# Florida Life Course Indicator Report
# Community Well-Being

**Life Course Theory looks at health as an integrated continuum** where biological, behavioral, psychological, social and environmental factors interact to shape health outcomes across the course of a person's life. The adoption of the Life Course Theory into public health practice requires movement away from isolated efforts and encourages broader thinking about the factors impacting health. Instead of concentrating on one health disease or condition at a time, the Life Course Theory looks to social, economic and environmental factors as underlying causes of persistent inequalities in health.

**The indicators in the report were calculated according to guidelines published by the Association of Maternal and Child Health Programs.** For each indicator, a brief description of the topic and definition, connection to the Life Course Theory, and data source are provided in the report. When possible, a state-level estimate for each indicator was calculated with 95% confidence intervals (CI) and Florida's status was compared to the nation. The indicators were then stratified by race/ethnicity when available and appropriate.

This section details the following life course indicators related to **community well-being:**

**LC-06.** Concentrated Disadvantage

**LC-07.** Homelessness

**LC-08.** Homicide Rates

**LC-09.** Household Food Insecurity

**LC-10.** Poverty

**LC-11.** Small for Gestational-Age

# LC-06: Concentrated Disadvantage

Concentrated disadvantage serves as a collective measure of the relative poverty of neighborhoods. Concentrated disadvantage is calculated using the following five U.S. Census variables:

1. Percent of individuals below the federal poverty line
2. Percent of individuals on public assistance
3. Percent of female-headed households
4. Percent unemployed
5. Percent less than 18 years of age

Together these five components serve as a proxy of a community with economic disadvantage. Communities with concentrated disadvantage oftentimes lack collective efficacy or the trust and willingness among community members to intervene for the common good. Collective efficacy has been shown to be protective against several negative psychosocial outcomes, particularly neighborhood violence.[1]

Living in an area of concentrated disadvantage also has negative influence on health outcomes. One study showed that Black children living in severely disadvantaged communities had a decreased verbal ability equivalent to missing one year of schooling when compared to children living in less disadvantaged neighborhoods.[2] There are also higher rates of high school drop-outs, teen pregnancy, adolescent delinquency, and adverse birth outcomes in areas of high concentrated disadvantage.[3,4] The causes of concentrated disadvantage are multi-faceted stemming from both institutional discrimination and individual prejudice. Concentrated disadvantage can be alleviated through enrichment (improvement of living and economic conditions of the current area) and integration (moving people out of high poverty areas).[5]

**Data source:** American Community Survey, U.S. Census Bureau, 2013
**Numerator**: Number of households with children aged 0-17 years located in census tracts of high concentrated disadvantage
**Denominator**: Total number of households with children aged 0-17 years

| Table 1: Percent (95% CI) of Households with Children Aged 0-17 Years Living in Areas of High Concentrated Disadvantage, 2013 | |
|---|---|
| **Nation** | **Florida[6]** |
| Not Available | 28.0% (27.3, 28.7) |

Overall, 28.0% of households with children less than 18 years of age are living in areas (census tracts) of high concentrated disadvantage in Florida (Table 1). Any household above the 75th percentile of concentrated disadvantage is considered to be at a "high" level of concentrated disadvantage.[7]

# LC-07: Homelessness

People without safe, stable, and appropriate places to live are considered homeless.[8] Homelessness affects both individuals and families, and there are many reasons why people become homeless including lack of affordable housing and living in poverty.[9] Other major factors include lack of affordable health care, domestic violence, mental illness and addiction.[9] Studies have shown that rate of mental illness among people who are homeless is twice the rate found for the general population.[8] Overall, people without homes have poorer health than the general population and have higher rates of tuberculosis, hypertension, asthma, diabetes, and HIV/AIDS.[10]

Experiencing homelessness during childhood is of particular concern as the exposure to stressful and traumatic experiences can impact their development and ability to learn. Children experiencing homelessness are more likely to show delayed development and more likely to have emotional and behavioral problems when compared to non-homeless children.[11] They are also more likely to have chronic and acute health conditions such as asthma and gastrointestinal problems[12] and to be overweight and obese due to nutritional deficiencies and food insecurity.[13]

Homelessness is usually categorized by sheltered (emergency shelter, safe havens, or transitional housing) and unsheltered (places not meant for human habitation such as vehicles and parks).[14] Numbers reported below are based on point-in-time information submitted to the U.S. Department of Housing and Urban Development by the Continuum of Care (CoC) Program members. The CoC Program is designed to promote communitywide action to ending homelessness by providing funding to connect homeless individuals and families to necessary resources.

