



FORCES
OF CHANGE

Forces of Change Assessment 2006

The Forces of Change Assessment is the second of four major assessments utilized in the MAPP process.

Purpose

The purpose of the Forces of Change Assessment is to identify pending changes in the health care or social environment in Polk County that may affect the local health system.

Goal

The goal of the Forces of Change Assessment is to help community partners within the local health system to better anticipate and manage change in the environment in order to incorporate these findings into a Polk County Community Health Improvement Plan (CHIP).

Method

The Forces of Change Assessment is a qualitative assessment, conducted in the Sociological tradition in qualitative research methodology that uses words or phrases generated by techniques for systematic examination. The structured interview method, during which an interview guide with predetermined questions is used, was selected for several reasons. First, structured interviews allow the researcher to define the problem and questions (Guba and Lincoln, 1981). Another reason for structured interviews is they are likely to be used in situations in which representative samples of persons are asked identical questions about something that interests the researcher (Guba and Lincoln, 1981). In this case, key informants were asked identical questions regarding their perceptions of pending environmental changes impacting the local public health system in Polk County.

In order to insure accuracy in the interviews and to increase validity of the findings, member checking was incorporated into the process. Each interviewee was e-mailed a typed transcript of the interview notes, and given the opportunity to make changes or corrections to their answers. This technique for member checking is meant to validate the interviewee's responses for accuracy. These interview methods were selected due to their reputation for being several of the most respected of tools that an inquirer can use (Dexter, Guba, Lincoln, 1970). Also, interviews were chosen because they are systematically determined and the selected respondents are not in a position to throw away the questions (Frey & Oishi, 1995).

Key informants were identified based upon their leadership roles in the Alliance as well as county policy-makers and leaders within the community-at-large. Each of the interviewees were asked who they felt should also be interviewed. Participation in the interviews was voluntary. Each participant was assured confidentiality and anonymity during the process. In total, eighteen (18) individuals were identified and were interviewed. The transcript analysis method used was key-words-in-text (KWIC), during which the researcher determines all the places in a text where a particular word or phrase appears and maintains in context by a number of words before and after it. This process involves establishing categories (codes) then counting the number of times the categories appeared in the data. This procedure produces a quantitative data set that then can be analyzed with proper statistical procedures. This method calls for systematic, inclusive, exhaustive and consistent coding procedures. (Kelle, 1995) Categories each of the interviewees was asked to comment on include:

- 1) Federal, state, local legislation
- 2) Rapid technological advances
- 3) Changes in organization of health care services
- 4) Shifts in economic and employment forces, and
- 5) Changing family structures and gender roles

The main question asked of the interviewees was:

“Focusing on the future, what are you aware of that might impact the health of Polk County residents, in the next three to five years?”

Most of the interviewees asked for additional clarification for this question, therefore, examples from the above categories were provided to them as prompts.

For the purposes of this assessment, the future was described as “the next three to five years”. This time period was identified with the intention of the Forces of Change Assessment findings being incorporated into a 3-Year Community Health Improvement Plan (CHIP) where feasible.

Results

Table 2 provides quantitative results of the open-ended interview responses provided in the Forces of Change Assessment.

*Table 2
Frequency of Responses - Forces of Change Questions*

33.3%	Access	Population Growth, Changing Demographics
23.4%	Policy	Federal, State, Local
16.1%	Resources	Infrastructure, Facilities, Financial
11.1%	Disease	Disease-related Illnesses
16.1%	Misc.	Employer-sponsored Insurance, Design

Quantitative analysis of the key words revealed that 33.3% of the interviewees expressed concern about **Access** to the local health system, specifically for the uninsured, underinsured, and most vulnerable populations, especially the elderly and children.

Aligned with the Access issue was **Population Growth and Demographic Changes**.

Here are some of their comments regarding access and changes in our population:

“We need to continue to pursue aggressive recruitment of health care professionals and doctors.”

“We need to look at our system holistically. We have rapid population growth, more people equals more need for public services.”

“Growth planning. We need to know who is coming into the community, so we can plan and educate them on where to go for health care. We need to expand our system to accommodate the growth.”

“Aging local demographics, aging population. We need to be proactive in finding well-planned solutions. We could be a testing ground for the rest of the state or nation.”

“Increasing immigration, especially of the limited English speakers. Population increasing in our county – we need to examine how we are growing, who is moving in and out of the county.”

“We need to increase the number of physicians. We also have increases in the number of uninsured residents.”

Twenty-three percent (23.4%) of respondents focused on **Policy**.

“Medicaid reform at the state level. This should be a local concern. We don’t know how this will impact our county yet. Historically our county has not been served well under a managed care model as is being proposed.”

“At the federal level there are cuts in Medicare and Medicaid which increases the state financial burden. We need to fund adequately for these programs to continue to have resources for improved health care access.”

“Medicaid reform will change the state. Medicare will affect more people in our county as the population ages. Long-term care resources will also be affected. We have population growth that is unbudgeted for.”

“We need to focus on infrastructure before development. Facilities planning. Policy, it’s a way of thinking.”

“The preferred drug lists that have been changed by Medicare. Policy-makers should not be making medication decisions.”

Sixteen percent (16.1%) of respondents focused on financial **Resources** currently available in the county.

“We now have the ½ cent sales tax revenues and the Health Care Alliance - this should improve access to health care.”

“We have the ½ cent sales tax which should be a positive influence if we can implement clinics, not just referral to the doctors alone. We need on-site, centralized care, where we can offer health education services as well as medical patient care.”

“The sales tax revenues will provide medical homes for the consumers.”

Eleven percent (11.1%) of respondents focused on specific **Disease-related illnesses**. Here are their comments:

“We have significant trends in childhood obesity, and a shortening of the length of time diagnosed obese and the link to chronic disease. For example, we are now seeing Type 2 diabetes in people in their 20’s and 30’s.”

“Smoking and substance abuse. The community needs to emphasize educating its citizens as a priority.”

Sixteen percent (16.1%) of responses did not fit into any major category. Those comments were:

“We need to improve our community designs, proper designs for health communities.”

“Through collaboration and building on the strengths of each organization, we can and should increase health awareness and increase prevention funding in the community.”

“Cost of health care coverage, small employers cannot afford to purchase.”



Community Themes and Strengths

Community Themes & Strengths Assessment

The Community Themes & Strengths Assessment is the third of four major assessments utilized in the Mobilization for Action through Planning and Partnerships (MAPP) process.

Purpose

The purpose of this assessment is to (1) assess community needs, (2) gauge perceptions of health consumers, (3) gather suggestions and ideas for improvement, and (4) to plan for both short- and long-term improvement in health outcomes for Polk County residents.

Goal

The goal of the Community Themes & Strengths Assessment is to help community partners within the local health system to better anticipate and manage change in the environment in order to incorporate these findings into the Polk County Community Health Improvement Plan (CHIP).

Method

Two sources of data were obtained for this assessment. First, a sample of Polk County residents from diverse socioeconomic and racial backgrounds through a paper/pencil survey instrument. This survey was distributed in three languages, English, Spanish, and Haitian-Creole. Second, the same survey instrument was placed on the web using a commercial electronic survey service (SurveyMonkey®). RSA developed questionnaire items, both forced-choice items and open-ended items were included, as well as items soliciting basic demographic information (e.g., age, gender, race, income level, employment status, and zip code). Questions were designed to illicit responses regarding consumer satisfaction with (1) access to the health care system, (2) perceived barriers to access, (3) compliance or adherence to medical care, and (4) overall health status of the individual and family unit. Thirty-four specific questions were incorporated using a five-point Likert Scale. Open-ended questions were specifically related to use of the mental health care system, as well as, barriers to accessing maternal and child health resources. The data obtained from both the web survey and the paper and pencil surveys were correlated with the demographic data provided by the consumers. In addition, in order to expand on these findings, the answers to the open ended questions were analyzed to determine if there were any common themes.

Results

A total of 1,106 health consumers participated in the survey. Of those responding, 38.5% were male, 61.4% were female. Of these, 55.8% were under the age of 40, while 44.2% were above the age of 40. Consumers reporting they were employed were 63.6%. Approximately 52% of the consumers reported their household income as less than \$29,000, whereas 47.5% reported their income was higher than \$30,000 annually. Consumers were also asked to provide their zip code of residence. There were 84 different zip codes reported, scattered throughout Polk County. The most frequently reported zip codes include 33880, 33881, 33884, 33898, 33868, 33860, 33853, 33844, 33841, 33843, 33838, 33837, 33830, 33823, 33815, 33813, 33812, 33811, 33810, 33809, 33805, 33803, and 33801. Zip code level analysis will be conducted during the next phase of MAPP (2007) in order to better direct resources and efforts.

Table 1 provides basic demographic information for the survey sample.

Table 1 <i>Demographic Information for Health Consumer Survey Respondents</i>	
<i>Gender</i>	
Male	38.5%
Female	61.4%
<i>Status</i>	
Employed	63.6%
Self-employed	2.6%
Out of work more than 1 year	6.5%
Homemaker	10.4%
Student	3.5%
Retired	1.4%
Unable to work	7.0%
Other	5.1%
<i>Race</i>	
White	52.9%
Black	20.1%
Asian	.9%
Native Hawaiian, Pacific Islander	.2%
American Indian	.5%
Hispanic	22.0%
Other	3.1%
<i>Income</i>	
0-\$20,000	35.5%
\$20,000-\$29,000	17.1%
\$30,000,-\$39,000	12.9%
\$40,000-\$49,000	8.6%
\$50,000 and above	26.0%
<i>Age</i>	
Under 20 years of age	7.4%
20-40 years of age	48.4%
41-64 years of age	42.4%
65 and above	1.8%

Responses by Majority

The majority of survey respondents indicated that they have one primary doctor or clinic, that they have received their annual exams, and that they have transportation to get to the doctor's office or clinic easily. Respondents also indicated they have one primary dentist and have received a dental exam during the past year. Approximately one-half of the respondents indicated that they have health insurance, and that coverage was made available to them through their employer. Despite coverage, respondents indicated that it was still difficult for them to afford the medical care and medications they or their family needed. Between one-third and one-half of the respondents indicated that they had knowledge of how to become healthier, about programs to improve health, where to go for substance abuse treatment, mental health services or Hospice care. Slightly more than one-third indicated they were satisfied with the quality of health care in their community. Table 2 provides overall survey results per each survey question.

Table 2
Percent response to questions regarding Access, Barriers to Health Care, and Patient Adherence

Survey Question	Strongly Agree	Somewhat Agree	Neither	Somewhat Disagree	Strongly Disagree
I have one doctor or clinic that I go to for my routine health care.	69%	18%	5%	3%	5%
I have had a regular physical exam during the past year.	64%	15%	5%	5%	1%
My doctor's office or clinic is close to my home.	55%	23%	7%	7%	8%
I have a car or other transportation to easily get to the doctor's office or clinic.	78%	10%	4%	3%	5%
A family member or I were unable to get health care during the past year.	18%	11%	11%	10%	50%
I have one dentist that I go to for my dental care.	45%	13%	13%	7%	23%
I have had a dental exam or cleaning in the past year.	41%	10%	9%	8%	33%
My dentist's office is close to my home.	31%	17%	15%	9%	28%
A family member or I received dental care during the past year.	49%	13%	8%	6%	24%
A family member or I were unable to get dental care we needed during the past year.	19%	10%	13%	9%	49%
I have health insurance that covers my health care needs.	53%	17%	6%	7%	17%
All of my family's health care needs are covered by health insurance.	39%	19%	8%	11%	23%
Health insurance is available through my job.	50%	8%	9%	6%	28%
I can afford to buy health insurance through my job.	43%	16%	11%	10%	32%
I do not have health insurance.	15%	5%	8%	6%	66%
I do not want health insurance.	9%	3%	9%	6%	74%
I have tried to get health insurance for my family or myself and could not get it.	12%	8%	15%	7%	59%
A family member or I had an illness that was not treated because we had no insurance.	13%	7%	12%	8%	60%
I know where I can go for health care even if I don't have insurance.	36%	9%	12%	7%	25%
I can afford to buy the medicine my doctor tells me a family member or I need to take.	26%	23%	14%	11%	26%

Survey Question	Strongly Agree	Somewhat Agree	Neither	Somewhat Disagree	Strongly Disagree
I can afford the health care I believe my family or I need.	25%	22%	13%	13%	27%
My doctor or clinic helps me get medicine my family or I need that we cannot afford.	18%	15%	25%	12%	30%
I have used someone else's medicine because I could not buy my own.	7%	6%	12%	9%	66%
In general I am in good health.	41%	33%	10%	8%	8%
My doctor has told me that I have a long-term or chronic illness.	17%	9%	11%	7%	58%
I take the medicine my doctor tells me to take to control my chronic illness.	21%	8%	11%	6%	54%
I know where to go to get information on health care and staying healthy.	47%	16%	16%	4%	17%
I know about programs in my community that can help me become healthier.	45%	22%	13%	6%	14%
I know where to go for mental health services in my community.	39%	21%	15%	8%	19%
I know where to go for substance abuse services in my community.	39%	20%	15%	8%	18%
I know how to get end-of-life care or hospice care in my community.	34%	19%	17%	8%	22%
I am satisfied with the level of health care available in my community.	36%	24%	16%	8%	17%
I believe language is a barrier to my family's or my ability to get health care.	23%	15%	13%	10%	38%

Respondents by Income

Despite the differences in the frequency in responses as indicated in the above tables, Income Level was the greatest predictor of how an individual would respond, particularly in the \$0 to \$20,000 income group. Residents in this income group indicated they had greater difficulty in affording health insurance provided by their employers and that they tried to get health insurance but were unsuccessful. They also indicated with greater frequency that they knew where to go for health care even if they did not have health insurance. This income level also indicated that they did not have the same level of patient adherence to medical care in terms of taking medication they were told to take by their physician. They also reported with less frequency that they had one primary care physician or clinic that they go to for routine care. This income group also indicated with greater frequency than the other income levels, that they were not generally in good health. This group also had the lowest responses for knowledge about programs to

improve health, where to go for substance abuse treatment, mental health services or Hospice care. The income group \$20,000 to \$29,000 also indicated they had decreased levels of knowledge about these health care services.

Optional Mental Health Questions

Five optional questions regarding mental health and mental health care were made available to the SurveyMonkey© respondents. Respondents were given the opportunity to by-pass these questions. Table 3 provides some of the respondents' verbatim comments as well as frequencies of themes.

Table 3 <i>Frequency of responses to survey questions regarding Mental Health Care, and Service.</i>		
Survey Question	Response	
	Yes	No
Have you or a family member experienced a mental illness in the past year?	22.6%	77.7%
Did you or your family member seek mental health services when needed?	32.2%	67.1%
Were you or your family member able to access the mental health services when needed?	48.9%	51.5%
Were you successful in getting the help that you or your family member needed?	56.8%	43.7%
If you were not successful in finding and receiving treatment or care, please tell us why?	Frequency of Responses	
<i>Theme: Access and Quality of Care</i>	39%	
<i>"The physician was not helpful – answer was medication – never offered therapy or dealing with problems – only psychiatrist available at the time."</i>		
<i>"I was able to get mental health care for two of my foster children one time a month they could both use services more frequently but the closest facility is 45 minutes away and the facility is usually so booked that getting them in more than one time a month is difficult."</i>		
<i>"The problem with mental health issues is no insurance, little availability to good help. All they want to do is prescribe pills, no one ever wants to find out why...they don't want to talk just hand out antidepressants."</i>		
<i>"To get a mental health appt. you must make an appt., then wait one to three months, do intake, then make an appointment for one to three months to see a therapist or doctor. You are treated rude or ignored most of the time."</i>		
<i>"The low cost and free mental health care services my XXXX was able to access were not productive in any way. The individuals who assisted her were not of the same standard as in the private sector. They did not come across as being well educated, experienced, or even concerned enough to truly help her."</i>		
<i>"No response to voicemails left at XXXX."</i>		
<i>"Dr.'s were not able to provide the help that I wanted for him, and also it takes a long time."</i>		
	Frequency of Responses	
<i>Theme: Cost</i>	26%	
<i>"I'm afraid of the bill...sometimes its difficult to buy a bottle of aspirin (generic) for a headache."</i>		
<i>"Insurance and money"</i>		
<i>"Not being insured and the cash price was too much."</i>		
<i>"In some cases you have to be low income and qualified for other government help, so if you are a hard working person but at the same time can't afford to pay for insurance you have to choose to put food on the table."</i>		
<i>"I was unable to find services that met my needs. I am sure they are available but the only service I could find, I was not able to afford."</i>		

Qualitative Responses Maternal Child Health

Open-ended questions specific to Maternal Child Health were also added to the web-version of the survey. Questions were designed to illicit information and ideas for improving access to maternal and child health care. Responses were gathered via SurveyMonkey®, and analyzed for recurring themes. Table 4 presents some of the respondents’ verbatim responses as well as frequencies of themes.

Table 4 Frequency of responses to survey questions regarding Maternal Health Care.	
Survey Question	Response
What do you believe is the largest barrier to pregnant women starting maternity care early in their pregnancy?	Frequency of Responses
Theme: Inadequate or no insurance and cost	43%
“Cost – so many of the tests are not covered fully by insurance.”	
“Cost – during my last pregnancy, we had crappy insurance and I even waited until about three months along to go in and be monitored because my deductible was so high.”	
“Financial concerns – even women who have insurance may not be able to afford the co-payment or to take time off from work. Women who have no insurance may also lack transportation and if working, may not be able to take paid leave time from work.”	
“Most of the clients that I see have a hard time getting in to see a doctor because they are trying to get on Medicaid. Sometimes it takes while for the Medicaid to get approved.”	
“Getting an appointment in a reasonable amount of time while waiting for Medicaid to kick in.”	
“That Medicaid is only guaranteed for 45 days some women wait till later in the pregnancy to apply to ensure that [the] hospital bill will be payed.”	
	Frequency of Responses
Theme: Access (Lack of physicians)	26%
“Lack of qualified ObGyn’s close to my home – the distance to a hospital where a qualified ObGyn works at [is too far] I have a vehicle but for women I have known who do not have transportation as there are no buses in our area.”	
“It’s hard to get an appointment early on because the physicians have so many patients.”	
“Having health care in a convenient location. Having transportation to reach the location.”	
“Back-logged doctors.”	
“Getting an appointment with a physician. There are usually long wait times for an appointment with a physician, especially if you are a new patient. Also there can be barriers if you have no insurance.”	
“Difficulty accessing early care. Early appointments not available.”	
“Lack of appointments in the public and private sector. The private sector is about 4-5 weeks wait.”	
	Frequency of Responses
Theme: Education	16%
“Lack of education regarding the importance of prenatal care.”	
“Knowledge about assistance.”	
“Not knowing how to go about it.”	
“Not realizing the necessity of being under the care of a doctor and what it can mean to her and her baby.”	
“Knowing where to go to get good quality care and affordable.”	

Table 4

Frequency of responses to survey questions regarding Maternal Health Care.

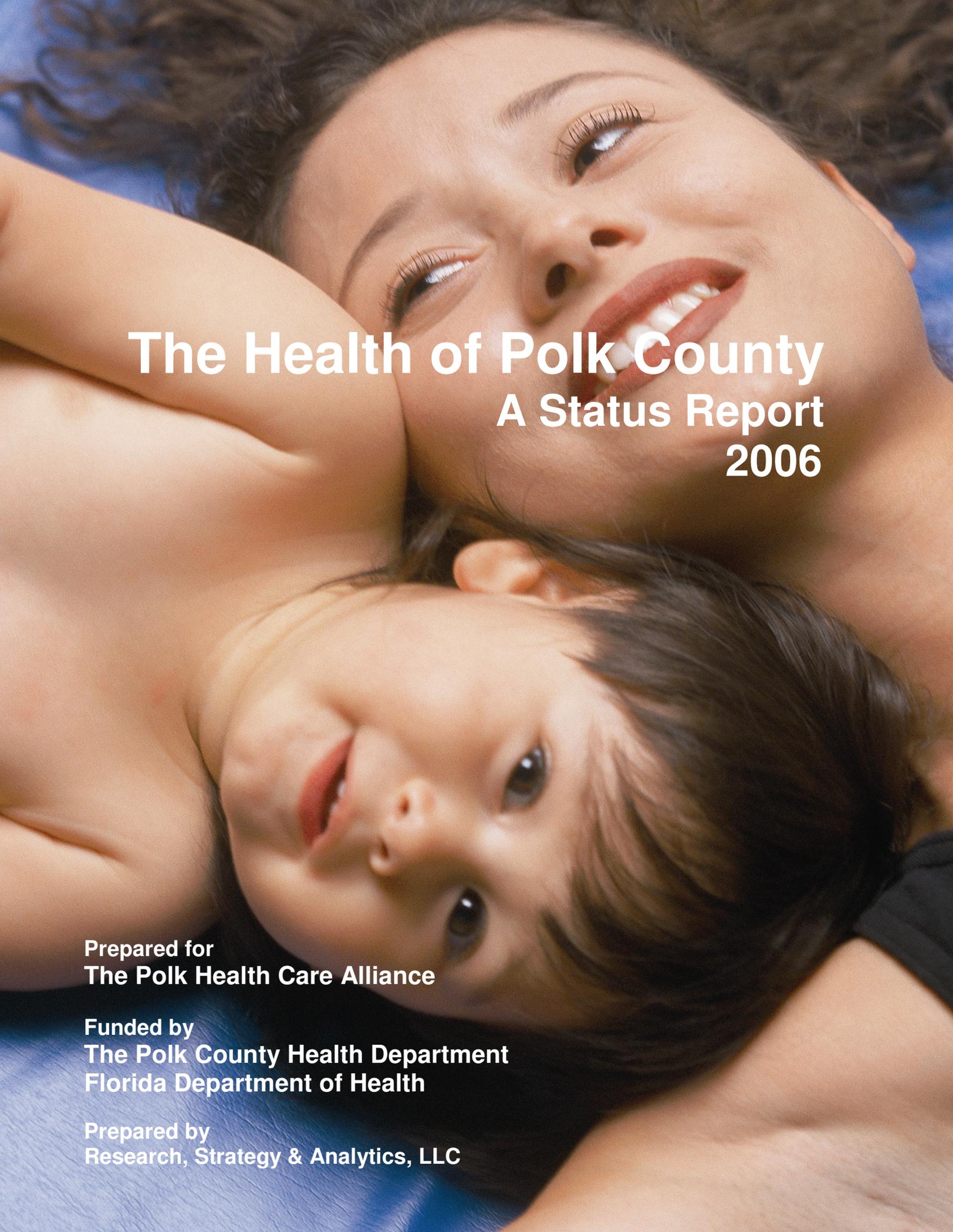
Survey Question	Response
What do you believe is the largest barrier to teens accessing maternity health care?	Frequency of Responses
Theme: Fear	53%
<i>“Most likely they are afraid of telling their parents.”</i>	
<i>“Hiding the truth of the pregnancy”</i>	
<i>“Fear of pregnancy being discovered.”</i>	
<i>“I bet the largest barrier is fear – afraid to get help or ask for help and HAVE NO CLUE how to access help.”</i>	
Theme: Lack of Knowledge	34%
<i>“Not knowing what to do and where to go to get help and the importance of care.”</i>	
<i>“Lack of understanding of its importance.”</i>	
<i>“Maybe there should be more education and resources available. Many teens tend to hide their pregnancies for a time and don’t seek health care right away.”</i>	
<i>“Denial and lack of awareness about resources available to them, and the need to utilize them early.”</i>	
<i>“Not having a lot of education as far as pregnancy, prevention. XXXX had an excellent program for teens until the age of eighteen, until the governor took that away. Where is the prevention?”</i>	
Name one key idea for preventing teen pregnancy in Polk County.	
Theme: Education (Both abstinence as well as birth control methods)	66%
<i>“Being able to get them the proper birth control and safe sex methods and education at home and at the schools. Parents are in denial about their children and their sexual activity.”</i>	
<i>“Awareness. Sex Education classes need to be taught in the high schools. They need to bring in someone who is in that position (pregnant & a teen) and show them the consequences and how it has affected their life. The ups & downs. I don’t believe teens these days realize how much responsibility is involved and exactly what the consequences of having sex, not to mention all the STD’s, etc....out there. The kids need real human beings to share their personal story with them.”</i>	
<i>“Education. Not a new idea, but maybe starting in elementary school.”</i>	
<i>“Protection!! They won’t let you talk about protection in school and teens don’t know where to get protection if they want it or what is available to them. Yes waiting to have sex is ideal in the “perfect world” but teens having sex now are not going to stop. They need basic education – that is not provided to them in school.”</i>	
<i>“Educate, educate, educate – sex education from 3rd grade and above with a parent present for instructional activities – perhaps presented after school.”</i>	
<i>“I believe in abstinence but I also believe that we need to get our heads out of the clouds, and be realistic about what today’s teens are really doing. There needs to be more education on what is available regarding birth control and how to get it.”</i>	
Theme: Distribute birth control (via schools and programs)	17%
<i>“Providing information and providing protection.”</i>	
<i>“Comprehensive sex education in the schools with the focus on contraception not just abstinence.”</i>	
<i>“I believe that teens should not only be introduced to abstinence, but they should be provided with contraceptive devices. The reality is, teens are sexually active, and we can prevent these teens from becoming pregnant by providing them with condoms, birth control, etc.”</i>	
<i>“More accurate birth control information given in the school system.”</i>	

Table 4
Frequency of responses to survey questions regarding Maternal Health Care.

