Summary Report

2018 Community Health Needs Assessment

WHH/WHWH Service Area

Prepared for:
Winter Haven Hospital (WHH)
Winter Haven Women's Hospital (WHWH)

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Introduction

About This Assessment

This Community Health Needs Assessment is a systematic, data-driven approach to determining the health status, behaviors and needs of community residents. 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. For Winter Haven Hospital & Winter Haven Women's Hospital, this information may be used to inform decisions and guide efforts to improve community health and wellness.

This assessment, consistent with a broader, system-wide effort undertaken by BayCare Health System, was conducted 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.

Methodology

This assessment incorporates data from both quantitative and qualitative sources:

- Quantitative data input includes primary research (the PRC Community Health Survey, as well as supplemental convenience sample surveys) and secondary research (vital statistics and other existing health-related data); these quantitative components allow for comparison to benchmark data at the state and national levels.

- Qualitative data input includes primary research gathered through an Online Key Informant Survey of various community stakeholders.

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 BayCare Health System and PRC.

Community Defined for This Assessment

This report focuses on findings in the primary service area of Winter Haven Hospital & Winter Haven Women's Hospital (referred to as the "WHH/WHWH Service Area" or "WHH/WHWH" in this report). This area, from which 75% of the hospital's admissions are derived, includes the following residential ZIP Codes: 33823, 33830, 33839, 33844, 33850, 33859, 33880, 33881, and 33884.
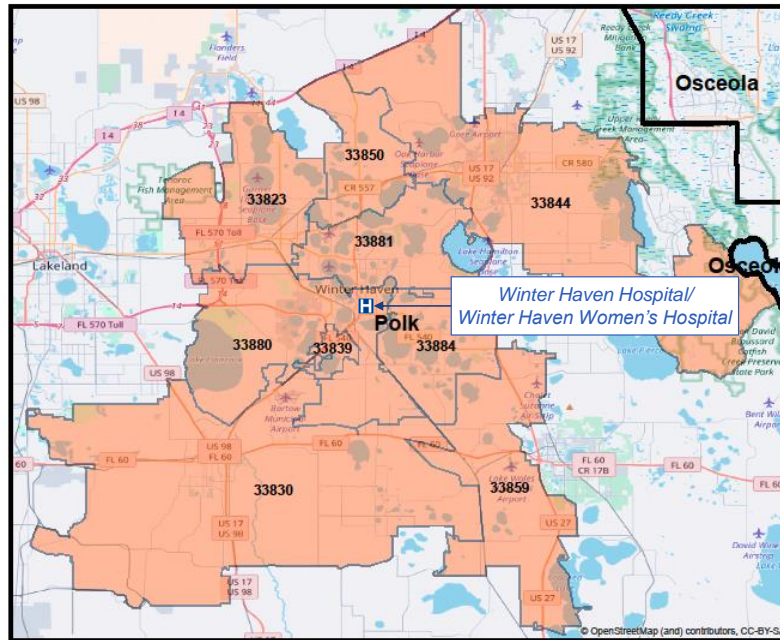
Sample Approach & Design

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 mixed-mode methodology was implemented. This included surveys conducted via telephone (landline and cell phone), as well as through online questionnaires.

The population sample achieved in the WHH/WHWH Service Area consisted of 259 individuals age 18 and older. For statistical purposes, the maximum rate of error associated with a sample size of this size is ±6.1% at the 95 percent level of confidence. All administration of the surveys, data collection and data analysis was conducted by Professional Research Consultants, Inc. (PRC).

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.

The following chart outlines the characteristics of the WHH/WHWH Service Area 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 & Survey Sample Characteristics
(Age 18 and Older; WHH/WHWH Service Area, 2018)
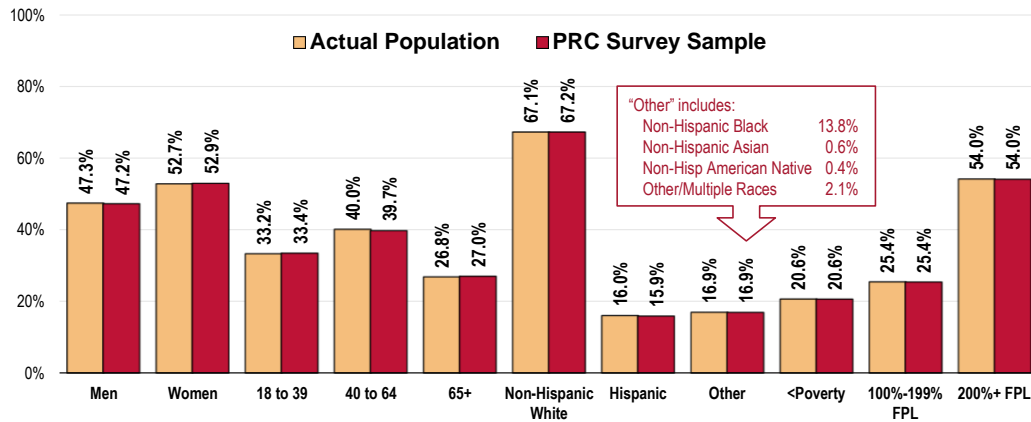
Sources:
- 2011-2015 American Community Survey. U.S. Census Bureau.
- PRC Community Health Survey, Professional Research Consultants, Inc.

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 2018 guidelines place the poverty threshold for a family of four at $25,100 annual household income or lower)*. In sample segmentation: "**low income**" refers to community members living in a household with defined poverty status <u>or</u> living just above the poverty level, earning up to twice the poverty threshold; "**mid/high income**" refers to those households living on incomes which are twice or more the federal poverty level.

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.

Supplemental Convenience Sample Survey

To increase participation, and to augment sampling among vulnerable populations, BayCare also administered handout surveys at various sites throughout the area, including Federally Qualified Health Centers. Additionally, a link to take this convenience sample survey was shared more broadly throughout Polk County by various organizations. In comparison to the population at large, this supplemental sample was demographically much more female, as well as more Hispanic, and of lower income. *Note that, as a "convenience sample," this is a non-probability sample that is not necessarily representative of the targeted population and is limited in generalizability.*

Among a total of 574 individuals taking part in this supplemental survey, 273 reside in the service area of Winter Haven Hospital and Winter Haven Women's Hospital. Findings from these 273 supplemental surveys are presented in this report (in the "Convenience Sample Survey" section).

Online Key Informant Survey

To solicit input from key informants, those individuals who have a broad interest in the health of the community, an Online Key Informant Survey was also implemented across Polk County as part of this process. A list of recommended participants was provided by BayCare, as well as Winter Haven Hospital, Winter Haven Women's Hospital, and Bartow Regional Medical Center; this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 38 community stakeholders in Polk County took part in the Online Key Informant Survey, as outlined below:

Online Key Informant Survey Participation		
Key Informant Type	Number Invited	Number Participating
Physician	6	4
Public Health Representative	4	4
Other Health Provider	12	6
Social Services Provider	16	9
Community Leader	37	15

Final participation included representatives of the organizations outlined below.

- American Red Cross of Mid Florida
- Bartow Community Healthcare Foundation, Inc.
- City of Winter Haven
- Doctor Today TLC, LLC
- EMS Polk County
- EMS Safe Kids
- Florida Department of Health in Polk County
- Florida Southern College
- Free Clinics
- Greater Winter Haven Chamber of Commerce
- Haines City Parks and Recreation
- Heartland for Children
- Homeless Coalition of Polk County
- Indigent Health Care
- InnerAct Alliance
- Lake Wales Care Center
- Lighthouse for the Blind
- Polk County Board of Commissioners
- Polk County Fire Rescue
- Polk County Health and Human Services
- Polk County Health Plan
- Polk County Schools
- Southeastern University
- Tri-County Human Services
- UF/IFAS Extension Polk County
- United Way of Central Florida
- Volunteers in Service to the Elderly (VISTE)
- Winter Haven Hospital

Through this process, input was gathered from several individuals whose organizations work with low-income, minority populations, or other medically underserved populations.

Minority/medically underserved populations represented:

> *abused women and children, African-Americans, Amish, Creole, elderly, farm workers, foster children, Haitians, Hispanics, HIV positive, homeless, immigrants/refugees, LGBT, low income, mentally ill, pregnant/nursing mothers*

In the online survey, key informants were asked to rate the degree to which various health issues are a problem in Polk County. Follow-up questions asked them to describe why they identify problem areas as such. Results of their ratings, as well as their verbatim comments, are included throughout this report as they relate to the various other data presented.

NOTE: These findings represent qualitative rather than quantitative data. The Online Key Informant Survey was designed to gather input from participants regarding their opinions and perceptions of the health of the residents in the area. Thus, these findings are not necessarily based on fact.

Public Health, Vital Statistics & Other Data

A variety of existing (secondary) data sources was consulted to complement the research quality of this Community Health Needs Assessment. Data for WHH/WHWH represent findings for Polk County, as obtained from the following sources (specific citations are included with the graphs throughout this report):

- Center for Applied Research and Environmental Systems (CARES)
- Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- Centers for Disease Control & Prevention, Office of Public Health Science Services, Center for Surveillance, Epidemiology and Laboratory Services, Division of Health Informatics and Surveillance (DHIS)
- Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics
- Community Commons
- Florida Department of Health, Division of Public Health Statistics & Performance Management
- ESRI ArcGIS Map Gallery
- National Cancer Institute, State Cancer Profiles
- OpenStreetMap (OSM)
- Truven Health Analytics and Dignity Health
- US Census Bureau, American Community Survey
- US Census Bureau, County Business Patterns
- US Census Bureau, Decennial Census
- US Department of Agriculture, Economic Research Service
- US Department of Health & Human Services
- US Department of Health & Human Services, Health Resources and Services Administration (HRSA)
- US Department of Justice, Federal Bureau of Investigation
- US Department of Labor, Bureau of Labor Statistics

Benchmark Data

Florida 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. State-level vital statistics are also provided for comparison of secondary data indicators.

Nationwide Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the *2017 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. National-level vital statistics are also provided for comparison of secondary data indicators.

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.

Determining Significance

Differences noted in this report represent those determined to be significant. For survey-derived indicators (which are subject to sampling error), statistical significance is determined based on confidence intervals (at the 95 percent confidence level) using question-specific samples and response rates. For secondary data indicators (which do not carry sampling error, but might be subject to reporting error), "significance," for the purpose of this report, is determined by a 15% variation from the comparative measure.

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 — might not be 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 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 medical conditions that are not specifically addressed.

IRS Form 990, Schedule H Compliance

For non-profit hospitals, a Community Health Needs Assessment (CHNA) also serves to satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection & Affordable Care Act of 2010. To understand which elements of this report relate to those requested as part of hospitals' reporting on IRS Form 990 Schedule H, the following table cross-references related sections.

IRS Form 990, Schedule H (2017)	See Report Page
Part V Section B Line 3a *A definition of the community served by the hospital facility*	6
Part V Section B Line 3b *Demographics of the community*	147
Part V Section B Line 3c *Existing health care facilities and resources within the community that are available to respond to the health needs of the community*	142
Part V Section B Line 3d *How data was obtained*	6
Part V Section B Line 3e *The significant health needs of the community*	15
Part V Section B Line 3f *Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups*	Addressed Throughout
Part V Section B Line 3g *The process for identifying and prioritizing community health needs and services to meet the community health needs*	16
Part V Section B Line 3h *The process for consulting with persons representing the community's interests*	8
Part V Section B Line 3i *The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)*	168

Summary of Findings

Significant Health Needs of the Community

The following "areas of opportunity" represent the significant health needs of the community, 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 area with regard to the following health issues (see also the summary tables presented in the following section).

The Areas of Opportunity were determined after consideration of various criteria, including: standing in comparison with benchmark data (particularly national data); the preponderance of significant findings within topic areas; the magnitude of the issue in terms of the number of persons affected; and the potential health impact of a given issue. These also take into account those issues of greatest concern to the community stakeholders (key informants) giving input to this process.

Areas of Opportunity Identified Through This Assessment	
Access to Healthcare Services	• Low Health Literacy • Primary Care Physician Ratio • Health Professional Shortage Area
Cancer	• Cancer is a leading cause of death. • Skin Cancer Prevalence
Diabetes	• Diabetes ranked as a top concern in the Online Key Informant Survey.
Heart Disease & Stroke	• Cardiovascular disease is a leading cause of death. • Stroke Deaths • High Blood Pressure Prevalence • Overall Cardiovascular Risk
Infant Health & Family Planning	• Prenatal Care • Infant Mortality • Teen Births
Injury & Violence	• Unintentional Injury Deaths ○ Including Motor Vehicle Crash Deaths • Violent Crime Experience
Kidney Disease	• Kidney Disease Prevalence

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* *Data considered include the population-based PRC Community Health Survey, indicators from public health and other existing data sets, as well as input from community stakeholders through the Online Key Informant Survey.*

Areas of Opportunity (continued)	
Mental Health	• Diagnosed Depression • Symptoms of Chronic Depression • Receiving Treatment for Mental Health • Difficulty Obtaining Mental Health Services • Stress ○ Including Worry/Stress Over Rent/Mortgage • Mental Health ranked as a top concern in the Online Key Informant Survey.
Nutrition, Physical Activity & Weight	• Overweight Prevalence • Food Insecurity • Difficulty Accessing Fresh Produce • Low Food Access • Access to Recreation/Fitness Facilities • Nutrition, Physical Activity & Weight ranked as a top concern in the Online Key Informant Survey.
Potentially Disabling Conditions	• Activity Limitations • Multiple Chronic Conditions • Caregiving for Others
Respiratory Diseases	• Asthma Prevalence • Pneumonia/Influenza Deaths • Flu Vaccination [Age 65+] • Pneumonia Vaccination [Age 65+]
Substance Abuse	• Cirrhosis/Liver Disease Deaths • Illicit Drug Use • Substance Abuse ranked as a top concern in the Online Key Informant Survey.
Tobacco Use	• Environmental Tobacco Smoke Exposure in Households with Children

Prioritization of Health Needs, Representing Significant Health Needs

On August 8, 2018, Winter Haven Hospital and Winter Haven Women's Hospital (in collaboration with Bartow Regional Hospital) convened a meeting of 75 hospital representatives and community stakeholders (representing a cross-section of community-based agencies and organizations) to evaluate, discuss and prioritize health needs for the hospital service area, based on findings of this Community Health Needs Assessment (CHNA); see Appendix II for participating agencies/organizations.

Professional Research Consultants, Inc. (PRC) began the meeting with a presentation of key areas of opportunity that represent significant health needs as identified by the primary and secondary research (see Areas of Opportunity above). Following the data review, PRC answered questions about the data shown.

During the second part of the meeting, participants broke into small groups of 8-10 and took part in guided discussions through a facilitative technique that used "data placemats" to enhance stakeholder understanding of the data. Each small group then reported out a summation of their observations and discussions.

Finally, participants were reconvened and then provided an overview of the prioritization exercise that followed. In order to assign priority to the identified health needs (i.e., Areas of Opportunity), a wireless audience response system was used in which each participant was able to register his/her ratings using a small remote keypad. The participants were asked to evaluate each health issue along two criteria:

Scope & Severity — The first rating was to gauge the magnitude of the problem in consideration of the following:

- How many people are affected?
- How do we compare to state or national levels, or Health People 2020 targets?
- To what degree does each health issue lead to death or disability, impair quality of life, or impact other health issues?

Ratings were entered on a scale of 1 (not very prevalent at all, with only minimal health consequences) to 10 (extremely prevalent, with very serious health consequences).

Ability to Impact — A second rating was designed to measure the perceived likelihood of the hospital having a positive impact on each health issue. Specifically, participants were asked to consider:

- What is the likelihood of our organization having a positive impact on this health issue?
- This should reflect our ability to address this issue independently or in conjunction with potential community partners.

Ratings were entered on a scale of 1 (no ability to impact) to 10 (great ability to impact).

Individuals' ratings for each tested health need were averaged for each tested health issue, and then these composite criteria scores were averaged to produce an overall score. This process yielded the following prioritized list of community health needs:

1. **Mental Health**
2. **Access to Healthcare**
3. **Nutrition, Physical Activity & Weight**
4. **Substance Abuse**
5. **Diabetes**
6. **Heart Disease & Stroke**
7. **Infant Health & Family Planning**
8. **Tobacco Use**
9. **Cancer**
10. **Respiratory Disease**
11. **Injury & Violence**
12. **Potentially Disabling Conditions**
13. **Kidney Disease**

Plotting these overall scores in a matrix illustrates the intersection of the Scope & Severity and the Ability to Impact scores. Below, those issues placing in the upper right quadrant represent health needs rated as most severe, with the greatest ability to impact.
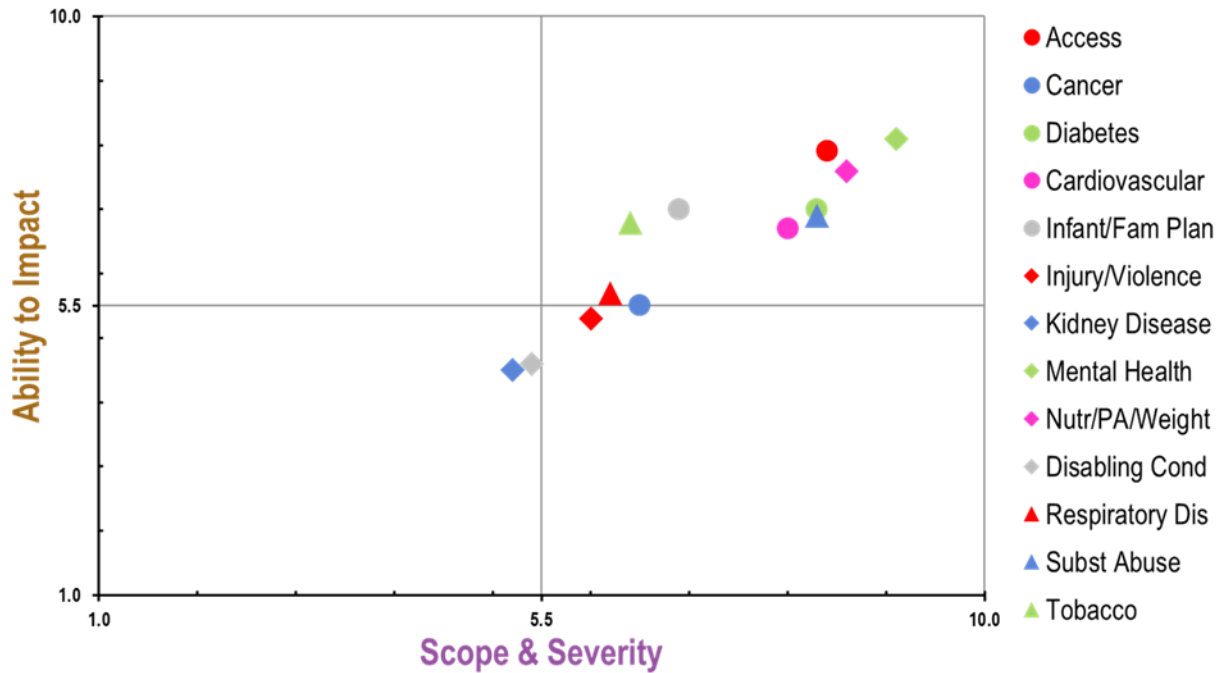
While the hospital will likely not implement strategies for all of these health needs, the results of this prioritization exercise will be used to inform the development of Winter Haven Hospital's and Winter Haven Women's Hospital's Implementation Plans to address the top health needs of the hospital's service area in the coming years.

Note: Evaluations of the work that Winter Haven Hospital and Winter Haven Women's Hospital have already implemented based on findings of the prior assessment can be found in the Appendix.

Summary Data

Comparisons With Benchmark Data

The following tables provide an overview of indicators in the WHH/WHWH Service Area. These data are grouped to correspond with the Focus Areas presented in Healthy People 2020.

Reading the Data Summary Tables

■ In the following charts, WHH/WHWH Service Area results are shown in the larger, blue column. For survey-derived indicators, this column represents the ZIP Code–defined hospital service area; for data from secondary sources, this column represents findings for the county as a whole. *Tip: Indicator labels beginning with a "%" are taken from the population-based PRC Community Health Survey; the remaining indicators are taken from secondary data sources.*

■ The columns to the right of the service area column provide comparisons between local data and any available state and national findings, and Healthy People 2020 targets. Symbols indicate whether the WHH/WHWH Service Area 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.

Social Determinants	WHH/ WHWH Service Area	WHH/WHWH vs. Benchmarks		
		vs. FL	vs. US	vs. HP2020
Linguistically Isolated Population (Percent)	4.0	☀ 6.5	☁ 4.5	
Population in Poverty (Percent)	17.7	☁ 16.1	☁ 15.1	
Population Below 200% FPL (Percent)	42.6	☁ 37.3	🌧 33.6	
Children Below 200% FPL (Percent)	58.4	🌧 48.8	🌧 43.3	
No High School Diploma (Age 25+, Percent)	16.0	🌧 12.8	🌧 13.0	
Unemployment Rate (Age 16+, Percent)	5.5	☁ 4.8	☁ 4.9	
% Worry/Stress Over Rent/Mortgage in Past Year	40.1		🌧 30.8	
% Low Health Literacy	31.5		🌧 23.3	
% Lived With Friend/Relative in Past 2 Years Due to Emergency	14.5			
% Homeless in Past 2 Years	7.7			
% Household Mental Illness ACE	19.2			
% Household Substance Abuse ACE	26.2			
% Incarcerated Household Member ACE	9.6			
% Parental Separation or Divorce ACE	32.7			
% Intimate Partner Violence ACE	28.1			
% Physical Abuse ACE	25.3			
% Emotional Abuse ACE	32.4			
% Sexual Abuse ACE	21.1			
% High ACE Risk	23.3			
		☀ better	☁ similar	🌧 worse

Overall Health	WHH/ WHWH Service Area	WHH/WHWH vs. Benchmarks		
		vs. FL	vs. US	vs. HP2020
% "Fair/Poor" Overall Health	16.3	☁ 19.5	☁ 18.1	
% Multiple Chronic Conditions	71.3		🌧 56.8	
% Activity Limitations	38.8	🌧 20.7	🌧 25.0	
% Caregiver to a Friend/Family Member	30.2		🌧 20.8	
		☀ better	☁ similar	🌧 worse

Access to Health Services	WHH/ WHWH Service Area	WHH/WHWH vs. Benchmarks		
		vs. FL	vs. US	vs. HP2020
% [Age 18-64] Lack Health Insurance	17.2	☁ 21.4	☁ 13.7	🌧 0.0
% Difficulty Accessing Healthcare in Past Year (Composite)	47.7		☁ 43.2	
% Difficulty Finding Physician in Past Year	16.3		☁ 13.4	
% Difficulty Getting Appointment in Past Year	19.2		☁ 17.5	
% Cost Prevented Physician Visit in Past Year	20.8	☁ 16.6	☁ 15.4	
% Transportation Hindered Dr Visit in Past Year	8.0		☁ 8.3	
% Inconvenient Hrs Prevented Dr Visit in Past Year	13.0		☁ 12.5	
% Language/Culture Prevented Care in Past Year	2.9		☁ 1.2	

Access to Health Services (continued)	WHH/ WHWH Service Area	WHH/WHWH vs. Benchmarks		
		vs. FL	vs. US	vs. HP2020
% Cost Prevented Getting Prescription in Past Year	17.5		☁ 14.9	
% Skipped Prescription Doses to Save Costs	16.1		☁ 15.3	
% Difficulty Getting Child's Healthcare in Past Year	13.4		☁ 5.6	
Primary Care Doctors per 100,000	51.4	🌧 79.8	🌧 87.8	
% Have a Specific Source of Ongoing Care	75.5		☁ 74.1	🌧 95.0
% Have Had Routine Checkup in Past Year	68.0	🌧 76.5	☁ 68.3	
% Child Has Had Checkup in Past Year	90.2		☁ 87.1	
% Two or More ER Visits in Past Year	9.4		☁ 9.3	
% Rate Local Healthcare "Fair/Poor"	10.6		☀ 16.2	
Live in a Health Professional Shortage Area (Percent)	100.0	🌧 54.7	🌧 33.1	
		☀ better	☁ similar	🌧 worse

Cancer	WHH/ WHWH Service Area	WHH/WHWH vs. Benchmarks		
		vs. FL	vs. US	vs. HP2020
Cancer (Age-Adjusted Death Rate)	161.8	☁ 151.9	☁ 161.0	☁ 161.4
Lung Cancer (Age-Adjusted Death Rate)	44.4	☁ 38.6	☁ 42.0	☁ 45.5
Prostate Cancer (Age-Adjusted Death Rate)	16.0	☁ 17.0	☀ 19.0	☀ 21.8

Cancer (continued)	WHH/ WHWH Service Area	WHH/WHWH vs. Benchmarks		
		vs. FL	vs. US	vs. HP2020
Female Breast Cancer (Age-Adjusted Death Rate)	20.3	similar 19.3	similar 20.6	similar 20.7
Colorectal Cancer (Age-Adjusted Death Rate)	14.2	similar 13.6	similar 14.4	similar 14.5
Female Breast Cancer Incidence Rate	130.2	similar 118.6	similar 123.5	
Prostate Cancer Incidence Rate	101.5	similar 86.9	similar 114.8	
Lung Cancer Incidence Rate	66.8	similar 58.9	similar 61.2	
Colorectal Cancer Incidence Rate	42.5	similar 36.6	similar 39.8	
Cervical Cancer Incidence Rate	10.5	worse 8.5	worse 7.6	
% Cancer (Other Than Skin)	5.6	similar 7.5	similar 7.1	
% Skin Cancer	15.1	worse 9.1	worse 8.5	
% [Women 50-74] Mammogram in Past 2 Years	84.9	similar 81.8	similar 77.0	similar 81.1
% [Women 21-65] Pap Smear in Past 3 Years	63.5	worse 78.7	similar 73.5	worse 93.0
% [Age 50-75] Colorectal Cancer Screening	82.5	better 67.3	similar 76.4	better 70.5
		better	similar	worse

Dementias, Including Alzheimer's Disease	WHH/ WHWH Service Area	WHH/WHWH vs. Benchmarks		
		vs. FL	vs. US	vs. HP2020
Alzheimer's Disease (Age-Adjusted Death Rate)	24.2	☁️ 21.9	☁️ 26.1	
		☀️ better	☁️ similar	🌧️ worse

Diabetes	WHH/ WHWH Service Area	WHH/WHWH vs. Benchmarks		
		vs. FL	vs. US	vs. HP2020
Diabetes (Age-Adjusted Death Rate)	24.4	🌧️ 20.0	☁️ 21.1	🌧️ 20.5
% Diabetes/High Blood Sugar	17.7	🌧️ 11.8	☁️ 13.3	
% Borderline/Pre-Diabetes	7.3	🌧️ 1.6	☁️ 9.5	
		☀️ better	☁️ similar	🌧️ worse

Heart Disease & Stroke	WHH/ WHWH Service Area	WHH/WHWH vs. Benchmarks		
		vs. FL	vs. US	vs. HP2020
Diseases of the Heart (Age-Adjusted Death Rate)	170.9	☁️ 150.8	☁️ 168.4	☁️ 156.9
Stroke (Age-Adjusted Death Rate)	45.1	☁️ 38.8	🌧️ 36.8	🌧️ 34.8
% Heart Disease (Heart Attack, Angina, Coronary Disease)	11.2		☁️ 8.0	
% Congestive Heart Failure	2.5			
% Stroke	7.2	🌧️ 3.5	☁️ 4.7	
% Blood Pressure Checked in Past 2 Years	93.0		☁️ 90.4	☁️ 92.6

Heart Disease & Stroke (continued)	WHH/ WHWH Service Area	WHH/WHWH vs. Benchmarks		
		vs. FL	vs. US	vs. HP2020
% Told Have High Blood Pressure (Ever)	48.6	⛈️ 33.5	⛈️ 37.0	⛈️ 26.9
% Cholesterol Checked in Past 5 Years	84.3	☀️ 79.7	☁️ 85.1	☁️ 82.1
% Told Have High Cholesterol (Ever)	39.9		☁️ 36.2	⛈️ 13.5
% 1+ Cardiovascular Risk Factor	94.6		⛈️ 87.2	
		☀️ better	☁️ similar	⛈️ worse

HIV	WHH/ WHWH Service Area	WHH/WHWH vs. Benchmarks		
		vs. FL	vs. US	vs. HP2020
HIV/AIDS (Age-Adjusted Death Rate)	3.6	☁️ 3.7	⛈️ 2.7	☁️ 3.3
HIV Prevalence Rate	377.3	☀️ 568.9	☁️ 353.2	⛈️ 22.1
		☀️ better	☁️ similar	⛈️ worse

Immunization & Infectious Diseases	WHH/ WHWH Service Area	WHH/WHWH vs. Benchmarks		
		vs. FL	vs. US	vs. HP2020
% [Age 65+] Flu Vaccine in Past Year	72.0	☀️ 57.6	☁️ 76.8	☁️ 70.0
% [High-Risk 18-64] Flu Vaccine in Past Year	36.0		⛈️ 55.7	⛈️ 70.0
% [Age 65+] Pneumonia Vaccine Ever	66.2	☁️ 65.6	⛈️ 82.7	⛈️ 90.0

Immunization & Infectious Diseases (continued)	WHH/ WHWH Service Area	WHH/WHWH vs. Benchmarks		
		vs. FL	vs. US	vs. HP2020
% [High-Risk 18-64] Pneumonia Vaccine Ever	35.2		☁ 39.9	🌧 60.0
		☀ better	☁ similar	🌧 worse

Infant Health & Family Planning	WHH/ WHWH Service Area	WHH/WHWH vs. Benchmarks		
		vs. FL	vs. US	vs. HP2020
No Prenatal Care in First Trimester (Percent)	26.9	🌧 21.7	🌧 17.3	🌧 22.1
Low Birthweight Births (Percent)	8.2	☁ 8.7	☁ 8.2	☁ 7.8
Infant Death Rate	7.8	🌧 6.1	🌧 5.9	🌧 6.0
Teen Births per 1,000 (Age 15-19)	27.6	🌧 19.7	☀ 36.6	
		☀ better	☁ similar	🌧 worse

Injury & Violence	WHH/ WHWH Service Area	WHH/WHWH vs. Benchmarks		
		vs. FL	vs. US	vs. HP2020
Unintentional Injury (Age-Adjusted Death Rate)	51.2	☁ 52.6	🌧 41.0	🌧 36.4
Motor Vehicle Crashes (Age-Adjusted Death Rate)	19.2	🌧 14.8	🌧 10.6	🌧 12.4
% [Age 45+] Fell in the Past Year	26.3		☁ 31.6	
Firearm-Related Deaths (Age-Adjusted Death Rate)	11.4	☁ 12.4	☁ 10.6	🌧 9.3
Homicide (Age-Adjusted Death Rate)	5.2	☀ 6.5	☁ 5.3	☁ 5.5

Injury & Violence (continued)	WHH/ WHWH Service Area	WHH/WHWH vs. Benchmarks		
		vs. FL	vs. US	vs. HP2020
Violent Crime Rate	355.7	☀️ 472.1	☁️ 379.7	
% Victim of Violent Crime in Past 5 Years	7.5		🌧️ 3.7	
% Victim of Domestic Violence (Ever)	18.9		☁️ 14.2	
		☀️ better	☁️ similar	🌧️ worse

Kidney Disease	WHH/ WHWH Service Area	WHH/WHWH vs. Benchmarks		
		vs. FL	vs. US	vs. HP2020
Kidney Disease (Age-Adjusted Death Rate)	12.2	☁️ 10.6	☁️ 13.3	
% Kidney Disease	7.4	🌧️ 3.2	🌧️ 3.8	
		☀️ better	☁️ similar	🌧️ worse

Mental Health	WHH/ WHWH Service Area	WHH/WHWH vs. Benchmarks		
		vs. FL	vs. US	vs. HP2020
% "Fair/Poor" Mental Health	18.0		☁️ 13.0	
% Diagnosed Depression	30.6	🌧️ 14.2	🌧️ 21.6	
% Symptoms of Chronic Depression (2+ Years)	41.1		🌧️ 31.4	
% Typical Day Is "Extremely/Very" Stressful	19.0		🌧️ 13.4	

Mental Health (continued)	WHH/ WHWH Service Area	WHH/WHWH vs. Benchmarks		
		vs. FL	vs. US	vs. HP2020
Suicide (Age-Adjusted Death Rate)	13.8	☁️ 14.2	☁️ 13.0	🌧️ 10.2
% Taking Rx/Receiving Mental Health Trtmt	22.7		🌧️ 13.9	
% Have Ever Sought Help for Mental Health	34.9		☁️ 30.8	
% [Those With Diagnosed Depression] Seeking Help	87.1		☁️ 87.1	
% Unable to Get Mental Health Svcs in Past Yr	14.8		🌧️ 6.8	
		☀️ better	☁️ similar	🌧️ worse

Nutrition, Physical Activity & Weight	WHH/ WHWH Service Area	WHH/WHWH vs. Benchmarks		
		vs. FL	vs. US	vs. HP2020
% Food Insecure	39.1		🌧️ 27.9	
% Eat 5+ Servings of Fruit or Vegetables per Day	39.5		☁️ 33.5	
% "Very/Somewhat" Difficult to Buy Fresh Produce	30.5		🌧️ 22.1	
Population With Low Food Access (Percent)	37.8	🌧️ 25.7	🌧️ 22.4	
% No Leisure-Time Physical Activity	26.2	☁️ 29.8	☁️ 26.2	☀️ 32.6
% Meeting Physical Activity Guidelines	19.0	☁️ 21.8	☁️ 22.8	☁️ 20.1
Recreation/Fitness Facilities per 100,000	6.8	🌧️ 10.4	🌧️ 10.5	

Nutrition, Physical Activity & Weight (continued)	**WHH/ WHWH Service Area**	**WHH/WHWH vs. Benchmarks**		
		vs. FL	**vs. US**	**vs. HP2020**
% Overweight (BMI 25+)	**75.2**	🌧️ 63.2	🌧️ 67.8	
% Healthy Weight (BMI 18.5-24.9)	**20.8**	🌧️ 34.5	🌧️ 30.3	🌧️ 33.9
% [Overweights] Trying to Lose Weight	**58.6**		☁️ 61.3	
% Obese (BMI 30+)	**37.8**	🌧️ 27.4	☁️ 32.8	🌧️ 30.5
		☀️ better	☁️ similar	🌧️ worse

Oral Health	**WHH/ WHWH Service Area**	**WHH/WHWH vs. Benchmarks**		
		vs. FL	**vs. US**	**vs. HP2020**
% Have Dental Insurance	**60.8**		☁️ 59.9	
% [Age 18+] Dental Visit in Past Year	**59.6**	☁️ 63.0	☁️ 59.7	☀️ 49.0
		☀️ better	☁️ similar	🌧️ worse

Potentially Disabling Conditions	WHH/ WHWH Service Area	WHH/WHWH vs. Benchmarks		
		vs. FL	vs. US	vs. HP2020
% [50+] Arthritis/Rheumatism	38.0		similar 38.3	
% [50+] Osteoporosis	12.1		similar 9.4	worse 5.3
% Sciatica/Chronic Back Pain	23.5		similar 22.9	
% Eye Exam in Past 2 Years	73.5		better 55.3	
		better	similar	worse

Respiratory Diseases	WHH/ WHWH Service Area	WHH/WHWH vs. Benchmarks		
		vs. FL	vs. US	vs. HP2020
CLRD (Age-Adjusted Death Rate)	52.1	worse 39.6	worse 41.4	
Pneumonia/Influenza (Age-Adjusted Death Rate)	17.5	worse 9.5	similar 15.4	
% [Adult] Currently Has Asthma	16.7	worse 6.7	similar 11.8	
% Adults Asthma (Ever Diagnosed)	26.5	worse 11.0	worse 19.4	
% [Child 0-17] Currently Has Asthma	20.8		similar 9.3	
% Child [Age 0-17] Asthma (Ever Diagnosed)	21.8		similar 11.1	
% COPD (Lung Disease)	12.9	worse 7.1	similar 8.6	
		better	similar	worse

COMMUNITY HEALTH NEEDS ASSESSMENT — Winter Haven Hospital & Winter Haven Women's Hospital

Sexually Transmitted Diseases	WHH/ WHWH Service Area	WHH/WHWH vs. Benchmarks		
		vs. FL	vs. US	vs. HP2020
Chlamydia Incidence Rate	479.8	(similar) 470.3	(similar) 456.1	(worse) 7.8
Gonorrhea Incidence Rate	148.8	(similar) 138.5	(worse) 110.7	
		(better) better	(similar) similar	(worse) worse

Substance Abuse	WHH/ WHWH Service Area	WHH/WHWH vs. Benchmarks		
		vs. FL	vs. US	vs. HP2020
Unintentional Drug-Related Deaths (Age-Adjusted Death Rate)	16.1	(better) 20.2	(similar) 15.8	(worse) 11.3
Cirrhosis/Liver Disease (Age-Adjusted Death Rate)	12.8	(similar) 11.9	(worse) 10.5	(worse) 8.2
% Current Drinker	51.9	(similar) 52.7	(similar) 55.0	
% Binge Drinker (Single Occasion - 5+ Drinks Men, 4+ Women)	19.9	(similar) 15.5	(similar) 20.0	(similar) 24.4
% Excessive Drinker	23.5		(similar) 22.5	(similar) 25.4
% Drinking & Driving in Past Month	6.7	(worse) 3.4	(similar) 5.2	
% Used Opiates/Opioids in Past Year	21.7			
% Taken Prescription Drugs on My Own	5.7			
% Illicit Drug Use in Past Month	7.1		(worse) 2.5	(similar) 7.1
% Ever Sought Help for Alcohol or Drug Problem	6.3		(similar) 3.4	

Substance Abuse (continued)	WHH/ WHWH Service Area	WHH/WHWH vs. Benchmarks		
		vs. FL	vs. US	vs. HP2020
% Life Negatively Affected by Substance Abuse	35.5		☁ 37.3	
		☀ better	☁ similar	🌧 worse

Tobacco Use	WHH/ WHWH Service Area	WHH/WHWH vs. Benchmarks		
		vs. FL	vs. US	vs. HP2020
% Current Smoker	13.7	☁ 15.5	☁ 16.3	☁ 12.0
% Someone Smokes at Home	13.4		☁ 10.7	
% [Nonsmokers] Someone Smokes in the Home	6.8		☁ 4.0	
% [Household With Children] Someone Smokes in the Home	20.8		🌧 7.2	
% Currently Use Vaping Products	1.9	☀ 4.7	☁ 3.8	
		☀ better	☁ similar	🌧 worse

Perceptions of Community	WHH/ WHWH Service Area	vs. FL	vs. US	vs. HP2020
% Feel "Not Very/Not At All" Connected to Community	31.8			
% Have Someone in Community to Turn to "Little/None" of the Time	32.2			
% Rate Community Race/Culture Tolerance "Fair/Poor"	15.0			
% "Seldom/Never" Volunteer	52.7			
		☀ better	☁ similar	🌧 worse

Summary of Key Informant Concerns

In the Online Key Informant Survey, community stakeholders were asked to rate the degree to which each of 20 health issues is a problem in their own community, using a scale of "major problem," "moderate problem," "minor problem" or "no problem at all."   The following chart summarizes their responses; these findings are also outlined throughout this report, along with the qualitative input describing reasons for their concerns.

