

Sarasota County, Florida

COMMUNITY HEALTH ASSESSMENT DECEMBER 2019

UPDATED JANUARY 2022



FOREWARD

I am pleased to present the 2019 Sarasota County Community Health Assessment. This document is the result of more than one year of work following a thoughtful and purposeful process. The goal is to provide an overview of the health status of residents in Sarasota County. This assessment has the potential to inform, educate, and empower people and organizations about health issues facing the residents of Sarasota County. It can serve as a resource to mobilize community partnerships to address the identified health priorities.

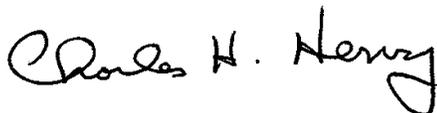
This assessment focuses on ten essential public health services, including monitoring health status, identifying community health problems, and diagnosing problems and health hazards. These public health services exemplify the work of the Florida Department of Health in Sarasota County (DOH-Sarasota).

DOH-Sarasota is committed to improving the health and quality of life for Sarasota County residents by working closely with community partners, clients, customers, and employees. DOH-Sarasota values collaboration with community partners to develop and implement plans to continuously improve. By using data and evidenced-based practices, DOH-Sarasota will continue to be a model public health agency.

The 2019 Sarasota County Community Health Assessment serves as a foundation for the creation of the Community Health Improvement Plan. This plan will follow a strategic methodology to address health priorities in our county. This assessment also gathered information specific to elder residents that will be useful to our Age Friendly Sarasota action plan and information useful to hospitals in Sarasota for their community health needs assessments.

Without collaboration, this report would not have been possible. It is a pleasure to lead a team of quality healthcare professionals devoted to serving the needs of Sarasota County residents. I personally want to thank Aleksandra Fitzgibbons, who led the Strategic Planning Team for the Community Health Assessment. Without her work and dedication, this publication would not have been possible.

Sincerely,



Charles H. Henry, MPA, Health Officer



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WHO WE ARE



The Florida Department of Health in Sarasota County (DOH-Sarasota) is part of the integrated state health system working to make our community as healthy as it can be.

Services include:

- Clinical Community Public Health Services (HIV, STD, Hep C, TB, and Pharmacy)
- Disaster preparedness for medically fragile residents
- Disease intervention services
- Environmental health
- Epidemiology
- Family Planning
- Healthy Start
- Immunizations
- School health
- Vital Statistics
- WIC

Vision

To be the healthiest state in the nation

Mission

The Florida Department of Health works to protect, promote and improve the health of all people in Florida through integrated state, county and community efforts.

Values (I CARE)

Innovation: We search for creative solutions and manage resources wisely.

Collaboration: We use teamwork to achieve common goals and solve problems.

Accountability: We perform with integrity and respect.

Responsiveness: We achieve our mission by serving our customers and engaging our partners.

Excellence: We promote quality outcomes through learning and continuous performance Improvement.

ACKNOWLEDGEMENTS

The 2019 Sarasota County Community Health Assessment was made possible by many organizations, volunteers, and individuals. The Florida Department of Health in Sarasota County is grateful to those who gave time, effort, and expertise to the creation and completion of this report.

Thank you to our contributing partners:

All Faiths Food Bank, Inc.	Gulf Coast Community Foundation, Inc.
ALSO Youth, Inc.	GulfCoast South Area Health Education Center (AHEC)
CenterPlace Health, Inc.	Healthy Start Coalition of Sarasota County, Inc.
Centerstone, Inc.	Jewish Family and Children Service of the Suncoast, Inc.
Charles and Margery Barancik Foundation	Multicultural Health Institute, Inc.
City of North Port, Florida	The Patterson Foundation
Coastal Behavioral Healthcare, Inc.	The Salvation Army—Sarasota Area Command
Community Foundation of Sarasota County, Inc.	Sarasota County Government
Community Health Improvement Partnership (CHIP)	Sarasota County Schools
Early Learning Coalition of Sarasota County	Sarasota Memorial Health Care System
First Step of Sarasota, Inc.	Town of Longboat Key, Florida
Florida Department of Children and Families	University of Florida, IFAS Extension
Florida State University—College of Medicine	University of South Florida
Friendship Centers, Inc.	

Florida Department of Health in Sarasota County contributing staff:

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TABLE OF CONTENTS

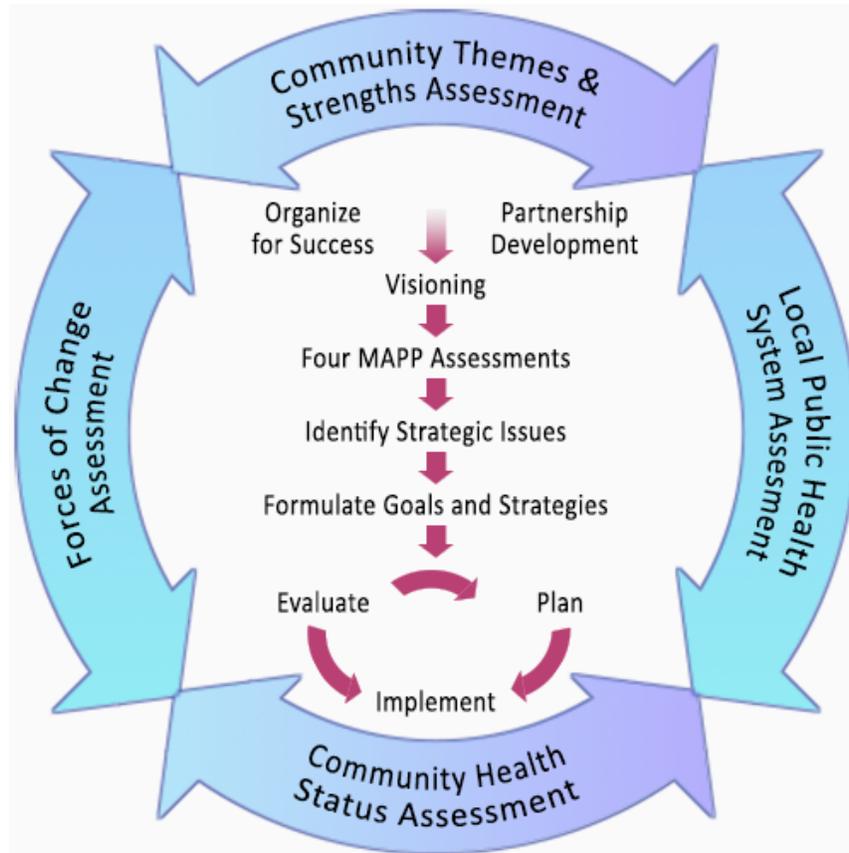
Executive Summary	7
I. Introduction and Sarasota County Overview	14
II. Mobilizing for Action through Planning and Partnerships (MAPP) Process	15
MAPP Phase 1: Organizing for Success/Partnership Development	
MAPP Phase 2: Visioning	
III. Assessments - MAPP Phase 3: Collecting and Analyzing Data	
A. Community Themes and Strengths Assessment	19
Focus Groups and Community Dialogue	19
CASPER Survey	23
Age Friendly Survey	31
Maternal Child Health Survey	37
B. Health Status Assessment	44
Demographics	51
Socioeconomic Characteristics	54
Health Resource Availability	58
Quality of Life	62
Behavioral Risk Factors	64
Environmental Health Indicators	66
Social and Mental Health	71
Maternal and Child Health	73
Infectious Disease	77
Death, Illness and Injury	79
C. Forces of Change Assessment	83
D. Local Public Health System Assessment (LPHSA)	84
IV. Strategic Issues Identified - MAPP Phase 4	87
V. Limitations	92
VI. Community Health Improvement Partnership and Plan/Action Cycle - MAPP Phase 5 and Phase 6	94
VII. References	95
Appendix A CASPER Survey Tool	97
Appendix B Age Friendly Survey Tool	100
Appendix C Maternal Child Health Survey Tool	108

TABLE OF CONTENTS

VIII. 2022 Updated Data	111
Appendix D Health Disparity Data Compilation.....	112
Appendix E Newtown Data Story	144
Appendix F Health Status	168

EXECUTIVE SUMMARY

The Florida Department of Health in Sarasota County (DOH-Sarasota) completed the 2019 Sarasota County Community Health Assessment to better understand the health of the county and its residents. DOH-Sarasota utilized the Mobilizing for Action through Planning and Partnerships (MAPP) process to guide the Assessment. The MAPP process consists of six phases: organize for success/partnership development, visioning, assessments, identify strategic issues, formulate goals and strategies, and action. Information gathered during the MAPP process will be used to update the Community Health Improvement Plan (CHIP).



Vision

Community partners and community members representing every zip code responded to a survey about the vision for a healthy community. Below is the vision developed based on that feedback.

The community members and partners of Sarasota County envision a healthy community as a responsive, equitable, sustainable society, promoting access to healthcare, social inclusion, intergenerational respect, and environmental awareness through cooperative efforts that respond to current and future public health challenges to protect the well-being of all residents and visitors.

EXECUTIVE SUMMARY

Assessment Methods

Multiple methods were used to complete the Community Health Assessment. Both primary and secondary data was collected and analyzed from January through October 2019.

- **Focus Groups and a Community Dialogue** were facilitated. In total, nine meetings took place at demographically diverse locations throughout the county. Participants were engaged in discussions about four areas including aging, health equity, environmental health, and LGBT+ issues.
- **Surveys** included the **CASPER Survey**, a statistically significant methodology in which thirty census tracts were randomly selected for resident survey completion electronically, by mail, or in person. National Council on Aging (NCOA) questions as well as community perceptions and interests for a healthy community. An **Age Friendly Survey** was designed using AARP and NCOA questions. The Patterson Foundation shared the electronic survey with Age Friendly Advocates and surveyed residents at various community locations. A **Maternal Child Health Survey** was completed during the Healthy Start Coalition of Sarasota County community events in north and south Sarasota County. Pregnancy Risk Assessment Monitoring System (PRAM) questions were used to allow for state and national comparison.
- **Existing Data**, or secondary data, was extracted primarily from Florida CHARTS with more than ten categories reviewed including demographics, socioeconomic, health resources, health behaviors, environmental health, social and mental health, injuries, maternal and child health, infectious disease, and death.
- A **Forces of Change Assessment** was completed by the Community Health Improvement Plan (CHIP) Leadership Council and with Florida Department of Health in Sarasota County (DOH-Sarasota) staff to ascertain outside forces at the national, state, and local levels that may impact the health of the community in the future. A **Local Public Health System Assessment (LPHSA)** was also completed by the CHIP Leadership Council, and participants were asked to rate the effectiveness of DOH-Sarasota within our community's system of care regarding the ten essential public health services.



EXECUTIVE SUMMARY

Top Strategic Issues

Based on results from the assessment methods, three strategic issues arose as priorities for Sarasota County: mental health, access to care, and environmental health. Two are similar to priorities in the previous Community Health Assessment, access to care and behavioral health, however, the focus has shifted. For example, one goal of the previous Community Health Improvement Plan was to assure residents have insurance for access to care. Based on the results of this current Assessment, the focus may now be more focused on assuring systems can be navigated and utilized.

Mental Health

Alcohol use and abuse

Suicide

Drug use and abuse



Access to Care

Prevention

Intervention

Navigation



Environmental Health

Water quality

Air Quality

Built Environment



EXECUTIVE SUMMARY

The Community Health Assessment Steering Committee reviewed findings from all primary and secondary sources and determined themes and key strategic issues. The chart below represents the identification of issues and sub-issues per survey method.

	Focus Groups and Community Dialogue	CASPER	Age Friendly Survey	Maternal Child Health Survey	Forces of Change	Existing Data
<u>Mental Health</u>						
Alcohol Use and Abuse	●	●	N/A*		●	●
Suicide	●	●		●	●	
Drug Use and Abuse	●	●		●	●	
<u>Access to Care</u>						
Prevention			N/A*	●	●	●
Intervention	●			●	●	●
Navigation		●		●	●	
<u>Environmental Health</u>						
Water Quality	●	●	●			●
Air Quality	●		●	●		●
Built Environment	●		●		●	●

*Questions were not specified in this survey around these topics.

EXECUTIVE SUMMARY

Key Findings in Issue Area

Mental Health

Alcohol Use and Abuse	<p>More than 65% of CASPER respondents, named excessive drinking as a top concern. Binge drinking among older residents in Sarasota County is higher than the state (12.9% vs 8.7%).</p> <p>In Sarasota County past-30-day alcohol use for middle and high school students was 19.3% vs. 15.3% for the state.</p> <p>Health status data indicates that motor vehicle crashes, fatalities and injuries where drug and alcohol impairment was confirmed increased significantly during the last</p>
Suicide	<p>More than 49% of CASPER respondents think depression is somewhat a problem or a large problem, and only 24% always get the social and emotional support they need. One-fourth of Age Friendly survey respondents did not get all the emotional support they needed. One in five MCH survey respondents felt some level of depression following birth.</p> <p>Focus groups for aging and LGBT+ residents identify social isolation and loneliness as risks for residents.</p> <p>Health status data indicates the suicide rate is higher in Sarasota County than the State and has been for many years. In 2018, it was 21.2 compared with 15.3, an increase from 19.4 in 2017.</p> <p>There were 104 deaths by suicide were recorded in Sarasota County in 2018. Seventy-four of those were adults more than 50 years old. This is more than 71% of all deaths by suicide. 5 of those deaths by suicide were teens (age 15 to 19 years old).</p>
Drug/ Substance Use and Abuse	<p>Drug abuse (prescription and illegal) was reported as the first and third top issues in the county (68% and 64%, respectively) through CASPER.</p> <p>From 2014 - 2017, Sarasota County experienced a 40% increase in drug poisoning deaths; however, from 2017 to 2018 there were 19 fewer deaths. The rate of drug poisoning deaths for Sarasota County was 27.0 per 100,000, a decrease from 36.3 per 100,000 in 2017. This represents a 9.3 rate decrease. However, it is still well above the state rate of 22.9 per 100,000. The rate of drug related deaths for Sarasota County residents aged 25-64 continued to be worse than the state in 2018.</p> <p>The rate for Neonatal Abstinence Syndrome (NAS) cases continues to be worse than the state. In 2018 the rate for NAS was 149.5 per 10,000 live births vs 62.1 per 10,000 live births for Florida.</p> <p>In 2018, 22% of Sarasota County middle and high school students indicated they had used vapes/e-cigarettes in the past 30 days compared to 13.7% for the state.</p>

EXECUTIVE SUMMARY

Key Findings in Issue Area

Access to Care

Prevention	<p>Although on-time vaccination in early childhood provides immunity from life-endangering illness, only about 77% of Sarasota County two-year-olds were fully immunized compared with 84% for the State. Among pregnant or new mothers at least 58% were not offered a flu shot or encouraged to get one. Similarly, 66% were not offered a vaccine for whooping cough.</p> <p>The rate for syphilis in Sarasota County increased from 3.1 per 100,000 to 19.0 per 100,000 from 2013 to 2018. The rate is especially high for black residents from 25 to 29 years old. Gonorrhea and chlamydia rates have increased 5% from 2015 to 2018. The overall new HIV infection rate in Sarasota County is 7.7 compared with the State at 23.4. However, the rate for white residents was 3.5 (N=12), and the rate for black residents was 43.9 (N=8).</p> <p>70% of maternal child health survey respondents did not get dental care during pregnancy.</p> <p>From the health status data, about 38% of adults in Sarasota County are overweight. Most chronic diseases can be linked to excessive weight due to poor nutrition and lack of exercise.</p> <p>It has been identified that many disparities exist between populations in our community and that a Health Equity Dashboard could be used to report progress on local health equity issues.</p>
Intervention	<p>Focus groups identified a lack of specialists for aging, vulnerable populations, and the LGBT+ community. Although currently not an issue, the population growth may begin to exceed the growth rate of the number of physicians, especially in some areas of the county such as North Port.</p> <p>Forces of Change identified the growing trend of the elderly population with changing needs in healthcare. Focus groups prioritized the need for services to address loss, depression, and isolation.</p> <p>Sarasota County has one mental health provider per every 600 in comparison to top U.S. areas, which have a ratio of one mental health provider to every 310 people.</p>
Navigation	<p>About 36% of CASPER respondents go to an emergency department or urgent care when they are sick or need medical care. About 32% put medical bills on a credit card or loan.</p> <p>About 26% of Maternal Child Health survey respondents reported that lack of financial resources or health insurance was the biggest challenge for those who had issues starting prenatal. Getting appointments and transportation were also barriers. In 2018, 49 babies were born to mothers who had no prenatal care in Sarasota County.</p>

EXECUTIVE SUMMARY

Key Findings in Issue Area

Environmental Health

Water Quality	Survey data, focus groups and key interviews consistently noted community concern about recreational water quality. The presence of harmful algal blooms in coastal areas of Sarasota for much of 2018 and 2019 has raised awareness of recreational water quality and its potential impacts on the health of our community. Specifically, Red Tide and perceived frequent Beach Advisories due to high bacteria counts remain a key focus of the community.
Air Quality	Focus groups and some survey data identified Ambient Air Quality and Asthma as concerns by citizens in key Sarasota County neighborhoods. The perception of diminished air quality due to the aerosolized toxins from harmful algal blooms and fugitive dust from industrial operations have resulted in discussions about their potential health implementations. In addition, data shows that emergency room visits and hospitalizations for asthma appear to be higher than expected in key geographic locations.
Built Environment	<p>Our Built Environment (Transportation, Housing, and Existing and New Development) also play an important role the health our community. Focus groups on environmental health, health equity, and aging identified transportation as an issue to address. Impact on health can be significant – physical, emotional, mental, and social – based on focus group feedback. Transportation was also listed as 3rd most important County issue in 2018 Citizen Opinion Survey.</p> <p>Population growth was identified through Forces of Change Assessment along with high cost of living and tourism. In addition, 24% of survey respondent identified “population growth/new development” as County’s most important issue in the 2018 Citizen Opinion Survey.</p>

What’s Next?

The Community Health Improvement Plan (CHIP) will be developed with clear goals and strategies to address these key findings from 2020 through 2025. The CHIP Leadership Council will review progress and results annually, updating the plan as needed.

I. INTRODUCTION AND SARASOTA COUNTY OVERVIEW

Sarasota County, Florida, is located on the Gulf of Mexico, with beautiful beaches, a vibrant arts scene, well-ranked schools, and amenities for all ages. Recent accolades include:

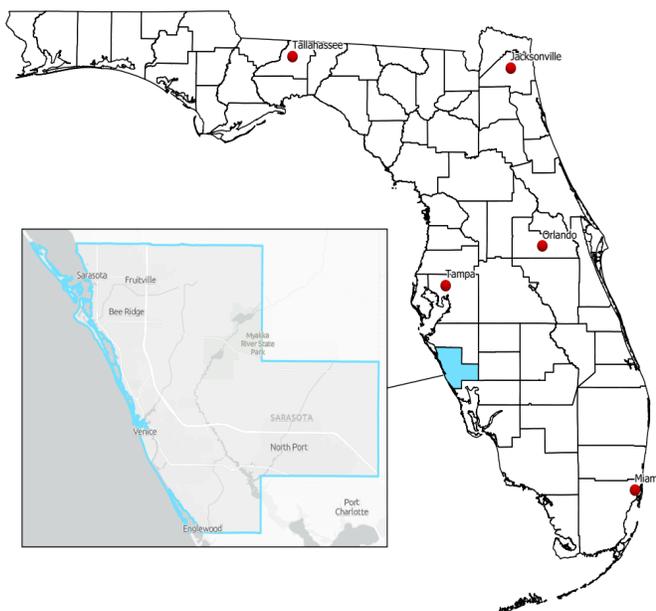
- 2nd for Health Factors; 6th for Health Behaviors - County Health Rankings & Roadmaps, 2019, Robert Wood Johnson Foundation
- 6th Best Overall Health in Florida - County Health Rankings & Roadmaps, 2019, Robert Wood Johnson Foundation
- Sarasota Memorial Hospital is #1 Hospital in the Region – US News & World
- Siesta Beach is #2 Beach - Trip Advisor
- 2nd Best School District in Florida – NICHE.com
- 3rd Best Place to retire – US News & World
- 18th Best Place to Live – US News & World

According to the Sarasota County website, Sarasota County anchors the middle of Florida’s western coast, approximately 60 miles south of Tampa Bay. It includes the cities of Sarasota, Venice, and North Port, and the Town of Longboat Key.

The county is home to approximately 415,896 permanent residents; more than 476,000 during the winter months.

The community encompasses 725 square miles of land and is surrounded by 37 miles of open shoreline along the Gulf of Mexico.

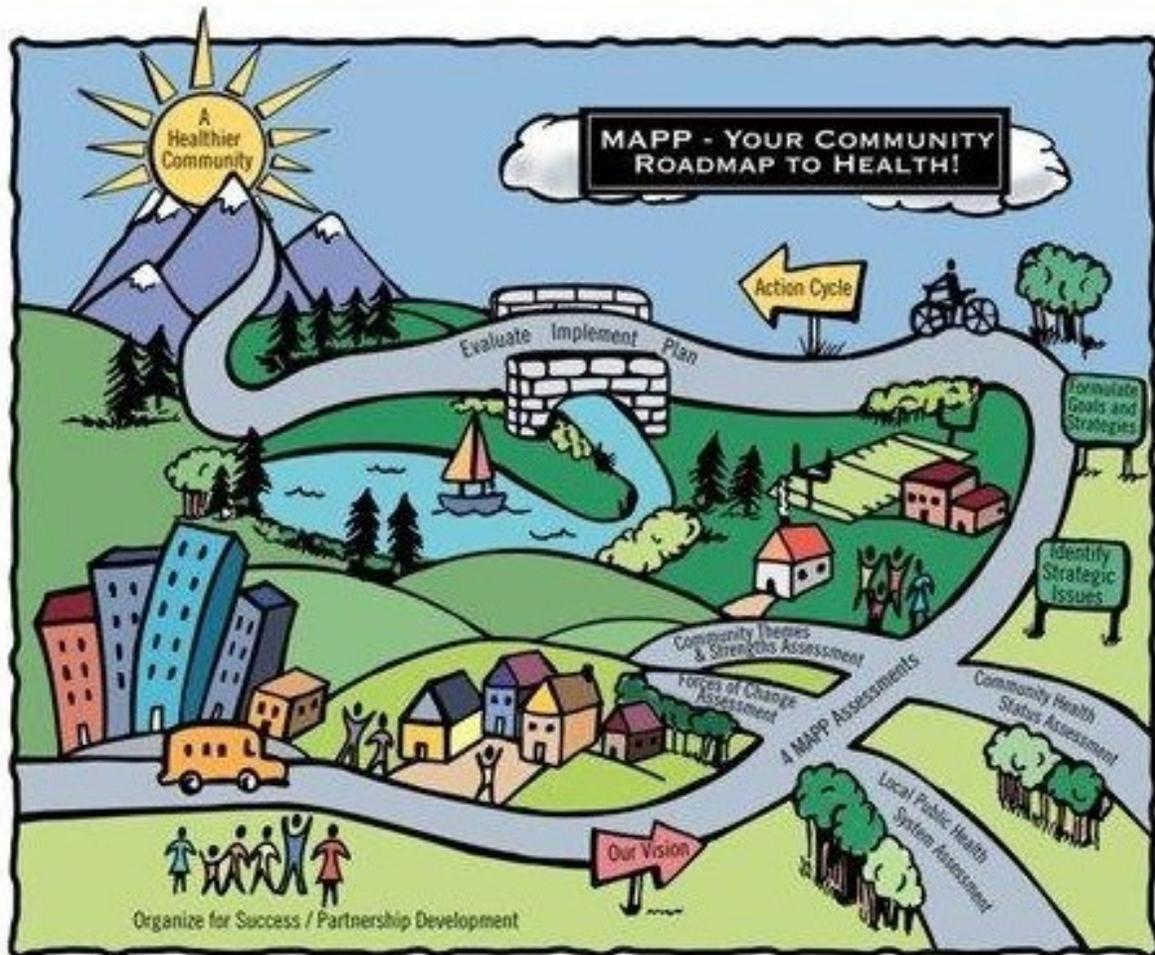
Endowed with inspiring natural beauty, an appealing climate and world-class arts and culture, this coastal paradise has superior schools, significant medical research and education facilities, high educational attainment and a regional workforce of more than 350,000.



As a health department accredited by the Public Health Accredited Board (PHAB), the Florida Department of Health in Sarasota County (DOH-Sarasota) must complete a community health assessment regularly. DOH-Sarasota routinely completes this community health assessment every three years with a dedication to collaboration. This version was approached with a goal to also address the needs of key community partners such as Age Friendly Sarasota and the Sarasota Memorial Healthcare System.

II. MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS (MAPP) PROCESS

The Florida Department of Health in Sarasota County (DOH-Sarasota) utilized the Mobilizing for Action through Planning and Partnerships (MAPP) process for community health planning for the assessment. MAPP is a strategic approach developed by the National Association of County and City Health Officials (NACCHO), in coordination with the Centers for Disease Control and Prevention (CDC) Public Health Practice Program Office. The six phases of MAPP are featured in the graphic below:



MAPP Phase 1: Organize for Success / Partnership Development

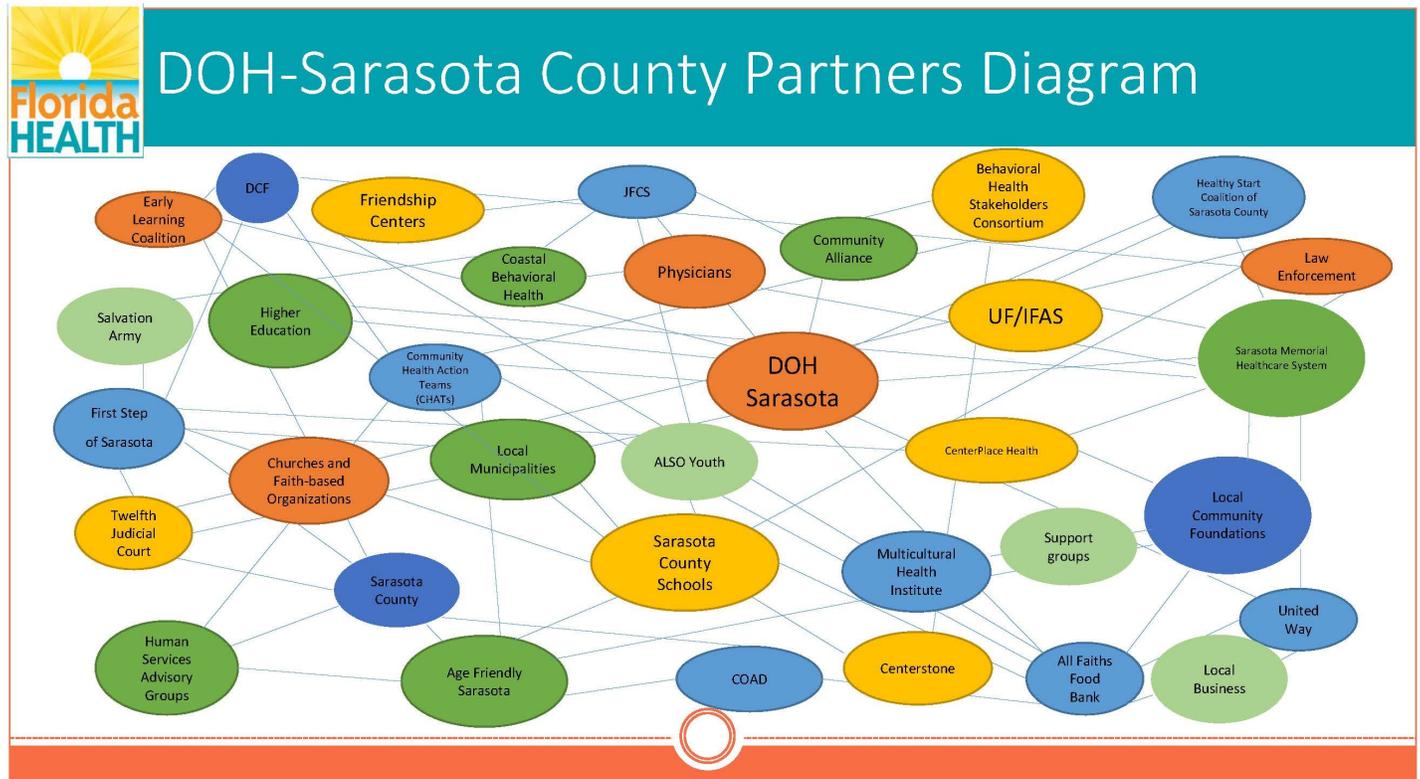
During Phase 1, partnerships should be formed to plan and build commitment for MAPP. A community-wide, strategic planning process requires strong organization and a high level of commitment from partners and stakeholders.

In the preliminary analysis done by the Steering Committee, Phase 1 was found completed as a continuous process in place in Sarasota County. The ideal actions are below:

- Develop community coalitions;
- Plan public health partnership activities;
- Plan a community strategic planning process; and
- Engage community members around improving public health.

II. MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS (MAPP) PROCESS

The graphic below represents the existing network of many of the partnerships in Sarasota County:



MAPP Phase 2: Visioning

Phase 2 is visioning, which means community members collaboratively determine a focus, purpose, and direction for the community health assessment. This occurred through Community Health Action Team (CHAT) meetings throughout the community and broad community participation in a mini questionnaire that was completed online through Survey Monkey. The questions asked are below:

- What does a healthy community look like to you?
- Five years from now, what would we want the public to say about the health of our community?

Responses were collected from 72 participants, including partners and community members. By analyzing the ZIP code of respondents, it was verified people from all communities in Sarasota County participated. The responses were analyzed using content and discourse analysis to identify the Vision and Values to guide the assessment.

Vision

The community members and partners of Sarasota County, envision a healthy community as a responsive, equitable, sustainable society, promoting access to healthcare, social inclusion, intergenerational respect, and environmental awareness through cooperative efforts that respond to current and future public health challenges in order to protect the well-being of all residents and visitors.

Values: Equity, Trust, Collaboration, Transparency, Inclusion, Leadership, Environmental awareness and Commitment

II. MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS (MAPP) PROCESS

MAPP Phase 3: Collect and Analyze Data

Phase 3 of the MAPP process involves collecting and analyzing data through four specific assessments and each are described in this section. Each assessment provides important information, but the value of each is multiplied when key trends and findings are discerned. For the purposes of the 2019 Sarasota County Community Health Assessment, four distinct and specific types of assessments were completed: **Community Themes and Strengths, Health Status, Forces of Change, and Local Public Health Assessment.**

1 - Community Themes and Strengths Assessment (CTSA)

Based on unique demographics in Sarasota County and partner feedback, a variety of four surveys and strategies took place to gather primary data for the Community Themes and Strengths Assessment. From January to September 2019, DOH-Sarasota and partners facilitated numerous focus groups and released three community-wide surveys to best gather thoughts and concerns on the social determinants of health, health behaviors, health related services, and the overall quality of life in Sarasota County. This extensive primary data collection provided a wealth of information to compare with existing secondary data. Each are described below:

Focus Groups and a Community Dialogue were facilitated. In total, nine meetings took place at seven locations throughout the county during January and February 2019. 54 participants were engaged in discussions about four areas including aging, health equity, environmental health, and LGBT+ issues.

The **Maternal Child Health Survey** was completed during the Healthy Start Coalition of Sarasota County Baby Showers in April and May 2019. One hundred surveys were completed, representing both north and south county residents. Pregnancy Risk Assessment Monitoring System (PRAM) questions were used to allow for state and national comparison.

The **CASPER Survey**, Community Assessment of Public Health Emergency Response, was completed in July through September 2019. This survey methodology has been determined to be statistically significant. Thirty census tracts were randomly selected. Up to seven surveys were completed in each block electronically, by mail, or in person. One hundred sixty-eight surveys were completed. The survey tool included National Council on Aging (NCOA) questions, as well as community perceptions and interests for a healthy community.

An **Age Friendly Survey** was designed using AARP and NCOA questions. The Patterson Foundation shared the electronic survey with Age Friendly Advocates and surveyed residents at various community locations: 437 surveys were completed in English and Spanish; 319 were completed by those more than 50 years old.

2 – Health Status Assessment

Existing Data, often called secondary data, was examined. Most was from Florida CHARTS. More than ten categories were analyzed including demographics, socioeconomics, health resources, health behaviors, environmental health, social and mental health, injuries, maternal and child health, infectious disease, and death. For the purposes of this report, only vital and meaningful data sets will be shown that align with strategic issues.

II. MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS (MAPP) PROCESS

3 – Forces of Change Assessment

The **Forces of Change Assessment** was completed at the Community Health Improvement Plan (CHIP) Leadership Council Annual Meeting in April 2019 and with Florida Department of Health in Sarasota County (DOH-Sarasota) staff via Survey Monkey. This assessment asked participants to list outside forces that may impact the health of the community in the future at national, state, and local levels.

4 – Local Public Health System Assessment

The **Local Public Health System Assessment (LPHSA)** was also completed during the CHIP Leadership Council Annual Meeting in April 2019. Participants were asked to rate the effectiveness of DOH-Sarasota regarding the ten essential public health services.

MAPP Phase 4: Identify Strategic Issues

In Phase 4, communities examine all assessments and determine strategic issues. Through facilitated conversation, communities should use the Objective, Reflective, Interpretive, Decisional (ORID) method. In October 2019, the CHIP Leadership Council convened to accomplish this. The group was provided an overview of the Community Health Assessment to date and participated in a process to understand strategic issues and begin the discussion to formulate strategies and goals around each.

MAPP Phase 5: Formulate Goals and Strategies

Phase 5 is the first phase of the Community Health Improvement Plan. It is a brainstorming process that began in October 2019. Through facilitated discussion, various strategies to address the identified strategic issues were compiled by the CHIP Leadership Council.

MAPP Phase 6: Action Cycle

Phase 6 solidifies the goals of the Community Health Improvement Plan. Strategic, measurable, achievable, realistic and timely (SMART) goals will be developed and will be tackled by the community during the 5 years of the CHIP (2020 – 2025).

III. ASSESSMENTS - MAPP PHASE 3 CTSA FOCUS GROUPS

Community Themes and Strengths Assessment (CTSA)

From January to September 2019, the Florida Department of Health in Sarasota County (DOH-Sarasota), Sarasota County Health and Human Services, and partners facilitated numerous focus groups and completed three community surveys to gather thoughts and concerns on the social determinants of health, health behaviors, health related services, and the overall quality of life in Sarasota County. Although the MAPP process only requires one survey in this area, the unique demographics and feedback from community partners encouraged the Steering Committee to gather more primary data regarding Community Themes and Strengths. Four strategies were used to gather primary data, and each will be described below with results. These opportunities to collect information will each be described in this section.

Focus Groups and Community Dialogue

Methodology

The Steering Committee, community partners, and community groups conducted eight focus groups and one community dialogue throughout Sarasota County in January and February of 2019. The community organizations served as partners in hosting sites and recruiting participants. Invitations to participate in focus groups were also distributed through nonprofit partners and were advertised through Community Health Action Teams, media releases, and flyers at key community locations.

Focus groups participants ranged from various sectors and groups of the population. The focus groups had 38 participants, and the community dialogue had 16 – a total of 54 participants. The community dialogue took place when one focus group had no registered participants attended. It was decided to have a community dialogue at a monthly event in the same part of the county. Each event lasted 60 to 90 minutes and was coordinated by two members of the Steering Committee, who moderated and took notes.

Each session addressed one of four themes as a result of the visioning process including:

- Aging (3 focus groups)
- Health equity (2 focus groups)
- Health of the LGBT+ population (2 focus groups)
- Environmental health (1 focus group and 1 community dialogue)



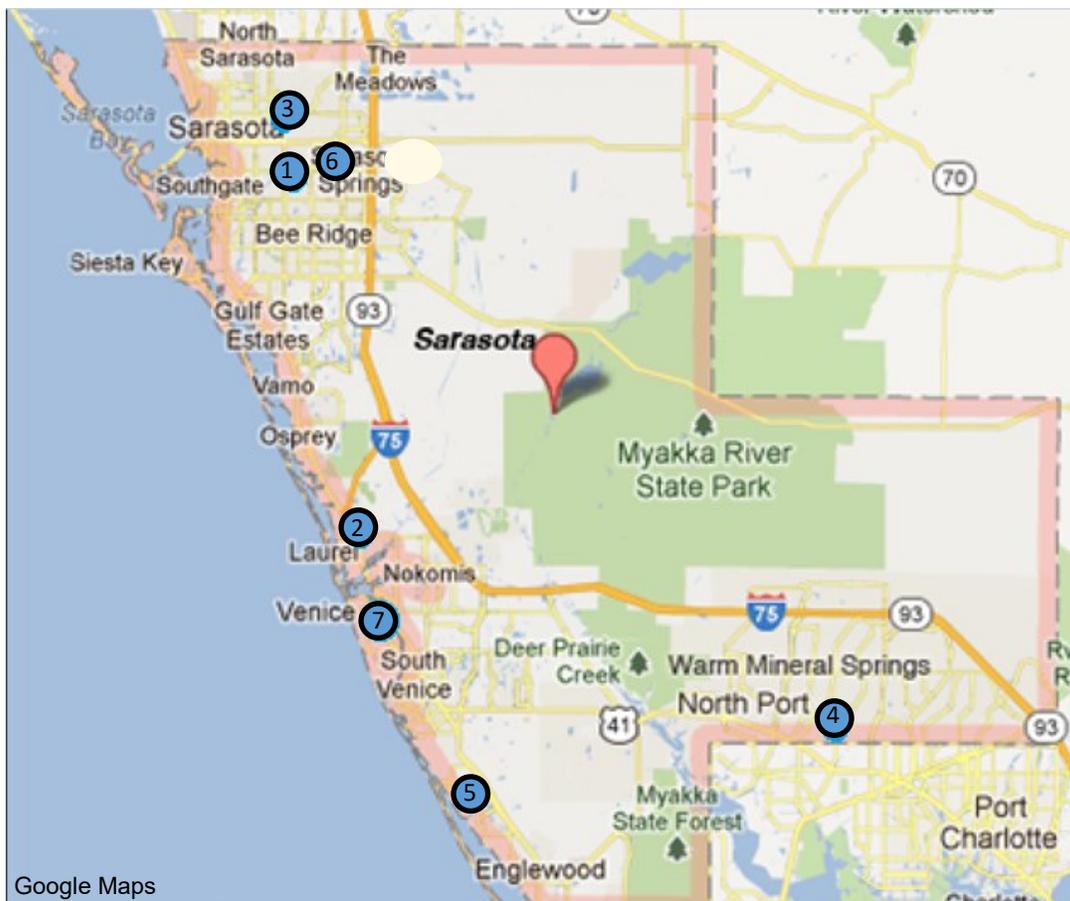
III. ASSESSMENTS - MAPP PHASE 3 CTSA FOCUS GROUPS

Focus Groups and Community Dialogue

Methodology

Locations at which the focus groups and community dialogue were held across Sarasota County are listed below and are shown with blue dots on the following map:

- 1 - William L. Little Health and Human Services Center (34237)
- 2 - Laurel Civic Association (34272)
- 3 - Betty J. Johnson North Sarasota Public Library (34234)
- 4 - North Port Family Service Center (34287)
- 5 - Elsie Quirk Library (34223)
- 6 - Jewish Families and Children Services (34237)
- 7 - The Kathleen K. Catlin Friendship Center (34293)



III. ASSESSMENTS - MAPP PHASE 3 CTSA FOCUS GROUPS

Focus Groups and Community Dialogue

Tool

Each group was asked to share the same introduction information. This included name and a fun fact that most people would not know. Specific questions for each focus group are below:

Aging

Please tell us about amenities you consider important in your community.

Thinking about your current living situation, what modifications would be needed for you to age in place (remain in your home)?

How do you get around for things like shopping, attending medical appointments, recreational activities, running errands, etc.?

How do you interact with your family, friends, or neighbors?

Health Equity

Are there any amenities and/or features in your community that contribute to your overall quality of life? If so, please tell us about them.

Are there any amenities and/or features in your community that present challenges? If so, please tell us about them.

Health of the LGBT+ Population

In your thoughts, what are factors that influence the health of the LGBT+ community?

Per your experience and knowledge, are there any challenges in your community regarding quality of life for the LGBT+ population? If so, please tell us about them.

What services would you like to see available in Sarasota County designed to serve the LGBT+ community?

Please describe services that are available in Sarasota County designed to serve the LGBT+ community.

Environmental Health

Describe any environmental factors in your community that affect your health and healthy living.

In your opinion, are there any environmental concerns in your community? Please describe.

Describe how land use in your community has a relationship to health.

III. ASSESSMENTS - MAPP PHASE 3 CTSA FOCUS GROUPS

Focus Groups and Community Dialogue

Findings

Some quotes from each focus group are below:

Aging

"All my friends are no longer around! So now I have made all new friends."

"I don't want anybody to tell me what to do."

"I live with my son and daughter in law."

"I might be old, but I'm not dead!"

"Drive, if close or use SCAT if farther away."



Public transportation is a problem if elderly people need to go to a doctor.

-Focus Group Participant

Health Equity

"Lack of mental health services for people over 50.... People don't know where to go if there are available mental health services."

"Public transportation is a problem if elderly people need to go to a doctor."

"There is so many health services, but they are expensive, and I don't have money for copays or prescriptions."

Health of the LGBT+ Community

"LGBTQIA voice is not heard or included at the table."

"Keep it (the lifestyle) in your family."

Environmental Health

"Red tide is disappointing, spreading and human caused."

"We need to limit the environmental impact."

"It can take 1 hour to get to a mall."

"People don't trust the water here."

"Minority population should not have to bear the burden of environmental hazards than other groups."



We need to limit the environmental impact.

-Focus Group Participant

III. ASSESSMENTS - MAPP PHASE 3 CTSA FOCUS GROUPS, CASPER

Focus Groups and Community Dialogue

Findings

Although all groups described positive aspects of Sarasota County, this Community Health Assessment will feature the areas for improvement. Overall themes from the focus groups highlighted health issues related to:

- 1- Mental Health** – stigmatism, discrimination, substance abuse, social isolation, mental health challenges, grief, fear, suicide, and loneliness.
- 2- Environmental Health** - air quality, red tide, standing water, traffic, industrial facilities, transportation, living conditions, outdoor amenities, spaces for social interaction, school policies, laws, and employment opportunities, .
- 3- Access to Healthcare** - navigating a complex system, availability of doctors including specialists, transportation, and locating health services and trained professionals to assist LGBT+ individuals.

In addition to the focus groups and community dialogue, three other surveys took place to gather primary data. These surveys also serve to examine community themes and strengths: CASPER, Age Friendly, and Maternal Child Health.

CASPER Survey - Community Wide Survey

Methodology

The statistically significant method selected to collect primary data was the Community Assessment for Public Health Emergency Response (CASPER), which is a CDC strategy to quickly assess community needs, usually following a disaster.

DOH-Sarasota used CASPER for the 2015 Community Health Assessment and data matched the existing secondary data, demonstrating its value and validity.

The survey used a two-stage, randomized cluster sampling method designed to obtain a representative sample at the county level, not solely for the census blocks surveyed. Following this method thirty clusters or census blocks were selected aiming for a total of 210 total households' responses, with a limit of seven surveys within each block. To be considered statically valid using the Casper survey method, 80% of 210 surveys should be collected.

It is important to highlight that due to randomization, some of the zip codes had more census blocks selected than others. In addition, the sample was distributed to collect data from north, middle and south county areas.

In total, 168 responses were received through mail, and in person interviews, which makes the sample statistically valid according to the methodology. The questionnaire consisted of four sections including demographics, general health, quality of life, and health care access. The survey tool is found in Appendix A.

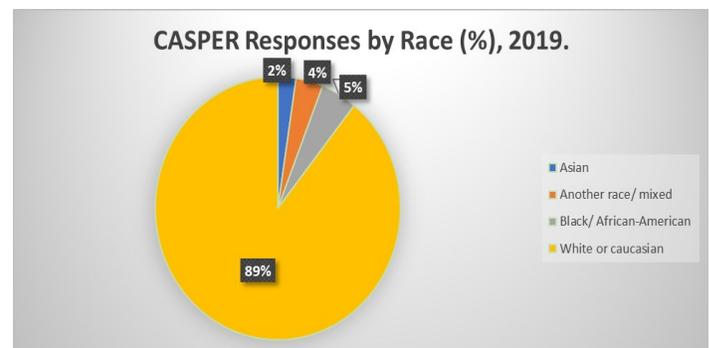
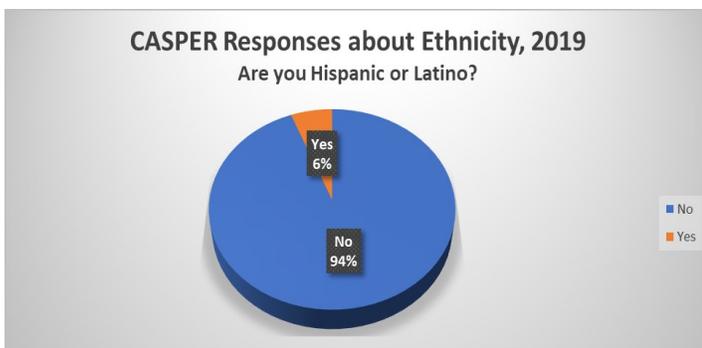
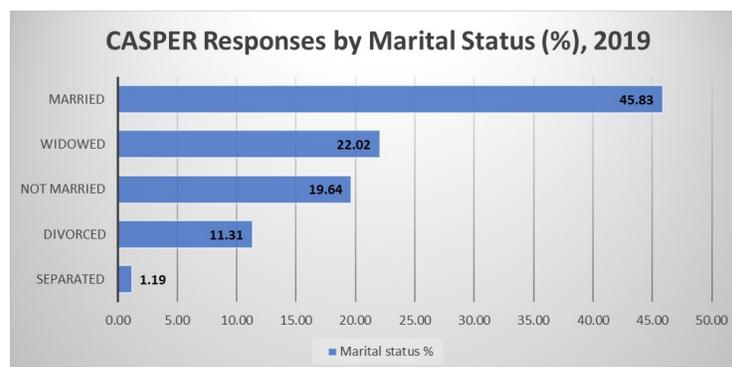
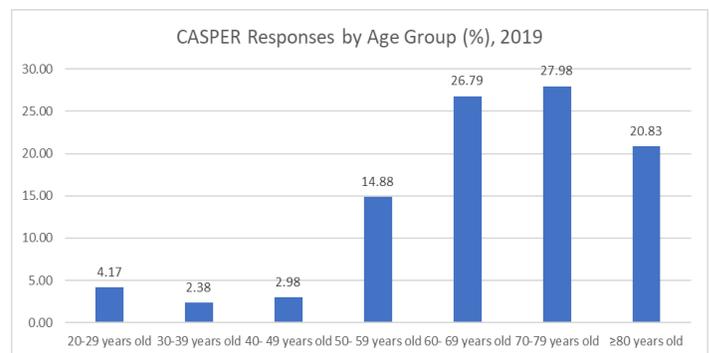
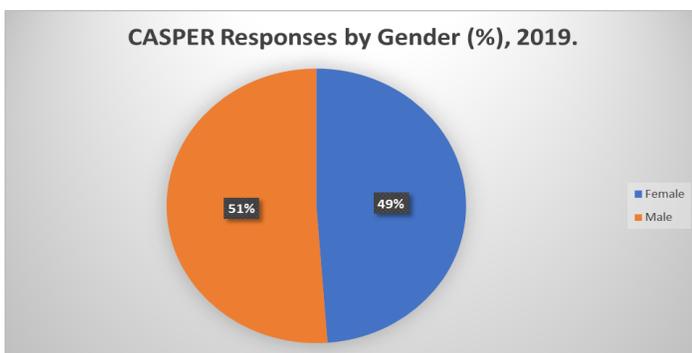
III. ASSESSMENTS - MAPP PHASE 3 CTSA CASPER SURVEY

CASPER Survey - Community Wide Survey

Findings

Demographics

The results from the CASPER survey follow. Most respondents were 50 years and older and equally split between male and female, with 46% married. Respondents were 89% White, 5% Black, 4% Other Race, and 2% Asian, with 6% responding with Hispanic or Latino ethnicity. These demographics are in alignment with the racial and ethnic population of Sarasota County in total. According to Florida CHARTS, Sarasota County is 91.3% White, 8.8% Hispanic, 4.5% Black, and 1.7% Asian.



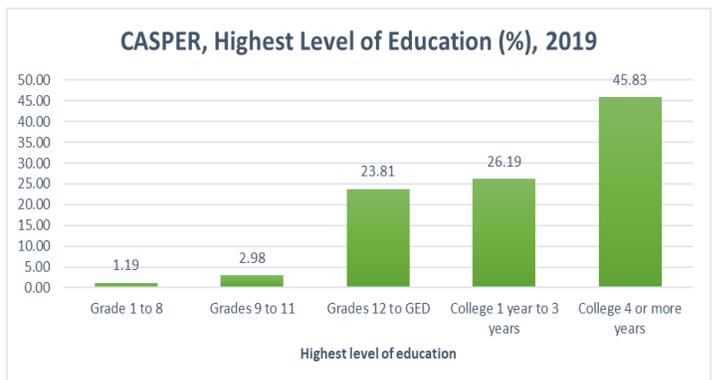
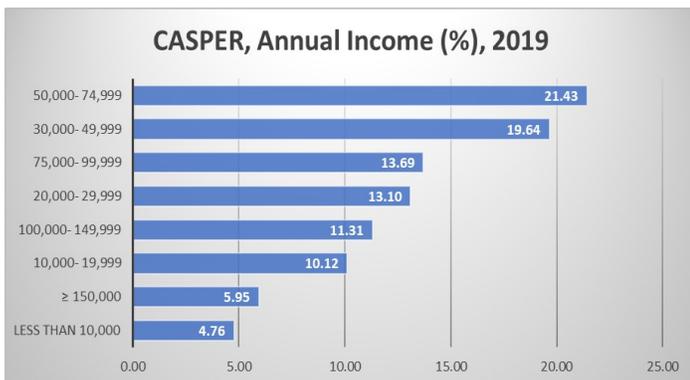
III. ASSESSMENTS - MAPP PHASE 3 CTSA CASPER SURVEY

CASPER Survey - Community Wide Survey

Findings

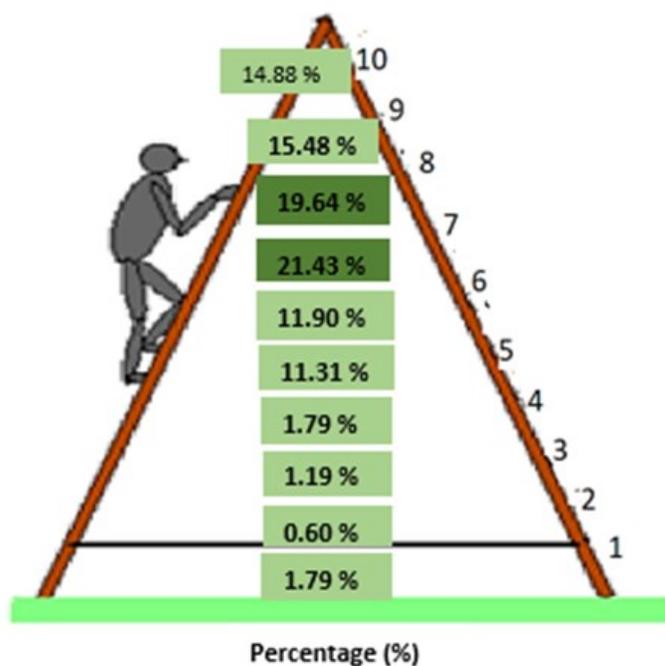
Demographics

The income of CASPER respondents varied greatly. About 41% reported an annual household income between \$30,000 and \$74,999. About 6% reported having an income of more than \$150,000, and about 5% had an income of less than \$10,000. About 72% of respondents reported completing some college.



General Health

When asked to imagine a ladder with steps numbered from zero at the bottom to ten at the top, ten representing the “best possible LIFE for you,” and the bottom representing the “worst possible LIFE for you,” respondents were mostly positive in their responses, with 71% at 7 and above, and 50% at 8 and above.



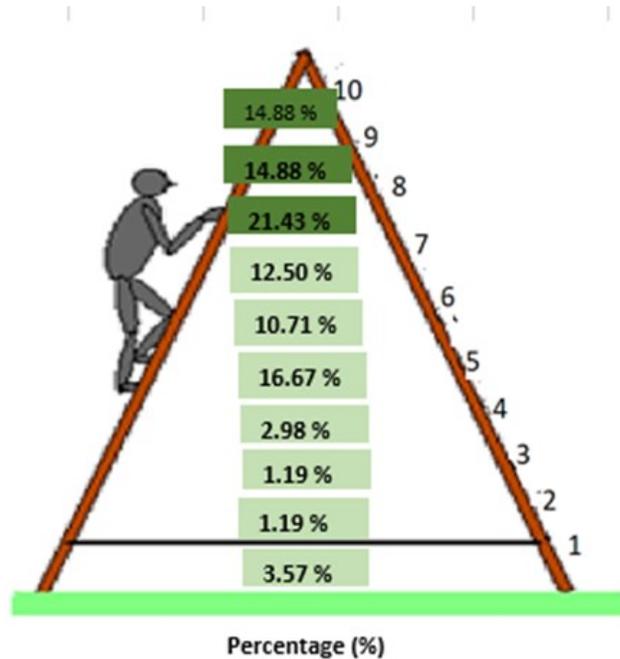
III. ASSESSMENTS - MAPP PHASE 3 CTSA CASPER SURVEY

CASPER Survey - Community Wide Survey

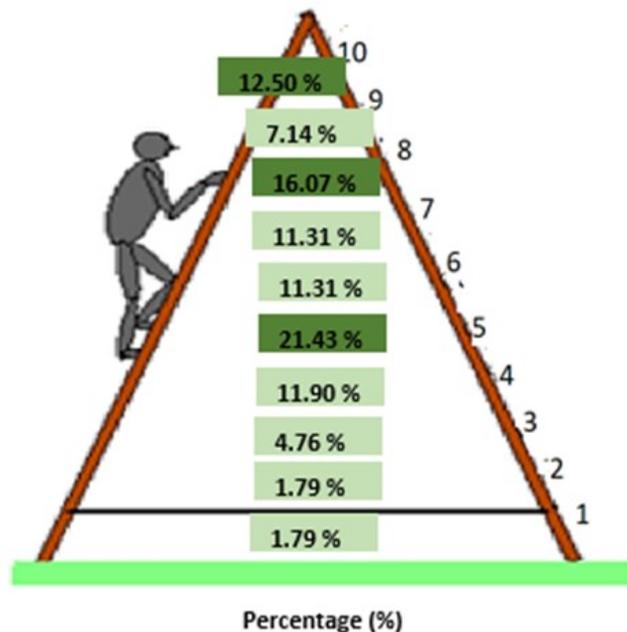
Findings

General Health

When asked where they would be on the ladder in 5 years, respondents were mixed, with over 51% projecting themselves at level 8 and above (compared to 50%). However, those 7 and higher dropped to 64% from 71%.



For the question related to the respondent's view of their current financial situation, although over a third rated themselves at 8 and above, the picture was not as positive, with more than 41% at 5 or below.



III. ASSESSMENTS - MAPP PHASE 3 CTSA CASPER SURVEY

CASPER Survey - Community Wide Survey

Findings

General Health

44% of respondents said they were in very good or excellent physical health.

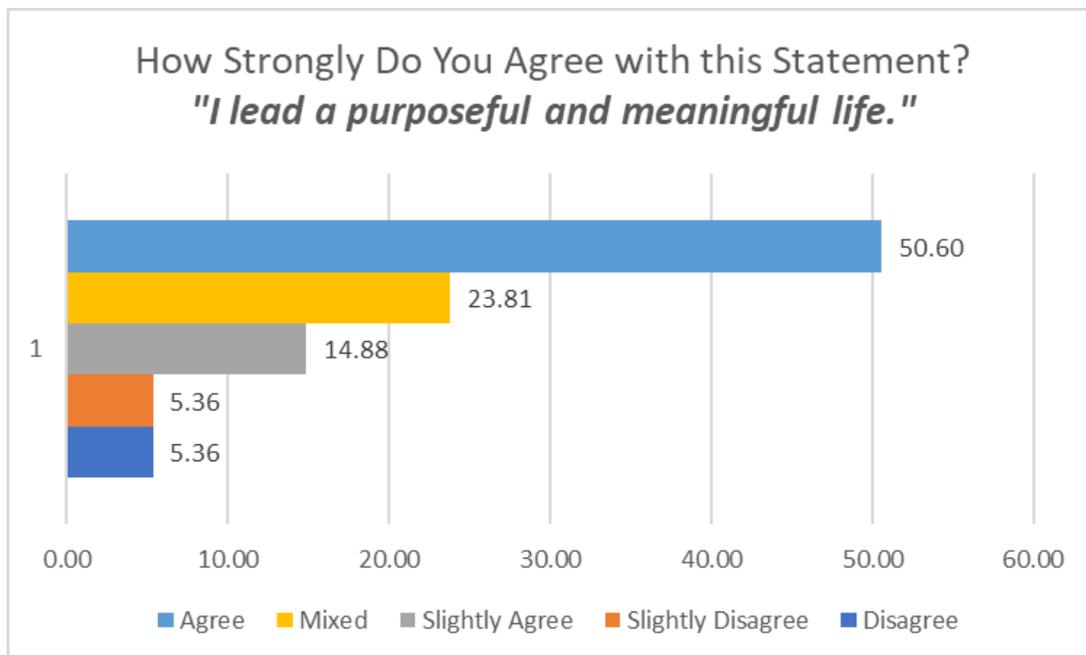
Poor	5	2.98
Fair	43	25.60
Good	46	27.38
Very Good	52	30.95
Excellent	22	13.10

57% reported their mental health (mood and ability to think) was very good or excellent.

Poor	3	1.79
Fair	30	17.86
Good	40	23.81
Very Good	54	32.14
Excellent	41	24.40

More than 60% feel they usually or always get the social and emotional support needed.

