

# MONROE COUNTY

COMMUNITY HEALTH  
ASSESSMENT  
2019—2022



Florida  
Department  
of Health in  
Monroe County

Submitted by:



ASCENDANT  
HEALTHCARE PARTNERS

Transforming communities for healthier lives

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# Executive Summary

In 2018, through the Community Health Assessment-Community Improvement Plan Initiative, the Florida Department of Health in Monroe County launched a major initiative to better understand the health needs of the community and develop programs and policies to address these needs. This process includes conducting a community health assessment to provide a portrait of the community's health and then developing a community health improvement plan to identify areas of action. This collaborative, participatory process has several overarching goals, including:

1. Complete a comprehensive community health assessment that will identify the county's strengths and challenges in providing a healthy environment for all residents and workers
2. Develop a community health improvement plan that will serve as a blueprint for improving the health of the county over the next three years
3. Engage partners, organizations, and individuals in creating a vision for a healthy Monroe County and making that vision a reality
4. Position the Florida Department of Health in Monroe County to continue being a nationally accredited health department

The community health assessment will provide the first goal of this process, which examined the current health status of Monroe County residents and explored the health-related challenges, experiences, and priorities within the social context of their community.

## Methods

The community health assessment utilized a participatory, collaborative approach to look at health in its broadest context, specifically the larger social and economic factors that have an impact on health as well as how these characteristics disproportionately affect certain populations. Community health assessment methods included the Mobilizing for Action through Planning & Partnerships (MAPP) process which was utilized to conduct the Community Health Assessment. The MAPP process is a community-driven strategic planning process for improving community health and is comprised of four individual assessments. These assessments and their related findings are presented on the following pages 4-6.

## Community Themes & Strengths Assessment (CTSA)



Ascendant Healthcare Partners utilizes methods to solicit public input and results in a strong understanding of community issues and concerns, perceptions about quality of life and a map of community assets.

The Community Health Survey had a total of **720 respondents** all of whom were residents of **Monroe County**. The survey was available in English, Spanish and Creole.

### Key Findings:

1. Access to Healthcare
2. Age related conditions
3. Mental Health and Substance Abuse
4. Bike Safety

## Forces for Change Assessment (FOCA)

The FOCA analyzes the external forces, positive or negative, that impact the promotion and protection of the public's health. Diverse stakeholders from Monroe County convened to generate answers to the following question: "What is occurring or might occur that affects the health of our community or local public health system?" Participants brainstormed trends, factors, and events, organizing them into common themes and then providing an overarching 'force' for each of the category columns.

### Themes:



## Local Public Health System Assessment (LPSHA)



Partners from the county's local public health system convened and discussed the Model Standard Activities which serve as quality indicators that are aligned with the 10 essential public health service areas.

The majority of the Model Standard Activities functioned with *Significant Activity* (51-75%). There were no indicators that performed with *Minimal Activity* (less than 25%) for Monroe County.

### The 10 Essential Public Health Services

1. **Monitor** health status to identify community health problems.
2. **Diagnose and investigate** health problems and health hazards in the community.
3. **Inform, educate and empower** people about health issues.
4. **Mobilize** community partnerships to identify and solve health problems.
5. **Develop policies and plans** that support individual and community health efforts.
6. **Enforce** laws and regulations that protect health and ensure safety.
7. **Link** people to needed personal health care services and assure the provision of health care when otherwise available.
8. **Assure** a competent public health and personal health care workforce.
9. **Evaluate** the effectiveness, accessibility, and quality of personal and population-based health services.
10. **Research** for new insights and innovative solutions to health problems.

*CDC, (2018) "The Public Health System & the 10 Essential Public Health Services."*

## Community Health Assessment (CHA)

The major themes:		
<p><b>Health in All Policies (HiAP)</b></p> <ul style="list-style-type: none"> <li>63 related indicators</li> <li>All indicators showed structural drivers of inequities.</li> <li>Recurring health disparities and priority issues which need to be addressed using a framework that incorporates all sectors in the process. These continuing issues include: 1) Bike and pedestrian improvements, 2) Affordable housing development, 3) Program development to address substance and alcohol abuse, and 4) Addressing mental health and emotional wellbeing</li> </ul>	<p><b>Access to Care</b></p> <ul style="list-style-type: none"> <li>84 related indicators</li> <li>30 indicators perform worse than the state indicators with a worsening trend, including: uninsured adults and children; preventative care such as, mammography screenings; increased outcomes of various cancers; access by low income persons, and percentage of adults who could not see a doctor at least once in the past year due to cost.</li> </ul>	<p><b>Mental Health &amp; Substance Abuse</b></p> <ul style="list-style-type: none"> <li>25 related indicators</li> <li>14 indicators perform worse than the state</li> <li>Five indicators with a worsening trend: 1) Unhealthy mental days, 2) Average number of days where poor mental or physical health interfered with activities of daily living, 3) Suicide deaths, 4) Alcohol consumption and 5) Substance abuse</li> </ul>
<p>The CHA is a process assessing the current health status of a community through the selection and collection of relevant data elements (indicators) and the analysis of trends and comparisons to benchmarks. Ascendant Healthcare Partners collected county-level data for <b>265 health status indicators and 22 demographic indicators</b>. As a benchmark, individual performance of Monroe County was compared to that of Florida state as a whole. To identify overall themes, results were analyzed using the <i>County Health Rankings Model</i> for population health that emphasized the impact of health factors, such as behavior, clinical care, socioeconomic and physical environment, on the health outcomes of mortality, <i>length of life</i>, morbidity and <i>quality of life</i>.</p>		

## 2019 Community Health Priorities

Monroe County completed this process with a holistic review of the data gathered in each of the assessments to identify overarching themes and health issues.

The 2019 Community Health Priorities for the Monroe County community will be:

- Health in All Policies
- Access to Care
- Mental Health & Substance Abuse

# Introduction

Being a healthy community is about more than delivering quality health care to residents. Where you live, learn, work, and play has an enormous impact on health. Understanding our community's current health status—and the multitude of factors that influence health—is important for identifying future priorities, existing strengths and assets upon which to build, and areas for further collaborative efforts.

Through the Community Health Assessment-Community Improvement Plan Initiative, the Florida Department of Health in Monroe County launched a major initiative to better understand the health needs of the community and develop programs and policies to address these needs. This process includes conducting a community health assessment to provide a portrait of the community's health and then developing a community health improvement plan to identify areas of action. This collaborative, participatory community health assessment-community health improvement plan process has several overarching goals, including:

1. Complete a comprehensive community health assessment that will identify the county's strengths and challenges in providing a healthy environment for all residents and workers
2. Develop a community health improvement plan that will serve as a blueprint for improving the health of the county over the next three years
3. Engage partners, organizations, and individuals in creating a vision for a healthy Monroe County and making that vision a reality
4. Position the Florida Department of Health in Monroe County to continue being a nationally accredited health department

The community health assessment, per the first goal of this process, which examines the current health status of Monroe County residents and explores the health-related challenges, experiences, and priorities of Monroe County residents within the social context of their community.

## Advisory Structure and Engagement Process

The community health assessment is Monroe County's opportunity to engage the community and stakeholders in gathering information and input on a wide range of issues that have an impact on health.

The Community Health Assessment process was conducted under the direction of the Florida Department of Health in Monroe County (DOH-Monroe) and facilitated by Ascendant Healthcare Partners, a healthcare consulting firm. Ascendant Healthcare Partners' consultants work on the 'people and culture' and provide a forum for collaborative planning, resource allocation and implementation of programs to address health needs. Ascendant Healthcare Partners have over 20 years of experience and considerable expertise in strategy execution and community transformation.

Collaborating partners in the completion of this report include the Florida Department of Health in Monroe County, local non-profit organizations, and local law enforcement agencies.

A multi-sector representation of community partners and stakeholders was formed during the community health assessment. The Community Health Advisory Group (CHAG) will be instrumental in

developing the county's Community Health Improvement Plan. CHAG members include representatives from DOH Monroe, staff and council members from Monroe County's Municipal Governments, Naval Branch Clinic, Keys Area Health Education Center, United Way of the Florida Keys, Womankind, Florida Keys Healthy Start Coalition, Monroe County Coalition, Community Foundation of South Florida, Guidance Care Center, Key Bridge, Lower Keys Medical Center, Community Health of South Florida, Inc, Keys Health Ready Coalition, and local law enforcement.

The goal of CHAG is to develop and implement community-based health promotion and wellness programs and provide a forum for collaborative planning, resource allocation and implementation of programs to address the priority health needs.

## Health Department Accreditation

The community health assessment and community health improvement planning process are essential elements of the public health accreditation process. The Florida Department of Health has received first-in-the-nation national accreditation as an integrated department of health through the Public Health Accreditation Board (PHAB) in 2016. This seal of accreditation signifies that the unified Florida Department of Health, including the state health office and all 67 county health departments, has been rigorously examined and meets or exceeds national standards for public health. National public health accreditation consists of an adoption of a set of standards, a process to measure health department performance against those standards, and recognition for those departments that meet the standards. National public health accreditation involves a rigorous peer-review process and is bestowed by the PHAB, a non-profit organization that was developed in 2007 as a result of strategic discussions among national foundations such as the Robert Wood Johnson Foundation and federal agencies, such as the Centers for Disease Control and Prevention, on the importance of developing a public health department accreditation process.

Adherence to national standards will benefit the Florida Department of Health in Monroe County and the community in multiple ways, including identifying the needs of residents and how to address them, providing a framework for the health department to deliver the highest quality services possible, and positioning the county for future public health funding opportunities. Accreditation provides a means for a public health department to identify performance improvement opportunities, enhance management, develop leadership, and strengthen relationships with members of the community.

## Community Definition

Monroe County is the southernmost county within the state of Florida, the county seat is Key West. Monroe County includes the islands of the Florida Keys. Monroe County has a total population of 76,104, up 3.29% from 2010 (3,923 residents). Although 87% of the county's land area is on the mainland, that region is part of the Everglades and is virtually uninhabited with only 60 people in total. Over 99% of the county's population lives in the Florida Keys. The median household income in Monroe County (\$63,900) was approximately 20% higher than for the state overall. Unemployment for Monroe County is 3.2% which is less than the state (4.9%).<sup>1</sup>



The Florida Keys is located off the southern coast of Florida. The islands lie along the Florida Straits, dividing the Atlantic Ocean to the east from the Gulf of Mexico to the northwest and defining one edge of Florida Bay. At the nearest point, the southern part of Key West is just 90 miles from Cuba.

## Demographics

Numerous factors are associated with the health of a community including the availability of resources and services (e.g., safe green space, access to healthy foods, transportation options) as well as who lives in the community. While individual characteristics such as age, gender, race, and ethnicity have an impact on a person's health, the distribution of these characteristics across a community is also important and can affect the number and types of services and resources available.

## Population and Age Distribution

The county has a higher proportion of residents who are over 45 (figure 2) compared to the rest of Florida. Furthermore, Monroe has fewer households with children under 18 years old than the state overall (5.9%). The non-Hispanic white population of Monroe County is 67.7%, with the largest proportions of diversity comprised of Hispanic residents (23%). Residents' educational attainment of 60%, is lower than the state level of 62%.<sup>2</sup>

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<sup>1</sup> U.S. Census Bureau, 2018

<sup>2</sup> U.S. Census Bureau 2016

Figure 1: Total Population by State and County

Demographics	Florida	Monroe County
Total	20,228,194	76,104
Female	51%	47%
Male	48%	53%
Poverty Rate	16%	13%
Children living in poverty	21%	18%
Median Household Income	\$50,900	\$63,900

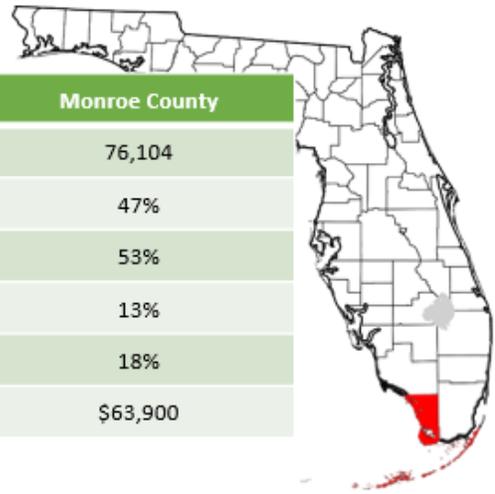


Figure 2: Age Distribution by State and County

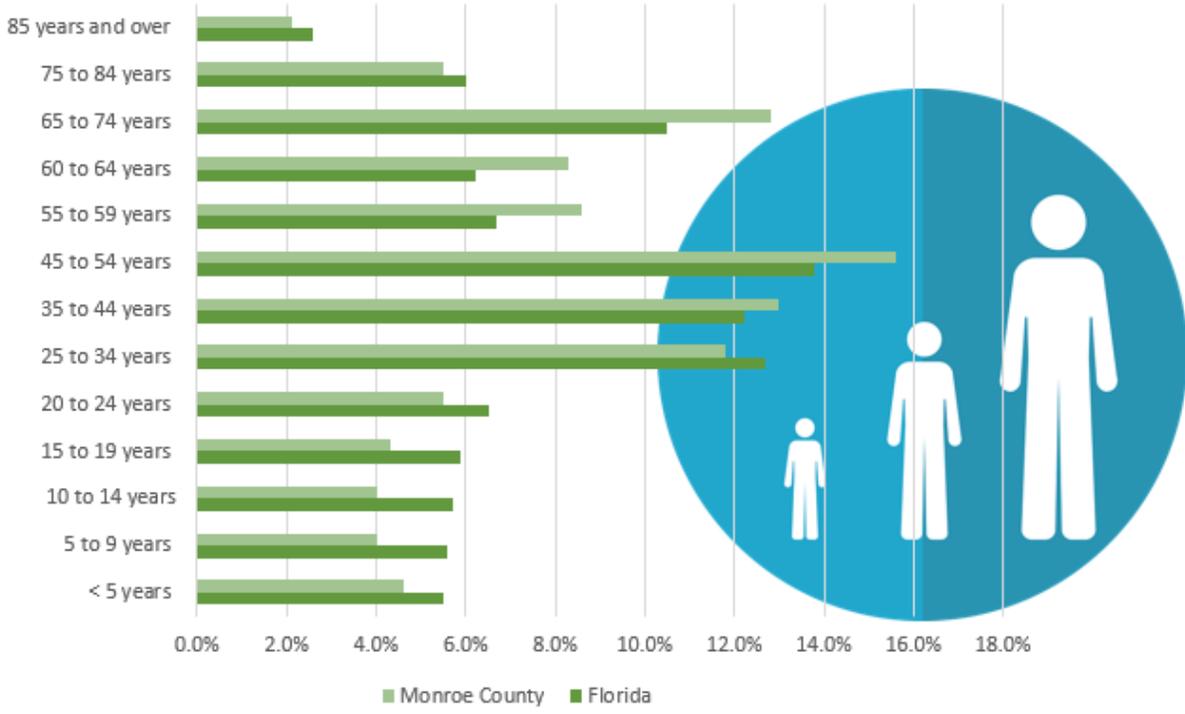


Figure 3: Racial and Ethnic Diversity Composition

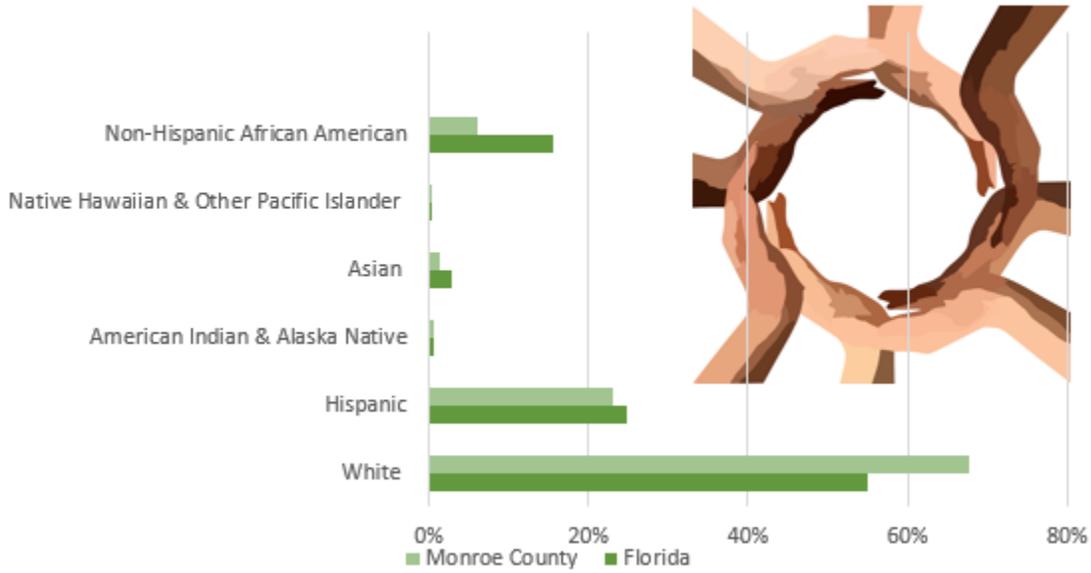


Figure 4: Educational Attainment among Adults 25 Years and Older by State and County

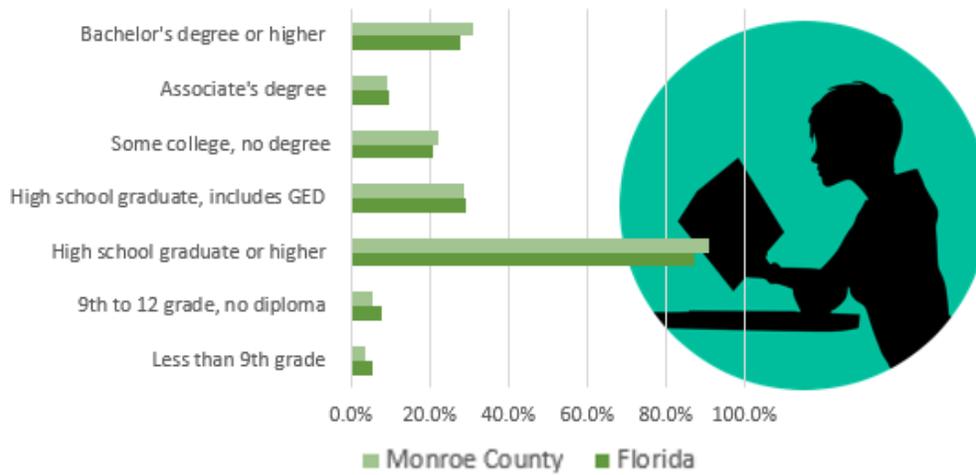


Figure 5: Distribution of Household Incomes by State and County

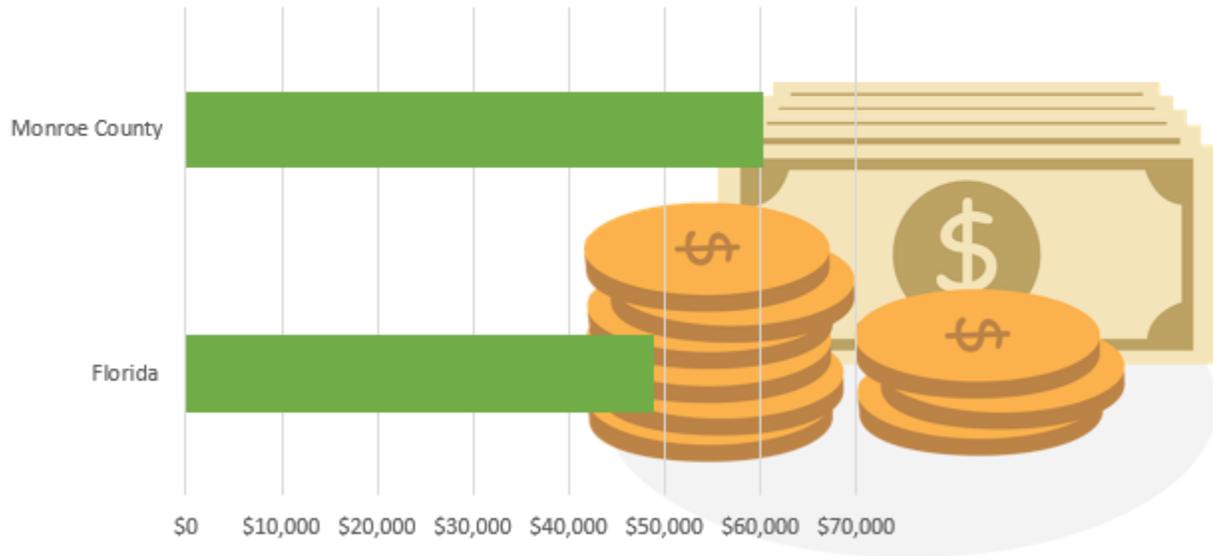
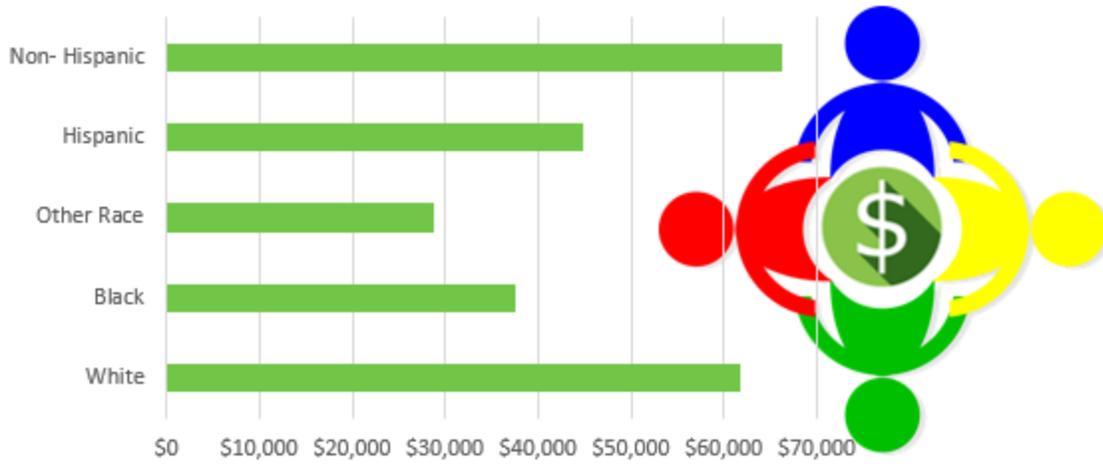
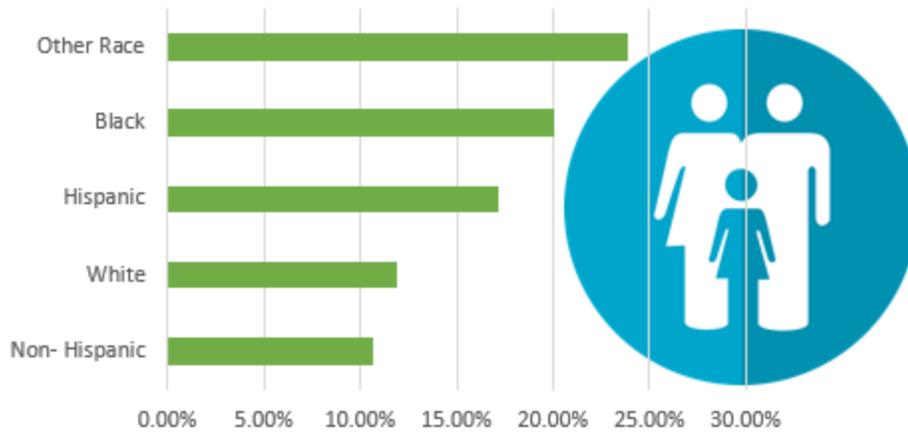


Figure 6: Median Household Income by Race and Ethnicity in Monroe County



**Figure 7: Percentage of Families in Poverty in Monroe County**



**Social and Physical Environment**

Income and poverty are closely correlated with health outcomes. A higher income makes it easier to live in a safe neighborhood with good schools and recreational opportunities. Higher wage earners are better able to buy medical insurance and medical care, purchase nutritious foods, and obtain quality child care than those earning lower wages. Lower income communities have shown higher rates of asthma, obesity, diabetes, heart disease, and child poverty. Those with lower incomes also experience lower life expectancies.

