



Miami Matters

Measuring What Matters in Miami-Dade County

www.miamidadematters.org

*Presented by the Health Council of South Florida in collaboration with
Health Foundation of South Florida, Miami-Dade County,
Baptist HealthSouth Florida and Allegany Franciscan Ministries*



***Miami-Dade County
Community Health Report Card 2010 Update***

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The *Miami-Dade County Community Health Report Card, 2010 Update* was produced by the Health Council of South Florida in collaboration with a community-based Technical Advisory Panel (TAP).

The following TAP members dedicated time and valuable insights to the process of creating the Miami Matters website as well as this report.



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The *Miami-Dade County Community Health Report Card, 2010 Update* presents a summary of specific data from the larger Miami Matters database to be utilized by community leaders for informed decision-making on health policy, healthcare allocations, and program planning implementation and evaluation. *Miami Matters: Measuring what matters in Miami-Dade County* is an online resource for tracking the leading quality of life issues in our community. With this report card, additional analysis is provided on 58 health indicators selected from the 140 indicators on the Miami Matters website. By characterizing the leading health issues it offers a view of key social, health, economic, and environmental trends influencing the community.

The *2010 Update* provides state-level comparisons based on data averages of the 67 Florida counties, as well as comparisons by age, ethnicity and gender where available, to determine the relative health of the Miami-Dade community. Where obvious trends are observed, green arrows indicate the numbers are getting better and red arrows indicate the numbers are getting worse. Although countywide wellness numbers are looking better than the 2003 data that were published in the last Report Card (available for download from the Health Council of South Florida website at www.healthcouncil.org/communityreportcard.asp), Miami-Dade continues to rank among the worst in the state in nutrition and obesity indicators, asthma, and rates of health insurance, HIV, and STD indicators.

“Although countywide wellness numbers are looking better than they did when the 2007 Miami-Dade County Community Health Report Card was published, the county continues to rank among the worst in the state in nutrition and obesity indicators, asthma, rates of health insurance, HIV and STD indicators”

Sources

This data set was compiled through the collection, analysis and presentation of the best available and most reliable data sources from local, state and national databases. Data sources with links are referenced and included in the Miami Matters database in order to measure change over time, conduct comparisons and analyze trends. Each indicator was selected for its relevancy to the population demographics, healthcare access, and community wellness objectives as derived from planning efforts by local and national organizations. These organizations create well-researched and credible planning reports that include the Centers for Disease Control’s Behavioral Risk Factor Surveillance System (BRFSS) and Youth Risk Behavior Surveillance System (YRBSS); Florida Community Health Assessment Resource Tool Set (CHARTS); Florida Agency for Health Care Administration (AHCA); Florida Department of Law Enforcement; Florida Department of Juvenile Justice; Florida Department of Children and Families (DCF); ESRI Marketing, Hospital Admissions data, Medicare and Medicaid data, and the United States Census Bureau’s American Community Survey.

A table of the 58 indicators with *Healthy People 2010* and *2020* national targets may be found in the attached Appendix A. Appendix B features county maps of preventable hospitalizations and income by zip code. The similarity of the “hot spots” on the two maps demonstrates a clear correlation between socioeconomic status and health outcomes. For more on sources and additional indicators of societal well-being in Miami-Dade County, maps, best practice references, and other relevant information please visit the Miami Matters website at www.miamidadematters.org.

Community

Miami-Dade County is the largest metropolitan area in the State of Florida, and the eighth largest county in the nation. The 2009 population estimate was 2,457,044 residents, representing 13.5% of Florida’s population. It is comprised of a diverse mixture of residents and visitors, making it one of the most international communities in the United States. Miami-Dade leads the nation with the highest percentage of foreign-born residents, at 49.4%, with 61.4% of the population comprised of individuals of Latin or Hispanic descent, and 71.4% reporting a language spoken at home other than English. For a closer look at our vibrant community we present the following 58 indicators of health and well-being. Our purpose is to use data to tell a story, and inspire change by providing goals that envision the highest possible standard of living for the residents of Miami-Dade County.

Infants, children and mothers are healthy and utilize health and social services

Healthy Births

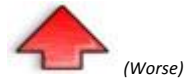
Indicator 1, Mothers who received early prenatal care*

Trend analysis
not possible

In 2008, 84.1% of pregnant women giving birth to live babies received first trimester prenatal care in Miami-Dade County. Miami-Dade is doing better as compared to a statewide average of 76.9%. In 2008, 87% of white mothers, followed by 86% of Hispanic, and 75.6% of black mothers received early prenatal care in Miami-Dade County.

*In 2003, the county rate was 89.3%, but this is not comparable to the current rate. In March 2004, the State of Florida changed the way it collected prenatal care data via birth certificates. This affects the comparability of current data collected on the revised Standard Certificate of Live Birth form and 2003 data. In the revised Standard Certificate of Live Birth the exact date of prenatal care commencement is used, rather than the formerly requested month a mother began receiving prenatal care.

Indicator 2, Babies born with low weight



In 2009, 9% of babies born in Miami-Dade County had a weight of less than 5 pounds and 8 ounces. The numbers have **increased** since the 2003 rate of 8.6%. At the state level, Florida had lesser rates of low birth weight babies than Miami-Dade County with an average of 8.7%. In 2009, 13.6% of black mothers, followed by 7.4% of white mothers, and 7.2% of Hispanic mothers gave birth to low birth weight babies in Miami-Dade County.

Indicator 3, Infant mortality rate (0-364 days from birth)



In 2008, Miami-Dade County had an infant mortality of rate of 5.2 deaths per 1,000 live births. Trends in infant mortality have **slightly improved** from the 2003 rate of 6.0 deaths per 1,000 live births. Compared to the statewide average rate of 7.2 deaths per 1,000 live births, Miami-Dade had a significantly lower rate of infant mortality. During the same year, the infant mortality rate among blacks was twice that of whites and Hispanics (8.8, 3.8, and 4.2 per 1,000 live births, respectively).

Since the early 1990's many programs have been developed to ensure that pregnant women and children have access to affordable, quality care in Miami-Dade County. For example, the Healthy Start Coalition of Miami-Dade provides services to pregnant women and children from birth to 3 years of age. Healthy Start implements community education and outreach strategies to improve pregnancy outcomes and reduce rates of infant mortality, pre-term birth and low birth weight babies.

Policy-Related Issues

- According to the CDC, poor birth outcomes can largely be prevented or mitigated through preconception counseling and early prenatal care which must be delivered in a culturally and linguistically competent manner.
- Interventions targeted at prevention and cessation of substance abuse during pregnancy may be especially helpful in decreasing rates of preterm delivery and low birth weight.
- There are several steps a pregnant woman can take to increase her chances of delivering a full term, healthy baby. Key steps are to avoid stress as much as possible, assure vaccinations are up-to-date, be screened for certain infections, and take only safe medications. Good nutrition and health habits are important and every woman should remain smoke and drug-free throughout pregnancy.

Immunizations

Indicator 4, Kindergartners with required immunizations



(Worse)

In 2009, 82.4% of kindergartners in Miami-Dade County received the required immunizations. The numbers have **declined** from 92.4% in 2003. Compared to a statewide rate of 94.6%, Miami-Dade County had significantly fewer immunized kindergartners.

Immunizations and vaccines are biological substances that interact with a person's immune system to help to prevent and control the spread of infectious diseases. They can be instrumental in avoiding the high medical costs associated with the treatment of infectious diseases, which are major causes of illness, disability and death. Immunizations and vaccines have reduced the number of children affected by infectious diseases by more than 90% and have helped avoid longer-term health problems associated with the complications that occur as a result of these conditions. Since children in Florida are required to be immunized prior to entry into childcare, day care, preschool or school, the importance of vaccines has been well-institutionalized.

Policy-Related Issues

- Improvements in vaccination coverage may require significant outreach among under vaccinated populations to help reduce health disparities.
- Parents who neglect or modify the recommended vaccination schedule may put their children unnecessarily at-risk for various conditions. For example, according to the American Academy of Pediatrics (AAP) delaying full polio protection until age 4 is problematic because it would take only one case of polio to be brought into the U.S. for the disease to take hold again in this country. Also, delaying the measles vaccine until age 3 is especially risky because outbreaks of measles in some parts of the country have occurred because children were not immunized.
- Creative strategies for promoting awareness and compliance exist such as implementation and use of reminder/recall systems to minimize missed opportunities for vaccination.
- Media campaigns such as AAP's "Protect Tomorrow" initiative can be replicated to encourage parents to talk with their pediatricians about the benefits of vaccines, the importance of the recommended immunization schedule and how to best protect their children.

Children, youth and adults are healthy, practice healthy behaviors and avoid risky behaviors

Physical Activity and Nutrition

Indicator 5, Teens who are overweight or obese



In 2009, 26.4% of high school students in Miami-Dade were overweight or obese; a rate that has **decreased** from 28.2% in 2003. Using body mass index (BMI) reference data by age and sex, overweight is characterized as greater than or equal the 85th percentile for BMI, but less than the 95th percentile. Obese is greater than the 95th percentile for BMI and in 2009 10.3% of Miami-Dade County teens were considered obese. In comparison to a statewide average of 25%, Miami-Dade numbers are slightly worse. In 2009, teenage males had a higher rate of overweight and obesity at 43.1%, than females at 40.9%. Blacks and whites had the same prevalence of 34%, followed by Hispanics at 21.7%.

