COMMUNITY HEALTH ASSESSMENT

Volusia County - 2013

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Executive Summary

According to the *County Health Rankings* report, Volusia County ranks 42 out of 67 counties in Florida in regards to overall health. To most Volusia County residents, this is unacceptable. Indeed, this ranking has spurred on the community health improvement efforts underway in Volusia County. According to the Mobilizing through Action for Planning and Partnership (MAPP) framework, the foundation for health improvement planning is the community health assessment. Volusia County has completed a community health assessment in a unique but effective manner. While adhering to the trusted principles of MAPP, the Volusia County community has collaborated to integrate the required non-profit hospital community health improvement planning efforts.

The MAPP framework calls for six phases and four assessments to improve community health. Currently, four assessments and four phases of the MAPP framework have been completed. Additionally, the three non-profit hospital networks have conducted community health needs assessments within Volusia County. While this has altered the typical MAPP process, the hospital-conducted needs assessments have contributed to the foundation of a true community health improvement plan in Volusia County.

In order to unite the various health improvement efforts, Healthy Volusia was formed. This public-private partnership, with the mission of community health improvement planning, has conducted two town hall meetings to address the public on the ongoing community-wide health improvement planning efforts underway. The two town hall meetings also served to gather input on what strategic priorities the community believes are critical to Volusia County residents. The two priorities selected as the basis for the2013 Volusia County Community Health Improvement Plan are: Access to Care and Obesity/Chronic Disease.

Community Profile

Volusia

Volusia County is located in the east-central part of the U.S. state of Florida, bordered by the St. Johns River to the west and the south, and the Atlantic Ocean to the east. The county was founded on December 29, 1854. As of the 2010 United States Census, the population was 494,593. It is the sole county of the Deltona-Daytona Beach-Ormond Beach, FL Metropolitan Statistical Area, which was the 103rd-largest metropolitan area in the United States as of 2010.

Roughly the size of Rhode Island, Volusia County is about 40 miles northeast of Orlando, 60 miles north of Kennedy Space Center, and 90 miles south of Jacksonville. Volusia County has 16 cities- the city of Deltona on the west, is the largest in population and Daytona Beach, on the east, ranks second. The county seat is Deland, and the largest municipality is Deltona.

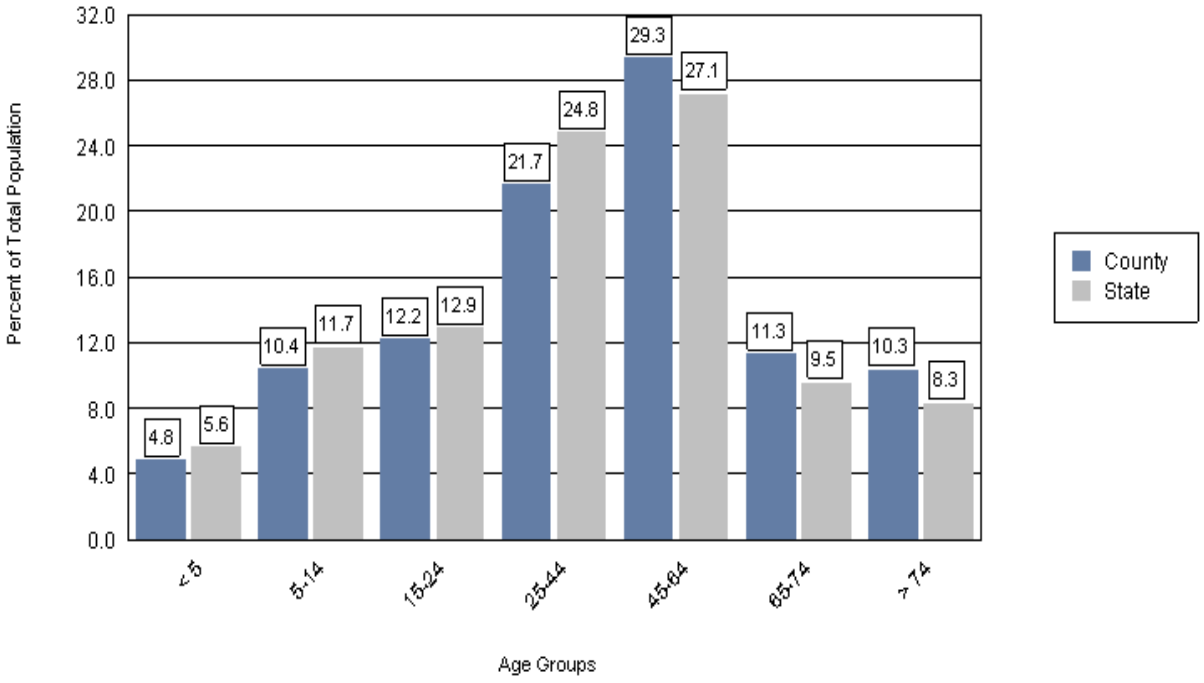
Population

The 2010 US Census data of the population is presented below by city. Florida Charts data predicts a population of 496,832 in year 2012. The two largest cities are Daytona Beach on the east side of the county and Deltona on the west side of the county.

Population 2010					
Volusia County Population	*494,593*	*100%*			
Daytona Beach	61,005	12.3%	Oak Hill	1,792	0.4%
Daytona Beach Shores	4,247	0.9%	Orange City	10,599	2.1%
DeBary	19,320	3.9%	Ormond Beach	38,137	7.7%
Deland	27,031	5.5%	Pierson	1,736	0.4%
Deltona	85,182	17.2%	Ponce Inlet	3,032	0.6%
Edgewater	20,070	4.2%	Port Orange	56, 048	11.3%
Holly Hill	11,659	2.4%	South Daytona	12,252	2.5%
Lake Helen	2,624	0.5%	Unincorporated Volusia County*	116,398	23.6%
New Smyrna Beach	22,464	4.5%			

(Census Data)

The following chart indicates that Volusia County has higher percentage of the population in ages categories above 45 years of age.



Race and Ethnicity

The population by race is presented in the table below. This table indicates that a large majority of population is white; a higher percentage than the state of Florida. Likewise, Volusia County has a lower rate of African-American, Asian, and Hispanic than the state of Florida average.

Population by Race (% of Total Population)	Volusia		Florida	
	Number	Percent	Number	Percent
White alone	408,256	82.5%	14,109,162	75.0%
Black or African-American alone	51,791	10.5%	2,999,862	16.0%
Asian alone	7,567	1.5%	454,821	2.4%
American Indian or Alaska Native alone	1,778	0.4%	71,458	0.4%
Native Hawaiian or other Pacific Islander alone	204	0.0%	12,286	0.1%
Some other race alone	14,487	2.9%	681,144	3.6%
Two or more races	10,510	2.1%	472,577	2.5%

Florida Population Estimates by Sex by Ethnicity by County							
Year=2012 and Race=All and Age=All							
	Population						
	Hispanic			Non-Hispanic			Total
	Female	Male	Total	Female	Male	Total	
Volusia	28,721	28,339	57,060	225,612	214,160	439,772	496,832
Total	28,721	28,339	57,060	225,612	214,160	439,772	496,832

Income

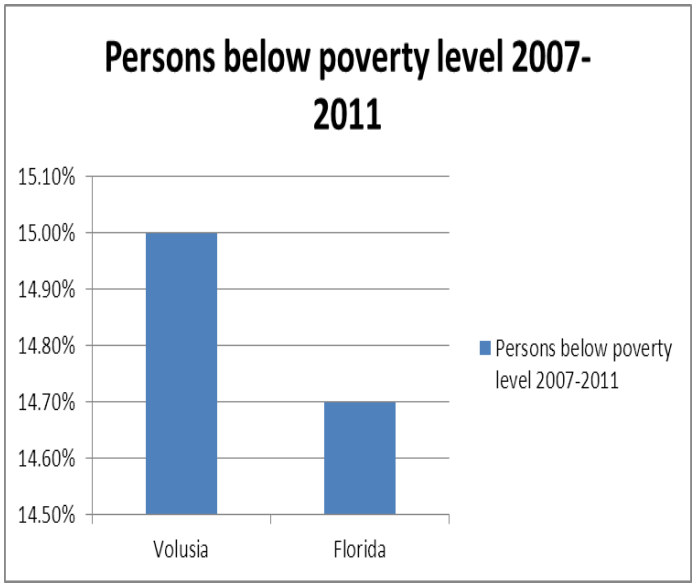
Median household income, Single Year Rates		
	Volusia	**Florida**
Year	**Dollars ($)**	**Dollars ($)**
2010	44400.0	47661.0
2000	35219.0	38819.0
1990	24818.0	27483

Historically, Volusia County has had a median income lower than the state of Florida. As of 2010 the median house-hold income is $44,400.00 compared to the average state rate of $47,661.00

Poverty

Income is clearly an important factor in predicting health outcomes. Certainly, health insurance, medical care, healthy food, safe housing and other necessary goods come with a cost. In Volusia County, 15% of the population is living under the poverty level; higher than the state rate of Florida.

(Data from www.floridacharts.com)



Healthcare in Volusia

According to the *County Health Rankings* report, Volusia County ranks 23 out of 67 counties in clinical care. This is in large part due to the extensive hospital networks that are located in Volusia County. Volusia residents have access to five Florida Hospital locations, two Halifax Health hospital locations and Bert Fish Medical Center.

Volusia County is fortunate to have three legislated hospital districts; SE Volusia Hospital Taxing District, Halifax Hospital Taxing District and the West Volusia Hospital Authority. Each taxing district taxes their respective residents to pay for indigent care for residents in the district. Each district determines their own eligibility levels to receive indigent care. Halifax Hospital Taxing District uses indigent tax dollars to pay for hospital care and outpatient care for residents who are eligible. The SE Volusia Hospital Taxing District uses tax dollars to pay for inpatient care. The West Volusia Hospital Taxing Authority spends its tax dollars on inpatient care, primary care at the FQHC, specialty care and pharmacy. If persons do not

have insurance and do not qualify for Medicaid, they may qualify for indigent impatient and/or outpatient care depending on their income and assets.

These hospitals not only play an important role in providing high quality medical care, but have recently been conducting community health needs assessments. These assessments will be the foundation of health improvement plans and play a key role in the community.

MAPP Process Overview

Mobilizing for **A**ction through **P**lanning and **P**artnerships (MAPP) is a strategic approach to community health improvement. The MAPP framework helps communities improve health and quality of life through community-wide strategic planning. Using MAPP, the community of Volusia County seeks to achieve optimal health by identifying and using resources wisely, taking into account unique circumstances and needs, and forming effective partnerships for strategic action.

The MAPP Model has six key phases. The first four phases are the components of a complete community health assessment. The six phases are:

1. Organize For Success
2. Visioning
3. Assessments
4. Identify Strategic Issues
5. Formulate Goals and Strategies
6. Take Action

As the MAPP Model image suggests, the process revolves around 4 critical assessments. These assessments are as follows:

1. The **Forces of Change Assessment** focuses on the identification of forces such as legislation, technology and other impending changes that affect the context in which the community and its public health system operates

2. The **Local Public health System Assessment** is a comprehensive assessment that includes all the organizations and entities that contribute to the public's health. It measures how the "ten essential services of public health" are being delivered within the community

3. The **Community Themes and Strengths Assessment** provide an understanding of health issues that residents feel are important, including quality of life.

4. The **Community Health Status Assessment** is a collection of data gathered to identify and analyze health status, factors, and outcomes within the community.

Approach: Community-Targeted and Collaborative

The key elements of the MAPP process were implemented to complete the 2013 Volusia Community Health Assessment. There were, however, modifications to the order and nature of the process in order to specifically meet the needs of the local public health system in Volusia County. The primary reason for the alteration is the non-profit hospital networks in Volusia County each started a community health improvement planning process.

Hospitals:

The Patient Protection and Affordable Care Act requires non-profit hospitals to (1) conduct a community health needs assessment at least every three years and (2) adopt an implementation strategy to meet the community health needs identified by the assessment. The community health needs assessment must include input from persons who represent the broad interests of the community served by the hospital facility, including those with special expertise in public health and be made widely available to

the public. Therefore, the Community Health Status assessment consists of a variety of health status reports that were created by the non-profit hospital networks and a local non-profit, One Voice For Volusia.

The Florida Department of Health in Volusia County elected to take part in these different processes with the aim to then bring together the hospital networks to implement a more unified Community Health Improvement Plan.

Geography:

The second reason the MAPP process was altered is because the geography and demographics of Volusia County call for strategies suited to specific communities within the county. In order to produce useful information to inform community interventions, the Community Themes and Strength Assessment consisted of multiple assessments that target specific communities in Volusia County. One assessment focused on the East side of Volusia County in the Midtown neighborhood of Daytona Beach, FL. Likewise, a portion of the Themes and Strength Assessment specifically targeted the western portion of Volusia County. Both of these assessments informed community-based interventions, but also informed the County as a whole in selecting strategic priorities. A more traditional themes and strength assessment was more recently conducted to affirm the themes and strengths detected in prior assessments.

Phase 1 - Organize for Success

Volusia County has chosen an untraditional, yet effective, approach in organizing for the Community Health Assessment and Community Health Improvement Plan. The Patient Protection and Affordable Care Act requires non-profit hospitals to conduct a community health needs assessment and adopt an implementation strategy to meet the community health needs identified by the assessment. The community health needs assessment must include input from persons who represent the broad interests of the community served by the hospital facility, including those with special expertise in public health and be made widely available to the public. The Florida Department of Health in Volusia County elected to take part in these different processes with the aim of bringing together the hospital networks to implement a more unified community health improvement plan.

On June 24th, the community came together to form *Healthy* Volusia, a private-public partnership with the mission of improving the health of Volusia County residents. Healthy Volusia will be led by a steering committee consisting of the Florida Department of Health In Volusia County, the three hospital Networks: Bert Fish, Florida Hospital and Halifax Health, the YMCA, and other community members. Healthy Volusia will be structured around the two strategic priorities selected by the community: access to healthcare, and chronic disease.

Phase 2 - Visioning

On June 24, 2010, Healthy Volusia met to develop a shared vision for the community. Feedback was given by over 30 community members and consisted of a variety of responses. A sample of the responses is as follows:

- Eliminate Disparities
- Working Together
- Leading the County
- Increase Organized Capacity
- Collaborating to Improve Health
- Optimize Resources
- Empowering Residents
- Changing Policies
- Optimizing health

These samples from Healthy Volusia members will make up the vision of the partnership to complete the selected mission:

"To improve the health of the community through planning and collaboration."

Phase 3 - The Four MAPP Assessments

Approach

Volusia County community elected to take a community-targeted approach with the Forces of Change and Community Themes and Strengths assessments and a collaborative approach with the Health Status Assessment.

Forces of Change

Purpose

The Forces of Change Assessment is one of the four MAPP assessments and seeks to identify factors that can affect health in a community. This assessment seeks to answer these two main questions:

- What is occurring or might occur that affects the health of our community or the local public health system?
- What specific threats or opportunities are generated by these occurrences?

The results can be used to assist the community in preparing how to respond to or capitalize on these factors and events.

Method

On September 27, 2012, the Midtown PACE-EH steering committee conducted a *Forces of Change* MAPP assessment during its monthly meeting. The Midtown PACE-EH steering committee is a group that initially came together for a PACE-EH project (Protocol for Assessing Community Excellence in Environmental Health) to examine the environmental needs in the area. The group desired to do more than address the environment and has morphed into a health equity action team that is seeking to improve nutrition, education, and crime in the community. Attendees included individual residents as

well as representatives from key organizations in the community. 15 attendees participated in this assessment which was facilitated by staff from the Volusia County Health Department.

Prior to the meeting, the facilitators provided participants with a brief overview of MAPP and Forces of Change and requested advance completion of a brainstorming worksheet to help stimulate and focus discussion. The meeting consisted of nearly an hour of open discussion that was documented on the large white board within the conference room where all could see. After the meeting pictures were taken of the white board to catalogue the findings. The activity yielded six forces of change. After the meeting, the facilitator completed a Threats and Opportunities worksheet based on the discussion.

Conclusion

Several themes arose during discussion of the threats to and opportunities for the health system in Volusia County. The economic downturn has major implications for health which was reflected by the number of times participants noted its impact. However, opportunities to seek more partnerships, new funding sources, and other job opportunities were met with enthusiasm by many participants who acknowledged the potential in these areas for improving health in Volusia County. The six major forces of change were identified as:

1. Economy
2. Healthcare/Insurance Infrastructure
3. Legislation
4. Education
5. Prevention
6. Healthy Community Design

Local Public Health System Assessment

Purpose

Led by the Centers, for disease Control and Health Prevention (CDC), the National Public Health Performance standards Program (NPHPSP) is an initiative that developed national performance standards for both state and local public health systems. These performance standards intended to guide the development of stronger public health systems capable of improving the health populations.

The local version of the Assessment instrument was used by in the community and facilitated by One Voice For Volusia to help identify strengths and opportunities for improvement within the Volusia County public health system. The Local Public Health System Assessment (LPHSA) answers the following questions:

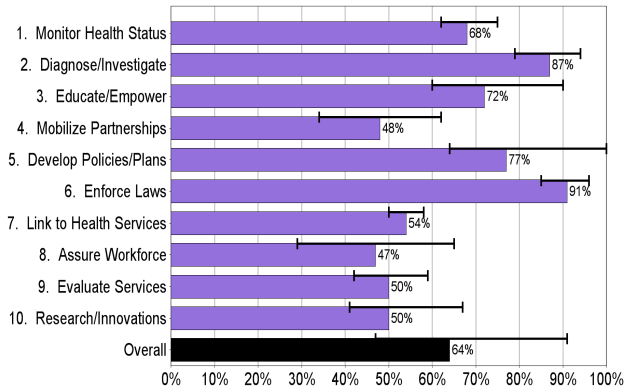
1. *What are the components, activities, competencies and capacities of our local public health system?*

2. *How are the "10 essential Public Health Services" being provided to our community?"*

The "10 essential Public Health Services" are the core public health functions that should be undertaken in every community, and they provide the framework for Local Public Health System Assessment.

Methodology

The Local Public Health System Assessment was conducted by One Voice For Volusia. Meetings were held on both the east and west sides of Volusia County. Volusia residents involved in the public



health system gave input regarding the 10 essential services through regular electronic voting.

Results

EPHS		Score
1	Monitor Health Status To Identify Community Health Problems	68
2	Diagnose And Investigate Health Problems and Health Hazards	87
3	Inform, Educate, And Empower People about Health Issues	72
4	Mobilize Community Partnerships to Identify and Solve Health Problems	48
5	Develop Policies and Plans that Support Individual and Community Health Efforts	77
6	Enforce Laws and Regulations that Protect Health and Ensure Safety	91
7	Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	54
8	Assure a Competent Public and Personal Health Care Workforce	47
9	Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	50
10	Research for New Insights and Innovative Solutions to Health Problems	50
Overall Performance Score		64

As the image and chart show, Volusia County scored high in 2 - Diagnose And Investigate Health Problems and Health Hazards, 6 - Enforce Laws and Regulations that Protect Health and Ensure Safety, and 5 - Develop Policies and Plan that Support Individual and Community health Efforts. Volusia County scored the lowest in 8 – Assure a Competent Public and Personal Health Care Workforce, and nearly as low in services 4 – Mobilize Community Partnerships to Identify and Solve Health Problems.

Community Themes and Strengths

Purpose

A Community Themes and Strengths assessment was conducted by WellFlorida Health Planning Council in May, 2013. The purpose of the assessment was gain understanding about the perceptions of Volusia County residents regarding health and quality of life.

Methodology

WellFlorida conducted four focus groups throughout Volusia County. Two focus groups were conducted on the east side of the county in Deltona, FL. Two focus groups were conducted on the east side of the county in Daytona Beach, FL.

Each focus group covered five broad topic areas including:

- Concepts of health and wellness
- Resources for and barriers to healthy living
- Major factors effecting health
- Levels of community engagement
- Awareness of health promoting programs and resources

Focus group data were analyzed for thematic content using Qualitative Data Analysis (QDA) software. Additionally, two exploratory methods known as Multi-Dimensional Scaling (MDS), and Correspondence Analysis were applied to identify the relationships between themes, and also the lniks between specific themes and the individual focus groups in which they occurred.

Results

Four focus groups were held in Volusia County to determine what the community perceives as major health issues and strengths of the community.

The major themes regarding community health were:

Health Issues

- Hypertension
- Diabetes
- Heart Disease
- Obesity

Major Barriers

- Access to Health Care
- Affordability of Healthcare

Community Health Status Report

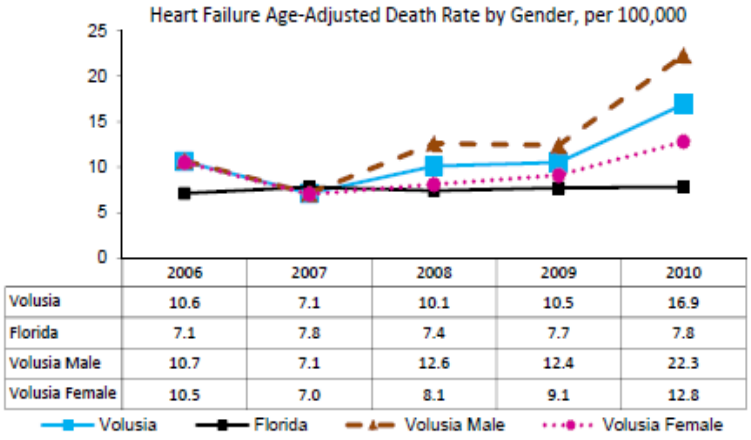
Volusia County is fortunate to have access to multiple reports that make up a community health status report. Halifax Health and Florida Hospital both have submitted health status reports (Appendix I, II). The Community Agenda, created by One Voice For Volusia, also contains population, demographics, and other health data (Appendix III). One of the most useful tools for the community is the county health rankings. These rankings provide a holistic snapshot of the population's health:

Six Health Issues

As noted in in Phase 4 of the MAPP Process, the different Community Health Stats reports narrowed down the potential strategic priorities to six health issues. These health issues were then voted on by the community. While the hospital community needs assessments and the Community Agenda Snapshot contain a description of many health issues, this Community Health Assessment addresses the six issues.

Cardiovascular Disease (From Florida Hopsital Community Health Needs Assessment – Appendix II)

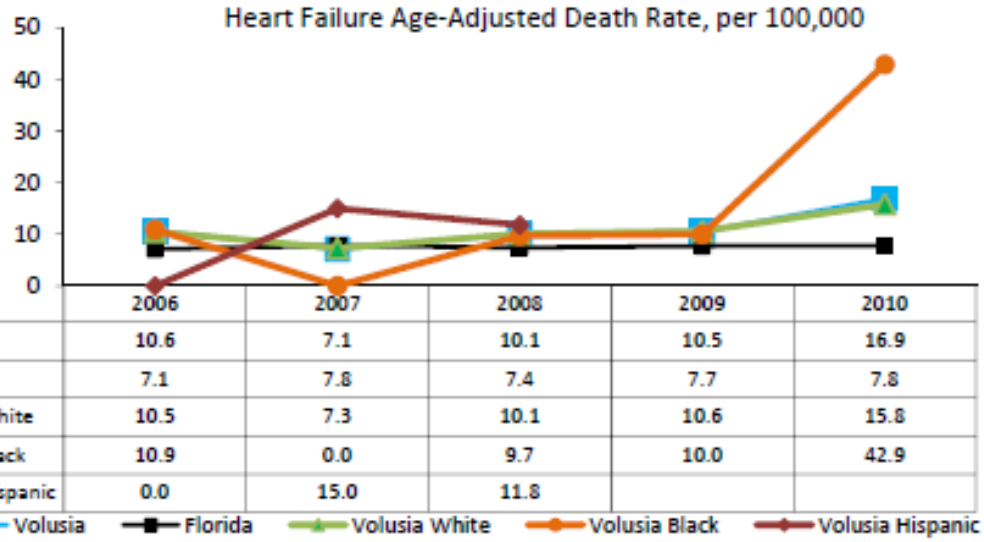
Cardiovascular diseases account for more than one-third (34.3%) of all U.S. deaths. Nationally, coronary heart disease makes up the majority of diseases deaths. For 2010, the CDC has estimated that the cost of cardiovascular diseases, including health care expenditures and lost productivity from deaths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



	2006	2007	2008	2009	2010
Volusia	10.6	7.1	10.1	10.5	16.9
Florida	7.1	7.8	7.4	7.7	7.8
Volusia Male	10.7	7.1	12.6	12.4	22.3
Volusia Female	10.5	7.0	8.1	9.1	12.8

Source: Florida CHARTS

The age-adjusted death rate due to heart failure, per 100,00 in Volusia County more than doubles the state rate. Blacks are significantly affected (42.9). Volusia males are affected more than females.



	2006	2007	2008	2009	2010
Volusia	10.6	7.1	10.1	10.5	16.9
Florida	7.1	7.8	7.4	7.7	7.8
Volusia White	10.5	7.3	10.1	10.6	15.8
Volusia Black	10.9	0.0	9.7	10.0	42.9
Volusia Hispanic	0.0	15.0	11.8		

Source: Florida CHARTS

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

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

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

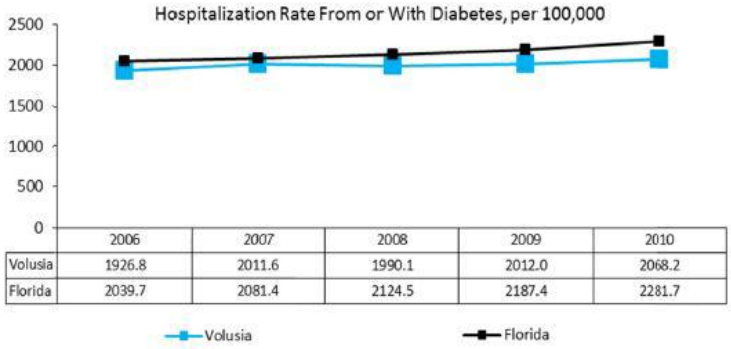
Diabetes (From Florida Hopsital Community Health Needs Assessment – Appendix II)

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

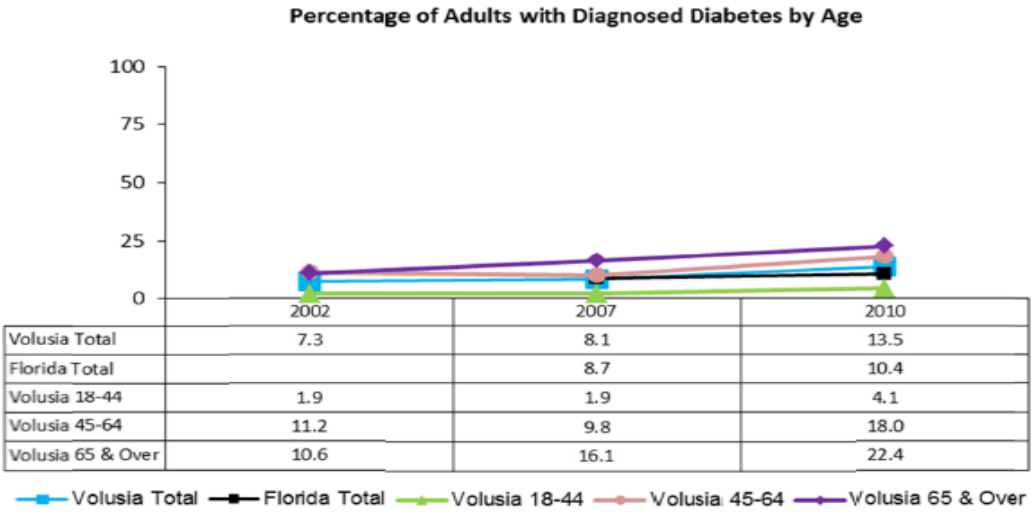
- Heart Disease
- Blindness
- Kidney failure
- Lower-extremity amputations

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

In Florida, diabetes prevalence is at an all-time high. Florida ranks 15th among the states with the highest death rate from diabetes. Compared with Whites, Blacks have higher diabetes death rates, higher rates of hospital charges with diabetes as the primary diagnosis and higher non-traumatic lower extremity amputation rates.



	2006	2007	2008	2009	2010
Volusia	1926.8	2011.6	1990.1	2012.0	2068.2
Florida	2039.7	2081.4	2124.5	2187.4	2281.7



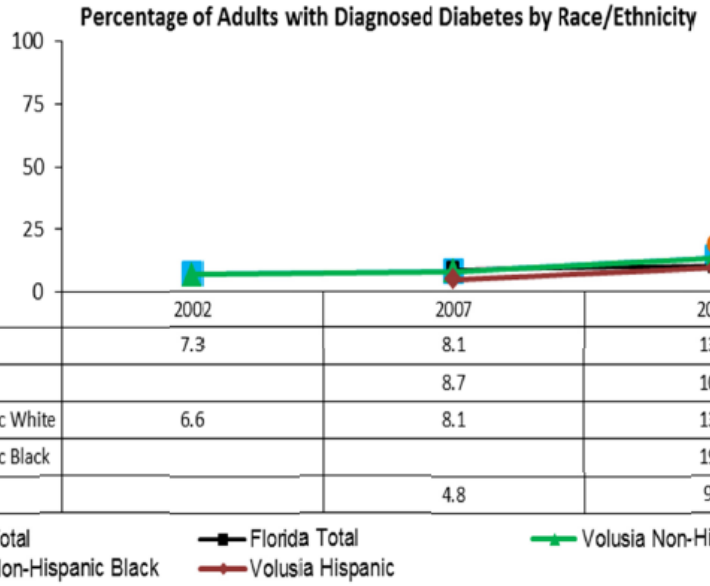
	2002	2007	2010
Volusia Total	7.3	8.1	13.5
Florida Total		8.7	10.4
Volusia 18-44	1.9	1.9	4.1
Volusia 45-64	11.2	9.8	18.0
Volusia 65 & Over	10.6	16.1	22.4

Source: Florida CHARTS

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

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

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



	2002	2007	2010
Volusia Total	7.3	8.1	13.5
Florida Total		8.7	10.4
Volusia Non-Hispanic White	6.6	8.1	13.4
Volusia Non-Hispanic Black			19.3
Volusia Hispanic		4.8	9.4

Source: Florida CHARTS

Cancer (From Halifax Health Community Needs Assessment – Appendix I)

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

The Volusia County rate is worse than the State and in the fourth quartile of county rates. There is a significant disparity with race and ethnicity.

