



2020

POLK COUNTY

Community Health Assessment

Florida
HEALTH
Polk County

2020 Polk County Community Health Assessment

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Written in Collaboration with Polk Vision and the Polk County Community Health Assessment (CHA)
Workgroup

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INTRODUCTION

This is the 2020 Polk County Community Health Assessment (CHA).

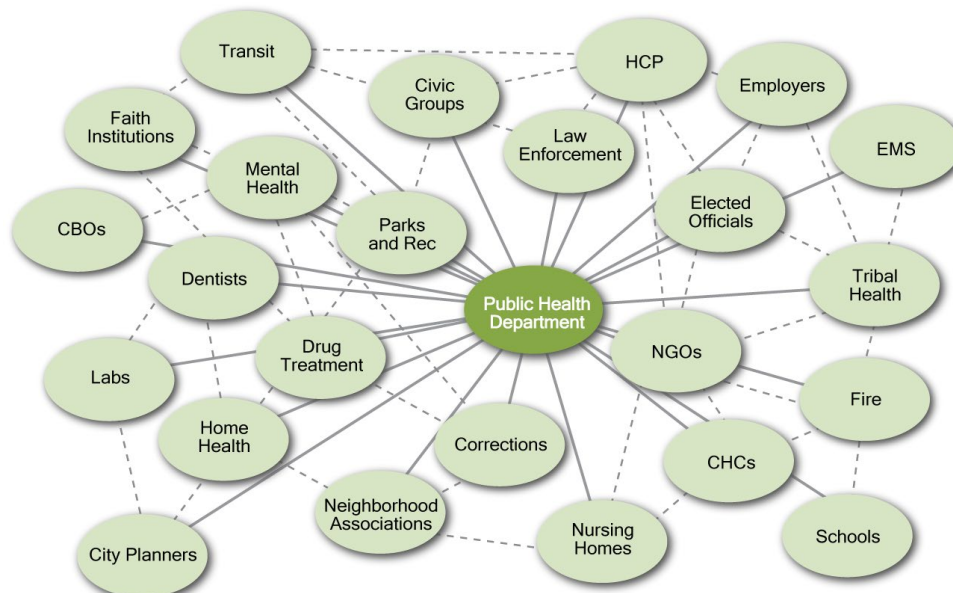
About this Report

A community health assessment (CHA) is a systematic examination of the health status indicators for a given population that is used to identify key problems and assets in a community. This process includes comprehensive data collection and analysis. A CHA looks beyond the performance of an individual organization to the way in which the activities of many organizations contribute to community health improvement. The ultimate goal of a CHA is to develop strategies to address the community's identified health needs and issues.

The Florida Department of Health in Polk County conducts a CHA process every 3-5 years. The previous process, conducted in 2014, resulted in the 2015 Polk County CHA. The 2020 CHA is the result of a year-long process seeking to identify the major health and social issues affecting the health status and quality of life in Polk County, Florida. This document provides a compilation of opinions from local residents, input from members of the local public health system including key stakeholders, and statistical data gathered from multiple sources. The information in this document can be used to plan community health improvement projects and assist community partners in aligning resources focused on improving the health of the community. For more information on how to interpret the data presented in this report, please see *Frequently Asked Questions* in Appendix A.

A local public health system is a complex network made up of all public, private, and voluntary entities that contribute to the delivery of essential public health services within a community. In Polk County, the local public health system is made up of the Health Department, hospitals, doctors, primary and emergency care providers, and many other partners shown in the diagram below.

Figure 1. Local Public Health System Jelly Bean Diagram



PROGRESS UPDATE







This section summarizes progress made since the 2015 CHA.

2015 Priorities

The following four areas were established as priority health areas as a result of the 2015 CHA. The 2016-2020 Community Health Improvement Plan (CHIP) consisted of strategies to address each of these priority areas: Healthy Weight, Child Health, Healthy Babies, and Injury Prevention.










The charts below show the major indicators that were tracked for each priority area, and how these indicators have changed since the 2015 CHA was published and the 2016-2020 CHIP strategies were implemented.

Figure 2. Healthy Weight

Key Indicators	2015 CHA (2013 data)	Quartile	2020 CHA (2016 data)	Quartile	Movement
Adult Healthy Weight (BMI 18.5-24.9) Rate	27.5%	 3	28.4%	 3	 movement towards goal
Adult Obesity (BMI ≥30.0) Rate	36.9%	 4	38.8%	 4	 movement away from goal





Source: FL BRFSS

Figure 3. Child Health

Key Indicators	2015 CHA (2013 data)	Quartile	2020 CHA (2018 data)	Quartile	Movement
WIC children ≥ 2 who are overweight or obese (≥85 th percentile)	30.7%	 4	29.6%	 4	 movement towards goal
Key Indicators	2015 CHA (2014 data)	Quartile	2020 CHA (2018 data)	Quartile	Movement
Middle school students who are obese (≥95 th percentile)	17.8%	 4	14.6%	 2	 movement towards goal
High school students who are obese (≥95 th percentile)	14.2%	 3	14.7%	 2	 movement away from goal




Sources: FDOH WIC; FYTS

Figure 4. Healthy Babies

Key Indicators	2015 CHA (2014-2016 data)	Quartile	2020 CHA (2016-2018 data)	Quartile	Movement
Black infant mortality rate	17.3 per 1,000 live births	 4	16.0 per 1,000 live births	 4	 movement towards goal
Black/White infant mortality rate ratio	3.5:1	-	3:1	-	 movement towards goal

Source: FDOH Bureau of Vital Statistics

Figure 5. Injury Prevention

Key Indicators	2015 CHA (2013 data)	2020 CHA (2018 data)	Movement
Drowning Fatality Count - children ages 10 and under	4	3	 movement towards goal
Falls Fatality Count - adults ages 65+	50	70	 movement away from goal
Key Indicators	2015 CHA (2016 data)	2020 CHA (2018 data)	Movement
Pedestrian and Bicycle Fatality and Serious Injury Rate	67.4 per 100,000	77.0 per 100,000	 movement away from goal

Sources: FDOH Bureau of Vital Statistics; FDOT Annual Pedestrian and Bicycle Fatalities and Serious Injuries Report

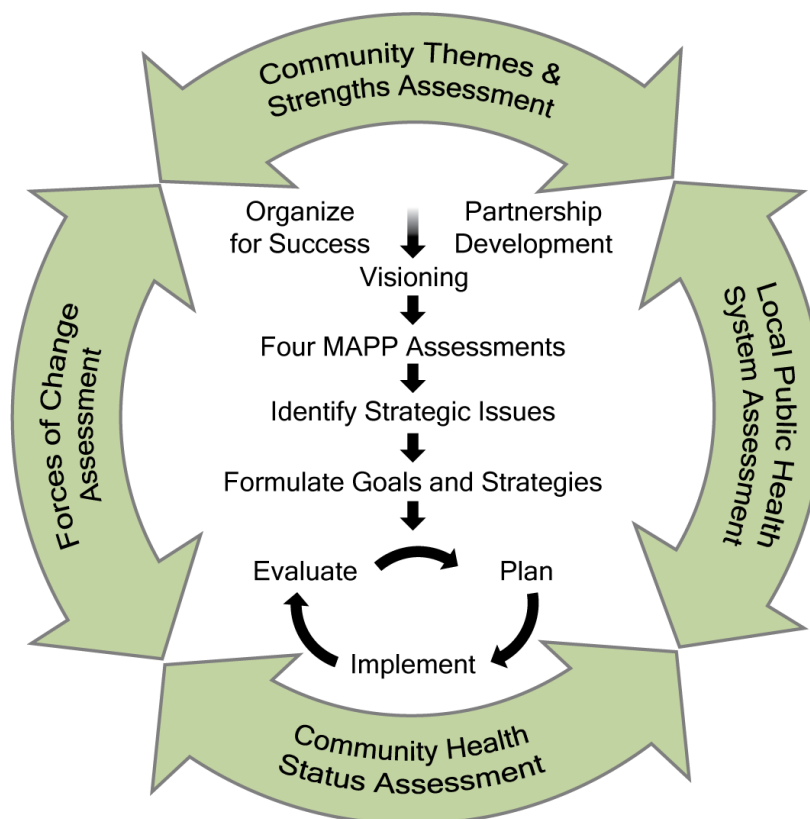
METHODOLOGY

FDOH-Polk and community partners utilized the Mobilizing for Action through Planning and Partnership (MAPP) model to conduct the 2020 Community Health Assessment (CHA).

Mobilizing Community Partners

In the fall of 2018, the Florida Department of Health in Polk County mobilized community partners to begin a new CHA process. With help from key community partners, including Polk Vision, a local non-profit that convenes key stakeholders over issues affecting our community, community partner mobilization began on October 25, 2018 with a CHA Kick-Off Meeting. At this meeting, community partners were informed about the upcoming CHA and introduced to the MAPP process. Community partners formally committed to being involved by signing up to participate in data collection and/or to participate in the CHA Workgroup. Polk County's CHA Workgroup was comprised of a diverse group of public, private, non-profit, social services, and governmental entities that make up the public health system in Polk County. The Polk County CHA Workgroup served as a community-based oversight and steering committee for the CHA process. For a full list of CHA Workgroup members, see Appendix B. In order to conduct the CHA, the Workgroup utilized a nationally recognized model called Mobilizing for Action through Planning and Partnership (MAPP). The MAPP process is described in the following section.

Figure 6. The MAPP Process



Because county health departments and non-for-profit hospitals have the same requirements to conduct community health assessments, in 2019, these partners in Polk County worked together for this first time on a single data collection process, rather than each entity collecting their own data. This benefitted all partners involved by allowing for more robust data collection county-wide. Polk County was also included in a regional effort, led by BayCare Health Systems, to unify and streamline the community health assessment process for all county health departments and non-for-profit hospitals across a four-county region, including Hillsborough, Pasco, Pinellas, and Polk Counties. For Polk County, BayCare Health Systems, Lakeland Regional Health, and the Florida Department of Health in Polk County worked together to create a comprehensive community health survey that met the needs of all agencies. A similar survey was used across the other three counties, allowing for regional data collection and comparison.

The MAPP Process

Mobilizing for Action through Planning and Partnerships (MAPP) is a community-driven strategic planning tool for improving community health. MAPP was developed by the National Association of County and City Health Officials (NACCHO) in cooperation with the Centers for Disease Control and Prevention (CDC). This framework helps communities apply strategic thinking to prioritize public health issues and identify resources to address them.

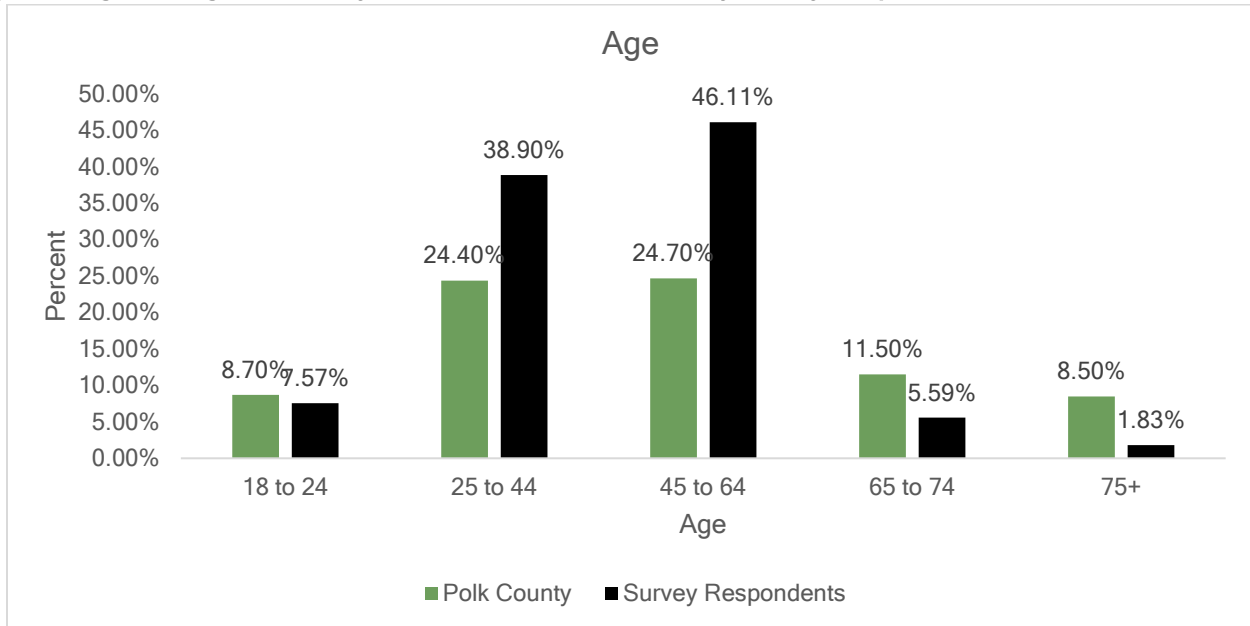
This process includes four individual assessments - the Community Themes and Strengths Assessment, the Community Health Status Assessment, the Forces of Change Assessment, and the Local Public Health System Assessment - that together make up the larger community health assessment. Findings from each assessment are then analyzed to better understand the assets and needs of a community and assist public health system partners as they focus on aligning resources toward improving the health and well-being of the community.

Community Themes & Strengths Assessment – Primary Data

This assessment identifies issues that interest the community, perceptions about quality of life, and community assets. Through asking “what is important to our community?” and “how is quality of life perceived in our community?” this assessment provides a deep understanding of the issues that residents feel are important.

Three data collection methods were used to collect feedback for this assessment. A community survey was developed to ask residents their opinions about health and quality of life in Polk County. The survey contained approximately 75 questions and was available in both an online electronic format and a printed paper format. The survey was available in English and was also translated to Spanish and Haitian Creole in order to reach populations that might not speak English. The survey was distributed electronically through community partner email distribution lists and databases. Several community partners played a role in encouraging their employees and/or the population they serve to complete the survey. We also worked with several community partners to distribute paper surveys where appropriate, including free clinics and other social support agencies. Overall, we received almost 4,000 survey responses from Polk County residents. Select results from this survey can be found summarized throughout the *Health Topics* section, and the survey tool itself can be found in Appendix C. For access to survey results not found in this report, contact Jenna Levine at jenna.levine@flhealth.gov. When interpreting survey data, it is important to keep in mind that while an effort was made to survey a demographically representative sample of Polk County, not all demographics were accurately represented in the survey sample. Figures 7-10 compare some of the major demographics of Polk County to the demographics of the population that we surveyed.

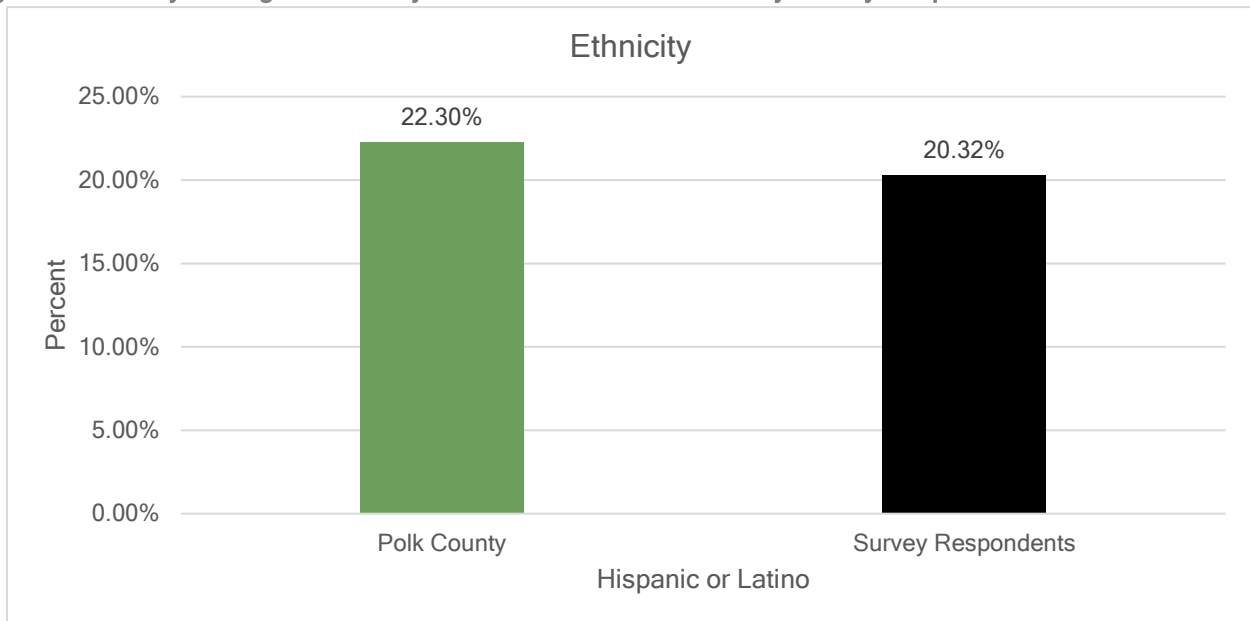
Figure 7. Age Among Polk County Residents versus Polk County Survey Respondents



Our survey captured an accurate representation of Polk County residents in the 18-24-year-old age group. Both the 25-44 and 45-64-year-old age groups were overrepresented in our survey sample, while ages 65+ were underrepresented, especially the 75+ age group.

Source: 2019 Polk County Community Health Survey; The Florida Legislature, Office of Economic and Demographic Research, 2017

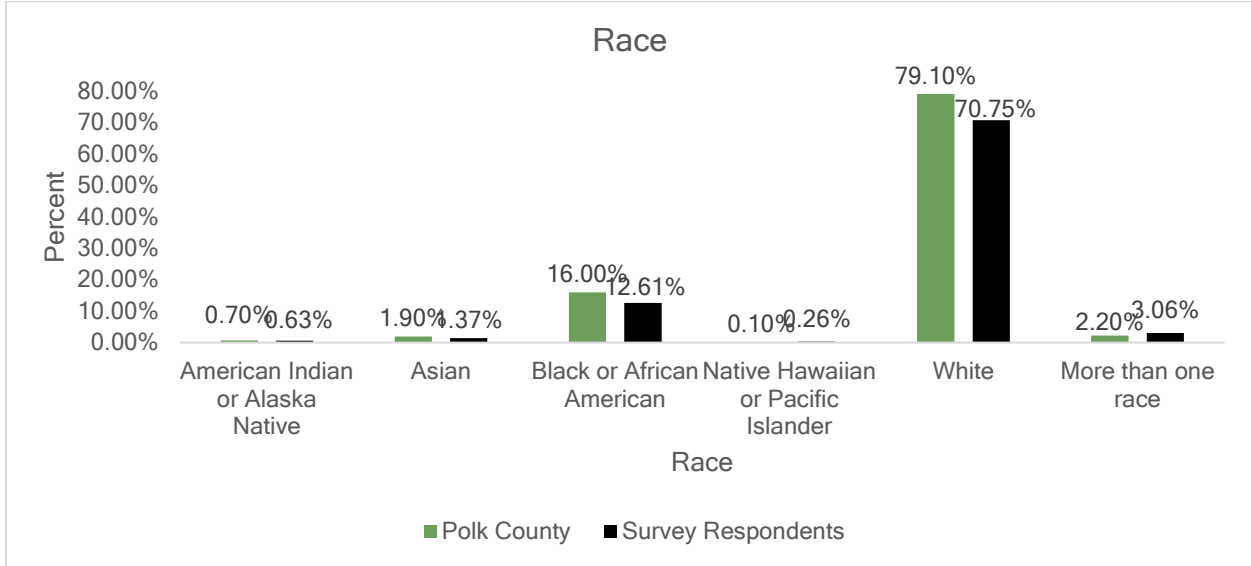
Figure 8. Ethnicity Among Polk County Residents versus Polk County Survey Respondents



Just over 22% of Polk County residents are Hispanic or Latino in ethnicity. This population was well-represented in our survey data, as over 20% of respondents identified as Hispanic or Latino.

Source: 2019 Polk County Community Health Survey; US Census Bureau ACS 2017

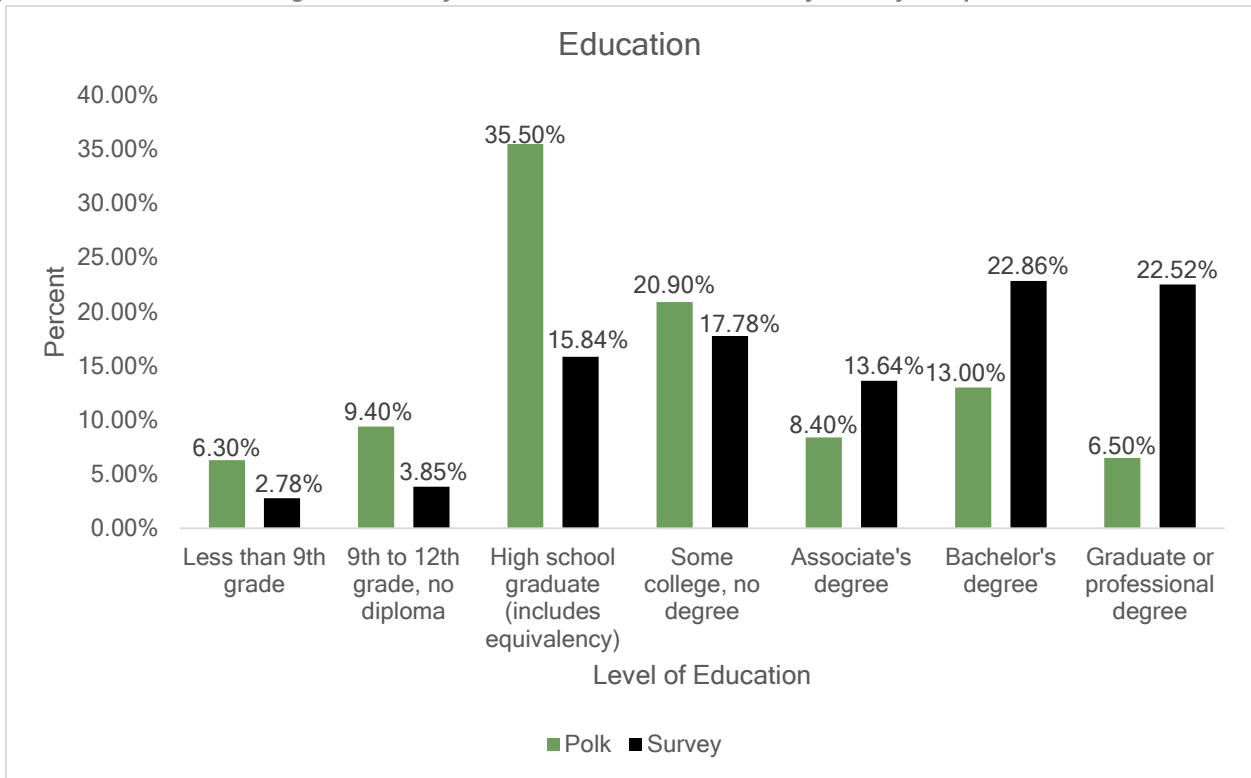
Figure 9. Race Among Polk County Residents versus Polk County Survey Respondents



Our survey matched the racial demographics of our county well. Most respondents were white, mirroring the racial majority of Polk County. Almost 13% of survey respondents identified as Black or African American, which closely matches the 16% Black or African American population of our county.

Source: 2019 Polk County Community Health Survey; US Census Bureau ACS 2017

Figure 10. Education Among Polk County Residents versus Polk County Survey Respondents



We struggled to receive survey responses from Polk’s less educated population. Individuals with a Bachelor’s degree or higher are greatly overrepresented in our survey sample.

Source: 2019 Polk County Community Health Survey; US Census Bureau ACS 2017

Focus groups were also conducted in order to gather data from hard-to-reach populations. The questions asked at focus groups were very similar to those asked in the survey, and can be found in Appendix D. Four focus groups were conducted with help from partnering agencies who convened and hosted the sessions. The focus groups were held at Heart of Florida Regional Medical Center, Heartland for Children, Winter Haven Hospital Center for Behavioral Health, and Sterling Place, an affordable living community for older adults.

Key informant interviews were conducted with community stakeholders who are members of the local public health system. A total of 27 key informant interviews were conducted with leaders from a variety of agencies in Polk County. A list of agencies that participated can be found below, and the interview questions can be found in Appendix E.

Participating Agencies - Key Informant Interviews

Americans with Disabilities Act (ADA)	Lakeside Pediatrics
Agricultural and Labor Program, Inc. (ALPI)	Lake Wales Care Center/Lake Wales Free Clinic
Central Florida Health Care	Lake Wales Housing Authority
Citrus Connection	Peace River Center
Corizon	Polk County BOCC
East Coast Migrant Association	Polk County Fire Rescue
Florida Department of Children and Families	Polk County Public Schools
Florida Presbyterian Homes	Polk County Public Schools HEARTH Program
Haley Center	Polk Transportation Planning Organization (TPO)
Healthy Start Coalition of Hardee, Highlands, and Polk Counties	Senior Helpers
Heartland for Children	Tri-County Human Services
Lakeland Police Department	Volunteers in Service to the Elderly (VISTE)
Lakeland Volunteers in Medicine (LVIM)	Winter Haven Hospital Center for Behavioral Health

Community Health Status Assessment – Secondary Data

This assessment involves analyzing data about health status, quality of life, and other community indicators. This assessment answers the question, “how healthy are Polk County’s residents?” Indicators on health and quality of life were collected from a variety of data sources, including the U.S. Census Bureau American Community Survey (ACS), the Robert Wood Johnson Foundation/University of Wisconsin Population Health Institute County Health Rankings, CDC Behavioral Risk Factor Surveillance System (BRFSS), Florida Youth Tobacco Survey (FYTS), and several others. For the State of Florida, many of these indicators are compiled into a central database by the Florida Department of Health Bureau of Vital Statistics called FL Health Community Health Assessment Resource Tool Set (CHARTS). A summary of these indicators can be found summarized throughout the *Health Topics* section and a full list of sources can be found in Appendix F.

Forces of Change Assessment

The Forces of Change Assessment identifies factors, including legislation, technology, and other impending changes that are or will be affecting the community and/or the local public health system. This assessment answers the questions: “what is occurring or might occur that affects the health of our community or the local public health system?” and “what specific threats or opportunities are generated by these occurrences?”

This assessment occurred on June 17, 2019, at a facilitated meeting with 36 representatives of the local public health system. Participants were given guidelines for the assessment and asked to complete a Forces of Change Brainstorming Worksheet prior to attending the meeting. This Worksheet prompted attendees to begin brainstorming all forces, including trends, factors, and events, occurring at local, state, and national levels that may impact health and quality of life for residents in Polk County and/or the ability of Polk's local public health system to provide services. Participants were encouraged to think of forces in various categories, including social, technological, environmental, political, economic, legal, scientific, and ethical.

Overall, the participants identified 16 forces that are or maybe affecting Polk County:

- Mental and behavioral health needs
- Risky behaviors
- Population change and growth
- Nutrition
- Political environment and funding sources
- Aging population
- Transportation
- Education
- Housing and homelessness
- Workforce development
- Advancing technology
- Access to healthcare
- Changing family dynamics
- Community alignment
- Environment
- Public Safety

After establishing these categories, participants then identified threats posed and opportunities created by each force. A full list of the threats and opportunities for each force can be found in Appendix G.

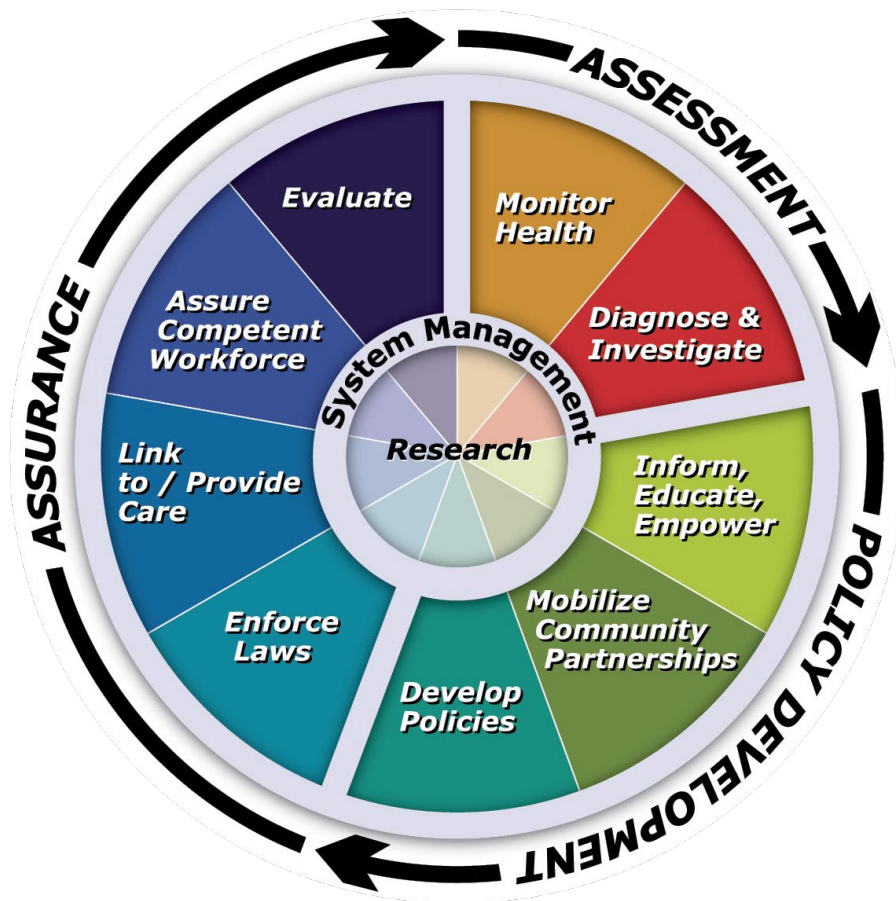
Participating Agencies - Forces of Change Assessment:

- Alzheimer's Association
- Bartow Regional Medical Center
- BayCare Health Systems
- Central Florida Health Care
- City of Bartow
- Florida Department of Health in Polk County
- Florida Southern College
- Healthy Start Coalition of Hardee, Highlands, and Polk Counties
- Heart of Florida Regional Medical Center
- Heartland for Children
- Lakeland Regional Health
- Mulberry Chamber of Commerce
- Peace River Center
- Polk County BOCC - Health and Human Services
- Polk County Fire Rescue
- Polk County Public Schools
- Polk Vision
- Public Education Partnership (PEP)
- Reliance Medical Centers
- Talbot House Ministries
- United Way of Central Florida
- UF/IFAS Extension Polk County
- Winter Haven Hospital

Local Public Health System Assessment

The Local Public Health System Assessment (LPHSA) measures the capacity and performance of the local public health system and entities that contribute to the public's health. This assessment answers the question, "how well does the local public health system in Polk County provide the 10 Essential Services of public health?" The Essential Services are ten public health functions that should be undertaken in all communities.

Figure 11. The 10 Essential Services of Public Health



The 10 Essential Services of Public Health were developed by the Public Health Functions Working Group, a committee convened by the Department of Health and Human Services with representatives from U.S. Public Health Service agencies and other major public health organizations in 1994.

The primary purpose of the LPHSA is to promote continuous improvement that will result in positive outcomes for system performance. Local health departments and their public health system partners can use the results of the LPHSA as a tool to:

- Better understand current system functioning and performance
- Identify and prioritize areas of strength, weakness, and opportunities for improvement
- Articulate the value that quality improvement initiatives will bring to the public health system
- Develop an initial workplan with specific quality improvement strategies to achieve goals
- Begin taking action for achieving performance and quality improvement in one or more targeted areas
- Reassess the progress of improvement efforts at regular intervals

In the past, the LPHSA has been conducted as a day-long facilitated meeting, where attendees voted on how well each Essential Service is being fulfilled. For this CHA cycle, out of respect for each community partners' time, Polk decided to condense the LPHSA into a brief 30-minute survey, rather than hold a facilitated meeting. Participants were asked to rate the activity level for each of the 10 Essential Services in Polk County. A total of 74 responses were received from community partners representing 51 agencies in Polk's local public health system. The following response options were available for each question:

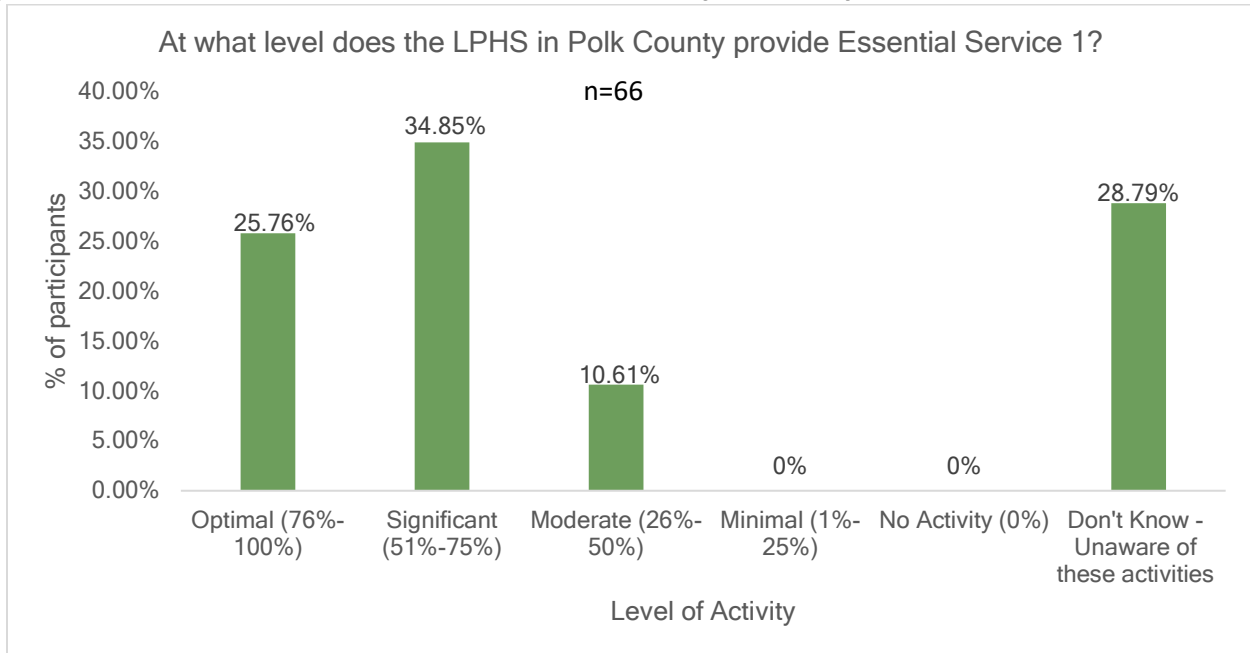
Optimal Activity (76%-100%)	Greater than 75% of the activity described within the question is met.
Significant Activity (51%-75%)	Greater than 50%, but no more than 75% of the activity described within the question is met.
Moderate Activity (26%-50%)	Greater than 25%, but no more than 50% of the activity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

Results of the Local Public Health System Assessment (LPHSA) survey can be found in Figures 12-21). The survey tool used for the LPHSA can be found in Appendix H.

Participating Agencies - LPHSA:

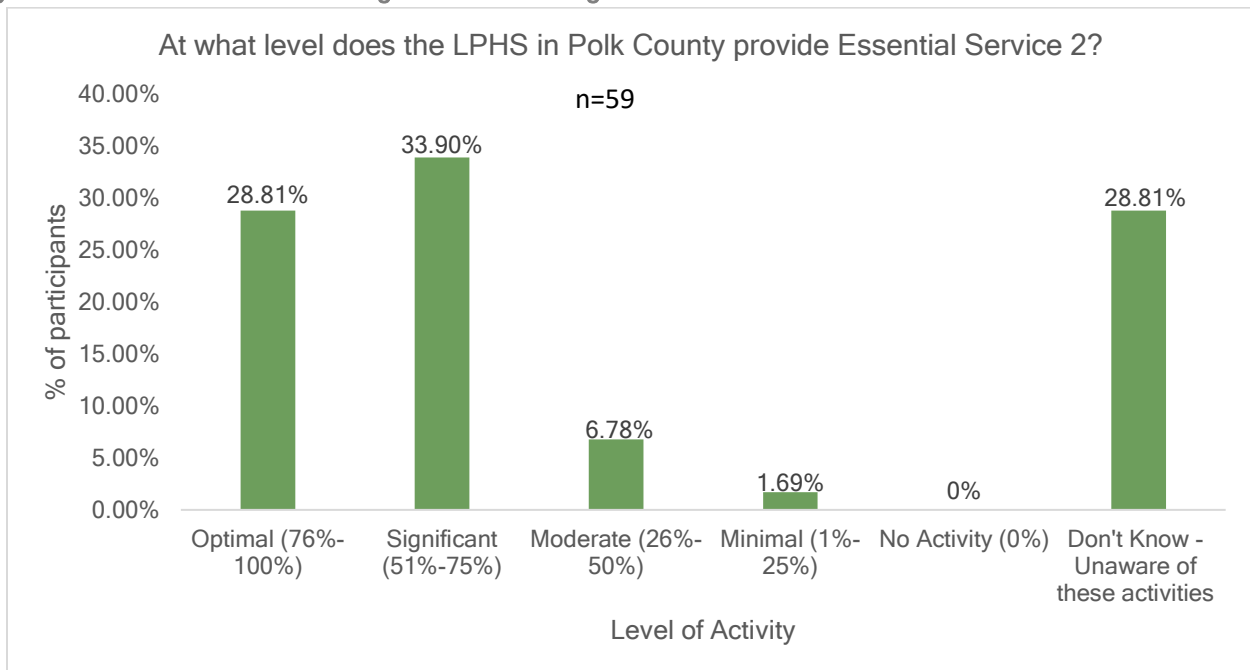
- Alzheimer’s Association
- Angels Care Center of Eloise
- Badcock
- BayCare
- Catholic Charities
- Central Florida Behavioral Health Network
- Central Florida Health Care
- Children’s Home Society of Florida
- City of Bartow
- City of Frostproof
- City of Lakeland
- Early Learning Coalition
- ElderPoint Ministries
- Florida Department of Children and Families
- Florida Department of Health in Polk County
- Florida Polytechnic University
- Florida Southern College
- GiveWell Community Foundation
- Health Council of West Central Florida
- Healthy Start Coalition of Hardee, Highlands, and Polk Counties
- Heart of Florida Legal Aid
- Heartland for Children
- Keiser University
- Kelly Andrews LLC
- Lake Hamilton Police Department
- Lakeland Police Department
- Lakeland Regional Health
- Lakeland Volunteers in Medicine (LVIM)
- Lakeside Pediatrics
- Melanin Families Matter
- Neighbor to Family
- Nurse Family Partnership
- Peace River Center
- Polk Community PTSA
- Polk County BOCC - Health and Human Services
- Polk County Public Schools
- Polk County Public Schools - Preschool
- Polk County Sheriff’s Office
- Polk State College
- Polk Vision
- Redlands Christian Migrant Association
- Reliance Medical Centers
- Senior Helpers
- The Haley Center
- Tri-County Human Services
- UF/IFAS Extension Polk County
- United Way of Central Florida
- Volunteers in Service to the Elderly (VISTE)
- Webber International University
- Winter Haven Police Department

Figure 12. Essential Service 1: Monitor Health Status to Identify Community Health Problems



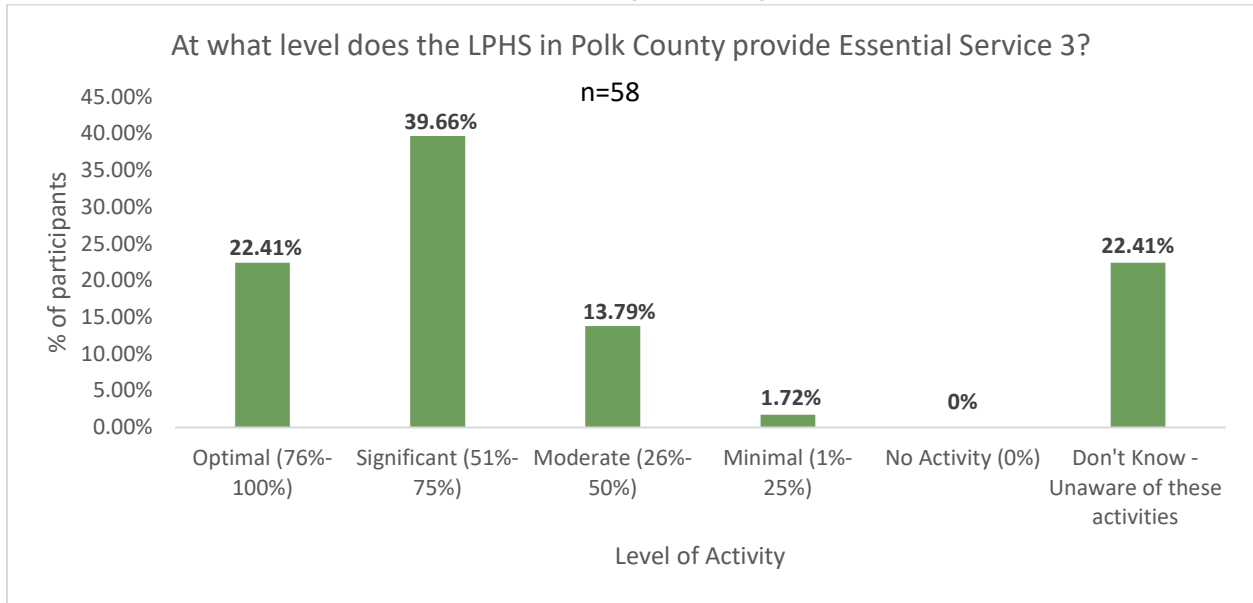
Most respondents (34.85%) reported that Polk County's local public health system fulfills Essential Service 1 at a **significant level**, with greater than 50% but no more than 75% of the activity described within the essential service met.

Figure 13. Essential Service 2: Diagnose and Investigate Health Problems and Health Hazards



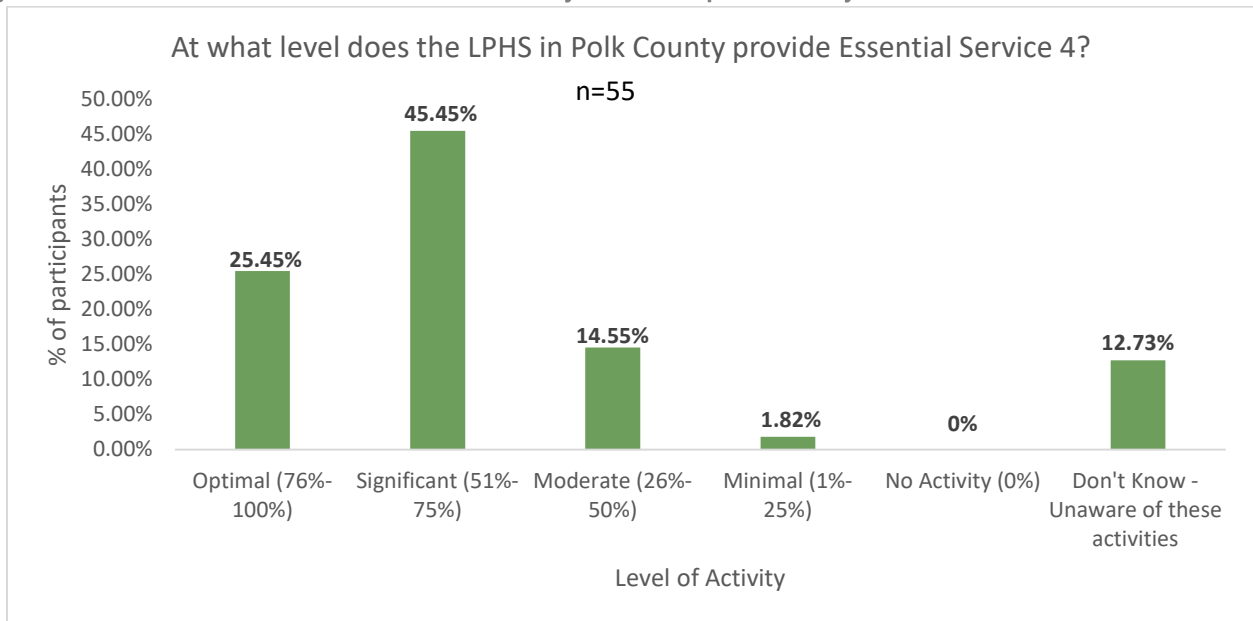
Most respondents (33.90%) reported that Polk County's local public health system fulfills Essential Service 2 at a **significant level**, with greater than 50% but no more than 75% of the activity described within the essential service met.

Figure 14. Essential Service 3: Inform, Educate, and Empower People about Health Issues



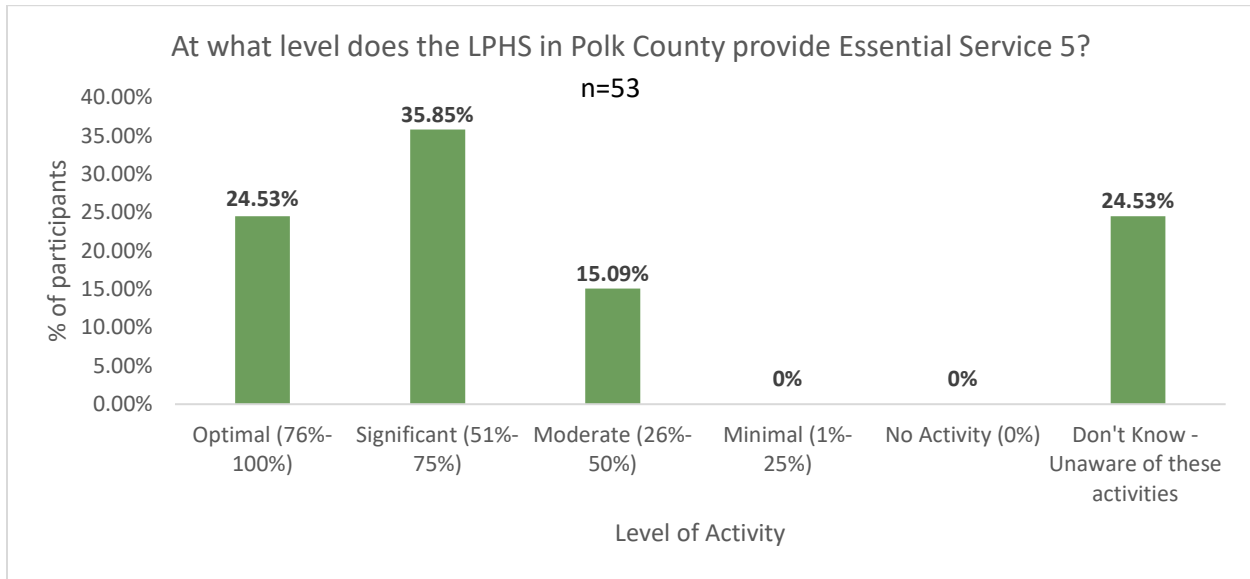
Most respondents (39.66%) reported that Polk County's local public health system fulfills Essential Service 3 at a **significant level**, with greater than 50% but no more than 75% of the activity described within the essential service met.

Figure 15. Essential Service 4: Mobilize Community Partnerships to Identify and Solve Health Problems



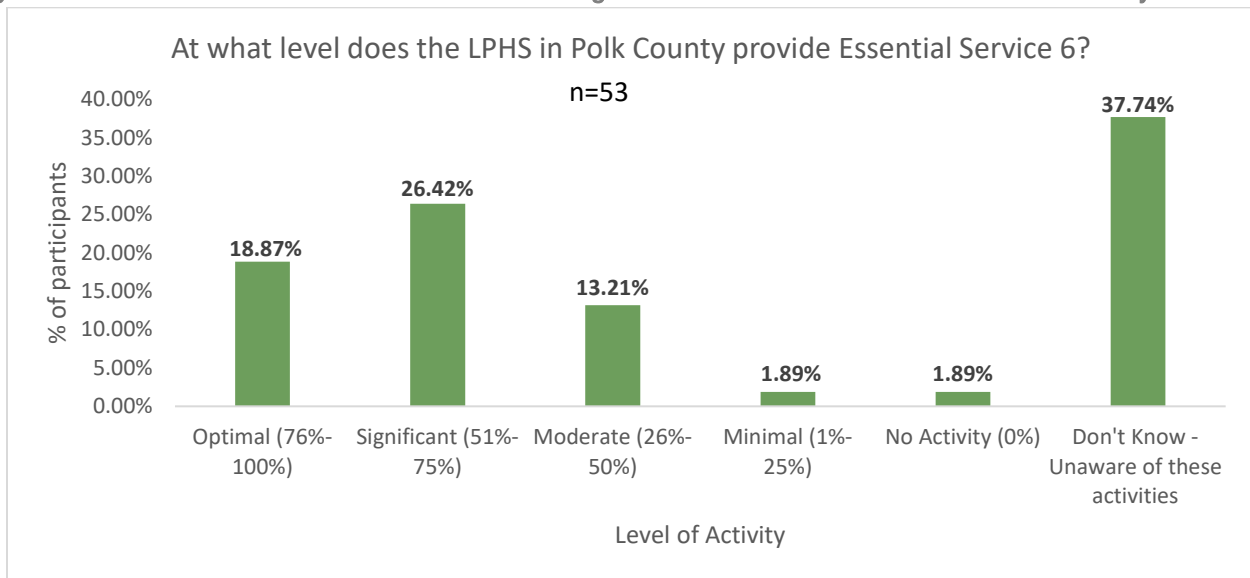
Most respondents (45.45%) reported that Polk County's local public health system fulfills Essential Service 4 at a **significant level**, with greater than 50% but no more than 75% of the activity described within the essential service met.

Figure 16. Essential Service 5: Develop Policies and Plans that Support Individual and Community Health Efforts



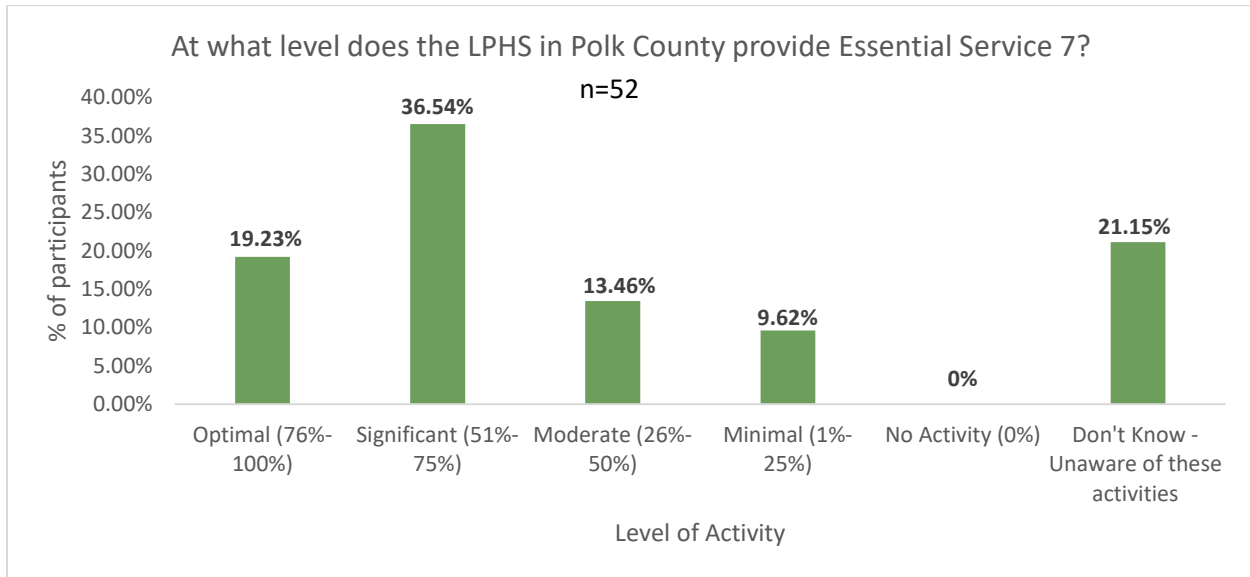
Most respondents (35.85%) reported that Polk County's local public health system fulfills Essential Service 5 at a **significant level**, with greater than 50% but no more than 75% of the activity described within the essential service met.

Figure 17. Essential Service 6: Enforce Laws and Regulations that Protect Health and Ensure Safety



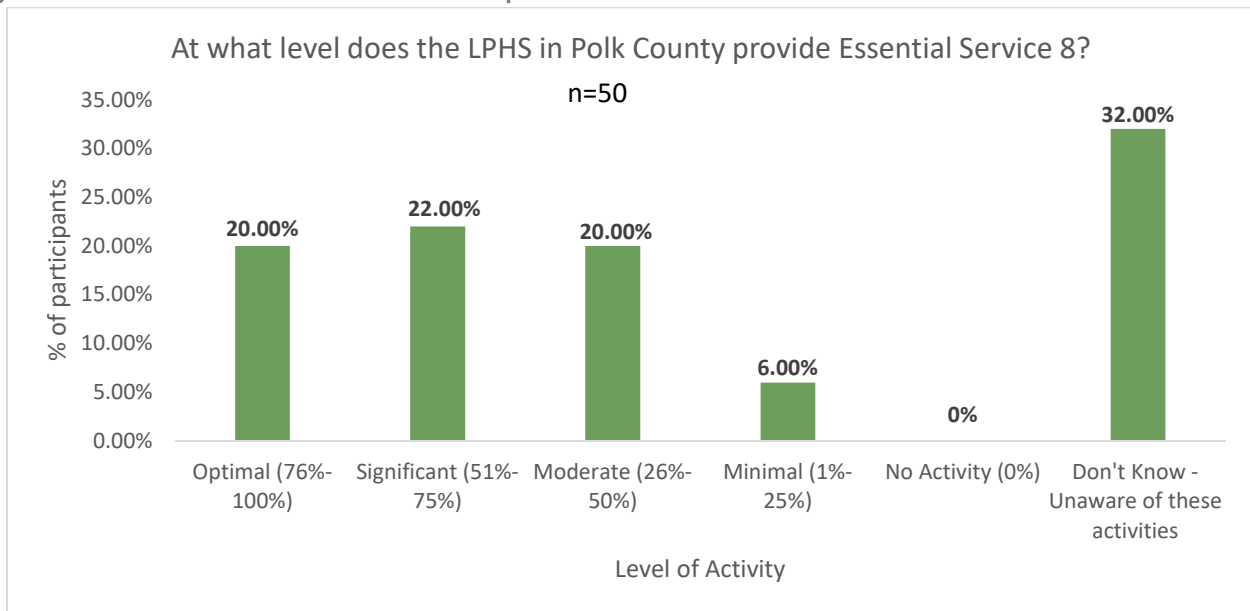
Most respondents (37.74%) reported that they are **unaware** of Essential Service 6 activities in Polk County's local public health system. Of those who were able to provide a quantifiable response, most (26.42%) reported that Polk County's local public health system fulfills Essential Service 6 at a **significant level**, with greater than 50% but no more than 75% of the activity described within the essential service met.

Figure 18. Essential Service 7: Link People to Needed Personal Health Services and Assure the Provision of Healthcare when Otherwise Unavailable



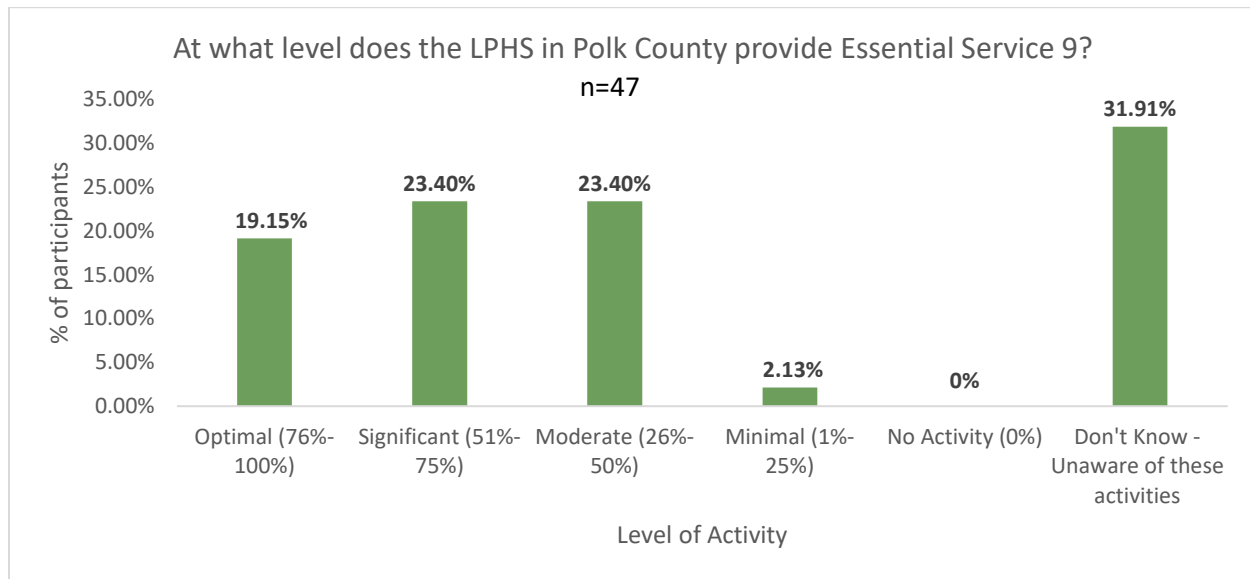
Most respondents (36.54%) reported that Polk County's local public health system fulfills Essential Service 7 at a **significant level**, with greater than 50% but no more than 75% of the activity described within the essential service met.

Figure 19. Essential Service 8: Assure a Competent Public Health and Personal Healthcare Workforce



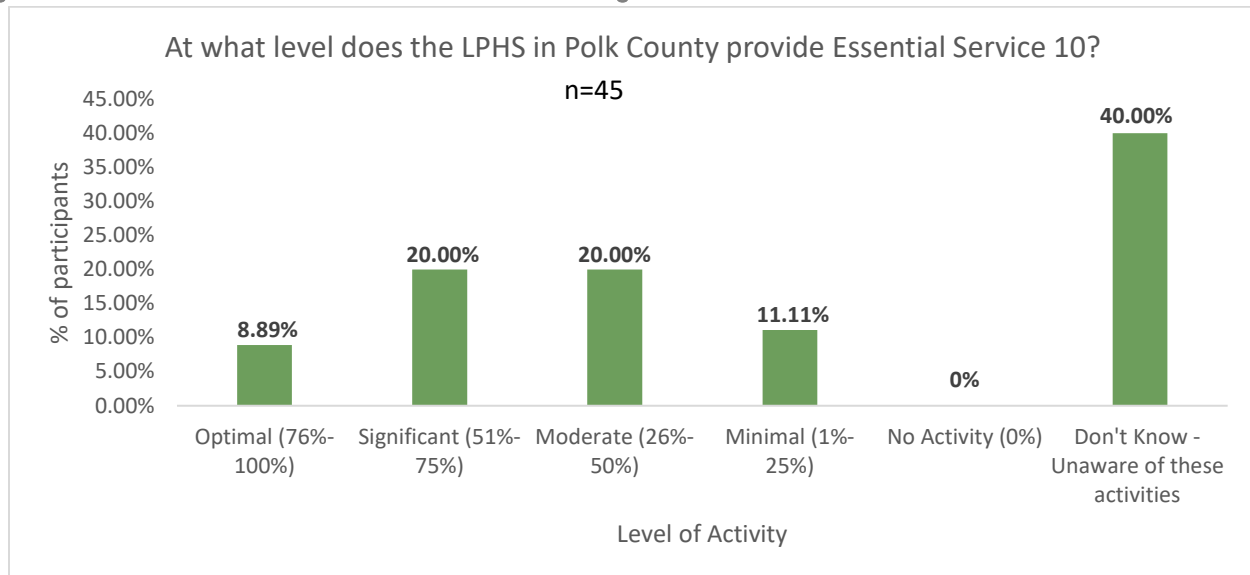
Most respondents (32.00%) reported that they are **unaware** of Essential Service 8 activities in Polk County's local public health system. Of those who were able to provide a quantifiable response, most (22.00%) reported that Polk County's local public health system fulfills Essential Service 8 at a **significant level**, with greater than 50% but no more than 75% of the activity described within the essential service met.

Figure 20. Essential Service 9: Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services



Most respondents (31.91%) reported that they are **unaware** of Essential Service 9 activities in Polk County's local public health system. Of those who were able to provide a quantifiable response, an equal number (23.40%) reported that Polk County's local public health system fulfills Essential Service 9 at a **moderate level**, with greater than 25% but no more than 50% of the activity described within the essential service met, and at a **significant level**, with greater than 50% but no more than 75% of the activity described within the essential service met.

Figure 21. Essential Service 10: Research for New Insights and Innovative Solutions to Health Problems



Most respondents (40.00%) reported that they are **unaware** of Essential Service 10 activities in Polk County's local public health system. Of those who were able to provide a quantifiable response, an equal number (20.00%) reported that Polk County's local public health system fulfills Essential Service 10 at a **moderate level**, with greater than 25% but no more than 50% of the activity described within the essential service met and at a **significant level**, with greater than 50% but no more than 75% of the activity described within the essential service met.

Data Analysis and Prioritization Process

A professional research and data analysis company, Conduent Healthy Communities Institute, was hired by BayCare Health Systems to assist with analyzing primary data collected from the community survey and key informant interviews, and other secondary data indicators. Through this data analysis, the following 11 health topics were identified as priority areas (listed below in alphabetical order):

- Access to Health Services
- Cancer
- Diabetes
- Exercise, Nutrition, & Weight
- Heart Disease & Stroke
- Immunizations & Infectious Disease
- Maternal & Infant Health
- Mental Health & Mental Disorders
- Oral Health
- Respiratory Disease
- Substance Abuse

The results of this data analysis were presented at a county-wide prioritization exercise on July 31, 2019. Over 89 members of Polk County's local public health system participated in this exercise, representing over 34 agencies. For a full list of prioritization exercise participants, see Appendix B. After seeing a presentation on the data analysis and key indicators, the attendees participated in a voting exercise, where key health topics were ranked on a scale of 1-10 by *scope and severity*, and *ability to impact*. The table below (Figure 22) shows the final ranking of priority health topics:

Figure 22. 2019 Polk County Prioritization Exercise Final Results

Health Topic	Final Score
Mental Health & Mental Disorders	8.615
Access to Health Services	8.53
Substance Abuse	7.65
Exercise, Nutrition, & Weight	7.355
Maternal & Infant Health	6.825
Diabetes	6.65
Heart Disease & Stroke	6.5
Oral Health	5.96
Immunizations & Infectious Disease	5.925
Cancer	5.885
Respiratory Disease	5.355

For the purposes of this report, some health topics have been combined into sections. Since *Substance Abuse* was ranked in the top three along with *Mental Health & Mental Disorders*, these sections have been combined into a *Behavioral Health* section. Also, data on cancer, diabetes, heart disease & stroke, and respiratory disease have all been combined into the section titled *Chronic Disease*. Other sections have been added at the request of the Polk County CHA Workgroup or because they have been priority areas in the past. These sections include:

- *Violence, Crime, & Injury Prevention*
- *Child & Adolescent Health*
- *Aging Adult Health*

An in-depth analysis of data indicators collected from the Community Themes & Strengths Assessment and Community Health Status Assessment for each of these topics can be found in the *Health Topics* section.

POLK COUNTY PROFILE

Demographics

Polk County is located in the heart of Central Florida, between two large metropolitan cities: Tampa and Orlando. There are a total of 17 incorporated cities and towns within the 1,797 square miles of land in Polk County:

- City of Auburndale
- City of Bartow
- City of Davenport
- Town of Dundee
- City of Eagle Lake
- City of Fort Meade
- City of Frostproof
- City of Haines City
- Village of Highland Park
- Town of Hillcrest Heights
- City of Lake Alfred
- Town of Lake Hamilton
- City of Lake Wales
- City of Lakeland
- City of Mulberry
- City of Polk City
- City of Winter Haven

Sisson, 2019

“The Orlando Economic Partnership’s 2030 report forecasts that the larger region will add 1,500 people per week within the large block of cities and towns including Polk County. As the region continues to become more racially diverse, including seeing a significant number of Puerto Ricans relocate due to the economic devastation of Hurricane Maria, central Florida is looking increasingly like the nation when it comes to its demographics.”

Though still considered a rural county, the Lakeland-Winter Haven Metropolitan Area was ranked 4th on a list of the 10 fastest growing metropolitan areas in the nation for 2017-2018. Polk County experienced a 3.2% population increase between 2017 and 2018 and a 10.6% increase since the last census, beating growth rates statewide (9.6%) and nationally (4.7%). The US Census Bureau estimates Polk County’s population for 2018 to be 708,009.

Source: Sisson, 2019

Polk County 2018 Population Estimate: 708,009

Source: US Census Bureau ACS

Age

Polk County's age demographics closely match those of the state. Around 18.4% of Polk's population is age 14 or younger, while almost 50% of the population falls between ages 25-64. In Polk County, 20% of the population is currently 65 years and older. Between 2010 and 2040, the 65+ population in the U.S. is expected to grow by 90%. This will lead to an expanding older adult population for both Polk County and the State of Florida.

Figure 23. Population by Age and Gender, 2018

Age Group	Polk County						Florida		
	Male	Female	Total	% Male by Age	% Female by Age	% Total by Age	% Male by Age	% Female by Age	% Total by Age
<5	20,472	19,261	39,733	6.1%	5.5%	5.8%	5.7%	5.2%	5.4%
5-14	43,971	41,677	85,648	13.2%	12.0%	12.6%	11.6%	10.7%	11.1%
15-24	42,754	41,246	84,000	12.8%	11.9%	12.3%	12.4%	11.3%	11.8%
25-44	83,109	84,820	167,929	24.9%	24.4%	24.6%	25.8%	24.5%	25.1%
45-64	80,992	86,127	167,119	24.2%	24.8%	24.5%	26.1%	26.9%	26.5%
65-74	35,862	41,977	77,839	10.7%	12.1%	11.4%	10.5%	11.7%	11.1%
>74	27,136	32,287	59,423	8.1%	9.3%	8.7%	7.9%	9.8%	8.9%

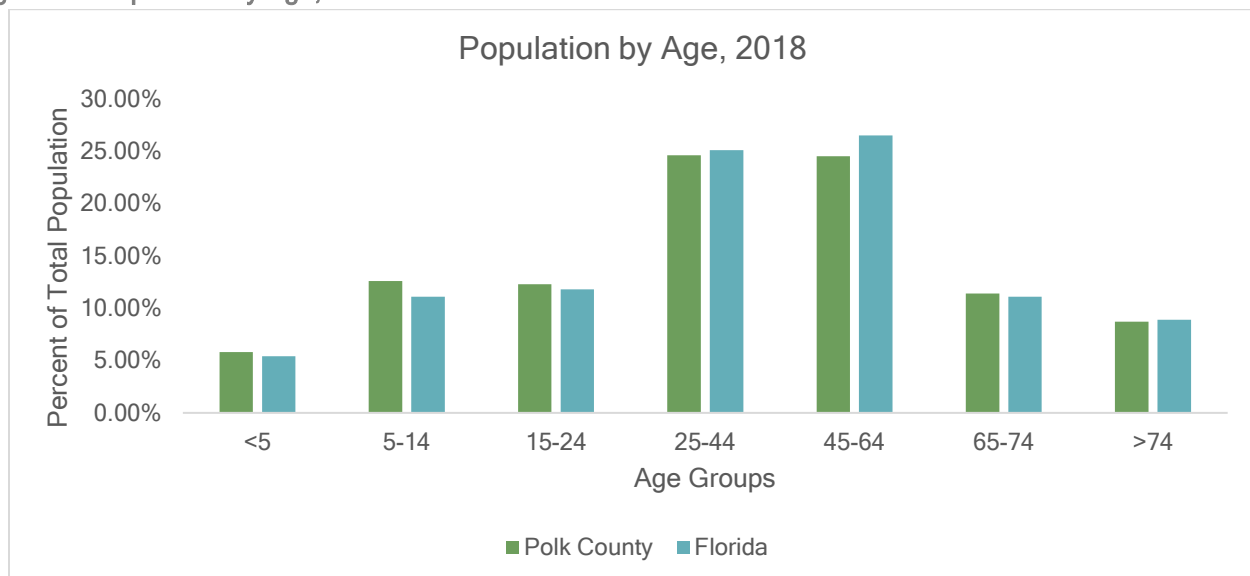
Source: The Florida Legislature, Office of Economic and Demographic Research

Figure 24. Median Age

Indicator	Polk County	Florida
Median Age	40.4 years	41.8 years

Source: US Census Bureau ACS 2013-2017 5-Year Estimates

Figure 25. Population by Age, 2018



Source: The Florida Legislature, Office of Economic and Demographic Research

Race

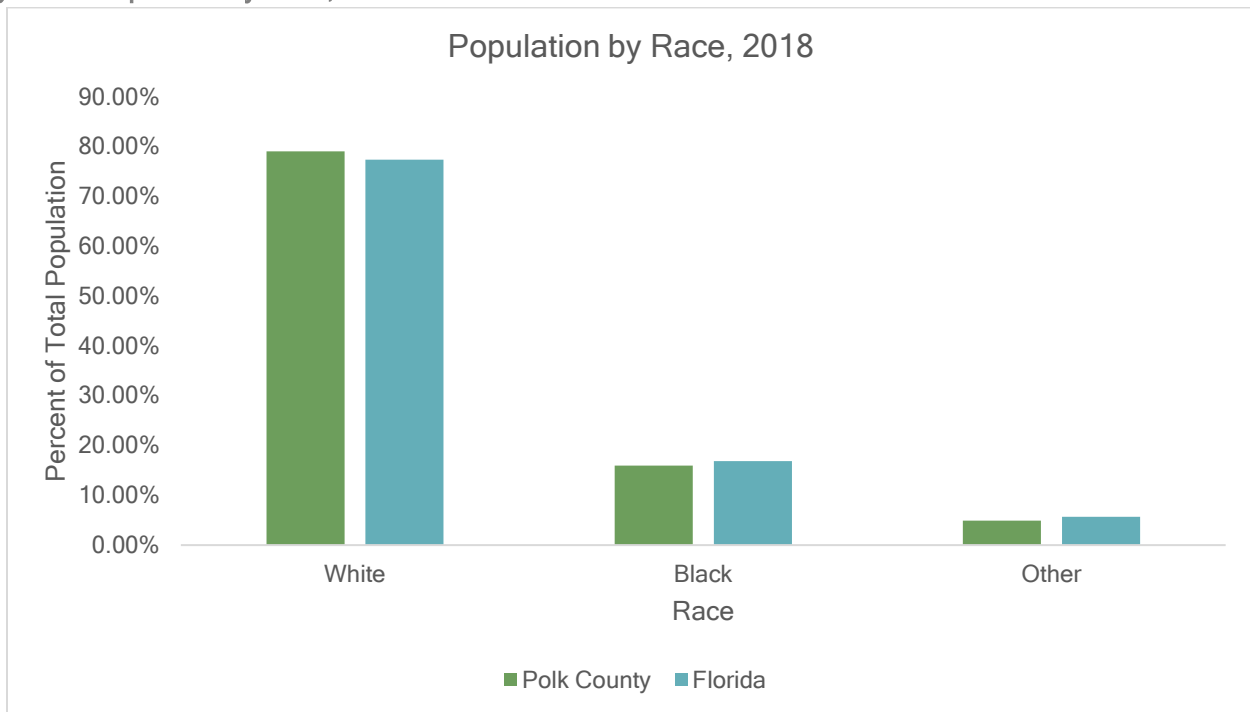
Racially, Polk's population is 16% Black and just over 79% White. The State of Florida has a slightly higher percent of Black residents and a slightly lower rate of White residents. Polk County's population is just 4.9% Other Races, while Florida's population of Other Races is 5.7%.

Figure 26. Population by Race, 2018

Indicator	Polk County		Florida
Race	Count	Percentage	Percentage
White	539,054	79.1%	77.4%
Black	109,338	16.0%	16.9%
Other	33,299	4.9%	5.7%

Source: The Florida Legislature, Office of Economic and Demographic Research

Figure 27. Population by Race, 2018



Source: The Florida Legislature, Office of Economic and Demographic Research

Ethnicity

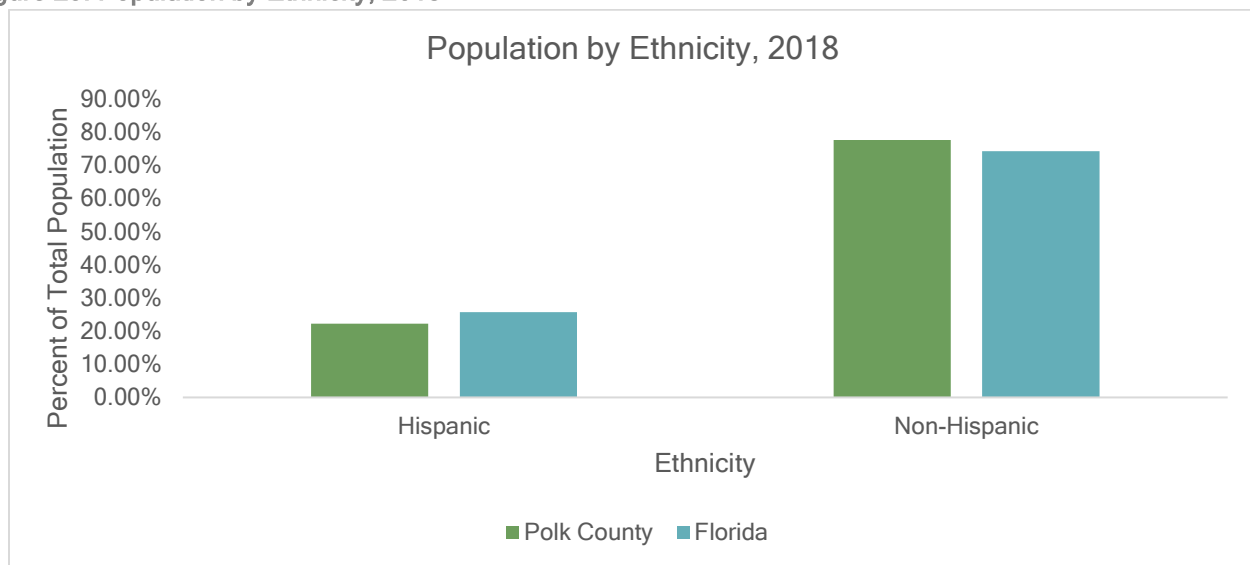
Polk County has a significant Hispanic population at 22.3%. The percent of Hispanics in Florida is slightly higher than the percent of Hispanics in Polk.

Figure 28. Population by Ethnicity, 2018

Indicator	Polk County		Florida
Ethnicity	Count	Percentage	Percentage
Hispanic	152,046	22.3%	25.7%
Non-Hispanic	529,645	77.7%	74.3%

Source: The Florida Legislature, Office of Economic and Demographic Research

Figure 29. Population by Ethnicity, 2018



Source: The Florida Legislature, Office of Economic and Demographic Research

Education

In general, Polk County residents attain less education than State of Florida residents. In Polk County, 15.7% of residents have less than a high school education, compared with 12.4% for the State of Florida. Similarly, only 27.9% of Polk County residents have an Associate's degree or higher, compared with 38.3% for the State of Florida.

Figure 30. Educational Attainment among population 25 years and over, 2013-2017

Indicator	Polk County	Florida
Population 25 years and over	448,680	14,396,066
Less than 9 th grade education	6.3%	5.1%
9 th to 12 th grade education, no diploma	9.4%	7.3%
High School Graduate (includes equivalency)	35.5%	29.0%
Some college education, no degree	20.9%	20.4%
Associate's degree	8.4%	9.8%
Bachelor's degree	13.0%	18.2%
Graduate or professional degree	6.5%	10.3%

Source: US Census Bureau ACS 2013-2017 5-Year Estimates

Employment

The *civilian labor force* consists of all non-institutionalized civilians classified as *employed* or *unemployed*. The *not in labor force* category includes all people 16 years and over who are not classified as members of the labor force. This category consists mainly of students, housewives, retired workers, seasonal workers interviewed in an off season who were not looking for work, institutionalized people, and people doing only incidental unpaid family work (less than 15 hours during the reference week).

Figure 31. Employment Status among population 16 years and over, 2013-2017

Indicator	Polk County		Florida
	Count	Percent	Percent
Population 16 years+	521,280		16,645,386
Civilian labor force	285,155	54.7%	58.4%
Employed	263,208	50.5%	54.2%
Unemployed	21,947	4.2%	4.2%
Armed Forces	243	0.0%	0.3%
Not in labor force	235,882	45.3%	41.3%

The percent of unemployed people in Polk County (4.2%) is the same as that of the State of Florida.

Source: US Census Bureau ACS 2013-2017 5-Year Estimates

Figure 32. Commuting to Work among Workers 16 years and over, 2013-2017

Indicator	Polk County		Florida
	Count	Percent	Percent
Workers 16 years and over	259,176		8,907,171
Car, truck, or van - drove alone	213,121	82.2%	79.5%
Car, truck, or van - carpooled	26,271	10.1%	9.2%
Public transportation (excluding taxicab)	1,375	0.5%	2.0%
Walked	2,787	1.1%	1.5%
Other means	4,796	1.9%	2.2%
Worked at home	10,826	4.2%	5.6%

A higher percentage of workers in Polk County drive alone to work (82.2%) than across the State of Florida (79.5%). Public transportation is limited in Polk County; only 0.5% of workers in Polk County use public transportation to commute to work, compared with 2.0% of workers across the state.

Source: US Census Bureau ACS 2013-2017 5-Year Estimates

Income

Polk County residents also make less money than State of Florida residents as a whole. Between 2013-2017, the mean household income in Polk County was over \$12,000 less than the mean household income for the State of Florida.

Figure 33. Income and Benefits, 2013-2017

Indicator	Polk County		Florida
	Count	Percent	Percent
Total Households	226,604		7,510,882
Less than \$10,000	15,942	7.0%	7.2%
\$10,000-\$14,999	12,254	5.4%	5.1%
\$15,000-\$24,999	28,115	12.4%	11.2%
\$25,000-\$34,999	27,857	12.3%	11.0%
\$35,000-\$49,999	37,414	16.5%	14.7%
\$50,000-\$74,999	44,090	19.5%	18.4%
\$75,000-\$99,999	26,631	11.8%	11.6%
\$100,000-\$149,999	22,382	9.9%	11.7%
\$150,000-\$199,999	6,396	2.8%	4.4%
\$200,000 or more	5,523	2.4%	4.8%

Source: US Census Bureau ACS 2013-2017 5-Year Estimates

Figure 34. Median and Mean Household Income, 2013-2017

Indicator	Polk	Florida
Median household income	\$45,988	\$50,883
Mean household income	\$60,529	\$72,993

Source: US Census Bureau ACS 2013-2017 5-Year Estimates

Health Insurance

Polk County has a larger percentage of publicly insured residents than the State of Florida, however the percent of uninsured residents is similar for Polk County and the State of Florida.

Figure 35. Health Insurance Coverage, 2013-2017

Indicator	Polk County		Florida
	Count	Percent	Percent
Civilian noninstitutionalized population	643,984		19,967,931
With health insurance coverage	551,135	85.6%	85.1%
With private health insurance	367,926	57.1%	60.8%
With public coverage	264,600	41.1%	36.5%
No health insurance coverage	92,849	14.4%	14.9%
Civilian noninstitutionalized population under 19 years	155,208		4,350,247
No health insurance coverage	13,235	8.5%	8.5%

Source: US Census Bureau ACS 2013-2017 5-Year Estimates

Poverty

Federal Poverty Guidelines

The poverty guidelines are issued each year by the Department of Health and Human Services. They are used for administrative purposes, such as determining financial eligibility for certain federal programs. According to 2017 Federal Poverty Guidelines for the 48 Continental United States, 100% of poverty for a family of 4 is \$24,600 annually. About 13% of Polk County families fall below 100% of the poverty level. Across the State of Florida, the percentage of families living below 100% of the poverty level is lower than in Polk County, at 11.1%.

Figure 36. Families Below 100% of Poverty, 2013-2017

Indicator	Polk County Rate	Florida Rate
Below 100% of the poverty level	12.9%	11.1%
With children under 18 years	21.8%	18.2%
With children under 5 years	19.0%	17.0%

Source: US Census Bureau ACS 2013-2017 5-Year Estimates

Asset Limited, Income Constrained, Employed (ALICE)

ALICE is an acronym for Asset Limited, Income Constrained, Employed - households that earn more than the Federal Poverty Level, but less than the basic cost of living for the county (the ALICE Threshold). Combined, the number of ALICE and poverty-level households equals the total population struggling to afford basic needs. As of 2016 ALICE data, there are 226,429 households in Polk County. Of these households, 15% live in poverty, while an additional 34% of households fall below the ALICE Threshold. This means that as of 2016, almost half of households in Polk County (49%) are struggling to afford basic needs. This percentage has increased from 44% of households since 2010. When looking at different household types, 49% of households made up of families with children fall below the ALICE and poverty thresholds, while this percent is even higher (52%) for households of those 65 years and older.

Source: 2018 Florida ALICE Report

Housing

The median value of owner-occupied housing units in Polk County (\$121,100) is over \$57,000 less than the median for the State of Florida (\$178,700).

Figure 37. Housing, 2013-2017

Indicator	Polk County		Florida
	Count	Percent	Percent
Total Housing Units	288,797		9,259,684
Occupied Housing Units	226,604	78.5%	81.1%
Owner-occupied	154,703	68.3%	64.8%
Renter-occupied	71,901	31.7%	35.2%
Vacant Housing Units	62,193	21.5%	18.9%
Value of Owner-Occupied Units	Polk County		Florida
	Count	Percent	Percent
Less than \$50,000	26,465	17.1%	9.2%
\$50,000-\$99,000	37,410	24.2%	15.5%
\$100,000-\$149,999	28,882	18.7%	15.0%
\$150,000-\$199,999	26,316	17.0%	15.8%
\$200,000-\$299,999	21,992	14.2%	20.2%
\$300,000-\$499,999	10,097	6.5%	15.7%
\$500,000-\$999,999	2,776	1.8%	6.4%
\$1,000,000 or more	765	0.5%	2.2%

Source: US Census Bureau ACS 2013-2017 5-Year Estimates

Figure 38. Median Value of Owner-Occupied Units, 2013-2017

Indicator	Polk County	Florida
Median Value of Owner-Occupied Units (dollars)	\$121,100	\$178,700

Source: US Census Bureau ACS 2013-2017 5-Year Estimates

Housing Cost Burden

Figure 39. Housing Cost Burden in Polk County, 2012-2016

Indicator	Owner		Renter		Total	
	Count	Percent	Count	Percent	Count	Percent
Housing Cost Burden Overview						
Cost Burden ≤30%	115,935	76.43%	36,760	51.51%	152,695	68.45%
Cost Burden >30% to ≤50%	19,935	13.14%	16,145	22.62%	36,080	16.18%
Cost Burden >50%	13,860	9.14%	16,345	22.90%	30,205	13.54%
Cost Burden not available	1,965	1.30%	2,115	2.96%	4,080	1.83%
Total	151,690		71,370		223,060	

Cost burden is the ratio of housing costs to household income. For renters, housing cost is gross rent (contract rent plus utilities). For owners, housing cost is “select monthly owner costs,” which includes mortgage payments, utilities, association fees, insurance, and real estate taxes. The U.S. Department of Housing and Urban Development (HUD) defines cost-burdened families as those “who pay more than 30% of their income for housing” and “may have difficulty affording necessities such as food, clothing, transportation, and medical care.” In Polk County, almost 30% of households spend more than 30% of their income on housing costs.

Source: HUD Consolidated Planning/CHAS Data, 2012-2016

US Census Bureau, 2017

Of the total 288,797 housing units in Polk County, 61,982 (21.5%) are mobile homes.

Industry

According to the Central Florida Development Council (2019), the largest employers in Polk County are the Polk County School Board, with 13,235 employees, followed by Publix Super Markets, with 12,500 employees. Other top employers in Polk County include: Lakeland Regional Health (5,575 employees), Walmart (4,250 employees), and Geico (3,700 employees). Other major industries in Polk County include citrus, cattle, agriculture, and phosphate. Tourism within Polk County has also increased in recent years.

Source: CFDC; Polk County BOCC

Figure 40. Industry Workers 16 years and over, 2013-2017

Indicator	Polk County		Florida
	Count	Percent	Percent
Civilian employed population 16 years and over	263,208		
Agriculture, forestry, fishing and hunting, and mining	5,646	2.1%	1.0%
Construction	18,927	7.2%	7.1%
Manufacturing	16,666	6.3%	5.1%
Wholesale trade	7,670	2.9%	2.7%
Retail trade	39,389	15.0%	13.1%
Transportation and warehousing, and utilities	15,191	5.8%	5.2%
Information	3,861	1.5%	1.9%
Finance and insurance, and real estate and rental and leasing	16,250	6.2%	7.7%
Professional, scientific, and management, and administrative and waste management services	28,802	10.9%	12.9%
Educational services, and health care and social assistance	52,948	20.1%	21.0%
Arts, entertainment, and recreation, and accommodation and food services	36,139	13.7%	12.3%
Other services, except public administration	11,808	4.5%	5.3%
Public administration	9,911	3.8%	4.3%

Source: US Census Bureau ACS 2013-2017 5-Year Estimates

Language

Over 7% of residents in Polk County speak English “less than very well,” suggesting a need for information and resources to be available in languages besides English.

Figure 41. Language Spoken at Home and Ability to Speak English, 2013-2017

Indicator	Polk County		Florida
	County Number	County Rate	State Rate
Population 5 years and over	613,913		
English only		79.4%	71.3%
Language other than English		20.6%	28.7%
Speak English less than “very well”		7.7%	11.8%

Source: US Census Bureau ACS 2013-2017 5-Year Estimates

Vulnerable Populations in Polk County

Unfortunately, certain populations sometimes experience **health disparities**, or unfair and unequal health outcomes, at higher rates than other populations. Health disparities are caused largely by factors known as social determinants of health, or the factors in a person's environment which impact their health and ability to make healthy decisions, including a person's health status and access to health care, social and community context, education status, economic stability, and neighborhood or built environment.

Populations in Polk County that face **health disparities** include the following:

Racial and Ethnic Minorities: The Hispanic Population and the Black Population

The racial breakdown of Polk County is over 79% White and only 16% Black. Ethnically, just over 22% of Polk County residents are Hispanic. Unfortunately, as with racial and ethnic minorities across the country, these populations often experience health disparities in Polk County. Factors contributing to the health disparities faced by these populations include institutionalized and systemic racism, lack of access to health care and social services, language and cultural barriers, and political climate.

Across Polk County, the Hispanic population experiences worse rates of the following (as compared to the Non-Hispanic population):

- Births to teenage mothers
- Age-adjusted diabetes hospitalizations
- Age-adjusted emergency room visits for diabetes
- Age-adjusted prostate cancer death rate
- HIV Cases

Across Polk County, the Black population experiences worse rates of the following (as compared to the White population):

- Age-adjusted hospitalizations for mental disorders
- Births to teenage mothers
- Births to mothers with no prenatal care
- Preterm births
- Low and Very Low Birth Weight
- Infant Mortality
- Age-adjusted coronary heart disease death rate
- Age-adjusted coronary heart disease hospitalizations
- Age-adjusted hospitalizations from congestive heart failure
- Age-adjusted stroke death rate
- Age-adjusted stroke hospitalizations
- Age-adjusted diabetes death rate
- Age-adjusted diabetes hospitalizations
- Age-adjusted emergency room visits for diabetes
- Age-adjusted chronic lower respiratory disease (including asthma) hospitalizations
- Age-adjusted breast cancer death rate
- Age-adjusted cervical cancer death rate
- Age-adjusted colorectal cancer death rate
- Age-adjusted prostate cancer death rate
- HIV Cases
- Age-adjusted HIV/AIDS death rate
- Bacterial STDs

Source: Various data sources accessed via FL Health CHARTS

Aging Adults

Populations of certain age groups are also vulnerable to health inequities due to their age. In Polk County, these populations include the aging adult population. Just over 20% of the population in Polk County is ages 65 and older. Health becomes more fragile with age, so it is important for aging adults to adopt healthy habits and behaviors, stay involved in their communities, utilize preventive services, and manage health conditions in order to stay healthy and active.

Homeless Individuals

Polk County has a homeless population. There is a strong relationship between health, housing, and homelessness. Poor health can cause homelessness when people have insufficient income to afford housing. Living on the streets or in homeless shelters can exacerbate existing health problems and cause new ones. Chronic diseases, such as diabetes and asthma, and mental health problems, are difficult to manage under stressful circumstances and may worsen. Acute problems, such as infections and injuries, are difficult to heal when there is no place to rest. Living on the street or in shelters also brings the risk of communicable diseases and violence because of crowded living conditions and lack of privacy and security. When people have stable housing, they do not have to spend time finding a place to sleep each night and can spend more time managing their health, making time for doctors' appointments, and adhering to medical advice and directions. Housing also decreases risks associated with further disease and violence.

Source: National Health Care for the Homeless Council, 2019

Migrant Workers

While it is hard to estimate how many migrant workers enter Polk County each year, there is a significant migrant and seasonal farm worker population in Polk County during certain times of year. Migrant and seasonal farm workers face special health challenges from the nature of their lifestyle and work. Many are uninsured and may not even be in the US legally, which prevents them from accessing health care and other social services.

Source: CDC, 2018

Individuals of Low-Socioeconomic Status (SES)

Individuals of low-socioeconomic status (SES) are more likely to experience poor health outcomes than individuals of higher-socioeconomic status due to a variety of factors. Low-SES individuals are less likely to have the education needed to earn higher income. This affects their ability to work and be financially secure. Poverty limits access to healthy foods and safe neighborhoods. The more educated a person is, the healthier they will be.

Source: CDC, 2019

Leading Causes of Death

Out of the top 5 leading causes of death in Polk County, four are chronic diseases largely caused by poor health habits and lifestyle choices, such as poor diet, lack of exercise, tobacco use, and excessive alcohol consumption. In general, people are living longer and are much less likely to die from infectious disease than in the past - this is thanks to vaccines, handwashing, and other advances in sanitation. This trend of more deaths caused by chronic disease rather than infectious disease is known as the epidemiologic transition and is the result of advances in public health, medicine, and technology. This trend has been seen across the United States and other developed countries around the world over the past century.

Source: McKeown, 2009

Figure 42. Leading Causes of Death in Polk County, 2018

Causes of Death	Number of Deaths	Percent of Total Deaths	Age-Adjusted Death Rate per 100,000
Heart Disease	1,586	22.09%	162.3
Cancer	1,529	21.30%	156.2
Chronic Lower Respiratory Disease	531	7.40%	52.6
Stroke	485	6.75%	49.0
Unintentional Injury	427	5.95%	57.4

The number one cause of death in Polk County is heart disease (22.09%), followed closely by cancer (21.30%).

Source: FDOH Bureau of Vital Statistics

Figure 43. Deaths from Heart Disease in Polk County, 2018

Sex/Race/Ethnicity	Age-Adjusted Death Rate per 100,000
Sex	
Male	205.5
Female	124.8
Race	
White	157.2
Black	212.0
Other	111.5
Ethnicity	
Hispanic	121.8
Non-Hispanic	168.0

Males have higher rates of death from heart disease (205.5 per 100,000) than females (124.8 per 100,000) in Polk County. The Black population is more likely to die from heart disease (212.0 per 100,000) than the White population (157.2 per 100,000). Non-Hispanics have higher rates of death from heart disease (168.0 per 100,000) than Hispanics (121.8 per 100,000).

Source: FDOH Bureau of Vital Statistics

Figure 44. Deaths from Cancer in Polk County, 2018

Sex/Race/Ethnicity	Age-Adjusted Death Rate per 100,000
Sex	
Male	173.6
Female	142.8
Race	
White	156.4
Black	159.3
Other	106.4
Ethnicity	
Hispanic	131.7
Non-Hispanic	160.1

In Polk County, males have higher rates of death from cancer (173.6 per 100,000) than females (142.8 per 100,000). Death rates from cancer are slightly lower among the White population (156.4 per 100,000) than the Black population (159.3 per 100,000) in Polk County, and are higher among the Non-Hispanic population (160.1 per 100,000) than the Hispanic population (131.7 per 100,000).

Source: FDOH Bureau of Vital Statistics

Figure 45. Deaths from Chronic Lower Respiratory Disease (CLRD) in Polk County, 2018

Sex/Race/Ethnicity	Age-Adjusted Death Rate per 100,000
Sex	
Male	61.9
Female	44.7
Race	
White	55.7
Black	32.2
Other	18.9
Ethnicity	
Hispanic	29.4
Non-Hispanic	55.3

Males are more likely to die from CLRD (61.9 per 100,000) than females (44.7 per 100,000) in Polk County. The White population is much more likely to die from CLRD (55.7 per 100,000) than the Black population (32.2 per 100,000). The death rate from CLRD for Non-Hispanics (55.3 per 100,000) is almost twice the rate for Hispanics (29.4 per 100,000).

Source: FDOH Bureau of Vital Statistics

Figure 46. Deaths from Stroke in Polk County, 2018

Sex/Race/Ethnicity	Age-Adjusted Death Rate per 100,000
Sex	
Male	47.9
Female	49.2
Race	
White	46.7
Black	68.7
Other	42.9
Ethnicity	
Hispanic	51.6
Non-Hispanic	49.1

The rate of death from stroke in Polk County is similar among males (47.9 per 100,000) and females (49.2 per 100,000), but higher among the Black population (68.7 per 100,000) than the White population (46.7 per 100,000). Hispanics (51.6 per 100,000) and Non-Hispanics (49.1 per 100,000) in Polk County have similar rates of death from stroke.

Source: FDOH Bureau of Vital Statistics

Figure 47. Deaths from Unintentional Injury in Polk County, 2018

Sex/Race/Ethnicity	Age-Adjusted Death Rate per 100,000
Sex	
Male	77.0
Female	38.9
Race	
White	59.6
Black	49.3
Other	39.0
Ethnicity	
Hispanic	50.1
Non-Hispanic	60.0

Males are almost twice as likely (77.0 per 100,000) as females (38.9 per 100,000) to die from an unintentional injury in Polk County. The rate of death from unintentional injury is slightly higher among the White population (59.6 per 100,000) than the Black population (49.3 per 100,000), and also slightly higher among the Non-Hispanic population (60.0 per 100,000) than the Hispanic population (50.1 per 100,000).

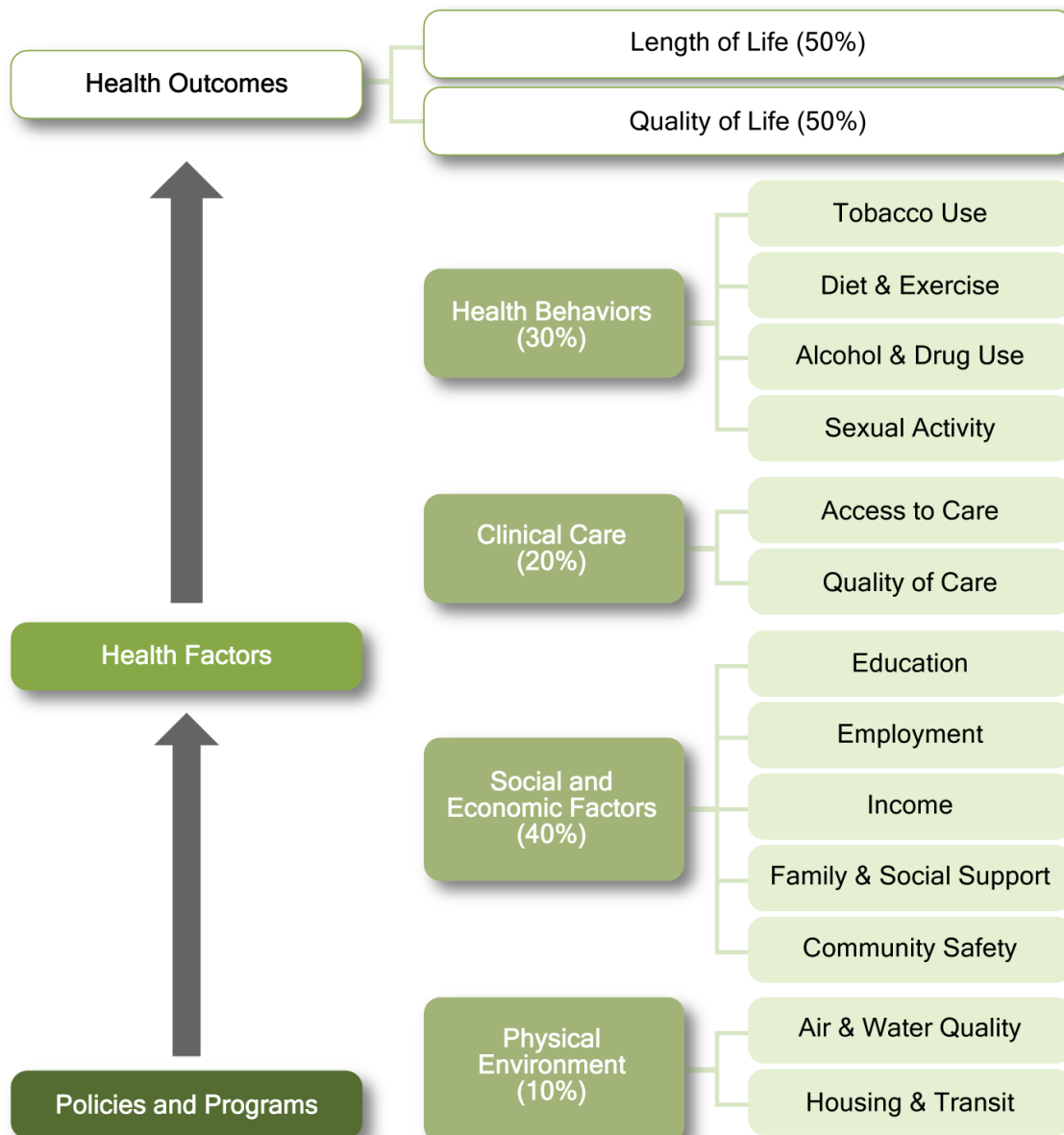
Source: FDOH Bureau of Vital Statistics

County Health Rankings

The Robert Wood Johnson Foundation (RWJF), in partnership with University of Wisconsin Population Health Institute, has created a program called County Health Rankings & Roadmaps, which ranks the health of nearly every county in the U.S. The Rankings are based on a model of population health that emphasizes factors that can make communities healthier places to live, learn, work, and play. These factors are known as the Social Determinants of Health and include a person's health and health care, social and community context, education status, economic stability, and neighborhood or built environment. This model uses more than 30 measures that help communities understand how healthy their residents are today (health outcomes) and what will impact their health in the future (health factors).

The model breaks down the factors that contribute to length and quality of life.

Figure 48. The Robert Wood Johnson Foundation's County Health Rankings Model



Health outcomes represent how healthy a county is right now. They reflect the physical and mental wellbeing of residents within a community through measures representing length of life and quality of life.

Length of life indicates whether people are dying too early and prompts investigation into what is causing premature deaths. According to the RWJF County Health Rankings Model, length of life makes up *50% of our health outcomes*.

Quality of Life refers to how healthy people feel while alive. It represents the wellbeing of a community and the importance of physical, mental, social, and emotional health from birth through adulthood. According to the RWJF County Health Rankings Model, *quality of life makes up the other 50% of our health outcomes*.

Health factors represent things that can be modified to improve the length and quality of life for residents of a community. Health factors include:

Health behaviors are actions individuals take that affect their health, including actions that lead to improved health, such as eating well and being physically active, and actions that increase one's risk of disease, such as smoking, excessive alcohol intake, and risky sexual behavior. According to the RWJF County Health Rankings Model, *health behaviors make up 30% of our health factors*.

Tobacco use is the leading cause of preventable death in the U.S. It affects not only those who choose to use tobacco, but also people who live and work around tobacco.

Diet & exercise are important factors that shape health and risk of being overweight and obese. The environments where people live, learn, work, and play affect access to healthy food and opportunities for physical activity.

