

2015

COMMUNITY HEALTH IMPROVEMENT PLAN



FLORIDA DEPARTMENT OF HEALTH IN MONROE COUNTY



with

- 19 MICRO-COMMUNITY HEALTH
PROFILES

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A HERITAGE OF HEALTH IN THE FLORIDA KEYS

Photo at left: Dr. Joseph Yates Porter. A Key West resident and first State Health Officer in Florida.

Photo below: Marine Hospital in Key West circa 1844



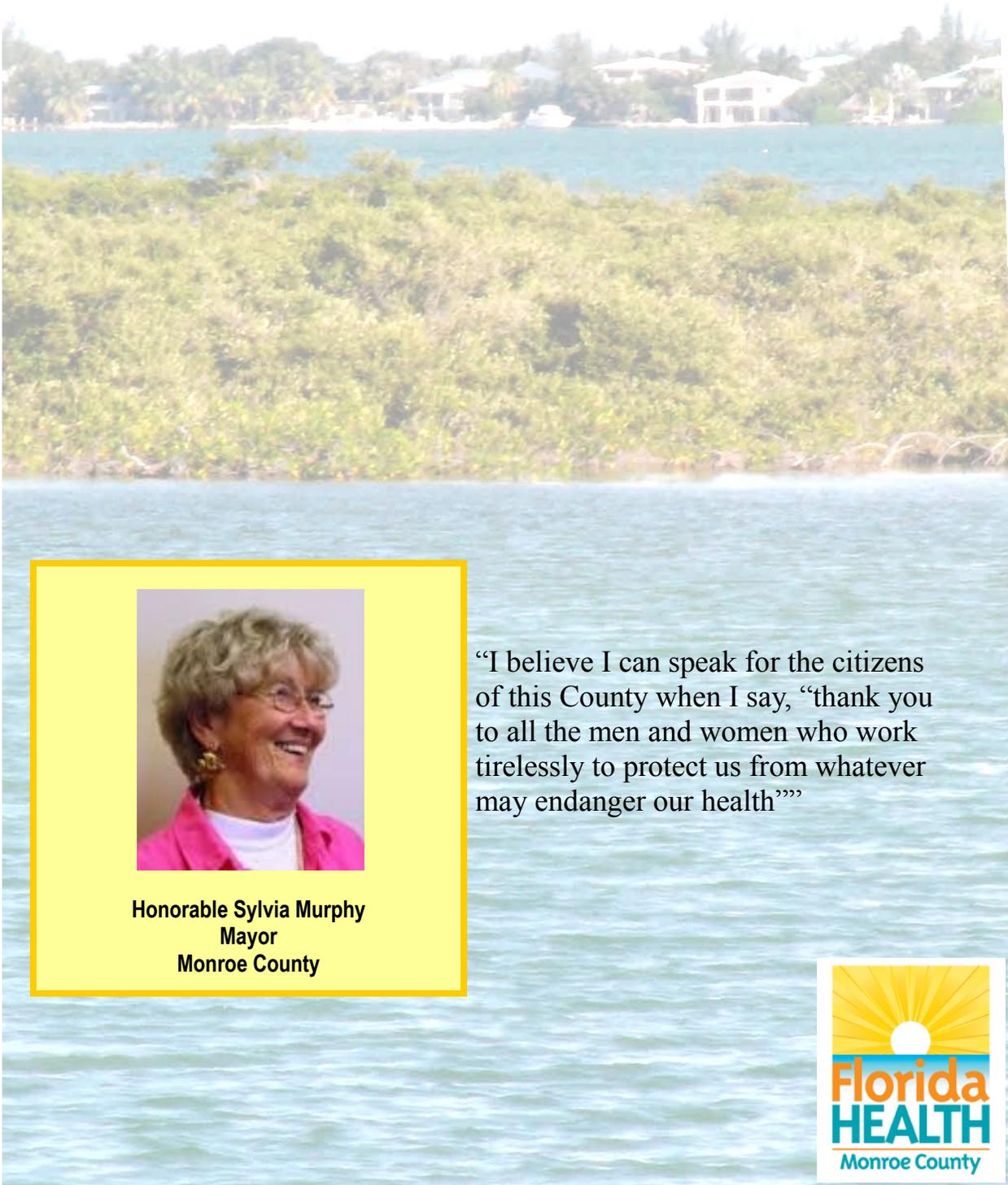
The purpose of this publication is threefold: First, to raise awareness of community health status, second to develop and focus community support for preventive actions and third to provide the targeted results of community feedback from a selected micro-community.

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Honorable Sylvia Murphy
Mayor
Monroe County

“I believe I can speak for the citizens of this County when I say, “thank you to all the men and women who work tirelessly to protect us from whatever may endanger our health””



County of Monroe
The Florida Keys



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Mayor Pro Tem, Danny L. Kolhage, District 1
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Heather Caruthers, District 3
David Rice, District 4

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Nelson Government Center
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October 10, 2014

To Whom It May Concern:

I feel very fortunate to live in an area that is lucky enough to have the Monroe County Public Health Department guarding our physical health.

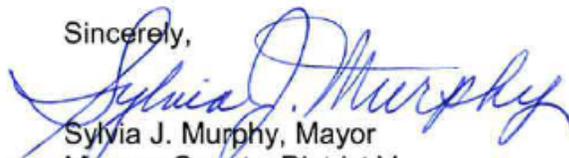
This department cares for and has programs for all of its citizens---regardless of age, economic status, location, ethnic origin, etc. What a safe and secure feeling it is to know that our babies have their check-ups and proper immunizations, that our youngsters are healthy and ready to start school, our teenagers are properly informed regarding sexual matters, that the County's birth and death information is accurately recorded and that we, the older segment of the population, are protected against the flu, pneumonia, shingles, tetanus, etc. And let us not forget the environmental health portion of the department. This hard-working group of professionals issues permits for onsite wastewater systems and sees that all systems are properly in place and working safely, assists in the eradication of vermin and mosquitoes and they also monitor our Monroe County from one end to the other for the appearance of contagious disease in all of its many forms. They also inspect our schools, mobile home parks and public pools.

In this day and age, with global travel spreading global diseases, preventing the spread of contagious illnesses may turn out to be one of the more important functions of our Monroe County Public Health Department.

I believe I can speak for the citizens of this County when I say, "thank you to all the men and women who work tirelessly to protect us from whatever may endanger our health."

I'll close by repeating what my grandmother always sent me out the door with. "Watch out for cars, don't talk to strangers and WASH YOUR HANDS as often as you can". At my age I can only assume the advice worked.

Sincerely,


Sylvia J. Murphy, Mayor
Monroe County, District V

Is Monroe County a healthy place to live?



Resident Death Counts by Year by 35 Leading Rankable Causes of Death
Residence County = Monroe

	Resident Deaths						Total
	2008	2009	2010	2011	2012	2013	
Malignant Neoplasm (Cancer)	151	157	184	163	172	201	1,028
Heart Diseases	147	137	135	122	135	141	817
Other Non-rankable Cause of Death	87	89	107	98	97	94	572
Unintentional Injury	65	50	55	51	44	39	304
Chronic Lower Respiratory Disease (J40-J42,J43,J44,J45-J46,J47)	35	26	22	31	28	31	173
Suicide	16	25	17	24	19	32	133
Chronic Liver Disease & Cirrhosis (K70,K73-K74)	21	19	23	22	22	20	127
Cerebrovascular Diseases (I60-I69)	26	18	26	20	16	16	122
Alzheimers Disease (G30)	15	9	14	14	18	18	88
Diabetes Mellitus (E10-E14)	9	15	15	21	10	11	81
Nephritis, Nephrotic Syndrome, Nephrosis (N00-N07,N17-N19,N25-N27)	9	12	15	13	6	8	63
Human Immunodeficiency Virus (HIV) Disease (B20-B24)	10	9	11	6	7	4	47
Influenza & Pneumonia (J09-J11,J12-J18)	10	8	5	4	6	7	40
Septicemia (A40-A41)	7	8	5	6	7	3	36
Parkinsons Disease (G20-G21)	3	6	8	5	7	3	32
Essen Hypertension & Hypertensive Renal Dis (I10,I12,I15)	5	10	3	2	3	6	29
Viral Hepatitis (B15-B19)	4	2	2	5	3	9	25
In Situ, Benign, Uncertain and Unknown Behavior Neoplasms (D00-D48)	5	5	1	5	5	3	24
Homicide	2	5	6	3	4	2	22
Atherosclerosis (I70)	4	0	2	2	2	6	16
Aortic Aneurysm & Dissection (I71)	4	1	3	2	1	2	13
Congenital Malformations	2	6	3	1	0	1	13
Anemias (D50-D64)	1	1	3	2	2	2	11
Pneumonitis Due To Solids & Liquids (J69)	2	0	3	2	2	1	10
Perinatal Period Conditions (P00-P96)	1	1	1	2	1	2	8
Cholelithiasis & Other Gallbladder Disorders (K80-K82)	2	1	4	0	0	0	7
Peptic Ulcer (K25-K28)	1	1	1	1	1	1	6
Nutritional Deficiencies (E40-E64)	0	1	1	0	2	0	4
Hernia (K40-K46)	1	0	0	0	1	1	3
Pneumoconiosis & Chemical Effects (J60-J66,J68)	0	2	1	0	0	0	3
Acute Bronchitis & Bronchiolitis (J20-J21)	0	0	0	0	1	0	1
Kidney Infections (N10-N12, N13.6, N15.1)	1	0	0	0	0	0	1
Pregnancy, Childbirth and the Puerperium (O00-O99)	0	0	0	1	0	0	1
Tuberculosis (A16-A19)	1	0	0	0	0	0	1

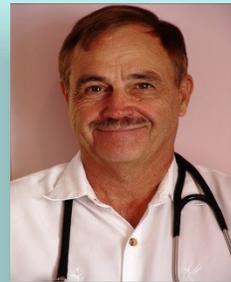
WHAT DO VITAL STATISTICS TELL US ABOUT MONROE COUNTY?

Vital statistics are the official records of major life events, including death, birth, marriage, divorce, etc. These records are essential for the administration of law and personal rights. This information is also important to public health. The U.S. Model State Vital Statistics Act was originally enacted in 1907 and served to promote uniformity among states in definitions, registration policies, disclosure and issuance procedures and other functions that comprise a state system of vital statistics.

In the state of Florida, the need for accurate statistics and data on epidemics and causes of death was crucial in establishing the present day vital signs (statistics) registration system. Before 1899, some cities in Florida enacted ordinances requiring the recording of vital events and developed their own systems. The city of Key West has some of the oldest such records, dating back to 1865.

Death certificates include information on age, residence, race/ethnicity, education, occupation, and smoking status. Events leading to the cause of death and contributing factors and diseases are recorded. Death certificates are signed by licensed physicians and the listed causes of death can be assigned an ICD code. ICD stands for International Classification of Disease and is the global health information standard for morbidity and mortality statistics.

The Medical Examiner (ME) is the agency of county government which serves the public interest by investigating deaths not attended by physicians or not considered "natural." The ME office aids in the administration of criminal and civil justice and provides valuable data for public health. Medical Examiners determine cause of death, perform autopsies, identify unknown dead, keep records, and respond to death in



Dr. Mark Whiteside M.D.
Medical Director
Florida Department of Health in Monroe County

situations of mass destruction.

Tracking patterns of health and disease in a population means collecting/keeping information on morbidity (sickness) and mortality (death). The reporting of morbidity and mortality is a three-tiered system emanating from the local or county health department to the state health department and from there to the federal Centers for Disease Control and Prevention (CDCP), which publishes the MMWR, or Morbidity and Mortality Weekly Report.

Disease surveillance objectives are to determine which diseases are occurring so control measures can be instituted, evaluate effectiveness of control measures, and increase knowledge of new and emerging diseases. Sources of data include individual case reports, laboratory reports, emergency room visits, hospital discharge summaries, case investigations, death certificates, and results of surveys.

Florida was a frontier state for many years before the modern era. Due to a small and widely dispersed population, it was difficult for the understaffed and underfunded public health system to track disease effectively. The first state health officer in Florida, Key West's own Dr. Joseph Porter, championed the mission of collecting useful health information, and a formal program got underway in 1918.

The first morbidity information in Florida was recorded in a ledger by hand and this became the standard for several decades. The most common diseases were infectious and other communicable

diseases, including pneumonia and influenza, typhoid fever, malaria, and tuberculosis. Common childhood diseases were measles, mumps, diphtheria, and whooping cough, with smaller numbers of polio and smallpox.

Today, population, morbidity and mortality data (including the Florida Mortality Atlas) can be found in CHARTS – Community Health Assessment Resource Tool Set. CHARTS list causes of death by region and county in Florida. ICD, Tenth Revision (ICD-10) is being used in clinical medicine and in CHARTS. The most common so-called adjustment for morbidity and mortality data is for the age of the individual.

CHARTS reveals that Florida has had an overall decline in age-adjusted death rates over the past 30 years in part due to a 40% decrease in cardiovascular disease and stroke.



Since 1970, there has been an increased age-adjusted death rate for chronic lung disease, including asthma, diabetes, kidney disease, and

Alzheimer's disease. Death from perinatal conditions has dropped by two-thirds in recent decades.

Since 1945, The Florida Morbidity Statistical Reports has been the official record of reportable disease in Florida. It summarizes annual morbidity from over 100 acute communicable and environmental diseases in the state. These reports help identify patterns and trends of disease that are used as the basis for control and prevention strategies. Public health partners in identifying these trends include physicians, nurses, laboratories, and infection control personnel.

Data from 2012 in the Florida Morbidity Statistical Reports show sexually-transmitted diseases (STD's), hepatitis C, and HIV/AIDS were the most common reported diseases, especially in the 15-54 age groups. Tuberculosis emerged as a major public health threat in the 1980's but now has declined every year since 1999. Florida has one of the highest enteric (gut) infection rates in the U.S. Certain tick-borne diseases (e.g. Lyme) have increased, and insect-transmitted viruses like West Nile and dengue continue to be a

threat.

Cancer incidence (new cases) is collected by the Florida Cancer Data System (FCDS) statewide central cancer registry. FCDS is administered by the Florida Department of Health (FDOH) Bureau of Epidemiology the Sylvester Cancer Center at the University of Miami. Data is collected from hospitals, ambulatory clinics and surgery centers, radiation oncology centers, and pathology laboratories. The four most important cancers in Florida are lung and bronchus, prostate, female breast, and colorectal.

Technology is rapidly changing the landscape of reportable diseases. Prior to 2001 the FDOH Bureau of Epidemiology received paper copies of morbidity reports from county health departments, a process which was slow, time-consuming, and error-prone. Since 2001, MERLIN has been the electronic system for managing surveillance and reporting disease. MERLIN allows electronic entry of patient and case information, laboratory data, interview questions, etc.

Other electronic modular systems since MERLIN include data on influenza, pneumonia, RSV, lead poisoning, perinatal hepatitis B, and rabies. EPICOM serves as an information-sharing and alert network. ESSENCE (Electronic Surveillance System for the Early Notification of Community-Base Epidemics) uses automated processes to collect syndrome/symptom-based data from hospital emergency rooms. The EDRS (Electronic Death Registration System) has been operational since 2012.

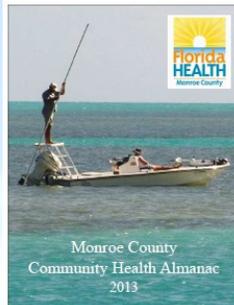
Our health here in Monroe County, Florida has been intensely studied (perhaps more so than any other county) since 2012. The Health Council's 2012 Health Assessment of Monroe County compared our county to three other counties in the state (Okaloosa, Nassau, and Hillsborough). The bottom line: our health is pretty good in spite of rural isolation, a low ratio of service providers, and our often high risk behavior. Many age-adjusted mortality rates for Monroe County are below state averages and national benchmarks.

The 2012 Health Assessment of Monroe County identified the leading causes of death as cancer, heart disease, and unintentional injury. We continue with high rates of lung cancer, breast cancer, and skin cancer including melanoma. The rates of binge drinking were "alarmingly

high,” in the range of 25% and much greater than state or national averages. High-risk behavior (e.g. smoking and drinking) were prevalent in both affluent and economically marginalized communities.

The first Monroe County Community Health Almanac was published by FDOH-Monroe County in 2013 and compared our health statistics in Monroe County to the other 66 counties in the state. It can be readily seen that we live in one of the healthiest counties in the state in terms of the physical environment – clean air and water, little pollution, etc. – but once again fall down in areas of lifestyle and “bad habits.”

The leading causes of death in Monroe County in 2011 were cancer, heart disease, “all other natural causes,” unintentional injury, suicide, and cirrhosis. Among the top three “preventable” (or lifestyle) causes of disease and death : smoking cigarettes, obesity, and heavy alcohol; we do better in Monroe County with diet and exercise, but smoke a bit



Although the percentage of current smokers in Monroe County has decreased from 2007 to 2010, Monroe County still has a higher percentage of smokers compared to the state of Florida; 21% of Monroe County residents are smokers compared to the Florida State, 17%.

more than the rest of the state, and we have the highest percentage of heavy drinkers of any county in the state.

A high percentage of Monroe County residents lack adequate health insurance and cannot afford the high cost of health care. The establishment of Federally-Qualified Health Centers (FQHC’s) and

acquisition of health insurance through the Affordable Care Act is likely to improve this situation. Better screening for cancer and heart disease (the two leading causes of death in Monroe County) could identify health problems earlier and help prevent both disease and death.

Monroe County already has a good vaccination program which is poised to become even better. Along with vaccination for childhood diseases, FDOH-Monroe County has a campaign for widespread vaccination for influenza, pneumonia, and TDAP (tetanus, diphtheria, and pertussis). There is a current campaign to vaccinate all eligible young people for Human Papilloma Virus

(HPV). The HPV vaccine has the potential to prevent a great many HPV-related cancers later in life.

It should be apparent that the high rate of suicide in Monroe County needs to be better studied and mental health care services expanded. Excessive alcohol intake is the “elephant in the room” as a public health problem in Monroe County and must be addressed on multiple levels, including earlier identification of alcohol dependence and more treatment programs. Unintentional injuries are a leading cause of death in the county and certainly deserve further preventive strategies.

The epidemiological triangle (or triad) shows that for every disease process there is an interaction between the Host (the person who gets the disease), the Agent (the thing that causes the disease), and the Environment. Disease can be blocked or modified by intersecting the triangle at any of the three sides (or points). Whereas clinical medicine

focuses on the host and the agent, public health concentrates much of its attention on the environment.

The Ecological Model of Public Health focuses on both population-level and individual-level de-



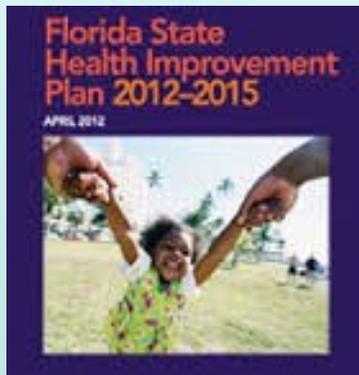
terminants of health and their intervention. Health is affected at multiple levels including public policy, community institutions, and both intrapersonal factors and interpersonal interactions. Interventions are much more likely to be effective when they address health determinants at all of these levels.

Healthy People 2020 is the name of the national program of health promotion and disease prevention developed by the U.S. Department of Health and Human Services. The two overarching health goals are to increase the quality and years of a healthy life and eliminate health disparities. Health goals are set for leading indicators,

including physical activity, obesity, tobacco and substance abuse, mental health, injury and violence, immunization, environmental quality, and access to health care.

The Florida State Health Improvement Plan (SHIP) was developed in 2012 and is the statewide plan for public health partners and stakeholders to improve the health of all Floridians. SHIP has set very specific health goals for the following priority areas: health protection, chronic disease prevention, community redevelopment, partnerships, access to care, and health finance and infrastructure.

The 2013 Monroe County Community Health Improvement Plan (CHIP) provides health data and perceptions of health among various communities throughout the Florida Keys. Goals and



strategies for health promotion and disease prevention can be tailored for the special needs of these communities. FDOH-Monroe and its community partners can use regional data to raise awareness of resources, develop new resources, and improve communication and networking within each community.

The mission of the FDOH is “to protect, promote, and improve the health of all Florida residents.” FDOH/Monroe County has a wealth of data available to catalogue and deal with our most important health issues. However, this knowledge must translate into positive actions. The CHIP program outlines specific strategies, goals, and objectives to improve the health of our distinct communities throughout the Florida Keys.

Public health is a discipline built on an academic tradition of inquiry involving research, teaching, and professional practice to prevent disease and promote health in populations. Public health involves the organized efforts of society to assure the conditions for people to be as healthy as they can be. It has been said that

“Health care is vital to all of us some of the time, but public health is vital to all of us all of the time.”

Public health must be future-oriented, with programs designed to protect the health of future generations. Solutions to public health challenges we face will be reached only if we choose to anticipate the problems of tomorrow. There are known challenges, including antibiotic resistance, chronic illness like obesity and its attendant problems, environmental deterioration, and barriers to medical care.

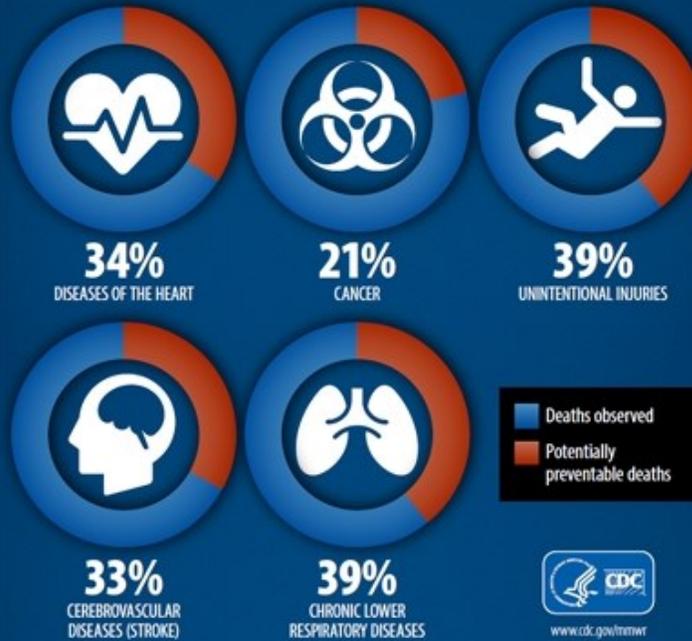
There are also problems we cannot always predict, like the emergence of a major infectious disease (e.g. Ebola), climate change and weather disasters, social upheaval, war, and terrorism. These are reasons why we must have a surveillance system properly tuned, a response system properly prepared, and a support system regularly refreshed. All of these tools will hopefully guide us to a healthier and more secure future.

Mark Whiteside, M.D., M.P.H.
Medical Director, Florida Health–Monroe County.

Visit us at <http://monroe.floridahealth.gov>

Potentially Preventable Deaths from the Five Leading Causes of Death

United States, 2008–2010



In the Florida Keys during 2013....

- 42 cancer deaths were preventable**
- 48 deaths due to heart disease were preventable**
- 15 deaths from unintentional injuries were preventable**

105

* Estimate based on CDC National statistic applied to Monroe deaths by the same disease or condition.



William G. Brookman M.P.H.
Director of Community Health Services
Florida Department of Health in Monroe County

BUILDING BRIDGES ACROSS OUR MICRO-COMMUNITIES

Wouldn't you agree that there is vast diversity among the people who live in this island chain. What is behind the health statistics? Who are the communities and neighborhoods that make up the Florida Keys? These are important questions when we as health professionals attempt to assist our neighbors to lead healthier lives, while we ourselves are striving toward the same healthy goals.

What is a Micro-Community?

A micro-community is a small group of neighborhoods in the Florida Keys that share a common environment. By that we mean they share the same grocery store, the same group of physicians, the same hospital or clinic, the same restaurants, the same retail stores, clubs and the same governance. People who share the same environment may share common health conditions.

The "census tract" is the smallest portion of larger county, state, and national health statistics. The Florida Department of Health in Monroe County has used this data to determine disease trends in the areas that appear on the facing page. Information supplied from county death certificates is geo-coded to census tract areas. Therefore, health professionals can see if there are commonalities in causes of death almost at the neighborhood level. We have divided the Florida Keys into 19 tracts and labeled them as micro-communities with names that correspond to the dominant geographical area or feature. We have excluded mainland Monroe since it has such a small population.

The Ecological Model: A Respected Public Health Tool

The Institute of Medicine has defined the ecological

model as "a model of health that emphasizes the linkages and relationships among multiple factors (or determinants) affecting health"¹. More simply put, the social and physical environment, along with all their complex components, are major factors that strongly shape the pattern of disease and injury in our micro-communities.

Therefore, the approach of the health institutions in Monroe County charged with improving health for the citizens, must take into account the social and physical environments of the individual micro-communities. This includes the built environment: access to playgrounds, athletic fields, grocery stores offering healthy foods, a transportation system that allows all access to healthcare, and so forth. People living in Big Pine have a different social and physical environment than people living in Old Town Key West. West & Central Marathon is different from East Islamorada. The Ecological Model, sometimes called the Socio-Ecological Model of Health, helps health professionals make some sense of all the varying factors affecting health in each location.

How Does the Health Department Prioritize their Community Health Improvement Process?

Resources are limited and therefore must be focused in the most effectual manner. Each micro-community has a characteristic 5 year disease mortality rate for 5 diseases or conditions of interest noted on the profile pages. These rates are added up and tracts with the highest mortality rate totals are given priority. Despite some sensational claims, this in no way implies that the tracts are "unhealthy". It is simply a *relative* measure to prioritize limited resources. Each tract is compared to county and state mortality rates, thus providing the reader with a frame of reference.

PACE-EH: An Opportunity for a Community Voice in Health Matters

The PACE-EH process has a proven track record of success². As the health department facilitates the 13 steps of the process, micro-communities are able to mobilize their neighborhoods to identify common community health concerns, leverage resources, form profitable partnerships, and solve health disparities. Many times this can be done with minimal financial outlay. PACE-EH gives the micro-community a voice. Community partnerships from health institutions sharing common goals bridges the gap of inactivity. These partnerships give the voice of the community power. And with power comes needed change.

Visit us at <http://monroe.floridahealth.gov>

"It is bizarre that the produce manager is more important to my children's health than the pediatrician" -

Meryl Streep, Actress

1. Institute of Medicine. *Who Will Keep the Public Healthy? Educating Public Health Professionals for the 21st Century*. Washington D.C.: The National Academies Press, 2003.

2. *PACE Setting for a Long and Healthy Life*, NACCHO's Community-based Environmental Health Assessment Methodology is Maturing in It's Tenth Year of Use, NACCHO Report, July 2008

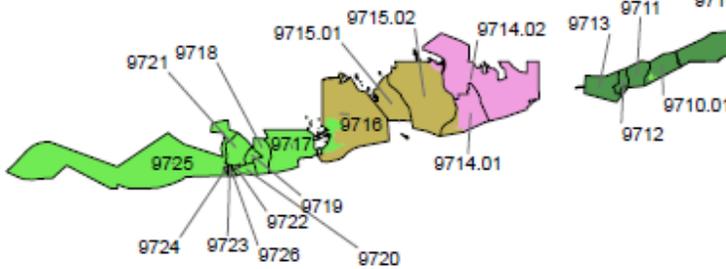
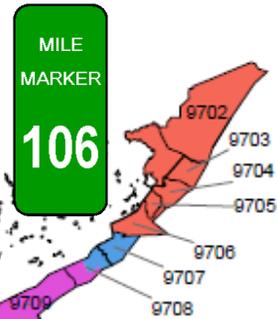
	Micro-Community	Corresponding Census Tract (s)
1	Mallory Square, Casa Marina and Old Town Key West Areas	9723, 9725, 9726
2	Truman Avenue Area	9722
3	Bahama Village	9724
4	New Town West	9721
5	Key West Airport Area	9720
6	New Town East	9719
7	Stock Island and Key Haven	9718
8	Big Coppitt	9717
9	Sugarloaf	9716
10	Cudjoe, Summerland, Ramrod and the Torches	9715.02, 9715.01
11	Big Pine	9714.01, 9714.02
12	West and Central Marathon	9713, 9712

ZIP CODES

- 33001
- 33036
- 33037
- 33040
- 33041
- 33042
- 33043
- 33045
- 33050
- 33070
- 341MH
- 341MX

13	Marathon Shores and Key Colony Beach	9711, 9710.01
14	Duck Key, Layton, and West Islamorada	9710.02, 9709
15	East Islamorada	9708
16	Tavernier	9707
17	South Key Largo and Rock Harbor	9706, 9705
18	Pennecamp Park Area	9704
19	Lake Surprise, North Key Largo and Ocean Reef	9703, 9702

Monroe County Census Tracts and Zip Codes



Florida Keys Micro-Communities

Census Tract numbers for Monroe County are the six digits after state and county codes (12087) in the Geoid or Census Tract Key. For example, the Geoid/Census Tract Key is 12087970300 for census tract 9703 in this map.



PREVENTION IS COST EFFECTIVE

"An ounce of prevention is worth a pound of cure"

THE COST OF CHRONIC DISEASE

According to the Centers for Disease Control and Prevention, the cost of treating chronic diseases in the United States is staggering!

The **total costs of heart disease and stroke** in 2010 were estimated to be \$315.4 billion. Of this amount, \$193.4 billion was for direct medical costs, not including costs of nursing home care.¹⁶

Cancer care cost \$157 billion in 2010 dollars.¹⁷

The **total estimated cost of diagnosed diabetes** in 2012 was \$245 billion, including \$176 billion in direct medical costs and \$69 billion in decreased productivity. Decreased productivity includes costs associated with people being absent from work, being less productive while at work, or not being able to work at all because of diabetes.¹⁸

Medical costs linked to **obesity** were estimated to be \$147 billion in 2008. Annual medical costs for people who are obese were \$1,429 higher than those for people of normal weight in 2006.

For the years 2009–2012, **economic cost due to smoking** is estimated to be more than \$289 billion a year. This cost includes at least \$133 billion in direct medical care for adults and more than \$156 billion for lost productivity from premature death estimated from 2005 through 2009.

The **economic costs of drinking too much alcohol** were estimated to be \$223.5 billion, or \$1.90 a drink, in 2006. Most of these costs were due to binge drinking, and result-

ed from losses in workplace productivity, health care expenses, and crimes related to excessive drinking.²¹

CONFLICTING OPINIONS ABOUT PREVENTION

Not all experts agree that prevention saves money. The disagreements usually center around which preventive actions were measured and how the cost savings are calculated. So, as with many things, the answer can be elusive for those who are not willing to make a lengthy and detailed study of the subject.