Obesity (From Halifax Health Community Health Needs Assessment – Appendix I)

The percentage of overweight and obese adults is an indicator of the overall health and lifestyle of a community. Losing weight and maintaining a healthy weight helps prevent and control many chronic diseases. Being overweight or obese carries significant economic costs due to increased healthcare spending and lost earnings.

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

The percentage of Volusia County adults who are overweight are higher than the State, increasing since 2007. In Volusia County, the percentage of adults with good physical health in the 18-44 age group dropped from 91% in 2007 to 81.5% in 2010. Non-Hispanic whites are heavier than other race and ethnicities and the percentage of overweight males is greater than females.

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

Access to Health Care (From Halifax Health Community Health Needs Assessment – Appendix I)

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.

Why is Access to Health Services Important?

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

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

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

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

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

Access to Health Care Impacts:

- Overall physical, social, and mental health status
- Prevention of disease and disability
- Detection and treatment of health conditions

- Quality of life
- Preventable death
- Life expectancy

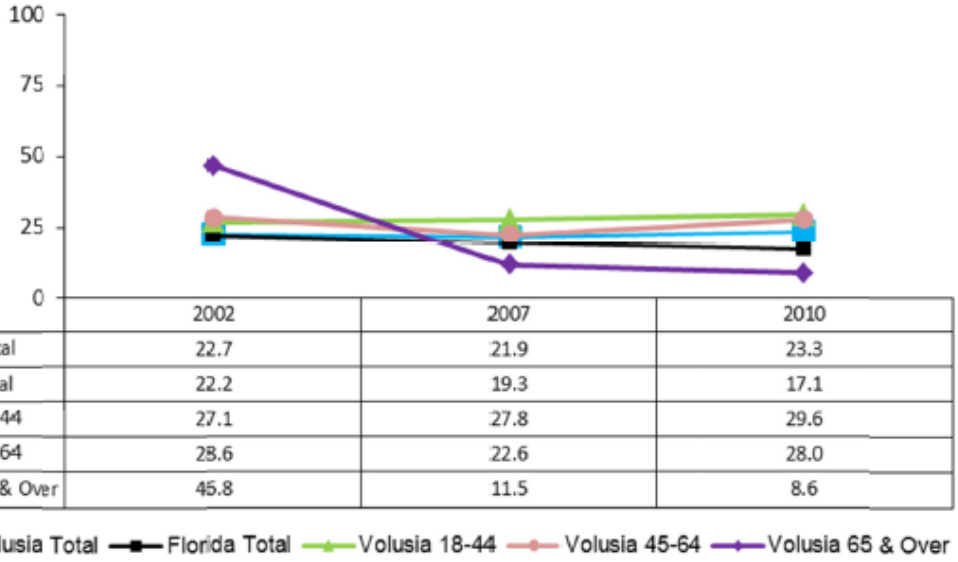
Disparities in access to health services affect individuals and society. Limited access to health care impacts people's ability to reach their full potential, negatively affecting their quality of life.

Tobacco Use (From Florida Hopsital Community Health Needs Assessment – Appendix II)

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

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

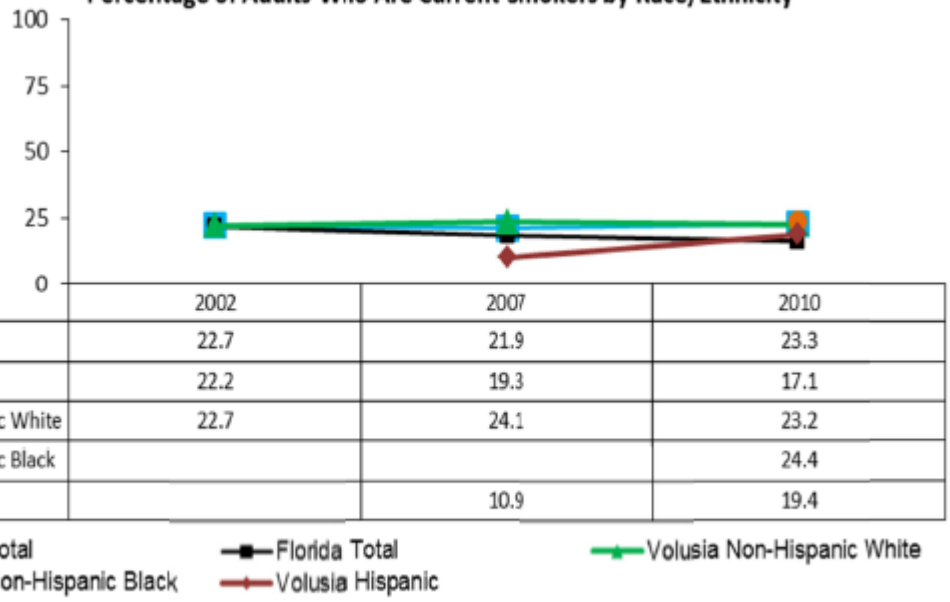
Percentage of Adults Who Are Current Smokers by Age



	2002	2007	2010
Volusia Total	22.7	21.9	23.3
Florida Total	22.2	19.3	17.1
Volusia 18-44	27.1	27.8	29.6
Volusia 45-64	28.6	22.6	28.0
Volusia 65 & Over	45.8	11.5	8.6

Source: Florida CHARTS

Percentage of Adults Who Are Current Smokers by Race/Ethnicity



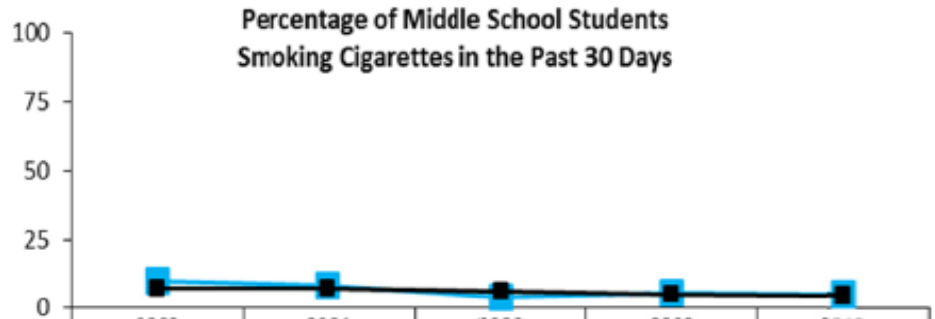
	2002	2007	2010
Volusia Total	22.7	21.9	23.3
Florida Total	22.2	19.3	17.1
Volusia Non-Hispanic White	22.7	24.1	23.2
Volusia Non-Hispanic Black			24.4
Volusia Hispanic		10.9	19.4

Source: Florida CHARTS

Tobacco use is the single most preventable cause of death and disease in the United States. Each year, approximately 443,000 Americans die from tobacco-related illness. For every person who dies from

tobacco use, 20 more people suffer with at least 1 serious tobacco related illness. Tobacco use costs the US $193 billion annually in direct medical expenses and lost productivity.

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



	2002	2004	2006	2008	2010
Volusia Total	10.0	8.4	4.1	5.4	5.0
Florida Total	7.1	6.9	6.0	4.7	4.5
Florida White Non-Hispanic					
Florida Black					
Florida Hispanic					

Volusia Total · Florida Total · Florida White Non-Hispanic · Florida Black · Florida Hispanic

Source: 2010 Florida Youth Substance Abuse Survey

County Health Rankings

Volusia (VO)

	Volusia County	Error Margin	Florida	National Benchmark*	Rank (of 67)
Health Outcomes					42
Mortality					45
Premature death	8,975	8,652-9,298	7,310	5,317	
Morbidity					46
Poor or fair health	19%	16-22%	16%	10%	
Poor physical health days	4.1	3.6-4.6	3.6	2.6	
Poor mental health days	4.9	4.1-5.7	3.7	2.3	
Low birthweight	8.2%	7.9-8.5%	8.7%	6.0%	
Health Factors					30
Health Behaviors					33
Adult smoking	25%	22-28%	19%	13%	
Adult obesity	25%	23-28%	26%	25%	
Physical inactivity	26%	23-28%	24%	21%	
Excessive drinking	18%	15-21%	16%	7%	
Motor vehicle crash death rate	22	21-24	16	10	
Sexually transmitted infections	370		398	92	
Teen birth rate	40	39-41	40	21	
Clinical Care					23
Uninsured	25%	23-26%	25%	11%	
Primary care physicians**	1,560:1		1,439:1	1,067:1	
Dentists**	2,475:1		2,095:1	1,516:1	
Preventable hospital stays	57	55-59	65	47	
Diabetic screening	85%	82-87%	84%	90%	
Mammography screening	72%	69-74%	70%	73%	
Social & Economic Factors					38
High school graduation**	62%		71%		
Some college	60%	58-63%	59%	70%	
Unemployment	10.8%		10.5%	5.0%	
Children in poverty	27%	22-32%	25%	14%	
Inadequate social support	23%	20-27%	22%	14%	
Children in single-parent households	36%	33-38%	37%	20%	
Violent crime rate	565		614	66	
Physical Environment					11
Daily fine particulate matter	7.6	7.5-7.7	8.4	8.8	
Drinking water safety	0%		3%	0%	
Access to recreational facilities	11		9	16	
Limited access to healthy foods**	9%		7%	1%	
Fast food restaurants	40%		44%	27%	

* 90th percentile, i.e., only 10% are better.
** Data should not be compared with prior years due to changes in definition. 2013
Note: Blank values reflect unreliable or missing data

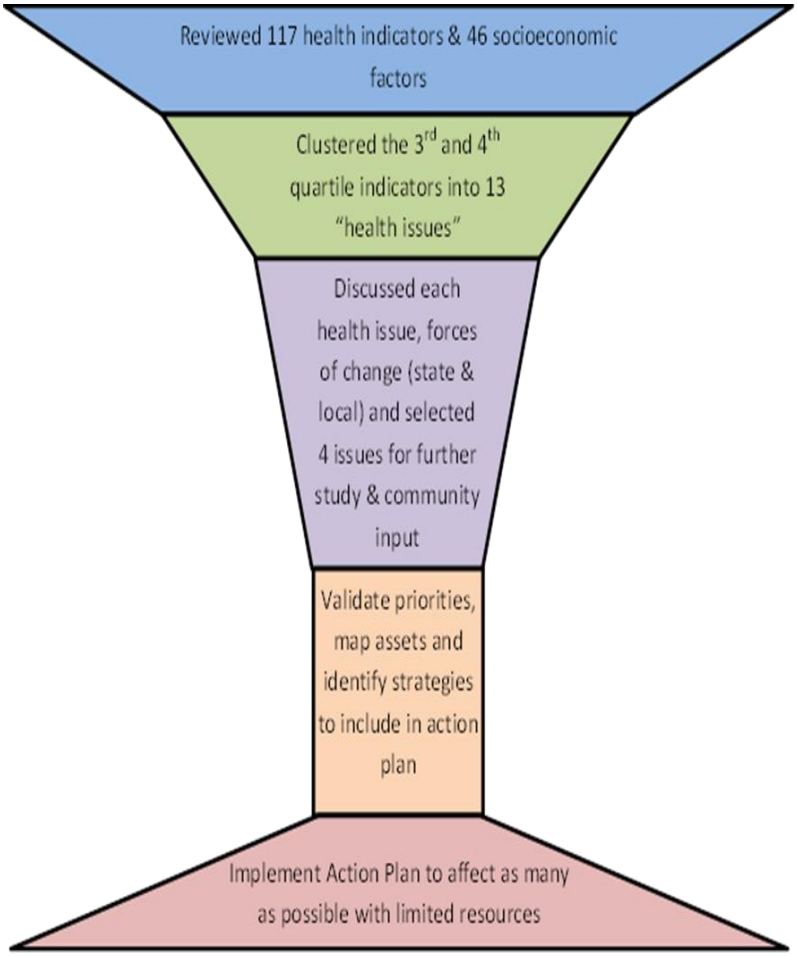
Phase 4 - Identify Strategic Issues

Hospital

The community health needs assessment process for Halifax Health and Florida Hospital were coordinated by One Voice For Volusia, a non-profit in Volusia County and followed a similar process.

After reviewing health data indicators that Volusia County ranks in the 4th quartile compared to the state of Florida, both hospitals considered 13 Key Health Issues as possible strategic priorities for their respective organizations. Those 13 Key health Issues are:

- Cancer
- Cardiovascular Disease
- Chronic Lower Respiratory Disease
- Diabetes
- Chronic Liver Disease and Cirrhosis
- Health Access
- Infant and Maternal Health
- Injury
- Promote Health and Wellness
- Risky Sexual Activity
- Tobacco
- Youth Alcohol/Drug Use
- Asthma



Halifax Health

Based on the needs assessment, Halifax Health adopted three goals that included a variety of the 13 health issues as strategic priorities. Those are:

- **Goal A.** Promote Wellbeing by supporting an environment that encourages healthy living
- **Goal B.** Reduce Risk by improving access to economic, social and preventive health services
- **Goal C.** Reclaim Health through an innovative multi-system care model for individuals with chronic illness

Florida Hospital

Florida Hospital Memorial Medical Center and Florida Hospital Oceanside decided on "Promote Health and Wellness" as its main strategic priority and to a play a supporting role in "Substance Abuse/Use" and "Geographic Focus - Health Access."

Promote Health and Wellness targets three health issues:

- Obesity
- Cardiovascular Disease
- Diabetes

Bert Fish

Bert Fish Medical Center is working on completing a Community Health Needs Assessment and Improvement Plan. While there has been community participation, Bert Fish Medical Center's community health improvement strategic priorities have not been identified.

Community

As noted in Phase 3, the WellFlorida Health Planning Council conducted an assessment that identified themes and strengths. The assessment identified heart disease, hypertension, diabetes, obesity, and cancer as key health issues. Access to healthcare was noted for being a barrier to wellness. These health issues, along with the hospital strategic priority selections were discussed at two town hall meetings and six health issues were voted on as potential community health strategic priorities. Those six priorities and percentage of votes received (for more information on the methodology see Appendix HPC REPORT):

- Obesity: 28%
- Access to Care: 25%
- Diabetes: 16%
- Cardiovascular Disease: 12%
- Tobacco: 16%
- Cancer: 2%

Healthy Volusia

After reviewing the votes from the town hall meetings, members of Healthy Volusia agreed that that Access to Care and Obesity/Chronic Disease would be the two strategic priorities for the years to come.

Strategic Priorities:

- *Access to Care*
- *Obesity & Chronic Disease*

Contributing Causes

Members of Healthy Volusia specifically gave feedback about the contributing causes to the two strategic priorities. The major causes identified by Healthy Volusia can be found in the chart to the right:

Major Causes Identified
Obesity and Chronic Disease
Fast Food
Food Deserts
Schools - No Physical Education
Schools - Poor Diet
Lack of Parental Guidance
Poor Habits as Child
Stress
Mental Health
Marketing of Unhealthy Food
Low-cost of Unhealthy Food
Screen-time
Access to Care
Awareness
Underinsured
Cost
Hours of Availability
Time
Complexity of Receiving Benefits
Travel

Perhaps the most surprising conflict between data and Healthy Volusia members is the issue of access to care. The County Health Rankings report ranks Volusia County in the top half of clinical care. The three taxing districts also serve to provide indigent care. This conflict between data and perception can perhaps be resolved by narrowing down the Access to Care issue to affordability. Volusia County has a lower median-income rate than the state of Florida and a higher rate of poverty.

Assets

Florida Hospital Memorial Medical Center's Community Health Needs Assessment process contained a Asset Inventory (complete chart on Appendix ___). The following chart represents a portion of Asset Inventory.

Focus Area	Community Assets
Health Access	• Access Center (I & R) • 2-1-1/First Call for Help (United Way) • Federally Qualified Health Centers • Area Pharmacies • Volusia County Health Department • Healthy Start Coalition of Flagler/Volusia • Behavioral Health Consortium • Walk-in Clinics
Chronic Disease	• Prevention Screenings/Health Fairs • Volusia Flagler Family YMCA, Pre-Diabetes Program • Area Hospitals • Healthy Volusia • Volusia County Health Department • EVAC • Community Screenings • Health Fairs • Paid Screenings
Promote Health & Wellness	• Let's Move Volusia's YOUth Coalition • Early Learning Coalition of Flagler/Volusia • Worksite Wellness Council of Volusia County • Community Cafes • Food Banks • Volusia County Schools • After School Youth Programs • Council on Aging • Suicide Prevention Efforts • Meals on Wheels • Halifax Urban Ministries • Area Associations • Community Support Groups • Mental Health Association for East Central Florida • Thrive By Five Coalition • Volusia Flagler Family YMCA • Volusia County Health Department • Infant Mental Health Chapter • Healthy Start Coalition of Flagler/Volusia • Behavioral Health Consortium • Head Start • The Chiles Academy • Prevention on the Move (Stewart-Marchman Act) • JLDB & Great Kids Explorer Club • 2-1-1 • For profit health-related businesses • Hospitals • Nursing Schools • County/city parks • University of Florida Extension Service, Institute of Food and Agricultural Science • Florida Bicycling Association • Running clubs • USTA (United States Tennis Association)

Additionally, Healthy Volusia has identified strategic priorities from various organizations that can be aligned to achieve health improvement:

Obesity and Chronic Disease Local Assets	Strategies
Lets Move Volusia's YOUth: Prevent Obesity in Youth	Policy change
	Increase Physical Activity
	Improve Nutrition
	Physical & Nutrition
(Midtown HEAT) Improve Healthy Food Access	Promote community gardens
	Promote community farmers markets
	Conduct food drive to address "Meeting Basic Needs".
(Midtown HEAT) Increase walking and exercise in	Conduct Health Impact Assessment
	Promote walkability
Halifax Health Goal A. Promote Wellbeing by supporting an environment that encourages healthy living	Strategy A.2. Create a population health and wellness program that includes a personal health assessments, protected aggregate reports and evidence-based local provider solutions.
Halifax Health Goal C. Reclaim Health through an innovative multi-system care model for individuals with chronic illness	Strategy C.1. Implement a pilot project utilizing a multi-agency collaborative care model to serve as identified target population disparately impacted by chronic disease, compounded by poverty and other social determinants of health.
Forida Hospital Chronic Disease (Obesity, Diabetes, Heart Disease)	Convene key representatives to develop a message to general population
	Develop incentives to support healthy lifestyle changes
	Identify a health pilot school(s) and engage parents
	Target a specific pop. and design what would link the collaborative together and for how long
Worksite Wellness Coalition Improve Health &	Share Worksite Wellness Resources
	Provide Education to worksite wellness programs and businesses
	Recognize Leaders in worksite wellness
Volusia County - Improve Health & Wellness	Host Summer Health Camp for Youth (Camp Fun & Fit)
YMCA - Prevent diabetes	Lower weight by 7% through diet and exercise
IFAS Extension - Improve diet	Nutrition Education in Schools

Access to Care Local Efforts	Strategies
Improve Healthy Food Access (Midtown HEAT)	Promote community gardens
	Promote community farmers markets
	Conduct food drive to address "Meeting Basic Needs".
Increase walking and exercise in Midtown corridor	Conduct Health Impact Assessment
	Promote walkability
Goal A. Promote Wellbeing by supporting an environment that encourages healthy living	Strategy A.1. Create an online resource to optimize access to and awareness of Volusia County's extensive health and wellness assets.
Goal B. Reduce Risk by improving access to economic, social and preventive health services	Strategy B. 1. Improve access to health and social services by improving the county's current information and Referral System – First Call for Help (2-1-1)
Florida Hospital Chronic Disease	Develop incentives to support healthy lifestyle changes (Potentially improve navigation of health system)
Free Clinics	Free clinical services
Patient Assistance Programs	Clinical services
Pharmacy Assistance Programs	Pharmaceutical assitance.
Navigator Grant	Educate community about new system

Appendix

Appendix I – Halifax Health Community Needs Assessment

Appendix II – Florida Hospital Memorial Medical Center Community Health Needs Assessment *Draft*

Community Health Needs *assessment*

HALIFAX HEALTH

halifaxhealth.org

Initial draft document prepared by One Voice for Volusia

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

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• Chronic Disease: Chronic Liver Disease and Cirrhosis	**36**
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1.

Executive Summary

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

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

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

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

Strategic Goals and Strategies

Goal A. <u>Promote Wellbeing</u> by supporting an environment that encourages healthy living

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

Goal B. <u>Reduce Risk</u> by improving access to economic, social and preventive health services

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

Goal C. <u>Reclaim Health</u> through an innovative multi-system care model for individuals with chronic illness

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

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

Introduction

Community Health Needs Assessment

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

> "Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity"
>
> *-Constitution of the World Health Organization, 1946*

Halifax Health

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

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

Methodology

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

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

Members of the Community Advisory Committee:

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

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

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

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

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

Community and Stakeholder Input

The preliminary priorities identified by the Advisory Committee at their meeting in January 2012 were presented to an existing multi-agency coalition called One Voice for Volusia. Seventy-four community members participated in the meeting representing over 64 organizations including businesses, social service agencies, health organizations, governmental agencies, faith organizations, higher education and grassroots organizations. Those present were divided into three groups to participate in a facilitated group discussion to address three tasks:

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

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

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

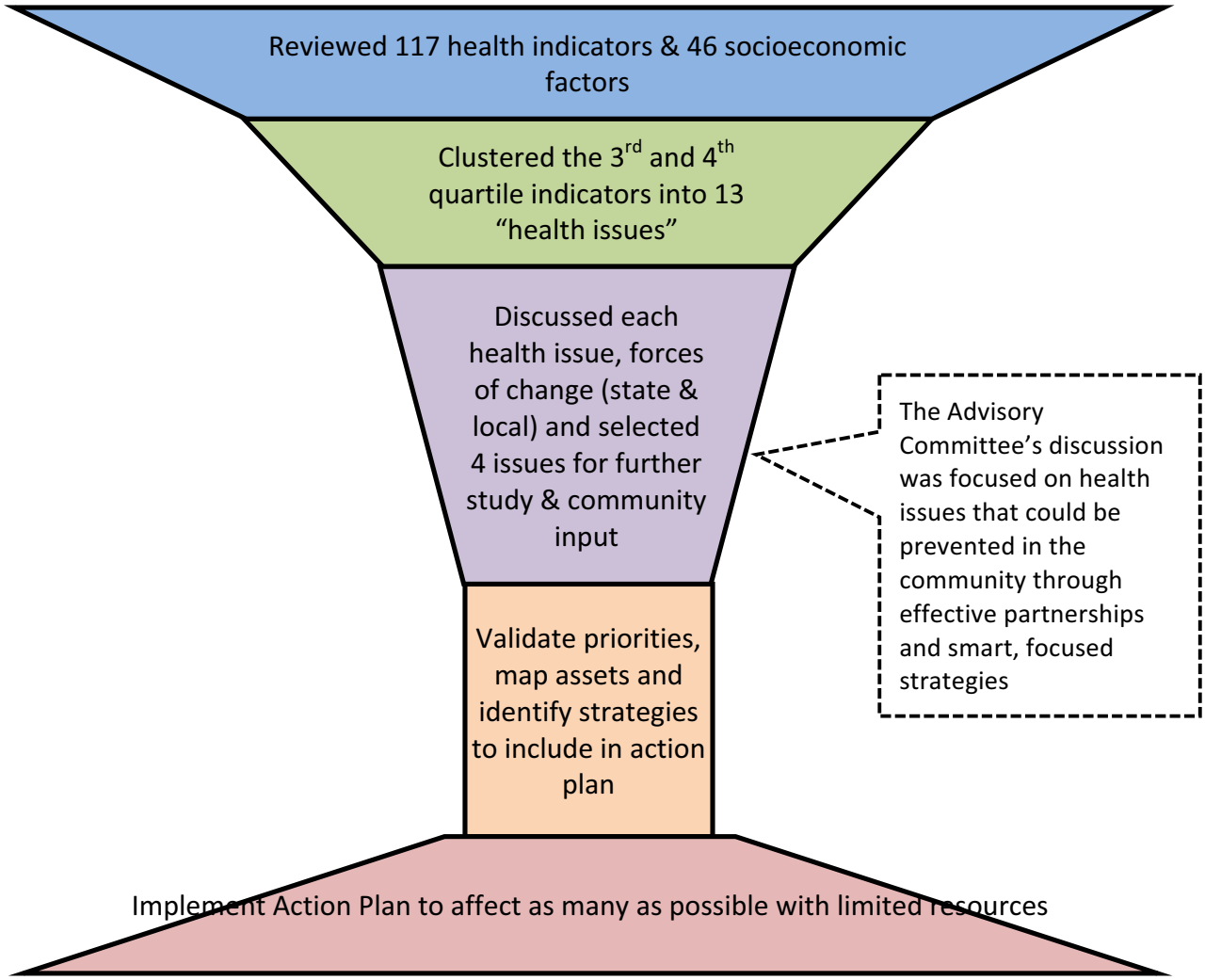
Prioritization Process

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

Step	Information Reviewed	Decisions Made
Step One	The Advisory Committee reviewed: • One-year data for 117 health indicators and 46 socio-economic indicators that included state quartile data and disparity information, *See Appendix A*	The Advisory Committee decided to focus on the health indicators where Volusia County ranked in the third or fourth (worse) quartiles. These 41 indicators were "clustered" into 13 health issues.
Step Two	The Advisory Committee reviewed: • Detailed information for the identified 13 health issues • AHRQ Prevention Quality Indicators, *See Appendix C* • Minority Health Profiles, *See Appendix D* • Local Public Health Assessment, *See Appendix F* • Florida Department of Health State Health Status Report, *See Appendix G* • Florida Department of Health Forces of Change Assessment, *See Appendix H*	The Advisory Committee selected 4 health issues to focus on: 1. Chronic Disease: Asthma, Chronic Lower Respiratory Disease and Diabetes (three health issues combined) 2. Promote Health and Wellness 3. Health Access (to information, preventive care and screenings) 4. Infant and Maternal Health

Step	Information Reviewed	Decisions Made
Step Three	The Advisory Committee reviewed: • A summary of the community input gathered at the One Voice for Volusia meeting in February 2012, *See Appendix E*	The Advisory Committee narrowed their focus down to 3 health issues: Chronic Disease, Promote Health and Wellness and Health Access (eliminating Infant and Maternal Health due to the comprehensive service delivery plan currently in place and led by the Healthy Start Coalition of Flagler and Volusia Counties.)

Prioritization and Planning Model



Planning Process

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

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

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

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

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

Community Health Improvement Plan

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

Strategy A. 1. Create an online resource to optimize access to and awareness of Volusia County's extensive health and wellness assets.		
Rationale: Preventing disease before it starts is critical to helping people live longer, healthier lives. This strategy builds upon the assets in the county, rather than a focus on deficits. Through the promotion of health and wellness assets, more individuals will have the opportunity to live healthy, active lives.		
Critical Actions &Timeframe	**Measures of Success**	**Lead Entity/ Partners**
1. Recruit formal partners 2. Explore grants and other sources to secure funding 3. Develop content criteria for each information category 4. Build database 5. Launch website 6. Implement marketing plan 7. Develop and launch mobile application to compliment site	• Website created • # of assets inventoried • # of monthly visits to the website • Website user survey • Survey of organizations listed on website	**Lead:** TBD **Partners:** Halifax Health, other hospitals, chambers of commerce, economic development organizations, businesses, city and county government, non-profit organizations, medical professionals and associations, Halifax Health internship program

Strategy A. 2. . Create a population health and wellness program that includes personal health assessments, protected aggregate reports and evidence-based local provider solutions.		
Rationale: With the leadership of Halifax Health, the providers of Volusia Health Network and other local providers, a program can be developed for employers and other organizations in our community to help drive change that will improve wellness, help prevent chronic diseases and drive down health care costs.		
Critical Actions &Timeframe	**Measures of Success**	**Lead Entity/ Partners**
1. Secure funding 2. Establish health assessment and solution platform 3. Indentify local health and wellness solutions 4. Test program internally within Halifax Health 5. Begin offering program to employers and other organizations within the	• Budget established • Platform contract executed • Local solutions integrated • # of organizations engaged • # of personal health assessments performed • Evidence of intervention impact	**Lead:** Halifax Health **Partners:** Wellness Platform Vendor, Volusia Health Network providers, other local provider solutions, employers and other local organizations

community		

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

Strategy B. 1. Improve access to health and social services by improving the county's current Information and Referral System--First Call for Help (2-1-1).		
Rationale: Individuals at risk for chronic diseases often have difficulty accessing assistance that might be able to prevent the onset of disease. This strategy increases the capacity of the existing First Call for Help (2-1-1) hotline/website to enable increased access to information for more individuals		
Timeframe	**Measures of Success**	**Lead Entity/ Partners**
1. Analyze existing database content for potential expansion and improvement 2. Explore other state and national I&R systems for potential innovations to local system 3. Refresh database, twice per year 4. Identify funding/ partnerships 5. Increase staff capacity 6. Implement marketing plan 7. Explore mobile application to connect users with the website	• Database refreshed bi-annually • Increased # of resource listings in database • Increased staff capacity • Reduced call wait time • Increased calls to First Call for Help/ 2-1-1	**Lead:** United Way **Partners:** Halifax Health, One Voice for Volusia, County of Volusia, health and social service providers, Volusia County Schools, Council on Aging, other information and referral coordinators

Strategy B.2. Develop a pilot project to utilize collaboration and technology to reduce eligibility barriers and access barriers through multi-agency information sharing/reciprocity agreements.		
Rationale: Individuals at risk for chronic disease are often disparately impacted by poverty and other social determinants of health. Individuals may not access all assistance they are eligible for because application processes are complicated and burdensome. This strategy aims to streamline the eligibility process for key health and social support systems.		
1. Identify partners 2. Develop MOU's and information sharing/reciprocity agreements 3. Identify supporting technology 4. Implement new partnership and technology 5. Evaluate partnership and technology utilization	• Interagency MOU's and information sharing/reciprocity agreements executed • New utilization of existing technology to reduce barriers • Eligibility processing time decreased	**Lead:** County of Volusia **Partners:** Halifax Health, Coalition for the Homeless, Early Learning Coalition, Agencies utilizing HMIS, Healthy Start Coalition

Goal C. <u>Reclaim Health</u> through an innovative multi-system care model for individuals with chronic illness

Strategy C. 1. Implement a pilot project utilizing a multi-agency collaborative care model to serve an identified target population disparately impacted by chronic disease, compounded by poverty and other social determinants of health.		
Rationale: A small number of individuals suffering from co-occurring chronic illnesses are consuming a disproportionate share of health and social service resources but not realizing gains in health or quality of life. This strategy aims to implement an innovative care model through partnerships with multiple organizations and systems to improve individuals' quality of life and reduce system costs.		
Timeframe	**Measures of Success**	**Lead Entity/ Partners**
1. Identify target population and develop patient profile, 12/13 2. Research innovative care models, 3/13 3. Develop partnership MOU and care model, 6/13 4. Implement care model with pilot group, 7/13 5. Evaluate care model, 6/14	• Target population identified • Partnership MOU executed • New care model implemented • Evaluation of patient outcomes and cost savings	**Lead:** TBD **Partners:** TBD

Profile of Volusia County

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

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

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

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

10.3% of all Volusia Families are living below the poverty line. The figure jumps to 19.2% for families with children.[2]

Top 5 Industries in Volusia County [2]

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

Note: Construction moved out of the Top 5 in 2009

2011 Top Volusia Employers[4]

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

Sources:
1 U.S. Census 2010
2 2010 American Community Survey
3 Florida Department of Education
4 Volusia County Division of Economic Development

POPULATION 2010					
Volusia County Population	**494,593**	**100%**			
Daytona Beach	61,005	12.3%	Oak Hill	1,792	0.4%
Daytona Beach Shores	4,247	0.9%	Orange City	10,599	2.1%
DeBary	19,320	3.9%	Ormond Beach	38,137	7.7%
DeLand	27,031	5.5%	Pierson	1,736	0.4%
Deltona	85,182	17.2%	Ponce Inlet	3,032	0.6%
Edgewater	20,750	4.2%	Port Orange	56,048	11.3%
Holly Hill	11,659	2.4%	South Daytona	12,252	2.5%
Lake Helen	2,624	0.5%	Unincorporated Volusia County*	116,398	23.6%
New Smyrna Beach	22,464	4.5%			

Population by Age (% of Total Population)	**Volusia**		**Florida**	
	Number	**Percent**	**Number**	**Percent**
Total Population	**494,593**	**100%**	**18,801,310**	**100%**
Under 18 years	93,273	18.9%	4,002,091	21.3%
Under 5 years	24,235	4.9%	1,071,675	5.7%
5 to 17 years[1]	68,626	13.9%	2,931,533	15.6%
5-14 years[1]	51,369	10.4%	2,219,515	11.8%
15-17 years[1]	17,257	3.5%	712,018	3.8%
18-64	275,031	55.6%	11,539,617	61.4%
18 to 19 years	13,901	2.8%	510,899	2.7%
20 to 34 years	81,460	16.5%	3,518,303	18.7%
35 to 49 years	93,019	18.8%	3,832,456	20.4%
50 to 64 years	108,471	21.9%	3,677,959	19.6%
65 +	104,289	21.1%	3,259,602	17.3%
65 to 84 years[1]	90,389	18.3%	2,825,649	15.0%
85 years and over[1]	14,207	2.9%	447,550	2.4%

Sources: U.S. Census Bureau, 2010 Census unless otherwise noted
[1]2010 American Community Survey
*Calculated by subtracting total of city populations from county population
Note: Percentages may not always add up to 100% due to rounding.
Note: Population age groups may not add up due to data from Census counts and Census estimates.

