

LIVING HEALTHY, LIVING LONGER

TRANSLATING RESEARCH INTO ACTION

*A Guide to Health Improvement Opportunities
in South Miami-Dade*



Prepared by:
Health Council of South Florida, Inc.

September 7, 2007

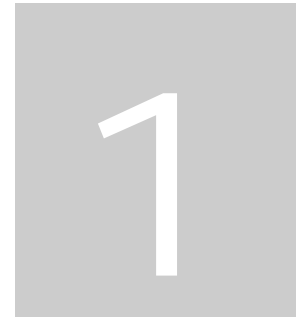
Funded by:
BlueCross BlueShield of Florida
Health Foundation of South Florida
Miami-Dade County Health Department



For more information, contact
Health Council of South Florida, Inc.
8095 NW 12th Street, Suite 300
Doral, Florida 33126
Telephone: (305) 592-1452
Fax: (305) 592-0589
Email: hcsf@healthcouncil.org
Website: www.healthcouncil.org

Table of Contents

- 1. The South Miami-Dade Community..... 1
- 2. Living Healthy, Living Longer - South Miami-Dade Lifestyles Research Findings 3
 - Background..... 3
 - Methodology..... 3
 - Instrumentation..... 4
 - Sample Design..... 4
 - Principal Findings 4
 - Top 10 Leading Health Issues in South Miami-Dade 5
 - Health Disparities in South Miami-Dade 7
 - Other Health Issues Affecting Children in South Miami-Dade 8
 - Health Issues Affecting Elders in South Miami-Dade 8
 - Translating Research into Action 9
 - Table 1. Top 10 Leading Health Issues in South Miami-Dade 10
 - Table 2. Health Disparities in South Miami-Dade 11
- 3. Top 10 Leading Health Issues in South Miami-Dade..... 12
 - 1. Cardiovascular risk factors 12
 - 2. Physical activity 13
 - 3. Overweight and nutrition 14
 - 4. Mental health and stress levels..... 15
 - 5. Access to care..... 16
 - 6. Tobacco use and substance abuse..... 17
 - 7. Injury and violence 18
 - 8. Maternal, infant and child health..... 18
 - 9. Cancer screening..... 19
 - 10. Childhood asthma..... 19
- 4. Health Issues Affecting Children in South Miami-Dade..... 20
 - Daily multi-vitamin intake 20
 - Trouble obtaining medical care for child 21
 - Dental visits 21
- 5. Health Issues Affecting Elders in South Miami-Dade..... 22
 - Arthritis or rheumatism prevalence..... 22
 - Osteoporosis prevalence..... 23
 - Sciatica & chronic back pain 23
 - Influenza vaccination..... 24
 - Pneumonia vaccination 24
- 6. Promising Programs that Address Leading Health Issues in South Miami-Dade:
 - Taking a Targeted Approach to Community Health Improvement* 25
- 7. Living Healthy, Living Longer Data Appendix 36



The South Miami-Dade Community

The Consortium for a Healthier Miami-Dade, an initiative of the Miami-Dade County Health Department (MDCHD), has identified South Miami-Dade as an area of unmet need and has been focusing its disease prevention and promotion efforts in this area since 2003. South Miami Dade is located in the Far South part of Miami-Dade County (south of SW 195/196 Street, east of SW 237 Avenue and north of Ingraham Highway). South Miami-Dade constitutes five incorporated cities and five neighborhood towns: City of Cutler Bay, City of Homestead, City of Florida City, City of Palmetto Bay, City of Pinecrest, Goulds, Princeton, Naranja, and Leisure City (including Zip Codes 33030, 33031, 33032, 33033, 33034, 33035, 33039, 33170, 33189, and 33190). According to the ESRI 2006, the total population is 166,853 (83,419 males and 83,499 females; 13,193 adults 65 years and older and 53,836 children below 18 years). Six out of ten (60.8%) residents are White (101,480), more than half (53.0%) are Hispanic (88,496) and Blacks account for 24.8% (41,356) of the population. In 2000, three out of ten (30.1%) were foreign born (41,122) and 49.8% (61,685) spoke a language other than English at home (U.S. Census Bureau, 2000).

Miami-Dade as a whole is a culturally rich community and a worldwide tourist destination. With a total population of 2,464,452 residents, 63.5% of the population is comprised of individuals of Latin or Hispanic descent (ESRI 2006). Additionally, it has the highest percentage of foreign born residents (50.2%) in the State (U.S. Census Bureau, 2005). The impact of immigration on the community has helped to create a diverse population make-up with its own race and ethnic specific health status.

The county's unique socio-economic profile has had a profound effect on the health of its population and their relative standard of living. Women, children, minorities and immigrants are particularly affected by cultural and language factors that construct access barriers to available community resources. An estimated 94 different languages are spoken in Miami-Dade County Public Schools and much of the business in South Florida is conducted in Spanish or Creole languages.



2

Living Healthy, Living Longer – South Miami-Dade Lifestyles Research Findings

Background

The Living Healthy, Living Longer *Translating Research into Action: A Guide to Health Improvement Opportunities in South Miami-Dade* was developed to provide decision makers and program administrators in South Miami-Dade with data driven information on leading health issues in South Miami-Dade.

This guide was informed by the *Living Healthy, Living Longer* (LHLL) survey funded by BlueCross BlueShield of Florida, Health Foundation of South Florida and Miami-Dade County Health Department. The LHLL survey was developed as a tool to address the limited community specific data on current lifestyle practices in Miami-Dade County with a specific emphasis on community-level data for South Miami-Dade. Based on LHLL survey findings, the *Translating Research into Action* guide offers a detailed understanding of the ten leading health issues in South Miami-Dade, prominent health disparities, and prominent children and elder health issues. The latter part of the guide presents selected model and promising programs that are being applied in other parts of the country to address health issues similar to those facing South Miami-Dade.

Methodology

The LHLL survey was administered between September and October 2006 by Professional Research Consultants (PRC), a national research and consulting firm. The LHLL dataset was captured through a household telephone interview to close the information gap related to community specific data on current lifestyle practices in Miami-Dade County with an in-depth focus on South Miami-Dade.

Instrumentation

The LHLL survey instrument is largely based on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS) survey. Questions from other public health surveys and customized questions were added to address gaps in indicator data relative to national health promotion and disease prevention objectives and other recognized health issues unique to Miami-Dade County. A total of 127 questions were incorporated, inclusive of 38 new questions addressing nutrition and physical activity (15), children's health (11), literacy and organizational visibility (4), demographics (2), injury control (2), healthcare access, environmental health, medications and women's health.

Sample Design

The survey design consisted of a random sample of 1,005 individuals aged 18 and older in Miami-Dade County. An oversampling of South Miami-Dade County was applied with 500 interviews conducted in associated Zip Codes, and the remaining 505 interviews administered throughout the rest of Miami-Dade County. The cooperation rate (i.e., the ratio of the number of completed interviews to the total number of completed, partially completed and refused interviews) was 66% (1,004 out of 1,517). The sample was weighted based on census projections in the latest ESRI GIS Demographic Portfolio in proportion to actual population distribution at the Zip Code level. All administration of the surveys, data collection and data analysis was conducted by PRC.

Principal Findings

Ten leading health issues in South Miami-Dade were identified utilizing a two-tiered approach: 1) magnitude of disparity between South Miami-Dade and the remainder of Miami-Dade County and 2) population impact. Other health concerns related to the top 10 leading health indicators are included as supporting information. Results are presented in this section and corresponding charts and tables are available for reference. Health issues were also analyzed for health disparity. A total of 25 health issues each with a disparity greater than 5% were selected and categorized into 11 key areas and arranged based on the disparity weight of each category (Table 2).

Additionally, a special focus was given to children's and elder health issues. While some of these health issues did not yield statistically significant results they were considered important to include in this analysis. Given limitations with some datasets related to children's health issues, impact data for this age group were unavailable and therefore not presented. Results are provided in this section and corresponding charts and tables are available for reference.

The final section of the report showcases model and promising programs that may be applied to address the underlying problems in South Miami-Dade County.

Top 10 Leading Health Issues in South Miami-Dade

1. Cardiovascular risk factors. A vast majority (88.3%) of South Miami-Dade residents have one or more cardiovascular risk factors or behaviors affecting an estimated 99,794 adults (Figure 1a). Countywide, men, adults aged 65 and over, persons of low-income, Blacks and Hispanics are at most risk (Figure 1b). South Miami-Dade adults are less likely to have had a recent cholesterol screening (87.1% vs. 92.7%) affecting an estimated 14,579 adults particularly among Hispanics and Blacks (Tables 1 and 2). While more South Miami-Dade Whites are screened for high blood cholesterol, a higher proportion are diagnosed with high blood cholesterol (49.3% vs. 40.4%) particularly Non-Hispanics and Whites (Table 2). Among those with high blood cholesterol, fewer are taking action to control their condition (74.6% vs. 85.2%).

Heart disease and stroke – the principal components of cardiovascular disease – are the first and third leading causes of death in the United States, accounting for more than 40% of all deaths

-Center for Disease Control and Prevention

2. Physical activity. Only 20.0% of South Miami-Dade adults participate in moderate physical activity resulting in an estimated 90,414 adults at risk (Figure 2a). They are also less likely to participate in a regular exercise program or belong to a gym (25.1% vs. 35.1%) and to have received medical advice on exercise in the past year (39.6% vs. 46.9%) (Table 1). Among demographic subgroups countywide, women, adults aged 65 and over, low-income populations, Hispanics and Blacks are less likely to meet physical activity recommendations (Figure 2b). Similarly, in South Miami-Dade Hispanics and Blacks are at greatest risk (Table 2).

About 300,000 deaths per year in the United States are due to poor diet and a lack of regular physical activity.

-American Heart Association

3. Overweight and nutrition. Most South Miami-Dade adults (68.9% vs. 63.4%) are overweight or obese, affecting an estimated 77,869 adults. Of these, three out of ten (29.9% vs. 23.2%; an estimated 33,792 adults) are obese, a proportion nearly twice the Healthy People 2010 objective of 15% or lower (Figure 3a). Countywide, men, adults aged 40-64, low-income groups, Blacks and Hispanics are at greatest risk (Figure 3b). Similarly, in South Miami-Dade Hispanics and Blacks are particularly at risk (Table 2). South Miami-Dade County adults also reported nutrition habits that are unfavorable. A significantly lower proportion (52.5% vs. 59.1%) eat two servings of fruit per day resulting in an estimated 53,683 adults being at risk for poor nutrition. Related to this finding Blacks and Hispanics are less likely to eat five or more servings of fruit/vegetable per day (Table 2). Additionally, South Miami-Dade adults less likely to cook more healthfully when cooking meals at home (57.1% vs. 67.3%) (Table 1).

Obesity is now recognized as a major risk factor for coronary heart disease, which can lead to heart attack.

-American Heart Association

4. Mental health and stress levels. A lower proportion of South Miami-Dade adults (64.7% vs. 76.4%) participate in stress relieving activities resulting in an estimated 39,895 adults at risk. Countywide, women, persons 65 years and older, low income groups and Hispanics are at most risk

Stress levels are directly linked to our physical wellbeing. Seventy-five percent of our visits to the doctor's office concern stress-related ailments.

-Mental Health America

(Figure 4a). In addition, more South Miami-Dade County adults (16.0% vs. 12.5%) report “fair” or “poor” mental health status, affecting an estimated 18,083 adults (Figure 4b.). This is particularly true among Hispanics who are more likely to be diagnosed with major depression (11.5% vs. 4.4%), report prolonged depression lasting two or more years (46% vs. 30.9%) and report having a typical day that is “extremely” or “very stressful” (18.1% vs. 12.8%) (Table 2).

5. Access to care. Problems exist with access to dental and health care in South Miami-Dade County. South Miami-Dade adults are less likely (58.5% vs. 65.9%) to have visited a dentist in the past year resulting in an estimated 46,902 adults at risk of dental problems (Figure 5a.) particularly Hispanics (Table 2). While the proportion of South Miami-Dade adults under 65 years who lack health insurance is not significantly lower than that found in the rest of the County (34.2% vs. 27.6%), South Miami-Dade adults are more likely to travel 30 minutes or more for medical care (24.1% vs. 17.4%) affecting an estimated 27,237 adults (Figure 5b.) and twice as likely to have visited the hospital emergency room at least once in the past year (8.6% vs. 4.3%) affecting an estimated 9,719 adults (Table 1). Among demographic subgroups, Hispanics are at greatest risk of experiencing difficulty accessing care (Table 2).

From Healthy People 2010:

Access to quality care is important to eliminate health disparities and increase the quality and years of healthy life for all persons in the United States. Limitations in access to care extend beyond basic causes, such as a shortage of healthcare providers or a lack of facilities. Individuals also may lack a usual source of care or may face other barriers to receiving services, such as financial barriers (having no health insurance or being underinsured), structural barriers (no facilities or healthcare professionals nearby), and personal barriers (sexual orientation, cultural differences, language differences, not knowing what to do, or environmental challenges for people with disabilities).

-Healthy People 2010, 2nd Edition.

6. Tobacco use and substance abuse. More South Miami-Dade adults are current smokers (16.6% vs. 11.5%; an estimated 18,761 adults) and smoke on a daily basis (12.4% vs. 7.2%; an estimated 14,014 adults) (Figure 6a). Additionally, more adults in South Miami-Dade binge drink (12.2% vs. 8.1%) affecting an estimated 13,788 adults. While Hispanics and Whites are at greatest risk for both smoking (Figure 6b) and alcohol use countywide, South Miami-Dade County disparity data shows that Whites and Non-Hispanics are at greatest risk (Table 2).

Smoking is the number one cause of lung cancer. Lung cancer may also be the most tragic cancer because in most cases, it might have been prevented -- 87% of lung cancer cases are caused by smoking.

