Uncontrolled diabetes (PQI 14)
- Adult asthma (PQI 15)
- Lower extremity amputations among patients with diabetes (PQI 16)



## Black Minority Health Profile

Disparity of 3.1 : 1 or higher

Disparity of 2.1 : 1 to 3 : 1

Disparity of 1.1 : 1 to 2 : 1

Category	Measure	Year(s)	Rate Type	Black Number	Black Rate	White Number	White Rate	Black/ White Rate Ratio
Socio-Demographic Characteristics	Individuals below poverty level	2000	Percent		30.10%		9.30%	3.2:1
Socio-Demographic Characteristics	Civilian labor force which is unemployed	2000	Percent		12.30%		5.60%	2.2:1
Socio-Demographic Characteristics	Owner-occupied housing units	2000	Percent		50.20%		77.90%	0.6:1
Socio-Demographic Characteristics	Individuals 5 years and over that lived in a different house 5 years earlier	2000	Percent		52.90%		47.10%	1.1:1
Socio-Demographic Characteristics	Individuals 25 years and over with no high school diploma	2000	Percent		30.70%		16.60%	1.8:1
Access to Care	Age-adjusted asthma hospitalization rate	2010	Per 100,000	667	1325.5	3,179	617.9	2.1:1
Access to Care	Emergency room visits due to asthma	2007-09	Per 100,000	394	248	2,185	162.9	1.5:1
Access to Care	Adults who have a personal doctor	2010	Percent		84.5%(r)		82.2%(r)	1:1
Access to Care	Adults who could not see a dentist in the past year because of cost	2007	Percent		33.7%(r)		16.4%(r)	2.1:1
Access to Care	Adults with good to excellent overall health	2010	Percent		72.5%(r)		79.1%(r)	0.9:1
Access to Care	Adults with any type of health care insurance coverage	2010	Percent		76.0%(r)		82.5%(r)	0.9:1
Maternal and Child Health	Births to mothers ages 15-19	2008-10	Per 1,000	393	55.4	1,231	32.4	1.7:1
Maternal and Child Health	Repeat births to mothers Ages 15-19	2008-10	Percent	86	21.90%	187	15.20%	1.4:1
Maternal and Child Health	Births to unwed mothers, Mothers ages 15-19	2008-10	Percent	388	98.70%	1,078	87.60%	1.1:1
Maternal and Child Health	Births to unwed mothers, Mothers ages 20-54	2008-10	Percent	1,536	74.80%	4,401	40.70%	1.8:1
Maternal and Child Health	Births to mothers over 18 without high school education	2008-10	Percent	396	17.80%	1,638	14.40%	1.2:1
Maternal and Child Health	Resident live births to mothers who smoked during pregnancy	2008-10	Percent	185	7.50%	1,773	14.70%	0.5:1
Maternal and Child Health	Births to mothers who are overweight (BMI 25.0-29.9) at time pregnancy occurred	2008-10	Percent	618	25.20%	2,836	23.50%	1.1:1
Maternal and Child Health	Births to mothers who are obese (BMI>=30) at time pregnancy occurred	2008-10	Percent	750	30.60%	2,295	19.00%	1.6:1

Category	Measure	Year(s)	Rate Type	Black Number	Black Rate	White Number	White Rate	Black/ White Rate Ratio
Maternal and Child Health	Mothers who initiate breastfeeding	2008-10	Percent	1,337	54.50%	9,190	76.20%	0.7:1
Maternal and Child Health	Births with 1st trimester prenatal care	2008-10	Percent	1,557	67.30%	9,019	78.80%	0.9:1
Maternal and Child Health	Births with no prenatal care	2008-10	Percent	65	2.80%	157	1.40%	2:1
Maternal and Child Health	Births < 37 weeks of gestation	2008-10	Percent	422	17.20%	1,345	11.20%	1.5:1
Maternal and Child Health	Births < 1500 grams (very low birth weight)	2008-10	Percent	69	2.80%	162	1.30%	2.1:1
Maternal and Child Health	Births < 2500 grams (low birth weight)	2008-10	Percent	303	12.40%	928	7.70%	1.6:1
Maternal and Child Health	Very low birthweight infants born in subspecialty perinatal centers	2008-10	Percent	47	68.10%	97	59.90%	1.1:1
Maternal and Child Health	Fetal deaths	2008-10	Per 1,000	41	16.7	78	6.5	2.6:1
Maternal and Child Health	Infant deaths (0-364 days)	2008-10	Per 1,000	42	17.1	64	5.3	3.2:1
Maternal and Child Health	Sudden Unexpected Infant Deaths (SUID)	2008-10	Per 100,000	8	326.3	8	66.4	4.9:1
Maternal and Child Health	Maternal deaths	2008-10	Per 100,000	1	40.8(u)	0	0	n/a
Maternal and Child Health	Births with inter-pregnancy interval < 18 months	2008-10	Percent	613	42.70%	2,408	35.80%	1.2:1
Maternal and Child Health	Prenatal WIC participation	2008	Percent		86.20%		82.20%	1:1
Injuries and Injury-related Deaths	Age-adjusted homicide death rate	2008-10	Per 100,000	26	15.5	45	3.9	3.9:1
Injuries and Injury-related Deaths	Age-adjusted suicide death rate	2008-10	Per 100,000	5	3.3	277	19.8	0.2:1
Injuries and Injury-related Deaths	Age-adjusted unintentional drowning death rate	2008-10	Per 100,000	2	1.0(u)	17	1.2	0.8:1
Injuries and Injury-related Deaths	Age-adjusted firearms-related death rate	2008-10	Per 100,000	25	14.6	182	12.8	1.1:1
Injuries and Injury-related Deaths	Traumatic brain injury deaths	2008-10	Per 100,000	15	9.4	336	25.1	0.4:1
Injuries and Injury-related Deaths	Age-adjusted motor vehicle crash death rate	2008-10	Per 100,000	18	10.9	267	20.3	0.5:1
Injuries and Injury-related Deaths	Age-adjusted unintentional fall death rate	2008-10	Per 100,000	5	4.4	158	6	0.7:1
Injuries and Injury-related Deaths	Hospitalizations for non-fatal firearm injuries	2008-10	Per 100,000	42	26.3	75	5.6	4.7:1
Injuries and Injury-related Deaths	Hospitalizations for non-fatal traumatic brain injuries	2008-10	Per 100,000	124	77.6	1,479	110.5	0.7:1