Never	4	2.38
Rarely	28	16.67
Sometimes	35	20.83
Usually	61	36.31
Always	40	23.81



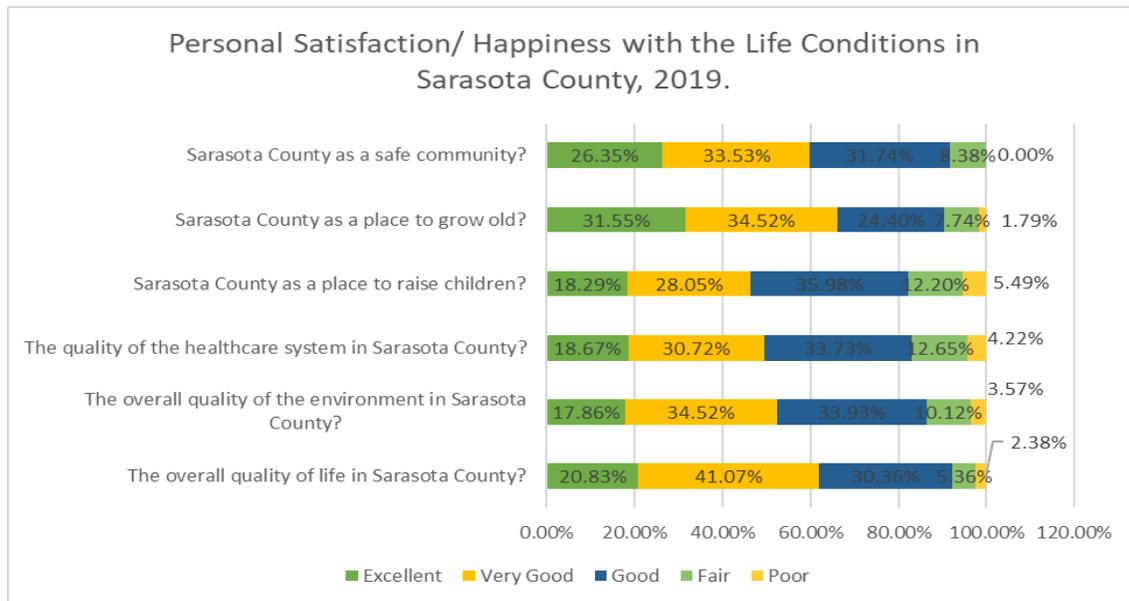
III. ASSESSMENTS - MAPP PHASE 3 CTSA CASPER SURVEY

CASPER Survey - Community Wide Survey

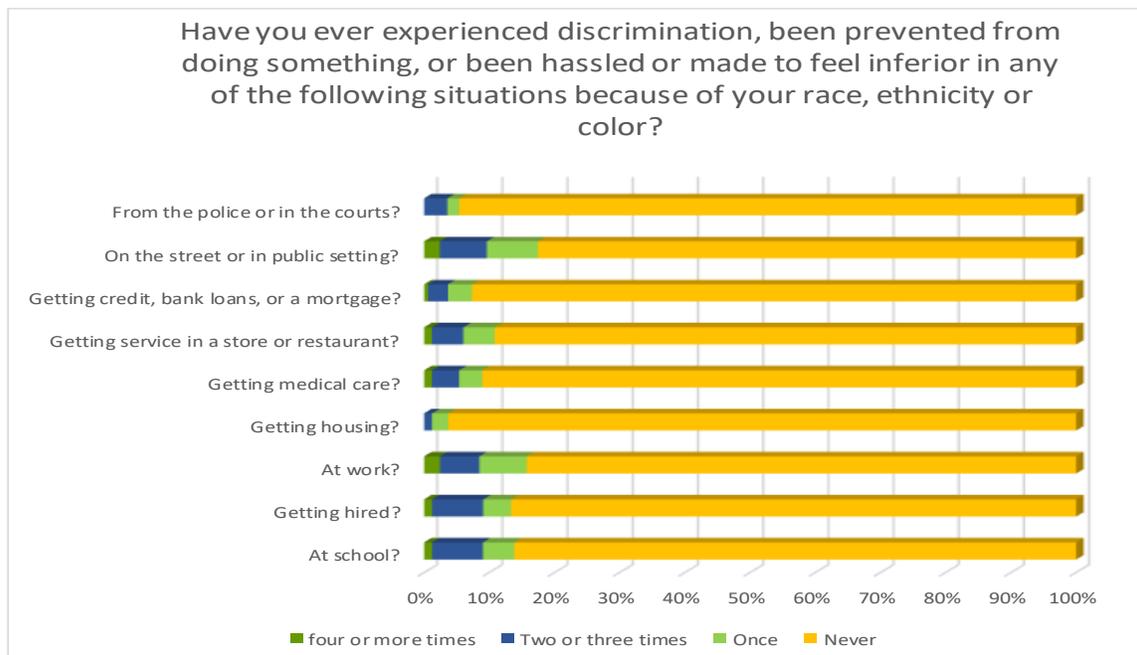
Findings

Quality of Life

92% of Casper respondents rated the overall quality of life in Sarasota County as Good, Very Good, or Excellent. Two-thirds rated Sarasota County as a Very Good or Excellent place to grow old, the highest percentage across questions for those two ratings.



Regarding discrimination that can impact the health of our community's residents, respondents reported the highest numbers of experiencing discrimination at work, in a public setting, at school, and getting hired.



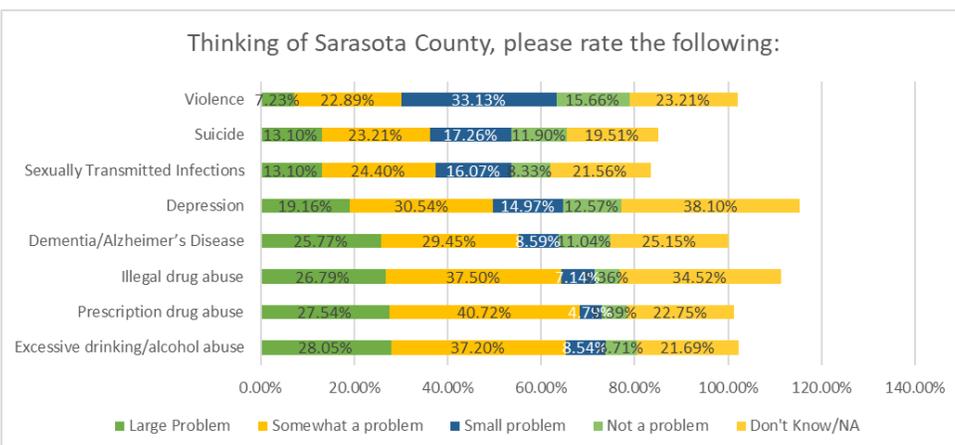
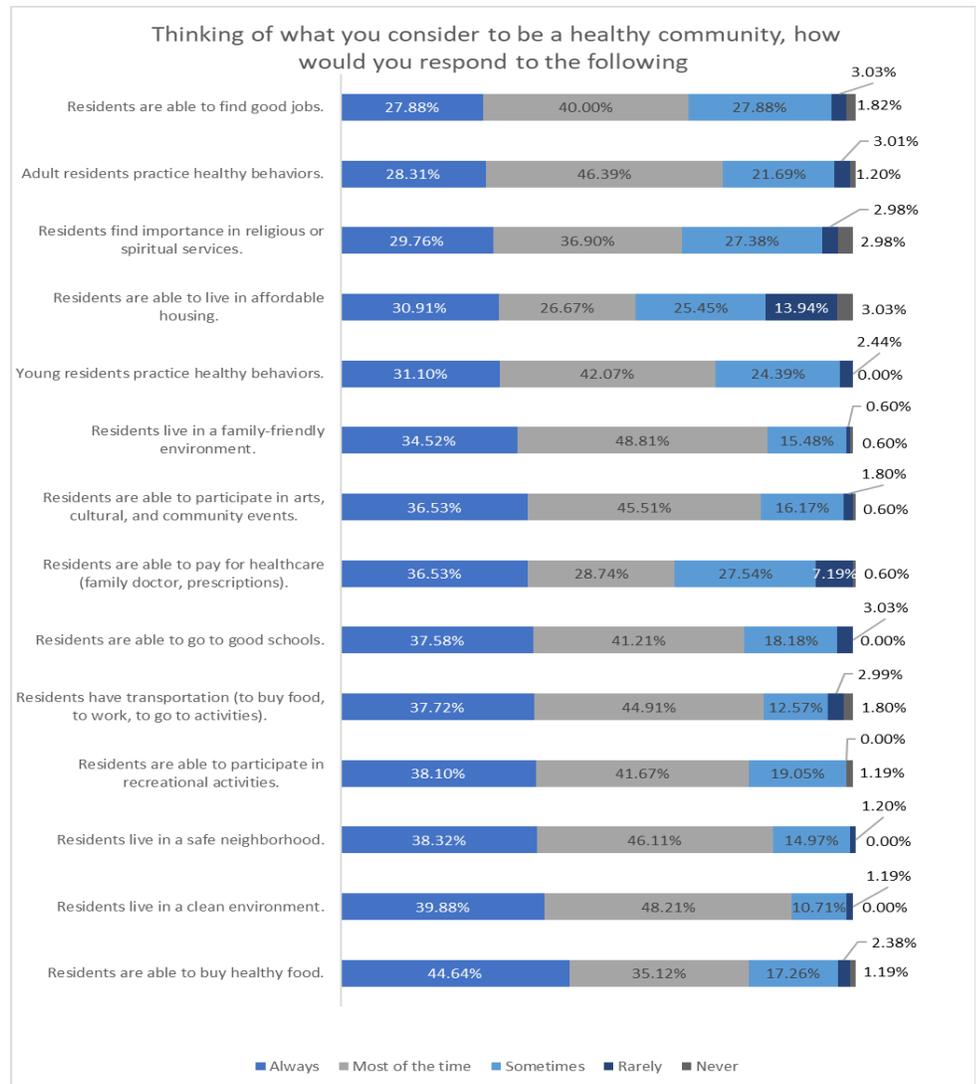
III. ASSESSMENTS - MAPP PHASE 3 CTSA CASPER SURVEY

CASPER Survey - Community Wide Survey

Findings

Quality of Life

CASPER respondents indicated a clean, family-friendly environment are very important (always or most of the time) to a healthy community.



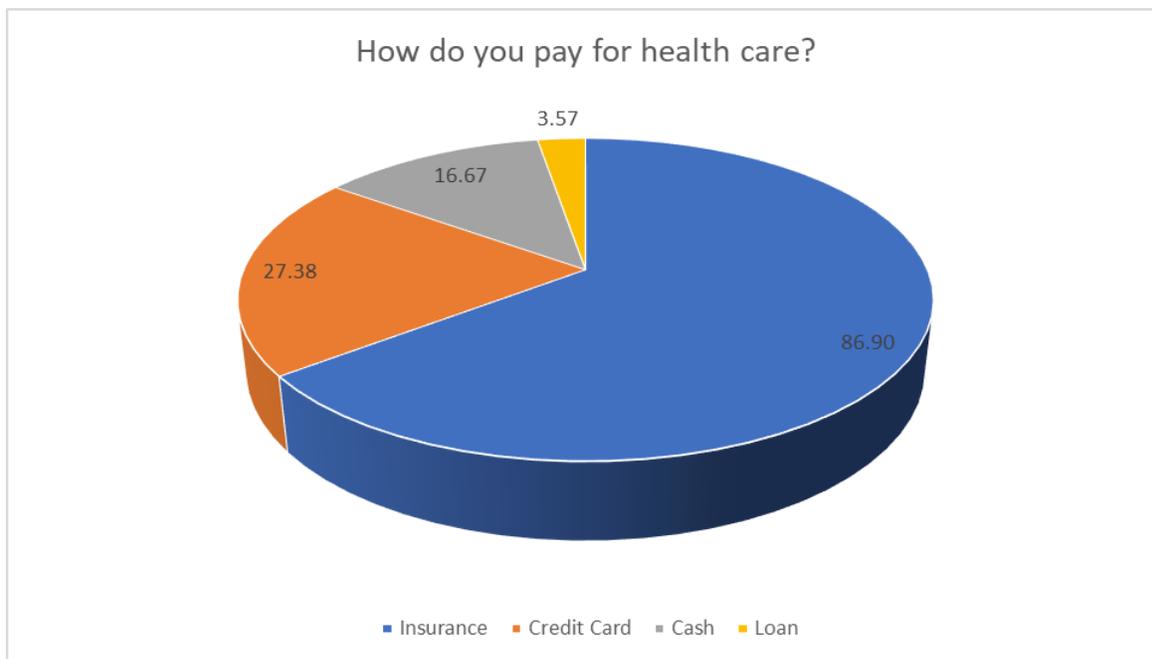
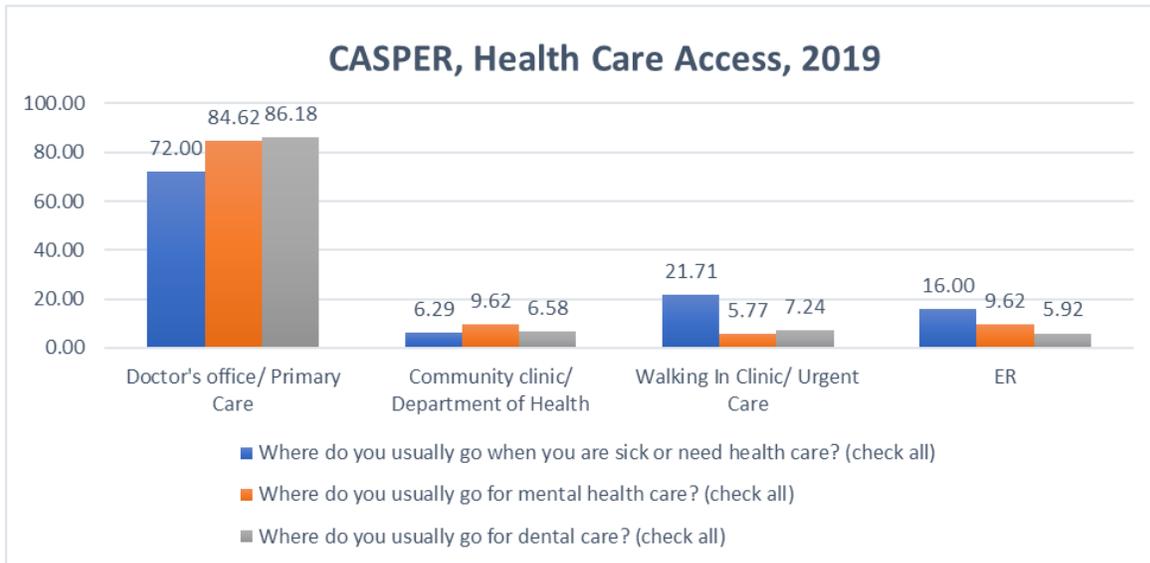
Respondent believe prescription drug abuse, illegal drug abuse, and excessive drinking and alcohol abuse are largest problems.

III. ASSESSMENTS - MAPP PHASE 3 CTSA CASPER SURVEY

CASPER Survey - Community Wide Survey

Findings

Health Care Access



CASPER respondents go to a primary care office for routine health care when they are sick, for mental health care, and dental care. However, one in five responded that they go to walk-in clinics and 16% use the emergency department. The majority have insurance; however, more than 30% are using a credit card or loan to pay for services.

III. ASSESSMENTS - MAPP PHASE 3 CTSA AGE FRIENDLY SURVEY

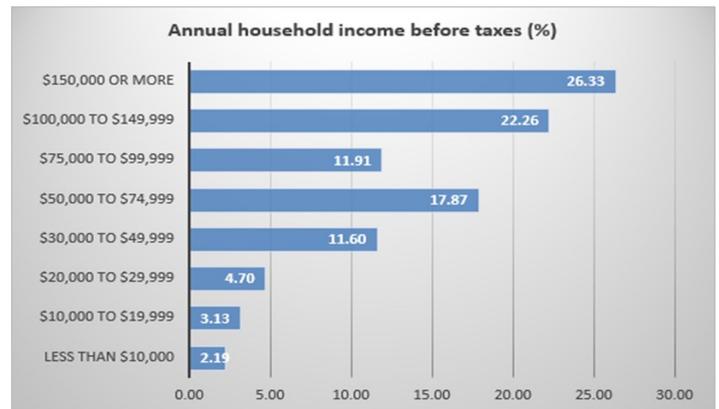
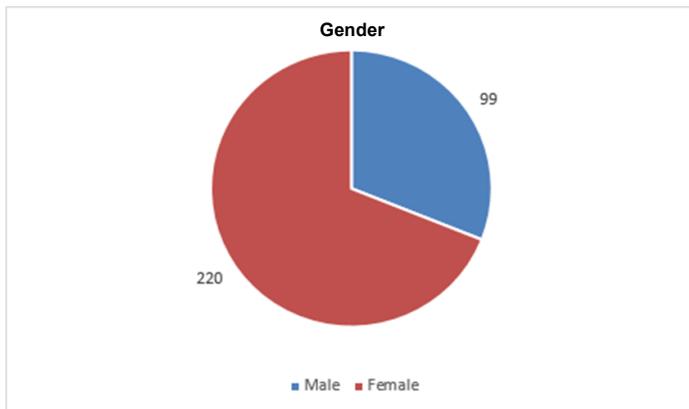
Age Friendly Survey

Methodology

In partnership with The Patterson Foundation and the National Council on Aging (NCOA), a survey was designed using AARP and NCOA questions. Four hundred thirty-seven responses were collected in English and Spanish. Three hundred nineteen were completed by those more than 50 years old. The Patterson Foundation shared the electronic survey with Age Friendly Advocates and surveyed residents at various community locations, including libraries. The survey tool is found in Appendix B.

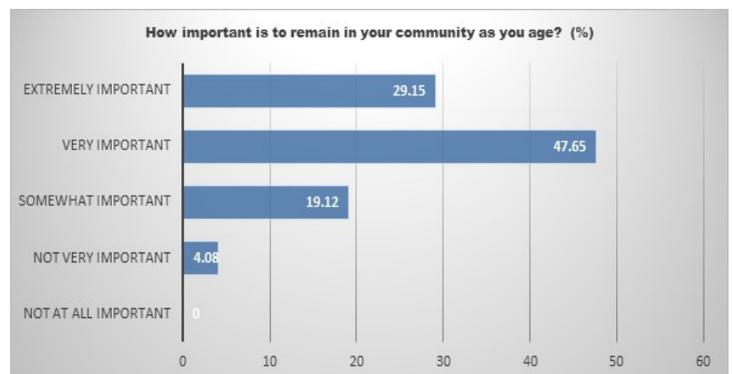
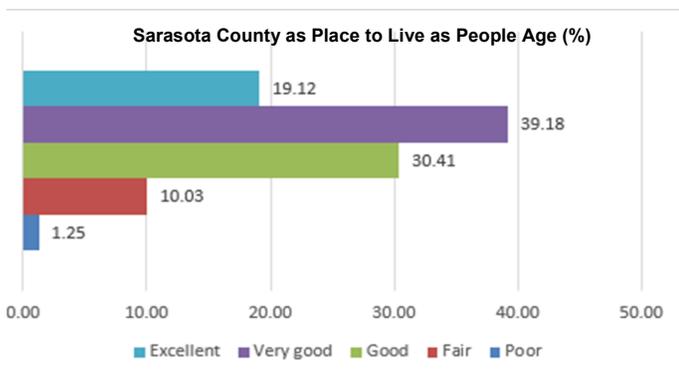
Findings

Of the total 319 respondents to the Age Friendly Survey over the age of 50, 69% were female and 31% were male. About 66% were married, 17% were divorced, 8% widowed, 4.5% were never married, and 4.5% were living with someone but not married. 97% were White and 3% other races. 5% were Hispanic.



As the charts show below, 88.7% rated their community in Sarasota County as Good, Very Good, or Excellent as a “Place to Live as they Age”. One in five respondents responded that it is an Excellent place to live.

Three out of four respondents rated “Remaining in their Community as they Age” as Very Important or Extremely Important.

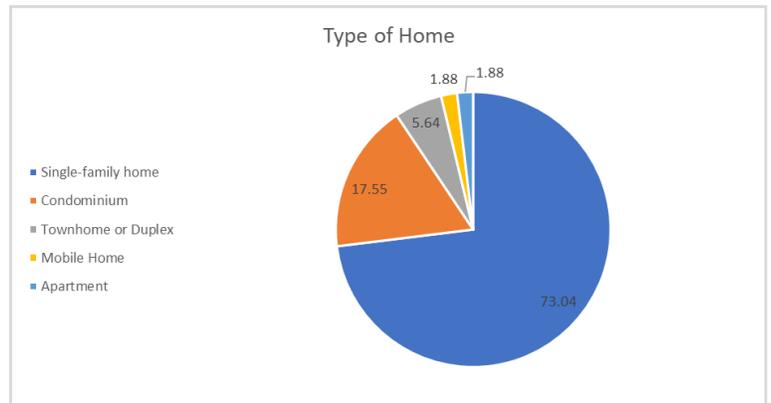


III. ASSESSMENTS - MAPP PHASE 3 CTSA AGE FRIENDLY SURVEY

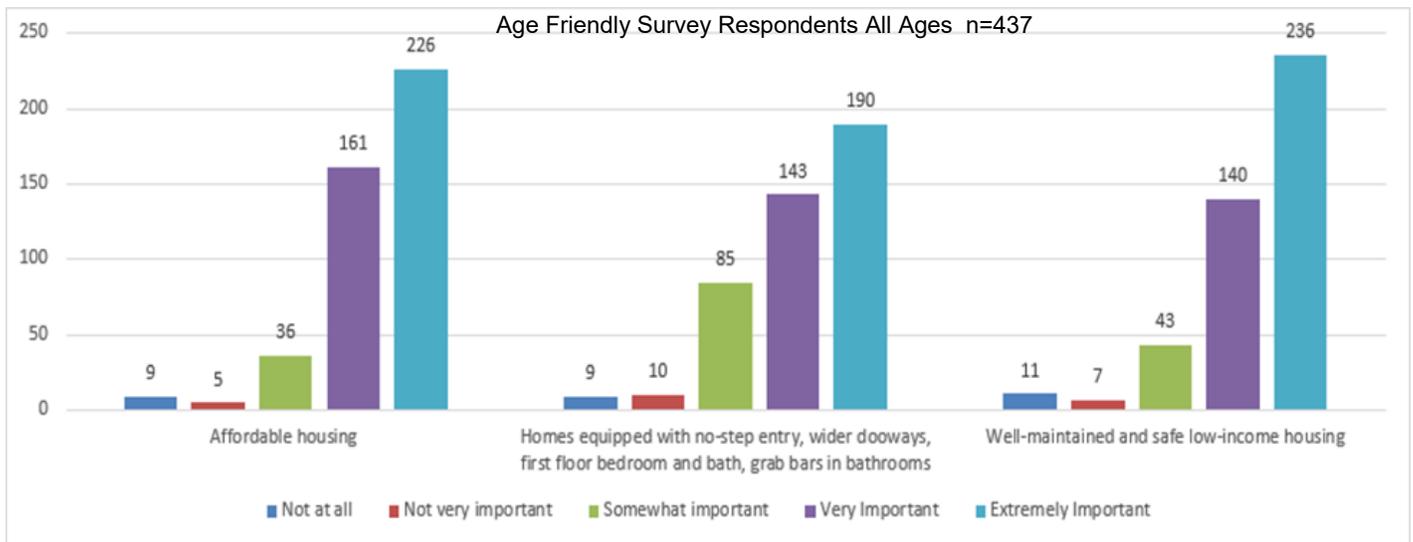
Age Friendly Survey

Findings

90.60% of respondents owned their home, 8.15% rent, and 1.25% reported living with friends or relatives, with about three-fourths living in single-family (detached) homes. In comparison 73.8% own and 26.2% rent in the County population in total.



Of the total Age Friendly survey respondents of all ages (n=437), 52% thought affordable housing was extremely important, 43% thought homes with safety features was extremely important, and 54% thought low-income housing were extremely important.



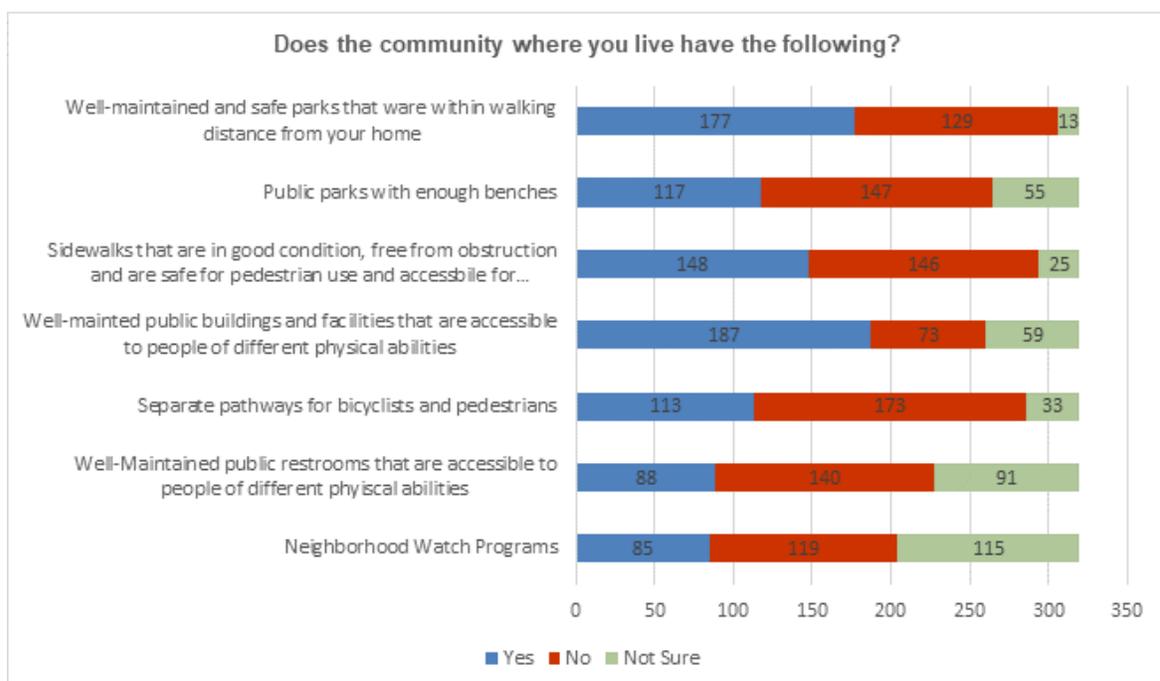
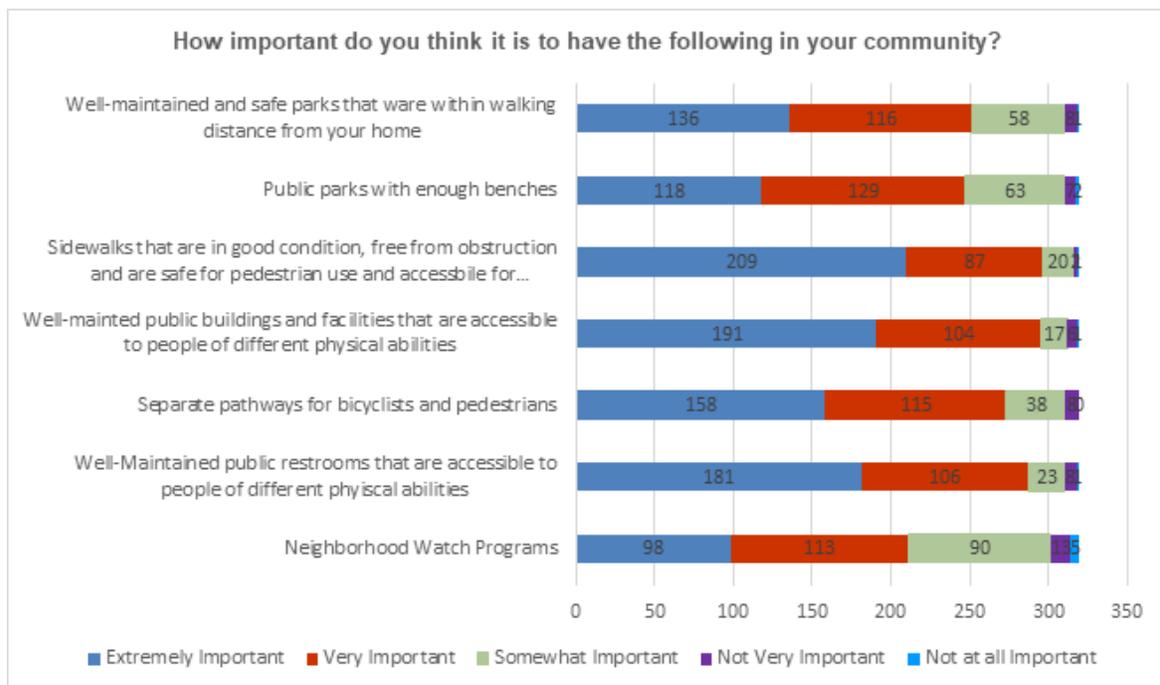
When asked if Sarasota County has affordable housing, homes with safety features, and low-income housing (not pictured), about one quarter (27%) said yes to all. Almost 46% of respondents said there are not affordable housing options for adults of varying income levels such as older active adult communities, assisted living, and communities with shared facilities and outdoor spaces. And the rest were unsure if this was available.

III. ASSESSMENTS - MAPP PHASE 3 CTSA AGE FRIENDLY SURVEY

Age Friendly Survey

Findings

Respondents identified gaps in features that are important to have in the community compared with what exists. For example, well-maintained public restrooms that are accessible to people for different physical abilities was extremely important or very important to about 90% of respondents; however, only 28% thought those were readily available in Sarasota County. Similarly, separate pathways for bicyclists and pedestrians was extremely important or very important to about 86% of respondents; however, only 35% thought they exist in Sarasota County.

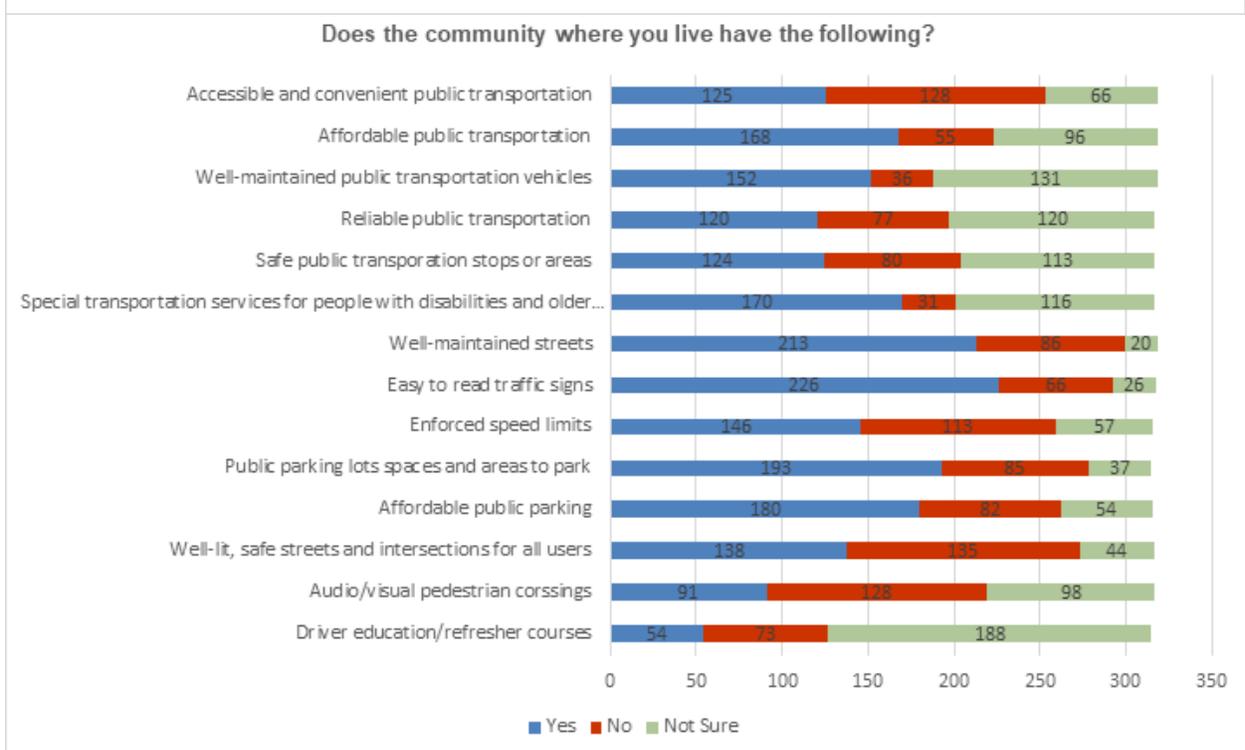
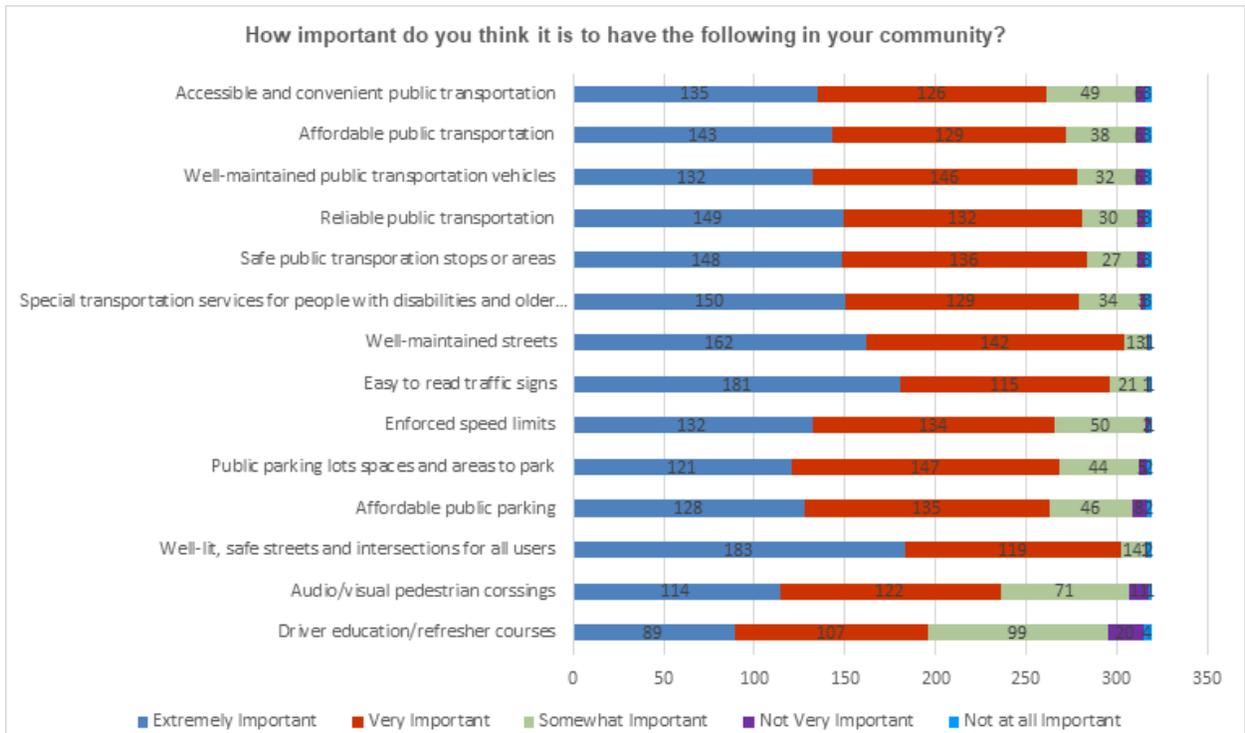


III. ASSESSMENTS - MAPP PHASE 3 CTSA AGE FRIENDLY SURVEY

Age Friendly Survey

Findings

When asked about other community features and amenities, further disparities can be found. For example, well-lit, safe streets and intersections for all users (pedestrians, bicyclists and drivers) are extremely important or very important to about 92% of respondents. Sixty-one percent reported they exist in Sarasota County.

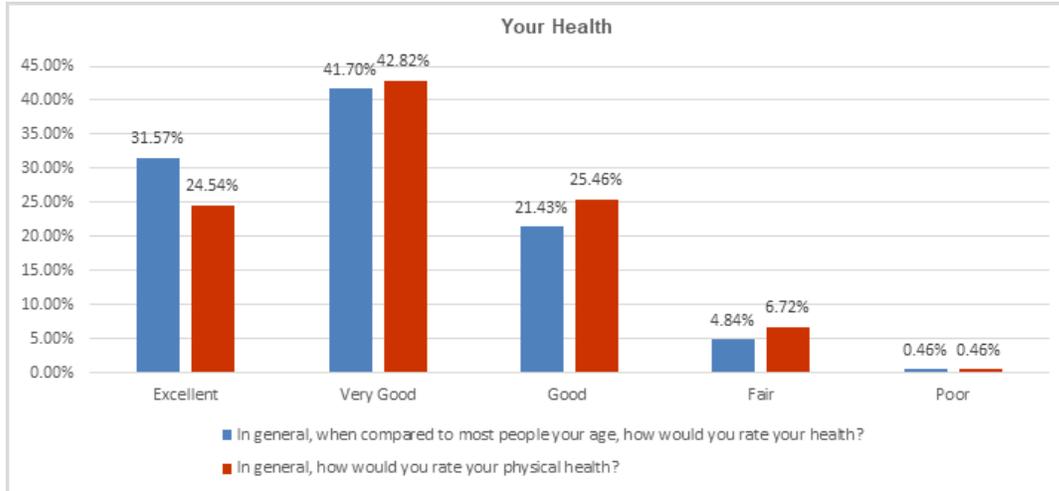


III. ASSESSMENTS - MAPP PHASE 3 CTSA AGE FRIENDLY SURVEY

Age Friendly Survey

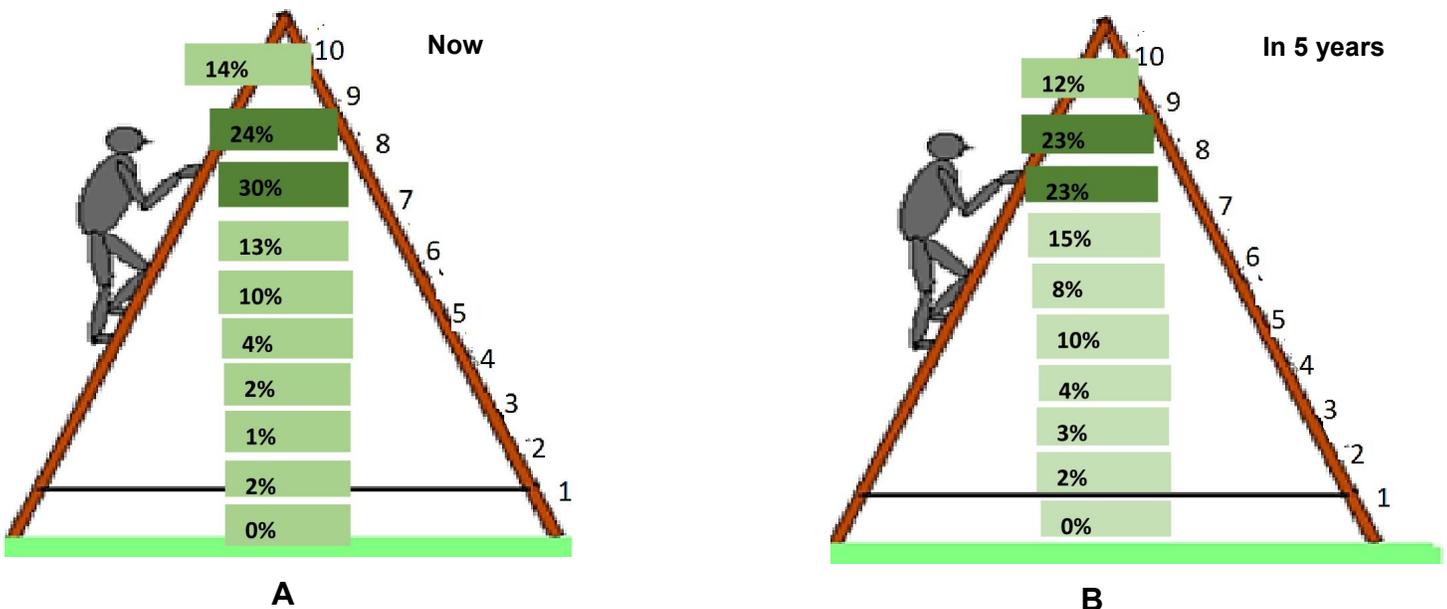
Findings

Incorporating National Council on Aging questions, the following responses were gathered.



Over 92% rated their health “Good” or better, with one in four people rating their health as “Excellent”. Only 5% consider their health to be fair or poor compared to others. Nearly three-fourths feel that their health is “Very Good” or “Excellent” compared to others their age.

When asked to assess their position on a ladder related to 10 being their BEST life and 0 their WORST (Graphic A), 68% of the Age Friendly survey respondents saw themselves at 8 and higher, and 81% at 7 or higher, in comparison to the 50% and 71% respectively in the CASPER (community at large) survey in the previous section. For the Age Friendly survey respondents, there was a decrease at the 5 year point. (B), but still 58% saw themselves at 8 and above (compared to 51% for CASPER). When asked about how the Age Friendly survey takers felt about their financial situation (not pictured) less than 19% rated themselves 5 or lower on the ladder, compared to 41% of the CASPER respondents.

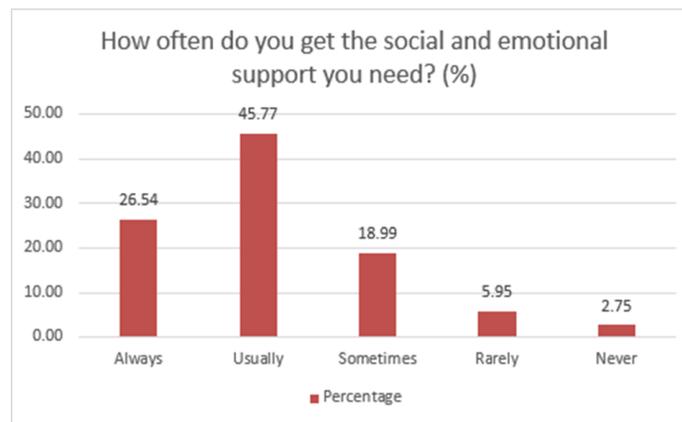
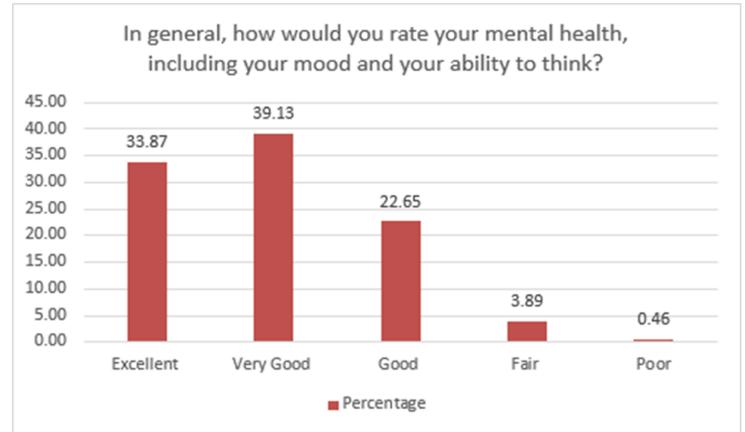
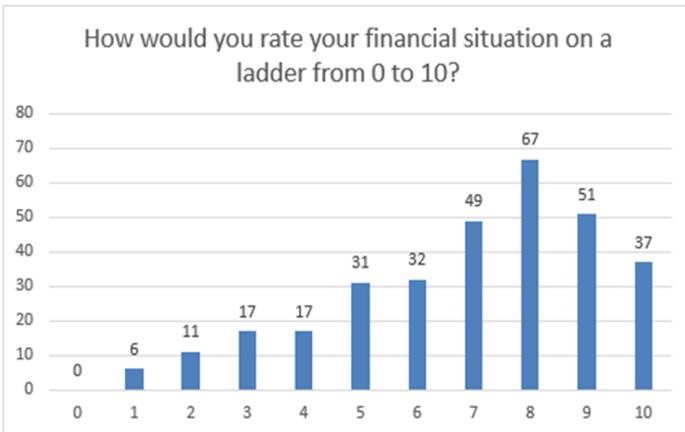


III. ASSESSMENTS - MAPP PHASE 3 CTSA AGE FRIENDLY SURVEY

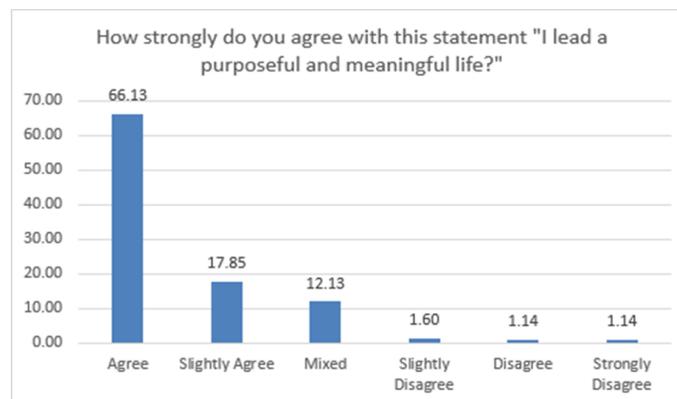
Age Friendly Survey

Findings

Overall, the Age Friendly respondents are positive about their life and situation with good physical, mental, and financial health as well as support. Even with over 72% of respondents indicating that they usually or always get the social and emotional support needed, over 27% report not having their social and emotional needs met (“never” to “sometimes”).



Almost 84% of respondents report leading a purposeful and meaningful life. Purposeful living has been linked to other aspects of well-being such as lower blood reassure, better sleep and overall healthier behaviors.



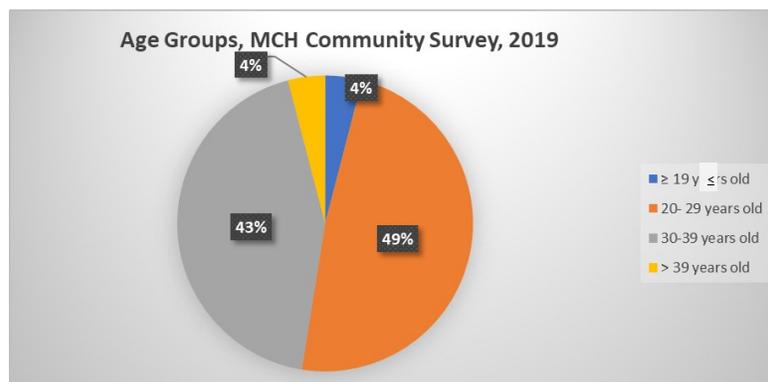
III. ASSESSMENTS - MAPP PHASE 3 CTSA MATERNAL CHILD HEALTH SURVEY

Maternal Child Health Survey

Methodology

In partnership with the Healthy Start Coalition of Sarasota County, 100 surveys were completed in April and May 2019 during the Community Baby Showers organized by the Healthy Start Coalition and its partners. The Maternal and Child Health (MCH) Survey was part of the Florida Healthy Babies 2018 - 2019 program.

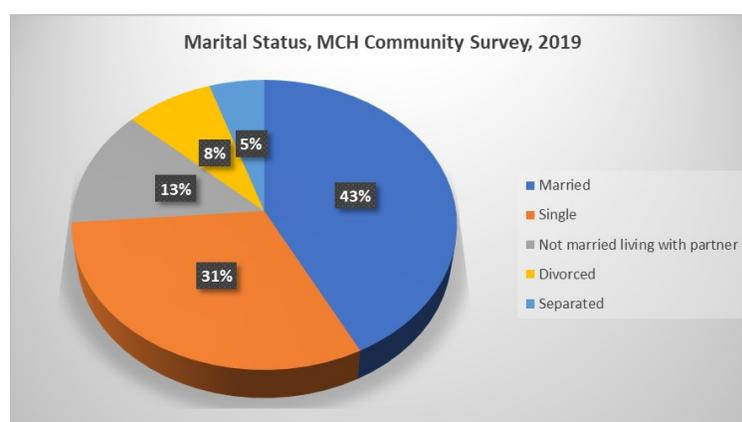
The questions included were from the Pregnancy Risk Assessment Monitoring System (PRAM), such as demographic information, risk factors, experiences and behaviors during and shortly after pregnancy.



MCH survey data shows that women of age ≤ 19 years old, and those older than 39 years old, represent the smaller group, each with about 4% of the total. The group with women aged between 20-29 years old (48.2%), is followed by those aged between 30-39 years old (44%), and demonstrates the same age distribution of the 2019 MCH Community Survey. The survey tool is found in Appendix C.

Findings

Being a single woman has been associated with low economic status, impaired family functioning, and limited social support. These factors potentially contribute to poor pregnancy and infant health¹. However, it is critical to consider the social changes across the years due to the challenging context and meaning of marriage. 44% of the women interviewed reported being single, divorced, or separated, in alignment with State data.

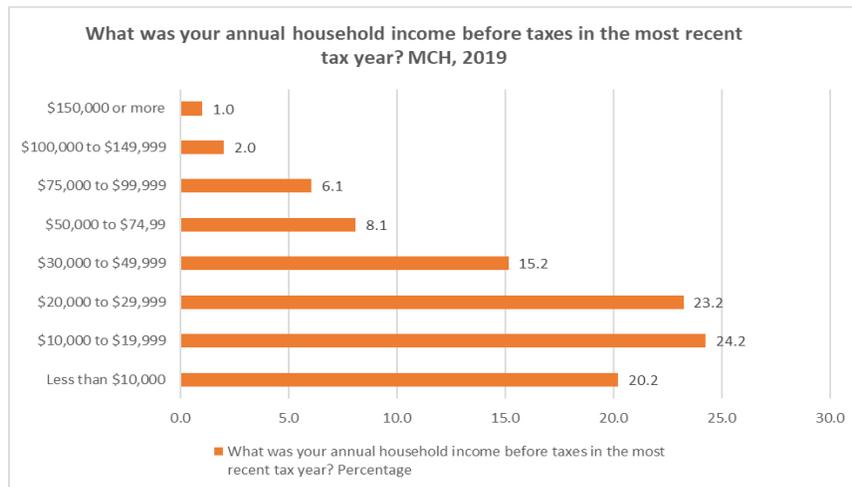
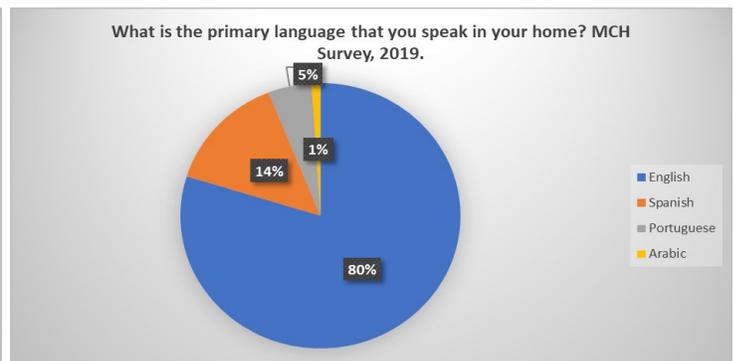
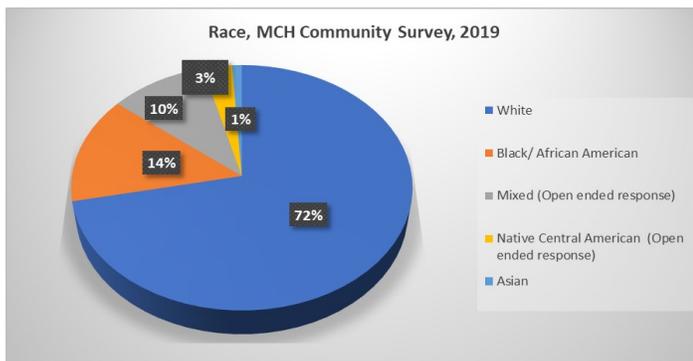


III. ASSESSMENTS - MAPP PHASE 3 CTSA MATERNAL CHILD HEALTH SURVEY

Maternal Child Health Survey

Findings

Among the women interviewed for the 2019 MCH Community Survey 35%, reported being Hispanic or Latino origin or descendent, which demonstrates a higher concentration of this ethnic group compared with the data provided by Florida CHARTS, which reports 13% of the total deliveries for Sarasota County were to Hispanic or Latino mothers. The difference can be explained as the survey was conducted during an event hosted by the Healthy Start Coalition and its partners, which have a large clientele of Hispanic/ Latino, and Black families, which are at higher risk of poor health outcomes.



According to Healthy People 2020, a range of factors have been linked to maternal, infant, and child health outcomes. These include race, ethnicity and socioeconomic factors, such as income level, educational attainment, medical insurance coverage, access to medical care, pregnancy health, and general health status. Household income is one of the most relevant factors in determining access to prenatal care either through Medicaid or other health insurance. For some mothers and families, being 185% above the Federal Poverty Level (FPL) can be decisive on having access to prenatal care². Therefore, those who are not eligible for Medicaid and with limited income to afford private health insurance, have a higher risk of poor maternal and child health outcomes.

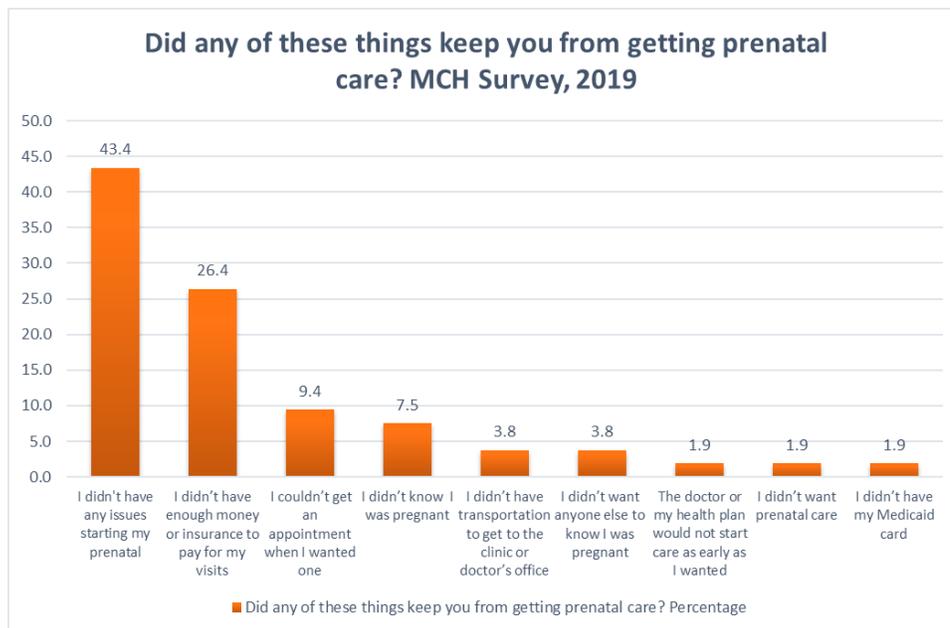
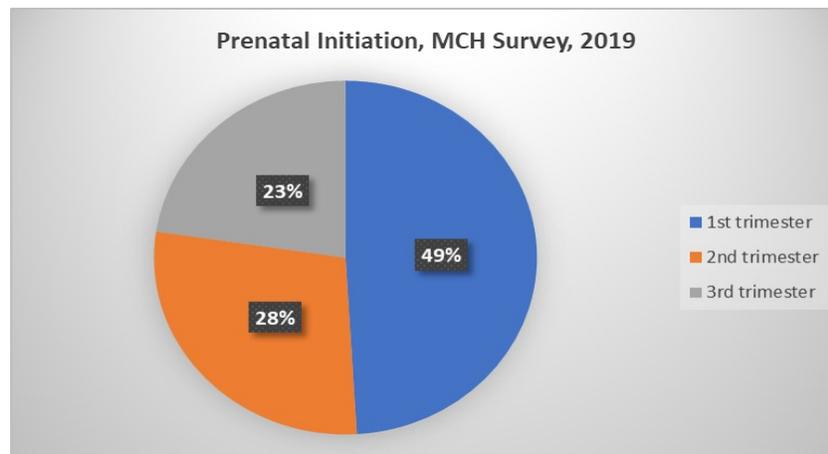
Almost 70% of women surveyed have an annual household income of less than \$30,000. Among Black women surveyed, 85% have an annual household income of less than \$30,000.

III. ASSESSMENTS - MAPP PHASE 3 CTSA MATERNAL CHILD HEALTH SURVEY

Maternal Child Health Survey

Findings

Early prenatal care (PNC) allows health care providers to identify potential problems as early as possible so they can be prevented or treated before they become serious. The Healthy People 2020 target for early access to PNC is 77.6% with emphasis in services for teens, women with less than a high school education, and Black and Hispanic women. In total, Sarasota County had 77% of births to mothers starting PNC in the first trimester. For the MCH survey respondents, only 49% had PNC in the first trimester.



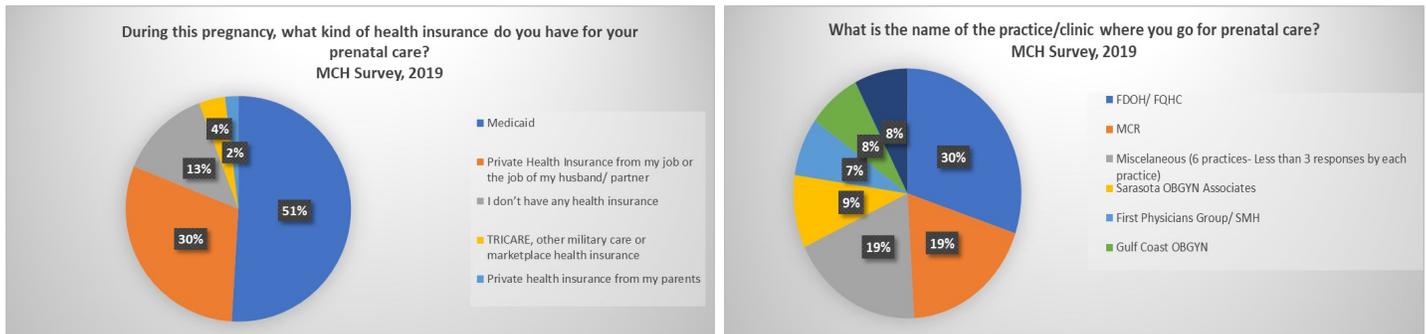
About 26% of respondents reported that lack of financial resources or health insurance was the biggest challenge for those who had issues starting PNC. In total, 57% said there was a barrier to PNC. For the MCH survey respondents, 10.9% had babies with low birth weight, compared to 7.3% in total Sarasota County and 8.7% for the state in a 3-year birth comparison.

III. ASSESSMENTS - MAPP PHASE 3 CTSA MATERNAL CHILD HEALTH SURVEY

Maternal Child Health Survey

Findings

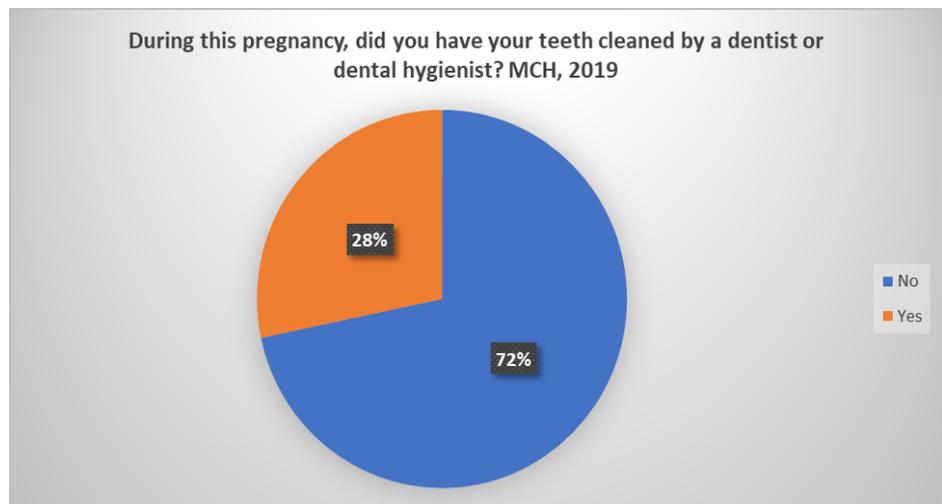
In total, 49% reported PNC services provided by a Federal Qualified Health Center. 30% were seen by CenterPlace Health, and 19% were seen by Manatee County Rural Health.