-American Lung Association

7. Injury and violence. While use of child restraints for 0-4 year olds is high in South Miami-Dade at 100%, other safety indicators are unfavorable. In contrast to 61.1% for the rest of the county, only 45.7% of South Miami-Dade County parents of children aged 5 to 16 report that their child “always” wears a bicycle helmet. Countywide children aged 13 to 16, particularly boys are at greatest risk (Figure 7). Seat belt usage is also low. Only 78.7% of South Miami-Dade adults report that they “always” wear a seat belt while driving compared to

More kids ages 5 to 14 go to the hospital emergency department with injuries related to biking than any other sport. Medical research shows that 85 percent of bicyclists' head injuries can be prevented by use of a bicycle helmet.

85.3% for the remainder of the county with Blacks at greatest risk. Additionally, 87.6% of South Miami-Dade parents with children aged 0 to 17 report that their child “always” uses a seat belt or car seat compared to 93.8% for the rest of Miami-Dade (Table 1).

8. Maternal, infant and child health. Only two-thirds (65.4% vs. 75.0%) of South Miami-Dade parents breastfed their child resulting in an estimated 17,946 parents who did not breastfeed (Figure 8). In addition, more South Miami-Dade County parents did not receive prenatal care while pregnant (12.8 % vs. 7.3%; an estimated 6,639 parents) and did not take vitamins while pregnant (14.8% vs. 8.2%; an estimated 7,676) (Table 1). Blacks are at greatest risk of not receiving prenatal care, not taking prenatal vitamins and not breastfeeding (Table 2).

9. Cancer screening. A lower proportion of women 18 and older (81.6% vs. 89.6%) have had a Pap smear within the past 3 years, particularly among those 65 years and older (Figure 9).

“It is important to emphasize that the biggest gain in reducing cervical cancer incidence and mortality would be achieved by increasing screening rates among women who have not been screened or who have not been screened regularly”
-Mary A. Simmonds, MD, FACP, national volunteer president of the American Cancer Society

10. Childhood asthma. One out of five parents (19.6% vs. 11.6%), nearly twice the proportion in the rest of the county, report that their child (0-17) suffers from asthma (Figure 10) particularly among Non-Hispanics and Blacks (Table 2). Similar to countywide findings, South Miami-Dade boys are more likely than girls to suffer from asthma (27.5% vs. 9.7%).

Asthma is the third leading cause of hospitalization among children under the age of 15. Approximately 38 percent of all asthma hospital discharges in 2004 were in those under 15, however only 21% of the U.S. population was less than 15 years old.
-American Lung Association

Health Disparities in South Miami-Dade

The top 25 health issues with the greatest amount of disparity by race (Black or White) or ethnicity (Hispanic or Non-Hispanic) were identified and categorized into 11 areas. Categories were arranged in order of highest disparity and include (at-risk group in parenthesis): health status (Hispanics and Whites), access to healthcare and dental services (Hispanics and Blacks), substance abuse and tobacco use (Whites and Non-Hispanics), nutrition and overweight (Blacks and Hispanics), physical activity (Blacks and Hispanics), cardiovascular risk factors or behavior (Whites and Non-Hispanics); immunization (Blacks and Hispanics); respiratory disease (Blacks and Non-Hispanics); maternal, infant and child health (Blacks); and skin cancer (Whites). See Table 2 on the following page for data on individual health issues by race and ethnicity and the calculated disparity.

Other Health Issues Affecting Children in South Miami-Dade

Other health issues affecting children although of lower statistical significance include:

i. Nutrition. More South Miami-Dade parents reported that their child had eaten two or more fast food meals in the past week (44.7% vs. 39.1%) and that non-diet soda is the beverage most often consumed (6.9% vs. 3.6%) by their child (LHLL Data Appendix). In addition, less South Miami-Dade parents report that their child takes a daily multi-vitamin (33.6% vs. 41.5%) (Figure 11). South Miami-Dade children aged 13 to 17 are less likely to take a daily multi-vitamin (25.2%) compared to the same group countywide (29.0%).

ii. Access to health and dental care. More South Miami-Dade parents report that there was a time in the past year when they had trouble obtaining medical care for their child (12.4% vs. 10.4%) (Figure 12) especially among parents with children aged 6 to 12 (20.7%).

A majority of South Miami-Dade County parents (71.8% vs. 70.7%) report their child (aged 2 to 17) has been to a dentist or dental clinic in the past year (Figure 13). However, regular dental care is lowest among children aged 0 to 5 (47.4%) compared to 2-5 year olds countywide (50.2%).

Health Issues Affecting Elders in South Miami-Dade

i. Arthritis, Osteoporosis and Sciatica. Comparable to the rest of Miami-Dade County, almost half of South Miami-Dade adults aged 65 years have been diagnosed with arthritis or rheumatoid arthritis (49.8% vs. 48.8%) affecting an estimated 6,570 elders (Figure 14). One in five South Miami-Dade adults aged 65 years and over suffer from osteoporosis (20.3% vs. 18.3%) affecting an estimated 2,678 elders (Figure 15) and nearly one-quarter have been diagnosed with sciatica or chronic back pain (23.7% vs. 27.4%) affecting an estimated 3,615 elders (Figure 16).

ii. Immunization. While a higher proportion of South Miami-Dade adults aged 65 years and older have received an influenza vaccination in the past year (40.9% vs. 38.4%), approximately 7,797 adults aged 65 years and older did not receive an influenza vaccine within the past year (Figure 17). Similarly, while a higher proportion of South Miami-Dade adults aged 65 years and older have received pneumonia vaccination in the past (48.5% vs. 41.9%), an estimated 6,794 adults aged 65 years and older have not been vaccinated (Figure 18).

According to the CDC, African Americans and Hispanics have significantly lower influenza and pneumococcal immunization rates compared to the rest of the population. Influenza vaccination coverage among adults 65 years of age and older is 68 percent for whites, 48 percent for African Americans, and 54 percent for Hispanics. The gap for pneumococcal vaccination coverage among ethnic groups is even wider, with 60 percent for whites, 38 percent for African Americans, and 36 percent for Hispanics. Little is known about the best intervention strategies for these populations.

-Administration on Aging

Translating Research into Action

Having determined the main health issues affecting South Miami-Dade residents, next steps involve implementation of targeted programs tailored to specific populations most affected. The most effective and cost-effective programs are those that 1) have been developed based on sound scientific evidence; 2) are culturally appropriate and grounded in local community values; and 3) have been evaluated to ensure that they effectively produce desired outcomes. A key strategy to improving the community's health will be identifying best practices and successful programs addressing these health issues that have been developed (or adapted) and implemented locally.

This guide presents a sample of promising programs that address leading health issues and health disparities, with an additional focus on children and senior specific issues. It is hoped that broader implementation of effective programs such as those highlighted here will have a positive impact on the health of individuals, as well as the community's health, as measured by the indicators in this report.

TABLE 1. TOP 10 LEADING HEALTH ISSUES IN SOUTH MIAMI-DADE*

	Health Issue	South Miami-Dade	Rest of Miami-Dade	Miami-Dade County	United States	Number Impacted in South Dade	Group (s) at Most Risk
1	Cardiovascular risk behaviors % Exhibit one or more cardiovascular risk factors or behaviors <i>% Cholesterol screening past 5 years</i>	88.3 87.1	83.5 92.7	83.8 92.4	88.5 86.8	99,794 14,579	Whites & Non-Hispanics
2	Physical Activity % Participate in moderate physical activity <i>% Participate in a regular fitness program/ member of a gym</i> <i>% Receive medical advice on exercise in past year</i>	20.0 25.1 39.6	25.7 35.1 46.9	25.4 34.6 46.5	31.8 N/A 42.0	90,414 51,213 68,262	Hispanics and Blacks
3	Overweight and nutrition % Overweight or obese % Obese <i>% Eat 2+ servings of fruit per day</i> <i>% "Always" try to cook healthfully on a regular basis</i>	68.9 29.9 52.5 57.1	63.4 23.2 59.1 67.3	63.7 23.6 58.8 66.7	66.1 23.6 46.5 N/A	77,869 33,792 53,683 48,597	Blacks & Hispanics
4	Mental health and stress levels % Participate in stress relieving activities <i>% Report "fair or poor" mental health</i>	64.7 16.0	76.4 12.5	75.8 12.8	N/A 11.7	39,895 18,083	Women, low income & Hispanics
5	Access to care % Have visited dentist in past year (18+) <i>% Regular site for healthcare is 30+ minutes away</i> <i>% Visited ER more than once in past year</i> <i>% Lack of Health Insurance (aged 18-64)</i>	58.5 24.1 8.6 34.2	65.9 17.4 4.3 27.6	65.5 17.8 4.6 28.0	65.4 N/A 5.9 20.0	46,902 27,237 9,719 34,577	Hispanics & Blacks
6	Tobacco use and substance abuse % Current smoker % Smoke everyday <i>% Binge drink</i>	16.6 12.4 12.2	11.5 7.2 8.1	11.8 7.5 8.3	22.2 15.8 16.3	18,761 14,014 13,788	Whites & Non-Hispanics
7	Injury and violence % Child "always" wears bicycle helmet (aged 5-16) <i>% Child "always" uses seat belt/ car seat (aged 0-17)</i> <i>% "Always" wear seat belt</i>	45.7 87.6 78.7	61.6 93.8 85.3	59.8 93.4 84.9	28.8 81.3 78.3	N/A N/A 24,073	Bicycle helmet – Children 13-16 particularly boys
8	Maternal, infant and child health % Child was breastfed <i>% Received prenatal care while pregnant</i> <i>% Took prenatal vitamins while pregnant</i>	65.4 87.2 85.2	75.0 92.7 91.8	74.3 92.3 91.3	N/A N/A N/A	17,946 6639 7676	Blacks
9	Cancer screening % Pap smear in past 3 years (women)	81.6	89.6	89.2	79.2	N/A	Women 65+
10	Childhood asthma % Child has asthma	19.6	11.6	12.2	11.1	N/A	Blacks, Non-Hispanics & boys

* Note: The first indicator listed (in bold) denotes the lead indicator. Statistical significance when compared to the rest of Miami-Dade County is indicated as a level of confidence at ≥95%. Other data listed are provided as supplemental information to enrich understanding of leading health issues. See Appendix for complete summary of survey findings.

TABLE 2. HEALTH DISPARITIES IN SOUTH MIAMI-DADE

	Health Issues	South Miami-Dade County					Miami-Dade County			
		White*	Black*	Disparity (White vs. Black)	Non-Hispanic	Hispanic	Disparity (Non-Hispanic vs. Hispanic)	Disparity (White vs. Black)	Disparity (Non-Hispanic vs. Hispanic)	Countywide average
1	Health status (4)									
	% Prolonged depression (2+ years)	34.4	31.6	-2.8	30.9	46.0	+15.1	-1.3	+21.1	35.5
	% “Fair/Poor” mental health	12.5	9.5	-3.0	8.6	23.1	+14.5	+1.5	+6.6	12.8
	% Major depression	9.2	2.6	-6.6	4.4	11.5	+7.1	-0.4	+1.4	10.4
	% “Fair/Poor” physical health	19.5	17.9	-1.6	13.5	32.4	+18.9	-2.6	+7.6	20.0
2	Access to healthcare and dental services (3)									
	% Lack health insurance	22.6	34.3	+11.7	25.1	42.4	+17.3	+1.6	+10.1	28.0
	% Difficulty accessing healthcare in past year	30.8	34.8	+4.0	32.6	44.5	+11.9	+8.6	+8.8	36.8
	% Have a specific source of ongoing care	73.1	67.1	-6.0	72.1	64.7	-7.4	-3.5	-0.9	69.1
	% Have visited dentist in past year (18+)	64.7	66.4	+1.7	63.0	53.9	-9.1	-18.6	+1.1	65.5
3	Substance abuse & tobacco use (2)									
	% Current drinker	53.2	28.7	-24.5	43.8	37.6	-6.2	-28.5	+0.4	51.2
	% Current smoker	19.4	12.9	-6.6	18.6	14.7	-3.9	-6.8	+4.2	11.8
4	Nutrition & overweight									
	% Overweight	63.7	68.7	+5.0	64.0	74.7	+10.7	+9.6	+7.5	63.7
	% Eat 5+ servings of fruit or vegetable per day	40.8	31.5	-9.3	37.4	27.3	-10.1	+2.3	-9.8	36.8
	% Obese	27.2	34.7	+7.5	28.0	31.9	+3.9	+6.7	+4.0	23.6
5	Physical activity (2)									
	% Meeting physical activity recommendations	41.7	28.4	-13.3	36.7	32.3	-4.4	-5.5	-13.6	39.6
	% No leisure time physical activity	34.4	37.4	+3.0	33.3	45.9	+12.6	+6.1	+13.3	33.9
6	Cardiovascular risk factor (3)									
	% Told have high cholesterol	36.8	31.4	-5.4	35.8	27.4	-8.4	-17.7	-2.5	32.1
	% Told have high blood pressure	31.7	35.0	+3.3	32.7	24.9	-7.8	-0.1	-3.9	32.7
	% Cholesterol checked in past 5 years	90.9	87.6	-3.3	89.8	84.4	-5.4	+1.7	-1.3	92.4
7	Immunization									
	% Flu shot in past year (Aged 65+)	49.3	37.1	-12.2	47.3	30.5	-16.8	-13.8	+3.7	38.5
8	Injury and violence (2)									
	% “Always” wear seat belt	86.1	76.8	-9.3	78.3	78.9	+0.6	-3.5	+0.2	84.9
	% Received traffic ticket for speeding in the past year	4.6	1.6	-3.0	2.4	8.9	+6.5	+3.3	+0.5	7.4
9	Respiratory disease (2)									
	% Child has asthma	14.1	23.1	+9.0	22.7	17.6	-5.1	+15	-6.0	12.2
	% Chronic lung disease	7.5	5.7	-1.8	8.0	2.3	-5.7	+1.2	-2.2	6.6
10	Maternal, infant and child health									
	% Took prenatal vitamins while pregnant	93.9	83.6	-10.3	85.2	85.2	0.0	-2.6	+5.0	91.3
11	Cancer									
	% Skin cancer	9.8	0.0	-9.8	5.8	1.4	-4.4	-4.5	-2.6	2.9

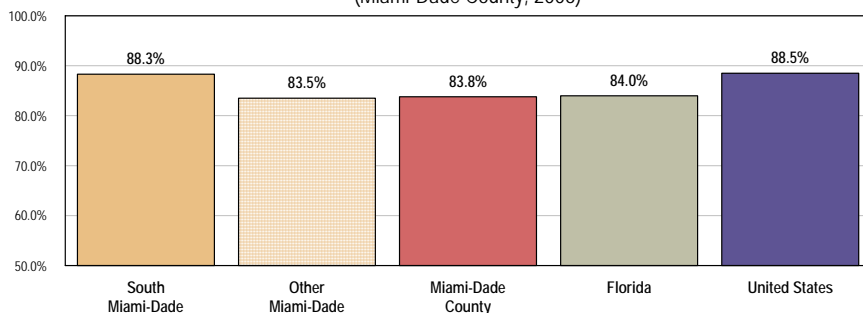
Out of 42 health issues analyzed for existing disparities, 25 were identified as having the greatest disparity, defined as greater than or equal to 5 points (in bold); Leading health disparity indicators were then grouped into 11 categories and ranked based on weight of the total disparity under each category. Groups that performed unfavorably are highlighted in red; those that performed favorably are in green.

