

# 2013 PRC Miami-Dade County Community Health Needs Assessment Household Survey Report

*With Introduction and Conclusion  
by the Health Council of South Florida*

Sponsored by  
*Florida Department of Health  
in Miami-Dade County  
Health Council of South Florida  
Health Foundation of South Florida*



**Professional Research Consultants, Inc.**

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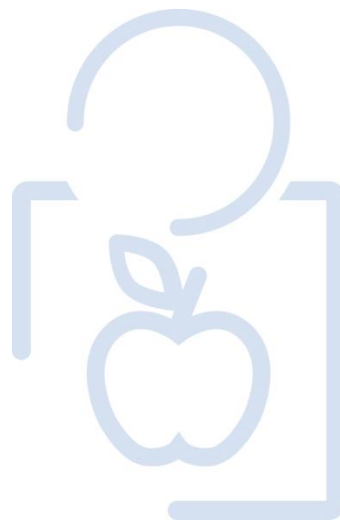
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# INTRODUCTION



# Introduction by the Health Council of South Florida


Miami-Dade County is the largest metropolitan area in the State of Florida, representing 13.5% of the State's population, and the eighth largest county in the Nation. According to 2012 US Census estimates, Miami-Dade is home to 2,527,709 residents. It is one of the few counties in the United States that is "minority-majority," in that a minority group comprises the majority of the population, with 66% Latino or Hispanic residents, 19% black, non-Hispanic, and 15% white, non-Hispanic. According to the 2010 U.S. Census Bureau's American Community Survey (ACS), 52% of its nearly 2.5 million residents are foreign-born, a percentage greater than any other American county. Of residents age five and older, 72% speak a language other than English at home; often Spanish or Creole. Unlike much of Florida, Miami-Dade County has a relatively young population with 86% of residents under age 65 and 22% under the age of 18.

Miami-Dade County has significant health and socioeconomic disparities to address. Less than a fifth of the population is considered middle class. The city of Miami has one of the highest poverty levels in the country, and yet Miami-Dade consistently ranks among the top ten counties in America in total millionaires. Data from the ACS reveal racial and ethnic income disparities. As many as 26% of African Americans or black residents live below the federal poverty level (FPL), while 17% of Hispanics fall below FPL and only 10% of white non-Hispanics. Median annual family income for Hispanics was \$45,000 while it was \$39,000 for African Americans and more than double for white non-Hispanics, at \$84,000. Disparities in educational attainment are also apparent; 92% of non-Hispanic whites possess a high school diploma or better, while the same is true of only 73% of Hispanics, and 72% of African Americans.

## Top 10 Leading Causes of Death: Miami-Dade County, 2011

1. Heart Diseases
2. Cancer
3. Stroke
4. Chronic Lower Respiratory Diseases (including Asthma)
5. Unintentional Injuries
6. Diabetes
7. Alzheimer's Disease
8. Kidney Disease
9. Influenza and Pneumonia
10. Septicemia

Prevention Quality Indicator (PQI) data gathered from hospitalization and emergency room admissions reveal disparities in health observed across Miami-Dade County. PQIs identify avoidable hospital admissions and indicate gaps in service, lack of access, lack of insurance and poverty. Analysis of 2012 data from the Florida Agency for Healthcare



Administration demonstrate increased burdens for a number PQIs (e.g. diabetes, hypertension, congestive heart failure) in lower income neighborhoods. Specifically, residents in the neighborhoods of Overtown, Buena Vista, East Little Havana, Little Haiti and Liberty City fare less favorably. Many of these neighborhoods are historically black, while others are predominantly made up of recent immigrants.

In an effort to enhance community collaboration and strategic intervention, the Health Council of South Florida partnered with PRC, the Florida Department of Health in Miami-Dade County and the Health Foundation of South Florida to bring you this household community health needs assessment survey by neighborhood cluster.

Research demonstrates that socioeconomic environment shapes resources, opportunities and exposures (positive and negative) thereby influencing health outcomes either directly or indirectly. Socioeconomic status, referring to poverty, education-level and racial segregation, significantly influences health care use (i.e. prenatal care) and health outcomes (i.e. heart disease, chronic disease mortality, and birth weight). By characterizing the leading health issues affecting our County and considering psychosocial influences on health status by neighborhood cluster, we aim to create incentives for, and measure progress toward, improved health.

# Project Overview

## Project Goals

This Community Health Needs Assessment, a follow-up to a similar study conducted in 2006, is a systematic, data-driven approach to determining the health status, behaviors and needs of residents in Miami-Dade County. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

A Community Health Needs Assessment provides information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status. This Community Health Needs Assessment will serve as a tool toward reaching three basic goals:

- **To improve residents' health status, increase their life spans, and elevate their overall quality of life.** A healthy community is not only one where its residents suffer little from physical and mental illness, but also one where its residents enjoy a high quality of life.
- **To reduce the health disparities among residents.** By gathering demographic information along with health status and behavior data, it will be possible to identify population segments that are most at-risk for various diseases and injuries. Intervention plans aimed at targeting these individuals may then be developed to combat some of the socio-economic factors which have historically had a negative impact on residents' health.
- **To increase accessibility to preventive services for all community residents.** More accessible preventive services will prove beneficial in accomplishing the first goal (improving health status, increasing life spans, and elevating the quality of life), as well as lowering the costs associated with caring for late-stage diseases resulting from a lack of preventive care.

This assessment was conducted on behalf of Health Council of South Florida by Professional Research Consultants, Inc. (PRC). PRC is a nationally-recognized healthcare consulting firm with extensive experience conducting Community Health Needs Assessments such as this in hundreds of communities across the United States since 1994.



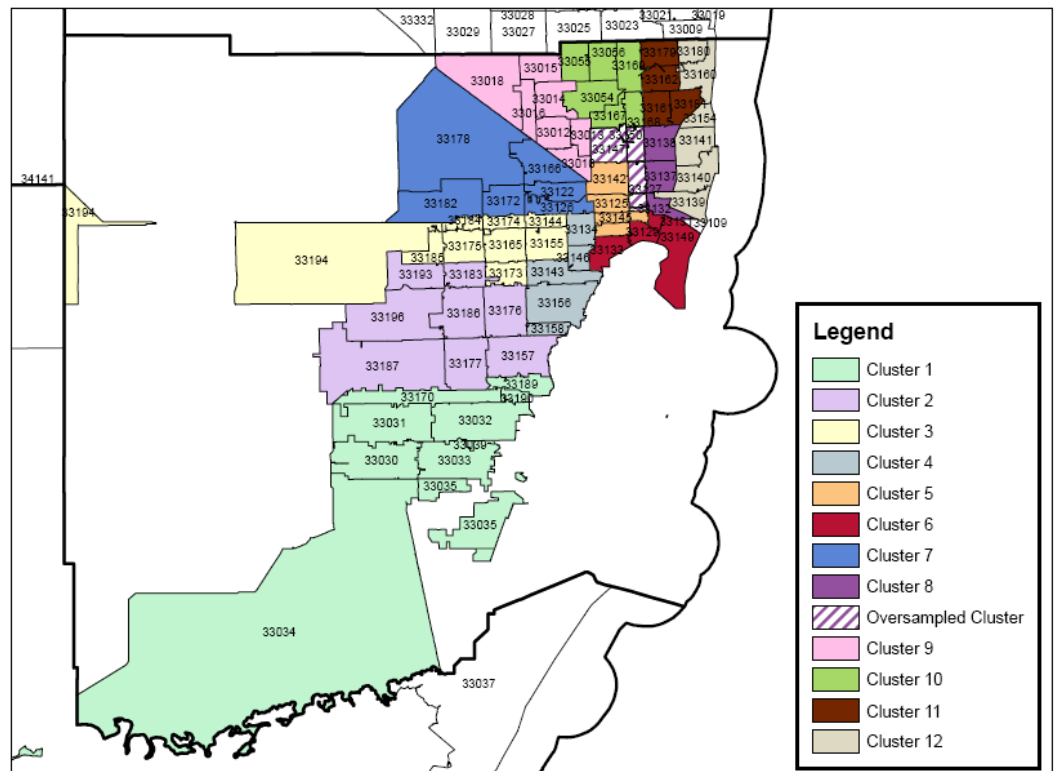
## Community Defined for This Assessment: Neighborhood Clusters

In order to assess health status at the neighborhood level, the 2013 PRC Miami-Dade County Community Health Needs Assessment delineated 12 neighborhood clusters, plus one oversampled cluster, based on the following rationale:














- ZIP codes are linked according to the community identity for which they are a part, but at times cross boundaries based on (1) socioeconomic status or (2) population counts. Miami-Dade is a complex area, with a mixture of suburban cities, neighborhoods, and villages.
- All clusters are geographically contiguous.
- Of the “sickest” ZIP codes, based on hospitalizations for preventable conditions, the five contiguous ZIP codes of 33136 (Overtown), 33127 (Buena Vista), 33128 (Downtown/East Little Havana), 33147 (Liberty City) and 33150 (Little Haiti) were oversampled. These neighborhoods are also among the poorest in Miami-Dade County.

Polling by neighborhood cluster allows for differences in wellness to be highlighted and addressed in future community planning efforts.

The following map shows the location of each of the defined clusters.



Detail of the ZIP codes comprising each cluster are provided on the following page.

 Cluster 1 <b>"South Dade/Homestead"</b> 33030 33031 33032 33033 33034 33035 33039 33170 33189 33190	 Cluster 2 <b>"Kendall"</b> 33157 33176 33177 33183 33186 33187 33193 33196	 Cluster 3 <b>"Westchester/West Dade"</b> 33144 33155 33165 33173 33174 33175 33184 33185 33194
 Cluster 4 <b>"Coral Gables/ Kendall"</b> 33134 33143 33146 33156 33158	 Cluster 5 <b>"Brownsville/Coral Gables/Coconut Grove"</b> 33125 33130 33135 33142 33145	 Cluster 6 <b>"Coral Gables/Coconut Grove/Key Biscayne"</b> 33129 33131 33133 33149
 Cluster 7 <b>"Doral/Miami Springs/Sunset"</b> 33122 33126 33166 33172 33178 33182	 Cluster 8 <b>"Miami Shores/ Morningside"</b> 33132 33137 33138	 Oversampled Cluster <b>"Downtown/East Little Havana/Liberty City/ Little Haiti/Overtown"</b> 33127 33128 33136 33147 33150
 Cluster 9 <b>"Hialeah/Miami Lakes"</b> 33010 33012 33013 33014 33015 33016 33018	 Cluster 10 <b>"Opa-Locka/Miami Gardens/Westview"</b> 33054 33055 33056 33167 33168 33169	 Cluster 11 <b>"North Miami/ North Miami Beach"</b> 33161 33162 33179 33181
 Cluster 12 <b>"Aventura/Miami Beach"</b> 33139 33140 33141 33154 33160 33180		

## Methodology

This assessment incorporates data from primary research (the PRC Community Health Survey), which allows for trending and comparison to benchmark data at the state and national levels.

### PRC Community Health Survey

#### Survey Instrument

The survey instrument used for this study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues. The final survey instrument was developed by the Health Council of South Florida and PRC, and is similar to the previous survey used in the region, allowing for data trending.

#### Sample Approach & Design

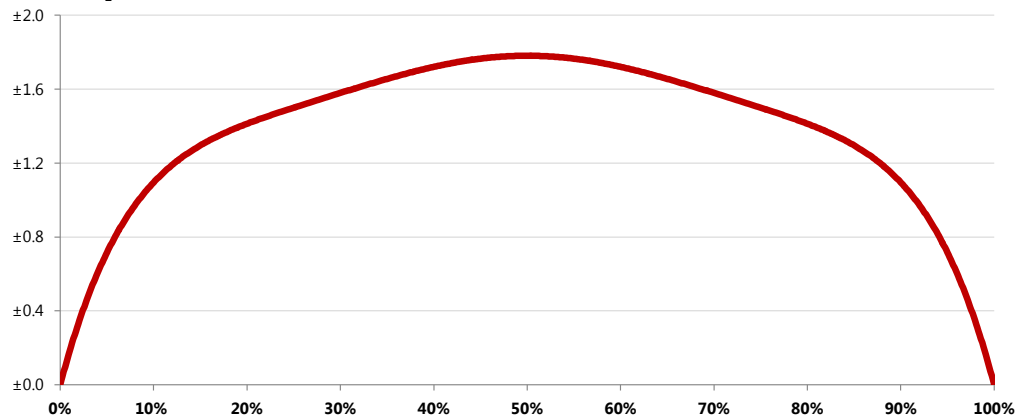
A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the *PRC Community Health Survey*. Thus, to ensure the best representation of the population surveyed, a telephone interview methodology — one that incorporates both landline and cell phone interviews — was employed. The primary advantages of telephone interviewing are timeliness, efficiency and random-selection capabilities.

The sample design used for this effort consisted of a stratified random sample of 2,700 individuals age 18 and older in Miami-Dade County, including 200 interviews in each of the 12 clusters and 300 in the oversample. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent Miami-Dade County as a whole. All administration of the surveys, data collection and data analysis was conducted by Professional Research Consultants, Inc. (PRC).

#### Sampling Error

For statistical purposes, the maximum rate of error associated with a sample size of 2,700 respondents is  $\pm 1.8\%$  at the 95 percent level of confidence.

## Expected Error Ranges for a Sample of 2,700 Respondents at the 95 Percent Level of Confidence



- Note:
- The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response.
  - A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.
- Examples:
- If 10% of the sample of 2,700 respondents answered a certain question with a "yes," it can be asserted that between 8.9% and 11.1% (10% ± 1.1%) of the total population would offer this response.
  - If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 48.2% and 51.8% (50% ± 1.8%) of the total population would respond "yes" if asked this question.

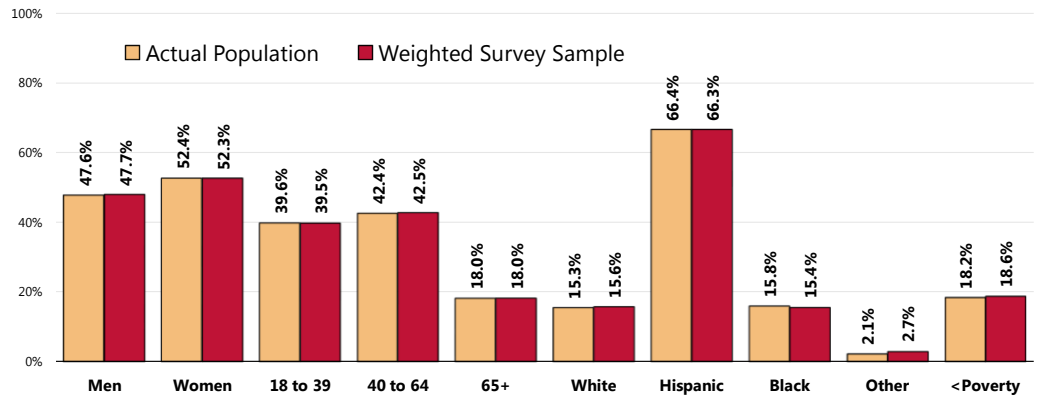
### Sample Characteristics

To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. And, while this random sampling of the population produces a highly representative sample, it is a common and preferred practice to "weight" the raw data to improve this representativeness even further. This is accomplished by adjusting the results of a random sample to match the geographic distribution and demographic characteristics of the population surveyed (poststratification), so as to eliminate any naturally occurring bias. Specifically, once the raw data are gathered, respondents are examined by key demographic characteristics (namely gender, age, race, ethnicity, and poverty status) and a statistical application package applies weighting variables that produce a sample which more closely matches the population for these characteristics. Thus, while the integrity of each individual's responses is maintained, one respondent's responses may contribute to the whole the same weight as, for example, 1.1 respondents. Another respondent, whose demographic characteristics may have been slightly oversampled, may contribute the same weight as 0.9 respondents.

The following chart outlines the characteristics of the Miami-Dade County sample for key demographic variables, compared to actual population characteristics revealed in census data. [Note that the sample consisted solely of area residents age 18 and older; data on children were given by proxy by the person most responsible for that child's healthcare needs, and these children are not represented demographically in this chart.]

## Population & Sample Characteristics

(Miami-Dade County, 2013)



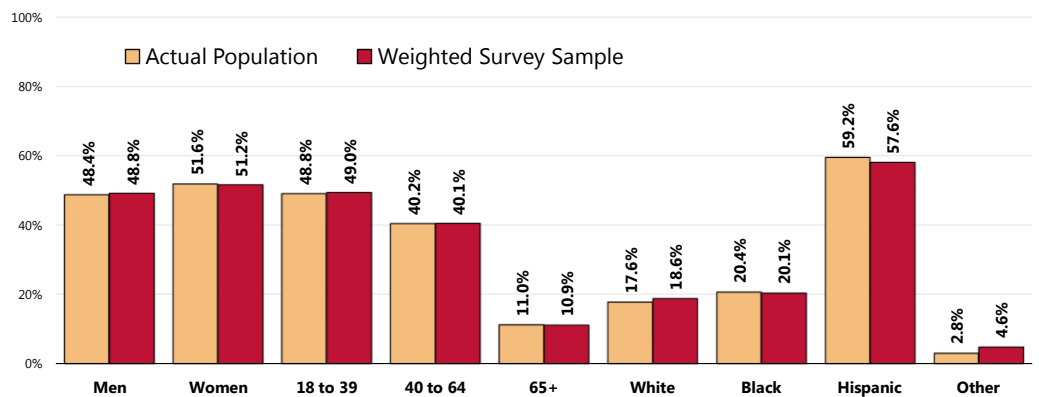
Sources:   
 • Census 2010, Summary File 3 (SF 3), U.S. Census Bureau.   
 • 2013 PRC Community Health Survey, Professional Research Consultants, Inc.

Further note that the poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household (*e.g., the 2012 guidelines place the poverty threshold for a family of four at \$23,050 annual household income or lower*). In sample segmentation: **“very low income”** refers to community members living in a household with defined poverty status; **“low income”** refers to households with incomes just above the poverty level, earning up to twice the poverty threshold; and **“mid/high income”** refers to those households living on incomes which are twice or more the federal poverty level.

Charts below and on subsequent pages describe the population and sample characteristics for each of the sampled clusters. Note that poverty estimates are not available at this level.

## Population & Sample Characteristics

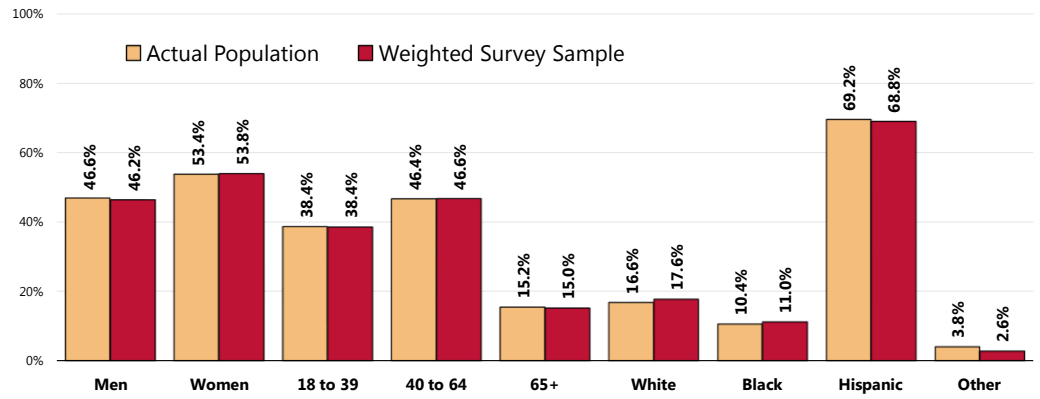
(Cluster 1, 2013)



Sources:   
 • Census 2010, Summary File 3 (SF 3), U.S. Census Bureau.   
 • 2013 PRC Community Health Survey, Professional Research Consultants, Inc.

## Population & Sample Characteristics

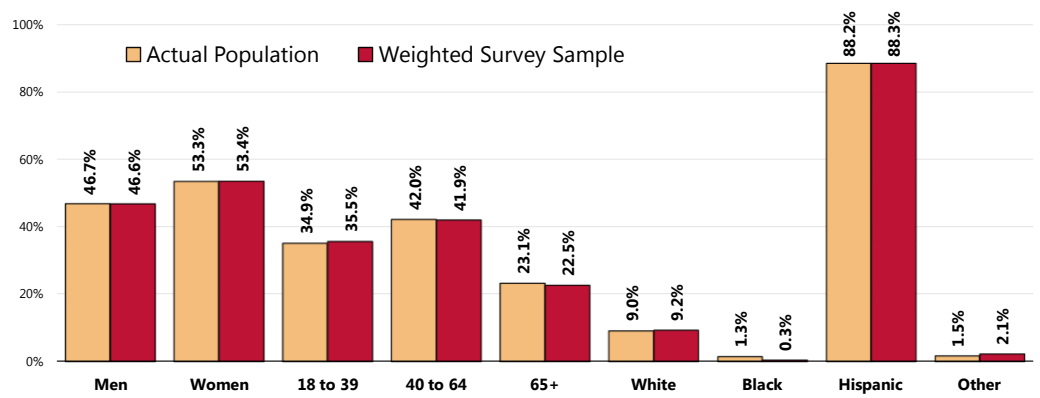
(Cluster 2, 2013)



Sources:   
 • Census 2010, Summary File 3 (SF 3). U.S. Census Bureau.   
 • 2013 PRC Community Health Survey, Professional Research Consultants, Inc.

## Population & Sample Characteristics

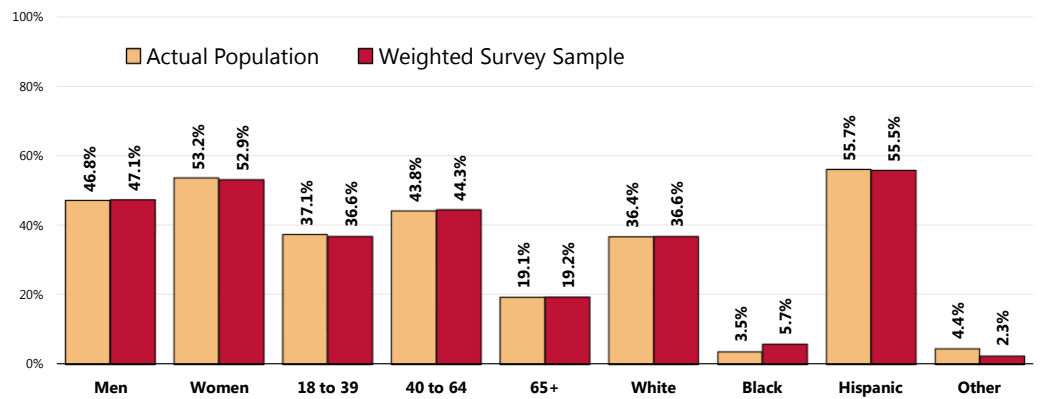
(Cluster 3, 2013)



Sources:   
 • Census 2010, Summary File 3 (SF 3). U.S. Census Bureau.   
 • 2013 PRC Community Health Survey, Professional Research Consultants, Inc.

## Population & Sample Characteristics

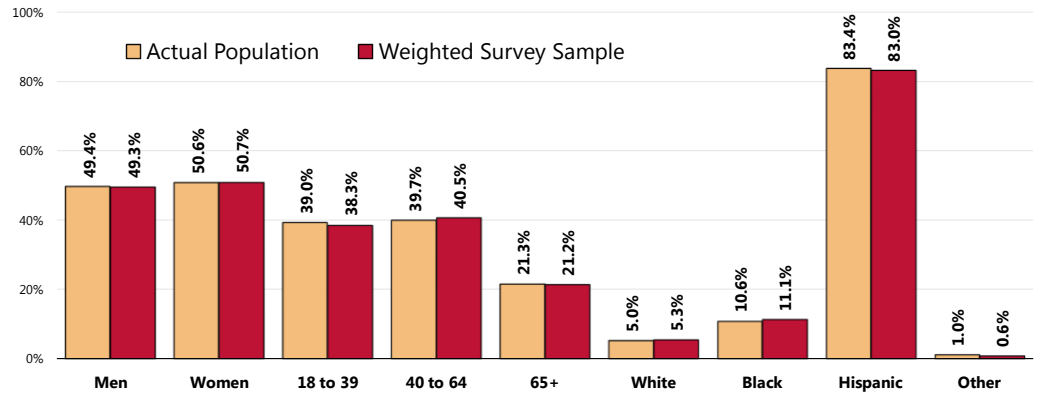
(Cluster 4, 2013)



Sources:   
 • Census 2010, Summary File 3 (SF 3). U.S. Census Bureau.   
 • 2013 PRC Community Health Survey, Professional Research Consultants, Inc.

## Population & Sample Characteristics

(Cluster 5, 2013)

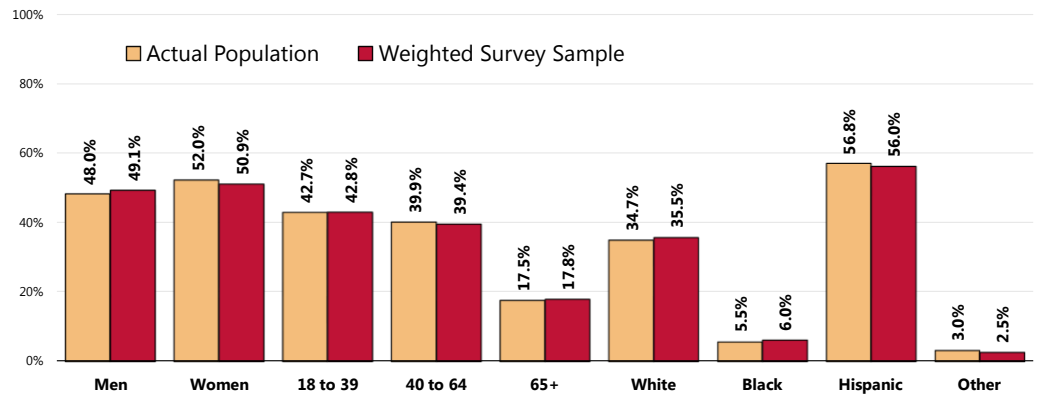


Sources: 

- Census 2010, Summary File 3 (SF 3). U.S. Census Bureau.
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc.

## Population & Sample Characteristics

(Cluster 6, 2013)

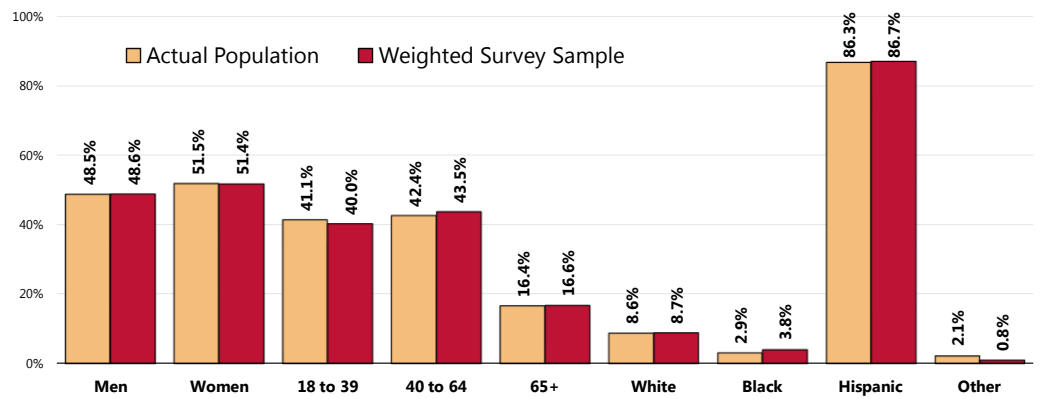


Sources: 

- Census 2010, Summary File 3 (SF 3). U.S. Census Bureau.
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc.

## Population & Sample Characteristics

(Cluster 7, 2013)

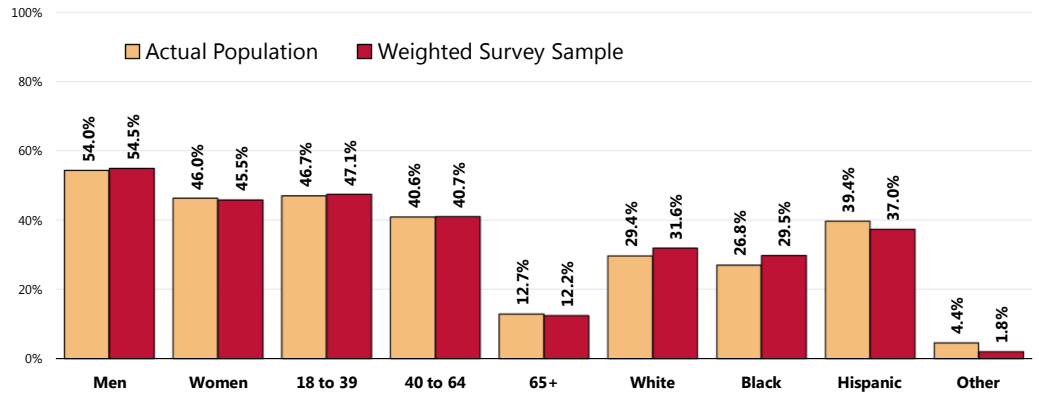


Sources: 

- Census 2010, Summary File 3 (SF 3). U.S. Census Bureau.
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc.

## Population & Sample Characteristics

(Cluster 8, 2013)

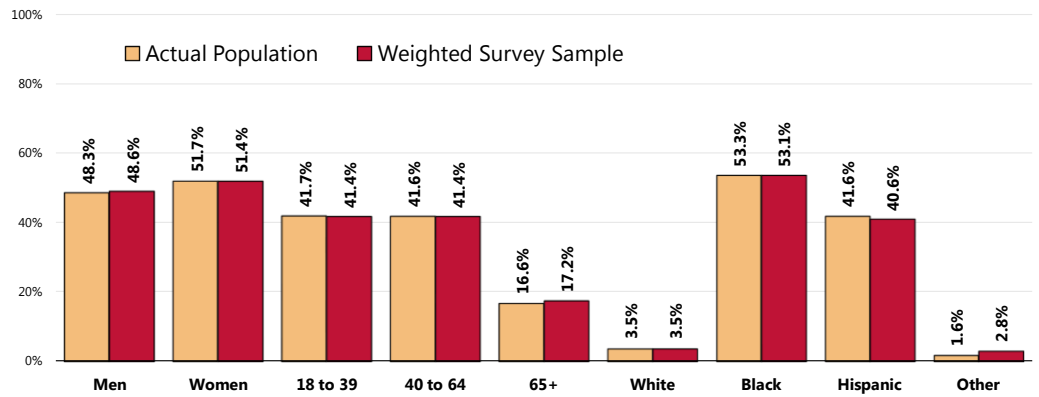


Sources: 

- Census 2010, Summary File 3 (SF 3), U.S. Census Bureau.
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc.

## Population & Sample Characteristics

(Oversampled Cluster, 2013)

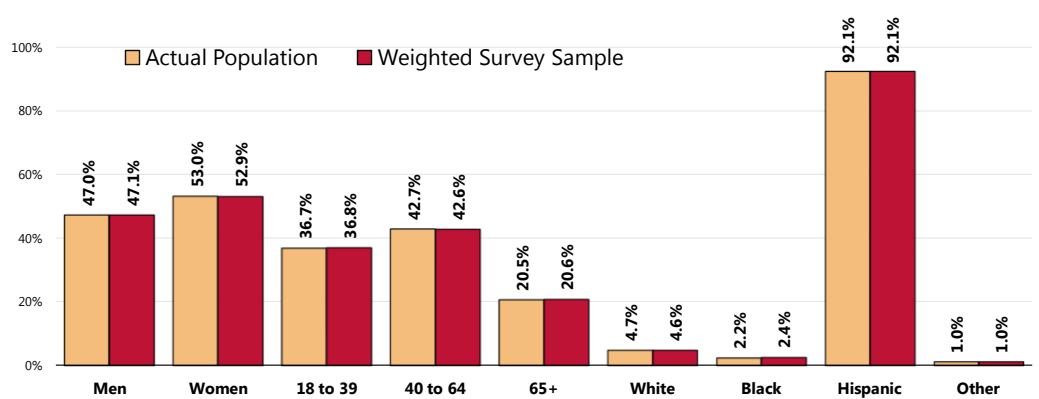


Sources: 

- Census 2010, Summary File 3 (SF 3), U.S. Census Bureau.
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc.

## Population & Sample Characteristics

(Cluster 9, 2013)



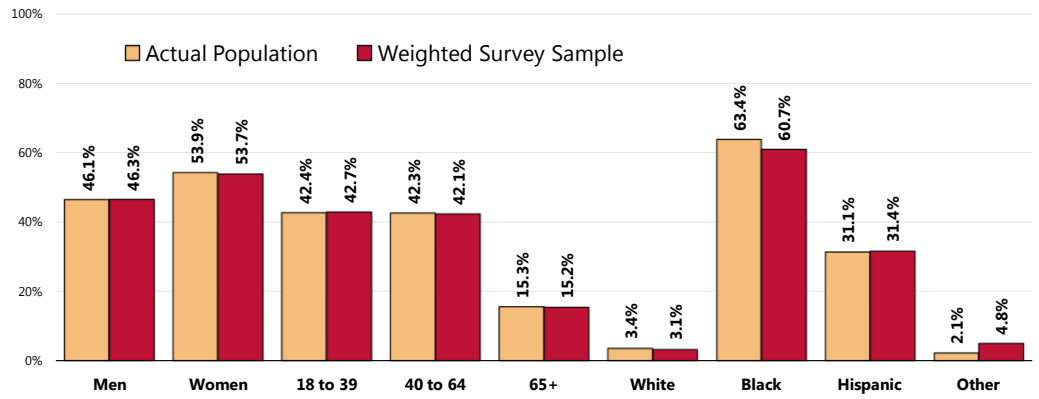
Sources: 

- Census 2010, Summary File 3 (SF 3), U.S. Census Bureau.
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc.



## Population & Sample Characteristics

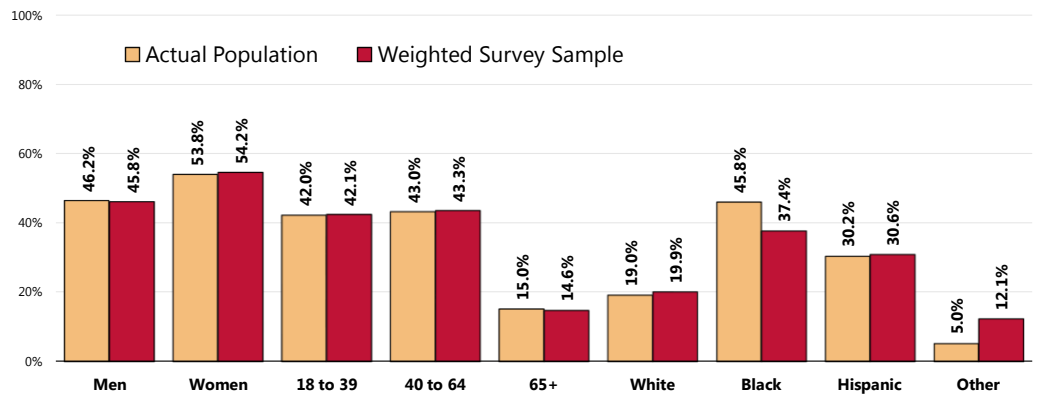
(Cluster 10, 2013)



Sources:   
 • Census 2010, Summary File 3 (SF 3). U.S. Census Bureau.   
 • 2013 PRC Community Health Survey, Professional Research Consultants, Inc.

## Population & Sample Characteristics

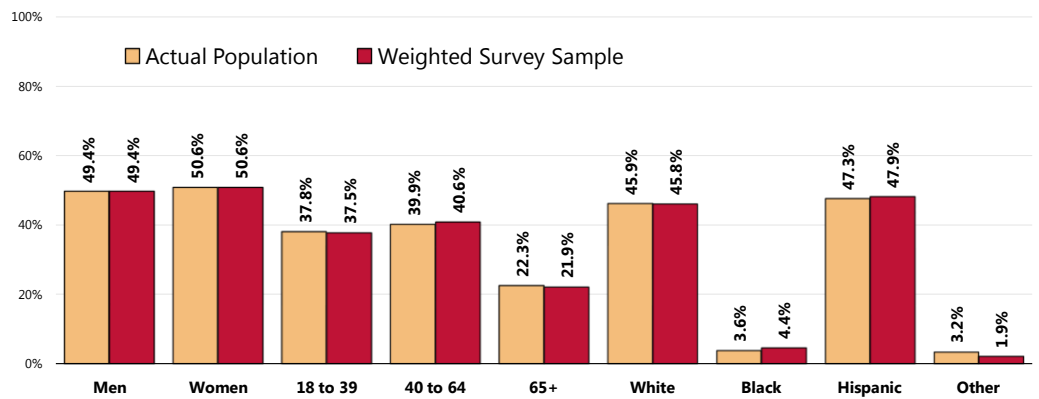
(Cluster 11, 2013)



Sources:   
 • Census 2010, Summary File 3 (SF 3). U.S. Census Bureau.   
 • 2013 PRC Community Health Survey, Professional Research Consultants, Inc.

## Population & Sample Characteristics

(Cluster 12, 2013)



Sources:   
 • Census 2010, Summary File 3 (SF 3). U.S. Census Bureau.   
 • 2013 PRC Community Health Survey, Professional Research Consultants, Inc.

The sample design and the quality control procedures used in the data collection ensure that the sample is representative. Thus, the findings may be generalized to the total population of community members in the defined area with a high degree of confidence.

## Benchmark Data

### Trending

A similar survey was administered in Miami-Dade County in 2006 by PRC on behalf of Health Council of South Florida. Trending data, as revealed by comparison to prior survey results, are provided throughout this report whenever available.

### Florida Risk Factor Data

Statewide risk factor data are provided where available as an additional benchmark against which to compare local survey findings; these data are reported in the most recent *BRFSS (Behavioral Risk Factor Surveillance System) Prevalence and Trend Data* published by the Centers for Disease Control and Prevention and the US Department of Health & Human Services.

### Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the *2011 PRC National Health Survey*; the methodological approach for the national study is identical to that employed in this assessment, and these data may be generalized to the US population with a high degree of confidence.

### Healthy People 2020



Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. The Healthy People initiative is grounded in the principle that setting national objectives and monitoring progress can motivate action. For three decades, Healthy People has


established benchmarks and monitored progress over time in order to:

- Encourage collaborations across sectors.
- Guide individuals toward making informed health decisions.
- Measure the impact of prevention activities.

Healthy People 2020 is the product of an extensive stakeholder feedback process that is unparalleled in government and health. It integrates input from public health and prevention experts, a wide range of federal, state and local government officials, a consortium of more than 2,000 organizations, and perhaps most importantly, the public. More than 8,000 comments were considered in drafting a comprehensive set of Healthy People 2020 objectives.

## Information Gaps

While this assessment is quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of



interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community's health needs.

For example, certain population groups — such as the homeless, institutionalized persons, or those who only speak a language other than English or Spanish — are not represented in the survey data. Other population groups — for example, pregnant women, lesbian/gay/bisexual/transgender residents, undocumented residents, and members of certain racial/ethnic or immigrant groups — might not be identifiable or might not be represented in numbers sufficient for independent analyses.

In addition, this assessment does not include secondary data from existing sources which can provide relevant data collected through death certificates, birth certificates, or notifications of infectious disease cases in the community.

In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly a great number of medical conditions that are not specifically addressed.

# Summary of Findings

## Areas of Opportunity for Community Health Improvement

The following “health priorities” represent recommended areas of intervention, based on the information gathered through this Community Health Needs Assessment and the guidelines set forth in *Healthy People 2020*. From these data, opportunities for health improvement exist in the region with regard to the following health areas (see also the summary tables presented in the following section). These areas of concern are subject to the discretion of area providers, the steering committee, or other local organizations and community leaders as to actionability and priority.

Areas of Opportunity Identified Through This Assessment	
<b>Access to Health Services</b>	<ul style="list-style-type: none"> <li>• Lack of Healthcare Coverage</li> <li>• Supplemental Coverage (Age 65+)</li> <li>• Insurance Instability</li> <li>• Difficulty Accessing Healthcare Services               <ul style="list-style-type: none"> <li>○ Office Hours</li> <li>○ Cost of Prescriptions</li> <li>○ Cost of Office Visits</li> <li>○ Difficulty Finding a Physician</li> <li>○ Lack of Transportation</li> </ul> </li> <li>• Stretching/Skipping Prescriptions</li> <li>• Difficulty Obtaining Child’s Healthcare</li> <li>• Specific Source of Ongoing Care</li> <li>• Use of the ER</li> </ul>
<b>Arthritis, Osteoporosis &amp; Chronic Pain</b>	<ul style="list-style-type: none"> <li>• Chronic Neck Pain</li> </ul>
<b>Cancer</b>	<ul style="list-style-type: none"> <li>• Skin Cancer</li> <li>• Pap Smears (Women 21 to 65)</li> </ul>
<b>Educational &amp; Community-Based Programs</b>	<ul style="list-style-type: none"> <li>• Attendance at Health Promotion Events</li> </ul>
<b>Heart Disease &amp; Stroke</b>	<ul style="list-style-type: none"> <li>• Blood Pressure Screenings</li> <li>• Taking Action to Control High Blood Cholesterol</li> </ul>
<b>Injury &amp; Violence Prevention</b>	<ul style="list-style-type: none"> <li>• Children’s Use of Seat Belts</li> <li>• Children’s Use of Bicycle Helmets</li> <li>• Violent Crime Victimization</li> <li>• Perceptions of Neighborhood Safety</li> </ul>
<b>Mental Health &amp; Mental Disorders</b>	<ul style="list-style-type: none"> <li>• Symptoms of Chronic Depression</li> <li>• High Levels of Stress</li> </ul>
<b>Nutrition &amp; Weight Status</b>	<ul style="list-style-type: none"> <li>• Fruit/Vegetable Consumption</li> </ul>
<b>Oral Health</b>	<ul style="list-style-type: none"> <li>• Dental Visits (Adults &amp; Children)</li> <li>• Dental Insurance</li> </ul>
<b>Physical Activity</b>	<ul style="list-style-type: none"> <li>• Children’s Computer Usage</li> <li>• Daily Physical Activity (Children)</li> </ul>

— continued next page —

Areas of Opportunity (continued)	
<b>Sexually Transmitted Diseases</b>	<ul style="list-style-type: none"> <li>• Multiple Sexual Partners</li> <li>• Condom Use</li> </ul>
<b>Substance Abuse</b>	<ul style="list-style-type: none"> <li>• Illicit Drug Use</li> </ul>
<b>Tobacco Use</b>	<ul style="list-style-type: none"> <li>• Use of Cigars</li> </ul>
<b>Vision</b>	<ul style="list-style-type: none"> <li>• Blindness/Trouble Seeing</li> </ul>

## Summary Tables: Comparisons With Benchmark Data

The following tables provide an overview of indicators in Miami-Dade County, including comparisons among the individual clusters, as well as trend data. These data are grouped to correspond with the Focus Areas presented in Healthy People 2020.

### Reading the Summary Tables

- In the following charts, Miami-Dade County results are shown in the larger, blue column.
- The green columns [to the left of the Miami-Dade County column] provide comparisons among the 13 areas, identifying differences for each as “better than” (☀️), “worse than” (🌧️), or “similar to” (☁️) the combined opposing areas.
- The columns to the right of the Miami-Dade County column provide trending, as well as comparisons between the county and any available state and national findings, and Healthy People 2020 targets. Again, symbols indicate whether Miami-Dade County compares favorably (☀️), unfavorably (🌧️), or comparably (☁️) to these external data.

Note that blank table cells signify that data are not available or are not reliable for that area and/or for that indicator.

Each Cluster vs. Others Combined

Access to Health Services	Each Cluster vs. Others Combined												
	Cluster 1	Cluster 2	Cluster 3	Cluster 4	Cluster 5	Cluster 6	Cluster 7	Cluster 8	Over-sample	Cluster 9	Cluster 10	Cluster 11	Cluster 12
% [Age 18-64] Lack Health Insurance	29.3	37.0	26.3	13.0	36.3	18.7	26.1	22.2	32.6	28.1	30.8	28.6	26.9
% [65+] With Medicare Supplement Insurance													
% [Insured] Insurance Covers Prescriptions	93.5	92.4	97.5	96.6	94.0	94.4	91.4	94.4	85.5	94.8	95.6	94.3	89.1
% [Insured] Went Without Coverage in Past Year	9.9	9.3	4.5	4.3	11.9	8.2	6.0	13.3	14.2	12.4	14.5	13.5	9.2
% Difficulty Accessing Healthcare in Past Year (Composite)	47.7	51.7	52.8	37.4	44.7	41.6	40.8	44.7	48.4	47.2	43.5	51.7	41.6
% Inconvenient Hrs Prevented Dr Visit in Past Year	17.8	18.9	25.1	11.4	18.2	16.4	17.2	16.6	16.9	11.5	15.4	21.5	18.4
% Cost Prevented Getting Prescription in Past Year	27.8	26.7	23.4	16.4	28.7	18.4	20.1	20.5	23.7	28.2	31.4	23.2	14.4
% Cost Prevented Physician Visit in Past Year	25.0	28.6	21.4	15.6	22.5	16.3	18.0	16.6	26.2	28.6	22.6	24.7	20.4
% Difficulty Getting Appointment in Past Year	22.9	25.1	14.0	15.0	18.2	15.0	15.6	16.1	16.9	12.1	15.1	16.8	16.4
% Difficulty Finding Physician in Past Year	13.5	16.5	9.9	10.7	15.1	8.8	13.8	8.4	14.8	13.7	13.6	14.3	9.5
% Transportation Hindered Dr Visit in Past Year	12.3	10.2	9.9	4.0	11.0	4.5	9.1	5.2	14.7	12.9	11.3	9.3	6.2
% Skipped Prescription Doses to Save Costs	20.7	22.4	18.0	14.4	18.3	11.4	11.9	20.1	17.6	20.4	25.1	18.9	13.5

Miami-Dade vs. Benchmarks

Miami-Dade	Miami-Dade vs. Benchmarks			TREND
	vs. FL	vs. US	vs. HP2020	
<b>29.0</b>	30.1	14.9	0.0	28.0
<b>42.2</b>	75.5			
<b>93.6</b>	93.9			
<b>9.7</b>	4.8			13.1
<b>46.9</b>	37.3			36.8
<b>17.7</b>	14.3			
<b>24.4</b>	15.0			20.2
<b>23.5</b>	14.0			17.4
<b>17.1</b>	16.5			16.6
<b>13.0</b>	10.7			11.9
<b>10.0</b>	7.7			9.4
<b>18.7</b>	14.8			17.5

Access to Health Services (continued)	Each Cluster vs. Others Combined												
	Cluster 1	Cluster 2	Cluster 3	Cluster 4	Cluster 5	Cluster 6	Cluster 7	Cluster 8	Over-sample	Cluster 9	Cluster 10	Cluster 11	Cluster 12
% Difficulty Getting Child's Healthcare in Past Year	5.8	3.1	3.1	0.7	9.1	7.2	0.7	3.7	9.2	15.6	11.5	6.8	3.9
% [Age 18+] Have a Specific Source of Ongoing Care	60.4	68.9	68.9	67.7	54.0	67.4	65.3	70.2	59.8	54.0	62.8	64.6	71.8
% Have Had Routine Checkup in Past Year	68.1	70.7	73.0	73.1	70.8	67.9	66.7	70.6	78.5	73.9	72.6	74.3	69.9
% Child Has Had Checkup in Past Year	86.4	86.9	94.3	91.5	92.2	86.8	88.0	97.4	95.1	95.4	93.7	83.5	95.5
% Two or More ER Visits in Past Year	11.1	9.7	9.3	5.0	10.1	7.6	6.7	5.2	17.0	10.7	12.9	9.0	2.7
% Rate Local Healthcare "Fair/Poor"	25.1	23.2	19.0	17.5	26.4	17.3	22.9	16.4	19.5	21.5	25.7	23.7	19.8
Note: In the green section, each cluster is compared against all others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.													

Miami-Dade	Miami-Dade vs. Benchmarks			TREND
	vs. FL	vs. US	vs. HP2020	
6.5	1.9		10.6	
63.8	76.3	95.0	69.1	
71.7	67.3		72.3	
91.2	82.0		90.7	
9.3	6.5		4.6	
22.0	15.3			
better     similar     worse				

Arthritis, Osteoporosis & Chronic Back Conditions	Each Cluster vs. Others Combined												
	Cluster 1	Cluster 2	Cluster 3	Cluster 4	Cluster 5	Cluster 6	Cluster 7	Cluster 8	Over-sample	Cluster 9	Cluster 10	Cluster 11	Cluster 12
% [50+] Arthritis/Rheumatism	34.7	27.4	36.7	29.4	46.3	22.5	36.0	31.2	45.0	41.9	33.9	37.4	31.4
% [50+] Osteoporosis	16.2	16.8	13.8	13.8	15.3	12.1	18.3	6.2	10.8	17.8	9.0	10.7	11.0
% Sciatica/Chronic Back Pain	19.0	17.9	20.5	21.4	25.8	12.3	22.5	20.2	21.6	28.4	15.8	19.8	19.1
% Migraine/Severe Headaches	12.2	13.8	15.8	20.0	16.7	11.0	11.8	18.4	19.0	19.1	17.8	12.8	14.0

Miami-Dade	Miami-Dade vs. Benchmarks			TREND
	vs. FL	vs. US	vs. HP2020	
35.6	35.4		37.6	
14.3	11.4	5.3	12.4	
21.0	21.5		19.2	
15.6	16.9			

Each Cluster vs. Others Combined

Arthritis, Osteoporosis & Chronic Back Conditions (cont.)	Cluster 1	Cluster 2	Cluster 3	Cluster 4	Cluster 5	Cluster 6	Cluster 7	Cluster 8	Over-sample	Cluster 9	Cluster 10	Cluster 11	Cluster 12
% Chronic Neck Pain	9.2	10.3	13.4	7.2	16.2	6.7	7.3	7.8	10.3	17.4	8.7	12.1	6.7
Note: In the green section, each cluster is compared against all others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.													

Miami-Dade	Miami-Dade vs. Benchmarks			TREND
	vs. FL	vs. US	vs. HP2020	
11.3		8.3		
better     similar     worse				

Each Cluster vs. Others Combined

Cancer	Cluster 1	Cluster 2	Cluster 3	Cluster 4	Cluster 5	Cluster 6	Cluster 7	Cluster 8	Over-sample	Cluster 9	Cluster 10	Cluster 11	Cluster 12
% Skin Cancer	3.9	6.2	5.7	8.8	3.3	8.2	4.5	5.6	2.5	4.0	2.2	3.3	5.5
% Cancer (Other Than Skin)	4.9	5.0	5.2	6.0	4.4	5.7	4.7	5.7	3.9	8.2	4.2	7.1	5.1
% [Women 50-74] Mammogram in Past 2 Years	78.8	83.1	82.0	84.0	80.2	84.3	84.8	73.2	83.3	84.4	78.9	80.4	71.2
% [Women 21-65] Pap Smear in Past 3 Years	89.7	84.7	87.5	92.3	78.9	89.8	84.3	90.5	87.5	84.9	84.1	87.1	88.0
% [Age 50+] Sigmoid/Colonoscopy Ever	71.8	76.5	72.9	77.0	68.0	73.6	68.8	78.8	72.1	65.2	77.1	79.1	74.1
% [Age 50+] Blood Stool Test in Past 2 Years	53.6	45.4	45.6	48.1	58.7	46.4	47.5	34.3	50.7	54.6	44.2	47.0	33.1
% [Age 50-75] Colorectal Cancer Screening	72.8	78.4	72.8	76.4	73.4	76.7	69.0	77.1	76.1	74.2	81.9	75.0	71.7
Note: In the green section, each cluster is compared against all others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.													

Miami-Dade	Miami-Dade vs. Benchmarks			TREND
	vs. FL	vs. US	vs. HP2020	
4.8	9.0	8.1		2.9
5.5	7.4	5.5		6.1
81.3	80.4	79.9	81.1	85.7
86.2	80.4	84.7	93.0	92.5
72.6	68.2	72.0		57.3
47.6	21.1	28.3		
75.0			70.5	
better     similar     worse				



Each Cluster vs. Others Combined

Diabetes	Each Cluster vs. Others Combined												
	Cluster 1	Cluster 2	Cluster 3	Cluster 4	Cluster 5	Cluster 6	Cluster 7	Cluster 8	Over-sample	Cluster 9	Cluster 10	Cluster 11	Cluster 12
% Diabetes/High Blood Sugar	8.6	8.3	9.8	8.2	15.4	4.9	9.4	8.5	14.5	14.2	15.3	13.0	5.6
Note: In the green section, each cluster is compared against all others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.													

Miami-Dade	Miami-Dade vs. Benchmarks			TREND
	vs. FL	vs. US	vs. HP2020	
10.8	10.4	10.1		11.3
better     similar     worse				

Each Cluster vs. Others Combined

Educational & Community-Based Programs	Each Cluster vs. Others Combined												
	Cluster 1	Cluster 2	Cluster 3	Cluster 4	Cluster 5	Cluster 6	Cluster 7	Cluster 8	Over-sample	Cluster 9	Cluster 10	Cluster 11	Cluster 12
% Attended Health Event in Past Year	15.4	23.2	12.2	23.3	18.4	20.4	19.7	14.1	22.4	16.5	21.5	15.2	18.2
Note: In the green section, each cluster is compared against all others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.													

Miami-Dade	Miami-Dade vs. Benchmarks			TREND
	vs. FL	vs. US	vs. HP2020	
18.3		22.2		15.3
better     similar     worse				

Each Cluster vs. Others Combined

General Health Status	Each Cluster vs. Others Combined												
	Cluster 1	Cluster 2	Cluster 3	Cluster 4	Cluster 5	Cluster 6	Cluster 7	Cluster 8	Over-sample	Cluster 9	Cluster 10	Cluster 11	Cluster 12
% "Fair/Poor" Physical Health	16.8	17.7	12.3	8.9	33.9	10.3	17.3	16.8	30.8	30.7	20.4	19.2	10.6
% Activity Limitations	13.8	18.2	12.0	13.0	24.0	17.1	12.1	10.2	15.8	21.2	18.8	18.5	14.8
Note: In the green section, each cluster is compared against all others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.													

Miami-Dade	Miami-Dade vs. Benchmarks			TREND
	vs. FL	vs. US	vs. HP2020	
19.7	20.6	16.8		20.0
16.8	26.8	17.0		
better     similar     worse				

Hearing & Other Sensory or Communication Disorders	Each Cluster vs. Others Combined												
	Cluster 1	Cluster 2	Cluster 3	Cluster 4	Cluster 5	Cluster 6	Cluster 7	Cluster 8	Over-sample	Cluster 9	Cluster 10	Cluster 11	Cluster 12
% Deafness/Trouble Hearing	5.1	7.3	7.2	10.2	7.1	5.6	6.7	5.8	5.8	5.8	6.9	6.0	5.8
Note: In the green section, each cluster is compared against all others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.													

Miami-Dade	Miami-Dade vs. Benchmarks			TREND
	vs. FL	vs. US	vs. HP2020	
6.6		9.6		
better     similar     worse				

Heart Disease & Stroke	Each Cluster vs. Others Combined												
	Cluster 1	Cluster 2	Cluster 3	Cluster 4	Cluster 5	Cluster 6	Cluster 7	Cluster 8	Over-sample	Cluster 9	Cluster 10	Cluster 11	Cluster 12
% Heart Disease (Heart Attack, Angina, Coronary Disease)	6.2	3.2	6.0	6.2	7.5	4.4	4.9	8.4	9.8	7.8	7.0	4.5	6.7
% Stroke	3.3	0.0	1.1	2.1	5.0	2.1	0.5	1.4	6.2	2.3	2.6	2.2	0.5
% Blood Pressure Checked in Past 2 Years	91.3	92.7	96.3	96.8	90.5	94.8	94.5	92.2	92.7	92.9	93.5	90.9	94.6
% Told Have High Blood Pressure (Ever)	31.1	24.5	30.3	29.0	43.4	23.7	34.5	26.8	42.3	42.4	35.0	24.8	27.7
% [HBP] Taking Action to Control High Blood Pressure													
% Cholesterol Checked in Past 5 Years	93.0	91.4	93.3	97.7	92.1	96.3	97.4	95.3	91.7	91.4	94.1	92.6	96.8
% Told Have High Cholesterol (Ever)	29.4	30.9	33.5	34.8	32.2	31.4	35.5	38.2	30.5	35.9	23.9	28.6	34.3
% [HBC] Taking Action to Control High Blood Cholesterol	81.8	88.1	87.2	81.1	78.7	77.0	74.8	97.6	89.8	86.2	81.3	88.1	87.7
% 1+ Cardiovascular Risk Factor	87.3	75.0	81.4	74.2	88.1	69.5	82.6	78.4	87.8	86.5	87.6	83.8	79.2
Note: In the green section, each cluster is compared against all others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.													

Miami-Dade	Miami-Dade vs. Benchmarks			TREND
	vs. FL	vs. US	vs. HP2020	
6.2		6.1		6.5
2.0	3.8	2.7		1.8
93.3		94.7	94.9	95.6
32.6	34.2	34.3	26.9	32.7
93.7		89.1		85.3
93.5	79.0	90.7	82.1	92.4
32.2	41.9	31.4	13.5	32.1
84.8		89.1		84.6
82.2		86.3		83.8
better     similar     worse				

Each Cluster vs. Others Combined

HIV	Cluster 1	Cluster 2	Cluster 3	Cluster 4	Cluster 5	Cluster 6	Cluster 7	Cluster 8	Over-sample	Cluster 9	Cluster 10	Cluster 11	Cluster 12
% [Age 18-44] HIV Test in the Past Year	34.4	35.8	31.1	26.8	41.4	32.1	26.7	20.9	36.9	34.4	47.2	46.6	28.9
Note: In the green section, each cluster is compared against all others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.													

Miami-Dade	Miami-Dade vs. Benchmarks			TREND
	vs. FL	vs. US	vs. HP2020	
35.0	19.9	16.9	35.7	
better     similar     worse				

Each Cluster vs. Others Combined

Injury & Violence Prevention	Cluster 1	Cluster 2	Cluster 3	Cluster 4	Cluster 5	Cluster 6	Cluster 7	Cluster 8	Over-sample	Cluster 9	Cluster 10	Cluster 11	Cluster 12
% "Always" Wear Seat Belt	87.4	87.1	88.7	91.4	83.0	90.4	93.2	81.8	74.1	82.1	71.6	85.4	90.5
% Child [Age 0-17] "Always" Uses Seat Belt/Car Seat	90.1	81.9	97.7	100.0	98.8	83.6	93.0	72.8	77.7	92.5	92.3	83.9	90.7
% Child [Age 5-17] "Always" Wears Bicycle Helmet	51.4	35.8	45.5	56.0	49.9	69.1	29.0	30.9	30.7	65.7	37.8	50.2	58.6
% Child [Age 5-17] Child Has Been Bullied on School Property	11.5	6.7	1.7	9.9	9.8	10.1	6.7	26.3	9.9	4.3	11.7	6.9	10.1
% Child [Age 5-17] Child Has Been Cyber-Bullied	1.6	8.0	0.0	1.1	0.0	2.4	2.4	0.0	0.0	0.0	0.0	0.0	0.0
% Neighborhood Safety/Security is "Fair/Poor"	18.2	11.1	11.4	6.9	32.2	7.4	7.3	27.3	42.1	21.1	23.2	31.9	4.6
% Victim of Violent Crime in Past 5 Years	4.9	5.4	4.3	1.4	3.8	3.4	0.3	4.1	5.2	2.2	7.1	6.8	3.9
% Ever Threatened With Violence by Intimate Partner	11.4	8.3	5.8	3.4	11.3	5.7	4.8	12.8	14.7	8.1	11.8	15.5	12.6
% Victim of Domestic Violence (Ever)	10.1	9.6	5.3	4.2	11.4	5.3	6.4	15.5	16.6	10.2	8.8	15.5	9.7
Note: In the green section, each cluster is compared against all others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.													

Miami-Dade	Miami-Dade vs. Benchmarks			TREND
	vs. FL	vs. US	vs. HP2020	
85.3	93.3	85.3	92.4	84.9
90.2		96.6		93.4
47.2		44.1		59.8
7.8				
1.7				
17.7				
4.1		1.6		4.6
9.3		11.7		
9.5		13.5		
better     similar     worse				

Each Cluster vs. Others Combined

Mental Health & Mental Disorders	Cluster 1	Cluster 2	Cluster 3	Cluster 4	Cluster 5	Cluster 6	Cluster 7	Cluster 8	Over-sample	Cluster 9	Cluster 10	Cluster 11	Cluster 12
% "Fair/Poor" Mental Health	10.6	14.1	8.9	6.9	18.1	5.7	8.8	12.6	17.2	17.9	14.3	9.6	9.3
% Major Depression	7.3	8.0	8.9	6.9	15.7	7.3	9.3	6.3	10.3	16.9	6.6	8.8	6.1
% Symptoms of Chronic Depression (2+ Years)	31.5	27.9	30.4	20.3	35.3	21.4	25.7	35.3	35.4	42.1	34.2	32.4	29.3
% [Those With Major Depression] Seeking Help													
% Typical Day Is "Extremely/Very" Stressful	11.3	27.5	18.9	14.5	12.0	11.1	16.0	14.8	11.9	11.4	9.8	8.6	17.0
% [Age 5-17] Child's Mental Health Is "Fair/Poor"	15.0	5.3	2.8	1.8	5.5	7.2	0.0	9.3	2.8	4.3	1.5	6.7	7.7
% [Age 5-17] Child Had 2+ Weeks Feeling Sad/Hopeless in Past Yr	7.2	1.9	0.0	0.9	6.4	0.0	0.0	5.3	1.7	4.3	1.7	0.0	4.6
% [Age 5-17] Child Has Depression	7.6	1.8	0.0	1.8	1.8	1.6	1.7	1.3	0.0	0.0	1.4	0.8	4.5
% [Age 5-17] Child Worries a Lot	17.5	27.3	18.1	21.2	14.0	6.4	3.5	14.0	3.9	24.1	5.1	7.5	14.0
% [Age 5-17] Child Has Sleep Issues	13.7	9.9	7.0	11.6	11.0	5.1	14.5	2.6	2.5	7.8	3.1	4.8	7.8
% [Age 5-17] Child Needed Mental Health Svcs in the Past Year	11.9	3.4	10.1	7.7	1.8	2.9	0.0	6.9	4.2	4.8	7.5	2.7	17.8
% [Age 5-17] Child Took Prescription for Mental Health	3.4	5.1	2.6	7.2	6.4	1.6	4.8	3.8	1.9	5.9	1.4	1.9	3.3

Miami-Dade	Miami-Dade vs. Benchmarks		
	vs. FL	vs. US	vs. HP2020
12.6	11.7		12.8
9.8	11.7		10.4
31.7	26.5		35.5
74.3	82.0	75.1	67.8
14.0	11.5		18.2
5.3	10.2		
2.8	6.0		
1.9	4.6		
16.7	25.4		
8.6	13.5		
6.4	13.1		
4.2	8.0		

Mental Health & Mental Disorders (continued)	Each Cluster vs. Others Combined												
	Cluster 1	Cluster 2	Cluster 3	Cluster 4	Cluster 5	Cluster 6	Cluster 7	Cluster 8	Over-sample	Cluster 9	Cluster 10	Cluster 11	Cluster 12
% Child [Age 5-17] Takes Prescription for ADD/ADHD	0.9	6.4	0.0	6.5	4.5	3.5	4.3	9.4	0.0	5.0	1.4	5.1	2.2
Note: In the green section, each cluster is compared against all others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.													

Miami-Dade	Miami-Dade vs. Benchmarks			TREND
	vs. FL	vs. US	vs. HP2020	
3.7	6.5			
better     similar     worse				

Nutrition & Weight Status	Each Cluster vs. Others Combined												
	Cluster 1	Cluster 2	Cluster 3	Cluster 4	Cluster 5	Cluster 6	Cluster 7	Cluster 8	Over-sample	Cluster 9	Cluster 10	Cluster 11	Cluster 12
% Eat 5+ Servings of Fruit or Vegetables per Day	41.6	38.5	36.1	51.9	33.7	50.7	34.1	38.2	32.1	32.1	38.3	38.5	44.0
% Medical Advice on Nutrition in Past Year	40.7	37.2	39.7	39.8	43.5	40.7	43.4	39.4	50.1	46.9	47.3	46.1	33.8
% [Age 2-17] Family Shared 7+ Meals in the Past Week	71.3	60.7	72.6	73.9	62.9	59.6	79.5	74.0	52.1	74.6	70.3	60.2	73.1
% [Age 2-17] Child Ate 3+ Fast Food Meals in Past Week	24.6	14.5	9.3	12.8	8.4	10.4	15.7	15.6	25.1	12.0	17.5	25.6	6.0
% [Age 0-17] Child Was Ever Breastfed	70.3	83.7	92.4	82.8	71.2	81.3	72.3	79.8	64.0	73.3	74.0	85.4	81.3
% Healthy Weight (BMI 18.5-24.9)	27.7	39.2	38.8	50.3	25.1	48.8	36.0	32.5	34.8	32.7	28.8	33.1	47.5
% Overweight	70.5	60.6	59.7	48.5	72.6	48.3	63.8	65.2	65.1	64.4	69.8	66.2	50.4
% Obese	30.6	20.0	19.2	15.1	34.0	21.1	31.2	17.6	33.9	28.0	31.1	29.0	12.6
% Medical Advice on Weight in Past Year	26.2	22.7	26.6	32.2	35.3	27.4	30.3	26.5	33.4	34.4	30.6	35.5	26.7

Miami-Dade	Miami-Dade vs. Benchmarks			TREND
	vs. FL	vs. US	vs. HP2020	
38.0	48.8			36.8
42.0	41.9			40.5
68.7				
14.6	21.5			23.7
78.3	69.8     81.9			74.3
36.1	31.7     33.9			35.6
62.4	63.3     66.9			63.7
24.8	26.6     28.5     30.6			23.6
29.5	25.7			31.3

Nutrition & Weight Status (continued)	Each Cluster vs. Others Combined												
	Cluster 1	Cluster 2	Cluster 3	Cluster 4	Cluster 5	Cluster 6	Cluster 7	Cluster 8	Over-sample	Cluster 9	Cluster 10	Cluster 11	Cluster 12
% [Overweights] Counseled About Weight in Past Year	30.9	30.1	31.4	54.4	41.9	41.8	40.1	39.1	43.7	43.9	38.7	48.6	39.9
% [Obese Adults] Counseled About Weight in Past Year													
% [Overweights] Trying to Lose Weight Both Diet/Exercise	40.8	43.3	26.7	47.4	36.2	48.3	42.1	51.9	31.8	29.0	37.6	45.1	53.5
% Children [Age 5-17] Overweight	42.0	23.4	54.2	20.1	46.4	42.1	46.4	31.2	37.6	35.5	31.1	42.8	17.7
% Children [Age 5-17] Obese	35.1	12.6	26.1	12.6	33.5	28.3	25.0	26.1	24.9	14.8	15.1	19.5	11.8
Note: In the green section, each cluster is compared against all others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.													

Miami-Dade	Miami-Dade vs. Benchmarks			TREND
	vs. FL	vs. US	vs. HP2020	
38.8	30.9			
56.1	47.4	31.8		
38.5	38.6			
35.5	30.7			
20.3	18.0	14.6		
better     similar     worse				

Oral Health	Each Cluster vs. Others Combined												
	Cluster 1	Cluster 2	Cluster 3	Cluster 4	Cluster 5	Cluster 6	Cluster 7	Cluster 8	Over-sample	Cluster 9	Cluster 10	Cluster 11	Cluster 12
% [Age 18+] Dental Visit in Past Year	60.6	62.8	64.5	76.6	39.3	74.4	67.0	65.1	50.0	63.6	48.0	57.8	66.5
% Child [Age 2-17] Dental Visit in Past Year	72.8	78.1	76.4	85.7	70.7	82.6	72.6	86.1	76.4	84.8	74.7	72.2	71.0
% Have Dental Insurance	62.2	54.3	56.4	68.9	42.8	58.9	61.1	58.8	52.3	58.2	56.1	57.9	47.7
Note: In the green section, each cluster is compared against all others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.													

Miami-Dade	Miami-Dade vs. Benchmarks			TREND
	vs. FL	vs. US	vs. HP2020	
60.9	66.4	66.9	49.0	65.5
77.1		85.9	49.0	70.8
56.0		60.8		
better     similar     worse				

Each Cluster vs. Others Combined

Physical Activity	Cluster 1	Cluster 2	Cluster 3	Cluster 4	Cluster 5	Cluster 6	Cluster 7	Cluster 8	Over-sample	Cluster 9	Cluster 10	Cluster 11	Cluster 12
% [Employed] Job Entails Mostly Sitting/Standing	53.2	68.5	64.7	71.5	60.7	81.5	73.0	82.6	49.5	64.7	51.1	57.0	65.1
% No Leisure-Time Physical Activity	29.4	26.2	34.1	12.5	36.0	18.3	27.5	24.5	32.7	41.0	27.3	30.3	24.6
% Meeting Physical Activity Guidelines	42.9	45.3	40.5	55.1	38.0	57.1	42.1	52.2	39.6	34.2	45.1	45.6	50.5
% Moderate Physical Activity	30.6	22.9	19.9	30.4	18.8	34.6	21.7	25.5	24.9	17.4	26.0	23.4	33.0
% Vigorous Physical Activity	31.7	35.9	31.1	46.2	27.7	44.5	32.1	44.6	27.5	27.0	37.0	36.9	39.2
% Medical Advice on Physical Activity in Past Year	41.8	42.8	47.0	51.3	45.1	50.2	50.3	45.1	51.3	48.2	46.5	44.4	47.9
% [Age 5-17] Child Was Physically Active One Hour/Day in Past Week	42.6	21.8	35.4	29.7	31.2	28.5	38.4	12.5	46.3	39.3	45.5	20.1	47.8
% Child [Age 5-17] Watches TV 3+ Hours per Day	21.2	21.3	17.9	3.5	16.6	12.0	11.9	3.0	22.5	34.5	22.1	26.3	7.0
% Child [Age 5-17] Uses Computer 3+ Hours per Day	18.6	23.5	7.3	7.5	7.8	10.9	17.6	18.7	17.1	17.9	10.7	36.6	8.4
% Child [Age 5-17] 3+ Hours per Day of Total Screen Time	45.8	63.0	56.6	38.2	44.6	31.4	43.2	57.7	54.1	50.1	50.3	58.7	38.8
Note: In the green section, each cluster is compared against all others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.													

Miami-Dade	Miami-Dade vs. Benchmarks			TREND
	vs. FL	vs. US	vs. HP2020	
<b>64.0</b>				
<b>29.9</b>	26.9	28.7	32.6	33.9
<b>43.3</b>				39.6
<b>23.8</b>				25.4
<b>33.8</b>				28.0
<b>46.6</b>				46.5
<b>34.8</b>				
<b>19.6</b>				
<b>15.8</b>				
<b>50.6</b>				
better     similar     worse				

Each Cluster vs. Others Combined

Respiratory Diseases	Cluster 1	Cluster 2	Cluster 3	Cluster 4	Cluster 5	Cluster 6	Cluster 7	Cluster 8	Over-sample	Cluster 9	Cluster 10	Cluster 11	Cluster 12
% Nasal/Hay Fever Allergies	18.1	13.5	11.2	16.9	13.5	16.1	20.6	16.2	19.9	17.6	16.6	22.8	16.6
% Sinusitis	14.7	11.8	11.5	13.2	9.1	12.7	12.6	12.1	10.4	9.5	10.6	7.8	13.5
% Chronic Lung Disease	8.6	5.5	5.7	2.1	6.4	4.1	9.0	7.8	10.4	7.1	5.6	5.5	6.3
% [Adult] Currently Has Asthma	10.4	4.8	5.9	2.8	6.6	3.0	2.4	4.6	9.4	6.0	5.5	7.2	3.3
Note: In the green section, each cluster is compared against all others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.													

Miami-Dade	Miami-Dade vs. Benchmarks			TREND
	vs. FL	vs. US	vs. HP2020	
16.3				
11.3				
6.4				6.6
5.7				8.4
better     similar     worse				

Each Cluster vs. Others Combined

Sexually Transmitted Diseases	Cluster 1	Cluster 2	Cluster 3	Cluster 4	Cluster 5	Cluster 6	Cluster 7	Cluster 8	Over-sample	Cluster 9	Cluster 10	Cluster 11	Cluster 12
% [Unmarried 18-64] 3+ Sexual Partners in Past Year	6.0	12.1	12.1	26.3	7.3	15.8	5.2	13.9	6.4	22.5	21.2	2.9	16.0
% [Unmarried 18-64] Using Condoms	39.4	41.2	44.1	38.9	49.2	37.8	34.6	37.0	60.9	54.7	51.1	45.3	45.2
Note: In the green section, each cluster is compared against all others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.													

