

2016 Flagler County Community Health Needs Assessment



Produced by One Voice for Volusia

2016 Flagler County Community Health Needs Assessment

Sponsored by:

Florida Hospital Flagler
Florida Department of Health-Flagler
Flagler Cares
Halifax Health

Produced by: One Voice for Volusia

Authored by: Carrie Baird, Julie Barrow and Lynn Kennedy

Data Supported by: Office of Informatics and Assessment, Florida Department of Health in Volusia County

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Executive Summary

Community Health Needs Assessment & Community Health Improvement Plans

Recent changes in legislation require that tax-exempt hospitals explicitly and publicly demonstrate community benefit by conducting a Community Health Needs Assessment (CHNA) and adopting implementation strategies to meet the identified community health needs. Public Health entities such as County Health Departments also implement cyclical community needs assessments processes.

In 2015, to reflect best practices and maximize community impact, leaders from Florida Hospital Flagler, Florida Department of Health-Flagler, Flagler Cares and Halifax Health were convened to explore a collaborative process to develop a shared Community Health Needs Assessment & Community Health Improvement Plan (CHIP) for Flagler.

Flagler CHNA/CHIP Partnership



Community Engagement

A core component of an effective CHNA/CHIP process is the engagement of community leaders and stakeholders in assessment, prioritization and planning activities. A Leadership Council of executives from 18 local organizations was formed to lead the assessment, prioritization and planning processes. Additionally, the broader community was engaged through a Community Health Survey (584 respondents) and over 50 stakeholders participated in 3 hosted meetings.

Process

The Flagler County CHNA process utilized quantitative and qualitative methods to systematically collect and analyze data to understand health within a specific community, including the review of information on risk factors, quality of life, mortality, morbidity, community assets, forces of change, social determinants of health and health inequity, and information on how well the public health system provides essential services. The prioritization process enabled the Leadership Council to gradually narrow down the areas of focus from over 300 data indicators to a final set of five countywide priorities.

Priorities

- **Adult Behavioral Health** (mental health, substance use/abuse, tobacco use)
- **Youth Behavioral Health** (mental health, substance use/abuse, tobacco use)
- **Mothers & Children Under Age 5** (women's health, teen pregnancy, prenatal care, birth outcomes, child health and development, early learning)
- **Cardiovascular Diseases & Diabetes** (including the shared modifiable risk factors of healthy eating & physical activity)
- **Family Violence** (domestic violence and child abuse/neglect)

Future Plans

By the end of 2016, the Flagler County CHNA/CHIP Partners will develop a countywide Community Health Improvement Plan to collaboratively address the five identified priorities.

Community Benefit & Community Health Needs Assessments

Mission-driven, tax-exempt health care organizations have a long tradition of working to improve community health through community benefit activities to maintain their tax-exempt or “charitable” status. Recent changes in legislation now require that tax-exempt hospitals explicitly and publicly demonstrate community benefit by conducting a **Community Health Needs Assessment (CHNA)** and adopting implementation strategies to meet the identified community health needs. This change in federal law has provided an impetus for these organizations to create a more structured assessment and planning process.

Health departments also engage in cyclical community needs assessments using a process called **Mobilizing for Action through Planning and Partnerships (MAPP)**. MAPP is a strategic approach to community health improvement. This tool helps communities improve health and quality of life through community-wide strategic planning. Using MAPP, communities seek to achieve optimal health by identifying and using their resources wisely, taking into account their unique circumstances and needs, and forming effective partnerships for strategic action.

Considerations for Improving Community Health

To successfully address the health needs identified in this report, it will take forming a collective vision and community collaboration. According to the Centers for Disease Control (CDC), National Prevention Strategy and the Robert Wood Johnson Foundation, Clinical Care only represents 20% of the factors that affect health, so it is essential that the following partners should all be part of the process and solution:

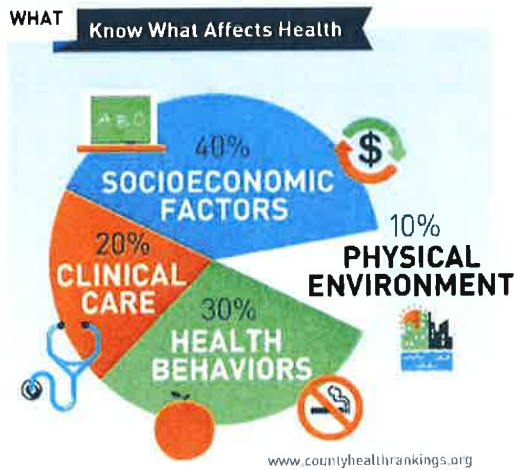
- **Nonprofits**
- **Community Developers**
- **Businesses**
- **Education Systems**
- **Government**
- **Philanthropists and Investors**
- **Faith-based Organizations**
- **Public Health**
- **Health Care Providers**
- **Health Insurance**
- **Community Members**



As part of the Flagler County Community Health Needs Assessment and Planning Partnership, these partners were brought to the table as collaborative stakeholders to identify Flagler County’s health priorities. Continuing partner engagement and leveraging the available community resources through investing in a balanced portfolio of interventions and strategies will bring about the highest return on investment when it comes to improving the health and well-being of Flagler citizens.

According to the 2016 Catholic Health Association of the United States, it is important to consider the factors that affect health and the scale of their impact. By taking into consideration that socioeconomic

factors contribute to 40% of what determines health and well-being, investment opportunities in pillars such as; education, removing disparities, fueling a healthy economy with sustainable wages, and ensuring affordable housing should be explored. The second highest impact can be gained from influencing environmental changes and policy decisions that directly impact health such as; lighted neighborhoods, smoke-free work places, seat belt laws, folic acid fortification, childhood immunization schedules, etc. Maximum impact occurs when these types of interventions are complemented by sound, long-lasting, protective interventions such as mammograms, colonoscopies and immunizations along with effective clinical interventions.



As Flagler County moves into their collaborative Community Health Improvement Planning process, they will be working closely with all available community partners to create a balanced portfolio of interventions and strategies in order to ensure the greatest community impact for the selected health priorities.



VISIT www.cdc.gov/CHInav FOR TOOLS AND RESOURCES TO IMPROVE YOUR COMMUNITY'S HEALTH AND WELL-BEING

Flagler County Community Health Needs Assessment Methodology

Collaboration

During the first cycle of Community Health Needs Assessments in 2012-2013, Flagler organizations each invested in their own independent assessment and planning process. In 2015, to reflect best practices and maximize community impact, leaders from Florida Hospital Flagler, Florida Department of Health-Flagler, Flagler Cares and Halifax Health were convened to explore a collaborative process to develop a shared Community Health Needs Assessment & Community Health Improvement Plan (CHIP) for Flagler.

Flagler CHNA/CHIP Partnership



<http://flagler.floridahealth.gov/>



www.flaglercares.org



www.FloridaHospitalFlagler.com



halifaxhealth.org

These pillar organizations unanimously agreed to work together for the greater good and they formed the **Flagler County Community Health Needs Assessment and Planning Partnership** through committing their time, talent and resources to support the CHNA process outlined below which was facilitated by One Voice for Volusia.

The **Flagler County CHNA/CHIP Partnership** entities held a common vision to improve the population health and wellbeing in Flagler County. They committed to a 9-month long process of convening to review and examine county-level and sub-county-level secondary data along with supporting the collection and review of primary data in order to establish high-level and priority health issues. They agreed to invest in the creation of this shared community health needs assessment document that contains the examined and prioritized health issues along with the data indicators and identified community assets. This shared document will then serve as a common resource for both the investing partner organizations and the many community stakeholders that will support the creation of community health improvement plans based on these findings.

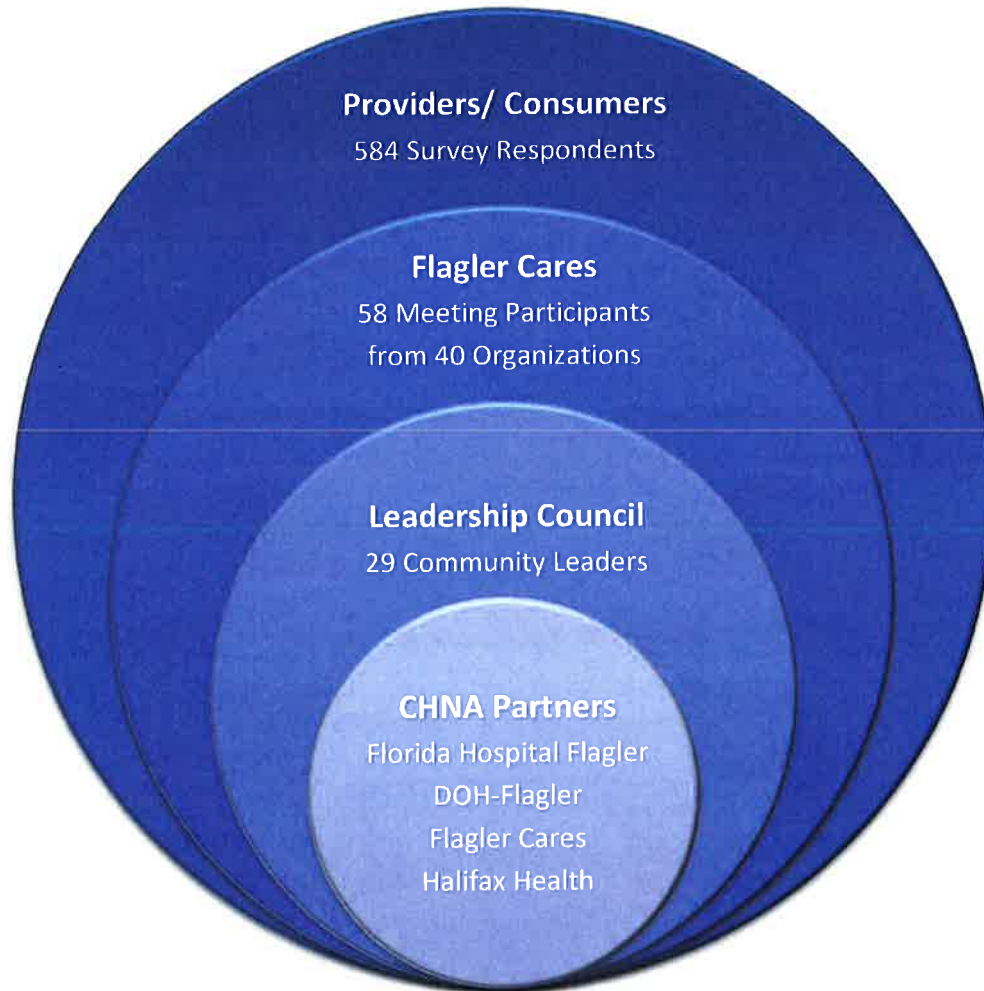
The Leadership Council

A core component of an effective CHNA/CHIP process is the engagement of community leaders and stakeholders in assessment, prioritization and planning activities. As part of the Flagler County Community Health Needs Assessment and Planning Partnership process, a devoted group of community leaders and executives was developed by expanding the membership of the Flagler Cares Board of Directors to include leaders from 18 local organizations representing major sectors of the community. See Appendix A for the Leadership Council roster.



Community Engagement

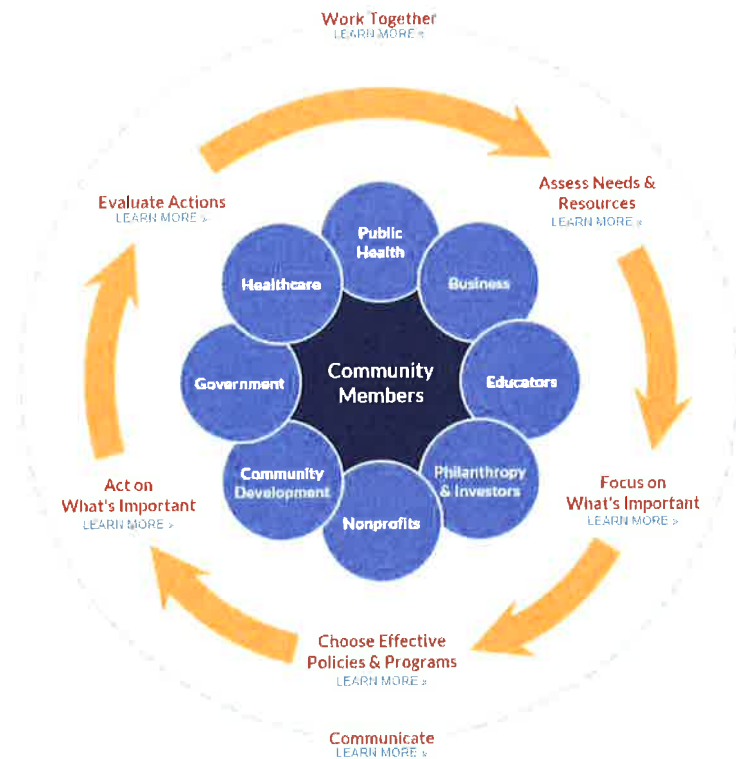
To maximize the reach and input received throughout the CHNA process, the Leadership Council utilized and mobilized the available community resources to gain input, review data, collect community assets, prioritize indicators and validate priorities.



The CHNA Process

A CHNA is a process that uses quantitative and qualitative methods to systematically collect and analyze data to understand health within a specific community. An ideal assessment includes information on risk factors, quality of life, mortality, morbidity, community assets, forces of change, social determinants of health and health inequity, and information on how well the public health system provides essential services. According to the National Association of County and City Health Officials (NACCHO), community health assessment data informs community decision making, the prioritization of health problems, and the development, implementation, and evaluation of community health improvement plans. In light of best practices, the Leadership Council provided their input and expertise by completing the following tasks through a series of meetings and document reviews:

- Reviewing secondary data detailing risk factors, quality of life, mortality, morbidity, and social determinants of health for the entire county and all ZIP codes
- Discussing forces of change and community assets
- Interpreting community survey data and input from a variety of community stakeholders
- Reviewing the strengths and challenges of the public health system
- Assisting in gathering primary data from consumers served by representatives' organization
- Developing initial community-wide priorities to form a foundation for the collaborative Community Health Improvement Planning process



www.countyhealthrankings.org

The Timeline

The Flagler County CHNA/CHIP process included community input, data review, analysis and prioritization activities that enabled the Leadership Council to gradually narrow down the areas of focus from over 300 data indicators to a final set of five countywide priorities for planning and action. The Leadership Council convened four times to complete these tasks, with meetings held on October 12, 2015, November 2, 2015, March 30, 2016, and May 18, 2016. Many of the Leadership Council members also participated in additional community engagement activities including:

- Local Public Health System Assessment hosted by Flagler Cares on December 14, 2015
- Results-Based Accountability Workshop on February 29, 2016, hosted by Flagler Cares and One Voice for Volusia to support this process
- Community Validation and Input meeting hosted by Flagler Cares on April 11, 2016

Timeline	Process	Task
October 2015	CHNA/CHIP Leadership Council Meeting 1	<ul style="list-style-type: none"> • Orientation
October-December 2015	Community Stakeholder Survey	<ul style="list-style-type: none"> • Community Input on health of community
November 2015	CHNA/CHIP Leadership Council Meeting 2	<ul style="list-style-type: none"> • Review initial indicators (300+) • Forces of Change • Identify issues for research
December 2015	Local Public Health System Assessment <i>(hosted by Flagler Cares)</i>	<ul style="list-style-type: none"> • Assess Public Health System
March 2016	CHNA/CHIP Leadership Council Meeting 3	<ul style="list-style-type: none"> • Review data/information and determine initial priorities
April 2016	Review & Input on Initial Priorities <i>(hosted by Flagler Cares)</i>	<ul style="list-style-type: none"> • Validate initial priorities • Map assets and needs
May 2016	CHNA/CHIP Leadership Council Meeting 4	<ul style="list-style-type: none"> • Finalize Priorities for countywide CHIP
June 2016	CHNA Complete	<ul style="list-style-type: none"> • CHNA finalized



Prioritization Process

The Flagler County CHNA/CHIP Leadership Council met on March 30, 2016, to discuss fourteen health issues detailed in a 133-page document sent to each member prior to the meeting. The document included a summary of the Forces of Change exercise, Local Public Health System Assessment, 2015-2016 Community Health Survey and the latest indicator data related to each health issue. Members were asked to consider each health issue through the lens of three prioritization criteria:

1. **Impact:** How much does the issue affect other issues? What is the cost of NOT addressing it?
2. **Trend & Magnitude of Difference:** Has the trend improved or worsened in the last five years? How much worse is the problem in Flagler compared to Florida?
3. **Feasibility:** Are there successful strategies to address this problem? Is there a positive cost-benefit to addressing the problem?

Utilizing a multi-voting technique, the original 14 health issues were reduced to five initial priority health issues listed below. In addition to the five selected issues, the Leadership Council discussed the impact of poverty on all health and wellness issues and the importance of developing strategies that either address poverty directly or appropriately addresses the health disparities created by poverty.

Adult Behavioral Health (mental health, substance use/abuse, tobacco use)
Youth Behavioral Health (mental health, substance use/abuse, tobacco use)
Mothers & Children Under Age 5 (women's health, teen pregnancy, prenatal care, birth outcomes, child health and development, early learning)
Chronic Disease: Cardiovascular Diseases & Diabetes (including the shared modifiable risk factors of healthy eating & physical activity)
Family Violence (domestic violence and child abuse/neglect)

The validation process included a Community Input Survey and a Community Meeting hosted by Flagler Cares. Forty-one (41) individuals responded to the survey and 37 individuals from 29 organizations participated in the community meeting. There was 80% or higher agreement with the Initial Priority Health Issues among the survey respondents and 100% agreement at the Community Meeting. The results of the validation process can be found in Appendix D.

Final Priorities

The Flagler Leadership Council reconvened on May 18, 2016 for a final review of the five initial health priorities. The group consensus was to keep all five health priorities as focus areas for the Community Health Improvement Plan. The Leadership Council collaboratively agreed upon specific issues for targeted action and established existing community activities and strategies to sustain. As the specific issues were identified for action, participating council members volunteered to champion them based on their community position and current assets. This meeting created a synergistic bridge between the Community Health Needs Assessment process and the Community Health Improvement Planning process by engaging the community leaders in both vital phases.



Document Utilization

The opening content of this document reviews the information and processes utilized by the partners and the Leadership Council to prioritize health issues for action in Flagler County. The Flagler County Profile section of the document details the socio-demographic status of Flagler County in relation to Florida and the nation and includes summarized stakeholder input on the strengths and weaknesses of the health system as a whole. The document also contains a study of 10 distinct health issues—including the five priority issues and the additional issues considered through the process—each of which are described through narrative and data graphs, tables and maps.

Data Collection

This document utilizes both primary and secondary data to characterize the health of Flagler County:

- **Primary data** was gathered through the implementation of a Community Health Survey yielding 584 responses through a combination of completed paper survey and online survey responses. The CHNA/CHIP Leadership Council members promoted the survey to the general public through internal and external outreach, social media, websites, United Way's 211, the Community Connector, radio promotion, television promotion, community posters and cards. See Appendix C for a copy of the instrument utilized.
- **Secondary data** was collected in partnership with the Florida Department of Health in Volusia County and their Office of Informatics and Assessment. These data indicators are displayed in tables, graphs and maps throughout the document.

Data Considerations

The data compiled and analyzed in this document follows the Centers for Disease Control's (CDC) best practices approach to data utilization. The secondary data analysis provides descriptive information on demographic and socioeconomic characteristics and can be used to monitor progress and determine whether actions have the desired effect. Included data also characterizes important parts of health status and health determinants, such as behavior, social and physical environments, and health care use.

The community health indicators gathered in this document follow the CDCs recommendations and are:

- Methodologically sound (valid, reliable, and collected over time)
- Feasible (available or collectable)
- Meaningful (relevant, actionable, and ideally, linked to evidence-based interventions)
- Important (linked to significant disease burden or disparity in the target community)

When available, data and indicators have been presented at a sub-county level (ZIP codes) to enhance the identification of local assets and gaps.

Considerations in Reviewing the Data

This is a data rich document created to reflect the current and historical trends for each selected health indicator. As you review the data portions of this document, below are some considerations to keep in mind:

Considerations when Reviewing Indicator Data

- What are Flagler County's major health risks and socioeconomic problems?
- What are the County's major causes of death?
- What are the County's major causes of illness and disability?
- What are the County's major causes of hospitalizations?
- What is better/worse than Florida?
- What is getting better/worse than it has been in the past?

General Strategies for Interpreting Data

- Look for extremes and **outliers**.
- Compare to a **standard**. How does Flagler compare to Florida? How do sub-populations compare to each other, Flagler and Florida?
- Note the **magnitudes** (number of people affected)
- Look at **trends**. What are the changes over a period of time and does the trend show there is improvement or a decline?
- Identify and understand **causal factors**.

Cautions when Reviewing Indicator Data

There are important components of each graph to take note of prior to interpretation, including:

- **Scale:** The scale for each indicator is different. It may appear that graphs on the same page are visually similar, but notice the range between tick marks on each indicator.
- **Range of the y-axis (vertical axis):** Make sure you note the starting number on the y-axis (vertical axis) on each graph. For the purposes of clarity and space efficiency, some of the graphs will start the y-axis at a number other than 0. Be cautious when reviewing these graphs as the trends can appear exaggerated.
- **Trends:** When an indicator with a small number of occurrences is graphed, the trend lines can appear to move up and down significantly. Carefully consider the differences in each data point and the scale and range of the y-axis.
- **Crude Rate:** Unless otherwise noted, all graphs in the Community Health Needs Assessment portray a crude rate. This rate is calculated using the total number of events in a specified time period divided by the total number of individuals in the population who are at risk for these events and multiplying by 1,000, 10,000 or 100,000, etc. Crude rates are influenced by the underlying age distribution of the population.

Glossary of Important Terms

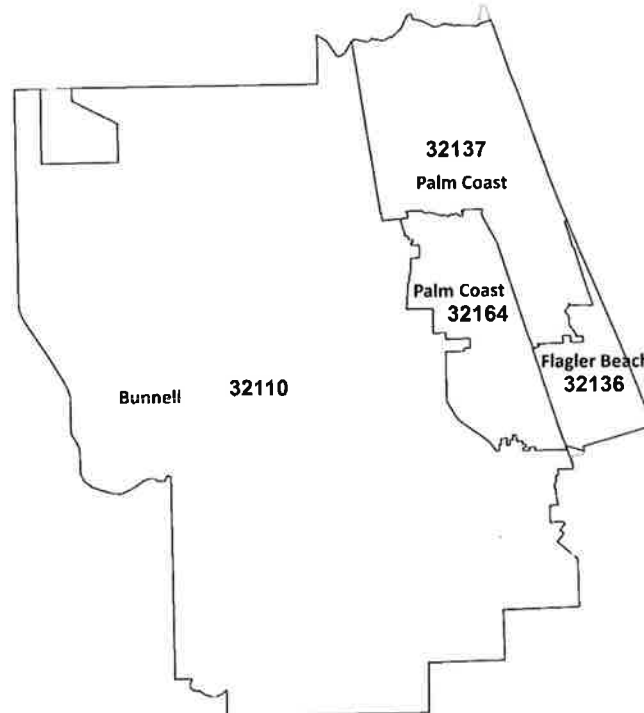
3-Year Rolling Rate is a calculation to analyze data points by creating series of sums of different subsets of the full data set. A rolling rate is commonly used with time series data to smooth out short-term fluctuations and highlight longer-term trends or cycles. The three-year rolling rate is calculated on the sum of an indicator over 3-year, rolling time periods.

Age-adjusted Rate is the most common adjustment for public health data. The age-adjustment process removes differences in the age composition of two or more populations to allow comparisons between these populations independent of their age structure. The result is a figure that represents the theoretical risk of incidence for a population, if the population had an age distribution identical to that of a standard population.

Flagler County Profile

Flagler County, so named for Henry Morrison Flagler who built the Florida East Coast Railway, is on the east coast of the U.S. State of Florida. Flagler County encompasses 571 square miles in an area consisting of 485 square miles of land and 86 square miles of water in Northeast Florida. It is approximately 30 miles south of downtown Jacksonville with a diverse geography and culture. The Atlantic Ocean defines the eastern boundary of the county for 19 miles.

Flagler County was home to 104,571 individuals in 2016 with approximately 17.9% of the population under 18 years of age and about 28.7% who were 65 years and older. The largest city in Flagler County is Palm Coast with an estimated population of over 80,600 according to the 2014 American Community Survey. The City of Bunnell is the county seat and Beverly Beach, Flagler Beach and Marineland are the other cities in the county with over 13% of the population residing in unincorporated Flagler County.



In 2016, the median household income in Flagler County was \$46,939. The Florida Department of Economic Opportunity, Bureau of Labor Market Statistics, reported that 40,817 of the 43,502 identified as in the civilian labor force were employed in 2015, resulting in an annual unemployment rate of 6.2%.

Top 3 Industries in Flagler County by number of employees are Retail Trade, Accommodation & Food Services, and Health Care & Social Assistance.

Total public school enrollment (grades preK-12) increased slightly to 12,937 in December 2015 according to the Florida Department of Education. In Flagler County, 84.4% percent of residents 25 or older had a high school degree or higher and 21.7% of residents 25 years or older reported having a Bachelor's degree or higher according to 2016 Claritas data from Northeast Florida Counts.

In 2016, the Flagler County population was 82.1% white, 10.8% black/African-American and 7.1% other races or multi-racial and 10.2% of the population reported they were Hispanic.

City Population

City	Number	Percent	City	Number	Percent
Beverly Beach	347	0.3%	Marineland	16	0.0%
Bunnell	2,778	2.7%	Palm Coast	80,600	78.7%
Flagler Beach	4,747	4.6%	Unincorporated Flagler County*	13,920	13.6%

Source: U.S. Census Bureau, 2014 American Community Survey

*Calculated

2016 Population and Population by Sex

ZIP Code	City	County	2016 Population	Male	Female
32110	Bunnell	Flagler	8,674	4,356 (50.22%)	4,318 (49.78%)
32136	Flagler Beach	Flagler	7,478	3,585 (47.94%)	3,893 (52.06%)
32137	Palm Coast	Flagler	41,593	19,836 (47.69%)	21,757 (52.31%)
32164	Palm Coast	Flagler	45,837	21,907 (47.79%)	23,930 (52.21%)
Flagler			104,571	50,178 (47.98%)	54,393 (52.02%)
Florida			20,299,288	9,931,093 (48.92%)	10,368,195 (51.08%)

Source: Claritas data from www.neflcounts.org

2016 Population by Ethnicity

ZIP Code	City	County	Hispanic/Latino	Not Hispanic/Latino
32110	Bunnell	Flagler	485 (5.59%)	8,189 (94.41%)
32136	Flagler Beach	Flagler	185 (2.47%)	7,293 (97.53%)
32137	Palm Coast	Flagler	4,209 (10.12%)	37,384 (89.88%)
32164	Palm Coast	Flagler	5,706 (12.45%)	40,131 (87.55%)
Flagler			10,619 (10.15%)	93,952 (89.85%)
Florida			4,974,766 (24.51%)	15,324,522 (75.49%)

Source: Claritas data from www.neflcounts.org

2016 Population by Race

ZIP Code	City	County	White	Black/ African American	Asian	
32110	Bunnell	Flagler	7,112 (81.99%)	1,195 (13.78%)	50 (0.58%)	
32136	Flagler Beach	Flagler	7,245 (96.88%)	77 (1.03%)	56 (0.75%)	
32137	Palm Coast	Flagler	35,300 (84.87%)	3,559 (8.56%)	1,000 (2.40%)	
32164	Palm Coast	Flagler	35,174 (76.74%)	6,464 (14.10%)	1,280 (2.79%)	
Flagler			85,800 (82.05%)	11,294 (10.80%)	2,394 (2.29%)	
Florida			14,936,301 (73.58%)	3,321,429 (16.36%)	552,479 (2.72%)	
ZIP Code	City	County	American Indian/ AK Native	Native HI/Pacific Islander	Some Other Race	2+ Races
32110	Bunnell	Flagler	44 (0.51%)	4 (0.05%)	76 (0.88%)	193 (2.23%)
32136	Flagler Beach	Flagler	20 (0.27%)	1 (0.01%)	12 (0.16%)	67 (0.90%)
32137	Palm Coast	Flagler	150 (0.36%)	22 (0.05%)	610 (1.47%)	952 (2.29%)
32164	Palm Coast	Flagler	139 (0.30%)	42 (0.09%)	1,229 (2.68%)	1,509 (3.29%)
Flagler			359 (0.34%)	69 (0.07%)	1,926 (1.84%)	2,729 (2.61%)
Florida			81,742 (0.40%)	14,738 (0.07%)	813,247 (4.01%)	579,352 (2.85%)

Source: Claritas data from www.neflcounts.org

2016 Population by Age (Under Age 18)

ZIP Code	City	County	0 - 4	5 - 9	10 - 14	15 - 17
32110	Bunnell	Flagler	440 (5.07%)	473 (5.45%)	454 (5.23%)	320 (3.69%)
32136	Flagler Beach	Flagler	122 (1.63%)	143 (1.91%)	193 (2.58%)	132 (1.77%)
32137	Palm Coast	Flagler	1,384 (3.33%)	1,531 (3.68%)	1,960 (4.71%)	1,338 (3.22%)
32164	Palm Coast	Flagler	2,541 (5.54%)	2,745 (5.99%)	3,009 (6.56%)	1,828 (3.99%)
Flagler			4,506 (4.31%)	4,915 (4.70%)	5,651 (5.40%)	3,640 (3.48%)
Florida			1,101,372 (5.43%)	1,131,767 (5.58%)	1,161,909 (5.72%)	732,432 (3.61%)

Source: Claritas data from www.neflcounts.org

2016 Population by Age (Adults)

ZIP Code	City	County	18 - 20	21 - 24	25 - 34	35 - 44	45 - 54
32110	Bunnell	Flagler	290 (3.34%)	409 (4.72%)	933 (10.76%)	848 (9.78%)	1,190 (13.72%)
32136	Flagler Beach	Flagler	131 (1.75%)	188 (2.51%)	407 (5.44%)	419 (5.60%)	803 (10.74%)
32137	Palm Coast	Flagler	1,219 (2.93%)	1,626 (3.91%)	3,196 (7.68%)	3,517 (8.46%)	4,896 (11.77%)
32164	Palm Coast	Flagler	1,598 (3.49%)	2,004 (4.37%)	4,730 (10.32%)	5,611 (12.24%)	5,643 (12.31%)
Flagler			3,263 (3.12%)	4,259 (4.07%)	9,316 (8.91%)	10,454 (10.00%)	12,660 (12.11%)
Florida			758,201 (3.74%)	1,044,473 (5.15%)	2,538,115 (12.50%)	2,440,528 (12.02%)	2,726,373 (13.43%)

Source: Claritas data from www.neflcounts.org

2016 Population by Age (Older Adults)

ZIP Code	City	County	55 - 64	65 - 74	75 - 84	85+
32110	Bunnell	Flagler	1,374 (15.84%)	1,217 (14.03%)	514 (5.93%)	212 (2.44%)
32136	Flagler Beach	Flagler	1,650 (22.06%)	1,898 (25.38%)	1,027 (13.73%)	365 (4.88%)
32137	Palm Coast	Flagler	6,943 (16.69%)	8,192 (19.70%)	4,182 (10.05%)	1,609 (3.87%)
32164	Palm Coast	Flagler	5,773 (12.59%)	6,315 (13.78%)	3,049 (6.65%)	991 (2.16%)
Flagler			15,887 (15.19%)	17,912 (17.13%)	8,893 (8.50%)	3,215 (3.07%)
Florida			2,674,449 (13.18%)	2,229,398 (10.98%)	1,224,363 (6.03%)	535,908 (2.64%)

Source: Claritas data from www.neflcounts.org

2016 Households Including People Under Age 18

ZIP Code	City	County	Households including People Under Age 18
32110	Bunnell	Flagler	990 (29.01%)
32136	Flagler Beach	Flagler	481 (11.98%)
32137	Palm Coast	Flagler	3,947 (22.79%)
32164	Palm Coast	Flagler	5,659 (33.47%)
Flagler			11,164 (26.50%)
Florida			2,391,077 (29.91%)

Source: Claritas data from www.neflcounts.org

2016 Population Over Age 5 by Language Spoken at Home

ZIP Code	City	County	Speak Only English at Home	Speak Spanish at Home	Speak Asian/PI Language at Home	Speak Indo-European Language at Home	Speak Other Language at Home
32110	Bunnell	Flagler	7,607 (92.39%)	217 (2.64%)	5 (0.06%)	387 (4.70%)	18 (0.22%)
32136	Flagler Beach	Flagler	7,093 (96.42%)	100 (1.36%)	49 (0.67%)	104 (1.41%)	10 (0.14%)
32137	Palm Coast	Flagler	33,696 (83.80%)	2,312 (5.75%)	1,289 (3.21%)	2,854 (7.10%)	58 (0.14%)
32164	Palm Coast	Flagler	36,613 (84.56%)	3,444 (7.95%)	155 (0.36%)	2,983 (6.89%)	101 (0.23%)
Flagler			85,935 (85.88%)	6,066 (6.06%)	1,490 (1.49%)	6,381 (6.38%)	193 (0.19%)
Florida			13,910,494 (72.46%)	3,912,758 (20.38%)	291,433 (1.52%)	978,394 (5.10%)	104,837 (0.55%)

Source: Claritas data from www.neflcounts.org

Percent Population Growth 2010 to 2016 (All and Families)

ZIP Code	City	County	All	Families
32110	Bunnell	Flagler	2.98%	4.39%
32136	Flagler Beach	Flagler	2.48%	6.57%
32137	Palm Coast	Flagler	9.69%	8.17%
32164	Palm Coast	Flagler	11.97%	8.32%
Flagler			7.97%	7.64%
Florida			7.97%	7.85%

Source: Claritas data from www.neflcounts.org

2016 Owner Occupied Housing Units Median Value

ZIP Code	City	County	Median Value
32110	Bunnell	Flagler	\$141,006
32136	Flagler Beach	Flagler	\$218,528
32137	Palm Coast	Flagler	\$213,057
32164	Palm Coast	Flagler	\$165,193
Flagler			\$182,434
Florida			\$172,146

Source: Claritas data from www.neflcounts.org

2016 Median Length of Residence (in years)

ZIP Code	City	County	Total	Renter Occupied Housing Units	Owner Occupied Housing Units
32110	Bunnell	Flagler	10.20	5.70	11.60
32136	Flagler Beach	Flagler	10.00	4.80	11.60
32137	Palm Coast	Flagler	9.90	4.60	11.40
32164	Palm Coast	Flagler	9.20	5.50	10.40
Flagler			9.60	5.10	11.00
Florida			9.500	5.10	12.00

Source: Claritas data from www.neflcounts.org

2016 Occupied Housing Units by Vehicles Available

ZIP Code	City	County	No Vehicle	1 Vehicle	2 Vehicles	3 Vehicles	4 Vehicles	5+ Vehicles
32110	Bunnell	Flagler	169 (4.95%)	1,363 (39.94%)	1,271 (37.24%)	310 (9.08%)	219 (6.42%)	81 (2.37%)
32136	Flagler Beach	Flagler	177 (4.41%)	1,602 (39.90%)	1,827 (45.50%)	320 (7.97%)	54 (1.34%)	35 (0.87%)
32137	Palm Coast	Flagler	612 (3.53%)	6,747 (38.96%)	7,950 (45.90%)	1,492 (8.61%)	366 (2.11%)	152 (0.88%)
32164	Palm Coast	Flagler	714 (4.22%)	6,320 (37.37%)	7,781 (46.01%)	1,431 (8.46%)	485 (2.87%)	179 (1.06%)
Flagler			1,691 (4.01%)	16,248 (38.56%)	18,998 (45.09%)	3,601 (8.55%)	1,133 (2.69%)	465 (1.10%)
Florida			563,683 (7.05%)	3,317,287 (41.49%)	3,031,556 (37.92%)	823,950 (10.31%)	200,008 (2.50%)	58,265 (0.73%)

Source: Claritas data from www.neflcounts.org

2016 Median Household Income

ZIP Code	City	County	Median Household Income
32110	Bunnell	Flagler	\$41,992
32136	Flagler Beach	Flagler	\$48,525
32137	Palm Coast	Flagler	\$49,592
32164	Palm Coast	Flagler	\$45,638
Flagler			\$46,939
Florida			\$47,912

Source: Claritas data from www.neflcounts.org

2016 Households by Income (Under \$50,000)

ZIP Code	City	County	< \$15,000	\$15,000 - \$24,999	\$25,000 - \$34,999	\$35,000 - \$49,999
32110	Bunnell	Flagler	599 (17.55%)	396 (11.60%)	409 (11.98%)	649 (19.02%)
32136	Flagler Beach	Flagler	206 (5.13%)	412 (10.26%)	468 (11.66%)	1,022 (25.45%)
32137	Palm Coast	Flagler	2,011 (11.61%)	1,925 (11.11%)	2,308 (13.33%)	2,483 (14.34%)
32164	Palm Coast	Flagler	1,888 (11.16%)	1,806 (10.68%)	2,510 (14.84%)	3,174 (18.77%)
Flagler			4,757 (11.29%)	4,607 (10.93%)	5,767 (13.69%)	7,459 (17.70%)
Florida			1,080,320 (13.51%)	955,399 (11.95%)	924,023 (11.56%)	1,205,423 (15.08%)

Source: Claritas data from www.neflcounts.org

2016 Households by Income (\$50,000-\$149,999)

ZIP Code	City	County	\$50,000 - \$74,999	\$75,000 - \$99,000	\$100,000 - \$124,999	\$125,000 - \$149,999
32110	Bunnell	Flagler	647 (18.96%)	284 (8.32%)	230 (6.74%)	84 (2.46%)
32136	Flagler Beach	Flagler	709 (17.66%)	407 (10.14%)	363 (9.04%)	121 (3.01%)
32137	Palm Coast	Flagler	3,625 (20.93%)	2,078 (12.00%)	1,050 (6.06%)	595 (3.44%)
32164	Palm Coast	Flagler	3,847 (22.75%)	1,697 (10.04%)	1,080 (6.39%)	306 (1.81%)
Flagler			8,884 (21.08%)	4,512 (10.71%)	2,752 (6.53%)	1,123 (2.67%)
Florida			1,439,577 (18.01%)	872,828 (10.92%)	561,297 (7.02%)	314,865 (3.94%)

Source: Claritas data from www.neflcounts.org

2016 Households by Income (\$150,000 and Over)

ZIP Code	City	County	\$150,000 - \$199,999	\$200,000 - \$249,999	\$250,000 - \$499,999	\$500,000+
32110	Bunnell	Flagler	81 (2.37%)	27 (0.79%)	7 (0.21%)	0 (0.00%)
32136	Flagler Beach	Flagler	174 (4.33%)	56 (1.39%)	66 (1.64%)	11 (0.27%)
32137	Palm Coast	Flagler	709 (4.09%)	210 (1.21%)	258 (1.49%)	67 (0.39%)
32164	Palm Coast	Flagler	364 (2.15%)	123 (0.73%)	87 (0.51%)	28 (0.17%)
Flagler			1,332 (3.16%)	416 (0.99%)	421 (1.00%)	106 (0.25%)
Florida			299,138 (3.74%)	122,176 (1.53%)	154,964 (1.94%)	64,739 (0.81%)

Source: Claritas data from www.neflcounts.org

2016 Families Below Poverty

ZIP Code	City	County	Families Below Poverty	Families Below Poverty with Children
32110	Bunnell	Flagler	348 (15.07%)	210 (9.09%)
32136	Flagler Beach	Flagler	54 (2.30%)	36 (1.53%)
32137	Palm Coast	Flagler	1,202 (9.66%)	827 (6.65%)
32164	Palm Coast	Flagler	1,491 (11.92%)	1,069 (8.54%)
Flagler			3,126 (10.43%)	2,149 (7.17%)
Florida			647,028 (12.41%)	453,650 (8.70%)

Source: Claritas data from www.neflcounts.org

2016 Population 25+ by Educational Attainment

ZIP Code	City	County	Less than 9th Grade	Some High School, No Diploma	High School Grad	Some College, No Degree
32110	Bunnell	Flagler	198 (3.15%)	713 (11.34%)	2,364 (37.60%)	1,598 (25.41%)
32136	Flagler Beach	Flagler	112 (1.70%)	202 (3.08%)	2,038 (31.02%)	1,709 (26.02%)
32137	Palm Coast	Flagler	767 (2.36%)	1,983 (6.09%)	10,352 (31.82%)	8,758 (26.92%)
32164	Palm Coast	Flagler	940 (2.93%)	2,576 (8.02%)	10,879 (33.88%)	8,545 (26.61%)
Flagler			2,028 (2.59%)	5,505 (7.03%)	25,858 (33.01%)	20,883 (26.66%)
Florida			771,559 (5.37%)	1,151,837 (8.02%)	4,260,919 (29.65%)	2,978,401 (20.73%)

ZIP Code	City	County	Associate Degree	Bachelor Degree	Master's Degree	Prof. School Degree	Doctorate Degree
32110	Bunnell	Flagler	556 (8.84%)	537 (8.54%)	266 (4.23%)	34 (0.54%)	22 (0.35%)
32136	Flagler Beach	Flagler	605 (9.21%)	1,186 (18.05%)	501 (7.63%)	95 (1.45%)	121 (1.84%)
32137	Palm Coast	Flagler	2,908 (8.94%)	5,273 (16.21%)	1,758 (5.40%)	454 (1.40%)	282 (0.87%)
32164	Palm Coast	Flagler	2,919 (9.09%)	4,307 (13.41%)	1,652 (5.14%)	183 (0.57%)	111 (0.35%)
Flagler			7,060 (9.01%)	11,399 (14.55%)	4,277 (5.46%)	776 (0.99%)	551 (0.70%)
Florida			1,339,159 (9.32%)	2,489,744 (17.33%)	936,816 (6.52%)	285,226 (1.98%)	155,473 (1.08%)

Source: Claritas data from www.neflcounts.org

2016 Percent Civilian Labor Force Unemployed

ZIP Code	City	County	All	Male	Female
32110	Bunnell	Flagler	10.18%	9.94%	10.45%
32136	Flagler Beach	Flagler	7.98%	10.08%	5.65%
32137	Palm Coast	Flagler	9.59%	9.79%	9.39%
32164	Palm Coast	Flagler	8.14%	8.30%	7.98%
Flagler			8.80%	9.08%	8.53%
Florida			10.46%	10.79%	10.10%

Source: Claritas data from www.neflcounts.org

2016 Means of Transportation to Work


ZIP Code	City	County	Worked at Home	Carpooled	Drove Alone	
32110	Bunnell	Flagler	183 (5.87%)	260 (8.35%)	2,555 (82.02%)	
32136	Flagler Beach	Flagler	243 (8.95%)	134 (4.94%)	2,214 (81.55%)	
32137	Palm Coast	Flagler	1,093 (7.99%)	1,198 (8.76%)	11,010 (80.48%)	
32164	Palm Coast	Flagler	634 (3.76%)	1,719 (10.18%)	14,118 (83.64%)	
Flagler			2,147 (5.84%)	3,391 (9.23%)	30,166 (82.12%)	
Florida			433,945 (4.99%)	831,663 (9.56%)	6,924,328 (79.57%)	
ZIP Code	City	County	Walked	Bicycle	Public Transport	Other
32110	Bunnell	Flagler	78 (2.50%)	3 (0.10%)	8 (0.26%)	28 (0.90%)
32136	Flagler Beach	Flagler	18 (0.66%)	41 (1.51%)	2 (0.07%)	63 (2.32%)
32137	Palm Coast	Flagler	79 (0.58%)	166 (1.21%)	55 (0.40%)	79 (0.58%)
32164	Palm Coast	Flagler	99 (0.59%)	93 (0.55%)	6 (0.04%)	210 (1.24%)
Flagler			276 (0.75%)	303 (0.82%)	71 (0.19%)	381 (1.04%)
Florida			133,079 (1.53%)	59,323 (0.68%)	184,212 (2.12%)	135,277 (1.55%)

Source: Claritas data from www.neflcounts.org

Other Population Characteristics

Characteristic	Flagler	Florida
Women of child-bearing age, 15-50 (% of Total Pop.)	20,052 (20.4%)	4,516,605 (22.7%)
Total Resident Births	833	219,905
Population of Veterans (% of 18+)	11,121 (12.1%)	1,461,722 (9.3%)

Sources: U.S. Census, 2014 American Community Survey, Florida CHARTS



A “Social Determinants of Health” Lens & Poverty in Flagler County

An important role of the Flagler County Community Health Needs Assessment is to identify vulnerable populations and health disparities within the community. Looking through a “social determinants of health lens” has become an essential part of viewing a community’s health. The following sections will provide an overview of information and data that highlights the current and trending social determinants of health in Flagler County.

According to the Centers for Disease Control, conditions in the places where people live, learn, work, and play affect a wide range of health risks and outcomes. These conditions are known as social determinants of health (SDOH). Understanding data on social determinants of health, such as income, educational level, and employment, can help focus efforts to improve community health. Leading research globally and locally has demonstrated that 50% of an individual’s health and well-being will stem from their socioeconomic status and where they live. In other words, your pay check or lack thereof, and the ZIP code or block you live on, are large contributing factors to your health outcomes.

We know that poverty limits access to healthy foods and safe neighborhoods and that more education is a predictor of better health. We also know that differences in health are striking in communities with poor SDOH such as unstable housing, low income, unsafe neighborhoods, or substandard education. Healthy People 2020 highlights the importance of addressing SDOH by including “create social and physical environments that promote good health for all” as one of the four overarching goals for the decade. As we move to address these identified health issues included in the Community Health Needs Assessment, it will be important to review each one through the lens of the social determinants of health.

Median household income: Median household income reflects the relative affluence and prosperity of an area. Areas with higher median household incomes are likely to have more educated residents and lower unemployment rates. Higher employment rates lead to better access to health care and better health outcomes, since many families get their health insurance through their employer. Areas with higher median household incomes also have higher home values and their residents enjoy more disposable income.

Unemployment: The unemployment rate is a key indicator of the local economy. Higher rates of unemployment have both individual and societal ramifications and long term unemployment impacts housing, access to insurance and medical care, family dynamics and is associated with a higher prevalence of both physical and behavioral health issues due to the strain and stress and lack of access to care. A high unemployment rate also places a strain on social services and government systems.

Preliminary Flagler County unemployment statistics for December 2015 have been released by the U.S. Department of Labor, Bureau of Labor Statistics, and the Local Area Unemployment Statistics Program. They show the civilian labor force at 43,502; total employment at 40,817, indicating an unemployment rate of 6.2%, formerly at 10.8 % in 2011 (monthly figures).

Wages: It is not only important that a healthy community maintain a low unemployment rate, but the available jobs must pay a wage that can sustain the individual’s primary needs. The living hourly wage was calculated at \$10.55 for a single adult living in Flagler County in 2016.

Housing: Spending a high percentage of household income on housing can create financial hardship, especially for lower-income renters. With a limited income, paying a high rent may not leave enough money for other expenses, such as food, transportation and medical services. Moreover, high rent reduces the proportion of income a household can allocate to savings each month.

Educational Attainment: For many, having a bachelor's degree or certification combined with possessing soft skills such as promptness, strong communication skills, being a self-starter who is adaptable and able to problem solve, is the key to a solid economic future. Having a degree or in-demand certification also opens up career opportunities in a variety of fields, and is often the prerequisite to a higher-paying job. It is estimated that college graduates earn about \$1 million more per lifetime than their non-graduate peers. In Flagler County, 84.4% percent of residents 25 or older had a high school degree or higher and 21.7% of residents 25 years or older reported having a Bachelor's degree or higher according to 2016 Claritas data from www.neflcounts.org.

Poverty: According to the US Census, American Community Survey 5-Year Estimates, 26.5% of Flagler children under 18 years of age were below the poverty level, and since 2010 Flagler's families living in poverty have exceeded the Florida rate. According to the United Way ALICE (Asset Limited Income Constrained Employed) Report cited in this document, 42% of Flagler County households are ALICE.

Educational Impact of Poverty and Homelessness: According to the Institute for Children and Poverty, homeless children are nine times more likely to repeat a grade, four times more likely to drop out of school, and three times more likely to be placed in special education programs than their housed peers.

An exhaustive study by the Educational Testing Service (ETS) Center for Research on Human Capital and Education Research in July 2013, found that children growing up in poverty complete less schooling, work and earn less as adults, are more likely to receive public assistance, and have poorer health. Boys growing up in poverty are more likely to be arrested as adults and their female peers are more likely to give birth outside of marriage. Researchers have estimated that the costs associated with child poverty total about \$500 billion per year, or 4 percent of Gross Domestic Product (GDP). Today, the achievement gap between the poor and the non-poor is twice as large as the achievement gap between Black and White students as reported by the ETS Center for Research on Human Capital and Education Research. The tracking of differences in the cognitive performance of toddlers, elementary and middle school students, and college-bound seniors shows substantial differences by income and/or poverty status.

Educational Attainment: For many, having a bachelor's degree or certification combined with possessing soft skills such as promptness, strong communication skills, being a self-starter who is adaptable and able to problem solve, is the key to a solid economic future. Having a degree or in-demand certification also opens up career opportunities in a variety of fields, and is often the prerequisite to a higher-paying job. It is estimated that college graduates earn about \$1 million more per lifetime than their non-graduate peers. In Flagler County, 89.8% percent of residents 25 or older had a high school degree or higher and 23.4% of residents 25 years or older reported having a Bachelor's degree or higher according to the US Census, American Community Survey years 2010-2014.

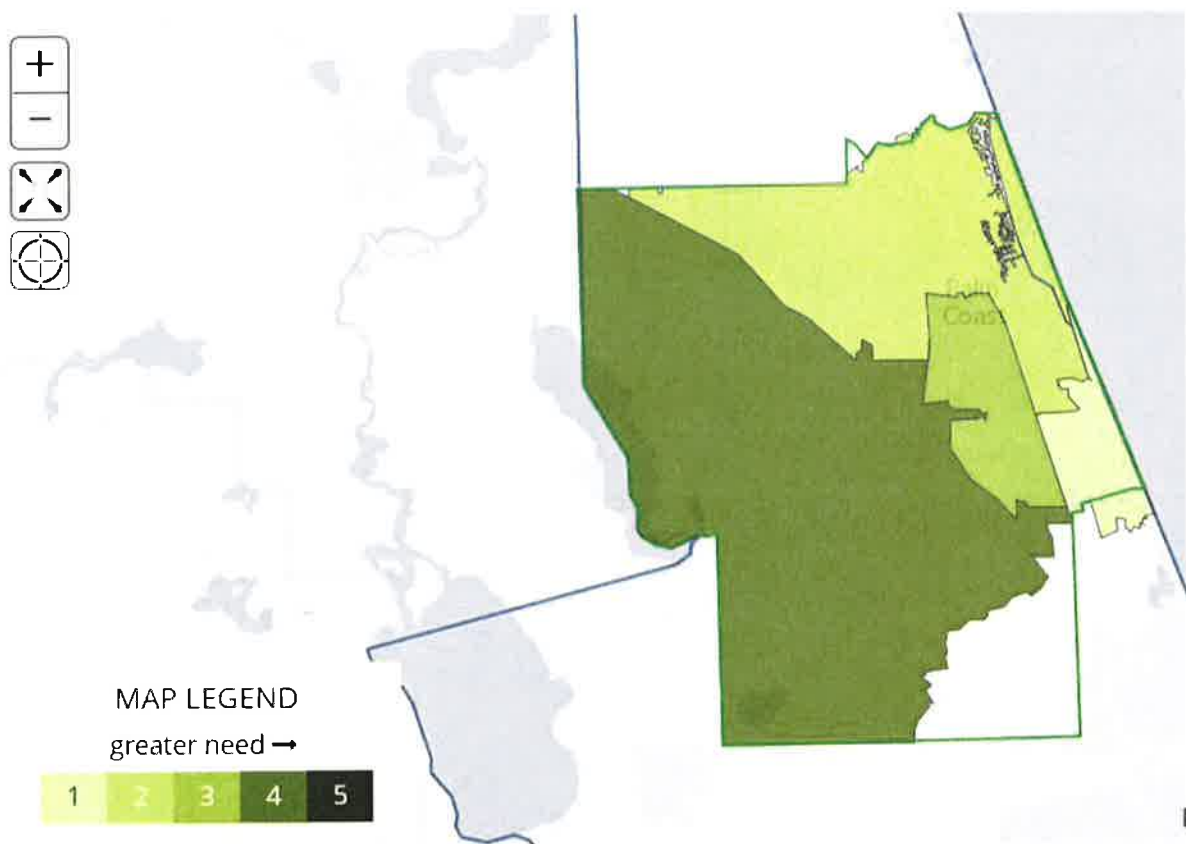
Crime: Safety and security are primary human needs and crime rates are an indicator of a communities' safety. Flagler County has enjoyed much lower crime rates than the state and 37.5% of the Flagler Community Survey respondents indicated that low crime and safe neighborhoods were one of the top 5 things that allowed them to be healthy where they lived.

SocioNeeds Index®

Created by Healthy Communities Institute, www.nefloridacounts.org

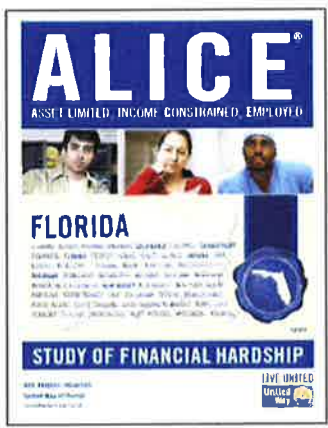
The 2016 SocioNeeds Index®, created by Healthy Communities Institute, is a measure of socioeconomic need that is correlated with poor health outcomes. All ZIP codes, counties, and county equivalents in the United States are given an Index Value from 0 (low need) to 100 (high need). Areas in each location are ranked from 1 (low need) to 5 (high need) based on their Index Value.

The SocioNeeds Index® summarizes multiple socioeconomic indicators into one composite score for easier identification of high need areas by ZIP code or county. The SocioNeeds Index® is calculated for a community from several social and economic factors, ranging from poverty to education, that may impact health or access to care. The index is correlated with potentially preventable hospitalization rates, and is calculated using Nielsen Claritas estimates for 2016.



ZIP Code	City	Population	Index	Rank
32110	Bunnell	8,674	70.6	4
32164	Palm Coast	45,837	58.0	3
32137	Palm Coast	41,593	46.6	2
32136	Flagler Beach	7,478	18.5	1

2014 ALICE Report: Asset Limited, Income Constrained, Emloyed



The official U.S. poverty rate, which was developed in 1965, has not been updated since 1974, and is not adjusted to reflect cost of living differences across the U.S. A lack of accurate measurements and even language to frame a discussion has made it difficult for states - including Florida - to identify the full extent of the economic challenges that so many of their residents face.

This Report presents four groundbreaking instruments that measure the size and condition of households struggling financially, and it introduces the term ALICE - Asset Limited, Income Constrained, Employed. The Report includes findings on households that earn below the ALICE Threshold, a level based on the actual cost of basic household necessities in each county in Florida.

-ALICE Study of Financial Hardship

ALICE in Flagler County (2014)

Population (2012): 98,359

Number of Households (2012): 36,358

Median Household Income (2012): \$42,856 (state average: \$45,040)

How many households are struggling?

ALICE households (HH) earn more than the U.S. poverty level, but less than the basic cost of living for the county. Combined, the number of poverty and ALICE households equals the total population struggling to afford basic needs. 42% of Flagler households are walking a financial tightrope. They are working hard, but falling short of what they need to consistently cover the basic costs of living. Unable to save for the future, they are vulnerable to a single emergency that can push them into crisis and even poverty.

Poverty 4,496 HH 12%	ALICE 10,801 HH 30%	STRUGGLING	Above ALICE 21,061 HH 58%
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Household Survival Budget, Flagler County		
Budget Item	Single Adult	Family (Infant & Pre-K)
Housing	\$601	\$872
Child care	\$0	\$1,054
Food	\$176	\$531
Transportation	\$350	\$699
Health care	\$107	\$426
Miscellaneous	\$138	\$375
Taxes	\$152	\$164
Monthly Total	\$1,523	\$4,122
ANNUAL TOTAL	\$18,276	\$49,469
POVERTY ANNUAL TOTAL	\$11,170	\$23,050

Economic Viability Dashboard, 2012

Index scores are from a possible 1 (worst) to 100 (best). Scores are coded by thirds: poor = bottom third; fair = middle third; good = top third of scores for each index.

	Flagler County
Housing Affordability Index Indicators include: Housing stock that ALICE households can afford, the housing burden, and real estate taxes	Poor (42)
Job Opportunities Index Indicators include: Income distribution, the unemployment rate, and new hire wages	Poor (44)
Community Support Index Indicators include: The violent crime rate, the size of the human services nonprofit sector, and access to health care.	Fair (52)

ALICE Population and Housing Burden, Flagler County Towns, 2012

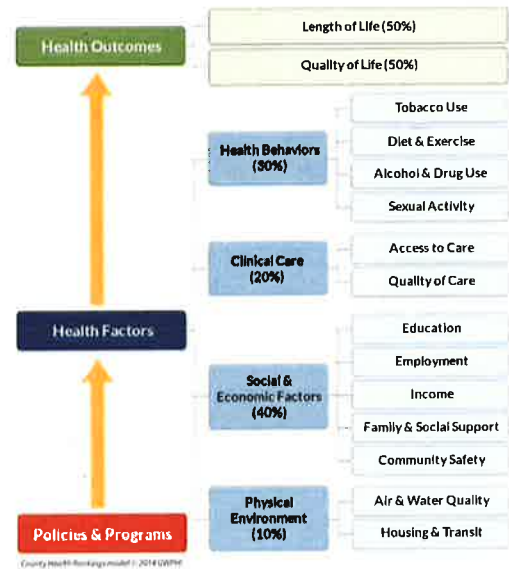
	Total Households	% ALICE & Poverty	Housing Burden	
			Owner pays over 30% of income	Renter pays over 30% of income
Bunnell	943	67%	33%	43%
Flagler Beach	12,973	31%	40%	48%
Palm Coast	27,288	37%	37%	47%

National County Health Rankings

www.countyhealthrankings.org

The *County Health Rankings*, a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, measure the health of nearly all counties in the nation and rank them within states. The *Rankings* are compiled using county-level measures from a variety of national and state data sources. These measures are standardized and combined using scientifically-informed weights.

The *County Health Rankings* are based on a conceptual model of population health that includes both Health Outcomes (length and quality of life) and Health Factors (determinants of health). These Outcomes and Factors are broken down into a number of components that are broken down further into subcomponents we call Focus Areas.



Flagler County rankings are displayed below and show how we “measure up” in comparison to the other 66 Counties in Florida over the last 6 years using this process. The lower the score the better the county ranks. To see how we compare to our fellow counties go to: <http://www.countyhealthrankings.org/app/florida/2016/overview>

Rank out of 67 Counties (lower is better)		2011	2012	2013	2014	2015	2016
Health Outcomes	Health Outcomes Overall	17	19	23	21	22	13
	Length of Life	12	21	13	13	19	25
	Quality of Life	24	27	39	29	29	11
Health Factors	Health Factors Overall	17	20	27	27	29	16
	Health Behaviors	18	20	21	36	30	11
	Clinical Care	11	8	9	9	10	13
	Social & Economic Factors	27	34	41	37	42	27
	Physical Environment	10	4	21	39	39	54

Forces of Change Assessment

A facilitated “Forces of Change” brainstorming session took place on November 2, 2015, with the Flagler County Community Health Needs and Planning Partnership Leadership Council members. The discussion sought to answer the following questions:

1. What has occurred recently that may affect our local health system or community?
2. What may occur in the future?
3. Are there any trends occurring that will have an impact?
4. What forces are occurring locally? Regionally? Nationally? Globally?
5. What characteristics of our county and state may pose an opportunity or threat?
6. What may occur or has occurred that may pose a barrier to achieving the shared vision

Forces of Change were identified and discussed by the participants in the context of eight categories:

- | | |
|----------------------|-----------------------------|
| 1. Social/Population | 5. Health |
| 2. Economic | 6. Technological/Scientific |
| 3. Political | 7. Legal/Ethical |
| 4. Environmental | 8. Other |

Forces of Change include:

- **Trends**, patterns over time, such as migration in and out of a community or a growing disillusionment with government.
- **Factors**, discrete elements, such as a community’s large aging population, a rural setting, or a jurisdiction’s proximity to a major waterway.
- **Events**, one-time occurrences, such as a hospital closure, a natural disaster, or the passage of new legislation.

After the meeting notes were transcribed, members were asked to prioritize and rank the identified Forces of Change through a web survey (identified each factor as “Very Important”, “Somewhat Important” or “Not Very Important”. Twelve members responded to the survey.

Discussion and Prioritization Results

(Rank: 1 is the most important, 18 is the least important. Scores are duplicated)

Social/Population	Rank
One quarter of the population is comprised of children (12,000) and veterans (12,000)	5
There is an increasing number of families with children now living in Flagler County	7
Persons relocating to Flagler County arrive without resources to pay for health care	9
The aging population must plan far in advance for transportation needs regarding health care	10
Seniors consume the majority of health care services (Medicare is the payer for 60% to 70% of patients)	11
The seasonal increase of “snow birds” places stress on the health care system	13
New residents arrive with existing health conditions (often from a lifetime of poor choices/lifestyles)	17
The aging population in Flagler County is higher than surrounding counties or Florida statewide	18
There are seasonal increases in homelessness due to people arriving from colder climates	18

Social/Population	Rank
<p>Comments from Online Survey:</p> <ul style="list-style-type: none"> • Domestic Violence is not addressed in this prioritization list and should be included as victims and their children struggle with many of health issues alluded to in this list. • Victims of Rape and the health care costs associated with their victimization should be identified and addressed. • Perhaps we need to check on the number of single parent households with children numbers/percentage in comparison to State and other cities within Flagler. This can feed higher levels of poverty and higher Medicaid levels in a community. I think we will find higher numbers in ZIP codes of communities with lower income. • Note: Medicare is good reimbursement source for health care. Larger percentages of seniors are good for maintaining health care system sustainability. It is not an important "problem" but an important plus. Medicaid/uninsured-related issues pay below service cost and are harder to justify the development of services and do not provide the same financial sustainability. 	

Economic	Rank
Underemployment is still an issue with 42% meeting ALICE criteria (Asset Limited, Income Constrained, Employed)	1
There is a need to do a better job of retaining the workforce and having a trained workforce	3
Flagler County Schools has implemented many improvements/strategies that will have a great impact on the future workforce	5
The Flagler County economy is not diverse	7
Flagler County has added hundreds of new, non-construction jobs	10
Companies like to move where there are existing similar companies	11
New employers want to hire the currently employed rather than those unemployed	14
Florida, overall, is not competitive in attracting new employers/industries	15
Many Flagler residents travel outside of the county for work	15
Unemployment is decreasing and is now at 6%	17
Government incomes are the same or higher than reported in the previous Forces of Change report	18
<p>Comments from Online Survey:</p> <ul style="list-style-type: none"> • "unemployable" - those that have left the employment market - how does that impact the "system". Is there a shift away from full time employment to part time employment? FLEXIBILITY is imperative when working with the millennial generation. Are we really working towards that? • Consideration for individuals with minimal skills, little or no formal education and or a criminal history and the difficulty with employment. • 2 biggest issues: Diversity of the economy and employment opportunities AND the school system and Daytona State, ERAU keeping up with educational requirements of companies that may be looking to relocate to Flagler County. 	

Political	Rank
Health funding in general has suffered because of state-level political decisions	1
The free clinic received state-level funding previously but it was vetoed this year (actions like this make it difficult to plan/budget)	3
There are effective local strategies for an integrated system (that can be successful despite the state and federal policy challenges)	4

Political	Rank
There has been improved government cooperation locally with emerging management now under one umbrella leading to a better delivery system	7
The current state leadership is moving toward privatization and this is expected to continue	11
Comments from Online Survey: <ul style="list-style-type: none"> Item 1 [Health Funding] should not be limited to Health funding as non-profits such as the emergency shelter have similar issues. Local health care developments (integration, etc.) have been proposed but for the most part have not yet been achieved. The Legislature's failure to expand Medicaid is a major issue. These are dollars that Florida is pushing aside--\$'s owed to the State, already paid for by all taxpayers to benefit those most vulnerable. 	

Environmental	Rank
There are transportation challenges due to the county's geography	2
The public water supply is <u>not</u> unhealthy water	9
The environment offers opportunities for healthy living – beach, trails, weather	10
Comments from Online Survey: <ul style="list-style-type: none"> Transportation is a major barrier for accessing health and social services for residents in Bunnell and western side of county. 	

Health	Rank
The biggest school issue is mental health (and there are an increasing number of children requiring Baker Act admissions)	3
Access to care is improving – FQHC, Halifax Health and Florida Hospital are hiring, there is still a shortage but it is decreasing	5
The addition of Flagler Cares is positive	5
Dental services are now more readily available through programs at Florida Department of Health-Flagler and at the Flagler County Free Clinic	5
System integration can be improved at the county level (more easily than at the state and federal level)	6
A psychiatric hospital is expected in the near future but no date is available (It will be a Baker Act Receiving Facility, It will serve mostly insured patients, It will have a positive impact for the community)	7
The number of Department of Children and Families partnerships are significant and it has been a positive factor that they <u>do</u> call on one another	7
There is a theme of a workforce gaps for medical and other agencies	7
United States health care is high tech but still yields lower outcomes than other countries in the world	9
The Trauma-informed care model/approach is having an effect on how services are delivered	12
Culturally – end of life planning is not well done and there needs to be an open dialogue	14
Comments from Online Survey: <ul style="list-style-type: none"> Emergency crisis situations and overall short / long term health needs are omitted from this group - items such as Rape, Domestic Violence or other victims of crime. How are these individuals cared for in the system of care? The trick will be to somehow motivate the populous on healthier behaviors: consuming less sugar, exercising and eating healthier. 	

