

COMMUNITY HEALTH ASSESSMENT REPORT



Mobilizing for Action through Planning & Partnerships (MAPP)

Polk County, Florida
Released 2012



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Planning and Partnerships (MAPP)



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Mobilizing for Action Through Planning and Partnerships

MAPP is a community-wide strategic planning tool or process for improving community health. This process includes four community health assessments and a summary report used to help communities prioritize public health issues, identify resources for addressing them, and take action.

MAPP was developed by the National Association of County and City Health Officials (NACCHO) in cooperation with the Centers for Disease Control and Prevention (CDC).

MAPP is a very data and information driven process that consists of the following four assessments:

1. **Forces of Change (FC)** - this assessment asks “What is occurring or might occur that affects the health of our community or the local health system?” and “What specific threats or opportunities are generated by these occurrences?”
2. **Community Themes and Strengths (CT&S)** - this assessment asks “What is important to our community? How is quality of life perceived in our community?” and “What assets do we have that can be used to improve community health?”
3. **Local Public Health System Assessment (LPHSA)** - this assessment asks “What is our health system’s capacity to provide the 10 essential public health services?” and “How well are we performing each of the essential services?”
4. **Community Health Status (CHS)** - this assessment asks “How healthy are our residents?” and “What does the health status of our community look like?”

[Polk MAPP Reports](#)

Benefits of MAPP:

- Results in a healthier community and a better quality of life.
- Helps communities (local health systems) better anticipate and manage change.
- Creates a stronger health system infrastructure in the community that leads to better coordination of services and resources.
- Builds leadership
- Can produce innovative, effective, and sustainable solutions to complex community problems.

The MAPP process should be completed every 3-5 years. The Polk County Health Department completed the second round of assessments in 2011.

Three years ago, the MAPP assessments were used to create a Community Health Improvement Plan (CHIP). The CHIP is a community-wide strategic plan to improve the health and quality of life of the people who live in a community (e.g. Polk County).

[2008 Community Health Improvement Plan](#)

SUMMARY OF FINDINGS

The Community Health Status committee reviewed the key findings of all four of the MAPP assessments and created a matrix of challenges and opportunities for improvement.

To review details see the 2011 MAPP Assessments Results Matrix in Appendix 1 (pg.14)

The MAPP assessments identified the following **key themes** impacting quality of life in Polk County:

- Access to Care
- Assessment / Quality Assurance / Evaluation
- Communications / Health Education
- Diseases and Risk Factors
- Jobs / Economy
- Linkages / Coordination of Services
- Resources

Our community needs to prioritize these key themes.

In **Table 1** the references in parentheses () note the individual report where the data is located. The abbreviations for the four reports are:

1. Forces of Change (FC)
2. Community Themes and Strengths (CT&S)
3. Local Public Health System Assessment (LPHSA)
4. Community Health Status (CHS)

Refer to the reports (FC, CT&S, etc.) for more information.
[Polk MAPP Reports](#)

TABLE 1 2011 Key Themes Impacting Quality of Life in Polk County

Access To Care	
Challenges	Opportunities
<ul style="list-style-type: none"> • Community surveys reveal that residents of Polk County think the most important things that make a community healthy and improve the quality of life are: good jobs/healthy economy, <u>access to health services and access to health insurance</u> (CT&S p.6). • Residents felt they had access to the basic health care services needed however, almost a quarter felt they could not get the specialty health services they need. Some respondents also thought that there was a need for more free clinics (CT&S p.10, 12). • Residents felt that there was a need for organized and coordinated services i.e. one central source of information (CT&S p.11). 	<ul style="list-style-type: none"> ⇒ Expand the network of volunteer clinics. This was also seen as a promising practice for addressing future needs (FC p.2). ⇒ Host medical students and physicians training programs from area universities with the hope these future providers would stay in Polk County (FC p.2). ⇒ Fund promising practices and best practices to increase or remove barriers to access to health care (FC p.4).

Access To Care (Continued)	
Challenges	Opportunities
<ul style="list-style-type: none"> • Polk County’s ability to link people to needed health services and assure health care was identified as an area for improvement (LPHSA p. 14). • Coordinating health services was also identified as a weakness (LPHSA p.14). • Transportation was rated as a community weakness by residents (CT&S p.12 and FC p. 2). • The complexity of navigating health systems particularly for the uninsured and other vulnerable populations is a challenge. This will become more of a challenge as we provide health care for growing numbers of un and under-insured residents (FC p.2). • Access to care could be a reason for the disparities in health outcomes among minority populations (CHS p.17). 	<ul style="list-style-type: none"> ⇒ Develop linkages through Health Information Exchange and electronic medical records (FC p.4). ⇒ Utilize telemedicine projects for rural and underserved areas (FC p.4). ⇒ The Affordable Care Act provides funding opportunities (FC p.3).

Assessment / QA / Evaluation	
Challenges	Opportunities
<ul style="list-style-type: none"> • Although Polk County’s ability to conduct assessments was rated good; making improvements based on the assessments was identified as an area for improvement (LPHSA p.15). 	<ul style="list-style-type: none"> ⇒ Develop internal capacity for adopting best practices/promising practices/ evidenced based or accredited interventions to address issues. There are resources such as Healthy People 2020 and the Community Tool box for evidenced based programs and models (FC p.4). ⇒ Use the community assessments to establish benchmarks (FC p. 4). ⇒ Evaluate and publish progress/results.

Communications / Health Education	
Challenges	Opportunities
<ul style="list-style-type: none"> • Collaboration among community partners on health education and promotion activities are areas for improvement. Although risk communication was rated as optimal; communication planning for health education and promotion was rated as needing improvement. This rating was the same as the last LPHSA which indicates there is not a feeling of improvement (or progress) on this standard (LPHSA p. 12). • Residents rated health promotion as a need in the community (CT&S p. 12). • Community partnerships were noted as existing in Polk County but there's not a lot of coordination among the groups for planning and implementation (LPHSA p.15). This rating was the same as the last LPHSA which indicates there is not a feeling of progress on this standard. • Level of education and health outcomes are linked. Those with a lower level of health literacy need assistance in understanding health concepts (FC p. 3). 	<ul style="list-style-type: none"> ⇒ Develop linkages through Health Information Exchange and electronic medical records (FC p. 4). ⇒ Use best practices/promising practices/ evidenced based or accredited interventions to address issues. There are resources such as Healthy People 2020 and the Community Guide for evidenced based programs and models for: providers and patients; pre-school and school age children; women of childbearing age (FC p.4). ⇒ County planners have recognized the need for community design that promotes health (FC p.5)

Diseases and Risk Factors	
Challenges	Opportunities
<ul style="list-style-type: none"> • Obesity <ul style="list-style-type: none"> - Rate for adults and children is getting worse. Over 60% of adults in Polk County are overweight and obese (CHS p.12 & 14). - Survey responses from residents named obesity as a major health concern (CT&S p.7). - Obesity is a risk factor for many chronic diseases which were named as the second major health issue mentioned through community surveys (CT&S p. 7). - There is a disparity among minority populations (CHS p. 17-19). 	<ul style="list-style-type: none"> ⇒ Seek funding for strategies that focus on prevention as well as treatment of obesity (FC p.4). ⇒ County planners have recognized the need for community design that promotes health (FC p.5).

Diseases and Risk Factors (Continued)	
Challenges	Opportunities
<ul style="list-style-type: none"> • Chronic Diseases <ul style="list-style-type: none"> - While the diabetes death rate is improving, the diabetes hospitalization rate is getting worse and there is a disparity among the minority populations in terms of diagnoses and treatment (CHS p.14-19). - Survey responses from residents named chronic diseases, especially heart disease and diabetes, as another major health issue in Polk County (CT&S p.7). - Chronic Lower Respiratory Disease (CLRD) death rate has been consistently higher in the last 10 years than the state and the gap is widening. The white population has a higher death rate than black. - Asthma and CLRD hospitalization rates are getting worse. Adults and children diagnosed with asthma are in the lowest quartile compared to the state (CHS p.14-19). - Co-occurring chronic health conditions and substance abuse and mental health conditions were noted as health issues in Polk. Drug abuse (particularly prescription drugs) was noted (CT&S p.7). - Congestive heart failure, behavioral health and suicides (especially among the 19-21 year olds) are also issues of concern (CHS p. 12, 35). - The steady increase in the number of Polk County residents with chronic medical conditions, including obesity, is a threat to the health system (FC p.4). - Collaboration among community partners on health education and health promotion activities was noted as an area for improvement. 	<ul style="list-style-type: none"> ⇒ The Affordable Care Act provides funding opportunities (FC p.3). ⇒ Examine health education best practices and promising practices to address chronic diseases and risk factors (FC p.4). ⇒ Seek funding for integrated healthcare (medical and behavioral health) (FC p.2). ⇒ Provide wrap around services such as case management and social services (FC p.4). ⇒ Combine community efforts to address obesity for improved health outcomes (FC p.4). <div data-bbox="860 1522 1364 1711" style="border: 2px solid black; background-color: yellow; border-radius: 15px; padding: 10px; margin-top: 20px;"> <p>Our community does work together but more needs to be done to improve health outcomes.</p> </div>

Diseases and Risk Factors (Continued)

Challenges	Opportunities
<ul style="list-style-type: none"> - Although risk communication was rated as optimal among partners; health communication planning for health education and promotion was rated as needing improvement. This rating was the same as the last LPHSA which indicates there is not a feeling of improvement (or progress) on this standard (LPHSA p.12). - Residents rated health promotion as a community weakness (CT&S p. 11). • Health Disparities Death, hospitalization, diagnoses and infection rates show a disparity among races in Polk County. Injury and suicides show a disparity by age group (CHS p.7-19; p.25; p.8). • Risky Behaviors <ul style="list-style-type: none"> - Among specific age groups, especially school aged children. - Gang activity - Tobacco use (CT&S p.8 and CHS p.21 and 42) 	<p>(Opportunities for chronic diseases are listed on the previous page)</p> <div data-bbox="917 678 1328 894" style="border: 2px solid black; background-color: yellow; padding: 10px; border-radius: 15px; margin: 20px auto; width: fit-content;"> <p>Health disparities must be addressed in order to improve health outcomes in Polk County.</p> </div>

Jobs / Economy

Challenges	Opportunities
<ul style="list-style-type: none"> • Community surveys reveal that residents of Polk County think the most important things that make a community healthy and improve the quality of life are <u>good jobs/healthy economy</u>, access to health services and access to health insurance (CT&S p.6). • Residents felt that job opportunities were not good in Polk County (CT&S p. 11). • Having a job is directly tied to access to care and with Polk unemployment so high, many who had health insurance, may no longer be able to pay for it (FC p.2). 	<div data-bbox="824 1346 1320 1486" style="border: 2px solid black; background-color: yellow; padding: 10px; border-radius: 10px; margin: 20px auto; width: fit-content;"> <p>There were no suggested opportunities to address the challenges on the left.</p> </div> <div data-bbox="959 1604 1370 1797" style="border: 2px solid black; background-color: yellow; padding: 10px; border-radius: 15px; margin: 20px auto; width: fit-content;"> <p>Opportunities do exist to partner with groups outside the health care area.</p> </div>

Jobs / Economy (Continued)	
Challenges	Opportunities
<ul style="list-style-type: none"> Polk's unemployment is higher than the state and more than double the 2000 rate. Median family income has decreased in the past year and decreased more than Florida or the US (CHS p.44 &45). 	
Linkages / Coordination of Services	
Challenges	Opportunities
<ul style="list-style-type: none"> Linking people to needed health services was ranked as the weakest capacity area (LPHSA p.9). The complexity of navigating health systems particularly for the uninsured and other vulnerable populations is a challenge (FC p.2). Coordination to pursue funding and grant opportunities was noted as an area for improvement (FC p. 3). 	<ul style="list-style-type: none"> ⇒ Develop linkages through Health Information Exchange and electronic medical records (FC p.4).

Resources	
Challenges	Opportunities
<ul style="list-style-type: none"> Conducting research and partnering with institutes of higher learning was identified as an area for improvement. The ability to initiate research was noted as a weakness (LPHSA p. 15). Need to improve / coordinate funding opportunities and requests such as grants (FC p.3). <div data-bbox="272 1570 732 1730" style="border: 2px solid black; background-color: yellow; padding: 5px; margin-top: 20px;"> <p>Refer to the reports (FC, CT&S, etc.) for more information. Polk MAPP Reports</p> </div>	<ul style="list-style-type: none"> ⇒ IT consortiums in the region such as major colleges and universities (FC p. 4). ⇒ New medical city in central Florida for research and for developing capacity (FC p. 4). ⇒ PCHA members have procured grants and could serve as mentors for others. (FC p.3). ⇒ Reductions in resources could lead to partnerships that have been overlooked or to the streamlining of processes and innovative approaches (FC p.1). ⇒ Partnerships with institutes of higher learning for research, education, prevention grants. (FC p.3).

COMPARISONS TO 2007 MAPP ASSESSMENTS (REPORT OF FINDINGS)

There are similarities among the challenges identified in 2007 compared to those identified in 2011.

The similarities could mean that residents realize it takes many years to see improvement.

TABLE 2 Challenges 2007 vs. 2011

2007	2011
<ul style="list-style-type: none"> • Health Disparities • Growing population of uninsured • Unhealthy lifestyles (rate of obesity, use of tobacco products, lack of physical activity) • Community health education activities needed to expand to target populations with significant health disparities. • “Knowledge gaps” were noted by residents as to where to go for health care and how to access mental health and substance abuse services. • Insuring access to basic health services for everyone and healthy safe environments to live in. 	<ul style="list-style-type: none"> • Diseases and Risk Factors (obesity, chronic diseases, risky behaviors, health disparities) • Access to Care- lack of health insurance; and transportation were noted. • Lack of job opportunities in Polk County. • Coordination of services, referrals and health education activities need to be improved. Residents suggested one centralized source of health information. • Communications / Health Education targeted to specific groups based on gender, race, age and educational level in order to improve understanding of health concepts. • Assessment / Quality Assurance / Evaluation • Community groups need to work together to maximize existing resources.

COMPARISONS TO 2007 (Continued)

Similarly, opportunities for improvement in 2007 overlap those identified in the 2011 assessments.

The similarities could also mean that there is no sense of improvement since 2007.

TABLE 3 Opportunities For Improvement 2007 vs. 2011

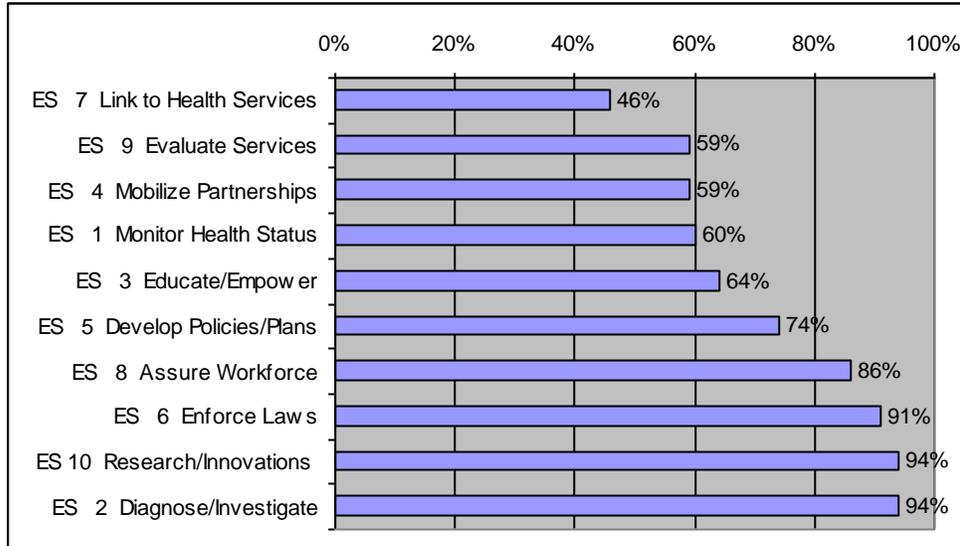
2007	2011
<ul style="list-style-type: none"> • Expand resources to meet health care needs of those with lower paying jobs that do not provide health insurance or affordable health insurance. • Health disparities need to be addressed to improve health outcomes in Polk. • Effective community health education efforts; especially targeting populations with significant health disparities. • Empower residents to practice personal health care behaviors to improve health outcomes (eat healthy, obtain routine medical/preventative care, stop smoking; be physically active, etc.). • Become familiar with and advocate for designing future housing developments that promote health lifestyles and making existing neighborhoods safe and healthy. • Monitor and advocate for local, state and national policies that help advance the vision of being a healthier community. 	<ul style="list-style-type: none"> • Examine health education best practices and promising practices to address chronic diseases, risk factors (especially obesity) and health disparities. • Explore evidenced based practices to address barriers to care such as: organized and coordinated services i.e. one central source of information; assistance with navigating complex health systems; and racial or cultural differences. • Expand public transportation or consider community based or mobile health care. • Foster collaboration and communication among community partners on health education and health promotion activities as well as coordinated planning for health education and promotion. Maximize 211 or other easy to use linkages. • Coordinate community groups to pursue funding and grant opportunities.

COMPARISONS TO 2007 (Continued)

Tables 4 and 5 identify the strengths and weakness in the delivery of health services in Polk County for 2007 and 2011. Essential Service (ES) 2 was ranked optimal both years and ES 7 was ranked moderate both years.

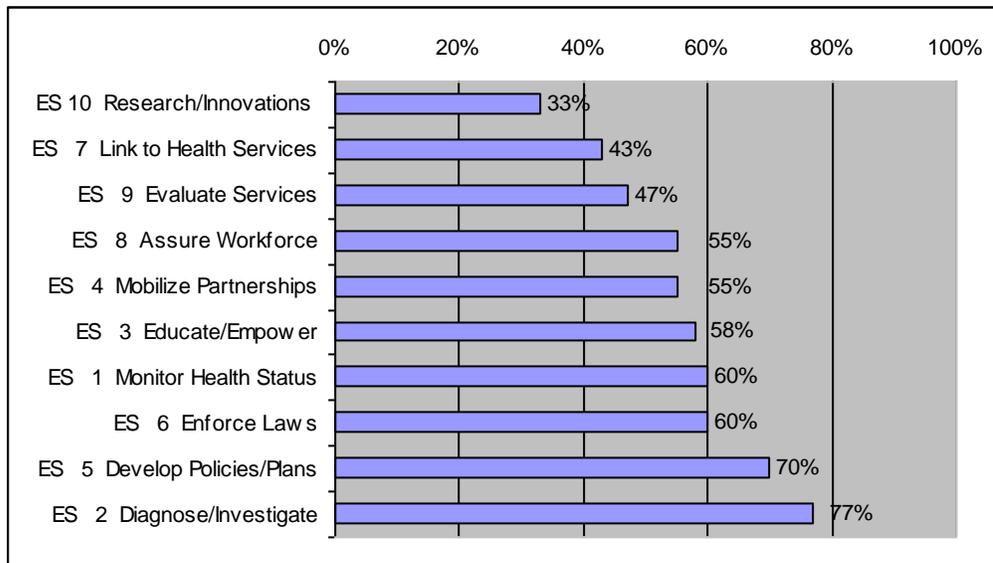
Overall the scores were lower in 2011 than in 2007.

TABLE 4 Rank ordered performance scores for each Essential Service, 2007



Data Source: Local Public Health System Assessment, Polk County Health Department, 2005

TABLE 5 Rank ordered performance scores for each Essential Service, 2011



Data Source: Local Public Health System Assessment, Polk County Health Department, 2010

WHAT NEXT?

Everyone has a stake in our community's health. We all need to work together to find solutions. In order to develop a plan it is important to understand the issue. The overall results of the MAPP assessments will be used to develop a Community Health Improvement Plan (CHIP). The CHIP will serve as the strategic plan to improve the health and quality of life for residents of Polk County.

Other reports recently published should also be considered such as the County Needs Assessment completed by the Board of County Commissioners; the state CHIP completed by the Florida Department of Health and the [2011 County Health Rankings](#) published by the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.

There are many community partnerships and coalitions that have been established to improve the health of Polk County. These groups should consider the following next steps:

- Engage community groups and residents in prioritizing what is important in the four MAPP assessments and the Report of Findings.
- Develop a new Community Health Improvement Plan (CHIP) based on the findings of these four assessments.
 - Target organizations and representatives to join
 - Formulate goals and strategies
 - Lay out a plan including an evaluation plan
 - Identify resources
 - Evaluate and determine the gaps in information and search for solutions
 - Create action plans to implement best practices/promising practices
- Implement the plan
- Review, revise evaluation plan



Community Health Improvement Plan (CHIP)

A CHIP is a community-wide strategic plan to improve the health and quality of life of the people who live in a community.