Miami-Dade	Miami-Dade vs. Benchmarks			TREND
	vs. FL	vs. US	vs. HP2020	
12.9				9.6
46.1				55.1
better     similar     worse				

Each Cluster vs. Others Combined

Substance Abuse	Cluster 1	Cluster 2	Cluster 3	Cluster 4	Cluster 5	Cluster 6	Cluster 7	Cluster 8	Over-sample	Cluster 9	Cluster 10	Cluster 11	Cluster 12
% Current Drinker	52.9	59.1	61.0	76.0	38.7	73.6	62.9	58.4	41.7	44.2	45.7	46.5	67.0
% Chronic Drinker (Average 2+ Drinks/Day)	3.5	1.7	2.4	8.1	2.4	8.4	2.0	6.7	4.4	3.8	1.9	0.2	4.5

Miami-Dade	Miami-Dade vs. Benchmarks			TREND
	vs. FL	vs. US	vs. HP2020	
54.8				51.2
3.2				2.1



Substance Abuse (continued)	Each Cluster vs. Others Combined												
	Cluster 1	Cluster 2	Cluster 3	Cluster 4	Cluster 5	Cluster 6	Cluster 7	Cluster 8	Over-sample	Cluster 9	Cluster 10	Cluster 11	Cluster 12
% Binge Drinker (Single Occasion - 5+ Drinks Men, 4+ Women)	18.3	18.7	19.1	25.9	12.9	26.9	20.5	19.8	17.2	15.5	13.2	15.1	25.7
% Drinking & Driving in Past Month	1.4	6.6	1.5	4.3	2.9	4.2	2.6	3.4	3.2	2.9	1.3	2.1	2.6
% Driving Drunk or Riding with Drunk Driver	4.2	9.9	5.2	8.6	5.6	7.3	4.7	6.2	8.7	4.0	7.0	6.4	8.8
% Illicit Drug Use in Past Month	1.5	3.3	5.4	3.6	2.1	5.5	1.5	3.9	5.5	1.6	2.0	3.4	7.2
% Ever Sought Help for Alcohol or Drug Problem	3.2	1.9	2.7	0.8	0.3	4.1	0.6	6.4	6.3	3.1	4.4	1.4	2.5
Note: In the green section, each cluster is compared against all others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.													

Miami-Dade	Miami-Dade vs. Benchmarks			TREND
	vs. FL	vs. US	vs. HP2020	
18.4	17.1	16.7	24.3	8.3
3.1	3.5			2.8
6.6	5.5			
3.4	1.7	7.1		4.1
2.6	3.9			1.8
better     similar     worse				

Tobacco Use	Each Cluster vs. Others Combined												
	Cluster 1	Cluster 2	Cluster 3	Cluster 4	Cluster 5	Cluster 6	Cluster 7	Cluster 8	Over-sample	Cluster 9	Cluster 10	Cluster 11	Cluster 12
% Current Smoker	11.8	7.7	13.9	4.9	9.5	7.2	8.3	9.0	12.2	13.6	9.3	7.6	10.4
% Someone Smokes at Home	9.5	8.8	11.5	6.1	12.5	8.1	8.4	3.9	14.7	21.3	10.8	6.6	10.3
% [Non-Smokers] Someone Smokes in the Home	3.1	5.4	5.6	5.1	9.1	4.6	5.9	2.6	8.1	13.7	7.2	2.8	6.4
% [Household With Children] Someone Smokes in the Home	5.8	7.4	8.5	5.4	8.4	6.2	8.3	4.4	15.4	18.4	7.2	4.1	16.6
% [Smokers] Received Advice to Quit Smoking													

Miami-Dade	Miami-Dade vs. Benchmarks			TREND
	vs. FL	vs. US	vs. HP2020	
10.1	19.3	16.6	12.0	11.8
11.4	13.6			16.4
6.8	5.7			
9.7	12.1			14.7
64.0	63.7			

Each Cluster vs. Others Combined

Tobacco Use (continued)	Cluster 1	Cluster 2	Cluster 3	Cluster 4	Cluster 5	Cluster 6	Cluster 7	Cluster 8	Over-sample	Cluster 9	Cluster 10	Cluster 11	Cluster 12
% [Smokers] Have Quit Smoking 1+ Days in Past Year													
% Smoke Cigars	7.9	6.2	6.1	3.6	7.0	5.3	8.3	6.5	6.0	6.9	7.5	5.4	6.3
% Use Smokeless Tobacco	2.3	2.4	3.0	0.3	2.4	1.1	1.5	0.8	0.7	1.6	3.8	2.1	0.9
Note: In the green section, each cluster is compared against all others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.													

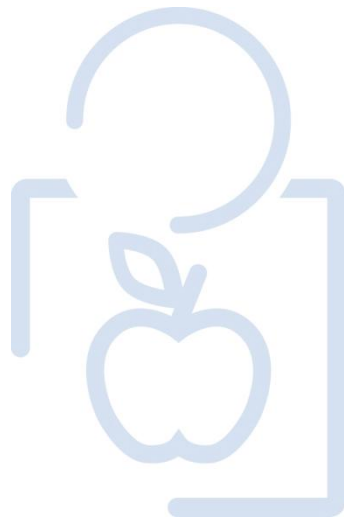
Miami-Dade	Miami-Dade vs. Benchmarks			TREND
	vs. FL	vs. US	vs. HP2020	
57.7	56.2	80.0		
6.5	4.2	0.2		
2.0	2.8	0.3		
better     similar     worse				

Each Cluster vs. Others Combined

Vision	Cluster 1	Cluster 2	Cluster 3	Cluster 4	Cluster 5	Cluster 6	Cluster 7	Cluster 8	Over-sample	Cluster 9	Cluster 10	Cluster 11	Cluster 12
% Blindness/Trouble Seeing	7.1	15.2	16.5	10.8	18.0	10.1	9.9	12.1	14.9	19.2	16.3	13.7	7.3
Note: In the green section, each cluster is compared against all others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.													

Miami-Dade	Miami-Dade vs. Benchmarks			TREND
	vs. FL	vs. US	vs. HP2020	
14.1	6.9			
better     similar     worse				

# GENERAL HEALTH STATUS



# Overall Health Status

The initial inquiry of the PRC Community Health Survey asked respondents the following:

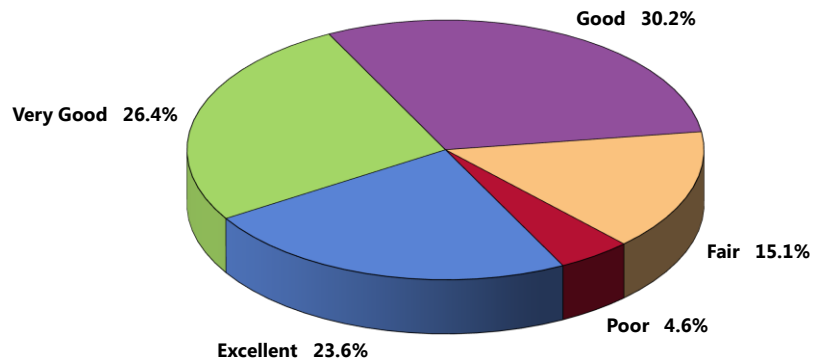
*"Would you say that in general your health is: excellent, very good, good, fair or poor?"*

## Self-Reported Health Status

**One-half (50.0%) of Miami-Dade County adults rate their overall health as "excellent" or "very good."**

- Another 30.2% gave "good" ratings of their overall health.

**Self-Reported Health Status**  
(Miami-Dade County, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]  
Notes: • Asked of all respondents.

**However, 19.7% of Miami-Dade County adults believe that their overall health is "fair" or "poor."**

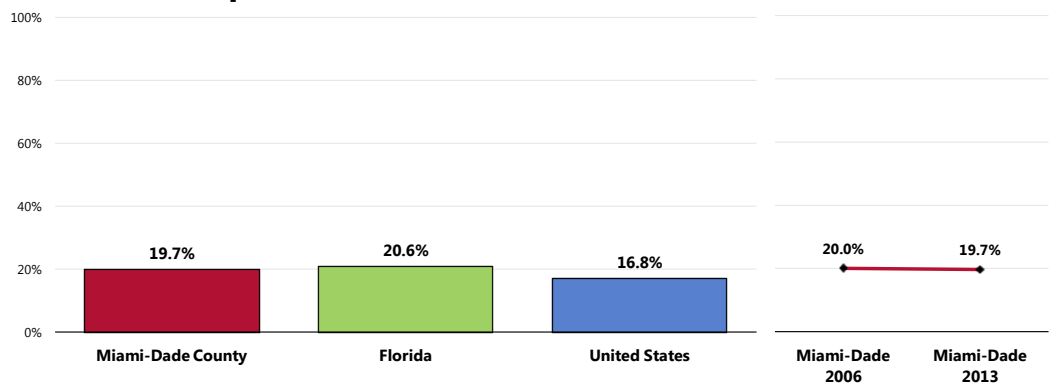
- Comparable to statewide findings.
- Worse than the national percentage.
- ☒ No statistically significant change has occurred when comparing "fair/poor" overall health reports to previous (2006) survey results.

**NOTE:**

• Differences noted in the text represent significant differences determined through statistical testing.

• Where sample sizes permit, community-level data are provided.

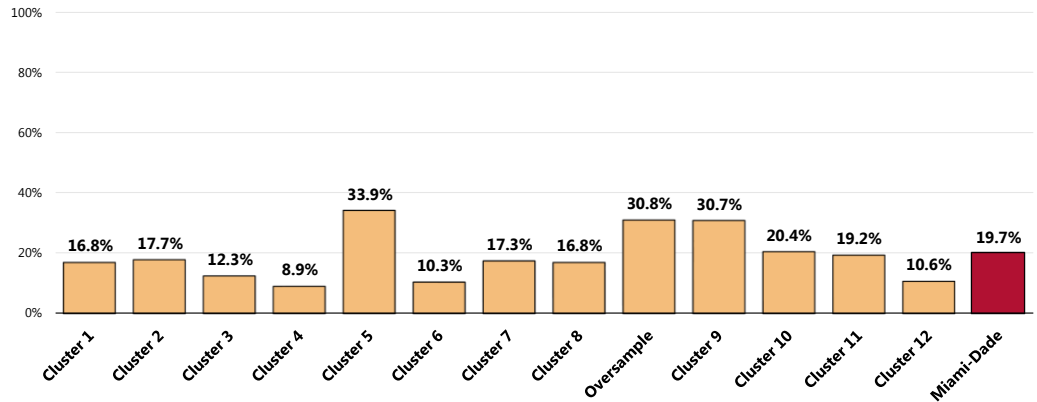
## Experience "Fair" or "Poor" Overall Health



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 5]  
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2011 Florida data.  
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.  
Notes: • Asked of all respondents.

- Viewed by Cluster, the prevalence is statistically low in Clusters 3, 4, 6, and 12; on the other hand, the prevalence is statistically high in Clusters 5 and 9 as well as in the Oversample.

### Experience "Fair" or "Poor" Overall Health



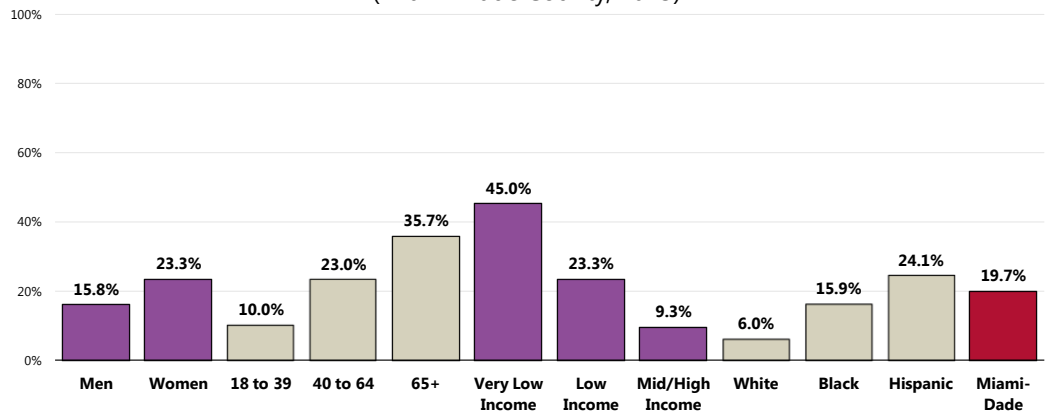
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]  
 Notes: • Asked of all respondents.

Adults who are statistically more likely to report experiencing "fair" or "poor" overall health include:

- Women.
- Those age 40 and older (note the positive correlation with age).
- Residents living at lower incomes (note the negative correlation with income).
- Blacks and Hispanics.

### Experience "Fair" or "Poor" Overall Health

(Miami-Dade County, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Charts throughout this report (such as that here) detail survey findings among key demographic groups – namely by gender, age groupings, income (based on poverty status), and race/ethnicity.

## Activity Limitations

An individual can get a disabling impairment or chronic condition at any point in life. Compared with people without disabilities, people with disabilities are more likely to:

- Experience difficulties or delays in getting the health care they need.
- Not have had an annual dental visit.
- Not have had a mammogram in past 2 years.
- Not have had a Pap test within the past 3 years.
- Not engage in fitness activities.
- Use tobacco.
- Be overweight or obese.
- Have high blood pressure.
- Experience symptoms of psychological distress.
- Receive less social-emotional support.
- Have lower employment rates.

There are many social and physical factors that influence the health of people with disabilities. The following three areas for public health action have been identified, using the International Classification of Functioning, Disability, and Health (ICF) and the three World Health Organization (WHO) principles of action for addressing health determinants.

- **Improve the conditions of daily life** by: encouraging communities to be accessible so all can live in, move through, and interact with their environment; encouraging community living; and removing barriers in the environment using both physical universal design concepts and operational policy shifts.
- **Address the inequitable distribution of resources among people with disabilities and those without disabilities** by increasing: appropriate health care for people with disabilities; education and work opportunities; social participation; and access to needed technologies and assistive supports.
- **Expand the knowledge base and raise awareness about determinants of health for people with disabilities** by increasing: the inclusion of people with disabilities in public health data collection efforts across the lifespan; the inclusion of people with disabilities in health promotion activities; and the expansion of disability and health training opportunities for public health and health care professionals.

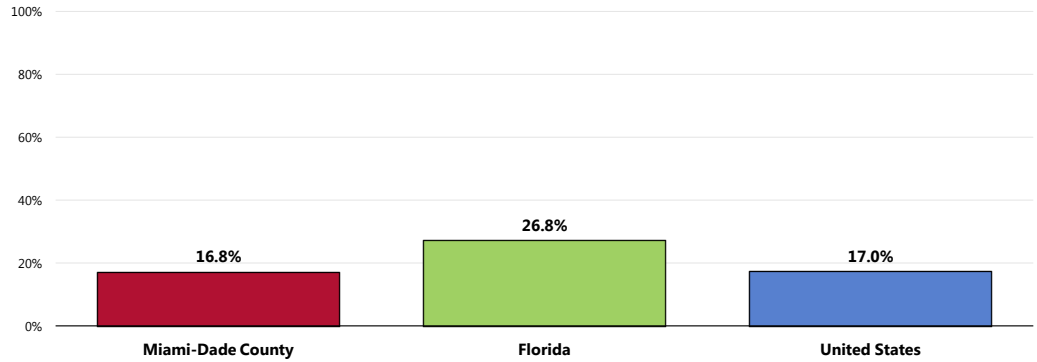
– Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

### **A total of 16.8% of Miami-Dade County adults are limited in some way in some activities due to a physical, mental or emotional problem.**

- More favorable than the prevalence statewide.
- Similar to the national prevalence.

 [The item was not addressed in the 2006 survey.]

## Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem

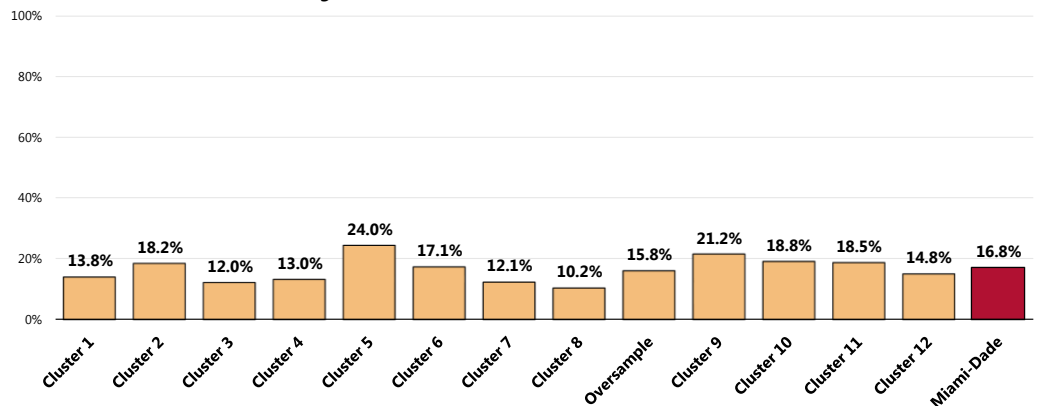


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 109]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2011 Florida data.  
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

- Favorably low in Clusters 3, 7, and 8; unfavorably high in Cluster 5.

## Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem

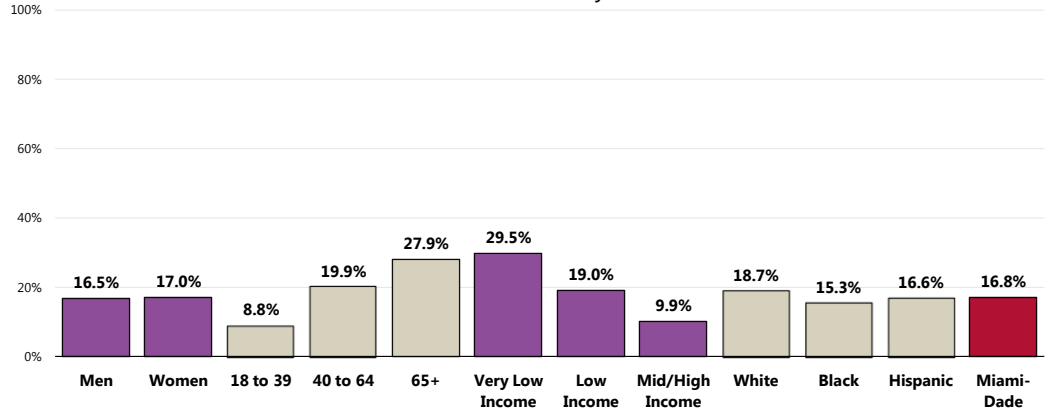


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 109]  
 Notes: • Asked of all respondents.

In looking at responses by key demographic characteristics, note the following:

- Adults age 40 and older are much more often limited in activities (note the positive correlation with age).
- In contrast, note the negative correlation between income and activity limitations.

## Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem (Miami-Dade County, 2013)

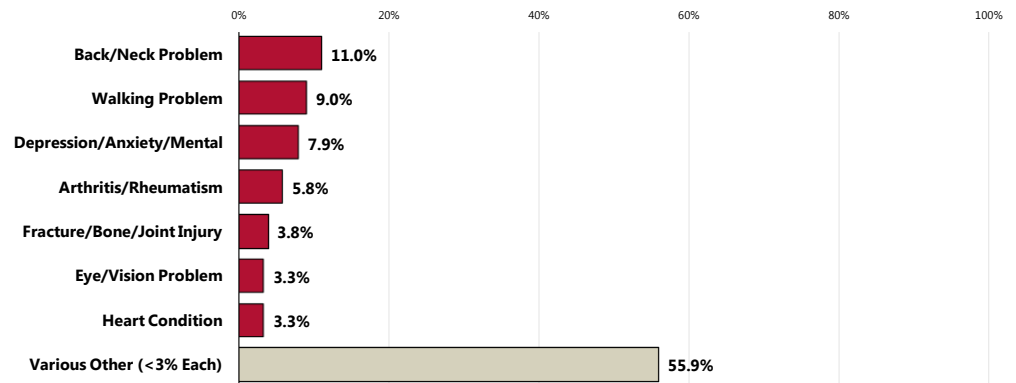


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 109]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Among persons reporting activity limitations, these are most often attributed to musculoskeletal issues, such as back/neck problems, difficulty walking, arthritis/rheumatism, or fractures or bone/joint injuries.

Note also that many of these respondents mentioned some type of mental illness as limiting their activities.

## Type of Problem That Limits Activities (Among Those Reporting Activity Limitations; Miami-Dade County, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 110]  
 Notes: • Asked of those respondents reporting activity limitations.



# Mental Health & Mental Disorders

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. Mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society. Mental disorders are health conditions that are characterized by alterations in thinking, mood, and/or behavior that are associated with distress and/or impaired functioning. Mental disorders contribute to a host of problems that may include disability, pain, or death. Mental illness is the term that refers collectively to all diagnosable mental disorders.

Mental disorders are among the most common causes of disability. The resulting disease burden of mental illness is among the highest of all diseases. According to the national Institute of Mental Health (NIMH), in any given year, an estimated 13 million American adults (approximately 1 in 17) have a seriously debilitating mental illness. Mental health disorders are the leading cause of disability in the United States and Canada, accounting for 25% of all years of life lost to disability and premature mortality. Moreover, suicide is the 11<sup>th</sup> leading cause of death in the United States, accounting for the deaths of approximately 30,000 Americans each year.

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

The existing model for understanding mental health and mental disorders emphasizes the interaction of social, environmental, and genetic factors throughout the lifespan. In behavioral health, researchers identify: **risk factors**, which predispose individuals to mental illness; and **protective factors**, which protect them from developing mental disorders. Researchers now know that the prevention of mental, emotional, and behavioral (MEB) disorders is inherently interdisciplinary and draws on a variety of different strategies. Over the past 20 years, research on the prevention of mental disorders has progressed. The understanding of how the brain functions under normal conditions and in response to stressors, combined with knowledge of how the brain develops over time, has been essential to that progress. The major areas of progress include evidence that:

- MEB disorders are common and begin early in life.
- The greatest opportunity for prevention is among young people.
- There are multiyear effects of multiple preventive interventions on reducing substance abuse, conduct disorder, antisocial behavior, aggression, and child maltreatment.
- The incidence of depression among pregnant women and adolescents can be reduced.
- School-based violence prevention can reduce the base rate of aggressive problems in an average school by 25 to 33%.
- There are potential indicated preventive interventions for schizophrenia.
- Improving family functioning and positive parenting can have positive outcomes on mental health and can reduce poverty-related risk.
- School-based preventive interventions aimed at improving social and emotional outcomes can also improve academic outcomes.
- Interventions targeting families dealing with adversities, such as parental depression or divorce, can be effective in reducing risk for depression among children and increasing effective parenting.
- Some preventive interventions have benefits that exceed costs, with the available evidence strongest for early childhood interventions.
- Implementation is complex, and it is important that interventions be relevant to the target audiences.

In addition to advancements in the prevention of mental disorders, there continues to be steady progress in treating mental disorders as new drugs and stronger evidence-based outcomes become available.

– Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

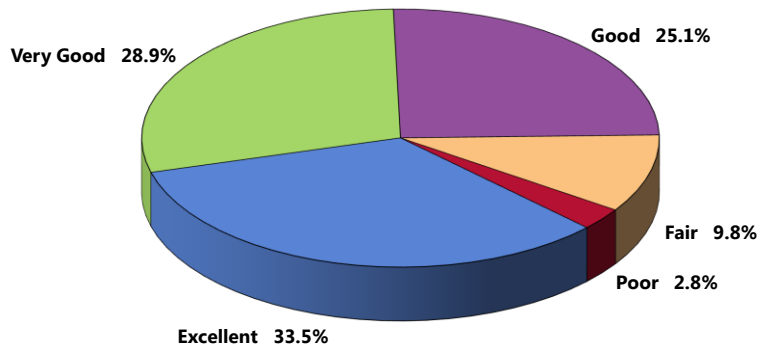
## Mental Health Status

### Adults' Mental Health Status

**A total of 62.4% of Miami-Dade County adults rate their overall mental health as "excellent" or "very good."**

Another 25.1% gave "good" ratings of their own mental health status.

### Self-Reported Mental Health Status (Miami-Dade County, 2013)



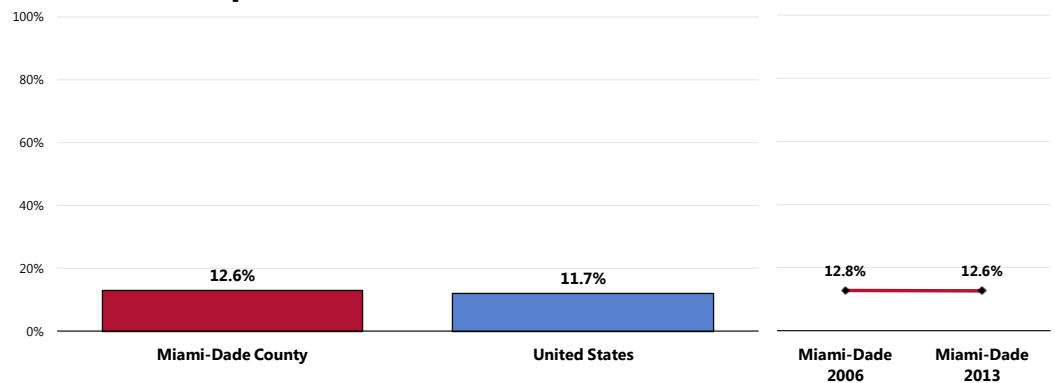
*"Now thinking about your mental health, which includes stress, depression and problems with emotions, would you say that, in general, your mental health is: excellent, very good, good, fair or poor?"*

Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 105]  
Notes: • Asked of all respondents.

**A total of 12.6% of Miami-Dade County adults, however, believe that their overall mental health is "fair" or "poor."**

- Similar to the "fair/poor" response reported nationally.
- ☒ Unchanged over time.

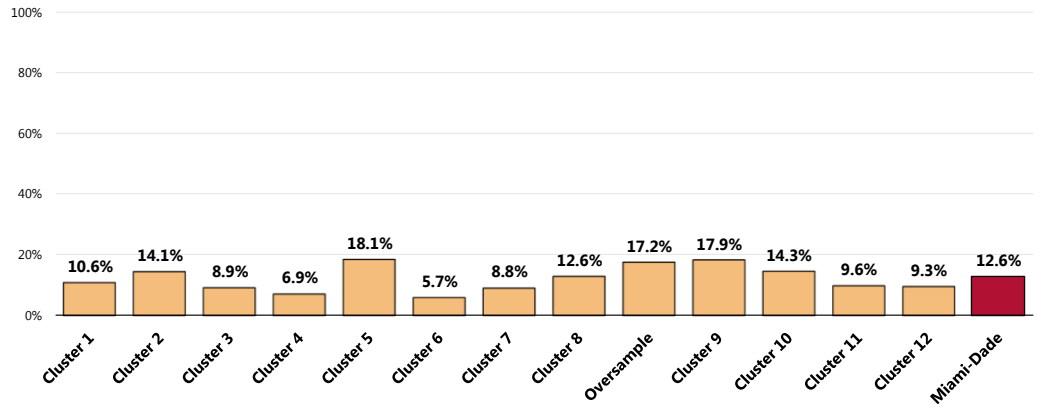
### Experience "Fair" or "Poor" Mental Health



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 105]  
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.  
Notes: • Asked of all respondents.

- Lowest in Clusters 4 and 6, higher in Clusters 5, 9, and the Oversample.

## Experience “Fair” or “Poor” Mental Health

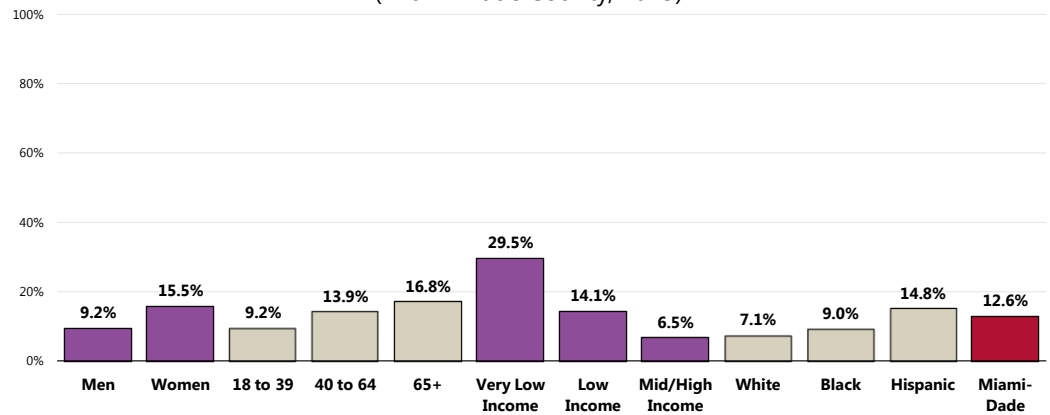


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 105]  
 Notes: • Asked of all respondents.

- Low ratings of mental health were higher among women, adults aged 40 and older, residents living in poverty, and Hispanics.

## Experience “Fair” or “Poor” Mental Health

(Miami-Dade County, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 105]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).  
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households with incomes below the federal poverty level; “Low Income” includes households with incomes just above poverty and up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

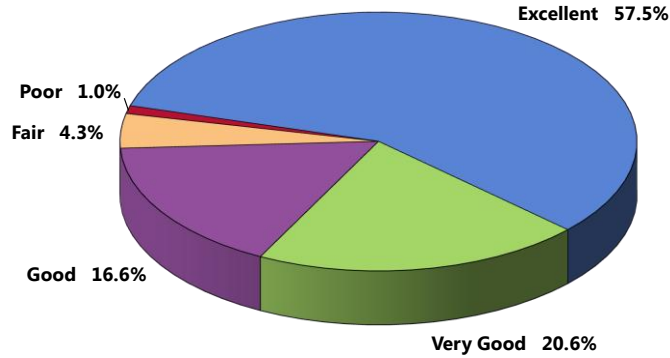
## Children's Mental Health Status

*"Now thinking about this child's mental health, which includes stress, depression, and problems with emotions, would you say that this child's mental health is: excellent, very good, good, fair or poor?"*

**Most Miami-Dade County parents rate their (age 5-17) child's mental health — which includes stress, depression, and problems with emotions — as "excellent" (57.5%) or "very good" (20.6%).**

Another 16.6% gave "good" ratings of their child's overall health.

**Child's Mental Health Status**  
(Among Parents of Children Age 5-17; Miami-Dade County, 2013)

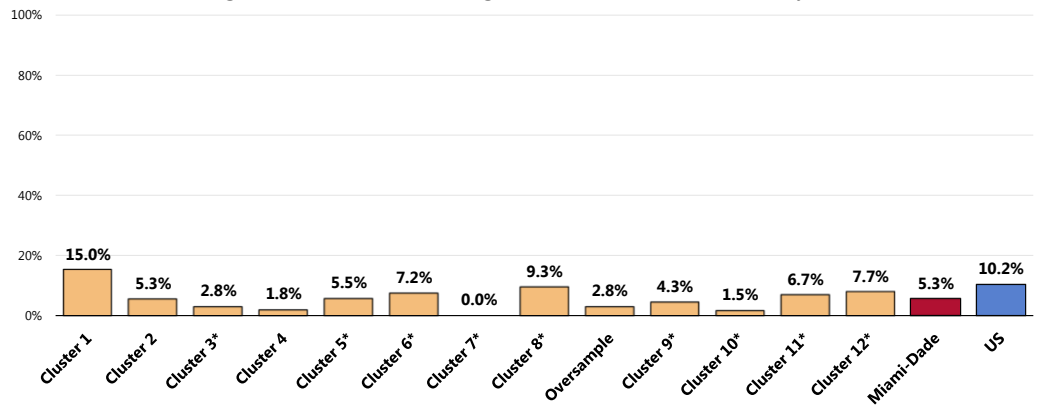


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 125]  
Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.

**However, 5.3% of Miami-Dade County parents believe that their (age 5-17) child's mental health is "fair" or "poor."**




- More favorable than national findings.
- Unfavorably high in Cluster 1.
- Many Cluster samples of respondents with a randomly-selected child aged 5-17 are quite small (<50) and this must be taken into consideration when making comparisons.

**Child Experiences "Fair" or "Poor" Mental Health**  
(Among Parents of Children Age 5-17; Miami-Dade County, 2013)

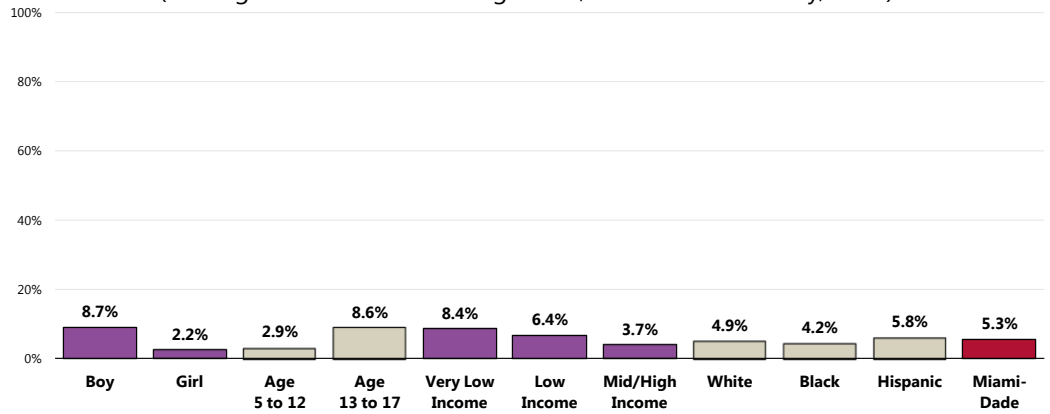


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 125]  
• 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.  
Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.  
• \*Sample size is <50 and must be taken into account when making comparisons.

“Fair/poor” mental health status is more often noted for:

-  Boys.
-  Teens.
-  Children in lower-income households.

### Child Experiences “Fair” or “Poor” Mental Health (Among Parents of Children Age 5-17; Miami-Dade County, 2013)




Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 125]  
 Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.  
 • Race represents the respondent. Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).  
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households with incomes below the federal poverty level; “Low Income” includes households with incomes just above poverty and up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

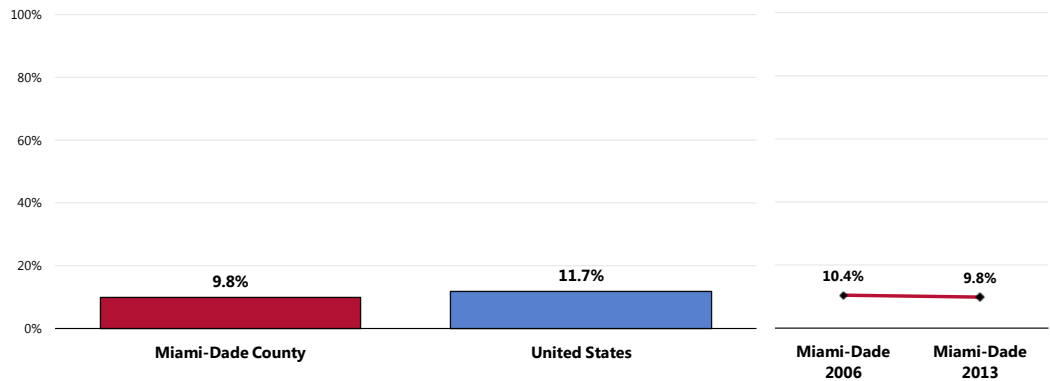
## Depression

### Adults Diagnosed With Major Depression

**A total of 9.8% of Miami-Dade County adults have been diagnosed with major depression by a physician.**

- Similar to the national finding.
-  Statistically unchanged over time.

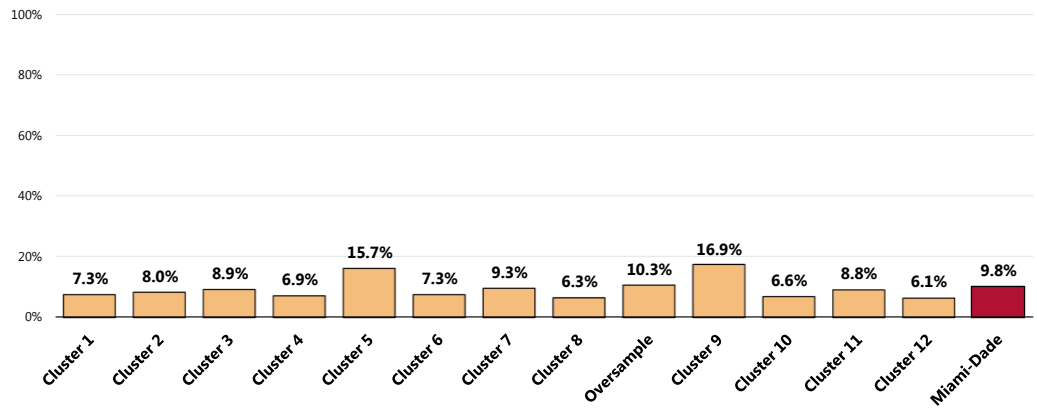
### Have Been Diagnosed With Major Depression



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 32]  
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents.

- Unfavorably high in Clusters 5 and 9; lowest in Cluster 12.

## Have Been Diagnosed With Major Depression



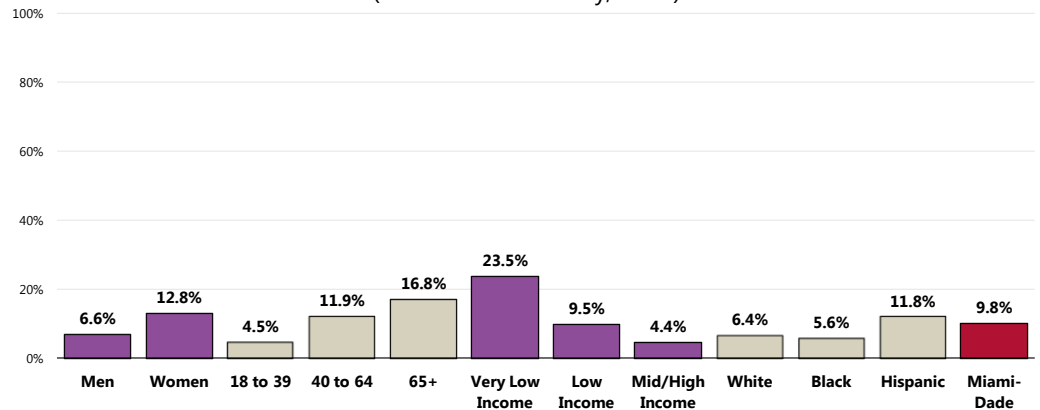
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 32]  
 Notes: • Asked of all respondents.

The prevalence of major depression is notably higher among:

- 👥 Women.
- 👥 Adults age 40 and older (positive correlation with age).
- 👥 Community members living below the federal poverty level.
- 👥 Hispanics.

## Have Been Diagnosed With Major Depression

(Miami-Dade County, 2013)



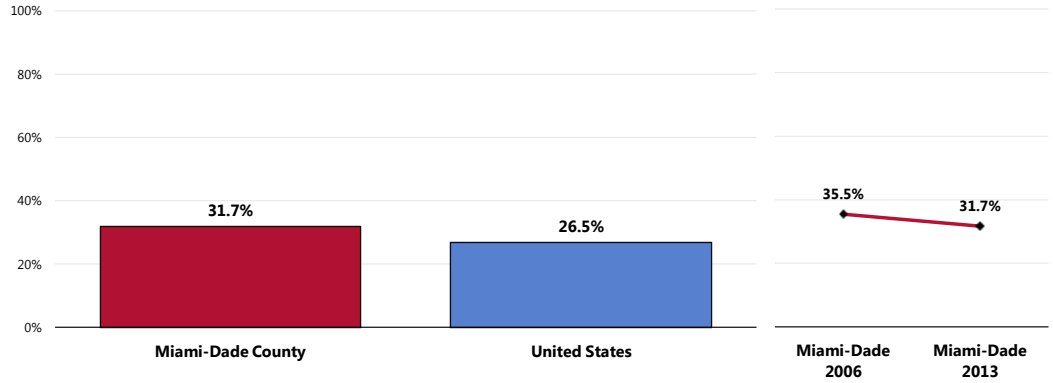
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 32]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

## Adults With Symptoms of Chronic Depression

A total of 31.7% of Miami-Dade County adults have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes (chronic depression).

- Less favorable than national findings.
- ▣ Marks a significant decrease from that reported in Miami-Dade County in 2006.

### Have Experienced Symptoms of Chronic Depression

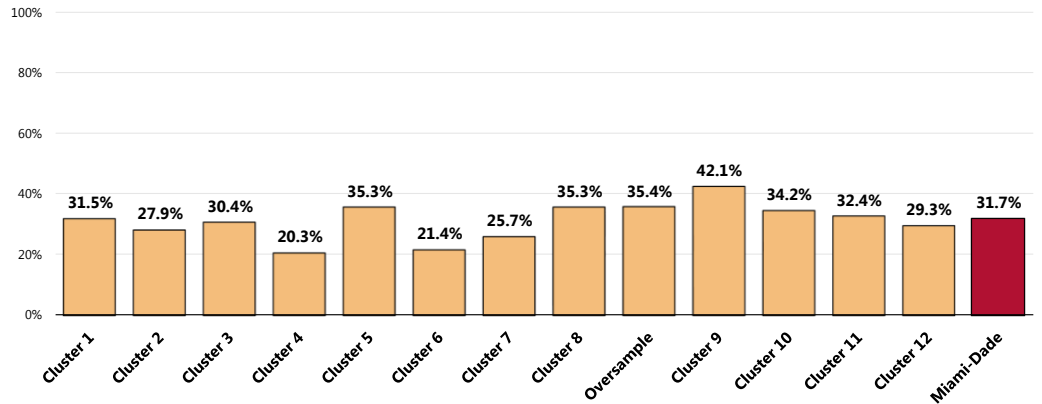


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 106]  
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

- Highest in Cluster 9; favorably low in Clusters 4, 6 and 7.

### Have Experienced Symptoms of Chronic Depression

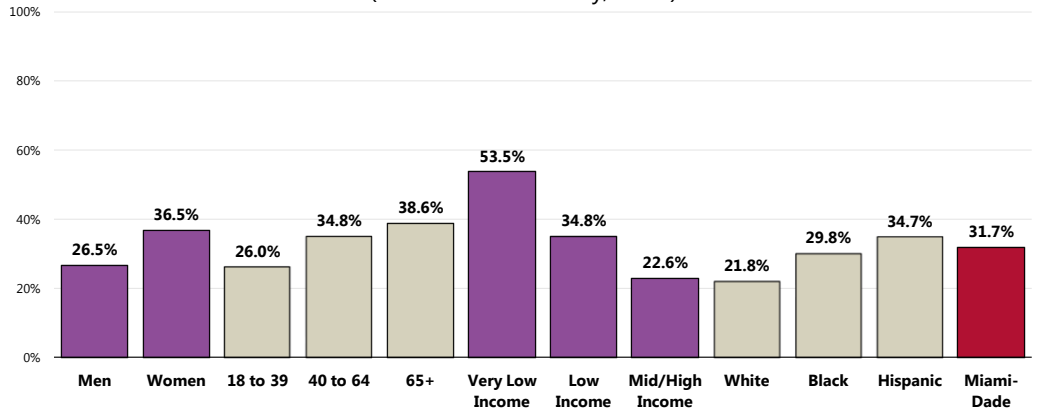


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 106]  
 Notes: • Asked of all respondents.

👥 Note that the prevalence of chronic depression is notably higher among: Women, adults aged 40+, those with lower incomes (negative correlation), and Blacks and Hispanics.

## Have Experienced Symptoms of Chronic Depression

(Miami-Dade County, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 106]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

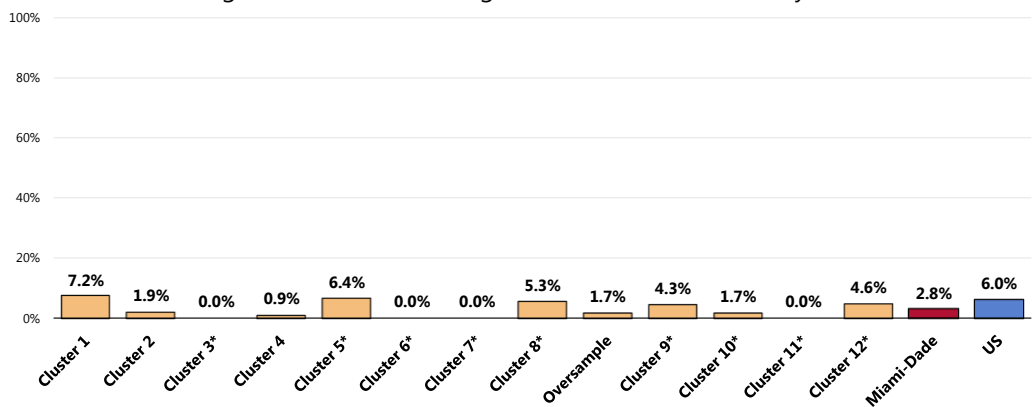
## Children With Signs of Depression

**A total of 2.8% of Miami-Dade County parents indicate that their school-age child felt so sad or hopeless almost every day for two weeks or more in the past year that he/she stopped doing some usual activities.**

- Better than the national figure.
- No reports of depression among respondents in Clusters 3, 6, 7, and 11 (each of which had small samples responding).

## Child Felt Sad or Hopeless for Two or More Weeks in the Past Year and Stopped Performing Usual Activities

(Among Parents of Children Age 5-17; Miami-Dade County, 2013)



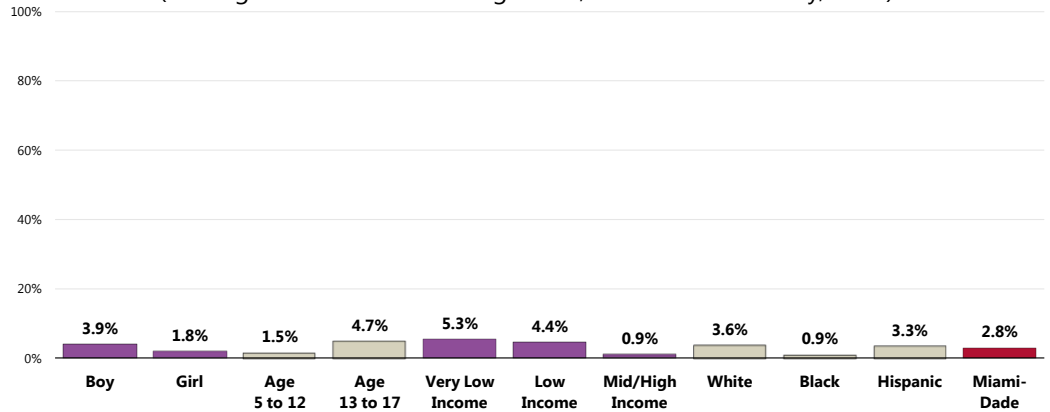
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 131]  
 • 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.  
 • \*Sample size is <50 and must be taken into account when making comparisons.



Among school-aged children, such signs of depression are notably higher among:

- Teens.
- Children in lower-income households.
- Whites and Hispanics.

### Child Felt Sad or Hopeless for Two or More Weeks in the Past Year and Stopped Performing Usual Activities (Among Parents of Children Age 5-17; Miami-Dade County, 2013)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 131]  
Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.  
• Race represents the respondent. Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Further note that, of the 17 surveyed parents reporting signs of depression in their child, about two in three report that they sought treatment for their child's feelings of sadness or hopelessness.

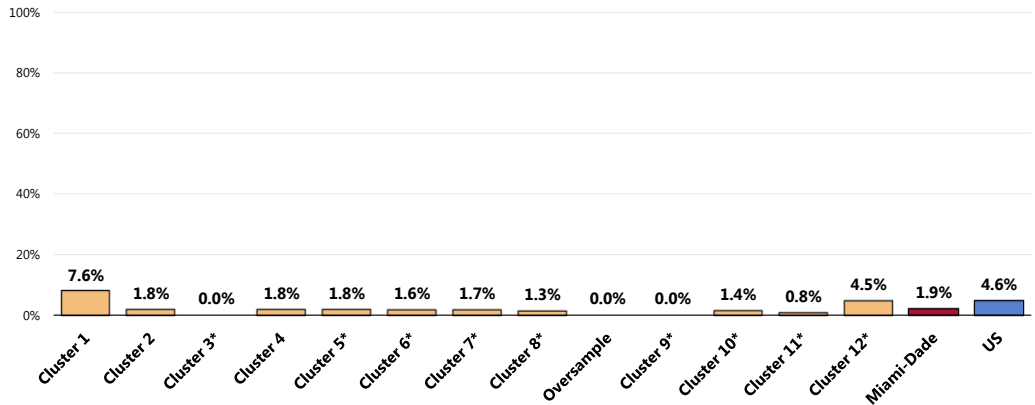
## Children Diagnosed With Depression

**A total of 1.9% have been told by a doctor or other health care provider that their school-age child had depression.**

- Better than national findings.
- No reports of depression in Clusters 3, 9, and the Oversample; *note, however, the small samples in many of the Clusters below.*

*"During the past 12 months, did this child ever feel so sad or hopeless almost every day for two weeks or more in a row that he/she stopped doing some usual activities?"*

### Child Has Been Diagnosed With Depression (Among Parents of Children Age 5-17; Miami-Dade County, 2013)

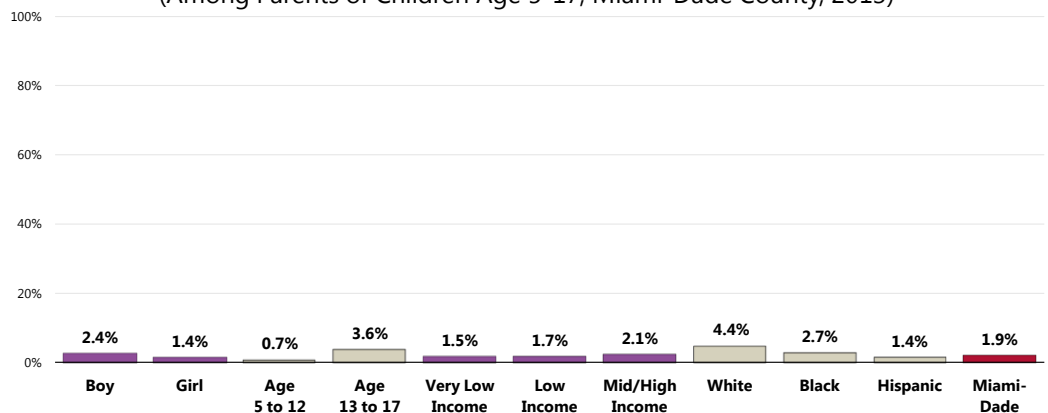


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 133]  
 • 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.  
 • \*Sample size is <50 and must be taken into account when making comparisons.

Miami-Dade County school-aged children more likely to have depression include:

- Teens.
- Whites.

### Child Has Been Diagnosed With Depression (Among Parents of Children Age 5-17; Miami-Dade County, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 133]  
 Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.  
 • Race represents the respondent. Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

## Stress & Worry

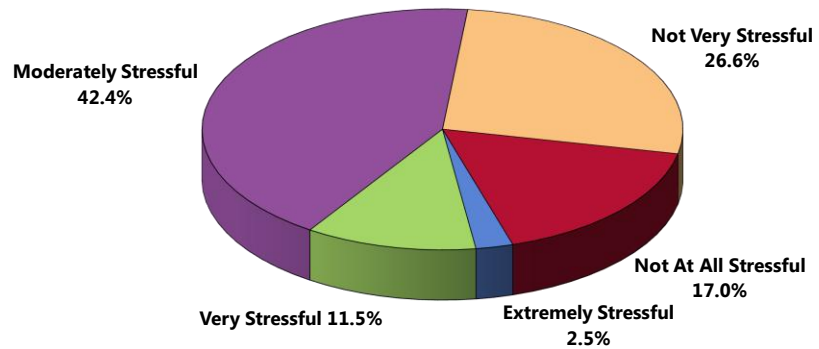
### Stress Among Adults

RELATED ISSUE:  
See also *Substance Abuse* in  
the **Modifiable  
Health Risks** section  
of this report.

**More than 4 in 10 Miami-Dade County adults consider their typical day to be “not very stressful” (26.6%) or “not at all stressful” (17.0%).**

Another 42.4% of survey respondents characterize their typical day as “moderately stressful.”

**Perceived Level of Stress On a Typical Day**  
(Miami-Dade County, 2013)

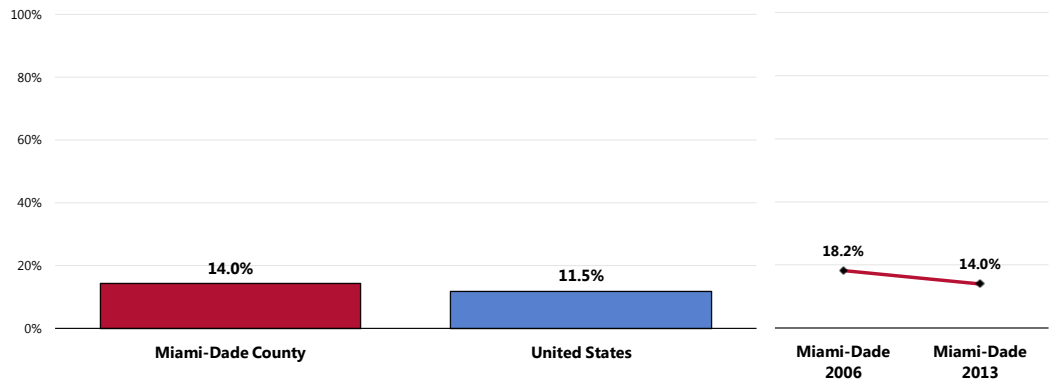


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 107]  
Notes: • Asked of all respondents.

**In contrast, 14.0% of Miami-Dade County adults experience “very” or “extremely” stressful days on a regular basis.**

- Less favorable than national findings.
- ▣ Marks a statistical decrease over time.

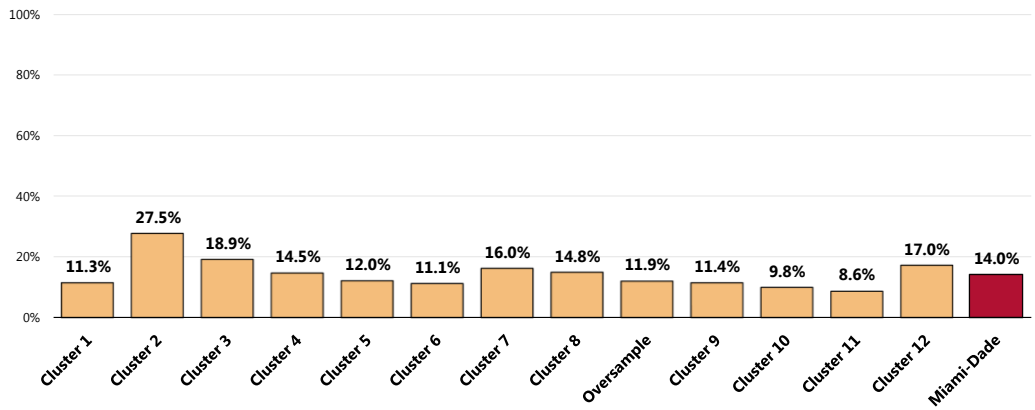
**Perceive Most Days As “Extremely” or “Very” Stressful**



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 107]  
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.  
Notes: • Asked of all respondents.

- Lowest in Clusters 10 and 11; unfavorably high in Cluster 2.

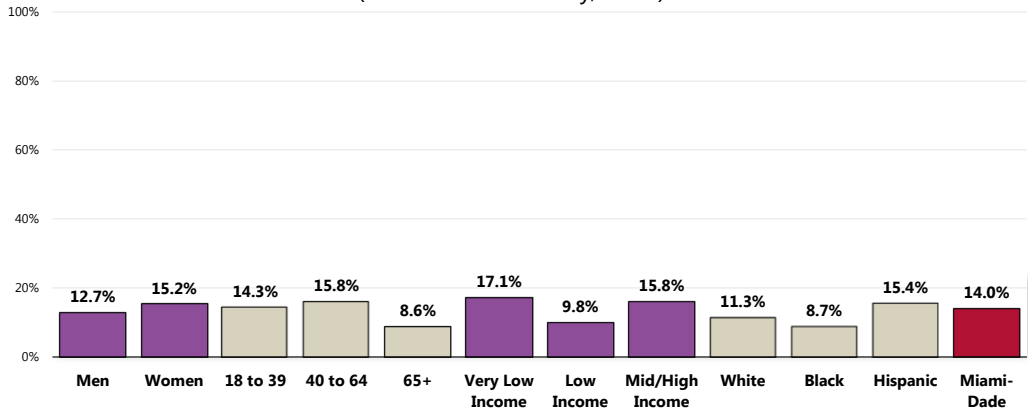
## Perceive Most Days as “Extremely” or “Very” Stressful



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 107]  
 Notes: • Asked of all respondents.

- 👥 Stress is lower in seniors, adults living just above the poverty level, and Blacks.

## Perceive Most Days as “Extremely” or “Very” Stressful (Miami-Dade County, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 107]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).  
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## Worry Among Children

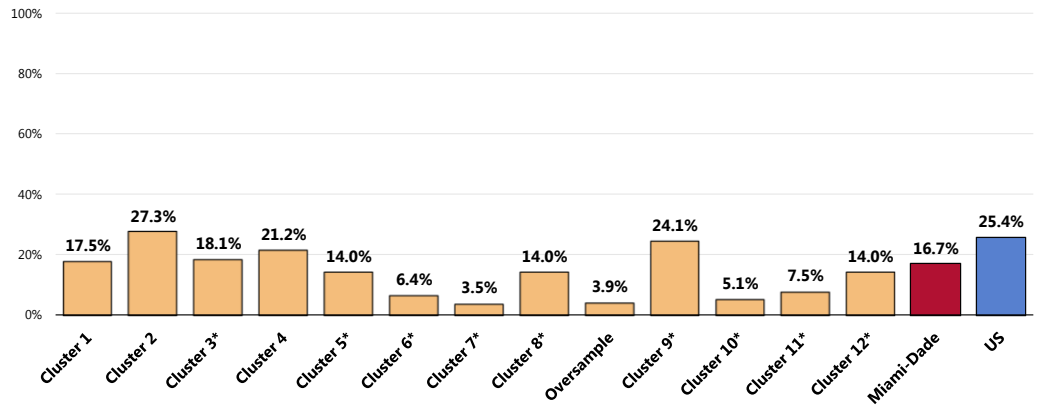
*"Would you say that this child worries a lot?"*

### Among Miami-Dade County parents with a school-age child, 16.7% report that their child worries a lot.

- Lower than the national figure.
- Highest in Cluster 2; favorably low in Clusters 6, 7, 10, 11, and the Oversample (again, it is important to keep in mind the small samples which many of these percentages represent).

### Child Worries a Lot

(Among Parents of Children Age 5-17; Miami-Dade County, 2013)

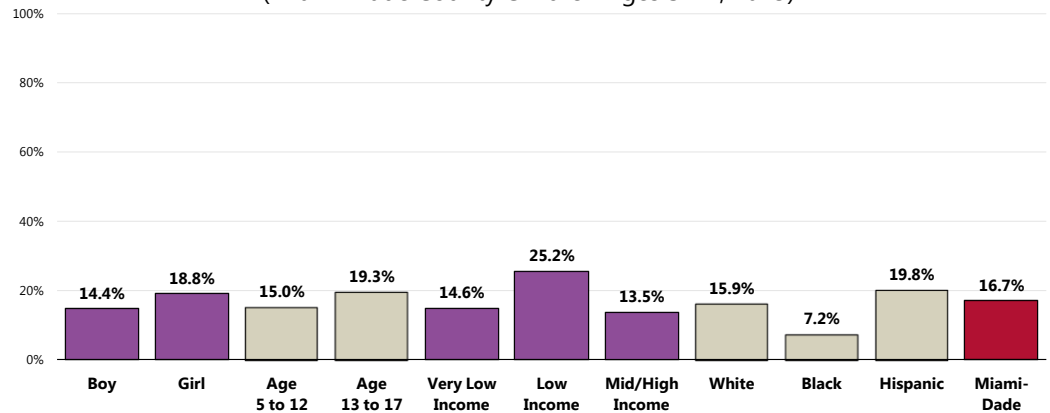


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 129]  
 • 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.  
 • \*Sample size is <50 and must be taken into account when making comparisons.

Frequent worry is more often reported among these school-aged children: those in households just above the federal poverty level, Whites, and Hispanics.

### Child Worries a Lot

(Miami-Dade County Children Ages 5-17, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 129]  
 Notes: • Asked of all respondents about a randomly-selected child aged 5-17 in the household.  
 • Race represents the respondent. Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

# Sleep

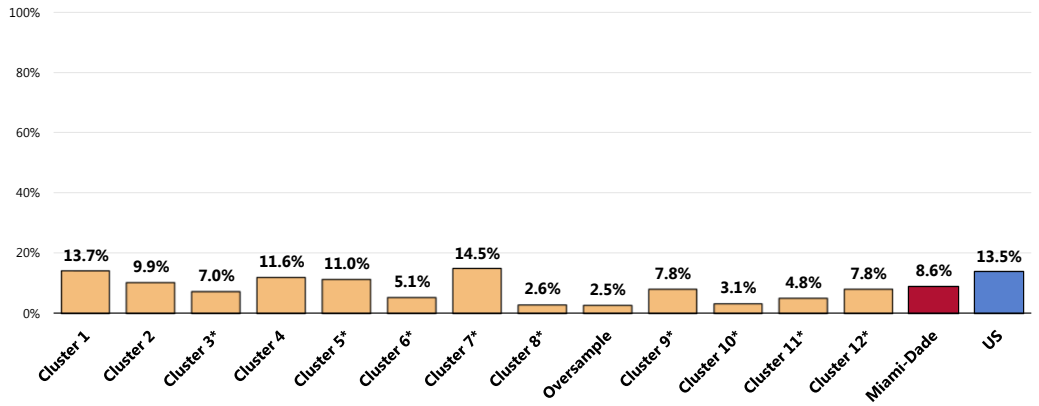
*"Does this child have difficulties falling asleep and/or sleeping through the night?"*

## Children With Sleep Issues

**A total of 8.6% of parents with a school-aged child report that the child has sleep issues such as falling asleep at night or sleeping through the night.**

- Lower than the national figure.
- Favorably low in the Oversample.

**Child Has Difficulties Falling Asleep and/or Sleeping Through the Night**  
(Among Parents of Children Age 5-17; Miami-Dade County, 2013)

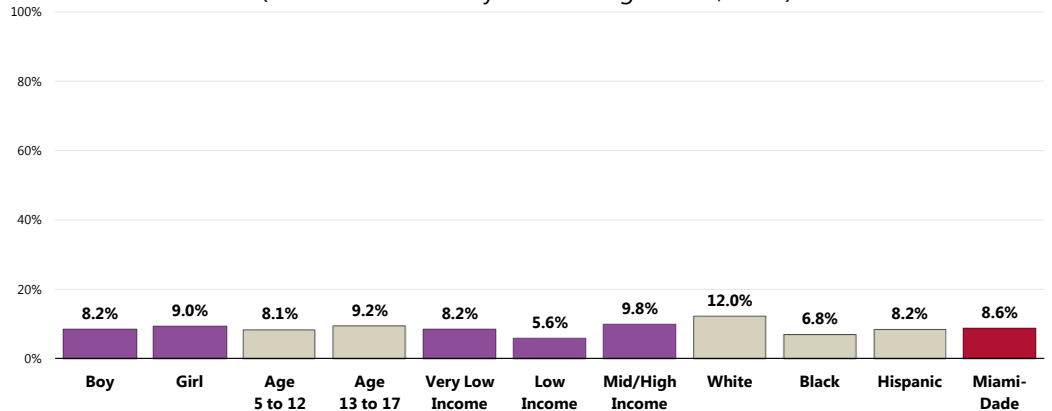


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 130]  
 • 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.  
 • \*Sample size is <50 and must be taken into account when making comparisons.

Sleep issues are statistically higher in these groups of school-aged children:

- Children in upper-income households.
- Whites.

**Child Has Difficulties Falling Asleep and/or Sleeping Through the Night**  
(Miami-Dade County Children Ages 5-17, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 130]  
 Notes: • Asked of all respondents about a randomly-selected child in the household.  
 • Race represents the respondent. Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

# ADD/ADHD

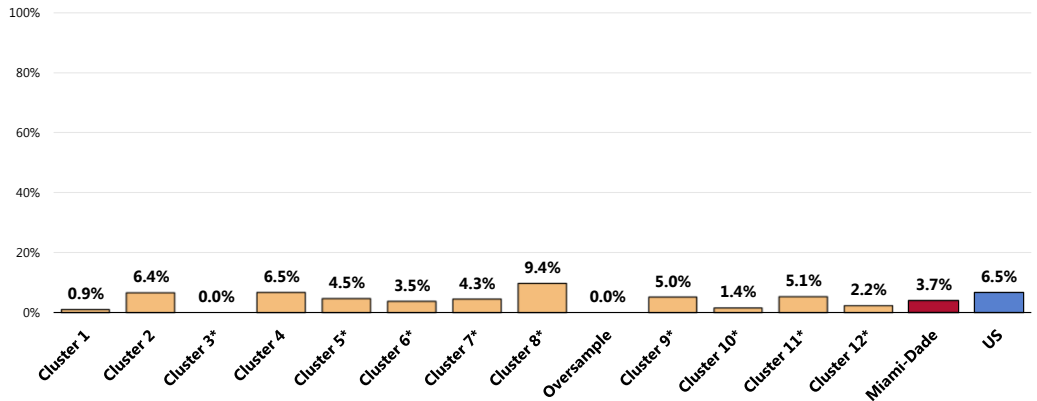
## Children Taking Medication for ADD/ADHD

**Among Miami-Dade County adults with children age 5 to 17, 3.7% report that their child takes medication for ADD/ADHD.**

- Statistically similar to the national prevalence.
- Favorably low in Clusters 1 and 3 and in the Oversample.

### Child Takes Medication for ADD/ADHD

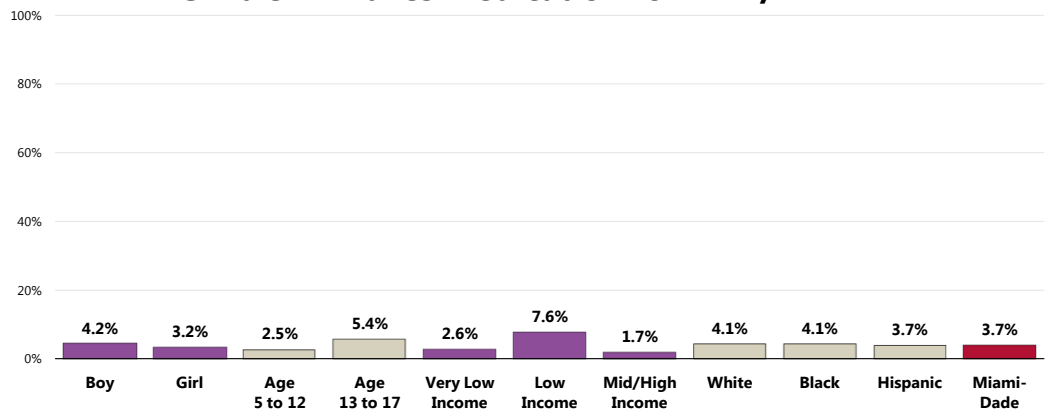
(Among Parents of Children Age 5-17; Miami-Dade County, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 134]  
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.  
 • \*Sample size is <50 and must be taken into account when making comparisons.

👤 The county's ADD/ADHD prevalence among school-aged children is statistically high in households with incomes just above the federal poverty level.

### Child 5-17 Takes Medication for ADD/ADHD



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 134]  
 Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.  
 • Race represents the respondent. Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

# Mental Health Treatment

## Adults Seeking Help

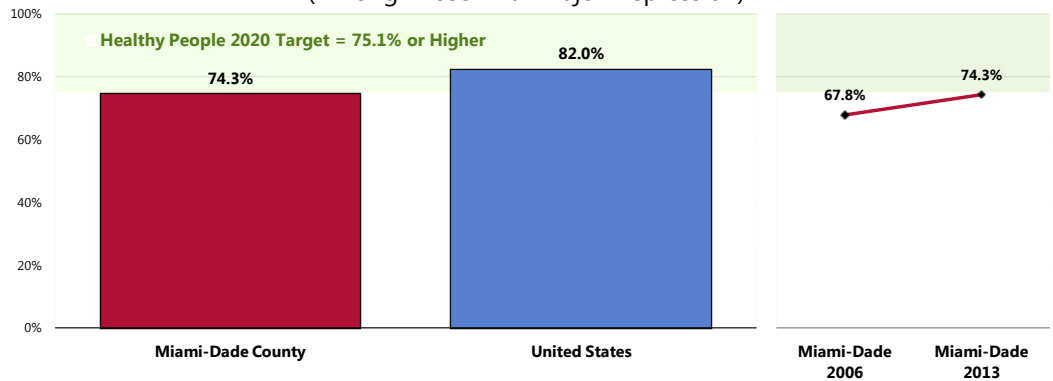
“Diagnosed depression” includes respondents reporting a past diagnosis of major depression by a physician.

**Among adults with diagnosed depression, 74.3% acknowledge that they have sought professional help for a mental or emotional problem.**

- Similar to national findings.
- Similar to the Healthy People 2020 target of 75.1% or higher.
- 📈 There has been no statistically significant change over time among adults with recognized depression.

### Have Sought Professional Help for a Mental or Emotional Problem

(Among Those With Major Depression)



- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 151]
  - 2011 PRC National Health Survey, Professional Research Consultants, Inc.
  - United States Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MHMD-9.2]
- Notes:
- Asked of those respondents with major depression diagnosed by a physician.
  - Trend data represent those adults with “recognized depression,” including those who have been diagnosed with major depression OR have experienced 2+ years of depression at some point in their lives.



## Children Needing Mental Health Services

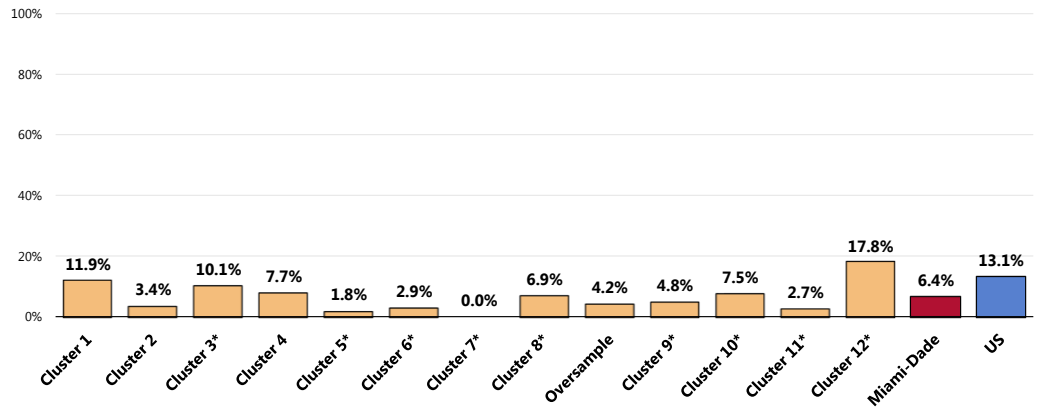
**A total of 6.4% of Miami-Dade County school-aged children needed mental health services in the past year.**

- Lower than national findings.
- Highest in Cluster 12 (*but keep in mind the small sample size*); favorably low in Clusters 5 and 7 (*also small samples*).

Of those who needed services, 79.1% received counseling and/or treatment.

### Child Needed Mental Health Services in the Past Year

(Among Parents of Children Age 5-17; Miami-Dade County, 2013)

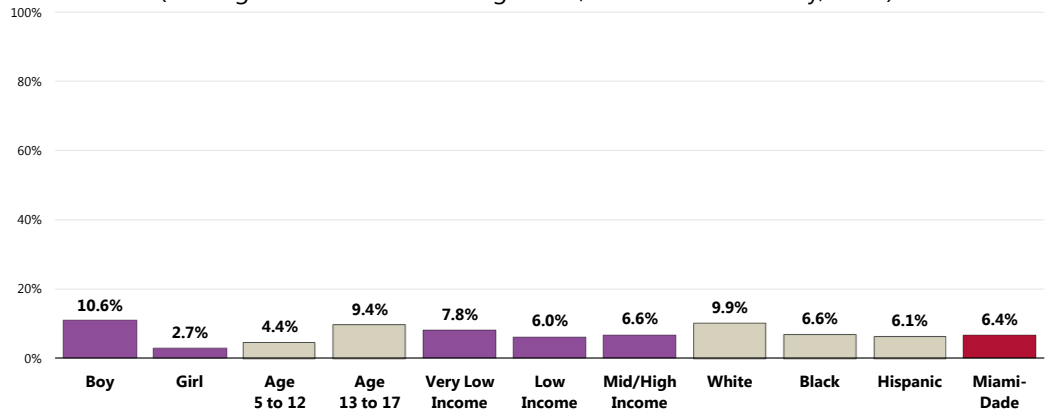


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 126]  
 • 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.  
 • \*Sample size is <50 and must be taken into account when making comparisons.

👤 Statistically high among these school-aged children: boys, teens, and Whites.

### Child Has Needed Mental Health Services in the Past Year

(Among Parents of Children Age 5-17; Miami-Dade County, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 126]  
 Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.  
 • Race represents the respondent. Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

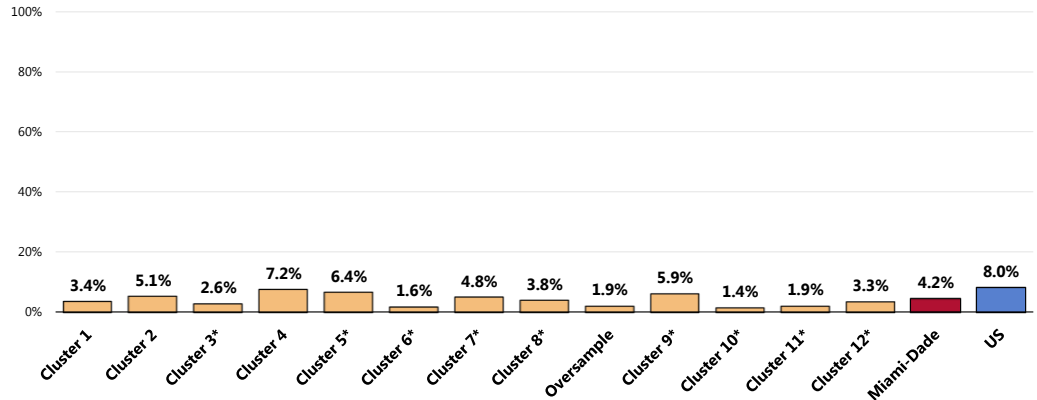
## Children Taking Prescriptions for Mental Health

**A total of 4.2% of Miami-Dade County parents report that their school-aged child has ever taken prescribed medication for his/her mental health.**

- Lower than national findings.
- Statistically similar among the individual Clusters.