Top 10 Leading Health Issues in South Miami-Dade

Cardiovascular risk factors

Figure 1a.

Present One or More Cardiovascular Risk Factors or Behaviors
(Miami-Dade County, 2006)



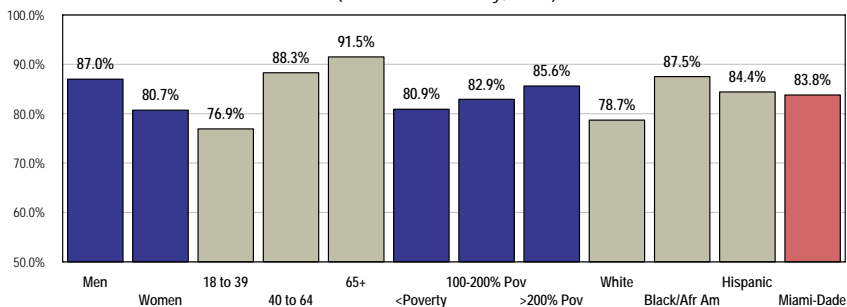
South Miami-Dade adults are more likely than adults in the rest of the County to exhibit one or more cardiovascular risk factors or behaviors.

Source: • 2006 PRC Community Health Survey, Professional Research Consultants. © PRC 2006 [Item 139]
 • 2005 PRC National Health Survey, Professional Research Consultants. © PRC 2005 [Item 180]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2005 Florida data.
 Note: • Includes respondents reporting any of the following: overweight, cigarette smoking, high blood pressure, high cholesterol, or physical inactivity.

Figure 1b.

Present One or More Cardiovascular Risk Factors or Behaviors
(Miami-Dade County, 2006)

Countywide, persons 65 years and older, low income groups, men, Blacks and Hispanics are at greatest risk.

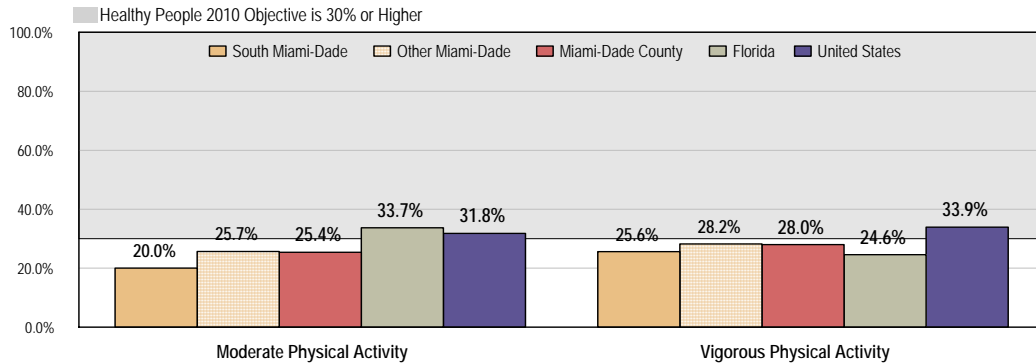


Source: • 2006 PRC Community Health Survey, Professional Research Consultants. © PRC 2006 [Item 139]
 Note: • Includes respondents reporting any of the following: overweight, cigarette smoking, high blood pressure, high cholesterol, or physical inactivity.
 • *White* and *Black/Afr Am* reflect non-Hispanic race categorizations; *Hispanic* can be of any race.

Physical activity

Figure 2a.

Moderate and Vigorous Physical Activity (Miami-Dade County, 2006)



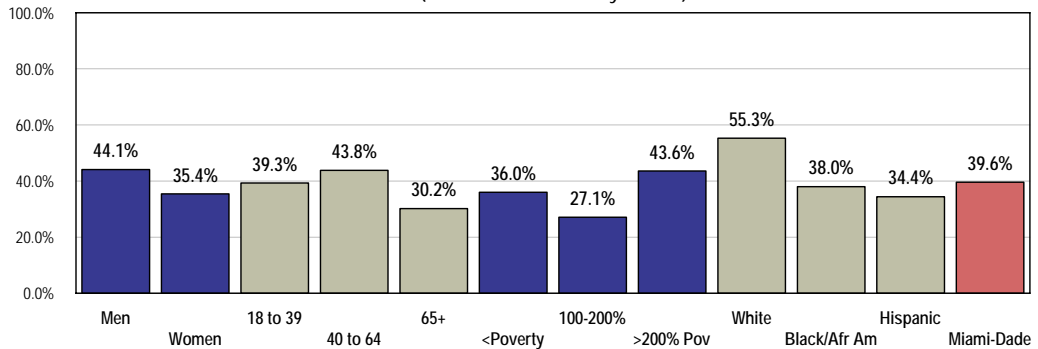
Sources: • 2006 PRC Community Health Survey, Professional Research Consultants. © PRC 2006 [Items 149-150]
 • 2005 PRC National Health Survey, Professional Research Consultants. © PRC 2005 [Items 190-191]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2005 Florida data.
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 22-2]

Notes: • Asked of all respondents.
 • In this case the term "moderate physical activity" refers to exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate at least 5 times a week for 30 minutes at a time, while "vigorous physical activity" includes activities that cause heavy sweating or large increases in breathing or heart rate at least 3 times a week for 20 minutes at a time.

South Miami-Dade County adults are less likely to participate in moderate physical activity compared to adults in the rest of the county. They are also less likely to participate in a regular fitness program or belong to a gym and to have received medical advice on exercise in the past year.

Figure 2b.

Meets Physical Activity Recommendations (Miami-Dade County, 2006)



Sources: • 2006 PRC Community Health Survey, Professional Research Consultants. © PRC 2006 [Item 151]

Notes: • Asked of all respondents.
 • In this case the term "meets physical activity recommendations" refers to participation in moderate physical activity (exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate) at least 5 times a week for 30 minutes at a time, and/or vigorous physical activity (activities that cause heavy sweating or large increases in breathing or heart rate) at least 3 times a week for 20 minutes at a time.
 • "White" and "Black/Afr Am" reflect non-Hispanic race categorizations; "Hispanic" can be of any race.

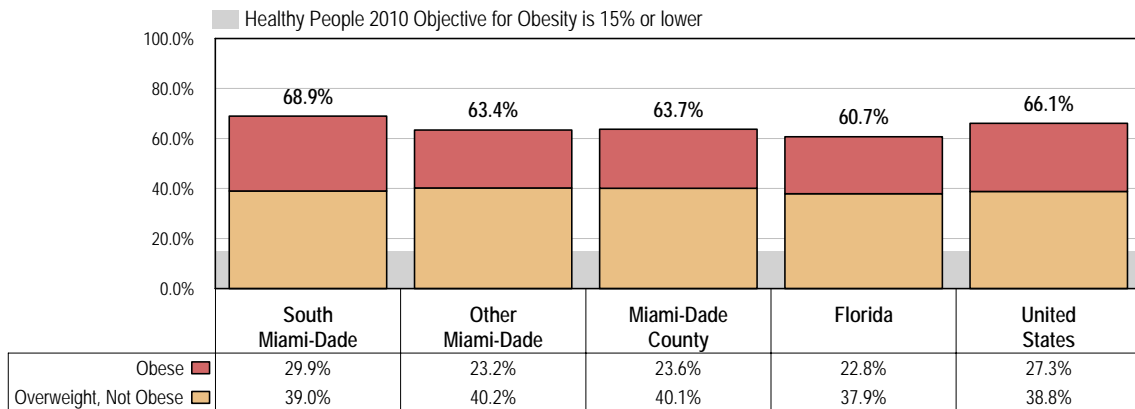
Countywide, Women, Blacks, Hispanics, persons aged 65 and older and low income groups are less likely to meet recommended levels of physical activity*.

*includes moderate intensity physical activities for at least 30 minutes on 5 or more days of the week; or vigorous intensity physical activity 3 or more days per week for 20 or more minutes per occasion.

Overweight and nutrition

Figure 3a.

Prevalence of Overweight (Miami-Dade County, 2006)



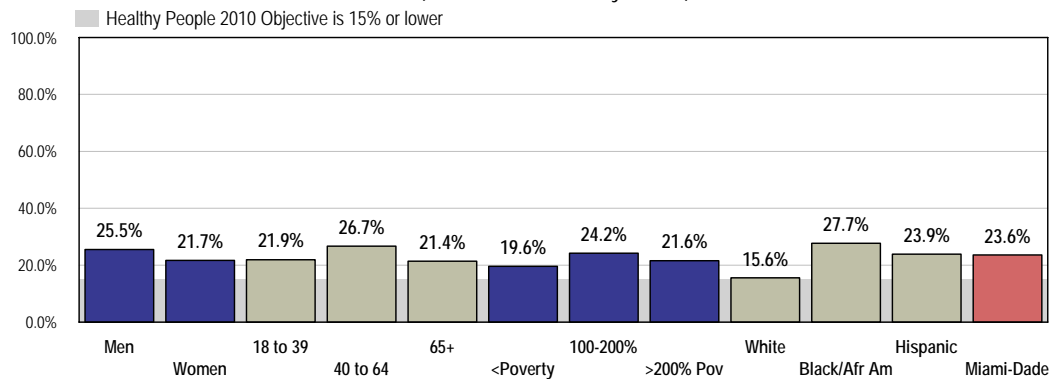
Sources: • 2006 PRC Community Health Surveys, Professional Research Consultants. © PRC 2006 [Item 144]
 • 2005 PRC National Health Survey, Professional Research Consultants. © PRC 2005 [Item 185]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2005 Florida data.
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 19-2]

Notes: • Based on self-reported height and weight, asked of all respondents.
 • The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

South Miami-Dade County adults are more likely to be overweight or obese compared to the rest of the county with significantly more adults being obese. Additionally, they also exhibit a few unfavorable nutritional habits (e.g., eat less than five or more servings of fruit/vegetables per day and cook less healthfully on a regular basis).

Figure 3b.

Prevalence of Obesity (Miami-Dade County, 2006)



Sources: • 2006 PRC Community Health Survey, Professional Research Consultants. © PRC 2006 [Item 144]
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 19-2]

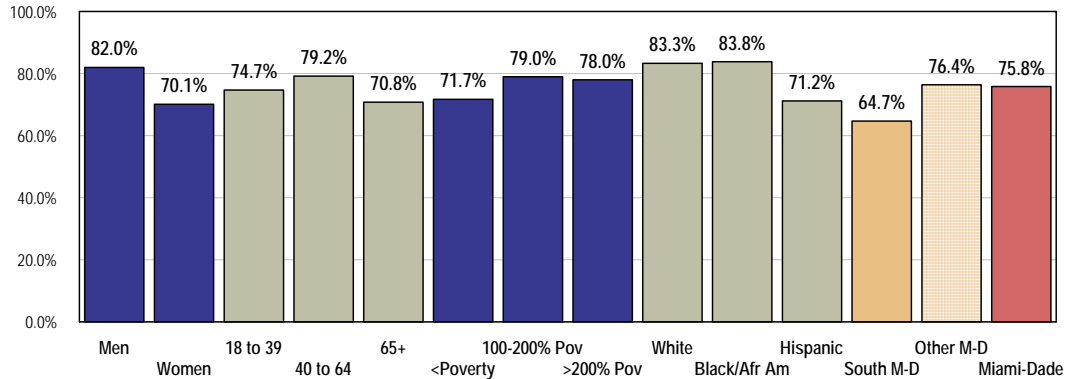
Notes: • Based on self-reported height and weight, asked of all respondents.
 • The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0.
 • "White" and "Black/Afr Am" reflect non-Hispanic race categorizations: "Hispanic" can be of any race.

Countywide, men, Blacks and Hispanics, aged 40-64 are at greatest risk.

Mental health and stress levels

Figure 4a.