However, recent studies of focused preventive strategies endorsed by the U.S. Preventive Services Taskforce have indicated that prevention is cost effective when compared to treatment of chronic disease conditions. Immunizations are especially cost effective. Money is not the only factor to be considered. If you live a longer productive life, while effectively coping with a chronic disease, those years have a value. In public health, the years lost due to death or impairment because of disease are designated by the acronym "YPLL", or Years of Potential Life Lost. So in addition to the cost to insurers of expensive treatments, the individual also may lose years of productive work.

ARE THERE PROVEN PREVENTIVE STRATEGIES?

Yes, in fact three studies recently conducted by Florida International University here in South Florida indicate that prevention strategies such as; Senior Falls Prevention Programs, Chronic Disease Management Programs and Community-Based Exercise Programs have the potential to produce net societal cost savings among program participants.

The Florida Department of Health in Monroe County believes that "an ounce of prevention is worth a pound of cure". Please support efforts to prevent chronic disease in your community.



PCD
PREVENTING
CHRONIC DISEASE

COPIED FROM PAYMENT

Greater Use Of Preventive Services In U.S. Health Care Could Save Lives At Little Or No Cost

ABSTRACT There is broad debate over whether preventive health services save money or represent a good investment. This paper analyzes the estimated cost of adopting a package of proven preventive services—including tobacco cessation screening, alcohol abuse screening, and daily aspirin use—against the estimated cost of the services generated. We find that greater use of proven preventive services in the United States could avert the loss of more than 100,000 lives annually. What's more, increasing the use of these services to current levels to 90 percent in 2006 would result in total savings of \$3.7 billion, or 0.2 percent of U.S. personal health care spending. Our findings suggest that policy makers should pursue options that move the nation toward greater use of proven preventive services.

Michael V. MacIsaac, Ashley B. Caffield, Thomas J. Fartman, and Nikol M. Edwards

David Brown reported in the Washington Post that overall costs to the health care system typically go up when disease-preventing strategies are put into practice.

Healthy Communities PROMOTE Healthy Minds & Bodies

APHA 139TH ANNUAL MEETING AND EXPOSITION OCT 29 - NOV 2, 2011 WASHINGTON, DC

Cost Analysis of Chronic Disease Self Management Programs Being Delivered in South Florida

Tuesday, November 1, 2011

Timothy Page, Ph.D., Health Policy and Management, Florida International University, Miami, FL

Richard Palmer, DrPH, Health Promotion and Disease Prevention, FIU Stempel College of Public Health and Social Work, Miami, FL

Background: Chronic disease is responsible for the majority of healthcare spending in the United States. South Florida residents have the highest per enrollee Medicare expenditures in the country. Programs that effectively promote the self management of chronic diseases have the potential to reduce the financial burden of the diseases.

Programs designed to improve Chronic Disease Self Management (CDSMP) may have the potential to produce a net cost savings among participants.

Methods: Four agencies participating in the delivery of CDSMP workshops were surveyed to obtain data related to program costs. Cost information included implementation and ongoing workshop delivery costs. Cost information was then compared to program benefits documented in the chronic disease management literature. Questionnaires were returned to program coordinators from agencies participating in the delivery of CDSMP workshops. Questionnaires were returned via e-mail.

Results: Average costs for implementation per program completer were \$288. These average costs are below the \$1,381 healthcare cost reductions documented in the literature during the first year following completion of the program.

Conclusions: The cost measurements combined with information from the literature on potential cost savings attributable to CDSMP suggest that CDSMP may be effective in reducing healthcare costs among elderly residents of South Florida. These cost savings suggest that Medicare should consider sponsoring the implementation of these programs since the associated cost

SCIENTIFIC STATEMENT

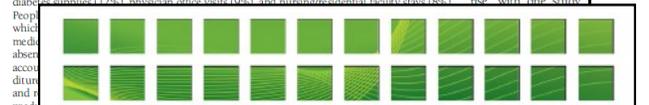
Economic Costs of Diabetes in the U.S. in 2012

AMERICAN DIABETES ASSOCIATION

OBJECTIVE—This study updates previous estimates of the economic burden of diagnosed diabetes and quantifies the increased health resource use and lost productivity associated with diabetes in 2012.

RESEARCH DESIGN AND METHODS—The study uses a prevalence-based approach that combines the demographics of the U.S. population in 2012 with diabetes prevalence, epidemiological data, health care cost, and economic data into a Cost of Diabetes Model. Health resource use and associated medical costs are analyzed by age, sex, race/ethnicity, insurance coverage, medical condition, and health service category. Data sources include national surveys, Medicare standard analytical files, and one of the largest claims databases for the commercially insured population in the U.S.

RESULTS—The total estimated cost of diagnosed diabetes in 2012 is \$245 billion, including \$176 billion in direct medical costs and \$69 billion in reduced productivity. The largest components of medical expenditures are hospital inpatient care (43% of the total medical cost), prescription medications to treat the complications of diabetes (18%), antidiabetic agents and diabetes supplies (12%), physician office visits (9%), and nursing/long-term facility stays (8%).



CONCLUSION—The economic burden of diagnosed diabetes in the U.S. is substantial, reaching \$245 billion in 2012. This burden is projected to increase as the population ages and the prevalence of diabetes continues to rise.

The Power of Prevention

Chronic disease... the public health challenge of the 21st century

2009

NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION

Investing in Prevention Improves Productivity and Reduces Employer Costs

Maximizing Prevention Benefits for American Business

"We dedicate resources to prevention because, like any successful investment we've made, it yields steady returns. Those returns take two forms: a healthier, more productive, more committed workforce and significantly lower overall healthcare costs. For every dollar we invest in our workers' health, we see a return of more than \$4 in reduced health care costs, lower absenteeism, and improved productivity. Our health care spending averages 4% below benchmarks for our industry. From 2001 through 2009, we avoided more than \$21 million in health care expenditures."

William C. Weldon, Chairman and CEO, Johnson & Johnson, writing in the Jan-Feb 2011 *Harvard Business Review*

In the face of rising healthcare costs, there is growing recognition that preventing disease and maintaining good health pay significant dividends.

From a perspective, US leadership in the improvements in the health status of Americans according to one study.² Corporations that invest in prevention substantially. Johnson & Johnson

Individual business investments made by efforts to prevent disease and to maintain good health depends on government, faith-based organizations, and the community is key to maximizing investments improve the services activity, improve options for health identify and stop disease outbreaks.

- When we invest in prevention, the
- Individuals benefit: work productivity and health
 - Businesses benefit: a healthier and more productive workforce
 - Communities benefit: a more attractive place for families

The Centers for Disease Control and Prevention (CDC) and the U.S. Department of Health and Human Services (HHS) have already generating results—increased activity in schools and child care centers, improved health. For instance, with CDC prevention work in chronic and infectious disease, immunization, injury prevention, occupational safety, environmental health, and other areas, community-based investments are preventing disease and improving health across the board.

Medical costs linked to obesity were estimated to be \$147 billion in 2008. Annual medical costs for people who are obese were \$1,429 higher than those for people of normal weight in 2006.

Obesity is also associated with an increase in workdays absent; up to 1.7 extra days are missed annually compared to the normal-weight employees. Obesity-attributable absenteeism costs our nation over \$8 billion per year.

Source: Andreyeva, T; Luedicke, J; Wang, C. (2014). State-Level Estimates of Obesity-Attributable Costs of Absenteeism. *Journal of Occupational & Environmental Health*

CDC Centers for Disease Control and Prevention Office of the Associate Director for Policy

Monroe County, 2012		
Town	Total HH	% ALICE & Poverty
Big Coppitt Key CDP	833	47%
Big Pine Key CDP	1,619	44%
Key Largo CDP	4,517	53%
Key West	9,322	52%
Lower Keys CCD	4,314	38%
Marathon	3,371	55%
Middle Keys CCD	4,068	53%
North Key Largo CDP	510	31%
Stock Island CDP	1,111	76%
Tavernier CDP	953	52%
Upper Keys CCD	8,633	50%

ALICE IN MONROE COUNTY

Population: 74,809 | **Number of Households:** 29,241
Median Household Income: \$53,637 (state average: \$45,040)
Florida Underemployment Rate for 2012: 16%
Gini Coefficient (zero = equality; one = inequality): 0.53 (state average: 0.48)

How many households are struggling?

ALICE, an acronym for **A**sset **L**imited, **I**ncome **C**onstrained, **E**mployed, are households that earn more than the U.S. poverty level, but less than the basic cost of living for the county. Combined, the number of poverty and ALICE households equals the total population struggling to afford basic needs.

Poverty	ALICE	Above ALICE
3,557 HH 12%	10,664 HH 36%	15,020 HH 51%

What are the economic conditions?

The **Economic Viability Dashboard** evaluates community conditions for ALICE in three core areas. Each is an index with a scale of 1 (worst) to 100 (best).

Housing Affordability	Job Opportunities	Community Support
poor (14)	good (67)	poor (48)

What does it cost to afford the basic necessities?

This bare-minimum budget does not allow for any savings, leaving a household vulnerable to unexpected expenses. Affording only a very modest living in each community, this budget is still significantly more than the U.S. poverty rate of \$11,170 for a single adult and \$23,050 for a family of four.

Household Survival Budget, Monroe County		
	SINGLE ADULT	FAMILY (INFANT AND PRE-K)
Housing	\$946	\$1,419
Child care	\$0	\$1,250
Food	\$176	\$531
Transportation	\$350	\$699
Health care	\$107	\$426
Miscellaneous	\$182	\$469
Taxes	\$242	\$368
Monthly total	\$2,002	\$5,163
ANNUAL TOTAL	\$24,020	\$61,962
POVERTY ANNUAL TOTAL	\$11,170	\$23,050

Source: U.S. Department of Housing and Urban Development (HUD), U.S. Department of Agriculture (USDA), Bureau of Labor Statistics (BLS), Internal Revenue Service (IRS) and state Treasury, and ChildCare Aware, 2012; American Community Survey, 1 year estimate.

NOTE: Municipal-level data may not match county-level data; municipal-level data often relies on 3- and 5-year averages, is not available for the smallest towns that don't report income, and may overlap with Census Designated Places (CDP).

What is ALICE?

In short, ALICE is an acronym that stands for Asset Limited, Income Constrained, Employed.

According to Theodore Granger, President of United Way of Florida, “ALICE represents those who work hard, but due to high costs and factors beyond their control must live paycheck to paycheck. For many of them, a small emergency can quickly become a major financial crisis. Car repairs and *health care emergencies*, to name just a few, *can plunge these working families over the edge into financial chaos.*” (italics ours)

What do the statistics on page 16 mean?

48% of the 29,241 households, or over 14,000 families in Monroe County are struggling to afford basic needs.

Housing affordability in Monroe County is considered poor.

There are good job opportunities in the Florida Keys.

Community support services are considered poor.

The basic household survival budget for a family (infant and pre-K) is \$61,962.00 annually. Only 51% of Keys households are making that much or more.

The basic family survival budget allows a family \$426.00 monthly for health care.

In Florida, rental housing is most expensive in Monroe County at \$1,419 for a two-bedroom apartment and \$946 per month for an efficiency apartment. Average annual real estate taxes are also highest in Monroe County at \$2,668.

- American Community Survey; ALICE 2014

WHAT IS MISSING FROM THE BASIC SURVIVAL BUDGET?

“The budget also does not allow for any savings, leaving a family vulnerable to any unexpected expense, such as a costly car repair, natural disaster, or health issue.”

-ALICE Report

Preventing liver disease and unintentional injuries by educating people about the costs of alcohol abuse.

What is the cost of a DUI ?

EXPENSES TO THE SYSTEM

A DUI likely consumes 5 hours of a deputy's day at an average of \$45 per hour. The length of incarceration would vary based on many factors. It could be 12 hours or 12 months. The current Monroe County Sheriff's Department contract with the federal government to house inmates is at \$87 per day.

EXPENSES TO THE ONE CHARGED:

You don't even have to get convicted to start running up expenses on a DUI charge. But if you're found guilty, a first offense could mean that last drink cost you dearly. While the amounts vary by location and specific circumstances, here are some of the expenses you may realize: You don't even have to get convicted to start running up expenses on a DUI charge. But if you're found guilty, a first offense could mean that last drink cost you dearly. While the amounts vary by location and specific circumstances, here are some of the expenses you may realize:

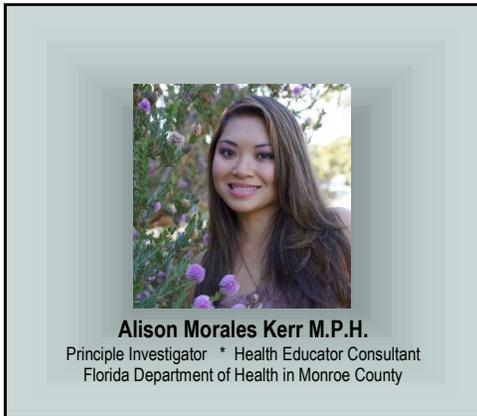
- Fines.
- Attorney fees.
- Loss of job.
- Temporary loss of income.
- Alternate transportation costs.
- Periodic blood testing.
- Cost of incarceration.
- Court costs.
- Bail.
- DUI "school."
- Car towing, impounding.
- Car ignition interlock device.
- Monthly monitoring fees.
- Increased auto insurance premiums.

The financial impact of a DUI arrest on any one person can vary greatly depending on many factors, such as driving record, jurisdiction, blood-alcohol level, attorney fees and fines, not to mention the specific circumstances of the incident and whether there was an accident or if anyone was injured.

The Texas Department of Transportation says a June 2006 survey in that state showed the total costs of a DWI arrest and conviction for a first-time offender with no accident involved would range from \$9,000 to \$24,000. We believe Florida and Monroe County could be similar.

And remember, we are not counting the medical costs involved if because of excessive long-term drinking a person is diagnosed with an alcohol related disease or condition.

COMMUNITY HEALTH ASSESSMENTS



EXECUTIVE SUMMARY

Introduction

Community health assessments are important tools in identifying hindrances to living a healthy life. Through professional training and experience and with the aid of assessment tools, we are now able to develop a systematic approach in assessing the health needs of a community. This approach uses evidence-based methods to commissioning and planning health services and improving the built environment to promote health. One such project that is currently in progress at the Florida Department of Health in Monroe County (FDOH-Monroe) is the Protocol for Assessing Community Excellence in Environmental Health (PACE-EH).

Since early September 2012, the FDOH-Monroe implemented its first community health assessment project using PACE-EH. PACE-EH is a nationally recognized evidence-based tool that has been used for over ten years across the country to combat social inequities, dissolve health disparities, and improve the overall health and well-being of a community. The PACE-EH methodology was developed by the National Association of County and City Health Officials and the Centers for Disease Control. Thus far, significant results were found to improve the overall health of a community in need with the utilization of the PACE-EH protocol (NACCHO, 2008). The protocol has thirteen steps (See PACE-EH Methodology). In summary, the steps involve researching the community of interest, an assessment of community-identified health problems, the creation of a steering committee, prioritization of health issues, execution of action plans, and an evaluation. The project is also designed to create and establish stronger partnerships among local agencies and organizations while engaging and empowering the residents to participate and take initiative. Monroe

County is comprised of 19 unique micro-communities defined by FDOH-Monroe to allow an ideal setting to implement this protocol to its most effective capacity. FDOH-Monroe is also using the PACE-EH efforts to fulfill the Community Health Improvement Plan (CHIP) for Monroe County. It is in the best interest of our agency to integrate PACE-EH into each of these communities to improve the health and well-being of Monroe County, one micro-community at a time.

FDOH-Monroe's PACE-EH Pilot Study: Bahama Village

FDOH-Monroe's PACE-EH pilot study was conducted in Bahama Village (BV). BV has a large proportion of ethnic minorities and the lowest mean income in the city of Key West, the primary reasons for its election to the program. FDOH-Monroe obtained the participation of 342 BV community members who identified the top most pressing community environmental health issues in the BV region. Simultaneously, key partnerships were developed that have aided in tackling some of the community's environmental health issues. The implementation of this program has also allowed the community to convey the environmental health issues facing BV through personal contact as well as allowed them to build trust in the health department.

The following are the top five issues or problems found from the assessment: (1) lack of activities for children, (2) lack of parking, (3) drug trafficking, (4) excessive trash and littering, and (5) excessive police harassment.

A few of the many accomplishments that were made as a result of integrating PACE-EH in BV, and strengthening and establishing partnerships include the following: First, to address the number one need, "Lack of Activities for Children," with the help of the City of Key West, a \$1.3 million park improvement project was completed on August 2014. Also, to address the number one need, with the help of the City of Key West and Bahama Village Redevelopment Advisory Committee, \$20,000 in Tax Increment Funding to create two community gardens was secured. The gardens are currently under construction.

To address, the issue of lack of job opportunities, nine jobs were created with the help of the City of Key West and given to the Bahama Village Community. Habitat for Humanity of Key West and the Lower Keys secured \$147,000 to build and renovate homes of low-income residents to address another top issue, "property upkeep and housing in disrepair." Lastly, one million dollars from the sale of city property was secured for the repair of Frederick Douglass Gym, which

was another top concern of the community. During this process a Community Environmental Health Assessment Team (CEHA), called the Bahama Village Task Force Team, meets on a bi-monthly basis to discuss the progress of projects and create solutions for the community-identified issues. Twelve out of thirteen tasks have been completed with task thirteen being partially completed with only one remaining requirement, which is to conduct a post-assessment survey of the community.

**What we are working on now:
West and Central Marathon**

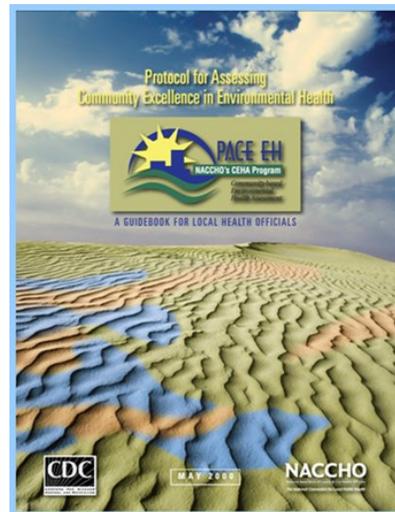
In May 2014, the FDOH-Monroe started their second PACE-EH project in the micro-community of West and Central Marathon (WC Marathon), located in the Middle Keys. FDOH-Monroe plans on conducting at least one PACE-EH project in the Lower, Middle, and Upper Keys by 2016. The WC Marathon micro-community was selected out of the remaining 18 micro-communities based on a health priorities list using Age-Adjusted Death Rate data from Florida CHARTS and US Census 2008-2012.

The cooperation from a variety of private and public sectors are crucial to make the effort to support this project to its final fruition. Results and potential solutions are clearly unique to WC Marathon as compared to those found from our pilot study in BV. The complete report of the findings of this comprehensive study can be found in the report that follows.

Both of these micro-communities, Bahama Village and West and Central Marathon, are ongoing projects that have the ultimate goal of fulfilling the purpose of the PACE-EH methodology, which is to improve the overall health of a community in need and close the health disparity gap.

Visit us at <http://monroe.floridahealth.gov>

	PACE-EH Methodology
Task 1	Determine Community Capacity
Task 2	Define/Characterize the Community
Task 3	Assemble a Team
Task 4	Define the Goals, Objectives and Scope
Task 5	Generate List of EH Issues
Task 6	Analyze Issues w/ Systems Framework
Task 7	Develop Indicators
Task 8	Select Standards
Task 9	Create Issue Profiles
Task 10	Rank Issues
Task 11	Set Priorities for Action
Task 12	Develop Action Plan(s)
Task 13	Evaluate Progress and Plan for the Future



2015

**COMMUNITY
HEALTH IMPROVEMENT
PLAN**

**FOR THE COMMUNITIES OF
WEST & CENTRAL MARATHON**



Background

Marathon is nationally known as the “Heart of the Florida Keys” (MCTDC, 2014). The WC Marathon micro-community, which represents about half of the population of Marathon, encompasses an area that spans a little over five square miles. It has one not-for-profit general hospital, Fishermen’s Hospital. Two schools are also found within this micro-community, Marathon High School and Stanley Switlik Elementary School. In terms of recreational parks and attractions, WC Marathon is home to the popular Sombrero Beach, Marathon Community Park and Skate Park, and Jesse Hobbs Park.

This community has a combined population of 4,040 residents (Census, 2014). About fifty-eight percent are male and forty-two percent are female. This community also comprises of predominantly White residents; 91% are White, 6.3% are African American, and two percent are some other race. About 47% identify themselves as Hispanic in West Marathon while 17% in Central Marathon. In terms of age, 21% of the population is of retiring age (65 and older) and 18% are under 18 years old.

Monroe County is, in general, a healthy county compared to the rest of the counties in the state of Florida. However, in order to prioritize the region of our next community health assessment, FDOH-Monroe opted to use existing data to rank and prioritize these micro-communities. The WC Marathon micro-community was selected out of the remaining 18 micro-communities as FDOH-Monroe’s second PACE-EH project based on combination of a health priorities list using Age-Adjusted Death Rate data from Florida CHARTS and US Census 2008-2012, and poverty level. The health priorities list indicates that WC Marathon rank high in common causes of death as compared to all micro-communities in the Monroe County. West and Central Marathon rank first and second, respectively, for Cancer Deaths; West Marathon ranks first in Lung Cancer Deaths; and Central Marathon ranks number one in Chronic Liver Disease Deaths. When combined, West and Central Marathon rank number one in Unintentional Injuries and number two in Heart Disease (FL CHARTS and Census, 2014). With regard to per capita income, WC Marathon is on the lower quartile compared to the other micro-communities in Monroe County; the per capita income is \$29,685 with the lowest income in the Stock Island micro-

community (\$21,507) and highest income in the Ocean Reef micro-community (\$58,539) (Census, 2014). The unique geographical location as well as the distinct characteristics and needs of WC Marathon make it an ideal micro-community for this second PACE-EH project. The success of this project will dependent on effective analysis of data followed by implementing the succeeding important steps of the PACE-EH methodology to improve health.

Community Health Improvement Plan (CHIP) Integration

FDOH-Monroe is applying the PACE-EH methodology to fulfil our Community Health Improvement Plan (CHIP). All counties in the State of Florida are required to submit a CHIP related to chronic disease prevention every year. There are two phases to this plan; the first phase relates to heart disease in WC Marathon, a questionnaire, and community health education. The objective for this first phase is to reduce the number of deaths due to heart disease in WC Marathon by promoting heart disease self-management and facilitating behavioral change via education of the community by way of community input. The community input is achieved with the aid of the questionnaire. Health education of the community is gained by communication between the respondent of the questionnaire and the researcher (a health educator).

The second chronic disease prevention project also relates to heart disease in WC Marathon and implements environmental and policy change. The objective for this second phase is to reduce the number of deaths due to heart disease in WC Marathon by encouraging healthy eating and active lifestyles and assuring access to a healthier environment.

Methods

As of December 2014, the first six tasks of the PACE-EH methodology are complete for WC Marathon. In addition to asking the community to share the top most pressing issues, health behavior questions (e.g. exercise and diet) and opinions of implementing policies (e.g. smoke-free housing and educational classes) were also included in the survey (See Appendix A). Respondents were also educated on the incidence of heart disease, cancer, liver disease, and unintentional injuries as well as the associated preventative measures.

Respondents were informed of the important role of healthy food choices and being physically active to reduce the incidence of heart disease and other chronic conditions. Although respondents of this survey were educated on heart disease self-management and other illnesses by the community health educators of this study, the questionnaire included the opportunity for community members to indicate solutions themselves. These community-identified issues and solutions will be integrated into our second chronic disease prevention project, which involves environmental and policy change.

The sample size was calculated based on a normal distribution of the total population of the community of interest, in this case, 4,040; a 95% confidence interval; and 5% margin of error (Raosoft, 2004). The sample size needed was 351. There were many methods that FDOH-Monroe used to ensure a large sample was reached for the study. First, three press briefs were printed a couple weeks after one another in *The Citizen*, a local newspaper. The press briefs announced the availability of the survey online and over the phone to WC Marathon community members. Second, FDOH-Monroe's Public Information Officer (PIO) announced every week on a local radio station the contact number and link to the survey. A press release written by the PIO on the health findings of WC Marathon prompted an interview from a journalist from *The Keynoter*, a local newspaper, seeking information which led to the publication of an article explaining the survey.

The survey was available online using Google Forms, by paper copy, over the phone, and by using an iPad application called, Quicktap. A large majority of the surveys were conducted face-to-face using this application. Quicktap contains all the survey questions and allows investigators to upload them to a secure website and receive the results in Excel. Quicktap significantly improved the processing time and is considerably more environmentally-friendly. Additionally, it was easier to interview the individuals in person, rather than to have them read the form on their own. Also available at multiple locations throughout the WC Marathon community were flyers with tear-off tabs that provided the web-link to the survey, a phone number, and a Quick Response (QR) code, which is a small graphic code. The QR code allows one to use a smart-phone to scan the code and open the web link and take the survey at their convenience using the appropriate application. These

flyers were posted at the local library, in gas stations, grocery stores, government buildings, and other local establishments. Multiple businesses, county and state buildings, gas stations, and parks were approached. The researchers also ran a booth at one of Marathon's most popular annual events --their Fourth of July celebration at Sombrero Beach.

Because many of the residents are Spanish-only speakers, the survey was translated into Spanish with the help of one of FDOH-Monroe's certified interpreters. Although none of the community health researchers speak fluent Spanish, one researcher was able to read the questions from the Spanish copy while another entered the response into the Quicktap application

At the conclusion of the assessment, a two-hour community meeting took place, which focused on the findings of the assessment while communicating the public health impact. Various resources were used to announce the meeting, including contacting local newspapers, posting flyers at various locations throughout the community, and posting on the Monroe County Sheriff Office Facebook page. Approximately 150 respondents of the survey shared their contact information at the end of the survey if they were interested in participating in the meeting or becoming a member of the Community Health Assessment Steering Committee. Those respondents were notified of the meeting by email and called on the phone. About 30 residents and representatives from a variety of organizations attended this meeting, including the City Manager, Mike Puto of Marathon, and representatives from Area Health Education Centers, Human Services Associates, Independence Cay (Homeless Shelter), Office of the Supervisor of Elections, and a candidate for Judge. The following from FDOH-Monroe facilitated the meeting: Administrator, Bob Eadie, JD; the Community Health Services Director, Bill Brookman, MPH; the Principal Investigator, Alison Morales Kerr, MPH; and a health educator and researcher for this project, Devonne Hall. Background information was presented on this study by the Community Health Director, followed by a PowerPoint presentation of the results of the questionnaire by the Principal Investigator. The meeting also had a question-and-answer segment and closed with a speech by our Administrator and the Marathon City Manager. A press release of this meeting, including a summary of results, was sent to various media outlets (See Appendix B).

Results and Discussion

FDOH-Monroe obtained the participation of 383 WC Marathon community members for this survey, which exceeded our goal of 351. The survey was available and interviews were conducted between May 29, 2014 and August 30, 2014. In regards to the most important part of the survey whereby respondents were asked to name the top three concerns that face the community, a total of 94 possible answers were cited. Common responses were classified into the same category, for example “More protective crosswalks,” “Bike accidents on Sombrero Beach Rd.,” and “Crosswalk at Marina; Dangerous Highway” were all categorized under “Unsafe Roadways.” A summary of results can be found at the end of the report (See Appendix C).

Results of the assessment provided us with valuable insights about WC Marathon. This experience also provided us with information on the efficacy of our data gathering technique. The need to obtain data and feedback from the community is an important step in the assessment process. We plan to use the information gathered to help tackle or solve some of the locally defined issues. Much of the reason for the success of the PACE-EH protocol is that the projects that were developed in response to the findings of the survey were driven by the community. Community support plays a crucial role in the success of a project as it not only gives those overseeing a grant more of a reason to provide the funding, but it also serves as an investment for a community in the long-run. For example, engaged community members are shown to have a higher understanding of community priorities and are more aware of the potentially culturally sensitive approaches toward health issues (Ahmed and Palermo, 2009). Therefore, the creation of authentic partnerships among the local county health department, the community, and stakeholders will more likely ensure an improved and healthier community.

Aside from the two CHIP objectives mentioned, a separate series of strategies, goals and objectives were formulated to address some of the issues brought about by the results of the community health assessment. There are three categories whereby these strategies are divided: (1) Chronic disease prevention, including heart disease, all cancers, alcohol-related illnesses, and tobacco-related illnesses; (2) Health Protection, including

injury prevention and the built environment; and (3) Disease Prevention: Immunizations. FDOH-Monroe continues to strive to achieve these objectives. These goals and objectives can be found immediately following this report.

As of December 2014, we have completed the first of two objectives of our CHIP. Our first chronic disease prevention project entailed a questionnaire and community health education. First, we were able to determine a baseline of awareness of major preventable causes of heart disease and stroke in the community, such as lifestyle behaviors and risk factors in our 30-question survey. Second, we obtained feedback from the community regarding potential solutions to tackle the issues. Since the primary method of assessing the community was through face-to-face interviews, respondents were educated on the incidence of heart disease in WC Marathon as well as the associated preventative measures. Respondents were informed of the important role of healthy food choices and being physically active to reduce the incidence of heart disease and other chronic conditions. Although respondents of this survey were educated on heart disease self-management by the Florida Department of Health in Monroe County Health Educators, the questionnaire included the opportunity for community members to indicate solutions themselves. These community-identified issues and solutions will be integrated into our second chronic disease prevention project, which involves environmental and policy change.

To date, our second CHIP project is partially completed and could not commence until after the completion of our first chronic disease prevention project, which was the study, and was finalized at the end of August 2014. Input from the community and establishing our partners and stakeholders for projects will allow us to make better headway and improve our strategy by way of community input to reach our ultimate CHIP goal of decreasing heart disease deaths.

There are some observations of particular concern that resulted from this survey. For instance, FDOH-Monroe is actively looking into helping resolve one of the top 12 issues, “Unsafe Roadways.” There seems to be a dire need of bicycle lanes and crosswalks in the WC Marathon community. The survey results show that many of those who contributed to the “Unsafe Roadways” response admitted to either being hit by or nearly

being struck by a motor vehicle. Community members also expressed a need for a public swimming pool. Community members compared the three other relatively large pool and water park facilities in Key West (Lower Keys), East Islamorada (Upper Keys), and Key Largo (Upper Keys) and with none in the Middle Keys. FDOH-Monroe will strive to help link the necessary resources together so that the community's needs are met.