## LC-07A: Homelessness among Individuals

**Data source:** U.S. Department of Housing and Urban Development, 2014 Annual Homeless Assessment Report to Congress
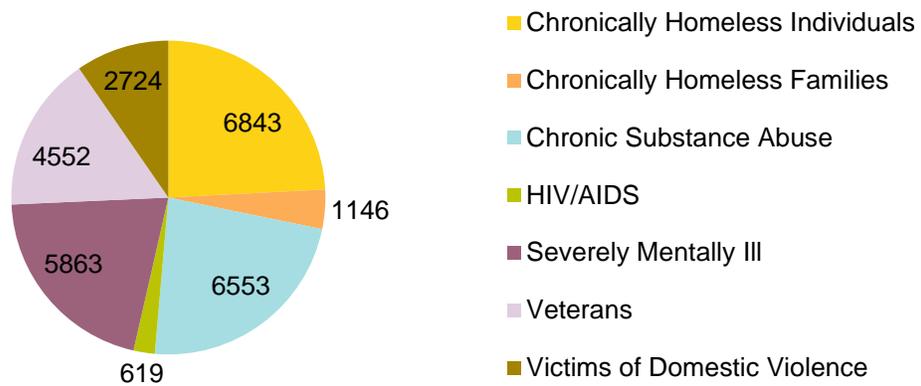**Numerator:** Total number of individuals experiencing homelessness
**Denominator:** Total number of individuals (2013 estimates from American Community Survey)

| Table 2: Count and Percent of Homeless Individuals, 2014[14] | | |
|---|---|---|
| | **Nation** | **Florida** |
| **Count** | 578,424 | 41,542 |
| **Percent** | 0.2% | 0.2% |

Approximately 0.2% of Florida's population is homeless (unsheltered and sheltered) (Table 2). Half of the U.S. homeless population lives in five states: CA, NY, FL, TX, and MA. Florida accounts for 7.0% of the total U.S. homeless population.[14] The percent of homeless individuals living in unsheltered conditions in Florida is higher compared to the nation and third highest nationwide.[14] These data were not available by race/ethnicity.

**Figure 1: Counts of Homeless People in Florida by Subpopulations Reported[15]**



- Chronically Homeless Individuals
- Chronically Homeless Families
- Chronic Substance Abuse
- HIV/AIDS
- Severely Mentally Ill
- Veterans
- Victims of Domestic Violence

Chronic substance abuse, mental illness, and veteran status are common characteristics among homeless people in Florida (Figure 1).


## LC-07B: Homelessness among Families

**Data source:** U.S. Department of Housing and Urban Development, 2014 Annual Homeless Assessment Report to Congress
**Numerator:** Total number of families (any household with at least one adult over 18 years of age and at least one child under 18 years of age) experiencing homelessness
**Denominator:** Total number of families (2013 estimate from American Community Survey)

| Table 3: Count and Percent of Homeless Families, 2014[14] | | |
|---|---|---|
| | **Nation** | **Florida** |
| **Count** | 67,613 | 3,967 |
| **Percent** | 0.1% | - |

Approximately 0.1% of families were homeless in the U.S during 2014. Approximately, 3,967 families were homeless in Florida during 2014 (Table 3). The count reported for Florida is an estimate calculated using the average number of persons per family. The percent of homeless families in Florida is too small to report. Among homeless families in Florida, the majority are living in unsheltered conditions.[15] Florida accounts for approximately 6% of the homeless individuals in families nationwide.[14] These data were not available by race/ethnicity.