A CHIP is a plan that helps communities:

- Ascertain and prioritize community health issues – In order to address the most important health issues facing the people of a community, we must figure out what these issues are. This plan allows us to take into account our unique circumstances and needs here in Polk County, Florida.
- Address issues by identifying and aligning resources – The CHIP is the document that indicates where we all collectively can bring our information, commitment, talents, skills, and financial resources to bear on the health issues facing Polk County.
- Take action – The CHIP helps us form effective partnerships for strategic action to make significant impacts against health issues.

The MAPP assessments help us align individual goals with community goals to improve the health and quality of life of the people who live in a community. The next step is to identify strategic issues and develop a CHIP.



Resource Web Links and Addresses

Current Assessments

- [2011 Community Health Status](#) - This assessment asks “How healthy are our residents?” and “What does the health status of our community look like?”
- [2010 Local Public Health System Assessment](#) - This assessment asks “What is our health system’s capacity to provide the 10 essential public health services? “and “How well are we performing each of the essential services?”
- [2010 Community Themes and Strengths](#) - This assessment asks "What is important to our community?", "How is quality of life perceived in our community?", and "What assets do we have that can be used to improve community health?"
- [2010 Forces of Change](#) - This assessment asks "What is occurring or might occur that affects the health of our community or the local health system?" and "What specific threats or opportunities are generated by these occurrences?"

Previous Assessments

- [2008 Community Health Improvement Plan](#)
- [2007 Report of Findings](#)
- [2007 Local Public Health System Assessment](#)
- [2007 Community Themes and Strengths](#)
- [2007 Forces of Change](#)

Other Resources

- [2011 County Health Rankings](#) – this national model ranks counties based on four types of health factors: health behaviors, clinical care, social and economic, and the physical environment.
- [Community Tool Box](#) - A web based tool that promotes community health and development by connecting people, ideas and resources.
- [Healthy People 2020](#) – a national health promotion and disease prevention initiative. Its goals are to increase the quality and years of health life and eliminate health disparities.
- [Mobilizing for Action Through Planning and Partnerships](#) - A tool to help communities prioritize public health issues, identify resources for addressing them and take action.

Appendix 1 2011 MAPP Assessments Results Matrix

Four MAPP Assessments Preliminary Results Summaries Nov. 2011			
Local Public Health System “How well does the community (Polk County) provide the 10 Essential Services of public health?”	Community Health Status “What does the health status of our community look like?”	Community Themes & Strengths “What assets do we have that can be used to improve community health?”	Forces “What is occurring or might occur that affects the local public health?”
System Strengths	Improving	Community Strengths	1. Economy
<p>Standards are met at the optimal level for ES 2</p> <p>ES 2 Diagnose and investigate health problems and health hazards.</p> <p>Standards are met at the significant level for: ES 5,6,1,3,4, and 8.</p> <p>ES 5 Develop Policies and Plans that support individual and community health efforts</p> <ul style="list-style-type: none"> • Planning for public health emergencies was ranked optimal. <p>ES 8 Assure a competent public and personal health care workforce.</p> <ul style="list-style-type: none"> • Public health workforce standards were ranked optimal. <p>ES 3 Inform, educate, and empower people about health issues.</p> <ul style="list-style-type: none"> • Risk communication was ranked at the optimal level. <p>ES 4 Mobilize community partnerships to identify and solve health problems.</p>	<ul style="list-style-type: none"> • Death rates for lung, prostate and colorectal cancers are getting better. • Stroke deaths are declining, are lower than the state and meet the HP 2020 goal. The rate is higher for blacks than whites but the gap is narrowing. • The trend in coronary heart disease death rate and hospitalization rates are improving. • The trend in age adjusted stroke death rate and hospitalizations rate is improving. • Incidence of colorectal cancer rate is improving. • Incidence of cervical cancer rate is improving • Diabetes death rate is improving. • Rate of amputations due to diabetes is improving. • Reported cases of TB are improving and this is statistically significant. • Reported gonorrhea cases is improving • HIV/AIDS death rate is improving. • Births to 10-14 year old & 15-19 year old is declining (2005-2009) • Births to teens 15-19 and repeat births to 15-19 year olds are improving. • % of population with access to water fluoridation has increased but about 40% do not have access. • Binge drinking appears to be decreasing for adults and teens 	<ul style="list-style-type: none"> • Access to the following: libraries, parks, pools, playgrounds, community centers, etc. (survey and focus groups) • Access to the basic health care services needed. <p>What was the general opinion about the quality of life in our community?</p> <ul style="list-style-type: none"> • 90% of participants felt they were healthy • 60% rated the county as healthy <p>(note: these are our survey quest)</p> <p>Three most important things that make a community healthy and improve the quality of life?</p> <ol style="list-style-type: none"> 1. Good jobs and healthy economy 2. Access to health services 3. Access to health insurance 	<p>Opportunities</p> <p>Not many opportunities related to the economy were offered:</p> <ul style="list-style-type: none"> • Reduction in resources avails agencies time to focus on efficiency and productivity as we are stretched to do more with less. • May lead to a streamlining of processes an innovative approach and/or partnership that may otherwise have been overlooked

Appendix 1 2011 MAPP Assessments Results Matrix

Local Public Health System “How well does the community (Polk County) provide the 10 Essential Services of public health?”	Community Health Status “What does the health status of our community look like?”	Community Themes & Strengths “What assets do we have that can be used to improve community health?”	Force “What is occurring or might occur the local pu
<p style="text-align: center;">System Weaknesses</p> <p>There were no essential services ranked poorly (no activity or minimal) but three were ranked as moderately meeting the standards.</p> <p>ES 7. Link people to needed to personal health services and assure the provision of health care when otherwise unavailable.</p> <ul style="list-style-type: none"> • Identifying populations experiencing barriers to care and initiatives for enrolling eligible individuals in public benefit programs were ranked as significant activities. • However, linking people to personal health services was identified as a weakness. • Coordinating personal and health services is also a weakness. <p>ES 9 Evaluate effectiveness, accessibility, and quality of personal and population-based health services.</p> <ul style="list-style-type: none"> • Ranked significant activity in identifying community organizations or entities that contributes to or provide public health services. 	<ul style="list-style-type: none"> • Teen use of illegal drugs has declined except for high school student use of marijuana. • Adults smokers and those who have tried to quit smoking have increased in the past year • Hispanic population has had the largest increase since the 2000 census. <p style="text-align: center;">What is Getting Worse?</p> <ul style="list-style-type: none"> • CLRD death rate has been consistently higher in the last 10 years than the state and the gap is widening. • Polk’s unintentional injury deaths are getting worse and this is statistically significant. Among all unintentional injuries; the trend is worsening for unintentional poisonings. UP kills the 25-54 age group. • Heart failure death rate is worsening • The incidence of melanoma rate is getting worse. • CLRD hospitalization rate getting worse. • Asthma hospitalization rate is getting worse. • Diabetes hospitalization rate is getting worse. • Adults who are obese is increasing. • Reported Chlamydia cases are getting worse. • Low birth weight is getting worse. • Premature birth rate is getting worse • Multiple births are getting worse. 	<p style="text-align: center;">Community Weaknesses</p> <ul style="list-style-type: none"> • 58.5% felt job opportunities were not good in Polk County (surveys) • 20.9 % felt they could not get the specialty health care services they needed (surveys) • Drug use particularly prescription drug use(focus group) • Organization of services- no central source of information. • Transportation (key informants) • More free clinics (key informants) • Health promotion <p>What are the biggest health issues, health problems?</p> <ol style="list-style-type: none"> 1. Overweight & obesity 2. Chronic diseases (such as heart disease & diabetes) 3. Mental health/substance abuse issues <p style="text-align: center;">(note: these are our survey quest)</p> <p>What are the 3 most important risky behaviors and safety issues?</p> <ol style="list-style-type: none"> 1. Drug Abuse 2. Gangs & juvenile violence 3. Alcohol abuse 	<p style="text-align: center;">2. Healthcare/Insurance Infrastructure Opportunities</p> <ul style="list-style-type: none"> • Recent emphasis on integrated medical and behavioral health homes offers fun opportunities to provide increased access and improved health outcomes. • Hosting medical students and residents from area programs could also provide increased health access for Polk County residents as some of these future providers are likely to settle in the area. • The possibility of expanding the network of volunteer clinics was also seen as a promising practice, given the valuable contribution of these clinics in Polk County.

Appendix 1 2011 MAPP Assessments Results Matrix

Local Public Health System “How well does the community (Polk County) provide the 10 Essential Services of public health?”	Community Health Status “What does the health status of our community look like?”	Community Themes & Strengths “What assets do we have that can be used to improve community health?”	Forces “What is occurring or might occur in the local community?”
<p style="text-align: center;">System Weaknesses</p> <ul style="list-style-type: none"> • Ranked significant activity in conducting periodic evaluations of the local public health system, however making community health improvements based on the evaluation was a weakness. • Evaluating partnerships; client satisfaction and community satisfaction with public health services were also identified as weaknesses. <p>ES 10 Research for new insights and innovative solutions to health problems.</p> <ul style="list-style-type: none"> • Identifying and monitoring best practices and building relationships with institutes of higher learning scored better. • Partnering to conduct research, proposing public health issues for research and encouraging community involvement in research are weaknesses. • Capacity to initiate or participate in research was identified as a weakness. <p>Other weaknesses that were identified included:</p> <ul style="list-style-type: none"> • ES 1- Access to geocoded health data 	<p style="text-align: center;">What is Getting Worse?</p> <ul style="list-style-type: none"> • Suicide rate among the 19-24 years olds has been increasing in the last 10 yrs. (doubled) • High school tobacco use (cigarettes, cigars & smokeless tobacco) appears to be increasing and we are higher than the state. • Middle school tobacco use is above the state. • Median family income has decreased in the past year and more than Florida or the US. • Polk unemployment is higher than the state and more than double the 2000 rate. • In the last 8 years, Polk never met the national benchmark for ozone concentration. 		<p style="text-align: center;">3. Legislation</p> <p style="text-align: center;">Opportunities</p> <ul style="list-style-type: none"> • Although the current state of M was seen as a threat, many participants voiced optimism regarding the possibility of national healthcare reform and possibility that this will provide healthcare access to the majority uninsured and underinsured. • Leaders in behavioral health stated that future legislation would likely prioritize, and possibly require, integrated healthcare for certain forces opportunities.

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<p>System Weaknesses</p> <ul style="list-style-type: none"> • ES 2- Although most of the ES 2 standards were ranked as optimal; resources to support surveillance and investigative activities was ranked moderate. • ES 8- Using workforce assessment/gaps analysis results for planning purposes and recruitment and retention of new and diverse leaders. • ES 3 - Community partners collaborating on health education and promotion activities and health communication plans. • ES 4 - Reviewing community partnerships and strategic alliances. Community partnerships exist but there is not a lot of coordination among the groups. 			<p>4. Funding Resources</p> <p style="text-align: center;">Opportunities</p> <ul style="list-style-type: none"> • Participants mentioned the need to see grant funding from foundations and other private organizations. Some PHCA member agencies have successfully procured some of these grants and could help to spearhead future applications or serve as mentors to other PHCA members. • Other possibilities for funding include seeking out research opportunities which may involve partnering with local universities, and grants that focus on education and prevention. <p>5. Education</p> <p style="text-align: center;">Opportunities</p> <ul style="list-style-type: none"> • By providing more education to Polk County residents, some participants felt it would empower consumers to take more responsibility for their health and health-related decisions; nutrition and exercise were two areas that were highlighted as promising topics. • Strategies to educate stakeholders and the public include creating talking points from national and local Healthy People 2010 efforts and examining health education models

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Local Public Health System "How well does the community (Polk County) provide the 10 Essential Services of public health?"	Community Health Status "What does the health status of our community look like?"	Community Themes & Strengths "What assets do we have that can be used to improve community health?"	Forces of Change "What is occurring or might occur that will impact the local public health system?"
Other Information	Other Information		Opportunities
<p>Least agreement on overall score:</p> <ul style="list-style-type: none"> • ES 8 Assure a Competent Public and Personal Health Workforce (58 point difference) • ES 5 Develop Policies and Plans that Support Individual and Community Health Efforts (47 point difference) <p>Most Agreement on overall score:</p> <ul style="list-style-type: none"> • ES 9 Evaluate Effectiveness, Accessibility and Quality of Personal & Population based Health Services (score 47%) • ES 4 Mobilize Community Partnerships to Identify and Solve Health Problems (score 55%) <p>Comparison to 2005 LPHS Assessment</p> <p>Overall the scores in 2010 were lower than the scores in 2005</p> <ul style="list-style-type: none"> • In 2005 essential services were identified as meeting optimal standards compared to one in 2010. • In 2005 one essential service was identified as moderate compared to 3 in 2010. • ES 7 was ranked moderate both years. • ES 2 was ranked optimal both years. • ES 10 dropped from optimal to moderate. • ES 6 and 8 dropped from optimal to significant 	<p>Major Causes of Death</p> <ol style="list-style-type: none"> 1. Heart disease 2. Cancer 3. CLRD 4. Unintentional Injuries 5. Stroke <p>Major Causes of Illness & Disability? (listing just 4th quartile indicators)</p> <ol style="list-style-type: none"> 1. Prostate cancer incidence (143.1/100,000) 2. Colorectal cancer incidence(51/100,000) 3. Melanoma incidence (25.9/100,000) 4. Asthma, adults (7.9%) and high school aged students (19.20 %) those who report having asthma. 5. Pertussis (4.1/100,000) 6. Haemophilus influenza(2.3/100,000) 7. Infectious Syphilis (4/100,000) <p>Major Causes of Hospitalizations (listing just 4th quartile indicators)</p> <ol style="list-style-type: none"> 1. Diabetes (2824.5/100,000) 2. Asthma, adults (1018.2/100,000) 3. Asthma, children aged 5-11 (516.8/100,000) aged 12-18 (364.4/100,000) 4. CLRD (561/100,000) 5. Stroke (311/100,000) Congestive heart failure (237.5/100,000) 		<p>for the following target groups: 1) providers and patients 2) pre-school age children 3) school age children 4) women of child-bearing age.</p> <hr/> <p style="text-align: center;">6. Prevention</p> <p style="text-align: center;">Opportunities</p> <ul style="list-style-type: none"> • The alarming trend of rising obesity is a major threat to our county and nation; however, participants were optimistic that increased awareness of this problem offers an opportunity to address obesity, especially among children. Discussion centered on seeking funding for strategies that focus on prevention as well as treatment of obesity.

Appendix 1 2011 MAPP Assessments Results Matrix

Local Public Health System “How well does the community (Polk County) provide the 10 Essential Services of public health?”	Community Health Status “What does the health status of our community look like?”	Community Themes & Strengths “What assets do we have that can be used to improve community health?”	Forces “What is occurring or might occur that affects the local public health?”
<ul style="list-style-type: none"> • ES 5, 3, 1 and 4 were unchanged at significant. • ES 9 dropped from significant to moderate 	<p>What are obvious racial and ethnic disparities?</p> <ul style="list-style-type: none"> • Blacks make up a disproportionate number of hospitalizations from heart disease, stroke and asthma (see Tables 6 & 8). • Whites have a higher diagnoses of hypertension and diabetes (see Tables 6 & 9) • A higher proportion of white women over 18 received a Pap test in the past year (see Table 7). • Hospitalizations from diabetes and from amputations attributable to diabetes are higher in minorities (see Table 9). • Blacks and Hispanics make up a disproportionate number of overweight and obese (see Table 10). <p>What is better/worse than peer communities?</p>		<p>7. Technology</p> <p style="text-align: center;">Opportunities</p> <ul style="list-style-type: none"> • Participants felt that technology was largely an area of opportunity, with the main threat being the ability to keep up with advances or risk being unable to compete for funding and other resources. • Partnerships with universities such as the University of Central Florida’s medical school hold promise for development of capacity in Polk County.

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Local Public Health System "How well does the community (Polk County) provide the 10 Essential Services of public health?"	Community Health Status "What does the health status of our community look like?"	Community Themes & Strengths "What assets do we have that can be used to improve community health?"	Forces "What is occurring or might occur in the local public health system?"
			<ul style="list-style-type: none"> • Tapping into information technology consortiums that have convened in the region (e.g., University of South Florida Polytechnic and Lakeland Regional Medical Center) to explore electronic health record health information exchange, and integrated health care was also discussed as an important strategy. • Potential benefits noted were the capability to track demographics and other health trends as well as exploring telemedicine projects for rural and underserved areas. <hr/> <p>8. Best Practices</p> <p style="text-align: center;">Opportunities</p> <ul style="list-style-type: none"> • The formation and function of the PHCA was recognized as an example of a local best practice. • Participants listed important activities that have resulted from the work of the PHCA such as the establishment of the indigent healthcare sales tax and subsequent health network and the previous community health assessment and health improvement plan (i.e., 2007 MAPP and CHIP). • Further steps for the PHCA include recruiting more diverse health agencies to become members and developing inter-agency capacity for adopting best practices.

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Local Public Health System "How well does the community (Polk County) provide the 10 Essential Services of public health?"	Community Health Status "What does the health status of our community look like?"	Community Themes & Strengths "What assets do we have that can be used to improve community health?"	Forces "What is occurring or might occur that affects the local public health?"
			9. Healthy Community Design Opportunities <ul style="list-style-type: none"> • Polk County planners have recognized the need for community design that promotes healthy living and health, and are working with the Polk County Health Department to include healthy design principles in the County's next seven-year comprehensive plan. Emphasis will be placed on supporting safe physical activity through increased active transit options, walkable

COMMUNITY HEALTH STATUS

Introduction

The Community Health Status Report was created to highlight the major health and social issues affecting the health status and quality of life in Polk County. It answers the questions, "**How healthy are our residents?**" and "**What does the health status of our community look like?**" Where we live, work and play matters to our health.

Everyone has a stake in our community's health. We all need to work together to find solutions. This report will assist local health system partners to align strategic efforts aimed at improving the health of all people in Polk County. We can improve health outcomes in our county by addressing health factors with effective, evidenced-based programs and policies.

Health outcomes are measures that describe our current health status. This report looks broadly at the leading causes of death and illness, health behaviors, socio-economic factors, and our physical environment.

The Community Health Status Assessment is the fourth of a series of "Mobilizing for Action through Planning and Partnership" (MAPP) assessments. The overall results of the MAPP assessments will be used to develop a Community Health Improvement Plan (CHIP). The CHIP will serve as the strategic plan to improve the health and quality of life for residents of Polk County.

Acknowledgements

We thank the following individuals who contributed to the development of this report.

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Major Causes of Death and Premature Death

The five leading causes of death and premature death in Polk County are heart disease, cancer, respiratory diseases, injuries and stroke.

Heart Disease

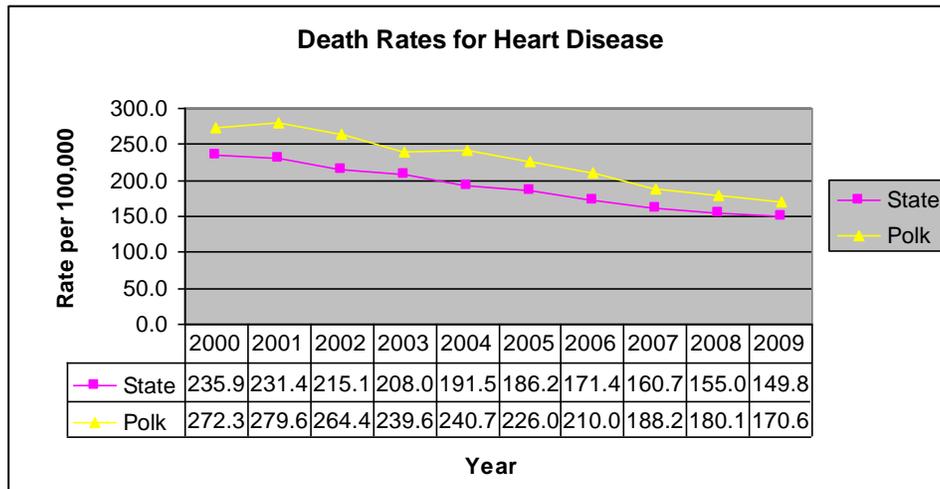
Heart disease is the **leading cause of death** in Polk County and in Florida. Heart disease continues to be a major cause of disability and a significant contributor to increases in health care costs in the United States. Heart disease death rates reflect the health and well-being of the population as well as the quality of the health care available.