Some interesting findings from this study correlate to existing data from the Florida Department of Health's Environmental Public Health Tracking website. According to the Environmental Public Health Tracking data for Marathon's zip code, 40% of the Marathon population lives within a half-mile of a fast food restaurant versus the state of Florida, which is 33%. Additionally, only 14% of the Marathon population lives within a half-mile of a healthy food source compared to the state, which is 32% (DOH-Florida, 2014). This information seems to draw a parallel as almost less than half of those interviewed eat the daily recommended number of fruits and vegetables every day. Common reasons for failing to have the recommended amount is that fresh produce cost too much, they still eat fruit and vegetables, but not the recommended number, and eating that amount does not fit into respondent's schedules. Furthermore, there appears to be a lack of awareness of or interest in determining one's body-mass index, an important indicator for overweight or obesity. Close to half of those interviewed have never determined their body-mass index either by a health care professional or on their own. Therefore, there appears to be an interest in this community for eating healthier and maintaining a healthy weight, but this does not translate into action due to limited accessibility and financial cost of healthy food options. As a result of these findings, FDOH-Monroe is planning on hosting meetings in the future to help address these issues.

Although this project is still in its early stages of development with the need to establish a Community Health Assessment (CEHA) Team or Steering Committee after the assessment, some partnerships were created. One partnership that actually prompted a response was from the City of Key West Public Transportation in response to Issue #15, "Lack of Transportation." The primary investigator met with the Director of Transportation and Transit Operation Supervisor to speak about the results of the survey as they pertain to transportation and traffic. They agreed to research more into

a specific response made from many of those who mentioned "Lack of Transportation" as an issue, which is to determine the best means of a route directly to Sombrero Beach. They admitted that this survey could be used as evidence for potential grant opportunities to address the need for more transportation options in Marathon. This particular issue was only mentioned by word of mouth among residents for several years (Personal correspondence, Rogelio Hernandez, City of Key West Transit Operations Supervisor, September 2014). The City of Key West representatives also suggested sharing the results related to transportation with the County Commissioner that represents the micro-community, and to propose a route to Sombrero Beach at an upcoming City Commission meeting.

Another partnership gained from implementing PACE-EH in WC Marathon is from Human Services Associates, Inc. (HSA). A representative from this agency was at our community meeting to show support. Their agency has agreed to help "fill the need for drug and alcohol education," which is the fifth most important issue from this survey when the following two issues are combined: "Drugs" and "Drugs, Alcohol, and Tobacco." (Personal correspondence, Dixie Humelsine, HSA, Prevention Specialist, September 2014). HSA is currently doing drug and alcohol prevention work at the high schools in the Florida Keys, including Marathon High School, which is located in Central Marathon. They also have a program called, "Alcohol Edu" and hold trainings for teachers and others who work with children to help them identify mental health issues in teens (Personal correspondence, Dixie Humelsine, HSA, Prevention Specialist, September 2014).

Others who were made aware of the findings of the survey were contacted and we plan to invite them to our CEHA Team as well, including Mosquito Control Executive Director, Michael Doyle; Florida Keys Area Health Education Centers Fiscal Manager, Barbara Cowen; and City Manager, Mike Puto. Lastly, three questions were included from a partnership we made prior to commencing the survey from United Way of the Florida Keys' President, Margie Smith. The questions entailed whether or not childcare is affordable or enriching. The responses to these questions will assist United Way in securing a grant for an improved and enriching childcare system in Marathon which can also address the second most frequently mentioned issue, "Lack of Activities" from the survey.

FDOH-Monroe plans to continue addressing the issues with the help of various partnerships in the community.

This study allowed FDOH-Monroe to develop and strengthen partnerships, as many of those interviewed were business owners, representatives of various agencies, and City of Marathon staff. The comprehensive community health assessment that we conducted allowed community members to share their opinions on potential solutions to prevent various illnesses, including cardiovascular disease, in their community, thereby paving the way to form the necessary partnerships and the creation of a task force team to propose potential sources for funding. Because interviews were conducted primarily face-to-face, which allowed a more intimate interaction with community members, those interviewed seemed to build a better understanding that the health department has a larger role than conducting inspections of facilities and administering vaccinations. Community members realized that at FDOH-Monroe, health department employees and volunteers are making a conscious effort to remain at the front-lines of the community, thereby building bridges between health, social services, and the community. Through this preliminary assessment, FDOH-Monroe managed to assist in starting to build a stronger sense of community, as well as make a significant impact in health education and self-sufficiency.

Some improvements can be made in future similar studies. In addition to limited resources and staffing, a significant limitation of this study is that researchers involved were unable to speak another language fluently other than English. There is a high proportion of Spanish-speaking only in Marathon. WC Marathon has a higher proportion of residents who speak English less than “very well” (Census, 2014). Among those who speak a language other than English in Central Marathon, seven percent speak English less than “very well.” In West Marathon more cannot speak English very well with over 25% of the population hindered by a language barrier (Census, 2014). About 15 individuals answered the Spanish version of the survey with about half being able to respond face-to-face with the limited knowledge of Spanish of the primary investigator. Although the survey was available in Spanish, it was not available in Creole, which is another commonly spoken language in Marathon (Census, 2014).

The valuable information derived in assess-

ments show the importance of such information, not just to public health professionals, but also to similar organizations whose focus are the improvement of the lives and well-being of people. These agencies and entities should work in tandem with the public health sector in order for the plan to be interactive and effective. It is common knowledge that availability of resources, not only for healthcare, but also for related community needs are inversely related to the population needs (HHS, 2005). Healthcare expenditures in particular have increased much faster than the cost increases in other facets of the economy. Changes in demographics as shown in this study also contribute to the increase in these costs. If we are to find a way to distribute these limited resources in an effective and efficient manner, we need to do so by using evidence-based methods of determining these needs. The FDOH-Monroe’s PACE-EH and CHIP projects are the beginning of such a quest to make sure that we ascertain the valuable and important needs of the community so that resources can be focused in addressing these locally identified needs.

Conclusion

Community health assessments involve a multi-step process which starts with systematically collecting and analyzing data and health needs of a given population such as BV and WC Marathon. These assessments have become a strategic plan for the Florida Department of Health in Monroe County, as they are being used to create programs to address the barriers as well as the identified and pressing public health needs and issues of a community. We now have available data that can be used to set priorities and allocate available human resources. Communities of focus, like BV and WC Marathon must be continually monitored by hosting regular community meetings to assess the status of the locally identified health issues, determining ways to resolve the issues, followed by implementing the resolution. Continuous refinements of the strategic plan can only be achieved by recurrent input of community members. The data results shown in the assessment give health authorities, such as FDOH-Monroe, the valuable opportunity to create local services and use these assessments to set the priorities to improve health. These are also appropriately called, “equity audits” (DOH-UK, 2004). These “equity audits” can be utilized to determine if, indeed, healthcare resources are being used and allocated in accordance with the community needs.

Healthcare workers have become the central focus in strategic planning and development of health services among various populations. With this increase in power come the increased expectations from people and politicians that decision making should mirror the priorities and needs of the people. There is a gap between the perceived needs of the population and what they really are. As a result of these assessments money and human resources can be effectively and equally allocated to these affected areas in order to improve public health. We are hoping that with these assessments and their subsequent follow-ups, the ultimate goal of improving the overall public health of impacted population such as WC Marathon can be effectively achieved.

References

- Ahmed, S and Palermo, A. (2010). Community engagement in research: frameworks for education and peer review. *American Journal of Public Health*. 100(8): 1380-7.
- Department of Health, Florida (2014). Environmental Public Health Tracking: Community Health Profile Report. Retrieved on May 2014 from <<http://www.floridatracking.com/HealthTrackFL/CommunityProfileReports.aspx>>
- Department of Health, United Kingdom. (2004). Health equity audit: A self-assessment tool. UK Government Web Archive. Retrieved on September 2014 from <http://webarchive.nationalarchives.gov.uk/20130107105354>
- FI CHARTS. (2014). Florida Community Health Assessment Resource Tool Set: Florida Death Count Query System. Florida Department of Health: Division of Public Health Statistics and Performance Management. Retrieved on May 2014 <<http://www.floridacharts.com>>
- Health and Human Services (February, 2005). Effects of Health Care Spending on the US Economy. US Department of Health and Human Services. Assistant Secretary of Planning and Evaluation. Retrieved on September 2014 from <<http://aspe.hhs.gov/health/costgrowth>>
- Monroe County Tourism Development Council (MCTDC). (2014). The Florida Keys: Marathon – The Heart of the Florida Keys. <<http://www.fl-keys.com/marathon/beaches.cfm>>
- NACCHO. (2008). Protocol for Assessing Community Excellence in Environmental Health: A Guidebook for Local Health Officials. National Association of County and City Health Officials, Washington, DC.
- Raosoft, Inc. (2004). Raosoft: Sample Size Calculator. Retrieved on May 2014 from <<http://www.raosoft.com/samplesize.html>>
- US Census Bureau. (2014). American Fact Finder. American Community Survey: 5-Year Estimates 2008-2012. Retrieved on May 2014 from <<http://factfinder2.census.gov>>

CHRONIC DISEASE PREVENTION

Aligns with State Health Improvement Plan Goal CD 3 (Reduce chronic disease morbidity and mortality)

Coordinating Agency: Florida Department of Health in Monroe County

Community Partners in West and Central Marathon: Fisherman's Hospital, City of Marathon, Community Health of South Florida, Guidance Care Center, Keys Area Health Education Center, Monroe County Coalition, Monroe County Sheriff's Office, Monroe County School Board, School Health Advisory Council, Media Outlets, Marathon primary care providers, Rep. Holly Raschein, and SWAT (Students Working Against Tobacco).

HEART DISEASE

Strategy: Collaborate with partner agencies and organizations to implement initiatives that promote healthy behaviors, such as physical activity, healthy eating, and regular checkups at the micro-community level, thereby impacting the overall health of Monroe County.

Goal # 1 By December 2015 increase the percentage of residents in West and Central Marathon who typically engage in moderate physical activity at least 30 minutes a day from 83% to 90%

Objectives:

- HD1.a Support arrangements for public swimming pool by collaborating with at least three agencies that will assist in facilitating this process.
- HD1.b Increase awareness of parks and recreational activities by having a public directory made available at all DOH facilities and Monroe County municipal offices.

Goal #2 By December 2015, increase the percentage of West and Central Marathon residents who typically eat five servings of fruits and vegetables every day from 47% to 60%.

Objectives:

- HD2.a Encourage local grocery and convenience stores to provide point-of-sale produce and educational material that promote consumption of fruits and vegetables.
- HD2.b Provide local grocery and convenience stores with Healthiest Weight Florida branding and slogans for display to encourage produce consumption and healthier eating.

Goal #3 By December 2015, increase the percentage of West and Central Marathon residents who have had a BMI (Body Mass Index) check from 56% to 70%.

Objectives:

- HD3.a Provide contact and informational packets on BMI at four health fairs and/or community events throughout the community.
- HD3.b Contact primary care physicians and encourage BMI check for each patient and report percentage.

CHRONIC DISEASE PREVENTION

Aligns with State Health Improvement Plan Goal CD 3 (Reduce chronic disease morbidity and mortality)

Coordinating Agency: Florida Department of Health in Monroe County

Community Partners in West and Central Marathon: Fisherman's Hospital, City of Marathon, Community Health of South Florida, Guidance Care Center, Keys Area Health Education Center, Monroe County Coalition, Monroe County Sheriff's Office, Monroe County School Board, School Health Advisory Council, Media Outlets, Marathon primary care providers, Rep. Holly Raschein, and SWAT (Students Working Against Tobacco).

ALL CANCERS

Strategy: Promote chronic disease self-management tools involving skin protection measures and screening for colorectal, breast, and cervical cancer.

Goal #1: (Skin Cancer) By December 2015, increase the percentage of West and Central Marathon residents who take measures to protect their skin from the sun from 77% to 85%.

Objectives:

- AC1.a Provide educational information and samples of sunscreen packets at four health fairs and/or community events throughout the community.
- AC1.b Have brochures at all local DOH-Monroe clinics available for clients that promote the importance of protecting oneself from excessive sun exposure.
- AC1.c Conduct at least one radio interview and release one PSA in a local newspaper emphasizing the importance of protecting skin from sun exposure while indicating melanoma death rates in Monroe County as they compare to other counties.

Goal #2: (Colorectal, Breast, and Cervical Cancer) By December 2015, increase the percentage of West and Central Marathon residents who schedule routine checks for colorectal, breast, and/or cervical cancer from 57% to 65%.

Objectives:

- AC2.a Promote early detection and screening for colorectal, breast, and cervical cancer by educating West and Central Marathon residents of existing clinics that serve clients who are underinsured.
- AC2.b Have a public directory made available listing clinics that serve patients with or without health insurance in Monroe County.
- AC2.c Raise awareness among providers and consumers of the services marketed through cancer prevention groups in the Florida Keys, such as the American Cancer Society and the Cancer Foundation of the Florida Keys.

CHRONIC DISEASE PREVENTION

Aligns with State Health Improvement Plan Goal CD 3 (Reduce chronic disease morbidity and mortality)

Coordinating Agency: Florida Department of Health in Monroe County

Community Partners in West and Central Marathon: Fisherman's Hospital, City of Marathon, Community Health of South Florida, Guidance Care Center, Keys Area Health Education Center, Monroe County Coalition, Monroe County Sheriff's Office, Monroe County School Board, School Health Advisory Council, Media Outlets, Marathon primary care providers, Rep. Holly Raschein, and SWAT (Students Working Against Tobacco).

ALCOHOL-RELATED ILLNESSES

Strategy: Reduce illness, disability, and death related to alcohol consumption.

Goal #1: By December 2015, increase the percentage of West and Central Marathon residents who have been tested for Hepatitis B or C from 66% to 75%.

Objectives:

- AR1.a DOH-Monroe health professionals and other staff members should encourage all DOH-Monroe clients to get tested for Hepatitis B and C.
- AR1.b Contact primary care physicians and clinic personnel to encourage their clients to get tested for Hepatitis B and C.
- AR1.c Conduct at least two PSAs about the importance of getting tested for Hepatitis B or C.

Goal #2: By December 2015, increase the percentage of West and Central Marathon residents from 80% to 90% that are supportive of an educational campaign encouraging Monroe County residents to drink alcohol in moderation.

Objectives:

- AR2.a Partner with at least two agencies whose focus, in part, is responsible drinking and develop a substance education course on the dangers of alcohol abuse, the legal ramifications, and the strategies to stay safe when using alcohol.
- AR2.b Provide a brochure or poster display indicating the aforementioned at all Monroe County schools, libraries, and community centers.

CHRONIC DISEASE PREVENTION

Aligns with State Health Improvement Plan Goal CD 3 (Reduce chronic disease morbidity and mortality)

Coordinating Agency: Florida Department of Health in Monroe County

Community Partners in West and Central Marathon: Fisherman’s Hospital, City of Marathon, Community Health of South Florida, Guidance Care Center, Keys Area Health Education Center, Monroe County Coalition, Monroe County Sheriff’s Office, Monroe County School Board, School Health Advisory Council, Media Outlets, Marathon primary care providers, Rep. Holly Raschein, and SWAT (Students Working Against Tobacco).

TOBACCO-RELATED ILLNESSES

Strategy: Increase access to resources that promote healthy behaviors related to tobacco use and secondhand smoke exposure.

Goal #1: By December 2015, increase the percentage of West and Central Marathon residents from 74% to 90% who are aware of the following quit-tobacco resources: (1) Tobacco Free Florida, (2) Quitline, and (3) Keys to Quit.

Objectives:

- TR1.a Collaborate with Keys Area Education Centers (AHEC) and SWAT (Students Working against Tobacco) to create a plan promoting quit-tobacco resources and bringing awareness on tobacco use, its dangers, and health implications.
- TR1.b Have brochures available advertising quit-tobacco resources at all clinics and hospitals in Marathon from AHEC and or DOH-Monroe.
- TR1.c Educate at least two multi-unit housing complex owners and managers of the importance of establishing smoke-free unit housing policies and, in turn, encourage them to educate their tenants on available quit-tobacco resources.

The per capita cigarette consumption for Monroe County is two times higher than the state. (Monroe County: 1863 versus Florida: 929). (DBPR, 2012)

Since 2008, among middle school youth, current tobacco use has decreased by 4% and among high school youth by 14%. (FYTS, 2012)

The percentage of adults who attempted to quit is lower in Monroe County compared to the state (52% compared to 60%). (BRFSS, 2010)

HEALTH PROTECTION

Aligns with State Health Improvement Plan Goal HP2 (Prevent and reduce illness, injury, and death related to environmental factors) and HP4 (Prevent and reduce unintentional injuries).

Coordinating Agency: Florida Department of Health in Monroe County

Community Partners in West and Central Marathon: Fisherman’s Hospital, City of Marathon, Community Health of South Florida, Guidance Care Center, Media Outlets, Marathon primary care providers, Monroe County Sheriff’s Office, Habitat for Humanity, and Monroe County Building Department.

INJURY PREVENTION

Strategy: Facilitate opportunities for collaborative injury prevention efforts in traffic and bike safety, fall-related injuries among seniors, fire-related injuries, and other injuries.

Goal #1: By December 2015, increase the percentage of West and Central Marathon residents who takes steps around the house to prevent injury from 77% to 85%.

Objectives:

- IP1.a Develop a senior falls prevention plan by collaborating with the hospital, clinics, and other health services groups in Marathon.
- IP1.b Collaborate with the City of Marathon Fire Rescue to develop a plan to increase the proportion of residents who maintain their smoke alarms from 84% to 95%.

Goal #2: By December 2015, decrease the percentage of ER visitations due to unintentional injuries in West and Central Marathon by 5%.

Objectives:

- IP2.a Educate residents in Florida Bicycle Pedestrian Laws by distributing educational materials at all West and Central Marathon schools and community events.
- IP2.b Work with the City of Marathon to develop a bicycle and pedestrian safety action plan.
- IP2.c Have educational and promotional materials made available at DOH clinics involving falls prevention tips.

HEALTH PROTECTION

Aligns with State Health Improvement Plan Goal HP2 (Prevent and reduce illness, injury, and death related to environmental factors) and HP4 (Prevent and reduce unintentional injuries).

Coordinating Agency: Florida Department of Health in Monroe County

Community Partners in West and Central Marathon: Fisherman’s Hospital, City of Marathon, Community Health of South Florida, Guidance Care Center, Media Outlets, Marathon primary care providers, and Monroe County Sheriff’s Office.

BUILT ENVIRONMENT

Strategy: Integrate planning and assessment processes to maximize partnerships and expertise of a community in improving the built environment.

Goal #1: By December 2015, increase the percentage of West and Central Marathon residents in favor of the health department establishing a voluntary inspection program that helps ensure Monroe County rental units are the safest environments in which to live from 76% to 85.

Objectives:

- BE1.a Create clear messaging indicating that this inspection program is voluntary in all media released or communicated on this proposal.
- BE1.b Create a plan integrating a variety of partnerships promoting the idea of a “Healthy Homes” initiative in West and Central Marathon while emphasizing the importance of protecting children and their families from housing-related health and safety hazards.

DISEASE PREVENTION

Aligns with State Health Improvement Plan Goal HP2 (Prevent and reduce illness, injury, and death related to environmental factors)

Coordinating Agency: Florida Department of Health in Monroe County

Community Partners in West and Central Marathon: Fisherman's Hospital, City of Marathon, Community Health of South Florida, Guidance Care Center, Media Outlets, Monroe County School District—Marathon High School.

IMMUNIZATIONS

Strategy: Increase HPV immunizations for all senior students at Marathon High School to 50%

Goal #1: By February 1, 2015, Educate parents on the benefits of the HPV vaccination

Objectives:

IM1.a. Contact parents for one-on-one education and counseling regarding the benefits of HPV vaccination

IM1.b. Produce and distribute informational brochures and flyers to accompany the vaccination campaign

Outcome:

As of January 20, 2015, all parents for the senior class students, available by phone, have been contacted via telephone, educated, and sent immunization packets, which included permission slip and VIS related to vaccines discussed and approved during the educational phone conversation with parents. Parents not available by phone were mailed informational packets.

Goal #2: By June 1, 2015, Develop and implement an in-school immunization program

Objectives:

IM2a- RN designated to administer vaccines to senior class student's with completed and returned permission slips.

IM2b- Maintain data in spreadsheet to account for total HPV vaccines administered to senior class students during this period for review of final results/ outcome.



Healthiest Weight



Monroe County DOH: Key West Mayor Craig Cates and City Commissioner Clayton Lopez recognizing Food Day to Donna Stayton 10-8-14



Monroe County DOH: City Commissioner Clayton Lopez and Key West Mayor Craig Cates present a proclamation supporting Healthiest Weight Florida to Alison Kerr. 11-18-14



HOW TO USE THE INFORMATION in the COMMUNITY HEALTH PROFILES

Public health professionals throughout our county are straining to implement new strategies to improve the quality of life while preventing disease. Physical activity, moderation in alcohol consumption, proper nutrition, quitting smoking, getting immunized, getting regular check-ups from your doctor all contribute to a long and active life. Organizations within the micro-communities are coming together to establish a better public health and medical infrastructure in the Florida Keys. The Florida Department of Health in Monroe County welcomes all community participation in these efforts and challenges all organizations and individuals to contribute to a culture of health.

- ◆ Compare per capita income to the ALICE findings on page 16
- ◆ Look for disease trends in the disease trend chart
- ◆ Compare your micro-community health statistics with Monroe County as a whole, the State of Florida and the national goals.
- ◆ Look at the map of your micro-community to determine where recreational areas are located
- ◆ Review the number of alcohol and tobacco retailers in your area.



Building a Culture of Health Challenges for the Public Health Workforce Alonzo L. Plough, PhD, MPH

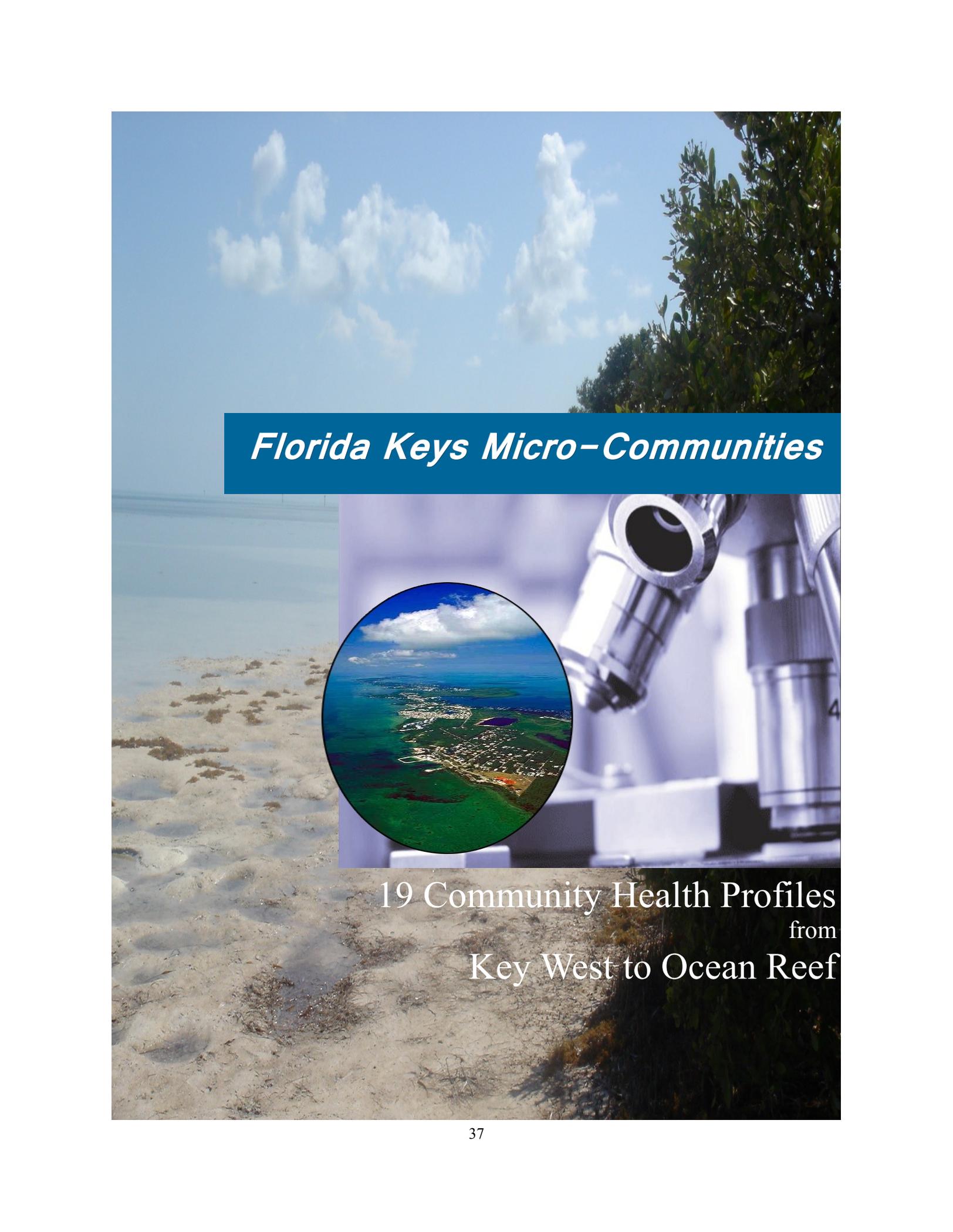
A growing number of communities, regions, and states are working to redefine what it means to get and stay healthy by addressing social and physical spaces and conditions in which people live, learn, work, and play—the social, environmental, and economic determinants of health.

Demographics are shifting, especially in terms of the U.S. population's age, ethnic diversity, and education levels. Workforce constraints and financial pressures, along with the requirements of federal healthcare reform, are changing who has access to care, how care is paid for and delivered, and how patients and providers interact.

Coordinated efforts to promote wellness and prevent disease are proliferating among a diverse set of stakeholders, including organizations that are traditionally "non-health" focused. Providers of personal health services are connecting with their public health colleagues and multiple levels, and "big data"—large, varied data sets that are available in real or almost-real time—make it possible to analyze health patterns in unprecedented ways to gain a clearer picture of the actionable determinants, trends, and outcomes of societal health and well-being.

These developments in health and society present a window of opportunity for real societal transformation and an imperative for public health professionals to match their skill sets and programmatic strategies to assist this transformation—a chance to disrupt the status quo, eliminate health disparities based on the social, environmental, and economic determinants of health and well-being, and catalyze a national movement that demands and supports a widely shared, multifaceted vision for a Culture of Health to replace the siloed approach to health and health care.

Excerpts from Am J Prev Med 2014;47(5S3):S388–S390 & 2014
Published by Elsevier Inc. on behalf of American Journal of Preventive Medicine.



Florida Keys Micro-Communities



19 Community Health Profiles
from
Key West to Ocean Reef

MALLORY SQUARE, CASA MARINA AND OLD TOWN COMMUNITIES

Tract Numbers: 9723, 9725, 9726
Population: 4,613

Population By Sex and Age

Male	2735
Female	1878
Under 18	227
18 and over	4386
20 - 24	205
25 - 34	544
35 - 49	1373
50 - 64	1644
65 and over	571

Housing Status

Total	3540
Occupied	1856
Owner Occupied	980
Population in Owner Occupied	2676
Renter Occupied	876
Population in Renter Occupied	1870
Households with individuals under 18	100
Vacant	1684
Vacant for Rent	115
Vacant for Sale	58

Population By Race

White	4305
African American	22
Asian	123
American Indian Alaska Native	50
Native Hawaiian Pacific Islander	0
Other	47
Identified by two or more	66

PER CAPITA INCOME **\$41,570.00**

SAMPLE SIZE (95% CL, CI=5) 000
 % OF MONROE POPULATION ABOUT 1.8%
 SURVEY ORDER (CHD Priority) 18 of 19

0	1	2	3	4	5	6	7	8	9	10	11	12	13
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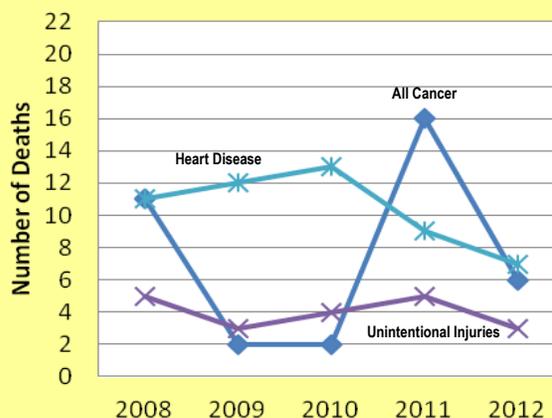
PACE-EH PROGRESS**

(Progress as of October 1, 2014)

- | | |
|---|------------------------------------|
| 0= Not started | 7= Develop Indicators |
| 1= Determine Community Capacity | 8= Select Standards |
| 2= Characterize the Community | 9= Create Issue Profiles |
| 3= Assemble a CEHA Team | 10= Rank Issues |
| 4= Define Goals & Objectives | 11= Set Priorities for Action |
| 5= Generate List of EH Issues | 12= Develop Action Plans |
| 6= Analyze Issues with System Framework | 13= Evaluate Progress & Plan Ahead |

CITY OF KEY WEST BOCC District 3

Trends of Selected Diseases (Tract 9723,9725, 9726)



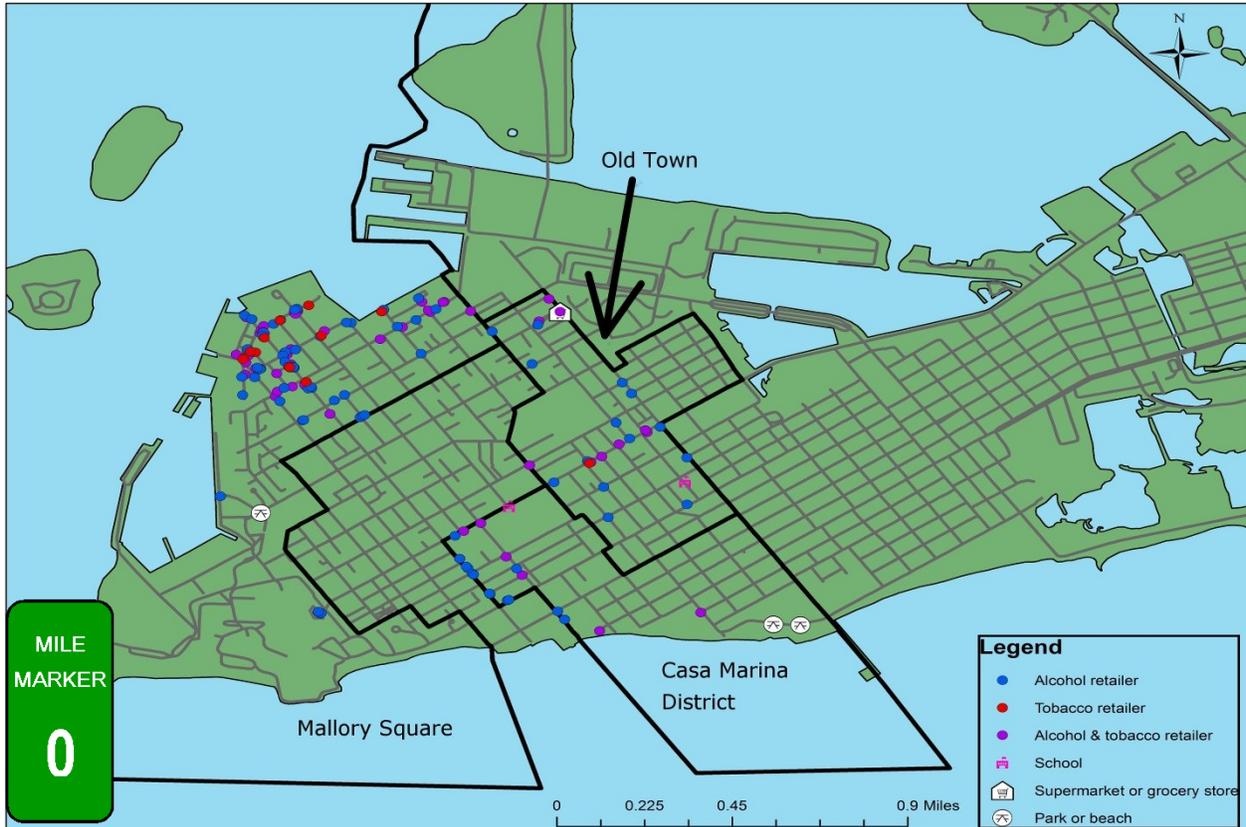
AGE-ADJUSTED MORTALITY RATES*

SELECTED DISEASES & CONDITIONS

(* 2008–2012 data from Florida CHARTS & U.S. Census, Rates are per 1,000 population)

	CHRONIC LIVER DISEASE	LUNG CANCER	ALL CANCER	UNINTENTIONAL INJURIES	HEART DISEASE
TRACT	0.10	0.26	1.34	0.77	1.84
MONROE	0.19	0.44	1.62	0.70	1.78
FLORIDA	0.10	0.46	1.62	0.49	2.06
HEALTHY PEOPLE 2020 GOAL	0.08*	0.46	1.61	0.36	1.03

* Number of deaths due to cirrhosis (ICD-10 codes K70, K73-K74)



COMMUNITY PROFILE: Mallory Square (Tract 9725), Casa Marina (Tract 9726) and Old Town Key West (Tract 9723) are three of the four micro-communities that make up what Key West locals and tourists refer to as Old Town.