# LC-08: Homicide Rate
Violence has a large impact on the health of individuals and communities. It not only leads to premature death, but also to permanent physical and emotional disability. Neighborhood violence negatively affects the built environment by reducing productivity,

decreasing property values and disrupting social services.[16] Recent research identifies the three major structural factors related to homicide as poverty and low education, the disruption of the family structure, and racial composition.[17] Neighborhoods with high poverty rates and single-parent households may not have the resources to contribute to community building and thus often lack social control and cohesion, which have been shown to be protective against homicide.[18] Racial composition of a community is also related to the homicide rate.  Among males 15-34 years, Black men are 12 times more likely than White men to be victims of homicide and Hispanic men are four times more likely than White men to be victims of homicide.[18] Violence and homicide are interconnected with social capital (networks, together with shared norms, values and understandings that facilitate cooperation within or among groups) and community well-being.

**Data Source**: National Vital Statistics System (NVSS) Records, 2013
**Numerator**: Total homicide-related deaths, age-adjusted
**Denominator**: Total population

| Table 4: Age-Adjusted Homicide Rate per 100,000 Persons (95% CI) 2013[19] | |
|---|---|
| **Nation (U.S. States and Territories)** | **Florida** |
| 5.2 (5.1-5.3) | 6.5 (6.1-6.9) |

In 2013, Florida's age-adjusted homicide rate was higher than the national average (Table 4). The age-adjusted death rate for males was much higher than the age-adjusted death rate for females in Florida, 9.8 per 100,000 vs 2.6 per 100,000, respectively.[20]



Figure 2: Age-Adjusted Homicide Rate per 100,000 in Florida, by Race/Ethnicity 2013[20]
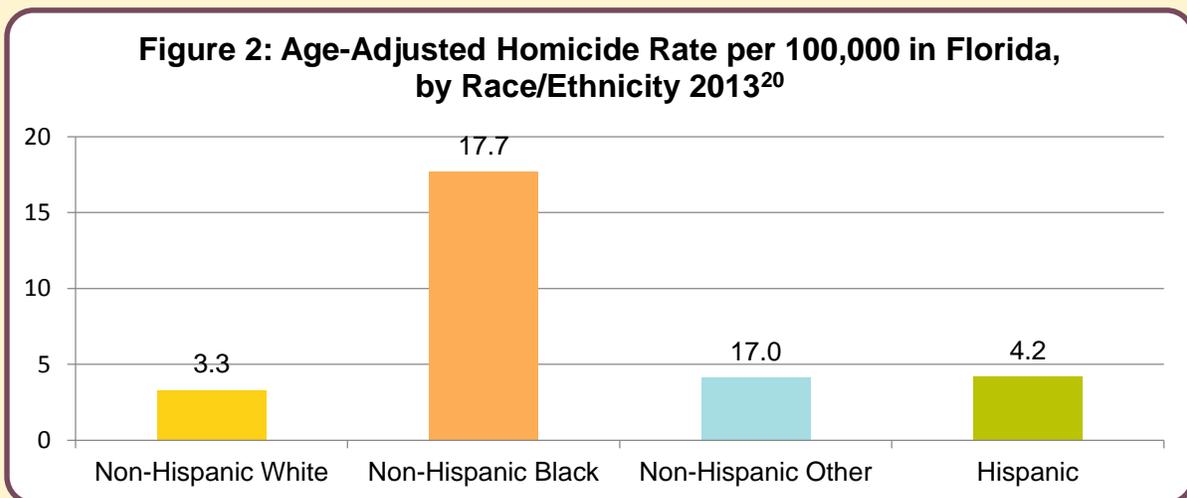
Vast racial and ethnic disparities exist in that non-Hispanic Black people have a significantly higher percent of dying of homicide than any other racial and ethnic group in 2013 (Figure 2). The rates in Figure 2 represent homicide death by both firearms discharge and other/unspecified means.