Key Informants: Relative Position of Health Topics as Problems in the Community
(Polk County Key Informants)

Health Topic	Major Problem	Moderate Problem
Mental Health	86.9%	10.5%
Substance Abuse	65.8%	31.6%
Diabetes	64.9%	18.9%
Nutrition, Physical Activity, and Weight	63.2%	28.9%
Heart Disease and Stroke	55.6%	27.8%
Access to Health Care Services	51.4%	35.1%
Oral Health/Dental Care	46.0%	37.8%
Infant and Child Health	33.3%	44.4%
Tobacco Use	29.7%	48.7%
Injury and Violence	25.7%	37.2%
Family Planning	25.7%	31.4%
Cancer	25.0%	63.8%
Dementia/Alzheimer's Disease	22.9%	65.6%
Respiratory Diseases	19.4%	58.3%
Sexually Transmitted Diseases	19.4%	52.8%
Arthritis/Osteoporosis/Back Conditions	14.7%	52.9%
Immunization and Infectious Diseases	13.5%	43.3%
Kidney Disease	12.1%	48.5%
Hearing and Vision Conditions	8.6%	34.3%
HIV/AIDS	8.1%	54.1%

■ Major Problem   ■ Moderate Problem   ☐ Minor Problem   ■ No Problem At All

Data Charts &
Key Informant Input

The following sections present data from multiple sources, including the random sample PRC Community Health Survey (259 respondents), public health and other existing data sets (secondary data), as well as qualitative input from the Online Key Informant Survey (38 respondents). Data indicators from these sources are intermingled and organized by health topic. To better understand the source data for specific indicators, please refer to the footnotes accompanying each chart.

Professional Research Consultants, Inc.

General Health Status

Overall Health Status

Self-Reported Health Status

The initial inquiry of the (random sample, population-based) 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
(WHH/WHWH Service Area, 2018)
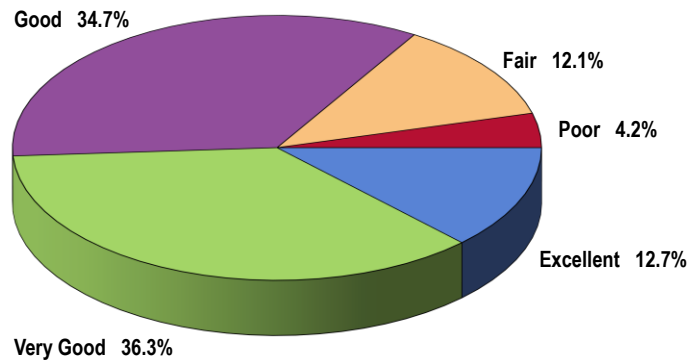
Good 34.7%	
Fair 12.1%	
Poor 4.2%	
Excellent 12.7%	
Very Good 36.3%	

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

The following charts further detail "fair/poor" overall health responses in the WHH/WHWH Service Area in comparison to benchmark data, as well as by basic demographic characteristics (namely by gender, age groupings, income [based on poverty status], and race/ethnicity).

Experience "Fair" or "Poor" Overall Health
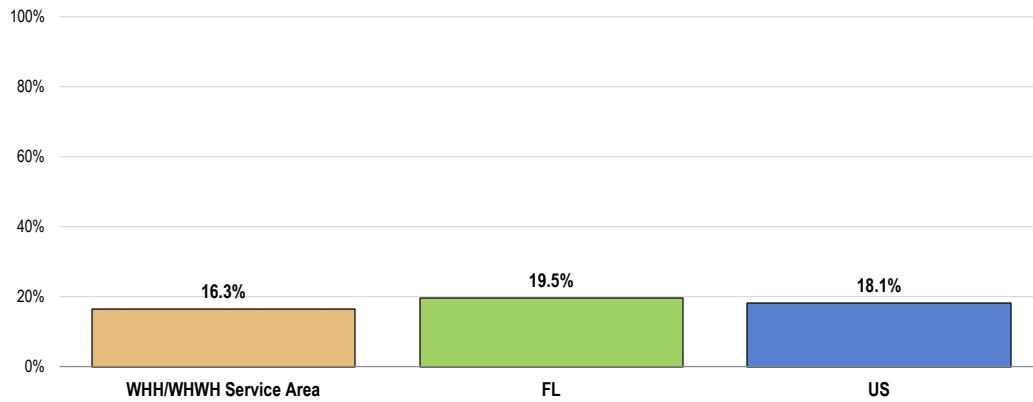
Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Florida data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Experience "Fair" or "Poor" Overall Health
(WHH/WHWH Service Area, 2018)

Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]

Notes:
- Asked of all respondents.
- "Other" race/ethnicity includes all Hispanic respondents, as well as all races other than Non-Hispanic White.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes below 200% of the federal poverty level, and "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Note that the sample sizes for young adults (age 18-39) and for those of "other" races are relatively small (<50); interpret results for these segments with caution.

Activity Limitations

About Disability & Health

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)

"Are you limited in any way in any activities because of physical, mental or emotional problems?"

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

WHH/WHWH Service Area	FL	US
38.8%	20.7%	25.0%
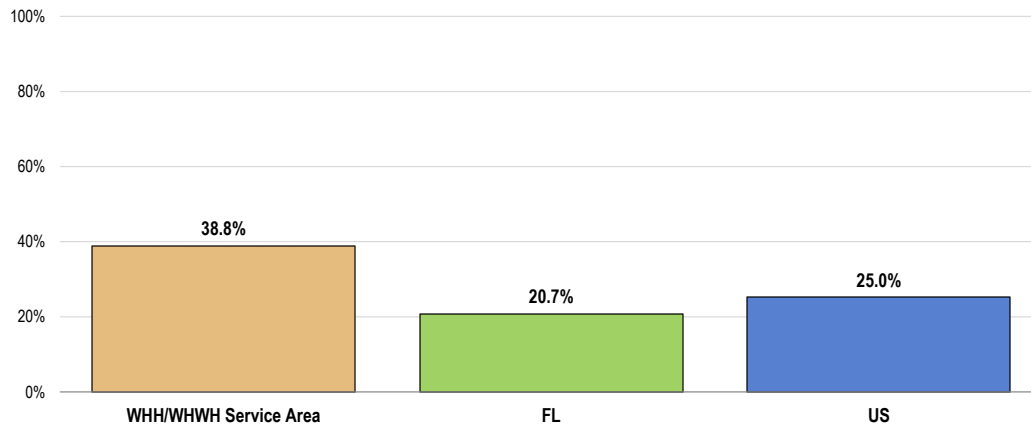
Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 109]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Florida data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Limited in Activities in Some Way
Due to a Physical, Mental or Emotional Problem
(WHH/WHWH Service Area, 2018)

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	Non-Hispanic White	Other	WHH/WHWH
41.4%	36.4%	45.8%	32.0%	42.3%	54.7%	27.8%	34.7%	48.6%	38.8%

Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 109]

Notes:
- Asked of all respondents.
- "Other" race/ethnicity includes all Hispanic respondents, as well as all races other than Non-Hispanic White.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes below 200% of the federal poverty level, and "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Note that the sample sizes for young adults (age 18-39) and for those of "other" races are relatively small (<50); interpret results for these segments with caution.

Mental Health

About 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.

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 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 in 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, 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)

Self-Reported Mental Health Status

"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?"

Self-Reported Mental Health Status
(WHH/WHWH Service Area, 2018)
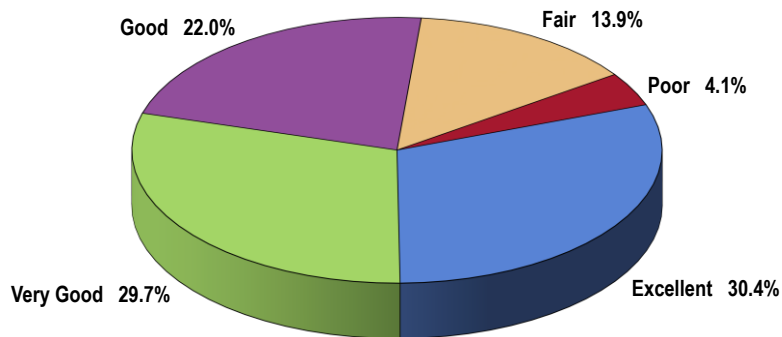
Good 22.0%   Fair 13.9%   Poor 4.1%   Excellent 30.4%   Very Good 29.7%

Sources: ● PRC Community Health Survey, Professional Research Consultants, Inc. [Item 99]
Notes: ● Asked of all respondents.

Experience "Fair" or "Poor" Mental Health
(WHH/WHWH Service Area, 2018)

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	Non-Hisp White	Other	WHH/WHWH	US
8.2%	26.7%	26.1%	21.9%	4.4%	25.1%	13.2%	17.1%	19.7%	18.0%	13.0%

Sources: ● PRC Community Health Survey, Professional Research Consultants, Inc. [Item 99]
Notes: ● Asked of all respondents.
● "Other" race/ethnicity includes all Hispanic respondents, as well as all races other than Non-Hispanic White.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes below 200% of the federal poverty level, and "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
● Note that the sample sizes for young adults (age 18-39) and for those of "other" races are relatively small (<50); interpret results for these segments with caution.

Depression

Diagnosed Depression: "Has a doctor, nurse, or other health professional ever told you that you have a depressive disorder, including depression, major depression, dysthymia, or minor depression?"

Have Been Diagnosed With a Depressive Disorder

Category	Percentage
WHH/WHWH Service Area	30.6%
FL	14.2%
US	21.6%
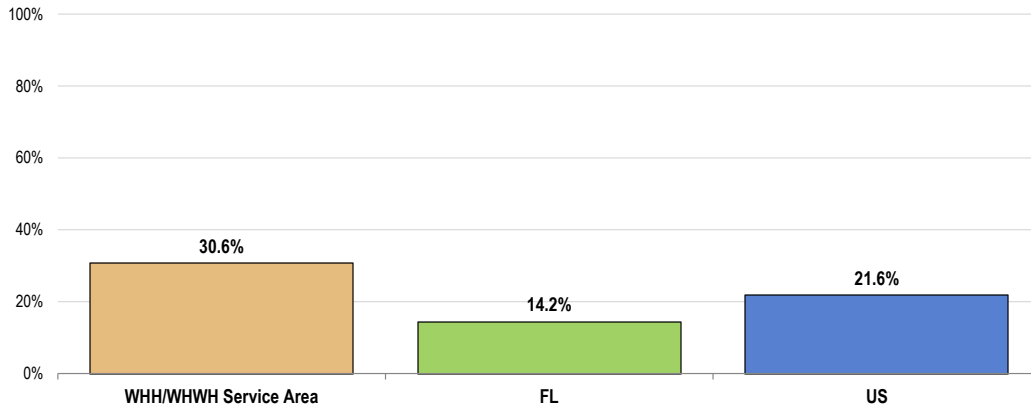
Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 102]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Florida data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Depressive disorders include depression, major depression, dysthymia, or minor depression.

Symptoms of Chronic Depression: "Have you had two years or more in your life when you felt depressed or sad most days, even if you felt okay sometimes?"

Have Experienced Symptoms of Chronic Depression

Category	Percentage
WHH/WHWH Service Area	41.1%
US	31.4%
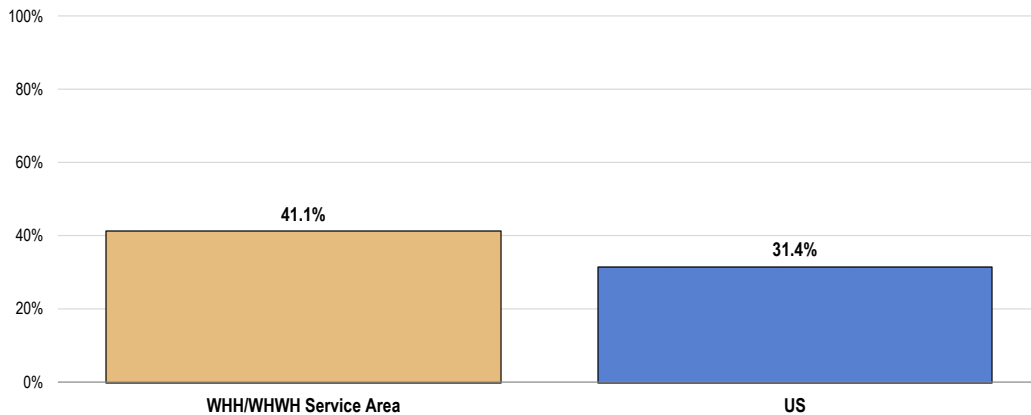
Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 100]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.

Have Experienced Symptoms of Chronic Depression
(WHH/WHWH Service Area, 2018)

Category	Value
Men	34.1%
Women	47.4%
18 to 39	57.6%
40 to 64	41.3%
65+	21.2%
Low Income	59.5%
Mid/High Income	25.3%
Non-Hispanic White	34.2%
Other	56.5%
WHH/WHWH	41.1%
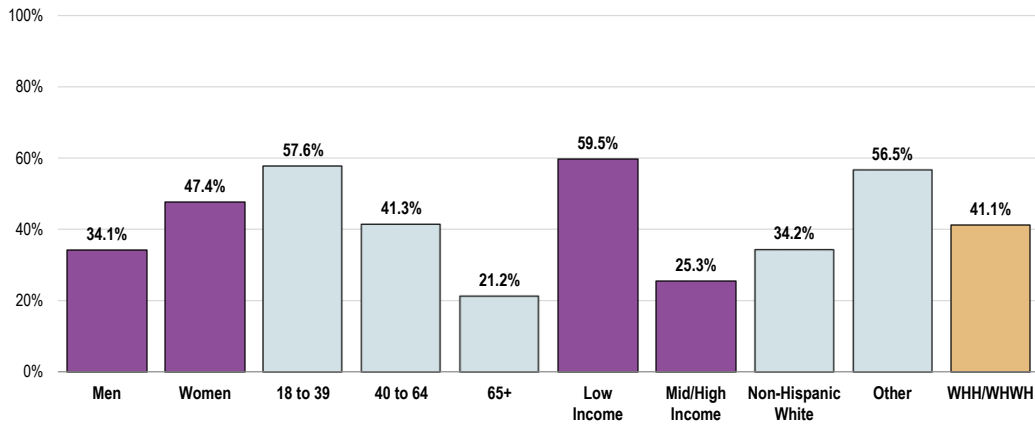
Sources: ● PRC Community Health Survey, Professional Research Consultants, Inc. [Item 100]
Notes: ● Asked of all respondents.
● Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.
● "Other" race/ethnicity includes all Hispanic respondents, as well as all races other than Non-Hispanic White.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes below 200% of the federal poverty level, and "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
● Note that the sample sizes for young adults (age 18-39) and for those of "other" races are relatively small (<50); interpret results for these segments with caution.

Suicide

The following chart outlines the most current age-adjusted mortality rates attributed to suicide in our population.

(Refer to "Leading Causes of Death" for an explanation of the use of age-adjusting for these rates.)

Suicide: Age-Adjusted Mortality
(Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 10.2 or Lower
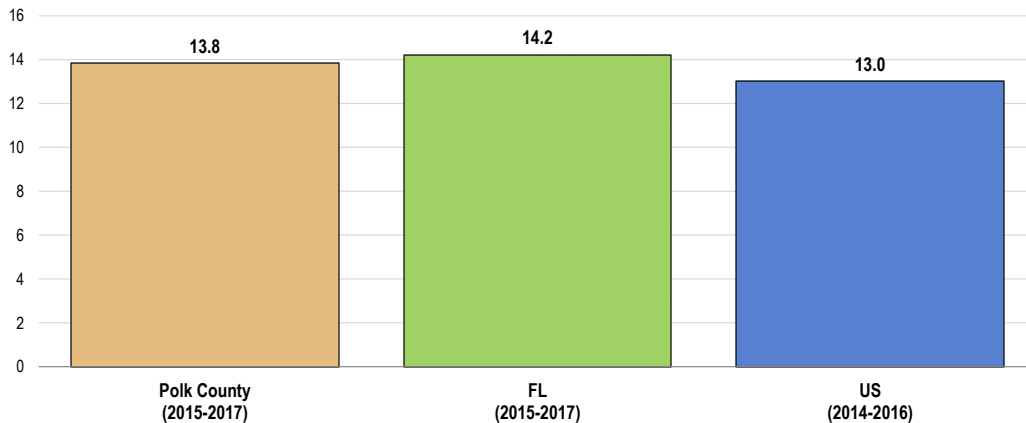
Category	Value
Polk County (2015-2017)	13.8
FL (2015-2017)	14.2
US (2014-2016)	13.0

Sources: ● Florida Department of Health, Bureau of Vital Statistics. Retrieved August 2018 from FLHealthCharts.com, provided by the Florida Department of Health, Division of Public Health Statistics & Performance Management.
● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2018.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MHMD-1]
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Mental Health Treatment

"Have you ever sought help from a professional for a mental or emotional problem?"

"Are you now taking medication or receiving treatment from a doctor, nurse, or other health professional for any type of mental health condition or emotional problem?"

Mental Health Treatment

Legend: WHH/WHWH, US

- Ever Sought Help for a Mental or Emotional Problem: WHH/WHWH 34.9%, US 30.8%
- Currently Taking Medication/Receiving Mental Health Treatment: WHH/WHWH 22.7%, US 13.9%
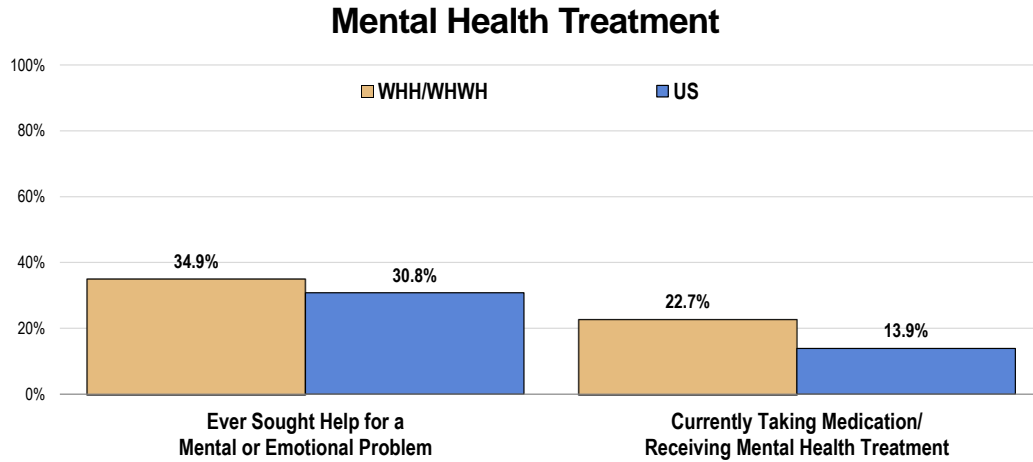
Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Items 103-104]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Reflects the total sample of respondents.

"Was there a time in the past 12 months when you needed mental health services but were not able to get them?"

Unable to Get Mental Health Services When Needed in the Past Year
(WHH/WHWH Service Area, 2018)

- Men: 16.5%
- Women: 13.2%
- 18 to 39: 37.4%
- 40 to 64: 6.7%
- 65+: 0.0%
- Low Income: 35.9%
- Mid/High Income: 1.2%
- Non-Hisp White: 10.8%
- Other: 23.8%
- WHH/WHWH: 14.8%
- US: 6.8%
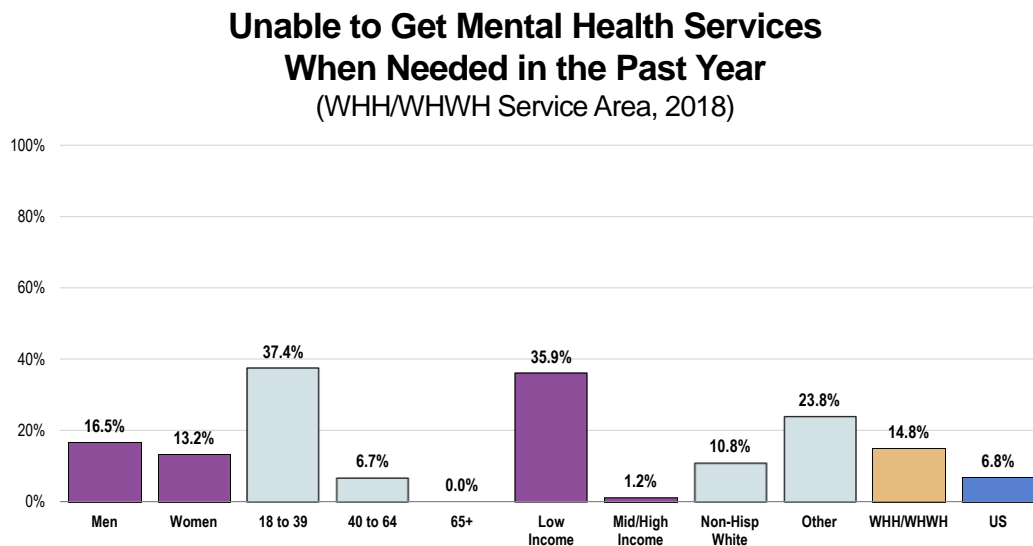
Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 105]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- "Other" race/ethnicity includes all Hispanic respondents, as well as all races other than Non-Hispanic White.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes below 200% of the federal poverty level, and "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Note that the sample sizes for young adults (age 18-39) and for those of "other" races are relatively small (<50); interpret results for these segments with caution.

Key Informant Input: Mental Health

The following chart outlines key informants' perceptions of the severity of *Mental Health* as a problem in the community:

Perceptions of Mental Health as a Problem in the Community
(Polk County Key Informants, 2018)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All

86.9%	10.5%	2.6%

Sources: ● PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Challenges

Among those rating this issue as a "major problem," the following represent what key informants see as the main challenges for persons with mental illness:

Access to Care/Services

We do not have enough inpatient psych beds, other than Short Baker Act stays, in our community. Services for children or teens is extremely limited. Access to quality services even for those with insurance is very limited. — Polk County Community Leader

First being diagnosed with mental health issues and having someone to discuss those issues are key. — Polk County Community Leader

Limited mental health facilities and resources to treat those with mental illness. Also monitoring of the population to verify that they are taking their medication. — Polk County Public Health Representative

Access to services and medication. Afraid/embarrassed to seek treatment. People don't stay on prescribed medication schedules. — Polk County Other Health Provider

Lack of access long term access to mental healthcare. — Polk County Social Service Provider

Limited access and availability of emergent and continued treatment. — Polk County Other Health Provider

Mental Health issues can often be debilitating. Too often we treat mental health and physical health as separate issues, but the body doesn't separate them. There is a need for us to recognize the body keeps the score for adverse childhood experience. — Polk County Social Service Provider

Lack access to mental health professionals in a timely fashion. — Polk County Community Leader

More appointments available. — Polk County Community Leader

Access to continuum of care. — Polk County Community Leader

Diagnosis/Treatment

Not receiving diagnosis, treatment, in patient care during critical times. Community paramedicine could help with these issues. — Polk County Other Health Provider

Often times, people with mental health or substance abuse conditions don't come forward seeking help until forced, or in extreme circumstances. Additionally, navigating the multitude of behavioral health programs and providers in the County. — Polk County Social Service Provider

Proper diagnosis and access to care. — Polk County Other Health Provider

Diagnosis and treatment are the biggest challenges for mental health. — Polk County Community Leader

Diagnosis and care. There is no long—term care. — Polk County Community Leader

Polk is a mental health provider shortage area and additional efforts surrounding prevention, intervention, and treatment are needed. Our jail in Polk is one of the largest providers of mental health and substance abuse treatment and is temporary. As individuals are released they often fall back into habits of addiction and/or lack of care. Our treatment centers as they exist are strong, however, there are not enough providers to meet local demand. — Polk County Public Health Representative

Affordable Care/Services

> *The only way the indigent can receive mental health treatment is when they are arrested. This is a cycle that occurs repeatedly. They receive treatment while in jail and when released have little or no dependable access to mental healthcare.* — Polk County Community Leader

> *Mental health treatment, especially for those with low/no income, is very difficult to access. For that same population, medication can be impossible to afford. And follow up to ensure proper dosage or treatment results is so important but difficult.* — Polk County Social Service Provider

> *Affordable care. Real clinicians and not just med managers for those with low incomes.* — Polk County Social Service Provider

> *Lack of affordable mental health treatment/care.* — Polk County Social Service Provider

Lack of Behavioral Healthcare Providers

> *Insufficient mental health professionals for population in all income brackets. More significant restrictions for the poor.* — Polk County Social Service Provider

> *Lack of access to qualified mental health professionals, stigma for getting help.* — Polk County Community Leader

> *Lack of access to providers, constant change of health plans. Constant change of health plan providers which affect the continuity of care. Easy access to Emergency Room doing a temporary fix to a problem, but not long term.* — Polk County Physician

> *Shortage of mental health counselors/therapists. Addictions. Lack of resilience programs for youth and adults.* — Polk County Community Leader

Access for Uninsured/Underinsured

> *Access to care issues for both insured and uninsured. Polk is a mental health provider shortage area.* — Polk County Public Health Representative

Contributing Factors

> *Stigma and taboo surrounding these issues. Lack of access to providers. Lack of preventive programs/initiatives to prevent mental illness. Lack of support from school system.* — Polk County Public Health Representative

Stigma/Denial

> *Awareness and acceptance. Most people still reluctant to talk openly about mental health issues and many are reluctant to even hint at a problem for fear of being stigmatized. Even when drug treatment is prescribed, some have very serious side effects.* — Polk County Social Service Provider

Racial Disparities

> *White population has higher rates of suicide.* — Polk County Public Health Representative

Death, Disease & Chronic Conditions

Leading Causes of Death

Distribution of Deaths by Cause

Cancers and cardiovascular disease (heart disease and stroke) are leading causes of death in the community.
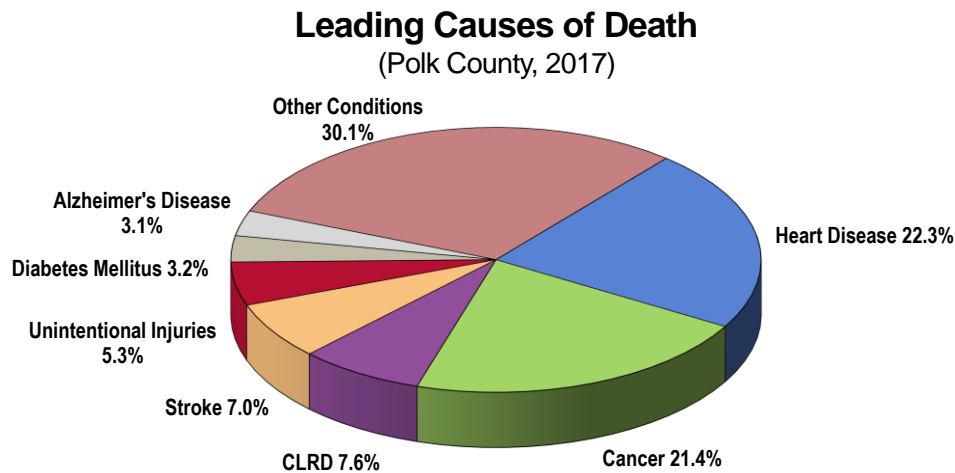
Leading Causes of Death
(Polk County, 2017)

- Other Conditions 30.1%
- Alzheimer's Disease 3.1%
- Diabetes Mellitus 3.2%
- Unintentional Injuries 5.3%
- Stroke 7.0%
- CLRD 7.6%
- Cancer 21.4%
- Heart Disease 22.3%

Sources: ● Florida Department of Health, Bureau of Vital Statistics. Retrieved August 2018 from FLHealthCharts.com, provided by the Florida Department of Health, Division of Public Health Statistics & Performance Management.
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
           ● CLRD is chronic lower respiratory disease.

Age-Adjusted Death Rates for Selected Causes

In order to compare mortality in the county with other localities (in this case, the state and the United States), it is necessary to look at *rates* of death — these are figures which represent the number of deaths in relation to the population size (such as deaths per 100,000 population, as is used here).

Furthermore, in order to compare localities without undue bias toward younger or older populations, the common convention is to adjust the data to some common baseline age distribution. Use of these "age-adjusted" rates provides the most valuable means of gauging mortality against benchmark data, as well as *Healthy People 2020* targets.

The following chart outlines annual average age-adjusted death rates per 100,000 population for selected causes of death in the county. (For infant mortality data, see *Birth Outcomes & Risks* in the Births section of this report.)

Age-Adjusted Death Rates for Selected Causes
(Deaths per 100,000 Population)

	Polk County (2015-2017)	Florida (2015-2017)	US (2014-2016)	HP2020
Diseases of the Heart	170.9	150.8	168.4	156.9*
Malignant Neoplasms (Cancers)	161.8	151.9	161	161.4
Unintentional Injuries	51.2	52.6	41	36.4
Chronic Lower Respiratory Disease (CLRD)	52.1	39.6	41.4	n/a
Cerebrovascular Disease (Stroke)	45.1	38.7	36.8	34.8
Diabetes Mellitus	24.4	20	21.1	20.5*
Alzheimer's Disease	24.2	21.9	26.1	n/a
Pneumonia/Influenza	17.5	9.5	15.4	n/a
Intentional Self-Harm (Suicide)	13.8	14.2	13	10.2
Cirrhosis/Liver Disease	12.8	11.9	10.5	8.2
Kidney Disease	12.2	10.6	13.3	n/a

Sources:
- Florida Department of Health, Bureau of Vital Statistics. Retrieved August 2018 from FLHealthCharts.com, provided by the Florida Department of Health, Division of Public Health Statistics & Performance Management.
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov.

Note:
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population and coded using ICD-10 codes.
- *The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart; the Diabetes target is adjusted to reflect only diabetes mellitus-coded deaths.

Cardiovascular Disease

About Heart Disease & Stroke

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)

Age-Adjusted Heart Disease & Stroke Deaths

The greatest share of cardiovascular deaths is attributed to heart disease.   The following charts outline age-adjusted mortality rates for heart disease and for stroke in our community.