The goals of reducing deaths caused by heart disease include education; outreach; and community involvement. There is a need for increased emphasis on nutrition; smoking cessation; exercise; and monitoring of individual health indicators through routine clinic visits.

Source: Florida Department of Health CHARTS
<http://www.floridacharts.com/>

Deaths from heart disease are declining for the state and the county.

CHART 1



The data is age adjusted. The trend is getting better and is statistically significant (95% confidence).
 Data Source: Florida Department of Health CHARTS

Need to do better to reach national goal.

➔ **Healthy People 2020 Target:** 100.8 deaths per 100,000 population.

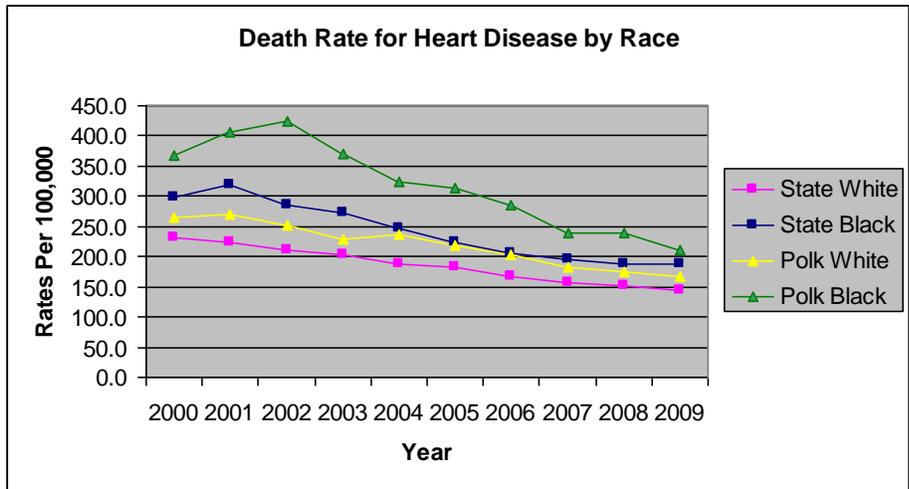
Online access: [Healthy People 2020 Heart Disease and Stroke Objectives and Interventions](#)

Heart Disease

Deaths from heart disease are declining for all races.

A disparity exists between the black and white populations with the black population having a higher death rate, but the gap is narrowing.

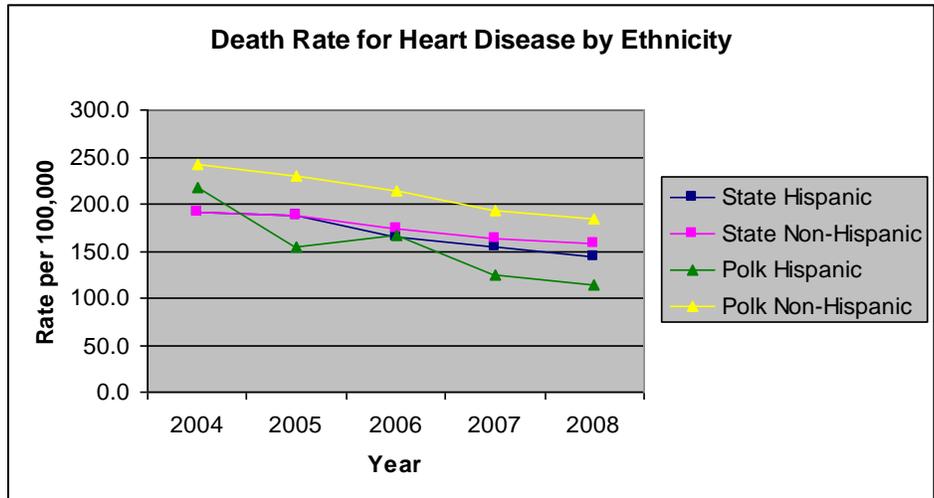
CHART 2



Data source: Florida Department of Health CHARTS

Deaths from heart disease have been consistently lower for those of Hispanic ethnicity.

CHART 3



Data source: Florida Department of Health CHARTS

Cancer

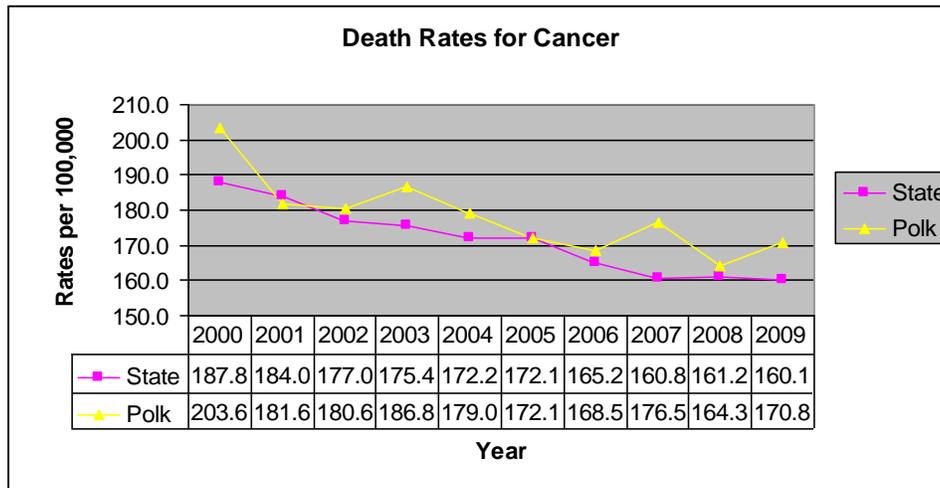
Cancer is the **second leading cause of death** in Polk County and in Florida. Suffering and death from cancer can be prevented by organized efforts to:

- reduce tobacco use
- improve diet and physical activity
- reduce obesity
- expand the use of established screening tests

Source: Florida Department of Health CHARTS

In the last 10 years, the trend in deaths from all cancers is improving.

CHART 4



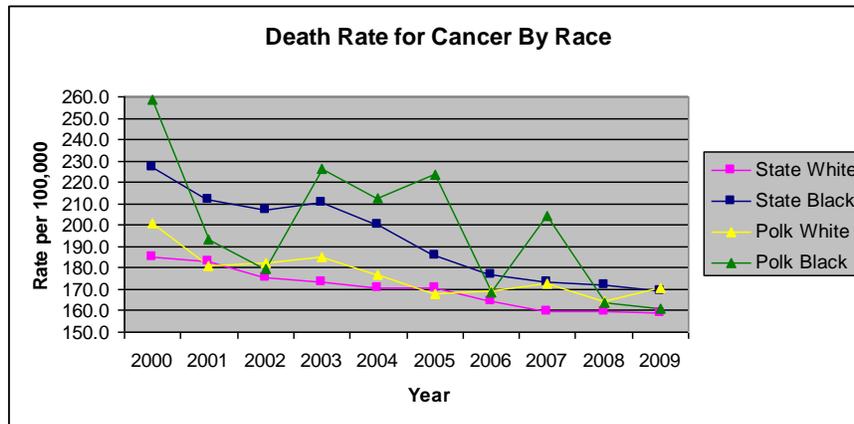
The data is age adjusted. Trend is getting better and is statistically significant (95% confidence)
Data source: Florida Department of Health CHARTS

Healthy People 2020 Target: 160.6 per 100,000 population

Online access: [Healthy People 2020 Cancer Objectives and Interventions](#)

Chart 5 demonstrates that deaths from cancer are improving for all races.

CHART 5

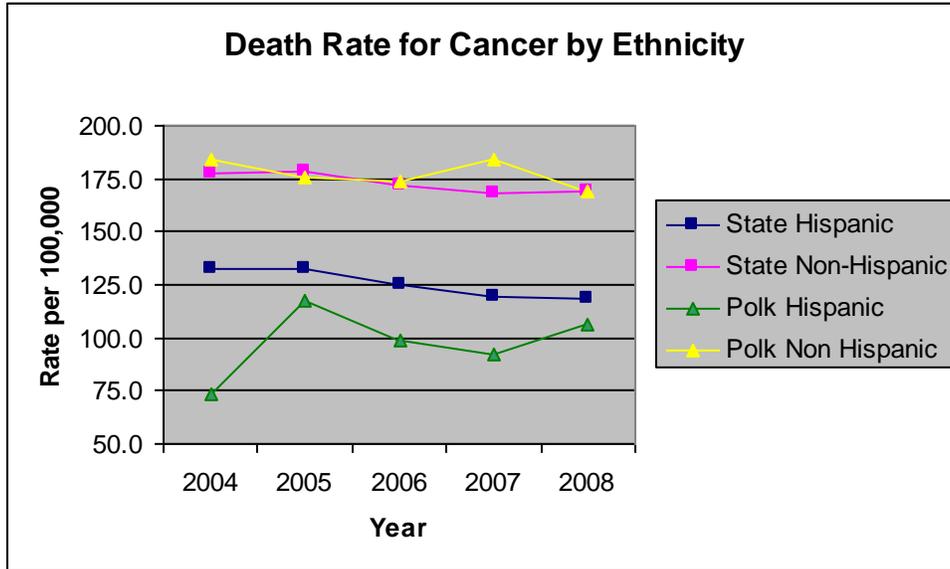


Data source: Florida Department of Health CHARTS

Cancer

The cancer death rate for non-Hispanics has been consistently higher than for Hispanics in Polk County and the state.

CHART 6



Data source: Florida Department of Health CHARTS

The Florida Department of Health uses *quartiles* to compare health data from one county to another. A low quartile number (1) always represents more favorable health situations while fours (4) represent least favorable situations. These quartiles are color coded from **green** to **red**.

TABLE 6 Most Common Causes of Death from Cancer, Polk County, 2007-2009

Indicator	Year(s)	Rate Type	County Quartile 1=most favorable 4=least favorable	County Rate	State Rate	County Trend	Healthy People 2020 Goals
All Cancers							
Death rate	2007-09	Per 100,000	3	170.5	160.7	See Chart 4	160.6
Lung Cancer							
Death rate	2007-09	Per 100,000	3	57.4	46.9	Better ↓	45.5
Breast Cancer							
Death rate	2007-09	Per 100,000	2	18.6	20.4	No Trend ↔	20.6
Prostate Cancer							
Death rate, male	2007-09	Per 100,000	3	18.2	18.2	Better ↓	21.2
Colorectal Cancer							
Death rate	2007-09	Per 100,000	2	15.1	14.7	Better ↓	14.5

Data source: Florida Department of Health CHARTS. The data is age adjusted. Trends based on three years of data.

(CLRD) Chronic Lower Respiratory Disease (including Asthma)

The **third leading cause of death** in Polk County and in Florida is from chronic lower respiratory disease.

Chronic lower respiratory disease refers to chronic (ongoing) diseases that affect the lower respiratory tract. The most prevalent are chronic obstructive pulmonary disease (COPD), emphysema, chronic bronchitis, and smoking-related disorders.

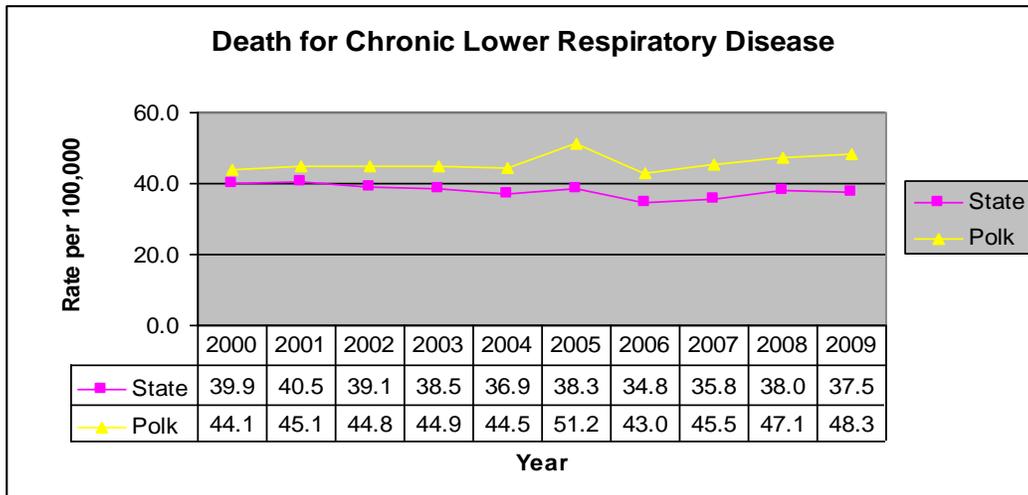
Source: Florida Department of Health CHARTS

In nearly 8 out of 10 cases, COPD is caused by exposure to cigarette smoke.

Source: Healthy People 2020

Death rates from chronic lower respiratory disease have been consistently higher than the state over the last 10 years and the gap is widening.

CHART 7



Data source: Florida Department of Health CHARTS. The data is age adjusted.

Healthy People 2020 are a set of national leading health improvement goals.

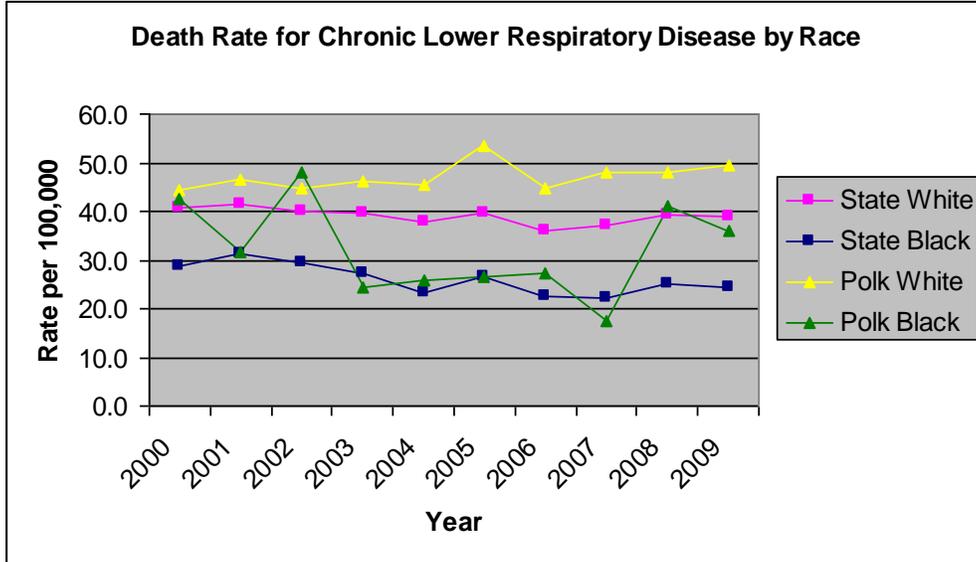
 **Healthy People 2020 Target:** 98.5 deaths per 100,000 population (excludes asthma)

Online access: [Healthy People 2020 Respiratory Objectives and Interventions](#)

(CLRD) Chronic Lower Respiratory Disease (including Asthma)

The white population has a higher death rate for CLRD than the black population.

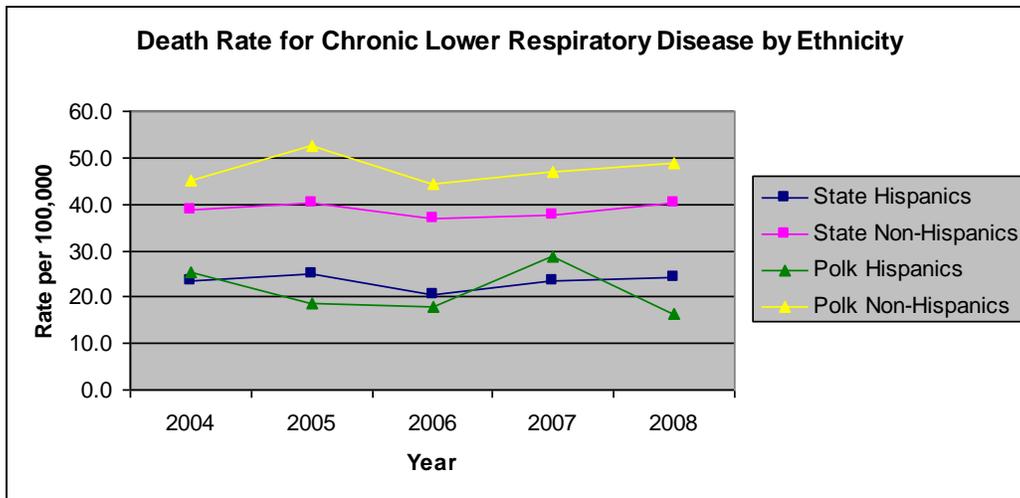
CHART 8



Data source: Florida Department of Health CHARTS. The data is age adjusted.

The death rate for non-Hispanics has been consistently higher than that for Hispanics in Polk County and is higher than the state.

CHART 9



Data source: Florida Department of Health CHARTS. The data is age adjusted.

Unintentional Injuries

In 2007, **Florida's** injury death rates were **higher than the national average** by:

- **186%** for unintentional drownings among children ages 1-4
- **39%** for unintentional poisonings
- **23%** for unintentional motor vehicle injuries
- **23%** for suicides
- **13%** for all unintentional injuries

Children are at risk when not supervised around water.

Florida's death rates in each of these categories were the highest among the nation's five most populous states: CA, TX, NY, FL, and IL.

Online access: [Florida Department of Health, Injury Prevention](#)

Unintentional injuries are the leading cause of death for Florida residents ages 1- 44, and the fourth leading cause of death for all ages in Polk County.

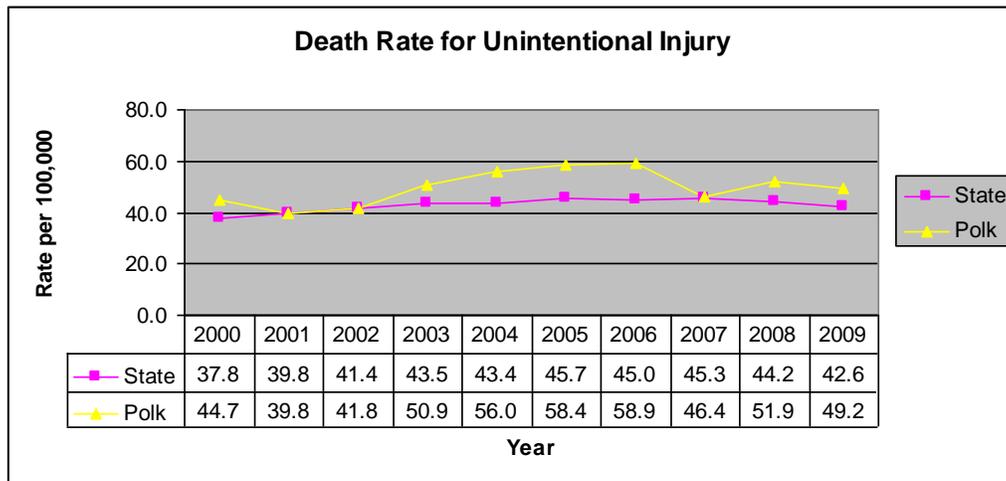
Online access: [Florida Department of Health, Injury Prevention Strategic Plan](#)

Unintentional Injuries include, but are not limited to, those that result from motor vehicle crashes, falls, fires, poisonings, drownings, suffocations, choking, animal bites, and recreational and sports-related activities.

Injury related deaths can be prevented through direct and indirect community efforts.

Source: Florida Department of Health CHARTS

CHART 10



The data is age adjusted. Trend is getting worse and is statistically significant (95% confidence).
Data source: Florida Department of Health CHARTS

Healthy People 2020 are a set of national leading health improvement goals.

Online access: [Healthy People 2010 Injury and Violence Prevention Objectives and Interventions](#)

Unintentional Injuries

The Florida Department of Health uses *quartiles* to compare health data from one county to another. A low quartile number (1) always represents more favorable health situations while fours (4) represent least favorable situations. These quartiles are color coded from **green** to **red**.