**Figure 8: Top Social and Economic Issues Viewed as Affecting Health in Monroe County among Survey Respondents**

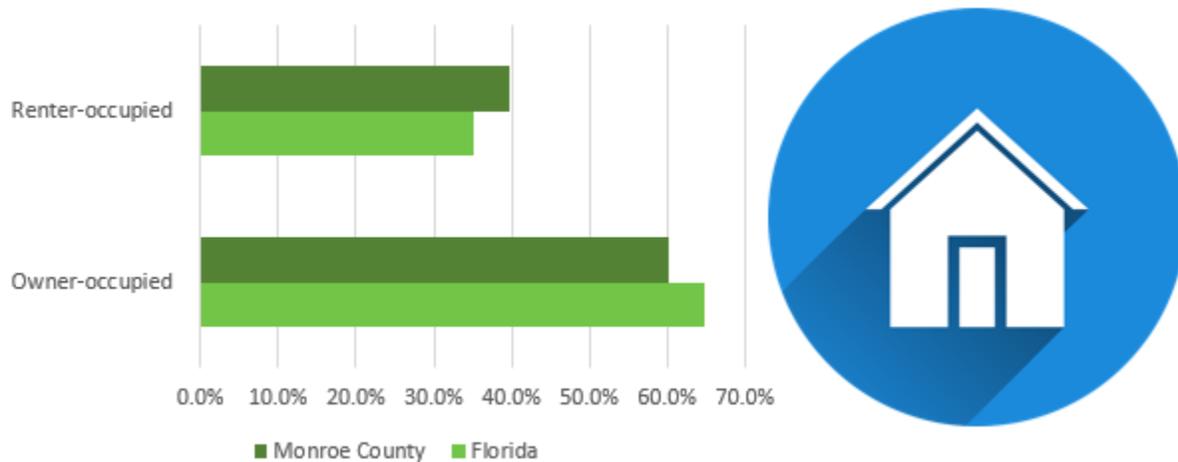


## Physical and Built Environment

The availability of recreational facilities can influence individuals' and communities' choices to engage in physical activity, with proximity to locations of recreational opportunity being associated with higher physical activity levels and lower rates of particular adverse health outcomes. Monroe County had 100% access to exercise opportunities, which represents the percentage of the population with adequate access to locations for physical activity.

Two main concerns mentioned by many assessment participants in the survey was the lack of affordable housing and the homeless population in Monroe County. The lack of affordable housing was an issue that participants saw as affecting nearly all residents across the income spectrum, but particularly straining the middle class. Housing costs were viewed as an additional strain on many middle-income families who want to live in the county but find the high cost of living to be challenging. Monroe County ranked one of the highest at 28% in the state for severe housing problems, which is the percentage of households with at least one of the following housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities.

**Figure 9: Distribution of Renters versus Homeowners by State and County**



## Environmental Health and Quality

When assessment survey respondents were asked about their environmental health and safety issues of most concern, more than half indicated sharing the road (i.e., safe interactions between cars, bikes, and pedestrians) was an important issue (Figure 10). Infrastructure of roadways, climate change and safety for bicyclists were each cited by more than 30% of survey respondents as important environmental health concerns in the county.

**Figure 10: Top Environmental Health and Safety Issues in Monroe County Perceived among Survey Respondents**

Top Environmental Health & Safety Issues
1. Infrastructure of roadways
2. Climate change
3. Safety for bicyclists
4. Bike safety
5. Housing conditions: indoor air quality, pests, mold/moisture



# Methods

Mobilizing for Action through Planning & Partnerships (MAPP) is the process utilized to conduct the assessments led by the Florida Department of Health in Monroe County. The MAPP process is a community-driven strategic planning process for improving community health. The process helps communities apply strategic thinking to identify and prioritize health issues and identify resources to address them.

## The MAPP process is comprised of four individual assessments:

### Community Themes & Strengths Assessment (CTSA)

The CTSA answers questions such as: "What is important to our community?" and "How is quality of life perceived in our community?" This assessment results in a strong understanding of community issues and concerns, perceptions about quality of life and a map of community assets.

### Forces of Change Assessment (FOCA)

During the FOCA exercise, participants engage in a brainstorming activity to identify forces—such as trends, factors, or events— that are or will be influencing the health and quality of life of the community and the local public health system.

### Local Public Health System Assessment (LPHSA)

The LPHSA involves a broad range of organizations and entities that contribute to public health in the community and answers the questions: "What are the components, activities, competencies, and capacities of our local public health system?" and "How are the Essential Services being provided to our community?"

### Community Health Status Assessment (CHSA)

The CHSA is a process assessing the current health status of a community through the selection and collection of relevant data elements (indicators) and the analysis of trends and comparisons to benchmarks.



Mobilizing for Action through Planning and Partnerships (MAPP) process was a joint project of the non-profit National Association of County and City Health Officials (NACCHO) and the Centers for Disease Control and Prevention (CDC) in 2001.

## Community Strengths & Themes Assessment

Ascendant Healthcare Partners and the Florida Department of Health in Monroe County conducted a Community Health Survey in November 2018 with a total of **720** respondents from Monroe County. Those who responded were categorized as either Residents, Vulnerable Population, or LGBTQ (Lesbian, Gay, Bisexual, Transgender, and Questioning). The response of these categories are as follows:



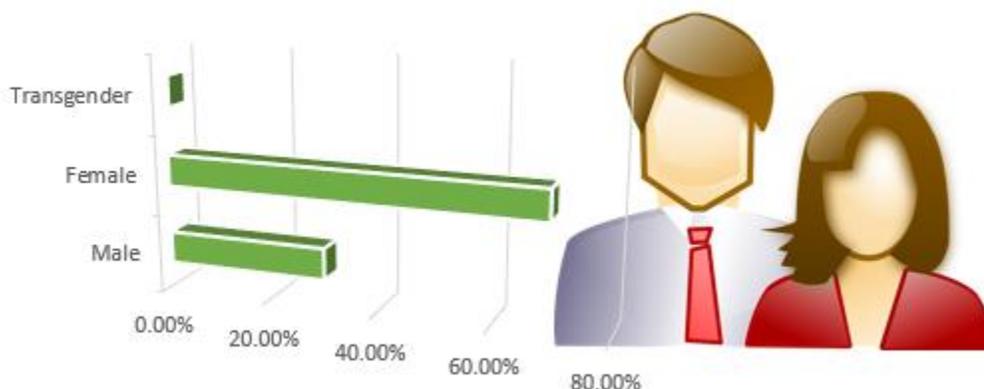
Monroe County	Residents	Vulnerable Population	LGBTQ Population	Total Respondents
	554	116	50	720

\*Respondents in Vulnerable Population met at least one of the following: 1) No Health Insurance, 2) Family income of \$25,000 or less or 3) took the survey at a site of service for low income populations i.e. WIC departments at Departments of Health, faith-based health clinics, Community Clinics, etc.

### Quantitative Data Collection Method

A community survey was developed and administered to those who live, work, or spend time in Monroe County to gather quantitative data that were not provided by secondary sources and to understand public perceptions around a range of health issues. The survey was available in English, Spanish, and Creole. The survey asked respondents about key social, economic, and health concerns; access to services; and experiences with the public health and health care system. (Appendix III, survey instrument.) The survey was available primarily online, with some hard copies distributed at community events via outreach workers. Monroe County partners disseminated the survey link via their networks (e.g., sending an email announcement out to their contacts and organizational email databases) and local media. Additionally, staff and volunteers from organizations were asked to disseminate the survey in hard copy format to their clients or community residents.

Figure 11: Distribution of survey respondents by gender.

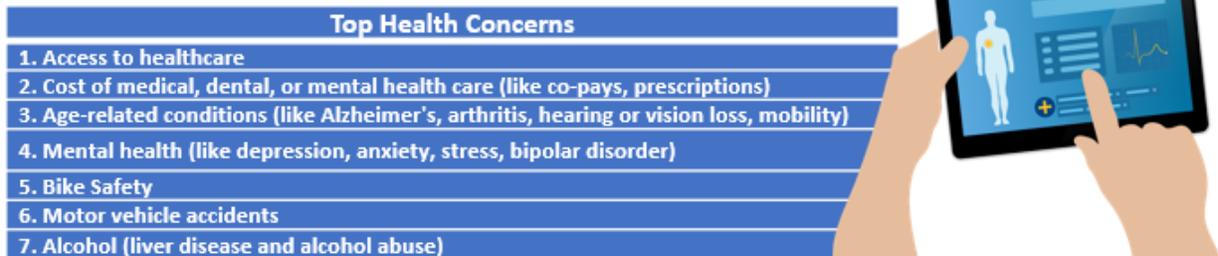


### Perceived Community and Individual Health Status

Overall, assessment participants viewed Monroe County as a healthy place to live, with health care access, substance and alcohol abuse, and mental health as the issues most directly affecting their lives. The Monroe County Community Health Assessment survey asked respondents their perceptions of how healthy Monroe County is and the specific health issues most affecting them personally. A majority of survey respondents (87%) either agreed or strongly agreed with the statement “Monroe is a healthy place to live, work, or spend time.”

Respondents were asked to select the top health concerns that affect themselves, their families, and their social circles. Respondents identified the most important issues as: 1) Access to healthcare, 2) Cost of medical, dental, or mental health care (like co-pays, prescriptions), 3) Age related conditions (e.g. Alzheimer’s), 4) Mental Health and 5) Bike Safety.

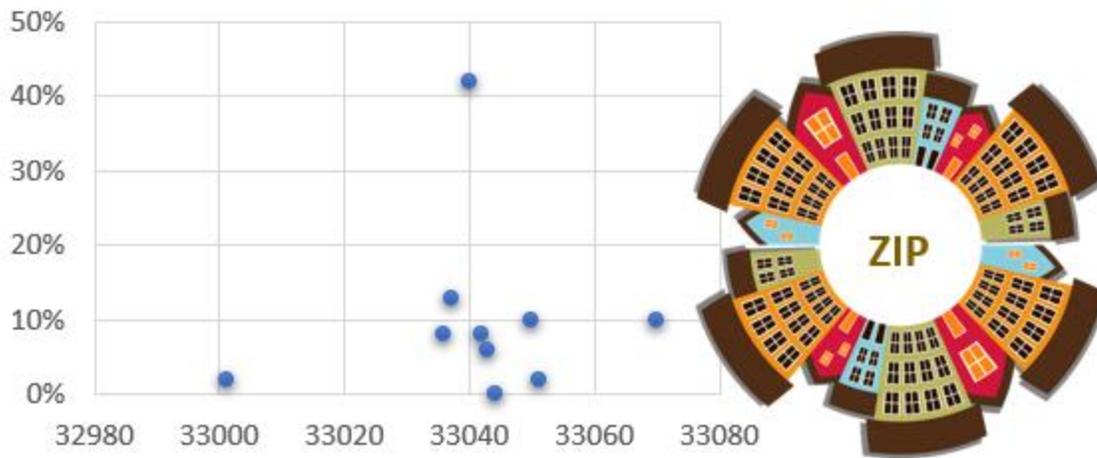
**Figure 12: Top Health Concerns Identified as Affecting Survey Respondents, Their Families, or Their Close Social Circle**



**Figure 13: Top Social and Economic Concerns Identified as Affecting Survey Respondents**



Figure 14: The Distribution of Survey Respondents by Zip Code



*Limitations*

Monroe County Community Health Assessment Survey’s main limitation is the sampling methodology used by the community health assessment survey (dissemination online and via community organizations). This survey used a convenience sample rather than a random or probability sampling methodology; therefore, the sample may not be representative of the larger population. While racial/ethnic demographic characteristics of the survey respondents indicate respondents were similar to the distribution of residents overall, the sample may not be representative since it was not randomly selected.

**Forces of Change Assessment**

Twenty-five (25) diverse stakeholders participated in a facilitated consensus building process used to generate answers to the following question: “What is occurring or might occur that affects the health of our community or local public health system?” Participants brainstormed trends, factors, and events, organizing them into common themes and providing an overarching ‘force’ for each of the category columns. The following are examples of trends, forces and events:

- Trends – Patterns over time, such as migration in and out of the community or growing disillusionment with government
- Factors – Discrete elements, such as a community’s large ethnic population, an urban setting, or proximity to a major waterway



- Events – One-time occurrences, such as a hospital closure, a natural disaster, or the passage of new legislation

After the consensus workshop, participants were charged with answering the second assessment question: “What specific threats or opportunities are generated by these occurrences?” Participants generated threats and opportunities for all the ideas within each force of change category.

<b>Access to Care</b>	
<b>Threats Posed</b>	<b>Opportunities Created</b>
Low self-care competency: Inability to navigate individual healthcare - health management, communication, understanding rights and responsibilities, ability to understand health insurance plans and eligibility for assistance programs. Health care provider-patient interaction, clinical encounters, diagnosis and treatment of illness, and medication misinformation.	Resources exist to engage on these issues; involve the community in a larger learning system changing the paradigm from “schools teach” to the “community fosters learning” approach.
Ability to understand and utilize health services	Education and awareness of healthcare access, policies and resources
Poverty; health; access to health providers	Organizing for social change, resilience, better access to care and economic opportunity

<b>Collaborative Strategic Health Communications Initiative Across Agencies</b>	
<b>Threats Posed</b>	<b>Opportunities Created</b>
Collaborative strategic preparedness planning	Leverage capacity across a broad resource base
Geographically isolated community	Development of a Collaborative Health Communication Form that includes stakeholders (e.g. government, health agencies, non-profits and partner organizations) to leverages assets to focus on deep and ongoing collaboration, rather than a one-off approach.

<b>Mental Health &amp; Substance Abuse</b>	
<b>Threats Posed</b>	<b>Opportunities Created</b>
Increased mental health issues; suicide; morbidity & mortality; stigma; lack of access to quality mental health services; limited funding for mental health	Increased awareness and reduced stigma; increased access to mental health services; more education to help others identify mental health issues; connect individuals
Shortage of providers, increased inequity; increased mental health rates	Increase primary and preventive care access; better health generally. Provides ability to share resources and fill healthcare gaps within the community
Increase in suicide rate; highest rate in state	Increase the number of suicide prevention classes and trainings

<b>Regulations with Alcohol</b>	
<b>Threats Posed</b>	<b>Opportunities Created</b>
Alcohol is the leading cause of death in Monroe County	Education and identification of policies and ordinances such as alcohol outlet density
Increased alcohol consumption during events, such as, Fantasy Fest	Review ordinances relating to alcohol consumption at events

<b>Integration of Community Policies for Better Health</b>	
<b>Threats Posed</b>	<b>Opportunities Created</b>
Bike Safety	Bike safety improvements through policy change and collaboration
Highest suicide rate in state, linking alcohol and substance abuse to mental health	Mental and emotional well-being through an intersectional health promotion project

## Local Public Health Assessment

Thirty-five (35) partners from Monroe County’s local public health system convened at the Florida Department of Health in Monroe County for a seven-hour session on October 31, 2018.

Each Essential Health Service was discussed using the Model Standards. The 30 Model Standards serve as quality indicators that are aligned with the ten essential public health service areas.

Participants scored responses to assessment questions using individual voting cards corresponding to the scale below (Figure 15). Each participant’s vote was counted and recorded. Each Model Standard was discussed as a group before votes were tallied.

The complete LPHSA report provides a breakdown of each Essential Service (Appendix IV).

Participants were encouraged to vote on the areas of service they were familiar with. Participants were also encouraged to voice concerns about areas of service that would impact their organization.

### The 10 Essential Public Health Services<sup>3</sup>

1. **Monitor** health status to identify community health problems.
2. **Diagnose and investigate** health problems and health hazards in the community.
3. **Inform, educate and empower** people about health issues.
4. **Mobilize** community partnerships to identify and solve health problems.
5. **Develop policies and plans** that support individual and community health efforts.
6. **Enforce** laws and regulations that protect health and ensure safety.
7. **Link** people to needed personal health care services and assure the provision of health care when otherwise available.
8. **Assure** a competent public health and personal health care workforce.
9. **Evaluate** the effectiveness, accessibility, and quality of personal and population-based health services.
10. **Research** for new insights and innovative solutions to health problems.

**Figure 15. Essential Service Rating System – Performance Relative to Optimal Activity**

Optimal Activity (76-100%)	Greater than 75% of the activity described within the question is met.
Significant Activity (51-75%)	Greater than 50%, but no more than 75% of the activity described within the question is met.
Moderate Activity (26-50%)	Greater than 25%, but no more than 50% of the activity described within the question is met.
Minimal Activity (1-25%)	Greater than zero, but no more than 25% of the activity described within the question is met.
No Activity (0%)	0% or absolutely no activity.



<sup>3</sup> CDC, (2018) “The Public Health System & the 10 Essential Public Health Services.”

Figure 16: Composite summary of the performance measures for all 10 Essential Services. Note, there were no *minimal results* for Monroe County.

Optimal	Significant	Moderate	Minimal
<b><u>Diagnose and Investigate</u></b> <ul style="list-style-type: none"> <li>• Identification/ Surveillance</li> </ul>	<b><u>Diagnose and Investigate</u></b> <ul style="list-style-type: none"> <li>• Identification/ Surveillance</li> <li>• Emergency Response</li> </ul>	<b><u>Monitor Health Status</u></b> <ul style="list-style-type: none"> <li>• Community health</li> <li>• Current technology</li> <li>• Registries</li> </ul>	
<b><u>Educate/ Empower</u></b> <ul style="list-style-type: none"> <li>• Health Communication</li> <li>• Health Education/ Promotion</li> </ul>	<b><u>Educate/ Empower</u></b> <ul style="list-style-type: none"> <li>• Risk Communication</li> </ul>	<b><u>Develop Policies/Plans</u></b> <ul style="list-style-type: none"> <li>• CHIP/Strategic Planning</li> </ul>	
<b><u>Develop Policies/Plans</u></b> <ul style="list-style-type: none"> <li>• Policy Development</li> </ul>	<b><u>Mobilize Partnerships</u></b> <ul style="list-style-type: none"> <li>• Constituency Development</li> <li>• Community Partnerships</li> </ul>	<b><u>Enforce Laws</u></b> <ul style="list-style-type: none"> <li>• Improve Laws</li> </ul>	
<b><u>Enforce Laws</u></b> <ul style="list-style-type: none"> <li>• Enforce Laws</li> </ul>	<b><u>Develop Policies/Plans</u></b> <ul style="list-style-type: none"> <li>• Government Presence</li> <li>• Emergency Plan</li> </ul>		
	<b><u>Enforce Laws</u></b> <ul style="list-style-type: none"> <li>• Review Laws</li> </ul>		
	<b><u>Link to Health Services</u></b> <ul style="list-style-type: none"> <li>• Personal Health Service Needs</li> <li>• Assure Linkage</li> </ul>		
	<b><u>Assure Competent Workforce</u></b> <ul style="list-style-type: none"> <li>• Workforce Assessment</li> <li>• Workforce Standards</li> <li>• Continuing Education</li> <li>• Leadership Development</li> </ul>		
	<b><u>Evaluate Services</u></b> <ul style="list-style-type: none"> <li>• Evaluation of Population Health</li> <li>• Evaluation of Personal Health Services</li> <li>• Evaluation of Local Public Health System</li> </ul>		
	<b><u>Research/Innovations</u></b> <ul style="list-style-type: none"> <li>• Foster Innovation</li> <li>• Academic Linkages</li> <li>• Research Capacity</li> </ul>		

## Community Health Status Assessment

### Indicator Selection

From this cross section, state and county data for **265 health status indicators** and **22 demographic indicators** were collected.

### Data Sources

A review of health status assessments from the following organizations: Healthy People 2020, Community Commons, Florida CHARTS' County Health Profile, University of Wisconsin and Robert Wood Johnson's County Health Rankings, and previous assessments revealed a cross section of many common indicators.

### Framework for Analysis

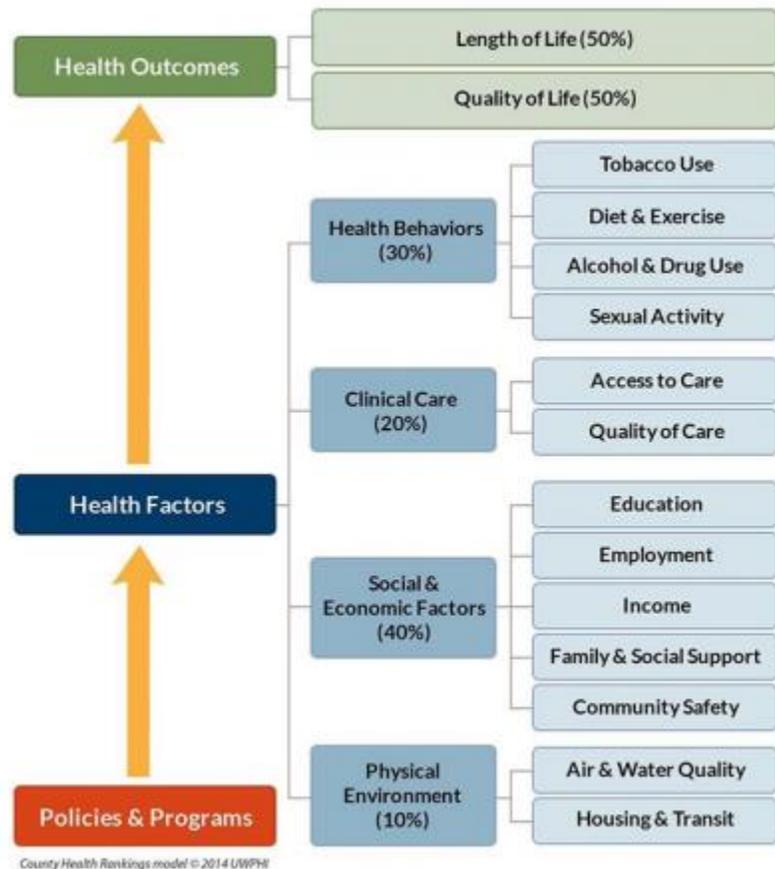
The framework of the County Health Rankings Model created by the University of Wisconsin Population Health and the Robert Wood Johnson Foundation emphasizes factors that, when improved, can help better the overall health of a community.

### Health Outcomes

This component evaluates the health of a community as measured by two types of outcomes: how long people live (**Mortality / Length of Life**) and how healthy people are (**Morbidity / Quality of Life**).

### Health Factors

Factors that influence the health of a community include: the activities and behavior of individuals (**Health Behaviors**), availability of and quality of health care services (**Clinical Care**), the socioeconomic environment that people live and work in (**Social and Economic Factors**) and the attributes and physical conditions in which we live (**Physical Environment**). Although an individual's biology and genetics play a role in determining health, the community cannot influence or modify these conditions and therefore these factors are not included in the model. These factors constitute the components of the *Social Determinants of Health*.



### Programs and Policies

Policies and programs at the local, state and federal level have the potential to impact the health of a population as a whole (i.e. smoke free policies or laws mandating childhood immunization). As illustrated, *health outcomes* are improved when *policies & programs* are in place to improve *health factors*.

### Health Equity Lens

In addition to considering what the social determinants of health are, it is important to understand how they disproportionately affect underserved populations. Health equity is defined as all people having "the opportunity to 'attain their full health potential' and no one is 'disadvantaged from achieving this potential because of their social position or other socially determined circumstance.'"<sup>4</sup>

A robust assessment of the larger social and economic factors affecting a community (e.g., housing, employment status, the built environment, etc.) should capture the disparities and inequities that exist for traditionally underserved groups. According to Healthy People 2020, a science-based platform that provides 10-year national objectives for improving the health of all Americans, achieving health equity requires focused efforts at the societal level to address avoidable inequalities, especially among those who have experienced socioeconomic disadvantage or historical injustices. A health equity lens guided the community health assessment process to ensure data comprised a range of social and economic indicators and were presented for specific population groups.

### Benchmarking

For comparison, each indicator was measured against the performance of the state of Florida as a whole. According to United Health Foundation's, *America's Health Rankings 2018*, the state of Florida ranked in the bottom half (29) of all states across the core measures of Behaviors, Community & Environment, Policy and Clinical Care. However, Florida has improved from their 2017 rank in outcomes (30). Florida's rank for each dimension is displayed to the right. Lower scores indicate a healthier population; thus, the health status of Florida residents ranks in the bottom half of the nation. Our local community aspires to be healthier than the state average.

America's Health Rankings - Florida	
Dimension	Rank
<b>Overall</b>	<b>29</b>
Behaviors	24
Community & Environment	27
Policy	40
Clinical Care	39
Outcomes	23

Source: United Health Foundation

*County Health Rankings* produces a similar report ranking the counties in each state. In a state that ranks below the median, Monroe County ranks seven (7) out of 67 counties in Health Outcomes and nine (9) in Health Factors. The concern for Monroe County, however, is that its ranking for Health Factors has dropped from 6 (2017) to 9 (2018). The continuation of this trend will lead to poorer performance in overall Health Outcomes. Current Health Outcomes and Health Factors rankings are shown on the next page.

<sup>4</sup> Braveman, P.A., Monitoring equity in health and healthcare: a conceptual framework. *Journal of Health, Population, and Nutrition*, 2003. 21(3): p. 181.

### Results

Looking at the **265** indicators, Monroe County performed worse than the state in **44** of them. When indicators were reviewed with structural drivers (inequitable distribution of power, income, opportunity and resources) health inequities were consistently identified. To the right is a summary of the indicators by performance to the state. Individual indicator results can be found in Appendix V.