Heart Disease: Age-Adjusted Mortality
(Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 156.9 or Lower (Adjusted)
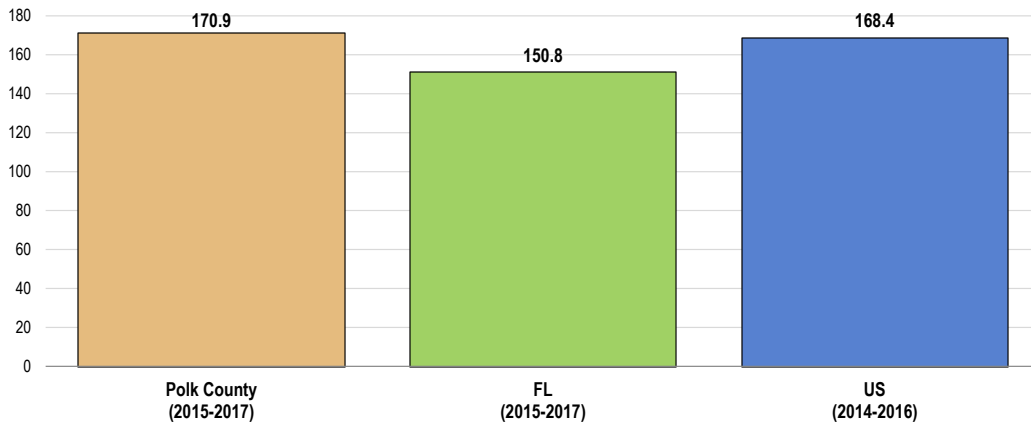
Polk County (2015-2017)	FL (2015-2017)	US (2014-2016)
170.9	150.8	168.4

Sources:
- Florida Department of Health, Bureau of Vital Statistics. Retrieved August 2018 from FLHealthCharts.com, provided by the Florida Department of Health, Division of Public Health Statistics & Performance Management.
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and   Informatics. Data extracted May 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-2]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

Stroke: Age-Adjusted Mortality
(Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 34.8 or Lower
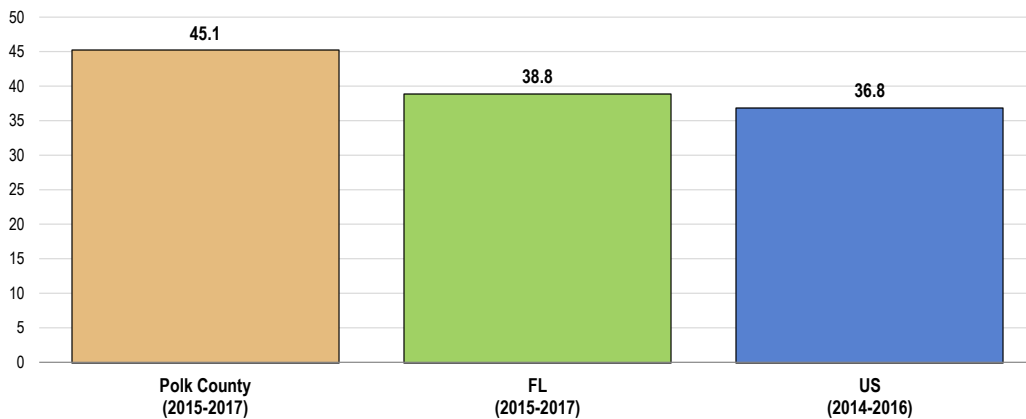
Polk County (2015-2017)	FL (2015-2017)	US (2014-2016)
45.1	38.8	36.8

Sources:
- Florida Department of Health, Bureau of Vital Statistics. Retrieved August 2018 from FLHealthCharts.com, provided by the Florida Department of Health, Division of Public Health Statistics & Performance Management.
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-3]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Prevalence of Heart Disease & Stroke

"Has a doctor, nurse or other health professional ever told you that you had: A Heart Attack, Also Called a Myocardial Infarction; or Angina or Coronary Heart Disease?" (Heart disease prevalence below is a calculated prevalence that includes those responding affirmatively to either.)

"Has a doctor, nurse or other health professional ever told you that you had congestive heart failure?"

"Has a doctor, nurse or other health professional ever told you that you had a stroke?"

Prevalence of Heart Disease

	WHH/WHWH Service Area	US
	11.2%	8.0%
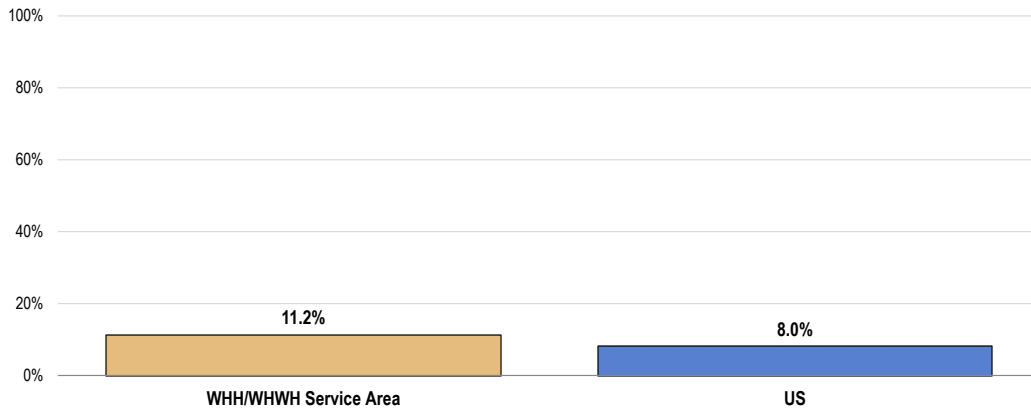
Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 128]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Includes diagnoses of heart attack, angina or coronary heart disease.

Prevalence of Congestive Heart Failure

	WHH/WHWH Service Area
	2.5%
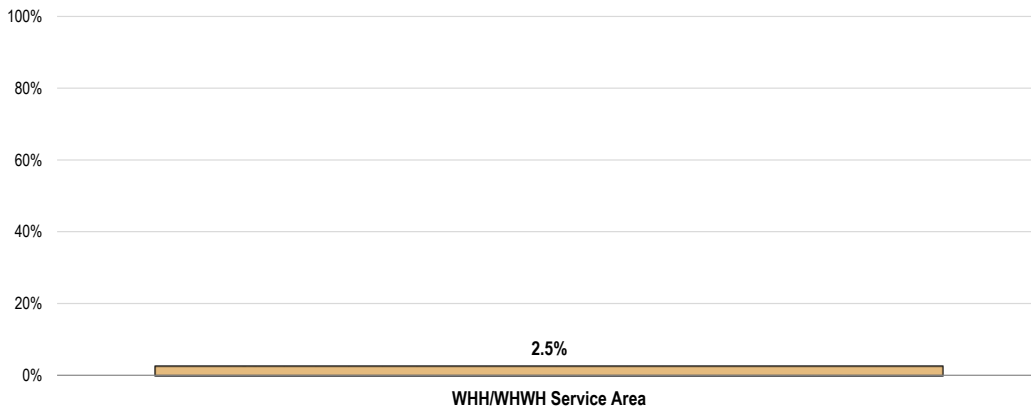
Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 303]

Notes:
- Asked of all respondents.

Prevalence of Stroke
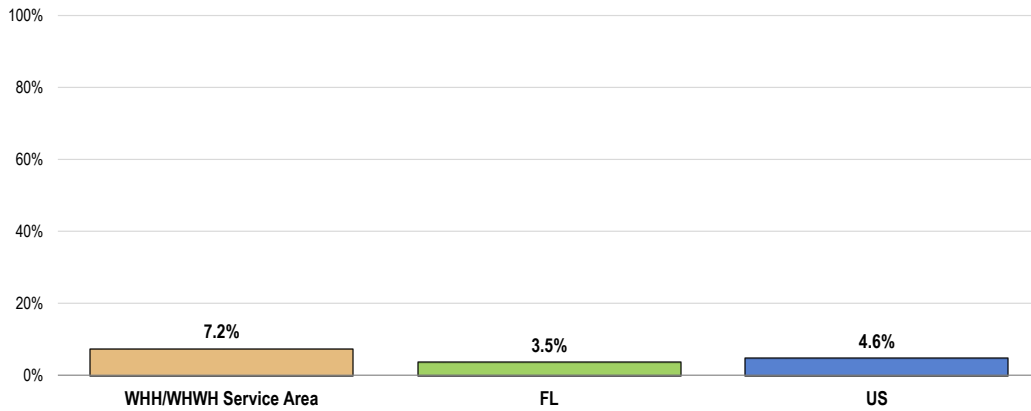
Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 33]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Florida data.

Notes:
- Asked of all respondents.

Cardiovascular Risk Factors

About Cardiovascular Risk

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)

High Blood Pressure & Cholesterol Prevalence

"Have you ever been told by a doctor, nurse or other health care professional that you had high blood pressure?"

"Blood cholesterol is a fatty substance found in the blood. Have you ever been told by a doctor, nurse, or other health care professional that your blood cholesterol is high?"

Prevalence of High Blood Pressure
Healthy People 2020 Target = 26.9% or Lower

	WHH/WHWH Service Area	FL	US
Prevalence	48.6%	33.5%	37.0%
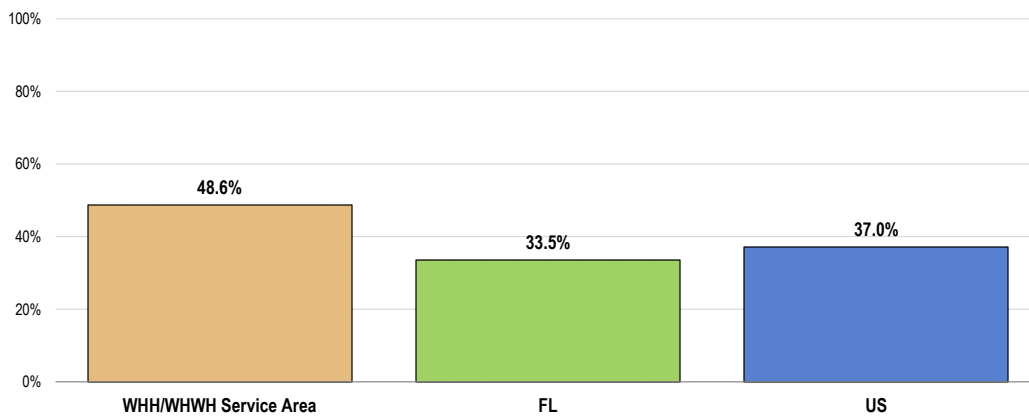
Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 129]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Florida data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-5.1]

Notes:
- Asked of all respondents.

Prevalence of High Blood Cholesterol
Healthy People 2020 Target = 13.5% or Lower

WHH/WHWH Service Area: **39.9%**
US: **36.2%**
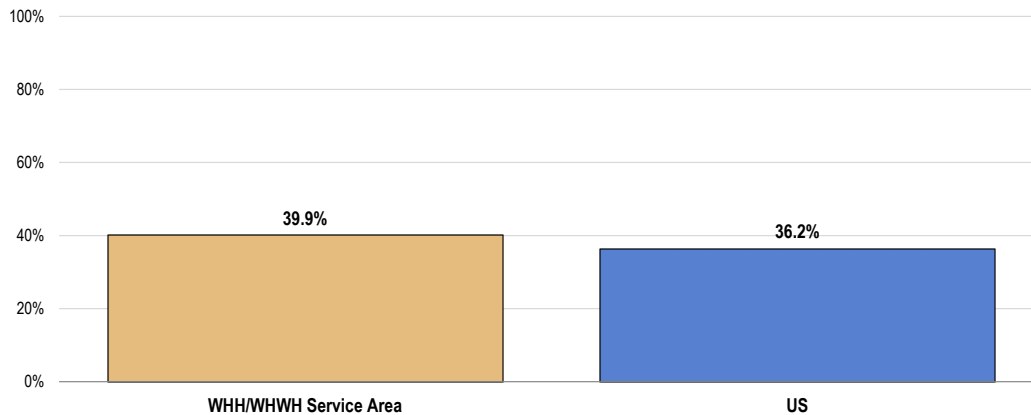
Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 130]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-7]

Notes:
- Asked of all respondents.

About Cardiovascular Risk

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 of 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

The following chart reflects the percentage of adults in the WHH/WHWH Service Area who report one or more of the following: being overweight; smoking cigarettes; being physically inactive; or having high blood pressure or cholesterol. See also *Nutrition, Physical Activity & Weight* and *Tobacco Use* in the Modifiable Health Risk section of this report.

Present One or More Cardiovascular Risks or Behaviors
(WHH/WHWH Service Area, 2018)

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	Non-Hisp White	Other	WHH/WHWH	US
94.8%	94.4%	98.7%	90.7%	94.6%	98.4%	91.4%	93.3%	97.7%	94.6%	87.2%
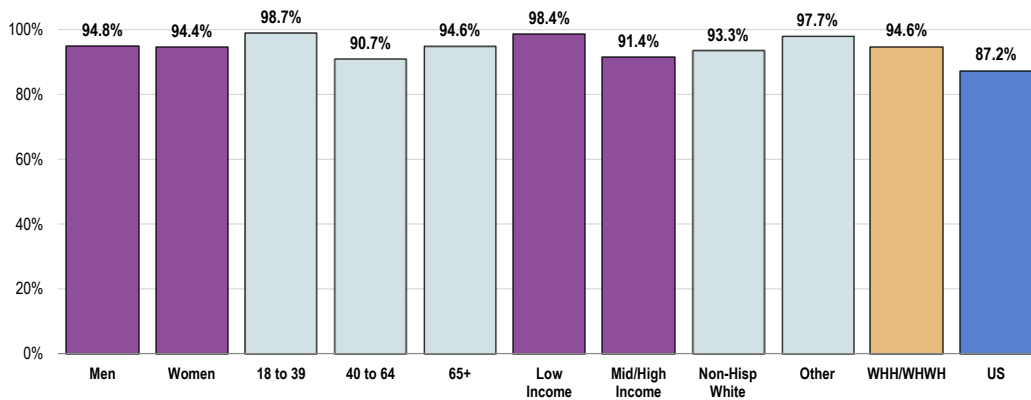
Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 131]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

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.
- "Other" race/ethnicity includes all Hispanic respondents, as well all races other than Non-Hispanic White.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes below 200% of the federal poverty level, and "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Note that the sample sizes for young adults (age 18-39) and for those of "other" races are relatively small (<50); interpret results for these segments with caution.

Key Informant Input: Heart Disease & Stroke

The following chart outlines key informants' perceptions of the severity of *Heart Disease & Stroke* as a problem in the community:

Perceptions of Heart Disease and Stroke
as a Problem in the Community
(Polk County Key Informants, 2018)
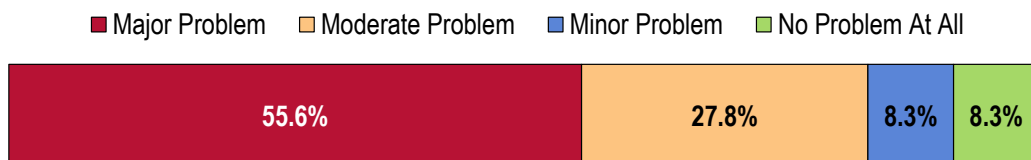
■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All

Major Problem	Moderate Problem	Minor Problem	No Problem At All
55.6%	27.8%	8.3%	8.3%

Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Incidence/Prevalence

There is a high incidence of heart disease and stroke in the community. — Polk County Social Service Provider

Increased incidence relative to US average. — Polk County Community Leader

Statistically it is the biggest problem in our country and in our county. — Polk County Community Leader

This seems to be a common issue among our population. — Polk County Social Service Provider

The research I've seen indicates it is a problem. — Polk County Community Leader

Number one reason people die. — Polk County Community Leader

Large number of residents diagnosed with heart disease. Large number of tobacco users and large number of residents with obesity. — Polk County Other Health Provider

Obesity

Because of the rising obesity problem, the incidence of heart disease and stoke are increasing and causing death or medical problem for the future. — Polk County Public Health Representative

Obesity, not enough preventive. — Polk County Community Leader

Overweight and sedentary population. — Polk County Community Leader

They often occur as a result of obesity. — Polk County Community Leader

Obesity is a key factor. Poor diets and minimal exercise. — Polk County Social Service Provider

Comorbidities

In my opinion heart disease and stroke are in line with diabetes. Eating healthy and getting the ample amount of exercise will help prevent these diseases. — Polk County Community Leader

Aging population. Overweight and obesity issues. High rate of diabetes, tobacco use, although decreasing in the population. Healthcare access, 18% of population is uninsured. — Polk County Public Health Representative

Co—Occurrences

Heart disease and stroke is related to hypertension, which is a result of obesity, lack of exercise and poor diet. — Polk County Community Leader

Quality of Life

Both affect quality of life. — Polk County Social Service Provider

Cancer

About 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)

Age-Adjusted Cancer Deaths

The following chart illustrates age-adjusted cancer mortality (all types) in the area.
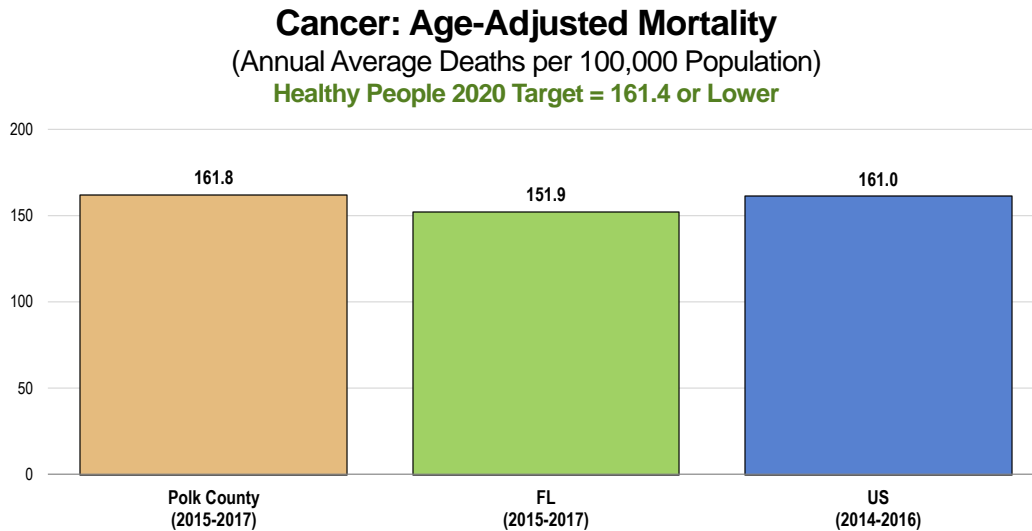
Cancer: Age-Adjusted Mortality
(Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 161.4 or Lower

Polk County (2015-2017)	FL (2015-2017)	US (2014-2016)
161.8	151.9	161.0

Sources:
- Florida Department of Health, Bureau of Vital Statistics. Retrieved August 2018 from FLHealthCharts.com, provided by the Florida Department of Health, Division of Public Health Statistics & Performance Management.
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-1]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Lung cancer is by far the leading cause of cancer deaths in the area. Other leading sites include breast cancer among women, prostate cancer among men, and colorectal cancer (both genders).

Age-Adjusted Cancer Death Rates by Site
(Annual Average Deaths per 100,000 Population)

	Polk County (2015-2017)	Florida (2015-2017)	US (2014-2016)	HP2020
ALL CANCERS	161.8	151.9	161.0	161.4
Lung Cancer	44.4	38.6	42.0	45.5
Female Breast Cancer	20.3	19.3	20.6	20.7
Prostate Cancer	16.0	17.0	19.0	21.8
Colorectal Cancer	14.2	13.6	14.4	14.5

Sources:
- Florida Department of Health, Bureau of Vital Statistics. Retrieved August 2018 from FLHealthCharts.com, provided by the Florida Department of Health, Division of Public Health Statistics & Performance Management.
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov

Cancer Incidence

Incidence rates (or case rates) reflect the number of newly diagnosed cases in a given population in a given year, regardless of outcome. They are usually expressed as cases per 100,000 population per year. Here, these rates are also age-adjusted.

Cancer Incidence Rates by Site
(Annual Average Age-Adjusted Incidence per 100,000 Population)
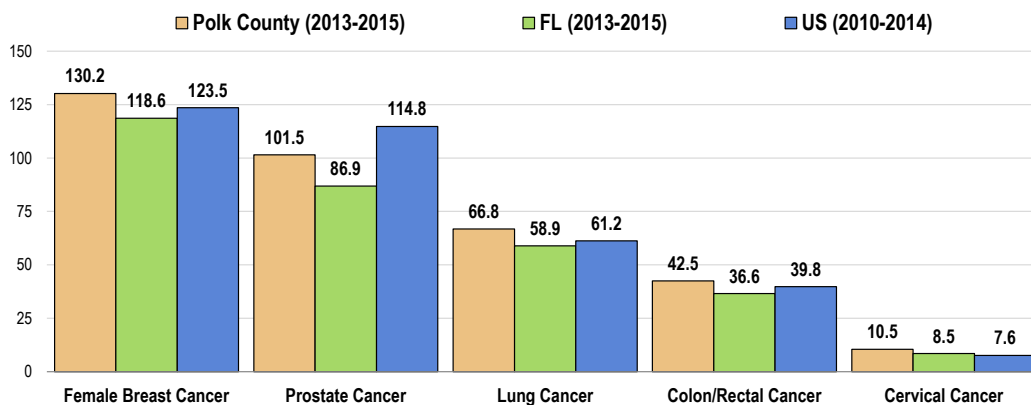
Sources:
- Florida Department of Health, Bureau of Vital Statistics. Retrieved August 2018 from FLHealthCharts.com, provided by the Florida Department of Health, Division of Public Health Statistics & Performance Management.
- State Cancer Profiles. Retrieved May 2018 from Community Commons at http://www.chna.org.

Notes:
- This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancers, adjusted to 2000 US standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

Cancer Risk

About 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: female breast cancer (mammography); cervical cancer (Pap smear testing); and colorectal cancer (sigmoidoscopy and fecal occult blood testing).

Female Breast Cancer Screening

About Screening for Breast Cancer

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.

Breast Cancer Screening: **"A mammogram is an x-ray of each breast to look for cancer. How long has it been since you had your last mammogram?"** (Calculated below among women age 50 to 74 indicating screening within the past 2 years.)

Have Had a Mammogram in the Past Two Years
(Among Women Age 50-74)
Healthy People 2020 Target = 81.1% or Higher

84.9%	81.8%	77.0%
WHH/WHWH Service Area	FL	US
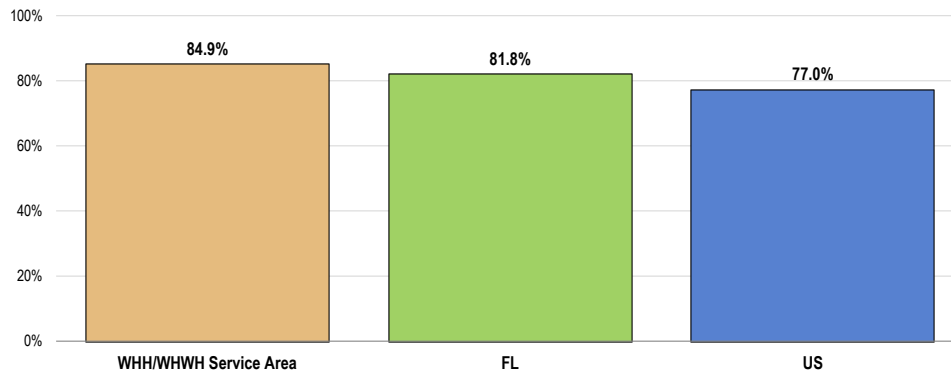
Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 133]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Florida data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US 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

About Screening for Cervical Cancer

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.

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.

Cervical Cancer Screening: **"A Pap test is a test for cancer of the cervix. How long has it been since you had your last Pap test?"** (Calculated below among women age 21 to 65 indicating screening within the past 3 years.)

Have Had a Pap Smear in the Past Three Years
(Among Women Age 21-65)
Healthy People 2020 Target = 93.0% or Higher

WHH/WHWH Service Area	FL	US
63.5%	78.7%	73.5%
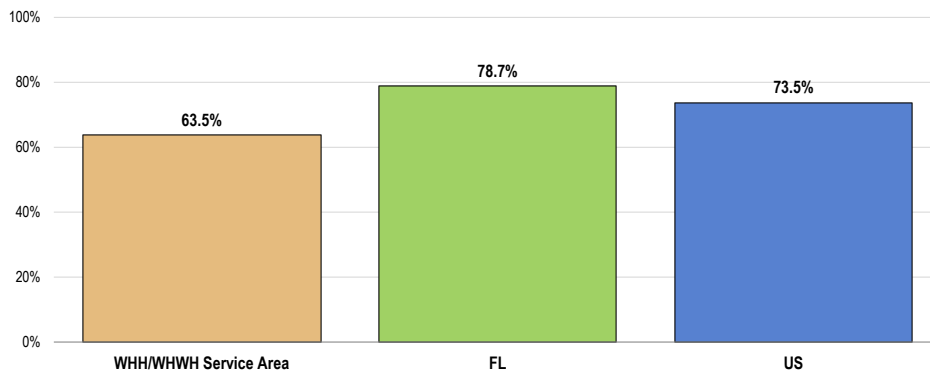
Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 134]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Florida data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US 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.

Colorectal Cancer Screenings

Colorectal Cancer Screening: **"Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. How long has it been since your last sigmoidoscopy or colonoscopy?"** and **"A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. How long has it been since you had your last blood stool test?"** (Calculated below among both genders age 50 to 75 indicating fecal occult blood testing within the past year and/or sigmoidoscopy/colonoscopy [lower endoscopy] within the past 10 years.)

Have Had a Colorectal Cancer Screening
(Among Adults Age 50-75)
Healthy People 2020 Target = 70.5% or Higher

Category	Value
WHH/WHWH Service Area	82.5%
FL	67.3%
US	76.4%
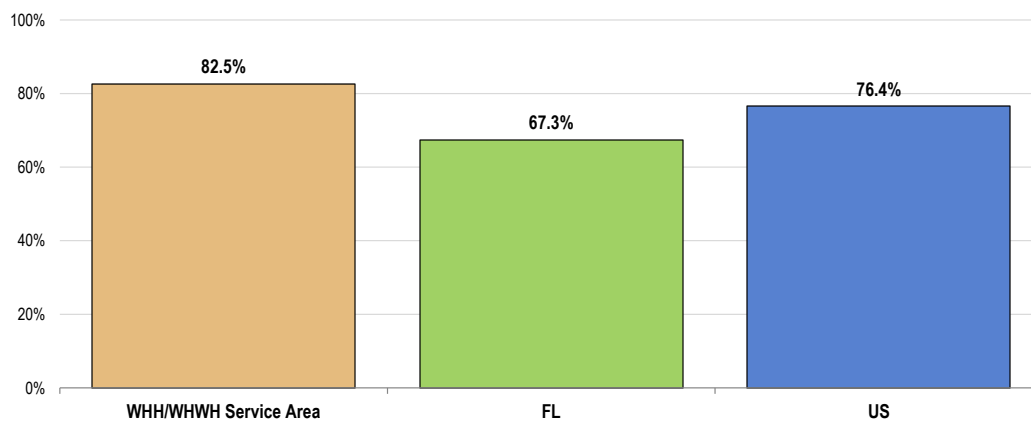
Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 137]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Florida data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US 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.

Key Informant Input: Cancer

The following chart outlines key informants' perceptions of the severity of *Cancer* as a problem in the community:

**Perceptions of Cancer
as a Problem in the Community**
(Polk County Key Informants, 2018)
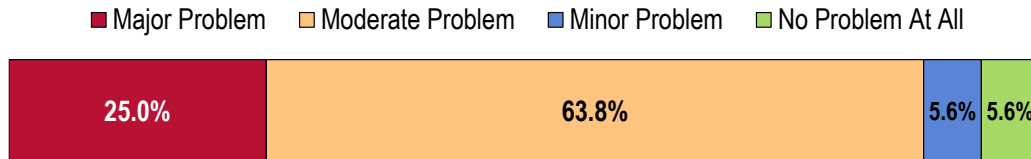
■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All

25.0%	63.8%	5.6%	5.6%

Sources: ●   PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: ●   Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Incidence/Prevalence

Cancer is one of the leading causes of death in Polk County and medical treatment is very costly. For the population who does not have medical insurance this is a burden on the community. — Polk County Public Health Representative

I have family members and several friends who have lost loved ones to various forms of cancer. I always participate in Relay For Life and I've had many discussions with individuals about how cancer has affected their family. — Polk County Community Leader

It is a primary diagnosis for a lot of people in our community. — Polk County Community Leader

All the statistics I see show a high percentage of cancer in Polk County. — Polk County Community Leader

Lifestyle

Cancer is a problem because of the toxins in the environment as well as people's lifestyle. All people cannot afford treatment. — Polk County Social Service Provider

Environment, health behaviors, food intake/lack of fruit and vegetables, smoking, obesity, lack of obtaining proactive screenings. Health disparities in different populations. — Polk County Social Service Provider

Affordable Care/Services

There are limited resources for low income/indigent residents to receive services for cancer care. — Polk County Other Health Provider

Respiratory Disease

About Asthma & COPD

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.

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)

[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.]

Age-Adjusted Respiratory Disease Deaths

Chronic lower respiratory diseases (CLRD) are diseases affecting the lungs; the most deadly of these is chronic obstructive pulmonary disease (COPD), which includes emphysema and chronic bronchitis.

Pneumonia and influenza mortality is also illustrated in the following charts.

CLRD: Age-Adjusted Mortality
(Annual Average Deaths per 100,000 Population)
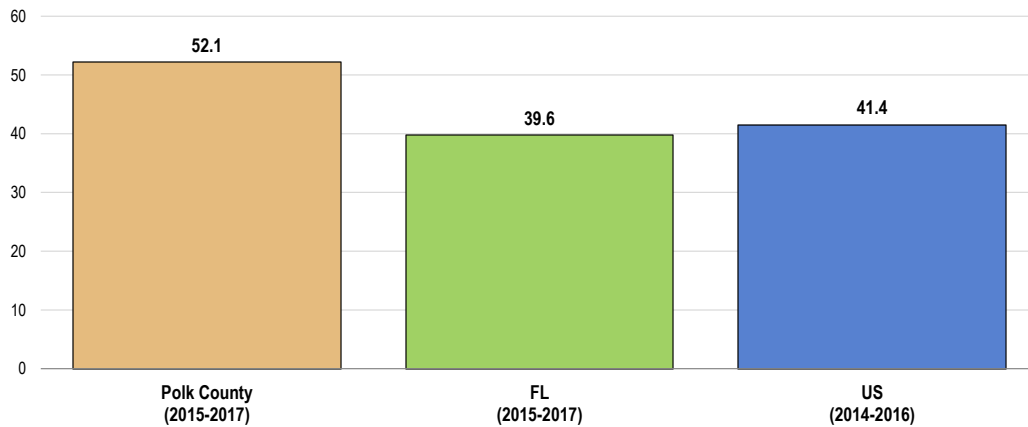
Polk County (2015-2017)	FL (2015-2017)	US (2014-2016)
52.1	39.6	41.4

Sources:
- Florida Department of Health, Bureau of Vital Statistics. Retrieved August 2018 from FLHealthCharts.com, provided by the Florida Department of Health, Division of Public Health Statistics & Performance Management.
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2018.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- CLRD is chronic lower respiratory disease.

Pneumonia/Influenza: Age-Adjusted Mortality
(Annual Average Deaths per 100,000 Population)
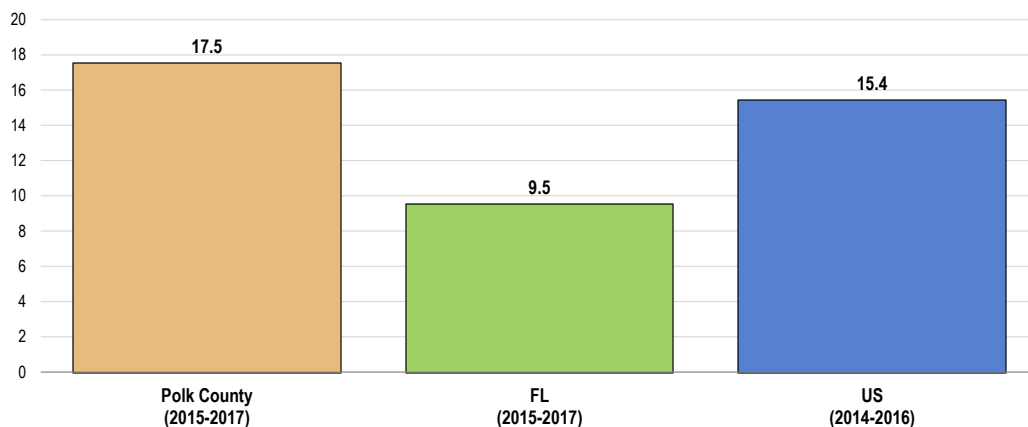
Polk County (2015-2017)	FL (2015-2017)	US (2014-2016)
17.5	9.5	15.4

Sources:
- Florida Department of Health, Bureau of Vital Statistics. Retrieved August 2018 from FLHealthCharts.com, provided by the Florida Department of Health, Division of Public Health Statistics & Performance Management.
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2018.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Prevalence of Respiratory Diseases

COPD

"Would you please tell me if you have ever suffered from or been diagnosed with COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema?"

Prevalence of
Chronic Obstructive Pulmonary Disease (COPD)
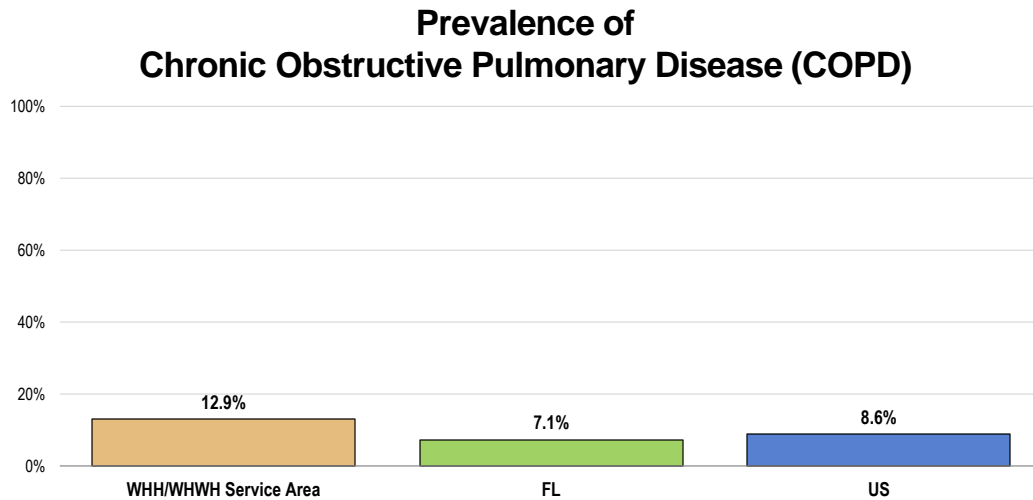
Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 24]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Florida data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Includes those having ever suffered from or been diagnosed with COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema.