TABLE 7 Most Common Causes of Death from Injuries, Polk County, 2007-2009

Indicator	Year(s)	Rate Type	County Quartile 1=most favorable 4=least favorable	County Rate	State Rate	County Trend	Healthy People 2020 Goals
All Unintentional Injuries	2007-09	Per 100,000	2	49.1	44	↑ Worse	36.0
Motor Vehicle Crashes	2007-09	Per 100,000	2	21.0	15.7	↔ No Trend	12.4
Unintentional Poisonings	2007-09	Per 100,000	3	14.5	14	↑ Worse	13.1
Suicide	2007-09	Per 100,000	2	13.4	13.7	↔ No Trend	10.2

Data source: Florida Department of Health CHARTS

Table 8 demonstrates the cause of injury deaths varies by age group. For instance:

- Ages 1 - 4 are more likely to die from drowning
- Ages 25- 54 are more likely to die from poisoning
- 75 and over are more likely to die from falls

Poisoning may be related to prescription medication

TABLE 8 Injury Deaths by Age Groups and Type- Polk County - 2009

Age Groups												
Rank	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65-74	75+
1	Other Unspecified Injuries (6)	Drowning (4)	Drowning (1) Homicide (1)	MV Crashes (1) Homicide (1)	MV Crashes (10)	MV Crashes (10)	Poisoning (27)	Poisoning (16) Suicide (16)	Poisoning (27)	MV Crashes (16)	Suicide (12)	Falls (28)
2	Homicide (3)	MV Crashes (2)			Suicide (4)	Poisoning (5) Suicide (5) Homicide (5)	MV Crashes (19)	MV Crashes (13)	MV Crashes (15)	Poisoning (14)	MV Crashes (8)	Suicide (11)
3	MV Crashes (1) Smoke/Fire (1)	Homicide (1)			Homicide (3)	Smoke/Fire (2)	Suicide (9)	Homicide (5)	Suicide (13)	Suicide (11)	Falls (7)	MV Crashes (9)

Data Source: Florida Department of Health, Office of Vital Statistics. The numbers in the parenthesis are the actual number of deaths.

Stroke

Stroke deaths are the **fifth leading cause of death** in Polk County and in Florida.

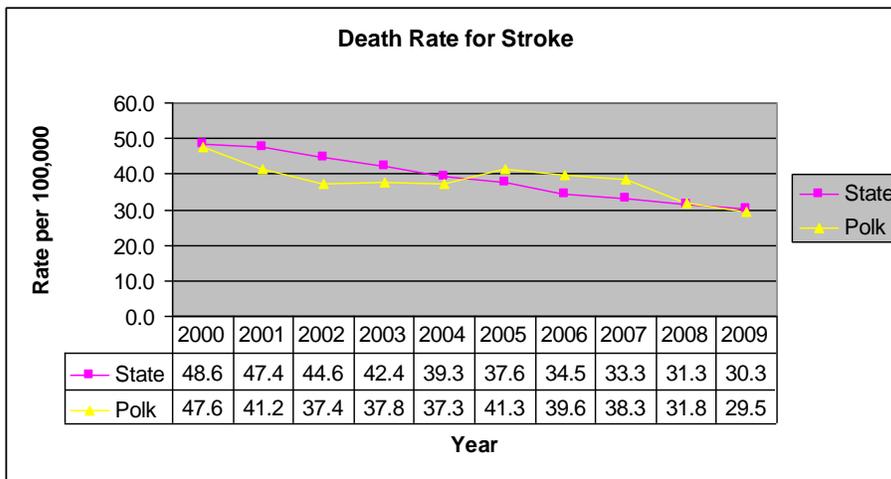
High blood pressure is one of the most common causes of stroke because it puts unnecessary stress on blood vessel walls, causing them to thicken and deteriorate, which can eventually lead to a stroke. It can also speed up several common forms of heart disease.

In most people, high blood pressure can be controlled through diet, exercise, medication, or a combination of all three. A diet that is low in salt and rich in vegetables, fruits, and low-fat dairy products may help lower your blood pressure. Recent studies have also shown that increasing potassium intake, for example by eating fresh fruits and vegetables, may help lower blood pressure.

A program of regular exercise, appropriate to age and fitness level and approved by a health care provider, may aid in weight loss and help lower blood pressure.

Source: Florida Department of Health CHARTS

CHART 11



Death rates from stroke are declining and lower than the state.

The data is age adjusted. Trend is getting better and is statistically significant (95% confidence).
Data source: Florida Department of Health CHARTS

Healthy People 2020 are a set of national leading health improvement goals.

 **Healthy People 2020 Target: 33.8 deaths per 100,000 population**

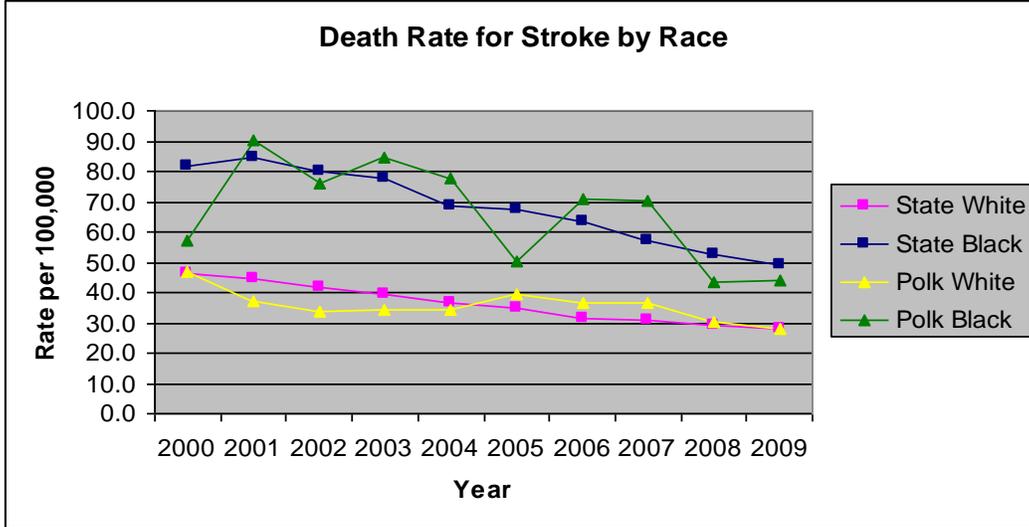
Polk has met the national goal.

Online access: [Healthy People 2020 Heart Disease and Stroke Objectives and Interventions](#)

Stroke

Stroke death rates for the black population are higher than the white, however both are trending down and the gap is narrowing.

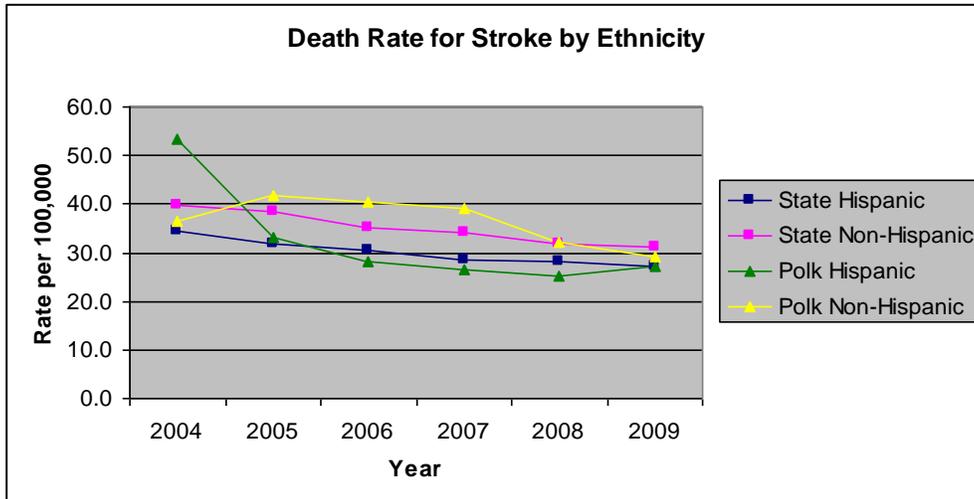
CHART 12



Data source: Florida Department of Health CHARTS. The data is age adjusted.

Stroke death rates for the Hispanic population are lower than non-Hispanic and lower than the state.

CHART 13



Data source: Florida Department of Health CHARTS. The data is age adjusted.

Chronic Diseases

Chronic diseases such as heart disease, cancer, and diabetes are among the most prevalent, costly, and preventable of all health problems. Consideration of deaths alone severely understates the burden of chronic disease.

Source: Florida Department of Health

Chronic disease is widespread and impacts everyone, either directly or indirectly. A review of the data confirms that chronic disease is a primary cause of our overall decline in health status.

Source: One Bay Healthy Communities, February 2011

Our state cannot reduce its enormous health care costs, much less its priority health problems, without addressing the prevention of chronic disease in a more aggressive manner. Adopting healthy behaviors such as eating nutritious foods, being physically active and avoiding tobacco use can prevent or control the devastating effects of these diseases.

Source: Florida Department of Health

The number of people *dying* from chronic disease in the last decade has fallen, while the number of people *living* with chronic disease has increased.

Risk Factors and Polk County's Status for Adults and School-Aged Children

The following tables help answer the questions, "**How healthy are our residents?**" and "**What does the health status of our community look like?**" The data in these reports provide a picture of Polk County's health status and will help identify priorities for specific health outcomes in Polk County.

The Florida Department of Health uses *quartiles* to compare health data from one county to another. A low quartile number (1) always represents more favorable health situations while fours (4) represent least favorable situations. These quartiles are color coded from **green** to **red**.

County trends seen in these reports are only calculated for indicators that have 12 or more years of data. Trend Values show:

 Trend is getting better and is statistically significant

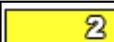
 Trend is getting worse and is statistically significant

 Trend is not statistically significant

N/A Not enough data to compute a trend

Chronic Diseases

TABLE 9 Risk Factors for Adults

 Polk County, Florida County Health Status Summary							
Indicator	Year(s)	Rate Type	County Quartile ^A 1=most favorable 4=least favorable	County Rate	State Rate	County Trend ^B (click to view)	Healthy People 2020 Goals ^C
Major External (Nongenetic) Factors That Contribute to Death							
Physical Activity							
Adults who meet moderate physical activity recommendations ¹	2007	Percent	 4	30.2%	34.6%	N/A	
Adults who meet vigorous physical activity recommendations ¹	2007	Percent	 3	22.6%	26.0%	N/A	
Adults who engage in no leisure-time physical activity ¹	2002	Percent	 3	31.5%	26.4%	N/A	32.6%
Overweight and Obesity							
Adults who consume at least five servings of fruits and vegetables a day ¹	2007	Percent	 4	21.3%	26.2%	N/A	
Adults who are overweight ¹ (BMI 25-29.9)	2007	Percent	 1	32.6%	38.0%	N/A	
Adults who are obese ¹ (BMI ≥ 30)	2007	Percent	 4	33.2%	24.1%	N/A	30.6%
Tobacco Use							
Adults who are current smokers ¹	2007	Percent	 2	19.0%	19.3%	N/A	12%
Chronic Diseases							
Coronary Heart Disease							
Coronary heart disease age-adjusted death rate ⁷	2007-09	Per 100,000	 4	130.2	108.5	Better ↓	100.8
Coronary heart disease age-adjusted hospitalization rate ⁸	2007-09	Per 100,000	 3	565.7	440.4	Better ↓	
Stroke							
Stroke age-adjusted death rate ⁷	2007-09	Per 100,000	 2	33.1	31.6	Better ↓	33.8
Stroke age-adjusted hospitalization rate ⁸	2007-09	Per 100,000	 4	311.0	268.6	Better ↓	
Heart Failure							
Heart failure age-adjusted death rate ⁷	2007-09	Per 100,000	 2	8.5	7.6	Worse ↑	
Congestive heart failure age-adjusted hospitalization rate ⁸	2007-09	Per 100,000	 4	237.5	185.3	No Trend ↔	
Adults with diagnosed hypertension ¹	2007	Percent	 3	31.7%	28.2%	N/A	
Adults who have diagnosed high blood cholesterol ¹	2007	Percent	 3	40.1%	37.1%	N/A	13.5%
Adults who had their cholesterol checked in the past five years ¹	2007	Percent	 2	72.9%	73.3%	N/A	

Chronic Diseases



Polk County, Florida County Health Status Summary

Indicator	Year(s)	Rate Type	County Quartile ^A 1=most favorable 4=least favorable	County Rate	State Rate	County Trend ^B (click to view)	Healthy People 2020 Goals ^C
Lung Cancer							
Lung cancer age-adjusted death rate ⁷	2007-09	Per 100,000	3	57.4	46.9	Better ↓	45.5
Lung cancer age-adjusted incidence rate ⁹	2005-07	Per 100,000	3	80.4	67.7	No Trend ↔	
Colorectal Cancer							
Colorectal cancer age-adjusted death rate ⁷	2007-09	Per 100,000	2	15.1	14.7	Better ↓	14.5
Colorectal cancer age-adjusted incidence rate ⁹	2005-07	Per 100,000	4	51.0	43.0	Better ↓	
Adults 50 years of age and older who received a sigmoidoscopy or colonoscopy in the past five years ¹	2007	Percent	1	57.7%	53.7%	N/A	
Adults 50 years of age and older who received a blood stool test in the past year ¹	2007	Percent	3	18.2%	21.2%	N/A	
Breast Cancer							
Breast cancer age-adjusted death rate ⁷	2007-09	Per 100,000	2	18.6	20.4	No Trend ↔	20.6
Breast cancer age-adjusted incidence rate ⁹	2005-07	Per 100,000	2	104.2	109.3	No Trend ↔	
Women 40 years of age and older who received a mammogram in the past year ¹	2007	Percent	2	63.3%	64.9%	N/A	
Prostate Cancer							
Prostate cancer age-adjusted death rate ⁷	2007-09	Per 100,000	3	18.3	18.3	Better ↓	21.2
Prostate cancer age-adjusted incidence rate ⁹	2005-07	Per 100,000	4	143.1	130.6	No Trend ↔	
Cervical Cancer							
Cervical cancer age-adjusted death rate ⁷	2007-09	Per 100,000	4	3.8	2.5	No Trend ↔	2.2
Cervical cancer age-adjusted incidence rate ⁹	2005-07	Per 100,000	3	11.1	9.1	Better ↓	
Women 18 years of age and older who received a Pap test in the past year ¹	2007	Percent	3	62.3%	64.8%	N/A	93%
Melanoma							
Melanoma age-adjusted death rate ⁷	2007-09	Per 100,000	2	3.1	2.9	No Trend ↔	2.4
Melanoma age-adjusted incidence rate ⁹	2005-07	Per 100,000	4	25.9	17.4	Worse ↑	
Chronic Lower Respiratory Diseases							
Chronic lower respiratory diseases (CLRD) age-adjusted death rate ⁷	2007-09	Per 100,000	3	47.0	37.1	No Trend ↔	
CLRD age-adjusted hospitalization rate ⁸	2007-09	Per 100,000	4	561.0	339.9	Worse ↑	50.1

Chronic Diseases



Polk County, Florida County Health Status Summary

Indicator	Year(s)	Rate Type	County Quartile ^A 1=most favorable 4=least favorable	County Rate	State Rate	County Trend ^B (click to view)	Healthy People 2020 Goals ^C
Adults who currently have asthma ¹	2007	Percent	4	7.9%	6.2%	N/A	
Asthma age-adjusted hospitalization rate ⁸	2007-09	Per 100,000	4	1018.2	729.9	Worse ↑	
Diabetes							
Diabetes age-adjusted death rate ⁷	2007-09	Per 100,000	2	19.7	20.0	Better ↓	65.8
Diabetes age-adjusted hospitalization rate ⁸	2007-09	Per 100,000	4	2824.5	2130.8	Worse ↑	
Amputation due to diabetes age-adjusted hospitalization rate ⁸	2006-08	Per 100,000	3	24.9	23.8	Better ↓	
Adults with diagnosed diabetes ¹	2007	Percent	3	9.3%	8.7%	N/A	

Data Source: Florida Department of Health CHARTS

TABLE 10 Polk County Chronic Disease Risk Factors for School Aged Children

School-aged Child and Adolescent Profile, Polk County						
Measure	Rate Type	Year(s)	County Quartile ^A 1=most favorable 4=least favorable	County Numbers	County Rate	State Comparison
Modifiable Behaviors Leading to Premature Death³						
Insufficient Physical Activity						
Percent of students without sufficient vigorous physical activity						
Middle school	Percent	2008	3		32.40%	31.60%
High school	Percent	2008	3		40.90%	40.60%
Overweight						
Percent of students reporting BMI at or above 95th percentile						
Middle school	Percent	2008	3		12.20%	11.30%
High school	Percent	2008	3		14.10%	11.00%
Access to Care						
Potentially Avoidable Hospitalizations⁷						
Asthma hospitalizations per 100,000 population (3-year rate)						
5-11	Per 100,000	2007-09	4	282	516.8	387.3
12-18	Per 100,000	2007-09	4	196	364.4	314.1
Percent of students who report having asthma						
Middle school	Percent	2008	3		19.50%	16.90%
High school	Percent	2008	4		19.20%	17.20%
Diabetes hospitalizations per 100,000 population (3-year rate)						
5-11	Per 100,000	2007-09	3	21	39.6	41.4
12-18	Per 100,000	2007-09	3	70	129.9	121.4

Data Source: Florida Department of Health CHARTS

Chronic Diseases

Data Sources

- ¹Florida Department of Health, Bureau of Epidemiology, Florida BRFSS survey
- ²US Census Bureau
- ³US Department of Labor, Bureau of Labor Statistics
- ⁴Florida Department of Health, Division of Medical Quality Assurance
- ⁵Florida Agency for Health Care Administration, Certificate of Need Office
- ⁶Florida Department of Health, Office of Health Statistics and Assessment
- ⁷Florida Department of Health, Office of Vital Statistics
- ⁸Florida Agency for Health Care Administration (AHCA)
- ⁹University of Miami (FL) Medical School, Florida Cancer Data System
- ¹⁰Florida Department of Health, Division of Disease Control
- ¹¹Florida Department of Health, Bureau of Immunization
- ¹²Florida Department of Law Enforcement

All Age-Adjusted rates are 3-year rates per 100,000 and are calculated using the 2000 Standard US Population. These rates also use July 1 Florida population estimates from the Florida Legislature, Office of Economic and Demographic Research

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

^ACounty Quartiles

Most favorable situation	Average	Least favorable situation
1	2 or 3	4
(25% of counties)	(50% of counties)	(25% of counties)

Quartiles in this report allow you to compare health data from one county to another in the state. Quartiles are calculated by ordering an indicator from most favorable to least favorable by county and dividing the list into 4 equal-size groups. In this report, a low quartile number (1) always represents more favorable health situations while fours (4) represent less favorable situations.

^BCounty Trends

As with rates, there is also random variation in the trend lines of these rates, so that a line that slopes upward may not represent a statistically significant increase, particularly if it is based on small numbers. For that reason, we test statistically to determine whether or not we can be at least 95 percent confident that what appears to be an increase or decrease is real, not just the result of random fluctuation.

Trends only calculated for indicators with 12 or more years of data available.

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

Trend Values

 Trend is getting better and is statistically significant

 Trend is getting worse and is statistically significant

 Trend is not statistically significant

N/A - Not enough data to compute a trend

^CHealthy People 2020 Goals

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. Data source: Florida Department of Health CHARTS

Health Disparities

What are health disparities?

Health disparities exist when **one group of people get sick or die more often** than another group.

For example in Polk:

- Blacks make up a disproportionate number of hospitalizations from heart disease, stroke and asthma (See Tables 6 & 8).
- Whites have higher diagnoses of hypertension and diabetes (See Tables 6 & 9).
- Hospitalizations from diabetes and from amputations attributable to diabetes are higher in minorities (See Table 9).

[Minority Health Profile Report- Black/White](#)

[Minority Health Profile Report- Hispanic/Hon-Hispanic](#)

Why is addressing health disparities so important in Polk?

Health disparities contribute to increased healthcare costs. Polk is a very culturally diverse county and failure to address race- and ethnic-based health disparities could be devastating.



It is important that Polk County monitors health disparities to reduce disease burden by identifying high-risk groups, formulating appropriate health care policy, and evaluating progress in eliminating health disparities.

Why do health disparities exist?

According to the [Institute of Medicine Report: Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care](#) health disparities may persist because of differences in **access** to medical care for racial and ethnic groups and differences in the **quality** of care received by these groups.

Examples of problems can include:

- Lack of Health Insurance
- Lack of Routine Care
- Health Literacy and Language Barriers
- Provider Prejudices and Stereotyping
- Patient Mistrust and Refusal of Services
- Medically Underserved Communities
- Lack of Participation of Minorities in the Health Professions

Source: Florida Department of Health, Office of Minority Health

Health Disparities

P- White column represents the number of whites with the health indicator compared to the total population of whites in Polk County.

P- Black column represents the number of blacks with the health indicator compared to the total population of blacks in Polk County.

P- Hispanic column represents the number of Hispanics with the health indicator compared to the total population of Hispanics in Polk County.

The highlighted areas in Tables 11-15 shows where a racial or ethnic group is disproportionately represented compared to the overall county rate.