Alcohol & drug use can be harmful to the health and wellbeing of individuals and their friends, families, and communities. Prescription drug misuse and illicit drug use have substantial health, economic, and social consequences.

Risky **sexual activity** can result in sexually transmitted infections (STIs) and unplanned pregnancies, which can have lasting effects on health and wellbeing, especially for adolescents.

Clinical care, including access to affordable, quality, and timely health care, can prevent diseases and detect issues sooner, enabling individuals to live longer, healthier lives. According to the RWJF County Health Rankings Model, *clinical care makes up 20% of our health factors*.

Access to care that is affordable and high-quality is important for physical, social, and mental health. Health insurance helps individuals and families access needed primary care, specialists, and emergency care, but does not ensure access on its own. It is also necessary for providers to offer affordable care, be available to treat patients, and be in relatively close proximity to patients.

Quality of care in inpatient and outpatient settings can help protect and improve health and reduce the likelihood of receiving unnecessary or inappropriate care. High quality health care should be timely, safe, effective, and affordable.

Social and economic factors, such as income, education, employment, community safety, and social supports can significantly affect how well and how long we live. These factors affect our ability to make healthy choices, afford medical care and housing, manage stress, and more. According to the RWJF County Health Rankings Model, *social and economic factors make up 40% of our health factors.*

Individuals with better **education** live longer, healthier lives than those with less education, and their children are also more likely to thrive.

Employment provides income and oftentimes benefits, including health insurance, that can support healthy lifestyle choices. Unemployment and under employment limit these choices, and negatively affect both quality of life and health overall. The economic condition of a community and an individual's level of educational attainment both play a role in shaping employment opportunities.

Income provides economic resources that shape choices about housing, education, child care, food, medical care, and more. Wealth, the accumulation of savings and assets, helps cushion and protect individuals and families in times of economic distress. As income and wealth increase or decrease, so does health.

People with greater **family and social support**, less isolation, and greater interpersonal trust live longer and healthier lives than those who are socially isolated. Neighborhoods richer in social capital provide residents with greater access to support and resources than those with less social capital.

Community safety is important in preventing injuries through accidents or violence, which are the 3rd leading cause of death in the U.S. Accidents and violence affect health and quality of life in the short and long-term, for those directly and indirectly affected, and living in an unsafe neighborhood can impact health in a multitude of ways.

The **physical environment** is where individuals live, learn, work, and play. People interact with their physical environment through the air they breathe, water they drink, houses they live in, and the transportation they access to travel to work and school. Poor physical environment can affect people's ability to live long and healthy lives. According to the RWJF County Health Rankings Model, *the physical environment makes up 10% of our health factors.*

Air and water quality are critical for health. Poor air or water quality can be particularly detrimental to vulnerable populations such as the very young, the elderly, and those with chronic health conditions.

Housing and transit options that shape a communities' built environment affect where people live and how they get from place to place. The choices people make about housing and transportation, and the opportunities underlying these choices, also affect health.

Figure 49. Polk County's Health Outcomes from the 2019 Robert Wood Johnson Foundation County Health Rankings and Roadmaps

Measure	Indicator	Year	Polk County	Florida	Top U.S. Performers	Rank ¹	Source
Health Outcomes						32	
Length of Life (50%)						31	
Premature death (50%)	Years Potential Life Lost (YPLL)	2015-2017	8,300	7,200	5,400		National Center for Health Statistics - Mortality files
Quality of Life (50%)						28	
Poor or fair health (10%)	% of adults	2016	20%	19%	12%		BRFSS
Poor physical health days (10%)	Avg. number of physically unhealthy days in past 30 days	2016	4.3	3.8	3.0		BRFSS
Poor mental health days (10%)	Avg. number of mentally unhealthy days in past 30 days	2016	4.0	3.8	3.1		BRFSS
Low birthweight (20%)	% of live births	2011-2017	8%	9%	6%		National Center for Health Statistics - Natality files

Polk County is ranked 32nd for health outcomes out of the 67 total counties in Florida.

Source: RWJF

¹ Out of the 67 counties in Florida; a rank of 1 is considered to be the "healthiest"

Figure 50. Polk County's Health Factors from the 2019 Robert Wood Johnson Foundation County Health Rankings and Roadmaps.

Measure	Indicator	Year	Polk County	Florida	Top U.S. Performers	Rank ²	Source
Health Factors						38	
Health Behaviors (30%)						31	
Adult smoking (10%)	% of adults	2016	17%	15%	14%		BRFSS
Adult obesity (5%)	% of adults	2015	35%	27%	26%		CDC Diabetes Interactive Atlas
Food environment index (2%)	0 (worst) to 10 (best)	2015 & 2016	6.9	6.9	8.7		USDA Food Environment Atlas, Map the Meal Gap
Physical inactivity (2%)	% of adults	2015	27%	25%	19%		CDC Diabetes Interactive Atlas
Access to exercise opportunities (1%)	% of population	2010 & 2018	82%	88%	91%		Business Analyst, Delorme map data, ESRI, & US Census Tigerline Files
Excessive drinking (2.5%)	% of adults	2016	15%	18%	13%		BRFSS
Alcohol-impaired driving deaths (2.5%)	% of driving deaths with alcohol involvement	2013-2017	28%	25%	13%		Fatality Analysis Reporting System
Sexually transmitted infections (2.5%)	# of new chlamydia cases per 100,000 population	2016	465.3	467.4	152.8		National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Teen births (2.5%)	# of births per 1,000 female population ages 15-19	2011-2017	33	23	14		National Center for Health Statistics - Natality files
Clinical Care (20%)						38	
Uninsured (5%)	% of population under 65	2016	16%	15%	6%		Small Area Health Insurance Estimates

² Out of the 67 counties in Florida; a rank of 1 is considered to be the "healthiest"

Measure	Indicator	Year	Polk County	Florida	Top U.S. Performers	Rank ³	Source
Primary care physicians (3%)	Ratio of population to primary care physicians	2016	2,030:1	1,390:1	1,050:1		Area Health Resource File/American Medical Association
Dentists (1%)	Ratio of population to dentists	2017	3,050:1	1,700:1	1,260:1		Area Health Resource File/National Provider Identification file
Mental health providers (1%)	Ratio of population to mental health providers	2018	1,190:1	670:1	310:1		CMS, National Provider Identification file
Preventable hospital stays (5%)	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees	2016	6,956	5,066	2,765		Mapping Medicare Disparities Tool
Mammography screening (2.5%)	% female Medicare enrollees ages 65-74 that received annual mammography screening	2016	44%	42%	49%		Mapping Medicare Disparities Tool
Flu vaccinations (2.5%)	% of fee-for-service Medicare enrollees that had an annual flu vaccination	2016	43%	41%	52%		Mapping Medicare Disparities Tool
Social & Economic Factors (40%)						44	
High school graduation (5%)	% of 9 th grade cohort that graduates in 4 years	Various	78%	82%	96%		EDFacts & State-specific sources
Some college (5%)	% of adults ages 25-44	2013-2017	51%	62%	73%		American Community Survey

³ Out of the 67 counties in Florida; a rank of 1 is considered to be the “healthiest”

Measure	Indicator	Year	Polk County	Florida	Top U.S. Performers	Rank ⁴	Source
Unemployment (10%)	% of population ages 16 and older unemployed but seeking work	2017	4.6%	4.2%	2.9%		Bureau of Labor Statistics
Children in poverty (7.5%)	% of people under 18 in poverty	2017	26%	21%	11%		Small Area Income and Poverty Estimates
Income inequality (2.5%)	Ratio of household income at the 80 th percentile to income at the 20 th percentile	2013-2017	4.2	4.7	3.7		American Community Survey
Children in single-parent households (2.5%)	% of children	2013-2017	40%	38%	20%		American Community Survey
Social associations (2.5%)	# of membership associations per 10,000 population	2016	8.1	7.1	21.9		County Business Patterns
Violent crime (2.5%)	# of reported violent crime offenses per 100,000 population	2014 & 2016	341	484	63		Uniform Crime Reporting - FBI
Injury deaths (2.5%)	# of deaths due to injury per 100,000 population	2013-2017	73	76	57		CDC WONDER mortality data
Physical Environment (10%)						58	
Air pollution - particulate matter (2.5%)	Average daily density of fine particulate matter in micrograms per cubic meter	2014	8.3	8.2	6.1		Environmental Public Health Tracking Network
Drinking water violations (2.5%)	Yes or No	2017	Yes				Safe Drinking Water Information System

⁴ Out of the 67 counties in Florida; a rank of 1 is considered to be the “healthiest”

Measure	Indicator	Year	Polk County	Florida	Top U.S. Performers	Rank ⁵	Source
Severe housing problems (2%)	% of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities	2011-2015	18%	21%	9%		Comprehensive Housing Affordability Strategy (CHAS) data
Driving alone to work (2%)	% of workforce	2013-2017	82%	79%	72%		American Community Survey
Long commute - driving alone (1%)	Among workers who commute in their car alone, the % that commute more than 30 minutes	2013-2017	36%	40%	15%		American Community Survey

Polk County is ranked 38th for health factors out of the 67 total counties in Florida.

Source: RWJF

The County Health Rankings & Roadmaps are one way of assessing the health and quality of life in Polk County, as compared to other counties in Florida and around the nation. With over 30 measures that help communities understand how healthy their residents are today (health outcomes) and what will impact their health in the future (health factors), the Rankings are a great framework for data collection. Using the categories under health outcomes and health factors, the Polk County CHA Workgroup examined several additional health and quality of life indicators from various sources. These indicators can be found throughout the *Health Topics* section.

⁵ Out of the 67 counties in Florida; a rank of 1 is considered to be the “healthiest”

HEALTH TOPICS

This section contains an analysis of primary and secondary data indicators from the Community Themes & Strengths Assessment and the Community Health Status Assessment by health topic for each of the priority areas identified for Polk County.

Priority Areas

- Behavioral Health: Mental Health & Substance Abuse
- Access to Health Services
- Exercise, Nutrition, & Weight
- Maternal & Infant Health
- Chronic Disease
- Oral Health
- Immunizations & Infectious Disease
- Violence, Crime, & Injury Prevention
- Child & Adolescent Health
- Aging Adult Health

BEHAVIORAL HEALTH: MENTAL HEALTH & SUBSTANCE ABUSE

Behavioral health, including mental health and substance abuse, was identified as the number one priority health issue for Polk County as a result of the 2019 Polk County Prioritization Exercise.

Mental Health

The 2019 Polk County Community Health Survey identified mental health problems, including suicide, as the number one most important problem to address in order to improve the health of the community.

About Mental Health

What is Mental Health?

Mental health is an important part of overall health and well-being. Mental health includes emotional, psychological, and social well-being. It affects how people think, feel, and act. It also helps determine how individuals handle stress, relate to others, and make healthy choices. Mental health is important at every stage of life, from childhood and adolescence, through adulthood.

Poor mental health and mental illness are not the same thing. A person can experience poor mental health and not be diagnosed with a mental illness. Likewise, a person diagnosed with a mental illness can experience periods of physical, mental, and social well-being.

What is Mental Illness?

Mental illnesses are conditions that affect a person's thinking, feeling, mood, or behavior. Mental illness includes diagnoses such as depression, anxiety, bipolar disorder, and schizophrenia. Such conditions may be occasional or long-lasting (chronic) and affect someone's ability to relate to others and function each day. There are more than 200 classified types of mental illness. People can experience different types of mental illness or disorders, and they can often occur at the same time.

Why is Mental Health Important?

Mental and physical health are equally important components of overall health. Mental illness, especially depression, increases the risk for many types of physical health problems, particularly chronic conditions like stroke, type 2 diabetes, and heart disease. Similarly, the presence of chronic conditions can increase the risk for mental illness.

How Common are Mental Illnesses?

Mental illnesses are among the most common health conditions in the United States.

- More than 50% of Americans will be diagnosed with a mental illness or disorder at some point in their lifetime.
- 1 in 5 Americans will experience a mental illness in a given year.
- 1 in 5 children, either currently or at some point during their life, have had a seriously debilitating mental illness.
- 1 in 25 Americans lives with a serious mental illness, such as schizophrenia, bipolar disorder, or major depression.

What Causes Mental Illness?

There is no single cause for mental illness. Several factors can contribute to risk for mental illness, such as:

- Early adverse life experiences, such as trauma or a history of abuse (e.g. child abuse, sexual assault, witnessing violence, etc.)
- Experiences related to other chronic medical conditions, such as cancer or diabetes
- Biological factors such as genes or chemical imbalances in the brain
- Use of alcohol or recreational drugs
- Having few friends
- Having feelings of loneliness or isolation

Impact of Mental Illness

- Suicide, which is often associated with symptoms of mental illness, is the 10th leading cause of death in the U.S. and the second leading cause of death among people ages 15-34.
- Serious mental illness costs in the U.S. amount to \$193.2 billion in lost earnings per year.
- Mood disorders, including major depression, dysthymic disorder, and bipolar disorder, are the third most common cause of hospitalization in the U.S. for both youth and adults ages 18-44.
- Individuals living with serious mental illness face an increased risk of physical health problems, such as heart disease, diabetes, and HIV (human immunodeficiency virus).
- U.S. adults living with serious mental illness die on average 25 years earlier than others, largely due to treatable medical conditions.

Mental Health Promotion and Prevention

Preventing mental illness and promoting good mental health involves actions to create living conditions and environments that support mental health and allow people to adopt and maintain healthy lifestyles. These include a range of actions to increase the chances of more people experiencing better mental health, such as:

- Early childhood interventions (e.g. home visits for pregnant women and programs that help young children build social and emotional skills)
- Social support for elderly persons
- Programs targeted to people affected by disasters or other traumatic events
- Mental health interventions in workplaces (e.g. stress prevention programs)
- Violence prevention strategies (e.g. reducing violence in the community and the home)
- Campaigns to change the culture of mental health so that everyone in need receives the care and support they deserve

Adult Mental Health

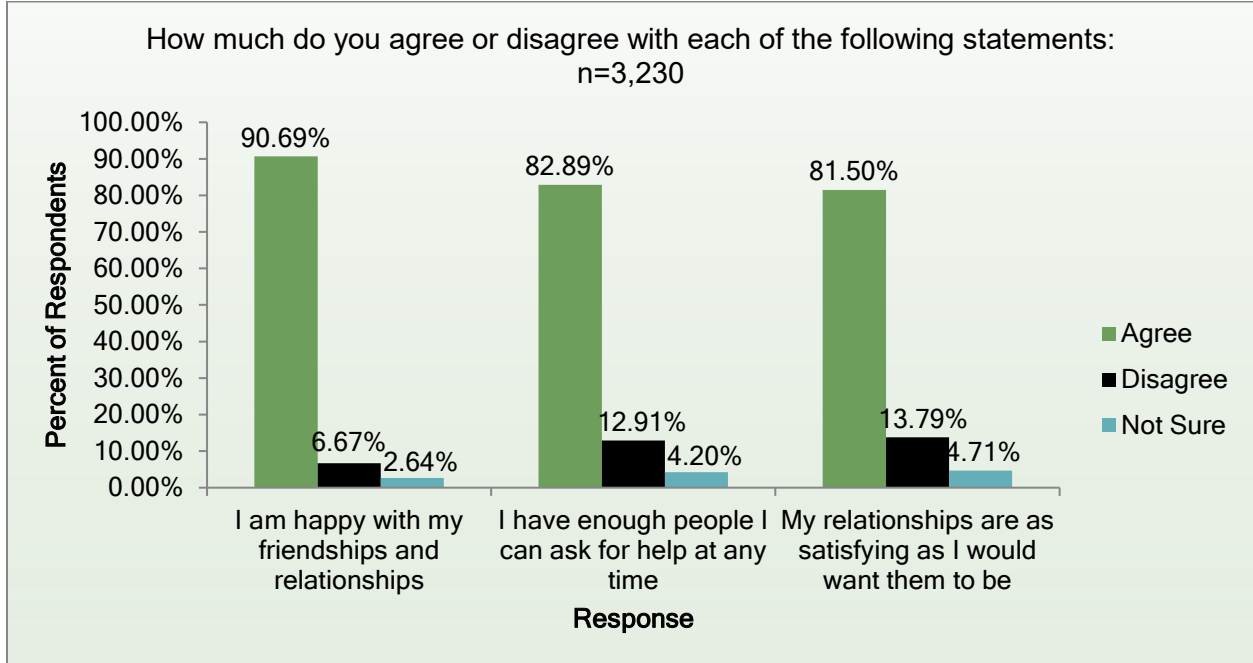
Figure 51. Adult Mental Health Status

Indicator	Measure	Year	Polk County		Florida Rate
			Quartile	Rate	
Adults with good mental health	Percent	2016	2	88.7%	88.6%
Adults who had poor mental health on 14 or more of the past 30 days	Percent	2016	2	11.3%	11.4%
Average number of unhealthy mental days in the past 30 days	Percent	2016	2	3.6%	3.6%
Adults who have ever been told they had a depressive disorder	Percent	2016	2	15.0%	14.2%
Seriously mentally ill adults	Count	2018		18,913	600,569

Reported mental health status among Polk County adults closely resembles that of all Florida adults. Serious mental illness among people ages 18 and older is defined as having, at any time during the past year, a diagnosable mental, behavioral, or emotional disorder that causes serious functional impairment and that substantially interferes with or limits one or more major life activities. Serious mental illnesses include major depressions, schizophrenia, bipolar disorder, and other mental disorders that cause serious impairment. These counts are estimates based on the SAMHSA statement that 4.0% of the population 18 and over in 2012 and 2013 and 3.6% of the population 18 and over in 2014 and 2015 had serious mental illness.

Sources: FL BRFSS; SAMHSA

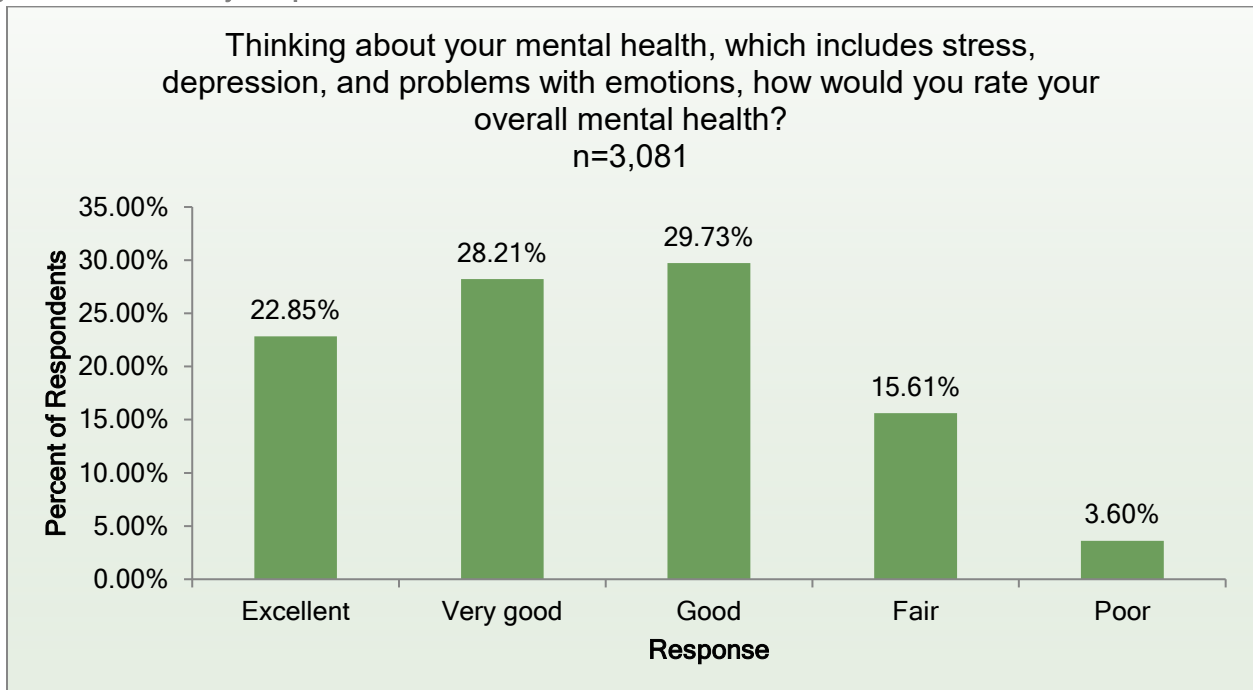
Figure 52. Polk Survey Respondents: Social Connections



The majority of survey respondents reported that they are happy and satisfied with their friendships and relationships and that they have enough people they can ask for help at any time.

Source: 2019 Polk County Community Health Survey

Figure 53. Polk Survey Respondents: Mental Health Status



The majority of Polk survey respondents ranked their mental health as good, very good, or excellent (80.79%). Conversely, 19.21% of respondents reported their health as fair or poor.

Source: 2019 Polk County Community Health Survey

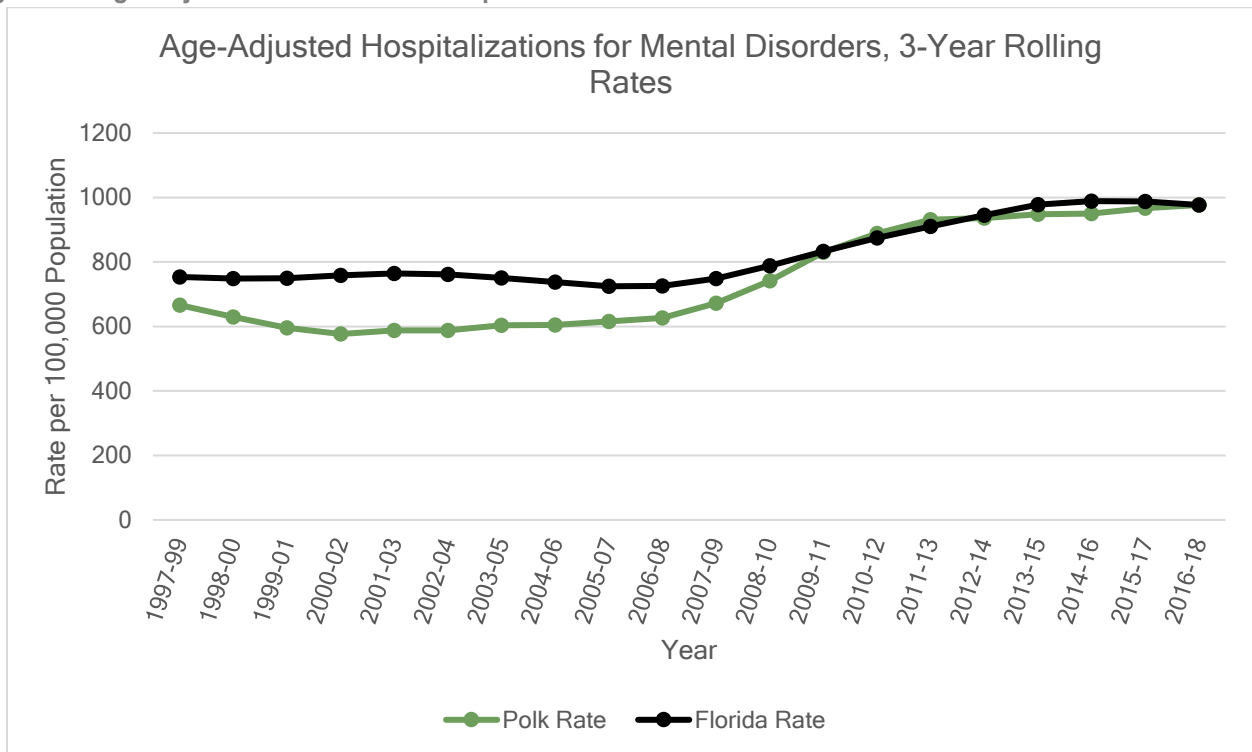
Figure 54. Mental Health Hospitalizations

Indicator	Measure	Year(s)	Polk County	Florida
Age-adjusted hospitalizations for mental disorders	Per 100,000	2016-2018	976.8	976.8
Age-adjusted hospitalizations for mental disorders, except drug and alcohol-induced mental disorders	Per 100,000	2016-2018	784.7	814.7
Age-adjusted hospitalizations for mood and depressive disorders	Per 100,000	2016-2018	467.6	497.6
Age-adjusted hospitalizations for schizophrenic disorders	Per 100,000	2016-2018	203.2	252.3
Hospitalizations for non-fatal [intentional] self-inflicted injuries ages 19-21	Per 100,000	2016-2018	77.7	66.3
Non-fatal hospitalizations for eating disorders ages 19-21	Per 100,000	2016-2018	12.3	19.6

The hospitalization rate for mental disorders in Polk County mirrors that of the statewide rate (976.8 per 100,000). Non-fatal hospitalizations for [intentional] self-inflicted injuries among Polk County adults ages 19-21 (77.7 per 100,000) is higher than the statewide rate (66.3 per 100,000).

Source: AHCA

Figure 55. Age-Adjusted Mental Health Hospitalizations Over Time



Rates of hospitalizations for mental disorders have increased for Polk County over the past decade. The statewide rate has mirrored this trend.

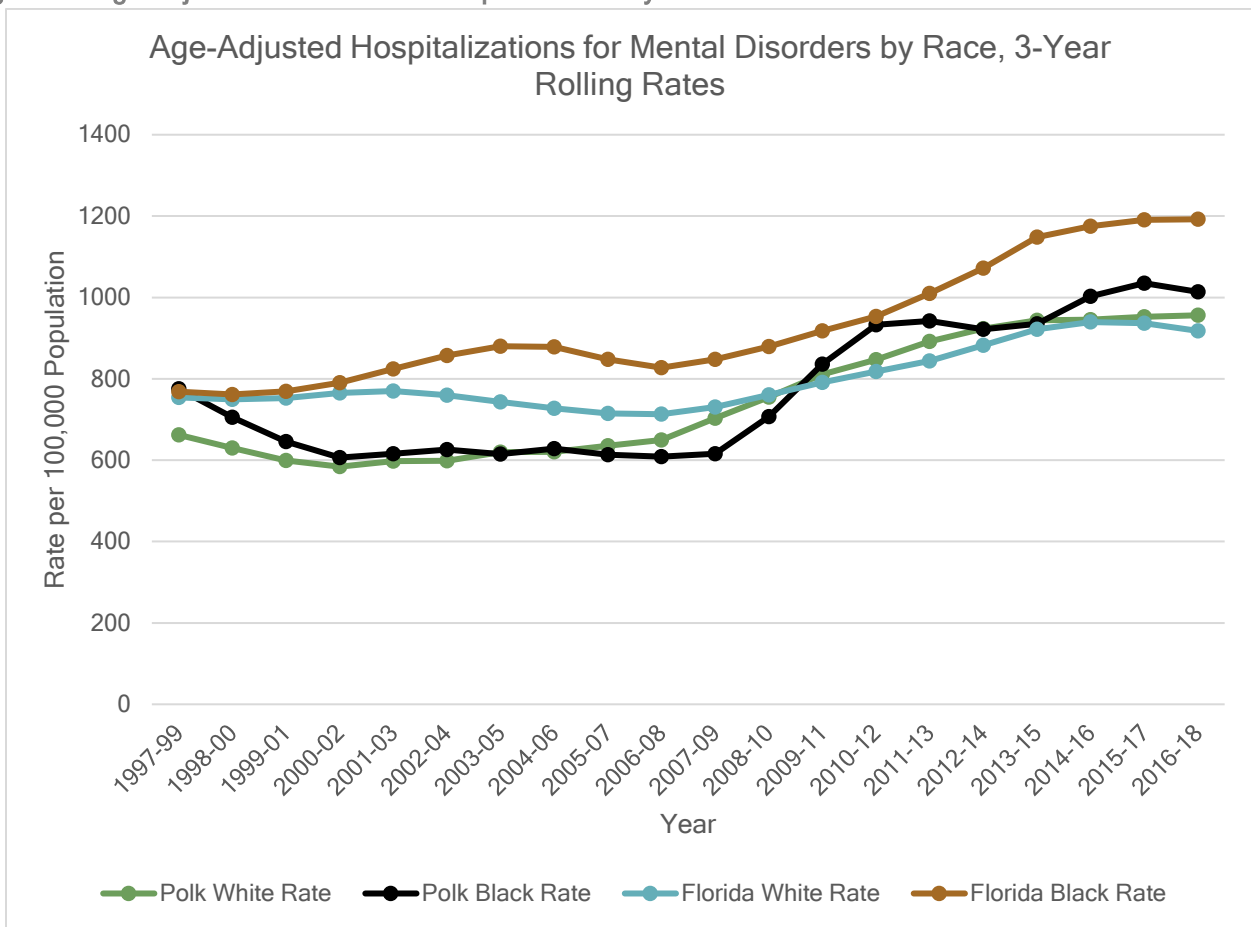
Source: AHCA

Figure 56. Age-Adjusted Mental Health Hospitalizations by Race

Age-Adjusted Hospitalizations for Mental Disorders, 3-year Rolling Rates per 100,000 Population				
Year	Polk White Rate	Polk Black Rate	Florida White Rate	Florida Black Rate
2016-18	956.1	1,013.50	918.2	1,192.1

Source: AHCA

Figure 57. Age-Adjusted Mental Health Hospitalizations by Race Over Time



Rates of hospitalizations for mental disorders are higher among the Black population than the White population in Polk County (1,013.50 vs. 956.1 per 100,000); however, rates for both races have increased over time. The state shows a similar trend, with Blacks experiencing an even greater rate of hospitalizations for mental disorders (1,192.1 per 100,000) than Whites (918.2 per 100,000).

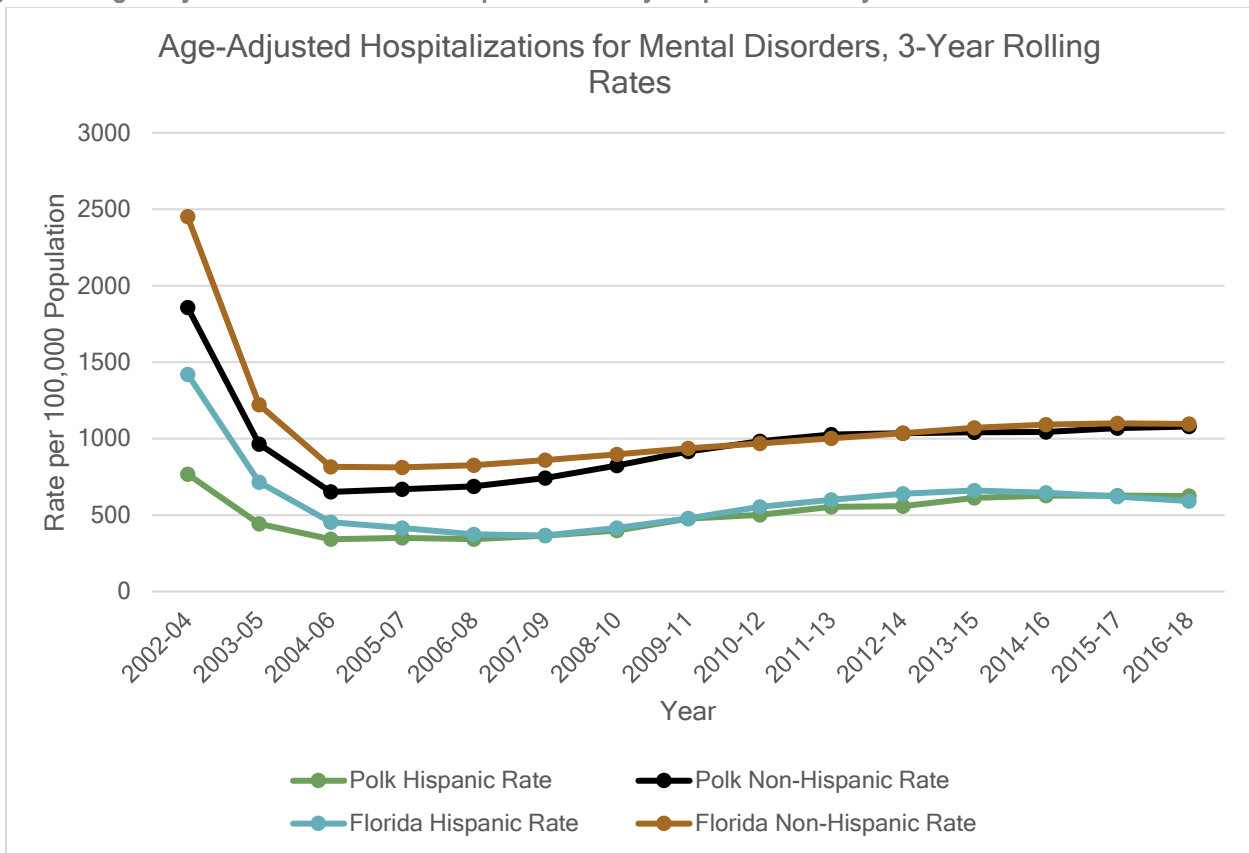
Source: AHCA

Figure 58. Age-Adjusted Mental Health Hospitalizations by Ethnicity

Age-Adjusted Hospitalizations for Mental Disorders, 3-year Rolling Rates per 100,000 Population				
Year	Polk Hispanic Rate	Polk Non-Hispanic Rate	Florida Hispanic Rate	Florida Non-Hispanic Rate
2016-18	625.3	1,078.50	591.4	1,097.0

Source: AHCA

Figure 59. Age-Adjusted Mental Health Hospitalizations by Hispanic Ethnicity Over Time



Rates of hospitalizations for mental disorders in Polk County are much higher among the Non-Hispanic population (1,078.50 per 100,000) than the Hispanic population (625.3 per 100,000). The state shows a similar trend (1,097.0 vs. 591.4 per 100,000 respectively). Rates for both Hispanics and Non-Hispanics have generally increased in Polk County and the state over the past 10 years.

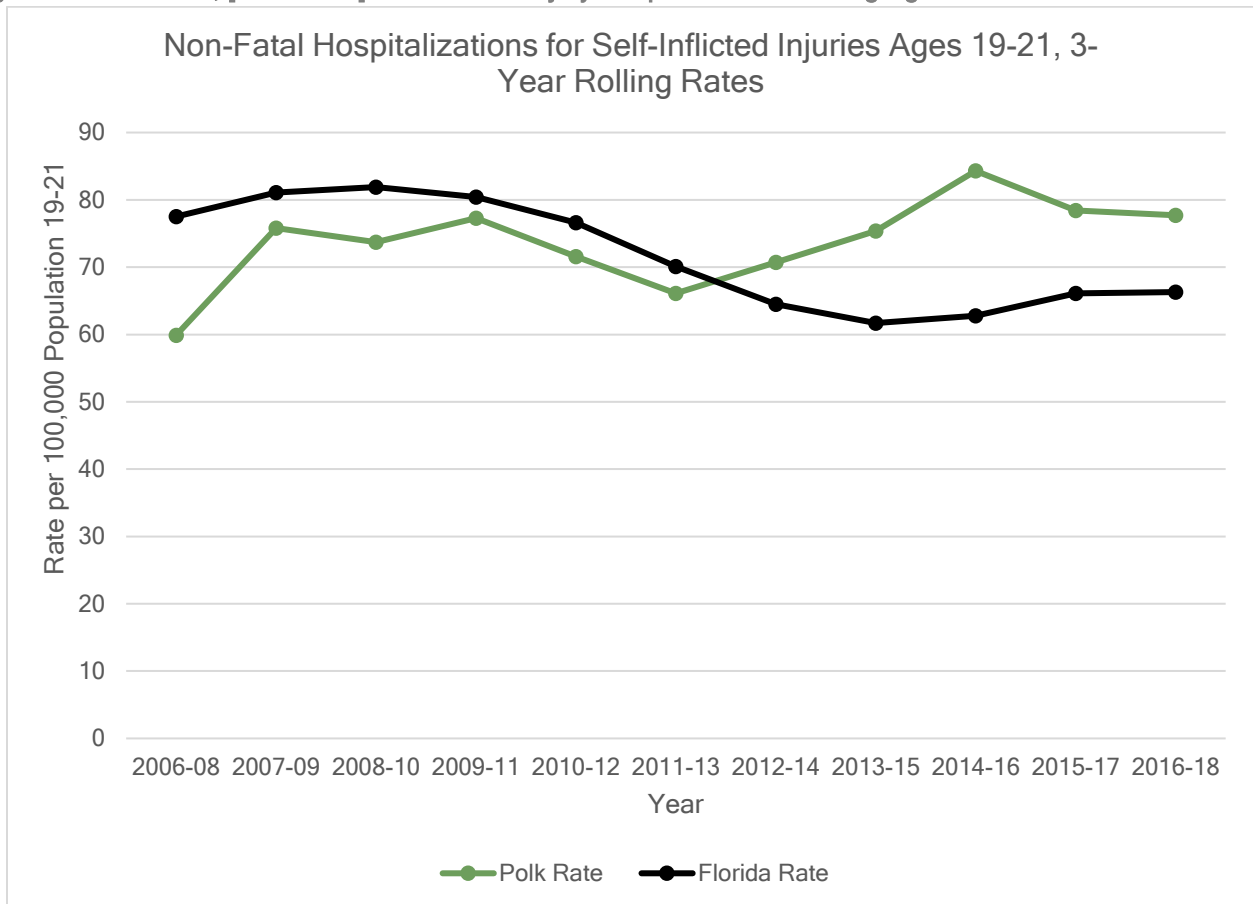
Source: AHCA

Figure 60. Non-Fatal, [Intentional] Self-Inflicted Injury Hospitalizations Among Ages 19-21

Non-Fatal Hospitalizations for [Intentional] Self-Inflicted Injuries Ages 19-21, 3-year Rolling Rates per 100,000 Population Ages 19-21		
Year	Polk Rate	Florida Rate
2016-18	77.7	66.3

Source: AHCA

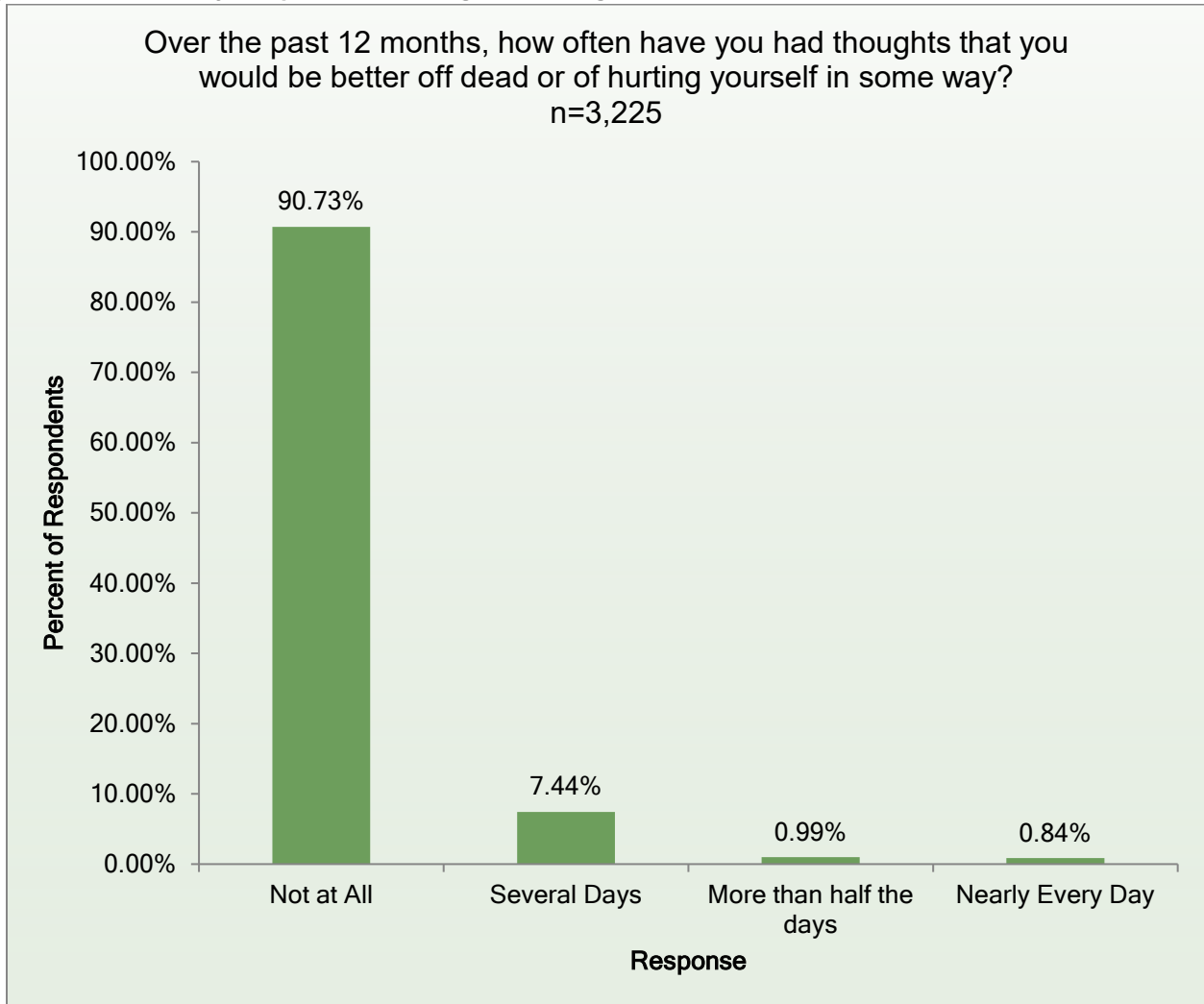
Figure 61. Non-Fatal, [Intentional] Self-Inflicted Injury Hospitalizations Among Ages 19-21 Over Time



Rates of hospitalizations for non-fatal, [intentional] self-inflicted injuries among adults ages 19-21 are higher in Polk County (77.7 per 100,000) than across the state (66.3 per 100,000). While the statewide rate for this indicator has decreased and moved in a favorable direction over the past 10 years, the rate in Polk has increased over this same time period.

Source: AHCA

Figure 62. Polk Survey Respondents: Thoughts of Being Better off Dead or Self-inflicted Harm



The majority of Polk survey respondents (90.73%) reported that they have had no thoughts of feeling as if they would be better off dead or of hurting themselves in some way within the past 12 months. Conversely, 9.27% of respondents reported that they have had such thoughts.

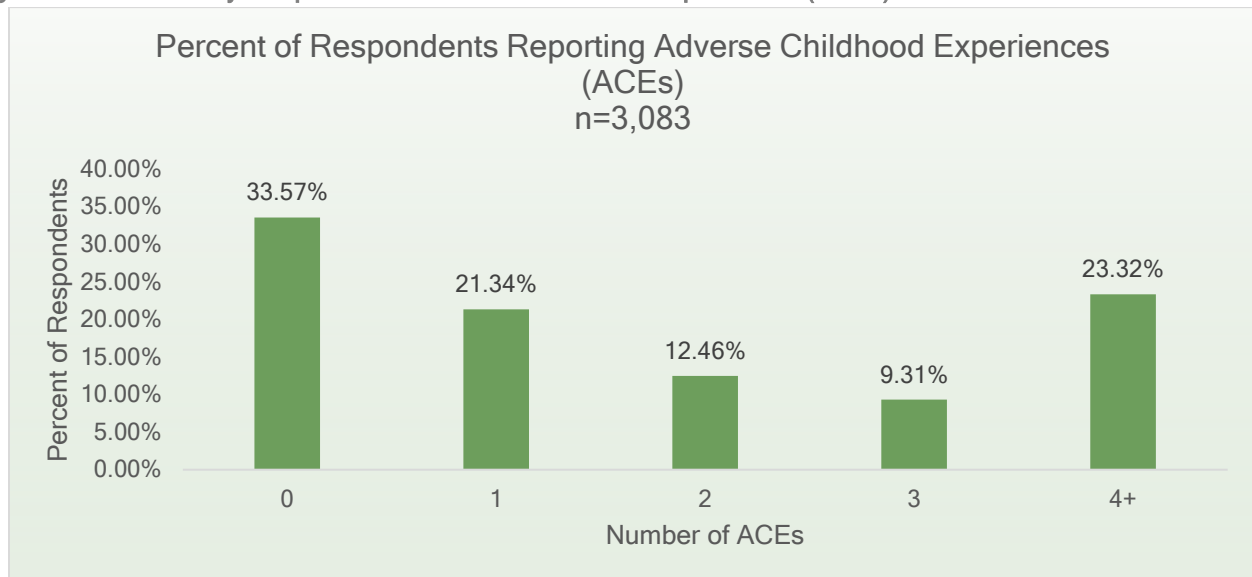
Source: 2019 Polk County Community Health Survey

Adverse Childhood Experiences (ACEs)

Adverse Childhood Experiences (ACEs) are potentially traumatic events that occur before the age of 18, such as experiencing violence, abuse, or neglect; witnessing violence in the home; and having a family member attempt or die by suicide. ACEs also include aspects of the child's environment, such as growing up in a household with substance misuse, mental health problems, or instability due to parental separation or incarceration of a family member. ACEs have been linked to risky health behaviors, chronic health conditions, low life potential, and early death. As the number of ACEs a person has experienced increases, so does the risk for these poor health outcomes. Over 66% of respondents to the 2019 Polk County Community Health Survey reported experiencing at least one ACE before the age of 18. Over 23% of respondents to the 2019 Polk County Community Health Survey reported experiencing four or more ACEs before the age of 18. This represents a significant percent of Polk's population that is at risk for poor health outcomes.

Source: CDC, 2019

Figure 63. Polk Survey Respondents: Adverse Childhood Experiences (ACEs)



Source: 2019 Polk County Community Health Survey

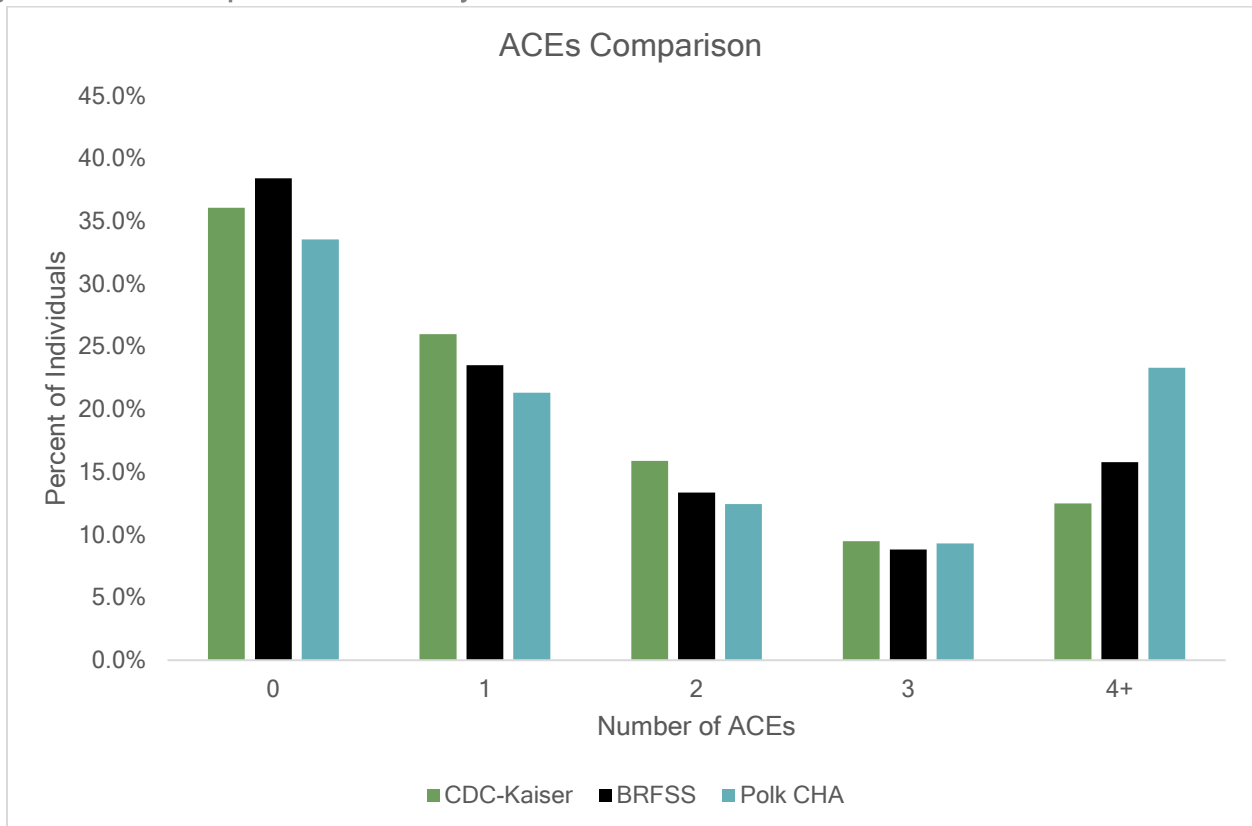
The original ACE study was conducted in Southern California from 1995-1997 and included over 17,000 privately insured individuals. Starting in 2009, many states started collecting information about ACEs through the Behavioral Risk Factor Surveillance System (BRFSS), which is an annual, state-based telephone survey that collects data from U.S. adults about health conditions and risk factors. A review was conducted across 23 states which included over 214,000 responses to the ACE module in the BRFSS between 2011-2014. The table below shows a comparison of the number of reported ACEs from participants in the original CDC-Kaiser study, the 2011-2014 BRFSS, and the 2019 Polk County Community Health Survey. Although a direct comparison cannot be made, due to the surveys being conducted across various time periods and using different methodologies, in general, Polk residents reported experiencing four or more ACEs at a higher percentage than adults in other national studies.

Source: CDC, 2019

Figure 64. ACEs Comparison: Polk County vs. National

Number of ACEs	CDC-Kaiser	BRFSS	Polk CHA
0	36.1%	38.45%	33.57%
1	26.0%	23.53%	21.34%
2	15.9%	13.38%	12.46%
3	9.5%	8.83%	9.31%
4+	12.5%	15.81%	23.32%

Figure 65. ACEs Comparison: Polk County vs. National



The number of adults who reported experiencing four or more ACEs before the age of 18 was higher in Polk County (23.32%) than other national studies (12.5-15.81%).

Sources: CDC, 2019; 2019 Polk County Community Health Survey

Youth Mental Health

Mental health is an important part of overall health for children and adolescents. Mental health in childhood means reaching developmental and emotional milestones, and learning healthy social skills and how to cope with problems. Mentally healthy children have a positive quality of life and can function well at home, at school, and in their communities.

Mental disorders among children are described as serious changes in the way children typically learn, behave, or handle their emotions, which cause distress and problems in daily life. Many mental disorders emerge during childhood and adolescence. It is estimated that up to 20% of children in the U.S. have experienced a mental disorder.

Sources: CDC, 2019; NIMH, 2019

Seriously Emotionally Disturbed Youth

A child or adolescent who has a serious emotional disturbance or mental illness means a person under 18 years of age who:

- Is diagnosed as having a mental, emotional, or behavioral disorder that meets one of the diagnostic categories specified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association; and
- Exhibits behaviors that substantially interfere with or limit her or his role or ability to function in the family, school, or community, which behaviors are not considered to be a temporary response to a stressful situation.

The term includes a child or adolescent who meets the criteria for involuntary placement under S.394.467.

Source: FL Statute 394.492

Children with an Emotional/Behavioral Disability

A child with an emotional/behavioral disability has persistent (is not sufficiently responsive to implemented evidence-based interventions) and consistent emotional or behavioral responses that adversely affect performance in the educational environment that cannot be attributed to age, culture, gender, or ethnicity.

Source: FDOE, 2020

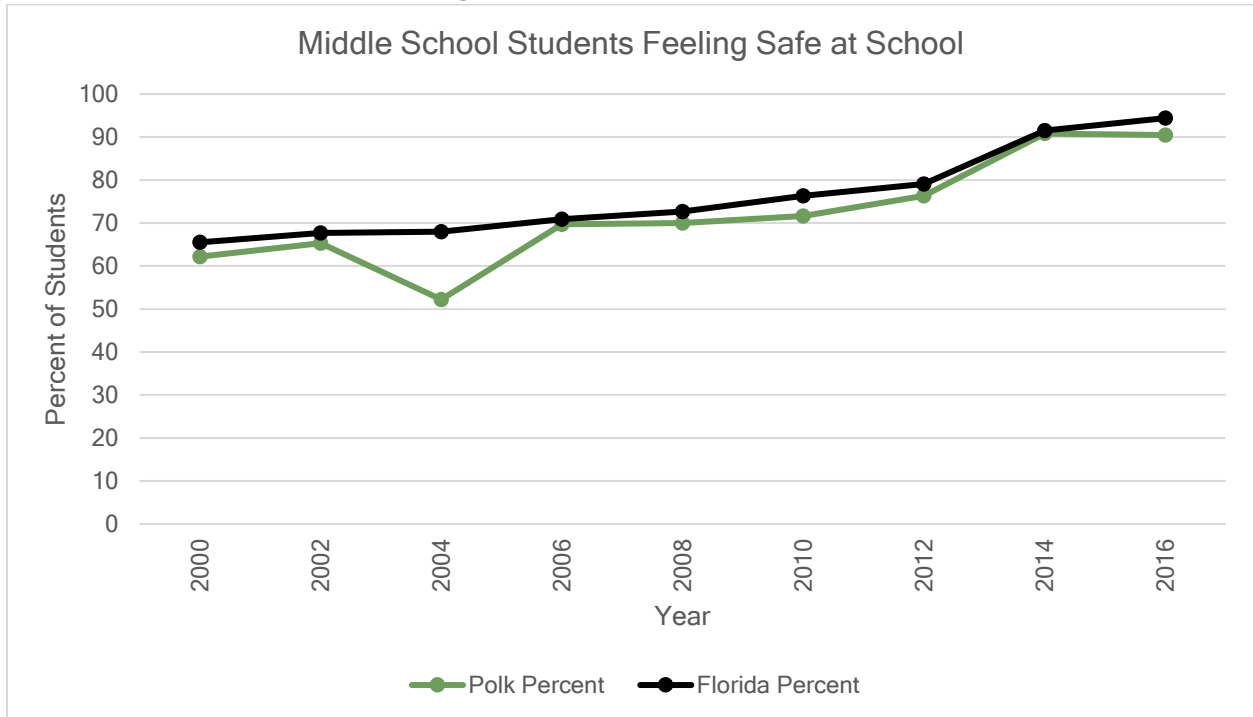
Figure 66. Child and Adolescent Behavioral Health

Indicator	Measure	Year(s)	Polk County		Florida Rate
			Quartile	Rate	
Estimated seriously emotionally disturbed youth ages 9-17	Count	2018		6,990	191,546
Children in schools grades K-12 with emotional/behavioral disability	Percent	2018		0.3%	0.5%
Middle school students feeling safe at school	Percent	2016	4	90.5%	94.4%
High school students feeling safe at school	Percent	2016	3	92.7%	93.6%
Hospitalizations for non-fatal [intentional] self-inflicted injuries ages 12-18	Per 100,000	2016-2018	3	77.9	70.3
Hospitalizations for eating disorders ages 12-18	Per 100,000	2016-2018		35.9	37.0

The percentage of K-12th graders in Polk County with an emotional/behavioral disability (0.3%) closely resembles that of the State of Florida (0.5%). The percentages of Polk County middle school (90.5%) and high school (92.7%) students who feel safe at school are lower than the statewide rates (94.4% and 93.6%, respectively), with Polk middle schoolers feeling the least safe. The rate of hospitalizations for non-fatal, [intentional] self-inflicted injuries among youth ages 12-18 in Polk County (77.9 per 100,000) is higher than the state rate (70.3 per 100,000).

Sources: AHCA; FDOE EIAS; FYTS; U.S. Department of Health and Human Services

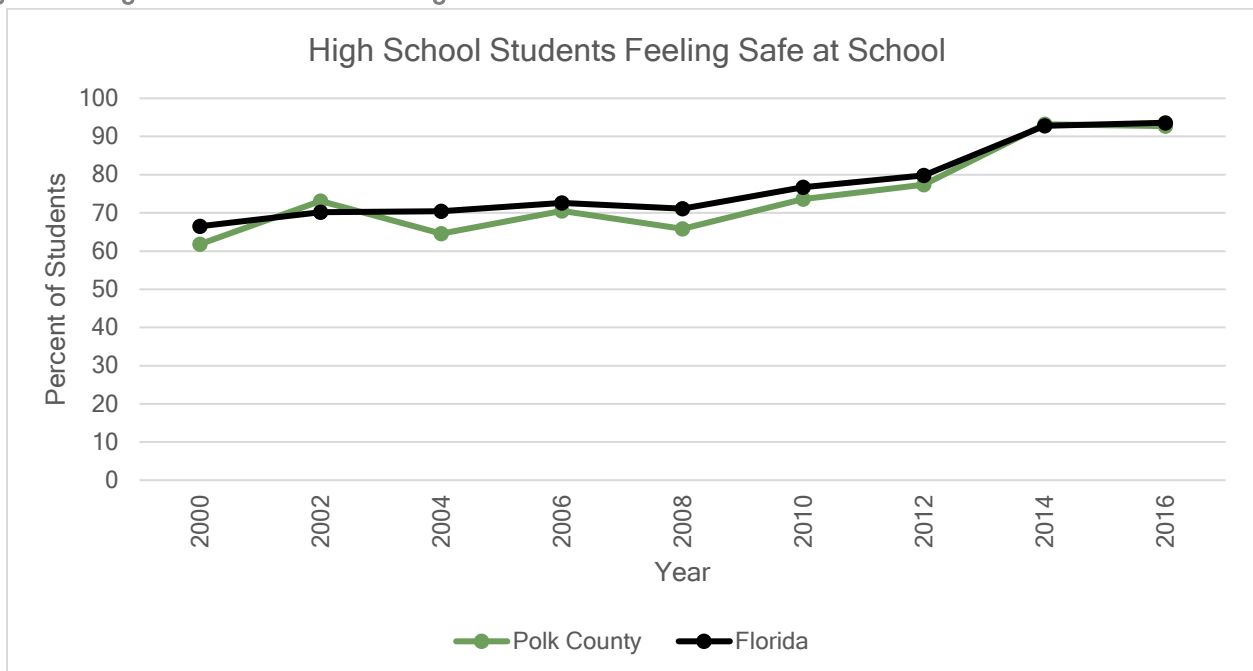
Figure 67. Middle School Students Feeling Safe at School Over Time



The percentage of Polk County middle school students who report feeling safe at school has increased over the past 10 years. A similar trend is seen among the statewide rate.

Source: FYTS

Figure 68. High School Students Feeling Safe at School Over Time



The percentage of Polk County high school students who report feeling safe at school has generally increased over time. A similar trend is seen among the statewide rate.

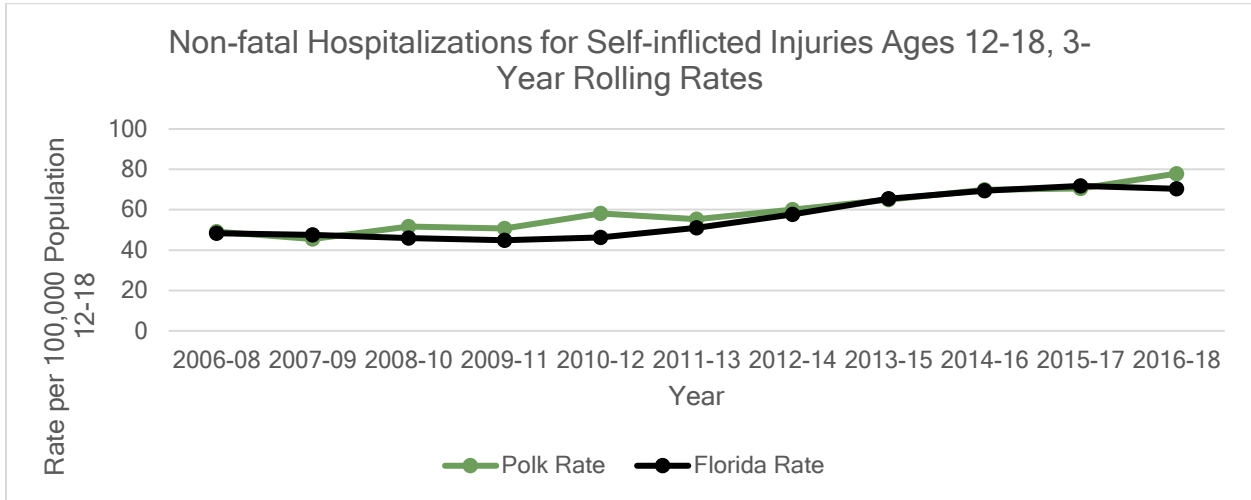
Source: FYTS

Figure 69. Non-Fatal Hospitalizations for [Intentional] Self-Inflicted Injuries Among Ages 12-18

Non-Fatal Hospitalizations for [Intentional] Self-Inflicted Injuries Ages 12-18, 3-year Rolling Rates per 100,000 Population Ages 12-18		
Year	Polk Rate	Florida Rate
2016-18	77.9	70.3

Source: AHCA

Figure 70. Non-Fatal Hospitalizations for [Intentional] Self-Inflicted Injuries Among Ages 12-18 Over Time



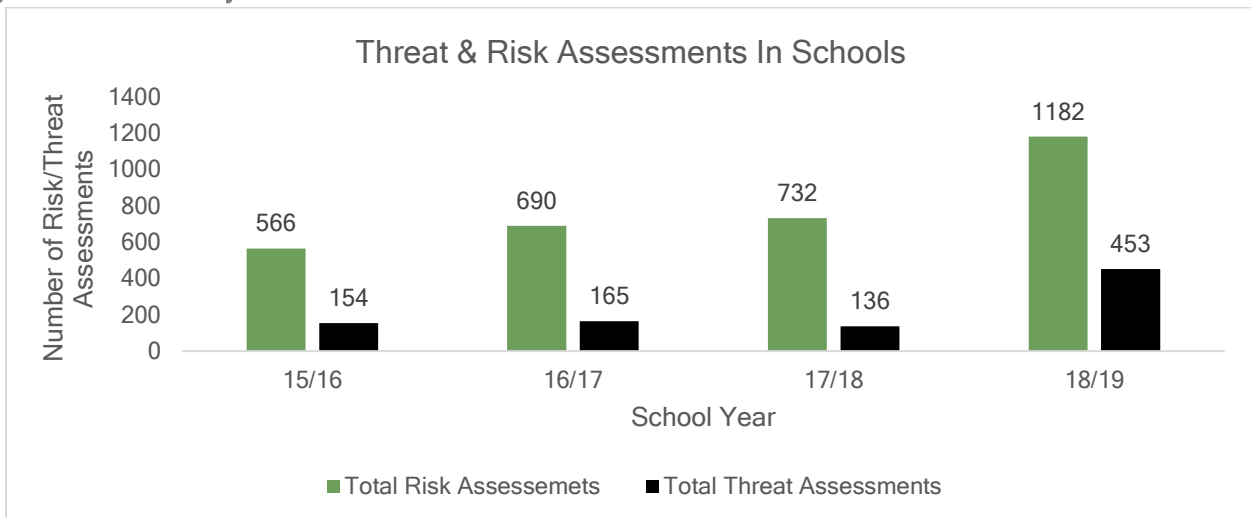
The rate of hospitalizations for non-fatal, [intentional] self-inflicted injuries among youth ages 12-18 in Polk County (77.9 per 100,000) is higher than the state rate (70.3 per 100,000). Both the county and statewide rates have increased over the past 10 years.

Source: AHCA

Risk and Threat Assessments

Within Polk County Public Schools, *risk assessments* are conducted when a student makes a threat to harm themselves, and *threat assessments* are conducted when a student makes a threat of harm to others.

Figure 71. Polk County Public Schools Risk and Threat Assessments Over Time



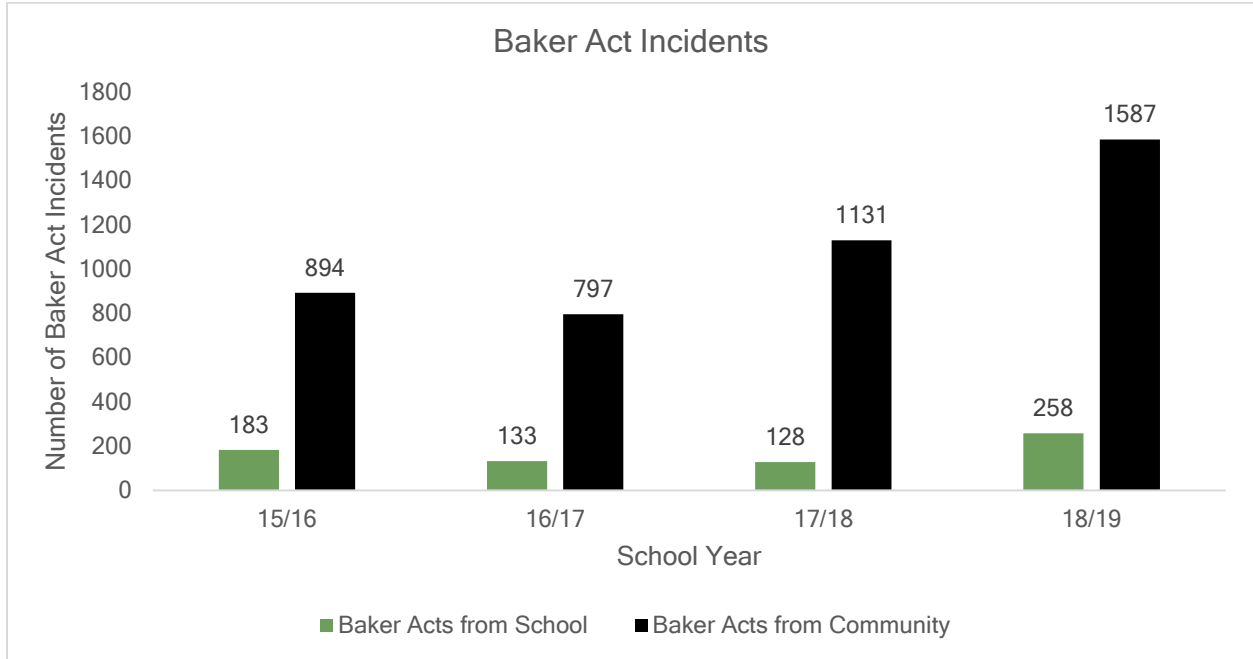
The number of threat and risk assessments in Polk County schools have increased over the past several school years.

Source: Polk County Public Schools

The Baker Act

The Baker Act allows for the involuntary institutionalization and examination of an individual in need of psychiatric care when certain criteria are met.

Figure 72. Polk County Youth Baker Act Incidents: School vs Community



The number of Baker Act incidents among Polk County youth in both the school and community settings has increased over the past several school years. Baker Act incidents are much more likely to occur out-of-school than in-school.

Source: Polk County Public Schools

Suicide

Suicide is death caused by injuring oneself with the intent to die. Several factors can increase the risk for suicide and protect against it. Suicide risk is higher among people who have experienced violence, including child abuse, bullying, or sexual violence. Suicide is the 10th leading cause of death in the United States. Some population groups have higher rates of suicide than others. The highest rates occur among non-Hispanic American Indian/Alaska Native and non-Hispanic White populations. Men also experience higher rates of suicide than women.

Protective factors, like family and community support, or “connectedness,” and easy access to health care can help decrease the risk for suicidal thoughts and behavior. Suicide can be prevented by using a public health approach that addresses risk and protective factors.

Source: CDC, 2019

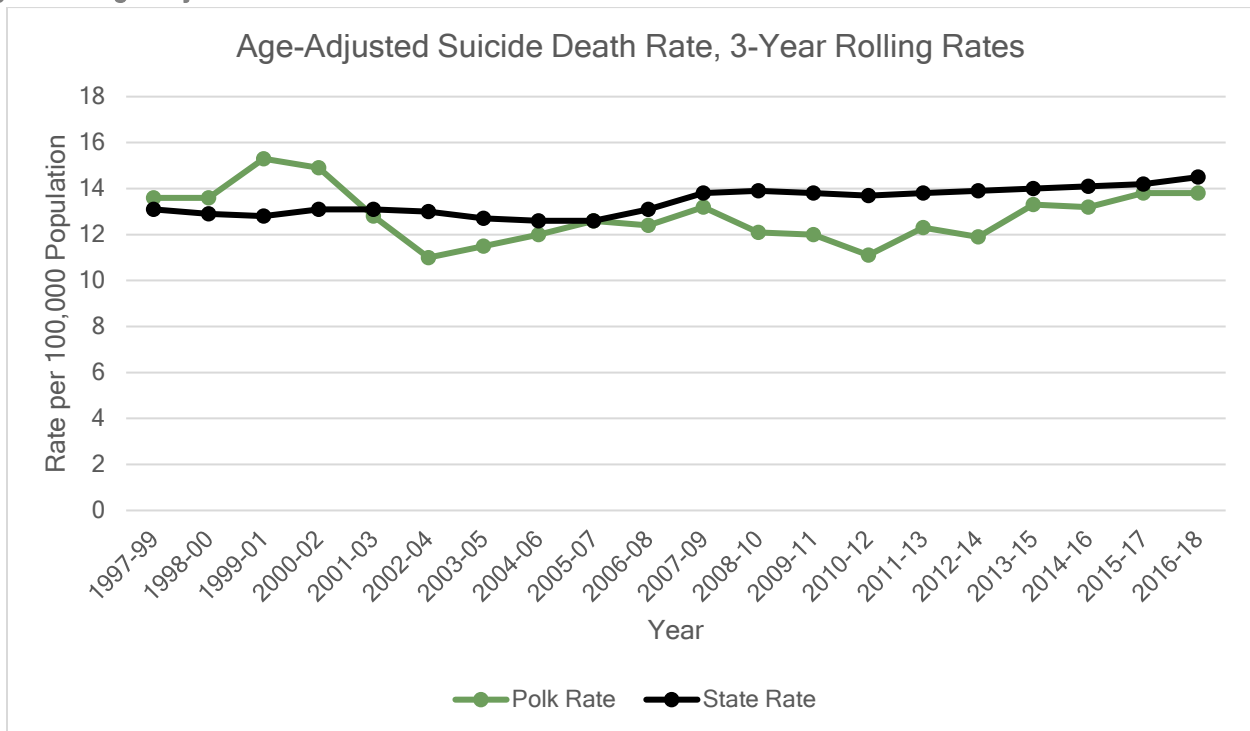
Figure 73. Suicide

Indicator	Measure	Year(s)	Polk County			Florida Rate	HP 2020 Goal
			Count	Quartile	Rate		
Suicide deaths (age-adjusted)	Per 100,000	2016-2018	289	2	13.8	14.5	10.2
Suicide ages 12-18	Per 100,000	2016-2018	5		2.8	5.8	
Suicide ages 19-21	Per 100,000	2016-2018	7		9.5	12.7	
Deaths from suicide by firearms discharge	Per 100,000	2016-2018	156		7.3	7.4	
Deaths from suicide by other and unspecified means	Per 100,000	2016-2018	133		6.5	7.1	
Suicides by drug poisoning	Per 100,000	2016-2018	47		2.0	1.7	

The suicide death rate for Polk County (13.8 per 100,000) is slightly lower than that of the State of Florida (14.5 per 100,000). Similarly, Polk County rates of suicide among ages 12-18 (2.8 per 100,000) and 19-21 (9.5 per 100,000) are lower than the state rates (5.8 and 12.7 per 100,000, respectively).

Sources: FDOH Bureau of Vital Statistics; FDOH Division of Public Health Statistics & Performance Management

Figure 74. Age-Adjusted Suicide Death Rate Over Time



Suicide rates in Polk County are slightly lower than the state and have generally increased over the past 10 years.

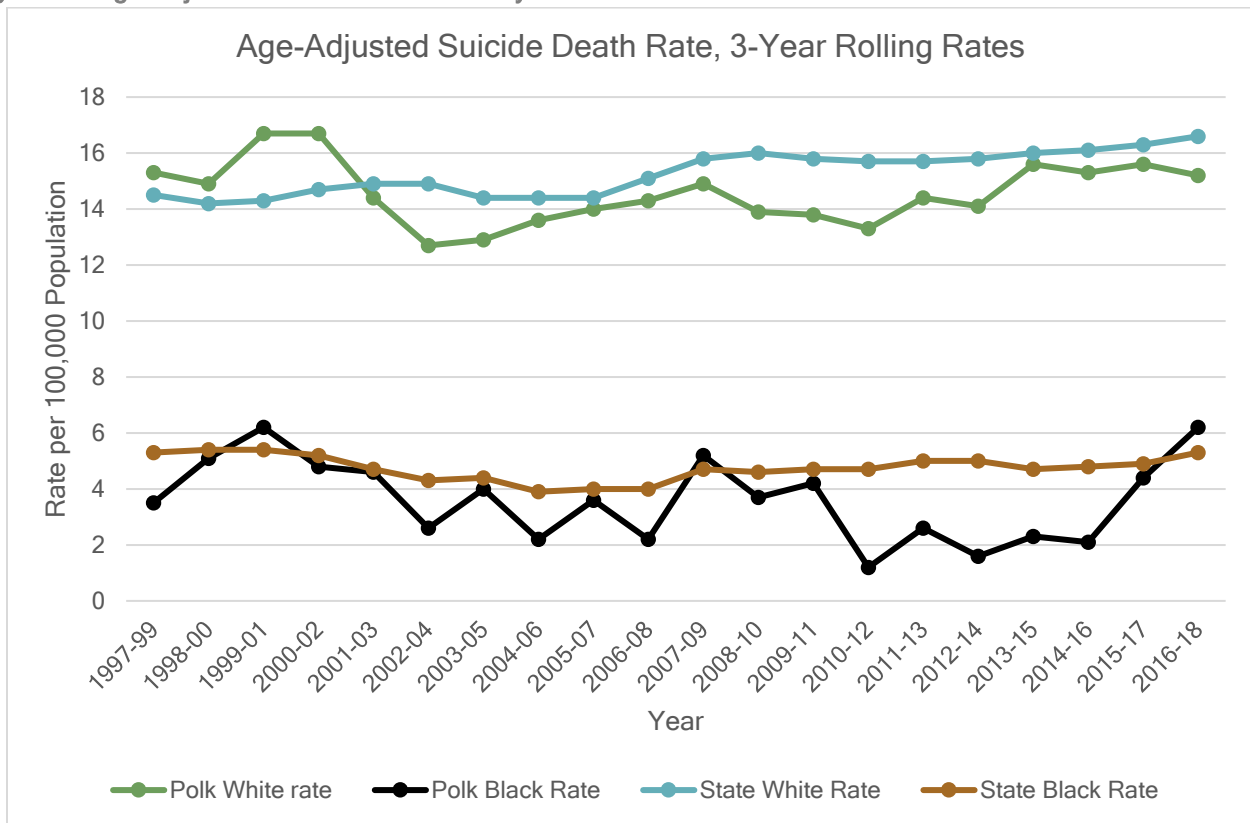
Source: FDOH Bureau of Vital Statistics

Figure 75. Age-Adjusted Suicide Death Rate by Race

Age-Adjusted Suicide Death Rate, 3-year Rolling Rates per 100,000 Population				
Years	Polk White Rate	Polk Black Rate	Florida White Rate	Florida Black Rate
2016-18	15.2	6.2	16.6	5.3

Source: FDOH Bureau of Vital Statistics

Figure 76. Age-Adjusted Suicide Death Rate by Race Over Time



Suicide death rates in Polk County are higher among the White population (15.2 per 100,000) than the Black population (6.2 per 100,000). Statewide rates also depict a higher suicide death rate among Whites (16.6 per 100,000) than Blacks (5.3 per 100,000). Rates among Whites have historically been higher than Blacks within the county and statewide.

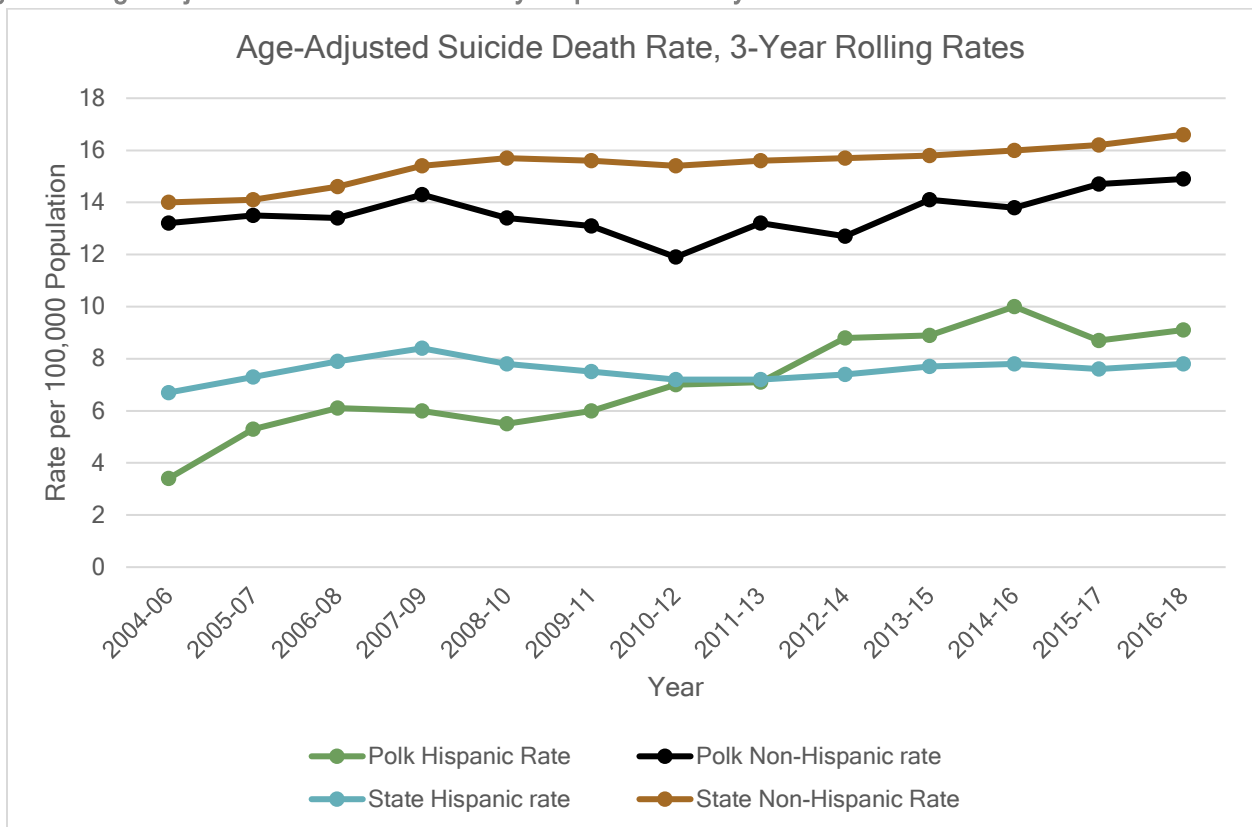
Source: FDOH Bureau of Vital Statistics

Figure 77. Age-Adjusted Suicide Death Rate by Hispanic Ethnicity

Age-Adjusted Suicide Death Rate, 3-year Rolling Rates per 100,000 Population				
Years	Polk Hispanic Rate	Polk Non-Hispanic Rate	Florida Hispanic Rate	Florida Non-Hispanic Rate
2016-18	9.1	14.9	7.8	16.6

Source: FDOH Bureau of Vital Statistics

Figure 78. Age-Adjusted Suicide Death Rate by Hispanic Ethnicity Over Time



Suicide death rates in Polk County are higher among Non-Hispanics (14.9 per 100,000) than Hispanics (9.1 per 100,000). Statewide rates also depict a higher suicide death rate among Non-Hispanics (16.6 per 100,000) than Hispanics (7.8 per 100,000). Rates among Non-Hispanics have historically been higher than Hispanics within the county and statewide.

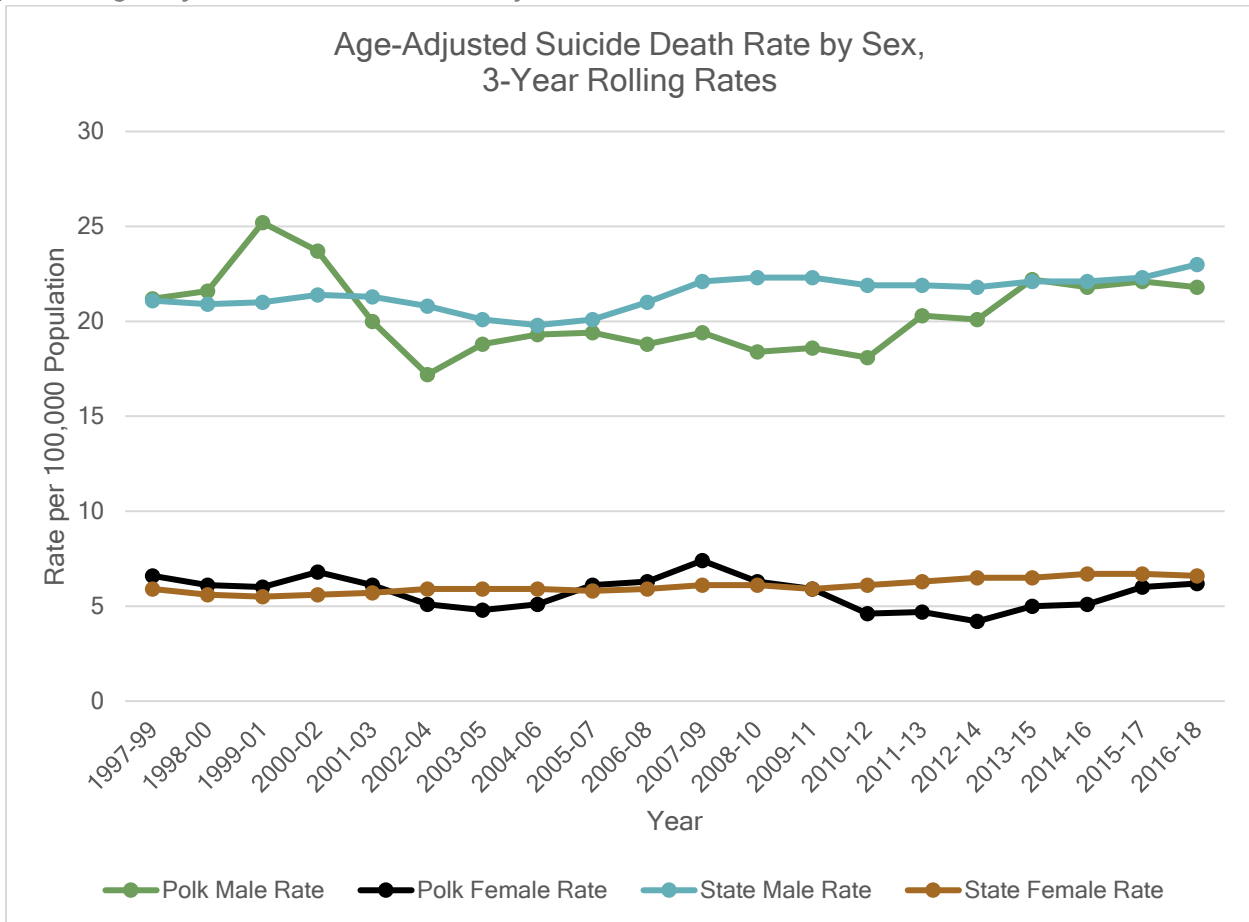
Source: FDOH Bureau of Vital Statistics

Figure 79. Age-Adjusted Suicide Death Rate by Sex

Age-Adjusted Suicide Death Rate, 3-year Rolling Rates per 100,000 Population				
Years	Polk Male Rate	Polk Female Rate	Florida Male Rate	Florida Female Rate
2016-18	21.8	6.2	23.0	6.6

Source: FDOH Bureau of Vital Statistics

Figure 80. Age-Adjusted Suicide Death Rate by Sex Over Time



Suicide death rates in Polk County are higher among males (21.8 per 100,000) than females (6.2 per 100,000). Statewide rates also depict a higher suicide death rate among males (23.0 per 100,000) than females (6.6 per 100,000). Rates among males have historically been higher than females within the county and statewide; this is consistent with national trends.

Source: FDOH Bureau of Vital Statistics

Access to Mental Health Care

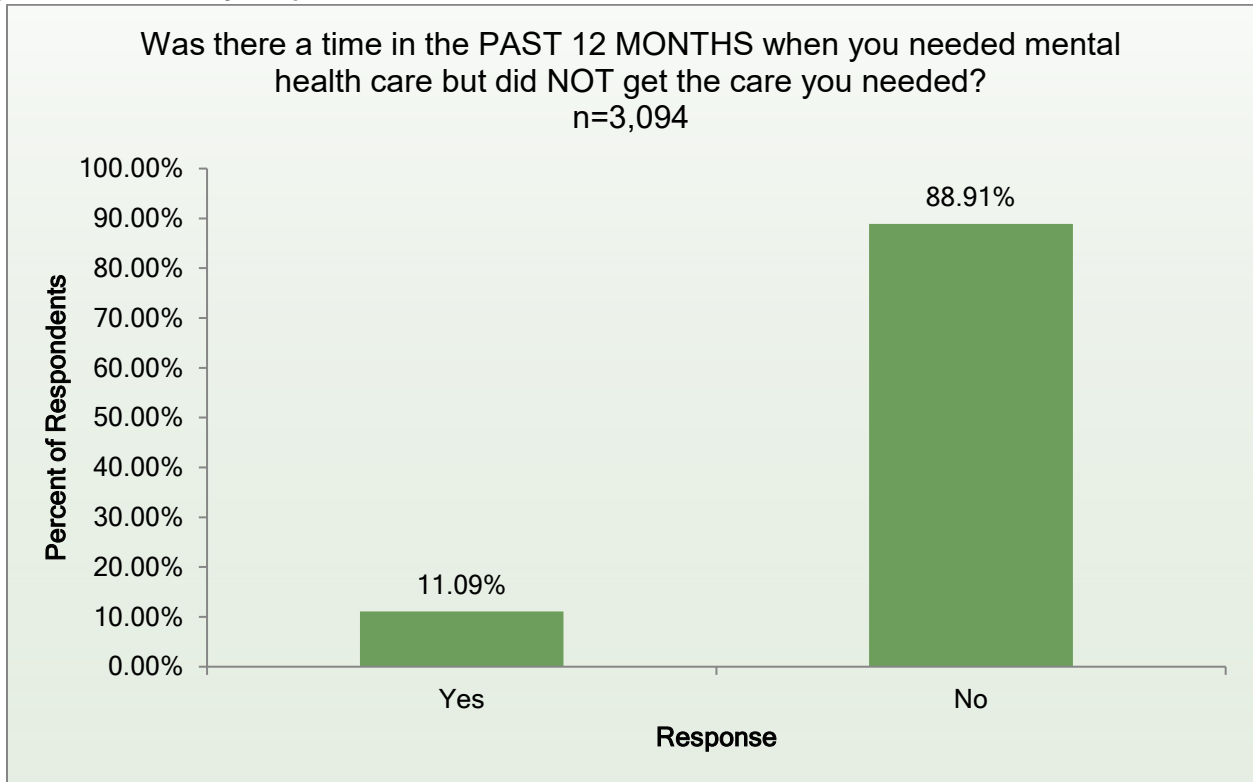
Figure 81. Access to Mental Health Care

Indicator	Measure	Polk	Florida	National Benchmark (Top U.S. Performers)
Mental Health Providers	Ratio	1,190:1	670:1	310:1

Polk County has a shortage of mental health providers. Polk's ratio of mental health providers for the population is worse than the statewide ratio, and over three times worse than the national benchmark.

Source: RWJF

Figure 82. Polk Survey Respondents: Access to Mental Health Care



11.09% of survey respondents reported that there was a time in the past year when they needed mental health care but did not get the care they needed.

Source: Polk County Community Health Survey, 2019

Substance Abuse

Drug and alcohol abuse were rated the number one and number two most harmful behaviors to the overall health of our community in the 2019 Polk County Community Health Survey. Substance abuse was also prioritized as one of the top 3 health priority issues for Polk County as a result of the 2019 Polk County Prioritization Exercise.

2019 Polk County Community Health Survey

63.68% of survey respondents agreed that drug abuse is a problem in their community.

About Substance Abuse

What is Substance Abuse?

Substance abuse and substance use disorders occur when frequent or repeated use of alcohol and/or drugs causes significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home. Substance use problems can be fatal to the user and/or others. Drunk driving fatalities or drug overdoses are examples of substance use fatalities. Mental illnesses and substance use disorders often occur together. Sometimes one disorder can be a contributing factor to the other or can make the other worse. Sometimes they simply occur at the same time.

Factors that can Affect the Likelihood of Substance Use:

- Family history
- Having another mental health illness (such as anxiety or depression)
- Peer pressure
- Loneliness or social isolation
- Lack of family involvement
- Drug availability
- Socioeconomic status
- Early adverse life experiences, such as trauma or a history of abuse (for example, child abuse, sexual assault, witnessing violence, etc.)

Tobacco

Smoking

Cigarette smoking harms nearly every organ of the body, causes many diseases, and reduces the health of smokers in general. Cigarette smoking is the leading cause of preventable death in the nation. Smokers are more likely than nonsmokers to develop heart disease, stroke, and lung cancer. Smokers are at greater risk for diseases that affect the heart and blood vessels (cardiovascular disease). Smoking can cause lung disease by damaging your airways and the small air sacs found in your lungs. Lung diseases caused by smoking include COPD, which includes emphysema and chronic bronchitis. Smoking can cause cancer almost anywhere in your body, including: bladder, blood, cervix, colon and rectum, esophagus, kidney and ureter, larynx, liver, oropharynx, pancreas, stomach, trachea, bronchus, and lungs. Smoking also increases the risk of dying from cancer and other diseases in cancer patients and survivors. If nobody smoked, 1 out of every 3 cancer deaths in the U.S. would be prevented. Smoking causes diminished overall health, increased absenteeism from work, and increased health care utilization and cost.

Smokeless Tobacco

Smokeless tobacco (e.g., chewing tobacco, snuff, snus, dip) is also associated with many health problems. Smokeless tobacco contains nicotine, which is highly addictive. Because young people who use smokeless tobacco can become addicted to nicotine, they may be more likely to also become cigarette smokers. Many smokeless tobacco products contain cancer-causing chemicals. Smokeless tobacco causes cancer of the mouth, esophagus, and pancreas. Smokeless tobacco is also associated with diseases of the mouth and can lead to gum disease, tooth decay, and tooth loss.

Electronic Cigarettes

Electronic cigarettes, also known as “e-cigarettes,” “e-cigs,” “vapes,” or “e-hookahs,” are all forms of electronic nicotine delivery systems (ENDS). Additional research is still needed to help understand the long-term health effects of e-cigarettes, however they are not safe for youth, pregnant women, or adults who do not currently use tobacco products.

Source: CDC, 2018-2020

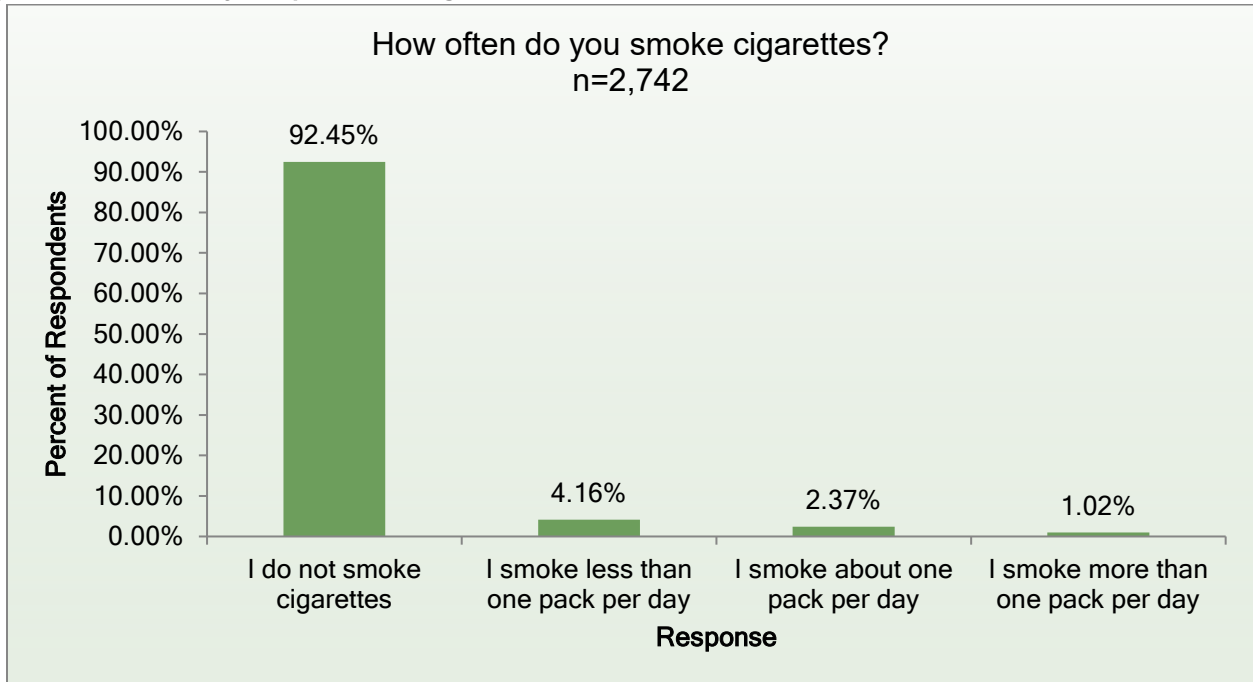
Figure 83. Tobacco Use among Adults

Indicator	Measure	Year	Polk County		Florida Rate	HP2020 Goal
			Quartile	Rate		
Adults who are current smokers	Percent	2016	2	16.0%	15.5%	12.0%
Adults current smokers who tried to quit smoking at least once in the past year	Percent	2016	1	70.4%	62.1%	
Adults who are former smokers (currently quit smoking)	Percent	2016	3	27.6%	26.5%	
Adults who have never smoked	Percent	2016	1	56.5%	58.0%	
Adults who are current e-cigarette users	Percent	2016	2	3.7%	4.7%	
Adults who are former e-cigarette users	Percent	2016	2	14.0%	15.5%	
Adults who have never used e-cigarettes	Percent	2016	2	82.3%	79.8%	

The percentage of Polk County adults who are current smokers (16%) is similar to the percentage of current smokers among all Florida adults (15.5%). The percentage of Polk County adults who are current e-cigarette users (3.7%) is slightly lower than the percentage of all Florida adults (4.7%).

Source: FL BRFSS

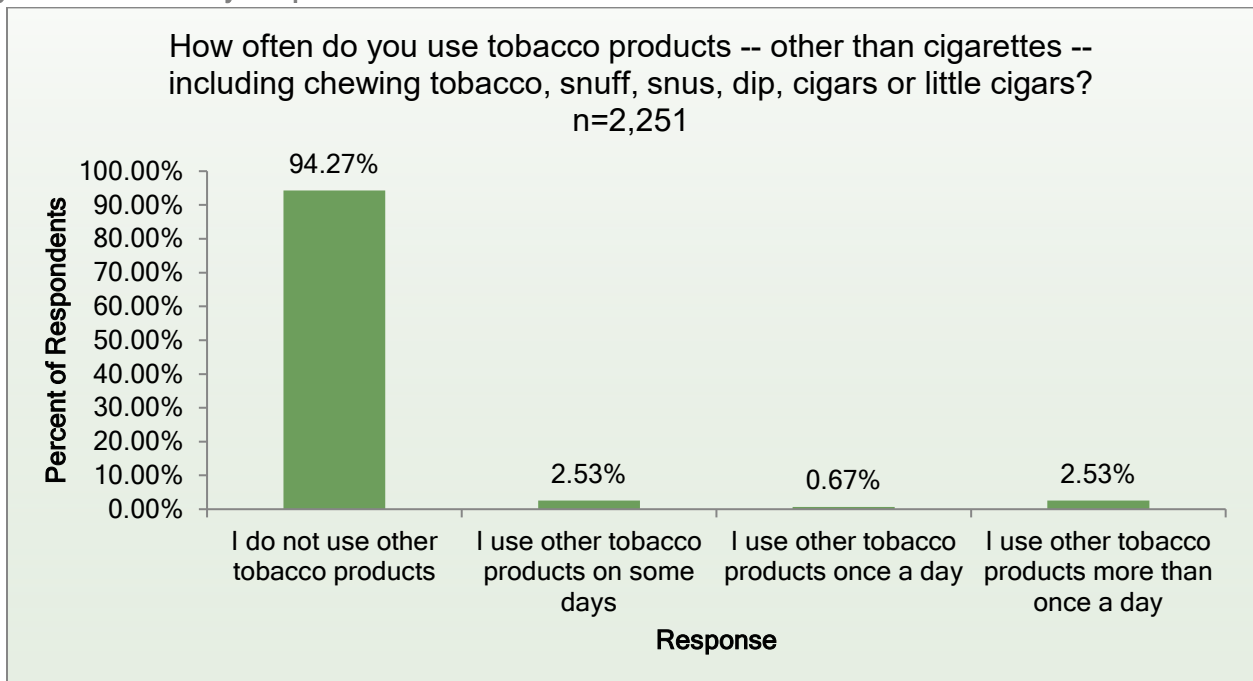
Figure 84. Polk Survey Respondents: Cigarette Use



The majority of survey respondents do not smoke cigarettes (92.45%). Only 7.55% of survey respondents reported they do smoke cigarettes, which is lower than the actual percentage (16.0%, BRFSS, 2016) of adults in Polk County who smoke cigarettes.

Source: 2019 Polk County Community Health Survey

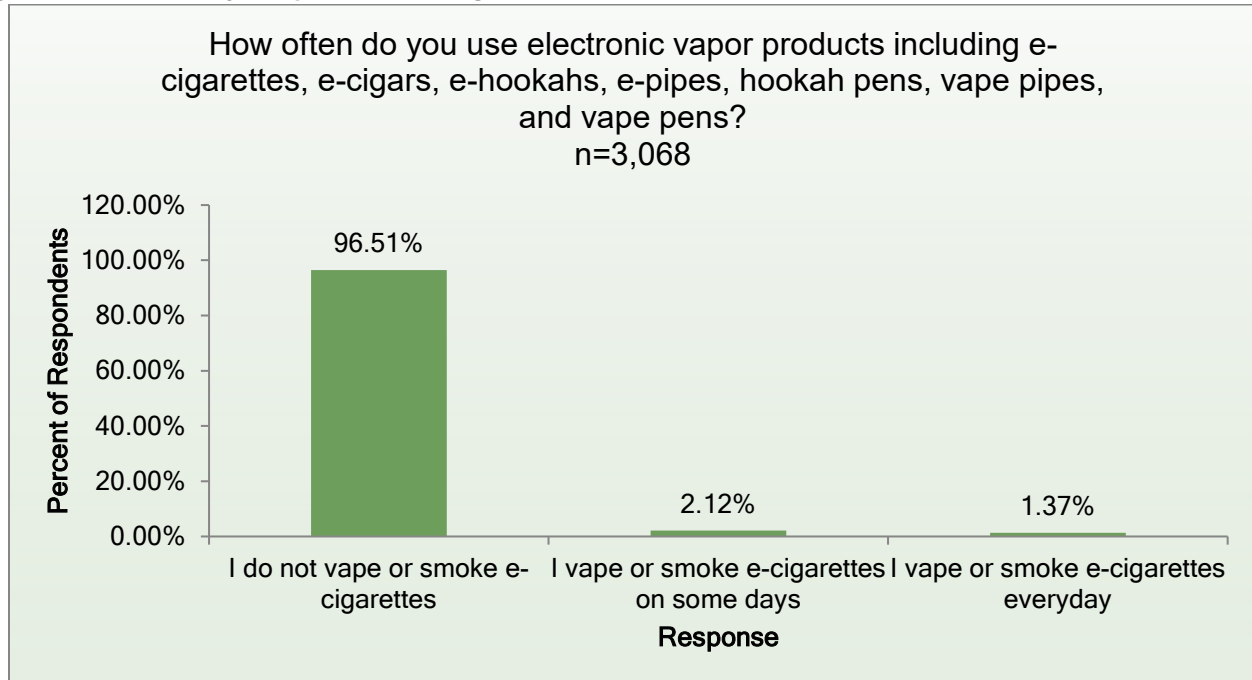
Figure 85. Polk Survey Respondents: Other Tobacco Use



The majority of survey respondents do not use other tobacco products (94.27%), including chewing tobacco and cigars. A total of 5.73% of survey respondents reported they use tobacco products other than cigarettes.