Asthma

Adults: **"Have you ever been told by a doctor, nurse, or other health professional that you had asthma?"** and **"Do you still have asthma?"** (Calculated below as a prevalence of all adults who have ever been diagnosed with asthma and who still have asthma ["current asthma"]).

Children: **"Has a doctor or other health professional ever told you that this child had asthma?"** and **"Does this child still have asthma?"** (Calculated below as a prevalence of all children who have ever been diagnosed with asthma and who still have asthma ["current asthma"]).

Adult Asthma: Current Prevalence

WHH/WHWH Service Area	16.7%
FL	6.7%
US	11.8%

Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 138]
- 2017 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): 2016 Florida data.

Notes:
- Asked of all respondents.
- Includes those who have ever been diagnosed with asthma, and who report that they still have asthma.

Childhood Asthma: Current Prevalence
(Among Parents of Children Age 0-17)

WHH/WHWH Service Area	20.8%
US	9.3%
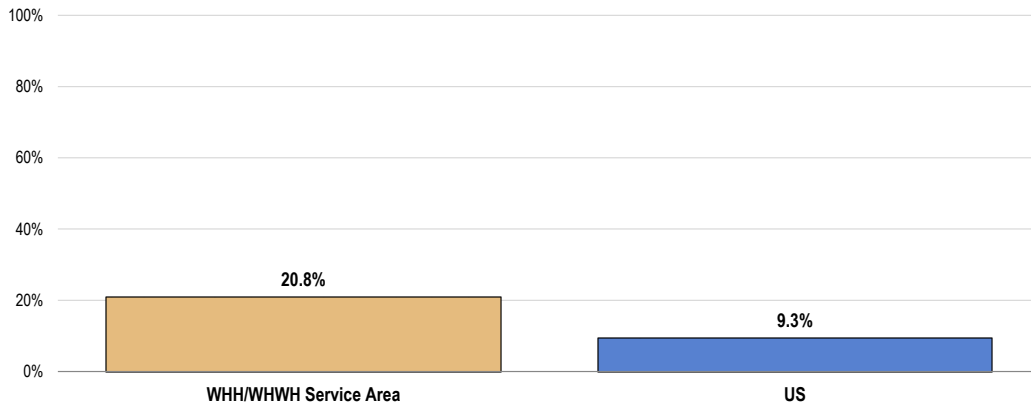
Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 139]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents with children 0 to 17 in the household.
- Includes children who have ever been diagnosed with asthma, and whom are reported to still have asthma.

Key Informant Input: Respiratory Disease

The following chart outlines key informants' perceptions of the severity of *Respiratory Disease* as a problem in the community:

Perceptions of Respiratory Diseases
as a Problem in the Community
(Polk County Key Informants, 2018)
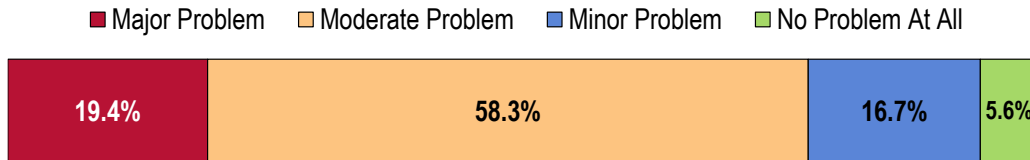
■ Major Problem　　□ Moderate Problem　　■ Minor Problem　　□ No Problem At All

Major Problem	Moderate Problem	Minor Problem	No Problem At All
19.4%	58.3%	16.7%	5.6%

Sources:　● PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes:　● Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Incidence/Prevalence

More people diagnosed with asthma and related breathing/lung issues. — Polk County Social Service Provider

Number three cause of death. — Polk County Community Leader

High rates of asthma among children/adults. High rates of hospitalizations for asthma among children/adults. Tobacco use and secondhand smoke. — Polk County Public Health Representative

Asthma hospitalizations rates for adults and children are in the least favorable quartile as compared to other counties in the state and are getting worse. — Polk County Public Health Representative

Access for Uninsured/Underinsured

Access for uninsured residents. — Polk County Other Health Provider

Comorbidities

Respiratory disease often spawns from heart condition, our number one problem. — Polk County Community Leader

Injury & Violence

About 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)

Leading Causes of Accidental Death

Leading causes of accidental death in the area include the following:

Leading Causes of Accidental Death
(Polk County, 2015-2017)
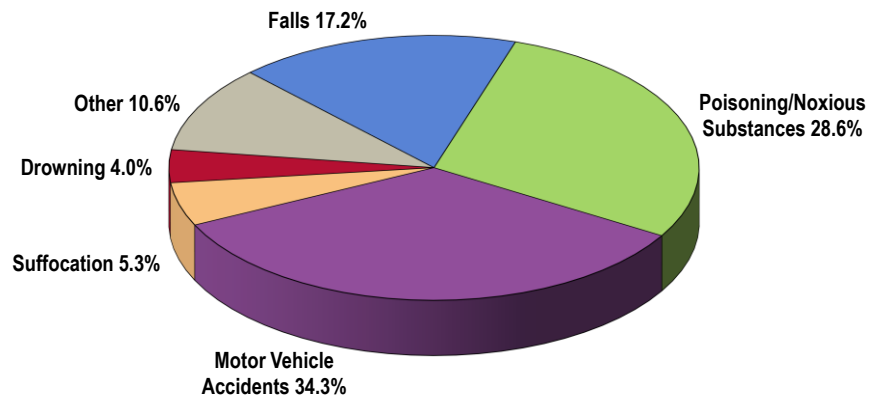
- Falls 17.2%
- Other 10.6%
- Drowning 4.0%
- Suffocation 5.3%
- Poisoning/Noxious Substances 28.6%
- Motor Vehicle Accidents 34.3%

Sources: ● Florida Department of Health, Bureau of Vital Statistics. Retrieved August 2018 from FLHealthCharts.com, provided by the Florida Department of Health, Division of Public Health Statistics & Performance Management.
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).

Unintentional Injury

Age-Adjusted Unintentional Injury Deaths

The following chart outlines age-adjusted mortality rates for unintentional injury in the area.

Unintentional Injuries: Age-Adjusted Mortality
(Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 36.4 or Lower
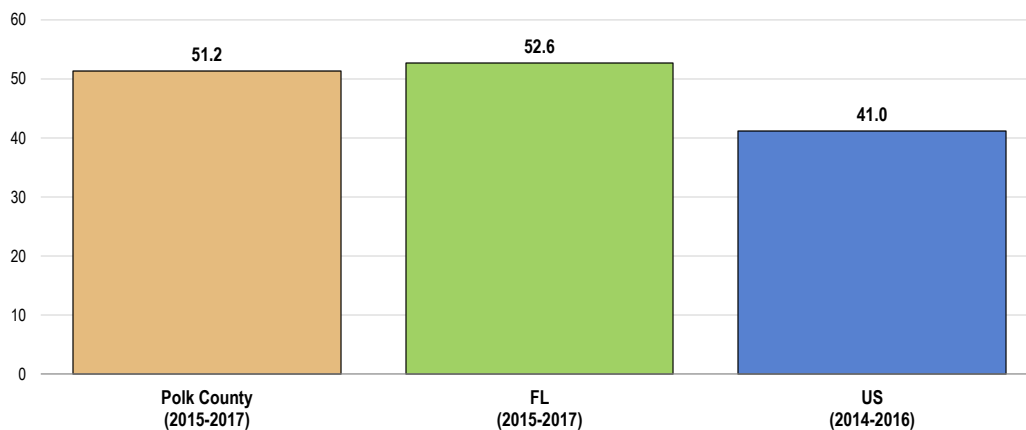
	Value
Polk County (2015-2017)	51.2
FL (2015-2017)	52.6
US (2014-2016)	41.0

Sources: ● Florida Department of Health, Bureau of Vital Statistics. Retrieved August 2018 from FLHealthCharts.com, provided by the Florida Department of Health, Division of Public Health Statistics & Performance Management.
● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2018.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-11]
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Age-Adjusted Deaths for Selected Injury-Related Causes

The following chart shows age-adjusted mortality rates for unintentional drug-related deaths and motor vehicle crash deaths.
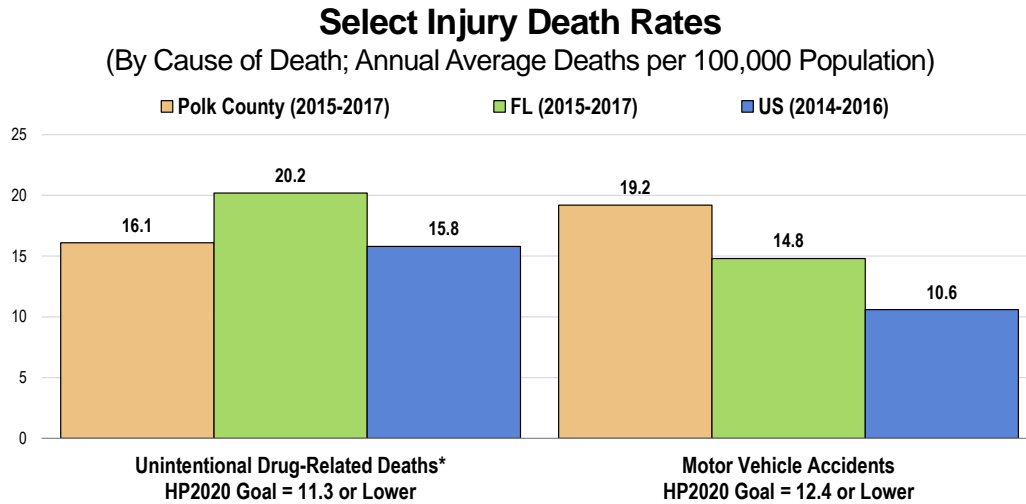
Select Injury Death Rates
(By Cause of Death; Annual Average Deaths per 100,000 Population)

Legend: ■ Polk County (2015-2017) ■ FL (2015-2017) ■ US (2014-2016)

Unintentional Drug-Related Deaths*
HP2020 Goal = 11.3 or Lower:
- Polk County: 16.1
- FL: 20.2
- US: 15.8

Motor Vehicle Accidents
HP2020 Goal = 12.4 or Lower:
- Polk County: 19.2
- FL: 14.8
- US: 10.6

Sources:
- Florida Department of Health, Bureau of Vital Statistics. Retrieved August 2018 from FLHealthCharts.com, provided by the Florida Department of Health, Division of Public Health Statistics & Performance Management.
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-13.1, IVP-23.2, SA-12]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Intentional Injury (Violence)

Homicide

Age-adjusted mortality attributed to homicide is shown below.
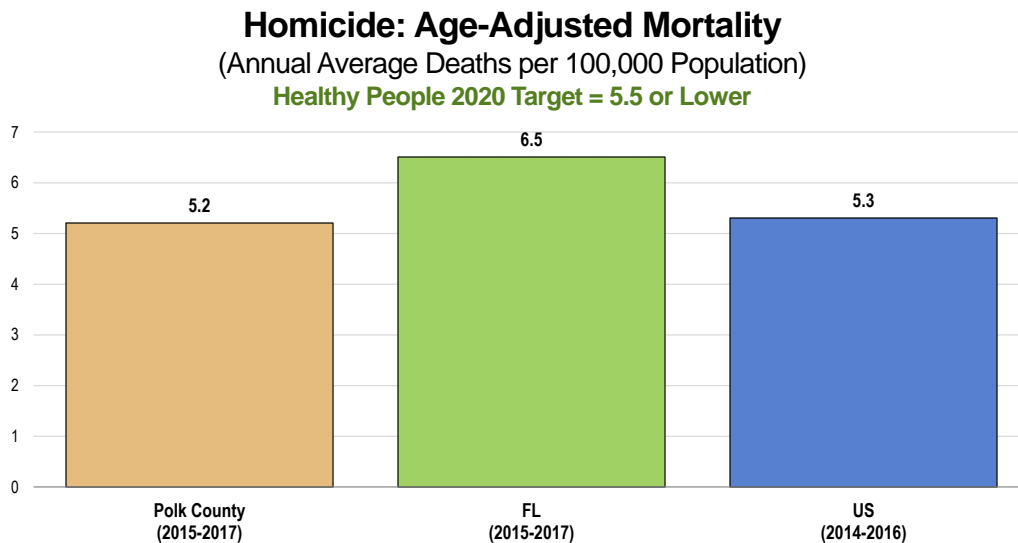
Homicide: Age-Adjusted Mortality
(Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 5.5 or Lower

- Polk County (2015-2017): 5.2
- FL (2015-2017): 6.5
- US (2014-2016): 5.3

Sources:
- Florida Department of Health, Bureau of Vital Statistics. Retrieved August 2018 from FLHealthCharts.com, provided by the Florida Department of Health, Division of Public Health Statistics & Performance Management.
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-29]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).

Violent Crime

Violent crime is composed of four offenses (FBI Index offenses): murder and non-negligent manslaughter; forcible rape; robbery; and aggravated assault. Note that the quality of crime data can vary widely from location to location, depending on the consistency and completeness of reporting among various jurisdictions.

Violent Crime
(Rate per 100,000 Population, 2010-2012)

	Polk County	FL	US
Rate	355.7	472.1	379.7
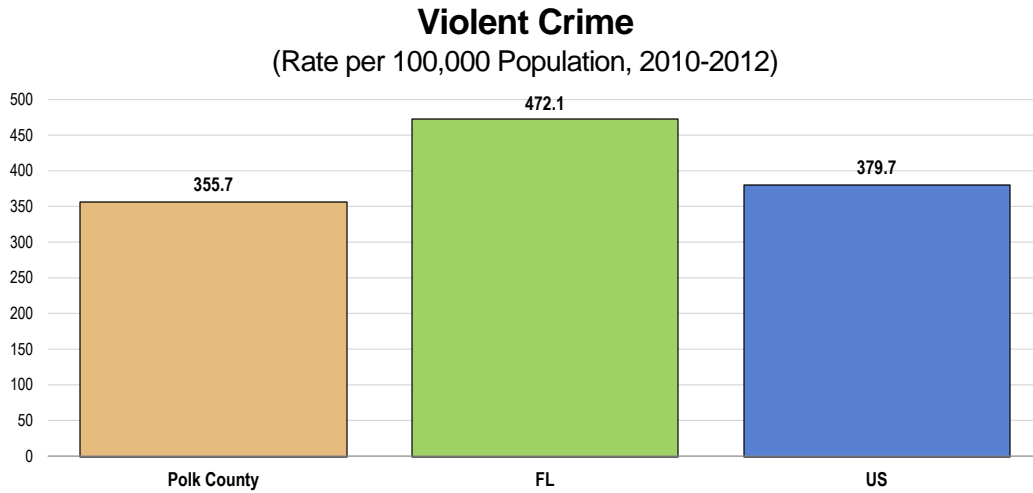
Sources:
- Federal Bureau of Investigation, FBI Uniform Crime Reports.
- Retrieved May 2018 from Community Commons at http://www.chna.org.

Notes:
- This indicator reports the rate of violent crime offenses reported by the sheriff's office or county police department per 100,000 residents. Violent crime includes homicide, rape, robbery, and aggravated assault. This indicator is relevant because it assesses community safety.
- Participation by law enforcement agencies in the UCR program is voluntary. Sub-state data do not necessarily represent an exhaustive list of crimes due to gaps in reporting. Also, some institutions of higher education have their own police departments, which handle offenses occurring within campus grounds; these offenses are not included in the violent crime statistics, but can be obtained from the Uniform Crime Reports Universities and Colleges data tables.

Violent Crime Experience: **"Have you been the victim of a violent crime in your area in the past 5 years?"**

Victim of a Violent Crime in the Past Five Years
(WHH/WHWH Service Area, 2018)

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	Non-Hisp White	Other	WHH/WHWH	US
12.1%	3.4%	12.5%	8.4%	0.9%	16.8%	2.1%	3.3%	16.4%	7.5%	3.7%
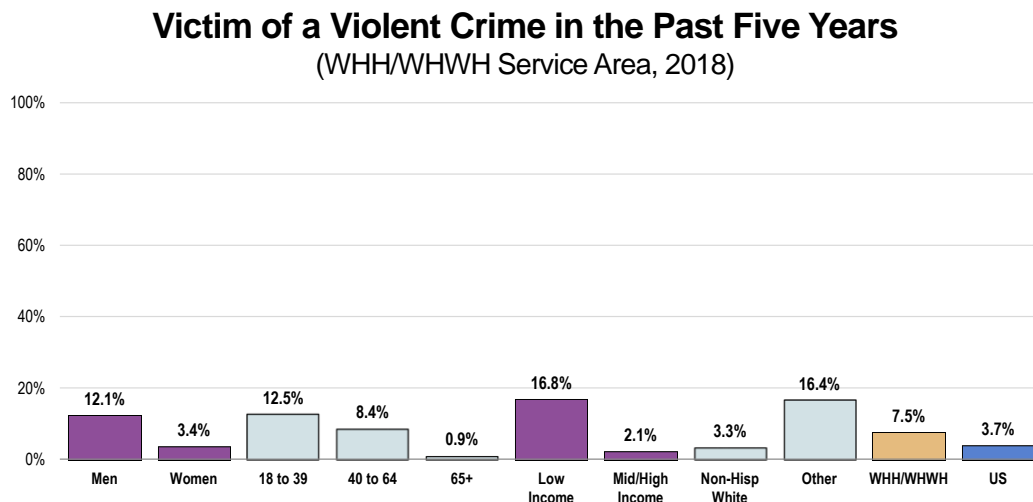
Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 46]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- "Other" race/ethnicity includes all Hispanic respondents, as well as all races other than Non-Hispanic White.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes below 200% of the federal poverty level, and "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Note that the sample sizes for young adults (age 18-39) and for those of "other" races are relatively small (<50); interpret results for these segments with caution.

Intimate Partner Violence: "The next questions are about different types of violence in relationships with an intimate partner. By an intimate partner, I mean any current or former spouse, boyfriend, or girlfriend. Someone you were dating, or romantically or sexually intimate with, would also be considered an intimate partner. Has an intimate partner ever hit, slapped, pushed, kicked, or hurt you in any way?"

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

WHH/WHWH Service Area	18.9%
US	14.2%
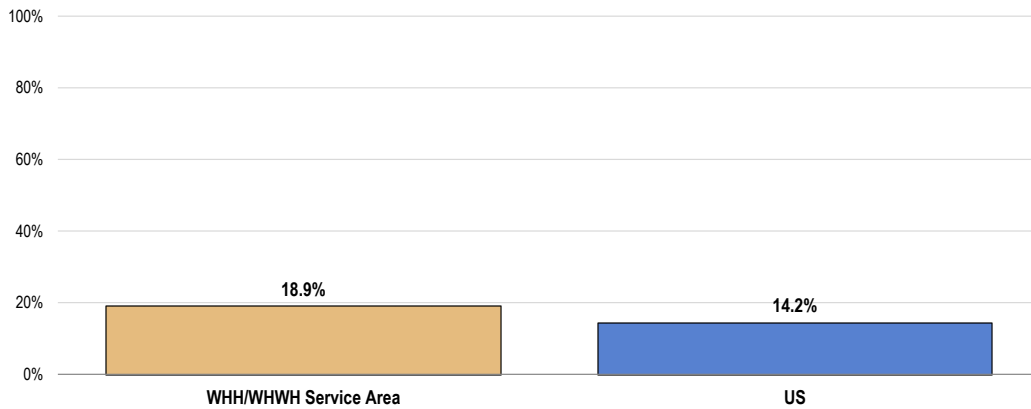
Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 47]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Key Informant Input: Injury & Violence

The following chart outlines key informants' perceptions of the severity of *Injury & Violence* as a problem in the community:

Perceptions of Injury and Violence as a Problem in the Community
(Polk County Key Informants, 2018)
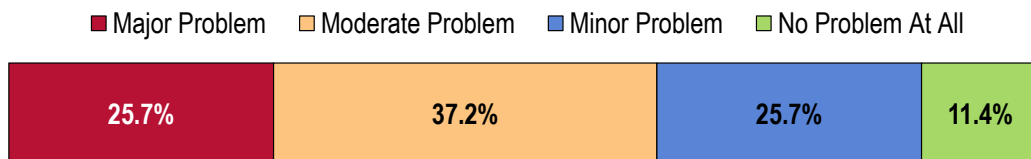
■ Major Problem ■ Moderate Problem ■ Minor Problem ☐ No Problem At All

Major Problem	Moderate Problem	Minor Problem	No Problem At All
25.7%	37.2%	25.7%	11.4%

Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Incidence/Prevalence

Newspaper reports/website. Polk County, Florida, violent crime, on a scale from one, low crime, to 100, is 52. Violent crime is composed of four offenses. Murder and non—negligent manslaughter, forcible rape, robbery and aggravated assault. — Polk County Community Leader

I watch the news daily and read the newspaper. Basically, every day I read or hear about a crime that has taken place involving violence. — Polk County Community Leader

Bicycle Safety

Pedestrian and bicycle safety is a major concern in Polk County. We have high rates of pedestrian/bike crash injuries and fatalities. There are also high rates of other preventable injuries, like drowning, unsafe infant sleep, etc. — Polk County Public Health Representative

Domestic Violence

Polk County has very high rates of domestic violence. There is a significant need for trauma integrated services for victims and perpetrators. Addressing the victim and the perpetrator's trauma history to develop an understanding of why. — Polk County Social Service Provider

Racial Disparities

Black population has higher rates of homicide. The Black population has higher hospitalization

rates from firearms and the White population has higher rates of hospitalization from falls. — Polk County Public Health Representative

Substance Abuse/Use

Injury and violence are often problems that occur due to substance abuse issues. — Polk County Community Leader

Poverty

Socioeconomic disparity. — Polk County Social Service Provider

Diabetes

About 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.

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.

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)

Age-Adjusted Diabetes Deaths

Age-adjusted diabetes mortality for the area is shown in the following chart.

Diabetes: Age-Adjusted Mortality
(Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 20.5 or Lower (Adjusted)

	Polk County (2015-2017)	FL (2015-2017)	US (2014-2016)
Rate	24.4	20.0	21.1

Sources:
- Florida Department of Health, Bureau of Vital Statistics. Retrieved August 2018 from FLHealthCharts.com, provided by the Florida Department of Health, Division of Public Health Statistics & Performance Management.
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective D-3]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

Prevalence of Diabetes

"Have you ever been told by a doctor, nurse, or other health professional that you have diabetes? (If female, add: not counting diabetes only occurring during pregnancy?)"

"Have you ever been told by a doctor, nurse, or other health professional that you have pre-diabetes or borderline diabetes? (If female, add: other than during pregnancy?)"

Prevalence of Diabetes

Another 7.3% of adults report that they have been diagnosed with "pre-diabetes" or "borderline" diabetes. (vs. 9.5% nationwide)

WHH/WHWH Service Area	FL	US
17.7%	11.8%	13.3%
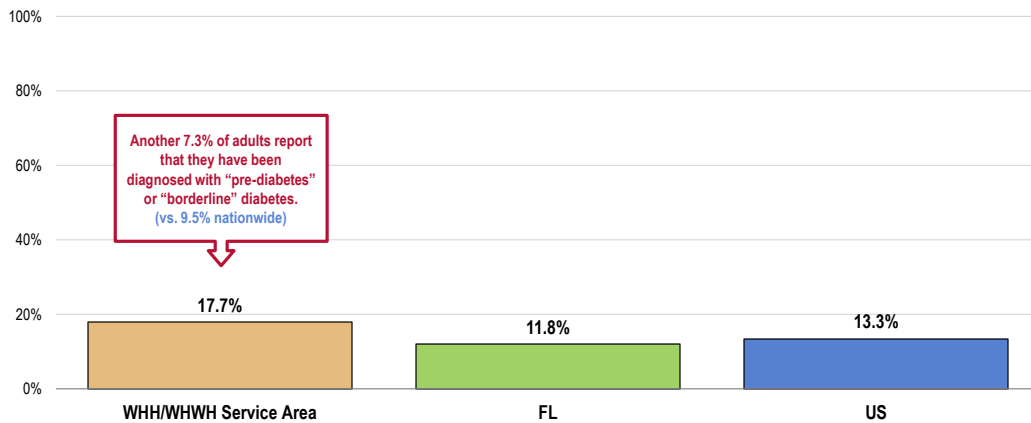
Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 36]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Florida data.

Notes:
- Asked of all respondents.

Prevalence of Diabetes
(WHH/WHWH Service Area, 2018)

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	Non-Hispanic White	Other	WHH/WHWH
21.6%	14.1%	15.6%	19.0%	19.0%	22.9%	14.3%	14.2%	23.3%	17.7%
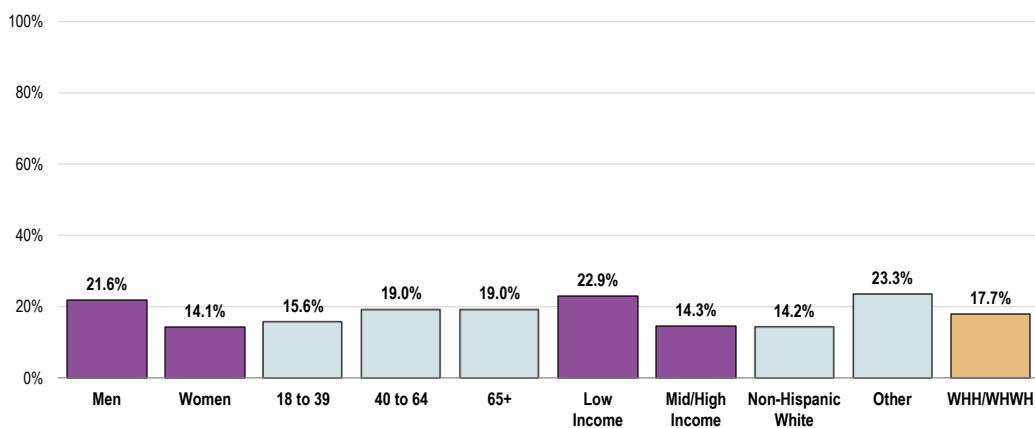
Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 36]

Notes:
- Asked of all respondents.
- "Other" race/ethnicity includes all Hispanic respondents, as well as all races other than Non-Hispanic White.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes below 200% of the federal poverty level, and "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Excludes gestational diabetes (occurring only during pregnancy).
- Note that the sample sizes for young adults (age 18-39) and for those of "other" races are relatively small (<50); interpret results for these segments with caution.

Key Informant Input: Diabetes

The following chart outlines key informants' perceptions of the severity of *Diabetes* as a problem in the community:

Perceptions of Diabetes
as a Problem in the Community
(Polk County Key Informants, 2018)
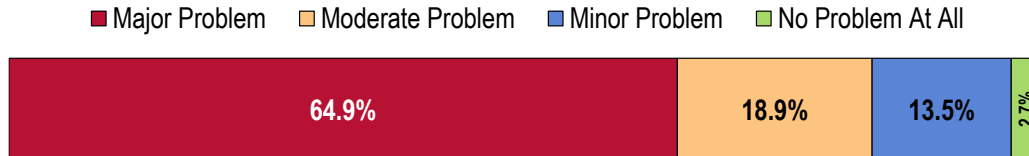
■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All

Major Problem	Moderate Problem	Minor Problem	No Problem At All
64.9%	18.9%	13.5%	2.7%

Sources: ● PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Challenges

Among those rating diabetes as a "major problem," the biggest challenges for people with diabetes are seen as:

Incidence/Prevalence

The problem is related to the number of people that have diabetes. In the last few years, we've started seeing a number of teens with diabetes that are having trouble controlling their blood sugar levels. This is causing difficulties for the families. — Polk County Social Service Provider

Hospitalizations from diabetes and asthma are higher in minorities. — Polk County Public Health Representative

Diabetes rates in the community are increasing, likely related to the overweight/obesity issues in adults and children. Access to affordable, healthy foods, including food deserts, are a concern. Access to healthcare, 18% of Polk County adults. — Polk County Public Health Representative

Black residents make up a disproportionate number of hospitalizations from diabetes, asthma and stroke. — Polk County Public Health Representative

Diabetes hospitalization rates for both adults and children are increasing and are in the least favorable quartile. — Polk County Public Health Representative

Health Education/Awareness

Understanding the seriousness of the disease. — Polk County Community Leader

Awareness and acknowledgement are often the first challenges to effective treatment. Many don't realize they are diabetic until a doctor informs them that they have a serious problem. Early education and promotion of overall healthy lifestyle choices. — Polk County Social Service Provider

Lack of health literacy leading to noncompliance. — Polk County Social Service Provider

Learning to eat properly and exercise in order to eliminate or reduce the use of medications and better control blood glucose values. — Polk County Social Service Provider

Disease Management

Medication management, eating behaviors, socioeconomic conditions, health literacy/education. — Polk County Social Service Provider

Assistance with disease management. — Polk County Community Leader

Personal accountability. Access to education and coaching. Nutrition and exercise Information. — Polk County Community Leader

Early detection, education, and follow up care. Increase in costs for medications/supplies. — Polk County Other Health Provider

Disease management. Healthy eating. Social/emotional support. — Polk County Public Health Representative

Contributing Factors

Addressing low income families with no insurance. Access to healthy foods, produce, at price they can afford. Knowledge about nutrition and cultural habits with fried foods and diets high in carbohydrates. Access to routine, preventative healthcare. — Polk County Social Service Provider

Obesity, food desert, lack of access to affordable healthy food choices. — Polk County Community Leader

Poverty to eat healthy. Lack of insurance coverage. Lack of drug coverage which can control sugars better. Mental health issues which are precursor of diabetes. — Polk County Physician

Access to Healthy Foods

Being exposed to healthier food options. Most households can't afford to eat healthy. Fast food is cheaper than purchasing healthy options. — Polk County Community Leader

Environment and not good places to eat access to healthy things and good physical activity environment. — Polk County Community Leader

Lifestyle

Changing their lifestyle to be healthy. — Polk County Social Service Provider

Lifestyle changes and proper exercise program. — Polk County Other Health Provider

Prevention

We need to treat those with the disease but prevent more from getting it. Preventions in early years is key. — Polk County Community Leader

Co-Occurrences

Diabetes is linked to obesity and Polk's obesity rate is 38.8%. — Polk County Community Leader

Alzheimer's Disease

About Dementia

Dementia is the loss of cognitive functioning—thinking, remembering, and reasoning—to such an extent that it interferes with a person's daily life. Dementia is not a disease itself, but rather a set of symptoms. Memory loss is a common symptom of dementia, although memory loss by itself does not mean a person has dementia. Alzheimer's disease is the most common cause of dementia, accounting for the majority of all diagnosed cases.

Alzheimer's disease is the 6th leading cause of death among adults age 18 years and older. Estimates vary, but experts suggest that up to 5.1 million Americans age 65 years and older have Alzheimer's disease. These numbers are predicted to more than double by 2050 unless more effective ways to treat and prevent Alzheimer's disease are found.

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Alzheimer's Disease Deaths

Age-adjusted Alzheimer's disease mortality is outlined below.

Alzheimer's Disease: Age-Adjusted Mortality
(Annual Average Deaths per 100,000 Population)
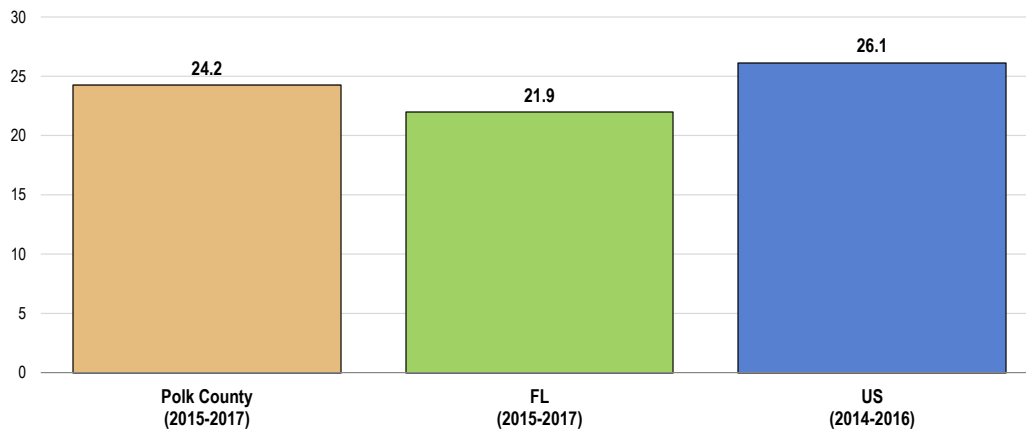
Polk County (2015-2017)	FL (2015-2017)	US (2014-2016)
24.2	21.9	26.1

Sources:
- Florida Department of Health, Bureau of Vital Statistics. Retrieved August 2018 from FLHealthCharts.com, provided by the Florida Department of Health, Division of Public Health Statistics & Performance Management.
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2018.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Key Informant Input: Dementias, Including Alzheimer's Disease

The following chart outlines key informants' perceptions of the severity of *Dementias, Including Alzheimer's Disease* as a problem in the community:

Perceptions of Dementia/Alzheimer's Disease as a Problem in the Community
(Polk County Key Informants, 2018)

■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All

22.9%	65.6%	8.6%	2.9%
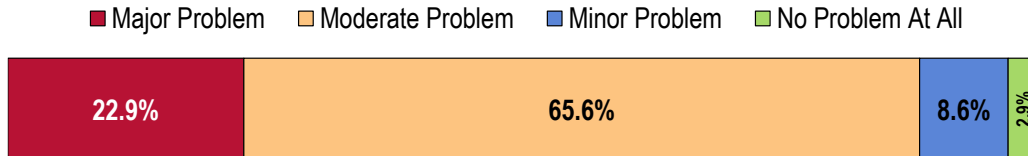
Sources: ● PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Incidence/Prevalence

This seems to be a common issue among the elderly population and there really are no effective treatments. — Polk County Social Service Provider

There seems to be an uprising of individuals who get lost or wonder away from their homes or facilities, due to this illness. — Polk County Community Leader

I serve the developmentally disabled and this is a major health concern for that population. — Polk County Community Leader

We have a large population of senior adults living with dementia in our community. — Polk County Community Leader

Lifestyle factors create some of the problem. With the population in the county getting older this is more prevalent. There are limited affordable resources for care. — Polk County Social Service Provider

Impact on Families/Caregivers

Alzheimer's/dementia affect not only individual, but their spouse and/or other family members as well. Often, cognitively impaired individuals must have 24/7 supervision to remain safe. Providing this continuous care is exhausting. — Polk County Social Service Provider

Prevention

Not enough preventive access. — Polk County Community Leader

Kidney Disease

About Chronic Kidney Disease

Chronic kidney disease and end-stage renal disease are significant public health problems in the United States and a major source of suffering and poor quality of life for those afflicted. They are responsible for premature death and exact a high economic price from both the private and public sectors. Nearly 25% of the Medicare budget is used to treat people with chronic kidney disease and end-stage renal disease.