Participate in Healthy Activities (Hobbies, Meditation, Exercise) to Relieve Stress (Miami-Dade County, 2006)

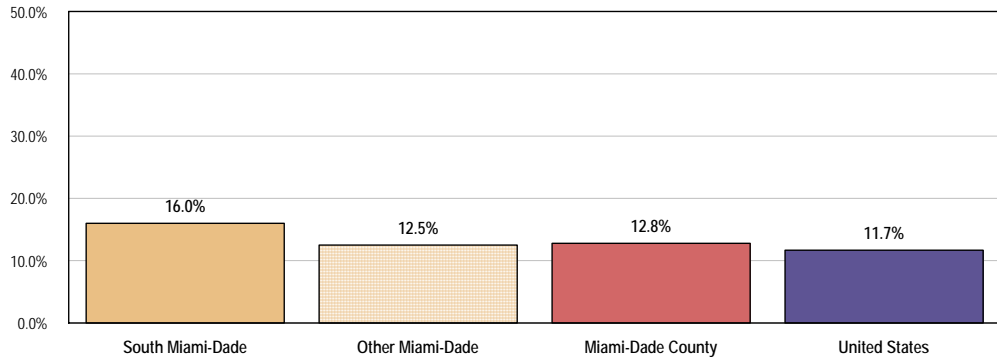


Source: • 2006 PRC Community Health Survey, Professional Research Consultants. © PRC 2006 [Item 102]
 Note: • Asked of all respondents.
 • "White" and "Black/Afr Am" reflect non-Hispanic race categorizations; "Hispanic" can be of any race.

Less South Miami-Dade adults participate in healthy activities such as hobbies, meditation or exercise on a regular basis to alleviate stress compared to the rest of the County. Women, person 65 years and older, low income groups & Hispanics are at greatest risk.

Figure 4b.

Experience "Fair" or "Poor" Mental/Emotional Health (Miami-Dade County, 2006)

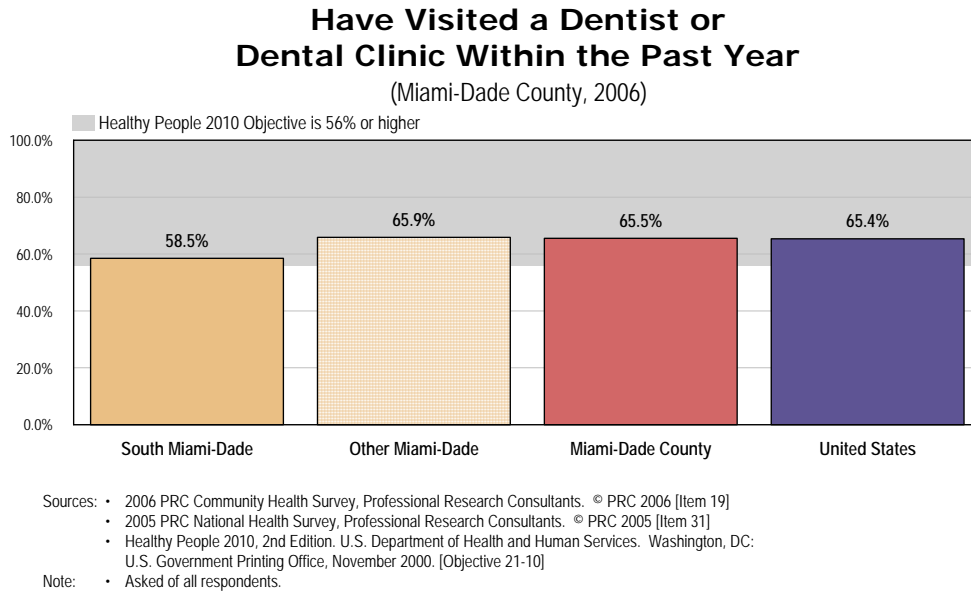


Source: • 2006 PRC Community Health Survey, Professional Research Consultants. © PRC 2006 [Item 99]
 • 2005 PRC National Health Survey, Professional Research Consultants. © PRC 2005 [Item 141]
 Note: • Asked of all respondents.
 • Percentages represent combined "fair" and "poor" responses.

Additionally, more South Miami-Dade adults report "fair or poor" mental health status compared to the rest of the County.

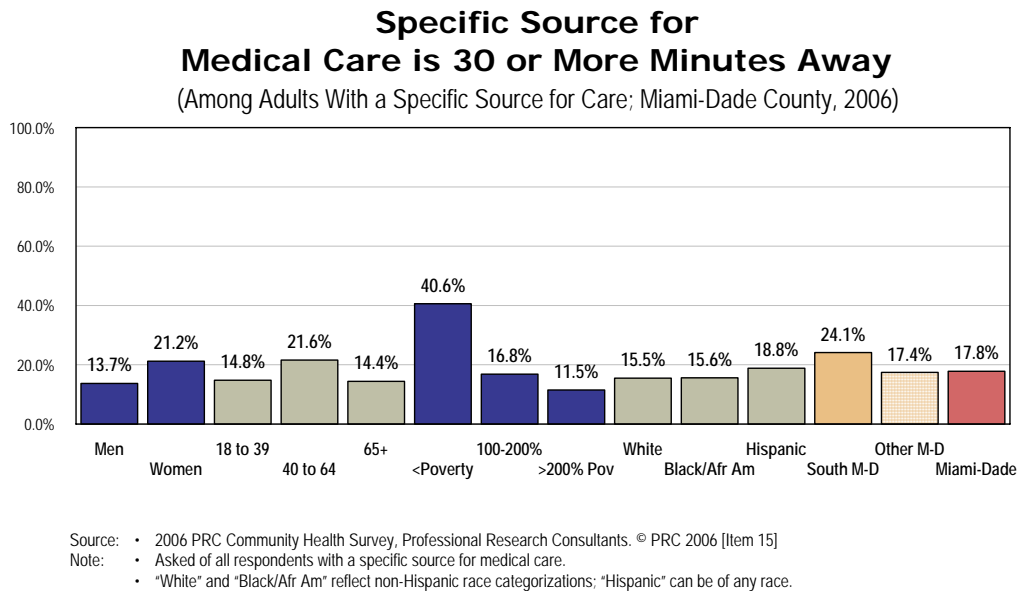
Access to care

Figure 5a.



South Miami-Dade adults are less likely to have visited a dentist or dental clinic in the past year (58.5% vs. 65.9%).

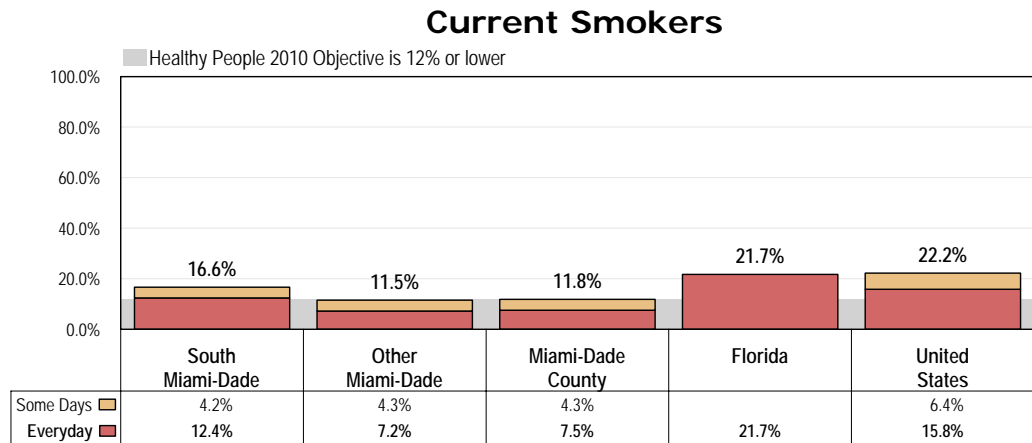
Figure 5b.



South Miami-Dade residents are more likely to travel 30 minutes or more for medical care (24.1% vs. 17.4%). They are also twice as likely to have visited the hospital emergency room at least once in the past year (8.6% vs. 4.3%).

Tobacco use and substance abuse

Figure 6a.



Sources: • 2006 PRC Community Health Survey, Professional Research Consultants. © PRC 2006 [Item 155]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2005 Florida data.
 • 2005 PRC National Health Survey, Professional Research Consultants. © PRC 2005 [Item 196]
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 27-1a]

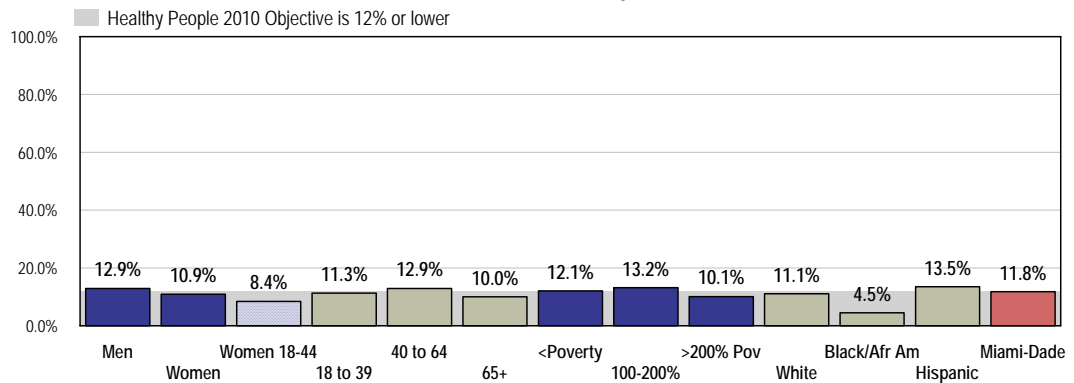
Notes: • Asked of all respondents.
 • Includes regular and occasional smokers (everyday and some days).
 • The Florida percentage does not differentiate between "regular" and "occasional" smokers but reflects those who are "current smokers."

In comparison to the rest of the County, a higher proportion of South Miami-Dade adults are current smokers and most smoke everyday. Additionally, more South Miami-Dade adults binge drink when compared to adults in the rest of Miami-Dade County.

Figure 6b.

Current Smokers

(Miami-Dade County, 2006)



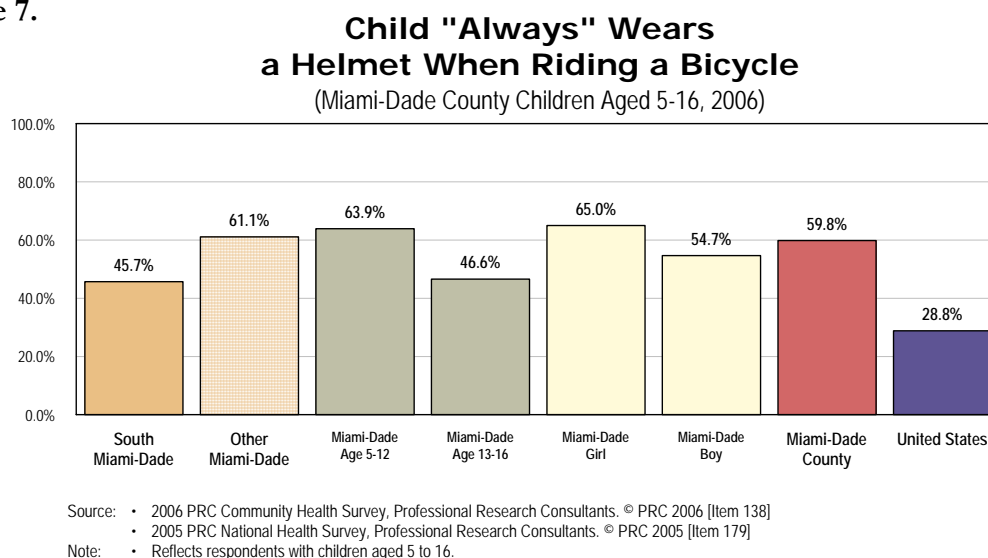
Sources: • 2006 PRC Community Health Survey, Professional Research Consultants. © PRC 2006 [Items 155, 156]
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 27-1a]

Notes: • Asked of all respondents.
 • Includes those who smoke everyday or on some days.
 • "White" and "Black/Afr Am" reflect non-Hispanic race categorizations; "Hispanic" can be of any race.

Countywide, men, Whites and Hispanics are at most risk.

Injury and violence

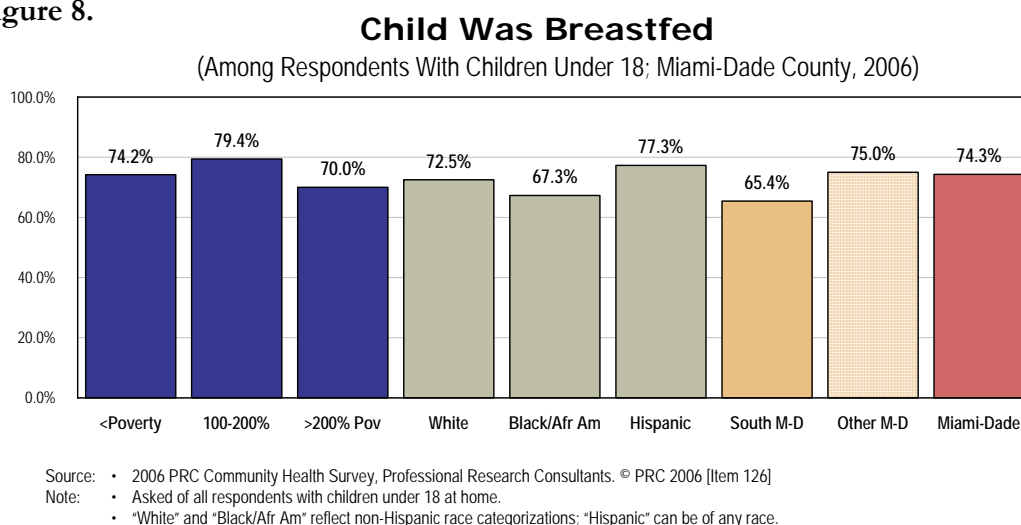
Figure 7.