County Health Rankings	Rank
<b>Dimension</b>	<b>Monroe</b>
<b>Health Outcomes</b>	<b>7</b>
<i>Length of Life (Mortality)</i>	31
<i>Quality of Life (Morbidity)</i>	4
<b>Health Factors</b>	<b>9</b>
<i>Health Behaviors</i>	14
<i>Clinical Care</i>	39
<i>Socioeconomic</i>	7
<i>Physical Environment</i>	5

Source: County Health Rankings

# Community Health Priorities

The health issue prioritization process was a three-step process:

<b>Step 1: Identify potential health issues.</b>
Ascendant Healthcare Partners reviewed data collected in the CHSA to identify issues in which Monroe County performed worse than the state of Florida. Consideration was given to issues that had a worsening trend, even if county performance was better than the state.
<b>Step 2: Use results from other assessments to validate health issues revealed.</b>
The team used the other assessments to determine: 1) common issues across multiple assessments and 2) community attitudes towards the health issues. This helped determine whether the community saw the issue as important.
<b>Step 3: Narrow priorities by considering the following guiding questions:</b> <ul style="list-style-type: none"><li>• Are resources currently available within the community to address the issue?</li><li>• Are there opportunities to achieve collective impact through partnerships?</li></ul>
<p>The responsibility to improve the health of the community does not and should not fall to the shoulders of one person, one community group, or one organization. It will take a coordinated community effort across all sectors (education, health care, business, government, etc.) to improve the health of Monroe County. Success depends on the ability to work collaboratively with an intersectional approach to address the selected priority.</p> <p>Preliminary findings of the assessment were presented to the community that sought their input for feedback and comments. The opportunity to review led to modifying two health issues identified (mental health and substance abuse) into one health priority. The change was made to effectively address needs identified with the infrastructure of the community and their available resources.</p> <p>The team met regularly to discuss the remaining health issues and available resources to impact change. With public health officials, representatives from non-profits, health service providers as subject matter experts for the remaining health issues, the team formed a consensus around three priority areas.</p>

## 2019 Community Health Priorities

Once the assessments were complete, the summary of findings were distributed to community members who participated in the assessments to collect public input from a diverse group of community partners. The Ascendant Healthcare Partners completed a holistic review of the data gathered in each of the assessments to identify overarching themes and health issues. As such, the community adopted as the 2019 Community Health Priorities for Monroe County:

- Health in All Policies (HiAP)
- Access to Care
- Mental Health & Substance Abuse

## Health Priority: Health in All Policies

*Growing evidence on the social determinants of health has found the conditions in which people live, learn, work, and play to contribute to their overall health and well-being.*

The World Health Organization (WHO) defines health as “the state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity. This means that health is more than being free of disease or not feeling sick; it is also a state of physical, mental, and social well-being. This state can bring about such feelings as happiness, contentment, and security.”<sup>5</sup> In the United States, while an estimated 96% of health expenditures are directed toward health care, access to health care only accounts for 10% of a person’s health. Conversely, the environment and personal behavior, which is directly influenced by environmental conditions, account for nearly 70% of what determines a person’s health.<sup>6 7</sup> Unfortunately, many Americans do not live and work in communities that were designed with health in mind. This explains some of why certain Americans are healthier than others and why Americans generally are not as healthy as they could be. For example, Healthy People 2020 states that “a lack of options for healthy, affordable food or safe places to play in some neighborhoods makes it nearly impossible for residents to make healthy choices. In contrast, people living in neighborhoods with safe parks, good schools, and high employment rates are provided with some of the key requirements to better health.”<sup>8 9</sup>

### **Social Determinants of Health**

The social determinants of health are “the structural determinants and conditions in which people are born, grow, live, work and age.”

The Centers of Disease Control and Prevention (CDC) defines Health in All Policies (HiAP) as a collaborative approach to improving the health of all people by incorporating health considerations into decision-making in non-health sectors and policy areas. The goal of HiAP is to ensure that all decisions have neutral or beneficial impacts on health determinants (e.g., informed on the health, equity, and sustainability consequences of various policy options during the policy development process).

A HiAP approach provides a systematic way to address important factors that determine health: environment and behavior. By considering health in governmental operations and policy decisions, communities have the opportunity to improve health outcomes. HiAP explicitly recognizes that health and wellbeing are largely influenced by measures that are often managed by non-health department government agencies. In this vein, a HiAP approach focuses on changing systems of decision-making, rather than changing a single decision. It engages diverse partners and stakeholders to work together to

<sup>5</sup> Gase, L. N., Pennotti, R., & Smith, K. D. (2013). “Health in All Policies”: Taking Stock of Emerging Practices to Incorporate Health in Decision Making in the United States. *Journal of Public Health Management and Practice*, 19(6), 529-540.

<sup>6</sup> NACCHO Fact Sheet. (December 2014). All Policies [Fact sheet]. Retrieved from [http://archived.naccho.org/topics/environmental/HiAP/upload/factsheet\\_hiap\\_dec2014-1.pdf](http://archived.naccho.org/topics/environmental/HiAP/upload/factsheet_hiap_dec2014-1.pdf)

<sup>7</sup> “Closing the Gap in a Generation” in 2008. Marmot, M., Friel, S., Bell, R., Houweling T. A., Taylor, S., & Commission on Social Determinants of Health. (2008). Closing the gap in a generation: health equity through action on the social determinants of health. *The Lancet*, 372(9650), 1661-1669.

<sup>8</sup> Kickbusch, I. (2010). Health in all policies: where to from here? *Health promotion International*, 25(3), 261-264.

<sup>9</sup> Peters, D., Harting, J., van Oers, H., Schuit, J., de Vries, N., & Stronks, K. (2016). Manifestations of integrated public health policy in Dutch municipalities. *Health promotion international*, 31(2), 290-302.

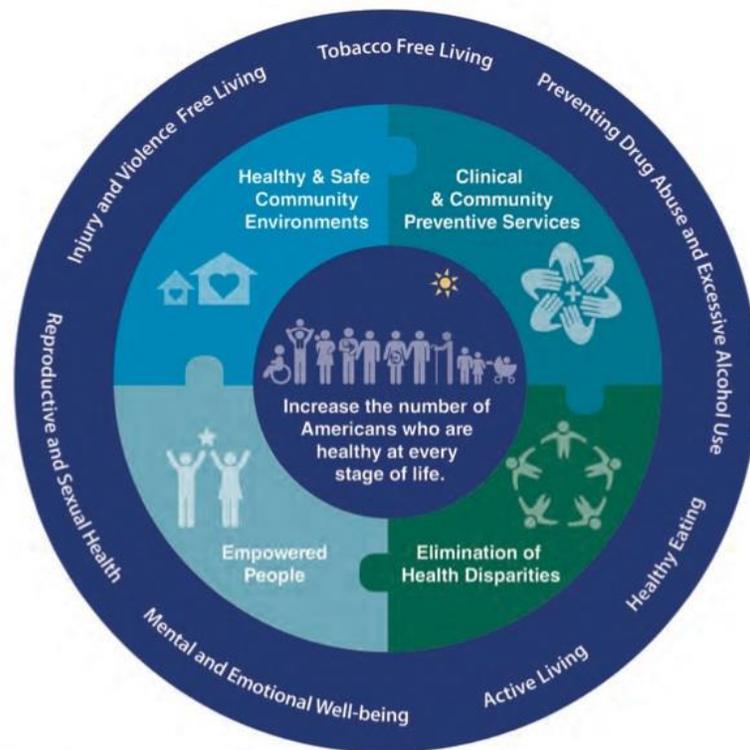
improve health and simultaneously advance other goals, such as promoting job creation and economic stability, transportation access and mobility, a strong agricultural system, environmental sustainability, and educational attainment.

## The Five Key Elements of Health in All Policies

1. **Promote health, equity, and sustainability.** Health in All Policies promotes health, equity, and sustainability through two avenues:

- incorporating health, equity, and sustainability into specific policies, programs, and processes, and
- embedding health, equity, and sustainability considerations into government decision-making processes so that healthy public policy becomes the standard way of doing business. Promoting equity is an essential part of Health in All Policies, given the strong ties between inequity and poor health outcomes for all members of society.

2. **Support intersectoral collaboration.** In recognition that many of the Social Determinants of Health are outside the control of health departments, HiAP brings together partners from many sectors to recognize the links between health and other issues and policy domains, break down silos, build new partnerships to promote health and equity, and increase implementation efficiency. Agencies not typically considered health agencies play a major role in shaping the economic, physical, social, and service environments in which people live. They, therefore, have an important role to play in promoting health and equity. A Health in All Policies approach focuses on deep and ongoing collaboration, rather than taking a superficial or one-off approach.



*Centers for Disease Control and Prevention, Office of the Associate Director for Policy; National Prevention Strategy, June 16, 2011.*

3. **Benefit multiple partners.** Health in All Policies is built upon the idea of “co-benefits” and “win wins.” HiAP work should benefit multiple partners, simultaneously addressing the goals of public health agencies and other agencies to benefit more than one end (achieve co-benefits) and create efficiencies across agencies (find win-wins). This concept is essential for securing support from partners and can reduce redundancies and ensure more effective use of scarce government resources. Finding a balance

between multiple goals can sometimes be difficult and requires negotiation, patience, and learning about and valuing others' priorities.

**4. Engage stakeholders.** Health in All Policies engages a variety of stakeholders, such as community members, policy experts, advocates, members of the private sector, and funders. Robust stakeholder engagement is essential for ensuring that work is responsive to community needs and for garnering valuable information necessary to create meaningful and impactful change.

**5. Create structural or procedural change.** Over time, HiAP creates permanent changes in how agencies relate to each other and how government decisions are made. This requires maintenance of structures which can sustain intersectoral collaboration and mechanisms, and ensure a health and equity lens in decision-making processes across the whole of government. This can be thought of as “embedding” or “institutionalizing” HiAP within existing or new structures and processes of government.

The following examples illustrate a variety of windows of opportunity that lead to intersectoral, health promoting projects:

- Local comprehensive plan revision/adoption
- Addressing injury and violence prevention
- Redevelopment/infill
- Brownfield redevelopment
- New developments
- Bike and pedestrian improvements/master planning
- Affordable housing development
- Program development to address substance abuse
- Addressing mental health and emotional wellbeing

#### Resources Potentially Available to Address Priority

Organizations and programs serving Monroe County which have been identified as community assets for the HiAP community health priority include:

- City Key West Commissioners
- City of Key West
- City of Key West Sustainability Advisory Board
- City of Layton
- City of Layton Commissioners
- City of Marathon
- City of Marathon Commissioners
- Community Foundation of the Florida Keys
- Florida Keys Community College
- Florida Keys Healthy Start Coalition
- Florida Keys Mosquito Control District
- Guidance Care Center, Inc.
- Key Colony Beach
- Key Colony Beach Commissioners
- Key West Business Guild
- Leadership Monroe County
- Lodging Association of the Florida Keys
- Lower Keys Medical Center
- Monroe County Board of County Commissioners
- Monroe County Continuum of Care
- Monroe County Human Services Advisory Board
- Monroe County School District
- Monroe County Shared Asset Forfeiture Fund Advisory Board
- Naval Branch Clinic
- Public Information Officers from Organizations
- United Way of the Florida Keys
- Village of Islamorada
- Village of Islamorada Commissioners
- Womankind

## Health in All Policy Indicators

Health Equity Profile						
RACE/ETHNICITY						
Indicator	Total	White	Black	Other Race	Hispanic	Non-Hispanic
<b>Structural Drivers (inequitable distribution of power, income, opportunity and resources)</b>						
Income Inequality (index)	0.4996					
Median household income	\$60,303	\$64,866	\$37,604	\$30,682	\$52,752	\$69,823
Households with 1 worker	36.8%					
Occupied households with monthly housing costs of 30% or more of household income	43.7%					
Occupied housing units without a vehicle	7.8%					
Individuals below poverty level	12.7%	11.6%	21.6%	20.9%	16.2%	10.5%
Children under 18 below poverty level	16.7%	13.7%	32.3%	67.6%	21.1%	10.4%
Unemployed civilian labor force	3.7%	3.5%	6.4%	3.2%	4.4%	3.2%
Civilian labor force employed in management, business, science, or arts	30.80%					
Median owner-occupied housing unit value	\$429,000					
Owner-occupied housing units	58.7%	61.1%	26.3%	23.5%	43.6%	64.9%
Owner-occupied households with monthly housing costs of 30% or more of household income	34.5%					
Renter-occupied housing units	41.3%	38.9%	73.7%	76.5%	56.4%	35.1%
Renter-occupied households with gross rent costing 30% or more of household income	60.2%					
Rental vacancy rate	21.70%					
Severe housing problems	25.90%					
Occupied housing units with more than 1 occupant per room	3.5%	2.8%	13.1%	11.8%	6.3%	2.1%
Homeless (counts)	631					
Incarceration rate (per 100,000 population)	6.7					
Children under 18 in single-parent households	34.40%					
High school graduation rate <sup>3</sup>	79.20%	86.5%	73.1%		68.4%	
Individuals 25 years and over with no high school diploma	8.80%	8.4%	14.8%	13.9%	22.3%	4.6%
Out-of-school suspensions grades K-12 (per 100,000 population)	3,962.8					
Racial residential segregation (index)	0.4221					

Adults who could not see a doctor at least once in the past year due to cost	15.3%	13.5%			22.6%	
<b>Community Determinants</b>						
<b>Life expectancy and population migration</b>						
Life expectancy in years	80					
Individuals 1 year and over that lived in a different house 1 year earlier	17.8%	17.3%	22.6%	22.0%	17.9%	17.0%
Inmate Admissions (count)	179					
College-age population (18-22)	4.8%	4.6%	6.7%	7.3%	6.4%	4.4%
Retirement-age population (65 or older)	21.7%	23%	10%	11.3%	11.7%	24.7%
<b>Physical/built environment</b>						
Population living within ½ mile of a park	53.7%					
Population living within ½ mile of a fast food restaurant	32.9%					
Workers who walked to work	4.6%					
Food insecurity rate	11.4%					
Child food insecurity rate	17.7%					
<b>Economic environment</b>						
Civilian non-institutionalized population with health insurance (per 100,000 population)	80.7	81.3	75.8	63.8	73.6	83.8
Households receiving cash public assistance or food stamps	7.6%					
<b>Behaviors and Exposures</b>						
Adults who are current smokers	13.6%	17.3%			4.1%	
Adults who engage in heavy or binge drinking	24.1%	28.5%			15.9%	
Adults who meet muscle strengthening recommendations	32.7%	33.5%			14.9%	
<b>Diet/nutrition (per 100,000 population)</b>						
Preventable Hospitalizations Under 65 from nutritional deficiencies (per 100,000 population)	26.40					
<b>Health Outcomes</b>						
<b>Infant Death</b>						
Infant deaths (per 1,000 births)	5.5	5.3	0	0	8.6	2
<b>Heart Disease</b>						
<b>Per 100,000 population</b>						
Heart disease deaths	147.5	145.8	234.1	80.5	119.6	152.2
<b>Stroke</b>						
Hospitalizations from stroke	184.8	169.1	530.7	192.2	169.1	180
Stroke deaths	24.8	23.6	64.1	0	31.6	23.9
<b>Diabetes</b>						
Hospitalizations from or with diabetes	1264.7	1180.2	2939.2	787.3	1734	1138.3
Preventable hospitalizations under 65 from diabetes	74.3					

Emergency room visits due to diabetes	142.3	115.7	473.6	139.8	207.6	119.4
Diabetes deaths	18.4	16.7	48.8	41.2	21.7	18.7
<b>Cancer</b>						
Cancer cases	379.5	378.7	382	231.7	225.5	405.3
Cancer deaths	147.5	145.7	247	43.1	108.4	154
<b>CLRD</b>						
Hospitalizations from C.L.R.D. (including asthma)	214.5	209.8	390.9	151	255.3	207.1
Chronic Lower Respiratory Disease (CLRD) deaths	26.4	27.1	26.2	0	5.5	29.5
<b>Injury</b>						
Unintentional injury deaths	50.6	55.3	0	41.2	52	50.7
Unintentional falls deaths	6.3	6.9	0	0	0	7.9
Unintentional poisoning deaths	23.6	26.6	0	0	26.6	23.6
Drug poisoning deaths	20.3	22.9	0	0	31.9	17.8
Suicides	22.2	24.8	0	0	22.7	21.7
Homicides	5.7	4.6	13.2	0	0	7.1
<b>HIV/AIDS</b>						
HIV cases	22	15.3	21.1	41.5	39.3	16.8
Persons living with HIV	838.3	863.8	1794.4	331.8	577.9	916.3
AIDS cases	5.2	3.8	21.1	0	5.6	5
HIV/AIDS deaths	3	3.4	0	0	5.5	3.3
<b>Liver disease</b>						
Chronic liver disease and cirrhosis deaths	18.1	16.2	48.8	59.5	10.1	19
<b>Kidney disease</b>						
Preventable hospitalizations under 65 from kidney/urinary infection	21.5					
Nephritis, nephrotic syndrome & nephrosis deaths	16.7	16.5	0	48.7	18.9	16.4
<b>Mental health conditions and trauma</b>						
Hospitalizations for mental disorders	679.8	667.8	745.8	257.3	461.2	728.2

Key:

Red represents the highest disparity in race/ethnicity in Monroe County .

## Health Priority: Access to Care

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. Access to health care impacts one's overall physical, social, and mental health status and quality of life.

Access to health care impacts:

- Overall physical, social, and mental health status
- Prevention of disease and disability
- Preventable hospitalization
- Detection and treatment of health conditions
- Quality of life
- Preventable death
- Life expectancy

Barriers to health services include:

- High cost of care
- Inadequate or no insurance coverage
- Lack of availability of services
- Lack of culturally competent care

These barriers to accessing health services lead to:

- Unmet health needs
- Delays in receiving appropriate care
- Inability to get preventive services
- Financial burdens
- Preventable hospitalizations

### Understanding Access to Health Services

Access to health services is a broad and complex issue that encompasses four main components: coverage, services, timeliness, and workforce.

#### Coverage

Uninsured people are less likely to receive medical care, more likely to die early and are more likely to have poor health status. The underinsured face a similar dilemma, despite having insurance. High out-of-pocket costs or deductibles create financial barriers to receiving care. Twenty-two (22%) percent of adults and 13% of children are uninsured which is higher than the state average. According to the Kaiser Family Foundation analysis of federal marketplace signup data by zip code, in 2015 in Monroe County:

- 9,810 people signed up for Marketplace coverage
- 18,478 is the estimated number of potential Marketplace enrollees in this area
- 53% percent of this area's potential market signed up for coverage

#### Services

Improving access to health care services depends in part on ensuring that people have a usual and ongoing source of care (that is, a provider or facility where one regularly receives care). People with a usual source of care have better health outcomes, fewer disparities, and lower costs.

Having a primary care provider (PCP) who serves as the usual source of care is especially important. PCPs can develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community. Having a usual PCP is associated with:

- Greater patient trust in the provider
- Better patient-provider communication
- Increased likelihood that patients will receive appropriate care
- Lower mortality from all causes
- Improving health care services includes increasing access to and use of evidence-based preventive services.

Clinical preventive services are services that:

- Prevent illness by promoting healthy behaviors in people without risk factors (e.g., diet and exercise counseling)
- Prevent illness by providing protection to those at risk (e.g., childhood vaccinations)
- Identify and treat people with no symptoms, but who have risk factors, before the clinical illness develops (e.g., screening for hypertension or colorectal cancer)

### Timeliness

Timeliness issues include the time between identifying a need for specific tests and treatments and actually receiving those services. Actual and perceived difficulties or delays in getting care when patients are ill or injured likely reflect significant barriers to care. The delay in time between identifying a need for a specific test or treatment and actually receiving those services can negatively impact health and costs of care. For example, delays in getting care can lead to:

- Increased emotional distress
- Increased complications
- Higher treatment costs
- Increased hospitalizations

### Workforce

There has been a decrease in the number of medical students interested in working in primary care. Primary care physicians (PCPs) as a usual source of care allows physicians to develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community. Shortages exist in other key specialties such as dental and mental health professionals. The Healthcare Resources and Service Administration (HRSA) may designate some geographic areas as a Health Professional Shortage Area based on the rate of full-time equivalent professionals per resident.

As health care reform seeks to expand access to health care by improving affordability, significant nonfinancial barriers also prevent many adults from seeking or delaying the care they need.

National research has suggested that four nonfinancial barriers were more frequent reasons for unmet need or delayed care (21%) compared to affordability, the only cost-related dimension (18.5%).

The top nonfinancial barriers include:

- Accommodation (17.5%) —busy with work or other commitments
- Availability (8.4%)—couldn't get appointment soon enough
- Accessibility (4.4%)—took too long to get to the doctor's office or clinic
- Acceptability (4.0%) —doctor or hospital wouldn't accept health insurance

### Resources Potentially Available to Address Priority

Organizations and programs serving Monroe County which have been identified as community assets for the Access to Care community health priority include:

- 180 Health Partners
- Advanced Urgent Care
- Agency for Persons with Disabilities
- AH of Monroe County, Inc.
- Area Health Education Center (AHEC)
- Baptist Health
- City of Key West
- Community Health of South Florida, Inc.
- Florida Council Against Sexual Violence
- Florida Keys Healthy Start Coalition
- Good Health Clinic
- Guidance Care Center, Inc.
- Leadership Monroe County
- Lower Keys Medical Center
- Monroe County Social Services
- Rural Health Network Monroe County
- Samuel's House
- SOS Foundation
- Wesley House Family Services
- Zonta Club of Key West
- Womankind

## Access to Care Indicators

Access and Functional Needs Profile		
Indicator	County Rate	State Rate
<b>Demographic Data</b>		
Resident Live Births	9.6	11.1
<b>Total Population</b>		
Children under 18 in Foster Care	985.4	534.5
Population 65-84 Years Old	18.8	16.8
Population 85+ Years Old	2.2	2.7
Individuals 65 years and over living alone	25.3	24.8
<b>Socioeconomic Data</b>		
WIC Eligibles Served	74.5	72.2
WIC Eligibles	2.1	3.3
Census Population Below Poverty Level	13.0	16.1
Population 5+ that speak English less than very well	9.3	11.7
Median Monthly Medicaid Enrollment	11,660.8	19,672.2
Households receiving cash public assistance or food stamps	7.6	15.3
Homeless Estimate	0.8	0.2
<b>Health Status and Access to Care</b>		
Adults with health insurance coverage	79.0	83.6
Adults who have a personal doctor	65.2	72
Adults who could not see a doctor at least once in the past year due to cost	15.3	16.6
Adults who had a medical checkup in the past year	67.7	76.5
Total Licensed Florida Family Practice Physicians (FP - FAMILY PRACTICE)	18.2	15.8
Total Licensed Florida Dentists	49	57.4
Total hospital beds	307	312.9
County Health Department Full-Time Employees	104.4	48
Adults who received a flu shot in the past year	27.1	35
Adults who have ever received a pneumonia vaccination	30.3	34.6
Women 40 years of age and older who received a mammogram in the past year	47.3	60.8
Women 18 years of age and older who received a Pap test in the past year	39.8	48.4
Men 50 years of age and older who received a PSA test in the past two years	40.7	54.9
Adults ages 50 years and older who received a blood stool test in the past year	7.5	16
Adults 50 years of age and older who received a sigmoidoscopy or colonoscopy in the past five years	44.2	53.9
Adults less than 65 years of age who had an HIV test in the past 12 months	17.7	19.7

County Health Department Expenditures Per Person	101.5	36
Adults who have Medicare (Medicare is a coverage plan for people 65 or over and for certain disabled people)	40.7	37.9
Adults who said their overall health was "fair" or "poor"	14.6	19.5
Adults who said their overall health was "good" to "excellent"	85.4	80.5
Adults whose poor physical or mental health kept them from doing usual activities on 14 or more of the past 30 days (Among adults who have had at least one day of poor mental or physical health)	19.0	18.6
Average number of days where poor mental or physical health interfered with activities of daily living in the past 30 days (Among adults who have had at least one day of poor mental or physical health)	5.6	5.7
Adults with good physical health	86.8	87.1
Adults who had poor physical health on 14 or more of the past 30 days	13.2	12.9
Average number of unhealthy physical days in the past 30 days	4	4
Adults with good mental health	90.1	88.6
Adults who had poor mental health on 14 or more of the past 30 days	9.9	11.4
Average number of unhealthy mental days in the past 30 days	3.2	3.6
Adults who have ever been told they had a depressive disorder	10.7	14.2
<b>Vulnerability Data</b>		
Percent of Adults Limited in Activities because of Physical, Mental, or Emotional Problems	19.3	21.2
Percent of Adults Who Use Special Equipment because of a Health Problem	7.8	9.9
Civilian non-institutionalized population with a disability	12.2	13.3
Seriously Mentally Ill Adults	3.6	3.7
Census Population 18-64 with Vision Difficulty	1.5	1.9
Census Population 18-64 with Hearing Difficulty	1.8	1.8
Census Population 18-64 with Independent Living Difficulty	3.4	3.6
<b>Children Through Age 20</b>		
Seriously Emotionally Disturbed Children	4.3	4.6
Census Population Under 18 with Vision Difficulty	0.2	0.7
Census Population Under 18 with Hearing Difficulty	0.6	0.5
CMS Clients	0.6	1.9
<b>Elderly Ages 65+</b>		
Census Population 65+ with Vision Difficulty	5.5	6.2
Census Population 65+ with Hearing Difficulty	13.4	13.7
Probable Alzheimer's Cases (65+)	10.7	12.9
<b>Chronic Diseases</b>		
Coronary heart disease age-adjusted death rate	102.7	95.2
Coronary heart disease age-adjusted hospitalization rate	282.0	293.7

<b>Lung Cancer</b>		
Lung cancer age-adjusted death rate	36.8	38.6
Lung cancer age-adjusted incidence rate	58.9	58.9
<b>Colorectal Cancer</b>		
Colorectal cancer age-adjusted death rate	14.6	13.5
Colorectal cancer age-adjusted incidence rate	34.6	36.6
<b>Breast Cancer</b>		
Breast cancer age-adjusted death rate	20.6	19.3
Breast cancer age-adjusted incidence rate	105.5	118.6
<b>Prostate Cancer</b>		
Prostate cancer age-adjusted death rate	19.1	17
Prostate cancer age-adjusted incidence rate	76.6	86.9
<b>Cervical Cancer</b>		
Cervical cancer age-adjusted death rate	2	2.6
Cervical cancer age-adjusted incidence rate	11.5	8.5
<b>Melanoma</b>		
Melanoma age-adjusted death rate	3.7	2.4
Melanoma age-adjusted incidence rate	30.1	24
<b>Reportable &amp; Infectious Diseases</b>		
Campylobacteriosis	32.8	18
Cyclosporiasis	0.4	0.3
Giardiasis, acute	7.9	5.2
Hepatitis A	1.3	0.9
Hepatitis B, acute	0.9	3.3
Legionellosis	3.1	1.8
Listeriosis	0.9	0.2
Salmonellosis	47.3	29.8
Shiga toxin-producing Escherichia coli (STEC) infection	0.9	0.7
Tetanus	0	11
Tuberculosis cases	2.6	2.9
Varicella	5.3	3.5
Vibriosis (excluding cholera)	3.9	1.1
<b>Maternal, Infant &amp; Young Child Health</b>		
Early prenatal care (care began 1st trimester)	82.3	78.3
Preterm with Low Birth Weight	4.8	6

**Key:**

Red is worse than the State.