Technology/Scientific	Rank
The investment in electronic health records should lead to better collaboration and analytics	8
Interoperability among providers' systems is problematic and a big barrier	9
Self-led health risk assessments and other health information can be aided through technology (empowers individuals but could lead to inappropriate self-diagnosis)	10
A lack of cell phone towers leaves families without access to resources through technology	11
Technology disparities will increase as some residents move forward more quickly than others which will lead to a big barrier	12
What information can be shared is also difficult	16
There will be a need to guide users to use technology for improved self-management	17
As the "apps" for following health issues become more economical, health care providers could use technology instead of building new clinics, etc.	17
Comments from Online Survey: <ul style="list-style-type: none"> • Technology is necessary just to get access to health care coverage and people need navigation help but also need to have ongoing means to access technology. • Telemedicine should have a huge impact going forward. Telemedicine can be utilized to monitor health status of patients (i.e., BP, Heart rate, etc...) and allow patients via Skype to check in with a provider for management of simpler conditions like cold symptoms, and even pre-op visits, post-surgical checkups and routine checkups for managing chronic conditions. 	

Legal/Ethical	Rank
Hospitals are financially at risk for NOT promoting health (and health promotion focused on individual's specific needs and risks could be more effective)	6
Data sharing comes with legal issues to be addressed	8
Telemedicine laws/regulations may need to be addressed to maximize the potential benefits.	12
There are potential issues if insurance companies access and inappropriately use personal health information	12
Must consider HIPAA laws/confidentiality when using technological engagement strategies (you cannot use personal health information to market services to individuals)	13
Comments from Online Survey: <ul style="list-style-type: none"> • I'm not sure the data sharing issue is as much legal as it is "protecting your territory" issue...AND - WHERE IS THE EDUCATIONAL Category?? 	

Local Public Health System Assessment

An assessment of the Local Public Health System was facilitated at the December 14, 2015, meeting of Flagler Cares, a health-focused collaborative group in Flagler County. 21 individuals representing 20 organizations participated in the meeting. The goal of the exercise was to assess the level of local activity in the 10 Essential Public Health Services:



1. **Monitor health status** to identify and solve community health problems
2. **Diagnose and investigate** health problems and health hazards in the community
3. **Inform, educate, and empower** people about health issues
4. **Mobilize community partnerships** to identify and solve health problems
5. **Develop policies and plans** that support individual and community health efforts
6. **Enforce laws and regulations** that protect health and ensure safety
7. **Link people to needed personal health services** and assure the provision of health care when otherwise unavailable
8. **Assure a competent** public and personal health care workforce
9. **Evaluate** effectiveness, accessibility, and quality of personal and population-based health services
10. **Research** for new insights and innovative solutions to health problems

Summary of Findings

10 Essential Services	Activity Assessment
1. Monitor health status to identify and solve community health problems	Moderate Activity
2. Diagnose and investigate health problems and health hazards in the community	Significant Activity
3. Inform, educate, and empower people about health issues	Moderate Activity
4. Mobilize community partnerships to identify and solve health problems	Significant Activity
5. Develop policies and plans that support individual and community health efforts	Moderate Activity
6. Enforce laws and regulations that protect health and ensure safety	Moderate Activity
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable	Moderate to Significant Activity
8. Assure a competent public and personal health care workforce	Moderate Activity
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services	Moderate Activity
10. Research for new insights and innovative solutions to health problems	Moderate Activity

Participants were then asked to rank the 10 essential services—voting for those areas that each person believed should be the focus of additional effort and activity. Each person voted 3 times, for their 1st, 2nd and 3rd priorities. The results are listed in the table below.

	First Priority	Second Priority	Third Priority
Vote One: 1st Priority	Essential Service 7	Essential Service 4	Essential Service 3
Vote Two: 2nd Priority	Essential Service 3	Essential Service 7	Essential Service 4
Vote Three: 3rd Priority	Essential Service 4 (tie)	Essential Service 3 (tie)	Essential Service 7

Essential Service 7: Link people to needed personal health services and assure the provision of health care when otherwise unavailable

Essential Service 3: Inform, educate, and empower people about health issues

Essential Service 4: Mobilize community partnerships to identify and solve health problems

Full Weighted Ranking of Essential Services

(3 points for first choice, 2 points for second choice, 1 point for third choice)

7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable	44
3. Inform, educate, and empower people about health issues	28
4. Mobilize community partnerships to identify and solve health problems	26
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services	7
5. Develop policies and plans that support individual and community health efforts	4
1. Monitor health status to identify and solve community health problems	3
2. Diagnose and investigate health problems and health hazards in the community	3
8. Assure a competent public and personal health care workforce	3
6. Enforce laws and regulations that protect health and ensure safety	1
10. Research for new insights and innovative solutions to health problems	0



Community Health Survey 2015-2016

Methodology

The 2015-2016 Community Health Survey in Volusia and Flagler Counties relied primarily on an Internet-based survey (which was collected using Survey Monkey) to reach as many respondents as possible within the limits of the project budget. The online survey was available in English and Spanish via www.communityhealthsurvey.com. There were 2,150 Internet surveys collected. Paper surveys, also available in Spanish and English, were utilized to reach individuals without convenient access to the Internet and were manually entered. 530 paper surveys were manually entered.

The online and paper surveys were promoted and distributed through email communication, postings on various websites, and paper surveys made available at partner's places of business. Partners included:

- The nonprofit, governmental and business partners involved in the Community Health Needs Assessment process
- The members and partner organizations of One Voice for Volusia and Flagler Cares Coalitions
- The Community Connector, an e-blast system with over 2,900 subscribers.

The 21-questions survey, based on an instrument used nationally, included questions regarding perceived quality of life and health of the community, health concerns, barriers to health care, use of health care, health care needs and demographic information.

A total of 2,680 individuals completed the Volusia/Flagler Community Health Survey (online or via paper surveys). Five individuals completed the survey online in Spanish (no Spanish paper surveys were completed). The survey respondents were asked "*Where is your permanent residence?*"

- 2,003 reported that they lived in Volusia county
- 584 reported that they lived in Flagler county
- 81 reported that they lived in another Florida county
- 12 reported that they lived outside of Florida

Only the 584 Flagler respondents are included in the presentation of survey results in the following tables.

Limitations

Convenience Sampling

A convenience sampling methodology was used for the 2015-2016 Community Health Survey. The convenience sampling process is a non-probability sampling technique that relies on the collection of data from populations within easy reach of the researcher. In this case, community agencies were asked to promote the survey with their customers, staff and other stakeholders. This method was selected for ease and budget restrictions. Convenience sampling is much different from a random sampling methodology where the survey population is randomly sampled to gain responses from every population subset.

Limitations and Cautions with Convenience Sampling

Convenience sampling can lead to the under-representation or over-representation of particular groups within the sample. This was the case with the 2015-2016 Community Health Survey for several subsets of the Flagler County population including males and individuals ages 18-24. It is important to understand that convenience samples do not produce representative results because of the inherent biases. The results presented here cannot be considered representative of the entire population.

Limitations of Internet Surveys

Although paper surveys were made available, the survey process relied primarily on the Internet survey. Internet surveys tend to underrepresent lower-income, less educated and minority households.

Community Health Survey Respondent Demographics

Gender	Flagler (n=584)	
	number	percent
Male	161	27.57
Female	395	67.64
No Response	28	4.79
Total	584	100.00

Race Identification	Flagler (n=584)	
	number	percent
Black/African American	54	9.25
White/Caucasian	451	77.23
Asian/Pacific Islander	13	2.23
Other	40	6.85
No response	26	4.45
Total	584	100.00

Question: Race: Which group do you most identify with? (Check ONE selection)

Ethnic Identification	Flagler (n=584)	
	number	percent
Not Hispanic/Latino	373	63.87
Mexican	4	0.68
Puerto Rican	17	2.91
Cuban	10	1.71
South American	15	2.57
Central American	20	3.42
Other	79	13.53
No response	66	11.30
Hispanic Subtotal	66	11.3
Total	584	100.00

Question: Ethnicity: Which group do you most identify with? (Check ONE selection)

Age	Flagler (n=584)	
	number	percent
Less than 18	11	1.88
18-24	12	2.05
25-35	55	9.42
35-44	110	18.84
45-54	138	23.63
55-64	150	25.68
65+	83	14.21
No response	25	4.28
Total	584	100.00

Marital Status	Flagler (n=584)	
	number	percent
Single	118	20.21
Married	361	61.82
Divorced	59	10.10
Widowed	27	4.62
No response	19	3.25
Total	584	100.00

Education	Flagler (n=584)	
	number	percent
Elementary/Middle School	11	1.88
High school diploma or GED	91	15.58
Technical/Community College	76	13.01
4-year College/Bachelor's degree	158	27.05
Graduate/Advanced degree	119	20.38
Some college	108	18.49
No Response	21	3.60
Total	584	100.00

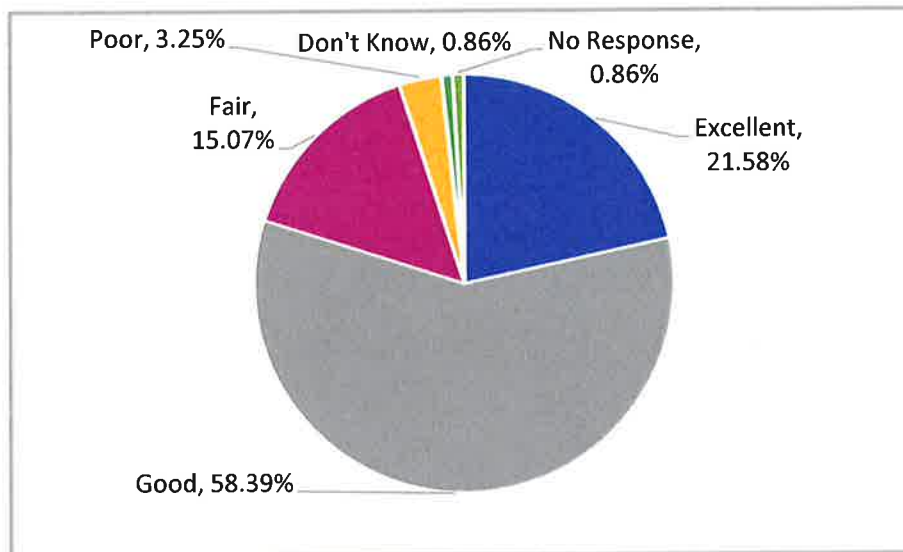
Question: Education: Please check the highest level completed: (Check ONE selection)

Employment Status	Flagler (n=584)	
	number	percent
Employed full-time	312	53.42
Employed part-time	44	7.53
Unemployed	42	7.19
Self-Employed	19	3.25
Not seeking work	8	1.37
Retired	101	17.29
Home maker	11	1.88
Student	12	2.05
Other	16	2.74
No Response	19	3.25
Total	584	100.00

Household Income	Flagler (n=584)	
	number	percent
Less than \$10,000	57	9.76
\$10,000 to \$19,999	51	8.73
\$20,000 to \$29,999	69	11.82
\$30,000 to \$49,999	88	15.07
\$50,000 to \$74,999	116	19.86
\$75,000 to \$99,999	84	14.38
\$100,000 or more	116	13.18
No Response	77	7.19
Total	584	100.00

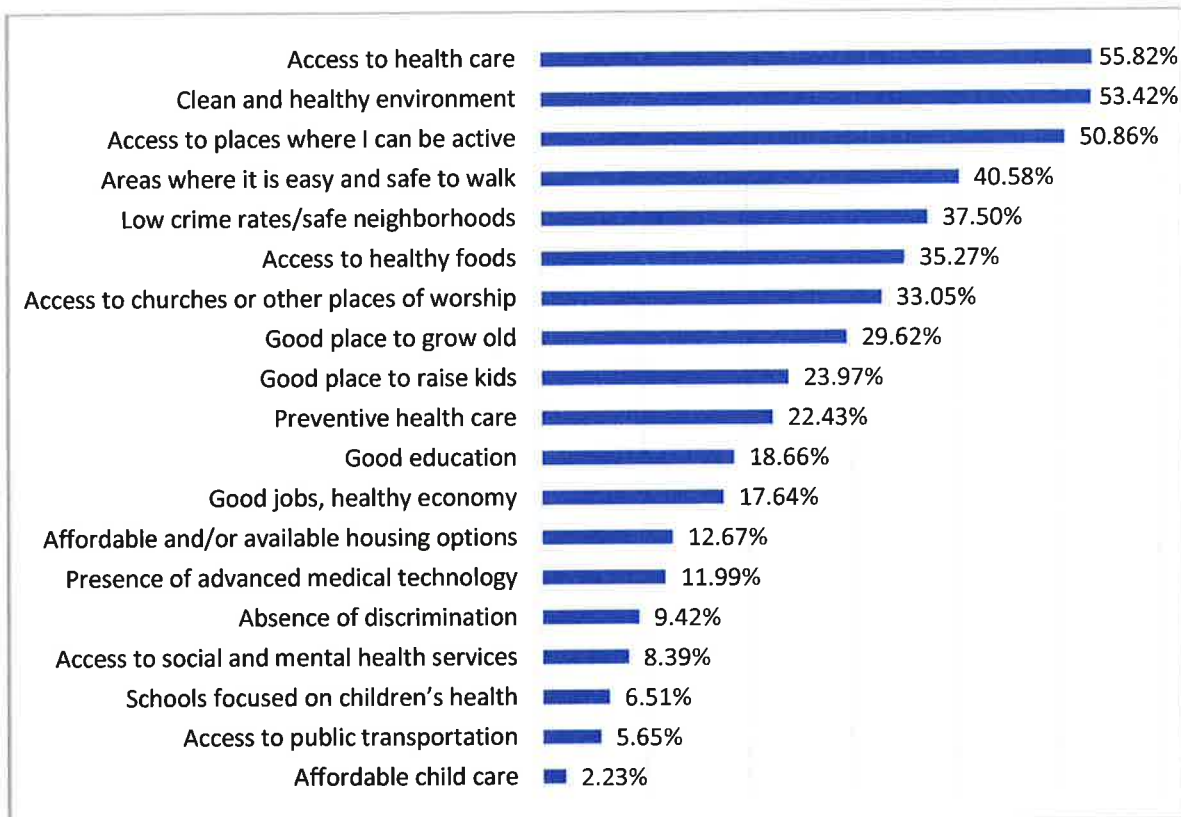
Overall Health

Survey Question: How do you rate your overall health?



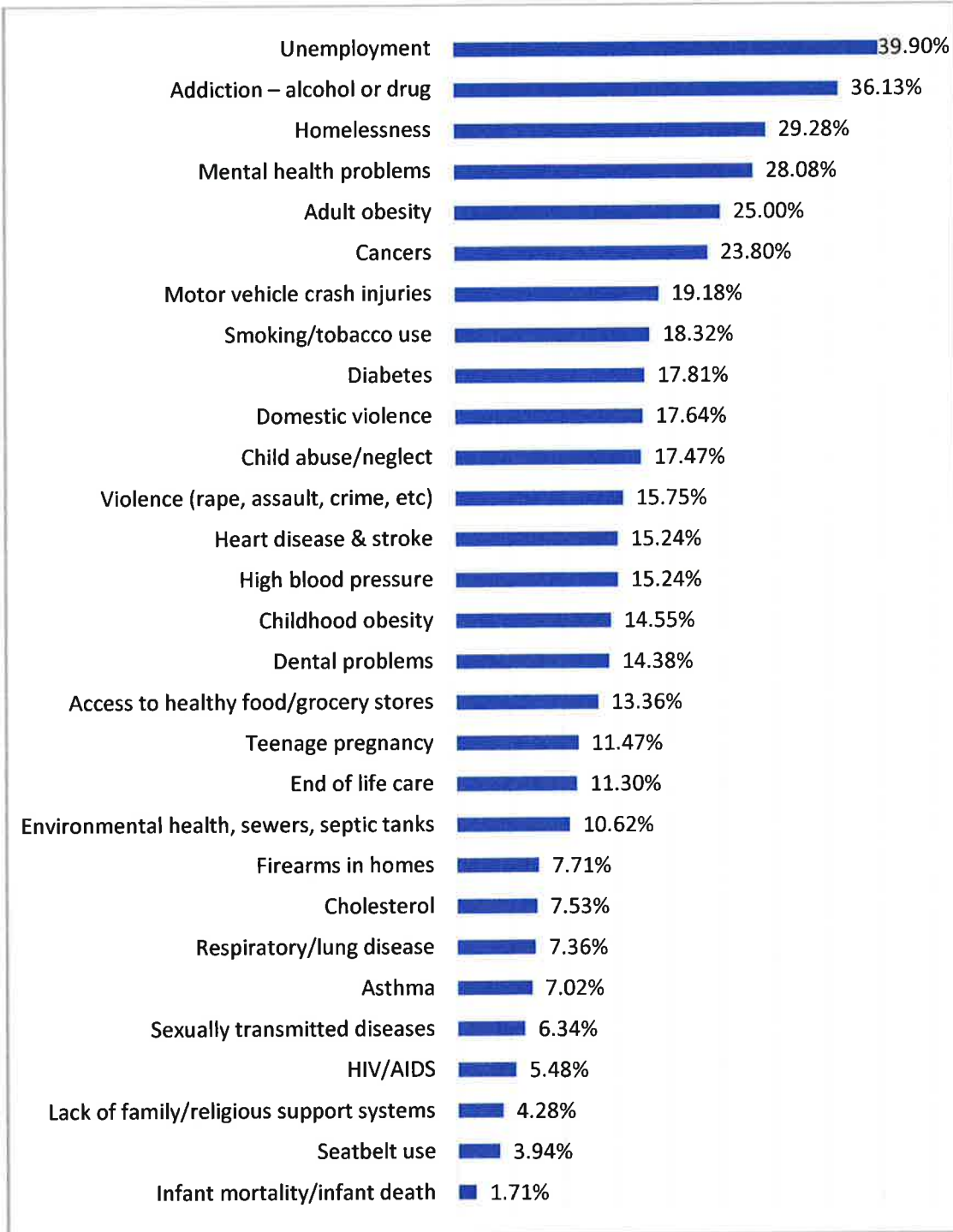
Things that Allow YOU to be Healthy Where You Live

Survey Question: Check up to 5 things that allow YOU to be healthy where you live



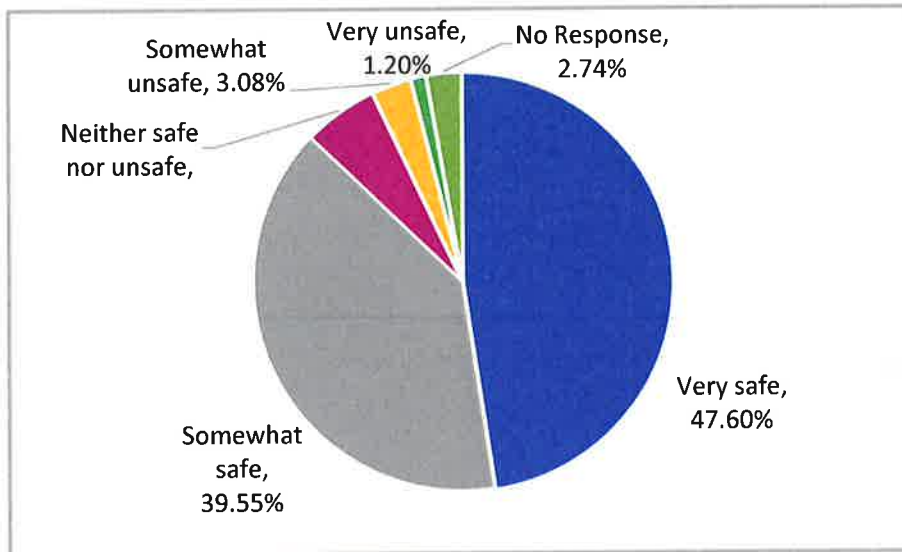
Health Issues YOU are Most Concerned About

Survey Question: Check up to 5 health issues YOU are most concerned about in your county:



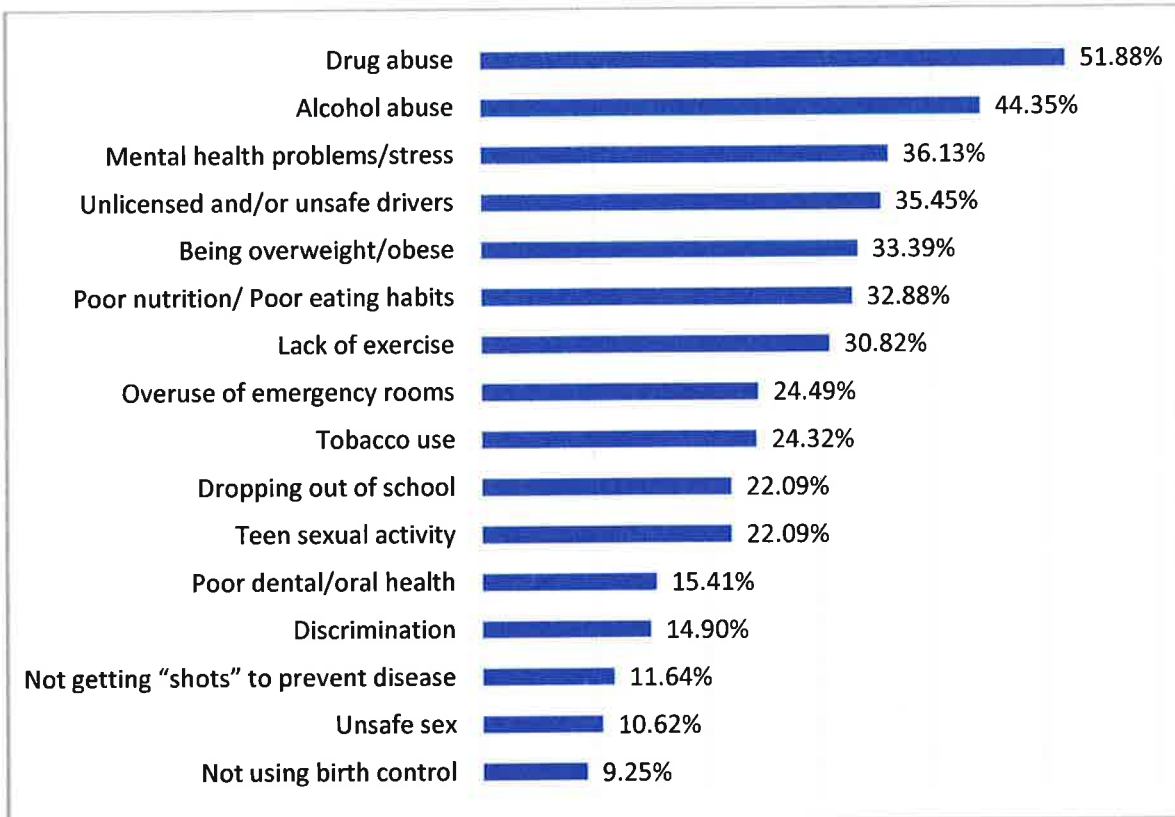
How Safe Do You Feel?

Survey Question: How safe do you feel where you live?



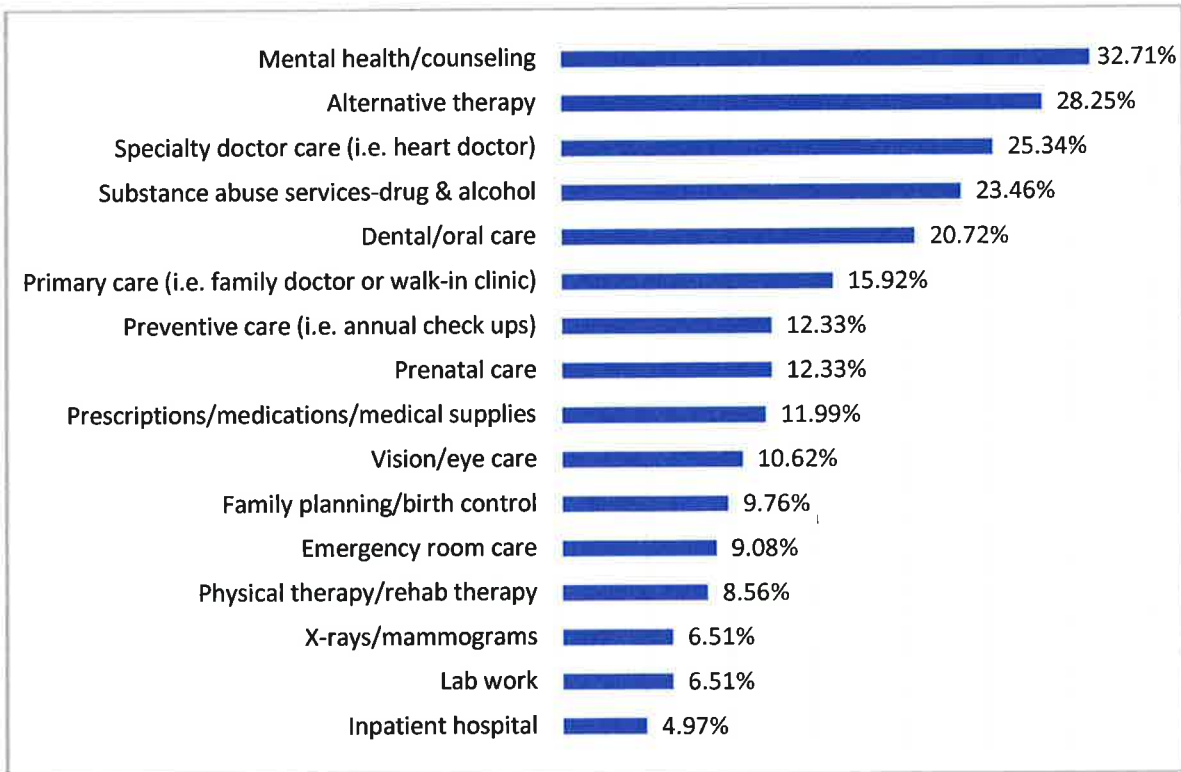
Unhealthy Behaviors YOU are Most Concerned About

Survey Question: Check up to 5 unhealthy behaviors YOU are most concerned about in your county



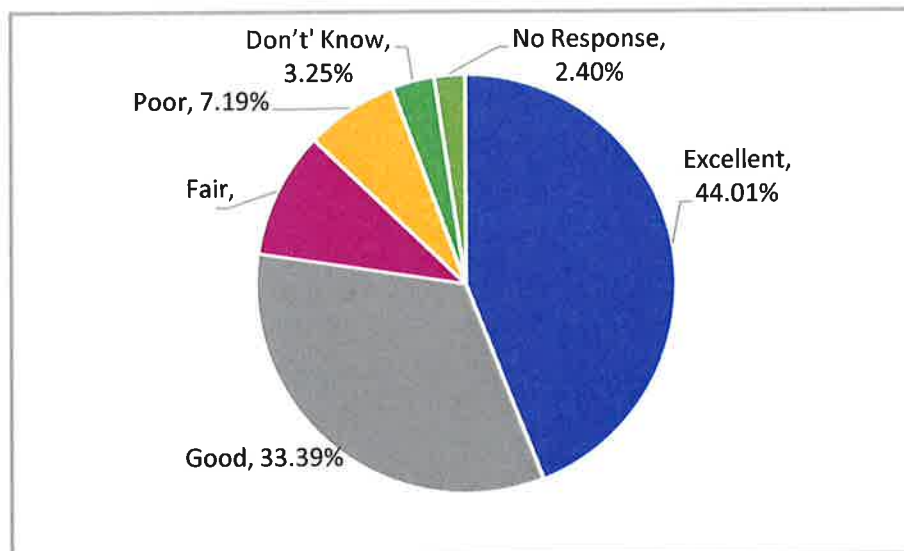
Health Services that are Difficult to Obtain

Survey Question: What health care services are difficult to obtain in your community? (Check ALL that apply)



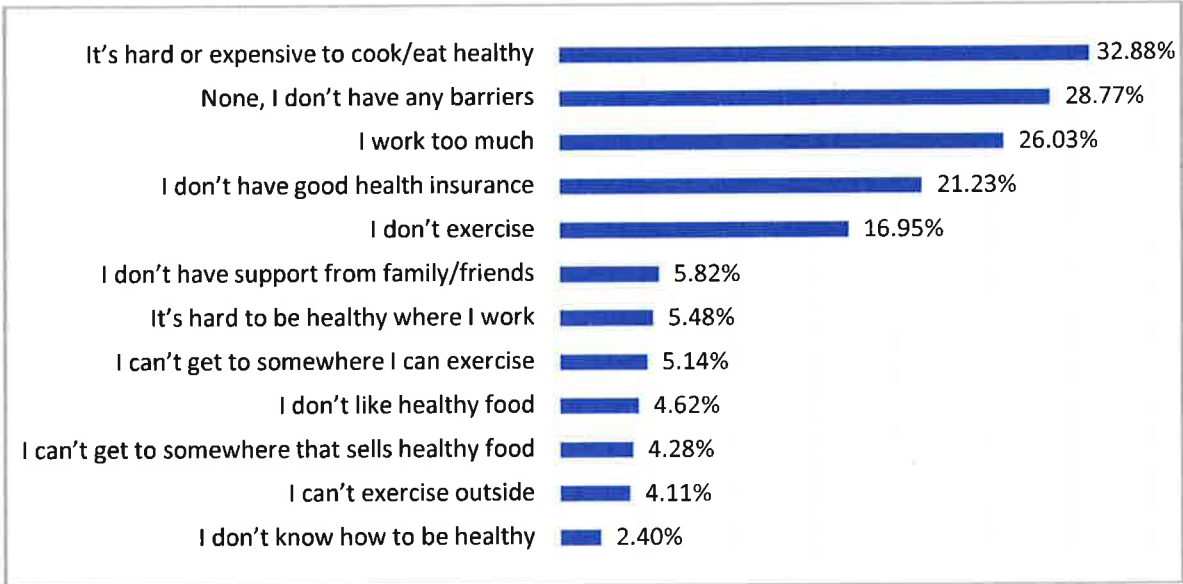
Quality of Health Services

Survey Question: How do you rate the quality of health services in your county?



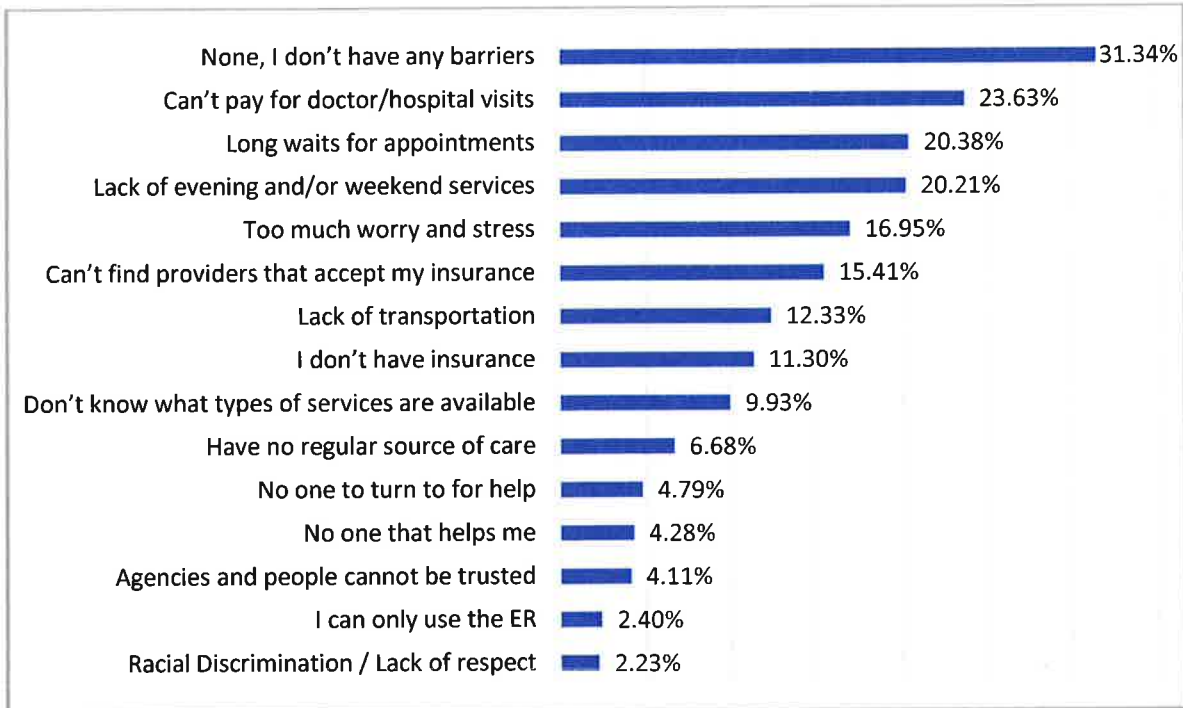
Barriers for YOU to Get or Stay Healthy

Survey Question: What do you feel are barriers for YOU getting or staying healthy in your county?
(Check ALL that apply):



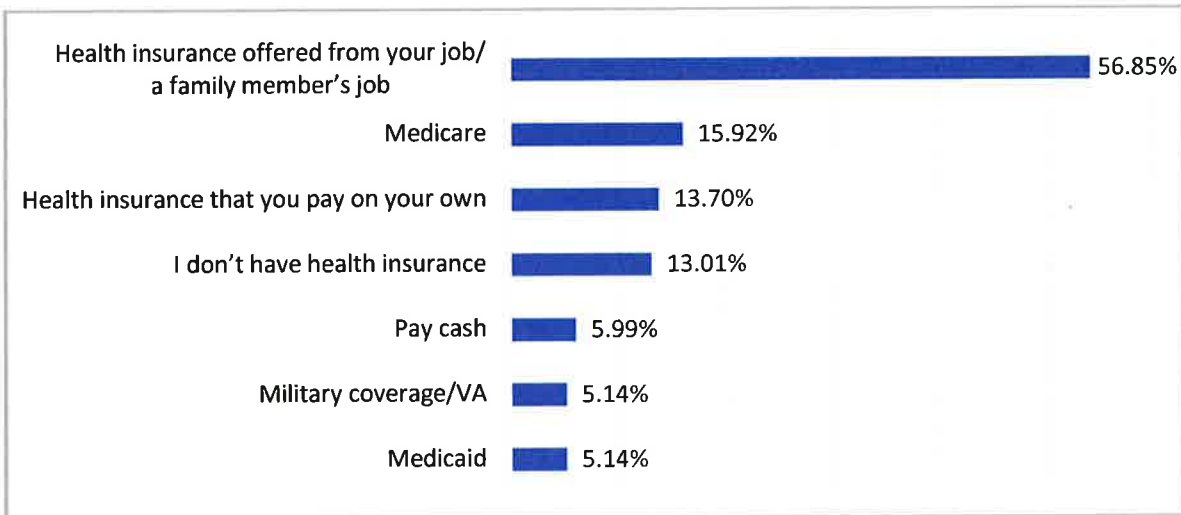
Barriers for YOU to get Health Care

Survey Question: What do you feel are barriers for YOU getting health care in your county? (Check ALL that apply)



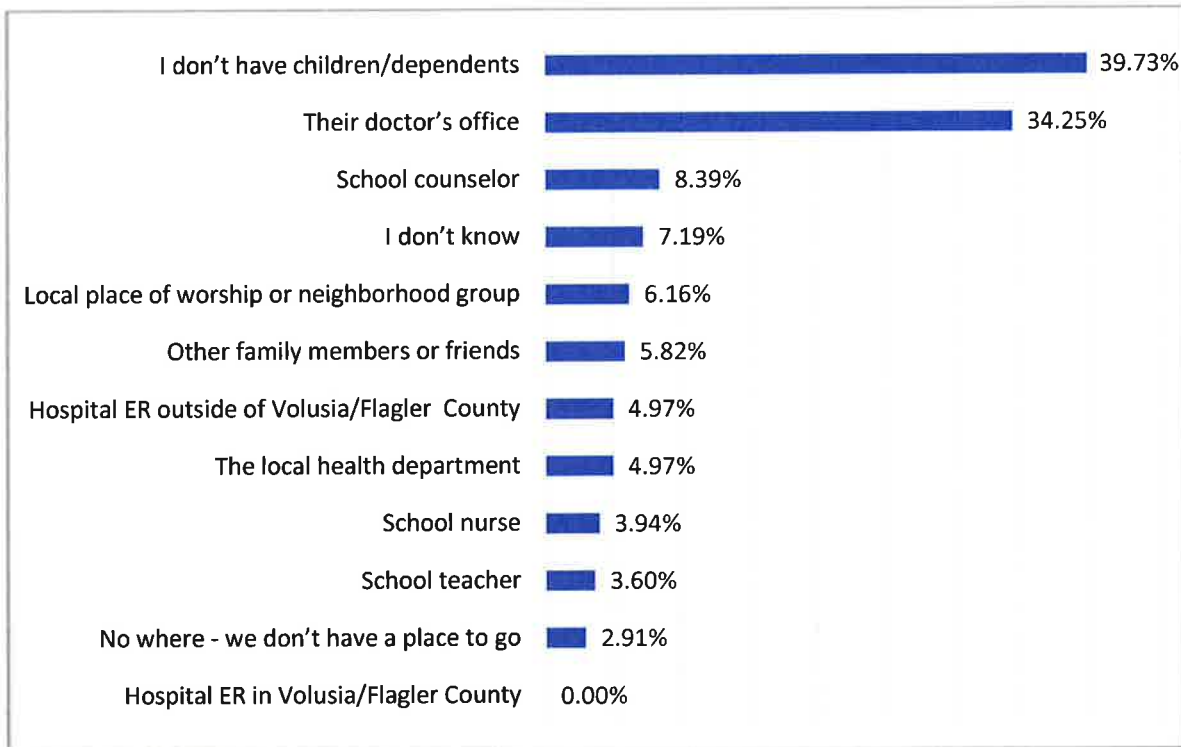
Health Coverage

Survey Question: How is your health care covered? (Check ALL that apply)



Where You Would Go if you were Concerned about Your Child

Survey Question: Where would you go if you were worried about your child's mental, physical or social health? (Check ALL that apply)



Major Causes of Death & Contributing Factors

In 2014, the 10 leading causes of death in Flagler were cancer, heart disease, chronic lower respiratory diseases, stroke, unintentional injuries, Alzheimer’s disease, diabetes, chronic liver disease and cirrhosis, septicemia and Parkinson’s disease. Understanding the contributing factors and modifiable risk factors related to the causes of death becomes important in the quest to both extend life expectancy and increase the quality of life.

Flagler County Top Ten Causes of Death, 2014

(sorted by Age-adjusted Death Rate)

Cause of Death	Deaths	Percent of Total Deaths	Crude Rate Per 100,000	Age-adjusted Death Rate Per 100,000
1. Cancer	298	24.3	293.1	171.3
2. Heart Disease	270	22.0	265.5	158.1
3. Unintentional Injuries	48	3.9	47.2	40.5
4. Chronic Lower Respiratory Disease	62	5.1	61.0	34.5
5. Stroke	52	4.2	51.1	28.6
6. Alzheimer's Disease	37	3.0	36.4	20.6
7. Diabetes Mellitus	35	2.9	34.4	20.6
8. Chronic Liver Disease and Cirrhosis	24	2.0	23.6	16.4
9. Septicemia	23	1.9	22.6	13.5
10. Parkinson’s Disease	23	1.9	22.6	12.8
All Causes	1,226	100	1,205.70	743.7

Source: Florida Department of Health, Bureau of Vital Statistics

Chronic diseases are the leading causes of death not just in Flagler, but worldwide and a small set of common risk factors are responsible for most of the main chronic diseases. These major risk factors are modifiable and the same in men and women; unhealthy diet, physical inactivity and tobacco use. Harmful alcohol use is also an important contributor to the global burden of disease but its relationship to chronic disease is more complex.

The major modifiable risk factors, in conjunction with the non-modifiable risk factors of age and heredity, explain the majority of new events of heart disease, stroke, chronic respiratory diseases and some important cancers. Other risk factors for chronic disease include infectious agents that are responsible for cervical and liver cancers, and some environmental factors, such as air pollution, which contribute to a range of chronic diseases including asthma and other chronic respiratory diseases. Psychosocial and genetic factors also play a role.

There is now extensive evidence that conditions before birth and in early childhood influence health in adult life. For example, low birth weight is now known to be associated with increased rates of high blood pressure, heart disease, stroke and diabetes.

The underlying determinants of chronic diseases are a reflection of the major forces driving social, economic and cultural change – globalization, urbanization, population aging, and the general policy environment. Poverty and chronic disease are interconnected in a vicious circle. The poor are more vulnerable for several reasons, including greater exposure to risks and decreased access to health services. Psychosocial stress also plays a role and over 28% of Flagler residents listed Mental Health problems and stress as one of the “top unhealthy behaviors YOU are most concerned about” in the recent Community Health Survey.

Prevention

Many conditions and diseases can be prevented through healthy lifestyle choices, avoidance of environmental risks and management of other conditions. Vaccines and immunizations can also prevent the onset of certain diseases.

- **A Healthy Eating Plan** emphasizes fruits, vegetables, whole grains, and fat-free or low-fat milk and milk products; includes lean meats, poultry, fish, beans, eggs, and nuts; is low in saturated fats, trans fats, cholesterol, salt (sodium), and added sugars; and stays within your daily calorie needs.
- **Regular Physical Activity** helps improve your overall health and fitness, and reduces your risk for many chronic diseases.
- **A Healthy Weight** is achieved through a lifestyle that includes healthy eating, regular physical activity, and balancing the number of calories consumed with the number of calories a body uses. People who are obese, compared to those with a normal or healthy weight, are at increased risk for many serious diseases and health conditions.
- **Avoiding Too Much Alcohol**, which can raise blood pressure levels and the risk for heart disease. It also increases levels of triglycerides, a form of cholesterol, which can harden your arteries.
- **Avoiding Tobacco Use**, which increases the risk for heart disease and heart attack and harms nearly every organ of the body, causes many diseases.
- **Vaccines and Immunizations** can prevent many conditions, including Cervical Cancer (Human Papillomavirus), Hepatitis A and B, Influenza (Flu), and Tuberculosis (TB).

Early Detection

Screening and testing for particular conditions can increase the likelihood of early detection, successful interventions and proper management of particular conditions.

Cancer: The CDC supports screening for breast, cervical, colorectal (colon), and lung cancers

Heart Disease

- **Check Cholesterol:** test blood levels of cholesterol at least once every 5 years
- **Control Blood Pressure:** measure your blood pressure at least once every 2 years

Diabetes: Anyone aged 45 years or older should consider getting tested for diabetes, especially if they are overweight.

Shared Risk Factors

Many chronic diseases have risk factors in common, including health behaviors and other health conditions.

	Conditions				Behaviors				
	High Blood Pressure	High Cholesterol	Diabetes	Heart Disease	Unhealthy Diet	Physical Inactivity	Obesity	Too Much Alcohol	Tobacco Use
Heart Disease	X	X	X		X	X	X	X	X
Chronic Lower Respiratory Disease									X
Stroke	X	X	X	X	X	X	X	X	X
Diabetes Mellitus		X				X	X		
Chronic Liver Disease and Cirrhosis								X	



Priority Health Issues

Adult Behavioral Health
(mental health, substance use/abuse, tobacco use)
Youth Behavioral Health
(mental health, substance use/abuse, tobacco use)
Mothers & Children Under Age 5
(women's health, teen pregnancy, prenatal care, birth outcomes, child health and development, early learning)
Chronic Disease: Cardiovascular Diseases & Diabetes
(including the shared modifiable risk factors of healthy eating & physical activity)
Family Violence
(domestic violence and child abuse/neglect)

1. Adult Behavioral Health

Behavioral health is a term that covers the full range of mental and emotional well-being – from coping with daily life challenges to the often complex treatment of mental illnesses, such as depression or personality disorder, as well as substance use disorder and other addictive behaviors. Now more than ever, health experts across all fields are recognizing the important link between good behavioral health and good overall health. According to the 584 respondents of the Community Health Survey, Behavioral Health related issues were the top three unhealthy behaviors Flagler County residents were most concerned about (Drug Abuse 51.9%, Alcohol Abuse 44.4% and, Mental Health/Stress 36%).

Mental Health

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

Since mental health and physical health are closely connected, mental health plays a major role in a person's ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect a person'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. The Centers for Medicare and Medicaid Services estimate that depression in older adults occurs in 25 percent of those with other illnesses, including: arthritis, cancer, cardiovascular disease, chronic lung disease, and stroke.

According to the Healthy People 2020 report, mental disorders are among the most common causes of disability. The resulting disease burden of mental illness is among the highest of all diseases. According to SAMHSA's 2014 National Survey on Drug Use and Health (NSDUH) an estimated 43.6 million (18.1%) Americans aged 18 and up experienced some form of mental illness. In the past year, 20.2 million adults (8.4%) had a substance use disorder. Of these, 7.9 million people had both a mental disorder and substance use disorder, also known as co-occurring mental and substance use disorders.

Suicide: Mental health disorders are the leading cause of disability in the United States and Canada, accounting for 25% of all years of life lost to disability and premature mortality. Moreover, according to the Centers for Disease Control and Prevention (CDC), suicide is the 10th leading cause of death in the United States, accounting for the deaths of approximately 41,149 Americans in 2013 and The Florida Department of Health's (FDOH) Bureau of Vital Statistics reported a 14.4 rate of suicide per 100,000 in Flagler County.

Substance Abuse

Drug abuse and addiction have negative consequences for individuals and for society. Estimates of the total overall costs of substance abuse in the United States, including productivity and health- and crime-related costs, exceed \$600 billion annually according to the National Institutes of Health. This includes approximately \$193 billion for illicit drugs, \$193 billion for tobacco, and \$235 billion for alcohol. As staggering as these numbers are, they do not fully describe the breadth of destructive public health and safety implications of drug abuse and addiction, such as family disintegration, loss of employment, failure in school, domestic violence, and child abuse.

Tobacco: Tobacco use is the single most preventable cause of death and disease in the United States. Each year, approximately 443,000 Americans die from tobacco-related illnesses. For every person who dies from tobacco use, 20 more people suffer with at least 1 serious tobacco-related illness. Tobacco use brings premature death to almost half a million Americans each year and in Flagler County 20.6% of adults are smoking despite these risks. Areas with a high smoking prevalence will also have greater exposure to secondhand smoke for non-smokers, which can cause or exacerbate a wide range of adverse health effects, including cancer, respiratory infections, and asthma. *(Northeast Florida Counts)*

Alcohol: Drinking alcohol has immediate physiological effects on all tissues of the body, including those in the brain. Alcohol is a depressant that impairs vision, coordination, reaction time, judgment, and decision making, which may in turn lead to harmful behaviors. According to the CDC, excessive alcohol use, either in the form of heavy drinking (drinking more than two drinks per day on average for men or more than one drink per day on average for women), or binge drinking (drinking more than 5 drinks during a single occasion for men or more than 4 drinks during a single occasion for women), can lead to increased risk of health problems, such as liver disease and unintentional injuries.

Alcohol abuse is also associated with a variety of other negative outcomes, including employment problems, legal difficulties, financial loss, traffic accidents and other injuries, family disputes, and other interpersonal issues. The prevalence of binge drinking among men is twice that of women. In addition, it was found that binge drinkers are 14 times more likely to report alcohol-impaired driving than non-binge drinkers. Motor vehicle crashes that involve an alcohol-impaired driver kill 32 people in the United States every day. The annual cost of alcohol-related crashes totals more than \$51 billion. The 2015 County Health Rankings showed that of the 93 driving-related deaths in Flagler County, 39 were alcohol-related.

Drug Abuse: Drug abuse and its related problems are among society's most pervasive health and social concerns. Addicted persons frequently engage in self-destructive and criminal behavior, which can result in injury or death. In addition, recreational drug-use can lead to unintentional overdose and death.

Drug overdose deaths are the leading cause of injury death in the United States, with over 100 drug overdose deaths occurring every day. The death rate due to drug overdose has been increasing over the last two decades.

Local Data Summary

Behavioral Health: The percentage of adults in Flagler County who self-reported they were current smokers was 23% higher than the Florida rate in 2013. Flagler adults also self-reported an increase in heavy or binge drinking from 2010 through 2013. The rate of alcohol-suspected motor vehicle traffic crashes and crashes with injuries both increased over a five-year reporting period ending in 2014. The rate of alcohol-suspected motor vehicle traffic crash deaths decreased yet remained more than twice the Florida rate. Additionally, the rate of deaths from chronic liver disease and cirrhosis almost doubled over the reported years. Both counts and rates for chronic liver disease and cirrhosis deaths are higher for males than for females in Flagler County. ZIP Code 32137 had the highest cirrhosis death rate both countywide and for Blacks while 32110 had the highest rate for Whites during 2012-2014. There were no deaths due to cirrhosis reported for Hispanics during those years.

In 2015, the most common (30.8%) primary drug of choice for adults entering substance abuse treatment at Stewart-Marchman-Act Behavioral Healthcare was marijuana although there was a decrease from 2011 to 2015. Alcohol was the second most common and almost doubled since 2011.

Less common were Hydromorphone (Dilaudid) which showed an increasing five-year trend and Oxycodone (OxyContin) which showed a decreasing trend over the same time period.

Mental Health: In 2013, Flagler adults -- by self-report -- had fewer recent poor mental health days and unhealthy mental days than did Florida adults statewide. Additionally, a lesser percentage of Flagler adults than Florida adults reported that they had ever been told they had a depressive disorder. The Flagler suicide death rate was very similar to Florida and decreased slightly over the reported years. The incidence of suicide deaths among Flagler adults ages 19 to 21 was 2 or fewer for each three-year period reported and had a decreasing trend over the reported years with no occurrences in 2012-2014. There were a greater number and higher rate of suicide deaths among males than females in Flagler. ZIP Code 32110 had the highest suicide death rate countywide and for Whites during 2012-2014. For that same time period, the rates were highest for Hispanics in 32110. The rate for Blacks was considered to be unstable due to a count fewer than 5.

Rates and Counts: A **rate** is a fixed ratio between two things. **Counts** are the actual number of events that occurred in a specified time period. **Count Example:** *there were 833 births in Flagler County in 2014.* **Rate Example:** *the 2014 Flagler County birth rate was 8.2 (8.2 births per 1,000 population).*

Rates allow comparisons between two groups using the same fixed ratio such as events per population. County rates can be compared to state rates although there is a large difference in counts. Rates may fluctuate widely for smaller populations where a small number of events (count) can greatly change the rate. Throughout this document, rates are used in tables and graphs. It will be noted when the count is 5 or fewer per year where the count is known. There may be several explanations for great fluctuations in rates and a low count may be a factor.

It should be noted that the following indicators in this section had a count of 5 or fewer per year reported:

- **Graph 1.10:** Suicide Deaths Ages 19-21

Indicators Included:

Indicator	Reference
Adults Who Engage in Heavy or Binge Drinking	Graph 1.1
Alcohol-suspected Motor Vehicle Traffic Crashes	Graph 1.2
Alcohol-suspected Motor Vehicle Traffic Crash Injuries	Graph 1.3
Alcohol-suspected Motor Vehicle Traffic Crash Deaths	Graph 1.4
Chronic Liver Disease and Cirrhosis 3-Year Age-adjusted Death Rate	Graph 1.5
Chronic Liver Disease and Cirrhosis Age-adjusted Death Rate, by Gender	Table 1.1
Cirrhosis Crude Death Rate, by ZIP Code	Table 1.2
Most Common Primary Drug of Choice at Intake (Adults Entering Substance Abuse Treatment at SMA Behavioral)	Graph 1.6
Opioid Related Age-adjusted Hospitalization Rate	Graph 1.7
Opioid Related Age-adjusted Death Rate	Graph 1.8
Opioid Related Age-adjusted Hospitalization Rate, by Gender	Table 1.3
Opioid Related Age-adjusted Death, by Gender	Table 1.4

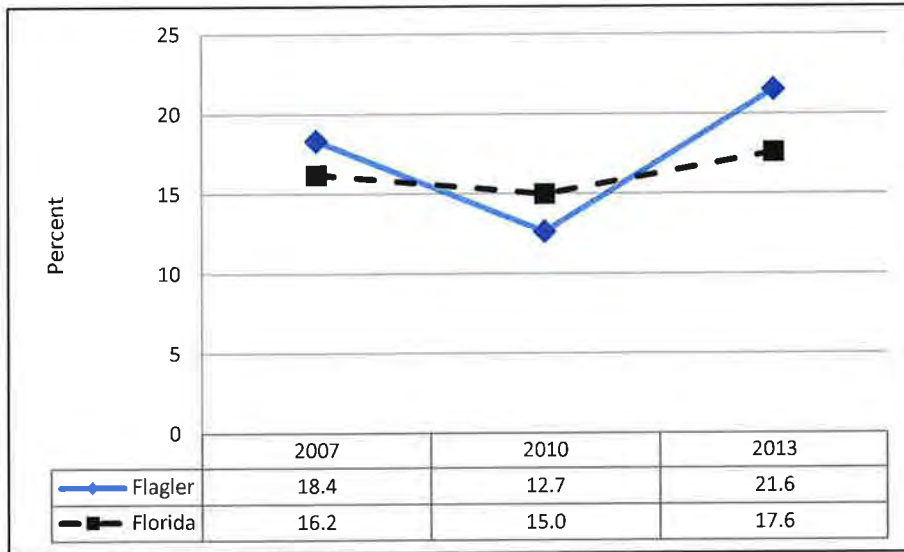
Indicator	Reference
Adults Who Are Current Smokers	Table 1.5
Adults Who Had Poor Mental Health on 14 or More of the Past 30 Days	Table 1.6
Adults Who Have Ever Been Told They Had a Depressive Disorder	Table 1.7
Average Number of Unhealthy Mental Days in the Past 30 Days 2013	Table 1.8
Suicide 3-Year Age-adjusted Death Rate	Graph 1.9
Suicide 3-Year Death Rate, Ages 19-21	Graph 1.10
Suicide Age-adjusted Death Rates, by Gender	Table 1.9
Suicide Crude Death Rate, by ZIP Code	Table 1.10
Baker Act Involuntary Exam Initiations (All Ages)	Graph 1.11

Other Data:

Other data related to **Behavioral Health (Adult)** can be found here:

- **Graph 4.13:** Resident Live Births to Mothers Who Smoked During Pregnancy
- **Graph 4.15:** Females >17 Who Engage in Heavy or Binge Drinking
- **Graph 6.1:** Chronic Lower Respiratory Disease (CLRD) Age-adjusted Death Rate
- **Graph 6.2:** Chronic Lower Respiratory Disease (CLRD) Age-adjusted Hospitalizations w/ Asthma
- **Graph 6.3:** Asthma Age-adjusted Hospitalization
- **Table 6.1:** Adults Who Currently Have Asthma

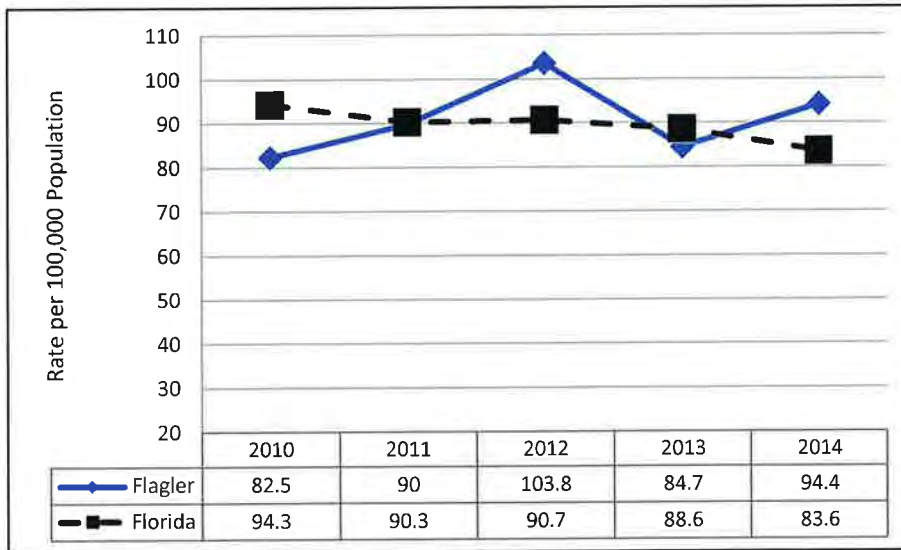
Graph 1.1 Adults Who Engage in Heavy or Binge Drinking



Source: Florida Behavioral Risk Factor Surveillance System

- The Flagler County percentage increased over the reporting period
- The Flagler County percentage started and ended higher than the Florida percentage with a dip below Florida in the middle year (2010)

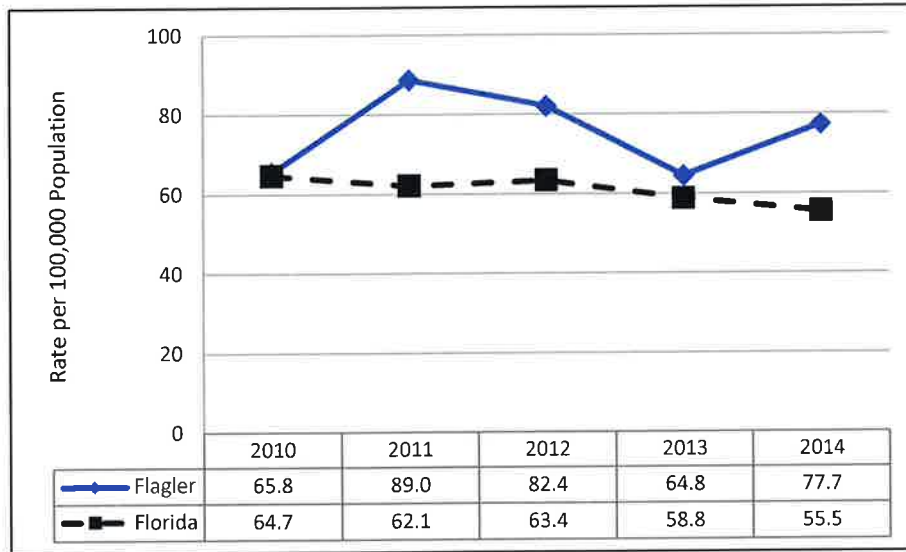
Graph 1.2 Alcohol-suspected Motor Vehicle Traffic Crashes



Source: Florida Department of Highway Safety and Motor Vehicles

- The Flagler County rate fluctuated and increased over the reporting period
- The Flagler County rate was intermittently above and below the Florida rate ending higher than Florida in 2014

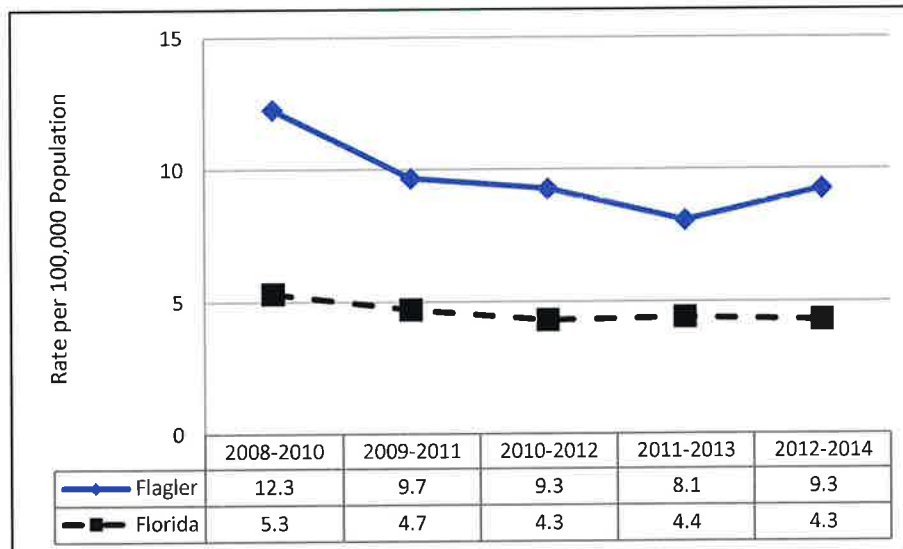
Graph 1.3 Alcohol-suspected Motor Vehicle Traffic Crash Injuries



Source: Florida Department of Highway Safety and Motor Vehicles

- The Flagler County rate fluctuated during the reporting period and increased overall
- The Flagler County rate remained above the Florida rate over the years reported

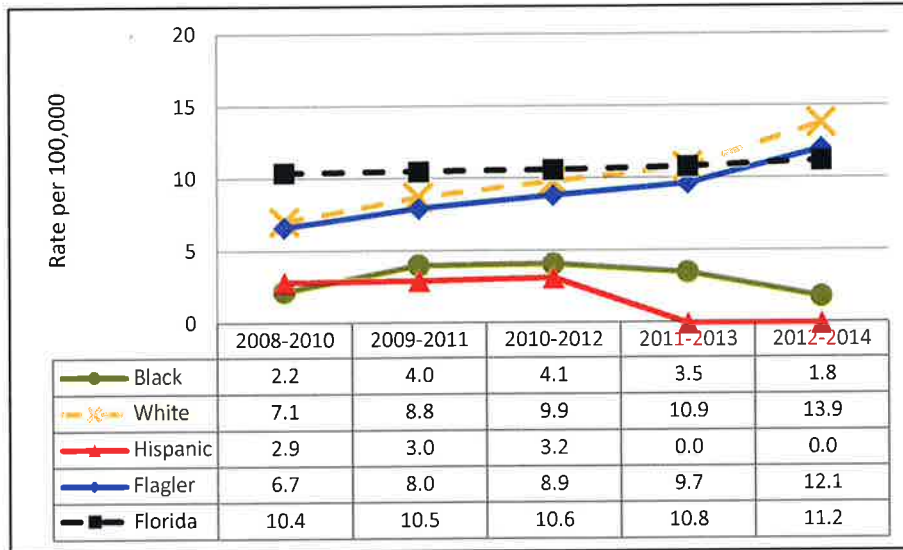
Graph 1.4 Alcohol-suspected Motor Vehicle Traffic Crash Deaths



Source: Florida Department of Highway Safety and Motor Vehicles

- The Flagler County rate trended downward from 2008-2010 through 2012-2014
- The Flagler County rate was higher than the Florida rate for all time periods reported

Graph 1.5 Chronic Liver Disease and Cirrhosis 3-Year Age-adjusted Death Rate



Source: Florida Department of Health, Bureau of Vital Statistics

- The Flagler County rates and the rate among Whites in Flagler County trended upward from 2008-2010 to exceed the state rate during 2012-2014
- The rate among Blacks and Hispanics in Flagler County were lower than the Florida and Flagler county rates
- The rate among Hispanics in Flagler County was the lowest of all groups in four of the five assessment periods

Table 1.1 Chronic Liver Disease and Cirrhosis Age-adjusted Death Rate, 3-Year Rolling Rates, by Gender

Years	Male		Female	
	Count	Rate	Count	Rate
2008-2010	19	10.3	8	3.4
2009-2011	23	12.8	10	3.7
2010-2012	24	12.7	15	5.8
2011-2013	24	13.2	17	6.9
2012-2014	34	16.4	19	8.6

Source: Florida Department of Health, Bureau of Vital Statistics

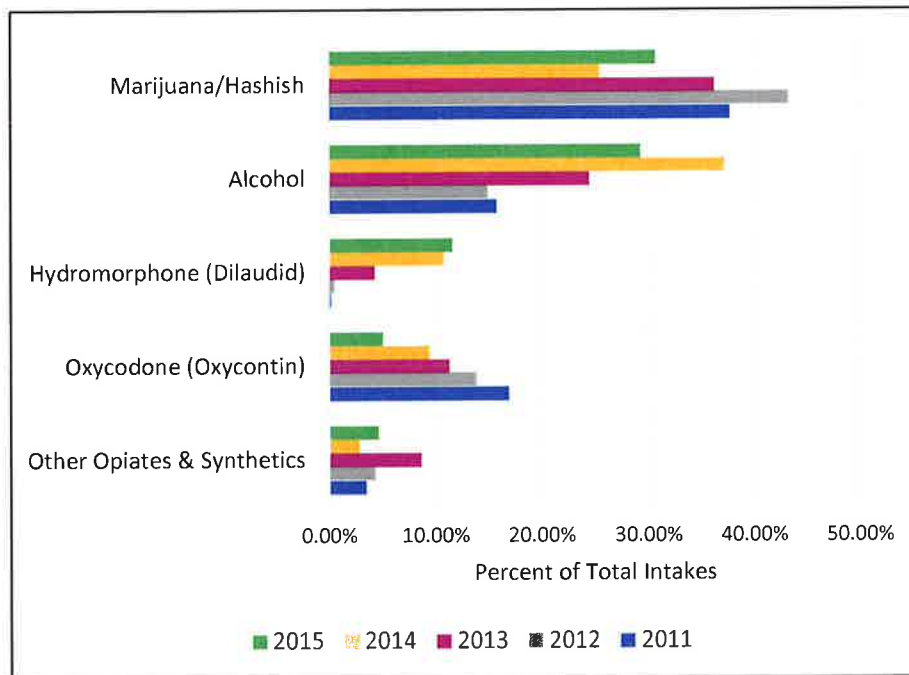
Note: Rates are per 100,000

Table 1.2 Cirrhosis Death Rate, 3-Year Rolling Rates, 2012-2014 by ZIP Code

ZIP Code	ZIP Count	ZIP Rate	Black Count	Black Rate	White Count	White Rate	Hispanic Count	Hispanic Rate
32110	4	17.6	0	0.0	4	31.3	0	0.0
32136	2	8.9	0	0.0	2	9.2	0	0.0
32137	24	21.7	1	11.1	23	26.9	0	0.0
32164	22	16.7	0	0.0	22	23.7	0	0.0

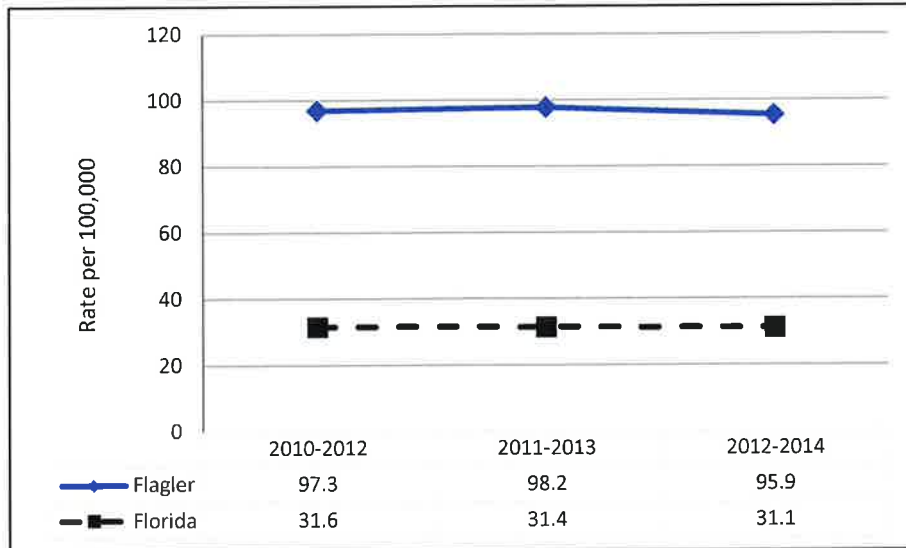
Source: Florida Department of Health, Bureau of Vital Statistics
 Note: Crude Rate per 100,000 Population

Graph 1.6 Most Common Primary Drug of Choice at Intake (Adults Entering Substance Abuse Treatment at SMA Behavioral)



Source: Stewart-Marchman-Act Behavioral Healthcare

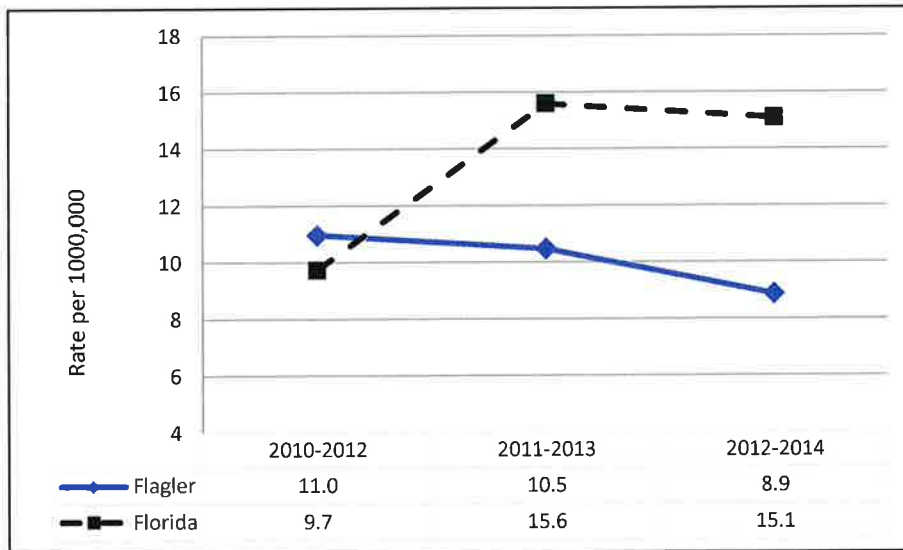
Graph 1.7 Opioid Related Hospitalization Rate, Crude Rate



Source: Florida Agency for Health Care Administration

- The Flagler County rate decreased slightly and was higher than the Florida rate during the reporting period

Graph 1.8 Opioid Related Death Rate, Crude Rate



Source: Florida Department of Health, Bureau of Vital Statistics

- The Flagler County rate decreased during the reporting period and was lower than the Florida rate in 2011-2013 and 2012-2014

Table 1.3 Opioid Related Age-adjusted Hospitalization Rate 3-Year Rolling Rates, Rate per 100,000 Population, by Gender

Years	Male		Female	
	Count	Rate	Count	Rate
2010-2012	132	94.5	151	100.0
2011-2013	132	93.2	158	102.9
2012-2014	136	94.6	152	97.1

Source: Florida Agency for Health Care Administration
 Note: Rate per 100,000 Population

Table 1.4 Opioid Related Age-adjusted Death Rate 3-Year Rolling Rates, Rate per 100,000 Population, by Gender

Years	Male		Female	
	Count	Rate	Count	Rate
2010-2012	18	12.9	14	9.3
2011-2013	18	12.7	13	8.5
2012-2014	16	11.1	11	7.0

Source: Florida Department of Health, Bureau of Vital Statistics
 Note: Rate per 100,000 Population

Table 1.5 Adults Who Are Current Smokers

Adults who are current smokers, 2013	Flagler	Florida
	Percent	Percent
Total – Overall	20.6	16.8
Men	23.3	19.5
Women	18.2	14.4
Non-Hispanic, White	21.1	18.6
Non-Hispanic, Black	NA	14.4
Hispanic	NA	13.9
18-44	25.5	19.2
45-64	25.1	19.8
65 & Older	11.0	8.7
< High School	NA	24.8
High School/GED	27.5	19.8
> High School	14.2	13.1
< \$25,000	30.4	22.3
\$25,000-\$49,999	25.5	17.7
\$50,000 or More	7.9	11.8

Source: Florida Behavioral Risk Factor Surveillance System
 NA=Not available due to respondent counts of less than 30

Table 1.6 Adults Who Had Poor Mental Health Days on 14 or More of the Past 30 Days

Adults who had poor mental health days on 14 or more of the past 30 days, 2013	Flagler	Florida
	Percent	Percent
Total – Overall	11.4	12.7
Men	4.6*	10.9
Women	17.4	14.4
Non-Hispanic, White	12.8	11.9
Non-Hispanic, Black	NA	14.7
Hispanic	NA	13.1
18-44	17.3	12.6
45-64	12.6	16.0
65 & Older	4.0*	8.4
< High School	NA	19.7
High School/GED	15.7	13.5
> High School	9.3	10.4
< \$25,000	24.2	20.1
\$25,000-\$49,999	8.4	13.0
\$50,000 or More	3.5	6.7

Source: Florida Behavioral Risk Factor Surveillance System

*Indicates that the difference observed between the 2013 county and state measures is statistically significant.