For example:

- Blacks makeup a disproportionate number of hospitalizations from heart disease, stroke and asthma (see Tables 11 & 13).
- Whites have a higher diagnoses of hypertension and diabetes (see Tables 11 & 14)
- A higher proportion of white women over 18 received a Pap test in the past year (see Table 12).
- Hospitalizations from diabetes and from amputations attributable to diabetes are higher in minorities (see Table 14).
- Blacks and Hispanics make up a disproportionate number of overweight and obese (see Table 15).

This may mean some groups are not accessing primary care to be diagnosed.

TABLE 11 Heart Disease and Stroke Disparities for Adults.

Core Health Indicators	Year	Polk	P White	P Black	P Hispanic
Cardiovascular Disease					
Hospitalizations from congestive heart failure; age-adjusted 3 yr. rolling rate	2007-2009	237.5	205.1	488.1	183
Deaths from heart diseases; 3-year age-adjusted death rate per 100,000	2007-2009	179.4	128.2	156.6	86.7
Percentage of adults with diagnosed hypertension; age-adjusted rate	2010	36	39.5	28.9	13
Adults who have diagnosed high blood cholesterol	2010	35.8	39.3	31.5	14.3
Adults who had their cholesterol checked in the past 2 years	2007	72.9	80.1	82.7	n/a
Stroke					
Age-adjusted hospitalization rate	2007-2009	311	287.2	458.7	278.9
Age-adjusted death rate	2007-2009	33.1	31.6	52.3	26.3

Data Source: Florida Department of Health CHARTS

Online access: [Healthy People 2020 Heart Disease and Stroke Objectives and Interventions](#)

Health Disparities

TABLE 12 Cancer Disparities for Adults

Core Health Indicators	Year	Polk	P White	P Black	P Hispanic
Cancer					
Percentage of women 18 years of age and older who received a Pap test in the past year	2007	62.3	58.3	83	66.6
Percentage of women 40 years of age and older who received a mammogram in the past year	2007	63.3	62.5	81.5	62.5
Percentage of adults 50 and over who have ever had a sigmoidoscopy or colonoscopy	2007	68.5	69.1	52.7	53.7
Percentage of adults 50 years of age and older who received a blood stool test in the past year	2007	18.2	19.1	16.5	10.1

Data Source: Florida Department of Health Behavioral Risk Factors Surveillance System (BRFSS)

Online access: [Healthy People 2020 Cancer Objectives and Interventions](#)

TABLE 13 Asthma Disparities for Adults

Core Health Indicators	Year	Polk	P White	P Black	P Hispanic
Asthma					
Asthma age-adjusted hospitalization rate	2007-2009	1018.2	937.7	1418.4	965.7
Emergency room visits due to asthma, adults	2007-2009	N/A	328.3	548.6	261.3
Adults who currently have asthma	2010	9.3	8.6	16.3	5.2

Data Source: Florida Department of Health CHARTS

Online access: [Healthy People 2020 Respiratory Diseases Objectives and Interventions](#)

TABLE 14 Diabetes Disparities for Adults

Core Health Indicators	Year	Polk	P White	P Black	P Hispanic
Diabetes					
Age-adjusted hospitalization rate from or with diabetes; 3 year rolling rates	2007-2009	2824.5	2527.6	4892.1	2982
Hospitalizations from amputation attributable to diabetes; age-adjusted 3 year rolling rate	2006-2008	24.9	20.4	61.6	26.3
Percentage of adults with diagnosed diabetes	2010	14.2	15.7	4.5	12.1
Age-adjusted diabetes 3-year rolling death rate	2007-2009	19.7	17.8	38.9	30.1

Data Source: Florida Department of Health CHARTS

Online access: [Healthy People 2020 Diabetes Objectives and Interventions](#)

Health Disparities

TABLE 15 Weight Disparities for Adults

Core Health Indicators	Year	Polk	P White	P Black	P Hispanic
Overweight and Obesity					
Percentage of adults who are obese (BMI \geq 30)	2010	37.6	34.7	58.1	42.8
Adults who are overweight	2010	33.9	35.2	28.8	24.5
Adults who are overweight or obese	2010	71.5	69.8	86.9	67.2
Adults who engage in at least moderate physical activity	2007	30.2	33.9	13.4	22.4
Adults who consume at least 5 servings of fruits and vegetables a day	2007	21.3	20.1	25.4	25.9

Data Source: Florida Department of Health CHARTS

Online access: [Healthy People 2020 Nutrition and Weight Status Objectives and Interventions](#)

Online access: [Healthy People 2020 Physical Activity Objectives and Interventions](#)

Communicable and Infectious Diseases

Vaccine Preventable Diseases

In our mobile society, over a million people each day travel to and from other countries, where many vaccine-preventable diseases remain relatively common. Without vaccines, epidemics of many *preventable* diseases could return, resulting in increased and unnecessary illness, disability, and death among children.

We have record or near record low levels of vaccine-preventable childhood diseases in the United States, but that does not mean these have disappeared. Many of the viruses and bacteria are still circulating in this country or are only a plane ride away. That's why it's important that children, especially infants and young children receive recommended immunizations on time.

Source: Centers for Disease Control & Prevention (CDC)

The Florida Department of Health uses *quartiles* to compare health data from one county to another. A low quartile number (1) always represents more favorable health situations while fours (4) represent least favorable situations. These quartiles are color coded from **green** to **red**.

Polk County is in the least favorable quartile for many vaccine preventable diseases.

TABLE 16 Vaccine Preventable Diseases

 Polk County, Florida County Health Status Summary							
Indicator	Year(s)	Rate Type	County Quartile 1=most favorable 4=least favorable	County Rate	State Rate	County Trend (click to view)	Healthy People 2020 Goals
Vaccine Preventable Diseases							
Vaccine preventable diseases	2007-09	Per 100,000	4	6.1	3.8	No Trend ↔	
Pertussis, 3 year rolling rate	2008-2010	Per 100,000	4	4.1	2.0	CHARTS	
Hepatitis A	2008-2010	Per 100,000	2	0.6	0.9	CHARTS	0.3
Acute Hepatitis B, 3 year rolling rate	2008-2010	Per 100,000	3	1.8	1.8	CHARTS	1.5
Haemophilus Influenza	2008-2010	Per 100,000	4	2.3	1.1	CHARTS	
Influenza & pneumonia; age adjusted death rate	2007-2009	Per 100,000	4	13.2	8.7	CHARTS	
Adults who received a flu shot in the past year	2007	Per 100,000	3	32	32.7	CHARTS	
Adults who have ever received a pneumonia vaccination	2007	Per 100,000	2	27.2	25.9	CHARTS	
Kindergarten children fully immunized	2007-09	Percent	4	91.8%	91.5%	No Trend ↔	

Data Source: Florida Department of Health CHARTS

Online access: [Healthy People 2020 Immunization & Infectious Diseases Objectives and Interventions](#)

Tuberculosis

Many people think that tuberculosis (TB) is a disease of the past — an illness that no longer threatens us today. One reason for this belief is that, in the United States, we are currently experiencing a decline in TB. We are at an all-time low in the number of persons diagnosed with active TB disease. That very success makes us vulnerable to complacency and neglect. But it also gives us an opportunity to eliminate TB in this country.

Source: Centers for Disease Control & Prevention (CDC)

TB can affect anyone but it places a heavier burden on groups such as the poor, foreign-born from countries with high TB rates, people with depressed immune systems and people in institutional settings.

Source: Florida Department of Health

Table 17 shows that although Polk is in the 3rd quartile, the trend is getting better and is statistically significant.

Table 17 Tuberculosis Cases

 Polk County, Florida County Health Status Summary							
Indicator	Year(s)	Rate Type	County Quartile 1=most favorable 4=least favorable	County Rate	State Rate	County Trend (click to view)	Healthy People 2020 Goals
Tuberculosis							
TB cases reported	2007-09	Per 100,000	3	3.4	4.9	Better ↓	1.0

Data Source: Florida Department of Health CHARTS

Online access: [Healthy People 2020 Immunization & Infectious Diseases Objectives and Interventions](#)

Sexually Transmitted Diseases (STDs)

There are approximately 19 million new cases of STDs in the U. S. each year. Many of those who are infected don't know it because several STDs do not have any symptoms.

Although many STDs are easily treated and cured, most doctors do not automatically test for chlamydia or other STDs during a yearly checkup, routine pelvic exam or Pap test.

Most males who get an STD never develop any symptoms or health problems.

Source: Florida Department of Health, Bureau of STD Prevention and Control

Bacterial STDs reported to the state include chlamydia, gonorrhea and syphilis.

Chlamydia is the most frequently reported bacterial STD in the United States. Chlamydia cases frequently go undiagnosed and can cause serious problems in men and women as well as infections in newborn babies of infected mothers.

Sexually Transmitted Diseases (STDs)

Gonorrhea is the second most commonly reported bacterial STD in the United States. Gonorrhea can spread into the uterus and fallopian tubes, resulting in pelvic inflammatory disease (PID). PID affects more than 1 million women in the United States every year and can cause tubal (ectopic) pregnancy and infertility in as many as 10 percent of infected women. In addition to gonorrhea playing a major role in PID, some health researchers think it adds to the risk of getting HIV infection.

Syphilis is a sexually transmitted bacterial infection that causes genital ulcers (sores) in its early stages. If untreated, these ulcers can then lead to more serious symptoms of infection. In 2008, 13,500 cases of syphilis were reported in the United States, mostly in people 20 to 29 years of age. Of these reported cases, 63 percent were among men who have sex with men. Syphilis increases the risk of transmitting as well as getting infected with HIV.

Source: National Institute for Allergy and Infectious Disease

Sexually active teens and young adults are at higher risk for getting STDs. Healthy People 2020

TABLE 18 Chlamydia, Gonorrhea and Syphilis Cases

 Polk County, Florida County Health Status Summary						
Indicator	Year(s)	Rate Type	County Quartile 1=most favorable 4=least favorable	County Rate	State Rate	County Trend (click to view)
Chlamydia cases reported	2007-09	Per 100,000	3	377.5	357.3	Worse ↑
Gonorrhea cases reported	2007-09	Per 100,000	3	131.0	119.7	Better ↓
Infectious syphilis cases reported	2007-09	Per 100,000	4	4.0	5.3	No Trend ↔
Bacterial STDs aged 15- 19 (3 year rate)	2008-2010	Per 100,000	3	2627.0	2539.3	N/A
Bacterial STDs aged 15-24 (3 year rate)	2008-2010	Per 100,000	3	2897.8	2726.5	N/A

Data Source: Florida Department of Health CHARTS

Online access: [Healthy People 2020 STDs Objectives and Interventions](#)

HIV/AIDS

HIV is a preventable disease. Effective HIV prevention interventions have been proven to reduce the spread of HIV. People who get tested for HIV and learn that they are infected can make behavior changes to improve their health and reduce the risk of passing on HIV to their sex or drug-using partners. Most new HIV infections occur when people who have HIV and do not know it, pass it on to others.

People with HIV are living longer, healthier, and more productive lives due to increasingly effective treatments. Deaths from HIV infection have greatly declined in the United States since the 1990s.

As the number of people living with HIV grows, it will be more important than ever to increase national HIV prevention and health care programs.
 Source: Healthy People 2020

TABLE 19 HIV/AIDS Cases and Death Rate

 Polk County, Florida County Health Status Summary							
Indicator	Year(s)	Rate Type	County Quartile 1=most favorable 4=least favorable	County Rate	State Rate	County Trend (click to view)	Healthy People 2020 Goals
HIV/AIDS							
HIV cases reported	2007-09	Per 100,000	3	21.3	33.2	N/A	
Reported new HIV cases ages 13-19 (3-year rate)	2007-09	Per 100,000	3	10.7	14.8	N/A	
AIDS cases reported	2007-09	Per 100,000	3	18.1	22.9	No Trend ↔	
HIV/AIDS age-adjusted death rate	2007-09	Per 100,000	3	5.4	7.4	Better ↓	3.7

Data Source: Florida Department of Health CHARTS

Health Disparities

What are health disparities?

Health disparities exist when **one group of people get sick or die more often** than another group.

For example in Polk:

- Blacks and Hispanics make up a disproportionate number of HIV and AIDS cases (see Table 15).
- The death rate for HIV/AIDS is higher for blacks than for other racial and ethnic groups (see Table 15).

[Minority Health Profile Report- Black/White](#)

[Minority Health Profile Report- Hispanic/Hon-Hispanic](#)

Why is addressing health disparities so important in Polk?

Health disparities contribute to increased healthcare costs. Polk is a very culturally diverse county and failure to address race- and ethnic-based health disparities could be devastating.

- ➔ It is important that Polk County monitors health disparities to reduce disease burden by identifying high-risk groups, formulating appropriate health care policy, and evaluating progress in eliminating health disparities.

Why do health disparities exist?

According to the [Institute of Medicine Report: Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care](#) health disparities may persist because of differences in **access** to medical care for racial and ethnic groups and differences in the **quality** of care received by racial and ethnic groups.

Examples of problems can include:

- Lack of Health Insurance
- Lack of Routine Care
- Health Literacy and Language Barriers
- Provider Prejudices and Stereotyping
- Patient Mistrust and Refusal of Services
- Medically Underserved Communities
- Lack of Participation of Minorities in the Health Professions

Source: Florida Department of Health, Office of Minority Health

Health Disparities

P- White column represents the number of whites with the health indicator compared to the total population of whites in Polk County.

P- Black column represents the number of blacks with the health indicator compared to the total population of blacks in Polk County.

P- Hispanic column represents the number of Hispanics with the health indicator compared to the total population of Hispanics in Polk County.

Table 20 shows where one where one racial or ethnic group is disproportionately represented compared to the overall county rate.

For example:

- Blacks and Hispanics make up a disproportionate number of reported HIV/AIDS cases

TABLE 20 Health Disparities for HIV/AIDS

Core Health Indicators	Year	Polk	P White	P Black	P Hispanic
Reported HIV cases, per 100,000	2007-2009	21.3	8.5	67	22.6
Reported AIDS cases, per 100,000	2007-2009	18.1	6.4	61.8	19.2
Age-adjusted HIV/AIDS death rate	2007-2009	5.4	2.3	22.5	2.3

Data Source: Florida Department of Health CHARTS

Online access: [Healthy People 2020 HIV Objectives and Interventions](#)

Maternal, Infant and Young Child Health Including Disparities

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

The risk of maternal and infant death and pregnancy-related complications can be reduced by increasing access to quality **preconception (before pregnancy)** and **interconception (between pregnancies)** care. Moreover, healthy birth outcomes and early identification and treatment of health conditions among infants can prevent death or disability and enable children to reach their full potential.

Healthy birth outcomes make it possible for children to reach their full potential.

Many factors can affect pregnancy and childbirth, including:

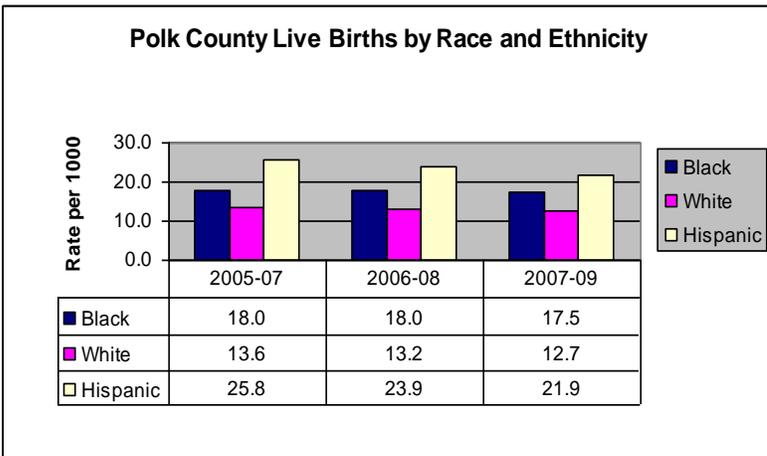
- Preconception health status
- Age
- Access to appropriate preconception and interconception health care
- Poverty

Source: Healthy People 2020

Children born to teen parents are at greater risk for living in poverty, experiencing health problems or difficulty in school, serving time in jail, and/or becoming teen parents themselves.

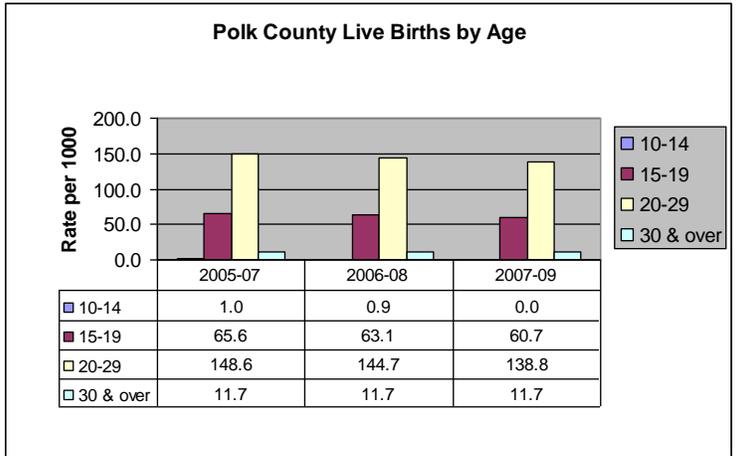
Charts 14 and 15 show the numbers of live births in Polk County by race, ethnicity and age group for 2005-2009.

CHART 14



Data Source: Florida Department of Health CHARTS
Three year rolling rates

CHART 15



Data Source: Florida Department of Health CHARTS
Three year rolling rates

Maternal, Infant and Young Child Health

The Florida Department of Health uses *quartiles* to compare health data from one county to another. A low quartile number (1) always represents more favorable health situations while fours (4) represent least favorable situations. These quartiles are color coded from **green** to **red**.

TABLE 21 Polk County Health Status Summary for Maternal and Child Health

 Polk County, Florida County Health Status Summary							
Indicator	Year(s)	Rate Type	County Quartile 1=most favorable 4=least favorable	County Rate	State Rate	County Trend (click to view)	Healthy People 2020 Goals
Maternal ,Infant & Young Child Health							
Early prenatal care (care began 1st trimester)	2007-09	Percent	4	63.5%	77.0%	N/A	77.9%
Late or no prenatal care	2007-09	Percent	4	9.8%	5.6%	N/A	
Low birth weight births (births < 2500 grams or less than 5.5 pounds)	2007-09	Percent	3	8.4%	8.7%	Worse ↑	
Very low birth weight births (births < 1500 grams or 3.3 pounds)	2007-09	Percent	3	1.6%	1.6%	N/A	
Premature births (births < 37 weeks gestation)	2007-09	Percent	2	13.4%	14.1%	Worse ↑	11.4%
Very premature births (births < 32 weeks gestation)	2007-09	Percent	3	2.4%	2.3%	N/A	
Multiple births	2007-09	Percent	2	2.9%	3.2%	Worse ↑	
Births to mothers 10-14	2007-09	Rate per 1,000	3	0.8%	0.6%	N/A	
Births to teens 15-19	2007-09	Rate per 1,000	3	60.7	40.4	Better ↓	
Repeat births to mothers 15-19	2007-09	Percent	3	23.2%	22.7%	Better ↓	
Infant death rate	2007-09	Per 1,000 live births	3	8.1	7.1	No Trend ↔	6.0
Neonatal death rate	2007-09	Per 1,000 live births	3	4.7	4.5	No Trend ↔	4.1
Postneonatal death rate	2007-09	Per 1,000 live births	3	3.4	2.5	No Trend ↔	2.0
Fetal death ratio	2007-09	Per 1,000 live births	3	7.7	7.4	No Trend ↔	5.6
Kindergarten children fully immunized	2009	Percent	3	92.9%	91.3%	No Trend ↔	

Data Source: Florida Department of Health CHARTS

Table 22 shows that over half of the births in Polk County are covered by Medicaid.

TABLE 22

Percentage of Polk County Mothers Using Medicaid as Payment Source by Year of Birth						
Polk	2004	2005	2006	2007	2008	2009
	46.30%	58.30%	52.30%	48.80%	50.80%	56.40%

Data Source: Florida Department of Health CHARTS

Health Disparities

What are health disparities?

Health disparities exist when **one group of people get sick or die more often** than another group.

For example in Polk (see Table 18):

- Blacks make up a disproportionate number of low birth weight babies.
- Black babies are more likely to die than white or Hispanic babies.
- Hispanics and blacks are more likely to have late or no prenatal care.
- Repeat births to mothers aged 15-19 is more likely to occur among minorities.

[Minority Health Profile Report- Black/White](#)

[Minority Health Profile Report- Hispanic/Non-Hispanic](#)

Why is addressing health disparities so important in Polk?