Indicator 6, Teens who engage in regular physical activity



In 2009, 36% of Miami-Dade high school students engaged in regular physical activity for at least 60 minutes on five or more days of the week; a rate that has **improved** from 26.9% in 2005. However, when compared to a statewide rate of 40.8%, Miami-Dade falls below average. In addition, the data showed pronounced differences in the prevalence of regular physical activity among males and females: 48.2% among males, and 26% among females. Whites had a slightly higher prevalence than Hispanics (38.2% vs. 37.3%), followed by blacks (31.6%).

Indicator 7, Teen fruit and vegetable consumption



In 2009, 24.9% of Miami-Dade high school students ate fruits and vegetables at least five times during the week; a rate that has **improved** from 22.2% in 2003, and exceeds the Florida average of 21.6%. In 2009, males reported more fruit and vegetable consumption than females, at 28.5% and 21.6%, respectively; and blacks more than whites, and Hispanics, at 26.4%, 26.2%, and 23.8%, respectively.

Indicator 8, Adults who are overweight or obese



In 2007, 64.9% of adults in Miami-Dade were reportedly overweight or obese; a rate that has **increased** from 61% in 2002, but is similar to the statewide average of 62.1% overweight or obese adults in Florida. For the same year, 35% of adults in Miami-Dade had a healthy weight and 26% were obese. Non-Hispanic blacks had the highest rates at 78.4%, followed by Hispanics at 66.9%, and non-Hispanic whites at 50%. Males had a higher prevalence than females, at 77.6% vs. 52.6%, respectively.

Indicator 9, Adults who are sedentary

In 2007, 35.4% of Miami-Dade County adults were sedentary; a rate that has **increased** from 33.5% in 2002, and is higher than the statewide rate of 25.4%. In Miami-Dade, adults older than 65 years of age had a higher prevalence of sedentary behavior than any other age group. In addition, Hispanic adults in Miami-Dade were the less physically active, reporting 40.7%, followed by non-Hispanic blacks at 35.5%, and non-Hispanic whites at 21.2%. Males were more sedentary than females, at 38.8% and 31.5%, respectively.

Indicator 10, Adult fruit and vegetable consumption

In 2007, 23.1% of Miami-Dade County adults consumed fruits and vegetables at least five times per day; a rate that has **decreased** from 26.9% in 2002, and is lower than the statewide average of 26.2%. In addition, the data reveal that the age-specific consumption of fruit and vegetables is greatest among people between the ages of 45 and 64, at 25.9%, and among females at 26.2%, and non-Hispanic whites, at 35.2%.

Adequate physical activity and healthful nutrition are key factors in the primary prevention of chronic conditions such as cardiovascular disease, diabetes, some cancers and obesity. Poor nutrition and physical inactivity are responsible for an estimated 300,000 deaths each year and are the second leading preventable cause of death in the United States, exceeded only by tobacco use. In recent years, strategies and intervention programs have been implemented in Miami-Dade County to increase physical activity. For example, through the Communities Putting Prevention to Work initiative, the U.S. Department of Health and Human Services awarded \$14.7 million to Miami-Dade County to increase the availability of healthy foods and beverages at schools and worksites.

Studies show that proximity, or the ability to walk or bike to parks and recreation facilities, is associated with increased use of most sites (i.e., recreation sites, small and large parks, basketball courts, walking/running tracks, school recreation sites, playgrounds, and public open space). In addition, researchers at the University of Washington have shown that adolescents' active transport to more sites was "most positively related to higher perceived traffic safety and to better pedestrian infrastructure and was negatively related to crime threat." (Med Sci Sports Exerc. 2008 Dec;40(12):2071-9)

Policy-Related Issues

- Improve accessibility of physical fitness and nutrition information, education, counseling and related services, and healthy foods in a variety of settings and for all population groups.
- Expand bike lanes and construct safe sidewalks to encourage exercise, such as biking and walking. Study findings support the need for built environments and transportation policies that facilitate safe, active transport to recreation sites for physical activity.
- Children aged 6 to 11 should engage in physical activity for at least one hour and up to several hours each day. Family member and community involvement play an integral role in providing physical and social environments that encourage and enable young people to engage in safe and motivating physical activity.
- Encourage health care providers at primary care clinics to talk to patients about their body mass index and what it means for their overall health.
- Launch a media campaign to promote healthy eating and drinking and to increase physical activity.

Substance Use

Indicator 11, Teens who smoke



(Worse)

In 2009, 13.9% of high school students in Miami-Dade reported having smoked cigarettes at least once a day in the past 30 days, compared to 16.1% statewide. Teen smoking has **increased slightly** from 12.8% in 2005. Teen males smoked more than teen females, at 18% and 16%, respectively; and smoking among Hispanic teens was 17.2%, three times that of blacks at 5.5%, and slightly higher than the prevalence observed among whites at 16.6%.

Indicator 12, Teenagers who binge drink



(Worse)

In 2009, 20% of high school students in Miami-Dade engaged in binge drinking, which is defined as five or more servings of alcohol in a row, within a couple of hours, on at least one day in the past thirty days. This rate has **increased** from 18.7% in 2005. The statewide binge drinking average is 21.1%. The data also reveal that males had a slightly higher prevalence of binge drinking than females, at 23.3% and 21.7%, respectively; whites had a prevalence of 28.6%, and prevalence among Hispanics was twice that of blacks, at 22.5% vs. 11.4%, respectively.

Indicator 13, Adults who smoke



(Better)

In 2007, the rate of Miami-Dade adults who smoke was 15.4%; a rate that has **improved** from 18.8% in 2002, and is lower than the statewide average of 19.3%. Residents of Miami-Dade between 18 and 44 years of age had a greater smoking prevalence than those between 45 and 64 years of age, and those over 65, at 16.2% and 15.8%, and 13%, respectively. Females had a lower smoking prevalence than males, at 12% and 19.1%, respectively; and Hispanics had the greatest smoking prevalence, at 16.4%, as compared to non-Hispanic whites, at 14.6%, and non-Hispanic blacks, at 15%.

Indicator 14, Adults who binge drink



(Better)

In 2007, 15% of Miami-Dade adults engaged in binge drinking behavior, which is defined as five or more drinks for males and four or more drinks for females on at least one occasion in the past thirty days. This rate has **improved** from 16.1% in 2002 and is better than the statewide average of 16.2%. Miami-Dade residents between the ages of 18 and 44 had a higher prevalence of binge drinking at 21.8%, than those between the ages of 45 and 64 at 10.2%, and those over 65, at 5.5%. Females had a lower prevalence than males, at 11.3% and 19.1%. Non-Hispanic whites had the highest prevalence of binge drinking behavior compared to Hispanics and non-Hispanic blacks, at 25.2%, 13.6%, and 5.3% respectively.

Indicator 15, Hospitalization rate due to alcohol abuse



(Worse)

Between 2007 and 2009, the age-adjusted hospitalization rate due to alcohol abuse among adults residing in Miami-Dade was 10.2 cases per 10,000, a rate that **increased** from 9.7 between 2006 and 2008. Considering the Florida county average rate of 5.7 and statewide average of 8.8, Miami-Dade has one of the highest hospitalization rates due to alcohol abuse.

Indicator 16, Driving under the influence arrest rate*(Worse)*

In 2008, there were 202.7 arrests per 100,000 people driving under the influence of alcohol in Miami-Dade County; a rate that has **increased** from 192.4 in 2003, but is below the Florida county average of 328.2 per 100,000.

Substance use refers to the use of selected substances including alcohol, tobacco products, drugs and illicit use of prescribed medications, over-the-counter remedies and volatile substances. Cigarette smoking, a major risk factor for heart disease, stroke, lung cancer, and chronic lung diseases, is the single most preventable cause of disease and death in the United States. Yet, an estimated 3,000 young people start smoking each day. The health and social impact of substance abuse is substantial with an estimated 72 conditions requiring hospitalization wholly or partially attributable to dependence.

Policy-Related Issues

- Implement effective prevention approaches through school and community-based prevention programs to identify social influences that may promote tobacco use at an early age.
- Increase taxation on tobacco products and implement more stringent penalties for individuals selling tobacco products to minors.
- Best practices in reaching adult smokers should be replicated.
- Reduce access to alcohol by underage persons through implementation and enforcement of more stringent state restrictions and penalties for alcoholic beverage retailers.
- Develop collaborations among community-based organizations and local and state agencies to provide stronger resource linkage services for individuals dealing with alcohol or drug problems.
- Develop a campaign on the risks associated with heavy or binge drinking targeting white and Hispanic populations.

Sexual Activity among Youth**Indicator 17, Teens who are sexually active***(Worse)*

In 2009, 53.4% of Miami-Dade high school students ever had sexual intercourse, a rate that has **increased** from 52.2% in 2005. Compared a statewide average of 50.6%, Miami-Dade had a higher rate of sexual activity among teens. The numbers show that 58.8% of teen males had ever had sexual intercourse, compared to 45.3% of females. In addition, blacks showed a prevalence of 61.2%, followed by Hispanics at 52%, and whites at 45.4%.

Indicator 18, Teen birth rate*(Better)*

In 2009, the birth rate among females aged 15 to 19 in Miami-Dade was 31.5 live births per 1,000 females, compared to a statewide rate of 37.4. This rate has **improved** from 36.6 in 2003. Black teens in Miami-Dade had higher birth rates than Hispanic teens and white teens, at 51.1, 27.8, and 25.2 live births per 1,000 females, respectively.

Early sexual activity can have multiple negative consequences for young people, including increased vulnerability to sexually transmitted diseases, unwanted pregnancy, emotional and psychological distress, and involvement in other high-risk behaviors. Student sexual behavior and teenage birth rates are two key indicators for tracking sexual health among Miami-Dade County's teens.