Genetic determinants have a large influence on the development and progression of chronic kidney disease. It is not possible to alter a person's biology and genetic determinants; however, environmental influences and individual behaviors also have a significant influence on the development and progression of chronic kidney disease. As a result, some populations are disproportionately affected. Successful behavior modification is expected to have a positive influence on the disease.

Diabetes is the most common cause of kidney failure. The results of the Diabetes Prevention Program (DPP) funded by the national Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) show that moderate exercise, a healthier diet, and weight reduction can prevent development of type 2 diabetes in persons at risk.

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Kidney Disease Deaths

Age-adjusted kidney disease mortality is described in the following chart.

Kidney Disease: Age-Adjusted Mortality
(Annual Average Deaths per 100,000 Population)

Polk County (2015-2017)	12.2
FL (2015-2017)	10.6
US (2014-2016)	13.3

Sources:
- Florida Department of Health, Bureau of Vital Statistics. Retrieved August 2018 from FLHealthCharts.com, provided by the Florida Department of Health, Division of Public Health Statistics & Performance Management.
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2018.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Prevalence of Kidney Disease

"Would you please tell me if you have ever suffered from or been diagnosed with kidney disease?"

Prevalence of Kidney Disease

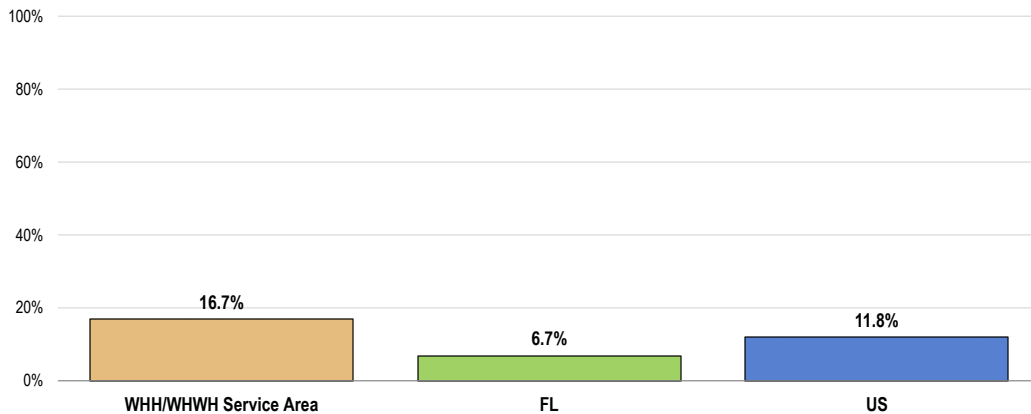| Category	Value
WHH/WHWH Service Area	7.4%
FL	3.2%
US	3.8%

Sources:
- PRC Community Health Survey, 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): 2016 Florida data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Key Informant Input: Kidney Disease

The following chart outlines key informants' perceptions of the severity of *Kidney Disease* as a problem in the community:

**Perceptions of Kidney Disease
as a Problem in the Community**
(Polk County Key Informants, 2018)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All

Major Problem	Moderate Problem	Minor Problem	No Problem At All
12.1%	48.5%	36.4%	3.0%

Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
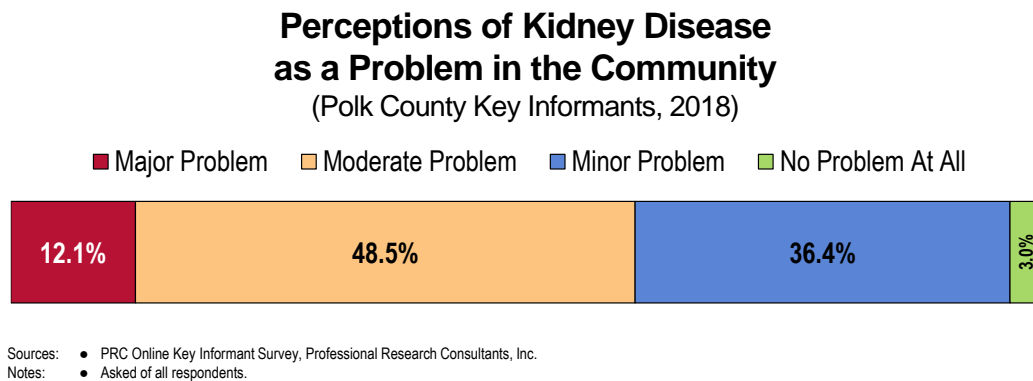
Potentially Disabling Conditions

About Arthritis, Osteoporosis & Chronic Back 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:

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

Arthritis, Osteoporosis, & Chronic Back Conditions

"Would you please tell me if you have ever suffered from or been diagnosed with arthritis or rheumatism?" (Reported below among only those age 50+.)

"Would you please tell me if you have ever suffered from or been diagnosed with osteoporosis?" (Reported below among only those age 50+.)

"Would you please tell me if you have ever suffered from or been diagnosed with sciatica or chronic back pain?" (Reported below among all adults age 18+.)

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

Prevalence of Potentially Disabling Conditions

WHH/WHWH Service Area   **US**

Condition	WHH/WHWH Service Area	US
Arthritis/Rheumatism (50+)	38.0%	38.3%
Osteoporosis (50+) HP2020 Objective = 5.3% or Lower	12.1%	9.4%
Sciatica/Chronic Back Pain (18+)	23.5%	22.9%
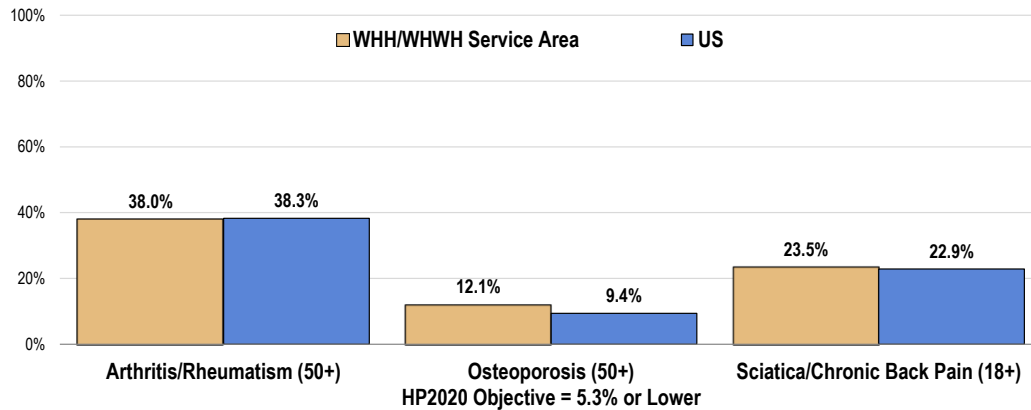
Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Items 26, 141-142]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AOCBC-10]

Notes:
- The sciatica indicator reflects the total sample of respondents; the arthritis and osteoporosis columns reflect adults age 50+.

Key Informant Input: Arthritis, Osteoporosis & Chronic Back Conditions

The following chart outlines key informants' perceptions of the severity of *Arthritis, Osteoporosis & Chronic Back Conditions* as a problem in the community:

Perceptions of Arthritis/Osteoporosis/Back Conditions as a Problem in the Community
(Polk County Key Informants, 2018)
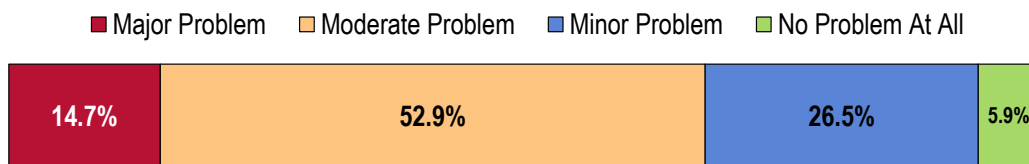
■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All

Major Problem	Moderate Problem	Minor Problem	No Problem At All
14.7%	52.9%	26.5%	5.9%

Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Impact of Quality of Life

The back related pain from arthritis can limit one's activity level, which can lead to additional health issues. The same with injuries from osteoporosis. — Polk County Social Service Provider

Incidence/Prevalence

Statistics show that chronic back pain is prevalent across the country. I am very active in the health and wellness community and hear and see this often. Our community is overweight and sedentary, both huge contributions to this issue. — Polk County Community Leader

Lack of Specialty Providers

Shortage of rheumatology and most won't/don't accept low income patients. Long waiting list for orthopedic doctors. Back conditions lead to excessive pain management issues/concerns. — Polk County Other Health Provider

Weight Status

> *Our populations is extremely obese and these conditions are associated with obesity. The inflammation and pressure on the spine will cause back issues now or in the near future. — Polk County Community Leader*

Vision & Hearing Impairment

Vision Trouble

About Vision

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)

Hearing Trouble

About Hearing & Other Sensory or Communication Disorders

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 a 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)

Key Informant Input: Vision & Hearing

The following chart outlines key informants' perceptions of the severity of *Vision & Hearing* as a problem in the community:

Perceptions of Vision and Hearing
as a Problem in the Community
(Polk County Key Informants, 2018)
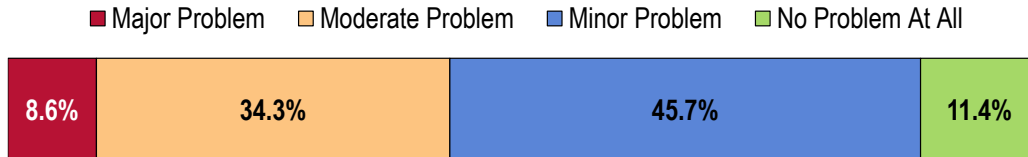
■ Major Problem   □ Moderate Problem   ■ Minor Problem   □ No Problem At All

8.6%	34.3%	45.7%	11.4%

Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Access to Care/Services

> *Access to providers and access to supplies/equipment. — Polk County Other Health Provider*

Affordable Care/Services

> *No free clinics. — Polk County Community Leader*

Infectious Disease

About Immunization & Infectious Diseases

The increase in life expectancy during the 20th century is largely due to improvements in child survival; this increase is associated with reductions in infectious disease mortality, due largely to immunization. However, infectious diseases remain a major cause of illness, disability, and death. Immunization recommendations in the United States currently target 17 vaccine-preventable diseases across the lifespan.

People in the US continue to get diseases that are vaccine-preventable. Viral hepatitis, influenza, and tuberculosis (TB) remain among the leading causes of illness and death across the nation and account for substantial spending on the related consequences of infection.

The infectious disease public health infrastructure, which carries out disease surveillance at the national, state, and local levels, is an essential tool in the fight against newly emerging and re-emerging infectious diseases. Other important defenses against infectious diseases include:

- Proper use of vaccines
- Antibiotics
- Screening and testing guidelines
- Scientific improvements in the diagnosis of infectious disease-related health concerns

Vaccines are among the most cost-effective clinical preventive services and are a core component of any preventive services package. Childhood immunization programs provide a very high return on investment. For example, for each birth cohort vaccinated with the routine immunization schedule, society:

- Saves 33,000 lives.
- Prevents 14 million cases of disease.
- Reduces direct healthcare costs by $9.9 billion.
- Saves $33.4 billion in indirect costs.
- Healthy People 2020 (www.healthypeople.gov)

Key Informant Input: Immunization & Infectious Diseases

The following chart outlines key informants' perceptions of the severity of *Immunization & Infectious Diseases* as a problem in the community:

Perceptions of Immunization and Infectious Diseases as a Problem in the Community
(Polk County Key Informants, 2018)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All

13.5%	43.3%	37.8%	5.4%
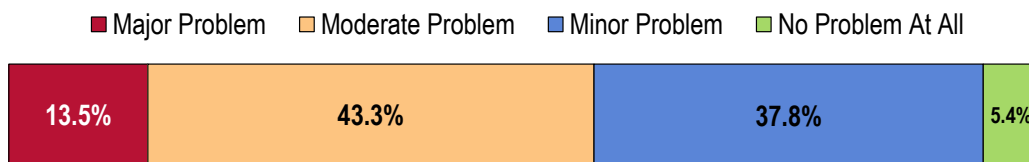
Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Cultural/Personal Beliefs

> *Traditional beliefs. — Polk County Social Service Provider*

> *Too many people are afraid of immunization and what they perceive are side effects. Education needed that they are your friend. — Polk County Community Leader*

Access to Care/Services

> *Not enough appointments available. — Polk County Community Leader*

Contributing Factors

> *Poverty. Lack of knowledge. — Polk County Physician*

Influenza & Pneumonia Vaccination

About Influenza & Pneumonia

Acute respiratory infections, including pneumonia and influenza, are the 8th leading cause of death in the nation, accounting for 56,000 deaths annually. Pneumonia mortality in children fell by 97% in the last century, but respiratory infectious diseases continue to be leading causes of pediatric hospitalization and outpatient visits in the US. On average, influenza leads to more than 200,000 hospitalizations and 36,000 deaths each year. The 2009 H1N1 influenza pandemic caused an estimated 270,000 hospitalizations and 12,270 deaths (1,270 of which were of people younger than age 18) between April 2009 and March 2010.

- Healthy People 2020 (www.healthypeople.gov)

Flu Vaccinations

"During the past 12 months, have you had a flu shot?"

"A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the seasonal flu shot. Have you ever had a pneumonia shot?"

Chart columns below show these findings among those age 65+.

Older Adults: Have Had a Flu Vaccination in the Past Year
(Among Adults Age 65+)
Healthy People 2020 Target = 70.0% or Higher

WHH/WHWH Service Area	FL	US
72.0%	57.6%	76.8%
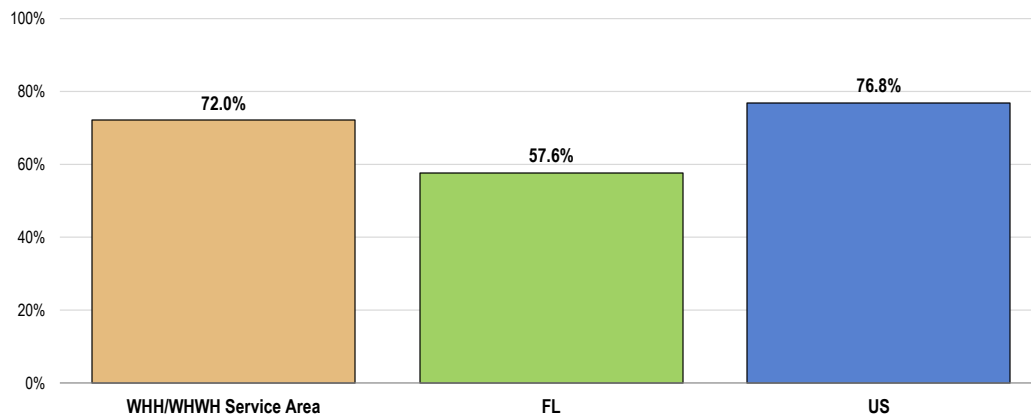
Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 144]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Florida data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IID-12.12]

Notes:
- Reflects respondents 65 and older.

Older Adults: Have Ever Had a Pneumonia Vaccine
(Among Adults Age 65+)
Healthy People 2020 Target = 90.0% or Higher

Chart: "Older Adults: Have Ever Had a Pneumonia Vaccine"

Category	Percentage
WHH/WHWH Service Area	66.2%
FL	65.6%
US	82.7%
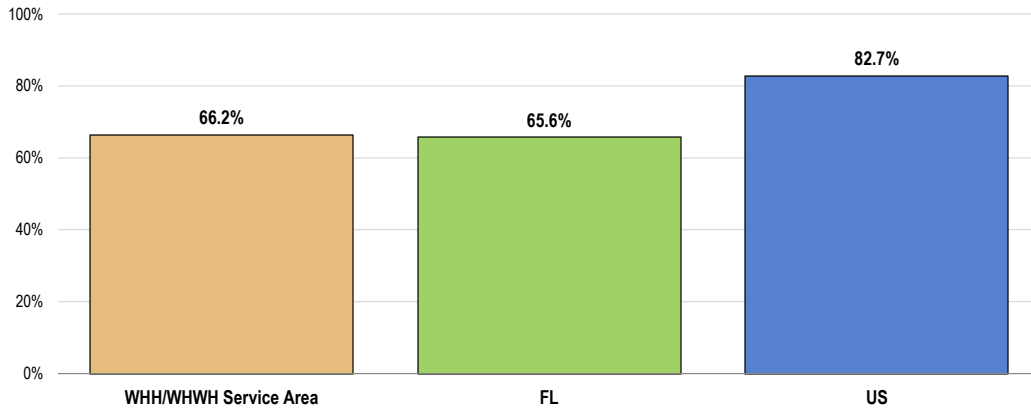
Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 146]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Florida data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objectives IID-13.1, IID-13.2]

Notes:
- Reflects respondents 65 and older.

HIV

About HIV

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)

HIV/AIDS Deaths

The following chart outlines age-adjusted HIV/AIDS mortality rates for the area in comparison with state and national rates.

HIV/AIDS: Age-Adjusted Mortality
(Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 3.3 or Lower
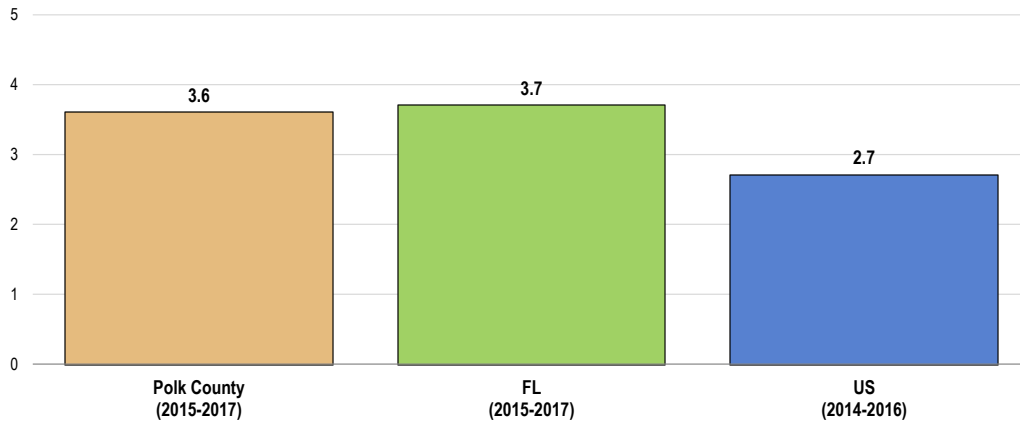
	Polk County (2015-2017)	FL (2015-2017)	US (2014-2016)
Rate	3.6	3.7	2.7

Sources:
- Florida Department of Health, Bureau of Vital Statistics. Retrieved August 2018 from FLHealthCharts.com, provided by the Florida Department of Health, Division of Public Health Statistics & Performance Management.
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HIV-12]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

HIV Prevalence

The following chart outlines prevalence (current cases, regardless of when they were diagnosed) of HIV per 100,000 population in the area.

HIV Prevalence
(Prevalence Rate of HIV per 100,000 Population)
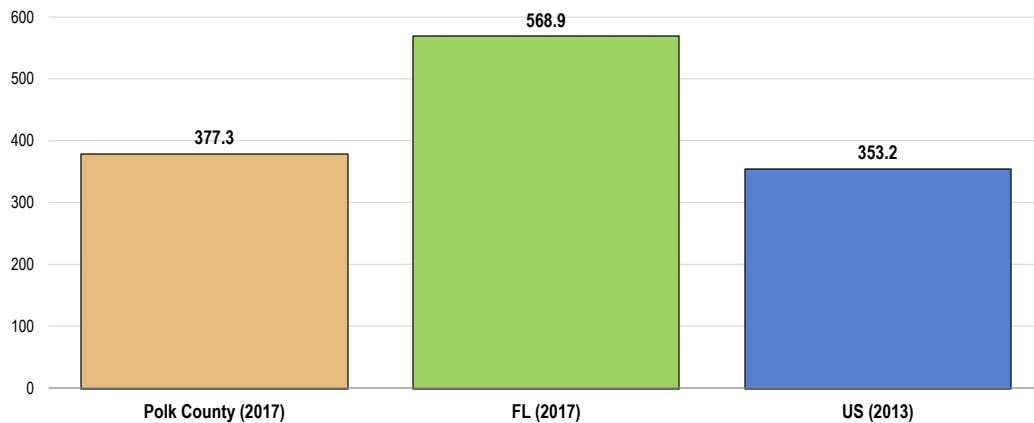
	Polk County (2017)	FL (2017)	US (2013)
Rate	377.3	568.9	353.2

Sources:
- Florida Department of Health, Bureau of Vital Statistics. Retrieved August 2018 from FLHealthCharts.com, provided by the Florida Department of Health, Division of Public Health Statistics & Performance Management.
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Retrieved May 2018 from Community Commons at http://www.chna.org.

Notes:
- This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the

Key Informant Input: HIV/AIDS

The following chart outlines key informants' perceptions of the severity of *HIV/AIDS* as a problem in the community:

**Perceptions of HIV/AIDS
as a Problem in the Community**
(Polk County Key Informants, 2018)
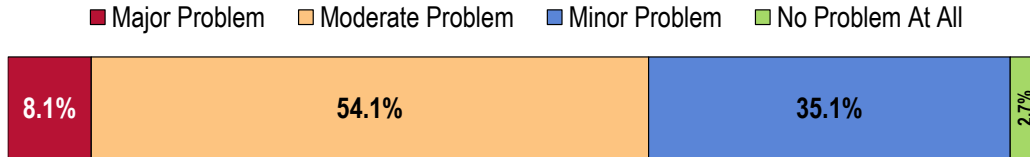
■ Major Problem   □ Moderate Problem   ■ Minor Problem   □ No Problem At All

8.1%	54.1%	35.1%	2.7%

Sources: ● PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Sexually Transmitted Diseases

About Sexually Transmitted Diseases

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.

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. 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; poverty and marginalization; access to healthcare; substance abuse; sexuality and secrecy (stigma and discomfort discussing sex); and sexual networks (persons "linked" by sequential or concurrent sexual partners).

- Healthy People 2020 (www.healthypeople.gov)

Chlamydia & Gonorrhea

Chlamydia. Chlamydia is the most commonly reported STD in the United States; most people who have chlamydia don't know it since the disease often has no symptoms.

Gonorrhea. Anyone who is sexually active can get gonorrhea. Gonorrhea can be cured with the right medication; left untreated, however, gonorrhea can cause serious health problems in both women and men.

The following chart outline local incidence for these STDs.

Chlamydia & Gonorrhea Incidence
(Incidence Rate per 100,000 Population)
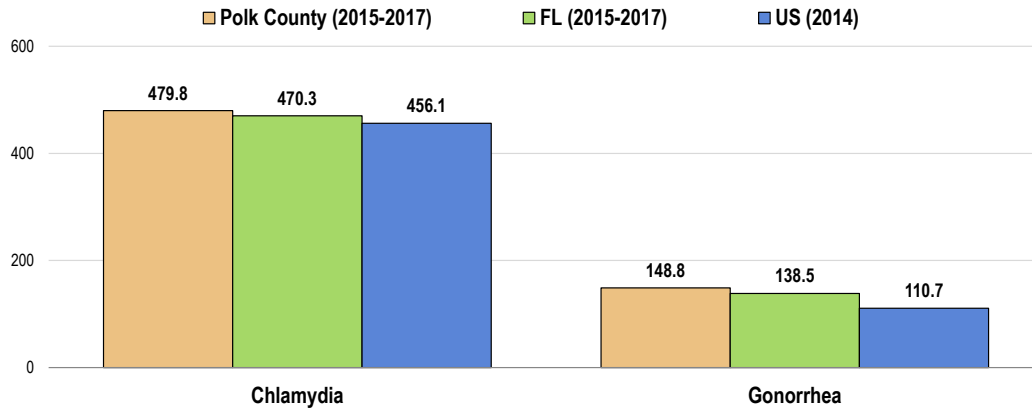
■ Polk County (2015-2017)   ■ FL (2015-2017)   ■ US (2014)
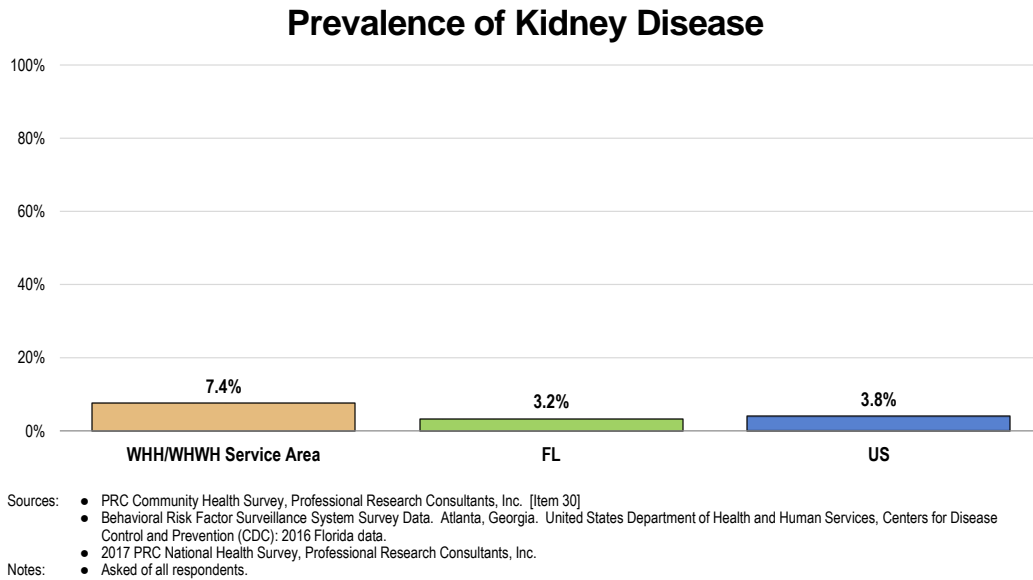
Chlamydia: 479.8 / 470.3 / 456.1
Gonorrhea: 148.8 / 138.5 / 110.7

Sources:
- Florida Department of Health, Bureau of Vital Statistics. Retrieved August 2018 from FLHealthCharts.com, provided by the Florida Department of Health, Division of Public Health Statistics & Performance Management.
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Retrieved May 2018 from Community Commons at http://www.chna.org.

Key Informant Input: Sexually Transmitted Diseases

The following chart outlines key informants' perceptions of the severity of *Sexually Transmitted Diseases* as a problem in the community:

Perceptions of Sexually Transmitted Diseases as a Problem in the Community
(Polk County Key Informants, 2018)

■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All

Major Problem	Moderate Problem	Minor Problem	No Problem At All
19.4%	52.8%	25.0%	2.8%
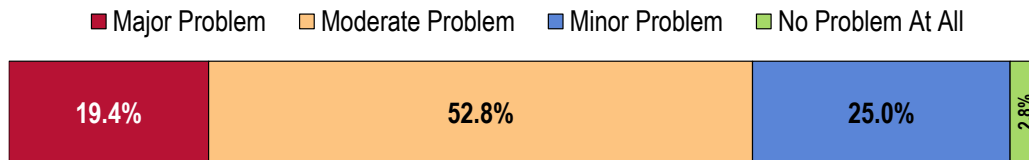
Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Incidence/Prevalence

Our stats in this area have always been high for Polk County. — Polk County Community Leader

Among both youth and elders, STDs are elevated. — Polk County Community Leader

Many stats show that Polk County has a high rate of STDs, and the teen pregnancy rate is high. Which is a good sign that preventative measures are not being taken. — Polk County Community Leader

High rates of STDs. Low health literacy on how to prevent STDs. Lack of comprehensive sexual education among youth on how to prevent STDs. — Polk County Public Health Representative

Contributing Factors

Culture, health literacy, socioeconomic. — Polk County Social Service Provider

Births

About Infant & Child Health

Improving the well-being of mothers, infants, and children is an important public health goal for the US. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the healthcare system. The risk of maternal and infant mortality and pregnancy-related complications can be reduced by increasing access to quality preconception (before pregnancy) and inter-conception (between pregnancies) care. Moreover, healthy birth outcomes and early identification and treatment of health conditions among infants can prevent death or disability and enable children to reach their full potential. Many factors can affect pregnancy and childbirth, including pre-conception health status, age, access to appropriate healthcare, and poverty.

Infant and child health are similarly influenced by socio-demographic factors, such as family income, but are also linked to the physical and mental health of parents and caregivers. There are racial and ethnic disparities in mortality and morbidity for mothers and children, particularly for African Americans. These differences are likely the result of many factors, including social determinants (such as racial and ethnic disparities in infant mortality; family income; educational attainment among household members; and health insurance coverage) and physical determinants (i.e., the health, nutrition, and behaviors of the mother during pregnancy and early childhood).

- Healthy People 2020 (www.healthypeople.gov)

Prenatal Care

Early and continuous prenatal care is the best assurance of infant health. Receipt of timely prenatal care (care initiated during the first trimester of pregnancy) is outlined in the following chart.

Lack of Prenatal Care in the First Trimester
(Percentage of Live Births)
Healthy People 2020 Target = 22.1% or Lower
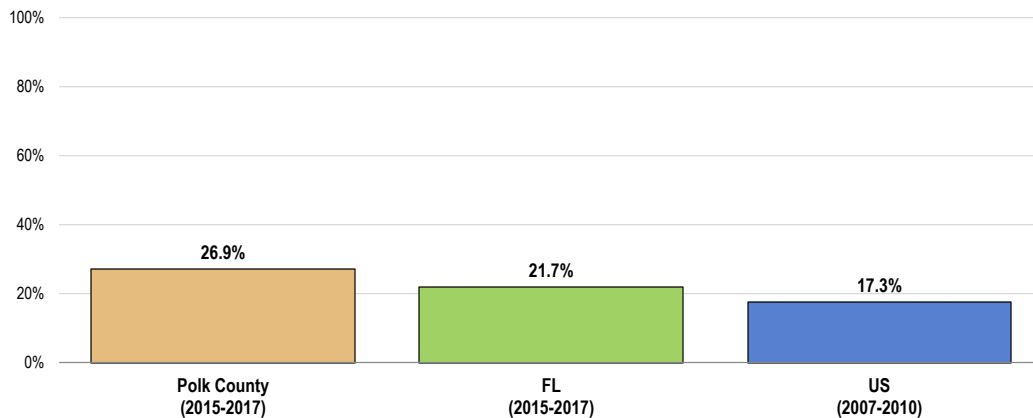
Polk County (2015-2017)	26.9%
FL (2015-2017)	21.7%
US (2007-2010)	17.3%

Sources:
- Florida Department of Health, Bureau of Vital Statistics. Retrieved August 2018 from FLHealthCharts.com, provided by the Florida Department of Health, Division of Public Health Statistics & Performance Management.
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed using CDC WONDER.
- Retrieved May 2018 from Community Commons at http://www.chna.org.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-10.1]

Note:
- This indicator reports the percentage of women who do not obtain prenatal care during their first trimester of pregnancy. This indicator is relevant because engaging in prenatal care decreases the likelihood of maternal and infant health risks. This indicator can also highlight a lack of access to preventive care, a lack of health, knowledge insufficient provider outreach, and/or social barriers preventing utilization of services.

Birth Outcomes & Risks

Low-Weight Births

Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight. Largely a result of receiving poor or inadequate prenatal care, many low-weight births and the consequent health problems are preventable. Births of low-weight infants are described below.
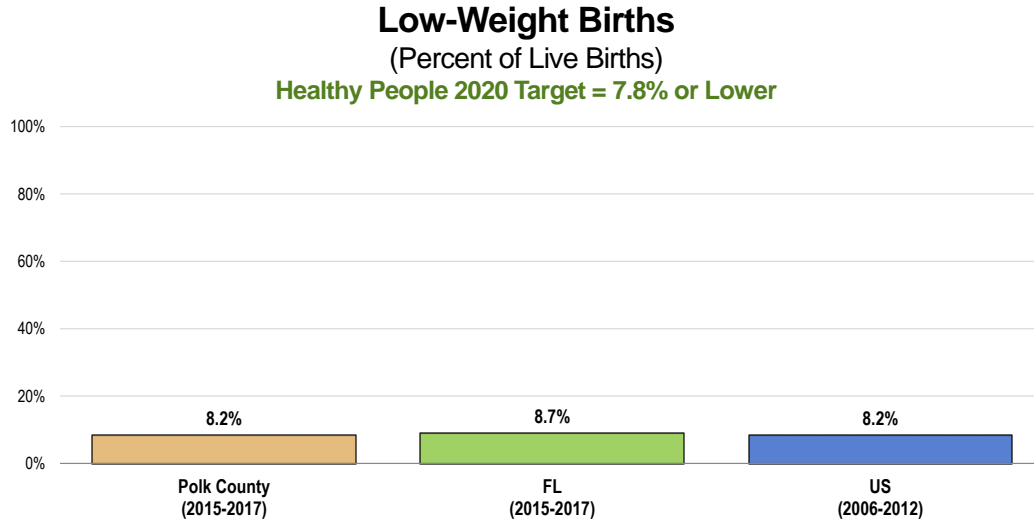
Low-Weight Births
(Percent of Live Births)
Healthy People 2020 Target = 7.8% or Lower

Polk County (2015-2017)	FL (2015-2017)	US (2006-2012)
8.2%	8.7%	8.2%

Sources:
- Florida Department of Health, Bureau of Vital Statistics. Retrieved August 2018 from FLHealthCharts.com, provided by the Florida Department of Health, Division of Public Health Statistics & Performance Management.
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed using CDC WONDER.
- Retrieved May 2018 from Community Commons at http://www.chna.org.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-8.1]

Note:
- This indicator reports the percentage of total births that are low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

Infant Mortality

Infant mortality rates reflect deaths of children less than one year old per 1,000 live births. These rates are outlined in the following chart.
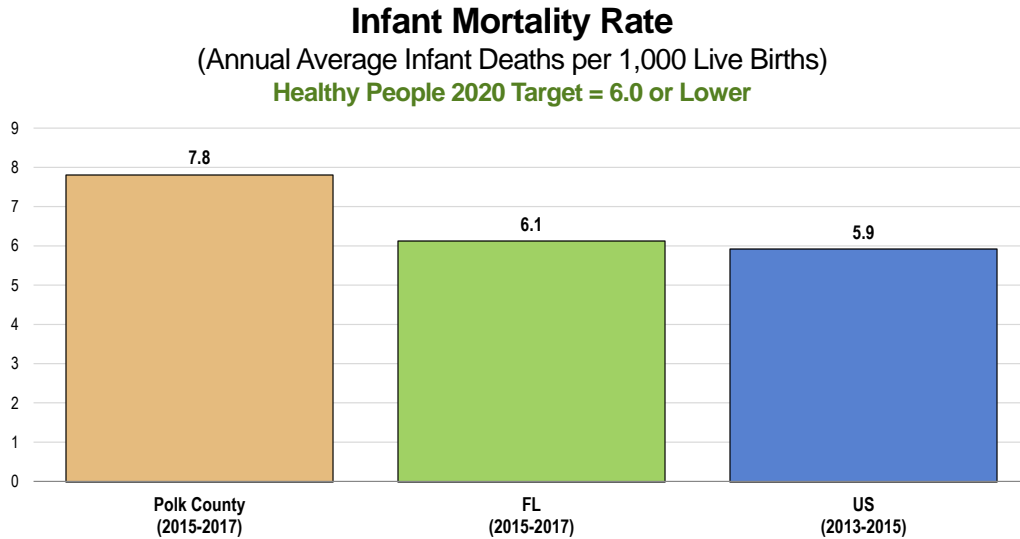
Infant Mortality Rate
(Annual Average Infant Deaths per 1,000 Live Births)
Healthy People 2020 Target = 6.0 or Lower

Category	Rate
Polk County (2015-2017)	7.8
FL (2015-2017)	6.1
US (2013-2015)	5.9

Sources:
- Florida Department of Health, Bureau of Vital Statistics. Retrieved August 2018 from FLHealthCharts.com, provided by the Florida Department of Health, Division of Public Health Statistics & Performance Management.
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed using CDC WONDER.
- Retrieved May 2018 from Community Commons at http://www.chna.org.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-1.3]

Notes:
- Infant deaths include deaths of children under 1 year old.