NA=Not available due to respondent counts of less than 30

Table 1.7 Adults Who Have Ever Been Told They Have a Depressive Disorder

Adults who have ever been told they have a depressive disorder, 2013	Flagler	Florida
	Percent	Percent
Total – Overall	14.8	16.8
Men	8.5	12.1
Women	20.6	21.2
Non-Hispanic, White	18.1	18.6
Non-Hispanic, Black	NA	14.0
Hispanic	NA	13.8
< High School	NA	20.9
High School/GED	17.7	15.8
> High School	14.0	16.3
< \$25,000	28.1	23.8
\$25,000-\$49,999	12.2	16.5
\$50,000 or More	6.9	11.3

Source: Florida Behavioral Risk Factor Surveillance System

NA=Not available due to respondent counts of less than 30

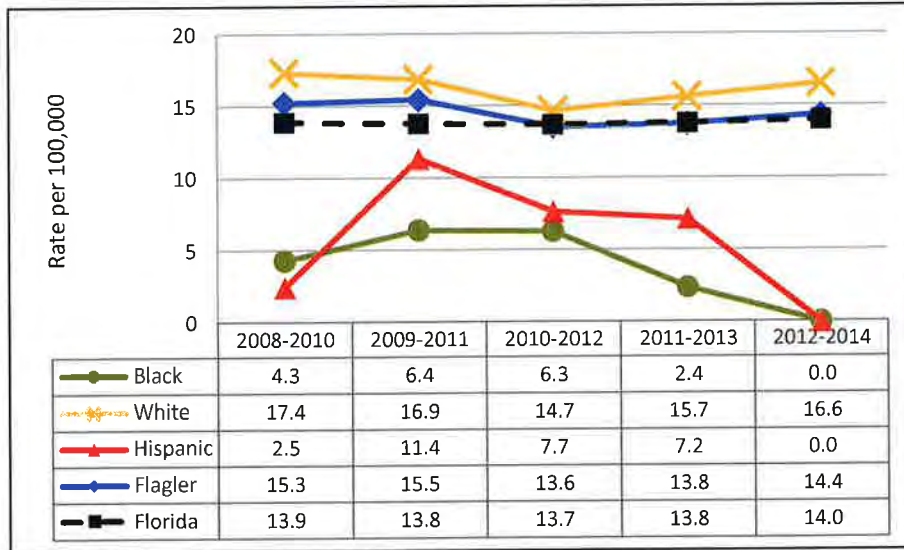
Table 1.8 Average Number of Unhealthy Mental Days in the Past 30 Days

Average number of unhealthy mental days in the past 30 days, 2013	Flagler	Florida
	Number	Number
Total – Overall	3.6	4.1
Men	2.2	3.5
Women	4.9	4.6
Non-Hispanic, White	3.8	3.8
Non-Hispanic, Black	NA	4.5
Hispanic	NA	4.4
18-44	5.3	4.2
45-64	4.0	4.9
65 & Older	1.5*	2.6
< High School	NA	6.1
High School/GED	4.6	4.2
> High School	3.2	3.5
< \$25,000	6.9	6.0
\$25,000-\$49,999	3.4	4.3
\$50,000 or More	1.4*	2.4

Source: Florida Behavioral Risk Factor Surveillance System

*Indicates that the difference observed between the 2013 county and state measures is statistically significant. NA=Not available due to respondent counts of less than 30

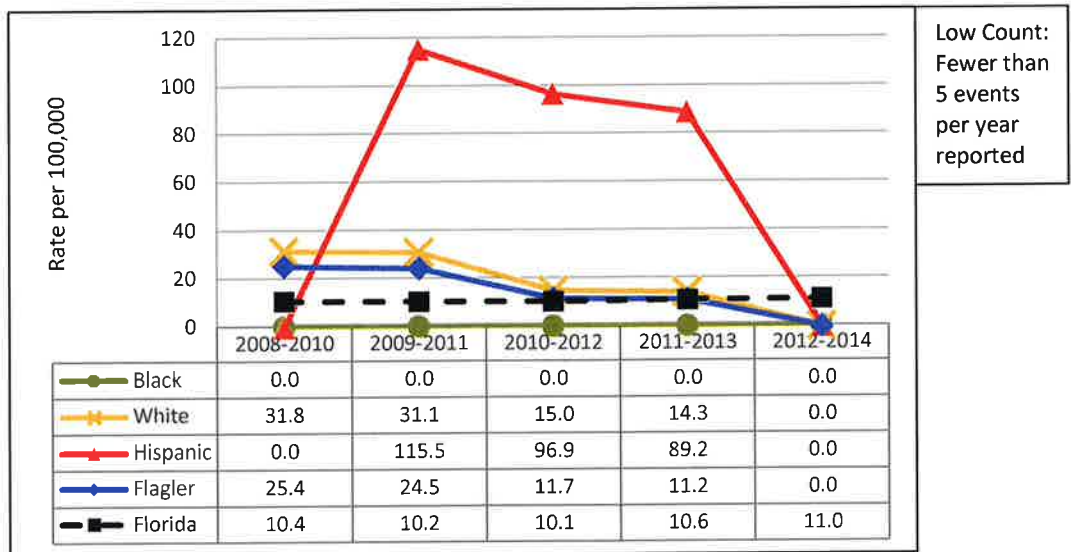
Graph 1.9 Suicide 3-Year Age-adjusted Death Rate



Source: Florida Department of Health, Bureau of Vital Statistics

- The Flagler County and Florida rates as well as the rate among Whites in Flagler County trended similarly over the measurement period
- The rate among Blacks and Hispanics in Flagler County were lower than the Flagler County rate from 2008-2010 to 2012-2014

Graph 1.10 Suicide 3-Year Death Rate, Ages 19-21



Source: Florida Department of Health, Bureau of Vital Statistic

- The Flagler County rate and the rate among Whites in Flagler County decreased over the years reported
 - The rate among Hispanics in Flagler County far exceeded all groups from 2009-2011 to 2011-2013
 - There were no suicides among Blacks ages 19-21 in Flagler County from 2008-2010 through 2012-2014
- Note: the incidence was no more than 2 for any 3-year period in Flagler County

Table 1.9 Age-adjusted Suicide Death Rate, 3-Year Rolling Rates, by Gender

Years	Male		Female	
	Count	Rate	Count	Rate
2008-2010	38	25.3	10	6.2
2009-2011	37	23.7	13	8.1
2010-2012	30	19.8	14	8.3
2011-2013	34	23.0	9	5.5
2012-2014	36	22.4	12	7.3

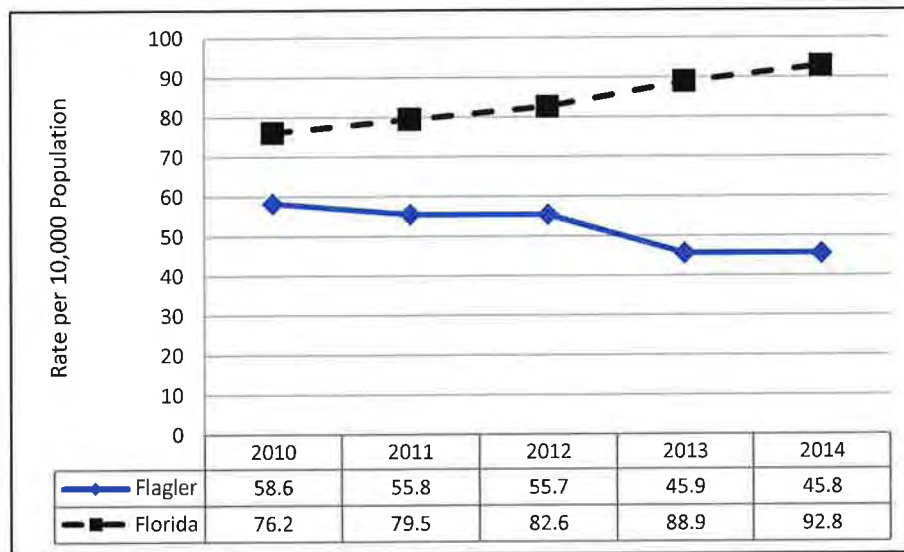
Source: Florida Department of Health, Bureau of Vital Statistics
 Note: Rate is per 100,000

Table 1.10 Suicide Death Rate, 3-Year Rolling Rates, 2012-2014 by ZIP Code

ZIP Code	ZIP Count	ZIP Rate	Black Count	Black Rate	White Count	White Rate	Hispanic Count	Hispanic Rate
32110	11	35.2	0	0.0	16	62.7	11	32.8
32136	12	10.8	0	0.0	12	14.1	0	0.0
32137	12	10.8	0	0.0	12	14.1	12	14.1
32164	22	16.7	1	5.2	20	21.5	0	0.0

Source: Florida Department of Health, Bureau of Vital Statistics
 Note: Crude Rate per 100,000 Population

Graph 1.11 Baker Act Involuntary Exam Initiations (All Ages)



Source: Baker Act Reporting Center, Louis de la Parte Florida Mental Health Institute, University of South Florida

- The Flagler rate decreased over the years reported and the Florida rate increased
- The Flagler rate was lower than the Florida rate for all years reported

2. Youth Behavioral Health

Behavioral Health

According to SAMHSA, mental and substance use disorders can have a powerful effect on the health of individuals, their families, and their communities. In 2014, 2.8 million youth (ages 12 to 17) had a major depressive episode during the past year. People with a mental health issue are more likely to use alcohol or drugs than those not affected by a mental illness, and substance use can often be an indicator that there is an underlying mental health issue that needs to be addressed. In 2014, an estimated 22.5 million Americans aged 12 and older self-reported needing treatment for alcohol or illicit drug use.

These disorders are among the top conditions that cause disability and carry a high burden of disease in the United States, resulting in significant costs to families, employers, and publicly funded health systems. By 2020, mental and substance use disorders will surpass all physical diseases as a major cause of disability worldwide. In addition, drug and alcohol use can lead to other chronic diseases such as diabetes and heart disease. Addressing the impact of substance use alone is estimated to cost Americans more than \$600 billion each year.

Preventing mental and/or substance use disorders and related problems in children, adolescents, and young adults is critical to Americans' behavioral and physical health. Behaviors and symptoms that signal the development of a behavioral disorder often manifest 2-4 years before a disorder is present and according to NIH, 50% of mental health disorders have their onset by age 14.

In addition, the Institute of Medicine and National Research Council's Preventing Mental, Emotional, and Behavioral Disorders Among Young People report – 2009, notes that cost-benefit ratios for early treatment and prevention programs for addictions and mental illness programs range from 1:2 to 1:10. This means a \$1 investment yields \$2 to \$10 savings in health costs, criminal and juvenile justice costs, educational costs, and lost productivity.

Mental Health Disorders:

If approximately one out of five adolescents has a diagnosable mental health disorder and nearly one third show symptoms of depression, it is important for all systems of care, including families, to have access to screening tools and information about where and how to receive treatment. Flagler youth often have access to care barriers when it comes to receiving services as clinical resources are often located outside the county, especially for crisis stabilization.

According to the U.S. Department of Health and Human Services Office of Adolescent Health, important mental health habits—including coping, resilience and good judgment—help adolescents to achieve overall wellbeing and set the stage for positive mental health in adulthood. It is estimated that approximately one in five adolescents has a diagnosable mental disorder, such as depression and/or anxiety disorders and that less than half of adolescents with psychiatric disorders are thought to have received any kind of treatment in the last year. According to SAMHSA an estimated 1.7 million young adults ages 18 to 25 in the United States had a serious mental illness, and their prognosis was greatly enhanced when the early signs and symptoms were discovered and treated during adolescence.

According to the National Institute of Mental Health, of teens 13-18, 11% will have a mood disorder, 10% a behavior or conduct disorder and 8% an anxiety disorder (these can be co-occurring). Warning signs aren't always obvious as they mimic what is considered typical teenage behavior, but more

common symptoms include persistent irritability, repeated substance use, anger or social withdrawal, as well as major changes in appetite or sleep. Mental health disorders can disrupt school performance, harm relationships, and lead to suicide (the third leading cause of death among adolescents). Barriers such as not recognizing the symptoms early on, or fear of labeling and stigma regarding mental health disorders, inhibit some adolescents and their families from seeking help.

Delinquency: Delinquency, mental health and substance abuse can be co-occurring. According to the National Institute for Mental Health, 70% of youth in state and local juvenile justice systems have a mental illness. Youth who have a juvenile record may face future barriers that will impact their health and wellbeing, such as the inability to apply for certain jobs, gain entrance into certification programs, university systems or the military. Flagler County's juvenile arrests have steadily declined since 2010 with 319 intake arrests (223 youth) in the 2014-15 fiscal year according to the Juvenile Justice Information System.

Suicide: Young people with mental health problems such as anxiety, depression, bipolar disorder, or insomnia are at higher risk for suicidal thoughts. Teens experiencing major life changes (parents' divorce, the loss of a loved one, moving, a parent leaving home due to military service or parental separation, relationships failing, financial changes) and those who are victims of bullying are at greater risk of suicidal thoughts. According to the CDC, among high school students in the United States, females were more likely to report having considered, planned, and attempted suicide compared to males.

Youth Alcohol Use in Florida

The Florida Youth Substance Abuse Survey (FYSAS) is administered bi-annually to randomly selected middle & high school students. The survey includes questions to measure the percent of self-reported use of alcohol and the self-reported use of marijuana or hashish by high school students and middle school students in the past 30 days. With overall prevalence rates of 46.7% for lifetime use and 21.7% for past-30-day use, alcohol is the most commonly used drug among Flagler County students, and 20% of high school students reported riding in a car with a driver who was under the influence of alcohol.

According to research by the National Institute on Alcohol Abuse and Alcoholism, adolescents who begin drinking at a young age are more likely to develop alcohol dependence than those who begin drinking at age 21 due to the social, emotional and neurological patterns established during this critical developmental period. Alcohol use also impairs judgment and can lead to other high-risk behaviors such as drunk driving and sexual activity. Excessive alcohol use in the form of binge drinking can lead to increased risk of health problems such as liver disease or unintentional injuries. According to the most recent FYSAS report, 10.4% of Flagler County Youth reported binge drinking.

Tobacco: Youth who start smoking young are more likely to have a long-term addiction to nicotine than people who start smoking later in life, putting them at greater risk for smoking-related illness and death. If smoking prevalence among adolescents persists, it is estimated that 5 million persons under the age of 18 will die prematurely from smoking-related diseases. According to the 2014 FYSAS, 21.7% of Flagler youth reported "any lifetime" cigarette use and 7.5% "past 30-day" use.

Marijuana: Among youth, illicit drug use is associated with heavy alcohol use, tobacco use, delinquency, violence, and suicide. Marijuana is the most commonly abused illicit drug by Flagler youth, with a 27.6% "any lifetime" and 13.3% "past 30-day" use. Marijuana intoxication can cause distorted perceptions, impaired coordination, difficulty thinking and problem solving, and problems with learning and memory with adverse effects that last for days or weeks after the acute effects of the drug have worn off.

Chronic marijuana use can lead to addiction. Addictive behaviors may result in harmful effects on social functioning in the context of family, school, work, and recreational activities. Students who are not current marijuana users are more than twice as likely to report an average grade of “A” than those who are current users of marijuana. In Flagler County, 10.5% of surveyed students reported using Marijuana before or during school and 23.8% reported riding in a car with someone driving under the influence of marijuana.

Local Data Summary

Behavioral Health: The percentage of middle school and high school students in Flagler County who self-reported they had used alcohol in the past 30 days or reported binge drinking decreased over the reported years. The rate for each of those indicators was similar to the Florida rate. There was also a decrease in middle school students who reported using marijuana/hashish in the past 30 days and the rate was consistently higher than the state rate. The percent of high school students who reported using marijuana/hashish increased then decreased over the reported years ending almost at the same percentage as it began and the same as the state percentage. The percentage of middle school and high school students who reported smoking cigarettes in the past 30 days decreased over the years reported; however, the percent of middle school students increased slightly in the last year reported from the previous reported year. Both percentages were higher than the Florida percentage.

Mental Health: The percentage of children in grades K-12 who were Emotionally Handicapped has decreased over the five years reported and was lower than the Florida rate throughout. The Suicide Death Rate for youth ages 12 to 18 started lower than the state rate and increased with the count going from 0 in the initial three-year period to 2 in the final three-year period reported ending higher than the state rate. Over the same time period, the rate for non-fatal hospitalizations for self-inflicted injuries for youth ages 12 to 18 decreased with a count of 4 or fewer each single year of the three-year rates reported and the rate consistently below the Florida rate. The rates for referral to the Department of Juvenile Justice decreased significantly and was higher than the Florida rate.

Rates and Counts: A **rate** is a fixed ratio between two things. **Counts** are the actual number of events that occurred in a specified time period. **Count Example:** *there were 833 births in Flagler County in 2014.* **Rate Example:** *the 2014 Flagler County birth rate was 8.2 (8.2 births per 1,000 population).*

Rates allow comparisons between two groups using the same fixed ratio such as events per population. County rates can be compared to state rates although there is a large difference in counts. Rates may fluctuate widely for smaller populations where a small number of events (count) can greatly change the rate. Throughout this document, rates are used in tables and graphs. It will be noted when the count is 5 or fewer per year where the count is known. There may be several explanations for great fluctuations in rates and a low count may be a factor.

It should be noted that the following indicators in this section had a count of 5 or fewer per year reported:

- **Graph 2.10:** 3-year Suicide Deaths, Ages 12-18
- **Graph 2.11:** Non-fatal Hospitalizations for Self-Inflicted Injuries, Ages 12-18

Indicators Included:

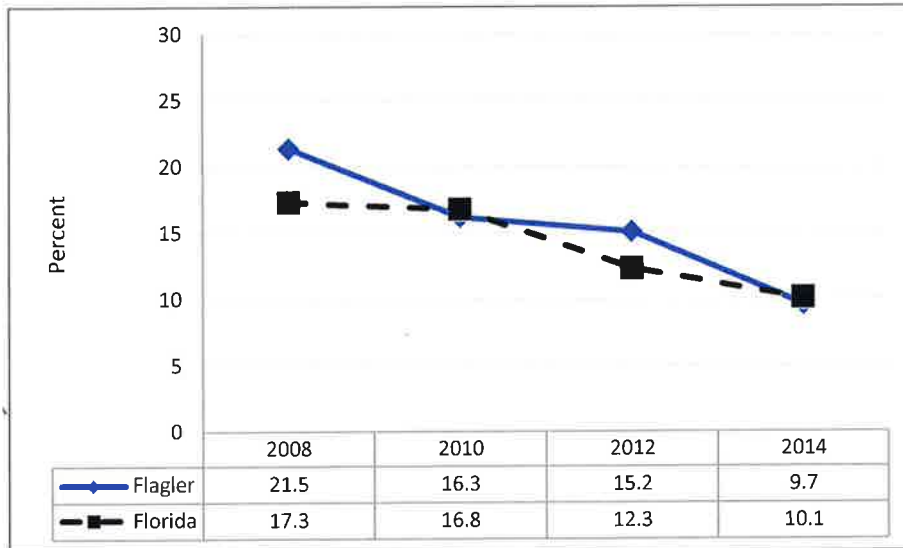
Indicator	Reference
Middle School Students Who Used Alcohol in Past 30 Days	Graph 2.1
High School Students Who Used Alcohol in Past 30 Days	Graph 2.2
Middle School Students Reporting Binge Drinking	Graph 2.3
High School Students Reporting Binge Drinking	Graph 2.4
Middle School Students Who used Marijuana/Hashish in the Past 30 Days	Graph 2.5
High School Students Who used Marijuana/Hashish in the Past 30 Days	Graph 2.6
Middle School Students Smoking Cigarettes in the Past 30 Days	Graph 2.7
High School Students Smoking Cigarettes in the Past 30 Days	Graph 2.8
Emotionally Handicapped Children in School Grades K-12	Graph 2.9
Suicide Deaths, Ages 12-18	Graph 2.10
Non-Fatal Hospitalizations for Self-Inflicted Injuries, Ages 12-18	Graph 2.11
Referrals to Department of Juvenile Justice	Graph 2.12

Other Data:

Other data related to **Behavioral Health (Youth)** can be found here:

- **Graph 10.8:** High School Graduation Rate
- **Graph 10.13:** Violent Acts in School Activities for K-12

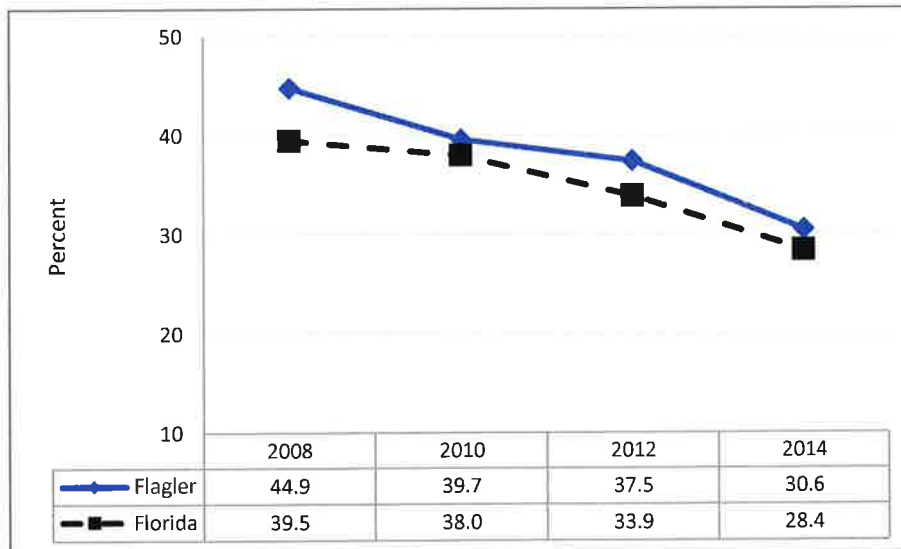
Graph 2.1 Middle School Students Who Used Alcohol in Past 30 Days



Source: Florida Department of Children and Families

- The Flagler County percentage trended downward from 2008 to 2014
- The Flagler County percentage was lower than Florida for two of the four years examined

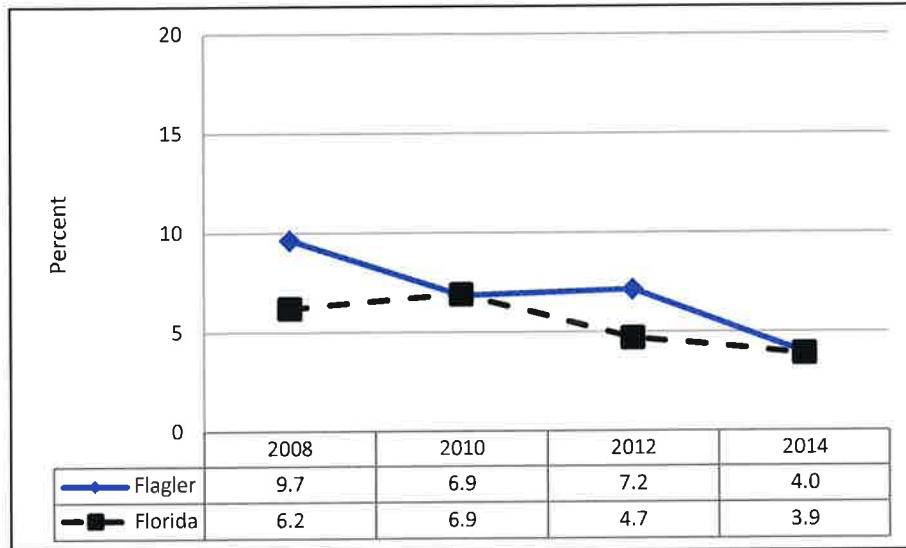
Graph 2.2 High School Students Who Used Alcohol in Past 30 Days



Source: Florida Department of Children and Families

- The Flagler County percentage trended downward similar to the Florida trend from 2008 to 2014
- The Flagler County percentage was higher than the Florida percentage for each year reported

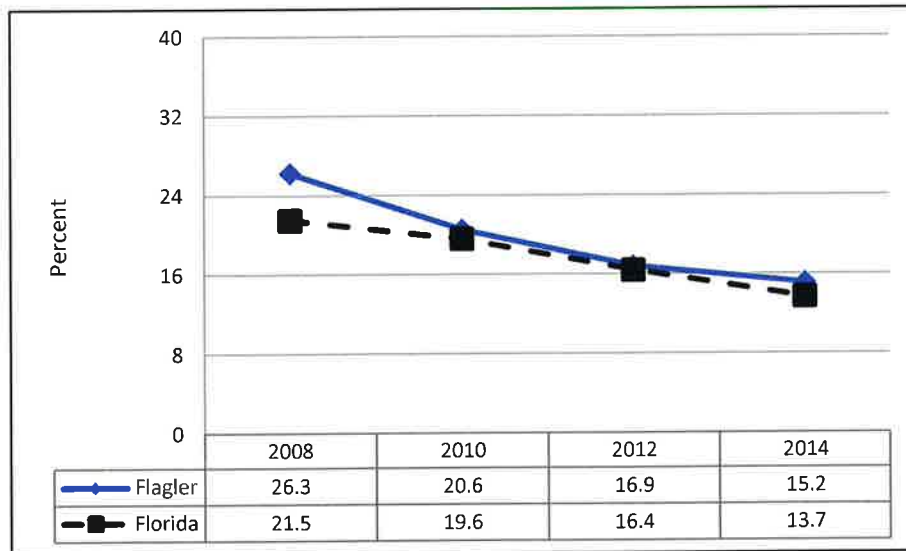
Graph 2.3 Middle School Students Reporting Binge Drinking



Source: Florida Department of Children and Families

- The Flagler County percentage was as high or higher than the Florida percentage throughout the reported years
- The Flagler County percentage trended downward from 2008 to 2012

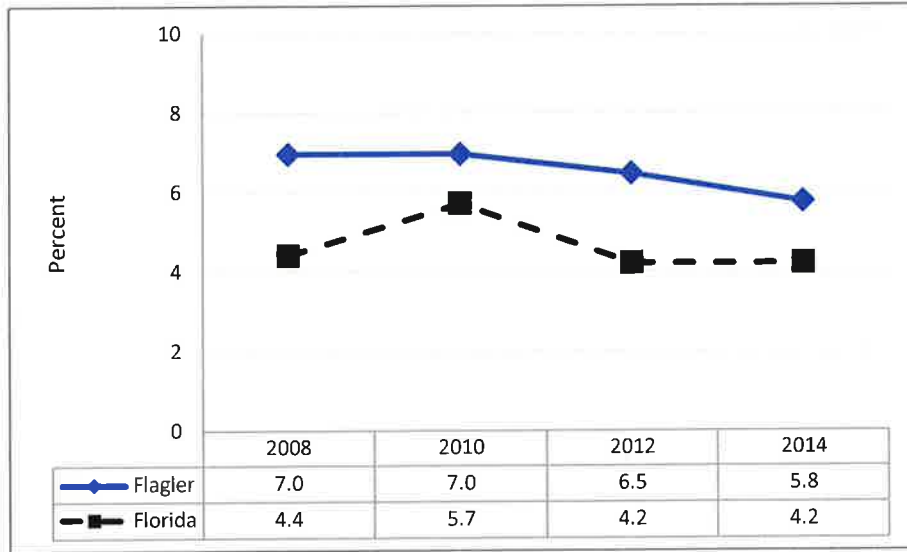
Graph 2.4 High School Students Reporting Binge Drinking



Source: Florida Department of Children and Families

- The Flagler County percentage was slightly higher than the Florida percentage throughout the reporting period
- The percentage of high school students reporting binge drinking in Flagler trended downward from 2008 to 2014

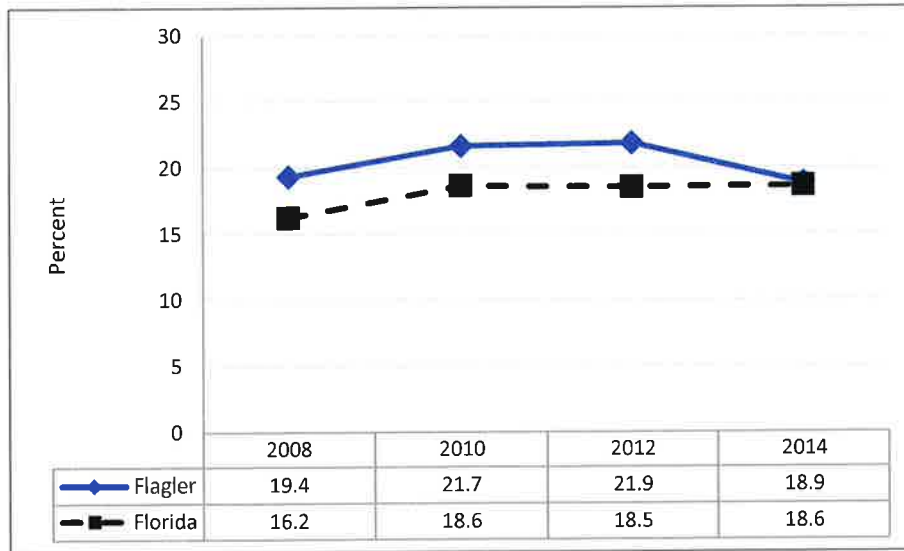
Graph 2.5 Middle School Students Using Marijuana/Hashish in the Past 30 Days



Source: Florida Youth Substance Abuse Survey

- The Flagler County percentage trended downward from 2008 to 2014
- The Flagler County percentage was higher than the percentage in Florida for each year reported

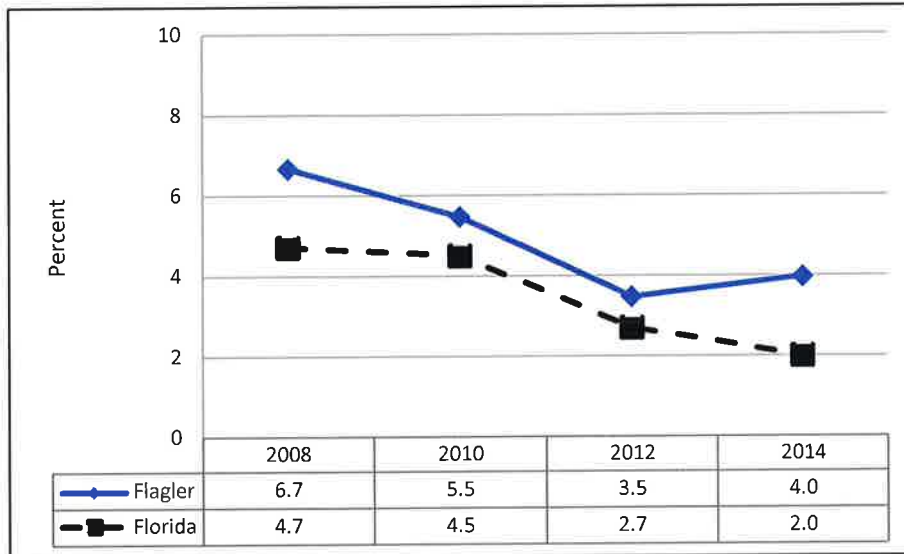
Graph 2.6 High School Students Using Marijuana/Hashish in the Past 30 Days



Source: Florida Youth Substance Abuse Survey

- The Flagler County percentage was higher than the percentage in Florida for each year reported
- The Flagler County percentage trended upward from 2008 to 2012 and then downward in 2014 and decreased overall

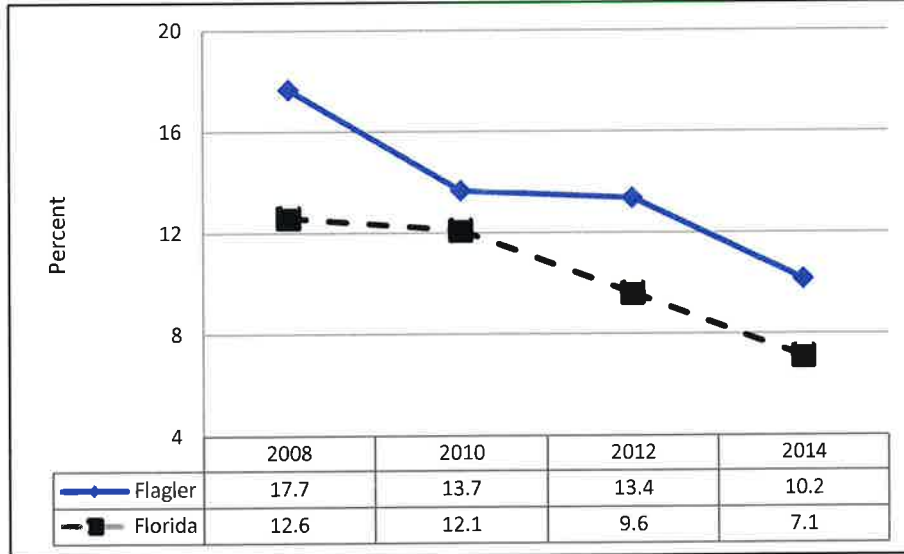
Graph 2.7 Middle School Students Smoking Cigarettes in the Past 30 Days



Source: Florida Department of Children and Families

- The Flagler County percentage was higher than the Florida percentage throughout the reporting period
- The Flagler County percentage trended downward from 2008 to 2012 and increased slightly in 2014

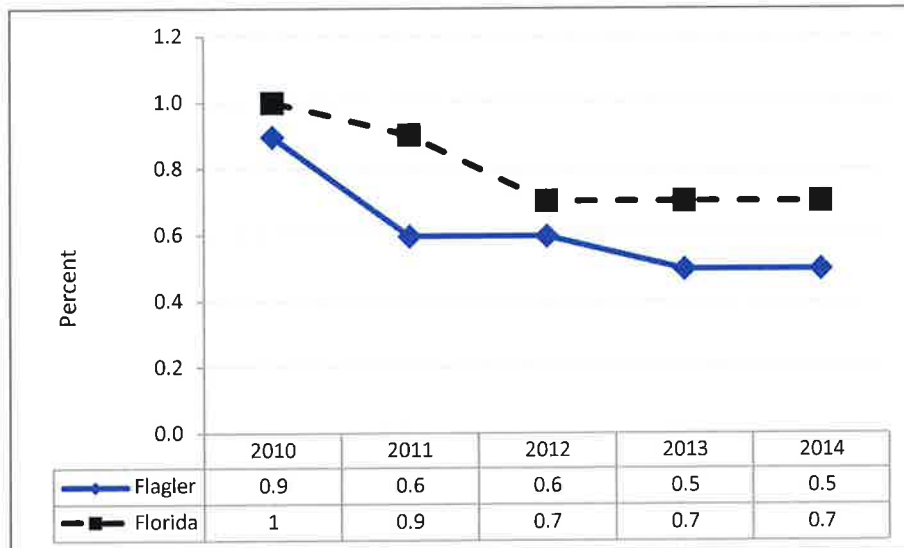
Graph 2.8 High School Students Smoking Cigarettes in the Past 30 Days



Source: Florida Youth Substance Abuse Survey

- The Flagler County percentage was higher than the Florida percentage for all years reported
- The Flagler County percentage trended downward from 2008 to 2014

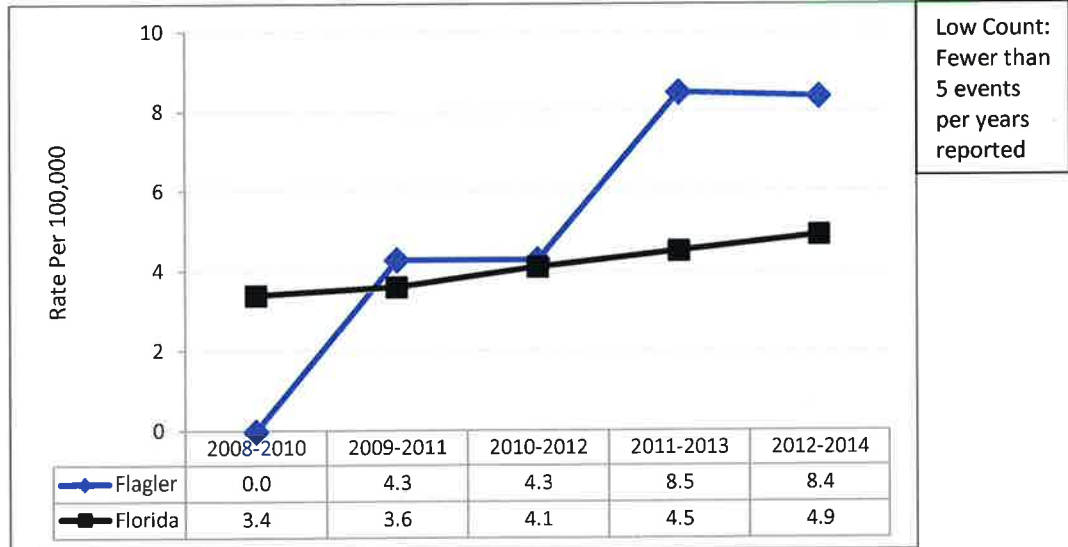
Graph 2.9 Emotionally Handicapped Children in School Grades K-12



Source: Florida Department of Education, Education Information and Accountability Services

- The Flagler County percentage was slightly lower than in Florida from 2010 to 2014
- Flagler County trended downward from 2010 to 2014

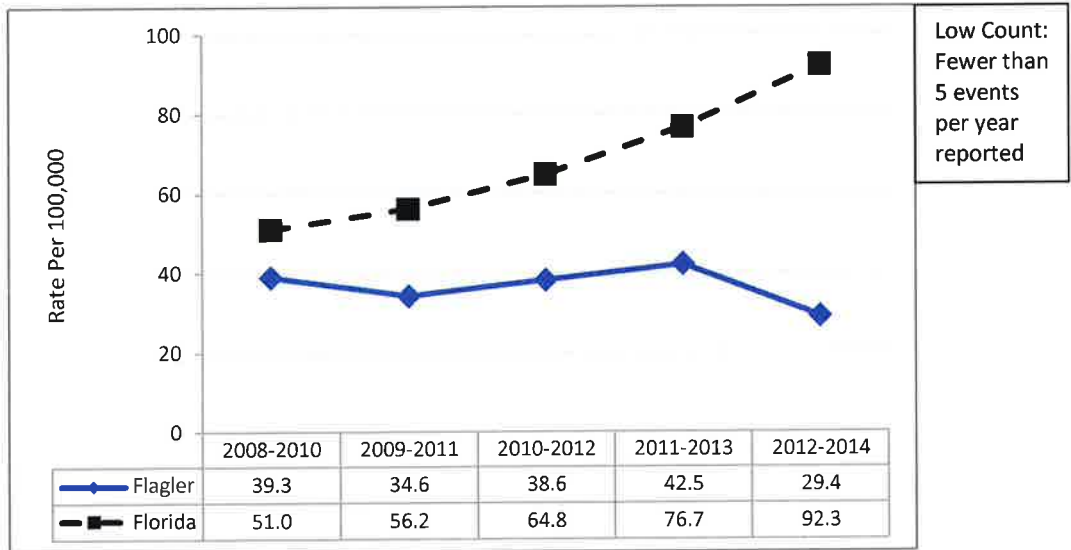
Graph 2.10 3-Year Suicide Death Rate, Ages 12-18



Source: Florida Department of Health, Bureau of Vital Statistics

- The Flagler County rate increased over the reporting period
- The Flagler County rate moved from below the Florida rate during 2008-2010 to above the Florida rate during 2009-2011 and remained above Florida for the duration of the reporting period
- The incidence was no greater than 2 during any three-year time period in Flagler County

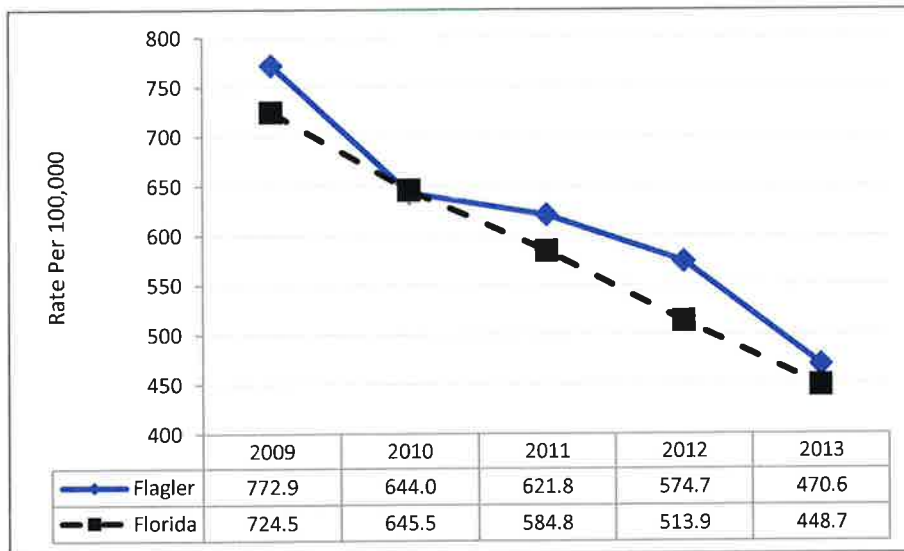
Graph 2.11 Non-fatal Hospitalizations for Self-inflicted Injuries, Ages 12-18



Source: Florida Agency for Health Care Administration

- The Flagler County rate fluctuated and decreased overall from 2008-2010 to 2012-2014
- The Flagler County rate was lower than the Florida rate for each time period reported

Graph 2.12 Referrals to Department of Juvenile Justice



Source: Florida Department of Juvenile Justice

- The Flagler County rate closely followed the Florida trend downward from 2009 to 2013
- The Flagler County rate was higher than the Florida rate in each year except 2010

3. Chronic Disease: Cardiovascular Diseases and Diabetes (including the shared modifiable risk factors of healthy eating & physical activity)

Chronic diseases and conditions—such as heart disease, stroke, cancer, and diabetes—are among the most common, costly, and preventable of all health problems. These conditions shorten lives, reduce quality of life, and create considerable burden for caregivers.

According to the Centers for Disease Control and Prevention (CDC):

- As of 2012, about half of all adults in the United States—117 million people—had one or more chronic health conditions. One of four adults had two or more chronic health conditions.
- Seven of the top 10 causes of death in the United States in 2010 were chronic diseases. Two of these chronic diseases—heart disease and cancer—together accounted for nearly 48% of all deaths. In 2014, 46% of all Flagler County deaths were from heart disease and cancer, with cancer being the leading cause of death according to Florida CHARTS.

Health risk behaviors contribute significantly to this high prevalence of chronic diseases. Four of these health risk behaviors—lack of exercise or physical activity, poor nutrition, tobacco use, and drinking too much alcohol—cause much of the illness, suffering, and early death related to chronic diseases and conditions.

While chronic disease affects health and quality of life, it is also a major driver of health care costs. According to the CDC, in 2010, eighty-six percent of all health care spending was for people with one or more chronic medical conditions.

Cardiovascular Diseases

Heart Disease: The term "heart disease" refers to several types of heart conditions. The most common type of heart disease in the United States is coronary artery disease, which affects the blood flow to the heart. Decreased blood flow can cause a heart attack. The Flagler County heart failure rate and rate among Whites in Flagler County has exceeded the state rate for the last five years.

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

Diabetes: Diabetes is a disease in which blood glucose levels are above normal. Diabetes can cause serious health complications including: heart disease, blindness, kidney failure, and lower-extremity amputations. The A1C test is a common blood test used to diagnose type 1 and type 2 diabetes and then to gauge how well diabetes is being managed. In Flagler County the diabetes death rate was higher than the state rate and there was an age-adjusted death rate disparity for Blacks with diabetes in 4 out of the 5 reporting periods.

Modifiable Risk Factors: Chronic diseases are the leading causes of death not just in Flagler, but worldwide and a small set of common risk factors are responsible for most of the main chronic diseases. These major risk factors are modifiable and the same in men and women; unhealthy diet, physical

inactivity and tobacco use. Harmful alcohol use is also an important contributor to the global burden of disease but its relationship to chronic disease is more complex.

Regular physical activity can help people manage their weight as well as reduce their risk for chronic disease. According to guidelines set by the Centers for Disease Control and Prevention, children and adolescents should get 60 minutes or more of physical activity per day, and adults 18 years and older should get 150 minutes of physical activity per week. Most people do not get the recommended amount of daily activity.

Proximity to exercise opportunities, such as parks and recreation facilities, has been linked to an increase in physical activity among residents. Regular physical activity has a wide array of health benefits including weight control, muscle and bone strengthening, improved mental health and mood, and improved life expectancy.

As reported on the Community Health Survey, Flagler residents' *Top 5 Things that Allow YOU to be Healthy Where You Live are:*

- Access to health care
- Having a clean and healthy environment
- Access to places where they could be active
- Areas where it is easy and safe to walk
- Low Crime rates/safe neighborhoods

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

Obesity Increases Risk of:

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

Adults with Good Physical Health: According to the CDC, physical activity:

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

Children: Inactivity during childhood and adolescence increases the likelihood of being inactive as an adult. Adults who are less active are at greater risk of dying of heart disease and developing diabetes, colon cancer, and high blood pressure. Half of American youths ages 12-21 are not vigorously active on a regular basis, and about 14 percent of young people report no recent physical activity. Participation in all types of physical activity declines drastically with both age and grade in school.

Local Data Summary

Cardiovascular Diseases: The Flagler age-adjusted rate for heart failure deaths increased over the years reported and was higher than the Florida rate. Flagler males had consistently higher rates for heart failure deaths than Flagler females with higher counts for three of five time periods reported. The highest heart failure death rate countywide and for Whites was in ZIP Code 32110 with the highest count in 32164. The counts for both Blacks and Hispanics were fewer than 5 causing the rates to be considered unstable. The hospitalization rate for congestive heart failure decreased over the reporting period and ended slightly lower than the Florida rate. While Blacks and Hispanics had a lower death rate than Whites, the hospitalization rate for Blacks was higher than that of Hispanics and Whites which were very similar.

Regarding coronary heart disease, Flagler's age-adjusted hospitalization rate decreased from 2010 to 2013 then increased in 2014 to end higher than the Florida rate while the age-adjusted death rate increased consistently and remained lower than the Florida rate. Flagler males have coronary heart disease death rates more than twice Flagler females with counts higher in every time period reported. The Hispanic hospitalization rate was consistently lower than the rate for Whites while the rate for Blacks decreased from 2010 to 2011 then increased for the remaining years. The coronary heart disease death rate for Whites mirrored the county rate with the rate for Blacks and Hispanics having been very similar and trended upward more steeply. The coronary heart disease death rate was highest in ZIP Code 32136 though the count was highest in 32164. The highest rate for Blacks and Hispanics was 32137 and the highest rate (and lowest count) for Whites was in 32110.

Hospitalizations with a primary diagnosis of cardiovascular disease and an associated diagnosis of obesity had the highest count overall and among Whites in ZIP code 32164 and the highest rate in 32110. The rate among Blacks was highest in 32110 and more than double the next closest ZIP code, 32137, although 32164 had the highest count. The lowest rates were among Hispanics in all ZIP codes. There were no hospitalizations with these two diagnoses among Blacks or Hispanics in ZIP code 32136.

Regarding stroke, the Flagler age-adjusted rate for both hospitalizations and deaths has remained somewhat steady and similar to the Florida rate. For both hospitalization and death rates, Hispanics in Flagler County had the lowest rates, Whites and Blacks had rates similar to the county rate. The stroke death rate was similar in three ZIP Codes and all were higher than 32164. The rate for Whites was highest in 32110. The rates by ZIP Code for Blacks and Hispanics were considered borderline unstable due to counts of 6 or fewer. In Flagler, the age-adjusted deaths from stroke for females had consistently higher counts and rates than Flagler males. A slightly higher percentage of Flagler adults had been told they had high blood cholesterol than Florida adults. Flagler also had a slightly higher percentage of adults than Florida who had ever been told they had hypertension.

Diabetes: The Flagler age-adjusted Diabetes death rate increased slightly over the reported years and ended slightly higher than the Florida rate. The rate was highest for Blacks (which increased overall) and lowest for Hispanics (which decreased overall) in most years with the White rate similar to the county rate. The diabetes age-adjusted death rates and counts were higher for Flagler males (sometimes twice as high) as for Flagler females. The highest rate for diabetes deaths was in ZIP Code was in 32110 with the highest count in 32137. The highest diabetes death rate for Whites was in ZIP Code 32110 with the highest count in 32164. The ZIP Code rates for Blacks and Hispanics were considered borderline unstable due to counts of 7 or fewer. The rate of preventable hospitalizations for adults under 65 increased over the years reported surpassing the state rate in 2013. Hospitalizations with a primary diagnosis of

diabetes and an associated diagnosis of obesity were highest overall and among Whites in ZIP code 32137 by count and highest in 32110 by rate. Both the count and rate overall and among Whites were lowest in 32164 where there were no hospitalizations among Blacks or Hispanics. The rate among Blacks was higher than all other races/ethnicities in 32110 and 32136 with the 32110 rate more than double 32136 and almost triple the rate of Whites in 32110. Hispanics had the lowest counts and rates in all ZIP codes for all races/ethnicities.

Diabetes hospitalizations for ages 12 to 18 decreased then increased and ended essentially the same as it began remaining below the state rate throughout. The percentage for Flagler adults who have ever been told they had Diabetes was slightly lower than the Florida percentage.

Healthy Eating and Physical Activity: The percentage of middle school students without sufficient vigorous physical activity decreased and was consistently lower than the Florida percentage. For high school students, the percentage decreased then increased ending essentially the same as Florida.

Flagler adults who meet muscle strengthening recommendations had a slightly higher percentage than Florida. In addition, the percentage of Flagler adults who are inactive or insufficiently active is less than Florida. The percentage of WIC children age 2 or older who are overweight or obese decreased over the years reported and was consistently lower than Florida. Similarly, the percentage of middle and high school students who are overweight decreased and was consistently lower than Florida. For middle and high school students who are obese, the Flagler percentage increased and remained lower than the Florida percentage throughout. The percentage of middle school students with a BMI at or above the 95th percentile increased and surpassed the Florida percentage in 2012. High school students with the same BMI percentile also increased but the percentage remained somewhat lower than Florida.

Adults who self-reported being overweight decreased slightly over the years reported and was essentially the same as Florida. Adults who are obese also decreased and fell below the state in 2013. Concurrently, the percentage of adults who self-reported having a healthy weight increased and rose above the state percentage in 2013. Adults who reported consuming five or more servings of fruits or vegetables per day had a slightly lower percentage in Flagler than in Florida statewide. Hospitalizations with nutritional deficiencies were highest in count and rate in 32164. The counts for Blacks and Hispanics in each ZIP Code were 3 or fewer causing the rates to be considered unstable. Although the counts for Whites were not large, the count and rate was highest in 32164. A greater percentage of Flagler adults said their overall health was “good” to “excellent” than did Florida adults.