### Child Has Taken Prescribed Medications for Mental Health

(Among Parents of Children Age 5-17; Miami-Dade County, 2013)

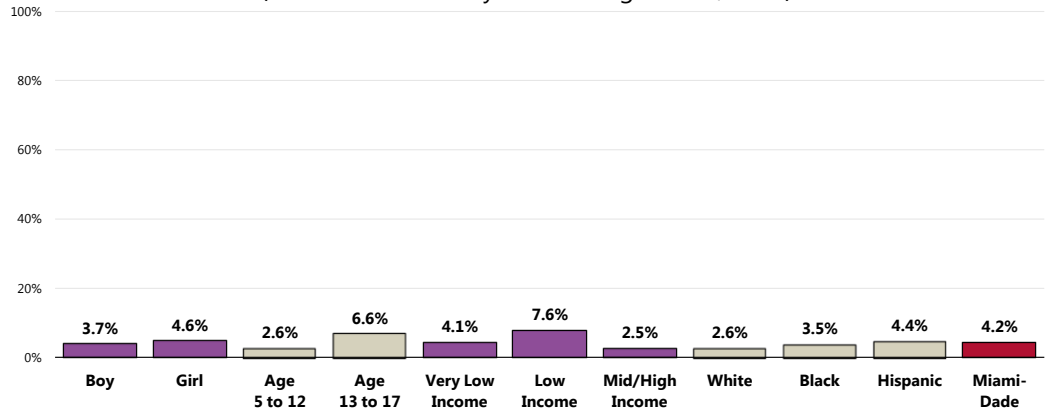


- Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 128]
  - 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
  - \*Sample size is <50 and must be taken into account when making comparisons.

👥 Use of prescription medication for a school-aged child's mental health is statistically higher among Miami-Dade County teens, those living just above the federal poverty level, and Hispanics.

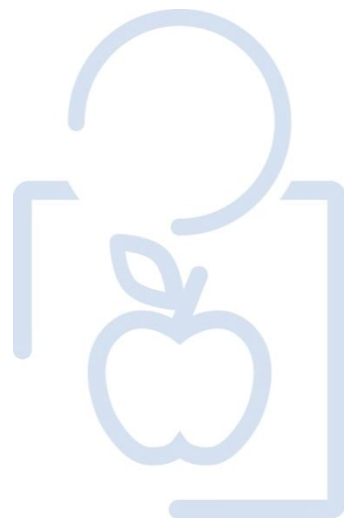
### Child Has Taken Prescribed Medications for Mental Health

(Miami-Dade County Children Ages 5-17, 2013)



- Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 128]
- Notes:
- Asked of all respondents about a randomly-selected child aged 5-17 in the household.
  - Race represents the respondent. Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
  - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

# DEATH, DISEASE & CHRONIC CONDITIONS



# Cardiovascular Disease

Heart disease is the leading cause of death in the United States, with stroke following as the third leading cause. Together, heart disease and stroke are among the most widespread and costly health problems facing the nation today, accounting for more than \$500 billion in healthcare expenditures and related expenses in 2010 alone. Fortunately, they are also among the most preventable.

The leading modifiable (controllable) risk factors for heart disease and stroke are:

- High blood pressure
- High cholesterol
- Cigarette smoking
- Diabetes
- Poor diet and physical inactivity
- Overweight and obesity

The risk of Americans developing and dying from cardiovascular disease would be substantially reduced if major improvements were made across the US population in diet and physical activity, control of high blood pressure and cholesterol, smoking cessation, and appropriate aspirin use.

The burden of cardiovascular disease is disproportionately distributed across the population. There are significant disparities in the following based on gender, age, race/ethnicity, geographic area, and socioeconomic status:

- Prevalence of risk factors
- Access to treatment
- Appropriate and timely treatment
- Treatment outcomes
- Mortality

Disease does not occur in isolation, and cardiovascular disease is no exception. Cardiovascular health is significantly influenced by the physical, social, and political environment, including: maternal and child health; access to educational opportunities; availability of healthy foods, physical education, and extracurricular activities in schools; opportunities for physical activity, including access to safe and walkable communities; access to healthy foods; quality of working conditions and worksite health; availability of community support and resources; and access to affordable, quality healthcare.

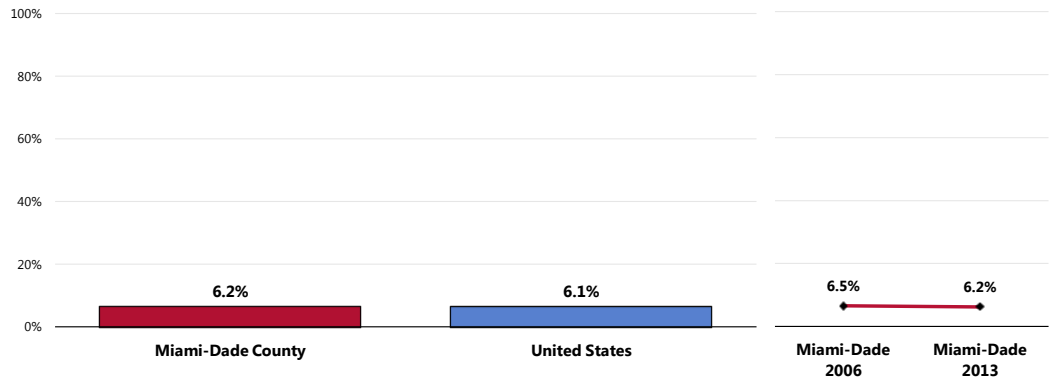
– Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

## Prevalence of Heart Disease

**A total of 6.2% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina or heart attack.**

- Similar to the national prevalence.
- 📊 Statistically unchanged since 2006.

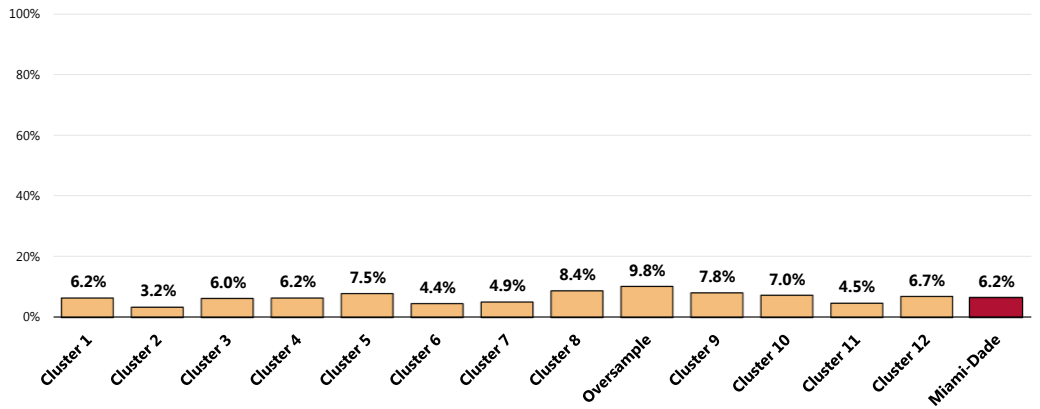
## Prevalence of Heart Disease



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 152]  
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents.



- Lower in Cluster 2; unfavorably high in the Oversample.

## Prevalence of Heart Disease

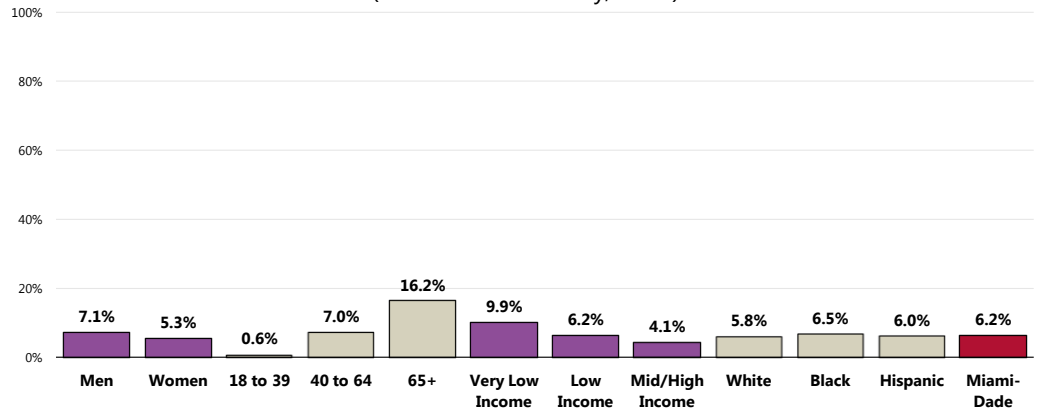


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 152]  
 Notes: • Asked of all respondents.

Adults more likely to have been diagnosed with chronic heart disease include:

-  Those age 40 and older (note the positive correlation with age).
-  Residents living below the federal poverty level.


### Prevalence of Heart Disease (Miami-Dade County, 2013)



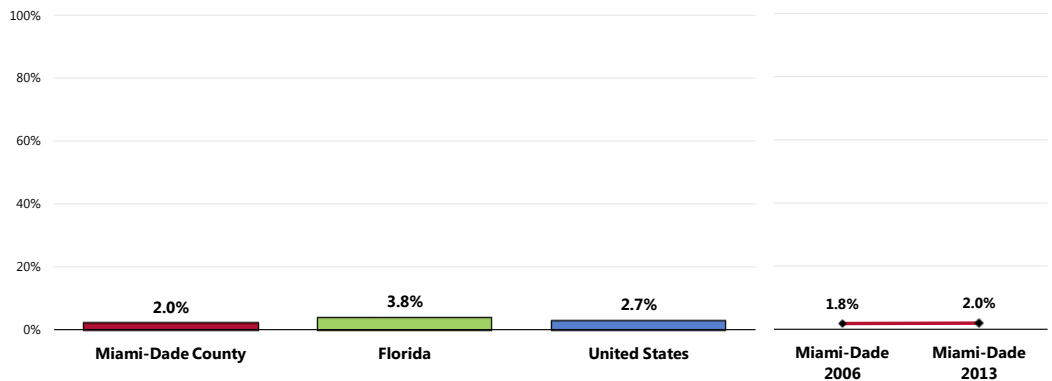
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 152]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

### Prevalence of Stroke

**A total of 2.0% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).**

- Lower than statewide findings.
- Similar to national findings.
-  The stroke prevalence is statistically unchanged over time.

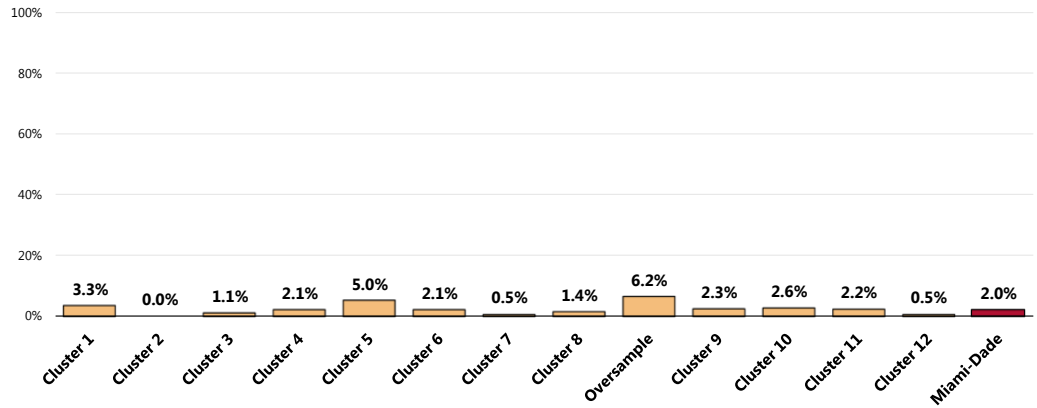
### Prevalence of Stroke



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 39]  
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2011 Florida data.  
 Notes: • Asked of all respondents.

- Higher in Cluster 5 and the Oversample; lower in Clusters 2 and 12.

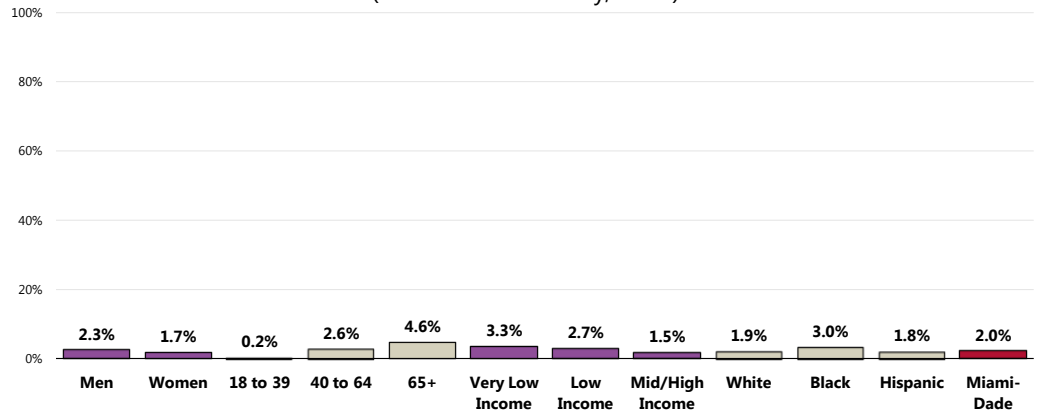
## Prevalence of Stroke



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 39]  
 Notes: • Asked of all respondents.

- Prevalence of stroke increases with age in Miami-Dade County and decreases with income level.

## Prevalence of Stroke (Miami-Dade County, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 39]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

## Cardiovascular Risk Factors

Controlling risk factors for heart disease and stroke remains a challenge. High blood pressure and cholesterol are still major contributors to the national epidemic of cardiovascular disease. High blood pressure affects approximately 1 in 3 adults in the United States, and more than half of Americans with high blood pressure do not have it under control. High sodium intake is a known risk factor for high blood pressure and heart disease, yet about 90% of American adults exceed their recommendation for sodium intake.

– Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

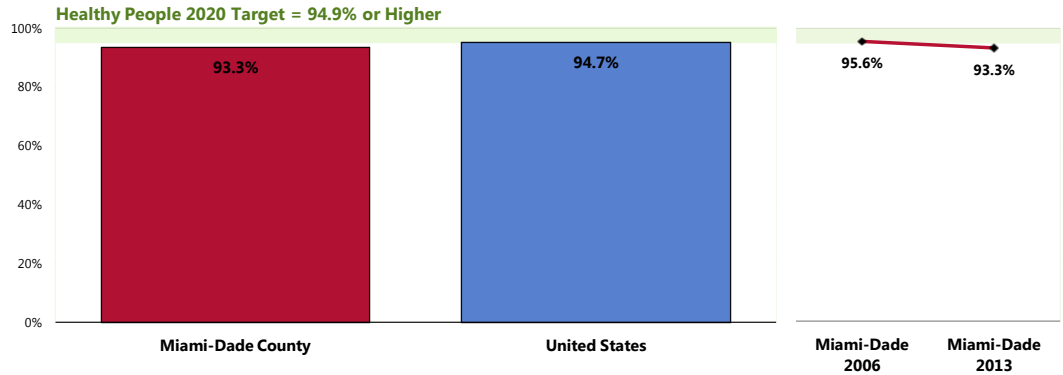
### Hypertension (High Blood Pressure)

#### High Blood Pressure Testing

**A total of 93.3% of Miami-Dade County adults have had their blood pressure tested within the past two years.**

- Similar to national findings.
- Fails to satisfy the Healthy People 2020 target (94.9% or higher).
- ☒ Marks a significant decrease since 2006.

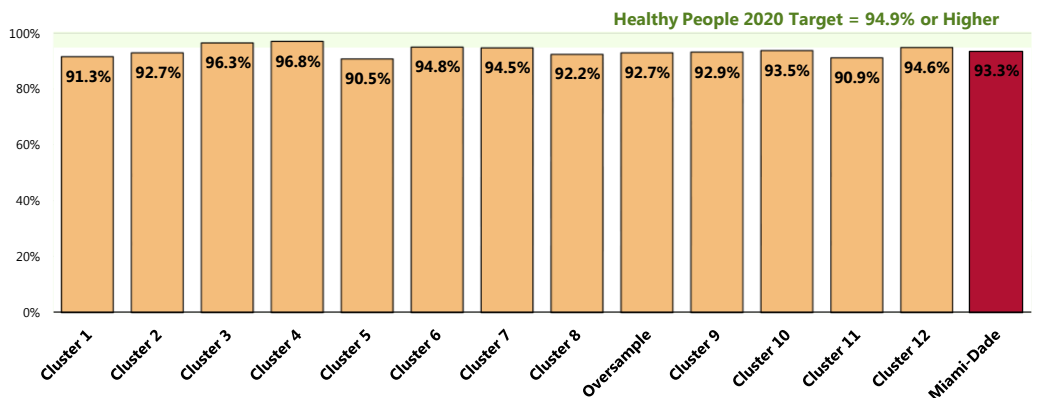
#### Have Had Blood Pressure Checked in the Past Two Years



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 48]  
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.  
 • United States Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-4]  
 Notes: • Asked of all respondents.

- Highest in Clusters 3 and 4.

#### Have Had Blood Pressure Checked in the Past Two Years




Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 48]  
 • United States Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-4]  
 Notes: • Asked of all respondents.




## Prevalence of Hypertension

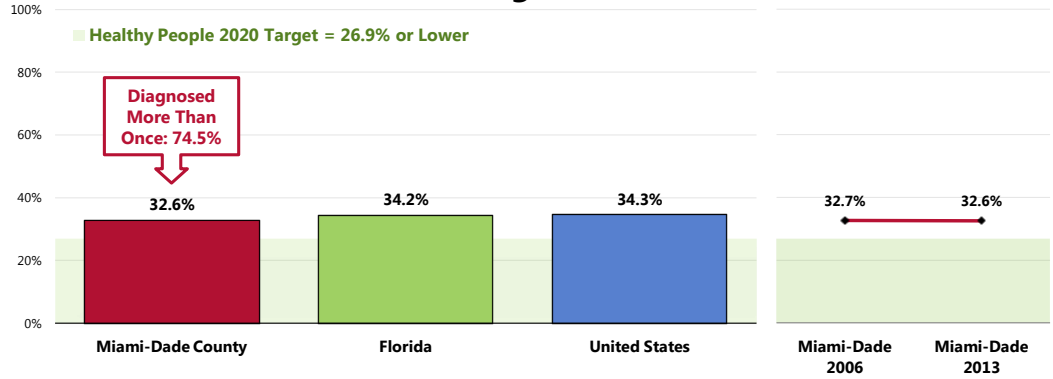
**A total of 32.6% of adults have been told at some point that their blood pressure was high.**

- Similar to the Florida prevalence.
- Similar to the national prevalence.
- Fails to meet the Healthy People 2020 target (26.9% or lower).

 Unchanged over time.

 Among hypertensive adults, 3 in 4 have been diagnosed with high blood pressure more than once.

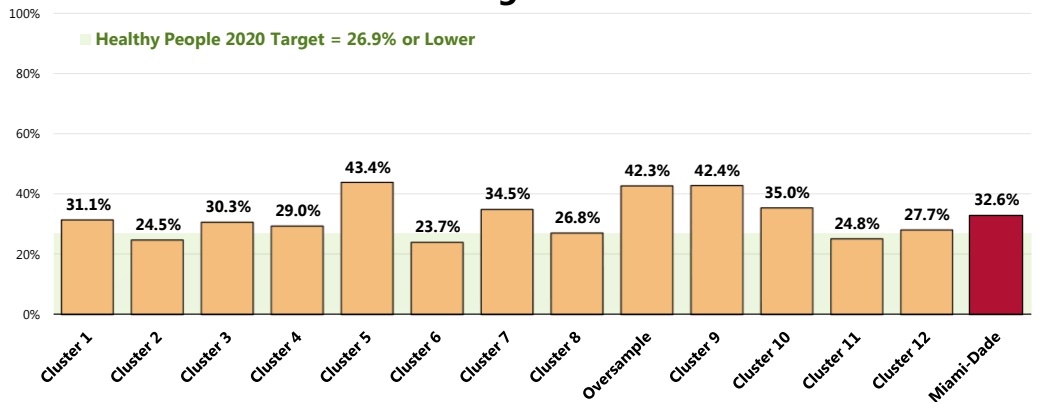
### Prevalence of High Blood Pressure



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 46, 153]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2011 Florida data.  
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.  
 • United States Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-5.1]  
 Notes: • Asked of all respondents.

- Hypertension is unfavorably high in Clusters 5 and 9 and in the Oversample, while lowest in Clusters 2, 6, and 11.

### Prevalence of High Blood Pressure

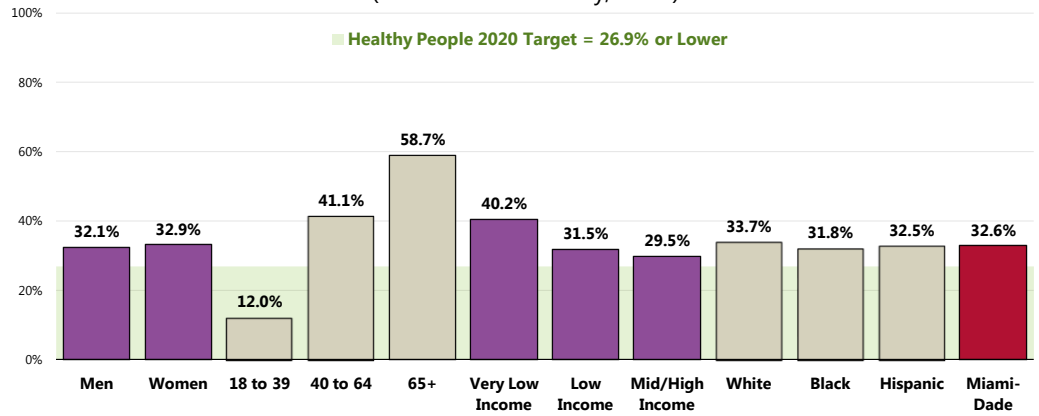


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 153]  
 • United States Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-5.1]  
 Notes: • Asked of all respondents.

👥 Note the positive correlation between age and hypertension among Miami-Dade County residents, along with the negative correlation between hypertension and income level.

## Prevalence of High Blood Pressure

(Miami-Dade County, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 153]  
 • United States Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-5.1]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

## Hypertension Management

Respondents reporting high blood pressure were further asked:

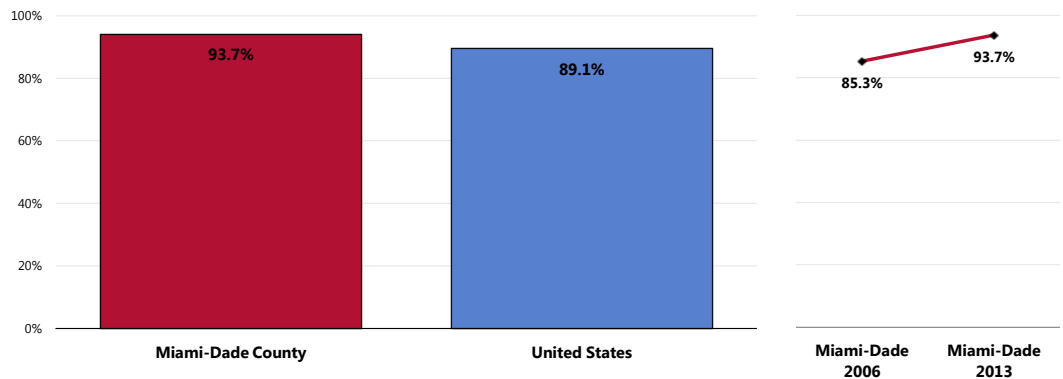
*"Are you currently taking any action to help control your high blood pressure, such as taking medication, changing your diet, or exercising?"*

**Among respondents who have been told that their blood pressure was high, 93.7% report that they are currently taking actions to control their condition.**

- Better than national findings.
- 📈 Marks a significant improvement since 2006.

## Taking Action to Control Hypertension

(Among Adults With High Blood Pressure)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 47]  
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents who have been diagnosed with high blood pressure.  
 • In this case, the term "action" refers to medication, change in diet, and/or exercise.

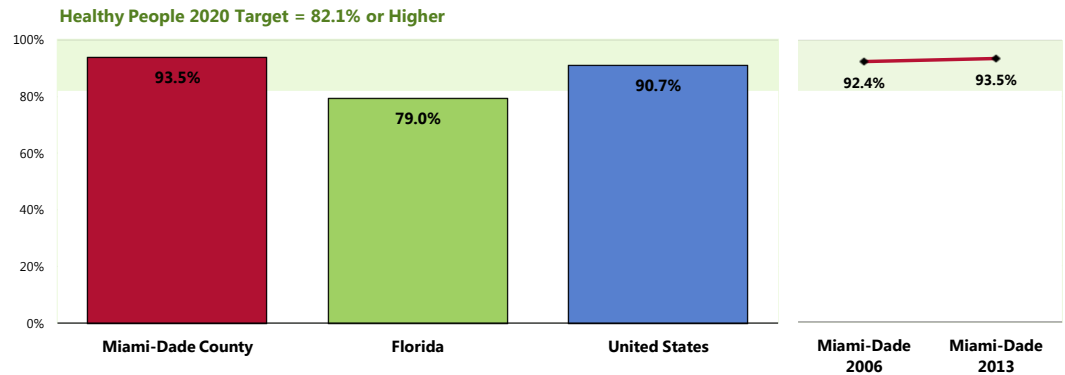
## High Blood Cholesterol

### Blood Cholesterol Testing

**A total of 93.5% of Miami-Dade County adults have had their blood cholesterol checked within the past five years.**

- More favorable than Florida findings.
- More favorable than the national findings.
- Satisfies the Healthy People 2020 target (82.1% or higher).
- ☒ Statistically unchanged since 2006.

### Have Had Blood Cholesterol Levels Checked in the Past Five Years



Sources:
 

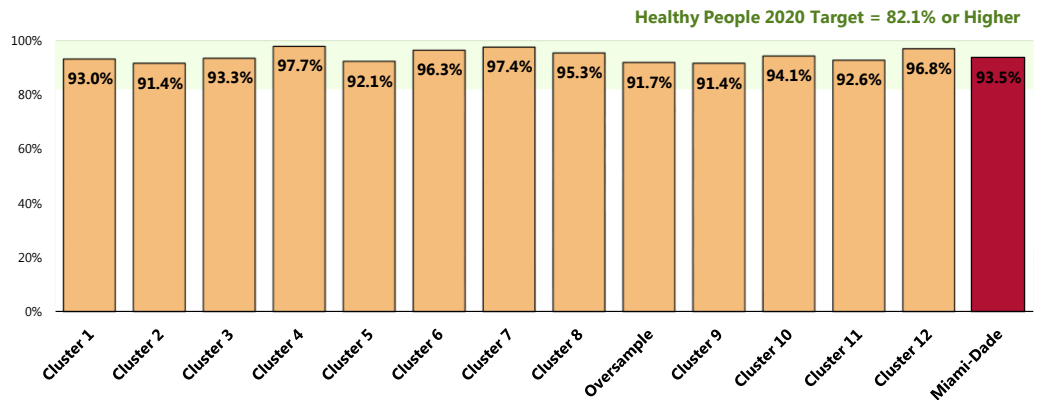
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 51]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Florida data.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- United States Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-6]

 Notes:
 

- Asked of all respondents.

- Favorably high in Clusters 4, 6, 7, and 12.

### Have Had Blood Cholesterol Levels Checked in the Past Five Years



Sources:
 

- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 51]
- United States Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-6]

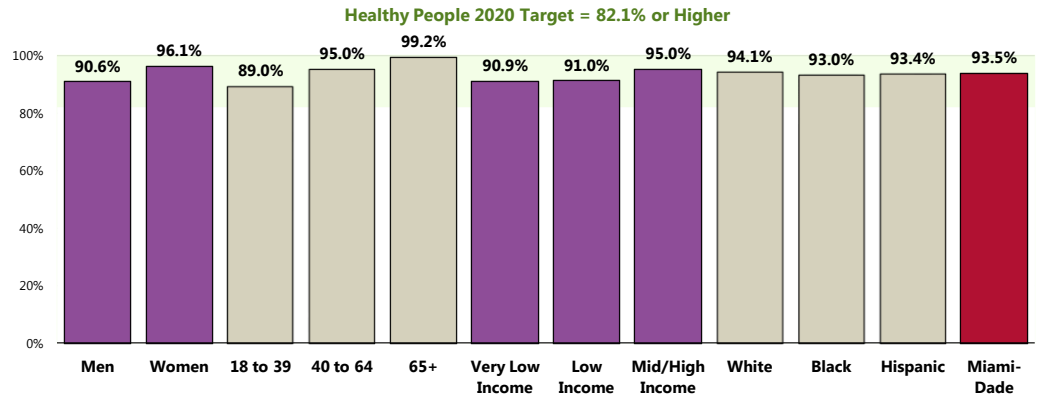
 Notes:
 

- Asked of all respondents.

👤 Blood cholesterol screenings in Miami-Dade County are lower in men, young adults, and residents living on lower incomes.

## Have Had Blood Cholesterol Levels Checked in the Past Five Years

(Miami-Dade County, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 51]  
 • United States Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-6]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

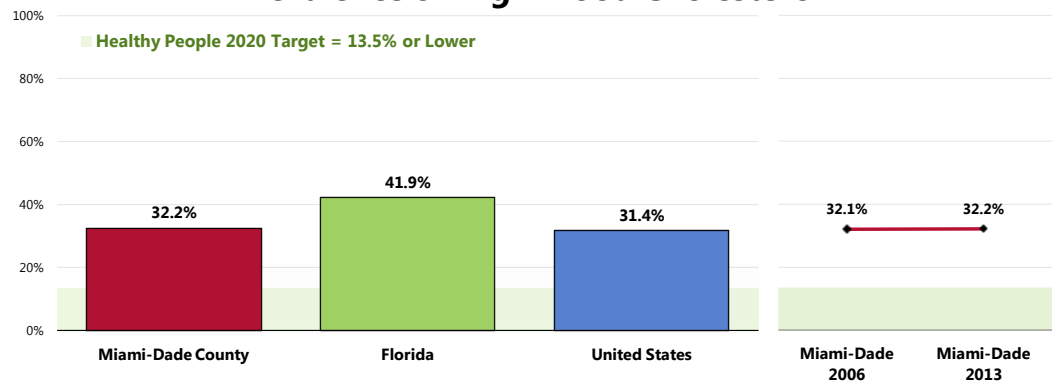
### High Blood Cholesterol

**A total of 32.2% of adults have been told by a health professional that their cholesterol level was high.**

- More favorable than the Florida findings.
- Similar to the national prevalence.
- More than twice the Healthy People 2020 target (13.5% or lower).

📅 Unchanged since 2006.

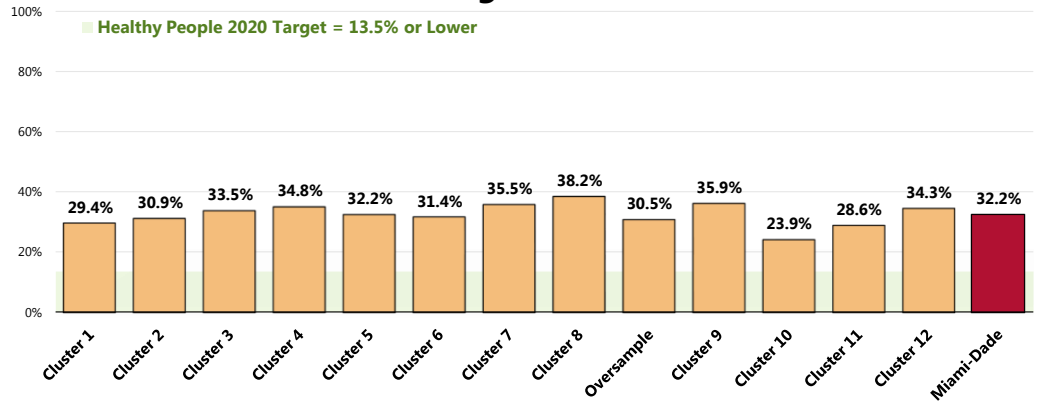
### Prevalence of High Blood Cholesterol



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 154]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2011 Florida data.  
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.  
 • United States Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-7]  
 Notes: • Asked of all respondents.  
 • \*The Florida data reflects those adults who have been tested for high cholesterol and who have been diagnosed with it.

- Favorably low among residents of Cluster 10.

## Prevalence of High Blood Cholesterol



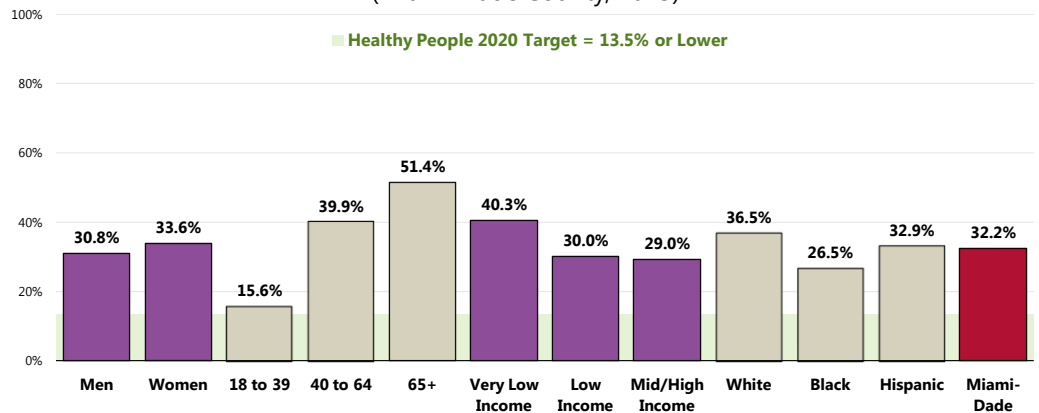
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 154]  
 • United States Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-7]  
 Notes: • Asked of all respondents.

Note that 9.9% of Miami-Dade County adults report not having high blood cholesterol, but: 1) have never had their blood cholesterol levels tested; 2) have not been screened in the past 5 years; or 3) do not recall when their last screening was. For these individuals, current prevalence is unknown.

- 👥 Note the positive correlation between age and high blood cholesterol.
- 👥 The prevalence is also high in adults living below the poverty level, Whites, and Hispanics.
- 👥 Keep in mind that “unknowns” are relatively high in men, young adults, lower-income residents, and Hispanics.

## Prevalence of High Blood Cholesterol

(Miami-Dade County, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 154]  
 • United States Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-7]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).  
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households with incomes below the federal poverty level, “Low Income” includes households with incomes just above poverty and up to 200% of the federal poverty level, “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

## High Cholesterol Management

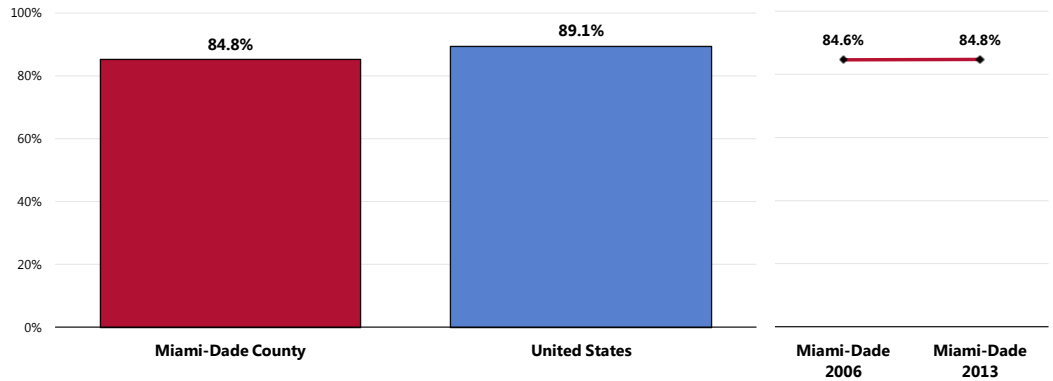
Respondents reporting high cholesterol were further asked:

*“Are you currently taking any action to help control your high cholesterol, such as taking medication, changing your diet, or exercising?”*

**Among adults who have been told that their blood cholesterol was high, 84.8% report that they are currently taking actions to control their cholesterol levels.**

- Less favorable than found nationwide.
- ▣ No difference from 2006 survey findings.

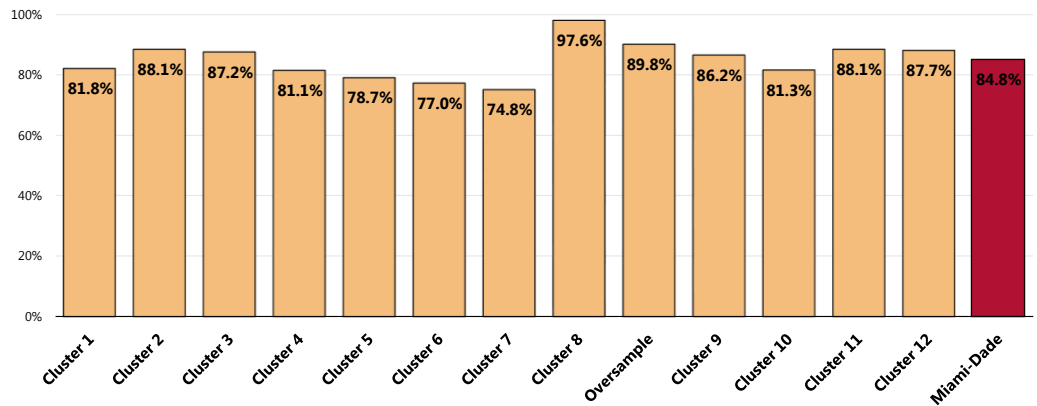
### Taking Action to Control High Blood Cholesterol Levels (Among Adults with High Cholesterol)



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 50]  
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.  
Notes: ● Asked of all respondents who have been diagnosed with high blood cholesterol levels.  
● In this case, the term "action" refers to medication, change in diet, and/or exercise.

- Lowest in Cluster 7; highest in Cluster 8.

### Taking Action to Control Blood Cholesterol Levels (Among Adults With High Cholesterol)



Sources: ● 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 50]  
Notes: ● Asked of all respondents who have been diagnosed with high blood cholesterol levels.  
● In this case, the term "action" refers to medication, change in diet, and/or exercise.

Individual level risk factors which put people at increased risk for cardiovascular diseases include:

- High Blood Pressure
- High Blood Cholesterol
- Tobacco Use
- Physical Inactivity
- Poor Nutrition
- Overweight/Obesity
- Diabetes

– National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Three health-related behaviors contribute markedly to cardiovascular disease:

**Poor nutrition.** People who are overweight have a higher risk for cardiovascular disease. Almost 60% of adults are overweight or obese. To maintain a proper body weight, experts recommend a well-balanced diet which is low in fat and high in fiber, accompanied by regular exercise.

**Lack of physical activity.** People who are not physically active have twice the risk for heart disease as compared to those who are active. More than half of adults do not achieve recommended levels of physical activity.

**Tobacco use.** Smokers have twice the risk for heart attack of nonsmokers. Nearly one-fifth of all deaths from cardiovascular disease, or about 190,000 deaths a year nationally, are smoking-related. Every day, more than 3,000 young people become daily smokers in the US. Modifying these behaviors is critical both for preventing and for controlling cardiovascular disease. Other steps that adults who have cardiovascular disease should take to reduce their risk of death and disability include adhering to treatment for high blood pressure and cholesterol, using aspirin as appropriate, and learning the symptoms of heart attack and stroke.

– National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

## Total Cardiovascular Risk

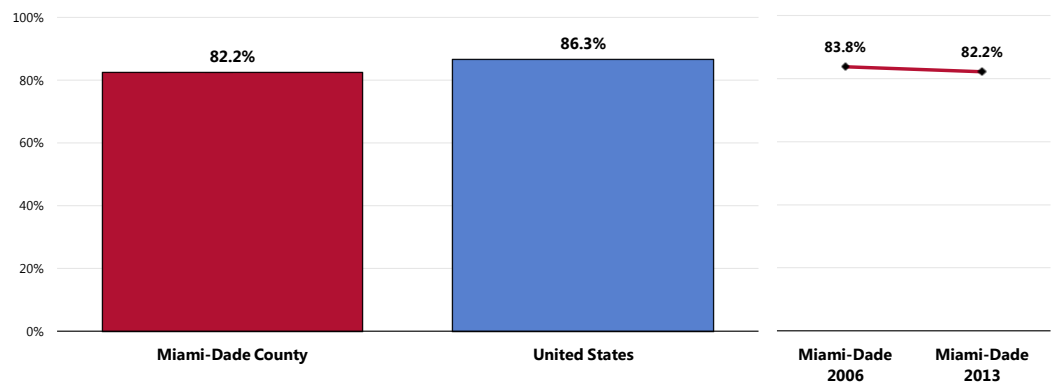
**A total of 82.2% of Miami-Dade County adults report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.**

- Lower than national findings.
- ☒ Statistically similar to the 2006 findings.

RELATED ISSUE:

See also  
*Nutrition & Overweight,  
Physical Activity & Fitness  
and Tobacco Use* in the  
**Modifiable Health Risk**  
section of this report.

### Present One or More Cardiovascular Risks or Behaviors

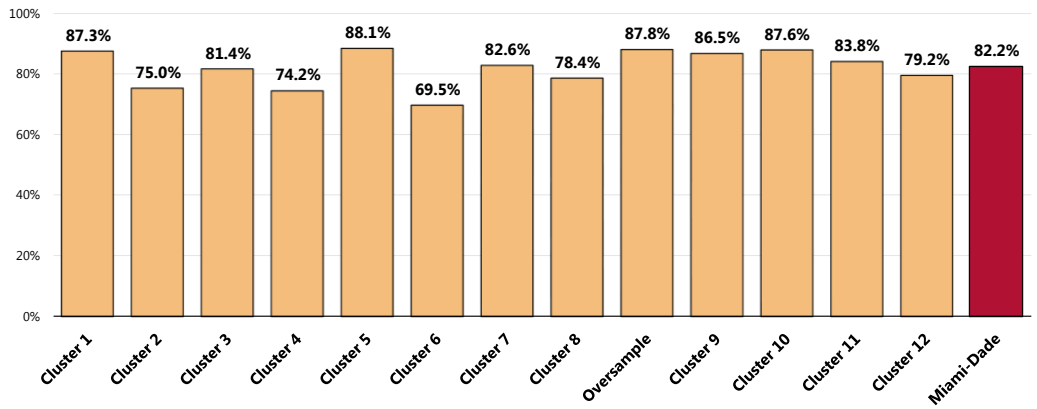


Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 155]  
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: ● Asked of all respondents.  
● Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.

- Highest in Clusters 1, 5, 9, 10, and the Oversample; favorably low in Clusters 2, 4, and 6.

### Present One or More Cardiovascular Risks or Behaviors



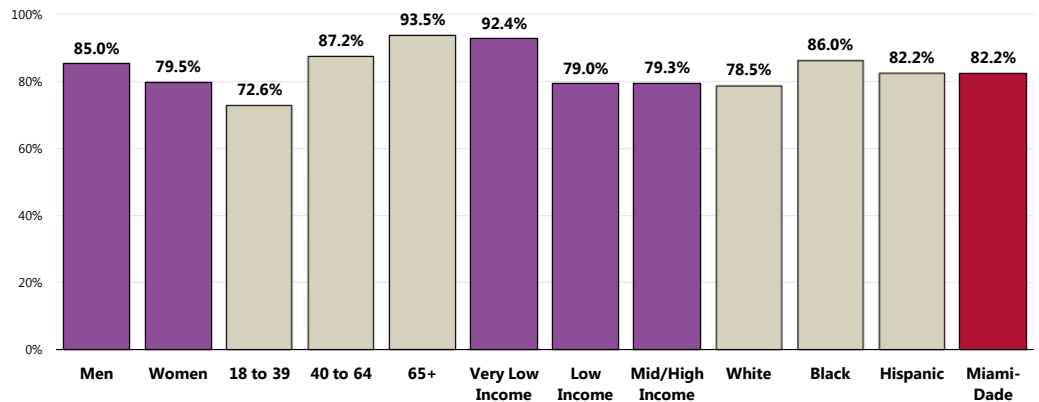
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 155]  
 Notes: • Asked of all respondents.  
 • Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.

Adults more likely to exhibit cardiovascular risk factors include:

- Men.
- Adults age 40 and older.
- Residents living below poverty.
- Blacks.

### Present One or More Cardiovascular Risks or Behaviors

(Miami-Dade County, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 155]  
 Notes: • Asked of all respondents.  
 • Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.



# Cancer

Continued advances in cancer research, detection, and treatment have resulted in a decline in both incidence and death rates for all cancers. Among people who develop cancer, more than half will be alive in five years. Yet, cancer remains a leading cause of death in the United States, second only to heart disease.

Many cancers are preventable by reducing risk factors such as: use of tobacco products; physical inactivity and poor nutrition; obesity; and ultraviolet light exposure. Other cancers can be prevented by getting vaccinated against human papillomavirus and hepatitis B virus. In the past decade, overweight and obesity have emerged as new risk factors for developing certain cancers, including colorectal, breast, uterine corpus (endometrial), and kidney cancers. The impact of the current weight trends on cancer incidence will not be fully known for several decades. Continued focus on preventing weight gain will lead to lower rates of cancer and many chronic diseases.

Screening is effective in identifying some types of cancers (see US Preventive Services Task Force [USPSTF] recommendations), including:

- Breast cancer (using mammography)
  - Cervical cancer (using Pap tests)
  - Colorectal cancer (using fecal occult blood testing, sigmoidoscopy, or colonoscopy)
- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

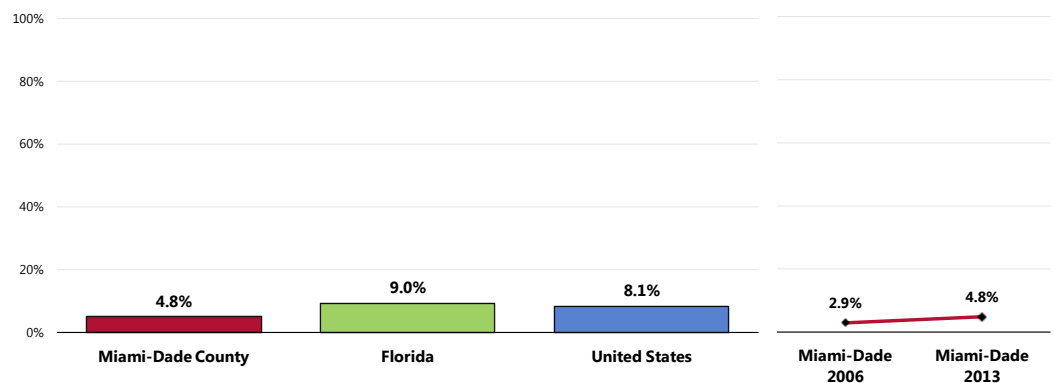
## Prevalence of Cancer

### Skin Cancer

**A total of 4.8% of surveyed Miami-Dade County adults report having been diagnosed with skin cancer.**

- Better than the state average.
- Better than the national average.
- ▣ However, denotes a significant increase over time.

### Prevalence of Skin Cancer

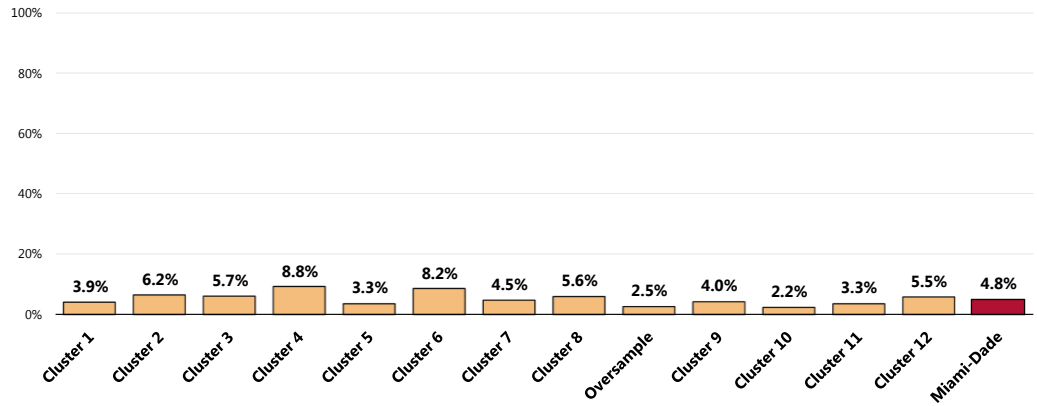


Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 30]  
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2011 Florida data.  
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: ● Asked of all respondents.

- Particularly high in Cluster 4; lowest in Cluster 10 and the Oversample.

## Prevalence of Skin Cancer



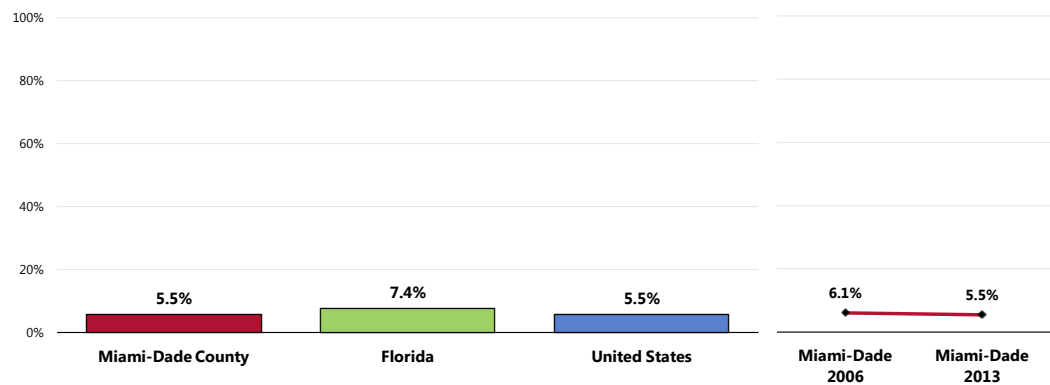
Sources: ● 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 30]  
 Notes: ● Asked of all respondents.

## Other Cancer

**A total of 5.5% of respondents have been diagnosed with some type of (non-skin) cancer.**

- Lower than the statewide prevalence.
- Identical to the national prevalence.
- ▣ The prevalence of cancer has remained unchanged over time.

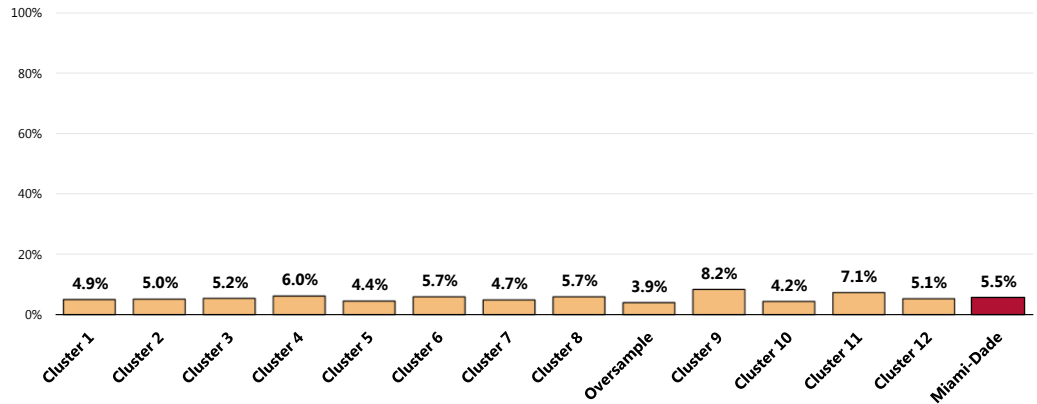
## Prevalence of Cancer (Other Than Skin Cancer)



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 29]  
 ● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2011 Florida data.  
 ● 2011 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: ● Asked of all respondents.

- No statistical difference by Cluster.

## Prevalence of Cancer (Other Than Skin Cancer)



Sources: ● 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 29]  
 Notes: ● Asked of all respondents.

## Cancer Risk

Reducing the nation's cancer burden requires reducing the prevalence of behavioral and environmental factors that increase cancer risk. All cancers caused by cigarette smoking could be prevented. At least one-third of cancer deaths that occur in the United States are due to cigarette smoking. According to the American Cancer Society, about one-third of cancer deaths that occur in the United States each year are due to nutrition and physical activity factors, including obesity.

– National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

## Cancer Screenings

The American Cancer Society recommends that both men and women get a cancer-related checkup during a regular doctor's checkup. It should include examination for cancers of the thyroid, testicles, ovaries, lymph nodes, oral cavity, and skin, as well as health counseling about tobacco, sun exposure, diet and nutrition, risk factors, sexual practices, and environmental and occupational exposures.

Screening levels in the community were measured in the PRC Community Health Survey relative to three cancer sites: female breast cancer (mammography); cervical cancer (Pap smear testing); and colorectal cancer (sigmoidoscopy and fecal occult blood testing).

RELATED ISSUE:  
 See also  
*Nutrition & Overweight,  
 Physical Activity &  
 Fitness and Tobacco Use*  
 in the **Modifiable  
 Health Risk** section of  
 this report.

## Female Breast Cancer Screening

The US Preventive Services Task Force (USPSTF) recommends screening mammography, with or without clinical breast examination (CBE), every 1-2 years for women age 40 and older.

*Rationale:* The USPSTF found fair evidence that mammography screening every 12-33 months significantly reduces mortality from breast cancer. Evidence is strongest for women age 50-69, the age group generally included in screening trials. For women age 40-49, the evidence that screening mammography reduces mortality from breast cancer is weaker, and the absolute benefit of mammography is smaller, than it is for older women. Most, but not all, studies indicate a mortality benefit for women undergoing mammography at ages 40-49, but the delay in observed benefit in women younger than 50 makes it difficult to determine the incremental benefit of beginning screening at age 40 rather than at age 50.

The absolute benefit is smaller because the incidence of breast cancer is lower among women in their 40s than it is among older women. The USPSTF concluded that the evidence is also generalizable to women age 70 and older (who face a higher absolute risk for breast cancer) if their life expectancy is not compromised by comorbid disease. The absolute probability of benefits of regular mammography increase along a continuum with age, whereas the likelihood of harms from screening (false-positive results and unnecessary anxiety, biopsies, and cost) diminish from ages 40-70. The balance of benefits and potential harms, therefore, grows more favorable as women age. The precise age at which the potential benefits of mammography justify the possible harms is a subjective choice. The USPSTF did not find sufficient evidence to specify the optimal screening interval for women age 40-49.

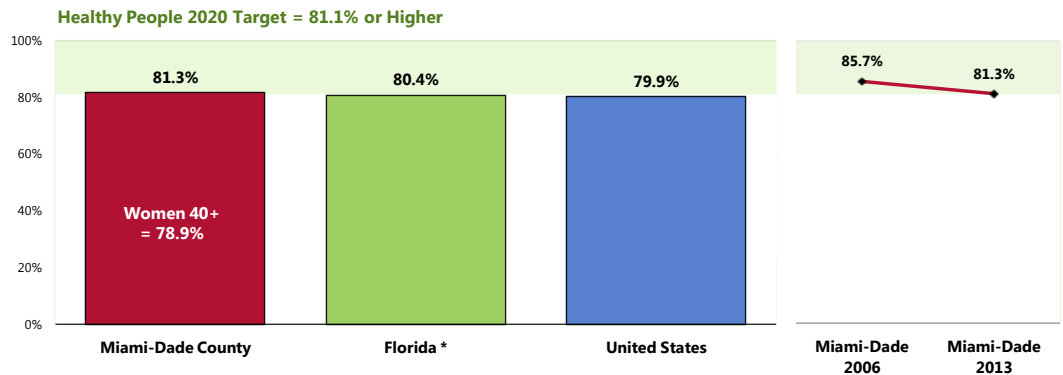
– US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services.

Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

### Among women age 50-74, 81.3% had a mammogram within the past two years.

- Similar to statewide findings (which represent all women 50+).
- Similar to national findings.
- Similar to the Healthy People 2020 target (81.1% or higher).
- 📊 Statistically unchanged since 2006.
- 👥 Among women 40+, 78.9% had a mammogram in the past two years.

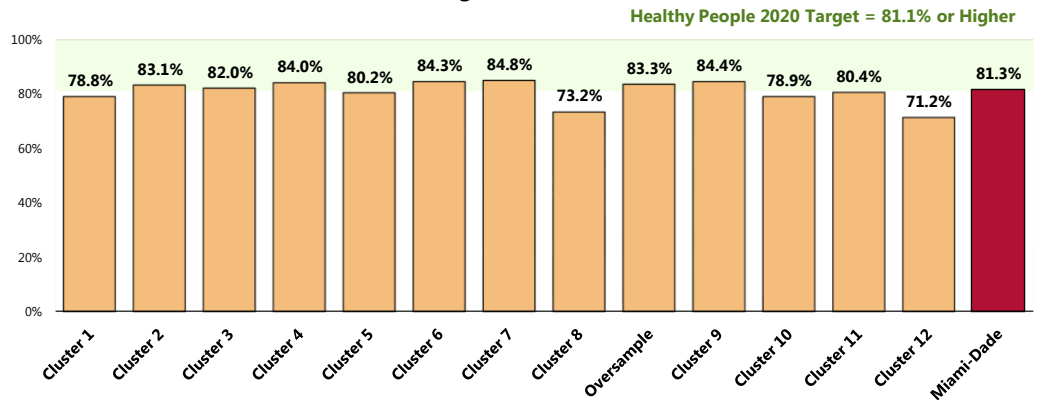
### Have Had a Mammogram in the Past Two Years (Among Women 50-74)



- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 156-157]
  - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2011 Florida data.
  - 2011 PRC National Health Survey, Professional Research Consultants, Inc.
  - United States Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-17]
- Notes:
- Reflects female respondents 50-74.
  - \*Note that state data reflects all women 50 and older (vs. women 50-74 in local, United States and Healthy People data).

- Statistically similar by Cluster.

## Have Had a Mammogram in the Past Two Years (Among Women 50-74)



Sources:
 

- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 157]
- United States Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-17]

 Notes:
 

- Reflects female respondents 50-74.

## Cervical Cancer Screenings

The US Preventive Services Task Force (USPSTF) strongly recommends screening for cervical cancer in women who have been sexually active and have a cervix.

*Rationale:* The USPSTF found good evidence from multiple observational studies that screening with cervical cytology (Pap smears) reduces incidence of and mortality from cervical cancer. Direct evidence to determine the optimal starting and stopping age and interval for screening is limited. Indirect evidence suggests most of the benefit can be obtained by beginning screening within 3 years of onset of sexual activity or age 21 (whichever comes first) and screening at least every 3 years. The USPSTF concludes that the benefits of screening substantially outweigh potential harms.

The USPSTF recommends against routinely screening women older than age 65 for cervical cancer if they have had adequate recent screening with normal Pap smears and are not otherwise at high risk for cervical cancer.

*Rationale:* The USPSTF found limited evidence to determine the benefits of continued screening in women older than 65. The yield of screening is low in previously screened women older than 65 due to the declining incidence of high-grade cervical lesions after middle age. There is fair evidence that screening women older than 65 is associated with an increased risk for potential harms, including false-positive results and invasive procedures. The USPSTF concludes that the potential harms of screening are likely to exceed benefits among older women who have had normal results previously and who are not otherwise at high risk for cervical cancer.

The USPSTF recommends against routine Pap smear screening in women who have had a total hysterectomy for benign disease.

*Rationale:* The USPSTF found fair evidence that the yield of cytologic screening is very low in women after hysterectomy and poor evidence that screening to detect vaginal cancer improves health outcomes. The USPSTF concludes that potential harms of continued screening after hysterectomy are likely to exceed benefits.

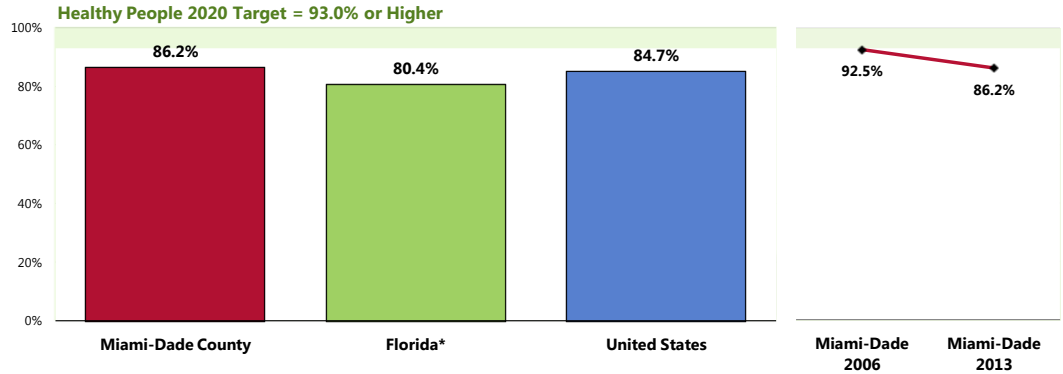
- US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services.

Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

**Among women age 21 to 65, 86.2% had a Pap smear within the past three years.**

- Higher than Florida findings (which represents all women 18+).
  - Comparable to national findings.
  - Fails to satisfy the Healthy People 2020 target (93% or higher).
- 📉 Marks a significant decrease over time.

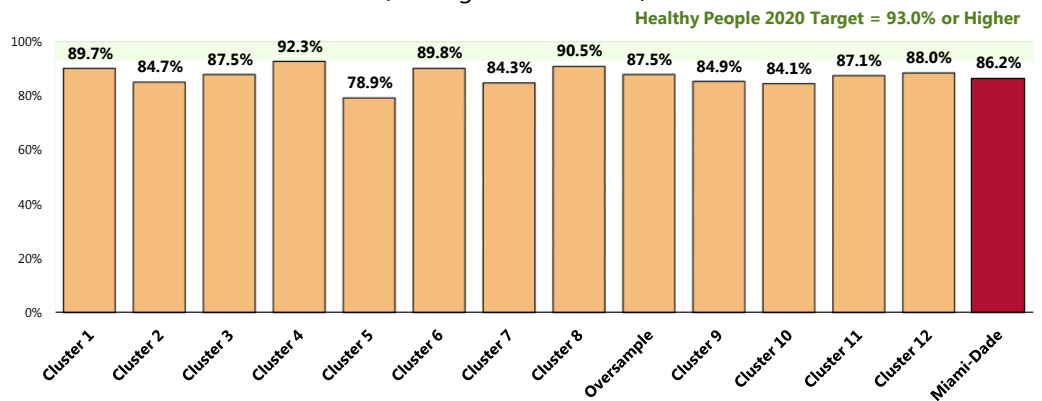
**Have Had a Pap Smear in the Past Three Years**  
(Among Women 21-65)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 158]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Florida data.  
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.  
 • United States Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-15]  
 Notes: • Reflects female respondents age 21 to 65.  
 • \*Note that the Florida percentage represents all women age 18 and older.

- Favorably high in Cluster 4.

**Have Had a Pap Smear in the Past Three Years**  
(Among Women 21-65)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 158]  
 • United States Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-15]  
 Notes: • Reflects female respondents 21-65.

## Colorectal Cancer Screenings

The 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.

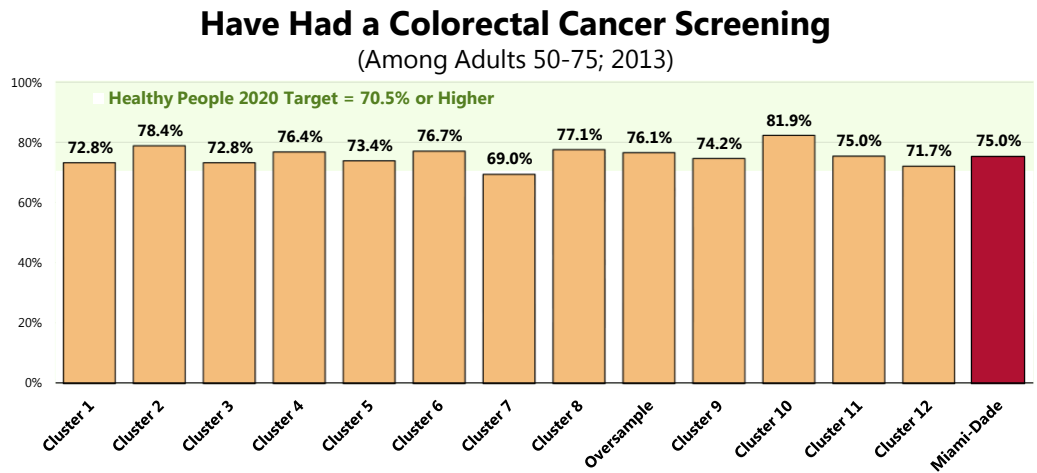
The evidence is convincing that screening for colorectal cancer with fecal occult blood testing, sigmoidoscopy, or colonoscopy detects early-stage cancer and adenomatous polyps. There is convincing evidence that screening with any of the three recommended tests (FOBT, sigmoidoscopy, colonoscopy) reduces colorectal cancer mortality in adults age 50 to 75 years. Follow-up of positive screening test results requires colonoscopy regardless of the screening test used.

- US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services.

Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

**Among adults age 50-75, 75.0% have had an appropriate colorectal cancer screening (fecal occult blood testing within the past year and/or sigmoidoscopy/colonoscopy [lower endoscopy] within the past 10 years).**

- Satisfies the Healthy People 2020 target (70.5% or higher).
- Statistically similar by Cluster.



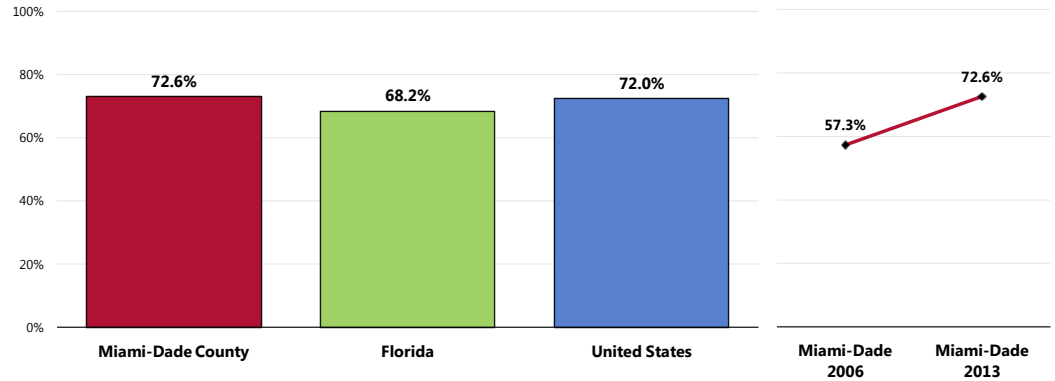
- Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 162]
  - United States Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-16]
- Notes:
- Asked of all respondents age 50 through 75.
  - In this case, the term "colorectal screening" refers to adults age 50-75 receiving a FOBT (fecal occult blood test) in the past year and/or a lower endoscopy (sigmoidoscopy/colonoscopy) in the past 10 years.

## Lower Endoscopy

**Among adults age 50 and older, more than 7 in 10 (72.6%) have had a lower endoscopy (sigmoidoscopy or colonoscopy) at some point in their lives.**

- More favorable than Florida findings.
- Comparable to national findings.
- ▣ Marks a significant increase in testing over time.

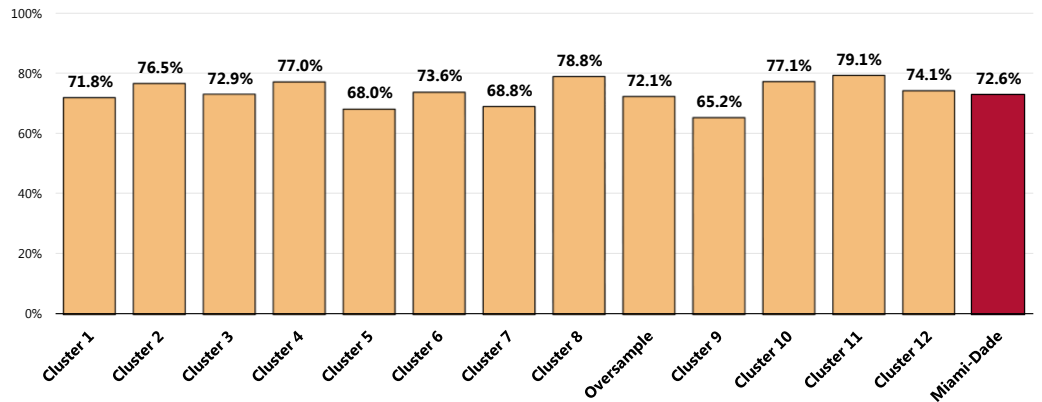
### Have Ever Had a Lower Endoscopy Exam (Among Adults 50+)



- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 160]
  - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Florida data.
  - 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents 50+.
  - Lower endoscopy includes either sigmoidoscopy or colonoscopy.

- Statistically similar by Cluster.

### Have Ever Had a Lower Endoscopy Exam (Among Adults 50+)



- Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 160]
- Notes:
- Asked of all respondents 50 and older.
  - Lower endoscopy includes either sigmoidoscopy or colonoscopy.



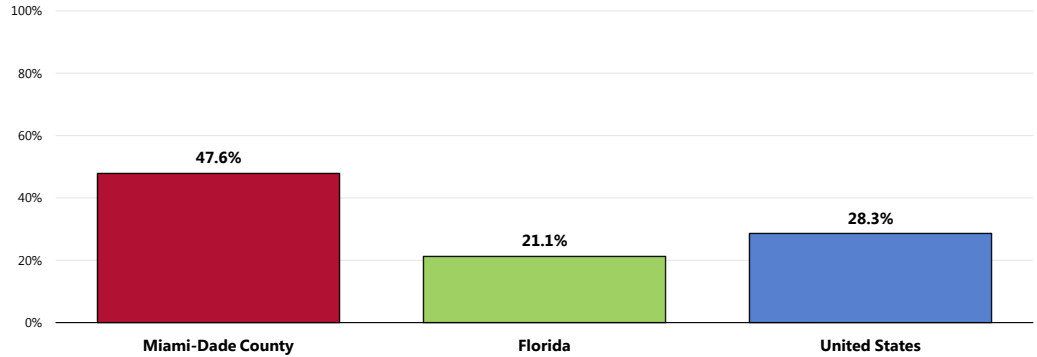
## Blood Stool Testing

**Among adults age 50 and older, 47.6% have had a blood stool test (aka “fecal occult blood test”) within the past two years.**

- Well above Florida findings.
- Well above national findings.

### Have Had a Blood Stool Test in the Past Two Years

(Among Adults 50+)

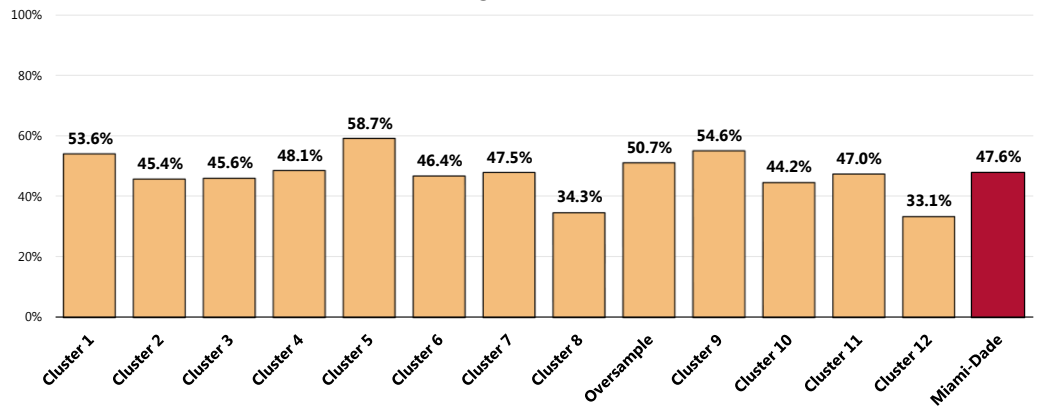


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 161]  
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Florida data.  
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.  
Notes: • Asked of all respondents 50+.

- Lowest in Clusters 8 and 12; highest in Cluster 5.

### Have Had a Blood Stool Test in the Past Two Years

(Among Adults 50+)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 161]  
Notes: • Asked of all respondents 50 and older.

# Respiratory Disease

Asthma and chronic obstructive pulmonary disease (COPD) are significant public health burdens. Specific methods of detection, intervention, and treatment exist that may reduce this burden and promote health. Asthma is a chronic inflammatory disorder of the airways characterized by episodes of reversible breathing problems due to airway narrowing and obstruction. These episodes can range in severity from mild to life threatening. Symptoms of asthma include wheezing, coughing, chest tightness, and shortness of breath. Daily preventive treatment can prevent symptoms and attacks and enable individuals who have asthma to lead active lives.

COPD is a preventable and treatable disease characterized by airflow limitation that is not fully reversible. The airflow limitation is usually progressive and associated with an abnormal inflammatory response of the lung to noxious particles or gases (typically from exposure to cigarette smoke). Treatment can lessen symptoms and improve quality of life for those with COPD.

Several additional respiratory conditions and respiratory hazards, including infectious agents and occupational and environmental exposures, are covered in other areas of Healthy People 2020. Examples include tuberculosis, lung cancer, acquired immunodeficiency syndrome (AIDS), pneumonia, occupational lung disease, and smoking. Sleep Health is now a separate topic area of Healthy People 2020.