Source: 2019 Polk County Community Health Survey

Figure 86. Polk Survey Respondents: E-Cigarette Use



The majority of survey respondents reported they do not use e-cigarettes or other electronic vapor products (96.51%). Conversely, 3.49% of respondents do report using e-cigarettes. This is similar to the actual percentage of adults in Polk County who use e-cigarettes (3.7%, BRFSS, 2016).

Source: 2019 Polk County Community Health Survey

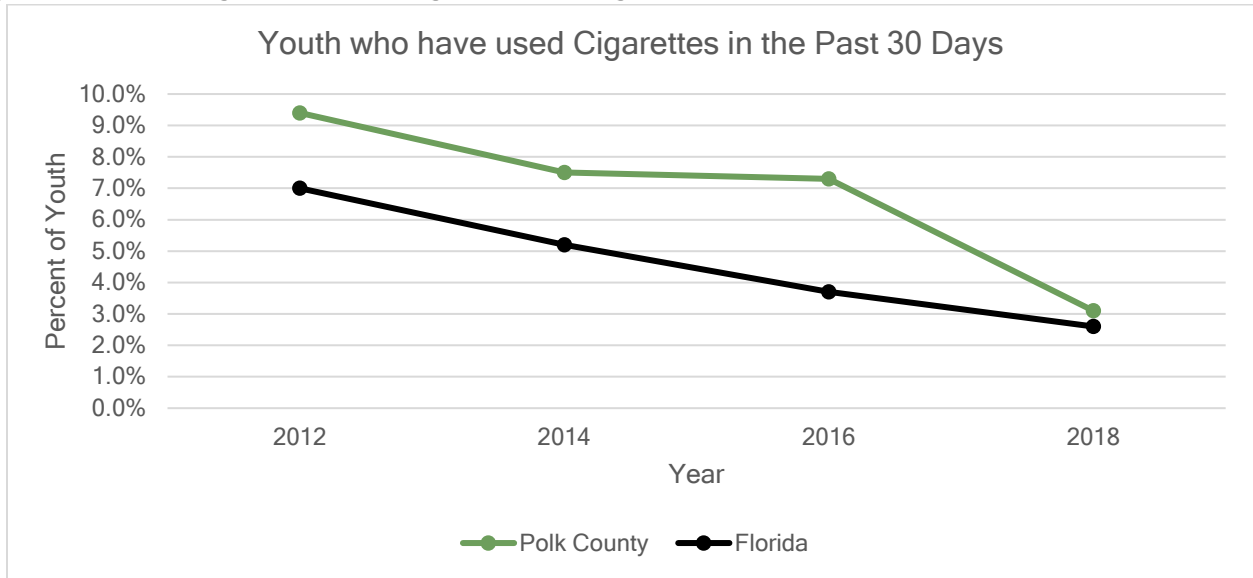
Figure 87. Tobacco Use among Middle School vs. High School Students

Indicator	Measure	Year	Polk County	Florida
Percent of students who have smoked cigarettes in the past 30 days ^a				
Middle school	Percent	2018	2.0%	1.3%
High school	Percent	2018	4.0%	3.6%
Percent of students who have used smokeless tobacco in the past 30 days ^a				
Middle school	Percent	2018	2.6%	1.3%
High school	Percent	2018	2.4%	2.6%
Percent of students who have used cigars in the past 30 days ^a				
Middle school	Percent	2018	2.3%	1.7%
High school	Percent	2018	6.9%	4.9%
Percent of students who have used an electronic vapor product in the past 30 days ^b				
Middle school	Percent	2018	8.4%	6.4%
High school	Percent	2018	15.8%	19.2%

While the percentages of Polk County middle and high school students who currently (i.e., in the past 30 days) smoke cigarettes are similar to those of middle and high school students statewide, the percent of Polk County middle school students who currently use smokeless tobacco (2.6%) is double the percent of all Florida middle school students who currently use smokeless tobacco (1.3%). The percent of Polk County high school students who currently use cigars (6.9%) is higher than the percent of all Florida high school students (4.9%). Additionally, while the percent of Polk County high school students who currently use electronic vapor products (15.8%) is lower than the percent of all Florida high school students (19.2%), the percent of Polk County middle school students who currently use electronic vapor products (8.4%) is higher than the percent of all Florida middle school students (6.4%).

Sources: ^aFYTS; ^bFYSAS

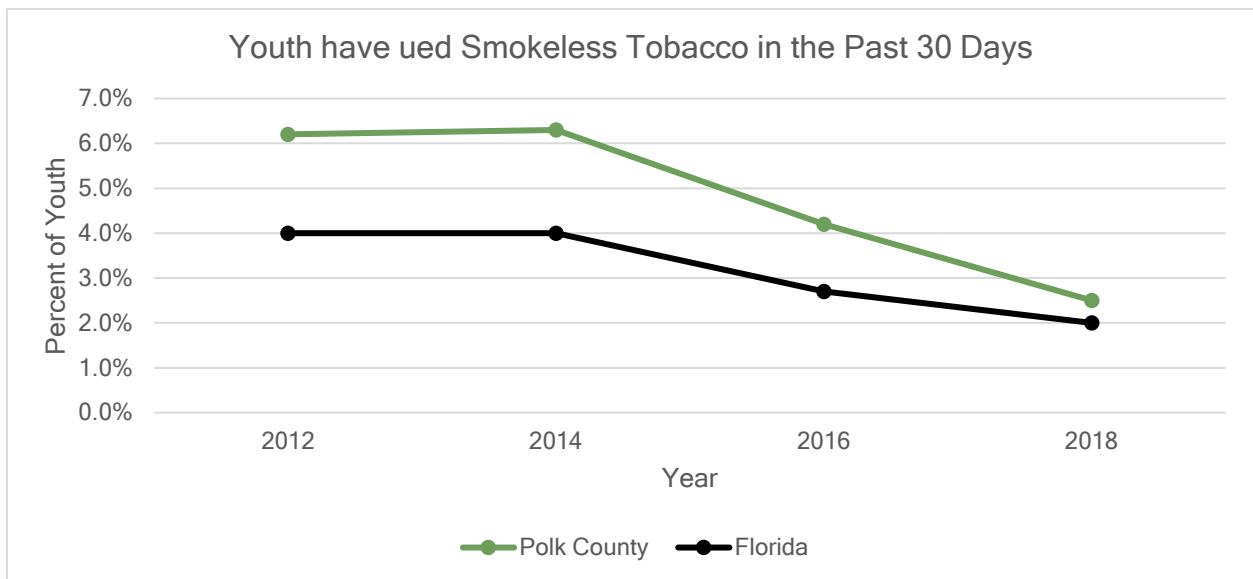
Figure 88. Current Cigarette Use among Middle and High School Students Over Time



The percent of Polk County youth (middle and high school students) who currently smoke cigarettes (3.1% [2018]) is similar to the percent of all Florida youth who currently smoke cigarettes (2.6% [2018]). Both the Polk County and statewide percentages have significantly decreased over time.

Source: FYTS

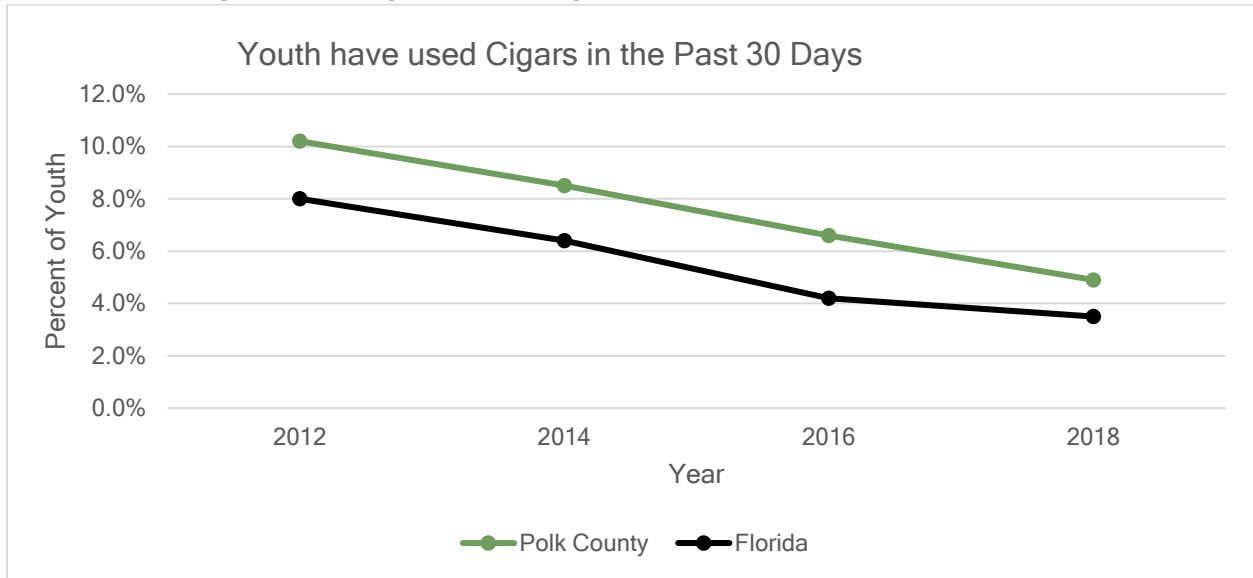
Figure 89. Current Smokeless Tobacco Use among Middle and High School Students Over Time



The percent of Polk County youth (middle and high school students) who currently use smokeless tobacco (2.5% [2018]) is similar to the percent of all Florida youth who currently use smokeless tobacco (2.0% [2018]). Both the Polk County and statewide percentages have decreased over time.

Source: FYTS

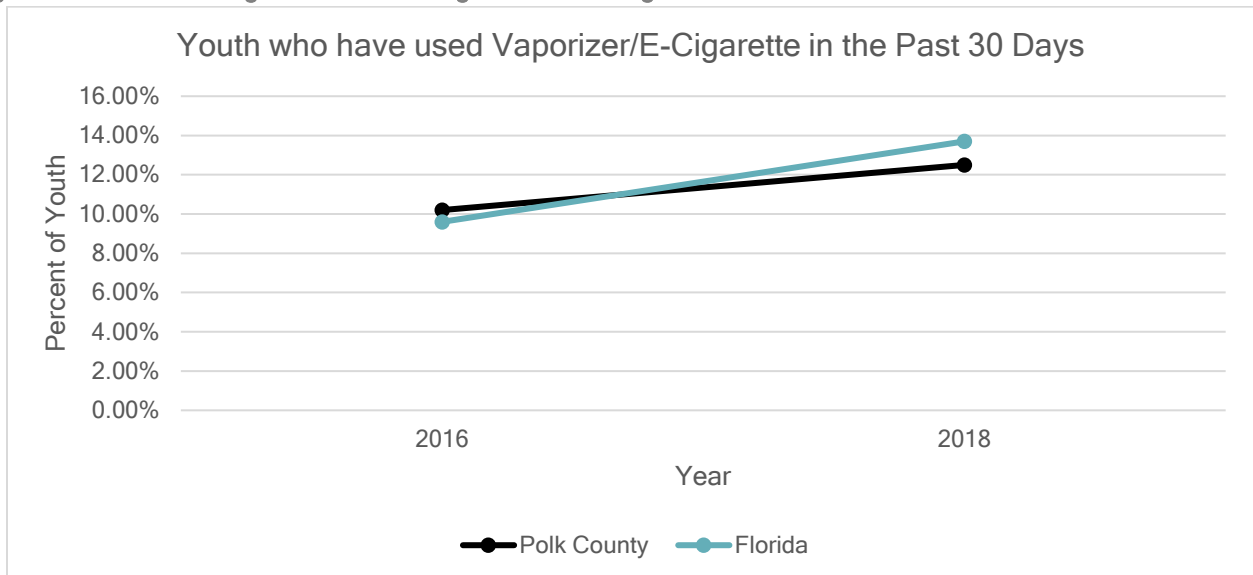
Figure 90. Current Cigar Use among Middle and High School Students Over Time



The percent of Polk County youth (middle and high school students) who currently use cigars (4.9% [2018]) is higher than the percent of all Florida youth (3.5% [2018]). Both the Polk County and statewide percentages have decreased over time.

Source: FYTS

Figure 91. Current E-Cigarette Use among Middle and High School Students



Current e-cigarette use among Polk County youth (middle and high school students) increased from 2016 to 2018. A similar trend is seen statewide. Despite the statewide percent of current youth e-cigarette use (13.7%) surpassing Polk County in 2018, 1 in 8 (12.5%) Polk County middle and high school students currently use e-cigarettes.

[NOTE: This figure depicts data taken from the Florida Youth Substance Abuse Survey (FYSAS). While the Florida Youth Tobacco Survey (FYTS) also collects data on youth e-cigarette use over a longer time period, the definition of e-cigarettes provided in the FYTS has changed several times. Conversely, the FYSAS used a consistent definition and, therefore, is used to report this data.]

Source: FYSAS

Alcohol

Drinking too much alcohol can be harmful for your health. Moderate drinking is defined as up to 1 drink per day for women and up to 2 drinks per day for men. Excessive drinking includes binge drinking, heavy drinking, and any drinking by pregnant women or people younger than age 21. Most people who drink excessively are not alcoholics or alcohol dependent.

- Binge drinking, the most common form of excessive drinking, is defined as consuming:
 - 4 or more drinks during a single occasion for women
 - 5 or more drinks during a single occasion for men
- Heavy drinking is defined as consuming:
 - 8 or more drinks per week for women
 - 15 or more drinks per week for men

Short-Term Health Risks

Excessive alcohol use has immediate effects that increase the risk of many harmful health conditions. These are most often the result of binge drinking and include the following:

- Injuries, such as motor vehicle crashes, falls, drownings, and/or burns
- Violence, including homicide, suicide, sexual assault, and intimate partner violence
- Alcohol poisoning, a medical emergency that results from high blood alcohol levels
- Risky sexual behaviors, including unprotected sex or sex with multiple partners - these behaviors can result in unintended pregnancy or sexually transmitted diseases, including HIV
- Miscarriage and stillbirth of fetal alcohol spectrum disorders (FASDs) among pregnant women

Long-Term Health Risks

Over time, excessive alcohol use can lead to the development of chronic diseases and other serious problems including:

- High blood pressure, heart disease, stroke, liver disease, and digestive problems
- Cancer of the breast, mouth, throat, esophagus, liver, and colon
- Learning and memory problems including dementia and poor school performance
- Mental health problems including depression and anxiety
- Social problems, including lost productivity, family problems, and unemployment
- Alcohol dependence, or alcoholism

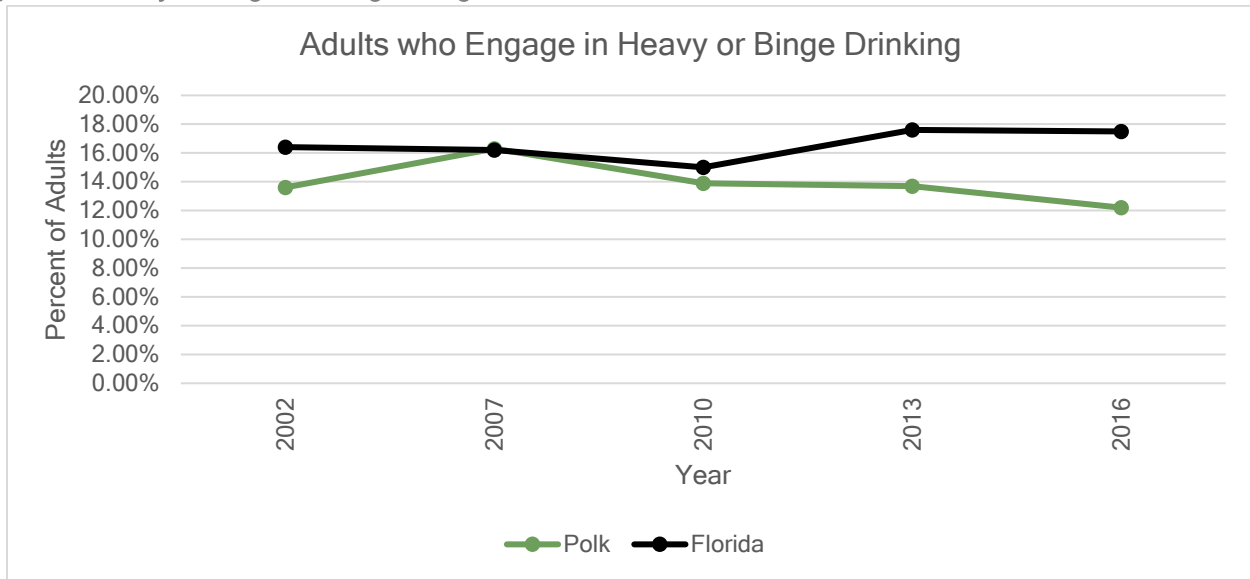
Source: CDC, 2017

Figure 92. Alcohol Use among Adults

Indicator	Measure	Year	Polk County	Florida
Adults who engage in heavy or binge drinking	Percent	2016	12.2%	17.5%

Source: FL BRFSS

Figure 93. Heavy or Binge Drinking among Adults Over Time



The percentage of Polk County adults who engage in heavy or binge drinking (12.2%) is lower than the statewide rate (17.5%) and has generally been lower over time. While statewide rates have increased over the past 10 years, Polk County rates have decreased over the same time period.

Source: FL BRFSS

Figure 94. Alcohol-Suspected Motor Vehicle Traffic Crashes, Injuries, and Deaths

Indicator	Measure	Year(s)	Polk County		Florida Rate
			Count	Rate	
Alcohol-suspected motor vehicle traffic crashes	Per 100,000	2015-2017	1,129	57.9	77.4
Alcohol-suspected motor vehicle traffic injuries	Per 100,000	2015-2017	680	34.9	42.2
Alcohol-suspected motor vehicle traffic deaths	Per 100,000	2015-2017	87	4.5	4.1

While the Polk County rates of alcohol-suspected motor vehicle traffic crashes (57.9 per 100,000) and injuries (34.9 per 100,000) are lower than the statewide rates (77.4 per 100,000 and 42.2 per 100,000, respectively), the Polk County rate of alcohol-suspected motor vehicle traffic deaths (4.5 per 100,000) is similar to the statewide rate (4.1 per 100,000).

Source: Florida Department of Highway Safety and Motor Vehicles

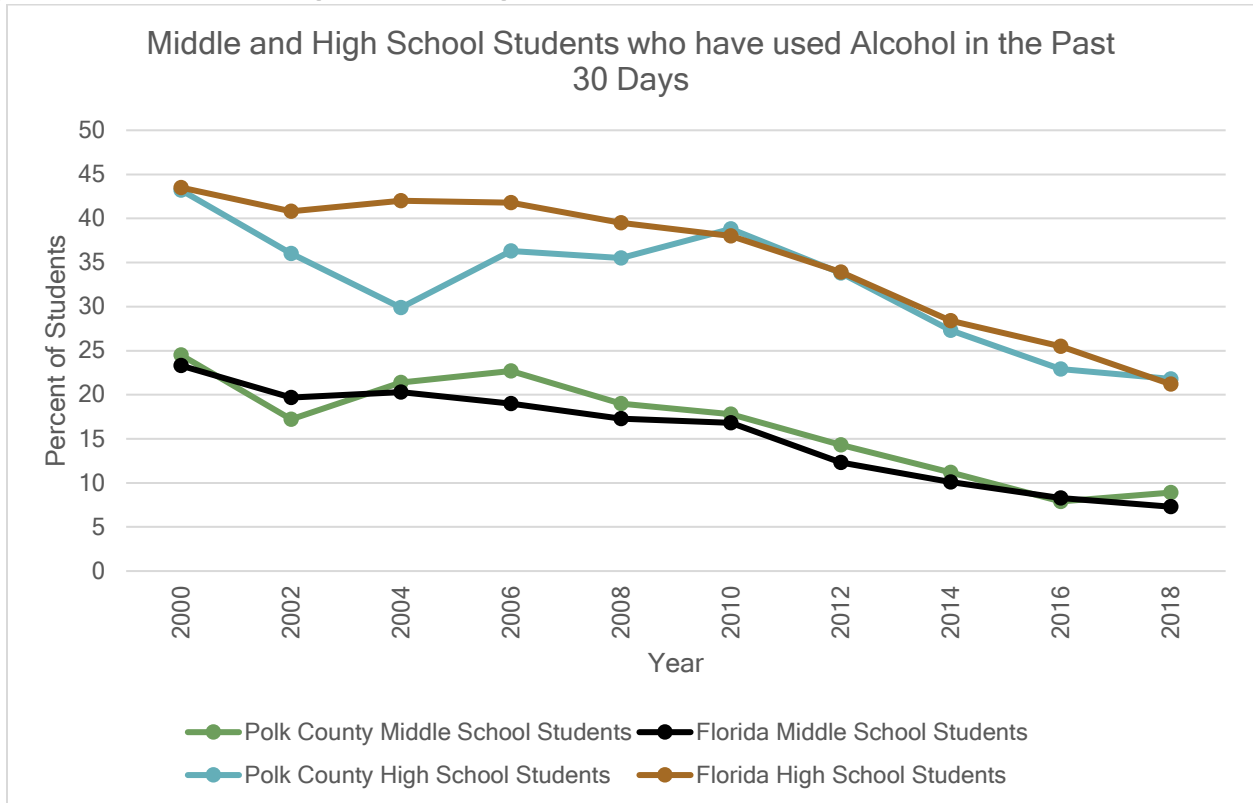
Figure 95. Alcohol Use among Adolescents

Indicator	Measure	Year	Polk County	Florida
Percent of students who used alcohol in the past 30 days				
Middle school	Percent	2018	8.9%	7.3%
High school	Percent	2018	21.8%	21.2%
Percent of students reporting binge drinking in the past 30 days				
Middle school	Percent	2018	3.5%	3.1%
High school	Percent	2018	10.0%	9.6%

While the percentage of Polk County middle school students who currently use alcohol (8.9%) is slightly higher than that of all Florida middle school students (7.3%), the percentage of Polk County high school students who currently use alcohol (21.8%) is similar to the percentage among all high school students statewide (21.2%). Percentages of current binge drinking among Polk County middle school (3.5%) and high school (10.0%) students is similar to statewide rates (3.1% and 9.6%, respectively).

Source: FYSAS

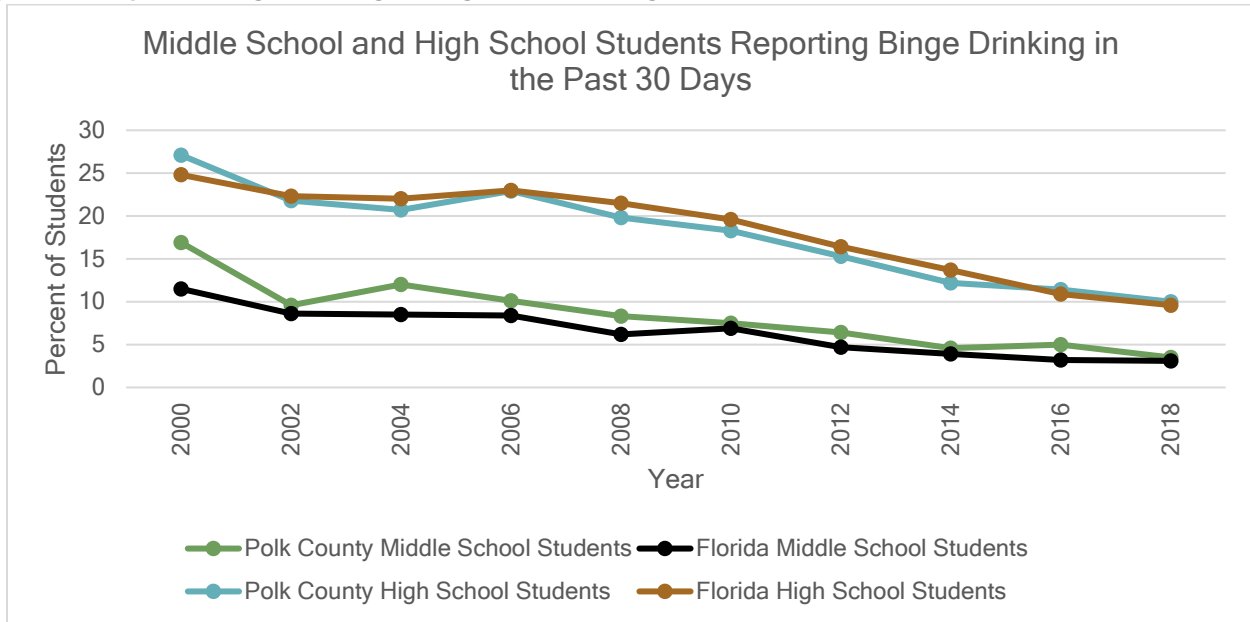
Figure 96. Alcohol Use among Middle and High School Students Over Time



The percentages of Polk County middle and high school students who currently use alcohol have decreased over the past 10 years. A similar trend is seen among the statewide rates.

Source: FYSAS

Figure 97. Reported Binge Drinking among Middle and High School Students Over Time



The percentages of Polk County middle and high school students who report binge drinking have decreased over the past 10 years. A similar trend is seen among the statewide rates.

Source: FYSAS

Marijuana

Marijuana is the most commonly used illegal drug in the U.S. Marijuana use may have a wide range of health effects on the body and brain. Marijuana use directly affects the brain, specifically the parts of the brain responsible for memory, learning, attention, decision making, coordination, emotions, and reaction time. Using marijuana makes the heart beat faster and could also lead to increased risk of stroke and heart disease, however scientists are unsure if this is caused by the compounds in marijuana or by the irritants and other chemicals contained in the smoke. More research is needed to understand the impact of marijuana use on the circulatory system. Smoked marijuana, in any form, can harm lung tissues and cause scarring and damage to small blood vessels. Smoke from marijuana contains many of the same toxins, irritants, and carcinogens as tobacco smoke. Smoking marijuana can also lead to a greater risk of bronchitis, cough, and phlegm production. About 1 in 10 marijuana users will become addicted; for people who begin using before the age of 18, that number rises to 1 in 6.

Source: CDC, 2018

Figure 98. Marijuana Use among Adults

Indicator	Measure	Year	Polk County	Florida Rate
Adults who used marijuana or hashish during the past 30 days	Percent	2016	6.1%	7.4%

The percentage of Polk County adults who currently use marijuana or hashish (6.1%) is lower than the percentage of all Florida adults (7.4%).

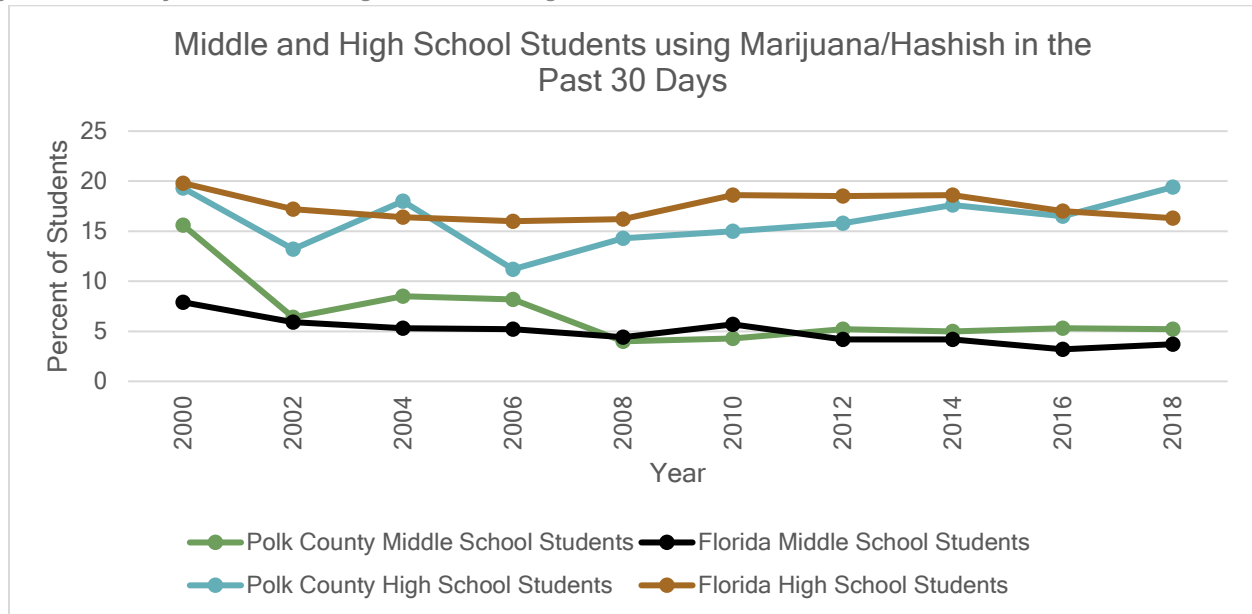
Source: FL BRFSS

Figure 99. Marijuana Use among Youth

Indicator	Measure	Year	Polk County	Florida
Percent of students using marijuana/hashish in the past 30 days				
Middle school	Percent	2018	5.2%	3.7%
High school	Percent	2018	19.4%	16.3%

Source: FYSAS

Figure 100. Marijuana Use among Middle and High School Students Over Time



The percentages of current marijuana use among Polk County middle school (5.2%) and high school (19.4%) students are higher than the statewide rates (3.7% and 16.3%, respectively). While percentages of Florida middle and high school students who report current marijuana use have declined in recent years, percentages among Polk County middle and high school students have increased.

Source: FYSAS

Medical Marijuana

In June 2014, Governor Rick Scott signed Florida's Compassionate Medical Cannabis Act of 2014 into law, authorizing specified physicians to order low-THC cannabis for use by specified patients and requiring the Department of Health to create a compassionate use registry and an Office of Compassionate Use. Medical marijuana is available in Florida, however, remains illegal under federal law. For more information on medical marijuana in Florida, please visit the Florida Department of Health Office of Medical Marijuana Use (OMMU) online at: <https://knowthefactsmmj.com/>

Opioids

Opioids are a class of drugs used to reduce pain. Prescription opioids can be prescribed by doctors to treat moderate to severe pain but can also have serious risks and side effects. Common types are oxycodone (OxyContin), hydrocodone (Vicodine), morphine, and methadone. Heroin is an illegal opioid. Heroin use has increased across the U.S. among men and women, most age groups, and all income levels. Fentanyl is a synthetic opioid pain reliever. It is many times more powerful than other opioids and is approved for treating severe pain, typically advanced cancer pain. Illegally made and distributed fentanyl has been on the rise in several states.

Source: CDC, 2018

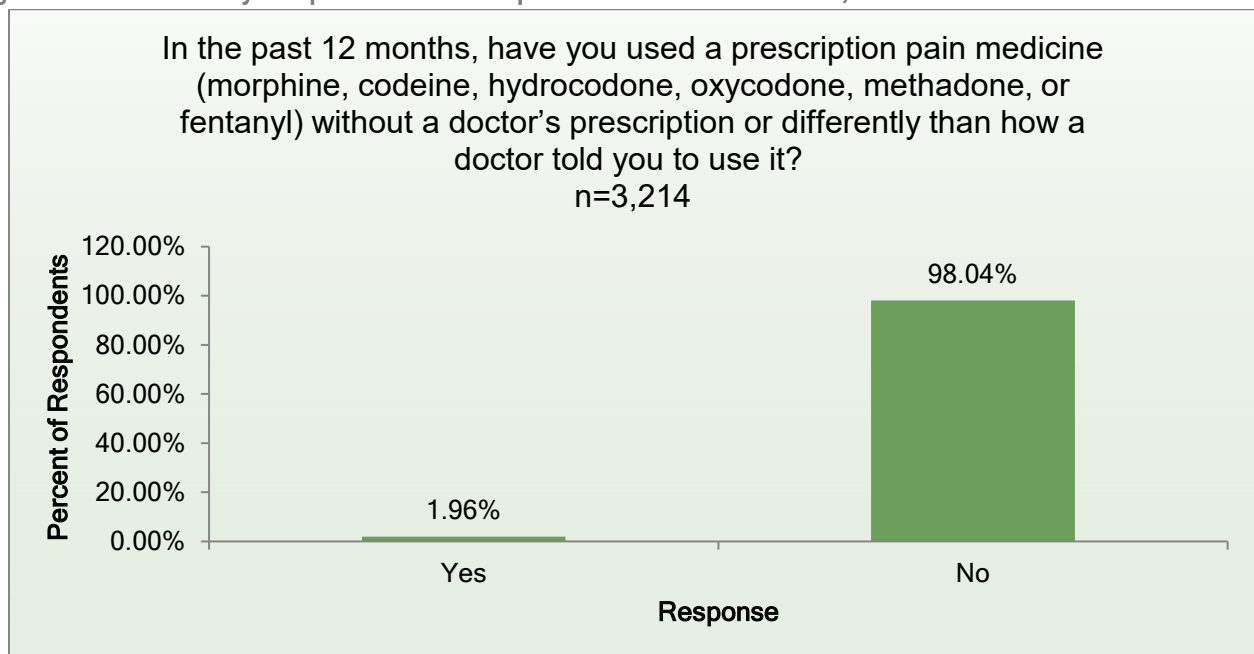
Figure 101. Opioid and Drug Use [the following data are provisional and subject to change]

Indicator	Measure	Year	Polk County	Florida
Drug overdose deaths	Count	2018	188	4,977
Opioid overdose deaths	Count	2018	68	3,727
Age-adjusted drug overdose death rate	Per 100,000	2018	28.1	24.5
Age-adjusted opioid overdose death rate	Per 100,000	2018	10.2	18.7
Suspected non-fatal all drug overdose	Count	2018	685	35,102
Suspected non-fatal opioid-involved overdoses	Count	2018	125	11,820
All drug non-fatal overdose emergency department visits	Count	2018	1,023	33,243
Opioid-involved non-fatal overdose emergency department visits	Count	2018	201	12,715
All drug non-fatal overdose hospitalizations	Count	2018	941	26,825
Opioid-involved non-fatal overdose hospitalizations	Count	2018	209	7,496
Neonatal abstinence syndrome rate from Birth Defects Registry	Per 10,000 live births	2018	17.8	62.1

According to provisional data, Polk County has a lower age-adjusted opioid overdose death rate (10.2 per 100,000) than the State of Florida (18.7 per 100,000).

Sources: FDLE; Florida Birth Defects Registry; Florida EMSTARS

Figure 102. Polk Survey Respondents: Prescription Pain Medicine Misuse, Past Year



Approximately 2% of survey respondents reported using prescription pain medicine without a doctor's prescription or differently than how a doctor told them to use it within the past year.

Source: 2019 Polk County Community Health Survey

Drug-Related Consequences & Drug Overdose Deaths

Drug-related consequences include traffic crashes, injuries, and fatalities, as well as arrests. Drug overdose deaths continue to increase in the U.S. In 2017, more than 70,000 people died from drug overdoses, making it a leading cause of injury-related death in the U.S. Of those deaths, almost 68% involved a prescription or illicit opioid. Anyone who takes prescription opioids can become addicted to them. As many as 1 in 4 patients receiving long-term opioid therapy in a primary care setting struggles with opioid addiction. Taking too many prescription opioids can stop a person's breathing, leading to death. Prescription opioid overdose deaths also often involve benzodiazepines. Benzodiazepines are central nervous system depressants used to sedate, induce sleep, prevent seizures, and relieve anxiety. Examples include alprazolam (Xanax), diazepam (Valium), and lorazepam (Ativan).

Source: CDC, 2018-2019

Figure 103. Drug-Related Consequences

Indicator	Measure	Year	Polk County	Florida
Drug confirmed traffic crash fatalities	Count	2018	4	116
Drug confirmed traffic crash injuries	Count	2018	3	138
Drug suspected traffic crash fatalities	Count	2018	3	99
Drug suspected traffic crash injuries	Count	2018	14	483
Drug arrests	Count	2018	8,037	134,396
Adult drug arrests	Count	2018	7,611	128,992
Juvenile drug arrests	Count	2018	426	5,404

The percentage of juvenile drug arrests in Polk County (5.3%) is slightly higher than the percentage of juvenile drug arrests statewide (4.0%).

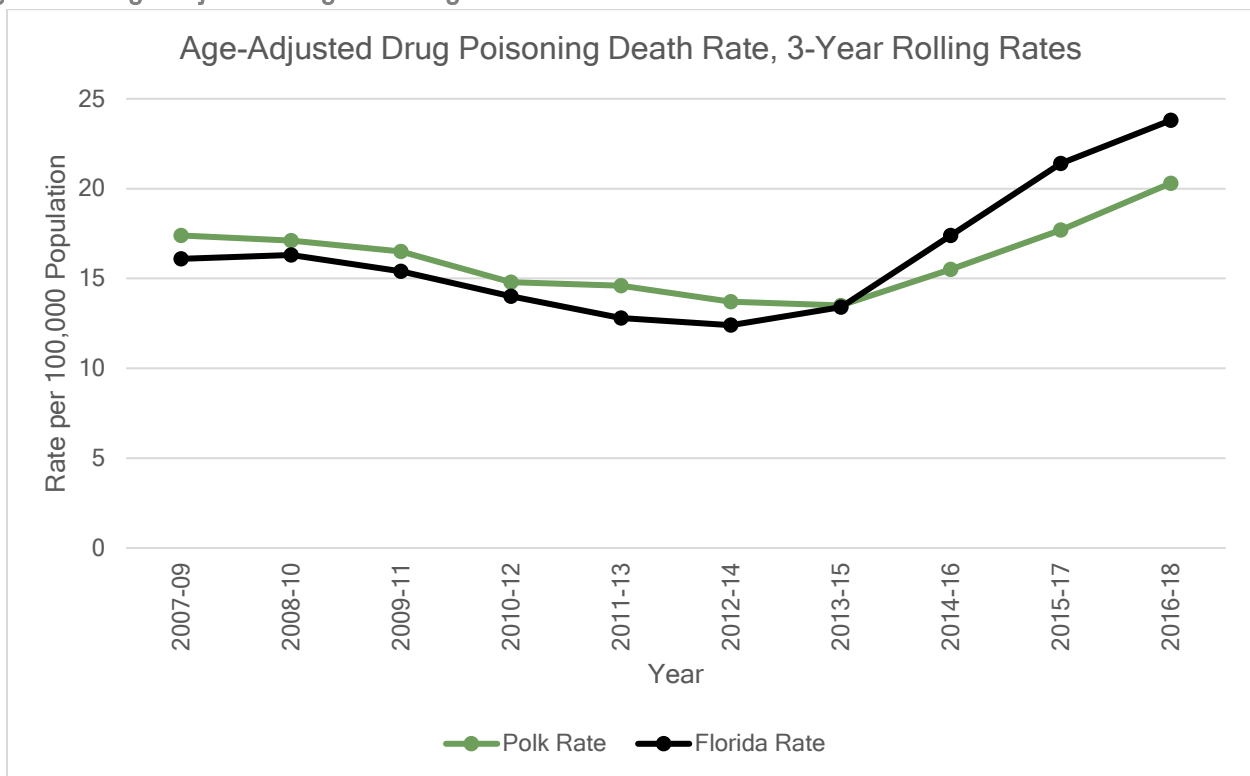
Source: FDLE; Florida's Integrated Report Exchange System (FIRES) database

Figure 104. Substance Abuse Related Deaths

Indicator	Measure	Year(s)	Polk County		Florida Rate
			Count	Rate	
Age-adjusted drug poisoning deaths	Per 100,000	2016-2018	403	20.3	23.8
Age-adjusted unintentional injury deaths by drug poisoning	Per 100,000	2016-2018	350	17.9	21.8
Age-adjusted suicides by drug poisoning	Per 100,000	2016-2018	47	2.0	1.7

Source: FDOH Bureau of Vital Statistics

Figure 105. Age-Adjusted Drug Poisoning Deaths Over Time



Drug poisoning deaths have increased since 2013-2015 in both Polk County and the State of Florida.

Source: FDOH Bureau of Vital Statistics

ACCESS TO HEALTH SERVICES

Access to health services was prioritized as one of the top 3 health priority issues for Polk County as a result of the 2019 Polk County Prioritization Exercise.

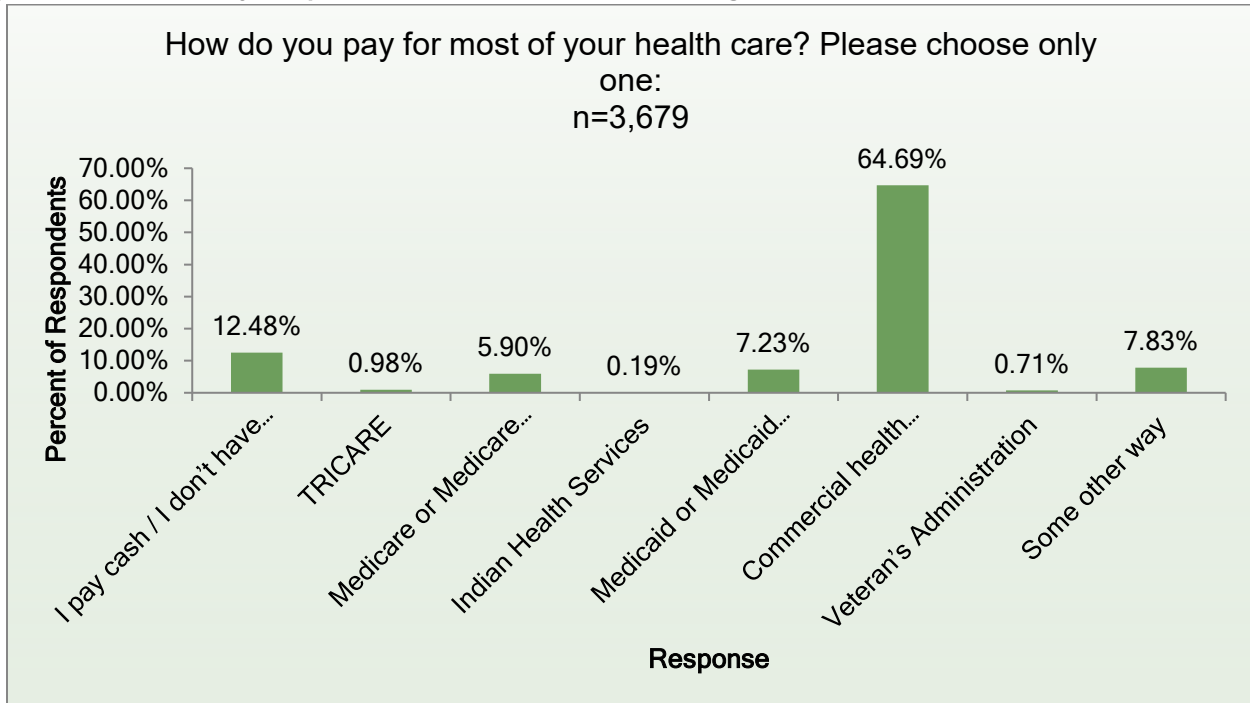
According to Healthy People 2020, access to comprehensive, quality healthcare services is crucial for achieving health equity and for increasing the health and quality of life for everyone. Factors influencing access to care include health insurance coverage, quality and accessibility of services, and timeliness and affordability of services.

Coverage & Accessibility

Health insurance coverage helps patients get into the health care system. Uninsured people are less likely to receive medical care, more likely to die early, and more likely to have a poor health status. Lack of adequate coverage makes it difficult for people to get the health care they need. When uninsured people do get care, they are often burdened with large medical bills.

The Polk County Indigent Health Care program arranges for health care services for low-income residents who do not qualify for any other private or public health insurance coverage. Even with the Affordable Care Act, there are people in Polk County who are not eligible for the plans provided on the health insurance marketplace, so they fall into a coverage gap. Polk County residents who do not qualify for other health coverage may receive health care from the Polk Health Care Plan, local free clinics, federally qualified health care clinics, or other health care entities who provide low-cost care. The half-cent Indigent Health Care sales tax in Polk County provides a health care safety net for those people who are medically poor. First approved in 2003 for 15 years, voters of Polk County approved the renewal of the half-cent sales tax in 2018 for another 15 years.

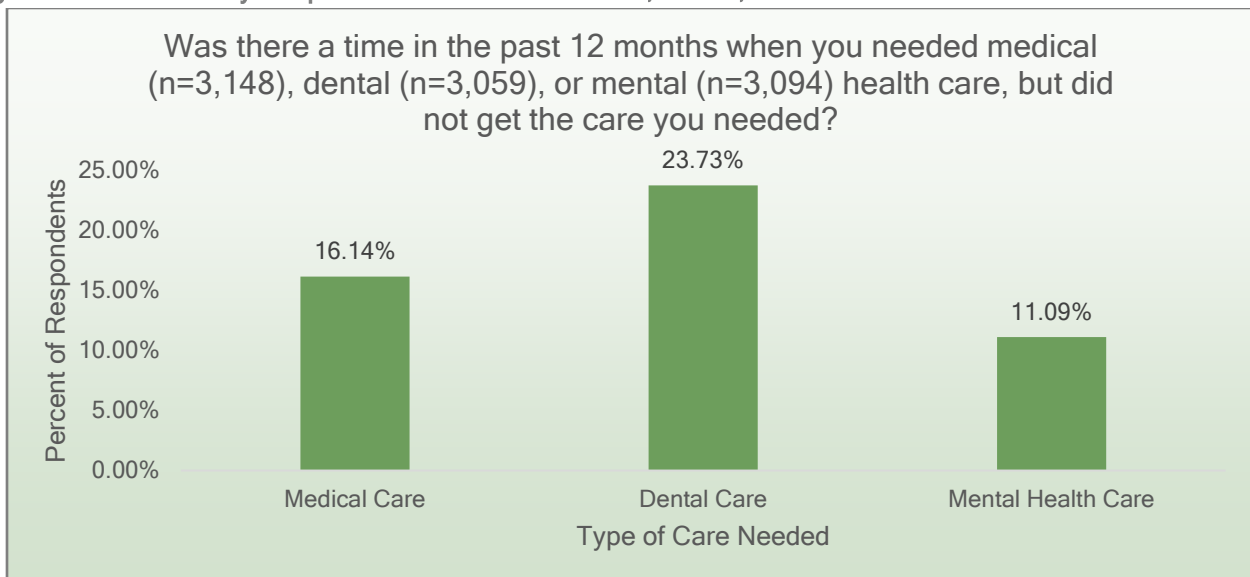
Figure 106. Polk Survey Respondents: Health Insurance Coverage



Approximately 65% of survey respondents indicated that they have commercial health insurance (HMO, PPO). Just over 13% of respondents are on Medicare or Medicaid, while another almost 12.5% are uninsured.

Source: 2019 Polk County Community Health Survey

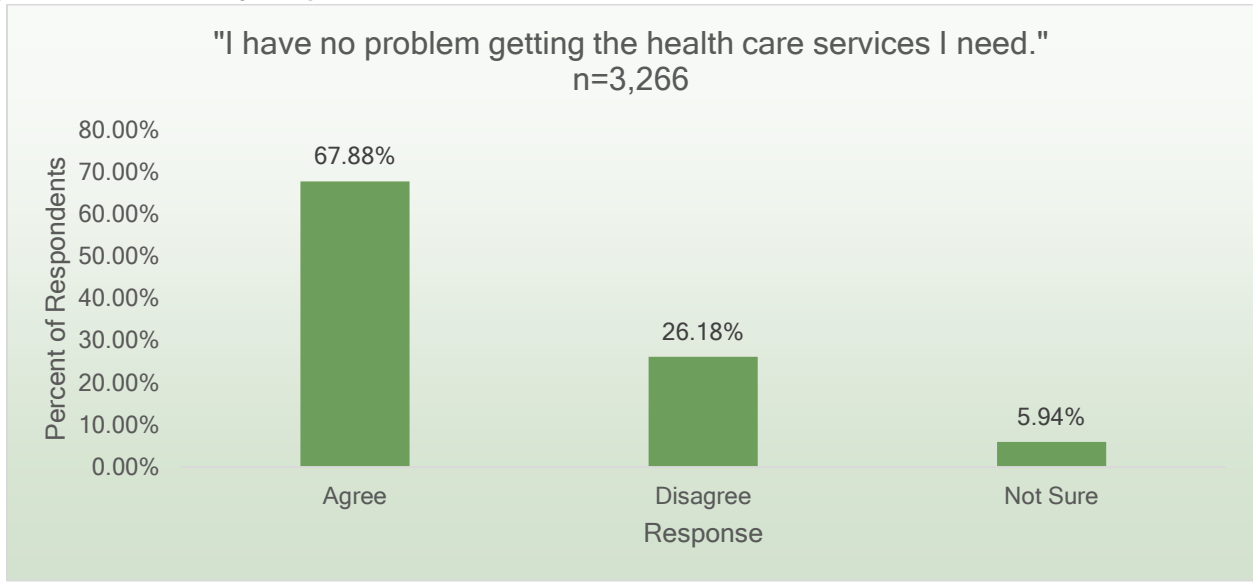
Figure 107. Polk Survey Respondents: Access to Medical, Dental, and Mental Health Care



A total of 16.14% of survey respondents reported there was a time in the past 12 months when they needed medical care but did not get the care they needed. Over 23% of respondents reported there was a time in the past 12 months when they needed dental care but did not get the care they needed. Just over 11% of respondents reported there was a time in the past 12 months when they needed mental health care but did not get the care they needed. The main reason why respondents said they did not get the care they needed was they couldn't afford it. Other reasons included transportation problems, not having a doctor, not knowing where to go, having trouble getting an appointment, and lack of health insurance.

Source: 2019 Polk County Community Health Survey

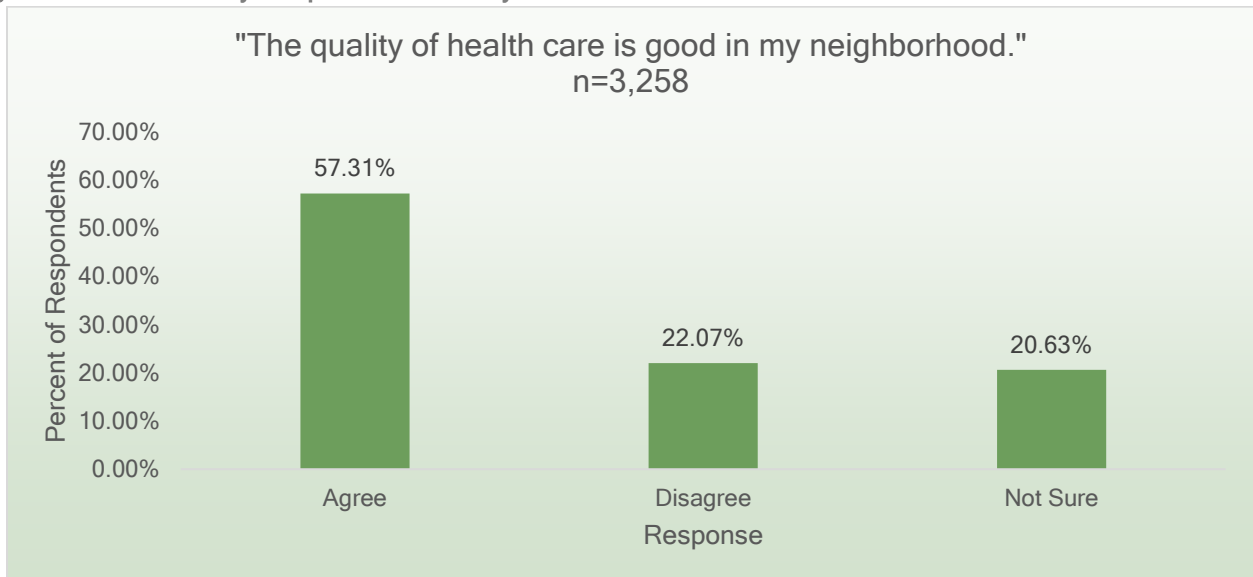
Figure 108. Polk Survey Respondents: Access to Needed Health Care Services



The 2019 Polk County Community Health Survey asked respondents if they agreed or disagreed with the following statement: "I have no problem getting the health care services I need." Of those who answered this question, 67.88% agree with the statement and 26.18% disagree with the statement.

Source: 2019 Polk County Community Health Survey

Figure 109. Polk Survey Respondents: Quality of Health Care



The 2019 Polk County Community Health Survey asked respondents if they agreed or disagreed with the following statement: "The quality of health care is good in my neighborhood." Of those who answered this question, 57.31% agree with the statement and 22.07% disagree with the statement.

Source: 2019 Polk County Community Health Survey

Figure 110. Health Status and Access to Care

Indicator	Measure	Year	Polk County		Florida Rate	HP 2020 Goal
			Quartile	Rate		
Adults with health insurance coverage	Percent	2017	3	85.6%	85.1%	100%
Adults who have a personal doctor	Percent	2016	3	74.6%	72.0%	83.9%
Adults who could not see a doctor at least once in the past year due to cost	Percent	2016	2	16.3%	16.6%	
Adults who had a medical checkup in the past year	Percent	2016	3	77.7%	76.5%	
Adults who said their overall health was "fair" or "poor"	Percent	2016	3	23.6%	19.5%	
Adults who said their overall health was "good" to "excellent"	Percent	2016	3	76.4%	80.5%	
Adults with good physical health	Percent	2016	3	83.9%	87.1%	

Adults in Polk County are insured and receive medical checkups at similar rates as adults across the State of Florida. Adults in Polk County are more likely to rate their overall health as "fair" or "poor," and less likely to rate their health as "good" or "excellent," as compared with adults across the State of Florida.

Sources: FL BRFSS; FDOH Division of Community Health Promotion; US Census Bureau ACS

Figure 111. Health Insurance Coverage

Indicator	Measure	Year	Polk County
Polk County residents with:			
Health insurance coverage	Percent	2017	85.6%
Private health insurance	Percent	2017	57.1%
Public coverage	Percent	2017	41.1%
No health insurance coverage	Percent	2017	14.4%

According to the U.S. Census Bureau American Community Survey, 85.6% of Polk County residents have health insurance, while 14.4% of residents are uninsured.

Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates

Health Care Workforce & Resource Availability

Polk County is designated as a Health Care Professional Shortage Area for primary care, mental health, and dental health by the Health Resources and Services Administration (HRSA). Provider rates and ratios for primary care providers, dental health providers, and mental health providers in Polk County are much worse than the state.

Figure 112. Health Resource Availability - Dentists & Physicians

Indicator	Measure	Fiscal Year	Polk County		Florida Rate
			Count	Rate	
Total Licensed Dentists	Per 100,000	2018-2019	177	25.7	56.7
Total Licensed Dental Hygienists	Per 100,000	2018-2019	244	35.4	60.3
Total Licensed Physicians	Per 100,000	2018-2019	1,104	160.3	310.0
Total Licensed Family Practice Physicians	Per 100,000	2018-2019	80	11.6	19.2
Total Licensed Internists	Per 100,000	2018-2019	200	29.0	47.5
Total Licensed OB/GYN	Per 100,000	2018-2019	32	4.6	9.3
Total Licensed Pediatricians	Per 100,000	2018-2019	64	9.3	22.0

Polk County has lower rates of dental and medical providers per 100,000 population than across the State of Florida.

Source: FDOH Division of Medical Quality Assurance

Figure 113. Health Resource Availability - Mental/Behavioral Health Care Providers

Indicator	Measure	Fiscal Year	Polk County		Florida Rate
			Count	Rate	
Licensed Clinical Social Workers	Per 100,000	2018-2019	146	21.2	46.8
Licensed Marriage and Family Therapists	Per 100,000	2018-2019	12	1.7	9.5
Licensed Mental Health Counselors	Per 100,000	2018-2019	263	38.2	53.7
Licensed Psychologists	Per 100,000	2018-2019	52	7.5	23.0

Polk County has lower rates of mental and behavioral health care providers per 100,000 population than across the State of Florida.

Source: FDOH Division of Medical Quality Assurance

Figure 114. Health Resource Availability - EMTs/Paramedics

Indicator	Measure	Fiscal Year	Polk County		Florida Rate
			Count	Rate	
EMTs/Paramedics	Per 100,000	2018-2019	539	78.3	144.0

Polk County has lower rates of EMTs and paramedics per 100,000 population than across the State of Florida.

Source: FDOH Division of Emergency Medical Services

Figure 115. Health Resource Availability - Hospital Beds

Indicator	Measure	Year	Polk County		Florida Rate
			Count	Rate	
Adult Psychiatric Beds	Per 100,000	2018	94	13.8	20.9
Adult Substance Abuse Beds	Per 100,000	2018	14	2.1	1.8
Child and Adolescent Psychiatric Beds	Per 100,000	2018	8	1.2	3.1
Neonatal Intensive Care Unit (NICU) Level II Beds	Per 100,000	2018	26	3.8	5.6
Neonatal Intensive Care Unit (NICU) Level III Beds	Per 100,000	2018	15	2.2	4.3
Rehabilitation Beds	Per 100,000	2018	56	8.2	12.8
Intensive Residential Treatment Facility (IRTF) Beds	Per 100,000	2018	0	0.0	0.7
Total Acute Care Beds	Per 100,000	2018	1,595	234.0	248.9
Total Hospital Beds	Per 100,000	2018	1,808	265.2	308.2
Total Specialty Beds	Per 100,000	2018	213	31.2	59.2
Total Nursing Home Beds	Per 100,000	2018	3,106	455.6	399.8

Polk County has lower rates of adult, child, and adolescent psychiatric beds than the State of Florida. Polk County also has lower rates of NICU beds, rehabilitation beds, acute care beds, and specialty beds than the state. Polk County has a higher rate of nursing home and adult substance abuse beds than the state.

Source: AHCA

Figure 116. Provider Ratios

Indicator	Measure	Polk County	Florida	National Benchmark (Top U.S. Performers)
Primary Care Providers	Ratio	2,030:1	1,390:1	1,050:1
Dentist Providers	Ratio	3,050:1	1,700:1	1,260:1
Mental Health Providers	Ratio	1,190:1	670:1	310:1

Polk County is a health care provider shortage area. In Polk County, ratios of primary care providers, dental providers, and mental health providers are worse than across the State of Florida.

Source: RWJF, 2019

Other Barriers to Access

Access to quality health care involves more than having adequate service providers and health insurance coverage. There are barriers that prevent people from using the services available and these must be considered when addressing access to health care. Among these barriers are health literacy, language barriers, transportation issues, patient mistrust, and refusal of services. Additional barriers include high costs of premiums, deductibles, and out-of-pocket expenses. In Polk County, Key Informants also identified the following barriers to be common:

- Inaccessible hours - individuals who are paid hourly are often unable to take time off work to utilize services during business hours
- Lack of adequate transportation
- Lack of childcare
- Language and cultural barriers, including fear and distrust of service providers
- Low health literacy

Health literacy is the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions. Limited health literacy is associated with poorer health outcomes and higher healthcare costs.

Health literacy is dependent on individual and systemic factors such as:

- Communication skills of lay persons and professionals (ability to speak English, use of medical jargon versus plain language, etc.)
- Lay and professional knowledge of health topics (how the body works, causes of disease, etc.)
- Culture
- Demands of the healthcare and public health systems (math skills, computer skills, reading level)
- Demands of the situation/context (stressful or unfamiliar situations)

Health literacy affects people's ability to:

- Navigate the healthcare system, including filling out forms and locating providers and services
- Share personal information, such as health history, with providers
- Engage in self-care and chronic-disease management
- Understand concepts such as probability and risk

Low health literacy is more prevalent among:

- Older adults
- Minority populations
- Those who have low socioeconomic status
- Medically underserved people

Sources: HRSA, 2019; HP2020

Barriers to communication may result from speaking different languages. The majority of residents in Polk County use English as their primary language. However, it is estimated that 20.6% of residents in Polk County mainly use a language other than English, and 7.7% speak English less than "very well."

Source: US Census Bureau ACS, 2017

Through the Forces of Change Assessment and Key Informant Interviews, transportation has also been identified as a barrier to accessing healthy foods, jobs, and healthcare services. Transportation can particularly be an issue for aging adults, individuals with low socioeconomic status, and those living in rural areas where alternate modes of transport are limited. The geographic size of Polk County makes travel to needed services more challenging since services and residents are spread over a large area.

Source: 2019 Polk County Community Health Assessment

2019 Polk County Community Health Survey

Only 31.45% of survey respondents agree that public transportation is easy to get to if they need it (n=3,275).

EXERCISE, NUTRITION, & WEIGHT

Exercise, nutrition, and weight was prioritized as one of the top three health priority issues for Polk County as a result of the 2019 Polk County Prioritization Exercise.

Overweight & Obesity

About Overweight & Obesity

Weight that is higher than what is considered as a healthy weight for a given height is described as overweight or obese. Body Mass Index (BMI) is used as a screening tool for overweight and obesity. BMI is calculated by a person's weight and height. A high BMI can be an indicator of high body fatness. BMI does not measure body fat directly, but research has shown that BMI is moderately correlated with more direct measures of body fat and strongly correlated with various adverse health outcomes consistent with these more direct measures of body fatness.

For adults 20 years and older, BMI is interpreted using weight status categories. These categories are the same for men and women of all body types and ages. The standard weight status categories associated with BMI ranges for adults are as follows:

- BMI below 18.5: Underweight
- BMI 18.5-24.9: Healthy Weight
- BMI 25.0-29.9: Overweight
- BMI 30.0 and above: Obese

Causes of Overweight & Obesity

Overweight and obesity result from a combination of causes and contributing factors, including individual factors such as behavior and genetics. Behaviors can include dietary patterns, physical activity, inactivity, medication use, and other exposures. Additional contributing factors include the food and physical activity environment, education and skills, food marketing and promotion, and even abuse in childhood. People and families may make decisions based on their environment or community. Community, home, child care, school, health care, and workplace settings can all influence people's daily behaviors. It is important for communities to create environments in these locations that make it easier to engage in physical activity and eat a healthy diet.

2019 Polk County Community Health Survey

Being overweight was ranked the #2 most important health problem to address in order to improve the health of the community by residents in the 2019 Polk County Community Health Survey.

Impacts of Overweight & Obesity

Obesity and its associated health problems have a significant economic impact on the U.S. health care system. Medical costs associated with overweight and obesity may involve direct and indirect costs. Direct medical costs may include preventive, diagnostic, and treatment services related to obesity. Indirect costs relate to morbidity and mortality costs, including productivity. Productivity measures include absenteeism, presenteeism, and premature mortality or disability.

Obesity is a serious concern because it is associated with poorer mental health outcomes, reduced quality of life, and the leading causes of death in the U.S. and worldwide, including diabetes, heart disease, stroke, and some types of cancer.

Source: CDC, 2019

Overweight & Obesity among Adults

Figure 117. Weight and Activity among Adults

Indicator	Measure	Year	Polk County		Florida Rate	HP 2020 Goal
			Quartile	Rate		
Adults who are at a healthy weight	Percent	2016	3	28.4%	34.5%	33.9%
Adults who are underweight	Percent	2016	2	1.9%	2.3%	
Adults who are overweight or obese	Percent	2016	3	69.6%	63.2%	
Adults who are overweight	Percent	2016	1	30.8%	35.8%	
Adults who are obese	Percent	2016	4	38.8%	27.4%	30.5%
Adults who meet aerobic recommendations	Percent	2016	2	41.5%	44.8%	
Adults who meet muscle strengthening recommendations	Percent	2016	2	32.4%	38.2%	
Adults who are sedentary	Percent	2016	2	32.5%	29.8%	
Adults who are inactive or insufficiently active	Percent	2016	2	59.2%	56.7%	

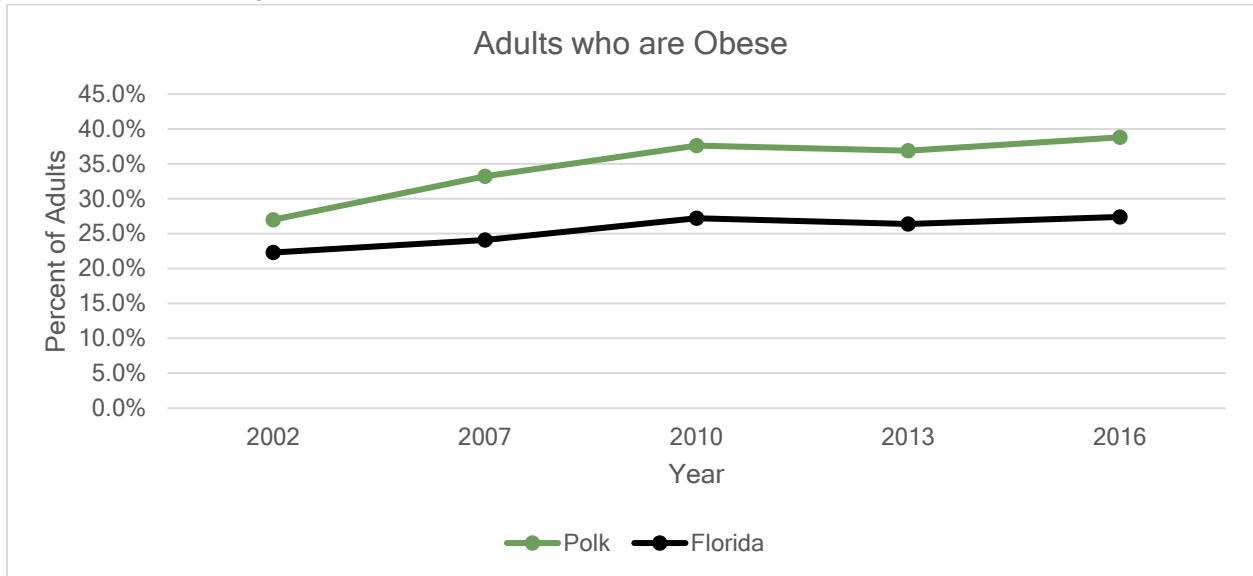
The rate of adults in Polk County who are at a healthy weight (28.4%) is lower than that of the State of Florida (34.5%). Similarly, the adult obesity rate in Polk County (38.8%) is higher than the adult obesity rate across the State of Florida (27.4%). A smaller percentage of adults in Polk County (41.5%) meet aerobic recommendations than across the State of Florida (44.8%) and a similar trend can be seen for the percentage of adults meeting muscle strengthening recommendations in Polk County (32.4%) versus across the State of Florida (38.2%). Adults in Polk County report higher rates of inactivity or insufficient activity (59.2%) than adults across the state (56.7%)

Source: FL BRFSS

Ward, et al., 2019

It is estimated that 50% of Americans will be obese by 2030.

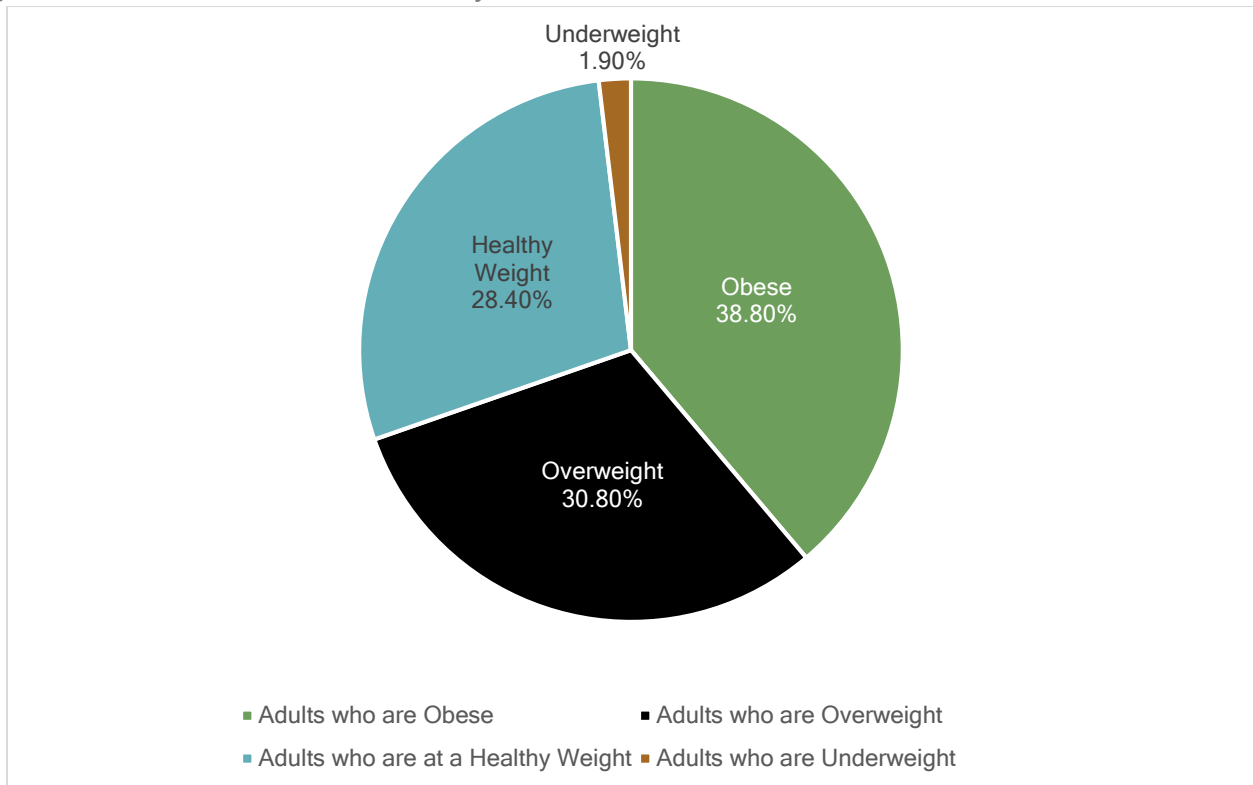
Figure 118. Adult Obesity Rate Over Time



The obesity rate among adults in Polk County has increased over time and is higher than the overall obesity rate in Florida.

Source: FL BRFSS

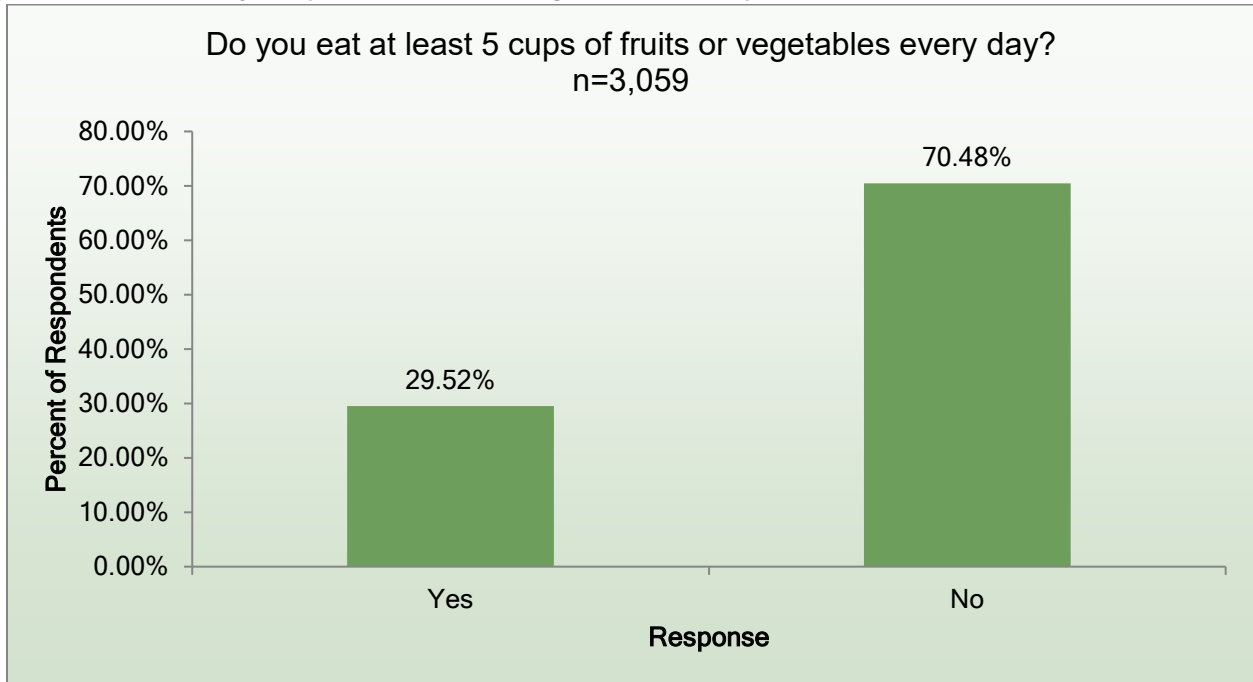
Figure 119. Adult BMI Status in Polk County, 2016



As of 2016, 38.8% of adults in Polk County are obese. A total of 69.6% of adults in Polk County are either overweight or obese, leaving only 28.4% of adults at a healthy weight.

Source: FL BRFSS, 2016

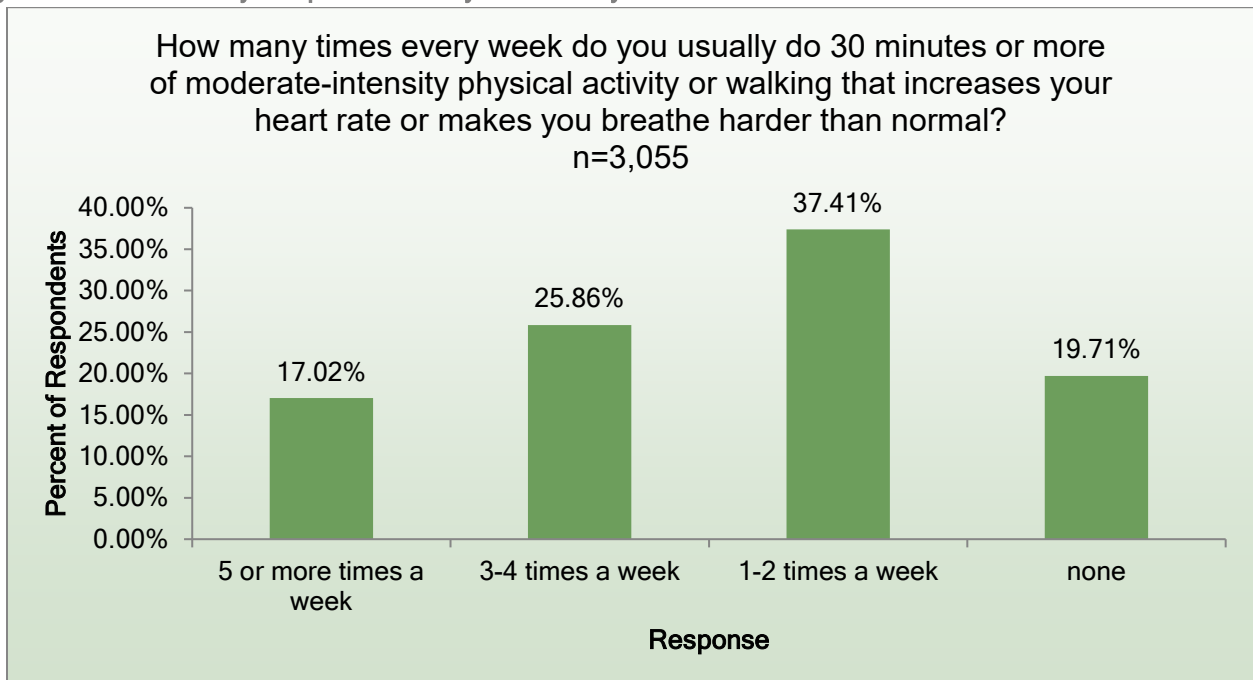
Figure 120. Polk Survey Respondents: Fruit & Vegetable Consumption



Less than 30% of survey respondents reported that they eat the recommended 5 cups of fruits and vegetables every day.

Source: 2019 Polk County Community Health Survey

Figure 121. Polk Survey Respondents: Physical Activity



According to the Physical Activity Guidelines for Americans, adults need at least 150 to 300 minutes of moderate-intensity aerobic physical activity each week. Only about 17% of survey respondents meet this recommendation.

Source: 2019 Polk County Community Health Survey

Overweight & Obesity among Youth

Body Mass Index (BMI) is also used to determine overweight and obesity in youth. For children and adolescents, BMI calculations are age- and sex-specific, in addition to considering height and weight. Childhood obesity occurs when a child is well above the normal or healthy weight for his or her age and height. The causes of excess weight gain in young people are similar to those in adults, including a person's behavior, genetics, and their environment.

For children and adolescents ages 2-19 years old, BMI-for-age percentile growth charts are commonly used to measure the size and growth patterns of children and adolescents in the United States. BMI-for-age weight status categories and the corresponding percentiles are as follows:

- Less than the 5th percentile: Underweight
- 5th percentile-less than the 85th percentile: Healthy Weight
- 85th percentile to less than the 95th percentile: Overweight
- Equal or greater than the 95th percentile: Obese

Impacts of Overweight & Obesity among Youth

Obesity during childhood can have a harmful effect on the body in a variety of ways. Children who have obesity are more likely to have:

- High blood pressure and high cholesterol, which are risk factors for cardiovascular disease (CVD)
- Increased risk of impaired glucose tolerance, insulin resistance, and type 2 diabetes
- Breathing problems, such as asthma and sleep apnea
- Joint problems and musculoskeletal discomfort
- Fatty liver disease, gallstones, and gastro-esophageal reflux (i.e. heartburn)
- Psychological problems such as anxiety and depression
- Low self-esteem and lower self-reported quality of life
- Social problems such as bullying and stigma

Source: CDC, 2016

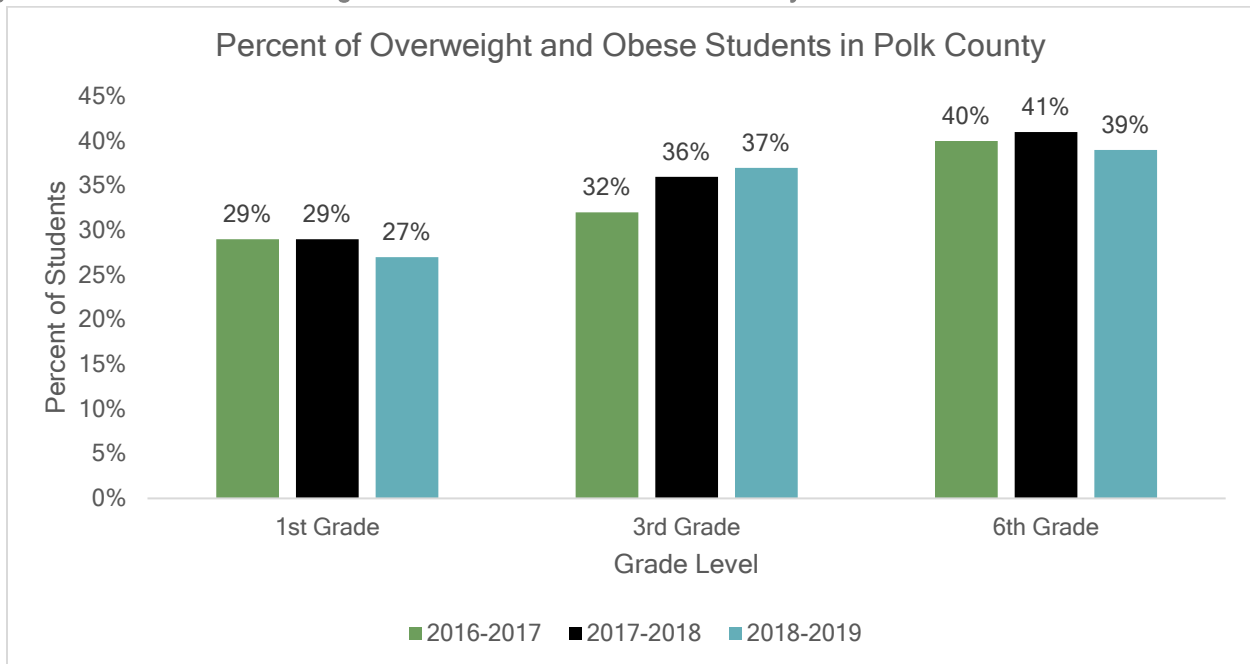
Figure 122. Weight Status among Children and Adolescents

Indicator	Measure	Year	Polk County		Florida Rate
			Quartile	Rate	
WIC children ≥ 2 who are overweight or obese	Percent	2018	4	29.6%	27.0%
WIC children ≥ 2 who are overweight	Percent	2018	3	15.3%	14.0%
WIC children ≥ 2 who are obese	Percent	2018	3	14.3%	13.0%
Middle school students who are obese	Percent	2018	2	14.6%	13.2%
High school students who are obese	Percent	2018	2	14.7%	14.3%

Polk County children ages 2 years and older who are enrolled in WIC have higher rates of overweight and obesity (29.6%) than WIC children across the State of Florida (27.0%). A higher percentage of middle school students in Polk County are obese (14.6%) as compared to the State of Florida (13.2%). High school students have similar rates of obesity in Polk County (14.7%) and across the State of Florida (14.3%).

Sources: FDOH WIC; FYTS

Figure 123. Percent of Overweight and Obese Students in Polk County Public Schools



The percentage of overweight and obese students in Polk County Public Schools increases by grade level between 1st, 3rd, and 6th grades.

Source: FDOH Polk School Health

Overweight & Obesity during Pregnancy

Obesity during pregnancy is common in the U.S., and it increases obstetrical risks. The heavier a woman is before she becomes pregnant, the greater her risk of pregnancy complications, including preeclampsia, gestational diabetes, stillbirth, and cesarean delivery. In addition, obesity during pregnancy is associated with increased use of health care and physician services, and longer hospital stays for delivery. Overweight and obese women who lose weight before pregnancy are likely to have healthier pregnancies.

Source: CDC, 2018

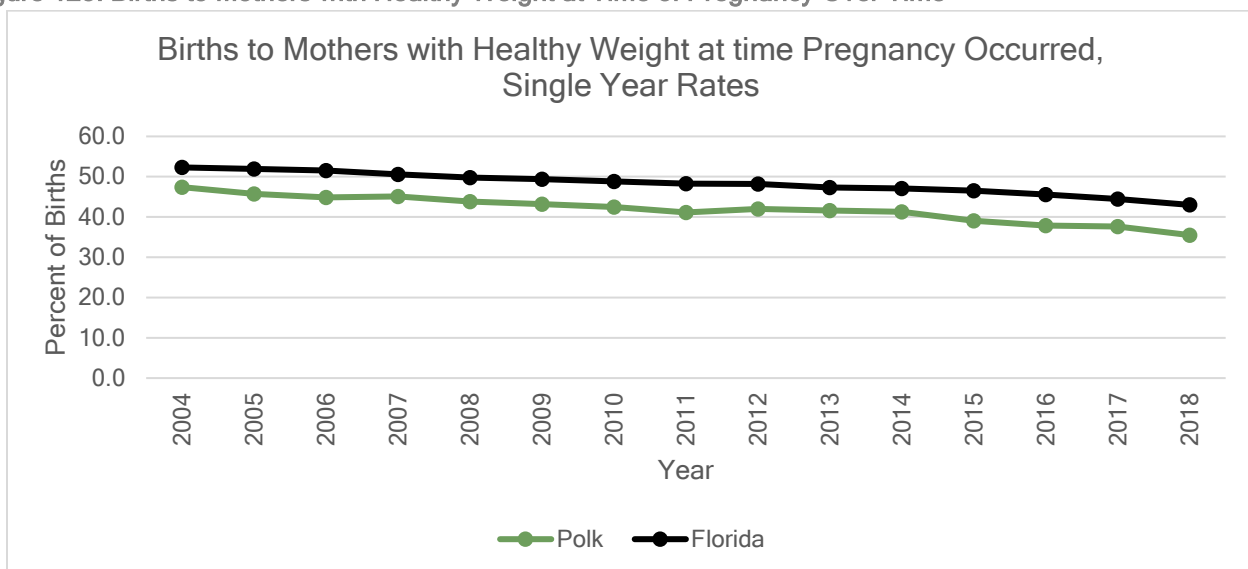
Figure 124. Maternal Weight and Breastfeeding among Mothers

Indicator	Measure	Year	Polk County		Florida Rate	HP 2020 Goal
			Count	Rate		
Live births to mothers who are at a healthy weight (BMI 18.5-24.9) at time pregnancy occurred	Percent of live births	2018	2,743	35.5%	43.0%	57.8%
Live births to mothers who are overweight (BMI 25.0-29.9) at time pregnancy occurred	Percent of live births	2018	2,074	26.9%	27.2%	
Live births to mothers who are obese (BMI \geq 30) at the time pregnancy occurred	Percent of live births	2018	2,604	33.7%	26.2%	
Live births to mothers who initiate breastfeeding	Percent of live births	2018	6,440	82.1%	86.2%	

Women in Polk County are less likely to be at a healthy weight at the time a pregnancy occurs (35.5%) than women across the State of Florida (43.0%). Similarly, women in Polk County are more likely to be obese at the time a pregnancy occurs (33.7%) than women across the state (26.2%). Women in Polk County initiate breastfeeding (82.1%) at lower rates than women across the state (86.2%)

Source: Florida State Office of Vital Statistics

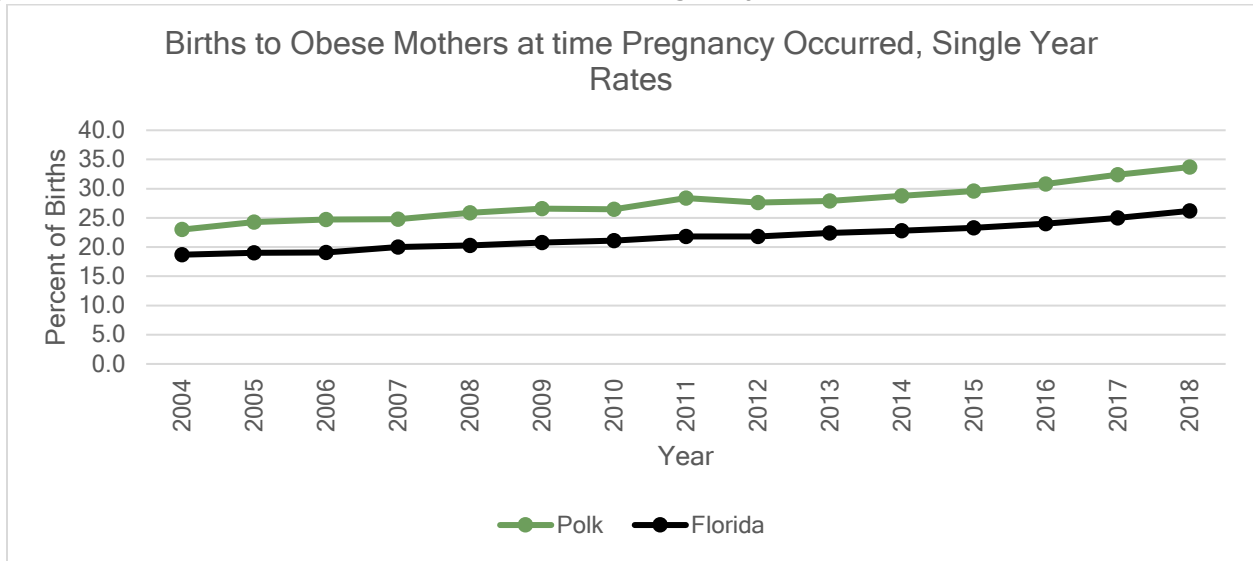
Figure 125. Births to Mothers with Healthy Weight at Time of Pregnancy Over Time



The rate of births to mothers with a healthy weight at the time pregnancy occurred has decreased over time in both Polk County and the State of Florida.

Source: Florida State Office of Vital Statistics

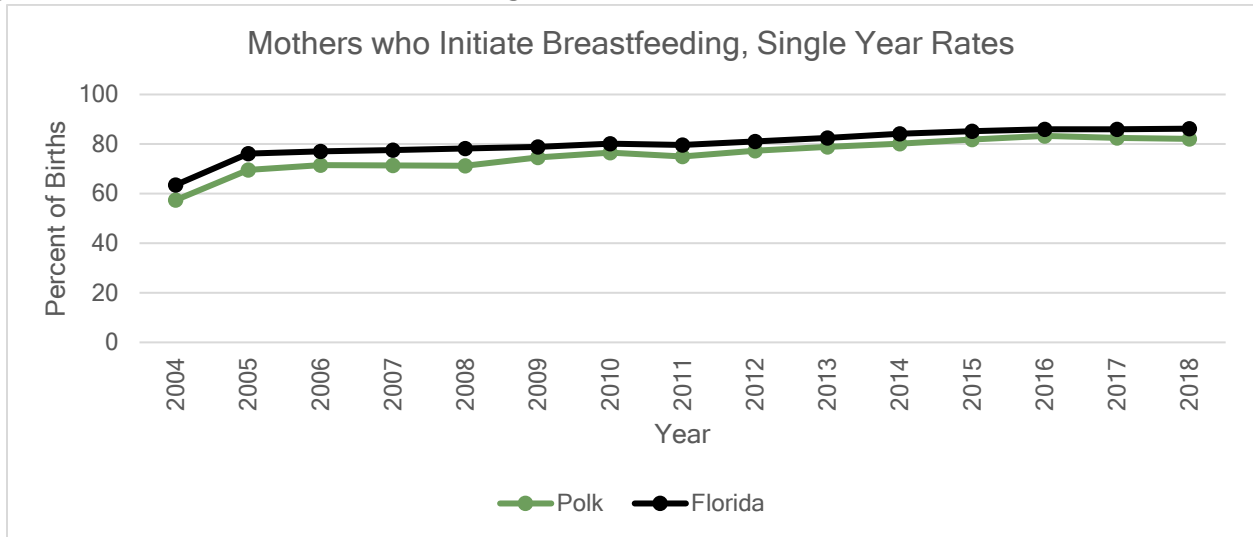
Figure 126. Births to Mothers who are Obese at Time of Pregnancy Over Time



The rate of births to mothers who are obese at the time pregnancy occurred has increased over time in both Polk County and the State of Florida.

Source: Florida State Office of Vital Statistics

Figure 127. Mothers who Initiate Breastfeeding Over Time



Rates of mothers who initiate breastfeeding have increased over time, but are still lower in Polk County than the state. Breastfeeding has benefits for both infants and mothers. Infants who are breastfed have reduced risks of obesity.

Source: CDC, 2019; Florida State Office of Vital Statistics

Impact of Built Environment

The environment in which people exist can impact their ability to make healthy choices. To support healthy weight, communities must create opportunities for physical activity and healthy eating. Strategies to promote physical activity include efforts to increase the places where people can be active, such as opening school facilities to public use and creating walking trails. Proper lighting and safe sidewalks also impact people's ability to be active. Having healthy food available and affordable allows people to make healthier food choices. When healthy foods are not available, people may choose foods that are higher in calories and lower in nutritional value. Strategies that can contribute to healthy food environments include providing incentives for supermarkets or farmers' markets to establish businesses in underserved areas, having nutrition information and caloric content posted on restaurant and fast food menus, and applying nutrition standards in child care facilities, schools, hospitals, and worksites.

Source: CDC, 2019

Figure 128: Built Environment

Indicator	Measure	Year	Polk County		Florida Rate
			Quartile	Rate	
Population that live within a ½ mile of healthy food source	Percent	2016	2	16.6%	30.9%
Population that live within a ½ mile of a fast food restaurant	Percent	2016	2	18.6%	33.9%
Population that live within a ten-minute walk (1/2 mile) of an off-street trail system	Percent	2016	2	13.5%	18.2%
Workers who used car, truck, or van - drove alone to work	Percent	2018 5-year estimate	3	82.5%	79.4%
Workers who used taxicab, motorcycle, bicycle, or other means to work	Percent	2018 5-year estimate	3	1.7%	2.2%
Workers who walk to work	Percent	2018 5-year estimate	3	1.0%	1.4%

Sources: Florida Environmental Public Health Tracking; US Census Bureau ACS

2019 Polk County Community Health Survey

50.43% of survey respondents agree that there are good sidewalks for walking safely in their community (n=3,272).

2019 Polk County Community Health Survey

67.18% of survey respondents agree that the community has great parks and recreational facilities (n=3,266).

Food Security

Food insecurity is the limited ability to secure adequate food due to insufficient household resources. Food insecure adults are more likely to have low nutrient intake, hypertension, diabetes, depression, and other mental health problems. Food insecure adults may rely on low-cost, high-energy foods, which can lead to overconsumption of energy and result in obesity.

Source: Pan et al., 2012

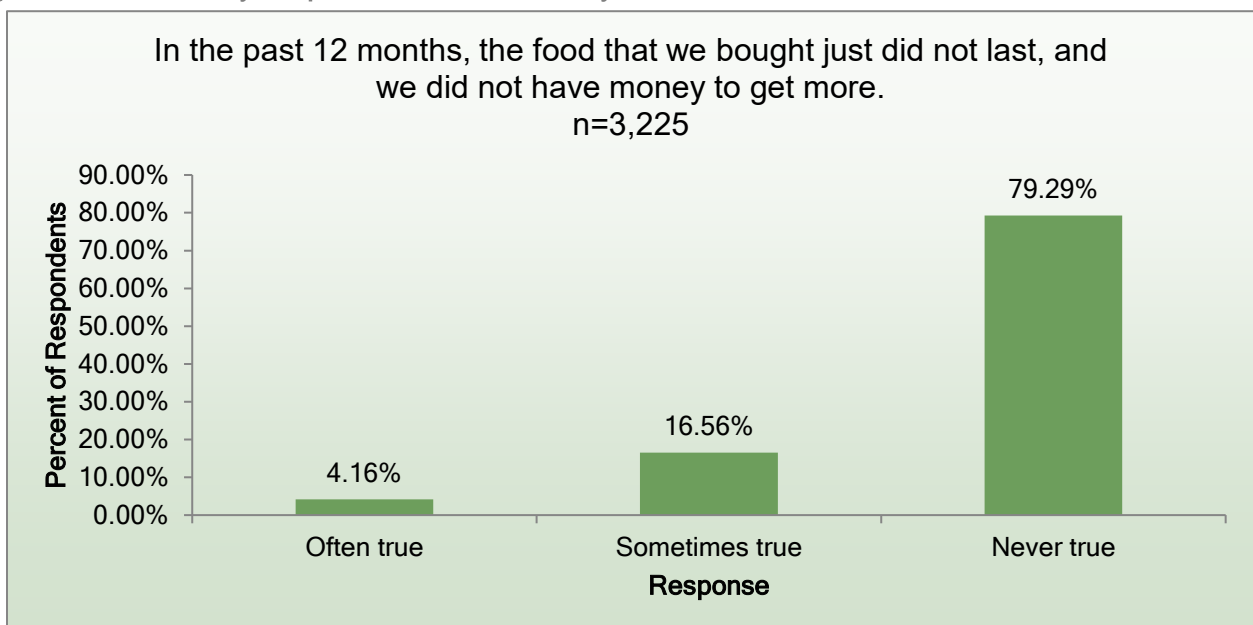
Figure 129. Polk Survey Respondents: Worry about Food Security



Just over 25% of survey respondents reported that they worried about whether food would run out before they got money to buy more in the past year.

Source: 2019 Polk County Community Health Survey

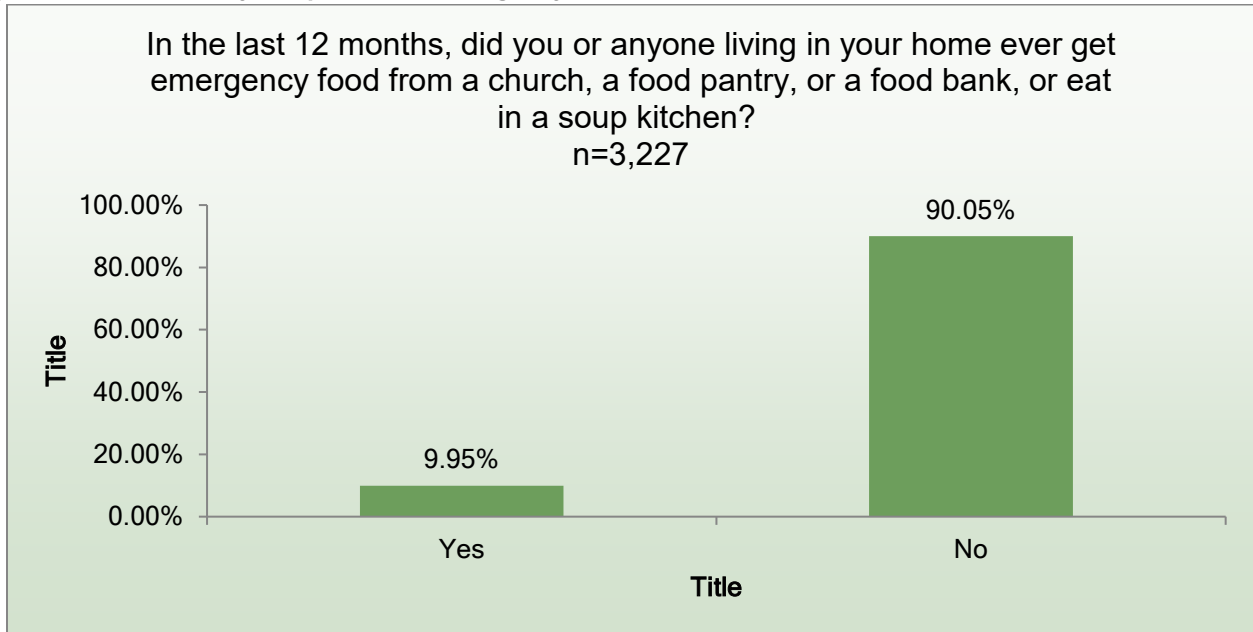
Figure 130. Polk Survey Respondents: Food Insecurity



Just over 20% of survey respondents reported that in the past year, the food they bought did not last and they didn't have money to get more.

Source: 2019 Polk County Community Health Survey

Figure 131. Polk Survey Respondents: Emergency Food Access



Almost 10% of survey respondents reported that they or someone living in their home got emergency food from a church, food pantry, food bank, or soup kitchen within the past year.

Source: 2019 Polk County Community Health Survey

2019 Polk County Community Health Survey

74.14% of survey respondents agree that they are able to get healthy food easily (n=3,272).

MATERNAL & INFANT HEALTH

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

Maternal Health

The risk of maternal and infant mortality and pregnancy-related complications can be reduced by increasing access to quality **preconception** (before pregnancy) and **inter-conception** (between pregnancies) care.

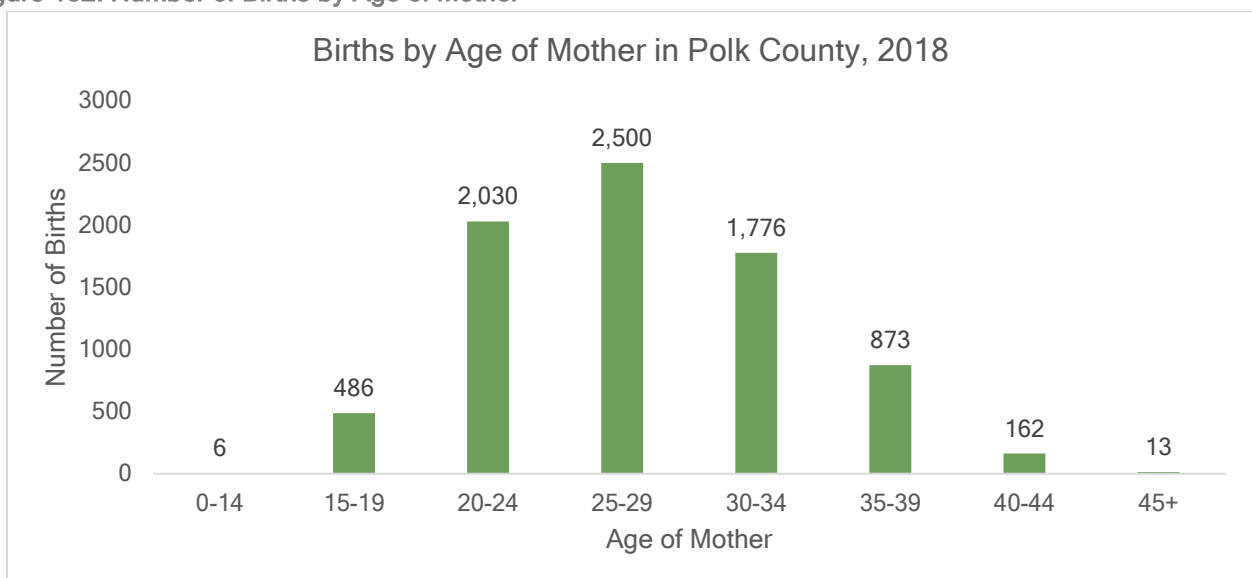
Many factors can affect pregnancy and childbirth, including:

- Preconception health status
- Age
- Access to appropriate preconception and inter-conception health care
- Poverty
- Race

Source: HP2020

In 2018, there were 7,846 live births in Polk County. Below is a chart that shows the number of births by age of the mother.