Mallory Square is a tourist hub; as such, it has one of the smallest residential populations of any micro-community in the Florida Keys. The district is densely packed with nightspots, including bars, restaurants and attractions, and host cruise ship passengers year-round. It wraps around the west end of Key West to incorporate Truman Annex, which includes a compound hosting federal agencies and a gated community that's home to many retirees. Casa Marina is also a tourist hub and has the smallest residential population of any micro-community in the Florida Keys. This is a tightly-packed, high-traffic district, with public beach, piers, tennis courts, playgrounds, beach volleyball pits and several historic attractions. The Old Town Key West micro-community is home mostly to white, upper-income individuals who are looking for a quiet corner of Key West.



TRUMAN AVENUE KEY WEST COMMUNITY

Tract Number: 9722
Population: 2,772

Population By Sex and Age

Male	1615
Female	1157
Under 18	439
18 and over	2333
20 - 24	114
25 - 34	235
35 - 49	743
50 - 64	810
65 and over	385

Housing Status

Total	1411
Occupied	1131
Owner Occupied	614
Population in Owner Occupied	1537
Renter Occupied	517
Population in Renter Occupied	1202
Households with individuals under 18	271
Vacant	280
Vacant for Rent	93
Vacant for Sale	0

Population By Race

White	2598
African American	149
Asian	0
American Indian Alaska Native	0
Native Hawaiian Pacific Islander	0
Other	14
Identified by two or more	11
PER CAPITA INCOME	\$30,500.00

Visit us at <http://monroe.floridahealth.gov>

SAMPLE SIZE (95% CL, CI=5) 000
% OF MONROE POPULATION ABOUT 3.7%
SURVEY ORDER (CHD Priority) 0 of 19

0	1	2	3	4	5	6	7	8	9	10	11	12	13
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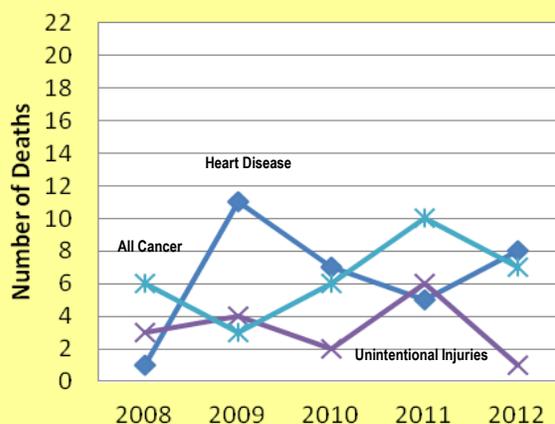
PACE-EH PROGRESS**

(Progress as of October 1, 2014)

- | | |
|---|------------------------------------|
| 0= Not started | 7= Develop Indicators |
| 1= Determine Community Capacity | 8= Select Standards |
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| 4= Define Goals & Objectives | 11= Set Priorities for Action |
| 5= Generate List of EH Issues | 12= Develop Action Plans |
| 6= Analyze Issues with System Framework | 13= Evaluate Progress & Plan Ahead |

CITY OF KEY WEST
BOCC District 1

Trends of Selected Disease (Tract 9722)



AGE-ADJUSTED MORTALITY RATES*

SELECTED DISEASES & CONDITIONS

(* 2008–2012 data from Florida CHARTS & U.S. Census, Rates are per 1,000 population)

	CHRONIC LIVER DISEASE	LUNG CANCER	ALL CANCER	UNINTENTIONAL INJURIES	HEART DISEASE
TRACT	0.36	0.65	1.90	0.91	2.14
MONROE	0.19	0.44	1.62	0.70	1.78
FLORIDA	0.10	0.46	1.62	0.49	2.06
HEALTHY PEOPLE 2020 GOAL	0.08*	0.46	1.61	0.36	1.03

* Number of deaths due to cirrhosis (ICD-10 codes K70, K73-K74)



COMMUNITY PROFILE: Truman Avenue Area (Tract 9722), a predominantly white, middle-income micro-community with above average health, is home to about 4 percent of the county’s population. Although deaths from heart disease in this micro-community appear to be on the rise, other disease trends are not changing significantly. Each year, there are an estimated 3.9 asthma-related emergency room visits associated with this micro-community’s population of children up to 17 years old. The micro-community is home to Bayview Park, a popular hangout for the homeless during daylight hours, and Horace O’Bryant Middle School, one of the schools in the county serving a large population of adolescents. The micro-community also fronts on Garrison Bight and Charterboat Row, which includes marina facilities serving houseboat residents.

Leading public health-related concerns in this micro-community might include: affordable housing, high cost of living, mosquitoes, substance use and traffic.

City of Key West, City of Marathon, Key Colony Beach, City of Layton and Village of Islamorada have passed a Resolution restricting the sale of candy-flavored tobacco products.



BAHAMA VILLAGE COMMUNITY

Tract Number: 9724
Population: 3,065

Population By Sex and Age

Male	1473
Female	1592
Under 18	471
18 and over	2594
20 - 24	89
25 - 34	382
35 - 49	806
50 - 64	834
65 and over	438

Housing Status

Total	2177
Occupied	1342
Owner Occupied	411
Population in Owner Occupied	778
Renter Occupied	931
Population in Renter Occupied	2287
Households with individuals under 18	246
Vacant	835
Vacant for Rent	54
Vacant for Sale	43

Population By Race

White	2101
African American	863
Asian	101
American Indian Alaska Native	0
Native Hawaiian Pacific Islander	0
Other	0
Identified by two or more	0

PER CAPITA INCOME **\$35,564.00**

Visit us at <http://monroe.floridahealth.gov>

SAMPLE SIZE (95% CL, CI=5) 000
 % OF MONROE POPULATION ABOUT 4.1%
 SURVEY ORDER (CHD Priority) 1 of 19

0 1 2 3 4 5 6 7 8 9 10 11 12 13

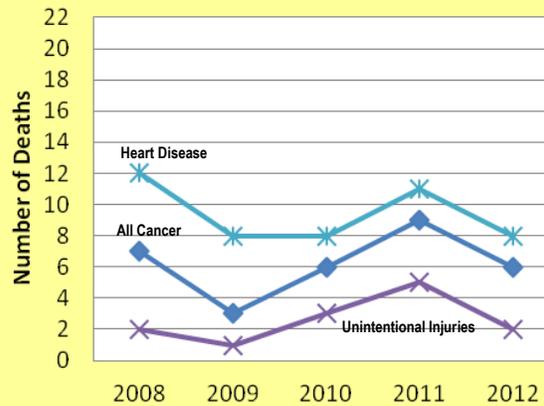
PACE-EH PROGRESS**

(Progress as of October 1, 2014)

- | | |
|---|------------------------------------|
| 0= Not started | 7= Develop Indicators |
| 1= Determine Community Capacity | 8= Select Standards |
| 2= Characterize the Community | 9= Create Issue Profiles |
| 3= Assemble a CEHA Team | 10= Rank Issues |
| 4= Define Goals & Objectives | 11= Set Priorities for Action |
| 5= Generate List of EH Issues | 12= Develop Action Plans |
| 6= Analyze Issues with System Framework | 13= Evaluate Progress & Plan Ahead |

KEY WEST DISTRICT VI BOCC District 3

Trends of Selected Diseases (Tract 9724)



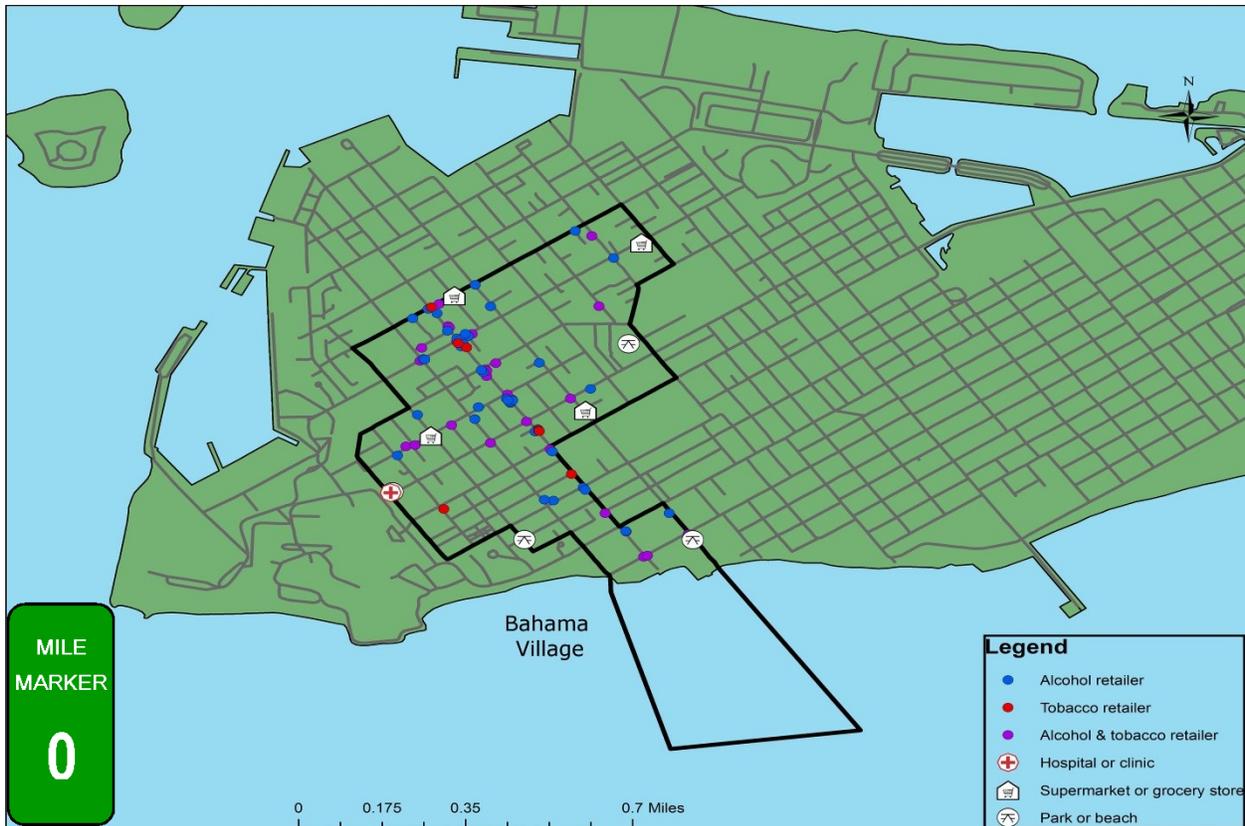
AGE-ADJUSTED MORTALITY RATES*

SELECTED DISEASES & CONDITIONS

(* 2008—2012 data from Florida CHARTS & U.S. Census, Rates are per 1,000 population)

	CHRONIC LIVER DISEASE	LUNG CANCER	ALL CANCER	UNINTENTIONAL INJURIES	HEART DISEASE
TRACT	0.34	0.45	1.55	0.80	3.00
MONROE	0.19	0.44	1.62	0.70	1.78
FLORIDA	0.10	0.46	1.62	0.49	2.06
HEALTHY PEOPLE 2020 GOAL	0.08*	0.46	1.61	0.36	1.03

* Number of deaths due to cirrhosis (ICD-10 codes K70, K73-K74)



COMMUNITY PROFILE: The Bahama Village micro-community is located in census tract 9724. This small community incorporates the Southernmost Point, a portion of Duval Street, and all of Bahama Village. It has a higher Age-Adjusted Death Rate compared to both the State of Florida and Monroe County for chronic liver disease and heart disease. It is also home to the Roosevelt Sands Clinic, one of the four clinics at Florida Department of Health in Monroe County with services and programs such as immunizations, Family planning, WIC, and Healthy Start.

Bahama Village itself is a sub-community of this census tract. Bahama Village has a large proportion of ethnic minorities and the lowest mean income in the city of Key West. Over 22.5% of the population of Bahama Village is below poverty level as compared to 10.2% of the population of Key West (Census, 2012). Bahama Village is traditionally known to be separate and unequal to the rest of the city of Key West. There is even an existing stigma across the Florida Keys whereby tourists have been supposedly advised to avoid Bahama Village due to its rampant drug trafficking and sales. In fact, from the early 1980s until today, there still exists a stigma attached to the name, Bahama Village (Comr. Clayton Lopez, personal corre-

spondence, 2013). Reports of crime and drug activity have improved significantly over the years (Key West Police Chief Donie Lee, personal correspondence, 2013). Approximately 1414 people live in the small area known as Bahama Village making this the densest population in Monroe County (Census, 2012). It has the following racial breakdown: 43% Black, 42% White, 10% Hispanic or Latino, <1% Asian, 2% Some Other Race, and 2% Two or More Races (Census, 2012). Studies show that poverty-stricken individuals have a “high burden of disease, often die prematurely, and have a poor quality of life” (Jack, 2007).

In 2012, Bahama Village was the first micro-community to participate in a DOH-Monroe led community health assessment and community engagement project. DOH-Monroe ascertained a great deal of locally-identified health issues for this community and helped to engage the community to address these issues. There are also two recreational centers, one of which has recently completed a \$1.3 million renovation and the other which will be renovated by 2017. This pilot study will be used as a model for the other remaining micro-community health assessment projects in the future. Currently, DOH-Monroe is working on their second community health assessment project in the West and Central Marathon micro-community.

NEW TOWN WEST COMMUNITY

Tract Number: 9721
Population: 4,430

Population By Sex and Age

Male	2274
Female	2156
Under 18	1248
18 and over	3182
20 - 24	357
25 - 34	774
35 - 49	943
50 - 64	560
65 and over	518

Housing Status

Total	2075
Occupied	1587
Owner Occupied	420
Population in Owner Occupied	1033
Renter Occupied	1167
Population in Renter Occupied	3235
Households with individuals under 18	470
Vacant	488
Vacant for Rent	198
Vacant for Sale	48

Population By Race

White	3484
African American	669
Asian	42
American Indian Alaska Native	12
Native Hawaiian Pacific Islander	3
Other	50
Identified by two or more	170

PER CAPITA INCOME **\$25,990.00**

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SAMPLE SIZE (95% CL, CI=5) 000
 % OF MONROE POPULATION ABOUT 5.9%
 SURVEY ORDER (CHD Priority) 0 of 19

0	1	2	3	4	5	6	7	8	9	10	11	12	13
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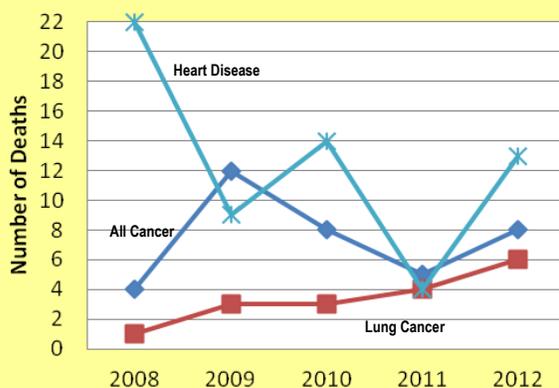
PACE-EH PROGRESS**

(Progress as of October 1, 2014)

- | | |
|---|------------------------------------|
| 0= Not started | 7= Develop Indicators |
| 1= Determine Community Capacity | 8= Select Standards |
| 2= Characterize the Community | 9= Create Issue Profiles |
| 3= Assemble a CEHA Team | 10= Rank Issues |
| 4= Define Goals & Objectives | 11= Set Priorities for Action |
| 5= Generate List of EH Issues | 12= Develop Action Plans |
| 6= Analyze Issues with System Framework | 13= Evaluate Progress & Plan Ahead |

CITY OF KEY WEST BOCC District 3

Trends of Selected Diseases (Tract 9721)



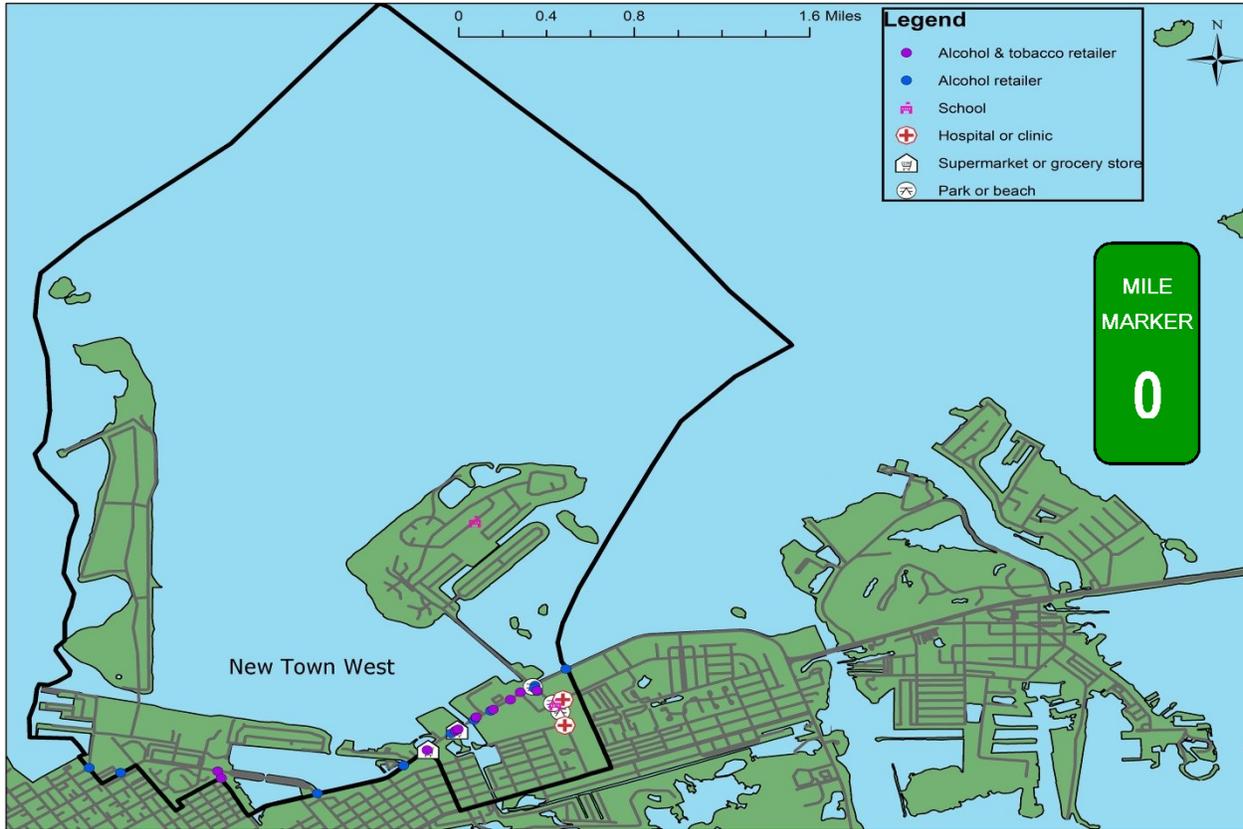
AGE-ADJUSTED MORTALITY RATES*

SELECTED DISEASES & CONDITIONS

(* 2008—2012 data from Florida CHARTS & U.S. Census, Rates are per 1,000 population)

	CHRONIC LIVER DISEASE	LUNG CANCER	ALL CANCER	UNINTENTIONAL INJURIES	HEART DISEASE
TRACT	0.14	0.70	1.97	0.59	3.54
MONROE	0.19	0.44	1.62	0.70	1.78
FLORIDA	0.10	0.46	1.62	0.49	2.06
HEALTHY PEOPLE 2020 GOAL	0.08*	0.46	1.61	0.36	1.03

* Number of deaths due to cirrhosis (ICD-10 codes K70, K73-K74)



COMMUNITY PROFILE: New Town West (Tract 9721) is home to about 5.4 percent of the county’s population. This micro-community is predominantly white and healthy, with an all-cancer mortality rate lower than average when compared to other micro-communities. Deaths from heart disease, however, are on the rise. This micro-community includes large portions of Naval Air Station Key West and small civilian communities located behind several large shopping malls along North Roosevelt Boulevard. Lower Keys Community Health Center, one of the largest federally qualified health centers serving residents with little or no income, is located in this micro-community. A senior housing complex, a preschool, two grade schools and numerous playing fields (soccer, football, baseball, skateboard, etc.) are also located in New Town West. The main office of the

county’s AIDS service organization is located in this micro-community, as well. Leading public health-related concerns in this micro-community might include: affordable housing, high cost of living, substance use and traffic and homelessness.



KEY WEST AIRPORT COMMUNITY

Tract Number: 9720

Population: 3,532

Population By Sex and Age

Male	1979
Female	1553
Under 18	268
18 and over	3264
20 - 24	369
25 - 34	487
35 - 49	877
50 - 64	870
65 and over	661

Housing Status

Total	2482
Occupied	1474
Owner Occupied	943
Population in Owner Occupied	2111
Renter Occupied	531
Population in Renter Occupied	1359
Households with individuals under 18	183
Vacant	1008
Vacant for Rent	124
Vacant for Sale	28

Population By Race

White	3364
African American	83
Asian	76
American Indian Alaska Native	0
Native Hawaiian Pacific Islander	0
Other	9
Identified by two or more	0

PER CAPITA INCOME \$36,043.00

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SAMPLE SIZE (95% CL, CI=5) 000
 % OF MONROE POPULATION ABOUT 4.8%
 SURVEY ORDER (CHD Priority) 0 of 19

0	1	2	3	4	5	6	7	8	9	10	11	12	13
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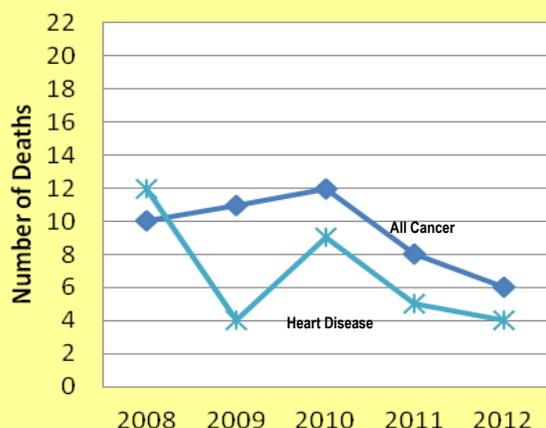
PACE-EH PROGRESS**

(Progress as of October 1, 2014)

- | | |
|---|------------------------------------|
| 0= Not started | 7= Develop Indicators |
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| 5= Generate List of EH Issues | 12= Develop Action Plans |
| 6= Analyze Issues with System Framework | 13= Evaluate Progress & Plan Ahead |

CITY OF KEY WEST
BOCC District 1 & 3

Trends of Selected Diseases (Tract 9720)



AGE-ADJUSTED MORTALITY RATES*

SELECTED DISEASES & CONDITIONS

(* 2008—2012 data from Florida CHARTS & U.S. Census, Rates are per 1,000 population)

	CHRONIC LIVER DISEASE	LUNG CANCER	ALL CANCER	UNINTENTIONAL INJURIES	HEART DISEASE
TRACT	0.16	0.42	1.86	1.11	1.81
MONROE	0.19	0.44	1.62	0.70	1.78
FLORIDA	0.10	0.46	1.62	0.49	2.06
HEALTHY PEOPLE 2020 GOAL	0.08*	0.46	1.61	0.36	1.03

* Number of deaths due to cirrhosis (ICD-10 codes K70, K73-K74)



COMMUNITY PROFILE: The Airport Area of Key West (Tract 9720) is home to a relatively healthy affluent group that makes up about 5.7 percent of the county's population.

The all-cancer mortality rate is lower than the county average. Other mortality indicators are low. This micro-community includes Key West High School, which

serves approximately 1,200 adolescents and young adults, as well as several oceanfront apartment and condominium complexes with both year-round and part-time

residents. Small neighborhoods line canals and marsh located between Flagler Avenue and South Roosevelt Boulevard. Key West International Airport is also located in this micro-community.

In addition to the many recreational activities offered on Smathers Beach, this micro-community features a wide, oceanfront sidewalk that proves popular with residents and visitors who enjoy walking, running and biking. Leading public health-related concerns in this

micro-community might include: affordable housing, high cost of living, access to healthcare and homelessness.



NEW TOWN EAST COMMUNITY

Tract Number: 9719
Population: 6,145

Population By Sex and Age

Male	3143
Female	3002
Under 18	1001
18 and over	5144
20 - 24	926
25 - 34	871
35 - 49	1764
50 - 64	956
65 and over	588

Housing Status

Total	2313
Occupied	1914
Owner Occupied	1000
Population in Owner Occupied	2428
Renter Occupied	914
Population in Renter Occupied	2995
Households with individuals under 18	440
Vacant	399
Vacant for Rent	71
Vacant for Sale	0

Population By Race

White	5069
African American	734
Asian	175
American Indian Alaska Native	22
Native Hawaiian Pacific Islander	0
Other	62
Identified by two or more	83

PER CAPITA INCOME **\$25,399.00**

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SAMPLE SIZE (95% CL, CI=5) 000
 % OF MONROE POPULATION ABOUT 0.0%
 SURVEY ORDER (CHD Priority) 0 of 19

0	1	2	3	4	5	6	7	8	9	10	11	12	13
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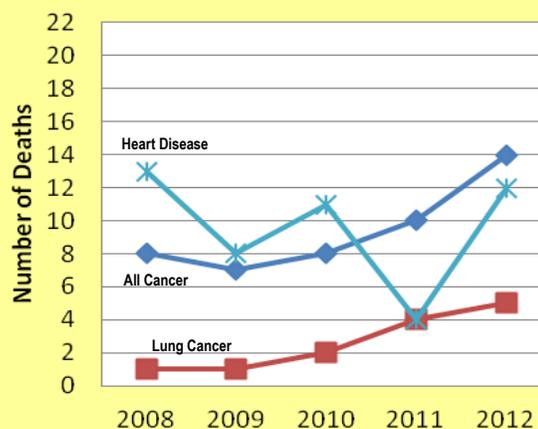
PACE-EH PROGRESS**

(Progress as of October 1, 2014)

- | | |
|---|--|
| 0= Not started
1= Determine Community Capacity
2= Characterize the Community
3= Assemble a CEHA Team
4= Define Goals & Objectives
5= Generate List of EH Issues
6= Analyze Issues with System Framework | 7= Develop Indicators
8= Select Standards
9= Create Issue Profiles
10= Rank Issues
11= Set Priorities for Action
12= Develop Action Plans
13= Evaluate Progress & Plan Ahead |
|---|--|

CITY OF KEY WEST BOCC District 1

Trends of Selected Diseases (Tract 9719)



AGE-ADJUSTED MORTALITY RATES*

SELECTED DISEASES & CONDITIONS

(* 2008—2012 data from Florida CHARTS & U.S. Census, Rates are per 1,000 population)

	CHRONIC LIVER DISEASE	LUNG CANCER	ALL CANCER	UNINTENTIONAL INJURIES	HEART DISEASE
TRACT	0.25	0.65	2.01	0.54	1.67
MONROE	0.19	0.44	1.62	0.70	1.78
FLORIDA	0.10	0.46	1.62	0.49	2.06
HEALTHY PEOPLE 2020 GOAL	0.08*	0.46	1.61	0.36	1.03

* Number of deaths due to cirrhosis (ICD-10 codes K70, K73-K74)



COMMUNITY PROFILE: New Town East (Tract 9719), which includes about 8.2 percent of the county’s population, is home to a predominantly healthy, white, upper-income set. This micro-community straddles Cow Key Channel, with portions located on both Key West and Stock Island. On the Key West side, this micro-community includes a number of apartment complexes that house residents who are low-income and/or are on government assistance. On the Stock Island side, this micro-community includes the headquarters for several local agencies (Monroe County Sheriff’s Office, Department of Juvenile Justice, Florida Keys Mos-

quito Control) and the Keys Overnight Temporary Shelter, which serves the homeless populations of Key West and the surrounding area. Florida Keys Community College, Gerald Adams Elementary School, Lower Keys Medical Center (the only hospital serving Key West and the Lower Keys) and two assisted-living facilities are also located in this micro-community. Leading public health-related concerns in this micro-community might include: affordable housing, lack of recreational activities, high cost of living, lack of transportation and homelessness.