Category	Measure	Year(s)	Rate Type	Black Number	Black Rate	White Number	White Rate	Black/ White Rate Ratio
Injuries and Injury-related Deaths	Hospitalizations for non-fatal motor vehicle related injuries	2008-10	Per 100,000	138	86.4	1,338	100	0.9:1
Injuries and Injury-related Deaths	Hospitalizations for non-fatal unintentional falls	2008-10	Per 100,000	190	118.9	5,212	389.5	0.3:1
Injuries and Injury-related Deaths	Hospitalizations for non-fatal unintentional fire injuries	2008-10	Per 100,000	3	1.9(u)	45	3.4	0.6:1
Leading Causes of Death	Coronary Heart Disease, Age-adjusted death rate	2008-10	Per 100,000	149	121.5	2,394	95.8	1.3:1
Leading Causes of Death	Coronary Heart Disease, Age-adjusted hospitalization rate	2010	Per 100,000	167	370.3	2,326	327.3	1.1:1
Leading Causes of Death	Coronary Heart Disease, Adults who have ever had a heart attack, angina, or coronary heart disease	2010	Percent		2.6%(r)		13.3%(r)	0.2:1
Leading Causes of Death	Stroke, Age-adjusted death rate	2008-10	Per 100,000	74	60.9	843	32.9	1.9:1
Leading Causes of Death	Stroke, Age-adjusted hospitalization rate	2010	Per 100,000	177	405.6	1,902	251.5	1.6:1
Leading Causes of Death	Stroke, Adults who have ever had a stroke	2010	Percent		1.1%(r)		3.6%(r)	0.3:1
Leading Causes of Death	Congestive Heart Failure, Age-adjusted death rate	2008-10	Per 100,000	24	20.9	350	12.2	1.7:1
Leading Causes of Death	Congestive Heart Failure, Age-adjusted hospitalization rate	2010	Per 100,000	129	288	889	108.7	2.6:1
Leading Causes of Death	Cancer, Age-adjusted cancer death rate	2008-10	Per 100,000	243	189.1	3,855	167.6	1.1:1
Leading Causes of Death	Cancer, Cancer cases diagnosed at late stage	2006-08	Percent	215	43.00%	3,679	42.90%	1:1
Leading Causes of Death	Lung Cancer Age-adjusted death rate	2008-10	Per 100,000	66	51.2	1,247	54.5	0.9:1
Leading Causes of Death	Lung Cancer Age-adjusted incidence rate	2006-08	Per 100,000	62	48.6	1,646	74.4	0.7:1
Leading Causes of Death	Colorectal Cancer, Age-adjusted death rate	2008-10	Per 100,000	25	20.5	304	13.3	1.5:1
Leading Causes of Death	Colorectal Cancer, Age-adjusted incidence rate	2006-08	Per 100,000	63	51.5	871	40.5	1.3:1
Leading Causes of Death	Colorectal Cancer, Adults 50 and over who have ever had a sigmoidoscopy or colonoscopy	2010	Percent		57.4%(r)		73.0%(r)	0.8:1
Leading Causes of Death	Colorectal Cancer, Adults 50 and over who have had a blood stool test in the past year	2010	Percent		12.4%(r)		19.0%(r)	0.7:1