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

Sources: U.S. Census, 2010 Census unless otherwise noted
[1]U.S. Census Bureau, 2010 American Community Survey
[2]Florida CHARTS
(Group Quarters include correctional facilities, medical facilities, college dormitories, and similar quarters)
Note: Percentages may not always add up to 100% due to rounding.

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

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

* There items have a large margin of error

** These numbers may be duplicative.

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

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

ELDERLY 2010				
Elderly Population – Age 60+	**Volusia**		**Florida**	
	Number	Percent	Number	Percent
Total Population – All Ages	494,593	100%	18,801,310	100%
60+ Population (% of Total Population)	139,546	28.2%	4,394,852	23.4%
Percent Male (% of 60+)	63,317	45.4%	1,984,292	45.2%
Percent Female (% of 60+)	76,229	54.6%	2,410,558	54.8%
65 + Population (% of Total Population)	104,289	21.1%	3,259,602	17.3%
70 to 84 years Population (% of Total Population)	59,878	12.1%	1,866,244	9.9%
85 years and over Population (% of Total Population)	14,650	3.0%	434,125	2.3%
65+ Living Alone[1] (% of 65+ Population)	26,754	25.6%	807,111	24.7%
60+ Living with Their Grandchildren (under age 18)[2] (% of 60+ Population)	4,536	3.2%	192,628	4.4%
60+ Responsible for Their Grandchildren (under age 18)[2] (% of 60+ Population)	2,660	1.9%	62,722	1.4%
Households with Cost Burden above 30% and Income Below 60% Area Median Income [2]	**Volusia**		**Florida**	
	Number	Percent	Number	Percent
Elder Households (age 65+) (% of All Households)	69,667	14.1%	2,09544,2	16.5%
Medicaid Eligibility[2] (with Medicare)	**Volusia**		**Florida**	
	Number	Percent	Number	Percent
Dual Eligibilities – All Ages	16,223	100%	597,818	100%
Dual Eligibilities – 60+ (% of Dual Eligibilities – All Ages)	10,616	65.4%	425,968	71.3%

Sources: U.S. Census, 2010 Census unless otherwise noted
[1]2010 American Community Survey
[2]Florida Department of Elder Affairs 2011
Note: Percentages may not always add up to 100% due to rounding.
Total 2010 Population – Volusia 494,593. Source: 2010 Census

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

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

[1]Florida Research and Economic Database
Total 2010 Population–Volusia 494,593. Source: 2010 Census

EDUCATION 2010				
Community Education Characteristics	**Volusia**		**Florida**	
	Number	**Percent**	**Number**	**Percent**
School Enrollment – Public and Private PreK-graduate school (Population Age 3+)	112,653		4,614,324	
Total Nursery School, Preschool (Pop. Age 3+, % of Total Enrollment)	4,364	3.9%	288,411	6.3%
Public Nursery School, Preschool (Pop. Age 3+, % of Preschool Enrollment)	2,877	65.9%	155,399	53.9%
Private Nursery School, Preschool (Pop. Age 3+, % of Preschool Enrollment)	1,487	34.1%	133,012	46.1%
Total K-12 (Pop. Age 3+, % of Total Enrollment)	68,879	61.1%	2,964,990	64.3%
Public K-12 (Population Age 3+, % of K-12 Enrollment)	63,985	92.9%	2,630,582	88.7%
Private K-12 (Population Age 3+, % of K-12 Enrollment)	4,894	7.1%	334,408	11.3%
Total College, Graduate or Professional School (Pop. Age 3+, % of Total Enrollment)	39,410	35.0%	1,360,923	29.5%
Public College, Graduate or Professional School (Pop. Age 3+, % of College Enrollment)	22,753	57.7%	1,014,198	74.5%
Private College, Graduate or Professional School (Pop. Age 3+, % of College Enrollment)	16,657	42.3%	346,725	25.5%
Students with Exceptionalities Public School Enrollment PreK-12[1] (Fall 2010)	12,573	19.8%	502.335	19.4%
High School Graduate or Higher (Population 25 years +)	87.1%		85.5%	
Bachelor's Degree or Higher	20.9%		25.8%	

Source: U.S. Census, 2010 American Community Survey unless otherwise noted
1. Florida Department of Education, Fall 2010
2. Early Learning Coalition of Flagler & Volusia
Note: Percentages may not always add up to 100% due to rounding.
Total 2010 Population –Volusia 494,593. Source: 2010 Census

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

Source: U.S. Census, 2010 American Community Survey
*These items have a large margin of error

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

Community Health Status
13 Key Health Issues

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

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

Chronic Disease: Asthma (1)

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

Contributing Factors

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

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

Rates are on the Rise

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

Youth with Asthma

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

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

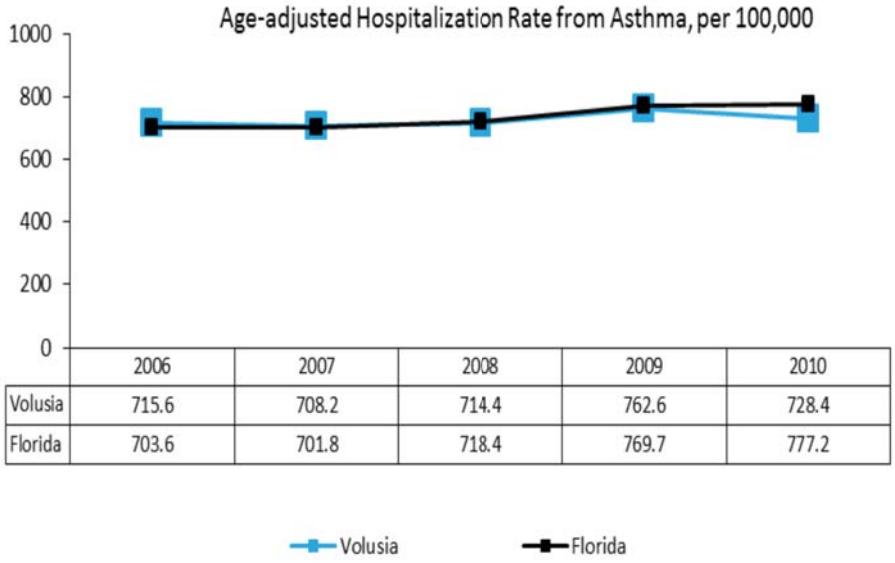
2008-09 Asthma Hospitalizations Rate per 100,000 population (three-year)			
Age	Rate	Number	Quartile
5-11	377.0	141	2nd
12-18	337.7	141	3rd
Source: Florida CHARTS, 2010 School-aged Child and Adolescent Profile			

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

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

Why is this important?

Asthma is a condition in which a person's air passages become inflamed, and the narrowing of the respiratory passages makes it difficult to breathe. The CDC reports that nationwide in 2007, 16.2 million noninstitutionalized adults had asthma. Symptoms can include tightness in the chest, coughing, and wheezing. These symptoms are often brought on by exposure to inhaled allergens (like dust, pollen, cigarette smoke, and animal dander) or by exertion and stress. There is no cure for asthma, but for most people, the symptoms can be managed through a combination of long-term medication prevention strategies and short-term quick relievers. In some cases, however, asthma symptoms are severe enough to warrant hospitalization, and can result in death.



	2006	2007	2008	2009	2010
Volusia	715.6	708.2	714.4	762.6	728.4
Florida	703.6	701.8	718.4	769.7	777.2

Source: Florida CHARTS

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

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

Statewide Efforts

- While the percentage of county health departments addressing asthma is declining – from 25% in 2007 to 19% in 2010 – local trends indicate this is a battle that can be won – or at least monitored more effectively (*Florida State Health Status Report*, December 2, 2011).

- The Florida Department of Health has a Florida Asthma Plan 2009-2014 outlining this significant public health and economic concern. Its five-year strategic plan details eight priorities: Clinical Services, Education, Environment, Occupational Asthma, Private Sector/Business Support, State Collaboration and Coordination, Surveillance, and Vulnerable Populations and Disparities. Plan can be found at: **http://www.myfloridaeh.com/medicine/Asthma/flasthmaplan.pdf.**

Cancer (2)

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

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

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

Percentage of Women 18 & Over Who Received a Pap Test in the Past Year

	2002	2007	2010
Volusia	75.5	53.6	56.3
Florida	Not available	64.8	57.1
Volusia White	74	52.3	52.7
Volusia Black	Not available	Not available	Not available
Volusia Hispanic	Not available	Not available	Not available

Source: Behavioral Risk Factor Surveillance System Data Report
Note: Data by race and ethnicity is not available.

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

Percentage of Adults Age 50+ Who Received a Sigmoidoscopy or Colonscopy in the Past Five Years

	2007	2010
Volusia	56.4	54.8
Florida	53.7	56.4
Volusia Non-Hispanic White	57.0	57.5
Volusia Non-Hispanic Black	Not available	42.7
Volusia Hispanic	Not available	Not available
Volusia Male	65.4	57.8
Volusia Female	49.0	52.3

Source: Behavioral Risk Factor Surveillance System Data Report

Early Detection

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

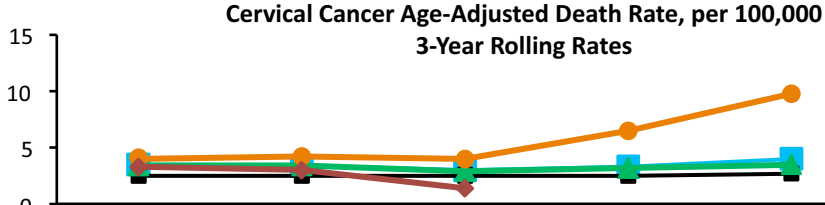
Why is this Important?

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

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

There is a significant disparity with race and ethnicity.

Cervical Cancer Age-Adjusted Death Rate, per 100,000
3-Year Rolling Rates



	2004-06	2005-07	2007-08	2008-09	2009-10
Volusia Total	3.5	3.4	3.0	3.3	4.0
Florida Total	2.6	2.6	2.6	2.5	2.7
Volusia White	3.4	3.4	2.9	3.2	3.5
Volusia Black	4.1	4.2	4.0	6.5	9.8
Volusia Hispanic	3.3	3.0	1.4		

Volusia Total, Florida Total, Volusia White, Volusia Black, Volusia Hispanic

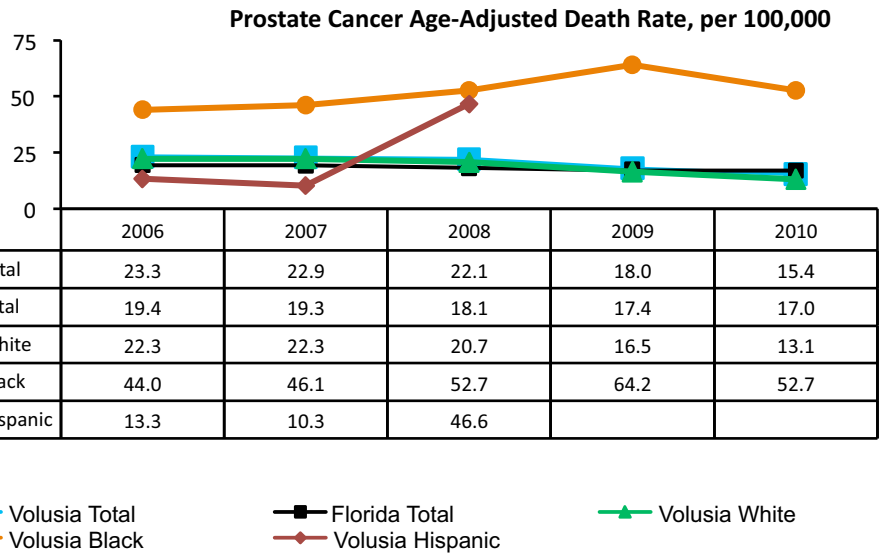
Source: Florida CHARTS

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

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

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

There is a significant disparity with race and ethnicity



	2006	2007	2008	2009	2010
Volusia Total	23.3	22.9	22.1	18.0	15.4
Florida Total	19.4	19.3	18.1	17.4	17.0
Volusia White	22.3	22.3	20.7	16.5	13.1
Volusia Black	44.0	46.1	52.7	64.2	52.7
Volusia Hispanic	13.3	10.3	46.6		

Source: Florida CHARTS

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

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

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

Top 5 Age-Adjusted Death Rate, Cancer, 2008-10	
	Average Count per Year
Lung	439
Colorectal	110
Breast	85
Prostate	73
Cervical	11
Source: Florida CHARTS	

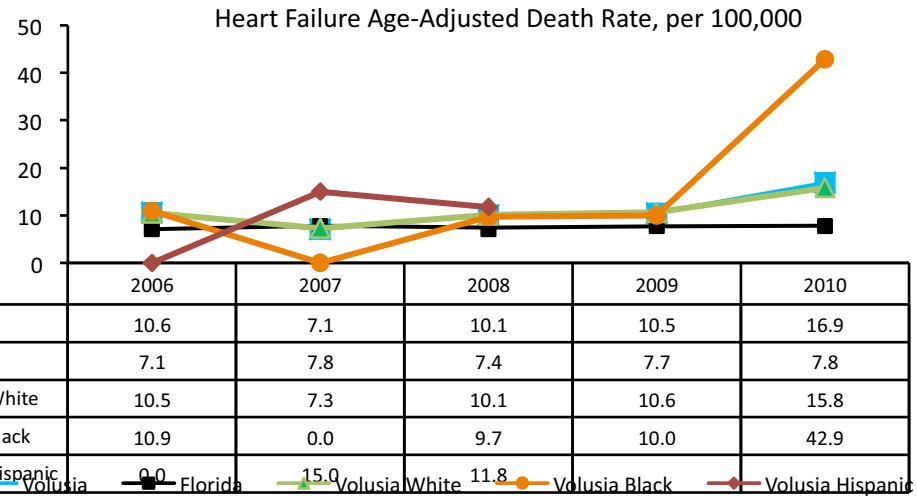
Chronic Disease: Cardiovascular (3)

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

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

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

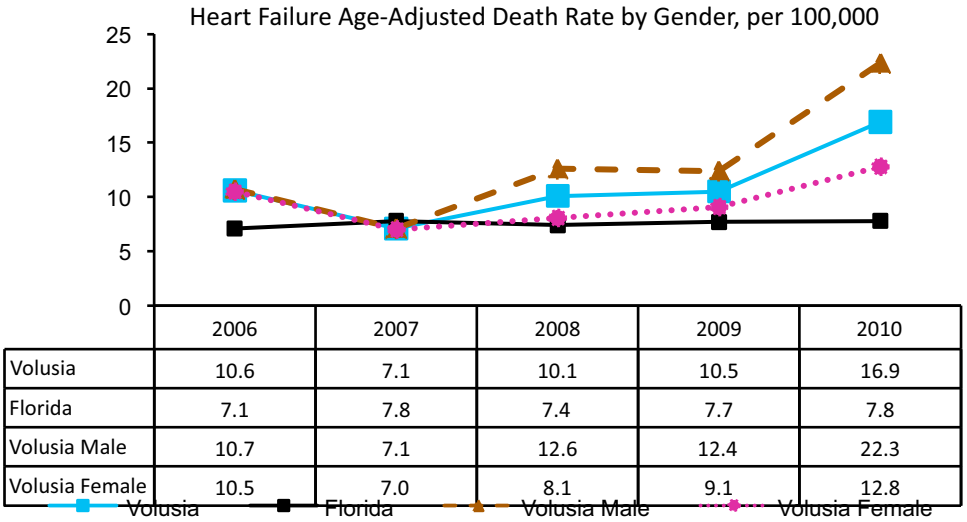
The age-adjusted death rate due to heart failure, per 100,000 in Volusia County more than doubles the State rate.



	2006	2007	2008	2009	2010
Volusia	10.6	7.1	10.1	10.5	16.9
Florida	7.1	7.8	7.4	7.7	7.8
Volusia White	10.5	7.3	10.1	10.6	15.8
Volusia Black	10.9	0.0	9.7	10.0	42.9
Volusia Hispanic	0.0	15.0	11.8		

Source: Florida CHARTS

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



	2006	2007	2008	2009	2010
Volusia	10.6	7.1	10.1	10.5	16.9
Florida	7.1	7.8	7.4	7.7	7.8
Volusia Male	10.7	7.1	12.6	12.4	22.3
Volusia Female	10.5	7.0	8.1	9.1	12.8

Source: Florida CHARTS

Blood Cholesterol

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

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

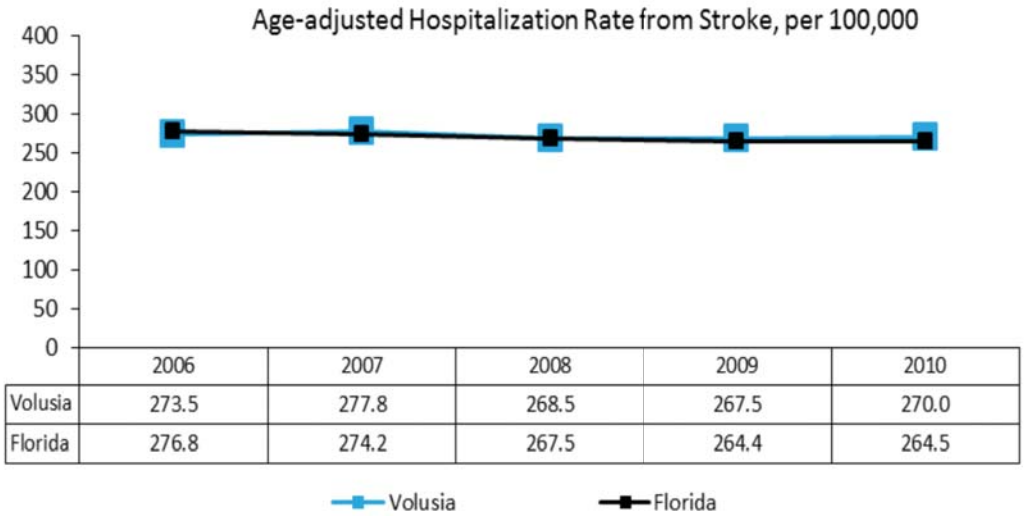
Volusia's percentage of adults with diagnosed high blood cholesterol is getting worse and higher than the State, affecting more males and the white population.

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

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

Why is Stroke Death Rate Important?

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



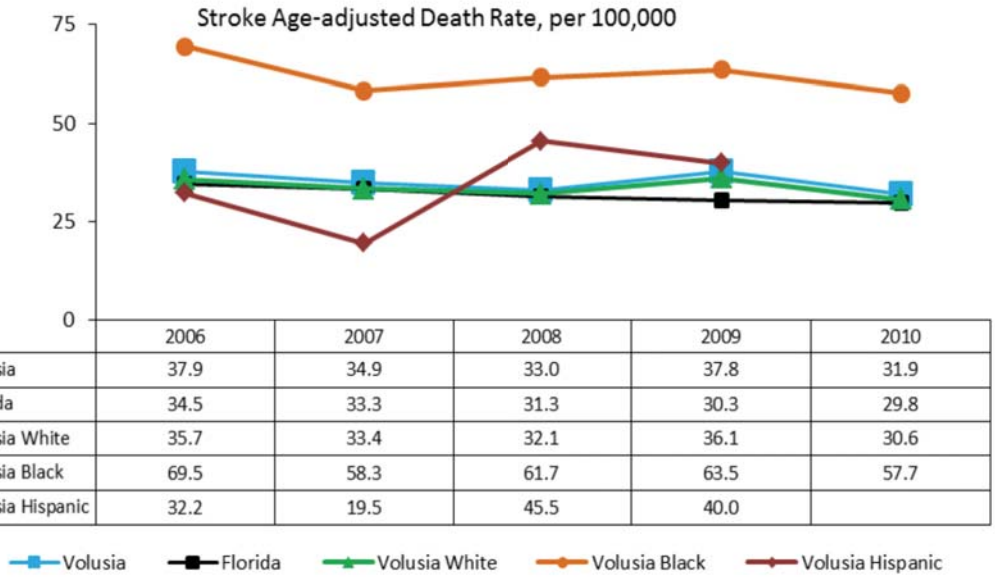
	2006	2007	2008	2009	2010
Volusia	273.5	277.8	268.5	267.5	270.0
Florida	276.8	274.2	267.5	264.4	264.5

Source: Florida CHARTS

Modifiable Risk Factors for Stroke

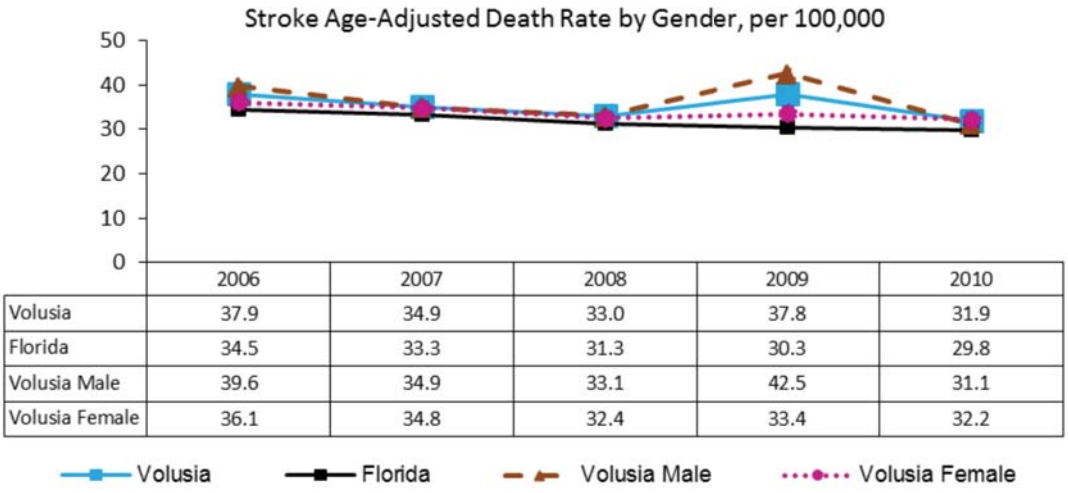
- High blood pressure
- High cholesterol
- Diabetes

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



	2006	2007	2008	2009	2010
Volusia	37.9	34.9	33.0	37.8	31.9
Florida	34.5	33.3	31.3	30.3	29.8
Volusia White	35.7	33.4	32.1	36.1	30.6
Volusia Black	69.5	58.3	61.7	63.5	57.7
Volusia Hispanic	32.2	19.5	45.5	40.0	

Source: Florida CHARTS



	2006	2007	2008	2009	2010
Volusia	37.9	34.9	33.0	37.8	31.9
Florida	34.5	33.3	31.3	30.3	29.8
Volusia Male	39.6	34.9	33.1	42.5	31.1
Volusia Female	36.1	34.8	32.4	33.4	32.2

Source: Florida CHARTS

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

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

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

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

Chronic Disease: Chronic Lower Respiratory Disease (4)

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

Contributing Factors

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

Cost Impact

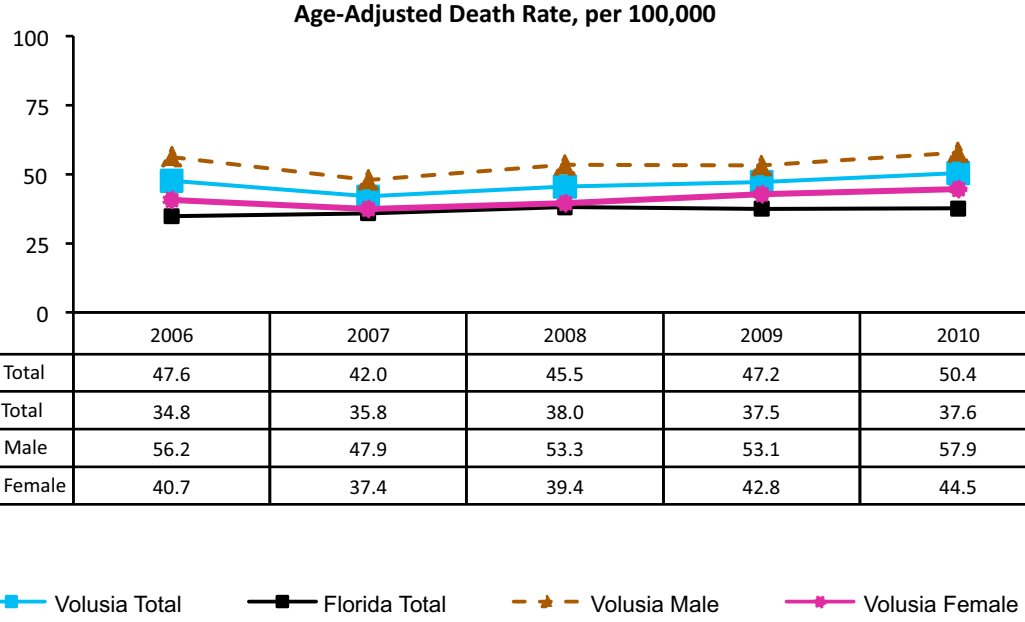
- Projected to be approximately $49.9 billion, including $29.5 billion in direct health care expenditures, $8.0 billion in indirect morbidity costs and $12.4 billion in indirect mortality costs in 2010.