Health disparities contribute to increased healthcare costs. Polk is a very culturally diverse county and failure to address race- and ethnic-based health disparities could be devastating.

 It is important that Polk County monitors health disparities to reduce disease burden by identifying high-risk groups, formulating appropriate health care policy, and evaluating progress in eliminating health disparities.

Why do health disparities exist?

According to the [Institute of Medicine Report: Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care](#) health disparities may persist because of differences in **access** to medical care for racial and ethnic groups and differences in the **quality** of care received by racial and ethnic groups.

Examples of problems can include:

- Lack of Health Insurance
- Lack of Routine Care
- Health Literacy and Language Barriers
- Provider Prejudices and Stereotyping
- Patient Mistrust and Refusal of Services
- Medically Underserved Communities
- Lack of Participation of Minorities in the Health Professions

Source: Florida Department of Health, Office of Minority Health

Health Disparities

P- White column represents the number of whites with the health indicator compared to the total population of whites in Polk County.

P- Black column represents the number of blacks with the health indicator compared to the total population of blacks in Polk County.

P- Hispanic column represents the number of Hispanics with the health indicator compared to the total population of Hispanics in Polk County.

Table 23 shows where one where one racial or ethnic group is disproportionately represented compared to the overall county rate.

For example:

- A higher proportion of black infants are born with low birth rate
- A higher proportion of white mothers smoke during pregnancy

TABLE 23 Health Disparities for Prenatal & Perinatal Health

Core Health Indicators	Year	Polk	P White	P Black	P Hispanic
Prenatal & Perinatal Health					
Live births under 2500 grams to all mothers; rolling 3-year rates	2007-2009	8.4	7.2	13.1	7.1
Total infant mortality; rate per 100,000; rolling 3 year rates	2007-2009	8.1	6.7	13.5	8
Births to mothers ages 15-19; rate per 100,000; rolling 3 year rates	2007-2009	60.7	57.3	71.2	83.4
Births to mothers with 3rd trimester or no prenatal care; rolling 3 year rates	2007-2009	9.8	8.8	13.8	11.7
Resident live births to mothers who smoked during pregnancy; rolling 3 year rates	2007-2009	10.2	11.6	6.1	2.1

Data Source: Florida Department of Health CHARTS

Healthy People 2020 are a set of national leading health improvement goals.

Online access: [Healthy People 2020 Maternal, Infant and Child Health Objectives and Interventions](#)

Online access: [Healthy People 2020 Family Planning Objectives and Interventions](#)

Oral Health

The significant improvement in the oral health of Americans over the past 50 years is a result of effective prevention and treatment efforts. One major success is community water fluoridation, which now benefits about 7 out of 10 Americans who get water through public water systems.

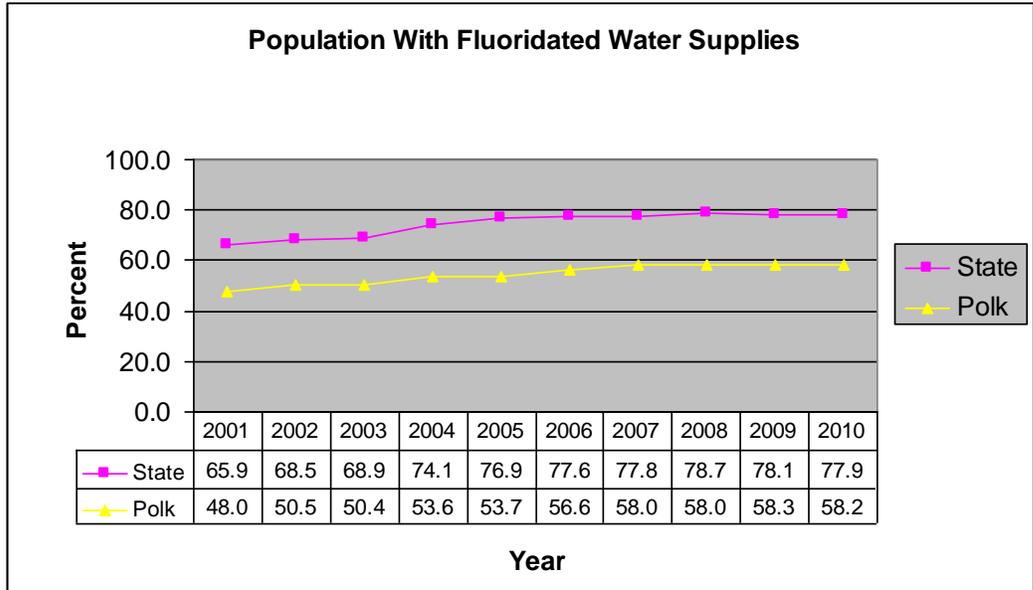
School-based dental sealant programs and community water fluoridation and are two leading evidence-based interventions to prevent tooth decay.

Source: Healthy People 2020

In March 2009, The Polk County Health Department Dental Program received a \$50,000 grant to start a school based sealant program for the Lake Wales Area Schools. The school based sealant program has served 1,417 students, placing sealants on 4,388 first permanent molars in the last two years.

Over 40% of Polk County's population does not have access to fluoridated water.

CHART 16



Data Source: Florida Department of Health CHARTS. Single-Year Percentages for All Races All Sexes.

Oral Health

People who have the least access to preventive services and dental treatment have greater rates of oral diseases.

The Florida Department of Health uses *quartiles* to compare health data from one county to another. A low quartile number (1) always represents more favorable health situations while fours (4) represent least favorable situations. These quartiles are color coded from **green** to **red**.

Polk County is in the least favorable quartile for adults' visits to the dentist in the past year.

TABLE 24 Oral Health Indicators, Polk County

Indicator	Year(s)	Rate Type	County Quartile 1=most favorable 4=least favorable	County Rate	State Rate
Adults who could not see a dentist in the past year because of cost	2007	Percent	2	20.2%	19.2%
Percentage of adults who visited a dentist or a dental clinic in the past year	2010	Percent	4	49.8%	64.7 %
Total licensed dentists in Polk County	2007-09	Per 100,000	3	27.6	61.8
Low income persons with access to dental care	2009	Percent	3	27.1%	29.3%
Target population of low income persons reached by CHD for dental care	CY 2009	Percent	3	20.1%	16.3%

Data Source: County Health Summary- Florida CHARTS
CHD: County Health Department

Health Disparities

What are health disparities?

Health disparities exists when **one group of people get sick or die more often** than another group.

For example in Polk:

- Fewer black and Hispanic adults see a dentist annually due to cost (See table 20).

[Minority Health Profile Report- Black/White](#)

[Minority Health Profile Report- Hispanic/Hon-Hispanic](#)

Why is addressing health disparities so important in Polk?

Health disparities contribute to increased healthcare costs. Polk is a very culturally diverse county and failure to address race- and ethnic-based health disparities could be devastating.

Health Disparities

- ➔ It is important that Polk County monitors health disparities to reduce disease burden by identifying high-risk groups, formulating appropriate health care policy, and evaluating progress in eliminating health disparities.

Why do health disparities exist?

According to the [Institute of Medicine Report: Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care](#) health disparities may persist because of differences in **access** to medical care for racial and ethnic groups and differences in the **quality** of care received by racial and ethnic groups.

Examples of problems can include:

- Lack of Health Insurance
- Lack of Routine Care
- Health Literacy and Language Barriers
- Provider Prejudices and Stereotyping
- Patient Mistrust and Refusal of Services
- Medically Underserved Communities
- Lack of Participation of Minorities in the Health Professions

Source: Florida Department of Health, Office of Minority Health

The following table highlights where racial and ethnic disparities exist.

P- White column represents the number of whites with the health indicator compared to the total population of whites in Polk County.

P- Black column represents the number of blacks with the health indicator compared to the total population of blacks in Polk County.

P- Hispanic column represents the number of Hispanics with the health indicator compared to the total population of Hispanics in Polk County.

Table 25 shows where one where one racial or ethnic group is disproportionately represented compared to the overall county rate.

For example:

- Blacks and Hispanics make up a disproportionate number of people who could not see a dentist in the past year because of cost.

TABLE 25 Oral Health Disparities for Adults

Core Health Indicator	Year	Polk	P White	P Black	P Hispanic
Percent of adults who could not see a dentist in the past year because of cost	2007	20.2	17.6	26.6	29.6

Data Source: Florida Department of Health Behavioral Risk Factors Surveillance System (BRFSS)

Healthy People 2020 are a set of national leading health improvement goals.

Online access: [Healthy People 2020 Oral Health Objectives and Interventions](#)

Mental Health

According to Healthy People 2020, mental health and physical health are closely connected. Mental health plays a major role in people’s ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect people’s ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person’s ability to participate in treatment and recovery.

Source: Healthy People 2020

Mental illnesses affect people’s ability to make healthy choices.

The National Alliance for Mental Illness (NAMI) recently released its 2009 report card of states and Florida received an overall “D” grade.

According to the report, Floridians living with mental illness face uphill battles to get appropriate services due to a lack of funding and a shortage of mental health providers. The report’s authors noted concern with Florida’s insufficient efforts to address cultural competence and the inadequate supply of mental health professionals.

Source: One Bay Healthy Communities Report – February 2011

There are many sources that provide data for the state of Florida and the nation, such as the Florida Council of Community Mental Health (FCCMH) and the Substance Abuse and Mental Health Services Administration (SAMHSA). County level data is unavailable. However, the 2007 Behavioral Risk Factor Surveillance System (BRFSS) survey data contains county-level estimates of the prevalence of personal health behaviors that contribute to morbidity and mortality.

The Florida Department of Health uses *quartiles* to compare health data from one county to another. A low quartile number (1) always represents more favorable health situations while fours (4) represent least favorable situations. These quartiles are color coded from **green** to **red**.

TABLE 26 Mental Health Indicators for Adults

2007 Mental Health Indicators	Polk County	State	Quartile
Percentage of adults with good mental health	87.1 (82.8 – 90.5)	90.3 (89.6 – 91.0)	4
Adults who are “satisfied” or “very satisfied” with their lives	94.1 (90.7 – 96.2)	94.2 (93.6 – 94.8)	3
Adults who always or usually receive the social and emotional support they need	75.2 (70.1 – 79.7)	77.9 (76.8 – 79.0)	4
Average number of unhealthy mental days in the past 30 days	3.8 (2.8 – 4.8)	3.3 (3.1 – 3.5)	3
Average number of days where poor mental or physical health interfered with activities of daily living in the past 30 days	4.4 (3.3 – 5.6)	4.5 (4.2 – 4.7)	2
Adults who had poor mental health on 14 or more of the past 30 days	12.9 (9.5 – 17.2)	9.7 (9.0 – 10.4)	3

Data Source: Behavioral Risk Factor Surveillance System (BRFSS)

Mental Health

Poor mental and emotional health can lead to unintentional injuries and child abuse.

TABLE 27 Mental Health Indicators for School Aged Children and Adolescents

School-aged Child and Adolescent Profile, Polk County						
Measure	Rate Type	Year(s)	County Quartile	County Number	County Rate	State Comparison
			1=most favorable			
			4=least favorable			
Non-fatal hospitalizations for self-inflicted injuries per 100,000 pop. (3-yr rate)						
12-18	Per 100,000	2007-09	3	25	46.4	47.4
19-21	Per 100,000	2007-09	3	16	77.1	80.7
Non-fatal hospitalizations for eating disorders per 100,000 pop. (3-yr rate)						
12-18	Per 100,000	2007-09	2	3	6.8	12.9
19-21	Per 100,000	2007-09	3	<2	7.7(u)	9.9
Suicide deaths per 100,000 population (3-year rate)						
12-18	Per 100,000	2007-09	3	<2	3.1(u)	3.4
19-21	Per 100,000	2007-09	3	3	15.4	11.5
Percent of emotionally handicapped children in schools grades K-12	Percent	2009-10 (SY)	1	574	0.60%	1.00%
Referrals to Department of Juvenile Justice per 10,000 pop. 10-17	Per 10,000	2007-09	4	6,041	973.9	714.5
Social Environment						
Children 5-11 experiencing child abuse per 1,000 pop. 5-11	Per 1,000	2006-08	2	756	13.9	11
Children 5-11 experiencing sexual violence per 1,000 pop. 5-11	Per 1,000	2006-08	3	54	1	0.6

Data Source: Florida Department of Health CHARTS

Healthy People 2020 are a set of national leading health improvement goals.

 **Healthy People 2020 Target:** An indicator for Healthy People 2020 to improve the mental health status of the community is to reduce the suicide rate.

Online access: [Healthy People 2020 Mental Health Objectives and Interventions](#)

Mental Health

About 15 percent of the population will suffer from clinical depression at some time during their lifetime. Thirty percent of all clinically depressed patients attempt suicide; half of them ultimately die by suicide.

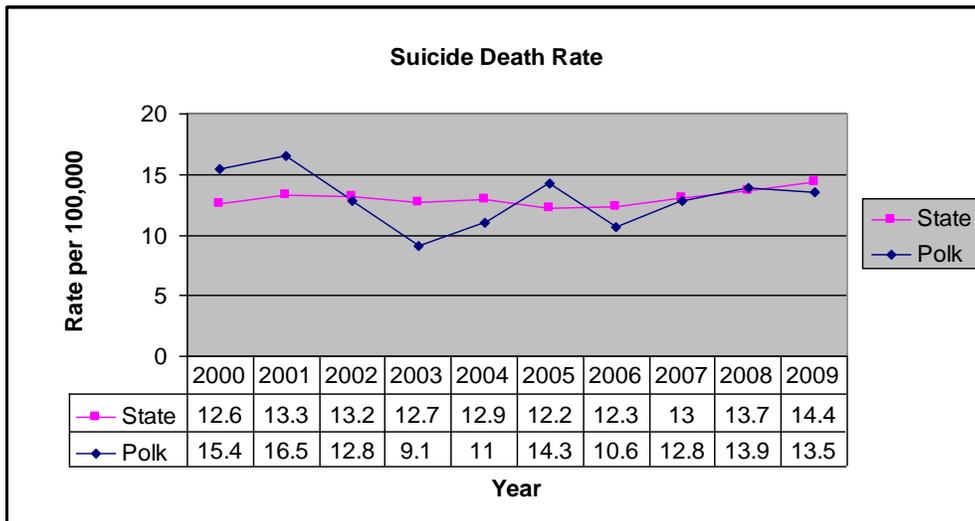
Source: American Foundation for Suicide Prevention, accessed 2010

The rate of suicides among 19-21 year olds in Polk County has doubled in the last 10 years.

Studies indicate that the best way to prevent suicide is through the early recognition and treatment of depression and other psychiatric illnesses.

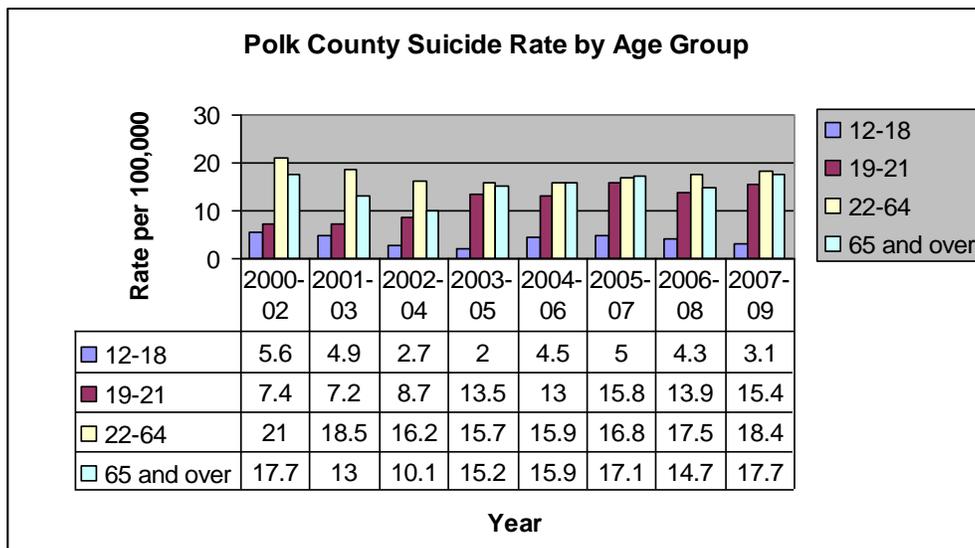
Source: Florida Council for Community Mental Health – November 2010

CHART 17



Data Source: Florida Department of Health, Bureau of Vital Statistics

CHART 18



Data Source: Florida Department of Health, Bureau of Vital Statistics

Substance Abuse, Alcohol, Illegal Substances and Tobacco

In 2005, an estimated 22 million Americans struggled with a drug or alcohol problem. Almost 95 percent of people with substance use problems are considered unaware of their problem. Of those who recognize their problem, 273,000 have made an unsuccessful effort to obtain treatment. These estimates highlight the importance of increasing prevention efforts and improving access to treatment for substance abuse and co-occurring disorders.

Most people with a substance abuse problem are unaware of their problem.

Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse contribute to costly social, physical, mental, and public health problems.

These problems include:

- Teenage pregnancy
- HIV/AIDS
- Sexually transmitted diseases
- Domestic violence
- Child abuse
- Motor vehicle crashes
- Physical fights
- Crime
- Homicide
- Suicide

Social attitudes and political and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues. In addition to the many health implications, substance abuse has been a flash-point in the criminal justice system and a major focal point in discussions about social values: people argue over whether substance abuse is a disease with genetic and biological foundations or a matter of personal choice.

Source: Healthy People 2020

According to the 2008 National Survey on Drug Use and Health, the overall rate of drug and alcohol use and abuse is about 8.9% of the general population over age 12. This would amount to approximately 58,723 persons in the tri-county area. DCF reports they have most recently served 6,829 adults and children in substance abuse services for FY 2008-2009, representing only about 12% of those estimated in need.

Almost 60,000 people in the tri-county area could have a substance abuse problem.

Source: Florida Department of Children and Families

Substance Abuse, Alcohol, Illegal Substances and Tobacco

Alcohol

The percentage of adults who reported binge drinking in 2010 is lower than in 2007 and lower than the state.

TABLE 28 Adults Who Engage in Heavy or Binge Drinking

	2007 Polk %	2007 State %	2010 Polk %	2010 State %
% of adults who engage in heavy or binge drinking	16.3	16.2	13.9	15.01

Data Source: Florida County-level Behavioral Risk Factors Surveillance Telephone Survey

Table 29 shows:

- In 2010 fewer Polk County middle school students reported using alcohol or binge drinking than in 2006, but higher than the state in both years.
- In 2010 fewer high school students reported binge drinking than in 2006 and this is lower than the state.

TABLE 29 Alcohol Use in Adolescents

Polk County/Florida Alcohol Use In Adolescents By Grade								
	Middle School				High School			
	Polk County		Florida		Polk County		Florida	
	2006	2010	2006	2010	2006	2010	2006	2010
Alcohol use in past 30 days	22.7%	17.8%	19.0%	16.8%	36.3%	38.8%	41.8%	38.0%
Binge drinking In past 30 days	10.1%	7.5%	8.4%	6.9%	22.9%	18.3%	23.0%	19.6%

Data Source: 2010 Florida Youth Substance Abuse Survey. Retrieved from:

<http://www.dcf.state.fl.us/programs/samh/publications/fysas/10Survey/Polk%20County.pdf>

Healthy People 2020 are a set of national leading health improvement goals.

Online access: [Healthy People 2020 Substance Abuse \(including Alcohol\) Objectives and Interventions](#)

Health Disparities

What are health disparities?

Health disparities exists when **one group of people get sick or die more often** than another group.

- [Minority Health Profile Report- Black/White](#)
- [Minority Health Profile Report- Hispanic/Non-Hispanic](#)

Why is addressing health disparities so important in Polk?

Health disparities contribute to increased healthcare costs. Polk is a very culturally diverse county and failure to address race- and ethnic-based health disparities could be devastating.

 It is important that Polk County monitors health disparities to reduce disease burden by identifying high-risk groups, formulating appropriate health care policy, and evaluating progress in eliminating health disparities.

Why do health disparities exist?

According to the [Institute of Medicine Report: Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care](#) health disparities may persist because of differences in **access** to medical care for racial and ethnic groups and differences in the **quality** of care received by racial and ethnic groups.

Examples of problems can include:

- Lack of Health Insurance
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- Medically Underserved Communities
- Lack of Participation of Minorities in the Health Professions

Source: Florida Department of Health, Office of Minority Health

A disproportionate percentage of Hispanic adults engage in heavy or binge drinking.