Category	Measure	Year(s)	Rate Type	Black Number	Black Rate	White Number	White Rate	Black/ White Rate Ratio
Leading Causes of Death	Breast Cancer, Age-adjusted death rate	2008-10	Per 100,000	22	29	230	18.9	1.5:1
Leading Causes of Death	Breast Cancer, Age-adjusted incidence rate	2006-08	Per 100,000	72	99.3	1,074	106.5	0.9:1
Leading Causes of Death	Breast Cancer, Women 40 years of age and older who received a mammogram in the past year	2010	Percent		53.9%(r)		58.4%(r)	0.9:1
Leading Causes of Death	Prostate Cancer, Age-adjusted death rate	2008-10	Per 100,000	27	56.6	191	16.8	3.4:1
Leading Causes of Death	Prostate Cancer, Age-adjusted incidence rate	2006-08	Per 100,000	75	135.8	861	85.4	1.6:1
Leading Causes of Death	Prostate Cancer, Men 50 years of age and older who received a digital rectal exam in the past year	2010	Percent		(r)		48.3%(r)	n/a
Leading Causes of Death	Cervical Cancer, Age-adjusted incidence rate	2006-08	Per 100,000	<10	12.3(u)	63	8.4	1.5:1
Leading Causes of Death	Cervical Cancer, Women 18 years of age and older who received a PAP test in the past year	2010	Percent		(r)		54.7%(r)	n/a
Leading Causes of Death	Diabetes, Age-adjusted death rate	2008-10	Per 100,000	461	48.8	461	19.8	2.5:1
Leading Causes of Death	Diabetes, Age-adjusted hospitalization rate	2010	Per 100,000	1,927	4319.3	12,326	1784	2.4:1
Leading Causes of Death	Diabetes, Hospitalizations from amputation due to diabetes	2010	Per 100,000	48	85.6	135	21.4	4:1
Leading Causes of Death	Diabetes, Emergency room visits due to diabetes	2007-09	Per 100,000	778	489.8	5,601	417.6	1.2:1
Leading Causes of Death	Diabetes, Adults with diagnosed diabetes	2010	Percent		19.70%		13.40%	1.5:1
Leading Causes of Death	HIV/AIDS, Reported AIDS Cases	2008-10	Per 100,000	117	73.2	109	8.2	9:1
Leading Causes of Death	HIV/AIDS, Age-adjusted HIV/AIDS death rate	2008-10	Per 100,000	26	18.5	48	3.4	5.4:1
Leading Causes of Death	HIV/AIDS, Reported HIV cases	2008-10	Per 100,000	109	68.2	150	11.2	6.1:1
Modifiable Behaviors Leading to Premature Deaths	Adults who are current smokers	2010	Percent		24.1%(r)		23.1%(r)	1:1
Modifiable Behaviors Leading to Premature Deaths	Adults who are obese (BMI>=30)	2010	Percent		48.5%(r)		24.8%(r)	2:1

Category	Measure	Year(s)	Rate Type	Black Number	Black Rate	White Number	White Rate	Black/ White Rate Ratio
Modifiable Behaviors Leading to Premature Deaths	Adults who are overweight (BMI between 25.0 and 29.9)	2010	Percent		35.6%(r)		39.5%(r)	0.9:1
Modifiable Behaviors Leading to Premature Deaths	Adults who engage in at least regular moderate physical activity	2007	Percent		30.2%(r)		36.5%(r)	0.8:1
Modifiable Behaviors Leading to Premature Deaths	Adults who consume at least 5 servings of fruits and vegetables per day	2007	Percent		27.5%(r)		28.3%(r)	1:1
Modifiable Behaviors Leading to Premature Deaths	Adults who have had their cholesterol checked in last two years (of those ever measured)	2007	Percent		81.1%(r)		83.1%(r)	1:1

## Hispanic Minority Health Profile

Disparity of 2.1 : 1 to 3 : 1

Disparity of 1.1 : 1 to 2 : 1

Category	Measure	Year(s)	Rate Type	Hispanic Number	Hispanic Rate	White Number	White Rate	Hispanic/ White Rate Ratio
Socio-Demographic Characteristics	Individuals below poverty level	2000	Percent		19.00%		11.00%	1.7:1
Socio-Demographic Characteristics	Civilian labor force which is unemployed	2000	Percent		14.00%		6.00%	2.3:1
Socio-Demographic Characteristics	Owner-occupied housing units	2000	Percent		68.00%		76.00%	0.9:1
Socio-Demographic Characteristics	Individuals 5 years and over that lived in a different house 5 years earlier	2000	Percent		59.00%		48.00%	1.2:1
Socio-Demographic Characteristics	Individuals 25 years and over with no high school diploma	2000	Percent		37.00%		17.00%	2.2:1
Access to Care	Age-adjusted asthma hospitalization rate	2010	Per 100,000	1,130	834.1	11,318	714.4	1.2:1
Access to Care	Emergency room visits due to asthma	2007-09	Per 100,000	424	268.6	2,195	160.2	1.7:1
Access to Care	Adults who have a personal doctor	2010	Percent		79.7%(r)		83.3%(r)	1:1
Access to Care	Adults who could not see a dentist in the past year because of cost	2007	Percent		34.9%(r)		17.1%(r)	2:1
Access to Care	Adults with good to excellent overall health	2010	Percent		71.7%(r)		78.1%(r)	0.9:1
Access to Care	Adults with any type of health care insurance coverage	2010	Percent		74.8%(r)		83.5%(r)	0.9:1
Maternal and Child Health	Births to mothers ages 15-19	2008-10	Per 1,000	372	60.6	1,302	98.8	0.6:1
Maternal and Child Health	Repeat births to mothers Ages 15-19	2008-10	Percent	77	20.70%	205	15.70%	1.3:1
Maternal and Child Health	Births to unwed mothers, Mothers ages 15-19	2008-10	Percent	324	87.10%	1,186	91.10%	1:1
Maternal and Child Health	Births to unwed mothers, Mothers ages 20-54	2008-10	Percent	956	46.30%	5,134	45.50%	1:1
Maternal and Child Health	Births to mothers over 18 without high school education	2008-10	Percent	692	31.40%	1,399	11.80%	2.7:1
Maternal and Child Health	Resident live births to mothers who smoked during pregnancy	2008-10	Percent	104	4.30%	1,884	14.90%	0.3:1
Maternal and Child Health	Births to mothers who are overweight (BMI 25.0-29.9) at time pregnancy occurred	2008-10	Percent	691	28.30%	2,846	22.60%	1.3:1