South Miami-Dade County parents of children aged 5-16 are less likely than parents in the rest of the County to report that their child “always” wears a bicycle helmet. Countywide children aged 13-16 particularly boys are at most risk. In addition, South Miami-Dade County adults are less likely to use a seat belt while driving than adults in the remainder of Miami-Dade County. Findings are similar in South Miami-Dade children.

Maternal, infant and child health

Figure 8.



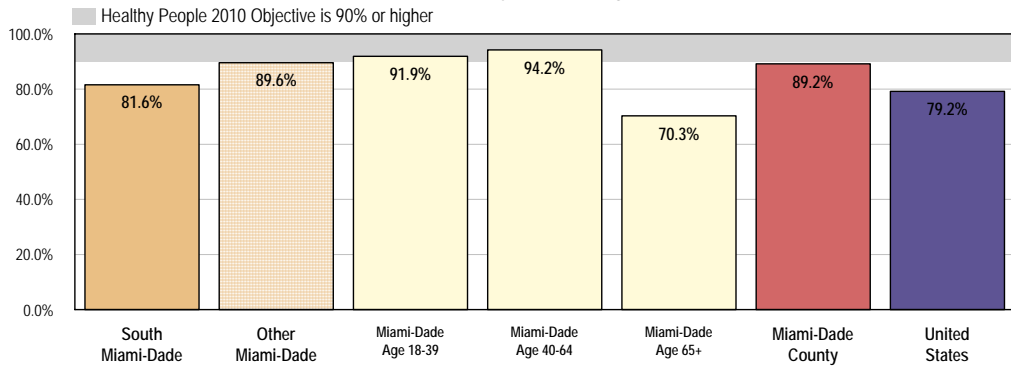
In comparison to the rest of the county, South Miami-Dade County parents with children under 18 years are less likely to have breastfed their child, especially among Blacks. They are also less likely to have received prenatal care or to have taken prenatal vitamins.

Cancer screening

Figure 9.

Have Had a Pap Smear Within the Past Three Years

(Miami-Dade County Women Aged 18+, 2006)



Source: • 2006 PRC Community Health Survey, Professional Research Consultants. © PRC 2006 [Item 73]
 • 2005 PRC National Health Survey, Professional Research Consultants. © PRC 2005 [Item 117]
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 3-11]
 Note: • Asked of all female respondents.

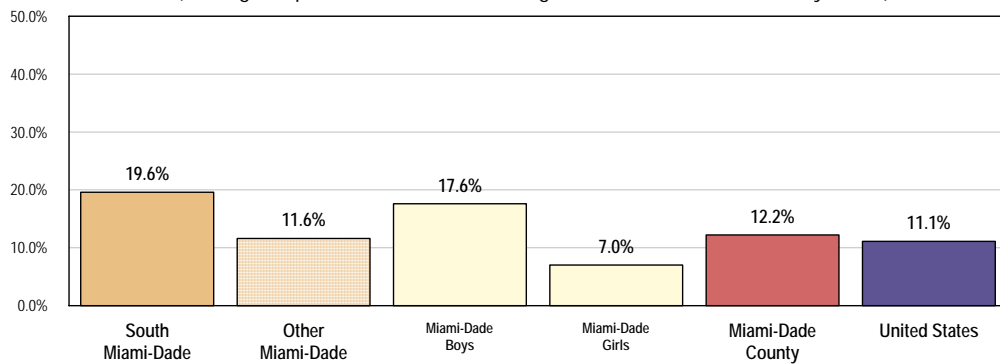
In comparison to the rest of the county, South Miami-Dade women over 18 years are less likely to have had a pap smear within the past three years. Countywide, women 65 years and older are at most risk.

Childhood asthma

Figure 10.

Child Has Asthma

(Among Respondents With Children Aged 0-17; Miami-Dade County, 2006)



Source: • 2006 PRC Community Health Survey, Professional Research Consultants. © PRC 2006 [Item 131]
 • 2005 PRC National Health Survey, Professional Research Consultants. © PRC 2005 [Item 173]
 Note: • Asked of respondents with children aged 0-17.

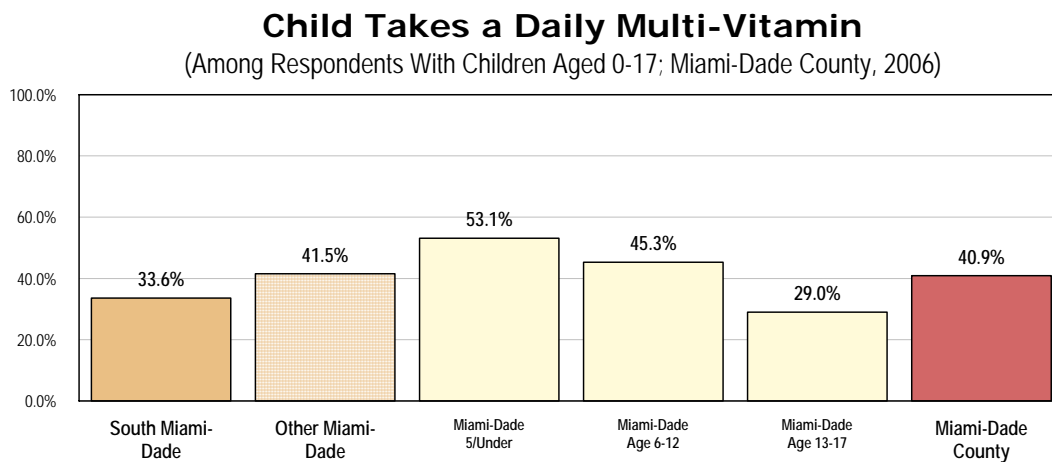
One out of five South Miami-Dade County parents of children 0-17 years report that their child suffers from asthma. Countywide, boys are 2.5 times more likely to suffer from asthma than girls.



Health Issues Affecting Children in South Miami-Dade

Daily multi-vitamin intake

Figure 11.



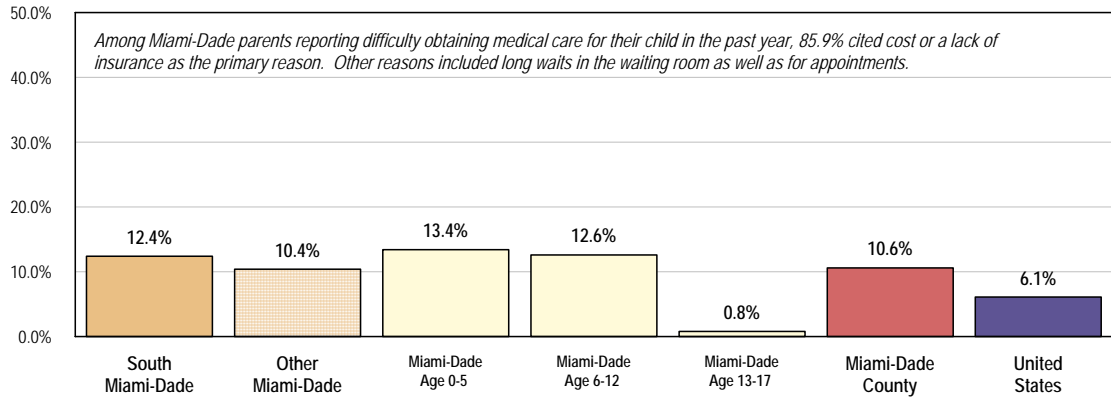
Source: • 2006 PRC Community Health Surveys, Professional Research Consultants. © PRC 2006 [Item 133]
Note: • Asked of all respondents with children under 18 at home.

South Miami-Dade parents with children aged 0-17 are less likely to report that their child takes a multivitamin on a daily basis. Countywide, parents with children 13-17 are less likely to report child daily multivitamin intake.

Trouble obtaining medical care for child

Figure 12.

Have Had Trouble Obtaining Medical Care for Child in the Past Year (Miami-Dade County, 2006)



Source: • 2006 PRC Community Health Survey, Professional Research Consultants. © PRC 2006 [Items 127, 128]
 • 2005 PRC National Health Survey, Professional Research Consultants. © PRC 2005 [Items 169, 170]
 Note: • Asked of respondents with children under the age of 18.

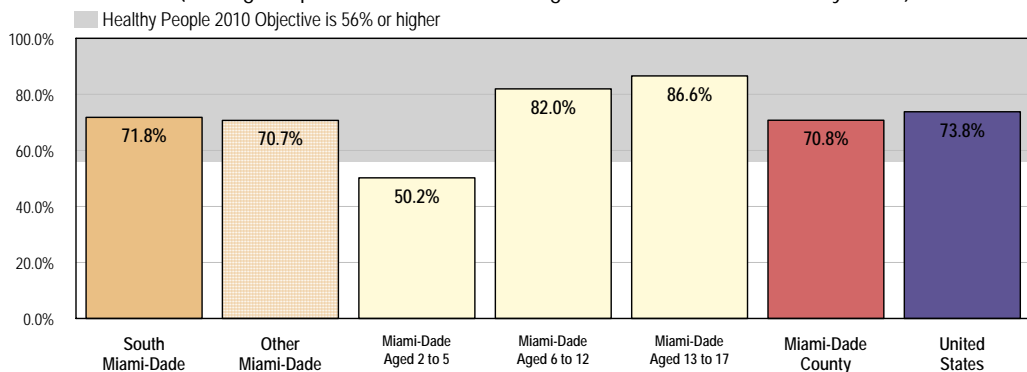
South Miami-Dade parents are more likely than parents in the rest of Miami-Dade County to have trouble obtaining medical care for their child in the past year. Countywide, children aged 0 to 12 are at greatest risk.

Dental visits

Figure 13.

Child Has Visited a Dentist or Dental Clinic Within the Past Year

(Among Respondents With Children Aged 2-17; Miami-Dade County, 2006)



Source: • 2006 PRC Community Health Survey, Professional Research Consultants. © PRC 2006 [Item 130]
 • 2005 PRC National Health Survey, Professional Research Consultants. © PRC 2005 [Item 172]
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 21-10]
 Note: • Asked of respondents with children aged 2 to 17.

Nearly three-quarters of South Miami-Dade parents report that their child visited a dentist or dental clinic within the past year. Similar findings were reported among parents in the remainder of Miami-Dade County.

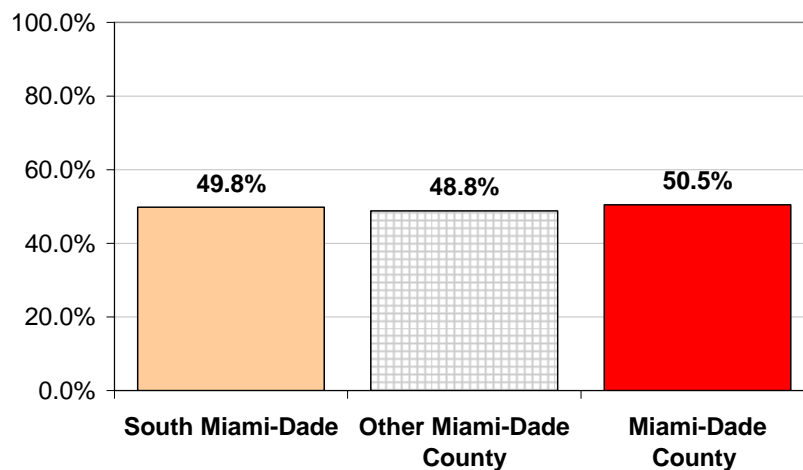


Health Issues Affecting Elders in South Miami-Dade

Arthritis or rheumatism prevalence

Figure 14.

Self-Reported Prevalence of Arthritis or Rheumatism
(Among adults 65+, 2006)

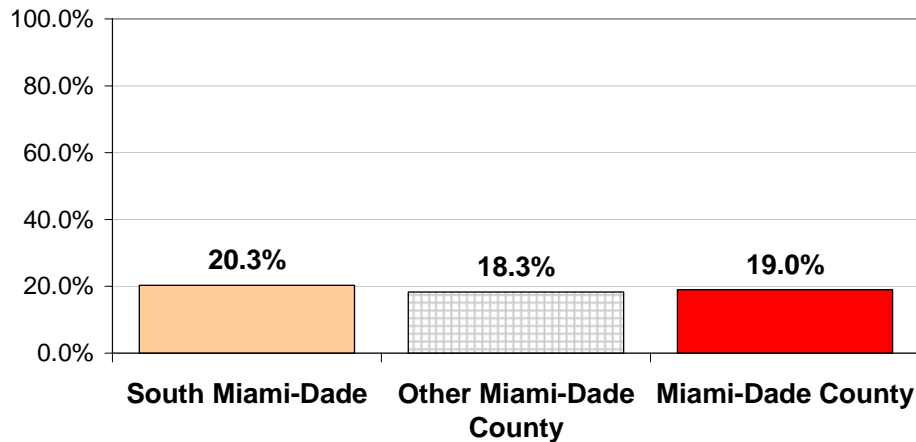


Almost half of South Miami-Dade County adults 65 years and older suffers from arthritis or rheumatism. Prevalence of arthritis or rheumatism among elders in the remainder of Miami-Dade is estimated at 48.8%.

Osteoporosis prevalence

Figure 15.