TABLE 30

Health Disparities	Year	Polk	P White	P Hispanic	P Black
Percentage of adults who engage in heavy or binge drinking	2010	13.9	12.6	30.2	5.8

Data Source: Florida County-level Behavioral Risk Factors Surveillance Telephone Survey

Illegal Substances

Illicit drug use (used in the last 30 days) has decreased for all drugs in 2010 as compared to 2006, except marijuana use in high school students.

TABLE 31 Illicit Drug Preferences in Adolescents

Polk County/Florida Illicit Drug Preferences In Adolescents By Grade								
Past 30 Day Trend	Middle School				High School			
	Polk County		Florida		Polk County		Florida	
	2006	2010	2006	2010	2006	2010	2006	2010
Non-medical use of prescription medications	4.7%	2.6%	3.6%	3.1%	8.0%	5.6%	6.3%	5.2%
Inhalants	7.9%	4.8%	5.5%	4.8%	2.2%	1.3%	2.8%	2.0%
Marijuana or hashish	8.2%	4.3%	5.2%	5.7%	11.2%	15.0%	16.0%	18.6%
Hallucinogens	2.5%	1.0%	1.5%	0.7%	3.1%	0.8%	2.4%	1.4%
Cocaine or crack cocaine	2.8%	0.4%	1.4%	0.7%	4.0%	1.1%	2.8%	0.9%

Data Source: 2010 Florida Youth Substance Abuse Survey. Retrieved from:

[2010 Florida Youth Substance Abuse Survey](#)

Healthy People 2020 are a set of national leading health improvement goals.

Online access: [Healthy People 2020 Substance Abuse \(including Alcohol\) Objectives and Interventions](#)

Tobacco

Each year, approximately 443,000 Americans die from tobacco-related illnesses. For every person who dies from tobacco use, 20 more people suffer with at least 1 serious tobacco-related illness. In addition, tobacco use costs the U.S. \$193 billion annually in direct medical expenses and lost productivity.

Tobacco use is the single most preventable cause of death and disease in the United States.

Tobacco use causes:

- Cancer
- Heart disease
- Lung diseases (including emphysema, bronchitis, and chronic airway obstruction)
- Premature birth, low birth weight, stillbirth, and infant death

There is no risk-free level of exposure to **secondhand smoke**. Secondhand smoke causes heart disease and lung cancer in adults and a number of health problems in infants and children, including:

- Severe asthma attacks
- Respiratory infections
- Ear infections
- Sudden infant death syndrome (SIDS)

Smokeless tobacco causes a number of serious oral health problems, including cancer of the mouth and gums, periodontitis, and tooth loss. Cigar use causes cancer of the larynx, mouth, esophagus, and lung.

Preventing tobacco use and helping tobacco users quit can improve the health and quality of life for Americans of all ages. People who stop smoking greatly reduce their risk of disease and premature death. Benefits are greater for people who stop at earlier ages, but quitting tobacco use is beneficial at any age.

Source: Healthy People 2020

The percentage of adult smokers and those who have tried to quit smoking have increased in the past year.

TABLE 32 Adults Who Smoke

	2007 Polk %	2007 State %	2010 Polk %	2010 State %
% of adults who are current smokers	19.0	19.3	21.2	17.1
% of adults; current smokers who tried to quit smoking at least once in the past year.	56.7	53.2	59.4	60.1

Data Source: Behavioral Risk Factor Surveillance System (BRFSS)

Health Disparities

What are health disparities?

Health disparities exists when **one group of people get sick or die more often** than another group.

- [Minority Health Profile Report- Black/White](#)
- [Minority Health Profile Report- Hispanic/Non-Hispanic](#)

Why is addressing health disparities so important in Polk?

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- Patient Mistrust and Refusal of Services
- Medically Underserved Communities
- Lack of Participation of Minorities in the Health Professions

Source: Florida Department of Health, Office of Minority Health

Whites and Hispanics are more likely to smoke than Blacks.

TABLE 33

Health Disparities	Year	Polk	P White	P Hispanic	P Black
Percent of adults who are current smokers	2010	21.2	22.3	23.9	14.6

Data Source: Behavioral Risk Factor Surveillance System (BRFSS)

Tobacco

According to the Florida Youth Tobacco Survey (FYTS), Polk continues to show percentages higher than the state in the number of current tobacco users in all forms of tobacco and from secondhand smoke. High school tobacco use appears to be increasing in Polk County.

TABLE 34 Youth Tobacco Use 2008-2010 Comparison

	2008 Polk %	2008 Florida%	2010 Polk %	2010 Florida%
Current Tobacco Users				
Middle	11.7	9	10.5	8.7
High	24.5	22.4	27.8	22.2
Current Cigarette Users				
Middle	6.3	5	6.0	4.9
High	16.3	14.5	16.5	13.1
Current Cigar Users				
Middle	6.2	5.3	6.4	5.1
High	15.2	13.5	17.9	14.5
Smokeless Tobacco Users				
Middle	5.6	3	3.8	3.0
High	9.2	6	10.0	6.4
Students Exposed to Secondhand Smoke				
Middle	54.4	50.3	49.3	47.0
High	61.3	58.8	58.4	54.0
Students Never Smoked a Cigarette and Will Definitely Not Smoke a Cigarette in the Future.				
Middle	65.6	68.9	69.4	68.6
High	53.1	54.6	52.2	55.4

Data Source: 2010 Florida Youth Tobacco Survey

[2010 Florida Youth Tobacco Survey](#)

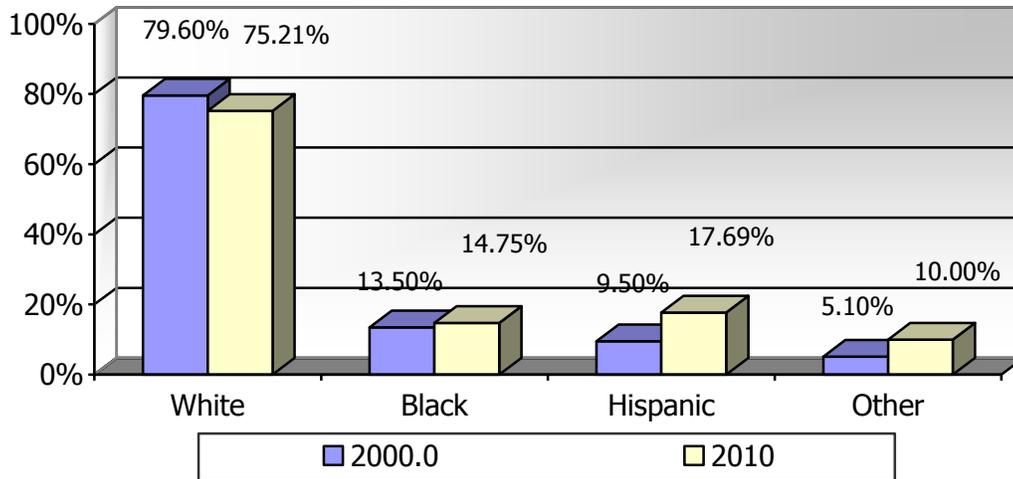
Healthy People 2020 are a set of national leading health improvement goals.

Online access: [Healthy People 2020 Tobacco Use Objectives and Interventions](#)

Population Demographics

Polk County's population is 602,095, a 24.4% increase in overall population between the 2000 and 2010 census. Polk County's Hispanic population and those identified as other races (Asian, American Indian and other) have had the largest increase since 2000.

CHART 19 Polk County Population by Race/Ethnicity

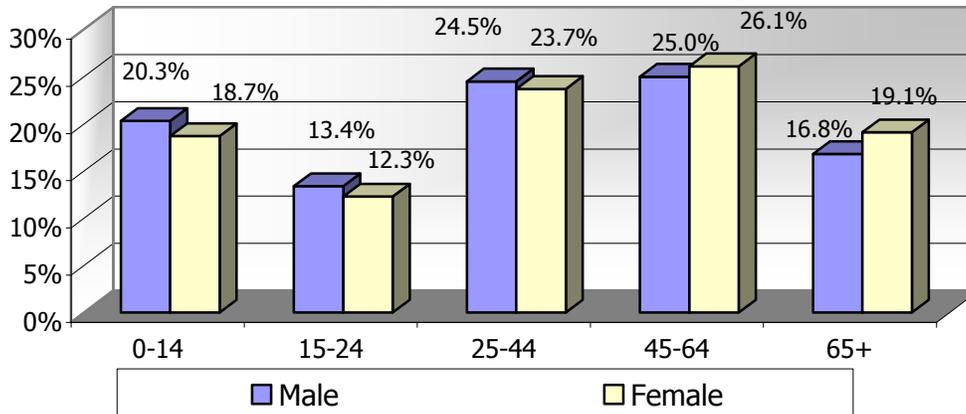


Data Source: 2010 Census Data

The percentage of Polk County's population aged 65 and older is 18% compared to the national average of 13%. This population accesses the health care system more frequently than other age group and has created greater demand for health care services and end of life care.

Source: One Bay Healthy Communities, February 2011

CHART 20 Polk County Population by Age and Gender, 2010

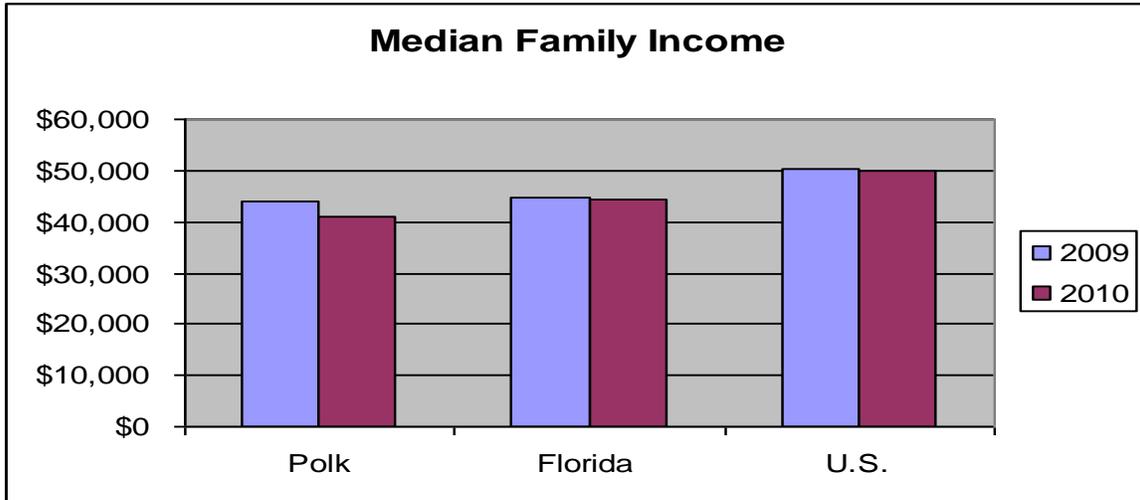


Data Source: 2010 Census Data

Population Demographics

The median household income for families dropped in 2010 compared to 2009. Polk County experienced the biggest drop compared to the state and nation.

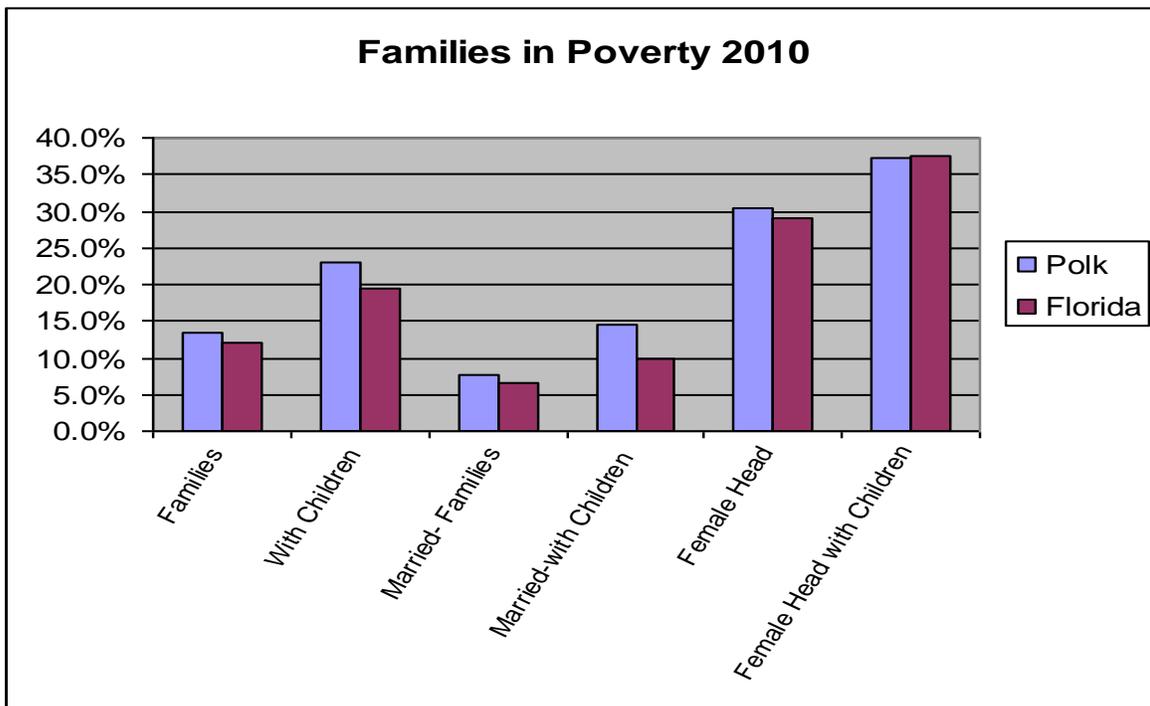
CHART 21



Data Source: U.S. Census Bureau

In Polk County 13% of all families live in poverty and 23% of those families have children under age 18 living with them. Chart 22 demonstrates that the largest percentage living in poverty live in families where a female is head of the household.

CHART 22



Data Source: U.S. Census Bureau.

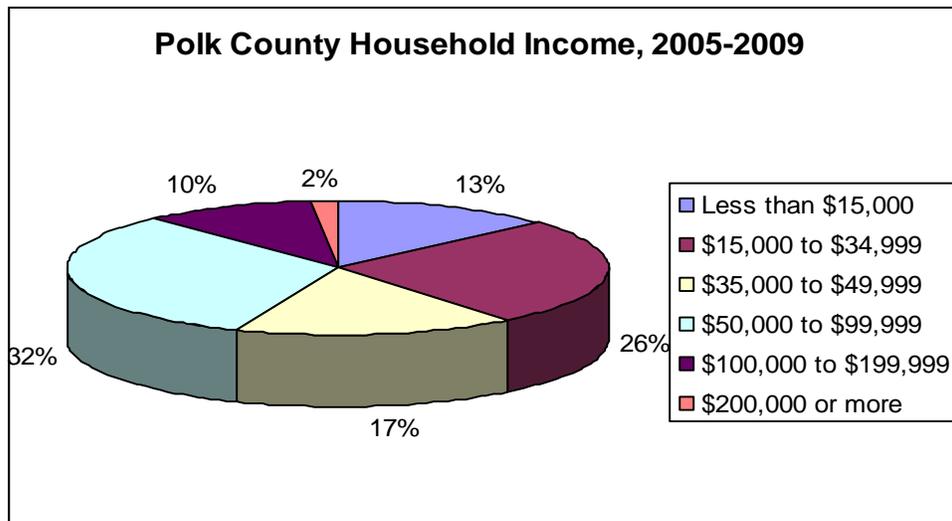
Population Demographics

According to the 2009/2010 Poverty Guidelines from the US Department of Health and Human Services:

- \$22,050 annual income for a family of four is considered 100% of the poverty level
- \$33,075 annual income for a family of four is considered 150% of the poverty level
- \$44,100 annual income for a family of four is considered 200% of the poverty level

Chart 23 shows the distribution of income among households in Polk County.

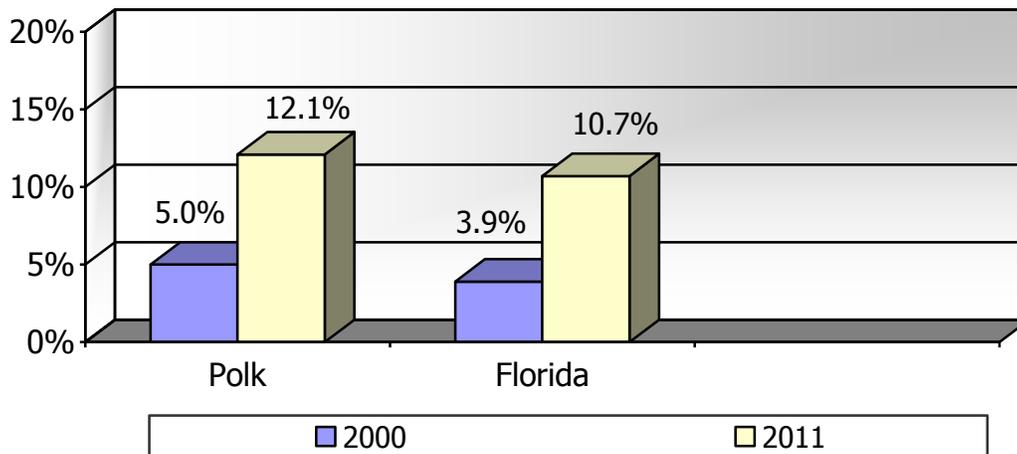
CHART 23



Data Source: 2005-2009 American Community Survey 5-Year Estimates

- Florida ranks 43rd in the nation for unemployment (July 2011).
- Out of the 18 large metropolitan areas in Florida, the Lakeland /Winter Haven metropolitan area ranks 13 (July 2011).

CHART 24 Unemployment Rate, Comparison of 2000 and 2011 Rates



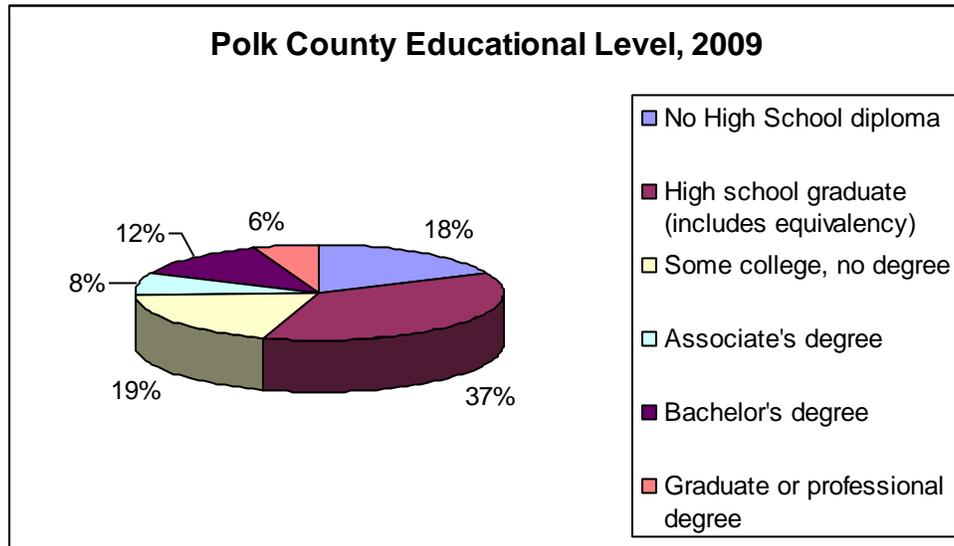
Data Source: U.S. Bureau of Labor Statistics

Note: Both data sets were from the month of July 2011 and were not seasonally adjusted.

Population Demographics

According to the American Community Survey, 55% of Polk County's population aged 25 and over have a high school diploma or less and 18% have a degree in higher education.

Chart 25



Data Source: 2005-2009 American Community Survey 5-Year Estimates. Population 25 years and over.

Physical Environment

Where you live can have an impact on your health and your ability to stay healthy. This section looks at air quality, access to healthy foods and access to recreational facilities.

Air Quality

National air quality has improved over the last 20 years. However, there are still many challenges in protecting public health and the environment from outdoor air quality problems. Chemicals in the air, like particle pollution and ozone may increase health risks to certain people, particularly children, older adults, people with asthma, heart, lung disease, or breathing problems.

Source: Florida Department of Health, Division of Environmental Health

Particle pollution, or particulate matter, consists of particles that are in the air, including dust, dirt, soot and smoke, and little drops of liquid.

Particle pollution can come from wood stoves, forest fires, coal fires, power plants, motor vehicles, factories and construction sites.

Small particles less than 10 micrometers in diameter pose the greatest health problems, because they can get deep into your lungs, and some may even get into your bloodstream. Larger particles are of less concern, although they can irritate your eyes, nose, and throat.