Category	Measure	Year(s)	Rate Type	Hispanic Number	Hispanic Rate	White Number	White Rate	Hispanic/ White Rate Ratio
Maternal and Child Health	Births to mothers who are obese (BMI>=30) at time pregnancy occurred	2008-10	Percent	496	20.30%	2,612	20.70%	1:1
Maternal and Child Health	Mothers who initiate breastfeeding	2008-10	Percent	2,062	84.40%	8,897	70.60%	1.2:1
Maternal and Child Health	Births with 1st trimester prenatal care	2008-10	Percent	1,599	68.00%	9,379	78.70%	0.9:1
Maternal and Child Health	Births with no prenatal care	2008-10	Percent	44	1.90%	183	1.50%	1.2:1
Maternal and Child Health	Births < 37 weeks of gestation	2008-10	Percent	319	13.10%	1,524	12.10%	1.1:1
Maternal and Child Health	Births < 1500 grams (very low birth weight)	2008-10	Percent	36	1.50%	208	1.70%	0.9:1
Maternal and Child Health	Births < 2500 grams (low birth weight)	2008-10	Percent	198	8.10%	1,085	8.60%	0.9:1
Maternal and Child Health	Very low birthweight infants born in subspecialty perinatal centers	2008-10	Percent	27	75.00%	115	55.30%	1.4:1
Maternal and Child Health	Fetal deaths	2008-10	Per 1,000	18	7.3	105	8.3	0.9:1
Maternal and Child Health	Infant deaths (0-364 days)	2008-10	Per 1,000	11	4.5	97	7.7	0.6:1
Maternal and Child Health	Sudden Unexpected Infant Deaths (SUID)	2008-10	Per 100,000	1	41.0(u)	12	95.2	0.4:1
Maternal and Child Health	Maternal deaths	2008-10	Per 100,000	0	0	1	7.9(u)	n/a
Maternal and Child Health	Births with inter-pregnancy interval < 18 months	2008-10	Percent	565	36.40%	2,570	37.30%	1:1
Maternal and Child Health	Prenatal WIC participation	2008	Percent		88.30%		81.50%	1.1:1
Injuries and Injury-related Deaths	Age-adjusted homicide death rate	2008-10	Per 100,000	3	1.8(u)	69	6	0.3:1
Injuries and Injury-related Deaths	Age-adjusted suicide death rate	2008-10	Per 100,000	13	8.1	273	19.1	0.4:1
Injuries and Injury-related Deaths	Age-adjusted unintentional drowning death rate	2008-10	Per 100,000	1	0.6(u)	18	1.3	0.4:1
Injuries and Injury-related Deaths	Age-adjusted firearms-related death rate	2008-10	Per 100,000	11	6.6	199	14.1	0.5:1
Injuries and Injury-related Deaths	Traumatic brain injury deaths	2008-10	Per 100,000	24	15	332	24.3	0.6:1
Injuries and Injury-related Deaths	Age-adjusted motor vehicle crash death rate	2008-10	Per 100,000	27	16.6	264	19.6	0.8:1
Injuries and Injury-related Deaths	Age-adjusted unintentional fall death rate	2008-10	Per 100,000	8	7	111	5.9	1.2:1
Injuries and Injury-related Deaths	Hospitalizations for non-fatal firearm injuries	2008-10	Per 100,000	10	6.2	107	7.8	0.8:1