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

Trends

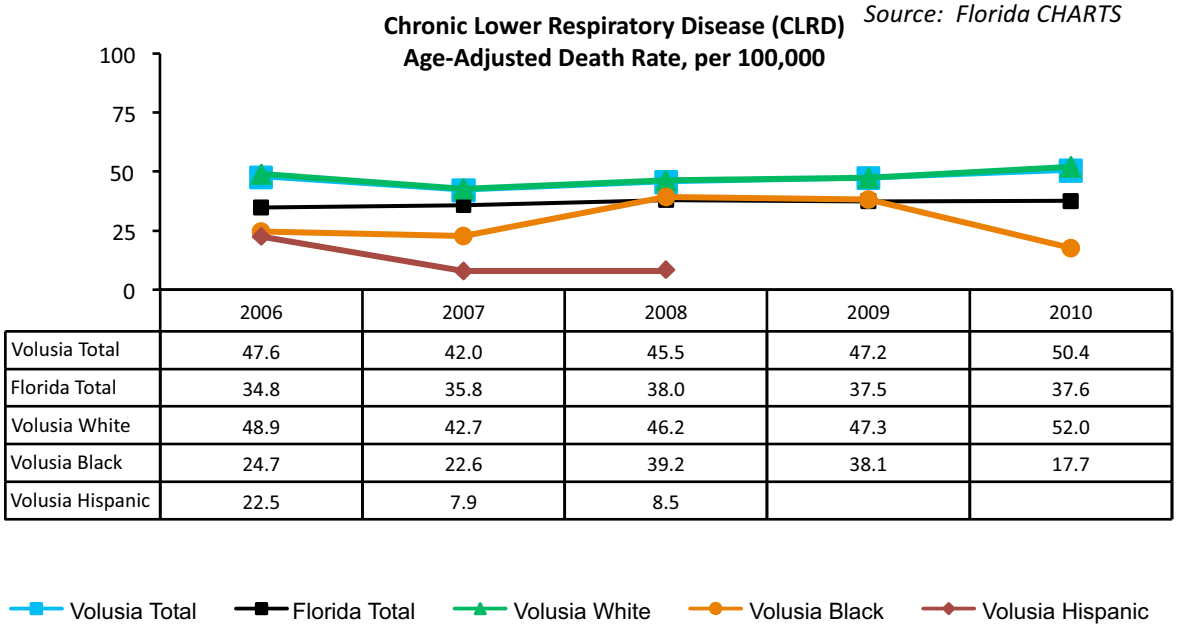
- Projected to be the fourth leading cause of death worldwide by 2030.
- Third leading cause of death in the U.S. (surpassed stroke)
- New data released by the Federal Centers for Disease Control and Prevention (CDC) indicates that the deaths from Chronic Lower Respiratory Disease (CLRD) are on the rise.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

Chronic Lower Respiratory Disease (CLRD)
Age-Adjusted Death Rate, per 100,000



	2006	2007	2008	2009	2010
Volusia Total	47.6	42.0	45.5	47.2	50.4
Florida Total	34.8	35.8	38.0	37.5	37.6
Volusia Male	56.2	47.9	53.3	53.1	57.9
Volusia Female	40.7	37.4	39.4	42.8	44.5

Source: Florida CHARTS



	2006	2007	2008	2009	2010
Volusia Total	47.6	42.0	45.5	47.2	50.4
Florida Total	34.8	35.8	38.0	37.5	37.6
Volusia White	48.9	42.7	46.2	47.3	52.0
Volusia Black	24.7	22.6	39.2	38.1	17.7
Volusia Hispanic	22.5	7.9	8.5		

Source: Florida CHARTS

Caution: Small numbers for race & ethnicity

Why is this important?

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

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

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

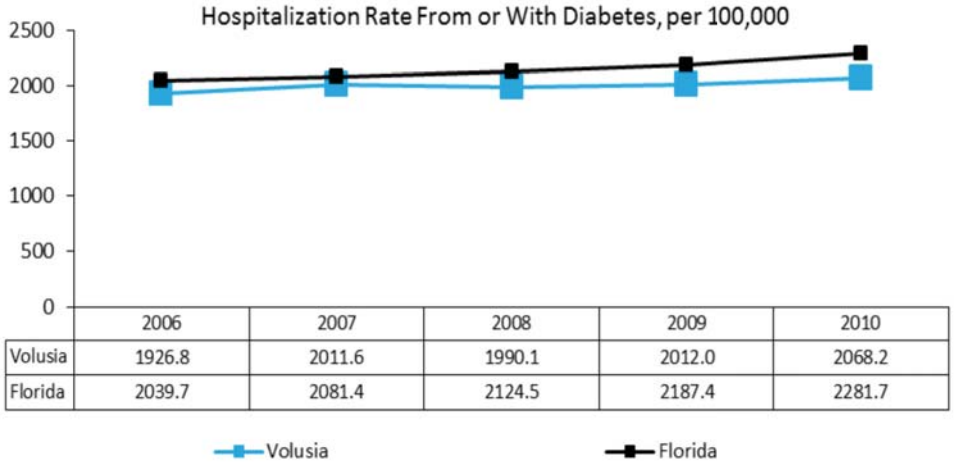
Chronic Disease: Diabetes (5)

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

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

Why is this important?

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



	2006	2007	2008	2009	2010
Volusia	1926.8	2011.6	1990.1	2012.0	2068.2
Florida	2039.7	2081.4	2124.5	2187.4	2281.7

Source: Florida CHARTS
Disparity Data Not Available

In Florida

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

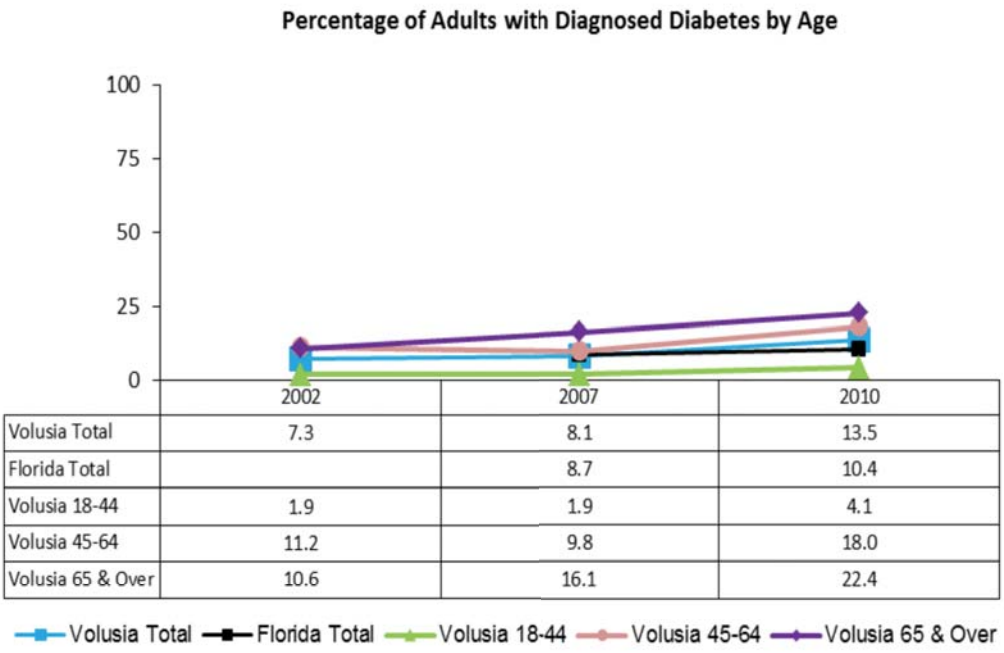
Percentage of Adults with Diabetes Who Had Two A1C Tests in the Past Year		
	2007	**2010**
Volusia	81.0	72.2
Florida	71.2	75.6
Volusia White	77.0	71.3
Volusia Black	Not available	Not available
Volusia Hispanic	Not available	Not available
Volusia Male	Not available	76.0
Volusia Female	Not available	67.6

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

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

Types of Diabetes

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



	2002	2007	2010
Volusia Total	7.3	8.1	13.5
Florida Total		8.7	10.4
Volusia 18-44	1.9	1.9	4.1
Volusia 45-64	11.2	9.8	18.0
Volusia 65 & Over	10.6	16.1	22.4

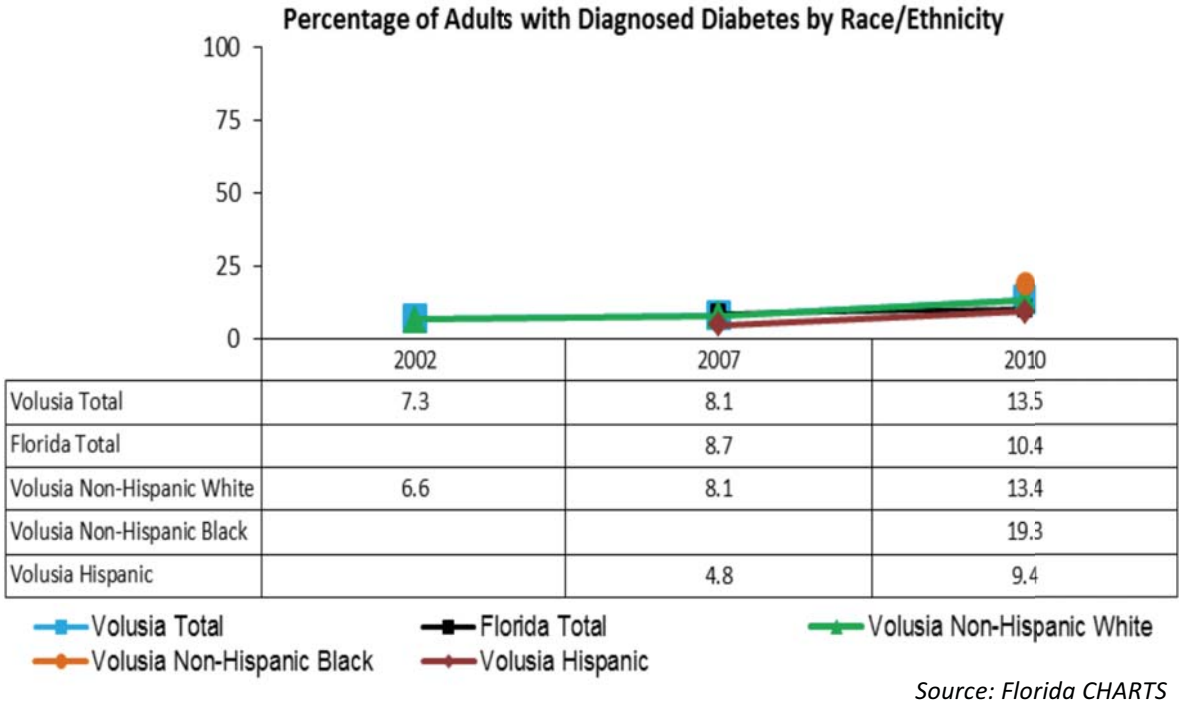
Source: Florida CHARTS

Disparities in Diabetes Risk

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

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

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



	2002	2007	2010
Volusia Total	7.3	8.1	13.5
Florida Total		8.7	10.4
Volusia Non-Hispanic White	6.6	8.1	13.4
Volusia Non-Hispanic Black			19.3
Volusia Hispanic		4.8	9.4

Source: Florida CHARTS

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

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

In Volusia County

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

Chronic Disease: Chronic Liver Disease and Cirrhosis (6)

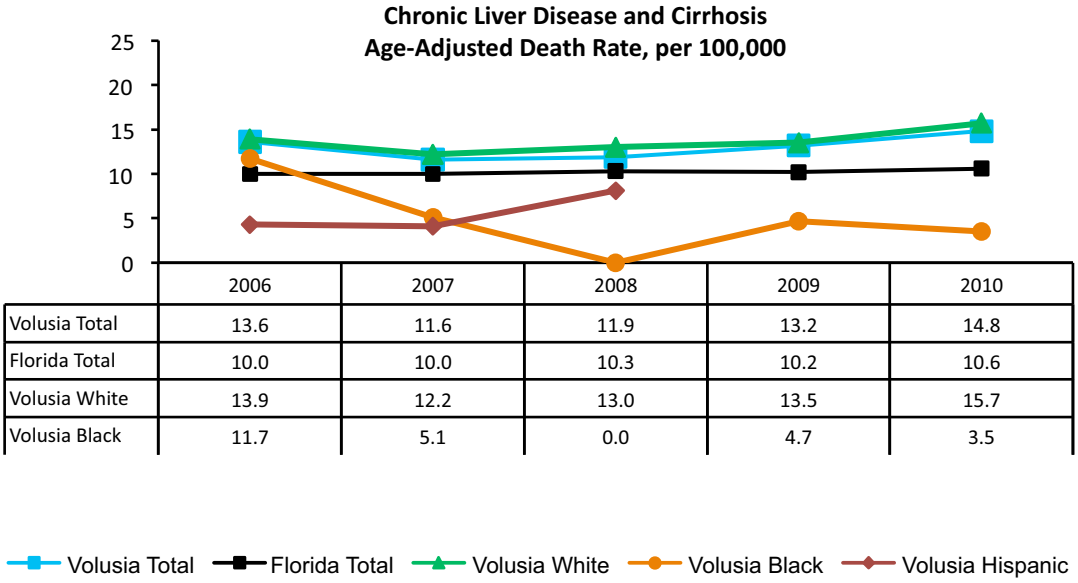
The liver is the second largest and one of the most important organs in the human body. Almost all of the blood in the body passes through the liver. The liver performs hundreds of functions including storing nutrients, removing waster, and worn-out cells from the blood, filtering, and processing chemicals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

Causes of Cirrhosis

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

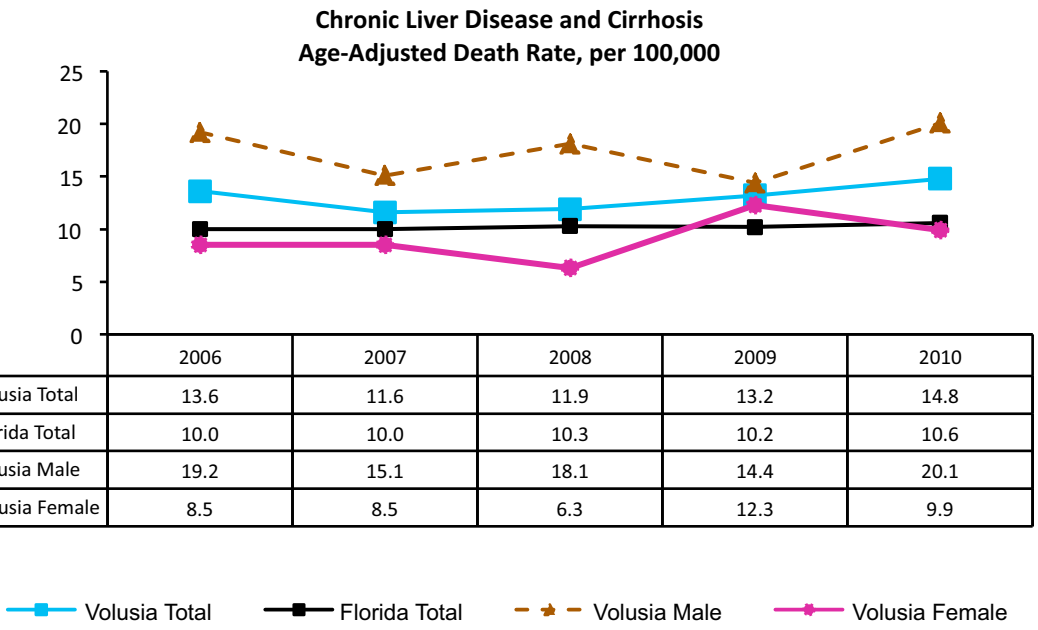
Disparities in Volusia County

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



	2006	2007	2008	2009	2010
Volusia Total	13.6	11.6	11.9	13.2	14.8
Florida Total	10.0	10.0	10.3	10.2	10.6
Volusia White	13.9	12.2	13.0	13.5	15.7
Volusia Black	11.7	5.1	0.0	4.7	3.5

Source: Florida CHARTS



	2006	2007	2008	2009	2010
Volusia Total	13.6	11.6	11.9	13.2	14.8
Florida Total	10.0	10.0	10.3	10.2	10.6
Volusia Male	19.2	15.1	18.1	14.4	20.1
Volusia Female	8.5	8.5	6.3	12.3	9.9

Source: Florida CHARTS

Why is this important?

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

Deaths from Chronic Liver Disease and Cirrhosis, Single Year Count

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

Source: Florida CHARTS

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

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

Health Access (7)

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

Why Is Access to Health Services Important?

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

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

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

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

Access to Health Care Impacts:

- Overall physical, social, and mental health status
- Prevention of disease and disability
- Detection and treatment of health conditions
- Quality of life
- Preventable death
- Life expectancy
- Disparities in access to health services affect individuals and society. Limited access to health care impacts people's ability to reach their full potential, negatively affecting their quality of life.

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

Barriers to Services:

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

Access Barriers Lead to:

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

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

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

Percentage of Adults Who Could Not See a Dentist in the Past Year Due to Cost

	2007
Volusia	21.8
Florida	19.2
Volusia Non-Hispanic White	19.0
Volusia Non-Hispanic Black	Not available
Volusia Hispanic	47.5
Volusia Male	18.5
Volusia Female	24.9

Source: Florida BRFSS (Behavioral Risk Factor Surveillance System Data Report)

Volusia County Insurance Coverage and Personal Doctor

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

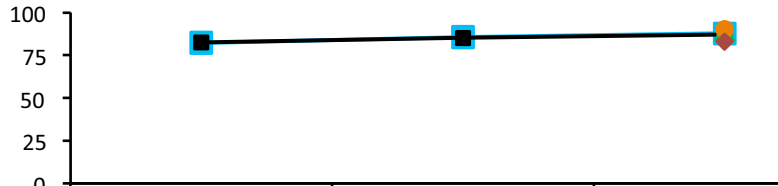
Health Insurance Coverage for Children

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

Note: Disparity Data only available for 2010.

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

Percent of Children with Health Insurance



	2008	2009	2010
Volusia Total	82.2	85.6	87.8
Florida Total	82.5	85.2	87.3
Volusia White			89.2
Volusia Black			90.0
Volusia Hispanic			83.0

Volusia Total, Florida Total, Volusia White, Volusia Black, Volusia Hispanic

Why Children Should have Health Insurance

Source: US Census, 2010 American Community Survey

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

Infant and Maternal Health (8)

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

Health Risks in Pregnancy

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

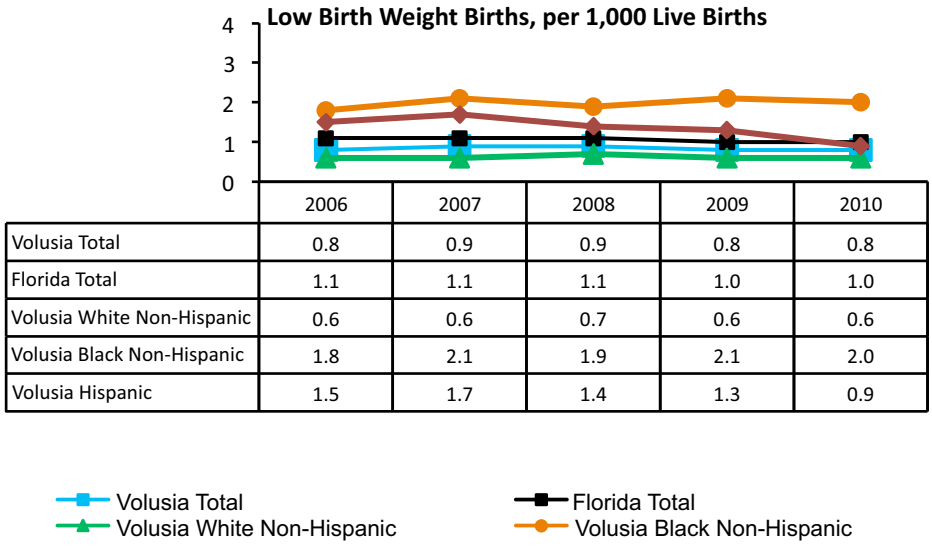
Factors Affecting Pregnancy, Infant and Child Health

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

Low Birth Weight

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

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



	2006	2007	2008	2009	2010
Volusia Total	0.8	0.9	0.9	0.8	0.8
Florida Total	1.1	1.1	1.1	1.0	1.0
Volusia White Non-Hispanic	0.6	0.6	0.7	0.6	0.6
Volusia Black Non-Hispanic	1.8	2.1	1.9	2.1	2.0
Volusia Hispanic	1.5	1.7	1.4	1.3	0.9

Source: Florida CHARTS

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

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

To prevent prematurity and low birth weight:

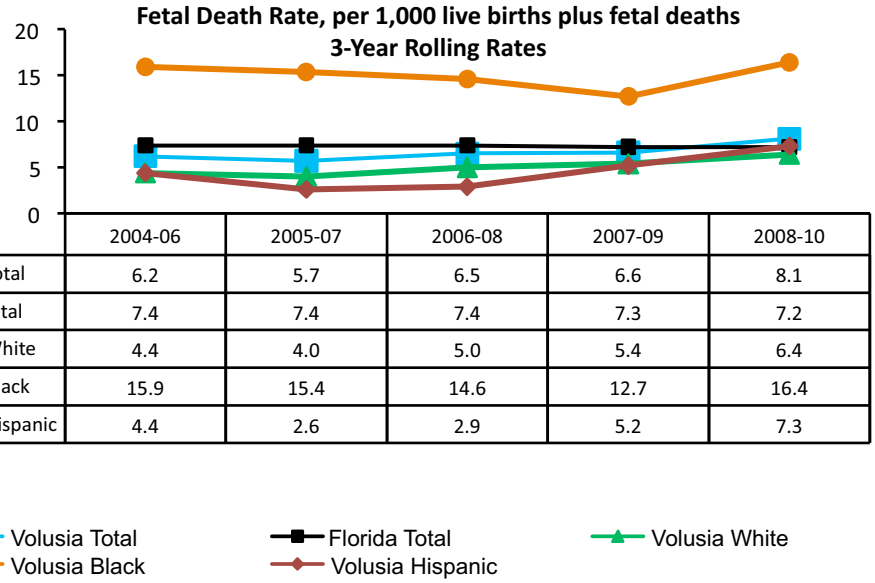
- Take prenatal vitamins
- Good nutrition
- Stop smoking
- Stop drinking alcohol and using drugs
- Get prenatal care

Fetal Mortality

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

Why is this Important?

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



	2004-06	2005-07	2006-08	2007-09	2008-10
Volusia Total	6.2	5.7	6.5	6.6	8.1
Florida Total	7.4	7.4	7.4	7.3	7.2
Volusia White	4.4	4.0	5.0	5.4	6.4
Volusia Black	15.9	15.4	14.6	12.7	16.4
Volusia Hispanic	4.4	2.6	2.9	5.2	7.3

Source: Florida CHARTS

A Quick Look, Nation, State, and County

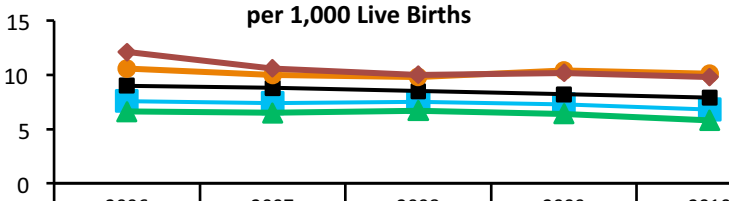
- U.S. ranks 34th among world nations in high rates of babies who die during the 1st year of life.
- Florida's rate ranks 29th among the states of babies who die during first year.
- Florida is one of six states with the highest rates of preterm birth.
- Florida's African-American infants: higher rates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

Births to Mothers with First Trimester Prenatal Care

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

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

Rate of Births to Mothers with First Trimester Prenatal Care, per 1,000 Live Births



	2006	2007	2008	2009	2010
Volusia Total	7.6	7.4	7.5	7.3	6.8
Florida Total	9.0	8.8	8.5	8.2	7.9
Volusia White Non-Hispanic	6.6	6.5	6.7	6.4	5.8
Volusia Black Non-Hispanic	10.6	10.0	9.8	10.4	10.1
Volusia Hispanic	12.1	10.6	10	10.2	9.8

Volusia Total
Florida Total
Volusia White Non-Hispanic
Volusia Black Non-Hispanic

Source: Florida CHARTS

Injury (9)

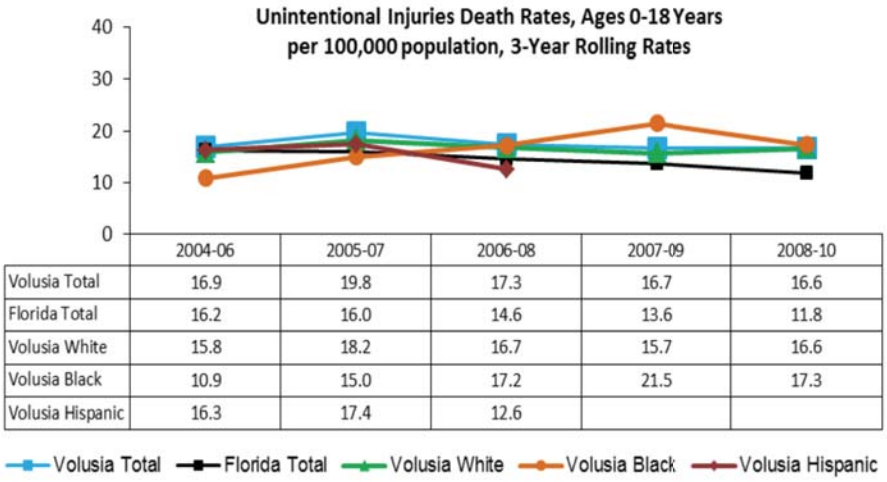
Injury not intended as self-harm or an intentional harm to another person. Unintentional injuries include those that result from motor vehicle crashes, drowning, fire, falls, poisoning, and other home/recreational/workplace injuries.

5th leading cause of death in the U.S.:

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

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

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

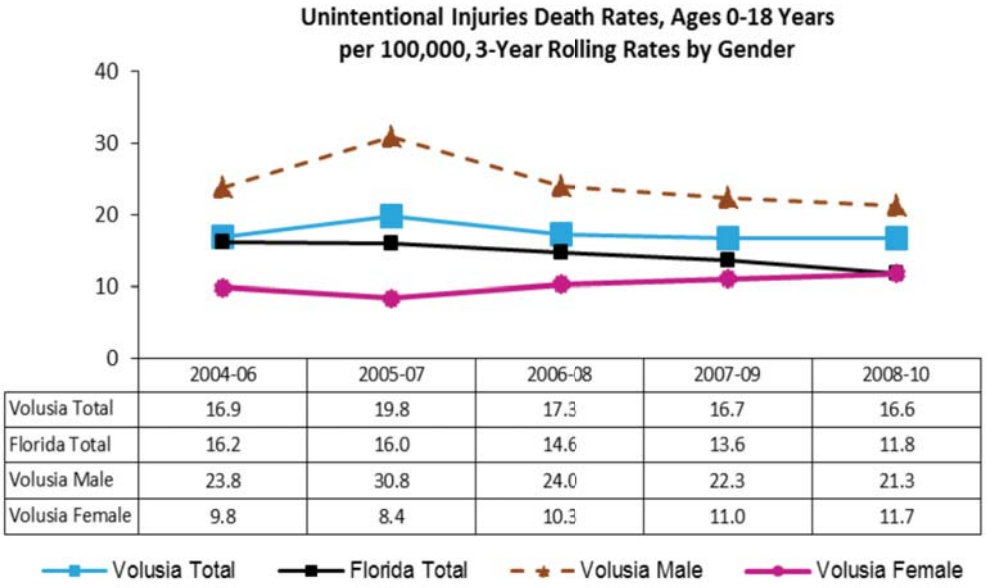


	2004-06	2005-07	2006-08	2007-09	2008-10
Volusia Total	16.9	19.8	17.3	16.7	16.6
Florida Total	16.2	16.0	14.6	13.6	11.8
Volusia White	15.8	18.2	16.7	15.7	16.6
Volusia Black	10.9	15.0	17.2	21.5	17.3
Volusia Hispanic	16.3	17.4	12.6		

Source: Florida CHARTS

Why is this Important?

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



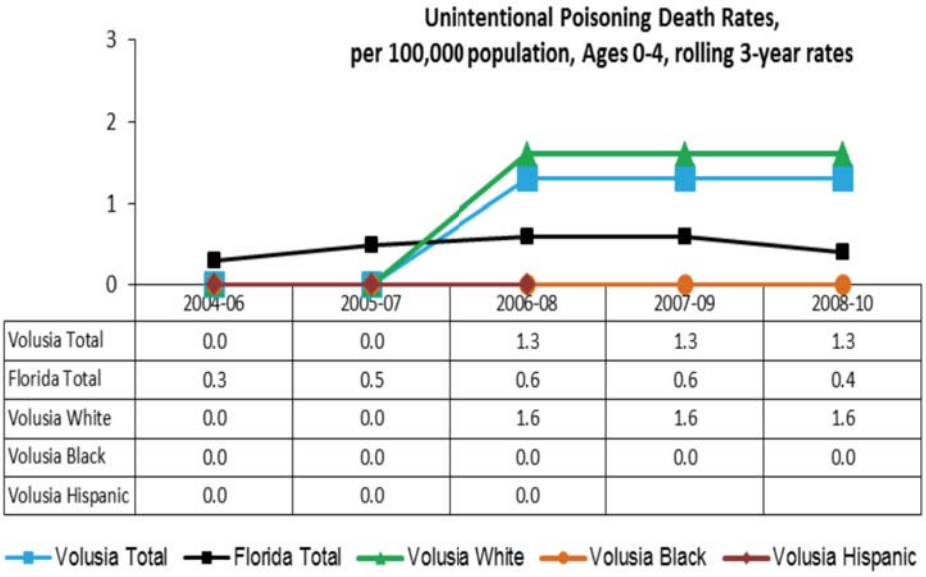
	2004-06	2005-07	2006-08	2007-09	2008-10
Volusia Total	16.9	19.8	17.3	16.7	16.6
Florida Total	16.2	16.0	14.6	13.6	11.8
Volusia Male	23.8	30.8	24.0	22.3	21.3
Volusia Female	9.8	8.4	10.3	11.0	11.7

Source: Florida CHARTS

Why is Measuring Poisoning Important?