Policy-Related Issues

- Experts have found that teenaged mothers are less likely to get or stay married, less likely to complete high school or college, and more likely to require public assistance and to live in poverty than their peers who are not mothers. Monitoring indicators, such as high absenteeism, poor academic achievement, early sexual activity, or being a child or sibling of a teen parent, can assist in identifying and intervening with students at risk for early parenthood.
- Encourage family planning agencies to expand outreach to special populations, including teenagers. Education may include empowerment, personal choice, abstinence, safer sex practices, and use of effective and consistent methods of contraception, particularly among sexually active teens.

Sexually Transmitted Diseases

Indicator 19, Syphilis incidence rate



In 2009, the incidence rate for primary and secondary syphilis in Miami-Dade was 12.6 cases per 100,000 people, which is nearly double the Florida incidence rate of 5.5 cases per 100,000. Syphilis incidence in Miami-Dade has **increased steadily** since the 2003 reported rate of 8.2 cases per 100,000.

Indicator 20, Chlamydia incidence rate



In 2009, the incidence rate of chlamydia was 335.8 cases per 100,000 people in Miami-Dade, as compared to 387.5 cases per 100,000 statewide. Chlamydia incidence in Miami-Dade has **increased dramatically** since the 2003 reported rate of 188.2 cases per 100,000. Rates of chlamydia are highest among females aged 15-19 with a 2009 rate of 2,489.9 cases per 100,000, up from 1,454.1 in 2006.

Indicator 21, Gonorrhea incidence rate



In 2009, the incidence rate of gonorrhea was 94.4 cases per 100,000 people in Miami-Dade, as compared to 111.0 cases per 100,000 statewide. Gonorrhea incidence in Miami-Dade has **increased steadily** since the 2003 reported rate of 81.2 cases per 100,000. Rates of gonorrhea are highest among females aged 15-19 with a 2009 rate of 575.7 cases per 100,000, up from 323.5 in 2006.

A sexually transmitted disease (STD) is a disease caused by a pathogen (e.g., virus, bacterium, parasite, or fungus) that is spread from person to person through sexual contact. STDs are often referred to as “the hidden epidemic” as most have few or no symptoms and therefore go untreated. More than twenty STDs have been identified and, with the exception of viral STDs (e.g., genital herpes), can be cured with antibiotics, antifungal or anthelmintic agents. Chlamydia is the most frequently reported bacterial STD in the United States. STD risk-reduction activities include monogamy with an uninfected partner, barrier protection use, and other safer sex practices.

Policy-Related Issues

- Infectious syphilis rates have risen largely due to increases among men who have sex with men (MSM). Interventions targeted toward isolated groups involved in high-risk activities will further *The National Plan to Eliminate Syphilis from the United States* (2006).

- Chlamydia is particularly on the rise among young women aged 15-24. Health care providers must emphasize and implement the CDC recommendation to annually screen sexually active adolescents (19 years old and under) for chlamydia, and young adult (20- to 24 years-old) women, even if symptoms are not present. The availability of STD screening programs in schools and other non-traditional, community-based sites must also be increased.
- Gonorrhea is more common among teens and young adults and many people, especially women, do not know they have it as the disease often has no symptoms. Public awareness campaigns should target these groups in particular because although gonorrhea is easy to treat and cure, it can lead to serious health problems if left untreated.
- Further recommendations include: promote expansion of current public awareness programs about STD transmission, symptoms, treatment and prevention; increase the number of public clinics and community health centers providing STD education, diagnosis and treatment, particularly in areas with high rates; identify and provide prophylactic treatment and counseling for sexual partners of confirmed STD carriers; based on national best practices and standards of care, implement STD related services that are comprehensive, culturally sensitive and of the highest quality.

HIV/AIDS

Indicator 22, HIV incidence rate



(Worse)

In 2008, 64 cases of HIV per 100,000 people were reported in Miami-Dade; a rate that has **increased** from 56.8 in 2005. The current rate is nearly double the Florida average of 37.8 cases per 100,000. Males represented the majority of the total cases at 74.3%, as compared to females at 25.7%. Children aged 0 to 12 and teens aged 13 to 19 comprised 0.3% and 1.6%, respectively while adults age 60 and over comprised 9.6% of the population. More Hispanics were affected at 44.4% as compared to 40.9% of non-Hispanic blacks and 13.4% of non-Hispanic whites. The population of men who have sex with men (MSM) represented 73.1% of cases, while 1.8% were intravenous drug users (IDU), 2.3% were classified as MSM/IDU, 22.6% were heterosexual and 0.2% were classified as “other.”

The CDC estimates that more than one million people are living with HIV in the United States, and one in five (21%) of those are unaware of their infection. Each year, 56,300 Americans become infected with HIV. The disease’s evolution over time has brought increased infection rates among heterosexuals, women, African-Americans and Hispanics, as well as among white men and men who have sex with men (MSM). Measures taken to lessen the disease’s impact include improvements in prevention/transmission education, counseling and testing procedures, antiretroviral therapies, blood bank screening, and stricter patient confidentiality.

Policy-Related Issues

- Increase the quantity and maximize the effectiveness of resources for care, treatment, and prevention of HIV/AIDS for those populations that are disproportionately affected, with special emphasis on culturally sensitive approaches targeting those of Haitian descent.
- Establish protocols for responding more efficiently and effectively to changes in the HIV/AIDS epidemic.
- Men who have sex with men (MSM) and minority populations bear the greatest burden of HIV/AIDS. Programs must continue to target the most at-risk populations. The Florida Department of Health-Bureau of HIV/AIDS states that the single most important preventive measure is for MSM to know their HIV status.
- The CDC recommends that all persons between ages 16 and 64 be tested and know their status. Expand media campaigns to raise awareness of the importance of testing.

Communicable Diseases

Indicator 23, Hepatitis hospitalization rate



(Worse)

From 2007 to 2009, there were 1.8 hepatitis hospitalizations per 10,000 adults in Miami-Dade, a rate that **increased slightly** from 1.7 between 2006 and 2008 and is below statewide average of 2.0 per 10,000. Hepatitis hospitalizations were highest among adults aged 45-64 at 3.0, followed by those aged 65-84 at 2.4, and those aged 25-44 at 1.2 per 100,000. Males were more affected than females, at 2.2 and 1.5, respectively.

Indicator 24, Tuberculosis incidence rate



(Better)

In 2009, the incidence rate of tuberculosis in Miami-Dade was 6.4 cases per 100,000 people, a rate considered high when compared to the statewide average of 4.4, but **improved** from 10.3 in 2003.

Communicable or infectious disease refers to those diseases that can be passed or spread from person to person. Certain behaviors, such as intravenous drug use, further heighten the risk of transmission. Moreover, as the global economy takes hold, with increased importation of goods, and more individuals traveling to areas of high risk, chances of contracting a communicable disease increase further.

Policy-Related Issues

- The introduction of new infectious agents and reemergence of some diseases presents ongoing challenges in the prevention and control of communicable diseases. Recommendations to address the issue include: implement processes to promote the completion of tuberculosis curative therapy; promote Hepatitis education and prevention programs particularly for intravenous drug users; promote Hepatitis A and B vaccinations among at risk populations.
- Demands for organ transplantation for persons with liver damage from hepatitis greatly outpace the rate of organ donation. Finding an organ match for minority recipients is further challenged when genetic similarity requirements are not be met by the donor pool. While minorities donate in proportion to their share of the population, their need for transplants is much greater. Continue efforts to increase awareness of the need for organ donations.

Residents prevent chronic disease and illness

Oral Health

Indicator 25, Adults who did not visit a dentist due to cost

Trend data
not available

In 2007, approximately 20.7% of adults in Miami-Dade did not see a dentist in the past year due to cost, a rate that is similar to the statewide average of 19.2%. A greater proportion of adults between the ages 45 and 64 did not see a dentist due to cost, at 26.1%, compared to those between the ages of 18 and 44, at 19.3%, and those older than 65, at 15.1%. In the same year, more females did not see a dentist due to cost than males, at 23.9% and 17.2%, respectively; and a greater proportion of Hispanics did not see a dentist due to cost, as compared to non-Hispanic black and non-Hispanic white adults, at 23.4%, 16.4%, and 10.1% respectively.

Poor oral health and untreated oral diseases and conditions can have a considerable impact on quality of life. Many individuals are at increased risk for development of oral health problems due to underlying medical conditions, ranging from rare genetic diseases to chronic diseases such as arthritis and diabetes. The discovery and implementation of preventative measures at the local, state, and national levels have helped to improve the oral health for many living in the community, but significant disparities along and socioeconomic and racial lines continue to be a challenge. Differences in oral health can largely be attributed to access to care and insurance coverage. According to Community Voices Miami, less than 5% of dental care costs are financed through Medicaid and SCHIP programs. As such the importance of private sector participation in solutions must be underscored.

Policy-Related Issues

Most dental care for low income populations is left to charitable care and private practitioners or to community health programs or migrant health clinics. Additionally, most dental care is financed privately through out of pocket or employer based dental insurance. Thus, a knowledgeable approach to dental health services expansion should include these partners and may include:

- Advocate for dental vans, greater access to dental hygienists, and collaborations with medical schools.
- Encourage the use of sealants among children of school age to protect healthy permanent teeth.
- Create culturally sensitive media campaigns targeting populations most at risk.

Cancer

Indicator 26, Lung cancer death rate



(Better)

Between 2007 and 2009, there was an age-adjusted rate of 32.5 deaths per 100,000 people due to lung cancer in Miami-Dade, which is **improved** from 34.8 between 2003 and 2005, and is less than the state average of 46.9 per 100,000 for the same time period. Whites had the highest reported death rates, as compared to blacks and Hispanics, at 32.7, 30.7, and 28.1 per 100,000 people, respectively.