Category	Measure	Year(s)	Rate Type	Hispanic Number	Hispanic Rate	White Number	White Rate	Hispanic/ White Rate Ratio
Injuries and Injury-related Deaths	Hospitalizations for non-fatal traumatic brain injuries	2008-10	Per 100,000	116	72.3	1,526	111.7	0.6:1
Injuries and Injury-related Deaths	Hospitalizations for non-fatal motor vehicle related injuries	2008-10	Per 100,000	101	63	1,407	103	0.6:1
Injuries and Injury-related Deaths	Hospitalizations for non-fatal unintentional falls	2008-10	Per 100,000	164	102.3	5,314	389.1	0.3:1
Injuries and Injury-related Deaths	Hospitalizations for non-fatal unintentional fire injuries	2008-10	Per 100,000	3	1.9(u)	45	3.3	0.6:1
Leading Causes of Death	Coronary Heart Disease, Age-adjusted death rate	2008-10	Per 100,000	86	74.2	1,573	98.5	0.8:1
Leading Causes of Death	Coronary Heart Disease, Age-adjusted hospitalization rate	2010	Per 100,000	335	317.1	8,120	348.5	0.9:1
Leading Causes of Death	Coronary Heart Disease, Adults who have ever had a heart attack, angina, or coronary heart disease	2010	Percent		6.8%(r)		12.8%(r)	0.5:1
Leading Causes of Death	Stroke, Age-adjusted death rate	2008-10	Per 100,000	37	35.2	885	34.6	1:1
Leading Causes of Death	Stroke, Age-adjusted hospitalization rate	2010	Per 100,000	256	194.9	6,113	274.3	0.7:1
Leading Causes of Death	Stroke, Adults who have ever had a stroke	2010	Percent		2.6%(r)		3.6%(r)	0.7:1
Leading Causes of Death	Congestive Heart Failure, Age-adjusted death rate	2008-10	Per 100,000	16	14.8	359	12.5	1.2:1
Leading Causes of Death	Congestive Heart Failure, Age-adjusted hospitalization rate	2010	Per 100,000	134	84	3,227	127.9	0.7:1
Leading Causes of Death	Cancer, Age-adjusted cancer death rate	2008-10	Per 100,000	121	95.8	3,996	172.6	0.6:1
Leading Causes of Death	Cancer, Cancer cases diagnosed at late stage	2006-08	Percent	136	41.60%	3,848	43.10%	1:1
Leading Causes of Death	Lung Cancer Age-adjusted death rate	2008-10	Per 100,000	27	21.7	1,288	55.9	0.4:1
Leading Causes of Death	Lung Cancer Age-adjusted incidence rate	2006-08	Per 100,000	26	22.8	1,707	76.4	0.3:1
Leading Causes of Death	Colorectal Cancer, Age-adjusted death rate	2008-10	Per 100,000	12	9.7	318	13.7	0.7:1
Leading Causes of Death	Colorectal Cancer, Age-adjusted incidence rate	2006-08	Per 100,000	45	39	898	41.4	0.9:1
Leading Causes of Death	Colorectal Cancer, Adults 50 and over who have ever had a sigmoidoscopy or colonoscopy	2010	Percent		81.0%(r)		72.6%(r)	1.1:1

Category	Measure	Year(s)	Rate Type	Hispanic Number	Hispanic Rate	White Number	White Rate	Hispanic/ White Rate Ratio
Leading Causes of Death	Colorectal Cancer, Adults 50 and over who have had a blood stool test in the past year	2010	Percent		14.4%(r)		18.0%(r)	0.8:1
Leading Causes of Death	Breast Cancer, Age-adjusted death rate	2008-10	Per 100,000	12	16	242	19.6	0.8:1
Leading Causes of Death	Breast Cancer, Age-adjusted incidence rate	2006-08	Per 100,000	44	65.6	1,131	111.4	0.6:1
Leading Causes of Death	Breast Cancer, Women 40 years of age and older who received a mammogram in the past year	2010	Percent		68.1%(r)		57.5%(r)	1.2:1
Leading Causes of Death	Prostate Cancer, Age-adjusted death rate	2008-10	Per 100,000	11	22.3	209	18.4	1.2:1
Leading Causes of Death	Prostate Cancer, Age-adjusted incidence rate	2006-08	Per 100,000	31	56.3	402	91.7	0.6:1
Leading Causes of Death	Prostate Cancer, Men 50 years of age and older who received a digital rectal exam in the past year	2010	Percent		(r)		47.3%(r)	n/a
Leading Causes of Death	Cervical Cancer, Age-adjusted incidence rate	2006-08	Per 100,000	<10	2.9(u)	71	9	0.3:1
Leading Causes of Death	Cervical Cancer, Women 18 years of age and older who received a PAP test in the past year	2010	Percent		39.3%(r)		55.2%(r)	0.7:1
Leading Causes of Death	Diabetes, Age-adjusted death rate	2008-10	Per 100,000	36	30.2	486	20.6	1.5:1
Leading Causes of Death	Diabetes, Age-adjusted hospitalization rate	2010	Per 100,000	3,100	2677.6	40,869	2030.7	1.3:1
Leading Causes of Death	Diabetes, Hospitalizations from amputation due to diabetes	2010	Per 100,000	33	29.4	332	27	1.1:1
Leading Causes of Death	Diabetes, Emergency room visits due to diabetes	2007-09	Per 100,000	590	373.8	5,863	428	0.9:1
Leading Causes of Death	Diabetes, Adults with diagnosed diabetes	2010	Percent		10.5%(r)		13.6%(r)	0.8:1
Leading Causes of Death	HIV/AIDS, Reported AIDS Cases	2008-10	Per 100,000	33	20.6	229	16.8	1.2:1
Leading Causes of Death	HIV/AIDS, Age-adjusted HIV/AIDS death rate	2008-10	Per 100,000	7	4.5	68	4.9	0.9:1
Leading Causes of Death	HIV/AIDS, Reported HIV cases	2008-10	Per 100,000	40	24.9	265	19.4	1.3:1
Modifiable Behaviors Leading to Premature Deaths	Adults who are current smokers	2010	Percent		22.3%(r)		23.8%(r)	0.9:1