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

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



	2004-06	2005-07	2006-08	2007-09	2008-10
Volusia Total	0.0	0.0	1.3	1.3	1.3
Florida Total	0.3	0.5	0.6	0.6	0.4
Volusia White	0.0	0.0	1.6	1.6	1.6
Volusia Black	0.0	0.0	0.0	0.0	0.0
Volusia Hispanic	0.0	0.0	0.0		

Source: Florida CHARTS

Falls – Volusia Higher than State

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

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

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

Source: Behavioral Risk Factor Surveillance System Data Report

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

Transport, Other	0	7	67	127	116	69	49	26	11	8	**480**	111.7	60.6

Promote Health and Wellness (10)

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

Indicators of a Healthy Community

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

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

2010 Health Status and Quality of Life for Volusia Adults (Percentages)

	Good to excellent overall health	"very satisfied" or "satisfied" with their lives	Always or usually receive social/emotional support needed
Volusia Total	78.3	89.3	77.8
Florida Total	82.9	93.1	79.5
Volusia Non-Hispanic White	79.6	90.8	81.3
Volusia Non-Hispanic Black	72.7	79.9	65.0
Volusia Hispanic	79.4	90.0	64.7
Volusia Male	77.1	87.1	71.2
Volusia Female	79.4	91.4	83.8

Source: Behavioral Risk Factor Surveillance System (BRFSS)

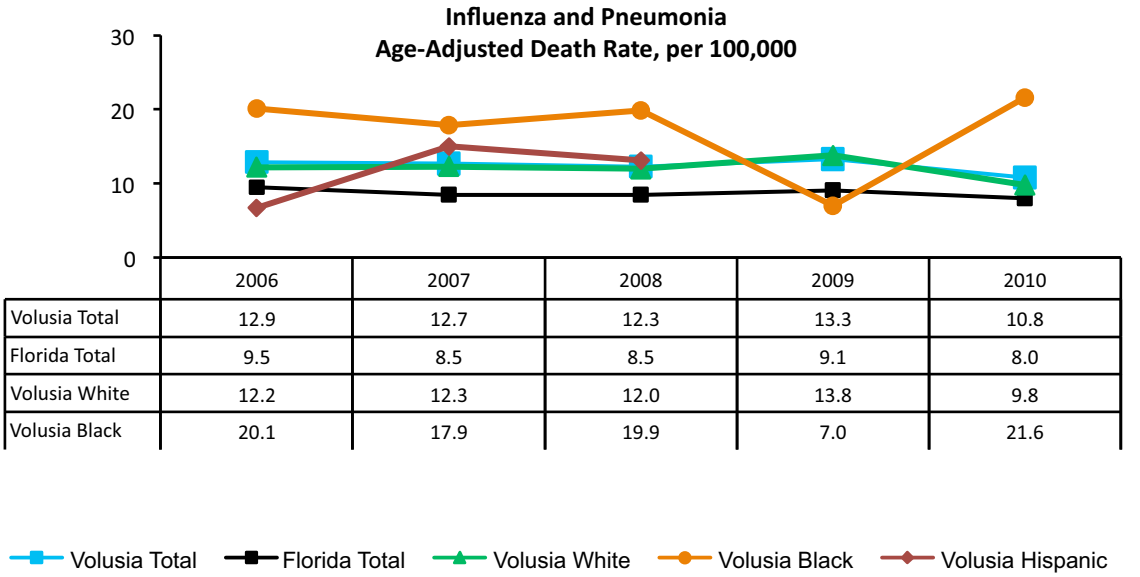
2010 Health Status and Quality of Life for Volusia Adults (Number of Days in the Past 30 Days)

	Poor mental or physical health interfered with activities of daily living	Unhealthy physical days	Unhealthy mental days
Volusia Total	5.8	5.4	4.5
Florida Total	5.2	4.1	3.8
Volusia Non-Hispanic White	6.0	5.3	4.3
Volusia Non-Hispanic Black	5.8	6.0	6.5
Volusia Hispanic	4.4	3.7	3.5
Volusia Male	5.6	5.2	4.5
Volusia Female	5.9	5.6	4.5

Source: Behavioral Risk Factor Surveillance System (BRFSS)

Influenza and Pneumonia

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



	2006	2007	2008	2009	2010
Volusia Total	12.9	12.7	12.3	13.3	10.8
Florida Total	9.5	8.5	8.5	9.1	8.0
Volusia White	12.2	12.3	12.0	13.8	9.8
Volusia Black	20.1	17.9	19.9	7.0	21.6

Source: Florida CHARTS

Influenza *(the flu)*

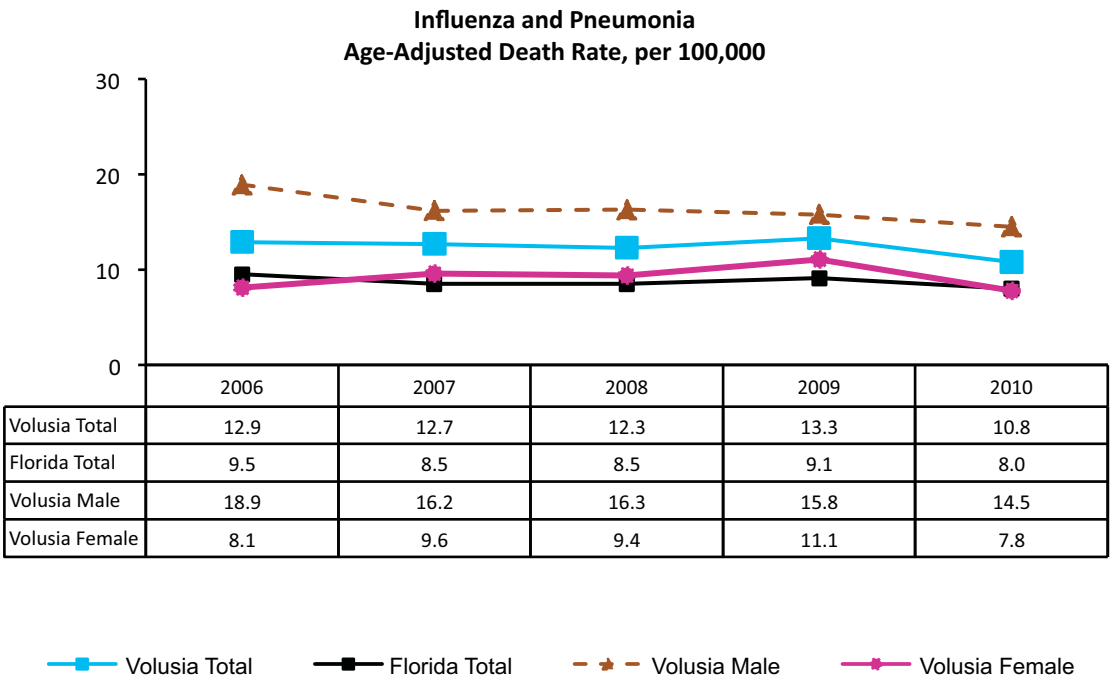
- can cause mild to severe illness
- at times can lead to death
- *some* older and younger people and people with certain health conditions, are at high risk for serious flu complications
- best way to prevent: get vaccinated

Pneumonia

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

Why is this important?

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



	2006	2007	2008	2009	2010
Volusia Total	12.9	12.7	12.3	13.3	10.8
Florida Total	9.5	8.5	8.5	9.1	8.0
Volusia Male	18.9	16.2	16.3	15.8	14.5
Volusia Female	8.1	9.6	9.4	11.1	7.8

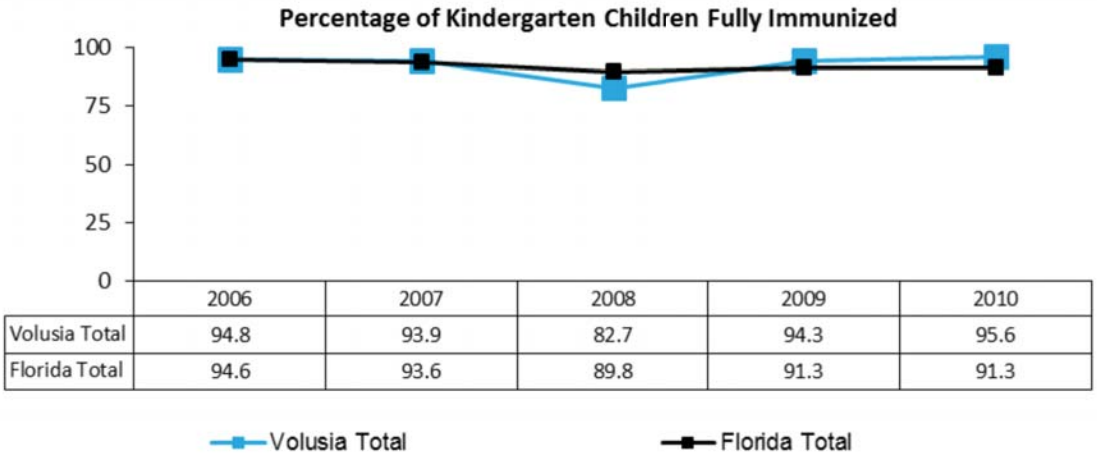
Source: Florida CHARTS

Kindergarten Children Fully Immunized

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

Why is this important?

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



	2006	2007	2008	2009	2010
Volusia Total	94.8	93.9	82.7	94.3	95.6
Florida Total	94.6	93.6	89.8	91.3	91.3

Source: Florida CHARTS

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

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

Adults who are Overweight

The percentage of overweight and obese adults is an indicator of the overall health and lifestyle of a community. Losing weight and maintaining a healthy weight helps prevent and control these diseases.
Being overweight or obese carries significant economic costs due to increased healthcare spending and lost earnings.

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

Percentage of Adults Who Are Overweight by Race, Ethnicity and Gender

	2002	2007	2010
Volusia Total	36.8	37.6	38.9
Florida Total	35.1	38.0	37.8
Volusia Non-Hispanic White	35.2	38.9	40.0
Volusia Non-Hispanic Black	*Not available*	*Not available*	36.2
Volusia Hispanic	*Not available*	20.7	29.0
Volusia Male	48.9	47.7	41.9
Volusia Female	25.3	28.2	36.0

Source: Behavioral Risk Factor Surveillance System (BRFSS)

Obesity Increases Risk of:

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

Adults with Good Physical Health

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

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

Percentage of Adults with Good Physical Health by Age		
	2007	2010
Volusia Total	86.9	81.8
Florida Total	88.8	87.4
Volusia 18-44	91.0	81.5
Volusia 45-64	81.5	82.1
Volusia 65 & over	87.1	81.3
Source: Behavioral Risk Factor Surveillance System (BRFSS)		

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

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

2010 Student Activity and BMI (Percentages)

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

Adults with Good Mental Health

Good mental health is essential to overall health and personal well-being. The ability to lead a healthy, balanced and productive life stems, in part, from an individual's ability to handle emotions. Emotional problems can impair a person's thinking, feelings, and behavior and, over time, can become increasingly serious and disabling *(The Substance Abuse and Mental Health Services Administration (SAMHSA).*

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

Percentage of Adults with Good Mental Health by Age

	2007	2010
Volusia Total	85.8	86.3
Florida Total	90.3	88.2
Volusia 18-44	82.4	83.0
Volusia 45-64	82.5	84.5
Volusia 65 & Over	94.5	92.8

Source: Behavioral Risk Factor Surveillance System (BRFSS)

Percentage of Adults with Good Mental Health by Race, Ethnicity and Gender

	2007	2010
Volusia Total	85.8	86.3
Florida Total	90.3	88.2
Volusia Non-Hispanic White	86.7	87.2
Volusia Non-Hispanic Black	Not available	80.3
Volusia Hispanic	74.5	86.0
Volusia Male	89.8	85.6
Volusia Female	82.1	86.8

Source: Behavioral Risk Factor Surveillance System (BRFSS)

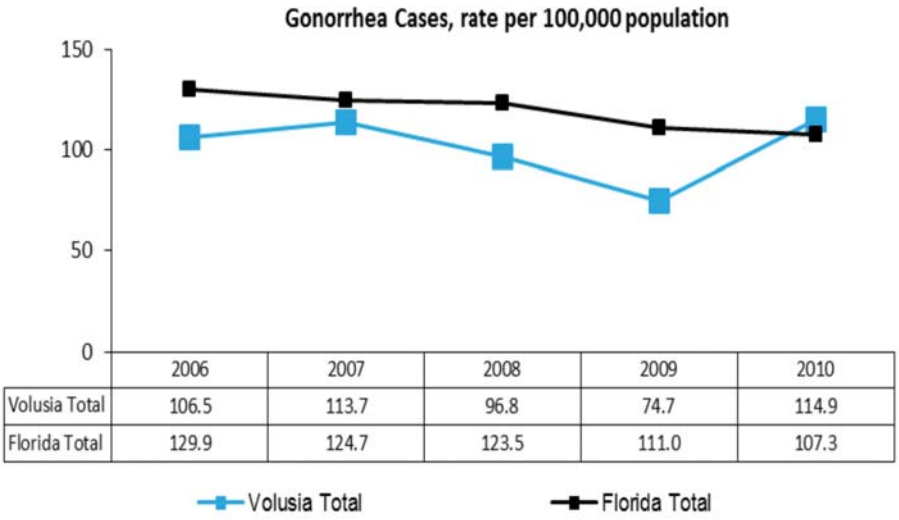
Why is Mental Health Important?

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

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

Risky Sexual Activity (11)

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



	2006	2007	2008	2009	2010
Volusia Total	106.5	113.7	96.8	74.7	114.9
Florida Total	129.9	124.7	123.5	111.0	107.3

Source: Florida CHARTS

How Common is Gonorrhea?

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

Gonorrhea Reported New Cases (actual)

	2008	2009	2010
Volusia	494	380	582
Florida	23,238	20,880	20,164

Source: Florida CHARTS

Why is this Important?

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

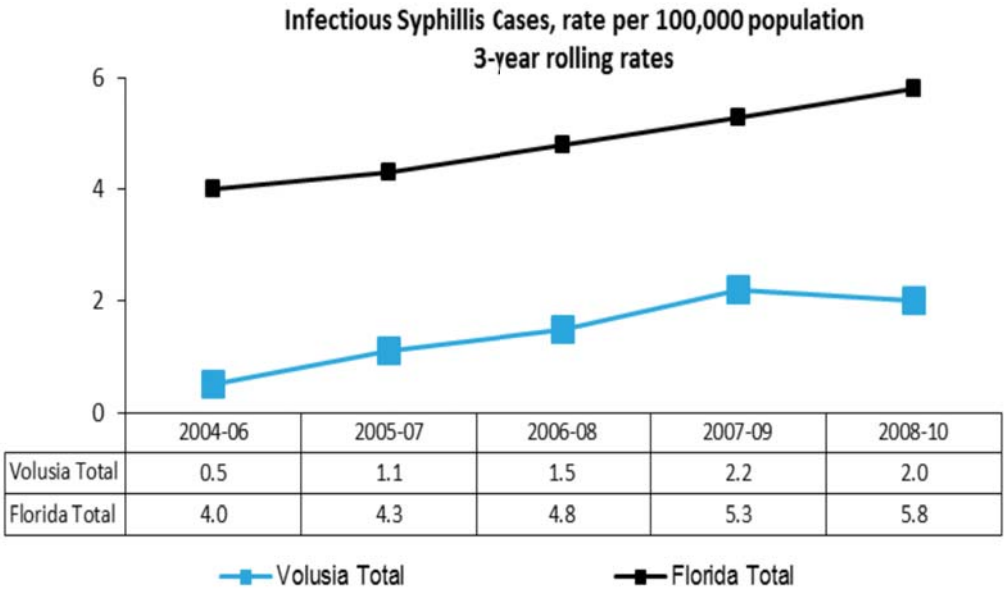
National Estimates:

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

How Common is Syphilis?

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

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



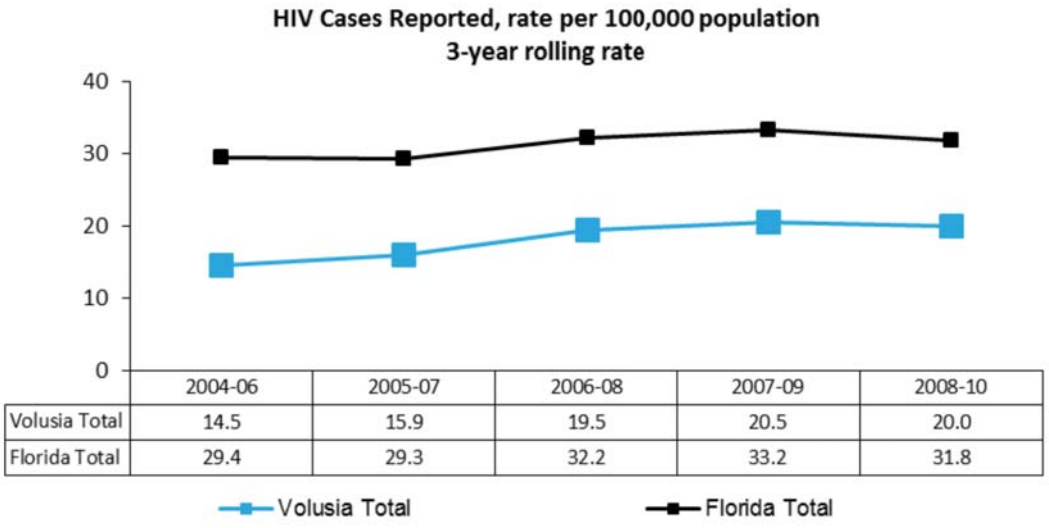
Source: Florida CHARTS

HIV/AIDS

Since the AIDS epidemic began in 1981:

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

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



	2004-06	2005-07	2006-08	2007-09	2008-10
Volusia Total	14.5	15.9	19.5	20.5	20.0
Florida Total	29.4	29.3	32.2	33.2	31.8

Source: Florida CHARTS

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

Why is this Important?

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

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

Percentage of Adults Less than 65 Who Have Ever Been Tested for HIV by Race, Ethnicity and Gender

	2002	2007	2010
Volusia Total	40.6	49.9	47.7
Florida Total	47.7	49.1	48.4
Volusia Non-Hispanic White	40.4	47.9	44.7
Volusia Non-Hispanic Black	Not available	Not available	62.0
Volusia Hispanic	Not available	Not available	60.6
Volusia Male	40.0	43.8	37.4
Volusia Female	41.1	55.8	58.1

Source: Florida CHARTS

Testing

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

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

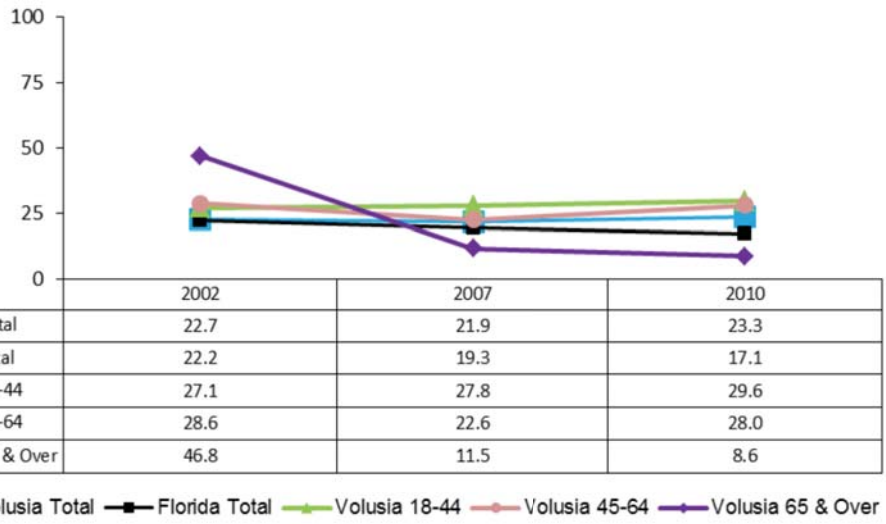
Tobacco (12)

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

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

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

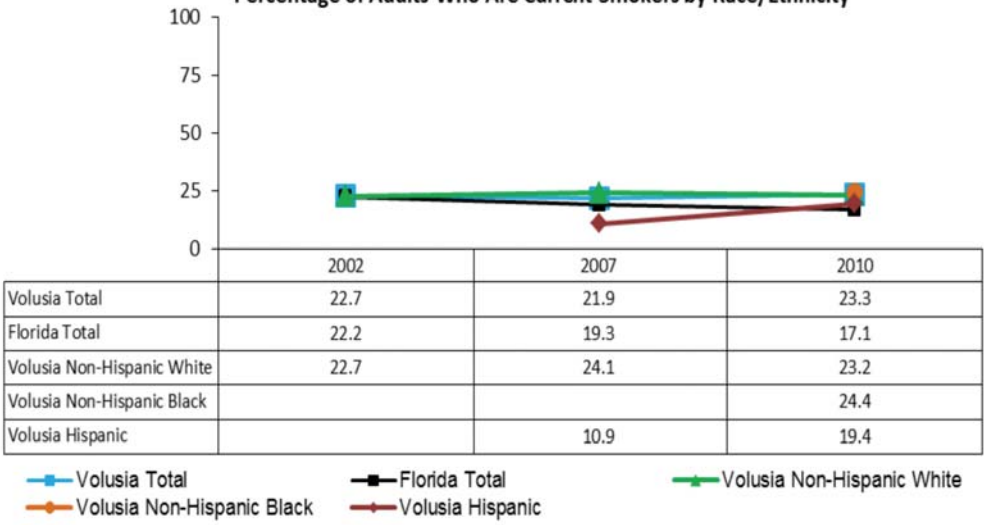
Percentage of Adults Who Are Current Smokers by Age



	2002	2007	2010
Volusia Total	22.7	21.9	23.3
Florida Total	22.2	19.3	17.1
Volusia 18-44	27.1	27.8	29.6
Volusia 45-64	28.6	22.6	28.0
Volusia 65 & Over	46.8	11.5	8.6

Source: Florida CHARTS

Percentage of Adults Who Are Current Smokers by Race/Ethnicity



	2002	2007	2010
Volusia Total	22.7	21.9	23.3
Florida Total	22.2	19.3	17.1
Volusia Non-Hispanic White	22.7	24.1	23.2
Volusia Non-Hispanic Black			24.4
Volusia Hispanic		10.9	19.4

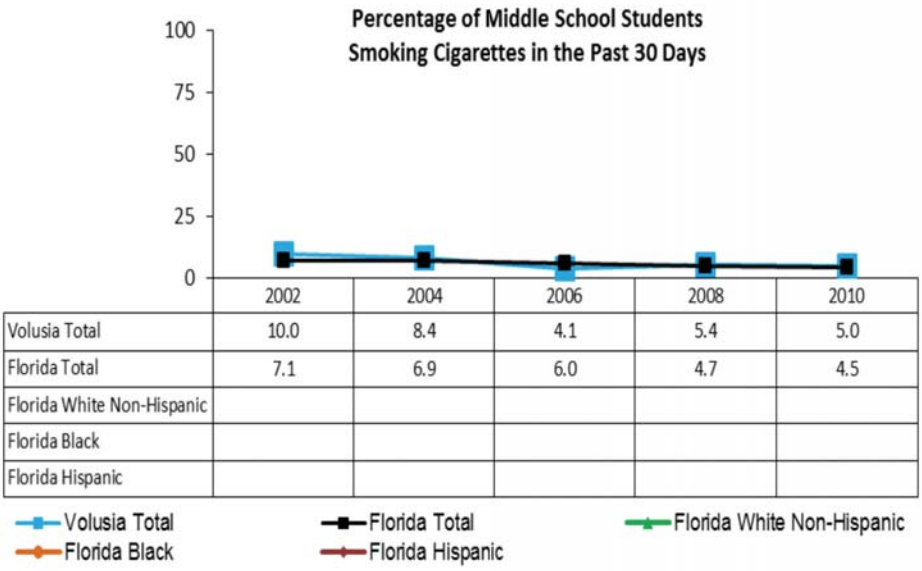
Why is This Important?

Source: Florida CHARTS

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

Percentage of Middle School Students Smoking Cigarettes in Past 30 Days

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



	2002	2004	2006	2008	2010
Volusia Total	10.0	8.4	4.1	5.4	5.0
Florida Total	7.1	6.9	6.0	4.7	4.5
Florida White Non-Hispanic					
Florida Black					
Florida Hispanic					

Source: 2010 Florida Youth Substance Abuse Survey

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

Youth Alcohol and Drug Use (13)

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

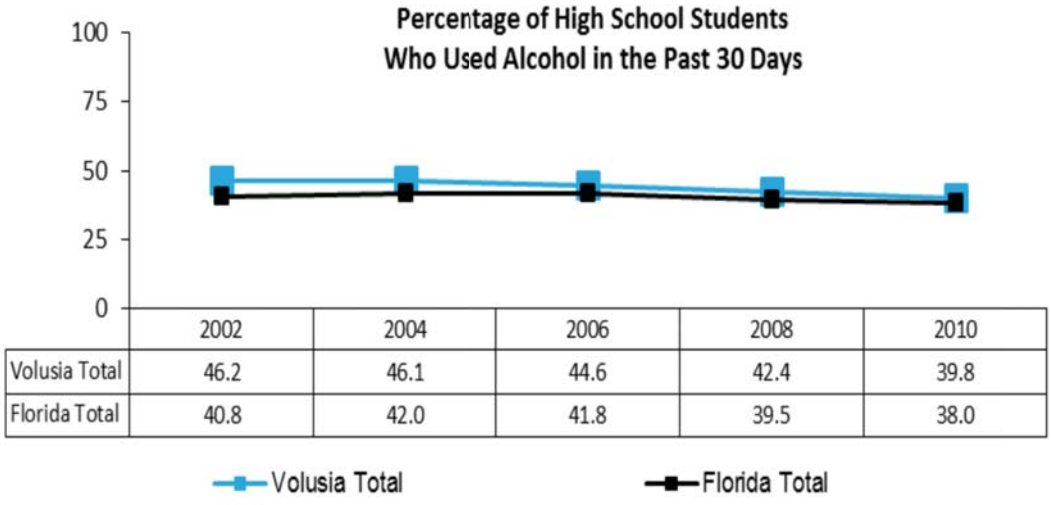
Drinking Under Age 21 is Illegal, But…

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

Youth Alcohol Use in Florida

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

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

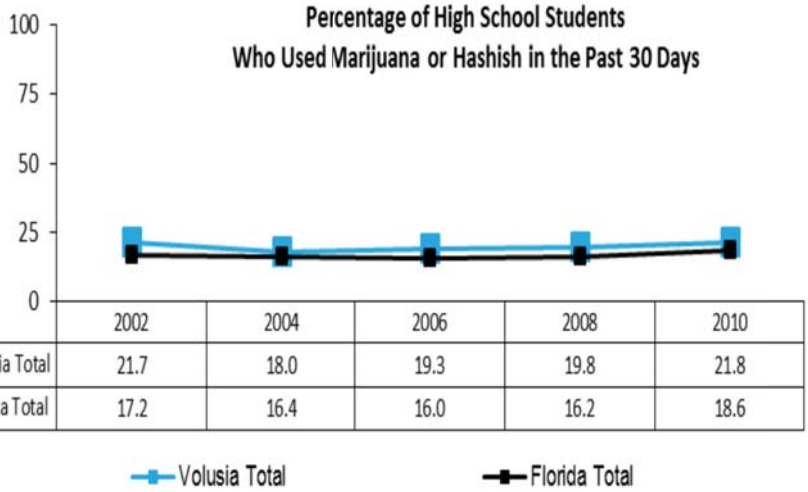


	2002	2004	2006	2008	2010
Volusia Total	46.2	46.1	44.6	42.4	39.8
Florida Total	40.8	42.0	41.8	39.5	38.0

Source: Florida Youth Substance Abuse Survey

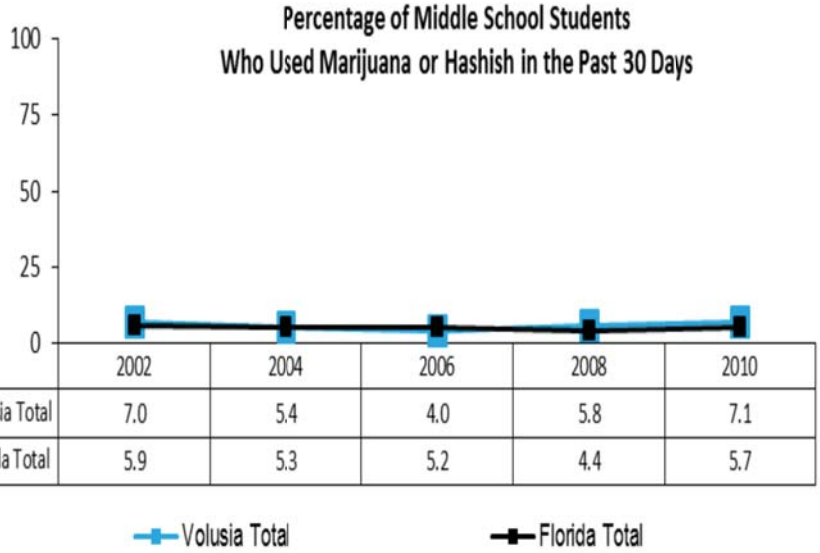
Marijuana Use Among Youth

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



	2002	2004	2006	2008	2010
Volusia Total	21.7	18.0	19.3	19.8	21.8
Florida Total	17.2	16.4	16.0	16.2	18.6

Source: Florida Youth Substance Abuse Survey



	2002	2004	2006	2008	2010
Volusia Total	7.0	5.4	4.0	5.8	7.1
Florida Total	5.9	5.3	5.2	4.4	5.7

Source: Florida Youth Substance Abuse Survey

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

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

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

Volusia County Health Resources and Access to Services

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

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

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

Area Hospitals

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

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

Florida Hospital Volusia/Flagler

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

Halifax Health

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

Bert Fish Medical Center

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

Hospital Taxing Districts

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

Halifax Hospital District	• Supports Halifax Health Medical Center in Daytona Beach and Halifax Health Medical Center in Port Orange and other clinics/services • Board Members Appointed by Governor • Money does not follow patient
Southeast Volusia Hospital District	• Oversees Bert Fish Medical Center • Board Members Appointed by Governor • Money follows patient

West Volusia Hospital Authority	• District Pays for Indigent Care in Clinics and at Florida Hospital DeLand and Florida Hospital Fish Memorial in Orange City • Elected Board • Money follows patient

Volusia County, Community Health Characteristics*

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

** Hospitalizations and Emergency Department visits are for Flagler & Volusia Counties' residents and county facilities only.*
***Other – includes Workers' Comp., TriCare or other Federal Government, VA, State/Local government, and Other Sources:*
1. *Agency for Health Care Administration (April 2010-March 2011)*
2. *Department of Health, License Verification (currently licensed providers)*

Public Health, Services & Resources

Volusia County Health Department

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

Federally Qualified Health Centers

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

Other Health Care Services in Volusia County

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

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

Community Collaborations & Social Service Agencies

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

Education	• Volusia County School District school health services are a public service for students pre-Kindergarten through 12th grade • Bethune-Cookman University, Odessa Chambliss Wellness Center
Community Collaborations	• Behavioral Health Consortium (mental and behavioral health) • Let's Move Volusia's YOUth Coalition (obesity prevention) • One Voice for Volusia (community coalition, all sectors; separate *thrive by five* collaborative) • Infant Mental Health Chapter • Substance Abuse Task Force (prescription medication)
Social Service Agencies	• Council on Aging of Volusia County (senior services) • Healthy Start Coalition of Volusia/Flagler (mother, pre-pregnancy through generally age 3) • Early Learning Coalition of Flagler/Volusia (early childhood/learning) • The Chiles Academy • Halifax Urban Ministries and Family Star Center • Mental Health Association

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

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

Appendices

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

Appendix A: Summary of Health Indicators
A summary of one-year data for 117 health indicators and 46 demographic indicators was created as an initial step in the prioritization process. The summary included quartile information that helped the Advisory Committee focus on key issues for Volusia County.
See Page 68

Appendix B: Prioritization Methodology
The Advisory Committee considered a variety of factors when reviewing health indicator data and community demographics. This Prioritization Methodology summarizes these considerations.
See Page 78

Appendix C: AHRQ Prevention Quality Indicators
The Advisory Committee reviewed a summary Prevention Quality Indicators (PQI) and cross walked the PQIs with the initial health priorities.
See Page 79

Appendix D: Florida Department of Health Minority Profiles
The Advisory Committee reviewed Minority Health Profiles prepared by the Florida Department of Health.
See Page 80

Appendix E: Summary of Community Input
As part of the prioritization process, community and stakeholder input was gathered from participants attending a regular community group, the One Voice for Volusia Coalition monthly meeting. The 74 participants present at the February 8, 2012 meeting participated in a facilitated brainstorming input session.
See Page 90

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

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

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

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

Summary of Health Indicators, Volusia County

Health Behaviors and Risk Factors

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

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

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

Morbidity

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

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

Mortality

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

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

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

Access to Health Care Resources/Quality of Care

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

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

Physical/Built Environment

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

Socioeconomic Factors

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

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

Data Sources

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

Top Ten Causes of Death, Year

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

Top Five Causes of Death from Cancer

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

Prioritization Criteria

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

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

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

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

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

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

Black Minority Health Profile

Disparity of 3.1 : 1 or higher | Disparity of 2.1 : 1 to 3 : 1 | Disparity of 1.1 : 1 to 2 : 1

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

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

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

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

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

Hispanic Minority Health Profile

Disparity of 2.1 : 1 to 3 : 1

Disparity of 1.1 : 1 to 2 : 1

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

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

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

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

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

Community Input Session at One Voice for Volusia Meeting

February 8, 2012

Process

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

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

Meeting Attendees

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

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

Information Collected

Validation of Preliminary Priorities

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

15 agreed with the priorities and noted the following comments:

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

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

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

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

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

Potential Strategies

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

Chronic Disease: Key Discussion Themes

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

Chronic Disease Notes

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

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

Health Access: Key Discussion Themes

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

Health Access Notes

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

- Discussion re: "special populations" that have different access and barriers to care (homeless, mentally ill adults and children, incarcerated, homebound seniors)
- Discussion re: access to care (some felt there was access for all who want it, others disagreed with that)
- Discussion re: transportation as a barrier to accessing care

Promote Health and Wellness: Key Discussion Themes

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

Promote Health and Wellness Notes

- Look at the economy – connection to weight gain? Are we buying carbs and starches because it's cheaper?
- There are so many convenience stores; need for more grocery stores
- Work with farmer's market – enhance awareness of locations and place farmer market in food desert area (plus EBT cards should be accepted).
- Look at WIC guidelines (only $6 a month for fruit and vegetables)
- Tap into employers to promote health and wellness
- Reach parents to work out/exercise with kids at places like the YMCA (healthy choices, make it easier)
- Incorporating health/wellness through other subjects – activities (i.e. art classes)
- Ask yourself about safe neighborhoods/places to exercise (do people feel safe to exercise where they live? Limiting?)
- Really look into the school lunch program and especially snacks for/provided at after school
- Community gardens: <u>teach</u> individual gardening
- Schools (0-5 in daycare), provided subsidies
- We should be aware of the legislative issue/bill now – limiting purchase of unhealthy foods with assistance provided
- Vending machines – schools – limit
- Connect with for profits (Weight Watchers, Gold's Gym) to develop a Campaign
- Walking School Bus – effective school based generated program that could be modeled in other schools
- Establish a mobile farmer's market
- Offer cooking classes – teach kids how to cook – show the money savings
- Emeals.com – market through existing resources like Publix.
- Market daytime activities for parents/adults who don't work out of the home.