Green is better than the State.

Yellow is equal to the State.

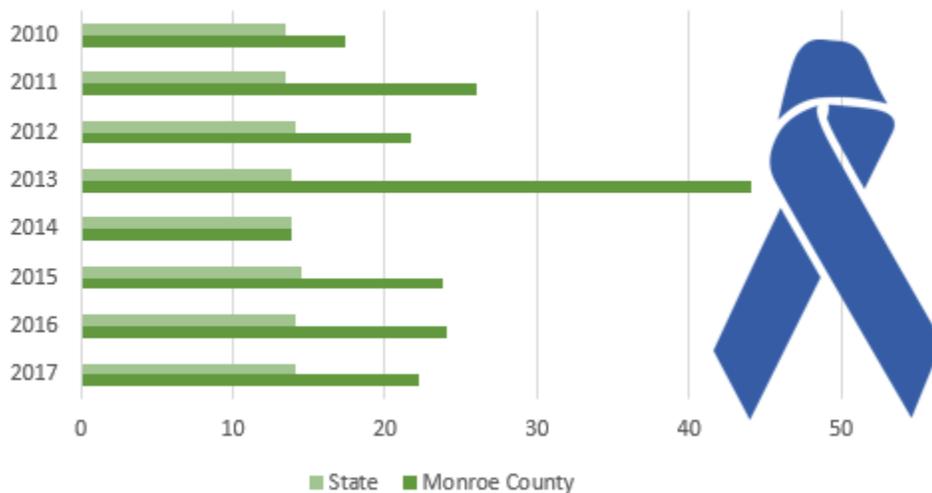
## Health Priority: Mental Health & Substance Abuse

### Mental Health

Overall health depends on both physical and mental well-being. Measuring the number of days when people report that their mental health was not good, i.e., poor mental health days, represents an important facet of health-related quality of life. Mental health includes emotional, psychological and social well-being. It affects how we think, feel and act. It also helps determine how we handle stress, relate to others and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood. In 2016, Monroe County residents reported 3.7 poor mental health days per month.

While data is available for those who receive treatment, data on mental health of the general population is very limited, especially at the local level. Nationally, males are about four times more likely to commit suicide than females. Older males have higher rates of suicide than younger males. Monroe County has Florida's highest suicide rate at 27.7 per 100,000 residents, determined by 66 suicides over a three-year period from 2013 to 2015, which is nearly twice as high as the state.

Figure 17: Suicide Age-Adjusted Death Rate, Single Year Rates



## Mental Health and Wellness

*Positive mental health allows people to:*

- Realize their full potential
- Cope with the stresses of life
- Work productively
- Make meaningful contributions to their communities

*Maintaining positive mental health:*

- Getting professional help if you need it
- Connecting with others
- Staying positive
- Getting physically active
- Helping others
- Getting enough sleep
- Developing coping skills

## Substance Abuse

Substance abuse refers to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes. Social attitudes and political and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues. The effects of substance abuse are cumulative and significantly contribute to costly social, physical, mental, and public health problems. These problems include, but are not limited to:

- Human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)
- Other sexually transmitted diseases (STDs)
- Domestic violence
- Child abuse
- Motor vehicle crashes
- Crime
- Homicide
- Suicide

Use of both illegal and controlled substances is believed to be widespread in the Florida Keys, based on the number of arrests made on substance-related charges. Monroe County is ranked 17 out of the 67 counties for drug overdose deaths. Drug overdose deaths are a leading contributor to premature death and are largely preventable. Currently, the United States is experiencing an epidemic of drug overdose deaths. Furthermore, Monroe County also ranks number one in the state for excessive drinking with the rate of alcohol-related car crashes in Monroe County typically being more than double the number per 100,000 persons than the statewide average. The rate of hospitalization and Emergency Room visits due to excessive alcohol among Monroe County residents is twice as high as the rest of the state.

## Resources Potentially Available to Address Priority

Organizations and programs serving Monroe County which have been identified as community assets for the Mental Health & Substance Abuse community health priority include:

- Department of Juvenile Justice
- Domestic Abuse Shelter
- Florida Council Against Sexual Violence
- Guidance Care Center, Inc.
- Key Bridge Treatment Center
- Key West Business Guild
- Key West Police Department
- Keys Health Ready Coalition
- Lower Keys Medical Center
- Monroe County Coalition
- Monroe County Sheriff's Office
- South Florida Behavioral Health
- State Attorney's Office

## Mental Health & Substance Abuse Indicators

Mental Health & Substance Abuse Profile		
Health Outcomes (Mortality/Death)		
Indicator	County	State
Infant deaths (per 1,000 births)	5.4	6.1
Neonatal Deaths (0-27 days)	4.5	4.2
Post neonatal Deaths (28-364 days)	0.9	2
Motor Vehicle Accident Deaths	19.1	14.8
Drug poisoning deaths	31.9	17.8
Drug Overdose Deaths	26	17
Suicides	23.3	14.2
Homicides	0	7.1
HIV/AIDS deaths	5.5	3.3
Chronic liver disease and cirrhosis deaths	10.1	19
Low birth weight	6.3	8.7
HIV	21.5	23.8
AIDS	3.4	3.7
Hospitalizations for mental disorders	461.2	728.2
Adults whose poor physical or mental health kept them from doing usual activities on 14 or more of the past 30 days (Among adults who have had at least one day of poor mental or physical health)	19	18.6
Average number of days where poor mental or physical health interfered with activities of daily living in the past 30 days (Among adults who have had at least one day of poor mental or physical health)	5.6	5.7
Adults who have ever been told they had a depressive disorder	10.7	14.2
Alcohol-related Motor Vehicle Traffic Crash Deaths	11.8	4.6
Alcohol-related Motor Vehicle Traffic Crashes	87	51.3
Excessive Drinking	26	18
18-44 years	30.9	23.1
45-64 years	24.5	17.2
65 & older	18.4	8.7
Sexually Transmitted Disease	245	454
Social and Economic Factors		
Domestic Violence Offenses	407	504
Murder/Homicide	6	605
Violent Crime	515	500

Red is worse than the State.  
Green is better than the State.  
Yellow is equal to the State.

# Conclusions

## Vision for the Future

**Vision for the Future:** Through the assessments respondents and attendees were asked about the gaps in current programs and services and their vision for a healthier Monroe County. Some dominant themes emerged, specifically the need to increase affordable housing and address homelessness. Several participants also reported a need to continue to monitor and adapt to natural disasters, while others saw a need for continued efforts to develop a collaborative process to strategically work on health communications and involvement across the various sectors of the community in advancing community health.

## Key Overarching Themes and Conclusions

Based on secondary social, economic, and health data, and a community survey, this assessment report provides an overview of the social and economic environment of Monroe County, the health conditions and behaviors that most affect the county's residents, and the perceptions of strengths and gaps in the current health care and public health environment. Several overarching themes emerged from this synthesis:

- **Engage All Sectors of the Monroe Community in Efforts to Promote a Healthy Community and Environment.** City and County departments and community organizations were viewed as highly collaborative on their approaches to the county's challenges. Community organizations also were engaged and eager to be involved in all aspects of community initiatives. When discussing future planning activities, assessment participants cited the need to improve the existing collaborative organizational partnerships and engagement and activism of the county's population as important strengths on which future efforts should build. In particular, embedding and institutionalizing within the processes of government was specifically noted as important, as well as creating and sustaining intersectional collaborations and mechanisms in the decision-making process for future efforts.
- **Promote and Maintain Access to Quality Healthcare.** County residents overall enjoy good health and access to high quality health care, although barriers still exist in accessing services. Challenges to accessing care identified were high out-of-pocket costs for care including health insurance, and lack of after-hours care, among others. Areas noted for further opportunity to improve access to health care services included greater coordination of care across multiple providers, public health-health care integration, more dental care and mental health safety net providers, and a focus on prevention throughout the health care system.
- **Enhance Efforts to Address Mental Health Issues and Substance Abuse.** Assessment participants saw substance abuse and mental health as important priorities for the county. They were concerned about the use of prescription drugs, marijuana, and depression and anxiety among the socially isolated elderly, immigrants, and adolescents. While they knew of many health resources, participants stated that more services for mental health and substance use were needed, including counseling and support group services, better integration of primary and mental health care, and the need to address the stigma associated with mental health and substance use that often discourages people from seeking care.

# APPENDICIES

## APPENDIX I: Map of Monroe County, FL



## APPENDIX II: Community Partners

Advanced Urgent Care  
Agency for Persons with Disabilities  
AH of Monroe County, Inc.  
Area Health Education Center (AHEC)  
Baptist Health  
Catholic Charities  
City Key West Commissioners  
City of Key West  
Community Foundation of the Florida Keys  
Community Health of South Florida, Inc.  
Department of Juvenile Justice  
Domestic Abuse Shelter  
Early Learning Coalition  
Florida Council Against Sexual Violence  
Florida Keys Healthy Start Coalition  
Florida Keys Mosquito Control District  
Florida Keys Outreach Coalition  
Good Health Clinic  
Guidance Care Center, Inc.  
Islamorada Fire Rescue  
Key Bridge Treatment Center  
Key Colony Beach Commissioners  
Key West Police Department  
Keys Health Ready Coalition  
Leadership Monroe County  
Lower Keys Medical Center  
Monroe County Coalition  
Monroe County School District  
Monroe County Sheriff's Office  
Monroe County Social Services  
Naval Branch Clinic  
Rural Health Network Monroe County  
SOS Foundation  
Southernmost Homeless Assistance League  
State Attorney's Office  
Take Stock in Children  
United Way of the Florida Keys  
Womankind  
Yoga in Ya

## APPENDIX III: Community Themes and Strengths Survey Instrument

### Monroe County Community Health Assessment Survey (English)



Thank you for taking the Florida Department of Health in Monroe County's survey! This survey is for people who live, work, or spend time in Monroe County. Information gathered in the survey will help identify community health priorities and assist in developing health-related programs and services. This survey will take 5-10 minutes to complete.

This survey is part of a Florida Department of Health in Monroe County initiative to: 1) Understand the health needs and concerns of people who live, work, or spend time in Monroe County. 2) Identify the County's strengths and challenges in providing a healthy environment for everyone. 3) Improve the health of the County and engage partners, organizations, and individuals in making the vision for a healthier Monroe County a reality.

Please note: Your answers are anonymous and confidential. If you wish to stop taking the survey at any time, you may do so.

<p><b>1. Do you live in Monroe County? *</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>2. Where do you live?</b></p> <p><input type="checkbox"/> Key West <input type="checkbox"/> Lower Keys (Big Coppitt to Big Pine Key) <input type="checkbox"/> Middle Keys (Bahia Honda to Long Key) <input type="checkbox"/> Upper Keys (Layton to Key Largo)</p>	<p><b>3. Do you work in Monroe County?</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>																								
<p><b>4. For what type of business or organization do you work? *</b> <i>If you work more than one job, choose the option that best describes your primary job.</i></p> <table border="0"> <tr> <td><input type="checkbox"/> Arts, entertainment, media</td> <td><input type="checkbox"/> Food Services (restaurants, grocery stores, markets)</td> <td><input type="checkbox"/> Sports and recreation</td> </tr> <tr> <td><input type="checkbox"/> Automobile maintenance/repair</td> <td><input type="checkbox"/> Government (city, state, federal)</td> <td><input type="checkbox"/> Social and human services</td> </tr> <tr> <td><input type="checkbox"/> Biotechnology, pharmaceutical</td> <td><input type="checkbox"/> Health care Legal services</td> <td><input type="checkbox"/> Technology, software, engineering, IT</td> </tr> <tr> <td><input type="checkbox"/> Construction and building trades</td> <td><input type="checkbox"/> Manufacturing and industry</td> <td><input type="checkbox"/> Transportation (buses, taxicabs, subways, trains)</td> </tr> <tr> <td><input type="checkbox"/> Education: Pre-K to High School</td> <td><input type="checkbox"/> Non-profit organizations</td> <td><input type="checkbox"/> Utility, communication, internet company</td> </tr> <tr> <td><input type="checkbox"/> Education: university or college</td> <td><input type="checkbox"/> Research and development</td> <td><input type="checkbox"/> Other, please specify: _____</td> </tr> <tr> <td><input type="checkbox"/> Faith-based organizations</td> <td><input type="checkbox"/> Retail and wholesale</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Financial, accounting, insurance, real estate services</td> <td><input type="checkbox"/> Service occupation (childcare, personal care, security, cleaning, landscaping)</td> <td></td> </tr> </table>			<input type="checkbox"/> Arts, entertainment, media	<input type="checkbox"/> Food Services (restaurants, grocery stores, markets)	<input type="checkbox"/> Sports and recreation	<input type="checkbox"/> Automobile maintenance/repair	<input type="checkbox"/> Government (city, state, federal)	<input type="checkbox"/> Social and human services	<input type="checkbox"/> Biotechnology, pharmaceutical	<input type="checkbox"/> Health care Legal services	<input type="checkbox"/> Technology, software, engineering, IT	<input type="checkbox"/> Construction and building trades	<input type="checkbox"/> Manufacturing and industry	<input type="checkbox"/> Transportation (buses, taxicabs, subways, trains)	<input type="checkbox"/> Education: Pre-K to High School	<input type="checkbox"/> Non-profit organizations	<input type="checkbox"/> Utility, communication, internet company	<input type="checkbox"/> Education: university or college	<input type="checkbox"/> Research and development	<input type="checkbox"/> Other, please specify: _____	<input type="checkbox"/> Faith-based organizations	<input type="checkbox"/> Retail and wholesale		<input type="checkbox"/> Financial, accounting, insurance, real estate services	<input type="checkbox"/> Service occupation (childcare, personal care, security, cleaning, landscaping)	
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<input type="checkbox"/> Faith-based organizations	<input type="checkbox"/> Retail and wholesale																									
<input type="checkbox"/> Financial, accounting, insurance, real estate services	<input type="checkbox"/> Service occupation (childcare, personal care, security, cleaning, landscaping)																									
<p><b>5. How strongly do you agree or disagree with the following statement: "I think Monroe County is a healthy place in which to live, work, or spend time."**?</b></p> <p><input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree</p>	<p><b>6. How strongly do you agree or disagree with the following statement: "The people in my social circle (family, friends, neighbors, and coworkers) make it easy for me to live a healthy lifestyle."? *</b></p> <p><input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree</p>																									

**7. Choose 5 health concerns for you, your family, and your close social circle (friends, neighbors, coworkers, etc.)? \***  
**Select no more than 5.**

- |   |   |
|---|---|
| <input type="checkbox"/> Age-related conditions (like Alzheimer's, arthritis, hearing or vision loss, mobility) | <input type="checkbox"/> Heart disease  |
| <input type="checkbox"/> Alcohol (liver disease and alcohol abuse)  | <input type="checkbox"/> Hunger   |
| <input type="checkbox"/> Bike Safety  | <input type="checkbox"/> Infectious diseases (like flu, pneumonia, TB)                            |
| <input type="checkbox"/> Drug abuse (like opiates, cocaine, heroin, marijuana)                                  | <input type="checkbox"/> Insect-borne illnesses (like Dengue, West Nile Virus, Chikungunya, Lyme) |
| <input type="checkbox"/> Cancer   | <input type="checkbox"/> Mental health (like depression, anxiety, stress, bipolar disorder)       |
| <input type="checkbox"/> Child abuse or neglect   | <input type="checkbox"/> Motor vehicle accidents  |
| <input type="checkbox"/> Chronic respiratory disease in adults (like asthma, emphysema, COPD)                   | <input type="checkbox"/> Prescription drug abuse  |
| <input type="checkbox"/> Cost of medical, dental, or mental health care (like co-pays, prescriptions)           | <input type="checkbox"/> Reproductive health  |
| <input type="checkbox"/> Access to healthcare   | <input type="checkbox"/> Sexually transmitted infections (like HIV/AIDS, Syphilis, Chlamydia)     |
| <input type="checkbox"/> Dental and oral health   | <input type="checkbox"/> Suicide  |
| <input type="checkbox"/> Domestic violence  | <input type="checkbox"/> Teenage pregnancy  |
| <input type="checkbox"/> Drowning   | <input type="checkbox"/> Not sure or no opinion   |
| <input type="checkbox"/> Food safety or foodborne illness   | <input type="checkbox"/> Other, please specify:   |

**8. In your opinion, what are the TOP 5 social and economic issues that affect health in Monroe County? \***  
**Select no more than 5.**

- |   |   |
|---|---|
| <input type="checkbox"/> Alcohol abuse  | <input type="checkbox"/> Lack of employment opportunities   |
| <input type="checkbox"/> Drug abuse (like opiates, cocaine, marijuana)  | <input type="checkbox"/> Lack of health information (like nutrition, disease management, health services) for adults        |
| <input type="checkbox"/> Bullying   | <input type="checkbox"/> Lack of health education (like personal safety, nutrition, substance abuse) for children and youth |
| <input type="checkbox"/> Discrimination   | <input type="checkbox"/> Lack of healthy and affordable food choices  |
| <input type="checkbox"/> Domestic violence  | <input type="checkbox"/> Poverty  |
| <input type="checkbox"/> Dropping out of school   | <input type="checkbox"/> Racism   |
| <input type="checkbox"/> Gun violence   | <input type="checkbox"/> Rape or sexual assault   |
| <input type="checkbox"/> Homelessness   | <input type="checkbox"/> Safety in public spaces (like parks, buses)  |
| <input type="checkbox"/> Hunger   | <input type="checkbox"/> Social isolation   |
| <input type="checkbox"/> Lack of accessibility for people with disabilities (like physical, communication, and transportation access) | <input type="checkbox"/> Violence (like gang, street, or school violence)   |
| <input type="checkbox"/> Lack of affordable child care  | <input type="checkbox"/> Not sure or no opinion   |
| <input type="checkbox"/> Lack of affordable housing   | <input type="checkbox"/> Other, please specify:   |
| <input type="checkbox"/> Lack of affordable recreational activities   |   |
| <input type="checkbox"/> Lack of educational opportunities  |   |

**9. In your opinion, what are the TOP 3 environmental health and safety issues in Monroe County? \***  
**Select no more than 3.**

- |   |   |
|---|---|
| <input type="checkbox"/> Climate change   | <input type="checkbox"/> Pests/Rodents  |
| <input type="checkbox"/> Drinking water quality                                       | <input type="checkbox"/> Infrastructure of Roadways and Sharing the road (between motor vehicles, bicyclists, and pedestrians). |
| <input type="checkbox"/> Hazardous material concerns (soil or groundwater)            | <input type="checkbox"/> Safety for bicyclists  |
| <input type="checkbox"/> Hazardous workplace exposures and safety conditions          | <input type="checkbox"/> Safety for pedestrians   |
| <input type="checkbox"/> Housing conditions: indoor air quality, pests, mold/moisture | <input type="checkbox"/> Tobacco smoke outdoors or in public locations  |
| <input type="checkbox"/> Housing conditions: physically unsafe conditions             | <input type="checkbox"/> Tobacco smoke within your residence or building  |
| <input type="checkbox"/> Lead poisoning   | <input type="checkbox"/> Not sure or no opinion   |
| <input type="checkbox"/> Noise level  | <input type="checkbox"/> Other, please specify:   |

<p><b>10. In the past two years, have you used or tried to use medical, dental, or mental health services in Monroe County? *</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p><b>11. In the past two years, have you had difficulty getting medical, dental, or mental health services for you or your family when you needed them? *</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
--	---

**12. In the past 2 years, which of the following issues have made it difficult or prevented you from getting medical, dental, or mental health services for you or your family?**

*Please select all that apply. \**

<p><input type="checkbox"/> Afraid to go to the doctor</p> <p><input type="checkbox"/> Afraid that health care information is not kept confidential</p> <p><input type="checkbox"/> Cost of care (like prescriptions, co-pays)</p> <p><input type="checkbox"/> Culture: doctor, nurse, or office staff does not understand my culture</p> <p><input type="checkbox"/> Discrimination by doctor, nurse, or office staff</p> <p><input type="checkbox"/> Don't have a regular doctor or place of care</p> <p><input type="checkbox"/> Don't know where to get health care</p> <p><input type="checkbox"/> Insurance: do not have insurance</p> <p><input type="checkbox"/> Insurance: provider does not take my type of insurance</p>	<p><input type="checkbox"/> Language: doctor, nurse, or office staff does not speak my language</p> <p><input type="checkbox"/> Long waits for appointments</p> <p><input type="checkbox"/> No available doctor near me</p> <p><input type="checkbox"/> No evening or weekend services</p> <p><input type="checkbox"/> No time</p> <p><input type="checkbox"/> No transportation</p> <p><input type="checkbox"/> Unfriendliness of doctor, nurse, or office staff</p> <p><input type="checkbox"/> Other, please specify: _____</p>
---	--

**13. Please think about the AVAILABILITY of medical, dental, or mental health services in Monroe County...How satisfied or dissatisfied are you with the availability of the following services?**

	Not at all satisfied	Slightly Satisfied	Moderately Satisfied	Very Satisfied	Extremely Satisfied	Not Sure/ Don't Know
Health or medical services for children and youth (under age 18)	<input type="checkbox"/>					
Health or medical services for adults (ages 19-64)	<input type="checkbox"/>					
Health or medical services for seniors (ages 65+)	<input type="checkbox"/>					
Medical specialists	<input type="checkbox"/>					
Dental or oral health services	<input type="checkbox"/>					
Counseling or mental health services	<input type="checkbox"/>					
Health care providers who take your insurance	<input type="checkbox"/>					
Interpreters during medical visits or when receiving health information	<input type="checkbox"/>					
Public transportation to area health services	<input type="checkbox"/>					
Alcohol or drug treatment services	<input type="checkbox"/>					
Birth control or sexual health services	<input type="checkbox"/>					
Programs to help people quit smoking	<input type="checkbox"/>					

<p><b>14. In what zip code do you live? *</b></p> <p><input type="checkbox"/> 33001    <input type="checkbox"/> 33050  <input type="checkbox"/> 33036    <input type="checkbox"/> 33051  <input type="checkbox"/> 33040    <input type="checkbox"/> 33070  <input type="checkbox"/> 33042    <input type="checkbox"/> 33044  <input type="checkbox"/> 33043    <input type="checkbox"/> 33037</p>	<p><b>15. What is your gender? *</b></p> <p><input type="checkbox"/> Male  <input type="checkbox"/> Female  <input type="checkbox"/> Transgender  <input type="checkbox"/> Other, please specify:  _____</p>	<p><b>16. What is your age (in years)? *</b></p> <p>_____</p>
<p><b>17. Are you of Hispanic, Latino/a, or Spanish origin? *</b></p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Don't know or not sure</p>	<p><b>18. Which of the following would you say is your race? * Check all that apply.</b></p> <p><input type="checkbox"/> White  <input type="checkbox"/> Black or African American  <input type="checkbox"/> Asian  <input type="checkbox"/> Native Hawaiian or other Pacific Islander  <input type="checkbox"/> American Indian or Alaskan Native  <input type="checkbox"/> Other, please specify:  _____</p>	<p><b>19. What language is spoken most often in your home?</b></p> <p><input type="checkbox"/> English  <input type="checkbox"/> Spanish  <input type="checkbox"/> Creole  <input type="checkbox"/> Other: _____</p>
<p><b>20. What is the highest grade or year of school you completed?</b></p> <p><input type="checkbox"/> Never attended school or only attended kindergarten  <input type="checkbox"/> Grades 1-8 (elementary)  <input type="checkbox"/> Grades 9-11 (some high school)  <input type="checkbox"/> Grade 12 or GED (high school graduate)  <input type="checkbox"/> College 1 year to 3 years (some college)  <input type="checkbox"/> College 4 years or more (college graduate)</p>	<p><b>21. Are you limited in any activities because of any long-term health problem or disability, including physical health, emotional, or learning problems?</b></p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Don't know or not sure</p>	<p><b>22. Are you currently...?</b>  <i>Select the choice that best applies to you.</i></p> <p><input type="checkbox"/> Employed for wages  <input type="checkbox"/> Self-employed  <input type="checkbox"/> Out of work for more than 1 year  <input type="checkbox"/> Out of work for less than 1 year  <input type="checkbox"/> A homemaker  <input type="checkbox"/> A student  <input type="checkbox"/> Retired Unable to work</p>
<p><b>23. Please share any additional comments in the space provided below.</b></p>    		



## Encuesta de Evaluación de Salud Comunitaria del Condado de Monroe (Spanish)

¡Gracias por participar en la encuesta del Departamento de Salud de Florida en el condado de Monroe! Esta encuesta es para personas que viven, trabajan o pasan tiempo en el Condado de Monroe. La información recopilada en la encuesta ayudará a identificar las prioridades de salud de la comunidad y ayudará a desarrollar programas y servicios relacionados con la salud. Esta encuesta tomará 5-10 minutos para completar.