STOCK ISLAND & KEY HAVEN COMMUNITIES

Tract Number: 9718
Population: 4,840

Population By Sex and Age

Male	2684
Female	2156
Under 18	1204
18 and over	3636
20 - 24	363
25 - 34	685
35 - 49	994
50 - 64	1019
65 and over	434

Housing Status

Total	2181
Occupied	1459
Owner Occupied	809
Population in Owner Occupied	2597
Renter Occupied	650
Population in Renter Occupied	2210
Households with individuals under 18	517
Vacant	722
Vacant for Rent	82
Vacant for Sale	31

Population By Race

White	3980
African American	766
Asian	0
American Indian Alaska Native	18
Native Hawaiian Pacific Islander	0
Other	76
Identified by two or more	0

PER CAPITA INCOME \$21,507.00

SAMPLE SIZE (95% CL, CI=5) 000
% OF MONROE POPULATION ABOUT 6.5%
SURVEY ORDER (CHD Priority) 0 of 19

0 1 2 3 4 5 6 7 8 9 10 11 12 13

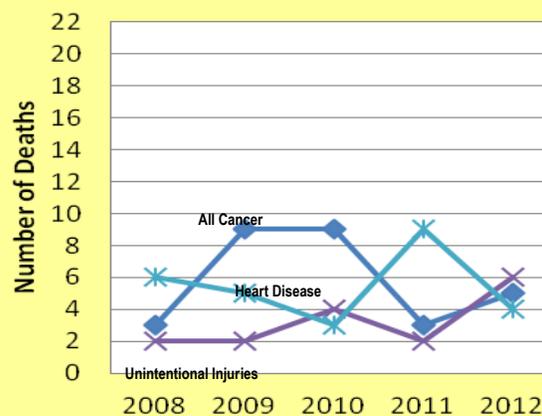
PACE-EH PROGRESS**

(Progress as of October 1, 2014)

- | | |
|---|------------------------------------|
| 0= Not started | 7= Develop Indicators |
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Stock Island
BOCC DISTRICT I

Trends of Selected Diseases (Tract 9718)



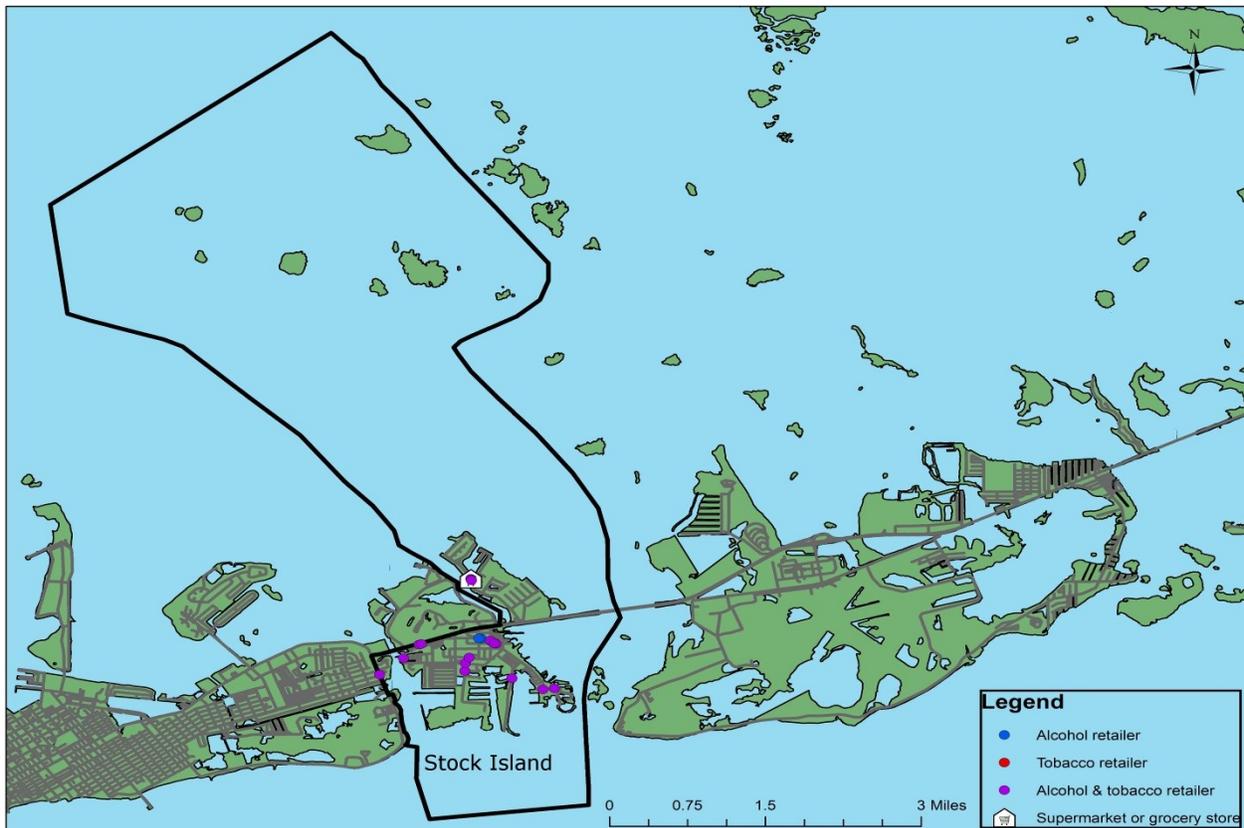
AGE-ADJUSTED MORTALITY RATES*

SELECTED DISEASES & CONDITIONS

(* 2008—2012 data from Florida CHARTS & U.S. Census, Rates are per 1,000 population)

	CHRONIC LIVER DISEASE	LUNG CANCER	ALL CANCER	UNINTENTIONAL INJURIES	HEART DISEASE
TRACT	0.08	0.47	1.49	0.79	1.72
MONROE	0.19	0.44	1.62	0.70	1.78
FLORIDA	0.10	0.46	1.62	0.49	2.06
HEALTHY PEOPLE 2020 GOAL	0.08*	0.46	1.61	0.36	1.03

* Number of deaths due to cirrhosis (ICD-10 codes K70, K73-K74)



COMMUNITY PROFILE: The micro-community of Stock Island and Key Haven, located between Mile Marker four and nine, has the lowest proportion of residents age 65 and older (9%) and the second highest proportion of teenagers (25%) as compared to the other 18 micro-communities in Monroe County. The Age-Adjusted Death Rate for Unintentional Injuries are slightly higher here compared to Monroe County and Florida State’s average. It has the highest birth rate to teenage mothers age 18 and under. Stock Island and Key Haven have the lowest per capita income (\$21,507) compared to all other micro-communities in Monroe County. The mean per capita income for Monroe County is \$35,023.00 (Census, 2014).

Noteworthy accomplishments have been made in this area by DOH-Monroe’s Tobacco Prevention Program. DOH-Monroe is making strides to decrease exposure to tobacco smoke among Monroe County residents via policy changes within multi-unit dwellings. This Smoke-Free Living Monroe Project works through a grant from the Health Foundation of South Florida and in partnership with Tobacco Free FL Keys (TFFK), SWAT (Students Working Against Tobacco) and the FL Keys AHEC (Area

Health Education Centers). As of October 2014, the following multi-unit dwellings in Stock Island and Key Haven have gone smoke free as a result of our influence: (1) Habitat for Humanity’s 3rd Avenue Apartments, (2) Banyan Grove, (3) Flagler Village, and (4) Meridian West.

One partner that exists in Stock Island for out Tobacco Free Florida Keys program is Wendover Management, a property management company. They are actively working with DOH-Monroe to implement a smoke-free property policy for all their properties beginning January 1, 2015.



Photo courtesy of Mark Moss, Executive Director for Habitat for Humanity of Key West and the Lower Keys: Habitat for Humanity’s 3rd Avenue Apartments. This multi-unit dwelling has gone smoke free with the help of DOH-Monroe’s Tobacco Prevention Program and Habitat for Humanity.

BIG COPPITT COMMUNITY

Tract Number: 9717
Population: 2702

Population By Sex and Age

Male	1643
Female	1059
Under 18	393
18 and over	2309
20 - 24	173
25 - 34	414
35 - 49	641
50 - 64	740
65 and over	276

Housing Status

Total	1556
Occupied	976
Owner Occupied	692
Population in Owner Occupied	1965
Renter Occupied	284
Population in Renter Occupied	737
Households with individuals under 18	180
Vacant	580
Vacant for Rent	63
Vacant for Sale	8

Population By Race

White	2477
African American	162
Asian	63
American Indian Alaska Native	0
Native Hawaiian Pacific Islander	0
Other	0
Identified by two or more	0
PER CAPITA INCOME	\$26,085.00

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SAMPLE SIZE (95% CL, CI=5) 000
% OF MONROE POPULATION ABOUT 3.6%
SURVEY ORDER (CHD Priority) 0 of 19

0	1	2	3	4	5	6	7	8	9	10	11	12	13
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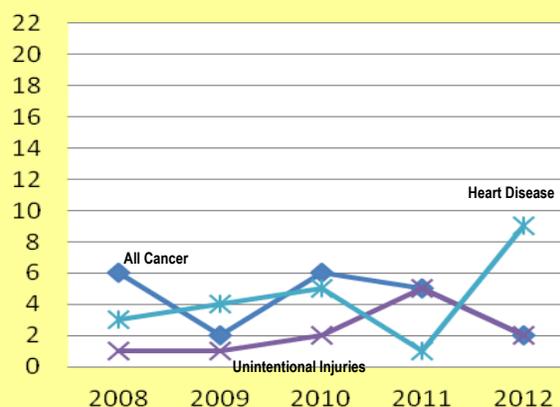
PACE-EH PROGRESS**

(Progress as of October 1, 2014)

- | | |
|---|------------------------------------|
| 0= Not started | 7= Develop Indicators |
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Boca Chica & Big Coppitt Key BOCC DISTRICT 2

Trends of Selected Diseases (Tract 9717)



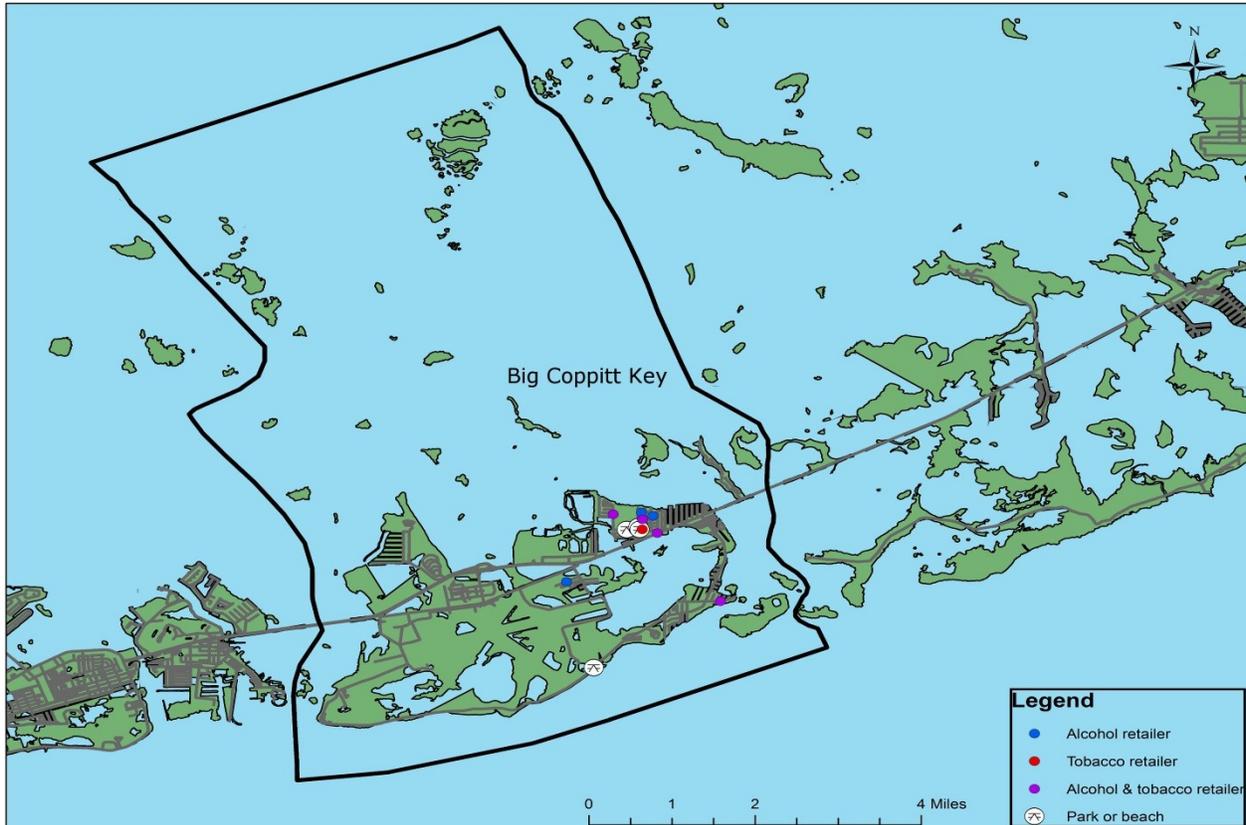
AGE-ADJUSTED MORTALITY RATES*

SELECTED DISEASES & CONDITIONS

(* 2008—2012 data from Florida CHARTS & U.S. Census, Rates are per 1,000 population)

	CHRONIC LIVER DISEASE	LUNG CANCER	ALL CANCER	UNINTENTIONAL INJURIES	HEART DISEASE
TRACT	0.06	0.65	1.73	0.66	2.72
MONROE	0.19	0.44	1.62	0.70	1.78
FLORIDA	0.10	0.46	1.62	0.49	2.06
HEALTHY PEOPLE 2020 GOAL	0.08*	0.46	1.61	0.36	1.03

* Number of deaths due to cirrhosis (ICD-10 codes K70, K73-K74)



COMMUNITY PROFILE: Derived from the old English word “Coppice,” meaning thicket, Big Coppitt is located at Mile Marker 10. This micro-community includes Geiger Key, Shark Key, Rockland Key, and Big Coppitt Key. There are three parks here. Wilhelmina Harvey Park, located at 373 Avenue F, has a playground and picnic area. Big Coppitt Volunteer Fire Department Park, located at 280 Avenue F, has a basketball, handball, and bocceball court as well as a picnic area. Boca Chica Beach at 354 Boca Chica Road, adjacent to the Naval Air base, is an unmaintained beach with a multitude of visible sea life. The Naval Air Station in this micro-community is the southernmost air station in the United States. With the ideal flying weather year-round, this Naval Air Station offers state-of-the-art training for air-to-air combat fighter aircraft for all military divisions. Big Coppitt is also the home of Southern Keys Cemetery, which is the second largest cemetery in the Florida Keys after the Key West Cemetery.

In terms of health statistics, this micro-community has a higher lung cancer and heart disease Age-Adjusted Death Rate compared to Monroe County and the State of Florida. More hopeful, liver

disease deaths in Big Coppitt are lower than the average AADR for Monroe County, Florida State, and the Healthy People 2020 Goal. Approximately 10% of the population is over the age of 65 while 15% are under the age of 18. This area is in the lower quartile for per capita income, \$26,085.00 (Monroe County is \$35,023.00).



Wilhelmina Harvey Park

Photo courtesy of Robin Kory and Brandie Peretz, FDOH-Monroe

SUGARLOAF COMMUNITY

Tract Number: 9716
Population: 1782

Population By Sex and Age

Male	948
Female	834
Under 18	261
18 and over	1521
20 - 24	83
25 - 34	145
35 - 49	328
50 - 64	545
65 and over	401

Housing Status

Total	1190
Occupied	625
Owner Occupied	514
Population in Owner Occupied	1443
Renter Occupied	111
Population in Renter Occupied	339
Households with individuals under 18	108
Vacant	565
Vacant for Rent	0
Vacant for Sale	29

Population By Race

White	1689
African American	37
Asian	5
American Indian Alaska Native	0
Native Hawaiian Pacific Islander	0
Other	5
Identified by two or more	46

PER CAPITA INCOME \$43,718.00

Visit us at <http://monroe.floridahealth.gov>

SAMPLE SIZE (95% CL, CI=5) 000
% OF MONROE POPULATION ABOUT 2.4%
SURVEY ORDER (CHD Priority) 0 of 19

0 1 2 3 4 5 6 7 8 9 10 11 12 13

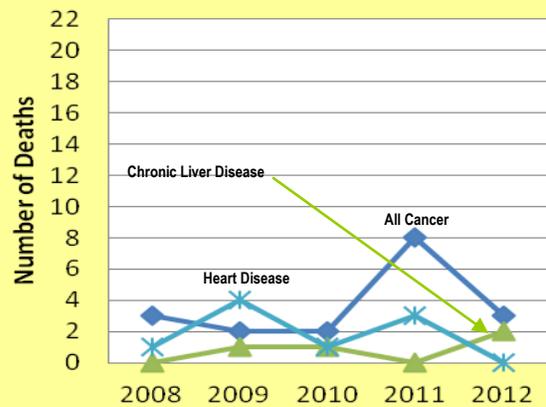
PACE-EH PROGRESS**

(Progress as of October 1, 2014)

- | | |
|---|------------------------------------|
| 0= Not started | 7= Develop Indicators |
| 1= Determine Community Capacity | 8= Select Standards |
| 2= Characterize the Community | 9= Create Issue Profiles |
| 3= Assemble a CEHA Team | 10= Rank Issues |
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Sugarloaf Key BOCC DISTRICT 2

Trends of Selected Diseases (Tract 9716)



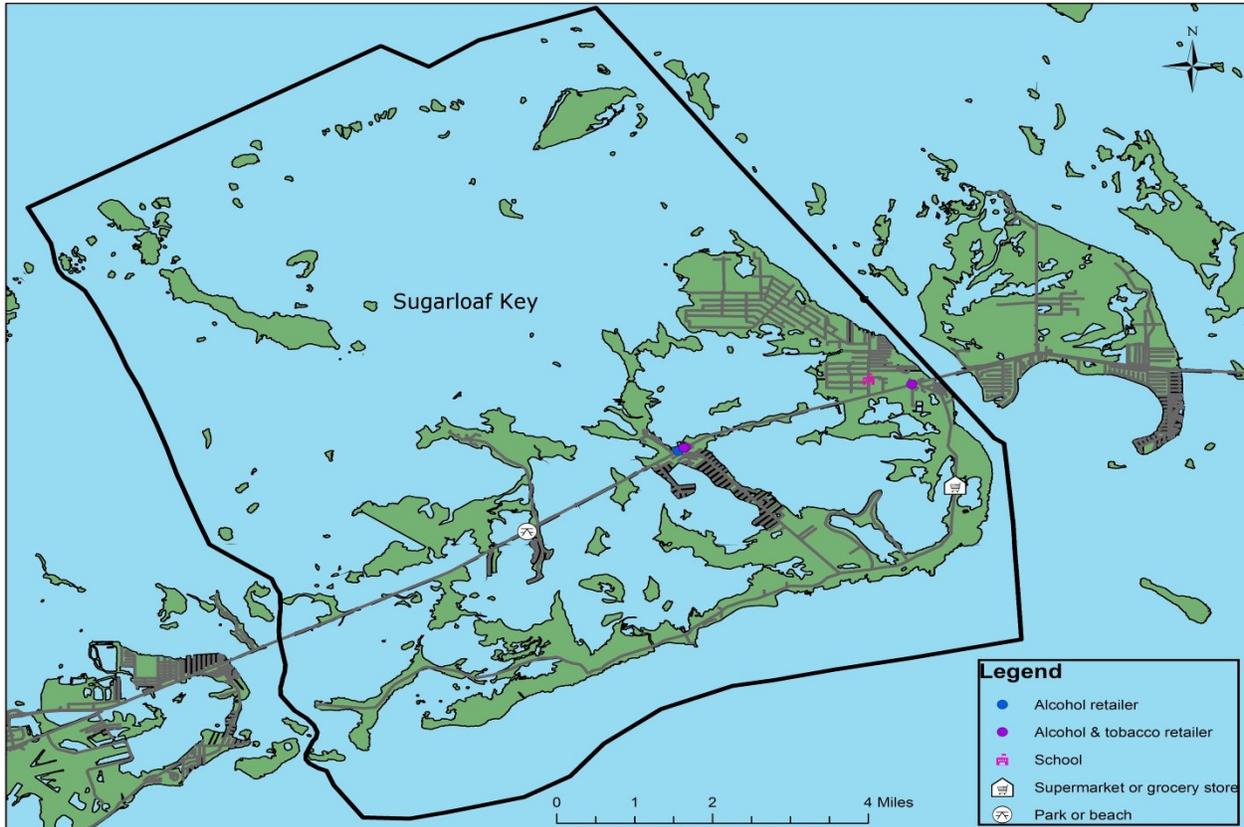
AGE-ADJUSTED MORTALITY RATES*

SELECTED DISEASES & CONDITIONS

(* 2008—2012 data from Florida CHARTS & U.S. Census, Rates are per 1,000 population)

	CHRONIC LIVER DISEASE	LUNG CANCER	ALL CANCER	UNINTENTIONAL INJURIES	HEART DISEASE
TRACT	0.27	0.47	1.30	0.73	0.82
MONROE	0.19	0.44	1.62	0.70	1.78
FLORIDA	0.10	0.46	1.62	0.49	2.06
HEALTHY PEOPLE 2020 GOAL	0.08*	0.46	1.61	0.36	1.03

* Number of deaths due to cirrhosis (ICD-10 codes K70, K73-K74)



COMMUNITY PROFILE: Sugarloaf is named after the Sugarloaf Pineapple that once grew here. This micro-community is located on Mile Marker 15 through 20 and includes Saddlebunch Keys, Lower Sugarloaf Sound, and Sugarloaf Key. There are several community features here, including a grade school, Sugarloaf School for grades kindergarten through eighth grade. Bay Point Park, also within this small community, features a picnic area, a basketball court, soccer field, tennis courts, and a playground. Lower Sugarloaf is also a bicycle friendly community. Interestingly, Sugarloaf is also home to the Sugarloaf Key Bat Tower, built in 1929, a site of historical significance in Monroe County. The bat tower was built to control the mosquito population, however, when they imported the bats, they flew away shortly before the end of the year.

With regard to health outcomes, Sugarloaf has a higher Age-Adjusted Death Rate for chronic liver disease and unintentional injuries as compared to Monroe County and Florida State’s average. Even so, the Age-Adjusted Death Rate for all cancers and heart disease is lower in this micro-community as compared to the average for Monroe

County, Florida, and the Healthy People 2020 Goal. About 23% of population is over the age of 65.



Sugarloaf Key Bat Tower; Photo courtesy of TheAtlantic.com



Sugarloaf Bike Path, MM 17; Photo courtesy of Jennifer Duyser, FDOH-Monroe

CUDJOE, SUMMERLAND, RAMROD & THE TORCHES COMMUNITIES

Tract Number: 9715.02, 9715.01
Population: 4,693

Population By Sex and Age

Male	2594
Female	2099
Under 18	543
18 and over	4150
20 - 24	72
25 - 34	461
35 - 49	868
50 - 64	1570
65 and over	1100

Housing Status

Total	3665
Occupied	2012
Owner Occupied	1570
Population in Owner Occupied	3522
Renter Occupied	442
Population in Renter Occupied	1171
Households with individuals under 18	283
Vacant	1653
Vacant for Rent	89
Vacant for Sale	12

Population By Race

White	4557
African American	28
Asian	28
American Indian Alaska Native	0
Native Hawaiian Pacific Islander	0
Other	80
Identified by two or more	0
PER CAPITA INCOME	\$37,796.00

Visit us at <http://monroe.floridahealth.gov>

SAMPLE SIZE (95% CL, CI=5) 000
% OF MONROE POPULATION ABOUT 3.2%
SURVEY ORDER (CHD Priority) 0 of 19

0	1	2	3	4	5	6	7	8	9	10	11	12	13
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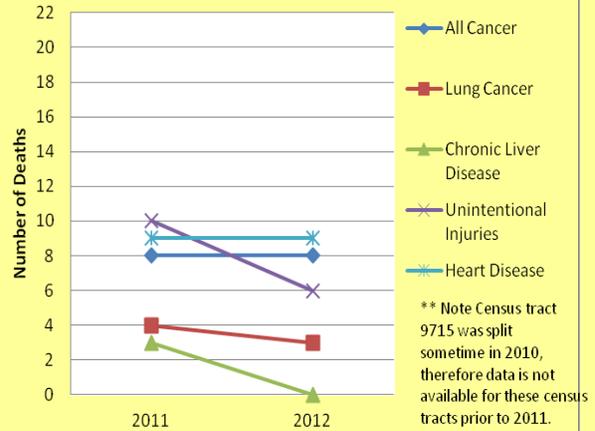
PACE-EH PROGRESS**

(Progress as of October 1, 2014)

- | | |
|---|------------------------------------|
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Cudjoe, Summerland, Torchés BOCC DISTRICT 2

Trends of Selected Diseases
(Tract 9715.01, 9715.02)



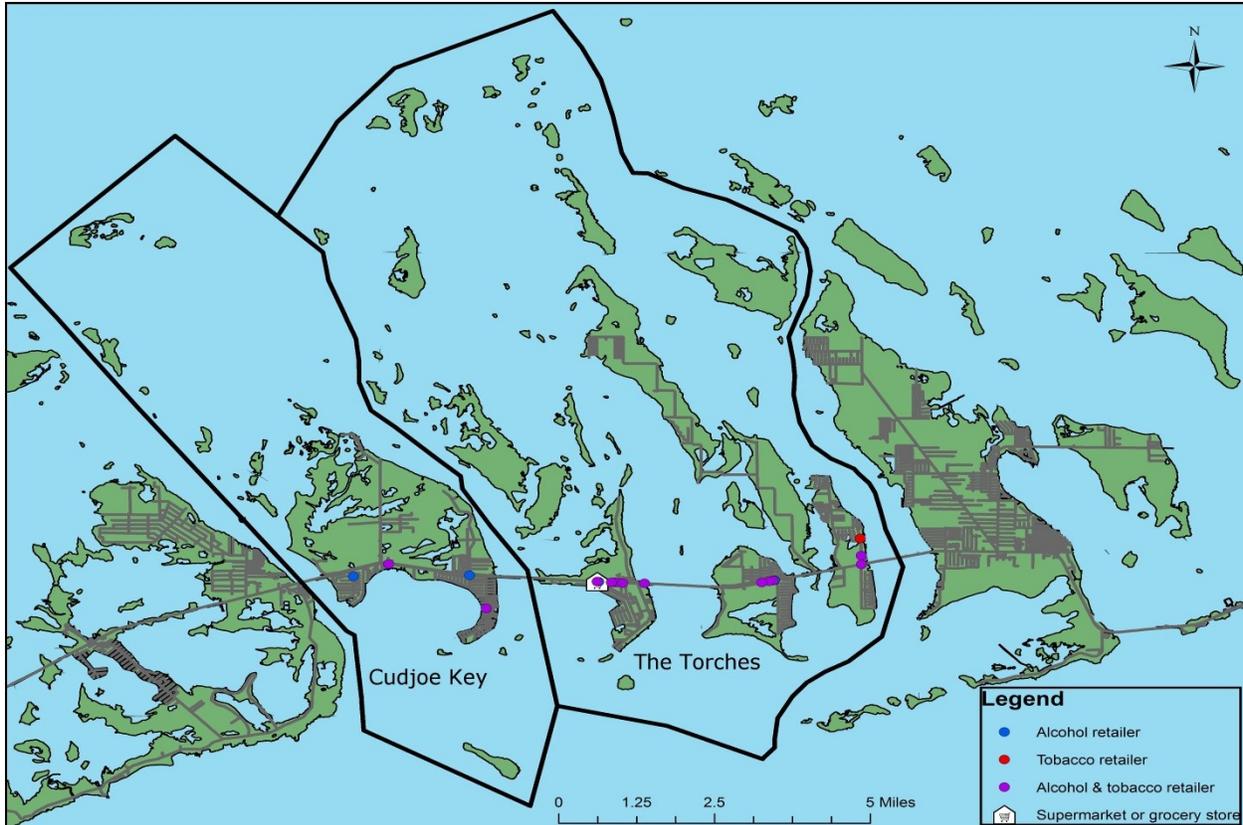
AGE-ADJUSTED MORTALITY RATES*

SELECTED DISEASES & CONDITIONS

(* 2008—2012 data from Florida CHARTS & U.S. Census, Rates are per 1,000 population)

	CHRONIC LIVER DISEASE	LUNG CANCER	ALL CANCER	UNINTENTIONAL INJURIES	HEART DISEASE
TRACT	0.07	0.16	0.37	0.66	0.38
MONROE	0.19	0.44	1.62	0.70	1.78
FLORIDA	0.10	0.46	1.62	0.49	2.06
HEALTHY PEOPLE 2020 GOAL	0.08*	0.46	1.61	0.36	1.03

* Number of deaths due to cirrhosis (ICD-10 codes K70, K73-K74)



COMMUNITY PROFILE: Centralized

Wastewater Collection System and Treatment Plant – The Florida Keys Aqueduct Authority (FKAA), in conjunction with Monroe County, has awarded contracts for the Cudjoe Regional Centralized Wastewater Collection System and Treatment Plant. The project is underway. This wastewater collection system will be constructed in the Lower Florida Keys, from Mile Marker (MM) 17 to MM 33, and will provide service to Lower Sugarloaf Key, Upper Sugarloaf Key, Cudjoe Key, Summerland Key, Ramrod Key, Little Torch Key and Big Pine Key. The proposed Wastewater Treatment Plant will have a design capacity of 0.96 Million Gallons per Day (MGD), and will use a five-stage Bardenpho system capable of meeting the rigorous Advanced Wastewater Treat (AWT) Standards, mandated by the State of Florida.