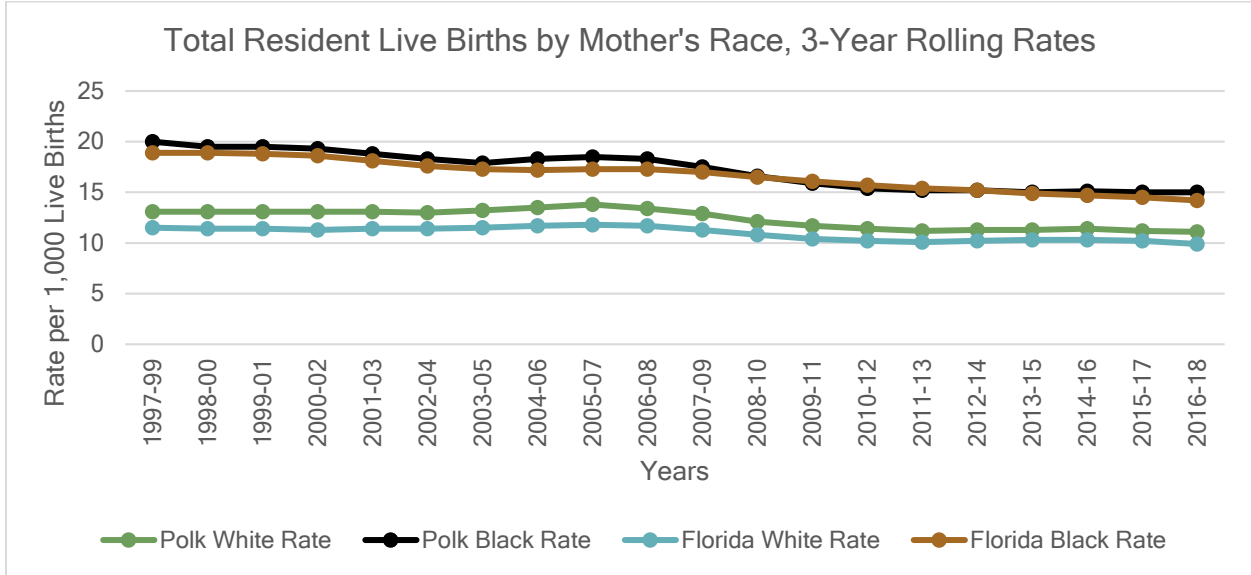
Figure 132. Number of Births by Age of Mother



The majority of births in Polk County are to mothers between the ages of 25-29.

Source: FDOH Bureau of Vital Statistics

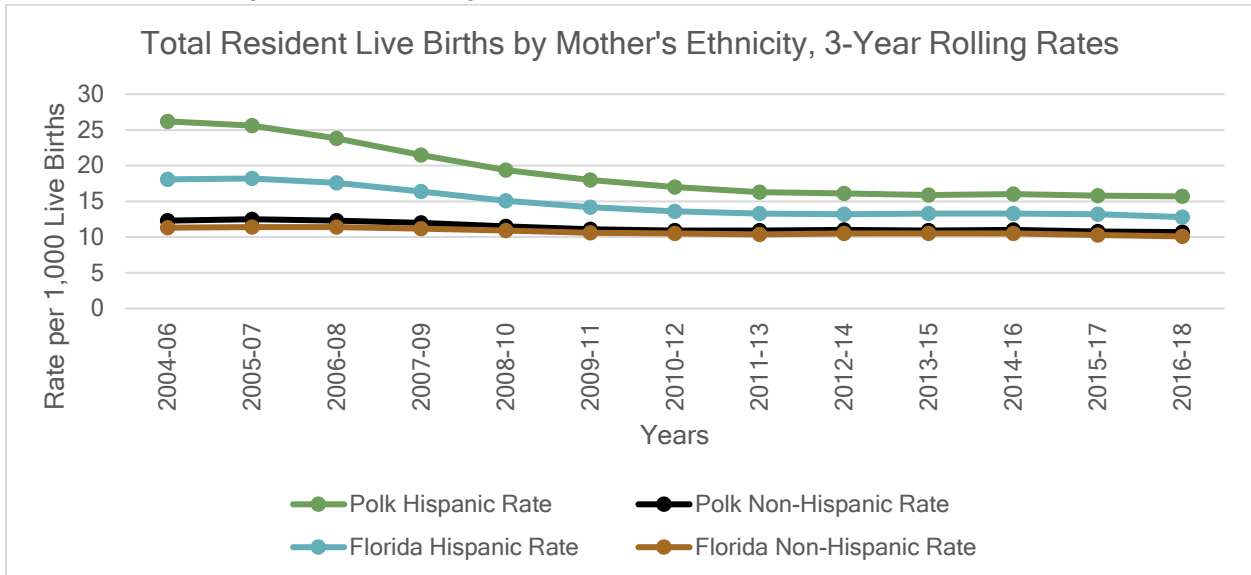
Figure 133. Birth Rate by Mother's Race Over Time



Across Polk County, the Black population has a higher birth rate (15.0 per 1,000 live births) than the White population (11.1 per 1,000 live births). This mirrors the birth rates of the state; the Black population has a birth rate of 14.2 per 1,000 live births and the White population has a birth rate of 9.9 per 1,000 live births.

Source: FDOH Bureau of Vital Statistics

Figure 134. Birth Rate by Mother's Ethnicity Over Time



Across Polk County, the Hispanic population has a higher birth rate (15.7 per 1,000 live births) than the Non-Hispanic population (10.7 per 1,000 live births). This mirrors the birth rates of the state; the Hispanic population has a birth rate of 12.8 per 1,000 live births and the Non-Hispanic population has a birth rate of 10.1 per 1,000 live births.

Source: FDOH Bureau of Vital Statistics

Teenage Pregnancy

While all mothers experience changes upon the birth of their baby, the social and economic changes experienced with a teen birth have long-lasting impacts on teen parents and their children. Teen pregnancy significantly contributes to high school dropout rates; only half of teen mothers receive their high school diploma by the age of 22.



Evidence has found that there are several socioeconomic conditions that contribute to high teen birth rates. These factors include: low education levels of a teen's family, low income level of a teen's family, poor opportunities for teens to participate in positive youth involvement, racial segregation within neighborhoods, neighborhood disorder, and neighborhood-level income inequality. In addition to these risk factors, teens in the child welfare system are at an increased risk and are twice as likely to become pregnant as teens not in foster care.

The social and economic impacts of teenage pregnancy extend beyond the teen mother to affect her child/children, as well. Children of teen mothers are statistically more likely to drop out of high school, more likely to be incarcerated, more likely to face unemployment as a young adult, and more likely to become a teen parent themselves.

Fortunately, teen pregnancy rates are declining nationally. A combination of evidence-based prevention programs, clinical services, and a focus on social determinants of health and protective factors has contributed to this national decline.

Source: CDC, 2019

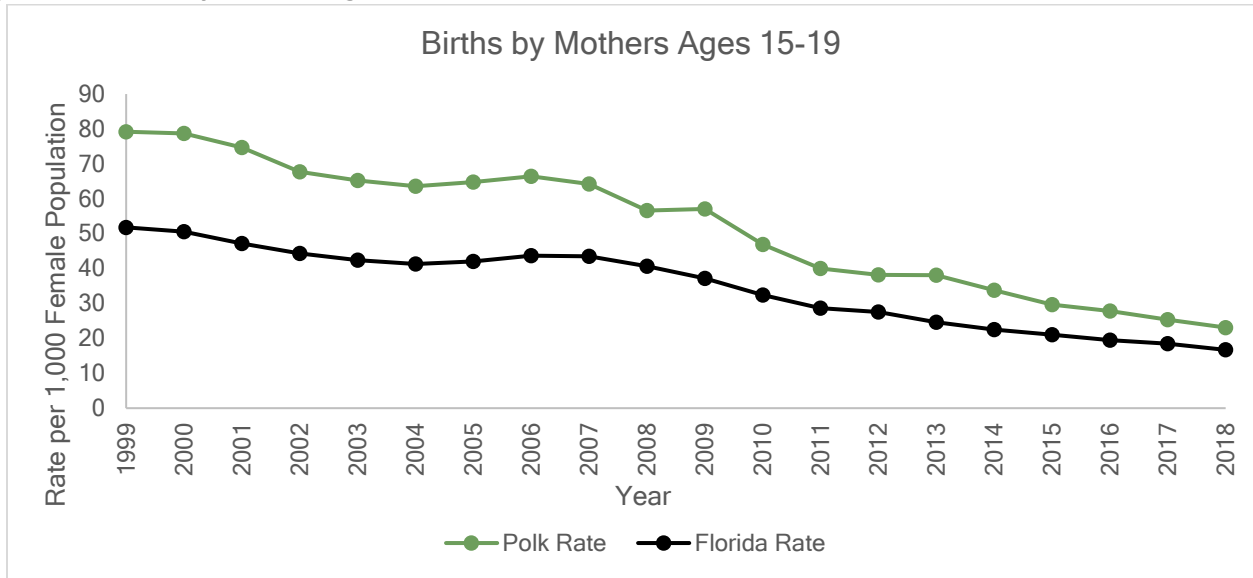
Figure 135. Birth and Repeat Births by Mothers Ages 15-19

Indicator	Measure	Year(s)	Polk County			Florida Rate
			Count	Quartile	Rate	
Births to mothers ages 15-19	Per 1,000 female population 15-19	2016-2018	1,568	 3	25.4	18.2
Repeat births to mothers ages 15-19	Percent of births 15-19	2016-2018	258	 3	16.5%	15.4%

Polk County is in the 3rd quartile (the second least favorable in the state) for births to mothers ages 15-19 and repeat births to mothers ages 15-19. Polk County has a higher rate of births to mothers ages 15-19 (25.4 per 1,000 females) than the state (18.2 per 1,000 females). The percent of repeat births to mothers ages 15-19 in Polk County (16.5%) is higher than the percentage of repeat births to mothers ages 15-19 in the state (15.4%).

Source: FDOH Bureau of Vital Statistics

Figure 136. Births by Mothers Ages 15-19 Over Time



The rate of births to mothers ages 15-19 in Polk County (23.1 per 1,000 females) has continued to decline over time, despite still being higher than the state rate (16.7 per 1,000 females). Of the 7,846 Polk births in 2018, only 6.2% of these births (486 births) were teen births.

Source: FDOH Bureau of Vital Statistics

Prevention

Teen pregnancies are preventable. Research shows that a combination of evidence-based teen pregnancy prevention programs, access to youth-friendly contraceptive and reproductive health services, and support from parents or other trusted adults play a vital role in decreasing teen pregnancy. Efforts at the community level to address the racial, ethnic, and geographical disparities also play a critical role in the continued decline of teen pregnancy rates.

Source: CDC, 2019

Engaging Young Men

The teen mother is not the only individual affected by a teen pregnancy and birth. Results from the National Survey of Family Growth (2006-2010) found that 80% of young men ages 15-19 reported that they would be either very upset or a little upset if they were to get a female pregnant. Furthermore, the social and economic factors affecting the teen mother extend to the teen father; data shows that teen fathers are less likely to graduate from high school, have a harder time finding a job, and are more likely to contract a sexually transmitted infection (STI). It is important to impress upon young men the level of importance their involvement is in promoting sexual health and decisions about contraception. Involvement in these processes has increased the effective use of pregnancy and STI prevention. Many of Polk County's community groups have begun to focus on engaging young men and fathers in conversations about pregnancy to improve birth outcomes for both mother and baby.

Source: CDC, 2018-2020

Pregnancy-Related Outcomes

Pregnancy-related health outcomes are influenced by a woman's health along with other factors.

Overweight and Obesity




According to the American College of Obstetricians and Gynecologists, overweight and obese women are at increased risk of several pregnancy complications such as: gestational diabetes, hypertension, preeclampsia, sleep apnea, miscarriage/pregnancy loss, and cesarean delivery. Similarly, babies born to women who are overweight or obese are at increased risk of complications such as: prematurity, stillbirth, congenital birth defects (such as heart defects or neural tube defects), birth injuries, and childhood obesity.

It is recommended that a woman who is at a healthy weight at the time she becomes pregnant only gains 25-35 pounds during her entire pregnancy. This number changes for women who may be overweight or obese at the time of conception. A woman who is overweight at the time of pregnancy is advised to only gain 15-25 pounds for the duration of her pregnancy while a woman who is obese at the time of pregnancy is advised to gain only 11-20 pounds during her entire pregnancy to avoid any health risks.

During the second and third trimesters, a pregnant woman needs only 300 extra calories a day - the average amount of calories found in half of a sandwich with a glass of skim milk or two bowls of oatmeal. It is also recommended that pregnant women continue to be active for at least 30 minutes on most, preferably all, days of the week. Some low impact activities that will help pregnant women maintain a healthy weight include walking or swimming.

Source: ACOG, 2016; CDC, 2019

Figure 137. Pre-conception Health: Mother's Weight

Indicator	Measure	Year(s)	Polk County			Florida Comparison
			Count	Quartile	Rate	
Births to mothers with healthy weight at time pregnancy occurred	Percent of total births	2016-2018	8,528	 2	37.0%	44.4%
Births to overweight mothers at the time pregnancy occurred	Percent of total births	2016-2018	6,199	 3	26.9%	26.6%
Births to obese mothers at the time pregnancy occurred	Percent of total births	2016-2018	7,450	 3	32.3%	25.1%

In Polk, 59.2% of births between the years 2016-2018 were to women who were either overweight or obese at the time pregnancy occurred. There are currently more women who are obese or overweight at the time of pregnancy than there were during the 2015 Community Health Assessment. The percentage of women who are overweight at the time of pregnancy has increased from 25.5% (2011-2013) to 26.9% (2016-2018) and the percentage of women who are obese at the time of pregnancy has increased from 28.0% (2011-2013) to 32.3% (2016-2018).




Source: FDOH Bureau of Vital Statistics

Prenatal Care (PNC)

Prenatal care is ideally initiated during the first trimester of a woman's pregnancy (before the end of the 12th week of pregnancy). Healthy People 2020's goal is for 84.8% of females delivering a live birth to have received prenatal care beginning in the first trimester.

Source: HP2020

Figure 138. Prenatal Care

Indicator	Measure	Year(s)	Polk County			Florida Comparison
			Count	Quartile	Rate	
Births to mothers with 1 st trimester prenatal care	Percent of births with known PNC status	2016-2018	16,092	 3	72.9%	77.4%
Births to mothers with late or no prenatal care	Percent of births with known PNC status	2016-2018	1,577	 3	7.1%	6.7%
Births with adequate prenatal care (Kotelchuck index)	Percent of adequate PNC	2016-2018	14,335	 4	65.6%	70.5%



The state rate for mothers receiving prenatal care during the first trimester is 77.4%, while Polk's rate is 72.9%. Polk County's percentage has declined from 73.4% of women who received 1st trimester prenatal care in 2011-2013. Polk County is in the 4th quartile (least favorable in the state) for women receiving adequate prenatal care.

Source: FDOH Bureau of Vital Statistics

Health Insurance Coverage

Access to health insurance coverage is an important factor in receiving the proper amount of prenatal care, as well as having a successful birth.

Figure 139. Medicaid and Uninsured Births

Indicator	Measure	Year(s)	Polk County			Florida Comparison
			Count	Quartile	Rate	
Births covered by Medicaid	Percent of total births	2016-2018	14,354	 3	61.3%	48.5%
Births with self-pay for delivery payment source (uninsured women)	Percent of total births	2016-2018	1,029	 3	4.4%	6.2%

Polk County has a higher rate of Medicaid births (61.3%) than the State of Florida (48.5%). Additionally, 4.4% of Polk County births are uninsured or self-pay, compared to 6.2% of births in Florida.

Source: FDOH Bureau of Vital Statistics

Tobacco Use

Most people know that smoking can cause cancer and other major health problems. Smoking while pregnant can cause serious health issues for both the mother and the baby. Babies born to mothers who smoke while they are pregnant are at a greater risk of:

- being born too small (smoking effects a baby's growth rate)
- premature birth
- damage to a baby's developing brain and lungs
- birth defects, including cleft lip and cleft palate
- death from SIDS
- abnormal bleeding during childbirth (doubling the mother's risk)

The best time to quit smoking is before becoming pregnant, however, quitting at any time during pregnancy can improve a baby's start in life. After just one day of quitting, babies are able to get more oxygen, have more energy, and begin to grow better. The baby is also less likely to be born early, while the mother will be less likely to develop heart disease, stroke, lung cancer, and other lung diseases.

It has been stated by some sources that e-cigarettes are safer than regular cigarettes or that they can help someone to quit smoking. There is not currently enough evidence to know whether or not e-cigarettes can help people quit smoking. However, quitting all tobacco products including e-cigarettes is the best option for both mother and baby.

Source: CDC, 2019

Figure 140. Tobacco Use and Pregnancy

Indicator	Measure	Year(s)	Polk County			Florida Comparison
			Count	Quartile	Rate	
Births to mothers who report smoking during pregnancy	Percent of total births	2016-2018	1,504	2	6.4%	4.8%
Females >17 who are current smokers	Percent of females >17	2016		2	14.4%	13.3%

In Polk County, 6.4% (2016-2018) of mothers admit to smoking during their pregnancy. While this number is still greater than the state rate (4.8%), it is an improvement from the 9.3% (2011-2013) of mothers who reported smoking during pregnancy at the time of the 2015 Community Health Assessment.

Source: FDOH Bureau of Vital Statistics; FL BRFSS

Family Planning and Birth Spacing

Birth spacing, sometimes called the interpregnancy interval, refers to the amount of time between the birth of one child and until the conception of the next pregnancy. The CDC recommends that births be spaced no less than 18 months apart. An interpregnancy interval of less than 18 months is associated with delayed prenatal care and an increased risk of poor birth outcomes, including preterm birth, low birthweight, and neonatal death (death within the first 28 days of life). In addition, these poor birth outcomes are often associated with ongoing health problems including developmental delay, asthma, poor vision, and hearing loss.

Source: CDC, 2019; March of Dimes, 2017

Figure 141. Inter-pregnancy Interval Less Than 18 Months

Indicator	Measure	Year(s)	Polk County			Florida Comparison
			Count	Quartile	Rate	
Births with inter-pregnancy interval <18 months	Percent of total births	2016-2018	5,730	3	38.2%	34.7%

In Polk County, 38.2% of births occur in less than 18 months after the birth of a previous child, while only 34.7% of Florida births have an interpregnancy interval shorter than 18 months.

Source: FDOH Bureau of Vital Statistics






Infant Health

Birth-Related Outcomes

Birth outcomes are a category of measures that describe health at birth. These outcomes, such as low birthweight (LBW), premature birth, and mortality rates serve as predictors of future child health. Premature birth, or preterm birth, is when a baby is born too early or before 37 weeks gestation. A developing baby goes through many important changes throughout pregnancy, including in the final weeks and days of the pregnancy. For example, the brain, lungs, and liver all need the final weeks of pregnancy to fully develop. Babies that are born too early, especially those born before 32 weeks, are at a greater risk for death and disability. Those babies that do survive a preterm birth may have breathing problems, feeding problems, cerebral palsy, developmental delay, vision problems, and/or hearing problems. In addition to these issues, preterm births often take an emotional and financial toll on families due to the extensive medical care needed. Babies born under 2500 grams are classified as Low Birth Weight (LBW), while those born under 1500 grams are classified as Very Low Birth Weight (VLBW).

Source: CDC, 2019


Figure 142. Birth Outcomes

Indicator	Measure	Year(s)	Polk County			Florida Comparison
			Count	Quartile	Rate	
Live births under 1500 grams (Very Low Birth Weight)	Percent of total births	2016-2018	371	 3	1.6%	1.6%
Live births under 2500 grams (Low Birth Weight)	Percent of total births	2016-2018	2,013	 2	8.6%	8.7%
Preterm births (births <37 weeks gestation)	Percent of total births	2016-2018	2,389	 2	10.2%	10.2%
Preterm births with Low Birth Weight	Percent of total births	2016-2018	1,423	 3	6.1%	6.0%
Multiple births (twins, triples, or more)	Percent of total births	2016-2018	716	 2	3.0%	3.3%

The percentage of preterm births in Polk County is equal to that of the state (10.2%). The percent in Polk County born at a Very Low Birth Weight is also equal to that of the state (1.6%). Polk County babies that are born at a Low Birth Weight (8.6%) is similar to the percent of babies born at a Low Birth Weight in the state (8.7%).

Source: FDOH Bureau of Vital Statistics

Figure 143. Infants in Foster Care

Indicator	Measure	Year(s)	Polk County			Florida Comparison
			Count	Quartile	Rate	
Infants in foster care	Per 100,000 population under 1	2016-2018	248	 2	1,066.6	1,065.7

For numerous reasons, babies may need to enter into the child welfare system. Polk County is currently in the 2nd quartile (second most favorable in the state) for the rate of infants in the foster care system (1,066.6 per 100,000) and has a rate similar to the state (1,065.7 per 100,000).

Source: DCF Florida Safe Families Network Data Repository

Birth Outcome Disparities

The life course perspective considers all the events that occur within an individual's life, from the time of conception to the period of current existence, and examines how these events have had an effect on health outcomes within a person's life. When taking this perspective into account, it is even more important to commit resources to alleviating the burdens and stressors of pregnant mothers as these stressors will have an effect on their future child's entire life. Housing, employment, education, and even toxic stress can all have an adverse effect on pregnancy and birth outcomes. As with all social determinants of health, some populations are affected more than others creating a disparity within the lives of the population's infants.

Source: NIH, 2010

Figure 144. Birth Outcome Disparities by Race and Ethnicity in Polk County

Indicator	Measure	Year(s)	Race		Ethnicity	
			Black Rate	White Rate	Hispanic Rate	Non-Hispanic Rate
Total births in Polk County	Count	2018	7,846			
Total births in Polk County by race/ethnicity	Rate	2016-2018	15.0	11.1	15.7	10.7
Births to mothers ages 15-19 (teen births)	Percent of total births	2016-2018	30.7%	24.2%	28.6%	23.9%
Live births to mothers who smoked during pregnancy	Percent of total births	2016-2018	3.9%	7.2%	2.0%	8.1%
Preterm births (<37 weeks gestation)	Percent of total births	2016-2018	13.5%	9.3%	8.9%	10.7%
Live births <1500 grams (Very Low Birth Weight)	Percent of total births	2016-2018	3.1%	1.2%	1.2%	1.7%
Live births <2500 grams (Low Birth Weight)	Percent of total births	2016-2018	14.1%	7.1%	7.2%	9.1%
Births to mothers with 1 st trimester prenatal care	Percent of births with known PNC status	2016-2018	66.1%	75.0%	70.7%	73.8%
Births to mothers with no prenatal care	Percent of births with known PNC status	2016-2018	3.8%	2.4%	2.5%	2.8%

The chart above shows some of the disparities within Polk's population in both pregnancy-related outcomes and birth outcomes that have been discussed throughout this section. These are separated by race and ethnicity. Within the chart, the least favorable disparity has been highlighted in orange. The Black population in Polk has a higher rate of births to mothers ages 15-19 (30.7%), preterm birth (13.5%), and Low Birth Weight babies (14.1%) than the White population. Members of the Hispanic population in Polk are less likely to receive prenatal care during the first trimester (70.7%) than the Non-Hispanic population (73.8%). The White population in Polk is most likely to smoke during pregnancy (7.2%) than the Black population (3.9%).

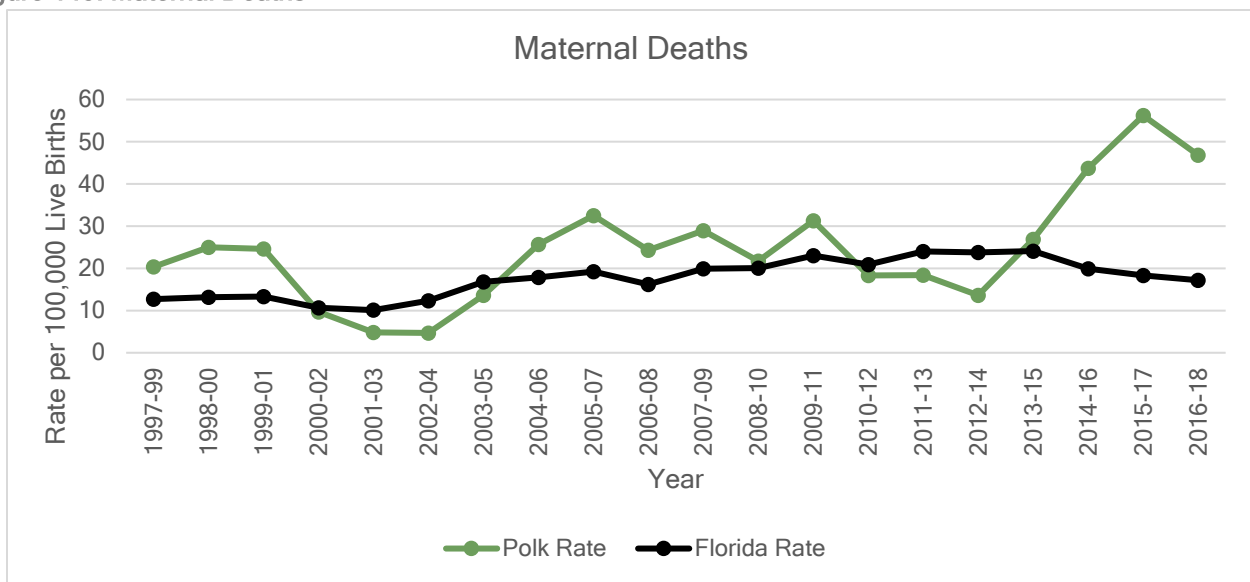
Source: FDOH Bureau of Vital Statistics

Maternal & Infant Mortality

Maternal Mortality

Maternal mortality is defined as the death of a woman during pregnancy, at delivery, or soon after the delivery of a baby. This event is a tragedy for a mother's family and for her newborn infant. Sadly, about 700 women die each year in the United States due to pregnancy-related complications. The Healthy People 2020 goal for maternal death is to reduce the rate of these deaths to 11.4 per 100,000 live births. Unfortunately, the State of Florida currently has a maternal mortality rate of 17.2 per 100,000 live births while Polk County currently has a rate of 46.8 maternal deaths per 100,000 live births.

Figure 145. Maternal Deaths



Polk County currently has a rate of 46.8 maternal deaths per 100,000 live births which is significantly higher than the state rate (17.2 per 100,000 live births). The rate of maternal deaths has increased at a significant rate from 2012-2014.

Source: FDOH Bureau of Vital Statistics

Infant Mortality

Infant mortality is defined as the death of an infant before their first birthday (0-364 days). Within this category, there are two subcategories: neonatal death (death within the first 28 days of life) and post-neonatal death (death within 28-364 days of birth). Infant mortality is often referred to as the "pulse of the community" because it is an important marker for the overall health of a society as well as giving key information about maternal and infant health specifically. The five leading causes of infant death in the United States are birth defects, preterm birth, maternal pregnancy complications, injuries (such as suffocation), and SUIDS (Sudden Unexpected Infant Death Syndrome).

Source: CDC, 2019

Figure 146. Infant Deaths

Indicator	Measure	Year(s)	Polk County			State Comparison
			Count	Quartile	Rate	
Infant Deaths (0-364 days)	Per 1,000 live births	2016-2018	180	3	7.7	6.1
Neonatal Deaths (<28 days)	Per 1,000 live births	2016-2018	106	3	4.5	4.1
Post Neonatal Deaths (28-364 days)	Per 1,000 live births	2016-2018	74	4	3.1	2.0

The Healthy People 2020 goal is to reduce the rate of infant deaths to 6.0 infant deaths per 1,000 live births. Polk County is currently in the 3rd quartile (second least favorable in the State of Florida) for infant death and has a rate of 7.7 infant deaths per 1,000 births while the state has a rate of 6.1 infant deaths per 1,000 live births. According to the Circuit 10 Fetal and Infant Mortality Review (FIMR), the leading causes of infant death in Polk County are congenital birth defects, premature birth, and sleep-related deaths.

Source: FDOH Bureau of Vital Statistics; FIMR, 2019; HP2020

Social determinants of health, such as race, ethnicity, education, zip code, etc., have a great impact on birth outcomes. A disparity exists when one population experiences greater adverse effects for a particular health outcome than another population due to these social determinants.

Figure 147. Infant Death Disparities by Race and Ethnicity in Polk County

Indicator	Measure	Year(s)	Race		Ethnicity	
			Black Rate	White Rate	Hispanic Rate	Non-Hispanic Rate
Infant Death Rate	Per 1,000 live births	2016-2018	16.0	5.4	6.0	8.2

The Black infant mortality rate in Polk County (16.0 per 1,000 live births) is almost 3 times as high as the White infant mortality rate (5.4 per 1,000 live births). Non-Hispanics in Polk County have a higher rate of infant mortality (8.2 per 1,000 live births) than Hispanics (6.0 per 1,000 live births).

Source: FDOH Bureau of Vital Statistics

Figure 148. Infant Death Disparity Ratios by Race and Ethnicity in Polk County

Indicator	Measure	Year(s)	Race		Ethnicity	
			Polk Black/White Rate Ratio	Florida Black/White Rate Ratio	Polk Hispanic/Non-Hispanic Rate Ratio	Florida Hispanic/Non-Hispanic Rate Ratio
Infant Death Rate Ratio	Rate Ratio per 1,000 live births	2016-2018	3:1	2.6:1	0.7:1	0.8:1

In Polk County, Black infants are three times more likely to die before their first birthday than White infants (3:1). This disparity ratio is similar to Florida's Black/White Infant Mortality Rate Ratio disparity (2.6:1).

Source: FDOH Bureau of Vital Statistics

Sleep-Related Deaths

Death certificate reviews conducted by the Circuit 10 FIMR revealed that the second leading cause of infant death in Polk County is sleep-related death. Sleep-related deaths occur during an infant's sleep or in an infant's sleep area. These deaths include accidental strangulation, suffocation in bed, or positional asphyxia. Learning about safe sleep for babies is important for all caregivers, including grandparents, relatives, and babysitters, not just for the parents. All caregivers will need to use safe sleep practices in order for the infant to truly be protected.

It is recommended that babies sleep on their backs, not on their stomach, every time that they are laid down to sleep. It is also recommended that babies are put to sleep on a firm crib mattress with a fitted sheet. Any loose bedding, blankets, and crib bumpers should be removed from the crib as these items increase an infants' risk of suffocation. There should be no pillows, stuffed animals, or toys in a baby's crib at any time. Most importantly, babies should have their own crib and sleeping space; babies should not share their bed with their parents, siblings, twin, or pets. It is recommended that parents put the baby's crib in their room for the first 6 months of a baby's life; this is known as room sharing. Breastfeeding an infant significantly reduces the risk of a sleep-related death. Furthermore, never smoke around a baby as smoke increases an infant's risk of dying a sleep-related death.

Source: NIH

Breastfeeding

Breastfeeding is an investment in the health of both mothers and babies, not just a lifestyle decision. Infants who have been breastfed have lower risks of asthma, obesity, type 1 diabetes, severe lower respiratory disease, ear infections, SIDS, and gastrointestinal infections like diarrhea and vomiting. Breastfeeding also reduces an infant's risk of necrotizing enterocolitis (NEC), a leading cause of death in infants born 37 weeks or earlier. Infants living in a smoking household have a greater chance of survival if they are breastfed. In addition to the benefits breastfeeding has for babies, there are also benefits for the mother. Mothers who initiate breastfeeding have a lower risk of high blood pressure, type 2 diabetes, ovarian cancer, and breast cancer. Breastfeeding reduces maternal bleeding after birth and mothers who breastfeed their infants are less likely to abuse their children.

The recommendation of the American Academy of Pediatrics (AAP) and the World Health Organization (WHO) is to exclusively breastfeed infants for the first 6 months of life. An exclusively breastfed infant receives nutrition from the mother's breastmilk **only** and is not supplemented with any other type of food.

Source: AAP, 2019; CDC, 2020; WHO, 2019

The Healthy People 2020 goal is to increase the proportion of infants who are ever breastfed to 81.9%.

Figure 149. Mother Who Initiate Breastfeeding

Indicator	Measure	Year(s)	Polk County			Florida Comparison
			Count	Quartile	Rate	
Mothers who initiate breastfeeding	Percent	2016-2018	19,412	2	82.6%	86.1%

Across the State of Florida, 86.1% of mothers have initiated breastfeeding their infants; meaning they have attempted breastfeeding their infant at least once. The percent of mothers who initiate breastfeeding in Polk County (82.6%) is lower than across the state.

Source: FDOH Bureau of Vital Statistics

CHRONIC DISEASE

Chronic diseases are broadly defined as medical conditions that last for a year or more and require ongoing medical attention and/or limit daily living activities.

About Chronic Disease

Chronic diseases such as heart disease, cancer, and diabetes are the leading causes of death and disability in the U.S. They are also major contributors of the nation's high annual health care costs. Preventing chronic diseases, or managing symptoms when prevention is not possible, can reduce these costs.

Many chronic diseases are caused by certain risk behaviors:

- Tobacco use and exposure to secondhand smoke
- Poor nutrition, including diets low in fruits and vegetables and high in sodium and saturated fats
- Lack of physical activity
- Excessive alcohol use

Making healthy lifestyle choices can reduce the risk of getting a chronic disease:

- Quit smoking
- Eat healthy
- Get regular physical activity
- Avoid drinking too much alcohol
- Get screened
- Get enough sleep
- Know your family history
- Make healthy choices in school, at work, and in the community

Source: CDC, 2019

Figure 150. Chronic Disease Risk and Protective Factors

Indicator	Year(s)	Polk County		Florida Rate	HP2020 Goal
		Quartile	Rate		
Adults who are current smokers	2016	2	16.0%	15.5%	12.0%
Adults who are sedentary	2016	2	32.5%	29.8%	
Adults who are inactive or insufficiently active	2016	3	59.2%	56.7%	
Adults who meet aerobic recommendations	2016	3	41.5%	44.8%	
Adults who meet muscle strengthening recommendations	2016	3	32.4%	38.2%	
Adults who are overweight	2016	1	30.8%	35.8%	
Adults who are obese	2016	4	38.8%	27.4%	30.5%
Adults who are at a healthy weight	2016	3	28.4%	34.5%	33.9%

In general, adults in Polk County have higher rates of chronic disease factors than adults across the State of Florida, including smoking, insufficient physical activity, and obesity.

Source: FL BRFSS

Coronary Heart Disease

Heart disease is the leading cause of death for both men and women in the U.S. High blood pressure, high LDL cholesterol, and smoking are key heart disease risk factors. Several other medical conditions and lifestyle choices can also put people at a higher risk for heart disease, including: diabetes, overweight and obesity, poor diet, physical inactivity, and excessive alcohol use.

Source: CDC, 2017

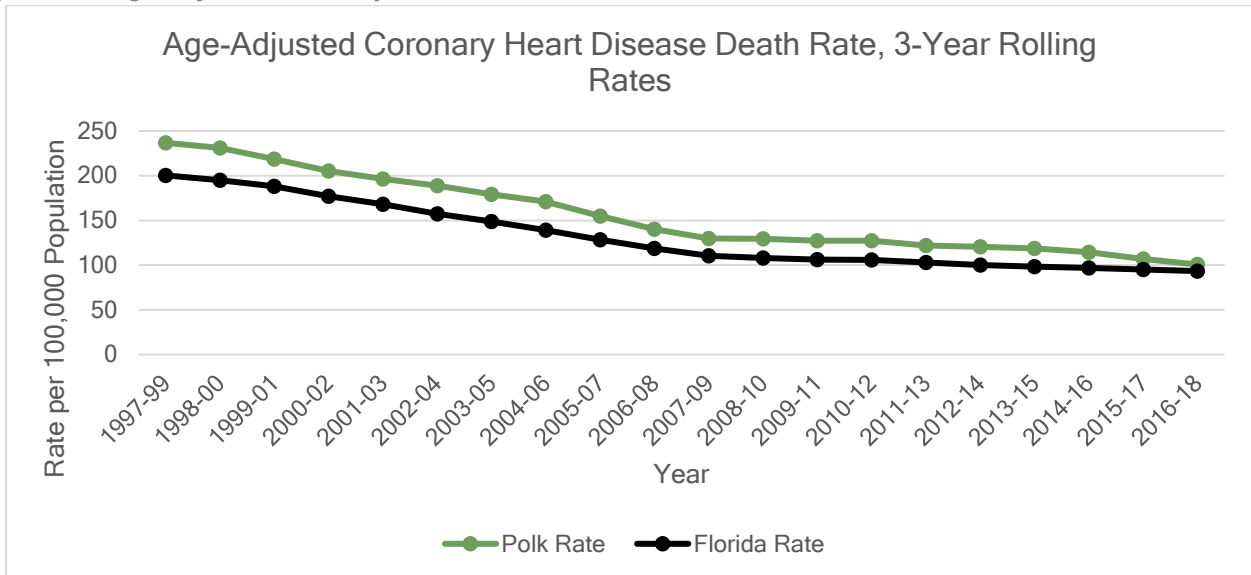
Figure 151. Coronary Heart Disease

Indicator	Measure	Year(s)	Polk County			Florida Rate	HP2020 Goal
			Count	Quartile	Rate		
Adults who have ever been told they had angina or coronary heart disease	Percent	2016		1	4.2%	4.7%	
Age-adjusted death rate	Per 100,000	2016-2018	2,886	3	100.7	93.4	103.4
Age-adjusted hospitalization rate	Per 100,000	2016-2018	10,148	3	380.6	285.6	

Adults in Polk County have higher rates of death (100.7 per 100,000) and hospitalization (380.6 per 100,000) from coronary heart disease than adults across the State of Florida (93.4 per 100,000 and 285.6 per 100,000, respectively).

Sources: AHCA; FDOH Bureau of Vital Statistics; FL BRFSS

Figure 152. Age-Adjusted Coronary Heart Disease Death Rate Over Time



The death rate from coronary heart disease has decreased over time for both Polk County and the State of Florida.

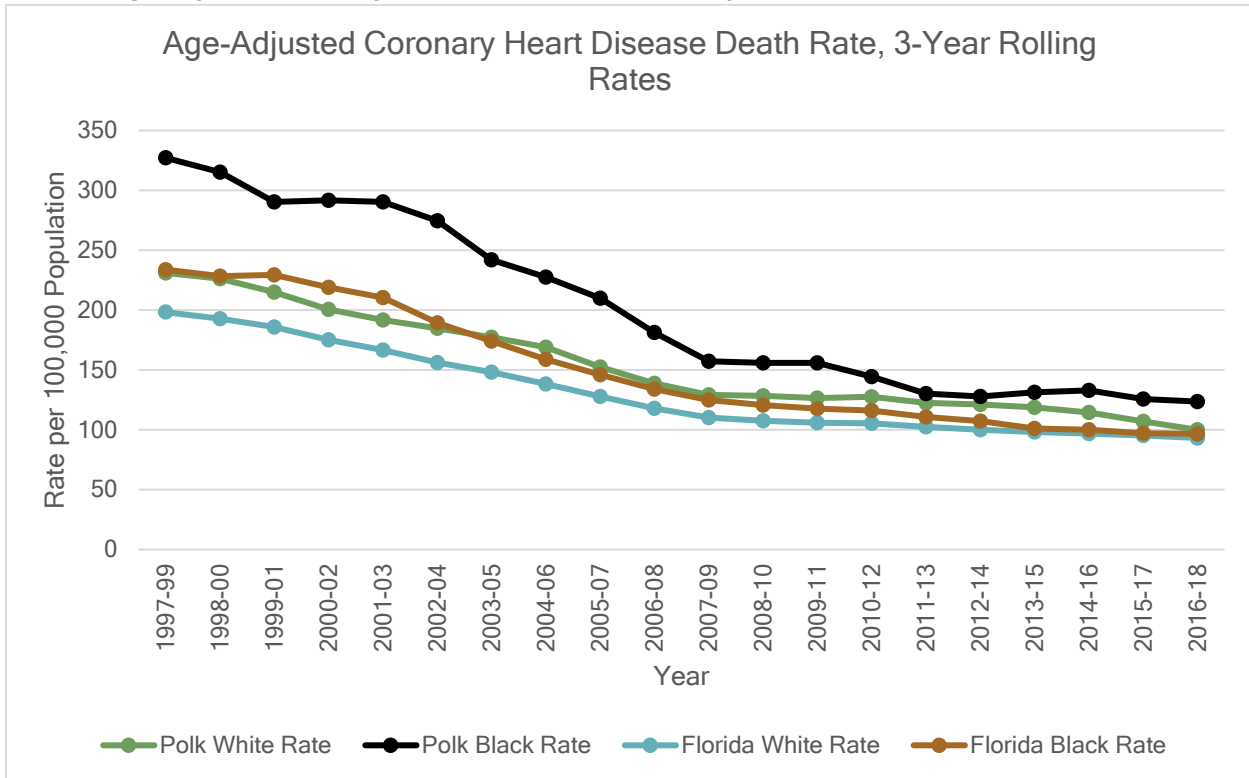
Source: FDOH Bureau of Vital Statistics

Figure 153. Age-Adjusted Coronary Heart Disease Death Rate by Race

Age-Adjusted Coronary Heart Disease Death Rate, 3-Year Rolling Rates per 100,000 Population				
Years	Polk White Rate	Polk Black Rate	Florida White Rate	Florida Black Rate
2016-18	100.0	123.6	93.2	96.7

Source: FDOH Bureau of Vital Statistics

Figure 154. Age-Adjusted Coronary Heart Disease Death Rate by Race Over Time



The rate of death from coronary heart disease in Polk County is higher among the Black population (123.6 per 100,000) than the White population (100.0 per 100,000). Statewide rates are more similar between Blacks (96.7 per 100,000) and Whites (93.2 per 100,000). Historically, the Black population in Polk County has generally had higher rates of death from coronary heart disease than the White population, however the rates have become more similar over time. Rates of death from coronary heart disease among Blacks and Whites have decreased over time in Polk County and statewide.

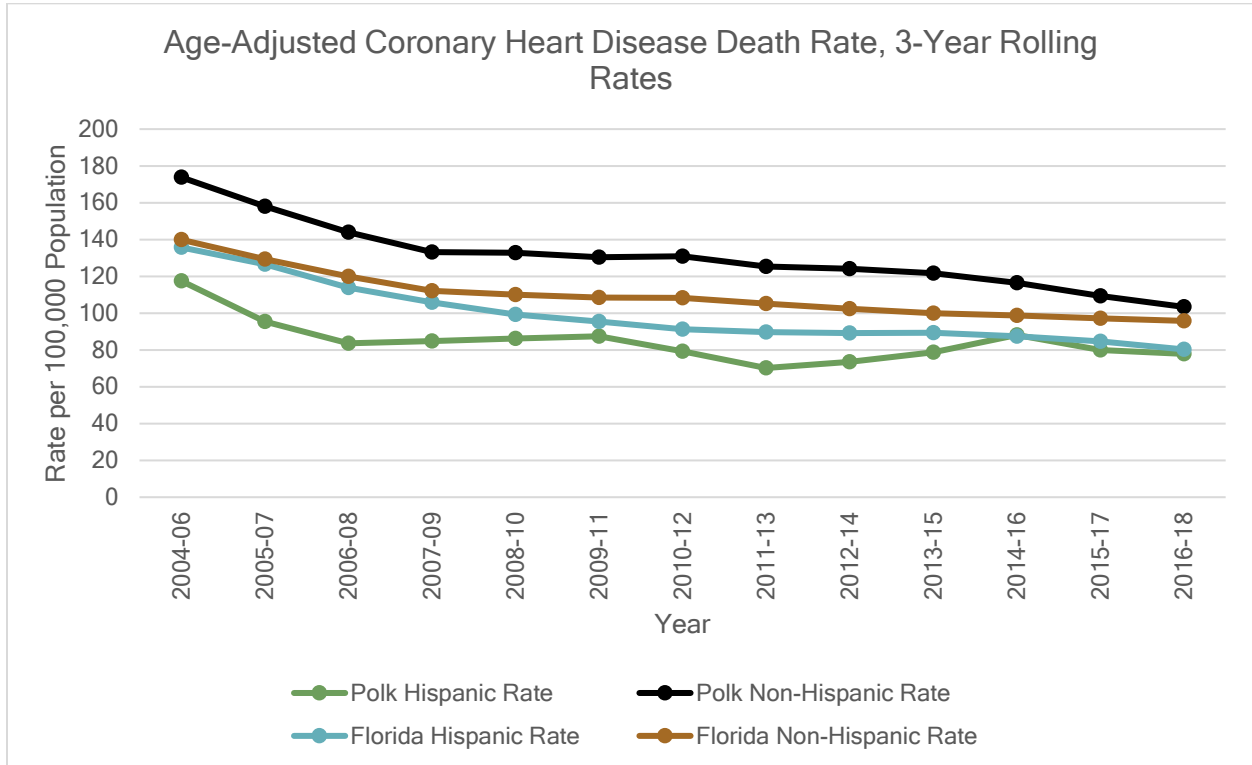
Source: FDOH Bureau of Vital Statistics

Figure 155. Age-Adjusted Coronary Heart Disease Death Rate by Ethnicity

Age-Adjusted Coronary Heart Disease Death Rate, 3-Year Rolling Rates per 100,000 Population				
Years	Polk Hispanic Rate	Polk Non-Hispanic Rate	Florida Hispanic Rate	Florida Non-Hispanic Rate
2016-18	77.8	103.4	80.3	95.8

Source: FDOH Bureau of Vital Statistics

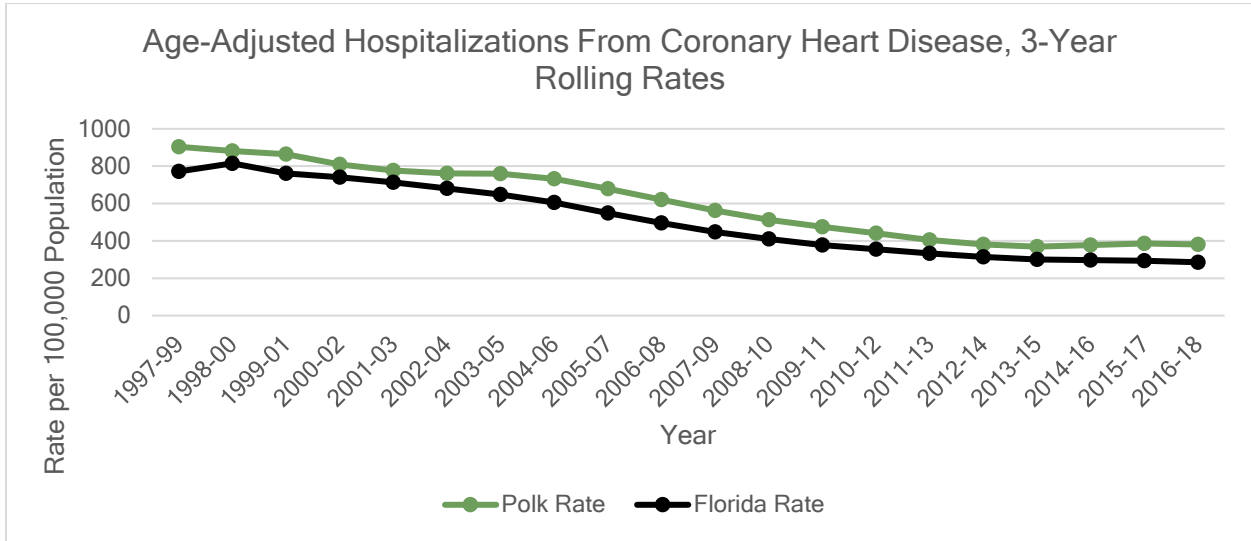
Figure 156. Age-Adjusted Coronary Heart Disease Death Rate by Ethnicity Over Time



The rate of death from coronary heart disease in Polk County is higher among Non-Hispanics (103.4 per 100,000) than Hispanics (77.8 per 100,000); this is a consistent historical trend. A similar trend is seen in statewide rates.

Source: FDOH Bureau of Vital Statistics

Figure 157. Age-Adjusted Coronary Heart Disease Hospitalizations Over Time



Coronary heart disease hospitalizations have decreased over time for both Polk County and the State of Florida, however Polk’s rate remains higher than the statewide rate.

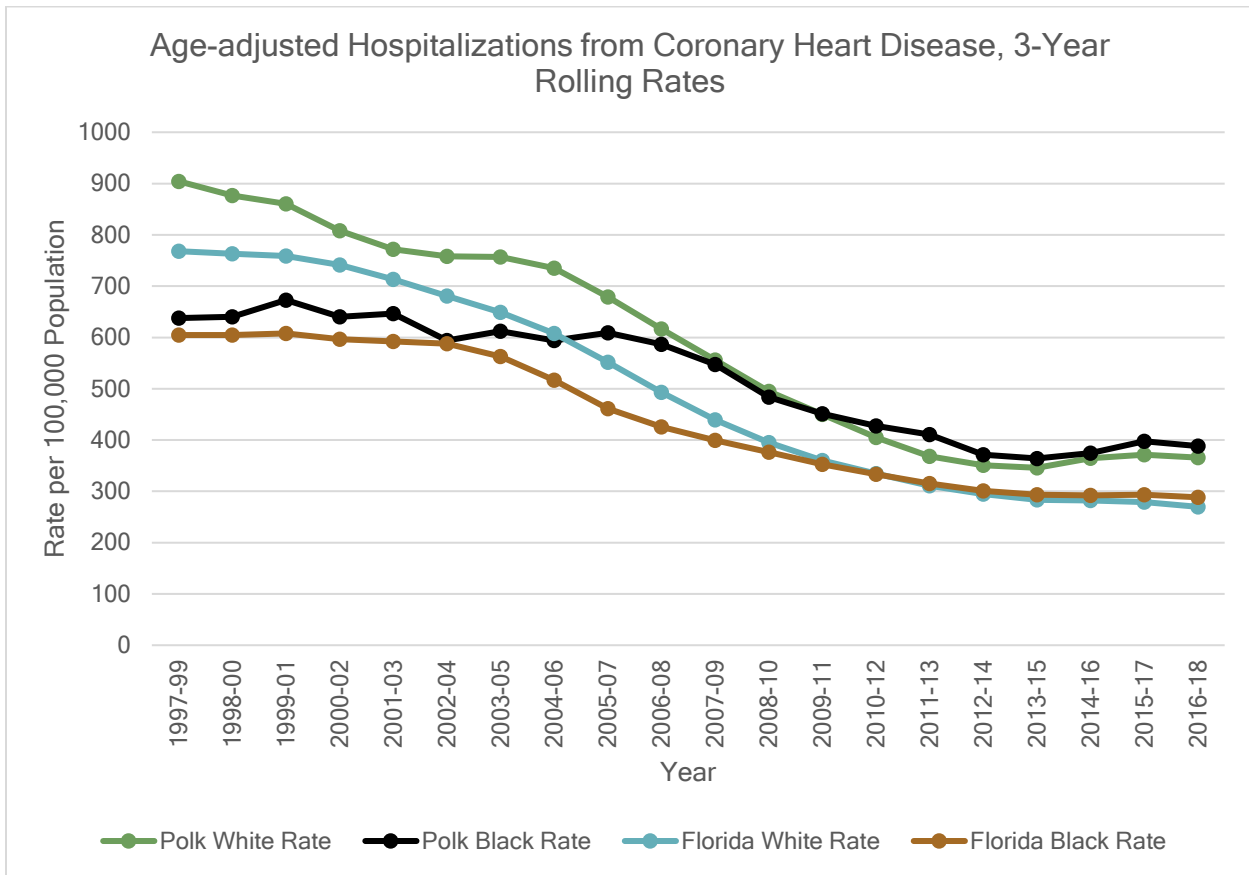
Source: AHCA

Figure 158. Age-Adjusted Coronary Heart Disease Hospitalizations by Race

Age-Adjusted Hospitalizations from Coronary Heart Disease, 3-Year Rolling Rates Per 100,000 Population				
Year	Polk White Rate	Polk Black Rate	Florida White Rate	Florida Black Rate
2016-18	366.0	388.5	269.8	288.4

Source: AHCA

Figure 159. Age-Adjusted Coronary Heart Disease Hospitalizations by Race Over Time



The rate of hospitalizations for coronary heart disease in Polk County is higher among the Black population (388.5 per 100,000) than among the White population (366.0 per 100,000). The rate of hospitalizations from coronary heart disease across the State of Florida is also higher among the Black population (288.4 per 100,000) than the White population (269.8 per 100,000). Rates for both Whites and Blacks have generally decreased over time in both Polk County and across the state.

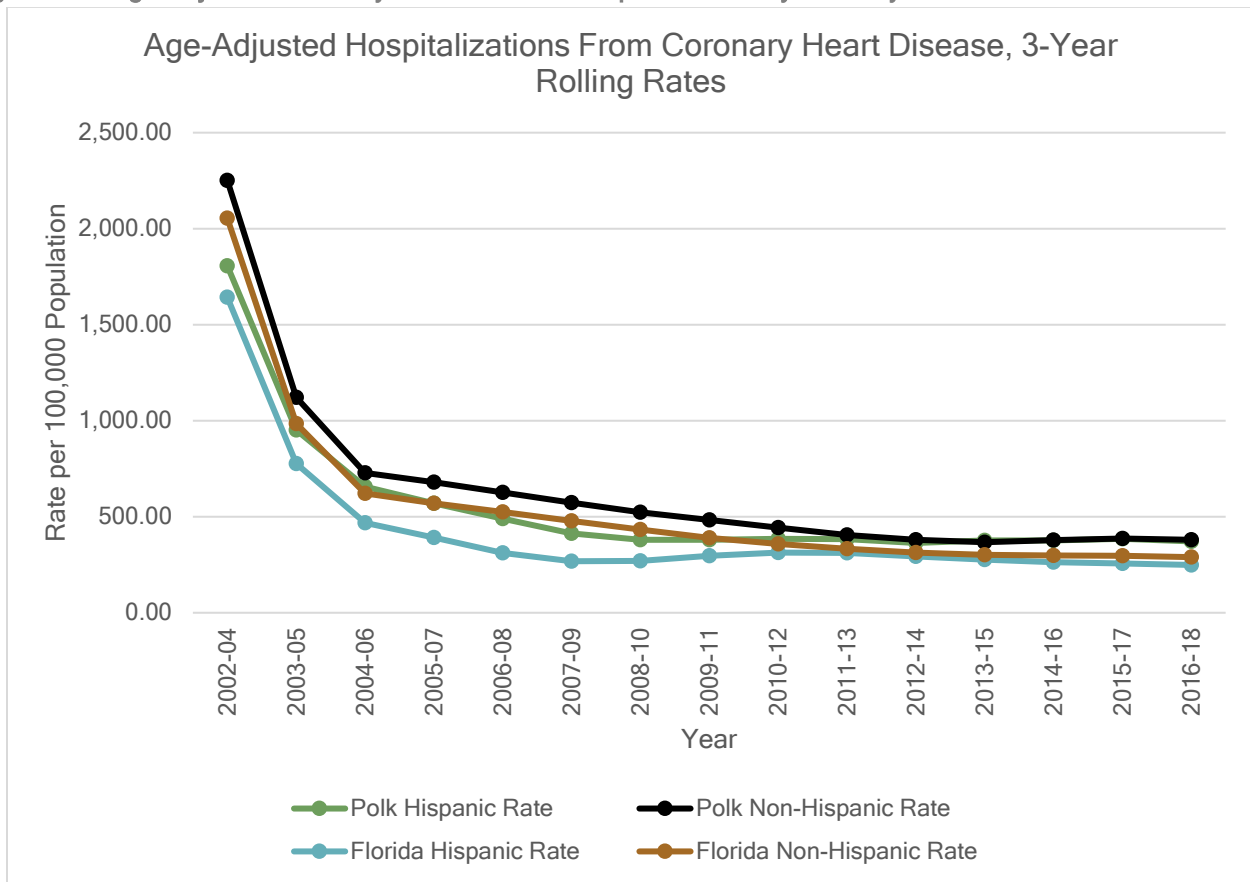
Source: AHCA

Figure 160. Age-Adjusted Coronary Heart Disease Hospitalizations by Ethnicity

Age-Adjusted Hospitalizations from Coronary Heart Disease, 3-Year Rolling Rates per 100,000 Population				
Year	Polk Hispanic Rate	Polk Non-Hispanic Rate	Florida Hispanic Rate	Florida Non-Hispanic Rate
2016-18	372.2	380.7	249.0	289.7

Source: AHCA

Figure 161. Age-Adjusted Coronary Heart Disease Hospitalizations by Ethnicity Over Time



The rate of hospitalizations for coronary heart disease in Polk County is higher among the Non-Hispanic population (380.7 per 100,000) than the Hispanic population (372.2 per 100,000). A similar trend can be seen statewide. Rates of hospitalization for coronary heart disease among Hispanics and Non-Hispanics have decreased over time in Polk County and across the state.

Source: AHCA

Heart Failure

Heart failure happens when the heart cannot pump enough blood and oxygen to support other organs in the body. Heart failure is often caused by hypertension, diabetes, or coronary heart disease. As of 2016, about 5.7 million adults in the U.S. have heart failure. Approximately half of those who develop heart failure will die within 5 years of diagnosis.

Source: CDC, 2019

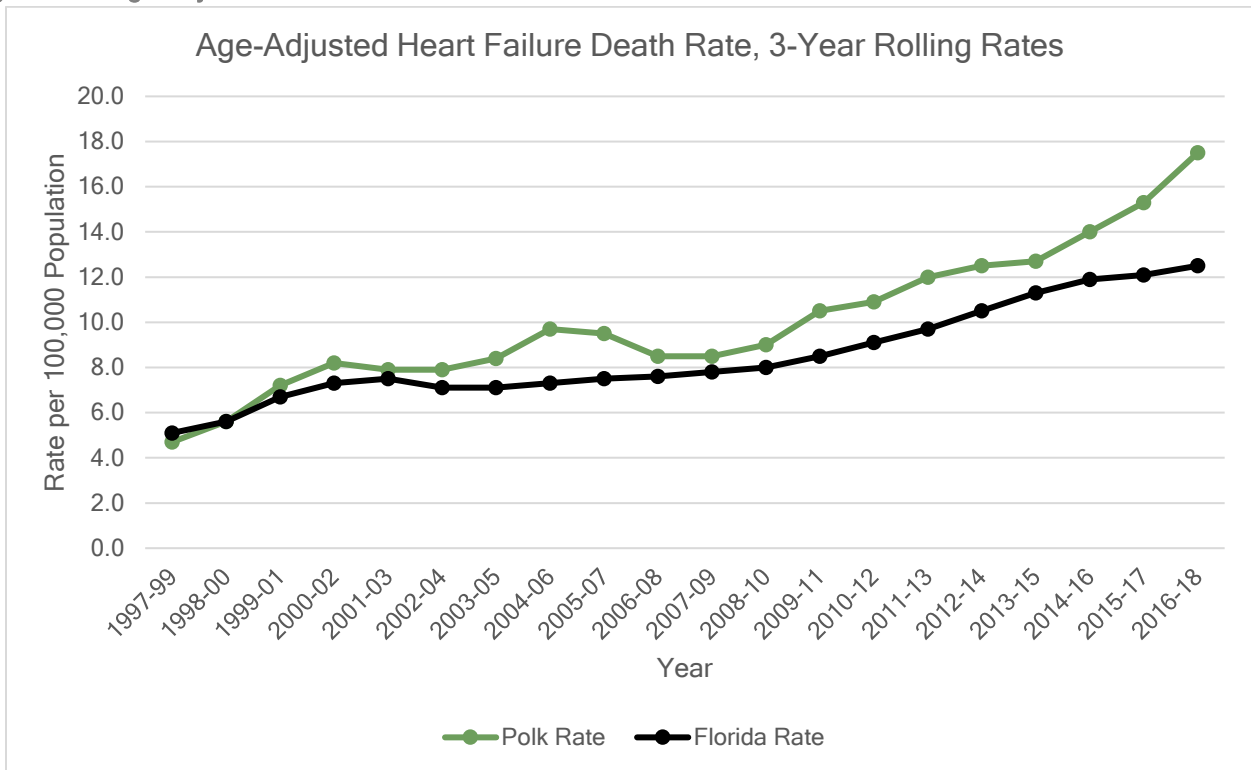
Figure 162. Age-Adjusted Heart Failure Death Rate

Age-Adjusted Heart Failure Death Rate, 3-Year Rolling Rates per 100,000 Population		
Years	Polk Rate	Florida Rate
2016-18	17.5	12.5

Adults in Polk County have a higher rate of death from heart failure (17.5 per 100,000) than adults across the State of Florida (12.5 per 100,000).

Source: FDOH Bureau of Vital Statistics

Figure 163. Age-Adjusted Heart Failure Death Rate Over Time



Rates of death from heart failure have increased over time in both Polk County and the State of Florida. Polk's rate remains higher than the statewide rate.

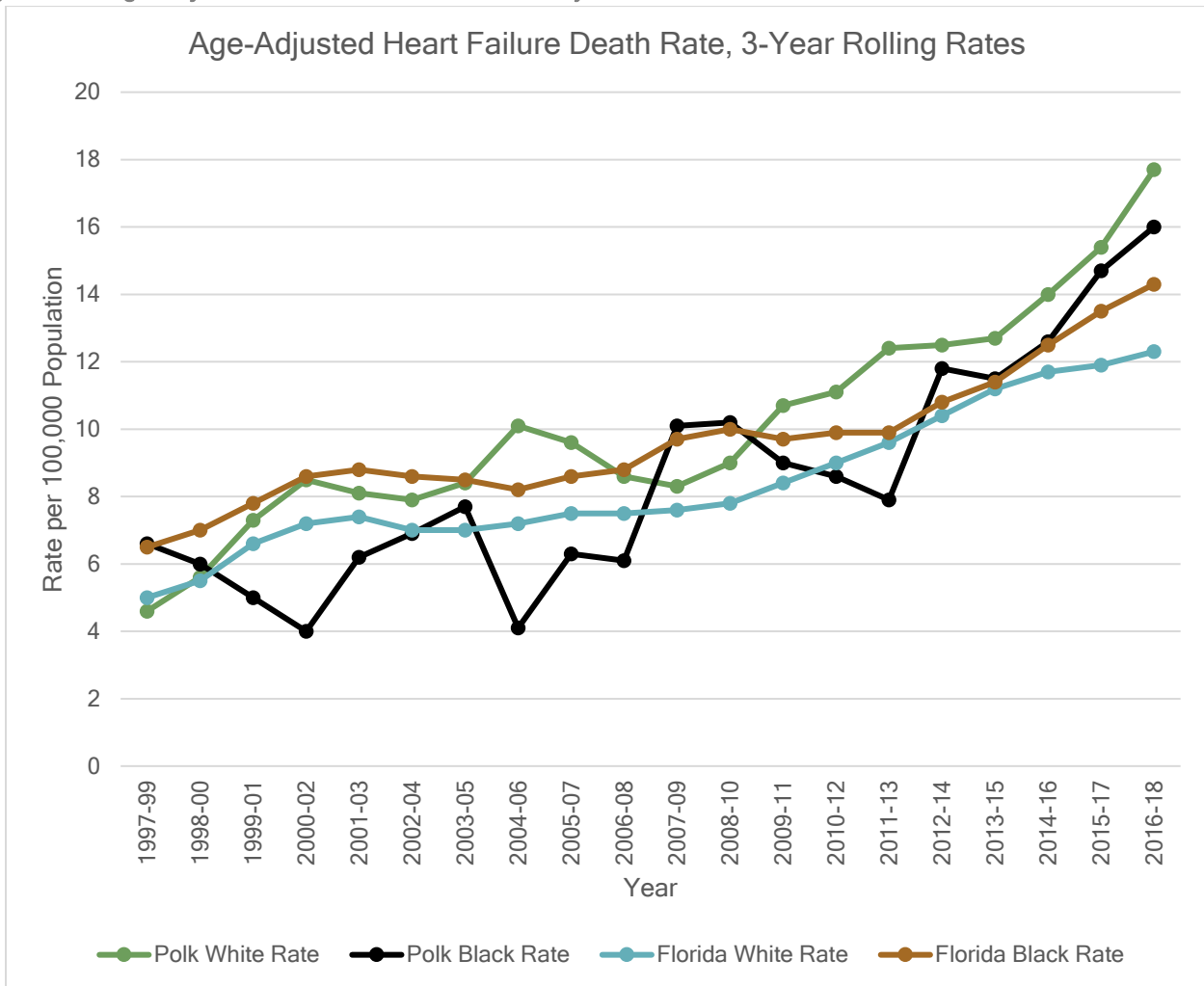
Source: FDOH Bureau of Vital Statistics

Figure 164. Age-Adjusted Heart Failure Death Rate by Race

Age-Adjusted Heart Failure Death Rate, 3-Year Rolling Rates per 100,000 Population				
Years	Polk White Rate	Polk Black Rate	Florida White Rate	Florida Black Rate
2016-18	17.7	16.0	12.3	14.3

Source: FDOH Bureau of Vital Statistics

Figure 165. Age-Adjusted Heart Failure Death Rate by Race Over Time



The rate of death from heart failure in Polk County is higher among the White population (17.7 per 100,000) than the Black population (16.0 per 100,000). Across the State of Florida, the rate of death from heart failure is higher among Blacks (14.3 per 100,000) than Whites (12.3 per 100,000).

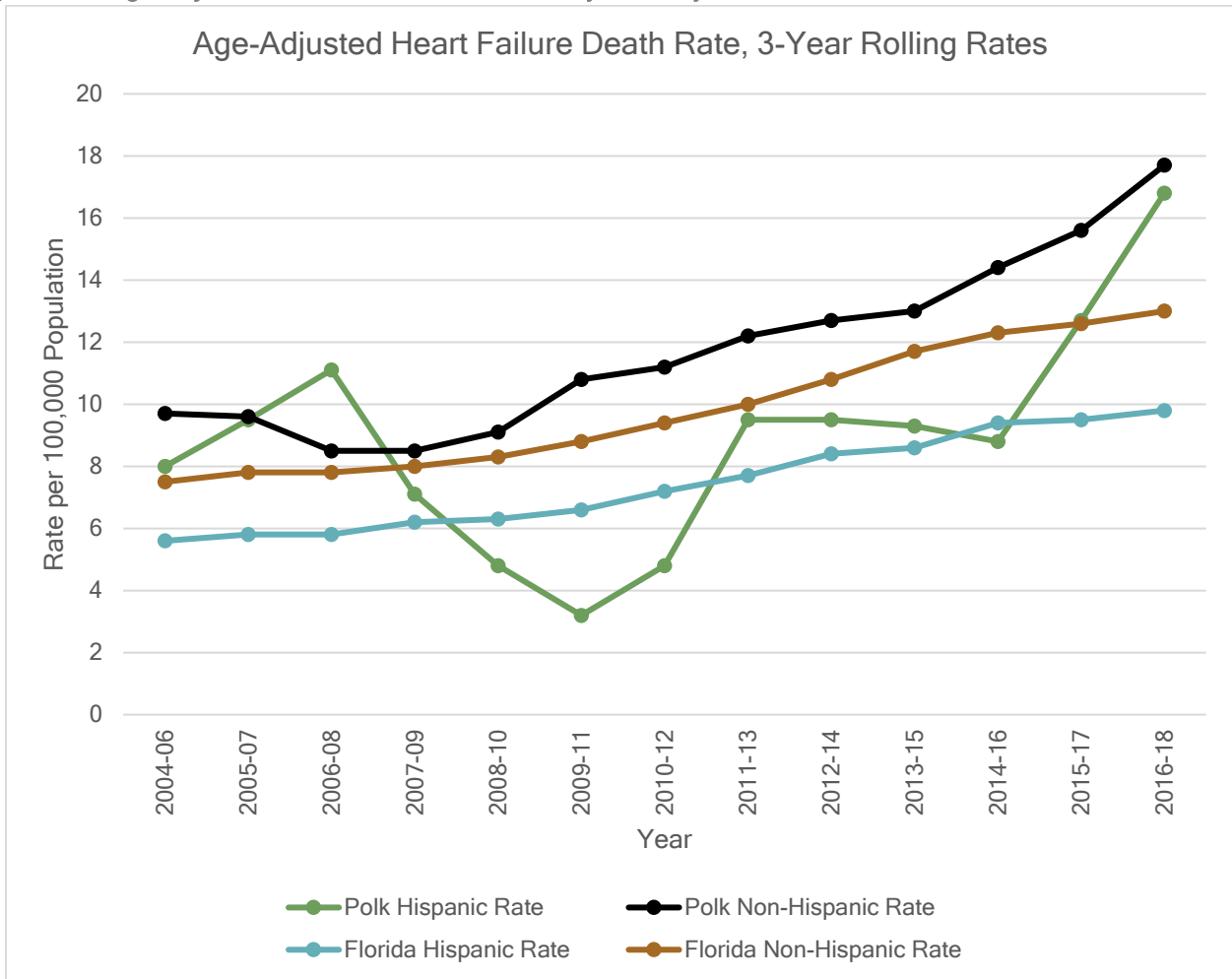
Source: FDOH Bureau of Vital Statistics

Figure 166. Age-Adjusted Heart Failure Death Rate by Ethnicity

Age-Adjusted Heart Failure Death Rate, 3-Year Rolling Rates per 100,000 Population				
Years	Polk Hispanic Rate	Polk Non-Hispanic Rate	Florida Hispanic Rate	Florida Non-Hispanic Rate
2016-18	16.8	17.7	9.8	13.0

Source: FDOH Bureau of Vital Statistics

Figure 167. Age-Adjusted Heart Failure Death Rate by Ethnicity Over Time



The rate of death from heart failure in Polk County is similar among the Hispanic (16.8 per 100,000) and Non-Hispanic (17.7 per 100,000) population. Across the State of Florida, Non-Hispanics have a higher rate of death from heart failure (13.0 per 100,000) than Hispanics (9.8 per 100,000); this has remained a consistent trend over time.

Source: FDOH Bureau of Vital Statistics

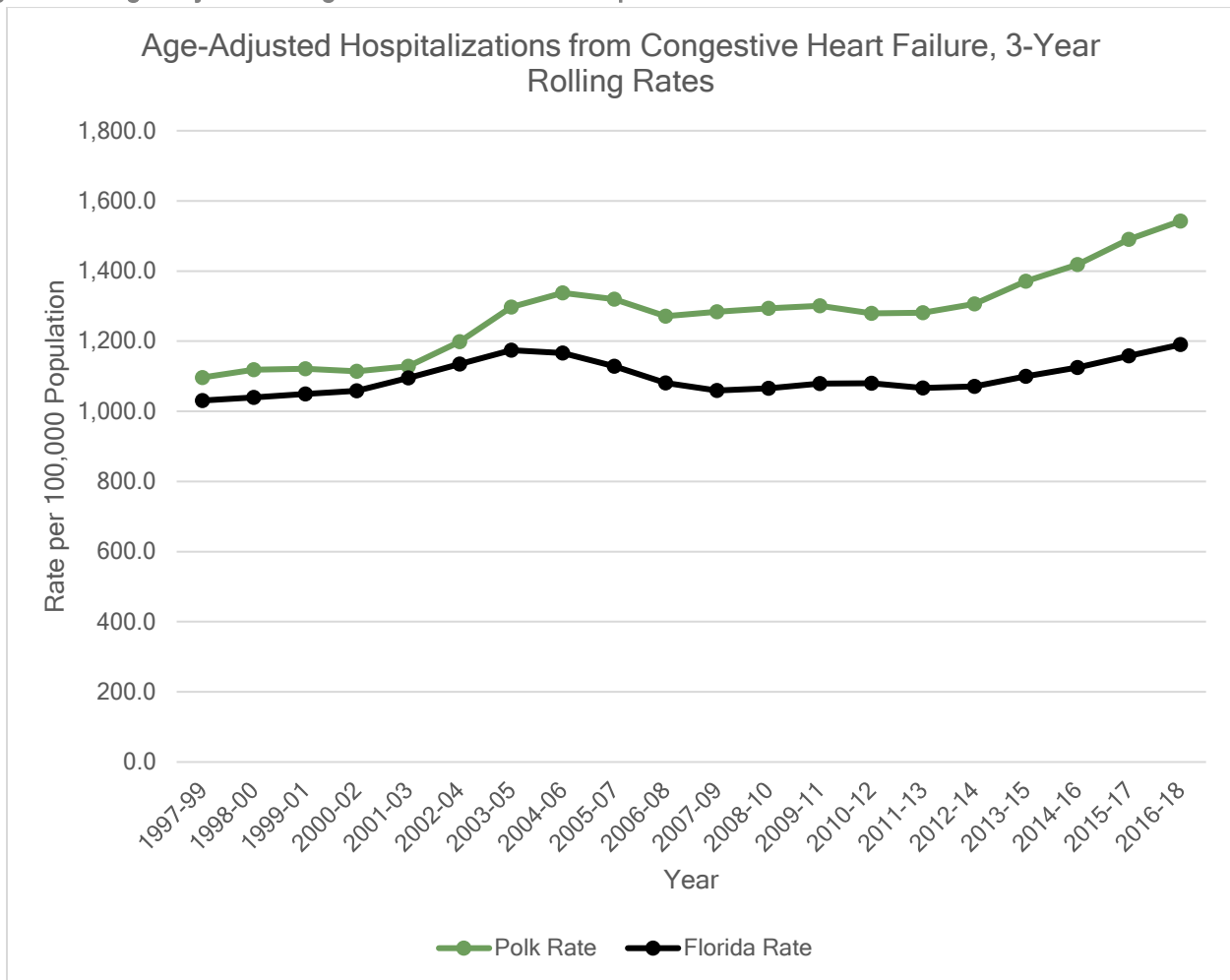
Figure 168. Age-Adjusted Congestive Heart Failure Hospitalizations

Age-Adjusted Hospitalizations from Congestive Heart Failure, 3-Year Rolling Rates per 100,000 Population		
Year	Polk Rate	Florida Rate
2016-18	1,542.40	1,190.00

Adults in Polk County have a higher rate of hospitalizations from congestive heart failure (1,542.40 per 100,000) than adults across the State of Florida (1,190.00 per 100,000).

Source: AHCA

Figure 169. Age-Adjusted Congestive Heart Failure Hospitalizations Over Time



Rates of hospitalizations from heart failure have generally increased over time in both Polk County and Florida. Polk’s rate remains higher than the statewide rate.

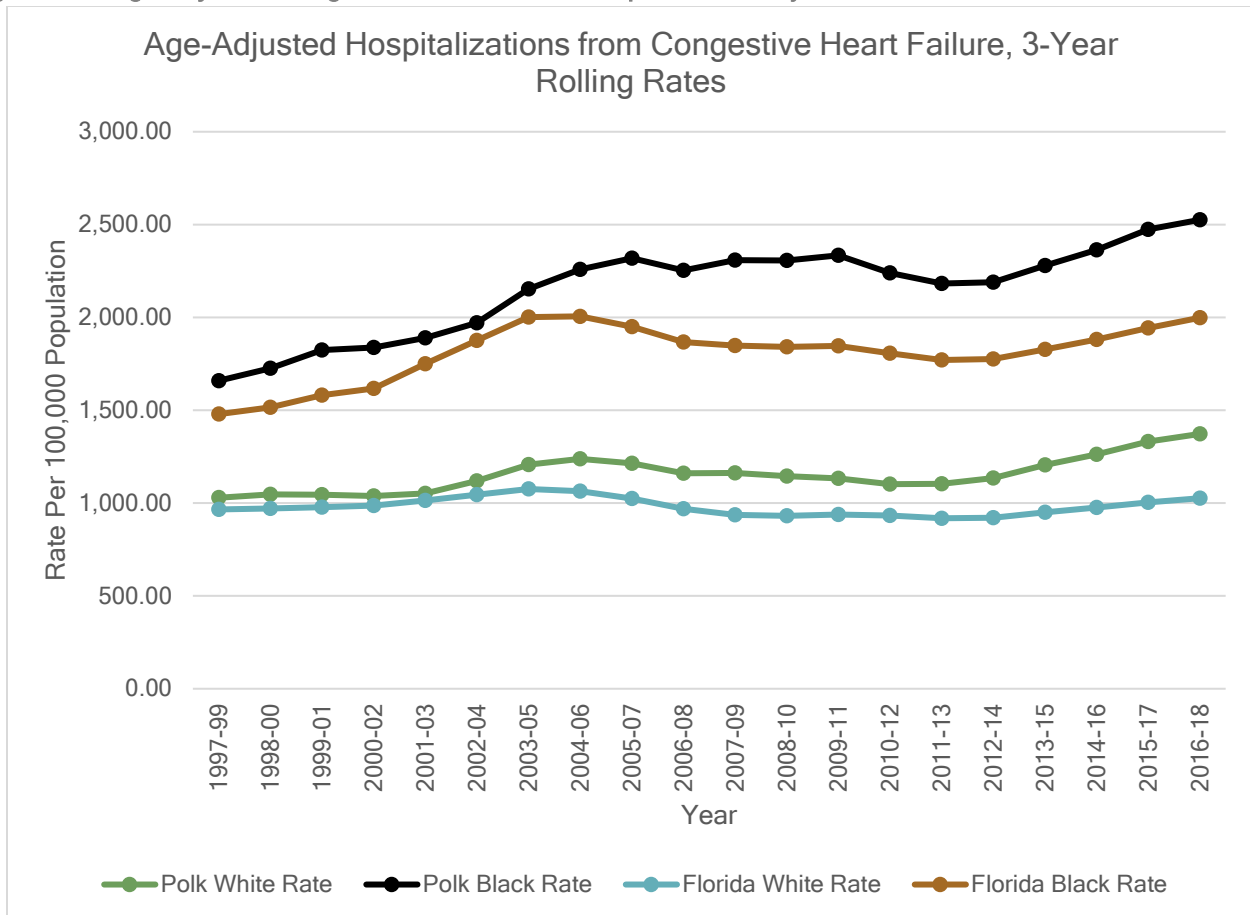
Source: AHCA

Figure 170. Age-Adjusted Congestive Heart Failure Hospitalizations by Race

Age-adjusted Hospitalizations from Congestive Heart Failure, 3-Year Rolling Rates per 100,000 Population				
Year	Polk White Rate	Polk Black Rate	Florida White Rate	Florida Black Rate
2016-18	1,372.4	2,525.7	1,026.7	1,998.5

Source: AHCA

Figure 171. Age-Adjusted Congestive Heart Failure Hospitalizations by Race Over Time



The rate of hospitalizations from heart failure in Polk County is higher among the Black population (2,525.7 per 100,000) than the White population (1,372.4 per 100,000); this trend has remained relatively stable over time. Across the State of Florida, the Black population also has a higher rate of hospitalization from heart failure (1,998.5 per 100,000) than the White population (1,026.7 per 100,000).

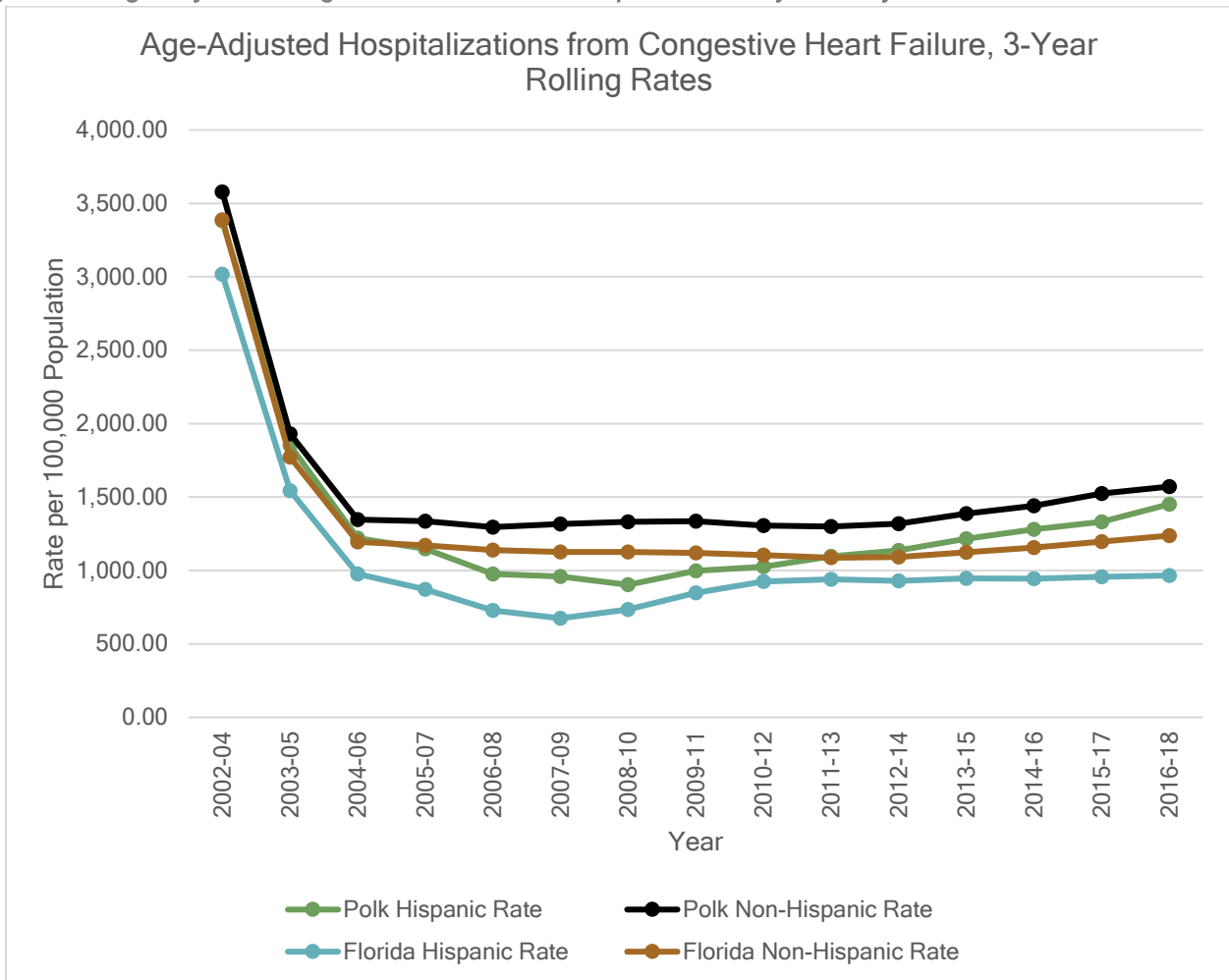
Source: AHCA

Figure 172. Age-Adjusted Congestive Heart Failure Hospitalizations by Ethnicity

Age-Adjusted Hospitalizations from Congestive Heart Failure, 3-Year Rolling Rates per 100,000 Population				
Year	Polk Hispanic Rate	Polk Non-Hispanic Rate	Florida Hispanic Rate	Florida Non-Hispanic Rate
2016-18	1,451.3	1,571.9	964.9	1,236.7

Source: AHCA

Figure 173. Age-Adjusted Congestive Heart Failure Hospitalizations by Ethnicity Over Time



The rate of hospitalizations from heart failure in Polk County is higher among Non-Hispanics (1,571.9 per 100,000) than Hispanics (1,451.3 per 100,000); this is a consistent trend over time. A similar trend can be seen statewide, with Non-Hispanics also having a higher rate of hospitalization from heart failure (1,236.7 per 100,000) than Hispanics (964.9 per 100,000).

Source: AHCA

Diabetes

Diabetes is a chronic health condition that affects how your body turns food into energy. In type 2 diabetes, the body doesn't use insulin well and cannot keep blood sugar at normal levels. About 90% of people with diabetes have type 2. It develops over many years and is usually diagnosed in adults, however it's becoming more common in children, teens, and young adults. Type 2 diabetes can be prevented or delayed with healthy lifestyle changes, such as losing weight, eating healthy food, and being active.

In the U.S., diabetes is the 7th leading cause of death and the number 1 cause of kidney failure, lower-limb amputations, and adult blindness. In the last 20 years, the number of adults diagnosed with diabetes has more than doubled.

Source: CDC, 2019

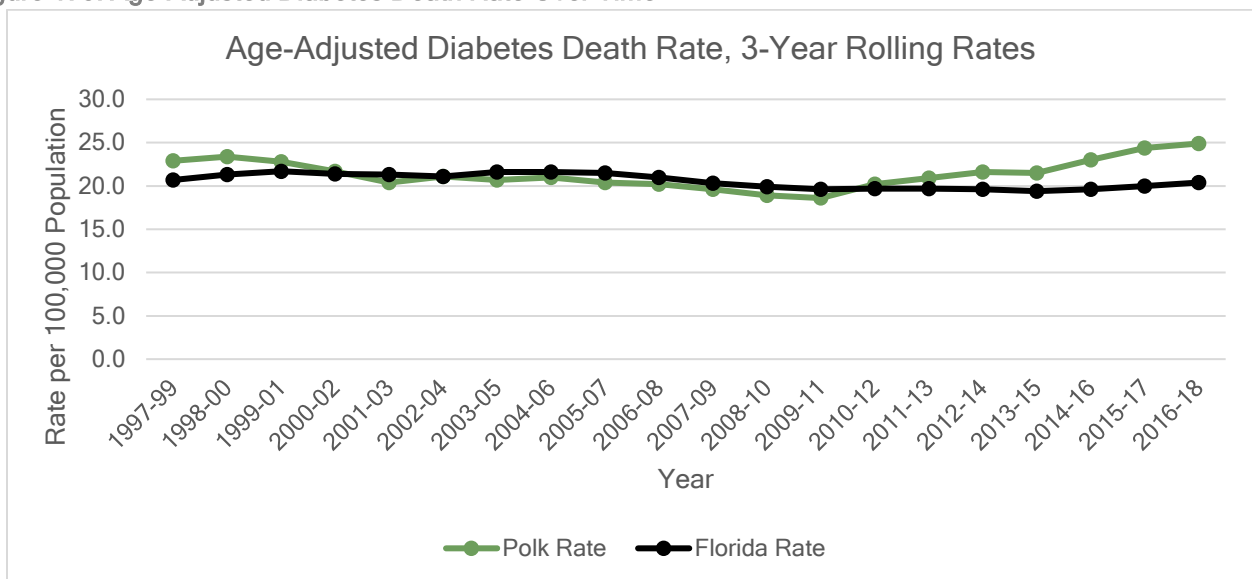
Figure 174. Diabetes

Indicator	Measure	Year(s)	Polk County			Florida Rate	HP 2020 Goal
			Count	Quartile	Rate		
Age-adjusted death rate	Per 100,000	2016-2018	676	2	24.9	20.4	66.6
Age-adjusted hospitalization rate	Per 100,000	2016-2018	85,207	4	3,308.3	2,331.0	
Adults who have ever been told they had diabetes	Percent	2016		2	14.7%	11.8%	

In Polk County, the diabetes death rate (24.9 per 100,000) and rate of hospitalizations from diabetes (3,308.3 per 100,000) are higher than the statewide rates (20.4 per 100,000 and 2,331.0 per 100,000, respectively).

Sources: Florida AHCA; FDOH Bureau of Vital Statistics; FL BRFSS

Figure 175. Age-Adjusted Diabetes Death Rate Over Time



The diabetes death rate has increased over time in Polk County while the statewide rate remains fairly steady.

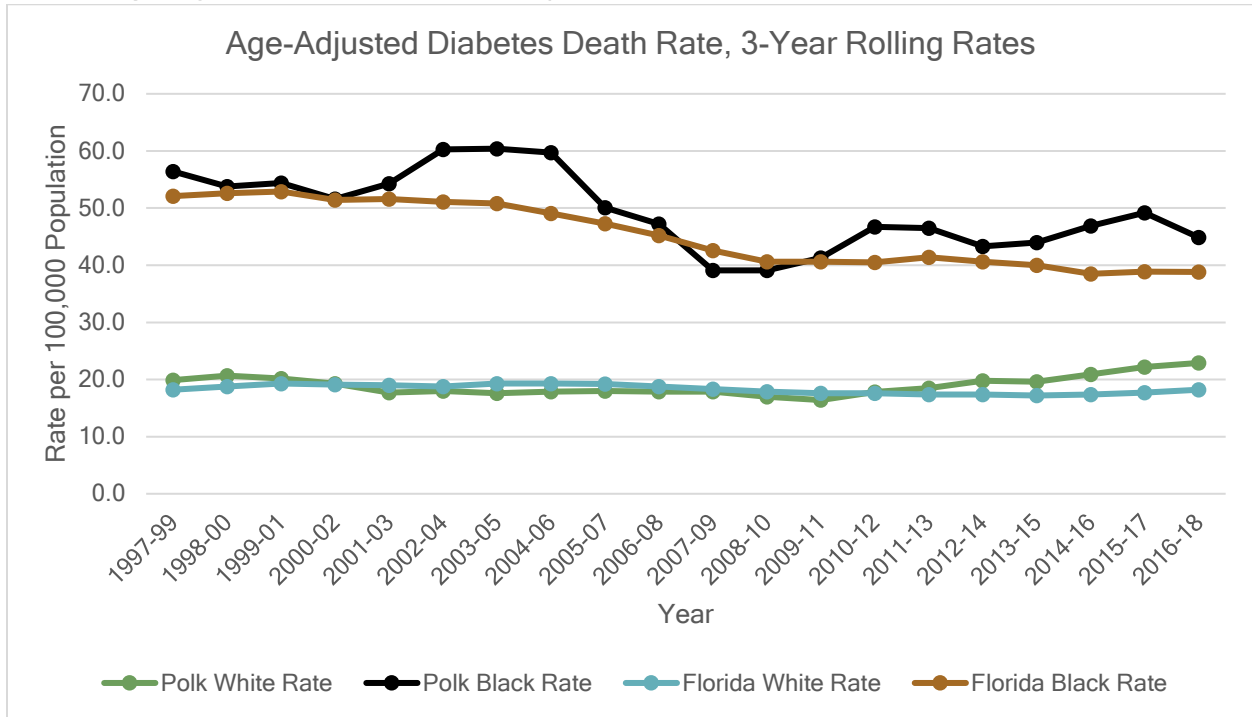
Source: FDOH Bureau of Vital Statistics

Figure 176. Age-Adjusted Diabetes Death Rate by Race

Age-Adjusted Diabetes Death Rate, 3-Year Rolling Rates per 100,000 Population				
Years	Polk White Rate	Polk Black Rate	Florida White Rate	Florida Black Rate
2016-18	22.9	44.9	18.2	38.8

Source: FDOH Bureau of Vital Statistics

Figure 177. Age-Adjusted Diabetes Death Rate by Race Over Time



The death rate from diabetes in Polk County is almost twice as high among Blacks (44.9 per 100,000) than Whites (22.9 per 100,000). The death rate from diabetes among Blacks across the State of Florida (38.8 per 100,000) is more than two times higher than among Whites (18.2 per 100,000). Death rates from diabetes in both Polk County and Florida have historically been higher among the Black population than the White population.

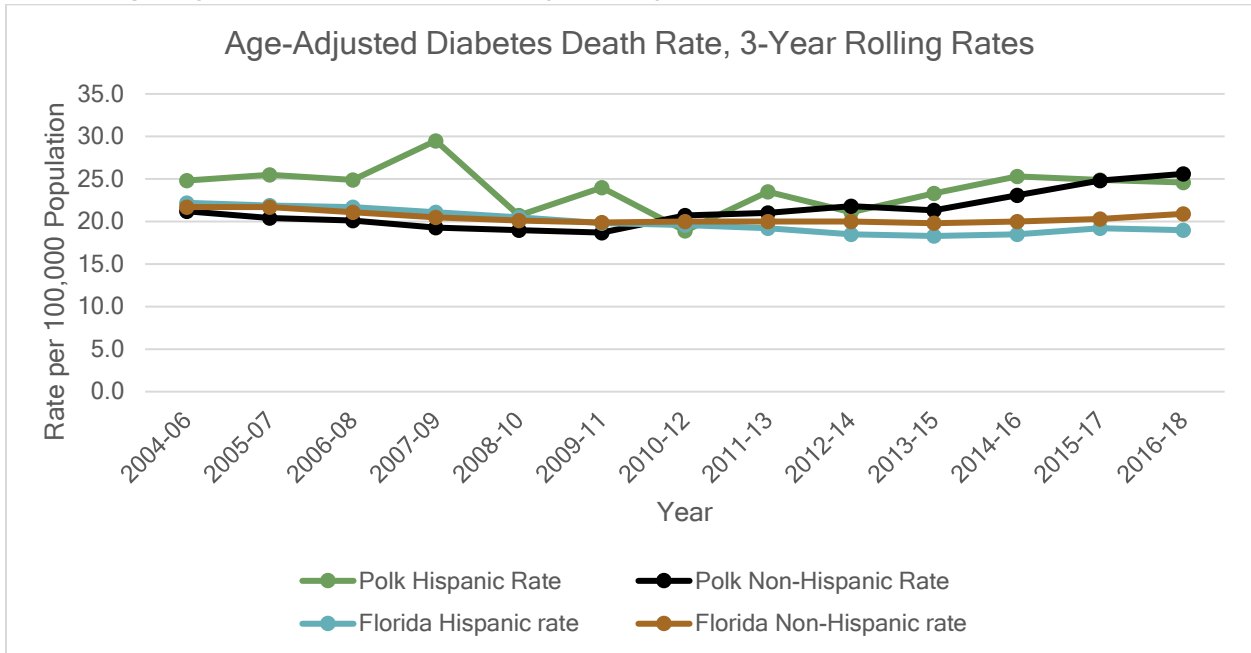
Source: FDOH Bureau of Vital Statistics

Figure 178. Age-Adjusted Diabetes Death Rate by Ethnicity

Age-Adjusted Diabetes Death Rate, 3-Year Rolling Rates per 100,000 Population				
Years	Polk Hispanic Rate	Polk Non-Hispanic Rate	Florida Hispanic Rate	Florida Non-Hispanic Rate
2016-18	24.6	25.6	19.0	20.9

Source: FDOH Bureau of Vital Statistics

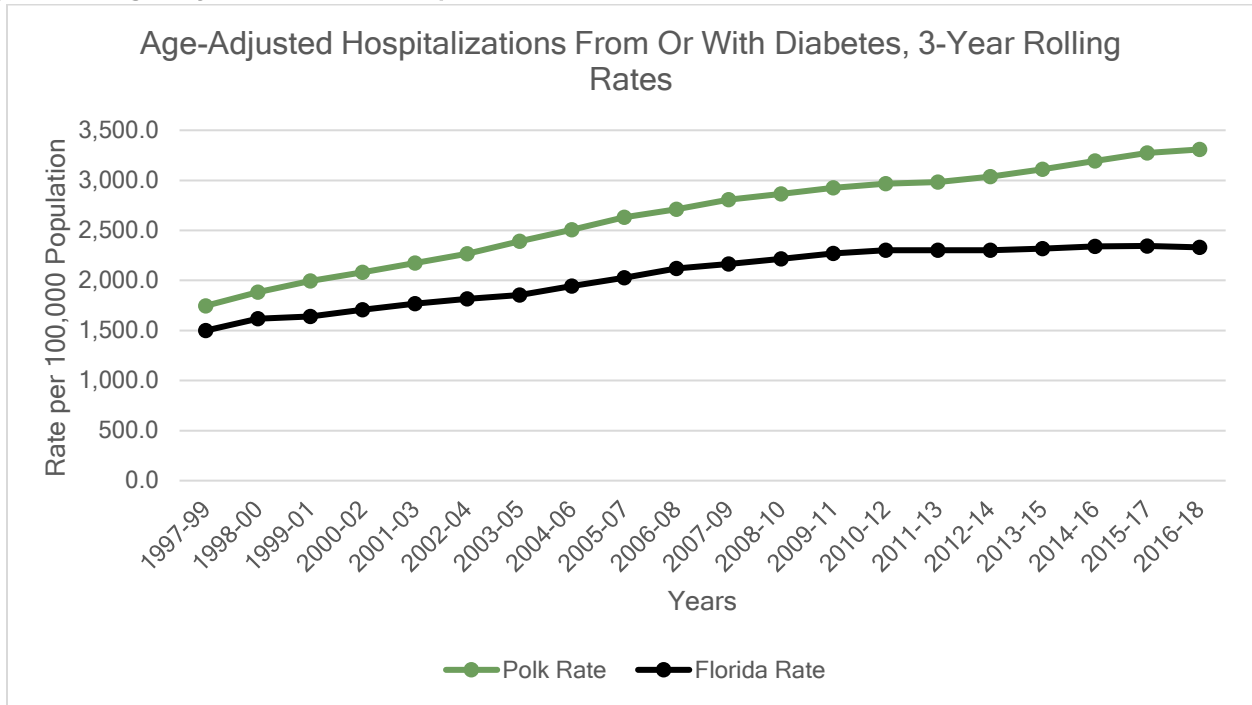
Figure 179. Age-Adjusted Diabetes Death Rate by Ethnicity Over Time



The death rate from diabetes in Polk County is slightly higher among Non-Hispanics (25.6 per 100,000) than Hispanics (24.6 per 100,000). The statewide death rate from diabetes is also slightly higher among Non-Hispanics (20.9 per 100,000) than Hispanics (19.0 per 100,000).

Source: FDOH Bureau of Vital Statistics

Figure 180. Age-Adjusted Diabetes Hospitalizations Over Time



The rate of hospitalizations from or with diabetes has increased over time in Polk County and is higher than the statewide rate.