- Discussion: There needs to be group support for spouses who have spouses who are out of work – look at CBE programs; churches/faith based efforts; PYRAMID café and other parent led groups; and the Fresh Start program
- Discussion: Build the education piece and the importance of being healthy before getting pregnant, concentrating especially on folic acid intake. Continue and further education/support to African American moms (they are the ones having low birth weight babies). Really look at at-risk youth – partnering with Chiles Academy
- Discussion: Start an "avocado a day" campaign

Florida Hospital Memorial Medical Center Community Health Needs Assessment

CB Manager: Shannon Finley
***Date Submitted**: 2/15/2013 DRAFT, revised April 1, 2013*

Executive Summary

The Florida Hospital Memorial Medical Center Community Health Needs Assessments was conducted at through series of internal and community meetings, primary research, and secondary data

The Needs Assessment work was conducted with a Community Health Needs Assessment Committee (CHNAC) whose members represented various segments of the Volusia County community, including underserved populations. The CHNAC served as the oversight committee that reviewed the various data sources and set the priorities to be addressed over the next three years.

Florida Hospital Memorial Medical Center's internal and community meetings were held in conjunction with Florida Hospital Memorial Medical Center Oceanside's assessment meetings because both facilities share staffing and primary service areas (they are just __ miles apart). During both the internal meetings as well as the external community meetings, internal and external data was reviewed and combined with community stakeholder interviews.

The interviews and secondary data collection were conducted by One Voice for Volusia, a community leader in research and community data collection. One Voice for Volusia is a non-profit corporation which mentors other neighboring initiatives and groups and leads the way in studying the process of local funding and planning decisions. Since its inception, One Voice for Volusia has implemented community efforts to establish a shared vision for local health and human services, which will result in long-term positive changes for the community as a whole.

The Florida Hospital Volusia/Flagler Region contracted One Voice for Volusia to assist in conducting the internal and external community assessment meetings and data compiling and analysis. One Voice for Volusia also conducted stakeholder interviews on behalf of the Florida Hospital Volusia/Flagler Region as well as assisting the Daytona Beach-based community hospital, Halifax Health, in facilitating their Community Health Needs Assessment.

A review of the Volusia County Profile and Service Area Profiles was conducted to an internal audience on August 1, 2012 (see *FHMMC County Market Data, FINAL VERSION* and *Priority Data for CHNAC Memorial and Oceanside*). Thirteen (13) health issues that represent a "clustering" of 41 health indicators from the Volusia County Profile for which Volusia County ranked in the 3rd or 4th quartile (worse) compared to the other counties in Florida were presented and included:

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

During the assessment process, the following as priorities were determined:

Health Issue	Key Indicators
1. Chronic Disease: Cardiovascular Disease	Heart failure age-adjusted death rate
	Screening, adults who have diagnosed high blood cholesterol
	Stroke age-adjusted hospitalization rate
	Stroke age-adjusted death rate
	Adults who have ever had a heart attack, angina, or coronary
2. Chronic Disease: Diabetes	Adults with diagnosed diabetes
	Screening, adults with diabetes who had two A1C tests in the past year
	Diabetes Age-Adjusted Hospitalization Rate
3. Promote Health and Wellness	Influenza and Pneumonia age-adjusted death rate
	Kindergarten children fully immunized
	Adults with good physical health
	Adults who are overweight
	Adults with good mental health
4. Alcohol, Drug and Tobacco Use and Abuse	Adults who are current smokers
	Middle school students smoking cigarettes in the past 30 days
	High school students who used marijuana/ hashish in past 30 days
	High school students who used alcohol in the past 30 days
	Middle school students who used marijuana/ hashish in past 30 days
	Adult Heavy or Binge Drinking
	Illicit Drug Use

A review of the Volusia County Profile and Service Area Profiles was conducted at a separate meeting held on August 29, 2012 attended by community stakeholders.

After review of the County data and service area profiles, the community committee identified the same health priorities of Cardiovascular Disease, Diabetes, Promoting Health and Wellness, and Alcohol, Drug and Tobacco Use and Abuse as needing further exploration for a community improvement plan. Both the internal committee and the community stakeholders came to these priorities through the use of the Priority Selection Decision Tree (FHMMC 3.3 Priority Selection (Q12)).

In addition, discussion at the initial Community Stakeholder Committee meeting led to a recommendation that access to health be incorporated into all of the priority issues.

As part of addressing access to healthcare it was discussed that an established connection between Florida Hospital Memorial Medical Center and the Jesus Clinic needed to be revisited. The Jesus Clinic provides free healthcare to the working poor of East Volusia County.

Between October 1- 15, 2012, interviews and surveys were conducted with additional community stakeholders. The following health priorities (not ranked) were identified as a result of the key stakeholder interviews and surveys:

- Obesity (poor nutrition and lack of activity)
- Poverty Related Issues (employment, no insurance, underinsured)
- Access to health care and affordable healthcare
- HIV/AIDS
- Substance abuse – drugs (prescription) and alcohol
- Cancer
- Prevention Services and Care
- Mental Health Disorders
- Health and Wellness (in general, education/choices)
- Heart Disease/Stroke

A second internal health needs assessment meeting was held on November 5, 2012. The internal hospital data, inventory of assets (community and hospitals) and stakeholder interviews/surveys were reviewed. The group reached consensus that the following priorities will be incorporated into an implementation plan with additional input on strategies from members of the Community Committee:

Priority		**Focus**
Promote Health and Wellness	Obesity	1. Youth and Efforts to Reach Parents (Let's Move Volusia's YOUth Coalition and Early Learning Coalition of Flagler/Volusia) 2. Educational Outreach to All Ages
	Cardiovascular Disease	1. Prevention 2. Access
	Diabetes	1. Access to Education 2. Risk Factor Reduction 3. Management and Access to Management
Supporting Role		**Focus**
Substance Abuse/Use	Tobacco, Drugs, Alcohol, Prescription Drugs	1. Work with Partners to Map Continuum of Care
Geographic Focus	Health Access	**1.** FHMMC will work with The Jesus Clinic

A review of the priority level community and hospitals assets was held at a second community health needs assessment meeting on January 18, 2013, which led to additional assets to be considered and to be added to the meeting materials. It was agreed that a significant impact on the community's future could be achieved by implementing strategies that involve children and by working with the school system and parks and recreation/leisure services. It was acknowledged that both are likely overwhelmed with requests to incorporate programs/services into their curricula so additional strategies were identified:

Strategy	**Strategy discussion items**
Convene key representatives to develop a message to the general population	YMCA is trying to play more of a role in community health
	Consider inserting IFAS into the YMCA for nutrition information Support these types of partnerships
	There are national guidelines for disease management
	Group support is needed to maintain health changes
	Affect chronic disease, cardiovascular disease, and diabetes as prevention
	This needs to be a community-wide culture change
Develop incentives to support healthy lifestyle changes	Time, money, and navigation of the "system" is difficult for many
	Accountability, coaching, and monitoring is needed
	Transitional care is important to ensure compliance
	Pay people to go to the doctor instead of the ER
	For the older population – diabetes – health management is key; i.e., nutrition, exercise Cardiovascular disease is not as much management but more of a medical home issue with a community support model
	Example: Substance abuse is a chronic disease which has successful treatment through Drug Court which has considerable sanctions to support success. If can't sanction, then offer incentives
Identify a health pilot school(s) and engage parents	A controllable pilot will be needed to test strategies; i.e. health pilot school Example: Hosseini schools for anti-hunger program
	The whole family has to change, not just the child
Target a specific	Overall the community health is good

population (school, community) and design what would link the collaborative together and for how long. Would need outputs (how many people) and outcomes (BMI changes).	Pockets of ill health bring down the community average
	Once the target population is identified, then there are multiple evidence-based programs available
	Volusia County is considering offering a healthy lifestyle summer camp
	Use afterschool or extended day programs to target youth Or six week summer camp Great Kids Explorers Club would be an excellent partner Grassroots giving – assists with athletic activity fees

A review of the supporting roles of the hospital (i.e. substances) and community assets led to identification of additional assets to be considered and will be added to the meeting materials. Possible strategies:

Strategy	**Strategy discussion items**
Combine the priority topic and the supporting role topics and form a wellbeing task force.	SWAT (Students Working Against Tobacco) is good but a small group (access).
	Build one school-age approach, build task force to adopt and put that into a school rather than everyone approaching the schools individually.
	Dr. Oz model – Health Corps staff in schools that provide school
	Crosswalk of evidence-based programs outcomes and Sunshine State Standards.
	Target adults who are collateral damage of substance abuse and chronic disease patients (empower the rest of the support system on how to interact/support the patient and support groups are a needed service – no fee for service)
Strategy continued	**Strategy discussion items continued**
Same strategy as above: Combine the priority topic and the supporting role topics and form a wellbeing task force.	Tobacco cessation – quit lines are used more often than person-to-person groups • This has moved from an individual treatment to a community policy ○ Obesity will probably move the same way; i.e., walking trails in neighborhoods • Florida Hospital has smoking cessation classes
	Prescription drug abuse is still a huge issue in the community • Addiction is more firmly embedded than illicit substances • Relapse rates are very high • If there was initial medical involvement, the outcome is often better • Need to move the discussion to the provider end which is smaller than the whole community

Florida Hospital Memorial Medical Center

Through our Christian mission of hope, health and healing, Florida Hospital Memorial Medical Center strives to promote wellness of the mind, the body and the spirit. We are a recipient of the 2012 Governor's Sterling Award, which is the highest award an organization in Florida can receive for performance excellence.

More than 400 physicians hold privileges to practice at our facilities, we employ more than 1,700 care team members and more than 300 community members volunteer here. Our specialties include cardiology, oncology, emergency care, surgical services, obstetrics, neurosurgery, stroke care, rehabilitation, weight-loss surgery, imaging, laboratory, home health, wound care, diabetes, hospice, physician practices and women's services.

In 2012, Consumer Reports rated us the safest hospital in Florida, and The Leapfrog Group awarded us an A grade for safety.

Florida Hospital Memorial Medical Center is one of 44 hospitals in ten states which make up the Adventist Health System, making it the largest not-for-profit Protestant health care system in the United States. Florida Hospital Memorial Medical Center is one of 22 campuses serving communities throughout Florida. For more than 100 years, Adventist Health has been committed to those who seek our expert, compassionate, individualized care.

Our Community

Being one of 22 hospitals in the state of Florida and one of five campuses which make up the Volusia/Flagler Region, for the purposes of the community health needs assessment, Florida Hospital Memorial Medical Center chose its geographical community based on its pre-defined Primary Service Area (PSA) and Targeted Service Area (TSA). If a PSA zip code was located in Flagler County, those zip codes were assigned to our Volusia/Flagler sister campus, Florida Hospital Flagler as they are also considered primary zip codes for Florida Hospital Flagler.

The Primary Service Area for Florida Hospital Memorial Medical Center has a total population of 296,352. The median age is 47. 17.4 % of the population is under age 18 and 25% of the population is 65 years or older.

78.5% of the population is white, 12% black, 5.2% Hispanic and 2.1% Asian.

The median household income for the PSA is $40,355 with 23.4% of the population being uninsured. 15.6 % of the PSA according to the 2010 census are living below the poverty level.

Within the PSA, 87.5% have attained a high school diploma or higher and 21.7% have a bachelor's degree or higher. For additional details on the PSA, see *Priority Data for CHNAC Memorial and Oceanside*.

Stakeholder Input Process

Stakeholders were chosen from four groups: community members who are currently active in other civic and community organizations, community members that regularly attend community sponsored events hosted by Florida Hospital Memorial Medical Center and community members that subscribe to the *Community Connector* email newsletter (a free service published by One Voice for Volusia). A link to take the survey was placed on the front page of all Volusia/Flagler Florida Hospital websites for access by residents of east Volusia County residents.

Of these stakeholders, respondents were randomly contacted by phone and were given the option of conducting the interview by phone or completing the survey online. The survey was distributed through the *Community Connector* distribution list which is comprised of local businesses and non-profit organizations which seek to improve the lives of the underserved in our community.

Subscribers to One Voice for Volusia's *Community Connector* represent underserved populations in the Volusia County area through agencies such as:

A Helping Hand, Inc.	http://www.ahelpinghandinc.org/
Avenues 12, Inc.	http://avenues12recoveryhouse.com/
Alzheimer's Association	http://www.alz.org/
Boys and Girls Clubs of Volusia/Flagler Counties	http://www.bgcvfc.org/
Center for Visually Impaired	http://www.cvicentralflorida.org/
Children's Advocacy Center	http://www.childrensadvocacy.org/
Children's Home Society	http://www.chsfl.org/page.aspx?pid=368
Council on Aging	http://www.coavolusia.org/
Department of Children and Families	http://www.myflfamilies.com/
disability Solutions for Independent Living, Inc.	http://www.dsil.org/
Domestic Abuse Council	http://www.domesticabusecouncil.com/

Early Learning Coalition of Flagler/Volusia	http://www.elcfv.org/
Easter Seals of Volusia/Flagler Counties	http://fl-vf.easterseals.com/site/PageServer?pagename=FLVF_homepage
Family Renew Community, Inc.	http://www.familyrenew.org/
Florida Lions Conklin Center for the Blind	http://www.conklincenter.org/
Guardian Ad Litem	http://www.guardianadlitem.org/
Halifax Urban Ministries	http://www.halifaxurbanministries.org/
Haven Recovery Center	http://www.havenrecoverycenter.org/contact_us0.aspx
Healthy Communities	http://www.halifaxhealth.org/locations/healthycommunities.aspx
Healthy Start Coalition of Flagler/Volusia	http://www.healthystartfv.org/
Housing Authority of the City of Daytona Beach	http://www.dbhafl.org/
PACE Center for Girls	http://www.pacecenter.org/
Stewart-Marchman-Act Behavioral Healthcare	http://www.smabehavioral.org/
The Arc Volusia, Inc.	http://www.arcvolusia.org/
UCP/WORC	http://www.ucpworc.org/
United Way of Volusia/Flagler	http://www.unitedway-vfc.org/
Volusia County Health Department	http://www.doh.state.fl.us/chd/volusia/index.html
Volusia County Schools	http://myvolusiaschools.org/Pages/default.aspx
Volusia County Sheriff's Office	http://www.volusiasheriff.org//
Volusia/Flagler Coalition for the Homeless	http://vfcch.org/

Appendix *FHMMC 2.6 Primary Data Collection - Stakeholder Interview Log,* lists the responses from the phone and online survey. Since One Voice for Volusia conducted surveys for all Volusia/Flagler Florida Hospitals simultaneously, the field titled "What community or group does the Stakeholder represent?" is used to assign the individual survey responses to a Volusia/Flagler campus by the respondents zip code. This field does not represent an affiliation or employment with Florida Hospital Memorial Medical Center.

A representation of the demographics from the completed surveys include:

Zip	City	Tot Pop.	Med Age	% Under Age 18	% 65 Years or Older	White	Black	Hispanic/ Latino	Median Household Income	Uninsured (% to total population)
32114	Daytona Beach	35,365	33	19.70%	14.30%	39.90%	48.80%	5.30%	$25,321	43.50%
32117	Holly Hill	25,113	41	21.40%	18.60%	61.90%	28.00%	6.20%	$30,110	33.20%
32118	Daytona Beach	20,165	54	11.00%	31.20%	88.60%	2.30%	4.30%	$39,488	25.80%
32119	Daytona Beach	22,528	45	17.80%	24.30%	80.40%	9.60%	4.90%	$37,315	23.70%

32127	Port Orange	30,582	49	17.30%	24.90 %	92.80%	1.40%	3.40 %	$47,592	17.30%
32129	Port Orange	20,934	48	15.50%	27.20 %	89.40%	3.00%	3.60 %	$38,281	22.00%
32174	Ormond Beach	45,693	48	18.40%	23.70 %	89.20%	3.50%	3.60 %	$47,628	17.40%
32176	Ormond Beach	15,072	56	12.90%	34.80 %	92.50%	0.50%	3.70 %	$44,790	19.30%

Community Health Needs Assessment Committee (CHNAC):

The Community Health Needs Assessment Committee was comprised of community leaders with a proven ability to develop systemic solutions based on population health data. The CHNAC met twice between August 2012 and January 2013.

Members of the Committee included:

- Daryl Tol, CEO of Florida Hospital Memorial Medical Center & Regional CEO of Florida Hospital Volusia/Flagler
- Karen Klemm, Case Management Director, Florida Hospital Memorial Medical Center
- Farzad Nourian, Pastoral Care Florida Hospital Memorial Medical Center
- Jill Piazza, Regional Director, Health & Performance Florida Hospital Volusia/Flagler
- Dr Bonnie Sorenson, Director of the Volusia County Health Department Bill Gilmer, the Jesus Clinic, a clinic providing free healthcare to families that earn too much to qualify for Medicaid, but not enough to pay health insurance premiums.
- Carrie Baird, One Voice for Volusia, a non-profit corporation which mentors other neighboring initiatives and groups and leads the way in studying the process of local funding and planning decisions.
- Lynn Kennedy, One Voice for Volusia
- Deborah Sabotka, One Voice for Volusia
- Laura Reece, President Elect, Junior League of Daytona Beach, a not for profit organization with an 80 year history in Daytona Beach of developing and providing continuing support of at least half-a-dozen not-for-profit community organizations including the Easter Seals, Association of Retarded Citizens, Healthy Start, Project W.A.R.M. (Women Assisting Recovering Mothers), Best Foot Forward (an annual event to clothe Title I school children) and Kids in the Kitchen, a national program to promote Health and Wellness in school age children.
- Ray Salazar, President of the United Way of Volusia-Flagler Counties. United Way conducts fundraising efforts and leads a number of community-building programs and services for all county residents.
- Chet Bell, Chief Executive Officer, Stewart Marchman-Act. For over fifty years, Stewart-Marchman-Act Behavioral Healthcare has been advancing recovery for mental illness and addiction in Volusia and Flagler Counties.

See *FHMMC 1.2 CHNAC* for the complete participant roster.

Additional information on CHNA committee member organizations can be found by visiting:

- Volusia County Health Department http://www.doh.state.fl.us/chd/volusia/index.html
- Jesus Clinic http://jesusclinic.com
- One Voice for Volusia http://onevoiceforvolusia.org/index.htm
- Junior League http://www.jldb.org
- United Way of Volusia and Flagler Counties http://www.unitedway-vfc.org/
- Stewart Marchman Act http://www.smabehavioral.org

Public Health

Dr Bonnie Sorenson, Volusia County Health Department director represented Public Health during the needs assessment process. With over 20 years in public health, Dr. Bonnie J. Sorensen brings years of experience and expertise to Volusia County. She started her public health career in 1990 at the Volusia County Health Department as an HIV/AIDS expert and then advanced to become the Director in 1996. In 2002, she was promoted to work for the Florida Department of Health

in Tallahassee where she was responsible for all 67 county health departments. In 2007, she had the opportunity to help launch the new California Department of Public Health in Sacramento under Governor Schwarzenegger's leadership. She returned home in August of 2009 to resume the Directorship of the Volusia County Health Department. Along with her Volusia duties, in September of 2012, Dr. Sorensen was selected as Incident Commander of the TB Cluster Investigation in Duval County. She was also named Interim Director of the Duval County Health Department.

Dr. Sorensen obtained her Bachelors in Science, Doctorate in Medicine and Board Certification in Endocrinology and Metabolism at the University of Illinois. She obtained her Board Certification in Internal Medicine at the University of Florida. After 10 years of private practice in Palm Beach County, Dr. Sorensen attended a year of law school at University of Florida before discovering public health. She also obtained a Master's in Business Administration from Nova Southeastern University in 2000.

Under Dr. Sorensen's leadership, the health department launched a number of community-based projects to tackle childhood obesity and nutrition in underserved areas.

She was awarded the Outstanding Woman in Public Health Award in 2004 by the USF College of Public Health.

Data Sources

The following data sources were used in compiling the Community Needs Assessment for Florida Hospital Memorial Medical Center:

- Florida Hospital internal data (2010-2012)
- US Census (2010)
- The Market Planner Plus (2011)
- Behavioral Risk Factor Surveillance System Data Report (2010, 2007, 2002)
- Florida CHARTS (2011)
- Florida Youth Substance Abuse Survey (2010)
- National Survey on Drug Use and Health (2008)
- Stewart-Marchman-Act Behavioral Healthcare (2012)
- Surveys and interviews (2012)
- American Community Survey (2010)

Data Collection & Analysis

In compiling and analyzing the data for the needs assessment, phone interviews and online surveys were conducted with key stakeholder groups. In addition, group interviews were conducted to review collected data and gather feedback.

One Voice for Volusia assisted Florida Hospital Memorial Medical Center in compiling all data sources. In addition, One Voice for Volusia facilitated both the internal and external stakeholder meetings to provide impartial review of all sources and discussion of the data sources.

All discussions during the data review process facilitated by One Voice for Volusia were based on developing a community centered approach to improving health and wellness in the community. All decisions after reviewing data sources were based on consensus. The committees utilized a decision tree process in determining community health needs priorities.

FHMMC 3.2 Priority Selection
PRIORITY SELECTION REPORT (PSR)
Part 1 : Preliminary Data
Florida Hospital Memorial Medical Center - 2012

Part A: Preliminary Data – high-level findings

List the top 8-10 health priorities determined by **Primary** (local) Data collected from local community /multi-hospital health assessments, interviews, surveys, etc.			
1	**Obesity (poor nutrition and lack of activity)**	6	**Poverty Related Issues (employment, no insurance, underinsured)**
2	**Access to health care and affordable healthcare**	7	**HIV/AIDS**
3	**Substance abuse – drugs (prescription) and alcohol**	8	**Prevention Services and Care**
4	**Mental Health Disorders**	9	**Heart Disease/Stroke**
5	**Health and Wellness (in general, education/choices)**	10	**Cancer**
List the 8-10 health priorities determined by **Secondary** Data from AHS, Health Department and other publicly available sources.			
1	**Chronic Disease: Asthma**	7	**Health Access**
2	**Cancer**	8	**Infant and Maternal Health**
3	**Chronic Disease: Cardiovascular Disease**	9	**Injury**
4	**Chronic Disease: Lower Respiratory Disease**	10	**Promote Health and Wellness**
5	**Chronic Disease: Diabetes**	11	**Risky Sexual Activity**
6	**Chronic Disease: Chronic Liver Disease & Cirrhosis**	12	**Youth Alcohol/Drug/Tobacco Use**
List the 8-10 health priorities determined by internal **Hospital** Data			
1	**Cardiovascular: Chest Pain**	6	**Sepsis**
2	**Cardiovascular: Congestive Heart Failure**	7	**Gastrointestinal**
3	**Cardiovascular: Cardiac Arrhythmia**	8	**Sprains**
4	**COPD/respiratory disorders**	9	**Childbirth: Vaginal delivery/C-section**
5	**Urinary Tract Infection**	10	**Orthopedic/Joint replacement**

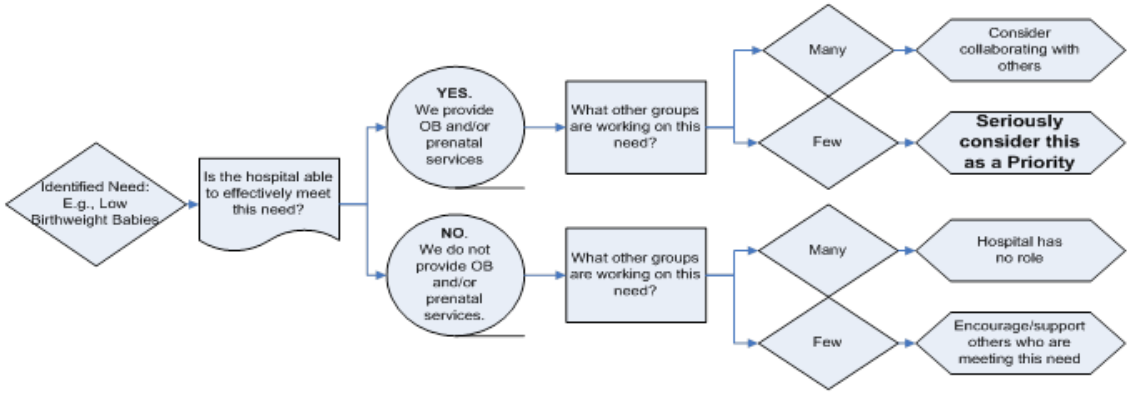
Part B: Aggregated Priorities - What **aggregated** Priorities emerged as a result of the above data?

	Condition	Ethnic Group	Age Group	State (or National or County) Variation	Selection Rationale
1	Heart disease/stroke (cardiovascular disease)	Blacks are significantly affected Males more affected than females	Adults 18+	Age-adjusted death rate due to heart failure per 100,000 in Volusia County more than doubles the State rate.	Heart disease/stroke identified as leading health concern County is Higher than State Has a current program that is making strides and could be enhanced (Change Your Life) Disparity data
	High Blood cholesterol (cardiovascular disease)	More males and white population affected	Adults 18+	Percentage of adults with diagnosed high blood cholesterol is getting worse and higher than the State More Volusia adults have had a heart attack, angina or coronary high blood cholesterol than the State percentage.	
2	Diabetes	Racial disparity data by county not available but diabetes prevalence rates among black adults are 1.7 times as likely to have disease as non-Hispanic whites of similar age, on average.	All Adults but Adults 65+ is highest percentage	Percentage of Adults with Diagnosed Diabetes by Age is Higher in Volusia than in State (13.5 vs 10.4%)	Address disparities as a strategy Identified consistently as area of concern among survey respondents Hospitalization rate due to diabetes is getting worse in Volusia County Percentage of adults with diagnosed diabetes is higher than the State
3	Obesity (promote health and wellness)	All groups but heavy disparities in African Americans	Youth and Adults, all ages	Percentage of Volusia County adults who are overweight are higher than the State, increasing since 2007 Percentage of adults with good physical health in the 18-44 age group dropped from 91% in 2007 to 81.5% in 2010.	Concentrate on youth, especially through efforts like the Let's Move Volusia's YOUth (but also to reach the parents) Connect with the Early Learning Coalition of Flagler/Volusia Counties (making a difference at the earliest possible age and to the parents/families) and thrive by five collaborative.
4	Alcohol, Drug and Tobacco Use and Abuse	Hispanic, Non-Hispanic White (tobacco) Trend among females is increasing (heavy or binge drinking)	All ages, starting at middle school age (tobacco)	Higher percentage of adult smokers in Volusia County than the State (23% versus 17%) Adult Alcohol use among Volusia Women increased since 2002 Volusia County is in 4th	Prescription drug abuse is becoming epidemic Prevention efforts, through partnerships, could be incorporated (Stewart-Marchman-Act Behavioral Healthcare and Haven Recovery). Reach out to faith community Tobacco prevention/cessation through outreach efforts Integrate behavioral health with physical

				quartile among high school students for marijuana use over past 30 days	health
5	Health Access	Uninsured patients not eligible for Medicaid	All ages		Identified the Jesus Clinic as a potential partner needing assistance in serving patients

PRIORITY SELECTION REPORT (PSR)
Part 2: Priority Selection Report, Decision Tree, & Template

Part C: Finalizing the CHNA Priorities
The Community Health Needs Assessment Committee should use this Decision Tree to review each Aggregated Priority.