Survey Question	Response
<i>“ACCURATE abstinence info followed by low cost, accessible, and effective contraception.”</i>	
<i>“Birth control education in school (school health).”</i>	
<i>“Give school nurses the authority to give birth control in school...”</i>	
<i>“Increase sex education and birth control methods in high school.”</i>	
<i>Theme: Increase programs and activities</i>	11%
<i>“Activities that they can afford financially and time wise.”</i>	
<i>“Have more activities to keep them occupied so they don’t have time to waste...”</i>	
<i>“Programs with more one-on-one interaction”</i>	
<i>“Provide challenging activities for high risk youth, mentored by a positive role model.”</i>	
<i>“Programs and seminars with young females.”</i>	
<i>“Esteem building programs and mentoring with other older women who will listen and provide a safe place for young women...”</i>	

Summary Findings

The results of this survey illustrate the importance of health education efforts for all Polk County residents. Lack of knowledge about how to become healthier as well as accessing programs to help them become healthier, stood out as the most important need for all groups, including gender, race/ethnicity, and income level. Those with higher income levels reported higher knowledge levels in all categories. This is not necessarily attributed to the residents’ annual income, but rather, is perhaps more reflective of the educational attainment level of those individuals. Those at the income level of less than \$29,000 annually had the greatest need for increased health education efforts in all categories.



The Health of Polk County **A Status Report** **2006**

Prepared for
The Polk Health Care Alliance

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Florida Department of Health

Prepared by
Research, Strategy & Analytics, LLC

Community Health Status Report

The Health of Polk County, A Status Report, is the fourth in the series of MAPP assessments. The Status Report was created in order to highlight the major health and social issues affecting the health status and quality of life in Polk County. A secondary goal of this assessment is to provide some areas partner health and social service agencies may wish to consider focusing their strategic efforts on in order to create the Community Health Improvement Plan (CHIP).

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Acknowledgements

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Central Florida Development Council
<http://www.cfdc.org/home/>

Central Florida Health Care
http://www.fachc.org/cfhc_chc.htm

Central Florida Physicians Alliance
www.cfpAlliance.com

Health Council W. Central Fl.
www.healthcouncils.org

Congressman Adam Putnam's Office
<http://adamputnam.house.gov/>

First Baptist Church of Winter Haven

Fl. Dept of Children and Families

Gessler Clinic
www.gesslerclinic.com/

Healthy Start Coalition
www.healthystarthhp.org

Heart of Florida Regional Medical Center
www.heartofflorida.com

Heartland Rural Health Network
www.hrhcn.org

Lake Wales Hospital
www.lakewalesmedicalcenter.com/

Lakeland Regional Medical Center
www.lrmc.com/

Lakeland Vision
www.lakelandvision.com

Lakeland Volunteers in Medicine

PEACE

Peace River Center
www.peace-river.com

PHCA Representative for COC

Polk County Board of County
Commissioners
www.polk-county-office/human-scvs/index.asp

Polk County Health Department
www.doh.state.fl.us/chdpolk/index.htm

Polk County Medical Association
www.PolkCountyDoctors.org

Polk County Opportunity Council

Polk County Pharmacy Association

The Ledger
www.theledger.com

Tri County Human Services
www.tchsonline.com/

United Way of Central Florida, Inc.
www.uwcf.org

University of South Florida-Lakeland
www.lakeland.usf.edu/

Watson Clinic
www.watsonclinic.com/

We Care of Polk County

W. Central Fl. Area Agency on Aging
www.elderlyaffairs.org

Winter Haven Hospital
<http://www.winterhavenhospital.org/>

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Executive Summary

The Health of Polk County, A Status Report, was created in order to highlight the major health and social issues affecting the health status and quality of life in Polk County. A secondary goal of this report is to provide some areas the Polk Health Care Alliance and partner health and social service agencies may wish to consider focusing their strategic efforts on in order to create a Community Health Improvement Plan (CHIP). A CHIP, by way of targeted health intervention and advocacy, will help health care organizations in Polk County work collaboratively to improve the health of all Polk County residents.

Several steps were taken to determine what information would be included in this report. In March of 2006, key community health care service providers were interviewed to identify what they thought would be important to include in a community health status report. Key informants were identified based upon their leadership roles in the Alliance as well as county policy-makers and leaders within the community-at-large. Each of the interviewees were asked who they felt should also be interviewed. The informants represented two major hospitals, Polk Vision, Lakeland Vision, the Polk Health Care Alliance, Polk Works, the Citizen's Healthcare Oversight Committee (Board of County Commissioners [BoCC]), United Way of Central Florida, The Polk County Health Department, Polk Healthcare Plan (BoCC) and Polk County physicians. In total, eighteen (18) individuals were identified and were interviewed. Categories each of the interviewees were asked to comment on include:

- 1) Federal, state, local legislation
- 2) Rapid technological advances
- 3) Changes in organization of health care services
- 4) Shifts in economic and employment forces, and
- 5) Changing family structures and gender roles

This process identified the components for inclusion in the report.

Major findings include:

Population projections for Polk County are high, with increased growth in all major age groups, which will increasingly challenge the health system infrastructure in the future.

Polk County is experiencing phenomenal rates of population growth, particularly in the age 18-64 group, as well as among Hispanics and families at lower socio-economic levels. As the population begins to age, the rates of both chronic disease, as well as, deaths from all major causes may increase as well. Polk County also has significant rates of poverty within population subgroups. Poverty and lower socio-economic status has been correlated with poor health status. Interventions specifically targeted to disparate groups are necessary to reverse these trends.

Inadequate data still exists for health planning purposes for special populations, particularly the elderly and children; disparate populations, including different age groups, race or ethnicity, or gender; specific communities within Polk County; and for the field of mental health and substance abuse.

Additional data is necessary at the community level in order to gauge improvement in specific health outcomes, in particular for disparate populations. It is anticipated as specific diseases and/or consumer health behaviors are identified and targeted in a Community Health Improvement Plan (CHIP), additional data will be gathered and examined at the community level in order to show specific health outcomes improvement within targeted populations.

Polk County is doing poorly in the majority of leading causes of death, including heart disease, cancer, stroke, unintentional injuries, and lung diseases.

Compared to the State of Florida, Polk County residents experience higher rates of death for the top five major causes of death, 1) heart disease, 2) cancer, 3) stroke, 4) unintentional injuries, and 5) COPD/CLRD (chronic lung diseases). Many of these illnesses can be prevented by positive health behavior practices, such as quitting smoking, improving nutritional habits, increasing physical exercise, and monitoring and managing chronic diseases.

Residents of Polk County have high rates of chronic disease and are at increased risk for premature death.

As individuals age and develop chronic diseases, such as diabetes, hypertension, and cardio-vascular disease, their risk of premature death increases. Being screened for such illnesses are paramount to managing and controlling chronic disorders in order to achieve a higher quality of life and perhaps longer life span. Going to a family doctor or primary care physician or health clinic on a yearly basis for screening and health education can assist individuals in diagnosing and caring for these types of disorders which ultimately lead to death in later stages in life.

A high percent of Polk County residents lead unhealthy lifestyles, and as a result, are at increased risk for disease and death.

A significant percentage of residents of Polk County reporting having high blood pressure, being overweight or obese, smoking, not eating enough fruits and vegetables, nor getting enough physical exercise. Improved health habits may reduce risk of premature disease and death. Having a healthy lifestyle is the first line of defense in preventing disease and illness and improving quality of life. Research has overwhelmingly shown the benefits of eating nutritious foods in the right portion size, regular exercise, tobacco cessation, and maintaining a healthy weight.

Residents of Polk County are showing an increasing trend in rates of sexually transmitted diseases, hepatitis B, pertussis, and tuberculosis in comparison to the State of Florida average. Some populations are also showing higher rates of HIV/AIDS.

Black residents are at significant risk of HIV/AIDS compared to other races/ethnicities. The rates of vaccine-preventable illnesses such as Hepatitis B and pertussis and the recent upward trend in TB need to be monitored closely.

Women in Polk County have lower rates of obtaining necessary prenatal care early in their pregnancy (first trimester), which increases risk of negative birth outcomes, and sexual activity of the teen population puts them at risk for unintended pregnancies and sexually transmitted diseases.

There are significant disparities in health outcomes for non-white women and children. Interventions targeting these disparities will require additional research into specific causes of these disparities, as well as, creation of unique, targeted intervention and health education programs.

The Consumer Health Survey showed significant knowledge gaps in the lower socio-economic groups in knowledge about how to improve their health, including health programs, where to go for health care, and knowledge about how to access mental health and substance abuse services.

Those at the income level of less than \$29,000 annually had the greatest need for increased health education efforts in all categories. There were non-significant differences between race, nor gender for the survey sample regarding knowledge and access.

Throughout this report we will highlight the health challenges facing Polk County residents. This information has been generated through several phases, including secondary health outcomes data collection and analysis, health consumer surveying, and interviewing community partners. Analysis of all relevant available secondary data sources aided in identifying which areas of health concern were most relevant to include in this report, based upon significant poor performance in health outcomes for the county, or significant disparities in health outcomes for different races/ethnicities. It is anticipated that this report will help Polk County to create a shared community vision for overall health improvement for Polk County residents.

Healthy People 2010

Data for this report was reviewed for Polk County, as well as State of Florida, and compared to the Healthy People 2010 (HP 2010) goals and objectives.

Healthy People 2010: Understanding and Improving Health is a set of national leading health goals that focus on key health improvement activities. The box to the right outlines the Healthy People 2010 focus areas included in this report. *Healthy People 2010* is about improving health – at the person, community, state and national level. These objectives are part of a systematic approach toward overall health improvement and quality of life.

Whether this systematic approach is used to improve health on a national level or to organize community action on a certain health issue, such as a campaign to help people quit smoking, the goals remain the same. The goals provide focus and direction, and serve as a guide for creating a plan for health improvement.

Throughout this report, *Healthy People 2010* goals and objectives are provided as a means for comparison. In reality, the year 2010 is just a few short years away. As one reviews the data included in this report, it can be seen that in a few health areas Polk County has already reached the *Healthy People 2010* goals. But for the majority of major health concerns, Polk County has a tremendous road to travel before the Healthy People Goals can be reached.

<u>Healthy People 2010</u>
<u>Focus Areas Included in this Report</u>
Access to Quality Health Services
Cancer
Diabetes
Environmental Health
Heart Disease and Stroke
HIV
Immunization and Infectious Diseases
Injury and Violence Prevention
Maternal, Infant, and Child Health
Mental Health and Mental Disorders
Nutrition and Overweight
Oral Health
Physical Activity and Fitness
Respiratory Diseases
Sexually Transmitted Diseases
Substance Abuse
Tobacco Use

Visual Guides

Visual guides were created to help guide understanding of the data. Areas of information that are in red, or appear next to a red flag,  indicate that our community is doing poorly in that particular health area or outcome. Information that is flagged yellow indicates areas that need to be monitored. 

Green flags mean that the county has met the goals of Healthy People 2010, or are making positive improvement that should be sustained. 

Also throughout this document, **Healthy People 2010 Objectives** are provided in red text. The objectives represent a specific rate or percentage to aim for in terms of health outcomes improvement. **The Healthy People Goals** are provided in blue text. These goals are broader statements of the aims in improving health outcomes for individuals and communities.

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Community Health Status Report Polk County, Florida 2006

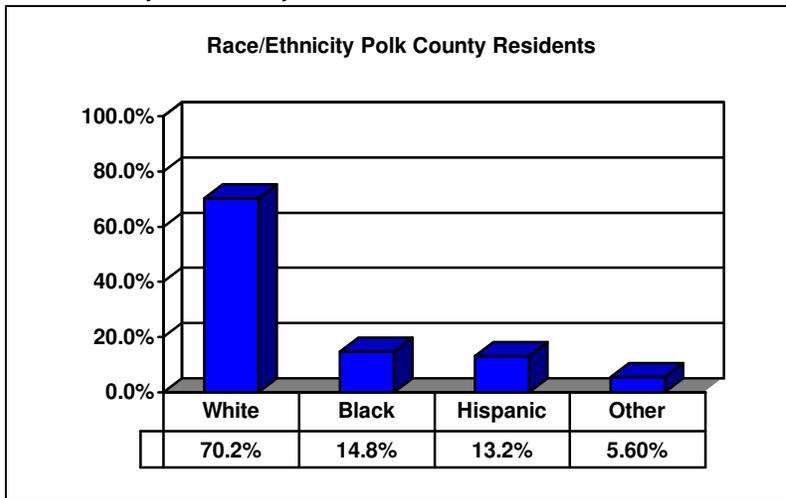
Polk County Resident Demographics

Polk County, Florida, resident demographics are presented, including total population (based upon 2000 U.S. Census data), race/ethnicity and gender. Also included in this section are the county socio-economic profile and population projections.

Race and Ethnicity of Polk County Residents

Chart 1 presents demographic characteristics of Polk County residents by race and ethnicity. The race categories of Native Hawaiian and Pacific Islander are reported as 0% due to the small number of residents reporting that race in the U.S. Census counts. Therefore, the "Other" category includes Native Hawaiian, Pacific Islander, Asian, American Indian and Alaska Native, Other Race, and Two or More Races.

*Chart 1
Race/Ethnicity Polk County, Florida*

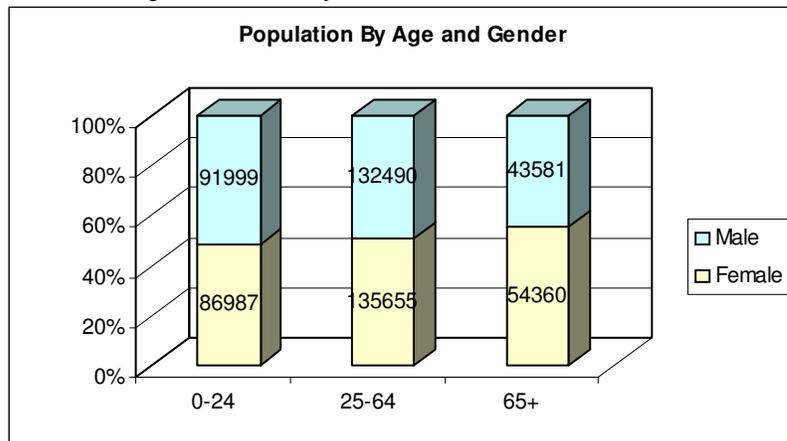


Data Source: U.S. Census 2000

Gender of Polk County Residents

Chart 2 provides demographic breakout by gender. Males and females are approximately the same distribution through age 64. At age 65 and older, females begin to outnumber male residents.

*Chart 2
Gender and Age of Polk County Residents*



Data Source: U.S. Census 2000

Community Health Status Report Polk County, Florida 2006

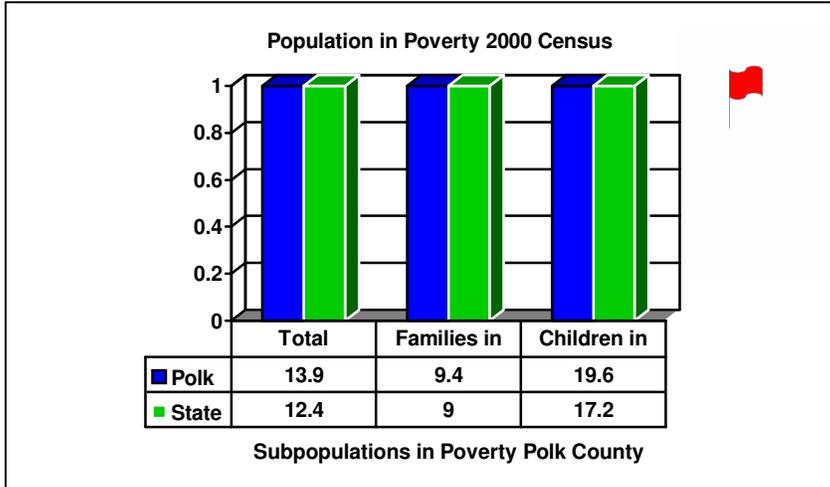
Socio-economic Profile

Polk County Residents in Poverty

As of the 2000 U.S. Census, Polk County has nearly 14% or 65,969 people that live below the poverty level. This is a relatively high rate of poverty and higher than the state average of 12.4%. Poverty status is a barrier to adequate health care resources and improved health outcomes.

Chart 3

Polk County Residents in Poverty



Data Source: U.S. Census

Poverty level becomes significant when broken out by different groups, particularly women and children. Polk County has very high rates of poverty in female households with children under the age of five years. This disparity is highlighted in red in Table 1. Of significance is that 37% of children in Polk County live at 150% or less of the Federal Poverty Guidelines. Forty-seven percent (47%) live at 200% of the Federal Poverty Level and under. (Source: USF Quality of Life Report, 2003)

Table 1

Families in Poverty in Polk County

Families - percent below poverty level	9.4%
Children under 18 - percent below poverty level	15.5%
Children under 5 - percent below poverty level	19.8%
Families with female head of household - percent below poverty level	28.6%
Children under 18 – percent below poverty level	37.0%
Children under 5 - percent below poverty level	49.3%
Related children under 18 - percent below poverty level	19.1%
Related children under 5 to 17 - percent below poverty level	18.3%
18 years and over - percent below poverty level	10.8%

Data Source: US Census 2000

Poverty is a key indicator that impacts all areas of quality of life for Polk County residents. Poverty affects an individual's ability to gain meaningful employment, hinders efforts at higher education opportunities, limits resources for adequate housing and reliable transportation and childcare, and limits one's ability to purchase comprehensive health insurance.

Community Health Status Report Polk County, Florida 2006

Federal Poverty Guidelines

The Federal Poverty Guidelines or thresholds are the original version of the federal poverty measure and represent annual family household income. The guidelines are revised annually by the U.S. Census Bureau based upon the annual change in the Consumer Price Index. In 2006 the following poverty guidelines were in effect and are presented in Table 2.

Table 2

Federal Poverty Guidelines 2006

2006 Federal Poverty Guidelines	
Persons in Family	Poverty Guideline
1	\$9,800
2	\$13,200
3	\$16,600
4	\$20,000
5	\$23,400
6	\$26,800
7	\$30,200
8	\$33,600

Data Source: Medical Group Management Associates, 2006

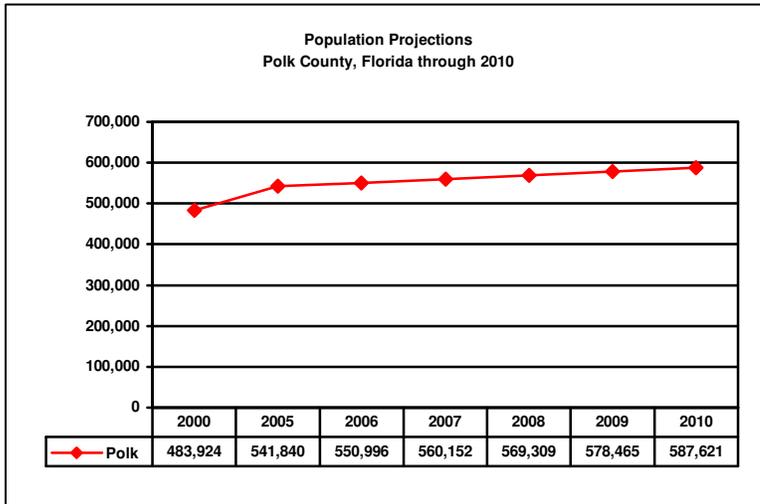
According to Healthy People 2010, research indicates that **even after targeted health communication interventions, low-education and low-income groups remain less knowledgeable and less likely to change behavior than higher education and income groups, which creates a knowledge gap and leaves some people chronically uninformed. Because Polk County has such high rates of poverty, especially in young families and the elderly, this barrier will continue to impact the health system exponentially as the population continues to grow in the lower socio-economic levels.**

Community Health Status Report Polk County, Florida 2006

Polk County Population Growth Projections

The following population projections were generated using 2003 U.S. Census estimates and the 2010 Population Estimates from the Bureau of Economic and Business Research (BEBR), University of Florida. Polk County is growing rapidly, and in 2003-2004, the county experienced in-migration (new people moving in the area) of 29,029 people. The average income for these families was \$22,861. Slightly more than one-half of these new residents were from out-of-state (Source: Florida Trend, 2006). The projections presented in Chart 4 can be somewhat misleading, as the county is experiencing just below a 2% rate of growth annually. For example, some population estimates are placing total Polk County population at 565,049 residents for the year 2006 (CFDC 2006), which is the corresponding estimate for year 2008. If this current rate of growth is maintained, it is quite possible that Polk County will well-exceed the 2010 population growth projections. **Of most importance is that these population estimates for in-migration are for individuals and families under the federal poverty thresholds, which will have significant impact on the health system infrastructure.**

*Chart 4
Population Projections for Polk County through the year 2010*

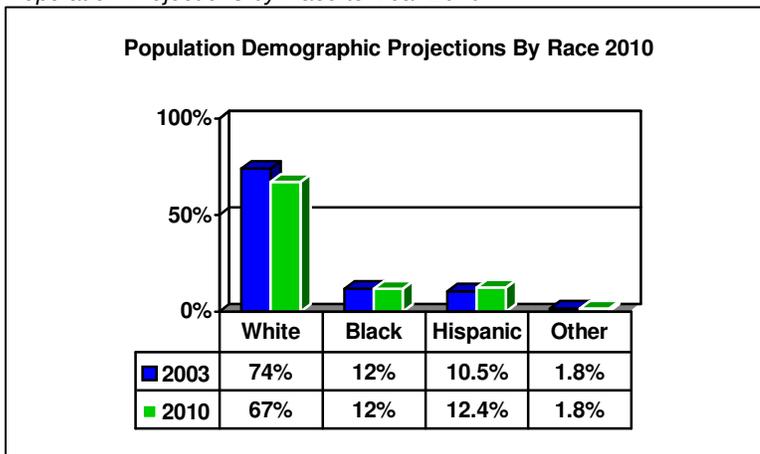


Data Source: The University of Florida BEBR

Population Projections by Race to Year 2010

Chart 5 presents Polk County population projections by race to year 2010. The Hispanic population is estimated as the fastest growing ethnic group.