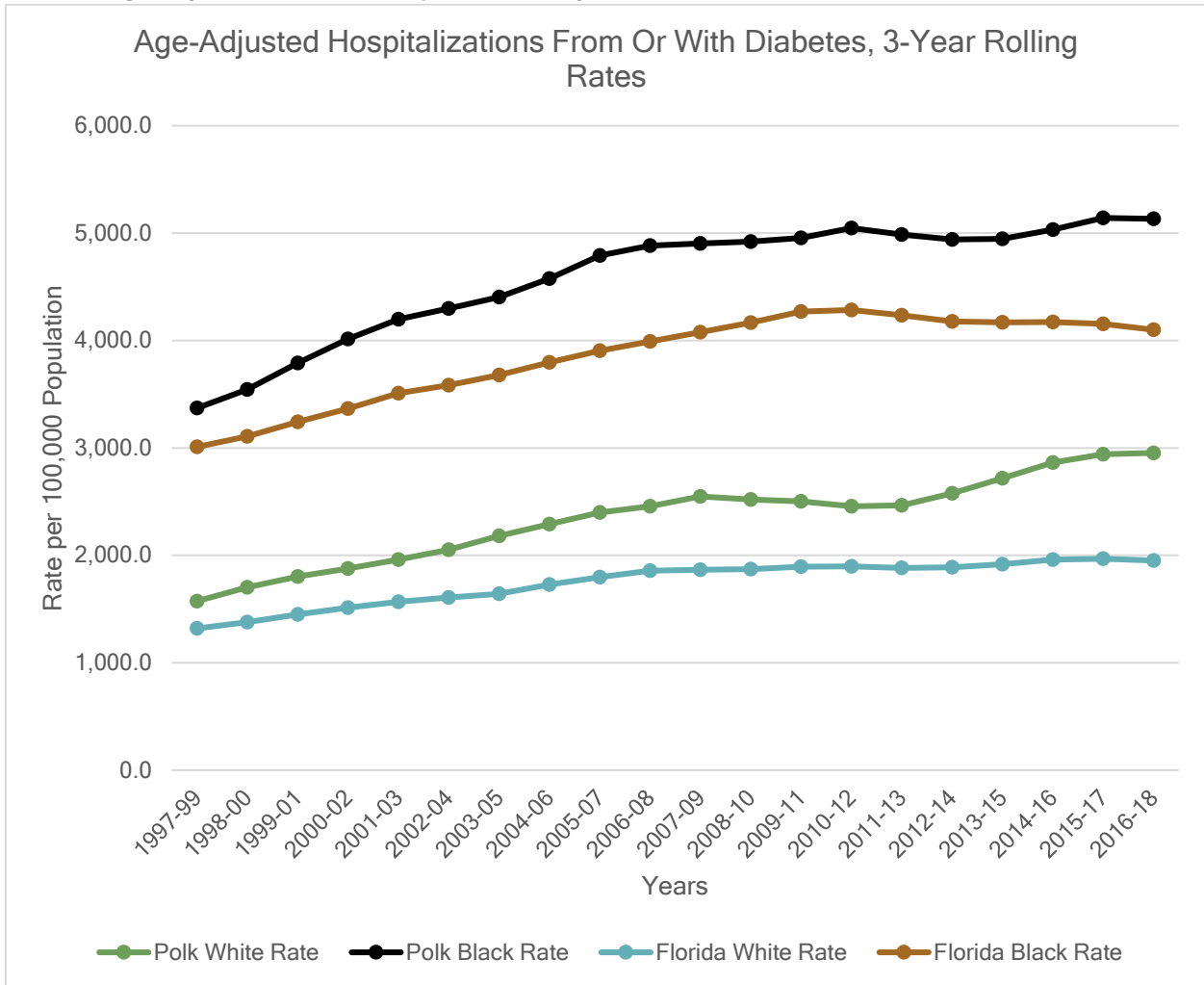
Source: AHCA

Figure 181. Age-Adjusted Diabetes Hospitalizations by Race

Age-Adjusted Hospitalizations from or with Diabetes, 3-Year Rolling Rates per 100,000 Population				
Year	Polk White Rate	Polk Black Rate	Florida White Rate	Florida Black Rate
2016-18	2,953.50	5,133.60	1,951.7	4,099.8

Source: AHCA

Figure 182. Age-Adjusted Diabetes Hospitalizations by Race Over Time



Hospitalization rates from or with diabetes are much higher among the Black population (5,133.60 per 100,000) than the White population (2,953.50 per 100,000) in Polk County and across the State of Florida (4,099.8 per 100,000 and 1,951.7 per 100,000, respectively). Over time, diabetes hospitalization rates have increased in Polk County and Florida among both the Black and White populations.

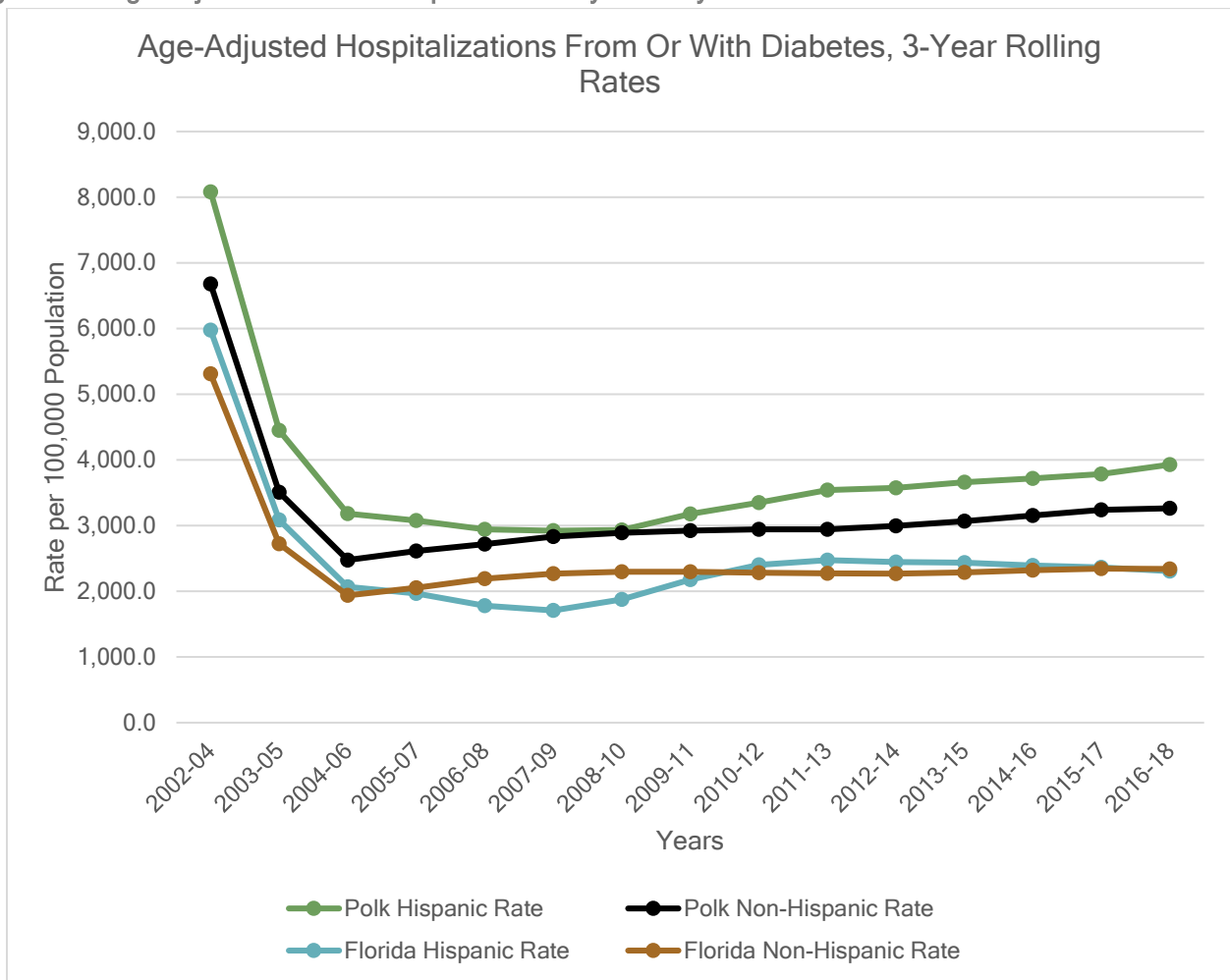
Source: AHCA

Figure 183. Age-Adjusted Diabetes Hospitalizations by Ethnicity

Age-Adjusted Hospitalizations from or with Diabetes, 3-Year Rolling Rates per 100,000 Population				
Year	Polk Hispanic Rate	Polk Non-Hispanic Rate	Florida Hispanic Rate	Florida Non-Hispanic Rate
2016-18	3,928.70	3,261.70	2,307.6	2,341.2

Source: AHCA

Figure 184. Age-Adjusted Diabetes Hospitalizations by Ethnicity Over Time



In Polk County, the Hispanic population has a higher rate of hospitalizations from or with diabetes (3,928.70 per 100,000) than the Non-Hispanic population (3,261.70 per 100,000). Statewide rates for Hispanics (2,307.6 per 100,000) and Non-Hispanics (2,341.2 per 100,000) are more closely aligned and have generally remained so over time.

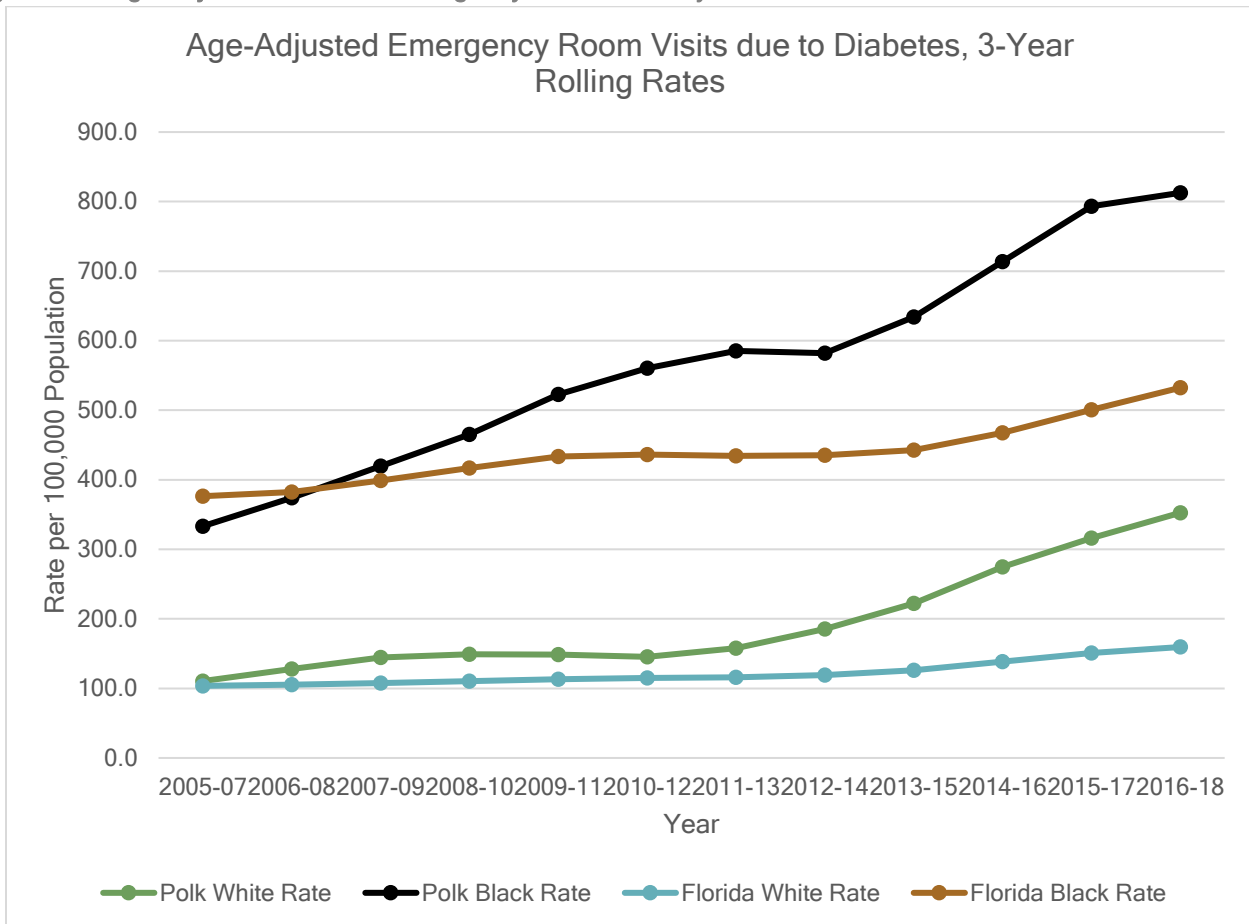
Source: AHCA

Figure 185. Age-Adjusted Diabetes Emergency Room Visits by Race

Age-Adjusted Emergency Room Visits due to Diabetes, 3-Year Rolling Rates Per 100,000 Population				
Year	Polk White Rate	Polk Black Rate	Florida White Rate	Florida Black Rate
2016-18	352.5	812.6	159.5	532.3

Source: AHCA

Figure 186. Age-Adjusted Diabetes Emergency Room Visits by Race Over Time



The rate of emergency room visits due to diabetes is more than twice as high among Blacks in Polk County (812.6 per 100,000) than Whites (352.5 per 100,000). The statewide rates show similar trends, with the rate of emergency room visits due to diabetes among Blacks (532.3 per 100,000) more than three times higher than among Whites (159.5 per 100,000). This suggests that the Black population in both Polk County and across the state of Florida may struggle to control their diabetes and use the emergency room instead of primary care.

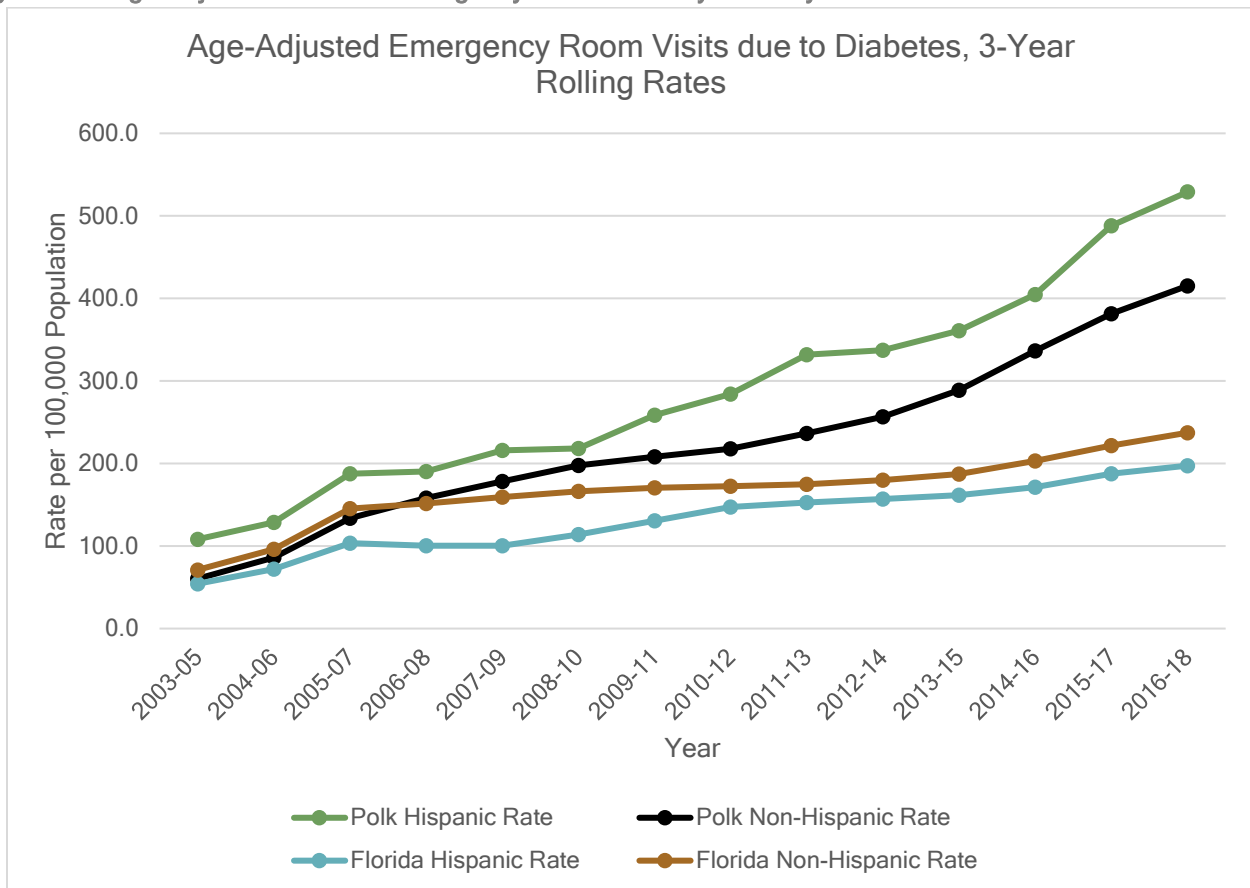
Source: AHCA

Figure 187. Age-Adjusted Diabetes Emergency Room Visits by Ethnicity

Age-Adjusted Emergency Room Visits due to Diabetes, 3-Year Rolling Rates per 100,000 Population				
Year	Polk Hispanic Rate	Polk Non-Hispanic Rate	Florida Hispanic Rate	Florida Non-Hispanic Rate
2016-18	529.0	415.3	197.4	237.3

Source: AHCA

Figure 188. Age-Adjusted Diabetes Emergency Room Visits by Ethnicity Over Time



The rate of emergency room visits due to diabetes in Polk County is higher among Hispanics (529.0 per 100,000) than Non-Hispanics (415.3 per 100,000). Conversely, the rate of emergency room visits due to diabetes is slightly higher among the Non-Hispanic population (237.3 per 100,000) than the Hispanic population (197.4 per 100,000) across the State of Florida. Historically, the rate of emergency room visits due to diabetes in Polk County is higher among Hispanics than Non-Hispanics, while the rate of emergency room visits due to diabetes across the State of Florida is generally higher among Non-Hispanics.

Source: AHCA

Stroke

A stroke occurs when something blocks blood supply to part of the brain, or when a blood vessel in the brain bursts, causing part of the brain to become damaged or die. A stroke can cause lasting brain damage, long-term disability, or even death. Stroke is the 5th leading cause of death in the U.S. and a major cause of serious disability for adults. Strokes can be prevented through healthy lifestyle choices, controlling blood pressure and cholesterol, and avoiding smoking.

Source: CDC, 2019

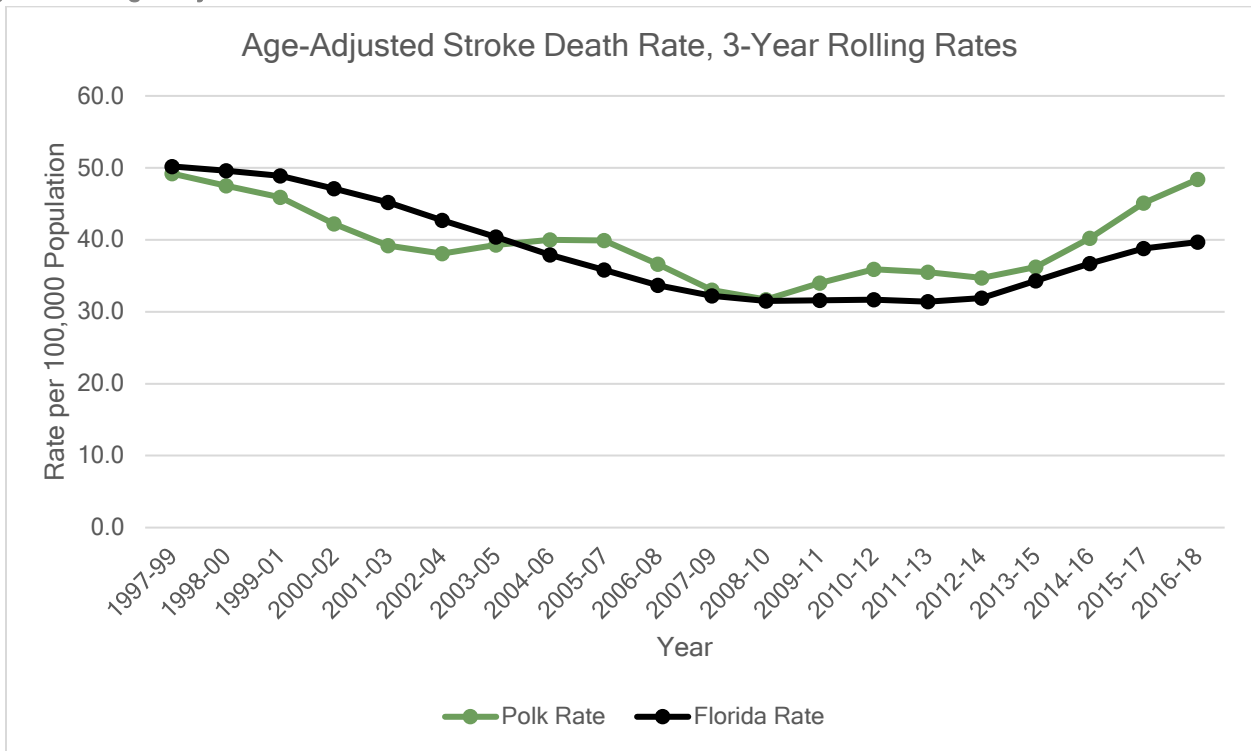
Figure 189. Stroke

Indicator	Measure	Year(s)	Polk County			Florida Rate	HP 2020 Goal
			Count	Quartile	Rate		
Adults who have ever been told they had a stroke	Percent	2016		3	5.8%	3.5%	
Age-adjusted death rate	Per 100,000	2016-2018	1,398	4	48.4	39.7	34.8
Age-adjusted hospitalization rate	Per 100,000	2016-2018	7,339	3	271.3	230.5	

Adults in Polk County have higher rates of death (48.4 per 100,000) and hospitalizations (271.3 per 100,000) from stroke than adults across the State of Florida (39.7 per 100,000 and 230.5 per 100,000, respectively).

Sources: AHCA; FDOH Bureau of Vital Statistics; FL BRFSS

Figure 190. Age-Adjusted Stroke Death Rate Over Time



Stroke death rates have increased in Polk County and Florida over the past several years. Polk's rate remains higher than the statewide rate.

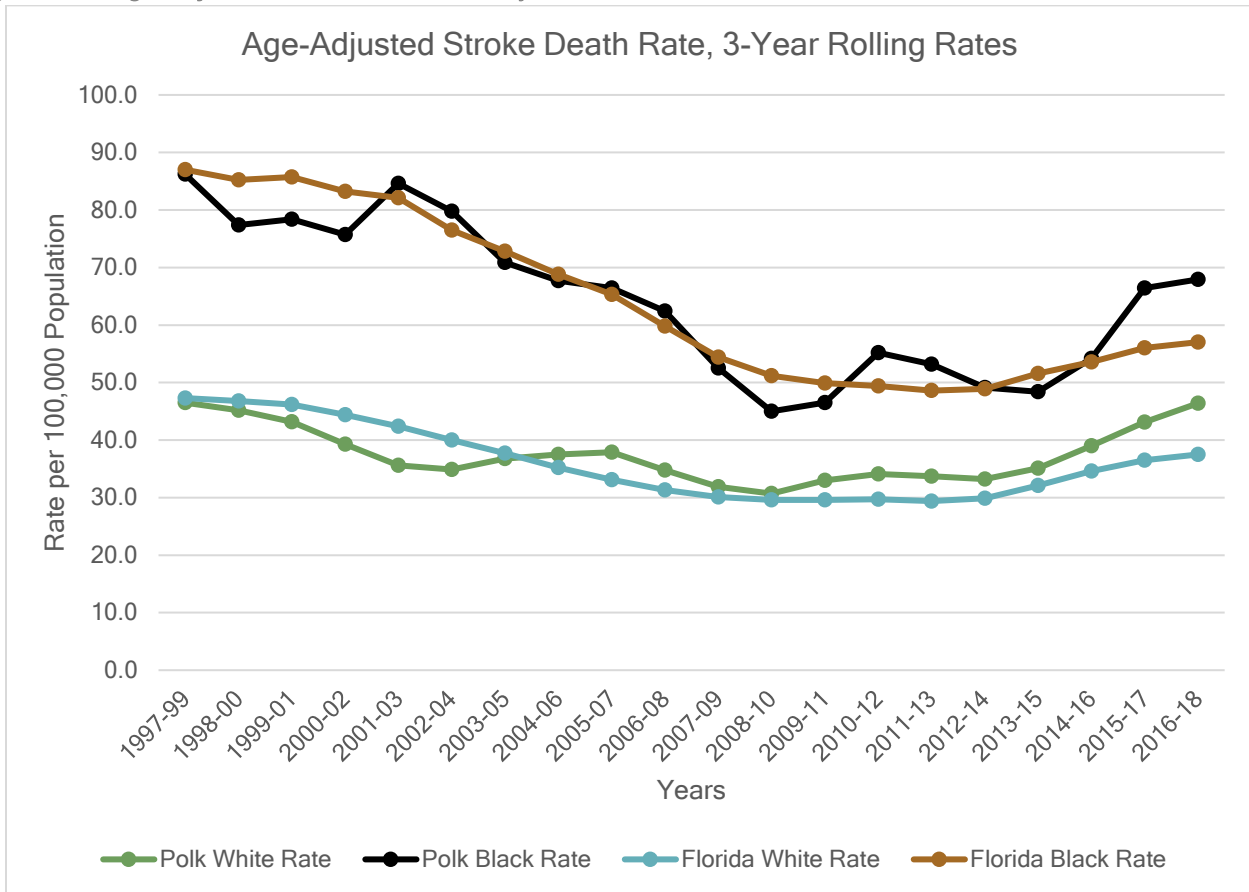
Source: FDOH Bureau of Vital Statistics

Figure 191. Age-Adjusted Stroke Death Rate by Race

Age-Adjusted Stroke Death Rate, 3-Year Rolling Rates per 100,000 Population				
Years	Polk White Rate	Polk Black Rate	Florida White Rate	Florida Black Rate
2016-18	46.4	67.9	37.5	57.0

Source: FDOH Bureau of Vital Statistics

Figure 192. Age-Adjusted Stroke Death Rate by Race Over Time



The rate of deaths from stroke in Polk County is higher among the Black population (67.9 per 100,000) than the White population (46.4 per 100,000). Similarly, the rate of deaths from stroke are higher among the Black population (57.0 per 100,000) than the White population (37.5 per 100,000) across the State of Florida. Over the past several years, stroke death rates in Polk County have increased among both the Black and White populations.

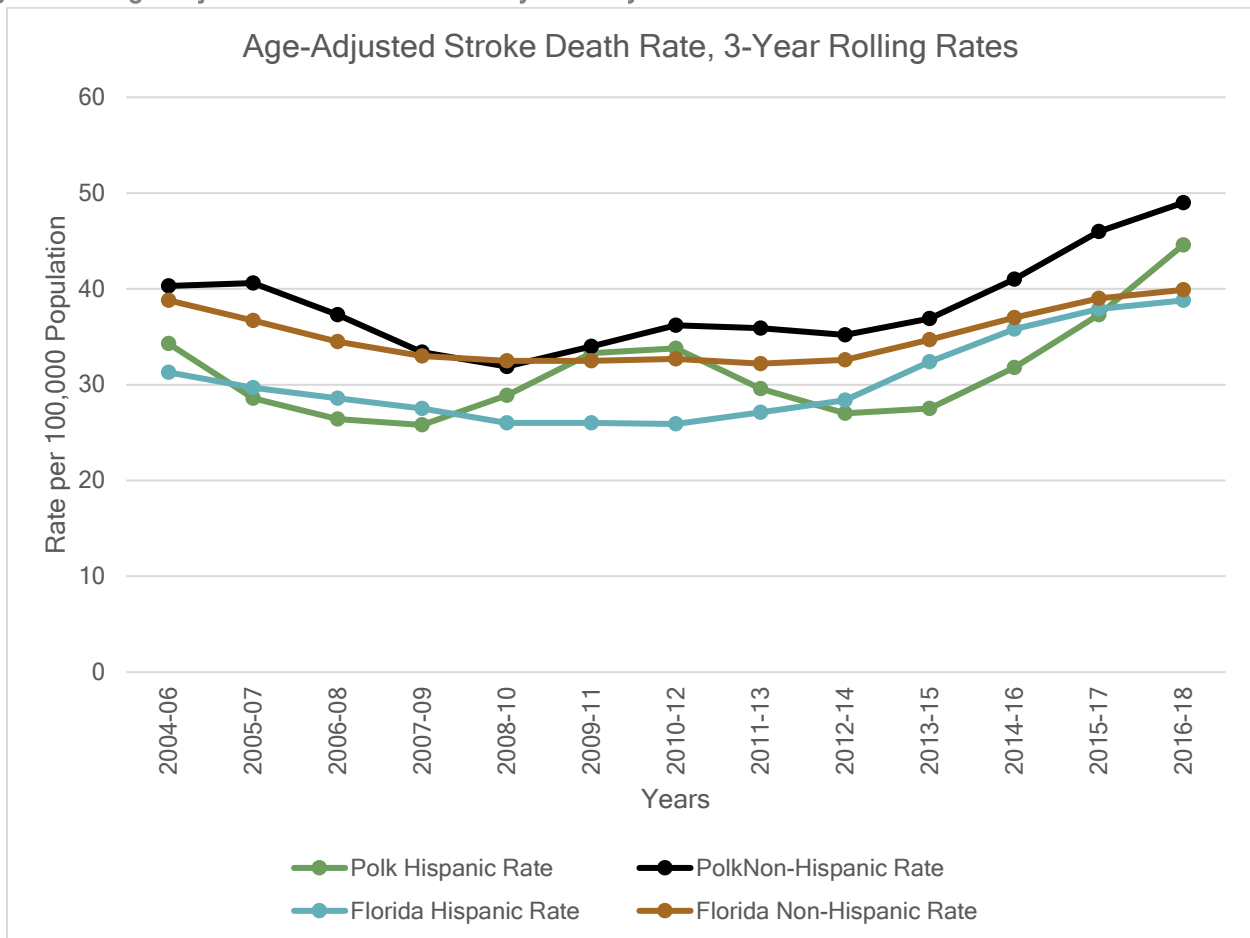
Source: FDOH Bureau of Vital Statistics

Figure 193. Age-Adjusted Stroke Death Rate by Ethnicity

Stroke Age-Adjusted Death Rate, 3-Year Rolling Rates per 100,000 Population				
Years	Polk Hispanic Rate	Polk Non-Hispanic Rate	Florida Hispanic Rate	Florida Non-Hispanic Rate
2016-18	44.6	49.0	38.8	39.9

Source: FDOH Bureau of Vital Statistics

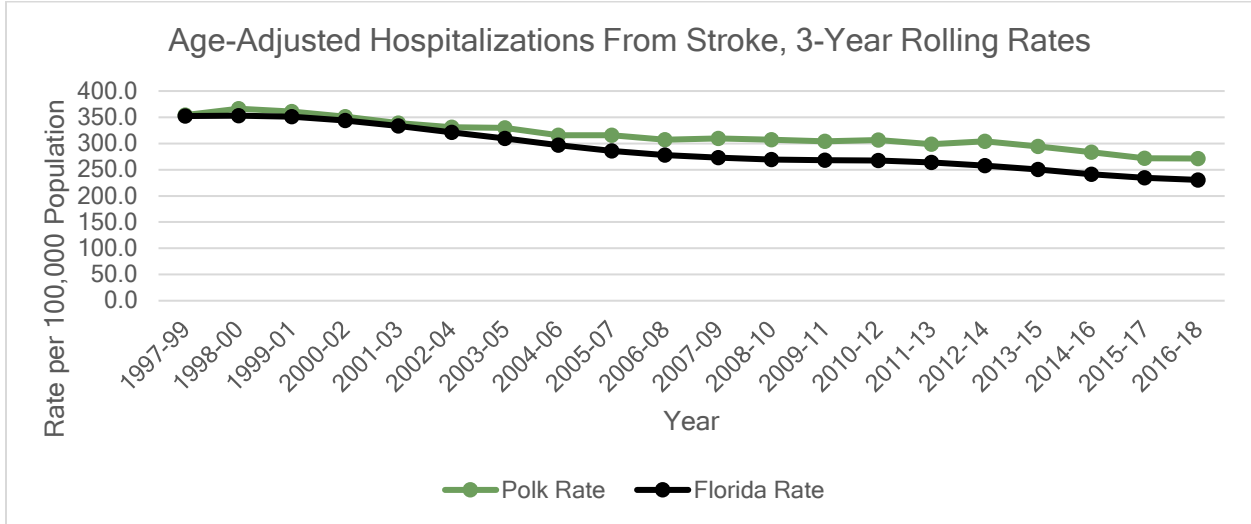
Figure 194. Age-Adjusted Stroke Death Rate by Ethnicity Over Time



The rate of death from stroke in Polk County is higher among the Non-Hispanic population (49.0 per 100,000) than the Hispanic population (44.6 per 100,000). Statewide, rates of death from stroke are more similar between the Hispanic (38.8 per 100,000) and Non-Hispanic (39.9 per 100,000) populations.

Source: FDOH Bureau of Vital Statistics

Figure 195. Age-Adjusted Stroke Hospitalizations Over Time



The hospitalization rate from stroke has decreased for both Polk County and Florida. Polk’s rate remains higher than the statewide rate.

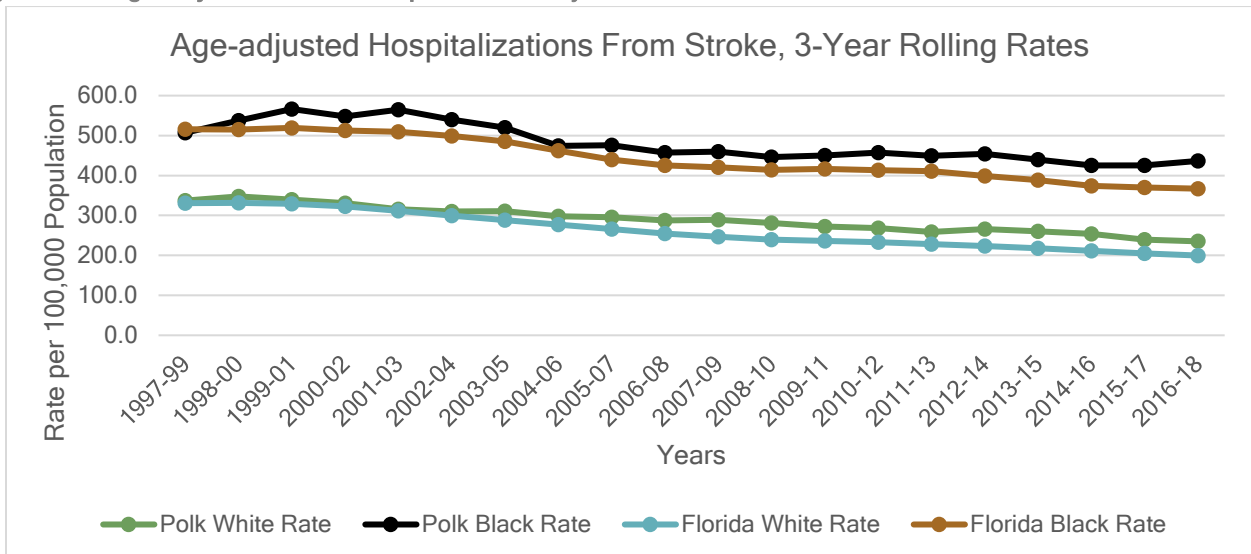
Source: AHCA

Figure 196. Age-Adjusted Stroke Hospitalizations by Race

Age-Adjusted Hospitalizations from Stroke, 3-Year Rolling Rates per 100,000 Population				
Year	Polk White Rate	Polk Black Rate	Florida White Rate	Florida Black Rate
2016-18	235.2	436.5	199.7	367.1

Source: AHCA

Figure 197. Age-Adjusted Stroke Hospitalizations by Race Over Time



The rate of hospitalizations from stroke in Polk County is higher among the Black population (436.5 per 100,000) than the White population (235.2 per 100,000). The rate of hospitalizations from stroke is also higher among the Black population (367.1 per 100,000) than the White population (199.7 per 100,000) across the State of Florida. Stroke hospitalization rates for Polk County and Florida have decreased over time among both the Black and White populations.

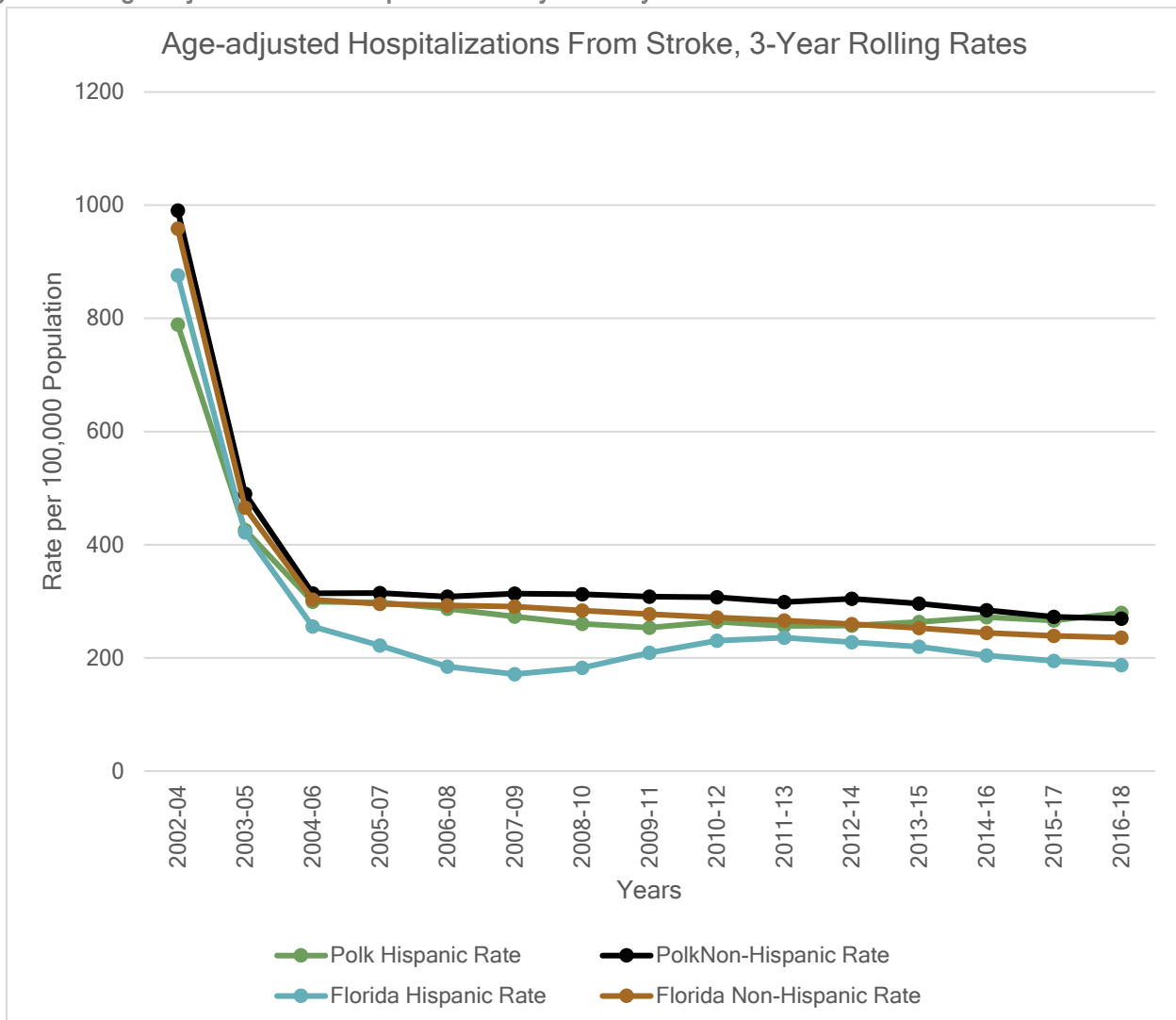
Source: AHCA

Figure 198. Age-Adjusted Stroke Hospitalizations by Ethnicity

Age-Adjusted Hospitalizations from Stroke, 3-Year Rolling Rates Per 100,000 Population				
Years	Polk Hispanic Rate	Polk Non-Hispanic Rate	Florida Hispanic Rate	Florida Non-Hispanic Rate
2016-18	279.3	269.4	187.0	235.8

Source: AHCA

Figure 199. Age-Adjusted Stroke Hospitalizations by Ethnicity Over Time



The rate of stroke hospitalizations in Polk County is higher among Hispanics (279.3 per 100,000) than Non-Hispanics (269.4 per 100,000). Conversely, across the State of Florida, the rate of stroke hospitalizations is higher among Non-Hispanics (235.8 per 100,000) than Hispanics (187.0 per 100,000); this has remained a consistent trend over time.

Source: AHCA

Chronic Lower Respiratory Disease (CLRD)

Chronic lower respiratory diseases (CLRDs) are a group of diseases that obstruct the lungs, mainly including chronic obstructive pulmonary disease (COPD) and asthma. CLRD is a top cause of death in the U.S. Risk factors for CLRD include smoking habits, exposure to air pollutants, occupational exposures, respiratory infections, and genetic factors. Chronic obstructive pulmonary disease, or COPD, refers to a group of diseases that cause airflow blockage and breathing-related problems. It includes emphysema and chronic bronchitis.

Sources: CDC, 2019; Pesce, 2016

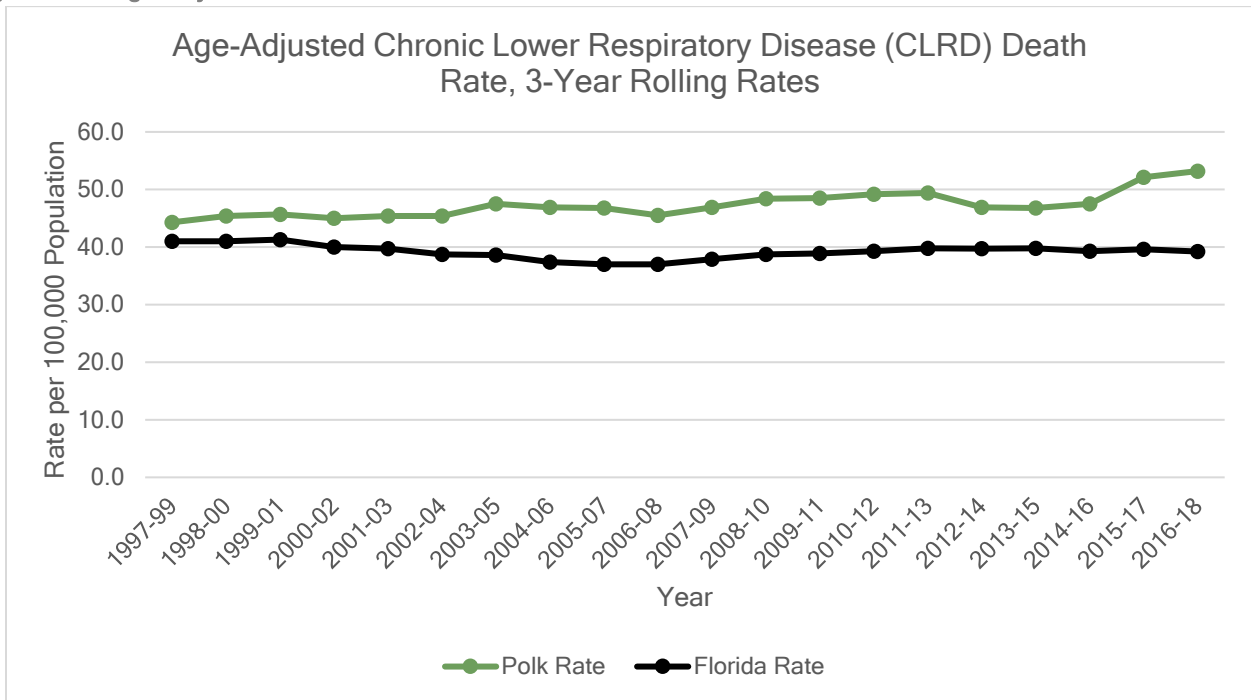
Figure 200. Chronic Lower Respiratory Diseases (CLRD)

Indicator	Measure	Year(s)	Polk County			Florida Rate
			Count	Quartile	Rate	
Age-adjusted death rate	Per 100,000	2016-2018	1,558	2	53.2	39.2
Age-adjusted hospitalization rate (including asthma)	Per 100,000	2016-2018	13,602	4	549.6	334.6

The CLRD death rate is higher among adults in Polk County (53.2 per 100,000) than adults across the State of Florida (39.2 per 100,000). The hospitalization rate for CLRD is also higher among adults in Polk County (549.6 per 100,000) than across the State of Florida (334.6 per 100,000).

Sources: AHCA; FDOH Bureau of Vital Statistics

Figure 201. Age-Adjusted CLRD Death Rate Over Time



Historically, the death rate from CLRD among adults is higher in Polk County than statewide.

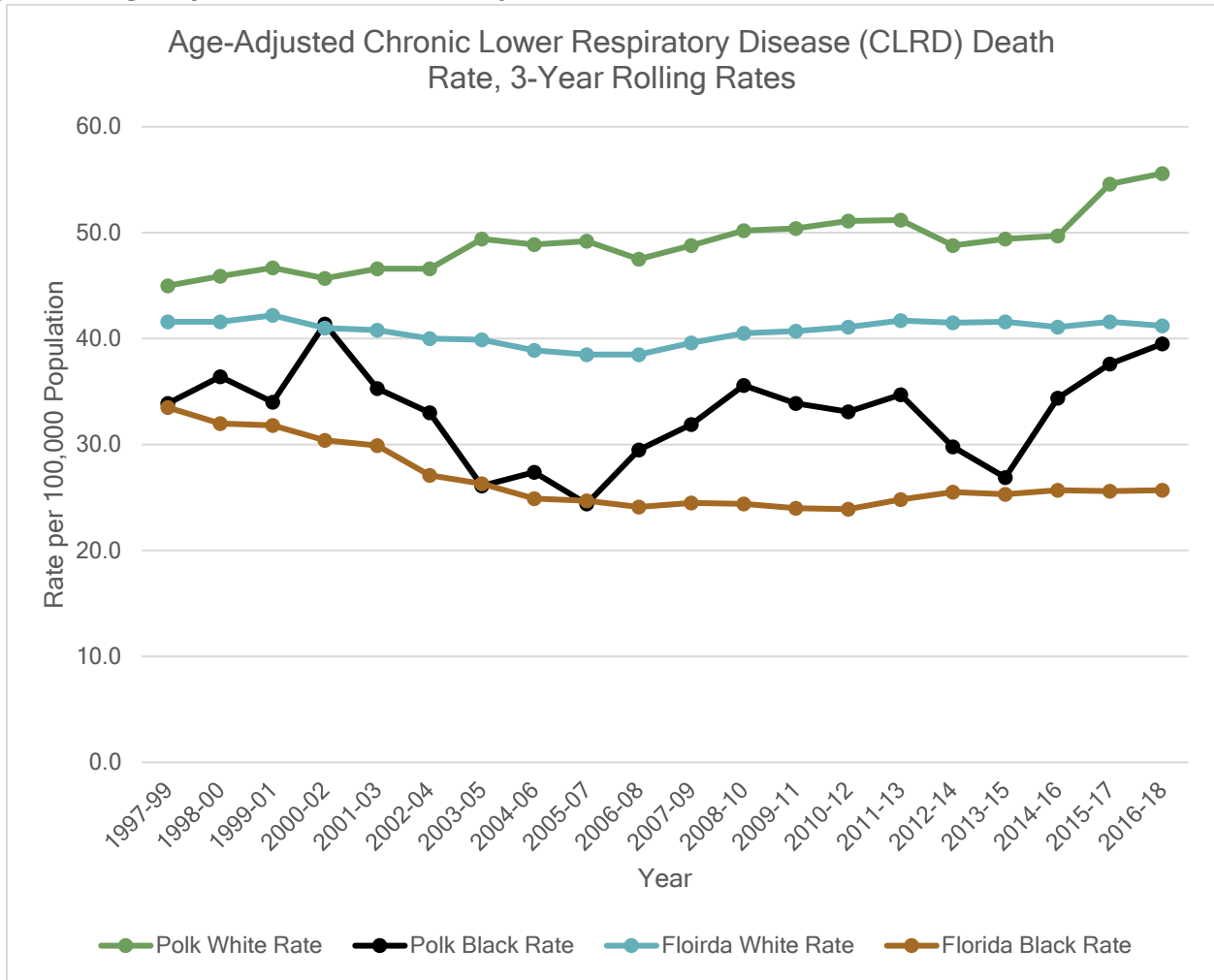
Source: FDOH Bureau of Vital Statistics

Figure 202. Age-Adjusted CLRD Death Rate by Race

Age-Adjusted Chronic Lower Respiratory Disease (CLRD) Death Rate, 3-Year Rolling Rates per 100,000 Population				
Years	Polk White Rate	Polk Black Rate	Florida White Rate	Florida Black Rate
2016-18	55.6	39.5	41.2	25.7

Source: FDOH Bureau of Vital Statistics

Figure 203. Age-Adjusted CLRD Death Rate by Race Over Time



The death rate from CLRD is higher among Whites (55.6 per 100,000) than Blacks (39.5 per 100,000) in both Polk County and the State of Florida (41.2 per 100,000 and 25.7 per 100,000 respectively).

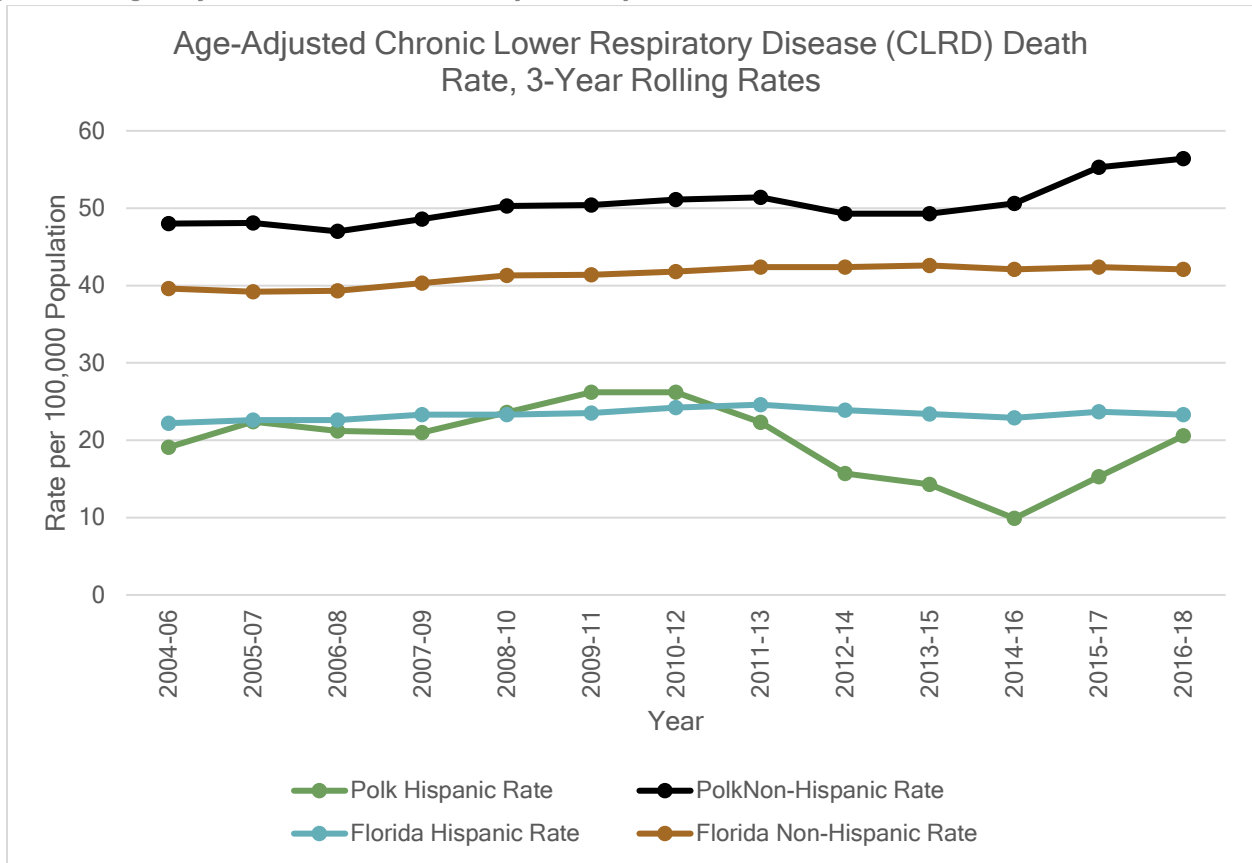
Source: FDOH Bureau of Vital Statistics

Figure 204. Age-Adjusted CLRD Death Rate by Ethnicity

Age-Adjusted Chronic Lower Respiratory Disease (CLRD) Death Rate, 3-Year Rolling Rates per 100,000 Population				
Years	Polk Hispanic Rate	Polk Non-Hispanic Rate	Florida Hispanic Rate	Florida Non-Hispanic Rate
2016-18	20.6	56.4	23.3	42.1

Source: FDOH Bureau of Vital Statistics

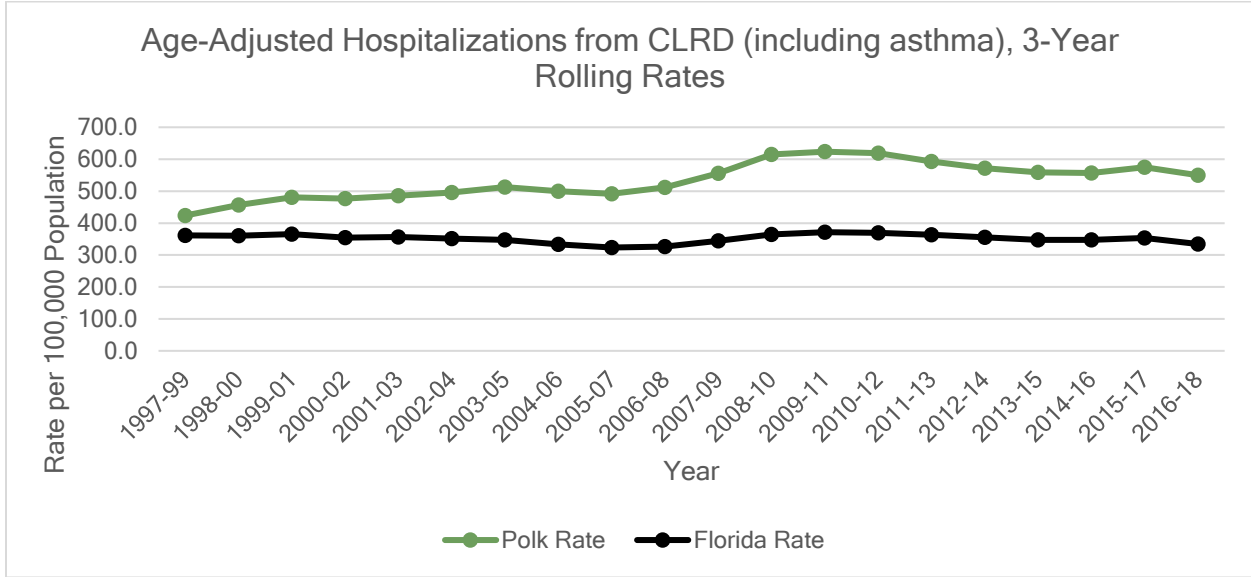
Figure 205. Age-Adjusted CLRD Death Rate by Ethnicity Over Time



The rate of deaths from CLRD in Polk County is more than twice as high among Non-Hispanics (56.4 per 100,000) than Hispanics (20.6 per 100,000). The state of Florida shows a similar trend, with Non-Hispanics having a higher rate of death from CLRD (42.1 per 100,000) than Hispanics (23.3 per 100,000). Historically, the rate of deaths from CLRD is higher among Non-Hispanics than Hispanics in both Polk County and the state.

Source: FDOH Bureau of Vital Statistics

Figure 206. Age-Adjusted CLRD Hospitalizations Over Time



Historically, the rate of hospitalizations from CLRD is higher in Polk County than statewide.

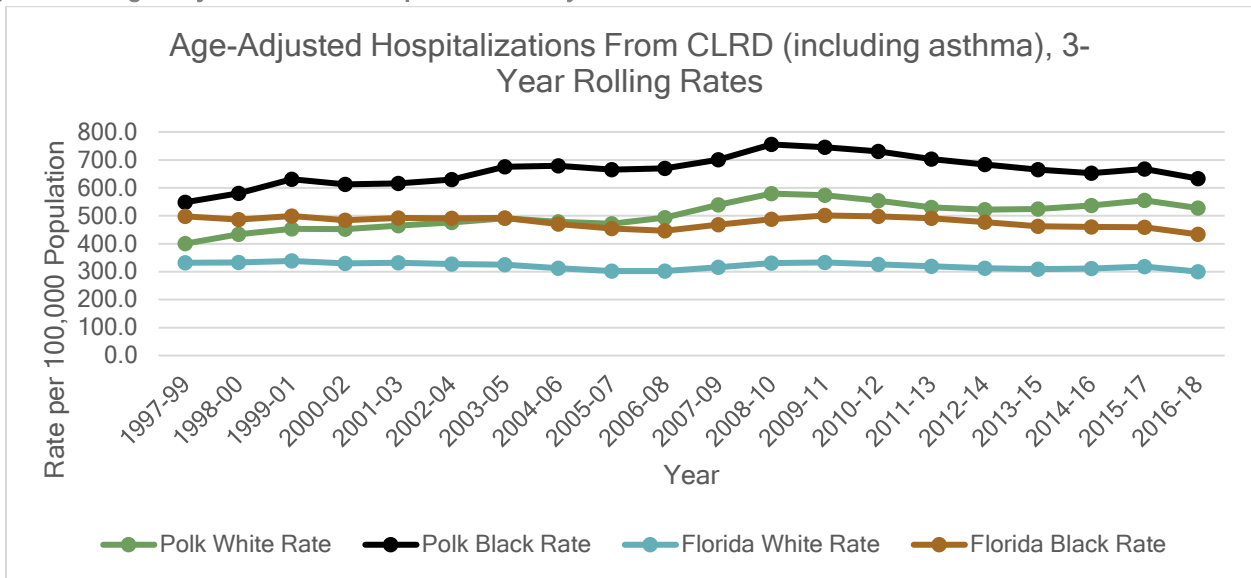
Source: AHCA

Figure 207. Age-Adjusted CLRD Hospitalizations by Race

Age-Adjusted Hospitalizations from CLRD (including asthma), 3-Year Rolling Rate per 100,000 Population				
Year	Polk White Rate	Polk Black Rate	Florida White Rate	Florida Black Rate
2016-18	527.8	632.8	300.3	433.6

Source: AHCA

Figure 208. Age-Adjusted CLRD Hospitalizations by Race Over Time



Hospitalizations from CLRD, including asthma, are higher among the Black population (632.8 per 100,000) than the White population (527.8 per 100,000) in both Polk County and the State of Florida (433.6 per 100,000 and 300.3 per 100,000, respectively).

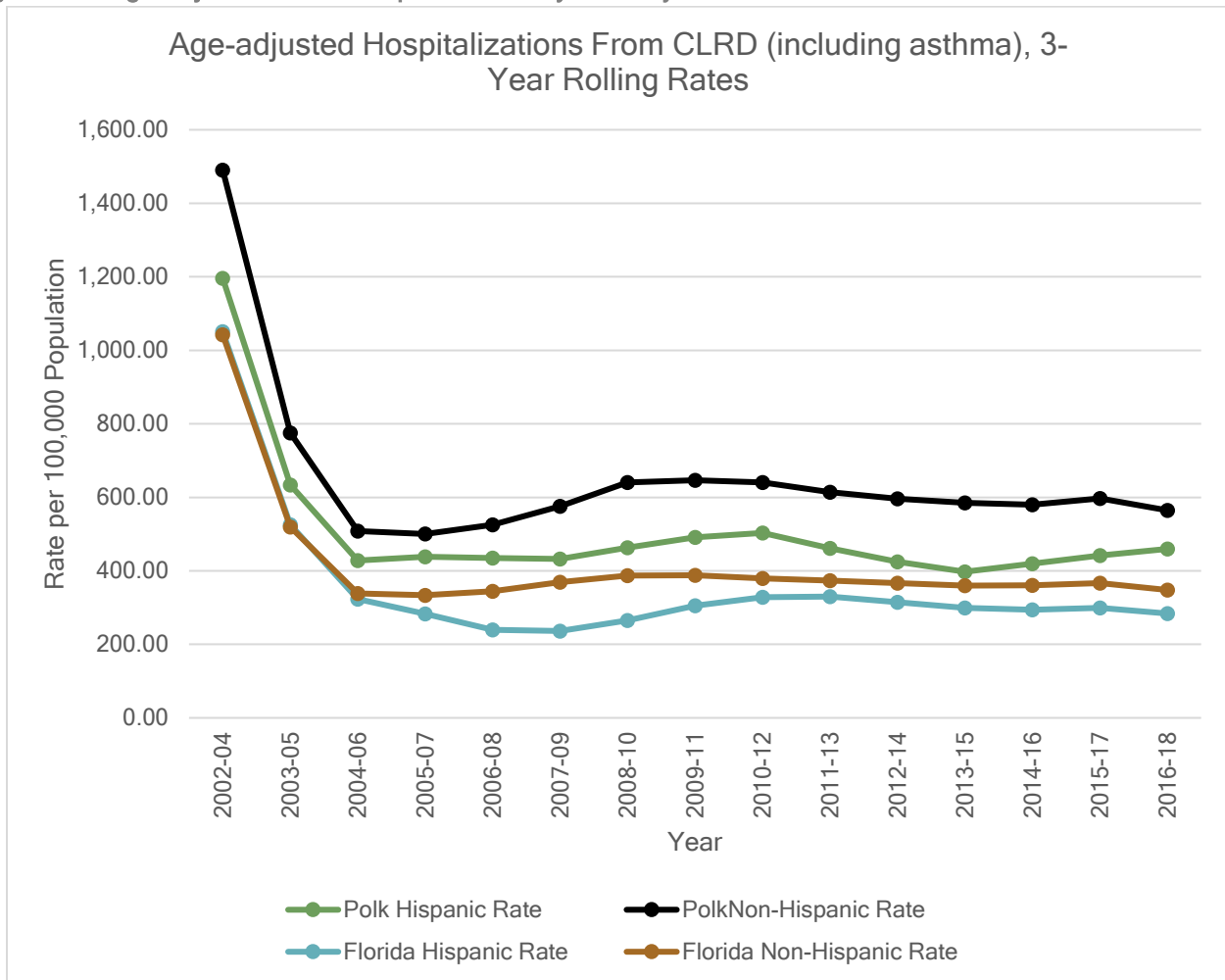
Source: AHCA

Figure 209. Age-Adjusted CLRD Hospitalizations by Ethnicity

Age-Adjusted Hospitalizations from CLRD (including asthma), 3-Year Rolling Rates per 100,000 Population				
Years	Polk Hispanic Rate	Polk Non-Hispanic Rate	Florida Hispanic Rate	Florida Non-Hispanic Rate
2016-18	459.8	564.5	284.3	347.6

Source: AHCA

Figure 210. Age-Adjusted CLRD Hospitalizations by Ethnicity Over Time



The rate of hospitalizations from CLRD in Polk County is higher among Non-Hispanics (564.5 per 100,000) than Hispanics (459.8 per 100,000); this trend has remained relatively stable over time. Across the State of Florida, Non-Hispanics also have a higher rate of hospitalizations from CLRD (347.6 per 100,000) than Hispanics (284.3 per 100,000).

Source: AHCA

Asthma

Asthma is a disease that affects the lungs, causing episodes of wheezing, breathlessness, chest tightness, and nighttime or early morning coughing. Asthma can be controlled by taking medicine and avoiding triggers that can cause an attack. Uncontrolled asthma can negatively impact families and society because it may lead to increased risk of an emergency department visit, hospitalization, and work and school absenteeism.

Source: CDC, 2019

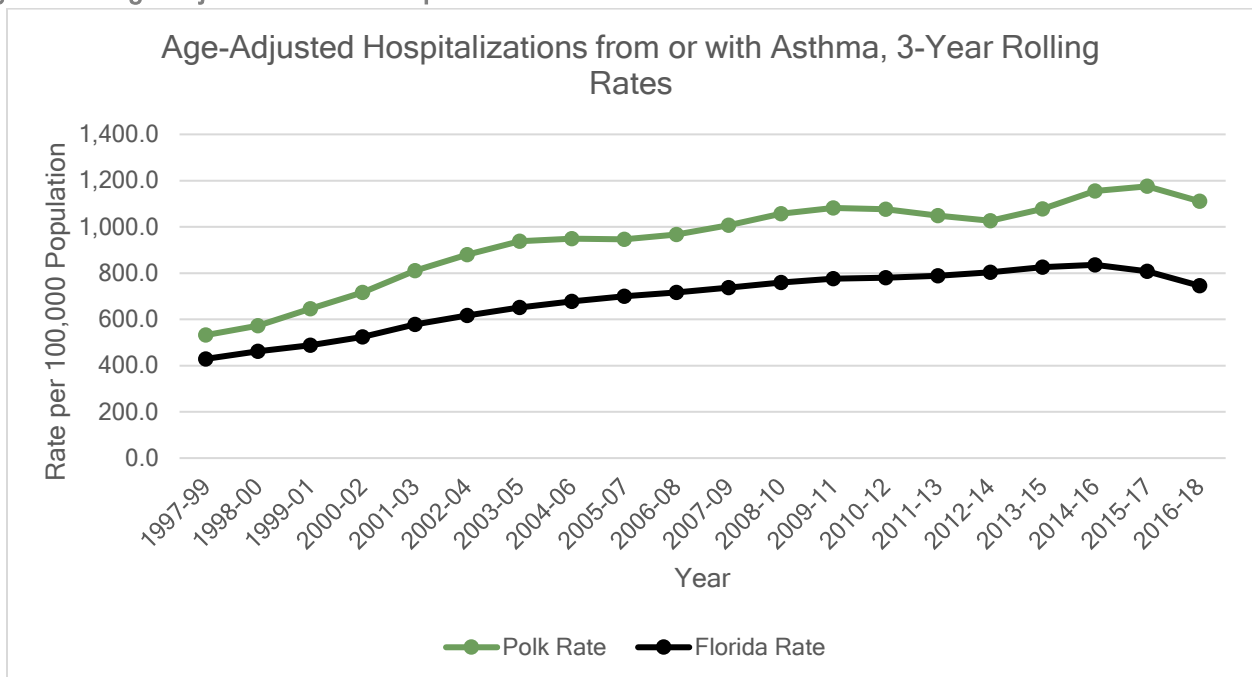
Figure 211. Asthma

Indicator	Rate Type	Year(s)	Polk County			Florida Rate
			Count	Quartile	Rate	
Age-adjusted hospitalization rate	Per 100,000	2016-2018	23,984	4	1,111.0	745.0
Adults who currently have asthma	Percent	2016		4	9.7%	6.7%
Adults who have ever been told they had asthma	Percent	2016		4	15.4%	11.0%

Adults in Polk County have higher rates of asthma (9.7%) than adults across the State of Florida (6.7%).

Sources: AHCA; FL BRFSS

Figure 212. Age-Adjusted Asthma Hospitalizations Over Time



Hospitalization rates from asthma are higher in Polk County (1,111.0 per 100,000) than across the State of Florida (745.0 per 100,000); both rates have increased over time.

Source: AHCA




Breast Cancer

Breast cancer is a disease in which cells in the breast grow out of control. Deaths from breast cancer have declined over time, however breast cancer remains the second leading cause of cancer death among women overall, and the leading cause of cancer death among Hispanic women. Over the last decade, the rate of getting breast cancer has not changed for women overall, but the rate has increased for Black women and Asian and Pacific Islander women. Black women also have a higher rate of death from breast cancer than white women.

Breast cancer risk can be reduced by maintaining a healthy weight, exercising regularly, and limiting alcohol consumption. Breast cancer screening is checking for cancer before there are signs or symptoms of the disease through breast exams, mammograms, and MRIs. While screening cannot prevent breast cancer, it can help to detect it early when it is easier to treat.

Source: CDC, 2018

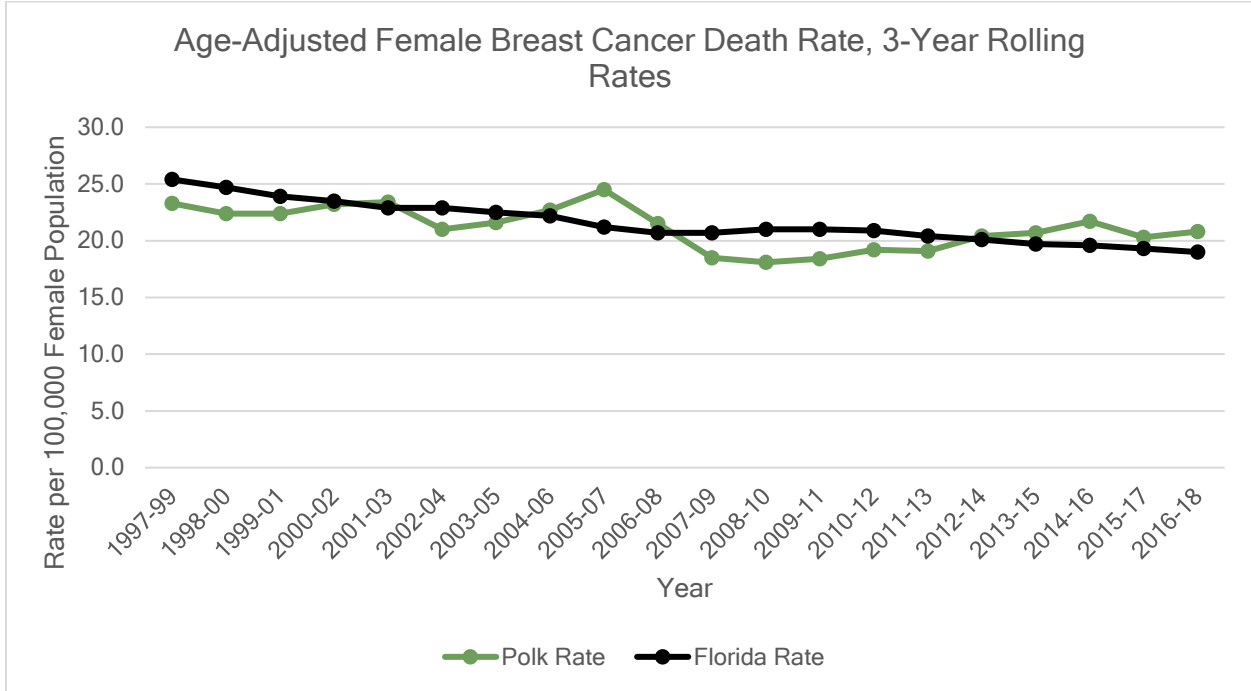
Figure 213. Breast Cancer

Indicator	Measure	Year(s)	Polk County			Florida Rate	HP2020 Goal
			Count	Quartile	Rate		
Age-adjusted death rate	Per 100,000 Females	2016-2018	293	 3	20.8	19.0	20.7
Age-adjusted incidence rate (new cases)	Per 100,000 Females	2014-2016	1,607	 4	126.3	119.7	
Women 40 years of age and older who received a mammogram in the past year	Percent	2016		 4	72.7%	60.8%	

Women in Polk County have a slightly higher breast cancer incidence and death rate than women across the State of Florida. Women ages 40 years and older in Polk County (72.7%) are more likely than women across the State of Florida of the same age (60.8%) to have received a mammogram in the past year.

Sources: FDOH Bureau of Vital Statistics; FL BRFSS; Florida Cancer Data System

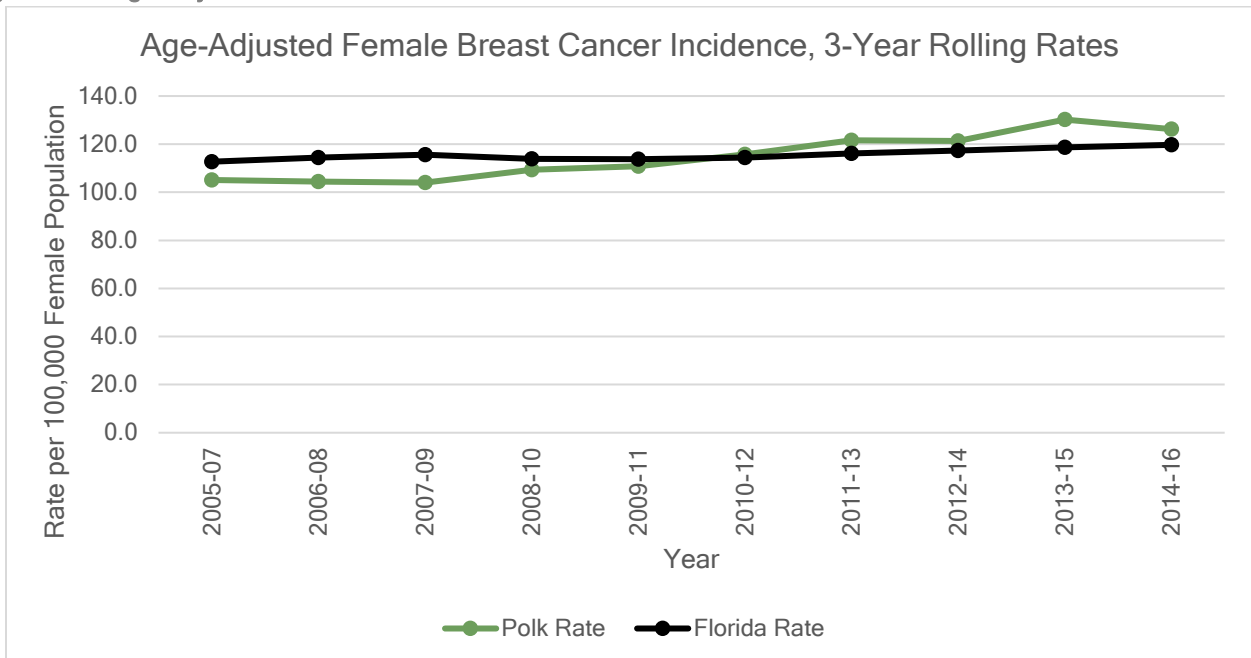
Figure 214. Age-Adjusted Female Breast Cancer Death Rate



The breast cancer death rate is slightly higher in Polk County (20.8 per 100,000 females) than in the State of Florida (19.0 per 100,000 females).

Source: FDOH Bureau of Vital Statistics

Figure 215. Age-Adjusted Female Breast Cancer Incidence Rate



The breast cancer incidence rate is slightly higher in Polk County (126.3 per 100,000 females) than across the State of Florida (119.7 per 100,000 females).

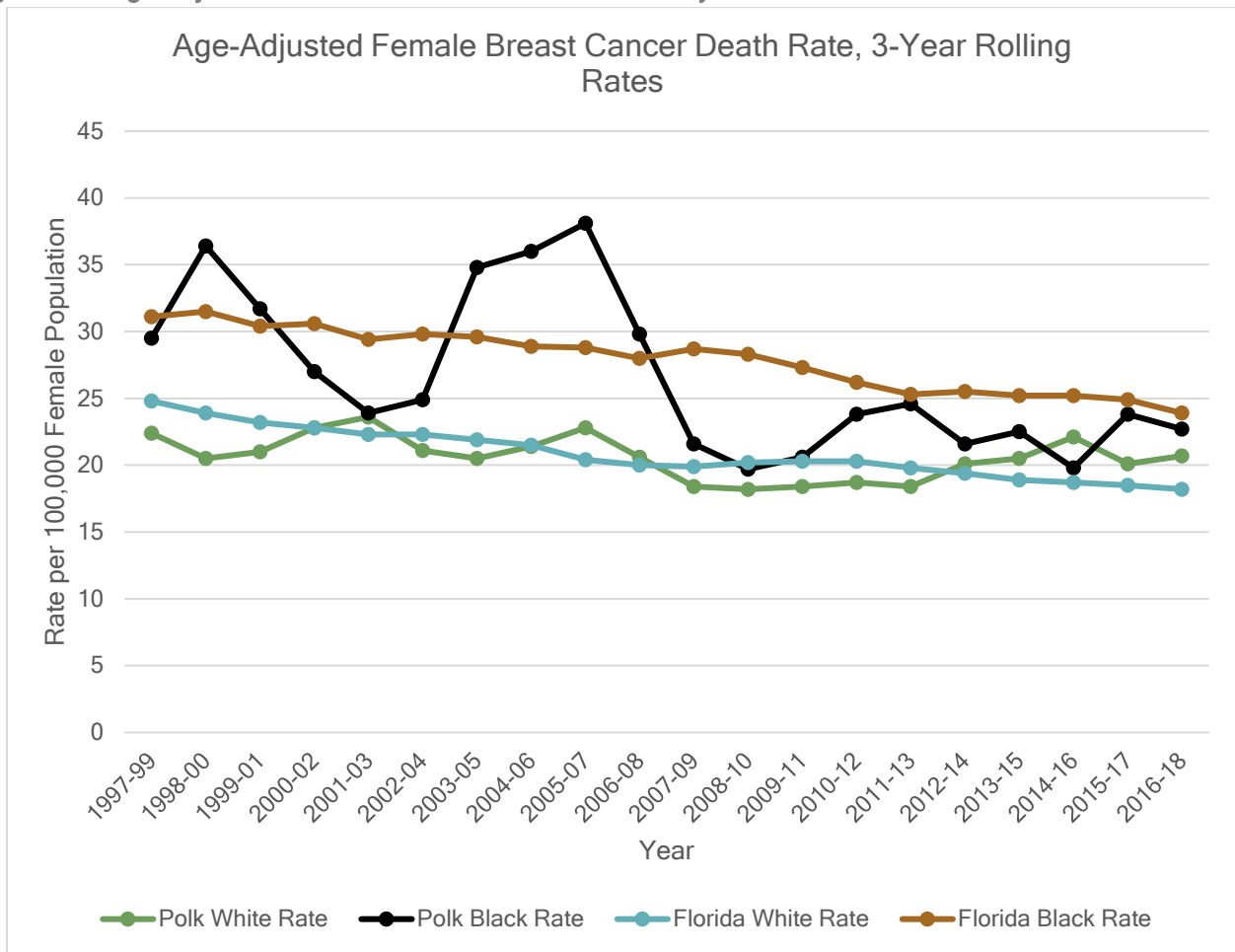
Source: Florida Cancer Data System

Figure 216. Age-Adjusted Female Breast Cancer Death Rate by Race

Age-Adjusted Female Breast Cancer Death Rate, 3-Year Rolling Rates per 100,000 Female Population				
Years	Polk White Rate	Polk Black Rate	Florida White Rate	Florida Black Rate
2016-18	20.7	22.7	18.2	23.9

Source: FDOH Bureau of Vital Statistics

Figure 217. Age-Adjusted Female Breast Cancer Death Rate by Race Over Time



The female death rate from breast cancer in Polk County is higher among the Black population (22.7 per 100,000 females) than the White population (20.7 per 100,000 females). Statewide, the female death rate from breast cancer is also higher among the Black population (23.9 per 100,000 females) than the White population (18.2 per 100,000 females).

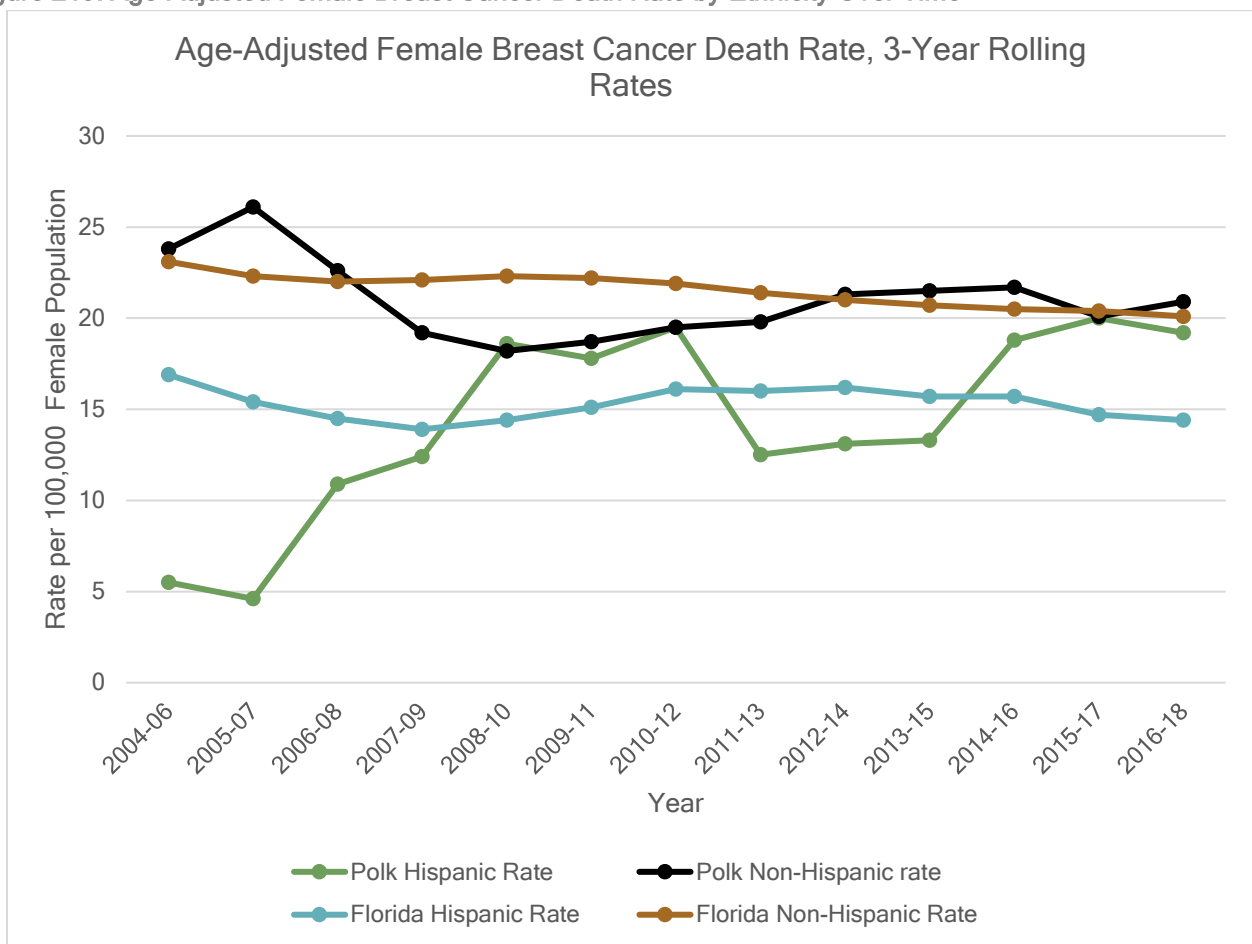
Source: FDOH Bureau of Vital Statistics

Figure 218. Age-Adjusted Female Breast Cancer Death Rate by Ethnicity

Age-Adjusted Female Breast Cancer Death Rate, 3-Year Rolling Rates per 100,000 Female Population				
Years	Polk Hispanic Rate	Polk Non-Hispanic rate	Florida Hispanic Rate	Florida Non-Hispanic Rate
2016-18	19.2	20.9	14.4	20.1

Source: FDOH Bureau of Vital Statistics

Figure 219. Age-Adjusted Female Breast Cancer Death Rate by Ethnicity Over Time



The female death rate from breast cancer is slightly higher among Non-Hispanics (20.9 per 100,000 females) than Hispanics (19.2 per 100,000 females) in Polk County. The female death rate from breast cancer is also higher among Non-Hispanics (20.1 per 100,000 females) than Hispanics (14.4 per 100,000 females) across the State of Florida.

Source: FDOH Bureau of Vital Statistics




Cervical Cancer

Cervical cancer is a disease in which the cells of the cervix, which connects the vagina to the upper part of the uterus, grow out of control. Cervical cancer occurs most often in women over the age of 30. Almost all cervical cancers are caused by certain types of human papillomavirus (HPV). HPV is a common virus that is passed from one person to another during sex. At least half of sexually active people will have HPV at some point in their lives, but few women will get cervical cancer.

Cervical cancer is highly preventable because of screening tests, including Pap tests and HPV test, and a vaccine that can prevent HPV infection. When cervical cancer is found early, it is highly treatable and associated with long survival and good quality of life.

Source: CDC, 2019

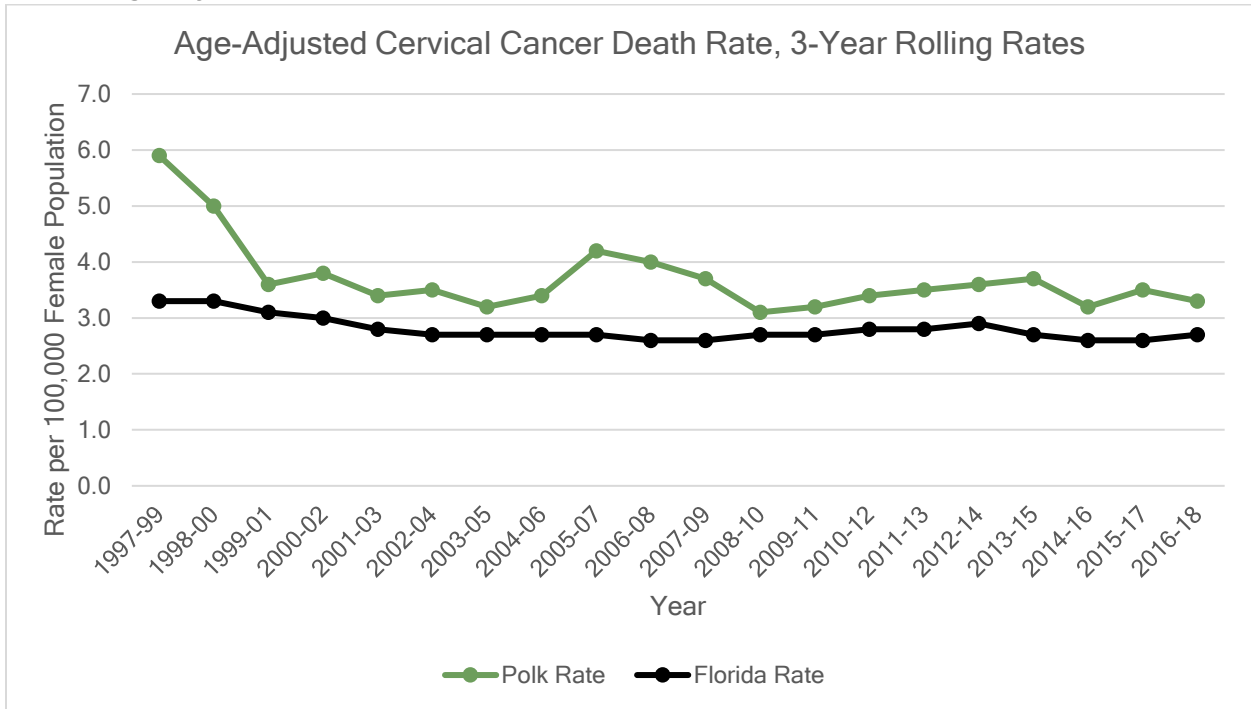
Figure 220. Cervical Cancer

Indicator	Rate Type	Year(s)	Polk County			Florida Rate	HP2020 Goal
			Count	Quartile	Rate		
Age-adjusted death rate	Per 100,000 Females	2016-2018	38	 3	3.3	2.7	2.2
Age-adjusted incidence rate (new cases)	Per 100,000 Females	2014-2016	120	 4	12.2	8.9	
Women 18 years of age and older who received a Pap test in the past year	Percent	2016		 1	55.1%	48.4%	

Women in Polk County have a slightly higher cervical cancer incidence (12.2 per 100,000) and death rate (3.3 per 100,000) than women across the State of Florida (8.9 per 100,000 and 2.7 per 100,000, respectively). Women ages 18 years and older in Polk County are more likely to have received a Pap test in the past year (55.1%) than women across the State of Florida of the same age (48.4%).

Sources: FDOH Bureau of Vital Statistics; FL BRFSS; Florida Cancer Data System

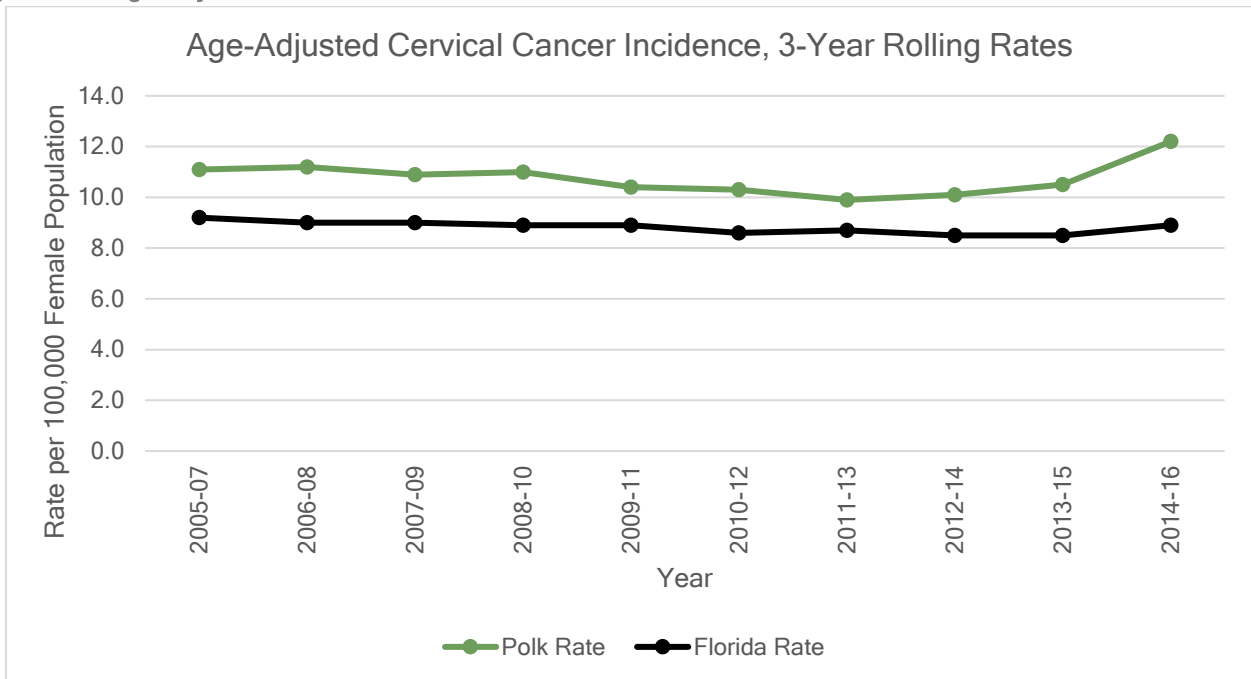
Figure 221. Age-Adjusted Cervical Cancer Death Rate Over Time



Historically, the death rate from cervical cancer in Polk County is higher than the statewide rate.

Source: FDOH Bureau of Vital Statistics

Figure 222. Age-Adjusted Cervical Cancer Incidence Rate Over Time



Historically, the cervical cancer incidence rate is higher in Polk County than across the state of Florida.

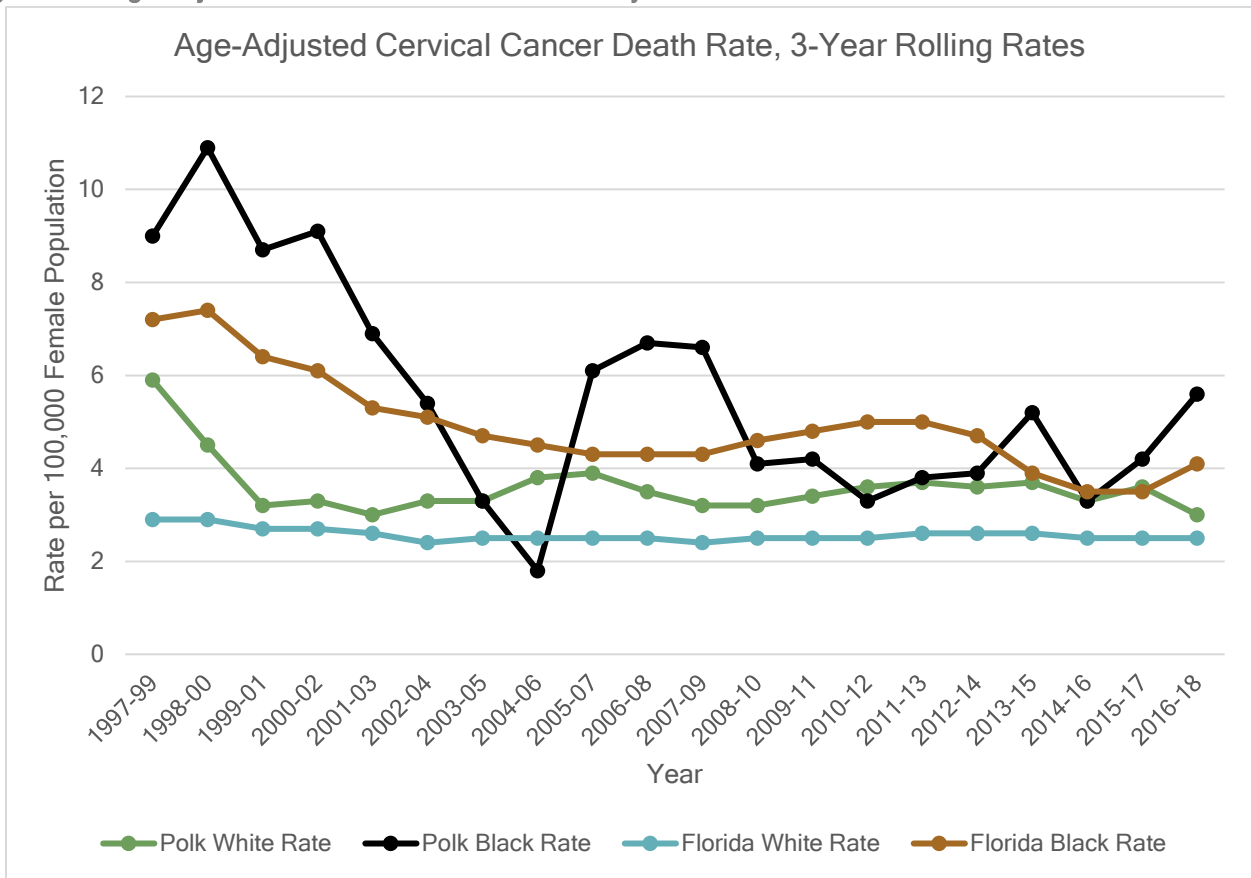
Source: Florida Cancer Data System

Figure 223. Age-Adjusted Cervical Cancer Death Rate by Race

Age-Adjusted Cervical Cancer Death Rate, 3-Year Rolling Rates per 100,000 Female Population				
Years	Polk White Rate	Polk Black Rate	Florida White Rate	Florida Black Rate
2016-18	3.0	5.6	2.5	4.1

Source: FDOH Bureau of Vital Statistics

Figure 224. Age-Adjusted Cervical Cancer Death Rate by Race Over Time



The death rate from cervical cancer in Polk County is higher among the Black population (5.6 per 100,000 females) than the White population (3.0 per 100,000 females). The statewide death rate from cervical cancer is also higher among the Black population (4.1 per 100,000 females) than the White population (2.5 per 100,000 females).

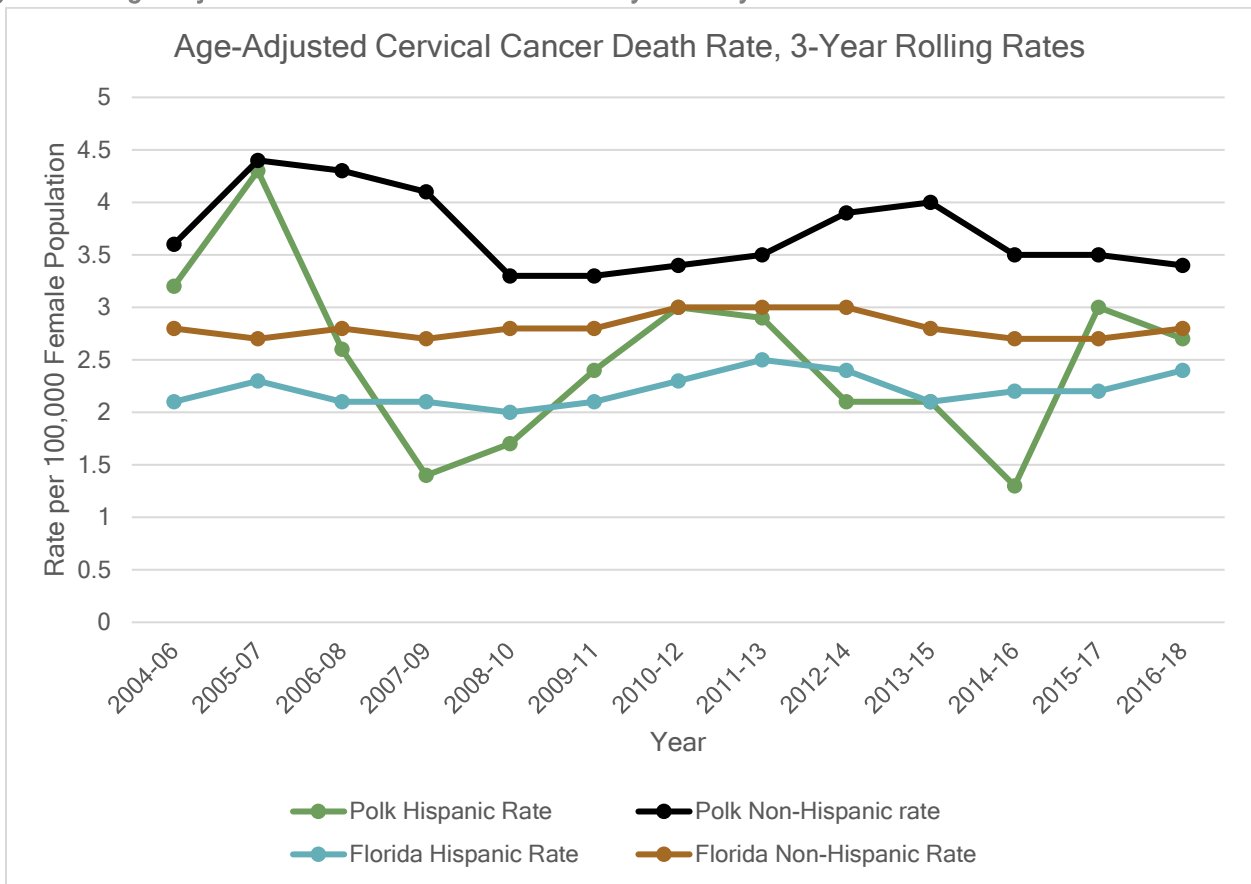
Source: FDOH Bureau of Vital Statistics

Figure 225. Age-Adjusted Cervical Cancer Death Rate by Ethnicity

Age-Adjusted Cervical Cancer Death Rate, 3-Year Rolling Rates per 100,000 Female Population				
Years	Polk Hispanic Rate	Polk Non-Hispanic Rate	Florida Hispanic Rate	Florida Non-Hispanic Rate
2016-18	2.7	3.4	2.4	2.8

Source: FDOH Bureau of Vital Statistics

Figure 226. Age-Adjusted Cervical Cancer Death Rate by Ethnicity Over Time



The death rate from cervical cancer in Polk County is slightly higher among the Non-Hispanic (3.4 per 100,000 females) than Hispanic (2.7 per 100,000 females) population. Historically, the death rate from cervical cancer in Polk County is higher among the Non-Hispanic than Hispanic population. The statewide death rate from cervical cancer is similar among the Hispanic (2.4 per 100,000 females) and Non-Hispanic (2.8 per 100,000 females) populations. Historically, the statewide death rate from cervical cancer is higher among the Non-Hispanic than Hispanic population.





Source: FDOH Bureau of Vital Statistics

Colorectal Cancer

Colorectal cancer is a disease in which cells in the colon or rectum grow out of control. Colorectal cancer is most often found in people who are 50 years old or older. Of cancers that affect both men and women, colorectal cancer is the second leading cancer killer in the U.S. Colorectal cancer screening, including stool tests, sigmoidoscopy, and colonoscopy, can find abnormal growths in the colon or rectum that can be removed before they turn into cancer.