Indicator 27, Colorectal cancer death rate



(Better)

Between 2007 and 2009, there was an age-adjusted death rate due to colorectal cancer of 15.9 per 100,000 people in Miami-Dade County; a rate that has **improved** from 17.3 between 2003 and 2005, but is higher than the statewide average of 14.7 per 100,000. Black residents were more affected followed by whites and Hispanics, at 17.8, 15.3 and 15.1, respectively.

Lung cancer is the most common and preventable type of cancer. According to the American Cancer Society, 80% of cases of lung cancer can be prevented by eliminating tobacco use. The U.S. Preventive Services Task Force (USPSTF) recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults, beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary.

Policy-Related Issues

Leading sites of new cancer cases and deaths (as of 2005) include prostate, breast, lung and bronchus. Decreasing cancer risk can be accomplished by reducing a combination of behavioral and environmental risk factors within the community.

- According to the CDC, a recommendation from a health care provider is the most important reason patients cite for having cancer screening tests. Screening is effective in identifying breast cancer through mammography, cervical cancer through Pap tests, and colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy.
- Many cancers are preventable by reducing risk factors such as smoking, physical inactivity and poor nutrition, obesity and ultraviolet light exposure. Campaigns should continue to target increased awareness in these areas.

Cancer and Men's Health

Indicator 28, Prostate cancer death rate



(Better)

Between 2007 and 2009, there was an age-adjusted death rate of 21.8 deaths per 100,000 males due to prostate cancer in Miami-Dade, **down** from 24.7 between 2003 and 2005. The statewide average in the same year was lower at 18.3 per 100,000. Black males had a death rate which was twice that reported for whites and Hispanics, at 42.7, 18.3, and 18.3, respectively.

Many men may not know that they are at risk for prostate cancer. In the early stages there often are no symptoms, making regular check-ups and screens of critical importance to early detection and treatment. Early intervention can significantly reduce mortality rates. The primary screening tools for prostate cancer are the digital rectal examination (DRE) and the prostate-specific antigen (PSA) test. According to the CDC, prostate cancer is the most commonly diagnosed form of cancer among men in the United States, other than some forms of skin cancers. The American Cancer Society (ACS) estimates the death rates from prostate cancer for black men is nearly three times higher than for white men.

Policy-Related Issues

The important role of regular check-ups and screens is critical for men in their 40s and 50s who may show no immediate signs or symptoms. In some communities screening for prostate and colorectal cancer is considered taboo. In particular, those who are having difficulty with urination, experience pain during sex, or have pain or stiffness in the lower back, hips or thighs; or those who experience loose stools for several weeks or more, rectal bleeding, or abdominal pain medical attention is warranted to ascertain if a benign or cancerous condition exists. Cancer prevention recommendations for men include:

- Advocate programs such as Florida's Closing the Gap program to reduce the health disparities that exist between minorities and individuals of low socioeconomic status in relation to prostate cancer mortality and utilization of preventative health services.
- Create culturally sensitive media campaigns advocating screenings for colorectal and prostate cancer, specifically targeting the populations most at risk, including minorities and immigrants.

Cancer and Women's Health

Indicator 29, Mammogram history



(Worse)

In 2007, the prevalence of women in Miami-Dade over the age of 40 who received a mammogram in the past two years was 62.9%; a rate that has **decreased** from 71.1% in 2002, and is similar to the statewide average of 64.9%. In the same year, women between the ages of 45 and 64 received more mammograms, reporting 68.5%, than those older than 65 years of age, reporting 60.7%. In addition, non-Hispanic black women reported having more mammograms than Hispanic and non-Hispanic white women, at 78.3%, 63.8%, and 55.2%, respectively.

Indicator 30, Breast cancer death rate



(Better)

Between 2007 and 2009, there was an age-adjusted rate of 19.6 deaths due to breast cancer per 100,000 females in Miami-Dade, compared to a statewide rate of 20.4 per 100,000. This rate is **down** from 22.9 between 2003 and 2005. Black women experienced higher death rates due to breast cancer at 27.1%, as compared to white and Hispanic women, at 18.1%, and 15.8%, respectively.

Indicator 31, Pap test history



(Worse)

In 2007, 63.6% of women aged 18 and over received a Pap smear in Miami-Dade; a rate that has **decreased** from 69.4% in 2002, but is comparable the statewide average of 64.8%. Furthermore, women between the ages 18 and 44 had higher screening rates, reporting 68.8%, than those between the ages of 45 and 64, reporting 62.5%. Non-Hispanic black women were screened more than non-Hispanic white women and Hispanic women, at 78.9%, 68%, and 60.1%, respectively.

Indicator 32, Cervical cancer incidence rate



(Better)

Between 2005 and 2007, the cervical cancer incidence rate was 10.8 cases per 100,000 in Miami-Dade, compared to a statewide average of 9.1 per 100,000. This rate is **down** from 11.5 per 100,000 reported between 2003 and 2005.

The promotion and protection of the health of women in the community is vital to families. Women can be especially proactive by getting screened for breast and cervical cancer. According to the CDC, after skin cancer, breast cancer is the most common form of cancer among American women. The promotion of regular check-ups and mammography screenings has significantly reduced breast cancer death rates. Decreased cervical cancer deaths have also been linked to preventative services such as the Pap test. According to the American Cancer Society (ACS), a 70% decline in cervical cancer occurred since the Pap test's introduction as an annual exam for women 18 and over or for sexually active females.

Policy-Related Issues

- A well-established risk factor for breast cancer is being overweight, especially among post-menopausal women. Smoking and the presence of sexually transmitted human papilloma virus (HPV) increase cervical cancer risk, while nationwide cervical cancer death rates are twice as high among black women when compared to whites. Hispanic women are less likely to have a Pap test. Specific programs should be created to target populations at risk.
- The Food and Drug Administration (FDA) has licensed the HPV vaccine for 11-12 year old girls and 13-26 year old females who have yet to complete their vaccine series. Community-based

education is recommended to help prevent cervical cancer and other diseases caused by HPV by disseminating information on the vaccine.

- Women with insurance are twice as likely to get their annual mammogram as those without health insurance (ACS). Nearly all cases of cervical cancer can be treated and deaths avoided with proper health care screening and follow-up.

Asthma

Indicator 33, Pediatric asthma hospitalization rate



(Better)

Between 2007 and 2009, the hospitalization rate due to asthma among people under age 18 in Miami-Dade was 19.8 cases per 10,000. Although the County numbers went **down** from 21.9 between 2006 and 2008, Miami-Dade ranked among the worst in the state when compared to a Florida county average of 13.4 and a statewide average of 16.6 per 10,000.

Indicator 34, Adult asthma hospitalization rate



(Worse)

Between 2007 and 2009, the hospitalization rate due to asthma among adults residing in Miami-Dade was 16.3 cases per 10,000. Although the County numbers only **increased slightly** from 16.2 between 2006 and 2008, Miami-Dade ranked among the worst in the state when compared to a statewide average of 12.6 per 10,000.

Asthma, a chronic lung disorder marked by recurring episodes of airway obstruction, affect an estimated 18 million persons in the United States and is responsible for nearly 500,000 hospitalizations, 3,500 deaths, and 134 million days of restricted activity a year. Because asthma tends to appear early on in life, without treatment and proper intervention, it can negatively affect individuals throughout their entire lives resulting in poorer health outcomes, and elevated health care expenditures. According to the CDC daily preventive treatment can prevent symptoms and attacks and enable individuals who have asthma to lead active lives.

Policy-Related Issues

- Increase access to treatment in school-based and primary health care settings to help reduce emergency department visits and hospitalizations resulting from asthma; and build upon the HealthSpark program and increase the number of child care centers that are “asthma-friendly”.
- Enhance disease management programs providing a system of coordinated health care interventions and communications for populations with conditions in which self-care are significant. When specifically geared toward people with asthma these programs can provide written care plans; instruction on proper use of inhalers; prescribing and monitoring use of medications; and assistance with environmental scans to assess and reduce exposure to environmental risk factors.

Preventable Hospitalizations and Deaths: Pneumonia/Influenza

Indicator 35, Bacterial pneumonia hospitalization rate



Between 2007 and 2009, the age-adjusted hospitalization rate due to bacterial pneumonia in Miami-Dade was 31.1 cases per 10,000 cases, similar to the Florida county average of 29.1 per 10,000, with rates that went **down** from 31.6 between 2006 and 2008, but higher than the statewide average of 24.9 per 10,000.

Indicator 36, Influenza and pneumonia death rate



In 2009, the age-adjusted death rate due to influenza and pneumonia in Miami-Dade was 9.1 deaths per 100,000 people, which is **down** from the 2003 figure of 14.6 per 100,000 and mirrors the statewide average.

Pneumonia refers to an infection of the lungs which may be caused by viruses, bacteria, fungi and parasites. Pneumonia is frequently a complication of influenza and according to the Centers for Disease Control (CDC) most influenza fatalities are a result of secondary bacterial pneumonia. The risk for influenza and pneumonia is significantly higher among persons over age 65 and younger people with underlying medical conditions (CDC). However, adults of all ages may benefit from flu shots under proper medical supervision.

Policy-Related Issues

- Vaccination is an effective strategy to reduce illness and deaths due to pneumonia and influenza. Opportunities for continuing education of providers should be enhanced as a means toward improving the delivery of clinical preventive services, such as standing orders for vaccination, provider reminders and feedback, and patient notifications and reminders.
- Increase public health education and interventions for health care professionals to educate patients and make resources for influenza and pneumonia available for individuals of low socioeconomic status and underinsured and uninsured individuals.