Decentralized Wastewater (Onsite System) Program – Some homes within the Lower Keys are unable to be serviced by the Centralized Wastewater System, due to engineering and economic limitations. These properties are referred to as decentralized areas and are required to meet Best Available Technology (BAT) Standards, mandated by the State

of Florida. In an effort to help homeowners in these decentralized areas the FKAA has secured federal grant funding, through the U.S. Environmental Protection Agency, to design, construct and operate On-Site Wastewater Nutrient Removal Systems (OWNRS) on decentralized homeowners' properties.



Construction of Cudjoe Regional Wastewater Plant— Photo courtesy of Florida Keys Aqueduct Authority

BIG PINE COMMUNITY

Tract Number: 9714.01, 9714.02
Population: 3,919

Population By Sex and Age

Male	2092
Female	1827
Under 18	469
18 and over	3450
20 - 24	207
25 - 34	112
35 - 49	753
50 - 64	1418
65 and over	832

Housing Status

Total	3032
Occupied	1677
Owner Occupied	1404
Population in Owner Occupied	3229
Renter Occupied	273
Population in Renter Occupied	591
Households with individuals under 18	276
Vacant	1355
Vacant for Rent	52
Vacant for Sale	101

Population By Race

White	3797
African American	34
Asian	0
American Indian Alaska Native	16
Native Hawaiian Pacific Islander	0
Other	2
Identified by two or more	70

PER CAPITA INCOME **\$35,630.00**

SAMPLE SIZE (95% CL, CI=5) 000
 % OF MONROE POPULATION ABOUT 2.6%
 SURVEY ORDER (CHD Priority) 0 of 19

0	1	2	3	4	5	6	7	8	9	10	11	12	13
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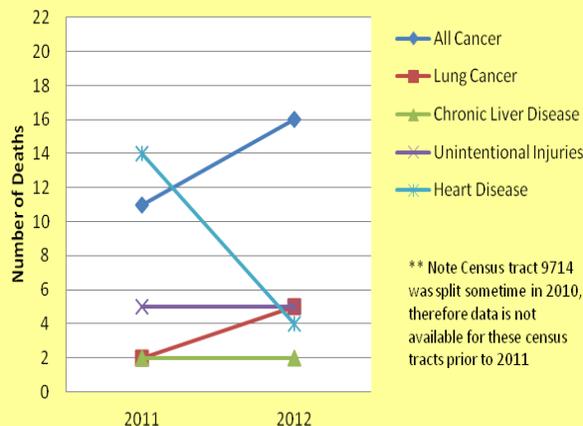
PACE-EH PROGRESS**

(Progress as of October 1, 2014)

- | | |
|---|------------------------------------|
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Big Pine Key BOCC DISTRICT 2

Trends of Selected Diseases
(Tract 9714.01, 9714.02)



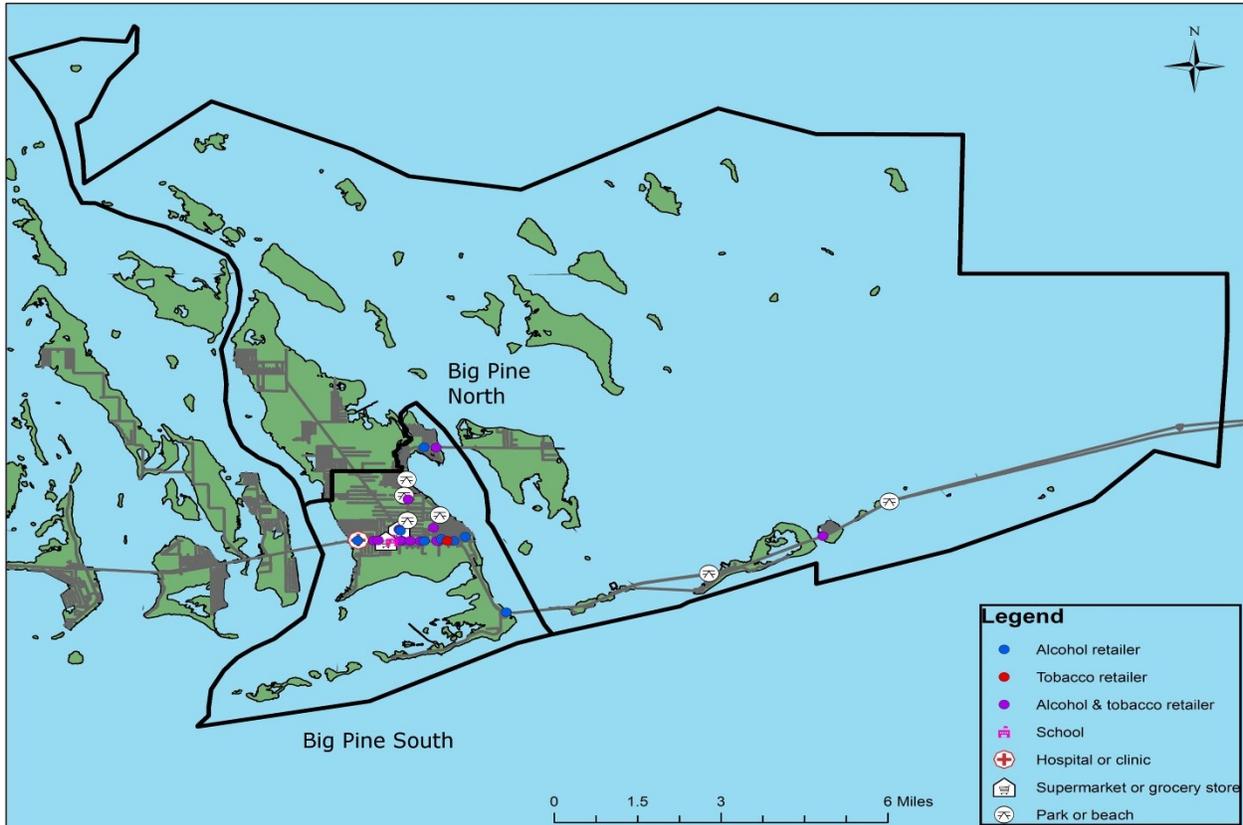
AGE-ADJUSTED MORTALITY RATES*

SELECTED DISEASES & CONDITIONS

(* 2008—2012 data from Florida CHARTS & U.S. Census, Rates are per 1,000 population)

	CHRONIC LIVER DISEASE	LUNG CANCER	ALL CANCER	UNINTENTIONAL INJURIES	HEART DISEASE
TRACT	0.10	0.20	0.75	0.45	0.73
MONROE	0.19	0.44	1.62	0.70	1.78
FLORIDA	0.10	0.46	1.62	0.49	2.06
HEALTHY PEOPLE 2020 GOAL	0.08*	0.46	1.61	0.36	1.03

* Number of deaths due to cirrhosis (ICD-10 codes K70, K73-K74)



COMMUNITY PROFILE: Big Pine Key Communities, located at mile marker 29 through 39, include North and South Big Pine, No Name Key, and Bahia Honda Key. This micro-community encompasses the National Key Deer Wildlife Refuge and the historic Bahia Honda State Park. The National Key Deer Refuge is a conservation park for endangered wildlife and plants and provides environmental education and trails for public use. This refuge is not only home to the majority of the endangered Key deer population, but the “Blue Hole,” the only freshwater lake in the Florida Keys resides here as well. Bahia Honda State Park also has abundance of marine life, making it a popular destination for snorkelers. There is another park, Big Pine Key Community Park, which features a variety of amenities, including tennis courts, bocce courts, shuffleboard courts, a fitness trail,

roller hockey and basketball court, handball court, baseball field, skate park, and playground equipment.

The Big Pine Key Communities have favorable health outcomes. There is a lower lung cancer, all cancer, and heart disease age-adjusted death rate in this micro-community as compared to Monroe County and Florida State’s average. Approximately 21% are over the age of 65 and 12% are under 18.

Notable features of this micro-community include an annual Kids Fishing Tournament sponsored by the Big Pine and Lower Keys Rotary and the Monroe County Sheriff's Office and an organic farmers market that has served the community for over two decades.

WEST & CENTRAL MARATHON COMMUNITIES

Tract Number: 9712, 9713
Population: 4,040

Population By Sex and Age

Male	2359
Female	1681
Under 18	744
18 and over	3296
20 - 24	172
25 - 34	545
35 - 49	565
50 - 64	1105
65 and over	845

Housing Status

Total	3177
Occupied	1645
Owner Occupied	1028
Population in Owner Occupied	2213
Renter Occupied	617
Population in Renter Occupied	1742
Households with individuals under 18	323
Vacant	1532
Vacant for Rent	55
Vacant for Sale	81

Population By Race

White	3672
African American	256
Asian	0
American Indian Alaska Native	0
Native Hawaiian Pacific Islander	0
Other	67
Identified by two or more	45
PER CAPITA INCOME	\$29,685.00

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SAMPLE SIZE (95% CL, CI=5)	000
% OF MONROE POPULATION	ABOUT 2.72%
SURVEY ORDER (CHD Priority)	3 of 19

0	1	2	3	4	5	6	7	8	9	10	11	12	13
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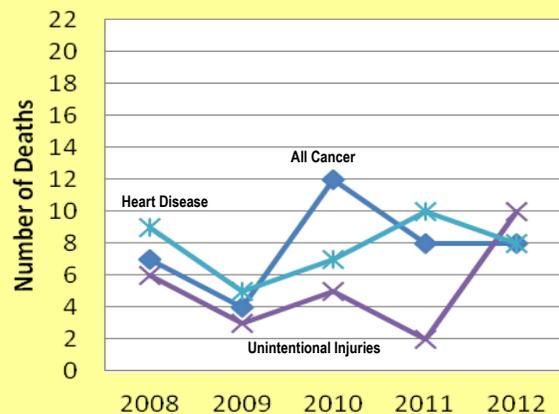
PACE-EH PROGRESS**

(Progress as of October 1, 2014)

- | | |
|---|------------------------------------|
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CITY OF MARATHON BOCC District 2 & 4

Trends of Selected Diseases (Tract 9712, 9713)



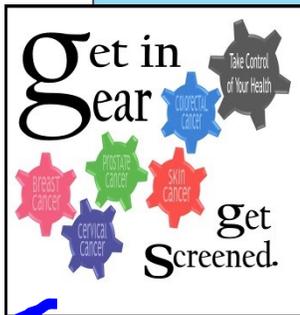
AGE-ADJUSTED MORTALITY RATES*

SELECTED DISEASES & CONDITIONS

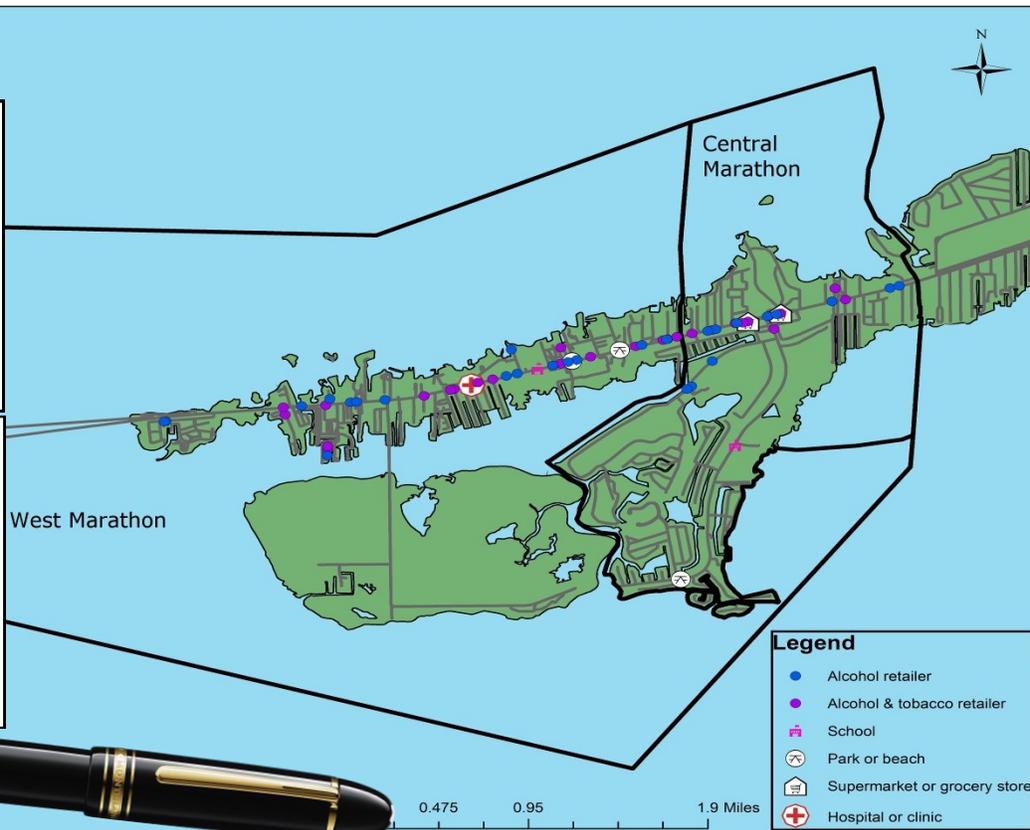
(* 2008—2012 data from Florida CHARTS & U.S. Census, Rates are per 1,000 population)

	CHRONIC LIVER DISEASE	LUNG CANCER	ALL CANCER	UNINTENTIONAL INJURIES	HEART DISEASE
TRACT	0.25	0.43	4.65	1.43	3.15
MONROE	0.19	0.44	1.62	0.70	1.78
FLORIDA	0.10	0.46	1.62	0.49	2.06
HEALTHY PEOPLE 2020 GOAL	0.08*	0.46	1.61	0.36	1.03

* Number of deaths due to cirrhosis (ICD-10 codes K70, K73-K74)



In 2012, Fisherman's Hospital provided nearly \$685,000.00 in free services to area residents, including free health fairs and regular seminars on local health care issues. Fisherman's also participates in many community activities, such as the Relay for Life.



COMMUNITY PROFILE: West and Central Marathon is the micro-community of focus for our CHIP and PACE-EH projects. We have completed the first six steps of the PACE-EH methodology and hope to continue collaborating and engaging the community to address health issues identified from the assessment. Questions related to cancer, heart disease, injury, liver disease and opinions on policy implementation were included in the assessment (full report is found on page 19)

In addition to the community health survey, another accomplishment from DOH-Monroe is from the efforts by the Tobacco Prevention Program. Sea Grape Apartments has notably gone smoke-free through collaboration with our agency and the housing managers of this multi-unit dwelling.

This micro-community has a higher age-adjusted death rate than Monroe County and State of Florida for Chronic Liver Disease, All Cancer, Unintentional Injuries, and Heart Disease. In terms of poverty level, West and Central Marathon is in the lower quartile.

Part of the community health survey included a partnership with United Way of the Florida Keys. The needs for affordable enriching childcare were evaluated by DOH-Monroe and results will be used to support a grant by United Way to improve the quality of childcare in West and Central Marathon.

United Way of the Florida Keys (UWFK) is a local, independent 501c3 that has been supporting the Keys community since 1981 by providing financial support to local programs which in turn provide services addressing critical community needs in Health and Human Services. Being vetted by UWFK as a funded agency often provides these local

programs with the local match they need to receive substantially more financial support from state federal and foundation sources. All of UWFK's work is focused on building and supporting strong working families in Monroe County, and addressing food insecurity has been a major thrust of their work in recent years. The Community Impact focus areas of UWFK are 1) access to quality, nutritious food for those in critical need, and 2) access to quality early childhood education and after-school child care. UWFK strives to empower the community and plays a crucial role in convening the nonprofit, private, and public sectors to address pressing community needs in their two community impact focus areas.

As part of their "Community Impact" work--which is the advocacy and problem solving role they have in addition to funding local programs-- they have been working to address the need countywide for affordable childcare. UWFK has addressed a multitude of family needs in the Florida Keys, from increasing dramatically food available to food pantries that are increasingly utilized by working families, to expanding childcare options to support the ages and hours that parents need, to expanding summer food programs for children. In addition, they work with many community partners to execute the most ambitious school supply drive in the county to support students in need of the basics to be successful in school. In the summer of 2014, while their own countywide survey was collecting data on childcare needs from parents through the schools, we partnered with the Florida Department of Health in a community needs assessment survey to evaluate the shortage of childcare in Marathon. We hope to use this community assessment in a grant opportunity to improve the quality of childcare in Marathon.

*Margie Smith, President/ CEO
United Way of the Florida Keys*

MARATHON SHORES & KEY COLONY BEACH

Tract Number: 9711, 9710.01
Population: 4,202

Population By Sex and Age

Male	2272
Female	1930
Under 18	693
18 and over	3509
20 - 24	212
25 - 34	561
35 - 49	722
50 - 64	1132
65 and over	819

Housing Status

Total	4149
Occupied	1764
Owner Occupied	1060
Population in Owner Occupied	2352
Renter Occupied	704
Population in Renter Occupied	1826
Households with individuals under 18	298
Vacant	2385
Vacant for Rent	90
Vacant for Sale	146

Population By Race

White	3700
African American	272
Asian	4
American Indian Alaska Native	0
Native Hawaiian Pacific Islander	0
Other	97
Identified by two or more	129

PER CAPITA INCOME \$28,458.00

Visit us at <http://monroe.floridahealth.gov>

SAMPLE SIZE (95% CL, CI=5) 000
% OF MONROE POPULATION ABOUT 0.0%
SURVEY ORDER (CHD Priority) 0 of 19

0	1	2	3	4	5	6	7	8	9	10	11	12	13
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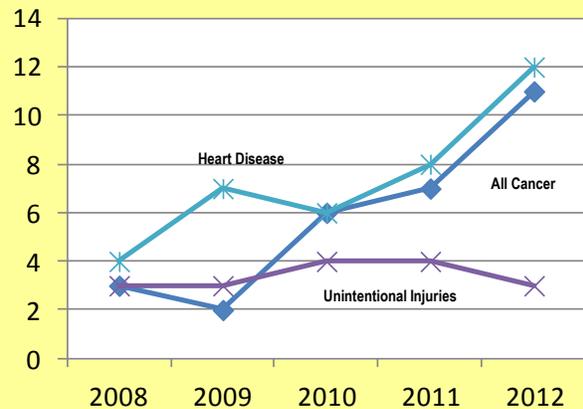
PACE-EH PROGRESS**

(Progress as of October 1, 2014)

- | | |
|---|------------------------------------|
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CITY OF MARATHON CITY OF KEY COLONY BEACH BOCC District 2

Trends of Selected Diseases (Tract 9711, 9710.01)



AGE-ADJUSTED MORTALITY RATES*

SELECTED DISEASES & CONDITIONS

(* 2008—2012 data from Florida CHARTS & U.S. Census, Rates are per 1,000 population)

	CHRONIC LIVER DISEASE	LUNG CANCER	ALL CANCER	UNINTENTIONAL INJURIES	HEART DISEASE
TRACT	0.27	0.17	1.01	0.79	1.49
MONROE	0.19	0.44	1.62	0.70	1.78
FLORIDA	0.10	0.46	1.62	0.49	2.06
HEALTHY PEOPLE 2020 GOAL	0.08*	0.46	1.61	0.36	1.03

* Number of deaths due to cirrhosis (ICD-10 codes K70, K73-K74)



COMMUNITY PROFILE: The Marathon Shores and Key Colony Beach micro-community exhibits a slightly higher age-adjusted death rate for chronic liver disease and unintentional injuries than Monroe County’s average. The population here is more or less evenly distributed; 19% are over 65 years old while 16% are under 18. DOH-Monroe has created several partnerships in this region including the Domestic Abuse Shelter (DAS) and Key Colony Beach Police Department (KCBPD). For example, the health department continues to partner with KCBPD, particularly through bike and walk safety events.

DOMESTIC ABUSE SHELTER

The mission of the Domestic Abuse Shelter, Inc (DAS) is to provide comprehensive services and community education for individuals and families experiencing domestic violence and sexual assault. DAS’s goal is to reduce the incidence and minimize the impact of domestic violence and sexual assault in Monroe County, Florida by directing the appropriate and effective programs and services to adult victims and their children.

The Domestic Abuse Shelter provides the following services free of charge: emergency shelter, 24-hotline, individual and group counseling, information and referral, court advocacy, and community education and training. Lethal and child assessments are conducted with all program partici-

pants within 72 hours of an emergency stay.

DAS has two 24 hour emergency shelter facilities in confidential locations in the Middle and Lower Keys. Outreach Offices are located in Key Largo and Key West, Florida. The Middle Keys emergency shelter has 38 beds and the Lower Keys emergency shelter has 21 beds. The average length of stay is six weeks to stabilize the initial crisis experienced by victims. The Domestic Abuse Shelter is deemed a “certified” domestic violence center and is one of forty-two certified domestic violence centers in the state of Florida and organizational member of the Florida Coalition Against Domestic Violence headquartered in Tallahassee, Florida.

Victims experiencing domestic violence or sexual assault can contact the Domestic Abuse Shelter, Inc at the following crisis hotline numbers: 305-743-4440 or 305-292-6647. The Outreach Offices are opened from 9:00 am – 5:00 pm, Monday through Friday, evening appointments are available. To contact an outreach office, Key Largo, 305-451-5666 and Key West, 305-294-0824. The DAS Administrative Office can be contacted at 305-743-5452.

All services provided by the Domestic Abuse Shelter are free of charge and remain confidential unless the program participant (victim) provides the proper authorization to DAS to release information. DAS is staffed with paid employees and volunteers. For volunteer opportunities contact the DAS Admin Office at 305-743-5452.

Venita Garvin, CEO
 Domestic Abuse Shelter, Inc.
 Marathon Shores, FL 33052

DUCK KEY, LAYTON & WEST ISLAMORADA

Tract Number: 9710.02, 9709
Population: 3,399

Population By Sex and Age

Male	1874
Female	1525
Under 18	408
18 and over	2991
20 - 24	106
25 - 34	194
35 - 49	658
50 - 64	1128
65 and over	801

Housing Status

Total	4067
Occupied	1544
Owner Occupied	1138
Population in Owner Occupied	2482
Renter Occupied	406
Population in Renter Occupied	824
Households with individuals under 18	167
Vacant	2523
Vacant for Rent	30
Vacant for Sale	148

Population By Race

White	3274
African American	57
Asian	0
American Indian Alaska Native	6
Native Hawaiian Pacific Islander	0
Other	47
Identified by two or more	15

PER CAPITA INCOME \$45,684.00

Visit us at <http://monroe.floridahealth.gov>

SAMPLE SIZE (95% CL, CI=5) 000
% OF MONROE POPULATION ABOUT 0.0%
SURVEY ORDER (CHD Priority) 0 of 19

0	1	2	3	4	5	6	7	8	9	10	11	12	13
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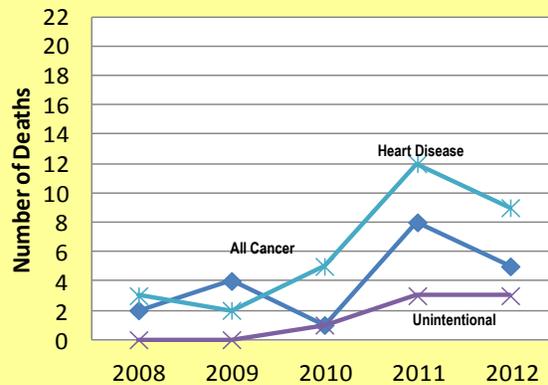
PACE-EH PROGRESS**

(Progress as of October 1, 2014)

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**BOCC DISTRICT 4 & 5
CITY OF LAYTON
VILLAGE OF ISLANDS**

Trends of Selected Diseases (Tract 9710.02, 9709)



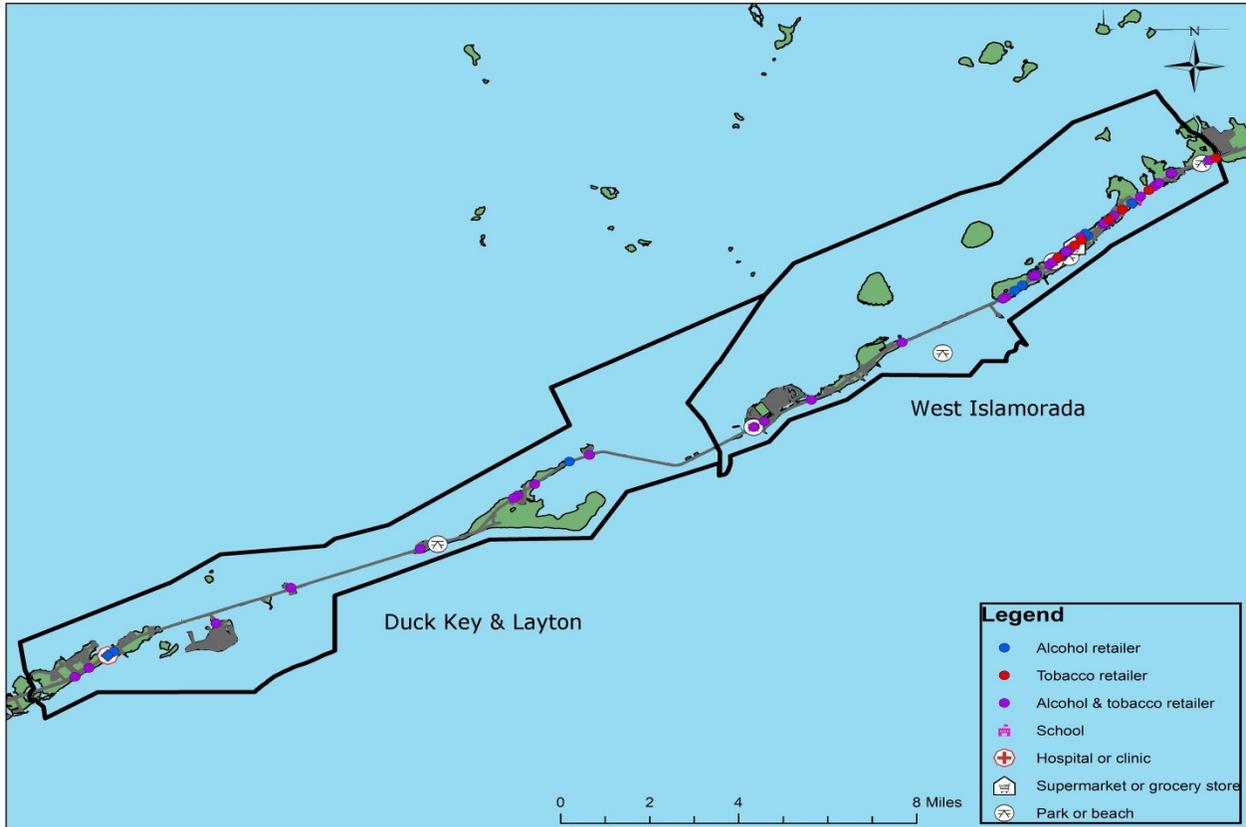
AGE-ADJUSTED MORTALITY RATES*

SELECTED DISEASES & CONDITIONS

(* 2008—2012 data from Florida CHARTS & U.S. Census, Rates are per 1,000 population)

	CHRONIC LIVER DISEASE	LUNG CANCER	ALL CANCER	UNINTENTIONAL INJURIES	HEART DISEASE
TRACT	0.06	0.22	0.82	0.44	1.43
MONROE	0.19	0.44	1.62	0.70	1.78
FLORIDA	0.10	0.46	1.62	0.49	2.06
HEALTHY PEOPLE 2020 GOAL	0.08*	0.46	1.61	0.36	1.03

* Number of deaths due to cirrhosis (ICD-10 codes K70, K73-K74)



COMMUNITY PROFILE: The Duck Key, Layton and West Islamorada micro-community has the second highest per capita income (\$45,684) compared to the other 18 micro-communities in Monroe County. This micro-community also has among the highest proportions of retiring age individuals; about 24% of the population is over the age of 65.

Health outcomes of this micro-community are promising for all five selected diseases and conditions of interest.

Good Friends, Long Life!

Having a network of good friends may well increase a person's life span, reports the *Journal of Epidemiology and Community Health*. A study of nearly 1,500 Australians aged 70 or over examined how relationships affected longevity over a ten-year period. Individuals with a strong network of friends had a mortality rate 22 percent lower than those with few friends. Active friendships also have a positive effect among the elderly when it comes to "depression, self efficacy, self esteem, coping and morale, or a sense of personal control," says the report.

The age-adjusted death rates for chronic liver disease, lung cancer, all cancer, unintentional injuries, and heart disease are lower than the rates for Monroe County and Florida State. However, some improvement can be noted for unintentional injuries and heart disease, as the Healthy People 2020 Goal has a lower age-adjusted rates for these two causes of death. Over the

last five years of interest (2008-2012), the number of deaths due to unintentional injuries has increased gradually.

Six parks are within this micro-community, including Long Key State Park (MM 67.5), Anne's Beach (MM 73.5), Indian Key Historic State Park (MM 85.5), Burr Beach Park (end of Beach Rd.), Islamorada Library Beach Park (81.5), and Windley Key Fossil Reef Geological State Park (MM 84.9).

One significant feature in West Islamorada is the Hurricane Monument located at MM 81.6. In 1935, Labor Day, one of the strongest hurricanes to ever hit the US struck this community, killing over 400 civilians. This hurricane monument is dedicated to those who tragically perished. From this experience, planning for a hurricane or other natural disaster ahead of time is a critical objective to ensure the safety of the community.