Source: CDC, 2019

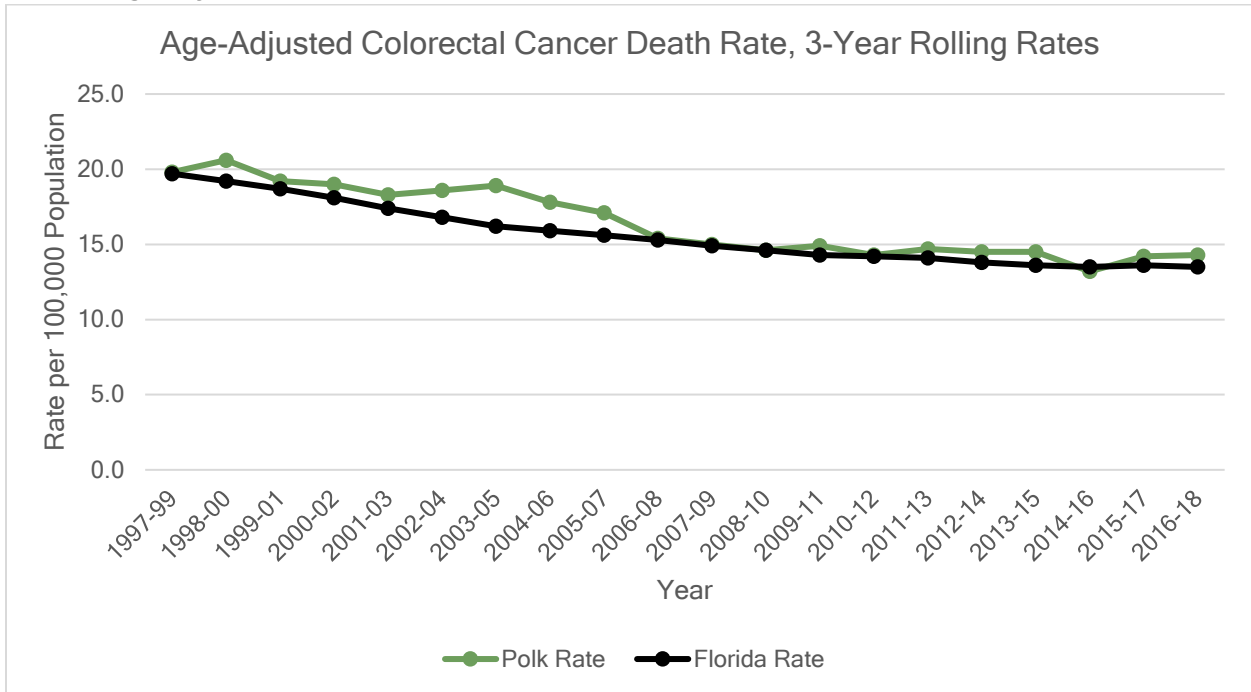
Figure 227. Colorectal Cancer

Indicator	Rate Type	Year(s)	Polk County			Florida Rate	HP2020 Goal
			Count	Quartile	Rate		
Age-adjusted death rate	Per 100,000	2016-2018	391	 3	14.3	13.5	14.5
Age-adjusted incidence rate (new cases)	Per 100,000	2014-2016	1,062	 4	42.3	36.4	
Adults 50 years of age and older who received a sigmoidoscopy or colonoscopy in the past five years	Percent	2016		 3	52.4%	53.9%	
Adults 50 years of age and older who received a stool blood test in the past year	Percent	2016		 1	18.2%	16.0%	

Polk County has a higher incidence rate of colorectal cancer (42.3 per 100,000) than the State of Florida (36.4 per 100,000) and a slightly higher death rate from colorectal cancer (14.3 per 100,000 versus 13.5 per 100,000, respectively). Adults 50 years and older in Polk County are slightly less likely (52.4%) than adults across the State of Florida (53.9%) to have received a sigmoidoscopy or colonoscopy in the past five years. Conversely, adults 50 years and older in Polk County are more likely (18.2%) than adults across the State of Florida (16.0%) to have received a stool blood test in the past year.

Sources: FDOH Bureau of Vital Statistics; FL BRFSS; Florida Cancer Data System

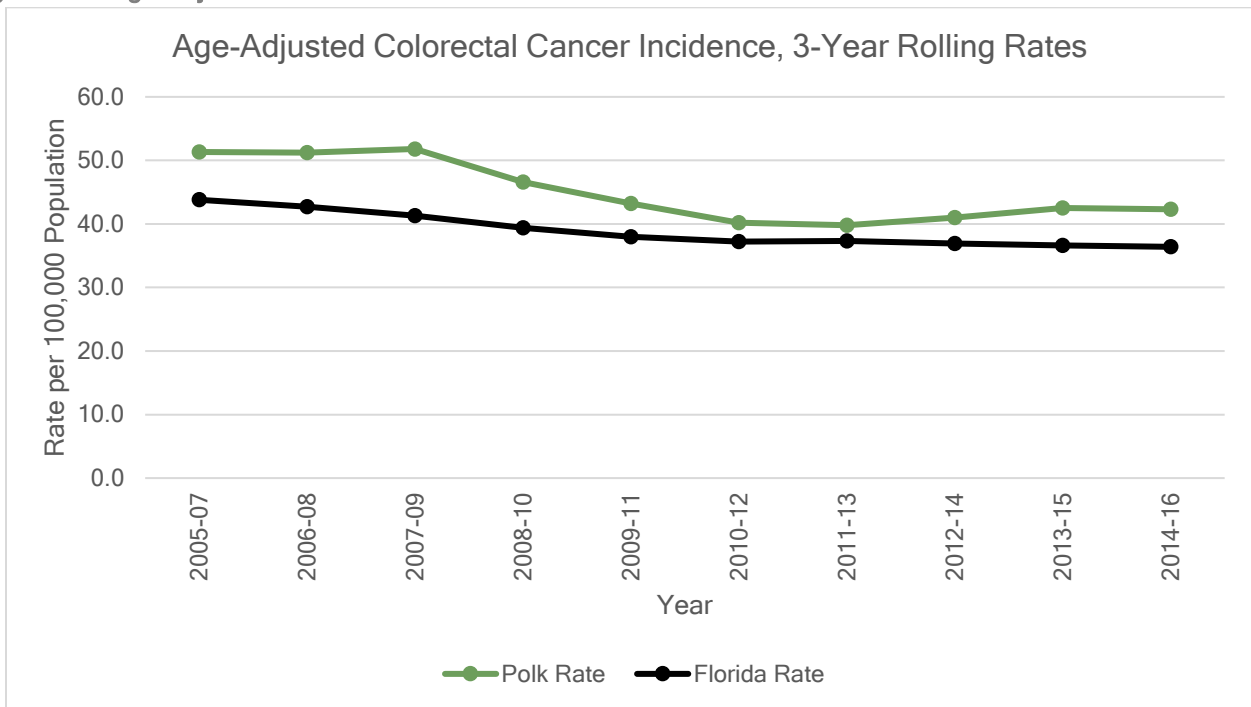
Figure 228. Age-Adjusted Colorectal Cancer Death Rate Over Time



Historically, the death rate from colorectal cancer in Polk County is similar to the statewide rate.

Source: FDOH Bureau of Vital Statistics

Figure 229. Age-Adjusted Colorectal Cancer Incidence Rate Over Time



Historically, the colorectal cancer incidence rate is higher in Polk County than the State of Florida.

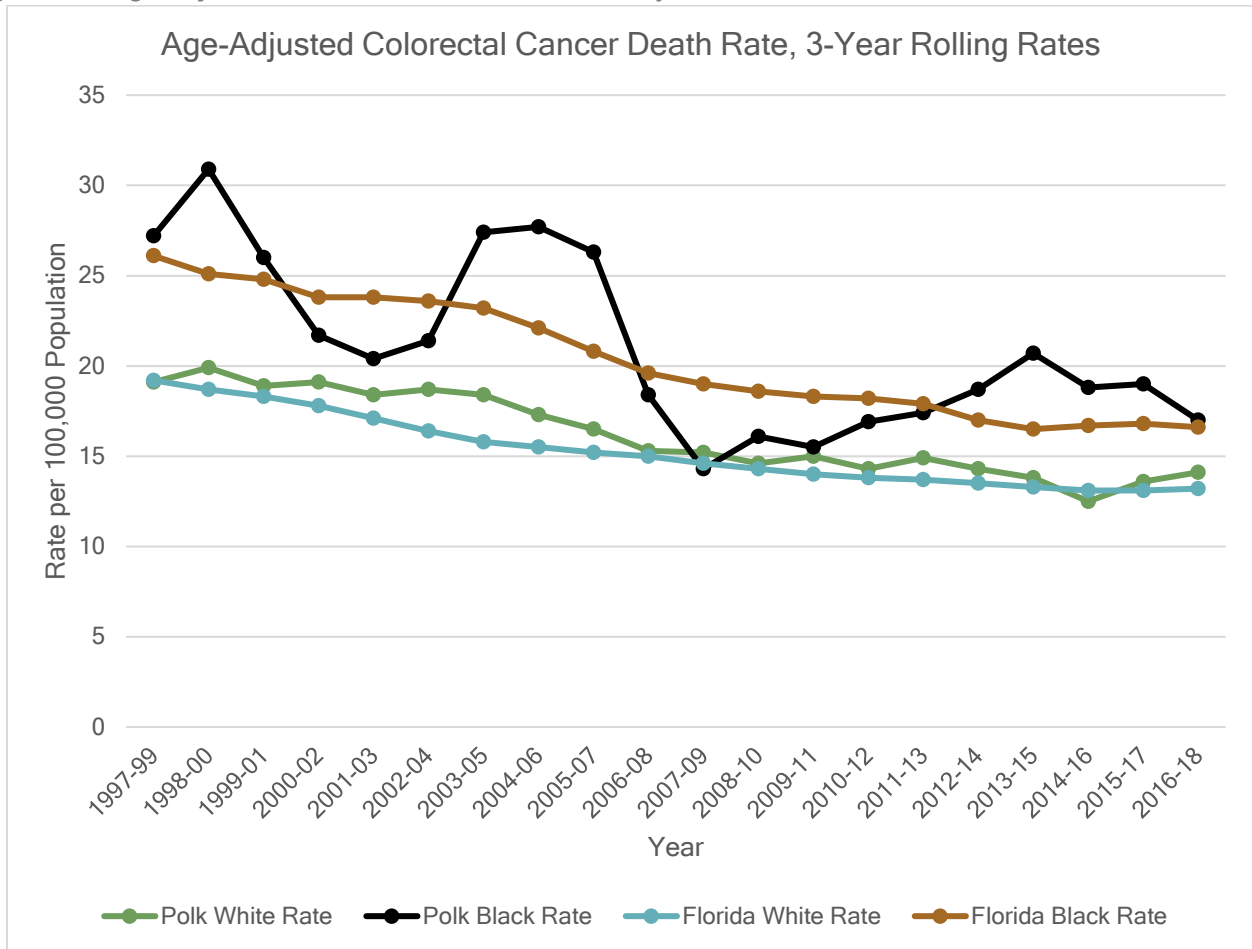
Source: Florida Cancer Data System

Figure 230. Age-Adjusted Colorectal Cancer Death Rate by Race

Age-Adjusted Colorectal Cancer Death Rate, 3-Year Rolling Rates per 100,000 Population				
Years	Polk White Rate	Polk Black Rate	Florida White Rate	Florida Black Rate
2016-18	14.1	17.0	13.2	16.6

Source: FDOH Bureau of Vital Statistics

Figure 231. Age-Adjusted Colorectal Cancer Death Rate by Race Over Time



The death rate from colorectal cancer in Polk County is higher among the Black population (17.0 per 100,000) than the White population (14.1 per 100,000). The death rate from colorectal cancer is also higher among the Black population (16.6 per 100,000) than the White population (13.2 per 100,000) across the State of Florida.

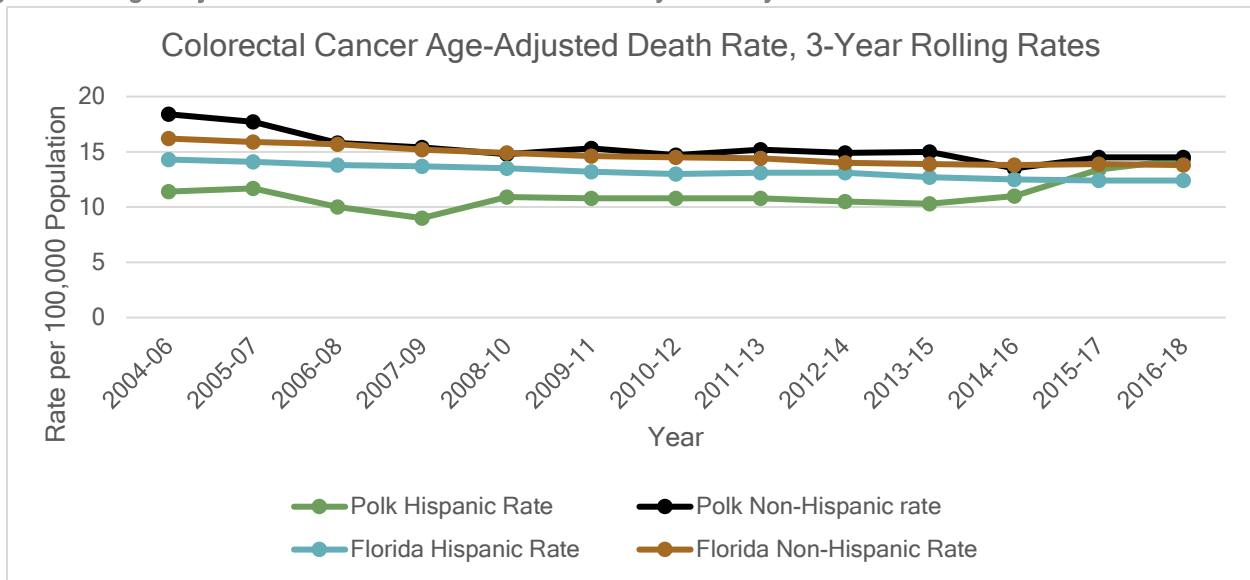
Source: FDOH Bureau of Vital Statistics

Figure 232. Age-Adjusted Colorectal Cancer Death Rate by Ethnicity

Age-Adjusted Colorectal Cancer Death Rate, 3-Year Rolling Rates per 100,000 Population				
Years	Polk Hispanic Rate	Polk Non-Hispanic Rate	Florida Hispanic Rate	Florida Non-Hispanic Rate
2016-18	14.3	14.5	12.4	13.8

Source: FDOH Bureau of Vital Statistics

Figure 233. Age-Adjusted Colorectal Cancer Death Rate by Ethnicity Over Time



The death rate from colorectal cancer in Polk County is similar among Hispanics (14.3 per 100,000) and Non-Hispanics (14.5 per 100,000), although historical rates are higher among the Non-Hispanic population. The statewide death rate from colorectal cancer is higher among Non-Hispanics (13.8 per 100,000) than that Hispanics (12.4 per 100,000); this trend is consistent over time.

Source: FDOH Bureau of Vital Statistics

Lung Cancer

Lung cancer is a disease in which cells in the lungs grow out of control. Lung cancer is the leading cause of cancer death and the second most diagnosed cancer in both men and women in the U.S. After increasing for decades, lung cancer rates are decreasing nationally, as fewer people smoke cigarettes.

Cigarette smoking is the number one cause of lung cancer. Lung cancer can also be caused by using other types of tobacco (such as pipes or cigars), breathing secondhand smoke, being exposed to substances such as asbestos or radon at home or work, and having a family history of lung cancer.

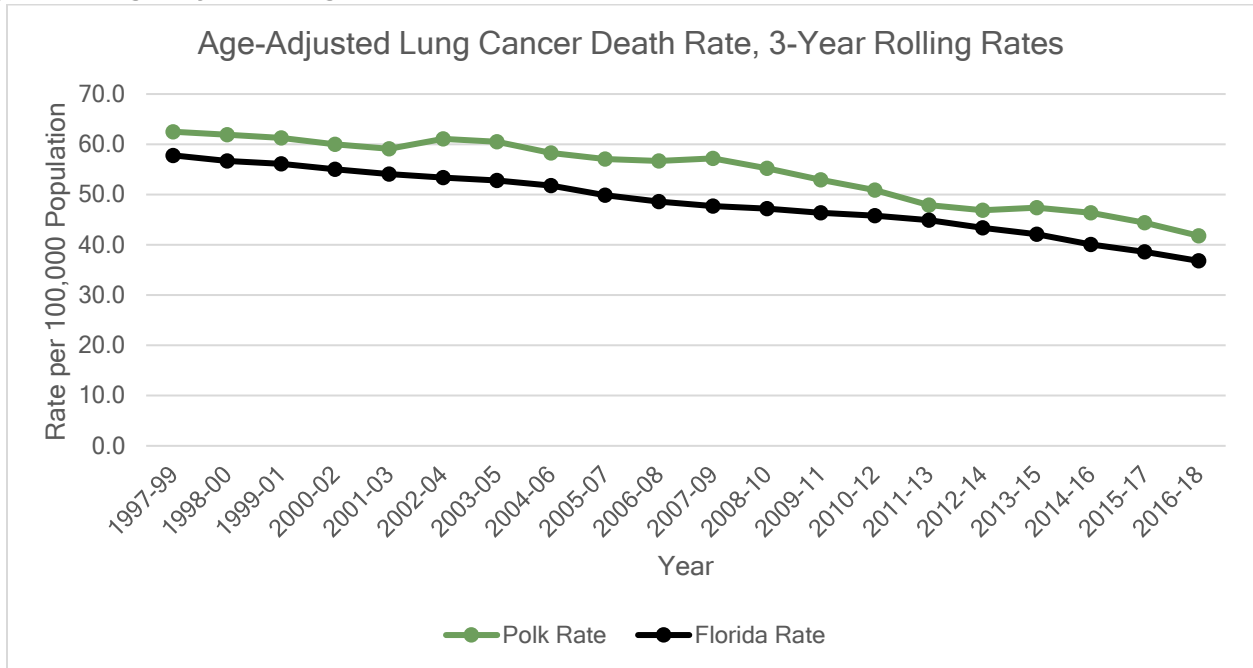
Source: CDC, 2019

Figure 234. Lung Cancer

Indicator	Rate Type	Year(s)	Polk County			Florida Rate	HP 2020 Goal
			Count	Quartile	Rate		
Age-adjusted death rate	Per 100,000	2016-2018	1,225	2	41.8	36.8	45.5
Age-adjusted incidence rate (new cases)	Per 100,000	2014-2016	1,808	3	66.2	57.8	

Sources: FDOH Bureau of Vital Statistics; Florida Cancer Data System

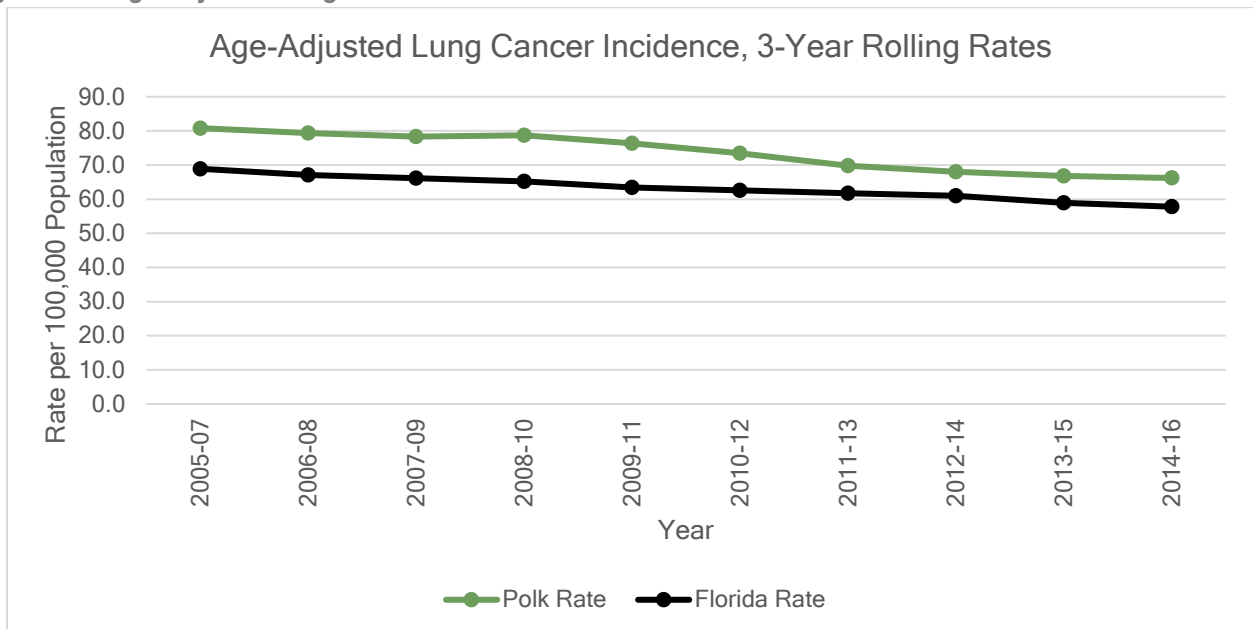
Figure 235. Age-Adjusted Lung Cancer Death Rate Over Time



The lung cancer death rate in Polk County (41.8 per 100,000) is higher than the statewide rate (36.8 per 100,000); this trend is consistent over time. Both Polk County and statewide lung cancer death rates have generally decreased over time.

Source: FDOH Bureau of Vital Statistics

Figure 236. Age-Adjusted Lung Cancer Incidence Rate Over Time



The lung cancer incidence rate is higher in Polk County (66.2 per 100,000) than the State of Florida (57.8 per 100,000); this trend is consistent over time. Both Polk County and statewide lung cancer incidence rates have generally decreased over time.

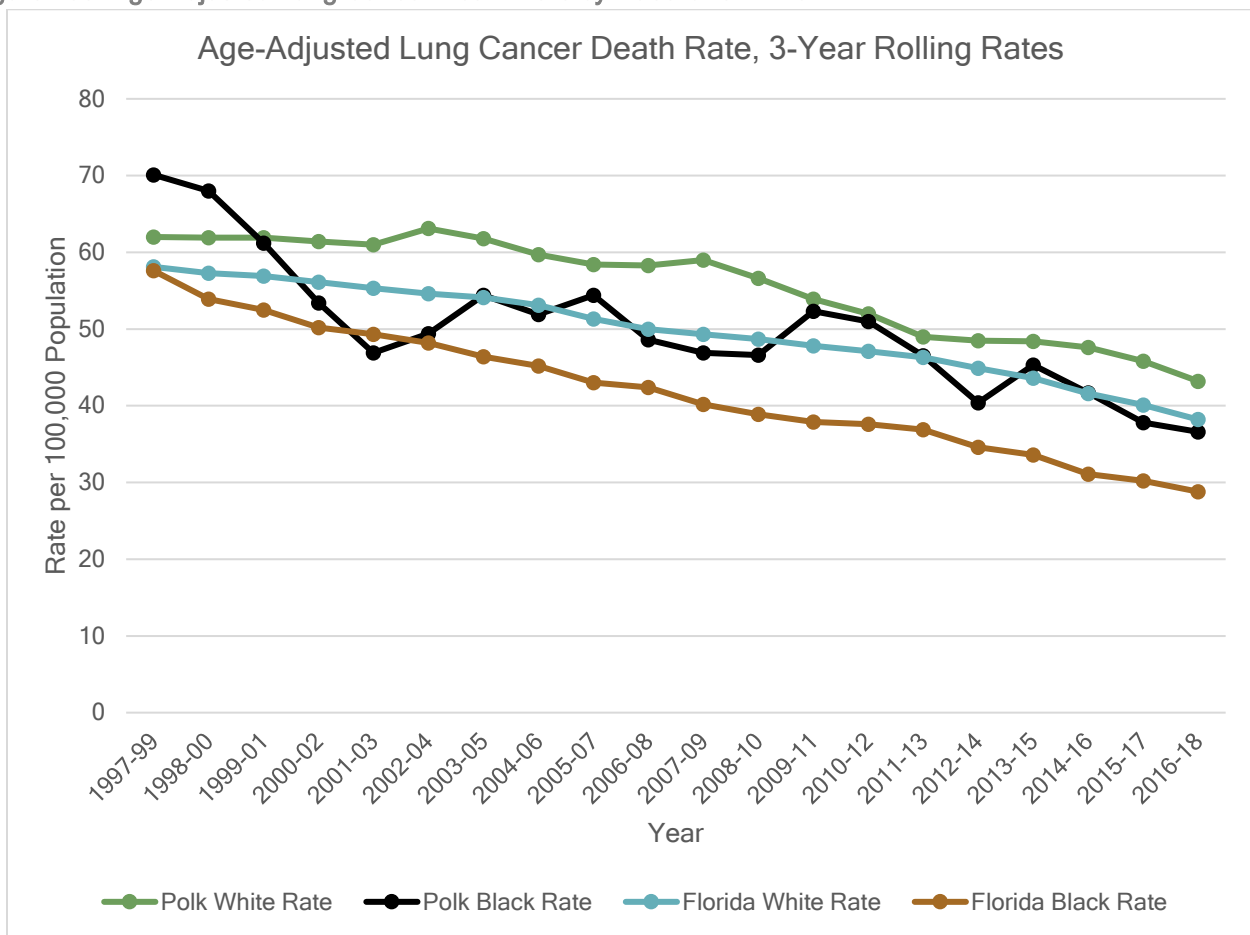
Source: Florida Cancer Data System

Figure 237. Age-Adjusted Lung Cancer Death Rate by Race

Age-Adjusted Lung Cancer Death Rate, 3-Year Rolling Rates per 100,000 Population				
Years	Polk White Rate	Polk Black Rate	Florida White Rate	Florida Black Rate
2016-18	43.2	36.6	38.2	28.8

Source: FDOH Bureau of Vital Statistics

Figure 238. Age-Adjusted Lung Cancer Death Rate by Race Over Time



The rate of deaths from lung cancer is higher among the White population (43.2 per 100,000) than the Black population (36.6 per 100,000) in Polk County. Similarly, the statewide rate of deaths from lung cancer is also higher among the White population (38.2 per 100,000) than the Black population (28.8 per 100,000).

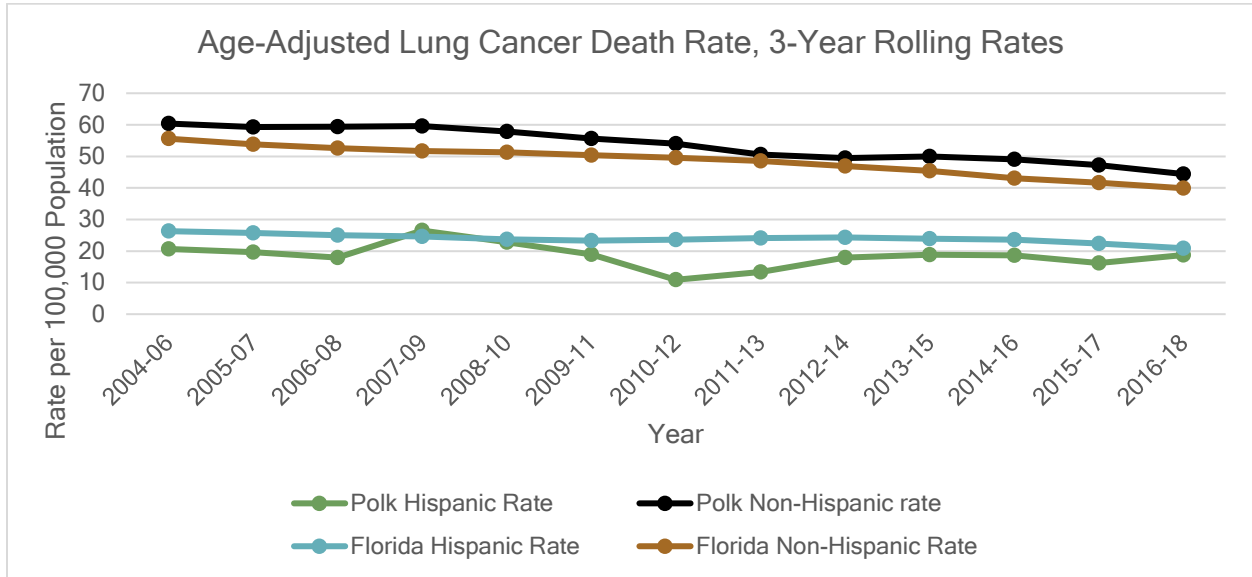
Source: FDOH Bureau of Vital Statistics

Figure 239. Age-Adjusted Lung Cancer Death Rate by Ethnicity

Age-Adjusted Lung Cancer Death Rate, 3-Year Rolling Rates per 100,000 Population				
Years	Polk Hispanic Rate	Polk Non-Hispanic Rate	Florida Hispanic Rate	Florida Non-Hispanic Rate
2016-18	18.7	44.4	20.9	39.9

Source: FDOH Bureau of Vital Statistics

Figure 240. Age-Adjusted Lung Cancer Death Rate by Ethnicity Over Time



The rate of deaths from lung cancer in Polk County is more than twice as high among the Non-Hispanic population (44.4 per 100,000) than the Hispanic population (18.7 per 100,000). Similarly, the statewide rate of deaths from lung cancer is also higher among Non-Hispanics (39.9 per 100,000) than Hispanics (20.9 per 100,000).

Source: FDOH Bureau of Vital Statistics

Melanoma

Melanoma is the third most common type of skin cancer, however it is more dangerous than the other two types of skin cancer and causes more deaths. The majority of cases of skin cancer are caused by overexposure to ultraviolet (UV) light. UV rays are an invisible kind of radiation that comes from the sun, tanning beds, and sunlamps. UV rays can penetrate and damage skin cells. Protection from UV radiation year-round is important in preventing skin cancer. Stayin in the shade, wearing covering clothing, and using sunscreen are all ways to prevent exposure to UV radiation.

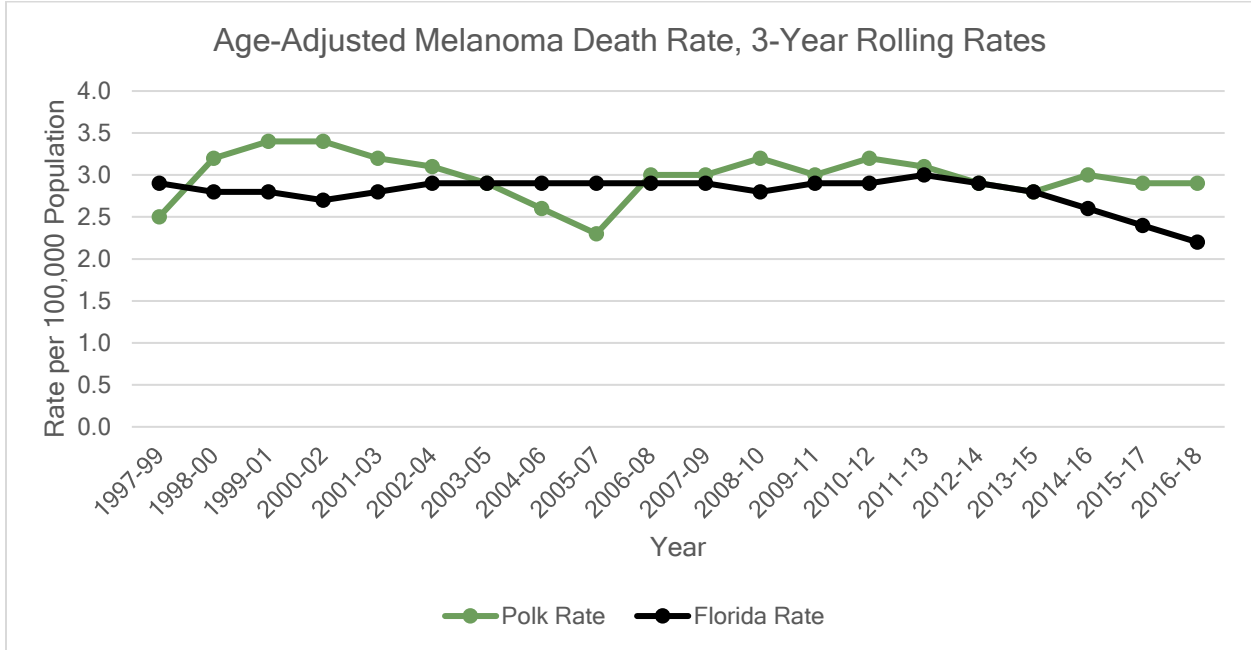
Source: CDC, 2019

Figure 241. Melanoma

Indicator	Rate Type	Year(s)	Polk County			Florida Rate	HP 2020 Goal
			Count	Quartile	Rate		
Age-adjusted death rate	Per 100,000	2016-2018	75	3	2.9	2.2	2.4
Age-adjusted incidence rate (new cases)	Per 100,000	2014-2016	754	3	30.2	24.6	

Sources: FDOH Bureau of Vital Statistics; Florida Cancer Data System

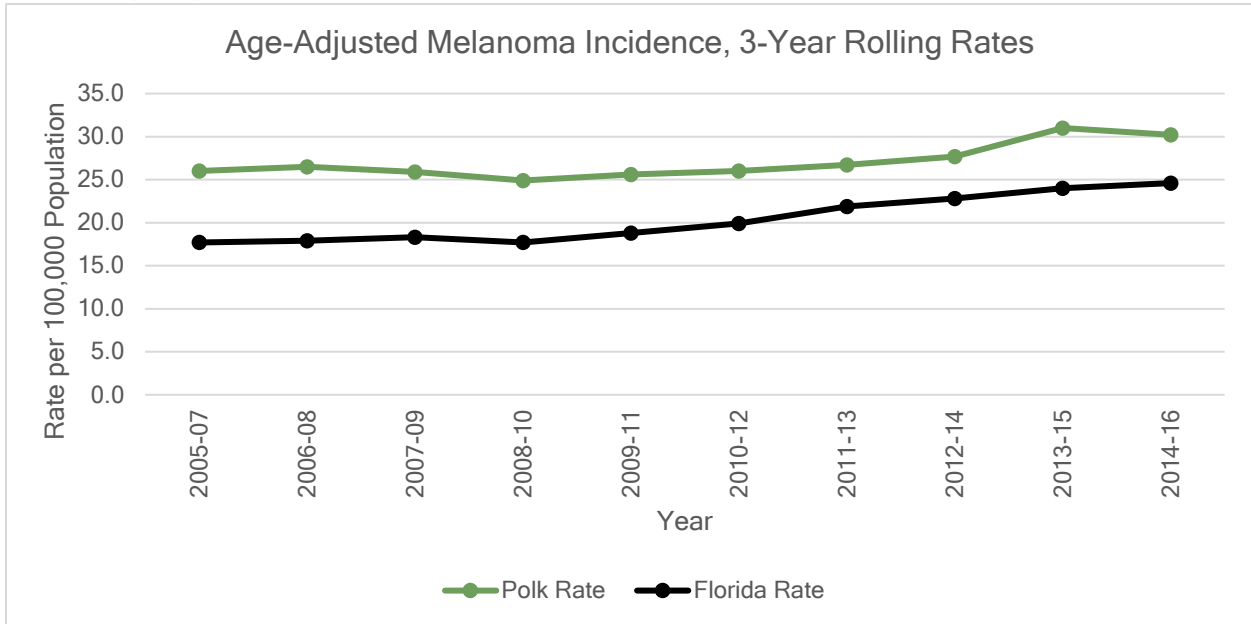
Figure 242. Age-Adjusted Melanoma Death Rate Over Time



The death rate for melanoma in Polk County (2.9 per 100,000) is similar to the statewide rate (2.2 per 100,000).

Source: FDOH Bureau of Vital Statistics

Figure 243. Age-Adjusted Melanoma Incidence Rates Over Time



The melanoma incidence rate is higher in Polk County (30.2 per 100,000) than across the State of Florida (24.6 per 100,000); this trend is consistent over time.

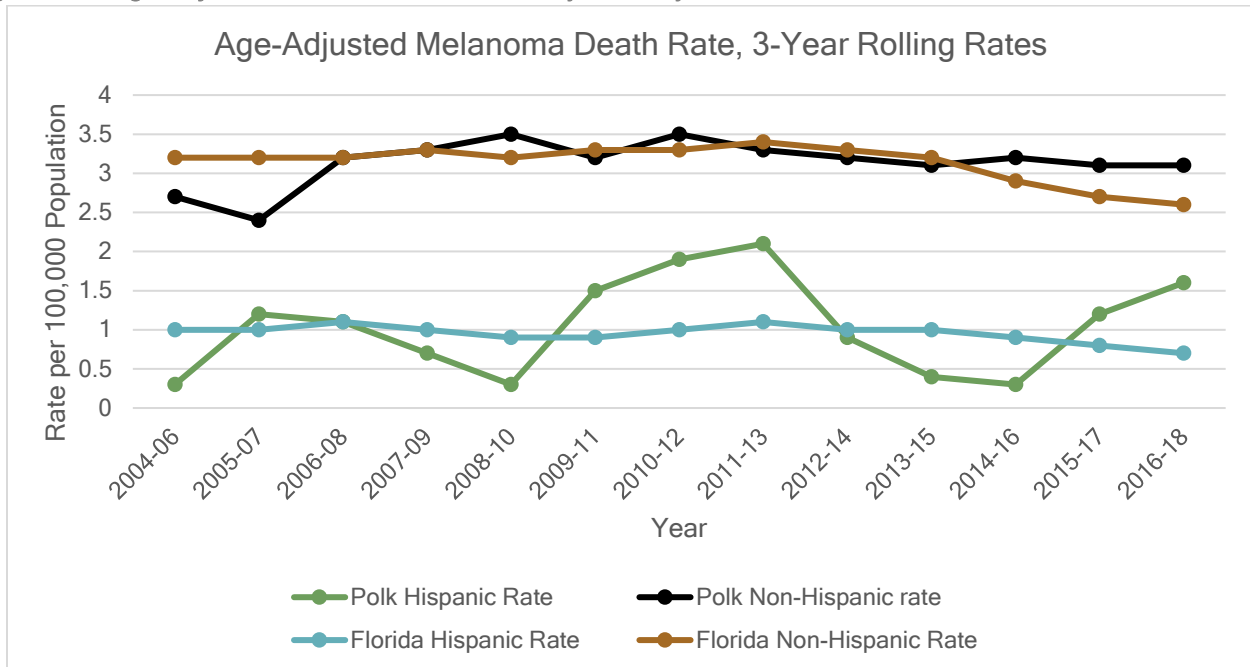
Source: Florida Cancer Data System

Figure 244. Age-Adjusted Melanoma Death Rate by Ethnicity

Age-Adjusted Melanoma Death Rate, 3-Year Rolling Rates per 100,000 Population				
Years	Polk Hispanic Rate	Polk Non-Hispanic Rate	Florida Hispanic Rate	Florida Non-Hispanic Rate
2016-18	1.6	3.1	0.7	2.6

Source: FDOH Bureau of Vital Statistics

Figure 245. Age-Adjusted Melanoma Death Rate by Ethnicity



The rate of deaths from melanoma in Polk County is almost twice as high among Non-Hispanics (3.1 per 100,000) than Hispanics (1.6 per 100,000). The statewide rate of deaths from melanoma is more than three times higher among the Non-Hispanic population (2.6 per 100,000) than the Hispanic population (0.7 per 100,000). Historically, the rates of deaths from melanoma in Polk County and the State of Florida are generally higher among the Non-Hispanic than Hispanic populations.

Source: FDOH Bureau of Vital Statistics

Prostate Cancer

Prostate cancer is a disease in which the cells of the prostate, part of the male reproductive system, grow out of control. Prostate cancer is the second most common cancer in American men. All men are at risk for prostate cancer, however the most common risk factor is age. The older a man gets, the greater his chance of getting prostate cancer. Black men are more likely to get prostate cancer than men of other races and are more than twice as likely to die from prostate cancer as White men. Men who have a family history of prostate cancer are also at increased risk. Prostate cancer screening, including a blood test called the prostate specific antigen (PSA) test can help detect prostate cancer early.

Source: CDC, 2019

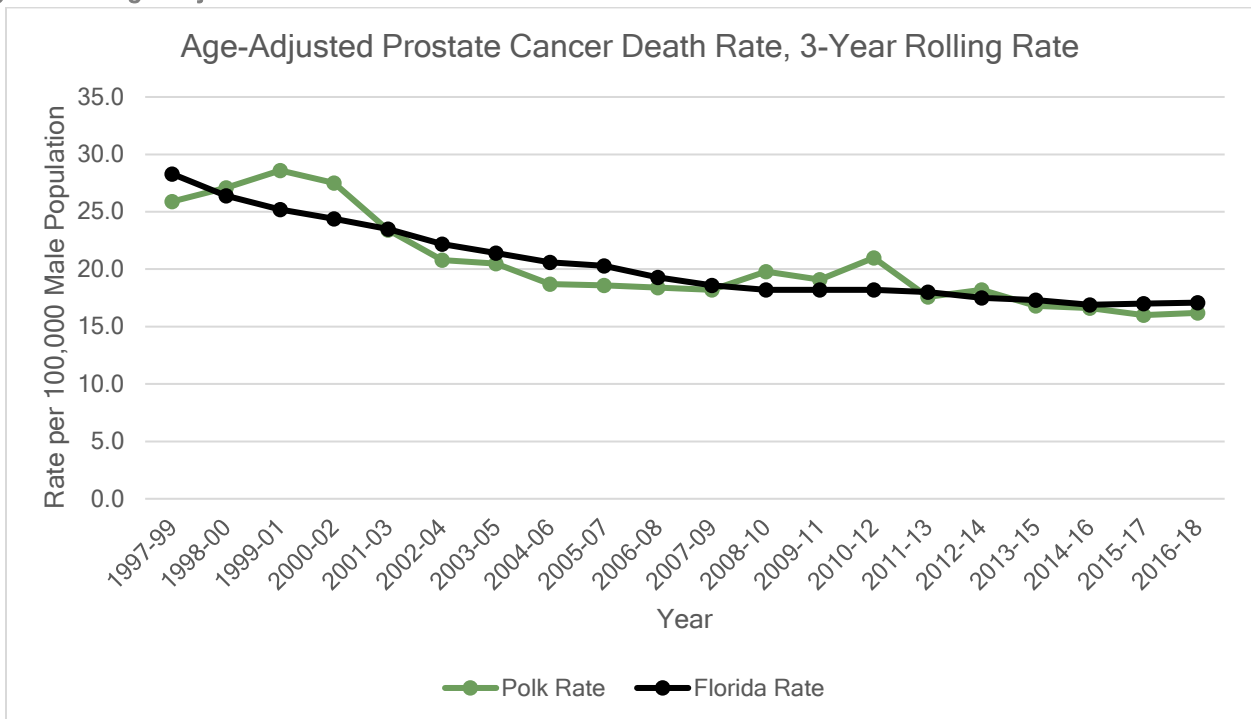
Figure 246. Prostate Cancer

Indicator	Rate Type	Year(s)	Polk County			Florida Rate	HP 2020 Goal
			Count	Quartile	Rate		
Age-adjusted death rate	Per 100,000 Males	2016-2018	216	2	16.2	17.1	21.8
Age-adjusted incidence rate (new cases)	Per 100,000 Males	2014-2016	1,214	4	93.5	87.2	
Men 50 years of age and older who received a PSA test in the past two years	Percent	2016		3	55.7%	54.9%	

The death rate from prostate cancer is slightly lower in Polk County (16.2 per 100,000 males) than across the State of Florida (17.1 per 100,000 males). The prostate cancer incidence rate is higher in Polk County (93.5 per 100,000 males) than the State of Florida (87.2 per 100,000 males). Men ages 50 years and older in Polk County are slightly more likely to have received a PSA test in the past two years (55.7%) than men across the State of Florida (54.9%).

Sources: FDOH Bureau of Vital Statistics; FL BRFSS; Florida Cancer Data System

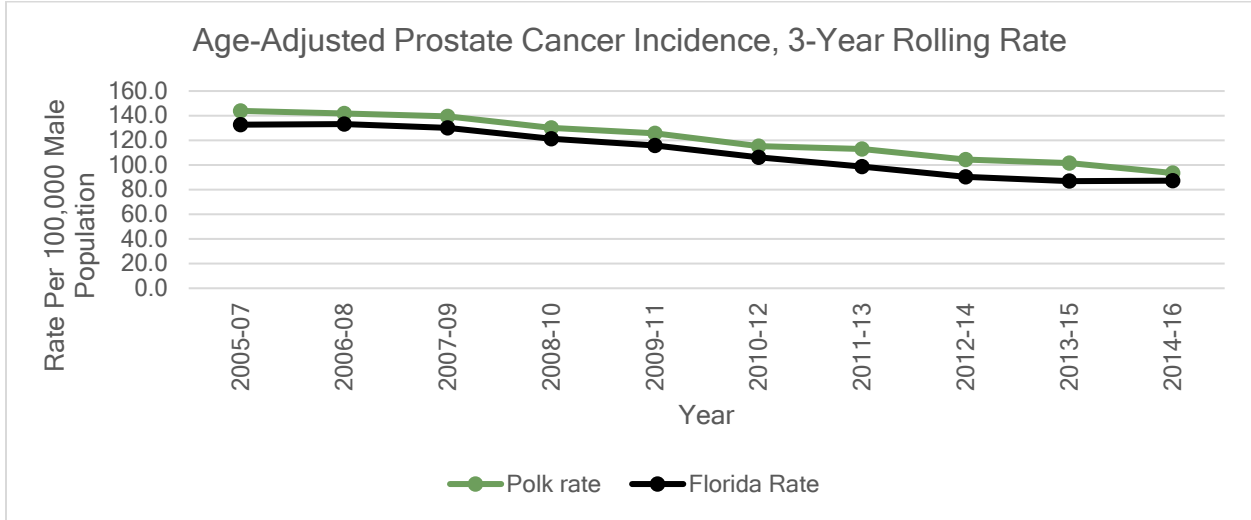
Figure 247. Age-Adjusted Prostate Cancer Death Rate Over Time



Historically, the prostate cancer death rate in Polk County is typically similar to the statewide rate. Rates in both Polk County and the State of Florida have generally decreased over time.

Source: FDOH Bureau of Vital Statistics

Figure 248. Age-Adjusted Prostate Cancer Incidence Rate Over Time



Historically, the prostate cancer incidence rate is generally higher in Polk County than across the State of Florida. Rates in both Polk County and the state of Florida have generally decreased over time.

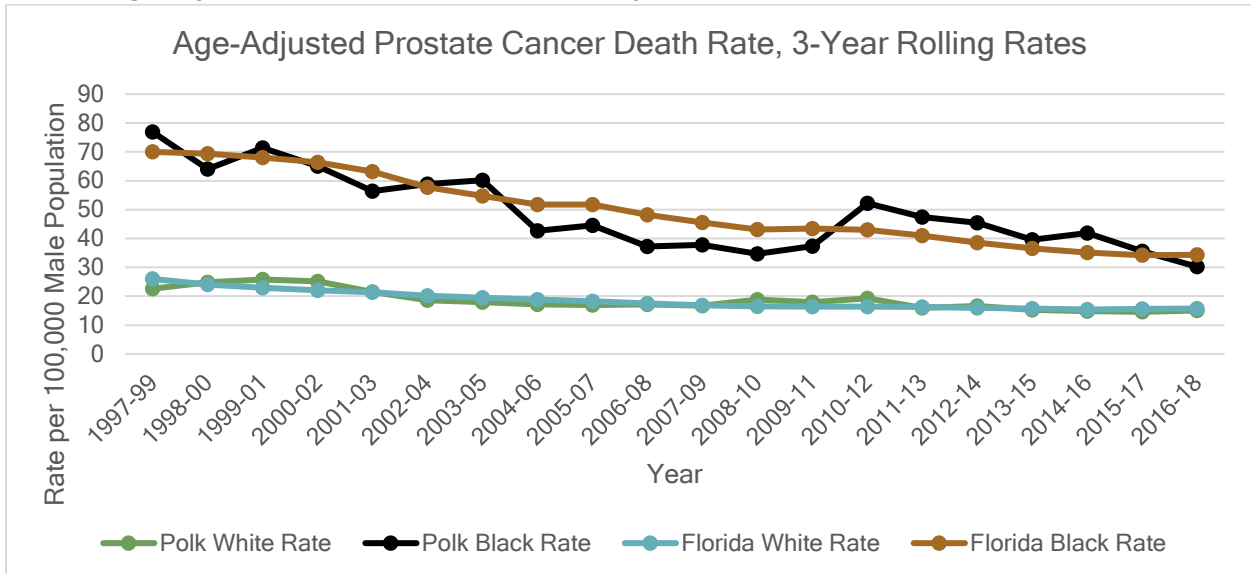
Source: Florida Cancer Data System

Figure 249. Age-Adjusted Prostate Cancer Death Rate by Race

Age-Adjusted Prostate Cancer Death Rate, 3-Year Rolling Rates per 100,000 Male Population				
Years	Polk White Rate	Polk Black Rate	Florida White Rate	Florida Black Rate
2016-18	15.1	30.2	15.7	34.3

Source: FDOH Bureau of Vital Statistics

Figure 250. Age-Adjusted Prostate Cancer Death Rate by Race Over Time



The death rate from prostate cancer in Polk County is two times higher among the Black male population (30.2 per 100,000) than the White male population (15.1 per 100,000). The Black male population across the State of Florida also has a death rate from prostate cancer more than twice that of the White male population across the state (34.3 per 100,000 versus 15.7 per 100,000, respectively). Historically, the death rate from prostate cancer is higher among Black men than White men in Polk County and the State of Florida.

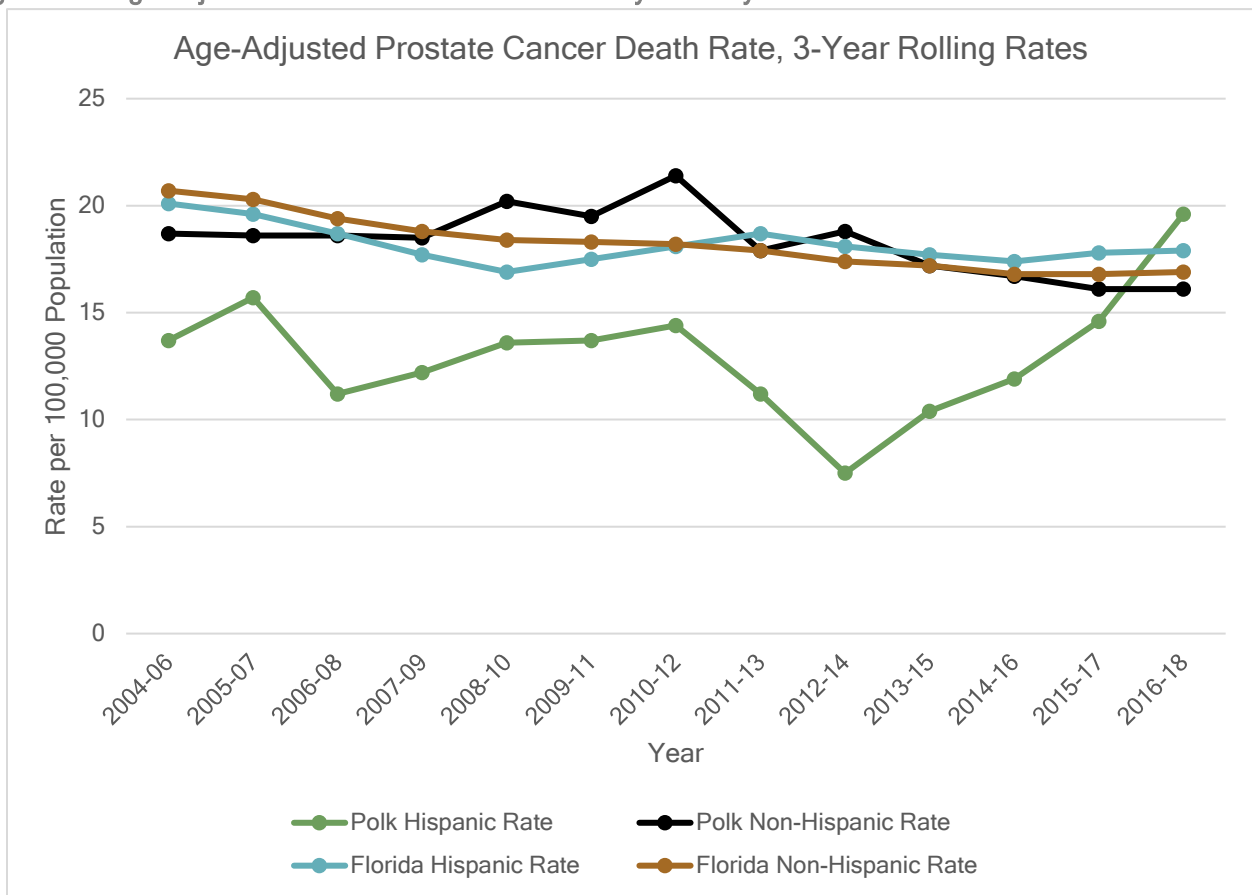
Source: FDOH Bureau of Vital Statistics

Figure 251. Age-Adjusted Prostate Cancer Death Rate by Ethnicity

Age-Adjusted Prostate Cancer Death Rate, 3-Year Rolling Rates per 100,000 Male Population				
Years	Polk Hispanic Rate	Polk Non-Hispanic Rate	Florida Hispanic Rate	Florida Non-Hispanic Rate
2016-18	19.6	16.1	17.9	16.9

Source: FDOH Bureau of Vital Statistics

Figure 252. Age-Adjusted Prostate Cancer Death Rate by Ethnicity Over Time



The rate of deaths from prostate cancer in Polk County is higher among Hispanics (19.6 per 100,000 males) than Non-Hispanics (16.1 per 100,000 males). The statewide rate of deaths from prostate cancer is only slightly higher among Hispanics (17.9 per 100,000 males) than Non-Hispanics (16.9 per 100,000 males). Historically, the statewide death rate is generally similar between the Hispanic and Non-Hispanic populations.

Source: FDOH Bureau of Vital Statistics

ORAL HEALTH

Oral health affects one's ability to speak, smile, eat, and show emotions. It also affects self-esteem, school performance, and attendance at work and school. Oral diseases, which range from cavities to gum disease to oral cancer, cause pain and disability for millions of Americans. They also cost taxpayers billions of dollars each year.

About Oral Health

Cavities, also called tooth decay, are one of the most common chronic diseases in the U.S. By age 34, more than 80% of Americans have had at least one cavity. The nation spends over \$124 billion a year on costs related to dental care. On average, over 34 million school hours are lost and over \$45 billion is lost in productivity each year due to unplanned emergency dental care.

Oral health has been linked with other chronic diseases, like diabetes and heart disease. It is also linked with risk behaviors like using tobacco and eating and drinking foods and beverages high in sugar. Public health strategies such as community water fluoridation and school sealant programs have been proven to save money and prevent cavities.

Source: CDC, 2019

Figure 253. Oral Health

Indicator	Measure	Year	Polk County		Florida Rate
			Count	Rate	
Adults who had a permanent tooth removed because of tooth decay or gum disease	Percent	2016		53.3%	47.3%
Adults who visited a dentist or dental clinic in the past year	Percent	2016		54.6%	63.0%
Oral cancer incidence	Per 100,000	2017	109	12.5	13.5
Deaths from oral cancer	Per 100,000	2018	26	3.8	3.8
Emergency room visits due to dental conditions ages 5 and over	Per 100,000	2018	6,924	1,078.6	637.0
Preventable emergency room visits under 65 from dental conditions	Per 100,000	2018	7,063	1,297.3	757.3
Preventable hospitalizations under 65 from dental conditions	Per 100,000	2018	72	13.2	12.5
Population receiving optimally fluoridated water	Percent	2018	378,073	62.7%	77.4%
Total licensed Florida dental hygienists	Per 100,000	2018	237	34.8	57.9
Total licensed Florida dentists	Per 100,000	2018	169	24.8	54.8

Adults in Polk County are more likely to have had a permanent tooth removed because of tooth decay or gum disease (53.3%) than adults across the State of Florida (47.3%). Adults in Polk County are less likely to have seen a dentist in the past year (54.6%) than adults across the State of Florida (63.0%). Rates of oral cancer incidence are higher in across the State of Florida (13.5 per 100,000) than in Polk County (12.5 per 100,000), however rates of death from oral cancer are the same in Polk County and across the state

(3.8 per 100,000). Polk County has higher rates of emergency room visits due to dental conditions among ages 5 and over (1,078.6 per 100,000) than the state (637.0 per 100,000). Polk County also has higher rates of preventable hospitalizations under age 65 from dental conditions (1,297.3 per 100,000) than the State of Florida (757.3 per 100,000). Only 62.7% of the Polk County population receives optimally fluoridated water, as compared with 77.4% of the State of Florida. Polk County has a shortage of licensed dental hygienists (34.8 per 100,000) and dentists (24.8 per 100,000), with rates lower than the state (57.9 per 100,000 and 54.8 per 100,000, respectively).

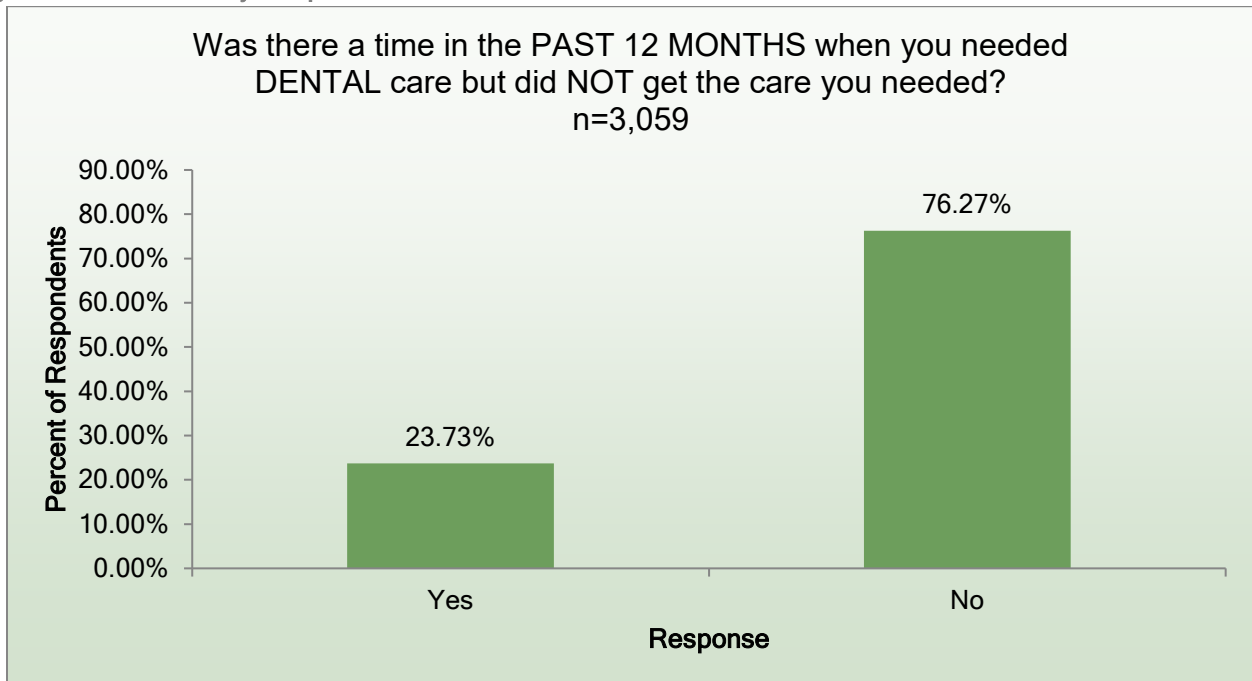
Sources: FL BRFSS; FDOH Bureau of Vital Statistics; Florida Cancer Data System, FDOH PHDP; AHCA; FDOH Division of Medical Quality Assurance

Adult Oral Health

Threats to oral health, including tooth loss, continue throughout the lifespan. The major risks for tooth loss are tooth decay and gum disease that may increase with age because of problems with saliva production, receding gums that expose “softer” root surfaces to decay-causing bacteria, or difficulties flossing and brushing because of poor vision, cognitive problems, chronic disease, and physical limitations. In the U.S., about 3 in 4 Hispanics and Non-Hispanic Black adults have an unmet need for dental treatment, as do people who are poor. These individuals are also more likely to report having poor oral health. In addition, some adults may have difficulty accessing dental treatment. For every adult age 19 years and older without medical insurance, there are three who don’t have dental insurance. Good oral health is also very important for pregnant women, as they may be more prone to gum disease and cavities, which can affect the baby’s health.

Source: CDC, 2019

Figure 254. Polk Survey Respondents: Access to Dental Care



Of those who said yes, over 60% reported the main reason they didn’t get the dental care they needed was because they couldn’t afford it. Another almost 14% reported the main reason as not having dental insurance.

Source: 2019 Polk County Community Health Survey

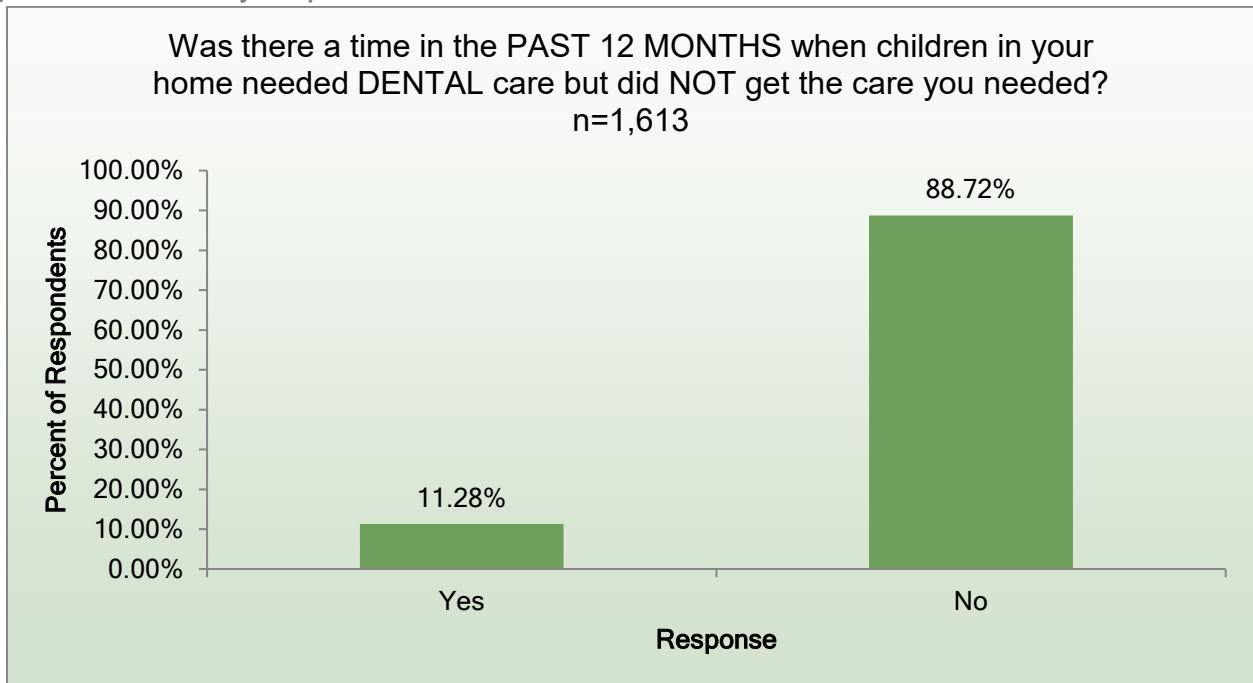
Children's Oral Health

Children who have poor oral health often miss more school and receive lower grades than children who have good oral health. Fortunately, cavities are preventable. Fluoride varnish can prevent about one-third of cavities in the primary (baby) teeth. Children living in communities with fluoridated tap water have fewer cavities than children whose water is not fluoridated. Similarly, children who brush daily with fluoride toothpaste will have fewer cavities. Dental sealants can also prevent cavities for many years. Applying dental sealants to the chewing surfaces of the back teeth prevent 80% of cavities.

- About 20% of children ages 5-11 years have at least one untreated decayed tooth
- About 13% of adolescents ages 12-19 years have at least one untreated decayed tooth
- Children ages 5-19 from low-income families are twice as likely (25%) to have cavities, compared with children from higher-income households (11%).

Source: CDC, 2019

Figure 255. Polk Survey Respondents: Access to Dental Care for Children



Of those who said yes, over 55% reported the main reason why the children in their home didn't get the dental care they needed was because they couldn't afford it. Another 18% of respondents reported not having dental insurance as the main reason.

Source: 2019 Polk County Community Health Survey

IMMUNIZATIONS AND INFECTIOUS DISEASE

Infectious diseases are caused by pathogenic microorganisms, such as bacteria, viruses, parasites, or fungi and can be spread from one person to another. Vaccines have been developed to provide immunity against some of these diseases.

Source: CDC, 2019; WHO, 2018

Vaccine-Preventable Diseases

Most of the following communicable diseases are now rare in the U.S. thanks to vaccines being developed and large populations being vaccinated. Vaccination protects against the following 14 diseases, which used to be prevalent in the U.S:

- Polio
- Tetanus
- Influenza (the flu)
- Hepatitis B
- Hepatitis A
- Rubella
- Hib (Haemophilus influenzae type b)
- Measles
- Pertussis (Whooping Cough)
- Pneumococcal Disease
- Rotavirus
- Mumps
- Varicella (Chickenpox)
- Diphtheria

Source: CDC, 2020

Figure 256. Vaccine-Preventable Diseases

Indicator	Measure	Year	Polk County		Florida	
			Count	Rate	Count	Rate
Meningococcal Disease	Per 100,000	2018	1	0.1	18	0.1
Pertussis (Whooping Cough)	Per 100,000	2018	15	2.2	326	1.6
Varicella (Chickenpox)	Per 100,000	2018	41	6.0	853	4.1
Measles (Rubeola)	-	2018	0	-	15	-
Mumps	-	2018	2	-	55	-
Tetanus	-	2018	0	-	1	-
Rubella	-	2018	0	-	0	-
Diphtheria	-	2018	0	-	0	-
Poliomyelitis	-	2018	0	-	0	-

Rates of vaccine-preventable diseases are low across Polk County and the State of Florida. Polk County does have a higher rate of varicella (chickenpox) (6.0 per 100,000) than the State of Florida (4.1 per 100,000).

Sources: FDOH Bureau of Epidemiology; FDOH Division of Public Health Statistics & Performance Management

Child and Adolescent Immunizations

Vaccines are especially important for providing infants, children, and adolescents with immunity before they are exposed to potentially life-threatening diseases. Vaccine schedules have been developed by experts to ensure infants, children, and adolescents receive the vaccines they need at the appropriate age.

Source: CDC, 2019

Figure 257. Childhood and Adolescent Immunizations

Indicator	Measure	Year	Polk County		Florida Rate
			Count	Rate	
2-year-old children fully immunized: basic immunization series	Percent	2018		89.0%	83.9%
Immunization levels in Kindergarten	Percent	2019	7,868	95.9%	93.8%
Immunization levels in 7 th Grade	Percent	2019	8,848	97.1%	96.3%

Rates of required childhood and adolescent immunization are higher among Polk County than the State of Florida.

Sources: FDOH Bureau of Epidemiology; FDOH Bureau of Immunization

Adult Immunizations

It is recommended that all eligible adults and children older than 6 months receive a flu shot annually. Annual pneumonia vaccines are recommended for adults over the age of 65.

Source: CDC, 2020

Figure 258. Adult Immunizations

Indicator	Measure	Year	Polk County Rate	Florida Rate
Adults who received a flu shot in the past year	Percent	2016	37.6%	35.0%
Adults who have ever received a pneumonia vaccination	Percent	2016	37.9%	34.6%

Rates of adult immunizations are higher in Polk County than across the State of Florida.

Source: FL BRFSS

Pneumonia & Influenza

Pneumonia is an infection of the lungs that can cause mild to severe illness in people of all ages. Pneumonia can be caused by viruses, bacteria, or fungi. It is recommended that babies and children younger than 2 years old, as well as adults over the age of 65, receive routine vaccination to help prevent pneumonia.

Influenza (flu) is a contagious respiratory illness caused by the influenza virus. Influenza can cause mild to severe illness and can result in hospitalization or death if severe. Young children, older adults, and people with certain medical conditions are at higher risk of flu complications. The best way to prevent flu is by getting vaccinated every year.

Source: CDC, 2019

Figure 259. Pneumonia & Influenza

Indicator	Measure	Year	Polk County		Florida Rate
			Count	Rate	
Preventable Hospitalizations Under 65 from Bacterial Pneumonia	Per 100,000	2018	835	153.4	112.5
Age-adjusted Pneumonia deaths	Per 100,000	2018	156	16.3	8.3
Age-adjusted Influenza and Pneumonia deaths	Per 100,000	2018	172	18.0	9.8

The rate of hospitalizations and deaths from pneumonia and influenza are higher in Polk County than across the State of Florida.

Sources: AHCA; FDOH Division of Public Health Statistics & Performance Management; FDOH Bureau of Vital Statistics

Hepatitis A

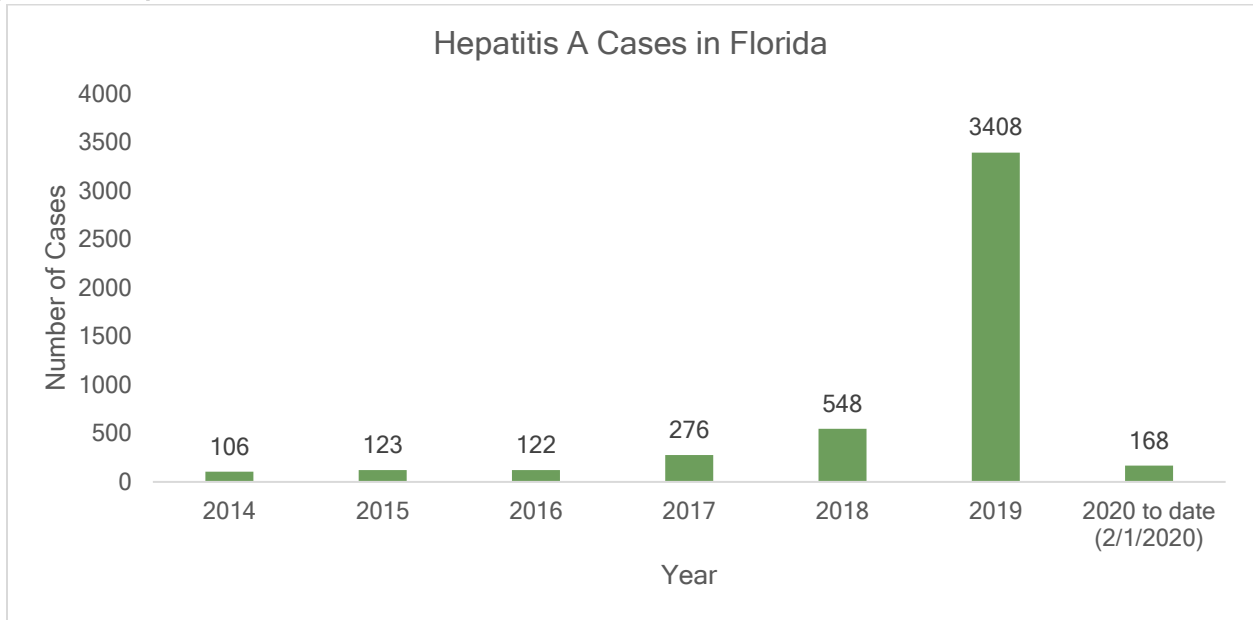
Hepatitis A is caused by a contagious virus that infects the liver and can cause serious liver problems. The virus spreads through the feces of people who have the virus. If a person with the virus doesn't wash their hands after using the bathroom, fecal matter may remain on their hands, which can then be transferred to objects, food, and drinks. When these things are shared, other people can unknowingly ingest the virus. If a person who has the virus comes into close contact or touches other people, including sexual contact, the virus can also spread.

Typically, hepatitis A rates in Florida are low, with just over 100 cases per year. The number of reported hepatitis A cases in Florida more than doubled from 2016 to 2017, and nearly doubled again in 2018. Case counts for 2019 increased over 500% from 2018. Hepatitis A was declared a Public Health Emergency by Florida Surgeon General Scott Rivkees on August 1, 2019.

A hepatitis A vaccine is the best protection against the virus. The vaccine comes in two doses which are given six months apart. Proper handwashing can also help protect against the spread of hepatitis A. Remember to wash your hands:

- After using the bathroom - use soap and warm, running water and wash for at least 20 seconds - alcohol-based hand sanitizers DO NOT kill hepatitis A germs.
- After you touch people or public surfaces; after you change a diaper; after you cough, sneeze, or use a tissue; after you use tobacco; and after you eat and drink
- Before you prepare food or eat food
- If you are an employer, require employees to use proper sanitation practices for preparing food, and for surface cleaning work areas and public areas like bathroom

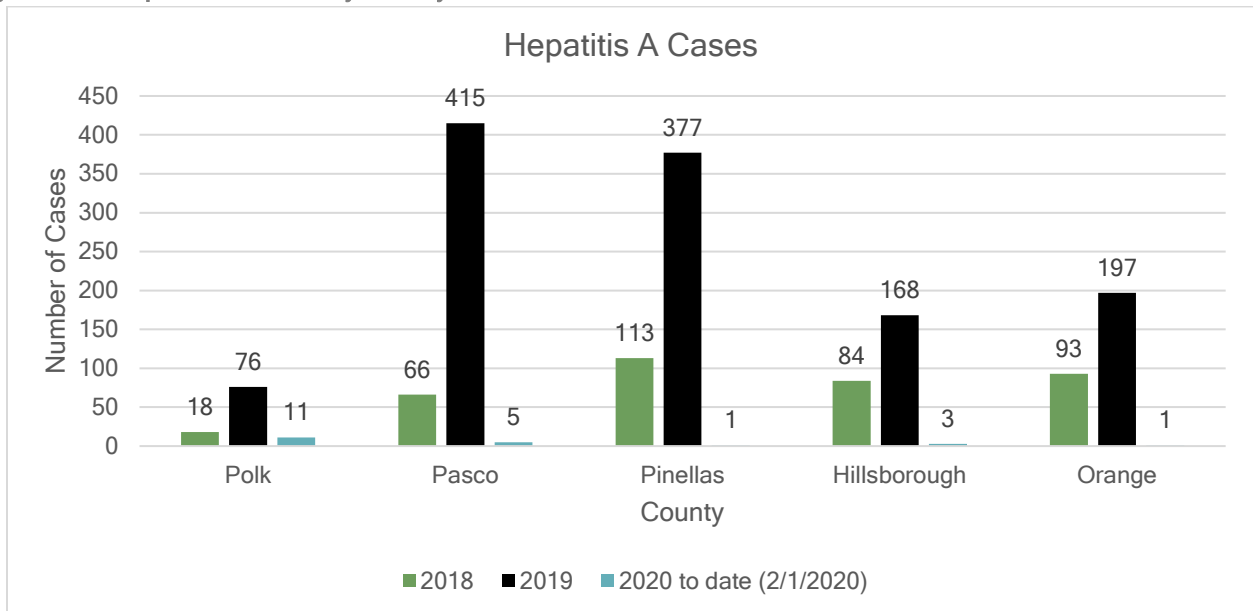
Figure 260. Hepatitis A Cases in Florida Over Time



Hepatitis A cases have increased dramatically across the State of Florida. The number of reported hepatitis A cases in Florida more than doubled from 2016 to 2017, and nearly doubled again in 2018. Case counts for 2019 increased over 500% from 2018.

Source: Florida Department of Health

Figure 261. Hepatitis A Cases by County in Florida Over Time



Hepatitis A cases in Polk and surrounding counties increased between 2018 and 2019. Pinellas County had the highest number of cases in the state in 2018, and Pasco County had the highest number of cases in 2019. So far in 2020, as of February 1, Polk has had more cases than either of these counties.

In response, staff at the Department of Health in Polk County have been working diligently to provide hepatitis A vaccines to the most at-risk populations, as well as education about the outbreak and how to prevent the spread.

Source: Florida Department of Health

HIV/AIDS

Human immunodeficiency virus (HIV) is a virus that weakens a person’s immune system by destroying the cells that fight disease and infection. HIV can lead to acquired immunodeficiency syndrome (AIDS) if not treated. There is no cure for HIV, however with proper treatment, HIV can be controlled and AIDS prevented. If people with HIV take antiretroviral therapy (ART) as prescribed, their viral load (the amount of HIV in their blood) can become undetectable. This allows them to live long, healthy lives and reduces their risk of transmitting the virus to others. Due to advances in treatment, today someone diagnosed with HIV and treated before the disease is far advanced can live nearly as long as someone who does not have HIV.

Source: CDC, 2019

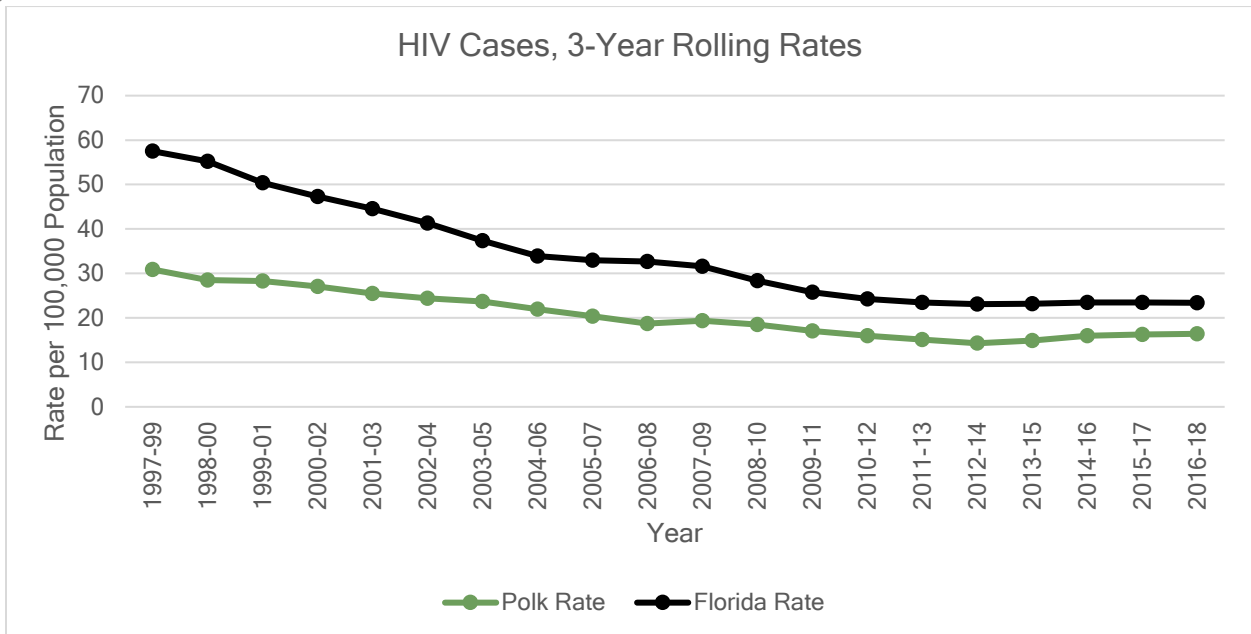
Figure 262: HIV/AIDS

Indicator	Measure	Year(s)	Polk County		Florida Rate
			Count	Rate	
HIV Cases	Per 100,000	2016-2018	328	16.4	23.4
AIDS Cases	Per 100,000	2016-2018	161	8.1	9.8
Persons Living with HIV	Per 100,000	2018	2,619	384.2	571.0
Age-adjusted death rate from HIV/AIDS	Per 100,000	2016-2018	68	3.3	3.3

The rate of HIV cases and AIDS cases is lower in Polk County than across the State of Florida.

Sources: FDOH HIV/AIDS Section; FDOH Bureau of Vital Statistics

Figure 263. HIV Cases Over Time



The rate of HIV cases is lower in Polk County (16.4 per 100,000) than the State of Florida (23.4 per 100,000) and has remained stable over the past several years. The rate of HIV cases has decreased in both Polk and Florida over the last 20 years.

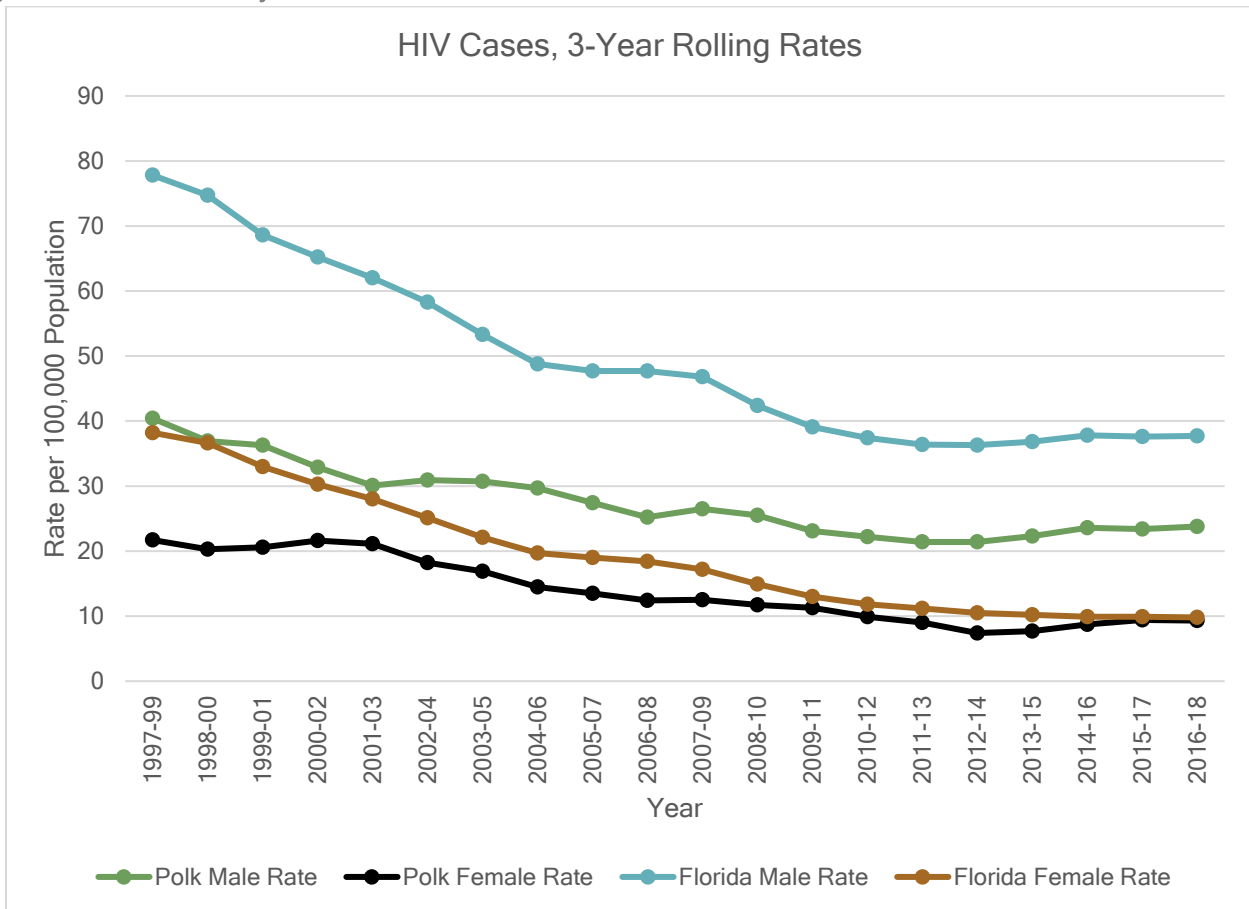
Source: FDOH HIV/AIDS Section

Figure 264. HIV Cases by Sex

HIV Cases, 3-Year Rolling Rates per 100,000 Population				
Years	Polk Male Rate	Polk Female Rate	Florida Male Rate	Florida Female Rate
2016-18	23.8	9.3	37.7	9.8

Source: FDOH HIV/AIDS Section

Figure 265. HIV Cases by Sex Over Time



In Polk County, HIV cases are higher among males (23.8 per 100,000) than females (9.3 per 100,000); this is a consistent historical trend. The State of Florida shows a similar trend with rates historically higher among males than females. Florida’s rate of HIV cases among males (37.7 per 100,000) is higher than Polk’s rate (23.8 per 100,000); this is also a consistent historical trend. Conversely, the rates for women are more similar between Polk County (9.3 per 100,000) and the State of Florida (9.8 per 100,000), with historical rates typically higher among women statewide than women in Polk.

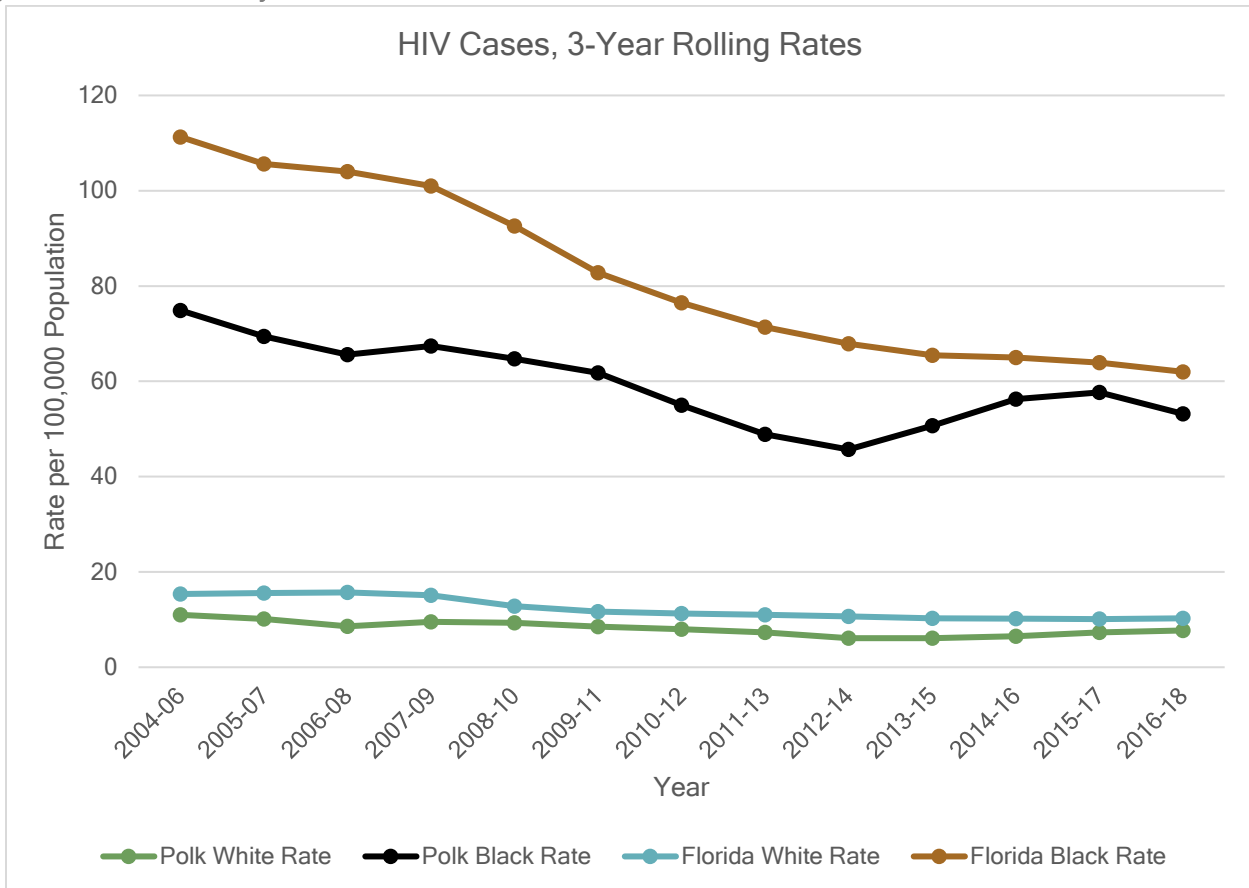
Source: FDOH HIV/AIDS Section

Figure 266. HIV Cases by Race

HIV Cases, 3-Year Rolling Rates per 100,000 Population				
Years	Polk White Rate	Polk Black Rate	Florida White Rate	Florida Black Rate
2016-18	7.7	53.2	10.3	62.0

Source: FDOH HIV/AIDS Section

Figure 267. HIV Cases by Race Over Time



The rate of HIV cases is almost seven times higher among the Black population (53.2 per 100,000) than the White population (7.7 per 100,000) in Polk County. Across the State of Florida, the rate of HIV cases is just over six times higher among the Black population (62.0 per 100,000) than the White population (10.3 per 100,000). Though the rates of HIV cases are much higher among Blacks in both Polk County and the State of Florida, both rates have generally dropped over time. The rate for the White population has remained relatively stable over time in both Polk County and Florida.

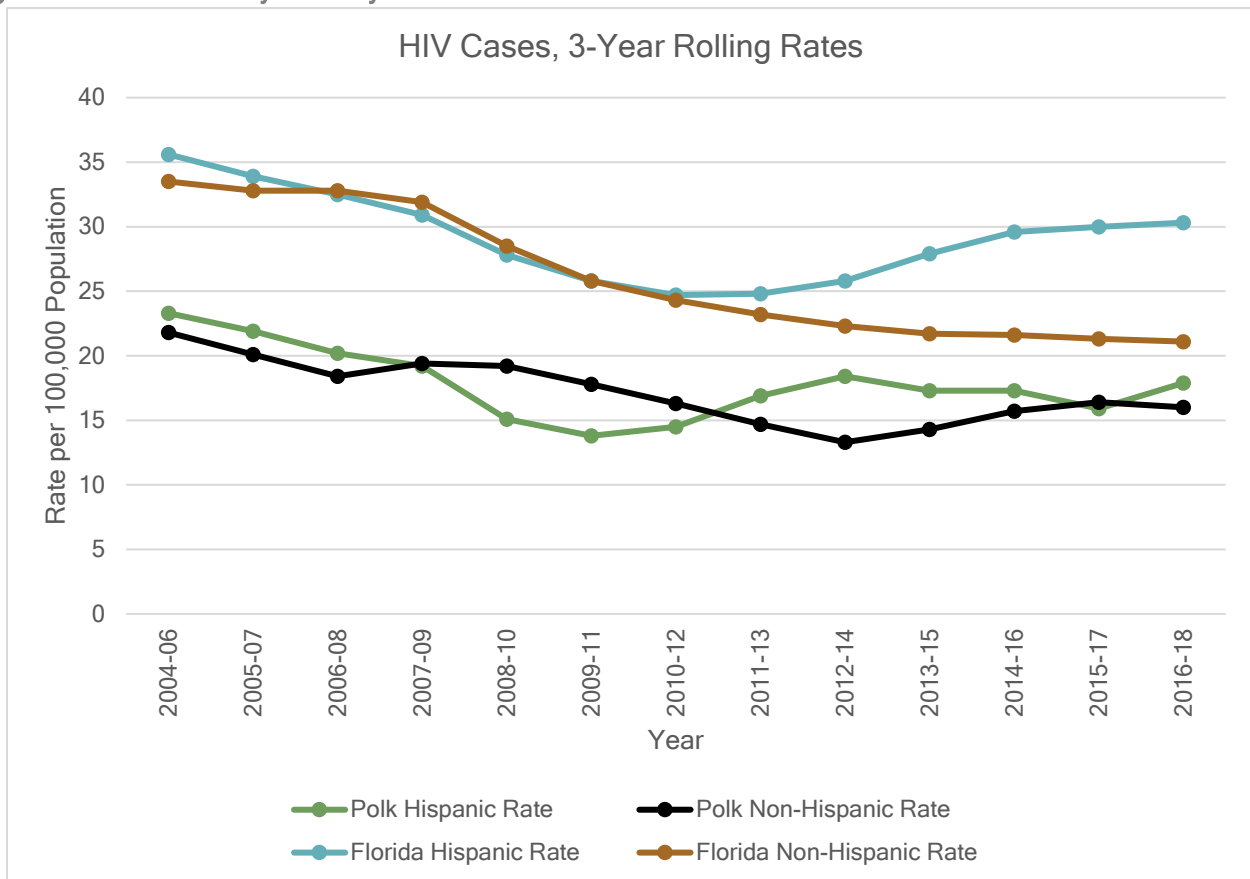
Source: FDOH HIV/AIDS Section

Figure 268. HIV Cases by Ethnicity

HIV Cases, 3-Year Rolling Rates per 100,000 Population				
Year	Polk Hispanic Rate	Polk Non-Hispanic Rate	Florida Hispanic Rate	Florida Non-Hispanic Rate
2016-18	17.9	16.0	30.3	21.1

Source: FDOH HIV/AIDS Section

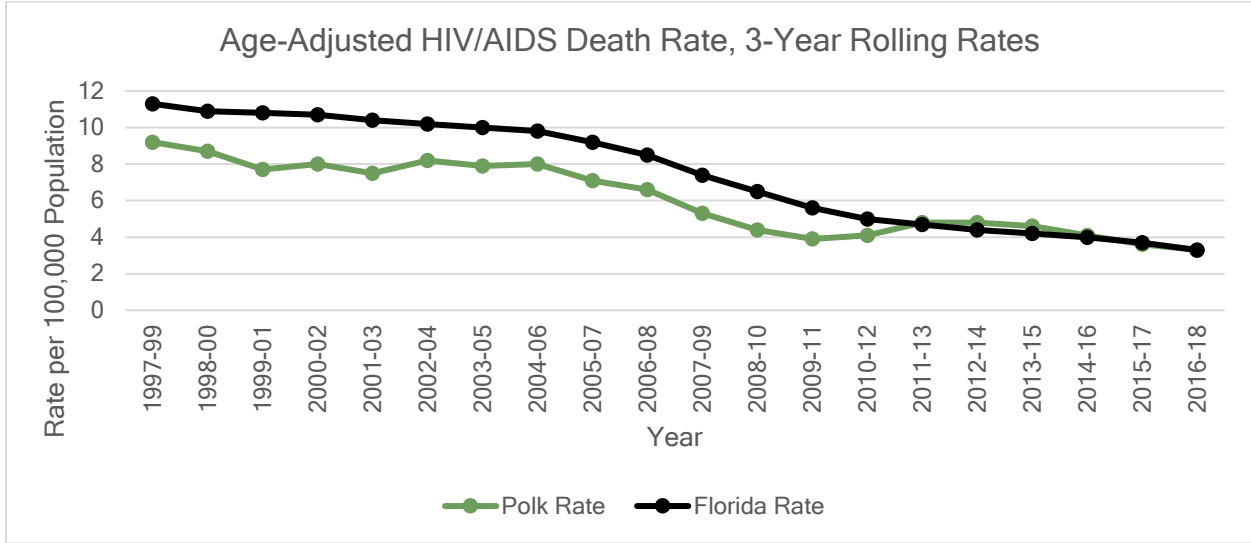
Figure 269. HIV Cases by Ethnicity Over Time



The rate of HIV cases in Polk is slightly higher among Hispanics (17.9 per 100,000) than Non-Hispanics (16.0 per 100,000). The statewide rate of HIV cases is much higher among the Hispanic population (30.3 per 100,000) than the non-Hispanic population (21.1 per 100,000). Rates of HIV cases in Polk County are lower than the statewide rates for both Hispanics and non-Hispanics and have historically been lower.

Source: FDOH HIV/AIDS Section

Figure 270. Age-Adjusted HIV/AIDS Death Rate Over Time



Rates of death from HIV/AIDS are the same in both Polk County and the State of Florida (3.3 per 100,000) and have decreased over time.

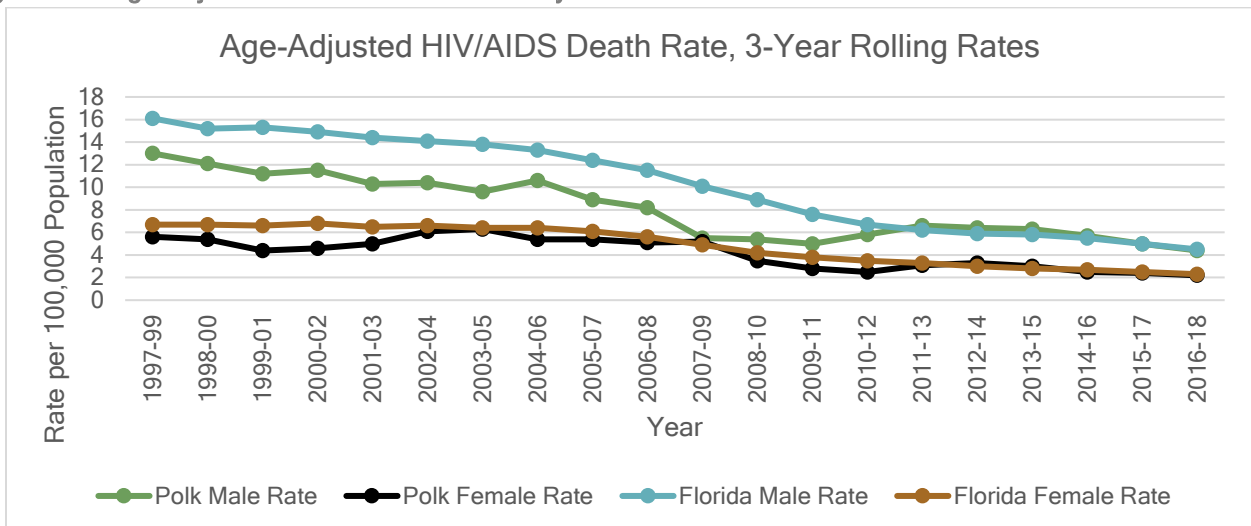
Source: FDOH Bureau of Vital Statistics

Figure 271. Age-Adjusted HIV/AIDS Death Rate by Sex

Age-Adjusted HIV/AIDS Death Rate, 3-Year Rolling Rates per 100,000 Population				
Years	Polk Male Rate	Polk Female Rate	Florida Male Rate	Florida Female Rate
2016-18	4.4	2.2	4.5	2.3

Source: FDOH Bureau of Vital Statistics

Figure 272. Age-Adjusted HIV/AIDS Death Rate by Sex Over Time



Death rates from HIV/AIDS are twice as high among males in Polk County (4.4 per 100,000) than females (2.2 per 100,000). A similar trend is seen across the State of Florida.

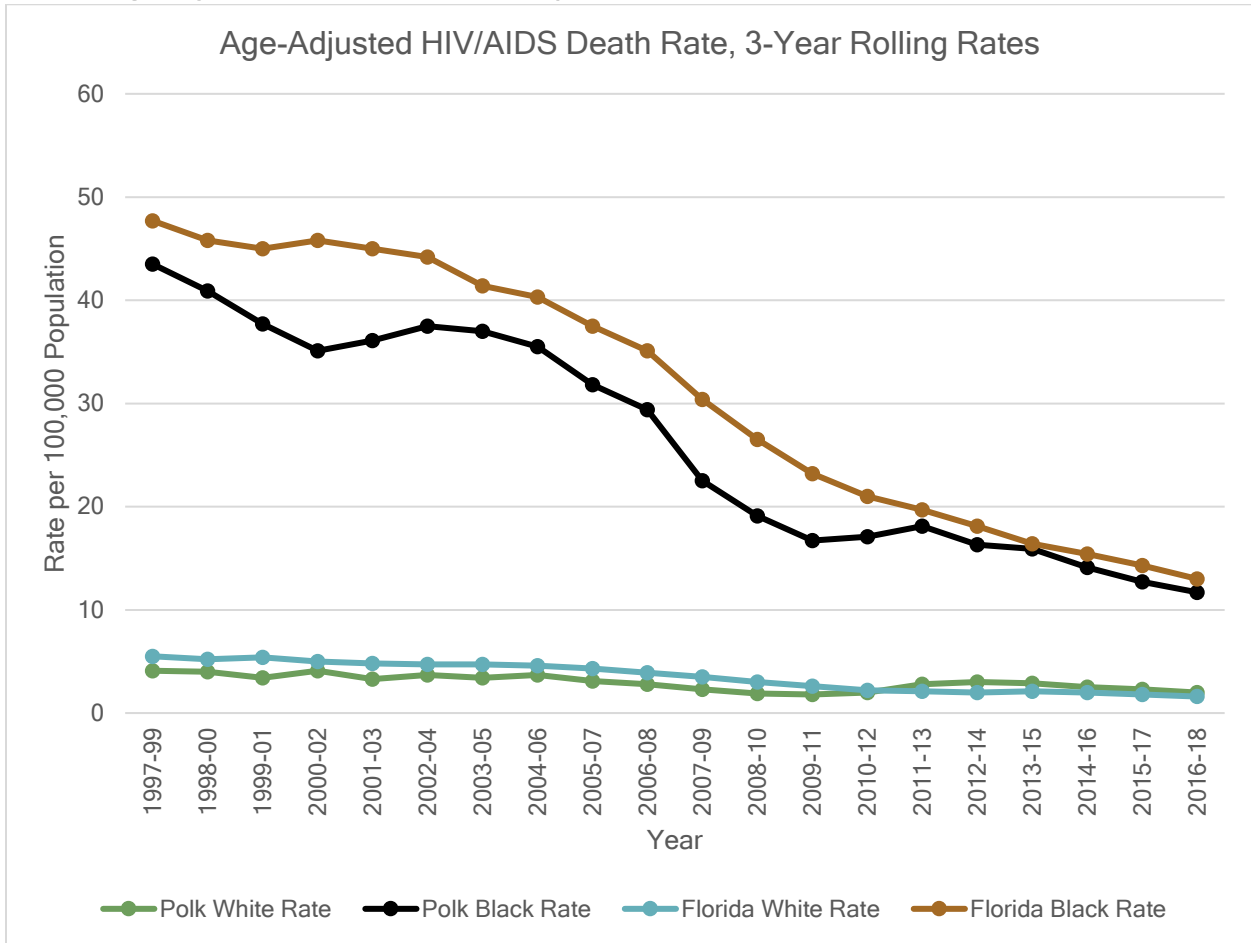
Source: FDOH Bureau of Vital Statistics

Figure 273. Age-Adjusted HIV/AIDS Death Rate by Race

Age-Adjusted HIV/AIDS Death Rate, 3-Year Rolling Rates per 100,000 Population				
Years	Polk White Rate	Polk Black Rate	Florida White Rate	Florida Black Rate
2016-18	2.0	11.7	1.6	13.0

Source: FDOH Bureau of Vital Statistics

Figure 274. Age-Adjusted HIV/AIDS Death Rate by Race Over Time



Rates of death from HIV/AIDS are over five times higher among the Black population (11.7 per 100,000) than the White population (2.0 per 100,000) in Polk County. The State of Florida shows a similar trend, with rates of death from HIV/AIDS over eight times as high among the Black population (13.0 per 100,000) than the White population (1.6 per 100,000). The rate of deaths from HIV/AIDS among the Black population in Polk County (11.7 per 100,000) is lower than that of the Black population across the State of Florida (13.0 per 100,000), however both rates have decreased over time.