Indicators Included:

Indicator	Reference
Heart Failure Age-adjusted Death Rate	Graph 3.1
Congestive Heart Failure Age-adjusted Hospitalization Rate	Graph 3.2
Age-adjusted Heart Failure Death Rate, by Gender	Table 3.1
Heart Failure Crude Death Rate, by ZIP Code	Table 3.2
Coronary Heart Disease Age-adjusted Hospitalization Rate	Graph 3.3
Coronary Heart Disease Age-adjusted Death Rate	Graph 3.4
Coronary Heart Disease Age-adjusted Death Rate, by Gender	Table 3.3
Coronary Heart Disease Crude Death Rate, by ZIP Code	Table 3.4

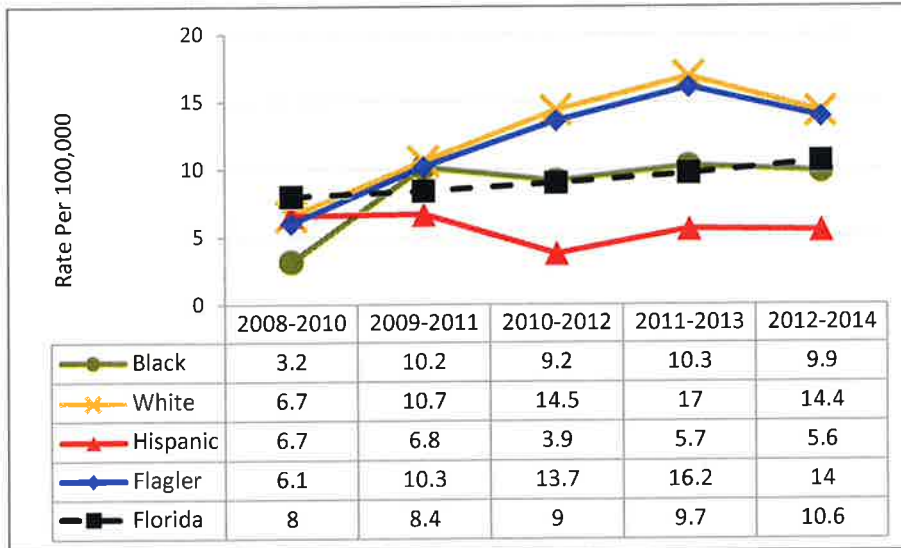
Indicator	Reference
Hospitalizations from Cardiovascular Disease with Obesity, by Race, Ethnicity and ZIP Code	Table 3.5
Stroke Age-adjusted Hospitalization Rate	Graph 3.5
Stroke Age-adjusted Death Rate	Graph 3.6
Stroke Age-adjusted Death Rate, by Gender	Table 3.6
Stroke Crude Death Rates, by ZIP Code	Table 3.7
Adults Who Have Ever Been Told They Had High Blood Cholesterol	Table 3.8
Adults Who Have Ever Been Told They Had Hypertension	Table 3.9
Diabetes Age-adjusted Death Rates	Graph 3.7
Preventable Hospitalizations Under 65 from Diabetes Per 100,000	Graph 3.8
Diabetes Hospitalizations, Ages 12-18	Graph 3.9
Percentage of Adults Who Have Ever Been Told They Had Diabetes	Table 3.10
Hospitalizations from Diabetes with Obesity, by Race, Ethnicity and ZIP Code	Table 3.11
Diabetes Age-adjusted Death Rate, by Gender	Table 3.12
Diabetes Crude Death Rate, by ZIP Code	Table 3.13
Middle School Students Without Sufficient Vigorous Physical Activity	Graph 3.10
High School Students Without Sufficient Vigorous Physical Activity	Graph 3.11
Adults Who Meet Muscle Strengthening Recommendations	Table 3.14
Adults Who Are Inactive or Insufficiently Active	Table 3.15
WIC Children >=2 Years Who Are Overweight or Obese	Graph 3.12
Middle and High School Students Who Are Overweight	Graph 3.13
Middle and High School Students Who Are Obese	Graph 3.14
Middle School students reporting BMI at or above 95th percentile	Graph 3.15
High School students reporting BMI at or above 95th percentile	Graph 3.16
Adults Who Are Overweight	Graph 3.17
Adults Who Are Obese	Graph 3.18
Adults Who Are at a Healthy Weight	Graph 3.19
Adults Who Consumed Five or More Servings of Fruits or Vegetables Per Day	Table 3.16
Hospitalizations with Nutritional Deficiencies by Race, Ethnicity and ZIP Code	Table 3.17
Adults Who Said Their Overall Health Was "Good" to "Excellent"	Table 3.18

Other Data:

Other data related to **Chronic Disease: Cardiovascular Diseases and Diabetes** can be found here:

- **Graph 1.1:** Adults Who Engage in Heavy or Binge Drinking
- **Table 1.5:** Adults Who Are Current Smokers

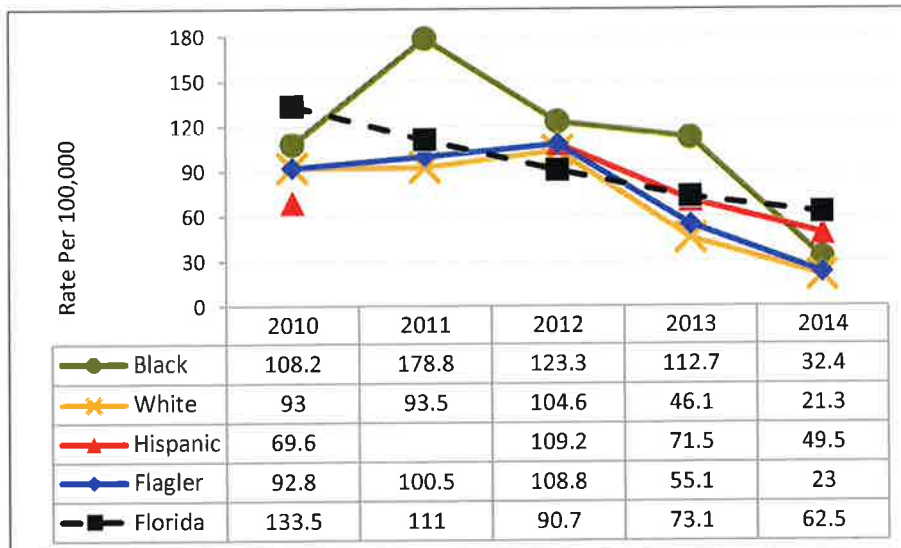
Graph 3.1 Heart Failure Age-adjusted Death Rate



Source: Florida Department of Health, Bureau of Vital Statistics

- The Flagler County rate and rate among Whites in Flagler County trended upward and rose above the Florida rate for four of the five time periods reported
- The rate among Hispanics in Flagler County was lower than all Flagler groups from 2009-2011 to 2012-2014
- The rate among Blacks in Flagler County was lower than the Flagler County rate for each time period reported

Graph 3.2 Congestive Heart Failure Age-adjusted Hospitalization Rate



Source: Florida Agency for Health Care Administration

- The Flagler County rate was below the Florida rate for each year reported except 2012
- The rate among Blacks was the highest of all Flagler County groups for four of the five years reported
- The rate among Hispanics in Flagler County was higher than the Flagler County rate for three of the five years reported (no data was reported for 2011)

Table 3.1 Age-adjusted Heart Failure Death Rate, 3-Year Rolling Rates, by Gender

Years	Male		Female	
	Count	Rate	Count	Rate
2008-2010	20	7.9	15	4.7
2009-2011	25	11.4	28	9.3
2010-2012	28	14.1	36	13.4
2011-2013	40	18.7	39	14.1
2012-2014	37	16.0	35	12.4

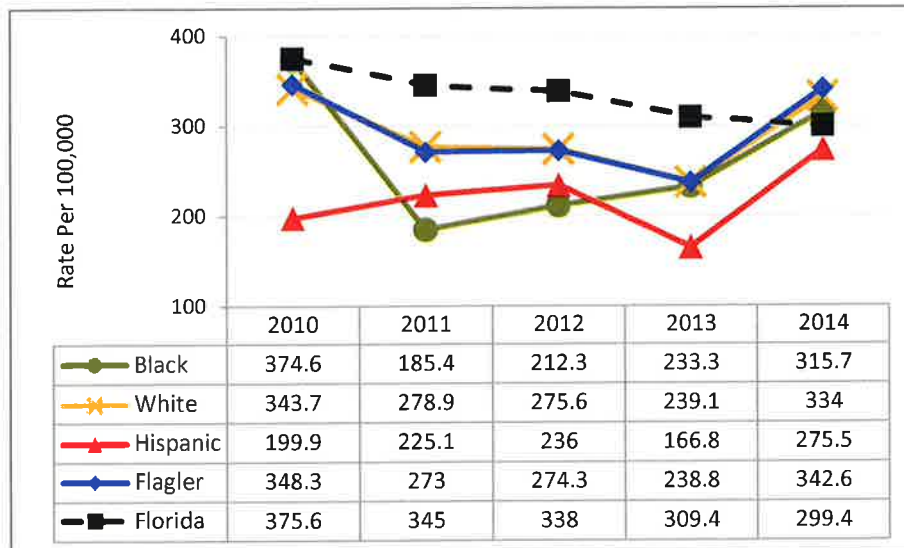
Source: Florida Department of Health, Bureau of Vital Statistics
 Note: Rates are per 100,000

Table 3.2 Heart Failure Death Rate, 3-Year Rolling Rates, 2012-2014, by ZIP Code

ZIP Code	ZIP Count	ZIP Rate	Black Count	Black Rate	White Count	White Rate	Hispanic Count	Hispanic Rate
32110	7	30.8	1	12.2	5	39.2	0	0.0
32136	6	26.8	0	0.0	6	27.6	0	0.0
32137	24	21.7	1	11.1	22	25.8	0	0.0
32164	33	25.0	4	20.8	26	28.0	1	7.3

Source: Florida Department of Health, Bureau of Vital Statistics
 Note: Crude Rate per 100,000 Population

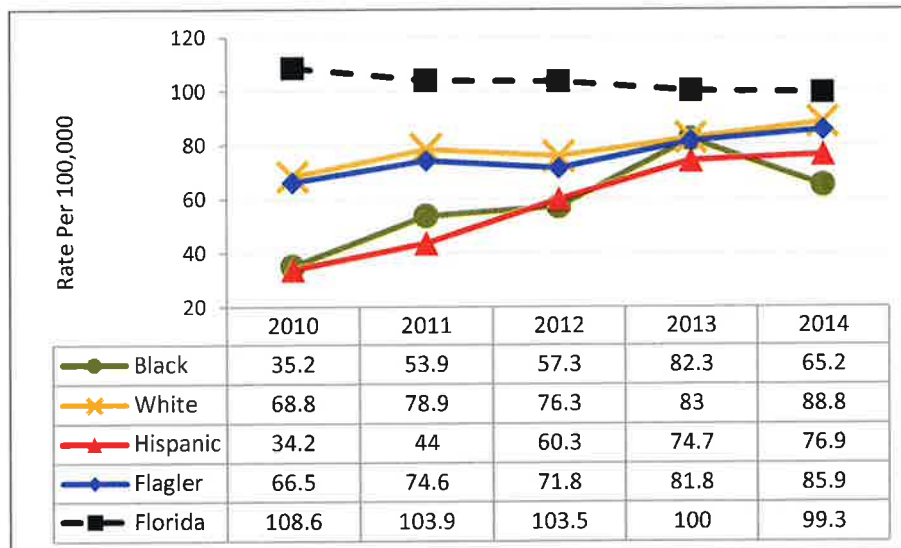
Graph 3.3 Coronary Heart Disease Age-adjusted Hospitalization Rate



Source: Florida Agency for Health Care Administration

- The rates for all Flagler County groups were below the Florida rate except in 2014
- The rate among Hispanics in Flagler County was consistently lower than the Flagler County rate from 2010 through 2014
- The rate among Blacks in Flagler County was lower than the Flagler County rate for four of the five years reported

Graph 3.4 Coronary Heart Disease Age-adjusted Death Rate



Source: Florida Department of Health, Bureau of Vital Statistics

- The Flagler County rate trended upward and remained below the Florida rate throughout the five-year period
- The rates among Blacks in Flagler County was lower than the Flagler rate in all years reported except 2013
- The rate among Hispanics in Flagler County was lower than the Flagler County rate for all years reported

Table 3.3 Coronary Heart Disease Age-adjusted Death Rate, 3-Year Rolling Rates, by Gender

Years	Male		Female	
	Count	Rate	Count	Rate
2008-2010	197	85.1	124	39.6
2009-2011	213	96.9	118	40.2
2010-2012	226	102.3	124	45.0
2011-2013	242	108.0	135	48.8
2012-2014	262	113.4	147	51.3

Source: Florida Department of Health, Bureau of Vital Statistics
 Note: Rates are per 100,000

Table 3.4 Coronary Heart Disease Death Rate, 3-Year Rolling Rates, 2012-2014, by ZIP Code

ZIP Code	ZIP Count	ZIP Rate	Black Count	Black Rate	White Count	White Rate	Hispanic Count	Hispanic Rate
32110	40	175.8	1	12.2	38	297.6	1	89.2
32136	45	200.9	0	0.0	45	206.8	0	0.0
32137	154	138.9	12	133.8	130	152.2	9	152.2
32164	159	120.4	17	88.3	128	137.8	11	80.1

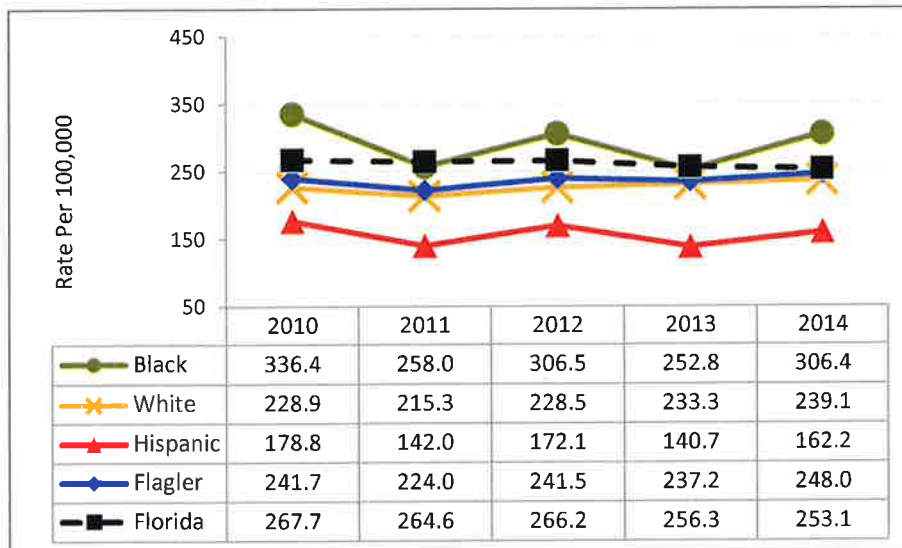
Source: Florida Department of Health, Bureau of Vital Statistics
 Note: Crude Rate per 100,000 Population

Table 3.5 Hospitalizations from Cardiovascular Disease with an Associated Diagnosis of Obesity, by Race, Ethnicity and ZIP Code, 2014

Zip Code	ZIP Count	ZIP Rate	Black Count	Black Rate	White Count	White Rate	Hispanic Count	Hispanic Rate
32110	60	768.0	14	1342.3	45	734.6	1	326.8
32136	31	421.3	0	0.0	30	422.2	0	0.0
32137	172	450.1	19	626.4	139	478.1	7	175.7
32164	221	503.3	30	465.6	173	562.4	17	364.1

Source: Florida Agency for Health Care Administration
 Note: Crude Rate per 100,000 Population

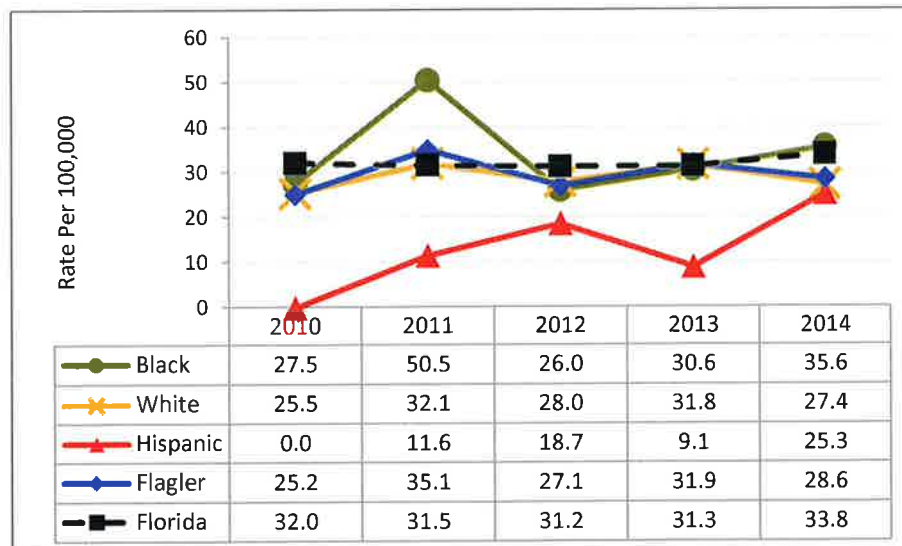
Graph 3.5 Stroke Age-adjusted Hospitalization Rate



Source: Florida Agency for Health Care Administration

- The Flagler County rate was consistently lower than the Florida rate and remained steady
- The rate among Blacks in Flagler County was higher than the Flagler County rate for all years reported
- The rate among Hispanics in Flagler County was the lowest rate of all the groups for all years reported

Graph 3.6 Stroke Age-adjusted Death Rate



Source: Florida Department of Health, Bureau of Vital Statistics

- The Flagler County rate varied going above and below the state rate intermittently
- The rate among Hispanics in Flagler County was consistently lower than all other groups over the years reported
- The trend line for Hispanics in Flagler County was headed upward over the years reported

Table 3.6 Stroke Age-adjusted Death Rate, 3-Year Rolling Rates, by Gender

Years	Male		Female	
	Count	Rate	Count	Rate
2008-2010	54	21.8	79	26.1
2009-2011	53	23.9	86	29.4
2010-2012	56	26.0	87	31.2
2011-2013	68	30.6	87	31.5
2012-2014	60	25.2	93	32.1

Source: Florida Department of Health, Bureau of Vital Statistics
 Note: Rates are per 100,000

Table 3.7 Stroke Death Rate, 3-Year Rolling Rates, 2012-2014, by ZIP Code

ZIP Code	ZIP Count	ZIP Rate	Black Count	Black Rate	White Count	White Rate	Hispanic Count	Hispanic Rate
32110	14	61.5	4	48.9	10	78.3	0	0.0
32136	15	67.0	0	0.0	15	68.9	0	0.0
32137	71	64.1	6	66.9	60	70.3	2	18.5
32164	50	37.9	5	26.0	40	43.1	4	29.1

Source: Florida Department of Health, Bureau of Vital Statistics
 Note: Crude Rate per 100,000 Population

Table 3.8 Adults Who Have Ever Been Told They Had High Blood Cholesterol

Adults who have ever been told they had high blood cholesterol, 2013	Flagler	Florida
	Percent	Percent
Total – Overall	35.3	33.4
Men	33.7	33.6
Women	36.7	33.2
Non-Hispanic, White	39.1	39.0
Non-Hispanic, Black	NA	24.5
Hispanic	NA	27.5
18-44	10.0	13.6
45-64	40.6	42.4
65 & Older	55.1	55.7
< High School	NA	33.9
High School/GED	35.3	32.8
> High School	34.8	33.6
< \$25,000	26.2	32.1
\$25,000-\$49,999	41.5	34.5
\$50,000 or More	39.2	34.0

Source: Florida Behavioral Risk Factor Surveillance System
 NA=Not available due to respondent counts of less than 30

Table 3.9 Adults Who Have Ever Been Told They Had Hypertension

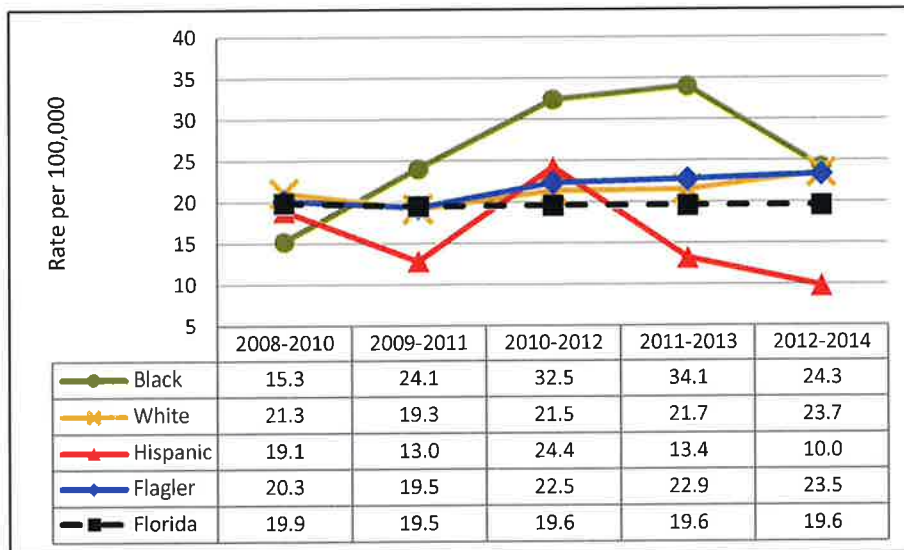
Adults who have ever been told they had hypertension, 2013	Flagler	Florida
	Percent	Percent
Total – Overall	35.2	34.6
Men	35.8	37.2
Women	34.6	32.1
Non-Hispanic, White	34.7	38.4
Non-Hispanic, Black	NA	33.7
Hispanic	NA	28.3
18-44	6.8	13.8
45-64	35.6	41.1
65 & Older	62.4	62.8
< High School	NA	42.3
High School/GED	34.6	35.8
> High School	34.9	31.9
< \$25,000	24.3*	37.5
\$25,000-\$49,999	45.5	36.9
\$50,000 or More	37.8	30.7

Source: Florida Behavioral Risk Factor Surveillance System

*Indicates that the difference observed between the 2013 county and state measures is statistically significant.

NA=Not available due to respondent counts of less than 30

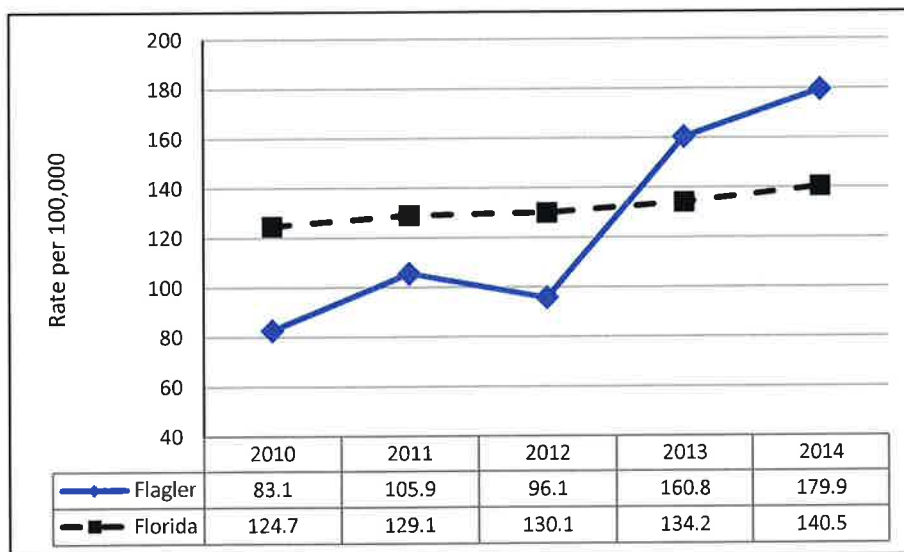
Graph 3.7 Diabetes Age-adjusted Death Rates



Source: Florida Department of Health, Bureau of Vital Statistics

- The Flagler County rate increased over the reporting period and was equal to or above the Florida rate
- The rate among Blacks in Flagler County was higher than all groups for four of the five time periods reported
- The rate among Hispanics in Flagler County fluctuated and was below the Flagler County rate for four of the five time periods reported

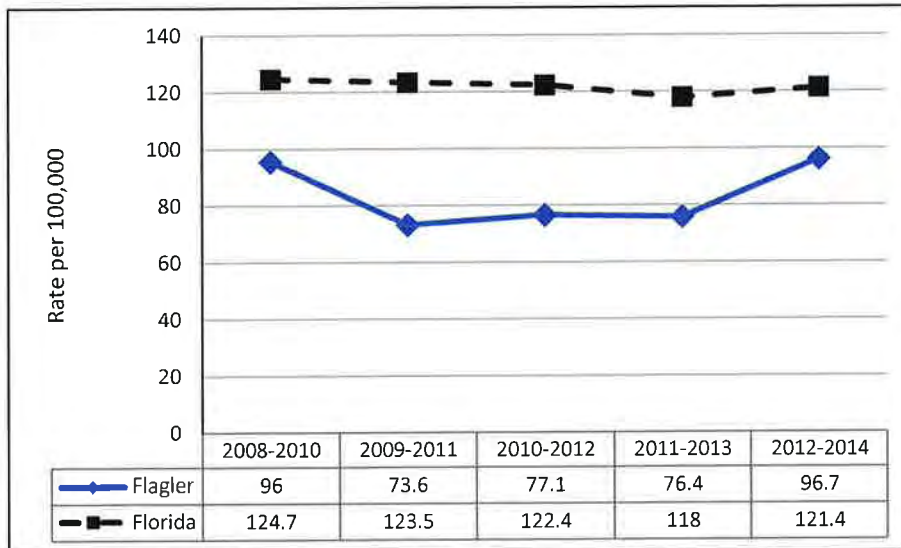
Graph 3.8 Preventable Hospitalizations Adults Under 65 from Diabetes



Source: Florida Agency for Health Care Administration

- The Flagler County rate started below the Florida rate in 2010 and rose above beginning in 2013
- The Flagler County rate trended upward over the years reported showing a 96.8-point increase

Graph 3.9 Diabetes Hospitalizations, Ages 12-18



Source: Florida Agency for Health Care Administration

- The Flagler County rate was consistently below the Florida rate over the years reported
- The rate for Flagler County began to show a decreasing trend by 2009-2011 but during the 2011-2013 time frame the trend started to increase with the rate ending almost where it began over the reported period

Table 3.10 Adults Who Have Ever Been Told They Had Diabetes

Adults who have ever been told they had diabetes, 2013	Flagler	Florida
	Percent	Percent
Total – Overall	9.8	11.2
Men	11.6	12.3
Women	8.2	10.1
Non-Hispanic, White	11.2	11.4
Non-Hispanic, Black	NA	12.3
Hispanic	NA	10.8
18-44	0.9	2.6
45-64	11.4	13.5
65 & Older	16.8	23.5
< High School	NA	18.0
High School/GED	10.4	11.5
> High School	9.4	9.2
< \$25,000	10.8	14.8
\$25,000-\$49,999	9.0	11.9
\$50,000 or More	11.4	7.5

Source: Florida Behavioral Risk Factor Surveillance System
NA=Not available due to respondent counts of less than 30

Table 3.11 Hospitalizations from Diabetes with an Associated Diagnosis of Obesity, by Race, Ethnicity and ZIP Code, 2014

ZIP Code	ZIP Count	ZIP Rate	Black Count	Black Rate	White Count	White Rate	Hispanic Count	Hispanic Rate
32110	36	460.8	12	1150.5	24	391.8	0	0.0
32136	102	266.9	15	494.6	79	271.7	5	125.5
32137	123	280.1	18	279.4	95	308.8	8	171.3
32164	19	258.2	0	0.0	18	253.3	0	0.0

Source: Florida Agency for Health Care Administration
 Note: Crude rate per 100,000 Population

Table 3.12 Diabetes Age-adjusted Death Rate, 3-Year Rolling Rates, by Gender

Years	Male		Female	
	Count	Rate	Count	Rate
2008-2010	67	29.0	33	13.0
2009-2011	67	28.9	30	11.4
2010-2012	63	28.5	45	17.1
2011-2013	66	29.0	49	17.5
2012-2014	68	30.3	49	17.5

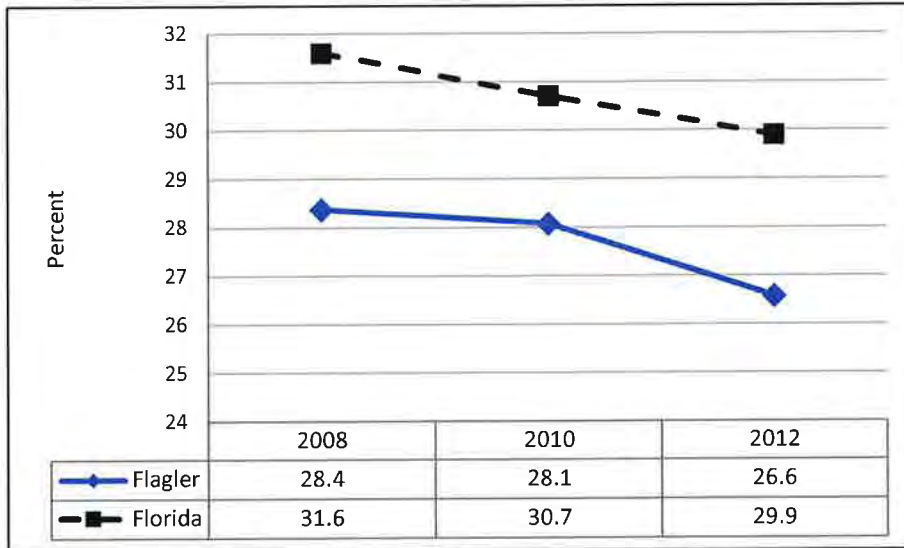
Source: Florida Department of Health, Bureau of Vital Statistics
 Note: Rates are per 100,000

Table 3.13 Diabetes Death Rate, 3-Year Rolling Rates, 2012-2014, by ZIP Code

ZIP Code	ZIP Count	ZIP Rate	Black Count	Black Rate	White Count	White Rate	Hispanic Count	Hispanic Rate
32110	13	57.1	0	0.0	13	101.8	0	0.0
32136	8	35.7	0	0.0	8	36.8	0	0.0
32137	50	45.1	7	78.0	37	43.3	5	46.2
32164	35	26.5	5	26.0	40	43.1	0	0.0

Source: Florida Department of Health, Bureau of Vital Statistics
 Note: Crude Rate per 100,000 Population

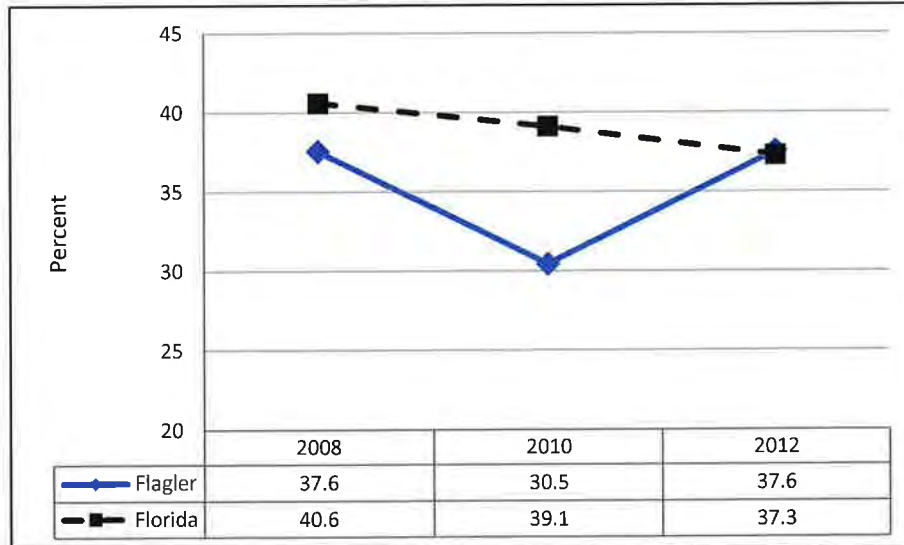
Graph 3.10 Middle School Students Without Sufficient Vigorous Physical Activity



Source: Florida Youth Tobacco Survey

- The Flagler County percentage showed a steady decline over the time reported
- The Flagler County percentage was below the Florida percentage at each measurement period reported

Graph 3.11 High School Students Without Sufficient Vigorous Physical Activity



Source: Florida Youth Tobacco Survey

- The Flagler County percentage has remained unchanged comparing 2008 to 2012 although it declined in 2010
- With the exception of 2012, the Flagler County percentage has been below the Florida percentage for the years reported

Table 3.14 Adults Who Meet Muscle Strengthening Recommendations

Adults who meet muscle strengthening recommendations, 2013	Flagler	Florida
	Percent	Percent
Total – Overall	30.4	29.6
Men	37.4	36.0
Women	24.3	23.6
Non-Hispanic, White	31.5	29.3
Non-Hispanic, Black	NA	35.0
Hispanic	NA	28.0
18-44	45.5	37.4
45-64	24.6	25.4
65 & Older	20.2	21.8
< High School	NA	20.7
High School/GED	20.5	26.2
> High School	35.1	33.8
< \$25,000	30.1	23.6
\$25,000-\$49,999	24.4	27.1
\$50,000 or More	37.2	37.3

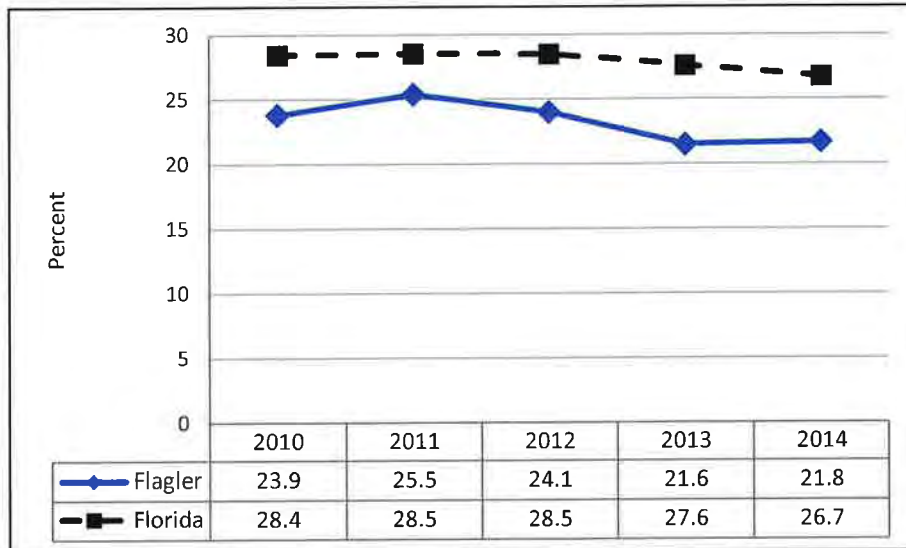
Source: Florida Behavioral Risk Factor Surveillance System
 NA=Not available due to respondent counts of less than 30

Table 3.15 Adults Who Are Inactive or Insufficiently Active

Adults who are inactive or insufficiently active, 2013	Flagler	Florida
	Percent	Percent
Total – Overall	45.2	52.9
Men	45.6	51.1
Women	44.9	54.5
Non-Hispanic, White	40.7	48.8
Non-Hispanic, Black	NA	56.9
Hispanic	NA	59.3
18-44	56.2	54.3
45-64	44.7	55.2
65 & Older	35.0*	47.5
< High School	NA	64.2
High School/GED	45.5	55.6
> High School	45.9	48.4
< \$25,000	52.3	61.0
\$25,000-\$49,999	45.0	56.2
\$50,000 or More	35.0	43.5

Source: Florida Behavioral Risk Factor Surveillance System
 *Indicates that the difference observed between the 2013 county and state measures is statistically significant
 NA=Not available due to respondent counts of less than 30

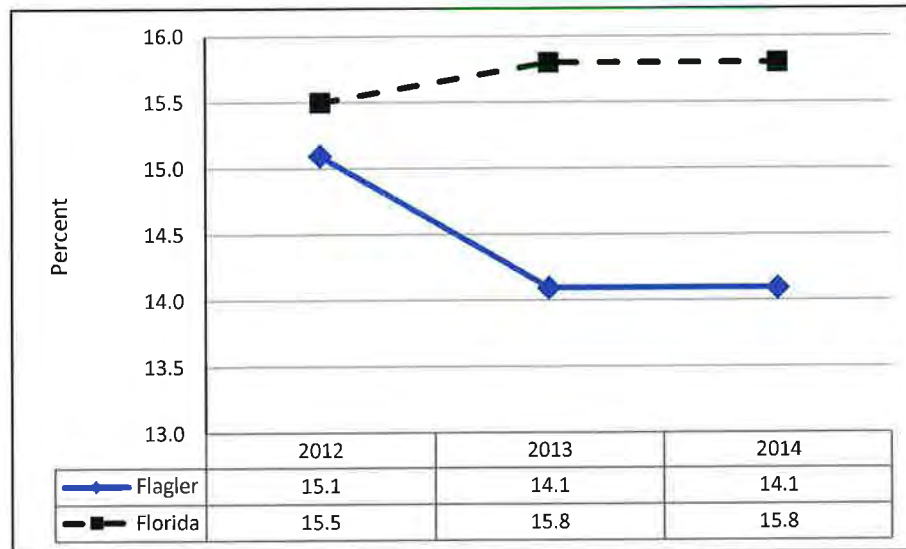
Graph 3.12 WIC Children >=2 Years Who Are Overweight or Obese



Source: Florida Department of Health, WIC and Nutrition Services

- The Flagler County percentage was consistently below the state percentage throughout the five-year period
- The Flagler County percentage decreased by 9 percent from 2010 to 2014

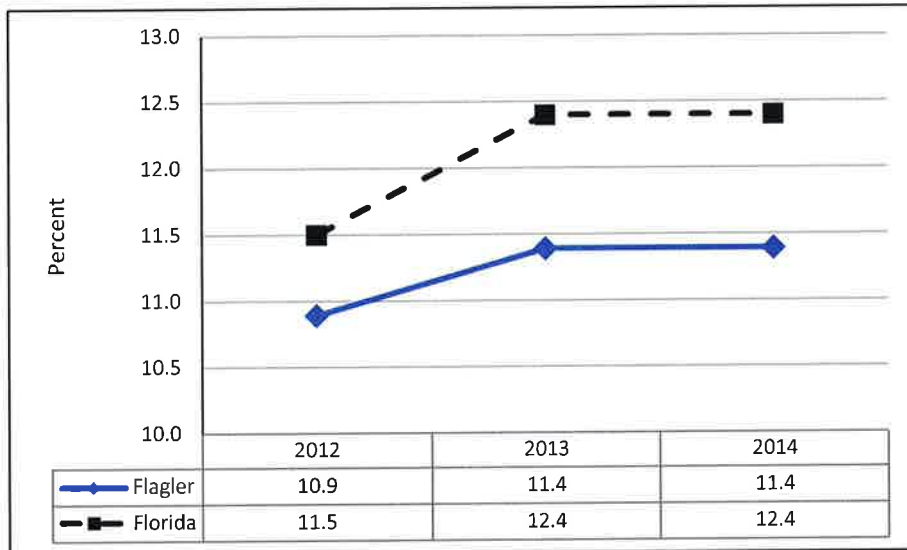
Graph 3.13 Middle and High School Students Who Are Overweight



Source: Florida Youth Tobacco Survey

- There was an overall decrease of 1% in the Flagler County percentage over the reporting period
- The Flagler County percentage remained below the Florida percentage over the years reported

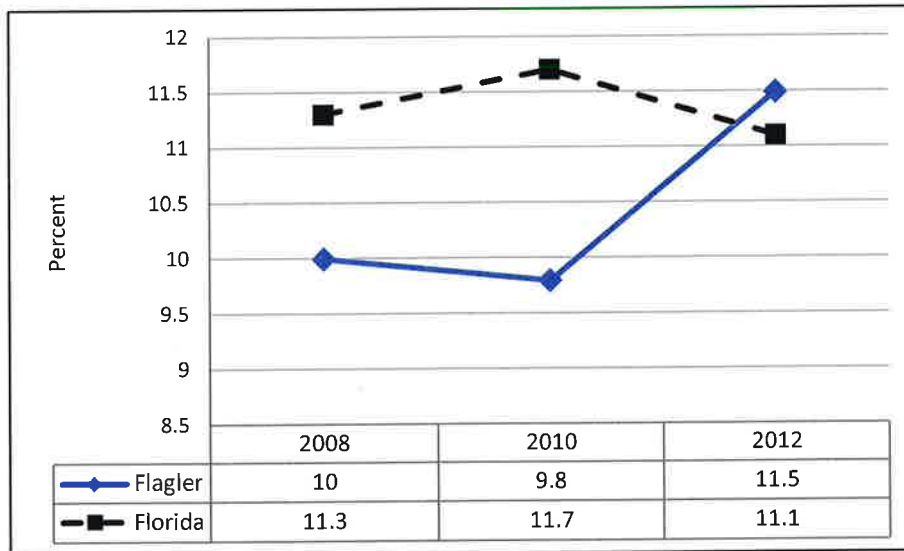
Graph 3.14 Middle and High School Students Who Are Obese



Source: Florida Youth Tobacco Survey

- The Flagler County percentage increased by .5% overall
- The Flagler County percentage was below the Florida percentage throughout the years reported

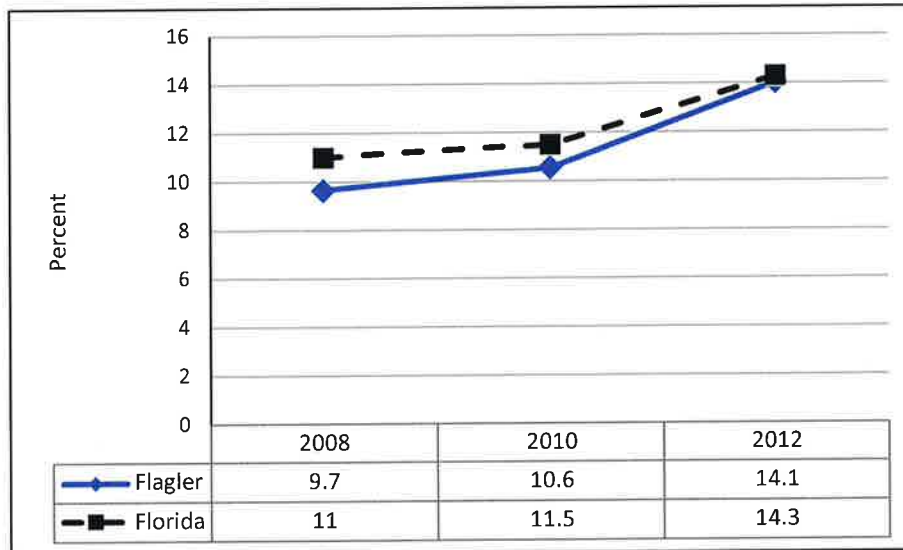
Graph 3.15 Middle School Students with BMI at or above 95th Percentile



Source: Florida Department of Health, Bureau of Epidemiology

- The Flagler County percentage started below the state percentage in 2008 then rose above it in 2012
- The Flagler County trend increased from 2010 to 2012 and overall

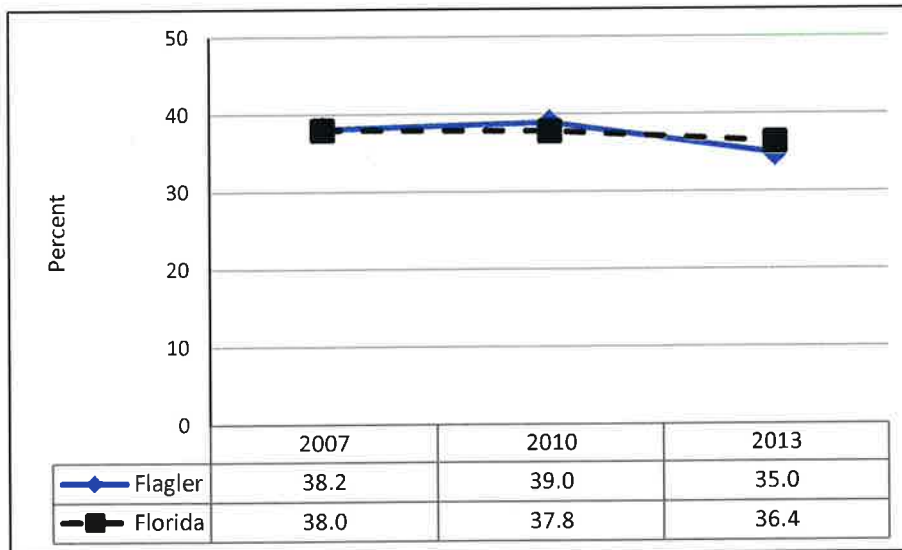
Graph 3.16 High School Students with BMI at or above 95th Percentile



Source: Florida Department of Health, Bureau of Epidemiology

- There was an increasing trend for the Flagler County percentage from 2008 to 2012
- The percentage for Flagler County was lower than the state percentage throughout the reported years
- There was a 45% increase in the Flagler County percentage from 2008 to 2012

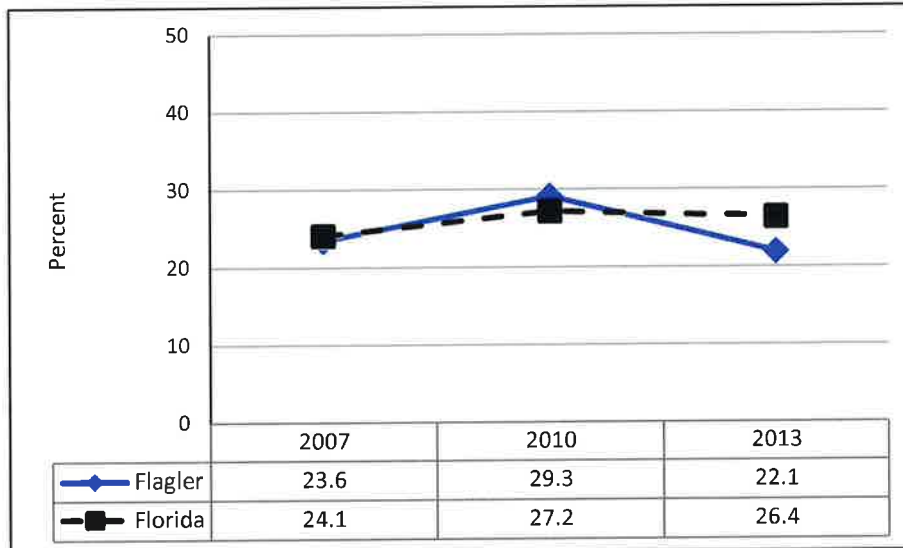
Graph 3.17 Adults Who Are Overweight



Source: Florida Behavioral Risk Factor Surveillance System

- Flagler County had trended slightly downward from 2007 to 2013
- The Flagler County percentage and trend was very similar to the Florida percentage and trend throughout the reporting period

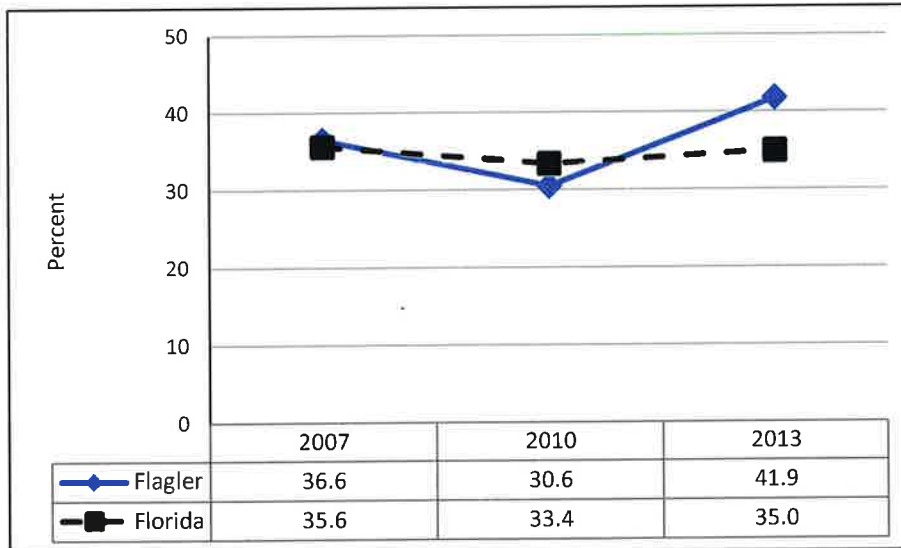
Graph 3.18 Adults Who Are Obese



Source: Florida Behavioral Risk Factor Surveillance System

- The Flagler County percentage fluctuated and decreased overall during the measurement period
- The Flagler County percentage began and ended below the Florida percentage and was slightly above in the middle year reported

Graph 3.19 Adults Who Have a Healthy Weight



Source: Florida Behavioral Risk Factor Surveillance System

- The Flagler County percentage fluctuated and increased overall during the years reported
- The Flagler County percentage began and ended higher than the Florida percentage and was lower in the middle year reported

Table 3.16 Adults Who Consumed Five or More Servings of Fruits or Vegetables per Day

Adults who consumed five or more servings of fruits or vegetables per day, 2013	Flagler	Florida
	Percent	Percent
Total – Overall	17.1	18.3
Men	11.9	16.1
Women	21.7	20.4
Non-Hispanic, White	15.8	16.3
Non-Hispanic, Black	NA	22.4
Hispanic	NA	19.8
18-44	16.4	19.9
45-64	14.0	17.9
65 & Older	19.8	16.2
< High School	NA	18.7
High School/GED	10.4	14.5
> High School	20.5	20.4
< \$25,000	15.1	17.7
\$25,000-\$49,999	19.2	19.0
\$50,000 or More	17.5	19.7

Source: Florida Behavioral Risk Factor Surveillance System
 NA=Not available due to respondent counts of less than 30

Table 3.17 Hospitalizations with Nutritional Deficiencies by Race, Ethnicity and ZIP Code, 2014

ZIP Code	ZIP Count	ZIP Rate	Black Count	Black Rate	White Count	White Rate	Hispanic Count	Hispanic Rate
32110	2	158.2	0	0.0	2	200.0	0	0.0
32137	17	354.5	3	634.2	12	295.9	1	436.7
32164	22	408.3	2	244.5	19	448.3	1	317.5
32136	2	201.4	0	0.0	2	207.3	0	0.0

Source: Florida Agency for Health Care Administration
 Note: Rate per 100,000 Population

Table 3.18 Adults Who Said Their Overall Health Was “Good” to “Excellent”

Adults who said their overall health was “good” to “excellent”, 2013	Flagler	Florida
	Percent	Percent
Total – Overall	86.6*	80.5
Men	87.7	81.6
Women	85.6	79.4
Non-Hispanic, White	88.3*	82.3
Non-Hispanic, Black	NA	80.3
Hispanic	NA	76.0
18-44	91.5	86.9
45-64	86.1*	76.3
65 & Older	82.3	74.6
< High School	NA	63.3
High School/GED	85.2	79.3
> High School	88.7	85.8
< \$25,000	78.7*	66.3
\$25,000-\$49,999	85.9	82.2
\$50,000 or More	94.2	91.9

Source: Florida Behavioral Risk Factor Surveillance System

*Indicates that the difference observed between the 2013 county and state measures is statistically significant

NA=Not available due to respondent counts of less than 30

4. Mothers and Children Under Age 5

Improving the well-being of mothers, infants, and children is an important public health goal for the United States. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the health care system (Healthy People 2020). There is now extensive evidence that conditions before birth and in early childhood influence health in adult life. For example, low birth weight is now known to be associated with increased rates of high blood pressure, heart disease, stroke and diabetes.

Factors Affecting Pregnancy, Infant and Child Health:

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

Low Birth Weight: Birth weight is one of the strongest predictors of an infant's health and survival. Low birth weight is often associated with premature birth. Babies born with a low birth weight are more likely to require specialized medical care and there may be risk of infant death or long-term disability.

Fetal Mortality: Fetal mortality is the death of a fetus or baby after 20 weeks' gestation. Florida CHARTS notes that fetal mortality and the fetal mortality rate reflect the health and well-being of the population's reproductive-age women, their pregnancies, and quality of the health care available.

Infant Mortality: Infant mortality is the death of a live-born baby during the first year of life. Pre-term birth (<37 weeks gestation) is a major contributor to infant mortality. Florida CHARTS states that infant mortality and the infant mortality rate reflect the health and well-being of the population's women of reproductive age and their infants as well as the quality of health care available. It further states that infant mortality information is used by local governments and organizations to identify areas in need and designate available resources.

Births to Mothers with First Trimester Prenatal Care: Prenatal care refers to the medical care that women receive during pregnancy. Babies born to mothers who do not receive prenatal care are three times more likely to have a low birth weight and five times more likely to die than those born to mothers who do get care. To achieve the greatest benefit for both the mother and baby, it is recommended that women begin prenatal visits in the first trimester of pregnancy or as soon as pregnancy is suspected or confirmed.

Teen Pregnancy: According to Florida CHARTS, teen pregnancy is a critical public health issue that affects the health, educational, social and economic future of the mother and child. Teen pregnancy is closely linked to a host of other critical social issues as well: welfare dependency, out-of-wedlock births, responsible fatherhood, and workforce development in particular. Adolescents are less likely to seek out prenatal care because they are afraid or embarrassed. This phenomenon and the immature physical nature of adolescents result in higher rates of low birth weight babies than in other age groups.

Early Child Development: According to the World Health Organization, early childhood development is considered to be the most important phase in life which determines the quality of health, well-being,

learning and behavior across the life span. It is a period of great opportunity, but also of great vulnerability to negative influences and constitutes a unique phase for capitalizing on developmental forces to prevent or minimize disabilities and potential secondary conditions.

Health Insurance: Health insurance plays a vital role in helping children to stay healthy. Children require regular checkups, dental and vision care, vaccinations and medical attention for illness and injury. Children with health insurance are more likely to have better health throughout their childhood and adolescence, as they have access to care. Having access to regular screenings and immunizations improves school performance through less frequent illnesses and absences, therefore reducing overall health costs.

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

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

Early Learning and School Readiness: Child Trends reports that children with early skills are more likely to experience later success in education and employment. Flagler's Kindergarten readiness rates have slightly improved over the years despite a decline in participation in Voluntary Pre-Kindergarten Programs. A child's brain is already 80% formed by age 3; 90% by age 5, so exposing young children to early learning activities that help with language, social and emotional development, and equipping parents and caregivers with the skills to successfully support their children will improve not only their childhood but their future as an adult.

Local Data Summary

Births and Maternal Characteristics: Births to mothers ages 10-14 were 1 or fewer per year over the years reported as the rate decreased and was below the state rate from 2010-2012 to 2012-2014. Births to mothers ages 15-19 also decreased over the five years reported with the Flagler rate and Florida rate ending almost the same. The rate for Blacks was higher than Whites or Hispanics for four of the five years reported and decreased overall. The rate for Whites and Hispanics varied as to which was higher each year and each decreased overall.

The birth rate for mothers at a healthy weight at the time pregnancy occurred remained steady and below the state rate for the years reported. Births rates for mothers at a healthy weight were highest in ZIP Code 32137 although the highest count was in 32164. The highest count and rate for Black mothers at a healthy weight were in 32164. For White and Hispanic mothers at a healthy weight, the counts were highest in 32164 with the rates highest in 32137. The percentage of births to overweight mothers fluctuated slightly over the reported years and decreased ending slightly below the state percentage. The percentages for overweight Black mothers were the highest of all groups for three of the five years and lowest for White mothers for four of the five years reported. The count for births to mothers who were overweight was highest in 32164 with the highest rate in 32136. The highest rates for Black, White and Hispanic mothers who were overweight was in 32136 which also had the lowest counts for each group. The percent of mothers who were obese at the time pregnancy occurred remained steady over the years reported and very similar to the state percentage. Percentages for obese Black mothers were

the highest of all groups for four of the five years and the percentage for Hispanic mothers was higher than White mothers for three of the five years reported. Rates for births to mothers who were obese at the time of pregnancy were highest in ZIP Code 32110 but the counts were highest in 32164. The rate for Black mothers who were obese was highest in 32137, highest for White mothers in 32110, and highest for Hispanic mothers in 32164. The counts for births to mothers who were underweight at the time of pregnancy were small with the highest rate in 32110 which also had the highest rate for White mothers. The counts for underweight Black and Hispanic mothers were 6 and fewer causing those rates to be considered unstable.

The percent of births to mother over age 18 without a high school education fluctuated and increased overall. The percentages for Black mothers and Hispanic mothers without a high school education exceeded that of White mothers each year with Black mothers having the highest percentage for three of five years. The Flagler percentage as well as the percentage for Whites and Hispanics without a high school education were lower than the state percentage throughout except for Hispanic mothers in 2011. Births to unwed mothers ages 15-19 and ages 20-54 increased slightly over the reported years and were very similar to the Florida percentages for both age groups.

Repeat Births: The number of repeat births to mothers ages 15 to 17 was 5 or fewer for each of the three-year periods reported causing the rate to be considered unstable. The Flagler percentage for repeat births to ages 15 to 17 and the percentages for Blacks, Whites, and Hispanics all decreased to 0 in 2012-2014 and were consistently below the Florida rate. The Flagler percentage of repeat births to mothers ages 15 to 19 decreased overall and was lower than the Florida percentage for all years reported. The percentages for Black mothers and Hispanic mothers for repeat births ages 15 to 19 started higher and ended lower than for White mothers. The percentage of repeat births to mothers age 18 to 19 decreased slightly overall and was very similar to the Florida percentage. The count for Black mothers and Hispanic mothers ages 18 to 19 having repeat births was 3 or fewer for each year from 2010 to 2014 which caused the rate to be considered unstable for those groups.

Maternal Health: The percentage of births with an inter-pregnancy interval of less than 18 months was the same in 2010 as it was in 2014 with a slight increase in 2012. The Flagler percentage was lower than the Florida percentage in all years reported except 2012. The percentage for Hispanic mothers increased and was the lowest of all groups for four of the five years. The percentage for Black mothers also increased and was the highest of all groups for three of the five years. The Flagler percentage of mothers who reported smoking during pregnancy fluctuated and ended essentially as it began and was higher than the Florida percentage throughout. The percentage for White mothers was the highest of all groups throughout with the percentages for Black mothers and Hispanic mothers similar to the Florida percentage. The Flagler rate for bacterial STDs among women ages 15 to 34 was consistently lower than the Florida rate and decreased over the reporting period. Women over the age of 17 self-reported heavy or binge drinking at a fluctuating percentage between 2007 and 2013 starting the same as the state percentage and ending higher.

Birth Characteristics: The Flagler percentage of very-low-birth-weight (VLBW) births remained steady and was consistently below the Florida percentage. The count for VLBW births for Blacks and Hispanics was 4 or fewer for each year from 2010 through 2014 causing the rates to be considered unstable for those groups. The Flagler percentage of low-birth-weight (LBW) births fluctuated slightly over the reporting period and ended essentially as it began and was lower than the Florida percentage throughout. The percentage for Black LWB births was the highest of all groups for all years. The LBW birth percentages for Whites and Hispanics were similar to the Flagler percentages. The highest

percentage for LWB was in ZIP Code 32136 which had the lowest count which was also the case for White LBW births. The counts for Black and Hispanic LBW births in each ZIP Code were 6 or fewer causing the rates to be considered unstable. The percentage of multiple births in Flagler were steady with a slight increase in 2012-2014 and remained below the state percentage throughout. The counts for Blacks and Hispanics were 6 or fewer for each year from 2010 to 2014 causing the rates to be considered unstable for those groups. The Flagler percentage of pre-term births decreased slightly and was consistently lower than the Florida percentage. The percentages for Blacks fluctuated and decreased overall and the percentages for Hispanics fluctuated and increased overall.

Fetal and Infant Deaths: The Flagler fetal death rate increased over the reporting period and was similar to the Florida rate. The count for Black, White and Hispanic fetal deaths was 5 or fewer for each year from 2010 to 2014 except for Whites in 2013 (9) causing the rates to be considered unstable in most years for those groups. The count for neonatal mortality (0-27 days) was 5 or fewer for each year from 2010 to 2014. The Flagler neonatal mortality three-year rolling rate decreased for all Flagler groups and decreased to 0 (2012-2014) for Whites and Hispanics. The count for Black and Hispanic neonatal mortality was 4 or fewer for each time period causing the rates to be considered unstable. The Flagler neonatal mortality rate was higher than the Florida rate for three time periods and dropped below for the final two time periods. Similarly, the count for Flagler Postneonatal mortality (28-364 days) was 4 or fewer for each year from 2010 to 2014. The three-year rolling rate for Postneonatal mortality in Flagler increased and increased to become higher than the Florida rate. The Postneonatal mortality count for Blacks and Hispanics was 3 or fewer for all time periods reported causing those rates to be considered unstable. The count for Whites was 4 or fewer for all three-year time periods except 2012-2014 causing the earlier rates to be considered unstable. The infant mortality rate for Flagler has fluctuated and increased slightly overall and was similar to the Florida rate. The Black infant mortality rate was higher than all groups for four of five time periods reported with a count of 5 or fewer in each time period. The Hispanic infant mortality rate was higher than the Flagler rate with a count of 3 or fewer in each time period causing the rate to be considered unstable. The Flagler rate for deaths from Sudden Unexpected Infant Deaths (SUID) increased and was higher than the Florida rate for the last three time periods of the five with a count of 4 or fewer each time period causing the rates to be considered unstable. The SUID rate for Blacks was the highest of all groups for three of the five time periods with a count for each of those three of 1. There were no Hispanic SUID deaths for any of the five time periods.

Prenatal Care: The Flagler rate for births with adequate prenatal care increased and was consistently above the Florida rate. The highest rate for births with adequate prenatal care was in ZIP Code 32136 with the highest count in 32164. The highest rates for Black births with adequate prenatal care was in 32164, highest for Whites in 32136 and highest stable rate for Hispanics in 32164 due to 32110 having a count so low the rate was considered unstable. The Flagler percentage of prenatal care entry in the first trimester increased slightly and was also above the Florida percentage for all years reported. The percentage for Blacks for first trimester entry into prenatal care was the lowest of all groups for four of the five years reported. The percentage for Hispanics entering prenatal care in the first trimester was lower than the Flagler rate for until the final year reported. The highest rate for births where prenatal care began in the first trimester was 32136 which had the lowest count. The highest stable rate for Black births with first trimester prenatal care was in 32164 (32136 rate was unstable), highest for White births in 32136, and highest for Hispanic births in 32137. The percentage of births to mothers with no prenatal care increased slightly and was lower than the Florida percentage throughout. The counts for births with no prenatal care for Blacks, Whites and Hispanics were 5 or fewer for each year reported causing rates to be considered unstable by race and ethnicity. Counts for births with no prenatal care were 2 or fewer in each ZIP Code causing the rates to be considered unstable. The rate for births with late entry into

prenatal care were highest in 32137 with the count highest in 32164. The highest rates for Black births and White births with late entry into prenatal care were also 32137 with the highest count and rate for Hispanics in 32164.

Early Childhood: the rate of Flagler licensed child care centers and homes started slightly higher than the Florida rate, decreased and ended slightly lower. The rate of children in school readiness programs in Flagler County decreased by almost 25% and was lower than the Florida rate for all years reported. The percentage of Flagler children participating in Voluntary Pre-Kindergarten (VPK) decreased considerably (80.4% to 6.5%) and dropped lower than the Florida rate in 2012. The Flagler trend followed the same silhouette as the Florida trend. The rate of Flagler children displaying school readiness at Kindergarten entry increased and was essentially the same as the Florida rate throughout. The percent of immunization levels in kindergarten decreased and started higher than the Florida percentage, ending with the two percentages essentially the same. The percentage of mothers initiating breastfeeding increased over the years reported and was consistently lower than the Florida percentage. The percentage initiating breastfeeding was the lowest for Blacks among all groups for all years. The percentage for Hispanics initiating breastfeeding was the highest of all groups for three of the five years. The rate of Flagler children ages 1-5 receiving mental health treatment services decreased by over 60% from 2006-2008 to 2009-2011 (most recent data available). The Flagler rate remained well below the Florida rate since 2007-2009. The rate for Asthma hospitalizations ages 1 to 5 decreased and was considerably lower than the Florida rate for all three-year time periods reported. The leading cause for non-fatal injuries leading to Emergency Department visits for children under age 5 was falls. The only cause for non-fatal injury hospitalizations for children under age 1 was also falls. The leading causes (tied) for non-fatal injury hospitalizations for children ages 1-4 was bites/stings and struck by, against.

Rates and Counts: A **rate** is a fixed ratio between two things. **Counts** are the actual number of events that occurred in a specified time period. **Count Example:** *there were 833 births in Flagler County in 2014.* **Rate Example:** *the 2014 Flagler County birth rate was 8.2 (8.2 births per 1,000 population).*

Rates allow comparisons between two groups using the same fixed ratio such as events per population. County rates can be compared to state rates although there is a large difference in counts. Rates may fluctuate widely for smaller populations where a small number of events (count) can greatly change the rate. Throughout this document, rates are used in tables and graphs. It will be noted when the count is 5 or fewer per year where the count is known. There may be several explanations for great fluctuations in rates and a low count may be a factor.