Self-Reported Prevalence of Osteoporosis
(Among adults 65+, 2006)

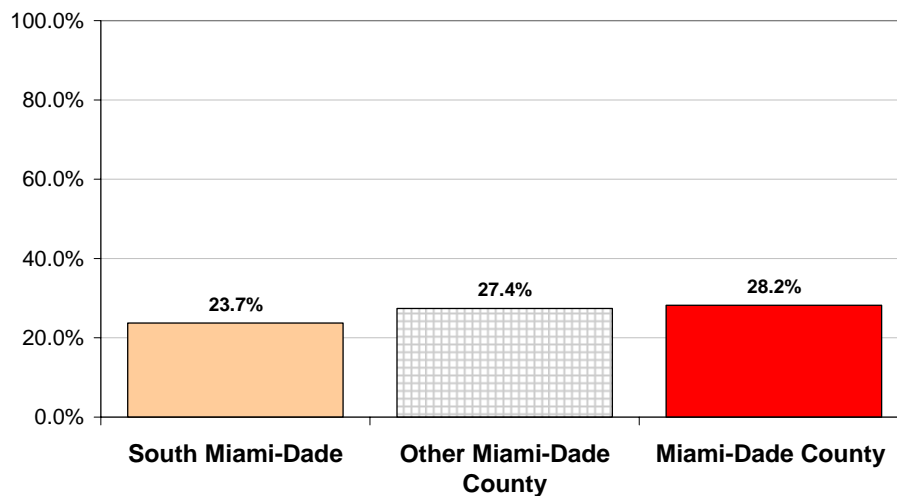


One in five adults aged 65 years and older in South Miami-Dade suffers from osteoporosis compared to 18.3% in the rest of Miami-Dade.

Sciatica & chronic back pain

Figure 16.

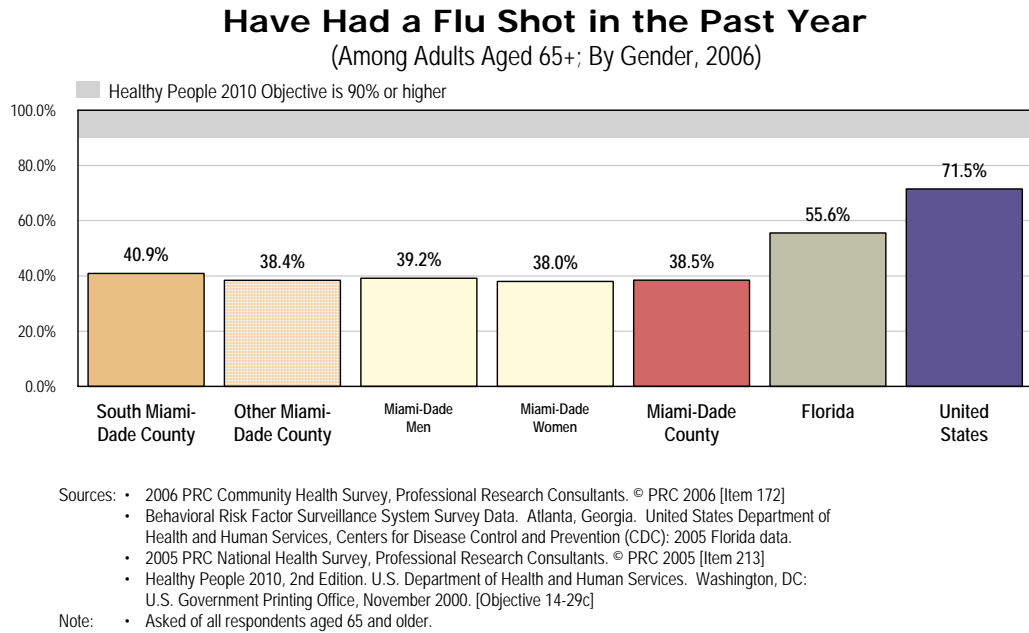
Self-Reported Prevalence of Sciatica/Chronic Back Pain
(Among adults 65+, 2006)



Nearly one-quarter of adults 65 years and older in South Miami-Dade suffers from sciatica or chronic back pain compared to 27.4% in the rest of Miami-Dade County.

Influenza vaccination

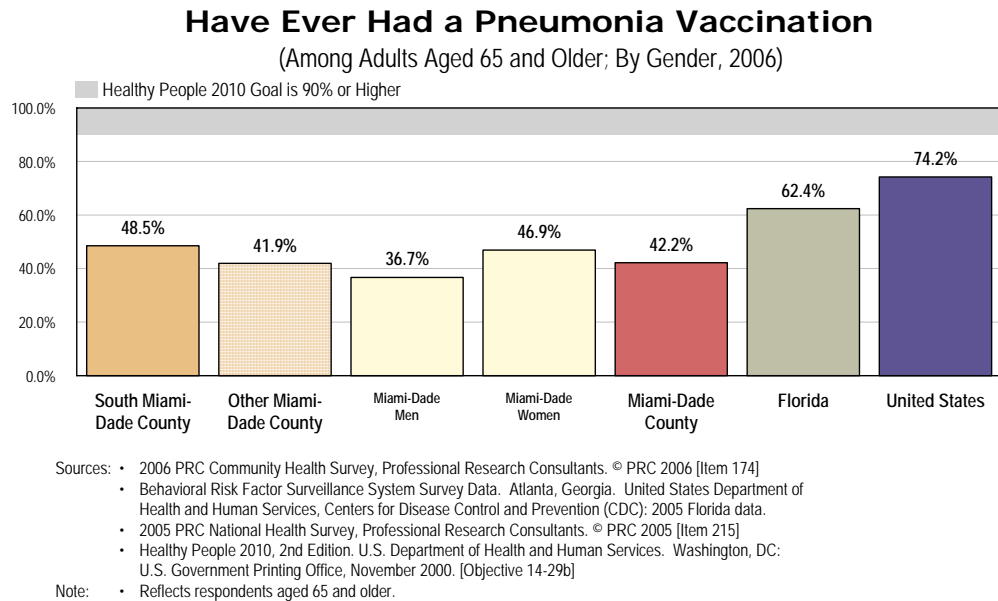
Figure 17.



A slightly higher percentage (40.9%) of adults aged 65 years and older in South Miami-Dade have received an influenza vaccination in the past year compared to elders in the rest of Miami-Dade (38.4%).

Pneumonia vaccination

Figure 18.



Nearly half of South Miami-Dade adults aged 65 years and older have received a pneumonia vaccination compared to 41.9% of elders in the remainder of Miami-Dade.



Promising Programs that Address Leading Health Issues in South Miami-Dade: *Taking a Targeted Approach to Community Health Improvement*

Leading South Miami-Dade Health Issue #1: Cardiovascular risk factors

Cardiovascular Disease Risk Screening and Education Program Metropolitan Region I Office of Public Health, LA

The program's focus is to identify and provide early intervention for those with or at risk for untreated or uncontrolled hypertension; screen and identify those at risk for cardiovascular and renal disease; educate those found at risk for CVD; provide early chronic disease intervention; and facilitate access for long term chronic disease care with partner sites. Health department clients are screened for cardiovascular disease risk factors and classified into one of 5 levels: Level 1 normal, Level 2 pre-hypertension, Level 3 hypertension stage 1, Level 4 hypertension stage 2, and Level 5 diabetics and chronic renal disease. Follow-up activities specific to each classification level are then implemented.

Additional information available at:

National Association of County and City Health Officials (NACCHO)
<http://archive.naccho.org/ModelPractices/Result.asp?PracticeID=154>

The Palmetto Health District: Promoting Healthy Congregations Project South Carolina Health Program

The program's goal is to create heart-healthy policies and environmental supports in African American communities through heart-healthy policy and environmental supports in faith-based congregations. The project provides funding and training that encourages faith-based organizations to take action in the following ways: 1) develop a map to identify strengths, assets, and resources in the community; 2) create a community-wide media campaign (e.g., use of print and broadcast channels) to increase awareness of high blood pressure and signs and symptoms of heart disease and stroke; and 3) implement cardiovascular health interventions to promote policy and environmental changes to help make faith-based institutions more heart-healthy.

Additional information available at:

Centers for Disease Control and Prevention (CDC), *State Programs in Action. Exemplary Work to Prevent Chronic Disease and Promote Health*
http://ftp.cdc.gov/pub/Publications/State_Examples.pdf

**The Coach Approach™ and Youth Fit For Life™
YMCA of Metropolitan Atlanta**

Through its active applied research program, Metropolitan Atlanta YMCA offers a comprehensive array of evidence-based health and wellness programs. The Coach Approach™ is a health behavior change protocol for adults using exercise leaders (i.e., "wellness coaches") to build the behavioral and cognitive skills required to maintain a regular physical activity program. Several other programs utilizing this model have been developed to address weight loss, worksite wellness, and improving mental health through physical activity. Youth Fit For Life™ is an after-school care-based physical activity, nutrition, and health behavior change program for 5- to 12-year-olds. After-school counselors provide cardiovascular and strength training activities, along with interactive behavioral skills training.

Additional information available at:

YMCA of Metropolitan Atlanta

<http://www.ymcaatlanta.org/Membership/default.asp?id=1099>

Youth Fit For Life™

<http://www.osdfsnationalconference.org/Presentations/JamesAnnesiPEP03.pdf>

**Community Healthy Activities Model Program for Seniors (CHAMPS)
Institute for Health and Aging, University of California, San Francisco**

CHAMPS is an evidence-based, choice-based physical activity promotion program designed to increase the lifetime physical activity levels of seniors. The program utilizes a public-health approach, targeting community-dwelling sedentary and underactive adults aged 65 and older with a broad range of health problems. Using client-centered motivational strategies and cognitive behavioral techniques, the program empowers participants to make their own decisions regarding how and when to become more active. CHAMPS I was implemented among seniors in low-income housing facilities. CHAMPS II was implemented in a large multi-specialty group practice with members of a Medicare HMO. Manuals describe the programs in detail, including technical assistance available and lessons learned. The CHAMPS III manual, currently under development, describes the program as adapted for use with minority (primarily Latino and African American) seniors; components include Seniors In Motion for Health, Siempre Activo/Always Active and Aging with Energy.

Additional information available at:

CHAMPS I

<http://www.ucsf.edu/champs/research/one/>

CHAMPS II

<http://www.ucsf.edu/champs/research/two/>

CHAMPS III

<http://www.ucsf.edu/champs/research/three/>

Leading South Miami-Dade Health Issue #2: Physical activity (continued)

Active Living by Design

Robert Wood Johnson Foundation/School of Public Health, University of North Carolina

Active Living by Design is funding 25 community partnerships across the country to demonstrate how changing community design will impact physical activity. Active living is a way of life that integrates physical activity into daily routines, with the goal of accumulating at least 30 minutes of activity each day. Individuals can achieve this, for example, by walking or bicycling for transportation, exercise or pleasure; playing in the park; working in the yard; taking the stairs; and using recreation facilities. The program seeks to establish innovative approaches to increase physical activity through community design, public policies and communications strategies. One Active Living by Design partnership, located in Orlando, Florida, is seeking to establish and brand downtown Orlando and its adjacent neighborhoods as an “Active Living District.” Program activities include a local environmental assessment of “walkability” and “bikeability” and a social marketing campaign.

Additional information available at:

Active Living by Design

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

Get Active Orlando: Community Partnership

http://www.activelivingbydesign.org/cgi-bin/albd.org/view_services.cgi?request=show_public_home&dept_id=117

Leading South Miami-Dade Health Issue #3: Overweight and nutrition

Expanded Food and Nutrition Education Program (EFNEP)

University of Florida's Institute of Food and Agricultural Sciences (UF/IFAS)

The objectives of EFNEP are to help low-income families, especially those with young children, to acquire the knowledge, skills, attitudes, and changed behaviors necessary for nutritionally sound diets, and to contribute to their personal development and the improvement of total family diet and nutritional welfare. Miami-Dade County is home of the state's largest program, with three distinct units: one, whose primary audience is Hispanic and Black/African American, with a strong emphasis on Haitians; another, whose primary audience is Hispanic; and a third targets youth in schools, after school programs, and 4-H clubs (for rural youth).

Additional information available at:

Miami-Dade County EFNEP

<http://efnep.ifas.ufl.edu/units/Dade.html>

Farmers' Market Nutrition Programs

Florida Department of Agriculture

In cooperation with the Florida Department of Health, the Farmers' Market Nutrition Program (FMNP) provides participants in the Women, Infants, and Children (WIC) program with coupons that can be used to purchase locally grown, fresh Florida fruits and vegetables from authorized farmers' markets from April 1 to July 31. A similar program, in cooperation with the Florida Department of Elder Affairs, provides coupons to elders.

Additional information available at:

WIC/FMNP

http://www.florida-agriculture.com/pubs/pubform/pdf/WIC_FMNP_Brochure.pdf

Elder FMNP

http://www.florida-agriculture.com/pubs/pubform/pdf/Elder_Farmers_Market_Nutrition_Brochure.pdf

Leading South Miami-Dade Health Issue #3: Overweight and nutrition (continued)

Healthy Hispanic Food Resource Kit

The Healthy Hispanic Foods Resource Kit is designed for dietitians, health educators, nurses and other health professionals who routinely conduct nutrition education classes for Hispanics with or at risk for diabetes. The Florida Department of Health created this free set of resources to make it easier for Hispanic families to make healthier food selections and to cook traditional foods in a healthier way. Instructors can use these materials to conduct healthy eating and cooking demonstrations or how-to sessions on reading food labels.

Additional information available at:

Florida Department of Health

<http://www.doh.state.fl.us/Family/DCP/hispanic/index.html>

Leading South Miami-Dade Health Issue #4: Mental health and stress levels

Mindfulness-Based Stress Reduction Program

Center for Mindfulness in Medicine, Health Care, and Society, University of Massachusetts Medical School

Mindfulness-Based Stress Reduction (MBSR) is an eight-week program that introduces participants to mindfulness practice in the form of sitting meditation, stretching, body awareness, and mindful movement. Originally developed in 1979 at the University of Massachusetts Stress Reduction Clinic by Jon Kabat-Zinn, PhD., there are now more than 250 MBSR programs nationwide (including several in the Miami-Dade area). Medical research has shown that MBSR is effective for the physical and emotional symptoms of general stress, as well as stress due to illness, such as cancer, depression, anxiety disorders, fibromyalgia, psoriasis, chronic pain, etc. Clinical benefit has also been seen in a wide range of other cardiovascular, gastrointestinal, and psychological conditions.