Key Informant Input: Infant & Child Health

The following chart outlines key informants' perceptions of the severity of *Infant & Child Health* as a problem in the community:
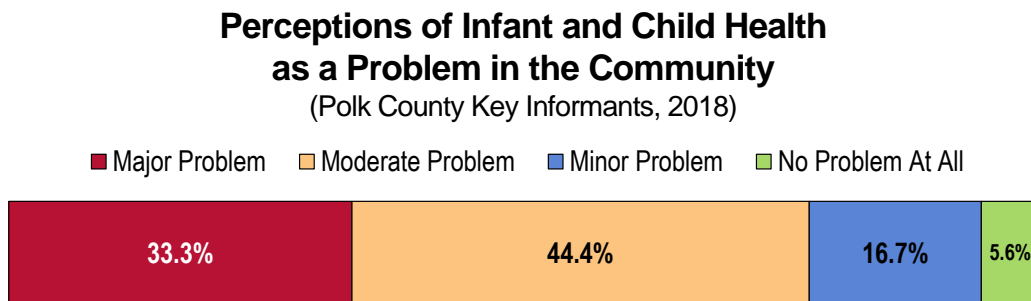
Perceptions of Infant and Child Health as a Problem in the Community
(Polk County Key Informants, 2018)

■ Major Problem   □ Moderate Problem   ■ Minor Problem   □ No Problem At All

Major Problem	Moderate Problem	Minor Problem	No Problem At All
33.3%	44.4%	16.7%	5.6%

Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Access to Pediatric Care/Services

> *More clinics for pediatric. — Polk County Community Leader*

> *Pediatricians practice where babies are delivered. At least two Polk hospitals don't deliver babies, so there is a scarcity of pediatricians. It goes all the way through scarcity in family care. FQHC have grown but they aren't well known. — Polk County Community Leader*

Racial Disparities

> *Black women are more likely to have late or no prenatal care, have premature births and to have low birth weight babies. — Polk County Public Health Representative*

Adverse Childhood Experiences

> *There are programs around the country that are integrating the science around adverse childhood experiences, ACE's, into care for infants, children and teens. These impact of toxic stress on health needs to be addressed in our community. — Polk County Social Service Provider*

Childhood Health Outcomes

> *Polk is in the 4th quartile of the state for many child health indicators. There is a large gap between the black and white infant mortality rates in Polk County, racial inequity. Access to care for pregnant moms, babies, children. Lack of education. — Polk County Public Health Representative*

Weight Status

> *Overweight and sedentary population. — Polk County Community Leader*

Contributing Factors

> *Low socioeconomic status. Culture and traditions. — Polk County Social Service Provider*

Family Planning

Births to Teen Mothers

About Teen Births

The negative outcomes associated with unintended pregnancies are compounded for adolescents. Teen mothers:

- Are less likely to graduate from high school or attain a GED by the time they reach age 30.
- Earn an average of approximately $3,500 less per year, when compared with those who delay childbearing.
- Receive nearly twice as much Federal aid for nearly twice as long.

Similarly, early fatherhood is associated with lower educational attainment and lower income. Children of teen parents are more likely to have lower cognitive attainment and exhibit more behavior problems. Sons of teen mothers are more likely to be incarcerated, and daughters are more likely to become adolescent mothers.

- Healthy People 2020 (www.healthypeople.gov)

The following chart describes local teen births.
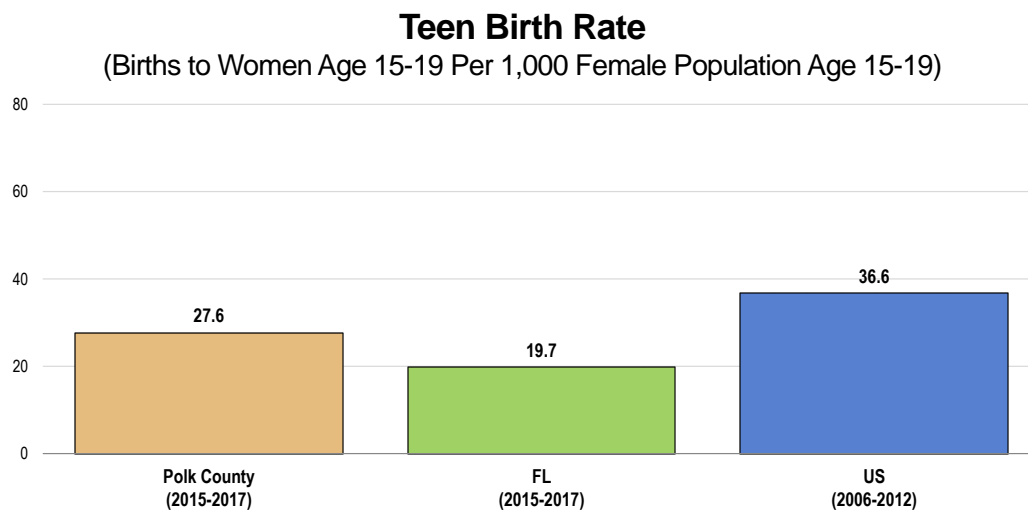
Teen Birth Rate
(Births to Women Age 15-19 Per 1,000 Female Population Age 15-19)

Polk County (2015-2017)	FL (2015-2017)	US (2006-2012)
27.6	19.7	36.6

Sources:
- Florida Department of Health, Bureau of Vital Statistics. Retrieved August 2018 from FLHealthCharts.com, provided by the Florida Department of Health, Division of Public Health Statistics & Performance Management.
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed using CDC WONDER.
- Retrieved May 2018 from Community Commons at http://www.chna.org.

Notes:
- This indicator reports the rate of total births to women under the age of 15 - 19 per 1,000 female population age 15 - 19. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.

Key Informant Input: Family Planning

The following chart outlines key informants' perceptions of the severity of *Family Planning* as a problem in the community:

Perceptions of Family Planning
as a Problem in the Community
(Polk County Key Informants, 2018)
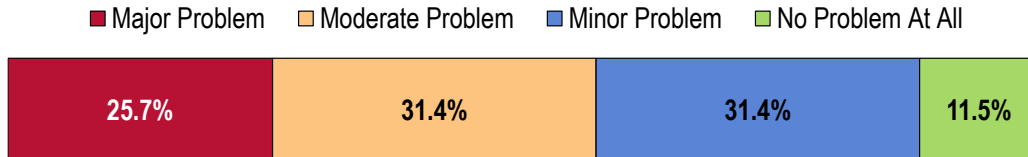
■ Major Problem　　□ Moderate Problem　　■ Minor Problem　　□ No Problem At All

25.7%	31.4%	31.4%	11.5%

Sources: ● PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Prevention

Again, prevention with our youth is best way to attack problem. — Polk County Community Leader

In Polk, approximately 53% of births between the years 2011-2013 were to women who were either overweight or obese at the time pregnancy occurred. There is a considerable need to continue focusing prevention efforts on healthy choices and pre-diabetes prevention programming. — Polk County Public Health Representative

Teen Pregnancy

High rate of teen pregnancy. — Polk County Social Service Provider

Polk County continues to have a high teen birth rate. — Polk County Social Service Provider

Access to Care/Services

Access and finances. — Polk County Community Leader

Lack of access to prenatal and educational family planning for poor individuals. Remnants of the bible belt mentality when it comes to contraceptives. — Polk County Community Leader

Modifiable Health Risks

Actual Causes Of Death

About Contributors to Mortality

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.

Factors Contributing to Premature Deaths in the United States
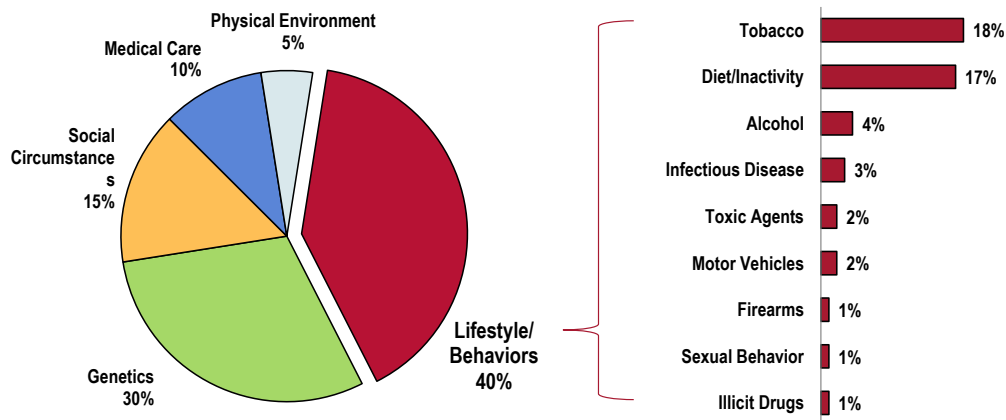
Sources: ● "The Case For More Active Policy Attention to Health Promotion"; (McGinnis, Williams-Russo, Knickman) Health Affairs. Vol. 32. No. 2. March/April 2002.
"Actual Causes of Death in the United States": (Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, PhD, MSc; Julie L. Gerberding, MD, MPH.) JAMA. 291 (2000) 1238-1245.

Nutrition, Physical Activity & Weight

Nutrition

About Healthful Diet & Healthy Weight

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)

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.

"Now I would like you to think about the foods you ate or drank yesterday. Include all the foods you ate, both at home and away from home. How many servings of fruit or fruit juices did you have yesterday?"

"How many servings of vegetables did you have yesterday?"

The questions above are used to calculate daily fruit/vegetable consumption for adults at the respondent level. The proportion reporting having 5 or more servings per day is shown below.

Consume Five or More Servings of Fruits/Vegetables Per Day
(WHH/WHWH Service Area, 2018)

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	Non-Hisp White	Other	WHH/WHWH	US
36.5%	42.1%	39.2%	38.4%	43.0%	49.3%	37.9%	36.1%	46.4%	39.5%	33.5%
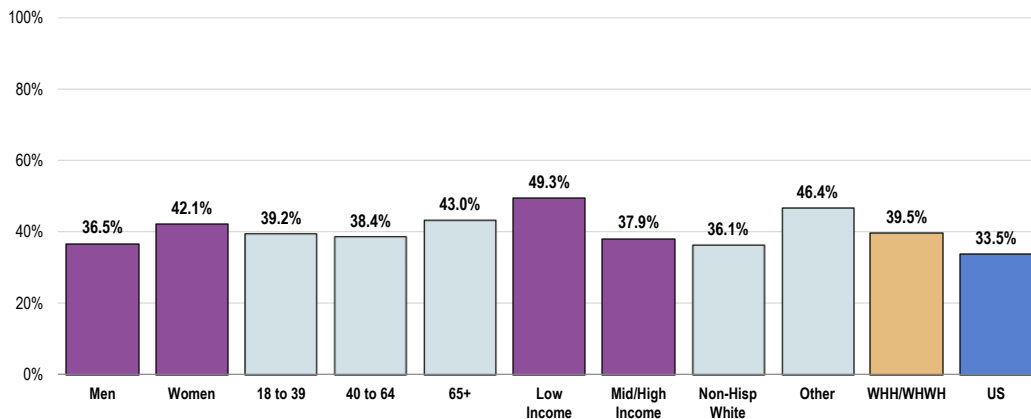
Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 148]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- "Other" race/ethnicity includes all Hispanic respondents, as well as all races other than Non-Hispanic White.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes below 200% of the federal poverty level, and "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.
- Note that the sample sizes for young adults (age 18-39) and for those of "other" races are relatively small (<50); interpret results for these segments with caution.

Access to Fresh Produce

"How difficult is it for you to buy fresh produce like fruits and vegetables at a price you can afford — would you say: very difficult, somewhat difficult, not too difficult, or not at all difficult?"

Find It "Very" or "Somewhat" Difficult to Buy Affordable Fresh Produce
(WHH/WHWH Service Area, 2018)

Category	Percent
Men	23.9%
Women	36.4%
18 to 39	40.8%
40 to 64	31.3%
65+	17.3%
Low Income	58.1%
Mid/High Income	10.5%
Non-Hisp White	22.6%
Other	47.1%
WHH/WHWH	30.5%
US	22.1%
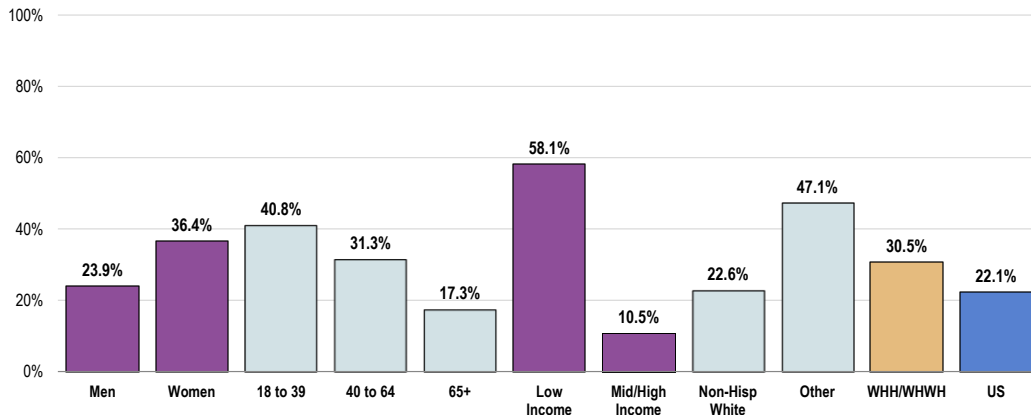
Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 86]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- "Other" race/ethnicity includes all Hispanic respondents, as well as all races other than Non-Hispanic White.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes below 200% of the federal poverty level, and "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Note that the sample sizes for young adults (age 18-39) and for those of "other" races are relatively small (<50); interpret results for these segments with caution.

A food desert is defined as a low-income area where a significant number or share of residents is far from a supermarket, where "far" is more than 1 mile in urban areas and more than 10 miles in rural areas. The chart for this indicator below is based on US Department of Agriculture data.

Population With Low Food Access
(Percent of Population That Is Far From a Supermarket or Large Grocery Store, 2015)

Category	Percent
Polk County	37.8%
FL	25.7%
US	22.4%
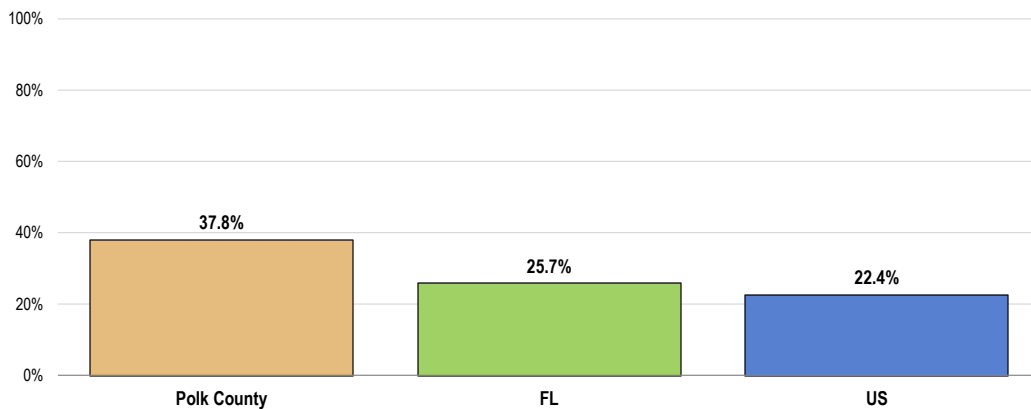
Sources:
- US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA).
- Retrieved May 2018 from Community Commons at http://www.chna.org.

Notes:
- This indicator reports the percentage of the population living in census tracts designated as food deserts. A food desert is defined as low-income areas where a significant number or share of residents is far from a supermarket, where "far" is more than 1 mile in urban areas and more than 10 miles in rural areas. This indicator is relevant because it highlights populations and geographies facing food insecurity.

Physical Activity

About 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); and 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); and 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)

Leisure-Time Physical Activity

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.

"During the past month, other than your regular job, did you participate in any physical activities or exercises, such as running, calisthenics, golf, gardening, or walking for exercise?"

No Leisure-Time Physical Activity in the Past Month
Healthy People 2020 Target = 32.6% or Lower

Category	Value
WHH/WHWH Service Area	26.2%
FL	29.8%
US	26.2%
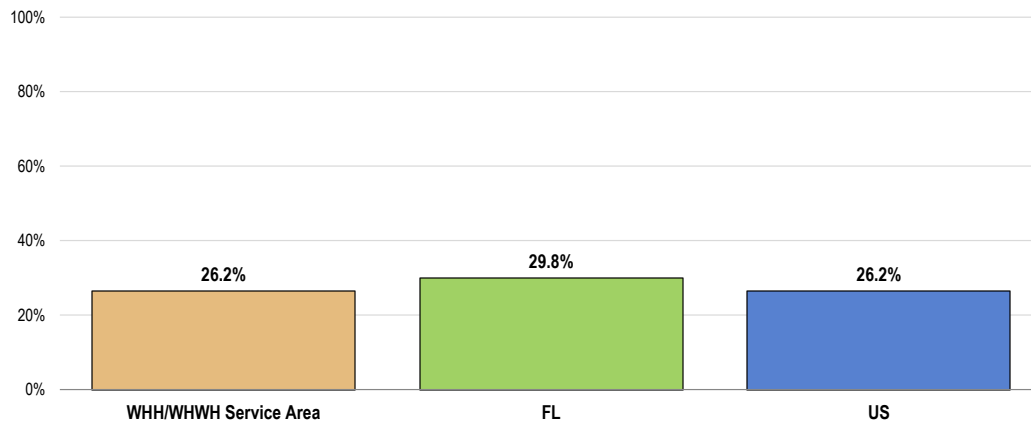
Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 89]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Florida data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-1]

Notes:
- Asked of all respondents.

Recommended Levels of Physical Activity

Adults should do 2 hours and 30 minutes a week of moderate-intensity (such as walking), or 1 hour and 15 minutes (75 minutes) a week of vigorous-intensity aerobic physical activity (such as jogging), or an equivalent combination of moderate- and vigorous-intensity aerobic physical activity. The guidelines also recommend that adults do muscle-strengthening activities, such as push-ups, sit-ups, or activities using resistance bands or weights. These activities should involve all major muscle groups and be done on two or more days per week.

The report finds that nationwide nearly 50 percent of adults are getting the recommended amounts of aerobic activity and about 30 percent are engaging in the recommended muscle-strengthening activity.

- 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. www.cdc.gov/physicalactivity

Meeting Physical Activity Recommendations

To measure physical activity frequency, duration and intensity, respondents were asked:

"During the past month, what type of physical activity or exercise did you spend the most time doing?"

"And during the past month, how many times per week or per month did you take part in this activity?"

"And when you took part in this activity, for how many minutes or hours did you usually keep at it?"

Respondents could answer the above series for up to two types of physical activity. The specific activities identified (e.g., jogging, basketball, treadmill, etc.) determined the intensity values assigned to that respondent when calculating total aerobic physical activity hours/minutes.

Respondents were also asked about strengthening exercises:

"During the past month, how many times per week or per month did you do physical activities or exercises to strengthen your muscles? Do not count aerobic activities like walking, running, or bicycling. Please include activities using your own body weight, such as yoga, sit-ups or push-ups, and those using weight machines, free weights, or elastic bands."

"Meeting physical activity recommendations" includes adequate levels of both aerobic and strengthening activity:

- Aerobic activity is at least 150 minutes per week of light to moderate activity or 75 minutes per week of vigorous physical activity or an equivalent combination of both; **and**
- Strengthening activity is at least 2 sessions per week of exercise designed to strengthen muscles.

Meets Physical Activity Recommendations
(WHH/WHWH Service Area, 2018)
Healthy People 2020 Target = 20.1% or Higher

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	Non-Hisp White	Other	WHH/WHWH	FL	US
14.6%	23.0%	14.1%	20.6%	23.7%	22.8%	18.9%	18.9%	18.2%	19.0%	21.8%	22.8%
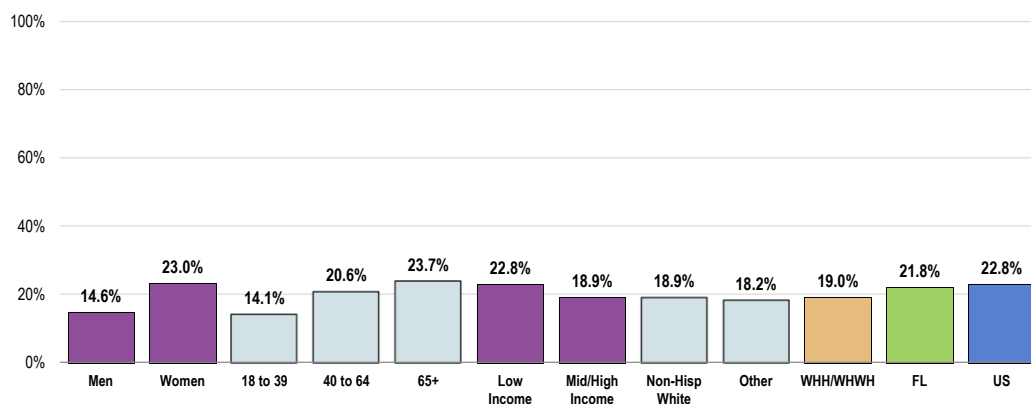
Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 152]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-4]

Notes:
- Asked of all respondents.
- "Other" race/ethnicity includes all Hispanic respondents, as well as all races other than Non-Hispanic White.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes below 200% of the federal poverty level, and "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week or an equivalent combination of moderate and vigorous-intensity activity and report doing physical activities specifically designed to strengthen muscles at least twice per week.
- Note that the sample sizes for young adults (age 18-39) and for those of "other" races are relatively small (<50); interpret results for these segments with caution.

Weight Status

About Overweight & Obesity

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)

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^2)] 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 ≥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 ≥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.

Classification of Overweight and Obesity by BMI	BMI (kg/m^2)
Underweight	<18.5
Healthy Weight	18.5 – 24.9
Overweight, not Obese	25.0 – 29.9
Obese	≥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

"About how much do you weigh without shoes?"

"About how tall are you without shoes?"

Reported height and weight were used to calculate a Body Mass Index or BMI value (described above) for each respondent. This calculation allows us to examine the proportion of the population who is at a healthy weight, or who is overweight or obese (see table above).

Prevalence of Total Overweight
(Percent of Adults With a Body Mass Index of 25.0 or Higher)
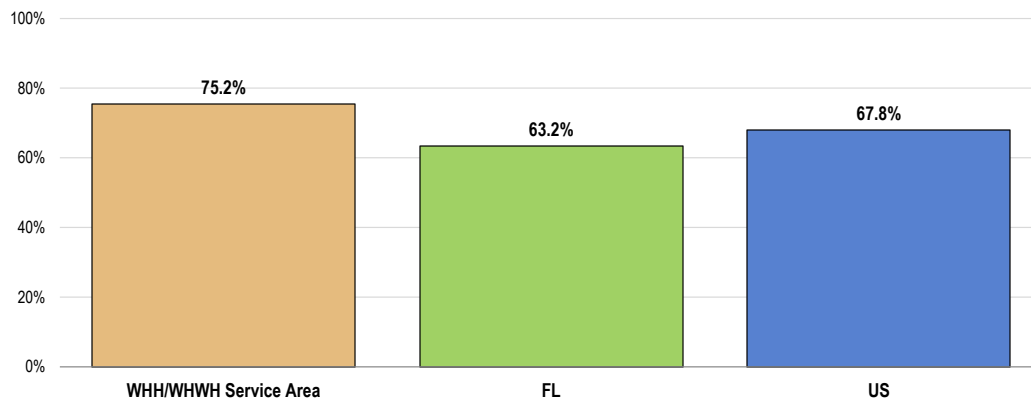
WHH/WHWH Service Area	FL	US
75.2%	63.2%	67.8%

Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 154]
- 2017 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): 2016 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.

Prevalence of Obesity
(Percent of Adults With a Body Mass Index of 30.0 or Higher)
Healthy People 2020 Target = 30.5% or Lower
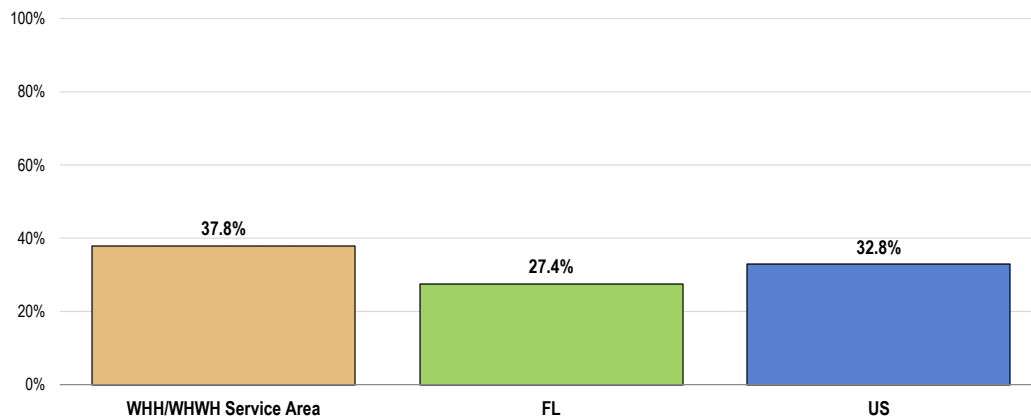
WHH/WHWH Service Area	FL	US
37.8%	27.4%	32.8%

Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 154]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US 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): 2016 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.

Prevalence of Obesity
(Percent of Adults With a BMI of 30.0 or Higher; WHH/WHWH Service Area, 2018)
Healthy People 2020 Target = 30.5% or Lower

Bar chart showing prevalence of obesity by category:
- Men: 30.2%
- Women: 45.2%
- 18 to 39: 25.4%
- 40 to 64: 51.6%
- 65+: 34.7%
- Low Income: 37.8%
- Mid/High Income: 45.0%
- Non-Hispanic White: 42.9%
- Other: 26.5%
- WHH/WHWH: 37.8%

Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 154]
- US 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.
- "Other" race/ethnicity includes all Hispanic respondents, as well as all races other than Non-Hispanic White.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes below 200% of the federal poverty level, and "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.
- Note that the sample sizes for young adults (age 18-39) and for those of "other" races are relatively small (<50); interpret results for these segments with caution.

Key Informant Input: Nutrition, Physical Activity & Weight

The following chart outlines key informants' perceptions of the severity of *Nutrition, Physical Activity & Weight* as a problem in the community:

Perceptions of Nutrition, Physical Activity, and Weight as a Problem in the Community
(Polk County Key Informants, 2018)

Legend: ■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All

Stacked bar:
- Major Problem: 63.2%
- Moderate Problem: 28.9%
- Minor Problem: 5.3%
- No Problem At All: 2.6%

Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Obesity

Obesity. — Polk County Social Service Provider

Polk County is the seventh most obese MSA in the country. Anecdotally I'd attribute that to lack of affordable healthy food choices, poverty, lack of emphasis on physical fitness in school. There has been an improvement on walking trails in the county. — Polk County Community Leader

Overweight, proper nutrition, education about value of fresh foods. — Polk County Social Service Provider

County obesity rate of approximately 35 percent. — Polk County Community Leader

Obesity rate in Polk has continued to rise between 2013—2016. Both children and adults experience high rates of obesity. There is a lack of access to safe physical activity opportunities and healthy foods. There is a lack of education on importance. — Polk County Public Health Representative

Obesity Rate in Polk County is way too high, 38.8%. Lack of Education, movement and nutrition. — Polk County Community Leader

Obesity is a major problem in our schools. The biggest challenges start with the school curriculum. Physical education classes or other daily physical activity should be required for every student who is physically able in our schools. — Polk County Community Leader

Lifestyle

Food desserts, access to affordable fruit and vegetables, lifestyle choices, lack of exercise. Cultural affinity for fried and fatty foods along with excessive carbohydrates. — Polk County Social Service Provider

Motivation by the individual. — Polk County Public Health Representative

People's choices. Access/finances to choose healthy diets. — Polk County Other Health Provider

Biggest challenges are avoiding/resisting consumption of unhealthy, fattening foods, and incorporating exercise into one's daily routine. There's a fast food restaurant and convenience store on practically every major corner in Polk County. — Polk County Social Service Provider

Poor eating habits, lack of physical exercise, poverty. — Polk County Community Leader

Easy availability of fast food at cheap cost. Free financial help, lack of education. — Polk County Physician

Access to affordable, healthy foods. Access to safe places to exercise, improving, but still a ways to go. Personal accountability. High stress. — Polk County Public Health Representative

Contributing Factors

Socioeconomic conditions, food desserts, lack of access to affordable healthy food options. Lack of health literacy, generational behaviors, busy schedules for working families and lack of time for meal planning and preparation. For low income families. — Polk County Social Service Provider

Poor nutrition environment, transportation, conducive environment to exercise or lack of that. — Polk County Community Leader

Polk has high overweight and obesity rates, rates of high cholesterol, hypertension, and diabetes. — Polk County Public Health Representative

Health Education/Awareness

Education and motivation. — Polk County Community Leader

Substance Abuse

About Substance Abuse

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

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)

Related Age-Adjusted Mortality

Cirrhosis/Liver Disease. Heavy alcohol use contributes to a significant share of liver disease, including cirrhosis. The chart below outlines age-adjusted mortality for cirrhosis/liver disease in the area.

Unintentional Drug-Related Deaths. Unintentional drug-related deaths include all deaths, other than suicide, for which drugs are the underlying cause. A "drug" includes illicit or street drugs (e.g., heroin and cocaine), as well as legal prescription and over-the-counter drugs; alcohol is not included. The following chart outlines local age-adjusted mortality for unintentional drug-related deaths.

Cirrhosis/Liver Disease: Age-Adjusted Mortality
(Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 8.2 or Lower
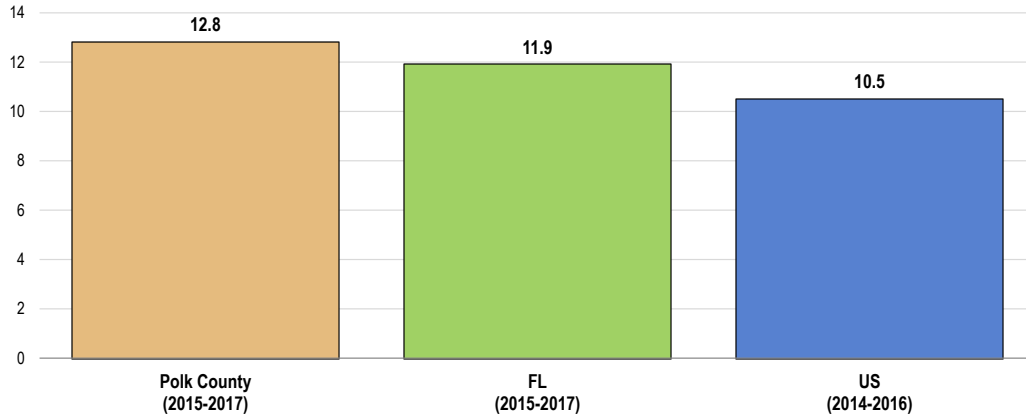
Polk County (2015-2017)	FL (2015-2017)	US (2014-2016)
12.8	11.9	10.5

Sources:
- Florida Department of Health, Bureau of Vital Statistics. Retrieved August 2018 from FLHealthCharts.com, provided by the Florida Department of Health, Division of Public Health Statistics & Performance Management.
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-11]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Unintentional Drug-Related Deaths: Age-Adjusted Mortality
(Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 11.3 or Lower
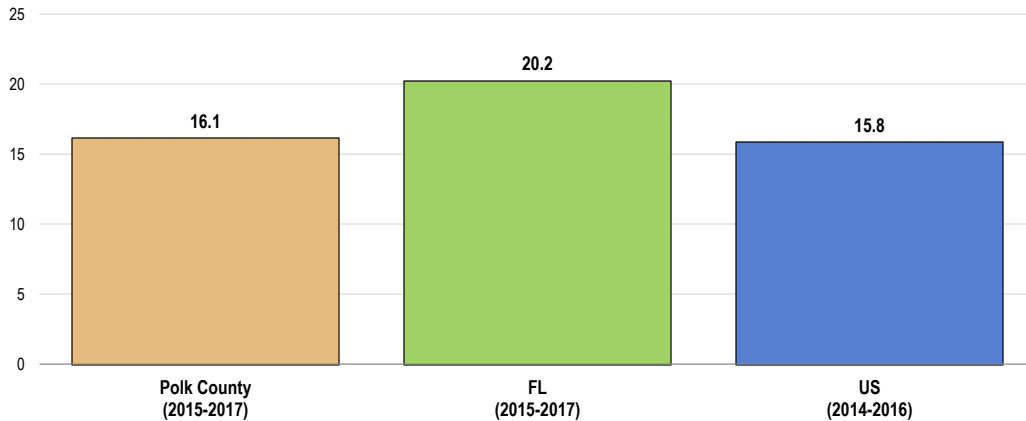
Polk County (2015-2017)	FL (2015-2017)	US (2014-2016)
16.1	20.2	15.8

Sources:
- Florida Department of Health, Bureau of Vital Statistics. Retrieved August 2018 from FLHealthCharts.com, provided by the Florida Department of Health, Division of Public Health Statistics & Performance Management.
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-12]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Alcohol Use

Excessive Drinkers. Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) <u>or</u> who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

"During the past 30 days, on how many days did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor?"