Hurricane Monument, Islamorada

EAST ISLAMORADA COMMUNITY

Tract Number: 9708
Population: 4,040

Population By Sex and Age

Male	2079
Female	1961
Under 18	782
18 and over	3258
20 - 24	78
25 - 34	222
35 - 49	1106
50 - 64	934
65 and over	899

Housing Status

Total	3404
Occupied	1655
Owner Occupied	1281
Population in Owner Occupied	2869
Renter Occupied	374
Population in Renter Occupied	1000
Households with individuals under 18	435
Vacant	1749
Vacant for Rent	161
Vacant for Sale	38

Population By Race

White	3942
African American	36
Asian	0
American Indian Alaska Native	0
Native Hawaiian Pacific Islander	0
Other	28
Identified by two or more	34

PER CAPITA INCOME **\$40,944.00**

Visit us at <http://monroe.floridahealth.gov>

SAMPLE SIZE (95% CL, CI=5)	000
% OF MONROE POPULATION	ABOUT 0.0%
SURVEY ORDER (CHD Priority)	0 of 19

0	1	2	3	4	5	6	7	8	9	10	11	12	13
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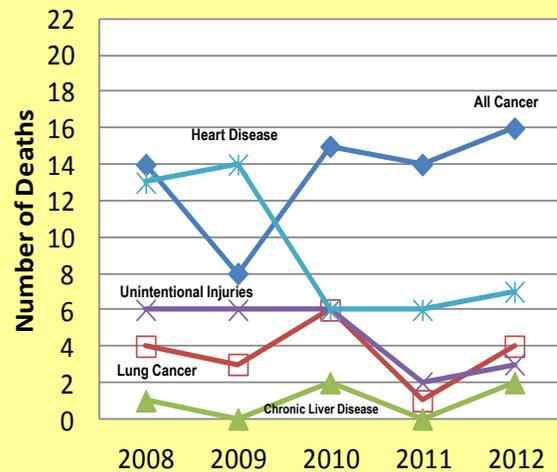
PACE-EH PROGRESS**

(Progress as of October 1, 2014)

0= Not started

VILLAGE OF ISLANDS
BOCC District 4

Trends of Selected Diseases^a (Tract 9708)



AGE-ADJUSTED MORTALITY RATES*

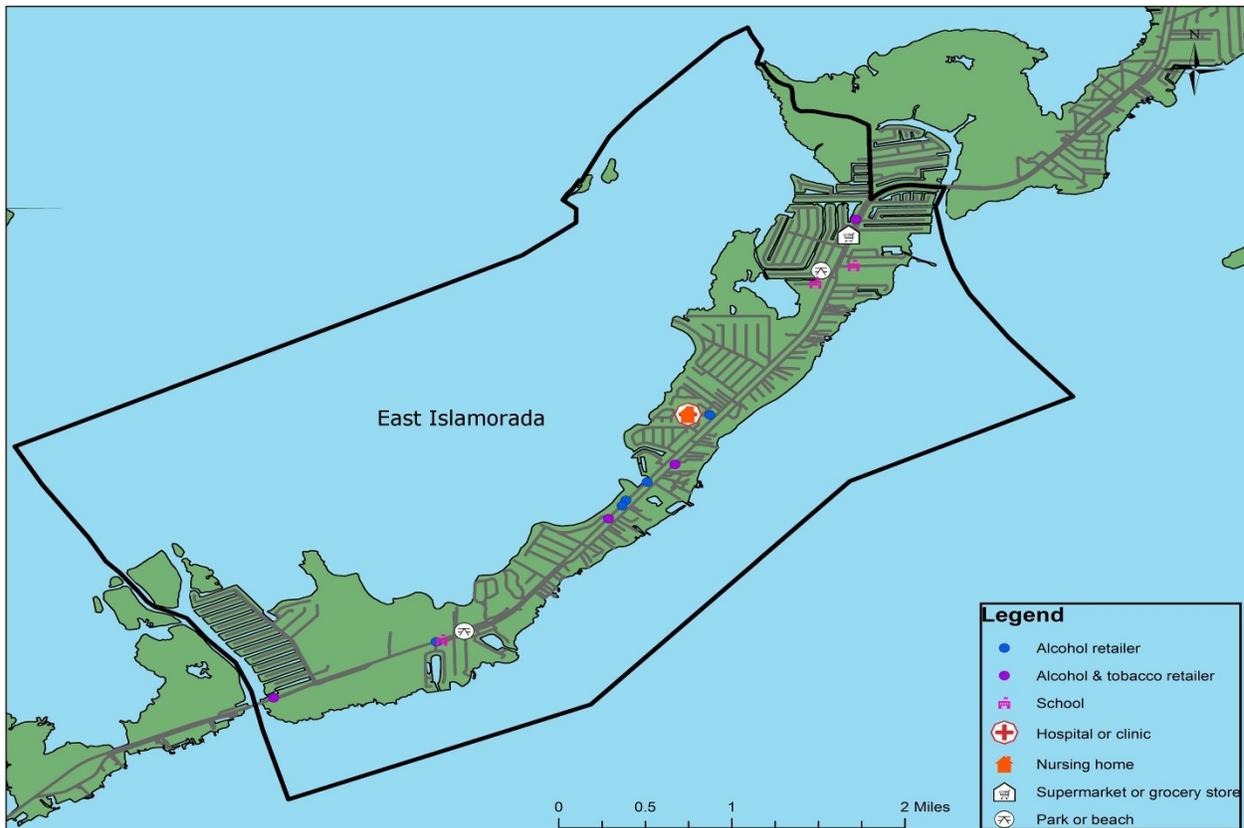
SELECTED DISEASES & CONDITIONS

(* 2008—2012 data from Florida CHARTS & U.S. Census, Rates are per 1,000 population)

	CHRONIC LIVER DISEASE	LUNG CANCER	ALL CANCER	UNINTENTIONAL INJURIES	HEART DISEASE
TRACT	0.21^a	0.54^a	1.95^a	0.99^a	1.40^a
MONROE	0.19	0.44	1.62	0.70	1.78
FLORIDA	0.10	0.46	1.62	0.49	2.06
HEALTHY PEOPLE 2020 GOAL	0.08*	0.46	1.61	0.36	1.03

* Number of deaths due to cirrhosis (ICD-10 codes K70, K73-K74)

^aRate includes deaths from the only nursing home in the Upper Keys.



COMMUNITY PROFILE: The East Islamorada micro-community is in the upper quartile for per capita income in comparison to the other micro-communities in Monroe County. In terms of age proportion, 22% are over the age of 65 while 19% are under the age of 18.

There are two parks in this micro-community. One of the largest parks in Monroe County, encompassing over 40 acres, is Founders Park located at MM 87. This park features an Olympic pool, a water play area, playground, baseball field, volleyball court, basketball court, skate park, a beach, boat ramp, and a dog park. Another park, Old Settler’s Park (MM 92.5, Oceanside) has a playground, large pavilion, and a picturesque view of the ocean.

The age-adjusted death rates are higher in this micro-community for chronic liver disease, lung cancer, all cancers, and unintentional injuries as compared to Monroe County and Florida State’s average. The heart disease AADR, however, is lower than Monroe County and the statewide average. It is possible that this micro-community may exhibit slightly higher AADR compared to the other rates of comparison due to the presence of a nurs-

ing home in this region. Approximately 29% of all deaths that occurred in East Islamorada between 2008 and 2012 were documented from the nursing home and may confound the data. This nursing home is the only one in the Upper Keys and is located in East Islamorada’s Plantation Key. The Plantation Key Nursing Center neighbors DOH-Monroe’s clinic in Plantation Key and has 120 beds. It provides several services, including rehabilitation, physical therapy, speech therapy, wound care, occupational therapy, and IV therapy. The nursing home is also a smoke-free property.

In 2006 the World Health Organization described tobacco use as “the second major cause of death in the world.” Each year, some five million people die as a result of tobacco consumption. By comparison, about three million die each year from HIV/AIDS. During the 20th century, smoking took the life of an estimated 100 million people, almost as many as were killed in all the wars of that century

TAVERNIER COMMUNITY

Tract Number: 9707
Population: 2,701

Population By Sex and Age

Male	1304
Female	1397
Under 18	384
18 and over	2317
20 - 24	105
25 - 34	400
35 - 49	569
50 - 64	802
65 and over	311

Housing Status

Total	2133
Occupied	1062
Owner Occupied	723
Population in Owner Occupied	1722
Renter Occupied	339
Population in Renter Occupied	965
Households with individuals under 18	246
Vacant	1071
Vacant for Rent	135
Vacant for Sale	39

Population By Race

White	2634
African American	7
Asian	32
American Indian Alaska Native	0
Native Hawaiian Pacific Islander	0
Other	0
Identified by two or more	28

PER CAPITA INCOME **\$38,145.00**

Visit us at <http://monroe.floridahealth.gov>

SAMPLE SIZE (95% CL, CI=5) 000
 % OF MONROE POPULATION ABOUT 0.0%
 SURVEY ORDER (CHD Priority) 0 of 19

0	1	2	3	4	5	6	7	8	9	10	11	12	13
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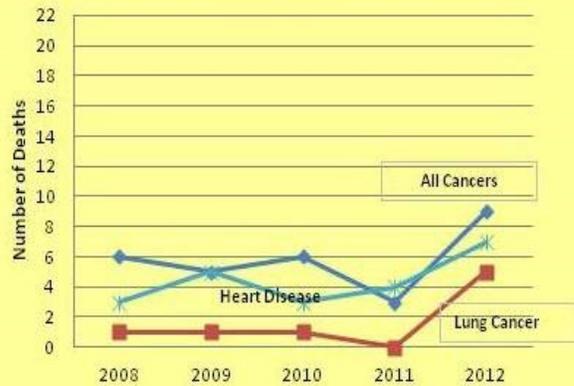
PACE-EH PROGRESS**

(Progress as of October 1, 2014)

- | | |
|---|--|
| 0= Not started
1= Determine Community Capacity
2= Characterize the Community
3= Assemble a CEHA Team
4= Define Goals & Objectives
5= Generate List of EH Issues
6= Analyze Issues with System Framework | 7= Develop Indicators
8= Select Standards
9= Create Issue Profiles
10= Rank Issues
11= Set Priorities for Action
12= Develop Action Plans
13= Evaluate Progress & Plan Ahead |
|---|--|

Tavernier BOCC DISTRICT 5

Trends of Selected Diseases
(Tract 9707)



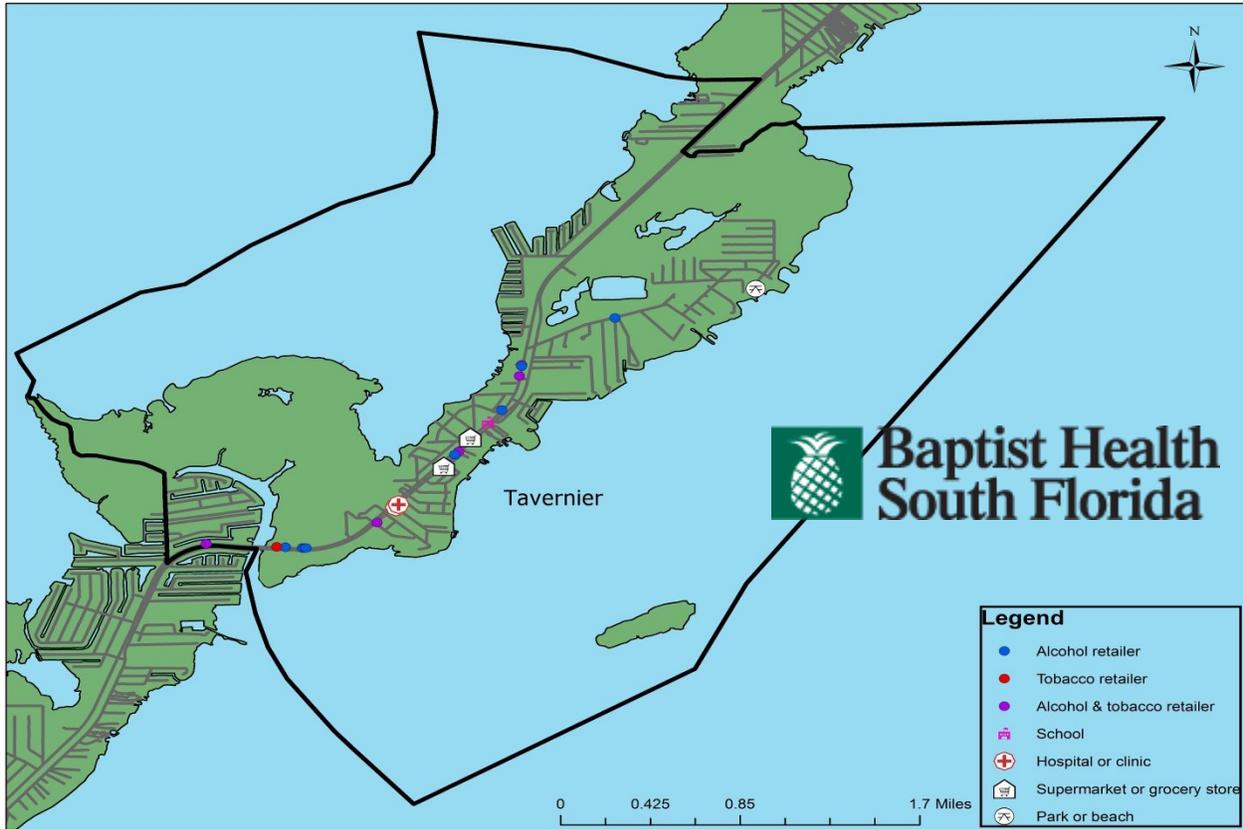
AGE-ADJUSTED MORTALITY RATES*

SELECTED DISEASES & CONDITIONS

(* 2008—2012 data from Florida CHARTS & U.S. Census, Rates are per 1,000 population)

	CHRONIC LIVER DISEASE	LUNG CANCER	ALL CANCER	UNINTENTIONAL INJURIES	HEART DISEASE
TRACT	0.20	0.40	2.19	0.83	2.70
MONROE	0.19	0.44	1.62	0.70	1.78
FLORIDA	0.10	0.46	1.62	0.49	2.06
HEALTHY PEOPLE 2020 GOAL	0.08*	0.46	1.61	0.36	1.03

* Number of deaths due to cirrhosis (ICD-10 codes K70, K73-K74)



COMMUNITY PROFILE: Tavernier has among the lowest proportions of retiring age individuals in Monroe County (only 12% are over the age of 65). The per capita income, \$38,145, is somewhat higher than Monroe County’s average, \$35,024.

The age-adjusted death rate in this micro-community is higher in comparison to Monroe County and the state’s average for chronic liver disease, all cancers, unintentional injuries, and heart disease. More favorably, the lung cancer AADR is lower here than the other rates of comparison, including the Healthy People 2020 Goal.

One park in this micro-community, Harry Harris Park (East Beach Rd.), features a beach, numerous picnic tables, a basketball court, playground, and baseball fields.

The Tavernier micro-community is also home to the only hospital in the Upper Keys, Mariner’s Hospital. The hospital is part of the largest not-for-profit healthcare organization in South Florida: Baptist Health South Florida. Mariner’s Hospital has 25 in-patient beds and employs 275 people. In 2012, this hospital was presented with the Pathway to Excellence Award from the American Nurses Cre-

dentizing Center. Additionally, Mariner’s Hospital supports the idea of wellness and prevention by offering a variety of free and low-cost educational programs, health screenings, and exercise classes.



Mariner’s Hospital



SOUTH KEY LARGO AND ROCK HARBOR COMMUNITIES

Tract Number: 9705, 9706
Population: 4,749

Population By Sex and Age

Male	2520
Female	2229
Under 18	572
18 and over	4177
20 - 24	149
25 - 34	550
35 - 49	740
50 - 64	1493
65 and over	1210

Housing Status

Total	4278
Occupied	2025
Owner Occupied	1462
Population in Owner Occupied	3587
Renter Occupied	563
Population in Renter Occupied	1131
Households with individuals under 18	348
Vacant	2253
Vacant for Rent	189
Vacant for Sale	76

Population By Race

White	4525
African American	37
Asian	76
American Indian Alaska Native	0
Native Hawaiian Pacific Islander	0
Other	22
Identified by two or more	89

PER CAPITA INCOME **\$34,966.00**

Visit us at <http://monroe.floridahealth.gov>

SAMPLE SIZE (95% CL, CI=5) 000
 % OF MONROE POPULATION ABOUT 0.0%
 SURVEY ORDER (CHD Priority) 0 of 19

0	1	2	3	4	5	6	7	8	9	10	11	12	13
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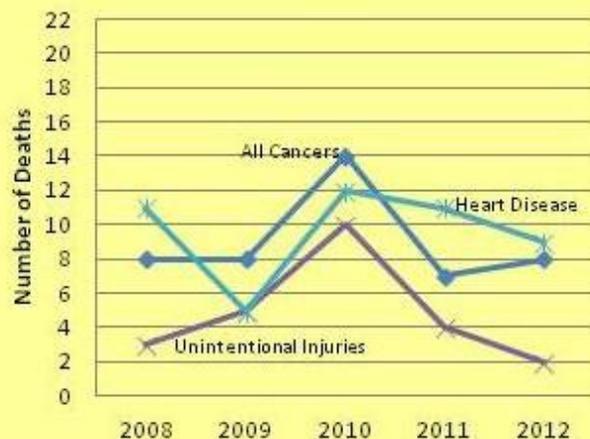
PACE-EH PROGRESS**

(Progress as of October 1, 2014)

- | | |
|---|------------------------------------|
| 0= Not started | 7= Develop Indicators |
| 1= Determine Community Capacity | 8= Select Standards |
| 2= Characterize the Community | 9= Create Issue Profiles |
| 3= Assemble a CEHA Team | 10= Rank Issues |
| 4= Define Goals & Objectives | 11= Set Priorities for Action |
| 5= Generate List of EH Issues | 12= Develop Action Plans |
| 6= Analyze Issues with System Framework | 13= Evaluate Progress & Plan Ahead |

Key Largo, Rock Harbor BOCC DISTRICT V

Trends of Selected Diseases (Tract 9705, 9706)



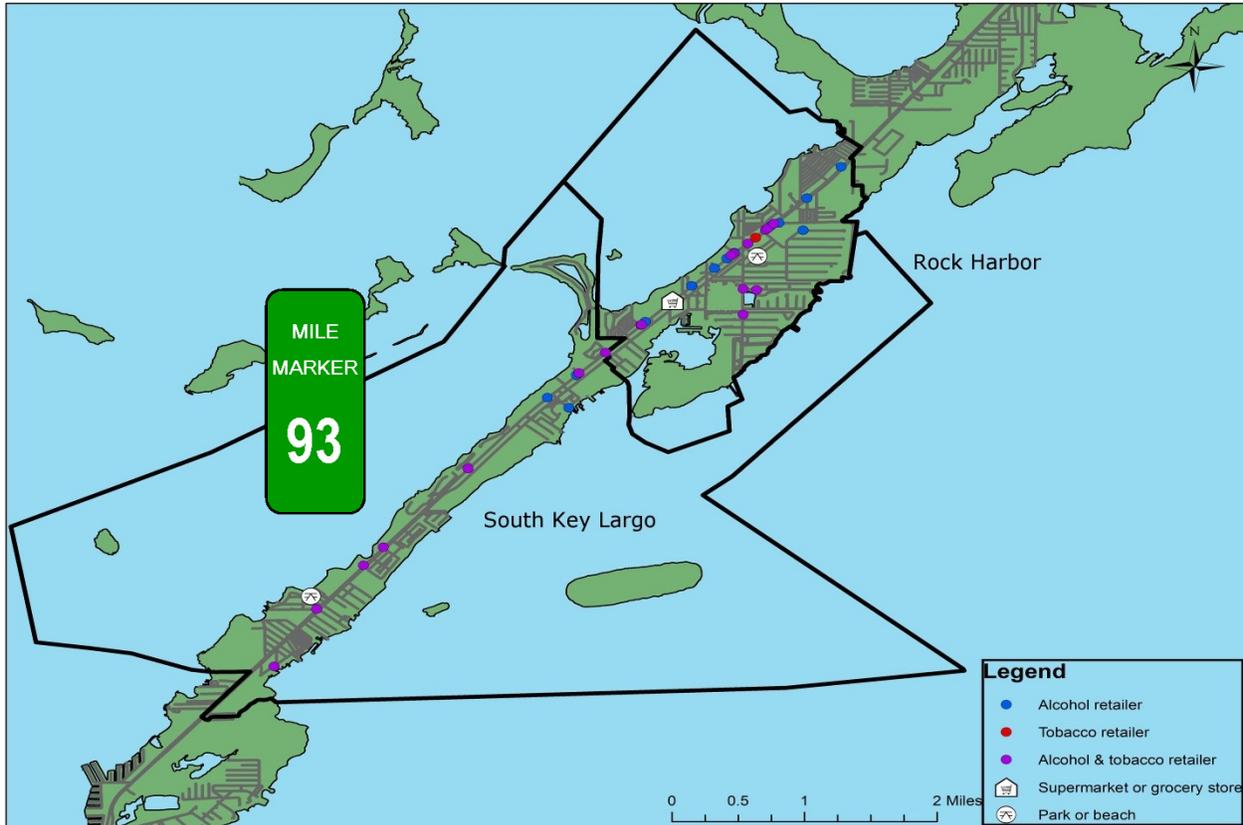
AGE-ADJUSTED MORTALITY RATES*

SELECTED DISEASES & CONDITIONS

(* 2008—2012 data from Florida CHARTS & U.S. Census, Rates are per 1,000 population)

	CHRONIC LIVER DISEASE	LUNG CANCER	ALL CANCER	UNINTENTIONAL INJURIES	HEART DISEASE
TRACT	0.05	0.10	1.20	0.94	1.23
MONROE	0.19	0.44	1.62	0.70	1.78
FLORIDA	0.10	0.46	1.62	0.49	2.06
HEALTHY PEOPLE 2020 GOAL	0.08*	0.46	1.61	0.36	1.03

* Number of deaths due to cirrhosis (ICD-10 codes K70, K73-K74)



COMMUNITY PROFILE: The South Key Largo and Rock Harbor micro-community has the second highest proportion out of 19 microcommunities of retiring age individuals with over 25% over the age of 65 (highest being the Lake Surprise, N. Key Largo and Ocean Reef micro-community). The per capita income of \$34,966 also happens to be about the average of Monroe County’s per capita income (\$35,024). One smoke-free multi-unit dwelling exists here, Murphy House, on Rock Harbor. Rock Harbor also has a higher than average elevation for the Florida Keys at 10 feet (3 m) high.

This micro-community has a lower age-adjusted death rate for chronic liver disease, lung cancer, and all cancer compared to Monroe County and the state, and even surpasses the Healthy People 2020 Goal, which is hopeful for this region. The unintentional injury age-adjusted death rate, however, is higher for all average rates for Monroe County, State of Florida, and Healthy People 2020 Goal.

This micro-community has two parks. Sunset Point Park (MM 95.2) features a boat ramp, rest area, and picnic table. Key Largo

Community Park (MM 99.6) features tennis courts, volleyball courts, handball court, basketball courts, baseball fields, skate park, and walking trails. For a small fee, visitors can also enjoy the Jacobs Aquatic Center, located within the Key Largo Community Park. It features a three-pool water park, including a lap pool, multipurpose pool, and an interactive pool/water park.



Photo: JacobsAquaticCenter.org

PENNECAMP PARK COMMUNITY

Tract Number: 9704

Population: 4,196

Population By Sex and Age

Male	2093
Female	2103
Under 18	785
18 and over	3411
20 - 24	277
25 - 34	578
35 - 49	862
50 - 64	1007
65 and over	593

Housing Status

Total	2517
Occupied	1557
Owner Occupied	1010
Population in Owner Occupied	2509
Renter Occupied	547
Population in Renter Occupied	1683
Households with individuals under 18	386
Vacant	960
Vacant for Rent	56
Vacant for Sale	165

Population By Race

White	3648
African American	503
Asian	21
American Indian Alaska Native	13
Native Hawaiian Pacific Islander	0
Other	9
Identified by two or more	2

PER CAPITA INCOME **\$29,231.00**

Visit us at <http://monroe.floridahealth.gov>

SAMPLE SIZE (95% CL, CI=5)	000
% OF MONROE POPULATION	ABOUT 0.0%
SURVEY ORDER (CHD Priority)	0 of 19

0	1	2	3	4	5	6	7	8	9	10	11	12	13
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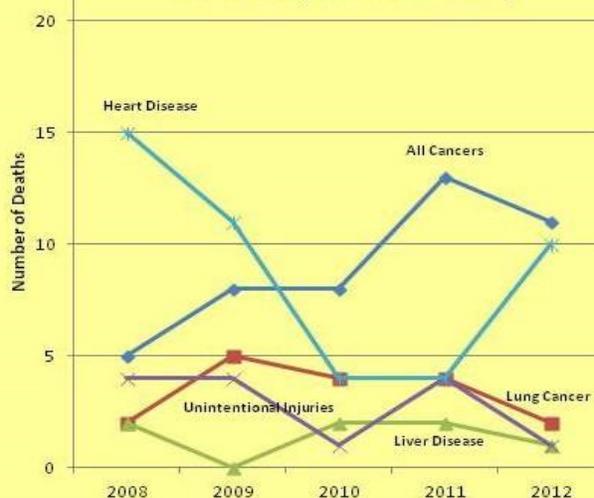
PACE-EH PROGRESS**

(Progress as of October 1, 2014)

- | | |
|---|------------------------------------|
| 0= Not started | 7= Develop Indicators |
| 1= Determine Community Capacity | 8= Select Standards |
| 2= Characterize the Community | 9= Create Issue Profiles |
| 3= Assemble a CEHA Team | 10= Rank Issues |
| 4= Define Goals & Objectives | 11= Set Priorities for Action |
| 5= Generate List of EH Issues | 12= Develop Action Plans |
| 6= Analyze Issues with System Framework | 13= Evaluate Progress & Plan Ahead |

BOCC DISTRICT 5

Pennecamp Park Community



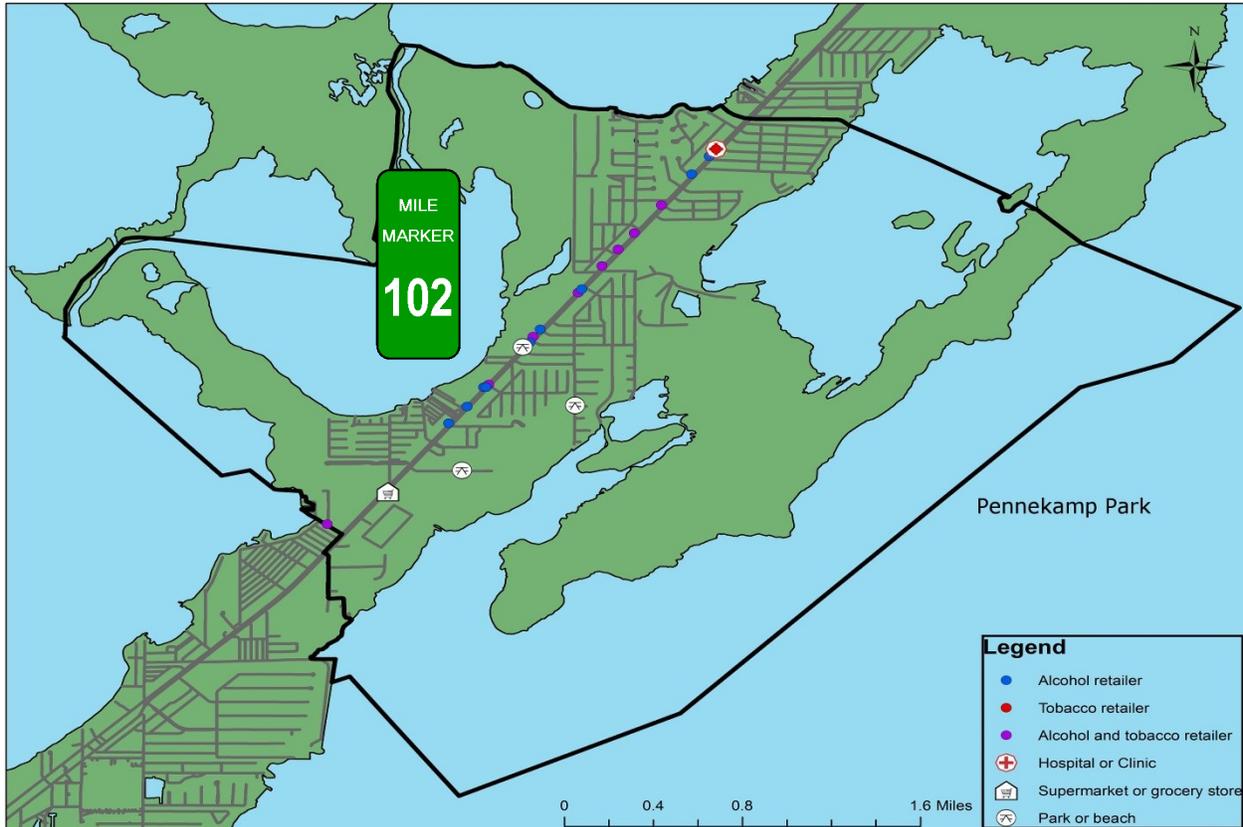
AGE-ADJUSTED MORTALITY RATES*

SELECTED DISEASES & CONDITIONS

(* 2008—2012 data from Florida CHARTS & U.S. Census, Rates are per 1,000 population)

	CHRONIC LIVER DISEASE	LUNG CANCER	ALL CANCER	UNINTENTIONAL INJURIES	HEART DISEASE
TRACT	0.22	0.72	1.91	0.62	2.05
MONROE	0.19	0.44	1.62	0.70	1.78
FLORIDA	0.10	0.46	1.62	0.49	2.06
HEALTHY PEOPLE 2020 GOAL	0.08*	0.46	1.61	0.36	1.03

* Number of deaths due to cirrhosis (ICD-10 codes K70, K73-K74)



COMMUNITY NEWS: As a result of public input from residents of Key Largo, recommendations were outlined to promote a safe walkable and bicycle friendly environment along the U.S. 1 corridor. U.S. 1 functions both as the main highway through the Florida Keys and the local community’s “main street”. Funding for these improvements has been provided by a number of agencies and grants for alternative transportation. Several of these improvement projects are coming off the drawing board and will become permanent parts of the Key Largo healthy environment.

U.S. HIGHWAY 1—PEDESTRIAN BRIDGE

A pedestrian bridge is in the planning stages for the Marvin Adams Waterway, known locally as Adams Cut, or “the cut”. Located at approximately mile marker 103, this bridge will significantly increase safety for pedestrians and bicyclists crossing the waterway as they will be separated from vehicular traffic.

Contributed by: Debra London
Project Manager
Monroe County

U.S. HIGHWAY 1—BAYSIDE TRAIL

Currently under construction is the U.S. Highway 1 Bayside Trail. It will be an eight to ten foot wide asphalt path that runs from approximately mile marker 106 to mile marker 99 on the bayside. This path is being created to safely accommodate both pedestrians and bicyclists and will include attractive native landscaping. All are encouraged to take the opportunity to get some physical activity, reduce their risk of heart disease and enjoy this beautifully landscaped path.