Esta encuesta es parte de una iniciativa del Departamento de Salud de Florida en el Condado de Monroe para: 1) Comprender las necesidades y preocupaciones de salud de las personas que viven, trabajan o pasan tiempo en el Condado de Monroe. 2) Identifique las fortalezas y los desafíos del Condado para proporcionar un ambiente saludable para todos. 3) Mejorar la salud del Condado e involucrar a socios, organizaciones e individuos para hacer realidad la visión de un Condado de Monroe más saludable.

Tenga en cuenta: Sus respuestas son anónimas y confidenciales. Si desea dejar de realizar la encuesta en cualquier momento, puede hacerlo.

<p><b>1. ¿Vives en el condado de Monroe? *</b></p> <p><input type="checkbox"/> Si</p> <p><input type="checkbox"/> No</p>	<p><b>2. ¿Dónde vives?</b></p> <p><input type="checkbox"/> Key West</p> <p><input type="checkbox"/> Lower Keys (Big Coppitt to Big Pine Key)</p> <p><input type="checkbox"/> Middle Keys (Bahia Honda to Long Key)</p> <p><input type="checkbox"/> Upper Keys (Layton to Key Largo)</p>	<p><b>3. ¿Trabajas en el condado de Monroe?</b></p> <p><input type="checkbox"/> Si</p> <p><input type="checkbox"/> No</p>																								
<p><b>4. ¿Para qué tipo de empresa u organización trabajas? *</b></p> <p><i>Si trabaja en más de un trabajo, elija la opción que mejor describa su trabajo principal.</i></p> <table border="0"> <tr> <td><input type="checkbox"/> Arte, entretenimiento, medios de comunicación.</td> <td><input type="checkbox"/> Servicios de comida (restaurantes, supermercado tiendas, mercados)</td> <td><input type="checkbox"/> Deportes y recreación.</td> </tr> <tr> <td><input type="checkbox"/> Mantenimiento / reparación de automóviles</td> <td><input type="checkbox"/> Gobierno (ciudad, estado, federal)</td> <td><input type="checkbox"/> Servicios sociales y humanos.</td> </tr> <tr> <td><input type="checkbox"/> Biotecnología, farmacéutica.</td> <td>Importa Salud Servicios jurídicos</td> <td><input type="checkbox"/> Tecnología, software, ingeniería, informática</td> </tr> <tr> <td><input type="checkbox"/> Construcción y oficios de la construcción.</td> <td><input type="checkbox"/> Fabricación e industria</td> <td><input type="checkbox"/> Transporte (autobuses, taxis, taxis, metro, trenes)</td> </tr> <tr> <td><input type="checkbox"/> Educación: Pre-K a la escuela secundaria</td> <td><input type="checkbox"/> Organizaciones sin fines de lucro</td> <td><input type="checkbox"/> Utilidad, comunicación, internet, empresa</td> </tr> <tr> <td><input type="checkbox"/> Educación: universidad o colegio</td> <td><input type="checkbox"/> Investigación y desarrollo</td> <td><input type="checkbox"/> Otro, por favor especifique:</td> </tr> <tr> <td><input type="checkbox"/> Organizaciones basadas en la fe</td> <td><input type="checkbox"/> Venta al por menor y al por mayor.</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Servicios financieros, contables, de seguros, inmobiliarios.</td> <td><input type="checkbox"/> Occupation Ocupación de servicio (cuidado de niños, personal cuidado, seguridad, limpieza, paisajismo)</td> <td></td> </tr> </table>			<input type="checkbox"/> Arte, entretenimiento, medios de comunicación.	<input type="checkbox"/> Servicios de comida (restaurantes, supermercado tiendas, mercados)	<input type="checkbox"/> Deportes y recreación.	<input type="checkbox"/> Mantenimiento / reparación de automóviles	<input type="checkbox"/> Gobierno (ciudad, estado, federal)	<input type="checkbox"/> Servicios sociales y humanos.	<input type="checkbox"/> Biotecnología, farmacéutica.	Importa Salud Servicios jurídicos	<input type="checkbox"/> Tecnología, software, ingeniería, informática	<input type="checkbox"/> Construcción y oficios de la construcción.	<input type="checkbox"/> Fabricación e industria	<input type="checkbox"/> Transporte (autobuses, taxis, taxis, metro, trenes)	<input type="checkbox"/> Educación: Pre-K a la escuela secundaria	<input type="checkbox"/> Organizaciones sin fines de lucro	<input type="checkbox"/> Utilidad, comunicación, internet, empresa	<input type="checkbox"/> Educación: universidad o colegio	<input type="checkbox"/> Investigación y desarrollo	<input type="checkbox"/> Otro, por favor especifique:	<input type="checkbox"/> Organizaciones basadas en la fe	<input type="checkbox"/> Venta al por menor y al por mayor.	_____	<input type="checkbox"/> Servicios financieros, contables, de seguros, inmobiliarios.	<input type="checkbox"/> Occupation Ocupación de servicio (cuidado de niños, personal cuidado, seguridad, limpieza, paisajismo)	
<input type="checkbox"/> Arte, entretenimiento, medios de comunicación.	<input type="checkbox"/> Servicios de comida (restaurantes, supermercado tiendas, mercados)	<input type="checkbox"/> Deportes y recreación.																								
<input type="checkbox"/> Mantenimiento / reparación de automóviles	<input type="checkbox"/> Gobierno (ciudad, estado, federal)	<input type="checkbox"/> Servicios sociales y humanos.																								
<input type="checkbox"/> Biotecnología, farmacéutica.	Importa Salud Servicios jurídicos	<input type="checkbox"/> Tecnología, software, ingeniería, informática																								
<input type="checkbox"/> Construcción y oficios de la construcción.	<input type="checkbox"/> Fabricación e industria	<input type="checkbox"/> Transporte (autobuses, taxis, taxis, metro, trenes)																								
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<input type="checkbox"/> Educación: universidad o colegio	<input type="checkbox"/> Investigación y desarrollo	<input type="checkbox"/> Otro, por favor especifique:																								
<input type="checkbox"/> Organizaciones basadas en la fe	<input type="checkbox"/> Venta al por menor y al por mayor.	_____																								
<input type="checkbox"/> Servicios financieros, contables, de seguros, inmobiliarios.	<input type="checkbox"/> Occupation Ocupación de servicio (cuidado de niños, personal cuidado, seguridad, limpieza, paisajismo)																									
<p><b>5. ¿En qué medida está de acuerdo o en desacuerdo con la siguiente declaración: "Creo que el Condado de Monroe es un lugar saludable donde vivir, trabajar o pasar el tiempo ".</b></p> <p><input type="checkbox"/> Muy de acuerdo</p> <p><input type="checkbox"/> Estoy de acuerdo</p> <p><input type="checkbox"/> Neutral</p> <p><input type="checkbox"/> en desacuerdo</p> <p><input type="checkbox"/> Muy en desacuerdo</p>	<p><b>6. ¿En qué medida está de acuerdo o en desacuerdo con la siguiente afirmación: "Las personas de mi círculo social (familiares, amigos, vecinos y compañeros de trabajo) me facilitan la vida y la vida " *</b></p> <p><input type="checkbox"/> Muy de acuerdo</p> <p><input type="checkbox"/> Estoy de acuerdo</p> <p><input type="checkbox"/> Neutral</p> <p><input type="checkbox"/> en desacuerdo</p> <p><input type="checkbox"/> Muy en desacuerdo</p>																									

**7. Elija 5 preocupaciones de salud para usted, su familia y su círculo social cercano (amigos, vecinos, compañeros de trabajo, etc.)? \* Seleccione no más de 5.**

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Condiciones afecciones relacionadas con la edad (como la enfermedad de Alzheimer, la artritis, pérdida de audición o visión, movilidad)</li> <li><input type="checkbox"/> Alcohol (enfermedad hepática y abuso del alcohol)</li> <li><input type="checkbox"/> Seguridad de la bicicleta</li> <li><input type="checkbox"/> Abuso Abuso de drogas (como opiáceos, cocaína, heroína, marihuana)</li> <li><input type="checkbox"/> cáncer</li> <li><input type="checkbox"/> Abuso o negligencia infantil</li> <li><input type="checkbox"/> Enfermedad respiratoria crónica en adultos (como asma, enfisema, EPOC)</li> <li><input type="checkbox"/> El costo de la atención médica, dental o de salud mental (como paga, recetas)</li> <li><input type="checkbox"/> Acceso a la asistencia sanitaria.</li> <li><input type="checkbox"/> Salud bucal y dental.</li> <li><input type="checkbox"/> violencia domestica</li> <li><input type="checkbox"/> ahogándose</li> <li><input type="checkbox"/> Seguridad alimentaria o enfermedades transmitidas por los alimentos.</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> enfermedad del corazón</li> <li><input type="checkbox"/> Hambre</li> <li><input type="checkbox"/> Enfermedades infecciosas (como gripe, neumonía, TB)</li> <li><input type="checkbox"/> Enfermedades transmitidas por insectos (como Dengue, Virus del Nilo Occidental, Chikungunya, Lyme)</li> <li><input type="checkbox"/> Salud mental (como depresión, ansiedad, estrés, bipolar, trastorno)</li> <li><input type="checkbox"/> Accidentes automovilísticos.</li> <li><input type="checkbox"/> Abuso de drogas recetadas</li> <li><input type="checkbox"/> salud reproductiva</li> <li><input type="checkbox"/> Infecciones Infecciones de transmisión sexual (como el VIH / SIDA, Sífilis, clamidia)</li> <li><input type="checkbox"/> suicidio</li> <li><input type="checkbox"/> Embarazo adolescente</li> <li><input type="checkbox"/> No estoy seguro o no hay opinión</li> <li><input type="checkbox"/> Otro, por favor especifique:</li> </ul> <hr/> |
|--|---|

**8. En su opinión, ¿cuáles son los TOP 5 problemas sociales y económicos que afectan la salud en el Condado de Monroe? \* Seleccione no más de 5.**

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Abuso de alcohol</li> <li><input type="checkbox"/> Abuso de drogas (como opiáceos, cocaína, marihuana)</li> <li><input type="checkbox"/> Bullying</li> <li><input type="checkbox"/> Discriminación</li> <li><input type="checkbox"/> violencia domestica</li> <li><input type="checkbox"/> Abandonar la escuela</li> <li><input type="checkbox"/> Violencia con armas de fuego</li> <li><input type="checkbox"/> personas sin hogar</li> <li><input type="checkbox"/> Hambre</li> <li><input type="checkbox"/> Falta de accesibilidad para personas con discapacidad (como Acceso físico, de comunicación y transporte).</li> <li><input type="checkbox"/> Falta de cuidado infantil asequible</li> <li><input type="checkbox"/> Falta de vivienda asequible</li> <li><input type="checkbox"/> Falta de actividades recreativas accesibles</li> <li><input type="checkbox"/> Falta de oportunidades educativas.</li> <li><input type="checkbox"/> Falta de oportunidades de empleo.</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Falta de información de salud (como nutrición, enfermedad gestión, servicios de salud) para adultos</li> <li><input type="checkbox"/> Falta de educación sobre la salud (como la seguridad personal, nutrición, abuso de sustancias) para niños.</li> <li><input type="checkbox"/> Falta de opciones de alimentos saludables y asequibles</li> <li><input type="checkbox"/> La pobreza</li> <li><input type="checkbox"/> racismo</li> <li><input type="checkbox"/> Violación o agresión sexual.</li> <li><input type="checkbox"/> Seguridad en espacios públicos (parques/autobuses)</li> <li><input type="checkbox"/> aislamiento social</li> <li><input type="checkbox"/> Violencia (como violencia de pandillas, calle o escuela)</li> <li><input type="checkbox"/> No estoy seguro o no hay opinión</li> <li><input type="checkbox"/> Otro, por favor especifique:</li> </ul> <hr/> |
|--|---|

**9. En su opinión, ¿cuáles son los TOP 3 problemas de salud y seguridad ambiental en el Condado de Monroe? \* Seleccione no más de 3.**

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> cambio climático</li> <li><input type="checkbox"/> Calidad del agua potable.</li> <li><input type="checkbox"/> Preocupaciones por materiales peligrosos (suelo o agua subterránea)</li> <li><input type="checkbox"/> Expos Exposiciones peligrosas en el lugar de trabajo y condiciones de seguridad.</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Plagas / Roedores</li> <li><input type="checkbox"/> Infraestructura de carreteras y compartir la carretera. (entre vehículos de motor, ciclistas y peatones).</li> <li><input type="checkbox"/> Seguridad para ciclistas.</li> <li><input type="checkbox"/> Seguridad para los peatones.</li> <li><input type="checkbox"/> Fumar tabaco al aire libre o en lugares públicos.</li> <li><input type="checkbox"/> El humo del tabaco dentro de su residencia o edificio</li> </ul> |
|--|---|

- Condiciones de la vivienda: calidad del aire interior, plagas, moho / humedad
- Condiciones de la vivienda: condiciones físicamente inseguras.
- Envenenamiento por plomo
- nivel de ruido
- olores
- calidad del aire exterior

- No estoy seguro o no hay opinión
  - Otro, por favor especifique:
- 

**10. En los últimos dos años, ¿ha usado o tratado de usar servicios médicos, dentales o de salud mental en el Condado de Monroe? \***

- Si
- No

**11. En los últimos dos años, ¿ha tenido dificultades para obtener servicios médicos, dentales o de salud mental para usted o su familia cuando los necesitaba?**

- Si
- No

**12. En los últimos 2 años, ¿cuál de los siguientes problemas lo hizo difícil o le impidió obtener servicios médicos, dentales o de salud mental para usted o su familia?**

*Por favor seleccione todos los que apliquen. \**

- miedo de ir al médico
- Temo que la información de atención médica no se mantenga confidencial
- Costo de la atención (como recetas, copagos)
- Cultura: el médico, la enfermera o el personal de la oficina no entienden mi cultura
- Discriminación por parte del médico, la enfermera o el personal de la oficina.
- No tener un médico regular o lugar de atención
- No sé dónde obtener atención médica.
- Seguros: no tienen seguro.
- Seguro : el proveedor no toma mi tipo de seguro

- Idioma: el médico, la enfermera o el personal de la oficina no hablan mi idioma
  - Larga espera para citas.
  - No hay médico disponible cerca de mí
  - No hay servicios de noche o fin de semana.
  - no hay tiempo
  - No hay transporte
  - Antigüedad del médico, la enfermera o el personal de la oficina.
  - Otro, por favor especifique:
- 

**13. Piense acerca de la DISPONIBILIDAD de los servicios médicos, dentales o de salud mental en el Condado de Monroe ... ¿Está satisfecho o insatisfecho con la disponibilidad de los siguientes servicios?**

	De ningún modo satisfecho	Ligeramente Satisfecho	Moderately Satisfied	Moderadamente Satisfecho	Extremadamente Satisfecho	No se
Servicios médicos o de salud para niños y jóvenes (menores de 18 años)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Servicios médicos o de salud para adultos (edades 19-64)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Servicios médicos o de salud para personas mayores (mayores de 65 años)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Médicos especialistas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Servicios de salud bucal u odontológica.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Servicios de asesoramiento o salud mental.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Proveedores de atención médica que toman su seguro.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intérpretes durante visitas médicas o cuando reciben información de salud.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transporte público a servicios de salud del área.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Servicios de tratamiento de alcohol o drogas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Control de natalidad o servicios de salud sexual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Programas para ayudar a las personas a dejar de fumar.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>14. ¿En qué código postal vives?*</b> <input type="checkbox"/> 33001 <input type="checkbox"/> 33050 <input type="checkbox"/> 33036 <input type="checkbox"/> 33051 <input type="checkbox"/> 33040 <input type="checkbox"/> 33070 <input type="checkbox"/> 33042 <input type="checkbox"/> 33044 <input type="checkbox"/> 33043 <input type="checkbox"/> 33037	<b>15. ¿Cuál es tu género?*</b> <input type="checkbox"/> Hombre <input type="checkbox"/> Mujer <input type="checkbox"/> Transgénero <input type="checkbox"/> Otro, por favor especifique: _____		<b>16. ¿Cuál es su edad (en años)? *</b> _____			
<b>17. ¿Eres de origen hispano, latino / a, o español? *</b> <input type="checkbox"/> Si <input type="checkbox"/> No <input type="checkbox"/> No sé	<b>18. ¿Cuál de los siguientes diría que es su raza? * Marque todos los que correspondan.</b> <input type="checkbox"/> blanco <input type="checkbox"/> negro o afroamericano <input type="checkbox"/> asiático <input type="checkbox"/> nativo hawaiano u otro Isleño del pacífico <input type="checkbox"/> indio americano o de Alaska Nativo <input type="checkbox"/> Otro, por favor especifique: _____		<b>19. ¿Qué idioma se habla con mayor frecuencia en su hogar?</b> <input type="checkbox"/> inglés <input type="checkbox"/> español <input type="checkbox"/> criollo <input type="checkbox"/> Otro: _____			
<b>20. ¿Cuál es el grado o año escolar más alto que completó?</b> <input type="checkbox"/> Nunca asistí a la escuela o solo asistí jardín de infancia <input type="checkbox"/> Grados 1-8 (elemental) <input type="checkbox"/> Grados 9-11 (algunos estudios secundarios) <input type="checkbox"/> Grado 12 o GED (graduado de secundaria) <input type="checkbox"/> Colegio de 1 año a 3 años (algunos estudios universitarios) <input type="checkbox"/> Colegio 4 años o más (colegio graduado)	<b>21. ¿Está limitado en alguna actividad debido a algún problema de salud a largo plazo o discapacidad, incluyendo problemas de salud física, emocional o de aprendizaje?</b> <input type="checkbox"/> Si <input type="checkbox"/> No <input type="checkbox"/> No sé		<b>22. Estas actualmente...?</b> <i>Seleccione la opción que mejor se aplique a usted.</i> <input type="checkbox"/> Empleado por salarios <input type="checkbox"/> Autónomos <input type="checkbox"/> Fuera del trabajo por más de 1 año <input type="checkbox"/> Fuera del trabajo por menos de 1 año <input type="checkbox"/> un ama de casa <input type="checkbox"/> un estudiante <input type="checkbox"/> Retirado No se puede trabajar			
<b>23. Por favor comparta cualquier comentario adicional en el espacio provisto abajo.</b>						



## Monroe County Community Health Assessment Survey (Creole)

Mèsi pou pran Depatman Sante Florid nan sondaj Konte Monroe! Sondaj sa a se pou moun k ap viv, travay, oswa pase tan nan Konte Monroe. Enfòmasyon ki rasanble nan sondaj la pral ede idantifye priyorite sante kominote yo epi ede nan devlope pwogram ak sèvis sante yo. Sondaj sa a pral pran 5-10 minit pou konplete.

Sondaj sa a se yon pati nan yon Depatman Sante Florid nan inisyativ Konte Monroe pou: 1) Konprann bezwen sante ak enkyetid nan moun k ap viv, travay oswa pase tan nan Konte Monroe. 2) Idantifye fòs ak defi Konte an nan bay yon anviwònman ki an sante pou tout moun. 3) Amelyore sante Konte an epi angaje patnè yo, òganizasyon yo, ak moun yo nan fè vizyon pou yon sante Konte Monroe yon reyaltite.

*Tanpri sonje: Repons ou yo anonim e konfidansyèl. Si ou vle sispann pran sondaj la nan nenpòt ki lè, ou ka fè sa.*

<p><b>1. Èske w rete nan Konte Monroe?</b></p> <p><input type="checkbox"/> Wi <input type="checkbox"/> Non</p>	<p><b>2. Ki kote ou abite?</b></p> <p><input type="checkbox"/> Key West <input type="checkbox"/> Lower Keys (Big Coppitt pou Big Pine Key) <input type="checkbox"/> Middle Keys (Bahia Honda pou Long Key) <input type="checkbox"/> Upper Keys (Layton to Key Largo)</p>	<p><b>3. Èske w travay nan Konte Monroe?</b></p> <p><input type="checkbox"/> Wi <input type="checkbox"/> Non</p>			
<p><b>4. Pou ki kalite biznis ou òganizasyon ou travay? *</b> <i>Si ou travay plis pase yon travay, chwazi opsyon ki pi byen dekri travay prensipal ou.</i></p> <table border="0"> <tr> <td data-bbox="203 989 646 1436"> <input type="checkbox"/> Arts, amizman, medya <input type="checkbox"/> Antretyen otomobil / reparasyon <input type="checkbox"/> Biyoteknoloji, pharmaceutique <input type="checkbox"/> Konstriksyon ak bati echanj <input type="checkbox"/> Edikasyon: Pre-K nan Lekòl Segondè <input type="checkbox"/> Edikasyon: inivèsite oswa kolèj <input type="checkbox"/> òganizasyon lafwa ki baze sou <input type="checkbox"/> Finansye, kontablite, asirans, sèvis imobilye</td> <td data-bbox="646 989 992 1436"> <input type="checkbox"/> Sèvis manje (restoran, makèt magazen yo, mache yo) <input type="checkbox"/> Gouvènman (vil, eta, federal) <input type="checkbox"/> Swen sante Sèvis legal <input type="checkbox"/> Faktori ak endistri <input type="checkbox"/> Ki pa Peye-òganizasyon <input type="checkbox"/> Rechèch ak devlopman <input type="checkbox"/> Yo Vann an Detay ak en <input type="checkbox"/> Sèvis okipasyon (gadri, pèsonèl swen, sekirite, netwayaj, jaden)</td> <td data-bbox="992 989 1502 1436"> <input type="checkbox"/> Espò ak rekreyasyon <input type="checkbox"/> Sosyal ak sèvis imen <input type="checkbox"/> Teknoloji, lojisyèl, jeni, IT <input type="checkbox"/> Transpòtasyon (otobis, taksi, subway, tren) <input type="checkbox"/> sèvis piblik, komunikasyon, entènèt konpayi <input type="checkbox"/> Lòt, tanpri presize: _____</td> </tr> </table>			<input type="checkbox"/> Arts, amizman, medya <input type="checkbox"/> Antretyen otomobil / reparasyon <input type="checkbox"/> Biyoteknoloji, pharmaceutique <input type="checkbox"/> Konstriksyon ak bati echanj <input type="checkbox"/> Edikasyon: Pre-K nan Lekòl Segondè <input type="checkbox"/> Edikasyon: inivèsite oswa kolèj <input type="checkbox"/> òganizasyon lafwa ki baze sou <input type="checkbox"/> Finansye, kontablite, asirans, sèvis imobilye	<input type="checkbox"/> Sèvis manje (restoran, makèt magazen yo, mache yo) <input type="checkbox"/> Gouvènman (vil, eta, federal) <input type="checkbox"/> Swen sante Sèvis legal <input type="checkbox"/> Faktori ak endistri <input type="checkbox"/> Ki pa Peye-òganizasyon <input type="checkbox"/> Rechèch ak devlopman <input type="checkbox"/> Yo Vann an Detay ak en <input type="checkbox"/> Sèvis okipasyon (gadri, pèsonèl swen, sekirite, netwayaj, jaden)	<input type="checkbox"/> Espò ak rekreyasyon <input type="checkbox"/> Sosyal ak sèvis imen <input type="checkbox"/> Teknoloji, lojisyèl, jeni, IT <input type="checkbox"/> Transpòtasyon (otobis, taksi, subway, tren) <input type="checkbox"/> sèvis piblik, komunikasyon, entènèt konpayi <input type="checkbox"/> Lòt, tanpri presize: _____
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<p><b>5. Ki jan ou dakò oswa ou pa dakò ak deklarasyon sa a: "Mwen panse ke Konte Monroe se yon kote ki an sante pou yo viv, travay oswa pase tan." *</b></p> <p><input type="checkbox"/> fòtman dakò <input type="checkbox"/> dakò <input type="checkbox"/> san patipri <input type="checkbox"/> pa dakò <input type="checkbox"/> pa dakò nèt</p>	<p><b>6. Ki jan ou dakò oswa ou pa dakò ak deklarasyon sa a: "Moun ki nan sèk sosyal mwen an (fanmi, zanmi, vwazen, ak kòlèg travay) fè li fasil pou mwen viv yon vi an sante." *</b></p> <p><input type="checkbox"/> fòtman dakò <input type="checkbox"/> dakò <input type="checkbox"/> san patipri <input type="checkbox"/> pa dakò <input type="checkbox"/> pa dakò nèt</p>				