Currently in the United States, more than 23 million people have asthma. Approximately 13.6 million adults have been diagnosed with COPD, and an approximately equal number have not yet been diagnosed. The burden of respiratory diseases affects individuals and their families, schools, workplaces, neighborhoods, cities, and states. Because of the cost to the healthcare system, the burden of respiratory diseases also falls on society; it is paid for with higher health insurance rates, lost productivity, and tax dollars. Annual healthcare expenditures for asthma alone are estimated at \$20.7 billion.

**Asthma.** The prevalence of asthma has increased since 1980. However, deaths from asthma have decreased since the mid-1990s. The causes of asthma are an active area of research and involve both genetic and environmental factors.

Risk factors for asthma currently being investigated include:

- Having a parent with asthma
- Sensitization to irritants and allergens
- Respiratory infections in childhood
- Overweight

Asthma affects people of every race, sex, and age. However, significant disparities in asthma morbidity and mortality exist, in particular for low-income and minority populations. Populations with higher rates of asthma include: children; women (among adults) and boys (among children); African Americans; Puerto Ricans; people living in the Northeast United States; people living below the Federal poverty level; and employees with certain exposures in the workplace.

While there is not a cure for asthma yet, there are diagnoses and treatment guidelines that are aimed at ensuring that all people with asthma live full and active lives.

– Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

[NOTE: COPD was changed to chronic lower respiratory disease (CLRD) with the introduction of ICD-10 codes. CLRD is used in vital statistics reporting, but COPD is still widely used and commonly found in surveillance reports.]

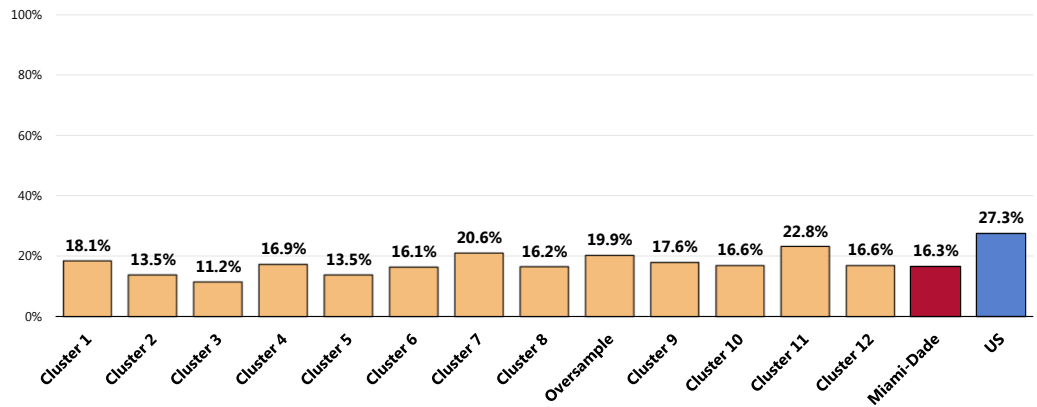
Survey respondents were next asked to indicate whether they suffer from or have been diagnosed with various respiratory conditions, including asthma, nasal/hay fever allergies, sinusitis, and/or chronic lung disease.

## Prevalence of Nasal/Hay Fever Allergies

**A total of 16.3% of Miami-Dade County adults currently suffer from or have been diagnosed with nasal/hay fever allergies.**

- Well below the national prevalence.
- Unfavorably high in Cluster 11; lowest in Cluster 3.

### Prevalence of Nasal/Hay Fever Allergies



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 34]  
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.

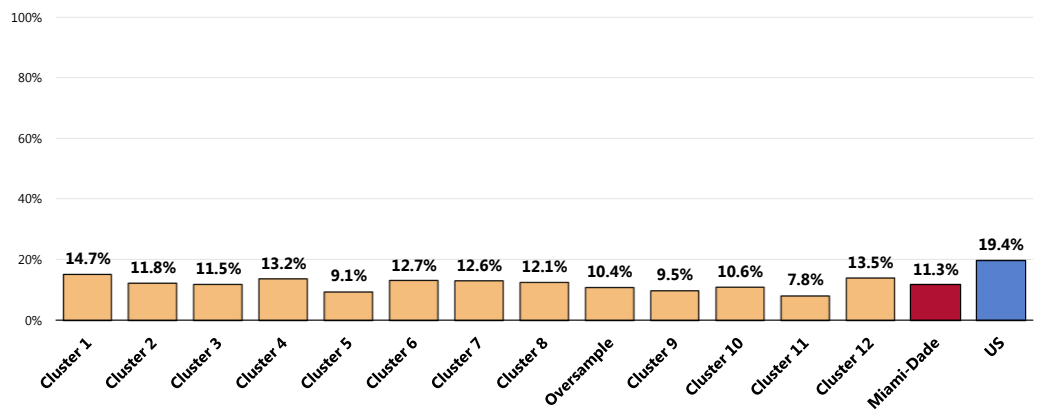
Notes: • Asked of all respondents.

## Prevalence of Sinusitis

**A total of 11.3% of Miami-Dade County adults suffer from sinusitis.**

- More favorable than the national prevalence.
- Statistically comparable by Cluster.

### Prevalence of Sinusitis



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 33]  
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.

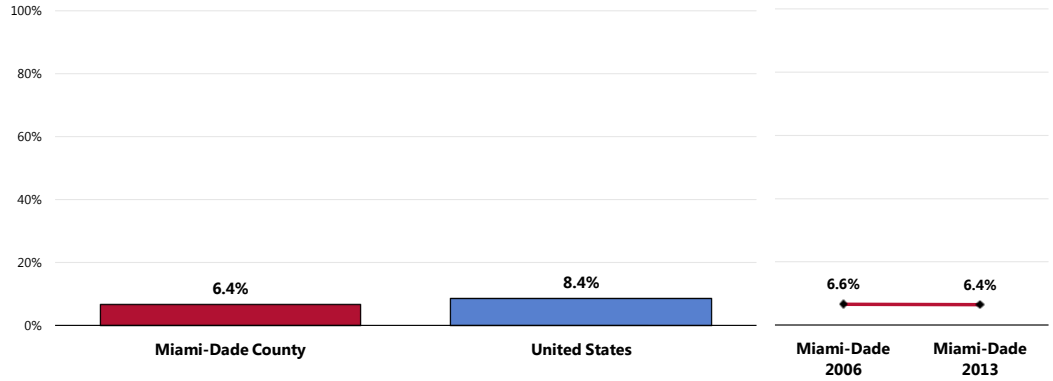
Notes: • Asked of all respondents.

## Prevalence of Chronic Lung Disease

**A total of 6.4% of Miami-Dade County adults suffer from chronic lung disease.**

- Better than the national prevalence.
- ☒ Unchanged over time.

### Prevalence of Chronic Lung Disease

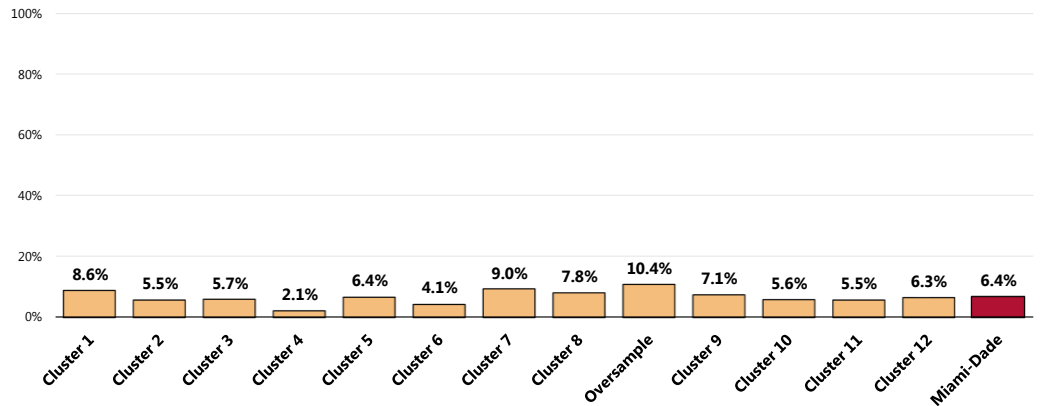


Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 24]  
 ● 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: ● Asked of all respondents.

- Highest in the Oversample; lowest in Cluster 4.

### Prevalence of Chronic Lung Disease



Sources: ● 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 24]  
 Notes: ● Asked of all respondents.

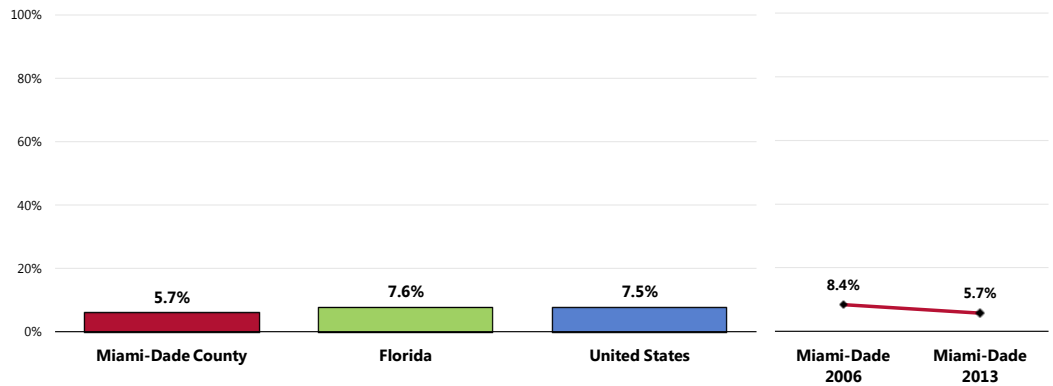
# Prevalence of Asthma

## Adults

**A total of 5.7% of Miami-Dade County adults currently suffer from asthma.**

- Better than the statewide prevalence.
- Similar to the national prevalence.
- ▣ Marks a statistical improvement over time.

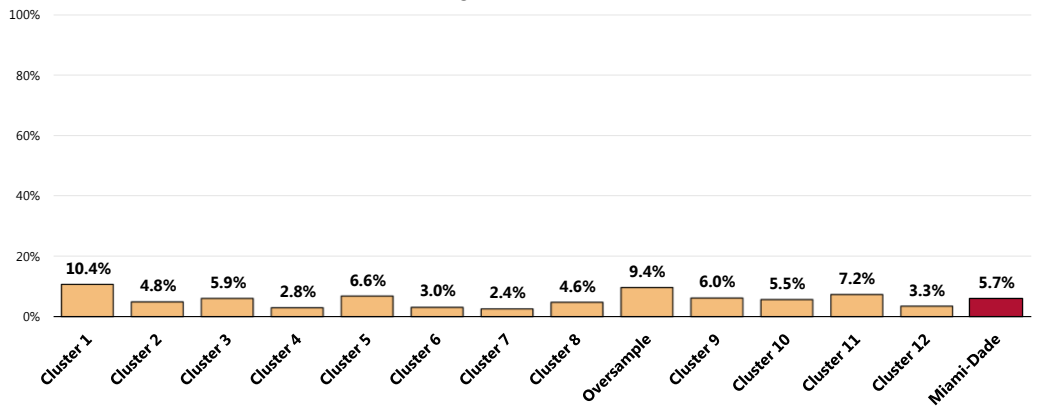
### Currently Have Asthma




Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 163]  
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2011 Florida data.  
 Notes: • Asked of all respondents.

- Unfavorably high in Clusters 1 and in the Oversample; lowest in Clusters 4, 6, and 7.

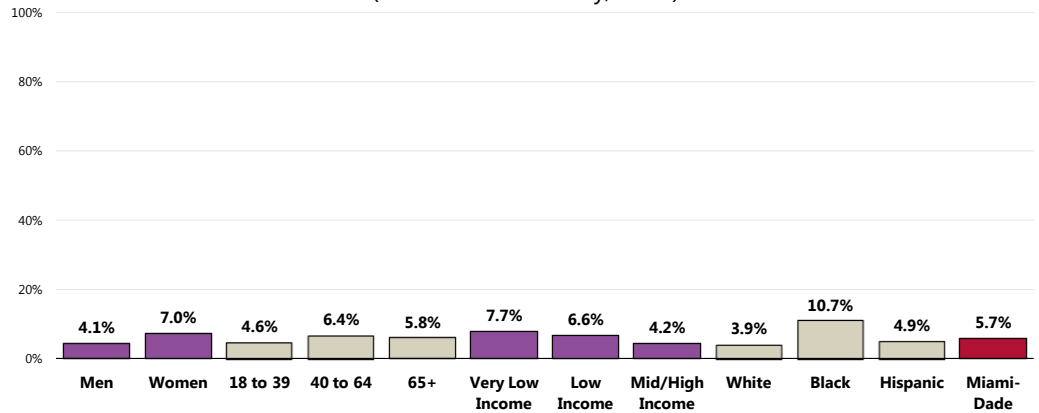
### Currently Have Asthma



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 163]  
 Notes: • Asked of all respondents.

 Asthma in Miami-Dade County is statistically high in women, lower-income residents, and Blacks.

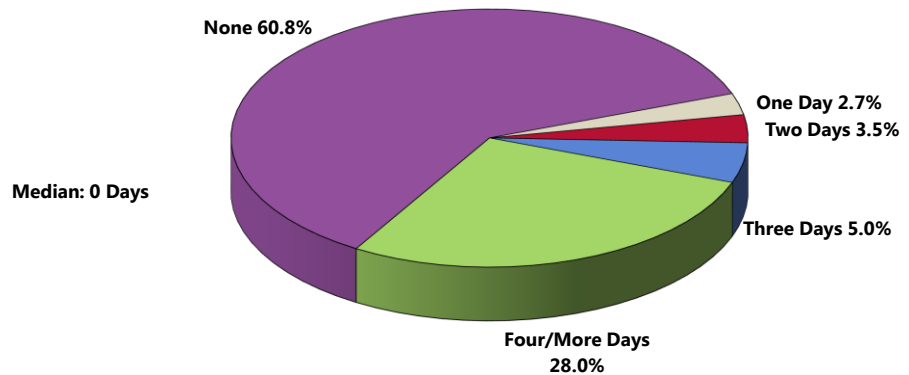
### Currently Have Asthma (Miami-Dade County, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 163]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

A total of 28.0% of respondents with asthma report four or more days in the past year on which they were unable to work or carry out their usual activities because of their asthma.

### Number of Days in Past Year on Which Asthma Interfered With Work or Usual Activities (Among Miami-Dade County Adults w/Asthma, 2013)

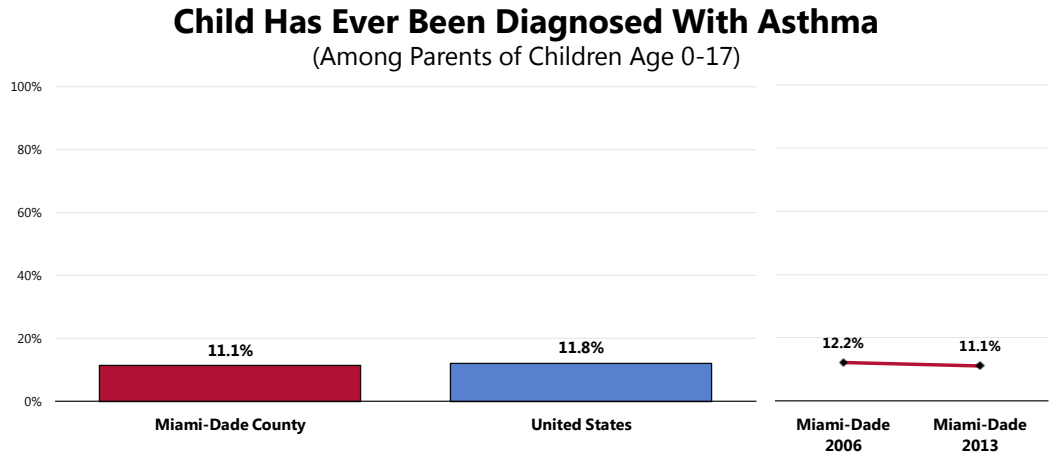


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 42]  
 Notes: • Asked of all respondents with asthma.

## Children

### Among Miami-Dade County children under age 18, 11.1% have been diagnosed with asthma.

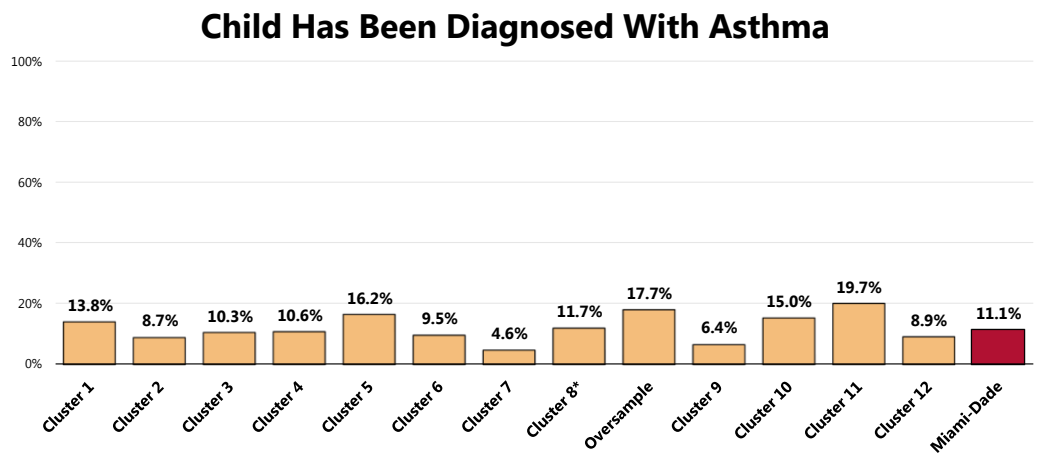
- Similar to national findings.
- ☒ The prevalence of children who have ever been diagnosed with asthma has not changed significantly over time.



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 124]  
 • 2013 PRC Community Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents with children 0 to 17 in the household.

- Favorably low among children in Cluster 7.



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 124]

Notes: • Asked of all respondents with children under 18 at home.

• \*Sample size is <50 and must be taken into account when making comparisons.

# Injury & Violence

Injuries and violence are widespread in society. Both unintentional injuries and those caused by acts of violence are among the top 15 killers for Americans of all ages. Many people accept them as “accidents,” “acts of fate,” or as “part of life.” However, most events resulting in injury, disability, or death are predictable and preventable. Injuries are the leading cause of death for Americans ages 1 to 44, and a leading cause of disability for all ages, regardless of sex, race/ethnicity, or socioeconomic status. More than 180,000 people die from injuries each year, and approximately 1 in 10 sustains a nonfatal injury serious enough to be treated in a hospital emergency department.

- Beyond their immediate health consequences, injuries and violence have a significant impact on the well-being of Americans by contributing to:
  - Premature death
  - Disability
  - Poor mental health
  - High medical costs
  - Lost productivity

The effects of injuries and violence extend beyond the injured person or victim of violence to family members, friends, coworkers, employers, and communities.

Numerous factors can affect the risk of unintentional injury and violence, including individual behaviors, physical environment, access to health services (ranging from pre-hospital and acute care to rehabilitation), and social environment (from parental monitoring and supervision of youth to peer group associations, neighborhoods, and communities).

Interventions addressing these social and physical factors have the potential to prevent unintentional injuries and violence. Efforts to prevent unintentional injury may focus on:

- Modifications of the environment
- Improvements in product safety
- Legislation and enforcement
- Education and behavior change
- Technology and engineering

Efforts to prevent violence may focus on:

- Changing social norms about the acceptability of violence
- Improving problem-solving skills (for example, parenting, conflict resolution, coping)
- Changing policies to address the social and economic conditions that often give rise to violence

– Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))



# Injury Control

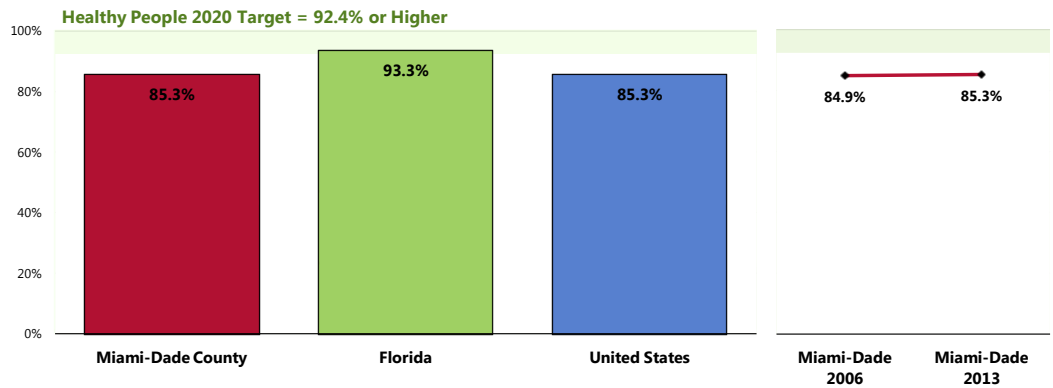
## Seat Belt Usage

### Adults

**Most Miami-Dade County adults (85.3%) report “always” wearing a seat belt when driving or riding in a vehicle.**

- Lower than the Florida percentage.
- Identical to the percentage found nationally.
- Fails to satisfy the Healthy People 2020 target of 92.4% or higher.
- ☒ Statistically unchanged since 2006.

### “Always” Wear a Seat Belt When Driving or Riding in a Vehicle

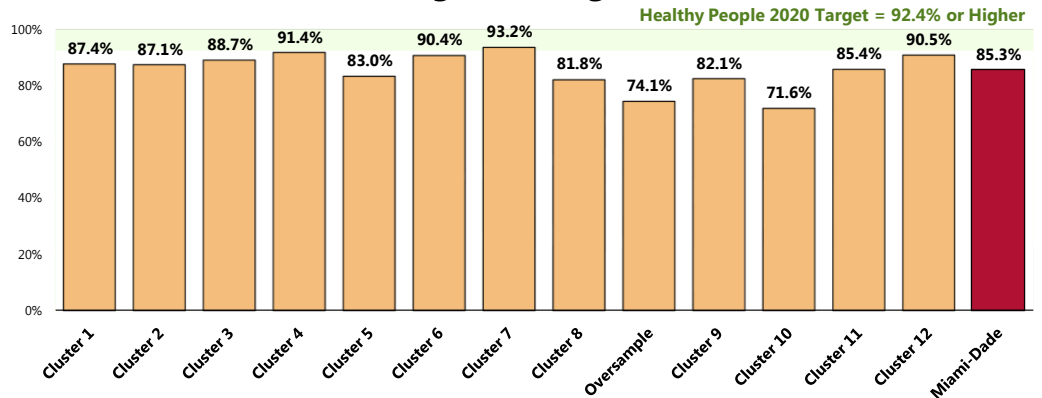


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 52]  
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2011 Florida data.  
 • United States Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IPV-15]

Notes: • Asked of all respondents.

- Lowest in Cluster 10 and the Oversample; favorably high in Clusters 4, 6, 7, and 12.





### “Always” Wear a Seat Belt When Driving or Riding in a Vehicle



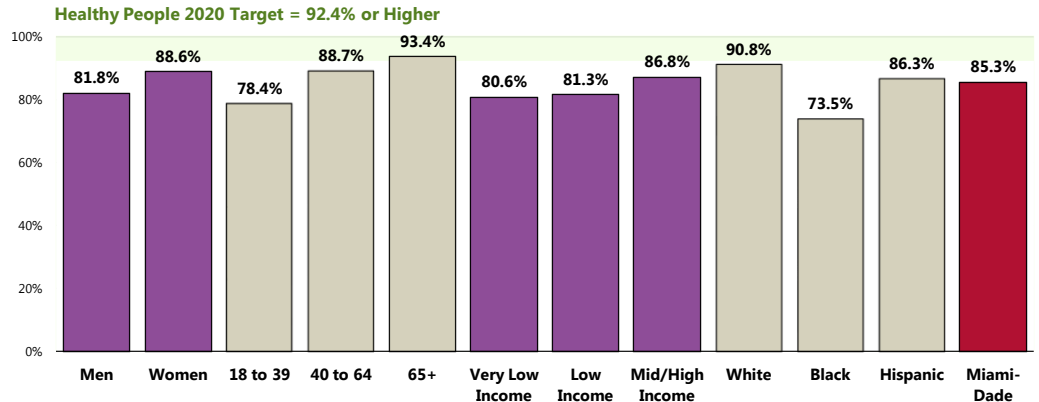
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 52]  
 • United States Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IPV-15]

Notes: • Asked of all respondents.

These population segments are less likely to report consistent seat belt usage:

-  Men.
-  Young adults.
-  Low-income residents.
-  Blacks.


### “Always” Wear a Seat Belt When Driving or Riding in a Vehicle (Miami-Dade County, 2013)



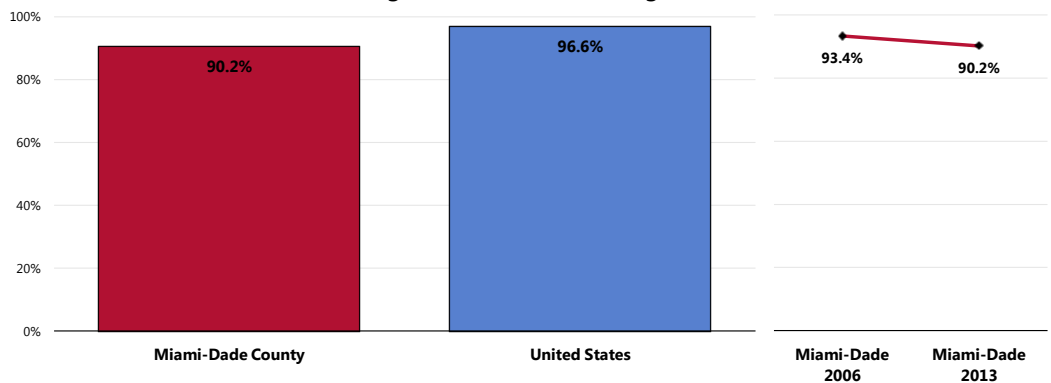
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 52]  
 • United States Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IPV-15]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).  
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households with incomes below the federal poverty level; “Low Income” includes households with incomes just above poverty and up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

#### Children

**A full 90.2% of Miami-Dade County parents report that their child (age 0 to 17) “always” wears a seat belt (or appropriate car seat for younger children) when riding in a vehicle.**

- Lower than what is found nationally.
-  Statistically unchanged since 2006.

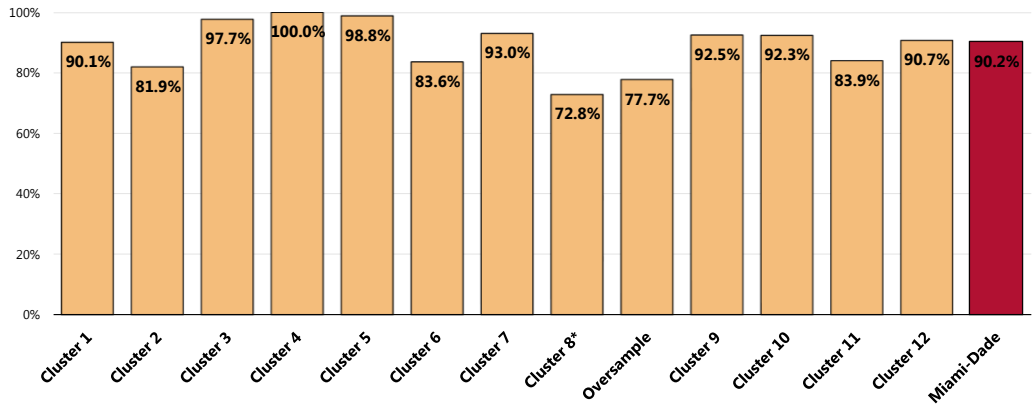
### Child “Always” Wears a Seat Belt or Appropriate Restraint When Riding in a Vehicle (Among Parents of Children Age 0-17)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 147]  
 • 2012 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents with children 0 to 17 in the household.

- Unfavorably low in Clusters 2 and 8 and in the Oversample; favorably high in Clusters 3, 4, and 5.

### Child "Always" Wears a Seat Belt or Appropriate Restraint When Riding in a Vehicle (Among Parents of Children <18)



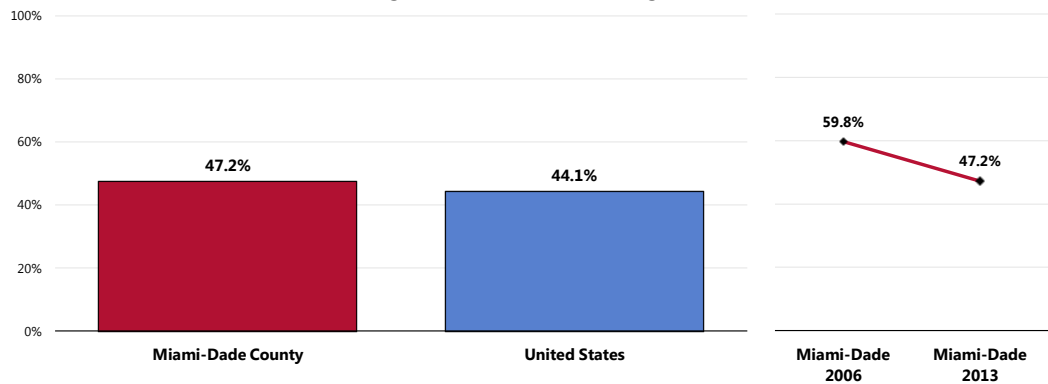
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 147]  
 Notes: • Asked of all respondents with children under 18 at home.  
 • \*Sample size is <50 and must be taken into account when making comparisons.

#### Bicycle Safety

**A total of 47.2% of Miami-Dade County children age 5 to 17 are reported to "always" wear a helmet when riding a bicycle.**

- Comparable to the national prevalence.
- ⚠ Marks a statistical decrease over time.

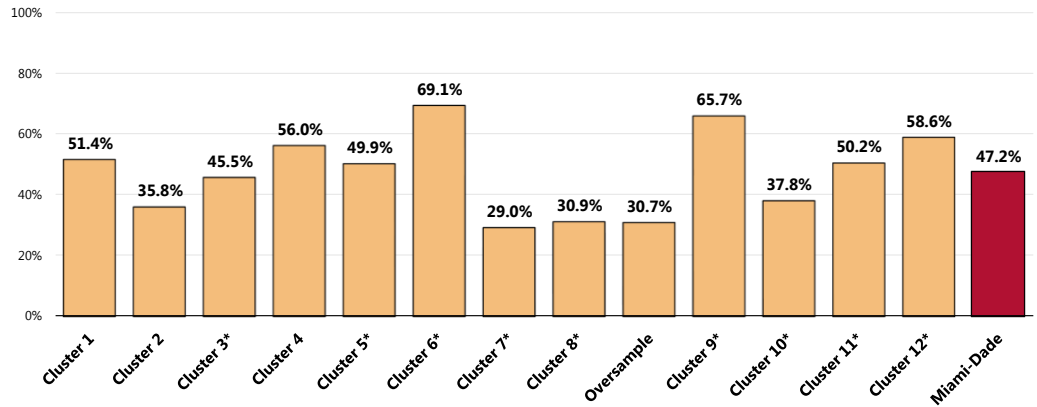
### Child "Always" Wears a Helmet When Riding a Bicycle (Among Parents of Children Age 5-17)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 148]  
 • 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents with children age 5 to 17 at home.  
 • 2006 trend data represents children age 5-16.

- Favorably low in Cluster 2 and the Oversample.
- *Reminder: keep in mind the small sample size which many of these percentages represent when making comparisons.*

## Child "Always" Wears a Helmet When Riding a Bicycle (Among Parents of Children Age 5-17)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 148]  
 Notes: • Asked of all respondents with children age 5-17 at home.  
 • \*Sample size is <50 and must be taken into account when making comparisons.

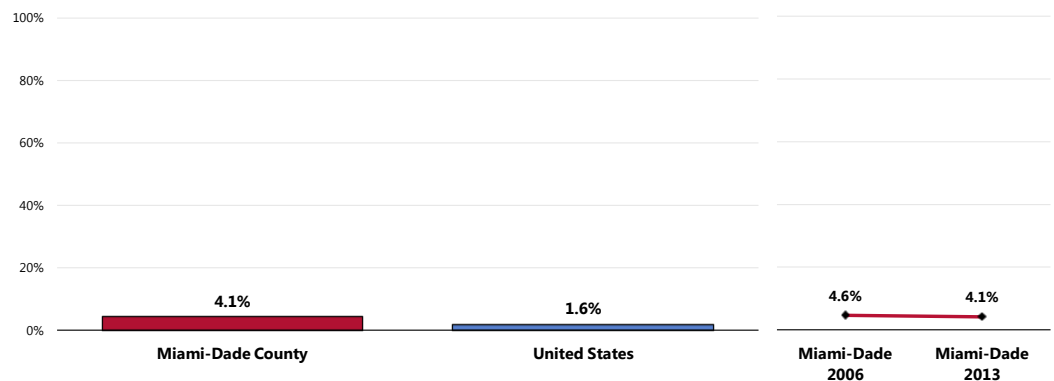
## Violence

### Violent Crime Victimization

**A total of 4.1% of Miami-Dade County adults acknowledge being the victim of a violent crime in the past five years.**

- Higher than national findings.
- ☒ Statistically unchanged over time.

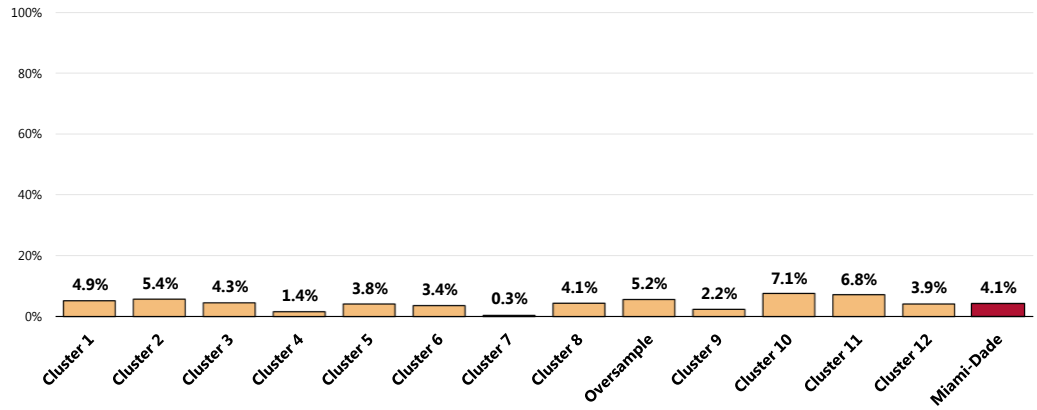
### Victim of a Violent Crime in the Past Five Years



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 53]  
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents.

- Favorably low in Clusters 4, 7, and 9.

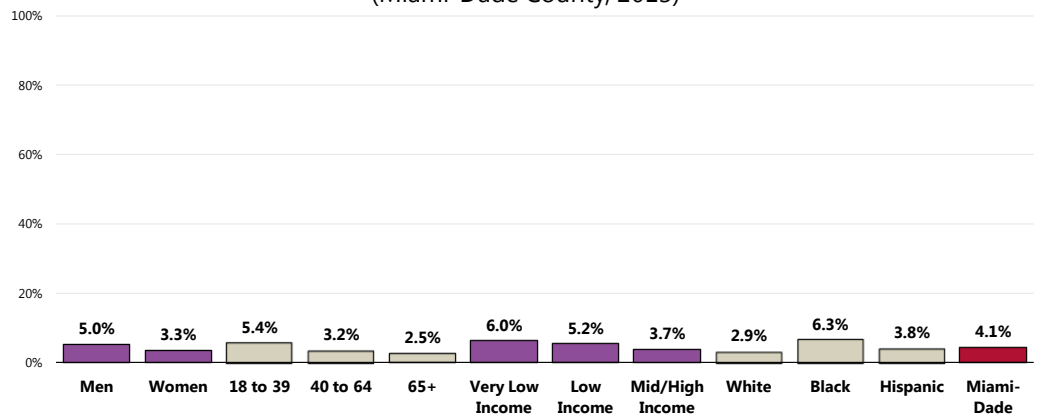
## Victim of a Violent Crime in the Past Five Years



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 53]  
 Notes: • Asked of all respondents.

- 👤 Recent crime victimization is more often noted among men, young adults, and Blacks in Miami-Dade County.

## Victim of a Violent Crime in the Past Five Years (Miami-Dade County, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 53]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

## Neighborhood Safety

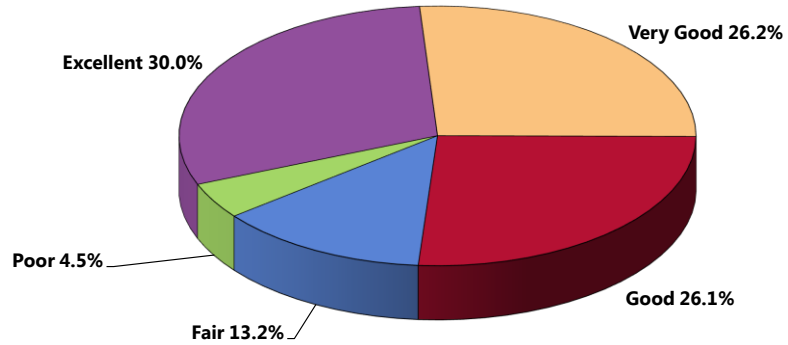
*"Would you say the levels of safety and security in your neighborhood are excellent, very good, good, fair or poor?"*

**When asked about the level of safety and security in their neighborhood, 56.2% of respondents gave "excellent" or "very good" ratings.**

Another 26.1% reported "good" ratings for the level of safety and security in their neighborhood.

### Rating of Neighborhood's Safety and Security

(Miami-Dade County, 2013)

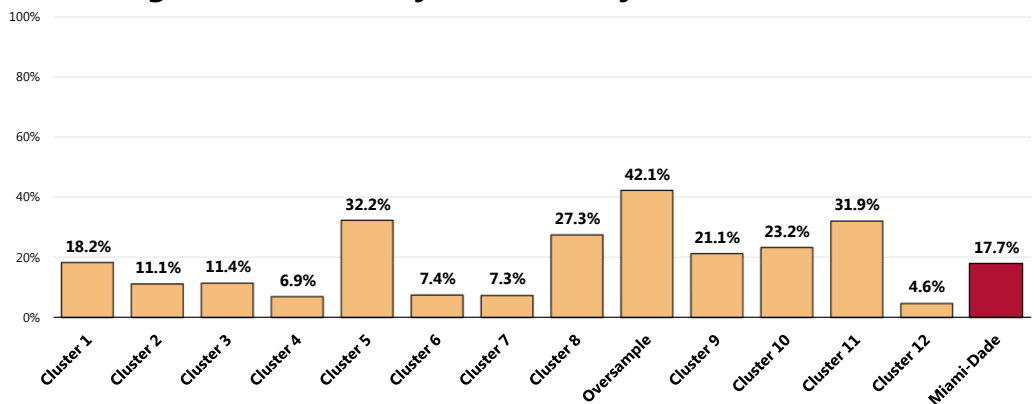


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 97]  
Notes: • Asked of all respondents.

Of those respondents giving low ratings of their neighborhood safety and security, most made various references to crime, while some mentioned poor lighting and others mentioned traffic issues.

- "Fair" or "poor" ratings of neighborhood safety and security are favorably low in Clusters 2, 3, 4, 6, 7, and 12, but statistically high in Clusters 5, 8, 11, and in the Oversample.

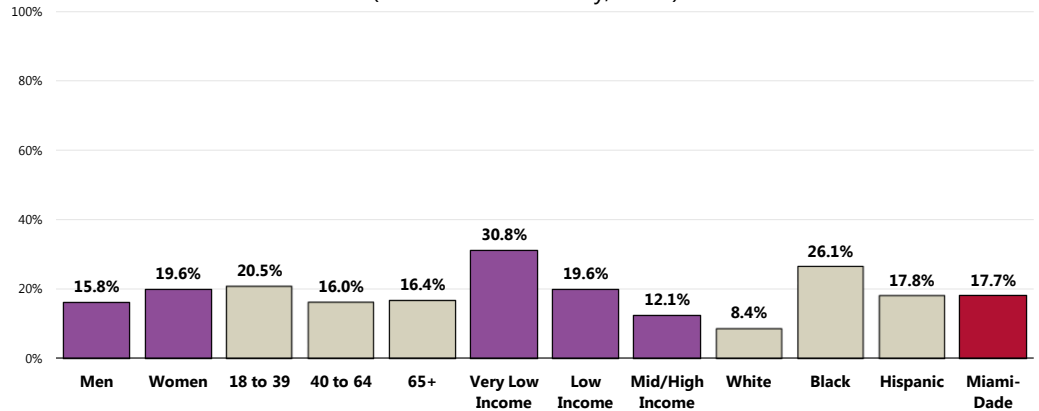
### Neighborhood Safety and Security is "Fair" or "Poor"



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 97]  
Notes: • Asked of all respondents.

👥 Reports of violence decrease with income level and are unfavorably high among Blacks in Miami-Dade County.

## Neighborhood Safety and Security is “Fair” or “Poor” (Miami-Dade County, 2013)



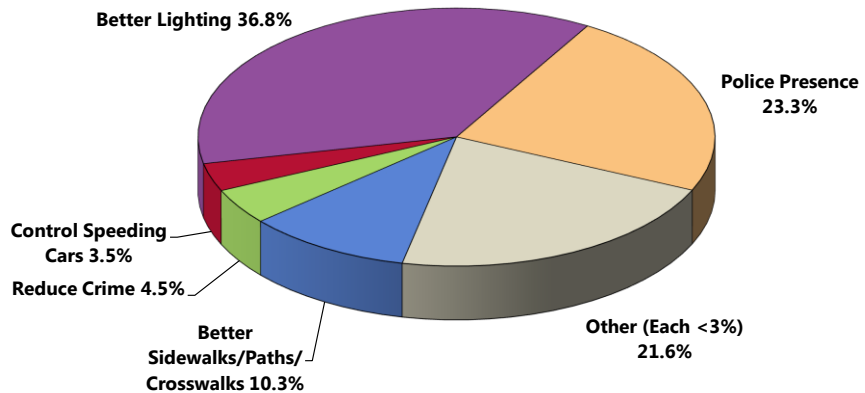
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 97]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).  
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households with incomes below the federal poverty level; “Low Income” includes households with incomes just above poverty and up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

*“What ONE thing most needs improvement to increase the safety and security you feel walking on the roads in your neighborhood?”*

Asked to specify the one thing that most needs improvement in order to increase the safety and security felt when walking on neighborhood roads, the largest share of responses was for **better lighting** (mentioned by 36.8%), followed by a more substantial **police presence** (23.3%).

Other improvements included references to better sidewalks, paths, and/or crosswalks (mentioned by 10.3%), a reduction in crime (4.5%), and control of speeding cars (3.5%).

## #1 Improvement Needed to Increase Safety and Security While Walking on Neighborhood Roads (Miami-Dade County, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 99]  
 Notes: • Asked of all respondents; excludes the 37.3% of respondents who were uncertain or said “nothing.”

## Family Violence

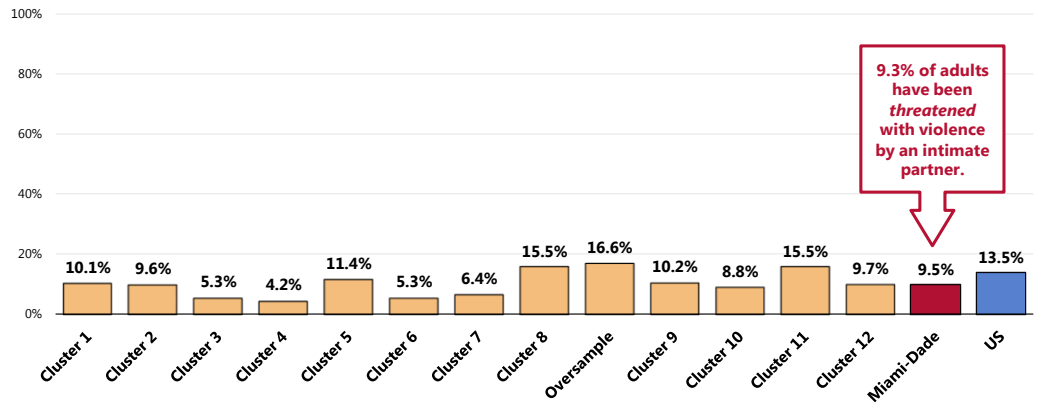
**A total of 9.3% of Miami-Dade County adults report that they have ever been threatened with physical violence by an intimate partner.**

- More favorable than that reported nationally (not shown).
- Lowest in Clusters 3, 4, 6, and 7; highest in Cluster 11 and in the Oversample (not shown).

**A total of 9.5% of respondents acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.**

- More favorable than national findings.
- Unfavorably high in Clusters 8 and 11 and in the Oversample; favorably low in Clusters 3, 4, and 6.

### Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner

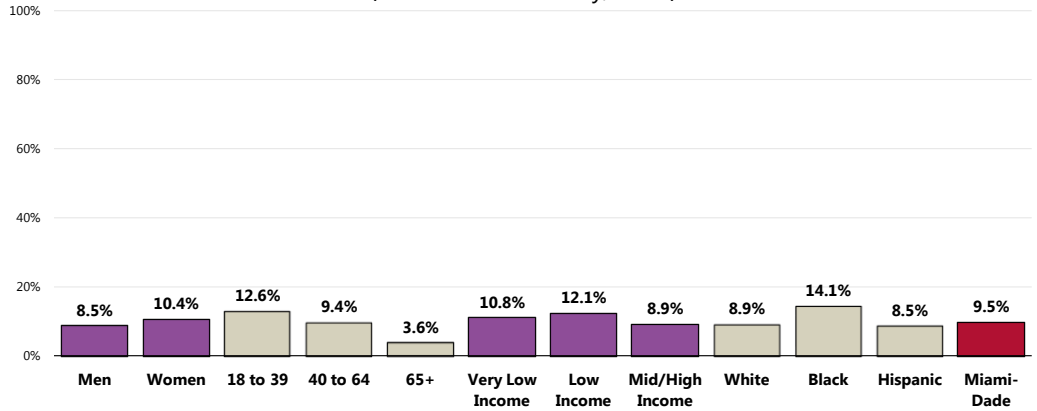


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 54-55]  
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.  
Notes: • Asked of all respondents.



👥 Reports of domestic violence are statistically high among adults under 65 (note the negative correlation with age) and Blacks.

### Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner (Miami-Dade County, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 55]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

## Bullying

*Bullying is when one or more students tease, threaten, spread rumors about, hit, shove, or hurt another student over and over again. It is not bullying when two students of about the same strength or power argue, fight, or tease each other in a friendly way.*

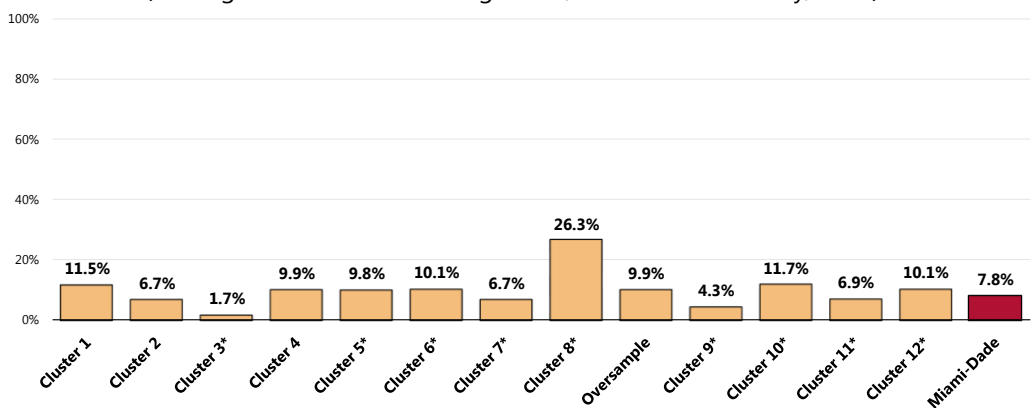
*"During the past 12 months, has this child been bullied on school property?"*

### Bullying On School Property

**Among Miami-Dade County parents of school-aged children, 7.8% report that their child has been bullied on school property in the past year.**



- Lowest in Cluster 3, highest in Cluster 8; it is important to note, however, the small samples which many of the percentages represent.

### Child Has Been Bullied on School Property (Among Parents of Children Age 5-17; Miami-Dade County, 2013)



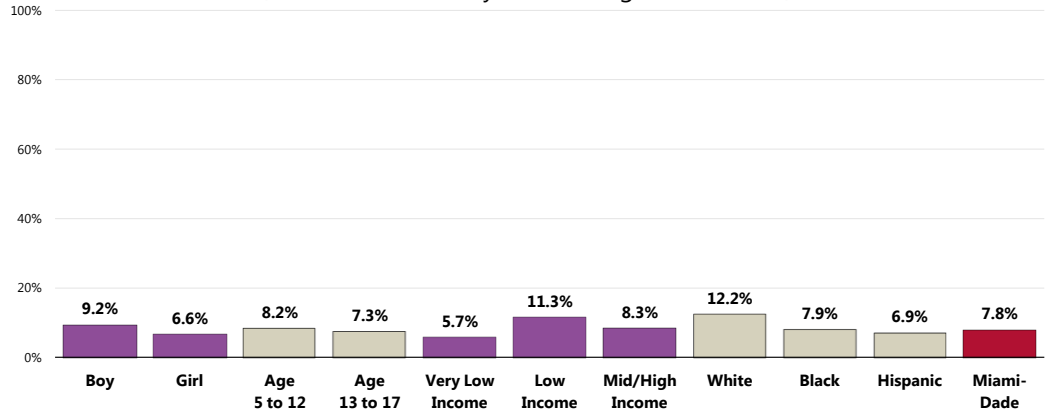
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 135]  
 Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.  
 • \*Sample size is <50 and must be taken into account when making comparisons.

Bullying on school property is statistically high among these population segments:

-  Children in households with incomes above the federal poverty level.
-  Whites.

### Child Has Been Bullied on School Property

(Miami-Dade County Children Ages 5-17, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 135]  
 Notes: • Asked of all respondents about a randomly-selected child in the household age 5-17.  
 • Race represents the respondent. Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

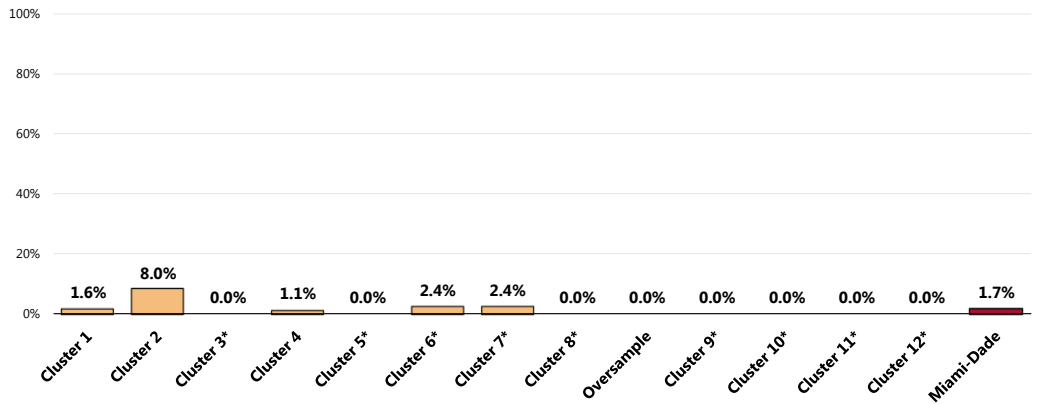
### Cyber-Bullying

Among Miami-Dade County parents of school-aged children, 1.7% report that their child has been electronically bullied in the past year.

- Unfavorably high among children in Cluster 2.

### Child Has Been Cyber-Bullied

(Among Parents of Children Age 5-17; Miami-Dade County, 2013)




Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 136]  
 Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.  
 • The term "cyber-bullied" refers to electronic bullying through email, chat rooms, instant messaging, websites, or texting.  
 • \*Sample size is <50 and must be taken into account when making comparisons.

Cyber-bullying happens when a child is electronically bullied, such as through email, chat rooms, instant messaging, websites or texting.

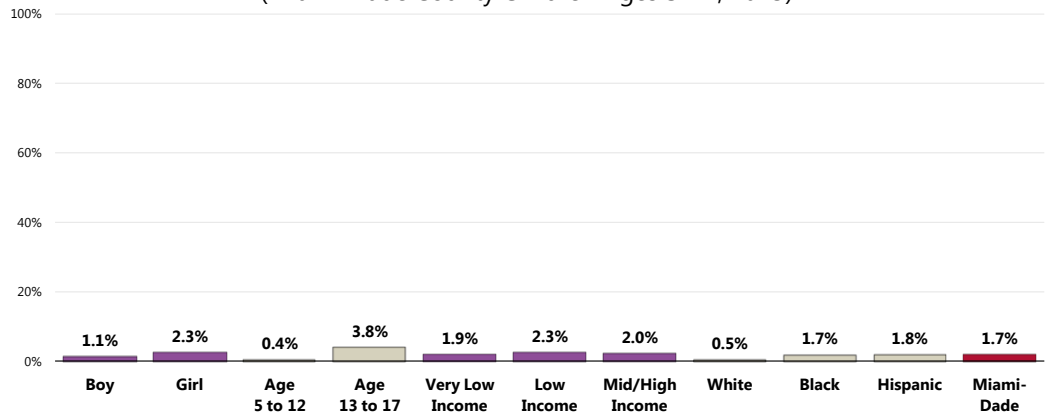
"During the past 12 months, has this child been cyber-bullied?"

Electronic bullying is statistically high among these children:

 Teens.

 Blacks and Hispanics.

### Child Has Been Cyber-Bullied (Miami-Dade County Children Ages 5-17, 2013)



- Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 136]  
 Notes: • Asked of all respondents about a randomly-selected child in the household age 5-17.  
 • The term "cyber-bullied" refers to electronic bullying through email, chat rooms, instant messaging, websites, or texting.  
 • Race represents the respondent. Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

# Diabetes

Diabetes mellitus occurs when the body cannot produce or respond appropriately to insulin. Insulin is a hormone that the body needs to absorb and use glucose (sugar) as fuel for the body's cells. Without a properly functioning insulin signaling system, blood glucose levels become elevated and other metabolic abnormalities occur, leading to the development of serious, disabling complications. Many forms of diabetes exist; the three common types are Type 1, Type 2, and gestational diabetes.

Effective therapy can prevent or delay diabetic complications. However, almost 25% of Americans with diabetes mellitus are undiagnosed, and another 57 million Americans have blood glucose levels that greatly increase their risk of developing diabetes mellitus in the next several years. Few people receive effective preventative care, which makes diabetes mellitus an immense and complex public health challenge.

Diabetes mellitus affects an estimated 23.6 million people in the United States and is the 7th leading cause of death. Diabetes mellitus:

- Lowers life expectancy by up to 15 years.
- Increases the risk of heart disease by 2 to 4 times.
- Is the leading cause of kidney failure, lower limb amputations, and adult-onset blindness.

In addition to these human costs, the estimated total financial cost of diabetes mellitus in the US in 2007 was \$174 billion, which includes the costs of medical care, disability, and premature death.

The rate of diabetes mellitus continues to increase both in the United States and throughout the world. Due to the steady rise in the number of persons with diabetes mellitus, and possibly earlier onset of type 2 diabetes mellitus, there is growing concern about the possibility that the increase in the number of persons with diabetes mellitus and the complexity of their care might overwhelm existing healthcare systems.

People from minority populations are more frequently affected by type 2 diabetes. Minority groups constitute 25% of all adult patients with diabetes in the US and represent the majority of children and adolescents with type 2 diabetes.

Lifestyle change has been proven effective in preventing or delaying the onset of type 2 diabetes in high-risk individuals.

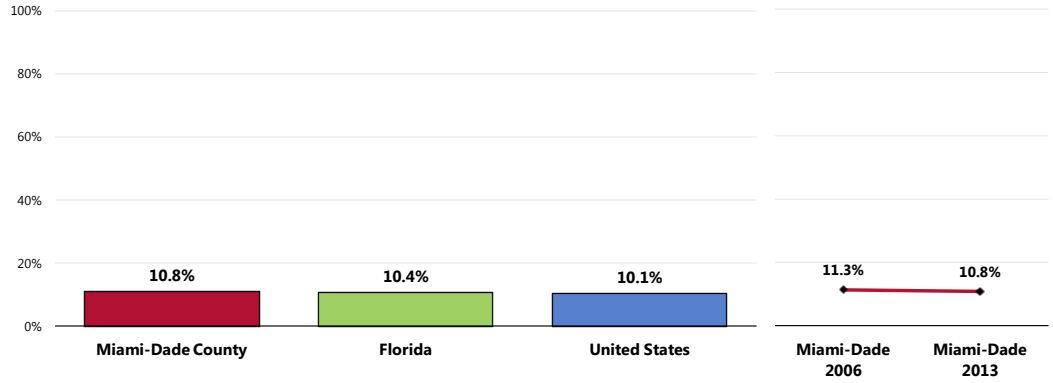
– Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

## Prevalence of Diabetes

**A total of 10.8% of Miami-Dade County adults report having been diagnosed with diabetes.**

- Similar to the proportion statewide.
- Similar to the national proportion.
- ☒ Statistically unchanged since 2006.

## Prevalence of Diabetes



Sources:
 

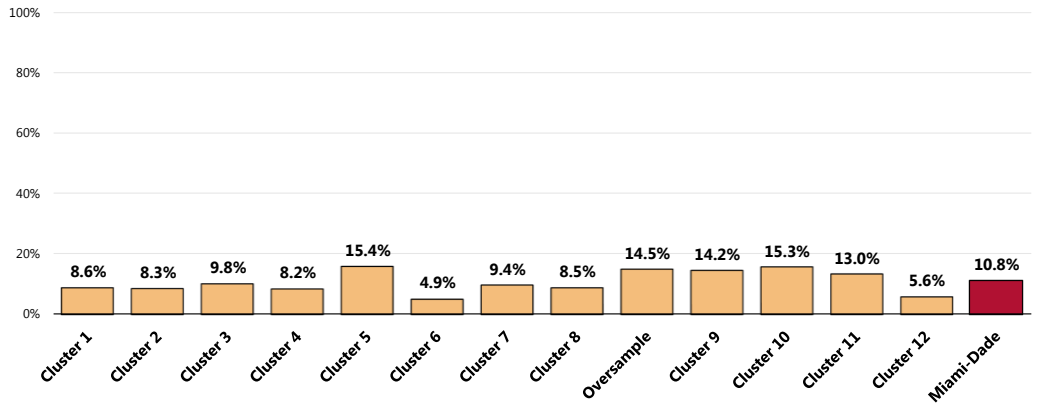
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 43]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2011 Florida data.

Notes:
 

- Asked of all respondents.
- Excludes gestation diabetes (occurring only during pregnancy).

- Favorably low in Clusters 6 and 12.

## Prevalence of Diabetes



Sources:
 

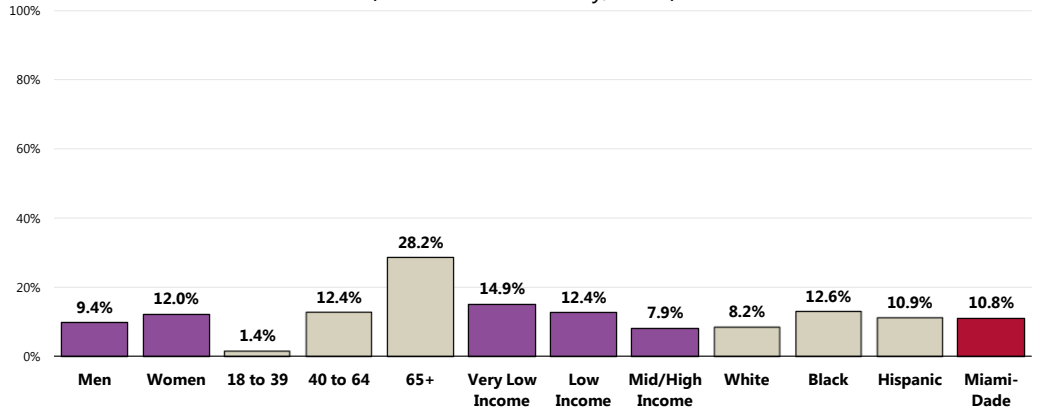
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 43]

Notes:
 

- Asked of all respondents.
- Excludes gestation diabetes (occurring only during pregnancy).

- 👥 Note the positive correlation between diabetes and age (with 28.2% of seniors with diabetes).
- 👥 Women, lower-income residents, and Blacks and Hispanics are also more likely to report being diabetic.

### Prevalence of Diabetes (Miami-Dade County, 2013)

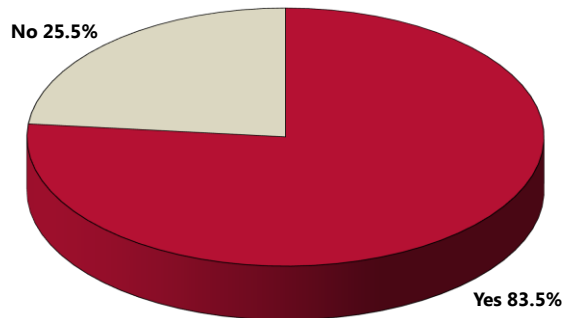


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 43]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.  
 • Excludes gestation diabetes (occurring only during pregnancy).

### Diabetes Treatment

Among adults with diabetes, most (83.5%) are currently taking insulin or some type of medication to manage their condition

### Taking Insulin or Other Medication for Diabetes (Among Miami-Dade County Diabetics)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 44]  
 Notes: • Asked of all diabetic respondents.

# Potentially Disabling Conditions

There are more than 100 types of arthritis. Arthritis commonly occurs with other chronic conditions, such as diabetes, heart disease, and obesity. Interventions to treat the pain and reduce the functional limitations from arthritis are important, and may also enable people with these other chronic conditions to be more physically active. Arthritis affects 1 in 5 adults and continues to be the most common cause of disability. It costs more than \$128 billion per year. All of the human and economic costs are projected to increase over time as the population ages. There are interventions that can reduce arthritis pain and functional limitations, but they remain underused. These include: increased physical activity; self-management education; and weight loss among overweight/obese adults.

Osteoporosis is a disease marked by reduced bone strength leading to an increased risk of fractures (broken bones). In the United States, an estimated 5.3 million people age 50 years and older have osteoporosis. Most of these people are women, but about 0.8 million are men. Just over 34 million more people, including 12 million men, have low bone mass, which puts them at increased risk for developing osteoporosis. Half of all women and as many as 1 in 4 men age 50 years and older will have an osteoporosis-related fracture in their lifetime.

Chronic back pain is common, costly, and potentially disabling. About 80% of Americans experience low back pain in their lifetime. It is estimated that each year:

- 15%-20% of the population develop protracted back pain.
- 2-8% have chronic back pain (pain that lasts more than 3 months).
- 3-4% of the population is temporarily disabled due to back pain.
- 1% of the working-age population is disabled completely and permanently as a result of low back pain.

Americans spend at least \$50 billion each year on low back pain. Low back pain is the:

- 2<sup>nd</sup> leading cause of lost work time (after the common cold).
- 3<sup>rd</sup> most common reason to undergo a surgical procedure.
- 5<sup>th</sup> most frequent cause of hospitalization.

Arthritis, osteoporosis, and chronic back conditions all have major effects on quality of life, the ability to work, and basic activities of daily living.

– Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

## RELATED ISSUE:

See also *Activity Limitations* in the **General Health Status** section of this report.

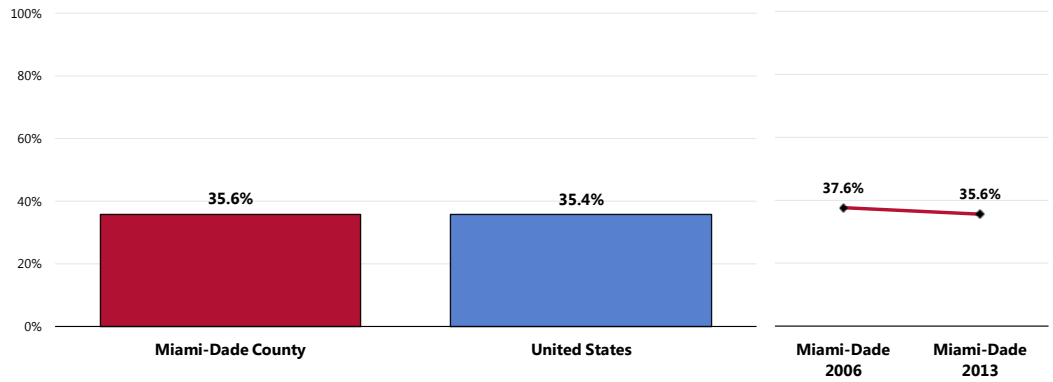
## Arthritis, Osteoporosis, & Chronic Pain

### Prevalence of Arthritis/Rheumatism

**Over one-third (35.6%) of Miami-Dade County adults age 50 and older reports suffering from arthritis or rheumatism.**

- Almost identical to that found nationwide.
- ☒ The prevalence of arthritis/rheumatism is similar to that reported in 2006.

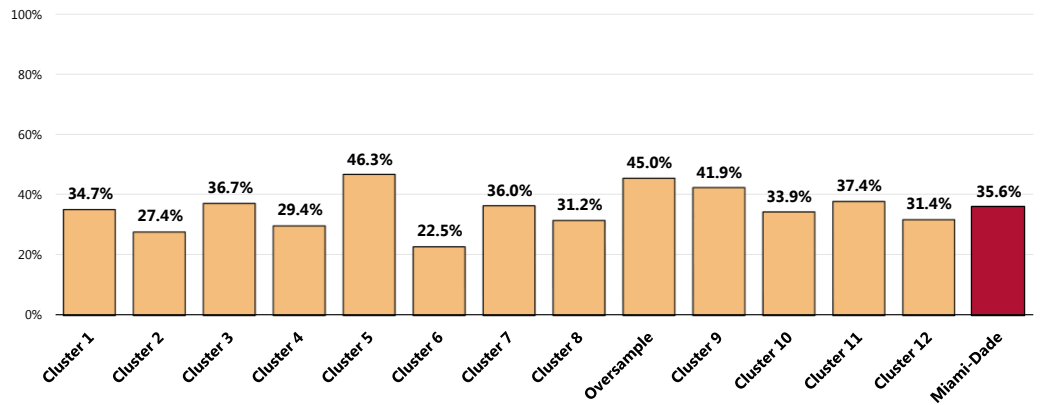
## Prevalence of Arthritis/Rheumatism (Among Adults 50+)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 169]  
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Reflects respondents 50 and older.

- Highest in Cluster 5 and in the Oversample; favorably low in Clusters 2 and 6.

## Prevalence of Arthritis/Rheumatism (Among Adults 50+)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 169]  
 Notes: • Reflects respondents 50 and older.



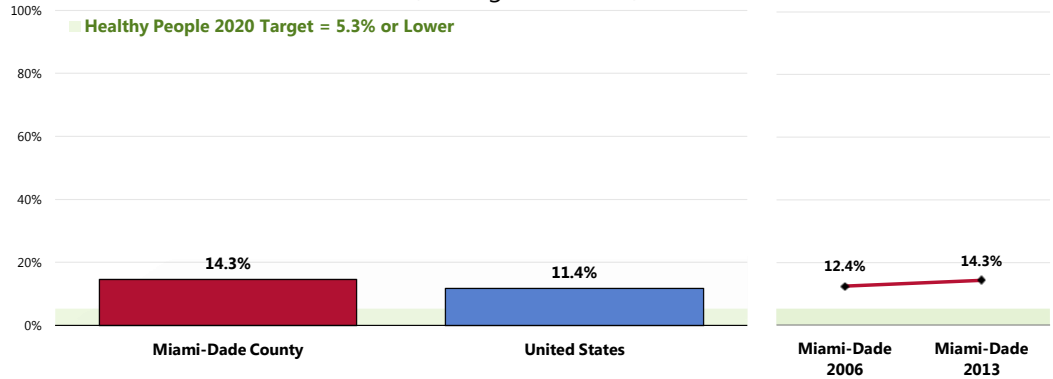
## Prevalence of Osteoporosis

**A total of 14.3% of survey respondents age 50 and older have osteoporosis.**

- Similar to that found nationwide.
- Fails to satisfy the Healthy People 2020 target of 5.3% or lower.
- ☒ Statistically unchanged over time.

### Prevalence of Osteoporosis

(Among Adults 50+)

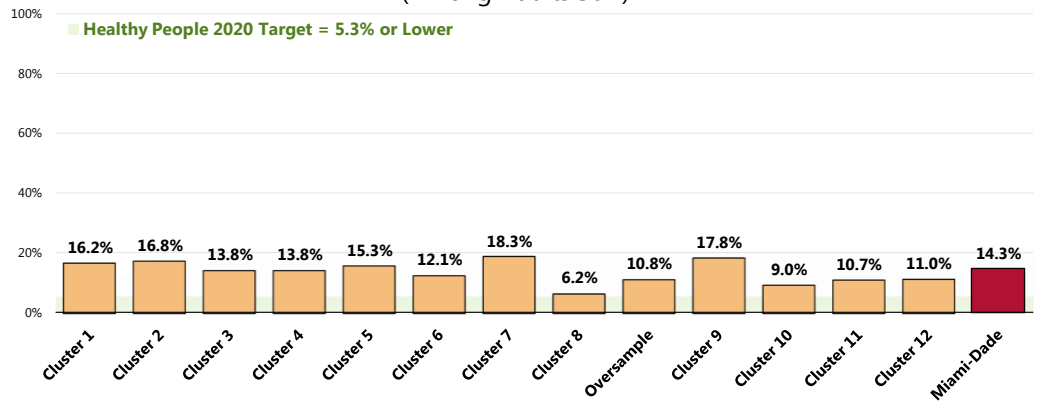


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 170]  
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.  
 • United States Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AOCBC-10]  
 Notes: • Reflects respondents 50 and older.

- Lowest in Cluster 8.

### Prevalence of Osteoporosis

(Among Adults 50+)



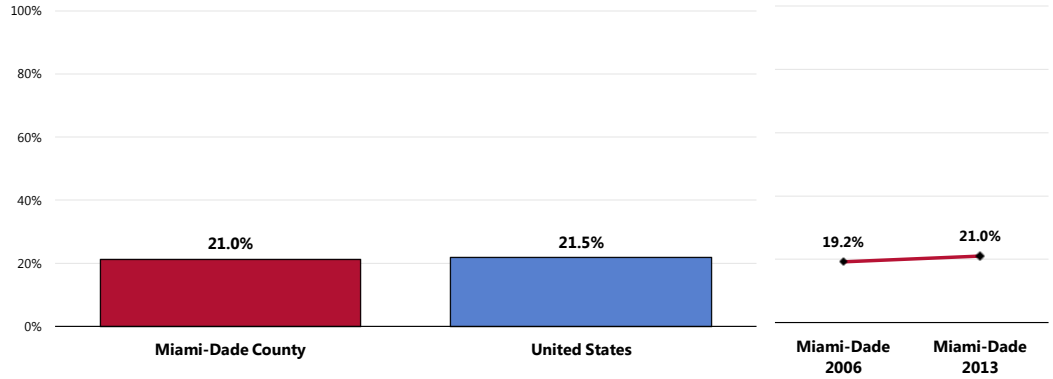
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 170]  
 • United States Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AOCBC-10]  
 Notes: • Asked of all respondents age 50+.

## Prevalence of Sciatica/Chronic Back Pain

**A total of 21.0% of survey respondents suffer from chronic back pain or sciatica.**

- Nearly identical to that found nationwide.
- ▣ Statistically unchanged over time.

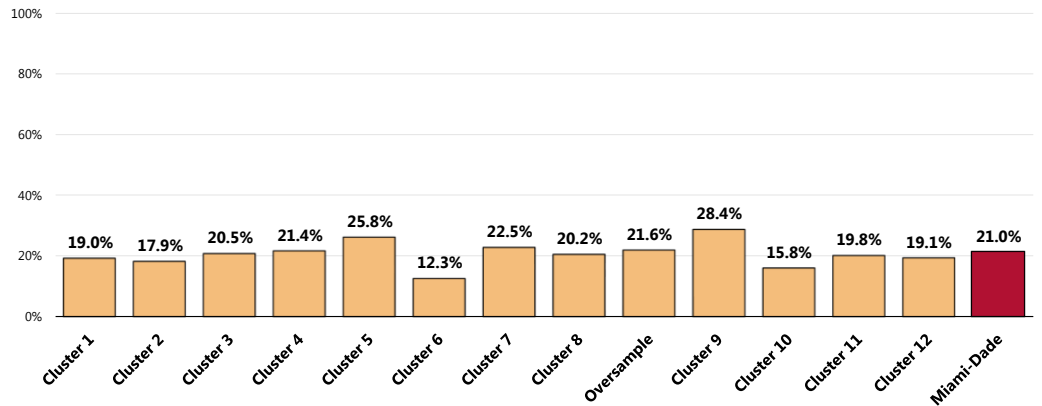
### Prevalence of Sciatica/Chronic Back Pain



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 28]  
 ● 2011 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: ● Asked of all respondents.

- Highest in Cluster 9; favorably low in Clusters 6 and 10.