# LC-09: Household Food Insecurity

Food security is defined as access by all people at all times to enough safe and nutritious food for an active, healthy life.[21] Access to adequate nutrition is important throughout the lifespan as it is significantly associated with community-level social capital and individual-level health outcomes. Adequate nutrition and consistent access to healthy foods is particularly important during pregnancy, infancy and early childhood to ensure proper growth and development. Later in childhood, children who experience food insecurity may be at greater risk for poor school performance as well as behavioral and social difficulties.[22]

There are ten questions that are used to assess the food security of households on the Current Population Survey (CPS) and an additional eight questions that are asked if the household includes children age 0-17 years. These questions assess the presence and frequency of conditions that define household food insecurity.  Food-insecure conditions include: worrying about running out of food, physically running out of food, unable to afford balanced meals, cutting the size of meals, eating less than you felt you should, experiencing hunger, losing weight, and skipping meals or going a day without food.[23]

There are two levels that are used to define household food insecurity, low and very low. The definition criteria are different for children and adults. Households with children reporting two or more food-insecure conditions and adults reporting three or more food-insecure conditions are considered to have "low" food security.[23] Households with children reporting six or more food-insecure conditions and adults reporting eight or more food-insecure conditions are considered to have "very low" food security.[23]

**Data source**: United States Department of Agriculture (USDA) Economic Research Service, based on Current Population Survey (CPS)
**Numerator**: Number of households experiencing food insecurity (unable to afford balanced meals, having to cut the size of meals because of too little money or food, or being hungry because of too little money for food)
**Denominator**: Total number of households

| Table 5: Percent (95% CI) of Households Experiencing Food Insecurity, Average 2011-2013[23] | |
|:---:|:---:|
| **Nation** | **Florida** |
| 14.6% (14.4-14.8) | 14.1% (14.0-14.2) |

The percent of food insecurity in Florida is less than the national average during 2011-2013 (Table 5). Nationally, the percent of household food insecurity is highest among households with children aged 0-17 years, those living under 100% of the federal poverty level and in female-headed households.[23]

Nationally, the percent of food insecure households was significantly higher among non-Hispanic Black households and Hispanic households when compared to non-Hispanic White and non-Hispanic other households (Table 3).  These data were not available by race/ethnicity at the state level.

## LC-10: Poverty

Social determinants of health, such as poverty, are the conditions in which people are born, grow, live, work and age.[24] Social determinants of health are largely responsible for the health inequities that are seen within neighborhoods, states, and countries. The relationship between poverty and health is complicated and likely bidirectional as poverty breeds ill-health and ill-health keeps people poor.[25] Poverty influences health by restricting access to health care and healthy foods and impacts the psychosocial wellbeing of individuals and communities. High concentrations of poverty are associated with high school drop-out rates, teen pregnancy and adolescent delinquency.[26] Poverty is also associated with poor birth outcomes such as infant mortality and low birth weight, confirming that poverty can have a multi-generational impact on health.[27] Overall, low-income people experience morbidity and mortality at greater rates than higher income people.[26]

Certain populations are more likely to experience poverty including Hispanic people, non-Hispanic Black people, foreign-born, those with a disability and those living in the Southern region of the United States.[27] Additionally, children represent a disproportionate share of those living in poverty. While children less than 18 years of age account for only 24.4% of the total population, they represent 35.5% of people living in poverty.[28]