**7. Chwazi 5 enkyetid sante pou ou, fanmi w, ak sèk sosyal ou fèmèn (zanmi, vwazen, kòlèg travay, elatriye)? \***

**Chwazi pa plis ke 5.**

- |  |   |
|--|---|
| <input type="checkbox"/> Lajan ki gen rapò ak kondisyon (tankou alzayme, artrit, odyans oswa pèt vizyon, mobilite) | <input type="checkbox"/> Maladi kè  |
| <input type="checkbox"/> Alkòl (maladi fwa ak abi alkòl)   | <input type="checkbox"/> grangou  |
| <input type="checkbox"/> Sekirite bisiklèt   | <input type="checkbox"/> Maladi enfeksyon (tankou grip, nemoni, TB)                             |
| <input type="checkbox"/> Dwòg abi (tankou opiates, kokayin, ewoyin, marigwana)                                     | <input type="checkbox"/> Maladi ensèk (tankou Dengue, West Nile Virus, Chikungunya, Lyme)       |
| <input type="checkbox"/> Kansè   | <input type="checkbox"/> Mantal sante (tankou depresyon, enkyetid, estrès, bipolè maladi)       |
| <input type="checkbox"/> Abi sou timoun oswa neglijan  | <input type="checkbox"/> aksidan otomobil   |
| <input type="checkbox"/> Kwonik maladi respiratwa nan adilt (tankou opresyon, anfizèm, COPD)                       | <input type="checkbox"/> Abi dwòg preskripsyon  |
| <input type="checkbox"/> Depans medikal, dantè, oswa swen sante mantal (tankou ko-peye, preskripsyon)              | <input type="checkbox"/> repwodiksyon sante   |
| <input type="checkbox"/> Aksè nan swen sante   | <input type="checkbox"/> Seksyèlman transmisib enfeksyon (tankou VIH / SIDA, Syphilis, klamidy) |
| <input type="checkbox"/> Dantè ak sante nan bouch  | <input type="checkbox"/> Swisid   |
| <input type="checkbox"/> Vyolans domestik  | <input type="checkbox"/> Jèn adolesan   |
| <input type="checkbox"/> Nwaye   | <input type="checkbox"/> Pa si wi ou non opinyon ou   |
| <input type="checkbox"/> Sekirite alimantè oswa maladi manje   | <input type="checkbox"/> Lòt, tanpri presize:   |
- 

**8. Nan opinyon ou, ki sa ki TOP 5 sosyal ak ekonomik pwoblèm ki afekte sante nan Konte Monroe? \***

**Chwazi pa plis ke 5.**

- |  |   |
|--|---|
| <input type="checkbox"/> Alkòl abi   | <input type="checkbox"/> Mank opòtinite travay  |
| <input type="checkbox"/> abuse abi dwòg (tankou opiates, kokayin, marigwana)                               | <input type="checkbox"/> Manke enfòmasyon medikal (tankou nitrisyon, maladi jesyon, sèvis sante) pou granmoun         |
| <input type="checkbox"/> Bullying  | <input type="checkbox"/> Manke edikasyon medikal (tankou sekirite pèsònèl, nitrisyon, abi sibstans) pou timoun ak jèn |
| <input type="checkbox"/> Diskriminasyon  | <input type="checkbox"/> Manke chwa manje sante ak abòdab   |
| <input type="checkbox"/> Vyolans domestik  | <input type="checkbox"/> Povrete  |
| <input type="checkbox"/> Jete soti nan lekòl la  | <input type="checkbox"/> rasis  |
| <input type="checkbox"/> Vyolans vyolans   | <input type="checkbox"/> Kadejak oswa atak seksyèl  |
| <input type="checkbox"/> Sanzabri  | <input type="checkbox"/> Sekirite nan espas piblik (tankou pak, otobis)   |
| <input type="checkbox"/> grangou   | <input type="checkbox"/> Sosyal izolasyon   |
| <input type="checkbox"/> Mank aksesib pou moun ki gen andikap (tankou fizik, kominikasyon ak aksè transpò) | <input type="checkbox"/> Vyolans (tankou gang, nan lari, oswa vyolans lekòl)  |
| <input type="checkbox"/> Mank swen timoun abòdab   | <input type="checkbox"/> Pa si wi ou non opinyon ou   |
| <input type="checkbox"/> Mank lojman abòdab  | <input type="checkbox"/> Lòt, tanpri presize:   |
| <input type="checkbox"/> Mank aktivite abòdab rekreyasyon  |   |
| <input type="checkbox"/> Mank opòtinite edikasyonèl  |   |
- 

**9. Nan opinyon ou, ki sa ki TOP 3 pwoblèm sante ak sekirite nan anviwònman an nan Konte Monroe? \***

**Chwazi pa plis pase 3.**

- |  |  |
|--|--|
| <input type="checkbox"/> Chanjman nan klima  | <input type="checkbox"/> Vèmin / rat   |
| <input type="checkbox"/> Bon jan kalite dlo potab  | <input type="checkbox"/> Enfrastrikti nan Roads ak Pataje wout la (ant machin motè, bisiklèt, ak pyeton yo). |
| <input type="checkbox"/> Concerns Pwoblèm materyèl danjere (tè oswa dlo anba tè)               | <input type="checkbox"/> Sekirite pou bisiklèt   |
| <input type="checkbox"/> Ex Ekspozisyon travay danjere ak kondisyon sekirite                   | <input type="checkbox"/> Sekirite pou pyeton yo  |
| <input type="checkbox"/> Kondisyon Lojman: kalite lè andedan kay la, vèmin yo, mwazi / imidite | <input type="checkbox"/> Deyò lafimen tabak oswa nan kote piblik yo  |
| <input type="checkbox"/> Kondisyon Lojman: kondisyon fizik ki danjere                          | <input type="checkbox"/> Tabak lafimen nan rezidans ou oswa nan bilding lan                                  |
| <input type="checkbox"/> Anpwazònman plon  | <input type="checkbox"/> Pa si wi ou non opinyon ou  |
| <input type="checkbox"/> Bri nivo  | <input type="checkbox"/> Lòt, tanpri presize:  |
-

odè  
 Deyò lè bon jan kalite

<p><b>10. Nan de ane ki sot pase yo, èske ou te itilize oswa eseye sèvi ak sèvis medikal, dantè, oswa mantal nan Konte Monroe? *</b></p> <p><input type="checkbox"/> Wi  <input type="checkbox"/> Non</p>	<p><b>11. Nan de dènye ane ki sot pase yo, èske ou te gen difikilte pou w resevwa sèvis medikal, dantè, oswa mantal pou oumenm oswa fanmi ou lè ou te bezwen yo? *</b></p> <p><input type="checkbox"/> Wi  <input type="checkbox"/> Non</p>
---	---

**12. Nan 2 dènye ane ki sot pase yo, kilès nan pwoblèm sa yo ki te fè li difisil oswa anpeche ou resevwa sèvis sante medikal, dantè oswa mantal pou oumenm oswa fanmi ou? Tanpri chwazi tout sa ki aplike. \***

<p><input type="checkbox"/> Pè pou ale nan doktè a</p> <p><input type="checkbox"/> Pa pè ke enfòmasyon medikal swen sante yo pa kenbe konfidansyèl</p> <p><input type="checkbox"/> Pri nan swen (tankou preskripsyon, ko-peye)</p> <p><input type="checkbox"/> Kilti: doktè, enfimyè, oswa anplwaye biwo yo pa konprann kilti mwen an</p> <p><input type="checkbox"/> Diskriminasyon pa doktè, enfimyè, oswa anplwaye biwo yo</p> <p><input type="checkbox"/> Pa gen yon doktè regilye oswa kote swen</p> <p><input type="checkbox"/> Pa konnen ki kote pou jwenn swen sante</p> <p><input type="checkbox"/> Asirans: pa gen asirans</p> <p><input type="checkbox"/> Asirans: founisè pa pran kalite asirans mwen an</p>	<p><input type="checkbox"/> Lang: doktè, enfimyè, oswa anplwaye biwo yo pa pale lang mwen</p> <p><input type="checkbox"/> Long tann pou randevou yo</p> <p><input type="checkbox"/> Pa gen doktè disponib tou pre mwen</p> <p><input type="checkbox"/> Pa gen aswè oswa sèvis nan wikenn</p> <p><input type="checkbox"/> Pa gen tan</p> <p><input type="checkbox"/> Pa gen transpò</p> <p><input type="checkbox"/> Unfriendliness nan doktè, enfimyè, oswa anplwaye biwo yo</p> <p><input type="checkbox"/> Lòt, tanpri presize:</p> <hr style="width: 100%;"/>
--	---

**13. Tanpri reflechi sou AVAILABILITE sèvis medikal, dantè, oswa mantal nan Konte Monroe ... Kouman satisfè oswa satisfè di ou avèk disponiblite sèvis sa yo?**

	Pa ditou satisfè	Yon ti kras Satisfè	Modere Satisfè	Trè Satisfè	Ekstrèmman Satisfè	Pa sèten / Pa konnen
Sante oswa sèvis medikal pou timoun ak jèn (ki poko gen laj 18 an)	<input type="checkbox"/>					
Sante oswa sèvis medikal pou granmoun (laaj 19-64)	<input type="checkbox"/>					
Sante oswa sèvis medikal pou granmoun aje (laaj 65 ane)	<input type="checkbox"/>					
Espesyalis medikal	<input type="checkbox"/>					
Dantè oswa sèvis sante nan bouch	<input type="checkbox"/>					
Konsèy oswa sèvis sante mantal	<input type="checkbox"/>					
Founisè swen sante ki pran asirans ou	<input type="checkbox"/>					
Entèprèt pandan vizit medikal oswa lè li resevwa enfòmasyon sou sante	<input type="checkbox"/>					
Transpò piblik nan sèvis sante nan zòn lan	<input type="checkbox"/>					
Alkòl oswa sèvis tretman dwòg	<input type="checkbox"/>					

Kontwòl nesans oswa sèvis sante seksyèl		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pwogram pou ede moun kite fimèn		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>14. Nan ki kòd postal w ap viv??*</b> <input type="checkbox"/> 33001 <input type="checkbox"/> 33050 <input type="checkbox"/> 33036 <input type="checkbox"/> 33051 <input type="checkbox"/> 33040 <input type="checkbox"/> 33070 <input type="checkbox"/> 33042 <input type="checkbox"/> 33044 <input type="checkbox"/> 33043 <input type="checkbox"/> 33037		<b>15. Ki sèks ou?*</b> <input type="checkbox"/> Gason <input type="checkbox"/> Fi <input type="checkbox"/> Transgender <input type="checkbox"/> Lòt, tanpri presize: _____		<b>16. Ki laj ou (nan ane)?*</b> _____			
<b>17. Èske ou se orijin Panyòl, Latino / A, oswa Panyòl? *</b> <input type="checkbox"/> Wi <input type="checkbox"/> Non <input type="checkbox"/> Pa konnen oswa ou pa sèten		<b>18. Kilès nan bagay sa yo ou ta di se ras ou a? * Tcheke tout sa ki aplike.</b> <input type="checkbox"/> Blan <input type="checkbox"/> Nwa oswa Afriken Ameriken <input type="checkbox"/> Azyatik <input type="checkbox"/> Hawaiian natif natal oswa lòt Pasifik zile <input type="checkbox"/> Ameriken Endyen oswa Alaska <input type="checkbox"/> Lòt, tanpri presize: _____		<b>19. Ki lang ki pale pi souvan nan kay ou a?</b> <input type="checkbox"/> Angle <input type="checkbox"/> Panyòl <input type="checkbox"/> kreyòl <input type="checkbox"/> Lòt: _____			
<b>20. Ki klas ki pi wo oswa ane nan lekòl ou fin ranpli a?</b> <input type="checkbox"/> Pa janm ale nan lekòl la oswa sèlman te ale nan jadendanfan <input type="checkbox"/> Klas 1-8 (elemantè) <input type="checkbox"/> Klas 9-11 (kèk lekòl segondè) <input type="checkbox"/> Klas 12 oswa GED (gradye lekòl segondè) <input type="checkbox"/> kolèj 1 ane a 3 zan (kèk kolèj) <input type="checkbox"/> kolèj 4 ane oswa plis (kolèj gradye)		<b>21. Èske ou limite nan nenpòt aktivite paske nan nenpòt ki pwoblèm sante ki dire lontan oswa andikap, tankou sante fizik, emosyonèl, oswa pwoblèm aprantisaj?</b> <input type="checkbox"/> Wi <input type="checkbox"/> Non <input type="checkbox"/> Pa konnen oswa ou pa sèten		<b>22. Èske w kounye a ...?</b> <i>Chwazi chwa ki pi bon pou ou.</i> <input type="checkbox"/> Travay pou salè <input type="checkbox"/> Self-travay <input type="checkbox"/> Soti nan travay pou plis pase 1 ane <input type="checkbox"/> Soti nan travay pou mwens ke 1 ane <input type="checkbox"/> Yon kay <input type="checkbox"/> Yon elèv <input type="checkbox"/> Retrete pa kapab travay			
<b>23. Tanpri pataje nenpòt kòmantè adisyonèl nan espas ki anba la a.</b>							

## APPENDIX IV: Local Public Health Assessment Results

In the table below, each score (performance, priority, and contribution scores) at the Essential Service level is a calculated average of the respective Model Standard scores within that Essential Service.

Model Standards by Essential Services	Performance Scores
<b>ES 1: Monitor Health Status</b>	<b>44.4</b>
1.1 Community Health Assessment	41.7
1.2 Current Technology	41.7
1.3 Registries	50.0
<b>ES 2: Diagnose and Investigate</b>	<b>73.6</b>
2.1 Identification/Surveillance	66.7
2.2 Emergency Response	66.7
2.3 Laboratories	87.5
<b>ES 3: Educate/Empower</b>	<b>66.7</b>
3.1 Health Education/Promotion	66.7
3.2 Health Communication	58.3
3.3 Risk Communication	75.0
<b>ES 4: Mobilize Partnerships</b>	<b>54.2</b>
4.1 Constituency Development	50.0
4.2 Community Partnerships	58.3
<b>ES 5: Develop Policies/Plans</b>	<b>70.8</b>
5.1 Governmental Presence	75.0
5.2 Policy Development	83.3
5.3 CHIP/Strategic Planning	50.0
5.4 Emergency Plan	75.0
<b>ES 6: Enforce Laws</b>	<b>65.8</b>
6.1 Review Laws	62.5
6.2 Improve Laws	50.0
6.3 Enforce Laws	85.0
<b>ES 7: Link to Health Services</b>	<b>68.8</b>
7.1 Personal Health Service Needs	68.8
7.2 Assure Linkage	68.8
<b>ES 8: Assure Workforce</b>	<b>64.7</b>
8.1 Workforce Assessment	50.0
8.2 Workforce Standards	75.0
8.3 Continuing Education	65.0
8.4 Leadership Development	68.8
<b>ES 9: Evaluate Services</b>	<b>71.3</b>
9.1 Evaluation of Population Health	75.0
9.2 Evaluation of Personal Health	70.0

9.3 Evaluation of LPHS	68.8
<b>ES 10: Research/Innovations</b>	<b>70.8</b>
10.1 Foster Innovation	75.0
10.2 Academic Linkages	75.0
10.3 Research Capacity	62.5
<b>Average Overall Score</b>	<b>65.1</b>
<b>Median Score</b>	<b>67.7</b>

## APPENDIX V: Complete Indicator List

County Health Status Summary Report: Monroe vs. Florida			
Indicator	Year	County	State
<b>Demographic Data</b>			
Resident Live Births	2016	9.6	225,018
<b>Total Population</b>			
Children under 18 in Foster Care	2015-17	985.4	21,885
Population 65-84 Years Old	2015-17	18.8	3,393,414
Population 85+ Years Old	2015-17	2.2	540,078
Individuals 65 years and over living alone	2015-17	25.3	923,385
<b>RACE, OF ANY ETHNICITY</b>			
White (%)	2016	75.9	88.9
Black or African American (%)	2016	16.1	7.1
American Indian & Alaska Native (%)	2016	0.3	0.2
Asian (%)	2016	2.6	1.1
Native Hawaiian & Other Pacific Islander (%)	2016	0.1	0
Some other race (%)	2016	2.5	1
Two or more races (%)	2016	2.5	1.5
<b>Socioeconomic Data</b>			
Total county population	2015-17	76,104	20,228,197
Male (%)	2015-17	48.9	53
Female (%)	2015-17	51.1	47
Median age (years)	2015-17	41.6	46.7
Under 5 years (%)	2015-17	5.5	4.6
5 to 9 years (%)	2015-17	5.6	4
10 to 14 years (%)	2015-17	5.7	4
15 to 19 years (%)	2015-17	5.9	4.3
20 to 24 years (%)	2015-17	6.5	5.5
25 to 34 years (%)	2015-17	12.7	11.8
35 to 44 years (%)	2015-17	12.2	13
45 to 54 years (%)	2015-17	13.8	15.6
55 to 59 years (%)	2015-17	6.7	8.6
60 to 64 years (%)	2015-17	6.2	8.3
65 to 74 years (%)	2015-17	10.5	12.8
75 to 84 years (%)	2015-17	6	5.5
85 years and over (%)	2015-17	2.6	2.1
Population under 18 Years Old	2015-17	11,641	4,131,232
Population 18-64 Years Old	2015-17	48,888	12,350,641
Population 65+ Years Old	2015-17	16,771	4,073,855
Median income (in dollars)	2012-16	\$60,303	\$48,900

Median Monthly Medicaid Enrollment	2016	11,661	3,979,899
Population below 100% poverty	2012-16	13	16.1
Percentage of civilian labor force which is unemployed	2012-16	4.9	8.4
Population 5+ that speak English less than very well	2012-16	9.3	11.7
Population over 25 without high school diploma or equivalency	2012-16	9	12.8
WIC Eligibles Served	2016	74.5	479,129
WIC Eligibles	2016	2.1	663,786
Households receiving cash public assistance or food stamps	2016	7.6	1,134,522
Homeless Estimate	2016	0.8	33,502
Census Population Uninsured (Under 65)	2016		3,158,355
Census Population Below Poverty Level	2016	13	3,139,258
Domestic Violence Offenses	2016	407	504
Murder/Homicide	2016	6	605
Violent Crime	2016	515	500
<b>Physical Activity</b>			
Adults who are sedentary	2016	30.2	29.8
Adults who are inactive or insufficiently active	2016	47.5	56.7
Adults who meet aerobic recommendations	2016	53.4	44.8
Adults who meet muscle strengthening recommendations	2016	32.7	38.2
<b>Overweight and Obesity</b>			
Adults who are overweight	2016	30.2	35.8
Adults who are obese	2016	21.9	27.4
Adults who have a healthy weight	2016	45.8	34.5
<b>Tobacco Use and Exposure</b>			
Adults who are current smokers	2016	13.6	15.5
Adult current smokers who tried to quit smoking at least once in the past year	2016	63.4	62.1
Adults who are former smokers (currently quit smoking)	2016	39.3	26.5
Adults who have never smoked	2016	47.2	58
Adults who are current e-cigarette users	2016	5.8	4.7
Adults who are former e-cigarette users	2016	11.3	15.5
Adults who have never used e-cigarettes	2016	82.8	79.8
<b>Health Status and Access to Care</b>			
Adults with health insurance coverage	2012-16	79.0	83.6
Adults who have a personal doctor	2016	65.2	72
Adults who could not see a doctor at least once in the past year due to cost	2016	15.3	16.6
Adults who had a medical checkup in the past year	2016	67.7	76.5

Total Licensed Florida Family Practice Physicians (FP - FAMILY PRACTICE)	2014-16	18.2	15.8
Total Licensed Florida Dentists	2014-16	49	57.4
Total hospital beds	2015-17	307	312.9
County Health Department Full-Time Employees	2015-17	104.4	48
Adults who received a flu shot in the past year	2016	27.1	35
Adults who have ever received a pneumonia vaccination	2016	30.3	34.6
Women 40 years of age and older who received a mammogram in the past year	2016	47.3	60.8
Women 18 years of age and older who received a Pap test in the past year	2016	39.8	48.4
Men 50 years of age and older who received a PSA test in the past two years	2016	40.7	54.9
Adults ages 50 years and older who received a blood stool test in the past year	2016	7.5	16
Adults 50 years of age and older who received a sigmoidoscopy or colonoscopy in the past five years	2016	44.2	53.9
Adults less than 65 years of age who had an HIV test in the past 12 months	2016	17.7	19.7
County Health Department Expenditures Per Person	2015-17	101.5	36
Adults who have Medicare (Medicare is a coverage plan for people 65 or over and for certain disabled people)	2016	40.7	37.9
Adults who said their overall health was "fair" or "poor"	2016	14.6	19.5
Adults who said their overall health was "good" to "excellent"	2016	85.4	80.5
Adults whose poor physical or mental health kept them from doing usual activities on 14 or more of the past 30 days (Among adults who have had at least one day of poor mental or physical health)	2016	19.0	18.6
Average number of days where poor mental or physical health interfered with activities of daily living in the past 30 days (Among adults who have had at least one day of poor mental or physical health)	2016	5.6	5.7
Adults with good physical health	2016	86.8	87.1
Adults who had poor physical health on 14 or more of the past 30 days	2016	13.2	12.9
Average number of unhealthy physical days in the past 30 days	2016	4	4
Adults with good mental health	2016	90.1	88.6

Adults who had poor mental health on 14 or more of the past 30 days	2016	9.9	11.4
Average number of unhealthy mental days in the past 30 days	2016	3.2	3.6
Adults who have ever been told they had a depressive disorder	2016	10.7	14.2
<b>Vulnerability Data</b>			
Percent of Adults Limited in Activities because of Physical, Mental, or Emotional Problems	2016	19.3	21.2
Percent of Adults Who Use Special Equipment because of a Health Problem	2016	7.8	9.9
Civilian non-institutionalized population with a disability	2016	12.2	13.3
Seriously Mentally Ill Adults	2016	3.6	3.7
Census Population 18-64 with Vision Difficulty	2016	1.5	1.9
Census Population 18-64 with Hearing Difficulty	2016	1.8	1.8
Census Population 18-64 with Independent Living Difficulty	2016	3.4	3.6
<b>Children Through Age 20</b>			
Seriously Emotionally Disturbed Children	2016	4.3	4.6
Census Population Under 18 with Vision Difficulty	2016	0.2	0.7
Census Population Under 18 with Hearing Difficulty	2016	0.6	0.5
CMS Clients	2016	0.6	1.9
<b>Elderly Ages 65+</b>			
Census Population 65+ with Vision Difficulty	2016	5.5	6.2
Census Population 65+ with Hearing Difficulty	2016	13.4	13.7
Probable Alzheimer's Cases (65+)	2016	10.7	12.9
<b>Coronary Heart Disease</b>			
<b>Chronic Diseases</b>			
Coronary heart disease age-adjusted death rate	2015-17	102.7	95.2
Coronary heart disease age-adjusted hospitalization rate	2015-17	282.0	293.7
<b>Stroke</b>			
Stroke age-adjusted death rate	2015-17	29.4	38.7
Stroke age-adjusted hospitalization rate	2015-17	186.6	234.7
<b>Heart Failure</b>			
Heart failure age-adjusted death rate	2015-17	7.6	12.1
Congestive heart failure age-adjusted hospitalization rate	2015-17	109.7	157.9
<b>Lung Cancer</b>			
Lung cancer age-adjusted death rate	2015-17	36.8	38.6
Lung cancer age-adjusted incidence rate	2013-15	58.9	58.9
<b>Colorectal Cancer</b>			
Colorectal cancer age-adjusted death rate	2015-17	14.6	13.5