It should be noted that the following indicators in this section had a count of 5 or fewer per year reported:

- **Graph 4.1:** Births to Mothers, Ages 10-14
- **Graph 4.2:** Repeat Births to Mothers, Ages 15-17
- **Graph 4.11:** Repeat Births to Mothers, Ages 18-19 – Hispanics, Blacks
- **Graph 4.16:** Very Low Birth Weight (Live Births Under 1500 Grams) – Hispanics, Blacks
- **Graph 4.18:** Multiple Births (Twins, Triplets, or More) – Hispanics, Blacks
- **Graph 4.20:** Fetal Deaths – Hispanics, Blacks, Whites
- **Graph 4.23:** Births to Mothers with No Prenatal Care – Hispanics, Blacks, Whites
- **Graph 4.31:** Neonatal Mortality (0-27 Days) – Hispanics, Blacks

- **Graph 4.32:** Postneonatal Mortality (28-364 Days) – Hispanics, Blacks, Whites (except 2012-2014)
- **Graph 4.33:** Infant Mortality – Hispanics, Blacks (2008-2010 and 2012-2014)
- **Graph 4.34:** Deaths from Sudden Unexpected Infant Death (SUID)

Indicators Included:

Indicator	Reference
Births to Mothers, Ages 10-14	Graph 4.1
Births to Mothers, Ages 15-19	Graph 4.2
Births to Mothers Who Were at a Healthy Weight at the Time Pregnancy Occurred	Graph 4.3
Live Births to Mothers who are at a Healthy weight (BMI 18.5-24.9) at time of Pregnancy by Race, Ethnicity and ZIP Code	Table 4.1
Births to Mothers Who Were Overweight at the Time Pregnancy Occurred	Graph 4.4
Live Births to Mothers who are Overweight (BMI 25.0-29.9) at time of Pregnancy by Race, Ethnicity and ZIP Code	Table 4.2
Births to Mothers Who Were Obese at the Time Pregnancy Occurred	Graph 4.5
Live Births to Mothers who are Obese (BMI >=30) at time of Pregnancy by Race, Ethnicity and ZIP Code	Table 4.3
Live Births to Mothers who are Under weight (BMI < 18.5) at time of Pregnancy by Race, Ethnicity and ZIP Code	Table 4.4
Births to Mothers > 18 Without High School Education	Graph 4.6
Births Among Unwed Mothers, Ages 15-19	Graph 4.7
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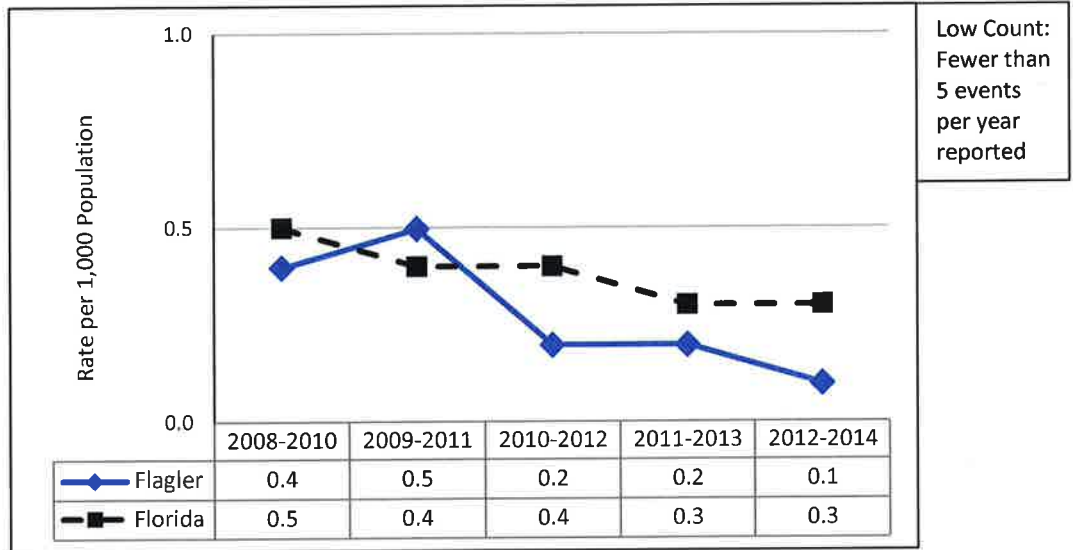
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- **Graph 8.3:** Births Covered by Medicaid
- **Graph 8.4:** Births to Uninsured Women (“Self-Pay” Checked on Birth Certificate)
- **Graph 8.5:** Females > 17 Who Have Any Type of Health Care Insurance Coverage

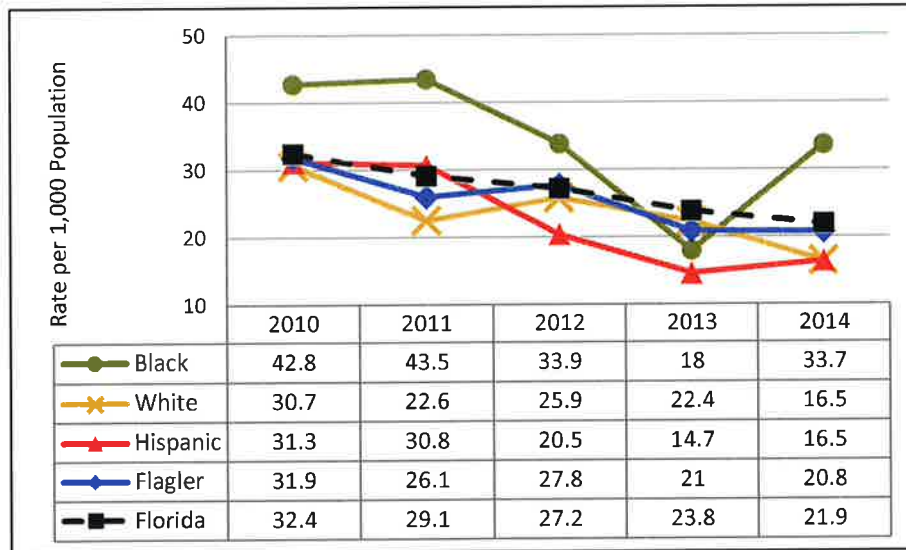
Graph 4.1 Births to Mothers, Ages 10-14



Source: Florida Department of Health, Bureau of Vital Statistics

- The Flagler County rate decreased over the measurement period
- The Flagler County rate was less than the Florida rate for four of the five time periods reported
- Births to teen mothers result in higher rates of low birth weight babies than in other age groups

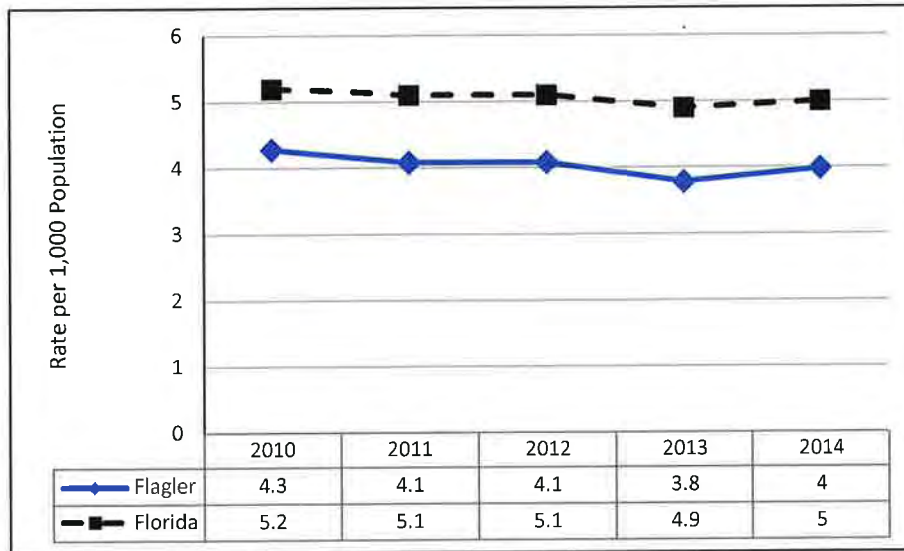
Graph 4.2 Births to Mothers, Ages 15-19



Source: Florida Department of Health, Bureau of Vital Statistics

- All Flagler County rates and the Florida rate showed decreasing trends over the reporting period
- The Flagler County rate was lower than the Florida rate for each year except 2012
- There was a greater than 45% decrease in the rates among Whites and Hispanics in Flagler 2010 to 2014
- Offspring of adolescent mothers are more apt than children born to older women to have health and cognitive problems and to be the victims of neglect or abuse

Graph 4.3 Births to Mothers who were at a Healthy Weight at Time of Pregnancy Occurrence



Source: Florida Department of Health, Bureau of Vital Statistics

- The Flagler County rate remained steady throughout the reporting period
- The Flagler County rate was consistently below the Florida rate throughout the years reported

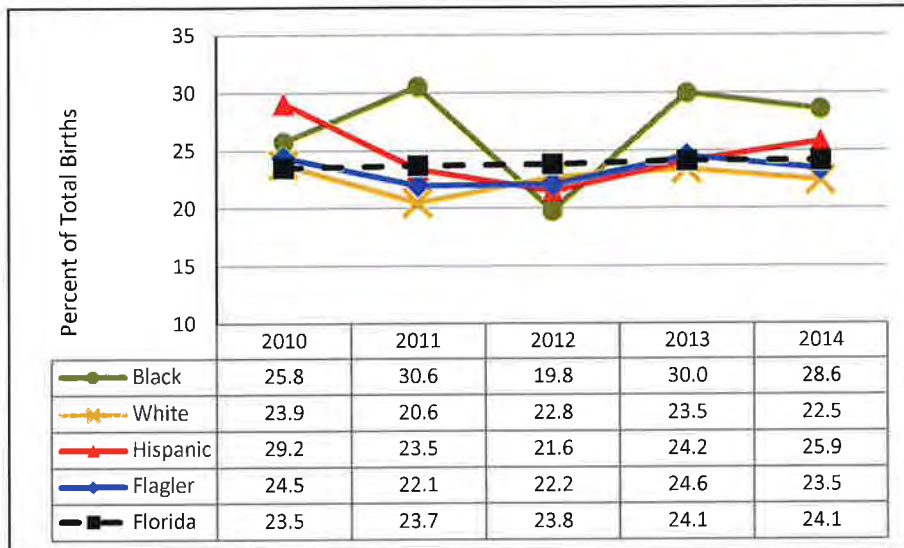
Table 4.1 Live Births to Mothers who are at a Healthy weight (BMI 18.5-24.9) at time of Pregnancy by Race, Ethnicity and ZIP Code, 2014

ZIP Code	ZIP Rate	ZIP Rate	Black Count	Black Rate	White Count	White Rate	Hispanic Count	Hispanic Rate
32110	51	481.1	5	277.8	43	500.0	2	500.0
32136	18	473.7	0	0.0	17	459.5	0	0.0
32137	131	515.7	9	264.7	115	561.0	19	593.8
32164	208	483.7	28	388.9	169	509.0	21	420.0

Source: Florida Department of Health, Bureau of Vital Statistics

Note: Rate per 1,000 Live Births

Graph 4.4 Births to Overweight Mothers at Time of Pregnancy Occurrence



Source: Florida Department of Health, Bureau of Vital Statistics

- The Flagler County percentage fluctuated slightly and was similar to the Florida percentage throughout the period reported
- The percentage among Whites in Flagler County was the lowest rate of all county groups for all years except 2012
- The percentage among Blacks in Flagler County fluctuated and was the highest percentage for three of the five years reported

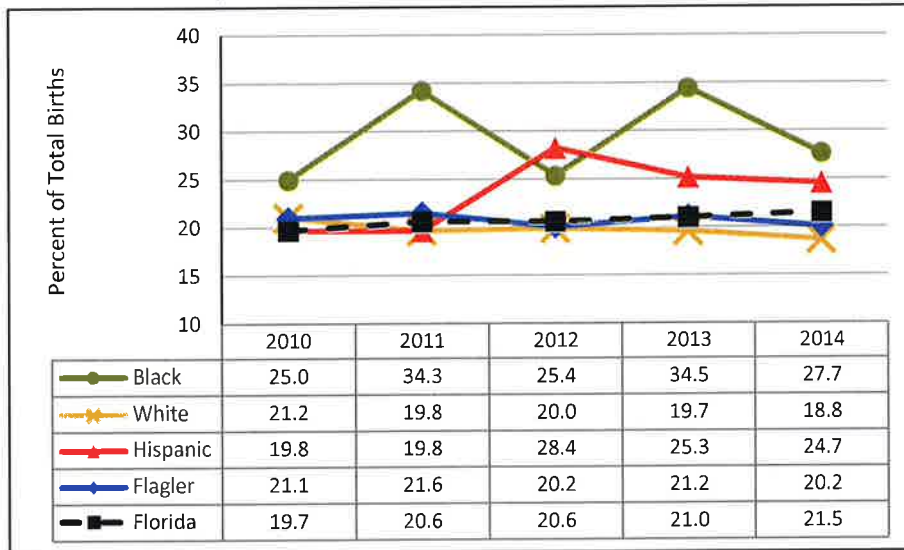
Table 4.2 Live Births to Mothers who are Overweight (BMI 25.0-29.9) at time of Pregnancy by Race, Ethnicity and ZIP Code, 2014

ZIP Code	ZIP Count	ZIP Rate	Black Count	Black Rate	White Count	White Rate	Hispanic Count	Hispanic Rate
32110	18	169.8	5	277.8	13	151.2	1	250.0
32137	56	220.5	10	294.1	40	195.1	7	218.8
32164	109	253.5	19	263.9	81	244.0	13	260.0
32136	13	342.1	2	1000.0	13	351.4	1	1000.0

Source: Florida Department of Health, Bureau of Vital Statistics

Note: Rate per 1,000 Live Births

Graph 4.5 Births to Obese Mothers at Time of Pregnancy Occurrence



Source: Florida Department of Health, Bureau of Vital Statistics

- The Flagler County percentage started slightly higher and ended slightly lower than the Florida percentage during the reporting period
- The percentage for Blacks in Flagler County was the highest overall percentage for all years except 2012
- The percentage for Hispanics in Flagler County had the greatest increase during the measurement period

Table 4.3 Live Births to Mothers who are Obese (BMI >=30) at time of Pregnancy by Race, Ethnicity and ZIP Code, 2014

ZIP Code	ZIP Count	ZIP Rate	Black Count	Black Rate	White Count	White Rate	Hispanic Count	Hispanic Rate
32110	26	245.3	6	333.3	21	244.2	1	250.0
32136	5	131.6	0	0.0	5	135.1	0	0.0
32137	50	196.9	12	352.9	36	175.6	5	156.3
32164	87	202.3	18	250.0	65	195.8	15	300.0

Source: Florida Department of Health, Bureau of Vital Statistics

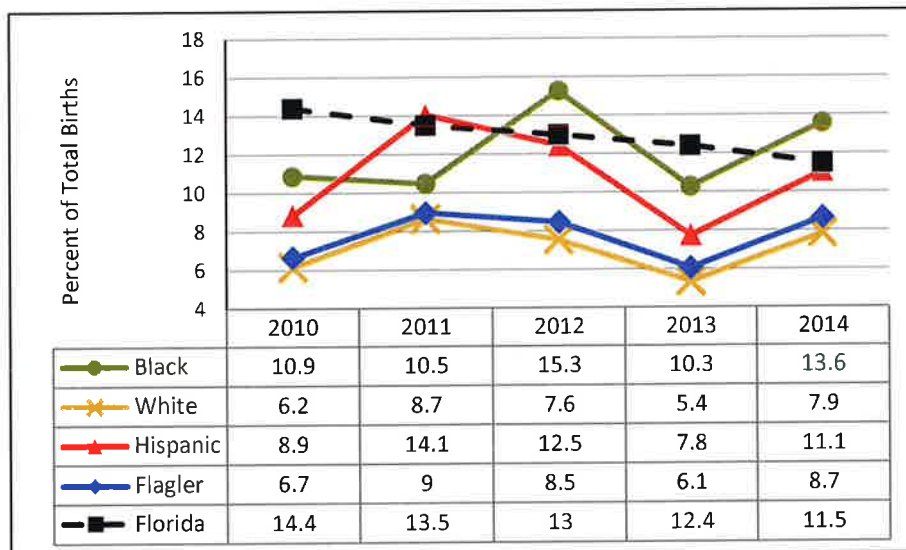
Note: Rate per 1,000 Live Births

Table 4.4 Live Births to Mothers who are Underweight (BMI < 18.5) at time of Pregnancy by Race, Ethnicity and ZIP Code, 2014

ZIP Code	ZIP Count	ZIP Rate	Black Count	Black Rate	White Count	White Rate	Hispanic Count	Hispanic Rate
32110	7	66.0	1	55.6	6	69.8	0	0.0
32137	14	55.1	2	58.8	12	58.5	0	0.0
32164	24	55.8	6	83.3	16	48.2	1	20.0
32136	1	26.3	0	0.0	1	27.0	0	0.0

Source: Florida Department of Health, Bureau of Vital Statistics
 Note: Rate per 1,000 Live Births

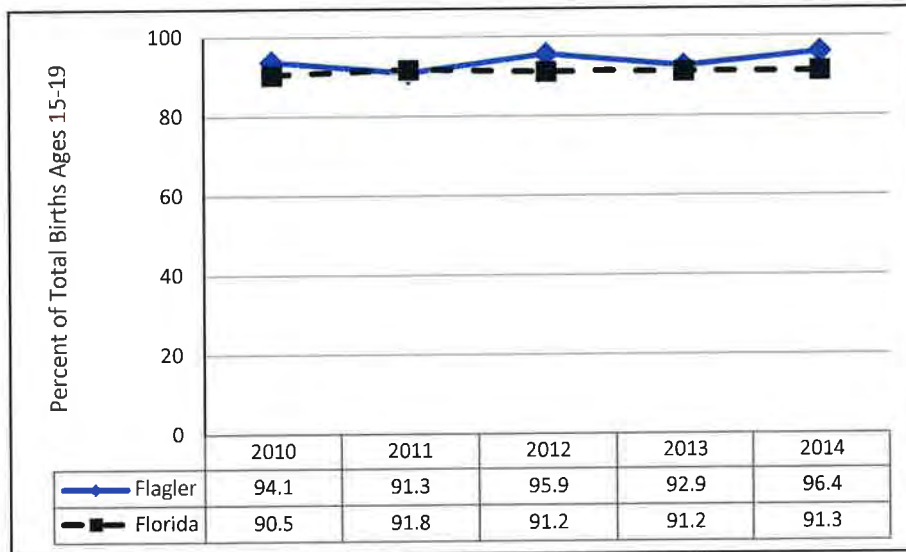
Graph 4.6 Births to Mothers >18 Without High School Education



Source: Florida Department of Health, Bureau of Vital Statistics

- The Flagler County percentage fluctuated and increased overall
- The Flagler County percentage was lower than the Florida percentage throughout the years reported
- The percentages among Blacks and Hispanics in Flagler County were consistently higher than the Flagler County percentage

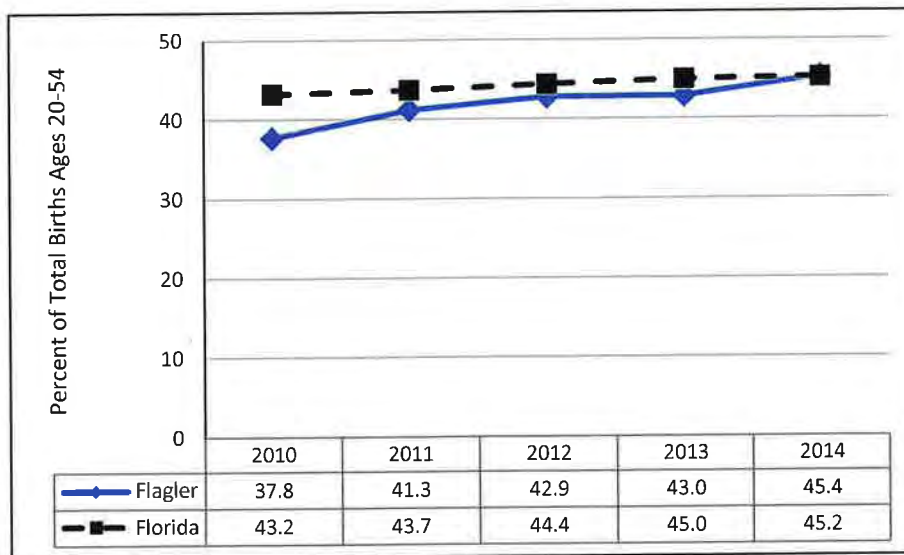
Graph 4.7 Births to Unwed Mothers, Ages 15-19



Source: Florida Department of Health, Bureau of Vital Statistics

- The Flagler County percentage was higher than the state percentage for each year reported except 2011
- The Flagler County percentage showed a slight trend upward over the reporting period
- Being a single woman has been associated with factors that potentially contribute to poor pregnancy and infant health

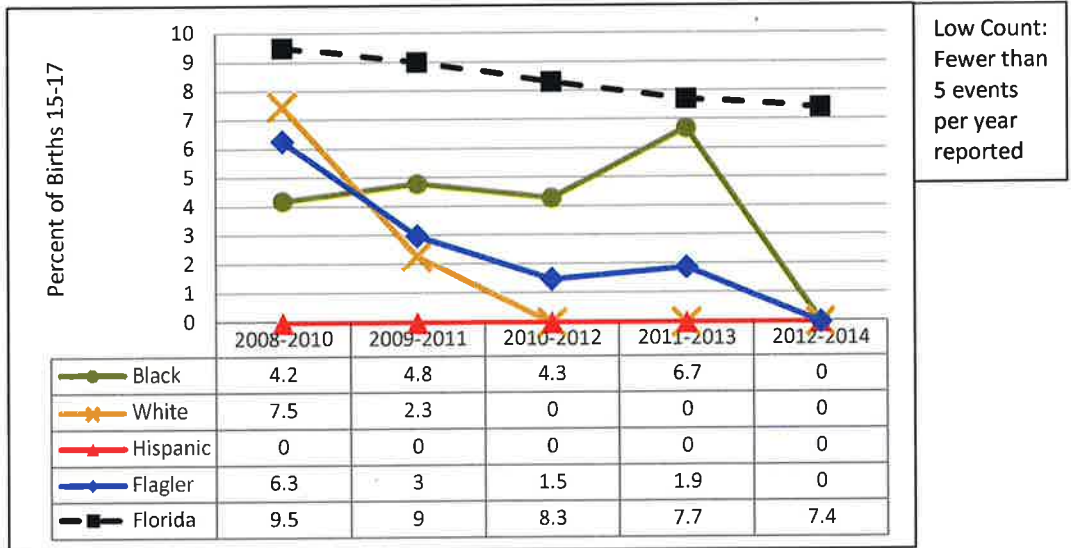
Graph 4.8 Births to Unwed Mothers, Ages 20-54



Source: Florida Department of Health, Bureau of Vital Statistics

- The Flagler County percentage remained consistently lower than the Florida percentage over the years reported
- The Flagler County percentage displayed an upward trend from 2010 to 2014
- The strength and magnitude of association with poor birth outcomes has decreased over time and is not consistent across population groups

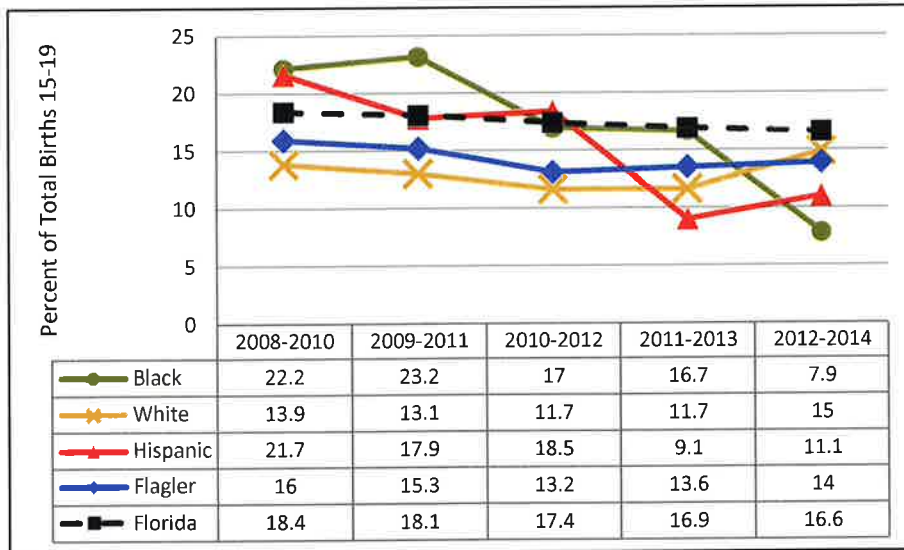
Graph 4.9 Repeat Births to Mothers, Ages 15-17



Source: Florida Department of Health, Bureau of Vital Statistics

- The Flagler County percentage was lower than the Florida percentage for every time period reported
- The percentage among Blacks in Flagler County fluctuated, peaked in 2011-2013 and decreased over the full reporting period
- The Flagler County counts are very low for this indicator

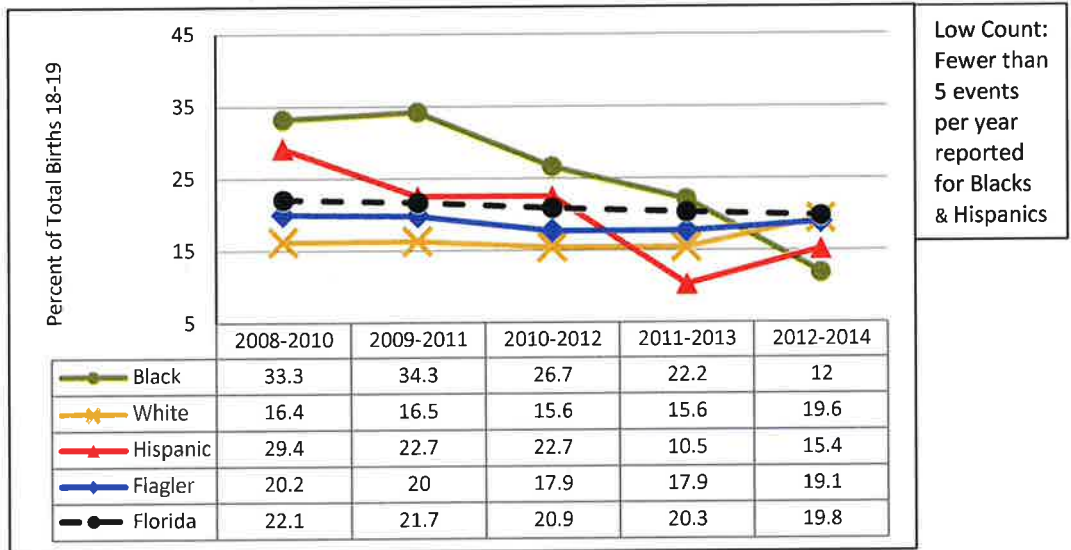
Graph 4.10 Repeat Births to Mothers, Ages 15-19



Source: Florida Department of Health, Bureau of Vital Statistics

- The Flagler County percentage and the percentage among Whites in Flagler County fluctuated and were below the state percentage for all years reported
- The percentage among Blacks in Flagler County had a 64% decrease from 2008-2010 to 2010-2014
- The percent among Hispanics in Flagler County had a noteworthy decrease (49%) during the same time period

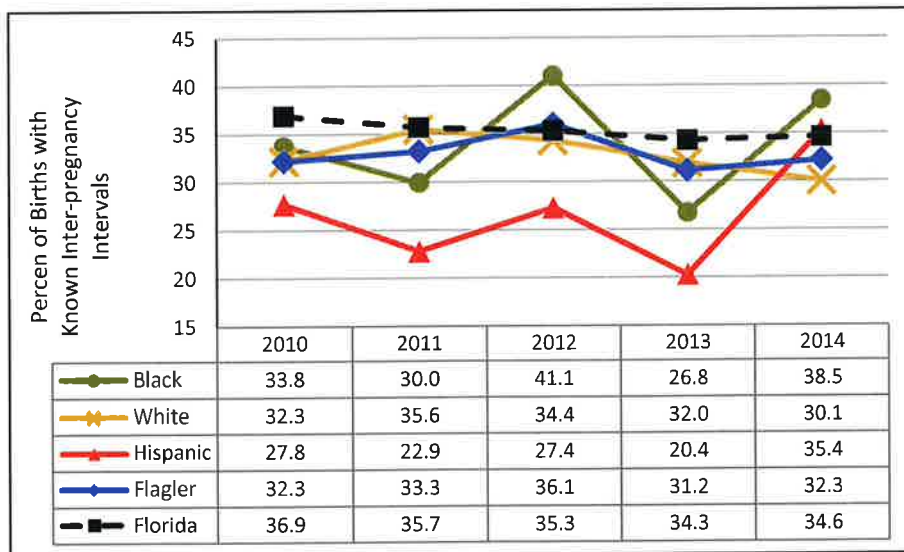
Graph 4.11 Repeat Births to Mothers, Ages 18-19



Source: Florida Department of Health, Bureau of Vital Statistics

- The Flagler County percentage was steady and consistently below Florida throughout the reporting period
- The percentages among Blacks and Hispanics in Flagler County were the highest in 2008-2010 then dropped to the lowest percentage in 2012-2014
- The percentage among Whites in Flagler County was consistently below Flagler County until 2012-2014

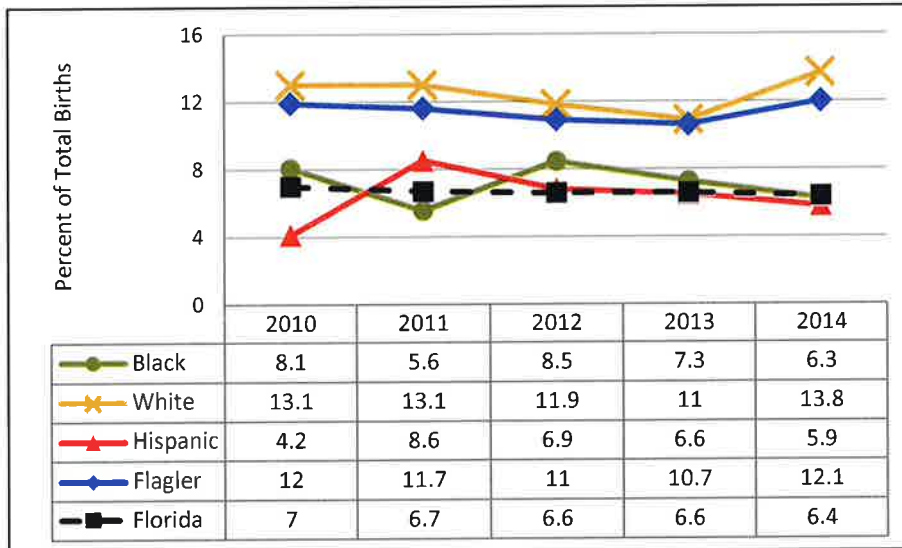
Graph 4.12 Births with Inter-Pregnancy Interval <18 Months



Source: Florida Department of Health, Bureau of Vital Statistics

- The Flagler County percentage was lower than the Florida percentage for four of the five years reported
- The Flagler County percentage fluctuated slightly but ended the reporting period the same as it began
- The percentage among Hispanics in Flagler County was consistently the lowest of all groups

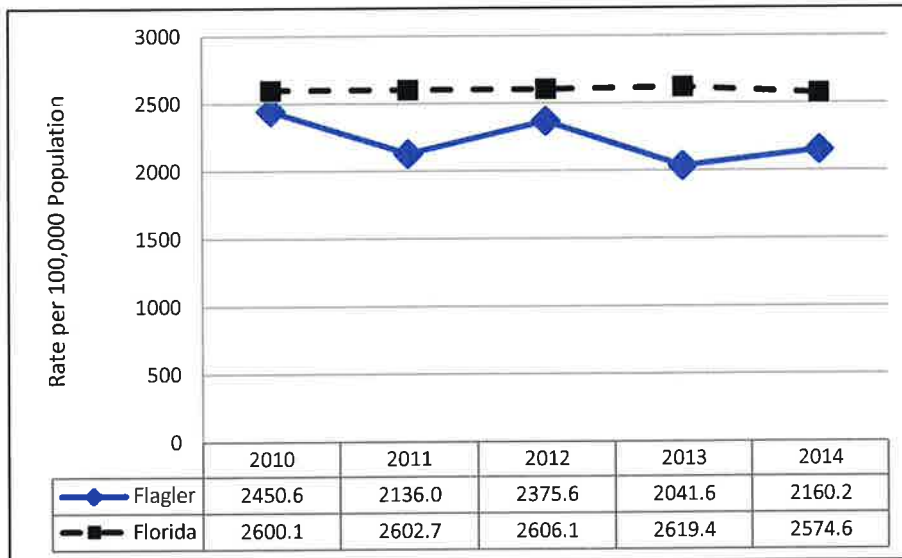
Graph 4.13 Births to Mothers Who Report Smoking During Pregnancy



Source: Florida Department of Health, Bureau of Vital Statistics

- The Flagler County percentage and the percentage among Whites in Flagler County were above the state percentage
- The percentage among Blacks and Hispanics in Flagler County were below Flagler County throughout
- Smoking during pregnancy is associated with increased risk of low birth weight and Sudden Infant Death Syndrome (SIDS).

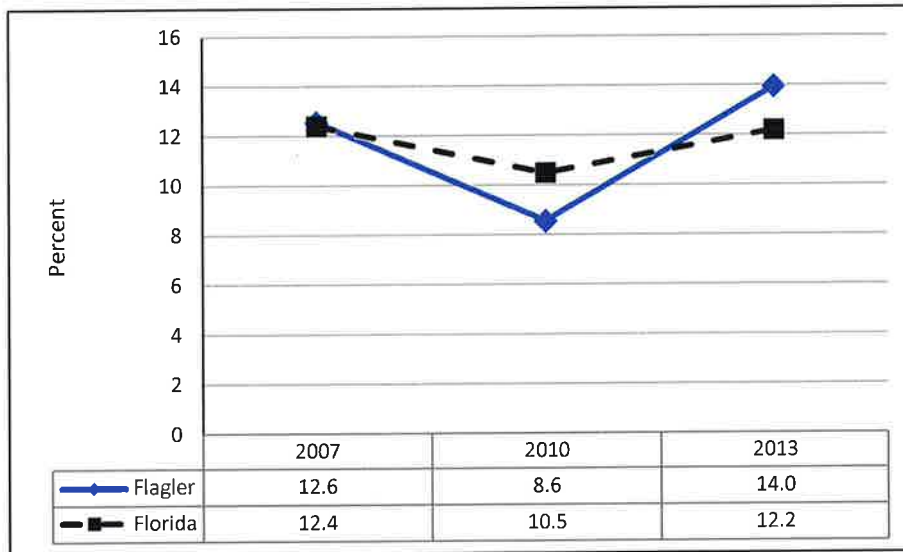
Graph 4.14 Bacterial STDs (Women 15-34)



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

- The Flagler County rate decreased over the reporting period
- The Flagler County rate was consistently below the Florida rate throughout the years reported
- Includes: Cancroid, Chlamydia, Gonorrhea, Granuloma inguinal, LGV, Syphilis

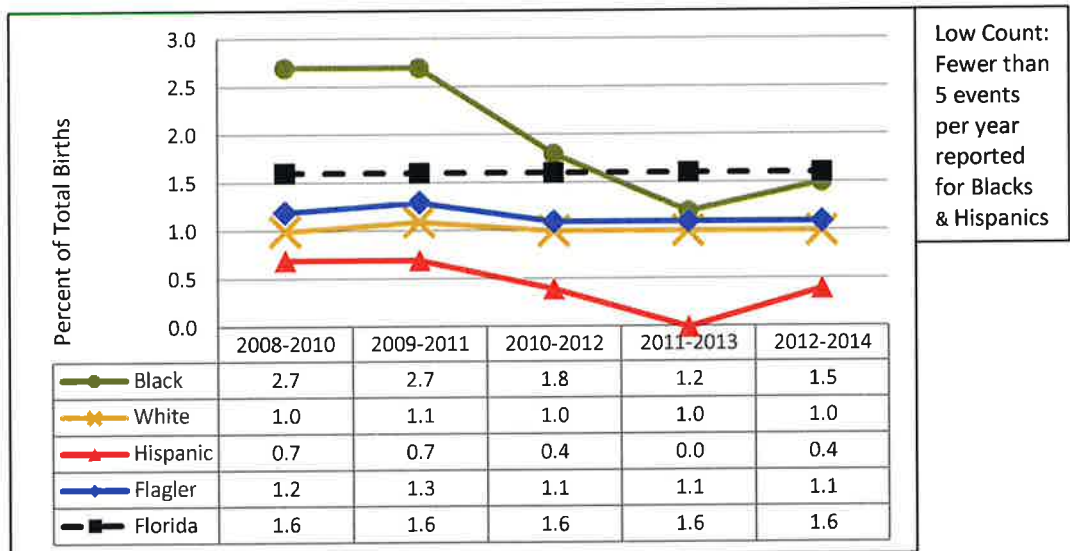
Graph 4.15 Females >17 Who Engage in Heavy or Binge Drinking



Source: Florida Behavioral Risk Factor Surveillance System

- The Flagler County percentage trended upward from 2007 to 2013
- The Flagler County percentage rose above the Florida percentage in 2013

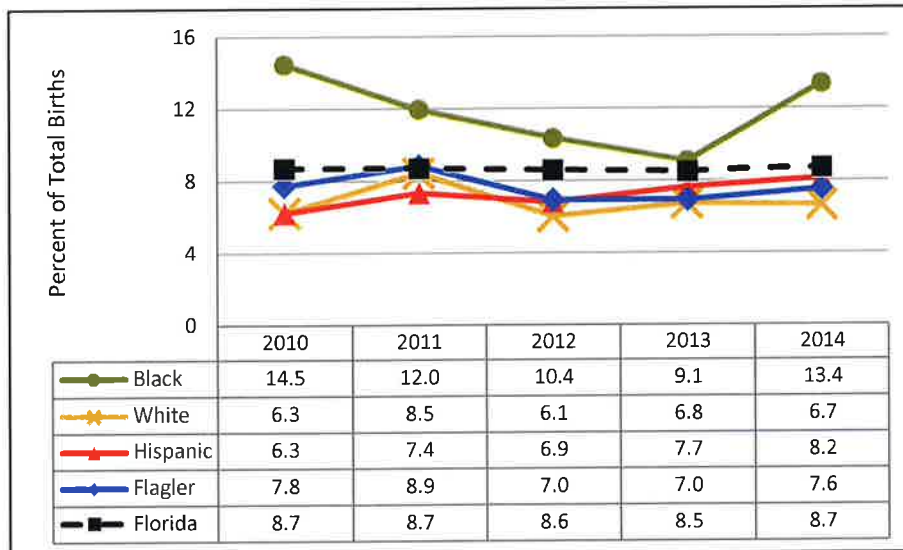
Graph 4.16 Very Low Birth Weight (Live Births Under 1500 Grams)



Source: Florida Department of Health, Bureau of Vital Statistics

- The Flagler County percentage was steady and lower than the Florida percentage over the five-year period reported
- The percentage among Blacks in Flagler County was the highest of all Flagler groups for each year reported
- The percentage among Hispanics in Flagler County was the lowest of all other groups for each year reported

Graph 4.17 Low Birth Weight (Live Births Under 2500 Grams)



Source: Florida Department of Health, Bureau of Vital Statistics

- The Flagler County percentage has remained steady and was lower than Florida for every year reported except 2011
- The percentage among Blacks in Flagler County was higher than all other percentages in each year reported
- Birthweight is one of the strongest predictors of an infant’s health and survival

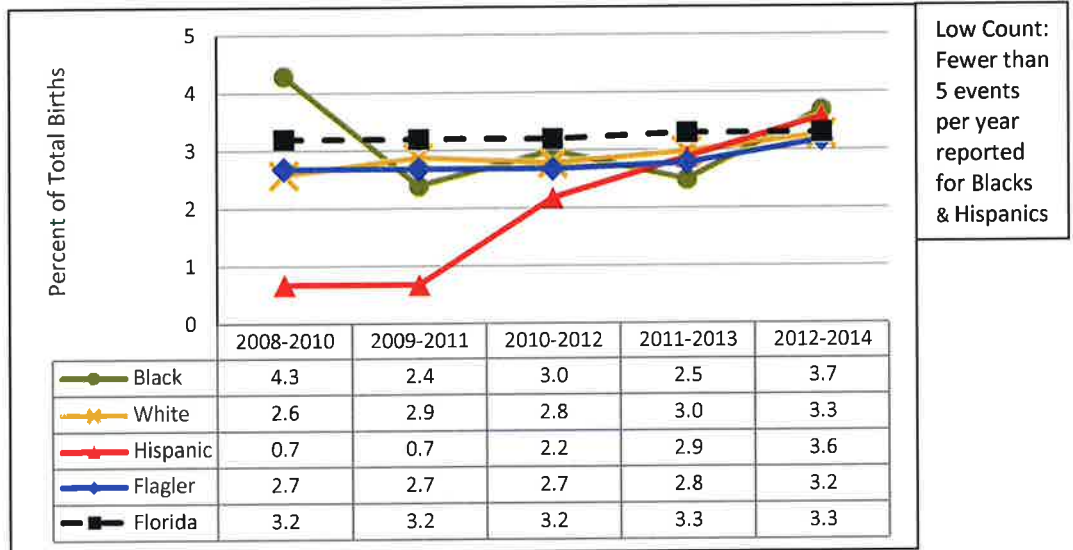
Table 4.5 Low Birth Weight by Race, Ethnicity and ZIP Code, 2014

ZIP Code	ZIP Count	ZIP Rate	Black Count	Black Rate	White Count	White Rate	Hispanic Count	Hispanic Rate
32110	10	94.3	4	222.2	6	69.8	0	0.0
32136	6	157.9	2	1000.0	6	162.2	0	0.0
32137	17	66.9	5	147.1	11	53.7	2	62.5
32164	30	69.8	6	83.3	19	57.2	5	100.0

Source: Florida Department of Health, Bureau of Vital Statistics

Note: Rate per 1,000 Live Births

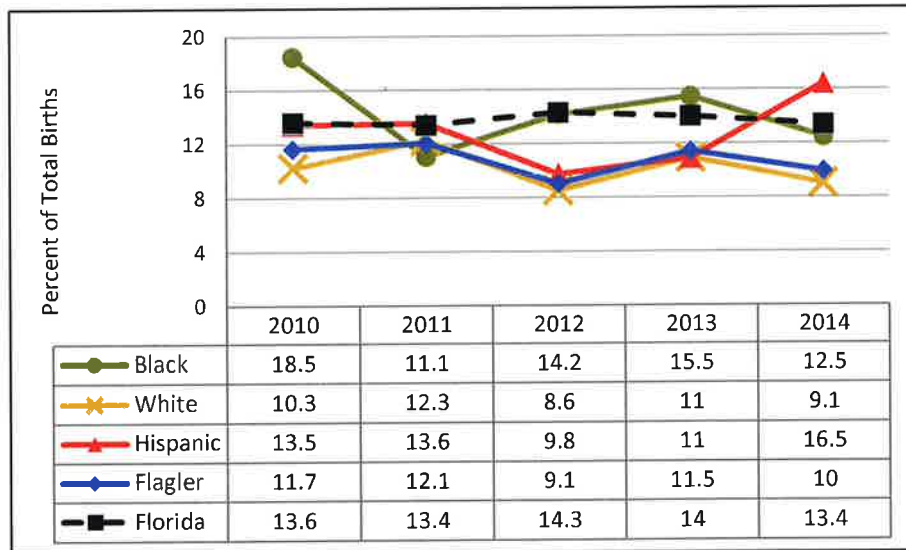
Graph 4.18 Multiple Births (Twins, Triplets, or More)



Source: Florida Department of Health, Bureau of Vital Statistics

- The Flagler County percentage was lower than the Florida percentage for each year examined
- The Flagler County percentage remained steady throughout the reporting period
- The percentage among Hispanics in Flagler County saw sharp increases from 2009-2011 to 2012-2014

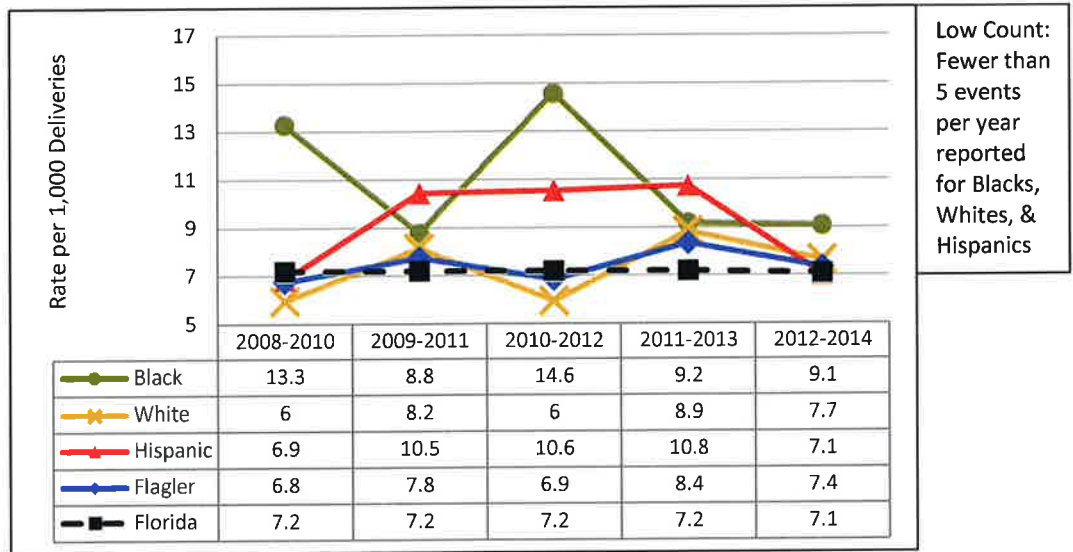
Graph 4.19 Preterm Births (<37 Weeks Gestation)



Source: Florida Department of Health, Bureau of Vital Statistics

- The Flagler County percentage was below the Florida percentage from 2010 to 2014
- The percentage among Blacks and Hispanics in Flagler County was generally higher than Flagler County over the reporting period

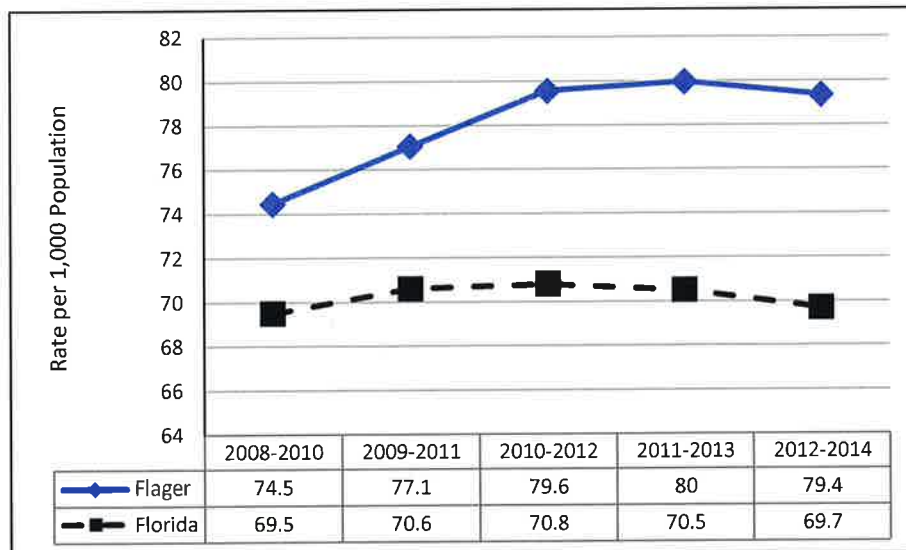
Graph 4.20 Fetal Deaths



Source: Florida Department of Health, Bureau of Vital Statistics

- The Flagler County rate and the rates among Hispanics and Whites in Flagler County all experienced increases from 2008-2010 to 2012-2014
- The rate among Blacks in Flagler County was consistently higher than Flagler County and decreased overall
- The fetal mortality rate reflects the health and well-being of the population’s reproductive-age women and their pregnancies as well as the quality of the health care available

Graph 4.21 Births with Adequate Prenatal Care (Kotelchuck Index)



Source: Florida Department of Health, Bureau of Vital Statistics

- The Flagler County rate showed an increasing trend and was higher than the Florida rate over the reported years
- Note: Indicates that prenatal care began by at least the 4th month and at least 80% of recommended prenatal visits were received

Table 4.6 Births with adequate prenatal care (Kotelchuck Index) by Race, Ethnicity and ZIP Code, 2014

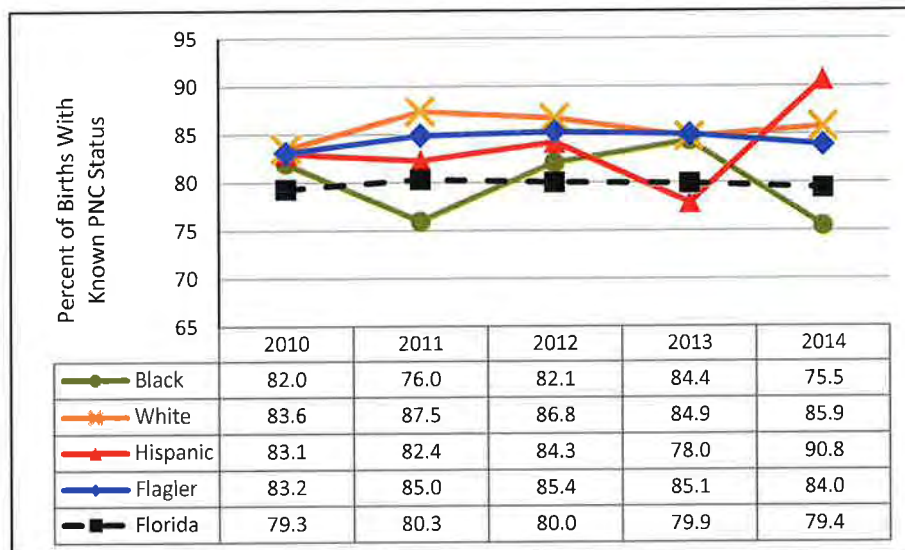
ZIP Code	ZIP Count	ZIP Rate	Black Count	Black Rate	White Count	White Rate	Hispanic Count	Hispanic Rate
32110	35	330.2	3	166.7	32	372.1	2	500.0
32137	95	374.0	9	264.7	76	370.7	12	375.0
32164	161	374.4	29	402.8	123	370.5	19	380.0
32136	15	394.7	0	0.0	14	378.4	0	0.0

Source: Florida Department of Health, Bureau of Vital Statistics

Note: Rate per 1,000 Live Births

Note: Indicates that prenatal care began by at least the 4th month and at least 80% of recommended prenatal visits were received

Graph 4.22 Prenatal Care Entry in First Trimester



Source: Florida Department of Health, Bureau of Vital Statistics

- The Flagler County percentage was higher than the Florida percentage throughout the five-year period
- The percentage among Blacks in Flagler County was consistently lower than the Flagler County percentage
- The percentage among Hispanics in Flagler County was lower than the Flagler County percentage until 2014
- Early prenatal care helps to identify potential problems so they can be prevented or treated as early as possible

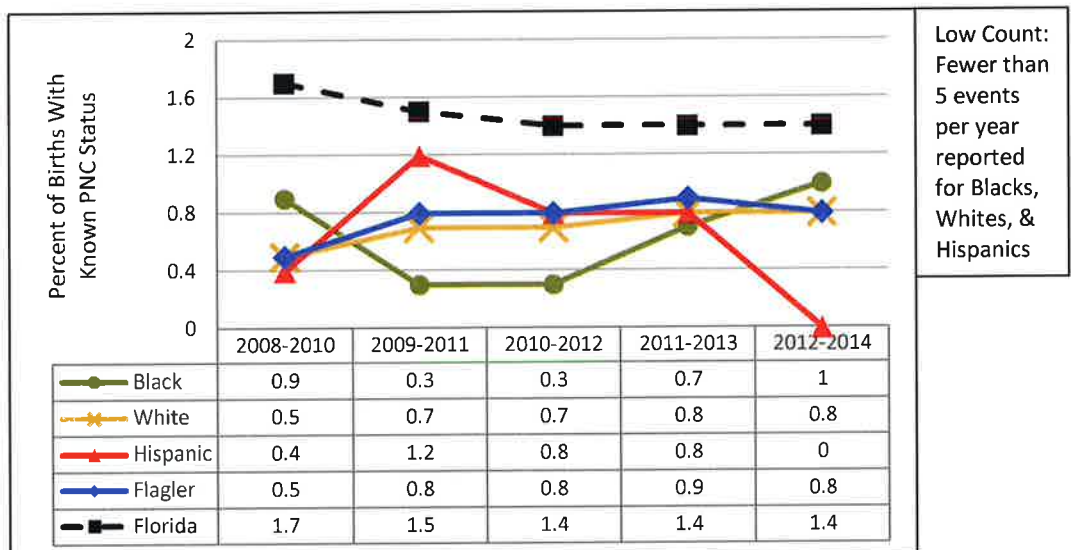
Table 4.7 Prenatal Care Entry in First Trimester by Race, Ethnicity and ZIP Code, 2014

ZIP Code	ZIP Count	ZIP Rate	Black Count	Black Rate	White Count	White Rate	Hispanic Count	Hispanic Rate
32110	58	547.2	8	444.4	48	558.1	2	500.0
32136	25	657.9	2	1000.0	25	675.7	0	0.0
32137	132	519.7	16	470.6	105	512.2	21	656.3
32164	251	583.7	38	527.8	84	253.0	30	600.0

Source: Florida Department of Health, Bureau of Vital Statistics

Note: Rate per 1,000 Live Births

Graph 4.23 Births to Mothers with No Prenatal Care



Source: Florida Department of Health, Bureau of Vital Statistics

- All Flagler percentages were below the Florida percentage over the five-year period
- The Flagler County trend and the trend among Whites in Flagler County closely mirrored each other throughout
- The trends among Blacks and Hispanics in Flagler County were in opposite directions over the years reported
- Ensuring that all women receive early and adequate prenatal care is a top maternal and child health priority

Table 4.8 Births to Mothers with No Prenatal Care by Race, Ethnicity and ZIP Code, 2014

ZIP Code	ZIP Count	ZIP Rate	Black Count	Black Rate	White Count	White Rate	Hispanic Count	Hispanic Rate
32110	2	18.9	0	0.0	2	23.3	0	0.0
32136	0	0.0	0	0.0	0	0.0	0	0.0
32137	2	7.9	0	0.0	2	9.8	0	0.0
32164	2	4.7	1	13.9	1	3.0	0	0.0

Source: Florida Department of Health, Bureau of Vital Statistics

Note: Rate per 1,000 Live Births

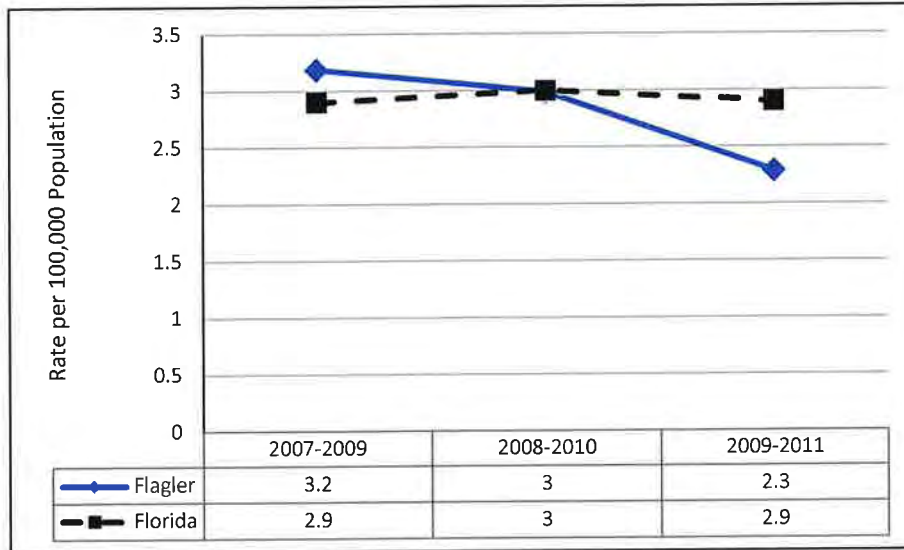
Table 4.9 Births to Mothers with Late Prenatal Care by Race, Ethnicity and ZIP Code, 2014

ZIP Code	ZIP Count	ZIP Rate	Black Count	Black Rate	White Count	White Rate	Hispanic Count	Hispanic Rate
32110	30	283.0	7	388.9	23	267.4	2	500.0
32136	8	210.5	0	0.0	1	27.0	0	0.0
32137	95	374.0	16	470.6	76	370.7	8	250.0
32164	136	316.3	29	402.8	40	120.5	44	880.0

Source: Florida Department of Health, Bureau of Vital Statistics

Note: Rate per 1,000 Live Births

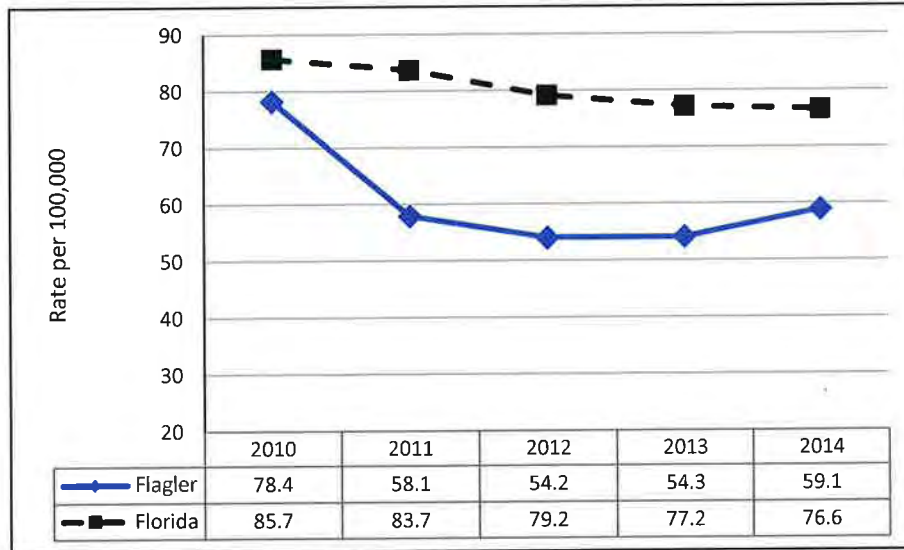
Graph 4.24 Licensed Child Care Centers and Homes



Source: Florida CHARTS

- The Flagler County rate trended downward over the reporting period
- The Flagler County rate began above the Florida rate in 2007-2009 and ended below Florida in 2009-2011

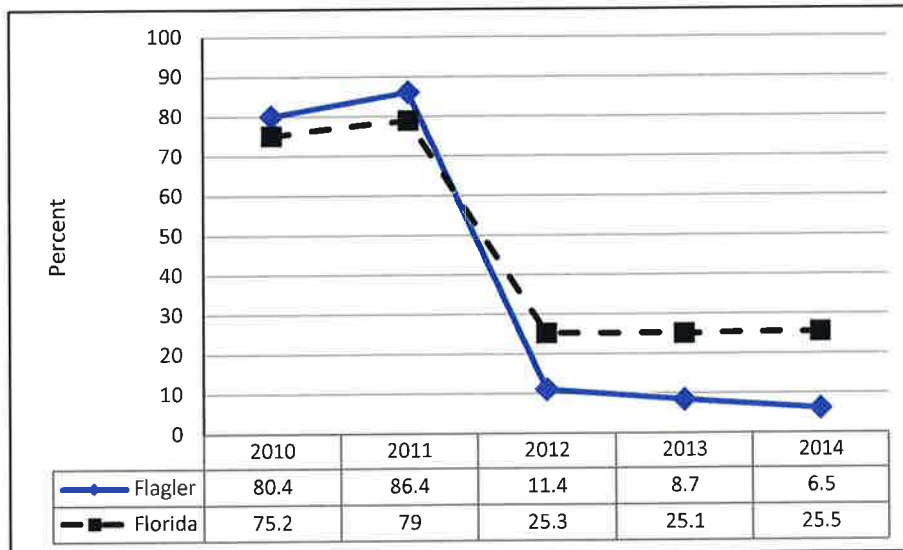
Graph 4.25 Children in School Readiness Programs (Subsidized Child Care)



Source: Florida Department of Education, Office of Early Learning

- The Flagler County rate was consistently lower than the Florida rate for the years reported
- The Flagler County rate has decreased over the reporting period

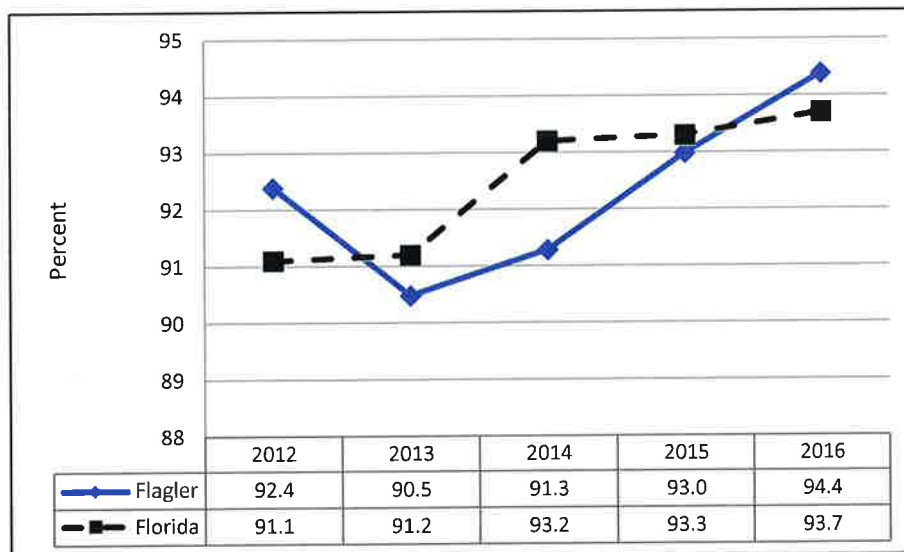
Graph 4.26 Children Participating in Voluntary Pre-K Programs



Source: Florida Department of Health, Bureau of Vital Statistics

- There was a notable decline in the Flagler County percentage beginning in 2011 throughout the remaining years reported
- The Flagler County percentage started higher than the Florida percentage in 2010 and ended below the Florida percentage in 2014

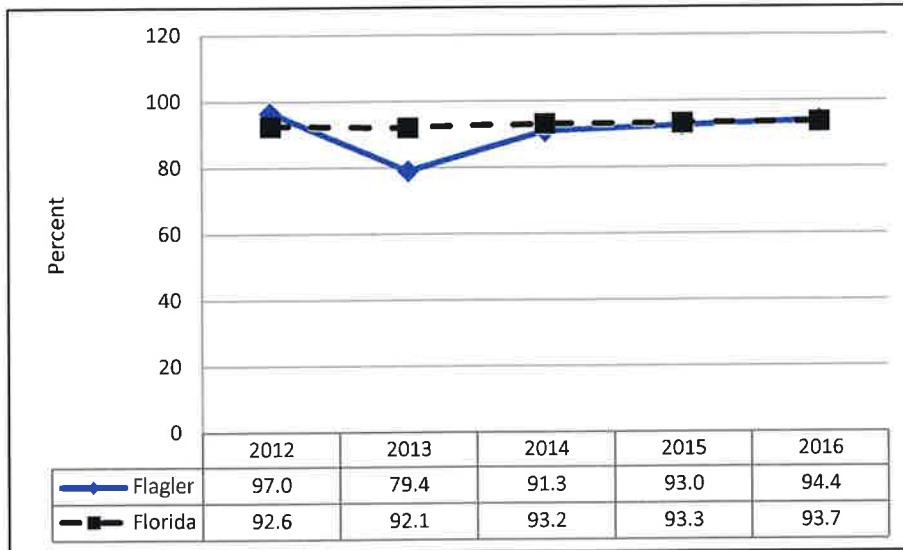
Graph 4.27 School Readiness at Kindergarten Entry



Source: Florida Department of Education, Office of Early Learning

- The Flagler County percentage increased over the years reported
- The Flagler County percentage started and ended above the Florida percentage but was lower from 2013 to 2015
- Note: Since 2013, a new standardized school readiness tool has not been adopted. Data from 2014 through 2016 may not be reliable

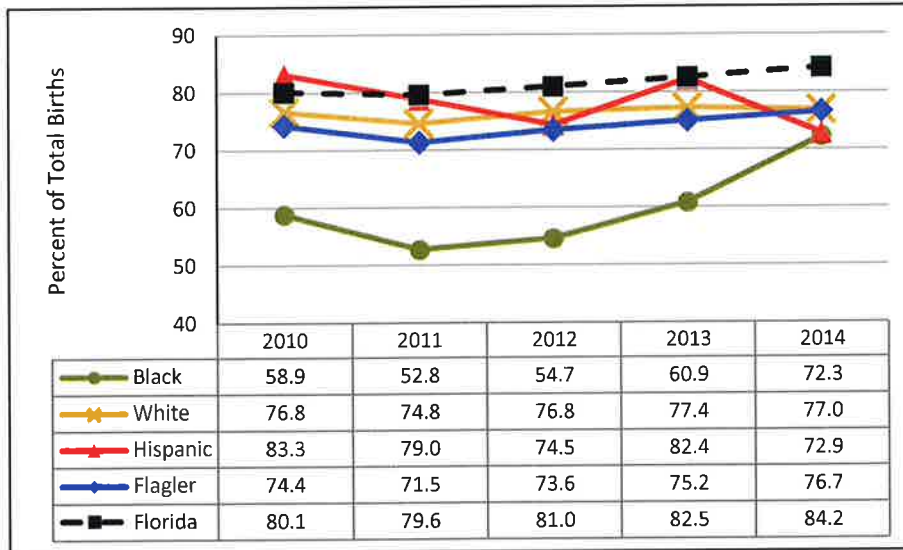
Graph 4.28 Kindergarten Children Fully Immunized



Source: Florida Department of Health, Bureau of Immunization

- The Flagler County percentage mirrors the Florida percentage
- The Flagler County percentage decreased slightly over the years reported

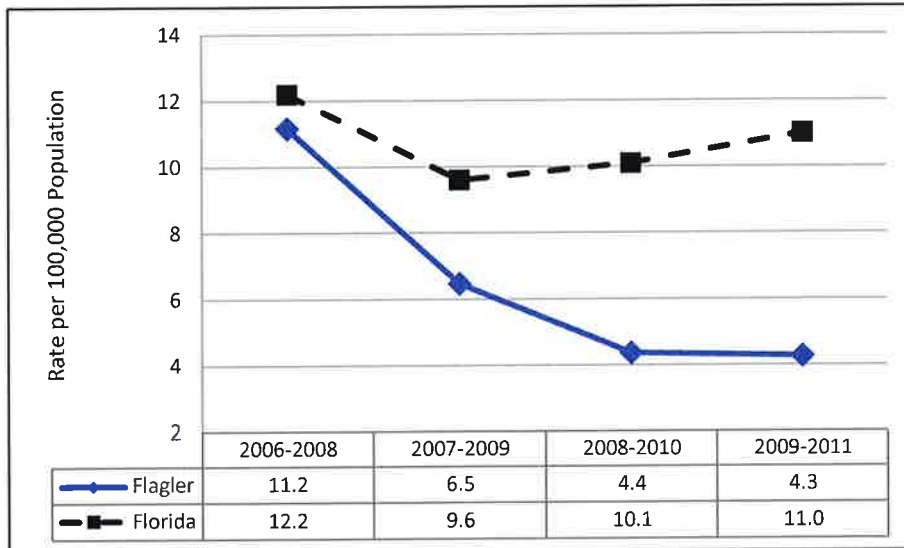
Graph 4.29 Mothers Who Initiate Breastfeeding



Source: Florida Department of Health, Bureau of Vital Statistics

- The Flagler County percentage was consistently lower than Florida and trended similarly over the reporting period
- The percentage among Blacks in Flagler County was consistently the lowest percentage from 2010 to 2014
- The percentage among Blacks in Flagler County trended upward from 2011 to 2014

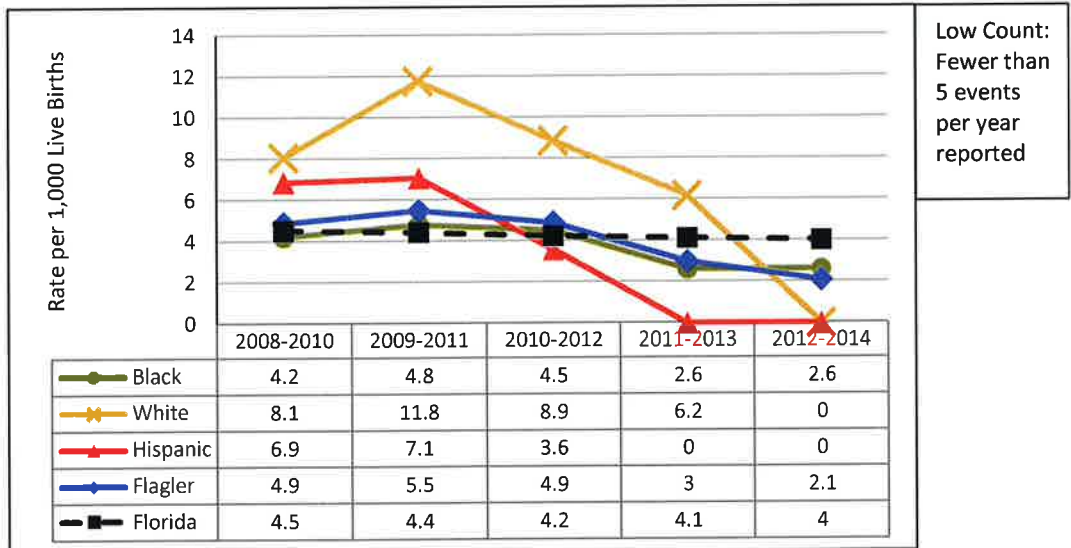
Graph 4.30 Children Ages 1-5 Receiving Mental Health Treatment Services



Source: Florida Department of Children and Families

- The Flagler County rate declined over the years reported
- The Flagler rate remained below the state rate over the years reported
- The difference in the rates of Flagler and Florida widened over the measurement period

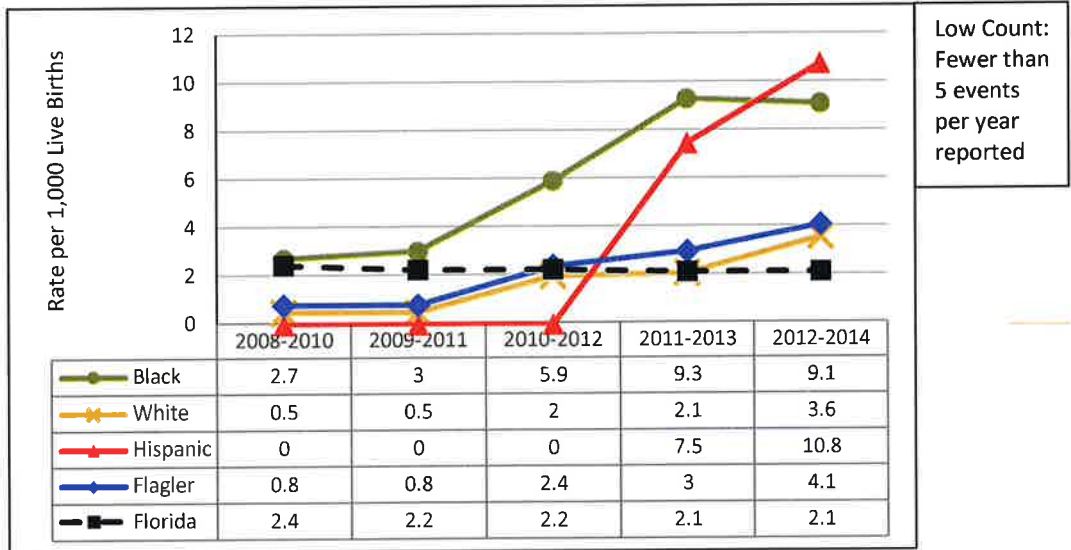
Graph 4.31 Neonatal Mortality (0-27 Days)



Source: Florida Department of Health, Bureau of Vital Statistics

- The Flagler County rate was slightly above the state rate until the 2011-2013 time period when it fell below for the remainder of the years reported
- The rate among Whites in Flagler County was the highest for all time periods except 2012-2014
- There was an overall decreasing trend for all groups over the reporting period

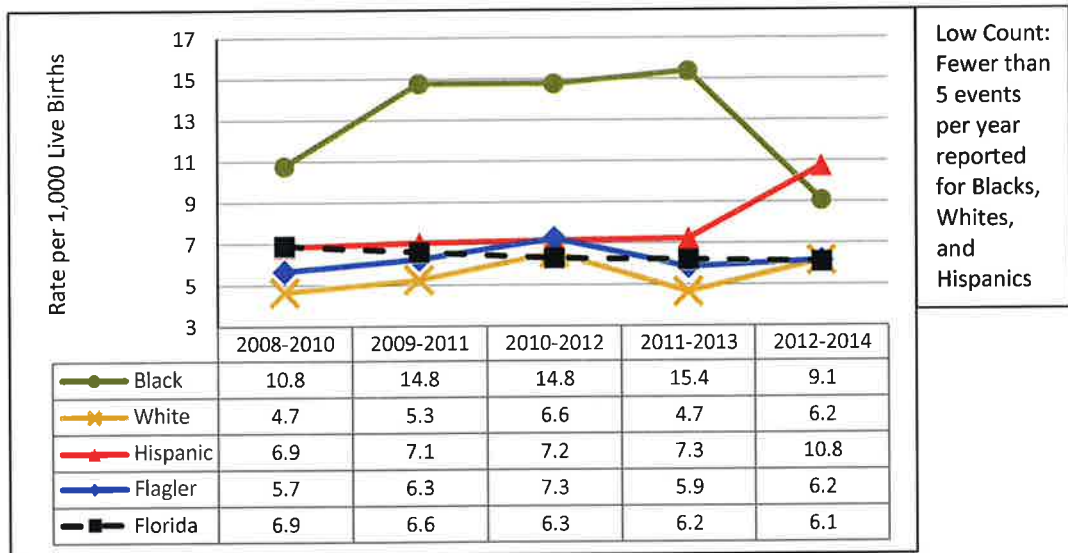
Graph 4.32 Postneonatal Mortality (28-364 Days)



Source: Florida Department of Health, Bureau of Vital Statistics

- The Flagler County rate in 2008-2010 grew more than five times greater in 2012-2014
- The rate among Blacks in Flagler County was the highest of all groups until the 2012-2014 time-period
- The rate among Hispanics in Flagler county saw a large spike during the 2011-2013 time-period and it continued to increase through 2012-2014

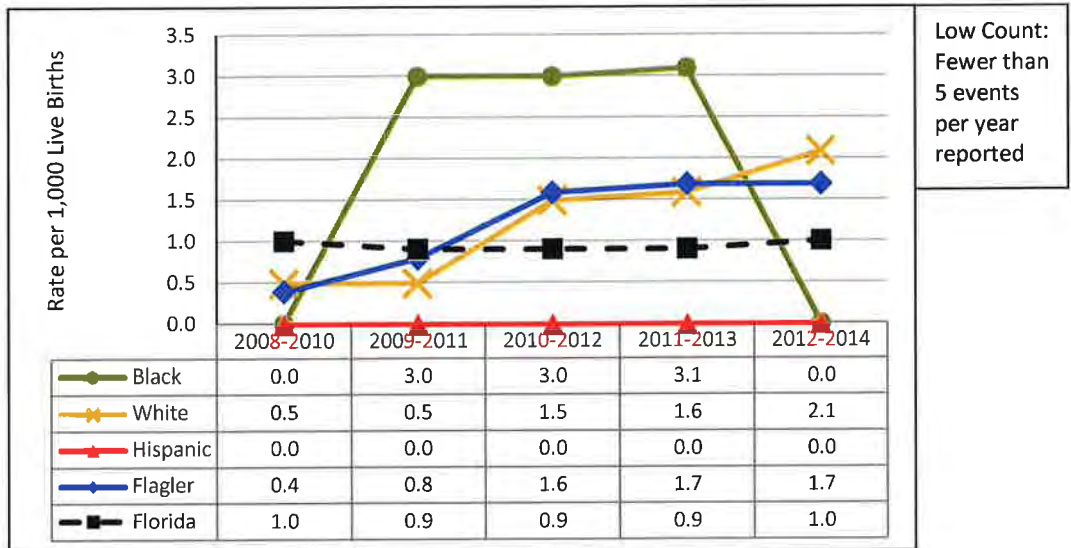
Graph 4.33 Infant Mortality (0-364 days)



Source: Florida Department of Health, Bureau of Vital Statistics

- The Flagler County rate fluctuated slightly and was similar to the Florida rate over the reporting period
- The rate among Blacks in Flagler County was the highest rate for every time period except for 2012-2014
- The Flagler County rate and the rates among Whites and Hispanics in Flagler County increased over the reporting period with Hispanics experiencing the greatest increase

Graph 4.34 Deaths from Sudden Unexpected Infant Death (SUID)

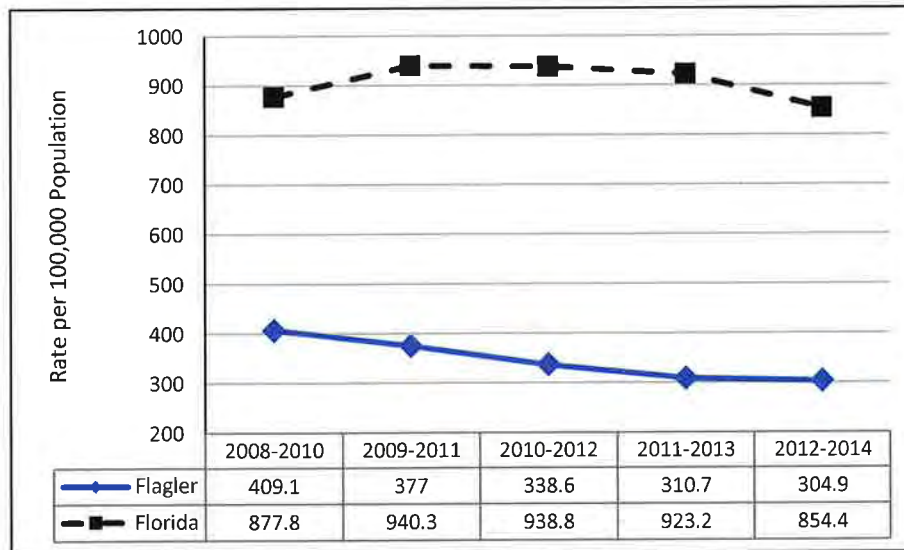


Low Count:
Fewer than
5 events
per year
reported

Source: Florida Department of Health, Bureau of Vital Statistics

- The trend for Flagler County and among Whites in Flagler County increased over the reporting period
- The Flagler County rate surpassed the Florida rate in 2010-2012 and remained higher through 2012-2014
- The rate among Blacks in Flagler County had a notable decline during between 2011-2013 and 2012-2014
- There were no deaths among Hispanics in Flagler County due to SUID from 2008-2010 through 2012-2014

Graph 4.35 Asthma Hospitalizations, Ages 1-5



Source: Florida Agency for Health Care Administration

- Flagler County had an overall declining trend during the reporting period
- The Flagler County rate remained lower than the Florida rate throughout the years reported
- The Flagler County rate declined by 104.2 points overall

Table 4.10 Non-Fatal Injuries Leading to Emergency Department Visits and Hospitalization, Under Age 5

Mechanism	2014 Non-Fatal Injury Emergency Department Visits, By Mechanism and Age Group		2014 Non-Fatal Injury Hospitalization Visits, By Mechanism and Age Group	
	Age <1	Ages 1-4	Age <1	Ages 1-4
Bite/Sting	3	66	0	2
Cut, Pierce	1	8	0	0
Drowning, Submersion	0	1	0	0
Fall	32	176	1	1
Fire, Flame	0	2	0	1
Hot Object, Substance	3	6	0	0
MV Traffic - Occupant	3	14	0	0
Machinery	0	1	0	0
Natural, Environmental	0	4	0	0
Not E Coded	0	3	0	0
Other Specified & Classifiable	2	36	0	0
Other Specified & Not Elsewhere Classifiable	3	12	0	0
Overexertion	0	23	0	0
Pedestrian, Other	0	1	0	0
Poisoning	3	15	0	0
Struck By, Against	5	94	0	2
Suffocation	1	2	0	0
Unspecified	5	34	0	1
Total	61	498	1	7

Source: Florida Department of Health, Bureau of Vital Statistics



5. Family Violence

Violence negatively impacts communities by reducing productivity, decreasing property values, and disrupting social services. The lasting trauma of witnessing or being a victim of violence can have life-long emotional, physical and social consequences.