*Chart 5
Population Projections by Race to Year 2010*



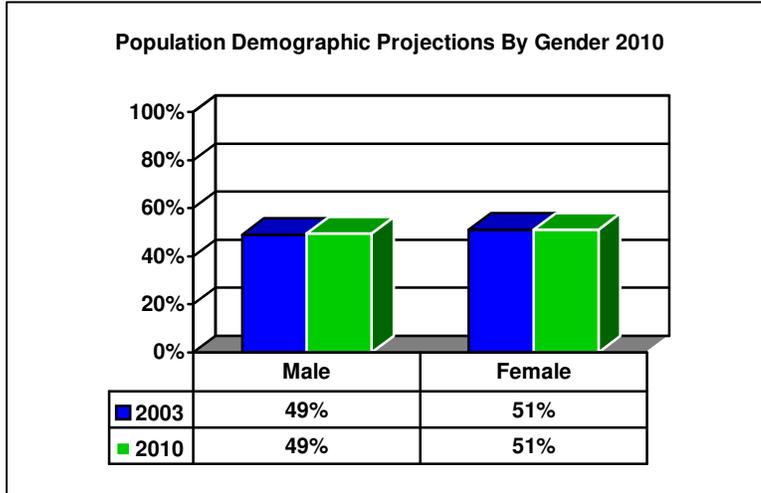
Data Source: Florida Dept. of Health CHARTS

Community Health Status Report Polk County, Florida 2006

Population Projections by Gender to Year 2010

Chart 6 presents Polk County resident demographics by gender estimated by the year 2010. The projections are non-significant in terms of gender based upon the BEBR estimates.

*Chart 6
Population Projections by Gender to Year 2010*

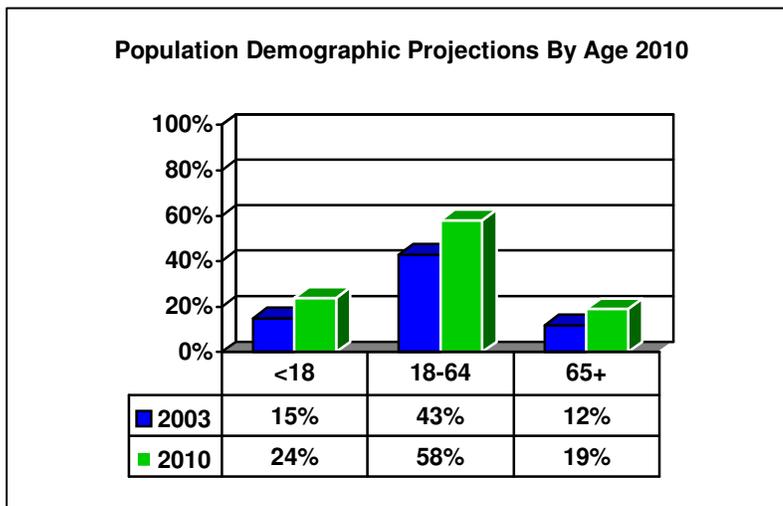


Data Source: University of South Florida BEBR

Population Projections by Age to Year 2010

Although gender projections appear non-significant, the age demographics of the Polk County population shifts by year 2010, with the highest rate of projected growth in the age 18-64 population. In 2000, Polk County had a high percentage of residents under the age of 20 (27%). In 2000, the median age of county residents was 38.6. In 2003, the median age of county residents was 39.2. By year 2010, the largest group of residents will be in the 18 to 64-age range, with the median age of 40.3. Chart 7 illustrates the age projections for Polk County for year 2010.

*Chart 7
Population Projections by Age for Polk County*



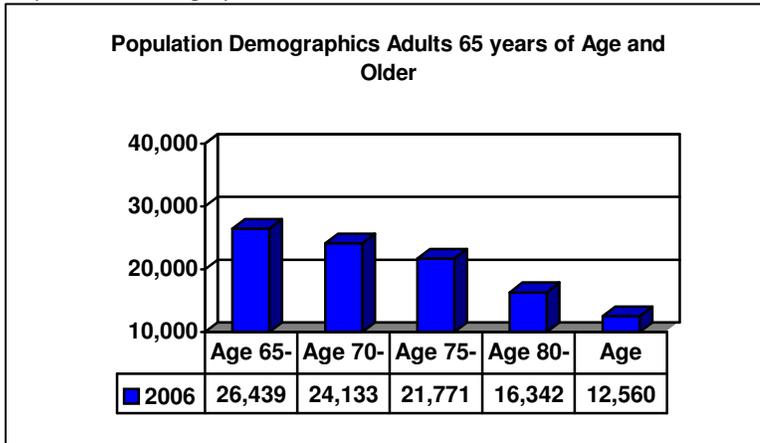
Data Source: University of South Florida BEBR

Community Health Status Report Polk County, Florida 2006

Unique Needs of the Population 65 years of Age and Older

According to the Florida Department of Elder Affairs, there are approximately 101,245 adults over the age of 65 residing in Polk County in 2006. This is approximately 19% of the county's total population. Nearly 11% of these adults live in poverty – 11,531 individuals. As many as 30,631 elderly residents fall into the Low Income Medically Underserved designation. As the population of our county continues to age, the elderly will require substantial increases in health care services and facilities. In terms of planning for future needs for elder care services, the target population is the 65-69 age range. This population subgroup will require significant health screenings, as well as chronic disease prevention and maintenance. Leading causes of death for this age group include chronic diseases such as hypertension (leading to potential stroke), heart disease, cancer, and diabetes. Chart 8 presents the current 2006 age demographics for Polk County residents age 65 and older.

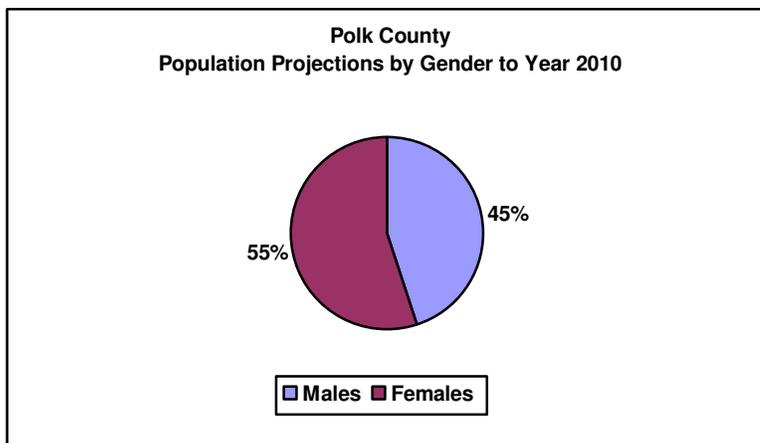
*Chart 8
Population Demographics for Adults Over 65*



Data Source: Florida Department of Elder Affairs

Overall gender projections for the county for year 2010 show no difference between males and females. However, according to the Florida Department of Elder Affairs, for the population over the age of 64 there is a demographic shift by gender, with more female residents than males. This can cause additional strain on the health system as elderly females are more likely to live alone, in poverty, with little to no support system. Chart 9 illustrates the projected shift in the older population by gender.

*Chart 9
Population of Adults Over 64 by Gender*



Data Source: Florida Department of Elder Affairs

Community Health Status Report Polk County, Florida 2006

Statistics Concerning Adults Age 65 and Older

The elderly experience unique challenges in maintaining a high quality of life. More than a quarter of 2006 elderly Polk County residents live alone and 23% in rural areas. Nearly 20% of elderly residents in Polk County have two or more disabling conditions. Table 3 presents statistics unique to the elderly.

*Table 3
Unique Health Care Needs of the Elderly*

Living Alone	28.0 %
Living in rural areas	23.4 %
With two or more disabilities	20.3 %
Estimated Alzheimer's cases	14.3 %
*Reported cases of abuse annually	1.59%

Data Source: Florida Department of Elder Affairs

*Data Source: Florida Statistical Abstract 2004

Nationally, older adults suffer more from chronic diseases such as osteoporosis, arthritis and Alzheimer's disease. This age group also holds a disproportionately high percentage of persons suffering from depression and suicide tendencies. Leading causes of death for the elderly are cardiovascular disease and cancer that accounts for approximately 60% of all deaths in this population. Chronic obstructive pulmonary disease or chronic lower respiratory disease (COPD/CLRD), diabetes, and pneumonia and influenza are also major causes of death in this population (PAHO 2006). These trends are no different for the State of Florida or Polk County specifically.

According to Healthy People 2010, mental disorders, in aggregate, are as common later in life as they are at other ages, although rates for specific mental disorders vary depending on age and gender. In any one-year period, the number of cases of major depression in people aged 65 years and older is approximately 1 percent, which is about half the rate among persons aged 45 to 64 years.

Depression rates are much higher, however, among older people who experience a physical health problem—12 percent for persons hospitalized for problems such as hip fractures or heart disease. Depression rates for older persons in nursing homes range from 15 to 25 percent.

The number of cases of dementias, such as Alzheimer's disease and other severe losses of mental abilities, are as high as 12 percent among persons aged 65 years and older. By age 85 years, the rate grows to 25 percent.

As the population in Polk County continues to age, this will put additional strain on medical and assisted living facilities, hospice or end-of-life care, as well as financial resource availability and lack of system capacity. Therefore the needs of the elderly will have to be monitored closely during the next several years.

Community Health Status Report Polk County, Florida 2006

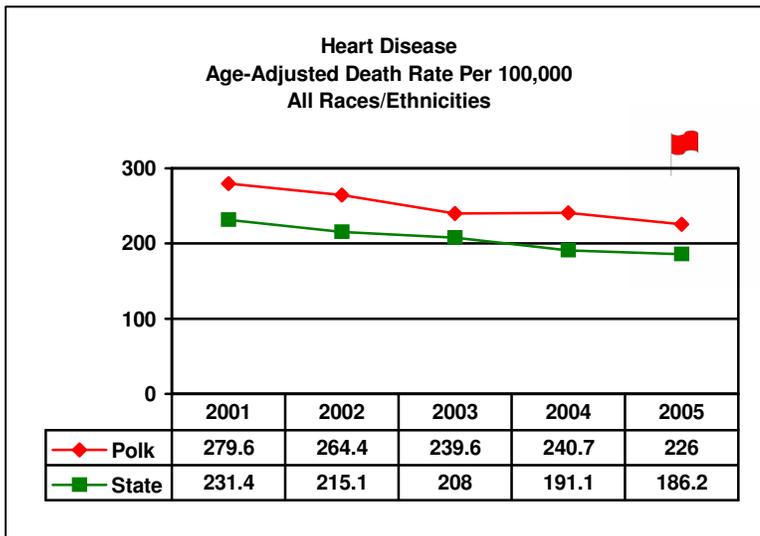
Major Causes of Death and Premature Death

Heart Disease

Heart Disease is the leading cause of death in Polk County. Chart 10 indicates that progress has been made in reducing the overall rate of death for those with heart disease. Despite this improvement, Polk County is still well above the Healthy People 2010 goal. The data is presented as an Age Adjusted Death Rate (AADR). An AADR is a death rate that has been adjusted for age distribution within a given population, or community. AADR is used when comparing death rates from different populations in order to minimize the effects of differences in age composition on death rates in the comparison populations (e.g. Polk County versus State of Florida).

Average annual number of hospitalizations for coronary heart disease:	4,976
<u>Polk County Age-Adjusted Rate</u>	<u>750.7</u>
State Age-Adjusted Rate	710.4
Average annual number of hospitalizations for congestive heart failure:	2,290
<u>Polk County Age-Adjusted Rate</u>	<u>332.6</u>
State Age-Adjusted Rate	317.6

Chart 10
Heart Disease Age-Adjusted Death Rate



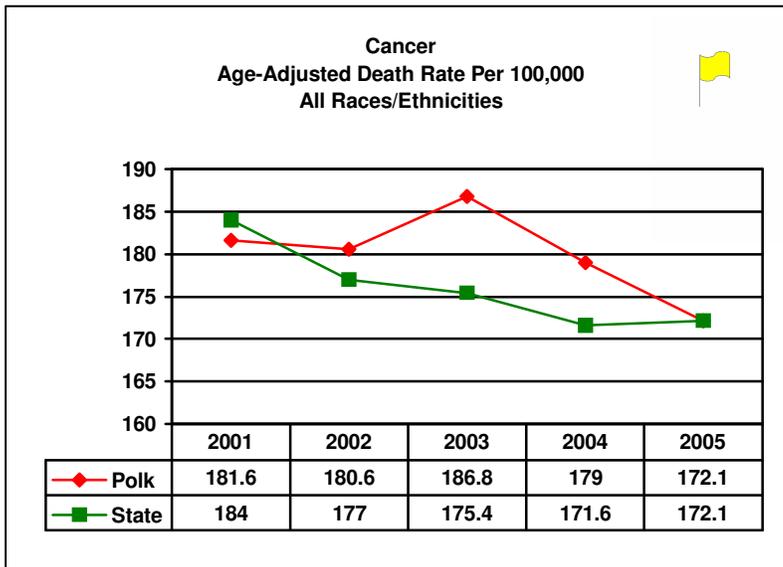
Data Source: Florida Department of Health CHARTS

Heart Disease - Healthy People 2010 Objective: 166.0 per 100,000. The goal is to improve cardiovascular health and quality of life through the prevention, detection, and treatment of risk factors; early identification and treatment of heart attacks and strokes; and prevention of recurrent cardiovascular events.

Cancer

Cancer is the second-leading cause of death in Polk County; however, cancer death rates, like deaths from heart disease, have also shown improvement. This may be attributed to increased efforts in education and access in cancer screening, as well as an increase in the number of cancer treatment facilities in the county. Chart 11 illustrates that Polk County has reduced its rate to that of the State of Florida average.

Chart 11
Cancer Age-Adjusted Death Rate



Data Source: Florida Department of Health CHARTS

Healthy People 2010 Objectives per 100,000 are listed separately in Table 4. The goal is to reduce the number of new cancer cases as well as the illness, disability, and death caused by cancer.

Cancer death rates vary by gender, race, and ethnicity. Differences among the races/ethnicities and genders represent both a challenge to understand the reasons and an opportunity to reduce illness and death and to improve survival rates (HP 2010). For Polk County, the above chart is flagged yellow, despite progress in health outcome improvement. This is because significant disparities still persist in cancer health outcomes by race/ethnicity.

Gender

Nationally, male cancer death rates peaked in 1990 at 220.8 per 100,000, and female death rates peaked a year later at 142.2 per 100,000. After the peak year, through 1996, male cancer deaths decreased on average by 1 percent per year, and female deaths decreased on average by 0.4 percent per year. There were significant decreases in death for lung, prostate, brain, and other nervous system cancers in males and a significant decrease in breast cancer death for females. Among males, lung cancer death rates have declined since 1990. In contrast, lung cancer death rates have continued to increase among females. Since 1987, more females have died from lung cancer than breast cancer. (HP 2010)

Race/Ethnicity

Nationally, Blacks are 34 percent more likely to die of cancer than are whites and more than two times more likely to die of cancer than are Asian or Pacific Islanders, American Indians, and Hispanics. Black women are more likely to die of breast and colon cancers than are women of any other racial and ethnic group, and they have approximately the same lung cancer death rates as white women. Black men have the highest death rates of colon and rectum, lung, and prostate cancers. Age-adjusted lung cancer death rates are approximately 40 percent higher among black males than white males. Little difference in age-adjusted lung cancer death rates has been observed between black females and white females. Hispanics have higher rates of cervical, esophageal, gallbladder, and stomach cancers. Certain racial and ethnic groups have lower survival rates than whites for most cancers. (HP 2010)

Cancer disease and death data are also provided by specific type of cancer, as illustrated in Table 4. Polk County still has a significantly higher rate for lung cancer, colorectal cancer, and cervical cancer.

Community Health Status Report Polk County, Florida 2006

Positive strides have been achieved in meeting the Healthy People 2010 goals for both breast cancer and prostate cancer. Also included in Table 4 are specific health prevention efforts and screenings individuals may do to increase their chances of improved health outcomes for these diseases.

Table 4
Cancer Specific Incidence, Deaths, and Risk Factors Polk County

Lung Cancer		
Average annual incidence for lung cancer	532	
<u>Polk County Age-Adjusted Rate</u>	<u>80.4</u>	
State Age-Adjusted Rate	73.9	
<u>Adults who currently smoke</u>		
<u>Percent Polk County</u>	<u>28.8%</u>	
Percent State	22.2%	
<u>Healthy People 2010 Objective</u>	<u>12.0%</u>	
Colorectal Cancer		
Average annual incidence for colorectal cancer	357	
<u>Polk County Age-Adjusted Rate</u>	<u>54.8</u>	
State Age-Adjusted Rate	53.0	
<u>Adults 50 and over who have ever had a sigmoidoscopy</u>		
Percent Polk County	51.1%	
Percent State	52.6%	
Healthy People 2010 Objective	50.0%	
<u>Adults 50 + who have had a blood stool test in the past two years</u>		
<u>Percent Polk County</u>	<u>28.6%</u>	
Percent State	33.5%	
<u>Healthy People 2010 Objective</u>	<u>50.0%</u>	
Breast Cancer		
Average annual incidence for breast cancer	380	
Polk County Age-Adjusted Rate	118.1	
State Age-Adjusted Rate	122.2	
Prostate Cancer		
Average annual incidence for prostate cancer:	434	
Polk County Age-Adjusted Rate	141.1	
State Age-Adjusted Rate	150.3	
Cervical Cancer		
Average annual incidence for cervical cancer	37	
<u>Polk County Age-Adjusted Rate</u>	<u>14.5</u>	
State Age-Adjusted Rate	10.5	
<u>Adults 18+ who have had a Pap test in the past three years</u>		
<u>Percent Polk County</u>	<u>72.4%</u>	
<u>Percent State</u>	<u>82.2%</u>	
<u>Healthy People 2010 Objective</u>	<u>90.0%</u>	

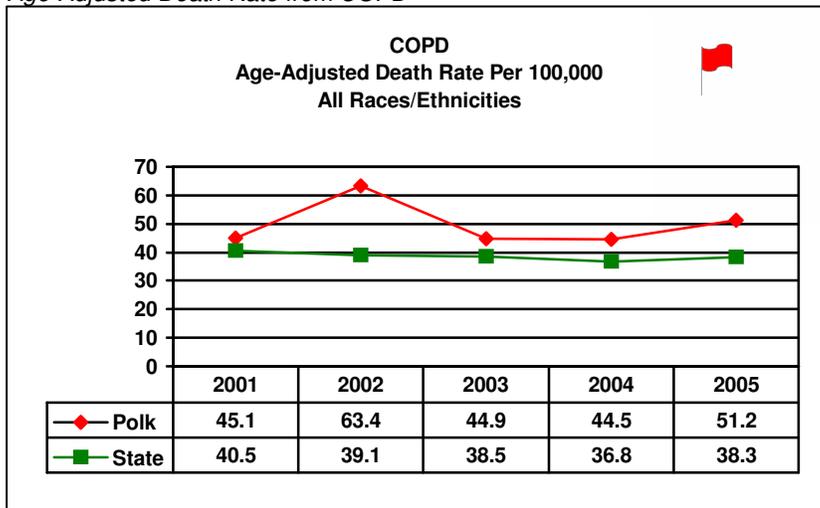
Community Health Status Report Polk County, Florida 2006

Chronic Obstructive Pulmonary Disease/Chronic Lower Respiratory Disease (COPD/CLRD)

Chronic Obstructive Pulmonary Disease (COPD) is also referred to as Chronic Lower Respiratory Disease (CLRD). COPD is the third-leading cause of death in Polk County. COPD includes chronic bronchitis and emphysema—both of which are characterized by irreversible airflow obstruction and often exist together. Similar to asthma, COPD may be accompanied by airway constriction and excessive fluid production. As indicated in the following charts, COPD is significantly higher for Polk County residents compared to the State of Florida. Chart 12 indicates the age-adjusted death rate for all races/ethnicities within Polk County. The county has a much higher rate than the State of Florida average.

Average annual number of hospitalizations for CLRD:	2,984
Polk County Age-Adjusted Rate	491.5
State Age-Adjusted Rate	358.5

Chart 12
Age-Adjusted Death Rate from COPD



Data Source: Florida Department of Health CHARTS

Healthy People 2010 Objective: 60 per 100,000. Goal - COPD: to promote respiratory health through better prevention, detection, treatment, and education efforts for all respiratory diseases.

According to Healthy People 2010, most patients with COPD have a history of cigarette smoking. COPD worsens over time with continued exposure to tobacco smoke or sometimes a substance in the workplace or environment. COPD occurs most often in older people. Nationally, as much as 10 percent of the population aged 65 years and older is estimated to have COPD. COPD has a major impact on health care, illness, disability, and death in the older population and the magnitude of the problem is growing. Since 1980, the prevalence and age-adjusted death rate for COPD increased more than 30 percent. Most of the increase occurred in people over age 65 years.

This is significant for Polk County as our largest growing population is estimated between the ages of 18 and 64, many of whom are smokers and will be progressing into the 65 years and older age group. Taking into account the expected aging of the U.S. population over the next 10 to 30 years as well as the improved management of other smoking-related diseases, any decline in the proportion of persons with COPD is unlikely without substantial changes in risk factors, mainly stopping cigarette smoking. Reliable statistics are not available for COPD total cases, illness, disability, or death in Blacks, Hispanics, and other ethnic groups as for whites. (HP 2010)

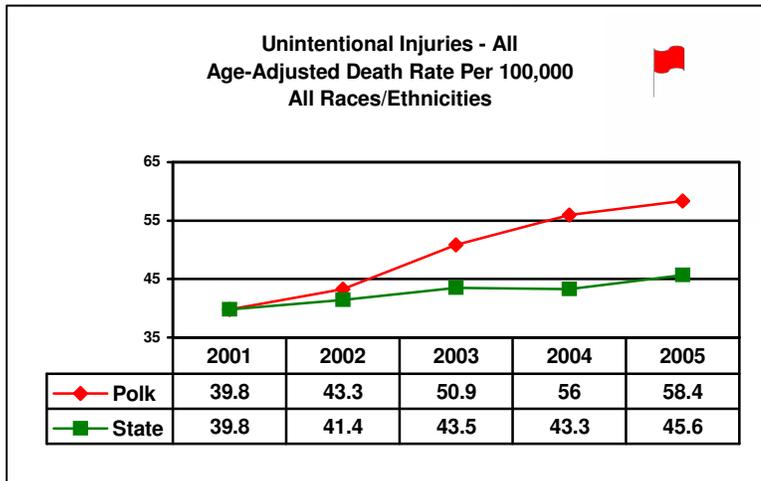
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Unintentional Injuries

Unintentional Injuries is the fourth leading cause of death in Polk County. Unintentional injuries refer to multiple categories, including but not limited to, Motor Vehicle Accidents, Drowning, Falls, Firearms, and Poisoning. Polk County has experienced a significant increase in Unintentional Injury rates over the course of the past several years. Chart 13 provides the age-adjusted death rate for all unintentional injury categories. Polk County has a much higher rate than the State of Florida average.