Colorectal cancer age-adjusted incidence rate	2013-15	34.6	36.6
<b>Breast Cancer</b>			
Breast cancer age-adjusted death rate	2015-17	20.6	19.3
Breast cancer age-adjusted incidence rate	2013-15	105.5	118.6
<b>Prostate Cancer</b>			
Prostate cancer age-adjusted death rate	2015-17	19.1	17
Prostate cancer age-adjusted incidence rate	2013-15	76.6	86.9
<b>Cervical Cancer</b>			
Cervical cancer age-adjusted death rate	2015-17	2	2.6
Cervical cancer age-adjusted incidence rate	2013-15	11.5	8.5
<b>Melanoma</b>			
Melanoma age-adjusted death rate	2015-17	3.7	2.4
Melanoma age-adjusted incidence rate	2013-15	30.1	24
<b>Chronic Lower Respiratory Diseases</b>			
Chronic lower respiratory diseases (CLRD) age-adjusted death rate	2015-17	27.8	39.6
CLRD age-adjusted hospitalization rate	2015-17	207.6	353.2
Asthma age-adjusted hospitalization rate	2015-17	377.3	807.3
<b>Diabetes</b>			
Diabetes age-adjusted death rate	2015-17	12.7	20
Diabetes age-adjusted hospitalization rate	2015-17	1,320	2,345
Amputation due to diabetes age-adjusted hospitalization rate	2012-14	13.8	28.2
<b>Reportable &amp; Infectious Diseases</b>			
AIDS cases	2015-17	6.1	10.4
Campylobacteriosis	2015-17	32.8	18
Chlamydia cases	2015-17	269.8	470.3
Cryptosporidiosis	2015-17	0	3.3
Cyclosporiasis	2015-17	0.4	0.3
Giardiasis, acute	2015-17	7.9	5.2
Gonorrhea cases	2015-17	55.2	138.5
Haemophilus influenzae in people <5	2015-17	0	71
Hepatitis A	2015-17	1.3	0.9
Hepatitis B, acute	2015-17	0.9	3.3
Hepatitis B, chronic	2015-17	48	14726
HIV cases	2015-17	21.5	23.8
HIV/AIDS age-adjusted death rate	2015-17	3.4	3.7
Infectious syphilis cases	2015-17	10.1	11.4
Legionellosis	2015-17	3.1	1.8
Listeriosis	2015-17	0.9	0.2
Measles (rubeola)	2015-17	0	13
Meningococcal disease in people <24	2014-16	0	0.2

Pertussis	2015-17	1.3	1.7
Rubella	2015-17	0	1
Salmonellosis	2015-17	47.3	29.8
Shiga toxin-producing Escherichia coli (STEC) infection	2015-17	0.9	0.7
Shigellosis	2015-17	2.2	6.3
Streptococcus pneumoniae in people <6	2015-17	1	224
Tetanus	2015-17	0	11
Tuberculosis cases	2015-17	2.6	2.9
Varicella	2015-17	5.3	3.5
Vibriosis (excluding cholera)	2015-17	3.9	1.1
<b>Maternal, Infant &amp; Young Child Health</b>			
Early prenatal care (care began 1st trimester)	2015-17	82.3	78.3
Preterm with Low Birth Weight	2015-17	4.8	6
Low birth weight births (births < 2500 grams)	2015-17	6.3	8.7
Preterm births (births < 37 weeks gestation)	2015-17	7.9	10.1
Multiple births	2015-17	2.6	3.3
Births to teens 15-19	2015-17	13.8	19.7
Repeat births to mothers 15-19	2015-17	10.3	15.7
Infant death rate	2015-17	5.4	6.1
Neonatal death rate	2015-17	4.5	4.2
Postneonatal death rate	2015-17	0.9	2
Fetal death ratio	2014-16	8.1	6.9
Mothers initiating breastfeeding at birth	2014-16	82.9	85.7
Kindergarten children fully immunized	2015-17	94.3	93.7
<b>Unintentional Injuries</b>			
Unintentional injuries age-adjusted death rate	2015-17	69.3	52.6
Motor vehicle crash age-adjusted death rate	2015-17	19.1	14.8
<b>Social and Physical Environment</b>			
Criminal homicide (Murder)	2015-17	1.8	5.2
Domestic violence offenses	2015-17	504.4	536.2
Suicide age-adjusted death rate	2015-17	23.3	14.2
Adults who have ever been told they had a depressive disorder	2015-17	10.7	14.2
Alcohol-related Motor Vehicle Traffic Crash Deaths	2014-16	11.8	4.6
Alcohol-related Motor Vehicle Traffic Crashes	2014-16	87	51.3
Excessive Drinking	2015-17	26	18
18-44 years	2015-17	30.9	23.1
45-64 years	2015-17	24.5	17.2
65 & older	2015-17	18.4	8.7
Sexually Transmitted Disease	2015-17	245	454

## Health Equity Profile

RACE/ETHNICITY		RACE/ETHNICITY					
Indicator		Total	White	Black	Other Race	Hispanic	Non-Hispanic
<b>Structural Drivers (inequitable distribution of power, income, opportunity and resources)</b>							
Income Inequality (index)	2013-17	0.4996					
Median household income	2013-17	\$60,303	\$64,866	\$37,604	\$30,682	\$52,752	\$69,823
Households with 1 worker	2013-17	36.8%					
Occupied households with monthly housing costs of 30% or more of household income	2013-17	43.7%					
Occupied housing units without a vehicle	2013-17	7.8%					
Individuals below poverty level	2013-17	12.7%	11.6%	21.6%	20.9%	16.2%	10.5%
Children under 18 below poverty level	2013-17	16.7%	13.7%	32.3%	67.6%	21.1%	10.4%
Unemployed civilian labor force	2013-17	3.7%	3.5%	6.4%	3.2%	4.4%	3.2%
Civilian labor force employed in management, business, science, or arts	2013-17	30.8%					
Median owner-occupied housing unit value	2013-17	\$429,000					
Owner-occupied housing units	2013-17	58.7%	61.1%	26.3%	23.5%	43.6%	64.9%
Owner-occupied households with monthly housing costs of 30% or more of household income	2013-17	34.5%					
Renter-occupied housing units	2013-17	41.3%	38.9%	73.7%	76.5%	56.4%	35.1%
Renter-occupied households with gross rent costing 30% or more of household income	2013-17	60.2%					
Rental vacancy rate	2013-17	21.7%					
Severe housing problems	2013-17	25.9%					
Occupied housing units with more than 1 occupant per room	2013-17	3.5%	2.8%	13.1%	11.8%	6.3%	2.1%
Homeless (counts)	2017	631					
Incarceration rate (per 100,000 population)	2017	6.7					
Children under 18 in single-parent households	2013-17	34.4%					
High school graduation rate <sup>3</sup>	2017	79.2%	86.5%	73.1%		68.4%	
Individuals 25 years and over with no high school diploma	2013-17	8.8%	8.4%	14.8%	13.9%	22.3%	4.6%
Out-of-school suspensions grades K-12 (per 100,000 population)	2017	3962.8					
Racial residential segregation (index)	2016	0.4221					
Adults who could not see a doctor at least once in the past year due to cost	2016	15.3%	13.5%			22.6%	

Community Determinants							
<b>Life expectancy and population migration</b>							
Life expectancy in years	2015-17	80					
Individuals 1 year and over that lived in a different house 1 year earlier	2013-17	17.8%	17.3%	22.6%	22.0%	17.9%	17.0%
Inmate Admissions (count)	2016	179					
College-age population (18-22)	2017	4.8%	4.60%	6.7%	7.3%	6.4%	4.4%
Retirement-age population (65 or older)	2017	21.7%	23%	10%	11.3%	11.7%	24.0%
<b>Physical/built environment</b>							
Population living within ½ mile of a park	2016	53.7%					
Population living within ½ mile of a fast food restaurant	2016	32.9%					
Workers who walked to work	2013-17	4.6%					
Food insecurity rate	2016	11.4%					
Child food insecurity rate	2016	17.7%					
<b>Economic environment</b>							
Civilian non-institutionalized population with health insurance (per 100,000 population)	2013-17	80.7	81.3	75.8	63.8	73.6	83.8
Households receiving cash public assistance or food stamps	2013-17	7.60%					
<b>Behaviors and Exposures</b>							
Adults who are current smokers	2016	13.6%	17.3%			4.1%	
Adults who engage in heavy or binge drinking	2016	24.1%	28.5%			15.9%	
Adults who meet muscle strengthening recommendations	2016	32.7%	33.5%			14.9%	
<b>Diet/nutrition (per 100,000 population)</b>							
Preventable Hospitalizations Under 65 from nutritional deficiencies	2017	26.40					
<b>Health Outcomes</b>							
<b>Infant Death</b>							
Infant deaths (per 1,000 births)	2017	5.5	5.3	0	0	8.6	2
<b>Heart Disease</b>							
Heart disease deaths	2017	147.5	145.8	234.1	80.5	119.6	152.2
<b>Stroke</b>							
Hospitalizations from stroke	2017	184.8	169.1	530.7	192.2	169.1	180
Stroke deaths	2017	24.8	23.6	64.1	0	31.6	23.9
<b>Diabetes</b>							
Hospitalizations from or with diabetes	2017	1264.7	1180.2	2939.2	787.3	1734	1138.3
Preventable hospitalizations under 65 from diabetes	2017	74.3					
Emergency room visits due to diabetes	2017	142.3	115.7	473.6	139.8	207.6	119.4
Diabetes deaths	2017	18.4	16.7	48.8	41.2	21.7	18.7

<b>Cancer</b>							
Cancer cases	2015	379.5	378.7	382	231.7	225.5	405.3
Cancer deaths	2017	147.5	145.7	247	43.1	108.4	154
<b>CLRD</b>							
Hospitalizations from C.L.R.D. (including asthma)	2017	214.5	209.8	390.9	151	255.3	207.1
Chronic Lower Respiratory Disease (CLRD) deaths	2017	26.4	27.1	26.2	0	5.5	29.5
<b>Injury</b>							
Unintentional injury deaths	2017	50.6	55.3	0	41.2	52	50.7
Unintentional falls deaths	2017	6.3	6.9	0	0	0	7.9
Unintentional poisoning deaths	2017	23.6	26.6	0	0	26.6	23.6
Drug poisoning deaths	2017	20.3	22.9	0	0	31.9	17.8
Suicides	2017	22.2	24.8	0	0	22.7	21.7
Homicides	2017	5.7	4.6	13.2	0	0	7.1
<b>HIV/AIDS</b>							
HIV cases	2017	22	15.3	21.1	41.5	39.3	16.8
Persons living with HIV3	2017	838.3	863.8	1794.4	331.8	577.9	916.3
AIDS cases	2017	5.2	3.8	21.1	0	5.6	5
HIV/AIDS deaths	2017	3	3.4	0	0	5.5	3.3
<b>Liver disease</b>							
Chronic liver disease and cirrhosis deaths	2017	18.1	16.2	48.8	59.5	10.1	19
<b>Kidney disease</b>							
Preventable hospitalizations under 65 from kidney/urinary infection	2017	21.5					
Nephritis, nephrotic syndrome & nephrosis deaths	2017	16.7	16.5	0	48.7	18.9	16.4
<b>Mental health conditions and trauma</b>							
Hospitalizations for mental disorders	2017	679.8	667.8	745.8	257.3	461.2	728.2

## APPENDIX VI: Indicator Data Definitions and Sources

Health Outcomes- Mortality: Length of Life	
Indicator	Definition; Data collection period and type, source
Breast Cancer Deaths	ICD-10 Code(s): C50; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. Florida Charts
Cancer Deaths	ICD-10 Code(s): C00-C97; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. Florida Charts
Chronic Liver Disease, Cirrhosis Deaths	Deaths from Chronic Liver Disease and Cirrhosis Deaths; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. Florida Charts
Chronic Lower Respiratory Disease Deaths	ICD-10 Code(s): J40-J47; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. Florida Charts
Colon, Rectal or Anus Cancer Deaths	Colorectal Cancer Deaths; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. Florida Charts
Deaths from Smoking related Cancers	Cancers include: Lip, Oral Cavity, Pharynx (C00-C14), Esophagus (C15), Larynx (C32), Trachea, Bronchus, Lung (C33-C34), Kidney & Renal Pelvis (C64-C65), Bladder (C67), Other/Unspecified Sites in Urinary Tract (C66, C68) ; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. Florida Charts
Diabetes Deaths	ICD-10 Code(s): E10-E14; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. Florida Charts
Heart Disease Deaths	ICD-10 Code(s): I00-I09, I11, I13, I20-I51; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. Florida Charts
HIV/AIDS Deaths	ICD-10 Code(s): B20-B24; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. Florida Charts
Homicide	Homicide (All Means) Deaths; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. Florida Charts
Infant Mortality	Deaths occurring within 364 days of birth; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. Florida Charts
Injury Deaths	Unintentional Injuries Deaths; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. Florida Charts
Lung Cancer Deaths	ICD-10 Code(s): C33-C34; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. Florida Charts
Motor Vehicle Accident Deaths	t Deaths Motor Vehicle Crashes Deaths; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. Florida Charts
Neonatal Deaths (0-27 days)	Deaths occurring within 27 days of birth. Beginning in 2004, the state total for the denominator in this calculation may be greater than the sum of county totals due to an unknown county of residence on some records; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. Florida Charts
Nephritis, Nephritic Syndrome, and Nephrosis Deaths	Nephritis Deaths. ICD-10 Code(s): N17-N19; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. Florida Charts
Pneumonia, Influenza Deaths	CD-10 Code(s): J09-J18; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. Florida Charts

Post neonatal Deaths (28- 364 days)	Deaths occurring 28 to 364 days from birth. Note: Beginning in 2004, the state total for the denominator in this calculation may be greater than the sum of county totals due to an unknown county of residence on some records. Count Available; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. Florida Charts
Premature Death	Years of Potential Life Lost (YPLL) - Years of potential life lost (YPLL) before age 75 per 100,000 population (age-adjusted) The YPLL measure is presented as a rate per 100,000 population and is age-adjusted to the 2000 US population; 3-year rolling rate; CHR County Health Rankings
Prostate Cancer Deaths	ICD-10 Code(s): C61; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. Florida Charts
Stroke Deaths	ICD-10 Code(s): I60-I69; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. Florida Charts
Suicide Deaths	Suicide (All Means) Deaths; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. Florida Charts
Premature Death	Years of Potential Life Lost (YPLL) - Years of potential life lost (YPLL) before age 75 per 100,000 population (age-adjusted) The YPLL measure is presented as a rate per 100,000 population and is age-adjusted to the 2000 US population; 3-year rolling rate; CHR County Health Rankings
Prostate Cancer Deaths	ICD-10 Code(s): C61; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. Florida Charts
Stroke Deaths	ICD-10 Code(s): I60-I69; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. Florida Charts
Suicide Deaths	Suicide (All Means) Deaths; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. Florida Charts

### Health Outcomes- Morbidity: Quality of Life

Indicator	Definition; Data collection period and type, source
Adults with good to excellent overall health	Adults who said their overall health was "good" or "excellent"; Triennial rate; FL DOH, Division of Public Health Statistics & Performance Management. Florida Charts, Florida BRFSS
AIDS	Acquired immunodeficiency syndrome. HIV and AIDS cases by year of report are NOT mutually exclusive and should NOT be added together; Annual rate per population; FL DOH, Division of Public Health Statistics & Performance Management. Florida Charts.
Asthma (Adult)	Adults who currently have asthma; Triennial percentage; FL DOH, Division of Public Health Statistics & Performance Management. Florida Charts, Florida BRFSS
Average number of days where poor mental or physical health interfered with activities of daily living in the past 30 days	Among adults who responded that they have had at least one day of poor mental or physical health, the average number of days where poor mental or physical health interfered with activities of daily living in the past 30 days; Triennial count (average);
Breast Cancer Incidence	ICD-10 Code(s): C50; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. Florida Charts. Original Data Source: UM(FL) MS, Florida Cancer Data System
Cervical Cancer Incidence	New cases during time period. ICD-10 Code(s): C53; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. Florida Charts. Original Data Source: UM(FL) MS, Florida Cancer Data System
Chicken Pox	Varicella. ICD-10 Case Definition; Annual rate; FL DOH, Division of Public Health Statistics & Performance Management. Florida Charts
Colon and Rectum Cancer Incidence	Colorectal Cancer Incidences; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. Florida Charts. Original Data Source: UM(FL) MS, Florida Cancer Data System

Diabetes (Adult)	Adults who have ever been told they had diabetes; Triennial percentage; FL DOH, Division of Public Health Statistics & Performance Management. Florida Charts, Florida BRFS
Diabetic monitoring	Percentage of Diabetic Medicare patients ages 65-75 whose blood sugar control was monitored in the past year using a test of their HbA1c levels; Annual percentage; County Health Rankings and Roadmaps Dartmouth Atlas Project. Original Data Source: Dartmouth Atlas of Health Care; CMS.
Heart Disease (Adult)	Adults who have ever been told they had coronary heart disease, heart attack, or stroke; Triennial percentage; FL DOH, Division of Public Health Statistics & Performance Management. Florida Charts, Florida BRFS
Hepatitis C, Acute	ICD Code(s): 07051. Cases are assigned to Florida counties based on the county of residence at the time of the disease identification, regardless of where they became ill or were hospitalized, diagnosed, or exposed. Counts and rates include confirmed and probable cases of Hepatitis C, Acute; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. Florida Charts
High Blood Pressure (Adult)	Adults who have ever been told they had hypertension; Triennial percentage; FL DOH, Division of Public Health Statistics & Performance Management. Florida Charts, Florida BRFS
High Blood Pressure Controlled (Adult)	Adults with hypertension who currently take high blood pressure medicine; Triennial percentage; FL DOH, Division of Public Health Statistics & Performance Management. Florida Charts, Florida BRFS
High Cholesterol (Adult)	Adults who have ever been told they had high blood cholesterol; Triennial percentage; FL DOH, Division of Public Health Statistics & Performance Management. Florida Charts, Florida BRFS
HIV	Human immunodeficiency virus. HIV and AIDS cases by year of report are NOT mutually exclusive and should NOT be added together; Annual rate per population; FL DOH, Division of Public Health Statistics & Performance Management. Florida Charts.
Low birth weight	Live Births under 2,500 Grams; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. Florida Charts
Lung Cancer Incidence	ICD-10 Code(s): C33-C34; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. Florida Charts. Original Data Source: UM(FL) MS, Florida Cancer Data System
Melanoma Cancer Incidence	New cases during time period. CD-10 Code(s): C43; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. Florida Charts. Original Data Source: UM(FL) MS, Florida Cancer Data System
Meningitis, Other Bacterial, Cryptococcal, or Mycotic	Includes the following types of Meningitis: group b strep, listeria monocytogenes, other meningitis, strep pneumoniae. beginning in 2007, data includes both probable and confirmed cases; Annual rate; FL DOH, Division of Public Health Statistics & Performance Management. Florida Charts
Poor or fair health	Adults who said their overall health was "fair" or "poor"; Triennial rate; FL DOH, Division of Public Health Statistics & Performance Management. Florida Charts, Florida BRFS
Prostate Cancer Incidence	ICD-10 Code(s): C61; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. Florida Charts. Original Data Source: UM(FL) MS, Florida Cancer Data System
Salmonellosis	ICD-9-CM: 003.00; Annual rate; FL DOH, Division of Public Health Statistics & Performance Management. Florida Charts

Total Cancer Incidence	Cancer Incidence; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. Florida Charts. Original Data Source: UM(FL) MS, Florida Cancer Data System
Tuberculosis	Tuberculosis ICD-10 Case Definitions; Annual rate; FL DOH, Division of Public Health Statistics & Performance Management. Florida Charts
Unhealthy mental days	Average number of unhealthy mental days in the past 30 days. Survey Question: Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? Triennial count (average); FL DOH, Division of Public Health Statistics & Performance Management. Florida Charts, Florida BRFSS
Vaccine (selected) Preventable Disease for All Ages	Includes: diphtheria, acute hepatitis b, measles, mumps, pertussis, rubella, tetanus, and polio; Annual rate; FL DOH, Division of Public Health Statistics & Performance Management. Florida Charts
Whooping Cough	Pertussis. ICD-9-CM: 033.90; Annual rate; FL DOH, Division of Public Health Statistics & Performance Management. Florida Charts

## Health Behavior: Diet & Exercise

Indicator	Definition; Data collection period and type, source
Adolescents at a Healthy Weight	Middle and High School Students. Having a body mass index (BMI) ranging from 18.5 to 24.9; Biennial percentage; FL DOH, Division of Public Health Statistics & Performance Management. Florida Charts - Healthiest Weight Profile
Adults at a Healthy Weight	Having a body mass index (BMI) ranging from 18.5 to 24.9; BMI is calculated using self-reported height and weight; Triennial percentage; FL DOH, Division of Public Health Statistics & Performance Management. Florida Charts - Healthiest Weight Profile, Florida BRFSS
Alcohol Consumption in Lifetime (Adolescents)	Ages 10-17 who reported having used alcohol or any illicit drug in their lifetimes. Note: This indicator is helpful in understanding effectiveness of early intervention and education programs; Biennial rate; FL DCF FYSAS - FL Department of Children and Families
Alcohol-related Motor Vehicle Traffic Crash Deaths	A crash involving a driver and/or pedestrian for whom alcohol use was reported (does not presume intoxication) that results in one or more fatalities within thirty days of occurrence. Any crash involving a driver or non-motorist for whom alcohol use was suspected, including those with a BAC greater than 0.00 and those refusing to submit to an alcohol test; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. Florida Charts
Alcohol-related Motor Vehicle Traffic Crashes	A crash involving a driver and/or pedestrian for whom alcohol use was reported (does not presume intoxication). Any crash involving a driver or non-motorist for whom alcohol use was suspected, including those with a BAC greater than 0.00 and those refusing to submit to an alcohol test; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. Florida Charts
Binge Drinking (Adolescents)	Ages 10-17 who reported having used alcohol in the past 30 days. Binge drinking is defined as having had five or more alcoholic drinks in a row in the past two weeks; Biennial rate; FL DCF FYSAS - FL Department of Children and Families
Births to Mothers under age of majority (Resident)	Live Births. Does not include pregnancies that end with miscarriages, elective and spontaneous abortions or fetal deaths. Births to mothers in a

	specific age group divided by females in the same age group; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. Florida Charts
Births to obese mothers	Births to obese mothers (BMI 30.0 or higher) at the time pregnancy occurred; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. Florida Charts.
Births to overweight mothers	Births to overweight (BMI 25.0 to 29.9) mothers at the time pregnancy occurred; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. Florida Charts.
Blacking out from drinking Alcohol (Adolescents)	Ages 14-17 who reported on how many occasions in their lifetime they woke up after drinking and did not remember the things they did or the places they went, New for 2014. Indicator focuses toward negative consequence of behavior; Biennial rate; FL DCF FYSAS - FL Department of Children and Families
Breastfeeding Initiation	Infant was being breastfed at the time the birth certificate was completed; Annual percentage; FL DOH, Division of Public Health Statistics & Performance Management. Florida Charts - Pregnancy and Young Child Profile
Cigarette Use (Adolescents)	Ages 10-17 who reported having used Cigarettes in the past 30 days; Biennial rate; FL DCF FYSAS - FL Department of Children and Families
Exercise opportunities	Percentage of population with adequate access to locations for physical activity. Locations for physical activity (parks or recreation facilities); Urban pop. resides within 1 mile and rural resides within 3 miles of recreational facility; Annual percentage; CHR County Health Rankings
Fast Food Restaurant Access	Population that live within a 1/2 mile of a fast food restaurant; Rate; FL DOH, Division of Public Health Statistics & Performance Management. Florida Charts - Healthiest Weight Profile
Food Access - Low Income Population	Percentage of population who are low-income and do not live close to a grocery store. In rural areas, it means living less than 10 miles from a grocery store; in nonrural areas, less than 1 mile. Low income is defined as having an annual family income of less than or equal to 200 percent of the federal poverty threshold for the family size; Annual percentage; CHR County Health Rankings
Food Insecurity	Lack of access, at times, to enough food for an active, healthy life for all household members, and limited or uncertain availability of nutritionally adequate foods; Annual rate; Feeding America Map the Meal Gap 2015: Food Insecurity and Child Food Insecurity Estimates at the County Level
Former Smokers (Adult)	Currently quit smoking; Triennial rate; FL DOH, Division of Public Health Statistics & Performance Management. Florida Charts, Florida BRFS
Fruits and Vegetables Consumption 5 servings per day (Adult)	Adults who consumed five or more servings of fruits or vegetables per day; 5-year percentage; FL DOH, Division of Public Health Statistics & Performance Management. Florida Charts - Healthiest Weight Profile, Florida BRFS
Grocery Store Access	Population that live within a 1/2 mile of a healthy good source, including grocery stores and produce stands/farmers' markets; Annual rate; DOH, Division of Public Health Statistics & Performance Management. Florida Charts, Florida Department of Agriculture and Consumer Services, U.S. Census Bureau, FDOH, Environmental Public Health Tracking.
Infectious Syphilis	3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. Florida Charts
Live births where mother smoked during pregnancy	Resident live births; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. Florida Charts