Part D: Defining your Final Priorities
Based on the Decision Tree exercise, which 4-5 Priorities will you address, and Why? Write a short paragraph describing your rationale and important factors for selecting each of the 4-5 Final Priorities. Refer to parts A and B as appropriate.

Priority 1: Cardiovascular Disease
Florida Hospital Memorial Medical Center has a longstanding history in the community as a leader in Cardiovascular care. It was determined that FHMMC had solid resources in place to tackle this issue in conjunction with the Volusia/Flagler market-wide *Change Your Life* Program, the incorporation of *CREATION Health,* as well as planned Community Corporate Wellness initiatives and partnerships with local civic and government agencies.

Priority 2: Diabetes
Florida Hospital Memorial Medical Center's Diabetes Center has the resources and staff available to support a community outreach program. Support Groups, nutritional classes and educational seminars are currently available as well as an annual World Diabetes Day event. Rolling these existing programs into the *Change Your Life* Program and its community outreach activities to promote health and wellness was a natural fit.

Priority 3: Promote Health and Wellness (Obesity, Health Literacy)
Both the internal and external stakeholders agreed, that all of the chronic issues discussed, including cardiovascular disease, diabetes and substance abuse fell under the umbrella category of Health and Wellness. By strategically approaching Health and Wellness through existing Florida Hospital initiatives, particularly *Change Your Life, Pink Army* and *CREATION Health* and community programs, such as Let's Move Volusia's YOUth Coalition, Worksite Wellness

Council of Volusia County, partnerships with Volusia County Schools, Volusia County Health Department, the Junior League of Daytona Beach, and Healthy Start Coalition of Flagler/Volusia there would be a halo effect to the other key issues.

Priority 4: Substance Use and Abuse (Tobacco, Drugs, Alcohol, Prescription Drugs)
Florida Hospital Memorial Medical Center, chose this area of focus because it was outside of its "Comfort Zone" and would act as a supporting role to the area of promoting health and wellness through the development of incentives to support healthy lifestyle changes. The hospital currently provides smoking cessation programs through a grant with Florida Area Health Education Centers (AHEC). The smoking cessation program as well as developing partnerships with existing drug and alcohol programs such as Students Working Against Tobacco and the Volusia County schools system were discussed as potential ways of impacting the issue on both local youths and adults.

Priority 5: Health Access (i.e. The Jesus Clinic)
Access to healthcare is a problem for all chronic diseases. Both external and internal stakeholders agreed that access to health should be incorporated into all the priority issues. An existing clinic available to the working poor in the area, known as the Jesus Clinic was identified as a potential partner to help bridge the gap to identified geographical areas within the community.

Asset Inventory

Once the health priorities were identified, an inventory of existing community wide programs was collected which the hospital could potentially form partnerships. An inventory of existing Florida Hospital Memorial Medical Center programs, products and support groups were also inventoried and analyzed to see which could stand alone to meet the prioritized needs or form partnerships with existing community programs to meet prioritized needs.

Existing community programs inventoried include Let's Move Volusia's YOUth Coalition, Early Learning Coalition of Flagler/Volusia, Worksite Wellness Council of Volusia County, Community Cafes, and Food Banks. Examples of existing programs hosted by Florida Hospital Memorial Medical Center include *Change Your Life with Florida Hospital*, Farmers and Honey Market on Campus, partnership with the City of Ormond Beach Mayor's Fitness Challenge, Community and Corporate Health Fair sponsorships, seminars focused on healthy eating and snacking and the Pink Army.

FHMMC 3.1 Asset Inventory (Q10)

Asset Inventory Template

Florida Hospital Memorial Medical Center

Year: 2012

Area of Focus defined by Primary/Secondary Data	**Current Community Programs**	**Current Hospital Programs**	**Potential Projects** *(optional but helpful for guiding the HHNAC and CHNAC)*
Chronic Disease: Cardiovascular Disease	✓ EVAC ✓ Various community screenings conducted by area hospitals, pharmacies, etc. ✓ Health Fairs ✓ Paid Screenings (information in the mail)	✓ Change Your Life Program ✓ Free screenings for PAD and ABI	✓ Develop a chronic care team approach with a long term vision
Chronic Disease: Diabetes	✓ Prevention Screenings/Health Fairs ✓ Volusia Flagler Family YMCA, Pre-Diabetes Program ✓ Area Hospitals ✓ Healthy Volusia ✓ Volusia County Health Department, Diabetes Program ✓ Volusia County Health Department	✓ Outpatient education classes ✓ Free support groups ✓ Annual World Diabetes Day Event (5th year?), which includes free screenings ✓ Diabetes Educators give educational talks at local events, expos and health fairs	✓
Promote Health and Wellness	✓ Let's Move Volusia's YOUth Coalition ✓ Early Learning Coalition of Flagler/Volusia ✓ Worksite Wellness Council of Volusia	✓ Farmers and Honey Market on Campus – open to public ✓ Partner with Ormond Beach Mayor's Fitness	✓ Youth Obesity Programs or a Comprehensive Program to Address Physical Activities and Nutrition (connect/build Let's Move Volusia's YOUth Coalition) ✓ Partner with agencies like the Early Learning Coalition to reach children at

	County ✓ Community Cafes (parents) ✓ Food Banks ✓ Volusia County Schools ✓ After School Youth Programs ✓ Council on Aging (reach to impact senior population) ✓ Suicide Prevention Efforts ✓ Meals on Wheels ✓ Halifax Urban Ministries ✓ Area Associations (Diabetes Association, Lung Association) ✓ Community Support Groups ✓ Mental Health Association for East Central Florida ✓ thrive by five collaborative ✓ Volusia Flagler Family YMCA ✓ Volusia County Health Department ✓ Infant Mental Health Chapter ✓ Healthy Start Coalition of Flagler/Volusia ✓ Behavioral Health Consortium ✓ Head Start ✓ The Chiles Academy ✓ Prevention on the Move (Stewart-Marchman-Act) ✓ JLDB & Great Kids Explorers Club – healthy food baskets over the holidays ✓ 2-1-1 ✓ For profit health-related businesses (Health insurance plans, Weight loss clinics, Gyms &	Challenge ✓ Community and Corporate Health Fair sponsorships ✓ Seminars focused on healthy eating and snacking ✓ Pink Army – encourage screening or attendance at health themed events ✓ CYL health themed events	a younger age (re: nutrition and physical activity) ✓ Address Health Literacy for Seniors ✓ Incorporate a physical training to screen for depression ✓ Efforts to reach parents ✓ The work of the Daytona Beach Visioning Team should also be explored regarding their Volunteers In Medicine efforts. ✓ It was agreed that a large impact on the community's future could be achieved by implementing strategies that involve children. Working with the school system and leisure services would have a far reaching impact; however, both are overwhelmed with requests to incorporate programs/services into their curricula. The ideas below were shared during the discussion. ✓ Promoting Health and Wellness ideas (Overall): - Physicians need places for referrals for comprehensive services for youth and adolescence - Mental health is connected to physical health; i.e., self-esteem, substance use/abuse - Prevention might be the first year - Treatment might be after year one - needs physicians engaged ✓ Target a specific population (school, community) and design what would link the collaborative together and for how long. Would need outputs (how many people) and outcomes (BMI changes). ✓ Convene key representatives to develop a message to the general population ✓ Develop incentives to support healthy lifestyle changes ✓ Identify a health pilot school(s) and engage parents

	health clubs) ✓ Hospitals ✓ Nursing schools ✓ County/city parks ✓ University of Florida Extension Service, IFAS (Institute of Food and Agricultural Science) ✓ Florida Bicycling Association ✓ Running clubs ✓ USTA (United States Tennis Association) ✓		
Alcohol, Drug and Tobacco Use and Abuse	✓ Substance Abuse Task Force (multi-agency collaborative) ✓ Stewart-Marchman-Act Behavioral Healthcare/Vince Carter Sanctuary/Project WARM ✓ Haven Recovery Center ✓ MADD ✓ Halifax Behavioral Services ✓ Tobacco Prevention Program/Task Force/Volusia County Health Department ✓ One Voice for Volusia (anti-drug coalition) ✓ Community Support groups like Al-Anon ✓ East Central Florida Keep Kids Drug Free Regional Prevention Center (Stewart-Marchman-Act) ✓ Behavioral Health Consortium ✓ 2-1-1 ✓ The House Next Door ✓ NOPE (Narcotics Overdose Prevention & Education) ✓ NCPRS (National Center for Prevention and Research	✓ Quit Smoking Now – Smoking Cessation program. Meets regularly at FHO and as needed with Community and Corporate Groups. ✓ Support of Project Warm – provide meals to meetings on a monthly basis ✓ Free hospital hosted events and health fair participation including lung health screening (pulse oximetry and carbon monoxide)	✓ Evaluation of opiate detox protocol ✓ Work with partners to integrate behavioral health with physical health ✓ Identify links between physicians and attorneys ✓ Efforts to reach parents ✓ Combine the priority topic and the supporting role topics and form a wellbeing task force (see meeting notes). ✓ Same strategy as above: Combine the priority topic and the supporting role topics and form a wellbeing task force.
Geographic Focus	✓ The Jesus Clinic	✓ Flu Shot Clinics	✓

	✓ PACE-EH ✓ Walk-in Clinics	performed at Homeless Shelters ✓ Provide food to homeless shelter on a monthly basis (as well as basic clinical care, including wound monitoring) ✓ Annual Canned Food Drive ✓ Mission Trip-2012 local emphasis v. overseas.	
Health Access Should Be Addressed Across All Areas of Focus	✓ Access Center (I & R) ✓ 2-1-1/First Call for Help (United Way) ✓ Federally Qualified Health Centers ✓ Area Pharmacies ✓ Volusia County Health Department ✓ Healthy Start Coalition of Flagler/Volusia ✓ Behavioral Health Consortium ✓ Walk-in Clinics	✓ Hospital employee participation with groups such as Health Dept, Healthy Start, Am Cancer Society, American Heart Assoc to examine system challenges from all angles	✓ Map the healthcare system

Data Summary

Of the 41 health indicators from the Volusia County Profile for which Volusia County ranked in the 3rd or 4th quartile (worse) compared to the other counties in Florida, the top ten issues identified included:

1. Chronic Disease: Asthma
2. Cancer
3. Chronic Disease: Cardiovascular Disease
4. Chronic Disease: Chronic Lower Respiratory Disease
5. Chronic Disease: Diabetes
6. Chronic Disease: Chronic Liver Disease and Cirrhosis
7. Health Access
8. Infant and Maternal Health
9. Injury
10. Promote Health and Wellness

The data sources used in compiling the information included:

- Florida Department of Health, Bureau of Epidemiology, Florida BRFSS survey (1986-2010)
- US Census Bureau (2010)
- Florida Department of Health, Office of Health Statistics and Assessment (Florida CHARTS) (2011)
- Florida Department of Health, Office of Vital Statistics (2011)
- Florida Agency for Health Care Administration (AHCA) (2012)
- University of Miami (FL) Medical School, Florida Cancer Data System (2012)
- Florida Department of Health, Division of Disease Control (2012)
- Florida Department of Health, Bureau of Immunization (2012)
- Florida Office of Insurance Regulation (2012)
- Florida Department of Health, Office of Planning, Evaluation & Data Analysis (2012)
- U.S. Department of Agriculture - Food Environment Atlas (2012)
- The Centers for Disease Control and Prevention, Lead Poisoning Prevention Program (2012)
- Florida Department of Health, School-aged Child and Adolescent Profile (2010)
- Florida Department of Health, Office of Injury Prevention (2011)

For additional information on the Volusia County Profile used in ranking the top ten issues, see *FHMMC County Market Data, FINAL VERSION.*

Priority Selection

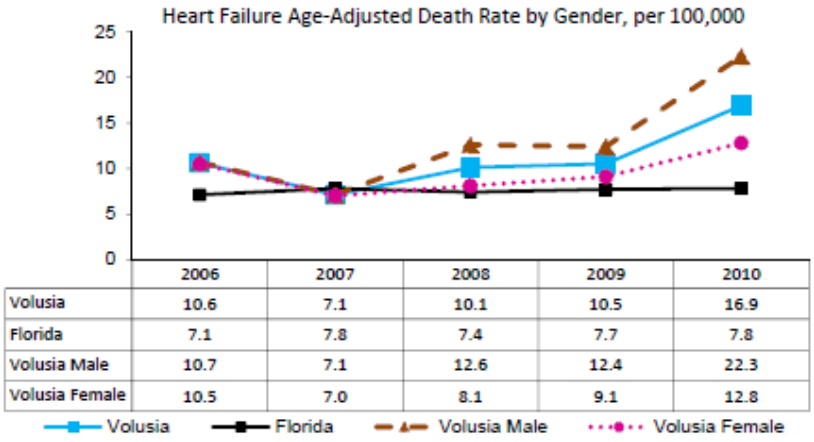
Both the Community Health Needs Assessment committee and the Hospital Health Needs Assessment committee determined through a decision tree process that cardiovascular disease, promoting health and wellness, diabetes as well as alcohol, drug and tobacco use and abuse were the top health priorities for Florida Hospital Memorial Medical Center over the other issues identified in the Volusia County Profile for discussion, further prioritization and possible solutions and implementation.

Of the top 10 issues listed in the primary and secondary data, Florida Hospital Memorial Medical Center chose not to concentrate its efforts on the issue of Mental Health Disorders, due to a lack of sufficient internal resources at this time to fully support a program. It was determined through our meetings with representatives from external stake holders that by supporting programs tackling the issue of alcohol and drug abuse that there would also be an indirect effect on mental health issues in the primary service area.

For the issue of "Chronic Disease: Asthma", it was also determined that it was outside the scope of existing programs and potentially could be addressed as part of a health and wellness initiative.

Cardiovascular Disease: Cardiovascular disease was selected as a priority for FHMMC due to Heart disease/stroke being identified as leading health concern; the County rate of incidence being higher than the state level. Chest pain is one of the top 10 presenting symptoms to the Emergency Departments at both Florida Hospital Memorial Medical Center as well as Florida Hospital Memorial Medical Center Oceanside. Cardiovascular disease was also chosen as a priority due to the existing programs and resources in place which are making strides toward improving cardiovascular health which could be enhanced (Change Your Life) to fulfill this need within the community through educational efforts and access screenings. Discussion also included what a "Care Team Approach" could look like.

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

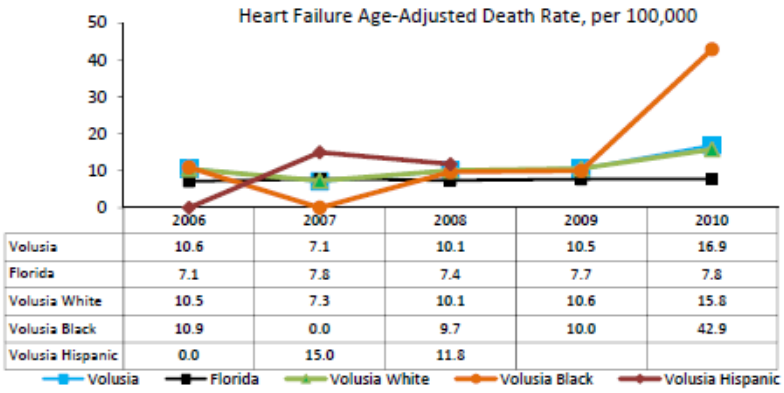


	2006	2007	2008	2009	2010
Volusia	10.6	7.1	10.1	10.5	16.9
Florida	7.1	7.8	7.4	7.7	7.8
Volusia Male	10.7	7.1	12.6	12.4	22.3
Volusia Female	10.5	7.0	8.1	9.1	12.8

Source: Florida CHARTS

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

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



	2006	2007	2008	2009	2010
Volusia	10.6	7.1	10.1	10.5	16.9
Florida	7.1	7.8	7.4	7.7	7.8
Volusia White	10.5	7.3	10.1	10.6	15.8
Volusia Black	10.9	0.0	9.7	10.0	42.9
Volusia Hispanic	0.0	15.0	11.8		

Source: Florida CHARTS

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

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

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

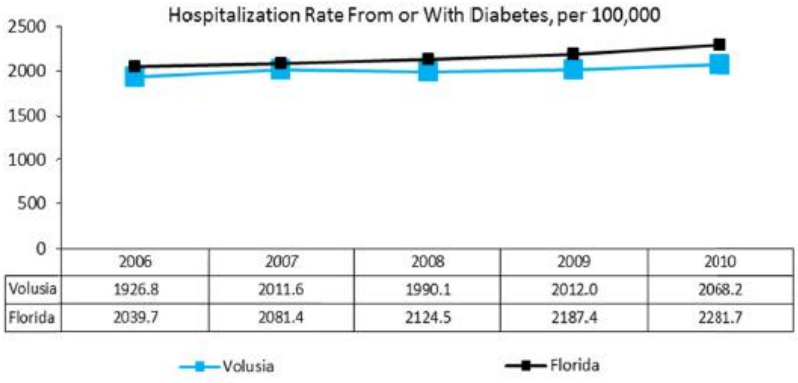
Volusia Coronary Artery Disease Hospitalizations					
	2006	2007	2008	2009	2010
Number of hospitalizations	4,111	3,780	3,129	2,768	2,655
Age-adjusted Rate per 100,000	562.3	510.3	417.4	369.1	350.4
Source: Florida CHARTS					

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

Diabetes: Diabetes was identified consistently as area of concern among survey respondents. Hospitalization rate due to diabetes is also getting worse in Volusia County with a the percentage of adults diagnosed with diabetes being higher than the State (13.5 vs. 10.4%).

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

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



	2006	2007	2008	2009	2010
Volusia	1926.8	2011.6	1990.1	2012.0	2068.2
Florida	2039.7	2081.4	2124.5	2187.4	2281.7

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

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

The A1C test is a common blood test used to diagnose Type 1 and Type 2 diabetes and then to gauge how well you're managing your diabetes. The A1C test result reflects your average blood sugar level for the past two to three months. The higher your A1C level, the poorer your blood sugar control. And if you have previously diagnosed diabetes, the higher the A1C level, the higher your risk of diabetes complications.

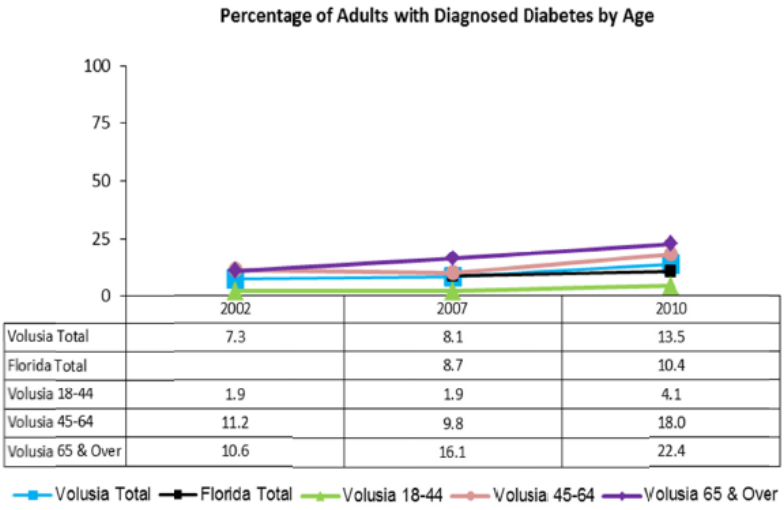
Percentage of Adults with Diabetes Who Had Two A1C Tests in the Past Year

	2007	2010
Volusia	81.0	72.2
Florida	71.2	75.6
Volusia White	77.0	71.3
Volusia Black	Not available	Not available
Volusia Hispanic	Not available	Not available
Volusia Male	Not available	76.0
Volusia Female	Not available	67.6

Volusia Florida

Types of diabetes:

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



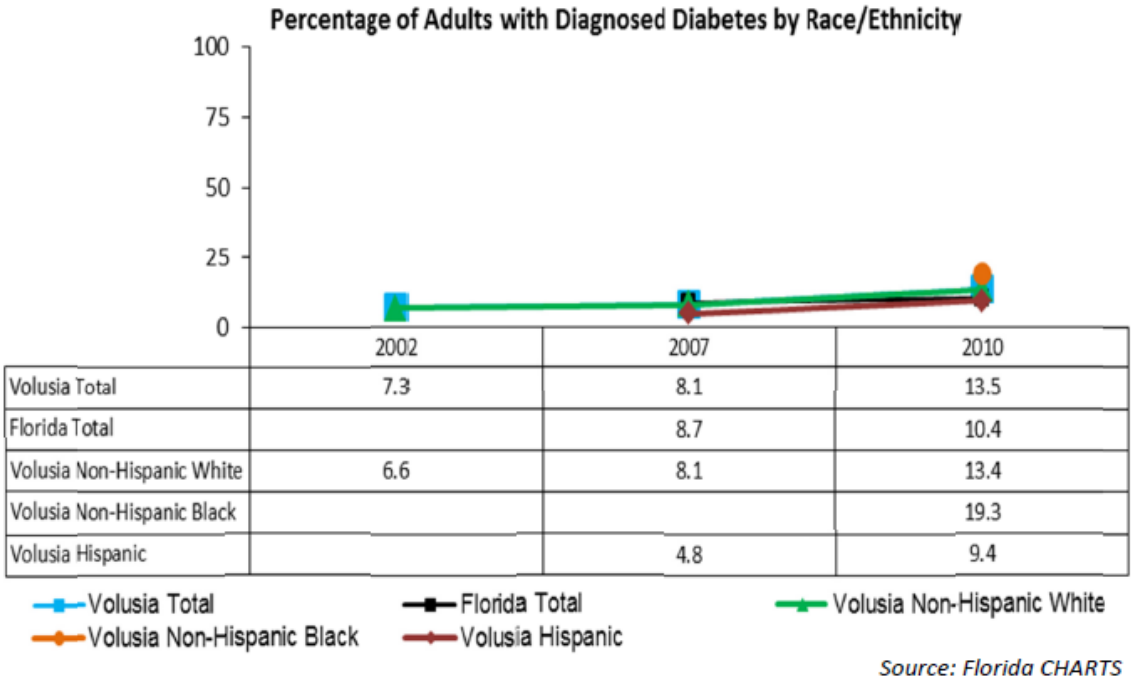
	2002	2007	2010
Volusia Total	7.3	8.1	13.5
Florida Total		8.7	10.4
Volusia 18-44	1.9	1.9	4.1
Volusia 45-64	11.2	9.8	18.0
Volusia 65 & Over	10.6	16.1	22.4

Source: Florida CHARTS

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

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

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



	2002	2007	2010
Volusia Total	7.3	8.1	13.5
Florida Total		8.7	10.4
Volusia Non-Hispanic White	6.6	8.1	13.4
Volusia Non-Hispanic Black			19.3
Volusia Hispanic		4.8	9.4

Source: Florida CHARTS

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

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

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

Promote Health and Wellness: The percentage of Volusia County adults who are overweight are higher than the State, increasing since 2007. In Volusia County, the percentage of adults with good physical health in the 18-44 age group dropped from 91% in 2007 to 81.5% in 2010. Committee members unanimously agreed that concentrating on youth, especially through efforts like the Let's Move Volusia's YOUth (but also reaching out to the parents of school age children) and connecting with the Early Learning Coalition of Flagler/Volusia Counties will make a difference at the earliest possible age. A secondary audience included the health literacy among seniors as a possible strategy.

Preventing disease before it starts is critical to helping people live longer. Many of the strongest indicators of a healthy community fall outside of the health care setting. In Volusia County, the below indicators fall in the third or fourth quartile in the State:

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

2010 Health Status and Quality of Life for Volusia Adults (Percentages)

	Good to excellent overall health	"very satisfied" or "satisfied" with their lives	Always or usually receive social/emotional support needed
Volusia Total	78.3	89.3	77.8
Florida Total	82.9	93.1	79.5
Volusia Non-Hispanic White	79.6	90.8	81.3
Volusia Non-Hispanic Black	72.7	79.9	65.0
Volusia Hispanic	79.4	90.0	64.7
Volusia Male	77.1	87.1	71.2
Volusia Female	79.4	91.4	83.8

Source: Behavioral Risk Factor Surveillance System (BRFSS)

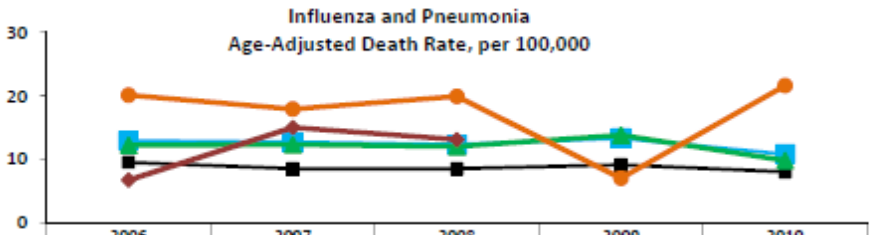
2010 Health Status and Quality of Life for Volusia Adults (Number of Days in the Past 30 Days)

	Poor mental or physical health interfered with activities of daily living	Unhealthy physical days	Unhealthy mental days
Volusia Total	5.8	5.4	4.5
Florida Total	5.2	4.1	3.8
Volusia Non-Hispanic White	6.0	5.3	4.3
Volusia Non-Hispanic Black	5.8	6.0	6.5
Volusia Hispanic	4.4	3.7	3.5
Volusia Male	5.6	5.2	4.5
Volusia Female	5.9	5.6	4.5

Source: Behavioral Risk Factor Surveillance System (BRFSS)

Influenza and Pneumonia:

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



	2006	2007	2008	2009	2010
Volusia Total	12.9	12.7	12.3	13.3	10.8
Florida Total	9.5	8.5	8.5	9.1	8.0
Volusia White	12.2	12.3	12.0	13.8	9.8
Volusia Black	20.1	17.9	19.9	7.0	21.6
Volusia Hispanic	6.7	15.0	13.1		

Volusia Total — Florida Total — Volusia White — Volusia Black — Volusia Hispanic

Source: Florida CHARTS

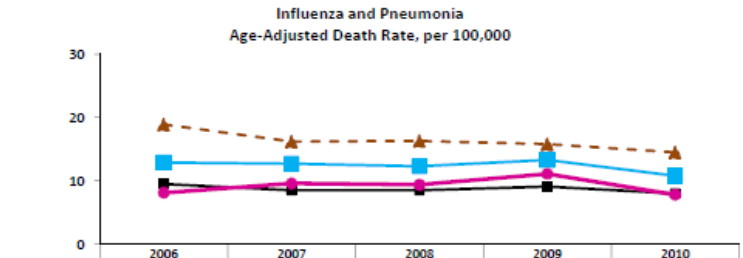
Influenza *(the flu)*

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

Pneumonia

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

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



	2006	2007	2008	2009	2010
Volusia Total	12.9	12.7	12.3	13.3	10.8
Florida Total	9.5	8.5	8.5	9.1	8.0
Volusia Male	18.9	16.2	16.3	15.8	14.5
Volusia Female	8.1	9.6	9.4	11.1	7.8

Volusia Total — Florida Total — Volusia Male — Volusia Female

Source: Florida CHARTS

Kindergarten Children Fully Immunized

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

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

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

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

Adults who are Overweight

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

Being overweight or obese carries significant economic costs due to increased healthcare spending and lost earnings. The percentage of Volusia County adults who are overweight is higher than the State, increasing since 2007. Non-Hispanic whites are heavier than other race and ethnicities and the percentage of overweight males is greater than females.