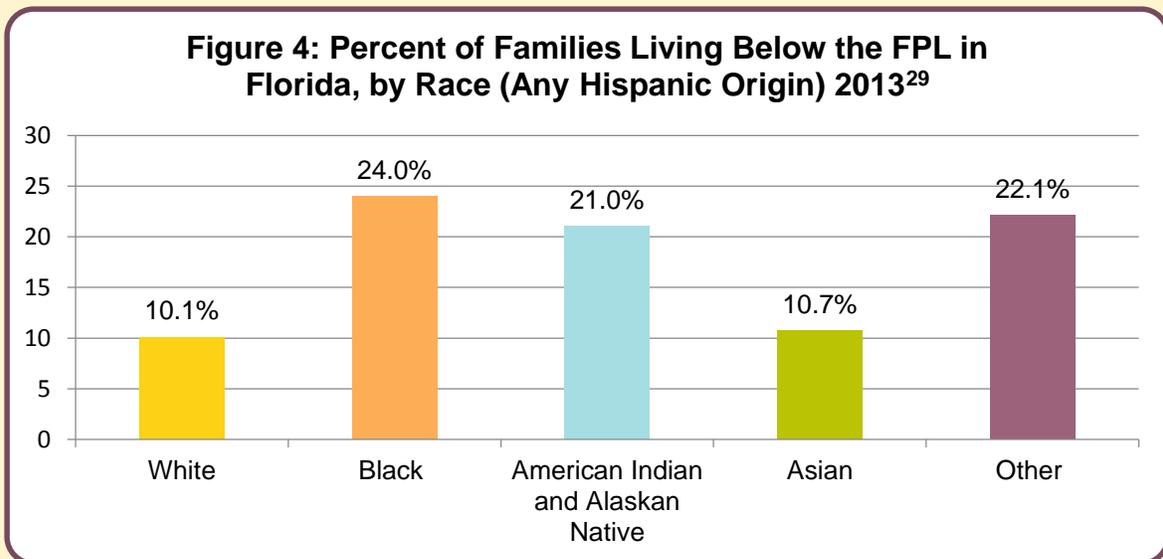**Data source**: American Community Survey (ACS) - U.S. Census Bureau, 2013
**Numerator**: Number of families living below the federal poverty line
**Denominator**: Total number of families

A family is defined as a household with at least one adult aged 18 years old or older, and at least one related child aged less than 18 years. The federal poverty line (FPL) is a measure of income level that is determined on an annual basis by the U.S. Department of Health and Human Services. The 2015 FPL is $24,250 for a family of four people.

| Table 6: Percent (95% CI) of Families Living Below the FPL, 2013[29] ||
|---|---|
| **Nation** | **Florida** |
| 17.8% (17.7-17.9) | 19.4% (19.1-19.7) |

Approximately one in five families is living below the FPL in Florida (Table 6). This percent was significantly higher than the national average in 2013. Educational attainment of the head of household (defined as the person in whose name the house unit is rented or owned) is a strong predictor of living below the FPL, with 29.3% of those with less than a high school degree living below the FPL in Florida. Additionally, female-headed households had a significantly higher percent of living below the FPL than households with married-couple family households.[29]

**Figure 4: Percent of Families Living Below the FPL in Florida, by Race (Any Hispanic Origin) 2013[29]**

| Race | Percent |
|------|---------|
| White | 10.1% |
| Black | 24.0% |
| American Indian and Alaskan Native | 21.0% |
| Asian | 10.7% |
| Other | 22.1% |

Families living below the FPL differed by race in Florida (Figure 4). Families identifying as Black, American Indian and Alaska Native, and other had a higher percentage of living under the FPL when compared to White and Asian families. Living below the FPL also differed by ethnicity. Nineteen percent of Hispanic families of any race were living below the FPL compared with only 7.5% of non-Hispanic White families.[29] Racial and ethnic categories are reported as defined by the ACS.

## LC-11: Small for Gestational Age (SGA)

Small for gestational age (SGA) is defined as an infant who is smaller than average, after taking gender and gestational age into account.[30] Typically infants who have birth weights below the 10th percentile for infants of the same gestational age are considered SGA.[30] The cause of SGA may be due to genetics or fetal growth problems such as intrauterine growth restriction where the fetus does not receive necessary nutrients and oxygen to reach proper size and development.[30] Common factors of SGA and intrauterine growth restriction include maternal chronic disease such as hypertension or diabetes, infection, cigarette smoking and other substance use, birth defects and chromosomal abnormalities.[30] SGA is associated with the development of costly chronic conditions as adults such as coronary heart disease, hypertension, and diabetes.[31]

There exists a strong relationship between SGA and socioeconomic disadvantage. Research shows that the risk of SGA increases with increased socioeconomic disadvantage, even after controlling for factors such as maternal smoking and late entry into prenatal care.[32] Other characteristics of socioeconomic disadvantage, such as low educational attainment and household food insecurity (lack of adequate nutrition), are also risk factors for SGA.