Category	Measure	Year(s)	Rate Type	Hispanic Number	Hispanic Rate	White Number	White Rate	Hispanic/ White Rate Ratio
Modifiable Behaviors Leading to Premature Deaths	Adults who are obese (BMI>=30)	2010	Percent		32.8%(r)		25.6%(r)	<b>1.3:1</b>
Modifiable Behaviors Leading to Premature Deaths	Adults who are overweight (BMI between 25.0 and 29.9)	2010	Percent		24.2%(r)		39.8%(r)	<b>0.6:1</b>
Modifiable Behaviors Leading to Premature Deaths	Adults who engage in at least regular moderate physical activity	2007	Percent		39.1%(r)		35.9%(r)	<b>1.1:1</b>
Modifiable Behaviors Leading to Premature Deaths	Adults who consume at least 5 servings of fruits and vegetables per day	2007	Percent		21.7%(r)		28.1%(r)	<b>0.8:1</b>
Modifiable Behaviors Leading to Premature Deaths	Adults who have had their cholesterol checked in last two years (of those ever measured)	2007	Percent		64.9%(r)		83.1%(r)	<b>0.8:1</b>





# Community Input Session at One Voice for Volusia Meeting

February 8, 2012

## Process

The 74 meeting attendees were provided an overview of the input activity and were asked to split up into three groups: 1. Chronic Disease; 2. Health Access; 3. Health and Wellness (Infant/Maternal Health was specifically addressed in the Health Access and Health and Wellness discussion groups). The groups were fairly evenly distributed with the largest group being Health and Wellness. The groups were asked to complete 3 tasks:

1. Individually review the proposed health issue priorities and fill out the questionnaire
2. As a group, create a list of current efforts, programs or initiatives currently addressing their group's health issue (a list of known efforts was provided for the group to add to)
3. As a group, brainstorm potential strategies or approaches to effectively address their health issue (new ideas, expansion of current efforts etc.)

## Meeting Attendees

Name	Agency
McLaughlin, Lorrirae	Americorp Vista/Volusia Literacy Council
White, Darius	AMI Kids
Soule, Elizabeth	Beach House/National Safe Place
Dixon, Alma	Bethune-Cookman University
Ryals, Lisa; Williams, Georgia; Firouzadj, Jessica	Boys & Girls Clubs of Volusia/Flagler
Cook, Susan	Center for Business Excellence
Carnicella, Georgann	Central Florida Mental Health Associates
Benitez, Lisa	Children's Home Society
Harrelson, Kerri	Children's Medical Services
Elkin, Robert	Community Advocate
Lewis, Lisa	Council on Aging of Volusia County
Tapp, Priscilla	CredAbility
Maddox, Dorothy	Daytona Beach Housing Authority
Barrow, Julie	Daytona Community Church
Williams, Reggie	Department of Children and Families
Guthie, Alan	Department of Juvenile Justice
Hall, Kerri	Devereux
Gruber, Samantha	Duvall Home
Glaser, Lara	Early Learning Coalition of Flagler/Volusia
Corbin, Kenny	Embry-Riddle Aeronautical University
Craig, Judy	Everything is Possible
Sojourner, Lisa	Father Lopez Catholic High School
Fegumps, Sheena	Flagler County Public Schools
Harkness, Lashawnda	Florida Guardian Ad Litem
Preston, Gloria	Florida Health Care Plans, Inc.