Preventable Hospitalizations and Deaths

Indicator 37, COPD hospitalization rate



Between 2007 and 2009, the hospitalization rate due to chronic obstructive pulmonary disease (COPD) was 26.1 cases per 10,000 Miami-Dade adults; with rates that went **down** from 25.6 between 2006 and 2008. During the same period, the statewide average was 24.1 cases per 10,000.

Indicator 38, Urinary Tract Infection hospitalization rate



Between 2007 and 2009, there was an age-adjusted hospitalization rate due to urinary tract infection (UTI) of 28.1 cases per 10,000 people ages 18 and over; with rates that **increased** from 26.9 between 2006 and 2008. During the same period, the statewide average was significantly lower at 18.4 cases per 10,000.

Indicator 39, Stroke death rate*(Better)*

In 2009, the age-adjusted death rate due to stroke in Miami-Dade was 29.5 deaths per 100,000 people, which represents a **significant improvement** from the 2003 rate of 38.4 deaths per 100,000 and is better than the statewide average of 30.3 deaths per 100,000. In Miami-Dade County, blacks have had a higher death rate than whites and Hispanics during the same year at 40.6, 26.5, and 25.2 per 100,000 people, respectively.

Indicator 40, Hypertensive heart disease death rate*(Worse)*

In 2009, the age-adjusted death rate due to hypertensive heart disease in Miami-Dade was 13.4 deaths per 100,000; a rate that has **increased** from 12.9 in 2003, and is worse than the statewide rate of 9.7 per 100,000. Blacks have more than twice the hypertensive heart disease death rate as compared to whites and Hispanics, at 23.3, 11.2 and 9.6 per 100,000.

Indicator 41, Diabetes death rate*(Better)*

In 2009, the age-adjusted death rate due to diabetes was 23.4 deaths per 100,000 people in Miami-Dade, similar to the statewide rate of 19.1 and **improved** from the 2003 rate of 24.6 deaths per 100,000. Blacks had a death rate that was twice as high as the rates reported for Hispanics and whites, at 38.9, 21.8 and 20.6 per 100,000 people, respectively.

Policy-Related Issues

Cases of untimely death, disabilities and hospitalizations attributed to conditions such as stroke, hypertensive heart disease and other chronic diseases and infections can be prevented by adequate healthcare access, primary care services and preventive screenings and prevention programs within the community. Persons without a medical home or primary care provider are more likely to delay treatment and seek treatment through the hospital emergency department and are often admitted for conditions that otherwise could have been treated on an out-patient basis. Therefore, the following recommendations are made:

- Target high-risk adults with culturally appropriate prevention programs focused on weight loss, increased physical activity and/or reduced sodium intake to help control blood pressure. Heighten awareness as to maintaining their blood pressure so that they can state whether their blood pressure was normal or high.
- Increase access to reliable ambulatory care and quality medical and emergency treatment to reduce mortality and hospitalizations resulting from COPD, hypertension, bacterial pneumonia, and congestive heart failure. Proper triaging, culturally competent care, education and service linkages through Health Navigators can aid in preventing future readmissions and help establish medical homes for needy residents.
- Increase the proportion of primary care providers trained to use appropriate lung function tests to recognize the early signs of COPD before the disease becomes serious and limiting in everyday activities.
- Reduce catheter-associated urinary tract infections among ICU patients.

Residents have access to health insurance and health care

Health Insurance

Indicator 42, Adults with health insurance



(Worse)

In 2009, 60.2% of people in Miami-Dade between the ages of 18 and 64 had some type of health coverage, as compared to 71.4% statewide. This rate has **decreased** from 63.4% in 2008. The rates of insurance tended to increase by age group in 2009 with 69.6% of residents aged 55 to 64 insured as compared to only 55% of residents aged 18 to 44. More females tend to be insured than males, at 63.3% and 56.9%, respectively. Non-Hispanic whites had greater numbers of insurance than non-Hispanic blacks and Hispanics, at 80.2%, 60.9%, and 54.0%.

Indicator 43, Children with health insurance



(Better)

In 2009, 81.9% of children between the ages of 0 and 17 years of age living in Miami-Dade had some type of health insurance, as compared to 85.2% statewide. This rate has **improved** from 79.2% in 2008.

Indicator 44, Median monthly Medicaid enrollment



(Worse)

In 2009, the median monthly Medicaid enrollment was 20,596.2 per 100,000 people in Miami-Dade; **increased** from 18,302.5 in 2003. The statewide rate was 14,233.1 per 100,000 in 2009.

Indicator 45, Adults with a usual source of health care



(Better)

In 2007, 74.7% of adults residing in Miami-Dade had one or more people they thought of as their personal doctor or primary health care provider, as compared to 77.1% statewide. This rate has **improved** from 69.7% in 2002. A greater proportion, or 87.3% of adults 65 years of age and older reported having a usual source of care as compared to those between the ages of 45 and 64, at 79.7%. A higher proportion of females reported having some type of primary care than males, at 77.5% and 71.6%, respectively. Non-Hispanic whites had greater numbers of usual health care than non-Hispanic blacks and Hispanics, at 91.2%, 78.3%, 70.5%, respectively.

According to the CDC, 46 million Americans did not have health insurance in 2009. In 2008, 30.4% of Hispanics, 17% of non-Hispanic blacks, and 9.9% of non-Hispanic white Americans did not have insurance. The interdependence of health outcomes, insurance coverage and access to care is widely recognized, but affordability and the lack of employer offerings are major barriers for the uninsured. Consistent utilization of health care resources within a community has a direct influence on better health outcomes for men, women and children relative to morbidity and mortality rates for chronic diseases and regular maintenance of dental health.

Policy-Related Issues

- Promote the 2010 Affordable Care Act that improves access to care for patients, health care delivery for doctors, and lower costs.
- Create and promote initiatives such as Florida KidCare and programs that target Hispanic and black populations as well the low income and 19-24 age group.

- Encourage and support employers to provide insurance to a greater percentage of their employees through educating employers on the cost benefits of keeping employees healthy.
- Enact initiatives such as the Governor’s Task Force on Access to Affordable Health Insurance, and the House Select Committee on Affordable Health Care for Floridians, to help make health coverage more affordable and easier to access.
- Encourage the development of creative financing and marketing strategies for hybrid plans tailored to South Florida.

Families live in safe and supportive environments

Unintentional Injuries

Indicator 46, Motor vehicle collisions death rate



In 2009, the age-adjusted death rate due to motor vehicle collisions was 11.7 deaths per 100,000 people due to motor vehicle crashes in Miami-Dade, compared to a statewide average of 13.6 deaths per 100,000. The trend has **significantly improved** since the 2003 rate of 16.5 deaths per 100,000.

Indicator 47, Pedestrian death rate



In 2009, the pedestrian death rate in traffic collisions in Miami-Dade was 2.6 deaths per 100,000 people, which is similar to the statewide average of 2.5. This represents a **significant improvement** from the 2003 rate of 3.6 deaths per 100,000.

Indicator 48, Unintentional drowning death rate



In 2009, there were 1.7 age-adjusted deaths per 100,000 people due to unintentional drowning in Miami-Dade, compared to a statewide average of 1.8 deaths per 100,000. This represents an **improvement** from the 2003 rate of 2.0 per 100,000. More unintentional drowning was reported among blacks than Hispanics and whites, at 2.7, 1.8, 1.3 per 100,000 people, respectively.

A healthy community is one in which residents are able to sustain a high quality of life and productivity and where the environment in which one lives provides safety and support. In Florida, unintentional injuries are the leading cause of death for children, youth and young adults between the ages of 1 and 44, and the fourth leading cause of death for infants less than one year old.

Policy-Related Issues

- Promote swimming pool and watercraft safety initiatives, drowning prevention resources for parents and children, and CPR instruction to prevent drowning deaths in children and teens.
- In 2008, Florida was ranked the number one deadliest state for walkers and cyclists. Increased access to safe walking and cycling areas must be provided.
- Develop, implement and consistently enforce the use of safety belts, laws related to safety belt usage and laws related to driving under the influence to help reduce deaths related to motor vehicle crashes.

Violent Crime

Indicator 49, Violent crime rate



In 2009, there were 800.7 total violent crimes per 100,000 Miami-Dade residents, compared to a statewide average of 604.9 per 100,000. However, this rate has **improved significantly** from the 2003 rate of 1,088.9 per 100,000.

Indicator 50, Domestic violence offense rate*



In 2009, there were 453.7 total reported domestic violence offenses per 100,000 people in Miami-Dade. This rate has **improved significantly** from 700.9 in 2003, and is lower than the statewide average of 619.3 per 100,000.

Indicator 51, Child abuse rate*



In 2008, there were 4 cases per 1,000 children reported between the ages of 5 and 11 who had experienced sexual, physical, or emotional abuse in Miami-Dade. This rate is **down slightly** from 4.4 cases in 2003, and below the reported 2008 statewide average of 10.0 per 100,000.

Indicator 52, Juvenile justice referral rate



In 2009, there were 432.8 juvenile justice referrals per 10,000 people aged 10 to 17 in Miami-Dade, as compared to a statewide rate of 648.6 per 10,000. This rate is **improved** from 475.8 per 10,000 in 2003.

Violence claims the lives of many young people annually and affects the health and well-being of all. Violent crime indicators help to measure and evaluate the patterns and trends of violent behaviors, provide insight to the burden of violence in the community, promote awareness, and demonstrate need for violence prevention programs.

Policy-Related Issues

- Increase multicultural and multilingual public awareness campaigns and community resources that are available to help families dealing with violence in the home.
- Childhood abuse or other experiences with violence can have profound physical and emotional consequences. Prevention efforts should continue to focus on adolescent and adult violence within the larger context of family violence.
- Control for factors that are known to have an association with violent behavior such as reducing poverty and unemployment, increasing educational opportunities, and lessening discrimination.