"On the day(s) when you drank, about how many drinks did you have on the average?"

"Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 (if male)/4 (if female) or more drinks on an occasion?"

Excessive Drinkers
(WHH/WHWH Service Area, 2018)
Healthy People 2020 Target = 25.4% or Lower

	Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	Non-Hisp White	Other	WHH/WHWH	US
%	42.6%	6.4%	37.8%	16.6%	13.4%	22.8%	26.8%	23.5%	24.3%	23.5%	22.5%
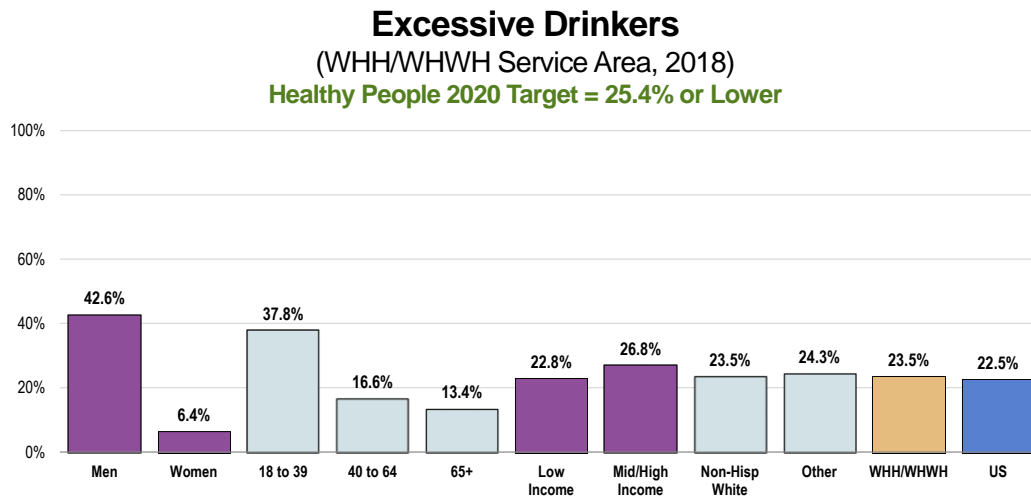
Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 168]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-15]

Notes:
- Asked of all respondents.
- "Other" race/ethnicity includes all Hispanic respondents, as well as all races other than Non-Hispanic White.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.
- Note that the sample sizes for young adults (age 18-39) and for those of "other" races are relatively small (<50); interpret results for these segments with caution.

Drinking & Driving. 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.

"During the past 30 days, how many times have you driven when you've had perhaps too much to drink?"

Have Driven in the Past Month
After Perhaps Having Too Much to Drink

6.7%	3.4%	5.2%
WHH/WHWH Service Area	FL	US
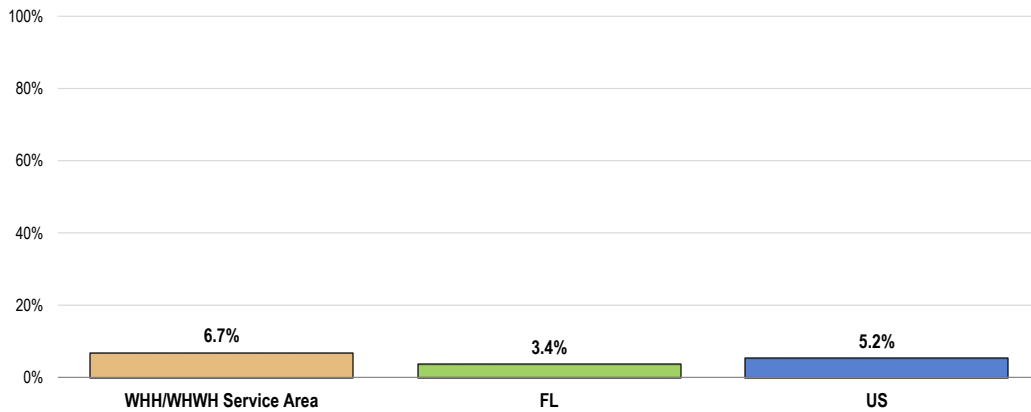
Sources: ● PRC Community Health Survey, Professional Research Consultants, Inc. [Item 58]
● 2017 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Illicit Drug Use

"During the past 30 days, have you used an illegal drug or taken a prescription drug that was not prescribed to you?"

"Opiates or opioids are drugs that doctors prescribe to treat pain. Examples of prescription opiates include morphine, codeine, hydrocodone, oxycodone, methadone, and fentanyl. In the past year, have you used any of these prescription opiates, whether or not a doctor had prescribed them to you?"

"Taking prescription drugs on your own means taking medicine without a doctor's prescription, in larger amounts than prescribed, or for a longer period than prescribed. In the past 12 months, have you used sedatives, tranquilizers, anti-anxiety drugs, opiates, painkillers, or stimulants on your own?"

Illicit Drug Use in the Past Month
Healthy People 2020 Target = 7.1% or Lower
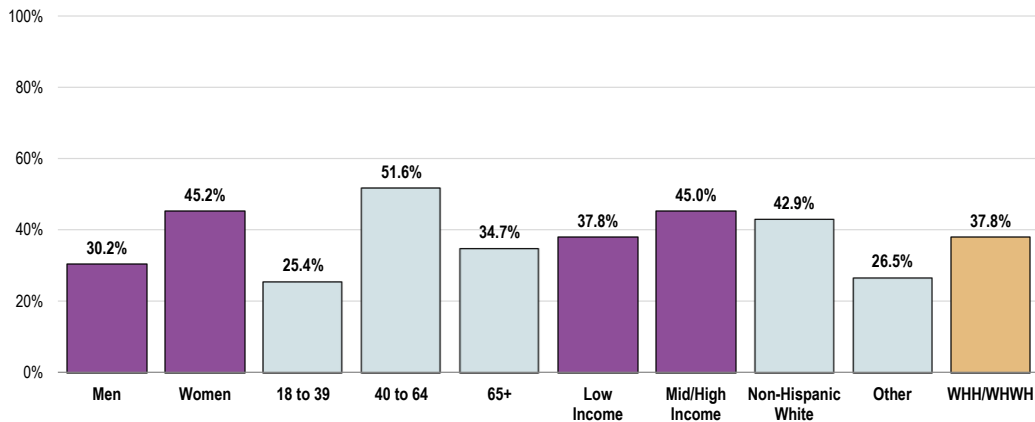
- WHH/WHWH Service Area: 7.1%
- US: 2.5%
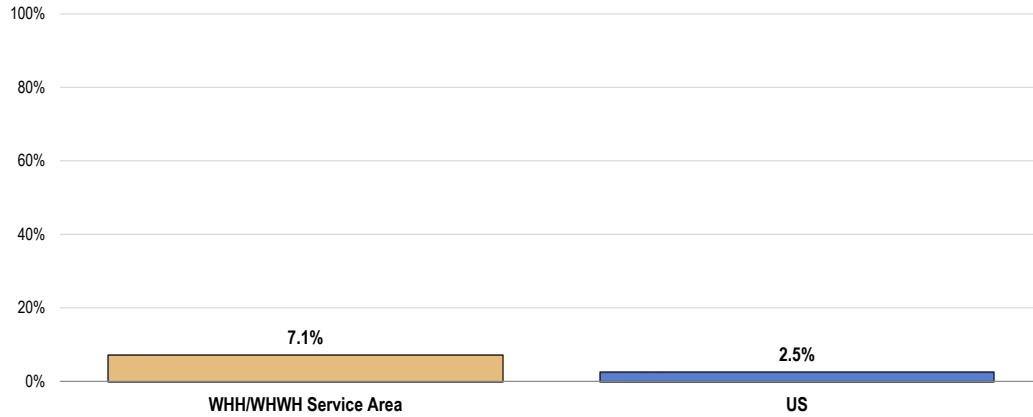
Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 59]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-13.3]

Notes:
- Asked of all respondents.

Have Used Opiates/Opioids in Past Year

- WHH/WHWH Service Area: 21.7%
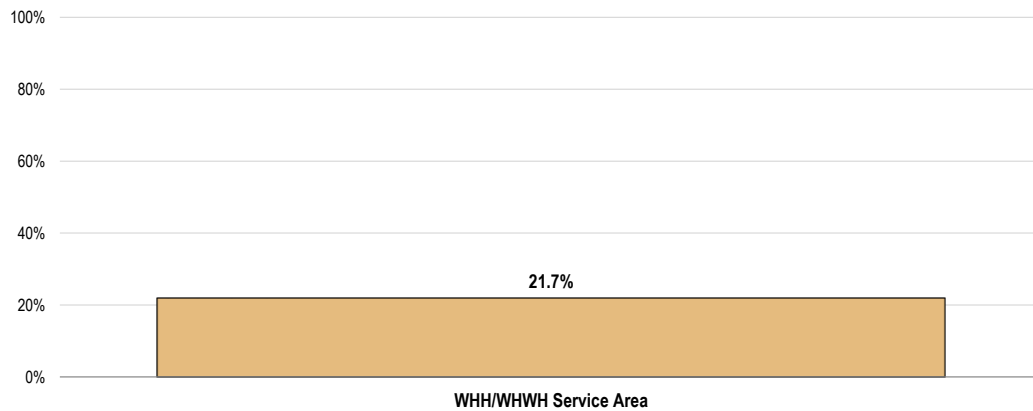
Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 304]

Notes:
- Asked of all respondents.

Have Taken Prescription Medication in Past Year Without a Doctor's Prescription or Other Than as Prescribed
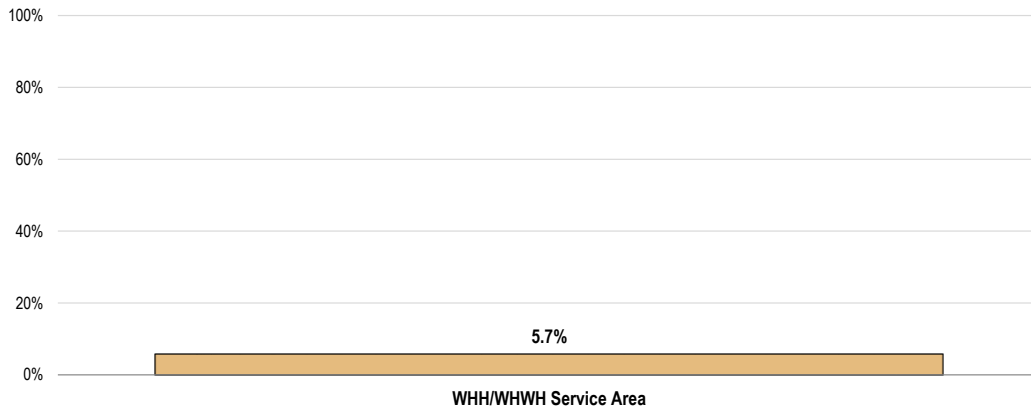
Sources: ● PRC Community Health Survey, Professional Research Consultants, Inc. [Item 305]
Notes: ● Asked of all respondents.

Alcohol & Drug Treatment

"Have you ever sought professional help for an alcohol or drug-related problem?"

Have Ever Sought Professional Help
for an Alcohol/Drug-Related Problem

Bar chart showing:
- WHH/WHWH Service Area: 6.3%
- US: 3.4%
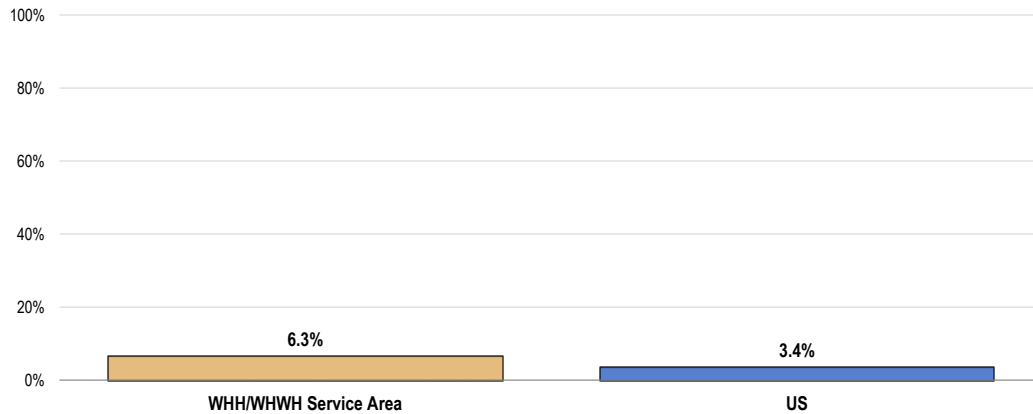
Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 60]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Personal Impact of Substance Abuse

"To what degree has your life been negatively affected by your own or someone else's substance abuse issues, including alcohol, prescription, and other drugs? Would you say: a great deal, somewhat, a little, or not at all?"

Life Has Been Negatively Affected
by Substance Abuse (by Self or Someone Else)
(WHH/WHWH Service Area, 2018)

Bar chart showing:
- Men: 33.5%
- Women: 37.3%
- 18 to 39: 49.0%
- 40 to 64: 33.5%
- 65+: 25.3%
- Low Income: 47.8%
- Mid/High Income: 34.2%
- Non-Hisp White: 38.7%
- Other: 29.0%
- WHH/WHWH: 35.5%
- US: 37.3%
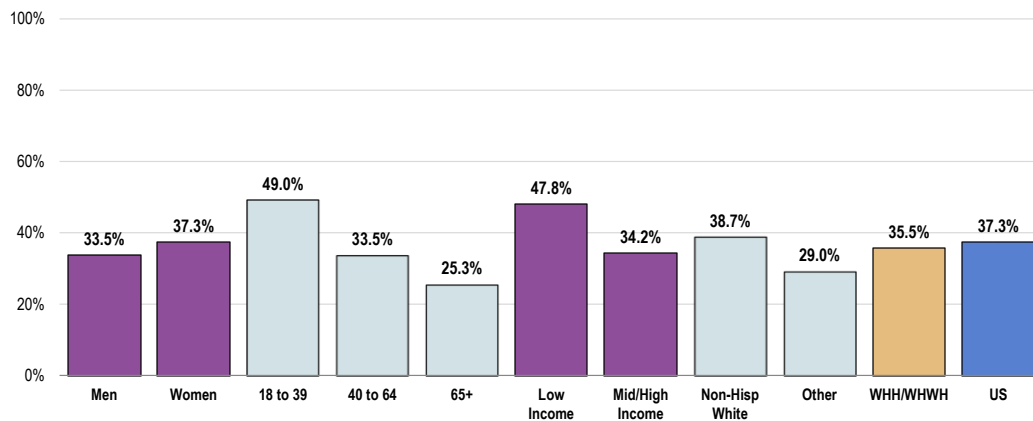
Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 61]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- "Other" race/ethnicity includes all Hispanic respondents, as well as all races other than Non-Hispanic White.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes below 200% of the federal poverty level, and "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Note that the sample sizes for young adults (age 18-39) and for those of "other" races are relatively small (<50); interpret results for these segments with caution.

Key Informant Input: Substance Abuse

The following chart outlines key informants' perceptions of the severity of *Substance Abuse* as a problem in the community:

Perceptions of Substance Abuse
as a Problem in the Community
(Polk County Key Informants, 2018)

■ Major Problem □ Moderate Problem ■ Minor Problem □ No Problem At All

65.8%	31.6%	2.6%

Sources: ● PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Barriers to Treatment

Among those rating this issue as a "major problem," the greatest barriers to accessing substance abuse treatment are viewed as:

Access to Care/Services

Easier access to long term. — Polk County Community Leader

Many people needing the assistance may not be aware of the resources available to them or they may refuse to get help. — Polk County Community Leader

Limited treatment programs. Limited treatment facilities. — Polk County Social Service Provider

Limited treatment facilities and staff. — Polk County Public Health Representative

Despite being the meth capital of the country, Polk has limited resources for everything to do with this. — Polk County Community Leader

Denial/Stigma

Stigma/taboo of substance abuse. Legality issue. People ashamed of seeking help for fear of legal retribution. — Polk County Public Health Representative

Lack of willingness on the part of the user. — Polk County Social Service Provider

Mental health counselors. Stigma around addictions. — Polk County Community Leader

Behaviors, as with mental health, those with substance use issues often aren't as forthcoming seeking assistance. And in doing so, may not have the income to be able to pay for these services, or the wherewithal to navigate how to access the services. — Polk County Social Service Provider

Affordable Care/Services

The high cost of providing effective treatment is certainly a real barrier. Polk County also has a fairly large transient population, many of whom struggle with substance abuse. How to care for those who live here first is always a debatable discussion. — Polk County Social Service Provider

Funding

Lack of funding and lack of drug prevention education. — Polk County Community Leader

Incidence/Prevalence

Addiction is common in our community with very limited resources. — Polk County Community Leader

Lack of Providers

Lack of providers. Lack of admission. — Polk County Physician

Poverty

Poverty, lack of facilities. — Polk County Community Leader

Prevention

Prevention is most crucial. Treatment is growing need as we fail to prevent early it will continue be needed even more. — Polk County Community Leader

Transportation

Transportation. — Polk County Other Health Provider

Access for Uninsured/Underinsured

Insurance coverage or lack of coverage. Long waiting list for services. — Polk County Other Health Provider

Most Problematic Substances

Key informants (who rated this as a "major problem") identified **heroin/other opioids** as the most problematic substance abused in the community, followed by **prescription medications** and **alcohol**.

Problematic Substances as Identified by Key Informants	
	Number Mentioning as One of the Top 3 Most Problematic Substances Abused
Heroin or Other Opioids	11
Prescription Medications	10
Alcohol	9
Methamphetamines or Other Amphetamines	7
Marijuana	7
Cocaine or Crack	5
Synthetic Drugs (e.g. Bath Salts, K2/Spice)	3
Hallucinogens or Dissociative Drugs (e.g. Ketamine, PCP, LSD, DXM)	1
Club Drugs (e.g. MDMA, GHB, Ecstasy, Molly)	1

Tobacco Use

About Tobacco Use

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

Cigarette Smoking

"Do you now smoke cigarettes every day, some days, or not at all?"

Current Smokers
Healthy People 2020 Target = 12.0% or Lower

	WHH/WHWH Service Area	FL	US
Current Smokers	13.7%	15.5%	16.3%
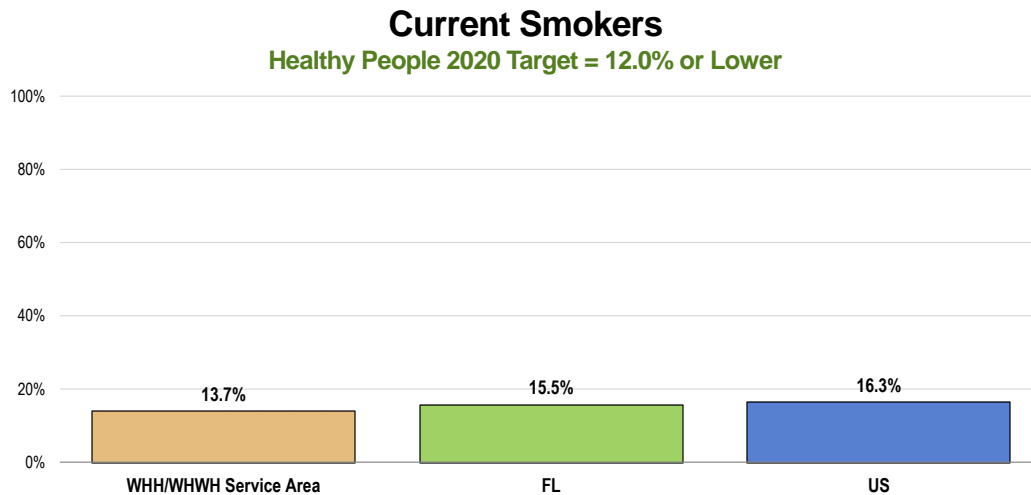
Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 159]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Florida data.
- US 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 (those who smoke cigarettes every day or on some days).

Current Smokers
(WHH/WHWH Service Area, 2018)
Healthy People 2020 Target = 12.0% or Lower

Men: 13.4%
Women: 13.9%
18 to 39: 18.1%
40 to 64: 14.5%
65+: 9.0%
Low Income: 17.7%
Mid/High Income: 9.9%
Non-Hisp White: 15.1%
Other: 11.4%
WHH/WHWH: 13.7%
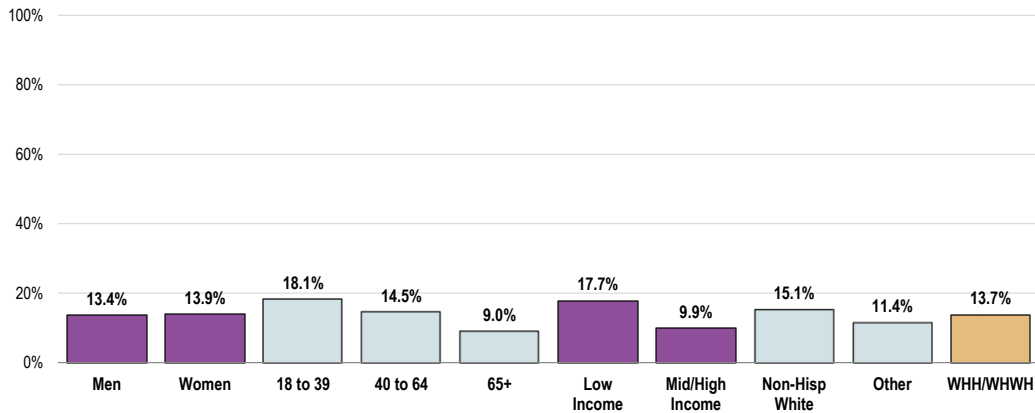
Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 159]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.1]

Notes:
- Asked of all respondents.
- "Other" race/ethnicity includes all Hispanic respondents, as well as all races other than Non-Hispanic White.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes below 200% of the federal poverty level, and "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Includes regular and occasion smokers (every day and some days).
- Note that the sample sizes for young adults (age 18-39) and for those of "other" races are relatively small (<50); interpret results for these segments with caution.

Secondhand Smoke

"In the past 30 days, has anyone, including yourself, smoked cigarettes, cigars or pipes anywhere in your home on an average of four or more days per week?"

Member of Household Smokes at Home

WHH/WHWH Service Area: 13.4%
US: 10.7%
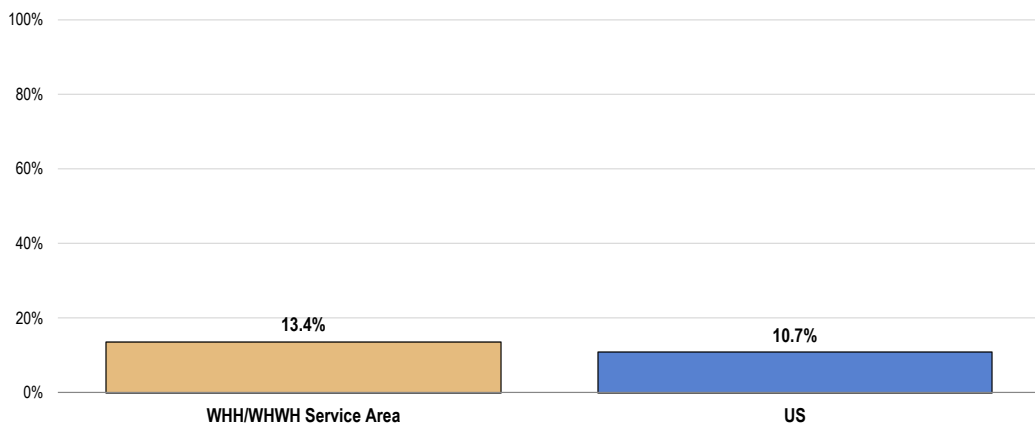
Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 52]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

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.

E-Cigarette Use

"The next questions are about electronic "vaping" products, such as electronic cigarettes, also known as e-cigarettes. These are battery-operated devices that simulate traditional cigarette smoking, but do not involve the burning of tobacco. The cartridge or liquid "e-juice" used in these devices produces vapor and comes in a variety of flavors. Have you ever used an electronic "vaping" product, such as an e-cigarette, even just one time in your entire life?"

"Do you now use electronic "vaping" products such as e-cigarettes "every day," "some days," or "not at all?""

Use of Vaping Products
(WHH/WHWH Service Area, 2018)

Use Every Day 0.4%

Use on Some Days 1.5%

Not At All 98.1%
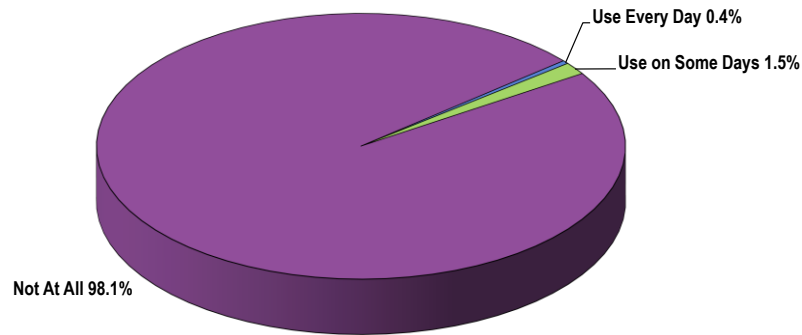
Sources: ● PRC Community Health Survey, Professional Research Consultants, Inc. [Item 54]
Notes: ● Asked of all respondents.

Key Informant Input: Tobacco Use

The following chart outlines key informants' perceptions of the severity of *Tobacco Use* as a problem in the community:

Perceptions of Tobacco Use
as a Problem in the Community
(Polk County Key Informants, 2018)
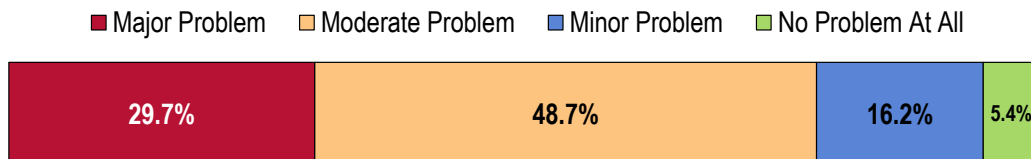
■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All

29.7%	48.7%	16.2%	5.4%

Sources: ● PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Incidence/Prevalence

> *Tobacco use is ranked very high in our county. Tobacco use a leading cause for respiratory and heart disease along with cancer. — Polk County Other Health Provider*

> *While smoking has declined, I think there are many smokers and tobacco users. — Polk County Social Service Provider*

> *High rates of tobacco use among adults/adolescents. High rates of hospitalizations for asthma. — Polk County Public Health Representative*

> *While smoking rates are coming down, smoking remains a major health concern for those who do smoke. Additionally, the use of e—cigs is prevalent. — Polk County Social Service Provider*

E-Cigarettes

> *Everywhere you look teens are smoking, using smokeless tobacco or using e—cigarettes. The culture among the younger generation is that it's cool to smoke. — Polk County Community Leader*

Access to Health Services

Lack of Health Insurance Coverage (Age 18 to 64)

Survey respondents were asked a series of questions to determine their healthcare insurance coverage, if any, from either private or government-sponsored sources. 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).

"Do you have any government-assisted healthcare coverage, such as Medicare, Medicaid, or VA/military benefits?"

"Do you currently have: health insurance you get through your own or someone else's employer or union; health insurance you purchase yourself; or, you do not have health insurance and pay for health care entirely on your own?"

Lack of Healthcare Insurance Coverage
(Among Adults Age 18-64)
Healthy People 2020 Target = 0.0% (Universal Coverage)

WHH/WHWH Service Area	FL	US
17.2%	21.4%	13.7%
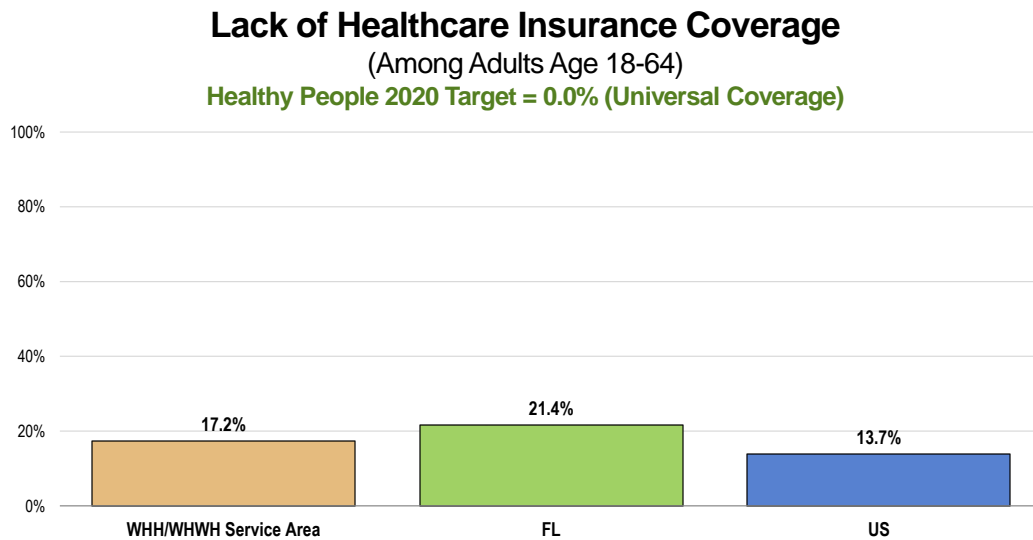
Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 169]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Florida data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US 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.

Lack of Healthcare Insurance Coverage
(Among Adults Age 18-64; WHH/WHWH Service Area, 2018)
Healthy People 2020 Target = 0.0% (Universal Coverage)

Category	Value
Men	16.2%
Women	18.1%
18 to 39	17.3%
40 to 64	17.2%
Low Income	21.1%
Mid/High Income	16.0%
Non-Hispanic White	15.9%
Other	19.3%
WHH/WHWH	17.2%
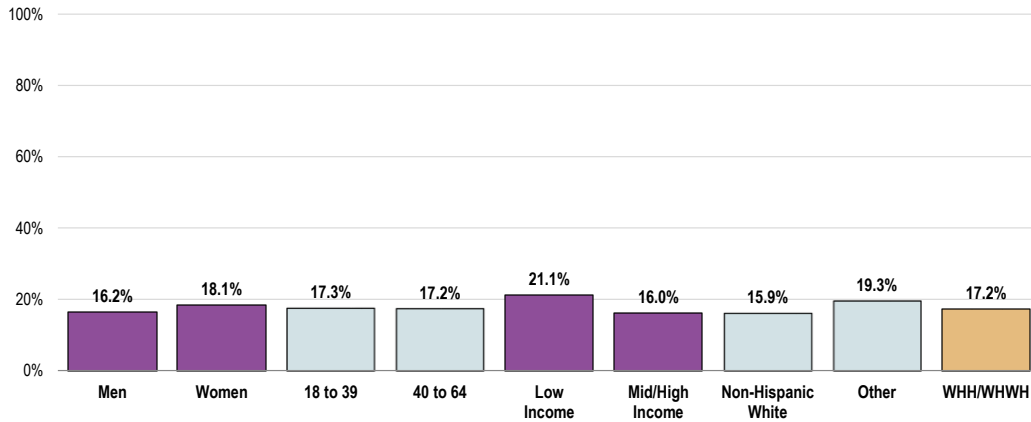
Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 169]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-1]

Notes:
- Asked of all respondents under the age of 65.
- "Other" race/ethnicity includes all Hispanic respondents, as well as all races other than Non-Hispanic White.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes below 200% of the federal poverty level, and "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Note that the sample sizes for young adults (age 18-39) and for those of "other" races are relatively small (<50); interpret results for these segments with caution.

Difficulties Accessing Healthcare

About Access to 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)

Barriers to Healthcare Access

To better understand healthcare access barriers, survey participants were asked whether any of the following barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

"Was there a time in the past 12 months when…

- … you needed medical care, but had **difficulty finding a doctor**?"
- … you had difficulty getting an **appointment** to see a doctor?"
- … you needed to see a doctor, but could not because of the **cost**?"
- … a **lack of transportation** made it difficult or prevented you from seeing a doctor or making a medical appointment?"
- … you were not able to see a doctor because the **office hours were not convenient**?"
- … you needed a **prescription medicine**, but did not get it because you could not afford it?"
- … you were not able to see a doctor due to **language or cultural differences**?"

Percentages reflect the total population, regardless of whether medical care was needed or sought.