*Nationwide during the 2017–2018 influenza season, 49.1% of pregnant women received influenza vaccination before or during pregnancy, 54.4% of women with a live birth received Tdap during pregnancy, and 32.8% received both recommended vaccines. The data suggests that the offer of the flu and Tdap vaccine during PNC is still not established as routine among local PNC providers. At least 58% were not offered a flu shot or encouraged to get one. Similarly, 66% were not offered a vaccine for whooping cough.

Eliminating smoking before pregnancy is one of the most effective ways to reduce the risk of low birth weight, SIDS and other infant health problems⁴. 91% are not smoking, Juuling, or using hookah. Only 6% of MCH Survey respondents reported having less than one drink per week, and 94% reported no drinking.

Nearly 60 to 75% of pregnant women have gingivitis, an early stage of periodontal disease that occurs when the gums become red and swollen from inflammation that may be aggravated by changing hormones during pregnancy. Periodontitis has also been associated with poor pregnancy outcomes, including preterm birth and low birth weight. However, how periodontitis may lead to adverse pregnancy outcomes is not yet fully understood.⁵ 72% of MCH survey respondents did not have a dental cleaning during their pregnancy.



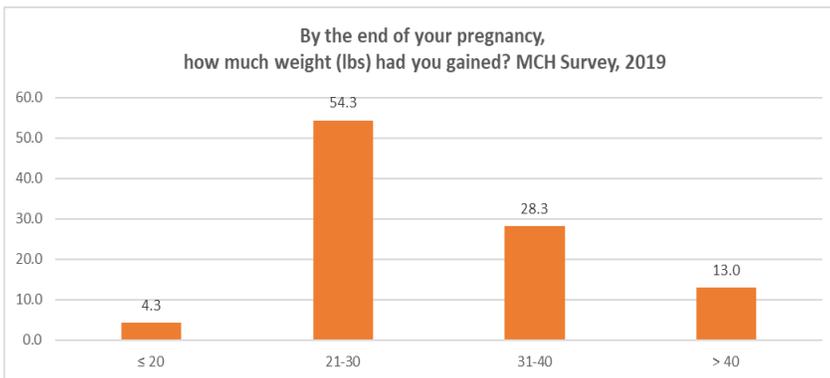
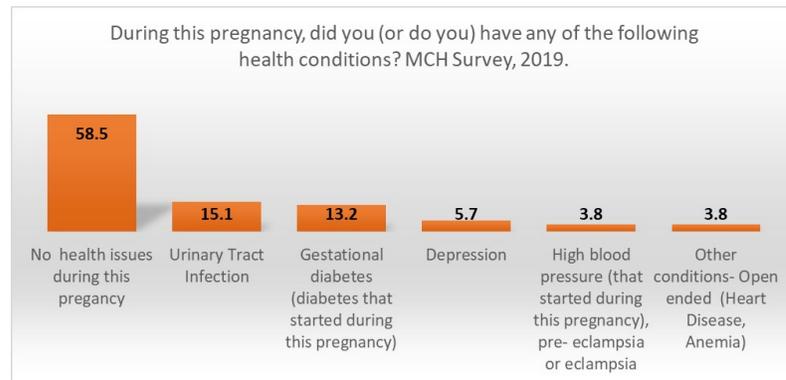
*According to the Center for Diseases Control (CDC)³ vaccinating pregnant women with influenza and tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis (Tdap) vaccines can reduce the risk for severe complications from influenza and pertussis for themselves and their infants.

III. ASSESSMENTS - MAPP PHASE 3 CTSA MATERNAL CHILD HEALTH SURVEY

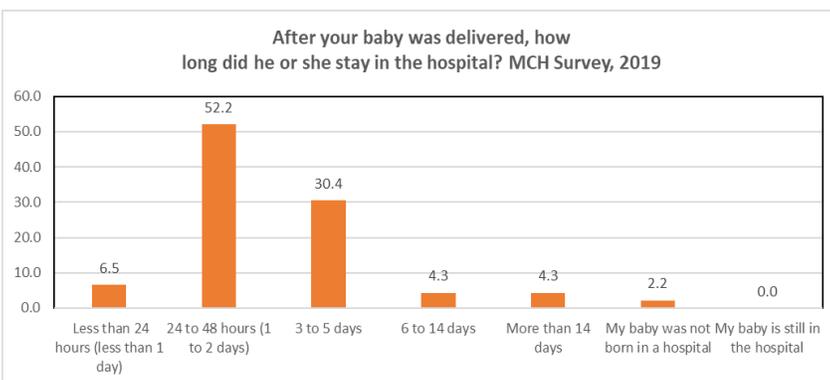
Maternal Child Health Survey

Findings

Of the 53 women who were pregnant at the time of the survey, most had no health issues. About 6% of women reported being depressed, 15% reported having a UTI, and about 13% reported having gestational diabetes. The numbers below are in line with national estimates for most condition, i.e., pre-eclampsia - 1 in 25 or 4%.



The average healthy weight gain for women during pregnancy is between 25 and 35 pounds. 83% of MCH survey respondents gained between 21 and 40.



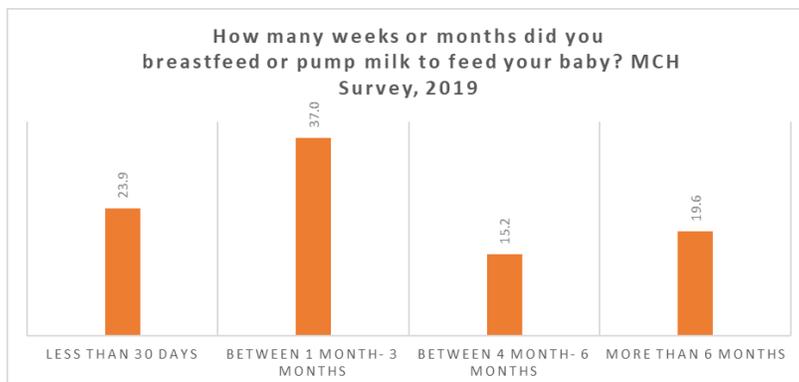
The American College of Obstetrics and Gynecology suggests that the average postpartum hospital stay for a normal delivery is 48 hours. Caesarean births can extend that to 96 hours. 59% of MCH survey respondents stayed no longer than 48 hours.

III. ASSESSMENTS - MAPP PHASE 3 CTSA MATERNAL CHILD HEALTH SURVEY

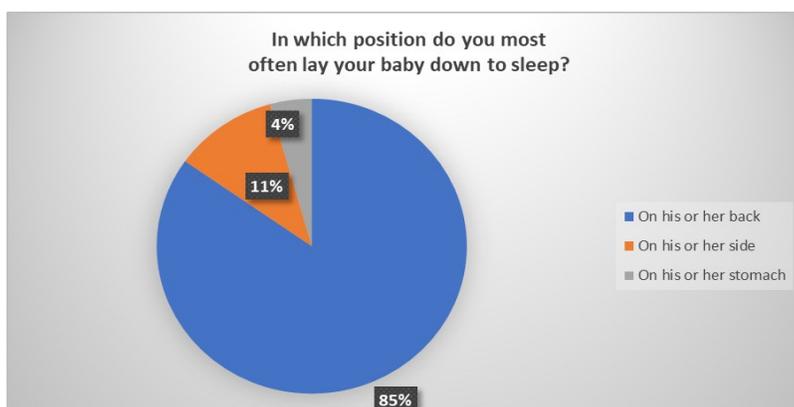
Maternal Child Health Survey

Findings

Nearly 20% of MCH survey respondents breastfed more than 6 months. The results of two controlled trials and 21 other studies suggest that exclusive breastfeeding (no solids or liquids besides human milk, other than vitamins and medications) for six months has several advantages over exclusive breastfeeding for three to four months followed by mixed breastfeeding⁶.



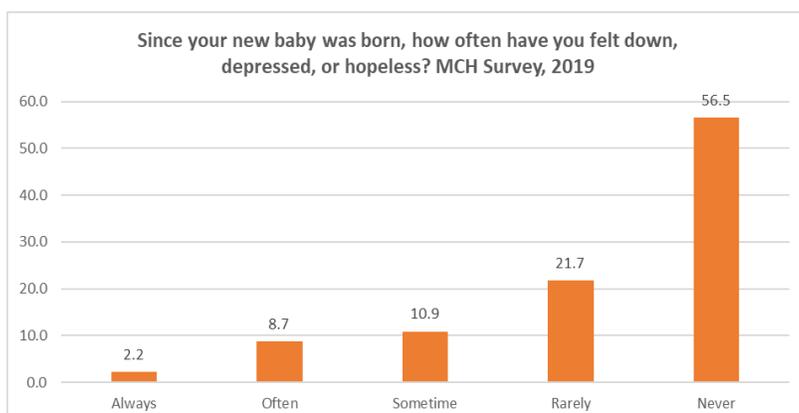
Despite all the measures to educate families on how to prevent Sudden Infant Death Syndrome (SIDS) and other sleep-related causes of infant death, data shows that around 15% of the MCH survey respondents do not place babies on his or her back to sleep. According to the American Academy of Pediatrics (AAP), this is a risk factor for SIDS and other sleep-related causes of infant death⁷.



Florida’s Pregnancy-Associated Mortality Review committee recommends the importance of women achieving optimal health and control of chronic diseases prior to pregnancy⁸. However, data shows that 27% of the women surveyed were not using any kind of birth control method after a recent pregnancy, which represents a risk to the women’s health, and may result in a poor birth outcome. Pregnancies that start less than 18 months after birth are associated with delayed prenatal care and adverse birth outcomes, including preterm birth, neonatal morbidity, and low birthweight.

A positive trend is that 91% reported that they completed their postpartum checkup.

The US Preventive Services Task Force (USPSTF)⁹ issued a recommendation on interventions to prevent perinatal depression. According to USPSTF, perinatal depression affects as many as one in seven women and is one of the most common complications of pregnancy and the postpartum period. Nearly 22% over MCH survey respondents felt some level of depression following birth.



III. ASSESSMENTS - MAPP PHASE 3 CTSA MATERNAL CHILD HEALTH SURVEY

Maternal Child Health Survey

Findings

In June 2019, DOH-Sarasota held a meeting to present the findings of the Maternal and Child Health Survey Report to a group of local experts involved in maternal and child health services, looking for contribution and recommendations to address the issues identified in the report. The recommendations proposed were based on the 10 Essential Public Health Services, focusing on collaboration among public, and private organizations to pursue multifaceted approaches through tangible public health actions. They include:

- Educate health care providers to take an active role in educating, offering, and administering recommended vaccines to pregnant women.
- Support actions to improve perinatal education programs.
- Educate and inform professionals on Maternal and Child Health data as a source for health care practices targeting higher risk populations, to reduce health disparities.
- Inform and educate professionals to deliver a culturally sensitive health care.
- Support and advocate to increase access to Medicaid for mothers and babies.
- Support and advocate to expand the dental program to include teeth cleaning services for pregnant women.
- Collaborate with partners to develop a community-based program to support mothers and babies after hospital discharge.

III. ASSESSMENTS - MAPP PHASE 3 HEALTH STATUS ASSESSMENT

Health Status Assessment

Existing data was used from the Florida Department of Health's Community Health Assessment Resource Tool Set (CHARTS) - flhealthcharts.com and some select other sources to provide an overview of various components of health. The County Health Status Summary Profile for 2018 will be followed by data examined through individual sections as outlined:

- A. Demographics
- B. Socioeconomic Characteristics
- C. Health Resource Availability
- D. Quality of Life
- E. Behavioral Risk Factors
- F. Environmental Health Indicators
- G. Social and Mental Health
- H. Maternal and Child Health
- I. Infectious Disease
- J. Death, Illness, and Injury

III. ASSESSMENTS - MAPP PHASE 3 HEALTH STATUS ASSESSMENT

Health Status Assessment

Florida CHARTS County Health Status Summary Profile

The following pages include the overall summary of Sarasota County's Health Status on numerous tracked data points. Sections A-J that follow the summary on page 61 will explore some of the areas in more depth.



Department of Health State of Florida
Bureau of Community Health Assessment
Division of Public Health Statistics and Performance Management

County Health Status Summary Profile - 2018

County Health Status Summary Report: Sarasota vs. Florida							
Indicator	Year(s)	Measure	County Quartile ^A 1=most favorable 4=least favorable	County	State	County Trend ^B (Statistically Significant)	U.S. Healthy People 2020 Goal
Socio-Demographics							
Total county population	2018	Count		415,896	20,957,705		
Population under 18 Years Old	2018	Count		59,789	4,193,969		
Population 18-64 Years Old	2018	Count		205,972	12,566,405		
Population 65+ Years Old	2018	Count		150,135	4,197,331		
Population - White	2018	Count		381,015	16,219,736		
Population - Black	2018	Count		19,830	3,549,464		
Population - Other	2018	Count		15,051	1,188,505		
Population - Hispanic	2018	Count		37,988	5,393,117		
Population - Non-Hispanic	2018	Count		377,908	15,564,588		
Median income (in dollars)	2014-18	Dollars	1	\$58,644	\$53,267		
Population below 100% poverty	2014-18	Percent	1	9.7%	14.8%		
Percentage of civilian labor force which is unemployed	2014-18	Percent	1	4.7%	6.3%		
Population 5+ that speak English less than very well	2014-18	Percent	3	5.4%	11.9%		
Population over 25 without high school diploma or equivalency	2014-18	Percent	1	7.2%	12%		
Physical Activity							
Adults who are sedentary	2016	Percent	1	22.4%	29.8%		32.6%
Adults who are inactive or insufficiently active	2016	Percent	1	48.6%	56.7%		
Adults who meet aerobic recommendations	2016	Percent	1	52.6%	44.8%		
Adults who meet muscle strengthening recommendations	2016	Percent	1	43.9%	38.2%		
Overweight and Obesity							
Adults who are overweight	2016	Percent	4	37.9%	35.8%		
Adults who are obese	2016	Percent	1	20.6%	27.4%		30.6%
Adults who have a healthy weight	2016	Percent	1	38.6%	34.5%		
Tobacco Use and Exposure							
Adults who are current smokers	2016	Percent	1	13.9%	15.5%		
Adult current smokers who tried to quit smoking at least once in the past year	2016	Percent	4	48.8%	62.1%		

III. ASSESSMENTS - MAPP PHASE 3 HEALTH STATUS ASSESSMENT

Health Status Assessment

Florida CHARTS County Health Status Summary Profile

Indicator	Year(s)	Measure	County Quartile ^A	County	State	County Trend ^B (Statistically Significant)	U.S. Healthy People 2020 Goal
			1=most favorable 4=least favorable				
Adults who are former smokers (currently quit smoking)	2016	Percent	1	37.5%	26.5%		
Adults who have never smoked	2016	Percent	3	48.7%	58%		
Adults who are current e-cigarette users	2016	Percent	2	3.6%	4.7%		
Adults who are former e-cigarette users	2016	Percent	2	13.3%	15.5%		
Adults who have never used e-cigarettes	2016	Percent	2	83%	79.8%		
Health Status and Access to Care							
Adults with health insurance coverage	2014-18	Percent	1	88.6%	86.5%		
Adults who have a personal doctor	2016	Percent	2	79.4%	72%		
Adults who could not see a doctor at least once in the past year due to cost	2016	Percent	1	9.6%	16.6%		
Adults who had a medical checkup in the past year	2016	Percent	2	79.9%	76.5%		
Total Licensed Florida Family Practice Physicians (FP - FAMILY PRACTICE)	2015-17	Per 100,000 population	1	21.1	15.9		
Total Licensed Florida Dentists	2015-17	Per 100,000 population	1	73.2	56.2		
Total hospital beds	2016-18	Per 100,000 population	1	375.3	310.9		
County Health Department Full-Time Employees	2016-18	Per 100,000 population	2	95.8	46.1	NO TREND ↔	
Adults who received a flu shot in the past year	2016	Percent	1	45.4%	35%		
Adults who have ever received a pneumonia vaccination	2016	Percent	1	47.1%	34.6%		13.5%
Women 40 years of age and older who received a mammogram in the past year	2016	Percent	1	67.9%	60.8%		
Women 18 years of age and older who received a Pap test in the past year	2016	Percent	2	49%	48.4%		
Men 50 years of age and older who received a PSA test in the past two years	2016	Percent	1	65.3%	54.9%		
Adults ages 50 years and older who received a blood stool test in the past year	2016	Percent	1	20.8%	16%		93%
Adults 50 years of age and older who received a sigmoidoscopy or colonoscopy in the past five years	2016	Percent	1	59.1%	53.9%		
Adults less than 65 years of age who had an HIV test in the past 12 months	2016	Percent	3	13.9%	19.7%		
County Health Department Expenditures Per Person	2016-18	Per person	2	78.4	35.6		
Adults who said their overall health was "fair" or "poor"	2016	Percent	1	14.6%	19.5%		
Adults who said their overall health was "good" to "excellent"	2016	Percent	1	85.4%	80.5%		
Adults whose poor physical or mental health kept them from doing usual activities on 14 or more of the past 30 days (Among adults who have had at least one day of poor mental or physical health)	2016	Percent	2	21.5%	18.6%		

III. ASSESSMENTS - MAPP PHASE 3 HEALTH STATUS ASSESSMENT

Health Status Assessment

Florida CHARTS County Health Status Summary Profile

Indicator	Year(s)	Measure	County Quartile ^A 1=most favorable 4=least favorable	County	State	County Trend ^B (Statistically Significant)	U.S. Healthy People 2020 Goal
Average number of days where poor mental or physical health interfered with activities of daily living in the past 30 days (Among adults who have had at least one day of poor mental or physical health)	2016	Percent	3	6.8%	5.7%		
Adults with good physical health	2016	Percent	2	86.1%	87.1%		
Adults who had poor physical health on 14 or more of the past 30 days	2016	Percent	2	13.9%	12.9%		
Average number of unhealthy physical days in the past 30 days	2016	Percent	1	4.3%	4%		
Adults with good mental health	2016	Percent	1	89.5%	88.6%		
Adults who had poor mental health on 14 or more of the past 30 days	2016	Percent	1	10.5%	11.4%		
Average number of unhealthy mental days in the past 30 days	2016	Percent	2	3.4%	3.6%		
Adults who have ever been told they had a depressive disorder	2016	Percent	2	15.5%	14.2%		
Coronary Heart Disease							
Chronic Diseases							
Coronary heart disease age-adjusted death rate	2016-18	Per 100,000 population	1	65.1	93.4	NO TREND ↔	100.8
Coronary heart disease age-adjusted hospitalization rate	2016-18	Per 100,000 population	1	213.1	285.6	NO TREND ↔	
Stroke							
Stroke age-adjusted death rate	2016-18	Per 100,000 population	1	28.2	39.7	NO TREND ↔	33.8
Stroke age-adjusted hospitalization rate	2016-18	Per 100,000 population	1	180.2	230.5	NO TREND ↔	
Heart Failure							
Heart failure age-adjusted death rate	2016-18	Per 100,000 population	1	10.0	12.5	NO TREND ↔	
Congestive heart failure age-adjusted hospitalization rate	2016-18	Per 100,000 population	1	682.7	1,190.0	WORSE ↑	
Lung Cancer							
Lung cancer age-adjusted death rate	2016-18	Per 100,000 population	1	31.7	36.7	NO TREND ↔	45.5
Lung cancer age-adjusted incidence rate	2014-16	Per 100,000 population	2	59.1	57.8	WORSE ↑	
Colorectal Cancer							
Colorectal cancer age-adjusted death rate	2016-18	Per 100,000 population	1	11.6	13.5	NO TREND ↔	14.5
Colorectal cancer age-adjusted incidence rate	2014-16	Per 100,000 population	1	32.7	36.4	NO TREND ↔	
Breast Cancer							
Breast cancer age-adjusted death rate	2016-18	Per 100,000 females	1	17.0	19.0	NO TREND ↔	20.6
Breast cancer age-adjusted incidence rate	2014-16	Per 100,000 females	4	130.5	119.7	NO TREND ↔	
Prostate Cancer							
Prostate cancer age-adjusted death rate	2016-18	Per 100,000 males	1	14.4	17.1	NO TREND ↔	21.2

III. ASSESSMENTS - MAPP PHASE 3 HEALTH STATUS ASSESSMENT

Health Status Assessment

Florida CHARTS County Health Status Summary Profile

Indicator	Year(s)	Measure	County Quartile ^A	County	State	County Trend ^B (Statistically Significant)	U.S. Healthy People 2020 Goal
			1=most favorable 4=least favorable				
Prostate cancer age-adjusted incidence rate	2014-16	Per 100,000 males	3	90.5	87.2	WORSE ↑	
Cervical Cancer							
Cervical cancer age-adjusted death rate	2016-18	Per 100,000 females	2	2.5	2.7	NO TREND ↔	2.2
Cervical cancer age-adjusted incidence rate	2014-16	Per 100,000 females	2	7.7	8.9	NO TREND ↔	
Melanoma							
Melanoma age-adjusted death rate	2016-18	Per 100,000 population	2	2.1	2.2	NO TREND ↔	2.4
Melanoma age-adjusted incidence rate	2014-16	Per 100,000 population	4	36.8	24.6	NO TREND ↔	
Chronic Lower Respiratory Diseases							
Chronic lower respiratory diseases (CLRD) age-adjusted death rate	2016-18	Per 100,000 population	1	27.0	39.2	NO TREND ↔	
CLRD age-adjusted hospitalization rate	2016-18	Per 100,000 population	1	180.2	334.6	NO TREND ↔	50.1
Asthma age-adjusted hospitalization rate	2016-18	Per 100,000 population	1	478.7	745.0	BETTER ↓	
Diabetes							
Diabetes age-adjusted death rate	2016-18	Per 100,000 population	1	12.1	20.4	NO TREND ↔	65.8
Diabetes age-adjusted hospitalization rate	2016-18	Per 100,000 population	1	1,263.0	2,331.0	NO TREND ↔	
Amputation due to diabetes age-adjusted hospitalization rate	2016-18	Per 100,000 population	1	19.7	35.5	NO TREND ↔	
Reportable & Infectious Diseases							
AIDS cases	2016-18	Per 100,000 population	1	3.8	9.8	NO TREND ↔	
Campylobacteriosis	2016-18	Per 100,000 population	1	13.6	19.9	NO TREND ↔	
Chlamydia cases	2016-18	Per 100,000 population	1	271.9	485.5	WORSE ↑	
Cryptosporidiosis	2016-18	Per 100,000 population	2	2.2	2.8	NO TREND ↔	
Cyclosporiasis	2016-18	Per 100,000 population	4	0.8	0.4	WORSE ↑	
Giardiasis, acute	2016-18	Per 100,000 population	4	8.1	5.2	NO TREND ↔	
Gonorrhea cases	2016-18	Per 100,000 population	2	83.8	149.9	NO TREND ↔	
Haemophilus influenzae in people <5	2016-18	Count	2	1	115		
Hepatitis A	2016-18	Per 100,000 population	2	0.4	1.5	NO TREND ↔	
Hepatitis B, acute	2016-18	Per 100,000 population	1	1.6	3.6	NO TREND ↔	
Hepatitis B, chronic	2016-18	Count	3	171	14,662		
HIV cases	2016-18	Per 100,000 population	2	7.9	23.4	NO TREND ↔	
HIV/AIDS age-adjusted death rate	2016-18	Per 100,000 population	2	1.7	3.3	NO TREND ↔	3.7

III. ASSESSMENTS - MAPP PHASE 3 HEALTH STATUS ASSESSMENT

Health Status Assessment

Florida CHARTS County Health Status Summary Profile

Indicator	Year(s)	Measure	County Quartile ^A	County	State	County Trend ^B	U.S. Healthy People 2020 Goal
			1=most favorable 4=least favorable			(Statistically Significant)	
Infectious syphilis cases	2016-18	Per 100,000 population	4	12.1	12.4	WORSE ↑	
Legionellosis	2016-18	Per 100,000 population	4	3.8	2.0	NO TREND ↔	
Listeriosis	2016-18	Per 100,000 population	4	0.6	0.2	NO TREND ↔	
Measles (rubeola)	2016-18	Count	4	4	23		
Meningococcal disease in people <24	2016-18	Per 100,000 population	1	0.0	0.1		
Pertussis	2016-18	Per 100,000 population	4	2.2	1.6	NO TREND ↔	
Rubella	2016-18	Count	1	0	1		
Salmonellosis	2016-18	Per 100,000 population	1	24.3	31.4	NO TREND ↔	
Shiga toxin-producing Escherichia coli (STEC) infection	2016-18	Per 100,000 population	2	1.1	1.8	NO TREND ↔	
Shigellosis	2016-18	Per 100,000 population	2	2.4	5.8	NO TREND ↔	
Streptococcus pneumoniae in people <6	2016-18	Count	3	2	205		
Tetanus	2016-18	Count	1	0	8		
Tuberculosis cases	2016-18	Per 100,000 population	2	1.4	2.9	NO TREND ↔	1.0
Varicella	2016-18	Per 100,000 population	2	2.1	3.6	BETTER ↓	
Vibriosis (excluding cholera)	2016-18	Per 100,000 population	3	1.9	1.1	NO TREND ↔	
Maternal, Infant & Young Child Health							
Early prenatal care (care began 1st trimester)	2016-18	Percent	2	75.8%	77.4%	NO TREND ↔	77.9%
Low birth weight births (births < 2500 grams)	2016-18	Percent	1	7.3%	8.7%	NO TREND ↔	
Preterm births (births < 37 weeks gestation)	2016-18	Percent	1	8.8%	10.2%	NO TREND ↔	11.4%
Multiple births	2016-18	Percent	2	3%	3.3%	NO TREND ↔	
Births to teens 15-19	2016-18	Per 1,000 females 15-19	1	15.7	18.2	NO TREND ↔	
Repeat births to mothers 15-19	2016-18	Percent	2	14.5%	15.4%	NO TREND ↔	
Infant death rate	2016-18	Per 1,000 live births	1	4.4	6.1	NO TREND ↔	6.0
Neonatal death rate	2016-18	Per 1,000 live births	1	2.2	4.1	NO TREND ↔	4.1
Postneonatal death rate	2016-18	Per 1,000 live births	3	2.2	2.0	NO TREND ↔	2.0
Fetal death ratio	2016-18	Per 1,000 deliveries	2	6.0	6.8	NO TREND ↔	5.6
Mothers initiating breastfeeding at birth	2016-18	Percent	1	87.6%	86.1%	NO TREND ↔	
Kindergarten children fully immunized	2016-18	Percent	4	91.5%	93.9%	WORSE ↑	

III. ASSESSMENTS - MAPP PHASE 3 HEALTH STATUS ASSESSMENT

Health Status Assessment

Florida CHARTS County Health Status Summary Profile

Indicator	Year(s)	Measure	County Quartile ^A 1=most favorable 4=least favorable	County	State	County Trend ^B (Statistically Significant)	U.S. Healthy People 2020 Goal
Unintentional Injuries							
Unintentional injuries age-adjusted death rate	2016-18	Per 100,000 population	2	61.0	55.2	NO TREND ↔	36.0
Motor vehicle crash age-adjusted death rate	2016-18	Per 100,000 population	1	13.1	15.0	NO TREND ↔	12.4
Social and Physical Environment							
Criminal homicide (Murder)	2016-18	Per 100,000 population	1	2.2	5.3	NO TREND ↔	
Domestic violence offenses	2016-18	Per 100,000 population	1	322.9	514.3	NO TREND ↔	
Suicide age-adjusted death rate	2016-18	Per 100,000 population	3	20.1	14.5	NO TREND ↔	10.2

Data Note(s)

¹Florida Department of Health, Bureau of Community Health Assessment, Florida Legislature's Office of Economic and Demographic Research (EDR)

²US Census Bureau

³Florida Department of Health Division of Community Health Promotion

⁴Florida Department of Health, Division of Medical Quality Assurance

⁵Florida Agency for Health Care Administration, Certificate of Need Office

⁶Florida Department of Health, Bureau of Vital Statistics

⁷Florida Agency for Health Care Administration (AHCA)

⁸University of Miami (FL) Medical School, Florida Cancer Data System

⁹Florida Department of Health, Division of Disease Control

¹⁰Florida Department of Health, Bureau of Immunization

¹¹Florida Department of Law Enforcement

¹²Florida Department of Health, Contract Management System

All age-adjusted rates on this report are 3-year rates per 100,000 and are calculated using the 2000 Standard US Population and July 1 population estimates from the Florida Legislature, Office of Economic and Demographic Research. The population data for 2001-2010, along with rates affected by the population data, have been updated on FLHealthCHARTS. Following a census, it is customary to revise population projections for the inter-censal years based on information from the latest census. Revising the population data from what was predicted to actual estimates ensures accurate accounting of the racial, ethnic, and gender distribution of the population. These changes affect the population data and rates calculated for your community.

[View ICD Codes for death, cancer, and hospitalization indicators](#)

^ACounty Quartiles

Most favorable situation 1 (Lightest color on maps)	Average 2 or 3	Least favorable situation 4 (Darkest color on maps)

Quartiles in this report allow you to compare your county's data with other counties.

Calculation of quartiles require several steps to create the final results.

First, the county values are sorted from most favorable to least favorable.

Second, a rank is assigned based on the value for each county in relation to the preceding county. If a county has the same value as the preceding county, then the same rank is assigned.

Third, the ranking is divided into 4 groups. The number of counties in each group depends on how many counties had the same rank.

^BCounty Trends

Trends over time are used to see if an indicator has improved or worsened. Statistical testing of the trend provides evidence that the trend is "better" or "worse" and did not occur due to random variation.

Trends are only calculated when 5 or more consecutive years of data are available.

Blank in the trend column indicates the trend is not calculated.

[Click here for more information about trends](#)

Trend Values

Getting better Trend is getting better and the improvement is statistically significant

Getting worse Trend is getting worse and the change is statistically significant

No trend Trend is not statistically significant

Blank cell - Not enough data to compute a trend

For the 2007 report, no trend is available for entry into prenatal care due to a change in the measurement of this indicator in 2004.

^CU.S. Healthy People 2020 Goal

U.S. Healthy People 2020 is a national health promotion and disease prevention initiative. Its' goals are to increase the quality and years of healthy life and eliminate health disparities. More information available at: <http://www.healthypeople.gov>. Goals are not available for every indicator.

III. ASSESSMENTS - MAPP PHASE 3 HEALTH STATUS ASSESSMENT

Health Status Assessment

A. Demographics

Sarasota County is growing in many ways. With a population in 2018 of 415,896 Sarasota County grew more than the United States as a whole but less than the State of Florida.

Table 1

Overall Demographic Information and Comparison- Sarasota County- Florida and United States			
	2010 Population	2018 Population	% Change
Sarasota County	379,435	415,896	↑ 9.6
Florida	18,804,580	20,957,705	↑ 11.5
United States	308,758,105	327,239,523	↑ 5.9

US population available at U.S Census Bureau

Table 2

Overall Demographic Information- Cities/ municipalities/ Communities (2018 US Census)			
	2010 Population	2018 Population	% Change
Sarasota	51,917	57,738	↑ 11.2
North Port	57,357	68,628	↑ 19.6
Venice	20,748	23,376	↑ 12.6
Longboat Key	6,888	7,323	↑ 6.3
Unincorporated areas	244,936	269,653	↑ 10.0

Table 3

Births and Deaths - Sarasota County- Florida and United States						
	2010			2018		
	Births	Deaths	Ratio	Births	Deaths	Ratio
Sarasota County	2,817	4,952	1: 1.7	2,876	5,873	1: 2.04
Florida	214,519	172,509	1: 0.8	221,508	205,461	1: 0.92
United States	3,999,386	2,468,435	1: 0.6	3,788,235	2,813,503	1: 0.74

According to Table 1, and using for comparison the single years of 2010 and 2018, the Sarasota County population increased 9.6%, which was lower than the state level (11.5%) and higher than the US level (5.9%) for the same period. As shown in Table 2, the percentage of the population increase was considerably higher in North Port (19.6%) and Venice (12.6%), followed by unincorporated areas (10%) and the City of Sarasota (11.2%). The Town of Longboat Key increased its population 6.3%. Table 3 exhibits the total number of births, deaths, and the ratio for Sarasota County, State of Florida, and the United States for the single years of 2010 and 2018. Analyzing those numbers, it is crucial to understand how the total number of births and deaths affects the demographic change. For both years, Sarasota County has a considerably smaller number of births compared to the number of deaths, less 2,135 births in 2010 and less 2,997 births in 2018. However, the same trend is not observed at the state level where the total births were 42,010 (2010) and 16,047 (2018) more, respectively, than the total of deaths. In the United States, the total number of births was 1,530,951 (2010) and 974,732 (2018) more, respectively, than the total number of deaths.

III. ASSESSMENTS - MAPP PHASE 3 HEALTH STATUS ASSESSMENT

Health Status Assessment

A. Demographics

The table shows that the largest population group in Sarasota County is formed by people between 65-74 years old (76,814), followed by the group of people between 55-64 years old (64,712). Compared to the state, there is less racial and ethnic diversity.

Age Group	Sex	Number of People	Age group total	Age group %
<1	Female	1,344	2,696	0.65
	Male	1,352		
1-4	Female	5,906	12,158	2.92
	Male	6,252		
5-9	Female	7,710	15,962	3.84
	Male	8,252		
10-14	Female	8,607	17,795	4.27
	Male	9,138		
15-19	Female	8,725	17,907	4.31
	Male	8,182		
20-24	Female	8,314	16,993	4.09
	Male	8,679		
25-34	Female	17,130	34,554	8.31
	Male	17,424		
35-44	Female	18,076	35,030	8.42
	Male	16,954		
45-54	Female	25,150	48,004	11.54
	Male	22,854		
55-64	Female	35,296	64,712	15.56
	Male	29,416		
65-74	Female	41,382	76,814	18.47
	Male	35,432		
75-84	Female	26,311	49,901	12.00
	Male	23,590		
85+	Female	13,631	23,420	5.63
	Male	9,789		

Population Subgroup	Sarasota County		FL State
	Number	Percentage	Percentage
White	381,015	91.6	77.4
Black	19,830	4.8	16.9
Other Races	15,051	3.6	5.7

Population Subgroup	Sarasota County		FL State
	Number	Percentage	Percentage
Hispanic	37,988	9.1	25.7
Non-Hispanic	377,908	90.9	74.3

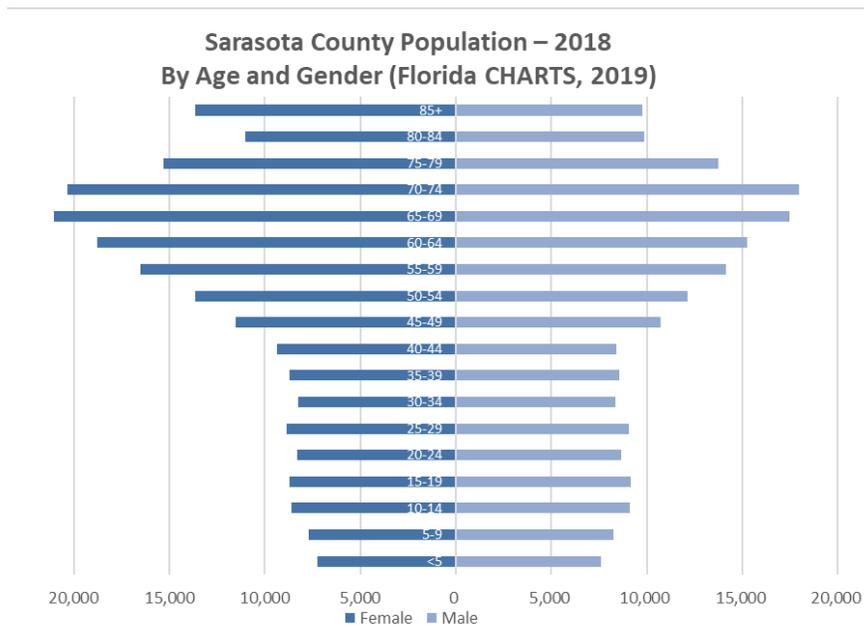
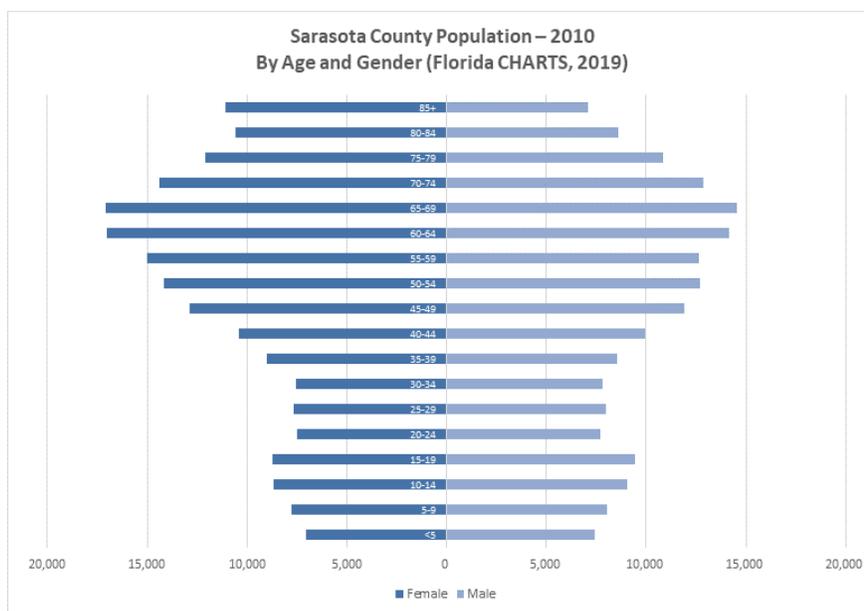
III. ASSESSMENTS - MAPP PHASE 3 HEALTH STATUS ASSESSMENT

Health Status Assessment

A. Demographics

Because the data indicates the largest population group in Sarasota County is people aged 55 years old and older, public and community health strategies targeting prevention of chronic diseases and promoting quality of life across the different generations would be an effective way to establish a culture of wellness, to encourage the independence of the elderly population, to reduce chronic conditions preventable by the adoption of behaviors and lifestyles that lead to a long, independent, and healthy life.

Comparing the population pyramids of 2010 and 2018, Sarasota County shows a slight increase in the population of young adults (over 20 years old and under 40 years old). The same comparison shows a large increase in the group of people over 65 years old in the 2017 chart. The format of the “upside down” pyramid is a phenomenon of the trend in our society which represents the reduction in birth rate with the growing segment of the adult population who are living longer.



III. ASSESSMENTS - MAPP PHASE 3 HEALTH STATUS ASSESSMENT

Health Status Assessment

B. Socioeconomic Characteristics

Socioeconomic characteristics, or social determinants of health, include factors that have been shown to affect health status and include such indicators as level of income, education, housing, and employment.

The data presented for Sarasota County and the State of Florida is from the Socioeconomic Factors Report and provides the proportion of the population for each indicator (Florida CHARTS, 2018). The national data is from the latest available Federal Census Bureau (2017).

Poverty and Income

Poverty levels and income play a key role in health outcomes. For instance, people who are unemployed or are living in poverty are less likely to have health insurance and are more likely to have poor health outcomes. Poverty levels and income are all considered part of one’s socioeconomic status (SES).

According to Healthy People 2020, many factors can contribute to inequitable access to resources and opportunities, which may result in poverty. Marital status, education, social class, social status, income level, and geographic location (urban vs. rural) can influence a household's risk of living in poverty. The same source affirms that impoverishment increases risk for mental illness, chronic diseases, higher mortality, and lower life expectancy. For example, the risk for chronic conditions such as heart disease, diabetes, and obesity is higher among those with the lowest income and education levels. In addition, older adults who are poor experience higher rates of disability and mortality. Finally, people with disabilities are more vulnerable to the effects of poverty than other groups

The median household income in Sarasota County is (\$58,644). This is higher than the median household income for the state (\$53,267) but below the national level (\$60,336) . The proportion of those living below the federal poverty level (FPL) in Sarasota County (9.7%) is lower compared to the state (14.8%) and nation (13.4%). The civilian labor force unemployed in Sarasota County (4.7%) is below the unemployment rate for the state (6.3%) and the national level (5.3%).

Indicator	County	State	United States
POVERTY			
People under 100% of poverty (%)	9.7%	14.8%	13.4%
BENEFITS			
Median household income (dollars)	\$58,644	\$53,267	\$60,336
Median nonfamily income (dollars)	\$36,886	\$33,683	\$35,980
EMPLOYMENT STATUS			
Civilian labor force unemployed (%)	4.7%	6.3%	5.3%

Sources: Florida CHARTS, Federal Bureau of Census

III. ASSESSMENTS - MAPP PHASE 3 HEALTH STATUS ASSESSMENT

Health Status Assessment

B. Socioeconomic Characteristics

BENEFITS	County	State	United States
With Social Security Income (%)	54.1%	37.2%	31.2%
With a Retirement Income (%)	30.8%	19.9%	18.7%
With Supplemental Security Income (%)	3.3%	5.1%	5.3%
With cash public assistance income (%)	1.2%	2.1%	2.3%
With Food Stamp/SNAP benefits (%)	6.4%	14.2%	11.7%

Sources: Florida CHARTS, Federal Bureau of Census

As presented, a lower proportion of residents receive, Supplemental Social Security Income, SNAP Benefits, and Cash Public Assistance in Sarasota County than statewide and nationally. In Sarasota County, the proportion of people that receive Social Security Income (54.1%) is higher than the State (37.2%) and the nation (31.2%). The same comparison can be made on the proportion of Sarasota County residents with a retirement income (30.8%), that is higher than the state (19.9%) and the nation (18.7%).

Education

The relationship between education and health outcomes has long been studied. According to the Centers for Disease Control and Prevention (CDC), “health-risk behaviors such as early sexual initiation, violence, and substance use are consistently linked to poor grades and test scores and lower educational attainment. In turn, academic success is an excellent indicator for the overall well-being of youth and a primary predictor and determinant of adult health outcomes.”

According to Hahn and Truman (2015), researchers and practitioners of public health, there are three principal relationships between education and health. *First*, health is a prerequisite for education: hungry children or children who cannot hear well, or who have chronic toothaches, are hindered in their learning. *Second*, education about health (e.g., health education) occurs within schools and in many public health interventions; it is a central tool of public health. *Third*, physical education in schools combines education about the importance of physical activity for health with promoting such activity.”

Presented in the table below, Sarasota County population has an overall educational attainment level higher than the state and the nation.

EDUCATIONAL ATTAINMENT	County	State	United States
Less than 9th grade (%)	2.4%	4.9%	5.1%
9th to 12 grade, no diploma (%)	4.8%	7.1%	6.9%
High school graduate or higher (%)	92.8%	88.0%	88.0%
High school graduate, includes GED (%)	29.1%	28.8%	27.1%
Some college, no degree (%)	20.2%	20.2%	20.4%
Associate's degree (%)	8.8%	9.8%	8.5%
Bachelor's degree (%)	20.6%	18.5%	19.7%
Graduate or professional degree (%)	14.1%	10.6%	12.3%

Sources: Florida CHARTS, Federal Bureau of Census

III. ASSESSMENTS - MAPP PHASE 3 HEALTH STATUS ASSESSMENT

Health Status Assessment

B. Socioeconomic Characteristics

Transportation

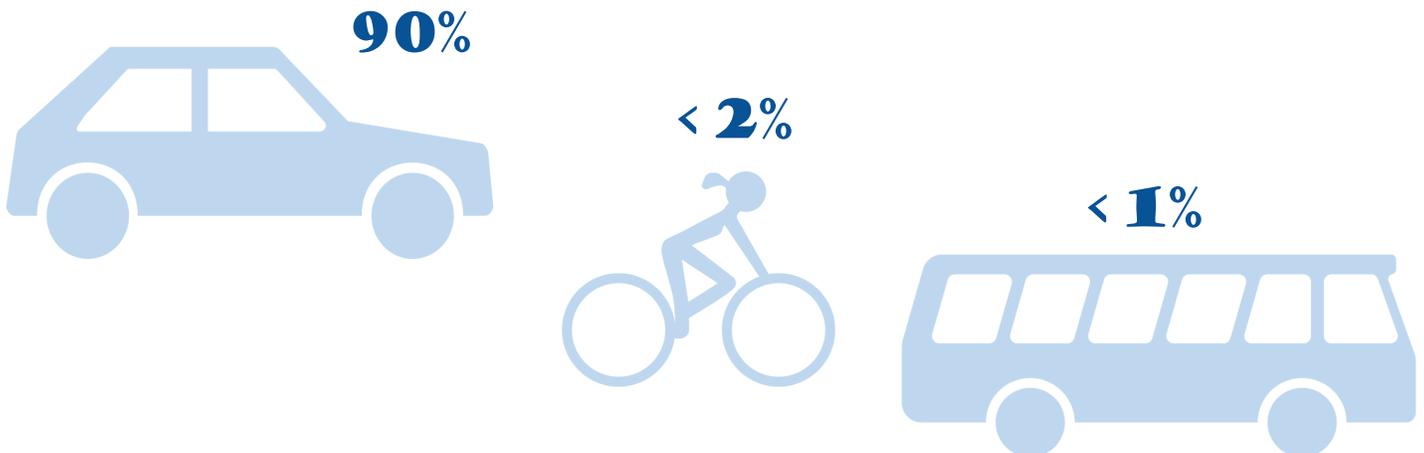
According to the CDC, transportation choices play an important role in building and maintaining healthy communities. It is known that motor vehicle crashes are one of the leading causes of death in the United States. By providing transportation options and improving roadway facilities, transportation agencies can reduce the incidence of motor vehicle crashes.

Transportation can improve health outcomes when people make choices for active ways, such as walking and biking, which positively impacts the air quality as well. Improving the transportation system and supporting cleaner vehicles and fuels can contribute to better air quality.

“Negative health effects related to transportation systems often fall hardest on more vulnerable members of the community, such as low-income residents, communities of color, children, and older adults” (CDC).

COMMUTING TO WORK	County	State	United States
Car, truck or van - drove alone (%)	82.6%	79.4%	76.4%
Car, truck or van - carpooled (%)	6.6%	9.2%	8.9%
Public transportation, excluding taxicab (%)	0.7%	1.9%	5.0%
Walked (%)	0.9%	1.4%	2.7%
Other means (%)	1.9%	2.2%	1.8%
Worked at home (%)	7.3%	5.8%	5.2%
Mean travel time to work (minutes)	24.1	27.4	26.9

In Sarasota County approximately 82.6% of workers (ages 16 and over) drove alone to work in 2018, which is a slightly higher proportion than Florida (79.4%) and a higher proportion than United States (76.4%). Only 0.7% of workers used public transportation; less than the state (1.9%) and the nation (5.0%).



III. ASSESSMENTS - MAPP PHASE 3 HEALTH STATUS ASSESSMENT

Health Status Assessment

B. Socioeconomic Characteristics

Health Insurance Coverage

A key factor to improve overall community health is access to health insurance coverage. Lack of adequate health insurance coverage prevents people from receiving health care. As noted by Healthy People 2020, health insurance coverage helps patients get into the health care system. The provision of insurance coverage is the baseline of ensuring access to health care among the general population.

As shown on the following table, approximately 88.6% of Sarasota County residents have health insurance coverage, a higher proportion when compared to the State (86.5%) and lower when compared with the nation (91.3%). Of those Sarasota County residents with health insurance coverage, most had private insurance (67.3%). About 11.4% of Sarasota County residents are uninsured, when compared to almost 13.5% at the State level, but still more than the national level (8.7%).



HEALTH INSURANCE COVERAGE	County	State	United States
With health insurance coverage (%)	88.6%	86.5%	91.3%
With private health insurance (%)	67.3%	61.9%	67.6%
With public coverage (%)	46.0%	36.9%	35.5%
No health insurance coverage (%)	11.4%	13.5%	8.7%
Under 19 years old with no health insurance coverage (%)	9.5%	7.6%	5.0%
Employed 19 to 64 years	143,758	8,528,103	
With health insurance coverage (%)	80.5%	82.3%	89.1%
With private health insurance (%)	76.3%	77.0%	81.0%
With public coverage (%)	6.5%	7.6%	10.7%
No health insurance coverage (%)	19.5%	17.7%	10.9%

III. ASSESSMENTS - MAPP PHASE 3 HEALTH STATUS ASSESSMENT

Health Status Assessment

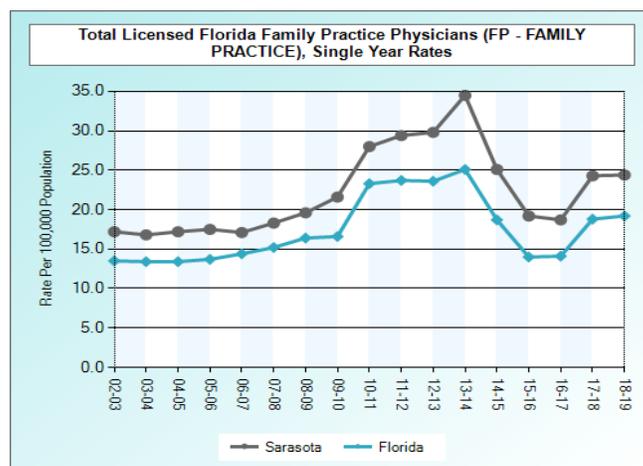
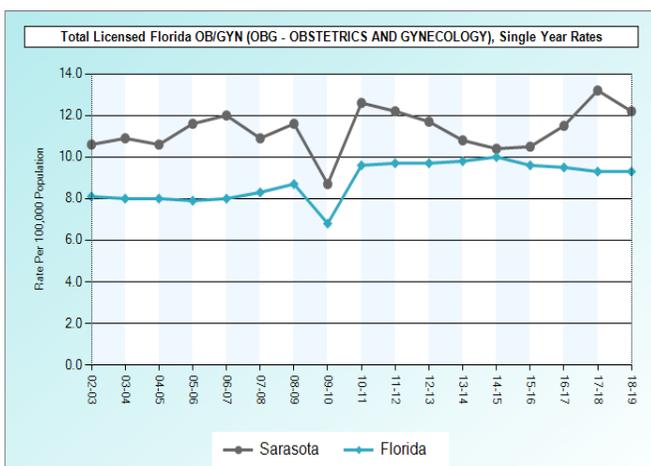
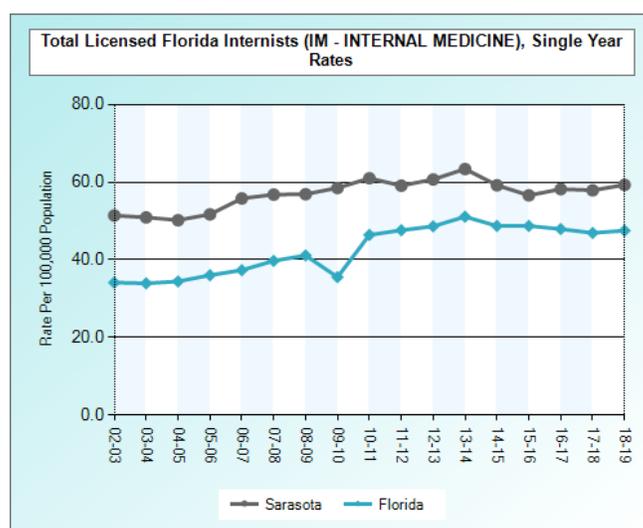
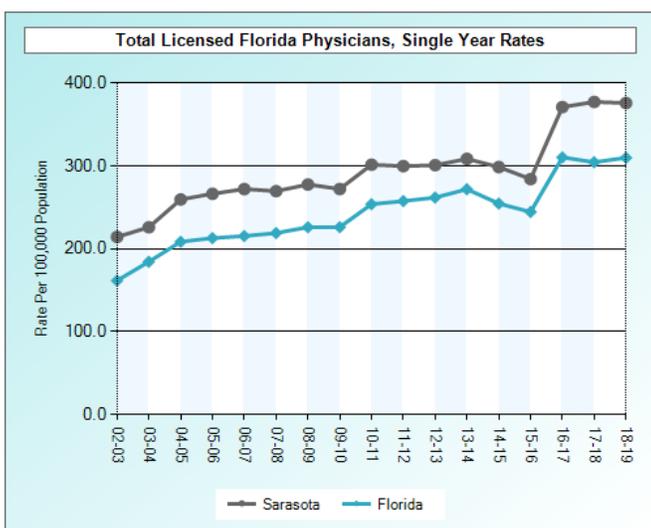
C. Health Resource Availability

Why is this important?

This topic represents factors associated with health system capacity, which may include both the number of licensed and credentialed health personnel and the physical capacity of health facilities. With any type of health care service, having a sufficient number and distribution of providers is critical in ensuring that the population can access the care it needs.

Licensed Physicians

Comparing the total number of licensed physicians (in total) in Sarasota County, the rate per 100,000 residents has consistently been higher than the state rates at 377.5 compared to 304.7 in 2018. Of these, family practice and internal medicine physicians also have higher rates in Sarasota County.



III. ASSESSMENTS - MAPP PHASE 3 HEALTH STATUS ASSESSMENT

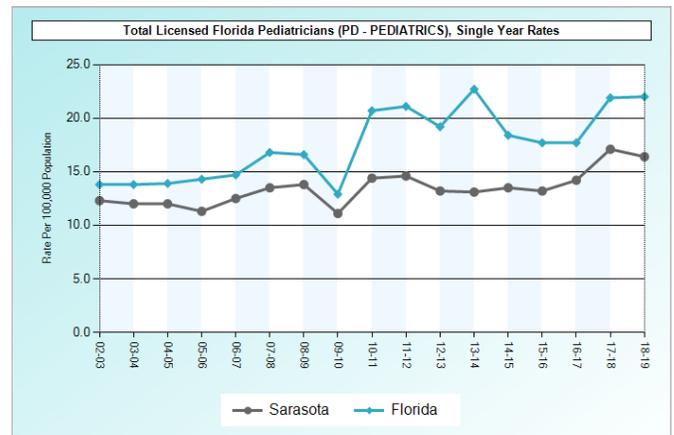
Health Status Assessment

C. Health Resource Availability

Licensed Physicians

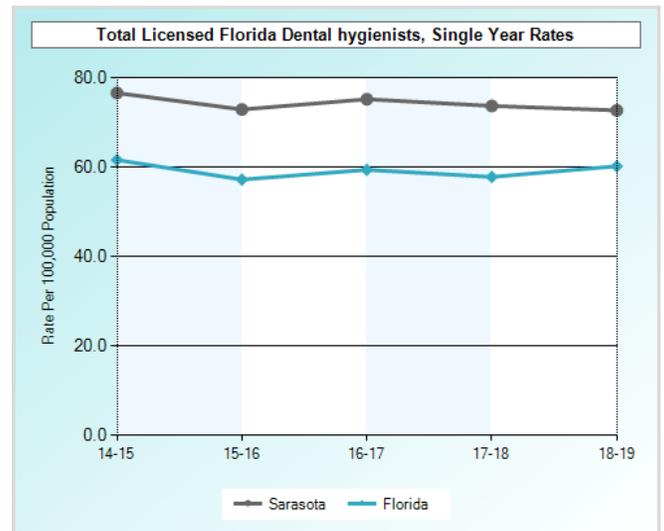
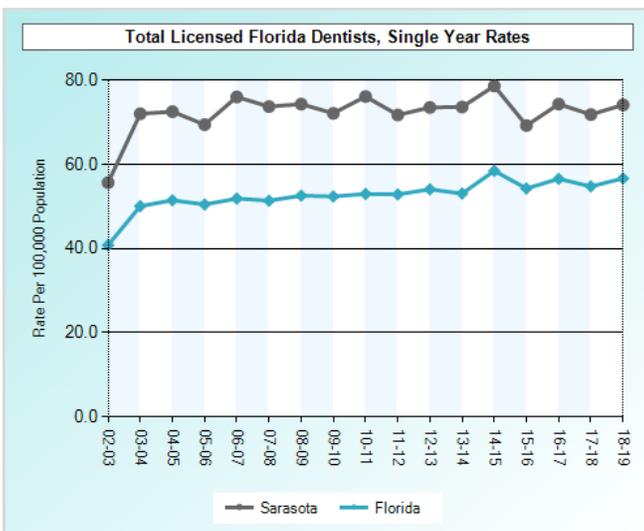
In contrast to the number trends of other licensed physicians, Sarasota County consistently has lower rates of pediatricians. In 2018, the rate of pediatricians per 100,000 Sarasota County residents (16.2) was lower than the State level (22.0). The American Academy of Pediatrics recommends people be under pediatric care up to the age of 21. The estimated population less than 18 years of age is 59,789 people in Sarasota County, which represents 14.4% of the total population for the same year. In the State of Florida, the estimated population less than 18-years-old is around 20% of the total population for 2018. Therefore, the demographic difference between Sarasota County and the State of Florida could explain the lower concentration of pediatricians available in the county.

Unlike other physician groups, there are less pediatricians in Sarasota County than in comparison to the state.



Licensed Dentists and Dental Hygienists

According to the American Dentist Academy (ADA), there were 195,722 practicing dentists in the United States. This translated to 60.9 dentists per 100,000 residents. The ADA also states that the aging of the dental workforce is another perceived link to the looming shortage of dentists in the United States. Retirements and reduced hours were worked commonly cited as factors that are projected to decrease the labor supply of dentists. Fortunately, like the number of physicians in Sarasota County, the rate of licensed dentists per 100,000 residents, 74.2, is higher than the State, 56.7. Dental hygienists also exceed the state rate, 72.8 to 60.3.