<b>Name</b>	<b>Agency</b>
Bassin, Miles	Frank H. Furman
Donovan, Sean; Snyder, Kevin	Grassroots Reform Organization
James, David	Halifax Urban Ministries
Porter, Michael	Handicapped Adults of Volusia County
James, Jamee; Milne, Valerie	Haven Recovery Center
Darby, Flora; Case, Joyce	Health Planning Council of Northeast Florida
Philio, Cher	Healthy Communities
Williams, Donna	Interested Resident
Willett, Marsha	John O-Connor Consulting
Green, Ashley	Learning Rx
Gibson, Missy	Magellan Medicaid Administration
Givens, Hajj-Mak, Cassandra	Mid Florida Community Services Head Start
Holder-Brown, Camille	Midtown EcoVillage
Dixon, Alma	Odessa Chambliss Wellness Center
Egitto, Phil	Our Lady of Lourdes
Schafer, Joann	PACE Center for Girls
Baer, Lex	Presbyterian Counseling Center
Daly, Pat	Ramada Speedway
Schulte, Brian	Rollins Philanthropy Center
Burton, Tammy; Coalson, Carl	SEDNet
Roe, Kathleen	Senator Evelyn Lynn
Inglett, Holly; Brunson, Sheila	State Attorney Office
Griffin, Savannah; Walker, Tiffany	Stetson University
Barrett, Toni	Stewart-Marchman-Act Behavioral Healthcare
Sally, Steve	The House Next Door
Long, III John T	Tubman-King Community Church
Luxion, Georgann	UCP of East Central Florida
Morgan, Harrel	United Healthcare Community Plan
Salazar, Ray	United Way of Volusia/Flagler Counties
Gray, Cynthia	University of Central Florida
Nixon, Amanda	University of Central Florida MSW student
Thornton, Susan	Vitas
Cannon, Jacqueline; Jennins, William	Volusia County Corrections
Johnson, Ethan	Volusia County Health Department
James, Pat	Volusia County Human Services
Cole, Kathy; Martin, Lauren	Volusia Flagler Family YMCA
Davenport, Robert	Votran
Thomas, Harriet	White Foundation
Hemeke, Elaine	Women's Council of Realtors

## Information Collected

### Validation of Preliminary Priorities

A questionnaire was provided to each attendee and they were instructed to complete the questionnaire individually after the 3 discussion groups were formed if they did not agree or had comments to share. 23 (31%) attendees completed the questionnaire. *See page 12 for the questionnaire.*

**15 agreed** with the priorities and noted the following comments:

- *Education and awareness is a plus. The more you know the more you are able to help others.*
- *But I feel the health and wellness and health access needs to focus also on children and youth needs*
- *I agree but would also like to see cardiovascular disease added to priority due to the fact that it is one of the top three reasons people die.*
- *We can always use more resources and especially in the Daytona central/Center areas.*
- *Would like to have group look at school lunch programs.*
- *I think these priorities are very good. Well thought out.*
- *Under youth alcohol/drug use, add: "middle school students who used alcohol in the past 30 days". Under cancer, add breast exams and mammograms*
- *I appreciate the focus on health and wellness*

**6 did not agree** with the priorities and noted the following comments:

- *End of Life Heart Disease, lung disease, CHF, COPD*
- *Education and motivation should be a key priority. Indicators should include a qualitative and quantitative analysis on people's perception of health. Immunizations are NOT indicators health!*
- *Cancer should be in the top four*
- *Children's mental health should also be included - not just adults. Also children's physical health.*
- *The priorities are great but seem to lack emphasis on mental health.*
- *I think cancer and cardiovascular disease should be up there as more and more people are diagnosed. I would probably replace with chronic disease.*

**2 both agreed and disagreed** with the priorities and noted the following comments:

- *Risky Sexual Activity, Tobacco and Drug/Alcohol use (teens) too many teens experimenting and not knowing the consequences.*
- *Youth service needs to be a priority also. There are specific issues for youth (finding appropriate programs that are covered by their insurance, drug and alcohol abuse, getting medical services) that are different from adult needs.*

## Potential Strategies

Attendees brainstormed potential solutions in each of the three discussion groups. The results of that activity are listed below.

### Chronic Disease: Key Discussion Themes

- Education, awareness and health literacy are key factors to prevent and/or self-manage chronic disease. A common message delivered through myriad types of media targeted across the population array. Support groups can also assist in these efforts.
- Prevention and management information should be available where people live, work and play. Trained Community Health Workers in neighborhoods, education during special events, and increased capacity at existing sites will help to reach people where it is familiar and convenient to them.
- Screening/testing is vital for disease management at the earliest point possible. Screening can often help with prevention if disease precursors are identified and acted upon early.
- Easy access to good nutrition and opportunities for physical activity could contribute greatly to chronic disease prevention and good self-management. More community gardens, public parks/trails, and free/low-cost youth athletic programs could provide long-term benefits.

### Chronic Disease Notes

- Start a local Cystic Fibrosis Chapter (asthma)
- Screening/Testing for inflammation (often underlying in chronic disease)
- More Screening/Testing for Blood Pressure/Cholesterol/Diabetes
- More Smoking Cessation services – Screening/Testing
- Increase awareness of chronic disease prevention during special events
  - Bike Week, NASCAR events
  - Offer education, testing/screening during these events
- Education and Health Literacy during major events
- Visual Aids – Dramatic Awareness
  - Display of how many teaspoons of sugar in soda
  - Display how many teaspoons of salt in specific foods
- More collaboration (less silo approach) on conducting health information and resources
- More self-management education programs for chronic diseases for all members of the community
- More self-management assistance (free supplies, etc.) for chronic diseases for all members of the community
- Develop a unified message to be delivered by all organizations - collaborative effort
- More support groups for education and management for children and adults
- Community Health Workers trained and active in their communities
- Gathering information and using existing facilities for providing services
- Media campaign to deliver unified message
- Increase capacity of existing services to improve access to services
- Healthy food – education and awareness
- Community gardens and farmers markets locally
- More parks and trails available to the community