LAKE SURPRISE, NORTH KEY LARGO & OCEAN REEF COMMUNITIES

**Tract Number: 9702, 9703
Population: 3,638**

Population By Sex and Age

Male	1554
Female	2084
Under 18	211
18 and over	3427
20 - 24	154
25 - 34	514
35 - 49	566
50 - 64	1108
65 and over	1072

Housing Status

Total	3486
Occupied	1449
Owner Occupied	986
Population in Owner Occupied	2229
Renter Occupied	463
Population in Renter Occupied	1309
Households with individuals under 18	143
Vacant	2037
Vacant for Rent	46
Vacant for Sale	96

Population By Race

White	3538
African American	50
Asian	27
American Indian Alaska Native	0
Native Hawaiian Pacific Islander	0
Other	0
Identified by two or more	23

PER CAPITA INCOME \$58,539.00

SAMPLE SIZE (95% CL, CI=5) 000
% OF MONROE POPULATION ABOUT 0.0%
SURVEY ORDER (CHD Priority) 0 of 19

0	1	2	3	4	5	6	7	8	9	10	11	12	13
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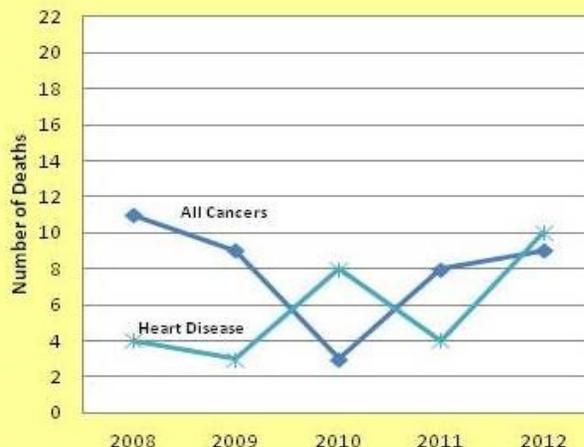
PACE-EH PROGRESS**

(Progress as of October 1, 2014)

- | | |
|---|------------------------------------|
| 0= Not started | 7= Develop Indicators |
| 1= Determine Community Capacity | 8= Select Standards |
| 2= Characterize the Community | 9= Create Issue Profiles |
| 3= Assemble a CEHA Team | 10= Rank Issues |
| 4= Define Goals & Objectives | 11= Set Priorities for Action |
| 5= Generate List of EH Issues | 12= Develop Action Plans |
| 6= Analyze Issues with System Framework | 13= Evaluate Progress & Plan Ahead |

BOCC DISTRICT V

Trends of Selected Diseases (Tract 9702, 9703)



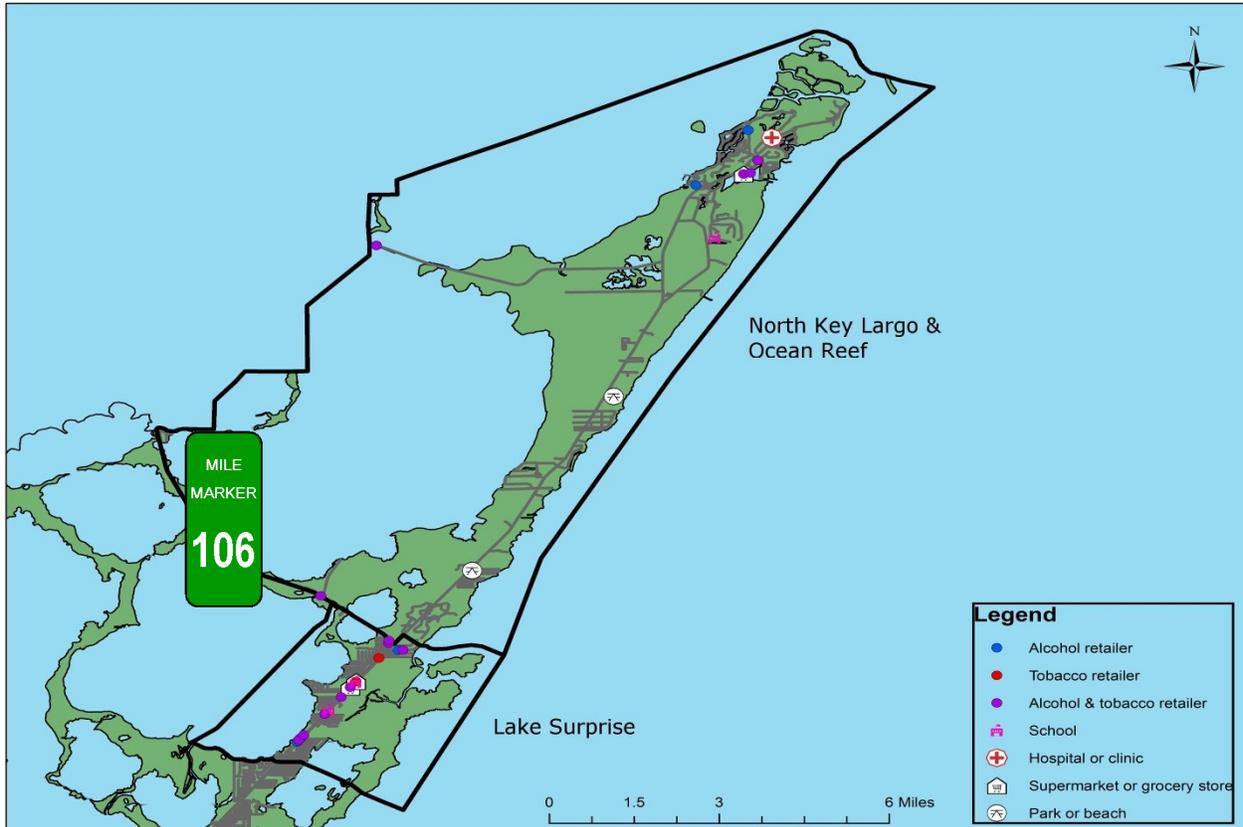
AGE-ADJUSTED MORTALITY RATES*

SELECTED DISEASES & CONDITIONS

(* 2008—2012 data from Florida CHARTS & U.S. Census, Rates are per 1,000 population)

	CHRONIC LIVER DISEASE	LUNG CANCER	ALL CANCER	UNINTENTIONAL INJURIES	HEART DISEASE
TRACT	0.15	0.28	1.23	0.46	0.87
MONROE	0.19	0.44	1.62	0.70	1.78
FLORIDA	0.10	0.46	1.62	0.49	2.06
HEALTHY PEOPLE 2020 GOAL	0.08*	0.46	1.61	0.36	1.03

* Number of deaths due to cirrhosis (ICD-10 codes K70, K73-K74)



COMMUNITY PROFILE:

Properties Not Receiving Central Sewer Service

The North Key Largo and Ocean Reef communities are unique in a number of respects. A few of the properties on County Road 905 will not receive municipal sewer service and will thereby need to install nutrient-reducing onsite wastewater systems by December 31, 2015. The Florida Department of Health is working closely with the property owners and the Key Largo Wastewater Treatment District to complete this process.

Turkey Point Nuclear Plant

The North Key Largo area falls within the 10 mile perimeter of Turkey Point. The Florida Department of Health in cooperation with emergency management agencies conducts regular drills and exercises to ensure effective emergency response in the unlikely event of a radiological emergency.

“The Community Health Improvement Plan (CHIP) by the Florida Department of Health in Monroe County is a valuable tool to county agencies. It acts as a guide that calls attention to health issues most in need of attention. By providing this direction, I believe the research will add a great deal of efficiency to the delivery and effectiveness of our limited resources.

This document is a great snap shot of the county and helps in tracking our year to year efforts. And for the grant writers here in the Florida Keys, the CHIP will be a great tool to document the health status of our communities to outside funding sources.

The CHIP is well written and the measures captured in the plan are easy to understand and apply. I hope the research can be expanded at a future time to include other health and socio-economic issues in the county. “

Vince Kalson
Monroe County Radiological Emergency Preparedness Administrator

REPORT APPENDIX

Appendix A: Survey (Page 1/2)

Public Health Survey for the West Marathon & Central Marathon Micro-Communities

The Florida Department of Health in Monroe County has designed a community health improvement plan for the Florida Keys. The goals of the plan were developed using data on some of the leading causes of death in the county: cancer, heart disease, liver disease and injury. The plan requires input from residents of each of the 28 micro-communities marked along the island chain. Please take a few moments to complete this survey.



Your input is highly valued as we build a healthier West and Central Marathon!

REQUIRED: What micro-community of Marathon do you live or work?

- West Marathon (bounded by the Seven Mile Bridge, east to Sombrero Beach Road)
- Central Marathon (bounded by Sombrero Beach Road, east to the Marathon Airport)

• If you do NOT live or work in West or Central Marathon, we do not require your response at this time.

REQUIRED: What are the top 3 concerns that face your community? What do you think needs to be done to fix each of these problems?	Examples:
	<ul style="list-style-type: none"> Street trash Pests (rats, mosquitoes, etc.) Poor street lighting Drug trafficking Teen pregnancy Limited access to health care Limited recreational grounds and activities for children <p style="text-align: center;">Do any of these apply to your community?</p> <p>What other public health-related concerns are specific to West and Central Marathon?</p>

Part 1: Cancer

	YES	NO
1. Have you heard of any of the following quit-tobacco resources? <ul style="list-style-type: none"> ➤ Tobacco-Free Florida (Florida Department of Health) ➤ Quitline (Florida Department of Health) ➤ Keys to Quit (Keys Area Health Education Center) 	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you or anyone you know who also lives in West/Central Marathon use any of the above resources?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you take measures to protect your skin from the sun?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you or your doctor examine your skin regularly?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you schedule routine checks for colorectal, breast and/or cervical cancer?	<input type="checkbox"/>	<input type="checkbox"/>
6. If not, why? No way to pay (no insurance, no cash, etc.) <input type="checkbox"/> Don't have a doctor <input type="checkbox"/> Uncomfortable <input type="checkbox"/> Other: _____		
7. Do you know about services marketed through cancer prevention groups operating in the Keys, such as the American Cancer Society and the Cancer Foundation of the Florida Keys?	<input type="checkbox"/>	<input type="checkbox"/>

Appendix A: Survey (Page 2/2)

	YES	NO
Part II: Heart Disease		
8. Have you ever had a health care professional determine your body-mass index (BMI)?	<input type="checkbox"/>	<input type="checkbox"/>
9. If so, and your BMI showed you were either overweight or underweight, did you do anything about it (modify diet, increase exercise, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you typically eat five servings of fruits and vegetables every day?	<input type="checkbox"/>	<input type="checkbox"/>
11. If not, why? <div style="padding-left: 40px;"> Don't like fruits and/or vegetables <input type="checkbox"/> Fresh produce costs too much <input type="checkbox"/> Can't find fresh produce easily <input type="checkbox"/> Other: _____ </div>		
12. Do you typically engage in moderate physical activity (such as walking) at least 30 minutes a day?	<input type="checkbox"/>	<input type="checkbox"/>
13. Have you had your cholesterol checked within the past two years?	<input type="checkbox"/>	<input type="checkbox"/>
Part III: Liver Disease		
14. Have you or anyone you know who also lives in West/Central Marathon ever been diagnosed with liver disease (cirrhosis, hepatitis, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
15. Do you or anyone you know who also lives in West/Central Marathon binge drink (i.e., four or more drinks in one sitting)?	<input type="checkbox"/>	<input type="checkbox"/>
16. Have you ever been tested for hepatitis B or C?	<input type="checkbox"/>	<input type="checkbox"/>
Part IV: Injury		
17. Do you take steps around the house to prevent injury (e.g. stow poisons, install carpet tread on steps, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
18. Have you ever been injured in a fall so badly that you had to go to the emergency room?	<input type="checkbox"/>	<input type="checkbox"/>
19. What might have contributed to the fall?		
20. Do you maintain your smoke alarm at home? <div style="padding-left: 40px;">I don't have a smoke alarm <input type="checkbox"/></div>		
21. Do you feel that you or your family/friends needs for affordable, enriching childcare in Marathon are being met?	<input type="checkbox"/>	<input type="checkbox"/>
22. If you have children under 14 , is lack of access to nearby affordable, enriching childcare that accommodates your work schedule a challenge affecting your household's ability to make a living? Please share who or what agency (past and present) provides care for your child: _____		

How supportive are you of...?					
	Totally Supportive	Supportive	Un-decided	Not-So Supportive	Totally Against
1. Policies banning smoking <u>inside</u> the apartments, townhouses, etc., of multi-unit housing complexes	<input type="checkbox"/>				
2. Policies banning smoking <u>anywhere on the grounds</u> of multi-unit housing complexes	<input type="checkbox"/>				
3. Educational campaign encouraging Monroe County residents to drink alcohol in moderation	<input type="checkbox"/>				
4. Disease management classes for Monroe County residents diagnosed with asthma, diabetes and other chronic conditions	<input type="checkbox"/>				
5. Inspection program to help ensure that homes in Monroe County are the safest environments in which to live (smoke alarms installed, asthma triggers reduced, lead exposure minimized, falls-prevention steps taken, etc.)	<input type="checkbox"/>				

Appendix B: Press Release to Media Outlets (Page 1/2)

Mission:

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

**Rick Scott**

Governor

John H. Armstrong, MD, FACS

State Surgeon General & Secretary

Vision: To be the Healthiest State in the Nation**FOR IMMEDIATE RELEASE**

October 8, 2014

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KEY WEST – The Florida Department of Health in Monroe County has released the results of a public health survey that it conducted in the micro-communities of West and Central Marathon over the summer.

This survey is the latest in a series of surveys being conducted in 19 micro-communities across the Florida Keys as part of an ongoing Protocol for Assessing Community Excellence in Environmental Health (PACE-EH) project.

A similar survey was conducted in the micro-community of Bahama Village in 2012.

Project coordinators want to raise public awareness to statistics on health at the micro-community level, as well as solicit input from residents on leading public health concerns in their neighborhoods.

“The PACE-EH model offers us the chance to take a look at a neighborhood both from the statistical and anecdotal perspectives,” Alison Morales said.

Morales was the driving force behind the survey, reaching out to residents of West and Central Marathon through local businesses, special events, door-to-door campaigns and online.

More than 380 residents completed the survey, which included both multiple choice questions and room for comment.

On September 25, Morales shared survey results with the community at a mixer held at the Marathon Government Center. More than 30 people turned out for the event, which included comments from Morales and DOH-Monroe Administrator Bob Eadie and Community Health Director Bill Brookman.

“It was nice to see so many people turn out for the mixer to learn more about the survey and what we do,” Eadie said. “This health department belongs to the community, and we are happy to serve.”

Morales shared the following statistics on West and Central Marathon:

- Compared to all other micro-communities across the Florida Keys, West and Central Marathon rank first and second, respectively, in terms of deaths related to cancer of all types.
- West Marathon ranks first on lung cancer deaths.
- Central Marathon ranks first on chronic liver disease deaths.
- Combined, West and Central Marathon rank first in unintentional injuries and second in heart disease.

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- Approximately 40 percent of Marathon's population lives within a half-mile of a fast food restaurant (state rate is 33 percent), while only 14 percent live within a half-mile of a source of fresh fruits and vegetables and other healthy foods (state rate is 32 percent).

The top public health concerns the residents of West and Central Marathon expressed include:

Affordable Housing

"People who are housing-cost-burdened – that is, they pay more than 30 percent of their income into housing costs – oftentimes must choose between paying the rent or mortgage and paying for much-needed medications, screenings or other health services," Morales said. "In this regard, affordable housing does, in fact, impact the health of our communities."

Such a dilemma can affect both physical and mental health in other ways, such as increasing stress and lowering morale, Morales said.

Recreational Activities

Like the residents of Bahama Village, the residents of West and Central Marathon were interested in seeing more recreational activities in their neighborhoods to help achieve and maintain healthy weights, reduce stress and improve cardiovascular health.

Residents at the mixer were particularly interested in seeing a community pool in their neighborhood, noting that there are community pools in the Upper and Lower Keys but not in the Middle Keys.

Mosquitoes

Residents were particularly concerned about the amounts of standing water found at various locations from the Seven-Mile Bridge to Central Marathon, including apartment complexes, motor home communities and plazas. Public health officials encourage residents and business owners to remove standing water in and around properties as a first step toward preventing mosquitoes from multiplying.

"The fewer mosquitoes," Morales said, "the less chance that diseases like chikungunya and dengue will take hold and spread should they ever enter the community."

Access to Health Care

Residents voiced concerns about the limited number of physicians in the area, especially those specializing in children's health, and the need for improved and affordable care and screenings for women.

"Many find themselves facing the burden of driving all the way to Miami to seek health care that meets their needs and budget," Morales said.

Homeless Issues

Safety was a leading concern regarding homeless populations in West and Central Marathon, with one respondent telling Morales that she almost accidentally ran over a homeless woman who was sleeping in her driveway.

Other residents who saw the homeless issue as a major problem suggested that construction of homeless shelters, bathrooms and shower facilities that serve both men and women who are homeless in Marathon be considered.

"The health department plans on establishing new partnerships and strengthening existing partnerships and engaging residents via regular community meetings to help address these issues," Morales said.

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Appendix C: Results Summary of All Questions from Survey (Page 1/3)



West and Central Marathon Community Health Survey Results Summary Florida Department of Health in Monroe County

Contact: Alison Morales Kerr, MPH | (305) 809-5607 | Alison.Morales@flhealth.gov

1. What micro-community of Marathon do you live or work?
 - West Marathon 59%
 - Central Marathon 41%
2. What are the top 3 concerns that face your community? What do you think needs to be done to fix each of these problems?

Top 15: (Open-ended)

1. Affordable Housing (n=89)	9. Need of Community Pool (n=26)
2. Lack of Recreational Activities (n=81)	10. Cost of Living (n=25)
3. Mosquitoes (n=64)	11. Lack of Job Opportunities (n=22)
4. Access to Healthcare (n=55)	12. Unsafe Roadways (n=19)
5. Homeless (n=50)	13. Combination of Drugs, Alcohol, and Tobacco (n=16)
6. Traffic (n=44)	14. Need for more businesses and agencies (n=14)
7. Trash/Litter (n=43)	15. Lack of Transportation (n=13)
8. Drugs (n=40)	

A complete list is available with FDOH-Monroe; Verbatim responses at end of this piece.
3. Have you heard of any of the following quit-tobacco resources: Tobacco-Free Florida (Florida Department of Health), Quitline (Florida Department of Health), Keys to Quit (Keys Area Health Education Center)?
 - Yes 74%; No 26%
4. Do you or anyone you know who also lives in West/Central Marathon use any of the above resources?
 - Yes 31%; No 69%
5. Do you take measures to protect your skin from the sun?
 - Yes 77%; No 23%
6. Do you or your doctor examine your skin regularly?
 - Yes 64%; No 36%
7. Do you schedule routine checks for colorectal, breast and/or cervical cancer?
 - Yes 57%; No 43%
8. If not, why?
 - *Other, 47%
 - No way to pay (no insurance, no cash, etc.), 39%
 - Don't have a doctor, 8%
 - Uncomfortable, 6%
 - * Top responses for other: Too young; Not female and not over 40; only 30 years old; Still Young; Lack Of Time; Don't Think About; Too old; 93 years old; Too old to bother
9. Do you know about services marketed through cancer prevention groups operating in the Keys, such as the American Cancer Society and the Cancer Foundation of the Florida Keys?
 - Yes 53%; No 47%

Part II: Heart Disease

10. Have you ever had a health care professional determine your body-mass index (BMI)?
 - Yes 56%; No 44%
11. If so, and your BMI showed you were either overweight or underweight, did you do anything about it (modify diet, increase exercise, etc.)?
 - Yes 67%; No 33%
12. Do you typically eat five servings of fruits and vegetables every day?
 - Yes 47%; No 53%
13. If not, why?
 - *Other, 40%
 - Fresh produce costs too much, 38%
 - Can't find produce easily 12%
 - Don't like fruits and/or vegetables, 10%
 - * Top responses for "Other": Eats less than 5 (3-4); It's hard to incorporate 5 into daily diet; Close to 5; Lack of time; scheduling; Don't think about it; just don't; Don't always get around to it
14. Do you typically engage in moderate physical activity (such as walking) at least 30 minutes a day?
 - Yes 83%; No 17%
15. Have you had your cholesterol checked within the past two years?
 - Yes 66%; No 34%

Part III: Liver Disease

16. Have you or anyone you know who also lives in West/Central Marathon ever been diagnosed with liver disease (cirrhosis, hepatitis, etc.)?
 - Yes 28%; No 72%
17. Do you or anyone you know who also lives in West/Central Marathon binge drink (i.e., four or more drinks in one sitting)?
 - Yes 64%; No 36%

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18. Have you ever been tested for hepatitis B or C?
- Yes 53%; No 47%

Part IV: Injury

19. Do you take steps around the house to prevent injury (e.g. stow poisons, install carpet tread on steps, etc.)?
- Yes 77%; No 23%
20. Have you ever been injured in a fall so badly that you had to go to the emergency room?
- Yes 26%; No 74%
21. What might have contributed to the fall?
- Various; Top causes of falls: bicycle accidents, tripped or slipped and fell, fell down stairs
22. Do you maintain your smoke alarm at home?
- Yes 84%; No 7%; I don't have a smoke alarm 9%
23. Do you feel that you or your family/friends needs for affordable, enriching childcare in Marathon are being met?
- Yes 38%; No 62%
24. If you have children under 14, is lack of access to nearby affordable, enriching childcare that accommodates your work schedule a challenge affecting your household's ability to make a living?
- Yes 48%; No 52%

Please share who or what agency (past and present) provides care for your child:

- Various; Top caretakers: Family member takes care of them (parents/grandparents); Co-op; Grace Jones

How supportive are you of...?

25. Policies banning smoking inside the apartments, townhouses, etc., of multi-unit housing complexes
- Totally Supportive 64%
 - Support 7%
 - Undecided 10%
 - Not So Supportive 4%
 - Totally Against 15%
26. Policies banning smoking anywhere on the grounds of multi-unit housing complexes
- Totally Supportive 43%
 - Support 8%
 - Undecided 10%
 - Not So Supportive 13%
 - Totally Against 25%
27. Educational campaign encouraging Monroe County residents to drink alcohol in moderation
- Totally Supportive 64%
 - Support 16%
 - Undecided 10%
 - Not So Supportive 3%
 - Totally Against 7%
28. Disease management classes for Monroe County residents diagnosed with asthma, diabetes and other chronic conditions
- Totally Supportive 74%
 - Support 16%
 - Undecided 5%
 - Not So Supportive 2%
 - Totally Against 3%
29. Inspection program to help ensure that homes in Monroe County are the safest environments in which to live (smoke alarms installed, asthma triggers reduced, lead exposure minimized, falls-prevention steps taken, etc.)
- Totally Supportive 61%
 - Support 15%
 - Undecided 8%
 - Not So Supportive 3%
 - Totally Against 14%

Verbatim Responses from Interviewees for Top Issues (with Public Health Comment for the Top 5 Issues)

1. **Affordable Housing** (n=89) People who are housing-cost-burdened – that is, they pay more than 30 percent of their income into housing costs – oftentimes must choose between paying the rent or mortgage and paying for much-needed medications, screenings or other health services. In this regard, affordable housing does, in fact, impact the health of our communities. Such a dilemma can affect both physical and mental health in other ways, such as increasing stress and lowering morale.
- Verbatim Response: Including Workforce housing; need more medium income housing; Vacation rentals- abuse of the privileges; Lack of suitable clean housing. Too many close quarters mobile homes/trailer parks.
2. **Recreational Activities** (n=81) Residents of WC Marathon were interested in seeing more recreational activities in their neighborhoods to help achieve and maintain healthy weights, reduce stress and improve cardiovascular health. Residents were particularly interested in seeing a community pool in their neighborhood (*Issue #9 below*), noting that there are community pools in the Upper and Lower Keys but not in the Middle Keys.

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- **Verbatim Response:** Activities for youth, kids, teens; Need more activities geared toward lower income; indoor recreational areas; Not enough after-hour activities; Bowling alley, A larger movie theater; Lack of sports activities for adults and community health fitness programs; City should invest in micro-parks and green spaces; More variety of entertainment; Need tourist park to attract tourists to marathon. Something large scale. Ziplining. Need big attraction here; Some historical museum or historical exhibit of marathon history; Some theater for entertainment to see live shows like in Key West (college); there are no attractions; There is too much asphalt and not enough green space. If there were more green space and shade trees, people might be more inclined to get out and walk in the community; Need to have more family type activities to bring tourists; Lack of indoor public areas with air condition.
- 3. **Mosquitoes (n=64)** Residents were particularly concerned about the amounts of standing water found at various locations from the Seven-Mile Bridge to Central Marathon, including apartment complexes, motor home communities and plazas. Public health officials encourage residents and business owners to remove standing water in and around properties as a first step toward preventing mosquitoes from multiplying. The fewer mosquitoes, the less chance that diseases like Chikungunya and dengue will take hold and spread should they ever enter the community.
 - **Verbatim Response:** Mosquitoes are a problem in August especially; they don't spray; If it rains here, very bad conditions; Mosquitoes are a concern, especially since no one from Mosquito Control will assist. They come out in the middle of the day and tell you you have no see ums... they need to stop by at dusk... there are so many diseases you can get from mosquitoes, they need to do more spraying; need more spraying for residents; Mosquitoes now are terrible ; Mosquitoes from seven mile bridge to end of central marathon; They only spray when there's an event; Lots of stagnant water that many mosquitoes breed ; Bring back the B-S2 bombers to spray like in the 80s
- 4. **Access to Healthcare (n=55)** Residents voiced concerns about the limited number of physicians in the area, especially those specializing in children's health, and the need for improved and affordable care and screenings for women. Many find themselves facing the burden of driving all the way to Miami to seek health care that meets their needs and budget."
 - **Verbatim Response:** There is no pediatric doctor; keeping qualified physicians; no providers here, they're in short supply, top notch are all the way in Miami; Need higher tier hospital; We need local well women's care: pap smears, full blood work and mammograms on a sliding scale. Also, we need a nurse who is able to dispense basic antibiotics, etc. available on a daily basis.; more help with paying rural health dentist; Long waits and people seen in ER that don't need to come there; Fishermen's Hospital won't admit children; Vaccination problem; Lack of facilities - distance to good healthcare
- 5. **Homeless Issues (n=50)** Safety was a leading concern regarding homeless populations in WC Marathon, with one respondent saying she almost accidentally ran over a homeless woman who was sleeping in her driveway. Other residents who saw the homeless issue as a major problem suggested that construction of homeless shelters, bathrooms and shower facilities that serve both men and women who are homeless in Marathon be considered.
 - **Verbatim Response:** Lack of Homeless Shelters; Too Many Homeless; Homeless population is also overlooked; Expanded support for KAIR; Providing food to homeless; Homeless camps in mangroves

Continued Verbatim Responses:

- 6. **Traffic (n=44)**
 - Need more stop lights; it's just a one way road. Can be cumbersome at times especially with accidents happening; Need more stop lights or flashing yellow lights between Seven Mile Bridge and Sombrero Beach.; Stop lights broken; Traffic Turning Lanes
- 7. **Trash/Litter (n=43)**
 - Have more community cleanups; Floating boat communities littering in the water- more enforcement and laws about how they treat the environment; Trash pick-up in mangroves; Trailer Park Messes; Clean up the trailer park. North of Galloway bay. There's a lot of garbage and trash. Lots of chickens; Clean the beach area; Recycle bins should be in beach and trash bins everywhere; Better waste management; Roads, walkways are not clear; has debris.
- 8. **Drugs (n=40)**
 - In high school for example and at The Rock; In fishing community; Addiction issues; Substance abuse (need more mental health help)
- 9. **Need of Community Pool (n=26)**
- 10. **Cost of Living (n=25)**
 - Including fuel prices; limited access to affordable fruit, vegetables, and organic meat; living prices too high, don't cater to locals; Health, Groceries
- 11. **Lack of Job Opportunities (n=22)**
 - Job opportunities for Mentally ill also
- 12. **Unsafe Roadways (n=19)**
 - Parking and driveways of small businesses off US1 in Marathon are not big enough and are very dangerous to pull in and out- expand parking for them; Bike and Pedestrian safety; Being hit by cars while riding my bicycle path, they come over the white line all the time; Need a better more improved bike path here so it's safer. The roads when they work on them. Roads are terrible even after they're done; Crosswalk at Marina, dangerous highway; More protective crosswalks; Cycling is very big here. It's a big concern that people be aware of cyclists getting hit by cars; It is not a walkable community. There is no reason there could not be more use of existing bike paths and adding more so people could walk from business to business without driving. Install attractive lighting to enhance safety at night and create a more "downtown" feel. Create pedestrian crossings to enable travel from oceanside to bayside without having to cross 4 lanes of active traffic.; A light and pedestrian walkway at the Marathon Government Center and a left turn light northbound on US1 for Switlik Elementary.; Bike accidents on sombrero; tourists distracted; Dangerous highways between Seven Mile Bridge and Sombrero Beach; Turn lanes; Traffic Safety; Better bike path behind airport with lighting
- 13. **Combination of Drugs, Alcohol, and Tobacco (n=16)**
- 14. **Need for more businesses and agencies (n=14)**
 - Cheaper shopping, Walmart; Public safety, the emergency response is being stretched thin with the increase of hotel rooms and additional guests in the city. Have the departments grow with the expanding population in the Keys.; Pharmacy closed, nowhere to get medication; Revitalizing abandoned businesses.; More businesses and something to encourage people to stop here in marathon ; More shopping center. Clothing food everything; More variety of fast food, in support of community garden (even a Walmart).
- 15. **Lack of Transportation (n=13)**
 - Need a local bus to take residents to Sombrero Beach. There's a little bit here but not reliable. There's only one bus line here and very sporadic. Key West has a great bus line. Needs to take two different buses for Publix; Making Marathon more people-friendly. There is no shade, there are no crosswalks, there is no local bus.



DOH-Monroe makes a site visit to DOH-Indian River County on October 1, 2014. From the left: Statewide PACE-EH Coordinator, Julianne Price, Deputy Teddy Floyd, DOH-Monroe Administrator Bob Eadie, and Community Health Services Director, Bill Brookman.



Interns, Priscilla Bennett and Christina Genet interview residents in West and Central Marathon, Sombrero Beach, July 4, 2014.

ACKNOWLEDGEMENTS

The Florida Department of Health in Monroe County gratefully acknowledges the generous contributions of the following individuals and institutions to this publication. Without their expertise and support, this publication would not be possible.

Christina Genet
Research Investigator
Florida Gulf Coast University

Priscilla Bennett
Assistant Research Investigator
Binghamton University

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GIS Mapping
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Mike Puto
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Holly Raschein
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Fisherman's Hospital

Florida Keys Aqueduct Authority

Tourist Development Council

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Andrew Bulla, coordinator of the Florida Health Cleans Up! Campaign in Monroe County, stands over trash collected near mile marker 6 on October 1, 2014. The Florida Department of Health, Monroe County Government, and Florida Department of Transportation have teamed up on the roadside cleanup campaign to promote physical activity while beautifying the environment.



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