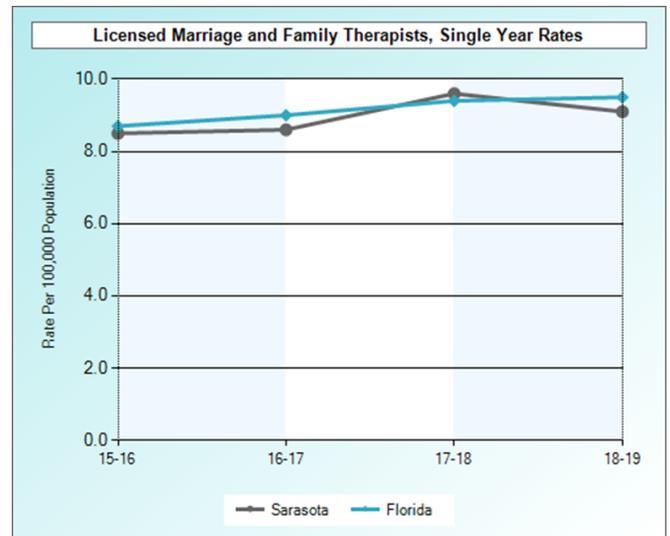
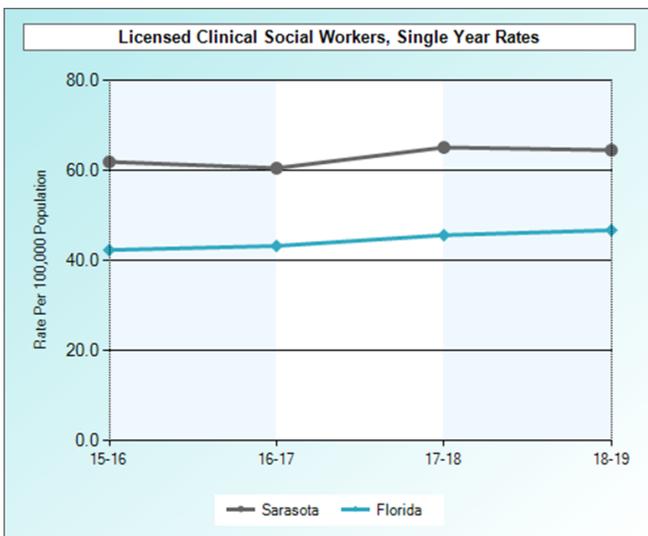
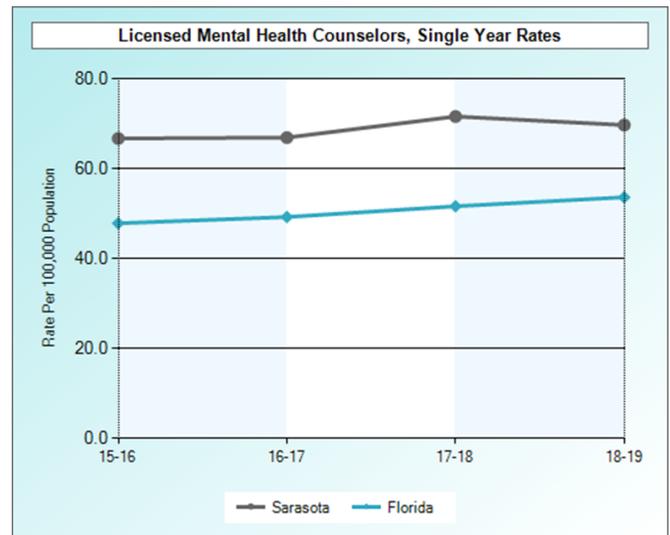
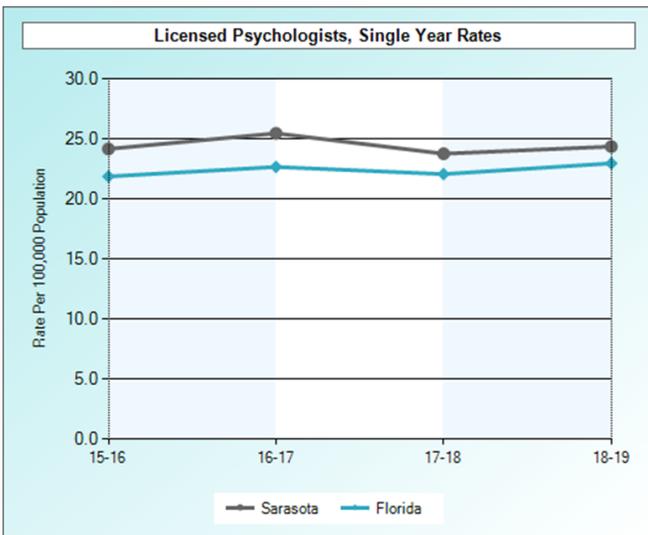
III. ASSESSMENTS - MAPP PHASE 3 HEALTH STATUS ASSESSMENT

Health Status Assessment

C. Health Resource Availability

Mental/Behavioral Health Care Providers

According to the Robert Wood Johnson Foundation (County Health Rankings), Sarasota County has one mental health provider per every 600 in comparison to top U.S. counties, which have a ratio of one mental health provider to every 310 people. Sarasota County's ratio is slightly better than the state which is 1:670, however Florida currently ranks 49th out of 50 states in mental health funding according to the National Association of State Mental Health Program Directors Research Institute. Average per capita spending is \$39.55, compared to number one ranked District of Columbia at \$360.57 per capita or Wisconsin ranked 25 and \$108.15 per capita.



Sarasota County has more resources than the state as a whole. The rate of licensed clinical social workers, licensed psychologists, and licensed mental health counselors is greater than the state and has been consistently greater over time. The only exception is the for licensed marriage and family therapists; Sarasota County has a lower rate than the state.

III. ASSESSMENTS - MAPP PHASE 3 HEALTH STATUS ASSESSMENT

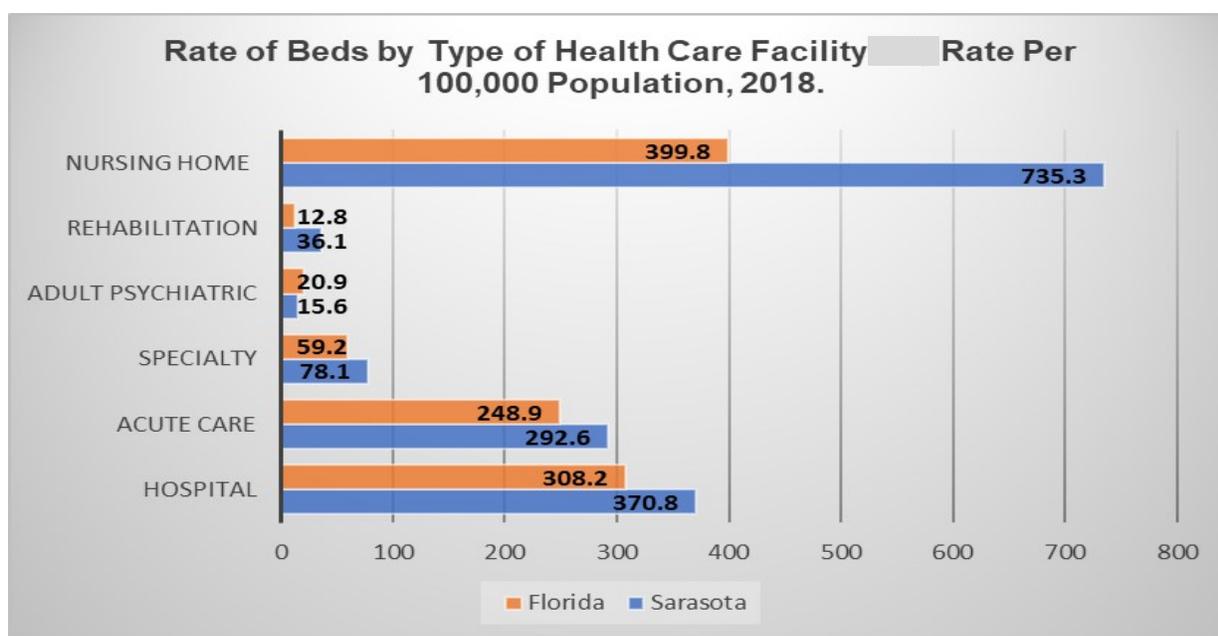
Health Status Assessment

C. Health Resource Availability

Mental/Behavioral Health Care Providers

Number of Beds

Acute care hospitals play a key role in the delivery of health care services in a community. In addition to providing traditional inpatient services, hospitals also provide extensive diagnostic and treatment services on an outpatient basis. The rate of available total hospital beds, acute care, specialty, adult psychiatric, rehabilitation, and nursing home beds are shown below for Sarasota County and the State of Florida.



All hospital bed types, except adult psychiatric beds, have a higher rate of availability when compared with the State. The rate of available adult psychiatric beds in Sarasota County is lower (15.6) than the State rate of (20.9). The crude number of psychiatric beds in Sarasota County is the same since 2010 (65). However, the estimated population jumped from 379,741 residents (2010) to 415,896 (2018), which represented an increase of 9.5%.

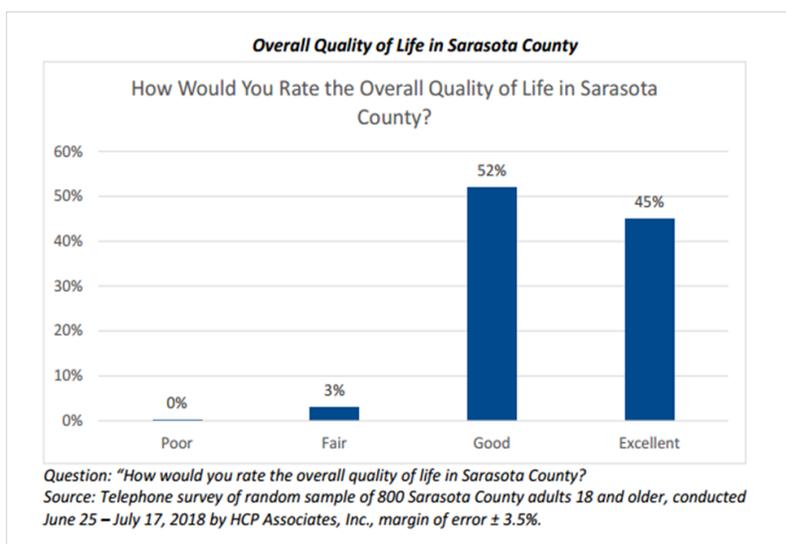
III. ASSESSMENTS - MAPP PHASE 3 HEALTH STATUS ASSESSMENT

Health Status Assessment

D. Quality of Life

Quality of Life (QOL) is a concept that “connotes an overall sense of well-being when applied to an individual” and a “supportive environment when applied to a community” (Moriarty, 1996). While some dimensions of QOL can be quantified using indicators, research has shown determinants of health and community well-being as other valid dimensions of QOL including perceptions of community residents about aspects of their neighborhoods and communities that either enhance or diminish their quality of life.

For this assessment, results from the Sarasota County Citizen Survey will be used. The 2018 Citizen Opinion Survey is Sarasota County’s 27th citizen satisfaction survey. The points below highlight study trends identified.



Ninety-seven percent of the respondents rate the quality of life in Sarasota County as “good” or “excellent”—same as in 2017. Those that were in the 65-74 age group, were renters, or earned less than \$30,000 were more likely to rate quality of life fair or poor.

Significant Factors: Rating Overall Quality of Life in Sarasota County		Excellent %	Good %	Fair %	Poor %
Total		45	52	3	0
Age Group*	18-29	45	51	3	1
	30-49	43	56	2	0
	50-64	39	58	4	0
	65-74	44	51	5	1
	75 and Older	56	42	1	0
	DK/NA	100	0	0	0
Home Ownership Status*	Homeowner	44	53	3	0
	Renter	42	51	7	0
	Live Free with Someone Else	91	9	0	0
Education***	Less Than High School	78	22	0	0
	High School Graduate	28	68	3	0
	Some College	44	53	3	0
	College Graduate	65	33	2	0
Household Income***	Less Than \$30,000	23	68	8	1
	\$30,000 - \$49,999	34	63	3	0
	\$50,000 - \$99,999	47	51	2	0
	\$100,000 +	73	25	2	0
	DK/NA	50	38	13	0

Question: “How would you rate the overall quality of life in Sarasota County?”
 Note: Rows add up to 100%, Significance Level: *** .001, ** .01 and * .05.
 Source: Telephone survey of random sample of 800 Sarasota County adults 18 and older, conducted June 25 – July 17, 2018 by HCP Associates, Inc., margin of error ± 3.5%.

For the fifth year in a row, “population growth/new development” was the most-cited important issue facing the County. The perception that there are “no serious problems” also increased, following the trend over the last three years.

“General household finances” (renovations, repairs, maintenance, lawn/pool service, etc.) topped the list of fiscal stressors, continuing a pattern seen since 2015. Also since the last survey, those reporting not feeling financial stressors increased to over one-third.

III. ASSESSMENTS - MAPP PHASE 3 HEALTH STATUS ASSESSMENT

Health Status Assessment

D. Quality of Life

There was a significant shift in order of top quality of life priorities for County officials to work on per the Sarasota County citizens' survey. New topic "services for aging population" received top priority, followed by "availability of good paying jobs" and "public safety."

Trend: Importance of County Working on Specific Quality-of-Life Issues: 2014-2018

2014	2015	2016	2017	2018
Availability of Good-Paying Jobs (61%)	Availability of Good-Paying Jobs (65%)	Availability of Good-Paying Jobs (76%)	Effective Growth Management Policies (54%)	Services for Aging Population (46%)
Public Safety (59%)	Public Safety (57%)	Public Safety (65%)	Environmental Quality Such as Air and Water (50%)	Availability of Good-Paying Jobs (45%)
Environmental Quality Such as Air and Water (55%)	Availability of Affordable Housing (53%)	Effective Growth Management Policies (64%)	Efficient Energy Consumption (46%)	Public Safety (44%)
Availability of Affordable Housing (47%)	Environmental Quality Such as Air and Water (49%)	Availability of Affordable Workforce Housing (62%)	Availability of Good-Paying Jobs (45%)	Services for the Homeless (42%)
Efficient Energy Consumption (46%)	Effective Growth Management Policies (45%)	Transportation (61%)	Availability of Workforce Housing (43%)	Availability of Affordable Workforce Housing (41%)
Effective Growth Policies (43%)	Efficient Energy Consumption (41%)	Environmental Quality Such as Air and Water (55%)	Public Safety (41%)	Traffic Flow (35%)
Parks and Recreation (32%)	Arts and Cultural Diversity (21%)	Efficient Energy Consumption (53%)	Transportation (36%)	Effective Growth Management Policies (29%)
Arts and Cultural Diversity (29%)	Parks and Recreation (21%)	Arts and Cultural Diversity (36%)	Arts and Cultural Diversity (30%)	Efficient Energy Consumption (20%)
—	—	Parks and Recreation (34%)	Parks and Recreation (25%)	Environmental Quality Such as Air and Water (15%)

Response categories receiving the same share of responses are displayed in alphabetical order. This may not correspond to decimal-level differences between them.

Source: Annual Sarasota County citizen opinion surveys.

III. ASSESSMENTS - MAPP PHASE 3 HEALTH STATUS ASSESSMENT

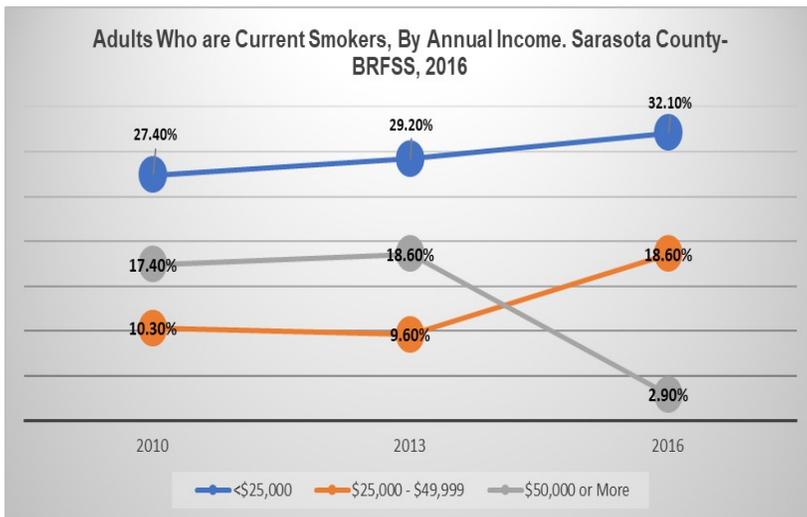
Health Status Assessment

E. Behavioral Risk Factors

This section includes data for behaviors which are believed to cause, or to be contributing factors to, injuries, disease, death and/or significant morbidity and mortality in later life. Data is available on Florida CHARTS and is updated about every 3 years.

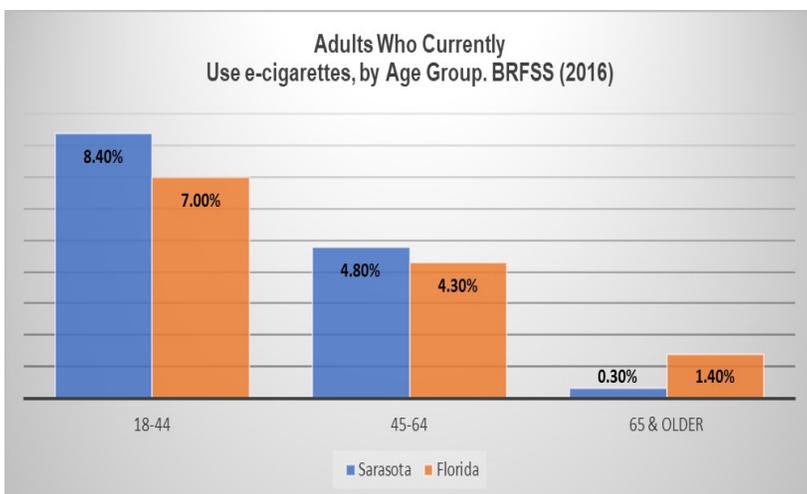
Tobacco Use

According to the data from the Behavioral Risk Factors Surveillance System (BRFSS) survey, the overall rate of adults who are current smokers in Sarasota County dropped from 18.4% in 2013 to 13.9%, and in the last survey, the county rate was below the state rate since 2007 according to the same source. However, when the data is analyzed by annual income, Sarasota County has a higher percentage of smokers earning less than \$25,000 a year compared with the state (32.10% vs 23.5%), and among the same group the trend is going up since 2010 for Sarasota County.



In addition to those with lowest income increasing to 32.10%, among the group earning more than \$25,000 and less than \$50,000, the data shows that the percentage of current smokers went from 10.30% to 18.60% between 2010 and 2016.

The group earning more than \$50,000 a year showed a decrease who are current smokers from 17.40% in 2010 to 2.90% in 2016.



In the previous BRFSS survey (2013), there were no questions asked regarding the use of e-cigarettes and vaping products. In the most recent survey, usage was reported. The younger the respondent, the higher the utilization of these products, at higher rates locally than compared to the state. On the 2018 Florida Youth Substance Abuse Survey, 22% of Sarasota County Middle and High School students indicated they had used vapes/e-cigarettes in the past 30 days compared to 13.7% for the state.

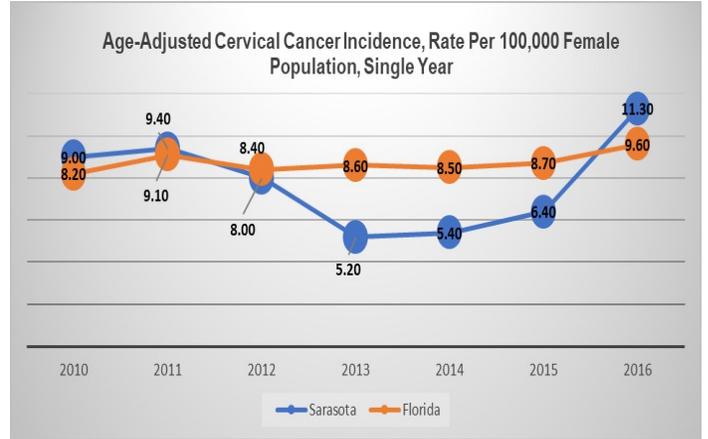
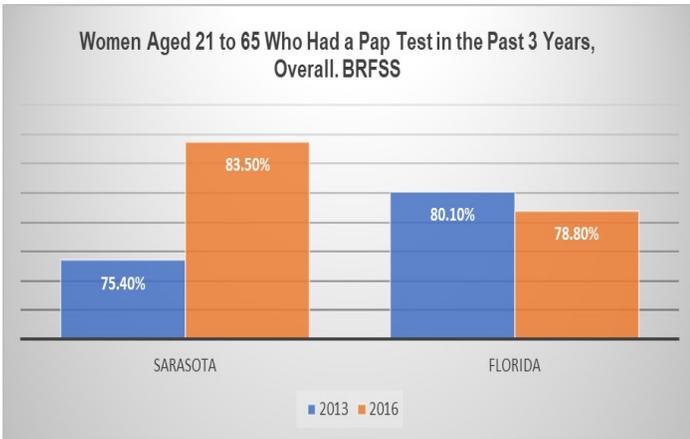
III. ASSESSMENTS - MAPP PHASE 3 HEALTH STATUS ASSESSMENT

Health Status Assessment

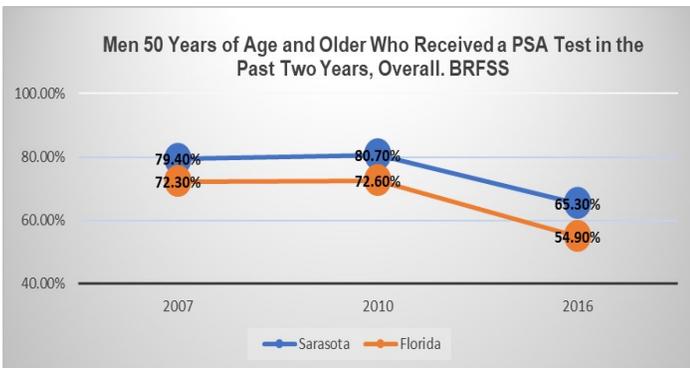
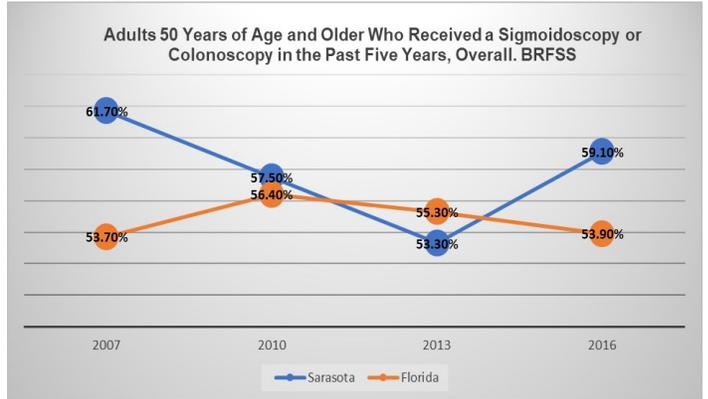
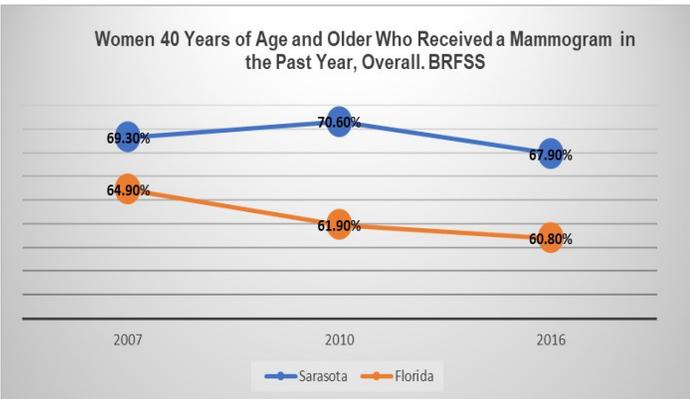
E. Behavioral Risk Factors

Preventive Screenings

Vitaly important in the identification of cancer are preventative screenings. In 2013, Sarasota County lagged behind the State in Pap test screenings, but by 2016, screenings had improved in this category to 83.5% of women having a Pap test, which exceeded the State average of 78.8%.



In other critical preventative screenings Sarasota County exceeds the State of Florida rate. For women 40 years of age and older who received a mammogram in the past year, 87.9% compared to 80.8%. For adults aged 50 and older, 59.1% received a sigmoidoscopy or colonoscopy in the past five years, 53.9%.



For men 50 years of age and older who received a PSA Test in the past two years was 65.30% compared to 54.9% for the State. For both Sarasota County and the State of Florida, the number of men completing a PSA test declined between 2010 and 2016.

III. ASSESSMENTS - MAPP PHASE 3 HEALTH STATUS ASSESSMENT

Health Status Assessment

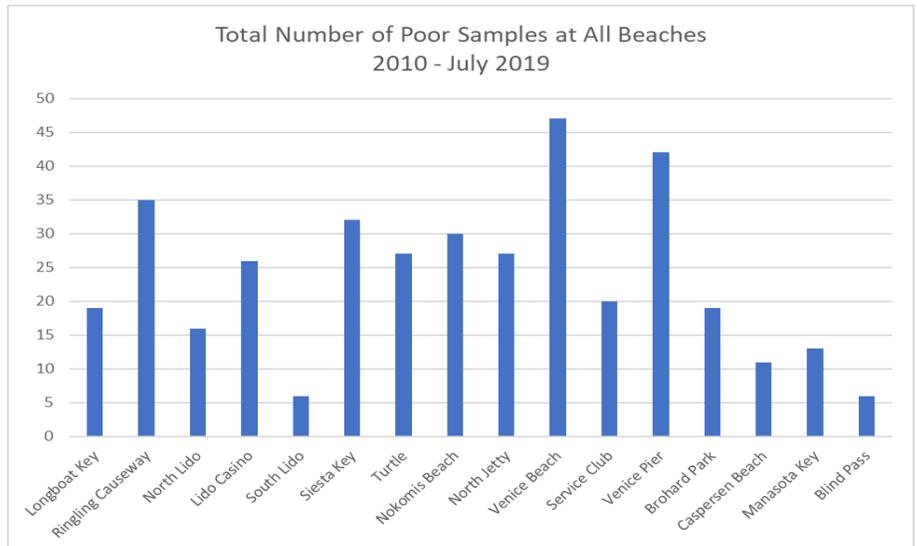
F. Environmental Health Indicators

Environmental health is a foundational element of Public Health and deals with all aspects of the natural and built environment that impact peoples health everyday. Good environmental health is vital to a healthy community. Air quality, water quality, and the built environment were some of the areas identified as impacting health and wellness in Sarasota County.

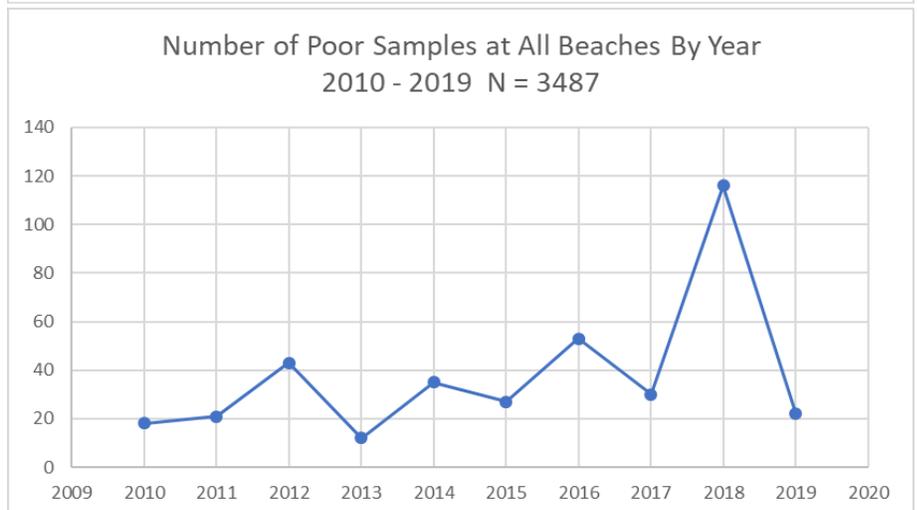
Recreational Water Quality

The Department of Health in Sarasota monitors recreational water quality at 16 designated beach locations along Sarasota County's coast. During a ten year period, from 2010 through July of 2019, weekly samples were collected at all 16 locations and analyzed for the presence of bacteria. Of the 7,915 samples analyzed, 376 had a poor result (4.75 percent), see figure below.

Beaches that had a higher number of poor samples are evaluated for potential sources and where identified, corrective actions are taken. Sarasota County averages about 28 days annually where one or more beaches has bacteria levels that exceeded recommended safe levels for recreational water. Advisories are issued to the public whenever this occurs.



The persistent Red Tide event in 2018 and early 2019 contributed to an unusually high number of advisory days (116) which raised public awareness and concern.



The Red Tide event in 2018 clearly impacted the bacterial quality of our coastal recreational waters and raised many questions related to the impacts of nutrients on the intensity and duration of these Red Tide events. Opportunities exist to explore the nutrient contributions of storm water, wastewater treatments plants, and septic tanks in our coastal environment.

III. ASSESSMENTS - MAPP PHASE 3 HEALTH STATUS ASSESSMENT

Health Status Assessment

F. Environmental Health Indicators

Air Quality

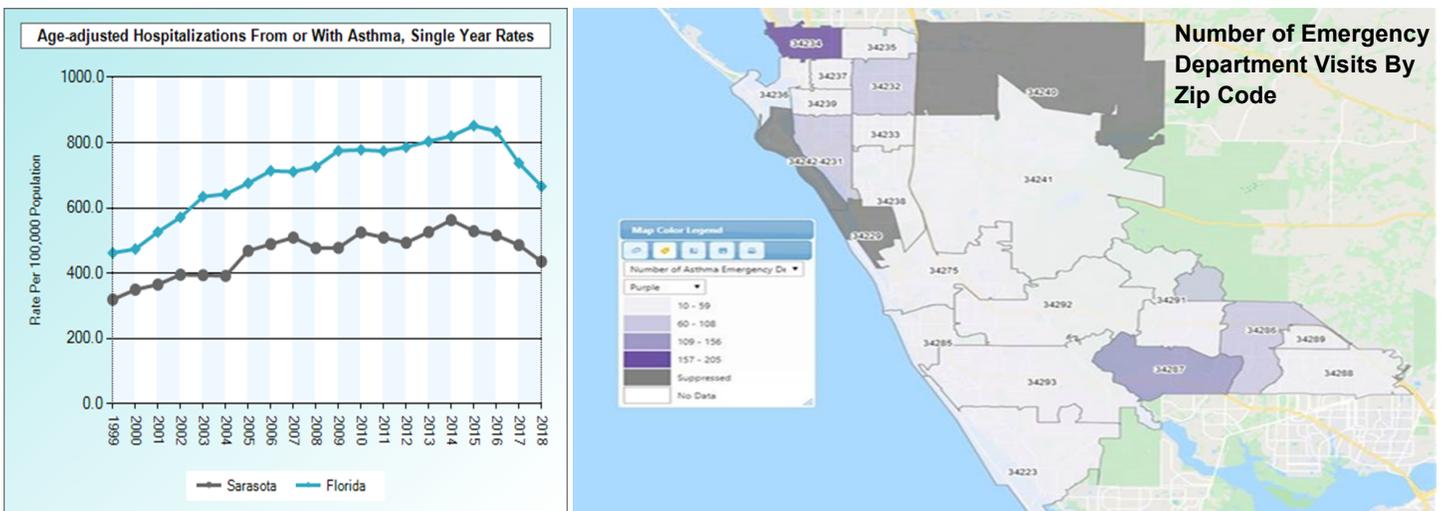
The Department of Health in Sarasota County works closely with county and state partners to evaluate the potential health impacts of various air pollutants. The Environmental Protection Agency (EPA) has established ambient air quality standards for a number of substances. Two of those pollutants, Ozone and Particulate Matter are regularly monitored and reported in Sarasota County. Data from the 2016-2018 period did not indicate any exceedances of the EPA Ambient Air Quality Standards for ozone or particulate matter in Sarasota County.

Sarasota County Ambient Air Quality Measures

Measure	EPA Standard	2016	2017	2018
Ozone – (1 hour)	0.12 ppm	0.07ppm	0.09 ppm	0.08 ppm
Ozone - (8 hours)	0.070 ppm	0.062 ppm	0.067 ppm	0.065 ppm
Particulate Matter - PM2.5	12 ug/m ³	6.4 ug/m ³	7.0 ug/m ³	6.6 ug/m ³
Particulate Matter – PM10	150ug/m ³	32 ug/m ³	48 ug/m ³	39 ug/m ³

Source: EPA Ambient Air Quality Data

While fixed monitoring data did not indicate exceedances of ambient air quality standards for particulate matter, concerns about fugitive dust and increased emergency room visits for asthma was identified in the community surveys, focus group meetings and in secondary data. Fugitive dust was a particular concern for neighborhoods in the North Sarasota area and may be an area for further exploration. Secondary data on asthma was also evaluated across Sarasota County. Overall asthma hospitalization rates for Sarasota County were better than statewide averages.



However, when data was reviewed by zip code area, rates were elevated in North Sarasota (zip code 34234) and in the City of North Port (zip code 34287). Some work, including independent community surveys and data collection, by the Multicultural Health Institute (a local non-profit partner), has already begun in the North Sarasota area. Additional review and analysis of this zip code level data throughout the county may be helpful in understanding these data points and in developing potential actions where needed.

III. ASSESSMENTS - MAPP PHASE 3 HEALTH STATUS ASSESSMENT

Health Status Assessment

F. Environmental Health Indicators

Air Quality

Ambient air quality can also be impacted by Red Tide toxins that can be aerosolized by wave actions during Red Tide events. The Florida red tide organism, *Karenia brevis*, produces a toxin that may kill marine animals and affect humans. The effects of this toxin is currently be studied by marine biologists and a Statewide Harmful Algal Bloom Task Force. Current data indicates that these events can easily exasperate asthma and any other respiratory condition as well as cause breathing difficulties in healthy individuals. Acute symptoms and effects seem to diminish once the individuals is removed form the exposure however, additional research is needed to determine if long term exposure concerns exist. Sarasota coastal areas are regularly monitored for the presence of Red Tide and public notifications begin when detected in “low” or higher concentrations (see chart below).

Concentration Description	K. brevis abundance	Possible effects (K. brevis only)
NOT PRESENT- BACKGROUND	background levels of 1,000 cells or less	no effects anticipated
VERY LOW	> 1,000 - 10,000 cells/L	possible respiratory irritation; shellfish harvesting closures when cell abundance equals or exceeds 5,000 cells/L
LOW	> 10,000 - 100,000 cells/L	respiratory irritation; shellfish harvesting closures; possible fish kills; probable detection of chlorophyll by satellites at upper range of cell abundance
MEDIUM	> 100,000 - 1,000,000 cells/L	respiratory irritation; shellfish harvesting closures; probable fish kills; detection of surface chlorophyll by satellites
HIGH	> 1,000,000 cells/L	as above, plus water discoloration

Built Environment

The impacts of growth, transportation and housing on our community’s health were reoccurring themes voiced throughout our data collection process. Specific concerns about preserving green space, seasonal traffic, public transit, and affordable housing were noted in our focus groups as well as the Forces of Change Assessment and the County’s 2018 Citizen Opinion Survey.

Green spaces help reduce urban heat, noise, and dust, and trees, where present, produce oxygen. In addition to these physical qualities, green space encourages physical activity, becomes parks, playgrounds and community gardens and helps to improve mental health. Sarasota County is fortunate to have 34 miles of coastal beaches, 155 public parks, 55,000 acres of parkland, 56 playgrounds, and 116 athletic fields.

III. ASSESSMENTS - MAPP PHASE 3 HEALTH STATUS ASSESSMENT

Health Status Assessment

F. Environmental Health Indicators

Built Environment

Transportation, including seasonal traffic and transit, impacts the health of our community in both direct and indirect ways. For example, according to the Centers for Disease Control and Prevention, an key driver of health and well being is physical activity. Lack of physical activity is associated with type 2 diabetes and cardiovascular disease. Transportation systems can impact the time people have to engage in physical activities. Research indicates that every 60 minutes we spend in a motor vehicle increases our odds of being obese by 6% (Andresen et al, 2004).

Motor vehicle accidents resulting in injury and fatalities is a very direct way that transportation impacts our health.

According to the Traffic Crash Facts Annual Report for 2018 from the Florida Department of Highway Safety and Motor Vehicles, the number of total motor vehicle crashes, fatalities, and injuries has declined slightly over the last three years.



Sarasota County	2016	2017	2018
Total Crashes	6,571	6,625	6,466
Total Fatalities	68	49	51
Total Injuries	4,004	4,002	3,655

At the same time, crashes, fatalities and injuries involving pedestrians and bicyclist have remained flat or slightly increased.

Sarasota County	2016	2017	2018
Pedestrian Crashes	154	185	148
Pedestrian Fatalities	11	12	7
Pedestrian Injuries	122	140	124
Bicyclist Crashes	172	192	170
Bicyclist Fatalities	5	1	6
Bicyclist Injuries	164	185	162

Most concerning is that crashes, fatalities and injuries where drug and alcohol impairment was confirmed increased significantly during the last three years.



Sarasota County	2016	2017	2018
Drug and Alcohol Confirmed Crashes	4	4	10
Drug and Alcohol Confirmed Fatalities	5	4	9
Drug and Alcohol Confirmed Injuries	2	1	7

III. ASSESSMENTS - MAPP PHASE 3 HEALTH STATUS ASSESSMENT

Health Status Assessment

F. Environmental Health Indicators

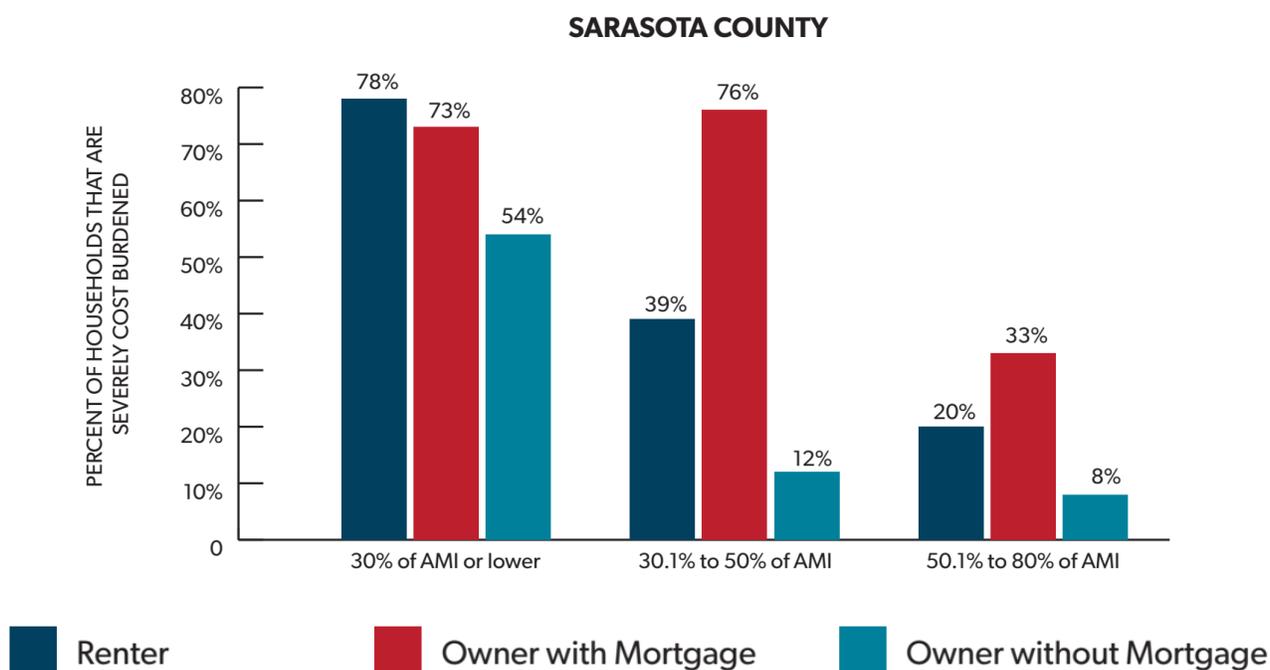
Built Environment

Affordable Housing also impacts the health of our community in both direct and indirect ways. According to the Robert Wood Johnson Foundation, “where we live is at the very core of our daily lives.”

Optimal health depends on having homes that are affordable and free from hazards such as lead poisoning, mold, insect and rodent infestation and other allergy triggers. This is especially true for vulnerable populations (the very young and the elderly). Neighborhoods also have impacts on health and residents ability to be safe, exercise, have access to healthy foods and enjoy a reasonable quality of life. In fact, housing can be the largest and perhaps most important element defining the health equity of a neighborhood.

Affordable housing is usually defined as housing that is not income burdened. Income burdened is when the cost of housing exceeds 30% of a household’s income. The result of cost burdened housing is less household income to spend on health care, transportation, and food which can significantly impact the health of families.

According to the Shimberg Center for Housing Studies, 4 out of 10 households are cost burdened in Sarasota County. They also reported that the share of cost-burdened households is greater for younger households. In fact, more than 50% of households with a householder younger than 45 in Sarasota County are cost burdened. Additionally, from a household income perspective, 73% of Sarasota households earning less than \$50,000 per year are also cost burdened. With the average median household income in Sarasota County is \$58,644, many in our community live on the edge of housing insecurity.



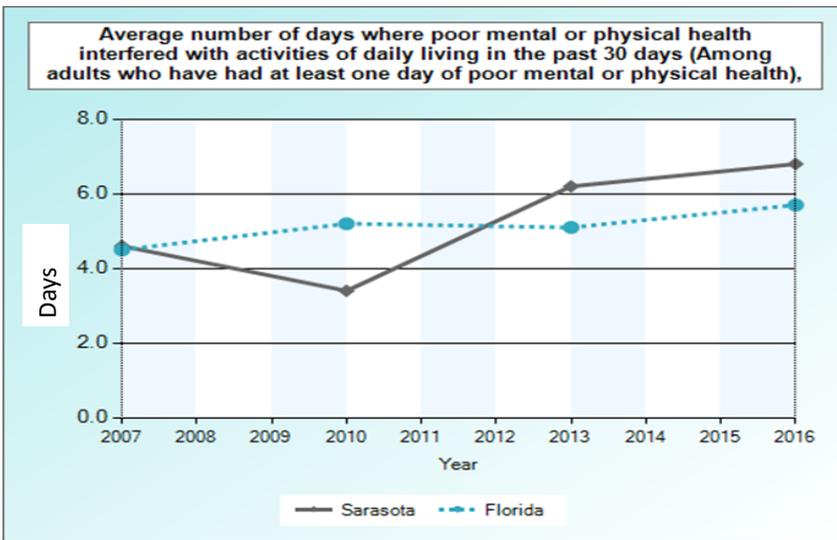
III. ASSESSMENTS - MAPP PHASE 3 HEALTH STATUS ASSESSMENT

Health Status Assessment

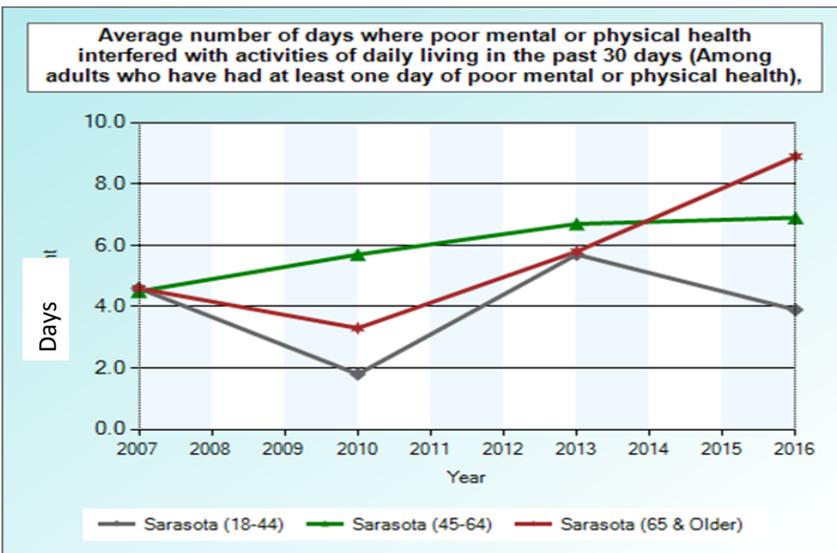
G. Social and Mental Health

This category represents social and mental health factors and conditions which directly or indirectly influence overall health status as well as individual and community quality of life. Mental health conditions and overall psychological well-being and safety may be influenced by substance abuse and violence within the home and/or within the community.

The percentage of residents impacted by poor mental or physical health has increased since 2010. Further, the rate is now higher than the state.



Compared to the State, for Sarasota County residents who have at least one day of poor mental or physical health, residents impacted by poor mental or physical health has increased since 2010. Further, the rate is now higher than the state, with 6.8 days impacted by poor mental or physical health compared with 5.7 days for the State.



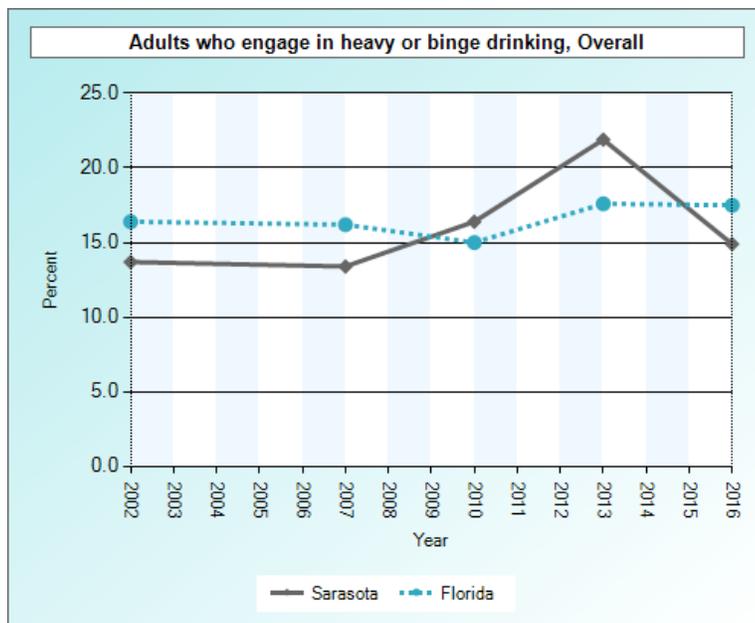
When examined by age, the average number of days out of 30 is almost 9 for residents 65 years and older. This has steadily significantly since 2010.

III. ASSESSMENTS - MAPP PHASE 3 HEALTH STATUS ASSESSMENT

Health Status Assessment

G. Social and Mental Health

According to the most recent Florida Behavioral Risk Factor Surveillance System (BRFSS) data, binge (or heavy) drinking decreased for Sarasota County from 21.9% to 14.9% while the state percentage remained around 17%. However, binge drinking among older residents in Sarasota County is higher than the state (12.9% vs 8.7%). Also, according to the Florida Youth Substance Abuse Survey 19.3% of Middle and High School students reported using alcohol in the past 30 days vs 15.3% for the state.



The number of children removed from their home for verified findings of abuse, abandonment and/or neglect is a factor of community health in Sarasota County. Below are the number for recent years as well as the rates for Sarasota, Manatee, and Desoto Counties. The rate of removal is per 100 children investigated following a reported concern.

	Sarasota	Rate of Removal	Manatee	Rate of removal	Desoto	Rate of Removal
2016	302	8.1	486	7.5	122	5.8
2017	284	7.6	413	5.0	94	5.3
2018	256	5.4	432	7.2	37	4.8
Population under 18	65,957		72,167		8,420	

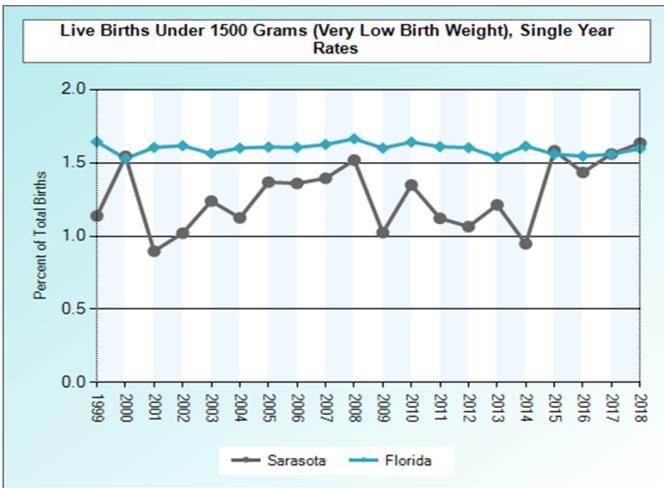
The high number of child in out-of-home care due to removal has been attributed to the opiate/substance use epidemic. Most children were removed due to parental drug abuse, followed by caretaker's inability to cope, domestic violence, and abandonment. The highest percentage of the children removed were under the age of five.

III. ASSESSMENTS - MAPP PHASE 3 HEALTH STATUS ASSESSMENT

Health Status Assessment

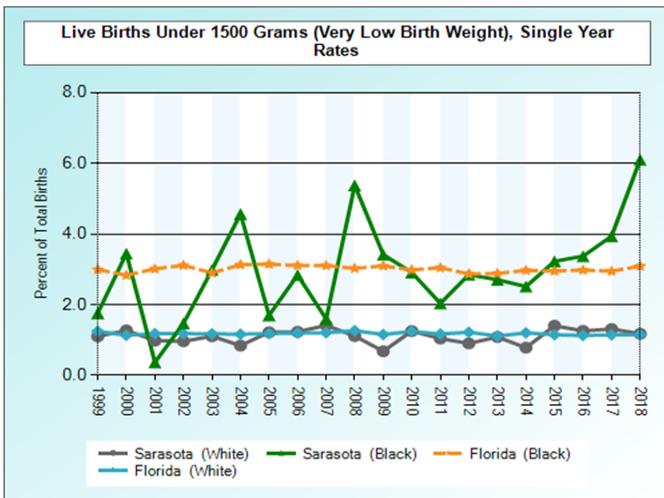
H. Maternal and Child Health

Many consider the health of newborns and infants an indicator of health for the community. In 2018, 2,472 babies were born in Sarasota County. For this section, data related to very low birth weight, low birth weight, and prenatal babies is explored. Additionally, infant deaths, prenatal care, and births to adolescents and unwed mothers is shown.

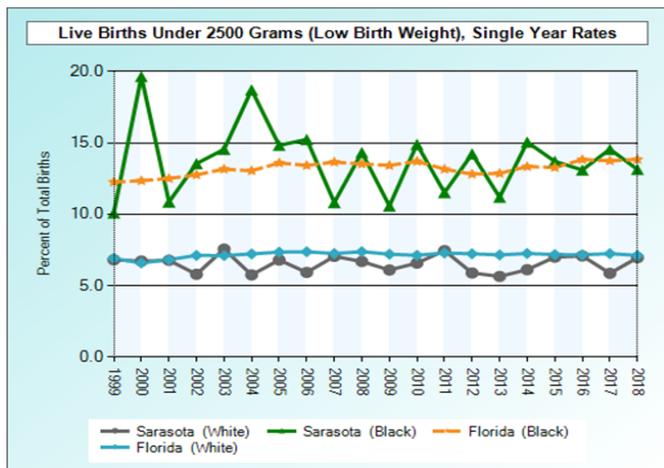


The number of very low birth weight babies has increased in recent years from 42 to 44 to 47 in years 2016, 2017, and 2018; however, the rate has remained even with the State at 1.6.

	Sarasota	Florida
2018	1.6	1.6
2017	1.6	1.6
2016	1.4	1.5



When examined by race, a disparity is clear. Very low birth weight babies were born in Sarasota County at a rate of 6.1 compared with 1.2 for White babies in 2018. This rate is now worse than the State, which was 3.1 for Black babies in 2018.



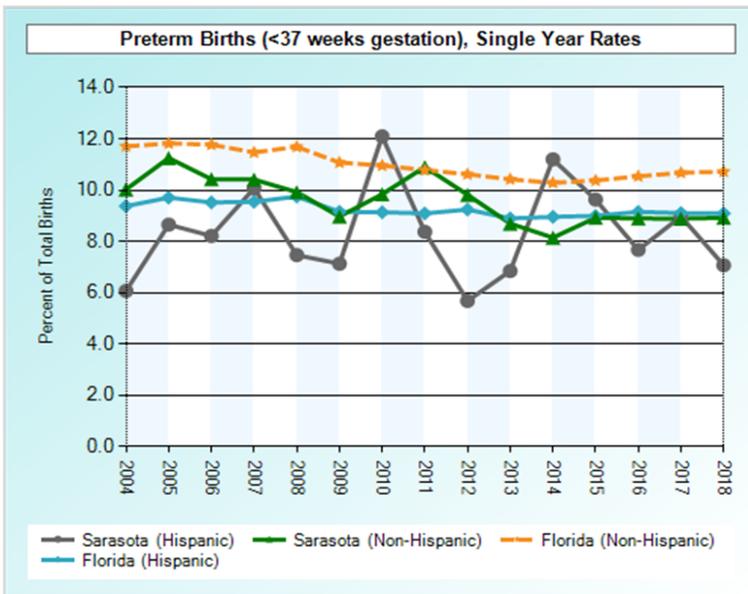
Similarly, low birth weight babies are born at a higher proportion to Black mothers when compared with White mothers in Sarasota County. In 2018, 172 babies born to White mothers were considered low birth weight (7%), and 28 babies were born to Black mothers (13%). The number of low birth weight babies born in Sarasota County has varied over the years; however, the rate has been lower than the State since 2001.

III. ASSESSMENTS - MAPP PHASE 3 HEALTH STATUS ASSESSMENT

Health Status Assessment

H. Maternal and Child Health

Prematurity or preterm birth (less than 37 weeks gestation) is another key indicator for community health. In Sarasota County, the rate of preterm births has remained lower than the State since 2012. In 2018, the percent of preterm births was 8.6% for Sarasota County compared with 10.2% for the State. This accounted for 248 of the babies born in Sarasota County that year. As with low birth weight measures, there is a racial disparity in Sarasota County. 8.2% of White babies were preterm births, and 14.2% of Black babies were pre-term.



When examined by ethnicity, the percentage of preterm births for Hispanic babies has decreased in Sarasota County in recent years. In 2018, the percentage was better than the rate for White babies (7.1% vs 8.9%).

The number of infant deaths have varied throughout the years in Sarasota County, however, the rate of infant deaths has always been below the State.

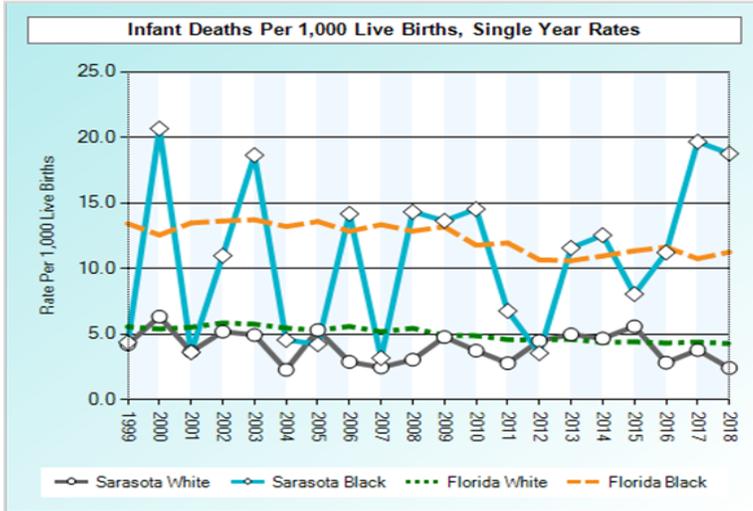
	Sarasota	Sarasota	Sarasota	Florida	Florida	Florida
Years	Count	Total Births	Rate	Count	Total Births	Rate
2018	11	2,876	3.8	1,334	221,508	6.0
2017	15	2,819	5.3	1,355	223,579	6.1
2016	12	2,927	4.1	1,380	225,018	6.1
2015	17	2,907	5.8	1,400	224,273	6.2
2014	15	2,955	5.1	1,327	219,905	6.0
2013	15	2,803	5.4	1,318	215,194	6.1

III. ASSESSMENTS - MAPP PHASE 3 HEALTH STATUS ASSESSMENT

Health Status Assessment

H. Maternal and Child Health

When examined by race, the infant death rate shows clear disparities that have consisted over time. Sarasota County is significantly worse than the State in this area.



	Sarasota	Sarasota	Florida	Florida
	White	Black	White	Black
Years	Rate	Rate	Rate	Rate
2018	2.4	18.8	4.3	11.3
2017	3.8	19.7	4.4	10.8
2016	2.8	11.2	4.3	11.6
2015	5.6	8.1	4.4	11.4
2014	4.7	12.6	4.4	11

Prenatal care (PNC) visits provide benefits to both the mother and baby and are used to monitor the progress of a pregnancy. To achieve the greatest benefit for both the mother and baby, it is recommended that women begin PNC visits in the first trimester of pregnancy or as soon as pregnancy is suspected or confirmed. Early PNC allows health care providers to identify potential problems as early as possible, so they be prevented or treated. Ensuring all women receive early and adequate PNC is a top maternal and child health priority. Public health programs emphasize access to early PNC services for teens, women with less than high school education, and Black and Hispanic women.

	Sarasota	Sarasota	Florida	Florida
	White	Black	White	Black
Year	Percent	Percent	Percent	Percent
2018	76.8	63.0	78.6	69.6
2017	78.5	66.5	79.7	69.7
2016	77.2	64.3	80.7	71.4
2015	78.2	71.3	81.3	72.8
2014	80.4	70	81.5	72.6

Unfortunately, women in Sarasota County are not beginning PNC as early as those in the rest of the State. In 2018, 74.7% of Sarasota women are getting prenatal care during the first trimester compared with 76.5% for the State. When examined by race, a racial disparity exists with 76.8% of White residents PNC in the first trimester compared with 63.0% of Black residents in 2018. This racial disparity has existed over time and is not limited to Sarasota County.

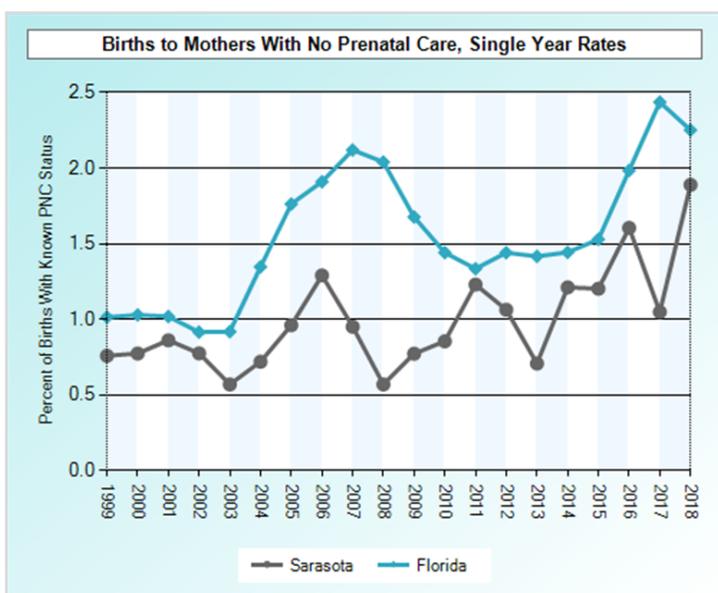
III. ASSESSMENTS - MAPP PHASE 3 HEALTH STATUS ASSESSMENT

Health Status Assessment

H. Maternal and Child Health

Births to Mothers With 1st Trimester Prenatal Care, Single Year Rates				
	Sarasota	Sarasota	Florida	Florida
	Hispanic	Non-Hispanic	Hispanic	Non-Hispanic
Year	Percent	Percent	Percent	Percent
2018	68.0	75.4	76.5	76.3
2017	72.4	77.7	77.8	77
2016	69.9	76.3	78.7	78.3
2015	76.9	77.2	79.7	79.1
2014	74.9	79.9	80.1	79.1

When examined by ethnicity, a similar disparity exists for Hispanic women. This disparity has increased over the last few years. In 2018, only 68.0% of Hispanic women in Sarasota County obtained PNC during the first trimester.