### Prevalence of Sciatica/Chronic Back Pain



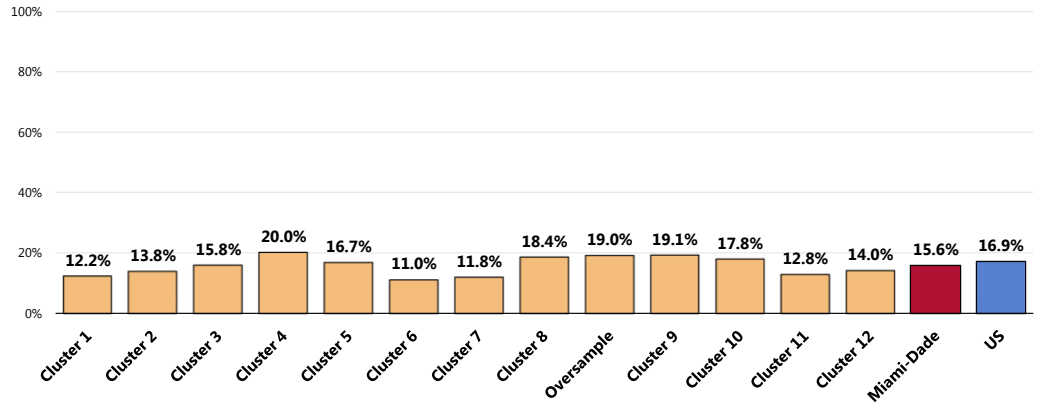
Sources: ● 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 28]  
 Notes: ● Asked of all respondents.

## Prevalence of Migraines/Severe Headaches

**A total of 15.6% of survey respondents report suffering from migraines or severe headaches.**

- Similar to that found nationwide.
- Favorably low in Cluster 6.

### Prevalence of Migraines/Severe Headaches



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 35]  
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.

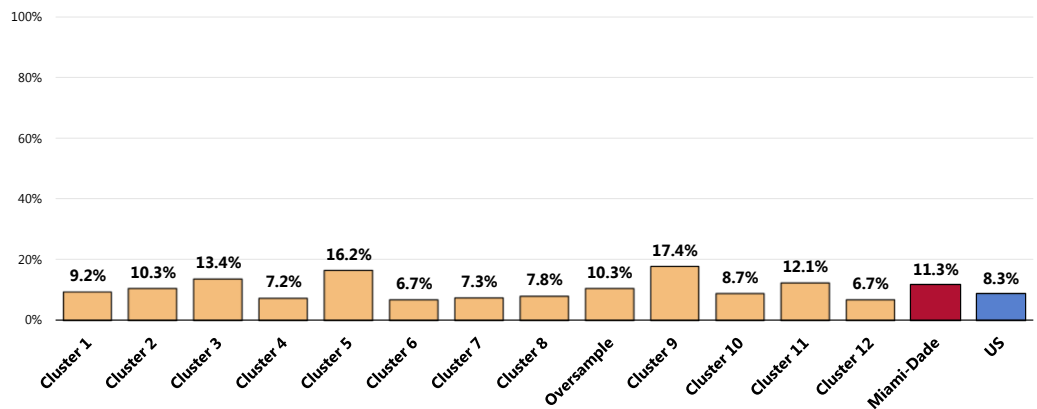
Notes: • Asked of all respondents.

## Prevalence of Chronic Neck Pain

**A total of 11.3% of survey respondents currently suffer from chronic neck pain.**

- Higher than that found nationwide.
- Highest in Clusters 5 and 9; lowest in Clusters 4, 6, 7, and 12.

### Prevalence of Chronic Neck Pain



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 36]  
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

# Vision & Hearing Impairment

## Vision Trouble

Vision is an essential part of everyday life, influencing how Americans of all ages learn, communicate, work, play, and interact with the world. Yet millions of Americans live with visual impairment, and many more remain at risk for eye disease and preventable eye injury.

The eyes are an important, but often overlooked, part of overall health. Despite the preventable nature of some vision impairments, many people do not receive recommended screenings and exams. A visit to an eye care professional for a comprehensive dilated eye exam can help to detect common vision problems and eye diseases, including diabetic retinopathy, glaucoma, cataract, and age-related macular degeneration.

These common vision problems often have no early warning signs. If a problem is detected, an eye care professional can prescribe corrective eyewear, medicine, or surgery to minimize vision loss and help a person see his or her best.

Healthy vision can help to ensure a healthy and active lifestyle well into a person's later years. Educating and engaging families, communities, and the nation is critical to ensuring that people have the information, resources, and tools needed for good eye health.

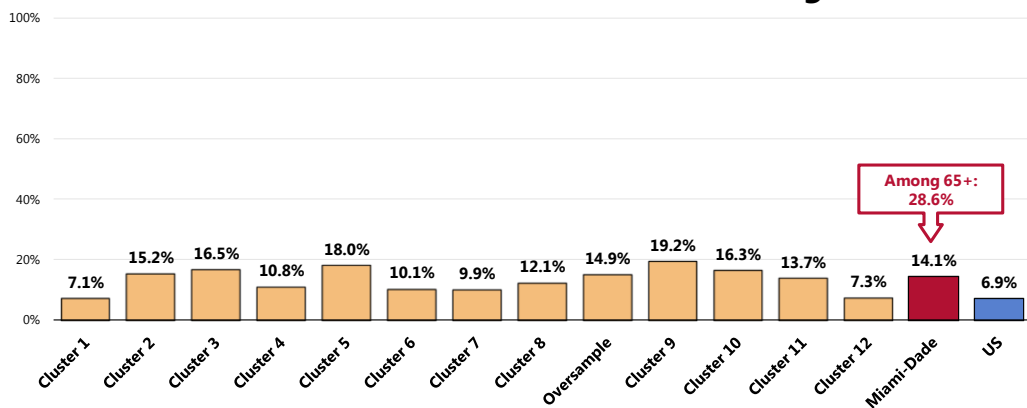
– Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

RELATED ISSUE:  
See also *Vision Care* in  
the **Access to Health  
Services** section of this  
report.

### A total of 14.1 % of Miami-Dade County adults are blind, or have trouble seeing even when wearing corrective lenses.

- Twice that found nationwide.
- 👥 Among Miami-Dade County adults age 65 and older, 28.6% have vision trouble.
- Lower in Clusters 1, 7, and 12; statistically high in Cluster 9.

### Prevalence of Blindness/Trouble Seeing



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 25]  
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.  
Notes: • Asked of all respondents.

## Hearing Trouble

An impaired ability to communicate with others or maintain good balance can lead many people to feel socially isolated, have unmet health needs, have limited success in school or on the job. Communication and other sensory processes contribute to our overall health and well-being. Protecting these processes is critical, particularly for people whose age, race, ethnicity, gender, occupation, genetic background, or health status places them at increased risk.

Many factors influence the numbers of Americans who are diagnosed and treated for hearing and other sensory or communication disorders, such as social determinants (social and economic standings, age of diagnosis, cost and stigma of wearing a hearing aid, and unhealthy lifestyle choices). In addition, biological causes of hearing loss and other sensory or communication disorders include: genetics; viral or bacterial infections; sensitivity to certain drugs or medications; injury; and aging.

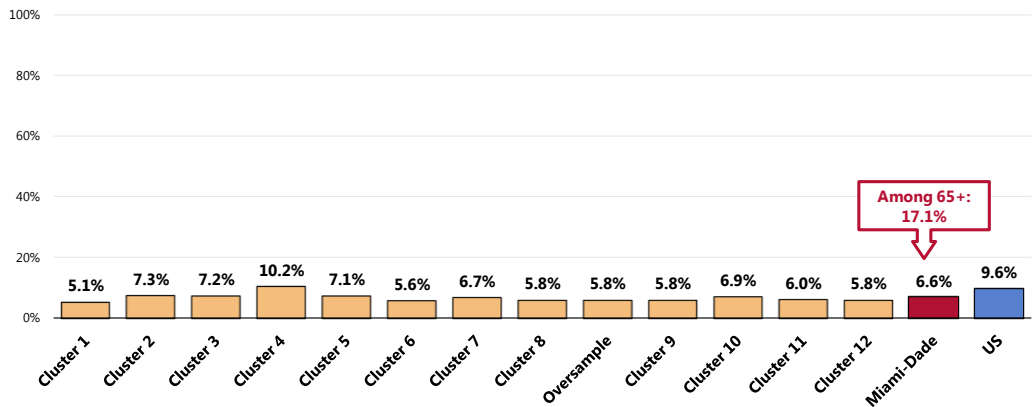
As the nation's population ages and survival rates for medically fragile infants and for people with severe injuries and acquired diseases improve, the prevalence of sensory and communication disorders is expected to rise.

– Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

### In all, 6.6% of Miami-Dade County adults report being deaf or having difficulty hearing.

- Similar to that found nationwide.
- 👥 Among Miami-Dade County adults age 65 and older, 17.1% have partial or complete hearing loss.
- No statistical difference by Cluster.

### Prevalence of Deafness/Trouble Hearing



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 26]  
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.  
Notes: • Asked of all respondents.

# HIV & STDs

## HIV Testing

The HIV epidemic in the United States continues to be a major public health crisis. An estimated 1.1 million Americans are living with HIV, and 1 in 5 people with HIV do not know they have it. HIV continues to spread, leading to about 56,000 new HIV infections each year.

HIV is a preventable disease, and effective HIV prevention interventions have been proven to reduce HIV transmission. People who get tested for HIV and learn that they are infected can make significant behavior changes to improve their health and reduce the risk of transmitting HIV to their sex or drug-using partners. More than 50% of new HIV infections occur as a result of the 21% of people who have HIV but do not know it.

In the era of increasingly effective treatments for HIV, people with HIV are living longer, healthier, and more productive lives. Deaths from HIV infection have greatly declined in the United States since the 1990s. As the number of people living with HIV grows, it will be more important than ever to increase national HIV prevention and healthcare programs.

There are gender, race, and ethnicity disparities in new HIV infections:

- Nearly 75% of new HIV infections occur in men.
- More than half occur in gay and bisexual men, regardless of race or ethnicity.
- 45% of new HIV infections occur in African Americans, 35% in whites, and 17% in Hispanics.

Improving access to quality healthcare for populations disproportionately affected by HIV, such as persons of color and gay and bisexual men, is a fundamental public health strategy for HIV prevention. People getting care for HIV can receive:

- Antiretroviral therapy
- Screening and treatment for other diseases (such as sexually transmitted infections)
- HIV prevention interventions
- Mental health services
- Other health services

As the number of people living with HIV increases and more people become aware of their HIV status, prevention strategies that are targeted specifically for HIV-infected people are becoming more important. Prevention work with people living with HIV focuses on:

- Linking to and staying in treatment.
- Increasing the availability of ongoing HIV prevention interventions.
- Providing prevention services for their partners.

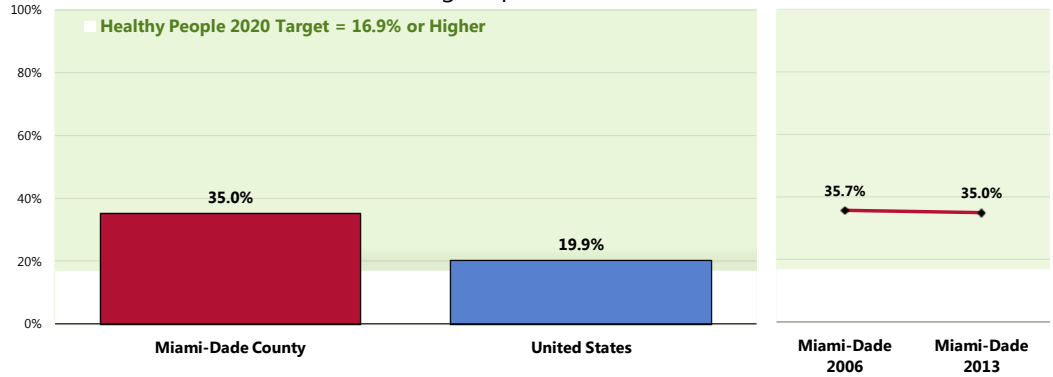
Public perception in the US about the seriousness of the HIV epidemic has declined in recent years. There is evidence that risky behaviors may be increasing among uninfected people, especially gay and bisexual men. Ongoing media and social campaigns for the general public and HIV prevention interventions for uninfected persons who engage in risky behaviors are critical.

– Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

### **Among Miami-Dade County adults age 18-44, 35.0% report that they have been tested for human immunodeficiency virus (HIV) in the past year.**

- Higher than the proportion found nationwide.
- Easily satisfies the Healthy People 2020 target of 16.9% or higher.
- ☒ Testing has remained stable since 2006.

## Tested for HIV in the Past Year (Among Respondents 18-44)



Sources:
 

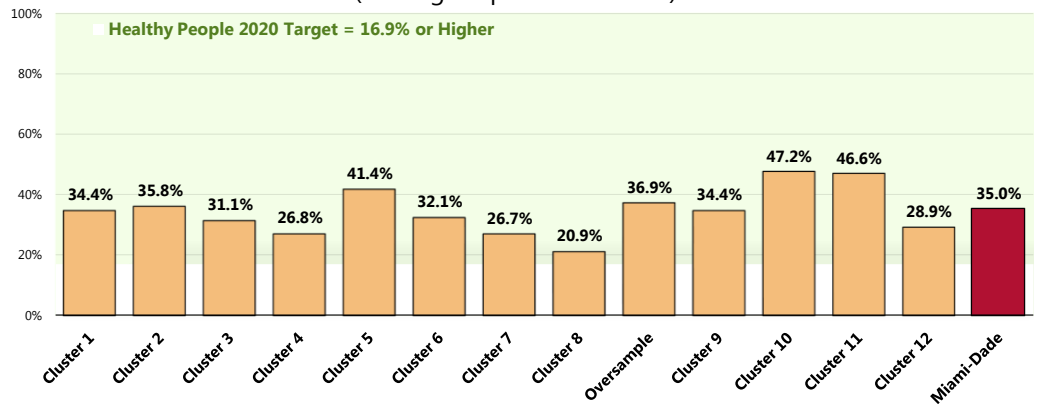
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 177]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- United States Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HIV-14.1]

 Notes:
 

- Reflects respondents age 18 to 44.
- Note that the Healthy People 2020 objective is for ages 15-44.

- Highest in Clusters 10 and 11; lowest in Cluster 8.

## Tested for HIV in the Past Year (Among Respondents 18-44)



Sources:
 

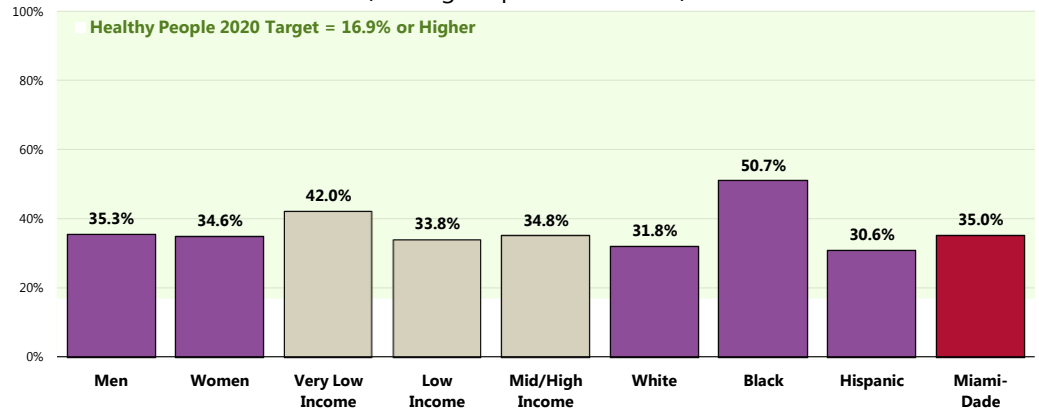
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 177]
- United States Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HIV-14.1]

 Notes:
 

- Reflects respondents age 18 to 44.
- Note that the Healthy People 2020 objective is for ages 15-44.

👥 County residents living in poverty and Blacks more often report having been tested for HIV.

### Tested for HIV in the Past Year (Among Respondents 18-44)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 177]  
• United States Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HIV-14.1]

Notes: • Reflects respondents age 18 to 44.  
• Note that the Healthy People 2020 objective is for ages 15-44.  
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

## Safe Sexual Practices

STDs refer to more than 25 infectious organisms that are transmitted primarily through sexual activity. Despite their burdens, costs, and complications, and the fact that they are largely preventable, STDs remain a significant public health problem in the United States. This problem is largely unrecognized by the public, policymakers, and health care professionals. STDs cause many harmful, often irreversible, and costly clinical complications, such as: reproductive health problems; fetal and perinatal health problems; cancer; and facilitation of the sexual transmission of HIV infection.

The Centers for Disease Control and Prevention (CDC) estimates that there are approximately 19 million new STD infections each year—almost half of them among young people ages 15 to 24. Because many cases of STDs go undiagnosed—and some common viral infections, such as human papillomavirus (HPV) and genital herpes, are not reported to CDC at all—the reported cases of chlamydia, gonorrhea, and syphilis represent only a fraction of the true burden of STDs in the US. Untreated STDs can lead to serious long-term health consequences, especially for adolescent girls and young women. CDC estimates that undiagnosed and untreated STDs cause at least 24,000 women in the United States each year to become infertile. Several factors contribute to the spread of STDs.

**Biological Factors.** STDs are acquired during unprotected sex with an infected partner. Biological factors that affect the spread of STDs include:

- **Asymptomatic nature of STDs.** The majority of STDs either do not produce any symptoms or signs, or they produce symptoms so mild that they are unnoticed; consequently, many infected persons do not know that they need medical care.
- **Gender disparities.** Women suffer more frequent and more serious STD complications than men do. Among the most serious STD complications are pelvic inflammatory disease, ectopic pregnancy (pregnancy outside of the uterus), infertility, and chronic pelvic pain.
- **Age disparities.** Compared to older adults, sexually active adolescents ages 15 to 19 and young adults ages 20 to 24 are at higher risk for getting STDs.
- **Lag time between infection and complications.** Often, a long interval, sometimes years, occurs between acquiring an STD and recognizing a clinically significant health problem.



**Social, Economic and Behavioral Factors.** The spread of STDs is directly affected by social, economic, and behavioral factors. Such factors may cause serious obstacles to STD prevention due to their influence on social and sexual networks, access to and provision of care, willingness to seek care, and social norms regarding sex and sexuality. Among certain vulnerable populations, historical experience with segregation and discrimination exacerbates these factors. Social, economic, and behavioral factors that affect the spread of STDs include:

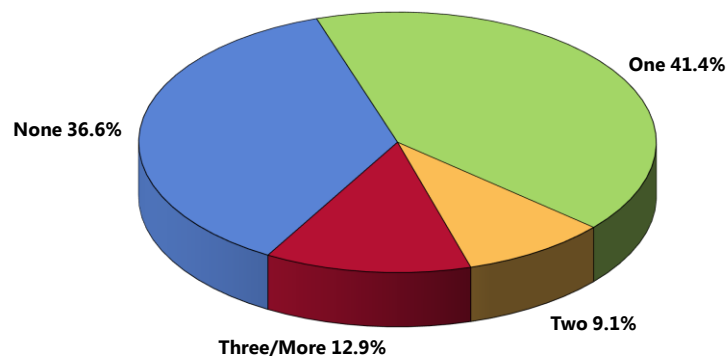
- **Racial and ethnic disparities.** Certain racial and ethnic groups (mainly African American, Hispanic, and American Indian/Alaska Native populations) have high rates of STDs, compared with rates for whites.
- **Poverty and marginalization.** STDs disproportionately affect disenfranchised people and people in social networks where high-risk sexual behavior is common, and access to care or health-seeking behavior is compromised.
- **Access to health care.** Access to high-quality health care is essential for early detection, treatment, and behavior-change counseling for STDs. Groups with the highest rates of STDs are often the same groups for whom access to or use of health services is most limited.
- **Substance abuse.** Many studies document the association of substance abuse with STDs. The introduction of new illicit substances into communities often can alter sexual behavior drastically in high-risk sexual networks, leading to the epidemic spread of STDs.
- **Sexuality and secrecy.** Perhaps the most important social factors contributing to the spread of STDs in the United States are the stigma associated with STDs and the general discomfort of discussing intimate aspects of life, especially those related to sex. These social factors separate the United States from industrialized countries with low rates of STDs.
- **Sexual networks.** Sexual networks refer to groups of people who can be considered “linked” by sequential or concurrent sexual partners. A person may have only 1 sex partner, but if that partner is a member of a risky sexual network, that person is at higher risk for STDs than an individual from a nonrisky network.

– Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

## Sexual Partners

**Among unmarried Miami-Dade County adults under 65, the vast majority cites having one (41.4%) or no (36.6%) sexual partners in the past 12 months.**

**Number of Sexual Partners in Past 12 Months**  
(Among Unmarried Adults 18-64; Miami-Dade County, 2013)



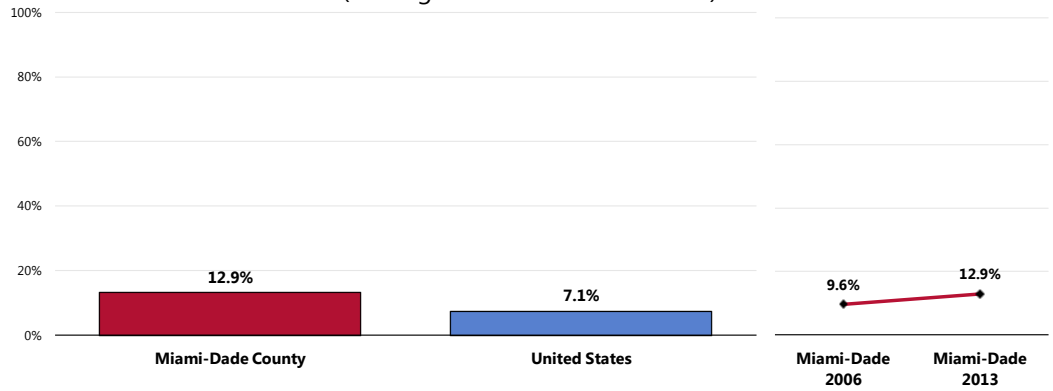
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 87]  
Notes: • Asked of all unmarried respondents under the age of 65.

However, 12.9% report three or more sexual partners in the past year.

- Higher than that reported nationally.
- ▣ Marks a significant increase over time.

### Had Three or More Sexual Partners in the Past Year

(Among Unmarried Adults 18-64)

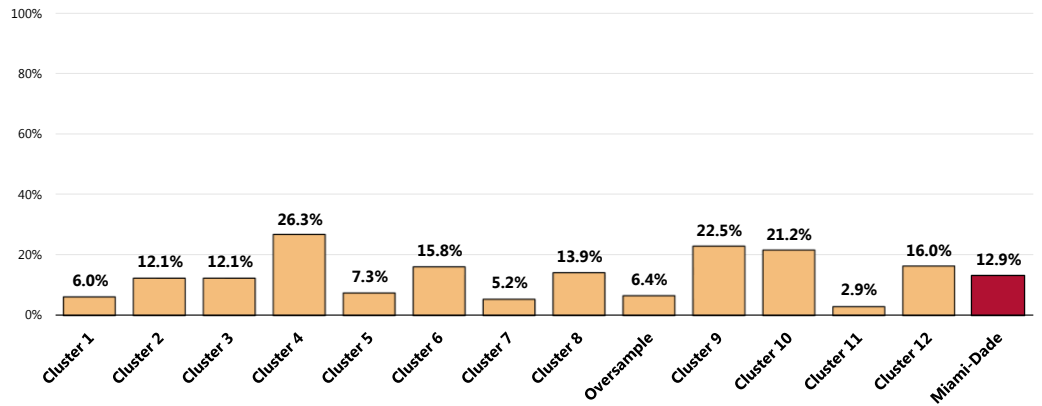


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 87]  
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all unmarried respondents under the age of 65.

- Highest in Clusters 4, 9, and 10; favorably low in Clusters 1, 5, 11 and the Oversample.





### Had Three or More Sexual Partners in the Past Year

(Among Unmarried Adults 18-64)



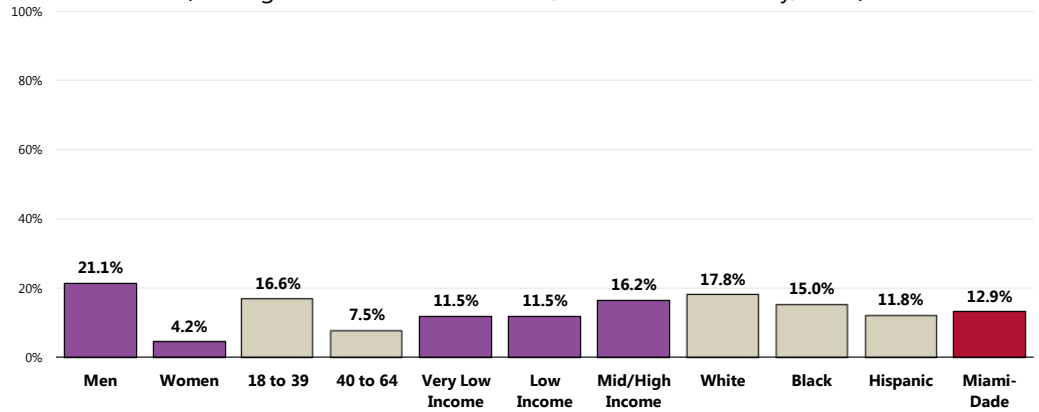
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 87]  
 Notes: • Asked of all respondents.

Unmarried respondents (age 18 to 64) more likely to report three or more sexual partners in the past year include:

-  Men.
-  Young adults (age 18 to 39).
-  Upper-income residents.
-  Whites.

### Had Three or More Sexual Partners in the Past Year


(Among Unmarried Adults 18-64; Miami-Dade County, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 87]  
 Notes: • Asked of all unmarried respondents under the age of 65.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

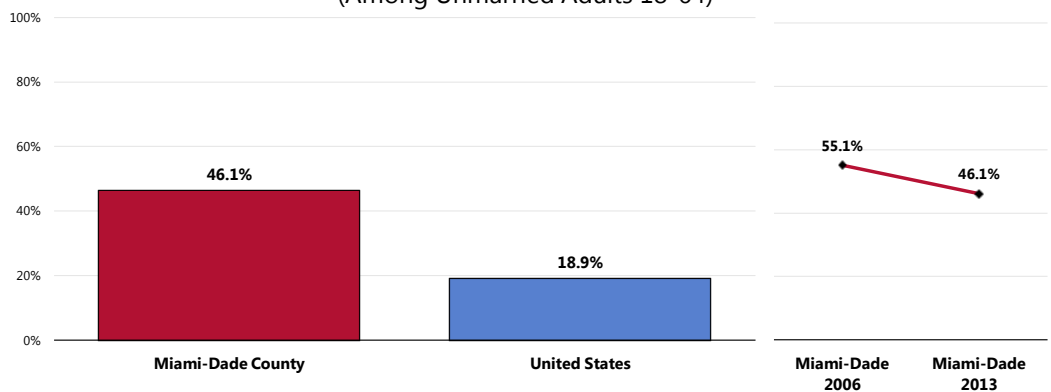
### Condom Use

Among Miami-Dade County adults who are under age 65 and unmarried, 46.1% report that a condom was used during their last sexual intercourse.

- Much higher than the national figure.
-  Marks a significant decrease since 2006.

### Condom Was Used During Last Sexual Intercourse

(Among Unmarried Adults 18-64)

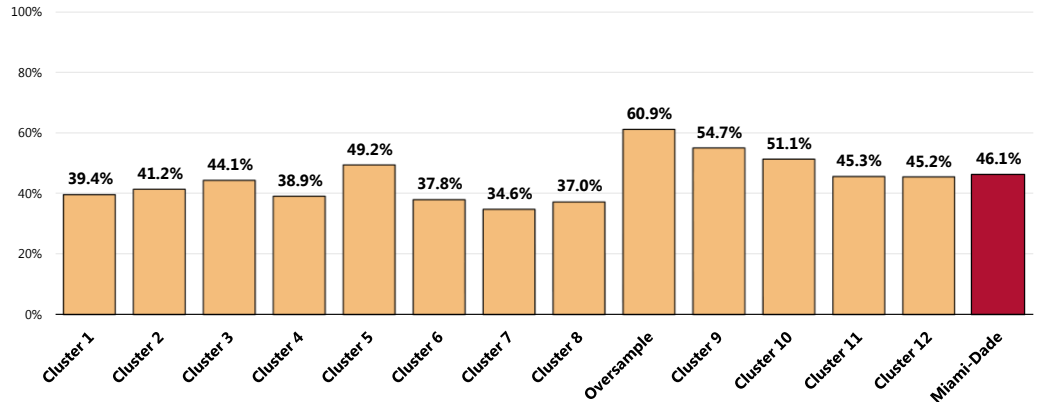


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 88]  
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all unmarried respondents under the age of 65.

- Highest among adults in the Oversample.

## Condom Was Used During Last Sexual Intercourse

(Unmarried Respondents Age 18-64)



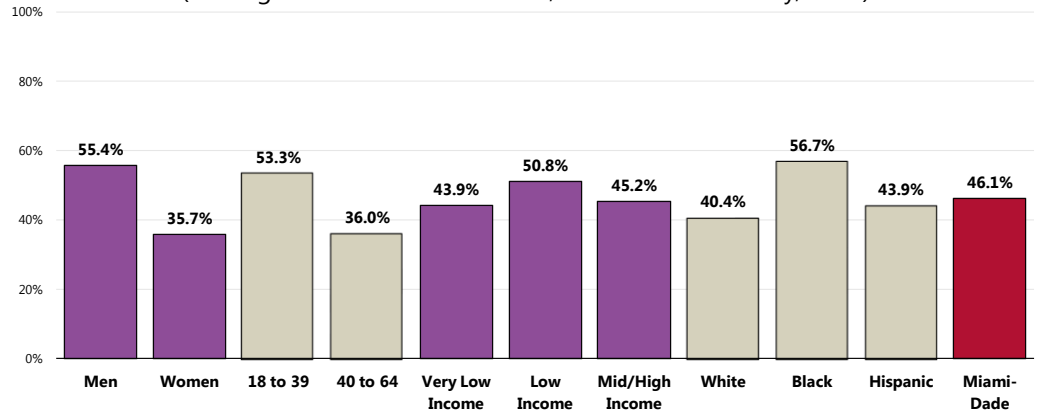
Sources: ● 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 88]  
 Notes: ● Asked of all respondents.

Those more likely to report that a condom was used during their last sexual intercourse include:

- 👤 Men.
- 👤 Young adults.
- 👤 Residents living just above the poverty level.
- 👤 Blacks.

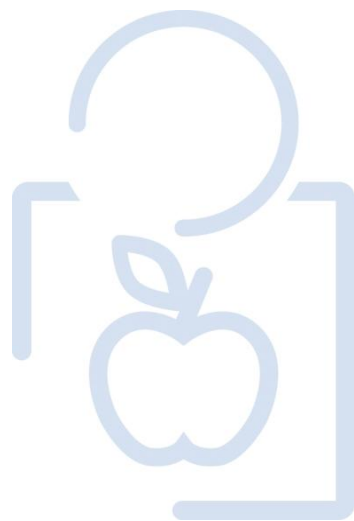
## Condom Was Used During Last Sexual Intercourse

(Among Unmarried Adults 18-64; Miami-Dade County, 2013)



Sources: ● 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 88]  
 Notes: ● Asked of all unmarried respondents under the age of 65.  
 ● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 ● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

# MODIFIABLE HEALTH RISKS



# Actual Causes Of Death

A 1999 study (an update to a landmark 1993 study), estimated that as many as 40% of premature deaths in the United States are attributed to behavioral factors. This study found that behavior patterns represent the single-most prominent domain of influence over health prospects in the United States. The daily choices we make with respect to diet, physical activity, and sex; the substance abuse and addictions to which we fall prey; our approach to safety; and our coping strategies in confronting stress are all important determinants of health.

The most prominent contributors to mortality in the United States in 2000 were tobacco (an estimated 435,000 deaths), diet and activity patterns (400,000), alcohol (85,000), microbial agents (75,000), toxic agents (55,000), motor vehicles (43,000), firearms (29,000), sexual behavior (20,000), and illicit use of drugs (17,000). Socioeconomic status and access to medical care are also important contributors, but difficult to quantify independent of the other factors cited. Because the studies reviewed used different approaches to derive estimates, the stated numbers should be viewed as first approximations.

These analyses show that smoking remains the leading cause of mortality. However, poor diet and physical inactivity may soon overtake tobacco as the leading cause of death. These findings, along with escalating healthcare costs and aging population, argue persuasively that the need to establish a more preventive orientation in the US healthcare and public health systems has become more urgent.

– Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, PhD, MSc; Julie L. Gerberding, MD, MPH. "Actual Causes of Death in the United States."

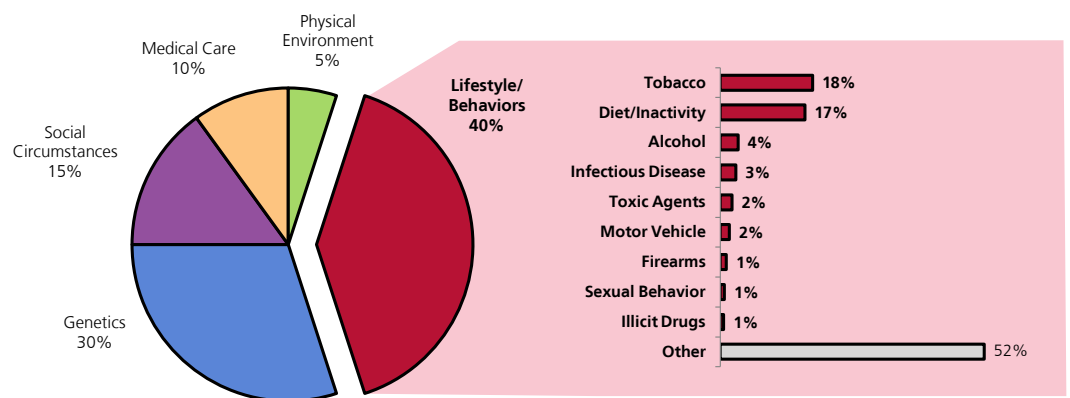
JAMA, 291(2004):1238-1245.

While causes of death are typically described as the diseases or injuries immediately precipitating the end of life, a few important studies have shown that the actual causes of premature death (reflecting underlying risk factors) are often preventable.

Leading Causes of Death	Underlying Risk Factors (Actual Causes of Death)	
Cardiovascular disease	Tobacco use Elevated serum cholesterol High blood pressure	Obesity Diabetes Sedentary lifestyle
Cancer	Tobacco use Improper diet	Alcohol Occupational/environmental exposures
Cerebrovascular disease	High blood pressure Tobacco use	Elevated serum cholesterol
Accidental injuries	Safety belt noncompliance Alcohol/substance abuse Reckless driving	Occupational hazards Stress/fatigue
Chronic lung disease	Tobacco use	Occupational/environmental exposures

Source: National Center for Health Statistics/US Department of Health and Human Services, Health United States: 1987. DHHS Pub. No. (PHS) 88-1232.

## Factors Contributing to Premature Deaths in the United States



Sources: "The Case For More Active Policy Attention to Health Promotion"; (McGinnis, Williams-Russo, Knickman) Health Affairs, Vol. 21, No. 2, March/April 2002. "Actual Causes of Death in the United States"; (Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, PhD, MSc; Julie L. Gerberding, MD, MPH) JAMA, 291(2000):1238-1245.

# Nutrition

Strong science exists supporting the health benefits of eating a healthful diet and maintaining a healthy body weight. Efforts to change diet and weight should address individual behaviors, as well as the policies and environments that support these behaviors in settings such as schools, worksites, healthcare organizations, and communities.

The goal of promoting healthful diets and healthy weight encompasses increasing household food security and eliminating hunger.

Americans with a healthful diet:

- Consume a variety of nutrient-dense foods within and across the food groups, especially whole grains, fruits, vegetables, low-fat or fat-free milk or milk products, and lean meats and other protein sources.
- Limit the intake of saturated and trans fats, cholesterol, added sugars, sodium (salt), and alcohol.
- Limit caloric intake to meet caloric needs.

Diet and body weight are related to health status. Good nutrition is important to the growth and development of children. A healthful diet also helps Americans reduce their risks for many health conditions, including: overweight and obesity; malnutrition; iron-deficiency anemia; heart disease; high blood pressure; dyslipidemia (poor lipid profiles); type 2 diabetes; osteoporosis; oral disease; constipation; diverticular disease; and some cancers.

Diet reflects the variety of foods and beverages consumed over time and in settings such as worksites, schools, restaurants, and the home. Interventions to support a healthier diet can help ensure that:

- Individuals have the knowledge and skills to make healthier choices.
- Healthier options are available and affordable.

**Social Determinants of Diet.** Demographic characteristics of those with a more healthful diet vary with the nutrient or food studied. However, most Americans need to improve some aspect of their diet. Social factors thought to influence diet include:

- Knowledge and attitudes
- Skills
- Social support
- Societal and cultural norms
- Food and agricultural policies
- Food assistance programs
- Economic price systems

**Physical Determinants of Diet.** Access to and availability of healthier foods can help people follow healthful diets. For example, better access to retail venues that sell healthier options may have a positive impact on a person's diet; these venues may be less available in low-income or rural neighborhoods.

The places where people eat appear to influence their diet. For example, foods eaten away from home often have more calories and are of lower nutritional quality than foods prepared at home.

Marketing also influences people's—particularly children's—food choices.

– Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

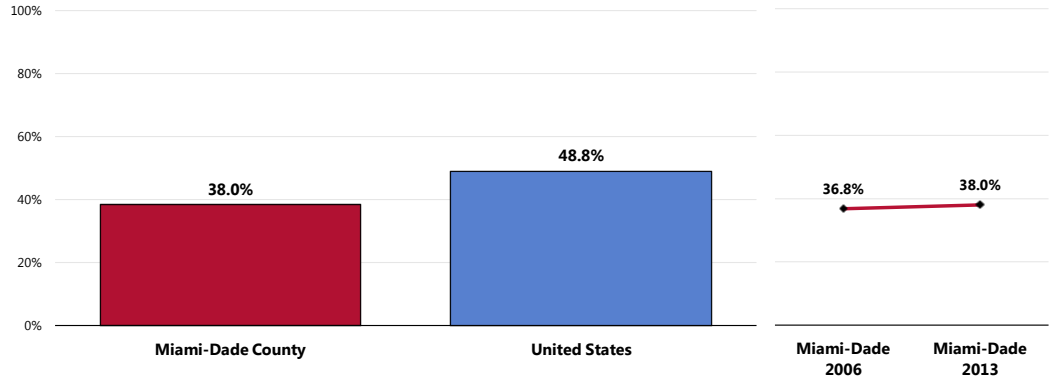
## Daily Recommendation of Fruits/Vegetables

To measure fruit and vegetable consumption, survey respondents were asked multiple questions, specifically about the foods and drinks they consumed on the day prior to the interview.

**A total of 38.0% of Miami-Dade County adults report eating five or more servings of fruits and/or vegetables per day.**

- Less favorable than national findings.
- ☒ Fruit/vegetable consumption has not changed significantly since 2006.

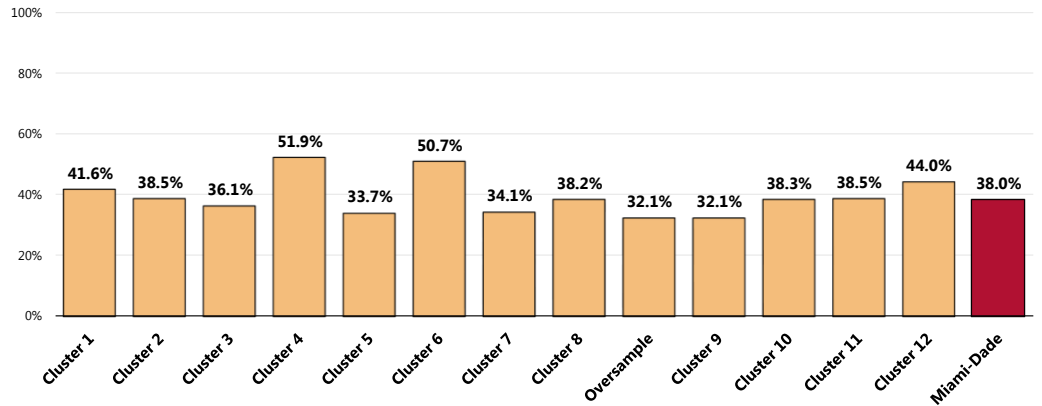
### Consume 5+ Servings of Fruits/Vegetables Per Day



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 179]  
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents.  
 • For this issue, respondents were asked to recall their food intake on the previous day.

- Lowest in the Oversample and Cluster 9; favorably high in Clusters 4 and 6.

### Consume 5+ Servings of Fruits/Vegetables Per Day

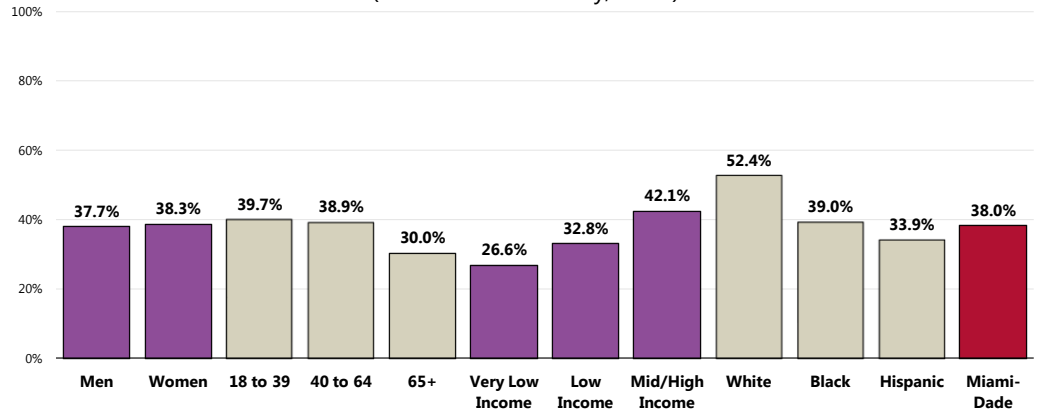


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 179]  
 Notes: • Asked of all respondents.



👥 Consumption of fruits and vegetables is lower among seniors, adults in lower-income households, and Blacks and Hispanics.

### Consume 5+ Servings of Fruits/Vegetables Per Day (Miami-Dade County, 2013)



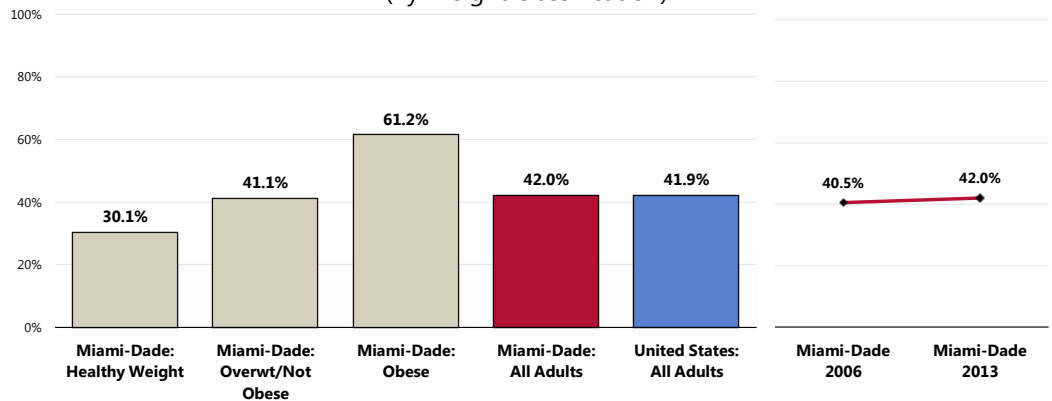
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 179]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.  
 • For this issue, respondents were asked to recall their food intake on the previous day.

## Health Advice About Diet & Nutrition

**A total of 42.0% of survey respondents acknowledge that a physician counseled them about diet and nutrition in the past year.**

- Nearly identical to national findings.
- 📊 Statistically unchanged since 2006.
- 👥 Note: Among obese respondents, 61.2% report receiving diet/nutrition advice (meaning that more than one-third did not).

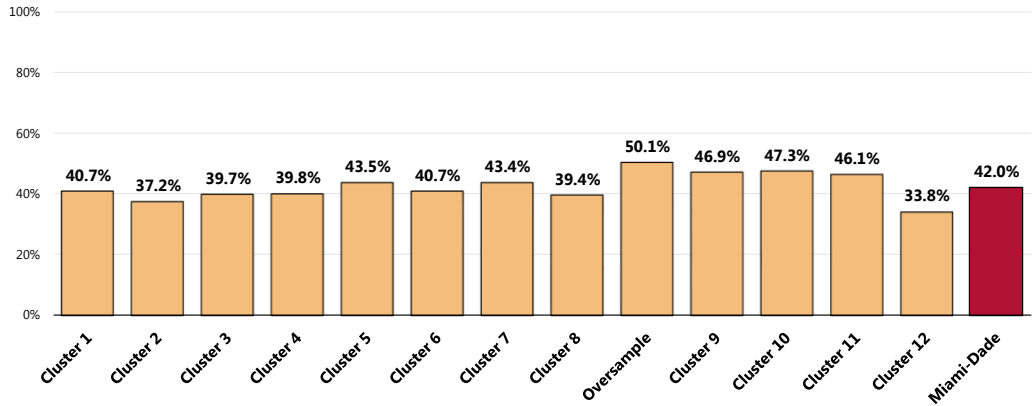
### Have Received Advice About Diet and Nutrition in the Past Year From a Physician, Nurse, or Other Health Professional (By Weight Classification)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 18]  
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents.

- Lowest in Cluster 12, highest in the Oversample.

### Have Received Advice About Diet and Nutrition in the Past Year From a Physician, Nurse, or Other Health Professional



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 18]  
 Notes: • Asked of all respondents.

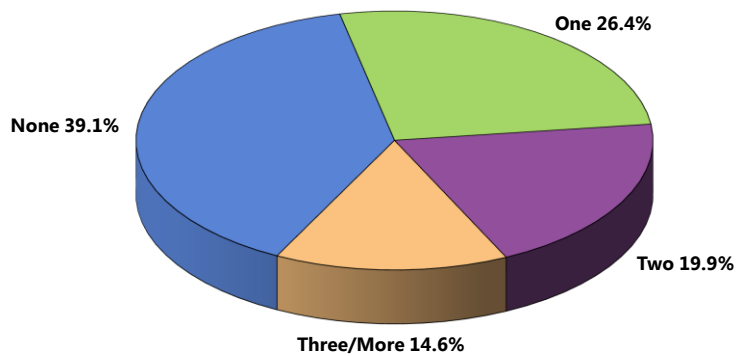
### Fast Food Consumption in Children

Among parents of a randomly-selected child between the ages of 2 and 17, 39.1% report that this child **did not have any fast food meals in the past week**, and 26.4% reported that the child consumed **one fast food meal**.

On the other hand, 14.6% of parents report that their child (age 2-17) had **three or more** fast food meals in the past week.

### Number of Fast Food Meals for Child in the Past Week

(Among Parents of Children Age 2-17; Miami-Dade County, 2012)

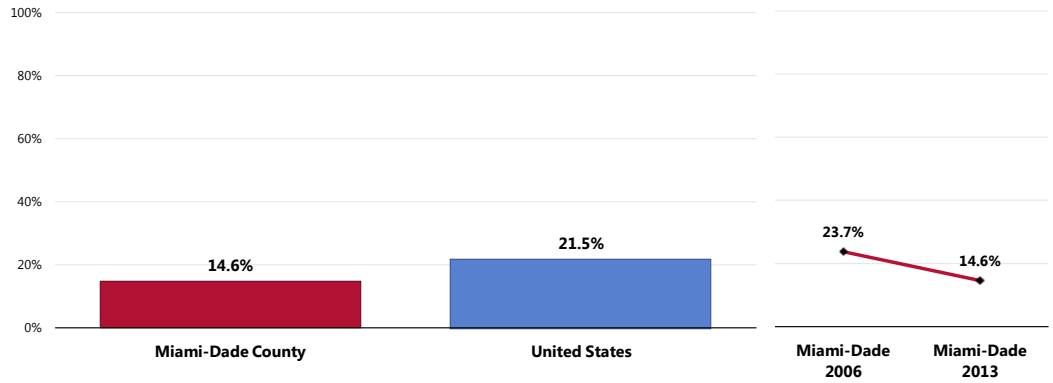


Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 138]  
 Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 2 and 17.

- The percentage of children eating 3+ fast food meals in the past week is more favorable than the national percentage.
- ☒ Fast food consumption among Miami-Dade County children has decreased significantly since 2006.

### Child Had Three or More Fast Food Meals in the Past Week

(Among Parents of Children Age 2-17)

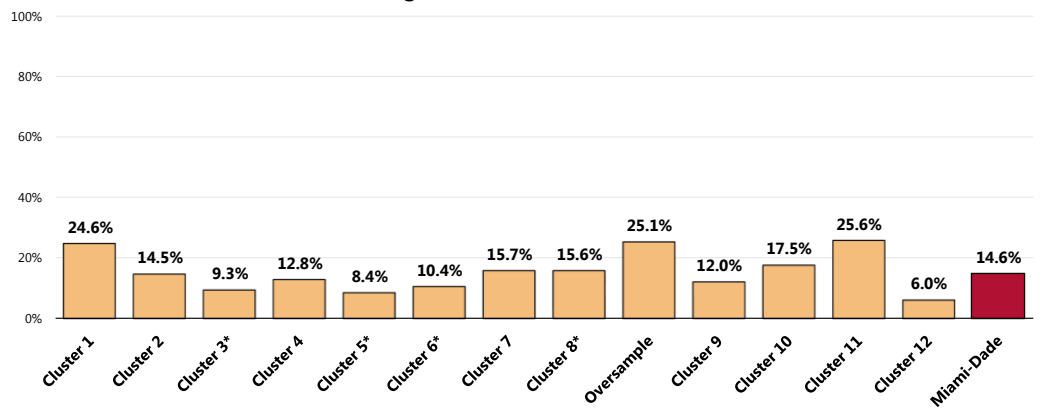


Sources: • PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 138]  
 • 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 2 and 17.

- By Cluster, consumption is highest in Cluster 1 as well as the Oversample; consumption is favorably low, on the other hand, in Cluster 12.

### Child Had Three or More Fast Food Meals in the Past Week

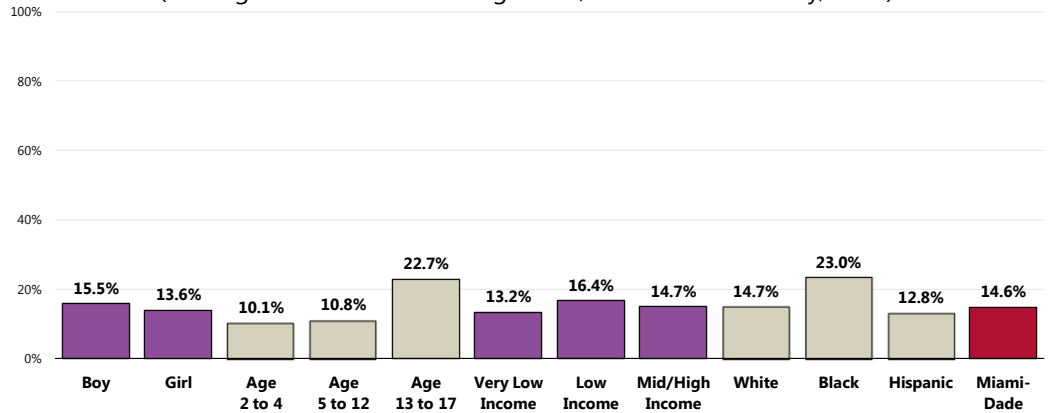
(Among Parents of Children 2-17)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 138]  
 Notes: • Asked of all respondents with children 2-17 at home.  
 • \*Sample size is <50 and must be taken into account when making comparisons.

By demographics, fast food consumption among county children is highest in teens and Blacks.

### Child Had Three or More Fast Food Meals in the Past Week (Among Parents of Children Age 2-17; Miami-Dade County, 2012)



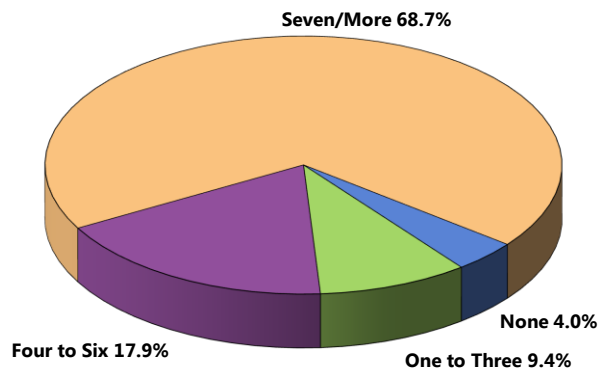
Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 138]  
 Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 2 and 17.  
 • Race represents respondent. Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

### Family Meals

Among parents with a randomly-selected child between the ages of 2 and 17, 68.7% ate seven or more meals together as a family in the past week.

In contrast, 4.0% of these respondents **did not share any** meals as a family in the past week.

### Number of Meals Shared as a Family in the Past Week (Among Parents of Children Age 2-17; Miami-Dade County, 2012)

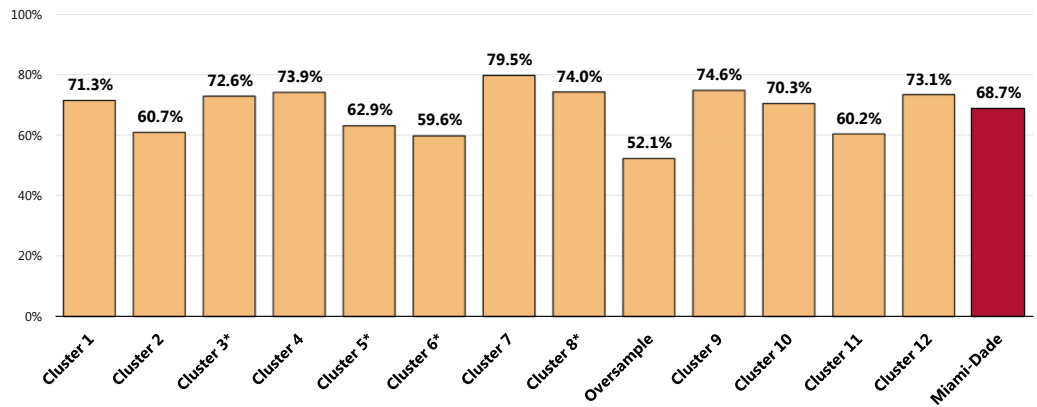


Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 139]  
 Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 2 and 17.

- Highest in Cluster 7, lowest in the Oversample.

## Family Shared 7+ Meals Together in the Past Week

(Among Parents of Children 2-17)



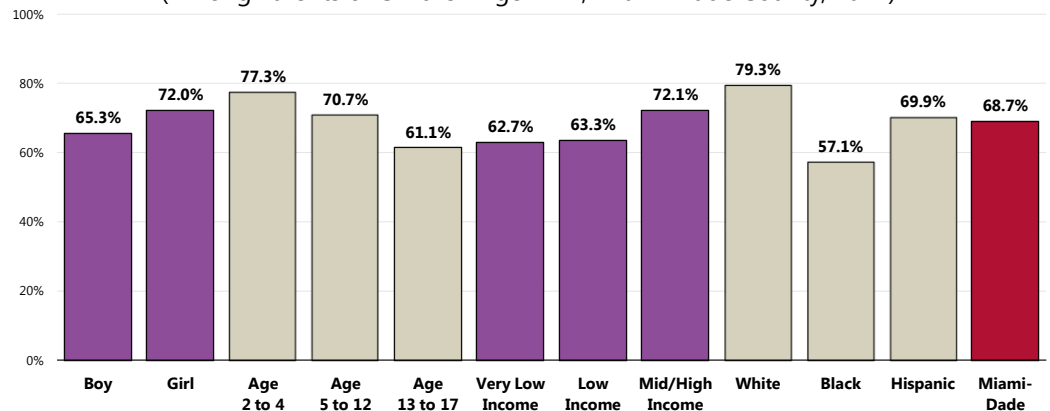
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 139]  
 Notes: • Asked of all respondents with children 2-17 at home.  
 • Sample size is <50 and must be taken into account when making comparisons.

The following population segments are more likely to report sharing a family meal at least daily in the past week:

- 👤 Adults under 65 (note the negative correlation with age).
- 👤 Higher-income respondents.
- 👤 Whites and Hispanics.

## Family Shared 7+ Meals in the Past Week

(Among Parents of Children Age 2-17; Miami-Dade County, 2012)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 139]  
 Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 2 and 17.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

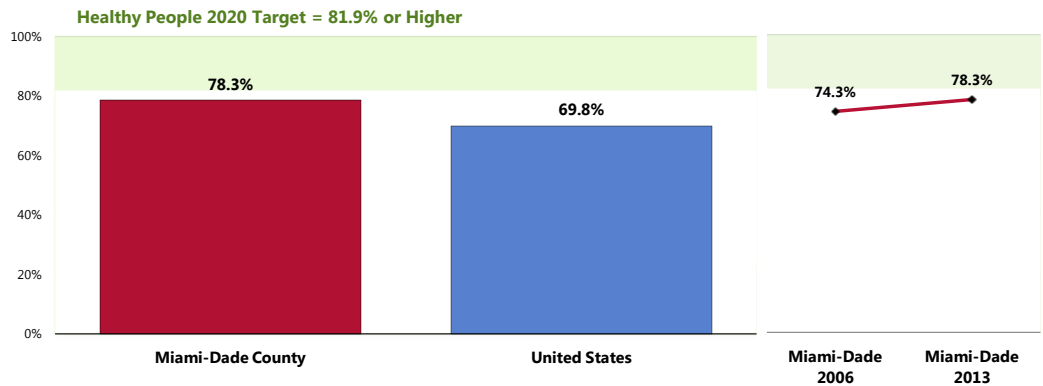
## Breastfeeding

**Most respondents with children under 18 (78.3%) indicate that their child was breastfed or fed breast milk at some point in the child's infancy.**

- Higher than the national prevalence.
- Fails to satisfy the Healthy People 2020 target (81.9% or higher).
- ☒ Statistically unchanged since 2006.

### Child Was Ever Breastfed/Fed Breast Milk as an Infant

(Miami-Dade County Children <18, 2012)

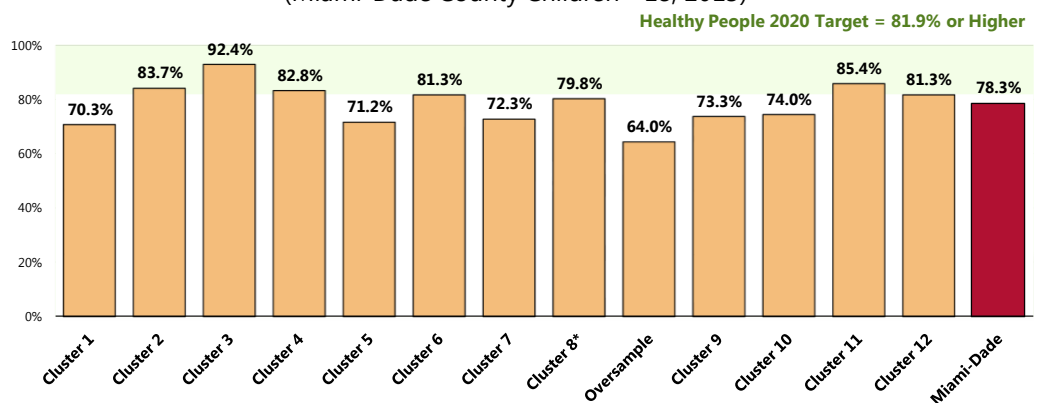


Sources: • PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 140]  
 • 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-2.1]  
 Notes: • Asked of all respondents about a randomly-selected child age 0-17 in the household.

- Highest in Cluster 3; lowest in the Oversample.

### Child Was Ever Breastfed/Fed Breast Milk as an Infant

(Miami-Dade County Children <18, 2013)

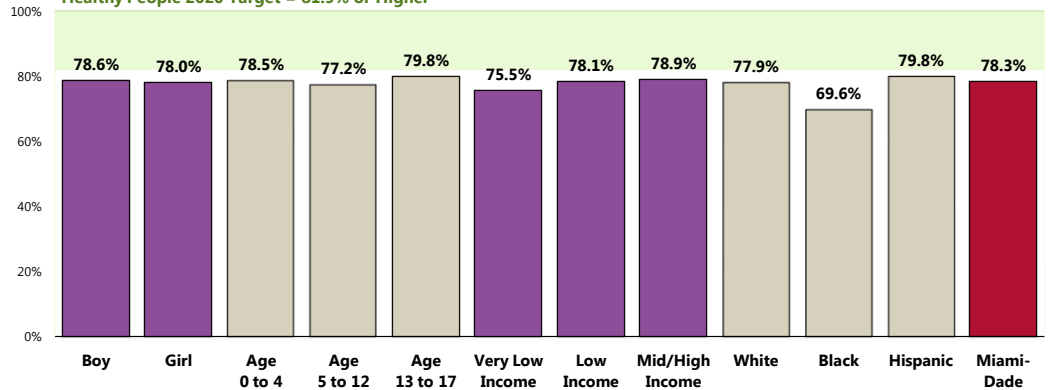


Sources: • PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 140]  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-2.1]  
 Notes: • Asked of all respondents about a randomly-selected child age 0-17 in the household.  
 • \*Sample size is <50 and must be taken into account when making comparisons.

👤 Miami-Dade County Blacks are least likely to report that their child was ever fed breast milk.

## Child Was Ever Breastfed/Fed Breast Milk as an Infant (Miami-Dade County, 2012)

Healthy People 2020 Target = 81.9% or Higher



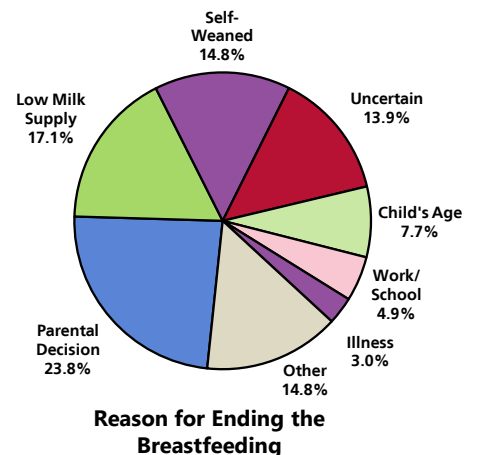
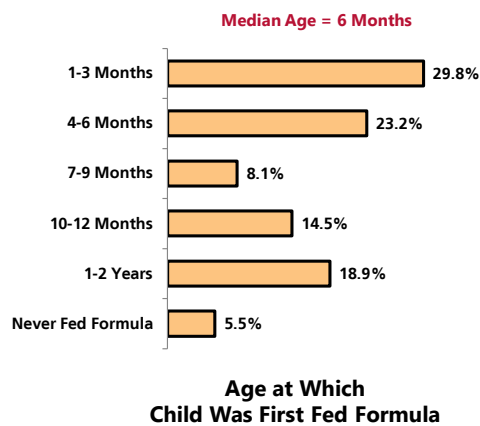
Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 140]  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-2.1]  
 Notes: • Asked of all respondents about a randomly-selected child age 0-17 in the household.  
 • Race represents respondent. Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

👤 Among survey respondents whose randomly-selected child is under 6 and was fed breast milk, more than half (53.0%) report that formula was first introduced to the child during the first 6 months of age.

👤 When asked why they stopped breastfeeding their children, various responses included references to the parent's personal decision, dwindling milk supply, the child self-weaning, the child's age, etc.

## Infant Feeding

(Among Miami-Dade County Parents of Children Aged 0-5)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 141-142]  
 Notes: • Asked of respondents with a child aged 0 to 5 years old.

# Physical Activity

Regular physical activity can improve the health and quality of life of Americans of all ages, regardless of the presence of a chronic disease or disability. Among adults and older adults, physical activity can lower the risk of: early death; coronary heart disease; stroke; high blood pressure; type 2 diabetes; breast and colon cancer; falls; and depression. Among children and adolescents, physical activity can: improve bone health; improve cardiorespiratory and muscular fitness; decrease levels of body fat; and reduce symptoms of depression. For people who are inactive, even small increases in physical activity are associated with health benefits.

Personal, social, economic, and environmental factors all play a role in physical activity levels among youth, adults, and older adults. Understanding the barriers to and facilitators of physical activity is important to ensure the effectiveness of interventions and other actions to improve levels of physical activity.

Factors **positively** associated with adult physical activity include: postsecondary education; higher income; enjoyment of exercise; expectation of benefits; belief in ability to exercise (self-efficacy); history of activity in adulthood; social support from peers, family, or spouse; access to and satisfaction with facilities; enjoyable scenery; and safe neighborhoods.

Factors **negatively** associated with adult physical activity include: advancing age; low income; lack of time; low motivation; rural residency; perception of great effort needed for exercise; overweight or obesity; perception of poor health; and being disabled. Older adults may have additional factors that keep them from being physically active, including lack of social support, lack of transportation to facilities, fear of injury, and cost of programs.

Among children ages 4 to 12, the following factors have a positive association with physical activity:

- Gender (boys)
- Belief in ability to be active (self-efficacy)
- Parental support

Among adolescents ages 13 to 18, the following factors have a positive association with physical activity:

- Parental education
- Gender (boys)
- Personal goals
- Physical education/school sports
- Belief in ability to be active (self-efficacy)
- Support of friends and family

Environmental influences positively associated with physical activity among children and adolescents include:

- Presence of sidewalks
- Having a destination/walking to a particular place
- Access to public transportation
- Low traffic density
- Access to neighborhood or school play area and/or recreational equipment

People with disabilities may be less likely to participate in physical activity due to physical, emotional, and psychological barriers. Barriers may include the inaccessibility of facilities and the lack of staff trained in working with people with disabilities.

– Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))



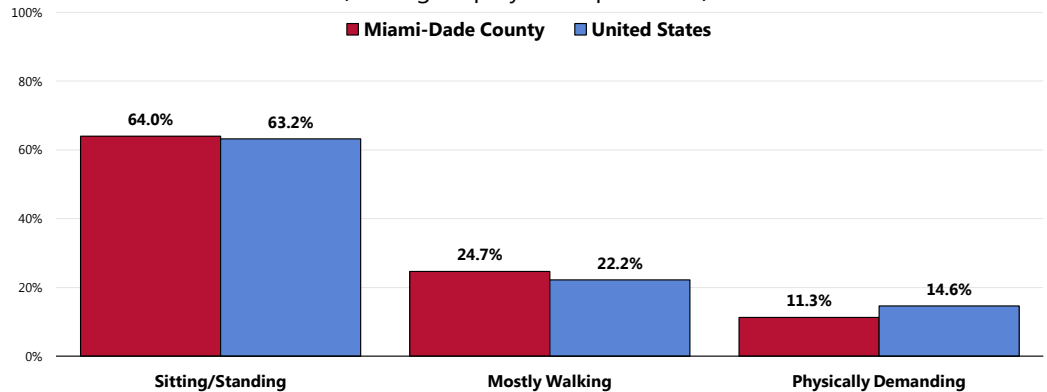
## Level of Activity at Work

### A majority of employed respondents reports low levels of physical activity at work.

- Over 6 in 10 employed respondents (64.0%) report that their job entails mostly sitting or standing, similar to the US figure.
- 24.7% report that their job entails mostly walking (similar to that reported nationally).
- 11.3% report that their work is physically demanding (lower than reported nationally).

### Primary Level of Physical Activity At Work

(Among Employed Respondents)

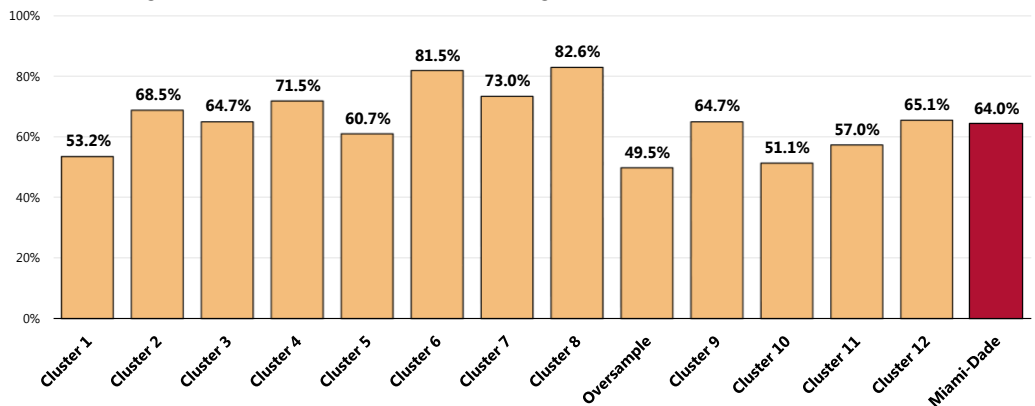


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 93]  
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of those respondents who are employed for wages.

- By geography, sedentary employment is lowest in Clusters 1, 10, and the Oversample; highest in Clusters 6 and 8.

### Employed Respondent Generally Sits/Stands While at Work



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 93]  
 Notes: • Asked of those respondents who are employed for wages.

Leisure-time physical activity includes any physical activities or exercises (such as running, calisthenics, golf, gardening, walking, etc.) which take place outside of one's line of work.

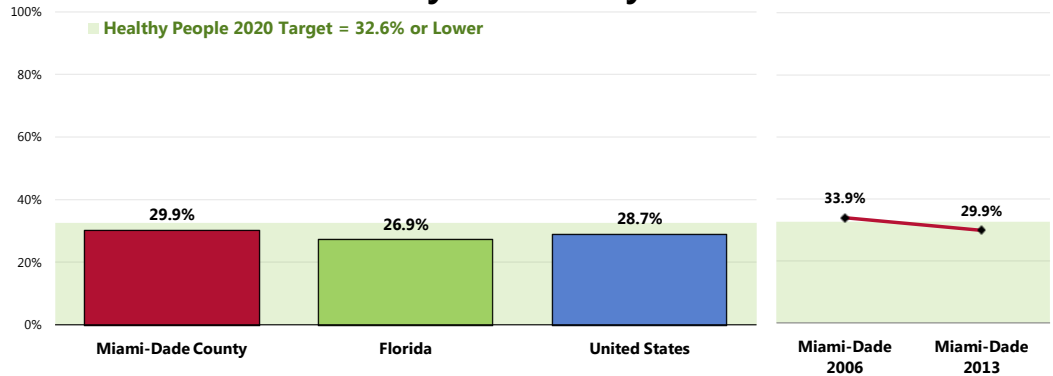
## Leisure-Time Physical Activity

**A total of 29.9% of Miami-Dade County adults report no leisure-time physical activity in the past month.**

- Less favorable than statewide findings.
- Similar to national findings.
- Satisfies the Healthy People 2020 target (32.6% or lower).

▨ Marks a significant improvement over time.

### No Leisure-Time Physical Activity in the Past Month



Sources:
 

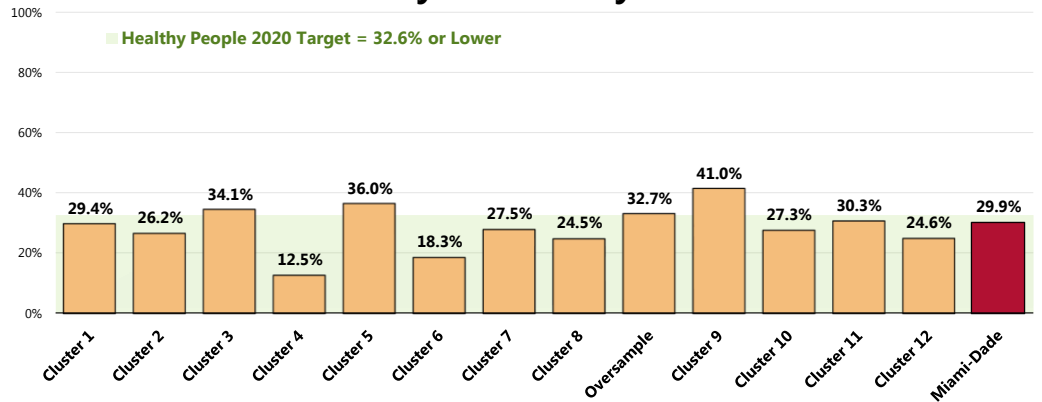
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 94]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2011 Florida data.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- United States Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-1]

 Notes:
 

- Asked of all respondents.

- Unfavorably high in Cluster 9; lowest in Clusters 4 and 6.

### No Leisure-Time Physical Activity in the Past Month







Sources:
 

- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 94]
- United States Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-1]

 Notes:
 

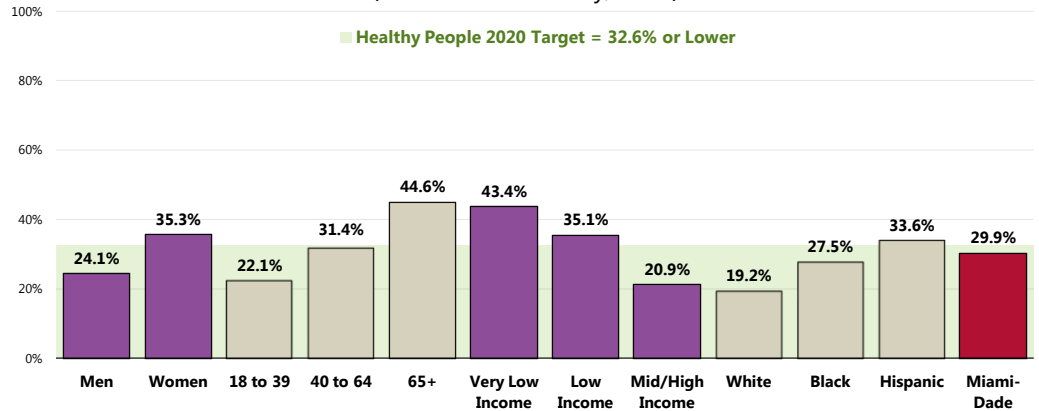
- Asked of all respondents.