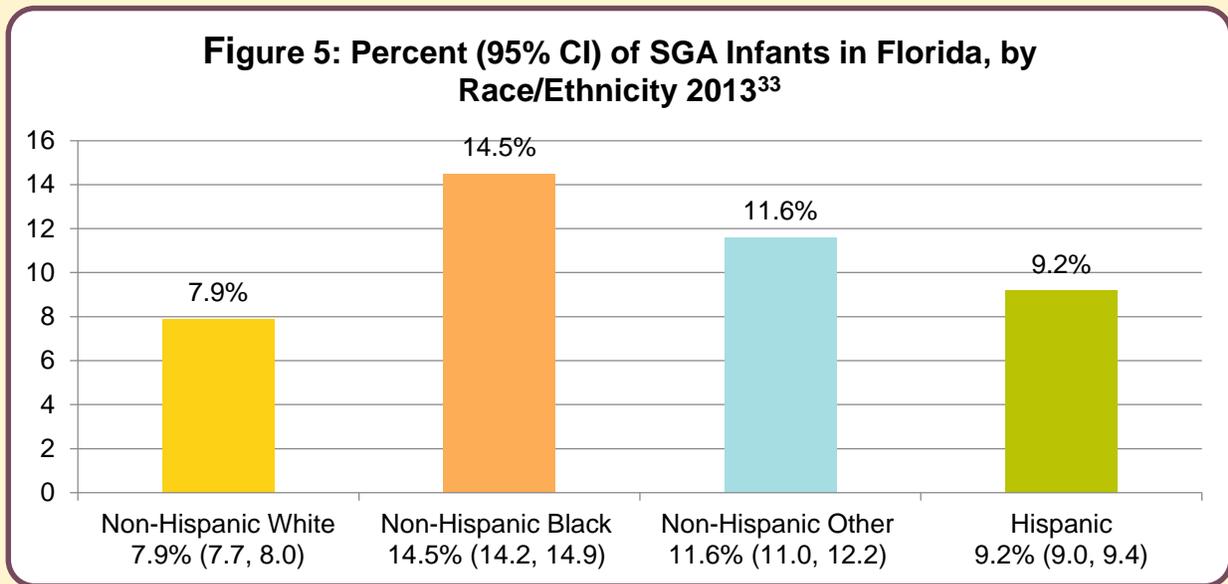**Data source:** Bureau of Vital Statistics, Florida Department of Health, 2013
**Numerator**: Number of singleton live births whose birth weight is at or below the 10th percentile for a given gestational age
**Denominator**: Total number of singleton live births

| Table 7: Percent (95% CI) of Live Births with SGA, 2013 | |
| --- | --- |
| **Nation** | **Florida[33]** |
| Not Available | 9.7% (9.6-9.8) |

In 2013, 9.7% of infants born in Florida were SGA (Table 7). At this time, no national estimate is available as not every state has incorporated the 2003 revision of the birth certificate which included an updated obstetric estimate of gestation at delivery which is used to estimate gestational age and the associated birth weight percentiles needed to determine SGA.

**Figure 5: Percent (95% CI) of SGA Infants in Florida, by Race/Ethnicity 2013[33]**



| Non-Hispanic White 7.9% (7.7, 8.0) | Non-Hispanic Black 14.5% (14.2, 14.9) | Non-Hispanic Other 11.6% (11.0, 12.2) | Hispanic 9.2% (9.0, 9.4) |

The percent of SGA infants varies by race/ethnicity in Florida (Figure 5). The percent of SGA infants was highest among non-Hispanic Black (14.5%) and non-Hispanic other (11.6%) infants. The non-Hispanic other category includes the follow racial groups: American Indian, Alaskan Native, Asian, Pacific Islander, Multi-Race, and other as identified on the birth certificate.

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