2004 annual number of hospitalizations for Unintentional Injuries: 3,583

Chart 13
Age-Adjusted Death Rate of All Unintentional Injuries



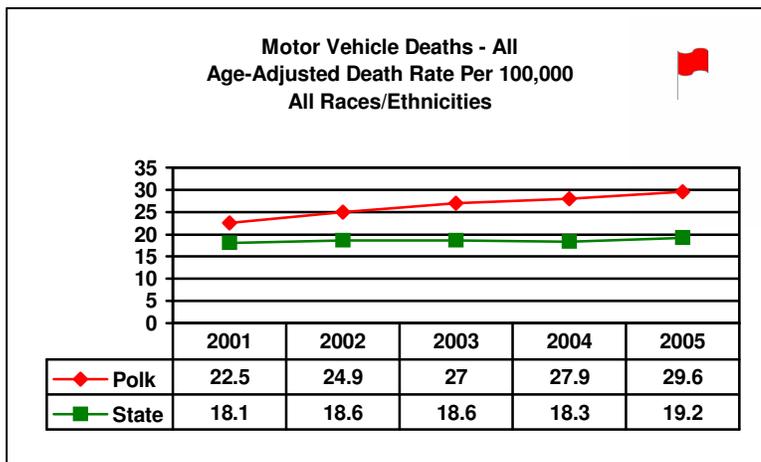
Data Source: Florida Department of Health CHARTS

Healthy People 2010 Unintentional Injuries Objective: 17.5 per 100,000. Healthy People 2010 Goal: reduce injuries, disabilities, and deaths due to unintentional injuries and violence.

Unintentional Injuries (Motor Vehicle Accidents and Drowning)

Because Polk County has experienced an increase in Unintentional Injuries, two areas in this category were examined to see if changes occurred in those rates. Charts 14 and 15 illustrate two areas in which increases have occurred that are reflected in the total unintentional injury figures.

Chart 14
Age-Adjusted Death Rate for All Motor Vehicle Deaths

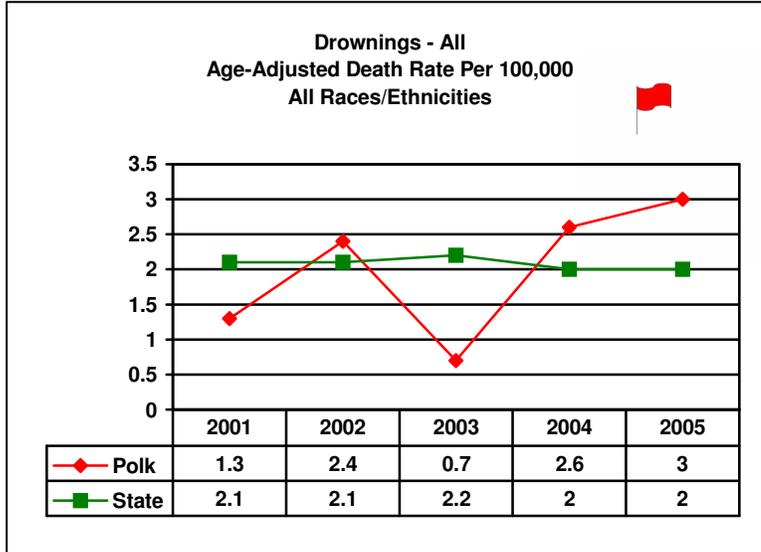


Data Source: Florida Department of Health CHARTS

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As indicated in Chart 15, Polk County has a higher rate than the State of Florida for Accidental Drowning. Accidental Drownings are easily prevented with education about the importance of continuous supervision of infants and children who are unable to swim, along with the use of pool surround equipment such as alarmed fencing and pool surface area alarms.

Chart 15
Age-Adjusted Death Rate for All Drownings



Data Source: Florida Department of Health CHARTS

The top ten causes for unintentional injury deaths for Polk County residents, all ages, in 2002-2004 were:

1.	Motor vehicle occupant, traffic accident	268 (25.3%)
2.	Poisoning	167 (15.8%)
3.	Firearm	141 (13.3%)
4.	Fall	135 (12.8%)
5.	Pedestrian (traffic-related)	52 (5%)
6.	Suffocation	52 (5%)
7.	Other/unspecified (traffic-related)	45 (4.3%)
8.	Motorcyclist (traffic-related)	38 (3.6%)
9.	Drowning	35 (3.3%)
10.	Fire	16 (1.5%)

Date Source: DOH Death Certificate Database

In ages 0 to 14, the top five causes for unintentional injury deaths in Polk County, in 2002-2004 were:

1. Motor vehicle occupant, traffic accident
2. Drowning
3. Suffocation
4. Pedestrian (traffic-related)
5. Air Transport

(Percentages of these deaths were not available as they may be based on 20 or fewer deaths.)

Data Source: DOH Office of Injury Prevention

In 2002, 2003 and 2004, there were a total of 710 hospitalizations for unintentional injuries in the 0-14 age group. The top reasons for hospitalizations include falls, motor vehicle occupant, poisoning, pedal cyclist, struck by/against, pedestrian, hot substance, other transport, bite/sting, and cut/pierce.

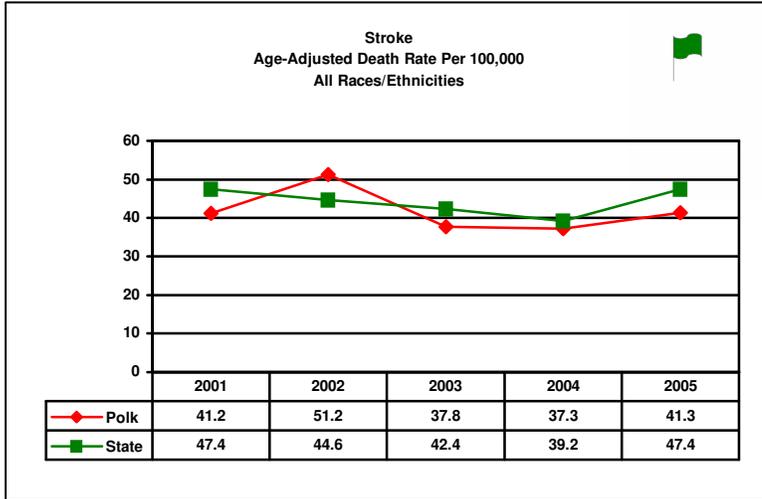
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Stroke

Stroke is the fifth-leading cause of death in Polk County. Chart 16 indicates that the county has made improvement in reducing the rate of death by stroke and has met the Healthy People 2010 objective.

Average annual number of hospitalizations for stroke:	2,238
Polk County Age-Adjusted Rate	326.1
State Age-Adjusted Rate	331.0

Chart 16
Age-Adjusted Death Rate from Stroke

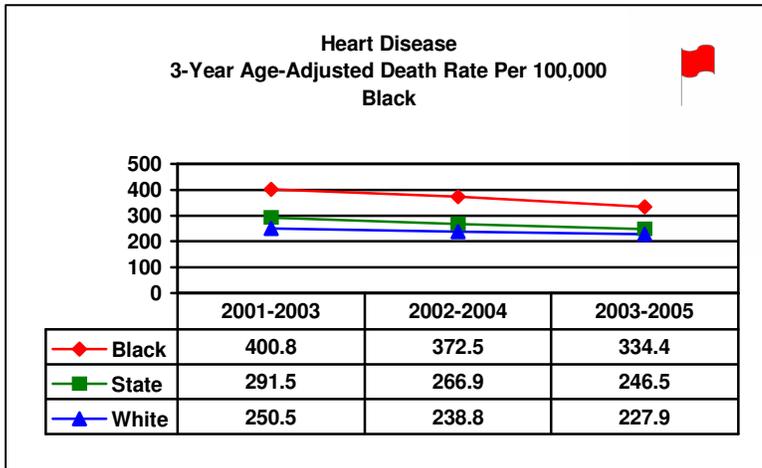


Data Source: Florida Department of Health CHARTS

Disparities – Black Population

According to the U.S. Centers for Disease Control Office of Minority Health, demographic changes that are projected over the coming years magnify the importance of addressing disparities in health status. Groups currently experiencing poorer health status, especially Blacks and Hispanics, are expected to grow as a proportion of the total U.S. population; therefore, the future health of America as a whole will be influenced substantially by our success in improving the health of these groups (CDC 2006). Charts 17, 18 and 19 highlight the significant disparities in health outcomes for the Black population in Polk County in heart disease, cancer and stroke. Blacks have a higher rate of death for heart disease than both the State of Florida average, and the average for Whites.

Chart 17
Blacks Age-Adjusted Death Rate from Heart Disease

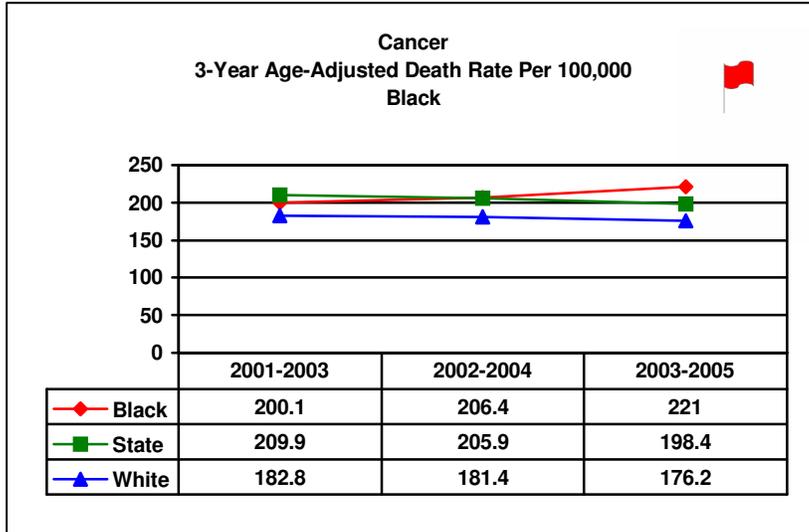


Data Source: Florida Department of Health CHARTS

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As indicated in Chart 18, improvement in cancer outcomes is still a significant disparity for the Black population. Inadequate data for the Hispanic health outcomes in cancer currently exists. Since our largest population growth projection in race/ethnicity is the Hispanic population, it is imperative that we begin benchmarking and monitoring these health outcomes in the Hispanic population.

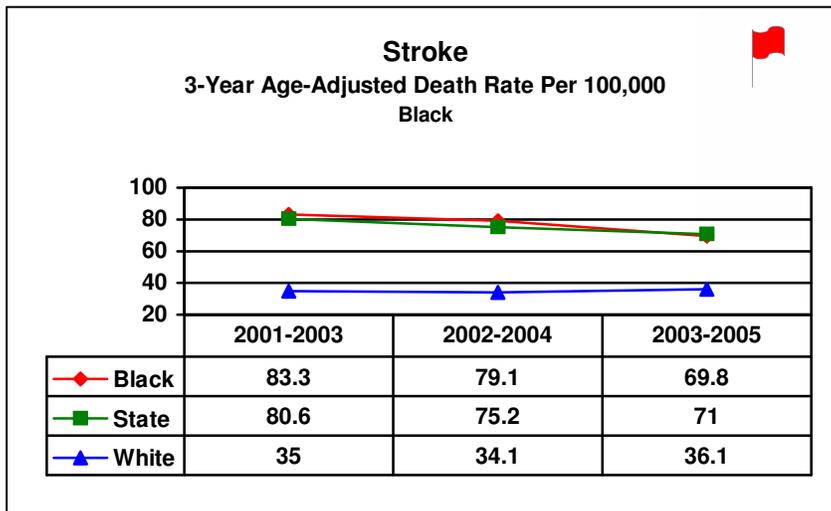
Chart 18
Black Age-Adjusted Death Rate from Cancer



Data Source: Florida Department of Health CHARTS

Blacks also have a significantly higher death rate from stroke than Whites, but are closer to the State of Florida average. Inadequate data for the Hispanic population also exists in this category.

Chart 19
Black Age-Adjusted Death Rate from Stroke



Data Source: Florida Department of Health CHARTS

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Risk Factors for Disease and Death

Several individual health practices are related to disease and death prevention, including controlling high blood pressure or hypertension, managing diabetes, preventing obesity (being severely overweight), inactivity or lack of physical exercise, and not receiving proper or medically necessary immunizations.

Hypertension/High Blood Pressure

Polk County has much higher percentages of hypertension-affected residents than the State of Florida, and well above the Healthy People 2010 goal. Table 5 presents the percentage of Polk County residents who have been diagnosed with hypertension. The largest population group with hypertension is age 45 and above.

Healthy People 2010 – Hypertension/High Blood Pressure Objective: 16%



Table 5
Percentage of residents affected by Hypertension

<i>Percentage of adults who have been told by a doctor or other health professional that they have high blood pressure.</i>	Polk County	State
All Races/Ethnicities	33.8%	27.7%
Age 18-44	18.7%	*
Age 45 – 64	39.6%	*
Age 65+	56.9%	*
<i>Percentage of adults now taking High Blood Pressure (HBP) medicine (if they have HBP)</i>		
All Races/Ethnicities	74.6%	76.0%
Age 18-44	47.5%	*
Age 45 – 64	75.6%	*
Age 65+	91.0%	*

Data Source: Florida Department of Health CHARTS

* State data not available for comparison

Healthy People 2010 notes that the major causes of death, including heart disease and stroke, share several common risk factors, including high blood pressure (Hypertension), cigarette smoking, high blood cholesterol, and being overweight. Physical inactivity and diabetes are additional risk factors for heart disease. According to HP 2010, one of every two males and one of every three females aged 40 years and under will develop heart disease sometime in their life. Primary prevention, specifically through lifestyle interventions that promote heart-healthy behaviors, is a major strategy to reduce the development of heart disease or stroke. (HP 2010, 2006)

Several lifestyle changes can help prevent high blood pressure or hypertension, and reduce blood cholesterol levels. For high blood pressure, these interventions include increasing the level of aerobic physical activity and exercise, maintaining a healthy weight, limiting the consumption of alcohol to moderate levels for those who drink, reducing salt and sodium intake, and eating a reduced-fat diet high in fruits, vegetables, and low-fat dairy food. (HP 2010)

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Obesity

Obesity has become an epidemic nationally and in the State of Florida. Polk County is no exception. Polk County residents have a higher rate of obesity (being severely overweight) than the State of Florida average and are well above the ideal Healthy People 2010 Objective, as illustrated in Table 6.

Healthy People 2010 – Obesity Objective: 15%



*Table 6
Percentage of residents affected by Obesity*

<i>Percentage of adults who are obese</i>	Polk County	State
All Races/Ethnicities	27.0%	22.3%
Age 18-44	28.2%	*
Age 45 – 64	29.9%	*
Age 65+	20.8%	*
<i>Percentage of Adults who are overweight</i>		
All Races/Ethnicities	35.6%	35.1%
Age 18-44	29.9%	*
Age 45 – 64	46.9%	*
Age 65+	33.8%	*
<i>Percentage of adults who have received advice from a doctor or other health professional about their weight in past 12 months.</i>		
All Races/Ethnicities	18.8%	21.1%
Age 18-44	17.1%	*
Age 45 – 64	20.8%	*
Age 65+	20.0%	*

Data Source: Florida Department of Health CHARTS

*State data not available for comparison

According to Healthy People 2010, overweight and obesity are growing public health problems, affecting adults, adolescents, and children. Overweight and obesity affect a large proportion of the U.S. population—55 percent of adults. These persons are at increased risk of illness from high blood pressure, high blood cholesterol, diabetes, heart disease, stroke, and other diseases. Efforts to prevent overweight and obesity by promoting heart-healthy behaviors—beginning in childhood—are needed to help reverse the trend. Balancing food consumption with physical activity is critical. A wide range of physical activities are beneficial to health and everyone can benefit from physical activity. Even when physical activity is less than vigorous, it can still produce health benefits, including a decreased risk of heart disease.

Chronic Diseases

Diabetes

Chronic diseases such as diabetes can have a significant impact on the quality of life for Polk County residents. The changing demographic patterns are expected to increase the number of people who are at risk for diabetes and who eventually develop the disease. (HP 2010)

Diabetes is a chronic disease of which there are two major types: type 1, mainly occurring in children and adolescents 18 years and younger, in which the body does not produce insulin and thus insulin administration is required to sustain life; or type 2, occurring usually in adults over 30 years of age, in which the body's tissues become unable to use its own limited amount of insulin effectively. While all persons with diabetes require self-management training, treatment for type 2 diabetes usually consists of a combination of physical activity, proper nutrition, oral tablets, and insulin. Previously, type 1 diabetes has been referred to as juvenile or insulin-dependent diabetes and type 2 diabetes as adult-onset or non-insulin dependent diabetes (HP2010).

According to Healthy People 2010, the incidence of people diagnosed with diabetes is expected to worsen before it improves, especially in vulnerable, high-risk populations – including Blacks, Hispanics, American Indians or Alaska Natives, Asians or other Pacific Islanders, elderly persons, and economically disadvantaged persons. Several factors account for this increase, including poor health habits, (poor nutrition; lack of physical activity; and obesity); demographic changes (aging, increased growth of at-risk populations); and improved health screening and reporting systems that more completely capture the actual rate of diabetes within the population.

Despite improvements in screening efforts and data collection, the data for the incidence of diabetes in Polk County and elsewhere can be misleading. For example, Polk County is lower than the state average in the percentage of adults who have been told by a doctor or other health professional that they have diabetes. This may not indicate that the incidence of diabetes is lower, but rather, many residents may be going undiagnosed and untreated for the disease. Polk County has significantly higher rates of obesity, and obesity has been highly correlated to development of diabetes, indicating that rather than lower rates of disease, Polk County may be under-screening and under-diagnosing the disease. Table 7 illustrates the percentage of adults who have been diagnosed with the disease by age group.

Table 7
Percentage of adults affected by Diabetes

Percentage of adults who have been told by a doctor or other health professional that they have diabetes.	Polk County	State
All Races/Ethnicities	7.3%	8.2%
Age 18-44	3.9%	*
Age 45 – 64	10.7%	*
Age 65+	9.5%	*



Data Source: Florida Department of Health CHARTS

* State data not available for comparison

Healthy People 2010 - Diabetes - Objective: 15%: Through prevention programs, reduce the disease and economic burden of diabetes, and improve the quality of life for all persons who have or are at risk for diabetes.

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Asthma

Asthma is a chronic respiratory disease characterized by episodes or attacks of inflammation and narrowing of small airways in response to asthma “triggers.” Asthma attacks can vary from mild to life-threatening and involve shortness of breath, coughing, wheezing, chest pain or tightness, or a combination of these symptoms. Many factors can trigger an asthma attack, including allergens, infections, exercise, abrupt changes in the weather, or exposure to airway irritants, such as tobacco smoke. (NCHS, 2006)

Compared to the state of Florida, Polk County has significantly higher rates of asthma. Although asthma cannot be cured, if treated and well-managed with appropriate lifestyle changes as well as the use of maintenance/preventive medications, individuals with asthma may experience a higher quality of life. Well-managing asthma also has the potential to reduce hospitalizations from asthma attacks.

Average annual number of hospitalizations for asthma: 4,737

Table 8 provides the percent of Polk County residents who have been diagnosed with asthma, as well as those populations who are sensitive to poor air quality and who may be more affected by asthma symptoms.

*Table 8
Polk County residents affected by Asthma*

<i>Percentage of adults who have been told by a doctor or other health professional that they have asthma.</i>	Polk County	State
All Races/Ethnicities	13.2%	10.7%
Age 18-44	15.4%	*
Age 45 – 64	11.3%	*
Age 65+	11.3%	*
<i>Percentage of adults who still have asthma (of those who have ever had asthma).</i>		
All Races/Ethnicities	75.5%	60.4%
<i>Data Source: Florida Department of Health CHARTS * State data not available for comparison</i>		
<i>Sensitive populations affected by poor air quality (actual numbers)</i>		
Population under the age of 14	103,976	*
Population 65 and over	88,722	*
Children with asthma	10,932	*
Adults with asthma	24,139	*
Individuals with Chronic Bronchitis or Emphysema	24,032	*
<i>Data Source: American Lung Association (2004)</i>		

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Substance Abuse, Alcohol, Tobacco and Illegal Substances

Alcohol Consumption

Alcohol use and abuse by adults appears to have decreased. However, rates for alcohol abuse in minor children under the age of 18 have increased. Youth incidence data are provided in the following section. Implications for alcohol abuse, specifically but not limited to, motor vehicle accidents and deaths from alcohol-related crashes, are significant. Table 9 presents the percent of adults in Polk County who reported “binge-drinking” – consuming five or more drinks in a row.

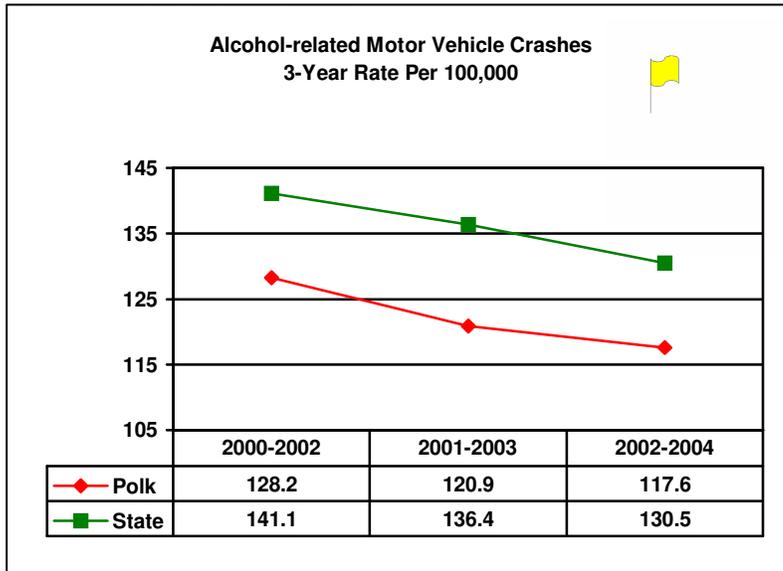
Table 9
Adults who engage in binge drinking

Adults who engage in heavy or binge drinking.	Polk County	State
All Races/Ethnicities	11.1%	14.1%

Data Source: Florida Department of Health CHARTS

Charts 20 and 21 illustrate the incidence of motor vehicle accidents and injuries related to alcohol consumption. Chart 20 indicates that the rates of alcohol-related motor vehicle crashes for Polk County have declined, and are lower than the State of Florida average.