Lack of leisure-time physical activity in the area is higher among:

-  Women.
-  Adults 40+ (note the positive correlation with age).
-  Lower-income residents (negative correlation).
-  Blacks and Hispanics.

## No Leisure-Time Physical Activity in the Past Month

(Miami-Dade County, 2013)



- Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 94]
  - United States Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-1]
- Notes:
- Asked of all respondents.
  - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
  - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

## Activity Levels

Adults (age 18–64) should do 2 hours and 30 minutes a week of moderate-intensity, or 1 hour and 15 minutes (75 minutes) a week of vigorous-intensity aerobic physical activity, or an equivalent combination of moderate- and vigorous-intensity aerobic physical activity. Aerobic activity should be performed in episodes of at least 10 minutes, preferably spread throughout the week.

Additional health benefits are provided by increasing to 5 hours (300 minutes) a week of moderate-intensity aerobic physical activity, or 2 hours and 30 minutes a week of vigorous-intensity physical activity, or an equivalent combination of both.


Older adults (age 65 and older) should follow the adult guidelines. If this is not possible due to limiting chronic conditions, older adults should be as physically active as their abilities allow. They should avoid inactivity. Older adults should do exercises that maintain or improve balance if they are at risk of falling.

For all individuals, some activity is better than none. Physical activity is safe for almost everyone, and the health benefits of physical activity far outweigh the risks.

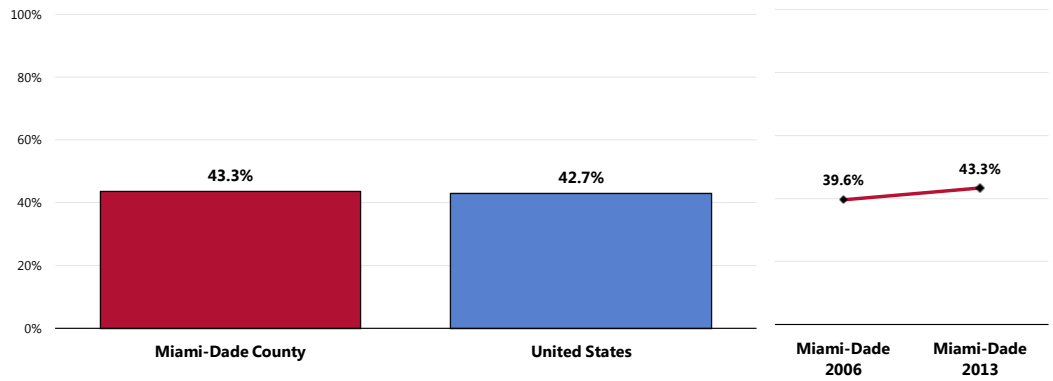
– 2008 Physical Activity Guidelines for Americans, U.S. Department of Health and Human Services. [www.health.gov/PAGuidelines](http://www.health.gov/PAGuidelines)

## Recommended Levels of Physical Activity

**A total of 43.3% of Miami-Dade County adults participate in regular, sustained moderate or vigorous physical activity (meeting physical activity recommendations).**

- Comparable to national findings.
-  Marks a significant improvement since 2006.

## Meets Physical Activity Recommendations

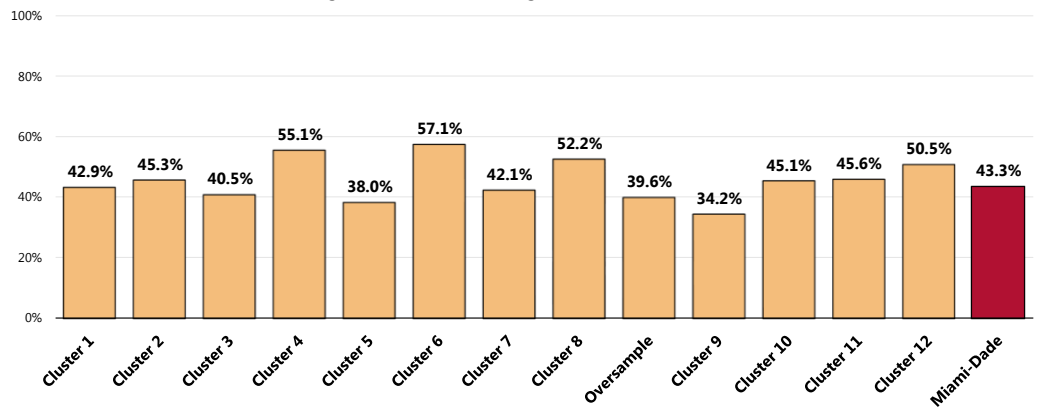


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 182]  
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.

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.

- Unfavorably low in Cluster 9; highest in Clusters 4, 6, 8, and 12.

## Meets Physical Activity Recommendations



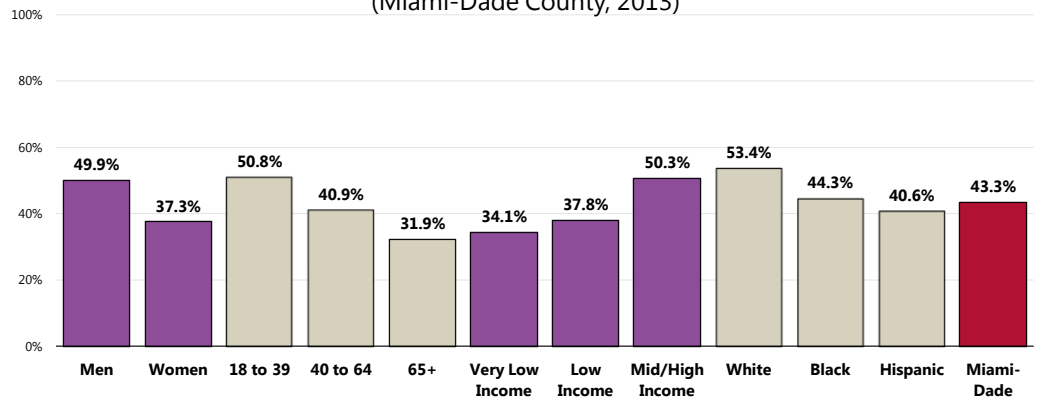
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 182]  
 Notes: • Asked of all respondents.

Those less likely to meet physical activity requirements include:

- Women.
- Seniors (65+).
- Respondents in lower-income households.
- Blacks and Hispanics.

## Meets Physical Activity Recommendations

(Miami-Dade County, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 182]

Notes: • Asked of all respondents.

• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

• 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.

### Moderate & Vigorous Physical Activity

The individual indicators of moderate and vigorous physical activity are shown here.

In the past month:

**A total of 23.8% of adults participate in moderate physical activity (5 times a week, 30 minutes at a time).**

- Nearly identical to the national level.

☒ Statistically unchanged since 2006.

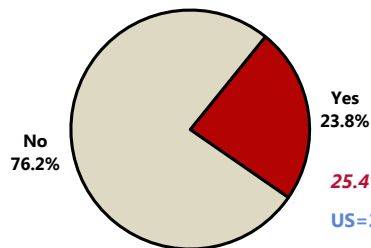
**One-third (33.8%) participate in vigorous physical activity (3 times a week, 20 minutes at a time).**

- Comparable to the nationwide figure.

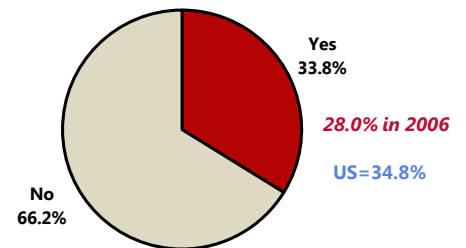
☒ Marks a significant increase over time.

### Moderate & Vigorous Physical Activity

(Miami-Dade County, 2013)



Moderate Physical Activity



Vigorous Physical Activity

Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 184-185]

• 2011 PRC National Health Survey, Professional Research Consultants, Inc.

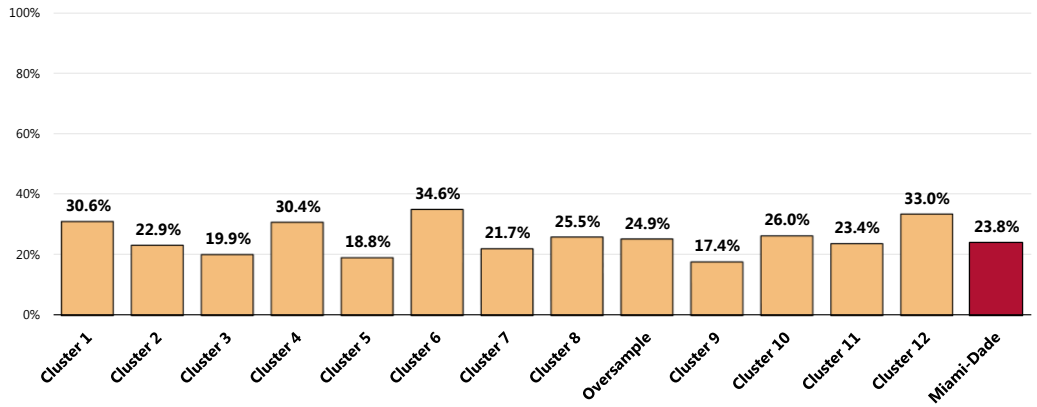
Notes: • Asked of all respondents.

• Moderate Physical Activity: Takes part in exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate at least 5 times per week for at least 30 minutes per time.

• Vigorous Physical Activity: Takes part in activities that cause heavy sweating or large increases in breathing or heart rate at least 3 times per week for at least 20 minutes per time.

- Moderate physical activity is unfavorably low in Cluster 9, and highest in Clusters 1, 4, 6, and 12.

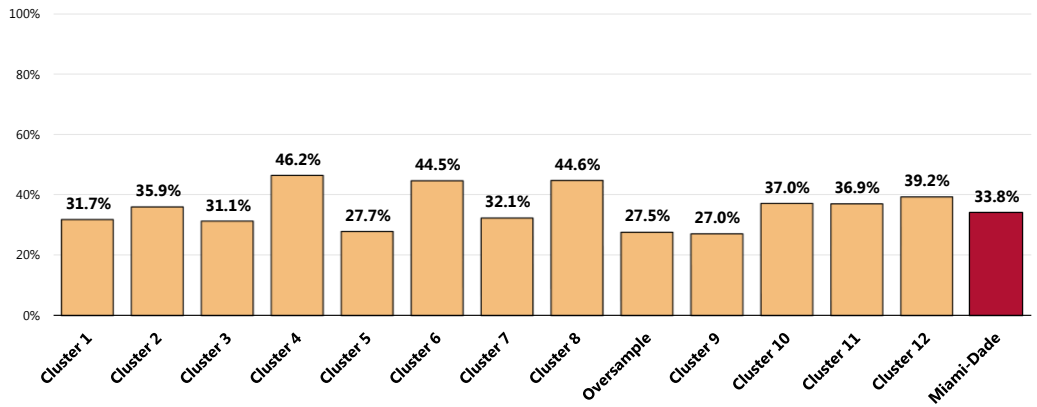
### Moderate Physical Activity



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 184]  
 Notes: • Asked of all respondents.

- The prevalence of vigorous physical activity is statistically low in Clusters 5, 9, and in the Oversample; statistically high in Clusters 4, 6, and 8.

### Vigorous Physical Activity



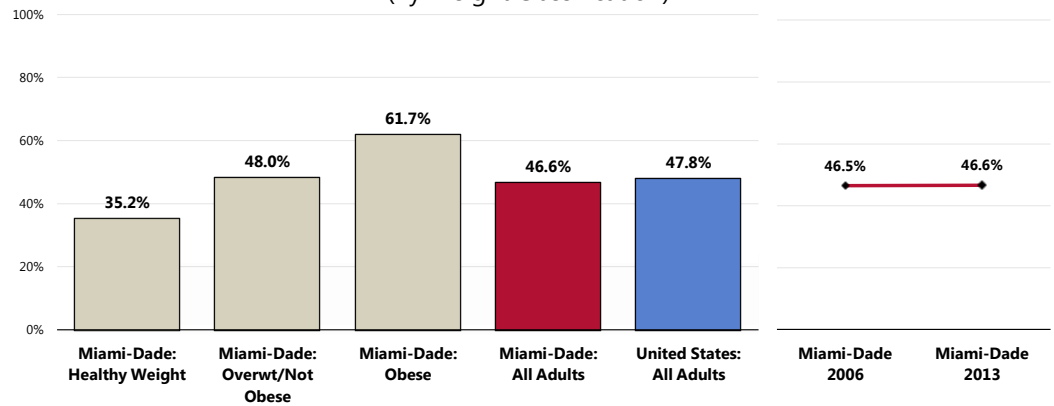
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 185]  
 Notes: • Asked of all respondents.

## Health Advice About Physical Activity & Exercise

**A total of 46.6% of Miami-Dade County adults report that their physician has asked about or given advice to them about physical activity in the past year.**

- Comparable to the national average.
- ☒ Unchanged from 2006 survey findings.
- 👥 Note: 61.7% of obese Miami-Dade County respondents say that they have talked with their doctor about physical activity/exercise in the past year.

### Have Received Advice About Exercise in the Past Year From a Physician, Nurse, or Other Health Professional (By Weight Classification)

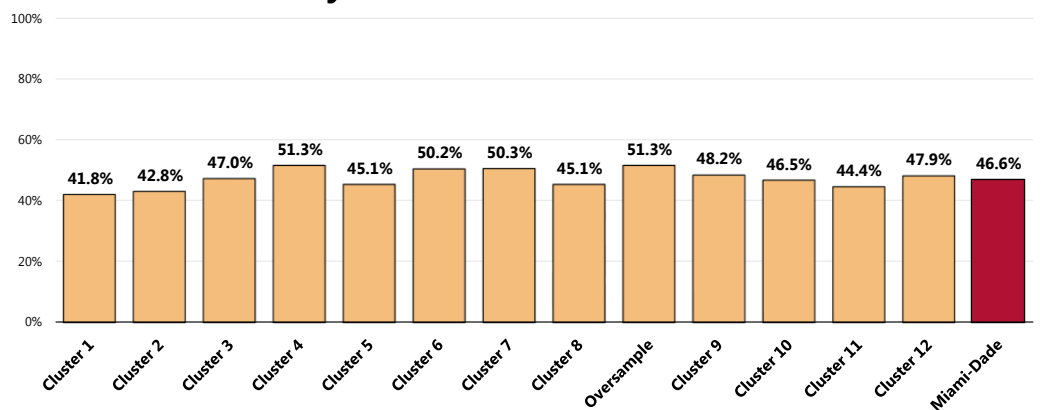


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 19]  
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

- No statistical differences by Cluster.

### Have Received Advice About Exercise in the Past Year From a Physician, Nurse, or Other Health Professional



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 19]  
Notes: • Asked of all respondents.

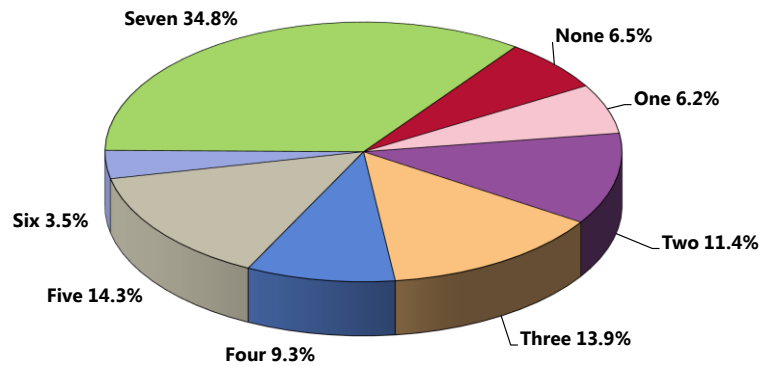
## Children & Physical Activity

### Daily Exercise

Among parents of school-aged children, 34.8% report that their child was physically active for at least one hour each day last week.

In contrast, 6.5% had no physical activity last week and 6.2% only had one hour of exercise in the past week.

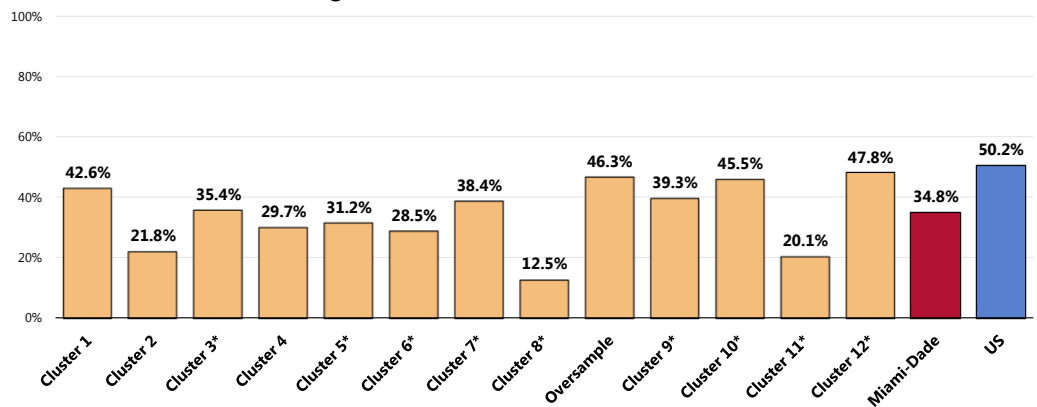
**Number of Days in the Past Week on Which Child Was Active for One Hour or Longer**  
(Among Parents of Children 5-17; Miami-Dade County, 2012)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 137]  
Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 2 and 17.

- The prevalence of children who exercised for at least one hour each day last week is much lower than the national prevalence.
- Favorably high in Cluster 12 and the Oversample; lowest in Clusters 2, 8, and 11.

**Child Was Physically Active for One Hour or Longer on Every Day of the Past Week**  
(Among Miami-Dade Parents of Children 5-17)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 137]  
• 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.  
Notes: • Asked of all respondents with children 5-17 at home.  
• \*Sample size is <50 and must be taken into account when making comparisons.

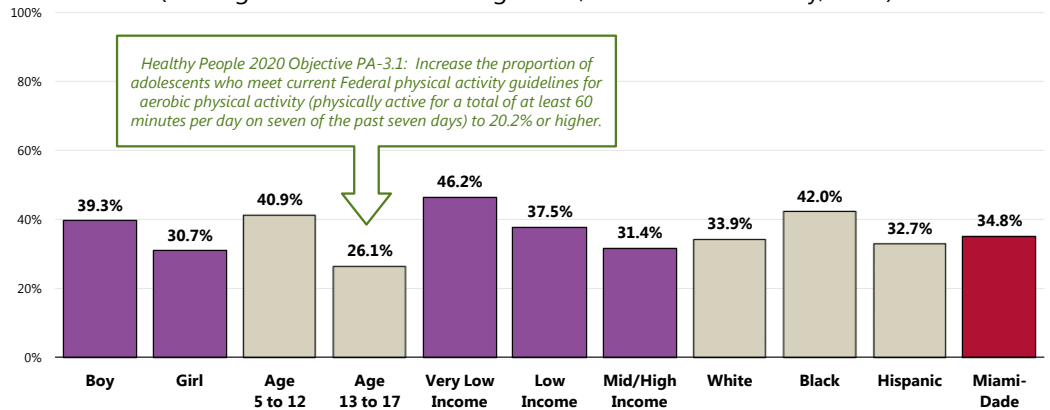


School-aged children less likely to have been physically active for at least an hour each day last week include:

- 👧 Girls.
- 👧 Teens (but satisfying the related Healthy People 2020 goal of 20.2% or higher).
- 👨 Those in upper-income households.
- 👨 Whites and Hispanics.

### Child Was Physically Active for One Hour or Longer on Every Day of the Past Week

(Among Parents of Children Age 5-17; Miami-Dade County, 2012)



- Sources:
- 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 137]
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-3.1]
- Notes:
- Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
  - Race represents the respondent. Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
  - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

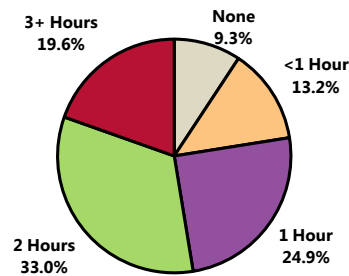
## Television Watching & Other Screen Time

Among children aged 5 through 17, 19.6% are reported to watch three or more hours of television per day; 15.8% are reported to spend three or more hours on other types of screen time for entertainment (video games, Internet, etc.).

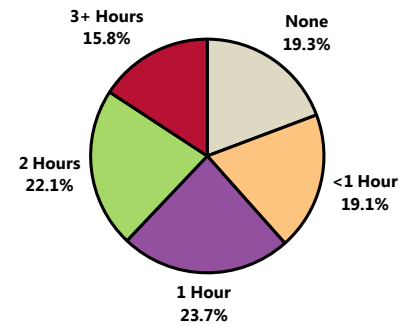
- The prevalence of television hours is much lower than the national figure; the prevalence of computer time, however, is similar.

### Children's Screen Time

(Among Parents of Children Ages 5-17; Miami-Dade County, 2013)



Hours per Day of Television



Hours per Day of Other Screen Time  
(i.e., video games, computer/Internet entertainment)

Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 149-150, 186-187]  
Notes: • Asked of respondents with a child aged 5 to 17 in the household.

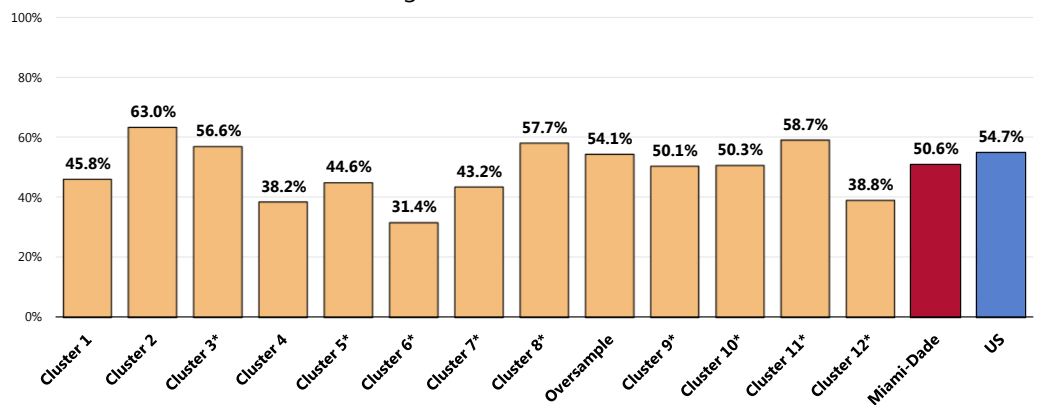
### Total Screen Time

When combined, one-half (50.6%) of Miami-Dade County children aged 5 to 17 spends three or more hours on screen time (whether television or computer, Internet, video games, etc.) per day.

- Similar to that found nationally.
- Lowest in Clusters 4 and 6; unfavorably high in Cluster 2.

### Child With Three or More Hours per School Day of Total Screen Time (TV, Computer, Video Games, Etc. for Entertainment)

(Among Parents of Children 5-17)

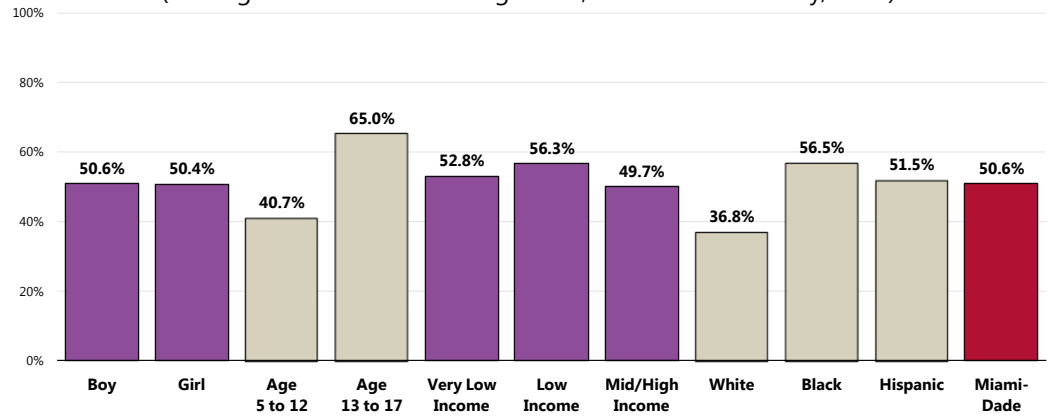


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 188]  
• 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.  
Notes: • Asked of all respondents with children 5-17 at home.  
• For this issue, respondents with children who are not in school were asked about "weekdays," while parents of children in school were asked about typical "school days."  
• "Three or more hours" includes reported screen time of 180 minutes or more per day.  
• \*Sample size is <50 and must be taken into account when making comparisons.

👤 Screen time is statistically high among teens as well as Blacks and Hispanics in the county.

## Child With Three or More Hours per School Day of Total Screen Time (TV, Computer, Video Games, Etc. for Entertainment)

(Among Parents of Children Age 5-17; Miami-Dade County, 2012)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 188]

- Notes:
- Asked of all respondents with children 5-17 at home.
  - For this issue, respondents with children who are not in school were asked about "weekdays," while parents of children in school were asked about typical "school days."
  - "Three or more hours" includes reported screen time of 180 minutes or more per day.
  - Race reflects the respondent. Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
  - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

# Weight Status

Because weight is influenced by energy (calories) consumed and expended, interventions to improve weight can support changes in diet or physical activity. They can help change individuals' knowledge and skills, reduce exposure to foods low in nutritional value and high in calories, or increase opportunities for physical activity. Interventions can help prevent unhealthy weight gain or facilitate weight loss among obese people. They can be delivered in multiple settings, including healthcare settings, worksites, or schools. The social and physical factors affecting diet and physical activity (see Physical Activity topic area) may also have an impact on weight. Obesity is a problem throughout the population. However, among adults, the prevalence is highest for middle-aged people and for non-Hispanic Black and Mexican American women. Among children and adolescents, the prevalence of obesity is highest among older and Mexican American children and non-Hispanic Black girls. The association of income with obesity varies by age, gender, and race/ethnicity.

– Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared ( $m^2$ ). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared (inches<sup>2</sup>)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9  $kg/m^2$  and obesity as a BMI  $\geq 30 kg/m^2$ . The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25  $kg/m^2$ . The increase in mortality, however, tends to be modest until a BMI of 30  $kg/m^2$  is reached. For persons with a BMI  $\geq 30 kg/m^2$ , mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25  $kg/m^2$ .

– Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

<b>Classification of Overweight and Obesity by BMI</b>	<b>BMI (<math>kg/m^2</math>)</b>
Underweight	<18.5
Normal	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	$\geq 30.0$

Source: Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

# Adult Weight Status

## Healthy Weight

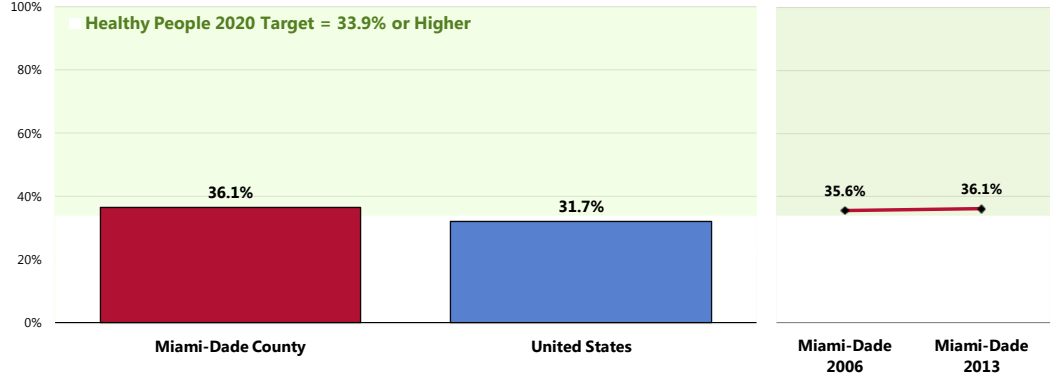
“Healthy weight “means neither underweight, nor overweight (BMI = 18.5-24.9).

**Based on self-reported heights and weights, 36.1% of Miami-Dade County adults are at a healthy weight.**

- More favorable than national findings.
- Satisfies the Healthy People 2020 target (33.9% or higher).
- 📊 Statistically unchanged since 2006.

### Healthy Weight

(Percent of Adults With a Body Mass Index Between 18.5 and 24.9)

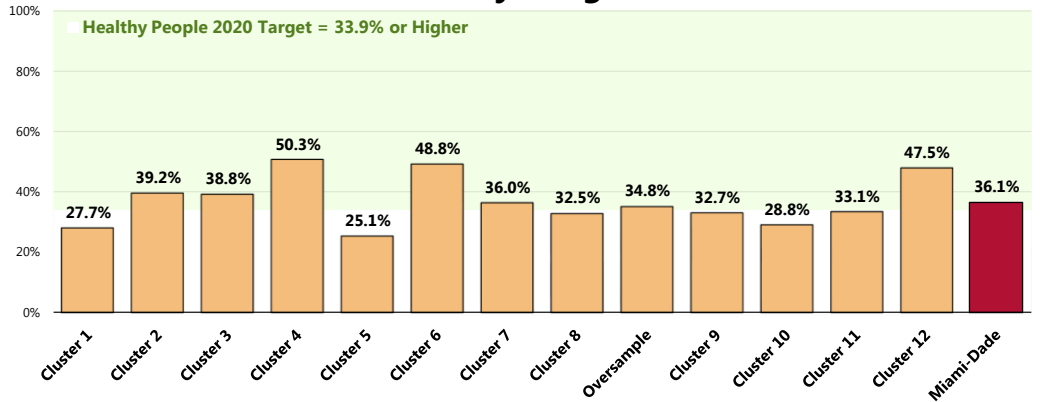


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 190]  
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Based on reported heights and weights, asked of all respondents.  
 • United States Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-8]  
 • The definition of healthy weight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), between 18.5 and 24.9.

- More favorable in Clusters 4, 6, and 12; less favorable in Clusters 1, 5, and 10.

### Healthy Weight



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 190]

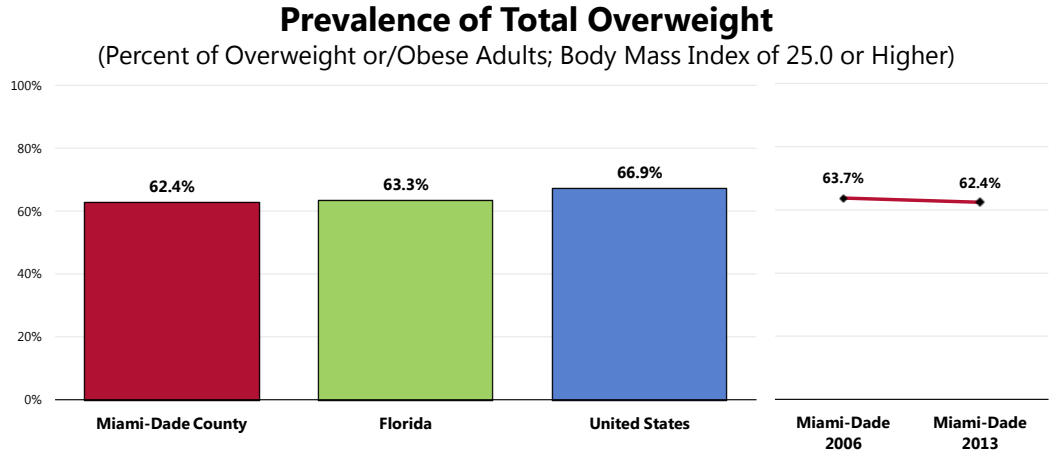
Notes: • United States Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-8]  
 • Based on reported heights and weights, asked of all respondents.  
 • The definition of healthy weight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), between 18.5 and 24.9.

## Overweight Status

Here, "overweight" includes those respondents with a BMI value  $\geq 25$ .

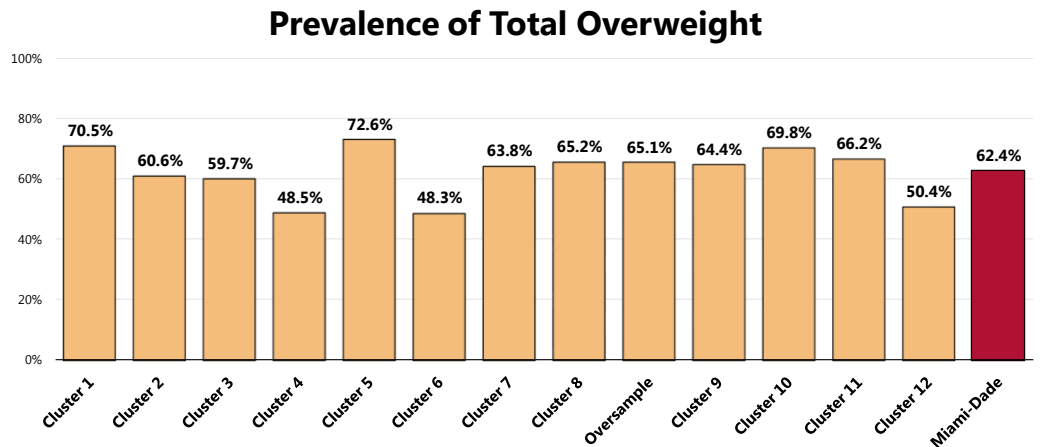
### Over 6 in 10 Miami-Dade County adults (62.4%) are overweight.

- Comparable to the Florida prevalence.
- More favorable than the US overweight prevalence.
- 📊 Statistically unchanged since 2006.



- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 190]
  - 2011 PRC National Health Survey, Professional Research Consultants, Inc.
  - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2011 Florida data.
- Notes:
- Based on reported heights and weights, 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.

- Overweight is highest in Clusters 1, 5, and 10, lowest in Clusters 4, 6, and 12.

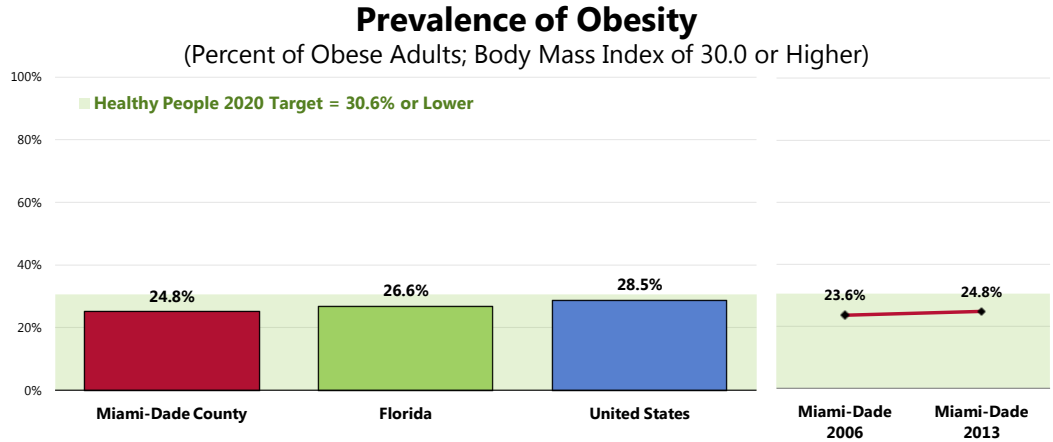


- Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 190]
- Notes:
- Based on reported heights and weights, asked of all respondents.
  - The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

“Obese” (also included in overweight prevalence discussed previously) includes respondents with a BMI value  $\geq 30$ .

### Further, one in four Miami-Dade County adults is obese (24.8%).

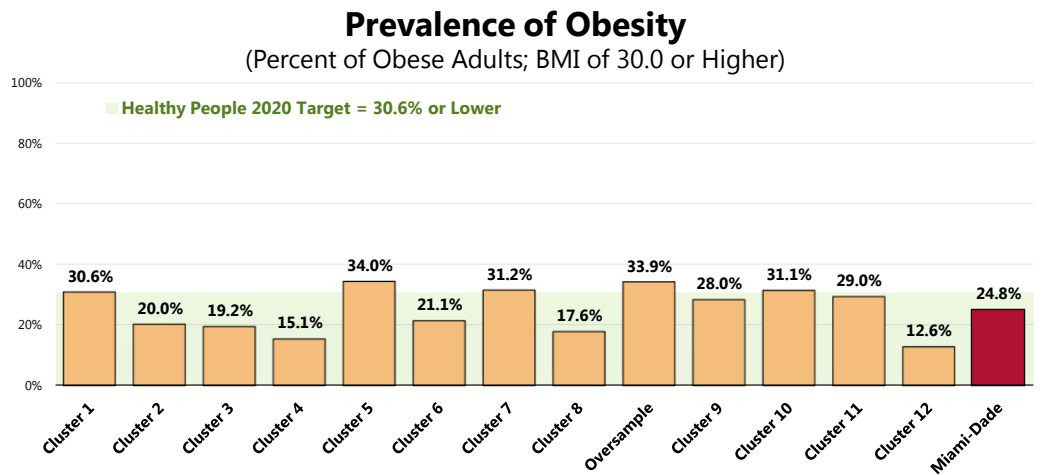
- Similar to Florida findings.
- More favorable than US findings.
- Satisfies the Healthy People 2020 target (30.6% or lower).
- ☒ The obesity prevalence has not changed significantly since 2006.



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 190]  
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.  
 • United States Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-9]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2011 Florida data.

Notes: • Based on reported heights and weights, 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, regardless of gender.

- Obesity is highest in Clusters 5, 7, 10, and in the Oversample; favorably low in Clusters 3, 4, 8, and 12.

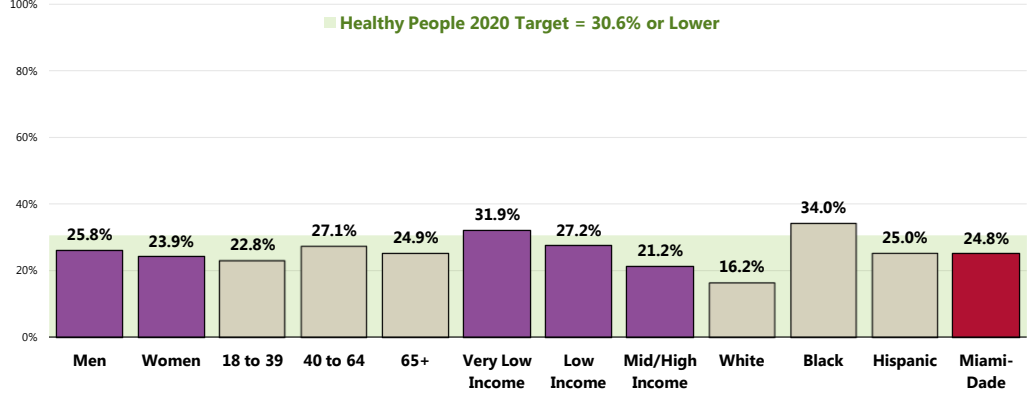


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 190]  
 • United States Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-9]  
 Notes: • Based on reported heights and weights, asked of 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, regardless of gender.

👤 Obesity is notably more prevalent among adults age 40-64, lower-income residents, and Blacks and Hispanics in Miami-Dade County.

## Prevalence of Obesity

(Percent of Obese Adults; Body Mass Index of 30.0 or Higher; Miami-Dade County, 2013)



- Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 190]
  - United States Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-9]
- Notes:
- Based on reported heights and weights, asked of all respondents.
  - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
  - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
  - 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, regardless of gender.

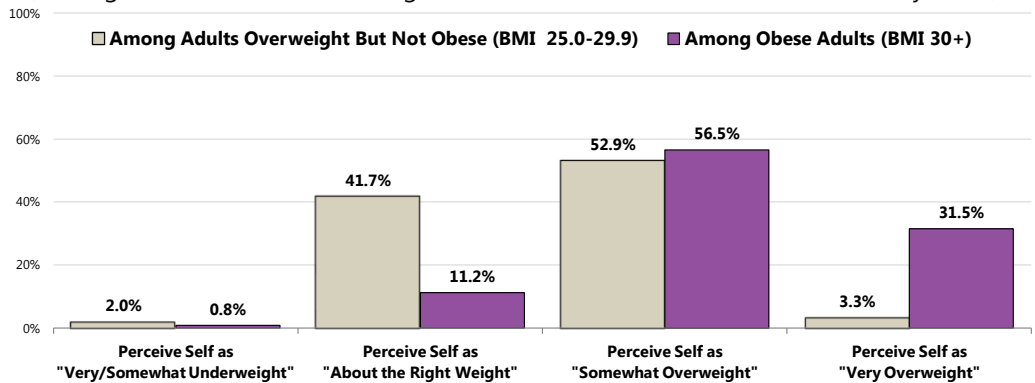
## Actual vs. Perceived Body Weight

**A total of 11.2% of obese adults and 41.7% of overweight (but not obese) adults feel that their current weight is "about right."**

- 52.9% of overweight (but not obese) adults see themselves as "somewhat overweight."
- 31.5% of obese adults see themselves as "very overweight."

## Actual vs. Perceived Weight Status

(Among Adults Who Are Overweight/Obese Based on BMI; Miami-Dade County, 2013)



- Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 104]
- Notes:
- BMI is based on reported heights and weights, 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.



## Relationship of Overweight With Other Health Issues

The correlation between overweight and various health issues cannot be disputed.

### Overweight and obese adults are more likely to report a number of adverse health conditions.

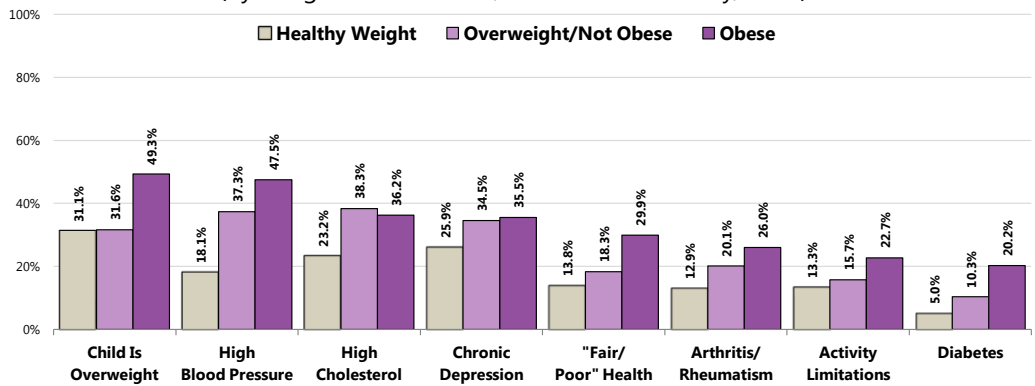
Among these are:

- Hypertension (high blood pressure).
- High cholesterol.
- Chronic depression.
- "Fair" or "poor" physical health.
- Arthritis/rheumatism.
- Activity limitations.
- Diabetes.

Obese residents are also more likely to have overweight children.

### Relationship of Overweight With Other Health Issues

(By Weight Classification; Miami-Dade County, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 5, 27, 43, 106, 152-154, 194]  
Notes: • Based on reported heights and weights, asked of all respondents.

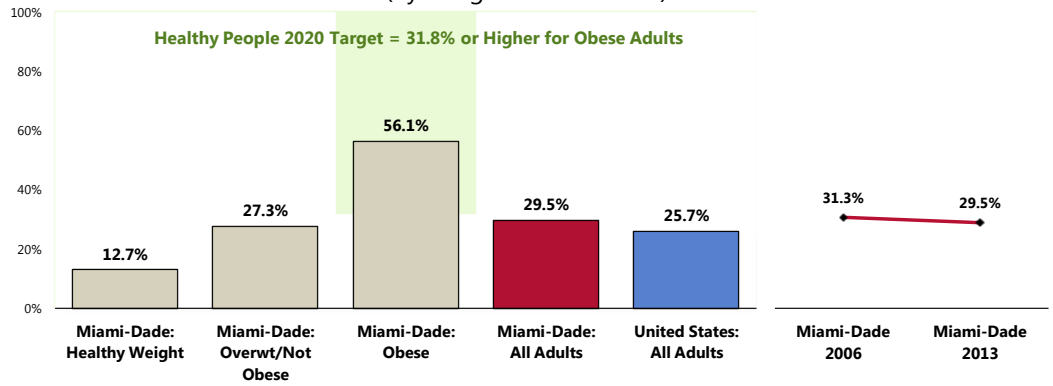
# Weight Management

## Health Advice

**A total of 29.5% of adults have been given advice about their weight by a doctor, nurse or other health professional in the past year.**

- Higher than the national findings.
- ☒ Statistically unchanged from that reported in 2006.
- 👥 Note that 56.1% of obese adults have been given advice about their weight by a health professional in the past year (while over 4 in 10 have not).
  - This easily satisfies the Healthy People 2020 target of 31.8% or higher.

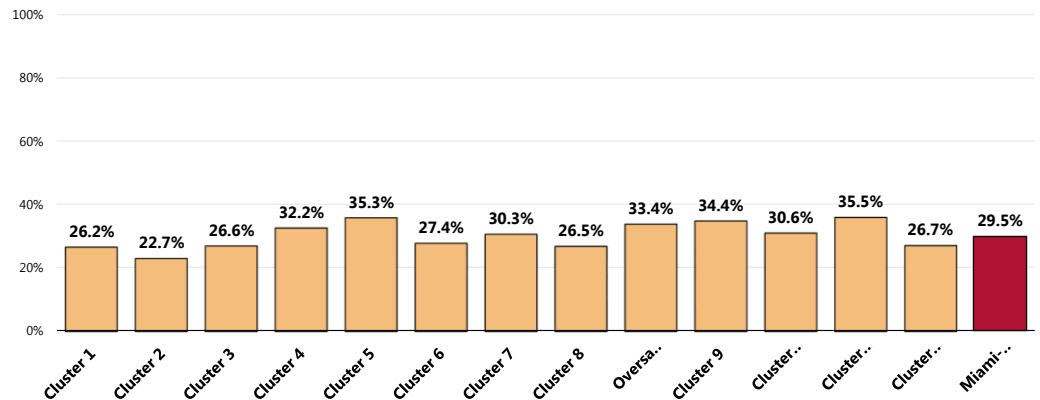
### Have Received Advice About Weight in the Past Year From a Physician, Nurse, or Other Health Professional (By Weight Classification)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 103, 193]  
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.  
 • United States Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-6.2]  
 Notes: • Asked of all respondents.

- Statistically low in Cluster 2.

### Have Received Advice About Weight in the Past Year From a Physician, Nurse, or Other Health Professional



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 103]  
 Notes: • Asked of all respondents.

## Weight Control

Individuals who are at a healthy weight are less likely to:

- Develop chronic disease risk factors, such as high blood pressure and dyslipidemia.
- Develop chronic diseases, such as type 2 diabetes, heart disease, osteoarthritis, and some cancers.
- Experience complications during pregnancy.
- Die at an earlier age.

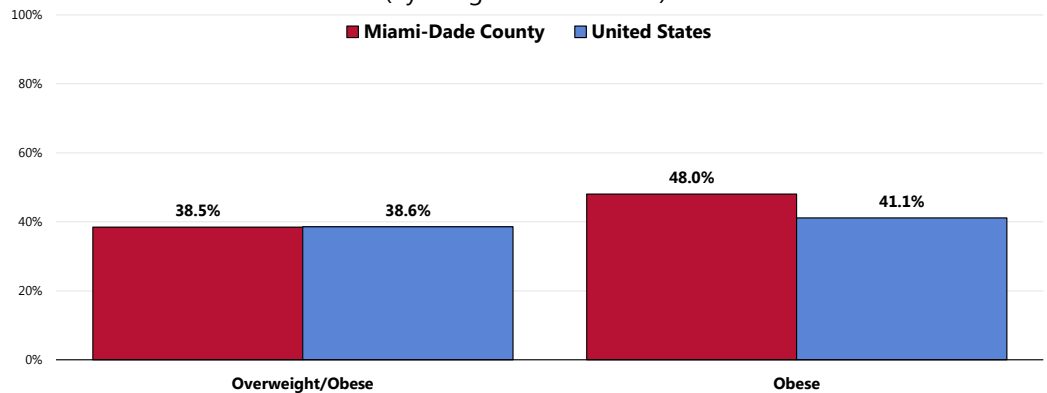
All Americans should avoid unhealthy weight gain, and those whose weight is too high may also need to lose weight.

– Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

**A total of 38.5% of Miami-Dade County adults who are overweight say that they are both modifying their diet and increasing their physical activity to try to lose weight.**

- Nearly identical to national findings.
- Note: 48.0% of obese Miami-Dade County adults report that they are trying to lose weight through a combination of diet and exercise, higher than the national figure.

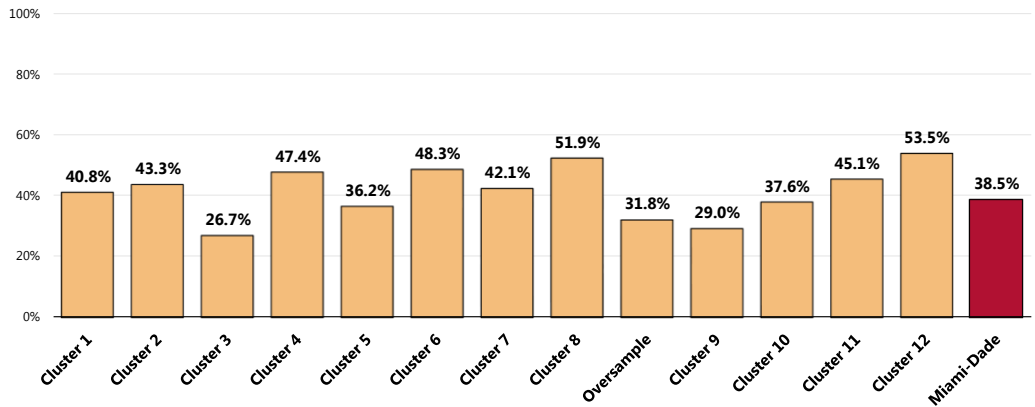
### Trying to Lose Weight by Both Modifying Diet and Increasing Physical Activity (By Weight Classification)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 191]  
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.  
Notes: • Based on reported heights and weights, asked of all respondents.

- The prevalence of overweight/obese adults trying to lose weight is highest in Clusters 8 and 12; lowest in Clusters 3, 9, and the Oversample.

### Trying to Lose Weight by Both Modifying Diet and Increasing Physical Activity (Overweight/Obese)



Sources: ● 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 191]  
Notes: ● Based on reported heights and weights, asked of all respondents.

## Childhood Overweight & Obesity

In children and teens, body mass index (BMI) is used to assess weight status – underweight, healthy weight, overweight, or obese. After BMI is calculated for children and teens, the BMI number is plotted on the CDC BMI-for-age growth charts (for either girls or boys) to obtain a percentile ranking. Percentiles are the most commonly used indicator to assess the size and growth patterns of individual children in the United States. The percentile indicates the relative position of the child’s BMI number among children of the same sex and age.

BMI-for-age weight status categories and the corresponding percentiles are shown below:

- Underweight <5th percentile
- Healthy Weight ≥5th and <85th percentile
- Overweight ≥85th and <95th percentile
- Obese ≥95th percentile

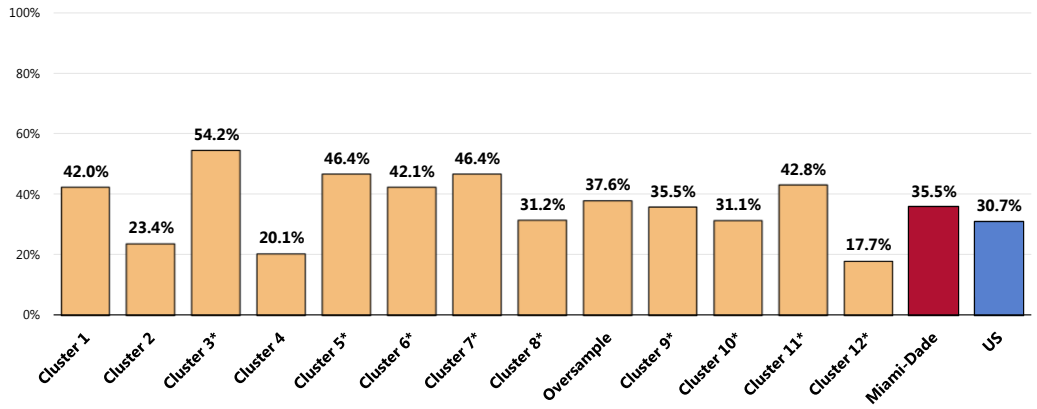
– Centers for Disease Control and Prevention.

**Based on the heights/weights reported by surveyed parents, 35.5% of Miami-Dade County children age 5 to 17 are overweight or obese (≥85th percentile).**


- Comparable to that found nationally.
- Unfavorably high in Cluster 3 (although based on an unreliably-low sample); lowest in Clusters 2, 4, and 12.

## Child Total Overweight Prevalence

(Percent of Children 5-17 Who Are Overweight/Obese; BMI in the 85th Percentile or Higher)

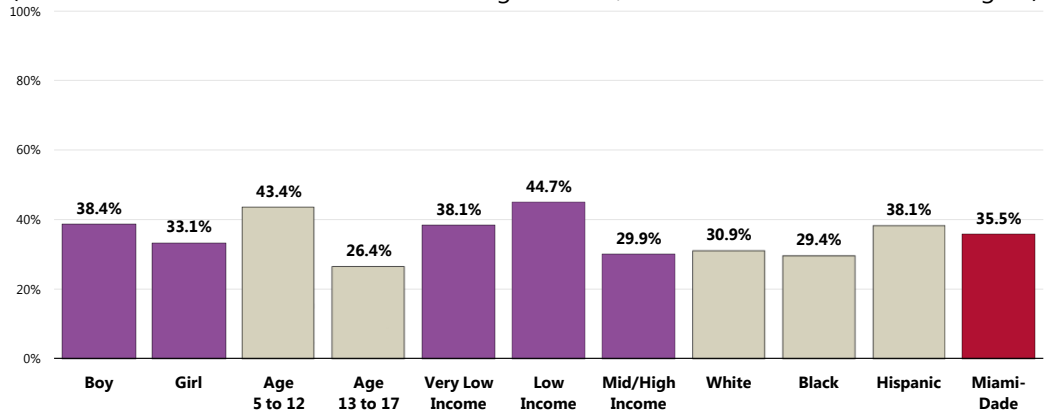


- Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 194]
  - 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents with children age 5-17 at home.
  - Overweight among children is determined by children's Body Mass Index status at or above the 85<sup>th</sup> percentile of United States growth charts by gender and age.
  - \*Sample size is <50 and must be taken into account when making comparisons.

 Obesity among Miami-Dade County children is highest among those aged 5-12, those in lower-income households, and Hispanics.

## Child Total Overweight Prevalence

(Percent of Children 5-17 Who Are Overweight/Obese; BMI in the 85th Percentile or Higher)



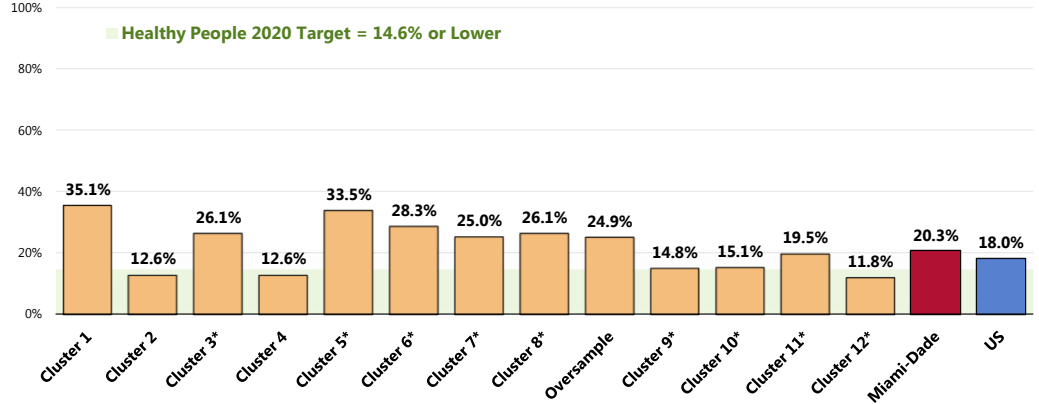
- Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 194]
  - Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
- Notes:
- Overweight among children is determined by children's Body Mass Index status at or above the 85<sup>th</sup> percentile of United States growth charts by gender and age.
  - Race reflects the respondent. Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
  - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

**Further, 20.3% of Miami-Dade County children age 5 to 17 are obese (≥95th percentile).**

- Similar to the national percentage.
- Fails to satisfy the Healthy People 2020 target (14.6% or lower for children age 2-19).
- Statistically high in Cluster 1.

**Child Obesity Prevalence**

(Percent of Children 5-17 Who Are Obese; BMI in the 95<sup>th</sup> Percentile or Higher)

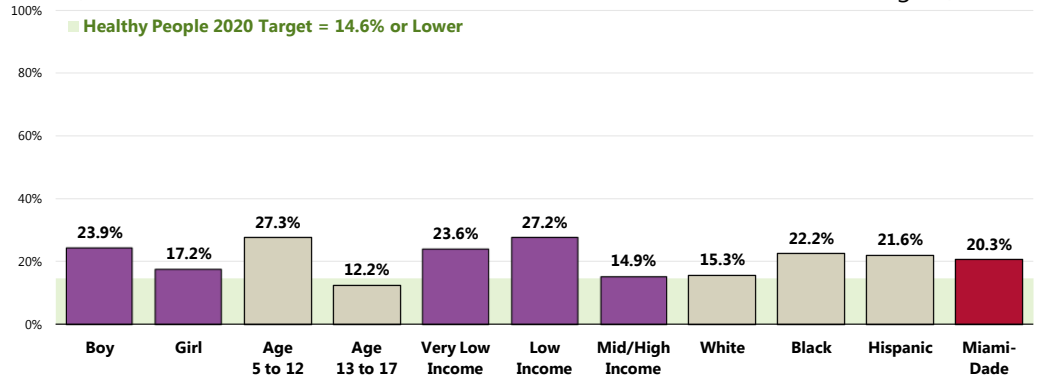


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 194]  
 • 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.  
 • United States Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-10.4]  
 Notes: • Asked of all respondents with children age 5-17 at home.  
 • Obesity among children is determined by children's Body Mass Index status equal to or above the 95<sup>th</sup> percentile of United States growth charts by gender and age.  
 • \*Sample size is <50 and must be taken into account when making comparisons.

👤 Obesity is highest in boys, younger children, lower-income children, Blacks and Hispanics.

**Child Obesity Prevalence**

(Percent of Children 5-17 Who Are Obese; BMI in the 95<sup>th</sup> Percentile or Higher)

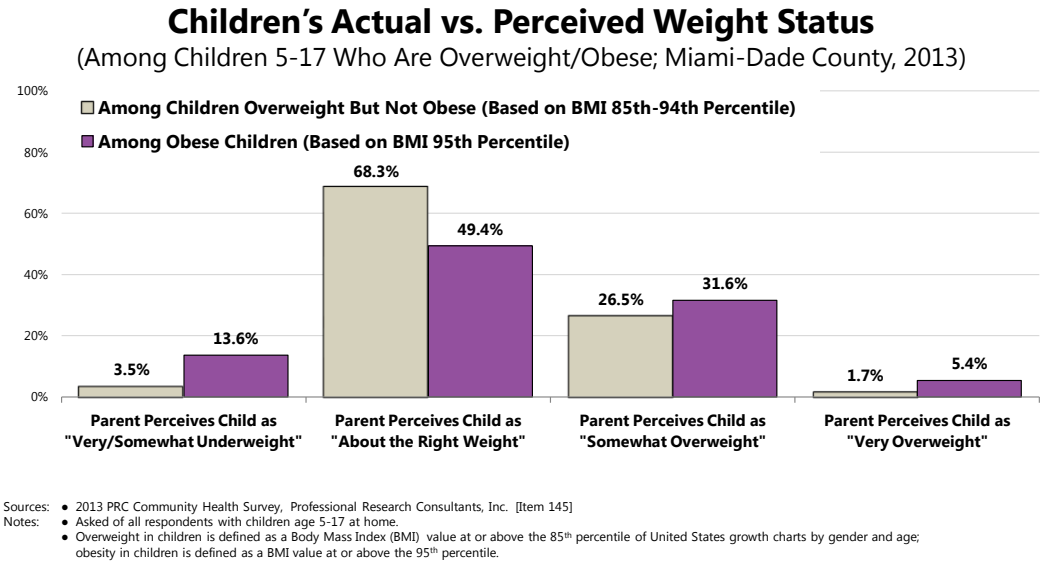


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 194]  
 • United States Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-10.4]  
 Notes: • Asked of all respondents with children age 5-17 at home.  
 • Obesity among children is determined by children's Body Mass Index status equal to or above the 95<sup>th</sup> percentile of United States growth charts by gender and age.

## Actual vs. Perceived Body Weight

Interestingly, among parents of children age 5-17 who are overweight or obese, at least half see their child as being at “about the right weight.”

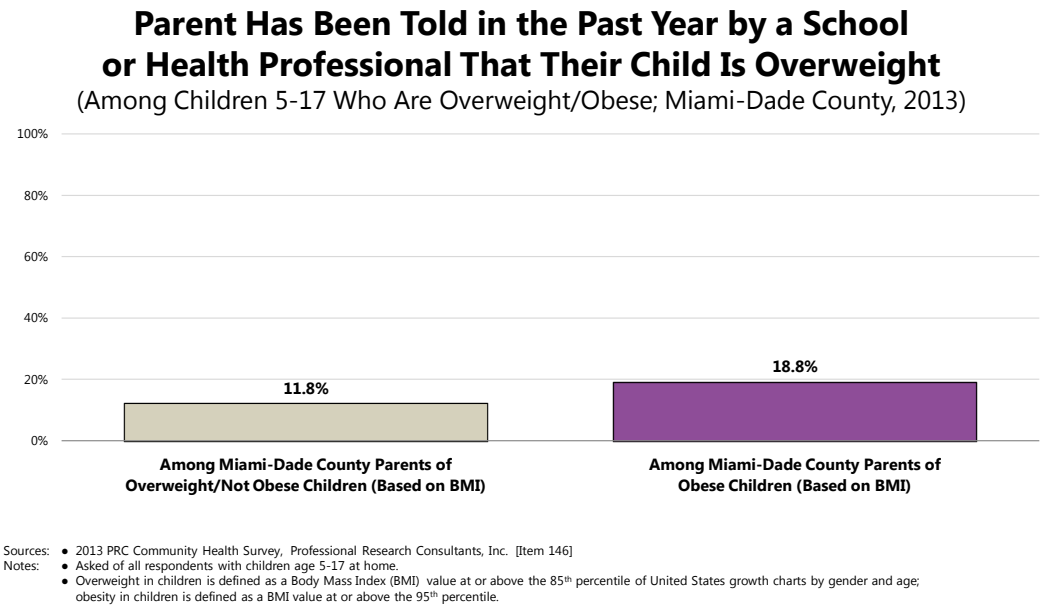
Only 26.5% perceive their overweight child as “somewhat overweight” and 5.4% of parents with obese children consider them to be “very overweight.”



## School Professional

Among parents of school-aged children who are overweight/obese, 11.8% have been told by a school professional that their overweight child is overweight.

The same is true for 18.8% of parents with obese children in school.



# Substance Abuse

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

Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems. These problems include:

- Teenage pregnancy
- Human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)
- Other sexually transmitted diseases (STDs)
- Domestic violence
- Child abuse
- Motor vehicle crashes
- Physical fights
- Crime
- Homicide
- Suicide

The field has made progress in addressing substance abuse, particularly among youth. According to data from the national Institute of Drug Abuse (NIDA) Monitoring the Future (MTF) survey, which is an ongoing study of the behaviors and values of America's youth between 2004 and 2009, a drop in drug use (including amphetamines, methamphetamine, cocaine, hallucinogens, and LSD) was reported among students in 8th, 10th, and 12th grades. Note that, despite a decreasing trend in marijuana use which began in the mid-1990s, the trend has stalled in recent years among these youth. Use of alcohol among students in these three grades also decreased during this time.

Substance abuse refers to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes. Social attitudes and political and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues. In addition to the considerable health implications, substance abuse has been a flash-point in the criminal justice system and a major focal point in discussions about social values: people argue over whether substance abuse is a disease with genetic and biological foundations or a matter of personal choice.

Advances in research have led to the development of evidence-based strategies to effectively address substance abuse. Improvements in brain-imaging technologies and the development of medications that assist in treatment have gradually shifted the research community's perspective on substance abuse. There is now a deeper understanding of substance abuse as a disorder that develops in adolescence and, for some individuals, will develop into a chronic illness that will require lifelong monitoring and care.

Improved evaluation of community-level prevention has enhanced researchers' understanding of environmental and social factors that contribute to the initiation and abuse of alcohol and illicit drugs, leading to a more sophisticated understanding of how to implement evidence-based strategies in specific social and cultural settings.

A stronger emphasis on evaluation has expanded evidence-based practices for drug and alcohol treatment. Improvements have focused on the development of better clinical interventions through research and increasing the skills and qualifications of treatment providers.

– Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))



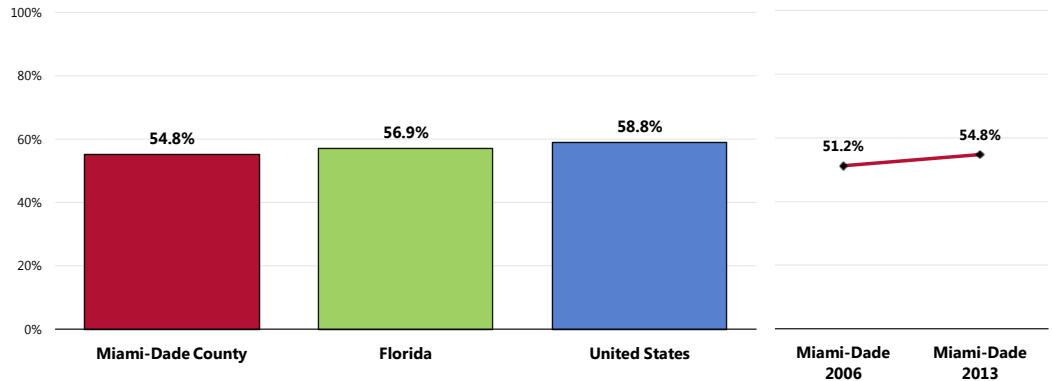
## Current Drinking

“Current drinkers” include survey respondents who had at least one drink of alcohol in the month preceding the interview. For the purposes of this study, a “drink” is considered one can or bottle of beer, one glass of wine, one can or bottle of wine cooler, one cocktail, or one shot of liquor.

**A total of 54.8% of area adults had at least one drink of alcohol in the past month (current drinkers).**

- Better than the statewide proportion.
- Better than the national proportion.
- ▣ Statistically unchanged since 2006

### Current Drinkers



Sources:
 

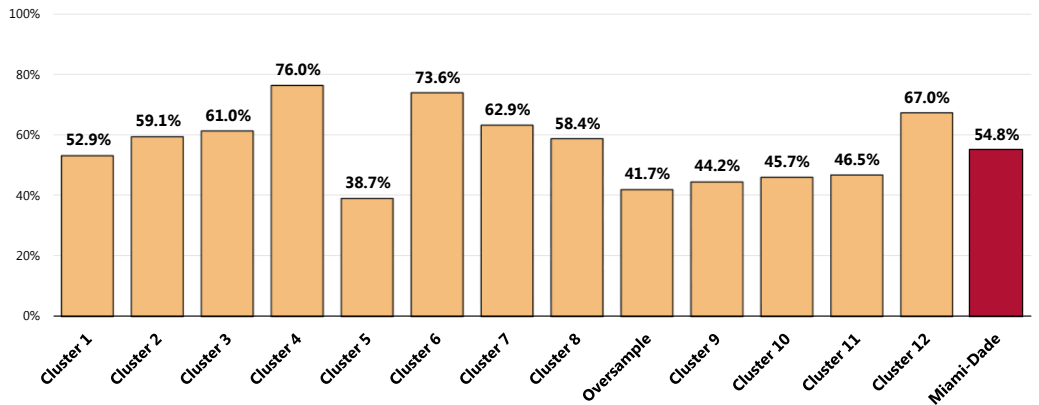
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 199]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2011 Florida data.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

 Notes:
 

- Asked of all respondents.
- Current drinkers had at least one alcoholic drink in the past month.

- Highest in Clusters 3, 4, 6, 7, and 12; lowest in Clusters 5, 9, 10, 11, and the Oversample.

### Current Drinkers



Sources:
 

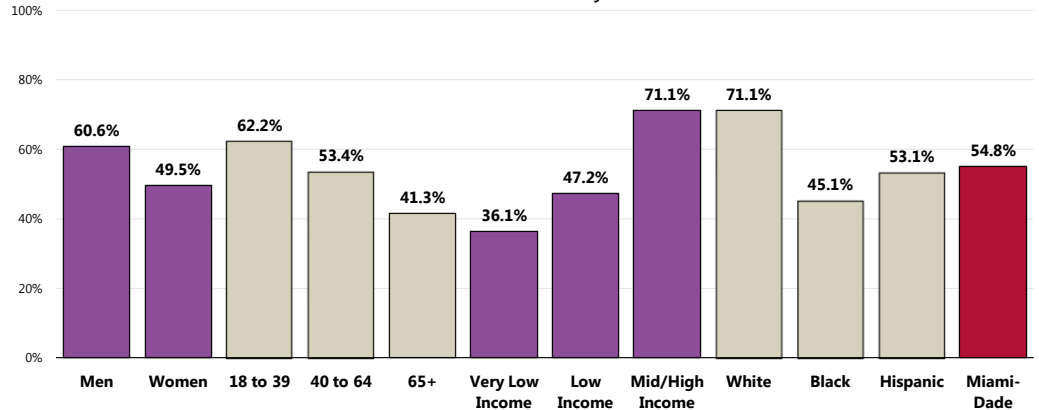
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 199]

 Notes:
 

- Asked of all respondents.
- Current drinkers had at least one alcoholic drink in the past month.

👤 Current drinking is highest in men, young adults, upper-income households, and Whites.

### Current Drinkers (Miami-Dade County, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 199]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.  
 • Current drinkers had at least one alcoholic drink in the past month.

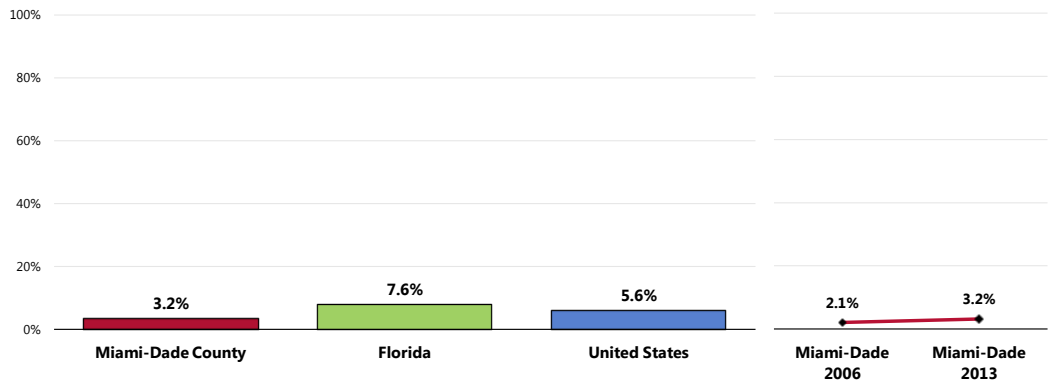
## High-Risk Alcohol Use

### Chronic Drinking

**A total of 3.2% of area adults averaged two or more drinks of alcohol per day in the past month (chronic drinkers).**

- Lower than the statewide proportion.
- Lower than the national proportion.
- 📊 Statistically unchanged since 2006.

### Chronic Drinkers



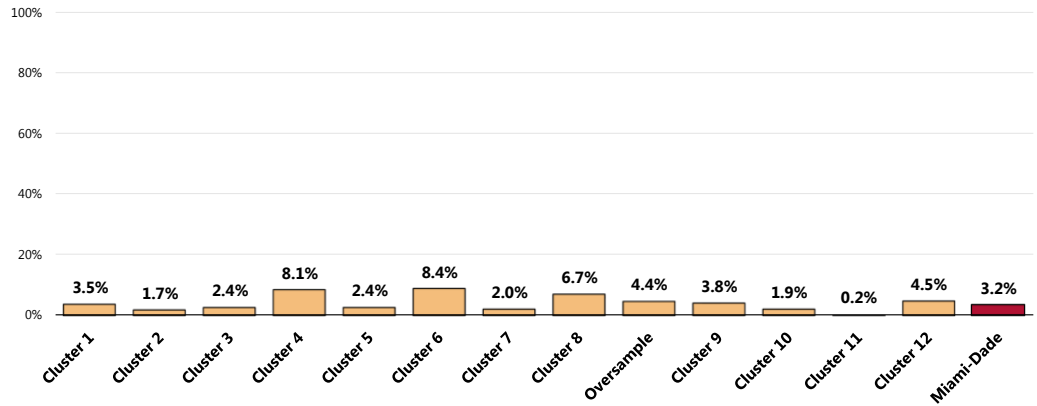
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 200]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2011 Florida data.  
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents.  
 • Chronic drinkers are defined as having 60+ alcoholic drinks in the past month.  
 • \*The state definition for chronic drinkers is males consuming 2+ drinks per day and females consuming 1+ drink per day.

"Chronic drinkers" include survey respondents reporting 60 or more drinks of alcohol in the month preceding the interview.

RELATED ISSUE:  
 See also *Stress* in the **Mental Health & Mental Disorders** section of this report.

- Highest in Clusters 4, 6, and 8; significantly low in Cluster 11.