An alarming trend in the State and Sarasota County is the number of births to mothers with no PNC. In Sarasota County the number has been steadily increasing since 2013. In 2018, 49 babies were born to mothers who had no PNC in Sarasota County.

Births to adolescent mothers have been examined and are not an emerging issue for Sarasota County. The rate has steadily dropped since 2000 when the rate was 8.1 for Sarasota County. In 2018, this rate was 2.1 and represented 30 births in Sarasota County. Births to unwed mothers have continued to increase and now represents 44.1% of the births in Sarasota County.

A disturbing number in Sarasota County is the number of Neonatal Abstinence Syndrome cases at 149.5 per 10,000 live births vs the state rate of 62.1 per 10,000 live births. In 2018, there were 43 infants less than 28 days old who were exposed to opioid prescription or illicit drugs during the mother's pregnancy.

III. ASSESSMENTS - MAPP PHASE 3 HEALTH STATUS ASSESSMENT

Health Status Assessment

I. Infectious Disease

Infectious diseases range from varicella (chickenpox) to dengue fever to measles and many others. They can be present as a fever, infection, illness, or disease caused by bacteria, virus, or fungi. They vary in the way they spread as well as detected, treated, and prevented. Many diseases are required to be reported by Florida Statute and Florida Administrative Code. For the purposes of this Assessment, only key infectious diseases will be featured.

Hepatitis A

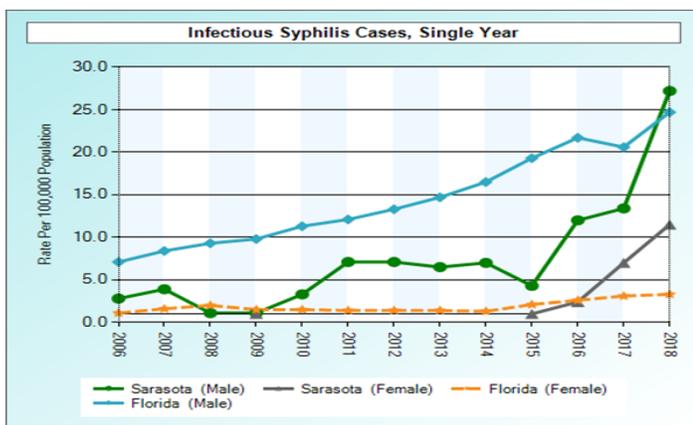
The rate of Hepatitis A in Sarasota County continued to be better than the State through 2018. In 2019, The rate and number of Hepatitis A cases rose significantly across the State and in Sarasota County. As of December 30, 2019, 3,395 cases had been identified in 20 counties throughout the State.

Hepatitis A, Rate Per 100,000 Population, Single Year		
Year	Sarasota Rate	Florida Rate
2018	0.5	2.6
2017	0.5	1.3
2016	0.2	0.6
2015	0.5	0.6
2014	0.8	0.5

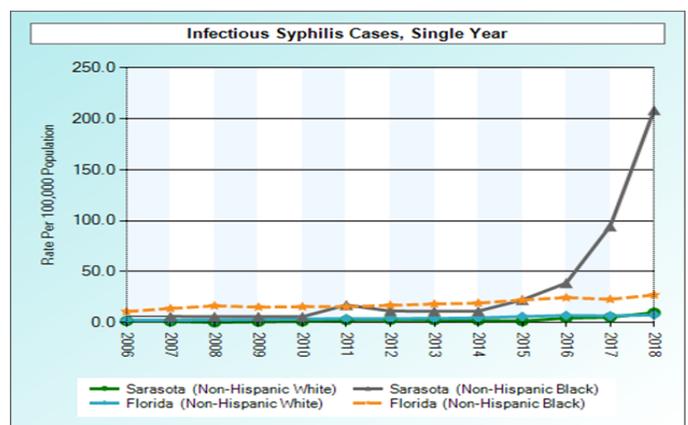
Ninety-nine cases were identified Sarasota County from January through November, 2019. This is 23.5 cases per 100,000 residents in the county.

Syphilis

Sarasota County has experienced a drastic change in the number of infectious syphilis cases seen each year. Since 2015, the number of cases has increased steadily from 10 to 28 to 41 to 79 per year, respectively.



When examined by gender, the number for men has increased significantly and was worse than the State at the end of 2018. The rates for women in Sarasota County has also been higher since 2016.



Similarly, when examined by race, the rate of Sarasota County cases was significantly higher than the State at the end of 2018.

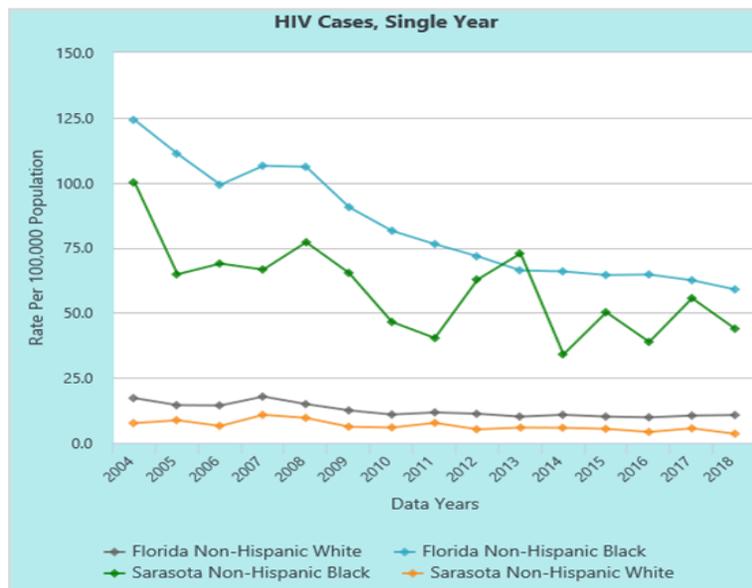
III. ASSESSMENTS - MAPP PHASE 3 HEALTH STATUS ASSESSMENT

Health Status Assessment

I. Infectious Disease

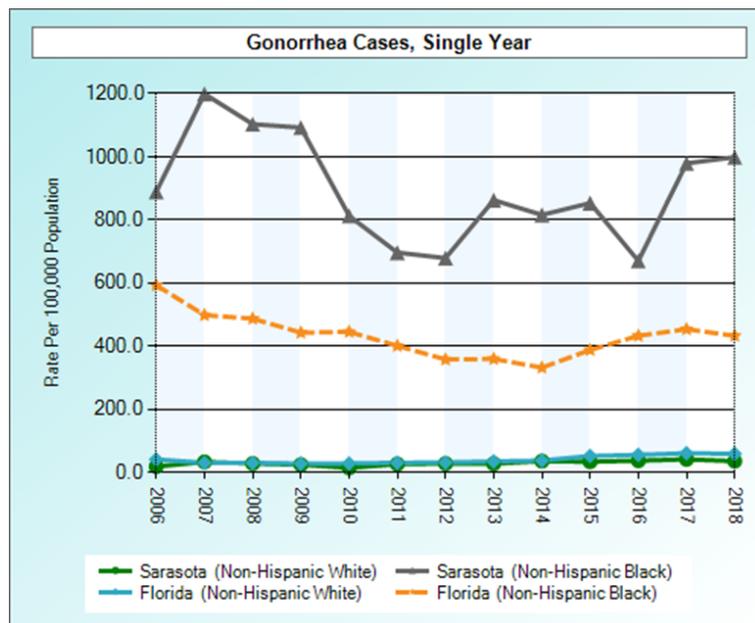
HIV/AIDS

Further demonstrating the racial disparity for Sarasota County residents is the data regarding HIV cases for 2018. The overall new HIV infection rate is 7.7 for Sarasota county compared with 23.4 for Florida. However, the rate for new HIV cases for White Sarasota County residents is 3.5 (12 cases) compared with 43.9 (8 cases) for Black residents. The positive trend is downward for all, and the rate for Sarasota is better than the State.



Gonorrhea

Gonorrhea cases in Sarasota demonstrate a significant racial disparity for the county and the state. The rate for Sarasota County White residents was 36.4 compared with 998.7 for Black residents. This state rate for Black residents was 433.1.



III. ASSESSMENTS - MAPP PHASE 3 HEALTH STATUS ASSESSMENT

Health Status Assessment

J. Death, Illness, and Injury

Health status in a community is measured in terms of mortality (rates of death within a population) and morbidity (rates of the incidence and prevalence of disease). Mortality may be represented by crude rates or age-adjusted rates (AAM); by degree of premature death (Years of Productive Life Lost or YPLL); and by cause (disease - cancer and non-cancer or injury - intentional, unintentional). Morbidity may be represented by age-adjusted (AA) incidence of cancer and chronic disease.

In 2018, 5,873 Sarasota County residents died. This number has been steadily increasing since 2011, and can be a reflection of the population increase.

2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
4,926	4,952	4,913	5,005	5,078	5,265	5,494	5,690	5,641	5,873

The life expectancy in Sarasota County is 81.4 years of age. It is 78.2 for men, and 84.6 for women. The State life expectancy is 79.7 overall. 76.9 for men, and 82.5 for women. When examined by race, the results are below:

	Year(s)	Total	Males	Females	White	Black	Hispanic	Non-Hispanic
State	2016-18	79.7	76.9	82.5	79.9	77.7	83.4	78.8
Sarasota	2016-18	81.4	78.1	84.7	81.5	75.4	87.2	81.1

Life expectancy is greater in Sarasota County when compared to the State for all segments of the population except for Black residents. Racial disparity exists for in Black resident life expectancy in comparison to Sarasota County White and Hispanic populations: average life expectancy is at 6 years less.

The top causes for death in Sarasota County are relatively consistent over time. Cancer, heart diseases, and cerebrovascular diseases top the list along with other non-rankable causes of death.

	Resident Deaths			
	2016	2017	2018	3-year Total
Total	5,690	5,641	5,873	17,204
Malignant Neoplasm (Cancer)	1,389	1,268	1,348	4,005
Heart Diseases	1,182	1,126	1,256	3,564
Other Non-rankable Cause of Death	1,000	1,019	1,047	3,066
Cerebrovascular Diseases	315	332	337	984
Alzheimer's Disease	284	305	327	916
Chronic Lower Respiratory Disease	324	299	292	915
Unintentional Injury	288	304	277	869
Influenza & Pneumonia	89	121	148	358
Diabetes Mellitus	109	122	112	343
Suicide	91	88	104	283

III. ASSESSMENTS - MAPP PHASE 3 HEALTH STATUS ASSESSMENT

Health Status Assessment

J. Death, Illness, and Injury

Below is a table comparing deaths counts and rates for Sarasota County with the State. Areas to note are the low infant death rate compared with the State, the high rate of pneumonia/influenza compared with the State, and the high rate of chronic liver disease and cirrhosis in Sarasota County. Further, the rate of suicide and unintentional injuries (which can include substance overdose) is much higher in Sarasota County than the State. The rate of Alzheimer's Disease death rate is also higher in Sarasota County. With a high proportion of our residents being 65 and older, a higher rate has even further implications for the numbers of people affected. Populations that are experiencing disproportionately higher rates of death, illness, and injury will be examined on the next few pages.

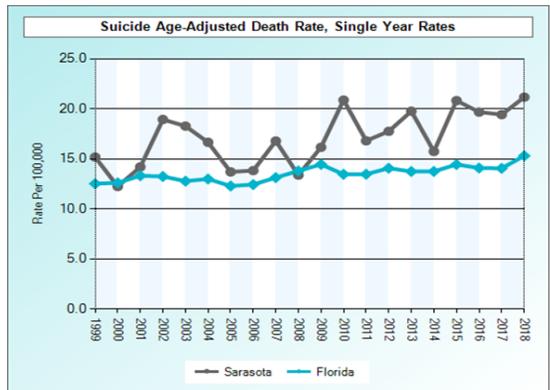
	Measure	State	Sarasota
Deaths from All Causes	Count	205,461	5,873
Age Adjusted Death Rate Per 100,000	Per 100,000 Total Population	679.4	587.4
Total Deaths Under 65	Count	149,802	2,727
Percent of Deaths Under 65	Percent of Total Deaths Under 65	72.9	46.4
Infant Deaths	Count	1,334	11
Infant Mortality Rate Per 1,000 live Births	Per 1,000 Live Births	6	3.8
HIV/AIDS Deaths	Count	692	6
HIV/AIDS Age Adjusted Death Rate	Per 100,000 Total Population	2.9	1.6
Pneumonia/Influenza Deaths	Count	3,082	148
Pneumonia/Influenza Age Adjusted Death Rate	Per 100,000 Total Population	9.8	11.6
Cancer Deaths	Count	45,199	1348
Cancer Age Adjusted Death Rate	Per 100,000 Total Population	146.2	135.5
Chronic Liver Disease and Cirrhosis Deaths	Count	3,342	94
Chronic Liver Disease and Cirrhosis Age Adjusted Death Rate	Per 100,000 Total Population	12	14.5
Chronic Lower Respiratory Disease Deaths	Count	12,346	292
Chronic Lower Respiratory Disease Age Adjusted Death Rate	Per 100,000 Total Population	38.4	25.5
Diabetes Deaths	Count	6,195	112
Diabetes Age Adjusted Death Rate	Per 100,000 Total Population	20.4	11.3
Heart Disease Deaths	Count	46,929	1256
Heart Disease Age Adjusted Death Rate	Per 100,000 Total Population	147.7	114.4
Stroke Deaths	Count	13,238	337
Stroke Age Adjusted Death Rate	Per 100,000 Total Population	41	28
Homicide Deaths	Count	1,311	15
Homicide Age Adjusted Death Rate	Per 100,000 Total Population	6.6	3.9
Suicide Deaths	Count	3,552	104
Suicide Age Adjusted Death Rate	Per 100,000 Total Population	15.3	21.2
Unintentional Injuries Deaths	Count	12,616	277
Unintentional Injuries Age Adjusted Death Rate	Per 100,000 Total Population	53.8	54.6
Motor Vehicle Crash Deaths	Count	3,224	45
Motor Vehicle Crash Age Adjusted Death Rate	Per 100,000 Total Population	14.7	10.9
Alzheimer's Deaths	Count	6,711	327
Alzheimer's Age-Adjusted Death Rate	Per 100,000 Total Population	20	23.7

III. ASSESSMENTS - MAPP PHASE 3 HEALTH STATUS ASSESSMENT

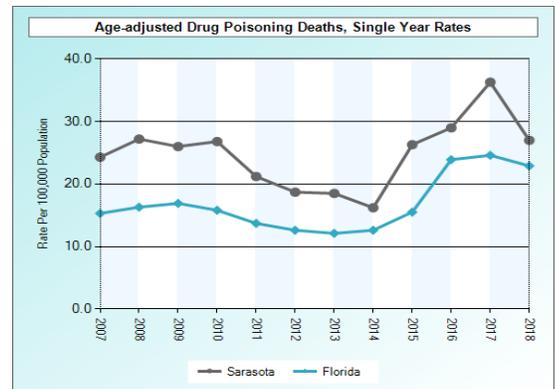
Health Status Assessment

J. Death, Illness, Injury

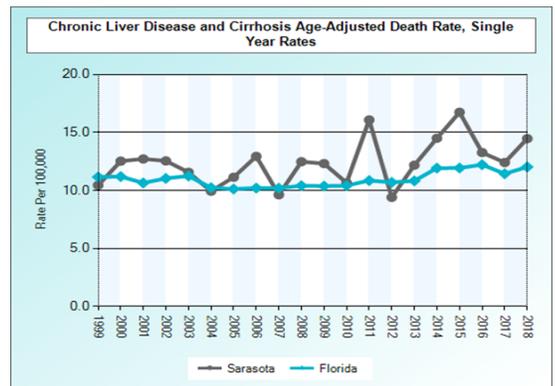
The rate of deaths by suicide in Sarasota County has been higher than the State since 2009. The chart below shows the alarming trend. In 2018, the rate of deaths by suicide in Sarasota County was 21.2 compared with the State at 15.3, when 104 deaths by suicide were recorded in Sarasota County. When examined by age, five deaths by suicide were teens (age 15 to 19 years old). Seventy-four deaths by suicide were for residents 50 years of age or older. That is 71% of all deaths by suicide in 2018.



The rate of drug poisoning deaths for Sarasota County was 27.0 per 100,000, a decrease from 36.3 per 100,000 in 2017. This represents a 9.3 rate decrease. From 2014 - 2017, Sarasota County experienced a 40% increase; however, from 2017 to 2018 there were 19 fewer deaths, a nine percent decrease. Of note, this data defines the underlying cause of death as drug poisoning, which includes unintentional and intentional. According to the recently published medical examiners report a total of 233 Sarasota County residents had an identified drug in their body at the time of death in 2018, a decrease from 261 for 2017.

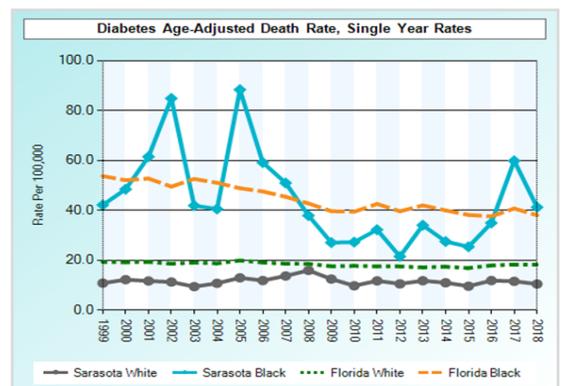


Since 2013 the rate of death from chronic liver disease and cirrhosis have been higher in Sarasota County than the State. In 2018, 94 deaths in Sarasota County were attributed to chronic liver disease and cirrhosis. The rate for Sarasota County has increased by 50% since 2013. Comparatively, the rate for all causes of chronic liver disease death only differed by a 1% when comparing Sarasota County and Florida.



The influenza and pneumonia age-adjusted death rate for Sarasota County in 2018 was 11.6 (148) per 100,000 which is above the State rate of 9.8 per 100,00 individuals. This number of these deaths in Sarasota County has been increasing steadily since 2014 from 76. Of these, 146 were White (11.8 per 100,000) and 2 (9.3 per 100,000) were reported as Black.

The diabetes mellitus age-adjusted death rate for Sarasota County in 2018 was 11.3 (112) per 100,000 which was better than the state rate of 20.4 per 100,00 individuals. However, when examined by race, a disparity is clear. The rate for White residents was 10.5 compared with 41.3 for Black residents.



III. ASSESSMENTS - MAPP PHASE 3 HEALTH STATUS ASSESSMENT

Health Status Assessment

J. Death, Illness, Injury

Unintentional injuries are a concern in Sarasota County in a few key areas. (Numbers in red identify top three causes per age range). An overview of unintentional non-fatal causes for emergency department visits is below:

Age Ranges	<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	County Age Adj Rate	Florida Age Adj Rate
TOTAL	206	1,348	1,305	1,404	1,431	1,383	3,017	2,687	2,801	3,232	3,488	3,369	3,294	28,965	7,480.98	8,135.38
Fall	116	615	564	439	280	197	575	597	847	1,307	1,802	2,237	2,654	12,230	2,410.45	2,404.63
Motor Vehicle Traffic	13	43	84	130	285	348	644	478	490	431	328	151	53	3,478	1,085.7	1,220.02
Struck By/ Against (object)	18	184	212	321	275	191	382	340	281	286	277	263	169	3,199	992.08	977.23
MVT-Occupant	13	38	64	92	213	252	468	344	357	297	231	107	37	2,513	791.6	897.45
Unspecified	16	87	70	88	118	114	286	263	256	276	288	277	195	2,334	614.16	1,018.32
Cut/Pierce	<5	32	72	84	115	183	331	271	241	221	219	106	52	1,929	586.29	540.88
Overexertion	<5	41	41	137	134	111	247	273	254	233	175	111	40	1,797	546.92	660.99
Bites and Stings	18	131	101	55	62	57	143	142	136	147	124	74	20	1,210	382.15	418.28
Bites and Stings -Nonvenomous	17	112	75	43	46	46	113	106	108	110	88	47	17	928	298.8	347.57
Other Specified, Foreign Body	10	86	47	23	27	28	61	43	58	69	65	43	48	608	178.45	195.61
Poisoning	<5	34	8	8	16	29	98	74	56	49	38	30	16	458	143.44	175.13
Other Specified, Classifiable	6	30	41	43	35	30	60	55	54	40	27	12	20	453	153.18	162.04
MVT-Other/ Unspecified	<5	<5	<5	6	33	36	79	53	51	40	44	18	9	376	114.41	203.96
Drug	<5	20	5	5	10	17	73	52	40	39	29	21	14	326	99.24	129.1

Falls were the number one reason for emergency department visits for all ages up to 14 and for all ages over 35, however 55% of the 12,230 unintentional non-fatal injuries from falls were for those 65 and older. The rate of falls was also slightly higher than the state.

Motor vehicle traffic injury was the number one reason for those between the ages of 15-34. Being struck by or against an object, including as a motor vehicle occupant, ranked as second or third highest reason for emergency department visits for most of the age ranges.

12,230
Emergency Department
Visits due to Falls



Following emergency department visit, there were 888 unintentional non-fatal hospitalizations due to falls during 2018. 71% were for those 65 and older.

III. ASSESSMENTS - MAPP PHASE 3 FORCES OF CHANGE ASSESSMENT

Forces of Change Assessment

The Forces of Change (FoC) Assessment is intended to identify trends (patterns over time); factors (discrete elements specific to a community); or events (one-time occurrences) that are or will be influencing the health and quality of life of the community, and the work of the local public health system. It is designed to create a comprehensive but focused list that identifies the key forces and describes their impacts. The assessment answers the following:

What trends, factors and/or events affect the health of the people in the United States, in the State of Florida, and in Sarasota County?

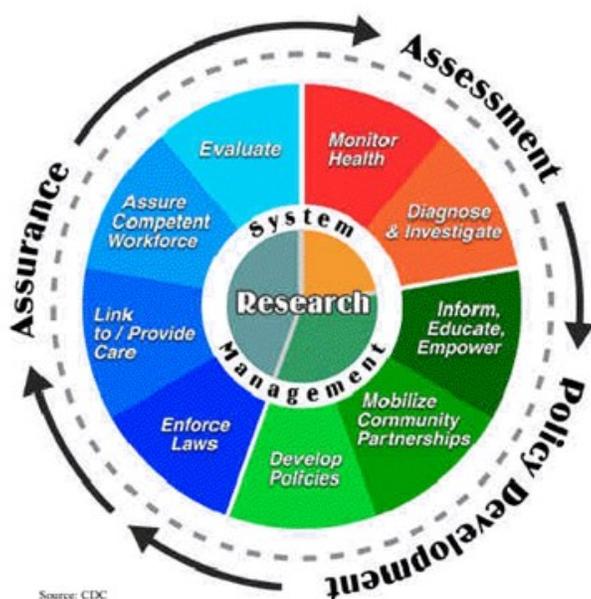
During April and May of 2019, the FoC Assessment was completed by the Community Health Improvement Plan (CHIP) Leadership Council and staff of Sarasota County Health and Human Services, with 46 responses received. For each one of the questions there was space to describe separate trends, factors and events, with a brief definition of each one. The following table was designed with categorized trends, factors, and events along with associated challenges and opportunities for each one of the categories.

Sarasota County Forces of Change		
Trends	Challenges Posed	Opportunities Created
High cost of living	Disparities in housing, access to food and health care	Affordable housing Business development Workforce development with focus in educational advancement
Population growth	Overall quality of life with direct impact on urban traffic, cost of living and demand for services such, schools, health centers, hospitals and public agencies	Improve infrastructure Alignment of transportation and land use Increase taxes revenue
Factors	Challenges Posed	Opportunities Created
Tourism	Urban traffic, transportation, pollution, increase the cost of living and increase the risk of imported diseases and outbreaks	Positive economic impact
Elderly population	Increase financial burden on health care system Transportation Independent living	Intergenerational involvement Enhanced transportation services for seniors Successful strategies for aging in place
Events	Challenges Posed	Opportunities Created
Red Tide	Misconception and misinformation about Red Tide Economic impact	Collaboration between response agencies Education
Hurricane	Social, economic and public health effects of a major disaster	Collaboration between response agencies

III. ASSESSMENTS - MAPP PHASE 3 LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT

Local Public Health System Assessment (LPHSA)

The National Public Health Performance Standards (NPHPS) Local Public Health System Assessment (LPHSA) was developed by the National Association of City and County Health Officials (NACCHO) and the Centers for Disease Control and Prevention (CDC).



Source: CDC

This assessment tool allows public health stakeholders to “identify areas for system improvement, strengthen state and local partnerships, and ensure that a strong system is in place for providing the Ten Essential Public Health Services and Core Functions.” The Ten Essential Public Health Services and Core Functions are presented in this image.

The LPHSA was completed during the Community Health Improvement Partnership (CHIP) Leadership Meeting in April 2019. The goal was to assess how the Ten Essential Public Health Services have been delivered within the community. Model standards represent the major components or practice areas of each essential service.

Essential Service #1- Monitor Health Status to Identify Community Health Problems

Model Standards:

- 1.1 Population-Based Community Health Assessment
- 1.2 Current Technology to Manage and Communicate Population Health Data
- 1.3 Maintaining Population Health Registries

Education is needed about the CHA among community members and providers.

-CHIP Member

Essential Service #2 - Diagnose and Investigate Health Problems and Health Hazards

Model Standards:

- 2.1 Identify and Monitoring Health Threats
- 2.2 Investigating and Responding to Public Health Threats and Emergencies
- 2.3 Laboratory Support for Investigating Health Threats

There is a lack of knowledge of registries by the physician population.

-CHIP Member

Essential Service #3 - Inform, Educate and Empower People about Health Issues

Model Standards:

- 3.1 Health Education and Promotion
- 3.2 Health Communication
- 3.3 Risk Communication

A town hall would help.

-CHIP Member

Essential Service #4– Mobilize Community Partnerships to Identify and Solve Health Problems

Model Standards:

- 4.1 Constituency Development
- 4.2 Community Partnerships

III. ASSESSMENTS - MAPP PHASE 3 LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT

Local Public Health System Assessment (LPHSA)

Essential Service #5 - Develop Policies and Plans that Support Individual and Community Health Efforts

Model Standards:

- 5.1 Governmental Presence at the Local Level
- 5.2 Public Health Policy Development
- 5.3 Community Health Improvement Process and Strategic Planning
- 5.4 Plan for Public Health Emergencies



The perception is that public health is doing an optimal job, but partners are really not aware.

-CHIP Member

Essential Service #6 - Enforce Laws and Regulations that Protect Health and Ensure Safety

Model Standards:

- 6.1 Reviewing and Evaluating Laws, Regulations and Ordinances
- 6.2 Involvement in Improving Laws, Regulations and Ordinances
- 6.3 Enforcing Laws, Regulations and Ordinances



We need to understand the reason that people do not get the care they need.

-CHIP Member

Essential Service #7 - Link People to Needed Personal Health Services and Ensure the Provision of Healthcare when Otherwise Unavailable

Model Standards:

- 7.1 Identifying Personal Health Services Needs of Populations
- 7.2 Ensuring People are Linked to Personal Health Services

Essential Service #8- Assuring a Competent Public Health and Personal Healthcare Workforce

Model Standards:

- 8.1 Workforce Assessment, Planning and Development
- 8.2 Public Health Workforce Standards
- 8.3 Lifelong Learning through Continuing Education, Training, and Mentoring
- 8.4 Public Health Leadership Development



Inclusivity is important.

-CHIP Member

Essential Service #9 - Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-based Health Services

Model Standards:

- 9.1 Evaluating Population-based Health Services
- 9.2 Evaluating Personal Health Services
- 9.3 Evaluating the Local Public Health System

Essential Service #10 - Research for New Insights and Innovative Solutions to Health Problems

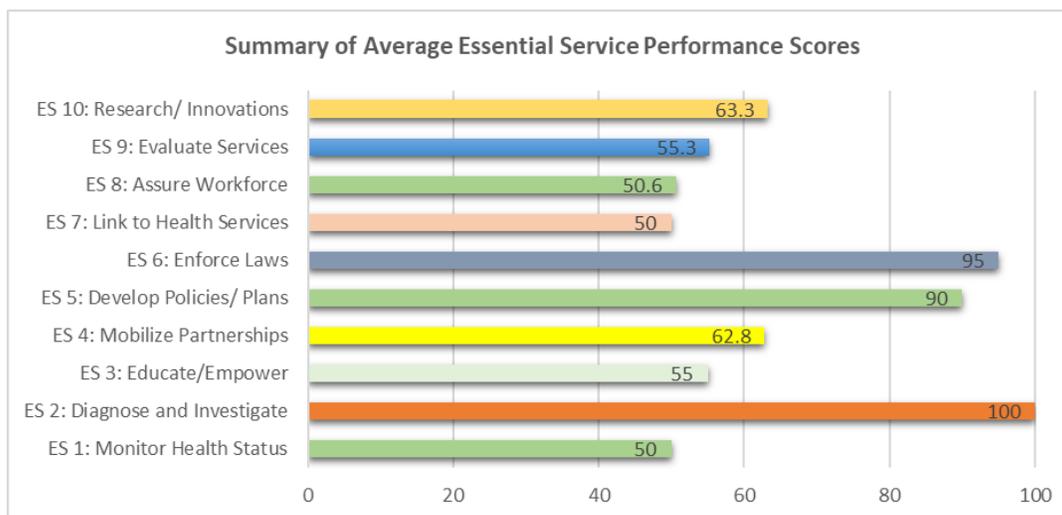
Model Standards:

- 10.1 Fostering Innovation
- 10.2 Linking with Institutions of Higher Learning and/or Research

III. ASSESSMENTS - MAPP PHASE 3 LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT

Local Public Health System Assessment (LPHSA)

Community partners met in groups, heard about the essential services and model standards for each, and ranked DOH-Sarasota. Scores range from a minimum value of 0% (no activity is performed pursuant to the standards) to a maximum of 100% (all activities associated with the standards are performed at optimal levels). The results for Sarasota-DOH are shown in the following charts:



The highest ranked services were Enforce Laws, Develop Policies/Plans, and Diagnose and Investigate. Services scored as having a Significant Activity were Evaluate Services, Research/Innovations, Mobilize Partnerships, and Educate & Empower. The results identified Assure Workforce, Link to Health Services, and Monitor Health Status as the three lowest ranking services according to the CHIP Leadership Council evaluation.

Optimal Activity (76-100%)	ES6- Enforce Laws ES5- Develop Policies/Plans ES2-Diagnose & Investigate
Significant Activity (51- 75%)	ES9- Evaluate Services ES10- Research/ Innovations ES4- Mobilize Partnerships ES3- Educate & Empower
Moderate Activity (26-50%)	ES8- Assure Workforce ES7- Link to Health Services ES1- Monitor Health Status
Minimal Activity (1-25%)	N/A
No activity	N/A

IV. STRATEGIC ISSUES IDENTIFIED MAPP PHASE 4

Top Strategic Issues

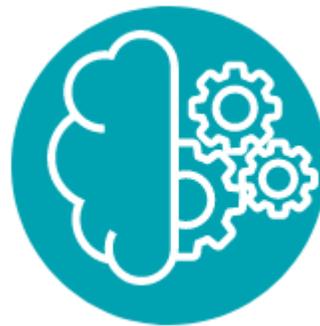
Based on results from the assessment methods, three strategic issues arose as priorities for Sarasota County: mental health, access to care, and environmental health. Two are similar to priorities in the previous Community Health Assessment, access to care and behavioral health, however, the focus has shifted. For example, one goal of the previous Community Health Improvement Plan was to assure residents have insurance for access to care. Based on the results of this current Assessment, the focus may now be more focused on assuring systems can be navigated and utilized.

Mental Health

Alcohol use and abuse

Suicide

Drug use and abuse



Access to Care

Prevention

Intervention

Navigation



Environmental Health

Water quality

Air Quality

Built Environment



IV. STRATEGIC ISSUES IDENTIFIED MAPP PHASE 4

The Community Health Assessment Steering Committee reviewed findings from all primary and secondary sources and determined themes and key strategic issues. The chart below represents the identification of issues and sub-issues per survey method.

	Focus Groups and Community Dialogue	CASPER	Age Friendly Survey	Maternal Child Health Survey	Forces of Change	Existing Data
<u>Mental Health</u>						
Alcohol Use and Abuse	●	●	N/A*		●	●
Suicide	●	●		●	●	
Drug Use and Abuse	●	●		●	●	
<u>Access to Care</u>						
Prevention			N/A*	●	●	●
Intervention	●			●	●	●
Navigation		●		●	●	
<u>Environmental Health</u>						
Water Quality	●	●	●			●
Air Quality	●		●	●		●
Built Environment	●		●		●	●

*Questions were not specified in this survey around these topics.

IV. STRATEGIC ISSUES IDENTIFIED MAPP PHASE 4

Key Findings in Issue Area

Mental Health

Alcohol Use and Abuse	<p>More than 65% of CASPER respondents, named excessive drinking as a top concern. Binge drinking among older residents in Sarasota County is higher than the state (12.9% vs 8.7%).</p> <p>Health status data indicates that motor vehicle crashes, fatalities and injuries where drug and alcohol impairment was confirmed increased significantly during the last three years.</p>
Suicide	<p>More than 49% of CASPER respondents think depression is somewhat a problem or a large problem, and only 24% always get the social and emotional support they need. One-fourth of Age Friendly survey respondents did not get all the emotional support they needed. One in five MCH survey respondents felt some level of depression following birth.</p> <p>Focus groups for aging and LGBT+ residents identify social isolation and loneliness as risks for residents.</p> <p>Health status data indicates the suicide rate is higher in Sarasota County than the State and has been for many years. In 2018, it was 21.2 compared with 15.3, an increase from 19.4 in 2017.</p> <p>There were 104 deaths by suicide were recorded in Sarasota County in 2018. Seventy-four of those were adults more than 50 years old. This is more than 71% of all deaths by suicide. 5 of those deaths by suicide were teens (age 15 to 19 years old).</p>
Drug Use and Abuse	<p>Drug abuse (prescription and illegal) was reported as the first and third top issues in the county (68% and 64%, respectively) through CASPER.</p> <p>From 2014 - 2017, Sarasota County experienced a 40% increase in drug poisoning deaths; however, from 2017 to 2018 there were 19 fewer deaths. The rate of drug poisoning deaths for Sarasota County was 27.0 per 100,000, a decrease from 36.3 per 100,000 in 2017. This represents a 9.3 rate decrease. However, it is still well above the state rate of 22.9 per 100,000.</p> <p>The rate of drug related deaths for Sarasota County residents aged 25-64 continued to be worse than the state in 2018.</p>

IV. STRATEGIC ISSUES IDENTIFIED MAPP PHASE 4

Key Findings in Issue Area

Access to Care

Prevention	<p>Although on-time vaccination in early childhood provides immunity from life-endangering illness, only about 77% of Sarasota County two-year-olds were fully immunized compared with 84% for the State. Among pregnant or new mothers at least 58% were not offered a flu shot or encouraged to get one. Similarly, 66% were not offered a vaccine for whooping cough.</p> <p>The rate for syphilis in Sarasota County increased from 3.1 per 100,000 to 19.0 per 100,000 from 2013 to 2018. The rate is especially high for black residents from 25 to 29 years old. Gonorrhea and chlamydia rates have increased 5% from 2015 to 2018. The overall new HIV infection rate in Sarasota County is 7.7 compared with the State at 23.4. However, the rate for white residents was 3.5 (N=12), and the rate for black residents was 43.9 (N=8).</p> <p>70% of maternal child health survey respondents did not get dental care during pregnancy.</p> <p>From the health status data, about 38% of adults in Sarasota County are overweight. Most chronic diseases can be linked to excessive weight due to poor nutrition and lack of exercise.</p>
Intervention	<p>Focus groups identified a lack of specialists for aging, vulnerable populations, and the LGBT+ community. Although currently not an issue, the population growth may begin to exceed the growth rate of the number of physicians, especially in some areas of the county such as North Port.</p> <p>Forces of Change identified the growing trend of the elderly population with changing needs in healthcare. Focus groups prioritized the need for services to address loss, depression, and isolation.</p> <p>Sarasota County has one mental health provider per every 600 in comparison to top U.S. areas, which have a ratio of one mental health provider to every 310 people.</p>
Navigation	<p>About 36% of CASPER respondents go to an emergency department or urgent care when they are sick or need medical care. About 32% put medical bills on a credit card or loan.</p> <p>About 26% of Maternal Child Health survey respondents reported that lack of financial resources or health insurance was the biggest challenge for those who had issues starting prenatal. Getting appointments and transportation were also barriers. In 2018, 49 babies were born to mothers who had no prenatal care in Sarasota County.</p>

IV. STRATEGIC ISSUES IDENTIFIED MAPP PHASE 4

Key Findings in Issue Area

Environmental Health

Water Quality	Survey data, focus groups and key interviews consistently noted community concern about recreational water quality. The presence of harmful algal blooms in coastal areas of Sarasota for much of 2018 and 2019 has raised awareness of recreational water quality and its potential impacts on the health of our community. Specifically, Red Tide and perceived frequent Beach Advisories due to high bacteria counts remain a key focus of the community.
Air Quality	Focus groups and some survey data identified Ambient Air Quality and Asthma as concerns by citizens in key Sarasota County neighborhoods. The perception of diminished air quality due to the aerosolized toxins from harmful algal blooms and fugitive dust from industrial operations have resulted in discussions about their potential health implementations. In addition, data shows that emergency room visits and hospitalizations for asthma appear to be higher than expected in key geographic locations.
Built Environment	<p>Our Built Environment (Transportation, Housing, and Existing and New Development) also play an important role the health our community. Focus groups on environmental health, health equity, and aging identified transportation as an issue to address. Impact on health can be significant – physical, emotional, mental, and social – based on focus group feedback. Transportation was also listed as 3rd most important County issue in 2018 Citizen Opinion Survey</p> <p>Population growth was identified through Forces of Change Assessment along with high cost of living and tourism. In addition, 24% of survey respondent identified “population growth/new development” as County’s most important issue in the 2018 Citizen Opinion Survey.</p>

What’s Next?

The Community Health Improvement Plan (CHIP) will be developed with clear goals and strategies to address these key findings from 2020 through 2025. The CHIP Leadership Council will review progress and results annually, updating the plan as needed.

V. LIMITATIONS

As with any assessment, especially involving the collection of new data, limitations and obstacles exist. Sarasota County itself has unavoidable limitations impacting the Community Health Assessment. The Florida Department of Health in Sarasota County (DOH-Sarasota) benefited from previous experience and adapted plans to address some of these limitations. Regardless, there were challenges as in any data collection project.

Sarasota County has unavoidable limitations impacting the Assessment. According to the US Census Bureau, about 56,416 housing units were vacant in Sarasota County. Additionally, Sarasota County estimates about 90,000 people are seasonal residents each year. Further, Sarasota County has many gated and private communities. When conducting a community-wide assessment these factors can impact timing, method, promotion, and results. Based on experience, the Florida Department of Health in Sarasota County (DOH-Sarasota) planned accordingly to address these and other limitations. Below is an acknowledgement of limitations for each type of assessment completed during Phase 3 of the MAPP process.

Focus Groups - Some focus groups were held with existing groups or at locations where participants would already gather for a meal, meeting, or activity. This could have impacted results in terms of information gathered from residents facing similar issues and challenges. Other focus groups relied on promotion and marketing. For these focus groups, locations selected could have impacted attendance in a positive or negative way. For example, two focus groups were held at the William L. Little Health and Human Services Center. Participating at a government facility could have been a deterrent for some attendees but a benefit for others based on experience, access to transportation, or any other number of factors.

CASPER Survey – The CASPER survey is designed to represent the county as a whole. The methodology does not allow for segmenting responses by zip code or census tract. It also does not allow for oversampling to help identify health disparities or issues facing vulnerable populations. This limitation was addressed by the various other survey and data gathering methods including focus groups. This limitation led to the focus group design to target specific population groups and address health disparities (aging, health equity, LGBT+, and environmental health). Similarly, the Age Friendly survey targeted the specific demographic of older residents in Sarasota County.

To focus on year-round residents and avoid obstacles faced in the past, the CASPER survey was conducted in the summer and mailed to residents. Prior to mailing, each census tract was visited by staff to assess the presence of deed-restrictions, private communities, vacant homes, and any other obstacles. The surveys were mailed to residents in the selected census blocks with a generic name. This proved to be a new limitation, since about 35% were returned without being delivered. The surveys were then personally addressed for the selected homes. About one month later, visits to census tracts took place, and surveys were left at designated houses if personal contact could not be made which resulted in achieving the necessary number of responses. Overall, the challenges of using the CASPER methodology are outweighed by the benefit of a statistically significant survey representing the entire county.

Age Friendly Survey - The main limitation for the Age Friendly survey was the distribution of the survey through an existing email list of Age Friendly Advocates. Additionally, the in-person survey locations selected by volunteers was limited in its scope of locations.

Maternal Child Health Survey - The Maternal Child Health survey was completed during two community events. This limited the sample to those that attended, resulting from the promotion and location of each event. The sample was also limited to women who were pregnant or had baby less than 1-year-old at the time of those events. Based on the dynamic nature of the Healthy Start Community Baby Showers, collecting more than 100 survey presented a challenge, but secured surveys represented about 10% of the numbers of clients served at Healthy Start from January to March 2019.

V. LIMITATIONS

Local Public Health Assessment - The Local Public Health System Assessment was mainly limited by attendance at the Community Health Improvement Plan (CHIP) Leadership Council meeting in April 2019. This means that only those that attending the meeting completed the assessment. Another limiting factor of this assessment was having multiple facilitators. With five different facilitators, the experience and feedback from each work group may have varied.

Forces of Change – The Forces of Change was an assessment also limited in terms of community reach. It was conducted with agency leaders at the April 2019 CHIP Leadership Council meeting and conducted with DOH-Sarasota staff for response. The sample could have some degree of bias related to individuals' knowledge regarding external factors impacting Sarasota County, primarily as a result of serving or working within these groups.

Health Status Assessment - The Health Status Assessment, completed by gathering secondary or existing data, was mainly limited by the availability and release of new data. For some indicators, data was only available through 2017. Although more recent data is always preferred, examining trends and patterns in data can still provide valuable insight for an assessment.

Since limitations always exist, additional community resources may be helpful to further examine health issues facing Sarasota County residents. Below is a list of some other current community resources:

County Health Rankings & Roadmaps - countyhealthrankings.org

Florida CHARTS - flcharts.com

Florida KIDS COUNT – floridakidscount.org; datacenter.kidscount.org

Suncoast 2-1-1 - 211counts.org

Sarasota County Citizen Opinion Survey - scgov.net/government/county-commission/citizen-opinion-survey

Sarasota County Child and Youth Mental Health Environmental Scan - barancikfoundation.org/wp-content/uploads/2019/03/2019-03-Sarasota-Report-Mental-Health-Scan.pdf

United Way ALICE Report - unitedwayalice.org/Florida

VI. COMMUNITY HEALTH IMPROVEMENT PLAN MAPP PHASES 5 and 6

With the completion of the 2019 Sarasota County Community Health Assessment, the 2020-2025 Sarasota County Community Health Improvement Plan (CHIP) can be developed and implemented. This work will complete the MAPP process Phases 5 and 6.

Phase 5 is the first step to developing the Community Health Improvement Plan. It is a process that began with the CHIP Leadership Council meeting in October 2019. Various strategies to address the identified strategic issues were compiled by the group. Further discussion has occurred with each Community Health Action Team (CHAT). These 4 groups located throughout the county are community-lead and work in coordination with the CHIP Leadership Council to improve the health of Sarasota County residents. CHATs are citizen-led action teams in four geographic areas of the county including Englewood; Newtown; North Port; and the Laurel, Osprey, Venice, and Nokomis (LOVN) area. The CHATs identify and research health issues in the community and act to address these issues. The input from the CHIP Leadership Council and the CHATs has been vital to the initial work in Phase 5.

Phase 6 solidifies the goals of the CHIP with strategic, measurable, achievable, realistic, and timely (SMART) goals for each area including mental health, access to care, and environmental health. The key issues of alcohol use and abuse, suicide, and drug use and abuse will be addressed through the mental health area. Access to care will be approached from the perspective of prevention, intervention, and navigation. The issues of water quality, air quality, and the built environment will be tackled through environmental health.

The community, in partnership with the Florida Department of Health in Sarasota County (DOH-Sarasota), will tackle these goals during the 5 years of the 2020-2025 Sarasota County CHIP. The CHIP can be used to:

- set community health priorities
- coordinate resources
- target resources
- measure the work of many entities
- develop policies
- define actions
- target efforts that promote community health
- achieve the vision for a healthy community

The 2020-2025 Sarasota County CHIP will be reviewed quarterly, and it will be updated and revised annually by the CHIP Leadership Council. It will be a true community document, measuring the work of many entities striving to improve the health of Sarasota County residents.



If you would like to be involved with this work to make Sarasota County a healthier community, please contact us at 941-861-2900

VII. REFERENCES

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APPENDIX A - CASPER SURVEY TOOL

CASPER Survey - Community Wide Survey

I. DEMOGRAPHICS

Provide your 5-digit Zip Code _____

Female Male

Your age as of your last birthday _____

Marital Status Married Not Married Separated Divorced Widowed

Are you Hispanic? Yes No

Race: White Black Asian Pacific Island Other

Annual household income:

- | | |
|---|---|
| <input type="checkbox"/> Less than \$10,000 | <input type="checkbox"/> \$50,000 to \$74,999 |
| <input type="checkbox"/> \$10,000 to \$19,999 | <input type="checkbox"/> \$75,000 to \$99,999 |
| <input type="checkbox"/> \$20,000 to \$29,999 | <input type="checkbox"/> \$100,000 to \$149,999 |
| <input type="checkbox"/> \$30,000 to \$49,999 | <input type="checkbox"/> \$150,000 or more |

Highest level of education:

- | | |
|--|--|
| <input type="checkbox"/> Never attended school | <input type="checkbox"/> Grades 12 or GED |
| <input type="checkbox"/> Grades 1 through 8 | <input type="checkbox"/> College 1 year to 3 years |
| <input type="checkbox"/> Grades 9 through 11 | <input type="checkbox"/> College 4 year or more |

II. GENERAL HEALTH

Please imagine a ladder with steps numbered from **zero** at the bottom to **ten** at the top.

The top of the ladder represents the **best possible LIFE for you**, and the bottom of the ladder represents the **worst possible LIFE for you**.

9. Indicate where on the ladder you feel you personally stand right now _____

10. On which step do you think you will stand about five years from now _____

Now imagine the top of the ladder represents the **best possible financial situation for you**, and the **bottom of the ladder represents the worst possible financial situation for you (zero – ten)**.

11. Indicate where on the ladder is your financial situation _____

APPENDIX A - CASPER SURVEY TOOL

CASPER Survey - Community Wide Survey

12. In general, how would you rate your physical health.

_Excellent _Very Good _Good _Fair _Poor

13. In general, how would you rate your mental health (your mood and your ability to think).

_Excellent _Very Good _Good _Fair _Poor

14. How often do you get the social and emotional support you need?

_Always _Usually _Sometimes _Rarely _Never

15. How strongly do you agree with this statement *"I lead a purposeful and meaningful life?"*

_Agree _Slightly Agree _Mixed _Slightly Disagree _Disagree

III. QUALITY OF LIFE

Your personal satisfaction/happiness (or dissatisfaction / unhappiness) with the conditions in which you live.	Excellent	Very Good	Good	Fair	Poor
How would you rate:					
The overall quality of life in Sarasota County?					
The overall quality of the environment in Sarasota County?					
The quality of the healthcare system in Sarasota County?					
Sarasota County as a place to raise children?					
Sarasota County as a place to grow old?					
Sarasota County as a safe community?					

Have you ever experienced discrimination, been prevented from doing something, or been hassled or made to feel inferior in any of the following situations because of your race, ethnicity or color?	four or more times	Two or three times	Once	Never
At school?				
Getting hired?				
At work?				
Getting housing?				
Getting medical care?				
Getting service in a store or restaurant?				
Getting credit, bank loans, or a mortgage?				
On the street or in public setting?				
From the police or in the courts?				

APPENDIX A - CASPER SURVEY TOOL

CASPER Survey - Community Wide Survey

Thinking of what you consider to be a healthy community, how would you respond to the following:	Always	Most of the Time	Some-times	Rarely	Never
Residents have transportation (to buy food, to work, to go to activities).					
Residents are able to buy healthy food.					
Residents are able to pay for healthcare (family doctor, prescriptions).					
Residents are able to participate in recreational activities.					
Residents are able to live in affordable housing.					
Residents are able to participate in arts, cultural, and community events.					
Residents live in a clean environment.					
Residents live in a family-friendly environment.					
Residents are able to find good jobs.					
Residents are able to go to good schools.					
Adult residents practice healthy behaviors.					
Youth residents practice healthy behaviors.					
Residents find importance in religious or spiritual services.					
Residents live in a safe neighborhood.					

Thinking of Sarasota County, please rate the following:	Not a problem	Small problem	Somewhat a problem	Large problem	Don't know/ NA
Illegal drug abuse					
Prescription drug abuse					
Excessive drinking/alcohol abuse					
Violence					
Depression					
Dementia/Alzheimer's Disease					
Suicide					
Sexually Transmitted Infections					

IV. HEALTH CARE ACCESS	Private Clinic	Community clinic/DOH	Walking Clinic	ER
Where do you usually go when you are sick or need health care? <i>(check all)</i>				
Where do you usually go for mental health care? <i>(check all)</i>				
Where do you usually go for dental care? <i>(check all)</i>				

How do you pay for health care? **(check all)**: _Cash _Insurance _Credit Card _Loan

APPENDIX B - AGE FRIENDLY SURVEY TOOL

Age Friendly Survey



* 1. What is your 5- digit ZIP Code (enter 5-digit ZIP code; for example, 00544 or 94305)

* 2. Are you male or female?

Male

Female

* 3. What is your age as of your last birthday?

* 4. What is your current marital status?

Married

Not married, living
with partner

Separated

Divorced

Widowed

Never married

* 5. Are you of Hispanic, Spanish, Latino origin or descent?

Yes

No

APPENDIX B - AGE FRIENDLY SURVEY TOOL

Age Friendly Survey

* 6. What is your race [CHECK ALL THAT APPLY]

- White or Caucasian
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or other Pacific Islander
- Other (please specify)

* 7. What was your annual household income before taxes in the most recent tax year?

- Less than \$10,000
- \$10,000 to \$19,999
- \$20,000 to \$29,999
- \$30,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 to \$149,999
- \$150,000 or more

* 8. How would you rate your community as a place for people to live as they age? (This would be the geographical location where your home is located. A community can be located within a city or town or county.)

Poor	Fair	Good	Very Good	Excellent
<input type="radio"/>				

* 9. How important is it for you to remain in your community as you age?

Not at all important	Not very important	Somewhat important	Very important	Extremely important
<input type="radio"/>				

* 10. Do you own or rent your primary home — or do you have some other type of living arrangement, such as living with a family member or friend?

Own	Rent	Other type of living arrangement
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 11. What type of home is your primary home?

Single family home	Mobile home	Town home or duplex	Apartment	Condominium or coop
<input type="radio"/>				

Other (please specify)

APPENDIX B - AGE FRIENDLY SURVEY TOOL

Age Friendly Survey

* 12. How important do you think it is to have the following in your community?

	Not At All Important	Not Very important	Somewhat Important	Very Important	Extremely Important
a) Affordable housing options for adults of varying income levels such as older active adult communities, assisted living and communities with shared facilities and outdoor spaces	<input type="radio"/>				
b) Homes that are equipped with features such as a no-step entry, wider doorways, first floor bedroom and bath, grab bars in bathrooms	<input type="radio"/>				
c) Well-maintained and safe low-income housing	<input type="radio"/>				

* 13. Does the community where you live have the following?

	Not Sure	No	Yes
a) Affordable housing options for adults of varying income levels, such as older active adult communities, assisted living and communities with shared facilities and outdoor spaces	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Homes that are equipped with features such as a no-step entry, wider doorways, first floor bedroom and bath, grab bars in bathrooms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

APPENDIX B - AGE FRIENDLY SURVEY TOOL

Age Friendly Survey

* 14. How important do you think it is to have the following in your community

	Extremely important	Very important	Somewhat important	Not Very important	Not at all important
a) Well-maintained and safe parks that are within walking distance of your home	<input type="radio"/>				
b) Public parks with enough benches	<input type="radio"/>				
c) Sidewalks that are in good condition, free from obstruction and are safe for pedestrian use and accessible for wheelchairs or other assistive mobility devices	<input type="radio"/>				
d) Well-maintained public buildings and facilities that are accessible to people of different physical abilities	<input type="radio"/>				
e) Separate pathways for bicyclists and pedestrians	<input type="radio"/>				
f) Well-maintained public restrooms that are accessible to people of different physical abilities	<input type="radio"/>				
g) Neighborhood watch programs	<input type="radio"/>				

APPENDIX B - AGE FRIENDLY SURVEY TOOL

Age Friendly Survey

* 15. Does the community where you live have the following?

	Yes	No	Not Sure
a) Well-maintained and safe parks that are within walking distance of your home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Public parks with enough benches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Sidewalks that are in good condition, free from obstruction and are safe for pedestrian use and accessible for wheelchairs or other assistive mobility devices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Well-maintained public buildings and facilities that are accessible to people of different physical abilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Separate pathways for bicyclists and pedestrians	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Well-maintained public restrooms that are accessible to people of different physical abilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Neighborhood watch programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

APPENDIX B - AGE FRIENDLY SURVEY TOOL

Age Friendly Survey

* 16. How important do you think it is to have the following in your community?

	Not At All Important	Not Very Important	Somewhat Important	Very Important	Extremely Important
a) Accessible and convenient public transportation	<input type="radio"/>				
b) Affordable public transportation	<input type="radio"/>				
c) Well-maintained public transportation vehicles	<input type="radio"/>				
d) Reliable public transportation	<input type="radio"/>				
e) Safe public transportation stops or areas	<input type="radio"/>				
f) Special transportation services for people with disabilities and older adults	<input type="radio"/>				
g) Well-maintained streets	<input type="radio"/>				
h) Easy to read traffic signs	<input type="radio"/>				
i) Enforced speed limits	<input type="radio"/>				
j) Public parking lots, spaces and areas to park	<input type="radio"/>				
k) Affordable public parking	<input type="radio"/>				
l) Well-lit, safe streets and intersections for all users (pedestrians, bicyclists, drivers)	<input type="radio"/>				
m) Audio/visual pedestrian crossings	<input type="radio"/>				
n) Driver education/refresher courses	<input type="radio"/>				

APPENDIX B - AGE FRIENDLY SURVEY TOOL

Age Friendly Survey

* 17. Does the community where you live have the following?

	Yes	No	Not Sure
a) Accessible and convenient public transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Affordable public transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Well-maintained public transportation vehicles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Reliable public transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Safe public transportation stops or areas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Special transportation services for people with disabilities and older adults.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Well-maintained streets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) Easy to read traffic signs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) Enforced speed limits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j) Public parking lots, spaces and areas to park	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k) Affordable public parking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l) Well-lit, safe streets and intersections for all users (pedestrians, bicyclists, drivers)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m) Audio/visual pedestrian crossings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n) Driver education/refresher courses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

APPENDIX B - AGE FRIENDLY SURVEY TOOL

Age Friendly Survey

* 18. In general, when compared to most people your age, how would you rate your health?

Excellent	Very Good	Good	Fair	Poor
<input type="radio"/>				

* 19. Please imagine a ladder with steps numbered from zero at the bottom to ten at the top. The top of the ladder represents the **best possible life for you** and the bottom of the ladder represents the **worst possible life for you**.

	0	1	2	3	4	5	6	7	8	9	10
a) Indicate where on the ladder you feel you personally stand right now.	<input type="radio"/>										
b) On which step do you think you will stand about five years from now	<input type="radio"/>										

* 20. Now imagine the top of the ladder represents the **best possible financial situation for you**, and the **bottom of the ladder represents the worst possible financial situation for you**.

	0	1	2	3	4	5	6	7	8	9	10
Please indicate where on the ladder you stand right now.	<input type="radio"/>										

* 21. In general, how would you rate your physical health?

Excellent	Very Good	Good	Fair	Poor
<input type="radio"/>				

* 22. In general, how would you rate your mental health, including your mood and your ability to think?

Excellent	Very Good	Good	Fair	Poor
<input type="radio"/>				

* 23. How often do you get the social and emotional support you need?

Always	Usually	Sometimes	Rarely	Never
<input type="radio"/>				

* 24. How strongly do you agree with this statement "I lead a purposeful and meaningful life"

Agree	Slightly Agree	Mixed	Slightly Disagree	Disagree	Strongly Disagree
<input type="radio"/>					

APPENDIX C - MATERNAL CHILD HEALTH SURVEY TOOL

Maternal Child Health Survey



Part 1 Demographics

1- What is your 5- digit ZIP Code (enter 5- digit ZIP code, for example, 00544 or 94305).

2- What is your age as of your last birthday?

3- What is your current marital status?

- a) Married
- b) Not married living with partner
- c) Separated
- d) Divorced
- e) Widowed
- f) Single

4- What is your race? (Check all that apply)

- a) White Caucasian
- b) Black African American
- c) American Indian or Alaska Native
- d) Asian
- e) Native Hawaiian or another Pacific Islander
- f) Other (Please specify)

5- Are you of Hispanic, Spanish, Latino origin or descent?

- a) Yes
- b) No

6- Were you born in United States?

- a) Yes
- b) No

7- What is the primary language that you speak in your home?

- a) English
- b) Spanish
- c) Other, please specify (_____)

8- What was your annual household income before taxes in the most recent tax year?

- a) Less than \$10,000
- b) \$10,000 to \$19,999
- c) \$20,000 to \$29,999
- d) \$30,000 to \$49,999
- e) \$50,000 to \$74,999
- f) \$75,000 to \$99,999
- g) \$100,000 to \$149,999
- h) \$150,000 or more

APPENDIX C - MATERNAL CHILD HEALTH SURVEY TOOL

Maternal Child Health Survey



PART 2 During Pregnancy

9- Is this a multiple gestation (Twins, Triplets, etc)

- a. Yes
- b. No

10- How many weeks or months pregnant were you when you had your first visit for prenatal care?