Percentage of Adults Who Are Overweight by Race, Ethnicity and Gender

	2002	2007	2010
Volusia Total	36.8	37.6	38.9
Florida Total	35.1	38.0	37.8
Volusia Non-Hispanic White	35.2	38.9	40.0
Volusia Non-Hispanic Black	*Not available*	*Not available*	36.2
Volusia Hispanic	*Not available*	20.7	29.0
Volusia Male	48.9	47.7	41.9
Volusia Female	25.3	28.2	36.0

Source: Behavioral Risk Factor Surveillance System (BRFSS)

Obesity Increases Risk of:

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

Percentage of Adults with Good Physical Health by Age

	2007	2010
Volusia Total	86.9	81.8
Florida Total	88.8	87.4
Volusia 18-44	91.0	81.5
Volusia 45-64	81.5	82.1
Volusia 65 & over	87.1	81.3

Source: Behavioral Risk Factor Surveillance System (BRFSS)

Adults with Good Physical Health

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

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

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

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

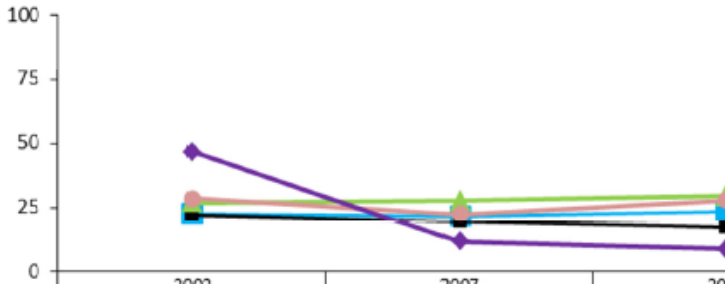
Alcohol, Drug and Tobacco Use and Abuse:

Tobacco is the agent most responsible for avoidable illness and death in America today. Tobacco use brings premature death to almost half a million Americans each year, and it contributes to profound disability and pain in many others, Approximately one-third of all tobacco users in this country will die prematurely because of their dependence on tobacco. Areas with a high smoking prevalence will also have a greater exposure to secondhand smoke for non0smokers, which can cause or exacerbate a wide range of adverse health effects, including cancer, respiratory infections, and asthma (*Northeast Florida Counts).*

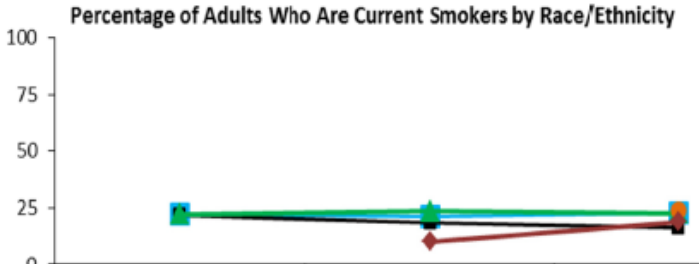
Respiratory issues (Bronchitis) are one of the top 10 presenting systems to the Emergency Departments at both Florida Hospital Memorial Medical Center and Florida Hospital Memorial Medical Center Oceanside.

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

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



	2002	2007	2010
Volusia Total	22.7	21.9	23.3
Florida Total	22.2	19.3	17.1
Volusia 18-44	27.1	27.8	29.6
Volusia 45-64	28.6	22.6	28.0
Volusia 65 & Over	45.8	11.5	8.6



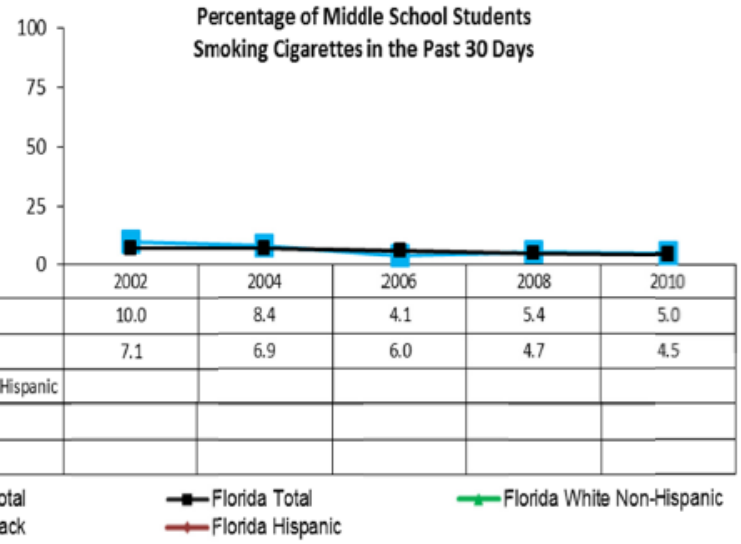
	2002	2007	2010
Volusia Total	22.7	21.9	23.3
Florida Total	22.2	19.3	17.1
Volusia Non-Hispanic White	22.7	24.1	23.2
Volusia Non-Hispanic Black			24.4
Volusia Hispanic		10.9	19.4

Volusia Total — Florida Total — Volusia Non-Hispanic White — Volusia Non-Hispanic Black — Volusia Hispanic

Source: Florida CHARTS

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

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



	2002	2004	2006	2008	2010
Volusia Total	10.0	8.4	4.1	5.4	5.0
Florida Total	7.1	6.9	6.0	4.7	4.5
Florida White Non-Hispanic					
Florida Black					
Florida Hispanic					

Source: 2010 Florida Youth Substance Abuse Survey

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

Drinking under age 21 is illegal, but:

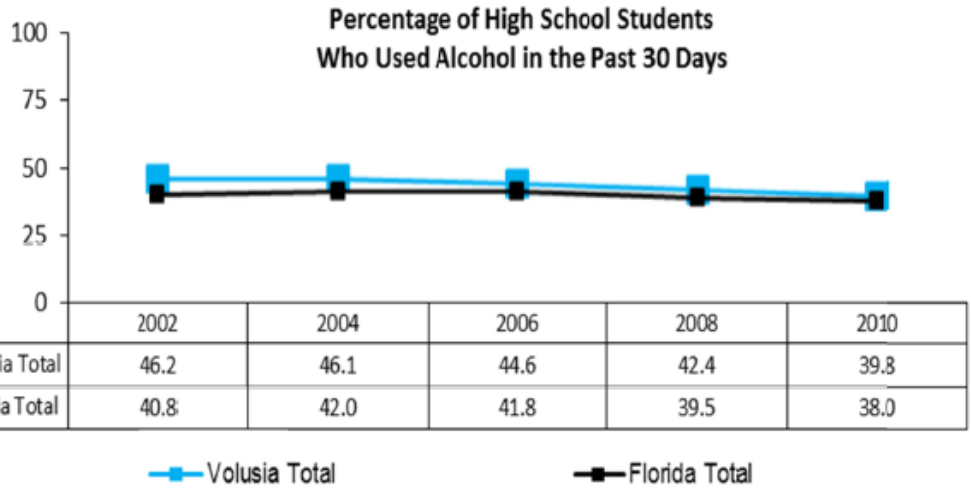
- people aged 12 to 20 years drink 11% of all alcohol consumed in the United States
- more than 90% of this alcohol is consumed in the form of binge drinks
- on average, underage drinkers consume more drinks per drinking occasion than adult drinkers

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

- in 2008, there were approximately 180,000 emergency room visits by persons under age 21 for injuries and other conditions linked to alcohol
- youth who start drinking before age 15 years are five times more likely to develop alcohol dependence or abuse late in life than those who begin drinking at or after age 21 years.

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

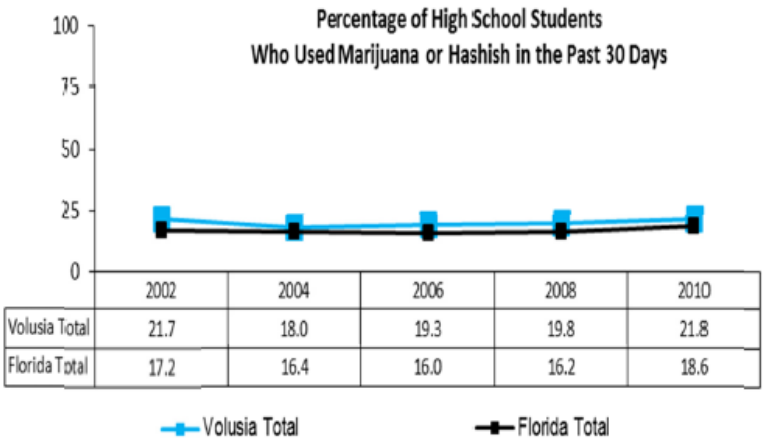
Volusia County high school students are self- reporting a greater level of alcohol consumption in the last 30 days than the state. Disparity data is not available by county, but by the state.



	2002	2004	2006	2008	2010
Volusia Total	46.2	46.1	44.6	42.4	39.8
Florida Total	40.8	42.0	41.8	39.5	38.0

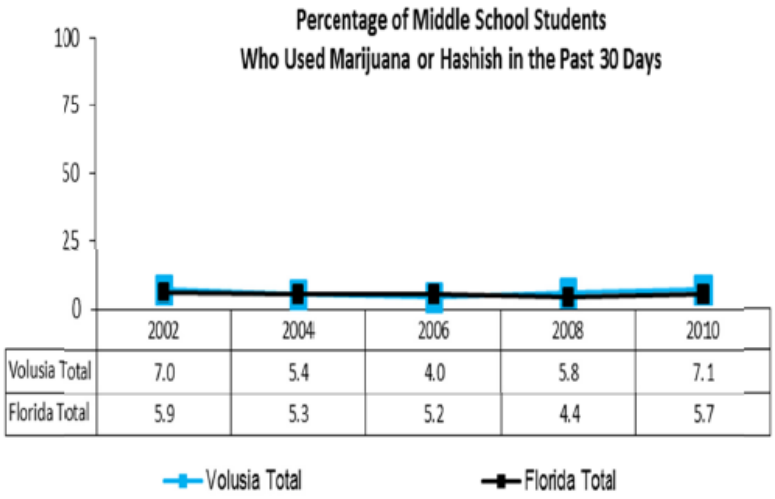
Source: Florida Youth Substance Abuse Survey

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



	2002	2004	2006	2008	2010
Volusia Total	21.7	18.0	19.3	19.8	21.8
Florida Total	17.2	16.4	16.0	16.2	18.6

Source: Florida Youth Substance Abuse Survey



	2002	2004	2006	2008	2010
Volusia Total	7.0	5.4	4.0	5.8	7.1
Florida Total	5.9	5.3	5.2	4.4	5.7

Source: Florida Youth Substance Abuse Survey

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

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

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

In reviewing the data provided, the committee selected to do more research and connect to leaders of the community addressing these issues. It was also discussed to learn more about grassroots efforts such as Mothers Against Drunk Driving, tobacco prevention and cessation as well as connecting to the faith community.

Next Steps
The Community Health Plan for Florida Hospital Memorial Medical Center will attempt to address the top four priorities selected in addition to the fifth priority of access to health by developing an approach that is all inclusive.

The next steps in developing the action plan for FHMMC include reconvening the internal committee, selecting additional stakeholders, and discuss how to evolve current projects and programs into a comprehensive approach to meet the community needs prioritized in the needs assessment.

Florida Hospital Memorial Medical Center, Community Benefits Plan Outline

Priority & Focus				
Promoting Health and Wellness	Obesity	3. Youth and Efforts to Reach Parents (Let's Move Volusia's YOUth Coalition and Early Learning Coalition of Flagler/Volusia) 4. Educational Outreach to All Ages	**Other Collaboration/Supporting Role(s)**	
	Cardiovascular Disease	3. Prevention 4. Access	Substance Abuse/Use	1. Work with Partners to Map Continuum of Care
	Diabetes	4. Access to Education 5. Risk Factor Reduction 6. Management and Access to Management	Health Access	1. Work with The Jesus Clinic to identify supporting role(s) in addressing Health Access

Identify Potential Strategies/Partners
Review Community and Hospital Assets

Identify Potential Strategies/Partners
Review Community and Hospital Assets

APPENDIX

Attachments

Executive Summary	*FHMMC County Market Data, FINAL VERSION* *Priority Data for CHNAC Memorial and Oceanside*
Question 4:	*Priority Data for CHNAC Memorial and Oceanside*.
Question 5:	*FHMMC 2.6 Primary Data Collection - Stakeholder Interview Log.*
Question 6:	*FHMMC 1.2 CHNAC*
Question 10:	*FHMMC 3.1 Asset Inventory*
Question 11:	*FHMMC County Market Data, FINAL VERSION*
Question 12:	*FHMMC 3.3 Priority Selection*

FHMMC 1.1 HHNAC

HOSPITAL HEALTH NEEDS ASSESSMENT COMMITTEE (HHNAC) *ROSTER*

Florida Hospital Memorial Medical Center/Florida Hospital Oceanside

Daytona Beach, FL

Year: 2012

Community Benefit Manager: INTERIM Shannon Finley – Marketing Manager

Name		Position	Expertise
1	Daryl Tol	CEO/President	Health care industry leadership individual
2	Ron Jimenez, MD	CMO	Chief Medical Officer, long-standing medical community/health industry involvement
3	Darlinda Copeland, RN	COO	Health care industry leadership individual, History of clinical leadership
4	Debra Graham	Compliance/Case Management	Involvement with community entities, understanding of health industry
5	Farzad Nourian	Mission Development	Faith-based and connections with community entities, particular needs of health segments
6	Joni Hunt	Government Relations/Community Relations	Knowledge of community entities, governmental connections, key employers
7	Shannon Finley	Community Benefit Manager	Internal working knowledge of community benefit reporting, community agencies connection, health industry expertise.
8	Jill Piazza	CHNA Coordinator – Volusia/Flagler Regional Director, Health & Performance	Health care industry expertise
9.	Carrie Baird/Deborah Schlageter	One Voice for Volusia – Facilitators	Contracted health industry professionals assisting with the CHNA process, in-depth working knowledge of market demographics/health indicators, statistics, community agencies, etc.
10.	Michele Goeb-Burkett	CNO	
11.	Amy Sandler	Marketing Director	
12.	Debbie Thomas	CFO	
13.	Linda Misko	Education	
14.	Robert Davis	Exec Director, Nursing	
15.	Donna Kearns	Auxiliary	

FHMMC 1.2 CHNAC (Q6)

COMMUNITY HEALTH NEEDS ASSESSMENT COMMITTEE (CHNAC) *ROSTER*

Florida Hospital Memorial Medical Center/Florida Hospital Oceanside

Daytona Beach, FL

Year: 2012

Community Benefit Manager: INTERIM – Shannon Finley, Marketing & Planning Manager

	Name	Entity/Agency Represented	Title	Expertise	Address
1	Daryl Tol	Florida Hospital Memorial Medical Center/Oceanside	President/CEO	Health industry executive	301 Memorial Medical Ctr Pkwy, Daytona Beach 32117
2	Shannon Finley	Florida Hospital Memorial Medical Center/Oceanside	CB Project Manager	Internal working knowledge of community benefit reporting, community agencies connection, health industry expertise.	301 Memorial Medical Ctr Pkwy Daytona Beach 32117
3	Karen Klemm	Florida Hospital Memorial Medical Center/Oceanside	Case Management	Involvement with community entities	301 Memorial Medical Ctr Pkwy, Daytona Beach 32117
4	Farzad Nourian (designee)	Florida Hospital Memorial Medical Center/Oceanside	Mission Development	Faith-based and connections with community entities, particular needs of health segments	301 Memorial Medical Ctr Pkwy. Daytona Beach, FL 32117
5	Jill Piazza	Florida Hospital Volusia/Flagler Region, Regional Director, Health & Performance	CHNA Coordinator	Health care industry expertise,	907 Sterthaus Avenue Ormond Beach, FL 32174
6	Dr. Bonnie Sorenson	Volusia County Health Department	Director	Health care industry expertise, community agency and governmental regulation	1845 Holsonback Drive Daytona Beach, FL 32117 Tel. 386-274-0500
7	Dr Bill Gilmer	Representative – The Jesus Clinic	TBD	Community Service Agency	1133 Sixth Street, Daytona Beach, FL 32117
8	Carrie Baird/Deborah Schlageter	One Voice for Volusia/Consultant	Facilitators	Contracted health industry professionals assisting with the CHNA process, in-depth working knowledge of market demographics/health indicators, statistics,	135 Executive Circle Daytona Beach, FL 32114 (386) 947-8301

				community agencies, etc.	
9	Laura Hill Reece	Women's Initiative/Volusia Flagler; President Elect Junior League of Daytona Beach; Current Community VP Junior League of Daytona Beach		Heavily involved in multiple community organizations within Volusia County and has a good pulse on women's and children's needs.	***Home:*** (386) 673-2340 ***Cell:*** (386) 481-8682 ****Home:*** 426 Triton Rd Ormond Beach, FL 32176 ***Email:*** lhillreece@yahoo.com
10	Ray Salazar	United Way of Volusia/Flagler	President		3747 W. International Speedway Blvd. Daytona Beach FL 32124-1011 Phone: 386-253-0563 Fax: 386-253-9517
11	Chet Bell	Stewart Marchman- Act			1220 Willis Ave Daytona Beach, FL 32114 Phone - (386) 236-3200, Fax - (386) 236-3140

FHMMC 2.6 Primary Data Collection - Stakeholder Interview Log (Q5)

Primary Data Collection

Stakeholder Interview Log

Florida Hospital Memorial Medical Center

Community Benefit Manager: Shannon Finley

Year: 2012

Date	**Group or Individual Interview** (pick one)	**Location**	**What community or group does the Stakeholder represent? (Survey Respondent responses were assigned to FH MMC survey data based on Zip Code provided in survey. This field does not represent an affiliation with FHMMC)**	**Key Health Issues Identified**	**Hospital Comments** (how well does your local Florida Hospital promote good health and what could they do better?)
10/16/12	Individual	Survey	FH MMC, Daytona Beach 32117	Obesity, Diabetes, High Blood Pressure, Poor nutrition, Access to affordable health care, Access to fresh, healthy food; Poverty	Fair, Offer healthy living classes and lead community assistance effort in providing nutritional foods
10/12/12	Individual	Survey	FH MMC, Daytona Beach 32118	HIV/AIDS, Cancer, Diabetes, Substance Abuse-drugs, HIV/Sexually transmitted diseases, Alcohol/Drug Use, Unsafe sex, Poverty	Excellent.
10/11/12	Individual	Survey	FH MMC, Daytona Beach 32119	Access to healthcare, Diabetes, High blood pressure, Obesity, HIV/Sexually transmitted diseases, Access to affordable health care, Unsafe Sex, Poverty	Fair; More prevention programs
10/10/12	Individual	Survey	FH MMC, Daytona Beach 32114	Obesity, Cancer, Heart disease/stroke, Substance abuse- drugs, Poverty, unemployment	Fair; Provide a mobile unit for health services

10/10/12	Individual	Phone/Survey	FH MMC, Daytona Beach 32114	HIV/AIDS, Substance abuse – drugs, HIV/sexually transmitted diseases, Teen pregnancy, Lack of grocery stores, Alcohol/drug use, Unsafe sex	Good; More healthy eating and living programs
10/10/12	Individual	Phone/Survey	FH MMC, Daytona Beach 32114	Competitions between hospitals, Cancer, Diabetes, Obesity, Substance abuse – drugs, Alcohol/drugs, Poor eating habits	Excellent; Advise community of the expert physicians and their practices.
10/9/12	Individual	Survey	FH MMC, Daytona Beach 32118	Poverty, Diabetes, Obesity, Smoking, Substance abuse – drugs, Access to affordable healthcare, High number of uninsured people	Excellent; More free screenings and seminars
10/9/12	Individual	Survey	FH MMC, Daytona Beach 32117	Health services for uninsured, Cancer, Diabetes, High blood pressure, Dental problems, Access to affordable health care, High number of uninsured people	Excellent; Low or reduced costs for the uninsured
10/9/12	Individual	Phone Interview	FH MMC, Daytona Beach 32118	Place for senior citizens to exercise, Cancer, Diabetes, Heart disease, High blood pressure, Access to fresh, healthy food, Obesity, Poor eating habits/nutrition	Excellent; more lectures similar to current doctors' series
10/9/12	Individual	Survey	FH MMC, Daytona Beach 32114	Low to no income, Respiratory diseases – adults, High blood pressure, Substance abuse – alcohol, Substance abuse – drugs, Alcohol/drugs, High number of uninsured, unemployment	Excellent; more workshops
10/9/12	Individual	Survey	FH MMC, Daytona Beach 32118	Very few doctors take Medicaid, Cancer,	Poor; have more specialists here and

				Substance abuse – drugs, Mental health disorders, HIV/Sexually transmitted diseases, Access to physicians, Alcohol/drug use, unemployment	don't refer away
10/3/12	Individual	Survey	FH MMC, Daytona Beach 32124	Smoking, outdoor places to exercise, Cancer, Poor nutrition, Lack of physical activity, Alcohol/drug use, Poor eating habits, High number of uninsured people	Fair; open a gym (offer specialty services
10/2/12	Individual	Survey	FH MMC, Daytona Beach 32114	Lack of emergency shelter for families, affordable healthcare, Cancer, Diabetes, Heart/disease, Substance abuse – drugs, Alcohol/drug use, High number of uninsured people, unemployment	Fair; nutrition, exercise, self-care workshops
10/1/12	Individual	Survey	FH MMC, Daytona Beach 32114	Access to healthcare, Cancer, Lack of physical activity, Obesity, Dental problems, High number of uninsured people, Poverty, Unemployment	Poor; More free health classes for those who can't afford them
10/9/12	Individual	Survey	FH MMC, Daytona Beach 32118	Lack of jobs, Cancer, Asthma, Diabetes, Substance abuse – drugs, Alcohol/drug use, Poverty, Unemployment	Excellent; publish community service ads and post them in poorer areas of town, bulletin boards, advertise jobs
10/11/12	Individual	Survey	FH MMC, Edgewater, 32132	Food, Poor nutrition, Obesity, Substance abuse – alcohol, Teen pregnancy, Alcohol/drug use, High number of uninsured people, Unemployment	Very poor; Respond to emergency care first; if hurt or sick and brought by ambulance, see them first through the back. Take most in need first.
10/9/12	Individual	Survey	FH MMC, Holly Hill 32117	Safe place for outdoor activities, Diabetes, high blood pressure, Obesity,	Good; Advertise more in my area: 32117

				Lack of grocery stores, Obesity	
10/9/12	Individual	Survey	FH MMC, New Smyrna Beach 32169	Adult and pediatric access to primary and specialty health care, testing and treatment including dental, Heart disease/stroke, Obesity, Substance abuse – drugs, Mental health disorders, Access to affordable health care, Alcohol/drug use, High number of uninsured people	Good; Be more visible in local communities in healthy ways (i.e. establish an extensive bike trail).
10/9/12	Individual	Survey	FH MMC, New Smyrna Beach 32169	Prescription drugs, unhealthy lifestyle, High blood pressure, Lack of physical activity, Obesity, Substance abuse – alcohol, Alcohol/drug use, Obesity, unemployment	Good
10/2/12	Individual	Survey	FH MMC, Ormond Beach 32174	Not enough low cost or free health care for those who cannot afford it, Diabetes, High blood pressure, Poor nutrition, Substance abuse – drugs, Access to affordable health care, Inadequate transportation, Poor eating habits/nutrition, Poverty	Fair; Actually be present at local events, human contacts and face to face meetings
10/15/12	Individual	Survey	FH MMC, Ormond Beach 32174	Lack of education of healthy lifestyles and diets, Cancer, Heart disease/stroke, Obesity, Substance abuse – drugs, Alcohol/drug use, Poor eating habits/nutrition, High number of uninsured people	Good; More education at events/programs at outside locations like schools, clubs, etc.
10/13/12	Individual	Survey	FH MMC, Ormond Beach 32176	Stigma, Cancer, Obesity, Substance abuse – drugs, HIV/sexually transmitted diseases, Obesity, Unsafe	Good; Make your healthy lifestyles gym and nutritionist more

				sex, Poverty	affordable/lower price
10/10/12	Individual	Survey	FH MMC, Ormond Beach 32174	Too many people unemployed/no direction/needy, Diabetes, Poor nutrition, Substance abuse – alcohol, Mental health disorders, Alcohol/drug use, Poor eating habits/nutrition, Unemployment	Fair
10/10/12	Individual	Phone/Survey	FH MMC, Ormond Beach	Obesity, poor diet and lack of exercise, Diabetes, High blood pressure, Lack of physical activity, Alcohol/drug use, Obesity, Poor eating habits/nutrition	Excellent; Offer community exercise equipment (maybe at hospital)
10/9/12	Individual	Survey	FH MMC, Ormond Beach 32174	Emphasis on free preventive care rather than reactive care, Cancer, Respiratory diseases – adults, Lack of physical activity, Obesity, Access to affordable health care, High number of uninsured, Unemployment	Good; Provide free preventative healthcare
10/9/12	Individual	Survey	FH MMC, Ormond Beach 32174	Obesity and early onset of diabetes, lack of robust health related information and referral system, smoking and no uniform access to nutritious foods, High blood pressure, Substance abuse – drugs, Access to affordable health care, Obesity, Poverty	Fair; Partner with school district to promote good health and partner with health related agencies to develop curriculum for child care providers
10/9/12	Individual	Survey	FH MMC, Ormond Beach 32174	Lack of resources for indigent population, Cancer, Diabetes, High blood pressure, Lack of physical activity, Access	Good

				to affordable health care, Poor eating habits, Unemployment	
10/1/12	Individual	Survey	FH MMC, Ormond Beach 32174	Obesity, Heart disease, High blood pressure, Mental Health Disorders, Access to fresh, healthy food, Poor eating habits/nutrition, High number of uninsured people, Obesity	Poor: Nutritional outreach that teaches how to shop and cook healthy and affordable
10/1/12	Individual	Survey	FH MMC, Ormond Beach 32174	Unemployment leads to a lot of health issues, Cancer, Diabetes, Heart disease/stroke, Obesity, Alcohol/drugs use, Unsafe sex, Unemployment	Excellent
10/1/12	Individual	Survey	FH MMC, Ormond Beach 32174	The lack of insight into the large numbers of people who are not currently receiving health care at all and the misbegotten option that the current emergency room health care is health care at all is number one. The large numbers of people who live in poverty and are unable to access reasonable health care, substance abuse, mental health, child abuse, Obesity, Substance abuse – drugs, Mental health disorders, Alcohol/drug use, Obesity, Poor eating habits	Very Poor; [ ] I don't know what you do so I don't know what you should do
10/1/12	Individual	Survey	FH MMC, Ormond Beach 32174	Several areas are heavily populated with low income residents who don't have access to grocery stores with fresh produce or parks/areas for walking/exercise.	Excellent

				These areas are also lacking in cleanliness and job opportunities, Cancer, Heart disease/stroke, Poor nutrition, Substance abuse – drugs, Alcohol/drug use, Poor eating habits/nutrition, Poverty	
10/15/12	Individual	Survey	FH MMC, Port Orange 32128	Not enough services for those without health insurance and those adults who are developmentally disabled and autistic, Smoking, Substance abuse – alcohol, Substance abuse – drugs, Mental health disorders, Access to affordable health care, Inadequate transportation, Alcohol/drug use	Good
10/11/12	Individual	Survey	FH MMC, Port Orange 32129	Medical Bills and Medicare not paying a lot of needed medicine, Cancer, Respiratory diseases – adults, Obesity, Access to affordable health care, Poor eating habits/nutrition, High number of uninsured people	Excellent; Have more teaching health seminars
10/10/12	Individual	Phone/Survey	FH MMC, Port Orange 32129	Obesity, substance abuse – especially prescription meds, dental problems, untreated mental health, lack of access to healthcare/housing, lack of good jobs for those who have a lower skill set, Substance abuse – drugs, Mental health disorders, Dental problems, Alcohol/drug	Good; FH has good programs, should be better outreach

				use, Obesity, Poverty	
10/10/12	Individual	Survey	FH MMC, Port Orange 32127	Lack of education regarding healthcare topics, Heart disease/Stroke, Substance abuse- alcohol, Dental problems, Palliative care options, Inadequate transportation, Alcohol drug/use, unemployment	Fair; Put a little more "Christ" likeness into your programs and into your personnel
10/9/12	Individual	Survey	FH MMC, Port Orange 32129	Not affordable, Obesity, Smoking, Substance abuse – drugs, Mental health disorders, Access to affordable health care, Alcohol/drug use, Unemployment	Excellent; More free clinics and promotions such as flu shots
10/9/12	Individual	Survey	FH MMC, Port Orange 32128	Obesity, Cancer, Diabetes, Lack of physical activity, Access to affordable health care, Obesity, High number of uninsured people	Good; health seminars
10/9/12	Individual	Survey and In Person	FH MMC, Port Orange 32128	Prescription drugs, Poor nutrition, Substance abuse – drugs, Mental health disorders, Poor eating habits, nutrition	Good; Advertise
10/9/12	Individual	Survey	FH MMC, Port Orange 32127	Poverty, Failure to make healthy behavior and lifestyle choices, Diabetes, Heart disease/stroke, Obesity, Substance abuse – drugs, Alcohol/drug use, Poor eating habits/nutrition, Failure to make changes directed by physician	Fair; Greater marketing emphasis on Health and Wellness promotion
10/3/12	Individual	Survey	FH MMC, Port Orange 32127	Lack of insurance and inability to pay for services, Asthma-children, Diabetes, High blood pressure, Obesity, Access to affordable health care, Inadequate	Fair; Advertising and marketing and free services

				transportation, High number of uninsured people	
10/2/12	Individual	Survey	FH MMC, Port Orange 32127	Lack of services for the uninsured, Mental health services, Cancer, Breast cancer, Diabetes, High blood pressure, Obesity, Mental health disorders, Access to affordable health care, High number of uninsured people, Poverty	Fair; Services and/or programs for the uninsured
10/1/12	Individual	Survey	FH MMC, Port Orange 32127	Affordable access to services for low income families, Cancer, High blood pressure, Poor nutrition, Obesity, Access to affordable health care, Poor eating habits/nutrition, High number of uninsured people	Good; Increase name recognition
10/1/12	Individual	Survey	FH MMC, Port Orange, 32127	Charging too much, Breast cancer, Heart disease/stroke, Poor nutrition, Obesity, Smoking, Alcohol/drug use, High number of uninsured people, Unemployment and everything identified in survey.	Fair; Be more sensitive
10/9/12	Individual	Phone/Survey	FH MMC, Port Orange 32128	Smoking, Cancer, Heart disease/stroke, Obesity, Smoking, Obesity, Poor eating habits/nutrition, High number of uninsured people	Good; Get involved closer with community activities, Be more verbal about smoking risks, help smokers quit
10/1/12	Individual	Survey	FH MMC, Port Orange 32129	Money and knowing how many with disabilities are now adults (no longer children), High blood pressure, Poor nutrition, Lack of physical activity	Good; have more community events for disabled community

10/9/12	Individual	Survey	FH MMC, South Daytona 32119	Poor choice, disinterest in their own, Cancer, Apathy and Chosen ignorance in general, Respiratory diseases – adults, Heart disease/stroke, Poor nutrition	Good
10/9/12	Individual	Survey	FH MMC, South Daytona 32119	Health care for poor families, Diabetes, Heart disease/stroke, Lack of physical activity, Obesity	Good; Actively support new health care laws that will support wider coverage of health insurance
10/9/12	Individual	Survey	FH MMC South Daytona 32119	Drug and alcohol abuse, Poor nutrition, Obesity, Substance abuse – alcohol, Substance abuse – drugs, Alcohol/drug use, Obesity, Poverty	Good