Domestic Violence: Domestic Violence is any criminal offense resulting in physical injury or death of one family or household member by another family or household member, including assault, battery, sexual assault, sexual battery, stalking, kidnapping, or false imprisonment.

Domestic Violence impacts a large portion of our society. According to the CDC, every minute, about 20 people are physically abused by an intimate partner in the U.S. and more than 1 in 3 women will be victims of intimate partner violence in their lifetimes, as will more than 1 in 4 men. Females ages 18 to 24 and 25 to 34 generally experienced the highest rates of intimate partner violence, and abuse is more likely to occur in relationships outside of marriage. According to Florida CHARTS the Domestic Violence rate in Flagler is slightly higher than the state rate. Flagler County experienced a large spike in Domestic Violence reports in 2014.

Child Abuse: There are several types of child abuse including physical, sexual, and emotional abuse and most children who have reported abuse report multiple instances and types. Child abuse and neglect can have enduring physical, intellectual, and psychological repercussions into adolescence and adulthood. All types of child abuse and neglect have long lasting effects throughout life, damaging a child's sense of self, ability to have healthy relationships, and ability to function at home, work, school.

The Adverse Childhood Experiences (ACE) Study is the largest and most influential study of the relationship between childhood adversity and long term health. As researchers followed participants over time, they discovered that a person's adverse childhood experiences had a strong correlation to numerous health, social, and behavioral problems throughout their lifespan, including being associated with adulthood high-risk health behaviors such as smoking, alcohol and drug abuse, promiscuity, and severe obesity, and correlated with ill-health including depression, heart disease, cancer, diabetes stroke, chronic lung disease and shortened lifespan, with many of these problems tending to be co-occurring. With 8,703 child abuse related protective investigations reported by Community Partnership for Children in Volusia, Flagler and Putnam Counties in fiscal year 2015 and 1,127 children living in out of home care in 2016, both the immediate safety and the long term well-being of this population must be taken into account.

Local Data Summary

Domestic Violence: The Domestic Violence offense rate in Flagler County started above the Florida rate in 2010 and decreased steadily, dropping below the state rate through 2013 then, in 2014, increased almost to where it began while the Florida rate continued to trend downward.

Child Abuse: The Flagler rate for children ages 5 to 11 experiencing child abuse was essentially equal to the Florida rate in the three-year period of 2008-2010. Flagler's rate increased then decreased falling below the Florida rate in 2012-2014 ending lower than it began in the years reported. Over the same reporting period, the rate of Flagler children ages 5-11 who experienced sexual violence decreased steadily staying below the Florida rate from 2010-2012 through 2012-2014. The rate of Flagler infants in foster care started lower than the Florida rate. The Flagler rate increased and the Florida rate decreased

to become the same in 2009-2011. Since that time period, both rates decreased with Flagler staying below the Florida rate. The rate of Flagler children ages 1 to 5 and 5 to 11 in foster care followed the same path by increasing over the first half of the reporting period and above the Florida rate then decreasing and ending below the Florida rate in 2012-2014. For Flagler children ages 12-17 in foster care the rate decreased over the years reported and remained well below the Florida rate throughout.

Rates and Counts: A **rate** is a fixed ratio between two things. **Counts** are the actual number of events that occurred in a specified time period. **Count Example:** *there were 833 births in Flagler County in 2014. Rate Example:* *the 2014 Flagler County birth rate was 8.2 (8.2 births per 1,000 population).*

Rates allow comparisons between two groups using the same fixed ratio such as events per population. County rates can be compared to state rates although there is a large difference in counts. Rates may fluctuate widely for smaller populations where a small number of events (count) can greatly change the rate. Throughout this document, rates are used in tables and graphs. It will be noted when the count is 5 or fewer per year where the count is known. There may be several explanations for great fluctuations in rates and a low count may be a factor.

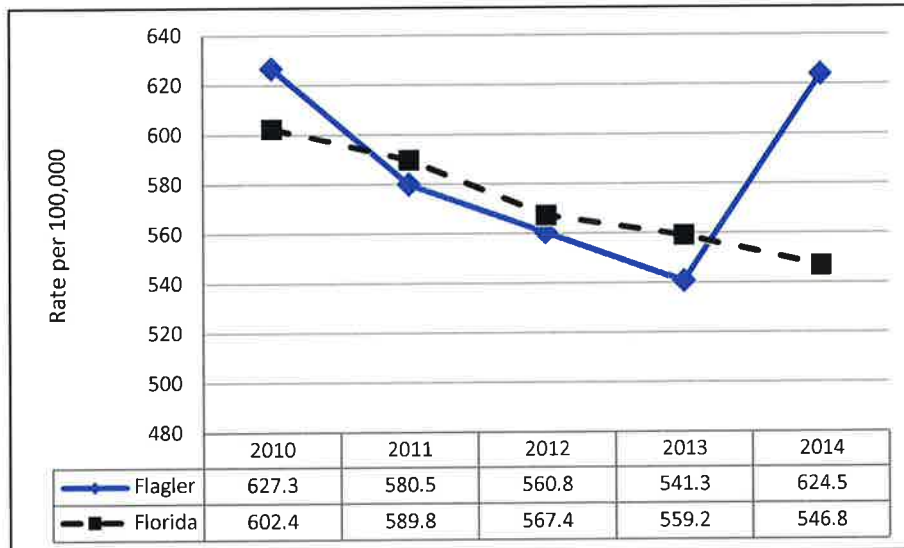
It should be noted that the following indicators in this section had a count of 5 or fewer per year reported:

- **Graphs 5.2 and 5.3:** Children Experiencing Sexual Violence
 - 5 or fewer events for years 2010 through 2014; however, 3-year rolling rates were used

Indicators Included:

Indicator	Reference
Domestic Violence Offense Rate	Graph 5.1
Children Experiencing Child Abuse, Ages 5-11	Graph 5.2
Children Experiences Sexual Violence, Ages 5-11	Graph 5.3
Infants in Foster Care	Graph 5.4
Children in Foster Care, Ages 1-5	Graph 5.5
Children in Foster Care, Ages 5-11	Graph 5.6
Children in Foster Care, Ages 12-17	Graph 5.7

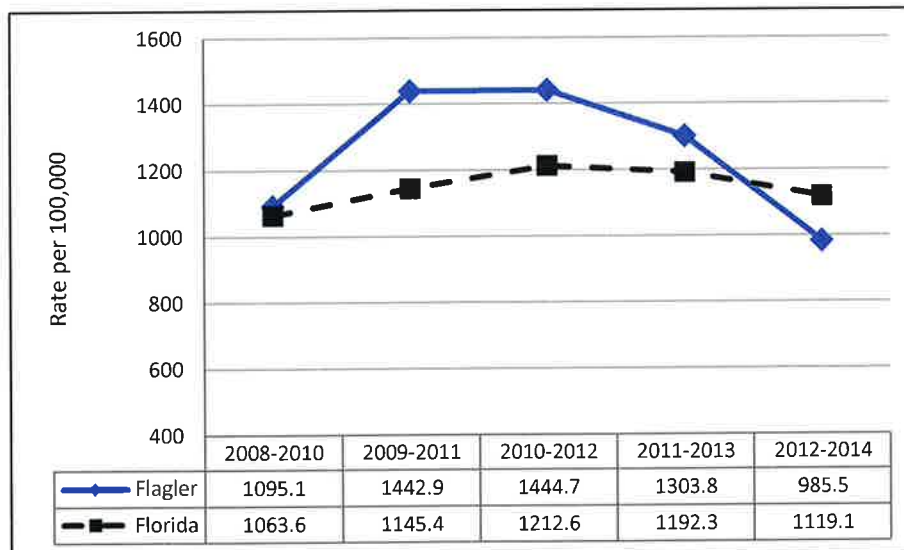
Graph 5.1 Domestic Violence Offense Rate



Source: Florida Department of Law Enforcement

- The Flagler County rate started and ended higher than the Florida rate and was below the Florida rate from 2011 through 2013
- With the exception of 2014, the Flagler County rate experienced a declining trend over the reported years

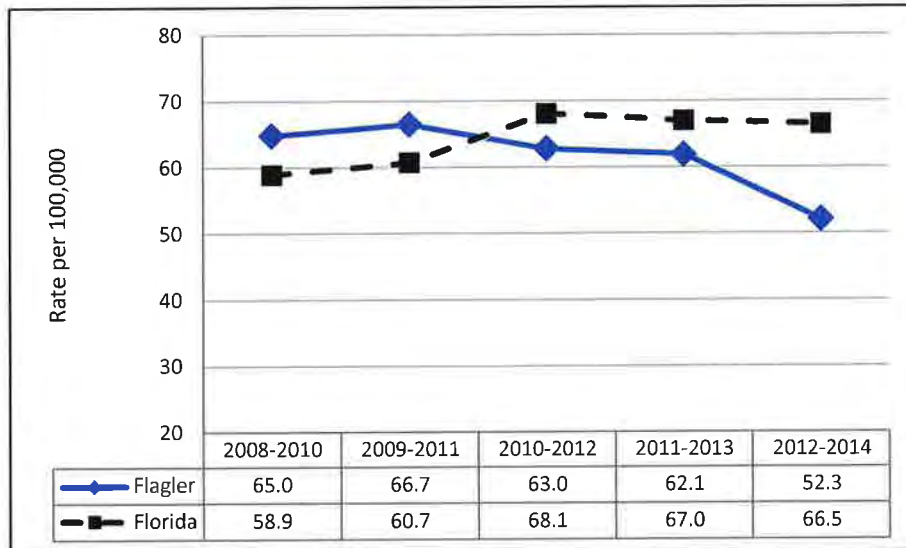
Graph 5.2 Children Experiencing Child Abuse, Age 5-11



Source: Department of Children and Families, Florida Safe Families Network Data Mart

- The Flagler County rate decreased 10% from 2008-2010 through 2012-2014
- The Flagler rate was above the Florida rate from 2008-2010 through 2011-2013 and dropped below Florida during 2012-2014

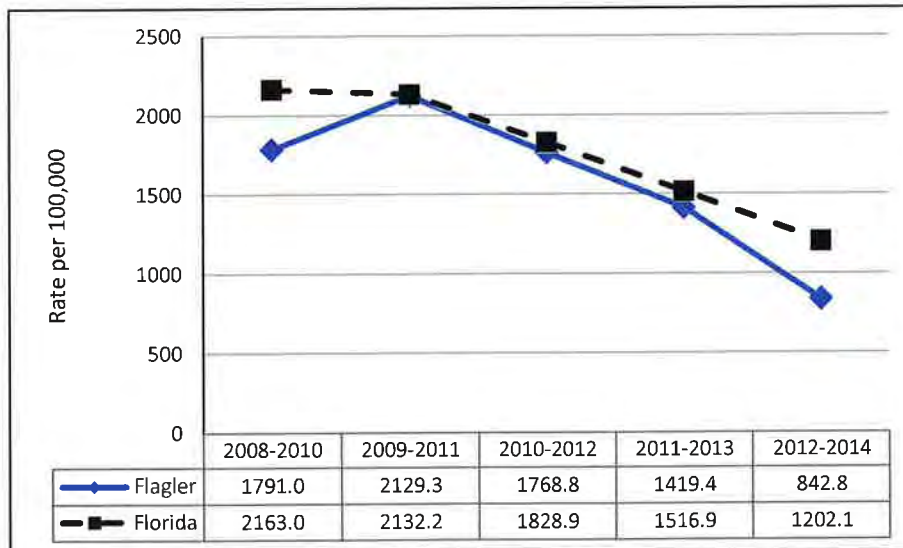
Graph 5.3 Children Experiencing Sexual Violence, Ages 5-11



Source: Department of Children and Families, Florida Safe Families Network Data Mart

- The Flagler County rate decreased 19.5% from 2008-2010 through 2012-2014 while the Florida rate increased
- The Flagler County rate fell below the Florida rate beginning in 2010-2012 and continued below Florida through 2012-2014

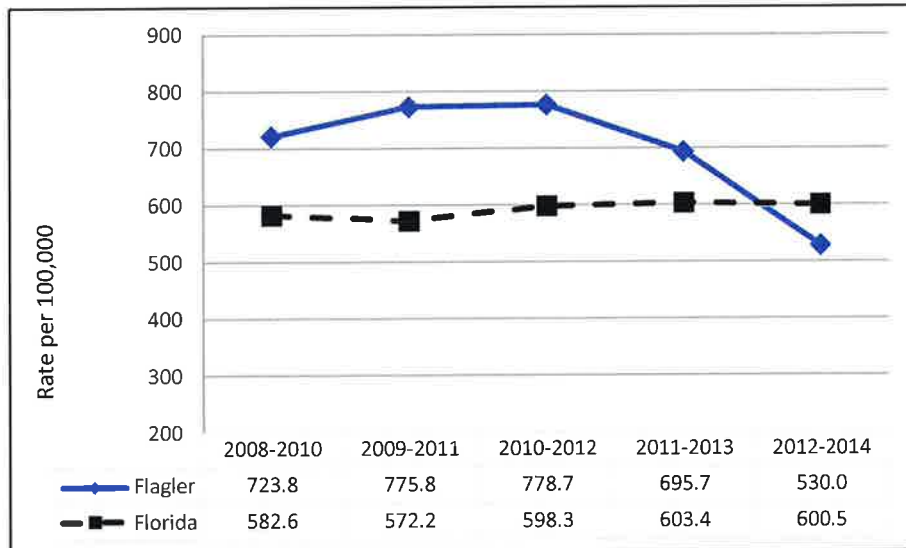
Graph 5.4 Infants in Foster Care



Source: Department of Children and Families, Florida Safe Families Network Data Repository

- The Flagler County rate decreased over the reporting period
- The Flagler County rate was lower than the Florida rate for four of the five years reported
- The Flagler County rate decreased 52.9% from 2009-2011 to 2012-2014

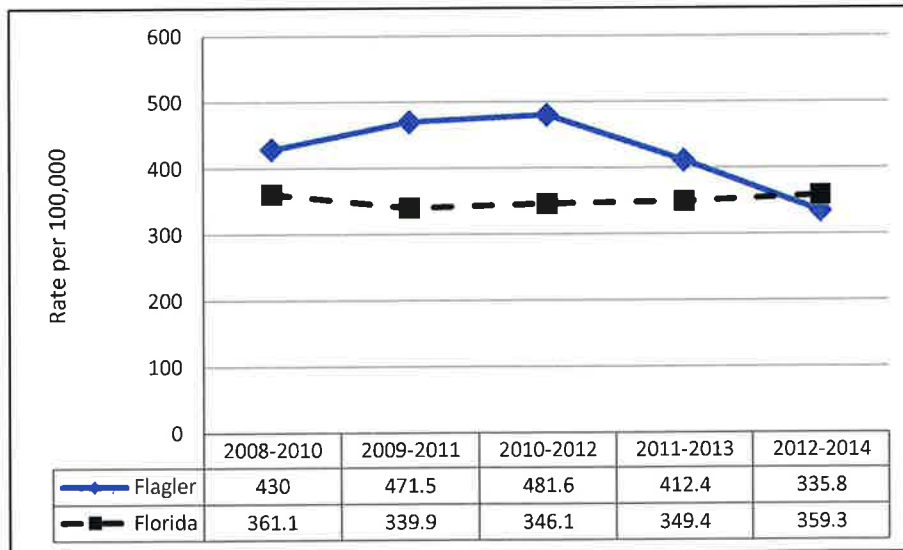
Graph 5.5 Children in Foster Care, Ages 1-5



Source: Department of Children and Families, Florida Safe Families Network Data Repository

- The Flagler County rate decreased over the reporting period.
- After staying above the Florida rate from 2008-2010 through 2011-2013, the Flagler County rate dropped below Florida in 2012-2014

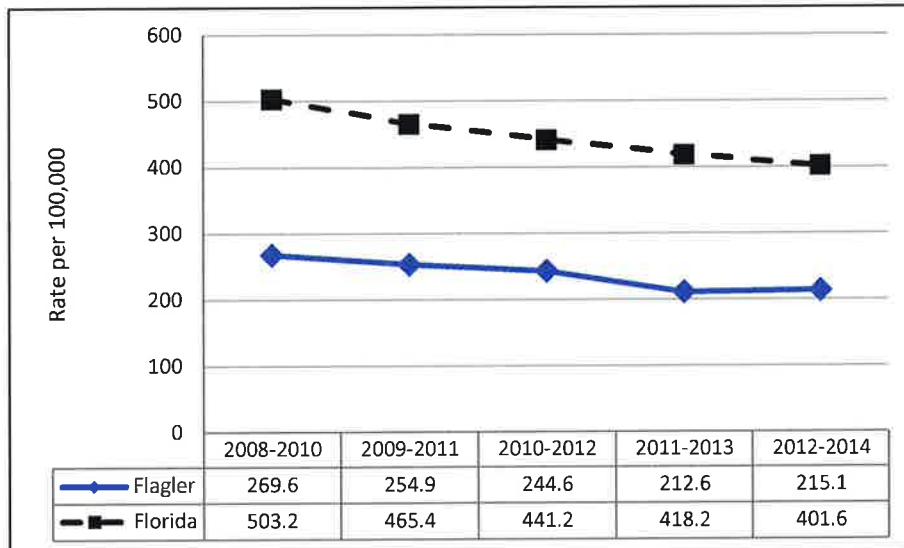
Graph 5.6 Children in Foster Care, Ages 5-11



Source: Department of Children and Families, Florida Safe Families Network Data Repository

- The Flagler County rate decreased 21.9% from 2008-2010 through 2012-2014
- The Flagler County rate remained above the state rate until 2012-2014

Graph 5.7 Children in Foster Care, Ages 12-17



Source: Department of Children and Families, Florida Safe Families Network Data Repository

- The Flagler County rate decreased 20.2% from 2008-2010 through 2012-2014
- The Flagler County rate was consistently below the rate of the state throughout the reported years



Additional Health Issues

Chronic Disease: Respiratory Disorders
Communicable & Infectious Diseases
Availability of Health Resources
Injuries
Socio-Demographics

6. Chronic Disease: Respiratory Disorders

Respiratory disease is a medical term that encompasses pathological conditions affecting the organs and tissues that make gas exchange possible and includes conditions of the upper respiratory tract, trachea, bronchi, bronchioles, alveoli, pleura and pleural cavity, and the nerves and muscles of breathing. Respiratory diseases can range from mild conditions such as the common cold, to life-threatening conditions such as COPD, pneumonia, pulmonary embolism, and lung cancer.

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

Chronic Lower Respiratory Disease (CLRD) and Chronic Obstructive Pulmonary Disease (COPD):

Chronic obstructive pulmonary disease, emphysema, chronic bronchitis and other respiratory illnesses are all grouped together under the name Chronic Lower Respiratory Disease. COPD is most commonly a mix of chronic bronchitis and emphysema, and usually results from tobacco use, although it can also be a result of pollutants in the air, genetic factors, and respiratory infections. There is no cure for COPD, but smoking cessation, medications, and therapy or surgery can help individuals manage their symptoms.

Indicators Included:

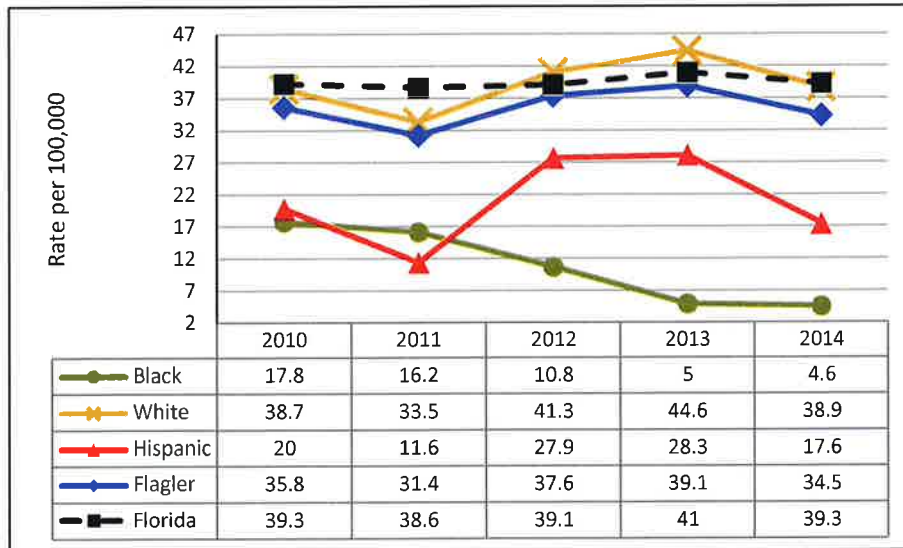
Indicator	Reference
Chronic Lower Respiratory Disease (CLRD) Age-adjusted Death Rate	Graph 6.1
Chronic Lower Respiratory Disease (CLRD) Age-adjusted Hospitalizations w/ Asthma	Graph 6.2
Asthma Age-adjusted Hospitalization	Graph 6.3
Asthma Hospitalizations, Ages 5-11	Graph 6.4
Asthma Hospitalizations, Ages 12-18	Graph 6.5
Adults Who Currently Have Asthma	Table 6.1

Other Data:

Other data related to **Chronic Disease: Respiratory Disorders** can be found here:

- **Table 1.5:** Adults Who Are Current Smokers

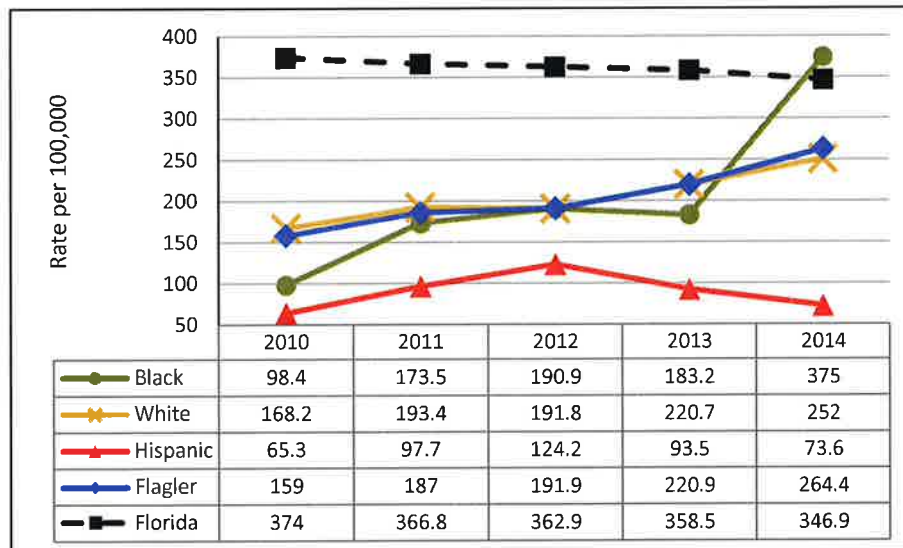
Graph 6.1 Chronic Lower Respiratory Disease (CLRD) Age-adjusted Death Rate



Source: Florida Department of Health, Bureau of Vital Statistics

- The Flagler County rate was consistently below the Florida rate and fluctuated over the reporting period
- The rate among Blacks in Flagler County had a declining trend and was consistently lower than Flagler County
- The rate among Hispanics in Flagler County was lower than Flagler County and fluctuated over the years reported

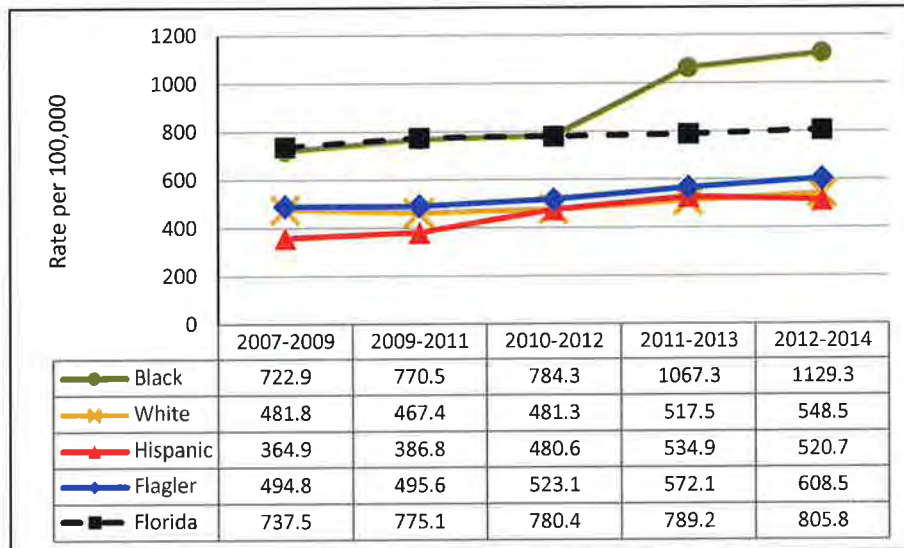
Graph 6.2 Chronic Lower Respiratory Disease (CLRD) Age-adjusted Hospitalizations with Asthma



Source: Florida Agency for Health Care Administration

- The rate for Flagler County was lower than the Florida rate and trended upward over the reporting period
- The rate among Blacks in Flagler County increased over the reporting period with a drastic increase of 191.8 points from 2013 to 2014
- The rate among Hispanics in Flagler County was consistently the lowest of all Flagler County groups

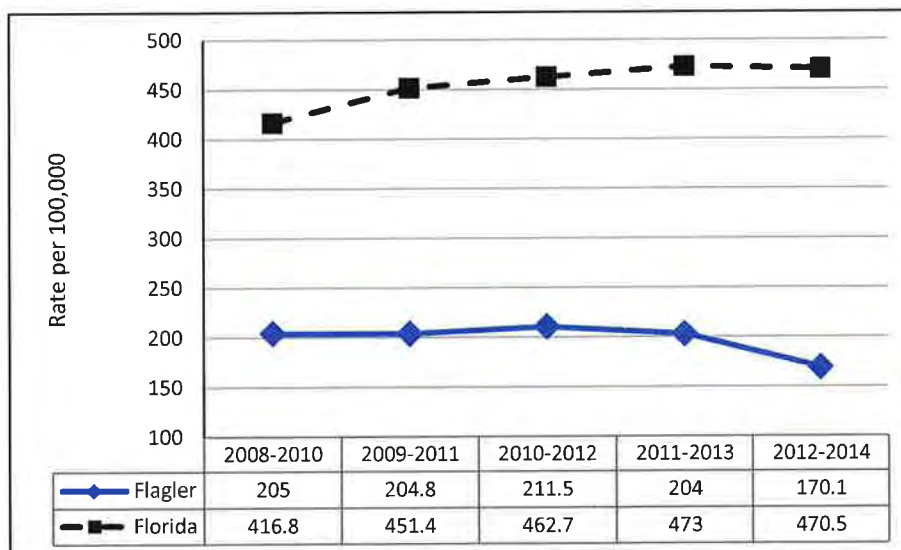
Graph 6.3 Asthma Age-adjusted Hospitalization



Source: Florida Agency for Health Care Administration

- The Flagler County rate increased and remained below the Florida rate throughout the reporting period
- The rate among Blacks in Flagler County was higher than the Flagler County rate and trended upward throughout the reporting period increasing 406.4 points overall
- The rate among Hispanics was consistently lower than the Flagler County rate for the years reported

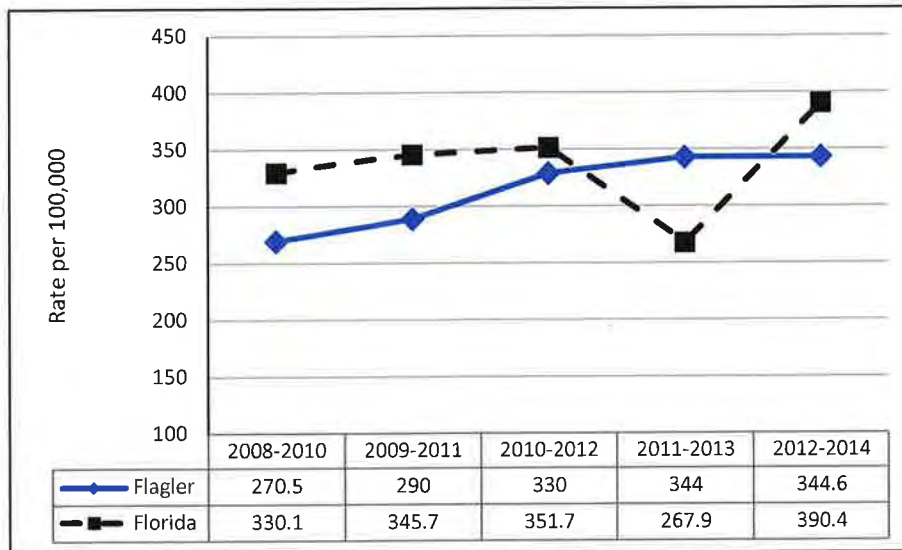
Graph 6.4 Asthma Hospitalizations, Ages 5-11



Source: Florida Agency for Health Care Administration

- The Flagler County rate saw a decrease over the reporting period and remained well below the Florida rate throughout

Graph 6.5 Asthma Hospitalizations, Ages 12-18



Source: Florida Agency for Health Care Administration

- The Flagler County rate was below the Florida rate for four of the five time periods reported
- There was an overall increasing trend in Flagler County
- There was a 74.1-point increase in the Flagler County rate from 2008-2010 through 2012-2014

Table 6.1 Adults Who Currently Have Asthma

Adults who currently have asthma, 2013	Flagler	Florida
	Percent	Percent
Total – Overall	6.1	8.3
Men	4.2	5.7
Women	7.8	10.7
Non-Hispanic, White	4.3*	8.3
Non-Hispanic, Black	NA	8.9
Hispanic	NA	8.3
18-44	11.0	8.0
45-64	5.6	9.1
65 & Older	2.1*	7.8
< High School	NA	12.5
High School/GED	5.4	7.3
> High School	6.8	7.7
< \$25,000	11.4	12.4
\$25,000-\$49,999	5.4	6.9
\$50,000 or More	3.8	6.0

Source: Florida Behavioral Risk Factor Surveillance System

*Indicates that the difference observed between the 2013 county and state measures is statistically significant.

NA=Not available due to respondent counts of less than 30

7. Communicable & Infectious Diseases

Communicable diseases spread from one person to another or from animal to person. The spread is often through airborne viruses or bacteria but can also happen from bodily fluids.

Summary of Key Disease Trends in 2013: According to the Florida Department of Health, sexually transmitted diseases (STDs), HIV, and AIDS are the most common reportable diseases in Florida, particularly among 15- to 54-year-olds. STD's refer to more than 25 infectious organisms that are transmitted primarily through sexual activity. STD transmission is preventable and education and resources are essential for improving public health.

National Estimates:

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

HIV/AIDS

Since the AIDS epidemic began in 1981:

- 1.7 million Americans have been infected with HIV
- 583,298 have died of AIDS-related causes
- An estimated 12.8% of people living with HIV are undiagnosed according to the CDC
- Every 9.5 minutes, a new case is found.

Florida has one of the highest incidence of HIV in the country, and third to highest incidence of AIDS and HIV/AIDS Age-adjusted death rates. Although incidence of both HIV and AIDS is very high, Florida has seen a decline over the last three years. According to Florida CHARTS, Flagler County reported 9 new HIV cases in 2014 and had only 4 new reports in 2013. Flagler has consistently been under the state rates for HIV/AIDS related reports and deaths. Over the last 5 reporting periods, Blacks have had the highest report rate.

Why is this Important? According to the CDC, more than 18,000 people with AIDS still die each year in the United States. The CDC also estimates than more than one million people are living with HIV in the U.S. It is estimated that one in eight (12.8%) of those people living with HIV is unaware of their infection.

Sexually Transmitted Disease

Chlamydia incidence has been increasing over the past 10 years, with over 80,000 cases reported in Florida in 2013. As chlamydia has increased, the number of gonorrhea cases has consistently decreased nationally and in Florida since 2006. However, in 2013, there was a slight increase in cases compared to 2012, but incidence was still lower than the previous five-year average. A shift in treatment guidelines and recommendations for screening of women under the age of 25 contributed to the decrease in gonorrhea cases. Syphilis incidence has remained relatively stable for the past 10 years, but has been increasing since 2009, with a 16.8% increase in 2013 compared to the past five years. The incidence of HIV and AIDS has also decreased overall in the last 10 years, though both AIDS and HIV infection increased in 2013, partially due to an expansion of electronic laboratory reporting in 2012 which resulted in receiving more laboratory reports.

Vaccine Preventable Diseases

Despite high vaccine coverage in Florida, vaccine-preventable diseases (VPDs) continued to occur. Vaccination coverage in Florida and nationally for 2013 was published by the Centers for Disease Control and Prevention in the Morbidity and Mortality Weekly Report in August. In 2013, VPD incidence increased overall in Florida compared to 2012. Acute hepatitis A and hepatitis B incidence has declined drastically over the past decade, likely due to increased vaccination coverage. Hepatitis A incidence increased slightly in 2013 compared to 2012.

Beginning with the 2008-2009 school year, children entering kindergarten were required to receive two doses of varicella vaccine. Also, pertussis incidence has increased nationwide over the past 10 years despite routine vaccine use. In Florida, there was a sharp increase in reported pertussis cases in 2012, and incidence in 2013 was 76.2% higher than the previous five-year average.

Arboviral (arthropod-borne viruses) diseases continued to be a threat in Florida in 2013. Lyme disease, transmitted by ticks, increased in 2013 primarily due to an increase in cases imported from other states

Indicators Included:

Indicator	Reference
Adults Who Received a Flu Shot in the Past Year	Table 7.1
Percentage of Adults Who Have Ever Been Tested for HIV	Table 7.2
Newly Reported HIV Cases	Graph 7.1
Newly Reported AIDS Cases	Graph 7.2
HIV/AIDS Age-adjusted Death Rate	Graph 7.3
Total Gonorrhea, Chlamydia & Infectious Syphilis	Graph 7.4
3-Year Reported STD Cases, Ages 15-19	Graph 7.5
Selected Vaccine Preventable Diseases	Graph 7.6
Pertussis Reported	Graph 7.7
Meningococcal Disease Reported	Graph 7.8
Tuberculosis (TB) Cases Reported	Graph 7.9
Hepatitis A Cases Reported	Graph 7.10
Hepatitis B, Acute Cases Reported	Graph 7.11
Pneumonia/Influenza 3-Year Age-adjusted Resident Death Rate	Graph 7.12

Other Data:

Other data related to **Communicable & Infectious Diseases** can be found here:

- **Graph 4.14:** Bacterial STDs (Women 15-34)
- **Graph 4.28:** Kindergarten Children Fully Immunized

Table 7.1 Adults Who Received a Flu Shot in The Past Year

Adults who received a flu shot in the past year, 2013	Flagler	Florida
	Percent	Percent
Total – Overall	32.8	30.7
Men	31.2	29.5
Women	34.2	31.8
Non-Hispanic, White	35.8	36.6
Non-Hispanic, Black	NA	17.9
Hispanic	NA	26.1
18-44	9.9	18.6
45-64	34.4	29.5
65 & Older	55.4	54.6
< High School	NA	26.5
High School/GED	30.8	28.8
> High School	33.8	32.8
< \$25,000	23.8	25.4
\$25,000-\$49,999	32.7	31.3
\$50,000 or More	37.3	34.0

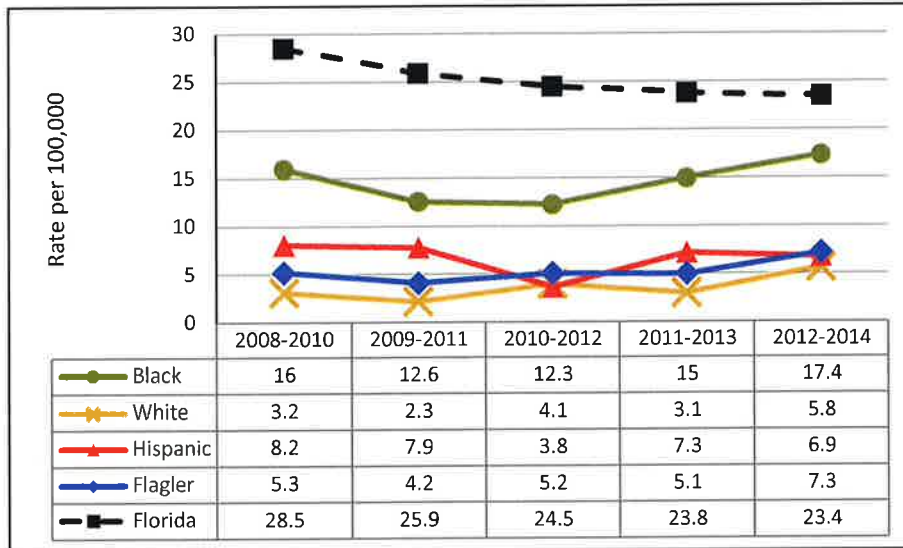
Source: Florida Behavioral Risk Factor Surveillance System
 NA=Not available due to respondent counts of less than 30

Table 7.2 Adults Who Have Ever Been Tested for HIV

Adults who have ever been tested for HIV, 2013	Flagler	Florida
	Percent	Percent
Total – Overall	36.8	42.6
Men	37.3	41.2
Women	36.3	43.9
Non-Hispanic, White	34.6	34.4
Non-Hispanic, Black	NA	65.8
Hispanic	NA	48.7
18-44	62.4	56.9
45-64	29.3*	42.7
65 & Older	16.2	14.9
< High School	NA	39.4
High School/GED	23.7*	39.8
> High School	43.5	45.0
< \$25,000	51.3	48.8
\$25,000-\$49,999	25.4	40.8
\$50,000 or More	36.5	41.7

Source: Florida Behavioral Risk Factor Surveillance System
 *Indicates that the difference observed between the 2013 county and state measures is statistically significant
 NA=Not available due to respondent counts of less than 30

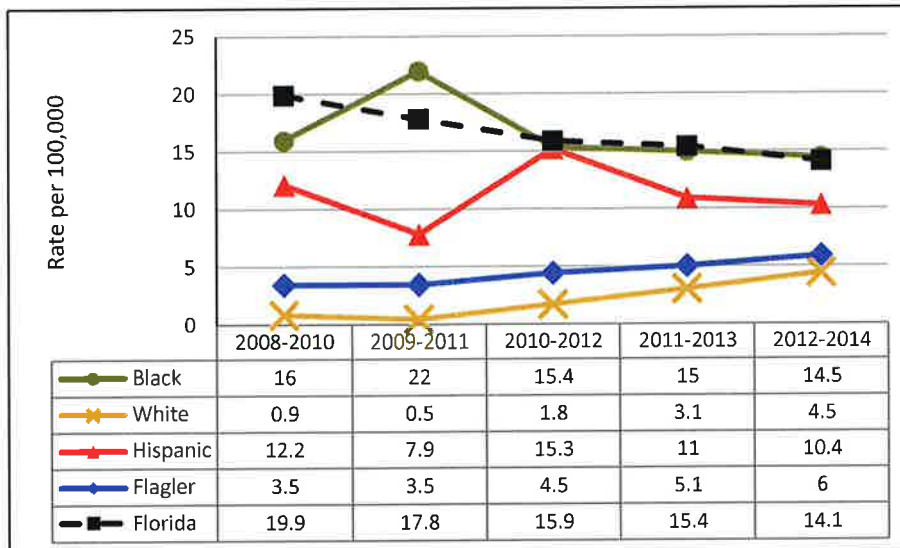
Graph 7.1 Newly Reported HIV Cases



Source: Florida Department of Health, Bureau of HIV/AIDS

- All Flagler County rates reported were consistently lower than the state rate
- The rates for Flagler County, Blacks and Whites experienced increases from 2008-2010 to 2012-2014
- The rate among Hispanics in Flagler County recorded a decrease over the years reported

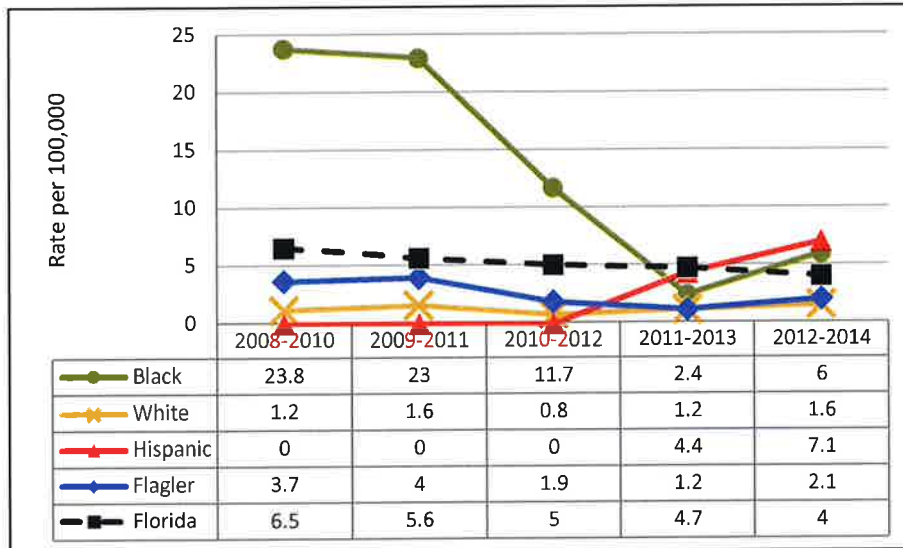
Graph 7.2 Newly Reported AIDS Cases



Source: Florida Department of Health, Bureau of HIV/AIDS

- The Flagler County, Hispanic and White rates were lower than the state rate for each measurement period
- The Flagler County rate trended upward over the reporting period
- The rate among Blacks and Hispanics in Flagler County was consistently higher than the Flagler County rate
- The rate among Blacks in Flagler County was higher than the state in two of the five assessment periods

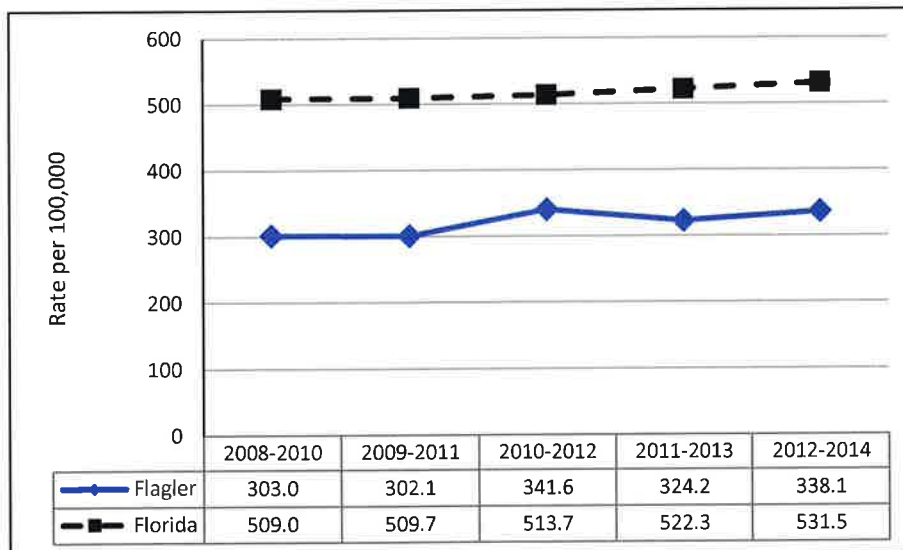
Graph 7.3 HIV/AIDS Age-adjusted Death Rate



Source: Florida Department of Health, Bureau of Vital Statistics

- The Flagler County rate trended downward and was lower than the Florida rate throughout the reporting period
- Over the time reported, the rate among Blacks in Flagler County was higher than the Flagler County rate and there was a distinguishing decrease of 17.8 points
- The rate among Hispanics in Flagler County had an increase of 7.1 points over the time reported

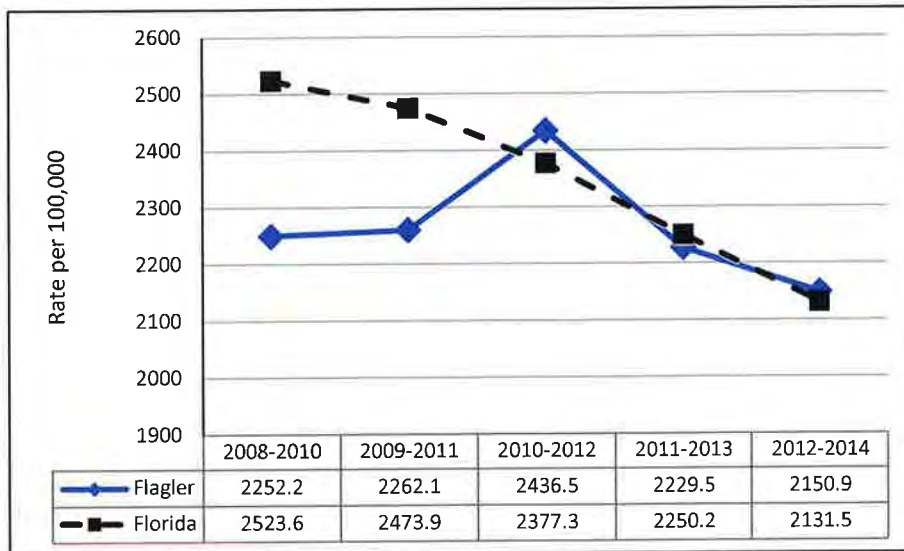
Graph 7.4 Total Gonorrhea, Chlamydia, & Infectious Syphilis Cases Reported



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

- The Flagler County rate increased over the reporting period for an upward trend
- The Flagler County rate was consistently below the state rate throughout the years reported

Graph 7.5 3-Year Bacterial STDs, Ages 15-19 (Gonorrhea, Chlamydia, & Infectious Syphilis)

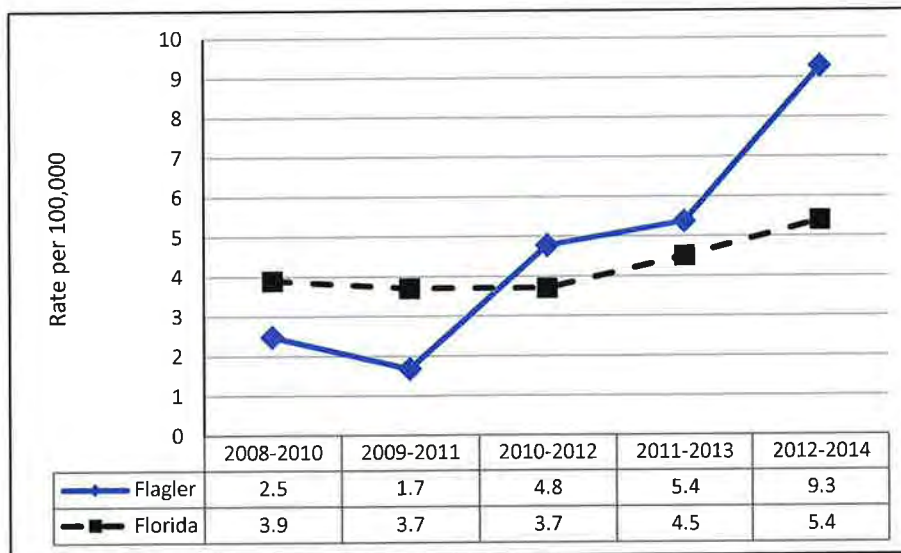


Source: Florida Department of Health, Bureau of STD Prevention & Control

- The Flagler County rate fluctuated and decreased overall during the years reported
- The Flagler County rate started below the Florida rate, rose above it during 2010-2012, then was similar through 2012-2014

Graph 7.6 Selected Vaccine Preventable Diseases

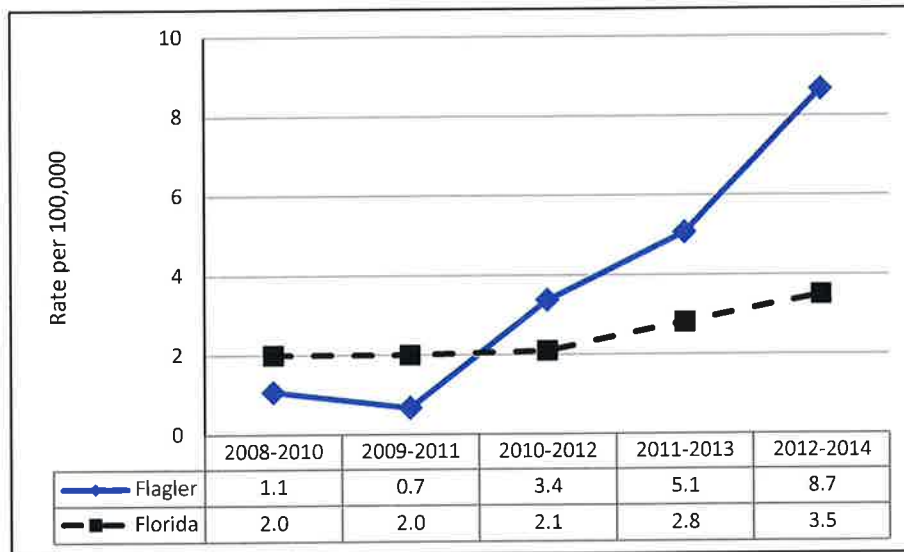
(Includes: Diphtheria, Acute Hepatitis B, Measles, Mumps, Pertussis, Rubella, Tetanus, and Polio)



Source: Florida Department of Health, Bureau of Epidemiology

- The Flagler County rate increased 6.8 points over the reporting period
- The Flagler County rate started lower than the Florida rate in 2008-2010 and became higher than Florida beginning in the 2010-2012 time-period and remained there throughout the years reported

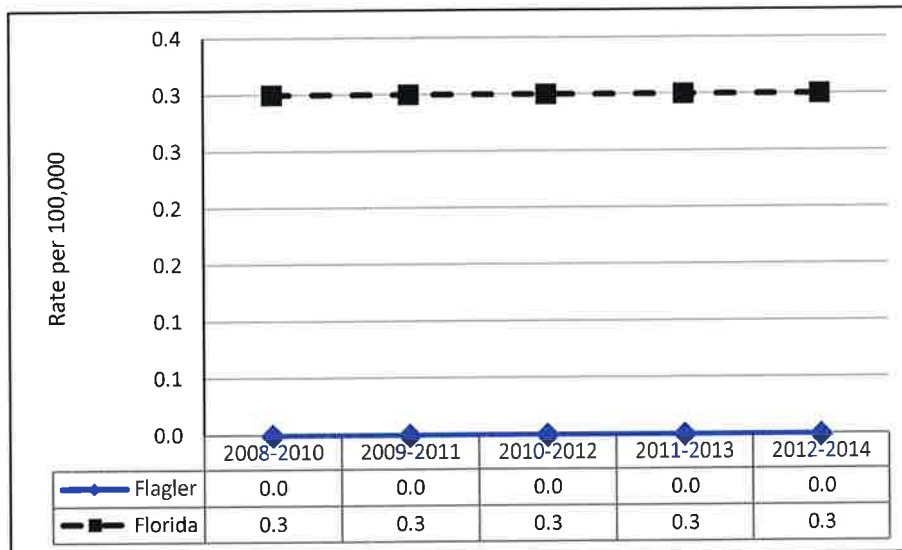
Graph 7.7 Pertussis Cases Reported



Source: Merlin, Florida's Web-Based Reportable Disease Surveillance System

- The Flagler County rate increased nearly 700 percent from 2008-2010 to 2012-2014
- Flagler's rate was below the state rate then increased 2.7 points in 2010-2012 and widened the gap with the state rate through 2012-2014

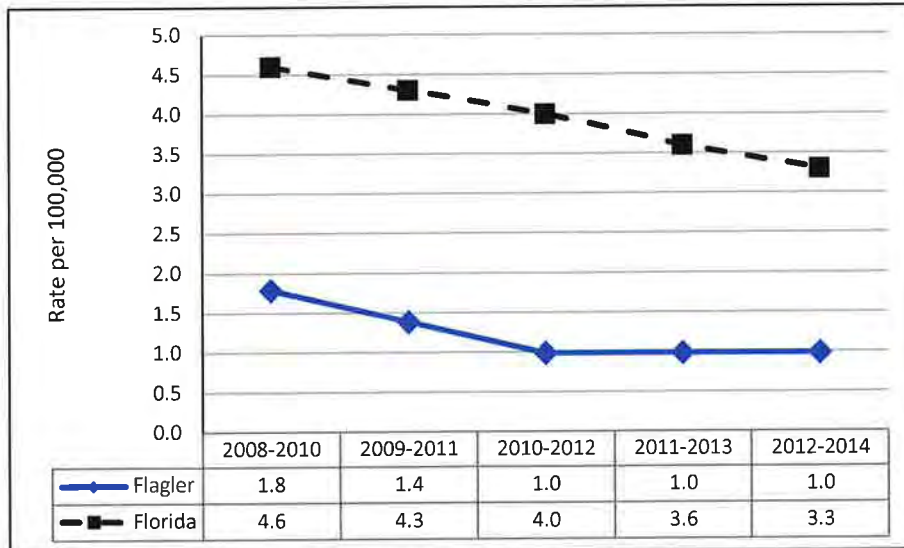
Graph 7.8 Meningococcal Disease Cases Reported



Source: Florida Department of Health, Bureau of Epidemiology

- There were no cases of meningococcal disease found in Flagler County over the period of assessment

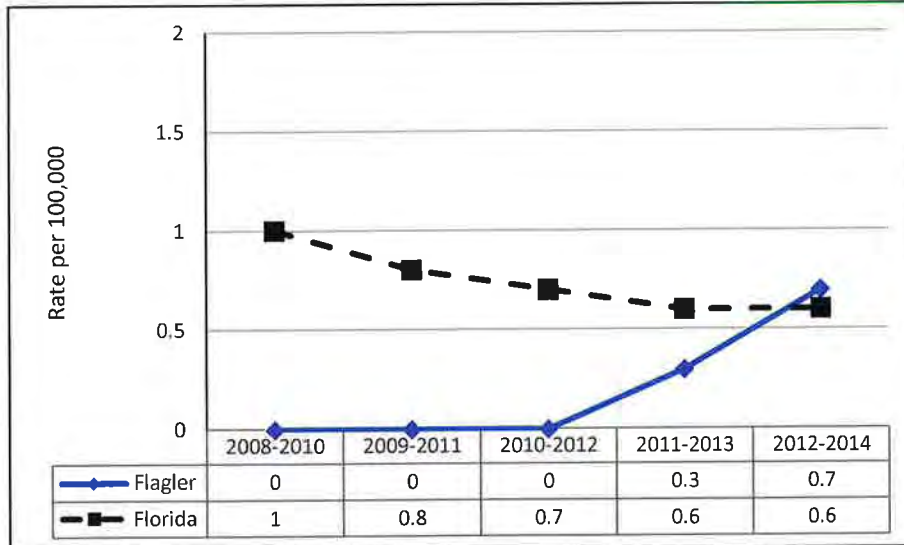
Graph 7.9 Tuberculosis (TB) Cases Reported



Source: Florida Department of Health, Bureau of TB & Refugee Health

- The Flagler County rate trended downward from 2008-2010 through 2012-2014
- The Flagler County rate was consistently lower than the state rate throughout the reporting period

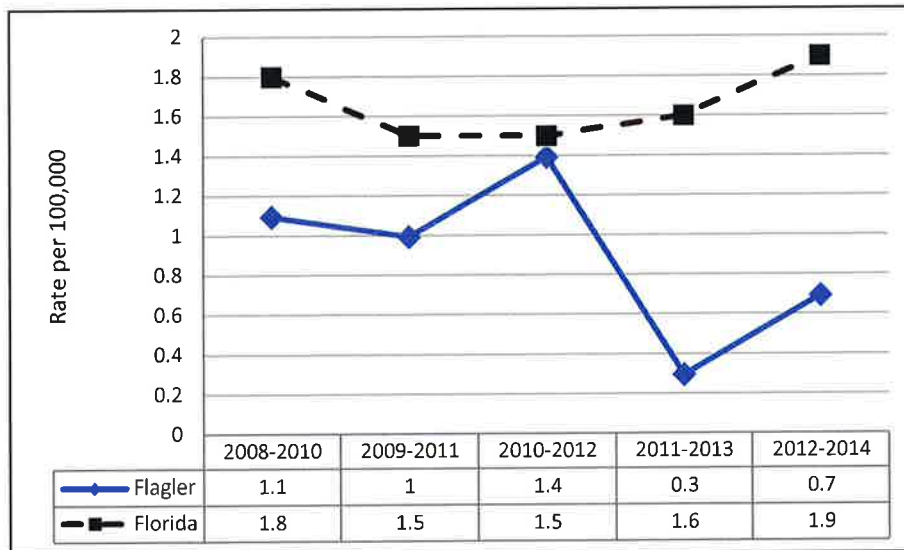
Graph 7.10 Hepatitis A Cases Reported



Source: Merlin, Florida's Web-Based Reportable Disease Surveillance System

- There were no cases reported in Flagler until 2011-2013 then the Flagler rate surpassed the state in 2012-2014
- In Flagler County, there was one case reported in 2011-2013 and two cases reported in 2012-2014

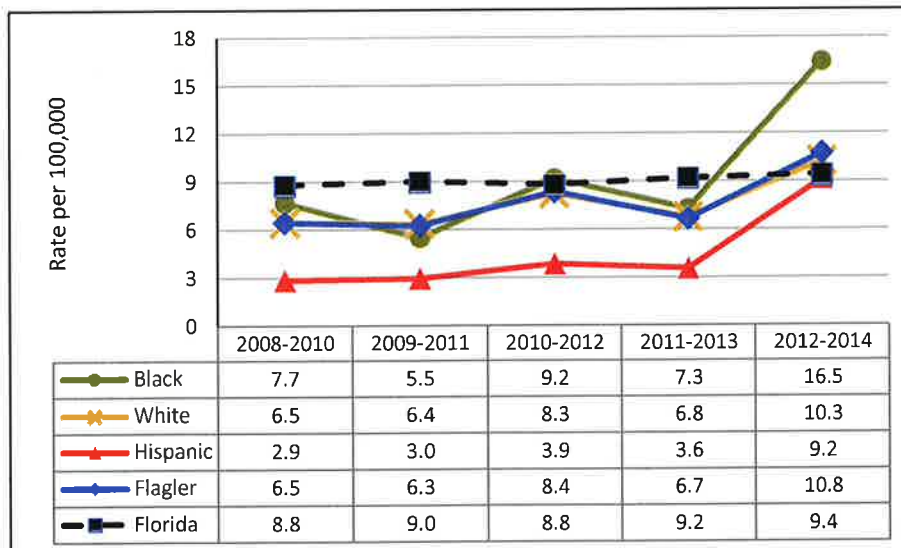
Graph 7.11 Acute Hepatitis B Cases Reported



Source: Merlin, Florida's Web-Based Reportable Disease Surveillance System

- The Flagler County rate was below the Florida rate throughout the years reported
- The Flagler County rate had a decreasing trend over the time period reported
- There was a notable decrease in the Flagler County rate beginning in the 2010-2012 time period

Graph 7.12 Pneumonia/Influenza Age-adjusted Death Rate



Source: Florida Department of Health, Bureau of Vital Statistics

- The Flagler County rate was consistently lower than the state rate until 2012-2014
- The rate among Hispanics in Flagler County was the lowest overall for all years
- All Flagler groups trended upward with Blacks peaking 34 percent higher than any other group in 2012-2014

8. Availability of Health Resources

Access to comprehensive quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone (Healthy People 2020). The Healthy People 2020 national health target is to increase the proportion of people with a usual primary care provider to 83.9%.