Weeks or Months

11- Did any of these things keep you from getting prenatal care?

- a) I couldn't get an appointment when I wanted one
- b) I didn't have enough money or insurance to pay for my visits
- c) I didn't have transportation to get to the clinic or doctor's office
- d) The doctor or my health plan would not start care as early as I wanted
- e) I had too many other things going on
- g) I didn't have my Medicaid card
- h) I didn't know I was pregnant
- i) I didn't want anyone else to know I was pregnant
- j) I didn't want prenatal care

12- During this pregnancy, what kind of health insurance do you have for your prenatal care?

- a) Private Health Insurance from my job or the job of my husband/ partner
- b) Private health insurance from my parents
- c) Medicaid
- d) TRICARE or other military care
- e) Other health insurance _____
- f) I don't have any health insurance



13- What is the name of the practice/ clinic where you go for prenatal care?

I am not seeing any provider for my prenatal care

14- During this pregnancy, did a doctor, nurse or other health care worker offer you a flu shot or tell you to get one?

- a) Yes
- b) No

16- During this pregnancy, did a doctor, nurse or other health care worker offer you a Whooping Cough Vaccine or tell you to get one?

- a. Yes
- b. No

17- During this pregnancy have you had any alcoholic drinks?

- a) I didn't drink then
- b) Less than 1 drink per week
- c) 1 to 3 drinks a week
- d) 4 to 7 drinks a week
- e) 8 to 13 drinks a week
- f) 14 drinks or more a week.

18- Are currently smoking/ juuling/ vaping or using hookah?

- a) Yes > ___ cigarettes/juuls per day
- b) No

19- During this pregnancy, did you (or do you) have any of the following health conditions? Select all that apply.

- Gestational diabetes (diabetes that started during this pregnancy)
- High blood pressure (that started during this pregnancy), pre- eclampsia or eclampsia
- Depression
- Urinary Tract Infection
- Another condition, please specify _____

20- During this pregnancy, did you have your teeth cleaned by a dentist or dental hygienist?

- a. Yes
- b. No

21- During this current pregnancy, did any of the following people push, hit slap, kick, choke, or physically hurt you in any way? For each person, check NO if they did not hurt you during this time or YES if they did.

- a) My husband or partner Yes No
- b) My ex-husband or ex-partner Yes No
- c) Another family member Yes No

APPENDIX C - MATERNAL CHILD HEALTH SURVEY TOOL

Maternal Child Health Survey



PART 3 - AFTER PREGNANCY

9- By the end of your pregnancy, how much weight had you gained?

Pounds.

10- When your baby was born (Month/Day/Year)

____/____/____

11- How many pounds/ kilos was your baby when he or she was born?

Pounds

Or

Kilos

12- How was your new baby delivered?

- a) Vaginally
- b) Cesarean delivery (C-section)

13- After your baby was delivered, how long did he or she stay in the hospital?

- a) Less than 24 hours (less than 1 day)
- b) 24 to 48 hours (1 to 2 days)
- c) 3 to 5 days
- d) 6 to 14 days
- e) More than 14 days
- f) My baby was not born in a hospital
- g) My baby is still in the hospital

14- Are you currently breastfeeding or feeding pumped milk to your new baby?

- a) Yes
- b) No

15- How many weeks or months did you breastfeed or pump milk to feed your baby?

Weeks

Or

Months

16- In which position do you most often lay your baby down to sleep?

- a) On his or her side
- b) On his or her back



c) On his or her stomach

16- Are you or your husband or partner doing anything now to keep from getting pregnant?

(Some things people do to keep from getting pregnant include using birth control pills, condoms, withdrawal, or natural family planning)

- a. Yes
- b. No

17- Since your new baby was born, have you had a postpartum checkup for yourself?

(Postpartum checkup is the regular checkup a woman has about 4-6 weeks after she gives birth)

- a) Yes
- b) No

18- Since your new baby was born, how often have you felt down, depressed, or hopeless?

- a) Always
- b) Often
- c) Sometime
- d) Rarely
- e) Never

19- What kind of health insurance do you have now?

- a) Private Health Insurance from my job or the job of my husband/ partner, or parents
- b) Private health insurance purchase directly from an insurance company
- c) Medicaid
- d) TRICARE or other military care
- e) Other health insurance _____
- f) I don't have any health insurance

VIII. UPDATED DATA

Information on the following pages has been gathered in to guide activities and programs in the community since the full Community Health Assessment was conducted throughout 2019. This data was gathered by partners to continue to inform and educate the community. It is important to continue to gather new information that can further guide planned work that impacts health outcomes.

APPENDIX D - HEALTH DISPARITY DATA COMPILATION

In the Fall of 2020 the Health Disparity Data Compilation was shared with the community by the Charles and Margery Barancik Foundation and Gulf Coast Community Foundation to present data on health indicators and work with the community to impact health disparities. This Data was shared with the Newtown Community Health Action Team in December of 2020 to get feedback and prompt discussion on actions to take in the community as several disparities were identified for this area of the county.

This data compilation breaks down information by zip code and included COVID-19 data. Information has been used to target efforts and look at causes of disparities among various groups. The full report is found on the following pages.

**Charles and Margery Barancik Foundation
Gulf Coast Community Foundation**

**Health Disparity Data Compilation
October 2020**

ROBERTSON CONSULTING GROUP, INC.

Introduction

Charles and Margery Barancik Foundation and Gulf Coast Community Foundation partnered to collect data on health disparities with a focus on the disproportionate burden of the COVID-19 pandemic. The work will occur in two phases: collecting and presenting data on health indicators (Phase I) and working with the community to impact health disparities (Phase II).

This document presents data on health indicators (Phase I). Indicators were identified that were available at the county level and that were disaggregated by zip code or by race and ethnicity. Most indicators are also readily and consistently available so that data can be tracked over time. The indicators include those related to COVID-19 and additional indicators for youth and for adults. Data are predominantly from publicly available sources including the census, Florida CHARTS, and the Behavioral Risk Factor Surveillance Survey. Sources are listed in Appendix A.

For many indicators there were differences in health outcomes between zip codes, races, and ethnicities. When does a difference become a disparity? The Centers for Disease Control and Prevention define health disparities as “preventable differences in the burden of disease, injury, violence, or in opportunities to achieve optimal health experienced by socially disadvantaged racial, ethnic, and other population groups, and communities” while other organizations provide a numerical definition (e.g., statistically significant and greater than a 10% difference). A review of all the indicators with those definitions in mind clearly demonstrates that some of our neighbors are experiencing health disparities.

Summary Findings

Residents in the northwest Sarasota zip codes, which have a higher percentage of Black and Hispanic residents, are more likely to:

- Contract COVID-19, be hospitalized for COVID-19, and die from COVID-19
- Go to the emergency room for asthma or for COPD
- Experience an infant death, have a low birth weight baby, or be a mother under 20
- Have a child removed from the home and placed in foster care
- Face a healthcare professional shortage, lack health insurance, and lack access to food
- Have an education level below a bachelor’s degree

Low income residents in Venice and in North Port face a healthcare professional shortage, have low access to food, are more likely to go to the emergency room for COPD or for heart attacks, and are less likely to have a bachelor's degree.

Black residents are more likely than White residents to:

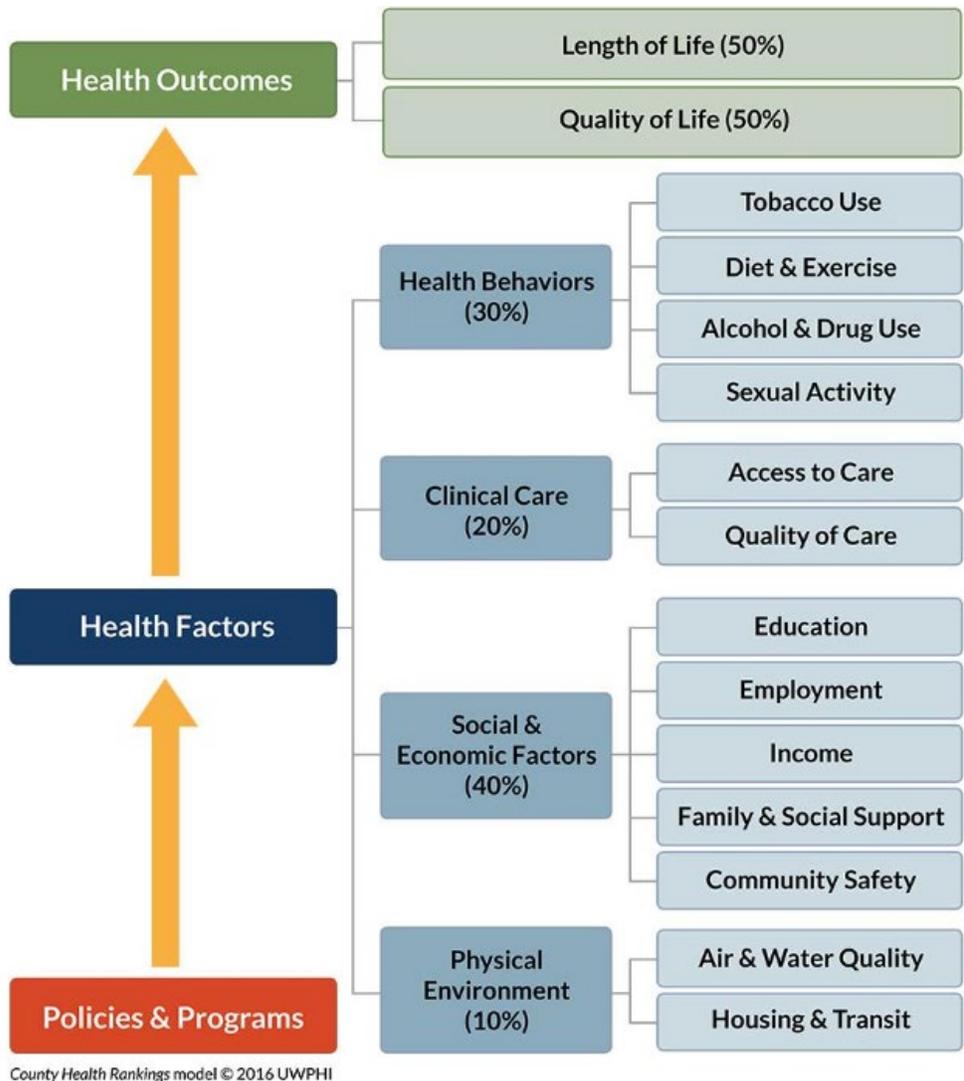
- Be hospitalized for asthma, COPD, diabetes, and mental disorders
- Have prostate cancer
- Die from chronic heart disease, diabetes, breast cancer, and prostate cancer
- Experience an infant death, have a low birth weight baby, or be a mother under 20
- Be overweight
- Not get a flu shot

Hispanic residents are less likely to get a flu shot and are more likely to experience an infant death than White residents.

Why does this occur?

Determinants of health, such as chronic stress; clinical care including insurance, sufficient providers, management of chronic diseases, and screening; health behaviors; the physical environment; and social and economic factors such as education, employment, and poverty all influence health. These determinants influence access to healthy food and other resources needed for good health such as playgrounds and safe places to exercise, access to health care (including preventive care), and stress levels. For example, higher education typically leads to better jobs, which provide insurance and incomes that lead to better quality health care. Higher earnings also allow people to live in safer neighborhoods and afford healthy food. Higher education also leads to higher health literacy and greater access to health information. The figure on the next page from the County Health Rankings¹ presents how social and economic factors, health behaviors, clinical care, and the physical environment impact health outcomes. As shown, 80% of health outcomes are influenced by factors other than access to health care.

¹ <https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model>



What's next?

The foundations plan to use these data to inform their COVID-19 initiative as well as investments in other areas. Data will also be used as a starting point in supporting the community in their efforts to reduce health disparities so that all residents have the opportunity to thrive.

Health Indicators Reviewed

Indicator	Page
COVID-19 cases, per 100,000, by zip code, as of September 2, 2020	7
COVID-19 hospitalizations per 100,000, by zip code, as of August 28, 2020	8
COVID-19 deaths per 100,000 by zip code, as of August 28, 2020	8
COVID-19 hospitalizations and deaths by race and ethnicity, as of Sept 2, 2020	9
Percentage of individuals with health insurance, 2014-2018	9
Health professional shortage areas	10
Number of asthma emergency department visits per 100,000, 2018	11
Age-adjusted asthma hospitalizations, rate per 100,000 population, 3-year rolling rate, 2016-2018	11
Number of COPD emergency departments visits, per 100,000, 2018	12
Age-adjusted hospitalization for COPD as any diagnosis, rate per 100,000 population, 3-year rolling, 2016-2018	12
Influenza and pneumonia deaths, per 100,000, 2015-2019	13
Age-adjusted death rate, influenza and pneumonia, 3-year rolling rate. 2017-2019	13
Age-adjusted hospitalizations from or with diabetes, rate per 100,000 population, 3-year rolling rate, 2016-2018	14
Age-adjusted death rate, diabetes, 3-year rolling rates, 2017-2019	14
Florida adults who are overweight or obese, 2018	15
Florida adults with a flu shot in the past year, 2018	15
Infant deaths per 1,000 births, 2015-2019	16
Infant deaths per 1,000 live births, 3-year rolling rates, 2017-2019	16
Low birth weight (< 2500g) by mother's zip code, 2019	17
Live births under 2,500 grams (low birth weight), 3-year rolling rates, 2017-2019	17
Counts for births to mothers under 20 years old, 2015-2019	18
Births by mother's age, ages 15-19, 3-year rolling rates, 2017-2019	18
Percentage of Florida two-year olds immunized, 2018	19
Total children age 0 to 17 in foster care, per 100,000, 2018 and 2019	19
Percentage of students who have ever been diagnosed with asthma, 2016	20
Percentage of students who did something in the past year to purposely hurt themselves without wanting to die, 2016	20
Number of heart attack emergency department visits per 100,000,, 2018	21
Age-adjusted death rate coronary heart disease, 3-year rolling rate, 2017-2019	21
Age-adjusted hospitalizations for mental disorders, rate per 100,000 population, 3-year rolling rate, 2016-2018	22
Age-adjusted female breast cancer incidence, rate per 100,000 female population, 3-year rolling rate 2015-2017	23
Age-adjusted death rate, female breast cancer, 3-year rolling rates, 2017-2019	23

Indicator	Page
Age-adjusted lung cancer incidence, rate per 100,000 population, 3-year rolling rate 2015-2017	23
Age-adjusted death rate, lung cancer, 3-year rolling rates, 2017-2019	23
Age-adjusted prostate incidence, rate per 100,000 population, 3-year rolling rate 2015-2017	24
Age-adjusted death rate, prostate cancer, 3-year rolling rates, 2017-2019	24
Life expectancy, 2019	24
Percentage of residents who live in a census tract with low access to a supermarket, supercenter, or large grocery store defined as a tract with at least 500 people, or 33% of the population living more than 1/2 mile (urban) or 10 miles (rural) from the nearest supermarket, supercenter, or large grocery store, 2015	25
Census tracts with low incomes and low access	25
Percentage of population 25 years and over with high school diploma/GED, 2014-2018	26
Percentage of population 25 years and over with an associate's degree, 2014-2018	26
Percentage of residents who are Black or African American, by zip code	27
Percentage of residents who are Hispanic or Latino, by zip code	27

Graphs begin on the next page. For zip code graphs, more cases, a higher percentage, or a higher rate is shown in darker blue colors and fewer cases, a lower percentage, or a lower rate is shown in lighter blue colors. Please also note that Sarasota County shares some zip codes with Charlotte County to the south and Manatee County to the north. Zip codes 34224 (Englewood) and 34228 (Longboat Key) are included in the maps even though they do not reside solely in Sarasota County.

Data are provided as percentages, per capita, and age-adjusted where possible; however, differences in zip code density and relative ages may still influence the comparison. For example, per capita numbers adjust for density but not for age distributions and vice versa. Please note that some zip codes in northwest Sarasota County have low population numbers; this can create higher rates. These three zip codes – 34234, 34237, and 34239 – contain about 13% of Sarasota’s population.

Covid-19 data and COVID-19 related data

Data for COVID-19 cases, hospitalizations, and deaths were obtained from the Florida Department of Health dashboard as well as from the Florida Department of Health in Sarasota. Please note that **data are provisional** and are date-sensitive. The Sarasota County jail is in zip code 34237, which is in the northwest area of the county; this zip code also includes many homeless services and shelters.

Figure 1: COVID-19 cases per 100,000 as of September 2, 2020

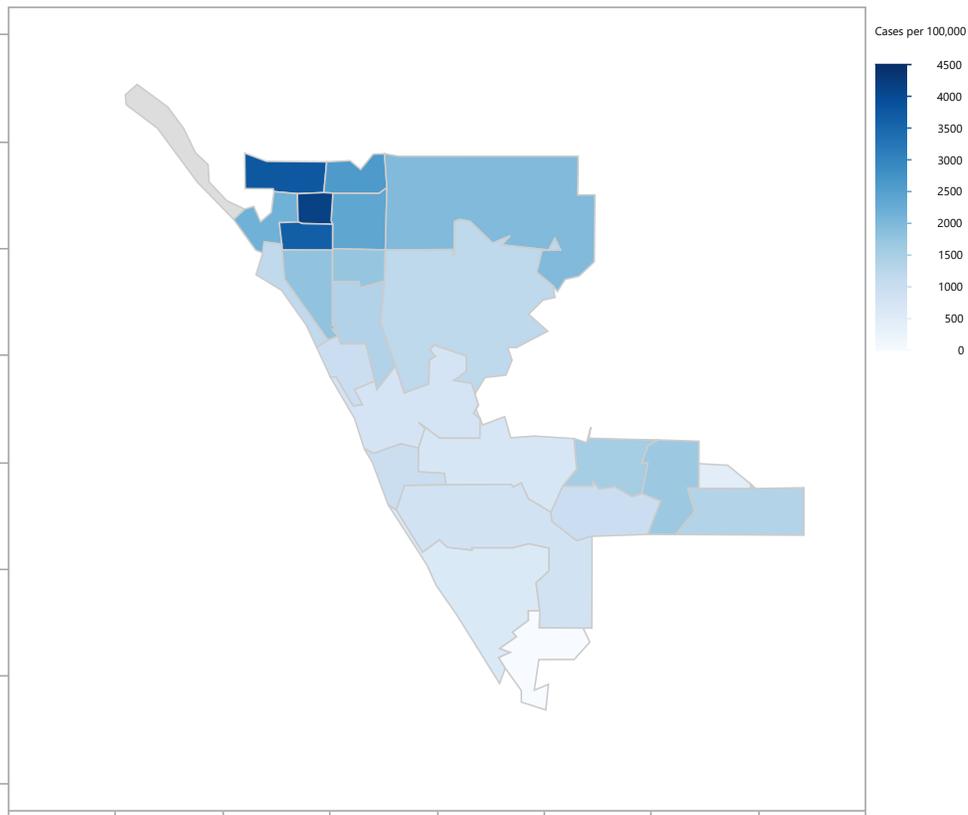


Figure 2: COVID-19 hospitalizations per 100,000 as of August 28, 2020

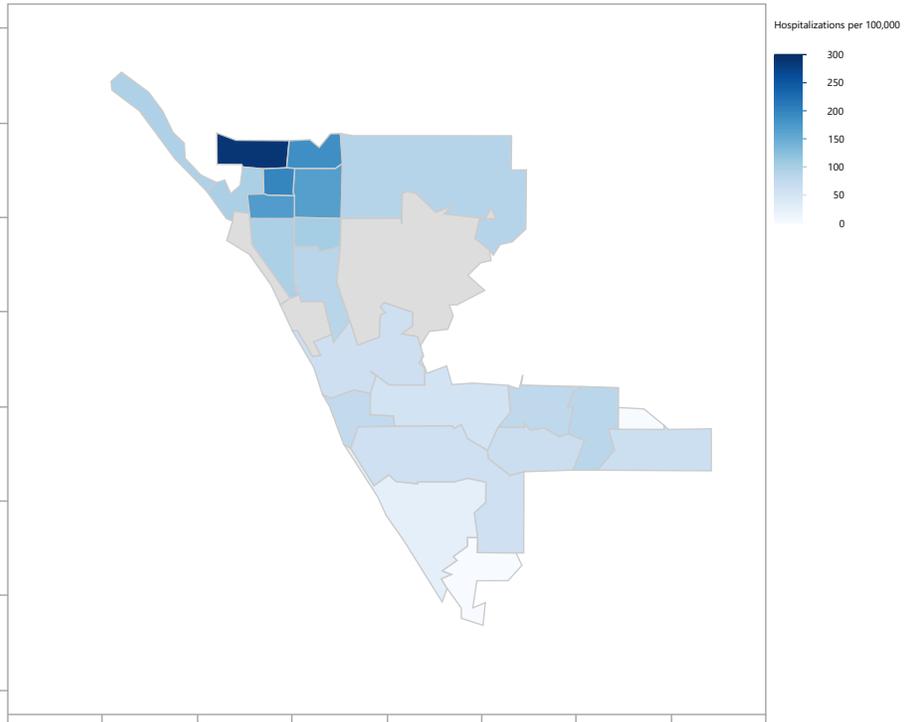


Figure 3: COVID-19 deaths per 100,000 as of August 28, 2020

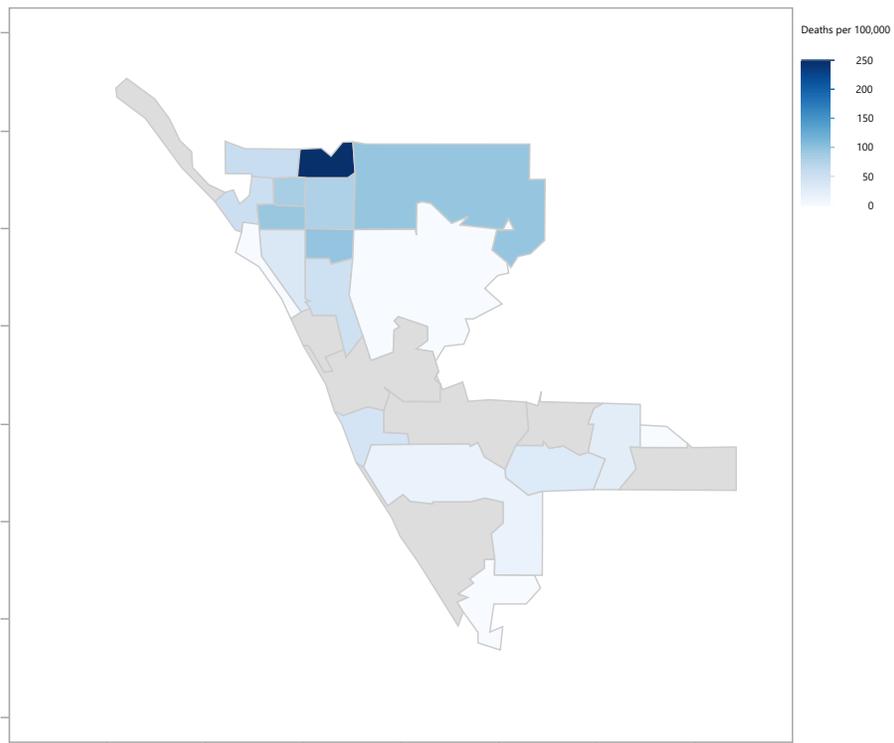


Figure 4: COVID-19 hospitalizations and deaths by race and ethnicity, as of September 2, 2020 (significant number of unknown)

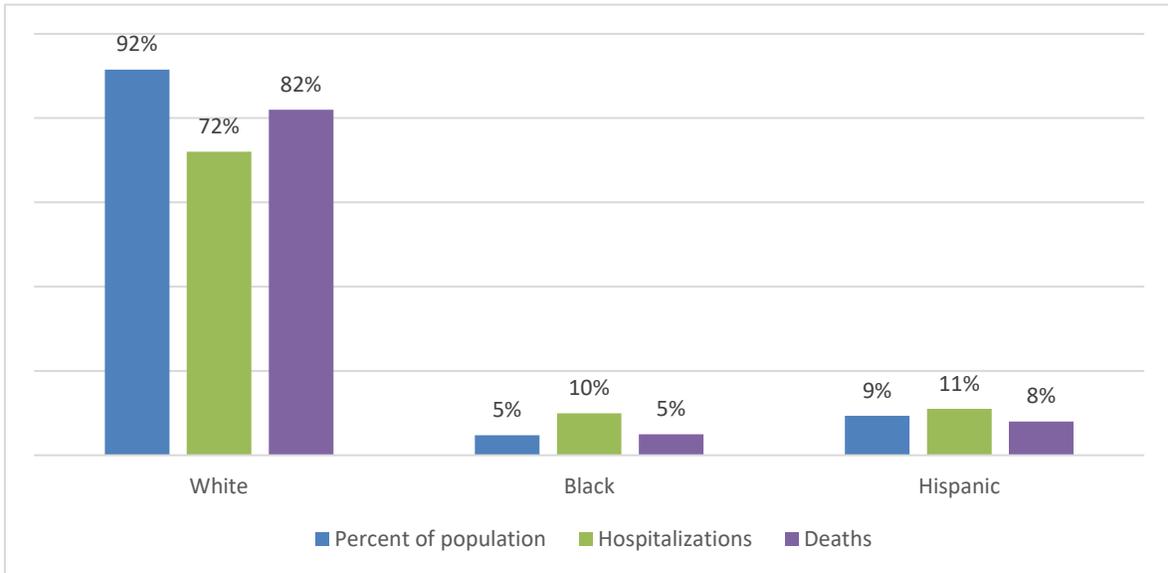
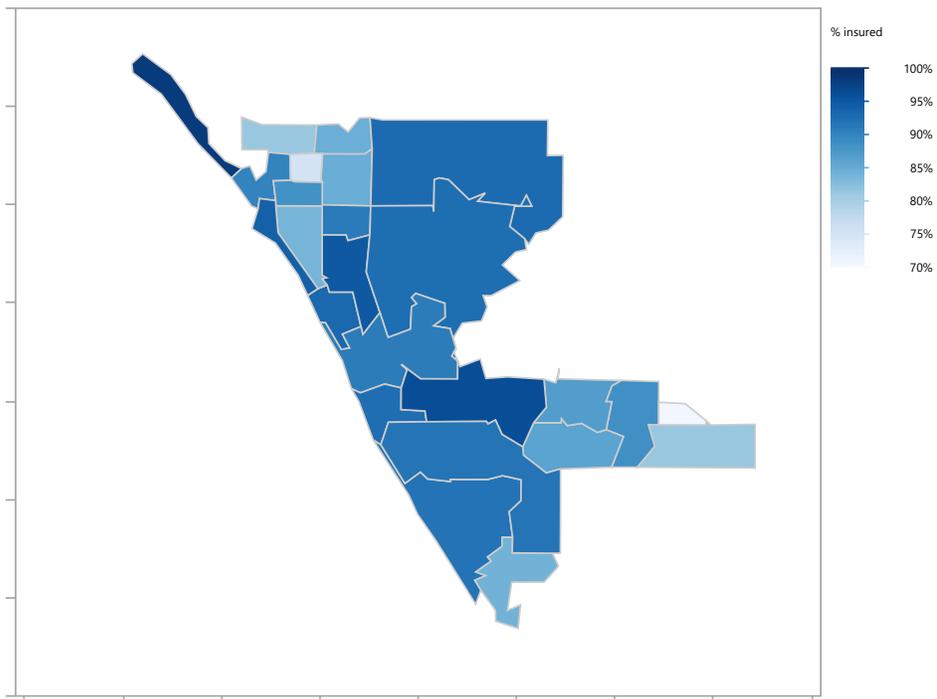


Figure 5: Percentage of individuals with health insurance coverage, 2014-2018



Health Professional Shortage Areas (HPSAs) are designations that indicate health care provider shortages in primary care, dental health, or mental health. These shortages may be geographic-, population-, or facility-based. Figure 5 displays the three HPSAs for Sarasota County: north Sarasota (low income), Venice (low income), and North Port/South Venice (low income), which indicates a shortage of providers for a specific population group (low income).

Figure 6: Health professional shortage areas

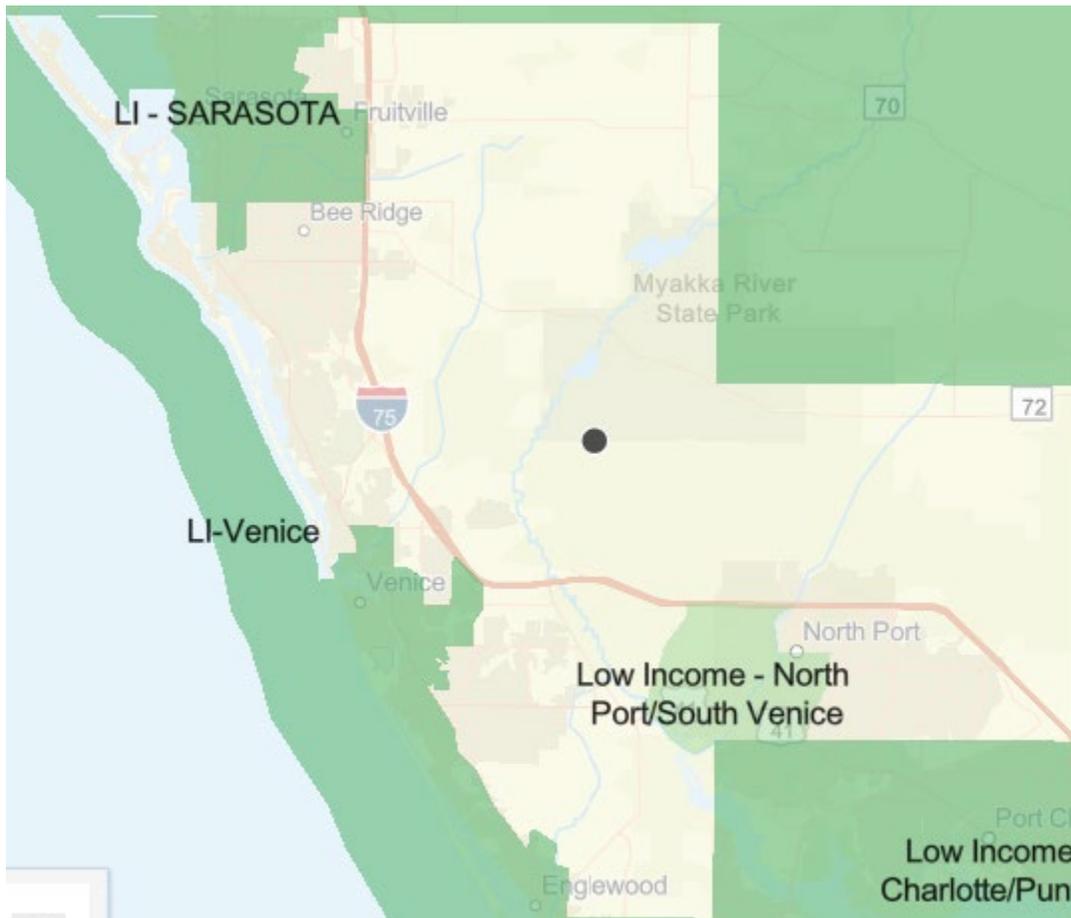


Figure 7: Number of asthma emergency department visits per 100,000, 2018

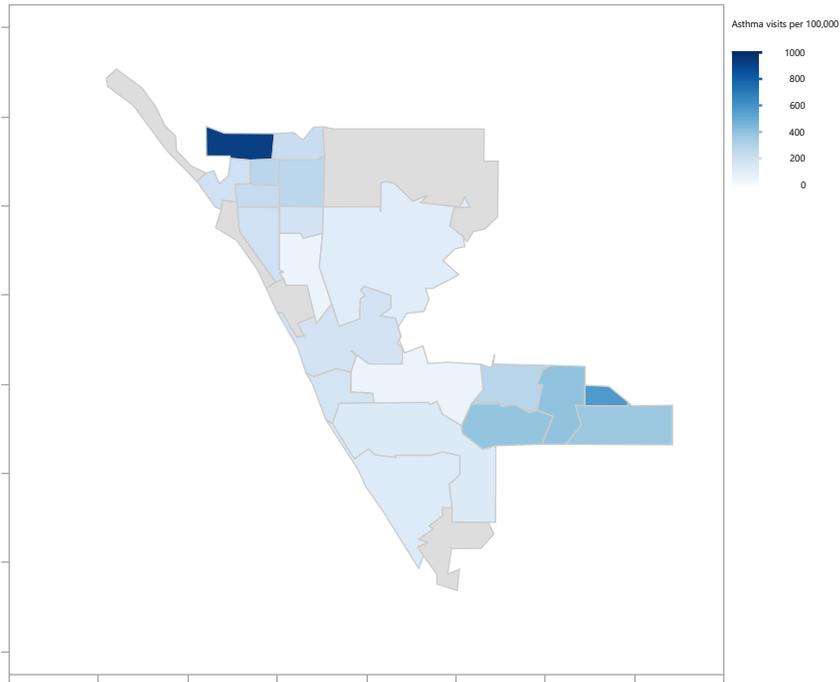


Figure 8: Age-adjusted asthma hospitalizations, per 100,000, 3-year rolling, 2016-18

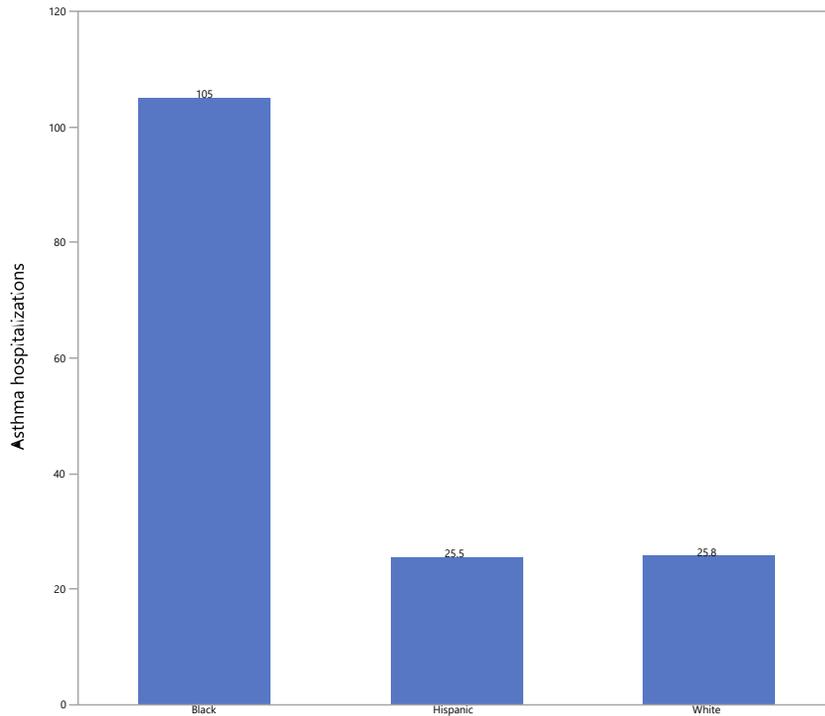


Figure 9: Number of COPD emergency department visits per 100,000, 2018

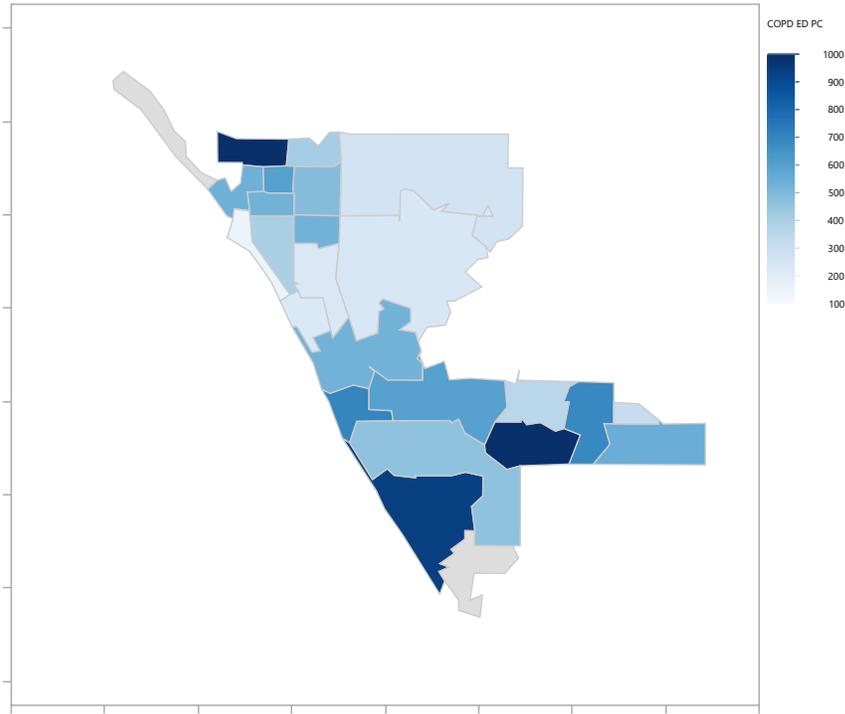


Figure 10: Age-adjusted COPD hospitalizations, per 100,000, 3-year rolling, 2016-18

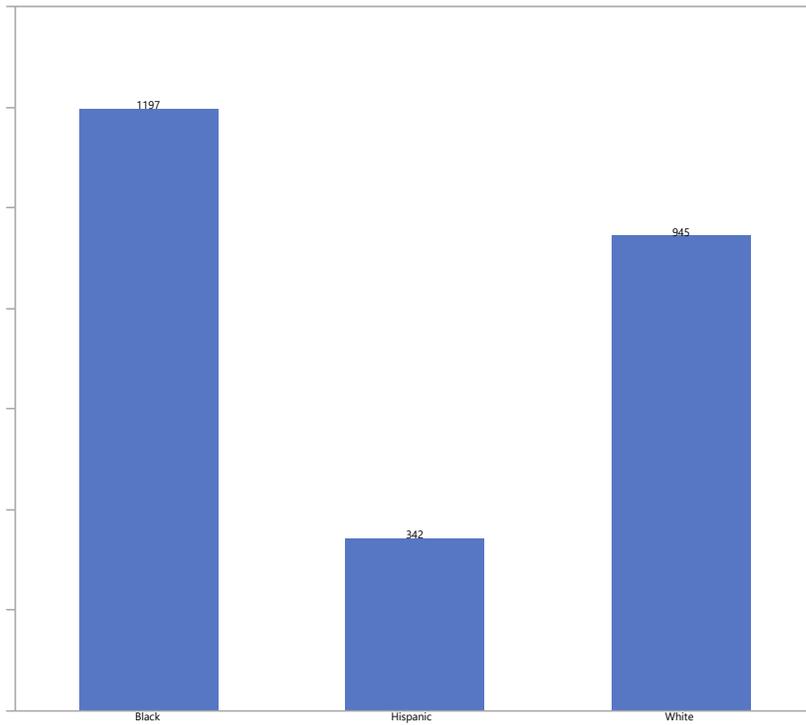


Figure 11: Influenza and pneumonia deaths, per 100,000, 2015-2019

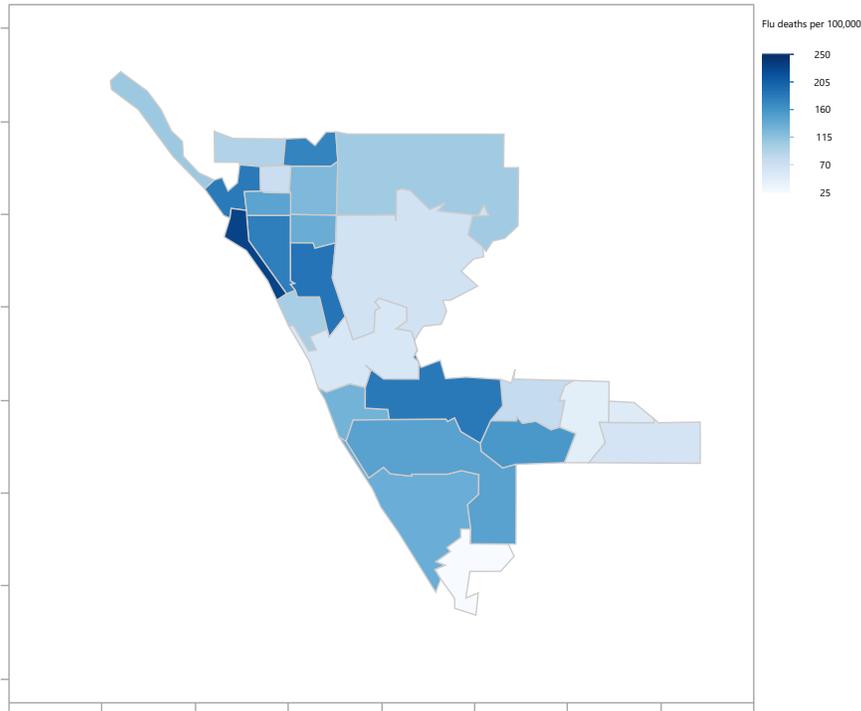


Figure 12: Age-adjusted death rate, influenza and pneumonia, 3-year rolling, 2017-19

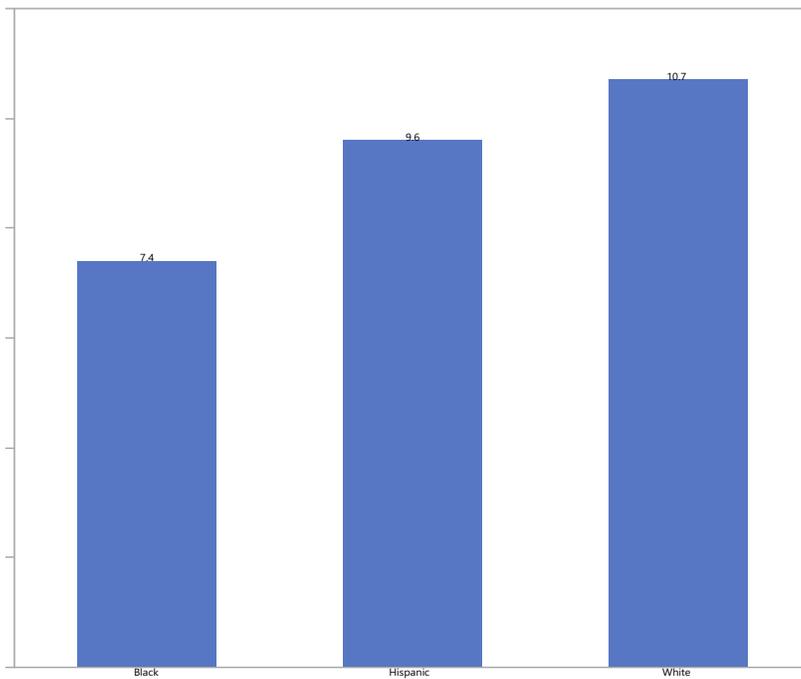


Figure 13: Age-adjusted hospitalization, diabetes, per 100,000, 3-year rolling, 2016-18

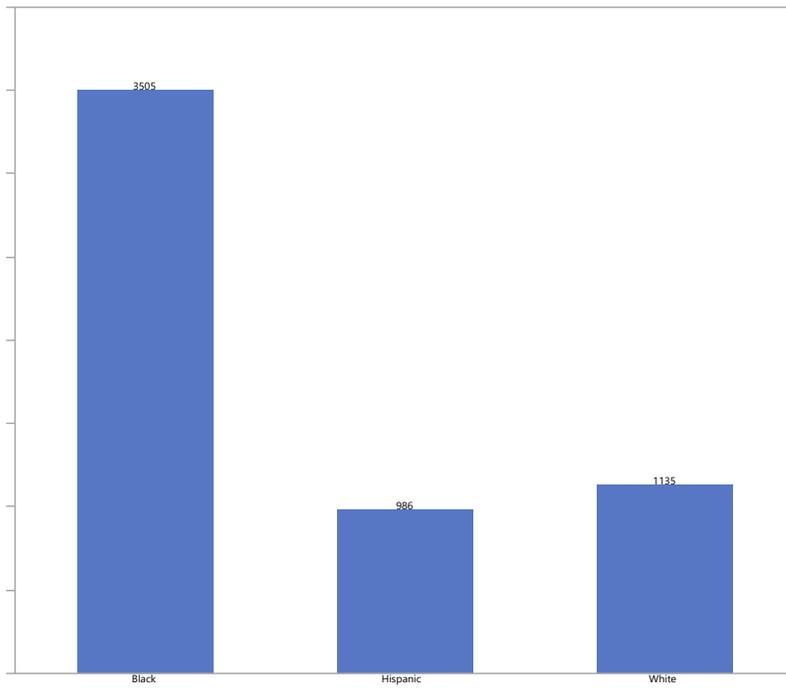


Figure 14: Age-adjusted death rate, diabetes, 3-year rolling, 2017-19

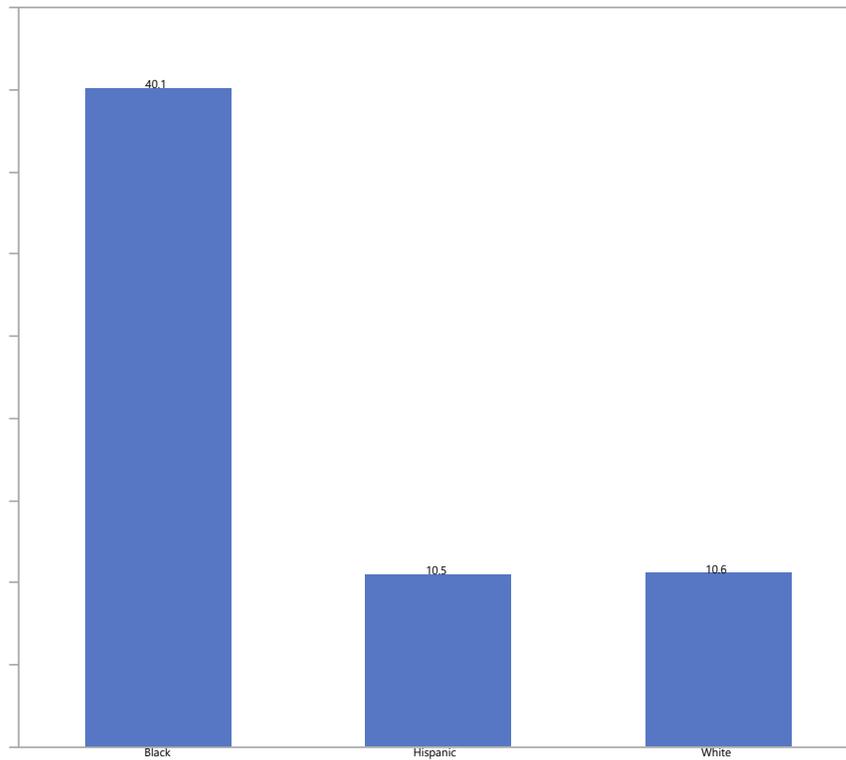


Figure 15: Florida adults who are overweight or obese, 2018

In Sarasota County, in 2016, 58.5% of adults were overweight or obese. Sarasota’s rate is lower than the state rate; however, disaggregated data are not available at the county-level, therefore, the graph below provides state-level data

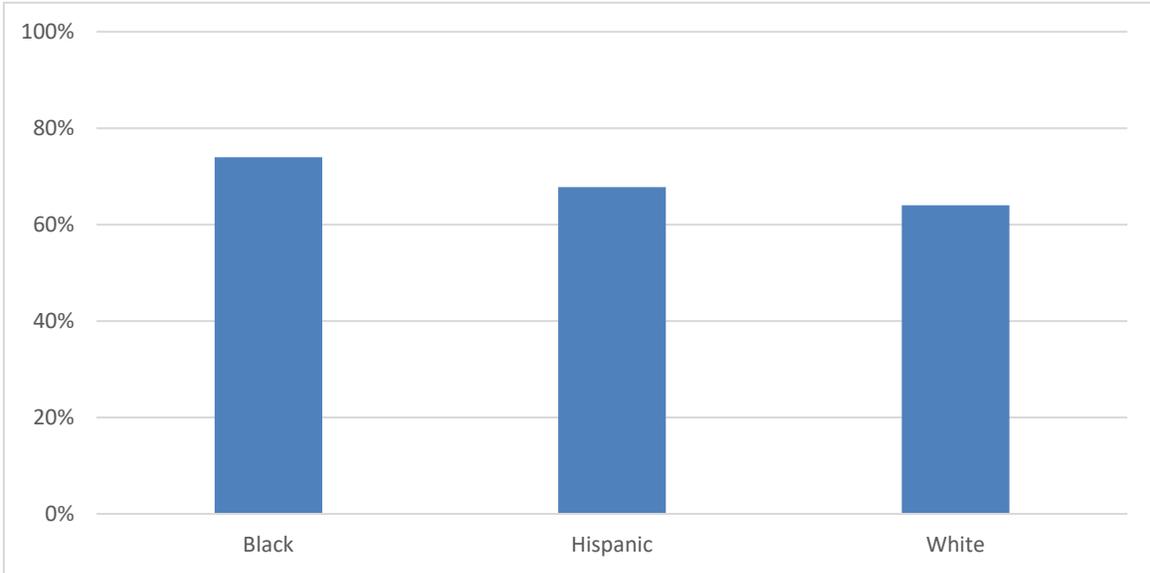
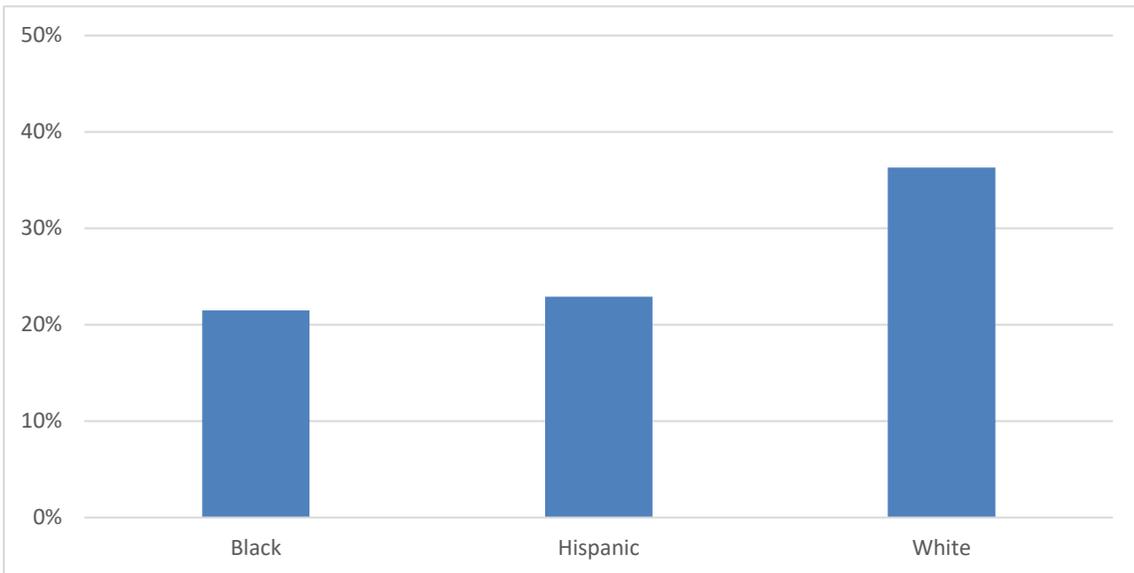


Figure 16: Florida adults with a flu shot in the past year, 2018

In Sarasota County, in 2016, 45.4% of adults got a flu shot. Sarasota’s rate is higher than the state rate; however, disaggregated data are not available at the county-level, therefore, the graph below provides state-level data



Youth

Figures 16 and 17 provide data on infant deaths. In 2019, there were 13 infant deaths in Sarasota County; in the past 10 years, the number has ranged from 10 to 17.

Figure 17: Infant deaths per 1,000 births, 2015-2019

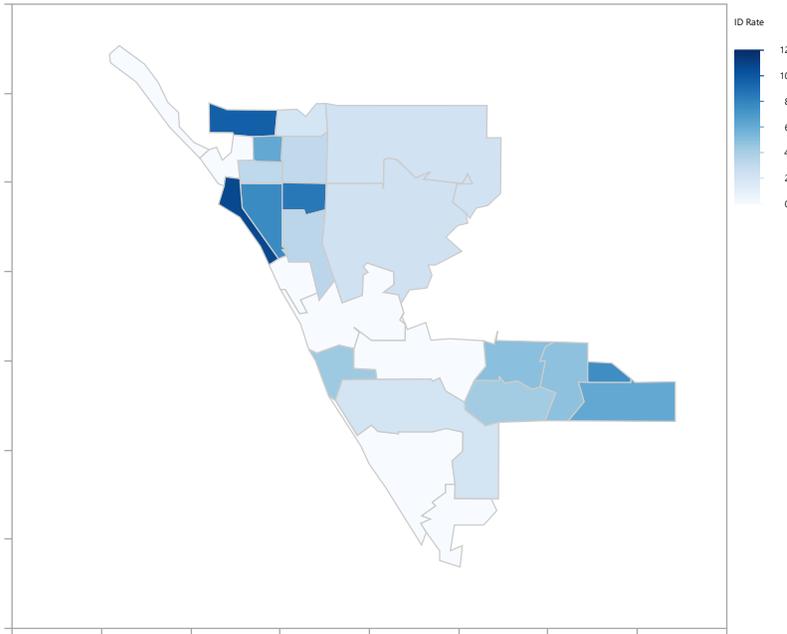


Figure 18: Infant deaths per 1,000 live births, 3-year rolling, 2017-2019

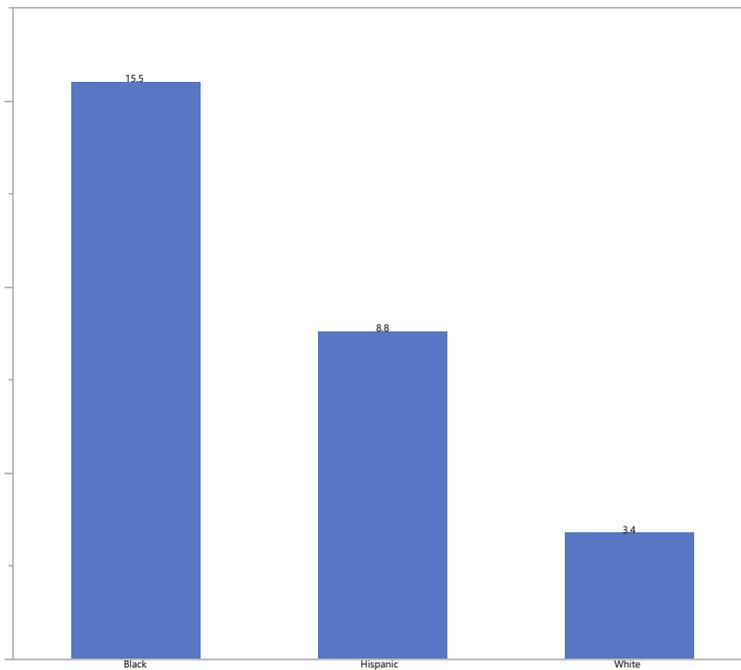


Figure 19: Low birth weight (< 2500g), 2019

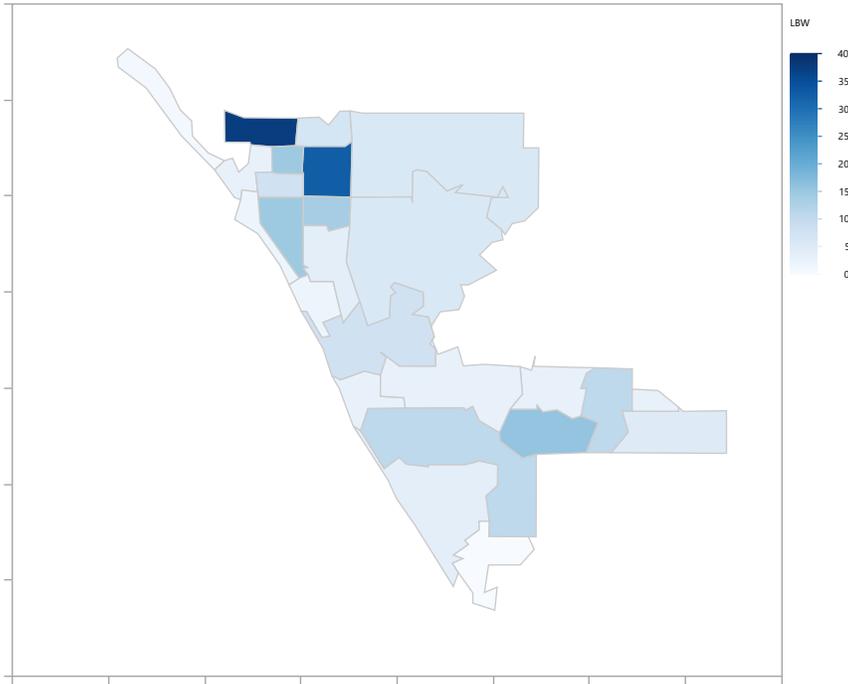


Figure 20: Live births under 2,500 Grams (LBW), 3-year rolling, 2017-19

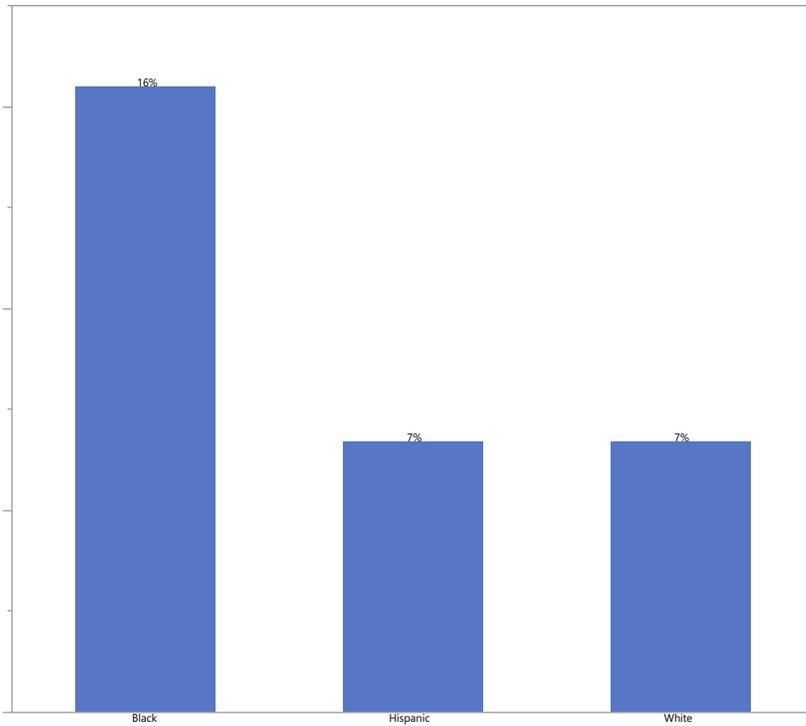


Figure 21: Counts for births to mothers under 20, 2015-2019

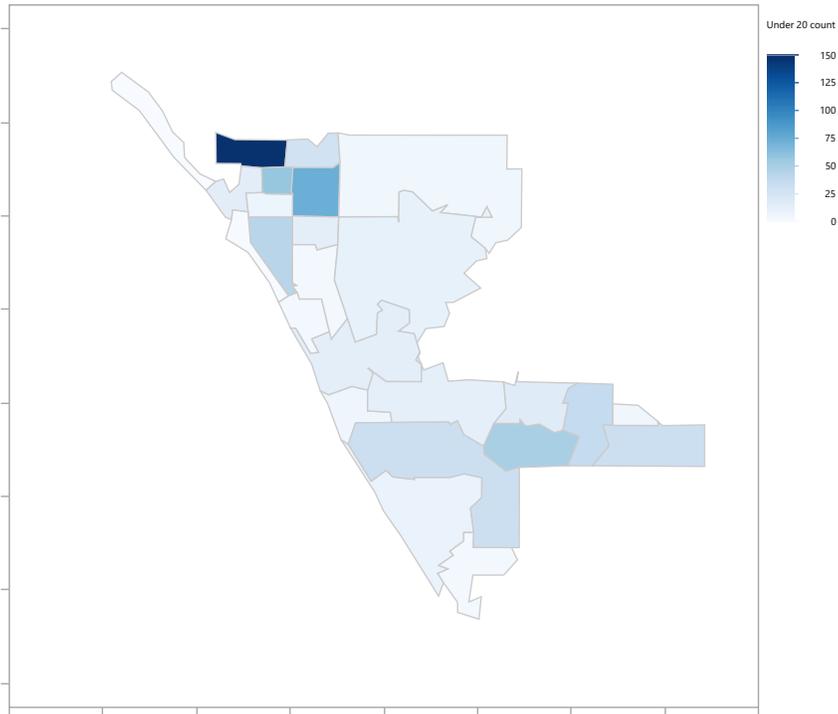


Figure 22: Births by mother's age, ages 15-19, 3-year rolling, 2017-2019

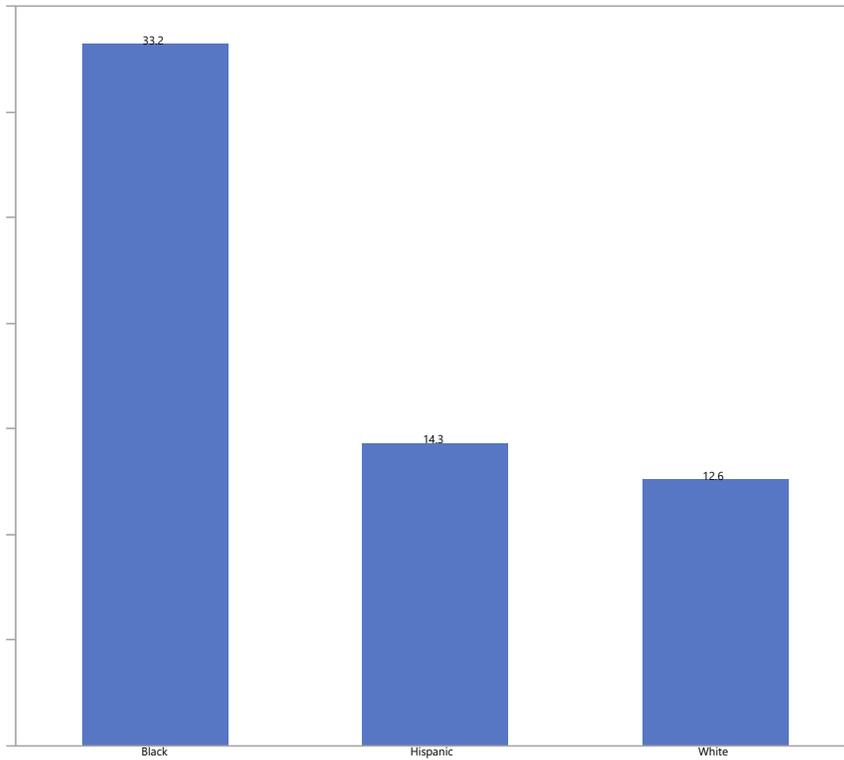


Figure 23: Percentage of Florida two-year-olds who were immunized, 2018

In Sarasota County, 76.9% of two-year-olds are immunized; disaggregated data are not available at the county level, therefore the graph below provides state-level data.