Additional information available at:

Center for Mindfulness in Medicine, Health Care, and Society (CFM)

<http://www.umassmed.edu/cfm/index.aspx>

Brochure

<http://www.umassmed.edu/uploadedfiles/srpbrochure.pdf>

Coping with Work and Family Stress

Yale University

Coping with Work and Family Stress is a 16-session weekly workplace intervention utilized in the Yale Work and Family Stress Program. The program is based on a tripartite conceptual model of adaptive coping behavior: attacking the problem, rethinking the problem, and managing the stress. Employees are taught methods that can potentially eliminate or modify sources of stress, techniques that help to modify cognitive and appraisal processes that lead to or exacerbate stress and stress management skills and reduction of avoidance coping behaviors and other negative tension-reducing behaviors. In the final session, participants form personalized stress management plans to maintain the program's beneficial effects.

Additional information available at:

Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services

<http://modelprograms.samhsa.gov/pdfs/model/Coping.pdf>

**B-E Healthy – A community access to care program
Barry-Easton District Health Department**

B-E- Healthy is a community-based effort to provide a system of health care services for low income, uninsured residents. The endeavor has resulted in the establishment of two health coverage programs, the formation of a primary care clinic, Health Connections Clinic; and a network of providers—including three area hospitals, primary care practices, and pharmacies—who are willing to accept enrolled beneficiaries at Medicaid-like reimbursement rates. The program was awarded \$250,000 by the State of Michigan to further develop a model for the provision of health care services to the target population.

Additional information available at:

National Association of County and City Health Officials (NACCHO)
<http://archive.naccho.org/ModelPractices/Result.asp?PracticeID=271>

**Open Wide: Oral Health Training for Health Professionals
National Maternal and Child Oral Health Resource Center**

Open Wide: Oral Health Training for Health Professionals, is a series of four self-contained online modules designed to help health and early childhood professionals working in community settings (e.g., Head Start and WIC staff) promote oral health in the course of promoting general health for infants, children, and their families. The curriculum offers information to help primary care, general health and early childhood professionals prevent tooth decay, which still afflicts many U.S. children, especially children from families with low incomes, children in certain minority groups, and children with special health care needs. The modules, designed for professionals who may not have a background in oral health, provide current information about tooth decay, risk factors, and prevention; explain how to perform an oral health risk assessment and oral health screening; and highlight anticipatory guidance to share with parents.

Additional information available at:

National Maternal and Child Oral Health Resource Center (NMCOHRC)
<http://www.mchoralhealth.org/openwide/>

**Emergency Room Diversion Models
State of Florida**

Emergency room diversion programs focus on reducing the stress of overcrowding in hospital emergency rooms by redirecting non-emergency clients to more appropriate sources of care. While the ultimate goal is to establish a medical home for patients who would otherwise utilize the emergency room (e.g., those who lack a primary care physician, are uninsured or underinsured), the immediate goal is to connect clients to care in more appropriate health care settings (such as ambulatory walk-in clinics and urgent care centers). Triage methods such as these are particularly effective with clients with low-acuity issues (e.g., low back pain, upper respiratory infection, medication refills), poorly controlled chronic diseases (e.g., diabetes, congestive heart failure, COPD), and discharged patients without a medical home. Local programs highlighted include Community Health of South Dade.

Additional information available at:

Florida Association of Community Health Centers
http://www.fachc.org/cd_ER%20Diversion%20Models%20Complete%20Handouts.pdf

Oregon Tobacco Prevention and Education Program (TPEP)

TPEP seeks to reduce tobacco-related illness and death as a comprehensive program that addressing the issues of tobacco use by: 1) reducing exposure to secondhand smoke 2) countering pro-tobacco influence 3) helping people quit smoking and 4) eliminating health disparities. These goals reflect the CDC recommendations for effective tobacco-control programs.

Additional information available at:

CDC. *Best Practices for Comprehensive Tobacco Control Programs*, August 1999

<http://www.cdc.gov/tobacco/bestprac.htm>

Oregon Tobacco Prevention and Education Program (TPEP)

http://www.oregon.gov/DHS/ph/tobacco/about_us.shtml

California Tobacco Control Program

California's Tobacco Control Program uses a variety of methods to address tobacco cessation, including a mass media campaign to encourage smokers to quit, a telephone Quitline and counseling services, and subsidized nicotine replacement therapy. The program encourages the implementation of smoking restrictions in worksites and public places, funds several cessation programs at the local level, and encourages physicians and other healthcare professionals to advise their patients to quit smoking and to provide referrals to cessation services.

Additional information available at:

CDC, *Best Practices for Comprehensive Tobacco Control Programs*, August 1999

<http://www.cdc.gov/tobacco/bestprac.htm>

Campaign for Tobacco-Free Kids

<http://www.tobaccofreekids.org/research/factsheets/pdf/0245.pdf>

Border Binge-Drinking Reduction Program

Substance Abuse and Mental Health Services Administration (SAMHSA) Model Program

The Border Binge-Drinking Reduction Program is a process for changing the social and community norms associated with underage and binge drinking that has proven effective at reducing alcohol-related trauma caused by young American's binge drinking across the U.S.-Mexican border. The program uses an "Environmental Prevention" approach to modify elements in the social environment that condone or encourage unhealthy and unsafe behaviors. Using "Intentional Organizing" of community members and organizations, businesses, policy makers, law enforcement agencies, and the media, this data-driven framework is used to implement community-based interventions that increase protective factors, while decreasing risk factors, attitudes, and public policies that encourage binge drinking.

Additional information available at:

SAMHSA National Registry of Evidence-Based Programs and Practices

http://nrepp.samhsa.gov/programfulldetails.asp?PROGRAM_ID=85

Brochure

<http://www.publicstrategies.org/newborder/pdf/BorderBinge.pdf>

Leading South Miami-Dade Health Issue #6: Tobacco use and substance abuse

**Healthy Workplace Program
Center for Workforce Health**

The Healthy Workplace program is a set of five workplace substance abuse prevention interventions that reduce unsafe drinking, illegal drug use, and prescription drug abuse, as well as improve the health practices of young adult and adult workers. The program integrates substance abuse prevention material into popular health promotion programs, defusing the stigma that accompanies substance abuse and removing barriers to help-seeking behavior. The five interventions are: “Say Yes!” general health promotion; “Working People” alcohol abuse prevention; “Make the Connection” stress, weight management, nutrition and fitness; “Prime Life 2000” stress management, healthy eating, and fitness; and “Power Tools,” an eight-session program developed specifically for young, male, blue-collar workers that focuses on making healthy life choices.

Additional information available at:

SAMHSA Model Programs

<http://www.modelprograms.samhsa.gov/pdfs/model/Healthy.pdf>

Center for Workforce Health

<http://www.centerforworkforcehealth.com/gallery.htm>

Leading South Miami-Dade Health Issue #7: Injury and violence

**Injury Free Coalition for Kids of Miami
Holtz Children's Hospital/University of Miami/Jackson Memorial Medical Center**

The Injury Free Coalition for Kids is a national program of the Robert Wood Johnson Foundation, comprised of 40 hospital-based, community-oriented programs in 37 cities. The programs are each housed in the trauma centers of their participating institutions, and their efforts are anchored in local research, education, and advocacy. Local program activities include raising awareness of the importance of safe play spaces, common areas, and playgrounds; raising awareness of the importance of seat belt use and sponsoring child safety seat checks; and preventing youth violence. The Miami Coalition also sponsors the Injury Free Mobile, which offers parents & caregivers an interactive education and skills building session in a simulated home setting.

Additional information available at:

Injury Free Coalition for Kids of Miami

http://www.injuryfree.org/site_display.cfm?PermanentId=20C3F826-1D47-4A28-8128E8F6E850F217

**ThinkFirst
National Injury Prevention Foundation**

ThinkFirst programs aim to educate young people about personal vulnerability and risk taking. In addition to a curriculum, programs utilize Voices for Injury Prevention (VIPs), a prevention and education strategy, to encourage practicing safety habits that may prevent a life changing injury. VIPs are individuals that have sustained a traumatic brain or spinal cord injury and share their personal testimony with students and community members. VIPs encompass a diverse staff of young and energetic individuals representing different communities, ethnicities and causes of injury. Programs are targeted to teens, kids and youth in general.

Additional information available at:

ThinkFirst National Injury Prevention Foundation

<http://www.thinkfirst.org/About/Mission.asp>

Leading South Miami-Dade Health Issue #7: Injury and violence (continued)

School Based Booster Seat Program Salt Lake Valley Health Department (LHD)

The program's goal is to increase booster seat usage among children five years and older. Objectives include: 1) provide training to parents of kindergarten children on the appropriate use and installation of booster seats; 2) provide booster seats to low income families for cost through the schools and low cost through the health department's car seat program; 3) provide materials for parents to talk to their children about using booster seats and seat belts; and 4) provide activities for the children to encourage them to use booster seats.

Additional information available at:

National Association of County and City Health Officials

<http://archive.naccho.org/ModelPractices/Result.asp?PracticeID=338>

Leading South Miami-Dade Health Issue #8: Maternal, infant and child health

Baby Friendly Hospital Initiative United Nations Children's Fund (UNICEF) and the World Health Organization (WHO)

BFHI is an effort by UNICEF/WHO to ensure that all maternities whether free standing or in a hospital, become centers of breastfeeding support. A maternity facility can be designated 'baby-friendly' when it does not accept free or low-cost breast milk substitutes, feeding bottles or teats, and has implemented 10 specific steps to support successful breastfeeding.

One example of a *Baby Friendly Hospital Initiative* (BFHI) hospital is Evergreen Hospital Medical Center in Kirkland, Washington. The center offers patients infant feeding classes on the basics of infant feeding with primary focus on breastfeeding as recommended by the American Academy of Pediatrics (AAP). The class includes an overview of the AAP guidelines, indications for alternate feeding methods, and three feeding phases during the first year of life. A parent panel shares its breastfeeding experiences and valuable insights.

Additional information available at:

CDC - Guide To Breastfeeding Interventions

<http://www.cdc.gov/breastfeeding/resources/guide.htm>

Evergreen Hospital Medical Center

http://www.evergreenhealthcare.org/womens/familycenter/followup_care/breastfeeding.htm

UNICEF - The Baby-Friendly Hospital Initiative

<http://www.unicef.org/programme/breastfeeding/baby.htm#10>

Leading South Miami-Dade Health Issue #8: Maternal, infant and child health

Newborn Home Visiting Program

New York City; Guilford County, North Carolina; and Baltimore, Maryland

The weeks right after delivery are ideal for reaching out, connecting with, and engaging new parents. Newborn infants are susceptible to many preventable health and environmental risks, but parents often lack the information and support they need to reduce risks and promote the healthy development of their babies. The first few weeks after delivery are also a crucial time for identifying postpartum emotional disturbances in new mothers. Newborn home visiting programs provide services and support to new mothers and their infants by assigning a home visitor (a specially trained registered nurse or paraprofessional family advocate) immediately following the birth. Depending on the expertise of the home visitor, the programs will provide medical assessments as well as education, guidance, support, and referrals for other needed services. Some programs, such as the Baltimore program, are designed for high-risk, economically disadvantaged new mothers, while others, such as those in New York and North Carolina, are offered universally to all new mothers.

Additional information available at:

New York City

<http://www.cccnewyork.org/publications/NewbornColor.pdf>

Guilford County, North Carolina

<http://www.co.guilford.nc.us/publichealth/divisions/wp-content/uploads/2006/12/universal-newborn-home-visiting-program.doc>

Baltimore, Maryland

<http://www.bhca.org/pdf%20and%20Word/mchbrochure.pdf>

Leading South Miami-Dade Health Issue #9: Cancer screening

ENCORE^{plus}[®]

YWCA of Lake County, Illinois

The YWCA ENCORE^{plus}[®] program reaches out to women in Lake County, particularly women who are low income, and medically underserved or uninsured, with education on the need for early detection for breast cancer. The program provides access to free or low cost mammograms, transportation, translation and follow up services. Breast health presentations stress the importance of early detection by practicing monthly breast self-exams, and receiving annual clinical breast exams and mammograms. Bilingual YWCA staff coordinate more than 150 culturally sensitive presentations a year at area health fairs, housing projects, senior centers, transitional housing centers, houses of worship, beauty salons, and food pantries. The YWCA reaches additional tens of thousands of Lake County women through bilingual public service announcements, advertisements and media stories. ENCORE^{plus}[®] staff also coordinates Viva Mujer Latina, a Breast Cancer support group for Spanish speaking women.

Additional information available at:

YWCA of Lake County, Illinois

<http://www.ywca.org/site/pp.asp?c=6dKIIWNtEnG&b=349027>

Leading South Miami-Dade Health Issue #10: Childhood asthma

Healthy Children, Healthy Homes®

Research Triangle International (RTI) and Florida International University (FIU)

Healthy Children, Healthy Homes® is a community-based, collaborative intervention and education effort that focuses especially on Hispanic families, since Hispanic children are among those most affected by asthma. The program involves training sessions for parents, families and community members—called "Asthma Amigos"—who then share what they've learned with their neighbors, co-workers and others. Sessions teach about asthma, what triggers it, and how to avoid it. The program also includes school activities, such as in-class educational sessions, a poster contest, and an Asthma Day educational event. Promotional efforts with local newspapers, radio and TV to help inform the community about asthma.

Additional information available at:

Healthy Children, Healthy Homes/SC Johnson

http://www.scjohnson.com/environment/preventing_33.asp

Healthy Children, Healthy Homes - St. Cecilia Parish, Hialeah, Florida

<http://www.rti.org/page.cfm?nav=529&objectid=C37DE933-1EAA-4136-8E9B3274C88B69CD>

Open Airways for Schools (OAS)

American Lung Association

The OAS is an asthma management program for schoolchildren aged 8-11 who have been diagnosed with asthma. The program seeks to improve asthma self-management skills; decrease asthma emergencies; raise asthma awareness among parents/guardians; and promote broader asthma management coordination among physicians, parents and schools. Children with asthma participate in 40-minute group lessons that utilize group discussions, stories, games, and role playing. An outgrowth of the Open Airways program developed by Columbia University's College of Physicians and Surgeons, the program has been adapted for use in school settings.