Chart 20
Alcohol-related Motor Vehicle Crashes

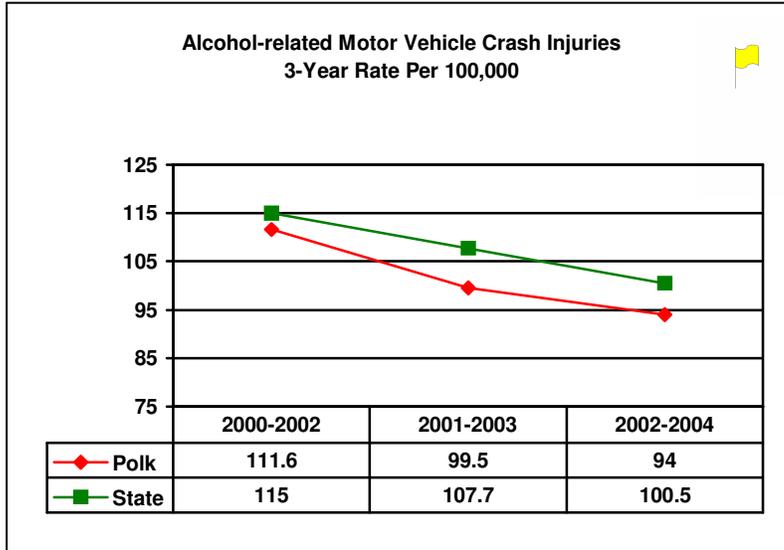


Data Source: Florida Department of Health CHARTS

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Chart 21 shows that Polk County also has declining rates of alcohol-related motor vehicle crash injuries than the State of Florida average.

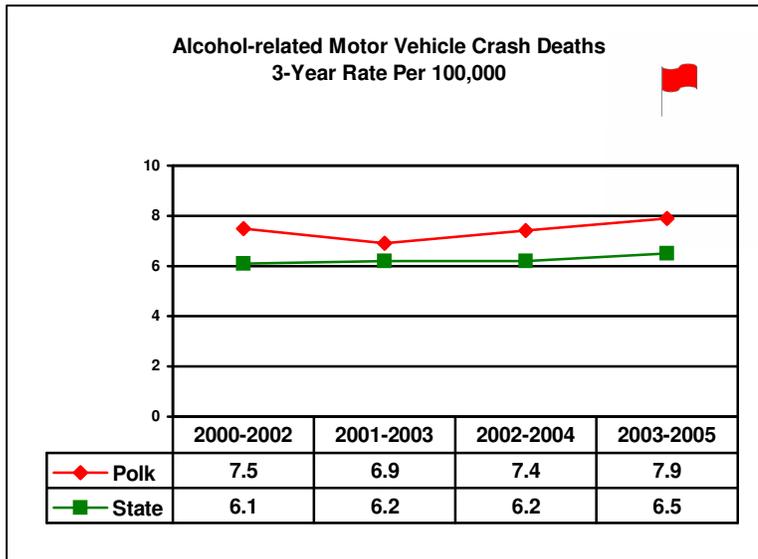
*Chart 21
Alcohol-related Motor Vehicle Crash Injuries*



Data Source Florida Department of Health CHARTS

Despite declines in alcohol-related crashes and injury data, death rates for alcohol-related crashes have increased. Chart 22 provides data on motor vehicle crash deaths related to alcohol consumption. Polk County has a higher rate of alcohol-related motor vehicle deaths than the State of Florida and the trend appears to be increasing.

*Chart 22
Alcohol-related Motor Vehicle Crash Deaths*



Data Source: Florida Department of Health CHARTS

[Healthy People 2010 Goal - Substance Abuse: Reduce substance abuse to protect the health, safety, and quality of life for all, especially children.](#)

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Tobacco Use

Because tobacco use is linked with numerous adverse health outcomes, reducing tobacco use will reduce illness, disability, and death across many conditions, including heart disease, cancer, and chronic lung disease. Polk County has significantly higher rates of tobacco use than the State of Florida average. Tobacco use has been highly correlated to the following major causes of disease and death, including but not limited to: heart disease, cancer, COPD, and stroke. Cigarette smoking also contributes to cancer of the pancreas, kidney, and cervix. Smoking during pregnancy causes spontaneous abortions, low birth weight, and sudden infant death syndrome (HP 2010) Table 10 presents the percentage of adults in Polk County who currently smoke, compared to the State of Florida average. Polk County has higher rates of those who reported they smoke, and lower rates of those who reported quitting smoking.

Table 10
Adults who Smoke

Percentage of Adults who currently smoke.	Polk County	State
All Races/Ethnicities	28.8%	22.2%
Adults who have ever quit smoking in the last 12 months.		
All Races/Ethnicities	54.6%	55.3%

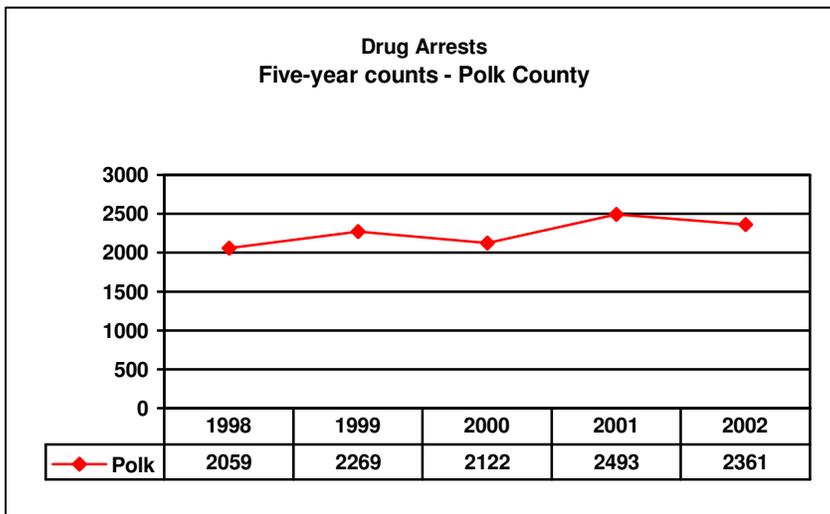
Data Source: Florida Department of Health CHARTS

Healthy People 2010 Objective: 75% for Smoking Cessation. Healthy People 2010 Goal - Smoking Cessation: reduce illness, disability, and death related to tobacco use and exposure to secondhand smoke.

Illegal Substances

Drugs and narcotics offenses for the county, as reported in the Uniform Crime reports of the Polk County Sheriff's Office, are as follows. Offenses include drugs/narcotics arrests, as well as arrests for drugs/equipment. State comparisons are currently not available.

Chart 23
Polk County Drug Arrests



Data Source: Florida Department of Health CHARTS

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Youth and Substance Abuse

According to the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, results from the 2001 National Household Survey on Drug Abuse show that rates and patterns of drug use vary greatly by age. In the national survey, 3.8 percent of youths aged 12 or 13 reported current illicit drug use. Illicit drug use also tended to increase with age among young persons.

Major findings of the survey include:

- Among youths aged 12 to 17, 10.8 percent were current illicit drug users. This was higher than the rate observed in 2000 (9.7 percent).
- Among youths aged 12 or 13, the rate of past month illicit drug use increased from 3.0 percent in 2000 to 3.8 percent in 2001, which was similar to the rate observed in 1999 (3.9 percent).
- There were no changes between 2000 and 2001 in rates of past month use for any of the illicit drug categories for youths aged 14 or 15.
- The rate of current drug use among youths aged 16 or 17 did not differ between 2000 and 2001. However, there were declines of current LSD (1.1 to 0.7 percent) and methamphetamine use (0.6 to 0.3 percent) between these 2 years.

Source: U.S. Department of Health and Human Services. Substance Abuse and Mental Health Services Administration. (2002, September 4).

According to the Florida Youth Substance Abuse Survey (FYSAS, 2004), a survey of Polk County students grades 6 through 12:

- Marijuana use declined from 30.6% (2000) to 20.5%. Overall past-30-day marijuana use dropped from 17.6% to 8.8%.
- Cigarette use also dropped from 23.3% in 2000 to 12.8%.
- Past-30-day rates for illicit drug use, including LSD and methamphetamine, were reported at 1% or less.
- Few students said they would be seen as “cool” by their friends if they drank alcohol regularly (10.9%), smoked cigarettes (7.3) or smoked marijuana (10.1%).

Despite the decline in reported cigarette and drug use, according to the FYSAS 2004 study, alcohol is the most commonly used drug among Polk County students, with rates of 51.4% for lifetime use, and 26% for past-30-day use.

The highest reported prevalence above tobacco use, marijuana and illicit drugs, was Binge Drinking. Binge Drinking is defined as consuming five or more drinks in a row within the last two weeks.

Despite the physical, mental and emotional harm related to alcohol, tobacco and drug use, fewer Polk County students reported the perception that daily use of alcohol is harmful. The percentage of students who reported having one or more drinks nearly every day poses a “great risk” of harm decreased from 42.8% in 2000 to 39.1% in 2004. (FYSAS 2004). In addition, 13.1% of Polk County students surveyed reported “Being Drunk or High at School”.

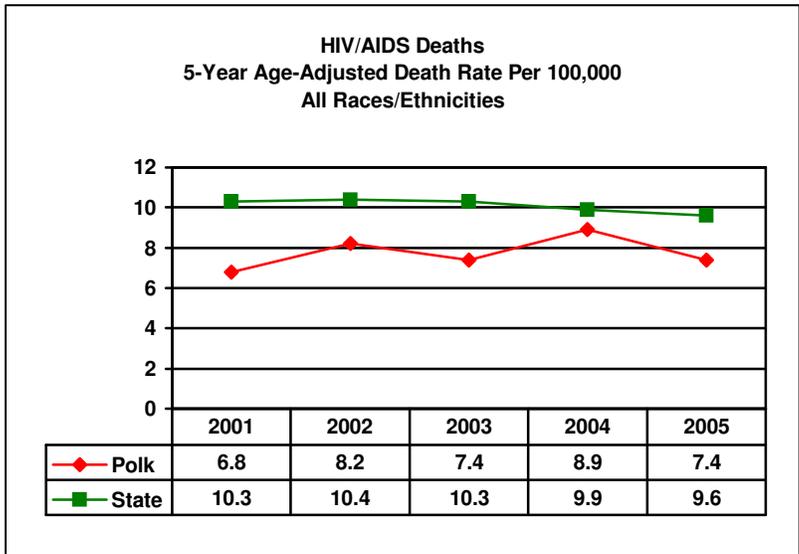
Infectious Diseases

HIV/AIDS Deaths

Polk County has made progress toward reducing deaths by HIV/AIDS. This is an area that will continue to be monitored by the Florida Department of Health, as well as local agencies dedicated to education and disease/death prevention in HIV/AIDS. Despite these lower rates, significant differences between disease incidence between Whites, Blacks, and Hispanics exist. According to *Silence is Death*, a special report published by the Florida Department of Health Bureau of HIV/AIDS, Florida's Black communities have the highest rates of HIV infection and death compared to all other races/ethnicities. In Polk County, when all races/ethnicities are combined, Polk County has a lower death rate than the state.

Chart 24 illustrates the five-year age-adjusted death rate for Polk County residents compared to the State of Florida rate. Polk County has a lower combined death rate than the state.

Chart 24
Age-Adjusted Death Rate for HIV/AIDS



Data Source: Florida Department of Health CHARTS

Disparities - HIV/AIDS

Despite overall lower rates of infection and death for all races/ethnicities than the State of Florida, when this information is broken out by race/ethnicity, Blacks and Hispanics residing in Polk County compared to the State of Florida average, have overall higher rates than whites for both HIV infection as well as deaths caused by the disease.

In Polk County, among Persons Living with HIV/AIDS (PLWHA):

- Whites = 1 in 803
- Blacks = 1 in 117
- Hispanics = 1 in 524

Data Source: Florida Department of Health (2006)

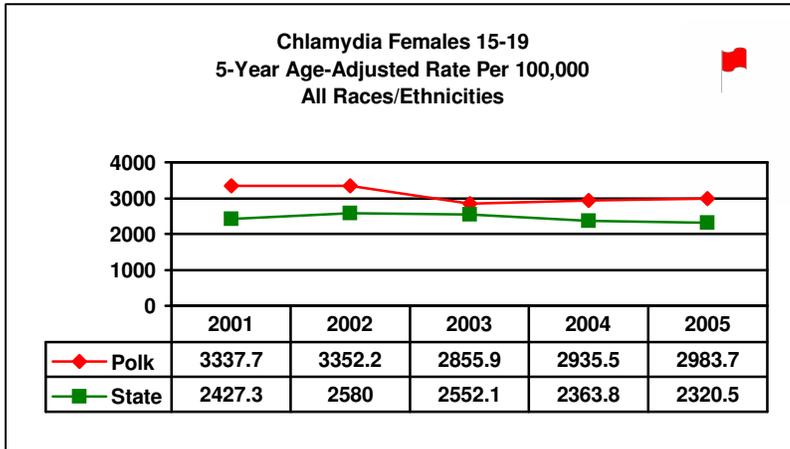
According to the State Department of Health, Polk County is listed in the top 20 counties in Florida with higher rates of disparities for persons living with HIV/AIDS. Factors that contribute to these disparities include but are not limited to: 1) late diagnosis, 2) access to care, 3) stigma and denial, and 4) poverty and unemployment.

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Sexually Transmitted Diseases

Sexually transmitted disease data are significantly negative for Polk County, with increasingly negative trends. Polk County has higher rates of STD's than the State of Florida average. Prevention efforts, early screening and detection are key to identifying and treating sexually transmitted diseases. Unfortunately for many types of these diseases, the affected individual may go "symptom free" for a long period of time, therefore infecting others unknowingly. The following data is tracked and reported for the female population because these diseases may go undetected within this population and can lead to permanent infertility. Chart 25 shows that for Polk County, the rates of Chlamydia infection for females age 15-19 had a brief downward trend, but is climbing and remains higher than the State of Florida average.

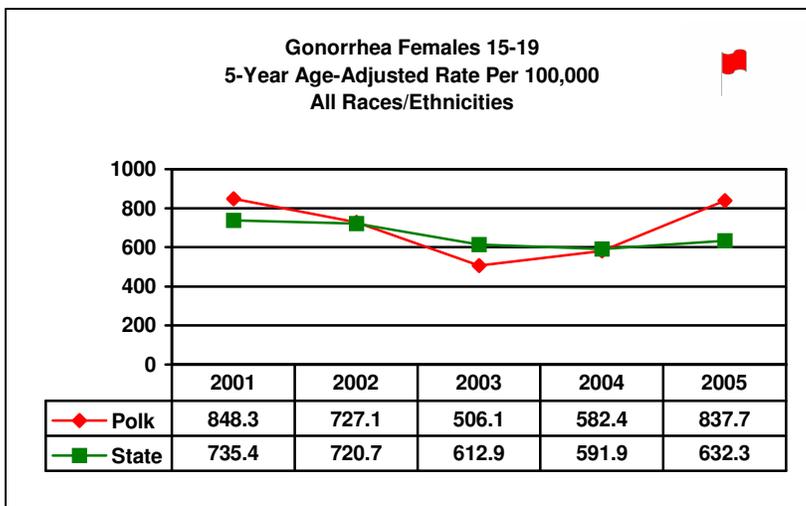
*Chart 25
Females 15-19 Age-Adjusted Rate for Chlamydia*



Data Source: Florida Department of Health CHARTS

Chart 26 illustrates the rate of Gonorrhea infection in the same population; however, a recent upward trend is shown in the rates of infection. The data presents STDs in teens because these diseases may go undetected as noted previously, as well as assist health planners in gauging sexual activity and risky behaviors (such as not using condoms) within this age group.

*Chart 26
Females 15-19 Age-Adjusted Rate for Gonorrhea*



Data Source: Florida Department of Health CHARTS

[Healthy People 2010 Goal - Sexually Transmitted Diseases: promote responsible sexual behaviors, strengthen community capacity, and increase access to quality services to prevent sexually transmitted diseases and their complications](#)

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Vaccine Preventable Illnesses

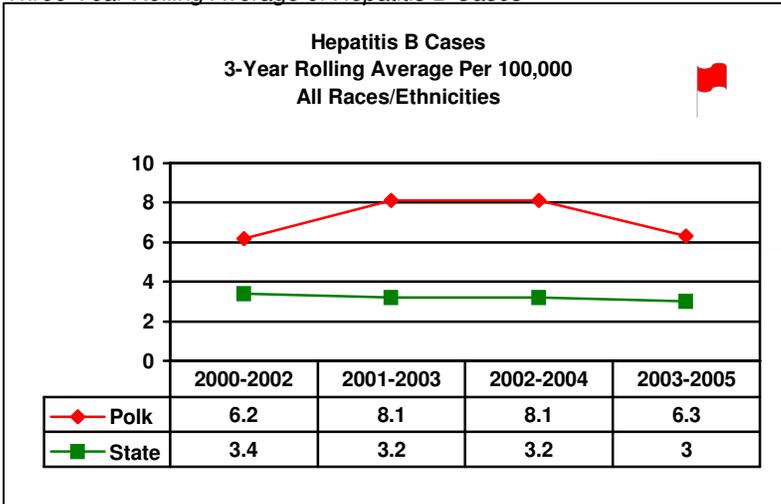
Although there are many vaccine preventable diseases, including but not limited to, measles, mumps, rubella, pneumonia and flu, data is being presented on those of most significance in Polk County as far as data trends reflect.

Hepatitis B

Hepatitis B (Hep B) is a disease caused by a virus which attacks the liver. The virus can cause lifelong infection, liver cancer, liver failure and cirrhosis of the liver. The hepatitis B virus spreads by way of body fluids, including blood, semen, and vaginal fluids. Hepatitis B can be prevented by vaccination. Chart 27 shows Polk County experienced an increase in the number of Hep B cases from 2000 to 2003, and has experienced a slight decrease from 2004-2005; however, Polk County's rate still is higher than the State of Florida average.

Chart 27

Three Year Rolling Average of Hepatitis B Cases



Data Source: Florida Department of Health CHARTS

Pertussis

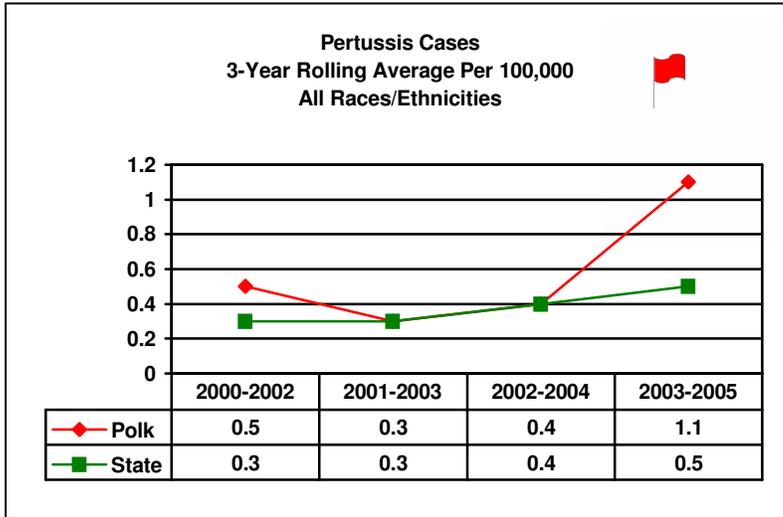
Pertussis (also commonly known as whooping cough) is highly contagious. Infants and children can be protected against pertussis by receiving the pertussis, diphtheria and tetanus immunizations. Pertussis is preventable and is monitored closely by health officials because if left untreated Pertussis can be deadly, and the illness is easily spread through the air by persons who are infected.

Nationally, the incidence of pertussis has been gradually increasing since the early 1980's, with most of the cases being in infants less than a year old. In recent years, however, adolescents and adults have accounted for an increasing proportion of cases. Because the vaccine provides protection for only 5-10 years, adolescents and adults vaccinated as children may become infected and develop no symptoms, mild symptoms, or classic pertussis. Because of this, adolescents and adults are often the source of infection for children who are un-immunized or under-immunized. (CDC, 2006) To reduce the number of pertussis cases among adults and reduce the transmission of pertussis to infants and in health-care settings, the national Advisory Committee on Immunization Practices (ACIP) now recommends that adults get a pertussis booster as part of their tetanus/diphtheria vaccine. (MMWR, 2006)

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Chart 28 illustrates a significant increase in Pertussis cases in Polk County in 2004-2005.

Chart 28
Three Year Rolling Average of Pertussis Cases

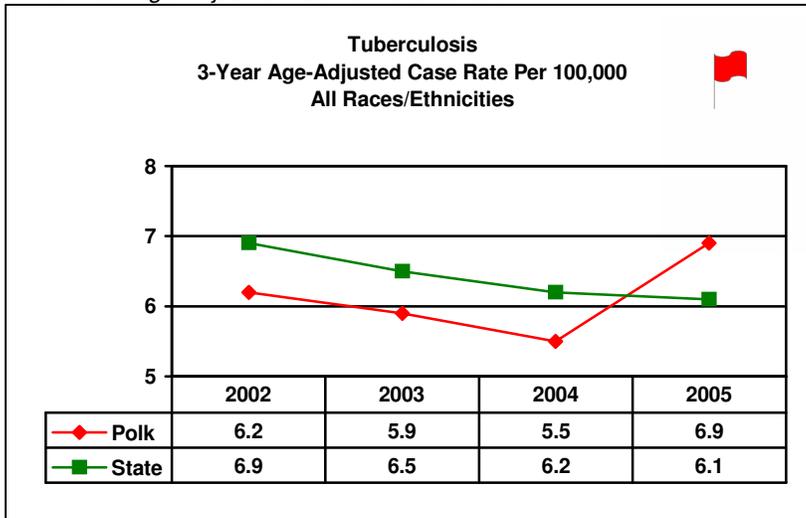


Data Source: Florida Department of Health CHARTS

Tuberculosis (TB)

Tuberculosis, or TB, is an airborne disease that spreads from an infectious person predominantly through coughing and sneezing. The bacteria infect people who have frequent and prolonged contact with a person who currently has TB and is contagious. TB is preventable and is monitored closely by health officials as it can be deadly if left untreated. Polk County has experienced an increase in the number of TB cases as illustrated in Chart 29.

Chart 29
Three Year Age-Adjusted Rate for Tuberculosis



Data Source: Florida Department of Health CHARTS

Healthy People 2010 Goal - Immunization and Infectious Diseases: Prevent disease, disability, and death from infectious diseases, including vaccine-preventable diseases.