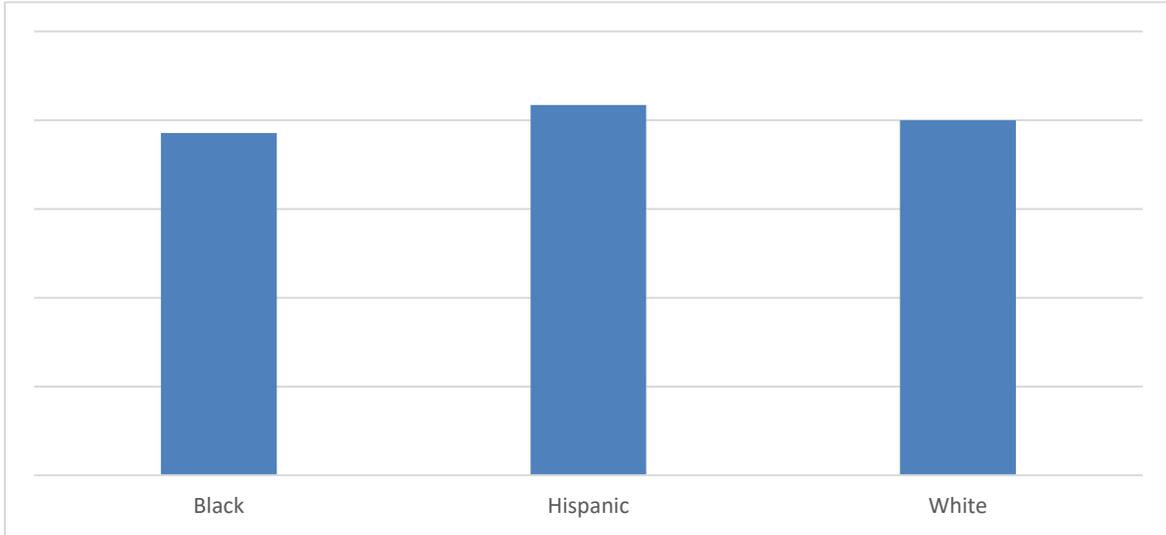


Figure 24: Total children age 0 to 17 in foster care, per 100,000, 2018 and 2019

Please note that the number has increased by over 10% since the end of 2019.

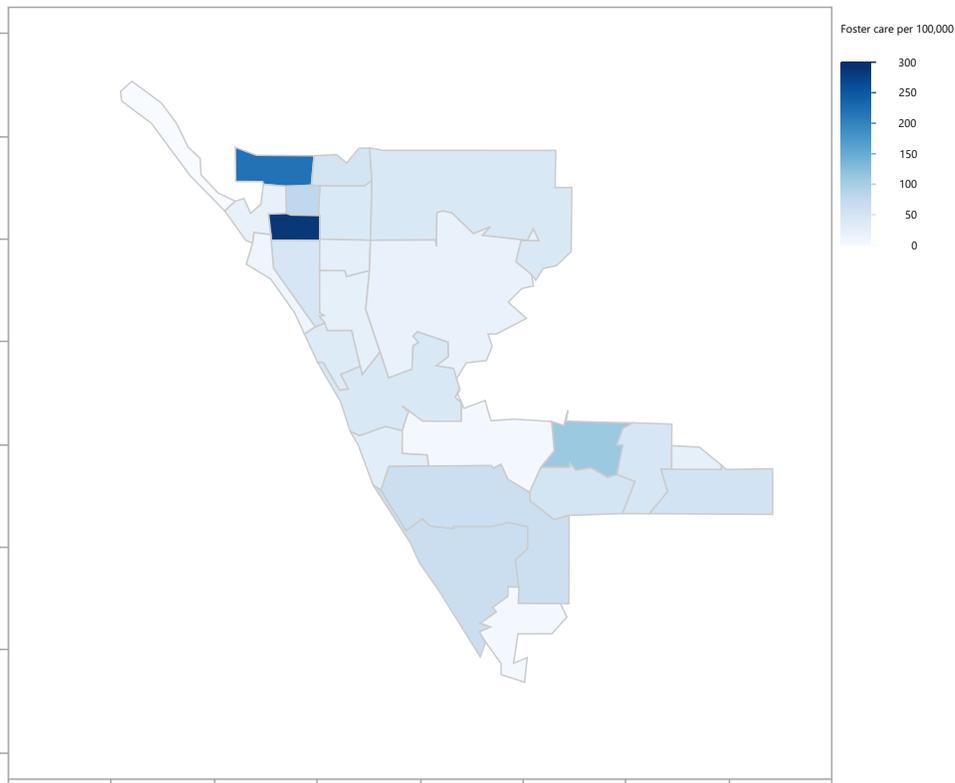


Figure 25: Percentage of students who have ever been diagnosed with asthma, 2016

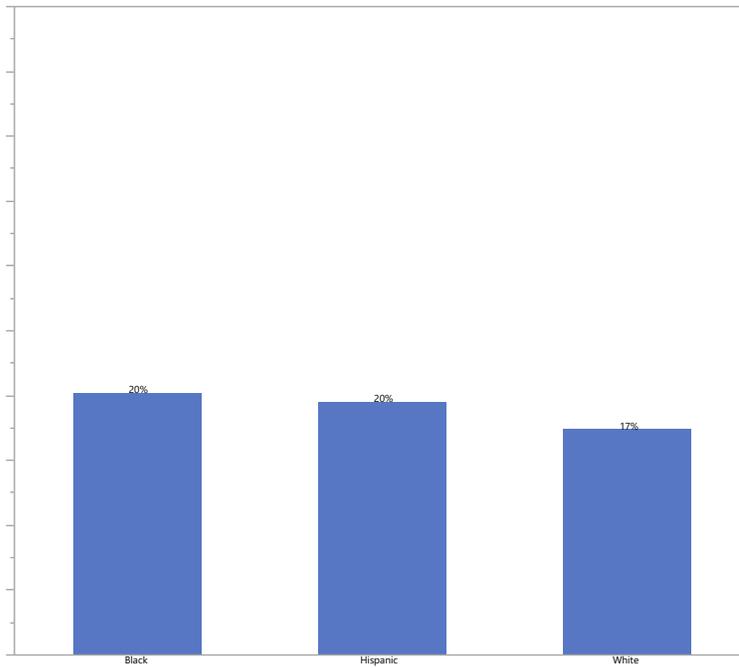
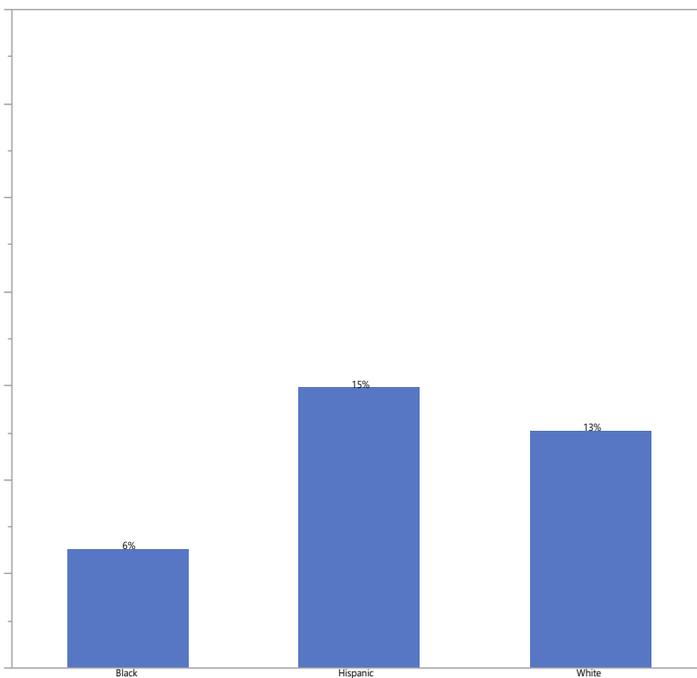


Figure 26: Percentage of students who did something in the past year to purposely hurt themselves without wanting to die, 2016



Adults

Figure 27: Number of heart attack emergency department visits, 2018

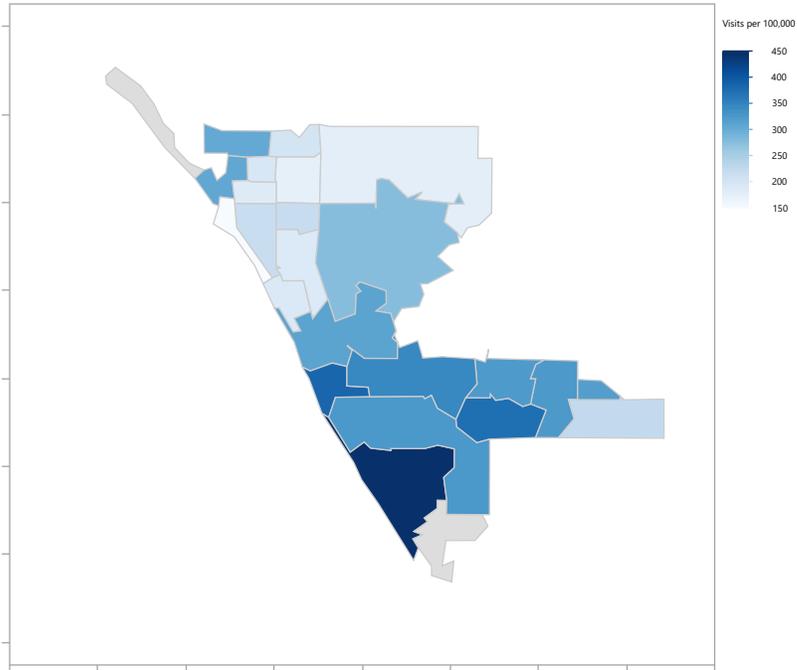


Figure 28: Age-adjusted death rate, coronary heart disease, 3-year rolling, 2017-19

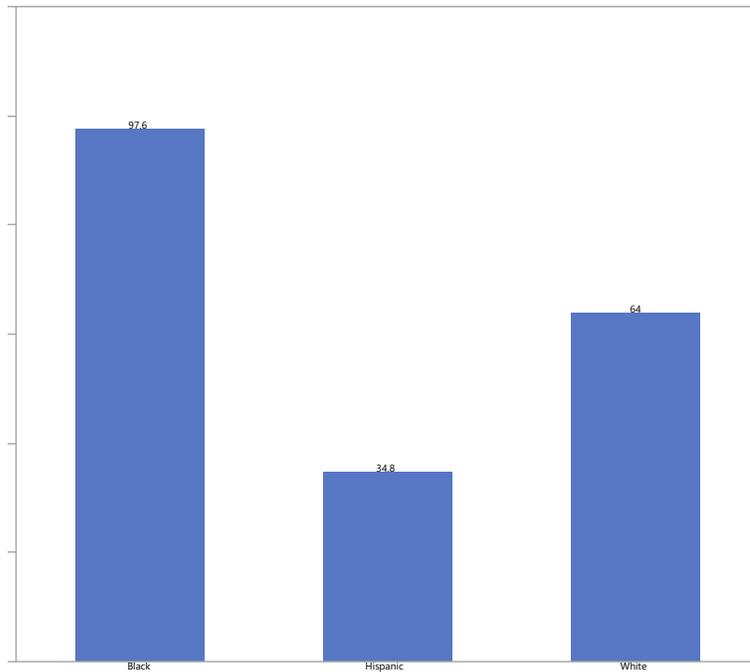


Figure 29: Age-adjusted hospitalizations for mental disorders, per 100,000, 3-year rolling, 2016-2018

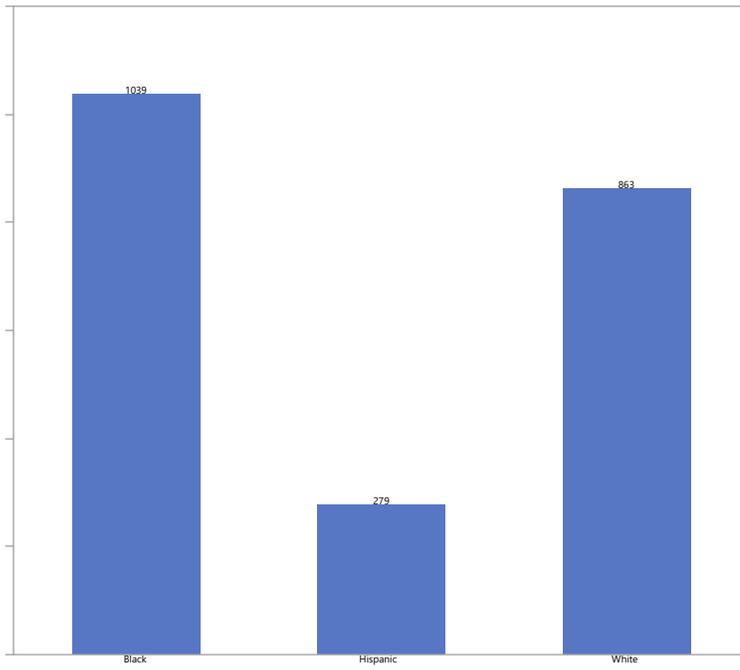


Figure 30: Age-adjusted breast cancer incidence per 100,000 and age-adjusted death rate

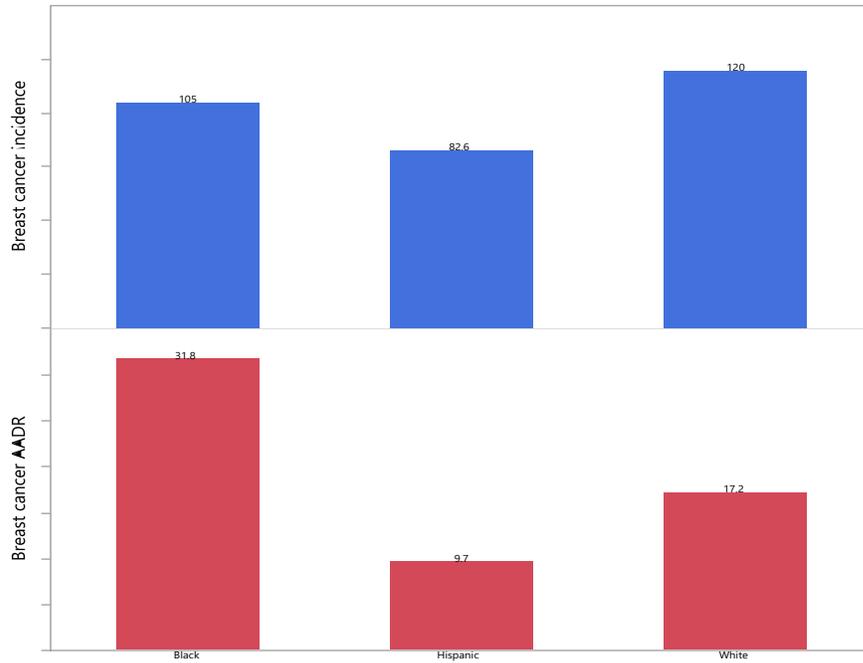


Figure 31: Age-adjusted lung cancer incidence per 100,000 and age-adjusted death rate

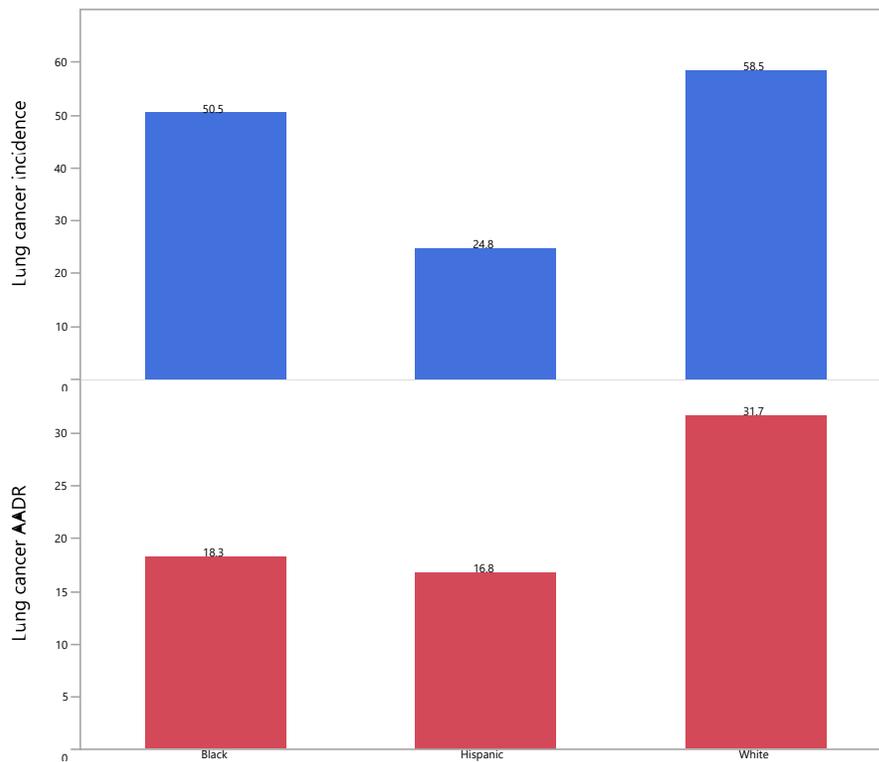


Figure 32: Age-adjusted prostate cancer incidence per 100,000 and age-adjusted death rate

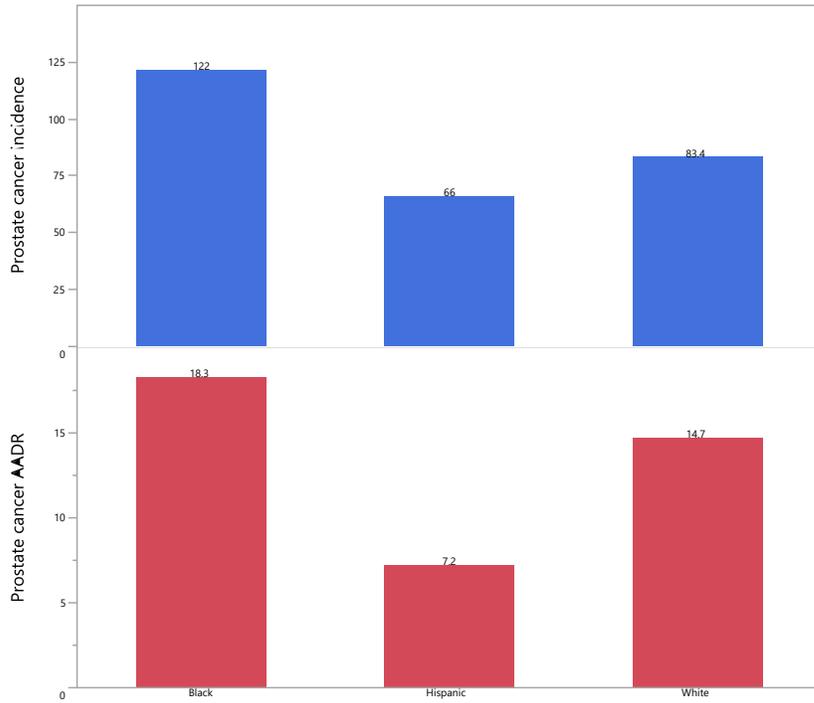
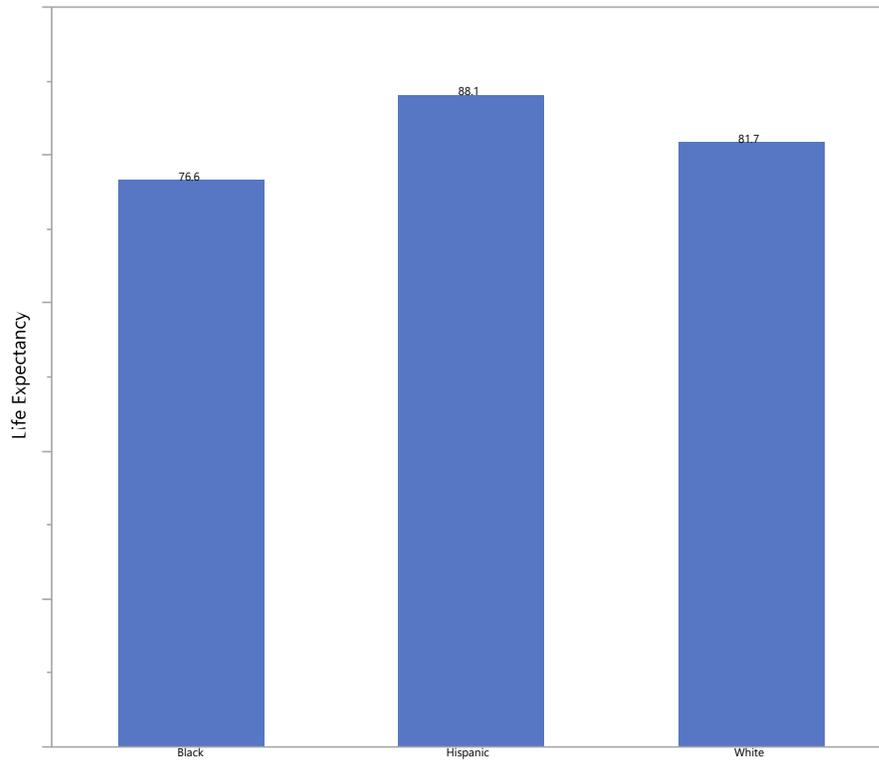


Figure 33: Life expectancy, 2019



Access and Demographics

Figure 34: Percentage of residents who live in a census tract with low access to a supermarket, supercenter, or large grocery store, 2015

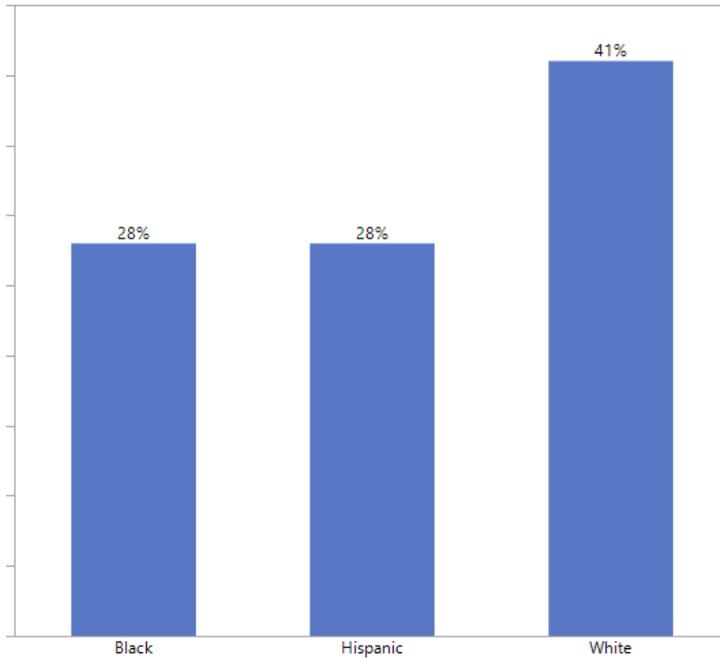


Figure 35: Census tracts with low incomes and low access to grocery stores

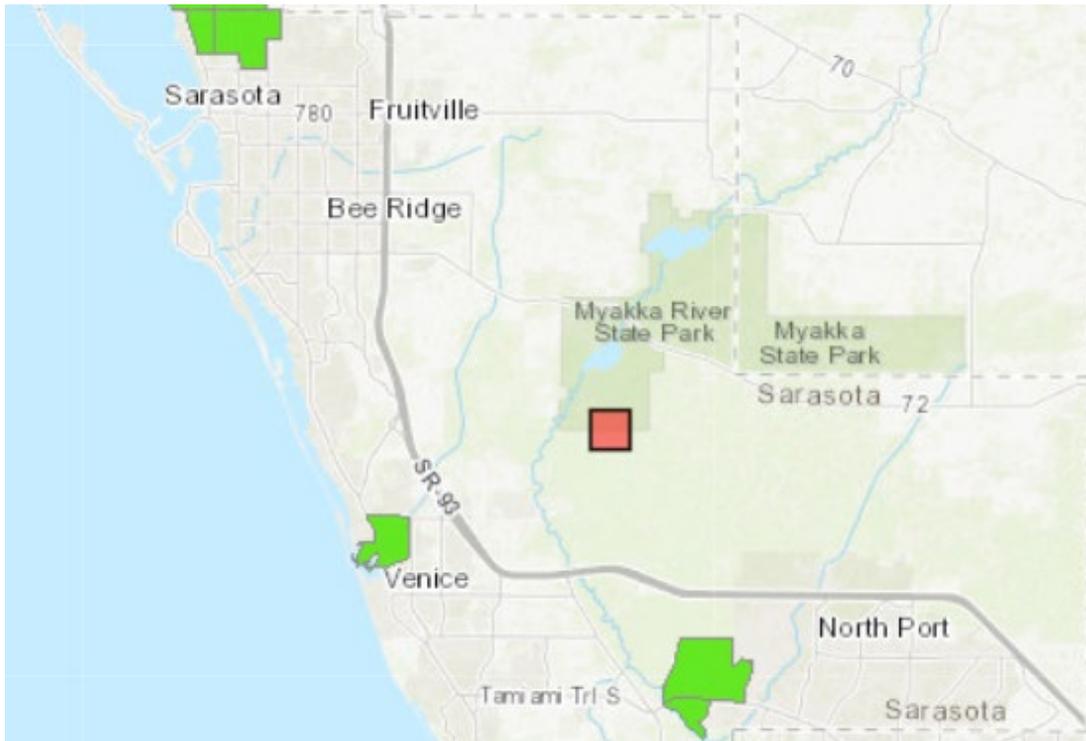


Figure 36: Percentage of population over 25 years with a high school diploma/GED, 2014-2018

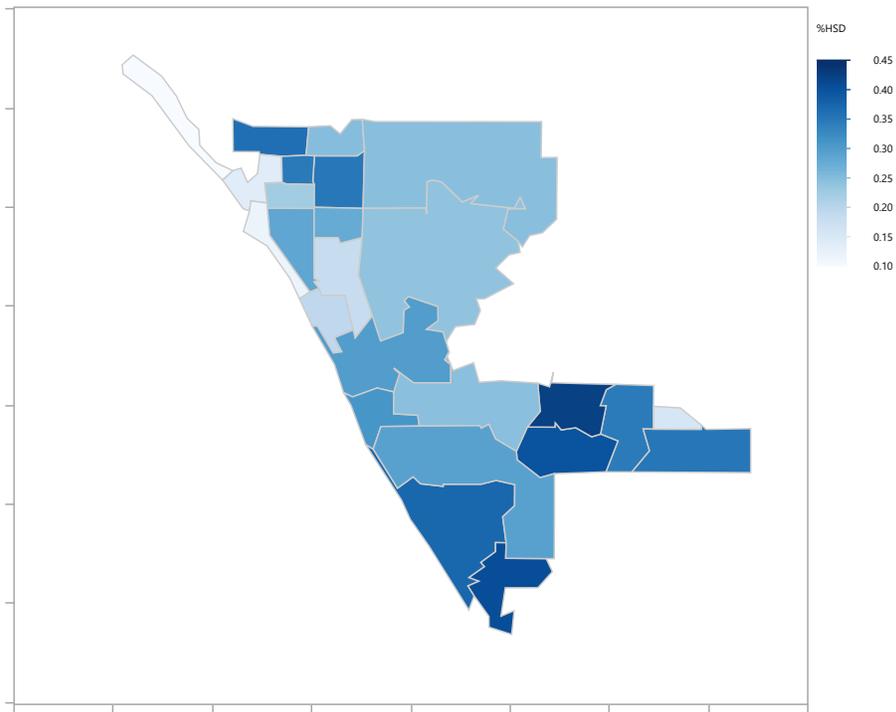


Figure 37: Percentage of population over 25 with a bachelor's degree, 2014-2018

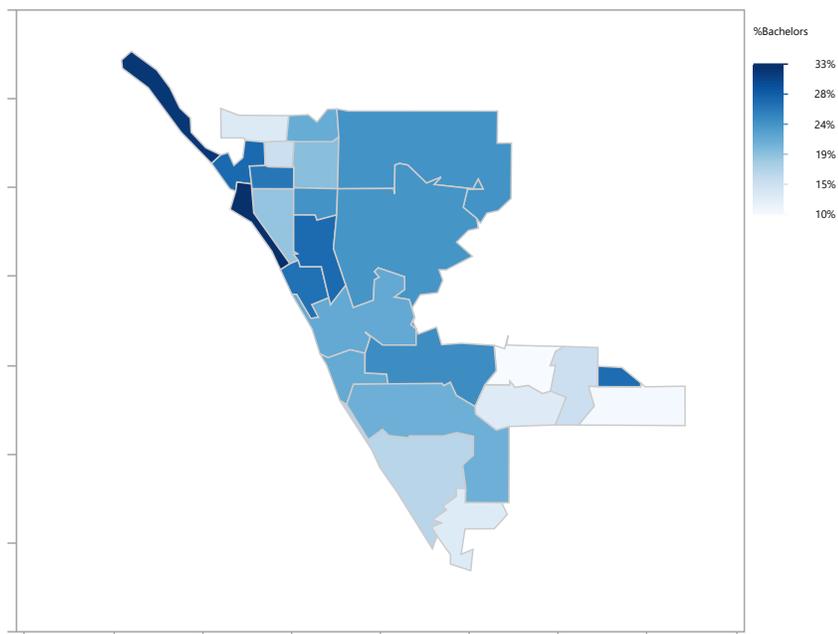


Figure 38: Percentage of residents who are Black or African American, by zip code

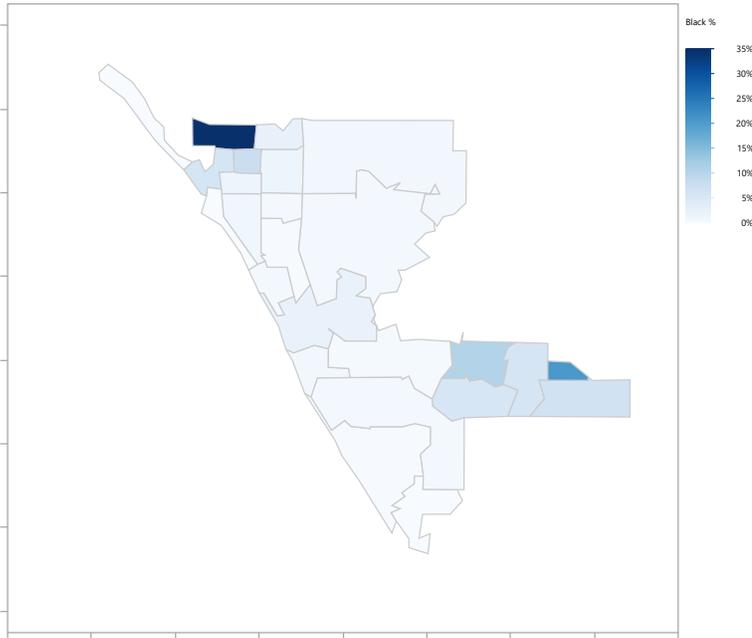
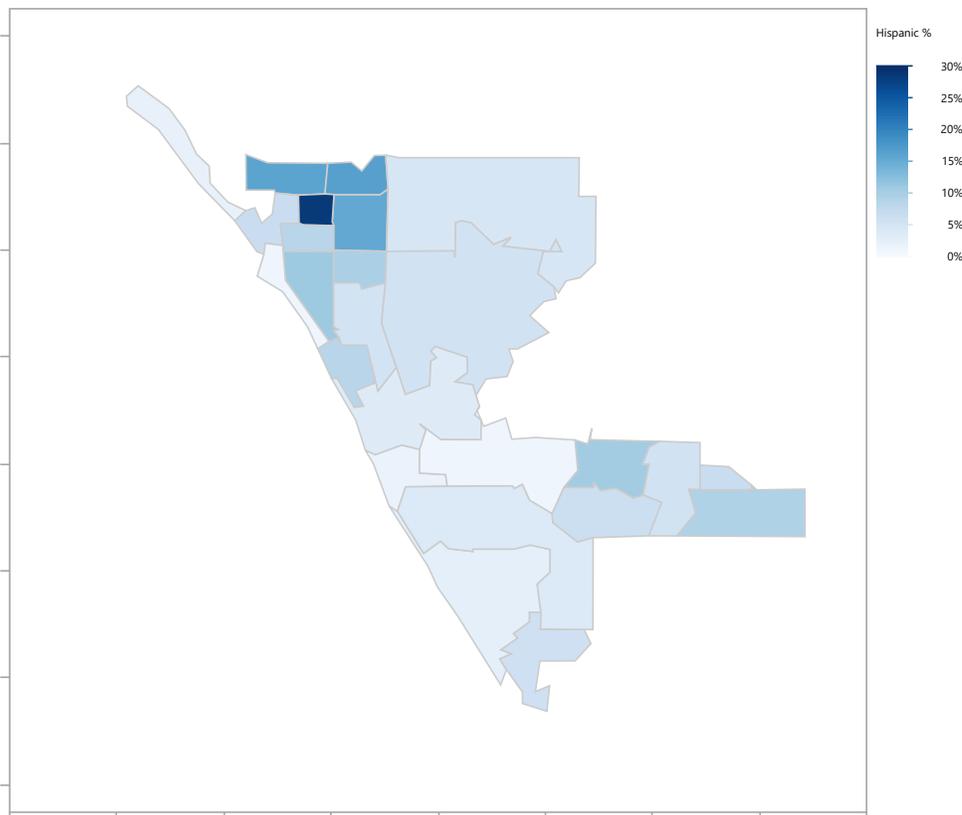


Figure 39: Percentage of residents who are Hispanic or Latino, by zip code



Appendix A: Indicators and Sources

Variable	Source	Variable Name	File
COVID-19 cases, by zip code, as of September 2, 2020	State dashboard	Cases	Zip Code
COVID-19 hospitalizations by zip code, as of August 28, 2020	FDOH	Hospitalizations	Zip Code
COVID-19 deaths by zip code, as of August 28, 2020	FDOH	Deaths	Zip Code
COVID-19 hospitalizations and deaths by race and ethnicity, as of September 2, 2020	State dashboard	n/a	Excel
Percentage of individuals with health insurance, 2014-2018	ACS 5-year estimates	%insured	Zip Code
Health professional shortage areas	HRSA ²	n/a	n/a
Number of asthma emergency department visits 2018	CHARTS	Asthma ED	Zip Code
Age-adjusted asthma hospitalizations, rate per 100,000 population, 3-year rolling rate, 2016-2018	CHARTS	Asthma hospitalizations	Race
Number of COPD emergency departments visits, 2018	CHARTS	COPD ED	Zip Code
Age-adjusted hospitalization for COPD as any diagnosis, rate per 100,000 population, 3-year rolling, 2016-2018	CHARTS	AAH COPD	Race
Counts for influenza and pneumonia deaths, 2015-2019	CHARTS	Flu Deaths Count	Zip Code
Age-adjusted death rate, influenza and pneumonia, 3-year rolling rate. 2017-2019	CHARTS	Flu AADR	Race
Age-adjusted hospitalizations from or with diabetes, rate per 100,000 population, 3-year rolling rate, 2016-2018	CHARTS	AAH Diabetes	R
Age-adjusted death rate, diabetes, 3-year rolling rates, 2017-2019	CHARTS	AADR Diabetes	R
Florida adults who are overweight or obese, 2018	BRFSS	n/a	n/a
Florida adults with a flu shot in the past year, 2018	BRFSS	n/a	n/a

² <https://data.hrsa.gov/tools/shortage-area/hpsa-find>

Variable	Source	Variable Name	File
Infant deaths per 1,000 births, 2015-2019	CHARTS	ID Rate	R
Infant deaths per 1,000 live births, 3-year rolling rates, 2017-2019	CHARTS	ID Rate	Zip Code
Low birth weight (< 2500g) by mother's zip code, 2019	CHARTS	LBW	Zip Code
Live births under 2,500 grams (low birth weight), 3-year rolling rates, 2017-2019	CHARTS	%LBW	Race
Counts for births to mothers under 20 years old, 2015-2019	CHARTS	Mothers under 20	Race
Births by mother's age, ages 15-19, 3-year rolling rates, 2017-2019	CHARTS	Birth rate 15-19	Race
Percentage of Florida two-year olds immunized, 2018	FDOH	n/a	n/a
Total children age 0 to 17 in foster care 2018 and 2019	DCF	Total removals	Zip Code
Percentage of students who have ever been diagnosed with asthma, 2016	BRFSS	% students with asthma	Race
Percentage of students who did something in the past year to purposely hurt themselves without wanting to die, 2016	BRFSS	Selfharm	Race
Number of heart attack emergency department visits, 2018	CHARTS	Heart attack ED	Zip Code
Age-adjusted death rate coronary heart disease, 3-year rolling rate, 2017-2019	CHARTS	AADR CHD	Race
Age-adjusted hospitalizations for mental disorders, rate per 100,000 population, 3-year rolling rate, 2016-2018	BRFSS	Mental disorder hospitalizations	Race
Age-adjusted female breast cancer incidence, rate per 100,000 female population, 3-year rolling rate 2015-2017	CHARTS	BC incidence	Race
Age-adjusted death rate, female breast cancer, 3-year rolling rates, 2017-2019	CHARTS	Breast Cancer AADR	Race
Age-adjusted lung cancer incidence, rate per 100,000 population, 3-year rolling rate 2015-2017	CHARTS	Lung cancer incidence	Race
Age-adjusted death rate, lung cancer, 3-year rolling rates, 2017-2019	CHARTS	Lung cancer AADR	Race
Age-adjusted prostate incidence, rate per 100,000 population, 3-year rolling rate 2015-2017	CHARTS	Prostate incidence	Rae

Variable	Source	Variable Name	File
Age-adjusted death rate, prostate cancer, 3-year rolling rates, 2017-2019	CHARTS	Prostate cancer AADR	Race
Life expectancy, 2019	CHARTS	Life expectancy	Race
Percentage of residents who live in a census tract with low access to a supermarket, supercenter, or large grocery store defined as a tract with at least 500 people, or 33% of the population living more than 1/2 mile (urban) or 10 miles (rural) from the nearest supermarket, supercenter, or large grocery store, 2015	USDA ³	Low Access	Race
Census tracts with low incomes and low access	USDA	n/a	n/a
Percentage of population 25 years and over with high school diploma/GED, 2014-2018	ACS 5-year estimates	%HSD	Zip Code
Percentage of population 25 years and over with a bachelor's degree, 2014-2018	ACS 5-year estimates	%Bachelors	Zip Code
Percentage of residents who are Black or African American, by zip code, 2014-2018	ACS 5-year estimates	%Black	Zip Code
Percentage of residents who are Hispanic or Latino, by zip code, 2014-2018	ACS 5-year estimates	%Hispanic	Zip Code

³ www.ers.usda.gov/data-products/food-access-research-atlas/

Appendix B: Zip Code Population Counts

Zip Code	Population Count	Northwest
34223	17,370	
34224	15,913	
34228	7,233	
34229	7,824	
34231	30,267	
34232	34,639	
34233	17,989	
34234	21,865	Yes
34235	14,671	
34236	12,920	
34237	17,307	Yes also includes jail
34238	19,364	
34239	15,499	Yes
34240	11,142	
34241	14,675	
34242	7,706	
34275	20,074	
34285	18,069	
34286	18,625	
34287	27,532	
34288	12,304	
34289	3,734	
34291	6,119	
34292	16,054	
34293	37,969	

APPENDIX E - NEWTOWN DATA STORY

The Multicultural Health Institute (MHI) and its community partners worked together to create the Newtown Data Story. Community Leaders graciously agreed to be interviewed and community groups helped to co-design the survey used by reviewing and providing feedback on the consent process and survey content. Many organizations stepped up to help with survey outreach, by passing out flyers about the effort, connecting those who lived and/or worked in Newtown with the MHI office and hosting survey completion at their events.

Attached is the Community Presentation: From Results to Advocacy, and additional presentations were done to Social Service Providers, and Decision Makers. Survey questions and results were grouped based on Social Determinants of Health topics. Each presentation, recording, and additional information can be found on the website at <https://resiliencesystem.org/dashboards/community-self-portrait-in-data-story/>

Community Self Portrait in Data

Data to Advocacy

Dr. Kristopher Fennie
New College of Florida

Joseph Mack
CHAT

Barbara Powell-Harris
Cocoanut Neighborhood
Association



August 19, 2021



Context: Before the Pandemic

From 2010 to 2018 — which covers the “recovery” from the Great Recession — the number of Black households below the ALICE Threshold (the minimum income needed to afford household basics) increased by **13%**, while the number of White households struggling to make ends meet decreased by **2%** in Florida.

Source: [United Way Financial Hardship in Black Households. ALICE Data for Florida June 2020](#) This Report provides a needed bridge between the 2018 Asset Limited Income Constrained Employed Report and the ensuing economic effects of the pandemic.

June of 2020

Reflecting Impacts of COVID

Yet for Black households, that number is much higher: **63%** of Black households in Florida are unable to afford basic household essentials in their communities. This is more than **three times** the rate of hardship shown for Black households by the antiquated and arbitrary Federal Poverty Level (FPL). And it is **60%** more than the rate of hardship for White households.

Source: [United Way Financial Hardship in Black Households. ALICE Data for Florida June 2020](#) This Report provides a needed bridge between the 2018 Asset Limited Income Constrained Employed Report and the ensuing economic effects of the pandemic.

Equitable Survey Process

- I. Newtown Community Leader interviews✓
- II. Listening Sessions with the *Newtown Community Health Action Team* and *Newtown Nation*✓
- III. Development of a survey tool by selecting questions from validated instruments measuring Social Determinants of Health, informed by the interviews and listening sessions✓
- IV. Surveying in the Community✓
- V. **Analysis and sharing of the data with community groups, social service providers and decision-makers**
- VI. Establishment of an online Data Story on the RAC free and open source platform to promote the community's use of the data.



Comments on study design and result

- Strengths
 - Community input and participation (validity)
 - Institutional Review Board process
 - Cross collaboration

- Caveats
 - Representative sample
 - Small sample size
 - Not a random sample
 - Is it what the community is saying?
 - Comments in survey
 - Valid in that they are from the community
 - May represent only one person's view
 - Thus, important to have community members reflect on findings
 - Findings should not be taken to mean that current efforts are not effective, or have not helped the community over time

Strength of Community Involvement

- Understanding of the community
- Community voice
- Community perspective
- Community insight
- Respect
 - Ownership of data
 - Informed consent
- Opportunity for reflection
 - Priorities
 - Action steps
 - Engagement

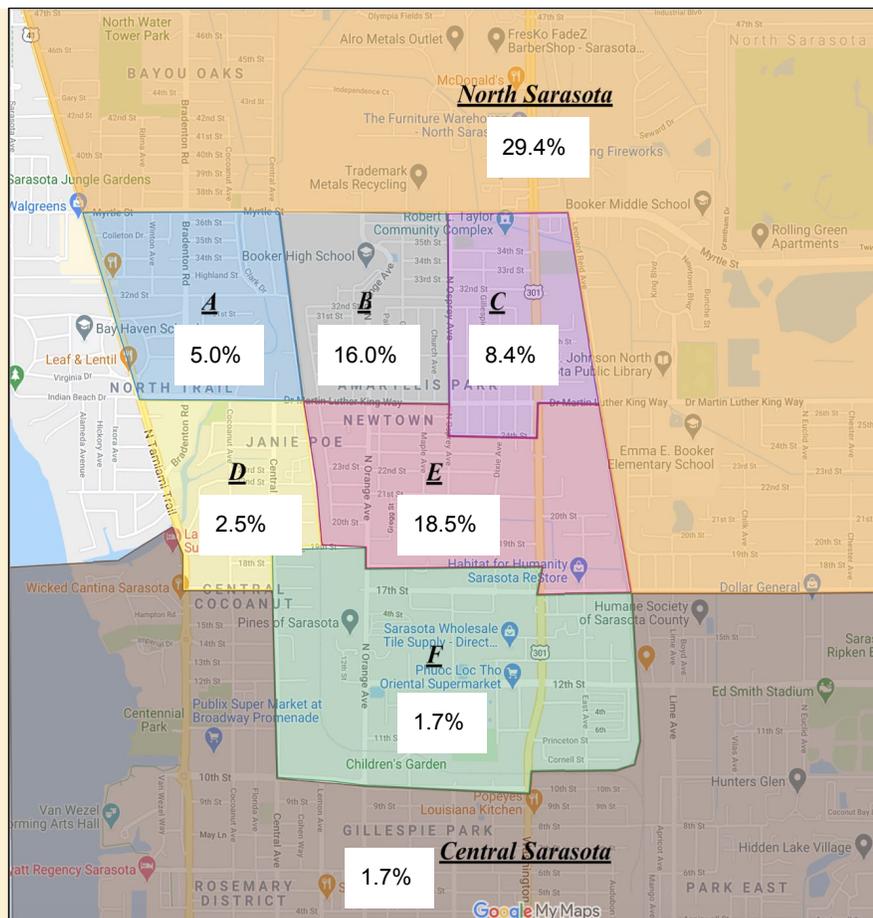
Community Self-Portrait in Data

120 Survey Respondents

Adults who live, worship or work in Newtown
June 10 - August 13, 2021

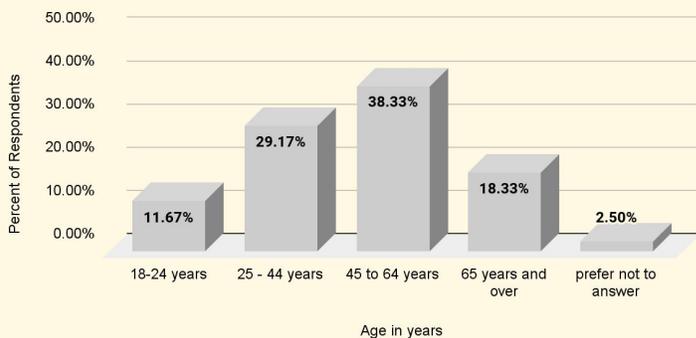
The map to the right shows the percentage of survey respondents who live in each location.

	Census Block Group
North Sarasota	
A	12115000200-2
B	12115000300-3
C	12115000300-1
D	12115000200-3
E	12115000300-2
F	12115000200-1
Central Sarasota	



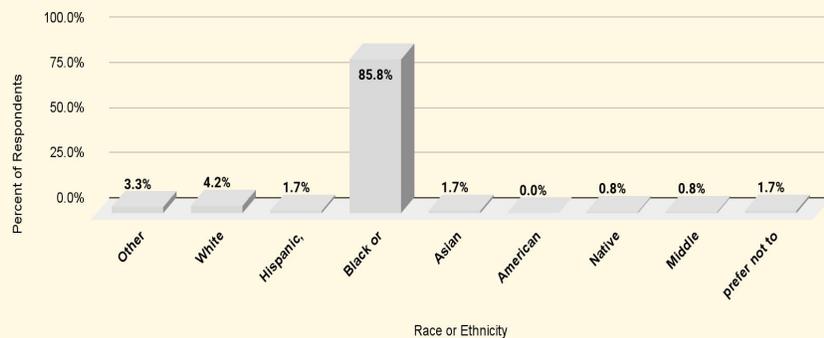
Age of Respondents

(n=120)



Race and Ethnicity

(n=120)

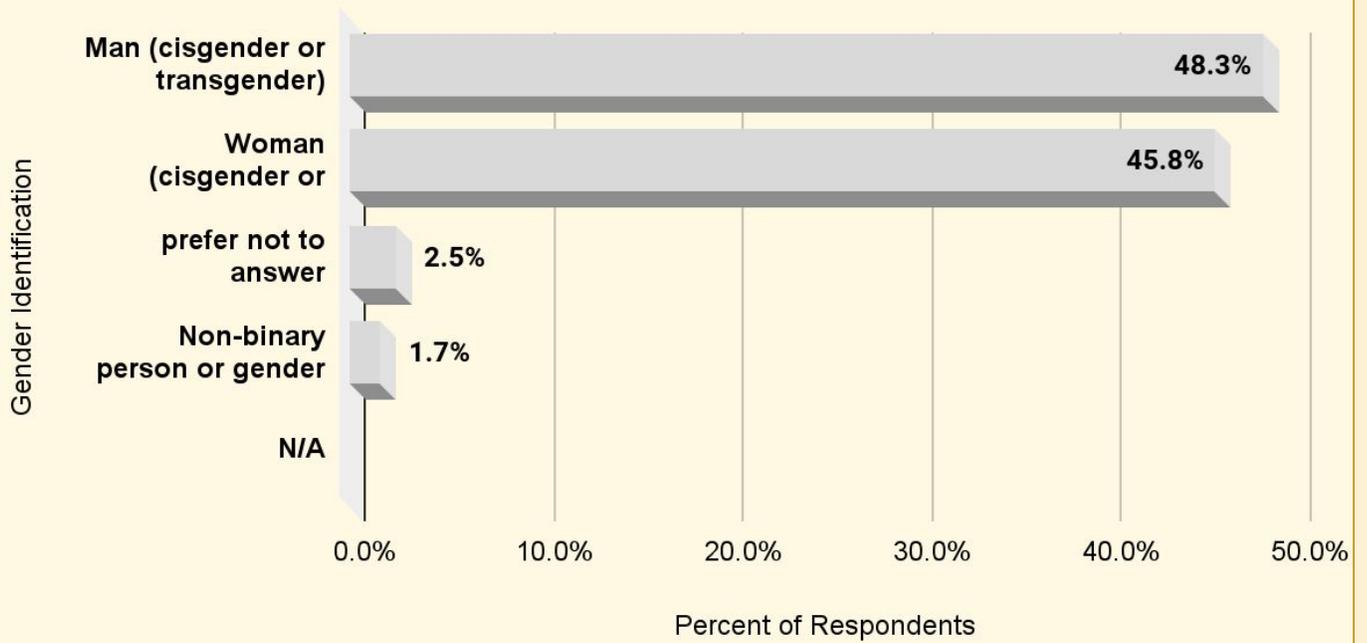


The largest age group was 45-64 years old (**38.33%**), followed by 25-44 years old (**29.17%**), 65 years and over (**18.33%**) and 18-24 years old (**11.67%**).

85.8% of respondents were Black or African American. **4.2%** were White. **3.3%** responded “Other,” which included Hispanic Blacks. There were no American Indian or Alaska Natives.

Gender Identification

n=120



The

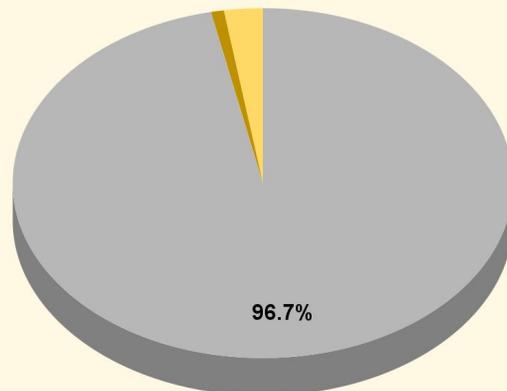
**“Americanese”
response had
this
explanation:**

“Americanese” we do not speak English in America; they speak English over in England. We are in America; so, we speak Americanese.”

What language are you most comfortable speaking?

n=120

English Americanese n/a



Food

Barbara Powell-Harris

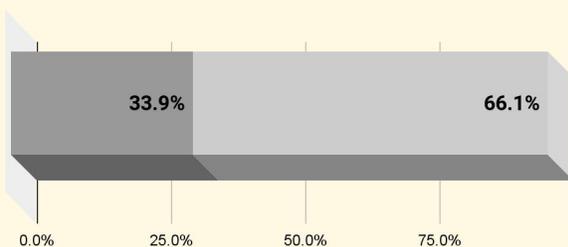
Within the past 12 months did the food you bought just not last and you didn't have the money to get more?

Food Insecurity Among Those Who Live, Worship or Work in Newtown

Food insecurity is a lack of available financial resources for food at the household level.

■ Yes ■ No

Q 2. Within the past 12 months did the food you bought just not last and you didn't have the money to get more?



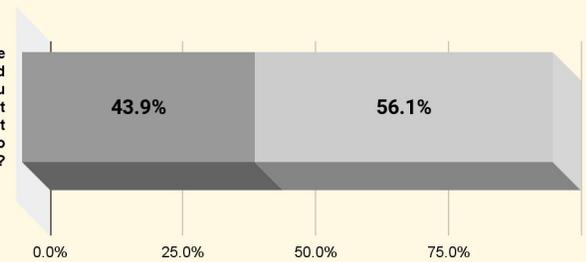
Percent of Respondents (n=120)

Food Insecurity Among Newtown Residents

Food insecurity is a lack of available financial resources for food at the household level.

■ Yes ■ No

Q 2. Within the past 12 months did the food you bought just not last and you didn't have the money to get more?



Percent of Respondents (n=63)

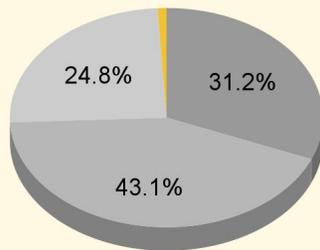
Food insecurity was an issue for **33.9%** of respondents who live, work or worship in Newtown, but was more acute among residents of Newtown (**43.9%**).

We couldn't afford to eat balanced meals. Was that often, sometimes or never true for you in the last 12 months?

Access to Nutritious Foods Among Those That Live, Worship or Work in Newtown (n=120)

Balanced meals include vegetables fruits protein grains and dairy foods.

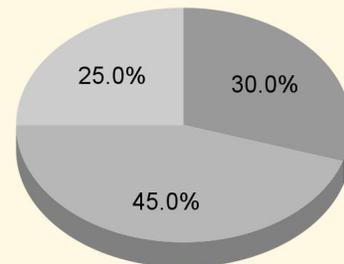
● Often True ● Sometimes True ● Never True ● Prefer Not to Answer



Access to Nutritious Foods Among Newtown Residents (n=63)

Balanced meals include vegetables, fruits, protein, grains and dairy foods.

● Often True ● Sometimes True ● Never True



Food Desert: a definition developed by USDA, Treasury, and HHS. Low-income census tracts with a substantial number or share of residents with low levels of access to retail outlets selling healthy and affordable foods are defined as food deserts.