Additional information available at:

American Lung Association

<http://www.lungusa.org/site/pp.asp?c=dvLUK9O0E&b=44142#what>

Center for Disease Prevention and Control

<http://www.cdc.gov/asthma/aag05.htm>

Health Disparities in South Miami-Dade: Immunization in Hispanics and African Americans

Racial and Ethnic Adult Disparities in Immunization Initiative (READII)

Department of Health and Human Services (HHS) and Centers for Disease Prevention and Control

READII was a three-year (2002-2005) demonstration project conducted in five sites (Chicago, IL; Rochester, NY; San Antonio, TX; Milwaukee, WI; and 19 counties in the Mississippi Delta region) to develop better ways of increasing influenza and pneumococcal vaccination rates for African-Americans and Hispanics 65 years of age. In Chicago, partnerships between the department of health and community-based organizations helped increase opportunities for immunization in non-traditional settings.

Additional information available at:

Chicago READII

<http://www.izta.org/content.cfm?id=371&cat=9&subcat=0>

Children's Health Issues in South Miami-Dade: Nutrition

Salsa, Sabor y Salud National Latino Children's Institute

Salsa, Sabor y Salud is the first healthy lifestyles program designed especially for Latino families with children under 12 years of age. Families participate actively in a series of eight 1½ hour sessions that reinforce the importance of achieving “energy balance” through healthier food choices and increased levels of physical activity. Developed for community-based organizations, schools, clinics, wellness programs, and other agencies and organizations working with Latino families, this completely bilingual program builds on Latino family values, experiences, traditions, language, and cultural strengths. Every session reinforces four key messages: eat foods from each of the food groups every day; be sensible about portions; be physically active every day; and take small steps for success. Local participants include Catholic Charities, KIDCO Child-Care, Miami Children's Museum and the YMCA of Greater Miami.

Additional information available at:

<http://www.nlci.org/Salsa/SSSintro.htm>

Elder Health Issues in South Miami-Dade: Arthritis

Arthritis Foundation YMCA Aquatic Program

Water is a safe, ideal environment for relieving arthritis pain and stiffness. The Arthritis Foundation Aquatic Program allows participants to exercise without putting excess strain on joints and muscles. The gentle activities in warm water, with guidance from a trained instructor, help participants gain strength and flexibility while decreasing pain and stiffness. The social interaction in a friendly and supportive atmosphere also helps decrease feelings of depression and isolation. Co-developed by the Arthritis Foundation and the Young Men's Christian Association (YMCA), the program is offered in pools throughout the United States. When the program is offered in a YMCA pool facility, it is called the Arthritis Foundation YMCA Aquatic Program. The program is also available in non-YMCA facilities, such as hospitals and community pools. Some facilities offer advanced-level courses, such as a specialized deep water course and a course for youth.

Additional information available at:

Arthritis Foundation

<http://www.arthritis.org/aquatic-program.php>

Arthritis Self-Management (Self-Help) Program

The Arthritis Self-Management Program, also known as the Arthritis Self-Help Course, is a workshop given two hours, once a week, for six weeks, in community settings such as senior centers, churches, libraries and hospitals. People with different types of rheumatic diseases (e.g., osteoarthritis, rheumatoid arthritis, fibromyalgia, lupus) attend together. Workshops are facilitated by two trained leaders, one or both of whom are non-health professionals with arthritis themselves. Subjects covered include: 1) techniques to deal with pain, fatigue, frustration and isolation, 2) appropriate exercise for maintaining and improving strength, flexibility, and endurance, 3) appropriate use of medications, 4) communicating effectively with family, friends, and health professionals, 5) healthy eating, 6) making informed treatment decisions, 7) disease related problem solving, and 8) getting a good night's sleep. Classes are highly participatory, and participants find that the mutual support builds confidence in their ability to manage their health and maintain active and fulfilling lives.

Additional information available at:

Stanford School of Medicine Patient Education Research Center

<http://patienteducation.stanford.edu/programs/asmp.html>

7

Living Healthy, Living Longer Data Appendix

Health Issue	South Miami-Dade	Rest of Miami-Dade	Miami-Dade County	Florida	United States
Physical Health					
% "Fair/Poor" physical health	23.0	19.8	20.0	17.7	18.6
Mental Health and Mental Disorders					
% "Fair/Poor" mental health	16.0	12.5	12.8	N/A	11.7
% Major depression	8.0	10.6	10.4	N/A	9.1
% Symptoms of chronic depression (2+ years)	38.4	35.3	35.5	N/A	24.9
% Depressed person seeking help	33.5	37.1	36.8	N/A	48.3
% Typical day is extremely/very stressful	15.4	18.3	18.2	N/A	8.5
Stress & Employment					
% Work more than 40 hours per week	37.2	39.4	39.1	N/A	N/A
% Work commute takes more than 30 minutes	28.1	27.7	27.8	N/A	N/A
Heart Diseases & Stroke					
% Chronic heart disease	5.9	6.6	6.5	8.7	8.2
% Stroke	2.9	1.8	1.8	3.2	2.4
% Blood Pressure checked in past 2 years	93.3	95.7	95.6	N/A	94.6
% Told have High Blood Pressure	28.8	33.0	32.7	27.7	34.2
% Taking action to control High Blood Pressure	81.0	85.5	85.3	N/A	93.4
% Cholesterol checked in past 5 years	87.1	92.7	92.4	76.4	86.8
% Told have high Cholesterol	31.5	32.1	32.1	31.4	32.9
% Taking action to control High Blood Cholesterol	74.6	85.2	84.6	N/A	81.2
% 1+ Cardiovascular risk factor	88.3	83.5	83.8	84.0	88.5
Cancer					
% Skin cancer	3.6	2.9	2.9	N/A	4.7
% Limit time spent in sun/wear sunblock	54.1	58.4	58.1	N/A	N/A
% Limit child's time spent in sun/ child wears sunscreen	70.8	69.1	69.2	N/A	N/A
% Cancer (other than skin)	3.8	6.2	6.1	N/A	6.8
% Sigmoid/Colonoscopy ever (Aged 50+)	55.3	57.4	57.3	61.7	65.4
% Mammogram in past 2 years (Women 40+)	77.0	83.0	82.7	N/A	70.2
% Pap smear in past 3 years (Women)	81.6	89.6	89.2	N/A	79.2
% Prostate exam in past 2 years (Men 50+)	75.3	82.5	82.2	N/A	85.1
Respiratory Diseases					
% Chronic lung disease	5.0	6.7	6.6	N/A	8.6
% Asthma	14.9	15.5	15.5	11.7	10.4
% Child has asthma	19.6	11.6	12.2	N/A	11.1
Injury and Violence					
% "Always" wear seat belt	78.7	85.3	84.9	N/A	78.3
% Child (Aged 0-4) "always" uses auto child restraint	100.0	98.7	98.8	N/A	98.9
% Child (Aged 5-17) "always" uses seat belt	82.9	90.6	90.0	N/A	74.5
% Child (Aged 0-17) "always" uses seat belt/car seat	87.6	93.8	93.4	N/A	81.3
% Received a traffic ticket for speeding in past year	5.7	7.6	7.4	N/A	N/A
% Child "always" wears bicycle helmet (Aged 5-16)	45.7	61.1	59.8	N/A	28.8
% Victim of violent crime in past 5 years	7.9	4.4	4.6	N/A	1.5
% Victim of domestic violence in past 5 years	1.7	2.1	2.1	N/A	2.7
Diabetes					
% Diabetes/High Blood Sugar	12.1	11.2	11.3	8.8	10.2
Arthritis, Osteoporosis & Chronic Pain					
% Arthritis/Rheumatism	16.5	19.9	19.7	27.4	22.7

Health Issue	South Miami-Dade	Rest of Miami-Dade	Miami-Dade County	Florida	United States
% Osteoporosis	4.2	7.3	7.1	N/A	5.4
% Sciatica/Chronic Back Pain	15.7	19.4	19.2	N/A	21.0
Immunization & Infectious Disease					
% Flu shot in past year (Aged 65+)	40.9	38.4	38.5	55.6	71.5
% Flu shot in past year (High-risk Aged 18-64)	19.4	14.2	14.5	N/A	22.4
% Pneumonia vaccine ever (Aged 65+)	48.5	41.9	42.2	62.4	74.2
% Pneumonia vaccine ever (High-risk Aged 18-64)	29.0	25.4	25.6	N/A	26.3
Health & Sexuality					
% Non-monogamous adults (Aged 18-64) using condoms	63.3	67.9	67.7	N/A	58.6
% Ever tested for HIV (Ages 18-64)					
Maternal, Infant & Child Health					
% Received prenatal care while pregnant	87.2	92.7	92.3	N/A	N/A
% Took prenatal vitamins while pregnant	85.2	91.8	91.3	N/A	N/A
% Child was breastfed	65.4	75.0	74.3	N/A	N/A
Nutrition & Overweight					
% Eat 5+ servings of fruit or vegetables per day	32.3	37.1	36.8	26.2	36.2
% Eat 2+ servings of fruit per day	52.5	59.1	58.8	N/A	46.5
% Eat 3+ servings of vegetables per day	25.3	28.1	27.9	N/A	34.6
% Ate 2+ fast food meals in the past week	22.8	18.8	19.0	N/A	N/A
% Soda (non-diet) is the beverage consumed most often	11.9	8.5	8.7	N/A	N/A
% "Always" try to cook healthfully at home	57.1	67.3	66.7	N/A	N/A
% Received advice on nutrition in past year	42.1	40.4	40.5	N/A	37.2
% Child ate 2+ fast food meals in the past week	44.7	39.1	39.6	N/A	N/A
% Child takes a multi-vitamin	33.6	41.5	40.9	N/A	N/A
% Soda (non-diet) is child's beverage consumed most often	6.9	3.6	3.9	N/A	N/A
% Unhealthy weight (BMI,18.5 or 25+)	71.3	64.0	64.4	63.0	67.9
% Total overweight (overweight + obese)	68.9	63.4	63.7	60.7	66.1
% Obese	29.9	23.2	23.6	22.8	27.3
% Overweight advised to lose weight	37.2	40.3	40.1	N/A	30.7
Physical Activity & Fitness					
% No leisure time physical activity	39.5	33.6	33.9	26.9	25.5
% Meeting physical activity recommendations	34.5	39.9	39.6	45.3	47.2
% Vigorous physical activity	25.6	28.2	28.0	24.6	33.9
% Moderate physical activity	20.0	25.7	25.4	33.7	31.8
% Participate in a regular fitness program/member of gym	25.1	35.1	34.6	N/A	N/A
% Incorporate more physical activity into daily life	60.0	65.8	65.5	N/A	N/A
% Used a park/community center/recreational facility in past year	53.9	54.4	54.3	N/A	N/A
% Used local path/trail for walking, running, biking in past year	41.4	40.7	40.7	N/A	N/A
% Received advice on exercise in past year	39.6	46.9	46.5	N/A	42.0
% Child participated on a sports team in past month	55.4	56.5	56.4	N/A	N/A
Substance Abuse					
% Current drinker	40.7	51.8	51.2	55.6	58.0
% Chronic drinker	2.6	2.1	2.1	6.8	5.3
% Binge drinker	12.2	8.1	8.3	14.1	16.3
% Drinking and driving in past month	2.2	2.8	2.8	N/A	2.6
% Illicit drug use in past month	2.5	4.2	4.1	N/A	2.5
% Sought help for alcohol or drug problem	3.5	1.7	1.8	N/A	3.3
Tobacco Use					
% Current smoker	16.6	11.5	11.8	21.7	22.2
% Someone smokes at home	14.6	16.5	16.4	N/A	19.0
% Children <18 exposed to smoke at home	9.2	15.1	14.7	N/A	20.4
Access to Healthcare Services					
% Lack health insurance (Aged 18-64)	34.2	27.6	28.0	25.4	20.0
% Difficulty accessing healthcare in past year	38.5	36.7	36.8	N/A	35.4
% Difficulty finding physician in past year	9.6	12.0	11.9	N/A	8.6
% Difficulty getting appointment in past year	16.1	16.7	16.6	N/A	15.3
% Transportation prevented doctor visit in past year	11.3	9.3	9.4	N/A	6.2
% Cost prevented physician visit in past year	20.4	17.3	17.4	14.8	13.0
% Cost prevented getting Rx in past year	22.2	20.1	20.2	N/A	15.5
% Skipped Rx doses to save costs	15.8	17.6	17.5	N/A	8.5
% Difficulty getting child's healthcare in past year	12.4	10.4	10.6	N/A	6.1
% Have a specific source of ongoing care	68.6	69.1	69.1	N/A	79.9
% Regular site for healthcare is 30+ minutes away	24.1	17.4	17.8	N/A	N/A
% Have had routine checkup in past year	71.2	72.3	72.3	73.2	65.6
% Child has had checkup in past year	95.0	80.3	90.7	N/A	76.6
% Gone to ER more than once in past year	8.6	4.3	4.6	N/A	5.9

Health Issue	South Miami-Dade	Rest of Miami-Dade	Miami-Dade County	Florida	United States
Oral Health					
% Have visited dentist in past year (18+)	58.5	65.9	65.5	N/A	65.4
% Child (Aged 2-17) has visited dentist in past year	71.8	70.7	70.8	N/A	73.8
Education & Community-Based Programs					
% Attended health event in past year (Aged 65+)	9.7	8.7	8.7	N/A	7.4
% Attended employer-sponsored health event (Employed)	12.1	14.3	14.3	N/A	13.5