Definition of Access to Health Services: Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires 3 distinct steps: gaining entry into the health care system; accessing a health care location where needed services are provided; and finding a health care provider with whom the patient can communicate and trust.

Access to Health Care Impacts:

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

Barriers to Accessing Health Care Services: Barriers include the lack of availability, high cost and lack of insurance coverage. These barriers can lead to unmet health needs and delays in receiving appropriate care. Barriers can also contribute to the inability to get preventive services and hospitalizations that could have been prevented.

Why Children Should Have Health Insurance

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

Indicators Included:

Indicator	Reference
Health Resource Capacity: Health Department, Physicians, Hospital Beds and Nursing Home Beds	Table 8.1
Children < 5 Covered by MediKids	Graph 8.1
Adults with Any Type of Health Care Insurance Coverage	Graph 8.2
Births Covered by Medicaid	Graph 8.3
Births to Uninsured Women ("Self-Pay" Checked on Birth Certificate)	Graph 8.4
Females > 17 Who Have Any Type of Health Care Insurance Coverage	Graph 8.5
Adults Reporting a Personal Doctor or Health Care Provider	Table 8.2
Adults Who Rate Their Health Status as "Fair" Or "Poor"	Table 8.3

Other Data:

Other data related to **Health Resource Availability** can be found here:

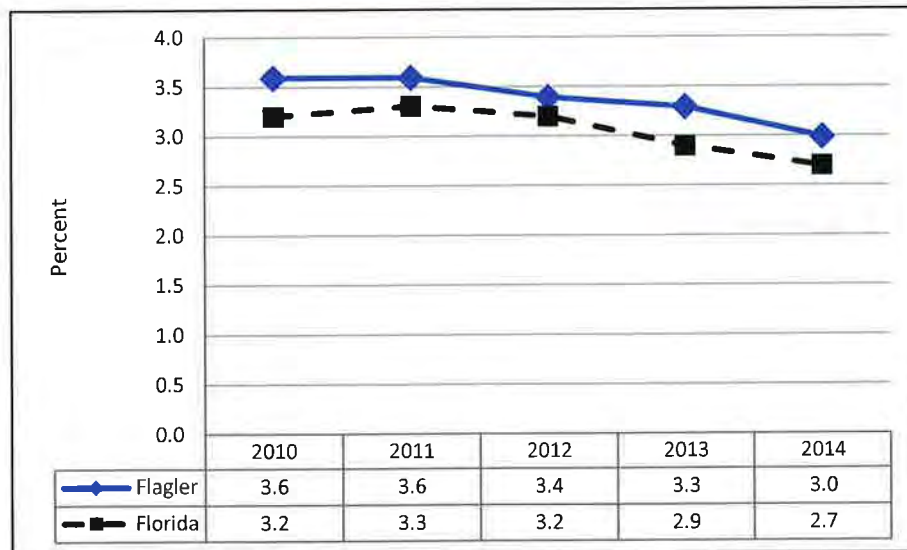
- **Graph 3.8:** Preventable Hospitalizations Under 65 from Diabetes Per 100,000
- **Graph 4.21:** Births with Adequate Prenatal Care (Kotelchuck index)
- **Table 4.6:** Births with Adequate Prenatal Care (Kotelchuck Index) by Race, Ethnicity and ZIP Code
- **Graph 4.22:** Prenatal Care Entry in First Trimester
- **Table 4.7:** Prenatal Care Entry in First Trimester by Race, Ethnicity and ZIP Code
- **Graph 4.23:** Births to Mothers with No Prenatal Care
- **Table 4.8:** Births to Mothers with No Prenatal Care by Race, Ethnicity and ZIP Code
- **Table 4.9:** Births to Mothers with Late Prenatal Care by Race, Ethnicity and ZIP Code

Table 8.1 Health Resource Capacity

Category	Type	Flagler County		Florida
		Number	Rate per 100,000	Rate per 100,000
Health Department 2014	Full-Time Employees	56	55.1	51.1
Physicians FY 2014-15	Total Licensed Physicians	131	128.8	259.3
	Total Licensed Family Medicine	19	18.7	19.1
	Total Licensed Internists	21	20.7	49.6
	Total Licensed OB/GYN	4	3.9	10.2
	Total Licensed Pediatricians	3	3.0	18.7
Hospital Beds 2014	Total Acute Care Beds	99	97.4	260.3
	Total Hospital Beds	99	97.4	317.3
Nursing Home Beds 2014	Total Nursing Home Beds	240	236.0	426.7

Source: Florida Agency for Health Care Administration, Florida Department of Health Physician Workforce Surveys

Graph 8.1 Children <5 Covered by MediKids

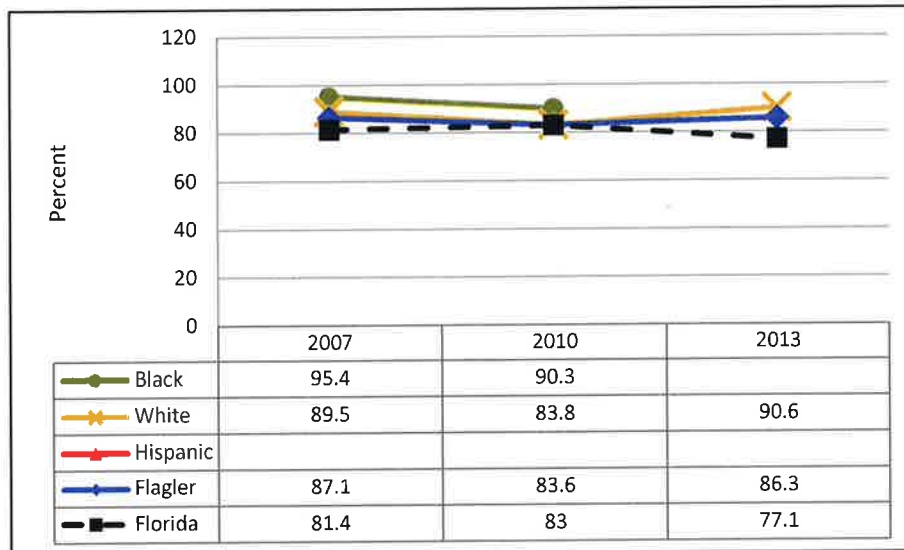


Source: Agency for Health Care Administration (AHCA)

- The Flagler County percentage was higher than the Florida percentage from 2010 through 2014
- The Flagler County percentage decreased 16.6% from 2010 through 2014

Note: MediKids is one part of the larger KidCare program

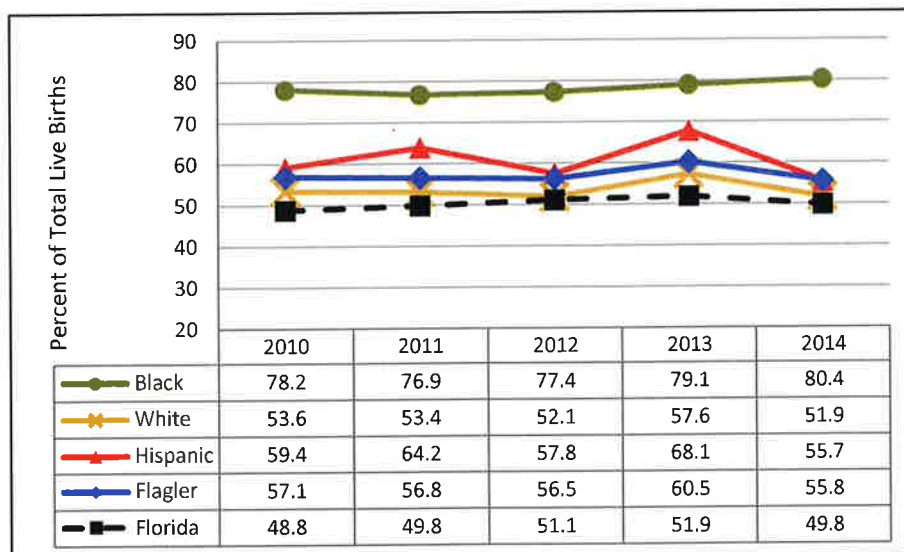
Graph 8.2 Adults with Any Type of Health Care Insurance Coverage



Source: Florida Behavioral Risk Factor Surveillance System

- The Flagler County percentage was higher than the Florida percentage for each year reported
 - From 2007 to 2013 Flagler County saw a slight decline in its percentage
 - The percent among Blacks in Flagler County was the highest for the two years when it was reported
- Note: Data was not available for Blacks in the 2013 year or Hispanics for any year for this indicator.

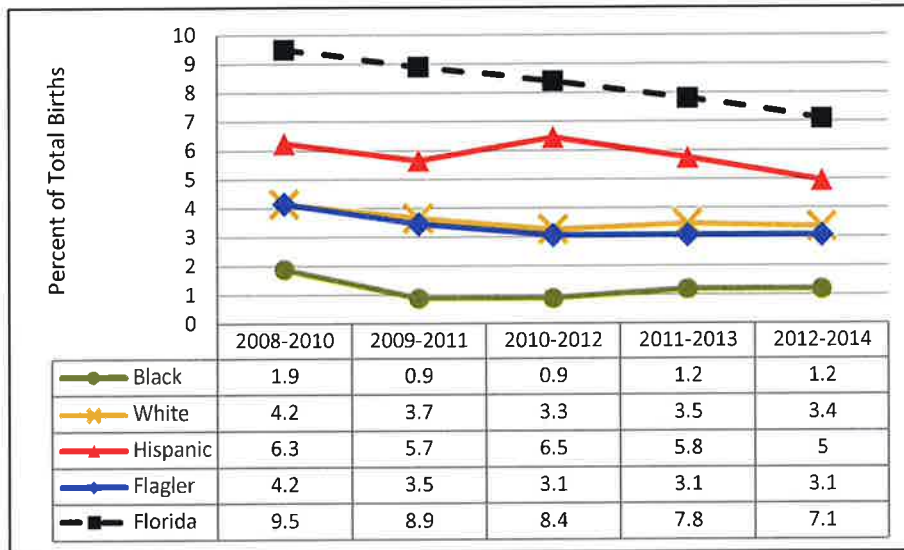
Graph 8.3 Births Covered by Medicaid



Source: Florida Department of Health, Bureau of Vital Statistics

- The Flagler County percentage fluctuated slightly and was higher than Florida throughout the reporting period
- The percentage among Blacks in Flagler County was the highest of all groups throughout the reporting period
- The percentage among Hispanics in Flagler County was higher than the Flagler County percentage for four of the five years reported

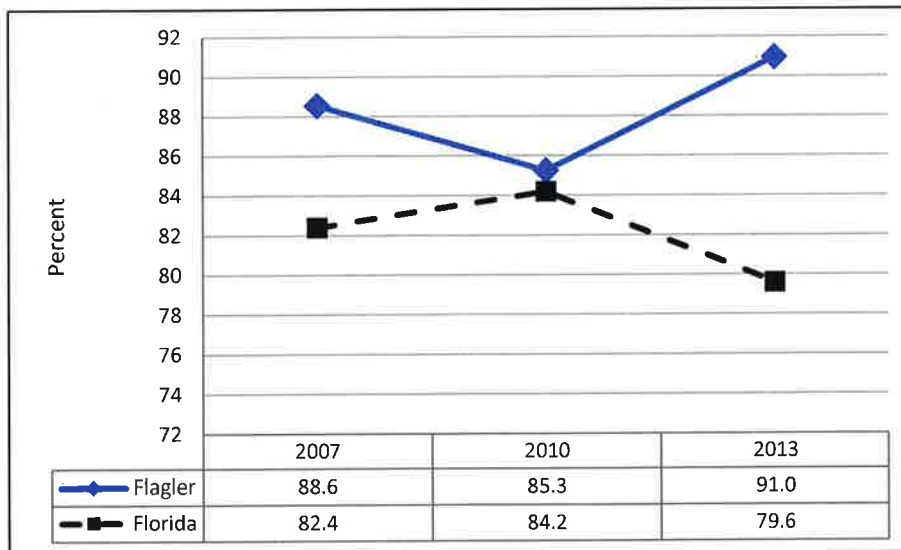
Graph 8.4 Births to Uninsured Women (“Self Pay” Checked on Birth Certificate)



Source: Florida Department of Health, Bureau of Vital Statistics

- The Flagler County percentage had a 26.2% decrease from 2008-2010 through 2012-2014
- The percentage among Blacks in Flagler County was consistently the lowest of all groups over the years reported
- The percentage among Hispanics in Flagler County was consistently higher than the Flagler County percentage throughout the reporting period

Graph 8.5 Females >17 Who Have Any Type of Health Care Insurance Coverage



Source: Behavioral Risk Factor Surveillance Systems

- The Flagler County percentage has consistently remained above the Florida percentage from 2007 through 2013
- The Flagler County percentage increased 2.7 percent from 2007 through 2013

Table 8.2 Percentage of Adults Who Have a Personal Doctor

Adults who have a personal doctor, 2013	Flagler	Florida
	Percent	Percent
Total – Overall	70.6	73.2
Men	68.2	67.8
Women	72.7	78.4
Non-Hispanic, White	76.3	79.8
Non-Hispanic, Black	NA	71.8
Hispanic	NA	59.7
18-44	33.2*	57.0
45-64	81.3	78.0
65 & Older	96.6	95.5
< High School	NA	59.9
High School/GED	68.4	71.2
> High School	72.1	78.0
< \$25,000	51.5	61.7
\$25,000-\$49,999	69.5	73.2
\$50,000 or More	82.4	85.1

Source: Florida Behavioral Risk Factor Surveillance System

*Indicates that the difference observed between the 2013 county and state measures is statistically significant

NA=Not available due to respondent counts of less than 30

Table 8.3 Adults Who Rate Their Health Status as "Fair" or "Poor"

Adults who rate their health status as "fair" or "poor"	Flagler 2010	Florida 2010	Flagler 2013	Florida 2013
	Percent	Percent	Percent	Percent
Total – Overall	20.3	17.1	13.4	19.5
Men	21.3	16.5	12.3	18.4
Women	19.5	17.7	14.4	20.6
Non-Hispanic, White	19.7	15.8	11.7	17.7
Non-Hispanic, Black	31.0	20.2	NA	19.7
Hispanic	NA	20.7	NA	24.0

Source: Florida Behavioral Risk Factor Surveillance System

*Indicates that the difference observed between the 2013 county and state measures is statistically significant

NA=Not available due to respondent counts of less than 30

9. Injuries

According to the CDC, almost 30% of all Emergency Room visits are injury related and, in Flagler County, unintentional injuries are the 5th leading cause of death. The major categories of injury are unintentional (accidental) and intentional. Unintentional injuries include those that result from motor vehicle collisions, falls, fires, poisonings, drownings, suffocation, choking, animal bites, recreational and sports-related activities. By noting the prevalence and type of injuries found in various age groups, targeted prevention strategies can be developed to prevent future injuries from occurring.

Motor vehicle related injuries are the leading cause of death in the United States and in 2013, resulted in \$44 billion in medical and lost work costs, reported the CDC. It is essential to have effective prevention efforts in place that will save both lives and money. According to the National Highway Traffic Safety Administration, wearing a seatbelt cuts down the chance of a fatality by about 50%. Enforcing seatbelt laws and driving while under the influence laws are effective strategies in reducing motor vehicle related injury and death.

Indicators Included:

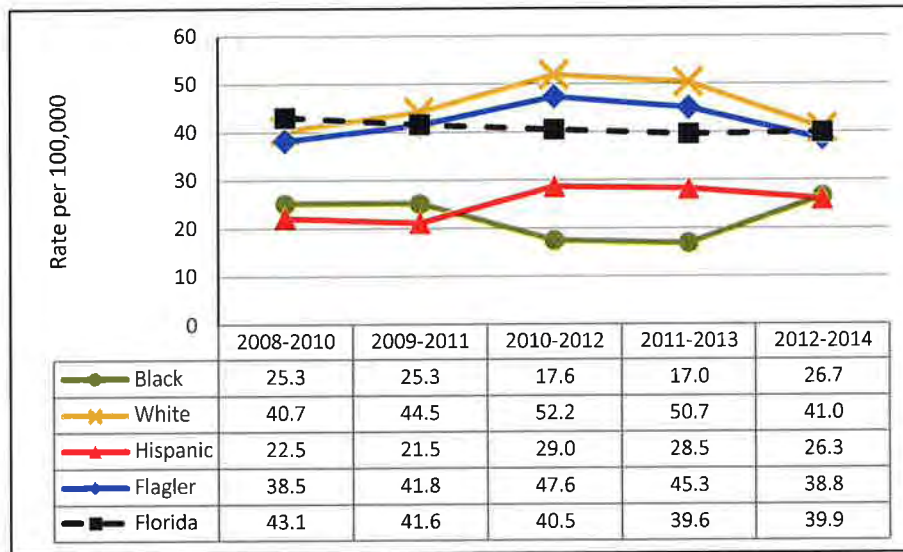
Indicator	Reference
Unintentional Injuries 3-Year Age-adjusted Death Rate	Graph 9.1
Non-Fatal Injury Emergency Department Visits, Young Children (Ages 0-4)	Table 9.1
Non-Fatal Injury Emergency Department Visits, School Aged Children (Ages 5-19)	Table 9.2
Non-Fatal Injury Emergency Department Visits, Adults (Ages 20-64)	Table 9.3
Non-Fatal Injury Emergency Department Visits, Seniors (Ages 65 and Older)	Table 9.4
Motor Vehicle Crashes 3-year Age-adjusted Death Rate	Graph 9.3
Non-Fatal Injury Emergency Department Visits, Youth	Table 9.4
Non-Fatal Injury Emergency Department Visits, Adults	Table 9.5

Other Data:

Other data related to Injuries can be found here:

- **Graph 1.2 Alcohol-suspected Motor Vehicle Traffic Crashes**
- **Graph 1.3 Alcohol-suspected Motor Vehicle Traffic Crash Injuries**
- **Graph 1.4 Alcohol-suspected Motor Vehicle Traffic Crash Deaths**

Graph 9.1 Unintentional Injuries 3-Year Age-adjusted Death Rate



Source: Florida Department of Health, Bureau of Vital Statistics

- The Flagler County rate was higher than the Florida rate for three of the four years assessed
- The Flagler County rate fluctuated over the reporting period and ended essentially at the rate it began
- The rates among Blacks and Hispanics in Flagler County were the lowest for each three-year period reported

Table 9.1 2014 Non-Fatal Injury Emergency Department Visits, Young Children (Ages 0-4)

Mechanism	Flagler		Florida	
	Number	Rate per 1,000	Number	Rate per 1,000
Bite/Sting	69	14.0	15,458	14.0
Cut, Pierce	9	1.8	4,613	4.2
Drowning, Submersion	1	0.2	309	0.3
Fall	208	42.1	55,407	50.2
Fire, Flame	2	0.4	303	0.3
Hot Object, Substance	9	1.8	2,642	2.4
MV Traffic - Occupant	17	3.4	5,064	4.6
Machinery	1	0.2	35	0.0
Natural, Environmental	4	0.8	469	0.4
Not E Coded	3	0.6	2,196	2.0
Other Specified & Classifiable	38	7.7	12,142	11.0
Other Specified & NEC	15	3.0	3,905	3.5
Overexertion	23	4.7	4,378	4.0
Pedestrian, Other	1	0.2	54	0.0
Poisoning	18	3.6	5,005	4.5
Struck By/Against	99	20.0	18,568	16.8
Suffocation	3	0.6	306	0.3
Unspecified	39	7.9	11,422	10.3
Total	559	113.1	143,803	130.3

Table 9.2 2014 Non-Fatal Injury Emergency Department Visits, School Aged Children (Ages 5-19)

Mechanism	Flagler		Florida	
	Number	Rate per 1,000	Number	Rate per 1,000
Bite/Sting	104	6.2	20,129	5.8
Cut, Pierce	83	4.9	22,330	6.4
Fall	429	25.4	89,642	25.8
Fire, Flame	1	0.1	647	0.2
Hot Object, Substance	14	0.8	3,146	0.9
MV Traffic - Motorcyclist	5	0.3	1,187	0.3
MV Traffic - Occupant	141	8.4	26,858	7.7
MV Traffic – Other Unspecified	7	0.4	2,008	0.6
MV Traffic - Pedalcyclist	3	0.2	1,035	0.3
MV Traffic - Pedestrian	5	0.3	1,391	0.4
Machinery	1	0.1	226	0.1
Natural, Environmental	9	0.5	1,565	0.5
Not E Coded	23	1.4	10,408	3.0
Other Specified & Classifiable	94	5.6	16,177	4.7
Other Specified & Not Elsewhere Classifiable	22	1.3	13,474	3.9
Overexertion	158	9.4	31,453	9.1
Pedalcyclist, Other	52	3.1	7,556	2.2
Poisoning	19	1.1	5,306	1.5
Struck By/Against	462	27.4	80,218	23.1
Suffocation	1	0.1	194	0.1
Transport, Other	18	1.1	3,373	1.0
Unspecified	153	9.1	29,542	8.5
Total	1,804	106.9	368,717	106.2

Source: Florida Department of Health, Office of Injury Prevention

Table 9.3 2014 Non-Fatal Injury Emergency Department Visits, Adults (Ages 20-64)

Mechanism	Flagler		Florida	
	Number	Rate per 1,000	Number	Rate per 1,000
Bite/Sting	204	3.8	41,831	3.7
Cut, Pierce	316	5.8	77,907	6.8
Fall	984	18.1	207,529	18.2
Fire, Flame	11	0.2	2,727	0.2
Firearm	5	0.1	1,792	0.2
Hot Object, Substance	49	0.9	11,129	1.0
MV Traffic - Motorcyclist	61	1.1	8,550	0.8
MV Traffic - Occupant	578	10.6	129,936	11.4
MV Traffic – Other Unspecified	56	1.0	13,153	1.2
MV Traffic - Pedalcyclist	12	0.2	3,526	0.3
MV Traffic - Pedestrian	10	0.2	4,888	0.4
Machinery	10	0.2	3,049	0.3
Natural, Environmental	35	0.6	5,615	0.5
Not E Coded	34	0.6	22,806	2.0
Other Specified & Classifiable	168	3.1	38,817	3.4
Other Specified & Not Elsewhere Classifiable	71	1.3	43,114	3.8
Overexertion	419	7.7	102,356	9.0
Pedalcyclist, Other	62	1.1	10,348	0.9
Pedestrian, Other	4	0.1	572	0.1
Poisoning	70	1.3	17,461	1.5
Struck By/Against	605	11.1	117,855	10.4
Suffocation	7	0.1	534	0.0
Transport, Other	33	0.6	7,260	0.6
Unspecified	532	9.8	121,443	10.7
Total	4,336	79.8	994,424	87.4

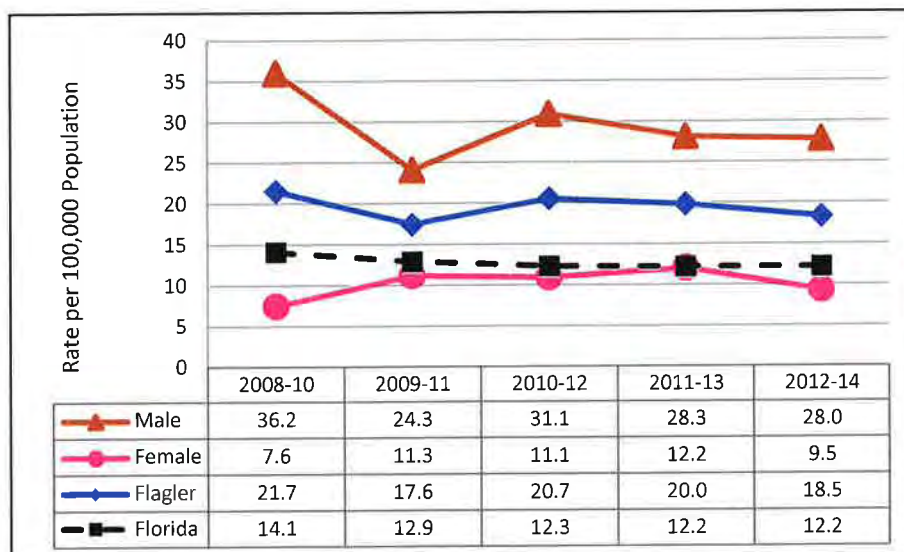
Source: Florida Department of Health, Office of Injury Prevention

Table 9.4 2014 Non-Fatal Injury Emergency Department Visits, Seniors (Ages 65 and Older)

Mechanism	Flagler		Florida	
	Number	Rate per 1,000	Number	Rate per 1,000
Bite/Sting	63	2.5	6,699	1.9
Cut, Pierce	67	2.6	11,017	3.1
Fall	1,040	40.7	158,202	44.0
Fire, Flame	1	0.0	308	0.1
Hot Object, Substance	10	0.4	1,181	0.3
MV Traffic - Motorcyclist	9	0.4	455	0.1
MV Traffic - Occupant	78	3.1	15,088	4.2
MV Traffic – Other Unspecified	15	0.6	1,566	0.4
MV Traffic - Pedalcyclist	4	0.2	241	0.1
MV Traffic - Pedestrian	1	0.0	621	0.2
Machinery	4	0.2	571	0.2
Natural, Environmental	13	0.5	1,262	0.4
Not E Coded	13	0.5	5,148	1.4
Other Specified & Classifiable	46	1.8	6,607	1.8
Other Specified & Not Elsewhere Classifiable	15	0.6	6,344	1.8
Overexertion	108	4.2	11,530	3.2
Pedalcyclist, Other	19	0.7	1,491	0.4
Pedestrian, Other	2	0.1	127	0.0
Poisoning	13	0.5	2,614	0.7
Struck By/Against	117	4.6	16,020	4.5
Suffocation	3	0.1	153	0.0
Transport, Other	2	0.1	895	0.2
Unspecified	194	7.6	24,808	6.9
Total	1,837	71.9	273,081	76.0

Source: Florida Department of Health, Office of Injury Prevention

Graph 9.1 Motor Vehicle Crashes 3-year Age-adjusted Death Rate



Source: Florida Department of Health, Bureau of Vital Statistics

Table 9.4 2014 Non-Fatal Injury Emergency Department Visits for Motor Vehicle Injuries, Youth

Under Age Five	Flagler		Florida	
	Number	Rate per 1,000	Number	Rate per 1,000
MV Traffic - Occupant	17	3.4	5,064	4.6
Ages 5-19	Flagler		Florida	
	Number	Rate per 1,000	Number	Rate per 1,000
MV Traffic - Motorcyclist	5	0.3	1,187	0.3
MV Traffic - Occupant	141	8.4	26,858	7.7
MV Traffic - Other Unspecified	7	0.4	2,008	0.6
MV Traffic - Pedalcyclist	3	0.2	1,035	0.3
MV Traffic - Pedestrian	5	0.3	1,391	0.4

Source: Florida Department of Health, Office of Injury Prevention

Table 9.5 2014 Non-Fatal Injury Emergency Department Visits for Motor Vehicle Injuries, Adults

Ages 20-64	Flagler		Florida	
Mechanism	Number	Rate per 1,000	Number	Rate per 1,000
MV Traffic - Motorcyclist	61	1.1	8,550	0.8
MV Traffic - Occupant	578	10.6	129,936	11.4
MV Traffic – Other Unspecified	56	1.0	13,153	1.2
MV Traffic - Pedalcyclist	12	0.2	3,526	0.3
MV Traffic - Pedestrian	10	0.2	4,888	0.4
Ages 65 and Older	Flagler		Florida	
Mechanism	Number	Rate per 1,000	Number	Rate per 1,000
MV Traffic - Motorcyclist	9	0.4	455	0.1
MV Traffic - Occupant	78	3.1	15,088	4.2
MV Traffic – Other Unspecified	15	0.6	1,566	0.4
MV Traffic - Pedalcyclist	4	0.2	241	0.1
MV Traffic - Pedestrian	1	0.0	621	0.2

Source: Florida Department of Health, Office of Injury Prevention

10.Socio-Demographics

According to the CDC, the social factors and the physical environment are especially important because they represent the conditions in which people are born, work, and play. Quality employment opportunities can positively influence behaviors and help to create healthy lifestyles. The World Health Organization and others call the living conditions that can affect health and quality of life the “social determinants of health”.

Median household income: Median household income reflects the relative affluence and prosperity of an area. Areas with higher median household incomes are likely to have more educated residents and lower unemployment rates. Higher employment rates lead to better access to health care and better health outcomes, since many families get their health insurance through their employer. Areas with higher median household incomes also have higher home values and their residents enjoy more disposable income. In 2014, the median household income in Flagler County was \$51,622 while Florida’s median household income was \$47,463.

Unemployment: The unemployment rate is a key indicator of the local economy. Higher rates of unemployment have both individual and societal ramifications and long term unemployment impacts housing, access to insurance and medical care, family dynamics and is associated with a higher prevalence of both physical and behavioral health issues due to the strain and stress and lack of access to care. A high unemployment rate also places a strain on social services and government systems.

Preliminary Flagler County unemployment statistics for December 2015 have been released by the U.S. Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics Program. They show the civilian labor force at 43,502; total employment at 40,817, indicating an unemployment rate of 6.2%, formerly at 10.8 % in 2011.

Wages: The living hourly wage was calculated at \$10.55 for a single adult living in Flagler County in 2016.

Housing: Spending a high percentage of household income on housing can create financial hardship, especially for lower-income renters. With a limited income, paying a high rent may not leave enough money for other expenses, such as food, transportation and medical. Moreover, high rent reduces the proportion of income a household can allocate to savings each month.

Poverty: According to the US Census Bureau, 26.5% of Flagler children under 18 years of age were below the poverty level, and since 2010 Flagler’s families living in poverty has exceeded the Florida rate. According to the United Way ALICE Report cited above, 42 % of Flagler County households are ALICE (Asset Limited Income Constrained Employed).

Educational Impact of Poverty and Homelessness: According to the Institute for Children and Poverty, homeless children are nine times more likely to repeat a grade, four times more likely to drop out of school, and three times more likely to be placed in special education programs than their housed peers.

An exhaustive study by ETS Center for Research on Human Capital and Education Research in July 2013, found that children growing up in poverty complete less schooling, work and earn less as adults, are more likely to receive public assistance, and have poorer health. Boys growing up in poverty are more likely to be arrested as adults and their female peers are more likely to give birth outside of marriage.

Researchers have estimated that the costs associated with child poverty total about \$500 billion per year, or 4 percent of Gross Domestic Product (GDP).

Today, the achievement gap between the poor and the non-poor is twice as large as the achievement gap between Black and White students as reported by the ETC Center for Research on Human Capital and Education Research. The tracking of differences in the cognitive performance of toddlers, elementary and middle school students, and college-bound seniors shows substantial differences by income and/or poverty status.

Educational Attainment: For many, having a bachelor's degree or certification combined with possessing soft skills such as promptness, strong communication skills, being a self-starter who is adaptable and able to problem solve, is the key to a solid economic future. Having a degree or in-demand certification also opens up career opportunities in a variety of fields and is often the prerequisite to a higher-paying job. It is estimated that college graduates earn about \$1 million more per lifetime than their non-graduate peers. In Flagler County, 89.8% percent of residents 25 or older had a high school degree or higher and 23.4% of residents 25 years or older reported having a Bachelor's degree or higher according to the U.S. Census Report years 2010-2014.

Crime: Safety and security are primary human needs and crime rates are an indicator of a communities' safety. Flagler County has enjoyed much lower crime rates than the state and 37.5% of the Flagler Community Survey respondents indicated that low crime and safe neighborhoods were one of the top 5 things that allowed them to be healthy where they lived.

Indicators Included:

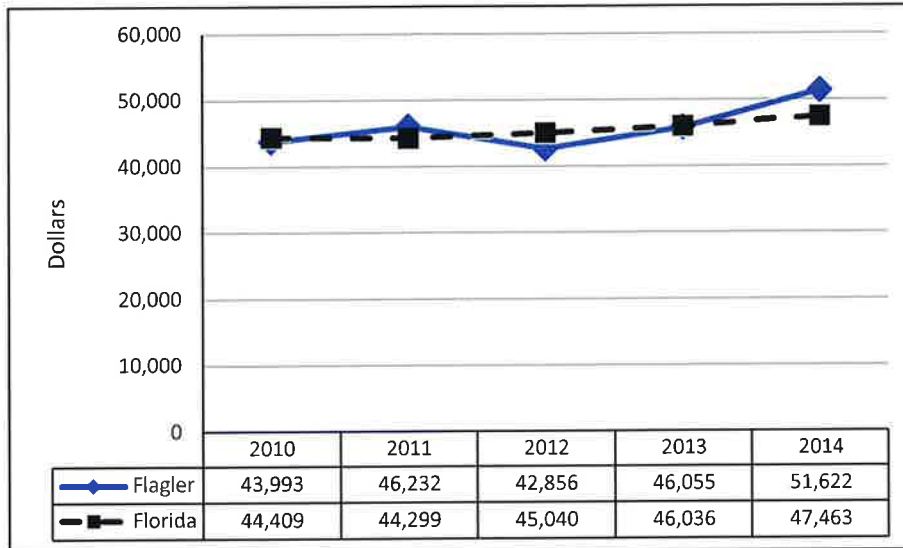
Indicator	Reference
Median Household Income	Graph 10.1
Families Below Poverty Level	Graph 10.2
Population Under Age 18 Below Poverty Level	Graph 10.3
Individuals Below Poverty Level	Graph 10.4
Elementary School Students Eligible for Free/Reduced Lunch	Graph 10.5
Middle School Students Eligible for Free/Reduced Lunch	Graph 10.6
Owner-Occupied Housing Units	Graph 10.7
High School Graduation Rate	Graph 10.8
Population 25 Years and Over Without a High School Diploma or Equivalency	Graph 10.9
Unemployment Rate	Graph 10.10
Adults Who Are Limited in Any Way in Any Activities because of Physical, Mental, or Emotional Problems	Table 10.1
Population Age 5+ that Speak English Less Than Very Well	Graph 10.11
Households where no one over age 14 speaks English "very well"	Graph 10.12
Violent Acts in School Activities Grades K-12	Graph 10.13
Larceny Offense Rate	Graph 10.14
Burglary Offense Rate	Graph 10.15
Motor Vehicle Theft Offense Rate	Graph 10.16
Robbery Offense Rate	Graph 10.17
Murder Offense Rate	Graph 10.18

Other Data:

Other data related to **Socio-Demographics** can be found here:

- **Graph 1.2:** Alcohol-suspected Motor Vehicle Traffic Crashes
- **Graph 1.3:** Alcohol-suspected Motor Vehicle Traffic Crash Injuries
- **Graph 1.4:** Alcohol-suspected Motor Vehicle Traffic Crash Deaths
- **Graph 4.6:** Births to Mothers > 18 Without High School Education
- **Graph 4.21:** Births with Adequate Prenatal Care (Kotelchuck index)
- **Table 4.6:** Births with Adequate Prenatal Care (Kotelchuck Index) by Race, Ethnicity and ZIP Code
- **Graph 4.22:** Prenatal Care Entry in First Trimester
- **Table 4.7:** Prenatal Care Entry in First Trimester by Race, Ethnicity and ZIP Code
- **Graph 4.23:** Births to Mothers with No Prenatal Care
- **Table 4.8:** Births to Mothers with No Prenatal Care by Race, Ethnicity and ZIP Code
- **Table 4.9:** Births to Mothers with Late Prenatal Care by Race, Ethnicity and ZIP Code
- **5. Family Violence (Entire Section)**
- **8. Health Resource Availability (Entire Section)**

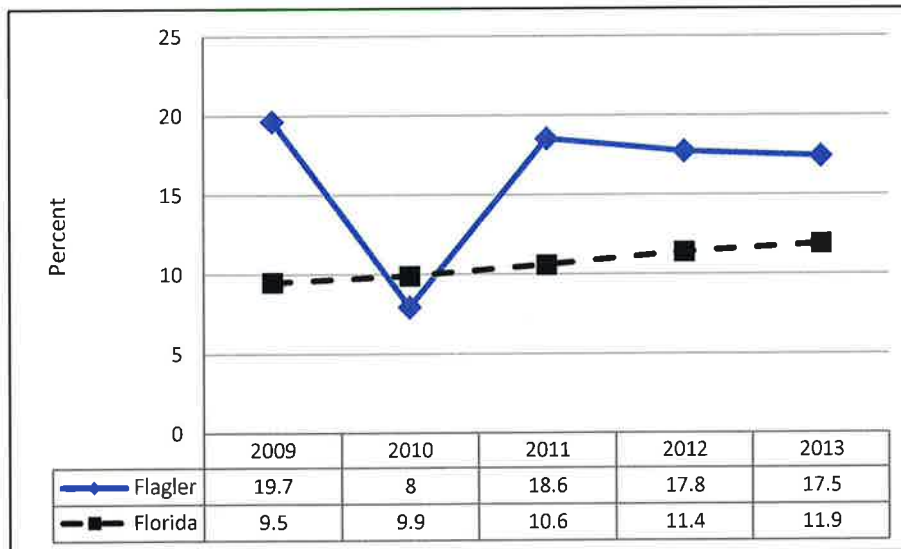
Graph 10.1 Median Household Income



Source: US Census Bureau, American Community Survey 1-Year Estimates

- The median household income for Flagler County trended upward from 2010 to 2014
- The Flagler County trend was similar to the Florida trend in direction and dollars over the years reported

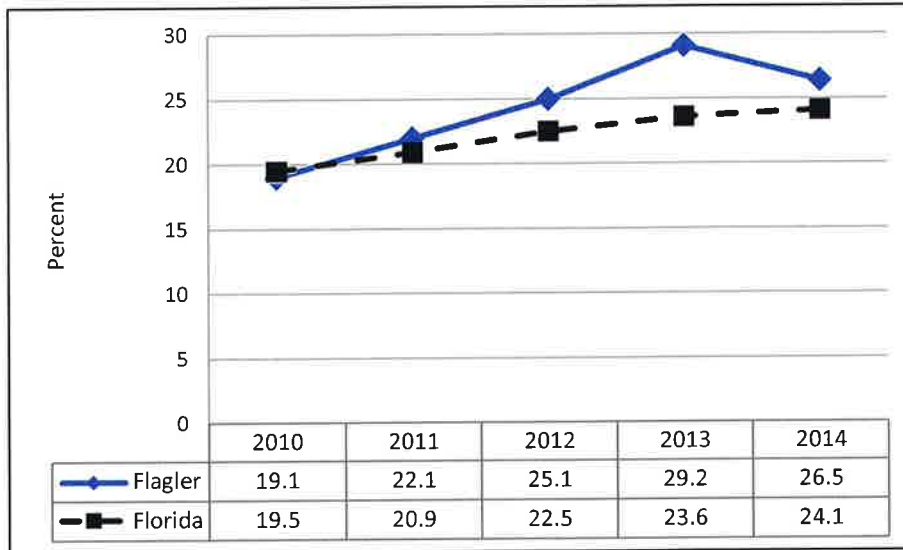
Graph 10.2 Families Below Poverty Level



Source: US Census Bureau, American Community Survey 5-Year Estimates

- The Flagler County percentage declined over the reporting period
- The Flagler County percentage was higher than the Florida percentage for all years reported except 2010

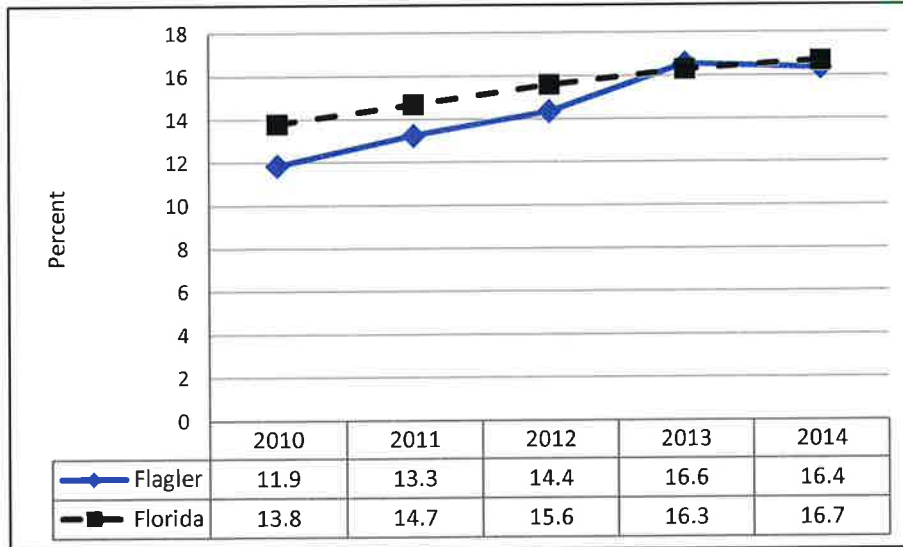
Graph 10.3 Population Under Age 18 Below Poverty Level



Source: US Census Bureau, American Community Survey 5-Year Estimates

- The Flagler County percentage was higher than the Florida percentage for the four most recent reporting periods
- The Flagler County trend increased from 2010 to 2014

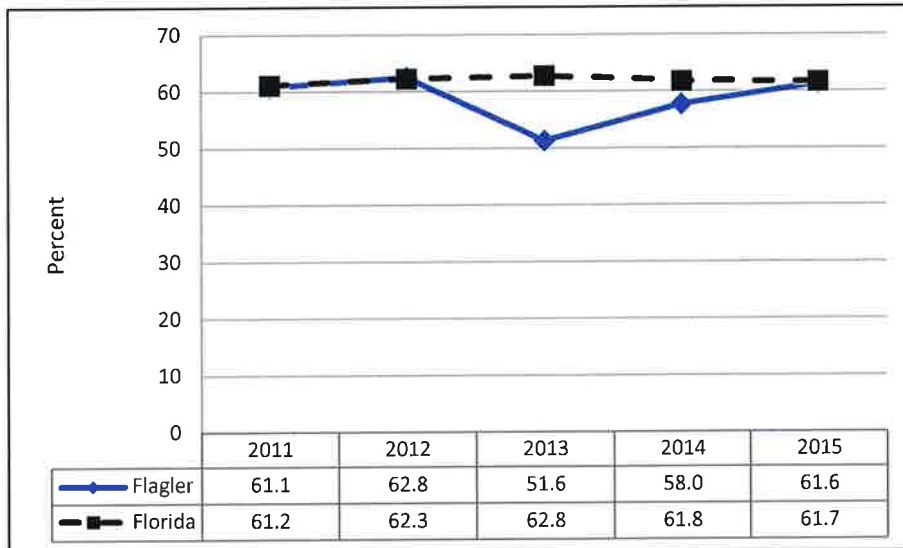
Graph 10.4 Individuals Below Poverty Level



Source: US Census Bureau, American Community Survey 5-Year Estimates

- The Flagler County percentage trended upward from 2010 to 2014
- The Flagler County percentage was lower than the Florida percentage in four of the last five years reported

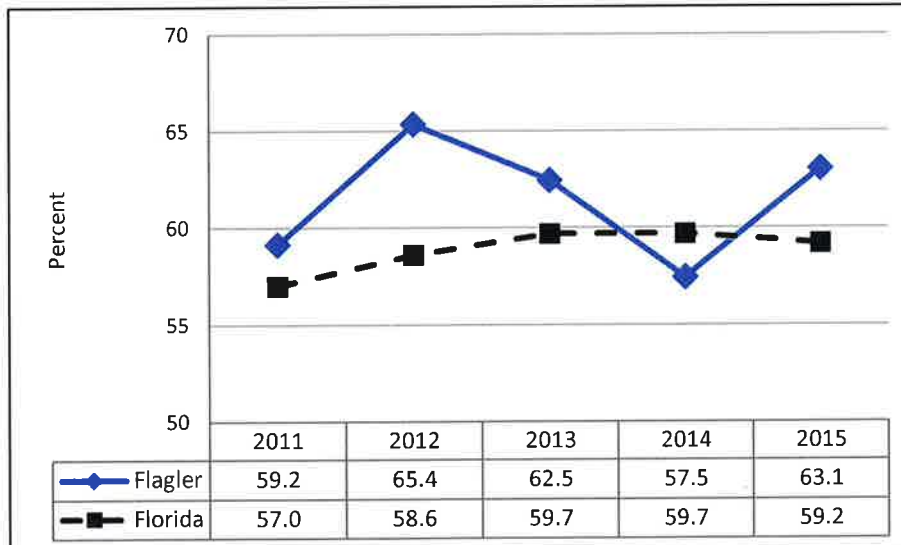
Graph 10.5 Elementary School Students Eligible for Free/Reduced Lunch



Source: Florida Department of Education, Education Information and Accountability Services

- The Flagler County percentage remained steady except for a decrease in 2013
- The Flagler County percentage was similar to the Florida percentage except for 2013

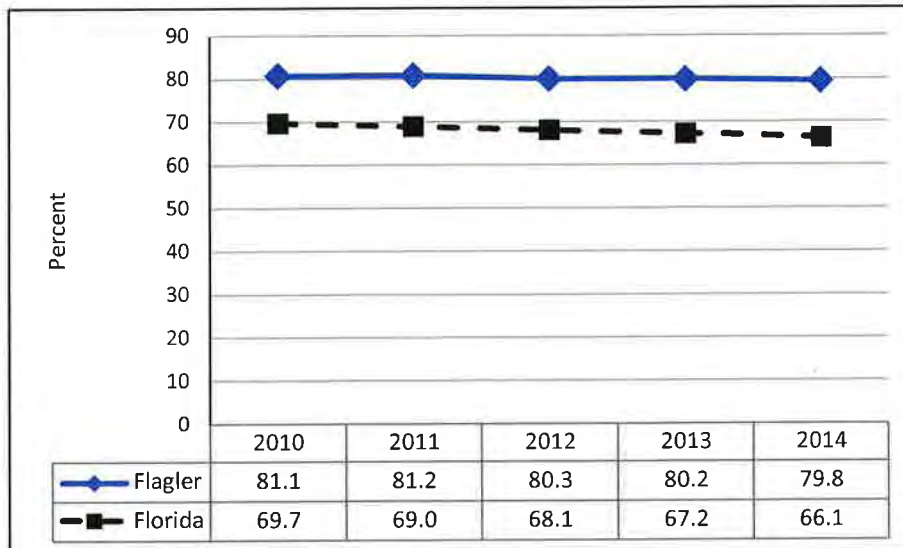
Graph 10.6 Middle School Students Eligible for Free/Reduced Lunch



Source: Florida Department of Education, Education Information and Accountability Services

- The Flagler County percentage fluctuated and increased overall
- The Flagler County percentage was higher than the Florida percentage for four of the five years reported

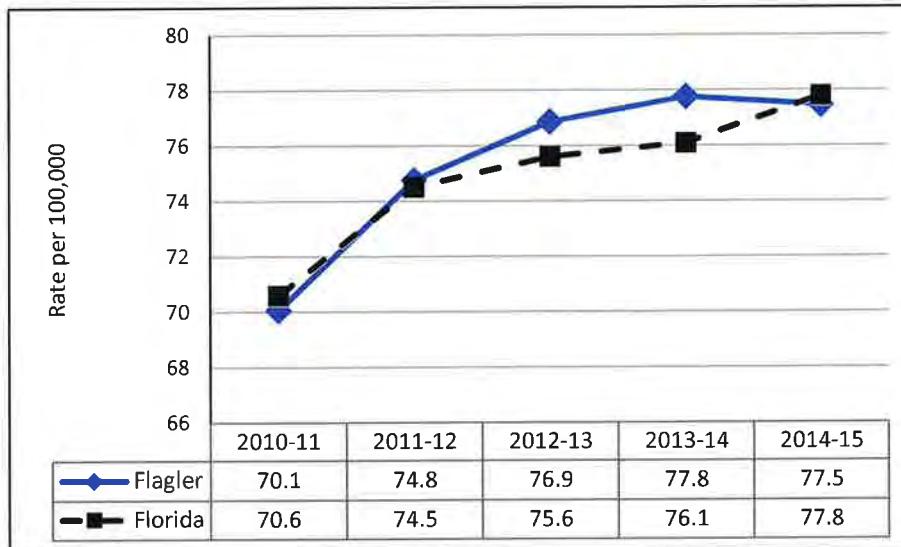
Graph 10.7 Owner-Occupied Housing Units



Source: US Census Bureau, American Community Survey 5-Year Estimates

- The Flagler County percentage was consistently higher than the Florida percentage over the five-year period
- There was a slightly decreasing trend in the Flagler County percentage from 2010 to 2014

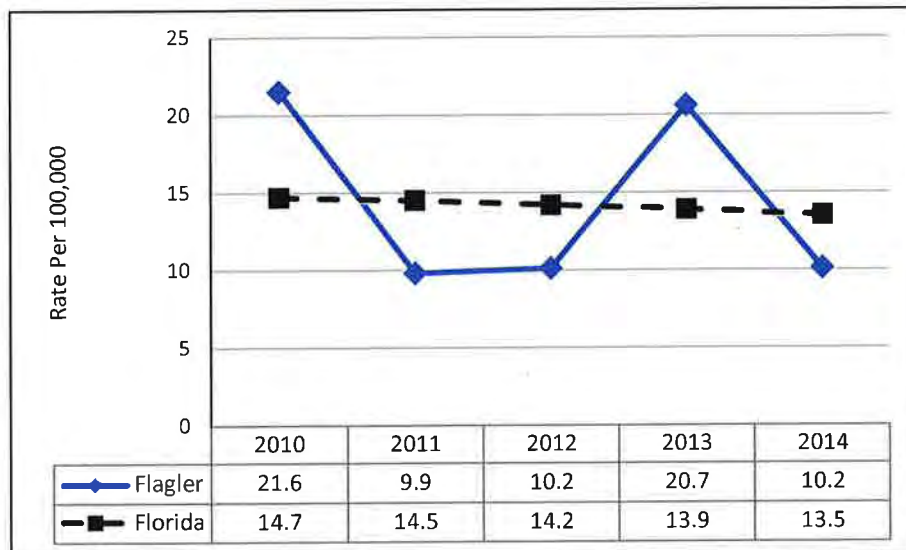
Graph 10.8 High School Graduation Rate



Source: Florida Department of Education, Education Information and Accountability Services

- The Flagler County rate trended upward over the five-year period of 2010-11 to 2014-15
- The Flagler County and Florida trends followed a similar path from 2010-11 to 2014-15

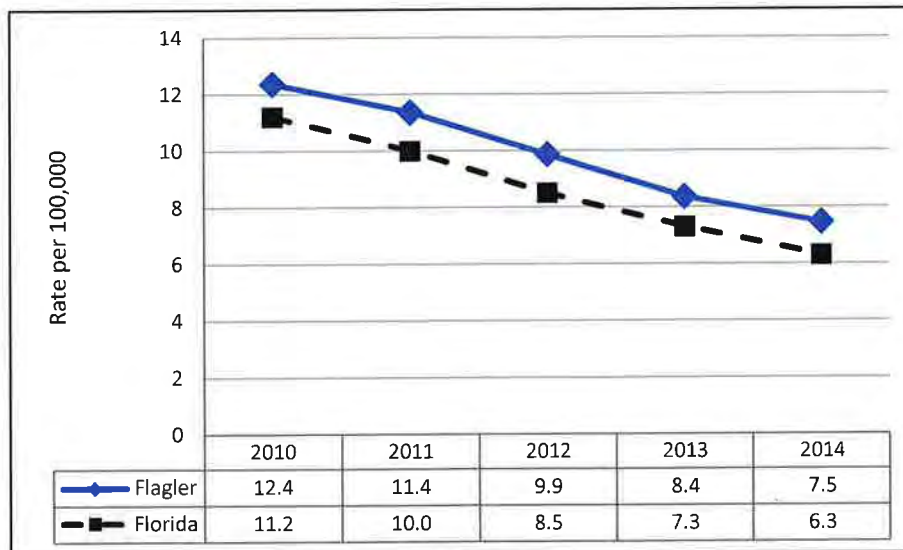
Graph 10.9 Population 25 Years and Over Without a High School Diploma or Equivalency



Source: US Census Bureau, American Community Survey 5-Year Estimates

- The Flagler County rate fluctuated and trended downward overall from 2010 to 2014
- The Flagler County rate was lower than the Florida rate in three of the five years reviewed

Graph 10.10 Unemployment Rate



Source: US Bureau of Labor Statistics, Local Area Unemployment Statistics

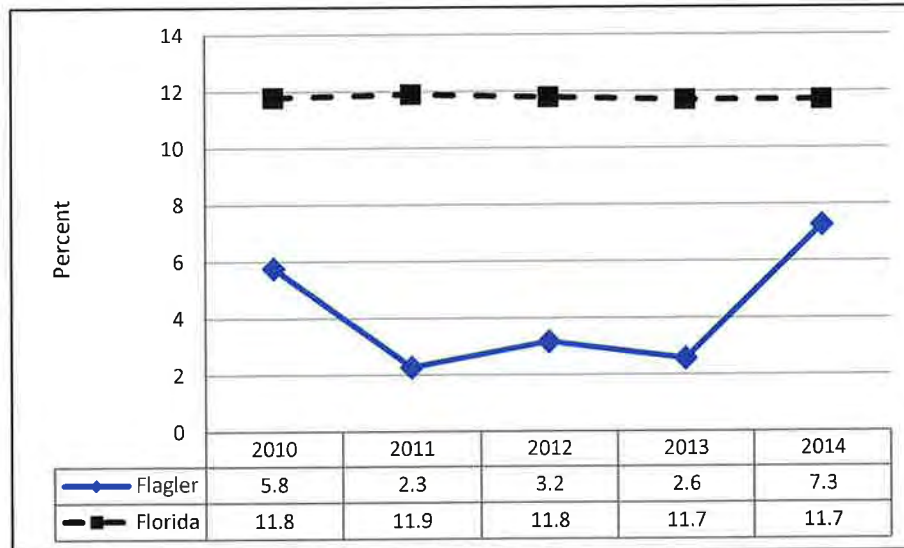
- Both the Flagler County and Florida rates decreased in a similar trend over the reporting period
- The Flagler County rate decreased by 39.5% over the reporting period
- The unemployment rate for December, 2015, was 5.5 in Flagler County and 4.8 in Florida.

Table 10.1 Adults Who Are Limited in Any Way in Any Activities because of Physical, Mental, or Emotional Problems

Adults who are limited in any way in any activities because of physical, mental, or emotional problems, 2013	Flagler	Florida
	Percent	Percent
Total – Overall	18.5	21.2
Men	17.1	20.2
Women	19.8	22.1
Non-Hispanic, White	20.5	23.2
Non-Hispanic, Black	NA	17.8
Hispanic	NA	18.6
18-44	6.9	13.5
45-64	24.9	26.0
65 & Older	23.8	28.6
< High School	NA	28.7
High School/GED	16.2	21.8
> High School	19.3	18.9
< \$25,000	20.8	30.7
\$25,000-\$49,999	18.1	20.4
\$50,000 or More	16.3	12.8

Source: Florida Behavioral Risk Factor Surveillance System
 NA=Not available due to respondent counts of less than 30

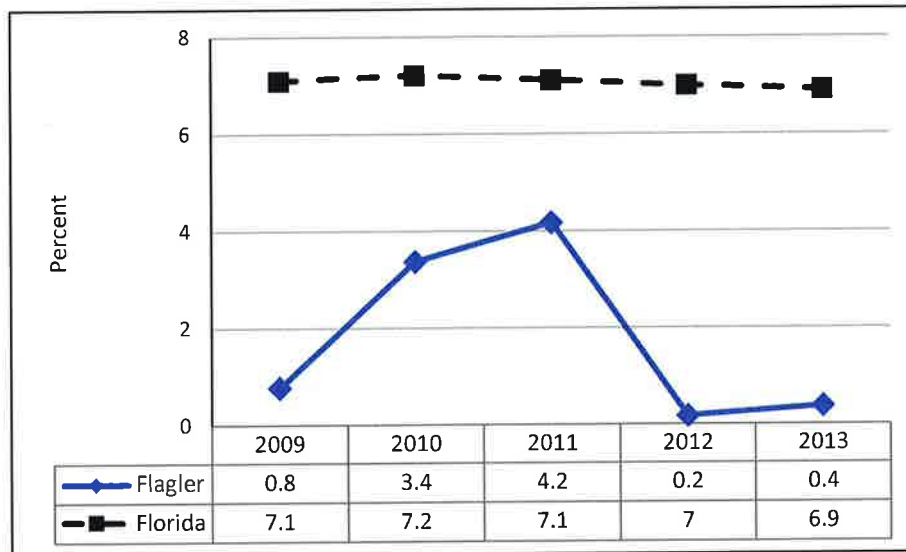
Graph 10.11 Population Age 5+ that Speak English Less Than Very Well



Source: US Bureau of the Census, American Community Survey

- The Flagler County percentage fluctuated and increased overall during the reporting period
- The Flagler County percentage remained below the Florida percentage from 2010 to 2014

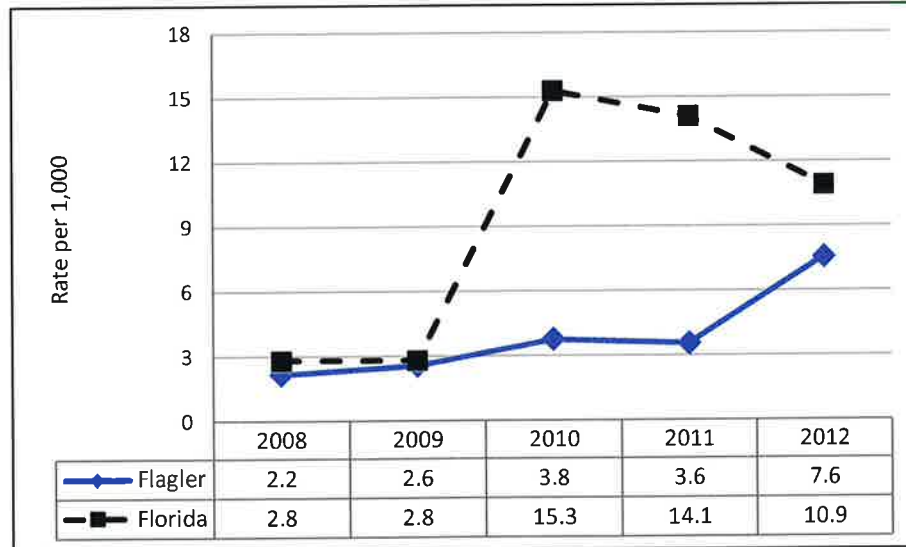
Graph 10.12 Households Where No One Over Age 14 Speaks English “Very Well”



Source: US Bureau of the Census, American Community Survey

- The Flagler County percentage was lower than the Florida percentage throughout the five-year period reported
- The Flagler County percentage fluctuated and ended in 2013 essentially the same as it began in 2009

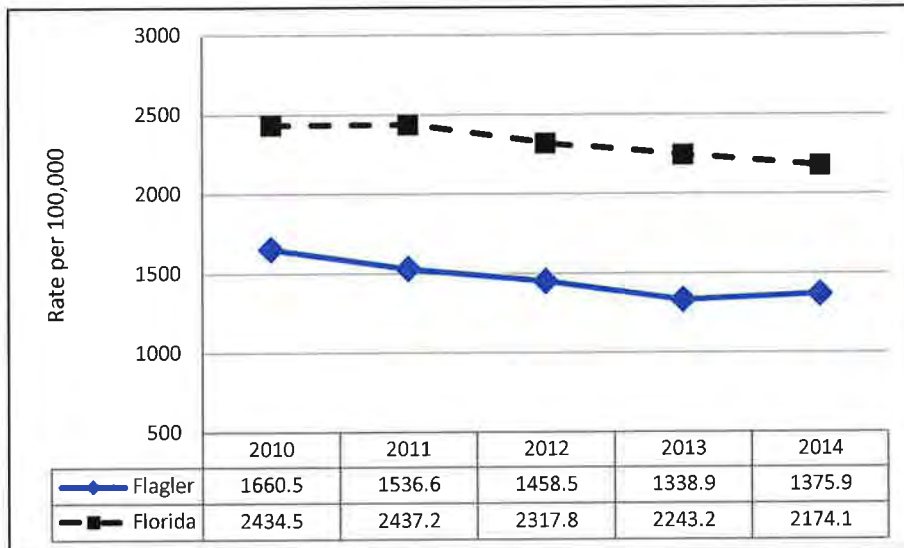
Graph 10.13 Violent Acts in School Activities Grades K-12



Source: Florida Department of Education, Office of Safe Schools

- The Flagler County rate was lower than that of Florida each year of the reporting period
- The Flagler County rate fluctuated during the reporting period and increased from 2008 to 2012

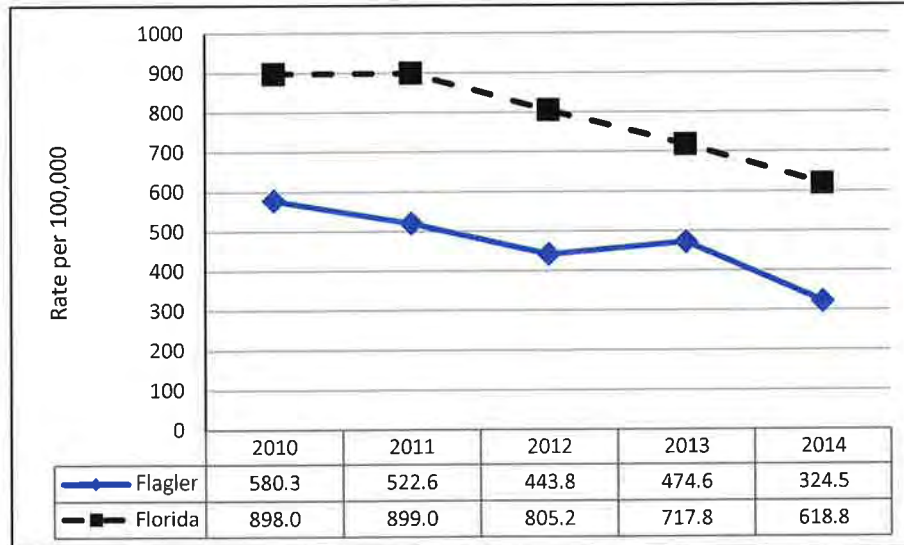
Graph 10.14 Larceny Offense Rate



Source: Florida Department of Law Enforcement

- The Flagler County rate remained below the Florida rate throughout the assessment period
- The Flagler County rate had a consistent decline over the years until 2014

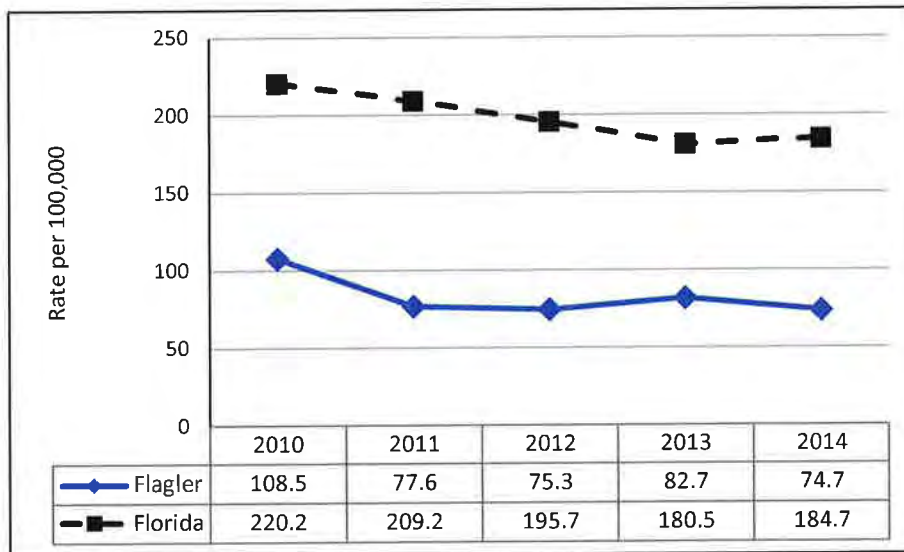
Graph 10.15 Burglary Offense Rate



Source: Florida Department of Law Enforcement

- The Flagler County rate decreased by 44.1 percent from 2010 through 2014
- The Flagler County rate was lower than the Florida rate from 2010 through 2014

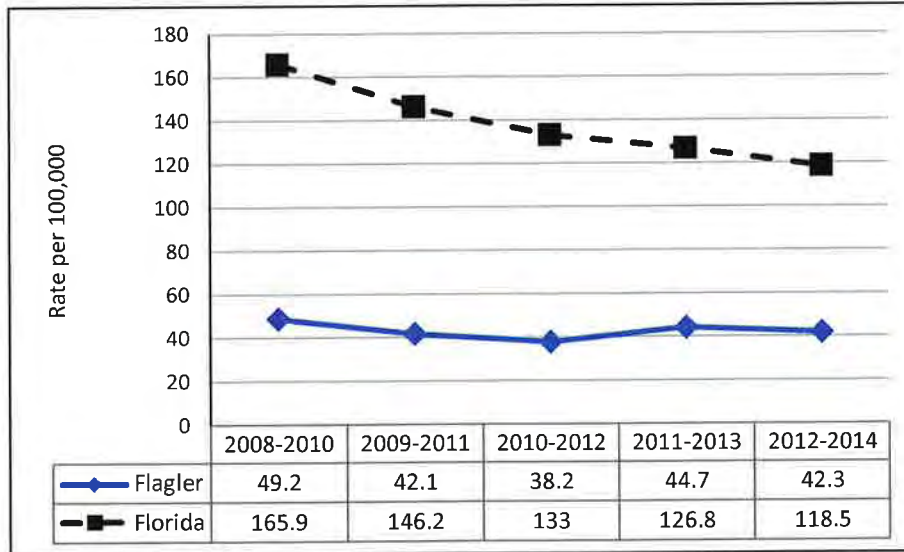
Graph 10.16 Motor Vehicle Thefts Offense Rate



Source: Florida Department of Law Enforcement

- The Flagler County rate was well-below the rate for the state of Florida throughout the years reported
- The Flagler County rate trended downward from 2010 through 2014

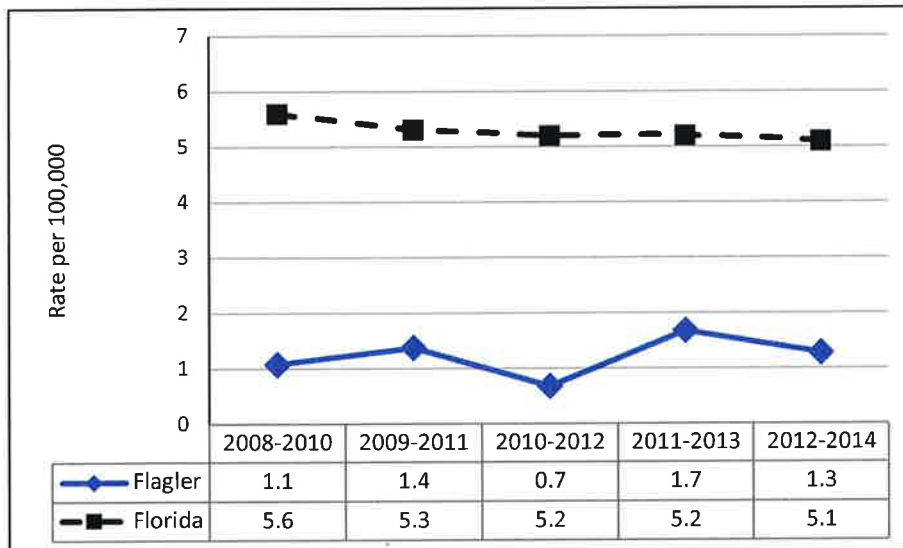
Graph 10.17 Robbery Offense Rate



Source: Florida Department of Law Enforcement

- The Flagler County rate was well below the Florida rate throughout the reporting period
- The Flagler County rate fluctuated during the years reported and decreased overall

Graph 10.18 Murder Offense Rate



Source: Florida Department of Law Enforcement

- The Flagler County rate was considerably lower than Florida's rate over the measurement period
- There was a slightly increasing trend for the Flagler County rate from 2008-2010 to 2012-2014

Appendix A. Flagler County CHNA/CHIP Leadership Council Members

Organization	Representatives	Sector	Participation
Department of Health-Flagler	<ul style="list-style-type: none"> Bob Snyder, Health Officer Sheena Fegumps 	Public Health	Partner & Flagler Cares Board
Florida Hospital Volusia/Flagler	<ul style="list-style-type: none"> Jill Piazza, Vice President, Care Integration Ken Mattison, President & CEO Dr. Ron Jimenez, President & CEO Joann King, COO Lauren Dye, Marketing Director Beverly Ivey, Assistant VP, Integrated Marketing 	Hospital	Partner & Flagler Cares Board
Halifax Health	<ul style="list-style-type: none"> Bob Williams, Executive Director, Business Development Sharon Warriner, Grant Writer, Business Development Bill Griffin, Director, Research and Planning 	Hospital	Partner
United Way of Volusia-Flagler Counties	<ul style="list-style-type: none"> Ray Salazar, President Dennis Burns, President 	Nonprofit funder	Flagler Cares Board
Stewart-Marchman-Act Behavioral Healthcare	<ul style="list-style-type: none"> Chet Bell, Management Consultant Rhonda Harvey, COO 	Behavioral Health	Flagler Cares Board
Azalea Health	<ul style="list-style-type: none"> Laura Spencer, CEO 	FQHC	Flagler Cares Board
Flagler Free Clinic	<ul style="list-style-type: none"> Dr. Bickel, President of the Board of Directors 	Uninsured	Flagler Cares Board
County of Flagler	<ul style="list-style-type: none"> Joseph A. Mayer, Community Services Director 	County Government	Flagler Cares Board
Flagler County Sheriff's Office	<ul style="list-style-type: none"> James Manfre, Sheriff 	Law Enforcement	Flagler Cares Board
Flagler County Schools	<ul style="list-style-type: none"> Lynette Shott, Executive Director of Community and Student Engagement 	K-12 Education	Flagler Cares Board
Business/Community Leader	<ul style="list-style-type: none"> Barbara Revels 	Business	Flagler Cares Board
Flagler County Chamber	<ul style="list-style-type: none"> Rebecca DeLorenzo, President 	Business	Invited Member
Family Life Center	<ul style="list-style-type: none"> Trish Giaccone, Executive Director 	Domestic Violence	Invited Member
Healthy Start of Flagler/Volusia	<ul style="list-style-type: none"> Dixie Morgese, Executive Director Thalia Smith, Healthy Start Program Manager 	Infant & Maternal Health	Invited Member
Early Learning Coalition of Flagler/Volusia	<ul style="list-style-type: none"> D.J. Lebo, Executive Director Allison Miller, Outreach Manager 	Young Children	Invited Member
Department of Children and Families	<ul style="list-style-type: none"> Arnold Anderson, Circuit 7 Community Development Administrator 	State Government	Invited Member
City of Palm Coast	<ul style="list-style-type: none"> M.C. Beadle, Fire Chief 	City Government	Invited Member

Appendix B. Data Sources

The secondary data included in this document was gathered, formatted and analyzed in partnership with the Florida Department of Health in Volusia County Office of Informatics and Assessment. Special thanks are extended to the Office of Informatics and Assessment staff for their significant contribution to this project.