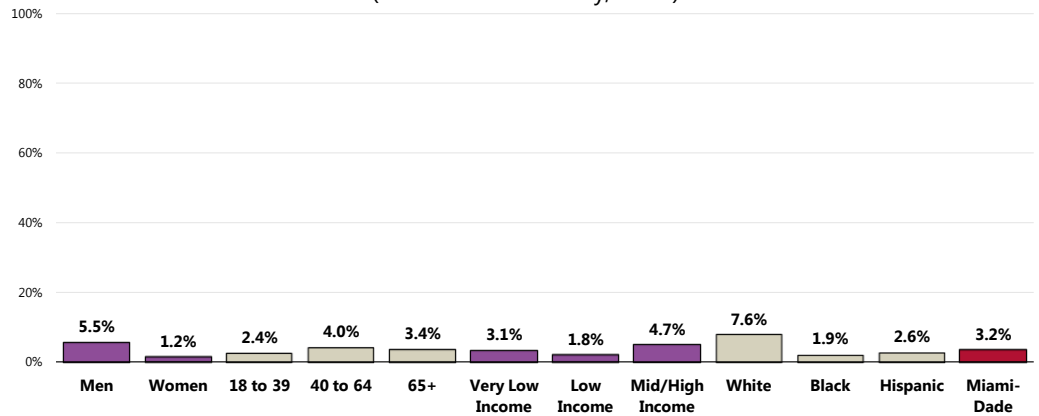
## Chronic Drinkers



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 200]  
 Notes: • Asked of all respondents.  
 • Chronic drinkers are defined as having 60+ alcoholic drinks in the past month.

👤 Chronic drinking is more prevalent among county men, upper-income residents, and Whites.

## Chronic Drinkers (Miami-Dade County, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 200]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.  
 • Chronic drinkers are defined as those having 60+ alcoholic drinks in the past month.

## Binge Drinking

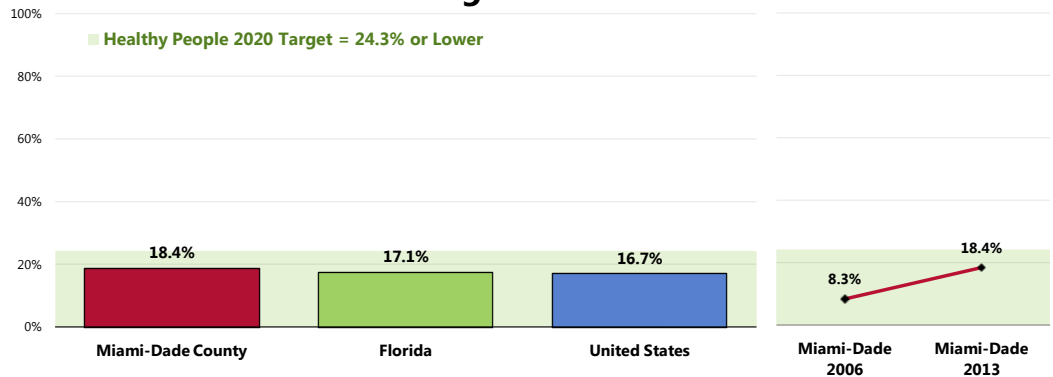
"Binge drinkers" include:

- 1) MEN who report drinking 5 or more alcoholic drinks on any single occasion during the past month; and
- 2) WOMEN who report drinking 4 or more alcoholic drinks on any single occasion during the past month.

**A total of 18.4% of Miami-Dade County adults are binge drinkers.**

- Similar to Florida findings.
- Similar to national findings.
- Satisfies the Healthy People 2020 target (24.3% or lower).
- ☒ Denotes a significant increase over time (*it is important to note that the definition for binge drinking in 2006 was 5+ drinks on one occasion, regardless of gender*).

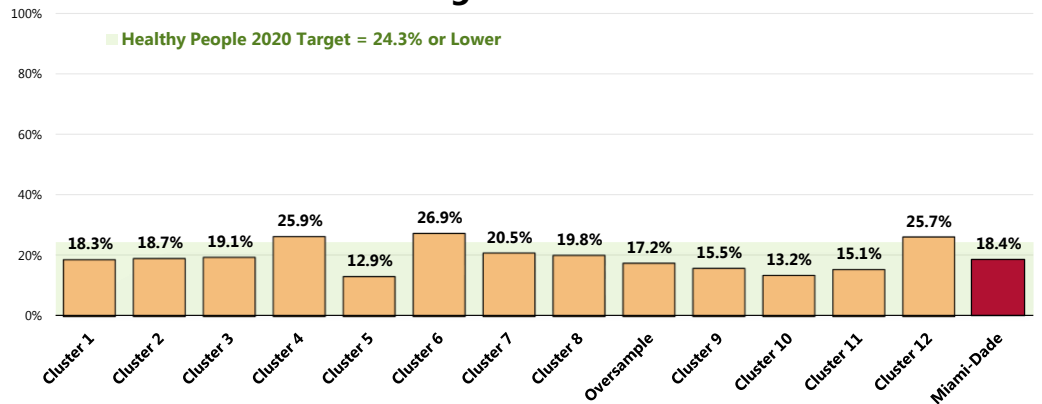
### Binge Drinkers



- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 201]
  - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2011 Florida data.
  - 2011 PRC National Health Survey, Professional Research Consultants, Inc.
  - United States Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-14.3]
- Notes:
- Asked of all respondents.
  - Binge drinkers are defined as men having 5+ alcoholic drinks on any one occasion or women consuming 4+ drinks on any one occasion; in 2006 the definition was 5+ drinks, regardless of gender.





- Unfavorably high in Clusters 4, 6, and 12; lowest in Clusters 5 and 10.

### Binge Drinkers

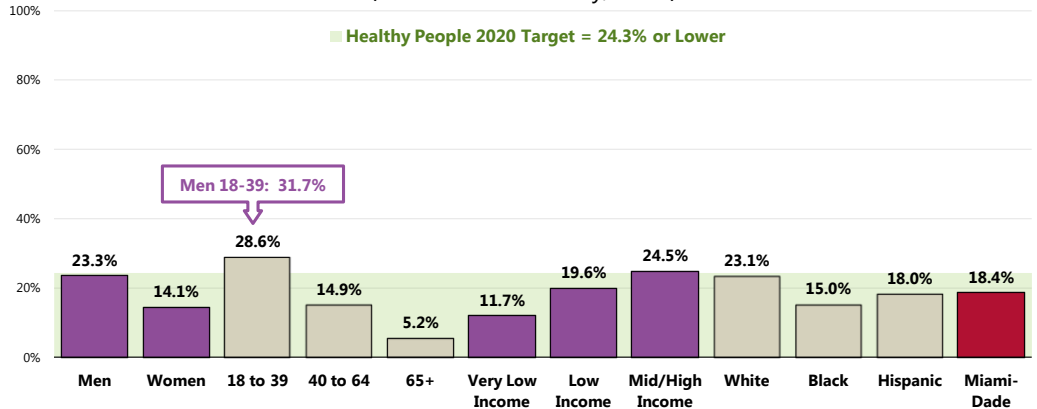


- Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 201]
  - United States Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-14.3]
- Notes:
- Asked of all respondents.
  - Binge drinkers are defined as men having 5+ alcoholic drinks on any one occasion or women consuming 4+ drinks on any one occasion.

Binge drinking is more prevalent among:

-  Men (especially those under age 40).
-  Young adults.
-  Upper-income households.
-  Whites.

### Binge Drinkers (Miami-Dade County, 2013)




Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 201]  
 • United States Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-14.3]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.  
 • Binge drinkers are defined as men having 5+ alcoholic drinks on any one occasion or women consuming 4+ drinks on any one occasion.

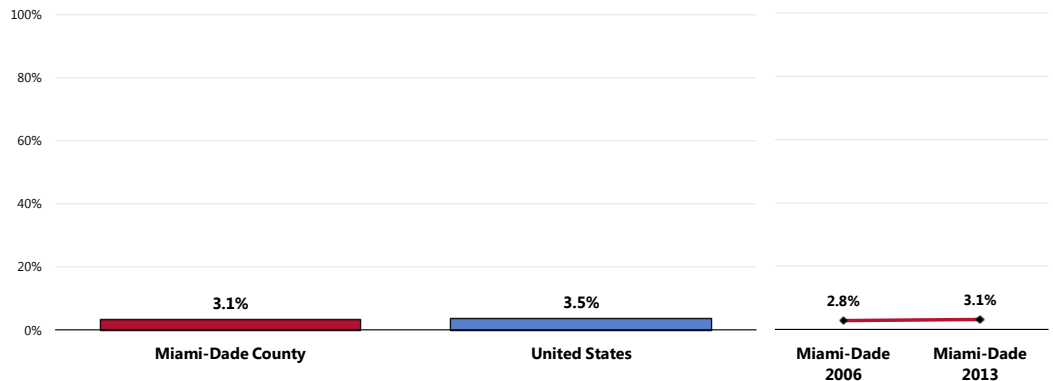
### Drinking & Driving

Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that the actual incidence of drinking and driving in the community is likely higher.

**A total of 3.1% of Miami-Dade County adults acknowledge having driven a vehicle in the past month after they had perhaps too much to drink.**

- Similar to the national findings.
-  The drinking and driving prevalence has not changed significantly over time.

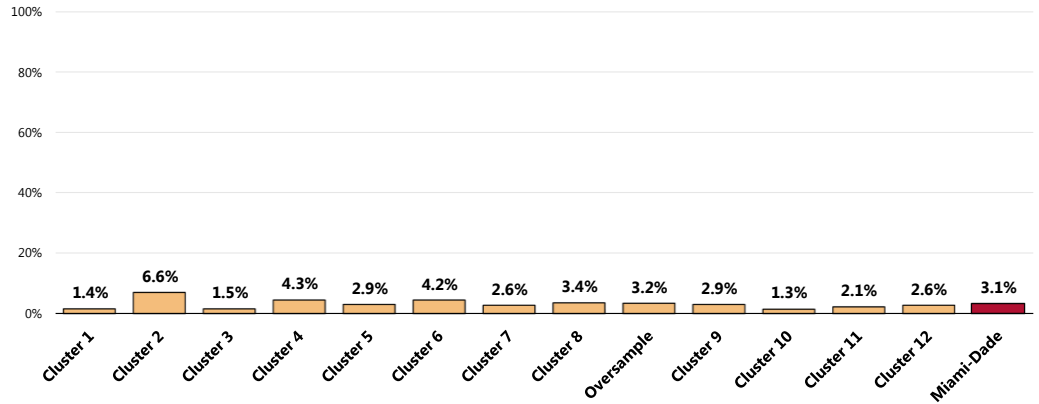
### Have Driven in the Past Month After Perhaps Having Too Much to Drink



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 66]  
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents.

- Highest in Cluster 2; lowest in Clusters 1 and 10.

### Have Driven in the Past Month After Perhaps Having Too Much to Drink

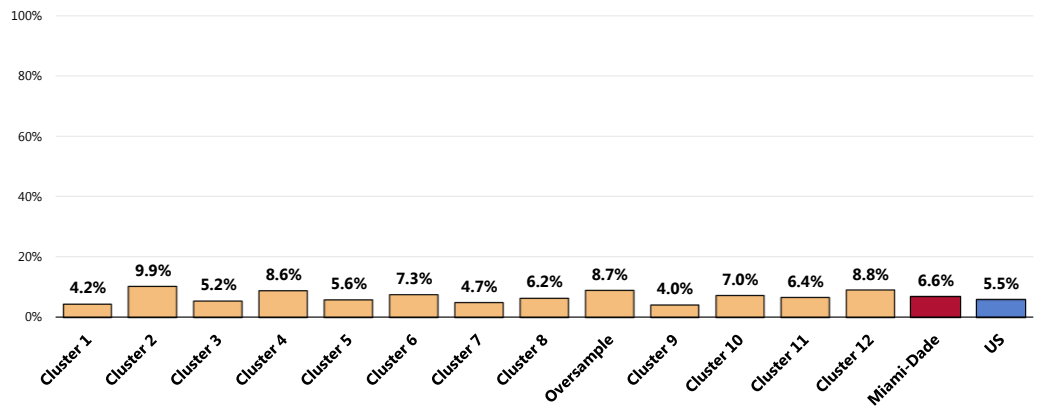


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 66]  
 Notes: • Asked of all respondents.

**A total of 6.6% of Miami-Dade County adults acknowledge either drinking and driving or riding with a drunk driver in the past month.**

- Comparable to the national findings.
- Most favorable among Cluster 9 respondents.

### Have Driven Drunk OR Ridden With a Driver in the Past Month Who Had Too Much to Drink



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 202]  
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents.

## Illicit Drug Use

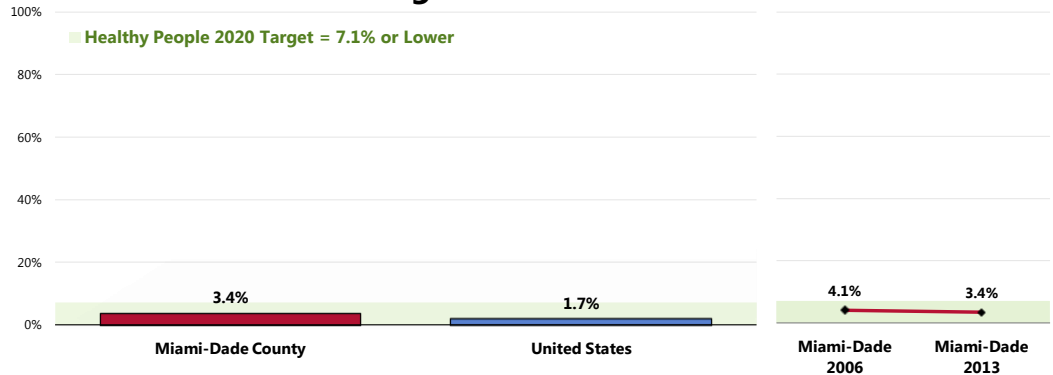
For the purposes of this survey, "illicit drug use" includes use of illegal substances or of prescription drugs taken without a physician's order.

Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that actual illicit drug use in the community is likely higher.

**A total of 3.4% of Miami-Dade County adults acknowledge using an illicit drug in the past month.**

- Higher than the proportion found nationally.
- Satisfies the Healthy People 2020 target of 7.1% or lower.
- ▣ Statistically unchanged over time.

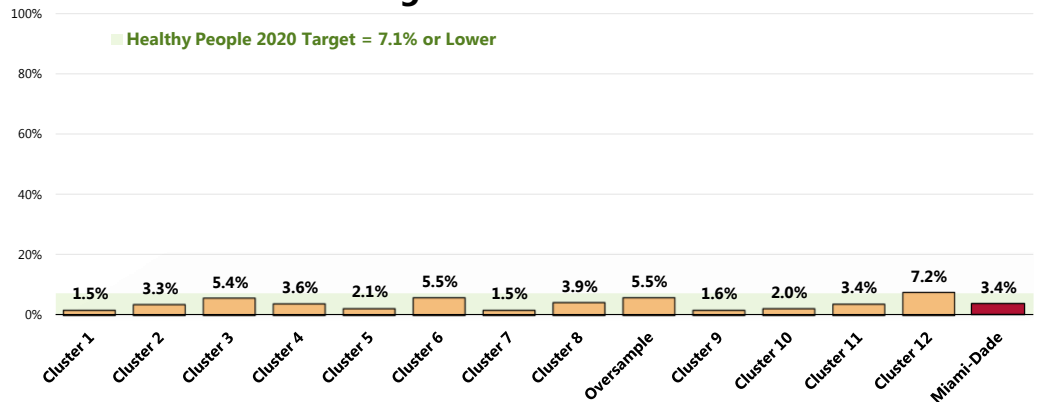
### Illicit Drug Use in the Past Month



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 68]  
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.  
 • United States Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-13.3]  
 Notes: • Asked of all respondents.

- Highest in Cluster 12; favorably low in Clusters 1, 7, and 9.

### Illicit Drug Use in the Past Month



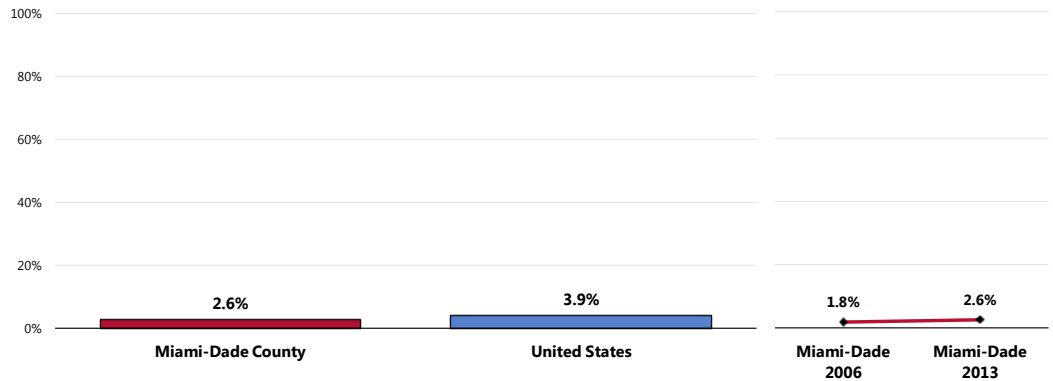
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 68]  
 • United States Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-13.3]  
 Notes: • Asked of all respondents.

## Alcohol & Drug Treatment

**A total of 2.6% of Miami-Dade County adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.**

- Similar to national findings.
- ▣ Statistically unchanged over time.

### Have Ever Sought Professional Help for an Alcohol/Drug-Related Problem

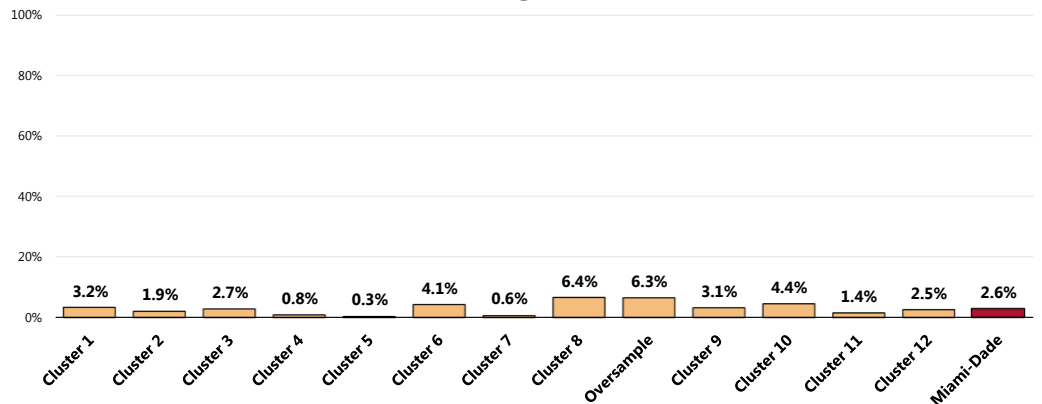


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 69]  
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

- Lowest in Clusters 4, 5, and 7; highest in Cluster 8 and the Oversample.

### Have Ever Sought Professional Help for an Alcohol/Drug-Related Problem



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 69]  
 Notes: • Asked of all respondents.



# Tobacco Use

Tobacco use is the single most preventable cause of death and disease in the United States. Each year, approximately 443,000 Americans die from tobacco-related illnesses. For every person who dies from tobacco use, 20 more people suffer with at least one serious tobacco-related illness. In addition, tobacco use costs the US \$193 billion annually in direct medical expenses and lost productivity.

Scientific knowledge about the health effects of tobacco use has increased greatly since the first Surgeon General's report on tobacco was released in 1964.

Tobacco use causes:

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

There is no risk-free level of exposure to secondhand smoke. Secondhand smoke causes heart disease and lung cancer in adults and a number of health problems in infants and children, including: severe asthma attacks; respiratory infections; ear infections; and sudden infant death syndrome (SIDS).

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

– Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

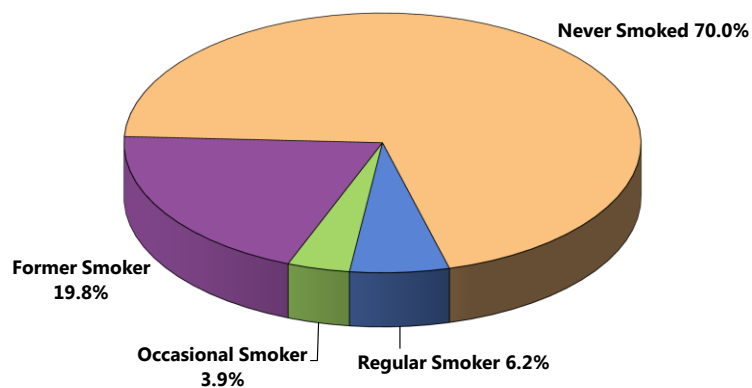
## Cigarette Smoking

### Cigarette Smoking Prevalence

**A total of 10.1% of Miami-Dade County adults currently smoke cigarettes, either regularly (6.2% every day) or occasionally (3.9% on some days).**

#### Cigarette Smoking Prevalence

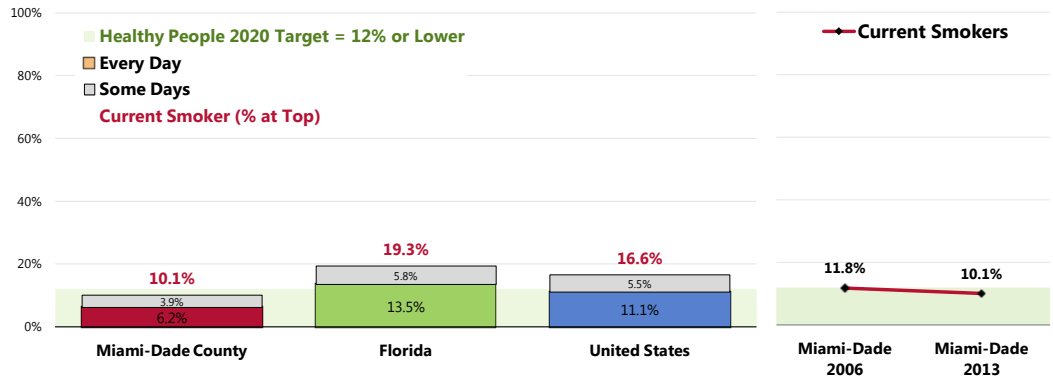
(Miami-Dade County, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 195]  
Notes: • Asked of all respondents.

- Better than statewide findings.
- Better than national findings.
- ☒ Satisfies the Healthy People 2020 target (12% or lower). The current smoking percentage is statistically unchanged since 2006.

## Current Smokers



Sources:
 

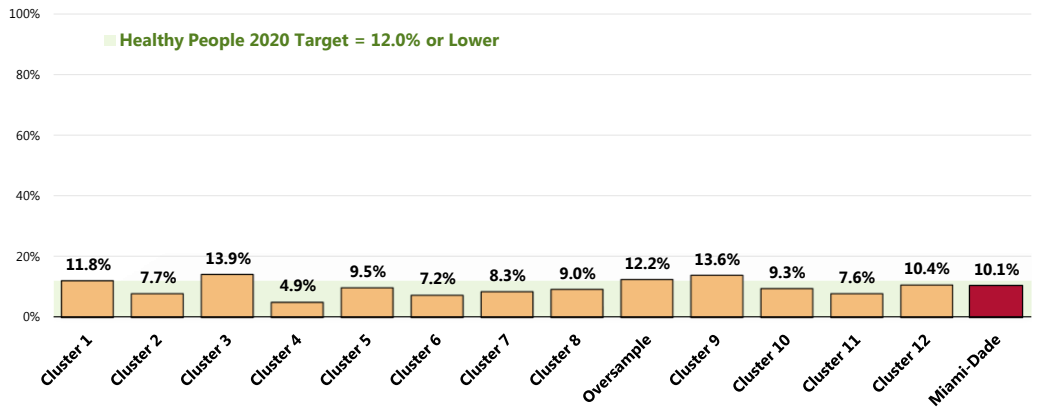
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 195]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Florida data.
- United States Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.1]

 Notes:
 

- Asked of all respondents.
- Includes regular and occasional smokers (everyday and some days).

- Statistically low in Cluster 4.

## Current Smokers



Sources:
 

- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 195]
- United States Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.1]

 Notes:
 

- Asked of all respondents.
- Includes regular and occasional smokers (everyday and some days).

Cigarette smoking is more prevalent among:

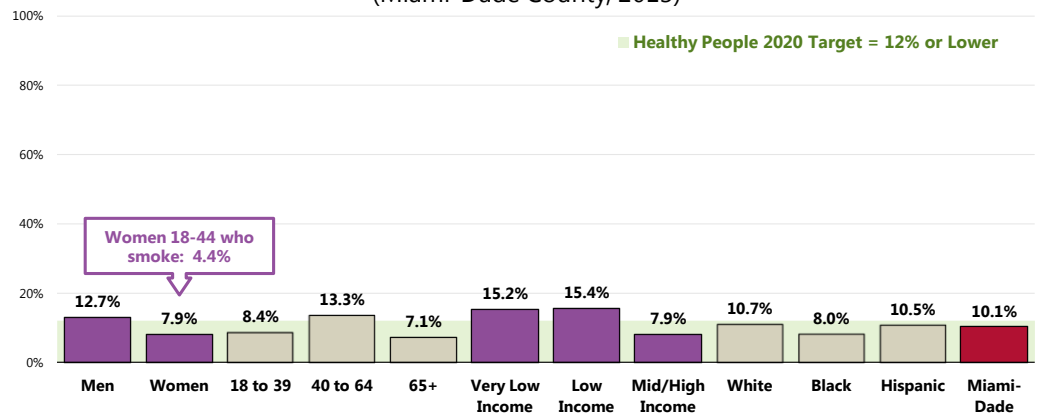
👤 Men.

👤 Adults age 40 to 64.

👤 Lower-income residents.

👤 Note also: Just 4.4% of women of child-bearing age (ages 18 to 44) currently smoke. This is notable given that tobacco use increases the risk of infertility, as well as the risks for miscarriage, stillbirth and low birthweight for women who smoke during pregnancy.

## Current Smokers (Miami-Dade County, 2013)



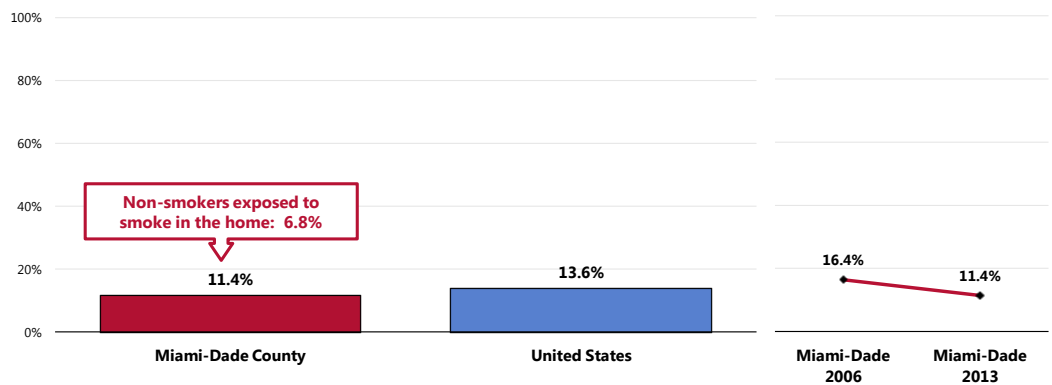
- Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 195-196]
  - United States Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.1]
- Notes:
- Asked of all respondents.
  - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
  - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
  - Includes regular and occasion smokers (everyday and some days).

## Environmental Tobacco Smoke

**A total of 11.4% of Miami-Dade County adults (including smokers and non-smokers) report that a member of their household has smoked cigarettes in the home an average of 4+ times per week over the past month.**

- Similar to national findings.
- ▣ Marks a statistically significant decrease over time.
- 👤 Note that 6.8% of Miami-Dade County non-smokers are exposed to cigarette smoke at home.

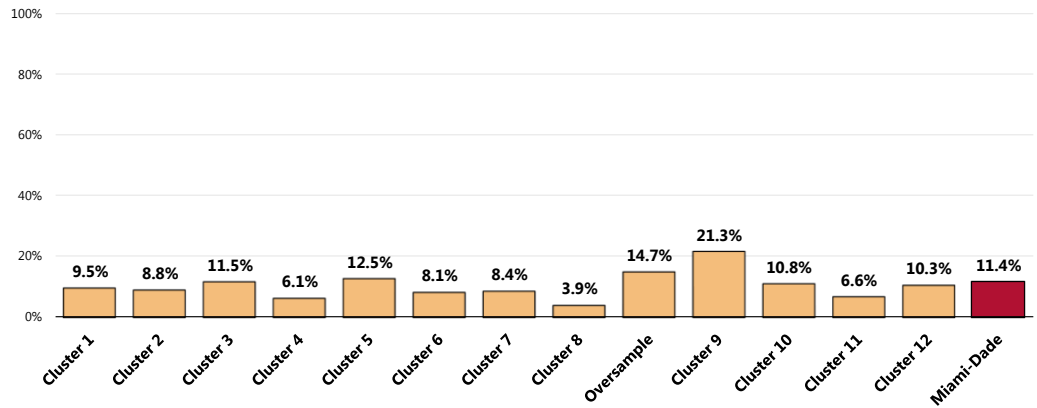
## Member of Household Smokes at Home



- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 60, 197]
  - 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.
  - "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

- Highest in Cluster 9, lowest in Clusters 4, 8, and 11.

## Member of Household Smokes at Home

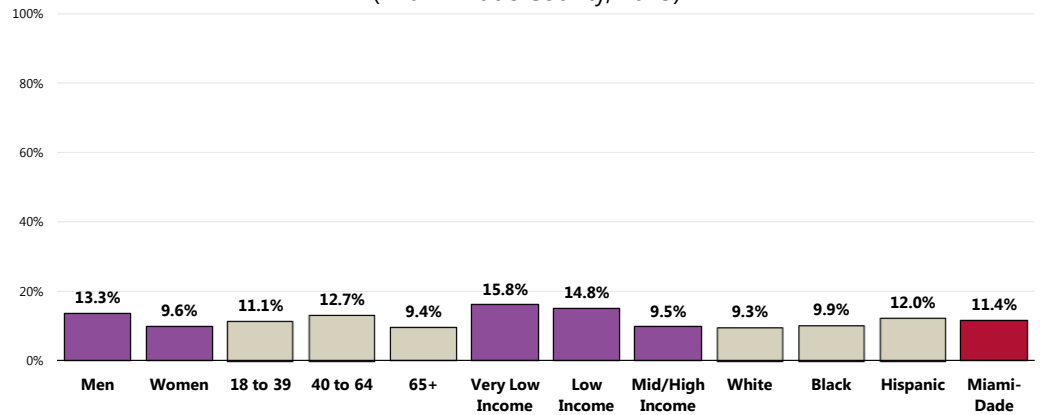


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 60]  
 Notes: • Asked of all respondents.

👤 Notably higher among men, adults age 40-64, and residents with lower incomes.

## Member of Household Smokes At Home

(Miami-Dade County, 2013)

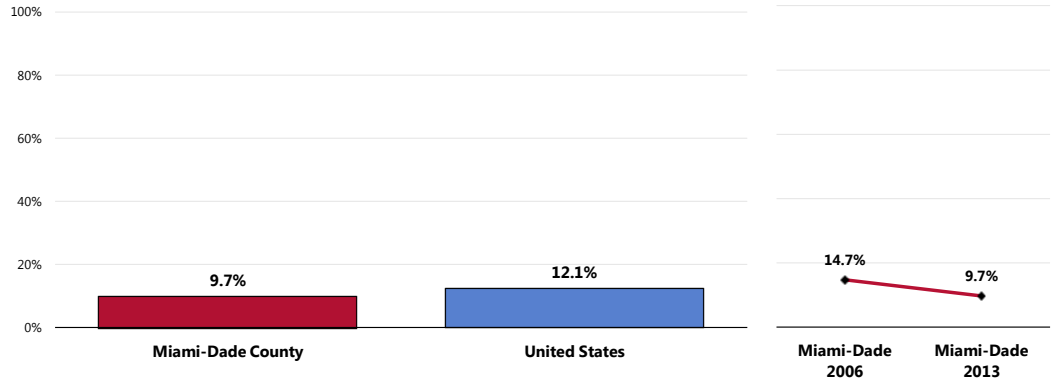


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 60]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.  
 • "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

**Among households with children, 9.7% have someone who smokes cigarettes in the home.**

- Similar to national findings.
- ▣ Marks a significant decrease over time.

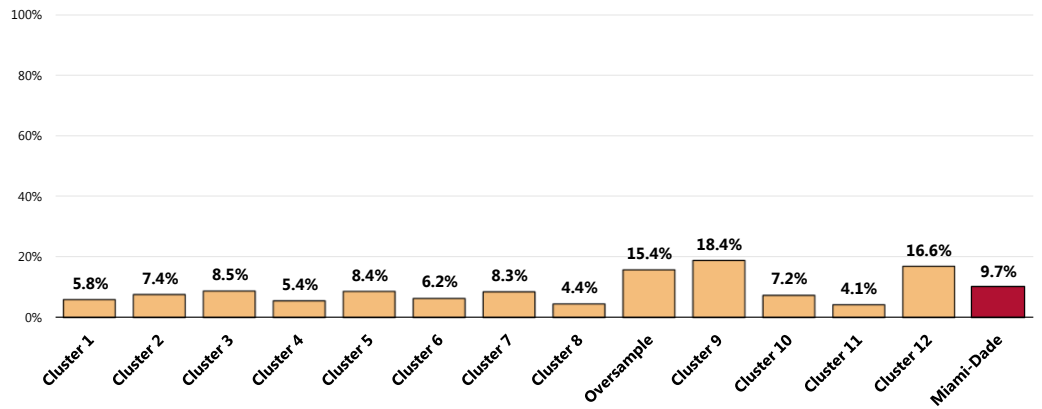
**Percentage of Households With Children in Which Someone Smokes in the Home**



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 198]  
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents.  
 • "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

- Highest in Cluster 9; lowest in Cluster 11.

**Percentage of Households With Children in Which Someone Smokes in the Home**



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 198]  
 Notes: • Asked of all respondents.

**Smoking Cessation**

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

Many factors influence tobacco use, disease, and mortality. Risk factors include race/ethnicity, age, education, and socioeconomic status. Significant disparities in tobacco use exist geographically; such disparities typically result from differences among states in smoke-free protections, tobacco prices, and program funding for tobacco prevention.

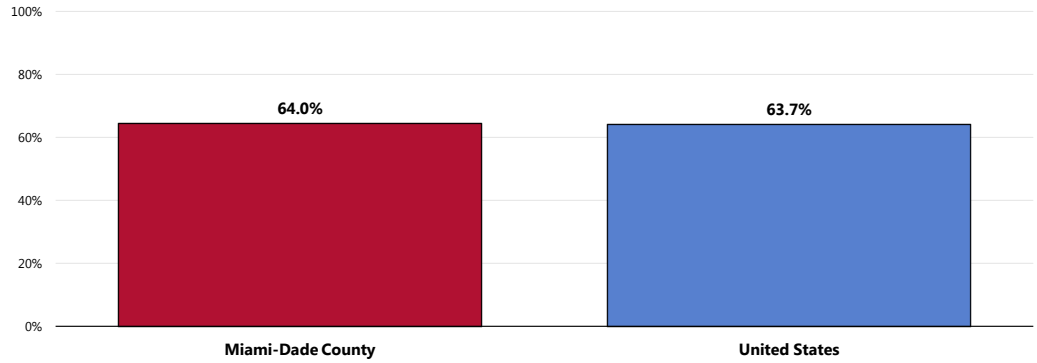
– Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

## Health Advice About Smoking Cessation

**A total of 64.0% of smokers say that a doctor, nurse or other health professional has recommended in the past year that they quit smoking.**

- Nearly identical to the national percentage.

### **Advised by a Healthcare Professional in the Past Year to Quit Smoking** (Among Current Smokers)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 59]  
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

## Smoking Cessation Attempts

**Over half (57.7%) of regular smokers went without smoking for one day or longer in the past year because they were trying to quit smoking.**

- Similar to the national percentage.
- Fails to satisfy the Healthy People 2020 target (80% or higher).

### **Have Stopped Smoking for One Day or Longer in the Past Year in an Attempt to Quit Smoking** (Among Everyday Smokers)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 58]  
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • United States Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-4.1]  
• Asked of respondents who smoke cigarettes every day.

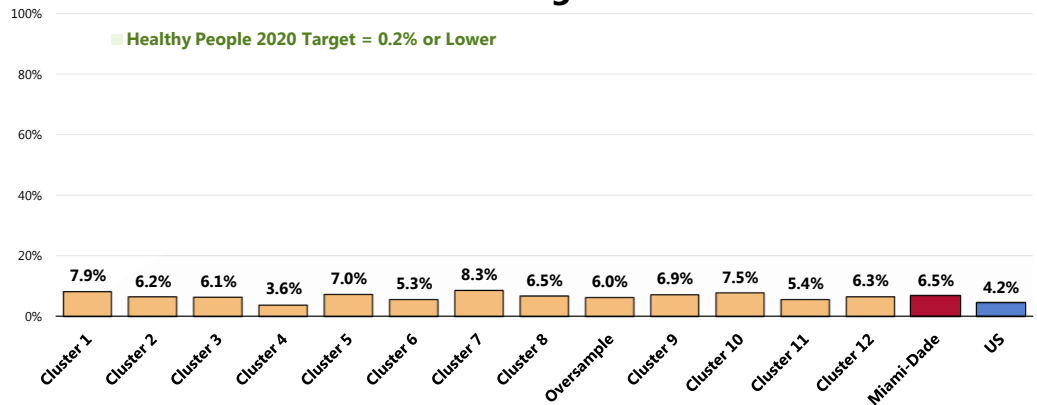
## Other Tobacco Use

### Cigars

**A total of 6.5% of Miami-Dade County adults use cigars every day or on some days.**

- Higher than the national percentage.
- Fails to satisfy the Healthy People 2020 target (0.2% or lower).
- Favorably low in Cluster 4.

### Use of Cigars



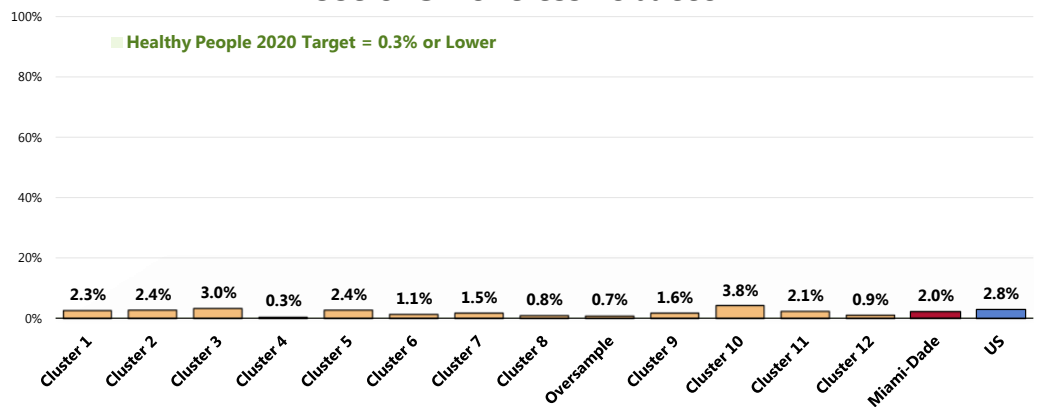
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 62]  
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.  
 • United States Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.3]  
 Notes: • Asked of all respondents.

### Smokeless Tobacco

**A total of 2.0% of Miami-Dade County adults use some type of smokeless tobacco every day or on some days.**

- Comparable to the national percentage.
- Fails to satisfy the Healthy People 2020 target (0.3% or lower).
- Statistically low in Cluster 4 and in the Oversample.

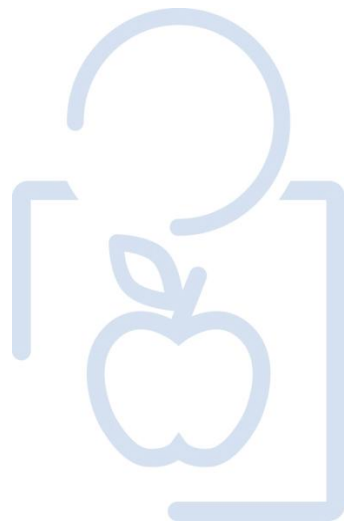
### Use of Smokeless Tobacco



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 61]  
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.  
 • United States Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.2]  
 Notes: • Asked of all respondents.  
 • Smokeless tobacco includes chewing tobacco or snuff.

Examples of smokeless tobacco include chewing tobacco, snuff, or "snus."

# ACCESS TO HEALTH SERVICES



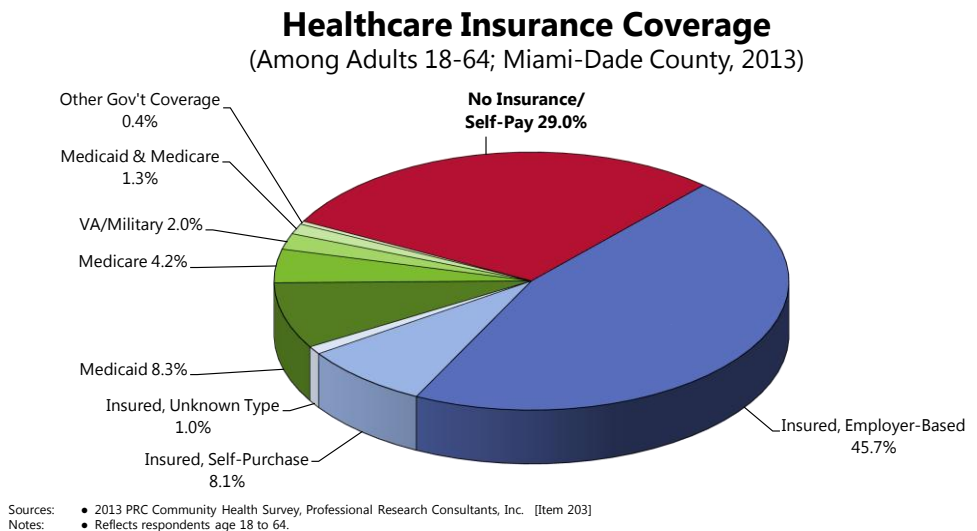


# Health Insurance Coverage

Survey respondents were asked a series of questions to determine their healthcare insurance coverage, if any, from either private or government-sponsored sources.

## Type of Healthcare Coverage

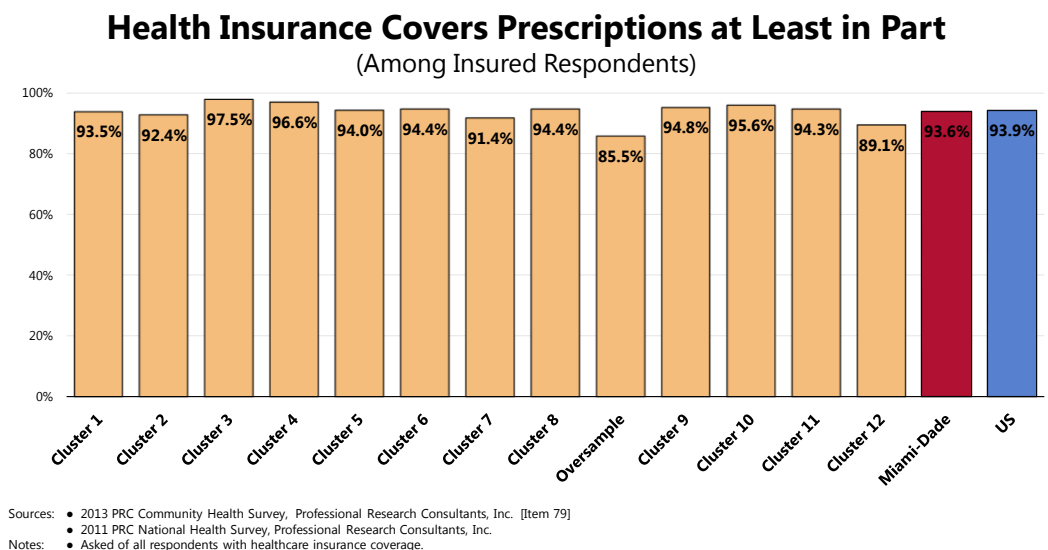
**A total of 54.8% of Miami-Dade County adults age 18 to 64 report having healthcare coverage through private insurance. Another 16.2% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).**



## Prescription Drug Coverage

**Among insured adults, 93.6% report having prescription coverage as part of their insurance plan.**

- Nearly identical to the national prevalence.
- Highest in Clusters 3 and 4; lowest in the Oversample.

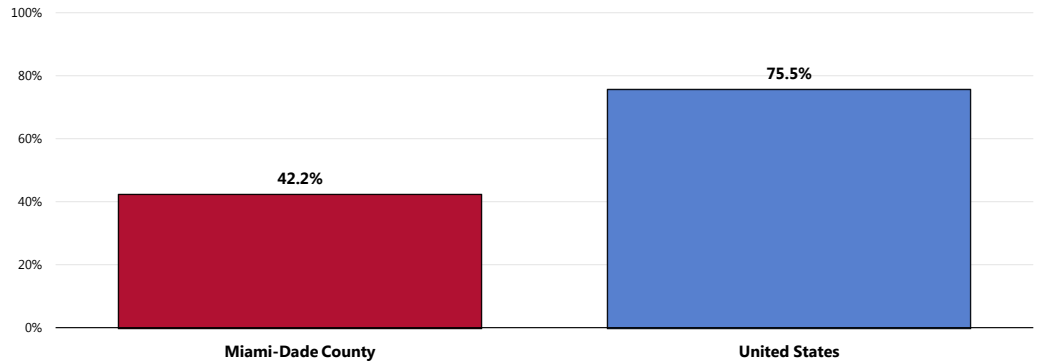


## Supplemental Coverage

Among Medicare recipients, 42.2% have additional, supplemental healthcare coverage.

- Significantly lower than among seniors nationally.

### Have Supplemental Coverage in Addition to Medicare (Among Adults 65+)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 78]  
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents age 65+.

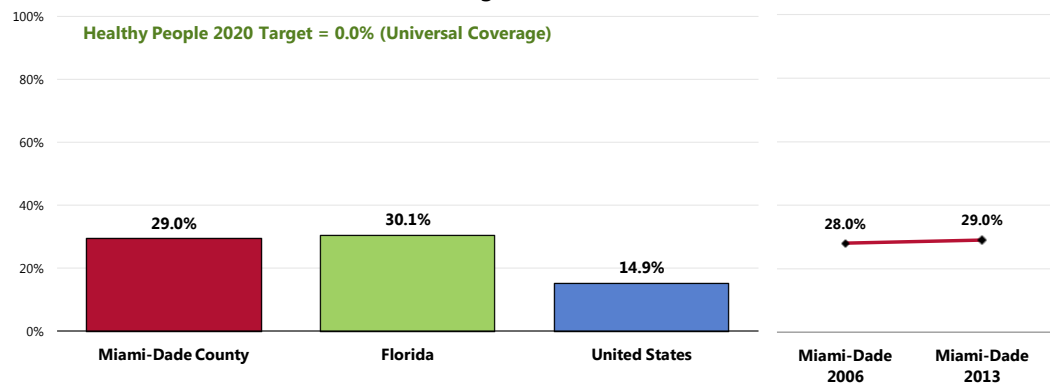
## Lack of Health Insurance Coverage

Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus, excluding the Medicare population) who have no type of insurance coverage for healthcare services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

Among adults age 18 to 64, 29.0% report having no insurance coverage for healthcare expenses.

- Similar to the state finding.
- Twice the national finding.
- The Healthy People 2020 target is universal coverage (0% uninsured).
- ☒ Statistically similar to 2006 findings.

### Lack of Healthcare Insurance Coverage (Among Adults 18-64)



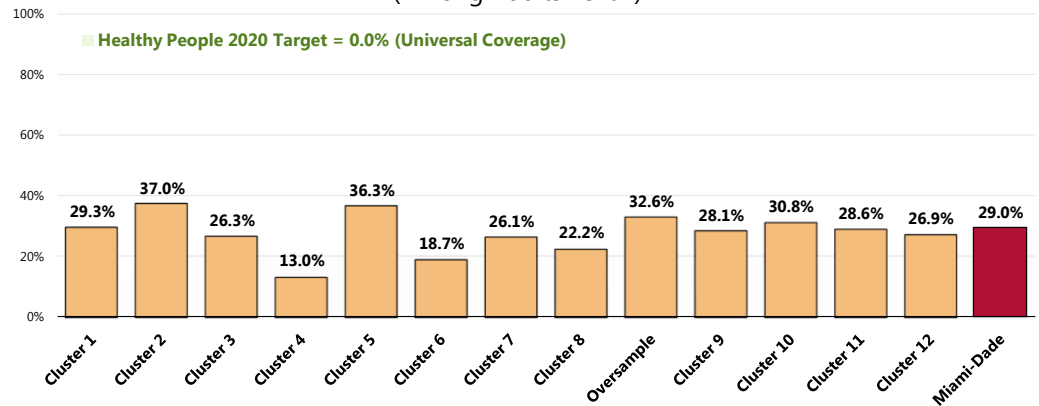
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 203]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Florida data.  
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.  
 • United States Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-1]

Notes: • Asked of all respondents under the age of 65.

- Highest in Cluster 2; lowest in Clusters 4 and 6.

## Lack of Healthcare Insurance Coverage

(Among Adults 18-64)



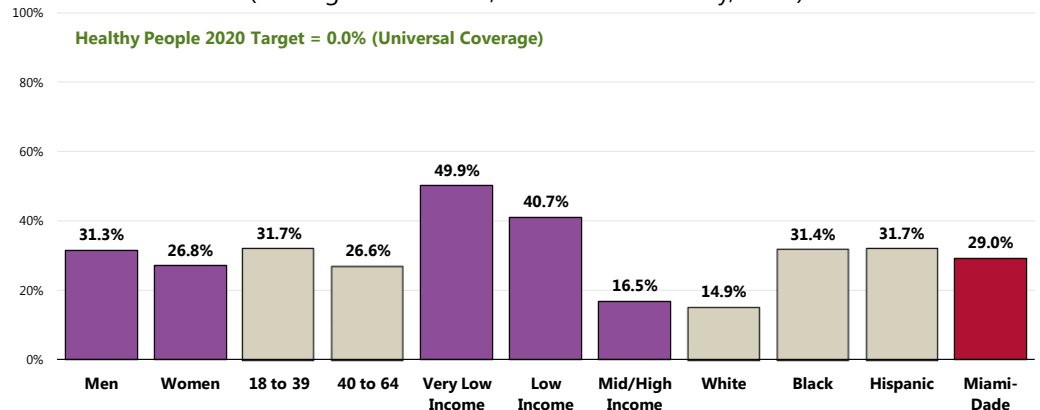
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 203]  
 • United States Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-1]  
 Notes: • Asked of all respondents under 65.

The following population segments are more likely to be without healthcare insurance coverage:

- 👤 Men.
- 👤 Young adults.
- 👤 Residents living at lower incomes (note the 49.9% uninsured prevalence among adults living in poverty).
- 👤 Blacks and Hispanics.

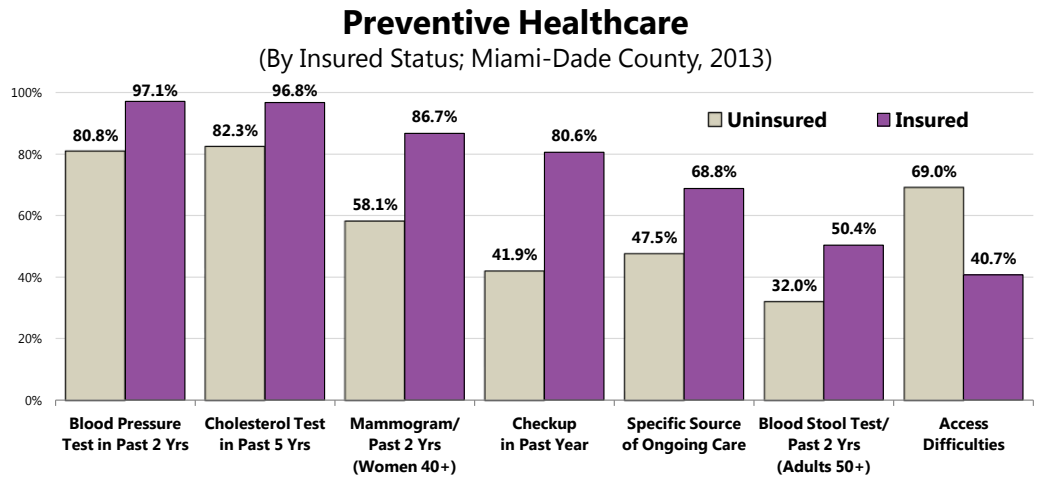
## Lack of Healthcare Insurance Coverage

(Among Adults 18-64; Miami-Dade County, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 203]  
 • United States Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-1]  
 Notes: • Asked of all respondents under the age of 65.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

As might be expected, uninsured adults in Miami-Dade County are less likely to receive routine care and preventive health screenings, and are more likely to have experienced difficulties accessing healthcare.



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 17, 48, 51, 156, 161, 204, 207]  
 Notes: • Asked of all respondents.

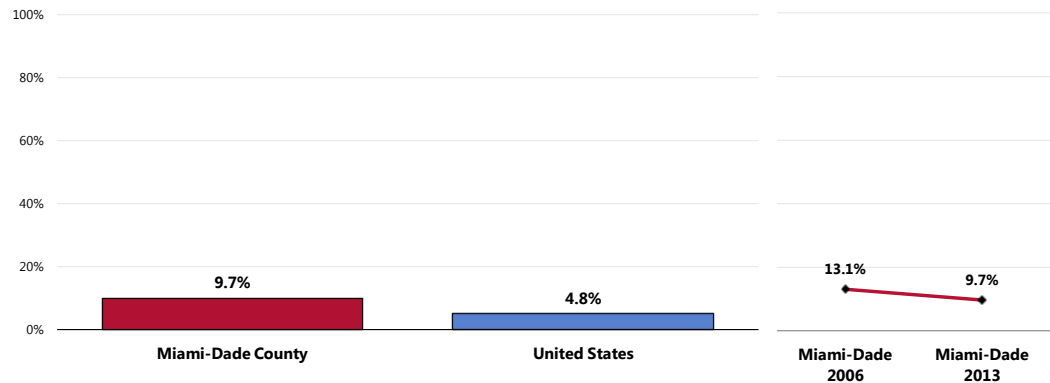
### Recent Lack of Coverage (Insurance Instability)

Among currently insured adults in Miami-Dade County, 9.7% report that they were without healthcare coverage at some point in the past year.

- Twice the US prevalence.
- ▣ Marks a significant improvement over time.

### Went Without Healthcare Insurance Coverage At Some Point in the Past Year

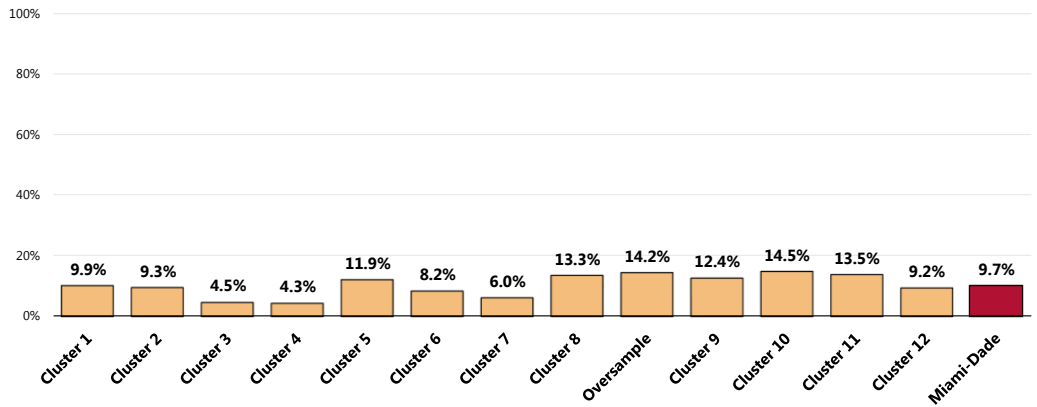
(Among Insured Adults)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 80]  
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents with healthcare insurance coverage.

- Favorably low in Clusters 3, 4, and 7.

### Went Without Healthcare Insurance Coverage At Some Point in the Past Year (Among Insured Adults)

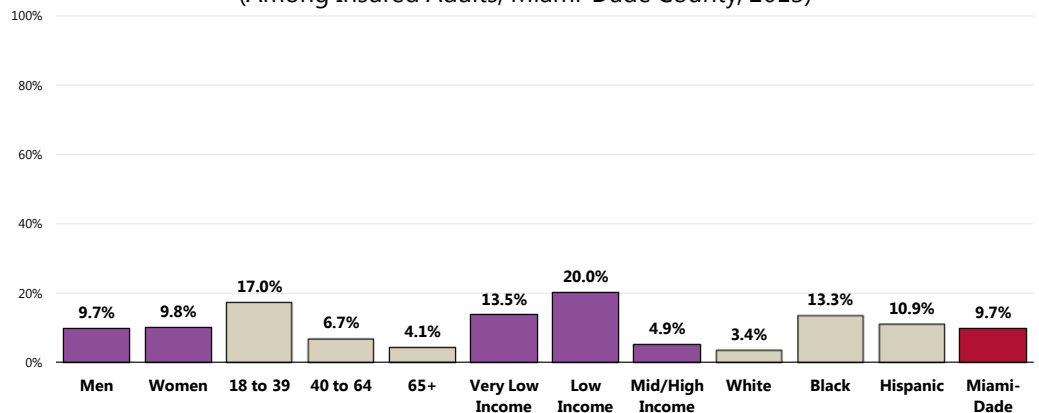


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 80]  
 Notes: • Asked of all respondents with healthcare insurance coverage.

Among insured adults, the following segments are more likely to have gone without healthcare insurance coverage at some point in the past year:

- 👤 Young adults.
- 👤 Lower-income residents.
- 👤 Blacks and Hispanics.

### Went Without Healthcare Insurance Coverage At Some Point in the Past Year (Among Insured Adults; Miami-Dade County, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 80]  
 Notes: • Asked of all insured respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

# Difficulties Accessing Healthcare

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. It impacts: overall physical, social, and mental health status; prevention of disease and disability; detection and treatment of health conditions; quality of life; preventable death; and life expectancy.

Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires three distinct steps: 1) Gaining entry into the health care system; 2) Accessing a health care location where needed services are provided; and 3) Finding a health care provider with whom the patient can communicate and trust.

- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

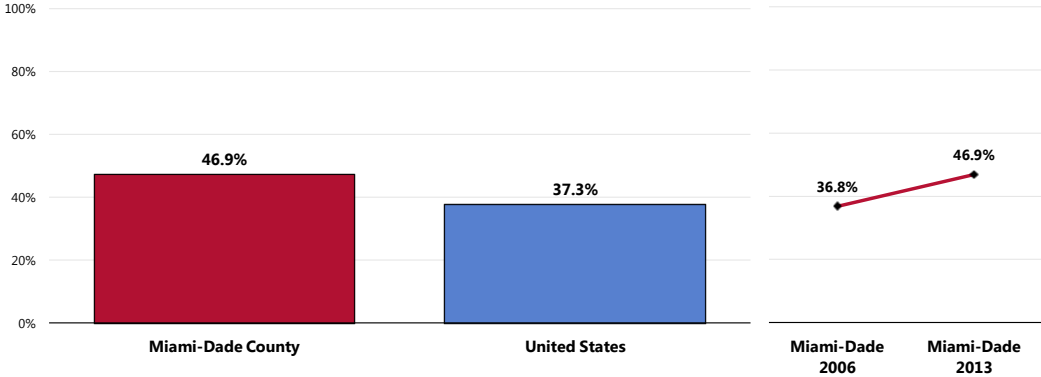
## Difficulties Accessing Services

**A total of 46.9% of Miami-Dade County adults report some type of difficulty or delay in obtaining healthcare services in the past year.**

- Less favorable than national findings.
- ▣ Marks a significant increase over time.

This indicator reflects the percentage of the total population experiencing problems accessing healthcare in the past year, regardless of whether they needed or sought care.

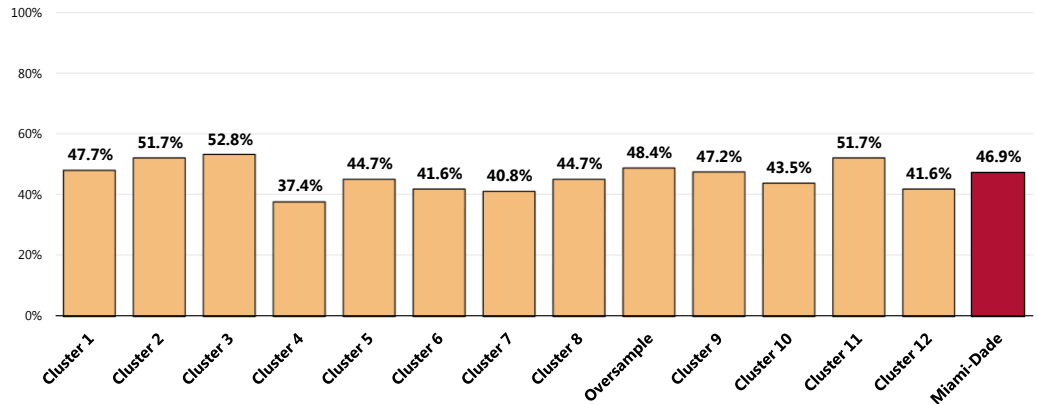
### Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 207]  
 ● 2011 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: ● Asked of all respondents.  
 ● Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.

- Favorably low in Cluster 4.

## Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year



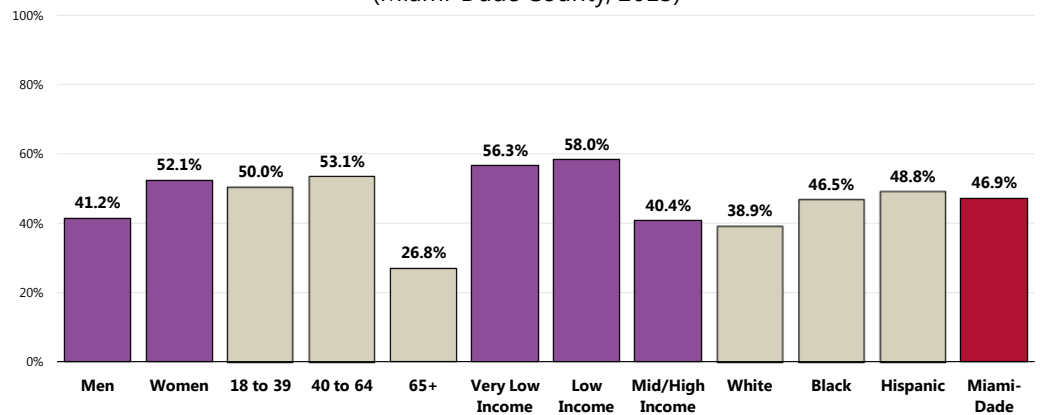
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 207]  
 Notes: • Asked of all respondents.  
 • Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.

Note that the following demographic groups more often report difficulties accessing healthcare services:

- 👥 Women.
- 👥 Adults under the age of 65.
- 👥 Lower-income residents.
- 👥 Blacks and Hispanics.

## Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year

(Miami-Dade County, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 207]  
 Notes: • Asked of all respondents.  
 • Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

## Barriers to Healthcare Access

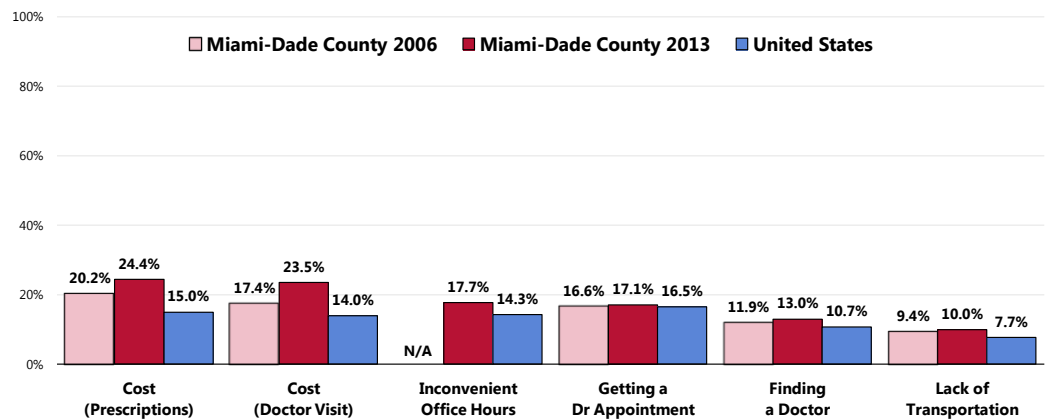
To better understand healthcare access barriers, survey participants were asked whether any of six types of barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

Again, these percentages reflect the total population, regardless of whether medical care was needed or sought.

**Of the tested barriers, cost of prescription medications as well as cost of doctor visits impacted the greatest share of Miami-Dade County adults (over 23% of respondents say that cost prevented them from obtaining a needed prescription and/or a physician visit in the past year).**

- The proportion of Miami-Dade County adults impacted was statistically worse than that found nationwide for each of the tested barriers, with the exception of difficulty getting an appointment (findings were similar).
- ☒ Compared to baseline 2006 data, the Miami-Dade County has seen a significant increase with regard to the barrier of **cost** (for prescriptions as well as physician visits).

### Barriers to Access Have Prevented Medical Care in the Past Year



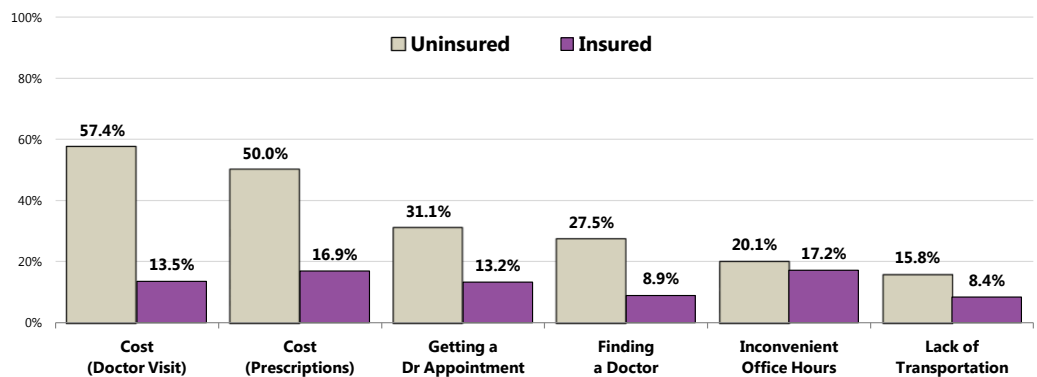
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 7-12]  
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

☺ As might be expected, Miami-Dade County adults without health insurance are much more likely to report access barriers when compared to the insured population, particularly those related to cost.

### Barriers to Healthcare Access

(By Insured Status, Adults 18+; Miami-Dade County, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 7-12]

Notes: • Asked of all respondents.

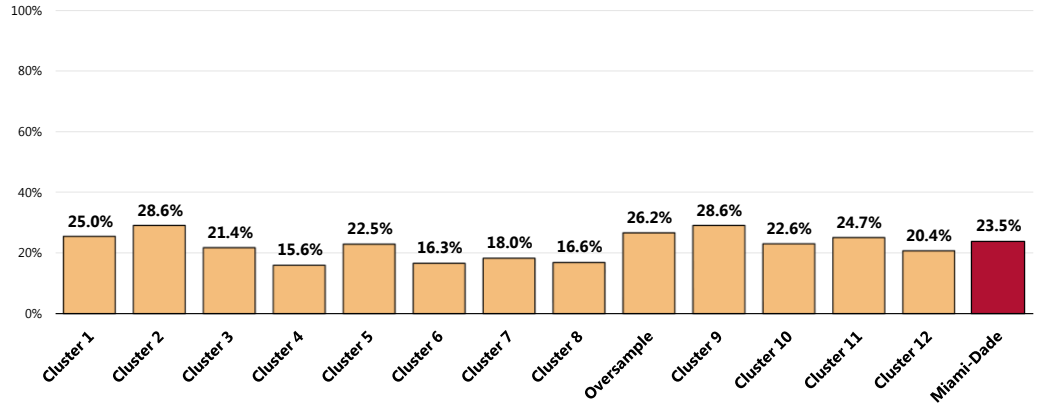


## Barriers by Cluster

### Cost of a Physician Visit

- By Cluster, cost as a barrier to physician visits in the past year is statistically low in Clusters 4, 6, 7, and 8.

#### Cost Prevented a Physician Visit in the Past Year

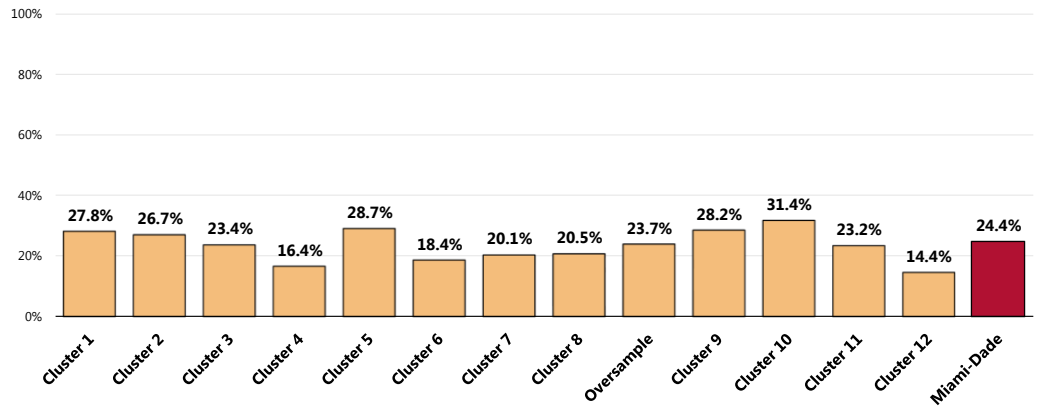


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 9]  
Notes: • Asked of all respondents.

### Cost of a Prescription Medication

- More favorable in Clusters 4, 6, and 12; unfavorably high in Cluster 10.

#### Cost Prevented a Prescription Medication in the Past Year

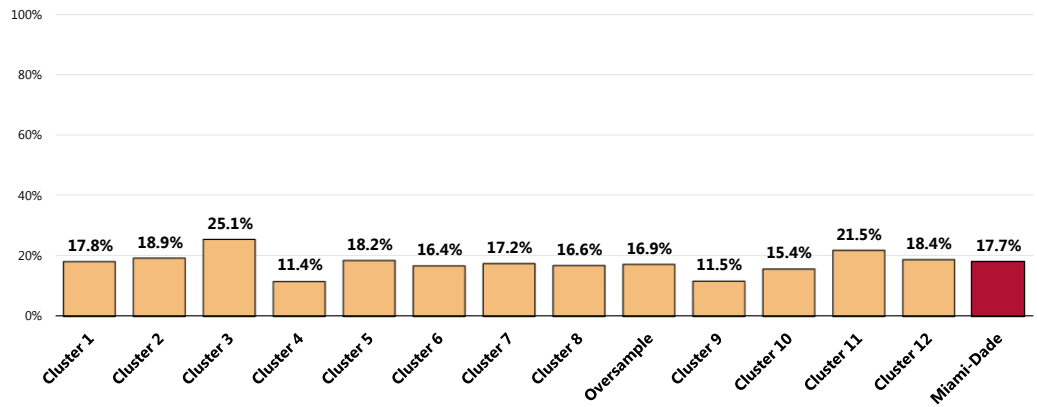


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 12]  
Notes: • Asked of all respondents.

## Inconvenient Office Hours

- Unfavorably high in Cluster 3; lowest in Clusters 4 and 9.

### Inconvenient Office Hours Prevented a Physician Visit at Some Point in the Past Year

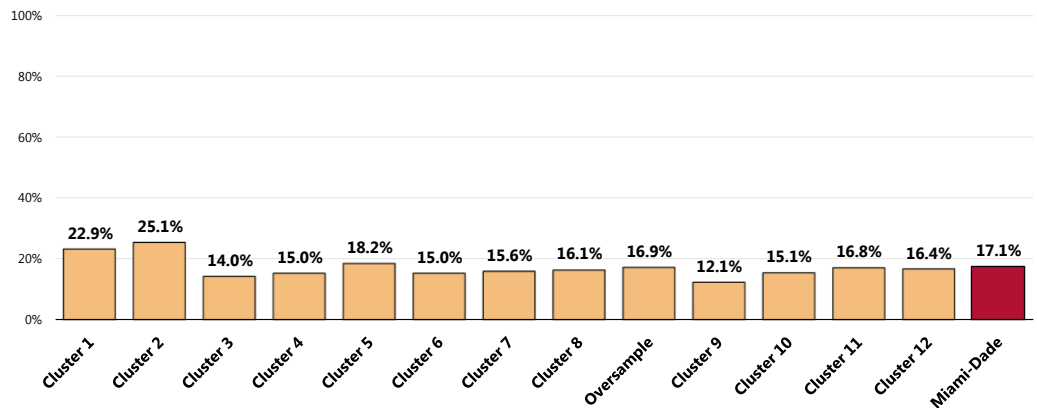


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 11]  
Notes: • Asked of all respondents.

## Difficulty Getting an Appointment

- Unfavorably high in Clusters 1 and 2; lowest in Cluster 9.