*According to The Children’s Trust 2008 Indicators of Child Well-being Report, it is important to note that in communities with high concentrations of immigrant populations such as Miami-Dade County, rates of reporting both child abuse and domestic violence may be negatively affected by the numerous cultural, economic, legal and practical factors that combine to prevent immigrant children and intimate partners who are abused from seeking help. This can occur either because they are unaware of available services or want to avoid contact with governmental and law enforcement agencies because of perceived consequences.

Elders are healthy and utilize the healthcare system effectively and efficiently

Medicare Coverage

Indicator 53, Medicare enrollment rate, Age 65 and older



(Worse)

In 2007, 90.9% of Miami-Dade residents over the age of 65 were enrolled in Medicare, as compared to a statewide average of 84.1%. This rate has **decreased** from 94.2% in 2003

Miami-Dade County's senior adults numbered 336,384 in 2007, or 13.4% of the county's population. Elders are a major user of healthcare services, accounting for over a third of hospital admissions. In the Medicare program, persons 85 and over see their physicians at nearly twice the rate of persons 65 to 74.

Medicare is the primary insurance program for seniors and disabled younger adults and pays approximately 56% of beneficiary's total healthcare costs with the remaining balance considered an out-of-pocket expense, making affordability a major factor in accessing care. With the 65 and over population increasing steadily, the number of available healthcare professionals and resources, and the accessibility and efficacy of the Medicare program within the community together form a cluster of critical determinants of health quality for seniors.

Policy-Related Issues

- Advocate for all eligible seniors to enroll in the Medicare program and utilize preventative, early diagnosis and treatment services.
- Consider the inter-relationships between low income dually eligible Medicare and Medicaid recipients when designing health coverage programs.
- Increase health education efforts for seniors through advocacy of programs such as the Mayor's Initiative on Aging and Consortium for a Healthier Miami-Dade.

Senior Influenza/Pneumonia Vaccinations

Indicator 54, Influenza vaccination rate, Age 65 and older



(Worse)

In 2007, 44.8% of adults 65 years or older received the influenza vaccination in Miami-Dade; a **decrease** from 50.8% in 2002 and significantly lower than the statewide average of 64.6%. In 2007, 51.8% of males had received influenza vaccination compared to 39.8% of females; and non-Hispanic white adults had a higher prevalence than Hispanics, at 61.1% and 38.5%, respectively. More males received the vaccine than females, at 51.8% and 39.8%, respectively.

Indicator 55, Pneumonia Vaccination Rate 65+



(Better)

In 2007, 39.6% of Miami-Dade adults over 65 years of age received pneumococcal (pneumonia) vaccine, a rate much lower than the Florida average of 63%, but **improved** from 37.9% in 2002. During the same year, more males than females received the vaccine, at 46.1% and 35.2%, respectively. More non-Hispanic whites than Hispanic adults over 65 years received the pneumococcal vaccine, at 56.8% and 30.5%, respectively.

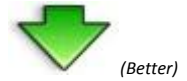
According to the CDC, pneumonia and influenza together are ranked as the seventh leading cause of death of Americans over age 65, with pneumonia consistently accounting for the overwhelming majority of deaths.

Policy-Related Issues

- The pneumococcal vaccine must be used more extensively and administered to highest risk populations including persons aged 65 years and older. According to the CDC, Blacks and Hispanics have significantly lower rates of immunization for influenza and pneumococcal disease than other racial/ethnic populations. Since Miami-Dade has significant numbers of residents in these groups, specific outreach to these populations is needed to help boost immunization rates.
- Launch a community-wide campaign to address the importance of seniors being vaccinated.
- Assure adequate supplies of the flu vaccine are available to seniors and the medical community

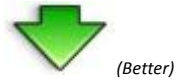
Preventable Hospitalizations among Seniors

Indicator 56, Hip Fracture hospitalization Among Females, Age 65+



Between 2007 and 2009, 824.5 per 100,000 females age 65 and older were hospitalized for hip fracture, which is higher than the Florida average of 791.4 per 100,000. This rate has gone **down** from 832.8 per 100,000 females recorded between 2006 and 2008.

Indicator 57, Hip Fracture hospitalization Among Males, Age 65+



Between 2007 and 2009, 275.3 per 100,000 males age 65 and older were hospitalized for hip fracture, which is higher than the Florida average of 263.5 per 100,000. This rate has gone **down** from 272.0 per 100,000 males recorded between 2006 and 2008.

Falls are the leading cause of injury and disability in older adults. People are living longer than ever before with a life expectancy of an additional 18.7 years once reaching age 65. Longer life spans, however, create higher rates of chronic diseases, which eventually can result in increased disability, advanced medical treatments and higher financial costs.

Policy-Related Issues

- Develop a plan to promote home safety for seniors that fosters injury prevention of avoidable conditions such as falls that can result in hospitalization.
- Emphasize the importance of exercise and strengthening activities to prevent falls.
- Promote healthy and independent living initiatives such as the Health Foundation of South Florida's Healthy Aging Regional Collaborative.

Alzheimer's Disease

Indicator 58, Alzheimer's Disease death rate, Age 65 and older



(Better)

In 2009, 149.8 per 100,000 Miami-Dade residents over age 65 died of Alzheimer's Disease, similar to the statewide rate of 138.8 per 100,000. This rate is **down** from 169.1 per 100,000 in 2003. More females than males died due to Alzheimer's at rates of 182.4 and 105.0, respectively. Hispanic and white older adults had a similar prevalence, at 159.6 and 158.2, respectively, while black older adults had a much lower prevalence of Alzheimer's Disease deaths, at 74.4 per 100,000.

According to the CDC, up to 5.1 million Americans aged 65 years and older have Alzheimer's disease. These numbers are predicted to more than double by 2050 unless more effective ways to treat and prevent Alzheimer's disease are found.

Policy-Related Issues

- Develop interventions to delay or prevent Alzheimer's disease and promote early diagnosis of Alzheimer's disease and other dementias.
- Identify model programs that are uncovering new ways to reach underserved communities through education and support groups for caregivers and family members of persons suffering from Alzheimer's disease

Appendix A:

Indicators

LEGEND



Compare by Region: The colored gauge gives a visual representation of how Miami-Dade County is doing in comparison to other Florida counties. The tri-color dial represents the distribution of values from reporting counties in the state, ordered from those doing the best to those doing the worst (sometimes lower values are better and in other cases higher values are better). From that distribution, the green represents the top 50th percentile, the yellow represents the 25th to 50th percentile, and the red represents the "worst" quartile.



Compare by Average: This gauge shows how the Miami-Dade County value compares with the median or mean value for all counties in the state. The gauge is blue and white when being higher (or lower) is not necessarily good or bad and is multi-colored when being higher (or lower) is good or bad.

Status: Where obvious trends are observed, green arrows indicate the numbers are getting better and red arrows indicate the numbers are getting worse.



Indicator	Infants, children, and mothers are healthy and utilize health and social services	Miami-Dade 2003	Miami-Dade 2008	Florida 2008	United States 2007	Healthy People National Targets	Comparison to other Florida Counties	Status
Healthy Births								
1	Mothers who received early prenatal care	89.3%	84.1%	76.9%	70.5%	2010: 90.0% 2020: 77.9%		Trend analysis not possible*
		2003	2009	2009	2007			
2	Babies with low birth weight (Live births under 2500 grams)	8.6%	9%	8.7%	8.2%	2010: 5.0% 2020: 7.8%		 Worse
		2003	2008	2008	2006			
3	Infant mortality rate (0-364 days from birth/deaths per 1,000 live births)	6.0	5.2	7.2	6.7	2010: 4.5 2020: 6.0		 Better
		2003	2009	2009	2007-08			
Immunizations								
4	Kindergartners with required immunizations	92.4%	82.4%	94.6%	95.2%	N/A		 Worse
Indicator	Children, youth, and adults are healthy, practice healthy behaviors and avoid risky behaviors	Miami-Dade 2003	Miami-Dade 2009	Florida 2009	United States 2009	Healthy People National Targets	Comparison to other Florida Counties	Status
Physical Activity and Nutrition								
5	Teens who are overweight or obese (High school students; overweight is categorized as ≥ 85th percentile but < 95th percentile and obese is > 95th percentile)	28.2%	26.4%	25%	27.8%	N/A		 Better
		2005	2009	2009	2009			
6	Teens who engage in regular physical activity (High school students; 60 minutes per day on 5 or more days of the week)	26.9%	36%	40.8%	37%	N/A		 Better

*In March 2004, the State of Florida changed the way it collected prenatal care data via birth certificates. This affects the comparability of current data collected on the revised Standard Certificate of Live Birth form and 2003 data. In the revised Standard Certificate of Live Birth the exact date of prenatal care commencement is used, rather than the formerly requested month a mother began receiving prenatal care.