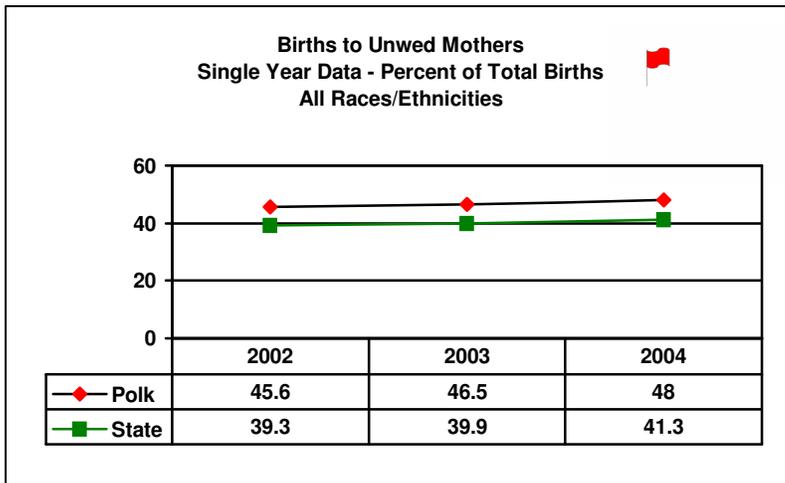
Maternal and Child Health

Maternal and child health indicators are extremely important in gauging the overall health of a community. In Polk County, several challenges exist in improving and maintaining positive change in health outcomes in this area. The following charts demonstrate the high need for continued funding, health education and prevention efforts in this area.

Births to Unwed Mothers

Chart 30 illustrates a moderate increase in the rate of Births to Unwed Mothers in Polk County over the course of the past three years. The rate not only increased, but is higher than the State of Florida rate.

Chart 30
Births to Unwed Mothers

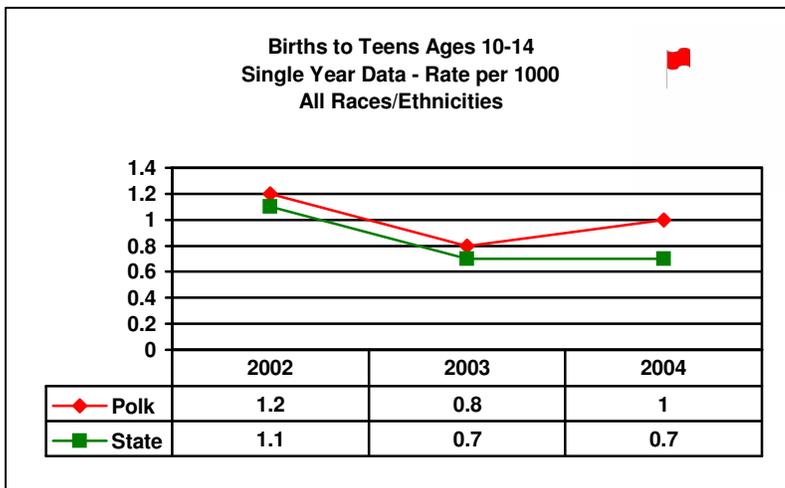


Data Source: Florida Department of Health CHARTS

Teen Births

A similar increase has also occurred in teen births between 2003 and 2004 as illustrated in Chart 31.

Chart 31
Births to Teens Ages 10-14

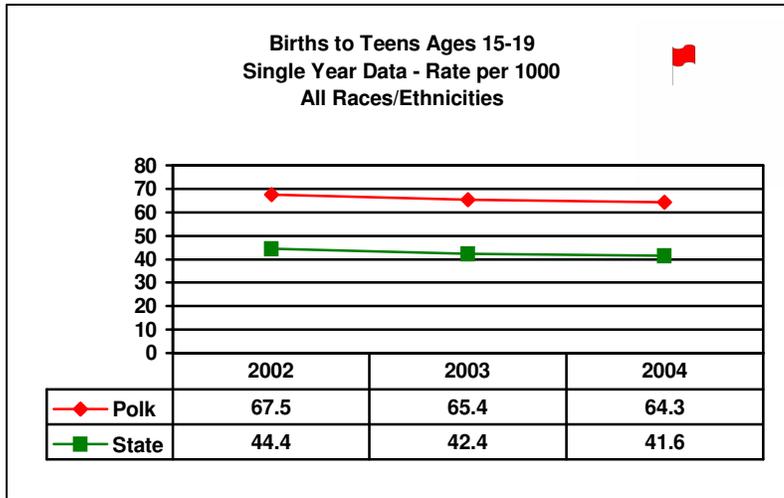


Data Source: Florida Department of Health CHARTS

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Chart 32 provides the rate per 1000 births to mothers ages 15 to 19. This rate has decreased slightly for Polk County from 2002 to 2004, yet remains consistently higher than the 2004 State rate.

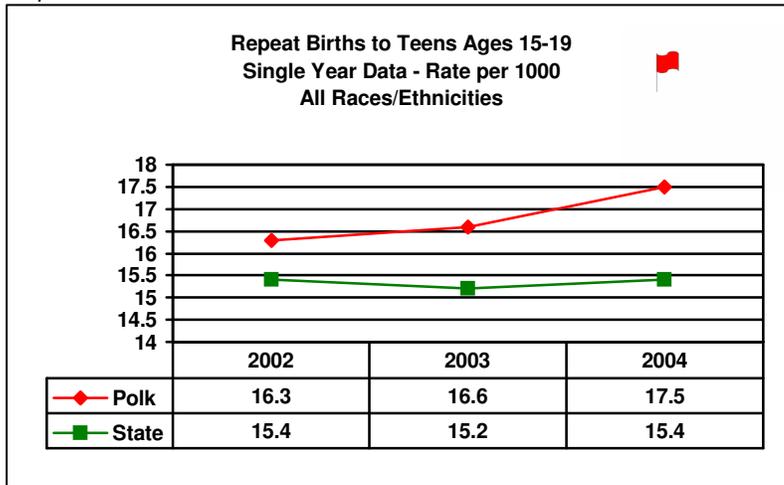
Chart 32
Births to Teens Ages 15-19



Data Source: Florida Department of Health CHARTS

Repeat births to teens increased from years 2002 to 2004, and are higher in Polk County than the State of Florida 2004 average, as shown in Chart 33.

Chart 33
Repeat Births to Teens 15-19



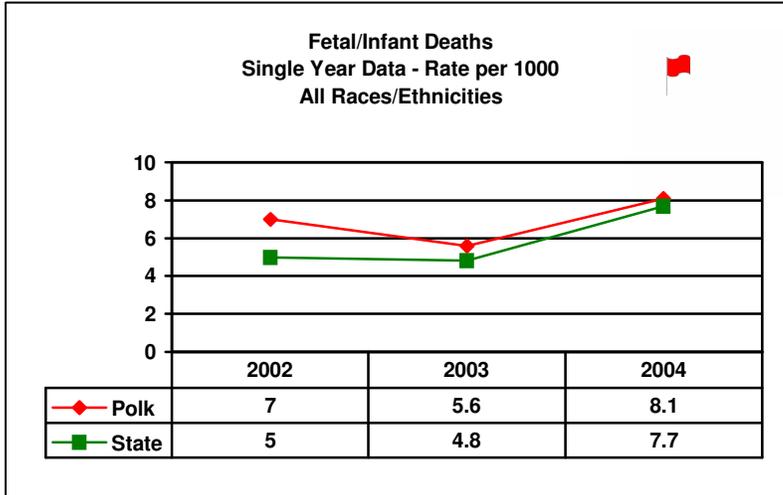
Data Source: Florida Department of Health CHARTS

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Fetal and Infant Deaths

As illustrated in Chart 34, the Polk County rate for overall total fetal and infant deaths fluctuated slightly from years 2002 to 2004, but remains similar to the State of Florida 2004 rate of 7.7.

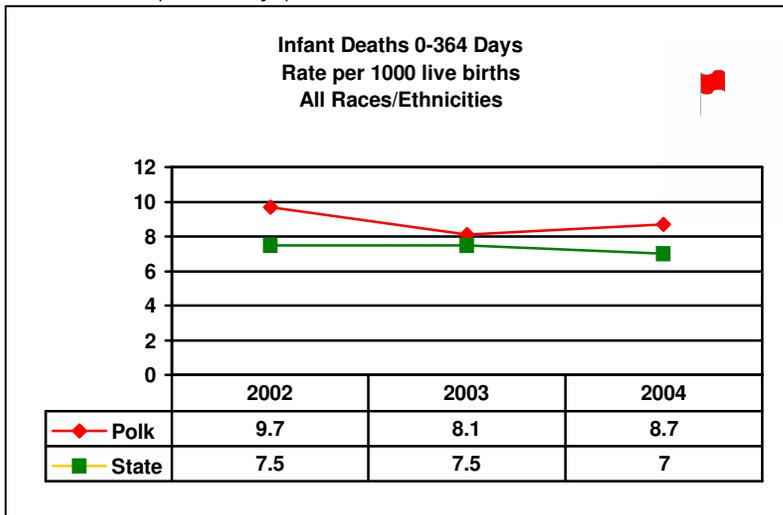
Chart 34
Fetal and Infant Death Rates



Data Source: Florida Department of Health CHARTS

With regards to infant deaths, infant death rates (children birth to 364 days) declined slightly but remain higher than the State of Florida average for 2004, as shown in Chart 35. In Polk County, the leading causes of resident infant deaths in 2005 were Perinatal Period Conditions, Congenital Anomalies, Unintentional Injuries (Accidents), and Sudden Infant Death Syndrome. These causes accounted for 79.0 percent of all resident infant deaths.

Chart 35
Infant Deaths (0-364 Days)



Data Source: Florida Department of Health CHARTS

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Significant disparities also exist in infant/child health outcomes data by race/ethnicity. Black mothers have increased risk of infant deaths compared to other races/ethnicities, as shown in Table 11. As can be seen from this table, black infants are almost three times as likely as white infants to die during their first year.

*Table 11
Infant Deaths 0-364 Days by Race/Ethnicity Polk County*

Race/Ethnicity	Polk County	State
Black Mothers	19.4	*
Hispanic Mothers	4.9	*
White Mothers	6.6	*



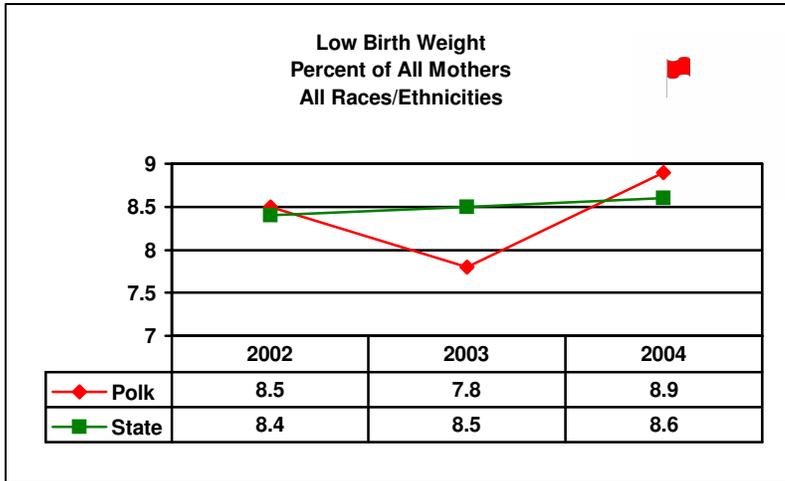
Data Source: Florida Department of Health CHARTS

* State data not available for comparison

Birth Weight

The incidence of low birth weight for Polk County increased from 2003 to 2004. Low birth weight is defined as an infant born weighing less than 5 lbs, 8.2 oz (2500 grams). Low birth weight can be partially attributed to negative health behaviors of the mother, including smoking and alcohol consumption, as well as lower socio-economic status and inadequate medical/prenatal care early in the pregnancy. Chart 36 illustrates the increase in low birth weight births for all races/ethnicities.

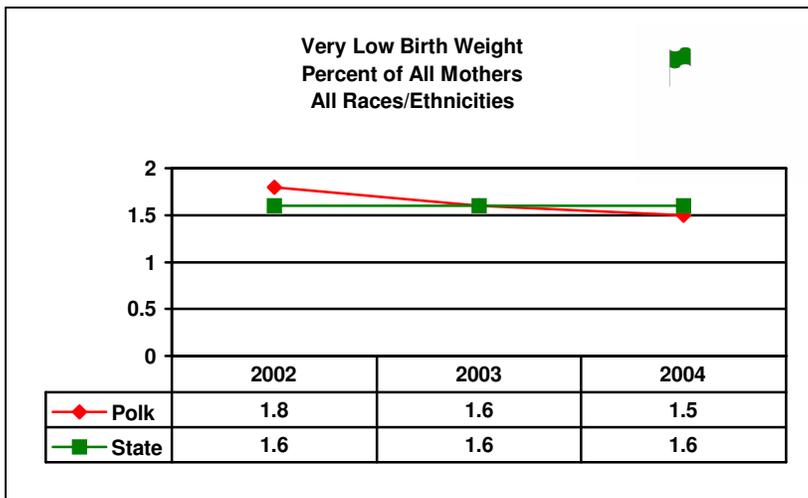
Chart 36
Low Birth Weight



Data Source: Florida Department of Health CHARTS

Chart 37 presents the percent of mothers (all races/ethnicities) in Polk County who gave birth to very low birth weight infants. Very low birth weight is defined as an infant born weighing less than 3 lbs, 5 oz. (1500 grams). Chart 37 shows Polk County has seen slight improvement in reducing the number of very low birth weight infants born.

Chart 37
Very Low Birth Weight



Data Source: Florida Department of Health CHARTS

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Birth Weight Disparities

Both tables 12 and 13 show that in Polk County, Black mothers are at greater risk of giving birth to low birth weight babies as well as very low birth weight babies compared to other race/ethnicities.

Table 12
2004 Low Birth Weight rates (per 1000 live births) by Race/Ethnicity

Race/Ethnicity	Polk County	State
Black Mothers	13.7	*
Hispanic Mothers	7.5	*
White Mothers	7.8	*

Data Source: Healthy Start Coalition of Hardee, Highlands, and Polk Counties, Inc.

* State data not available for comparison

Table 13
2004 Very Low Birth Weight rates (per 1000 live births) by Race/Ethnicity

Race/Ethnicity	Polk County	State
Black Mothers	2.7	*
Hispanic Mothers	1.4	*
White Mothers	1.2	*

Data Source: Healthy Start Coalition of Hardee, Highlands, and Polk Counties, Inc.

* State data not available for comparison

Prenatal Care Disparities

Access to *early* prenatal care (within the first trimester) increases a mother's chance of giving birth to a healthier child. Table 14 presents access to early prenatal care by race/ethnicity in Polk County. Polk County is consistently lower than the State of Florida average for mothers accessing early prenatal care in all race/ethnic groups.

Table 14
2004 Percent Entry to Prenatal Care by Race/Ethnicity

Entry into Prenatal Care During First Trimester	Polk County	State
Percent of All Mothers	65.6%	81.0%
Black Mothers	53.3%	72.8%
Hispanic Mothers	54.1%	79.4%
White Mothers	68.5%	83.4%

Data Source: Healthy Start Coalition of Hardee, Highlands, and Polk Counties, Inc.

Table 15 illustrates that in each of the race/ethnic categories, Polk County has higher rates of women who either receive no prenatal care, or enter prenatal care later in their pregnancies.

Table 15
2004 Percent Late or No Prenatal Care by Race/Ethnicity

Late or No Prenatal Care	Polk County	State*
Percent of All Mothers	7.5%	4.3%
Black Mothers	10.8%	6.6%
Hispanic Mothers	10.0%	4.6%
White Mothers	7.4%	3.6%

Data Source: Healthy Start Coalition of Hardee, Highlands, and Polk Counties, Inc.

* Only 2004 data available due to change at the State level data points

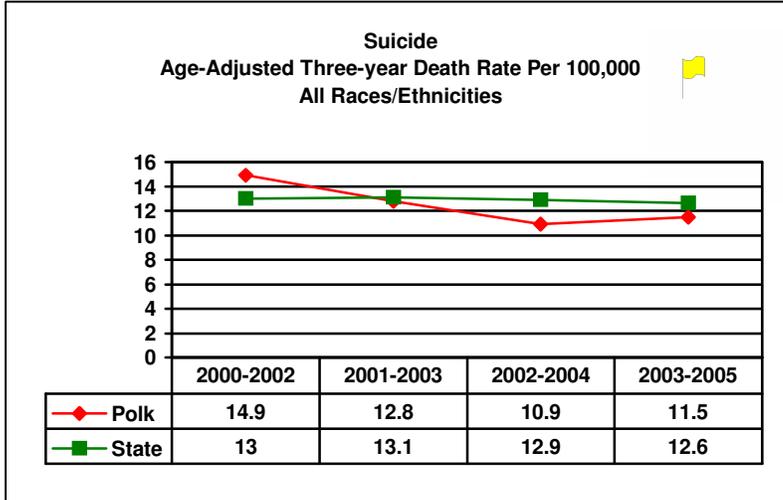
[Healthy People 2010 Goal - Maternal and Child Health: improve the health and well-being of women, infants, children and families.](#)

Social and Mental Health

Suicide

Suicide rates are a unique indicator of the mental health status of the community. Chart 38 indicates there has been a slight decrease in the number of suicides in Polk County during the last several years.

Chart 38
Age-Adjusted Rate for Suicide



Data Source: CHARTS from Florida Department of Health

Mental Health

Data specific to Polk County by The Florida Council for Community Mental Health can be utilized to improve health outcomes in this area.

- 40,000 adults and children in the tri-county region of Polk, Highlands and Hardee, have some form of mental illness.
- 11,000 adults have serious emotional disturbances
- 12,000 children in the three counties have serious emotional disturbances
- It is estimated that 10,664 adults and 4,992 children receive mental-health assistance in those counties through Florida Department of Children and Families or Medicaid dollars.
- It is estimated that an additional 5,000 area residents would obtain mental-health treatment if they could.
- In Polk, \$1,153 a year is spent per adult to treat severe mental illness. The DCF recommended \$1,225 per person seven years ago for the county.
- Polk treatment programs report that 50 percent or more of their mentally ill clients are also substance abusers. This type of co-occurring disorder is more difficult to treat and there is a shortage of mental health professionals in the field specially trained to treat these disorders.

Data Source: Florida Council for Community Mental Health

Healthy People 2010 Goal - Mental Health and Mental Illness: Improve mental health and ensure access to appropriate, quality mental health services.

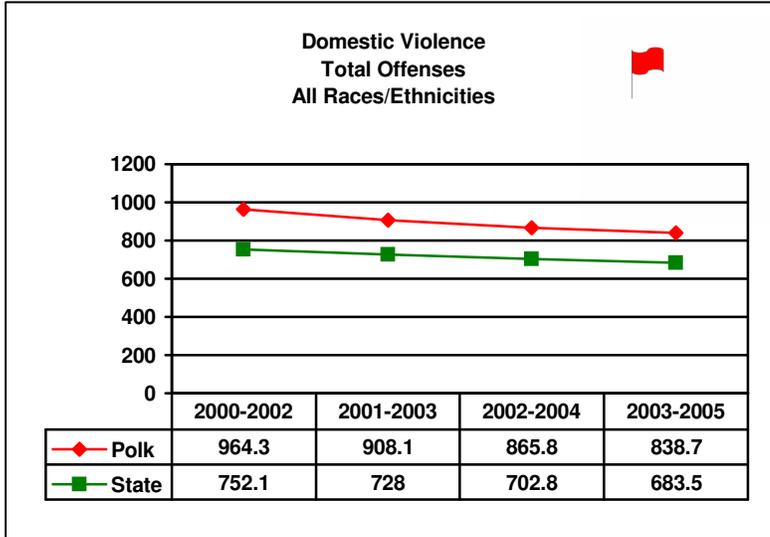
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Domestic Violence

Domestic violence impacts the entire family unit. Polk County has significantly higher rates of domestic violence compared to the State of Florida but the trend is decreasing, as illustrated in Chart 39.

Chart 39

Domestic Violence Total Offenses



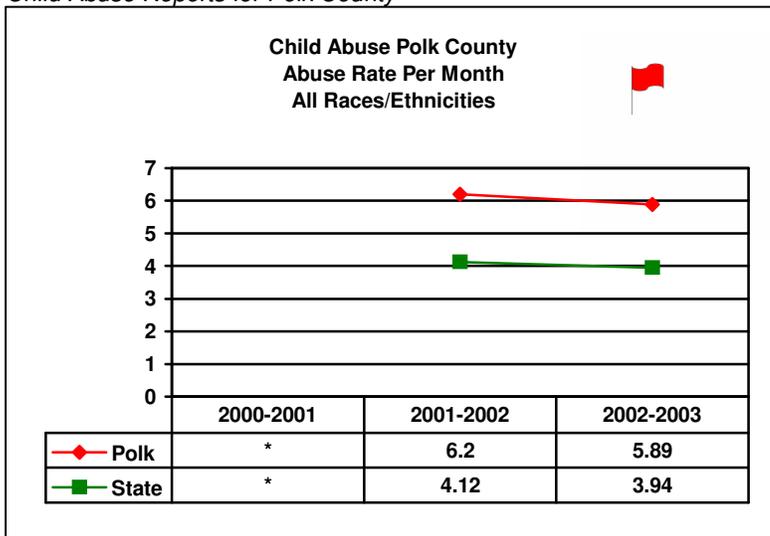
Data Source: Florida Department of Health CHARTS

Child Abuse and Neglect

The child abuse rates for Polk County as presented in Chart 40 are significantly higher than the State of Florida average, but appear to be declining. Limited secondary data is available for abuse and neglect, therefore this is an area that will need to be monitored.

Chart 40

Child Abuse Reports for Polk County



Data Source: Florida Statistical Abstracts

* Data for this year was unavailable

Maintaining a Healthy Lifestyle

A healthier lifestyle may lead to better health outcomes. This section provides the percent of Polk County residents who follow recommended lifestyle changes to improve overall health, including nutrition, physical exercise and oral health.

Nutrition

As illustrated in Table 16, the majority of Polk County residents do not consume the recommended daily amount of at least five fruits or vegetables each day. A healthier diet can lead to improved health outcomes in terms of reducing the risk of chronic diseases as well as illnesses that can lead to the major causes of death, such as cardiovascular disease and stroke.

*Table 16
Healthy Nutrition Practice of Polk County Residents 2002*

All Races/Ethnicities	Polk County	State
Percentage of Adults who consumer less than 5 fruits and vegetables a day.	77.7%	74.3%
Adults who have been advised by a doctor, nurse, or other health professional to eat fewer high fat or high cholesterol foods.	23.3%	21.0%
Adults who have been advised by a doctor, nurse, or other health professional to eat more fruits and vegetables	30.4%	27.9%



Data Source: Florida Department of Health CHARTS

[Healthy People 2010 Goal - Nutrition and Overweight: promote health and reduce chronic disease associated with diet and weight.](#)

Physical Activity

Polk County residents are also less likely to get enough physical exercise, compared to the State of Florida average, as shown in Table 17.