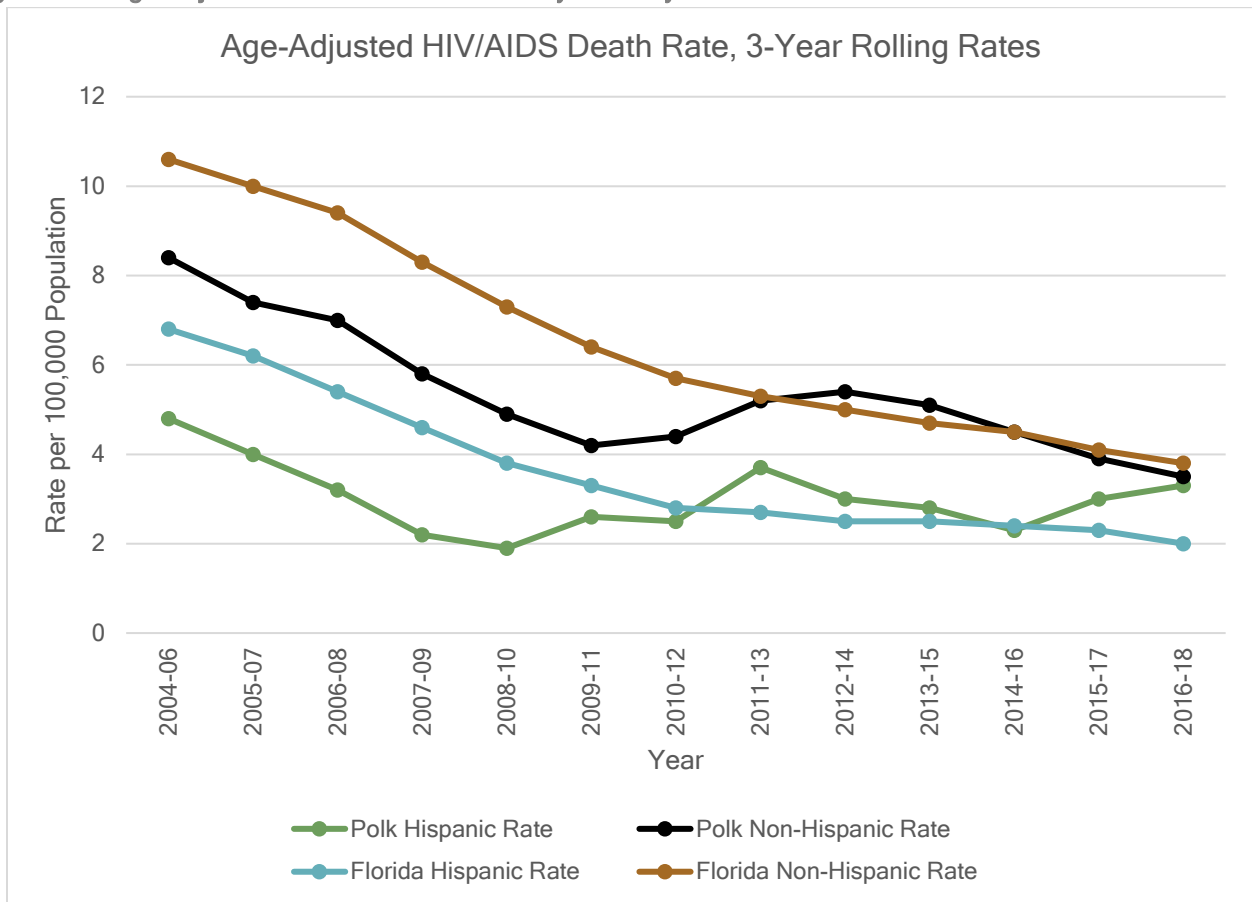
Source: FDOH Bureau of Vital Statistics

Figure 275. Age-Adjusted HIV/AIDS Death Rate by Ethnicity

Age-Adjusted HIV/AIDS Death Rate, 3-Year Rolling Rates per 100,000 Population				
Years	Polk Hispanic Rate	Polk Non-Hispanic Rate	Florida Hispanic Rate	Florida Non-Hispanic Rate
2016-18	3.3	3.5	2.0	3.8

Source: FDOH Bureau of Vital Statistics

Figure 276. Age-Adjusted HIV/AIDS Death Rate by Ethnicity Over Time



Death rates from HIV/AIDS are similar among Hispanics (3.3 per 100,000) and non-Hispanics (3.5 per 100,000) in Polk County. Both rates are also similar to the rate among Florida Non-Hispanics (3.8 per 100,000). The rate of death from HIV/AIDS among Florida Hispanics (2.0 per 100,000) is lower than the rates among both Hispanic (3.3 per 100,000) and non-Hispanic populations (3.5 per 100,000) in Polk County.

Source: FDOH Bureau of Vital Statistics

Sexually Transmitted Diseases (STDs)

All people who are sexually active are at risk for getting sexually transmitted diseases or infections (STDs or STIs). When properly used, condoms are highly effective at reducing transmission of some STDs, however no method can fully eliminate the risk of transmission. Many STDs have no signs or symptoms, making testing important for those who may have been exposed. Some STDs are easy to treat and cure, while others last life-long and require complicated treatment to manage them. Common bacterial STDs include chlamydia, gonorrhea, and syphilis.

Source: Mayo Clinic, 2018

Figure 277. Sexually Transmitted Diseases (STDs)

Indicator	Measure	Year	Polk County		Florida Rate
			Count	Rate	
Bacterial STDs	Per 100,000	2018	4,665	684.3	708.8
Chlamydia cases	Per 100,000	2018	3,568	523.4	501.3
Gonorrhea cases	Per 100,000	2018	872	127.9	156.3
Infectious Syphilis cases	Per 100,000	2018	68	10.0	13.8

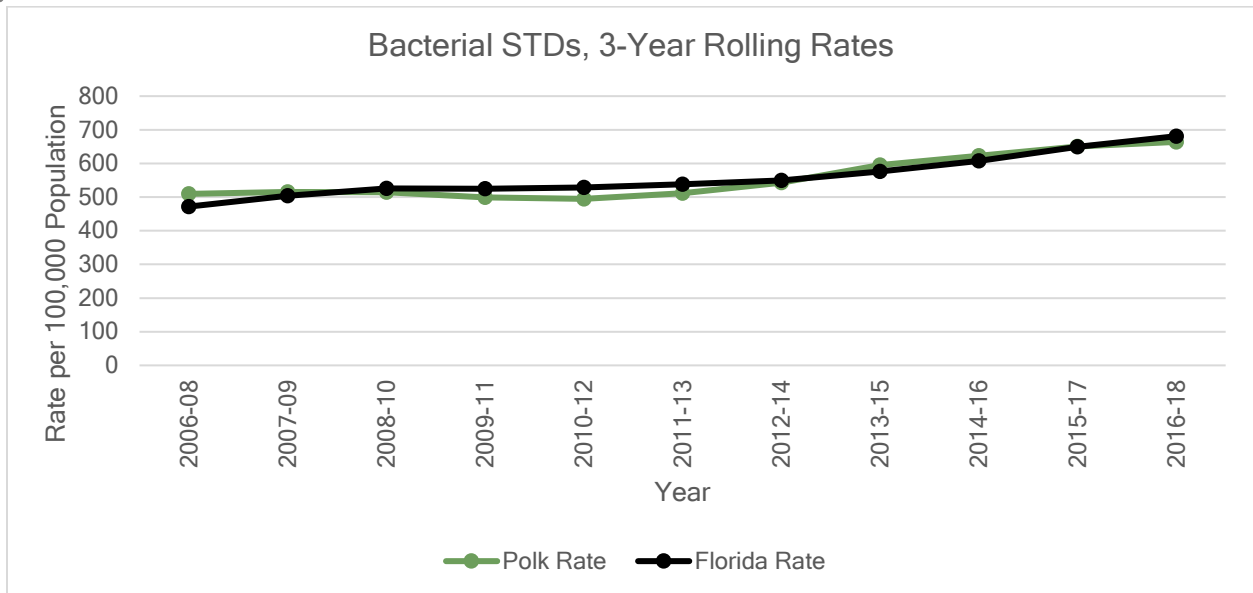
Source: FDOH Bureau of Communicable Diseases

Figure 278. Bacterial STDs

Bacterial STDs, 3-Year Rolling Rates per 100,000 Population		
Year	Polk Rate	Florida Rate
2016-18	664.1	681.0

Source: FDOH Bureau of Communicable Diseases

Figure 279. Bacterial STDs Over Time



The rate of bacterial STDs is slightly lower in Polk County (664.1 per 100,000) than across the State of Florida (681.0 per 100,000), however both rates have increased over the past several years.

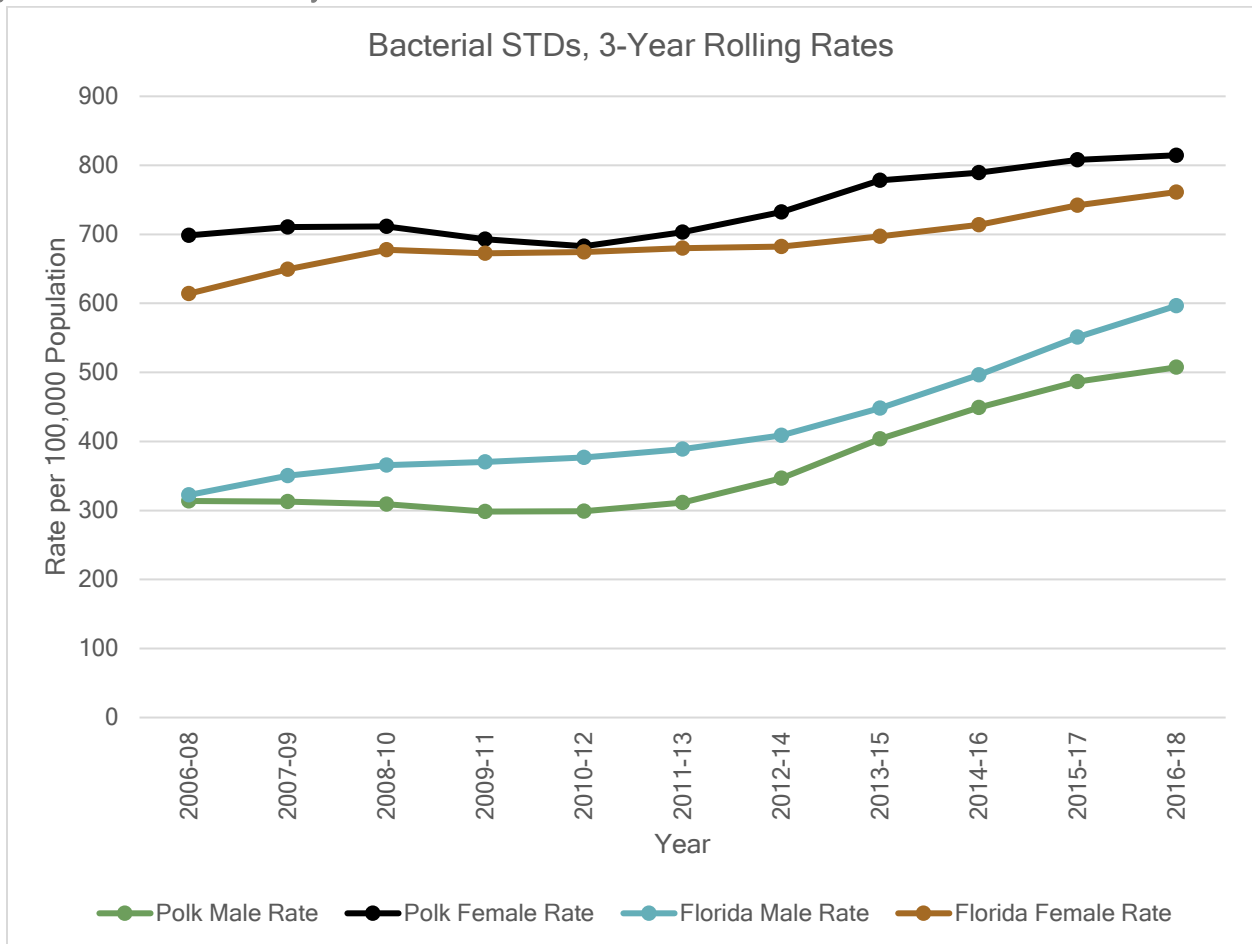
Source: FDOH Bureau of Communicable Diseases

Figure 280. Bacterial STDs by Sex

Bacterial STDs, 3-Year Rolling Rates per 100,000 Population				
Year	Polk Male Rate	Polk Female Rate	Florida Male Rate	Florida Female Rate
2016-18	507.3	814.6	596.5	761.3

Source: FDOH Bureau of Communicable Diseases

Figure 281. Bacterial STDs by Sex Over Time



The rate of bacterial STDs is higher among females (814.6 per 100,000) than males (507.3 per 100,000) in Polk County; this is a consistent historical trend. The State of Florida shows a similar trend.

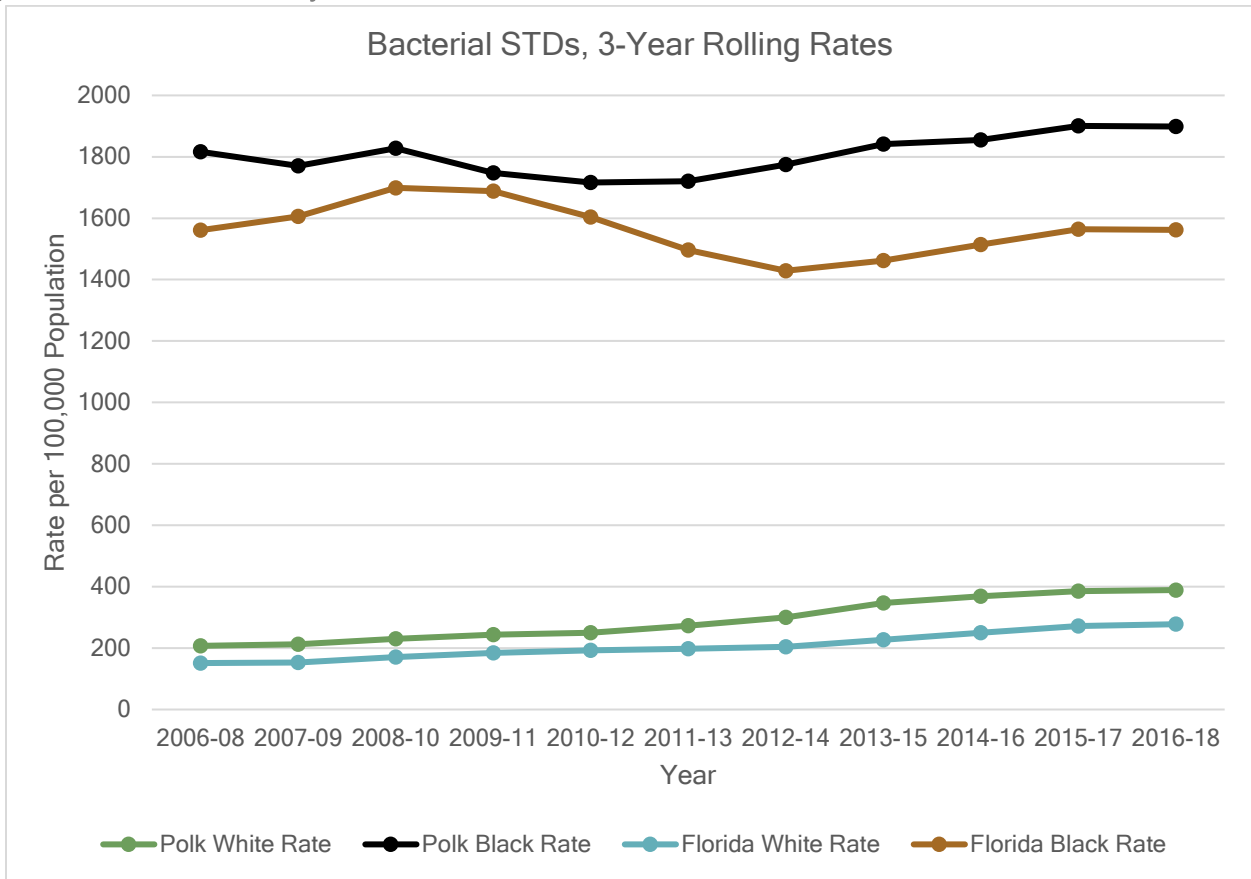
Source: FDOH Bureau of Communicable Diseases

Figure 282. Bacterial STDs by Race

Bacterial STDs, 3-Year Rolling Rates per 100,000 Population				
Year	Polk White Rate	Polk Black Rate	Florida White Rate	Florida Black Rate
2016-18	389.1	1,898.20	277.8	1,562.4

Source: FDOH Bureau of Communicable Diseases

Figure 283. Bacterial STDs by Race Over Time



The rate of bacterial STDs in Polk County is more than four times greater among the Black population (1,898.20 per 100,000) than the White population (389.1 per 100,000). Historically, the rate of bacterial STDs in Polk County is higher among Blacks than Whites. This trend is similar for the state. The rate of bacterial STDs among the Black population in Polk County (1,898.20 per 100,000) is higher than that of the Black population across the State of Florida (1,562.4 per 100,000); this is a consistent historical trend.

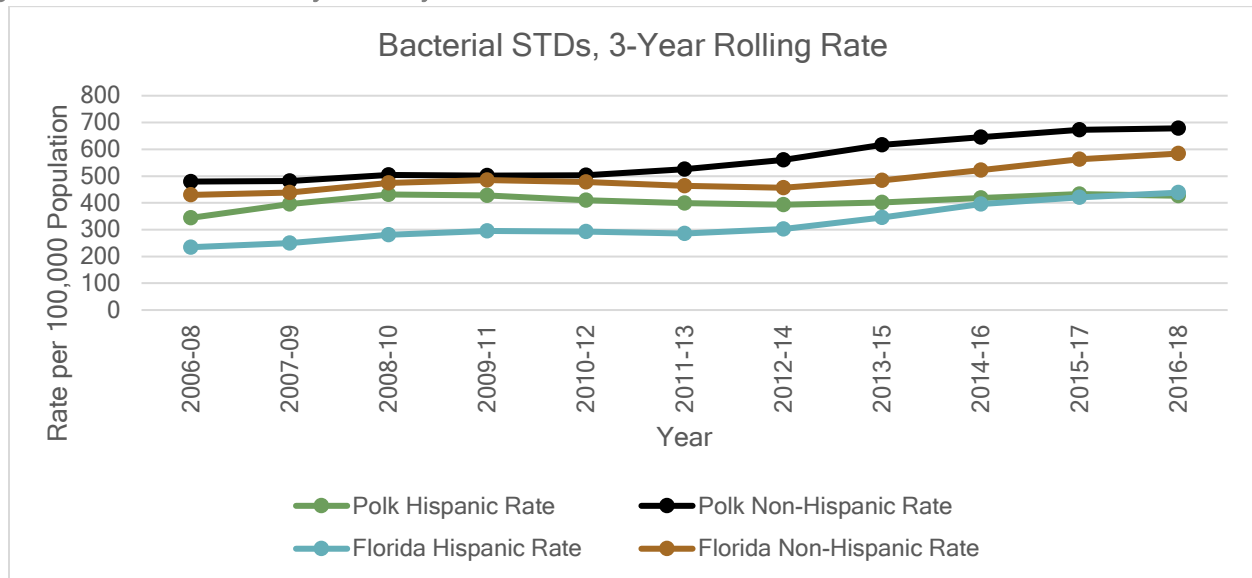
Source: FDOH Bureau of Communicable Diseases

Figure 284. Bacterial STDs by Ethnicity

Bacterial STDs, 3-Year Rolling Rates per 100,000 Population				
Year	Polk Hispanic Rate	Polk Non-Hispanic Rate	Florida Hispanic Rate	Florida Non-Hispanic Rate
2016-18	426.7	678.3	438.1	584.0

Source: FDOH Bureau of Communicable Diseases

Figure 285. Bacterial STDs by Ethnicity Over Time



The rate of bacterial STDs in Polk County is higher for Non-Hispanics (678.3 per 100,000) than Hispanics (426.7 per 100,000); this is a consistent historical trend. The State of Florida shows a similar trend.

Source: FDOH Bureau of Communicable Diseases

Tuberculosis (TB)

Tuberculosis (TB) is caused by a bacterium that usually attacks the lungs. TB is spread through the air from one person to another. If not treated properly, TB can be fatal. TB is now rare in the U.S., with a rate of 2.8 cases per 100,000 population in 2018.

Source: CDC, 2019

Figure 286. Tuberculosis (TB)

Indicator	Measure	Year(s)	Polk County		Florida Rate
			Count	Rate	
Tuberculosis cases	Per 100,000	2018	13	1.9	2.8
Tuberculosis cases under 15	Per 100,000	2018	1	0.8	0.7
Age-adjusted death rate	Per 100,000	2016-2018	4	0.2	0.1

Rates of tuberculosis cases are slightly lower in Polk County (1.9 per 100,000) than across the State of Florida (2.8 per 100,000). Tuberculosis cases under 15 are similar among Polk County (0.8 per 100,000) and the State of Florida (0.7 per 100,000). The death rate from tuberculosis is also similar across Polk County (0.2 per 100,000) and the State of Florida (0.1 per 100,000).

Sources: FDOH Division of Disease Control and Health Protection - Tuberculosis Section; FDOH Bureau of Vital Statistics

COVID-19

COVID-19 is the infectious disease caused by a novel (new) coronavirus called SARS-CoV-2; before December 2019, this virus and disease were unknown. Coronaviruses are a large family of viruses which may cause illness in animals or humans. In humans, several coronaviruses are known to cause respiratory infections ranging from the common cold to more severe diseases, such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS). Rarely, animal coronaviruses can infect and spread between people. This occurred with MERS-CoV and SARS-CoV, and now with the virus that causes COVID-19.

COVID-19 was first identified in Wuhan, China in December 2019. By the end of January 2020, COVID-19 cases were being diagnosed in the U.S, and on March 1, the first confirmed cases were reported in Florida. The World Health Organization (WHO) officially declared COVID-19 a pandemic on March 11, 2020, meaning the disease has spread significantly worldwide. The first case of COVID-19 in Polk County was confirmed on March 17, 2020.

The Department of Health in Polk County is currently working diligently with community partners to respond to the COVID-19 pandemic through community education, identifying and testing individuals who are symptomatic or have been exposed, and several other strategies.

For more information on COVID-19, please see the following resources:

Florida Department of Health

<https://floridahealthcovid19.gov/>

Centers for Disease Control & Prevention (CDC)

<https://www.cdc.gov/coronavirus/2019-nCoV/index.html>

World Health Organization (WHO)

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

VIOLENCE, CRIME, & INJURY PREVENTION

The amount of crime and violence an individual experiences is linked to an increase in poor health outcomes. Unintentional injuries are the 5th leading cause of death among Polk County residents.

Source: CDC, 2019; HP2020

Violence

Violence is a serious problem in the United States that affects people in all stages of life, from infants to older adults. The different forms of violence - child abuse and neglect, youth violence, elder abuse, intimate partner violence, sexual abuse, and suicidal behavior - are often interconnected and share the same root causes. Victims of one form of violence are more likely to experience other forms of violence as well. Similarly, people who have been violent in one context (e.g., toward their peers) are more likely to be violent in another context (e.g., violent towards their dating partner). Furthermore, the different forms of violence share consequences that have similar health affects across the lifespan, such as physical, mental, social, or emotional problems. These consequences also contribute to the onset of many chronic health problems such as cancer, cardiovascular disease, lung disease, and/or diabetes.

Source: CDC, 2018

Child Abuse

Children under the age of 18 may be exposed to abuse and neglect by a parent, caregiver, or another person. The four common types of child abuse are:

- Physical abuse - the intentional use of physical force that results in physical injuries (e.g., hitting, kicking, shaking, burning)
- Sexual abuse - pressuring or forcing a child to engage in sexual acts (e.g., fondling, penetration, exposure, etc.)
- Emotional abuse - behaviors that harm a child's sense of self-worth or emotional well-being (e.g., shaming, rejection, withholding love, threatening)
- Neglect - failure to meet a child's basic physical and emotional needs (e.g., housing, food, clothing, education, access to medical care)

Risk factors for child abuse and neglect are characteristics that are often linked to these events, but may or may not be direct causes of abuse. These include a combination of individual, relational, community and societal factors that have been shown to create an increased risk of being abused or neglected. These factors include:

- Children under the age of 4
- Children with special needs that may increase the burden of a caregiver (e.g., disabilities, mental health issues, chronic illness, etc.)
- Parents' lack of understanding of children's needs, child development, and parenting skills
- Parental history of child abuse and neglect
- Substance abuse and other mental health issues, including depression

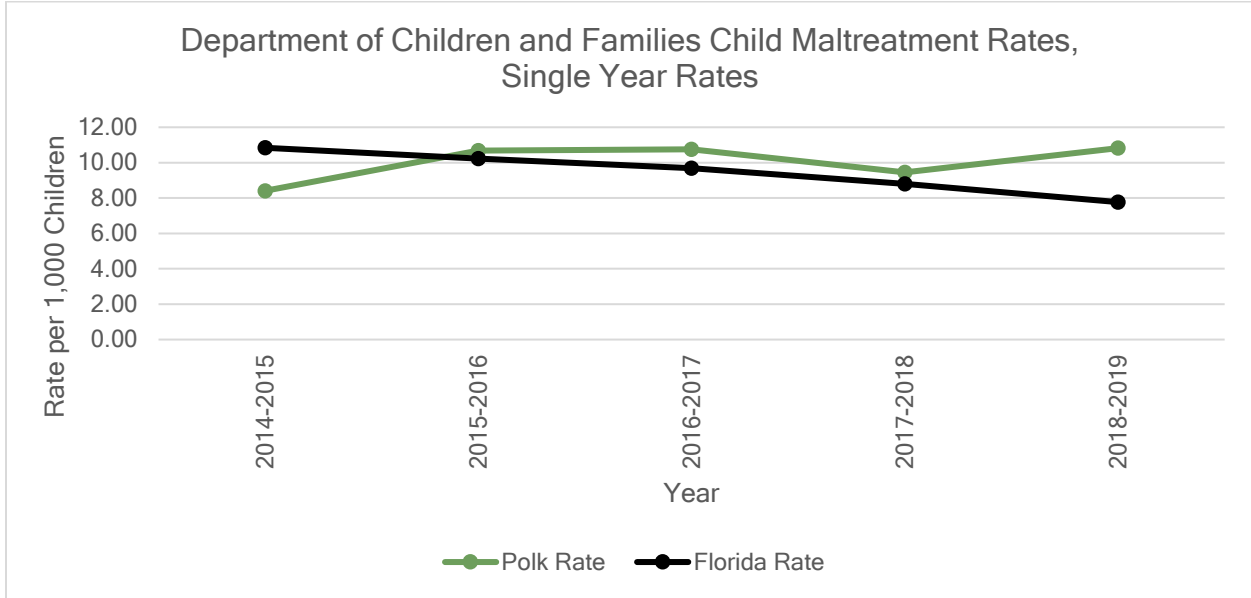
- Parental characteristics such as young age, low education, single parenthood, low income, and large number of dependent children
- Nonbiological, transient caregivers in the home
- Social isolation
- Family disorganization, dissolution, and violence
- Parenting stress and poor parent-child interactions
- Community violence
- Concentrated neighborhood disadvantage (e.g., high poverty, high unemployment, residential instability, etc.)
- Poor social connections

Through The Community Norms Survey, conducted in 2014 by Heartland for Children and their partners, it was discovered that 99% of Polk County parents want to be a stable and positive influence in their child's life and 93% of Polk County parents agree that they can be a better parent when they have support. These ideas are just some of the characteristics that may lessen the likelihood of children being abused or neglected, known as protective factors. The protective factors reducing the likelihood of child abuse include:

- Having a supportive family environment and social networks
- Concrete support for basic needs
- Nurturing parenting skills
- Stable family relationships
- Household rules and child monitoring
- Parental employment
- Parental education
- Adequate housing
- Access to health care and social services
- Caring adults outside of the family that are able to serve as role models or mentors
- Community support of parents
- Communities that actively take responsibility for preventing abuse

Source: CDC, 2018; The Community Norms Survey, 2014

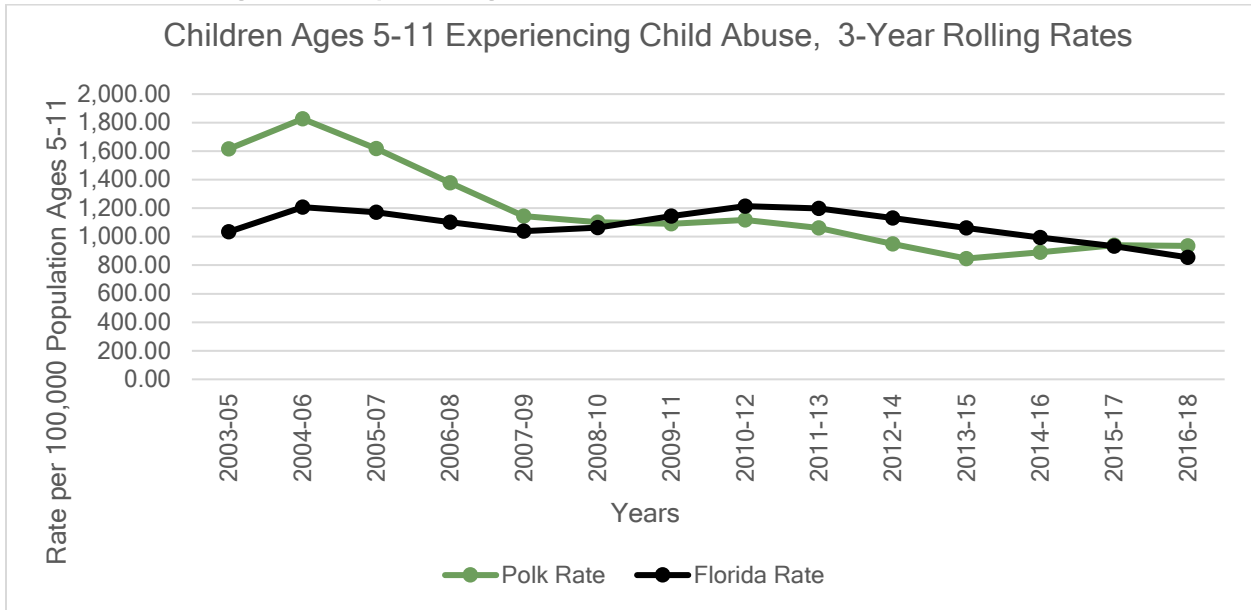
Figure 287. Department of Children and Families Child Maltreatment Rate Over Time



The cases described in the chart above are those which have been reported to the Department of Children and Families (DCF) Abuse Hotline and, subsequently, been investigated by DCF. These maltreatments include abandonment, threatened harm, sexual abuse, death, bone fractures, burns, physical injury, etc. The rate of Polk County children experiencing a type maltreatment investigated by DCF (10.82 per 1,000 children) is currently higher than the state rate (7.77 per 1,000 children).

Source: Per Capita Abuse Rate Report, Florida DCF

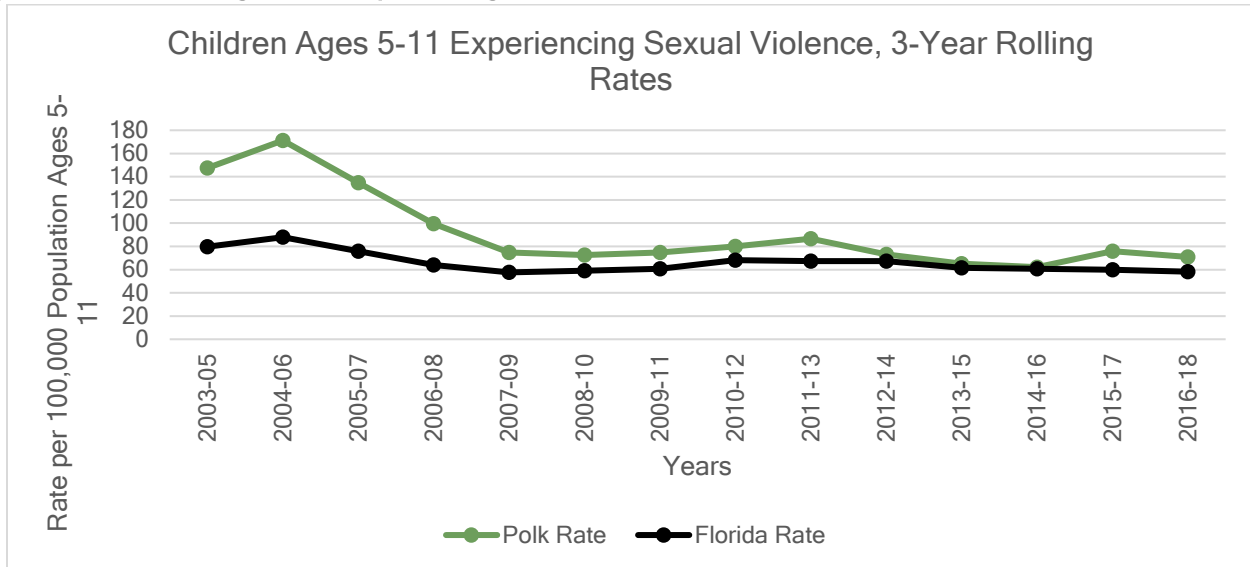
Figure 288. Children Ages 5-11 Experiencing Child Abuse Rate Over Time



The rate of children ages 5-11 experiencing child abuse in Polk County (934.9 per 100,000) is higher than the state rate (855.3 per 100,000).

Source: Florida DCF, Florida Safe Families Network Data Mart

Figure 289. Children Ages 5-11 Experiencing Child Sexual Abuse Rate Over Time



The rate of children ages 5-11 experiencing child sexual abuse in Polk County (71.0 per 100,000) is slightly higher than the state rate (58.2 per 100,000).

Source: Florida DCF, Florida Safe Families Network Data Mart

Youth Violence

Youth violence occurs when young people ages 10-24 intentionally use physical force or power to threaten or harm others. It typically involves hurting other peers who are unrelated to them and whom they may or may not know well. Examples of youth violence include fights, bullying, threats with weapons, and gang-related violence. Youth violence is an adverse childhood experience (ACE) and is connected to other forms of violence. Youth violence is preventable; the ultimate goal is to stop youth violence before it even starts.

Some early risk factors that can be used to detect the likelihood of violence include impulsive behavior, poor emotional control, lack of social skills, and lack of problem-solving skills. Many of the risk factors for child abuse are the same as those for youth violence, but can also include:

- History of being a victim of violence
- Low IQ
- Early aggressive behavior
- High emotional distress
- Involvement with drugs, alcohol, or tobacco
- Low parental involvement
- Poverty
- Association with delinquent peers
- Poor academic performance
- High level of transiency within a community
- Low levels of community participation in violence prevention

It is important to combat these risk factors with positive role models and opportunities to prevent youth violence. Some other protective factors for youth include:

- Positive social connections
- Religious beliefs
- Connectedness to family or adults outside the family
- Frequent shared activities with parents
- Involvement in social activities
- Membership in peer groups

Source: CDC, 2020

Figure 290. Homicide Deaths in Children by Age

Indicator	Measure	Year(s)	Polk County		Florida Rate
			Count	Rate	
Ages 5-11	Per 100,000	2016-2018	1	0.6	0.7
Ages 12-18	Per 100,000	2016-2018	6	3.4	5.3
Ages 19-21	Per 100,000	2016-2018	6	8.2	14.9

While the rates of homicide deaths among the age group 12-18 have seen a slight increase, the rates of homicide death among those age 19-21 have seen a decrease since the 2015 Community Health Assessment. The rates of homicide deaths among children ages 12-18 increased from a rate of 3.0 per 100,000 (2011-2013) to a rate of 3.4 per 100,000 (2016-2018). The rates of homicide death among young adults ages 19-21 have decreased from 12.9 per 100,000 (2011-2013) to 8.2 per 100,000 (2016-2018). Rates of homicide deaths for all child age groups are currently lower than state rates.

Source: FDOH Bureau of Vital Statistics

Elder Abuse

Elder abuse is an intentional act or failure to act by a caregiver or another person in a relationship involving expectation or trust that causes or creates a risk of harm to an older adult or someone age 60 and older. This form of abuse can manifest in the form of physical abuse, sexual abuse, emotional abuse, and neglect as with other categories of abuse. However, elder abuse can also include financial abuse or exploitation which is the illegal, unauthorized, or improper use of an older adult's resources by a caregiver or trusted person for the benefit of someone other than the older individual. This could include theft of money or possessions, forgery, use of coercion to surrender finances or property, and improper use of guardianship or power of attorney. In Polk County, the Polk County Sheriff's Office houses a volunteer program called Seniors vs Crime. This program assists older adults with civil issues which law enforcement cannot address. In 2019, this program worked on 59 different cases for older adults and were able to recover \$31,521 for their clients.

Source: PCSO Seniors vs Crime, 2019

Any elder could be a victim of abuse. Some risk factors for becoming a perpetrator of elder abuse include:

- Current diagnosis of mental illness
- Alcohol abuse
- Inadequate coping skills
- Exposure to child abuse
- Lack of social support
- High financial and emotional dependence upon a vulnerable elder
- Lack of formal services, such as respite care for those providing care to elders

Some protective factors against perpetrating this type of violence include:

- Coordination of resources and services among community agencies and organizations that serve older adults and their caregivers
- High levels of community cohesion
- Effective monitoring systems
- Solid institutional policies and procedures regarding patient care
- Regular visits by family members, volunteers, and social workers

Source: CDC, 2019

Intimate Partner Violence

Intimate partner violence is abuse or aggression that occurs in a close relationship, with either current or former spouses or dating partners. Intimate partner violence can vary in both frequency and severity; ranging from one episode of violence that could have a lasting impact on a victim to chronic and severe episodes over multiple years. Intimate partner violence can occur between heterosexual couples or same-sex couples and does not require sexual intimacy. This type of violence includes four types of behavior: physical violence, sexual violence, stalking, and psychological aggression. Stalking is a pattern of repeated, unwanted attention and contact by a partner that causes fear or concern of one's own safety or the safety of someone close to the victim. Psychological aggression is the use of verbal and non-verbal communication with the intent to harm another person mentally or emotionally and/or to exert control over another person.

Some of the risk factors identified to increase the risk of an individual committing intimate partner violence against another include:

- Low self-esteem
- Economic stress and poverty
- Heavy alcohol or drug use
- Poor mental health, including depression and borderline personality traits
- Belief in strict gender roles
- Marital instability
- Witnessing abuse as a child
- Societal income inequality

The protective factors identified to lower a person's risk of committing intimate partner violence include:

- High friendship quality
- Social support, including tangible help and support from neighbors
- Neighborhood willingness to intervene for the common good
- Coordination of resources and services among community agencies

Source: CDC

Domestic violence is any criminal homicide, manslaughter, rape, fondling, aggravated assault, aggravated stalking, simple assault, threat/intimidation, or simple stalking of one family or household member by another family or household member.

Figure 291. Total Domestic Violence Offenses

Indicator	Measure	Year(s)	Polk County			Florida Rate
			Count	Quartile	Rate	
Total Domestic Violence Offenses	Per 100,000	2016-2018	14,072	4	704.9	514.3

At the time of the 2015 Community Health Assessment, Polk County's rate of Domestic Violence Offenses was 823.9 per 100,000 (2011-2013). While the rate of Domestic Violence Offenses is improving, Polk County (704.9 per 100,000) is significantly higher than the state (514.3 per 100,000) and is in the 4th quartile (least favorable in the state) for this indicator. Polk County is the 7th county in the State of Florida for the largest number of total domestic violence offenses (2018).

Source: FDLE

Sexual Violence

Sexual violence is sexual activity when consent is not obtained or not freely given. People of any gender, sexual orientation, and age can experience sexual violence, however, most victims are female with the person responsible typically being a male who is known to the victim. A perpetrator of sexual violence can be, but is not limited to, a friend, intimate partner, coworker, neighbor, or friend of the victim. Sexual violence is common in the United States; 1 in every 3 women and 1 in every 4 men have experienced sexual violence during their lifetime. Sexual violence also starts early; 1 in 3 female rape victims experienced it for the first time between 11-17 years of age and 1 in 8 reported that it occurred before age 10.

Risk factors seen to increase the likelihood of committing a sexually violent act include:

- Alcohol and drug use
- Early sexual initiation
- Hostility towards women
- Hyper-masculinity
- History of abusive or emotional unsupportive family environment
- Poverty
- Unemployment
- High levels of other types of crime

Protective factors that may decrease an individual's likelihood to commit these acts include:

- Parental use of reasoning to resolve family conflict
- Emotional health and connectedness
- Academic achievement
- Empathy and concern for how one's actions affect others

Source: CDC, 2020

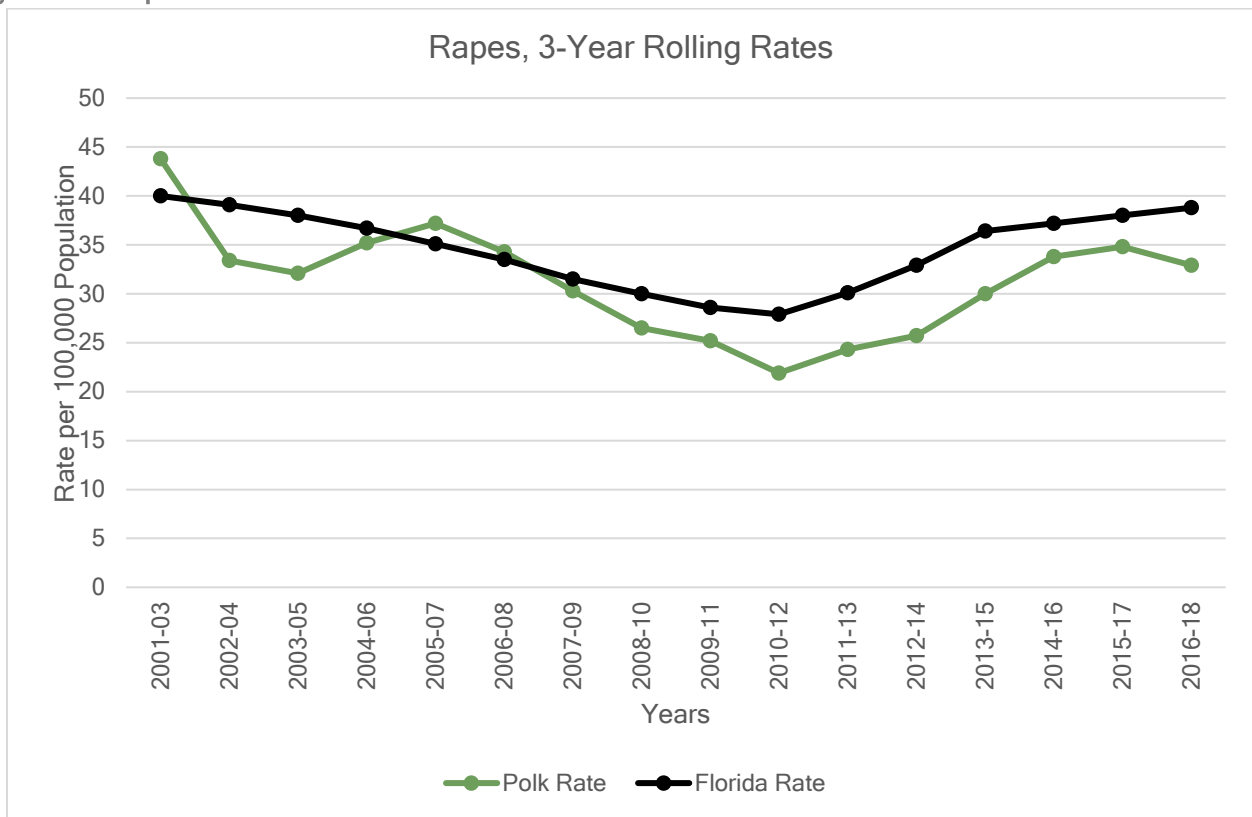
Figure 292. Forcible Sex Offenses and Rape

Indicator	Measure	Year(s)	Polk County		Florida Rate
			Count	Rate	
Forcible Sex Offenses	Per 100,000	2016-2018	930	46.6	54.4
Rape	Per 100,000	2016-2018	657	32.9	38.8

The rate of Forcible Sex Offenses in Polk County (46.6 per 100,000) is lower than the state rate (54.4 per 100,000).

Source: FDLE

Figure 293. Rape Rate Over Time



While the rate of rapes committed in Polk County (32.9 per 100,000) is lower than the statewide rate (38.8 per 100,000), Polk County rapes have increased in recent years. At the time of the 2015 Community Health Assessment, the rate of rapes in Polk County was 24.3 per 100,000 (2011-2013); this rate has since increased to 32.9 per 100,000 (2016-2018). Polk County ranks 16th in the state for largest number of rapes committed.

Source: FDLE

Crime

The amount of crime experienced by individuals living in a community is an important public health issue. Crime and violence can lead to premature death or cause fatal injuries while survivors of a crime often endure physical pain and suffering and may also experience mental distress or reduced quality of life. Repeated exposure to crimes and violence are linked to an increase in poor health outcomes. For example, people who fear crime in their neighborhoods may engage in less physical activity leading to an increased risk of becoming overweight or obese. Crime rates vary by neighborhood with low-income neighborhoods at a higher risk of being affected by different types of crimes. Exposure to crimes at a young age is a risk factor for becoming a perpetrator of a crime or a different type of violence in the future.

Source: HP2020

Larceny is unlawful taking, carrying, or riding away with another person's property. Examples of larceny include pocket-picking, purse-snatching, shoplifting, and stealing from vehicles.

Burglary is unlawful entry into a building or other structure with the intent to commit a felony or theft. For crime reporting purposes, if there is apparent unlawful entry but the offender did not complete the act, it is still reported as a burglary.

Robbery is defined as taking the property of another with the intent to permanently deprive the person of that property by means of force or fear. Robbery differs from larceny in that it uses force or threat of force against the custodian of the property.

Figure 294. Crimes

Indicator	Measure	Year(s)	Polk County		Florida Rate
			Count	Rate	
Larceny	Per 100,000	2016-2018	30,071	1,506.4	1,906.0
Burglary	Per 100,000	2016-2018	8,013	401.4	422.2
Robbery	Per 100,000	2016-2018	925	46.3	90.0
Motor vehicle theft	Per 100,000	2016-2018	3,130	156.8	205.8

Polk County's overall crime rate has been on the decline since 2010 and most indicators continue to decline. Polk County has lower rates of larceny (1,506.4 per 100,000) than the state (1,906.0 per 100,000) and also lower rates of burglary (401.4 per 100,000) than the state (422.2 per 100,000). The rate of Polk County robberies (46.3 per 100,000) is significantly lower than the state rate (90.0 per 100,000). There are also lower rates of motor vehicle theft in Polk County (156.8 per 100,000) than the state (205.8 per 100,000).

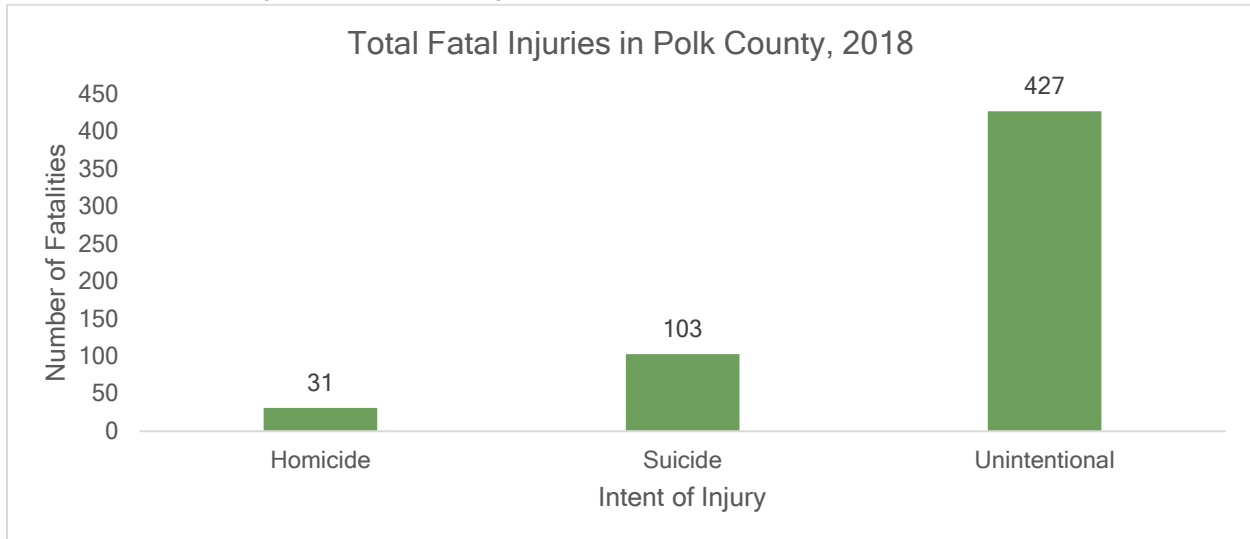
Source: FDLE

Injuries

Injuries by Intent

While Polk County's homicide and suicide rates are currently lower than the state rates, Polk's unintentional injury death rate is higher than that of the state. Of the three causes of injury-related deaths (suicide, homicide, and unintentional injury), unintentional injuries are the most common type of injury-related death suffered by Polk County residents.

Figure 295. Total Fatal Injuries in Polk County



Suicide is the second most common cause of fatal injury in Polk County. Those aged 35-64 are more likely than other ages to become victims of suicide. The three most common methods of suicide in Polk County are those using firearms, suffocation, and poisoning:

- Suicide by firearm is the most common method of suicide in Polk County. Residents aged 35-64 are more likely to commit suicide by firearm than other age groups.
- Suicide by suffocation (e.g., hanging, etc.) is the second most common method of suicide in Polk County. Residents aged 25-64 are more likely to commit suicide by suffocation than other age groups.
- Suicide by poisoning is the third most common method of suicide in Polk County. Residents aged 45-74 are more likely to commit suicide by poisoning than other age groups.

Polk County residents aged 35-44 are more likely to become victims of homicide than any other age group. The most common method of homicide is using a firearm.

Source: FDOH Bureau of Vital Statistics

Unintentional Injuries

Injuries are the leading cause of death in children ages 19 and under in the United States. Unintentional injuries are the 5th leading cause of death of Polk County residents. In addition to an injury's immediate health impact, the effects of injuries extend well beyond the injured person to influence the injured person's family, friends, coworkers, employers, and communities. Most injuries, however, can be prevented.

Source: CDC, 2019; FDOH Bureau of Vital Statistics; HP2020

Unintentional Poisonings

Figure 296. Number of Unintentional Poisoning Deaths by Age, Race, & Ethnicity

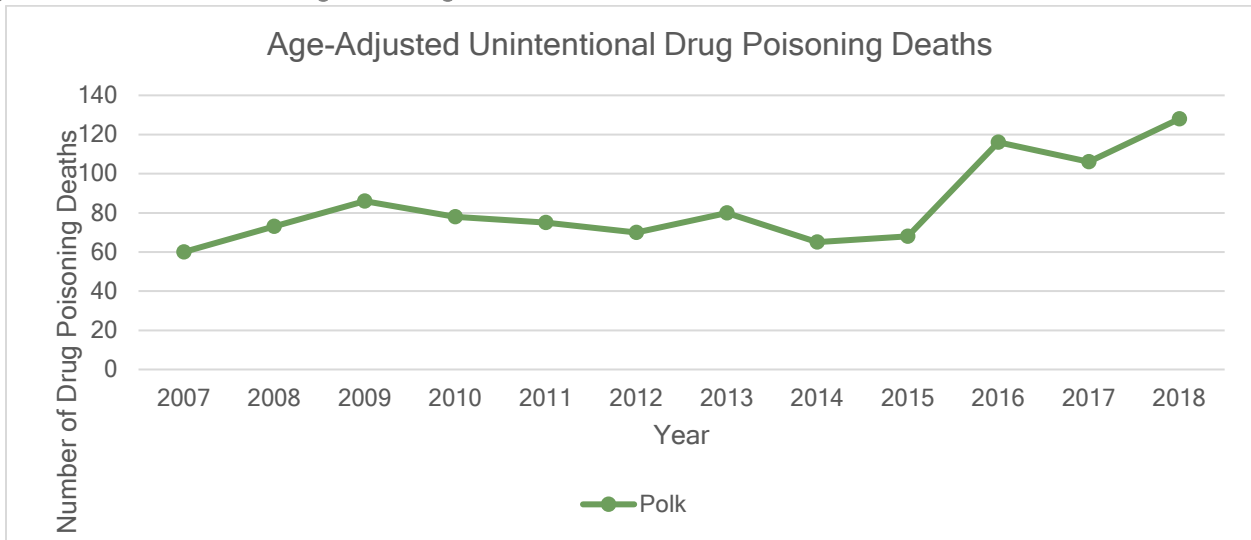
By Age Group															
Measure	Year	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	Total Count
Number of Deaths	2018	1	0	0	1	1	5	21	30	29	38	10	1	0	137

By Race and Ethnicity					
Measure	Year	White	Black	Hispanic	Non-Hispanic
Number of Deaths	2018	118	17	21	115

Unintentional poisoning deaths are the leading cause of injury death in Polk County. Of Polk County residents, those ages 25-64 are at the greatest risk of experiencing an unintentional poisoning. The Non-Hispanic and White populations are also at a greater risk of poisoning than other populations in Polk County. The chart above highlights the least favorable disparity in Polk County’s poisoning deaths.

Source: FDOH Bureau of Vital Statistics

Figure 297. Unintentional Drug Poisoning Deaths Over Time



Unintentional drug poisoning deaths have been increasing over time in Polk County. In 2013, Polk County had 80 deaths from unintentional drug poisonings. In 2018, Polk County had 128 deaths from unintentional drug poisonings.

Source: FDOH Bureau of Vital Statistics

Medication Safety

One of the most common causes of a poisoning death within one’s home is a drug poisoning or overdose. In 2017, more than 70,000 people in the United States died from a drug overdose with 68% of those deaths involving some sort of prescription medication.

Because abuse of prescription medication is especially dangerous to children, it is important to take specific safety precautions to keep medications away from children. Some safety tips for medication safety include:

- Keep medicine out of sight and reach of children. Even if this is daily medication
- Keep medicine in a medicine cabinet or locked medication box

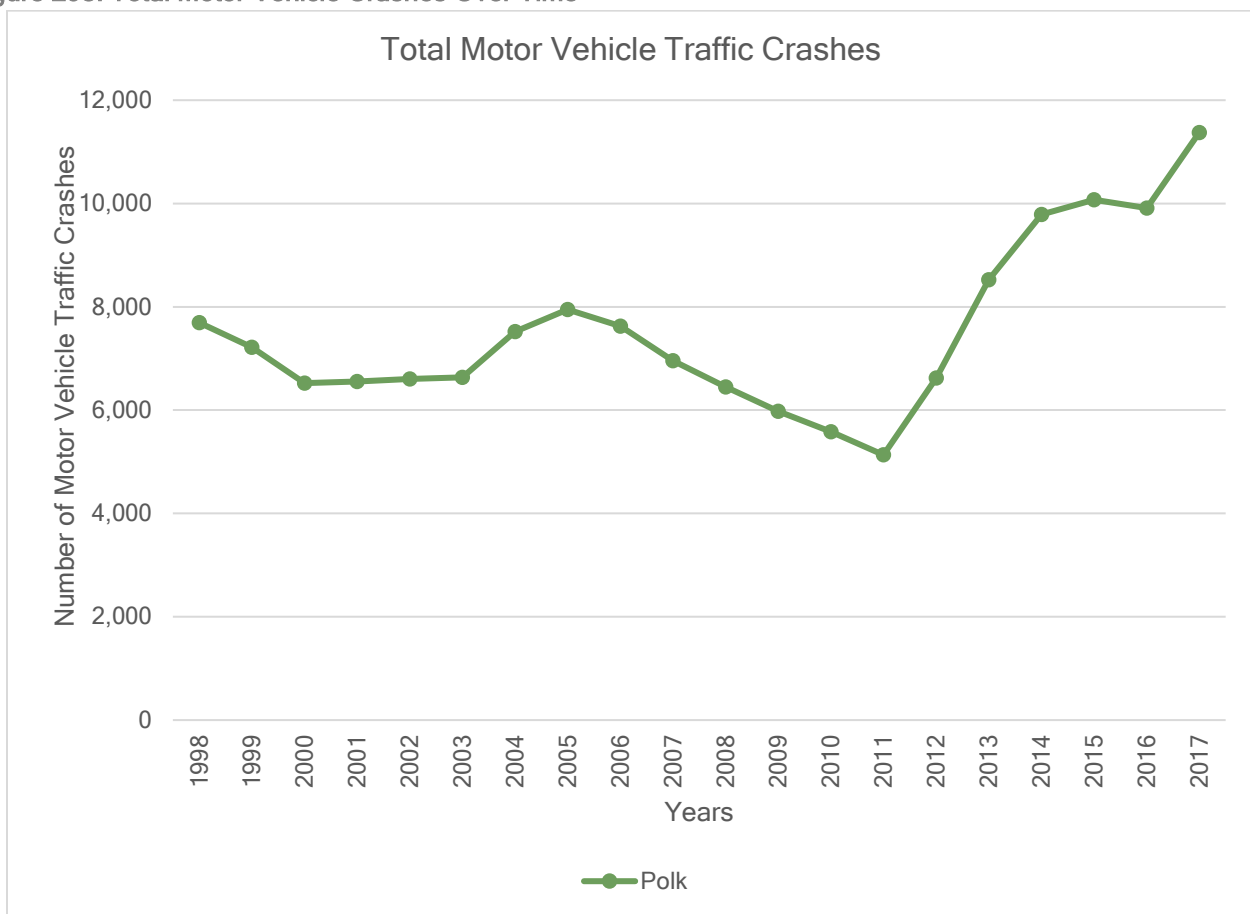
- Give medication to children safely by strictly following the dosing guide that comes with the medication
- Choose child-resistant packaging whenever possible
- Dispose of medication safely
- Teach older children how to take medicine responsibly

Sources: CDC, 2019; Safe Kids Worldwide, 2020

Motor Vehicle Safety

Motor vehicle crashes, injuries, and deaths have continued to rise in Polk County and are the second most common cause of injury death among residents.

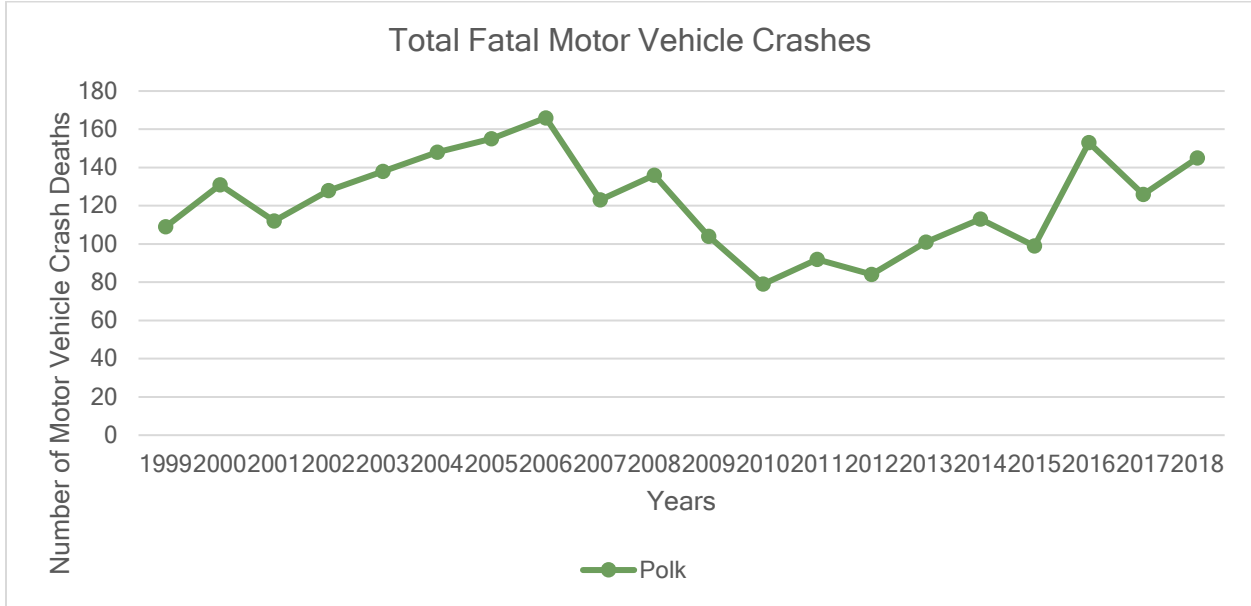
Figure 298. Total Motor Vehicle Crashes Over Time



The number of motor vehicle crashes in Polk County has continued to increase over time. In 2013, Polk County reported 8,523 motor vehicle crashes. This number has increased to 11,376 motor vehicle crashes in 2017.

Source: FDOH Bureau of Vital Statistics

Figure 299. Total Fatal Motor Vehicle Crashes Over Time



The number of fatal motor vehicle crashes, or those resulting in a death, in Polk County has also continued to increase over time although not as drastically. In 2013, Polk County reported 101 fatal motor vehicle crashes. This number has increased to 145 fatal motor vehicle crashes in 2018.

Source: FDLE

Figure 300. Total Number of Fatal Motor Vehicle Crashes by Age, Race, & Ethnicity

By Age Group																
Mechanism	Year	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	Total Count	
MV Traffic - Occupant and Other	2018	0	1	3	0	6	7	10	11	10	10	18	10	6	92	
By Race and Ethnicity																
Mechanism	Year	White				Black				Hispanic			Non-Hispanic			
MV Traffic Deaths	2018	114				23				24			120			

In Polk County, the population most likely to be involved in a fatal motor vehicle crash is the Non-Hispanic White population. Those ages 65-74 are most at risk for fatal motor vehicle crashes. This is not the only population that can be affected by a motor vehicle crash; with the prevalence of cars and the lack of public transportation in Polk County, residents of any age could be at risk. There are tips for every age to help make traveling safer:

Source: FDOH Bureau of Vital Statistics

Infants and Toddlers - Car Seat Safety

- Buy the correct car seat for the child - Infants should ride in a rear-facing car seat for as long as possible, until they reach the highest height and weight recommended for their seat. The American Academy of Pediatrics recommends a rear-facing seat until a child is at least 2 years old.
- Install the car seat correctly in the car using either the seat belt or lower anchors to secure the car seat
- Ensure that the restraint harness is properly fitted across the infants' chest, not lower

- Be aware of the weight, height, and age limits of a car seat and change the car seat at the recommended times
- To learn more about car seat safety, enroll in the Safe Kids Car Seat Installation Course on the 2nd Monday of every month at 10:00 am at Johns Hopkins All Children's Hospital Outpatient Center in Lakeland. Car seats are available for purchase by participants of the class for \$20.

Driving

- Always wear a seatbelt
- Resist distractions like changing the radio station, checking makeup, or eating/drinking
- Do not become distracted by a cell phone. Place a cell phone safely in the back seat of the vehicle so that the temptation to use the device is removed.
- Be aware of speed limits and other driving regulations in the area

Seatbelts

- Do not be in a hurry to change a child out of a car seat or booster - most adult seatbelts will not properly fit a child until they are age 8-12
- Keep a child in a booster seat until their knees reach the edge of the seat, the lap belt is able to fit snugly over the hips, and the shoulder belt fits snugly across the shoulders and chest (not the face or neck)
- Always wear a seatbelt and ensure others riding in a vehicle wear their seatbelts, as well, before departure

Sources: AAP, 2018; CDC, 2019; Safe Kids Worldwide, 2020

Falls Prevention

The third most common cause of fatal injury in Polk County is falls.

Figure 301. Number of Unintentional Falls Death by Age, Race, & Ethnicity

By Age Group															
Mechanism	Year	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	Total Count
Falls	2018	0	0	0	0	0	0	0	4	3	4	17	27	26	81
By Race and Ethnicity															
Mechanism	Year	White			Black			Hispanic			Non-Hispanic				
Falls	2018	76			2			9			72				

The populations that are at the highest risk of death from an unintentional fall are those ages 75 and older and those within the Non-Hispanic and White populations.

Source: FDOH Bureau of Vital Statistics

Figure 302. Unintentional Falls Deaths Over Time



The amount of fatal falls in Polk County has increased in recent years and is a concern due to the amount of older adults who call Polk County home. In 2013, there were 57 deaths from an unintentional fall. This number has increased to 81 deaths from an unintentional fall in 2018.

Source: FDOH Bureau of Vital Statistics

Falls are a threat to the health of older adults and can reduce their ability to remain independent. One out of every four older adults fall each year, but less than half of those tell their doctor. One out of every five falls causes a serious injury, such as a broken bone or a head injury. Falling once doubles an older adults' chances of falling again. Many people who fall, even if they are not injured, become afraid of falling again, which greatly increases their risk of a repeat fall. An individual is more likely to fall if they have difficulties with walking or balance, suffer from vision problem, experience foot pain, or live in a home with many fall hazards.

Falls can be prevented. There are steps individuals can take to decrease their own or a loved one's chance of experiencing a fall:

- Do strength exercises that improve balance and make the legs stronger
- Have regular vision screenings
- Get rid of items within a home that can be tripped over, such as rugs or chords
- Add grab bars inside the tub and next to the toilet
- Put railings on the sides of stairs and consider replacing stairs with a ramp
- Make sure there is a lot of light in the home so that obstacles are easier to see
- Talk to a doctor if someone thinks they are a fall risk - the doctor will be able to review medications and Vitamin D levels to ensure that these are not contributing to the risk of a fall

Source: CDC, 2016

Pedestrian & Bicycle Safety

In 2019, the report titled *Dangerous by Design*, released by the National Complete Streets Coalition and Smart Growth America, named the Lakeland-Winter Haven area the fifth most dangerous place for pedestrians in the entire United States. Due to the findings of this report, the Florida Department of Transportation (FDOT) conducted surveillance on the amount of bicycle and pedestrian fatalities that occurred in Polk over a period of five years (2014-2018) to determine if there were any trends in these accidents. Their study found that 19% of all people killed in motor vehicle crashes were either a pedestrian or bicyclist. These crashes most commonly occur in the daylight hours with 1 pedestrian or cyclist becoming injured every day.

Source: FDOT, 2014-2018

Some safety tips for bicyclists and pedestrians to decrease their risk of being hit by a motor vehicle include:

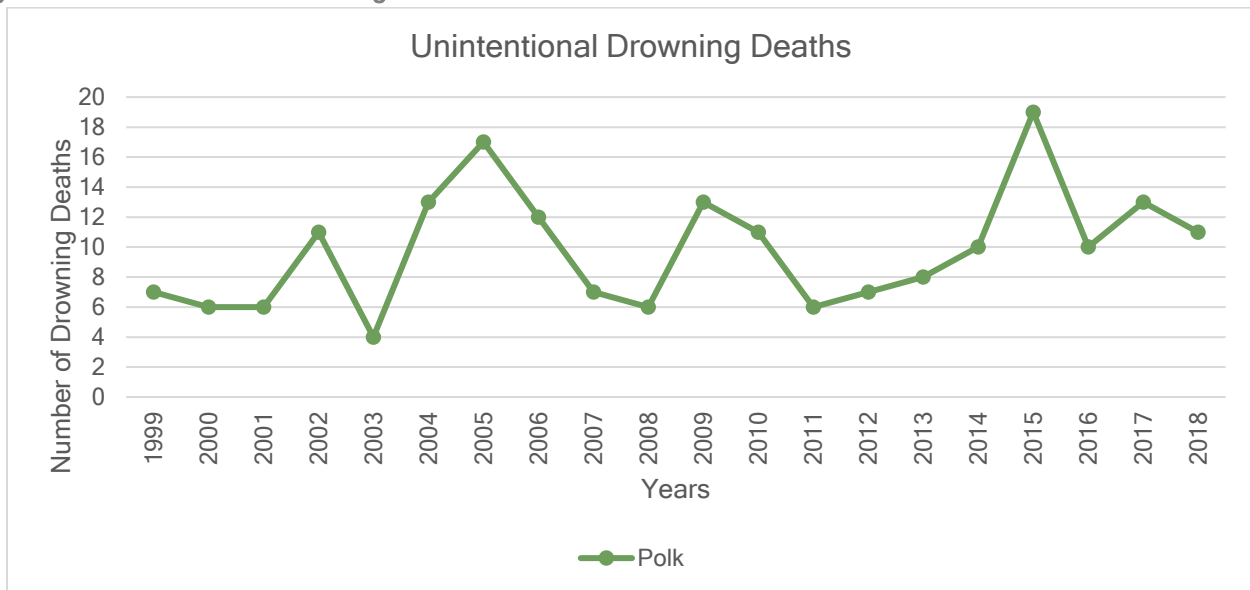
- Wear a properly-fitted helmet to reduce head injury
- Ride on the sidewalk whenever possible
- Ride with the flow of traffic
- Use hand signals and follow the rules of the road, including stopping at intersections, stop signs, and stop lights
- Wear bright colors and use reflective lights, especially when walking or riding at night or near dusk
- Ride or walk with a partner
- Do not use phones or headphones when walking or riding, especially near roadways

Sources: FLHSMV, 2020; Safe Kids Worldwide, 2020

Drowning Prevention

With the abundance of water surrounding Florida, it comes as no surprise that the State of Florida ranks 3rd in the nation for the most drownings. Polk County is ranked 13th on the most drownings in the state.

Figure 303. Unintentional Drowning Deaths Over Time



Polk County saw a spike in drowning deaths in 2015 with 19 deaths. The number of drowning deaths is decreasing over time, with 11 drowning deaths in 2018.

Source: FDOH Bureau of Vital Statistics

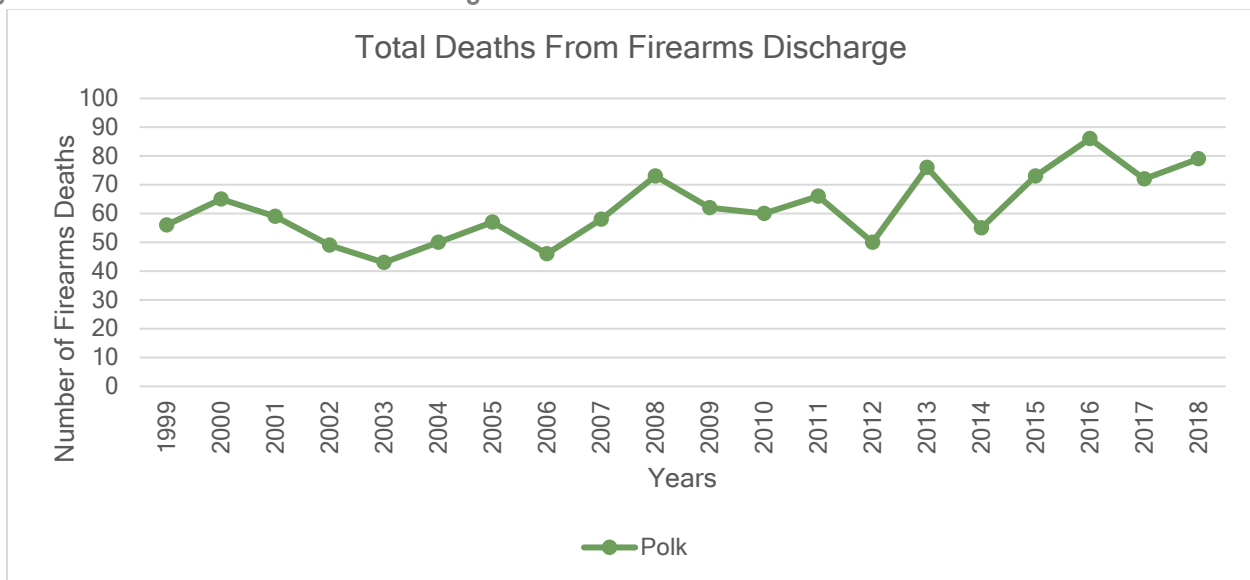
Drowning remains the second leading cause of death of children under 5 and can affect all population demographics; however, low income families and male children have an increased risk of experiencing a drowning. The majority of Polk's drownings occur in a pool, but there are also plenty of lakes and retention ponds that present a hazard. Drowning is often silent and can occur in as little as one inch of water, so it is important that parents follow some tips to reduce the risk of child drowning:

- Learn CPR. When in or around water, it is important that parents, caregivers, and even older children know how to perform CPR successfully
- Actively supervise children whenever they are in or around water
- Learn how to swim with a certified instructor - make sure all children under 5 participate in swim lessons. Swim lessons often begin as early as 6 months old
- Enroll children in refresher courses annually until they are a proficient swimmer
- Install pool barriers, like pool fencing, self-latching gates, door alarms, etc., to make sure that children cannot wander into the pool area unsupervised
- If a child is not a proficient swimmer or someone is swimming in a natural body of water (e.g., a lake), wear a US Coast Guard approved life jacket
- Make sure that buckets of water are emptied and all kiddie pools are drained of water after each use

Sources: FDOH Bureau of Vital Statistics; Safe Kids Worldwide, 2020

Gun Safety

Figure 304. Deaths from Firearms Discharge Over Time



In 2013, there were 76 total deaths from firearms discharge regardless of intent (including both homicides and suicides) in Polk County. This number has slightly increased to 79 total deaths from firearms discharge regardless of intent in 2018.

Source: FDOH Bureau of Vital Statistics

Firearm safety is important, especially when children are concerned. Children as young as 3 years old may be strong enough to pull the trigger of a handgun in an accidental discharge. It is also seen that 3 out of every 4 children living in a house with a gun know where the gun is located, even if their parents think that they do not know. It is important to be as safe as possible when owning and operating a firearm. Here are a few tips to reduce the risk of a child firearm injury:

- Keep guns out of reach and out of sight of children
- Store guns securely in a gun safe instead of on a nightstand, table, or drawer
- Store guns unloaded and secured with a child-resistant gun lock when they are not in use
- When a gun is not being stored, keep it in the owner's immediate possession and control at all times
- Talk to grandparents, the parents of a child's friends, and other adults who may own a gun about how to safely store and secure them around children
- If you are wanting to dispose of a gun, consult with local law enforcement on how to do so safely

Source: Safe Kids Worldwide, 2020

CHILD & ADOLESCENT HEALTH

Early childhood and adolescence are crucial times for an individual's health and development.

The following section contains indicators specific to child and adolescent health. Many of these indicators, as well as narrative information, can also be found within the relevant *Health Topic* sections of this document.

Sociodemographic Characteristics

As with any other population, the social determinants of health where children and adolescents live, play, and go to school have an impact on their health.

Figure 305. Sociodemographic Characteristics

Indicator	Measure	Year(s)	Polk County			Florida Rate
			Count	Quartile	Rate	
Percent of students eligible for free/reduced lunch						
Pre-K	Percent	2018	1,716	3	66.0%	67.1%
Kindergarten	Percent	2018	3,976	2	54.0%	59.7%
Elementary school	Percent	2018	25,469	1	54.6%	60.5%
Middle school	Percent	2018	12,802	2	53.9%	57.2%
Health Insurance						
Children without health insurance ages 0-17	Percent	2018		3	7.6%	7.6%
Children <5 covered by KidCare (Medikids)	Percent	2016-2018	2,973	2	2.5	2.9
Children in foster care						
Ages 1-4	Per 100,000	2018	254	1	215.9	228.6
Ages 5-11	Per 100,000	2018	278	2	468.6	455.7
Ages 12-17	Per 100,000	2018	236	3	449.1	362.4
Children experiencing child abuse						
Ages 5-11	Per 100,000	2016-2018	1,645	2	934.9	855.3
Children experiencing sexual violence						
Ages 5-11	Per 100,000	2016-2018	125	2	71.0	58.2

Children in Polk County are equally likely to be without health insurance as children across the State of Florida (7.6%). Children ages 5 and older in Polk County have higher rates of foster care placement than children of the same age across the State of Florida. Children in Polk County also experience abuse (934.9 per 100,000) and sexual violence (71.0 per 100,000) at higher rates than children across the State of Florida (855.3 per 100,000 and 58.2 per 100,000, respectively).

Sources: US Census Bureau ACS; FDOE EIAS; DCF Florida Safe Families Network Data; AHCA

Social-Emotional Development

Mental health in childhood means reaching developmental and emotional milestones, learning healthy social skills, and how to cope when there are problems. Mentally healthy children have a positive quality of life and can function well at home, in school, and in their communities.

Source: CDC, 2019

Figure 306. Social-Emotional Development

Indicator	Measure	Year(s)	Polk County			Florida Rate
			Count	Quartile	Rate	
Preschool-aged children						
Children ages 1-5 receiving mental health treatment services	Per 1,000	2016-2018	222	3	1.9	2.7
Children ages 3-5 with disabilities receiving pre-K services	Per 1,000	2018	784	3	32.2	34.5
Children participating in voluntary pre-K programs	Percent	2018	2,600	2	32.5%	26.6%
Percent School Readiness at Kindergarten Entry	Percent	2014		4	88.1%	91.4%
School attendance and graduation						
Percent of students absent 21+ days Grades K-12	Percent	2018		1	9.4%	11.3%
High school graduation rate	Percent	2018		4	87.3%	90.9%
Out-of-school suspensions per 100,000 students K-12	Per 100,000	2016-2018	37,854	4	12,607.7	5,263.4
Percent of students feeling safe at school						
Middle school	Percent	2016		4	90.5%	94.4%
High school	Percent	2016		3	92.7%	93.6%
Percent of students not promoted						
Elementary school	Percent	2018	1,500	2	3.2%	3.2%
Middle school	Percent	2018	601	3	2.5%	1.6%
Hospitalizations for [intentional] self-inflicted injuries per 100,000 population						
Ages 12-18	Per 100,000	2016-2018	139	3	77.9	70.3
Hospitalizations for eating disorders per 100,000 population						
Ages 12-18	Per 100,000	2016-2018	64		35.9	37.0

Although a higher percentage of children in Polk County participate in voluntary pre-K programs (32.5%) than across the State of Florida (26.6%), children in Polk County are less likely to be ready for school at Kindergarten entry (88.1%) than children across the state (91.4%). Polk County is in the 4th quartile, meaning the bottom 25% of all counties in Florida, for high school graduation rates and out-of-school suspensions. Polk is in the 3rd quartile for hospitalizations for intentional self-inflicted injuries ages 12-18 (77.9 per 100,000), with a rate higher than that of the state (70.3 per 100,000).






Sources: FDOE Office of Early Learning; FDOE Survey 5 Prior School/Student Attendance Data; FDOE EIAS; FYTS; AHCA; Florida DCF

Modifiable Risks and Behaviors

Health-risk behaviors, including substance use and sexual activity, can affect the development of children and adolescents. Other behaviors, including diet and exercise, can either serve as risk or protective factors for children and adolescents.

Weight Status

Figure 307. Weight Status

Indicator	Measure	Year	Polk County		Florida Rate
			Quartile	Rate	
Overweight & Obesity					
WIC children \geq 2 who are overweight or obese	Percent	2018	 4	29.6%	27.0%
WIC children \geq 2 who are overweight	Percent	2018	 3	15.3%	14.0%
WIC children \geq 2 who are obese	Percent	2018	 3	14.3%	13.0%
Middle school students who are obese	Percent	2018	 2	14.6%	13.2%
High school students who are obese	Percent	2018	 2	14.7%	14.3%

Children in Polk County ages 2 and older who are WIC clients have higher rates of overweight and obesity (29.6%) than WIC children of the same age across the State of Florida (27.0%), and Polk falls in the 4th quartile for this indicator. Middle school students in Polk County are more likely to be obese (14.6%) than middle school students statewide (13.2%), while high school students in Polk County have similar obesity rate (14.7%) as high school students statewide (14.3%).

Sources: FDOH WIC; FYTS

Substance Use

Figure 308. Substance Use

Indicator	Measure	Year	Polk County Rate	Florida Rate
Percent of students who have smoked cigarettes in the past 30 days ^a				
Middle school	Percent	2018	2.0%	1.3%
High school	Percent	2018	4.0%	3.6%
Percent of students who have used alcohol in the past 30 days ^b				
Middle school	Percent	2018	8.9%	7.3%
High school	Percent	2018	21.8%	21.2%
Percent of students reporting binge drinking ^b				
Middle school	Percent	2018	3.5%	3.1%
High school	Percent	2018	10.0%	9.6%
Percent of students using marijuana/hashish in the past 30 days ^b				
Middle school	Percent	2018	5.2%	3.7%
High school	Percent	2018	19.4%	16.3%

Rates of tobacco use among middle and high school students are higher in Polk County (2.0% and 4.0%, respectively) than across the State of Florida (1.3% and 3.6%, respectively). Rates of marijuana use are also higher among Polk County middle (5.2%) and high school (19.4%) students than statewide rates (3.7% and 16.3%, respectively). Rates of alcohol use are higher among Polk County middle school students (8.9%) than the statewide rate (7.3%), however rates are similar between high school students in Polk (21.8%) and statewide (21.2%). Rates of reported binge drinking among Polk County middle (3.5%) and high school (10.0%) students are also similar to statewide rates (3.1% and 9.6%, respectively).

Sources: ^aFYTS; ^bFYSAS

Sexual Activity

Figure 309. Sexual Activity

Indicator	Measure	Year(s)	Polk County			Florida Rate
			Count	Quartile	Rate	
Births to teens						
Ages 15-19	Per 1,000 females 15-19	2016-2018	1,568	3	25.4	18.2
Ages 15-17	Per 1,000 females 15-17	2016-2018	373	3	10.0	7.4
Ages 18-19	Per 1,000 females 18-19	2016-2018	1,195	2	49.0	34.6
Repeat births to teens						
Ages 15-19	Percent of births 15-19	2016-2018	258	3	16.5%	15.4%
Ages 15-17	Percent of births 15-17	2016-2018	27	3	7.2%	7.2%
Ages 18-19	Percent of births 18-19	2016-2018	231	3	19.3%	18.1%
Sexually transmitted infections						
HIV infection cases ages 13-19	Per 100,000	2016-2018	17		9.6	10.7
Bacterial STDs ages 15-19	Per 100,000	2016-2018	3,245	2	2,565.4	2,581.4

Births to teens in Polk County have declined over time, however rates are still higher in Polk County than across the State of Florida. Rates of HIV and bacterial STDs among youth are lower in Polk County than across the state.

Sources: FDOH Bureau of Vital Statistics; FDOH HIV/AIDS Section; FDOH Bureau of Communicable Diseases

Immunization and Infectious Disease

Childhood vaccines protect children from a variety of serious or potentially fatal diseases, including measles, mumps, rubella, tetanus, whooping cough (pertussis), and others.

Source: Mayo Clinic, 2019

Figure 310. Immunization and Infectious Disease

Indicator	Measure	Year(s)	Polk County			Florida Comparison
			Count	Quartile	Rate	
Immunizations						
Two-year-old children fully immunized: basic immunization series	Percent	2018			89.0%	84.0%
Kindergarten children fully immunized	Percent	2018	7,620	2	95.7%	93.7%
Infectious Disease						
Cryptosporidiosis in people <6	Per 100,000	2016-2018	15		10.6	6.9
Haemophilus influenzae in people <5	Per 100,000	2016-2018	4		3.4	3.4
Measles in people <5	Count	2016-2018	0			10
Meningococcal disease in people <5	Count	2016-2018	0			9
Mumps in people <5	Count	2016-2018	1			4
Pertussis in people 1-5	Per 100,000	2016-2018	5		4.2	5.8
Rubella, congenital	Count	2016-2018	0			0
Shigellosis in people <6	Per 100,000	2016-2018	108		76.0	31.0
Streptococcus pneumoniae in people <6	Per 100,000	2016-2018	12		8.4	5.1
Varicella in people <5	Per 100,000	2016-2018	40		34.2	20.9

Polk County has higher rates of two-year-old children (89.0%) and Kindergarten children (95.7%) who are fully immunized than across the State of Florida (84.0% and 93.7%, respectively).

Sources: FDOH Bureau of Epidemiology; FDOH Bureau of Immunization

Potentially Avoidable Hospitalizations

Asthma is a leading chronic illness among children and adolescents in the U.S. It is one of the leading causes of school absenteeism. Low-income populations, minorities, and children living in inner cities experience more emergency department visits, hospitalizations, and deaths due to asthma than the general population. Asthma symptoms can be controlled by avoiding triggers, such as dust mites and tobacco smoke, and taking medications prescribed by a health care provider if needed.

Childhood obesity rates are rising, and so are the rates of type 2 diabetes among youth. More than 75% of children with type 2 diabetes have a close relative who has it also - not always because the family members are related, but because they share certain habits that can increase their risk. Parents can help prevent or delay the onset of type 2 diabetes in children by developing a plan for the whole family to drink more water and less sugary drinks, eat more fruits and vegetables, and making physical activity fun. Type 2 diabetes can also be managed through healthy eating and an active lifestyle, and also by taking medications prescribed by a health care professional.

Source: CDC, 2019

Figure 311. Potentially Avoidable Hospitalizations

Indicator	Measure	Year(s)	Polk County			Florida Rate
			Count	Quartile	Rate	
Asthma hospitalizations						
Ages 1-5	Per 100,000	2016-2018	813	4	684.5	594.3
Ages 5-11	Per 100,000	2016-2018	958	4	544.5	398.5
Ages 12-18	Per 100,000	2016-2018	1,245	4	697.6	440.0
Diabetes hospitalizations						
Ages 5-11	Per 100,000	2016-2018	103		58.5	44.7
Ages 12-18	Per 100,000	2016-2018	295	3	165.3	140.6

Polk County is in the 4th quartile of the state for asthma hospitalizations among youth of all age groups, with rates higher than the state. Polk County also has higher rates of diabetes hospitalizations among youth than the State of Florida.

Source: AHCA

Emergency Room Visits

Figure 312. Emergency Room Visits

Indicator	Rate Type	Year(s)	Polk County			Florida Rate
			Count	Quartile	Rate	
Ages 0-5	Per 100,000	2016-2018	131,860	4	92,843.3	70,192.2
Ages 5-19	Per 100,000	2016-2018	192,852	3	50,835.6	37,684.9
ER visits for non-fatal unintentional poisonings ages 1-5	Per 100,000	2016-2018	603	3	507.7	356.8
ER visits for non-fatal unintentional falls ages 1-5	Per 100,000	2016-2018	7,397	4	6,227.9	4,837.8
ER visits for motor vehicle related injuries ages 1-5	Per 100,000	2016-2018	968	4	815.0	502.1

Rates of emergency room visits among youth are higher in Polk County than across the state.

Source: AHCA

Injuries and Violence

Injuries and violence are serious public health problems in the U.S that affect people in all stages of life. Youth violence affects thousands of young people each day. Youth violence is an adverse childhood experience and is connected to other types of violence, including child abuse and neglect, teen dating violence, adult intimate partner violence, and sexual violence. The most common mechanisms of injuries and violence vary by age group; for more information, see the *Violence, Crime, & Injury Prevention* section.

Figure 313. Injuries and Violence

Indicator	Rate Type	Year(s)	Polk County			Florida Rate
			Count	Quartile	Rate	
Non-fatal unintentional injury hospitalizations ages 5-9	Per 100,000	2016-2018	132	2	105.9	105.2
Non-fatal injury hospitalizations ages 10-19	Per 100,000	2016-2018	424	2	166.5	172.5
Licensed drivers in motor vehicle crashes ages 15-18	Per 1,000	2017		3	52.4	49.7
Child passengers injured/killed in motor vehicle crashes						
Ages 1-5	Per 100,000	2015-2017	423	2	361.9	403.3
Ages 5-11	Per 100,000	2015-2017	736	2	423.3	484.1
Ages 12-18	Per 100,000	2015-2017	1,077	2	617.8	635.3
Non-fatal motor vehicle related hospitalizations						
Ages 5-11	Per 100,000	2016-2018	41		23.3	18.6
Ages 12-18	Per 100,000	2016-2018	105	2	58.8	61.2
Non-fatal traumatic brain injury hospitalizations						
Ages 5-11	Per 100,000	2016-2018	44		25.0	19.7
Ages 12-18	Per 100,000	2016-2018	88	2	49.3	48.3

Rates of child passengers injured or killed in motor vehicle crashes are lower in Polk County than across the State of Florida.

Sources: AHCA; Florida Department of Highway Safety and Motor Vehicles

Mortality

Child mortality, or deaths, are often due to preventable causes. The leading causes of death among children vary by age group.

The top three causes of death nationally for children ages 1-4 years are:

- Accidents (unintentional injuries)
- Congenital malformations, deformations, and chromosomal abnormalities
- Assault (homicide)

The leading causes of death nationally for children ages 5-14 years are:

- Accidents (unintentional injuries)
- Cancer
- Intentional self-harm (suicide)

Source: CDC, 2017

Figure 314. Mortality

Indicator	Measure	Year(s)	Polk County			Florida Rate
			Count	Quartile	Rate	
Deaths						
Ages 1-5	Per 100,000	2016-2018	37	3	31.2	25.3
Ages 5-19	Per 100,000	2016-2018	103	2	27.2	27.1
Ages 5-9	Per 100,000	2016-2018	21	3	16.8	12.8
Ages 10-14	Per 100,000	2016-2018	23	3	17.9	14.6
Ages 15-19	Per 100,000	2016-2018	59	2	46.6	53.1
Unintentional injury deaths						
Ages 1-5	Per 100,000	2016-2018	19		16.0	10.0
Ages 5-9	Per 100,000	2016-2018	16		12.8	4.2
Ages 10-14	Per 100,000	2016-2018	6		4.7	4.7
Ages 15-19	Per 100,000	2016-2018	30	2	23.7	21.5
Motor vehicle related deaths						
Ages 5-11	Per 100,000	2016-2018	13		7.4	2.2
Ages 12-18	Per 100,000	2016-2018	15	2	8.4	8.9
Unintentional injury deaths other than motor vehicle accidents						
Ages 5-11	Per 100,000	2016-2018	4		2.3	1.9
Ages 12-18	Per 100,000	2016-2018	6		3.4	3.4
Traumatic brain injury deaths						
Ages 5-11	Per 100,000	2016-2018	11		6.3	1.6
Ages 12-18	Per 100,000	2016-2018	14	2	7.8	7.8
Cancer deaths						
Ages 1-5	Per 100,000	2016-2018	3		2.5	2.6
Heart disease deaths						
Ages 1-5	Per 100,000	2016-2018	0		0.0	0.9
Homicide						
Ages 5-11	Per 100,000	2016-2018	1		0.6	0.7
Ages 12-18	Per 100,000	2016-2018	6		3.4	5.3
Suicide						
Ages 12-18	Per 100,000	2016-2018	5		2.8	5.8

Children in Polk County age 9 and under are more likely to die from an unintentional injury death than children across the State of Florida.

Source: FDOH Bureau of Vital Statistics

AGING ADULT HEALTH

Good health is important for ensuring independence, security, and productivity among older adults.

Source: National Council on Aging

The following section contains indicators specific to aging adult health. WHO defines healthy aging as “the process of developing and maintaining the functional ability that enables wellbeing in older age.” Functional ability is about having the capabilities that enable all people to be and do what they have reason to value.

This includes a person’s ability to:

- Meet their basic needs
- Learn, grow, and make decisions
- Be mobile
- Build and maintain relationships
- Contribute to society

Aging adults have much to contribute to society. According to WHO, “approximately 75% of the diversity in capacity and circumstance observed in older age is the result of the cumulative impact of advantage and disadvantage across people’s lives.”

Aging Population Demographics

As Americans live longer, growth in the number of older adults is unprecedented. Currently, just over 20% of the population in Polk County is aged 65 and older. According to the U.S. Census, adults aged 65 years or older will account for 24% of the U.S. population by 2060. Aging adults can live productive lives by adopting healthy habits and behaviors, staying involved in their community, using preventive services, managing health conditions, and understanding medications.

Source: HP2020; US Department of Health & Human Services, 2020

Age

Figure 315. Age among Total Population

Indicator	Measure	Year	Polk County		Florida Percent
			Count	Percent	
<16	Percent	2018	134,120	19.7%	17.7%
16-17	Percent	2018	17,479	2.6%	2.3%
18-49	Percent	2018	267,093	39.2%	39.9%
50-54	Percent	2018	41,755	6.1%	6.8%
55-59	Percent	2018	42,631	6.3%	6.9%
60-64	Percent	2018	41,351	6.1%	6.4%
65-69	Percent	2018	40,838	6.0%	6.0%
70-74	Percent	2018	37,001	5.4%	5.2%
75-79	Percent	2018	26,674	3.9%	3.7%
80-84	Percent	2018	17,415	2.6%	2.5%
85+	Percent	2018	15,334	2.2%	2.6%
Elder Dependency Ratio (16-64: 65+)	Ratio	2018		100:33.5	100:32.2

For every 100 16-64-year-olds, there are a greater number of 65+-year-olds in Polk County (100:33.5) than across the State of Florida (100:32.2).

Source: Florida Legislature, Office of Economic and Demographic Research (EDR)

Race/Ethnicity

The White population in Polk County has a higher percentage of adults over age 65 (27.4%) than the Black (11.5%) and Hispanic (7.7%) populations.

Figure 316. Age among White Non-Hispanic Population

Indicator	Measure	Year	Polk County		Florida Percent
			Count	Percent	
<16	Percent	2018	59,238	14.7%	13.7%
16-17	Percent	2018	8,185	2.0%	1.9%
18-49	Percent	2018	139,956	34.6%	34.5%
50-54	Percent	2018	26,727	6.6%	6.9%
55-59	Percent	2018	29,115	7.2%	7.9%
60-64	Percent	2018	29,860	7.4%	7.8%
65-69	Percent	2018	31,381	7.8%	7.8%
70-74	Percent	2018	29,819	7.4%	7.1%
75-79	Percent	2018	21,987	5.4%	5.1%
80-84	Percent	2018	14,603	3.6%	3.5%
85+	Percent	2018	13,047	3.2%	3.7%
Elder Dependency Ratio (16-64: 65+)	Ratio	2018		100:47.4	100:46.3

For every 100 White Non-Hispanic 16-64-year-olds, there are a greater number of White Non-Hispanic 65+-year-olds in Polk County (100:47.4) than across the State of Florida (100:46.3).

Source: Florida Legislature, Office of Economic and Demographic Research (EDR)

Figure 317. Age among Black Non-Hispanic Population

Indicator	Measure	Year	Polk County		Florida Percent
			Count	Percent	
<16	Percent	2018	24,337	24.3%	22.9%
16-17	Percent	2018	3,335	3.3%	3.0%
18-49	Percent	2018	43,543	43.5%	45.7%
50-54	Percent	2018	5,967	6.0%	6.2%
55-59	Percent	2018	6,062	6.1%	6.0%
60-64	Percent	2018	5,340	5.3%	5.1%
65-69	Percent	2018	4,158	4.2%	4.0%
70-74	Percent	2018	3,047	3.0%	2.8%
75-79	Percent	2018	1,996	2.0%	1.9%
80-84	Percent	2018	1,268	1.3%	1.2%
85+	Percent	2018	1,034	1.0%	1.1%
Elder Dependency Ratio (16-64: 65+)	Ratio	2018		100:17.9	100:16.5

For every 100 Black Non-Hispanic 16-64-year-olds, there are a greater number of Black Non-Hispanic 65+-year-olds in Polk County (100:17.9) than across the State of Florida (100:16.5).

Source: Florida Legislature, Office of Economic and Demographic Research (EDR)

Figure 318. Age among Hispanic Population

Indicator	Measure	Year	Polk County		Florida Percent
			Count	Percent	
<16	Percent	2018	43,288	28.5%	21.6%
16-17	Percent	2018	5,109	3.4%	2.6%
18-49	Percent	2018	73,226	48.2%	46.8%
50-54	Percent	2018	7,666	5.0%	6.9%
55-59	Percent	2018	6,103	4.0%	5.7%
60-64	Percent	2018	4,941	3.2%	4.5%
65-69	Percent	2018	4,097	2.7%	3.7%
70-74	Percent	2018	3,266	2.1%	2.9%
75-79	Percent	2018	2,099	1.4%	2.2%
80-84	Percent	2018	1,240	0.8%	1.6%
85+	Percent	2018	1,011	0.7%	1.6%
Elder Dependency Ratio (16-64: 65+)	Ratio	2018		100:12.1	100:18

For every 100 Hispanic 16-64-year-olds, there are fewer Hispanic 65+-year-olds in Polk County (100:12.1) than across the State of Florida (100:18).

Source: Florida Legislature, Office of Economic and Demographic Research (EDR)

Sex

In general, females live longer than males. There are more females over age 50 in Polk County than males, a trend the State of Florida shows as well.

Figure 319. Males 50+

Indicator	Measure	Year	Polk County	Florida
Males 50+	Count	2018	123,516	3,902,234
50-54	Percent	2018	16.7%	17.7%
55-59	Percent	2018	16.7%	17.7%
60-64	Percent	2018	15.6%	16.0%
65-69	Percent	2018	15.2%	14.8%
70-74	Percent	2018	13.9%	12.9%
75-79	Percent	2018	10.3%	9.1%
80-84	Percent	2018	6.5%	6.1%
85+	Percent	2018	5.2%	5.6%

Source: Florida Legislature, Office of Economic and Demographic Research (EDR)

Figure 320. Females 50+

Indicator	Measure	Year	Polk County	Florida
Females 50+	Count	2018	139,483	4,505,301
50-54	Percent	2018	15.1%	16.1%
55-59	Percent	2018	15.8%	16.7%
60-64	Percent	2018	15.8%	16.0%
65-69	Percent	2018	15.8%	15.0%
70-74	Percent	2018	14.3%	12.9%
75-79	Percent	2018	10.0%	9.4%
80-84	Percent	2018	6.7%	6.6%
85+	Percent	2018	6.4%	7.4%

Source: Florida Legislature, Office of Economic and Demographic Research (EDR)

Education

Figure 321. Education Status 65+

Indicator	Measure	Year	Polk County		Florida Rate
			Count	Rate	
Less than high school education	Percent	2014-2018	21,570	16.2%	15.2%
High school education	Percent	2014-2018	49,787	37.3%	30.8%
Some college education	Percent	2014-2018	28,146	21.1%	19.6%
Associate's degree education	Percent	2014-2018	8,513	6.4%	6.8%
Bachelor's degree education	Percent	2014-2018	14,996	11.2%	15.6%
Graduate or professional degree education	Percent	2014-2018	10,526	7.9%	12.1%
Limited English Proficiency	Percent	2014-2018	7,794	5.8%	13.0%

When looking across all ages in Polk County, almost 28% of the population have an Associate's degree or higher. Among the 65+ population of Polk County, only 25.5% have an Associate's degree or higher. In addition, a higher percentage of the 65+ population in Polk has less than a high school education (16.2%) than compared to the state as a whole (15.7%).