### Difficulty Getting a Medical Appointment in the Past Year

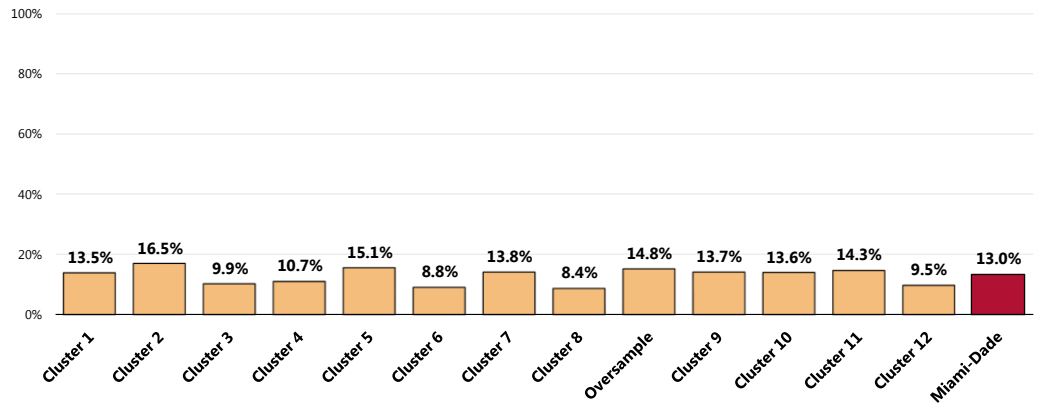


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 8]  
Notes: • Asked of all respondents.

## Difficulty Finding a Physician

- Favorably low in Clusters 6 and 8.

### Difficulty Finding a Physician in the Past Year

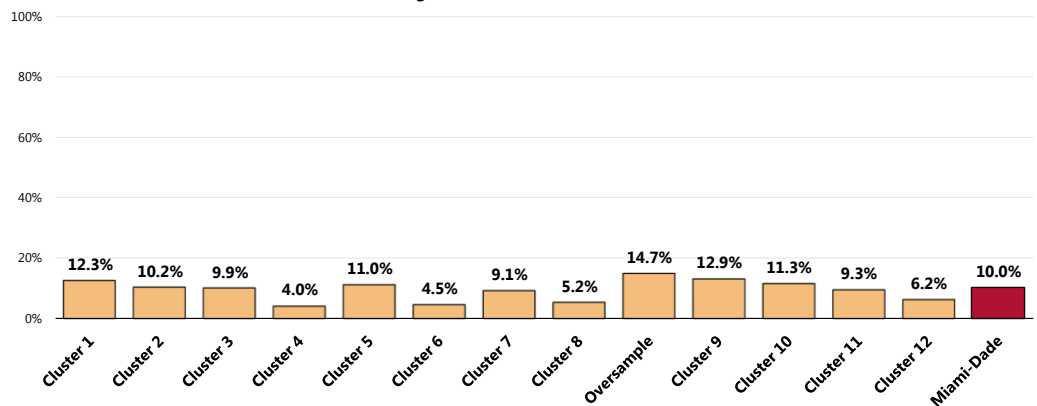


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 7]  
Notes: • Asked of all respondents.

## Lack of Transportation

- Unfavorably high in the Oversample; lowest in Clusters 4, 6, 8, and 12.

### Lack of Transportation Prevented a Physician Visit in the Past Year



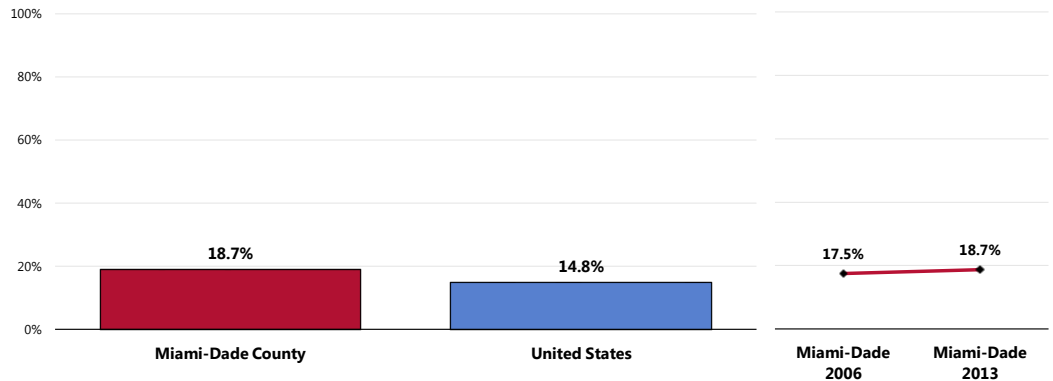
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 10]  
Notes: • Asked of all respondents.

## Prescriptions

Among all Miami-Dade County adults, 18.7% skipped or reduced medication doses in the past year in order to stretch a prescription and save money.

- Less favorable than national findings.
- ☒ Statistically similar to 2006 findings.

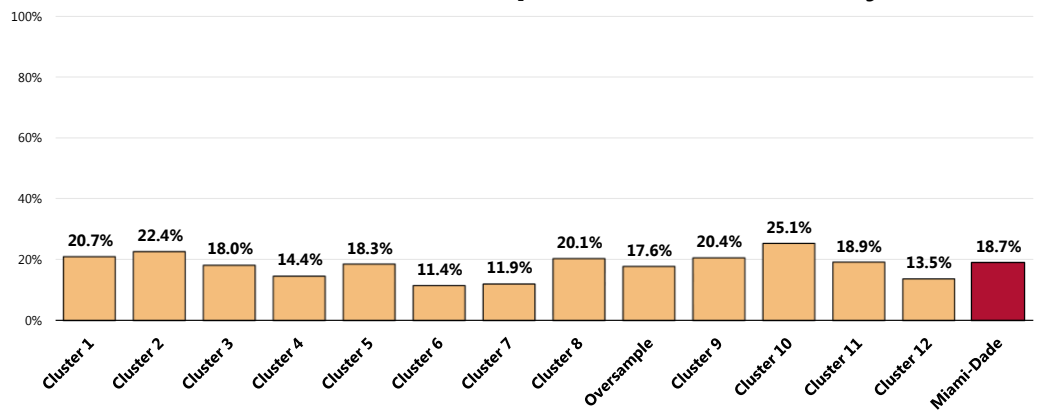
### Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 13]  
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents.






- Unfavorably high in Cluster 10; lowest in Clusters 6, 7, and 12.

### Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money



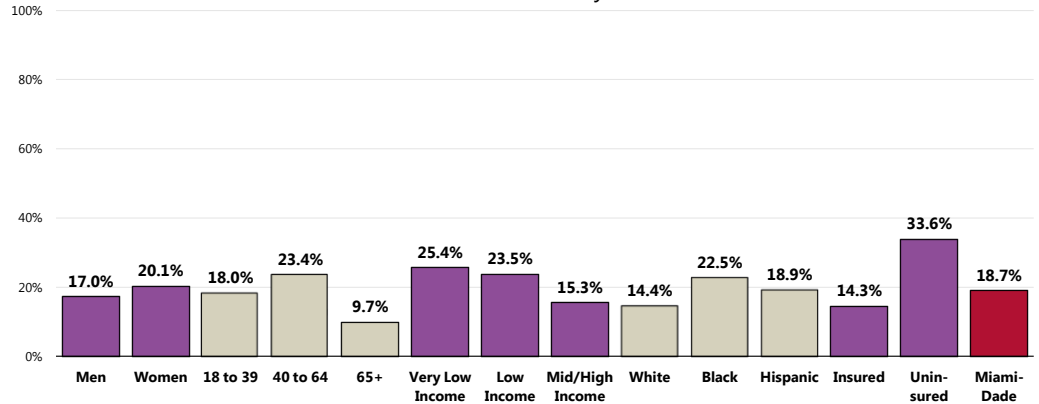
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 13]  
 Notes: • Asked of all respondents.

Adults more likely to have skipped or reduced their prescription doses include:

-  Women.
-  Adults under 65.
-  Respondents with lower incomes.
-  Blacks and Hispanics.
-  Uninsured adults.

### Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money

(Miami-Dade County, 2013)




Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 13]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

### Accessing Healthcare for Children

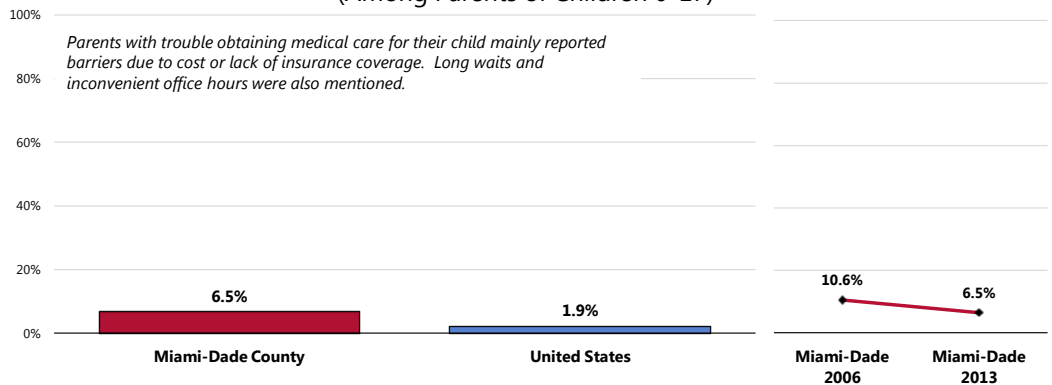
Surveyed parents were also asked if, within the past year, they experienced any trouble receiving medical care for a randomly-selected child in their household.

**A total of 6.5% of parents say there was a time in the past year when they needed medical care for their child, but were unable to get it.**

- Much higher than what is reported nationwide.
-  Marks an improvement since 2006.

### Had Trouble Obtaining Medical Care for Child in the Past Year

(Among Parents of Children 0-17)

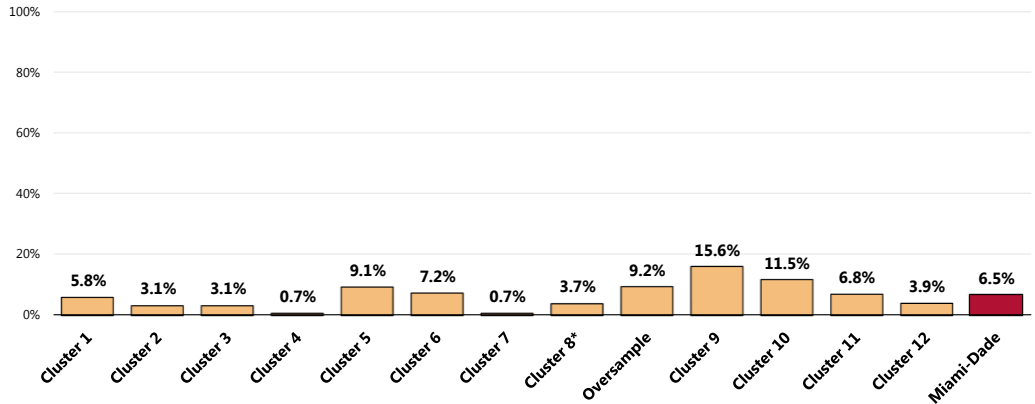


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 118-119]  
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents with children 0 to 17 in the household.


Among the parents experiencing difficulties, the majority cited **cost or a lack of insurance** as the primary reason; others cited long waits and inconvenient office hours.

- Lowest in Clusters 4 and 7; unfavorably high in Cluster 9.

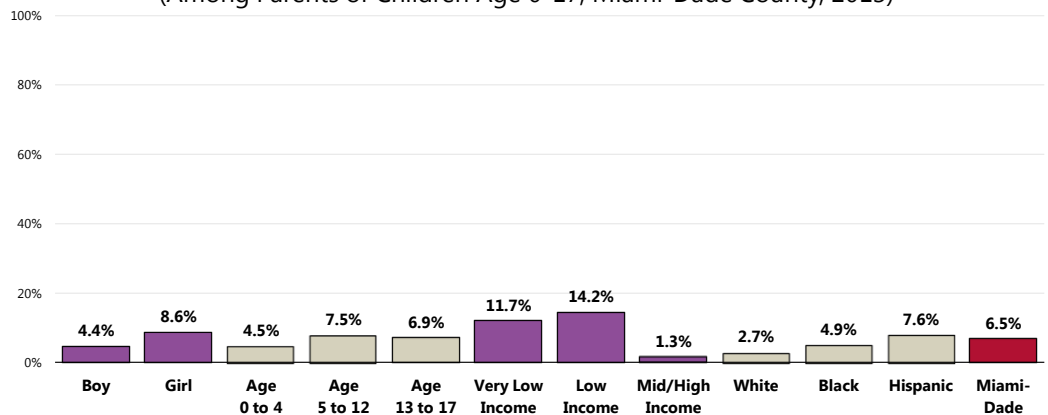
### Had Trouble Obtaining Medical Care for Child in the Past Year (Parents of Children 0-17)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 118]  
 Notes: • Asked of all respondents with children under 18 at home.  
 • \*Sample size is <50 and must be taken into account when making comparisons.

 Difficulty obtaining a child's medical care was noted more often among Hispanics, parents in lower-income households, and those with daughters.

### Had Trouble Obtaining Medical Care for Child in the Past Year (Among Parents of Children Age 0-17; Miami-Dade County, 2013)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 118]  
 Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 0 and 17.  
 • Race represents the respondent. Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

# Primary Care Services

Improving health care services depends in part on ensuring that people have a usual and ongoing source of care. People with a usual source of care have better health outcomes and fewer disparities and costs. Having a primary care provider (PCP) as the usual source of care is especially important. PCPs can develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community. Having a usual PCP is associated with:

- Greater patient trust in the provider
- Good patient-provider communication
- Increased likelihood that patients will receive appropriate care
- Improving health care services includes increasing access to and use of evidence-based preventive services.

Clinical preventive services are services that: **prevent** illness by detecting early warning signs or symptoms before they develop into a disease (primary prevention); or **detect** a disease at an earlier, and often more treatable, stage (secondary prevention).

– Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

## Specific Source of Ongoing Care

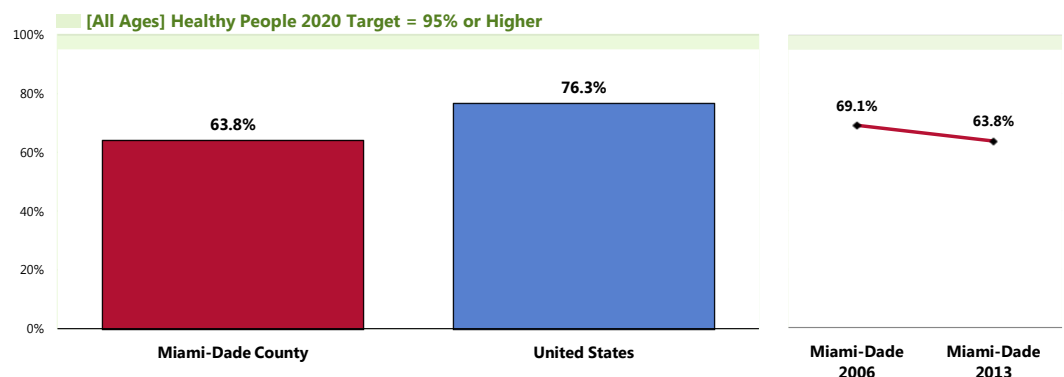
**A total of 63.8% of Miami-Dade County adults were determined to have a specific source of ongoing medical care (a “medical home”).**

- Lower than national findings.
- Fails to satisfy the Healthy People 2010 objective (95% or higher).
- ▣ Marks a statistically significant decrease since 2006.

Having a specific source of ongoing care includes having a doctor’s office, clinic, urgent care center, walk-in clinic, health center facility, hospital outpatient clinic, HMO or prepaid group, military/VA clinic, or some other kind of place to go if one is sick or needs advice about his or her health. This resource is also known as a “medical home.”

A hospital emergency room is not considered a source of ongoing care in this instance.

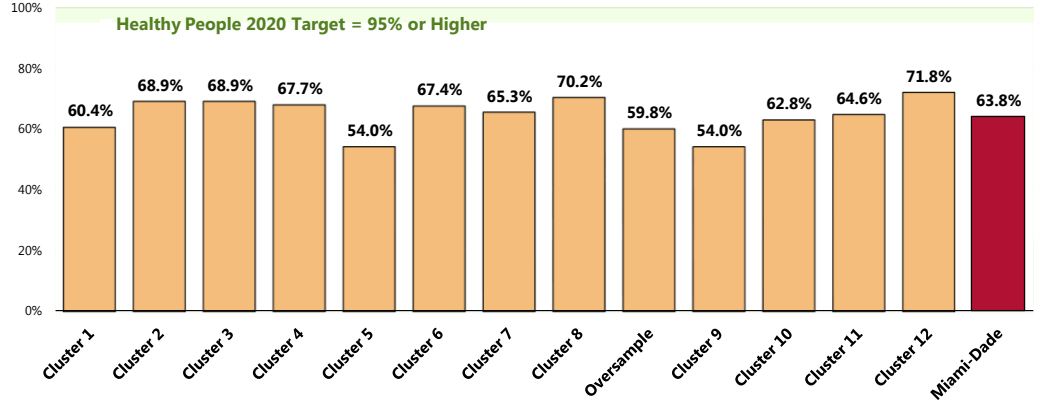
### Have a Specific Source of Ongoing Medical Care



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 204]  
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.  
 • United States Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-5.1]  
 Notes: • Asked of all respondents.

- Most favorable in Cluster 12; lowest in Clusters 5 and 9.

## Have a Specific Source of Ongoing Medical Care



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 204]  
 • United States Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-5.1]  
 Notes: • Asked of all respondents.

👤 When viewed by demographic characteristics, the following population segments are less likely to have a specific source of care: men, young adults, lower-income residents, and Blacks and Hispanics.

👤 Among adults age 18-64, 63.1% have a specific source for ongoing medical care, less favorable than national findings (not shown).

- Fails to satisfy the Healthy People 2020 target for this age group (89.4% or higher).

👤 Among adults 65+, 66.5% have a specific source for care, less favorable than the percentage reported among seniors nationally (not shown).

- Fails to satisfy the Healthy People 2020 target of 100% for seniors.

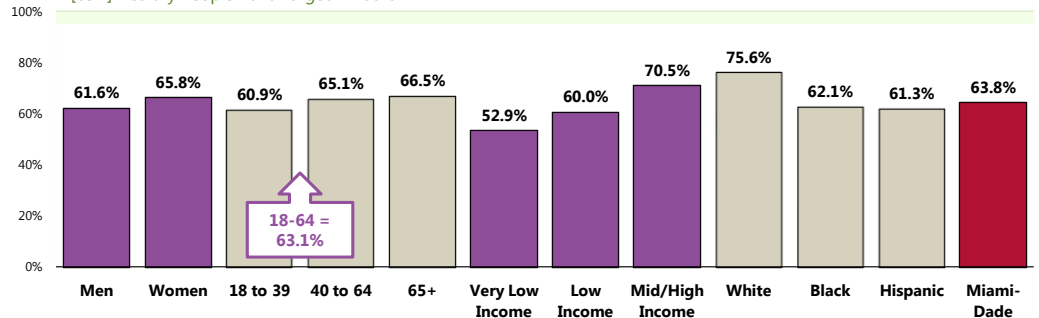
## Have a Specific Source of Ongoing Medical Care

(Miami-Dade County, 2013)

[All Ages] Healthy People 2020 Target = 95.0% or Higher

[18-64] Healthy People 2020 Target = 89.4% or Higher

[65+] Healthy People 2020 Target = 100%



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 204-206]  
 • United States Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objectives AHS-5.1, 5.3, 5.4]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

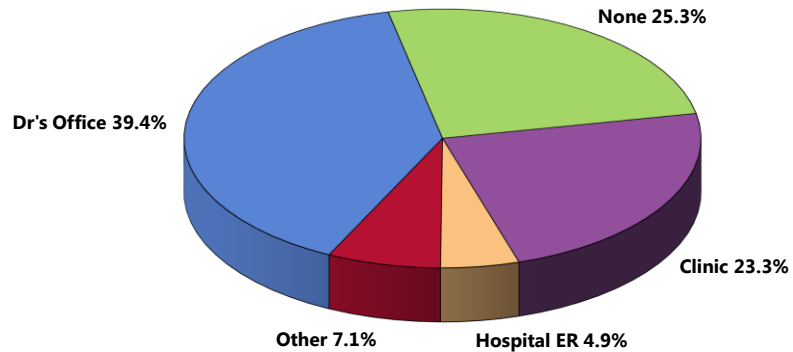


## Type of Place Used for Medical Care

When asked where they usually go if they are sick or need advice about their health, the greatest share of respondents (39.4%) identified a particular doctor's office. A total of 23.3% say they usually go to some type of clinic, while 4.9% rely on a hospital emergency room.

### Particular Place Utilized for Medical Care

(Miami-Dade County, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 15-16]  
Notes: • Asked of all respondents.

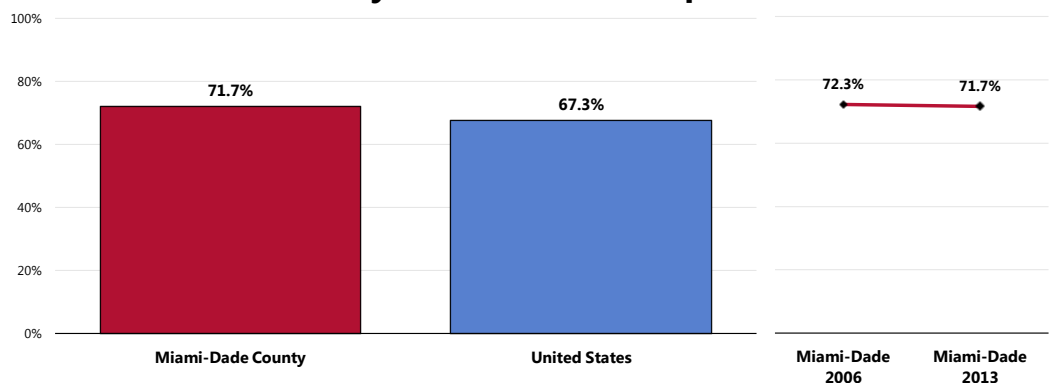
## Utilization of Primary Care Services

### Adults

Over 7 in 10 adults (71.7%) visited a physician for a routine checkup in the past year.

- Better than national findings.
- ☒ Statistically similar to 2006 findings.

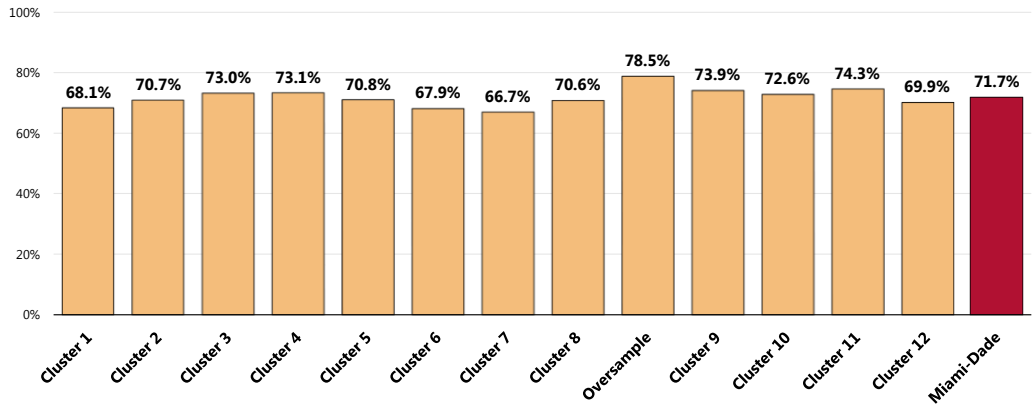
### Have Visited a Physician for a Checkup in the Past Year



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 17]  
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.  
Notes: • Asked of all respondents.

- Highest among residents in the Oversample.

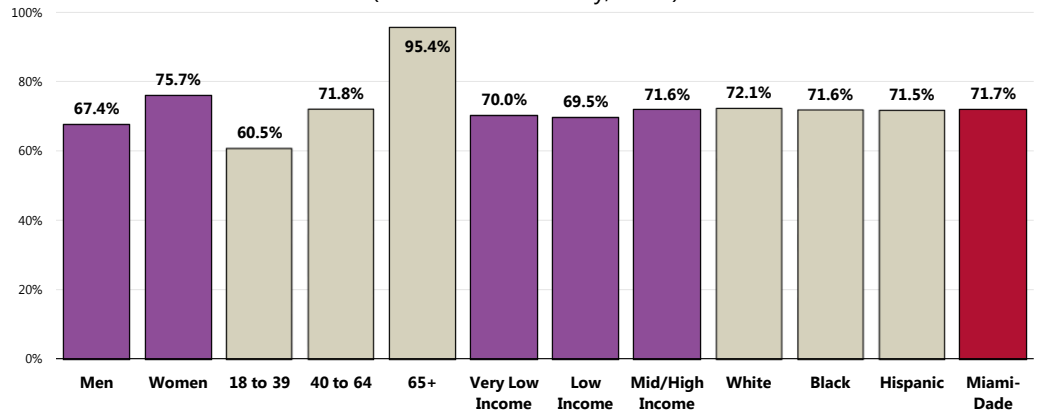
## Have Visited a Physician for a Checkup in the Past Year



Sources: ● 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 17]  
 Notes: ● Asked of all respondents.

👤 Men and adults under age 40 are less likely to have received routine care in the past year (note the positive correlation with age).

## Have Visited a Physician for a Checkup in the Past Year (Miami-Dade County, 2013)



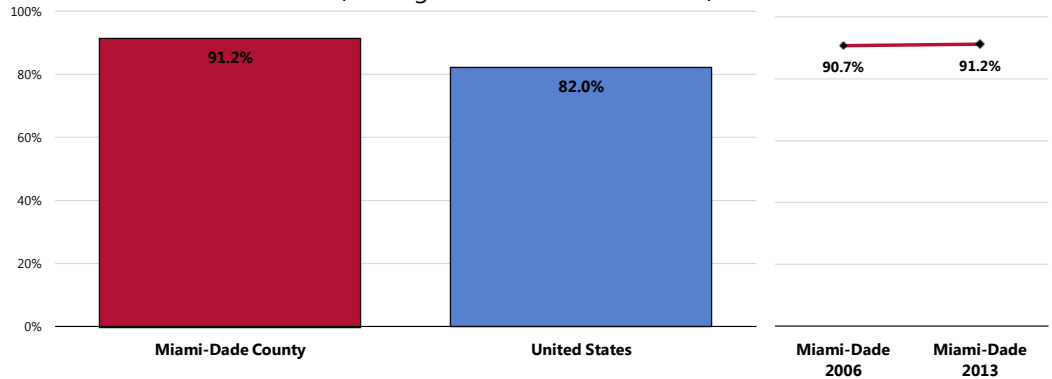
Sources: ● 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 17]  
 Notes: ● Asked of all respondents.  
 ● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 ● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

## Children

Among surveyed parents, 91.2% report that their child has had a routine checkup in the past year.

- Higher than national findings.
- ☒ Statistically similar to 2006 findings.

### Child Has Visited a Physician for a Routine Checkup in the Past Year (Among Parents of Children 0-17)

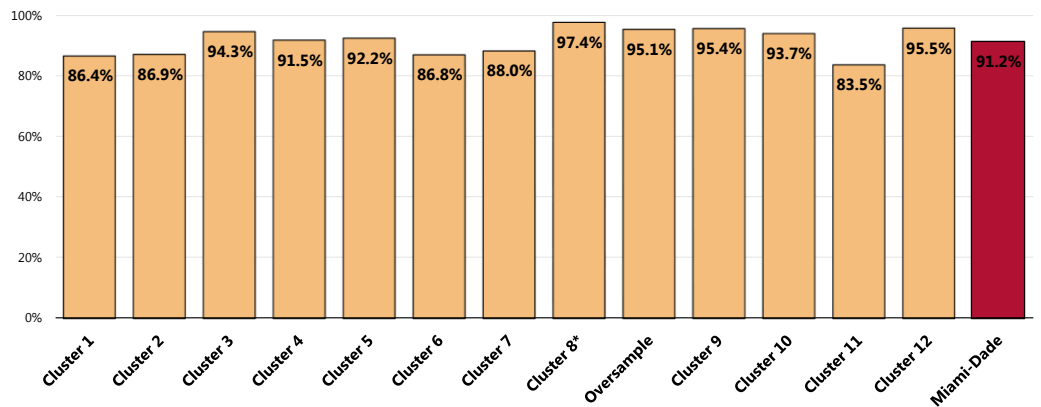


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 120]  
 • 2013 PRC Community Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents with children 0 to 17 in the household.

- Highest among children in Cluster 8 (*keeping in mind the small sample size*).

### Child Has Visited a Physician for a Routine Checkup in the Past Year (Parents of Children 0-17)



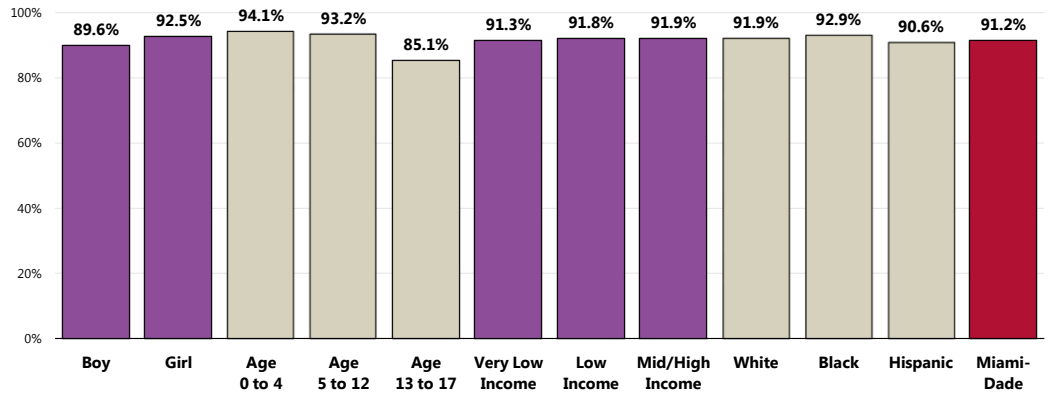
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 120]

Notes: • Asked of all respondents with children under 18 at home.

• \*Sample size is <50 and must be taken into account when making comparisons.

👤 Note that routine checkups are highest in Miami-Dade County among children under age 13.

### Child Has Visited a Physician for a Routine Checkup in the Past Year (Among Parents of Children Age 0-17; Miami-Dade County, 2013)

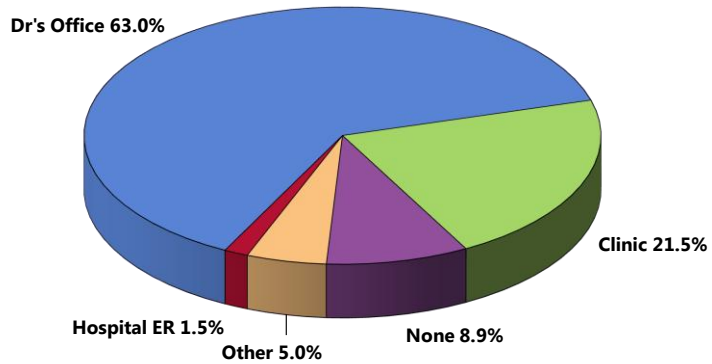


Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 120]  
 Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 0 and 17.  
 • Race represents the respondent. Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

When asked where they primarily take their child for well-child doctor visits, 63.0% of parents mentioned a doctor's office.

Other sites mentioned include clinics (21.5%) and a hospital ER (1.5%).

### Particular Place Utilized for Well-Child Visits (Miami-Dade County Parents of Children <18, 2013)



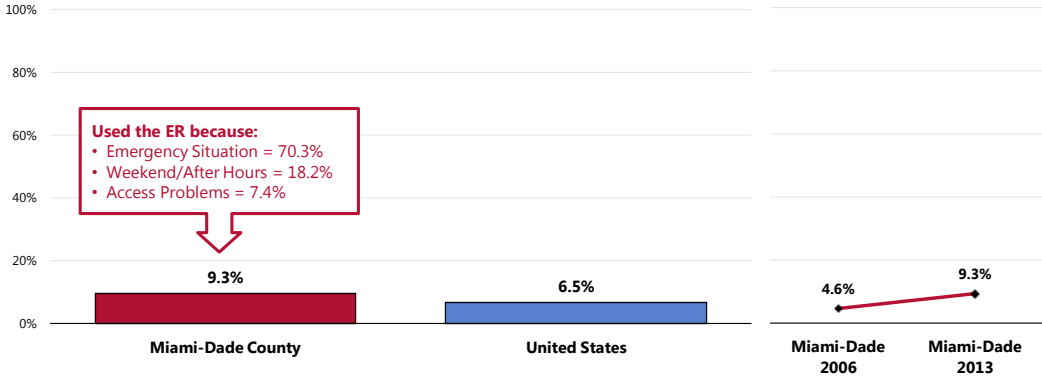
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 121-122]  
 Notes: • Asked of all respondents with children under 18 at home.

# Emergency Room Utilization

A total of 9.3% of Miami-Dade County adults have gone to a hospital emergency room more than once in the past year about their own health.

- Above the national figure.
- ☒ The 2006 prevalence has doubled over time.

## Have Used a Hospital Emergency Room More Than Once in the Past Year

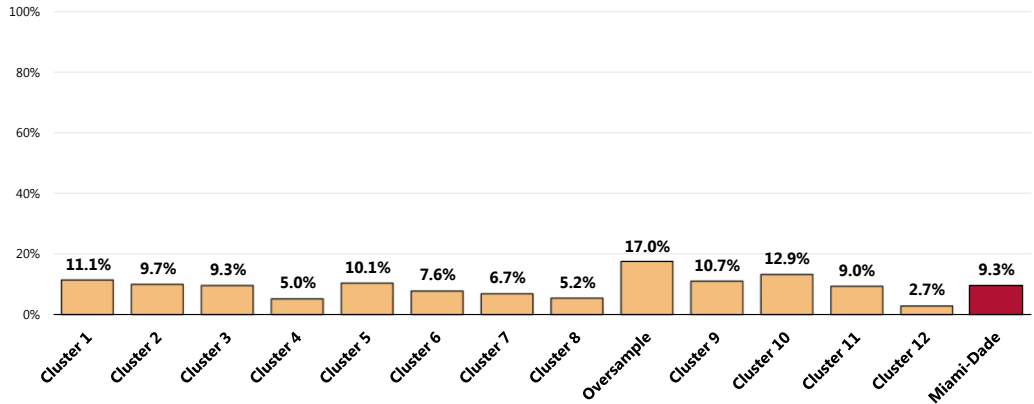


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 22-23]  
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents.

Of those using a hospital ER, 70.3% say this was due to an **emergency or life-threatening situation**, while 18.2% indicated that the visit was during **after-hours or on the weekend**. A total of 7.4% cited **difficulties accessing primary care** for various reasons.

- Unfavorably high in the Oversample; lowest in Clusters 4, 8 and 12.

## Have Used a Hospital Emergency Room More Than Once in the Past Year

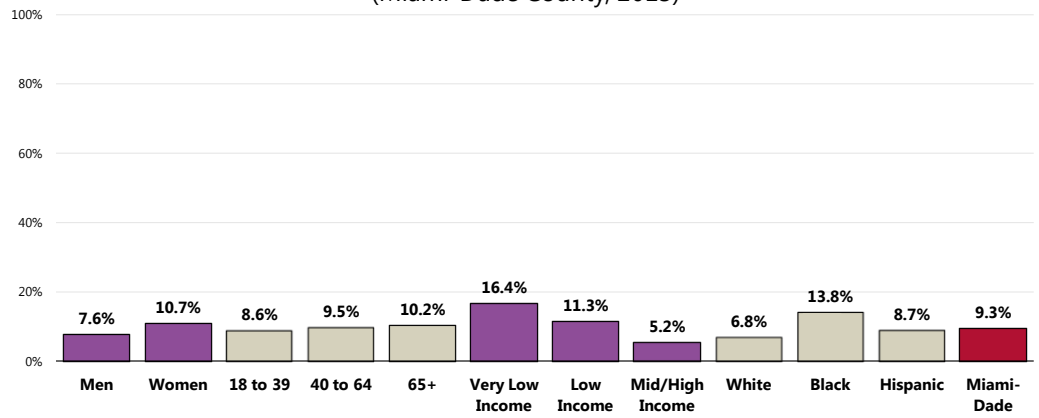


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 22]  
 Notes: • Asked of all respondents.

ER use is more prevalent among county women, lower-income residents, and Blacks.

## Have Used a Hospital Emergency Room More Than Once in the Past Year

(Miami-Dade County, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 22]

Notes: • Asked of all respondents.

• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

# Oral Health

The health of the mouth and surrounding craniofacial (skull and face) structures is central to a person's overall health and well-being. Oral and craniofacial diseases and conditions include: dental caries (tooth decay); periodontal (gum) diseases; cleft lip and palate; oral and facial pain; and oral and pharyngeal (mouth and throat) cancers.

The significant improvement in the oral health of Americans over the past 50 years is a public health success story. Most of the gains are a result of effective prevention and treatment efforts. One major success is community water fluoridation, which now benefits about 7 out of 10 Americans who get water through public water systems. However, some Americans do not have access to preventive programs. People who have the least access to preventive services and dental treatment have greater rates of oral diseases. A person's ability to access oral healthcare is associated with factors such as education level, income, race, and ethnicity.

Oral health is essential to overall health. Good oral health improves a person's ability to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions to show feelings and emotions. However, oral diseases, from cavities to oral cancer, cause pain and disability for many Americans. Good self-care, such as brushing with fluoride toothpaste, daily flossing, and professional treatment, is key to good oral health. Health behaviors that can lead to poor oral health include:

- Tobacco use
- Excessive alcohol use
- Poor dietary choices

Barriers that can limit a person's use of preventive interventions and treatments include:

- Limited access to and availability of dental services
- Lack of awareness of the need for care
- Cost
- Fear of dental procedures

There are also social determinants that affect oral health. In general, people with lower levels of education and income, and people from specific racial/ethnic groups, have higher rates of disease. People with disabilities and other health conditions, like diabetes, are more likely to have poor oral health.

Community water fluoridation and school-based dental sealant programs are 2 leading evidence-based interventions to prevent tooth decay.

Major improvements have occurred in the nation's oral health, but some challenges remain and new concerns have emerged. One important emerging oral health issue is the increase of tooth decay in preschool children. A recent CDC publication reported that, over the past decade, dental caries (tooth decay) in children ages 2 to 5 have increased.

Lack of access to dental care for all ages remains a public health challenge. This issue was highlighted in a 2008 Government Accountability Office (GAO) report that described difficulties in accessing dental care for low-income children. In addition, the Institute of Medicine (IOM) has convened an expert panel to evaluate factors that influence access to dental care.

Potential strategies to address these issues include:

- Implementing and evaluating activities that have an impact on health behavior.
- Promoting interventions to reduce tooth decay, such as dental sealants and fluoride use.
- Evaluating and improving methods of monitoring oral diseases and conditions.
- Increasing the capacity of State dental health programs to provide preventive oral health services.
- Increasing the number of community health centers with an oral health component.

– Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

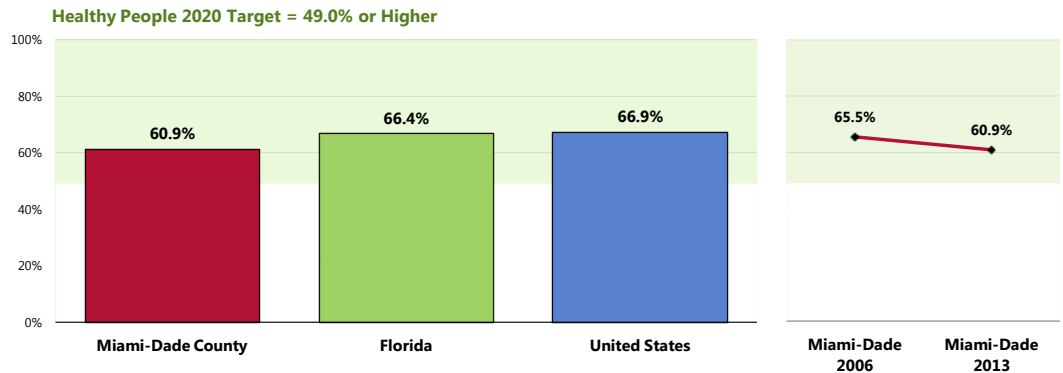
# Dental Care

## Adults

**Just over 6 in 10 Miami-Dade County adults (60.9%) have visited a dentist or dental clinic (for any reason) in the past year.**

- Lower than statewide findings.
- Lower than national findings.
- Satisfies the Healthy People 2020 target (49% or higher).
- ☒ Marks a significant decrease over time.

### Have Visited a Dentist or Dental Clinic Within the Past Year

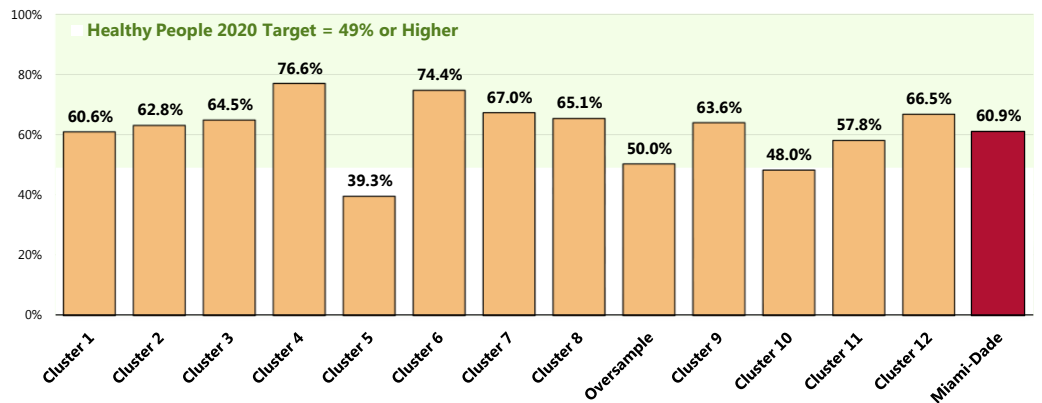


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 20]  
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.  
 • United States Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2011 Florida data.

Notes: • Asked of all respondents.

- Lower in Clusters 5, 10, and in the Oversample; favorably high in Clusters 4 and 6.

### Have Visited a Dentist or Dental Clinic Within the Past Year



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]  
 • United States Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]

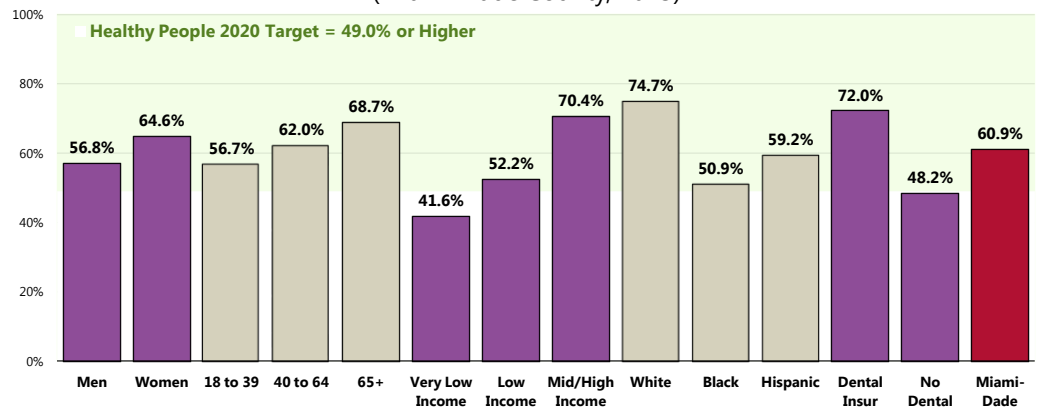
Notes: • Asked of all respondents.



Note the following:

- 👤 Men are less likely than women to report recent dental care.
- 👤 There is a positive correlation between age and recent dental visits.
- 👤 Persons living in the highest income category report much higher utilization of oral health services (low-income adults fail to satisfy the Healthy People 2020 target).
- 👤 Whites are much more likely than Blacks or Hispanics to report recent dental care.
- 👤 As might be expected, persons without dental insurance report much lower utilization of oral health services than those with dental coverage.

### Have Visited a Dentist or Dental Clinic Within the Past Year (Miami-Dade County, 2013)



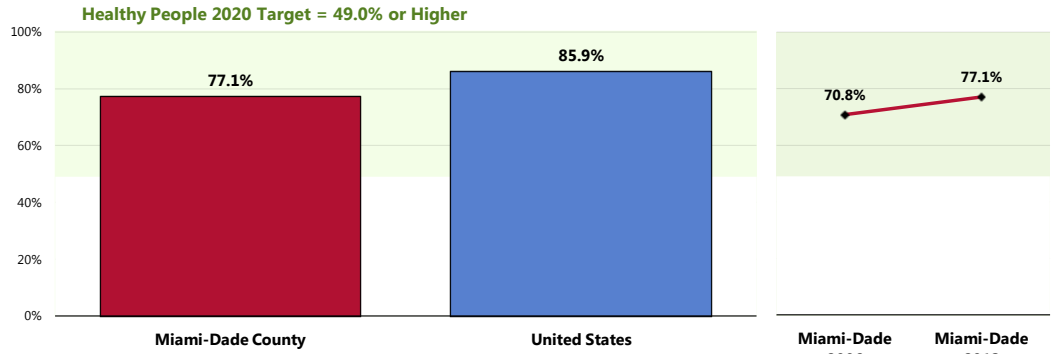
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]  
 • United States Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

## Children

**A total of 77.1% of parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.**

- Less favorable than national findings.
- Satisfies the Healthy People 2020 target (49% or higher).
- ☒ Marks a statistically significant increase in children’s dental care since 2006.

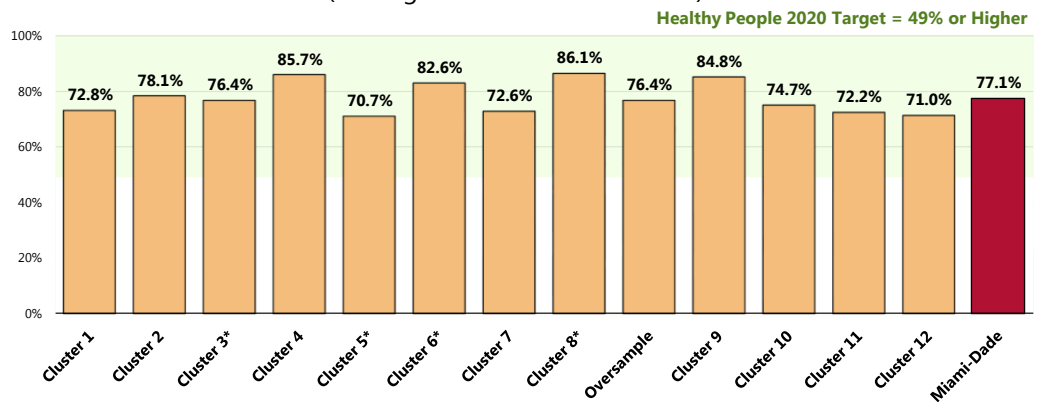
### Child Has Visited a Dentist or Dental Clinic Within the Past Year (Among Parents of Children 2-17)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 123]  
 • 2012 PRC National Child & Adolescent Survey, Professional Research Consultants, Inc.  
 • United States Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]  
 Notes: • Asked of all respondents with children age 2 through 17.

- Children’s recent dental care is statistically high in Cluster 4.

### Child Has Visited a Dentist or Dental Clinic Within the Past Year (Among Parents of Children 2-17)



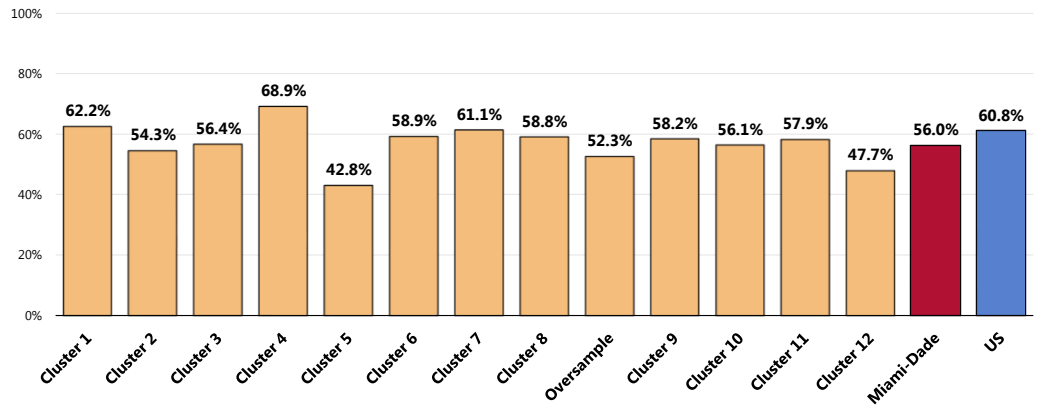
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 123]  
 • United States Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]  
 Notes: • \*Sample size is <50 and must be taken into account when making comparisons.

## Dental Insurance

Over one-half of Miami-Dade County adults (56.0%) have dental insurance that covers all or part of their dental care costs.

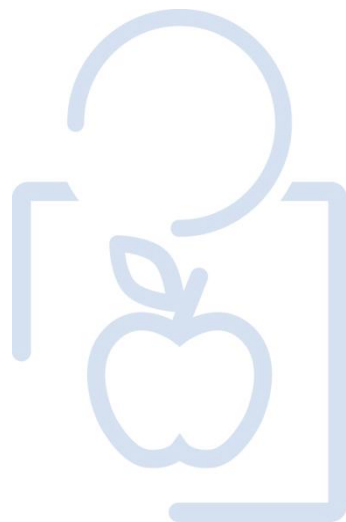
- Lower than the national finding.
- Lowest in Clusters 5 and 12; highest in Cluster 4.

### Have Insurance Coverage That Pays All or Part of Dental Care Costs



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 21]  
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.  
Notes: • Asked of all respondents.

# HEALTH EDUCATION & OUTREACH

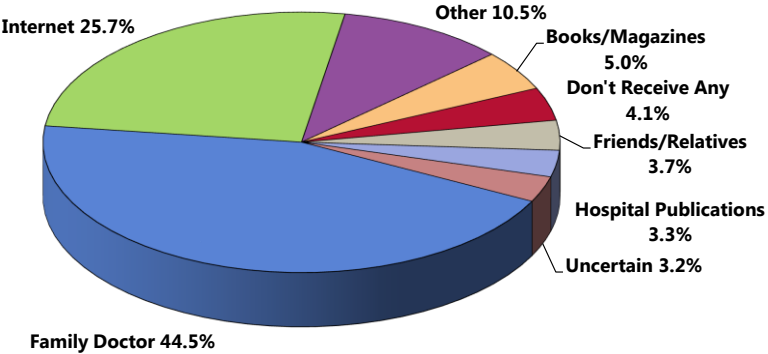


# Healthcare Information Sources

**Family physicians and the Internet are residents' primary sources of healthcare information.**

- 44.5% of Miami-Dade County adults cited their **family physician** as their primary source of healthcare information.
- The **Internet** received the second-highest response, with 25.7%.
  - Other sources mentioned include books and magazines (5.0%), friends and relatives (3.7%), and hospital publications (3.3%).
- A total of 4.1% of survey respondents say that they do not receive any healthcare information.

**Primary Source of Healthcare Information**  
(Miami-Dade County, 2013)



Sources: ● 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 111]  
Notes: ● Asked of all respondents.

# Participation in Health Promotion Events

Educational and community-based programs play a key role in preventing disease and injury, improving health, and enhancing quality of life.

Health status and related-health behaviors are determined by influences at multiple levels: personal, organizational/institutional, environmental, and policy. Because significant and dynamic interrelationships exist among these different levels of health determinants, educational and community-based programs are most likely to succeed in improving health and wellness when they address influences at all levels and in a variety of environments/settings.

Education and community-based programs and strategies are designed to reach people outside of traditional healthcare settings. These settings may include schools, worksites, healthcare facilities, and/or communities.

Using nontraditional settings can help encourage informal information sharing within communities through peer social interaction. Reaching out to people in different settings also allows for greater tailoring of health information and education.

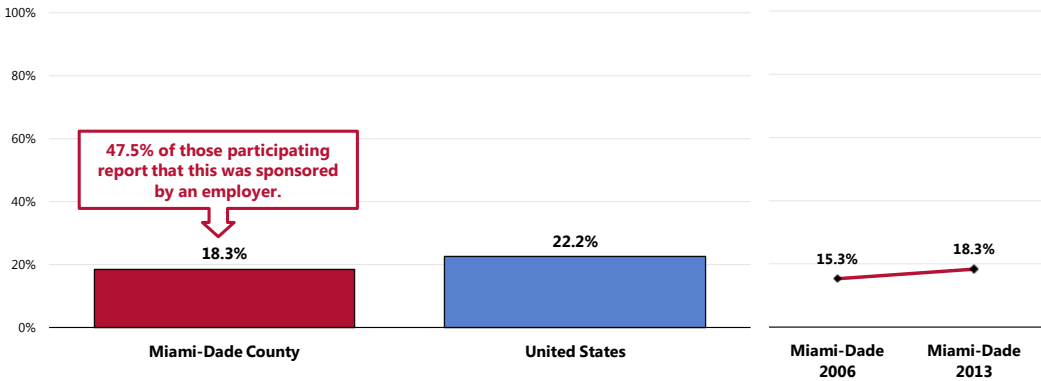
Educational and community-based programs encourage and enhance health and wellness by educating communities on topics such as: chronic diseases; injury and violence prevention; mental illness/behavioral health; unintended pregnancy; oral health; tobacco use; substance abuse; nutrition; and obesity prevention.

- Healthy People 2020 (www.healthypeople.gov)

**A total of 18.3% of Miami-Dade County adults participated in some type of organized health promotion activity in the past year, such as health fairs, health screenings, or seminars.**

- Lower than the national prevalence.
- ▣ Marks a significant increase since the 2006 survey was conducted.
- Note that 47.5% of adults who participated in a health promotion activity in the past year indicate that it was sponsored by their employer.

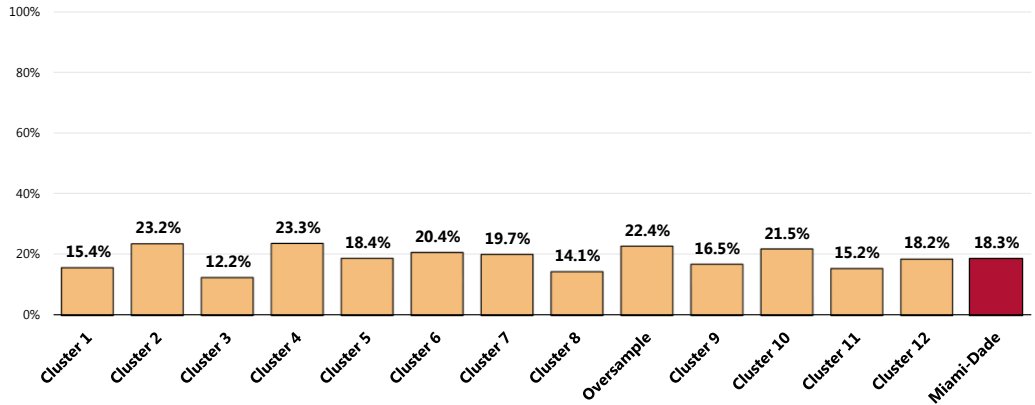
### Participated in a Health Promotion Activity in the Past Year



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 112-113]  
 ● 2011 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: ● Asked of all respondents.

- Lowest in Cluster 3.

## Participated in a Health Promotion Activity in the Past Year

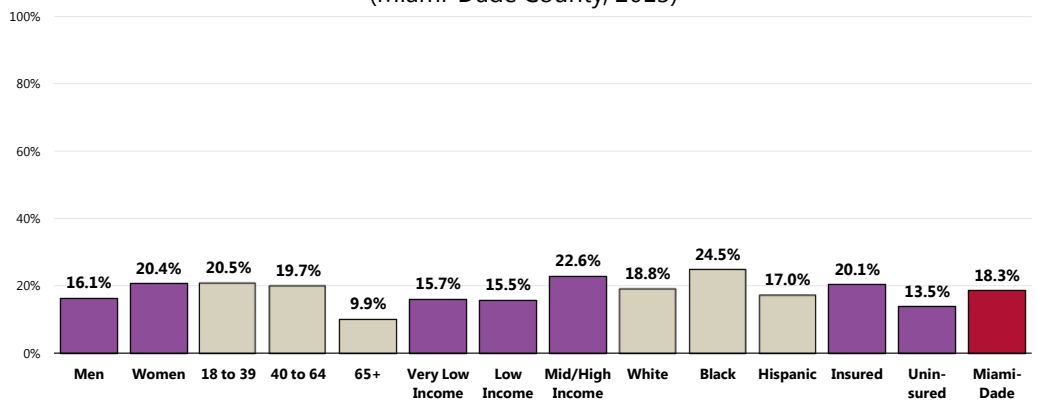


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 112]  
 Notes: • Asked of all respondents.

The following chart outlines participation by various demographic characteristics. Participation is lowest among these populations:

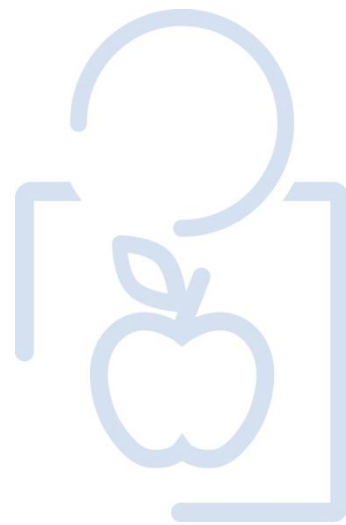
- 👤 Men.
- 👤 Seniors.
- 👤 Lower-income residents.
- 👤 Whites and Hispanics.
- 👤 The uninsured.

## Participated in a Health Promotion Activity in the Past Year (Miami-Dade County, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 112]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

# LOCAL HEALTHCARE



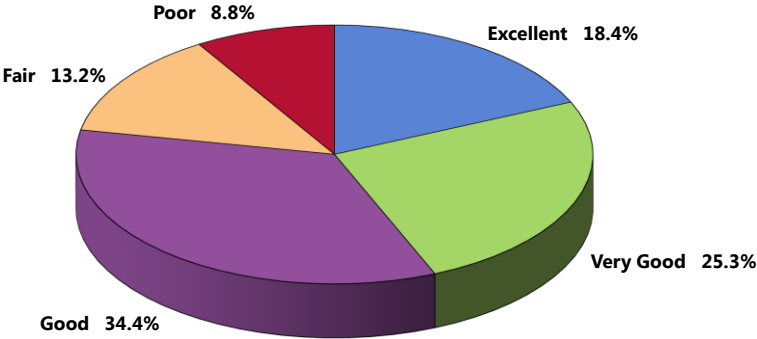


# Perceptions of Local Healthcare Services

Just over 4 in 10 Miami-Dade County adults (43.7%) rate the overall healthcare services available in their community as “excellent” or “very good.”

- Another 34.4% gave “good” ratings.

**Rating of Overall Healthcare Services Available in the Community**  
(Miami-Dade County, 2013)

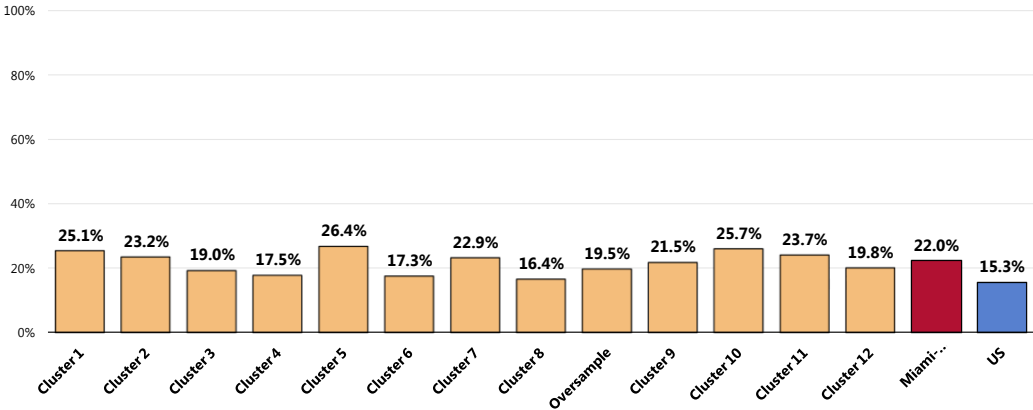


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]  
Notes: • Asked of all respondents.

However, 22.0% of residents characterize local healthcare services as “fair” or “poor.”

- Less favorable than reported nationally.
- Favorably low in Cluster 8.

**Perceive Local Healthcare Services as “Fair/Poor”**

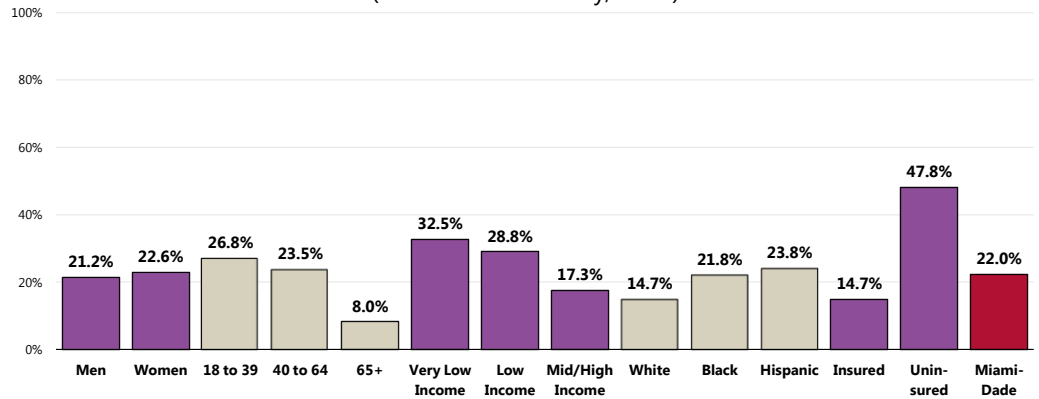


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]  
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.  
Notes: • Asked of all respondents.

The following residents are more critical of local healthcare services:

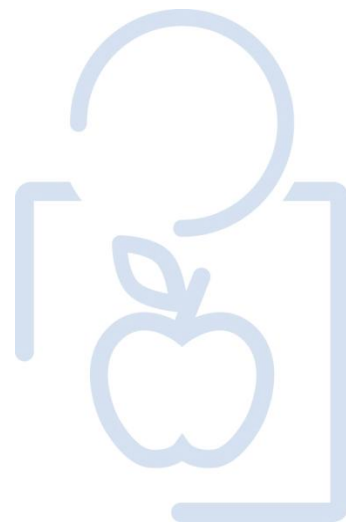
- 👤 Adults under age 65.
- 👤 Residents with lower incomes.
- 👤 Blacks and Hispanics.
- 👤 Uninsured adults.

### Perceive Local Healthcare Services as “Fair/Poor” (Miami-Dade County, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).  
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households with incomes below the federal poverty level; “Low Income” includes households with incomes just above poverty and up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

# CONCLUSION



# Conclusion by the Health Council of South Florida

## Oversampled Communities

For the 2013 survey, the ZIP codes of 33136 (Overtown), 33127 (Buena Vista), 33128 (Downtown/East Little Havana), 33147 (Liberty City) and 33150 (Little Haiti) were oversampled. Survey data reveal particular health issues faced by residents in the oversampled area. Utilizing a two-tiered approach: 1) magnitude of disparity between the area and the remainder of Miami-Dade County and 2) population impact; leading health concerns are listed below:

1. "Fair" or "Poor" Overall Health	30.8%	vs. 19.7%	countywide
2. "Fair" or "Poor" Mental Health	17.2%	vs. 12.6%	countywide
3. Heart Disease	9.8%	vs. 6.2%	countywide
4. Stroke	6.2%	vs. 2.0%	countywide
5. High Blood Pressure	42.3%	vs. 32.6%	countywide
6. Chronic Lung Disease	10.4%	vs. 6.4%	countywide
7. Asthma	9.4%	vs. 5.7%	countywide
8. Arthritis/Rheumatism	45.0%	vs. 35.6%	countywide
9. Consume Five or More Fruits/Vegetables Daily	32.1%	vs. 38.0%	countywide
10. Family Shared Seven or More Meals in the Past Week	52.1%	vs. 68.7%	countywide
11. Child Had Three or More Fast Food Meals This Week	25.1%	vs. 14.6%	countywide
12. Child Was Ever Breastfed/Fed Breast Milk as an Infant	64.0%	vs. 78.3%	countywide
13. Obesity	33.9%	vs. 24.8%	countywide
14. "Always" Wear a Seat Belt	74.1%	vs. 85.3%	countywide
15. Child "Always" Uses Seat Belt/Car Seat	72.8%	vs. 90.2%	countywide
16. Neighborhood Safety and Security is "Fair" or "Poor"	42.1%	vs. 17.7%	countywide
17. Victim of Domestic Violence	16.6%	vs. 9.5%	countywide
18. Transportation Hindered Doctor Visit in the Past Year	14.7%	vs. 10.0%	countywide
19. Two or More Emergency Room Visits in the Past Year	17.0%	vs. 9.3%	countywide
20. Dental Visit in the Past Year	50.0%	vs. 60.9%	countywide

While the oversampled area has reported particular challenges this year, residents also report favorably high rates of visiting a doctor in the past year for a checkup, condom use, receiving advice about diet and nutrition in the past year from a health professional and physical activity in children. They also report among the lowest rates of skin cancer, sedentary employment, having three or more sexual partners in the past year and current alcohol use.

For the 2006 PRC Miami-Dade County household survey, South Dade/Homestead, or Cluster 1 ZIP codes 33030, 33031, 33032, 33033, 33034, 33035, 33039, 33170, 33189 and 33190 were oversampled. Like the neighborhoods of Overtown, Buena Vista, Downtown/East Little Havana, Liberty City and Little Haiti, South Dade faces disproportionately high rates of children eating three or more fast food meals in a week and low rates of family sharing seven or more meals in a week. In South Dade (Cluster 1

in 2013), 35.1% of children ages 5 to 17 are reportedly obese.

Adults in the 2013 and 2006 oversample experience increased rates of asthma. Since asthma tends to appear early in life, without treatment and proper intervention, it can negatively affect individuals throughout the lifespan, resulting in poorer health outcomes and elevated health care expenditures. According to the CDC, daily treatment can prevent symptoms and attacks and enable individuals who have asthma to lead active lives.

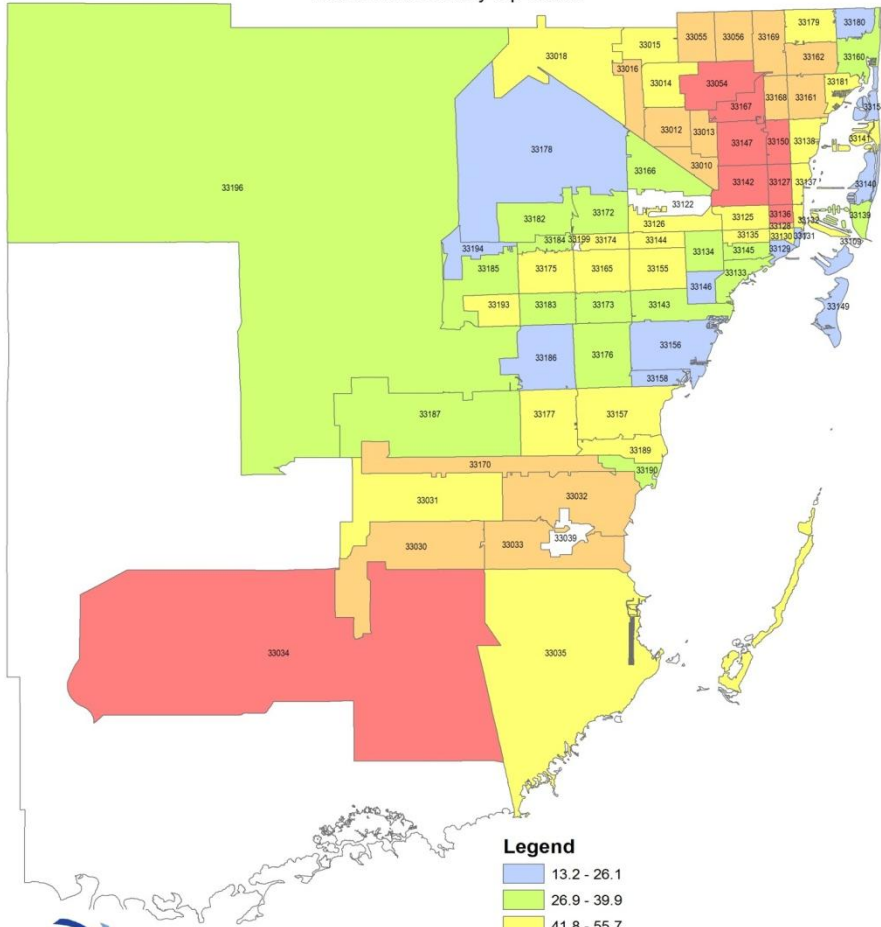
ZIP codes in the preventable hospitalizations and emergency room (ER) visits “red zone” also have lower household incomes. The maps on the following page reveal disparities in health with particularly underserved areas demanding our attention. Avoidable hospital admissions indicate gaps in service, lack of access, lack of insurance and poverty. The similarity of the impoverished areas on the maps of ER visits for asthma, a largely preventable condition, and the household income map demonstrate a correlation between emergency care usage and socioeconomic status.

Please visit [www.miamidadematters.org](http://www.miamidadematters.org) for the latest best practice models and promising programs that may be applied to address health issues faced by residents living in the neighborhoods of Overtown, Buena Vista, Downtown/East Little Havana, Liberty City and Little Haiti.

### ER Rate due to Asthma

Average annual age-adjusted emergency room visit rate due to asthma per 10,000 people, 2009-2011

Miami-Dade County Zip Codes



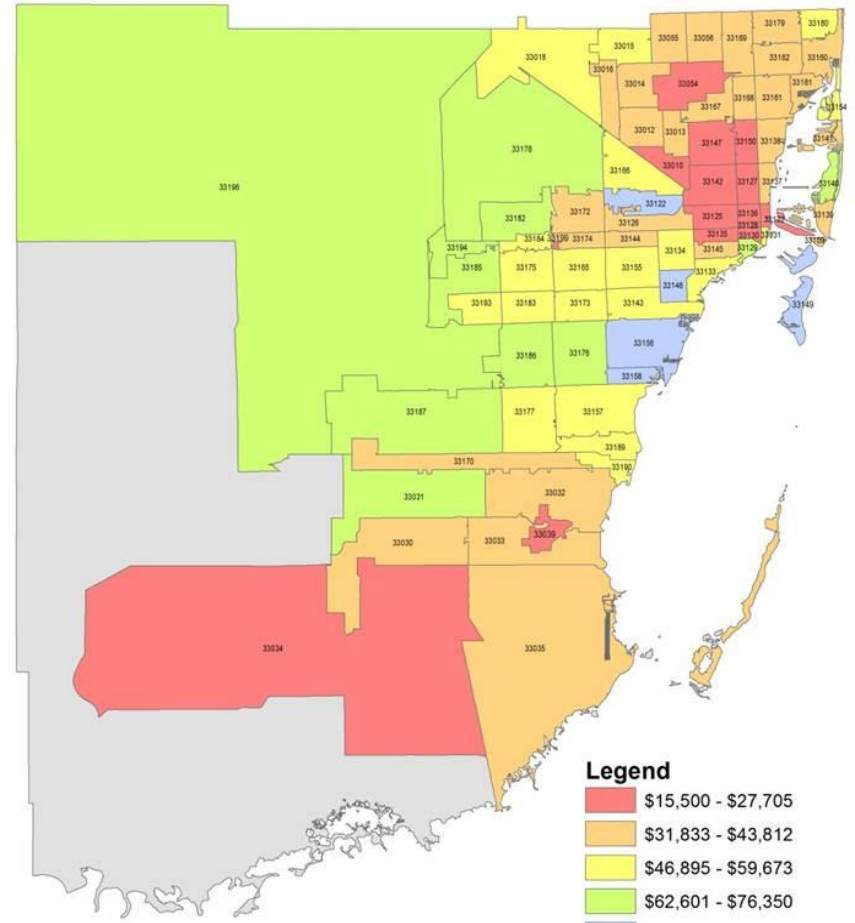
**Legend**

- 13.2 - 26.1
- 26.9 - 39.9
- 41.8 - 55.7
- 61.2 - 92.7
- 97.9 - 178.1
- Unstable rate/small count; less than 10 cases or the denominator/population count used to calculate the rate is less than 300 persons.



### Median Household Income 2011

Miami-Dade County Zip Codes



**Legend**

- \$15,500 - \$27,705
- \$31,833 - \$43,812
- \$46,895 - \$59,673
- \$62,601 - \$76,350
- \$87,500 - \$128,426
- Population data not available



Source: Nielsen Claritas, The Nielsen Company

## In Conclusion

National goals established by the Department of Health and Human Services Healthy People 2020 campaign have set important targets for the future of Miami-Dade County. Of 33 Healthy People 2020 measures tracked on the Miami Matters website at [www.miamidadematters.org](http://www.miamidadematters.org), Miami-Dade has met 11 targets and must make significant strides this decade to meet the remaining goals. Of particular concern are the high rates of adults (18-64), children (0-17), and elders (65+) without health insurance and Medicare coverage. Lack of coverage further exacerbates health disparities. While the interdependence of health outcomes, insurance coverage and access to care is widely recognized, affordability is a major barrier for the uninsured.

As the influence of psychosocial and socioeconomic factors on health outcomes are more widely recognized, partnerships are encouraged between the healthcare, social services, educational and economic sectors to create meaningful change and healthier living standards for Miami-Dade County residents.