Indicator	Children, youth, and adults are healthy, practice healthy behaviors and avoid risky behaviors (cont'd)	Miami-Dade 2003	Miami-Dade 2009	Florida 2009	United States 2009	Healthy People National Targets	Comparison to other Florida Counties	Status
Physical Activity and Nutrition (cont'd)								
7	Teens fruit and vegetable consumption (High school students; ≥ 5 times/day, 7 days/wk)	22.2%	24.9%	21.6%	22.3%	N/A		Better
		2002	2007	2007	2007			
8	Adults who are overweight or obese	61.0%	64.9%	62.1%	62.9%	N/A		Worse
9	Adults who are sedentary	33.5%	35.4%	25.4%	22.6%	N/A		Worse
10	Adults fruit and vegetable consumption (at least 5 times a day)	26.9%	23.1%	26.2%	24.4%	N/A		Worse
		2005	2009	2009	2009			
Substance Abuse								
11	Teens who smoke (High school students who smoked cigarettes on at least 1 day during the 30 days)	12.8%	13.9%	16.1%	19.5%	2010: 16% 2020: 16%		Worse
12	Teens who binge drink (High school students, ≥ 5 five alcoholic drinks in a row in 2 hrs, on 1 day in 30 days.)	18.7%	20%	21.1%	24.2%	N/A		Worse
		2002	2007	2007	2007			
13	Adults who smoke	18.8%	15.4%	19.3%	19.8%	2010: 12% 2020: 12%		Better
14	Adults who binge drink (drinking at least once in the past 30 days)	16.1%	15%	16.2%	15.8%	2010: 6% 2020: 24.3%		Better
		2006-08	2007-09	2007-09	2007-09			
15	Hospitalization rate due to alcohol abuse (average annual age-adjusted rate due to acute or chronic alcohol abuse per 10,000 people ages 18+)	9.7	10.2	8.8	N/A	N/A		Worse
		2003	2008	2008	2007			
16	Driving under the influence arrest rate (rate per 100,000 population of arrests for DUI of alcohol)	192.4	202.7	328.2 <i>Fla. Co. avg.</i>	473.0	N/A		Worse
		2005	2009	2009	2009			
Sexual Activity among Youth								
17	Teens who are sexually active (High school students who have ever had sexual intercourse)	52.2%	53.4%	50.6%	46.0%	N/A		Worse

Indicator	Children, youth, and adults are healthy, practice healthy behaviors and avoid risky behaviors (cont'd)	Miami-Dade 2003	Miami-Dade 2009	Florida 2009	United States 2005	Healthy People National Targets	Comparison to other Florida Counties	Status
Sexual Activity among Youth (cont'd)								
18	Teen birth rate (live births per 1,000 females age 15-19 yrs.)	36.6	31.5	37.4	40.5	N/A		Better
		2003	2009	2009	2008			
Sexually Transmitted Diseases								
19	Syphilis incidence rate (incidence rate in cases per 100,000 population)	8.2	12.6	5.5	Females: 1.5 Males: 7.6	2010: 0.2 2020: 1.4 Females: 1.4 Males: 6.8		Worse
20	Chlamydia incidence rate (incidence rate in cases per 100,000 population)	188.2	335.8	387.5	401.3	N/A		Worse
21	Gonorrhea incidence rate (incidence rate in cases per 100,000 population)	81.2	94.4	111.0	N/A	N/A		Worse
		2005	2008	2008	2006			
HIV/AIDS								
22	HIV incidence rate (incidence rate in cases per 100,000 population)	56.8	64	37.8	22.8	N/A		Worse
		2006-08	2007-09	2007-09	2007-09			
Communicable Diseases								
23	Hepatitis (average annual age-adjusted hospitalization rate due to hepatitis per 10,000 pp ages 18+)	1.7	1.8	2.0	N/A	N/A		Worse
		2003	2009	2009	2005			
24	Tuberculosis incidence rate (incidence rate in cases per 100,000 population)	10.3	6.4	4.4	4.9	2010: 1.0 2020: 1.0		Better
Indicator	Residents prevent chronic disease and illness	Miami-Dade 2003	Miami-Dade 2007	Florida 2007	United States 2007	Healthy People National Targets	Comparison to other Florida Counties	Status
Oral Health								
25	Adults who could not see a dentist in the past year due to cost	N/A	20.7%	19.2%	N/A	N/A		Trend data not available
		2003-05	2007-09	2007-09	2007			
Cancer								
26	Lung cancer (Age-adjusted death rate per 100,000 people)	34.8	32.5	46.9	50.6	2010: 44.9 2020: 45.5		Better
27	Colorectal cancer (Age-adjusted death rate per 100,000 people)	17.3	15.9	14.7	17.0	2010: 13.9 2020: 14.5		Better
Cancer and Men's Health								
28	Prostate cancer (Age-adjusted death rate per 100,000 males)	24.7	21.8	18.3	23.5	2010: 28.8 2020: 21.2		Better

Indicator	Residents prevent chronic disease and illness (cont'd)	Miami-Dade 2002	Miami-Dade 2007	Florida 2007	United States 2008	Healthy People National Targets	Comparison to other Florida Counties	Status
Cancer and Women's Health								
29	Mammogram history (Percentage of women over 40 tested in the past two years)	71.1%	62.9%	64.9%	76.0	N/A		 Worse
		2003-05	2007-09	2007-09	2007			
30	Breast cancer (Age-adjusted death rate per 100,000 females)	22.9	19.6	20.4	22.9	2010: 22.3 2020: 20.6		 Better
		2002	2007	2007	2007			
31	Pap test history (Percentage of women aged 18 and over tested in the past year)	69.4%	63.6%	64.8%	N/A	N/A		 Worse
		2003-05	2005-07	2005-07	2005-07			
32	Cervical cancer incidence rate (Age-adjusted cases per 100,000 population)	11.5	10.8	9.1	N/A	N/A		 Better
		2006-08	2007-09	2007-09	2007-09			
Asthma								
33	Pediatric asthma hospitalization rate (Average annual age-adjusted rate per 10,000 people under 18)	21.9	19.8	16.6	N/A	N/A		 Better
34	Adult asthma hospitalization rate (Average annual age-adjusted rate per 10,000 people ages 18 and older)	16.2	16.3	12.6	N/A	N/A		 Worse
		2006-08	2007-09	2007-09	2007-09			
Preventable Hospitalizations and Deaths								
35	Bacterial pneumonia hospitalization rate (Average annual age-adjusted rate per 10,000 people ages 18+)	31.6	31.1	24.9	N/A	N/A		 Better
		2003	2009	2009	2009			
36	Influenza and pneumonia death rate (Age-adjusted per 100,000 people)	14.6	9.1	9.1	N/A	N/A		 Better
		2006-08	2007-09	2007-09	2007-09			
37	Chronic Obstructive Pulmonary Disease (COPD) hospitalization rate (Average annual age-adjusted rate per 10,000 people ages 18+)	25.6	26.1	24.1	N/A	N/A		 Better
38	Urinary tract infection hospitalization rate (Average annual age-adjusted rate per 10,000 people ages 18+)	26.9	28.1	18.4	N/A	N/A		 Worse

Indicator	Residents prevent chronic disease and illness (cont'd)	Miami-Dade 2003	Miami-Dade 2009	Florida 2009	United States 2009	Healthy People National Targets	Comparison to other Florida Counties	Status
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Preventable Hospitalizations and Deaths (cont'd)

39	Stroke death rate (Age-adjusted rate per 100,000 people)	38.4	29.5	30.3	42.2	2010: 48.0 2020: 33.8		 Better
40	Hypertensive heart disease death rate (Age-adjusted rate per 100,000 people)	12.9	13.4	9.7	N/A	N/A		 Worse
41	Diabetes death rate (Age-adjusted per 100,000 people)	24.6	23.4	19.1	N/A	N/A		 Better

Indicator	Residents have access to health insurance and health care	Miami-Dade 2008	Miami-Dade 2009	Florida 2009	United States 2009	Healthy People National Targets	Comparison to other Florida Counties	Status
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Health Insurance

42	Adults with health insurance (Population ages 18-64 years that have any type of health care insurance coverage)	63.4%	60.2%	71.4%	79.4%	2010: 100% 2020: 100%		 Worse
43	Children with health insurance (Population ages 0-17 that have any type of health insurance coverage)	79.2%	81.9%	85.2%	91.4%	2010: 100% 2020: 100%		 Better

2003 2009 2009 2009

44	Median monthly Medicaid enrollment (per 100,000 people)	18,302.5	20,596.2	14,233.1	N/A	N/A		 Worse
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2002 2007 2007 2007

45	Adults with a usual source of health care (Population ages 18-64 years having one or more persons they think of as their personal health care provider)	69.7%	74.7%	77.1%	N/A	2010: 85% 2020: 83.9%		 Better
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Indicator	Families live in safe and supportive environments	Miami-Dade 2003	Miami-Dade 2009	Florida 2009	United States 2007	Healthy People National Targets	Comparison to other Florida Counties	Status
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Unintentional Injuries

46	Motor vehicle collisions death rate (Age-adjusted rate per 100,000 people)	16.5	11.7	13.6	13.8	2010: 9.2 2020: 12.4		 Better
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2003 2009 2009 2008