- Scholarships for local athletic programs
- Low cost sponsorships for children in our community to participate in sports
- More community/neighborhood activities
- Technology used as a benefit (YMCA-iPad program)
  - “Kinect in the Community” - Activity to engage people with one another in the community

#### **Health Access: Key Discussion Themes**

- Individuals often experience barriers in obtaining the services they need not because they don’t exist, but because the eligibility and access systems are so complicated. Possible solutions: cross training of other “helping” staff (social workers, case managers etc.), unified eligibility processes, co-located services, utilization of community health workers and other peer-driven access models, mobile benefits programs.
- There are some populations that are hard to serve and require innovative strategies (home bound seniors, severely and persistently mentally ill, homeless, incarcerated individuals, low to moderate income adults age 19-64)
- Health information (about healthy living and/or health access information) should be provided “where people are” (schools, community events, emergency departments, at home)

#### **Health Access Notes**

- Monitor those with chronic disease so that conditions don’t worsen
- “Case managers” working in other systems in the community could be cross trained to assist clients in accessing care
- Using a medical home model (like CMS)
- Simplify process for doctors to provide care and bill Medicaid so that there are more providers accepting Medicaid
- Provide access to basic screenings and health access information at events that already exist in the community. Use volunteers to provide screenings
- Increase the capacity of existing programs that provide access to those that would not otherwise have access
- Explore non-traditional health care models
- Partner with schools to provide health care access
- Explore ways to simplify the eligibility “hoops” that we can control locally
- Work with funders of local efforts to focus on collaborative outreach and health access efforts
- Co-locate services (social and health) to increase access
- Explore the utilization of a common “application” for a variety of services (economic, social services, health etc.)
- Utilize the ER setting to divert people to more appropriate care
- Increase access to after-hours pediatric care
- Engage community health workers to assist community members in accessing needed care
- Utilize community cafes to connect people to care
- Use “mobile benefits” model (such as the Second Harvest program) to increase access

- Identify ways to increase access to care for adults that are not eligible for Medicaid or Medicare and who do not have access to other health care coverage
- Discussion re: “special populations” that have different access and barriers to care (homeless, mentally ill adults and children, incarcerated, homebound seniors)
- Discussion re: access to care (some felt there was access for all who want it, others disagreed with that)
- Discussion re: transportation as a barrier to accessing care

### **Promote Health and Wellness: Key Discussion Themes**

- Are we effectively reaching who we want and need to in promoting health and wellness? What are the risk factors in our weight gain? We need to make health and wellness more accessible, looking at neighborhoods, activities for youth and whether they can include adults/parents.
- Develop a campaign that would involve the for-profit sector, tying efforts together to campaigns the community is aware of (i.e. Weight Watchers, local gyms). Don’t recreate the wheel – use what we have more effectively, working together.
- Target employers and schools to reach a greater population

### **Promote Health and Wellness Notes**

- Look at the economy – connection to weight gain? Are we buying carbs and starches because it’s cheaper?
- There are so many convenience stores; need for more grocery stores
- Work with farmer’s market – enhance awareness of locations and place farmer market in food desert area (plus EBT cards should be accepted).
- Look at WIC guidelines (only \$6 a month for fruit and vegetables)
- Tap into employers to promote health and wellness
- Reach parents to work out/exercise with kids at places like the YMCA (healthy choices, make it easier)
- Incorporating health/wellness through other subjects – activities (i.e. art classes)
- Ask yourself about safe neighborhoods/places to exercise (do people feel safe to exercise where they live? Limiting?)
- Really look into the school lunch program and especially snacks for/provided at after school
- Community gardens: teach individual gardening
- Schools (0-5 in daycare), provided subsidies
- We should be aware of the legislative issue/bill now – limiting purchase of unhealthy foods with assistance provided
- Vending machines – schools – limit
- Connect with for profits (Weight Watchers, Gold’s Gym) to develop a Campaign
- Walking School Bus – effective school based generated program that could be modeled in other schools
- Establish a mobile farmer’s market
- Offer cooking classes – teach kids how to cook – show the money savings

- Emeals.com – market through existing resources like Publix.
- Market daytime activities for parents/adults who don't work out of the home.
- Discussion: There needs to be group support for spouses who have spouses who are out of work – look at CBE programs; churches/faith based efforts; PYRAMID café and other parent led groups; and the Fresh Start program
- Discussion: Build the education piece and the importance of being healthy before getting pregnant, concentrating especially on folic acid intake. Continue and further education/support to African American moms (they are the ones having low birth weight babies). Really look at at-risk youth – partnering with Chiles Academy
- Discussion: Start an “avocado a day” campaign