*Table 17
Healthy Physical Activity Practice of Polk County Residents 2002*

All Races/Ethnicities	Polk County	State
Adults who have been advised by a doctor, nurse, or other health professional to be more physically active	29%	28%
Adults with no leisure time physical activity	31.5%	26.4%
Adults with no regular moderate physical activity	54.5%	55.1%
Adults with no regular vigorous physical activity	75.1%	75.6%
Adults mostly sitting/standing at job	57.3%	62.8%
Adults with health status "Fair" or "Poor"	21.7%	16.7%

Data Source: Florida Department of Health CHARTS

[Healthy People 2010 Goal - Physical Fitness and Activity: Improve health, fitness and quality of life through daily physical activity.](#)

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Oral Health

Table 18 illustrates that Polk County residents are also less likely to receive routine preventive dental care, compared to the average for the State of Florida.

Table 18
Healthy Oral Health Practice of Polk County Residents 2002

All Races/Ethnicities	Polk County	State
Adults who have had their teeth cleaned in the past year	64.8%	70.5%
Adults who visited a dentist within the past year	65.9%	70.2%
Adults with no teeth removed	40.3%	46.7%

Data Source: Florida Department of Health CHARTS

Healthy People 2010 Goal - Oral Health: prevent and control oral and craniofacial diseases, conditions and injuries and improve access to related services.

Healthy Communities by Design

As Polk County continues to grow, developers and growth planners can cooperatively design communities with health outcomes in mind. If communities were designed to promote physical activity into our daily lives, we would see improvements in the daily activity levels recommended for health living.

Some examples are:

- A new neighborhood can ensure that **sidewalks** are continuous throughout the development, which might encourage residents to adopt the healthy practice of walking each day.
- Neighborhoods can be located closer to **county infrastructure** and resources, such as **transportation** routes, **grocery stores** and **medical facilities**.
- Developers can discuss with the county and the local health department about connecting their **water systems** to local water systems within municipalities or county, which will provide fluoridation (which prevents oral cavities), rather than developing neighborhoods dependent upon wells for water.
- Communities can make sure that adequate **“green space”**, parks and outdoor activity areas, are abundant and available for use by all local residents, to encourage a healthier, more physically active lifestyle.
- Communities can ensure that the local transportation system provides an **adequate means of transportation** for residents to ensure access to medical facilities.

Healthy People 2010 Goal - Environmental Health: promote health for all through a healthy environment.

Consumer Health Survey

As part of the Mobilization for Action through Planning and Partnerships project, the Polk Health Care Alliance coordinated a county-wide Citizen’s Community Health Survey. The purpose of this survey was to (1) assess community needs, (2) gauge perceptions of health consumers, (3) gather suggestions and ideas for improvement, and (4) to plan for both short- and long-term improvement in health outcomes for Polk County residents.

The goal of the survey was to help community partners within the local health system to better anticipate and manage change in the environment in order to incorporate these findings into the Polk County Community Health Improvement Plan (CHIP).

Two sources of data were obtained for this survey. First, a sample of Polk County residents from difference socioeconomic and racial backgrounds through a paper/pencil survey instrument. This survey was distributed in three languages, English, Spanish, and Haitian-Creole. Second, the same survey instrument was placed on the web using a commercial electronic survey service (SurveyMonkey®). Research, Strategy & Analytics, LLC, conducted the survey and the analyses presented in this report. Limitations unique to this survey include:

- 1) The information collected was based on self-reported information.
- 2) Sample size was too small to make accurate comparisons between race/ethnicity for Asian, Pacific Islander, and Native American residents.
- 3) The results cannot be generalized to other communities nor counties as results are unique to the sample population and are subject to sampling error.

Results

A total of 1,106 health consumers participated in the survey. Of those responding, 38.5% were male, 61.4% were female. Of these, 55.8% were under the age of 40, while 44.2% were above the age of 40. Consumers reporting they were employed were 63.6%. Approximately 52% of the consumers reported their household income as less than \$29,000, whereas 47.5% reported their income was higher than \$30,000 annually. Consumers were also asked to provide their zip code of residence. There were 84 different zip codes reported, scattered throughout Polk County. The most frequently reported zip codes include 33880, 33881, 33884, 33898, 33868, 33860, 33853, 33844, 33841, 33843, 33838, 33837, 33830, 33823, 33815, 33813, 33812, 33811, 33810, 33809, 33805, 33803, and 33801. Zip code level analysis will be conducted during the next phase of MAPP (2007) in order to better direct resources and efforts.

Table 19 provides basic demographic information for the survey sample.

Table 19 <i>Demographic Information for Health Consumer Survey Respondents</i>	
<i>Gender</i>	
Male	38.5%
Female	61.4%
<i>Status</i>	
Employed	63.6%
Self-employed	2.6%
Out of work more than 1 year	6.5%
Homemaker	10.4%
Student	3.5%
Retired	1.4%
Unable to work	7.0%
Other	5.1%
<i>Race</i>	
White	52.9%
Black	20.1%
Asian	.9%

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Native Hawaiian, Pacific Islander	.2%
American Indian	.5%
Hispanic	22.0%
Other	3.1%
<i>Income</i>	
0-\$20,000	35.5%
\$20,000-\$29,000	17.1%
\$30,000-\$39,000	12.9%
\$40,000-\$49,000	8.6%
\$50,000 and above	26.0%
<i>Age</i>	
Under 20 years of age	7.4%
20-40 years of age	48.4%
41-64 years of age	42.4%
65 and above	1.8%

Responses by Majority

The majority of survey respondents indicated that they have one primary doctor or clinic, that they have received their annual exams, and that they have transportation to get to the doctor's office or clinic easily. Respondents also indicated they have one primary dentist and have received a dental exam during the past year. Approximately one-half of the respondents indicated that they have health insurance, and that coverage was made available to them through their employer. Despite coverage, respondents indicated that it was still difficult for them to afford the medical care and medications they or their family needed. Between one-third and one-half of the respondents indicated that they had knowledge of how to become healthier, about programs to improve health, where to go for substance abuse treatment, mental health services or Hospice care. Slightly more than one-third indicated they were satisfied with the quality of health care in their community. Table 20 provides overall survey results per each survey question.

Survey Question	Strongly Agree	Somewhat Agree	Neither	Somewhat Disagree	Strongly Disagree
I have one doctor or clinic that I go to for my routine health care.	69%	18%	5%	3%	5%
I have had a regular physical exam during the past year.	64%	15%	5%	5%	1%
My doctor's office or clinic is close to my home.	55%	23%	7%	7%	8%
I have a car or other transportation to easily get to the doctor's office or clinic.	78%	10%	4%	3%	5%
A family member or I were unable to get health care during the past year.	18%	11%	11%	10%	50%
I have one dentist that I go to for my dental care.	45%	13%	13%	7%	23%
I have had a dental exam or cleaning in the past year.	41%	10%	9%	8%	33%
My dentist's office is close to my home.	31%	17%	15%	9%	28%

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Table 20 Percent response to questions regarding Access, Barriers to Health Care, and Patient Adherence					
Survey Question	Strongly Agree	Somewhat Agree	Neither	Somewhat Disagree	Strongly Disagree
A family member or I received dental care during the past year.	49%	13%	8%	6%	24%
A family member or I were unable to get dental care we needed during the past year.	19%	10%	13%	9%	49%
I have health insurance that covers my health care needs.	53%	17%	6%	7%	17%
All of my family's health care needs are covered by health insurance.	39%	19%	8%	11%	23%
Health insurance is available through my job.	50%	8%	9%	6%	28%
I can afford to buy health insurance through my job.	43%	16%	11%	10%	32%
I do not have health insurance.	15%	5%	8%	6%	66%
I do not want health insurance.	9%	3%	9%	6%	74%
I have tried to get health insurance for my family or myself and could not get it.	12%	8%	15%	7%	59%
A family member or I had an illness that was not treated because we had no insurance.	13%	7%	12%	8%	60%
I know where I can go for health care even if I don't have insurance.	36%	9%	12%	7%	25%
I can afford to buy the medicine my doctor tells me a family member or I need to take.	26%	23%	14%	11%	26%
I can afford the health care I believe my family or I need.	25%	22%	13%	13%	27%
My doctor or clinic helps me get medicine my family or I need that we cannot afford.	18%	15%	25%	12%	30%
I have used someone else's medicine because I could not buy my own.	7%	6%	12%	9%	66%
In general I am in good health.	41%	33%	10%	8%	8%
My doctor has told me that I have a long-term or chronic illness.	17%	9%	11%	7%	58%

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Survey Question	Strongly Agree	Somewhat Agree	Neither	Somewhat Disagree	Strongly Disagree
I take the medicine my doctor tells me to take to control my chronic illness.	21%	8%	11%	6%	54%
I know where to go to get information on health care and staying healthy.	47%	16%	16%	4%	17%
I know about programs in my community that can help me become healthier.	45%	22%	13%	6%	14%
I know where to go for mental health services in my community.	39%	21%	15%	8%	19%
I know where to go for substance abuse services in my community.	39%	20%	15%	8%	18%
I know how to get end-of-life care or hospice care in my community.	34%	19%	17%	8%	22%
I am satisfied with the level of health care available in my community.	36%	24%	16%	8%	17%
I believe language is a barrier to my family's or my ability to get health care.	23%	15%	13%	10%	38%

Respondents by Income

Despite the differences in the frequency in responses as indicated in the above tables, Income Level was the greatest predictor of how an individual would respond, particularly in the \$0 to \$20,000 income group. Residents in this income group indicated they had greater difficulty in affording health insurance provided by their employers and that they tried to get health insurance but were unsuccessful. They also indicated with greater frequency that they knew where to go for health care even if they did not have health insurance. This income level also indicated that they did not have the same level of patient adherence to medical care in terms of taking medication they were told to take by their physician. They also reported with less frequency that they had one primary care physician or clinic that they go to for routine care. This income group also indicated with greater frequency that the other income levels, that they were not generally in good health. This group also had the lowest responses for knowledge about programs to improve health, where to go for substance abuse treatment, mental health services or Hospice care. The income group \$20,000 to \$29,000 also indicated they had decreased levels of knowledge about these health care services.

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Optional Mental Health Questions

Five optional questions regarding mental health and mental health care were made available to the SurveyMonkey® respondents. Respondents were given the opportunity to by-pass these questions. Table 21 provides some of the respondents' verbatim comments as well as frequencies of themes.

Table 21 Frequency of responses to survey questions regarding Mental Health Care, and Service.		
Survey Question	Response	
	Yes	No
Have you or a family member experienced a mental illness in the past year?	22.6%	77.7%
Did you or your family member seek mental health services when needed?	32.2%	67.1%
Were you or your family member able to access the mental health services when needed?	48.9%	51.5%
Were you successful in getting the help that you or your family member needed?	56.8%	43.7%
If you were not successful in finding and receiving treatment or care, please tell us why?	Frequency of Responses	
Theme: Access and Quality of Care	39%	
<i>"The physician was not helpful – answer was medication – never offered therapy or dealing with problems – only psychiatrist available at the time."</i>		
<i>"I was able to get mental health care for two of my foster children one time a month they could both use services more frequently but the closest facility is 45 minutes away and the facility is usually so booked that getting them in more than one time a month is difficult."</i>		
<i>"The problem with mental health issues is no insurance, little availability to good help. All they want to do is prescribe pills, no one ever wants to find out why...they don't want to talk just hand out antidepressants."</i>		
<i>"To get a mental health appt. you must make an appt., then wait one to three months, do intake, then make an appointment for one to three months to see a therapist or doctor. You are treated rude or ignored most of the time."</i>		
<i>"The low cost and free mental health care services my XXXX was able to access were not productive in any way. The individuals who assisted her were not of the same standard as in the private sector. They did not come across as being well educated, experienced, or even concerned enough to truly help her."</i>		
<i>"No response to voicemails left at XXXX."</i>		
<i>"Dr.'s were not able to provide the help that I wanted for him, and also it takes a long time."</i>		
	Frequency of Responses	
Theme: Cost	26%	
<i>"I'm afraid of the bill...sometimes its difficult to buy a bottle of aspirin (generic) for a headache."</i>		
<i>"Insurance and money"</i>		
<i>"Not being insured and the cash price was too much."</i>		
<i>"In some cases you have to be low income and qualified for other government help, so if you are a hard working person but at the same time can't afford to pay for insurance you have to choose to put food on the table."</i>		
<i>"I was unable to find services that met my needs. I am sure they are available but the only service I could find, I was not able to afford."</i>		

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Qualitative Responses Maternal Child Health

Open-ended questions specific to Maternal Child Health were also added to the web-version of the survey. Questions were designed to illicit information and ideas for improving access to maternal and child health care. Responses were gathered via SurveyMonkey®, and analyzed for recurring themes. Table 22 presents some of the respondents' verbatim responses as well as frequencies of themes.

Table 22 Frequency of responses to survey questions regarding Maternal Health Care.	
Survey Question	Response
What do you believe is the largest barrier to pregnant women starting maternity care early in their pregnancy?	Frequency of Responses
Theme: Inadequate or no insurance and cost	43%
<i>"Cost – so many of the tests are not covered fully by insurance."</i>	
<i>"Cost – during my last pregnancy, we had crappy insurance and I even waited until about three months along to go in and be monitored because my deductible was so high."</i>	
<i>"Financial concerns – even women who have insurance may not be able to afford the co-payment or to take time off from work. Women who have no insurance may also lack transportation and if working, may not be able to take paid leave time from work."</i>	
<i>"Most of the clients that I see have a hard time getting in to see a doctor because they are trying to get on Medicaid. Sometimes it takes while for the Medicaid to get approved."</i>	
<i>"Getting an appointment in a reasonable amount of time while waiting for Medicaid to kick in."</i>	
<i>"That Medicaid is only guaranteed for 45 days some women wait till later in the pregnancy to apply to ensure that [the] hospital bill will be paid."</i>	
	Frequency of Responses
Theme: Access (Lack of physicians)	26%
<i>"Lack of qualified ObGyn's close to my home – the distance to a hospital where a qualified ObGyn works at [is too far] I have a vehicle but for women I have known who do not have transportation as there are no buses in our area."</i>	
<i>"It's hard to get an appointment early on because the physicians have so many patients."</i>	
<i>"Having health care in a convenient location. Having transportation to reach the location."</i>	
<i>"Back-logged doctors."</i>	
<i>"Getting an appointment with a physician. There are usually long wait times for an appointment with a physician, especially if you are a new patient. Also there can be barriers if you have no insurance."</i>	
<i>"Difficulty accessing early care. Early appointments not available."</i>	
<i>"Lack of appointments in the public and private sector. The private sector is about 4-5 weeks wait."</i>	
	Frequency of Responses
Theme: Education	16%
<i>"Lack of education regarding the importance of prenatal care."</i>	
<i>"Knowledge about assistance."</i>	
<i>"Not knowing how to go about it."</i>	
<i>"Not realizing the necessity of being under the care of a doctor and what it can mean to her and her baby."</i>	
<i>"Knowing where to go to get good quality care and affordable."</i>	
What do you believe is the largest barrier to teens accessing maternity health care?	Frequency of Responses
Theme: Fear	53%
<i>"Most likely they are afraid of telling their parents."</i>	
<i>"Hiding the truth of the pregnancy"</i>	

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Survey Question	Response
Table 22 <i>Frequency of responses to survey questions regarding Maternal Health Care.</i>	
<i>"Fear of pregnancy being discovered."</i>	
Barrier to teens accessing maternity health care, cont.	
<i>"I bet the largest barrier is fear – afraid to get help or ask for help and HAVE NO CLUE how to access help."</i>	Frequency of Responses
Theme: Lack of Knowledge	34%
<i>"Not knowing what to do and where to go to get help and the importance of care."</i>	
<i>"Lack of understanding of its importance."</i>	
<i>"Maybe there should be more education and resources available. Many teens tend to hide their pregnancies for a time and don't seek health care right away."</i>	
<i>"Denial and lack of awareness about resources available to them, and the need to utilize them early."</i>	
<i>"Not having a lot of education as far as pregnancy, prevention. XXXX had an excellent program for teens until the age of eighteen, until the governor took that away. Where is the prevention?"</i>	
Name one key idea for preventing teen pregnancy in Polk County.	
Theme: Education (Both abstinence as well as birth control methods)	66%
<i>"Being able to get them the proper birth control and safe sex methods and education at home and at the schools. Parents are in denial about their children and their sexual activity."</i>	
<i>"Awareness. Sex Education classes need to be taught in the high schools. They need to bring in someone who is in that position (pregnant & a teen) and show them the consequences and how it has affected their life. The ups & downs. I don't believe teens these days realize how much responsibility is involved and exactly what the consequences of having sex, not to mention all the STD's, etc....out there. The kids need real human beings to share their personal story with them."</i>	
<i>"Education. Not a new idea, but maybe starting in elementary school."</i>	
<i>"Protection!! They won't let you talk about protection in school and teens don't know where to get protection if they want it or what is available to them. Yes waiting to have sex is ideal in the "perfect world" but teens having sex now are not going to stop. They need basic education – that is not provided to them in school."</i>	
<i>"Educate, educate, educate – sex education from 3rd grade and above with a parent present for instructional activities – perhaps presented after school."</i>	
<i>"I believe in abstinence but I also believe that we need to get our heads out of the clouds, and be realistic about what today's teens are really doing. There needs to be more education on what is available regarding birth control and how to get it."</i>	
Theme: Distribute birth control (via schools and programs)	17%
<i>"Providing information and providing protection."</i>	
<i>"Comprehensive sex education in the schools with the focus on contraception not just abstinence."</i>	
<i>"I believe that teens should not only be introduced to abstinence, but they should be provided with contraceptive devices. The reality is, teens are sexually active, and we can prevent these teens from becoming pregnant by providing them with condoms, birth control, etc."</i>	
<i>"More accurate birth control information given in the school system."</i>	
<i>"ACCURATE abstinence info followed by low cost, accessible, and effective contraception."</i>	
<i>"Birth control education in school (school health)."</i>	
<i>"Give school nurses the authority to give birth control in school..."</i>	

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Table 22 <i>Frequency of responses to survey questions regarding Maternal Health Care.</i>	
Survey Question	Response
<i>"Increase sex education and birth control methods in high school."</i>	
Theme: Increase programs and activities	11%
<i>"Activities that they can afford financially and time wise."</i>	
<i>"Have more activities to keep them occupied so they don't have time to waste..."</i>	
<i>"Programs with more one-on-one interaction"</i>	
<i>"Provide challenging activities for high risk youth, mentored by a positive role model."</i>	
<i>"Programs and seminars with young females."</i>	
<i>"Esteem building programs and mentoring with other older women who will listen and provide a safe place for young women..."</i>	

Summary Findings

The results of this survey illustrate the importance of health education efforts for all Polk County residents. Lack of knowledge about how to become healthier as well as accessing programs to help them become healthier, stood out as the most important need for all groups, including gender, race/ethnicity, and income level. Those with higher income levels reported higher knowledge levels in all categories. This is not necessarily attributed to the residents' annual income, but rather, is perhaps more reflective of the educational attainment level of those individuals. Those at the income level of less than \$29,000 annually had the greatest need for increased health education efforts in all categories.

Implications

The Health of Polk County, A Status Report, was created in order to highlight the major health and social issues affecting the health status and quality of life in Polk County. A secondary goal of this report is to provide some areas the Polk Health Care Alliance and partner health and social service agencies may wish to consider focusing their strategic efforts on in order to create a Community Health Improvement Plan (CHIP). A CHIP, by way of targeted health intervention and advocacy, will help health care organizations in Polk County work collaboratively to improve the health of all Polk County residents. **Members of the Polk Health Care Alliance and of the community-at-large are encouraged to review the findings within this report and identify areas that their specific organization might be able to improve outreach and access to, in order to have improved health outcomes for Polk County residents.**

Population projections for Polk County are high, with increased growth in all major age groups, which will increasingly challenge the health system infrastructure in the future. Polk County is experiencing phenomenal rates of population growth, particularly in the age 18-64 group, as well as among Hispanics and families at lower socio-economic levels. As the population begins to age, the rates of both chronic disease, as well as, deaths from all major causes may increase as well. Polk County also has significant rates of poverty within population subgroups. Poverty and lower socio-economic status has been correlated with poor health status. Interventions specifically targeted to disparate groups are necessary to reverse these trends.

Inadequate data still exists for health planning purposes for special populations, particularly the elderly and children; disparate populations, including different age groups, race or ethnicity, or gender; specific communities within Polk County; and for the field of mental health and substance abuse.

Additional data is necessary at the community level in order to gauge improvement in specific health outcomes, in particular for disparate populations. It is anticipated as specific diseases and/or consumer health behaviors are identified and targeted in a Community Health Improvement Plan (CHIP), additional data will be gathered and examined at the community level in order to show specific health outcomes improvement within targeted populations.

Polk County is doing poorly in the majority of leading causes of death, including heart disease, cancer, stroke, unintentional injuries, and lung diseases.

Compared to the State of Florida, Polk County residents experience higher rates of death for the top five major causes of death, 1) heart disease, 2) cancer, 3) stroke, 4) unintentional injuries, and 5) COPD/CLRD (chronic lung diseases). Many of these illnesses can be prevented by positive health behavior practices, such as quitting smoking, improving nutritional habits, increasing physical exercise, and monitoring and managing chronic diseases.

Residents of Polk County have high rates of chronic disease and are at increased risk for premature death.

As individuals age and develop chronic diseases, such as diabetes, hypertension, and cardiovascular disease, their risk of premature death increases. Being screened for such illnesses are paramount to managing and controlling chronic disorders in order to achieve a higher quality of life and perhaps longer life span. Going to a family doctor or primary care physician or health clinic on a yearly basis for screening and health education can assist individuals in diagnosing and caring for these types of disorders which ultimately lead to death in later stages in life.

A high percent of Polk County residents lead unhealthy lifestyles, and as a result, are at increased risk for disease and death.

A significant percentage of residents of Polk County reporting having high blood pressure, being overweight or obese, smoking, not eating enough fruits and vegetables, nor getting enough physical exercise. Improved health habits may reduce risk of premature disease and death. Having a healthy lifestyle is the first line of defense in preventing disease and illness and improving quality of life. Research has overwhelmingly shown the benefits of eating nutritious foods in the right portion size, regular exercise, tobacco cessation, and maintaining a healthy weight.

Residents of Polk County are showing an increasing trend in rates of sexually transmitted diseases, hepatitis B, pertussis, and tuberculosis in comparison to the State of Florida average. Some populations are also showing higher rates of HIV/AIDS.

Black residents are at significant risk of HIV/AIDS compared to other races/ethnicities. The rates of vaccine-preventable illnesses such as Hepatitis B and pertussis and the recent upward trend in TB need to be monitored closely.

Women in Polk County have lower rates of obtaining necessary prenatal care early in their pregnancy (first trimester), which increases risk of negative birth outcomes, and sexual activity of the teen population puts them at risk for unintended pregnancies and sexually transmitted diseases.

There are significant disparities in health outcomes for non-white women and children. Interventions targeting these disparities will require additional research into specific causes of these disparities, as well as, creation of unique, targeted intervention and health education programs.

The Consumer Health Survey showed significant knowledge gaps in the lower socio-economic groups in knowledge about how to improve their health, including health programs, where to go for health care, and knowledge about how to access mental health and substance abuse services.

Those at the income level of less than \$29,000 annually had the greatest need for increased health education efforts in all categories. There were non-significant differences between race, nor gender for the survey sample regarding knowledge and access.