Comments About Food (n=120)

Access

- > I eat it all.
- > It's hard to find basic needs like bread and sugar and coffee.
- > EBT Card/AMT Shrank
- > Because of the pandemic have now, the future may be different
- > Sit down restaurant
- > Food Bank

Cost

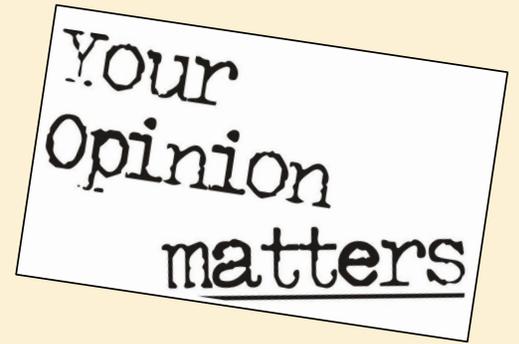
- > Not enough food stamps some months
- > Healthy food costs more than junk food
- > We need to help clients know how to use coupons and shop better with help.
- > Since I provide a two parent home, both me and my husband work, so we do not qualify for food stamps or Medicaid. So with me cutting my finger, and my 4 y/o becoming ill, our extra cash went on medical bills, so I had to figure out food this month.
- > I don't get food stamps, I'm disabled
- > I am on a fixed income which I struggle to make ends meet with.
- > Food cost too much
- > Unclear why healthy food has cost so much when there is so much waste
- > Costs too much

Quality

- > I'm a diabetic and I live with my daughter, and they help with the food.
- > Sometimes good sometimes nasty
- > [no problem eating] If it's cooked good
- > More vegetables are needed in Newtown.
- > I eat a balanced meal daily for health reasons; that's why my family lived over 100.
- > Food is something we all need, but most foods are not good for the body
- > Get Great Selections From Newtown Farmers Market
- > With places like farmers market, I'm able to get fruits and veggies that my family needs with my food stamp card.
- > Ate healthy all his life

Sufficient amount

- > Don't have any
- > Had enough
- > Food desert
- > I eat everyday so I am good on food

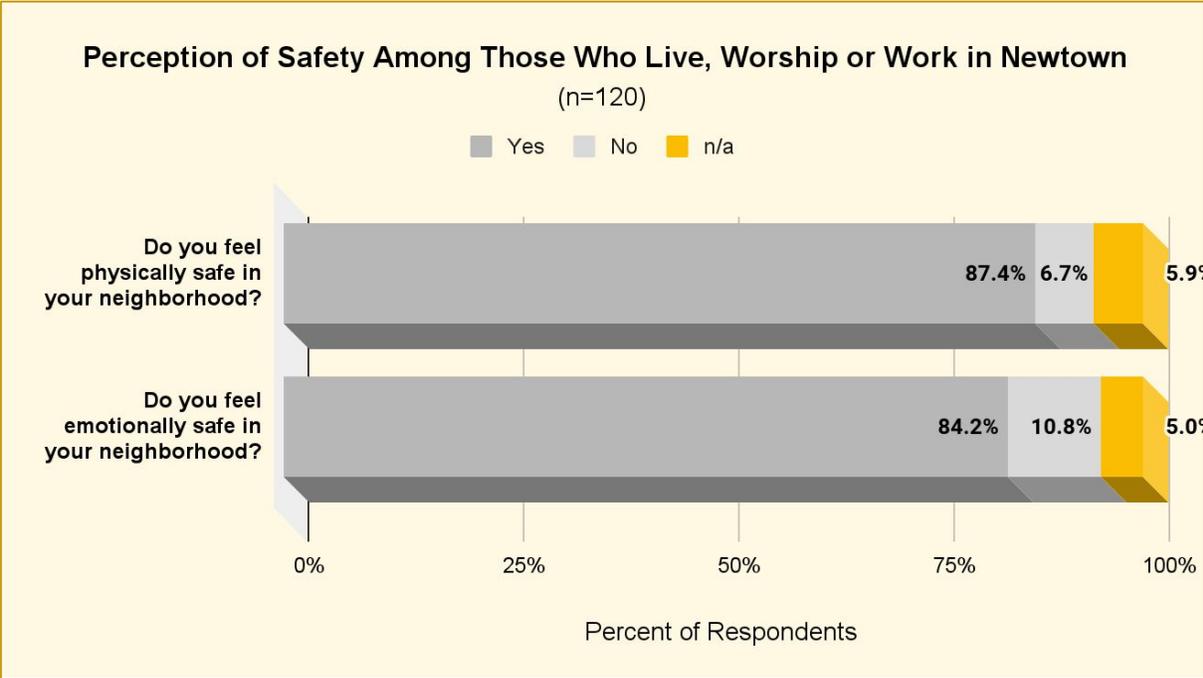


Q & A

About Food in Newtown

Neighborhood & Physical Environment
Joseph Mack

Emotionally safe means that you feel comfortable with being authentic, sharing thoughts, feelings, and ideas, and expressing issues without fear of being put down, shut down, ridiculed, criticized, or told to be, act, or feel different



87.4% of respondents who live, worship or work in Newtown said they felt physically safe in their neighborhood, and **84.2%** reported that they felt emotionally safe.



Neighborhood and Physical Environment (n=120)

Social cohesion / Community

- My neighborhood is a great place to live
- Everyone knows me and sometimes help me if needed I am disable with one leg
- I am the community equalizer
- Balance everywhere you go
- Do not have nobody and feel value
- We need to socialize more, be more honest and work together, instead of dividing.
- "Best community; self-sufficient; Integration harmed community"

Children / Youth

- No children
- I'm concerned about my grandkids [live with]
- If we can get the new drug houses out of the community, we will be fine. And more activities for our youth.
- [Activities for child] SRQ has a # of free activity programs...requires x-tra research.
- Can't afford very good after school programs -- or information is too late for enrollment
- We need more housing for 20-35 men, working child support, or in school with children
- Concern for safety of children: gun violence & the drugs

Historical perspective

- It's safe in the daytime; I moved back after 20 years, and the pace is not the same. It very fast; it's very different than it used to be. The speed and the style are different.
- We had strong leaders; the community took care of each other, fed everybody (no hunger), policed itself, looked after each other and looked after the kids.
- One of 112 Black communities in the U.S.

Community reasons

- Cost of housing and better assistance for those facing eviction
- Social security needs to go up
- Cost of living constantly increasing, food, rent, gasoline, insurance, electric, etc.
- Due COVID, jobs are closing weeks at a time, so hopefully this passed
- Day labor services: biased hiring and promotions, too much paperwork, service fees reduce earnings
- Retired Good-paying jobs are not in Sarasota; construction people are not hiring in Sarasota so have to go somewhere else.

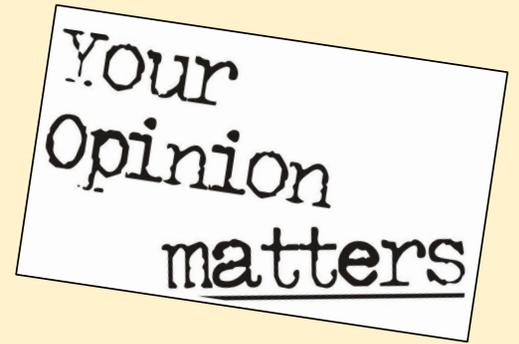
Neighborhood and Physical Environment (n=120)

Physical environment

- Beautiful Place
- Cleanliness is a concern, and the sidewalks are a concern
- It's hot.
- It could look way better.
- We need a Burger King or McDonald's here, or a KFC.
- Noisy/Loud Music From Cars Is A Nuisance Due To Myrtle Road Detour
- No street lights (poor lighting)
- People do not clean sidewalks.

Safety

- There are random bouts of violence in and around my neighborhood, but overall, I feel safe.
- Need speed control on my street; it's a dragstrip
- No violence in the neighborhood, welcoming Black community
- Concerned about human trafficking
- Emotionally safe: When law enforcement do their job, the community is safe.
- Need more SPD visible [Sarasota Police Dept]
- Law enforcement will to walk street
- Over policing in Newtown
- It's not safe with the over policing in the neighborhood and not being able to speak up [fear of being put in jail again]



Q & A

About the Newtown Neighborhood and Physical Environment

Economic Stability

“Other” Responses Included

Entrepreneur

Self-Employed

Retired

Retired due to disability

Full time work, but I’m out of work until next week. My finger was cut a month ago with staples.

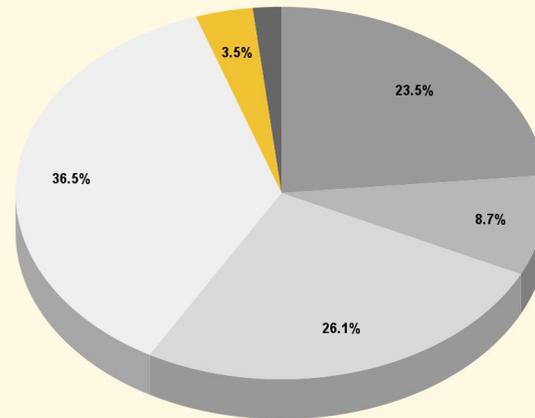
n/a

Other

What is your current work situation?

n=120

● Unemployed ● Part-time or temporary work ● Full-time work ● Otherwise unemployed but not seeking work (ex. student, retired, disabled, unpaid primary care giver) ● prefer not to answer ● Other



Employment: 26.1% of respondents reported they work full time, 8.7% reported working part time and 36.5% of respondents who live, worship or work in Newtown were either students, retired, disabled, unpaid primary care givers or were otherwise unemployed but not seeking work.

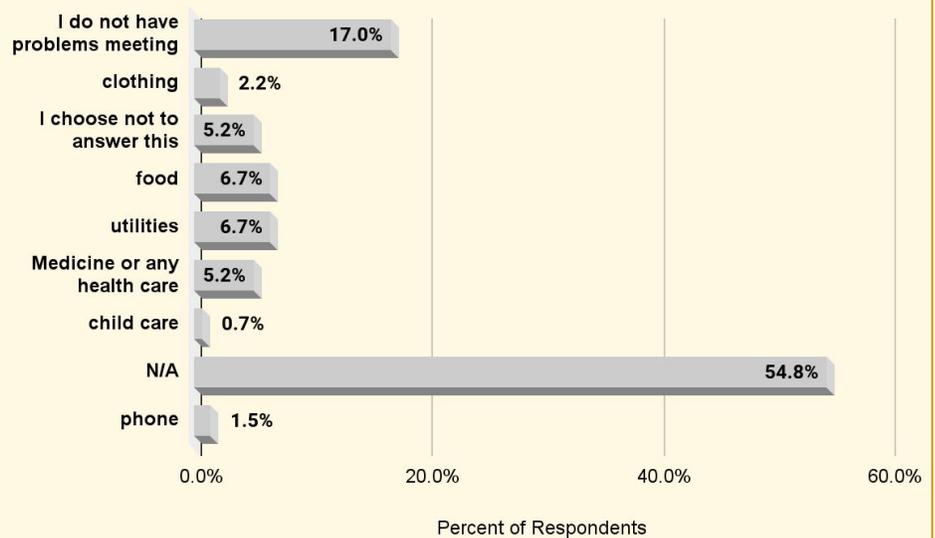
“Other” responses included:

“No, I'm getting old; soon it will be my time to take my rest; so, I don't have any problems.”

“unemployed but able to earn money by working odd jobs”

“Lost job during COVID and lost apartment while husband working out of town; homeless now but staying with friends and in hotels when can pay as husband works odd jobs in and out of town. “

In the past year, have you or any family members you live with been unable to get any of the following when it was really needed? Check all that apply. (n=120)



28.2% of respondents reported **unmet needs** in the past year. The most frequently reported unmet needs were: food, utilities and Medicine or any health care (medical, dental, mental, health or vision).

If you plan to move away from Newtown why do you plan to leave?

Aggregated Data (n=120)

Change (10)

- Just need a new scenery
- Change
- Just for the change and have a different experience
- Just for the change
- I want to travel
- I just want something different
- A change of environment
- **Get away from people that I do not need to be around**
- Just to leave
- Want something different
- Move to live in a snow area

Family (6)

- Because my mother lives there
- It would be to see family.
- I would only [leave] if my grandmother passes or I move away with her.
- Family reasons, my family is there.
- To be near family
- Family

Economic Stability/Opportunity (11)

- Economy and influence
- **Opportunity**
- **Better job opportunities**
- **To get better education to grow or evaluate my business goals**
- The cost of living is too expensive in Sarasota.
- The cost of living
- **To better my pay**
- **Better my life**
- Nothing here
- **Better living conditions and can afford more there**
- **Move for more farmland**

Housing Related (7)

- Housing
- **High Rent**
- **For housing, for employment or economic opportunity**
- **Better housing**
- **Better living conditions and can afford more there**
- **Because the landlord wants to raise the rent to \$1,850 and I don't think it's fair for that amount here on that house**
- **To build a home**

Comments About Economic Stability (n=120)

Individual stability

Instability

- Don't have any
- Yes no money
- Unable to get it
- None

Stability

- Fine
- I feel stable.
- Somewhat stable
- All is well
- Retired (3)

Individual reasons

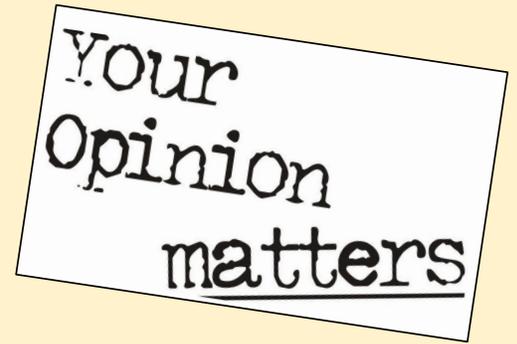
- Stressful and difficult finding job
- **Help with bill assistance**
- **It's hard to apply for jobs when you don't know if they'll hire [knowing about background, e.g., being a felon—when to ask, not ask]**
- Any job I can find but dream job hard to get. Cost of fuel increase and utilities [FPL letter] increase—the government did not keep their promise.
- Due to medical conditions can't work
- Disabled (3)
- Cannot take programs (not eligible)

General observations

- Poor work ethic tends to be the reason for certain family members to maintain/gain employment.
- Improvement is needed; we need action, not just words.
- We need to stop having a mindset of being poor.
- Should be better cause now it's worse. It needs to change
- The economic stability is nonexistent for the working folks
- **More programs on how to manage money, credit wisely -- not credit repair**
- Keep client happy in Newtown
- People who quit do not want to work.

Community reasons

- **Cost of housing and better assistance for those facing eviction**
- **Social security needs to go up**
- **Cost of living constantly increasing, food, rent, gasoline, insurance, electric, etc.**
- Due COVID, jobs are closing weeks at a time, so hopefully this passed
- Day labor services: biased hiring and promotions, too much paperwork, service fees reduce earnings
- Retired Good-paying jobs are not in Sarasota; construction people are not hiring in Sarasota so have to go somewhere else.



Q & A

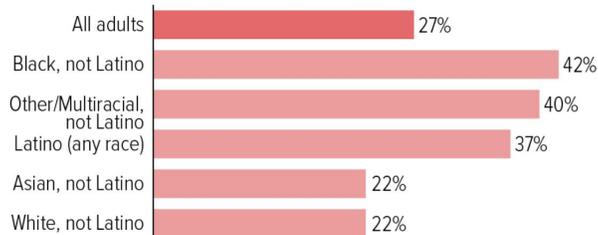
About Economic Stability in Newtown

Housing

Dr. Kristopher Fennie

Over 1 in 4 Adults Had Trouble Paying for Usual Household Expenses in Last 7 Days

Share of adults reporting that it was somewhat or very difficult for their household to pay for usual expenses

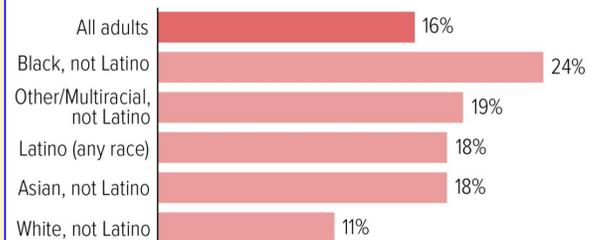


Note: Other/multiracial, not Latino = people identifying as American Indian, Alaska Native, Native Hawaiian or Pacific Islander, or more than one race. Percentages exclude individuals who did not respond to the question.

Source: CBPP analysis of Census Bureau Household Pulse Survey tables for June 23–July 5, 2021

Over 1 in 7 Renters Not Caught Up on Rent During Pandemic, With Renters of Color Facing Greatest Hardship

Share of adult renters saying their household is not caught up on rent



Note: Other/Multiracial, not Latino = people identifying as American Indian, Alaska Native, Native Hawaiian or Pacific Islander, or more than one race. Chart excludes renters who did not respond to the question.

Source: CBPP analysis of Census Bureau Household Pulse Survey tables for June 23 - July 5, 2021

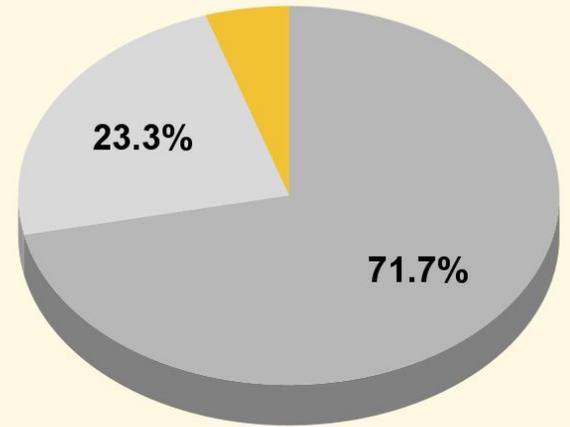
71.7% of survey respondents reported they have housing.

23.3% reported that they did not have housing (staying with others, in a hotel, on the street, in a shelter, living outside on the street, on a beach, in a car, or in a park.)

What is your housing situation today?

n=120

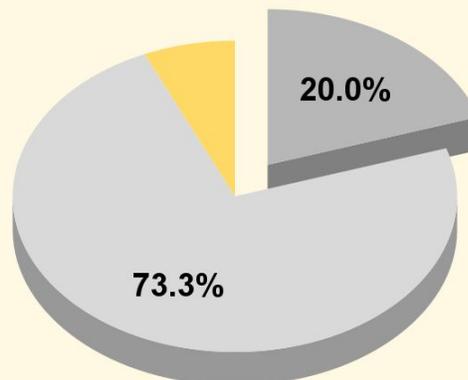
- I have housing.
- I do not have housing (staying with others, in a hotel, on the street, in a shelter, living outside on the street, on a beach, in a car, or in a park)
- Prefer not to answer



Are you worried about losing your housing?

n=120

- Yes
- No
- N/A



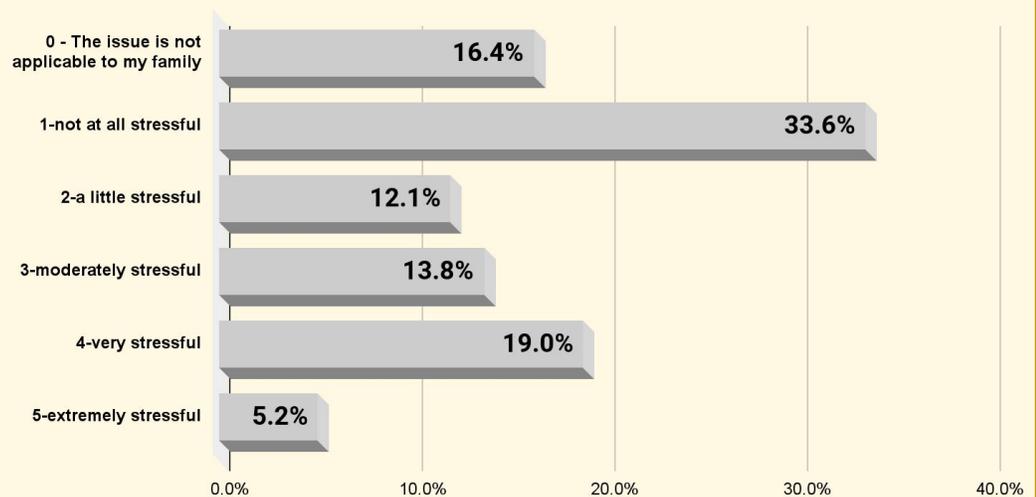
Although **73.3%** were not worried about losing their housing, **20%** of respondents were. **6.3%** chose not to answer the question.

50% of respondents said either housing cost is not applicable to their family or that the cost of housing is not at all stressful for them.

50% of respondents said the issue was stressful for them at some level.

How stressful is this for your family: concerns about the cost of your housing?

Stress is when someone feels tense, nervous, anxious, or can't sleep at night because their mind is troubled.



Percent of Respondents. (n=120)

Comments on Housing (n=120)

Availability / Affordability

- I am applying for HUD
- We need more affordable housing, especially for the elderly.
- Currently homeless but living with my daughter. It would be nice if there was affordable housing for frontline workers—police, firemen, teachers.
- Need more housing, single family units.
- It is hard to find affordable housing
- I've been approved for section 8/HUD but I've been having a problem finding a one bedroom apartment.
- Salvation army is looking for housing for me. I'm looking for work and they're looking for me for a place to live."
- Housing: stay in boarding house. Looking for housing; waiting for HUD voucher
- There's not enough affordable housing for low-income earners

Cost of Housing

- It's expensive to live here
- Where you live depends on cost. There's no public bathrooms in the area.
- Too expensive to buy home based on income.
- Worried about housing costs increasing to where will not be able to afford it.
- Until I can go back to work, we are on 1 income. It's a little stressful since we had to pay car notes, car insurance, lights, water, daycare (\$180 a week), gas, etc. and we had to pay a plumber and roof damage plus the lawn.
- I pay \$1,600 monthly for rent and the landlord wants to raise it to \$1,850 per month
- Medical issues
- I lost my apartment here because of COVID and no work.
- Too expensive; need to help those with housing
- Unaffordable in Sarasota each day.
- Costs to repair is rising very quickly w/ COVID-19 inflation mess.
- Rent is easily 2k, can't afford to live in town where I grew up -- Giving money to the developers and homeowners can't get incentives to improve their housing.
- Need to be more affordable.
- Housing too expensive— affordable housing— apt \$800-1000 2 bed— home [?] 150-200
- Rent is not affordable
- First-time home buyers at all-time low; need better jobs/skills for market area

Comments on Housing (cont) (n=120)

Housing Insecurity/Homelessness

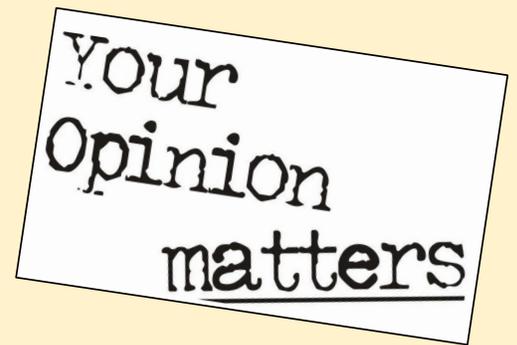
- Homeless housing experience
- I'm homeless
- Homeless with a young son; so, not eligible for family programs
- I wish I had housing.
- We are living here, just came back to visit our kids. We stay with friends or in hotel if we have the money.
- Can me and my wife apply for housing? I always liked it here but am traveling to get work.

Quality of Housing Situation

- My home is owned
- Good
- Me and my mom live together
- All is well
- "More kid friendly Janie's Garden
- Rooming with someone Income is not enough to live well.
- Hard to get roof fixed
- Proud Black community



Q & A

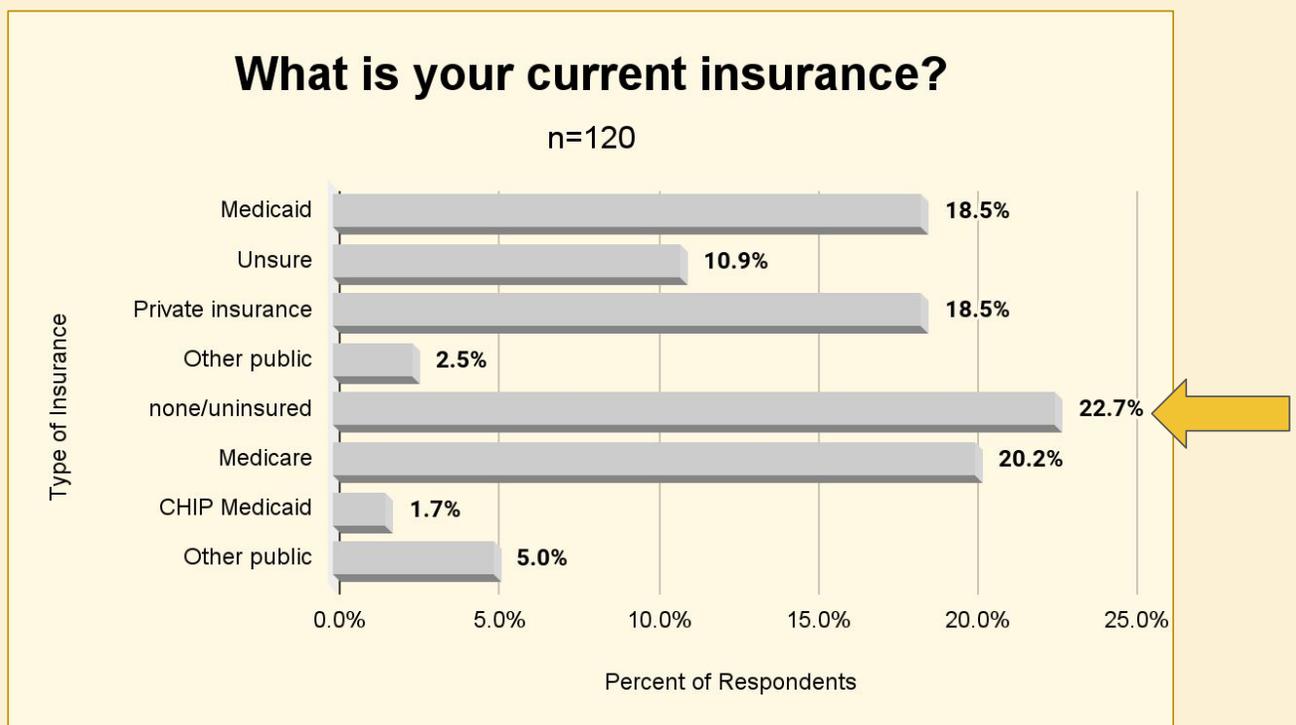


About Housing in Newtown

What is **Affordable Housing**?

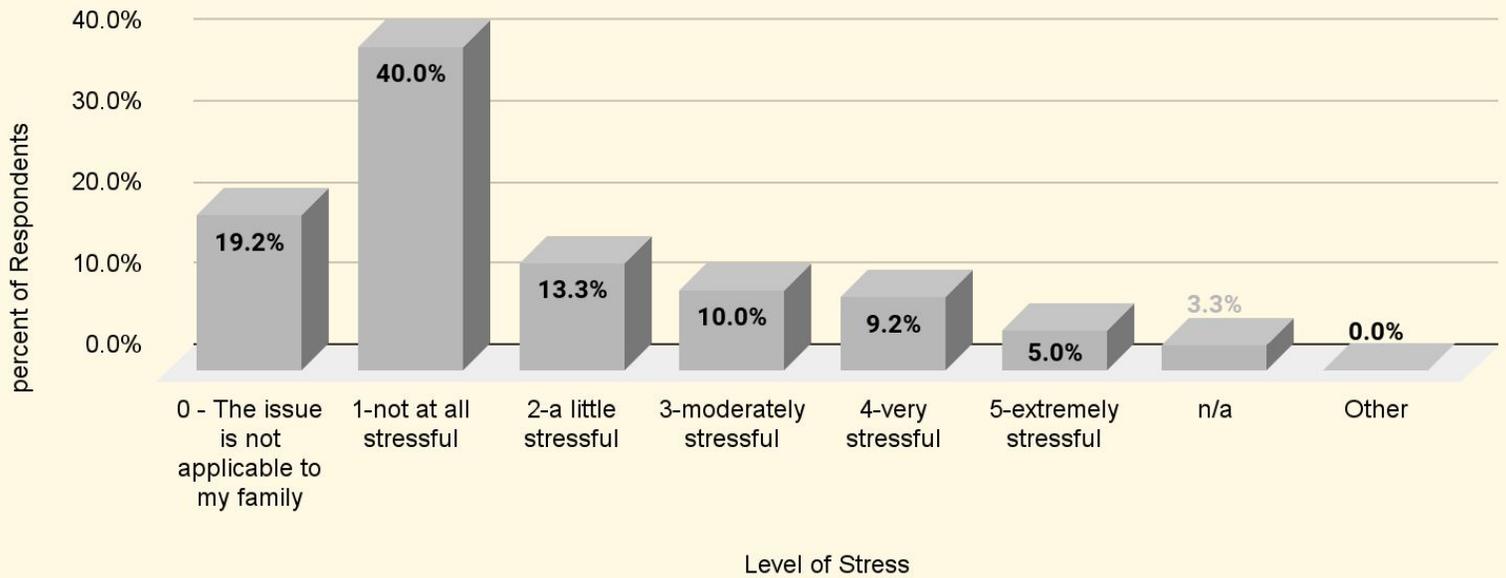
The government says housing is "affordable" if a family spends **no more than 30%** of their income to live there.

Health Care



For those who live, worship or work in Newtown at all locations, the largest insurance group was “none/uninsured” (**22.7%**) followed by Medicare (**20.2%**) and then both Medicaid (**18.5%**) and private insurance (**18.5%**).

How stressful is this for your family: dealing with your own mental health or mental health care? (n=120)

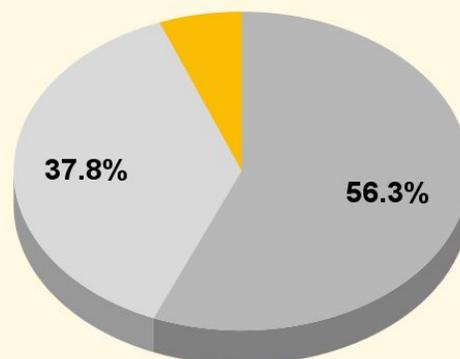


37.5% of respondents reported that dealing with their own mental health or mental health care was stressful for their family at some level.

If you had some emotional or family problems would you go to a mental health center?

n=120

● yes ● no ● n/a



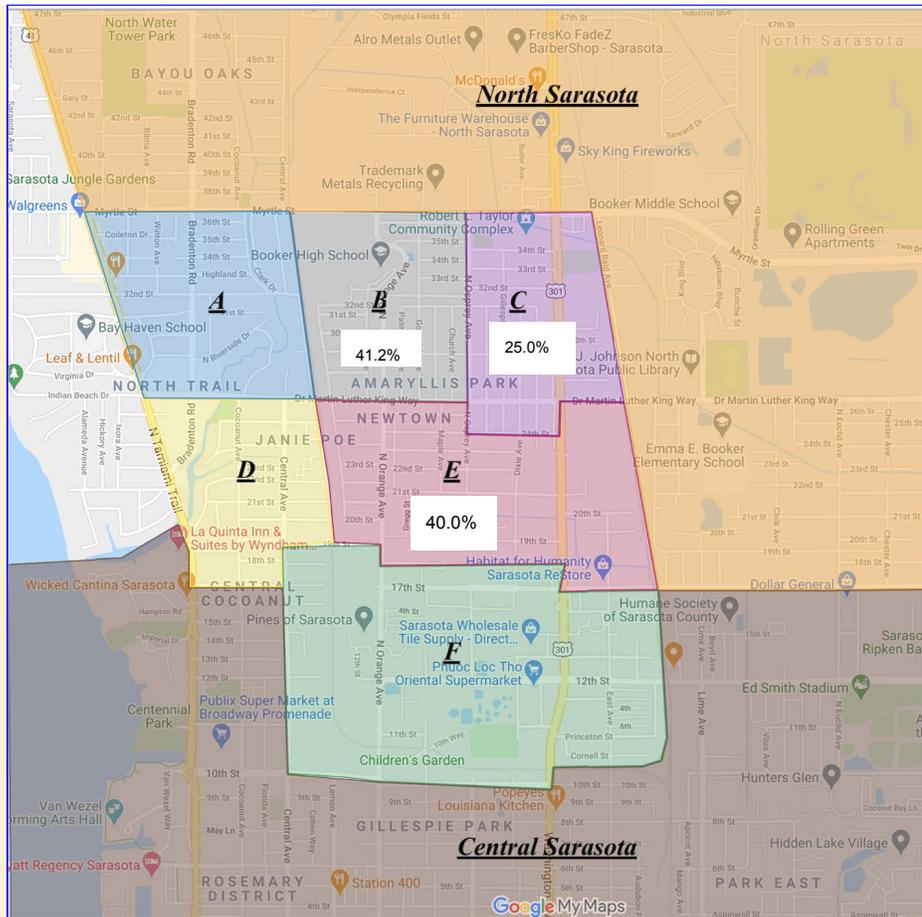
56.3% of respondents said they would go to a mental health center if they had some emotional or family problems, **37.8%** said they wouldn't, and the remaining 5.9% chose not to answer.

Fully Vaccinated Amaryllis Park Respondents by Census Block Group

The percent of responding residents stating they were fully vaccinated was higher in the Amaryllis Park Census Block Groups B and E (**40.0% - 41.2%**) than in the overall survey (**30.0%**) that includes respondents who may live elsewhere but work or worship in Newtown. Census Block C (**25.0% fully vaccinated**) is a location that needs more vaccination outreach.

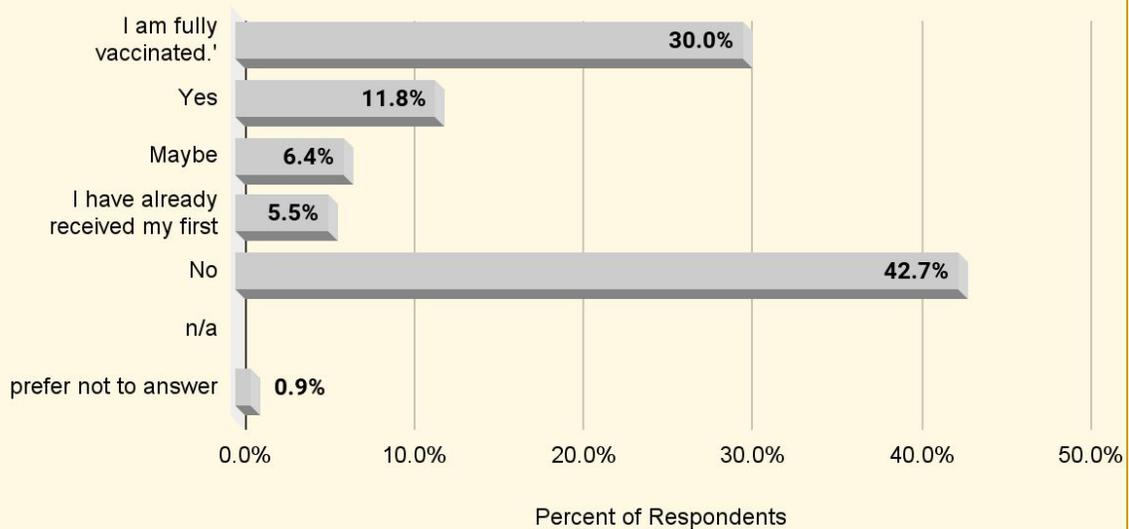
Note

There has been a collaborative effort to address vaccination equity in Amaryllis Park.



Do you want to get vaccinated for COVID?

n=120



30% of respondents who live, worship or work in Newtown reported that they were fully vaccinated. An additional **5.5%** reported that they had received their first shot. (June 10 - August 13, 2021)

If you answered no to the above question what would make you want to get the shot? (n=120)

Contemplating/Delay

- > Would get if offered
- > Just haven't gotten it
- > Not right now, maybe in the future
- > I just got my shot
- > I need to make up my mind to do it
- > I'm thinking about it.
- > I don't want it but the doctor said yes; so, I'm going to get it.
- > No side effects
- > Not right now, maybe in the future
- > Already had COVID and waiting until eligible

In process

- > I need to get the second shot
- > I just got my shot
- > When could I go?

Mandated

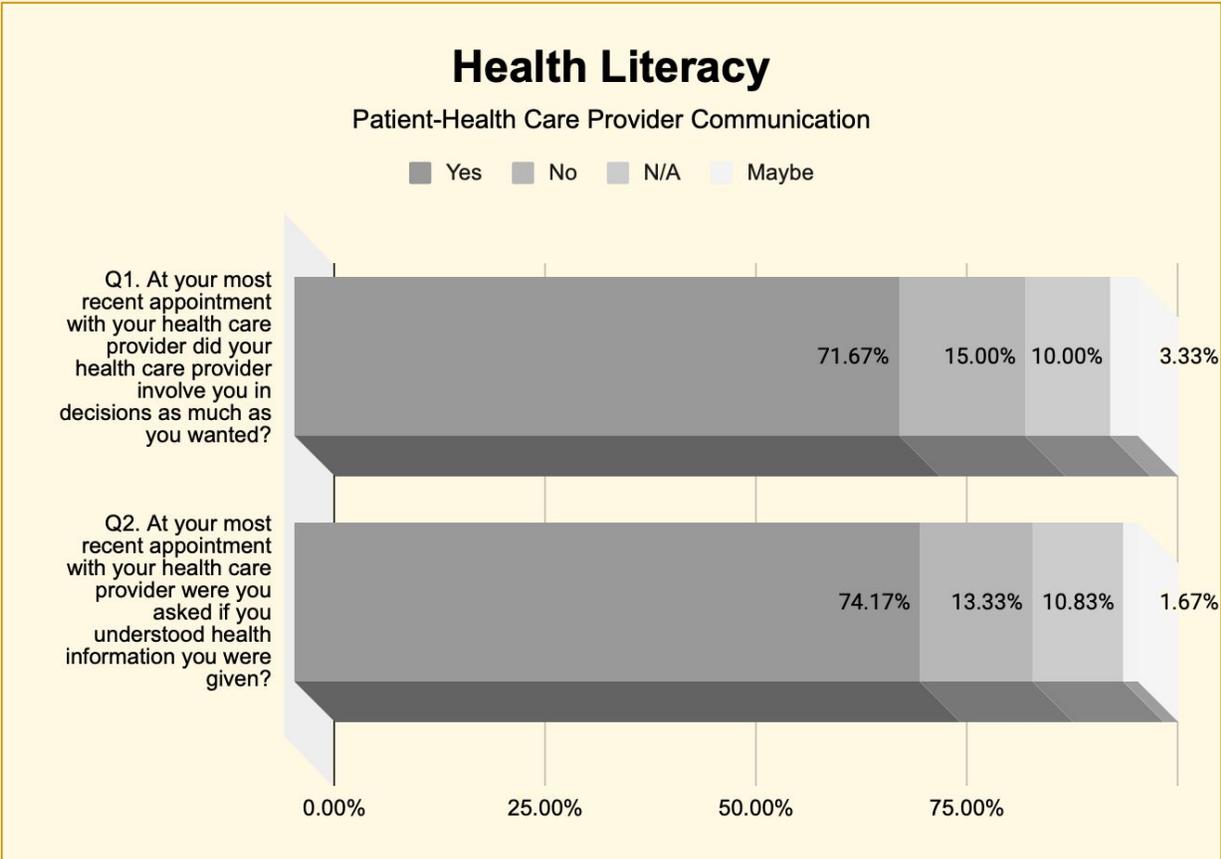
- > If the law makes me
- > Ordered to take it
- > None, I've already had COVID

Beliefs

- > Never Shot
- > Nothing
- > None, I've already had COVID
- > I just don't want to
- > I believe in Jesus Christ
- > I'm scared of the vaccine
- > I don't know
- > Prefer not to answer

71.7% of respondents reported that their health care providers involve them in decisions as much as they wanted. **15.0%** reported that they did not.

74.2% of respondents reported that their health care providers asked them if they understood the information they were given. **13.3%** reported that they did not.



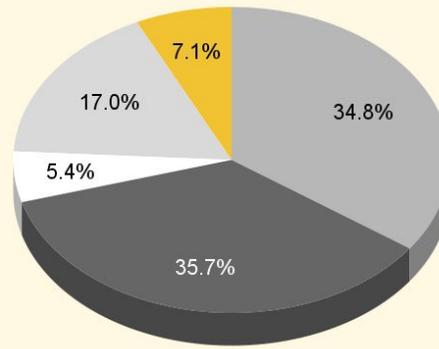
A combined **70.5%** of respondents reported that their communication with their health care provider was excellent (**35.7%**) or good (**34.8%**).

17.0% reported that their communication with their health care provider was fair, and **5.4%** reported poor communication with their health care provider.

How would you characterize your communication with your health care provider?

n=120

● Good ● Excellent ● Poor ● Fair ● Other



Comments on Healthcare (Aggregate n=120)

Community needs

- We need more young doctors.
- We need improved access and affordability
- Doctoring needs to be connected to community to better support needs
- Need real people on the phone
- No urgency care in the area

Quality of care

- Some clinics have lazy or rushed employees who come across to patients as rude or uncaring
- Good
- Fine healthy
- My primary care is excellent; my pain medical care isn't.
- I get good care.
- The current clinic I use has established medical professionals

Mental health

- Mental health: my Faith is in God for my health. It would be better if health care more affordable; I love Obamacare
- "[Dealing with mental health...] Brought on by the current political entitled nightmare

Insurance

- I have health insurance and really don't know how to use it.
- No healthcare provider
- Unsure = Florida Blue
- Insurance: has both Medicaid & Medicare
- I pay out of pocket. I do not qualify for Medicaid for me or my kids.
- I don't have healthcare
- I don't have insurance
- I need healthcare
- insurance - FL Blue
- Very \$ [costly/expensive]
- Too expensive
- Insurance: HMO



Your
Opinion
matters

Q & A

About Healthcare in Newtown



[See your data grow on The Newtown Data Story](#) as we enter it in the next few weeks!



**Data is
Power**

**What do
YOU want
to do
with
yours?**

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Thursday, September 9th MHI Zoom Meeting 5:30pm - 7pm
**Social Service Provider & Decision-Maker Response to
Newtown's Data**

APPENDIX E - HEALTH STATUS ASSESSMENT

Existing data was used from the Florida Department of Health's Community Health Assessment Resource Tool Set (CHARTS) - flhealthcharts.com. Included is the 2020 County Health Status Summary Profile. We continue to track updated data to inform decisions and actions in community plans.



County Health Status Summary Profile - 2020

County Health Status Summary Report: Sarasota vs. Florida							
Indicator	Year(s)	Measure	County Quartile ^A 1=most favorable 4=least favorable	County	State	County Trend ^B (Statistically Significant)	U.S. Healthy People 2030 Goal
Socio-Demographics							
Total county population	2020	Count		434,853	21,640,766		
Population under 18 Years Old	2020	Count		61,207	4,282,262		
Population 18-64 Years Old	2020	Count		211,280	12,843,483		
Population 65+ Years Old	2020	Count		162,366	4,515,021		
Population - White	2020	Count		397,820	16,713,931		
Population - Black	2020	Count		20,594	3,671,185		
Population - Other	2020	Count		16,439	1,255,650		
Population - Hispanic	2020	Count		41,567	5,771,094		
Population - Non-Hispanic	2020	Count		393,286	15,869,672		
Median income (in dollars)	2015-19	Dollars	1	\$62,236	\$55,660		
Population below 100% poverty	2015-19	Percent	1	9%	14%		8.0%
Percentage of civilian labor force which is unemployed	2015-19	Percent	1	4.4%	5.6%		
Population 5+ that speak English less than very well	2015-19	Percent	3	5.3%	11.9%		
Population over 25 without high school diploma or equivalency	2015-19	Percent	1	6.9%	11.8%		
Physical Activity							
Adults who are sedentary	2019	Percent	1	22%	26.5%		
Adults who are inactive or insufficiently active	2016	Percent	1	48.6%	56.7%		
Adults who meet aerobic recommendations	2016	Percent	1	52.6%	44.8%		59.2%
Adults who meet muscle strengthening recommendations	2019	Percent	3	30.6%	38.1%		32.1%
Overweight and Obesity							
Adults who are overweight	2019	Percent	4	39.8%	37.6%		
Adults who are obese	2019	Percent	1	22.1%	27%		36.0%
Adults who have a healthy weight	2019	Percent	1	36.5%	32.8%		
Tobacco Use and Exposure							
Adults who are current smokers	2019	Percent	2	16.4%	14.8%		16.2%

Indicator	Year(s)	Measure	County Quartile ^A	County	State	County Trend ^B (Statistically Significant)	U.S. Healthy People 2030 Goal
			1=most favorable 4=least favorable				
Adult current smokers who tried to quit smoking at least once in the past year	2019	Percent		52.3%	59%		65.7%
Adults who are former smokers (currently quit smoking)	2019	Percent		35.1%	26.3%		10.2%
Adults who have never smoked	2019	Percent		48.5%	58.9%		
Adults who are current e-cigarette users	2019	Percent		6.2%	7.5%		
Adults who are former e-cigarette users	2019	Percent		16.7%	18.4%		
Adults who have never used e-cigarettes	2019	Percent		77%	74.1%		
Health Status and Access to Care							
Adults with health insurance coverage	2015-19	Percent		89%	87.2%		92.1%
Adults who have a personal doctor	2019	Percent		80.3%	72%		84.0%
Adults who could not see a doctor at least once in the past year due to cost	2019	Percent		10.8%	16%		
Adults who had a medical checkup in the past year	2019	Percent		78.1%	78.8%		
Total Licensed Florida Family Practice Physicians (FP - FAMILY PRACTICE)	2018-20	Per 100,000 population		24.3	19.1		
Total Licensed Florida Dentists	2018-20	Per 100,000 population		72.9	56.1		
Total hospital beds	2018-20	Per 100,000 population		362.0	309.0		
County Health Department Full-Time Employees	2018-20	Per 100,000 population		76.6	43.0	NO TREND 	
Adults who received a flu shot in the past year	2019	Percent		38.4%	36.9%		
Adults who have ever received a pneumonia vaccination	2019	Percent		42.6%	35.4%		
Women 40 years of age and older who received a mammogram in the past year	2016	Percent		67.9%	60.8%		
Women 18 years of age and older who received a Pap test in the past year	2016	Percent		49%	48.4%		
Men 50 years of age and older who received a PSA test in the past two years	2016	Percent		65.3%	54.9%		
Adults ages 50 years and older who received a blood stool test in the past year	2016	Percent		20.8%	16%		
Adults 50 years of age and older who received a sigmoidoscopy or colonoscopy in the past five years	2016	Percent		59.1%	53.9%		
Adults less than 65 years of age who had an HIV test in the past 12 months	2016	Percent		13.9%	19.7%		
County Health Department Expenditures Per Person	2018-20	Per person		66.3	34.1		
Adults who said their overall health was "fair" or "poor"	2019	Percent		14.4%	19.7%		
Adults who said their overall health was "good" to "excellent"	2019	Percent		85.6%	80.3%		
Adults whose poor physical or mental health kept them from doing usual activities on 14 or more of the past 30 days (Among adults who have had at least one day of poor	2019	Percent		20.7%	18.3%		

Indicator	Year(s)	Measure	County Quartile ^A	County	State	County Trend ^B (Statistically Significant)	U.S. Healthy People 2030 Goal
			1=most favorable 4=least favorable				
mental or physical health)							
Average number of days where poor mental or physical health interfered with activities of daily living in the past 30 days (Among adults who have had at least one day of poor mental or physical health)	2019	Percent	3	6.5%			
Adults with good physical health	2019	Percent	1	87.5%	86.2%		
Adults who had poor physical health on 14 or more of the past 30 days	2019	Percent	1	12.5%	13.8%		
Average number of unhealthy physical days in the past 30 days	2019	Percent	1	4%			
Adults with good mental health	2019	Percent	1	88.8%	86.2%		
Adults who had poor mental health on 14 or more of the past 30 days	2019	Percent	1	11.2%	13.8%		
Average number of unhealthy mental days in the past 30 days	2019	Percent	1	3.3%			
Adults who have ever been told they had a depressive disorder	2019	Percent	3	18.7%	17.7%		
Chronic Diseases							
Coronary Heart Disease							
Coronary heart disease age-adjusted death rate	2018-20	Per 100,000 population	1	65.1	90.3	NO TREND 	71.1
Coronary heart disease age-adjusted hospitalization rate	2018-20	Per 100,000 population	1	194.3	261.2	BETTER 	
Stroke							
Stroke age-adjusted death rate	2018-20	Per 100,000 population	1	27.0	42.3	NO TREND 	33.4
Stroke age-adjusted hospitalization rate	2018-20	Per 100,000 population	1	173.6	229.8	NO TREND 	
Heart Failure							
Heart failure age-adjusted death rate	2018-20	Per 100,000 population	2	11.3	12.7	NO TREND 	
Congestive heart failure age-adjusted hospitalization rate	2018-20	Per 100,000 population	1	777.8	1,238.1	WORSE 	319.7
Lung Cancer							
Lung cancer age-adjusted death rate	2018-20	Per 100,000 population	1	32.6	33.6	NO TREND 	25.1
Lung cancer age-adjusted incidence rate	2016-18	Per 100,000 population	2	56.6	56.6	NO TREND 	
Colorectal Cancer							
Colorectal cancer age-adjusted death rate	2018-20	Per 100,000 population	1	12.0	12.6	NO TREND 	8.9
Colorectal cancer age-adjusted incidence rate	2016-18	Per 100,000 population	2	32.4	35.6	NO TREND 	
Breast Cancer							
Breast cancer age-adjusted death rate	2018-20	Per 100,000 females	2	18.4	18.7	NO TREND 	15.3
Breast cancer age-adjusted incidence rate	2016-18	Per 100,000 females	3	130.8	121.2	NO TREND 	
Prostate Cancer							

Indicator	Year(s)	Measure	County Quartile ^A	County	State	County Trend ^B (Statistically Significant)	U.S. Healthy People 2030 Goal
			1=most favorable 4=least favorable				
Prostate cancer age-adjusted death rate	2018-20	Per 100,000 males	 2	16.0	16.5	NO TREND 	16.9
Prostate cancer age-adjusted incidence rate	2016-18	Per 100,000 males	 3	85.5	89.6	NO TREND 	
Cervical Cancer							
Cervical cancer age-adjusted death rate	2018-20	Per 100,000 females	 2	2.1	2.7	NO TREND 	
Cervical cancer age-adjusted incidence rate	2016-18	Per 100,000 females	 3	11.0	9.0	NO TREND 	
Melanoma							
Melanoma age-adjusted death rate	2018-20	Per 100,000 population	 2	2.2	2.2	NO TREND 	
Melanoma age-adjusted incidence rate	2016-18	Per 100,000 population	 4	33.8	25.2	NO TREND 	
Chronic Lower Respiratory Diseases							
Chronic lower respiratory diseases (CLRD) age-adjusted death rate	2018-20	Per 100,000 population	 1	25.4	36.2	NO TREND 	
CLRD age-adjusted hospitalization rate	2018-20	Per 100,000 population	 1	136.5	229.4	BETTER 	
Asthma age-adjusted hospitalization rate	2018-20	Per 100,000 population	 2	479.2	636.0	NO TREND 	
Diabetes							
Diabetes age-adjusted death rate	2018-20	Per 100,000 population	 1	11.7	21.1	NO TREND 	
Diabetes age-adjusted hospitalization rate	2018-20	Per 100,000 population	 1	1,351.2	2,259.9	NO TREND 	
Amputation due to diabetes age-adjusted hospitalization rate	2018-20	Per 100,000 population	 1	22.2	37.1	NO TREND 	4.3
Reportable & Infectious Diseases							
AIDS Diagnoses	2017-19	Per 100,000 population	 1	3.3	9.3	NO TREND 	
Campylobacteriosis	2017-19	Per 100,000 population	 1	15.8	21.6	NO TREND 	
Chlamydia cases	2017-19	Per 100,000 population	 1	275.5	504.2	NO TREND 	
Cryptosporidiosis	2017-19	Per 100,000 population	 1	1.5	2.9	NO TREND 	
Cyclosporiasis	2017-19	Per 100,000 population	 3	1.3	1.2	NO TREND 	
Giardiasis, acute	2017-19	Per 100,000 population	 3	5.8	5.1	NO TREND 	
Gonorrhea cases	2017-19	Per 100,000 population	 1	88.4	161.7	NO TREND 	
Haemophilus influenzae in people <5	2017-19	Count	 2	1	129		
Hepatitis A	2017-19	Per 100,000 population	 4	9.7	6.7	NO TREND 	0.4
Hepatitis B, acute	2017-19	Per 100,000 population	 1	1.8	3.6	NO TREND 	0.9
Hepatitis B, chronic	2017-19	Count	 3	185	14,502		
HIV Diagnoses	2017-19	Per 100,000 population	 2	8.6	22.4	NO TREND 	

Indicator	Year(s)	Measure	County Quartile ^A	County	State	County Trend ^B (Statistically Significant)	U.S. Healthy People 2030 Goal
			1=most favorable 4=least favorable				
HIV/AIDS age-adjusted death rate	2018-20	Per 100,000 population	 2	1.5	2.8	NO TREND 	
Infectious syphilis cases	2017-19	Per 100,000 population	 4	12.9	13.5	NO TREND 	
Legionellosis	2017-19	Per 100,000 population	 4	4.2	2.2	NO TREND 	
Listeriosis	2017-19	Per 100,000 population	 4	0.5	0.2	NO TREND 	0.2
Measles (rubeola)	2017-19	Count	 4	4	21		
Meningococcal disease in people <24	2017-19	Per 100,000 population	 1	0.0	0.1		
Pertussis	2017-19	Per 100,000 population	 4	2.2	1.7	NO TREND 	
Rubella	2017-19	Count	 1	0	0		
Salmonellosis	2017-19	Per 100,000 population	 1	24.4	33.3	NO TREND 	11.1
Shiga toxin-producing Escherichia coli (STEC) infection	2017-19	Per 100,000 population	 1	1.4	2.8	NO TREND 	3.2
Shigellosis	2017-19	Per 100,000 population	 2	2.6	6.7	NO TREND 	
Streptococcus pneumoniae in people <6	2017-19	Count	 3	2	224		
Tetanus	2017-19	Count	 1	0	7		
Tuberculosis cases	2018-20	Per 100,000 population	 1	0.8	2.4	NO TREND 	1.4
Varicella	2017-19	Per 100,000 population	 1	1.7	4.0	NO TREND 	
Vibriosis (excluding cholera)	2017-19	Per 100,000 population	 3	1.6	1.2	NO TREND 	
Maternal, Infant & Young Child Health							
Early prenatal care (care began 1st trimester)	2018-20	Percent		74%	76.1%	NO TREND 	80.5%
Low birth weight births (births < 2500 grams)	2018-20	Percent	 1	7.6%	8.7%	NO TREND 	
Preterm births (births < 37 weeks gestation)	2018-20	Percent	 1	9.3%	10.4%	NO TREND 	9.4%
Multiple births	2018-20	Percent	 1	2.7%	3.1%	NO TREND 	
Births to teens 15-19	2018-20	Per 1,000 females 15-19	 1	13.1	16.0	NO TREND 	31.4
Repeat births to mothers 15-19	2018-20	Percent	 1	11.7%	14.2%	BETTER 	
Infant death rate	2018-20	Per 1,000 live births	 1	4.5	6.0	NO TREND 	5.0
Neonatal death rate	2018-20	Per 1,000 live births	 1	2.9	4.0	NO TREND 	
Postneonatal death rate	2018-20	Per 1,000 live births	 2	1.7	1.9	NO TREND 	
Fetal death ratio	2018-20	Per 1,000 deliveries	2	5.8	6.8	BETTER 	5.7
Mothers initiating breastfeeding at birth	2018-20	Percent ¹⁷³		88.4%	85.9%	NO TREND 	

Indicator	Year(s)	Measure	County Quartile ^A	County	State	County Trend ^B (Statistically Significant)	U.S. Healthy People 2030 Goal
			1=most favorable 4=least favorable				
Kindergarten children fully immunized	2018-20	Percent		89.9%	93.6%	WORSE ↑	
Unintentional Injuries							
Unintentional injuries age-adjusted death rate	2018-20	Per 100,000 population	3	66.7	59.0	NO TREND ↔	43.2
Motor vehicle crash age-adjusted death rate	2018-20	Per 100,000 population	2	14.0	15.0	NO TREND ↔	10.1
Social and Physical Environment							
Criminal homicide (Murder)	2018-20	Per 100,000 population	1	2.0	5.5	NO TREND ↔	
Domestic violence offenses	2018-20	Per 100,000 population	1	301.1	495.9	NO TREND ↔	
Suicide age-adjusted death rate	2018-20	Per 100,000 population	3	18.7	14.3	NO TREND ↔	12.8

Data Note(s)

- ¹Florida Department of Health, Bureau of Community Health Assessment, Florida Legislature's Office of Economic and Demographic Research (EDR)
- ²US Census Bureau
- ³Florida Department of Health Division of Community Health Promotion
- ⁴Florida Department of Health, Division of Medical Quality Assurance
- ⁵Florida Agency for Health Care Administration, Certificate of Need Office
- ⁶Florida Department of Health, Bureau of Vital Statistics
- ⁷Florida Agency for Health Care Administration (AHCA)
- ⁸University of Miami (FL) Medical School, Florida Cancer Data System
- ⁹Florida Department of Health, Division of Disease Control
- ¹⁰Florida Department of Health, Bureau of Immunization
- ¹¹Florida Department of Law Enforcement
- ¹²Florida Department of Health, Contract Management System

All age-adjusted rates on this report are 3-year rates per 100,000 and are calculated using the 2000 Standard US Population and July 1 population estimates from the Florida Legislature, Office of Economic and Demographic Research. The population data for 2001-2010, along with rates affected by the population data, have been updated on FLHealthCHARTS. Following a census, it is customary to revise population projections for the intercensal years based on information from the latest census. Revising the population data from what was predicted to actual estimates ensures accurate accounting of the racial, ethnic, and gender distribution of the population. These changes affect the population data and rates calculated for your community.

[View ICD Codes for death, cancer, and hospitalization indicators](#)

^ACounty Quartiles

Most favorable situation 1 (Lightest color on maps)	Average 2 or 3	Least favorable situation 4 (Darkest color on maps)
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Quartiles in this report allow you to compare your county's data with other counties. Calculation of quartiles require several steps to create the final results. First, the county values are sorted from most favorable to least favorable. Second, a rank is assigned based on the value for each county in relation to the preceding county. If a county has the same value as the preceding county, then the same rank is assigned. Third, the ranking is divided into 4 groups. The number of counties in each group depends on how many counties had the same rank.

^BCounty Trends

Trends over time are used to see if an indicator has improved or worsened. Statistical testing of the trend provides evidence that the trend is "better" or "worse" and did not occur due to random variation.

Trends are only calculated when 5 or more consecutive years of data are available.

Blank in the trend column indicates the trend is not calculated.

[Click here for more information about trends](#)

Trend Values

Getting better Trend is getting better and the improvement is statistically significant

Getting worse Trend is getting worse and the change is statistically significant

No trend Trend is not statistically significant

Blank cell - Not enough data to compute a trend

For the 2007 report, no trend is available for entry into prenatal care due to a change in the measurement of this indicator in 2004.

^CU.S. Healthy People 2030 Goal

U.S Healthy People 2030 is a national health promotion and disease prevention initiative. Its' goals are to increase the quality and years of healthy life and eliminate health disparities. More information available at: <http://www.healthypeople.gov>. Goals are not available for every indicator.



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