47	Pedestrian death rate (per 100,000 people)	3.6	2.6	2.5	1.4	2010: 1.0 2020: 1.3		 Better
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48	Unintentional drowning (Age-adjusted death rate/100,000)	2.0	1.7	1.8	1.2	2010: 0.9 2020: 1.1		 Better
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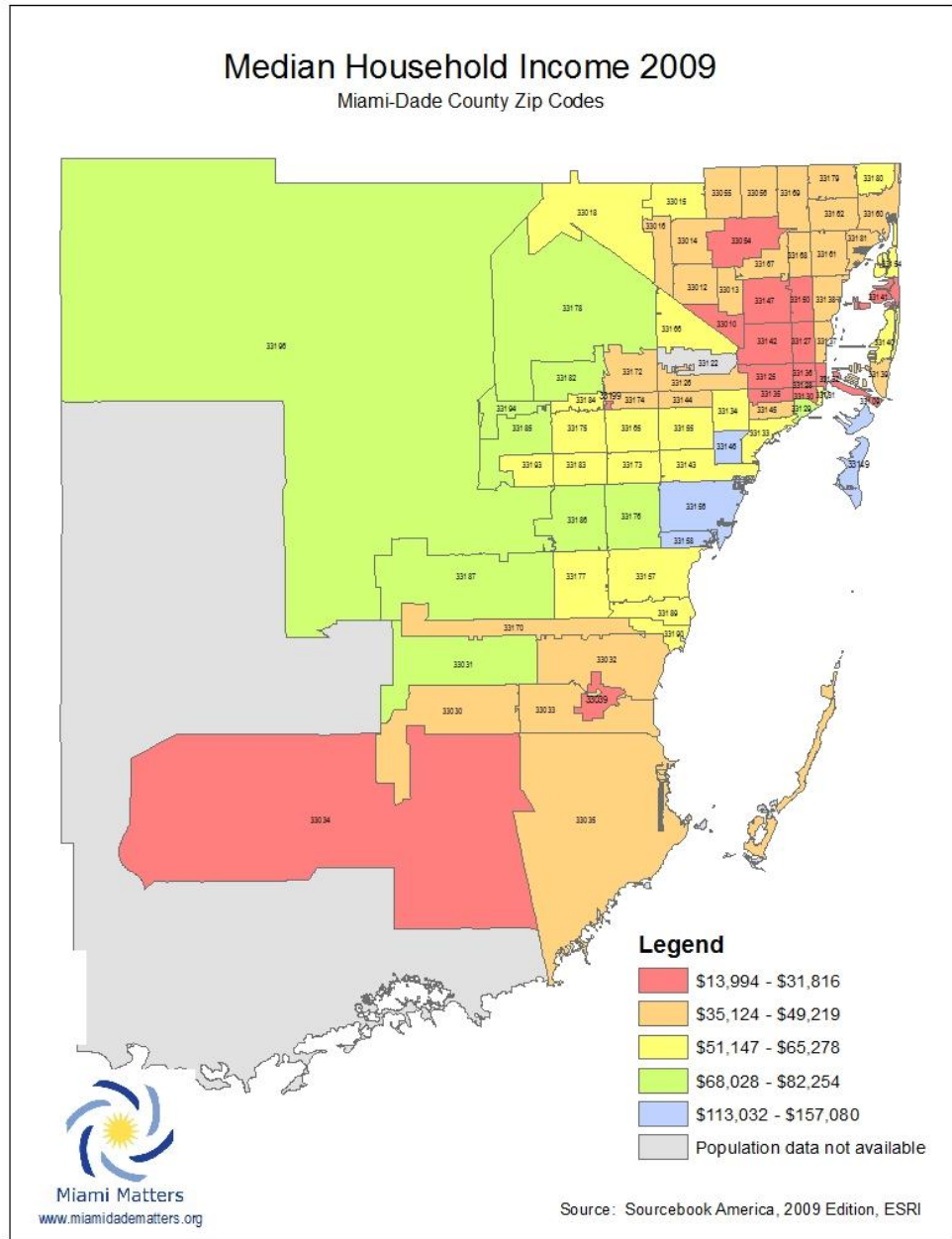
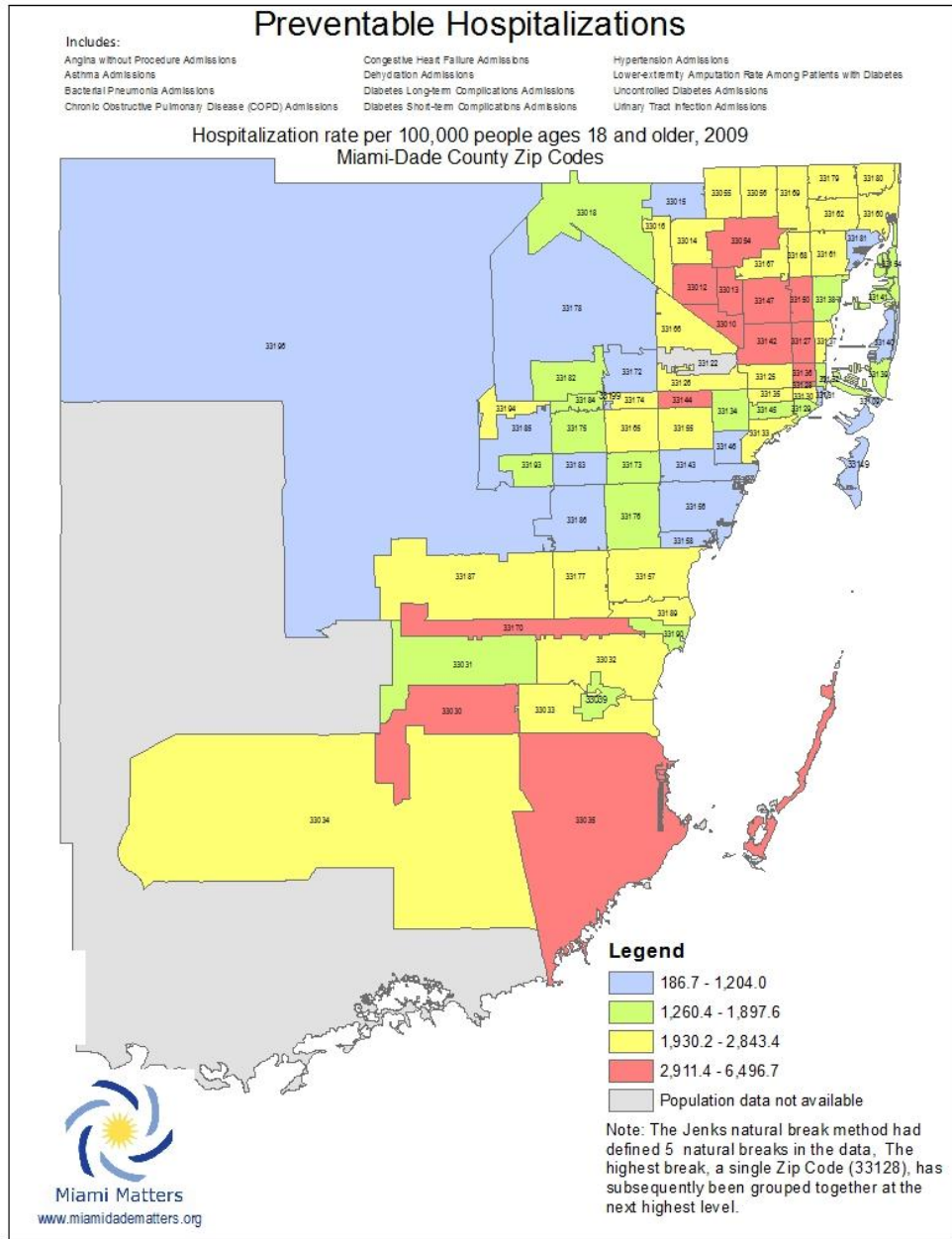
Indicator	Families live in safe and supportive environments (cont'd)	Miami-Dade 2003	Miami-Dade 2009	Florida 2009	United States 2008	Healthy People National Targets	Comparison to other Florida Counties	Status
Violent Crime								
49	Violent crime rate (per 100,000 people)	1,088.9	800.7	604.9	N/A	N/A		Better
50	Domestic violence offense (rate per 100,000 people)	700.9	453.7*	619.3	N/A	N/A		Better
		2003	2008	2008	2008			
51	Child abuse rate (rate per 1,000 people ages 5-11 who have experienced sexual, physical or emotional abuse)	4.4	4.0*	10.0	N/A	N/A		Better
		2003	2009	2009	2008			
52	Juvenile justice referral rate (rate per 10,000 people aged 10 to 17 of juvenile justice referrals)	475.8	432.8	648.6	N/A	N/A		Better
Indicator	Elders are healthy and utilize the healthcare system effectively and efficiently	Miami-Dade 2003	Miami-Dade 2007	Florida 2007	United States 2008	Healthy People National Targets	Comparison to other Florida Counties	Status
Medicare Coverage								
53	Medicare enrollment 65+	94.2%	90.9%	84.1%	96.3%	2010: N/A 2020: 100%		Worse
		2002	2007	2007	2008			
Senior Influenza/Pneumonia Vaccination								
54	Influenza Vaccination Rate 65+	50.8%	44.8%	64.6%	66.6%	2010: 90% 2020: 90%		Worse
55	Pneumonia Vaccination Rate 65+	37.9%	39.6%	63.0%	60.0%	2010: 90% 2020: 90%		Better
		2006-08	2007-09	2007-09	2007			
Preventable Hospitalizations among Seniors								
56	Hip Fracture Hospitalization Among Females Age 65+ (per 100,000 people)	832.8	824.5	791.4	823.5	2010: 416.0 2020: 741.2		Better
57	Hip Fracture Hospitalization Among Males Age 65+ (per 100,000 people)	272.0	275.3	263.5	464.9	2010: 474.0 2020: 418.4		Better
		2003	2009	2009	2009			
Alzheimer's Disease								
58	Alzheimer's Disease Deaths 65+ (per 100,000 people)	169.1	149.8	138.8	N/A	N/A		Better

*According to The Children's Trust 2008 Indicators of Child Well-being Report, it is important to note that in communities with high concentrations of immigrant populations such as Miami-Dade County, rates of reporting both child abuse and domestic violence may be negatively affected by the numerous cultural, economic, legal and practical factors that combine to prevent immigrant children and intimate partners who are abused from seeking help. This can occur either because they are unaware of available services or want to avoid contact with governmental and law enforcement agencies because of perceived consequences.

Appendix B:

Maps

Heat maps of preventable hospitalizations and income by zip code in Miami-Dade County demonstrate a relationship between poverty and health outcomes



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