Small particles of concern include "fine particles" (such as those found in smoke and haze), which are 2.5 micrometers in diameter or less; and "coarse particles" (such as those found in wind-blown dust), which have diameters between 2.5 and 10 micrometers.

Being exposed to any kind of particulate matter may cause: increased emergency department visits and hospital stays for breathing and heart problems, worsened asthma symptoms, adverse birth outcomes, breathing problems, decreased lung growth in children, lung cancer, and early deaths.

Source: Florida Department of Health, Division of Environmental Health

The national benchmark for particulate matter level is 0. Table 30 shows the percent of days that air quality was unhealthy for sensitive populations due to fine particulate matter (FPM, < 2.5 µm in diameter).

Polk County met the national benchmark 5 years between 2001 and 2008.

TABLE 35
Percent of Days with Particulate Matter (PM2.5) Levels Over the National Standard

County	2001	2002	2003	2004	2005	2006	2007	2008
Polk	0.95	0	0	0	0.87	0	0.83	0

Data Source: The U.S. Environmental Protection Agency.

The US EPA 24 hour National Ambient Air Quality Standard for pm2.5 is 35 micrograms per cubic meter of air (mcg/m3).

Physical Environment

Ozone is a gas that you cannot see or smell that occurs naturally in the sky about 10 to 30 miles above the earth's surface. Some ozone is "good ozone" because it forms a layer that protects life on earth from the sun's harmful rays.

Ground-level ozone can be bad for your health and the environment.

Ground-level ozone forms when pollutants from cars and trucks, power plants, factories, and other sources come in contact with each other in heat and sunlight. Factors such as weather conditions and intensity of sunlight also play a part in how ozone is formed.

Everyone should be concerned about exposure to very high ozone levels. But ozone bothers some people more than others, mainly when they are outside.

Those most likely to be bothered by ozone include:

- people with asthma or lung disease
- children who spend a lot of time outdoors
- older adults
- active people of all ages who exercise or work hard outside
- infants.

Source: Florida Department of Health, Division of Environmental Health

The national benchmark for ozone is 0. Table 36 shows the number of days during the years 2001-2008 when ozone concentrations were over 0.

TABLE 36
Number of Days with Maximum 8-Hour Average Ozone Concentration Over the National Air Quality Standard

County	2001	2002	2003	2004	2005	2006	2007	2008
Polk	7	2	6	1	4	6	4	3

Data Source: The U.S. Environmental Protection Agency.

The US EPA Daily Maximum 8 hour National Ambient Air Quality Standard for ozone is 0.075 parts per million (ppm).

Healthy People 2020 are a set of national leading health improvement goals.

Online access: [Healthy People 2020 Environmental Health Objectives and Interventions](#)

Physical Environment

Access to Healthy Foods

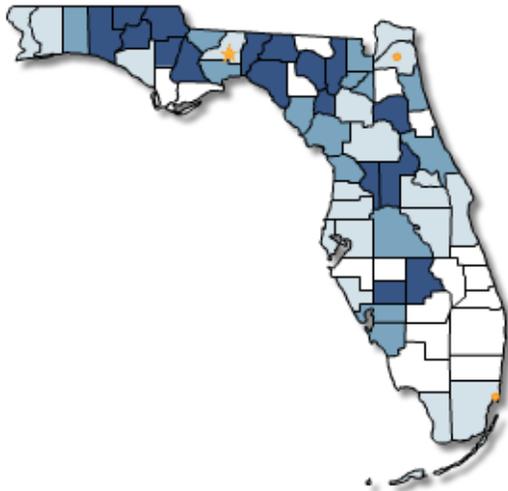
Studies have shown that people are more likely to eat healthy foods if they have access to them.

Access to healthy foods is measured as the percent of zip codes in a county with a healthy food outlet, defined as a grocery store or produce stand/farmers' market.

Source: County Health Rankings

The counties are shaded with lighter counties having a better rank. In Florida, 20 counties meet or exceed the national benchmark of 92%.

Data Source: County Health Rankings



In 2008, 75% of Polk County's zip codes had a healthy food outlet (24 of 32 zip codes).

[County Health Rankings, Access to Healthy Foods - Polk](#)

Physical Environment

Access to Recreational Facilities

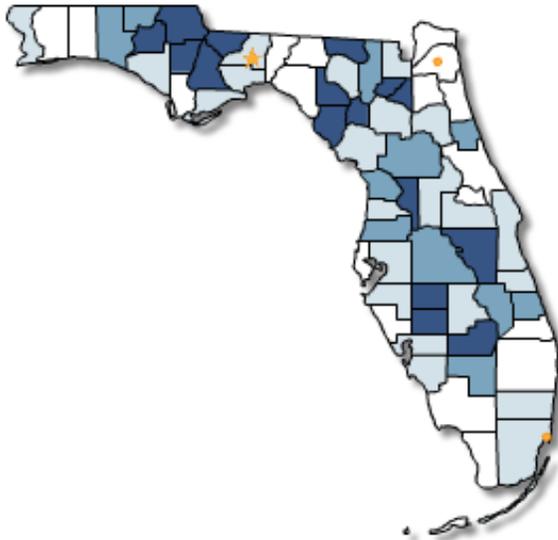
Being near places with recreational opportunities is associated with higher physical activity levels. This in turn is associated with lower rates of adverse health outcomes associated with poor diet, lack of physical activity, and obesity.

The availability of recreational facilities can influence individuals' and communities' choices to engage in physical activity. Recreational facilities are defined as establishments primarily engaged in operating fitness and recreational sports activities. This measure represents the number of recreational facilities per 100,000 population in a given county.

Source: County Health Rankings

The lighter shaded counties have a better ranking. In Florida, two counties meet or exceed the national benchmark of 17.

Data Source: County Health Rankings



In 2008, Polk County's recreational facility access rate per 100,000 population was 6.

[County Health Rankings- Access to Recreational Facilities- Polk](#)

Healthy People 2020 are a set of national leading health improvement goals.

Online access: [Healthy People 2020 Environmental Health Objectives and Interventions](#)

Health Resources

Access to health care is another indicator of the quality of life for a community. Polk County lags the state rate in several key health resource areas.

Table 37 below illustrates the decline in the number of adults with any type of health care coverage since 2002. Compared to other counties in the state, Polk ranks in the third quartile meaning more than half the counties in Florida have higher rates of health care coverage than Polk.

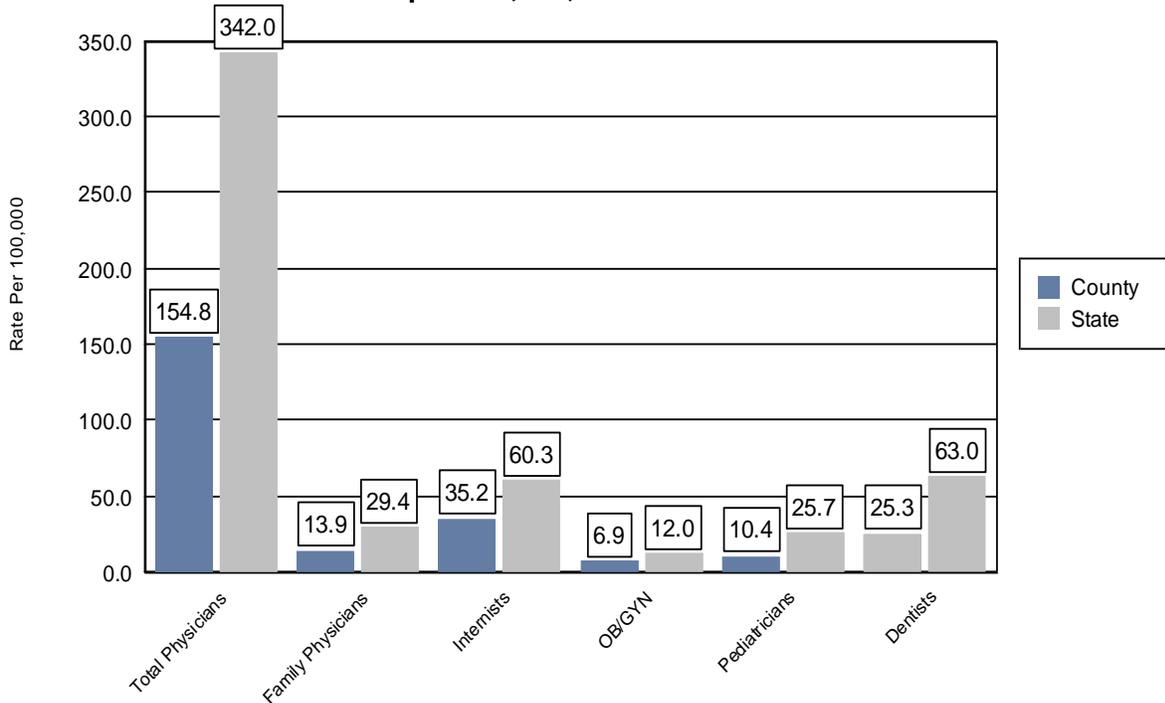
Table 37 Adults with any type of health care insurance coverage

Year	Polk	Florida
2002	82.30% (78.0 - 85.9)	81.30% (80.2 - 82.3)
2007	80.90% (75.7 - 85.3)	81.40% (80.3 - 82.4)
2010	76.00% (70.1 - 82.0)	83.00% (81.9 - 84.1)

Data Source: Florida CHARTS

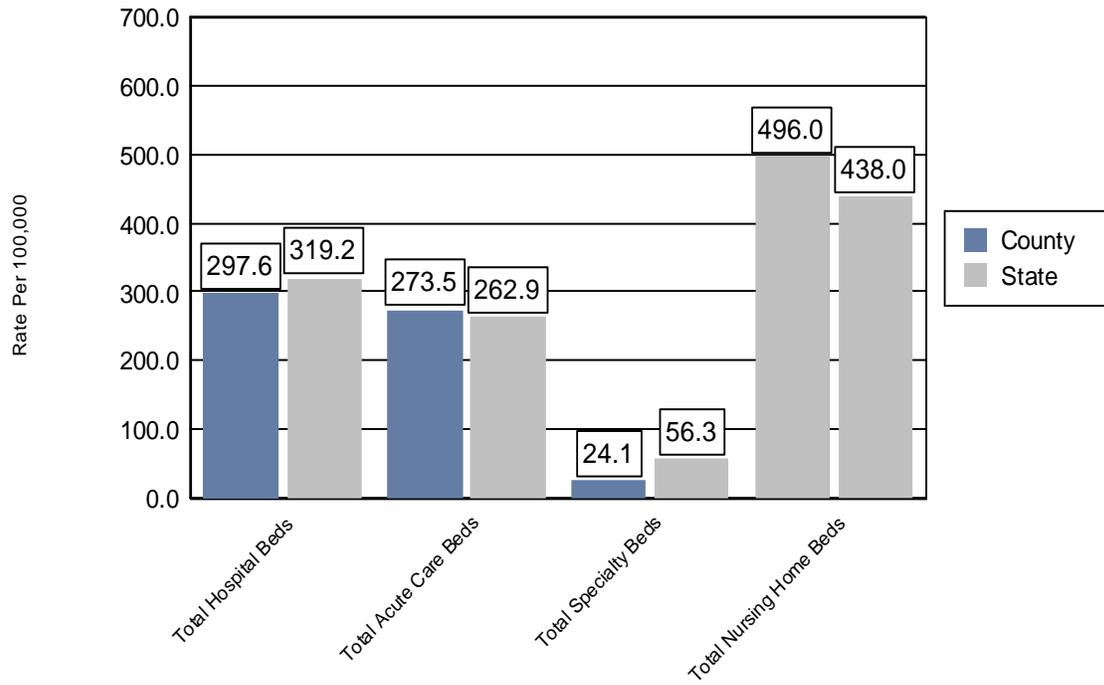
Charts 26 and 27 compare the number of health providers and health care facilities in Polk compared to the state for the most recent data year.

Chart 26 Health Providers per 100,000, 2011



Health Resources

Chart 27 Health Care Facilities per 100,000, 2011



Data Source: Florida CHARTs

Federal guidelines define medically underserved areas and those with a shortage of health professionals. Polk is a designated underserved area for primary, mental health and dental care.

Source: Florida Department of Health

Glossary of Terms

3-year Rolling Rates

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

Age-adjusted Death Rates (AADR)

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

Binge Drinking

Consuming four or more alcoholic drinks for women and five or more alcoholic drinks for men on one occasion.

Birth Rate

The number of births per 1,000 resident population.

Body Mass Index (BMI)

A measure used to estimate the amount of excess body weight. BMI is calculated using self-reported height and weight.

Chronic Disease

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

Chronic Obstructive Pulmonary Disease (COPD/CLRD)

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

Community Health Assessment

One of the assessments in the series of Mobilizing for Action through Planning and Partnerships (MAPP) process. This assessment highlights the major health and social issues affecting the health status and quality of life in Polk County.

Community Health Improvement Plan (CHIP)

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

County Trends

County trends seen in these reports are only calculated for indicators that have 12 or more years of data. Trend Values show:

-  Trend is getting better and is statistically significant
-  Trend is getting worse and is statistically significant
-  Trend is not statistically significant

Blank cell or N/A - Not enough data to compute a trend

As with rates, there is also random variation in the trend lines of these rates, so that a line that slopes upward may not represent a statistically significant increase, particularly if it is based on small numbers. For that reason, we test statistically to determine whether or not we can be at least 95 percent confident that what appears to be an increase or decrease is real, not just the result of random fluctuation.

Current Smokers

Adults who have ever smoked at least 100 cigarettes and who smoked on some or all days in the previous 30 days.

Demographics

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

Dental Sealant

Sealants are thin plastic coatings applied to the tiny grooves on the chewing surfaces of the back teeth. This is where most tooth decay in children and teens occurs. Sealants protect the chewing surfaces from decay by keeping germs and pieces of food out.

Diabetes

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

Disparities

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

Former Smokers

Adults who have ever smoked at least 100 cigarettes, but did not smoke on any of the previous 30 days.

Haemophilus Influenza

A severe bacterial infection, occurring primarily in infants and children under 5 years.

Health Disparities

Health disparities exists when one group of people get sick or die more often than another group. A health issue affects one group disproportionately.

Health Insurance Coverage

Includes health insurance, prepaid plans such as HMOs, and government plans such as Medicare.

Healthy People 2020

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.

Healthy Weight

Having a Body Mass Index (BMI) between 18.5 and 24.9. BMI is calculated using self-reported height and weight.

Heavy Drinking (also called chronic drinking)

In the previous 30 days, women consuming an average of one or more alcoholic drinks per day or men consuming an average of two or more alcoholic drinks per day.

Hepatitis

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

Hepatitis A

A contagious liver disease that results from infection with the Hepatitis A virus. It can range in severity from a mild illness lasting a few weeks to a severe illness lasting several months. Hepatitis A is usually spread when a person ingests fecal matter — even in microscopic amounts — from contact with objects, food, or drinks contaminated by the feces or stool of an infected person.

High Risk Behavior Groups

Those who have had sex with a man who has had sex with other men, used intravenous street drugs, traded sex for money or drugs, tested positive for HIV, had two or more sex partners in the past year, or who had sex with anyone who would be categorized in any of these groups listed.

HIV

Human immunodeficiency virus (HIV) is a retrovirus that causes acquired immunodeficiency syndrome (AIDS), a condition in humans in which the immune system begins to fail, leading to life-threatening opportunistic infections.

Hypertension/High Blood Pressure

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

Indicator

Something observed or calculated that is used to show the presence or state of a condition or trend.

Influenza

Influenza, also known as the flu, is a contagious disease that is caused by the influenza virus. It attacks the respiratory tract in humans (nose, throat, and lungs). People age 65 years and older, people of any age with chronic medical conditions, and very young children are more likely to get complications from influenza. Pneumonia, bronchitis, and sinus and ear infections are three examples of complications from flu.

Infant Death (Mortality) Rate

The number of deaths to individuals less than one year of age (0-364 days old) per 1,000 live births.

Low Birth Weight

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

Mammogram

An x-ray of each breast to look for breast cancer.

Mobilizing for Action Through Planning and Partnerships (MAPP)

A tool to help communities prioritize public health issues, identify resources for addressing them and take action.

Moderate Physical Activity

Brisk walking, bicycling, vacuuming, gardening, or anything that causes some increase in breathing.

Neonatal Death Rate

The number of deaths to individuals 0-27 days old per 1,000 live births.

Obese

Having a Body Mass Index (BMI) that is greater than or equal to 30.0. BMI is calculated using self-reported height and weight.

Overweight

Having a Body Mass Index (BMI) ranging from 25.0 to 29.9. BMI is calculated using self-reported height and weight.

Overweight and Obese

Having a Body Mass Index (BMI) that is greater than or equal to 25.0.

Pap Test

A cervical cancer screening test in which surface cells from the cervix are examined for cancer or pre-cancer characteristics.

Perinatal

Relating to or occurring during the period around childbirth, specifically from around week 28 of pregnancy to around one month after the birth.

Pertussis

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

Polk Health Care Alliance

A task force of over 30 community health care and social service representatives whose mission is to create conditions for a healthier community whose citizens achieve a high quality of life, and to ensure access to affordable quality health care.

Poor Mental Health

Adults who report that their mental health, which includes stress, depression, and problems with emotions, was not good on 14 or more of the previous 30 days.

Postneonatal Death Rate

The number of deaths to individuals 28-364 days old per 1,000 live births.

Prenatal

Existing or happening during pregnancy but before childbirth.

Quartile

The Florida Department of Health uses *quartiles* to compare health data from one county to another in the state. These are calculated by ordering an indicator from most favorable to least favorable by county and dividing the list into 4 equal-size groups. In this report, a low quartile number (1) always represents more favorable health situations while fours (4) represent less favorable situations.

- 1 - Most favorable situation (25% of counties)
- 2 or 3 - Average (50% of counties)
- 4 - Least favorable situation (25% of counties)

Secondhand Smoke

Being exposed to someone else's tobacco smoke in a room (at work or home) during the past seven days.

Sigmoidoscopy/Colonoscopy

Exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems.

Teen Birth Rate

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

Tobacco Cessation Services

Medical and/or psychobehavioral treatment that seeks to reduce or eliminate the use of tobacco products.

Unintentional Injuries – include motor vehicle crashes, falls, fires, poisonings, drownings, suffocations, choking, animal bites and recreational and sports-related activities.

Very Low Birth Weight

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

Vigorous Physical Activity

Running, aerobics, heavy yard work or anything that causes a large increase in breathing.

Website Addresses

Listed are the website addresses for the sources of information and data that are listed in this report. If you are viewing the report online, there are hyperlinks to the sites.

American Community Survey 2005-2009

http://factfinder.census.gov/servlet/ACSSAFFacts?_submenuId=factsheet_0&_sse=on

American FactFinder (U.S. Census Bureau)

<http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

American Foundation for Suicide Prevention

<http://www.afsp.org/>

Centers for Disease Control

<http://www.cdc.gov/>

County Health Rankings

<http://www.countyhealthrankings.org/florida>

Florida Department of Children and Families

<http://www.dcf.state.fl.us/programs/samh/SubstanceAbuse/index.shtml>

Florida Department of Health, Division of Environmental Health

<http://www.floridatracking.com/HealthTrackFL/DealIndicator.aspx?PageId=11700>

Florida Department of Health, Bureau of STD Prevention and Control

http://www.doh.state.fl.us/Disease_ctrl/std/index.html

Florida Department of Health CHARTS

<http://www.floridacharts.com/charts/chart.aspx>

Florida Department of Health Office of Injury Prevention

<http://www.doh.state.fl.us/demo/InjuryPrevention/index.html>

Florida Department of Health Office of Minority Health

<http://www.doh.state.fl.us/minority/>

2010 Florida Youth Tobacco Survey

http://www.doh.state.fl.us/disease_ctrl/epi/Chronic_Disease/FYTS/Reports.htm

Healthy People 2020

<http://www.healthypeople.gov/2020/topicsobjectives2020/>

Institute of Medicine of the National Academies

<http://www.iom.edu/Reports.aspx>

Mobilizing for Action Through Planning and Partnerships (MAPP)

http://www.doh.state.fl.us/planning_eval/CHAI/Resources/FieldGuide/contentsFguide.htm

National Alliance for Mental Illness

<http://www.nami.org/>

National Institute for Allergy and Infectious Diseases

<http://www.niaid.nih.gov/topics/std/Pages/default.aspx>

One Bay Healthy Communities

<http://www.myonebay.com/>

Polk County Health Department

<http://www.mypolkhealth.org/>

U.S. Bureau of Labor Statistics

<http://www.bls.gov/>

U.S. Census Bureau, 2010 Census

<http://2010.census.gov/2010census/>