Source: US Census Bureau ACS

Employment and Income

Figure 322. Employment and Income Status 65+

Indicator	Measure	Year	Polk County		Florida Rate
			Count	Rate	
Employed 65+	Percent	2014-2018	16,932	12.9%	14.5%
Households with annual income less than \$20,000 and householder 65+	Percent	2014-2018	17,313	22.2%	21.7%
Households with annual income \$20,000-\$49,999 and householder 65+	Percent	2014-2018	30,375	38.9%	35.1%
Households with annual income greater than or equal to \$50,000 and householder 65+	Percent	2014-2018	30,348	38.9%	43.2%
Median household income for 45-64	Dollars	2014-2018	\$56,524		\$62,771
Median household income for 65+	Dollars	2014-2018	\$39,514		\$42,639

A smaller percentage of adults ages 65+ are employed in Polk County (12.9%) than across the State of Florida (14.5%). Adults ages 65+ in Polk County have a lower median household income (\$39,514) than adults of the same age across the State of Florida (\$42,639).

Source: US Census Bureau ACS

Poverty Status

Figure 323. Poverty Status 65+

Indicator	Measure	Year	Polk County		Florida Rate
			Count	Rate	
Below 100% of Poverty	Percent	2013-2017	12,605	9.9%	10.3%

According to 2017 Federal Poverty Guidelines for the 48 Continental United States, 100% of poverty for a household of one is \$12,060 annually. Polk County adults ages 65+ have similar rates of poverty below 100% as adults across the state.

Source: US Census Bureau ACS; 2017 Federal Poverty Guidelines

Housing

Figure 324. Housing

Indicator	Measure	Year	Polk County		Florida Rate
			Count	Rate	
Owner-occupied housing units owned by householder 55-59	Percent	2014-2018	6,302	40.1%	35.5%
Owner-occupied housing units owned by householder 60-64	Percent	2014-2018	8,350	48.3%	43.9%
Owner-occupied housing units owned by householder 65+	Percent	2014-2018	44,517	67.6%	64.3%

Polk County has higher rates of owner-occupied housing units owned by householders ages 55+ than the State of Florida as a whole.

Source: US Census Bureau ACS

Family and Living Arrangements

Figure 325. Family and Living Arrangements

Indicator	Measure	Year	Polk County		Florida Rate
			Count	Rate	
Individuals living alone 65+	Percent	2014-2018	28,920	22.0%	24.4%
Individuals living with spouse 65+	Percent	2014-2018	74,176	56.5%	52.3%
Individuals living with unmarried partner 65+	Percent	2014-2018	3,012	2.3%	2.6%
Grandparents living with own grandchildren	Percent	2014-2018	18,350	4.4%	3.7%
Grandparents responsible for own grandchildren	Percent	2014-2018	5,218	1.2%	1.1%

Individuals ages 65+ in Polk County are less likely to live alone (22.0%) than individuals of the same age across the State of Florida (24.4%). The percent of grandparents who live with their own grandchildren is similar in Polk County (4.4%) and across the State of Florida (3.7%).

Source: US Census Bureau ACS

Health Care and Health Status

Maintaining health is especially important for aging adults. Aging adults experience higher risk of chronic disease, including heart disease, cancer, stroke, diabetes, and Alzheimer's Disease. Falls are the leading cause of injury among older adults.

Source: HP2020

Figure 326. Health Care & Health Status

Indicator	Measure	Year	Polk County		Florida Rate
			Count	Rate	
Reported good, very good, or excellent health status 65+	Percent	2016		77.0%	75.7%
Reported fair or poor health status 65+	Percent	2016		23.0%	24.3%
Have a personal doctor 65+	Percent	2016		94.2%	93.2%
Could not see a doctor due to cost 65+	Percent	2016		8.8%	5.2%
Received a flu shot in the past year 65+	Percent	2016		58.2%	57.4%
Ever received a pneumonia vaccine 65+	Percent	2016		70.5%	65.6%
Ever told they have diabetes 65+	Percent	2016		29.1%	23.5%
Ever told they had a stroke 65+	Percent	2016		11.6%	7.3%
Currently have asthma 65+	Percent	2016		7.3%	5.9%
Ever told they have COPD, emphysema, or chronic bronchitis 65+	Percent	2016		7.3%	11.9%
Ever told they had a heart attack 65+	Percent	2016		14.5%	11.9%
Non-fatal injuries resulting in hospitalization 50+	Per 100,000	2018	3,451	1,312.2	1,207.7
Fall-related injuries in the past year 65+	Percent	2016		13.8%	9.7%
Deaths 50+	Per 100,000	2018	6,587	2,504.6	2,237.8

Polk County adults ages 65+ (77.0%) are more likely than adults across the State of Florida (75.7%) to report "good, very good, or excellent" health status. Adults ages 65+ in Polk County are more likely to have a personal doctor (94.2%) than adults across the state (93.2%), but also more likely to not be able to see a doctor due to cost (8.8%) than adults across the state (5.2%). Older adults in Polk County are more likely to receive a flu shot (58.2%) and pneumonia vaccine (70.5%) than adults of the same age across the state (57.4% and 65.6%, respectively). Unfortunately, older adults in Polk County are also more likely to have diabetes (29.1% versus 23.5%), stroke (11.6% versus 7.3%), asthma (7.3% versus 5.9%), and heart attack (14.5% versus 11.9%) than adults of the same age across the state. Rates of fall-related injuries among adults ages 65+ are higher in Polk County (13.8%) than across the State of Florida (9.7%). Rates of death among adults ages 50+ are higher in Polk County (2,504.6 per 100,000) than across the State of Florida (2,237.8 per 100,000).

Sources: AHCA; FL BRFSS; Florida Bureau of Vital Statistics

Health Risk & Protective Factors

Physical activity can help prevent disease and injury, however less than 60% of older adults in the U.S. engage in physical activity and strength training.

Source: HP2020

Figure 327. Health Risk & Protective Factors

Indicator	Measure	Year	Polk County Rate	Florida Rate
Meet aerobic activity recommendations 65+	Percent	2016	47.0%	45.7%
Meet muscle strengthening recommendations 65+	Percent	2016	20.6%	31.0%
Current smoker 65+	Percent	2016	8.8%	8.4%
Engage in heavy or binge drinking 65+	Percent	2016	3.2%	8.7%
Overweight 65+	Percent	2016	39.4%	39.7%
Obese 65+	Percent	2016	34.3%	25.8%

Older adults in Polk County are more likely to meet aerobic activity recommendations (47.0%) than adults across the State of Florida (45.7%), but less likely to meet muscle strengthening recommendations (20.6%) than adults across the state (31.0%). Smoking rates among older adults are similar in Polk County (8.8%) and across the state (8.4%). Older adults in Polk County are less likely to engage in heavy or binge drinking (3.2%) than adults of the same age statewide (8.7%). While rates of overweight are similar among adults ages 65+ within Polk County (39.4%) and across the State of Florida (39.7%), older adults in Polk County are more likely to be obese (34.3%) than adults statewide (25.8%).

Source: FL BRFSS

Oral Health

Older Americans with the poorest oral health tend to be those who are economically disadvantaged, lack insurance, and are members of racial and ethnic minorities. Being disabled, homebound, or institutionalized (in a nursing home) also increases the risk of poor oral health. Many older Americans do not have dental insurance because they lost their benefits upon retirement and the federal Medicare program does not cover routine dental care. To maintain good oral health, older adults should practice good oral hygiene, visit the dentist regularly, limit alcoholic drinks, and quit smoking.

Source: CDC, 2019

Figure 328. Oral Health

Indicator	Measure	Year	Polk County		Florida Rate
			Count	Rate	
Visited a dentist or dental clinic in the past year 65+	Percent	2016		62.6%	68.4%
Permanent tooth removed because of tooth decay or gum disease 65+	Percent	2016		76.4%	70.2%

Older adults in Polk County (62.6%) are less likely to have visited a dentist or dental clinic in the past year than adults across the State of Florida (68.4%). Older adults in Polk County are more likely (76.4%) than adults statewide (70.2%) to have had a permanent tooth removed because of tooth decay or gum disease.

Source: FL BRFSS

Mental Health

One out of every four older adults in the U.S. experience a mental disorder, including depression, anxiety disorders, and dementia. Two-thirds of older adults with mental health problems do not receive the treatment they need, as services for this population tend to be limited.

Source: National Council on Aging

Figure 329. Mental Health

Indicator	Measure	Year	Polk County		Florida Rate
			Count	Rate	
Ever told they have a depressive disorder 65+	Percent	2016		10.8%	11.8%
Poor mental health on 14 days or more of the last 30 days 65+	Percent	2016		5.9%	7.3%
Hospitalizations due to mental disorders 45-64	Per 100,000	2018	1,946	1,164.4	1,196.9
Hospitalizations due to mental disorders 65-74	Per 100,000	2018	364	467.6	589.3
Hospitalizations due to mental disorders 75+	Per 100,000	2018	195	328.2	338.5
Probable Alzheimer's cases 65+	Percent	2018	17,187	12.5%	13.2%
Hospitalizations due to Alzheimer's Disease 65+	Per 100,000	2018	97	70.7	50.7

Older adults in Polk County (10.8%) are less likely than adults across the state (11.8%) to have ever been told they had a depressive episode. Older adults in Polk County are also less likely to report poor mental health days (5.9%) than adults across the state (7.3%). Hospitalizations due to mental disorders occur at lower rates among older adults in Polk County than in adults of the same age statewide. Probable Alzheimer's cases in adults ages 65+ are similar in Polk County (12.5%) and across the state (13.2%), however hospitalizations due to Alzheimer's Disease are higher (70.7 per 100,000) among Polk residents than statewide (50.7 per 100,000).

Source: Florida Department of Elder Affairs; AHCA; FL BRFSS

Disabilities

Figure 330. Disabilities

Indicator	Measure	Year	Polk County		Florida Rate
			Count	Rate	
Limited activities due to physical, mental, or emotional problem 65+	Percent	2016		25.9%	27.1%
Living with a disability 65+	Percent	2014-2018	45,673	34.7%	33.1%
Living with a hearing disability 65+	Percent	2014-2018	19,458	14.8%	13.6%
Living with a vision disability 65+	Percent	2014-2018	9,229	7.0%	6.1%
Living with a cognitive disability 65+	Percent	2014-2018	11,019	8.4%	8.5%
Living with an ambulatory disability 65+	Percent	2014-2018	29,090	22.1%	20.9%
Living with a self-care disability 65+	Percent	2014-2018	9,118	6.9%	7.3%
Living with an independent living disability	Percent	2014-2018	17,767	13.5%	13.2%
Use special equipment due to a health problem 65+	Percent	2016		18.4%	19.7%

Older adults ages 65+ in Polk County are more likely to be living with a disability (34.7%) than older adults ages 65+ across the State of Florida (33.1%).

Source: FL BRFSS; US Census Bureau ACS

APPENDICES

Appendix A: Frequently Asked Questions

Appendix B: Community Partners

Appendix C: 2019 Polk County Community Health Survey Tool

Appendix D: 2019 Polk County Focus Group Questions

Appendix E: 2019 Polk County Key Informant Interview Questions

Appendix F: Secondary Data Sources

Appendix G: Forces of Change: Threats and Opportunities Worksheet

Appendix H: Local Public Health System Assessment Survey Tool

Appendix I: Community Assets and Resources





Appendix A: Frequently Asked Questions

Frequently Asked Questions

What do quartiles mean?

The State of Florida contains a total of 67 counties. For the purposes of comparing county-level data across the state, each of the 67 counties are divided up into four quartiles.

Quartiles in statistics are values that divide a data set into four quarters based on how the numbers fall on a number line. For the purposes of this report, quartiles are ranked from most favorable (1st quartile) to least favorable (4th quartile). These quartiles compare us to the other 67 counties across the state.

-  Quartile 1: The most favorable quartile in the state (most favorable 25%).
-  Quartile 2: The second most favorable quartile (25%) in the state.
-  Quartile 3: The third most favorable quartile (25%) in the state.
-  Quartile 4: The least favorable quartile in the state (least favorable 25%).

What is a rate?

A rate is a ratio between two related quantities in different units. It is customary to use rates per 100,000 population for deaths and rates per 1,000 population for live births.

What is an age-adjusted rate?

An age-adjusted rate is a measure that controls for the effects of age differences on health event rates. Age-adjusting is used to control for the influence that different population age distributions might have on health event rates. Age-adjusting rates allows for fairer comparisons between groups with different age distributions.

What are 3-year rolling rates?

3-year rolling rates are the sum of three years into one data point. Because rolling rates overlap (e.g., 2014-2016, 2015-2017), they cannot be used for statistical testing. Using a 3-year rate smooths the trend line and removes extreme values to give a better overall picture of the data.

What is incidence?

Incidence, or incidence rate, is the number of new cases in a given timeframe.

What is a dependency ratio?

The dependency ratio is an age-population ratio of individuals who are of age to work and those who are not of an age to work. It is used to measure the pressure on the productive population. The age range of those able to work is 16-64 years old. Anyone under the age of 16 is too young to work and those age 65+ are typically retired. The elder dependency ratio takes the population age 16-64 in comparison to the population age 65+.

Appendix B: Community Partners

2018-2020 Polk County CHA Workgroup Members

Name	Agency
David Acevedo	Children's Home Society of Florida
Tonya Akwetey	Healthy Start Coalition of Hardee, Highlands, and Polk Counties
Marcia Andresen	Polk County BOCC - Health and Human Services
Linda Baker	Florida Department of Health in Polk County
Alexis Bautz	Florida Presbyterian Homes
Lisa Bell	BayCare Health System
Breanna Champion	Polk County Fire Rescue
Carolyn Carden	Peace River Center
Ermelinda Centeno	Central Florida Health Care
Equilla Cherry	Talbot House Ministries/Good Samaritan Free Clinic
Prisca Collins	Florida Southern College
Julia Davis	Polk Transportation Planning Organization (TPO)
Rebecca Desir	Advent Health
Tammy Durden	Florida Department of Health in Polk County
Charlene Edwards	Healthy Start Coalition of Hardee, Highlands, and Polk Counties
Taylor Freeman	Florida Department of Health in Polk County
Matti Friedt	Polk County Public Schools - Preschool
Bill Gardam	Peace River Center
Sylvie Grimes	Florida Department of Health in Polk County
Daniel Haight, MD	Lakeland Regional Health
Schatzie Haines	community member
Cathy Hatch	Polk County BOCC - Health and Human Services
Samuelle Inevil	Florida Southern College APRN student
Joy Jackson, MD	Florida Department of Health in Polk County
Joy Johnson	Polk County BOCC - Health and Human Services
Teresa Kelly	Health Council of West Central Florida
Jenna Levine	Florida Department of Health in Polk County
Colleen Mangan	BayCare Health System
Jodi Miller	United Way of Central Florida
Jessica Napoleon	Florida Department of Health in Polk County
Andrea Nikolai	UF/IFAS Extension Polk County
Nancy Nuzzo	Florida Southern College
Nicole Riley	Florida Department of Health in Polk County
Tasha Saca	Reliance Medical Centers
Teri Saunders	Heartland for Children
Christine Smith	Florida Department of Health in Polk County - WIC
Kathie Southern	Heartland for Children
Lauren Springfield	Lakeland Regional Health
Leann Thomas	Polk County BOCC
Holly Vida	BayCare Health System - Bartow Regional Medical Center
Debbie Zimmerman	Polk County Public Schools

Polk County Prioritization Exercise - July 31, 2019
Participating Agencies

Agency
Advent Health
Alzheimer's Association
Angels Care Center of Eloise
BayCare Health System
BayCare Health System - Bartow Regional Medical Center
BayCare Health System - St. Joseph's Children's Wellness and Safety Center
BayCare Health System - Winter Haven Hospital
Center for Autism and Related Disabilities at University of South Florida (CARD-USF)
Central Florida Health Care
Children's Home Society of Florida
City of Bartow
Feeding Tampa Bay
Florida Department of Health in Polk County
Florida Southern College
GiveWell Community Foundation
Health Council of West Central Florida
Healthy Start Coalition of Hardee, Highlands, and Polk Counties
Heart of Florida Regional Medical Center
Heartland for Children
Lake Wales Medical Center
Lakeland Regional Health
Peace River Center
Polk County BOCC - Health and Human Services
Polk County Legislative Delegation
Polk County Public Schools
Polk Vision
Redlands Christian Migrant Association
Senior Solutions Group
Talbot House Ministries/Good Samaritan Free Clinic
Tri-County Human Services
United Way of Central Florida
Warner University
Winter Haven Public Education Partnership (PEP)

All Partnering Agencies Who Participated in the 2019-2020 Polk County CHA Process

Agency
Americans with Disabilities Act (ADA)
Advent Health
Agricultural and Labor Program, Inc. (ALPI)
Alzheimer's Association
Angels Care Center of Eloise
Badcock
BayCare Health System
BayCare Health System - Bartow Regional Medical Center
BayCare Health System - St. Joseph's Children's Wellness and Safety Center
BayCare Health System - Winter Haven Hospital
Catholic Charities
Center for Autism and Related Disabilities at University of South Florida (CARD-USF)
Central Florida Behavioral Health Network
Central Florida Health Care
Children's Home Society of Florida
Citrus Connection
City of Bartow
City of Frostproof
City of Lakeland
Corizon
Early Learning Coalition
East Coast Migrant Association
ElderPoint Ministries
Feeding Tampa Bay
Florida Department of Children and Families
Florida Department of Health in Polk County
Florida Polytechnic University
Florida Presbyterian Homes
Florida Southern College
GiveWell Community Foundation
Health Council of West Central Florida
Healthy Start Coalition of Hardee, Highlands, and Polk Counties
Heart of Florida Legal Aid
Heart of Florida Regional Medical Center
Heartland for Children
Keiser University
Kelly Andrews LLC
Lake Hamilton Police Department
Lake Wales Care Center/Lake Wales Free Clinic
Lake Wales Housing Authority
Lake Wales Medical Center
Lakeland Police Department
Lakeland Regional Health
Lakeland Volunteers in Medicine (LVIM)
Lakeside Pediatrics
Melanin Families Matter
Mulberry Chamber of Commerce

Neighbor to Family
Nurse Family Partnership
Peace River Center
Polk Community PTSA
Polk County BOCC - Health and Human Services
Polk County Fire Rescue
Polk County Legislative Delegation
Polk County Public Schools
Polk County Public Schools - Preschool
Polk County Sheriff's Office
Polk State College
Polk Transportation Planning Organization (TPO)
Polk Vision
Redlands Christian Migrant Association
Reliance Medical Centers
Senior Helpers
Senior Solutions Group
Talbot House Ministries/Good Samaritan Free Clinic
The Haley Center
Tri-County Human Services
United Way of Central Florida
UF/IFAS Extension Polk County
Volunteers in Service to the Elderly (VISTE)
Warner University
Webber International University
Winter Haven Police Department
Winter Haven Public Education Partnership (PEP)

**Appendix C:
2019 Polk County Community Health Survey Tool**

2019 COMMUNITY HEALTH NEEDS SURVEY



Our local not-for-profit hospitals and the department of health want to hear from you! The results of this survey will be used to help us to understand your community health concerns so that improvements can be made. We encourage you to take 15 minutes to fill out the survey. Your voice is important to ensure these organizations have the best understanding of the needs of our community. Thank you!



2019 HEALTH SURVEY

Our local not-for-profit hospitals and the department of health want to hear from you! The results of this survey will be used to help us to understand your community health concerns so that improvements can be made. We encourage you to take 15 minutes to fill out the survey below. Your voice is important to ensure these organizations have the best understanding of the needs of our community. Thank you!

You must be 18 years of age or older to complete this survey. COMPLETE THIS SURVEY ONLY FOR YOURSELF. If someone else would like to complete the survey, please have that person complete a separate survey. Remember, your answers are completely anonymous. We will not ask for your name or any other information which can be used to identify you. If you have any questions, please contact Taylor Freeman at 863-578-2141 or taylor.freeman@flhealth.gov.

These first few questions tell us about you. They will be used only to help us better understand the people who live in your community so that we can provide better health care services. This information will not be used to identify you.

1. In which county do you live? (Please choose only one)

Hillsborough Pasco Pinellas Polk Other

2. Do you live in this county more than 3 months each year?

Yes No

3. In which ZIP code do you live? (Please write in)

4. What is your age? (Please choose only one)

18 to 24 25 to 34 35 to 44 45 to 54 55 to 64 65 to 74 75 or older

5. Are you of Hispanic or Latino origin or descent? (Please choose only one)

Yes, Hispanic or Latino No, not Hispanic or Latino Prefer not to answer

6. Which race best describes you? (Please choose only one)

American Indian or Alaska Native Asian Black or African
 American
 Native Hawaiian or Pacific Islander White More than one
 race
 Other Prefer Not to Answer

7. Do you identify your gender as:

Male Female Transgender (if so: Male to Female or Female to Male)
 Other /Gender non-Conforming

8. Which of the following best describes your sexual orientation? (Please choose only one)

Heterosexual (Straight) Gay or Lesbian Bisexual Other

9. What language do you MAINLY speak at home? (Please choose only one)

Arabic Chinese English French German
 Haitian Creole Russian Spanish Vietnamese Other

10. How well do you speak English? (Please choose only one)

- Very well Well Not Well Not at all

11. What is the highest level of school that you have completed? (Please choose only one)

- | | | |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Less than high school

Some college, no degree

Graduate -Level Degree or Higher

Some high school, but no diploma

2 – Year College Degree

None of the above

High school diploma (GED)

4 – Year College Degree

12. How much total combined money did all people living in your home earn last year? (Please choose only one)

- | | | | | |
|---|--------------------------|---|--------------------------|---|
| <input type="checkbox"/> \$0 to \$9,999 | <input type="checkbox"/> | <input type="checkbox"/> \$10,000 to \$24,999 | <input type="checkbox"/> | <input type="checkbox"/> \$25,000 to \$49,999 |
| <input type="checkbox"/> \$50,000 to \$74,999 | <input type="checkbox"/> | <input type="checkbox"/> \$75,000 to \$99,999 | <input type="checkbox"/> | <input type="checkbox"/> \$100,000 to \$124,999 |
| <input type="checkbox"/> \$125,000 to \$149,999 | <input type="checkbox"/> | <input type="checkbox"/> \$150,000 to \$174,999 | <input type="checkbox"/> | <input type="checkbox"/> \$175,000 to \$199,999 |
| <input type="checkbox"/> \$200,000 and up | <input type="checkbox"/> | <input type="checkbox"/> Prefer not to answer | | |

13. Which of the following categories best describes your employment status? (Please choose only one)

- | | |
|--|--|
| <input type="checkbox"/> Employed, working full-time | <input type="checkbox"/> Student |
| <input type="checkbox"/> Employed, working part-time | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Not employed, looking for work | <input type="checkbox"/> Disabled, not |
| <input type="checkbox"/> able to work Not employed, NOT looking for work | |

14. What transportation do you use most often to go places? (Please choose only one)

- | | |
|---|--|
| <input type="checkbox"/> I drive my own car | <input type="checkbox"/> Someone drives me |
| <input type="checkbox"/> I take the bus | <input type="checkbox"/> I walk |
| <input type="checkbox"/> I ride a bicycle | <input type="checkbox"/> I take a taxi cab |
| <input type="checkbox"/> I ride a motorcycle or scooter | <input type="checkbox"/> I take |
| <input type="checkbox"/> an Uber/Lyft Some other way | |

15. Are you

- A Veteran In Active Duty National Guard/Reserves Neither **(Skip to question 17)**

16. If Veteran, Active Duty, National Guard, or Reserves, are you receiving care at the VA?

- Yes No

17. How do you pay for most of your health care? (Please choose only one)

- | | |
|--|---|
| <input type="checkbox"/> I pay cash / I don't have insurance | <input type="checkbox"/> TRICARE |
| <input type="checkbox"/> Medicare or Medicare HMO | <input type="checkbox"/> Indian Health Services |
| <input type="checkbox"/> Medicaid or Medicaid HMO | <input type="checkbox"/> Commercial health insurance (HMO, PPO) |
| <input type="checkbox"/> Veteran's Administration | <input type="checkbox"/> Some other way |

18. Including yourself, how many people currently live in your home? (Please choose only one)

- 1 2 3 4 5 6 or more

19. Are you a caregiver to an adult family member who cannot care for themselves in your home? (Please choose only one)

- Yes No

20. Including yourself, how many people 65 years or older currently live in your home? (Please choose only one)

None 1 2 3 4 5 6 or more

21. How many CHILDREN (under age 18) currently live in your home? (Please choose only one)

None (Skip to question 33) 1 2 3 4 5 6 or more

- Begin Children's Section -

22. Was there a time in the PAST 12 MONTHS when children in your home needed medical care but did NOT get the care you needed?

- Yes No (skip to question 24)

23. What is the MAIN reason they didn't get the medical care they needed? (Please choose only one)

- Can't afford it / Costs too much I had transportation problems
 I don't have a doctor I don't know where to go
 I had trouble getting an appointment I don't have health insurance
 Other

24. Was there a time in the PAST 12 MONTHS when children in your home needed DENTAL care but did NOT get the care you needed?

- Yes No (skip to question 26)

25. What is the MAIN reason they didn't get the dental care they needed? (Please choose only one)

- Can't afford it / Costs too much I had transportation problems
 I don't have a dentist I don't know where to go
 I had trouble getting an appointment I don't have dental insurance
 Other

26. Was there a time in the PAST 12 MONTHS when children in your home needed mental health care but did NOT get the care you needed?

- Yes No (skip to question 28)

27. What is the MAIN reason they didn't get the mental health care they needed? (Please choose only one)

- Can't afford it / Costs too much I had transportation problems
 don't have a doctor / counselor I don't know where to go
 I had trouble getting an appointment I don't have health insurance
 Other

28. I feel safe walking in my neighborhood.

- Yes (skip to question 30) No

29. If you answered "no", check all reasons you do not feel safe walking:

- Traffic No sidewalks
 Poor condition of roads or sidewalks Dogs not on a leash
 Stopped by police Violent Crime or theft

30. Check all the health issues children in your home have faced (CHECK ALL THAT APPLY)

My children have not faced any health issues	<input type="checkbox"/>
Allergies	<input type="checkbox"/>
Asthma	<input type="checkbox"/>
Bullying	<input type="checkbox"/>
Unintentional injuries or accidents that required immediate medical care (such as a concussion from playing sports)	<input type="checkbox"/>
Behavioral Health / Mental health	<input type="checkbox"/>
Children overweight	<input type="checkbox"/>

Children underweight	<input type="checkbox"/>
Birth-related (such as low birthweight, prematurity, prenatal, and others)	<input type="checkbox"/>
Dental Problems (such as cavities, root canals, extractions, surgery, and others)	<input type="checkbox"/>
Autism	<input type="checkbox"/>
Child abuse / child neglect	<input type="checkbox"/>
Diabetes / Pre-diabetes / High Blood Sugar	<input type="checkbox"/>
Using drugs or alcohol	<input type="checkbox"/>
Using tobacco, e-cigarettes, or vaping	<input type="checkbox"/>
Teen pregnancy	<input type="checkbox"/>
Sexually Transmitted Disease	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>

31. Check all the special needs children in your home have faced (CHECK ALL THAT APPLY)

My children do not have any special needs	<input type="checkbox"/>
Attention deficit / hyperactivity disorder (AD/HD)	<input type="checkbox"/>
Autism / pervasive development disorder (PDD)	<input type="checkbox"/>
Blindness / visual impairment	<input type="checkbox"/>
Cerebral palsy	<input type="checkbox"/>
Child who uses a wheelchair or walker	<input type="checkbox"/>
Deaf / hearing loss	<input type="checkbox"/>
Developmental delay (DD)	<input type="checkbox"/>
Down syndrome	<input type="checkbox"/>
Emotional disturbance	<input type="checkbox"/>
Epilepsy / Seizure disorder	<input type="checkbox"/>
Intellectual disability (formerly mental retardation)	<input type="checkbox"/>
Learning disabilities / differences	<input type="checkbox"/>
Speech and language impairments	<input type="checkbox"/>
Spina bifida	<input type="checkbox"/>
Traumatic brain injury	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>

32. Do any children in your home... (CHECK ALL THAT APPLY)

	Yes	No	Not Sure
Know how to swim	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wear a bike/skate helmet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use a car/booster seat (under age 8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wear a seatbelt at all times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have access to a pool where you live	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Receive all shots to prevent disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have a history of being bullied (including social media)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Receive gun safety education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use Sunscreen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eat at Least 3 Servings of Fruits and Vegetables Every Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exercise at Least 60 Minutes Every Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Get 8 Hours or More of Sleep Every Night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eat Fast Food Every Week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drink Sugary-Sweetened Sodas, Energy Drinks, or Sports Drinks Every Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eat Junk Food Every Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stay Home from School 5 or More Days a Year Because of Health Issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Need Regular Access to a School Nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attend a Public or Charter School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

--End Children's Section --

These next questions are about your view or opinion of the community in which you live.

33. Overall how would you rate the health of the community in which you live? (Please choose only one)

- Very unhealthy Unhealthy Somewhat healthy Healthy Very healthy Not sure

34. - 32. Please read the list of risky behaviors listed below. Which three do you believe are the most harmful to the overall health of your community?

Mark which you think are:

1 Most harmful; 2 Second-most harmful; 3 Third-most harmful

Please mark **only three**, using 1, 2 and 3

	Your Top 3	Example
Alcohol abuse		
Dropping out of school		
Drug abuse		1
Lack of exercise		
Poor eating habits		
Not getting "shots" to prevent disease		
Not wearing helmets		
Not using seat belts/not using child safety seats		3
Tobacco use / E-cigarettes / Vaping		2
Unsafe sex including not using birth control		
Distracted driving (texting, eating, talking on the phone)		
Not locking up guns		
Not seeing a doctor while you are pregnant		

33 – 35. Read the list of health problems and think about your community. Which of these do you believe are most important to address to improve the health of your community?

Mark which you think are:

1 Most important; 2 Second-most important; 3 Third-most important

Please mark **only three**, using 1, 2 and 3

	Your Top 3	Example
Aging Problems (for example: difficulty getting around, dementia, arthritis)		
Cancers		
Child Abuse / Neglect		1
Clean Environment / Air and Water Quality		
Dental Problems		
Diabetes / High Blood Sugar		
Domestic Violence / Rape / Sexual Assault		
Gun-Related Injuries		3
Being Overweight		2
Mental Health Problems Including Suicide		
Heart Disease / Stroke / High Blood Pressure		
HIV/AIDS / Sexually Transmitted Diseases (STDs)		
Homicide		
Infectious Diseases Like Hepatitis and TB		
Motor Vehicle Crash Injuries		
Infant Death		
Respiratory / Lung Disease		
Teenage Pregnancy		
Tobacco Use / E-cigarettes / Vaping		

36. – 38. Please read the list of factors below. Which do you believe are most important to improve the quality of life in a community?

Mark which you think are:

1 Most important;

2 Second-most important;

3 Third-most important

Please mark **only three**, using 1, 2 and 3

	Your Top 3	Example
Good Place to Raise Children		
Low Crime / Safe Neighborhoods		
Good Schools		1
Access to Health Care		
Parks and Recreation		
Clean Environment / Air and Water Quality		
Low-Cost Housing		
Arts and Cultural Events		3
Low-Cost Health Insurance		2
Tolerance / Embracing Diversity		
Good Jobs and Healthy Economy		
Strong Family Life		
Access to Low-Cost, Healthy Food		
Healthy Behaviors and Lifestyles		
Sidewalks / Walking Safety		
Public Transportation		
Low Rates of Adult Death and Disease		
Low Rates of Infant Death		
Religious or Spiritual Values		
Disaster Preparedness		
Emergency Medical Services		
Access to Good Health Information		

39. Below are some statements about your local community. Please tell us how much you agree or disagree with each statement.

	Yes	No	Not Sure
Drug abuse is a problem in my community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have no problem getting the health care services I need.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We have great parks and recreational facilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public transportation is easy to get to if I need it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are plenty of jobs available for those who want them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crime in my area is a serious problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air pollution is a problem in my community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel safe in my own neighborhood.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are affordable places to live in my neighborhood.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The quality of health care is good in my neighborhood.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are good sidewalks for walking safely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am able to get healthy food easily.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

40. Below are some statements about your connections with the people in your life. Please tell us how much you agree or disagree with each statement.

	Yes	No	Not Sure
I am happy with my friendships and relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have enough people I can ask for help at any time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My relationships are as satisfying as I would want them to be	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

41. Over the past 12 months, how often have you had thoughts that you would be better off dead or of hurting yourself in some way?

Not at All Several Days More than half the days Nearly Every Day

If you would like help with or would like to talk about these issues, please call the National Suicide Prevention Hotline at 1-800-273-8255.

42. In the past 12 months, I worried about whether our food would run out before we got money to buy more. (Please choose only one)

Often true Sometimes true Never true

43. In the past 12 months, the food that we bought just did not last, and we did not have money to get more. (Please choose only one)

Often true Sometimes true Never true

44. In the last 12 months, did you or anyone living in your home ever get emergency food from a church, a food pantry, or a food bank, or eat in a soup kitchen? (Please choose only one)

Yes No

45. Now think about the past 7 days. In the past 7 days, how many times did you eat fast food? Include fast food meals eaten at work, at home, or at fast-food restaurants, carryout or drive-through. (Please choose only one)
 ___# of times in past 7 days Don't know
46. Do you eat at least 5 cups of fruits or vegetables every day?
 47. Yes No
48. How many times every week do you usually do 30 minutes or more of moderate-intensity physical activity or walking that increases your heart rate or makes you breathe harder than normal?
 5 or more times a week 3-4 times a week 1-2 times a week none
49. Has there been any time in the past 2 years when you were living on the street, in a car, or in a temporary shelter? (Please choose only one)
 Yes No
50. Are you worried or concerned that in the next 2 months you may not have stable housing that you own, rent, or stay in as part of a household? (Please choose only one)
 Yes No
51. In the past 12 months has your utility company shut off your service for not paying your bills? (Please choose only one)
 Yes No
52. In the past 12 months, have you used a prescription pain medicine (morphine, codeine, hydrocodone, oxycodone, methadone, or fentanyl) without a doctor's prescription or differently than how a doctor told you to use it? (Please choose only one)
 Yes No

These next questions are about your personal health and your opinions about getting health care in your community.

53. Overall, how would you rate YOUR OWN PERSONAL health? (Please choose only one)
 Very unhealthy Unhealthy Somewhat healthy Healthy Very healthy Not sure
54. Was there a time in the PAST 12 MONTHS when you needed medical care but did NOT get the care you needed? (Please choose only one)
 Yes No (Skip to question 56)
55. What is the MAIN reason you didn't get the medical care you needed? (Please choose only one)
- | | |
|---|--|
| <input type="checkbox"/> Can't afford it / Costs too much | <input type="checkbox"/> I had transportation problems |
| <input type="checkbox"/> I don't have a doctor | <input type="checkbox"/> I don't know where to go |
| <input type="checkbox"/> I had trouble getting an appointment | <input type="checkbox"/> I don't have health insurance |
| <input type="checkbox"/> Other | |
56. Thinking about your MENTAL health, which includes stress, depression, and problems with emotions, how would you rate your overall mental health? (Please choose only one)
 Excellent Very good Good Fair Poor

57. Was there a time in the PAST 12 MONTHS when you needed mental health care but did NOT get the care you needed? (Please choose only one)
 Yes No (Skip to question 59)
58. What is the MAIN reason you didn't get the mental health care you needed? (Please choose only one)
 Can't afford it / Costs too much I had transportation problems I
 don't have a doctor / counselor I don't know where to go
 I had trouble getting an appointment I don't have health insurance
 Other
59. Was there a time in the PAST 12 MONTHS when you needed DENTAL care but did NOT get the care you needed? (Please choose only one)
 Yes No (Skip to question 61)
60. What is the MAIN reason you didn't get the dental care you needed? (Please choose only one)
 Can't afford it / Costs too much I had transportation problems
 I don't have a dentist I don't know where to go
 I had trouble getting an appointment I don't have dental insurance
 Other
61. In the past 12 months, how many times have you gone to a hospital emergency room (ER) about your own health?
 Yes, Number of times: _____
 I have not gone to a hospital ER in the past 12 months (Skip to question 63)
62. What is the MAIN reason you used the emergency room INSTEAD of going to a doctor's office or clinic? (Please choose only one)
 After hours / Weekend I don't have a doctor / clinic
 Long wait for an appointment with my regular doctor Cost
 Emergency / Life-threatening situation I don't have insurance
 Other
63. Have you ever been told by a doctor or other medical provider that you had any of the following health issues? (CHECK ALL THAT APPLY)
- | | |
|------------|--------------------------|
| Cancer | <input type="checkbox"/> |
| Depression | <input type="checkbox"/> |
| Diabetes | <input type="checkbox"/> |
| HIV / AIDS | <input type="checkbox"/> |
- | | |
|------------------------------------|--------------------------|
| Heart disease | <input type="checkbox"/> |
| High blood pressure / Hypertension | <input type="checkbox"/> |
| Obesity | <input type="checkbox"/> |
| Stroke | <input type="checkbox"/> |
64. How often do you use tobacco products including chewing tobacco, snuff, snus, dip, cigarettes, cigars or little cigars? (Please choose only one)
 I do not use tobacco products I use tobacco once a day
 I use tobacco on some days I use tobacco more than once a day
65. How often do you use electronic vapor products including e-cigarettes, e-cigars, e-hookahs, e-pipes, hookah pens, vape pipes, and vape pens? (Please choose only one)
 I do not vape or smoke e-cigarettes I vape or smoke e-cigarettes on some days I
 vape or smoke e-cigarettes everyday

The final questions are about events that happened during your childhood. This information will allow us to better understand how problems that may occur early in life can have a health impact later in life. This is a sensitive topic and some people may feel uncomfortable with these questions. If you prefer not to answer these questions, you may skip them.

For these questions, please think back to the time **BEFORE** you were 18 years of age.

BEFORE you were 18 years of age:

66. Did you live with anyone who was depressed, mentally ill, or suicidal?

Yes No

67. Did you live with anyone who was a problem drinker or alcoholic?

Yes No

68. Did you live with anyone who used illegal street drugs or who abused prescription medications?

Yes No

69. Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?

Yes No

70. Were your parents separated or divorced?

Yes No

BEFORE you were 18 years of age:

71. How often did your parents or adults in your home slap, hit, kick, punch, or beat each other up?

Never Once More than once

72. How often did a parent or adult in your home hit, beat, kick, or physically hurt you in any way?

Never Once More than once

73. How often did a parent or adult in your home swear at you, insult you, or put you down?

Never Once More than once

74. How often did an adult or anyone at least 5 years older than you touch you sexually?

Never Once More than once

75. How often did an adult or anyone at least 5 years older than you try to make you touch them sexually?

Never Once More than once

76. How often did an adult or anyone at least 5 years older than you force you to have sex?

Never Once More than once

If you would like help with or would like to talk about these issues, please call the National Hotline for Child Abuse at 1-800-4-A-CHILD (1-800-422-4453).

That concludes our survey. Thank you for participating! Your feedback is important.

**Appendix D:
2019 Polk County Focus Group Questions**

2019 Polk County Community Health Resident Focus Group Moderator's Guide

INTRODUCTION

Hello and welcome to our focus group.

My name is _____ and helping me with this discussion is _____ (name of note-taker.)

We are part of a community team brought together by Polk Vision to conduct an assessment about the health and quality of life in Polk. Focus groups are one part of this assessment.

A focus group is a discussion among people who have something in common. Each of you was invited here because you live in Polk County. Each of you has a unique perspective on the health of your community and the quality of life in Polk, and these are the areas we will be talking about today. Thank you for agreeing to join our discussion group.

The opinions you share will be captured and compiled into a report. You will not be personally identified. At the end of the assessment, all of the information will be gathered into a report and shared with local policy makers and health providers. The goal is to improve the physical and mental health of the community and the overall quality of life, giving Polk a healthier and better future.

GROUND RULES

Your honest opinions to the questions that will be asked are extremely important to us.

To help manage our discussion, I need your help:

- I will be asking you some questions about your community over the next hour and a half. I encourage each of you to share as much as you feel comfortable. All of your opinions are important to us and this study. Feel free to say whatever you like; there are no right or wrong answers to our questions.
- We ask you to respect what other people in the group say. Even if you do not agree, please try to avoid negative comments about other peoples' thoughts or opinions.
- We ask that only one person talk at a time, we do not want to miss anything that anyone says which is why _____ will be taking notes. So, it is important we do not talk over one another or break into separate conversations. If you think you might forget your ideas, please write them down. Then you can share them at the next opportunity in our conversation.
- Most importantly, what you say in here today will remain between us. We will not be using your name when we report the results of this study.
- We also ask that you not share what we talk about today in the group with others outside the group. It is important that we trust each other and that you are comfortable sharing your thoughts.
- As you walked in you were given a **brief questionnaire**. If you have not filled it out, please take a minute and complete these questions before we start. Your answers are confidential and we will not be using your name, or this information, to identify you personally in any way. This information helps us write our report.
- If you have a cell phone, please turn it off or silence it. If you must answer the phone, please do so outside and return as quickly as you can.

Our session will last until ___:___ p.m. and we will not be taking a formal break. If you need to use the restroom, they are located _____. We also have refreshments available here _____. Feel free to help yourself.

Are there any questions about what we're doing today? If not, we'll begin.

QUESTIONS

Rapport Building Stage

As a way of getting started and getting to know each other, we will go around the room and one at a time please tell us your name, how long you have lived in Polk County, and your favorite thing about Polk County. Facilitator can state his/her information first.

Now that we know a little bit about each other, I will ask some questions for anyone to answer. **(Please note: prompts can be used when there is silence, or the group seems unsure how to answer.)**

Quality of Life

1. Overall, what are some things that you feel make a healthy community?
2. How do you feel about the quality of life in Polk County?

Health Problems

3. What types of health problems do you see most often in your community?
4. What are the most urgent risks or risk taking behaviors you see affecting health and safety in Polk County? **(Prompt: not eating right, racism, alcoholism, etc.)**

Strengths

5. What is something that you really enjoy about your community?
6. If there was one thing you could improve about your community what would it be and why?
7. What are some of the strengths Polk County has that we could use to improve life here?
(Prompt: good schools, lots of family activities, free things to do, parks, colleges, good doctors.)

Family Experience

8. Considering your own experiences, what are some things that have helped improve or maintain the health of you or your family? **(Prompt: types of programs, access to parks, etc.)**
9. What are problems or barriers you see in maintaining or improving you or your family's health?
(Prompt: health insurance, cost, access to primary care/ mental health/dental, living in a safe community, access to grocery stores.)
 - a. We often hear that transportation is an issue that impacts health. How does this impact you? **(Prompt: How do you get to and from doctor appointments, grocery store, a park?)**
10. In order to improve your family's health, or the community's health, what do you need? **(Prompt: Identification of services and resources that could help to improve health.)**
11. What do you think can be done to address the health needs you just talked about **(Prompt: What community groups can work together or what service(s) could be offered?)**

CLOSING

I would like to take a few minutes and briefly summarize what we talked about today. **(Provide summary of notes for each question.)**

Our discussion today was to help us understand how the community feels about the health needs and the quality of life in Polk County. Have we missed anything?

If there are no further comments, thank you all for your participation in this very important project, and please remember to keep everything you have heard today inside this room and among us.

Again, thank you for participating in this discussion with us. We really appreciate your thoughts and comments.

Appendix E:
2019 Polk County Key Informant Interview Questions

2019 Polk County Community Themes & Strengths Assessment

Key Informant Interview Guide

Introduction

My name is _____ and I am working with Polk Vision, the Florida Department of Health in Polk County, and our local not-for-profit hospitals to assess the health and quality of life in Polk County. We have begun a community-wide strategic planning process to better understand the health needs of our residents.

Our planning committee has identified key individuals that can provide important insight into the needs of certain populations in our county. The themes that emerge from these interviews will be used in the planning process to help us determine strategic priorities. While we will use the themes from the interviews, the transcripts of the interviews themselves will not be shared and will be kept strictly confidential. This interview should take about 20-30 minutes.

Agency/Organization Questions

1. Please tell me your name, organization, and your position at the organization.
2. Which counties does your organization provide services to?
3. Tell me about your organization and the population you serve.
 - a. What is your organization's mission?
 - b. What population do you serve (demographics - age, race, ethnicity, socioeconomic status, etc.)?
 - c. How do you reach the population that you serve?
 - d. How many people do you serve?
 - e. Does your organization provide direct care (if so, what services?) or operate as an advocacy organization?
4. What do you think are the major health needs/issues in the community/population you serve?
 - a. What are the top priority health issues that your organization is dealing with?
 - b. What factors do you think are contributing to these health issues?
5. If your organization provides services or programs in multiple counties in the region, please describe any geographic differences in the health needs or issues each community faces.
6. Which groups or populations in your community appear to struggle the most with the issues you've identified and how does it impact their lives?
 - a. Are there specific challenges that impact low-income, under-served/uninsured persons experience?
 - b. Are there specific challenges that impact different racial or ethnic groups in the community?
 - c. Are there specific challenges that impact different groups based on age or gender in the community?
7. What barriers or challenges might prevent someone in the community from accessing health care or social services, or from participating in healthy lifestyles?
 - a. Examples might include lack of transportation, lack of health insurance coverage, language/cultural barriers, etc.

8. What do you consider to be the strengths/assets of the community which your organization serves that can help to improve health and quality of life?
 - a. What are some of the resources in your community that address issues, such as groups, initiatives, services, or programs?

9. What strategies can be implemented to address these health issues and barriers?
 - a. What programs/services are you aware of in the community that address some of these issues?

10. What actions, policies, or funding priorities would you support to build a healthier community?
 - a. What improvements have you seen in the community from implementing any previous action, policies, or funding priorities?
 - b. What new or existing partnerships or resources would be necessary or helpful to successfully undertake these actions, policies, and priorities?

Appendix F: Secondary Data Resources

Secondary Data Sources

2017 Federal Poverty Guidelines

<https://familiesusa.org/resources/federal-poverty-guidelines/>

2018 Florida ALICE Report

<https://www.uwof.org/sites/uwof.org/files/2018%20FL%20ALICE%20REPORT%20AND%20CO%20PAGES.pdf>

AAP: American Academy of Pediatrics

<https://www.aap.org/en-us/Pages/Default.aspx>

ACOG: The American College of Obstetricians and Gynecologists

<https://www.acog.org/>

AHCA: Florida Agency for Health Care Administration

Accessed via FL Health CHARTS <http://www.flhealthcharts.com/charts/Default.aspx>

CDC: Centers for Disease Control and Prevention

<https://www.cdc.gov/>

CFDC: Central Florida Development Council

<https://www.cfdc.org/data-research/top-employers/>

The Community Norms Survey, 2014

Accessed via Heartland for Children

DCF Florida Safe Families Network Data Repository: Department of Children and Families, Florida Safe Families Network Data

Accessed via FL Health CHARTS <http://www.flhealthcharts.com/charts/Default.aspx>

FIMR: Circuit 10 Fetal/Infant Mortality Review

Accessed via Circuit 10 FIMR

Florida Cancer Data System: University of Miami (FL) Medical School, Florida Cancer Data System

Accessed via FL Health CHARTS <http://www.flhealthcharts.com/charts/Default.aspx>

Florida Department of Elder Affairs

Accessed via FL Health CHARTS <http://www.flhealthcharts.com/charts/Default.aspx>

FDOE: Florida Department of Education

<http://www.fldoe.org/academics/exceptional-student-edu/ese-eligibility/emotional-behavioral-disability-e-bd.stml>

FDOE EIAS: Florida Department of Education, Education Information and Accountability Services

Accessed via FL Health CHARTS <http://www.flhealthcharts.com/charts/Default.aspx>

FDOE Office of Early Learning

Accessed via FL Health CHARTS <http://www.flhealthcharts.com/charts/Default.aspx>

FDOE Survey 5 Prior School/Student Attendance Data

Accessed via FL Health CHARTS <http://www.flhealthcharts.com/charts/Default.aspx>

FDOH Bureau of Communicable Diseases

Accessed via FL Health CHARTS <http://www.flhealthcharts.com/charts/Default.aspx>

FDOH Bureau of Epidemiology

Accessed via FL Health CHARTS <http://www.flhealthcharts.com/charts/Default.aspx>

FDOH Bureau of Immunization

Accessed via FL Health CHARTS <http://www.flhealthcharts.com/charts/Default.aspx>

FDOH Bureau of Vital Statistics: Florida Department of Health Bureau of Vital Statistics

Accessed via FL Health CHARTS <http://www.flhealthcharts.com/charts/Default.aspx>

FDOH Division of Community Health Promotion: Florida Department of Health Division of Community Health Promotion

Accessed via FL Health CHARTS <http://www.flhealthcharts.com/charts/Default.aspx>

FDOH Division of Disease Control and Health Protection - Tuberculosis Section

Accessed via FL Health CHARTS <http://www.flhealthcharts.com/charts/Default.aspx>

FDOH Division of Emergency Medical Services

Accessed via FL Health CHARTS <http://www.flhealthcharts.com/charts/Default.aspx>

FDOH Division of Medical Quality Assurance

Accessed via FL Health CHARTS <http://www.flhealthcharts.com/charts/Default.aspx>

FDOH Division of Public Health Statistics & Performance Management

Accessed via FL Health CHARTS <http://www.flhealthcharts.com/charts/Default.aspx>

FDOH HIV/AIDS Section

Accessed via FL Health CHARTS <http://www.flhealthcharts.com/charts/Default.aspx>

FDOH Polk School Health

Accessed via FDOH-Polk

FDOH PHDP: Florida Department of Health Public Health Dental Program

Accessed via FL Health CHARTS <http://www.flhealthcharts.com/charts/Default.aspx>

FDOH WIC: Florida Department of Health, WIC and Nutrition Services

Accessed via FL Health CHARTS <http://www.flhealthcharts.com/charts/Default.aspx>

Florida Department of Highway Safety and Motor Vehicles

Accessed via FL Health CHARTS <http://www.flhealthcharts.com/charts/Default.aspx>

FDLE: Florida Department of Law Enforcement

Accessed via FL Health CHARTS <http://www.flhealthcharts.com/charts/Default.aspx>

FL BRFSS: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion

Accessed via FL Health CHARTS <http://www.flhealthcharts.com/charts/Default.aspx>

Florida Birth Defects Registry

Accessed via FL Health CHARTS <http://www.flhealthcharts.com/charts/Default.aspx>

Florida DCF: Florida Department of Children and Families

Accessed via FL Health CHARTS <http://www.flhealthcharts.com/charts/Default.aspx>

Florida DCF Florida Safe Families Network Data Mart: Florida Department of Children and Families

Accessed via FL Health CHARTS <http://www.flhealthcharts.com/charts/Default.aspx>

Florida DCF Per Capita Abuse Rate Report: Florida Department of Children and Families

Accessed via DCF

Florida EMSTARS

Accessed via FL Health CHARTS <http://www.flhealthcharts.com/charts/Default.aspx>

Florida Environmental Public Health Tracking

Accessed via FL Health CHARTS <http://www.flhealthcharts.com/charts/Default.aspx>

FDOT: Florida Department of Transportation

Accessed via FDOT

FDOT Annual Pedestrian and Bicycle Fatalities and Serious Injuries Report

Accessed via Polk Transportation Planning Organization (TPO)

FLHSMV: Florida Highway Safety and Motor Vehicles

<https://www.flhsmv.gov/>

Florida's Integrated Report Exchange System (FIRES) database

Accessed via FL Health CHARTS <http://www.flhealthcharts.com/charts/Default.aspx>

Florida Legislature, Office of Economic and Demographic Research (EDR)

Accessed via FL Health CHARTS <http://www.flhealthcharts.com/charts/Default.aspx>

Florida State Office of Vital Statistics

Accessed via FL Health CHARTS <http://www.flhealthcharts.com/charts/Default.aspx>

FL Statute 394.492

http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=0300-0399/0394/Sections/0394.492.html

FYTS: Florida Youth Tobacco Survey

Accessed via FL Health CHARTS <http://www.flhealthcharts.com/charts/Default.aspx>

FYSAS: Florida Youth Substance Abuse Survey

Accessed via FL Health CHARTS <http://www.flhealthcharts.com/charts/Default.aspx>

HP2020: Healthy People 2020

<https://www.healthypeople.gov/>

HRSA: Health Resources & Services Administration

<https://www.hrsa.gov/>

HUD Consolidated Planning/CHAS (Comprehensive Housing Affordability Strategy) Data, 2012-2016

https://www.huduser.gov/portal/datasets/cp.html#2006-2016_query

March of Dimes

<https://www.marchofdimes.org/>

Mayo Clinic

<https://www.mayoclinic.org/>

McKeown, 2009

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2805833/>

National Council on Aging

<https://www.ncoa.org/>

National Health Care for the Homeless Council

<https://nhchc.org/>

NIH: National Institutes of Health

<https://www.nih.gov/>

NIMH: National Institute of Mental Health

<https://www.nimh.nih.gov/index.shtml>

Pan, et al., 2012

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4584410/>

Pesce, 2016

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5005165/>

Polk County BOCC: Polk County Board of County Commissioners

<https://polk-county.net/about-us>

Polk County Public Schools

<https://polkschoolsfl.com/>

PCSO Seniors vs Crime

Accessed via Seniors vs Crime

RWJF: Robert Wood Johnson Foundation, County Health Rankings

<https://www.countyhealthrankings.org/>

Safe Kids Worldwide

<https://www.safekids.org/>

SAMHSA: Substance Abuse and Mental Health Services Administration

<https://www.samhsa.gov/>

Sisson, 2019

https://www.curbed.com/2019/4/23/18511006/orlando-tampa-real-estate-housing-development?fbclid=IwAR2VYUENX_Ft8dsJNABlop47s-jilCqLOkCICMUv4eKnL2Bhix5KWjgCbu8

US Census Bureau ACS: United States Census Bureau American Community Survey

<https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>

US Department of Health & Human Services

<https://www.hhs.gov/>

Ward, et al., 2019

<https://www.nejm.org/doi/full/10.1056/NEJMsa1909301>

WHO: World Health Organization

<https://www.who.int/>

**Appendix G:
Forces of Change Assessment: Threats and Opportunities
Worksheet**

2019 Polk County Forces of Change Assessment – Threats and Opportunities Worksheet

Forces (Trends, Events, Factors)	Threats Posed	Opportunities Created
Mental and Behavioral Health	<ul style="list-style-type: none"> • Increased Suicide • Lack of knowledge • Stigma • Impacts on quality of life • Lack of services • Increase in physical ailments & other health issues • Violence • Risky behaviors • Economic impacts • Impact on children and families • Impact to the workplace & schools • Public safety • Insufficient existing workforce 	<ul style="list-style-type: none"> • Mental wellness education • Early recognition to diagnosis • Mental health first aid training • Understanding trauma • Adverse Childhood Experiences (ACEs) • Increased awareness in general • Reduction of stigma • Increase productivity • Creating safer environments • Recruitment of providers • Stronger families • Novel approaches to mental health care • Increased education • Happier community • Reviewing evidence-based practices and implementing them • Evidence-based screening assessment • Information sharing • Integrated care • Telehealth • Work/Life balance • Appropriate funding • Winter Haven Hospital Graduate Medical Education program

Forces (Trends, Events, Factors)	Threats Posed	Opportunities Created
Risky Behaviors	<ul style="list-style-type: none"> • Opioid drug use • Mortality and years of life lost • Increase in STDs • Public safety • Decreased Quality of Life • Increase in Crime • Peer Pressure • Addiction • Youth vaping and nicotine addiction • Medical marijuana and impact on community norms • Gun availability • Communicable diseases • Unstable Families • Teen pregnancies • Secondary impacts • Economic impacts • Increase need in services for treatment 	<ul style="list-style-type: none"> • Education • Cessation programs • Policy change • Mentoring programs – positive role-modeling • Stigma Reduction • Early detection • Increase access to treatment programs • Working with community partners to reach at-risk groups

Forces (Trends, Events, Factors)	Threats Posed	Opportunities Created
Population	<ul style="list-style-type: none"> • Economic impact • Infrastructure demands • Lack of affordable housing • Demands on health and human service programs • Discrimination • Segregation • Impact on schools (overcrowding) • Impact on environment • Changing landscape of employment • Funding • Traffic 	<ul style="list-style-type: none"> • Job growth • Culturally rich and diverse community • Capitalizing on diversity to attract more diversity • Appropriate community planning • Funding • Larger tax base (impact fees/Sales tax)

Forces (Trends, Events, Factors)	Threats Posed	Opportunities Created
Nutrition	<ul style="list-style-type: none"> • Food deserts • Obesity • Chronic disease increase • High diabetes rates • Lack of affordability • Healthy food more expensive • Disparity in access to healthy foods • Local food sourcing • Food pantries often provide less healthy foods (processed, shelf-stable, less nutritious) • Lack of cooking knowledge • Impact on student achievement 	<ul style="list-style-type: none"> • Wealth of community partnerships • Agricultural community • Multilevel policy change • Evidence-based practices • Local farm-to-table • Nutritional education - UF IFAS Extension Partnership • 5-2-1-0 (Healthy Habits program) • Community gardens • Free teaching kitchen classes • Convenience, availability, affordability of healthy food • Mobile food pantries • Better quality of life • Better public communication of resources • Targeted use public support to be used for healthy alternatives

Forces (Trends, Events, Factors)	Threats Posed	Opportunities Created
Political Environment & Funding	<ul style="list-style-type: none"> • Uneducated policymakers • Political divide • Political cycles • Frequent changes in funding • Not enough registered voters • Low voter turnout • Uneducated voters • Unfunded mandates • Philanthropy education • Misunderstood priorities • Impact on type and availability of health care • Crisis versus long-term planning • Unintended consequences • Illegal immigration expanding demand for unpaid services • Minimum wage • Abortions • Low margin of funding - currently subsidized services 	<ul style="list-style-type: none"> • Increase education • Increase voter registration • Enacting policy change • Increase funding • Collaboration on funding opportunities • Out-of-the-box ideas for funding opportunities • Some dedicated funding sources, ex: IHC (for health care) • Ethical consideration for distributing limited resources • Community commitment

Forces (Trends, Events, Factors)	Threats Posed	Opportunities Created
Senior Population	<ul style="list-style-type: none"> • Delivery of food/health services • Isolation • Transportation • Health literacy • Technology challenges • Financial instability • Cost of medication • Housing • Mental health • Dental health • Declining health • Unprepared for retirement • Loss of social support • Community impact – cost of care • Non-ADA housing /non-age-friendly housing • Affordable, quality long-term care • Quality of life • Changes in health insurance • Becoming head of household (raising children as a grandparent) • Increased demand on public services (use of EMS) • Need for health care specialists • Lack of decision regarding end of life care 	<ul style="list-style-type: none"> • Education • Longer employment • Age-appropriate affordable housing • Community resources for meals, transportation, and health care • Health literacy screening • Early cognitive screening • Engagement of senior population to community • Intergenerational engagement • Wealth of experience • Multiple agencies to collaborate • RSVP Program; Educated volunteers

Forces (Trends, Events, Factors)	Threats Posed	Opportunities Created
Transportation	<ul style="list-style-type: none"> • Lack of public transportation • Lack of bussing for school children • Size of county • Road maintenance • Interstate growth • Congestion/traffic • Pedestrian/cyclist safety • Lack of sidewalks • Lack sidewalk lighting for pedestrians • Funding 	<ul style="list-style-type: none"> • Community schools to reduce school bussing issues • Walking school bus • Uber / Lyft • Automated driving/Suntrax • Ride-sharing/car-pooling • Sidewalk Access to schools • Bussing for afterschool activities • Expanded public transportation • Education on Transportation Disadvantaged Program • Passed legislation for transportation for Medicaid clients • Pedestrian/cyclist education • Walkable communities • Rentable bike programs expansion • Education about health insurance plans that offer transportation • Faith-based community collaboration • 4-day work week • Web-based education tracks similar to online degree programs

Forces (Trends, Events, Factors)	Threats Posed	Opportunities Created
Education	<ul style="list-style-type: none"> • Low graduation rates • Low performing schools • Decreased employment readiness • Large classroom sizes • Threat/concern of school safety • Bullying (Cyber) • Risky Behaviors • Teen pregnancies • Teacher dissatisfaction • Recruitment and retention of excellent teachers • Teacher salaries are lower than some neighboring counties • Changing workforce needs regarding education and training • Education disparity in Polk • Language and cultural diversity • Mental and behavioral health • Impact student achievement • Shifting priorities at the state level • College readiness challenges • Kindergarten readiness challenges • 40% single parent households • Lack of after-school programming • Parent Engagement • Funding/limited resources • Accommodating various needs (learning disabilities, mental health needs/support, language barriers, etc.) • Increased population • Students not accountable for either behavior or academic performance • Lack of personal interest in health and prevention • Apathy towards being educated consumers regarding healthcare 	<ul style="list-style-type: none"> • Community school models • Engaged citizens to volunteer • Increased funding for mental health/safety planning • School district commitment to improving behavioral health resources within schools • Mental Wellness Education • Understanding Trauma • Online Safety Education • Create a safer environment • On-site security for schools • Including more health education in school curriculum • Access to post-secondary education • Community resource availability • Information sharing • Positive Community Norms • Reduction of stigma • Enhanced community collaboration could offer solutions to addressing issues across multiple sectors. • Improve working environments for teachers • Possible college tuition forgiveness for future K-12 Teachers • Bring in new talent, new schools • Increase funding • Bolster after-school programs • Engage students in volunteer groups • Intergenerational socialization • Career demand-based student loan program • Web-based education similar to online degree programs, with a technical degree focus for trades

Forces (Trends, Events, Factors)	Threats Posed	Opportunities Created
<p style="text-align: center;">Housing/ Homelessness</p>	<ul style="list-style-type: none"> • Many mentally ill inmates leaving jail are homeless and lack resources <ul style="list-style-type: none"> • Low inventory • Limited knowledge of resources to accommodate the homeless population <ul style="list-style-type: none"> • Increasing housing costs • Lack of affordable housing <ul style="list-style-type: none"> • Workforce housing • Senior housing • Homeless shelters don't take everyone, criminal backgrounds hard to house <ul style="list-style-type: none"> • Lack of transitional housing • Location in community (unsafe areas) <ul style="list-style-type: none"> • Lack of funding <ul style="list-style-type: none"> • Rezoning • Inadequate social network/support services • Impact on environment/economy <ul style="list-style-type: none"> • Public Safety <ul style="list-style-type: none"> • Stigma • Addiction • Unstable families • More urbanization and homelessness could increase • Illegal immigration exacerbating problem • Unwilling to expand use of mobile home communities as a low cost option to the housing challenge based on the idea it is inadequate housing 	<ul style="list-style-type: none"> • Rezoning • Public/private partnerships with developers: Blue Sky/ CASL/Green mills developers • Involve the business community <ul style="list-style-type: none"> • United Way • Development of affordable housing <ul style="list-style-type: none"> • Homeless Coalition • Homeless shelters (Talbot House, Salvation Army, etc.) <ul style="list-style-type: none"> • Transitional support for late troubled teens • Mental Health Service Expansion <ul style="list-style-type: none"> • Substance abuse service expansion • Create a better infrastructure, connecting the homeless with resources more seamlessly • Work with elected officials and community organizations to address this foreseeable issue before it becomes a major problem <ul style="list-style-type: none"> • Growth could create new, improved communities <ul style="list-style-type: none"> • Education • Consider low cost alternative to homelessness. <ul style="list-style-type: none"> • Increase funding • Assist families who qualify for a Habitat home <ul style="list-style-type: none"> • Research other funders

Forces (Trends, Events, Factors)	Threats Posed	Opportunities Created
Workforce Development	<ul style="list-style-type: none"> • Budget • Minimum wage • Lack of high paying jobs • Employee turnover • Technology/automation • Technical innovation replacing entry level jobs • Demand for higher entry level wages being a disincentive to hiring or seeking greater skills for employers. • Shortage of people going in to skilled professions. • The education and skillset of the workforce not matching employment needs. • Shift from retail to warehouse • Deficit of or lack of awareness of training and mentorship programs for those not attending college or technical school • Discrimination • Continually changing needs • Lack Engagement of large employers • Inadequate planning 	<ul style="list-style-type: none"> • Lower rate of unemployment • Technology/Online job training • Align educational opportunities • Working with high school students to educate on career opportunities • Provide additional certifications, programs, associate degrees to high school students so they can graduate high school with skills to enter the workforce. • Increase accountability of students for both behavior and academic performance • Mentorships and internships to students • Expand technical education in trades • Increased warehouse positions • Volunteerism • Lack of transportation • Child care, including “after hours” options • Job growth • Attracting diversity • Support local businesses • Implement good employee values, incentives, and benefits to encourage longevity • Implement a safe environment

Forces (Trends, Events, Factors)	Threats Posed	Opportunities Created
Technology	<ul style="list-style-type: none"> • Threat to social engagement • Generational disconnect • Need people who understand it • Isolation • Competitive market • Rapidly changing technology – hard to keep up • Expensive • Regulation/laws • Abuse/overuse • Expectation of quick turnarounds due to information being available quicker • Security concerns • Privacy concerns • Peer pressure • Risky online behaviors • Bullying • Medical advances may come before we know how to deal with it • Increased prescribing from using Telehealth • Could displace workers • People could have increased access to misinformation • Inadequate technical infrastructure with wide band access • Cost of internet access 	<ul style="list-style-type: none"> • Streamline processes • Information available quicker • Community information exchange • New ways to problem solve • Increase connectivity • Advances in medical health and fitness • Automation • Telework – may improve job satisfaction and less time commuting (more eco-friendly) • Telehealth – improve access to healthcare • Regulations in place for those using Telehealth programs • Affordability • Access to education • Online safety education • Safer roads • Support groups • Linking clients to services easier • Technology availability • Make it easy to for those who aren't as technology savvy and those with limited means to be able to utilize these programs • Improved medication compliance if drones could deliver to people who have lack of transportation

Forces (Trends, Events, Factors)	Threats Posed	Opportunities Created
Healthcare Access	<ul style="list-style-type: none"> • Fragmentation • Increased ER utilization • Healthcare provider shortage area for primary care, dental and mental health providers • Lack of affordable transportation • Funding • Insurance coverage/reimbursement rates • Underuse of programs like SHINE • Underinsured/Uninsured • Not enough providers who will take uninsured/underinsured • FL did not accept Medicaid expansion • Rising cost of medications • General medical costs rising • Lack of awareness/education • Impact on student environment • Impact of discrimination • Cultural/language barriers • Large geographical area to manage • Larger financial spend in healthcare due to poor health outcomes • Changing population needs • Strain on resources from population growth • Government shifts/new legislation • Health literacy • Boutique Services • Elimination of CON creating a market environment to healthcare 	<ul style="list-style-type: none"> • Expansion of graduate medical education programs • Community information exchange • Community schools • Better alignment among agencies • More agency outreach • Wellness education • Early detection • Mobile services in the communities • Telehealth • Polk's safety net model of county funded and volunteer organizations • Hospitals committed to helping underinsured • Enhanced community collaboration between various sectors – transportation, housing, education, healthcare – to better address issues as it relates to social determinants of health and addressing health access issues • Partnership with ride-sharing apps • ACE scores • Early Family Intervention • Potential for Medicaid expansion on the ballot in 2020. • Government shifts/new legislation create possible improvements • Incentives for primary care physicians • Loan forgiveness for public health employment • Focus of value-based care

Forces (Trends, Events, Factors)	Threats Posed	Opportunities Created
Family Dynamics	<ul style="list-style-type: none"> • Limited resources to support the family dynamic • Different work schedules for parents • High divorce rates • Lack of paternal involvement • Single parent households • Generational loss of parenting skills • Grandparents raising grandkids • Removal of children from home • Lack of foster families • Transitioning foster children • Child welfare stigma • Multiple households in one house • Affordable child care • Drugs and alcohol abuse • Mental illness • High rates of domestic violence • Child Abuse/Neglect • Risk of maltreatment • Immigration • Poverty • Food insecurities • Decrease in extended family support • Feeling of isolation 	<ul style="list-style-type: none"> • Education • Engagement • Encourage churches partner with community leaders and programs for children/adults/elderly • Systems and organizations that support families, especially those in need • Provide events and additional opportunities/resources that are affordable • Enhanced support/resources for those dealing with domestic abuse, child abuse/neglect, etc. • Caregiver classes for adults that take care of elderly family members • Offer more after school programs and services to children lacking supervision

Forces (Trends, Events, Factors)	Threats Posed	Opportunities Created
Community Alignment	<ul style="list-style-type: none"> • Competing priorities • Constant pressure to do more with less • Politics • Bureaucracy • Lack of community representation within government; same five commissioner seats despite the growth of the population • Funding • Silos - many sectors work very segmented • Repeated programs covering the same information • Lack of awareness and understanding • Limited community resources • Ever-changing community: people just do not stay in communities as they used to • Communication barriers • Size of Polk County • Urban verses Rural • Outside county organizations influencing marketing strategies 	<ul style="list-style-type: none"> • Collaborative culture among residents • Strong faith-based community • Polk Vision, United Way, PEACE • Numerous community workgroups • Opportunities to better align efforts and work to make a bigger impact. • Increasing community awareness of local needs • Collaborate for funding opportunities • People are willing to volunteer • High level of philanthropy • Increase education • Economic consideration for distributing limited resources • Improved communication with the community • Community policing • Expand the number of county commissioners • Develop culturally appropriate communication resources that are produced at various learning levels that connect behaviors to risk factors • Provide materials in public places • Encourage those outside the county organizations to be a strategic part during the planning phase of change • During strategic planning – offer a period of self-care to volunteers participating in the planning session

Forces (Trends, Events, Factors)	Threats Posed	Opportunities Created
Environment	<ul style="list-style-type: none"> • Population growth – risk to water quality and of septic contamination, increased pollution/garbage/sanitary needs • Uneducated people • Citrus greening • Fewer agricultural/groves • Phosphate industry • High rates of cancer • Air pollution • Strain on water availability • Toxic contamination of soil/environment • Failing infrastructure – roads, bridges • Road system cannot support growth • Lack of shelters for homeless • Low or minimal Law enforcement officers • Chronic disease increase • Urbanization • Wasteful packaging • Poor habits • Lack of interest 	<ul style="list-style-type: none"> • Water cooperative • Community gardens • Solar energy • Individuals’ desire to protect the environment • Creating safer environments • Work/life balance • Local farm-to-table • Wellness education • Provide regulations/infrastructure to manage environmental issues • Enhance recycling options • Water regulations in place to manage water usage • People have increased concern of sustainability • Local foods and knowing history of food trends • Incentives for “green” initiatives • Education • Evidence that indicates environment need • Funding • Search out locations for possible future shelters

Forces (Trends, Events, Factors)	Threats Posed	Opportunities Created
Public Safety	<ul style="list-style-type: none"> • Growing population • Increased violence • High crime neighborhoods • Inadequate pay structure for law enforcement • Lack of appropriate pedestrian walkways • Lack of appropriate lighting in communities • Poor maintenance of streets and sidewalks • Gun availability • Episodes of gun violence are routinely broadcast in the media / shared via social media • Lack of knowledge • School safety risks • Lack of security screening in public places • Limited knowledge on what to do/how to report issues of concern • Limited resources for those leaving jail/prison to be successful in the community • Risky behaviors • Unmet mental health needs • Anti-vaccination movement • Differing political views • Lack of respectful communication among citizens • Decrease budgets that result in low numbers of county employees 	<ul style="list-style-type: none"> • Policy change • Community engagement • Sidewalk committee • Lighting for streets • More bicycle lanes • Community policing • Town hall meetings • Neighborhood Night Out – LEO's • Mental Health First Aid training and diversity training to all first responders and/or those working with the public. • Strong law enforcement • Better relations between the community and the police force • Enhanced education for community members on how to report information of concern. • Community prevention and education initiatives • Weapon safety education • ATV safety education • Storm preparedness • Better public communication of resources • Resources to connect those leaving prison to success in the community/workforce. • Provide programs, resources, activities for children • Education • Increased use of video surveillance • Find evidence programs that teach safety preparation • Provide or host a community session on communication skills

Appendix H: LPHSA Survey Tool

Florida Department of Health in Polk County
2019 Local Public Health System Assessment Survey

The Florida Department of Health in Polk County conducts a Local Public Health System Assessment (LPHSA) every 3-5 years as part of a larger process to assess health and quality of life in our community. In the past, the LPHSA has been conducted as a full-day workshop with nearly 100 participants. For this cycle, we have abbreviated the LPHSA into this brief survey. We ask that our partners, any members of the local public health system, take 20 minutes to complete this survey.

We appreciate your participation. Your answers are anonymous and all identifying information will be removed.

BACKGROUND:

The overall purpose of the Local Public Health System Assessment (LPHSA) is to assess public health system performance. The LPHSA addresses the question, how well are the 10 Essential Public Health Services being provided in our system?

When answering the survey questions, focus on the overall Local Public Health System (LPHS), rather than a single organization. An LPHS includes all public, private, and voluntary entities that contribute to public health activities within a community. All entities within LPHS contribute to the health and wellbeing of the community in some way. Taking a systems perspective with this assessment ensure that the contributions of all entities are recognized in assessing the local delivery of the Essential Services.

INSTRUCTIONS:

Please read the following descriptions of each Essential Service and then answer the questions. Please refer to the LPHSA/10 Essential Services Fact Sheet sent to you with the survey link for additional information and clarification.

Please keep in mind:

- Please read the descriptions in the Fact Sheet for more information regarding the Local Public Health System and Essential Services.
- The LPHS refers not to just the health department, but to the network of entities that contribute to public health activities – this includes all partnering agencies.
- It is okay if you do not know an answer. If you do not know the answer, please select “Don’t Know.” You may not be familiar with all Essential Services – that is okay. The purpose of this survey is to get a sense of what our partners as a whole understand about the system. You won’t be penalized in any way for not knowing.
- This survey contains of 10 questions, each with a multiple choice and open response component. It will take approximately 20 minutes to complete.

Organization/Agency Name: _____ (open response)

Type of Organization/Agency: _____ (select all that apply)

- Non-profit
- EMS
- Law enforcement/corrections
- Higher Education (Colleges & Universities)
- Hospital/HealthCare System
- Primary education
- Private Sector/Employer
- Neighborhood Organization
- Civic Group
- Health care provider
- Social services provider
- Preparedness
- Transit
- Fire
- Elected Official
- Faith Institution
- Community Health Center
- Government Agency:
 - State
 - County
 - Municipal

What is your role at the organization/agency? (open response)

How long have you worked in public health? (open response)

Essential Service 1: Monitor Health Status to Identify Community Health Problems

For this Essential Service, we consider:

- What is going on in our community
- If we know how healthy we are

DESCRIPTION OF ESSENTIAL SERVICE:

- Population-Based Community Health Assessment
 - Conduct regular Community Health Assessments (CHAs)
 - Update the CHA with current information continuously
 - Promote the use of the CHA among community members and partners
- Current Technology to Manage and Communicate Population Health Data
 - Use the best available technology and methods to display data on the public's health
 - Analyze health data, including geographic information, to see where health problems exist
 - Use computer software to create charts, graphs, and maps to display complex public health data (trends over time, sub-population analysis, etc.)
- Maintain Population Health Registries
 - Collect timely data consistent with current standards on specific health concerns in order to provide the data to population health registries
 - Use information from population health registries in CHAs or other analyses

QUESTION 1: At what level does the Local Public Health System (LPHS) in Polk County provide Essential Service 1 - monitor health status to identify community health problems?

Please select one:

Optimal (76%-100%) - Greater than 75% of the activity described within the question is met

Significant (51%-75%) - Greater than 50% but no more than 75% of the activity described within the question is met

Moderate (26%-50%) - Greater than 25% but no more than 50% of the activity described within the question is met

Minimal (1%-25%) - Greater than 0% but no more than 25% of the activity described within the question is met

No activity (0%) - Absolutely no activity

Don't Know - Unaware of these activities

Please explain your response:

Essential Service 2: Diagnose and Investigate Health Problems and Health Hazards

For this Essential Service, we consider:

- If we are ready to respond to health problems or health hazards in our county
- How quickly we find out about problems
- How effective our response is

DESCRIPTION OF ESSENTIAL SERVICE:

- Identifying and Monitoring Health Threats
 - Participate in a comprehensive surveillance system with national, state, and local partners to identify, monitor, and share information and understand emerging health problems and threats
 - Provide and collect timely and complete information on reportable diseases and potential disasters, emergencies, and emerging threats (natural and human-made)
 - Ensure the best available resources are used to support surveillance systems and activities, including information technology, communication systems, and professional expertise
- Investigating and Responding to Public Health Threats and Emergencies
 - Maintain written instructions on how to handle communicable disease outbreaks and toxic exposure incidents, including details about case finding, contact tracing, and source identification and containment
 - Develop written rules to follow in the immediate investigation of public health threats and emergencies, including natural and intentional disasters
 - Designate a jurisdictional Emergency Response Coordinator
 - Prepare to rapidly respond to public health emergencies according to emergency operation coordination guidelines
 - Identify personnel with the technical expertise to rapidly respond to possible biological, chemical, and/or nuclear public health emergencies
 - Evaluate incidents for effectiveness and opportunities for improvement (such as After Action Reports, Improvement Plans, etc.)
- Laboratory Support for Investigating Health Threats
 - Have ready access to laboratories that can meet routine public health needs for finding out what health problems are occurring
 - Maintain constant (24/7) access to laboratories that can meet public health needs during emergencies, threats, and other hazards
 - Use only licensed or credentialed laboratories
 - Maintain a written list of rules related to laboratories, for handling samples (including collecting, labeling, storing, transporting, and delivering), determining who is in charge of the sample at what point, and reporting the results

QUESTION 2: At what level does the Local Public Health System (LPHS) in Polk County provide Essential Service 2 - diagnose and investigate health problems and health hazards?

Please select one:

Optimal (76%-100%) - Greater than 75% of the activity described within the question is met

Significant (51%-75%) - Greater than 50% but no more than 75% of the activity described within the question is met

Moderate (26%-50%) - Greater than 25% but no more than 50% of the activity described within the question is met

Minimal (1%-25%) - Greater than 0% but no more than 25% of the activity described within the question is met

No activity (0%) - Absolutely no activity

Don't Know - Unaware of these activities

Please explain your response:

Essential Service 3: Inform, Educate, and Empower People about Health Issues

For this Essential Service, we consider:

- How well we keep all segments of our community informed about health issues

DESCRIPTION OF ESSENTIAL SERVICE:

- Health Education and Promotion
 - Provide policy makers, stakeholders, and the public with ongoing analyses of community health status and related recommendations for health promotion policies
 - Coordinate health promotion and health education activities at the individual, interpersonal, community, and societal levels
 - Engage the community through the process of setting priorities, developing plans, and implementing health education and health promotion activities
- Health Communication
 - Develop health communication plans for media and public relations and for sharing information among LPHS organizations
 - Use relationship with different media providers (e.g., print, radio, television, the Internet) to share health information, matching the message with the target audience
 - Identify and train spokespersons on public health issues
- Risk Communication
 - Develop an emergency communications plan for each stage of an emergency to allow for the effective dissemination of information
 - Make sure resources are available for a rapid emergency communication response
 - Provide risk communication training for employees and volunteers

QUESTION 3: At what level does the Local Public Health System (LPHS) in Polk County provide Essential Service 3 - inform, educate, and empower people about health issues?

Please select one:

Optimal (76%-100%) - Greater than 75% of the activity described within the question is met

Significant (51%-75%) - Greater than 50% but no more than 75% of the activity described within the question is met

Moderate (26%-50%) - Greater than 25% but no more than 50% of the activity described within the question is met

Minimal (1%-25%) - Greater than 0% but no more than 25% of the activity described within the question is met

No activity (0%) - Absolutely no activity

Don't Know - Unaware of these activities

Please explain your response:

Essential Service 4: Mobilize Community Partnerships to Identify and Solve Health Problems

For this Essential Service, we consider:

- How well we truly engage people in local health issues

DESCRIPTION OF ESSENTIAL SERVICE:

- **Constituency Development**
 - Maintain a complete and current directory of community organizations
 - Follow an established process of identifying key constituents related to overall public health interests and particular health concerns
 - Encourage constituents to participate in activities to improve community health
 - Create forum for communication of public health issues
- **Community Partnerships**
 - Establish community partnerships and strategic alliances to provide a comprehensive approach to improving health in the community
 - Establish a broad-based community health improvement committee
 - Assess how well community partnerships and strategic alliances are working to improve community health

QUESTION 4: At what level does the Local Public Health System (LPHS) in Polk County provide Essential Service 4 - mobilize community partnerships to identify and solve health problems?

Please select one:

Optimal (76%-100%) - Greater than 75% of the activity described within the question is met

Significant (51%-75%) - Greater than 50% but no more than 75% of the activity described within the question is met

Moderate (26%-50%) - Greater than 25% but no more than 50% of the activity described within the question is met

Minimal (1%-25%) - Greater than 0% but no more than 25% of the activity described within the question is met

No activity (0%) - Absolutely no activity

Don't Know - Unaware of these activities

Please explain your response:

Essential Service 5: Develop Policies and Plans That Support Individual and Community Health Efforts

For this Essential Service, we consider:

- What local policies in both the government and private sector promote health in our community
- How well we are setting healthy local policies

DESCRIPTION OF ESSENTIAL SERVICE:

- **Governmental Presence at the Local Level**
 - Support the work of the local health department (or other governmental local public health entity) to make sure the 10 Essential Public Health Services are provided
 - See that the local health department is accredited through the PHAB's voluntary, national public health department accreditation program
 - Ensure that the local health department has enough resources to do its part in providing essential public health services
- **Public Health Policy Development**
 - Contribute to public health policies by engaging in activities that inform the policy development process
 - Alert policymakers and the community of the possible public health effects (both intended and unintended) from current and/or proposed policies
 - Review existing policies at least every three to five years
- **Community Health Improvement Process and Strategic Planning**
 - Establish a Community Health Improvement Plan (CHIP), with broad-based diverse participation, that used information from the Community Health Assessment (CHA), including the perceptions of community members
 - Develop strategies to achieve community health improvement objectives, including a description of organizations accountable for specific steps
 - Connect organization strategic plans with the CHIP
- **Planning for Public Health Emergencies**
 - Support a workgroup to develop and maintain emergency preparedness and response plans
 - Develop an emergency preparedness and response plan that defines when it would be used, who would do what tasks, what standard operating procedures would be put in place, and what alert and evacuation protocols would be followed
 - Test the plan through regular drills and revise the plan as needed, at least every two years

QUESTION 5: At what level does the Local Public Health System (LPHS) in Polk County provide Essential Service 5 - develop policies and plans that support individual and community health?

Please select one:

Optimal (76%-100%) - Greater than 75% of the activity described within the question is met

Significant (51%-75%) - Greater than 50% but no more than 75% of the activity described within the question is met

Moderate (26%-50%) - Greater than 25% but no more than 50% of the activity described within the question is met

Minimal (1%-25%) - Greater than 0% but no more than 25% of the activity described within the question is met

No activity (0%) - Absolutely no activity

Don't Know - Unaware of these activities

Please explain your response:

Essential Service 6: Enforce Laws and Regulations that Protect Health and Ensure Safety

For this Essential Service, we consider:

- When we enforce health regulations, are we technically competent, fair, and effective

DESCRIPTION OF ESSENTIAL SERVICE:

- Reviewing and Evaluating Laws, Regulations, and Ordinances
 - Identify public health issues that can be addressed through laws, regulations, or ordinances
 - Stay up-to-date with current laws, regulations, and ordinances that prevent health problems or that promote or protect public health in the federal, state, and local levels
 - Review existing public health laws, regulation, and ordinances at least once every three to five years
 - Have access to legal counsel for technical assistance when reviewing laws, regulations, or ordinances
- Involvement in Improving Laws, Regulations, and Ordinances
 - Identify local public health issues that are inadequately addressed in existing laws, regulations, or ordinances
 - Participate in changing existing laws, regulations, and ordinances, and/or creating new laws, regulations, and ordinances to protect and promote health
 - Provide technical assistance in drafting the language for proposed changes or new laws, regulations, and ordinances
- Enforcing Laws, Regulations, and Ordinances
 - Identify organizations that have the authority to enforce public health laws, regulations, and ordinances
 - Ensure that a local health department (or other governmental public health entity) has the authority to act in public health emergencies
 - Ensure that all enforcement activities related to public health codes are done within the law
 - Educate individuals and organization about relevant laws, regulations, and ordinances
 - Evaluate how well local organizations comply with public health laws

QUESTION 6: At what level does the Local Public Health System (LPHS) in Polk County provide Essential Service 6 - enforce laws and regulations that protect health and ensure safety?

Please select one:

Optimal (76%-100%) - Greater than 75% of the activity described within the question is met

Significant (51%-75%) - Greater than 50% but no more than 75% of the activity described within the question is met

Moderate (26%-50%) - Greater than 25% but no more than 50% of the activity described within the question is met

Minimal (1%-25%) - Greater than 0% but no more than 25% of the activity described within the question is met

No activity (0%) - Absolutely no activity

Don't Know - Unaware of these activities

Please explain your response:

Essential Service 7: Link People to Needed Personal Health Services and Assure the Provision of Healthcare When Otherwise Unavailable

For this Essential Service, we consider:

- If people in the community are receiving the health services they need

DESCRIPTION OF ESSENTIAL SERVICE:

- Identifying Personal Health Service Needs of Populations
 - Identify groups of people in the community who have trouble accessing or connecting to personal health services
 - Identify all personal health service needs and unmet needs throughout the community
 - Define partner roles and responsibilities to respond to the unmet needs of the community
 - Understand the reasons that people do not get the care they need
- Ensuring People are Linked to Personal Health Services
 - Connect or link people to organizations that can provide the personal health services they may need
 - Help people access personal health services in a way that takes into account the unique needs of different populations
 - Help people sign up for public benefits that are available to them (e.g. Medicaid or medical and prescription assistance programs)
 - Coordinate the delivery of personal health and social services to that everyone in the community has access to the care they need

QUESTION 7: At what level does the Local Public Health System (LPHS) in Polk County provide Essential Service 7 - link people to needed personal health services and assure the provision of healthcare when otherwise unavailable?

Please select one:

Optimal (76%-100%) - Greater than 75% of the activity described within the question is met

Significant (51%-75%) - Greater than 50% but no more than 75% of the activity described within the question is met

Moderate (26%-50%) - Greater than 25% but no more than 50% of the activity described within the question is met

Minimal (1%-25%) - Greater than 0% but no more than 25% of the activity described within the question is met

No activity (0%) - Absolutely no activity

Don't Know - Unaware of these activities

Please explain your response:

Essential Service 8: Assure a Competent Public Health and Personal Healthcare Workforce

For this Essential Service, we consider:

- If we have competent public health staff
- If we have competent healthcare staff
- How we can be sure that our staff stays current

DESCRIPTION OF ESSENTIAL SERVICE:

- Workforce Assessment, Planning, and Development
 - Complete a workforce assessment, a process to track the numbers and types of LPHS jobs – both public and private sector – and the associated knowledge, skills, and abilities required of the jobs
 - Review the information from the workforce assessment and use it to identify and address gaps in the LPHS workforce
 - Provide information from the workforce assessment to other community organizations and groups, including governing bodies and public and private agencies, for use in their organizational planning
- Public Health Workforce Standards
 - Ensure that all members of the local public health workforce have the required certificates, licenses, and education needed to fulfill their job duties and comply with legal requirements
 - Develop and maintain job standards and position descriptions based in the core knowledge, skills, and abilities needed to provide the 10 Essential Public Health Services
 - Base the hiring and performance review of members of the public health workforce in public health competencies
- Life-Long Learning through Continuing Education, Training, and Mentoring
 - Identify education and training needs and encourage the public health workforce to participate in available education and training
 - Provide ways for public health workers to develop core skills related to the 10 Essential Public Health Services
 - Develop incentives for workforce training, such as tuition reimbursement, time off for attending class, and pay increases
 - Create and support collaborations between organizations within the LPHS for training and education
 - Continually train the public health workforce to deliver services in a culturally competent manner and understand the social determinants of health
- Public Health Leadership Development
 - Provide access to formal and informal leadership development opportunities for employees at all organizational levels
 - Create a shared vision of community health and the LPHS, welcoming all leaders and community members to work together
 - Ensure that organization and individuals have opportunities to provide leadership in areas where they have knowledge, skills, or access to resources
 - Provide opportunities for the development of leaders who represent the diversity of the community

QUESTION 8: At what level does the Local Public Health System (LPHS) in Polk County provide Essential Service 8 – assure a competent public health and personal healthcare workforce?

Please select one:

Optimal (76%-100%) - Greater than 75% of the activity described within the question is met

Significant (51%-75%) - Greater than 50% but no more than 75% of the activity described within the question is met

Moderate (26%-50%) - Greater than 25% but no more than 50% of the activity described within the question is met

Minimal (1%-25%) - Greater than 0% but no more than 25% of the activity described within the question is met

No activity (0%) - Absolutely no activity

Don't Know - Unaware of these activities

Please explain your response:

Essential Service 9: Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services

For this Essential Service, we consider:

- If we are meeting the needs of the population we serve
- If we are doing things right
- If we are doing the right things

DESCRIPTION OF ESSENTIAL SERVICE:

- Evaluating Population-Based Health Services
 - Evaluate how well population-based health services are working, including whether the goals that were set for programs and services were achieved
 - Assess whether community members, including vulnerable populations, are satisfied with the approached taken toward promoting health and preventing disease, illness, and injury
 - Identify gaps in the provision of population-based health services
 - Use evaluation findings to improve plans, processes, and services
- Evaluating Personal Health Services
 - Evaluate the accessibility, quality, and effectiveness of personal health services
 - Compare the quality of personal health services to established guidelines
 - Measure user satisfaction with personal health services
 - Use technology, like the Internet or electronic health records, to improve quality of care
 - Use evaluation finding to improve services and program delivery
- Evaluating the Local Public Health System
 - Identify all public, private, and voluntary organizations that contribute to the delivery of the 10 Essential Public Health Services
 - Evaluate how well LPHS activities meet the needs of the community at least every five years, using guidelines that describe a model LPHS and involving all entities contributing to the delivery of the 10 Essential Public Health Services
 - Assess how well the organizations in the LPHS are communicating, connecting, and coordinating services
 - Use results from the evaluation process to improve the LPHS

QUESTION 9: At what level does the Local Public Health System (LPHS) in Polk County provide Essential Service 9 - evaluate effectiveness, accessibility, and quality of personal and population-based health services?

Please select one:

Optimal (76%-100%) - Greater than 75% of the activity described within the question is met

Significant (51%-75%) - Greater than 50% but no more than 75% of the activity described within the question is met

Moderate (26%-50%) - Greater than 25% but no more than 50% of the activity described within the question is met

Minimal (1%-25%) - Greater than 0% but no more than 25% of the activity described within the question is met

No activity (0%) - Absolutely no activity

Don't Know - Unaware of these activities

Please explain your response:

Essential Service 10: Research for New Insights and Innovative Solutions to Health Problems

For this Essential Service, we consider:

- If we are discovering and using new ways to get the job done

DESCRIPTION OF ESSENTIAL SERVICE:

- **Fostering Innovation**
 - Provide staff with the time and resources to pilot test or conduct studies to test new solutions to public health problems and see how well they actually work
 - Suggest ideas about what currently needs to be studied in public health to organizations that conduct research
 - Keep up with information from other agencies and organizations at the local, state, and national levels about current best practices in public health
 - Encourage community participation in research, including deciding what will be studied, conducting research, and sharing results
- **Linking with Institutions of Higher Learning and/or Research**
 - Develop relationships with colleges, universities, or other research organizations, with a free flow of information, to create formal and informal arrangements to work together
 - Partner with colleges, universities, or other research organizations to conduct public health research, including community-based participatory research
 - Encourage colleges, universities, and other research organizations to work together with LPHS organizations to develop projects, including field training and continuing education
- **Capacity to Initiate or Participate in Research**
 - Collaborate with researchers who offer the knowledge and skills to design and conduct health-related studies
 - Support research with the necessary infrastructure and resources, including facilities, equipment, databases, information technology, funding, and other resources
 - Share findings with public health colleagues and the community broadly, through journals, Web sites, community meetings, etc.
 - Evaluate local public health systems research efforts throughout all stages of work from planning got effect on local public health practice

QUESTION 10: At what level does the Local Public Health System (LPHS) in Polk County provide Essential Service 10 - research for new insights and innovative solutions to health problems?

Please select one:

Optimal (76%-100%) - Greater than 75% of the activity described within the question is met

Significant (51%-75%) - Greater than 50% but no more than 75% of the activity described within the question is met

Moderate (26%-50%) - Greater than 25% but no more than 50% of the activity described within the question is met

Minimal (1%-25%) - Greater than 0% but no more than 25% of the activity described within the question is met

No activity (0%) - Absolutely no activity

Don't Know - Unaware of these activities

Please explain your response:

Appendix I: Community Assets and Resources

Polk County Community Assets and Resources

The following list/appendix includes some of the existing community assets or resources to address health issues in Polk County.

Behavioral Health – Mental Health & Substance Abuse

Agencies

- BayCare - Winter Haven Hospital Center for Behavioral Health
<https://baycare.org/services/behavioral-health>
- Central Florida Health Care
<http://www.cfhconline.org>
- InnerAct Alliance
<http://www.inneractalliance.org/>
- Lakeland Regional Health
<https://mylrh.org/behavioralhealth/>
- Peace River Center
<https://www.peacrivercenter.org/>
- Polk County Public Schools
<https://polkschoolsfl.com/>
- Tri-County Human Services
<https://tchsonline.org/>

Community Collaborations

- Polk Vision Behavioral Health Team
- Tobacco Free Polk
<https://tobaccofreeflorida.com/county/polk/>
- West Central Florida Mental Wellness Coalition

Access to Care

Agencies

- Angels Care Center of Eloise
<http://angelscare-projectlove.com>
- Central Florida Health Care
<http://www.cfhconline.org/>
- Florida Department of Health in Polk County
<http://polk.floridahealth.gov/>
- Good Samaritan Free Clinic
<https://talbothouse.org/good-samaritan-free-clinic/>
- Haley Center
<https://thehaleycenter.org>
- Lake Wales Free Clinic
<https://lakewalescarecenter.com/lake-wales-free-clinic/>
- Lakeland Volunteers in Medicine (LVIM)
<https://www.lvim.net/>

- Parkview Medical Clinic
<http://www.parkviewmedicalclinic.org/>
- Polk County Indigent Health Care Program
<https://www.polk-county.net/indigent-health-care>

Community Collaborations

- ½ cent Indigent Sales Tax/Polk Indigent Health Care Program
<https://www.polk-county.net/indigent-health-care>

Exercise, Weight, and Nutrition

Agencies

- UF/IFAS Extension – Polk County
<https://sfyl.ifas.ufl.edu/polk/>

Community Collaborations

- Polk Vision Primary Care Team
<https://portal.polkvision.com/primary-care-team>

Maternal & Infant Health

Agencies

- Advent Health Heart of Florida
863.419.2486
<https://www.adventhealth.com/hospital/adventhealth-heart-florida/mother-and-baby-care?listFilters=query%3Dmaternal%2Binfant%2Bhealth%26cat%3Dglobal>
- Celebrate Birth
<https://celebratebirth.info/>
- FDOH-Polk WIC
863.519.7542
<http://polk.floridahealth.gov/programs-and-services/clinical-and-nutrition-services/wic/index.html>
- Healthy Start Coalition of Hardee, Highlands, and Polk Counties
<https://www.healthystarthp.org/>
- Lactation Station
863.640.0117
- Lakeland Midwifery
<https://www.lakelandmidwiferycare.com/>
- Lakeland Regional Health
863.284.1685
<https://mylrh.org/obstetrics-and-gynecology/>
- Lakeside Pediatrics
863.688.3550
<https://www.lakesidepeds.com/>

- The Nest
863.578.8633
<https://www.thenestlakeland.org/>
- Winter Haven Women’s Hospital
863.294.7068
<https://baycare.org/hospitals/winter-haven-womens-hospital/services/maternity>

Community Collaborations

- Florida Healthy Babies
<http://polk.floridahealth.gov/programs-and-services/wellness-programs/healthy-start/index.html>
- La Leche League
www.LLLLakeland.org
- Melanin Families Matter
<https://www.facebook.com/pages/category/Nonprofit-Organization/Melanin-Families-Matter-449535795847803/>
- Polk County Breastfeeding Network
<http://groupspaces.com/PCBN/join/>

Chronic Disease

Agencies

- UF/IFAS Extension – Polk County
<https://sfyl.ifas.ufl.edu/polk/>

Oral Health

Agencies

- Central Florida Health Care
<http://www.cfhconline.org/>
- Florida Department of Health in Polk County
<http://polk.floridahealth.gov/>

Immunization and Communicable Disease

Agencies

- Florida Department of Health in Polk County
<http://polk.floridahealth.gov/>

Community Collaborations

- Polk County Immunization Coalition (PCIC)
863-578-2243

Violence, Crime, and Injury Prevention

Agencies

- Children’s Home Society
<https://www.chsfl.org/locations/greater-lakeland/>
- Department of Children and Families (DCF)
<https://www.myflfamilies.com/contact-us/region/circuit-10.shtml>
- Florida Department of Transportation (DOT)
<https://www.fdot.gov/agencyresources/districts/index.shtm#D1>
- Heartland for Children
<https://www.heartlandforchildren.org/>
- Polk County Fire Rescue
<https://www.polk-county.net/fire-rescue>
- Polk County Sheriff’s Office
<http://www.polksheriff.org/>
- Polk Transportation Planning Organization (TPO)
<https://polktpo.com/>

Community Collaborations

- Coalition on Injury Prevention of Polk County
<https://www.facebook.com/CIPPolk/>
- Polk Vision Pedestrian/Bicycle Safety Team
<https://portal.polkvision.com/pedestrian-and-bicycle-safety>
- Safe Kids Polk County
<https://www.safekids.org/coalition/safe-kids-florida-suncoast>

Child & Adolescent Health

Agencies

- Children’s Home Society
<https://www.chsfl.org/locations/greater-lakeland/>
- Department of Children and Families (DCF)
<https://www.myflfamilies.com/contact-us/region/circuit-10.shtml>
- Florida Department of Health in Polk County
<http://polk.floridahealth.gov/>
- Healthy Start Coalition of Hardee, Highlands, and Polk Counties
<https://www.healthystarthhp.org/>
- Heartland for Children
<https://www.heartlandforchildren.org/>
- Polk County Public Schools
<https://polkschoolsfl.com/>

Community Collaborations

- Polk County School Health Advisory Council (SHAC)
- Polk Vision School Health Team
<https://portal.polkvision.com/school-health-team>

Aging Adult Health

Agencies

- Florida Presbyterian Homes
<http://www.fphi.org/>
- Reliance Medical Center
<https://reliancemedicalcenters.com/>
- Senior Helpers
https://www.seniorhelpers.com/fl/polk-county?gclid=Cj0KCQjwybD0BRDyARIsACyS8ms1j512dTsoXfwFZFJ07Q04UBtdlag5DEH6LWVDzCdkx08BXz2WbVQaAjGGEALw_wcB
- Volunteers in Service to the Elderly (VISTE)
<https://viste.org/>

Community Collaborations

- Coalition on Injury Prevention of Polk County
<https://www.facebook.com/CIPPolk/>
- Seniors Versus Crime
<http://polksheriff.org/programs-services/crime-prevention-programs-for-adults>