Marijuana or Hashish Use (Adolescents)	Ages 10-17 who reported having used alcohol in the past 30 days; Biennial rate; FL DCF FYSAS - FL Department of Children and Families
Never Smoked (Adult)	Adults who reported smoking less than 100 cigarettes in their lifetime; Triennial rate; FL DOH, Division of Public Health Statistics & Performance Management. Florida Charts, Florida BRFSS
Obesity (Adult)	Body Mass Index (BMI) 30.0 or higher; Triennial percentage; FL DOH, Division of Public Health Statistics & Performance Management. Florida Charts - Healthiest Weight Profile, Florida BRFSS
Overweight (Adult)	Body Mass Index (BMI) 25.0 to 29.9; Triennial percentage; FL DOH, Division of Public Health Statistics & Performance Management. Florida Charts - Healthiest Weight Profile, Florida BRFSS
Sedentary Adults	Participating in no leisure-time physical activity in the past 30 days; 5-year rate; FL DOH, Division of Public Health Statistics & Performance Management. Florida Charts - Healthiest Weight Profile, Florida BRFSS
Sexually transmitted infections	Total gonorrhea, chlamydia, infectious syphilis cases; Annual rate; FL DOH, Division of Public Health Statistics & Performance Management. Florida Chart
Smokers (Adult)	Combination of every day smoker and some day smoker; Triennial rate; FL DOH, Division of Public Health Statistics & Performance Management. Florida Charts, Florida BRFSS
Tobacco Quit Attempt (Adult)	Adult current smokers who tried to quit smoking at least once in the past year; Triennial rate; FL DOH, Division of Public Health Statistics & Performance Management. Florida Charts, Florida BRFSS
Vigorous physical activity recommendations met (Adult)	75 minutes of vigorous aerobic activity per week in the past 30 days; Triennial rate; FL DOH, Division of Public Health Statistics & Performance Management. Florida Charts, Florida BRFSS

### Clinical Care – Access to Health Care

Indicator	Definition; Data collection period and type, source
Acute Care Beds	Acute care is necessary treatment of a disease for only a short period of time in which a patient is treated for a brief but severe episode of illness. The term is generally associated with care rendered in an emergency department, ambulatory care clinic, or other short-term stay facility; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. Florida Charts
Admitted ED Visits - All Ambulatory Care Sensitive Conditions	Conditions include: Congenital Syphilis [090]; Failure to thrive [783.41]; Dental Conditions [521- 523,525,528]; Vaccine Preventable Conditions [032,033,037,041.5,045,052.1,052.9,055- 056,070.0-070.3,072,320.3,390,391,771.0]; Iron Deficiency Anemia [280.1,280.8,280.9]; Nutritional Deficiencies [260-262,268.0,268.1]; Bacterial Pneumonia [481,482.2,482.3,482.9,483,485,486]; Cancer of the Cervix [180.0-180.1,180.8-180.9]; Cellulitis [681,682,683,686]; Convulsions [780.3]; Dehydration - Volume Depletion [276.5]; Gastroenteritis [558.9]; Hypoglycemia [251.2]; Kidney/Urinary Infection [590.0,599.0,599.9]; Pelvic Inflammatory Disease 614]; Severe Ear, Nose, & Throat Infections [382,462,463,465,472.1]; Angina [411.1,411.8,413]; Asthma [493]; Chronic Obstructive Pulmonary Disease [466.0,491,492,494,496]; Congestive Heart Failure [ 402.01,402.11,402.91,428,518.4];Diabetes [250.0-250.3,250.8-250.9]; Grand Mal & Other Epileptic Conditions [345]; Hypertension [401.0,401.9,402.00,402.10,402.90]; Tuberculosis (Non-Pulmonary) [012-

	018]; Pulmonary Tuberculosis [011]. Exclusions apply to some of these conditions.; Visits not resulting in an admission; Annual Rate/1,000; 2014 Emergency Room Visit Data (AHCA)
Admitted ED Visits - Dental	Diagnosis codes in the range 521.0 – 522.9 in primary or secondary diagnosis, exclude any with Ecodes (Trauma); Annual Rate/1,000; 2014 Emergency Room Visit Data (AHCA)
Admitted ED Visits - Diabetes	Diagnosis codes beginning with 250 in primary or secondary diagnosis; Annual Rate/1,000; 2014 Emergency Room Visit Data (AHCA)
Admitted ED Visits - STDs	Diagnosis codes in the range 090.0 – 099.9 in primary or secondary diagnosis; Annual Rate/1,000; 2014 Emergency Room Visit Data (AHCA)
Adult psychiatric beds	The number of beds indicates the number of people who may receive adult psychiatric care on an inpatient basis; 3-year rolling rate per 100,000; FL DOH, Division of Public Health Statistics & Performance Management. Florida Charts
Adult substance abuse beds	The number of beds indicates the number of people who may receive adult substance abuse treatment on an in-patient basis; 3-year rolling rate per 100,000; FL DOH, Division of Public Health Statistics & Performance Management. Florida Charts
Adults who could not see a doctor at least once in the past year due to cost	Triennial percentage; FL DOH, Division of Public Health Statistics & Performance Management. Florida Charts, Florida BRFS
Adults who have a personal doctor	Triennial percentage; FL DOH, Division of Public Health Statistics & Performance Management. Florida Charts
Cancer Screening - Mammogram	Women 40 years of age and older who received a mammogram in the past year; Triennial percentage; FL DOH, Division of Public Health Statistics & Performance Management. Florida Charts
Cancer Screening - Pap Test	Women 18 years of age and older who received a Pap test in the past year; Triennial percentage; FL DOH, Division of Public Health Statistics & Performance Management. Florida Charts
Cancer Screening - Sigmoidoscopy or Colonoscopy	Adults 50 years of age and older who received a sigmoidoscopy or colonoscopy in the past five years, Overall; Triennial percentage; FL DOH, Division of Public Health Statistics & Performance Management. Florida Charts
Cancer Screening - PSA in past 2 years	Men 50 years of age and older who received a PSA test in the past two years; Triennial percentage; FL DOH, Division of Public Health Statistics & Performance Management. Florida Charts
Dental Care Access by Low Income Persons	Access to Dental Care by Low Income Persons, Single Year; Annual rate; FL DOH, Division of Public Health Statistics & Performance Management. Florida Charts
Dentists	Per population rate of people with active licenses to practice dentistry in Florida; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. Florida Charts
Diabetic Annual Foot Exam (Adults)	Adults with diabetes who had an annual foot exam; Triennial percentage; FL DOH, Division of Public Health Statistics & Performance Management. Florida Charts
Diabetic Semi-Annual A1C Testing (Adult)	Adults with diabetes who had two A1C tests in the past year; Triennial percentage; FL DOH, Division of Public Health Statistics & Performance Management. Florida Charts
ED Visits - Acute Conditions - Hypoglycemia	Hypoglycemia Primary ICD9 251.2; Data collected quarterly but reported as annual rate per 1,000 visits; AHCA
ED Visits - All Ambulatory Care Sensitive Conditions	Conditions include: Congenital Syphilis [090]; Failure to thrive [783.41]; Dental Conditions [521- 523,525,528]; Vaccine Preventable Conditions

	[032,033,037,041.5,045,052.1,052.9,055- 056,070.0-070.3,072,320.3,390,391,771.0]; Iron Deficiency Anemia [280.1,280.8,280.9]; Nutritional Deficiencies [260-262,268.0,268.1]; Bacterial Pneumonia [481,482.2,482.3,482.9,483,485,486]; Cancer of the Cervix [180.0-180.1,180.8-180.9]; Cellulitis [681,682,683,686]; Convulsions [780.3]; Dehydration - Volume Depletion [276.5]; Gastroenteritis [558.9]; Hypoglycemia [251.2]; Kidney/Urinary Infection [590.0,599.0,599.9]; Pelvic Inflammatory Disease 614]; Severe Ear, Nose, & Throat Infections [382,462,463,465,472.1]; Angina [411.1,411.8,413]; Asthma [493]; Chronic Obstructive Pulmonary Disease [466.0,491,492,494,496]; Congestive Heart Failure [ 402.01,402.11,402.91,428,518.4]; Diabetes [250.0-250.3,250.8-250.9]; Grand Mal & Other Epileptic Conditions [345]; Hypertension [401.0,401.9,402.00,402.10,402.90]; Tuberculosis (Non-Pulmonary) [012-018]; Pulmonary Tuberculosis [011]. Exclusions apply to some of these conditions.; Visits not resulting in an admission; Annual Rate/1,000; 2014 Emergency Room Visit Data (AHCA)
ED Visits - Chronic Conditions - Angina	Angina Primary ICD9 411.1, 411.8, 413. Excludes cases with a surgical procedure 01-86.99; Data collected quarterly but reported as annual rate per 1,000 visits; AHCA
ED Visits - Chronic Conditions - Asthma	Asthma Primary ICD9 493; Data collected quarterly but reported as annual rate per 1,000 visits; AHCA
ED Visits - Chronic Conditions - Congestive Heart Failure	Congestive Heart Failure Primary ICD9 402.01, 402.11, 402.91, 428, 518.4. Excludes cases with the following surgical procedures: 36.01, 36.02, 36.05, 36.1, 37.5, or 37.7; Data collected quarterly but reported as annual rate per 1,000 visits; AHCA
ED Visits - Chronic Conditions - Hypertension	Hypertension Primary ICD9 401.0, 401.9, 402.00, 402.10, 402.90; Data collected quarterly but reported as annual rate per 1,000 visits; AHCA
ED Visits - Chronic Conditions - Mental Health	ICD-9 Dx Group: Mental Disorders; Data collected quarterly but reported as annual rate per 1,000 visits; AHCA
ED Visits - Dental	Dental Conditions Primary ICD9 521-523,525,528; Data collected quarterly but reported as annual rate per 1,000 visits; AHCA
ED Visits - Diabetes	Diagnosis codes beginning with 250 in primary or secondary diagnosis; Visits not resulting in an admission; Annual Rate/1,000; 2014 Emergency Room Visit Data (AHCA)
ED Visits - STDs	STDs Diagnosis codes in the range 090.0 – 099.9 in primary or secondary diagnosis; Visits not resulting in an admission; Annual Rate/1,000; 2014 Emergency Room Visit Data (AHCA)
Family Practice Physicians	Per population rate of people with active physician licenses in Florida who report family practice as their specialty. Licensure data is for a fiscal year (July 1-June 30); 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. Florida Charts
Flu Vaccination in the Past Year (Adult)	Adults who received a flu shot in the past year; Triennial percentage; FL DOH, Division of Public Health Statistics & Performance Management. Florida Charts
HIV Testing (Adult age 65 and over)	Adults less than 65 years of age who have ever been tested for HIV, Overall; Triennial percentage rate; FL DOH, Division of Public Health Statistics & Performance Management. Florida Charts
Internists	Per population rate of people with active physician licenses in Florida who report internal medicine as their specialty. Licensure data is for a fiscal year (July 1-June 30); 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. Florida Charts

Lack of Prenatal Care	Births to mothers with no prenatal care. Trimester prenatal care began is calculated as the time elapsed from the date of the last menstrual period to the date of the first prenatal care visit; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. Florida Charts
Medicaid births	Births covered by Medicaid; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. Florida Charts
Mental health providers	Mental Health Providers is the ratio of the county population to the number of mental health providers including psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists and advanced practice nurses specializing in mental health care. In 2015, marriage and family therapists and mental health providers that treat alcohol and other drug abuse were added to this measure; Annual ratio; CHR County Health Rankings
Nursing Home Beds	Skilled Nursing Unit Beds. A nursing home, skilled nursing facility (SNF), or skilled nursing unit (SNU), also known as a rest home, is a type of care of residents: it is a place of residence for people who require constant nursing care and have significant deficiencies with activities of daily living. Residents include the elderly and younger adults with physical or mental disabilities. Adults 18 or older can stay in a skilled nursing facility to receive physical, occupational, and other rehabilitative therapies following an accident or illness; 3-year rolling rate per 100,000; FL DOH, Division of Public Health Statistics & Performance Management. Florida Charts
OB/GYN	Per population rate of people with active physician licenses in Florida who report OB/GYN as their specialty. Licensure data is for a fiscal year (July 1-June 30) ; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. Florida Charts
Pediatric psychiatric beds	Child and Adolescent Psychiatric Beds; 3-year rolling rate per 100,000; FL DOH, Division of Public Health Statistics & Performance Management. Florida Chart
Pediatricians	Per population rate of people with active physician licenses in Florida who report pediatric medicine as their specialty. Licensure data is for a fiscal year (July 1-June 30) ; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. Florida Charts
Physicians	Per population rate of people with active physician licenses only. Licensure data is for a fiscal year (July 1-June 30) ; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. Florida Charts
Pneumonia Vaccination (Adult age 65 and over)	Adults 65 years of age and older who have ever received a pneumococcal vaccination; Triennial percentage; FL DOH, Division of Public Health Statistics & Performance Management. Florida Charts
Pneumonia Vaccination (Adult)	Adults who have ever received a pneumococcal vaccination, Overall; Triennial percentage; FL DOH, Division of Public Health Statistics & Performance Management. Florida Charts
Population Receiving Medicaid	Medicaid Program Enrollment Totals (Including Medikids population); Monthly rate; AHCA Comprehensive Medicaid Managed Care Enrollment Reports
Prenatal Care Begun in First Trimester	Births to Mothers with 1st Trimester Prenatal Care; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. Florida Charts
Preventable hospital stays	Ambulatory Care Sensitive conditions such as asthma, diabetes or dehydration are hospitalization conditions where timely and effective ambulatory care can decrease hospitalizations by preventing the onset of an illness or condition, controlling an acute episode of an illness or

	managing a chronic disease or condition. High rates of Ambulatory Care Sensitive hospitalizations in a community may be an indicator of a lack of or failure of prevention efforts, a primary care resource shortage, poor performance of primary health care delivery systems, or other factors that create barriers to obtaining timely and effective care; 3- year rolling rate; DOH, Division of Public Health Statistics & Performance Management. Florida Charts
Primary Care Access	Primary care physicians per 100,000 population by year. This figure represents all primary care physicians practicing patient care, including hospital residents. Doctors classified as "primary care physicians" by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs and General Pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded; Annual Rate; US DoHHS, Area Health Resource File
Rehabilitation beds	The number of rehabilitation beds indicates the number of people who may receive rehabilitative care in the hospital on an in-patient basis; 3-year rolling rate per 100,000; FL DOH, Division of Public Health Statistics & Performance Management. Florida Charts
Uninsured Adult	Percent Uninsured (ages < 65); Annual percentage; US Census SAHIE Interactive Data Tool
Uninsured Children	Percent Uninsured (ages < 19) ; Annual percentage; US Census SAHIE Interactive Data Tool
Vaccination (kindergarteners)	Fully immunized against diphtheria, tetanus, pertussis, polio, measles, mumps, rubella, haemophilus, influenzae type b, hepatitis B and varicella (chicken pox); 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. Florida Charts

## Social & Economic Factors

Indicator	Definition; Data collection period and type, source
Aggravated Assault	FBI's Uniform Crime Reporting (UCR) Program defines aggravated assault as an unlawful attack by one person upon another for the purpose of inflicting severe or aggravated bodily injury. The UCR Program further specifies that this type of assault is usually accompanied by the use of a weapon or by other means likely to produce death or great bodily harm. Attempted aggravated assault that involves the display of—or threat to use—a gun, knife, or other weapon is included in this crime category because serious personal injury would likely result if the assault were completed. When aggravated assault and larceny-theft occur together, the offense falls under the category of robbery; Annual rate per 100,000; FDLE Crime in Florida, Florida uniform crime report, 2014
Children Eligible for Free/Reduced Price Lunch	Children from families with incomes at or below 130 percent of the poverty level are eligible for free meals. Those with incomes between 130 percent and 185 percent of the poverty level are eligible for reduced-price meals, for which students can be charge no more than 40 cents; Annual percentage; Common Core of Data
Children in poverty (based on household)	Number individuals below poverty under the age of 18 divided by the number of individuals under the age of 18, expressed as a percentage; Annual percentage; FL DOH, Division of Public Health Statistics & Performance Management

Children in single-parent households	Excludes single parents living with unmarried partners; Annual percentage; US Census Fact Finder
Domestic Violence Offenses	Domestic Violence in Florida is tracked specifically for the following reported offenses: Murder, Manslaughter, Forcible Rape, Forcible Sodomy, Forcible Fondling, Aggravated Assault, Aggravated Stalking, Simple Assault, Threat/Intimidation, and Simple Stalking; Annual rate per 100,000; FDLE Crime in Florida, Florida uniform crime report, 2014
Forcible Sex Offenses	Legacy (prior to 2013) UCR definition of rape: The carnal knowledge of a female forcibly and against her will. Revised (2013-forward) UCR definition of rape: Penetration, no matter how slight, of the vagina or anus with any body part or object, or oral penetration by a sex organ of another person, without the consent of the victim; Annual rate per 100,000; FDLE Crime in Florida, Florida uniform crime report, 2014
High school graduation	Percentage of students who graduated within four years of their initial enrollment in ninth grade, not counting deceased students or students who transferred out to attend another public school outside the system, a private school, a home education program. Incoming transfer students are included in the appropriate cohort (the group whose progress is tracked) based on their grade level and year of entry. Data are for school years (September-June); Annual percentage; FL DOH, Division of Public Health Statistics & Performance Management. Florida Charts
Housing Cost Burden	Percentage of the households where housing costs exceed 30% of total household income; 5- year estimated percentage; US Census ACS
Public Assistance Income	Living in household with Supplemental Security Income (SSI), cash Income - Public Assistance Income, or Food Stamps/SNAP in the past 12 months; Annual percentage calculated from ACS population estimates; US Census Fact Finder
Median Household Income	Annual dollar amount; US Census Fact Finder
Murder	Murder and nonnegligent manslaughter. FBI's Uniform Crime Reporting (UCR) Program defines murder and nonnegligent manslaughter as the willful (nonnegligent) killing of one human being by another. The classification of this offense is based solely on police investigation as opposed to the determination of a court, medical examiner, coroner, jury, or other judicial body. The UCR Program does not include the following situations in this offense classification: deaths caused by negligence, suicide, or accident; justifiable homicides; and attempts to murder or assaults to murder, which are scored as aggravated assaults; Annual rate per 100,000; FDLE Crime in Florida, Florida uniform crime report.
Population 18-24 without a high school diploma	Population 18 to 24 years with educational attainment of less than high school graduate. (Target %, Total 18 to 24 population estimate) Annual percentage; FL DOH, Division of Public Health Statistics & Performance Management. Florida Charts
Population with Limited English Proficiency	No one age 14 and over speaks English only or speaks English "very well" No one age 14 and over speaks English only; Annual percentage; US Census Fact Finder
Poverty	Following the Office of Management and Budget's (OMB's) Directive 14, the Census Bureau uses a set of money income thresholds that vary by family size and composition to determine who is in poverty. If the total income for a family or unrelated individual fall below the relevant poverty threshold, then the family (and every individual in it) or unrelated individual is considered in poverty; 5-year estimated percentage; US Census Fact Finder

Property Crimes	Property crime (burglary, larceny-theft, and motor vehicle theft) FBI's Uniform Crime Reporting (UCR) Program, property crime includes the offenses of burglary, larceny-theft, motor vehicle theft, and arson. The object of the theft-type offenses is the taking of money or property, but there is no force or threat of force against the victims. The property crime category includes arson because the offense involves the destruction of property; however, arson victims may be subjected to force; Annual rate per 100,000; FDLE Crime in Florida, Florida uniform crime report
Real Per Capita Income	Real per capita income represents the total GDP of the county, adjusted for inflation and divided by the population; Annual dollar amount; US DoC, Bureau of Economic Analysis
Unemployment	Number of unemployed people as a percentage of the civilian labor force (not seasonally adjusted); Annual percentage; US DoL, Bureau of Labor Statistics
Violent Crime	FBI's Uniform Crime Reporting (UCR) Program, violent crime is composed of four offenses: murder and nonnegligent manslaughter, forcible rape, robbery, and aggravated assault. Violent crimes are defined in the UCR Program as those offenses which involve force or threat of force; Annual rate per 100,000; FDLE Crime in Florida, Florida uniform crime report

## Physical Environment

Indicator	Definition; Data collection period and type, source
Air pollution - particulate matter	Within the report area, 0, or 0% of days exceeded the emission standard of 75 parts per billion (ppb). This indicator reports the percentage of days per year with Ozone (O3) levels above the National Ambient Air Quality Standard of 75 parts per billion (ppb); Annual percentage; EPA (EPA) National Environmental Public Health Tracking Network (NEPHTN) Air Quality Data web page
Air Quality - Ozone	Percentage of days with particulate matter 2.5 levels above the National Ambient Air Quality Standard (35 micrograms per cubic meter) per year, calculated using data collected by monitoring stations and modeled to include counties where no monitoring statistics are collected; Annual percentage; EPA (EPA) National Environmental Public Health Tracking Network (NEPHTN) Air Quality Data web page
Drinking water violations	Percentage of population potentially exposed to water exceeding a violation limit during the past year; Annual percentage; CHR County Health Rankings
Driving alone to work	Commuting (Journey to Work) refers to a worker's travel from home to work. Place of work refers to the geographic location of the worker's job. Workers 16 years and over; 5-year estimated percentage calculated on ACS population estimate; US Census ACS
Households with no motor vehicle	Annual percentage; US Census Fact Finder
Severe housing problems	The four severe housing problems are: incomplete kitchen facilities, incomplete plumbing facilities, more than 1 person per room, and cost burden greater than 50%; 4-year percentage; US Department of Housing and Urban Development CHAS Data Query
Use of Public Transportation	"Public transportation" includes workers who used a bus, trolley, streetcar, subway or elevated rail, railroad, or ferryboat; Annual percentage; US Census Fact Finder

## Demographics

Indicator	Definition; Data collection period and type, source
Births to Mothers by age group (Resident)	Live Births. Does not include pregnancies that end with miscarriages, elective and spontaneous abortions or fetal deaths. Births to mothers in a specific age group divided by females in the same age group; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. Florida Charts
Disability (Any)	Disability Status; Annual percentage; US Census Fact Finder
Families with Children	Households with one or more people under 18 years. Annual percent per total households; US Census Fact Finder
Median Age	Annual; FL DOH, Office of Health Statistics and Assessment in consultation with the FL EDR
Population by Race	Annual count; US Census Fact Finder
Total Births (resident)	Number of infants born to residents regardless of county of birth; Annual count; US Census Fact Finder
Total Population (ACS)	Annual count; US Census Fact Finder
Total Population (FL CHARTS); Female/Male Population	Annual count; FL DOH, Division of Public Health Statistics & Performance Management. Florida Charts
Veteran Population	Person 18 years old or over who has served (even for a short time), but is not now serving, on active duty in the U.S. Army, Navy, Air Force, Marine Corps, or the Coast Guard, or who served in the U.S. Merchant Marine during World War II. People who served in the National Guard or military Reserves are classified as veterans only if they were ever called or ordered to active duty, not counting the 4-6 months for initial training or yearly summer camps Annual count; US Census Fact Finder

## Abbreviations and Acronyms

ACSC	Ambulatory Care Sensitive Conditions - ICD-9-CM Codes <a href="http://www.floridacharts.com/charts/documents/ACS_Conditions_Definition_UPDATE.pdf">http://www.floridacharts.com/charts/documents/ACS_Conditions_Definition_UPDATE.pdf</a>
ACS	American Community Survey
AHCA	Agency for Healthcare Administration
BRFSS	Florida Behavioral Risk Factor Surveillance System - county-level telephone survey conducted by the CDC and FL DOH Bureau of Epidemiology.
CDC	Centers for Disease Control and Prevention
CHAG	Community Health Advisory Group
CHR-RWJ	County Health Rankings, Robert Wood Johnson Foundation
CMS	Centers for Medicare and Medicaid Services
EPA	Environmental Protection Agency
FDHSMV	Florida Department of Highway Safety and Motor Vehicle
FDLE	Florida Department of Law Enforcement
FL AHCA	Florida Agency for Health Care Administration
FL DCF	Florida Department of Children and Families
FL DOE, EIAS	Florida Department of Education, Education Information and Accountability Services
FL DOH	Florida Department of Health
FL EDR	Florida Legislature's Office of Economic and Demographic Research
FYSAS	Florida Youth Substance Abuse Survey
FYTS	Florida Youth Tobacco Survey
NCES	National Center for Education Statistics
NCHS	National Center for Health Statistics
SAHIE	Small Area Health Insurance Estimates (US Census)
UM(FL) MS	University of Miami (FL) Medical School
US Census	US Census Bureau
US DoA	US Department of Agriculture, Food Environment Atlas
US DoC	US Department of Commerce
US DoHHS	US Department of Health & Human Services, Health Resources and Services Administration
US DoHUD	US Department of Housing and Urban Development
US DoL	US Department of Labor