Recommendations

Address Health Disparities

As indicated throughout this report, several populations do not have the same level of health outcome improvement as other populations. Currently available data is inadequate to track several major illnesses in the Hispanic population; however, data is readily available to track health disparities in the Black population. As Polk County will continue to see growth in the Hispanic population it is of utmost importance that the major causes of death data are provided for this population.

Specific causes for these disparities are not known, but it is believed there may be relationships between:

- Lifestyle habits, (such as diet, exercise)
- Beliefs about the health care system and its use
- Inadequate access to health care services

Health disparities must be addressed if health outcomes improvement is to be realized in Polk County. This includes analyzing secondary health outcomes data by race/ethnicity for all major causes of disease and death, and designing culturally competent health education interventions to target disparate groups.

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Promote Healthy Lifestyles and Environments

Healthy People 2010 Goal - Educational and Community-Based Programs: Increase the quality, availability, and effectiveness of educational and community-based programs designed to prevent disease and improve health and quality of life.

It is also demonstrated in this report that access to medical care, specifically health education as well as medical health screenings, are key to early detection, which may lead to an increased chance of improved quality of life and perhaps even survival of a major medical illness.

Dedication to a healthier lifestyle requires the commitment of the individual and the community. Information provided in this report regarding healthy lifestyle choices is intended to provide steps an individual or family can take to aim for a healthier quality of life. This includes:

- Eating a healthier diet
- Quitting smoking
- Maintaining a healthy weight
- Obtaining routine medical and preventive health care
- Being physically active
- Taking maintenance or preventative medications as prescribed.
- Advocating for development of healthier communities by design, including more outdoor "green space" for residents to encourage physical activity.

Research has shown that increased efforts in this area will improve health outcomes longer term and may actually prevent serious illnesses leading to disability or death.

Improve Access to Health Care

Healthy People 2010 Goal - Access to Quality Health Services: Improve access to comprehensive, high-quality health care services.

Healthcare Access can be hindered by multiple barriers, including but not limited to:

- Fear of medical procedures
- Beliefs that medical care is only needed when an individual is sick
- Lack of adequate health insurance
- Lack of financial resources to pay for health care services
- Lack of adequate, affordable transportation to and from health facilities
- Lack of knowledge about which doctors to choose, and where to go for health care

According to a recent study conducted by the Florida Agency for Health Care Administration, it is estimated that in 2004, 74,347 Polk County residents (age 0 to 64) are uninsured and have limited access to adequate health care resources. This encompasses the largest growing population group for Polk County.

Researchers at The University of South Florida-Lakeland state that health in Polk County is needy. The USF study conducted in 2003 estimated that 50% of the county's population qualifies and receives care through the governmental health care programs of Medicaid and/or Medicare. This study also estimated that twenty-five percent of Polk County residents are without health care insurance or are inadequately insured (underinsured). In addition, the study estimated that 28% of the population residing in Polk County is paying for private health insurance out-of-pocket or sliding fee-scale.

Access may be improved in the community many ways. Possible ways to impact access may include, but are not limited to:

- Continuing education media campaigns to educate residents about available health care resources

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- Advocating for expansion of the county infrastructure, specifically public transportation availability to remote areas of the county
- Educating individuals about how to have a healthier lifestyle
- Educating the public on use of a primary care physician and the importance of early detection and screening for major illnesses
- Advocating for additional green space within existing communities
- Advocating for “Healthier Communities by Design” for planning entities and developers as Polk County continues to grow

Throughout this report we have highlighted the health challenges facing Polk County residents. This information has been generated through several phases, including data analysis, surveying health consumers, and interviewing community partners and health care providers. This has helped us to create a shared community vision for overall health improvement in Polk County. With that come significant challenges, as well as opportunities to continue to collaborate and work together for a better quality of life for all Polk County residents.

Individuals who contributed to the development of this report include:

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Additional copies of this report can be obtained via the worldwide web at www.PolkHealthCareAlliance.org

Glossary of Terms

Age-adjusted Death Rates (AADR)

An AADR is a death rate that has been adjusted for age distribution within a given population, or community.

3-year Rates

3-year rates are calculated by taking the average number of events and average total population.

Birth Rate

The number of births per 1,000 resident population.

Chronic Disease

An illness, such as heart disease, asthma, or diabetes, that is ongoing or recurring but is not caused by infection and is not passed on by contact.

Chronic Obstructive Pulmonary Disease (COPD/CLRD)

A progressive lung disease process characterized by difficulty breathing, wheezing, and a chronic cough. Complications include bronchitis, pneumonia, and lung cancer.

Community Health Improvement Plan (CHIP)

A community-wide strategic plan for systematic health improvement at the individual and community levels. This plan is build through collaborative analysis and partnership, and is adopted by the community-at-large.

Demographics

The statistical characteristics of human populations and households (such as age or income.)

Diabetes

A chronic health condition where the body is unable to produce insulin and properly break down sugar (glucose) in the blood. Symptoms include hunger, thirst, excessive urination, dehydration and weight loss. The treatment of diabetes requires daily insulin injections, proper nutrition and regular exercise.

Disparities

Socioeconomic or health inequality or difference relative to the local community or wider society to which an individual, family or group belongs.

Healthy People 2010

A set of national leading health improvement goals.

Hepatitis

Inflammation of the liver. May be caused by bacterial or viral infection, parasitic infestation, alcohol, drugs, toxins, or transfusion of incompatible blood. Although many cases of hepatitis are not a serious health threat, the disease can become chronic and sometimes lead to liver failure and death.

Hypertension/High Blood Pressure

A condition of elevated blood pressure that can lead to kidney disease, heart disease and stroke.

Infant Death (Mortality) Rate

The number of deaths to individuals less than one year of age per 1,000 live births.

Low Birth Weight

Infants born who weighed less than 2500 grams (5 lbs., 8.2 oz) at birth.

Pertussis

A bacterial infection of the respiratory tract characterized by short, convulsive coughs that end in a whoop sound when breath is inhaled (commonly called whooping cough); mainly affects children.

Very Low Birth Weight

Infants born who weighed less than 1500 grams (3 lbs., 5 oz) at birth.

Teen Birth Rate

The number of births to teenage females per 1,000.

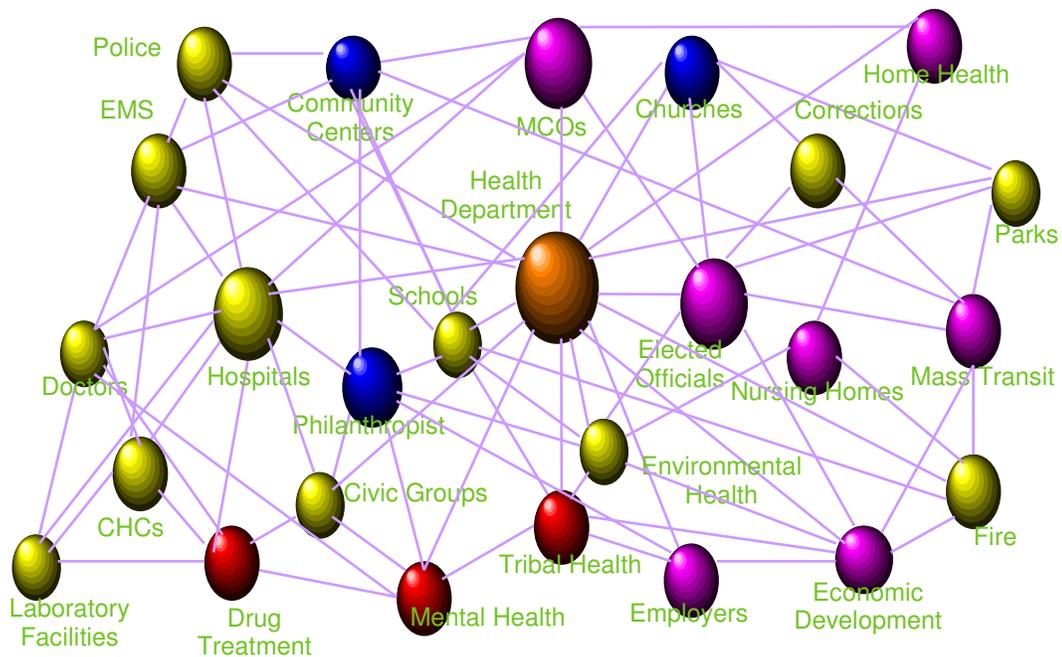
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The Local Public Health System Assessment

Breakout Results for Community Partners in Health



Polk County, Florida

October, 2005



U.S. Centers for Disease Control

The Local Public Health System Assessment (LPHSA) 2005

Purpose

The LPHSA Assessment is first of four major assessments utilized in the MAPP process. The LPHSA is an initiative first established by the U.S. Centers for Disease Control and Prevention (CDC) in 1998. At that time, the Polk County Health Department was one of a few counties in Florida which participated in the pilot instrument in 1999. Collaborative partners for LPHSA development and implementation nationally include the CDC, as well as the American Public Health Association, and the National Association of County and City Health Officials. Other collaborative partners include the Association of State and Territorial Health Officials, the National Association of Local Boards of Health, and the Public Health Foundation. The LPHSA was conducted again in 2005 by the Polk County Health Department.

Goal

This assessment highlights the CDC's Ten Essential Public Health Services, which provide standards for quality in public health. The LPHSA centers around four concepts. First, the assessment highlights the Ten Essential Public Health Services identified by the CDC and other national public health entities, as being a necessary foundation for public health activity. The standards provide an optimal level of performance. Each performance standard represents the "gold standard" or "best-practice" in that area. The standards are intended to support a continual process of quality improvement for local health system partners.

The Ten Essential Public Health Services include:

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

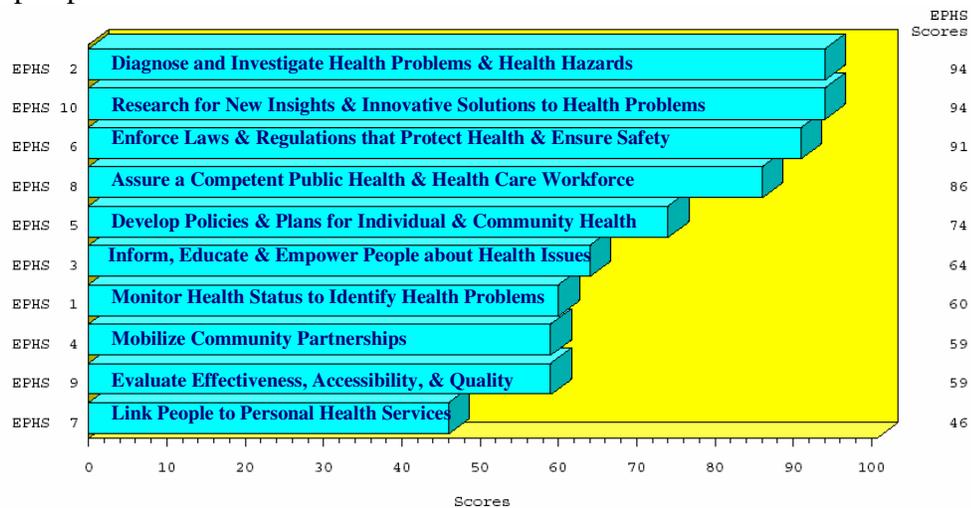
Method

In order to complete the LPHSA, the Polk County Health Department convened several meetings during the month of June, 2005. The meetings included health system partners and were called in order to collaborate and develop a collective response. Participants included representatives from organizations that contribute to the delivery of health services in Polk County, including the local public health agency, hospitals, social service providers, environmental organizations, and many others. During several community meetings which were offered either in person or via conference call, participants were provided with a brief overview of the Essential Public Health Services, and the purpose

of completing the assessment. The groups met four times during a 30-day period, during which they discussed the assessment and formulated collaborative answers. A facilitator was present during each of the meetings to keep the discussion moving, as well as to assist with timely completion of the entire instrument. Interactive discussion was encouraged. Materials were distributed to the participants in advance to assist with reading and evaluation of the Ten Essential Services. Data was recorded by the Polk County Health Department and submitted electronically to the CDC for evaluation and results. The results were provided to the Polk County Health Department in late July, 2005. The results herein are presented in aggregate, meaning no one entity which participated is identified in the results. Each potential area for improvement is then provided according to the Ten Essential Public Health Services. It is anticipated that this assessment will be conducted again in 2009/2010, during which time these benchmarks for improvement provided here can be measured again to gauge progress in community health systems-wide.

Results

Chart 1 highlights the summary scores for each of the ten essential services. This visual provides a snapshot of the overall status of the assessment results. The information provided above presents detailed recommendations and opportunities provided by the CDC for our community’s consideration as we move forward with health planning from a systems perspective.



Score Detail

Each of the individual scores include subscales which provide detailed information about each component of the Essential Public Health Service. The highlights are presented in their entirety.

ESSENTIAL SERVICE #1: MONITOR HEALTH OF THE COMMUNITY

Best Practices in Essential Service #1 are identified as:

- Conduct community health assessment to identify public health risks and inform public health planning.
- Review available health data to determine most prevalent health problem afflicting community.
- Identify groups of people who might have a greater chance of becoming ill because of where they live or work, because of social economic situations, or because they have behaviors that can cause health problems.
- Develop community health profile to educate community and community leaders about public health promotion.
- Establish website to provide community information about persistent health problems within community and how to prevent these problems.

Our Local Public Health System Strengths in this area were:

- Our community does an excellent job of monitoring the health status of Polk County residents.
- We are in compliance in terms of maintaining our population health registries and use information from these registries to guide practice.
- Our community has access to geo-coded health data, and uses computer-generated graphics to identify trends and compare data.

According to the LPHSA our community met this standard, but indicated the following areas as partially met.

Our Local Public Health System has an opportunity to improve:

- By conducting a regular community-wide health assessment.
- By identifying groups most in need.
- By developing a population-based Community Health Profile which is maintained and updated on a regular basis. This profile would include data about community health; community demographics; community socioeconomic characteristics; health resource availability; quality of life data; behavioral risk factors; environmental health indicators; social and mental health data; maternal and child health data; death, illness and injury data; communicable disease data, and sentinel events data.
- The local public health system would promote community-wide use of this health assessment and community health profile data for systems-wide strategic planning for health improvement.

ESSENTIAL SERVICE #2: DIAGNOSE AND INVESTIGATE COMMUNITY HEALTH PROBLEMS AND HAZARDS IN THE COMMUNITY

Best Practices in Essential Service #2 are identified as:

- Investigate food borne outbreaks.
- Communicate serious health threats to community in timely manner.
- Develop emergency response plans for public health emergencies.
- Respond to public health emergencies including disease outbreaks or terrorism.
- Ensure access to laboratory with capacity for sampling.

Our Local Public Health System Strengths in this area were:

- Local Public Health System partners are very active in diagnosing and investigating health problems.
- The agency partners are active in identification and surveillance of health threats.
- Our community plans appropriately for public health emergencies and disasters.
- Our community is collaborative in its approach to investigating and responding to public health emergencies and disasters, and has procedures to alert communities about health threats and disease outbreaks.
- Our community has access to laboratory support for investigation of health threats, as well as epidemiologists and statisticians.

According to the LPHSA our community met this standard.

ESSENTIAL SERVICE #3: INFORM, EDUCATE AND EMPOWER

Best Practices in Essential Service #3 are identified as:

- Provide health information that is easy for people to get and understand.
- Develop and provide community with information on seasonal and ongoing public health issues including influenza and West Nile Virus prevention, cancer and obesity prevention, and bioterrorism preparedness.
- Provide health promotion activities like cholesterol screening, blood pressure screening, and flu clinics.
- Support legislation that will improve the community's health, such as clean indoor air legislation.

Our Local Public Health System Strengths in this area were:

- Public health partners provide community residents with information on seasonal and ongoing public health issues, such as flu and blood-borne illnesses and prevention. The agency partners also target specific illnesses, such as diabetes and heart disease.
- The agencies sponsor health education programs.
- The local public health system provides information on the status of the community's health to public and policy leaders.
- The local public health system uses various media to communicate health information.

According to the LPHSA our community met this standard, but indicated the following areas as substantially met, and partially met.

Our Local Public Health System has an opportunity to improve:

- By providing additional health education, in particular to diverse groups, targeting health disparities within specific health populations.
- By identifying groups most in need in terms of health education efforts.
- By assessing and evaluating the effectiveness of health education activities.
- By assessing community-wide health promotion activities which emphasize collaboration among system partners.

ESSENTIAL SERVICE #4: MOBILIZE COMMUNITY PARTNERSHIPS

Best Practices in Essential Service #4 are identified as:

- Convene other health organizations (e.g., hospital) within community to develop community-wide health improvement plan.
- Coordinate agreements between other community health organizations to determine specific roles and responsibilities toward improving community's health.

Our Local Public Health System Strengths in this area were:

- Organizations participating in the local public health system have a process for identifying key constituents, and encourage these constituents in improving community health.
- The local public health system has established a broad-based community health improvement committee. This was identified as including the Citizens Health Care Oversight Committee, as well as the Polk County Health Care Alliance in addition to other community-based groups.

According to the LPHSA our community met this standard, but indicated the following areas as substantially met, and partially met.

Our Local Public Health System has an opportunity to improve:

- By increasing and expanding community partnerships to include businesses, diverse groups, and citizens.
- By creating and maintaining a current directory of organizations that comprise the local public health system.
- By assessing the effectiveness of community partnerships.
- By using communications strategies (such as Social Marketing) to strengthen community partnerships and system linkages.

ESSENTIAL SERVICE #5: POLICY DEVELOPMENT

Best Practices in Essential Service #5 are identified as:

- Advocate for policies that will improve public health, such as clean indoor air law.
- Testify at public hearings in support of legislation that will improve public health.

Our Local Public Health System Strengths in this area were:

- Our local public health system includes a local government public health entity, which was identified as the Polk County Health Department. This public health entity is aligned with the state public health system.
- Our local public health system partners contribute to the development of public health policies, and review these policies on an as-needed basis.
- Public health system partners have developed and implemented strategies to address community health objectives.

According to the LPHSA our community met this standard, but indicated the following areas as substantially met, and partially met.

Our Local Public Health System has an opportunity to improve:

- By assuring participation of stakeholders in implementation of a community health improvement plan.
- By advocating for the development of prevention and protection policies in terms of public health policy development.
- By establishing a community health improvement process.
- By ensuring that each organizational within the local public health system conducts a strategic planning process, and that each entity reviews its organizational strategic plan.
- By ensuring that the governmental public health entity conducts strategic planning activities.

ESSENTIAL SERVICE #6: ENFORCE LAWS AND REGULATIONS

Best Practices in Essential Service #6 are identified as:

- Enforce public health code.
- Protect drinking water supplies.
- Conduct timely inspections (i.e., restaurants, tattoo parlors, campgrounds, day care)
- Conduct timely environmental inspections (i.e. septic systems, pools, lead abatement)
- Follow up on hazardous environmental exposures and preventable injuries.
- Serve quarantine/isolation order to individual infected with infectious diseases such as Tuberculosis, SARS, or Smallpox.
- Assist in revising outdated public health laws and development of proposed public health legislation.

Our Local Public Health System Strengths in this area were:

- Our local public health system scored extremely high in identifying public health issues addressed through laws, regulations and ordinances, as well as having access to current compilation of laws, regulations and ordinances.
- Our local public health system also scored extremely high as it participated in the development or modification of laws, regulations or ordinances, as well as provided technical assistance to legislative, regulatory or advocacy groups.

According to the LPHSA our community met this standard, but indicated the following areas as substantially met.

Our Local Public Health System has an opportunity to improve:

- By ensuring enforcement activities are conducted in a timely manner.
- By increasing authority to enforce public health laws, regulations, or ordinances.

ESSENTIAL SERVICE #7: LINK PEOPLE TO HEALTH SERVICES

Best Practices in Essential Service #7 are identified as:

- Establish and maintain referral network for provision of personal health services to ensure that people who cannot afford health care get the care they need.
- Distribute mass quantities of antibiotics or vaccines in event of widespread disease outbreak (e.g., pandemic flu) or bioterror-related attack (i.e., smallpox or anthrax)
- Identify and locate underserved populations such as low-income families, minorities, and the uninsured.
- Provide culturally and language appropriate materials so that special groups of people can be linked with preventive services.

According to the LPHSA our community DID NOT meet this standard, and indicated that potential areas for improvement might be focused on:

- Identifying the personal health service needs of the population.
- Defining personal health service needs for all areas.
- Assessing the extent personal health services are being provided.
- Identifying the personal health services of populations who encounter barriers to personal health services.
- Assuring linkage to people to personal health services.
- Providing outreach and linkage services for the community.
- Creating initiative to enroll eligible beneficiaries in state Medicaid or medical assistance programs.
- Assuring the coordinated delivery of personal health services.
- Conducting an analysis of age-specific participation in preventive services.

ESSENTIAL SERVICE #8: ASSURE A COMPETENT WORKFORCE

Best Practices in Essential Service #8 are identified as:

- Fund professional development and opportunities for staff.
- Test emergency response plan during mock event to evaluate performance.

According to the LPHSA our community met this standard, but indicated the following areas as substantially met.

Our Local Public Health System has an opportunity to improve:

- By providing additional opportunities for continuing education, training and mentoring.
- By providing opportunities for health care personnel to develop core public health competencies.
- By encouraging Public Health Leadership Development via accredited educational institutions.
- By developing community leadership through expanding mentoring opportunities.

ESSENTIAL SERVICE #9: EVALUATE QUALITY

Best Practices in Essential Service #9 are identified as:

- Monitor trends in disease rates to assess effectiveness of disease prevention activities.
- Monitor trends in risk factors (i.e., unprotected sex, drinking-and-driving, smoking) to assess effectiveness of health promotion activities.
- Evaluate effectiveness of public health programs and services.

According to the LPHSA our community substantially met and partially met this standard, and indicated the following areas for improvement opportunities.

Our Local Public Health System has an opportunity to improve:

- By regularly assessing and evaluating population-based health care services.
- By assessing community satisfaction with population-based health services.
- By identifying gaps in the provision of population-based health services.
- By using the results of these evaluations in the development of strategic and operational plans.
- By evaluating specific personal health care services in the community against established criteria.
- By using information technology to assure quality of personal health services.
- By conducting an evaluation of the Local Public Health System every three to five years.
- By using results from the evaluation process to guide community health improvements.

ESSENTIAL SERVICE #10: RESEARCH FOR NEW INSIGHTS

Best Practices in Essential Service #10 are identified as:

- Monitor rapidly changing disease prevention research and health promotion research
- Revise practices in order to remain current with recommended practices resulting from evidence-based research.

According to the LPHSA our community met this standard. There was one area emphasized for possible improvement.

Our Local Public Health System has an opportunity to improve:

- By evaluating research activities in epidemiological, policy and service research activities.

Implications

All entities that contribute to the health and well-being of the community, including public, private and voluntary, as well as individuals and formal and informal associations, impact the community health system. Use of the results of this assessment can strengthen connections among system partners. Collaborative discussion surrounding the results and potential areas for improvement can also increase awareness of the interconnectedness of community health activities. The goal is for agencies, with the use of these results, to identify strengths and weaknesses of the local health system that can be addressed through specific improvement efforts, both as individual entities, as well as community health partners.