The majority of the data was pulled directly from the Florida Department of Health **Florida CHARTS** system that is an assemblage of data from over twenty-five programs and agencies. Throughout this document, the specific data source noted in the **Florida CHARTS** system was listed for each graph, table or map even if the data was gathered through the **Florida CHARTS** system.



A.L.I.C.E. Report United Way of Volusia-Flagler Counties

<http://www.unitedway-vfc.org>

Centers for Disease Control (CDC)

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

Florida Agency for Health Care Administration

www.ahca.myflorida.com

Florida Department of Children and Families

www.myflfamilies.com, www.centerforchildwelfare.org/Datareports/TrendReports.shtml

Florida Safe Families Network Data Mart/Data Registry

Florida Youth Substance Abuse Survey

<http://myflfamilies.com/service-programs/substance-abuse/fysas>

Florida Department of Education

www.fldoe.org

Education Information and Accountability Services

Office of Early Learning

Office of Safe Schools

Florida Department of Health

www.doh.state.fl.us, www.floridacharts.com

Bureau of Epidemiology

Bureau of HIV/AIDS

Bureau of Immunization

Bureau of STD Prevention and Control

Bureau of TB & Refugee Health

Bureau of Vital Statistics

Florida Behavioral Risk Factor Surveillance System

Florida Department of Health Physician Workforce

Surveys

Florida Youth Tobacco Survey

Office of Injury Prevention

WIC and Nutritional Services

Florida Department of Highway Safety and Motor Vehicles

www.flhsmv.gov

Florida Department of Juvenile Justice
www.djj.state.fl.us

Florida Department of Law Enforcement
www.fdle.state.fl.us

Florida Department of Transportation, Florida Commission for the Transportation Disadvantaged
www.dot.state.fl.us/ctd

Florida Office of Insurance Regulation
www.floir.com

Florida Research and Economic Information Database Application
<http://freida.labormarketinfo.com>

Florida Youth Substance Abuse Survey
<http://www.myflfamilies.com/service-programs/substance-abuse/fysas/2014>

Healthy Kids
<http://www.healthykids.org>

Healthy People 2020
<http://www.healthypeople.gov>

Poverty in America
www.livingwage.mit.edu

Merlin, Florida's Web-Based Reportable Disease Surveillance System

National Association of County & City Health Officials (NACCHO)
<http://www.naccho.org/>

Northeast Florida Counts
www.nefloridacounts.org
Demographic Data, Claritas

Schedule H (Form 990), Hospitals IRS
<http://www.irs.gov/uac/About-Schedule-H-Form-990.19>

Social Determinants of Health
www.cdc.gov/socialdeterminants/Definitions.html

U.S. Census Bureau
<http://www.census.gov> and <https://www.census.gov/census2000/raceqandas.html>
American Community Survey
American Community Survey 1-year estimates
American Community Survey 5-year estimates

U.S. Department of Labor, Bureau of Labor Statistics

<http://www.bls.gov>

U.S. Department of Health and Human Services

<http://www.hhs.gov>

U. S. Department of Health and Human Services Health Resources and Services Administration (HRSA)

<http://www.hrsa.gov/shortage/index.html>

University of South Florida, Florida Mental Health Institute

<http://bakeract.fmhi.usf.edu/>

U. S. Preventive Services Task Force (USPSTF)

<http://www.uspreventiveservicestaskforce.org/index.html>.

World Health Organization (WHO)

http://www.who.int/healthsystems/hss_glossary/en/index5.html

http://www.topics/chronic_diseases/en/


http://www.who.int/topics/public_health_surveillance

Appendix C. Community Health Survey


Promotional Items for web survey

HELP GUIDE THE DECISION MAKERS IN OUR COMMUNITY TO CREATE A HEALTHIER PLACE FOR YOU AND YOUR FAMILY!

Take the 5 Minute Survey While You Wait!



communityhealthsurvey.com



Building a Healthier Tomorrow By Planning Today

This survey is being conducted at all 14 area Community Health Centers. Neighborhood health centers are located at 1100 S. US Highway 1, Suite 100, Palm Bay, FL 32909 or 305-547-4301.

COMMUNITY HEALTH SURVEY

Your opinion counts. Help create a **HEALTHIER** community for **YOU** and **YOUR FAMILY**.

Your Health! Your Voice!
Take the 5-minute Survey
communityhealthsurvey.com

TAKE THE SURVEY ✓



Encuesta de la Comunidad

Necesitamos su ayuda para entender la salud de Flagler y Volusia desde la perspectiva de los residentes.

Tu salud! Tu voz!
Participar en la encuesta
communityhealthsurvey.com

Participar en la encuesta ✓



Paper Surveys available in English and Spanish

Creating a Healthier Volusia and Flagler: 2016 Community Survey

We need your help in better understanding Volusia's and Flagler's health from a resident's perspective. Please fill out this survey to share your opinions about health and your quality of life in your community. Your survey results will be used to inform planning initiatives as they relate to health. For more information or a copy of the final report, please contact Julie Barlow at 305-547-4301. Thank you!

1. Where is your permanent residence?
 Flagler Volusia Another Florida County Outside of Florida

2. Zip code of where you live: _____

3. How do you rate your overall health? (Check **ONE** selection)
 Excellent Good Fair Poor Don't know

4. Check up to 5 things that allow YOU to be healthy where you live:
 Access to churches or other places of worship Good jobs, healthy economy Absence of discrimination
 Access to health care Good education Presence of advanced medical technology
 Access to places where I can be active Low crime rates safe to go to school Areas where it is easy and safe to walk
 Access to public transportation Low crime rates safe to go to work Good place to grow old
 Affordable and/or available housing options Preventive health care Schools focused on children's health
 Access to social and mental health services Affordable child care Access to healthy foods
 Clean and healthy environment Other _____

5. Check up to 5 health issues YOU are most concerned about in your county:
 Asthma Addiction - alcohol or drug David abuse/neglect Teenage pregnancy
 Respiratory lung disease Mental health problems HIV/AIDS Domestic violence HIV/AIDS
 End-of-life care Diabetes Adult obesity Child/infant obesity
 Unemployment Homelessness Violence (rape, assault, crime, etc) Access to healthy food/grocery stores
 Chronic pain Other _____

6. How safe do you feel where you live?
 Very safe Somewhat safe Neither safe nor unsafe Somewhat unsafe Very unsafe

7. Check up to 5 unhealthy behaviors YOU are most concerned about in your county:
 Alcohol abuse Lack of exercise Tobacco use
 Poor nutrition/Poor eating habits Not getting "shots" to prevent disease Unintended and/or unsafe driving
 Dropping out of school Not using fire codes Discrimination Being obese/glycemic Mental health problems/illness
 Drug abuse Overuse of emergency rooms Other _____

8. What health care services are difficult to obtain in your community? (Check **ALL** that apply)
 Alternative therapies Prescription drug or medical supplies Lab work
 Dental care Preventive care (i.e. annual check ups) Mental health counseling Physical therapy/mental therapy
 Emergency room care Primary care (i.e. family doctor or walk-in clinic) Vision eye care Preventive care
 Family planning/fertility Specialty doctor care (i.e. heart doctor) Substance abuse services-drug & alcohol Other _____

9. How do you rate the quality of health services in your county?
 Excellent Good Fair Poor Don't know

Thank you for taking the time to complete this survey!

Creando un Volusia y Flagler más saludable: Encuesta de la Comunidad 2016

Necesitamos su ayuda para entender la salud de Volusia y Flagler desde la perspectiva de los residentes. Por favor complete esta encuesta para compartir sus opiniones sobre la salud y calidad de vida de la comunidad. Los resultados de esta encuesta serán usados para informar y planificar iniciativas relacionadas a salud. Para más información o para obtener una copia del reporte final, por favor contacte a Julie Barlow llamando al 305-547-4301. ¡Gracias!

1. ¿Dónde usted vive?
 Flagler Volusia Otro Condado de Florida Fuera de Florida

2. ¿Cuál es el código de área donde vive? _____

3. ¿Cómo usted califica su salud en general? (Seleccione **UNA** opción)
 Excelente Buena Razonable Pobre No sé

4. Escoge hasta 5 opciones que le permiten a usted estar saludable donde vive:
 Acceso a iglesias o lugares para congregar Buen lugar para ir a los parques Ausencia de discriminación
 Acceso a ciudades de la salud Buenos trabajos y economía saludable Presencia de Tecnología Médica avanzada
 Acceso a lugares donde pueda estar activo Buena educación Áreas donde se puede caminar fácil y seguro
 Acceso a transporte público Baja incidencia de crimen/violencias seguras Buen lugar para envejecer
 Opciones de vivienda disponible y accesible Servicios de salud preventiva Escuelas concentradas en la salud de los niños
 Acceso a servicios mentales y sociales Cuidado de niños (guardería) accesible Acceso a comidas saludables
 Ambiente sano y saludable Otro _____

5. Escoge hasta 5 problemas de salud que le concierne/preocupan a USTED en el condado donde reside:
 Asma Adicción - alcohol o drogas Abuso de niños/ Negligencia
 Enfermedad Respiratoria/Pulmones Problemas de salud mental Embarazos en adolescentes
 Cuidado final de la vida Cáncer VIH/SIDA
 Salud ambiental, contaminación, pesticidas Diabetes Violencia doméstica
 Desempleo Lesiones/Heridas en accidentes de carro Obesidad en adultos
 Enfermedad/Aguja al corazón Areas de fuego en los hogares Falta de recursos de apoyo a las familias
 Uso de cinturones de seguridad Problemas dentales Obesidad infantil
 Enfermedades de transmisión sexual Fumado de tabaco Violencia (abuso, asalto, delincuencia)
 Desempleo Falta de vivienda Acceso a supermercados/comida saludable
 Colesterol Mortalidad infantil/Muerte de niños Otro _____

6. ¿Cuán seguro se siente donde usted vive?
 Muy Seguro Algo seguro Ni seguro ni inseguro Algo inseguro Muy inseguro

7. Seleccione hasta 5 comportamientos poco saludables que le preocupan a USTED sobre su condado:
 Abuso de alcohol Falta de ejercicio Uso de tabaco
 Pobre nutrición/dieta alimenticia No vacunarse para prevenir enfermedades Conducir poco seguros o sin licencia
 Salto de la escuela Falta de uso de máscaras antocontaminos Sexo sin protección
 Abuso de drogas Discriminación Estar sobrepeso u obeso
 Actividad sexual en adolescentes Uso excesivo de la sala de emergencias Problemas de salud mental/enfermedades
 Pobre salud dental/oral Otro _____

8. ¿Cuáles servicios de salud son difíciles de obtener en su comunidad? (Escoge **TODAS** las que apliquen)
 Terapia alternativa Recetas/medicamentos/diversos médicos Análisis de laboratorio
 Cuidado dentales Cuidado preventivo (Ej. Exámenes anuales) Salud mental/comportamiento
 Cuidado de sala de emergencia Cuidado primario (Ej. Doctor de familia o clínica con atención sin cita previa) Terapia fisioterapia o rehabilitación
 Planificación familiar/Control de natalidad Médicos especialistas (Ej. cardiólogos) Vivir con discapacidad

(Gracias por tomar tiempo en completar la encuesta!)

Community Survey Instrument

Creating a Healthier Volusia and Flagler: 2015 Community Survey

We need your help in better understanding Volusia's and Flagler's health from a resident's perspective. Please fill out this survey to share your opinions about health and your quality of life in your community. Your survey results will be used to inform planning initiatives as they relate to health. For more information or a copy of the final report, please contact Julie Barow at 386-947-8301. Thank you!

1. Where is your permanent residence?

- Flagler Volusia Another Florida County Outside of Florida

2. Zip code of where you live: _____

3. How do you rate your overall health? (Check ONE selection)

- Excellent Good Fair Poor Don't know

4. Check up to 5 things that allow YOU to be healthy where you live:

- | | | |
|--|---|--|
| <input type="checkbox"/> Access to churches or other places of worship | <input type="checkbox"/> Good place to raise kids | <input type="checkbox"/> Absence of discrimination |
| <input type="checkbox"/> Access to health care | <input type="checkbox"/> Good jobs, healthy economy | <input type="checkbox"/> Presence of advanced medical technology |
| <input type="checkbox"/> Access to places where I can be active | <input type="checkbox"/> Good education | <input type="checkbox"/> Areas where it is easy and safe to walk |
| <input type="checkbox"/> Access to public transportation | <input type="checkbox"/> Low crime rates/safe neighborhoods | <input type="checkbox"/> Good place to grow old |
| <input type="checkbox"/> Affordable and/or available housing options | <input type="checkbox"/> Preventive health care | <input type="checkbox"/> Schools focused on children's health |
| <input type="checkbox"/> Access to social and mental health services | <input type="checkbox"/> Affordable child care | <input type="checkbox"/> Access to healthy foods |
| <input type="checkbox"/> Clean and healthy environment | <input type="checkbox"/> Other _____ | |

5. Check up to 5 health issues YOU are most concerned about in your county:

- | | | |
|---|--|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Addiction – alcohol or drug | <input type="checkbox"/> Child abuse/neglect |
| <input type="checkbox"/> Respiratory/lung disease | <input type="checkbox"/> Mental health problems | <input type="checkbox"/> Teenage pregnancy |
| <input type="checkbox"/> End of life care | <input type="checkbox"/> Cancers | <input type="checkbox"/> HIV/AIDS |
| <input type="checkbox"/> Environmental health, sewers, septic tanks | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Domestic violence |
| <input type="checkbox"/> Heart disease & stroke | <input type="checkbox"/> Motor vehicle crash injuries | <input type="checkbox"/> Adult obesity |
| <input type="checkbox"/> Seatbelt use | <input type="checkbox"/> Firearms in homes | <input type="checkbox"/> Lack of family/religious support systems |
| <input type="checkbox"/> Sexually transmitted diseases | <input type="checkbox"/> Dental problems | <input type="checkbox"/> Childhood obesity |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Smoking/tobacco use | <input type="checkbox"/> Violence (rape, assault, crime, etc) |
| <input type="checkbox"/> Unemployment | <input type="checkbox"/> Homelessness | <input type="checkbox"/> Access to healthy food/grocery stores |
| <input type="checkbox"/> Cholesterol | <input type="checkbox"/> Infant mortality/infant death | <input type="checkbox"/> Other _____ |

6. How safe do you feel where you live?

- Very safe Somewhat safe Neither safe nor unsafe Somewhat unsafe Very unsafe

7. Check up to 5 unhealthy behaviors YOU are most concerned about in your county:

- | | | |
|---|---|---|
| <input type="checkbox"/> Alcohol abuse | <input type="checkbox"/> Lack of exercise | <input type="checkbox"/> Tobacco use |
| <input type="checkbox"/> Poor nutrition/ Poor eating habits | <input type="checkbox"/> Not getting "shots" to prevent disease | <input type="checkbox"/> Unlicensed and/or unsafe drivers |
| <input type="checkbox"/> Dropping out of school | <input type="checkbox"/> Not using birth control | <input type="checkbox"/> Unsafe sex |
| <input type="checkbox"/> Drug abuse | <input type="checkbox"/> Discrimination | <input type="checkbox"/> Being overweight/obese |
| <input type="checkbox"/> Teen sexual activity | <input type="checkbox"/> Overuse of emergency rooms | <input type="checkbox"/> Mental health problems/stress |
| <input type="checkbox"/> Poor dental/oral health | <input type="checkbox"/> Other _____ | |

8. What health care services are difficult to obtain in your community? (Check ALL that apply):

- | | | |
|--|--|---|
| <input type="checkbox"/> Alternative therapy | <input type="checkbox"/> Prescriptions/medications/medical supplies | <input type="checkbox"/> Lab work |
| <input type="checkbox"/> Dental/oral care | <input type="checkbox"/> Preventive care (i.e. annual check ups) | <input type="checkbox"/> Mental health/counseling |
| <input type="checkbox"/> Emergency room care | <input type="checkbox"/> Primary care (i.e. family doctor or walk-in clinic) | <input type="checkbox"/> Physical therapy/rehab therapy |
| <input type="checkbox"/> Family planning/birth control | <input type="checkbox"/> Specialty doctor care (i.e. heart doctor) | <input type="checkbox"/> Vision/eye care |
| <input type="checkbox"/> Inpatient hospital | <input type="checkbox"/> Substance abuse services-drug & alcohol | <input type="checkbox"/> Prenatal care |
| <input type="checkbox"/> X-rays/mammograms | <input type="checkbox"/> Other _____ | |

9. How do you rate the quality of health services in your county?

- Excellent Good Fair Poor Don't Know

Thank you for taking the time to complete this survey!

Creating a Healthier Volusia and Flagler: 2015 Community Survey

10. What do you feel are barriers for YOU getting or staying healthy in your county? (Check ALL that apply):

- | | | |
|---|--|---|
| <input type="checkbox"/> I work too much | <input type="checkbox"/> I don't have good health insurance | <input type="checkbox"/> I can't get to somewhere that sells healthy food |
| <input type="checkbox"/> It's hard to be healthy where I work | <input type="checkbox"/> I don't know how to be healthy | <input type="checkbox"/> I can't exercise outside |
| <input type="checkbox"/> I don't have support from family/friends | <input type="checkbox"/> I don't exercise | <input type="checkbox"/> None, I don't have any barriers |
| <input type="checkbox"/> I don't like healthy food | <input type="checkbox"/> I can't get to somewhere I can exercise | <input type="checkbox"/> It's hard or expensive to cook/eat healthy |
| <input type="checkbox"/> Other _____ | | |

11. What do you feel are barriers for YOU getting health care in your county? (Check ALL that apply):

- | | | |
|--|--|--|
| <input type="checkbox"/> Lack of transportation | <input type="checkbox"/> Have no regular source of care | <input type="checkbox"/> Agencies and people can not be trusted |
| <input type="checkbox"/> Can't pay for doctor/hospital visits | <input type="checkbox"/> Lack of evening and/or weekend services | <input type="checkbox"/> Racial Discrimination / Lack of respect |
| <input type="checkbox"/> Can't find providers that accept my insurance | <input type="checkbox"/> Long waits for appointments | <input type="checkbox"/> I can only use the ER |
| <input type="checkbox"/> Don't know what types of services are available | <input type="checkbox"/> No one that helps me | <input type="checkbox"/> I don't have insurance |
| <input type="checkbox"/> Too much worry and stress | <input type="checkbox"/> No one to turn to for help | <input type="checkbox"/> None, I don't have any barriers |
| <input type="checkbox"/> Other _____ | | |

12. How is your health care covered? (Check ALL that apply):

- | | | |
|--|---|-----------------------------------|
| <input type="checkbox"/> Health insurance offered from your job or a family member's job | <input type="checkbox"/> Medicare | <input type="checkbox"/> Pay cash |
| <input type="checkbox"/> Health insurance that you pay on your own | <input type="checkbox"/> Military coverage/VA | <input type="checkbox"/> Medicaid |
| <input type="checkbox"/> I don't have health insurance | <input type="checkbox"/> Other _____ | |

13. Where would you go if you were worried about your child's mental, physical or social health? (Check ALL that apply):

- | | | |
|---|--|---|
| <input type="checkbox"/> I don't have children/dependents | <input type="checkbox"/> Hospital emergency room outside of Volusia/Flagler County | <input type="checkbox"/> School nurse |
| <input type="checkbox"/> Their doctor's office | <input type="checkbox"/> The local health department | <input type="checkbox"/> School teacher |
| <input type="checkbox"/> No where - we don't have a place to go | <input type="checkbox"/> Hospital emergency room in Volusia/Flagler County | <input type="checkbox"/> School counselor |
| <input type="checkbox"/> Other family members or friends | <input type="checkbox"/> Local place of worship or neighborhood group | <input type="checkbox"/> I don't know |
| <input type="checkbox"/> Other _____ | | |

14. Age:

- less than 18 18-24 25-34 35-44 45-54 55-64 65+

15. Marital Status

- Single Married Divorced Widowed

16. Gender: Male Female

17. Race: Which group do you most identify with? (Check ONE selection)

- Black/African American White/Caucasian Asian/Pacific Islander Other _____

18. Ethnicity: Which group do you most identify with? (Check ONE selection)

- Not Hispanic/Latino Mexican Puerto Rican Cuban South American
 Central American Other _____

19. Education: Please check the highest level completed: (Check ONE selection)

- | | | |
|---|---|--|
| <input type="checkbox"/> Elementary/Middle School | <input type="checkbox"/> High school diploma or GED | <input type="checkbox"/> Technical/Community College |
| <input type="checkbox"/> 4 year College/Bachelor's degree | <input type="checkbox"/> Graduate/Advanced Degree | <input type="checkbox"/> Some College |

20. Employment Status: (Check ONE selection):

- | | | | | |
|---|---|-------------------------------------|--|---|
| <input type="checkbox"/> Employed Full-time | <input type="checkbox"/> Employed Part-time | <input type="checkbox"/> Unemployed | <input type="checkbox"/> Self-employed | <input type="checkbox"/> Not seeking work |
| <input type="checkbox"/> Retired | <input type="checkbox"/> Home maker | <input type="checkbox"/> Student | <input type="checkbox"/> Other _____ | |

21. Household Income: (Check ONE selection)

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

Thank you for taking the time to complete this survey!

Appendix D. Community Input on Initial Health Priorities and Asset Mapping

This report summarizes the community input about the initial health priorities selected by the Flagler County CHNA/CHIP Leadership Council through two methods:

1. An online survey conducted April 1 to April 7, 2016 to determine the level of agreement with the initial priority issues, inventory existing assets related to the initial priorities and gain input on potential new strategies to address the initial priorities. The survey was promoted through the members of the Flagler County CHNA/CHIP Leadership Council, the Flagler Cares network (130 individuals) and through the Community Connector (an e-communication system in Volusia/Flagler with over 2,700 subscribers). Forty-one (41) individuals responded to the survey.
2. A Community Meeting was hosted by the Flagler Cares Coalition on April 11, 2016. The meeting was again promoted to the Flagler Cares network. The meeting was attended by 37 individuals representing 29 different community organizations (attendance list on page 21). The meeting agenda included an opportunity for participants to express their level of agreement with the initial priorities and to provide input on current assets and suggested strategies to address the initial priorities through facilitated large and small group discussions.

Agreement with Initial Priorities

Community Input Survey Results				
Initial Priority	Agree	Disagree	No Opinion	Ranking
Adult Behavioral Health (mental health, substance use/abuse, tobacco use)	92.7%	0.0%	7.3%	4.63
Youth Behavioral Health (mental health, substance use/abuse, tobacco use)	87.8%	0.0%	12.2%	4.39
Mothers & Children Under Age 5 (women's health, teen pregnancy, prenatal care, birth outcomes, child health and development, early learning)	85.4%	2.4%	12.2%	4.15
Chronic Disease: Cardiovascular Diseases & Diabetes (including the shared modifiable risk factors of healthy eating & physical activity)	85.4%	4.9%	9.8%	4.02
Family Violence (domestic violence and child abuse/neglect)	82.9%	2.4%	14.6%	4.02

Other Suggested Priorities (via Community Input Summary)

- Although I agree with the priorities I think that Child Abuse should be a priority on its own. *Reason Why:* Child abuse includes physical abuse, neglect and sexual abuse which often are not accompanied by domestic violence
- Not sure I like domestic violence and child abuse together under family violence. Child abuse is not just about violence... neglect plays a large role too...
- 280/281 Learning Environment- Middle and High School Out of School Suspensions
- Obesity, *Reason Why:* Preventative

Agreement with Initial Priorities (via Input at April 11th Community Meeting)

The 36 participants at the April 11th Community Meeting expressed agreement with the initial priorities and no additional alternative priorities were suggested.

Detailed Comments Regarding Initial Priorities (from Community Input Survey)

Why is ADULT BEHAVIORAL HEALTH a priority issue in Flagler County?

Behavioral Health is a term that covers the full range of mental and emotional well-being – from coping with daily life challenges to the often complex treatment of mental illnesses, such as depression or personality disorder, as well as substance use disorder and other addictive behaviors. Now more than ever, health experts across all fields are recognizing the important link between good behavioral health and good overall health.

Survey Responses: It's a widespread problem, often with devastating consequences for those who suffer from these mental illnesses, accessing treatment can be very difficult (even for patients with health insurance but especially for those without it), resources are limited, and many individuals have these problems for many years if not their entire lifetimes.

- The lack of resources places a drain on the health care dollar as people are forced to use the ER. In addition, valuable police time is used on calls for events that could have been handled with preventative and treatment services.
- Because it has been trending upward since 2010
- Behavioral health affects not only the adult but the entire family. Can be the cause of some of the other priorities such as domestic violence, child abuse; can negatively impact the child/parent relationship for infants and toddlers causing adverse long term effects; can lead to homelessness and involvement with law enforcement; and can lead to other physical health problems.
- Adult mental health is a propriety because the level of productivity in the community is inhibited when adults experience mental health issues.
- Thinking about the indicators, binge drinking and alcohol related motor vehicle crashes are on the rise as well as a higher % of smokers in Flagler - I think of these as indicators of a bigger issue.
- We address behavioral health in a very haphazard fashion. We stigmatize and punish people for having behavioral disorders. There is the opportunity to focus on prevention, health and wellness.
- The data indicates that Binge drinking is an issue for adults. Also, Flagler has a very high alcohol suspected motor vehicle crash and death rate compared to the state average.

- Chronic Mental Health issues are seen in Domestic Violence, Child Neglect, Homelessness and several of our other highlighted community issues of concern. Support in this area will always be in great need to maintain healthy individuals and families.
- With some knowledge we may be able to stop some of the domestic and sexual violence in this area.
- There are no resources available unless you have Medicare, Medicaid or insurance. Many people are homeless due to mental illness/substance abuse
- Many people having behavioral health issues also do not have insurance or means to pay for treatment unless there is a need for them to be baker acted. Then when they are on medication and in a better place, many are homeless and are unable or unwilling to take medications as prescribed.
- We are a growing community with frequent news items about arrests related to addictive behaviors and family problems. At this time our limited mental health resources will not allow our community to address these problems and prevent future generations from suffering similar fates.
- From a law enforcement perspective alone it is tragic when the mentally ill are criminalized because of lack of resources and follow up which creates a state of crisis and often arrest.
- All other aspects of health depend on mental health
- This is a national issue not just a Flagler issue. Substance abuse and family breakdown has impacted the ability of people to handle daily stresses.
- Resources are not nearly at the level needed to meet the demand and need for these services.
- Serious alcohol and drug issues as well as limited mental health services

Why is YOUTH BEHAVIORAL HEALTH a priority issue in Flagler County?

Preventing mental and/or substance use disorders and related problems in children, adolescents, and young adults is critical to Americans' behavioral and physical health. Behaviors and symptoms that signal the development of a behavioral disorder often manifest two to four years before a disorder is present and according to the National Institute for Health, 50% of mental health disorders have their onset by age 14. People with a mental health issue are more likely to use alcohol or drugs than those not affected by a mental illness, and substance use can often be an indicator that there is an underlying mental health issue that needs to be addressed. In 2014, an estimated 22.5 million Americans aged 12 and older self-reported needing treatment for alcohol or illicit drug use.

Survey Responses:

- The impact of youth behavior in the school system leads to disruptive classrooms. If law enforcement intervenes the youth may be saddled with a juvenile record that lasts into adulthood.
- Youth Behavioral Health is a priority in Flagler County for the simple fact that there is an increase in detrimental behaviors that go along with behavioral health, drug and alcohol use and the problems that go along with these. There has been an increase in the problems leading up to and derived from Youth Behavioral Health in Flagler County in recent years.
- Youth mental health is a priority because it negatively impacts the future growth.
- While most of the "behavioral" indicators are going down, or lower than state average (binge drinking, pot smoking...) the suicide rate is high... this tells me kids don't know where to turn or are uncomfortable seeking help.
- Suicides among Flagler youth. Trauma associated with family violence and bullying.

- The data shows that Flagler is higher than the state average with regard to 3 indicators: 1- Middle school kids use of marijuana within past 30 days; 2- Middle school kids smoking rate; 3. Suicide death rate, 12-18-years old. Also, when asked about number 1 health issue facing our school children, the Superintendent replied, the number of Baker Acted cases has increased and youth sent to the ER as a result
- Our children suffering from mental illness are often diagnosed late if at all. The signs are present, but often we may overlook or have people not qualified to recognize the behaviors. Capturing early onset of depressive disorder traits can get our young people the help and guidance they may need. With disruptions in the school, high rates of suspensions in both the middle and high schools we are finding that the young people are missing large amounts of school days. Arrests for minors continue to increase and sadly without invested interventions these behaviors often become chronic.
- They see the bad and have no knowledge on how to stop it. They see it as a way of life.
- Flagler County has a large school population and a high dropout rate from high school. There are marginalized teens in the County that need recreation and mental health facilities. There are too few activities for teens and this leaves too much free time for developing bad habits. There are too few jobs for teens and young adults.
- We need to address the issues as early as possible for the best outcome. I do not deal directly with youth programs.
- These are our future decision makers!
- Behavioral issues in youth affect their education level and safety of their classmates as well as themselves.

Why is MOTHERS AND CHILDREN UNDER AGE 5 a priority issue in Flagler County?

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. There is now extensive evidence that conditions before birth and in early childhood influence health in adult life.

Survey Responses:

- Has such a dramatic effect on birth outcomes and infant morbidity and mortality, also infant well-being is a predictor of life outcomes
- As stated above "There is now extensive evidence that conditions before birth and in early childhood influence health in adult life"
- The wellbeing of mothers and children under age 5 are important as this is our next generation and their health and well-being is of great importance.
- The incidence of child abuse and neglect are on the rise statewide. it is no different in Flagler. Along with that, there is a decline in the availability of quality childcare, due to low wages and open capacity. Flagler has less children in subsidized child care, most likely due to transportation issues. There is a disparity with the spike in infant mortality. I could go on and on... The number of births covered by Medicaid is significantly higher in Flagler than state average, and there is a diversity issue amongst the population...
- As stated directly above.
- Data shows a significant disparity in infant mortality rates between white, Hispanic and black babies.....with Hispanic and black being higher.
- Early Learning is essential to healthy start. Ha, that's funny. Education, Resources and education, education education. As we continue to bring knowledge to our families we hope to have them raise

healthy little ones. Healthy little ones are what's needed so that they can have reduced learning deficits and be achievers in school and productive in the community.

- We are back to knowledge is needed at the school before they get pregnant and then the doctor's office after they are.
- There are still too many teens having babies who are unprepared for the challenges to their own health or the baby's health. Then these babies start life with many obstacles. We have some very good early childhood programs using research-based programs but we also have many infants and toddlers cared for by unprepared parents and in poor facilities.
- This will ensure the health of the population for generations. I appreciate Project WARM and their involvement with pregnant inmates.
- Low birth weight / mortality

Why is CHRONIC DISEASE-CARDIOVASCULAR DISEASES & DIABETES a priority issue in Flagler County?

While chronic disease affects health and quality of life, it is also a major driver of health care costs. According to the CDC, in 2010, eighty-six percent of all health care spending was for people with one or more chronic medical conditions. Cardiovascular Disease (heart disease and stroke) was the second leading cause of death in Flagler County and accounted for 22% of all deaths in 2014. Diabetes is a disease in which blood glucose levels are above normal and is the 7th leading cause of death in Flagler. Diabetes can cause serious health complications including: heart disease, blindness, kidney failure and lower-extremity amputations. Both Cardiovascular Disease and Diabetes have similar contributing factors.

Survey Responses:

- Increasing prevalence, especially of diabetes, very common in the elderly, significant cause of morbidity, mortality, and also a driver of health care costs, these conditions are treatable and there are well-developed guidelines to follow to optimize treatment.
- Untreated these illnesses increase visits to the ER and increase the health care dollar.
- For the obvious reason that it creates a plethora of other health issues, and medical cost it creates are increasing on an alarming level
- Cardiovascular Disease continues to be the number 1 cause of death in this country. This is a preventable and manageable disease. The quality of life issues and costs affiliated need to and can be controlled.
- Chronic disease-cardiovascular disease and diabetes are priority issues in Flagler County because these chronic conditions that shorten life spans.
- no opinion or knowledge
- Most common chronic diseases that can be prevented and treated effectively.
- Data shows that hypertension and high blood cholesterol are issues.
- This is always important. Whether its retired seniors, working middle class or low income "working poor", many of our citizens don't reach out to adequate preventative health care until they receive "in your face signs". Education and health care administrative vehicles are always necessary to promote. This is just not my specialty, so I must bow and yield to those more qualified.
- Better Doctors - that can help the patient before it gets so bad -- once again Knowledge is needed.
- The large senior population in the county has more health problems in these two areas which increases our demand for services. Most patients have to go to Volusia County or to Mayo Clinic for long term resources and support groups.

- Improvement of the health of the population and to lower the burden of medical costs. It would also help if there was a better way for the jail to get medical records from providers. At times it is difficult to access records for medical records.
- As above, increase in resident's weight directly affect the amount of chronic disease such as Diabetes and Cardiovascular disease in residents.

Why is FAMILY VIOLENCE a priority issue in Flagler County?

Violence negatively impacts communities by reducing productivity, decreasing property values, and disrupting social services. The lasting trauma of witnessing or being a victim of violence can have life-long emotional, physical and social consequences. According to the CDC, every minute, about 20 people are physically abused by an intimate partner in the U.S. and more than 1 in 3 women will be victims of intimate partner violence in their lifetimes, as will more than 1 in 4 men. Child abuse and neglect can have enduring physical, intellectual, and psychological repercussions into adolescence and adulthood.

- Devastating consequences as noted above, limited resources, pervasive culture of denial, limited proactive measures available in county, substantial drain of law enforcement
- Violence has a lasting impact on the social fiber of Flagler County, including children exposed to domestic violence.
- Violence is always a priority as family violence is a dysfunctional cycle that continues without assistance
- Domestic violence incidents are up... more than this, child abuse included here may need expansion to child neglect. Children experience child abuse or neglect is on the rise, both statewide and locally. I would be interested to see if there is any correlation between teen suicide and family violence...?
- As stated above
- The data shows a spike in domestic violence in 2014.
- Domestic Violence is often the ending to where many areas have started. (substance-abuse, mental health, trauma, economic hardships, generational violence, and the list goes on and on.) If we can help to decrease family violence through awareness, counseling, legal recourse and incarceration when needed we can address so many other cyclical health issues.
- Children grow up with violence its all the see and know. Once again its back to the schools stepping in with knowledge, pamphlets, education.
- Each day when you read the newspaper, Flagler County has several domestic violence reports for those instances that result in arrest. However, there are many more instances where victims come to our Family Life Center Shelter but it doesn't make the papers. We have a growing population in the county and unfortunately the number of our domestic violence and sexual assault victims are increasing too. Victims come from all parts of our county but the largest group comes from Palm Coast and it includes all age groups, races and economic levels. The current Shelter is used to capacity most nights of the year and facilities are challenged to meet the needs of so many victims and their children. New and expanded facilities and services are needed at the Family Life Center.
- This issue consumes multiple resources within the County. Law enforcement, corrections, hospitals, are spending a great deal of staff time and dollars to address this issue predominately after an issue has occurred.
- rate high and difficult to address

Inventory of Existing Assets Related to Initial Priority Issues

ADULT BEHAVIORAL HEALTH Assets

(Efforts that are successfully addressing ADULT BEHAVIORAL HEALTH in Flagler County)

Survey results in black text, Editorial edits and notes in blue text, Community Meeting notes in green

Programs/Services:

- Stewart-Marchman-Act Behavioral Healthcare Programs:
 - Crisis Triage and Treatment Unit (CTTU), is a crisis assessment and referral service for Flagler County residents experiencing behavioral health crisis.
 - SMA Access Line
 - SMA Mental Health Outpatient Clinic
 - FACT
 - Project Warm
 - Family Intervention program at SMA
 - Adolescent Substance Abuse treatment services at SMA
 - SMA Notes: If there is insurance available, must have Medicaid/Medicare or insurance, must use resources in Volusia County if Baker acted
- Substance Abuse Outpatient (SMA and others)
- Psychiatric Outpatient (SMA and others)
- Break the Cycle
- Flagler counseling services
- Children's Home Society Counseling Program
- DCF services through our adult investigations and resources
- Family Life Center Outreach Programs
- Jail Mental Health Diversion
- Churches with Grief support groups
- Flagler County Veterans services
- Flagler County Social Services
- Recovery Keys Outpatient that covers Flagler and St. Johns counties
- Drug Court
- Free Clinic (treats patients and refers to SMA)
- National Alliance for Mental Illness (Vince Carter Sanctuary)
- AA, Various drug rehab programs
- The Pavilion club - Drop in Mental Health assistance
- School counselors
- Azalea Health (FQHC) Mental Health services
- Hanley Center Active Parenting and Alcohol Literacy Challenge
- Epic Community Services (St. Augustine, County Resource list)
- Hearthstone Foundation (County Resource list)
- Coastal Mental Health (County Resource list)
- Big Bear Behavioral Health (County Resource list)
- Adapt Behavioral Services (County Resource list)
- Flagler Mental Health Center, PA (County Resource list)
- Status of new Psychiatric hospital (CON obtained by Universal Health Services)

- Quit Smoking Now and Tools to Quit programs
- Florida Hospital Community Cares program (LCSW team member-counseling) Open to partnership with Mental Health agency
- Telepsychiatry
- Mental Health First Aid (DCF)
- Federation of Families
- Florida LINC program

YOUTH BEHAVIORAL HEALTH Assets
(Efforts that are successfully addressing YOUTH BEHAVIORAL HEALTH in Flagler County)

Survey results in black text, Editorial edits and notes in blue text, Community Meeting notes in green

Programs/Services:

- Care grant programs that get children involved in Arts, sports etc.
- Substance Abuse Outpatient - SMA and others
- SMA Outreach
- Family Education Groups - SMA
- I believe the Flagler County School District does outreach for suicide prevention
- SIPP programs for youth that may need long term residential treatment (Statewide Inpatient Psychiatric Program)
- More classes and knowledge in the schools are needed
- Family Life Center Outreach Programs for Teens
- CINS/FINS services (A DJJ program: Children In Need of Services/Families In Need of Services)
- Carver Gym Programs for Youth
- Teen Court
- Athletic Programs sponsored by schools, PAL, community organizations
- Diversion Programs- Teen Court and Civil Citation (But counseling for the youth and families (parents) should be a strong point added to both of these programs)
- Halifax Behavioral Health (Child & Adolescent Behavioral Services)
- Boys and Girls Clubs of Volusia/Flagler County (Rymfire Elementary)
- Break the Cycle (County Resource list)
- Epic Community Services (St. Augustine, County Resource list)
- Hearthstone Foundation (County Resource list)
- Coastal Mental Health (County Resource list)
- Big Bear Behavioral Health (County Resource list)
- Adapt Behavioral Services (County Resource list)
- Flagler Mental Health Center, PA (County Resource list)
- Ygeia Medical Institutes (County Resource list)
- Hammock Wellness (County Resource list)
- Boys and Girls Clubs expanded service at Rymfire Elementary to serve teens
- Tobacco 411 (Tobacco Free Florida) Alternative to Suspension
- Youth Moves program
- Flagler Schools added a district mental health counselor and district social worker to the staff. They also full time psychologists in 5 of the 9 schools with the remaining 4 schools sharing 2 counselors.

Collaboration

- Focus on Flagler Youth Coalition
- Believe the school system is organizing a suicide prevention task force
- I sit on a very small group that is looking at School disciplinary data and special programming. (Needs more work)

Other

- Trauma Informed Care Training
- NAACP

MOTHERS AND CHILDREN UNDER AGE 5 Assets

(Efforts that are successfully addressing MOTHERS & CHILDREN < AGE 5 in Flagler County)

Survey results in black text, Editorial edits and notes in blue text, Community Meeting notes in green

Programs/Services:

- Healthy Start
 - Healthy Start Cafe to be developed in Bunnell
- Florida Department of Health-Flagler:
 - WIC program
 - DOH statewide initiative called Florida Healthy Babies (upcoming meeting in Flagler)
 - DOH Vaccination programs
 - DOH Prenatal Care
- Early Learning Coalition
- SMA's Project WARM
- Prenatal programs
- Community Partnership for Children
- Health Clinics
- Florida Department of Children and Families
- Daycare programs
- Children's Home Society
- Flagler County Schools Teen Parents Program
- Halifax Hospital Neo natal services
- Azalea Health (FQHC)
- Easter Seal's Early Steps program, early intervention services for children birth to 36 months
- Help Me Grow (United Way) system to promote early identification of developmental concerns
- Child Find Services (County Resource list)
- RCMA (Head Start)
- Transitional moms go to Chiles Academy
- Family Place-Carver Gym
- Transportation-Medicaid for each HMO (raise awareness—Flagler Human Services has a list)
- Family Wise prescriptions cards
- Free meds @ Publix and other stores

Other

- Thrive by 5

- DCF Child Fatality Reduction Efforts
- Enhance 2-1-1 (and update database)
- Raise awareness of 2-1-1
- Raise awareness of Mental Health line
- SMA 24/7 Access Line (800-539-4228)
- Raise awareness of LSF hotline (access to care line for mental health and substance abuse) 877-229-9098
- Hooray for decrease in teen pregnancy

CHRONIC DISEASE-CARDIOVASCULAR DISEASES & DIABETES Assets

(Efforts that are successfully addressing CHRONIC DISEASE-CARDIOVASCULAR DISEASES & DIABETES in Flagler County)

Survey results in black text, Editorial edits and notes in blue text, Community Meeting notes in green

Programs/Services:

- Preventive programs such as Florida Hospital's Creation Health, DOH's Community Health Education
- Florida Hospital Flagler's Community Care and the use of Health Coaches
- Florida Hospital
- FHCP Exercise Classes
- Smoking cessation classes
- Work place smoking cessation programs
- YMCA's Diabetes Prevention Program
- The indigent care clinic
- Free Clinic Diabetic Classes
- Free Clinic outreach efforts
- Azalea Health FQHC
- Health Department
- YMCA Healthy Weight and Your Child programs (1 year programs for age 7-13, low cost)
- Lion's Club—volunteer diabetes testing anywhere
- Health club incentives
- Fitness and physical activities
- YMCA
- Boys and Girls Clubs program at Rymfire promoting healthy eating and physical activity
- Need to find out what policies, programs and/or curriculum's Flagler Schools have to promote healthy eating and physical activity (in addition to School Health Advisory Committee)
- Extension Service Programs-Healthy Eating with food purchased with food stamps or from food banks

Other

- Much of private sector health care is devoted to this, but not necessarily in a coordinated manner
- Nonsmoking campaigns
- Better - more caring Doctors
- Medical Reserve Corps

FAMILY VIOLENCE Assets
(Efforts that are successfully addressing FAMILY VIOLENCE in Flagler County)

Survey results in black text, Editorial edits and notes in blue text, Community Meeting notes in green

Programs/Services:

- Family Life Center
 - Very appreciated was the Leadership Flagler Class 23's volunteer backyard makeover project at the Family Life Center.
 - Family Life Center Shelter and Outreach Programs
 - Federal and state grants obtained by Family Life Center
 - Educational Programs offered to community and government organizations by FLC Executive Director and staff
- Safe House
 - The advocate located at the safe house
- Break the Cycle
- Counseling
- Flagler Counseling
- Precious Hearts Foundation
- ELCFV - to help with reducing child abuse and neglect
- Flagler Free Clinic
- Teen Court- Need for counseling component
- Pre -trial
- Safe place for women and their children
- SMA
- Community Partnership for Children - to help with reducing child abuse and neglect
- Children's Home Society - Visitation Center
- DCF/CPC partnership
- Grant resources provided by Flagler County Commission and Flagler County Sheriff Office
- Family Life Center-Start by Believing campaign (awareness that removes stigma and increases action and reporting rolling out this Spring)
- Expanded Early Head Start (prevents child abuse, promotes social/emotional health of child through bonding—from birth) should be coming to Flagler

Law Enforcement/Courts:

- Sheriff and local police departments advocates
- No contact Orders
- Injunctions

Suggested Strategies to Address the Initial Priority Issues

ADULT BEHAVIORAL HEALTH Needs

(What more could/should be done to successfully address ADULT BEHAVIORAL HEALTH in Flagler County?)

Survey results in black text, Editorial edits and notes in blue text, Community Meeting notes in green

Capacity (More)

- Need more one-to-one and family and teen counselors available in county
- Expansion/increased funding of SMA Mental Health Outpatient Clinic
- More providers
- Have more resources that are available for immediate assistance
- Programs for individuals who have issues with substance abuse/mental issues
- Need more Psychiatrists on staff at hospital
- Expanded free clinic mental health
- Expanded school programs
- More teachings/information in the schools
- Comprehensive Behavioral Health Services in Flagler County Jail

Program Approaches, Coordination and Capacity (New)

- Maybe a longer period of monitoring/support/mentoring once someone leaves a program
- Mental Health Court
- More case management involvement in the field and homes of clients
- Case management and better coordination of services (HMIS)
- Programs to follow up once an individual is stabilized
- Assistance with homeless individuals once stabilized
- Coordinated medical and mental health care
- Medication Assisted Treatment for addictions - particularly opiates and alcohol
- Case Management in the jail to link with services upon release
- Need to develop mirror services to those only available in Volusia now
- Provide community collaboration to care for caregivers
- I would like to see a Mobile Crisis triage unit
- Central Receiving Unit (Behavioral Health Consortium Priority 1)
- Transitional crisis stabilization (1 week to 4 months) (Behavioral Health Consortium Priority 2)
- Opioid Management for Pregnant Women ((Behavioral Health Consortium Priority 2)
- Dual Diagnosis Residential Services for Women (Behavioral Health Consortium Priority 3)
- Housing/Transitional Housing (Behavioral Health Consortium Priority 4)
- Intensive Outpatient Services (Behavioral Health Consortium Priority 5)
- Clubhouse/Drop in Centers (Behavioral Health Consortium Priority 5)
- Screening, Brief Intervention, and Referral to Treatment (SBIRT)
- Crisis Stabilization Unit
- Preservation of the CTTU program
- Enhance services focused on the transition from jail to community (mental health and homelessness) Develop an approach to address binge drinking and alcohol related driving/crashes
- Address the mental health needs/status of seniors

Access

- Have more resources that are affordable for these individuals
- Grants to cover individual's w/o insurance
- Accepting patients regardless of ability to pay
- More services for under and un-insured
- Address the challenge of geography and technology gaps
- Explore model done in Seminole County where school buses were left over the weekends in remote areas to provide Wi-Fi access to communities that did not have internet access.

Community Education/Awareness/Outreach

- Work to reduce the stigma associated with receiving help.
- Need to survey the alcohol prevention and treatment services that are available
- Are there 'don't drink and drive' campaigns available?
- Outreach programs
- Providing brochures, learning Materials, advocates
- Community collaboration in program/service development and raising awareness—engage and educate community members
- Move service recipients toward information sharing assistants
- Outreach to engage others: faith community, utilize community events, Focus on Flagler Youth, specific interest groups, share more “good news, “utilize utility bills to inform, utilize hospital setting to share information/educate the community. Mobilize media to report on the positive and mobilize the youth to share information via social media and texting.
- Utilize paraprofessionals to do outreach—peer to peer
- Opportunity through changes in food stamp requirements to tap into volunteers

YOUTH BEHAVIORAL HEALTH Needs

(What more could/should be done to successfully address YOUTH BEHAVIORAL HEALTH in Flagler County?)

Survey results in black text, Editorial edits and notes in blue text, Community Meeting notes in green

Capacity Issues and Identified Gaps in services (More)

- Children’s Community Action Team (Behavioral Health Consortium Priority Top Priority)
- Intensive Crises Counseling Program/Intensive In-Home Family Services (Behavioral Health Consortium Top Priority)
- Family Services Planning Team redefined for our area (Behavioral Health Consortium Top Priority)
- Transitional Youth Services linked to FSPT and other services (Behavioral Health Consortium Top Priority)
- Primary Prevention Services for children funding (Behavioral Health Consortium Top Priority)
- Uniform referral process and form
- Resource Guide
- Targeted Case Management (TCM)
- Psychiatric Evaluation and services
- Psychiatric Medication Management
- Therapeutic Group Homes
- Residential Statewide Inpatient Psychiatric Beds- SIPP (regional issue)
- Community Action Team
- Respite Beds (6 now added to SMA through LSF)
- ASD Services
- Mobile Crisis Team
- Specialized Respite for CSEC (children who have been sexually exploited) Victims
- Transportation to PHP Program
- Promotion of Universal Awareness of Mental Health Issues/identified youth sooner through screenings
- School based mental health clinics
- Needs to be more programs
- Mental Health Counselors in expanded social services by county government
- Encourage more funding and easier access to children in need of services
- Expanded counselling program
- More private mental health counselors specializing in teen group and individual counseling
- CTTU program for youth

Education/Outreach

- Enhanced educational curriculum and school based intervention programs
- Knowledge - pamphlets - Classes – etc.
- Health literacy
- Get youth comments/view of community needs (i.e. rap sessions)
- Outreach to youth using social media—and use them to inform adults
- Utilize focus groups of youth-peer led to inform the SAMH process, including policy, legislative action, Lutheran Services of Florida programming and services, etc. (current effort with System of Care/USF partners for 16 to 23-year-old transitional youth)

Prevention/Early Detection

- Early detection of behavioral issues prior to entering school.

Youth Development/Youth Activities

- Needs to be more activities such as a boys and girls club
- More jobs and internships for teens and young adults
- More recreation activities besides athletics
- maybe mentoring... maybe teens helping teens...
- More support and advocacy for these youth more outlets for them to be involved in

Family Focused Efforts

- More parent education activities sponsored by Hospital
- Programs addressing family support and interaction.
- Our Schools need honest, help with family relationship building. Way too many suspensions for our kids. Increased prevention services that focus on the family unit (however family is defined)
- Child & Family Engagement Program (IO Youth- I Owe Youth)
- parent awareness

Other

- Community must help out with qualified people to manage buses, hallways and after school tutoring. Pre-school expulsion rate - while we really don't have specific data (imagine that!) we believe expulsion rates are increasing...

MOTHERS AND CHILDREN UNDER AGE 5 Needs

(What more could/should be done to successfully address MOTHERS AND CHILDREN UNDER AGE 5 in Flagler County?)

Survey results in black text, Editorial edits and notes in blue text, Community Meeting notes in green

Capacity (More)

- Expanded DOH Women's Health Programs--with increased funding
- Expanded DOH Prenatal Program--with increased funding
- There should be more income based prenatal care
- Pediatrics at Free Clinic
- Prenatal classes offered through high schools after school and in community locations like Carver Gym or Community Centers
- Free Health screenings - for mothers and infants and children
- Expand wrap around services such as the community cafe for more areas in Flagler other than the Carver GYM
- Free resources for healthy eating, living
- Use child care settings to raise awareness of resources
- Need more peer support opportunities i.e. Family Place, Parent Partners
- Need pediatricians
- Safe/affordable housing (rents have skyrocketed)
- Minority Children no getting enough food because the mother is not getting enough.
- Not enough transitional housing (partially due to decreases in housing)
- Need Birth Center/Birthing Hospital
- Increase the quality of child care
- Over capacity of child care seats in private sector
- Under capacity for affordable infant care
- Transportation lines
- Housing and Employment
- Healthy Eating (WIC could raise awareness, access to nutritional foods, using food stamps for low nutrition food due to access in areas like Espanola)
- More community gardens
- Resource summer feeding program (too short-10 weeks, 2016 only 7 weeks)
- Dental sealant starting soon, 1st, 3rd, 5th grade (DOH-Flagler)
- Families living in tents or non-houses (need showers, water, elect., laundry facilities)
- Be proactive

Program Approaches, Coordination and Capacity (New)

- Free clinics in all cities of county for children birth to 6
- Convene a group like Thrive by 5 (that exists in Volusia) to find ways to collaborate
- Early Childhood court
- Need "Barrier Breakers" similar to Substance Abuse/Mental Health
- Farmers Markets to accept EBT (need Bunnell Farmers Market)
- Transportation to Free Clinic or another Clinic—or Mobile services (question: Does Free Clinic serve children?)
- Bus-mobile farmers market

Policy Issues

- Youth leaving foster care <18 becoming homeless (extended foster care transition to independent living)
- Waiting list for child care subsidy is about to double due to policy change

Other

- Judgement free zones
- Continue Women's Initiative's focus on women
- Need to raise awareness of many services
- There has been an increase in foster care case loads
- Child removal is increasing due to unemployment and poverty

CHRONIC DISEASE-CARDIOVASCULAR DISEASES & DIABETES Needs
(What more could/should be done to successfully address CHRONIC DISEASE-CARDIOVASCULAR DISEASES & DIABETES in Flagler County?)

Survey results in black text, Editorial edits and notes in blue text, Community Meeting notes in green

Community Education/Awareness

- Better promotion of what is offered
- Knowledge from their doctor's office
- Expand educational activities for midlife generations
- More public awareness through media on resources to assist individuals with these health issues
- Raise awareness of county trails and parks (address transportation to them, knowledge to best/safely utilize exercise equipment)

Access

- Population-focused screenings to identify individuals at risk and also with subclinical conditions
Offer more assistance from insurance coverage of cessation programs
- Increase Healthiest weight efforts with the schools and daycares
- Conduct free or inexpensive nutrition workshops
- Free clinic--we're working on a program to track all our patients with chronic diseases--early stages
- Expand support groups for individuals and caretakers
- Set up a satellite Mayo Clinic facility in Flagler county as a partner for research and services
- Need strategies to best help disenfranchised and vulnerable populations
- Florida Hospital will be expanding their Community Care project (currently focused on 5% high utilizers) to serve the larger "rising risk" population soon. Approach will include telephonic follow-up techniques. Can operate with a 2,000 person case load when technology is utilized for communication. Key is access to EMR data for risk stratification and coordination. Model includes the utilization of volunteer coaches (those who have successfully progressed with the program)
- Azalea Health has a similar model of care management
- Population Health strategy—access to knowledge of diabetes status
- Need more exploration of outreach, communication and coaching using text/phone technology.

Other

- A timely way to secure medical records between providers
- Need YMCA facility/resources in Flagler
- Florida Hospital's HEP and CIN programs will impact diabetes
- Medicare now has billing codes for Chronic Care Management that would allow for monthly telephonic follow up. Requires a 20% copay and infrastructure is needed to implement—but it is being explored by Florida Hospital and Halifax Health

FAMILY VIOLENCE Needs

(What more could/should be done to successfully address FAMILY VIOLENCE in Flagler County?)

Survey results in black text, Editorial edits and notes in blue text, Community Meeting notes in green

Community Education/Awareness

- Public campaign to bring awareness
- Coordinated effort to address the social and cultural barriers that keep family violence hidden.
- More media focus.
- Educational activities for municipal governments, community members, organizations and businesses to provide greater awareness of problem and solutions.
- Education in the schools to encourage healthy life style choices such as the TOP program.
- Offer educational programs through Family Life courses in churches, High Schools and at hospital.
- Normalizing coping mechanism and triggers for substance abuse or violence/child abuse, who asks parents how they are doing and what they are doing to cope with life stressors and when do they ask (churches, community centers, school meetings/parent teacher meetings, pediatrician visits, OBGYN visits, etc.)
- Community forums for parents to safely engage—need more Community Café style opportunities in the community as there is only one in the county.
- Stigma campaigns are needed to remove the shame of being a victim and that celebrate help seekers.
- Failure to protect person who is being abused—loss of financial provider, leading to homelessness

Capacity (More)

- More Housing options
- More resources
- Possibly faith based
- Our schools must better explore what is going on in the homes through a community Intensive Family Intervention team with DCF, Sheriff Dept., FLC and any other community partnering agency that is willing.
- The Family Life Center needs support from the county, all municipalities, churches and the community organizations to build a new, expanded shelter and expand services.
- More community support of fundraising efforts by Family Life Center and coordinated social services
- More prevention Programs
- Continue current initiatives
- Expanded women's shelters and resources to help women in this situation transition to a more stable living situation
- More shelters for victims
- More funding
- Possibly a court program similar to Drug Court for family violence offenders
- More family programs through schools and faith-based organizations
- Targeted counseling and mental health services for this population
- Victim based classes
- Community Capital Campaign to build new facility for shelter and outreach services. Donation of building lot.
- supported by county and cities

- Utilize schools to reach families with information regarding various support services and prevention resources
- Operate Case Management for clients and families out of the schools
- Creation of community schools (serve as community HUB for GED, FQHC, Dental, other resources). Examples supported by UCF and CHS in Brevard, St. Johns and Duval Counties)
- Need safe places—Places like the Carver Gym and Boys and Girls Clubs have age limits (no late bus for schools) so where are the safe places for non-school-aged kids.
- Services/access are limited by transportation in the county or to services only found out of the county
- Services for youth who experience Domestic Violence or abuse started immediately after identified
- Support Umbrella, funding for victims: housing, counseling, safe home, relationship repair
- Screening opportunity for parents for Mental Health/Behavioral Health: pediatricians (mom/dad), birthing centers, WIC, schools
- Non-punitive measures celebrating accessing care, services and support
- Collaboration with law enforcement and domestic abuse council-arrest the offender and leave the children in the home
- Lack of victim support to stabilize family
- Foster Homes: increase family support services, relationship building, access to schools, churches, hospitals, libraries

Other

- Make sure child neglect is captured, whether it is here or somewhere else.
- not all child abuse is related to family violence...
- Employment decreases violence
- Are the judges and judicial system aware of the impact of an arrest/incarceration of a family involved in D.V. or failure to protect? If convicted and incarcerated there is loss of the bread winner and/or care taker and an entire insurmountable set of problems are now triggered in an already stressed system (unemployment leading to loss of housing, removal of children with the average of 13 months in the system, etc.). Are there other sanctions rather than incarceration and what are the laws/policies? Could there be funds for victims of DV/CA set up to support the family as they go through their sanctions and receive services?
- Need a policy-removal/search for firearm when D.V. has been called in/reported.
- Community Based Care not funded for increase in cases
- Need to engage Legislators and Community Alliance in necessary policy change regarding impact of removals.

Community Meeting Hosted by Flagler Cares Coalition

April 11, 2016, 3:30 to 5:00 p.m.

Florida Hospital Flagler

60 Memorial Medical Parkway, Palm Coast, Florida 32164

In Attendance:

Baird, Carrie	Flagler Cares
Barrow, Julie	One Voice for Volusia
Bell, Chet	Stewart-Marchman-Act Behavioral Healthcare
Bickel, Stephen	Flagler County Free Clinic
Blanchek, Kristina	Hanley Center Foundation
Burns, Dennis	United Way Volusia-Flagler Counties
Calderwood, Denise	Family Matters of Flagler
deJesus, Irene	Florida Hospital
Dye, Lauren	Florida Hospital
Ecklin-Hope, Stephanie	Boys & Girls Clubs of Volusia/Flagler Counties
Fegumps, Sheena	Florida Department of Health – Flagler
Gilyard, Terry	Azalea Health
Groves, Michael	Family Matters of Flagler County
Groves, Patrick	Daytona Beach News Journal
Harvey, Rhonda	Stewart-Marchman-Act Behavioral Healthcare
Kennedy, Lynn	One Voice for Volusia
King, Jo Anne	Florida Hospital Flagler
Jones, Pastor Sims	People Helping People
Lebo, D.J.	Early Learning Coalition of Flagler and Volusia Counties
Lutz, Tom	Resident
Lynda, Evelyn	Circuit 7 System of Care Initiative (DCF)
Mayer, Joe	Flagler County
Nickels, Janet	Flagler County – Social Services
O’Malia, Matt	Volusia/Flagler Family YMCA
Palmer, Stephen	Flagler County Sheriff’s Office
Paradowski, Devrie	Northeast Florida Community Action Agency
Pleasants, Kimberly	Children’s Home Society
Renner, Representative Paul	Florida House of Representatives
Revels, Barbara	Flagler County Board of County Commissioners
Ryals, Lisa	Boys & Girls Clubs of Volusia/Flagler Counties
Smith, Thalia	Healthy Start Coalition of Flagler/Volusia Counties
Snyder, Robert	Florida Department of Health – Flagler
White, Jeff	Volusia/Flagler Coalition for the Homeless
Willett, Sam	Commission on Homelessness
Williams, Bob	Halifax Health
Williams, Chris	Flagler Hospital Community Care
Williams, Terry	Tobacco Free Florida Flagler County



One Voice for Volusia
160 N. Beach Street
Daytona Beach, FL 32114
www.onevoiceforvolusia.org
386-947-8301