**Barriers to Access Have
Prevented Medical Care in the Past Year**
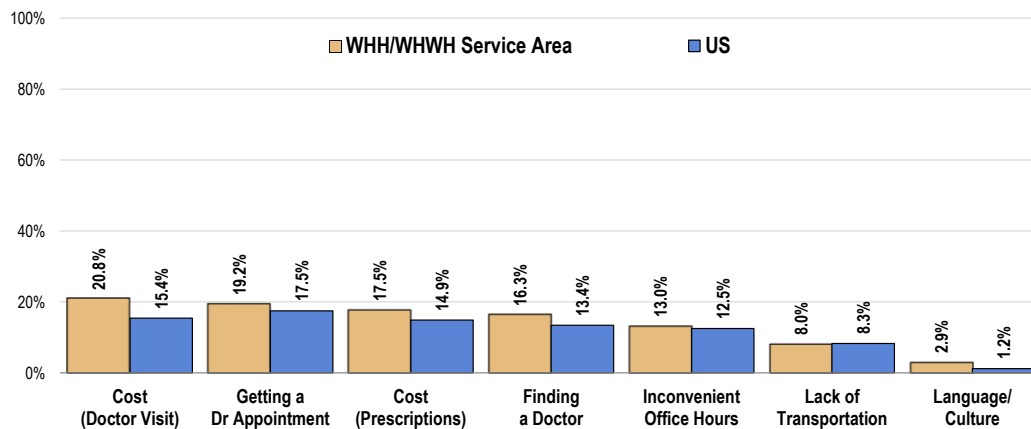
Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Items 7-13, 301-302]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

The following charts reflect the composite percentage of the total population experiencing problems accessing healthcare in the past year (indicating one or more of the aforementioned barriers or any other problem not specifically asked), again regardless of whether they needed or sought care.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year
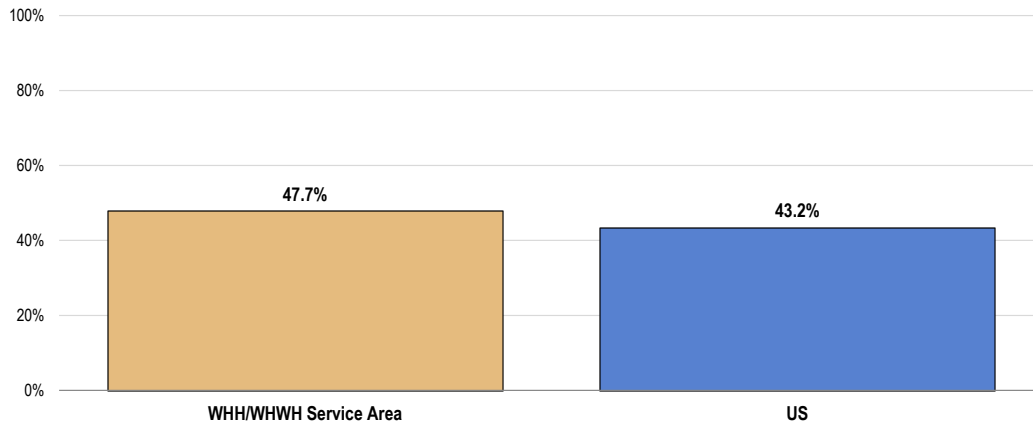
Sources: ● PRC Community Health Survey, Professional Research Consultants, Inc. [Item 171]
           ● 2017 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.
           ● Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year
(WHH/WHWH Service Area, 2018)
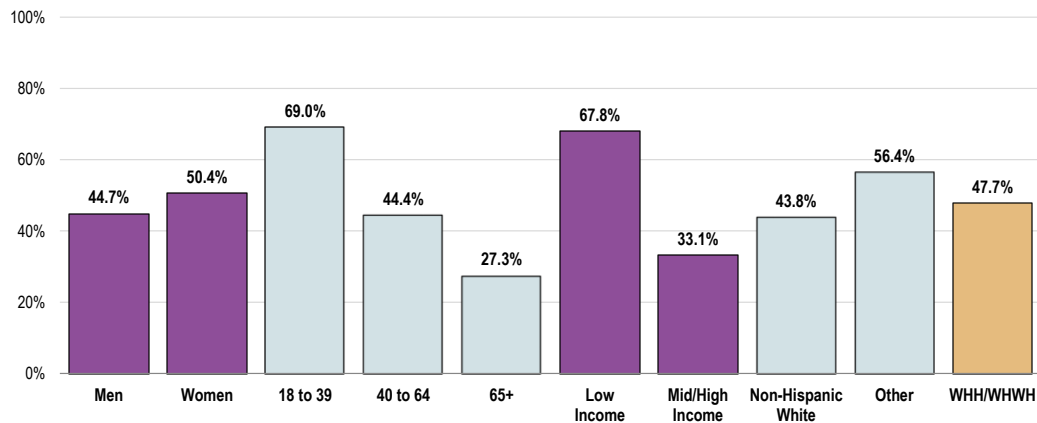
Sources: ● PRC Community Health Survey, Professional Research Consultants, Inc. [Item 171]
Notes: ● Asked of all respondents.
           ● Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.
           ● "Other" race/ethnicity includes all Hispanic respondents, as well as all races other than Non-Hispanic White.
           ● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes below 200% of the federal poverty level, and "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
           ● Note that the sample sizes for young adults (age 18-39) and for those of "other" races are relatively small (<50); interpret results for these segments with caution.

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.

"Was there a time in the past 12 months when you needed medical care for this child, but could not get it?"

Had Trouble Obtaining Medical Care for Child in the Past Year
(Among Parents of Children 0-17)

Bar chart showing:
- WHH/WHWH Service Area: 13.4%
- US: 5.6%
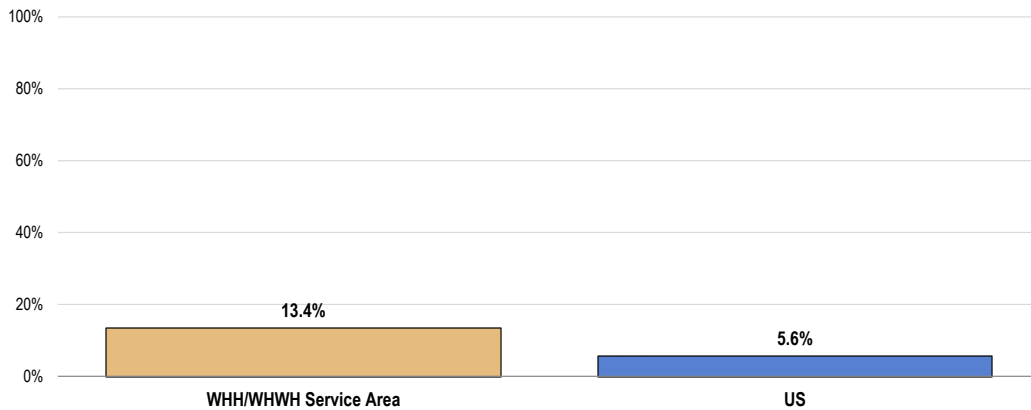
Sources: • PRC Community Health Survey, Professional Research Consultants, Inc. [Items 118-119]
• 2017 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents with children 0 to 17 in the household.

Key Informant Input: Access to Healthcare Services

The following chart outlines key informants' perceptions of the severity of *Access to Healthcare Services* as a problem in the community:

Perceptions of Access to Healthcare Services as a Problem in the Community
(Polk County Key Informants, 2018)

Legend: ■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All

Stacked bar chart:
- Major Problem: 51.4%
- Moderate Problem: 35.1%
- Minor Problem: 5.4%
- No Problem At All: 8.1%

Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Contributing Factors

Transportation. Lack of insurance. Lack of mental health providers. — Polk County Community Leader

Transportation and access to healthcare for working poor. Certainly, we have made progress with LVIM and similar clinics across the county and thank God for the sales tax assistance we get for funding. — Polk County Community Leader

Inadequate public transportation across the county. Provider shortages, primary care, dental, mental. High rates of uninsured/underinsured residents. Low health literacy among residents. Inconvenient appointment times/locations. Fear/mistrust. — Polk County Public Health Representative

Lack of insurance/transportation/poverty. Lack of providers. Lack of knowledge for preventive care both on part of community and healthcare system. Community partners should take initiative to educate patients in media, churches, health clubs. — Polk County Physician

Ratio of doctors to citizens. Transportation challenges, especially for low income. — Polk County Community Leader

Not enough medical access, and transportation to low income or no insurance. — Polk County Community Leader

Polk County is a diverse community representing a variety of languages, cultures, ages and educational levels. The Florida Department of Health's 2015 community health assessment identified varying levels of health literacy, language barriers, transportation issues, and difficulty navigating a complex health care system as possible barrier to healthcare access. — Polk County Public Health Representative

Access for Uninsured/Underinsured

Moderate income families with no health insurance who don't qualify for Medicaid or Indigent Health Care cannot access routine healthcare. Access to ACA is misunderstood in the changing world of politics. What should be moderate health issues escalate. — Polk County Social Service Provider

It's very difficult for people without insurance or limited financial means to access quality medical or mental health treatment. Long waiting lists exist when services are available, and ER's have become primary care facilities for many communities. — Polk County Community Leader

Lack on healthcare insurance as well as limited education regarding chronic health issues. — Polk County Community Leader

For those uninsured ALL types of care are difficult to access. — Polk County Community Leader

Access to Providers Accepting Medicaid/Medicare

Physician shortages in specialty areas for low income/Medicaid residents. — Polk County Other Health Provider

We have a high poverty rate, and therefore high uninsured/underinsured rate. There are only a small percentage of doctors who'll see this population in private practice which puts the burden on the hospitals. Have a shortage of primary care physicians. — Polk County Community Leader

Affordable Health Insurance

Extremely high cost of private insurance and the high cost to employees that add family members to their policies. For example, one of my employees dropped their health coverage because rate increase to cover her and a child increased by $500 a month. — Polk County Community Leader

Lack of Primary Care Providers

Because we do not have enough primary care providers. It may take too long to get an appointment, so the Emergency Department is used instead. — Polk County Community Leader

Lack of primary care physicians. — Polk County Community Leader

Lack of Providers

Primary and specialty care providers. — Polk County Community Leader

Language Barriers

Language barrier, limited health literacy and cultural differences. — Polk County Social Service Provider

Type of Care Most Difficult to Access

Key informants (who rated this as a "major problem") most often identified **mental health care** as the most difficult to access in the community. This is followed by **dental care** and **primary care**.

Medical Care Difficult to Access Locally as Identified by Key Informants	
	Number Mentioning as One of Top 3 Most Difficult Services to Access
Mental Health Care	13
Dental Care	8
Primary Care	7
Specialty Care	6
Chronic Disease Care	6
Substance Abuse Treatment	5
Urgent Care	1

Primary Care Services

About Primary Care

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)

Access to Primary Care

This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

Access to Primary Care
(Number of Primary Care Physicians per 100,000 Population, 2014)

Region	Value
Polk County	51.4
FL	79.8
US	87.8
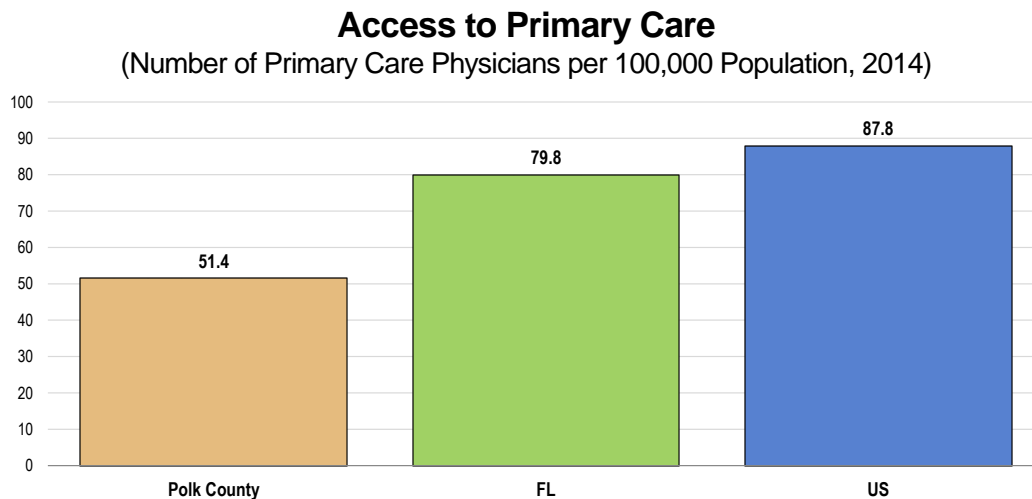
Sources:
- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File.
- Retrieved May 2018 from Community Commons at http://www.chna.org.

Notes:
- This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

Specific Source of Ongoing Care

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 crucial to the concept of "patient-centered medical homes" (PCMH).

"Is there a particular place that you usually go to if you are sick or need advice about your health?"

"What kind of place is it: a medical clinic, an urgent care center/walk-in clinic, a doctor's office, a hospital emergency room, military or other VA healthcare, or some other place?"

The following chart illustrates the proportion of WHH/WHWH Service Area population with a specific source of ongoing medical care. Note that a hospital emergency room is not considered a specific source of ongoing care in this instance.

Have a Specific Source of Ongoing Medical Care
(WHH/WHWH Service Area, 2018)
Healthy People 2020 Target = 95.0% or Higher

| Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	Non-Hisp White	Other	WHH/WHWH	US
76.0%	75.0%	76.5%	67.5%	90.3%	71.9%	76.4%	83.9%	55.9%	75.5%	74.1%
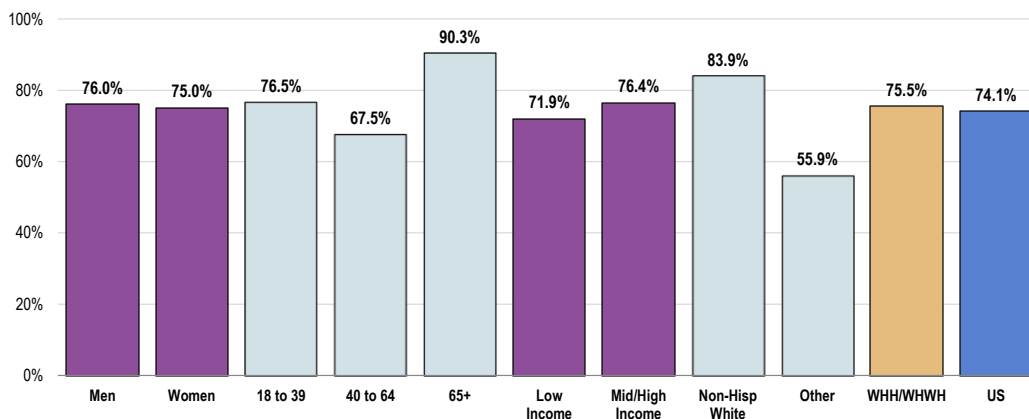
Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 170]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-5.1]

Notes:
- Asked of all respondents.
- "Other" race/ethnicity includes all Hispanic respondents, as well as all races other than Non-Hispanic White.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes below 200% of the federal poverty level, and "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Note that the sample sizes for young adults (age 18-39) and for those of "other" races are relatively small (<50); interpret results for these segments with caution.

Utilization of Primary Care Services

Adults: "A routine checkup is a general physical exam, not an exam for a specific injury, illness or condition. About how long has it been since you last visited a doctor for a routine checkup?"

Children: "About how long has it been since this child visited a doctor for a routine checkup or general physical exam, not counting visits for a specific injury, illness, or condition?"

Have Visited a Physician for a Checkup in the Past Year

- WHH/WHWH Service Area: 68.0%
- FL: 76.5%
- US: 68.3%
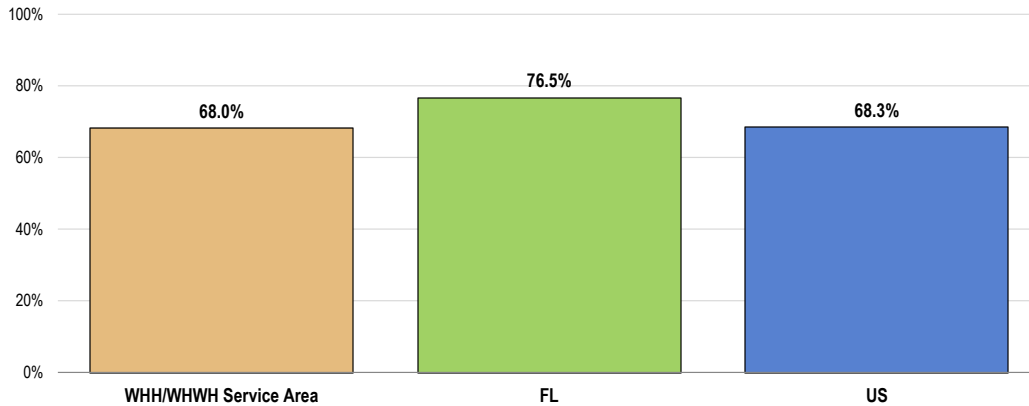
Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 18]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Florida data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Child Has Visited a Physician
for a Routine Checkup in the Past Year
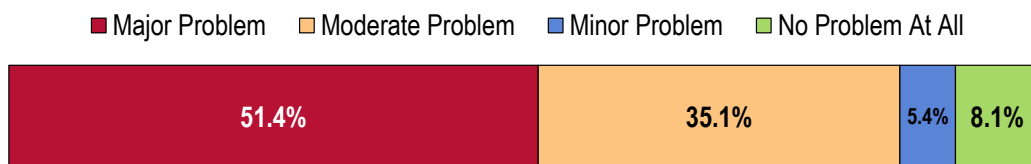(Among Parents of Children 0-17)

- WHH/WHWH Service Area: 90.2%
- US: 87.1%
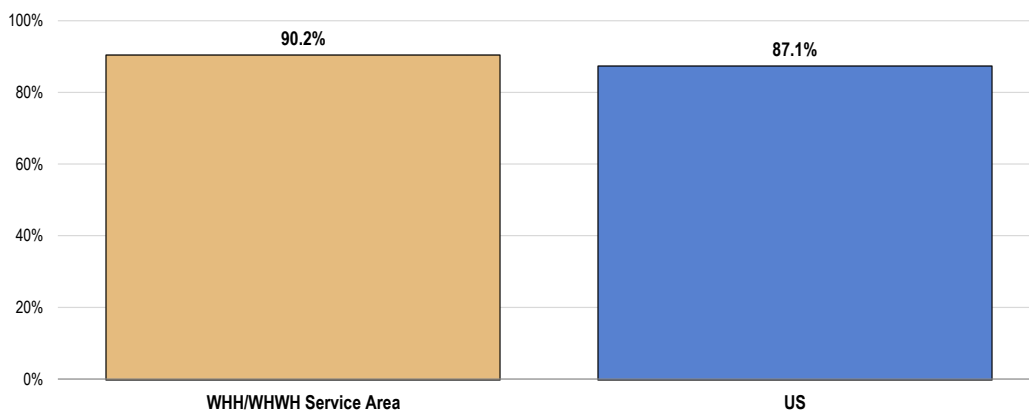
Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 120]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

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

Emergency Room Utilization

"In the past 12 months, how many times have you gone to a hospital emergency room about your own health? This includes ER visits that resulted in a hospital admission." (Responses below reflect the percentage with two or more visits in the past year.)

**Have Used a Hospital
Emergency Room More Than Once in the Past Year**

Sources: ● PRC Community Health Survey, Professional Research Consultants, Inc. [Item 22]
● 2017 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Oral Health

About Oral Health

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;** and **poor dietary choices**.

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.

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; and 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.

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)

Dental Care

"About how long has it been since you last visited a dentist or a dental clinic for any reason?"

Dental Clinic Within the Past Year
(WHH/WHWH Service Area, 2018)
Healthy People 2020 Target = 49.0% or Higher

Category	Value
Men	58.5%
Women	60.7%
18 to 39	51.4%
40 to 64	66.3%
65+	60.2%
Low Income	38.6%
Mid/High Income	74.1%
Non-Hisp White	63.6%
Other	50.6%
WHH/WHWH	59.6%
FL	63.0%
US	59.7%
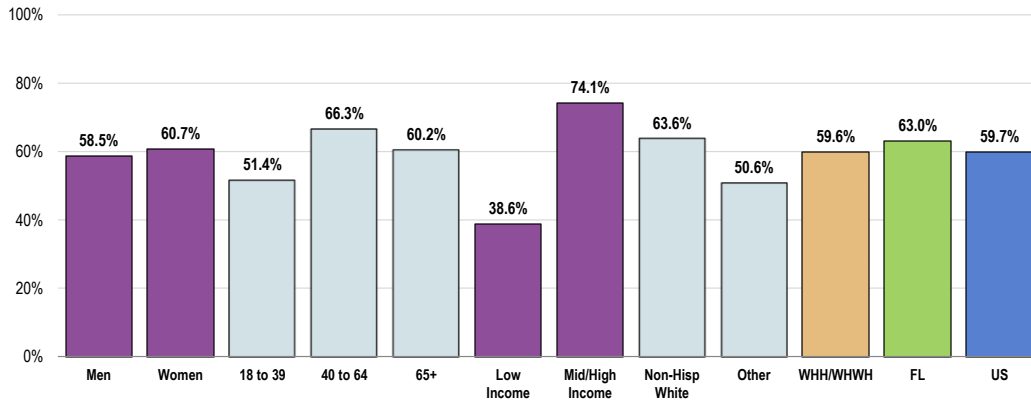
Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Florida data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]

Notes:
- Asked of all respondents.
- "Other" race/ethnicity includes all Hispanic respondents, as well as all races other than Non-Hispanic White.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes below 200% of the federal poverty level, and "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Note that the sample sizes for young adults (age 18-39) and for those of "other" races are relatively small (<50); interpret results for these segments with caution.

Dental Insurance

"Do you currently have any health insurance coverage that pays for at least part of your dental care?"

Have Insurance Coverage That Pays All or Part of Dental Care Costs

Category	Value
WHH/WHWH Service Area	60.8%
US	59.9%
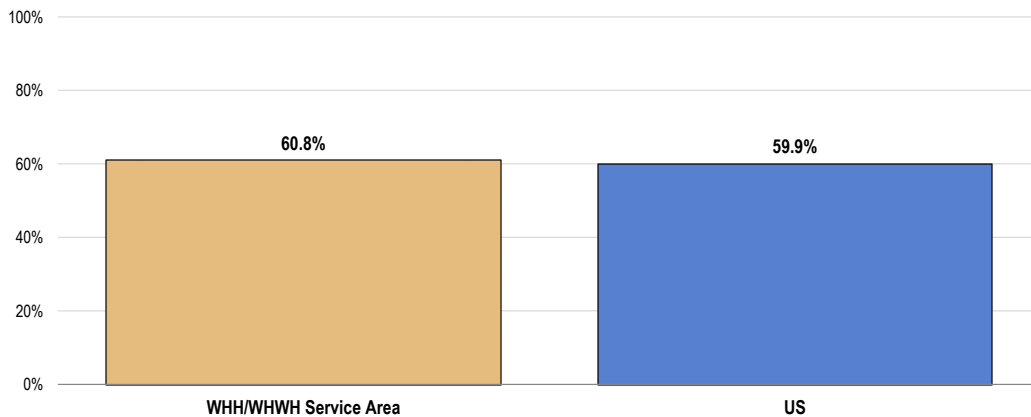
Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 21]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Key Informant Input: Oral Health

The following chart outlines key informants' perceptions of the severity of *Oral Health* as a problem in the community:

**Perceptions of Oral Health
as a Problem in the Community**

(Polk County Key Informants, 2018)

■ Major Problem ☐ Moderate Problem ■ Minor Problem ☐ No Problem At All

46.0%	37.8%	16.2%
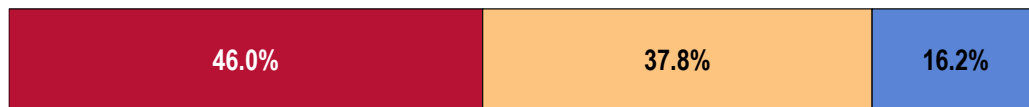
Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Affordable Care/Services

Free dental. — Polk County Community Leader

Dental care is very expensive. Without insurance, it is too costly for average and low income people to receive consistent preventative care. Medicare doesn't provide for dental care. Dental neglect leads to pain and tooth loss. — Polk County Social Service Provider

Lack of affordable dental care. — Polk County Social Service Provider

Affordable dental care is limited. ER treats life threatening infections related to dental care, but won't address dental issue. Dental insurance does not cover enough of the expense to make it affordable even for those who have insurance. — Polk County Social Service Provider

Dental shortages for low and indigent residents. — Polk County Other Health Provider

Lack of Providers

Based on the last health department study, we are below the state and national average for ratio of dentists to residents. We also have a lack of dentists that serve uninsured or underinsured individuals. — Polk County Community Leader

We are a provider shortage area for dentists. — Polk County Public Health Representative

Inadequate number of practicing dentists. — Polk County Community Leader

Lack of dentists. — Polk County Community Leader

Dental provider shortage area. Access is limited for under and uninsured. — Polk County Public Health Representative

Health Education/Awareness

Lack of health literacy about dental care and low socioeconomic status. No health insurance coverage. — Polk County Social Service Provider

Lack of awareness. — Polk County Physician

Vision Care

"When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light." (Responses in the following chart represent those with an eye exam within the past 2 years.)

See also *Vision & Hearing* in the Death, Disease & Chronic Conditions section of this report.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated
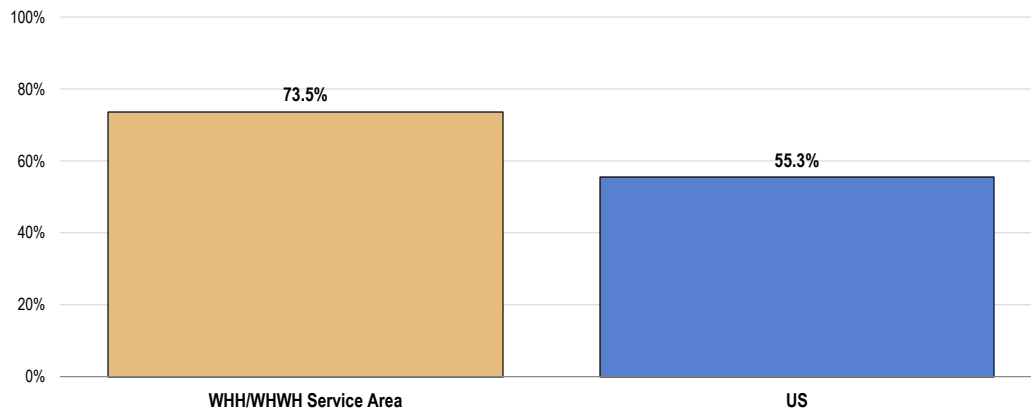
Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 19]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Local Resources

Perceptions of Local Healthcare Services

"How would you rate the overall health care services available to you? Would you say: excellent, very good, good, fair or poor?" (Combined "fair/poor" responses are outlined in the following chart.)

Perceive Local Healthcare Services as "Fair/Poor"

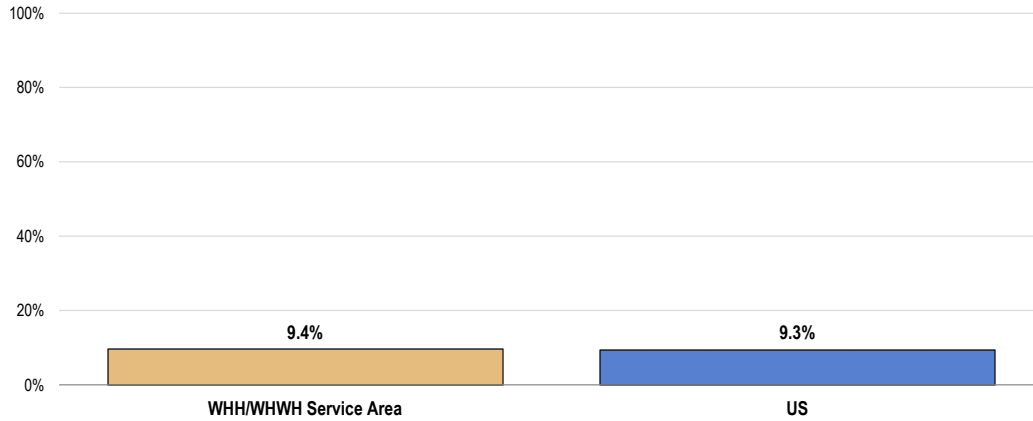|	
WHH/WHWH Service Area	10.6%
US	16.2%
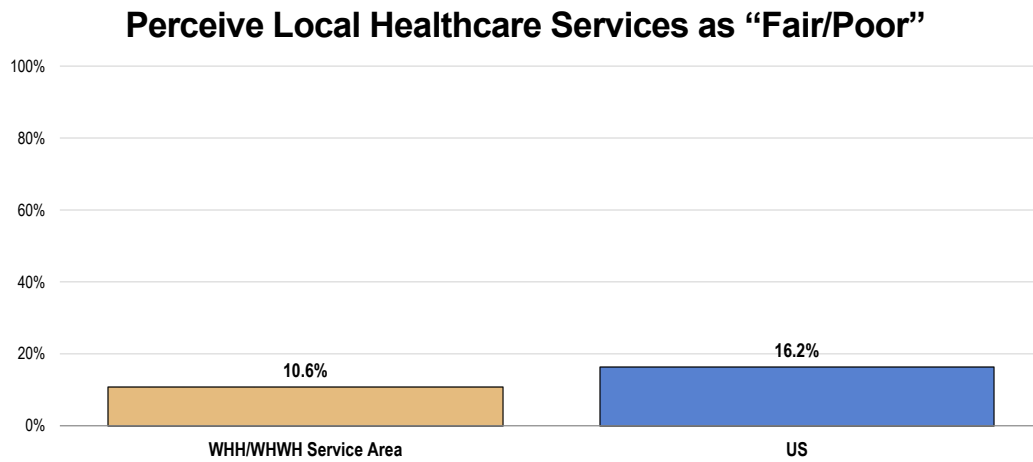
Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Key Informants' Perceptions of Resources Available to Address the Significant Health Needs

The following represents potential measures and resources (such as programs, organizations, and facilities in the community) noted by key informants as available to address the significant health needs identified in this report. This list reflects only input from participants in the Online Key Informant Survey and therefore is not to be considered to be exhaustive or necessarily an all-inclusive list of available resources. This section only outlines those resources mentioned in conducting the Online Key Informant Survey as part of preparing this Community Health Needs Assessment.

Access to Healthcare Services

- *Bartow Regional Medical Center*
- *BayCare*
- *BayCare Behavioral Health*
- *Central Florida Health Care*
- *Churches*
- *Citrus Connection*
- *Community Health Centers*
- *Community Organizations*
- *County Funded Health Care Through Sales Tax*
- *Doctor Today TLC, LLC*
- *Doctor's Offices*
- *Federally Qualified Health Center*
- *Florida Department of Health in Polk County*
- *Free and Faith-Based Clinics*
- *Haley Center*
- *Health Department*
- *Heart of Florida Hospital*
- *Hospitals*
- *Lake Wales Care Center*
- *Lakeland Regional Health*
- *Lakeland Volunteers in Medicine*
- *Peace River Center*
- *Polk County Indigent Health Care Plan*
- *Polk County School Board*
- *Polk Health Care Plan*
- *Polk Medical Association*
- *Polk Vision*
- *Talbot House*
- *Traditional Healers*
- *Tri-County Health and Human Services*
- *United Way*
- *Urgent Care*
- *Walk-In Clinics*
- *Watson Clinic*
- *Winter Haven Hospital*

Arthritis/Osteoporosis/Back Conditions

- *Cheetwood Chiropractic*
- *Doctor's Offices*
- *Fitness Centers/Gyms*
- *Massage Therapists*

Chronic Kidney Disease

- *Dialysis Centers*
- *Hospitals*
- *Indigent Health Care Program*
- *Lakeland Regional Cancer Center*
- *Lakeland Regional Health*
- *Moffitt Cancer Center*
- *Preventative Health Screenings*
- *Smoking Cessation Programs*
- *Watson Clinic*
- *Weight Watchers*

Dementia/Alzheimer's Disease

- *Adult Day Care Programs*
- *Alzheimer's Association*
- *Doctor's Offices*
- *In-Home Respite for Caregivers*
- *Nursing Home*

Diabetes

- *Anytime Fitness*
- *BayCare*
- *Building a Healthier Polk*
- *Central Florida Health Care*
- *Churches*
- *Community Health Centers*
- *Cooperative Extension*
- *Doctor Today TLC, LLC*
- *Doctor's Offices*
- *Fitness Centers/Gyms*

Florida Department of Health in Polk County
Free and Faith-Based Clinics
Health Coaches
Health Department
Home Health Services
Hospitals
Indigent Health Care Program
Lake Wales Care Center
Lakeland Regional Family Health Center
Lakeland Regional Health
Lakeland Volunteers in Medicine
Nutrition Services
Parks and Recreation
Polk County Indigent Health Care Plan
Polk Health Care Plan
Polk Vision
Private
School System
University of Florida Institute of Food and Agricultural Sciences
Watson Clinic
Winter Haven Hospital

Family Planning

Central Florida Health Care
Free and Faith-Based Clinics
Health Department
Life Choice Care Center
Planned Parenthood
Polk County Teen Pregnancy Prevention Alliance
Winter Haven Hospital

Hearing and Vision Problems

Lighthouse for the Blind
Lion's Club

Heart Disease and Stroke

American Heart Association
Bostick Heart Center
Central Florida Health Care
Doctor's Offices
Federally Qualified Health Center
Fitness Centers/Gyms
Health Care Facilities
Health Department
Hospitals
Indigent Health Care Program
Lakeland Regional Health

Lakeland Volunteers in Medicine
Nutrition Services
Parks and Recreation
Preventative Health Screenings
Rehabilitation Facilities
Smoking Cessation Programs
University of Florida Institute of Food and Agricultural Sciences

HIV/AIDS

Health Department

Immunization/Infectious Disease

Community Health Centers
Doctor's Offices
Health Department

Infant and Child Health

Florida Department of Health in Polk County
Health Department
Healthy Families
Healthy Start
Heartland for Children
Hospitals
Infant Massage
Lakeland Regional Health
Medicaid
Polk County School Board
Polk County Schools
Regency Medical Center

Injury and Violence

Coalition on Injury Prevention
Community Traffic Safety Team (CTST)
Department of Transportation (DOT)
Law Enforcement Community Initiatives
Peace River Center
Police Department
Polk Transportation Planning Organization
Polk Vision

Mental Health Issues

AA/NA
Bartow Regional Medical Center
Behavioral Health Court
Behavioral Health Services

Central Florida Health Care
Crisis Stabilization Units
Doctor's Offices
Heartland Church
Heartland for Children
Hospitals
Impower Telehealth
Indigent Health Care Program
In-Home Counseling
Lakeland Regional Health
Mental Health Services
Outpatient Services
Peace River Center
Polk County School Board
Polk Vision
Sweet Center
Talbot House
Tri-County
Tri-County Health and Human Services
Winter Haven Hospital

Nutrition, Physical Activity, and Weight

Building a Healthier Polk
Catholic Charities
CrossFit
Doctor Today TLC, LLC
Doctor's Offices
Federally Qualified Health Center
Feeding Tampa Bay
Fitness Centers/Gyms
Food stamps (EBT)
Free and Faith-Based Clinics
Grocery Stores
Health Department
Hospitals
Lake Wales Care Center
Lakeland Regional Health
MOVE
Nutrition Services
Organized Sports
Parks and Recreation
Personal Trainers
Polk County Parks and Recreation
Polk County School Board
Polk Vision
Polk Worksite Wellness Professionals
Running Clubs
Support Groups
University of Florida Extension Services

University of Florida Institute of Food and Agricultural Sciences
Sciences
Volunteers in Service to the Elderly (VISTE)
Weight Loss Clinics
Weight Watchers
WIC

Oral Health/Dental Care

Central Florida Health Care
Federally Qualified Health Center
Florida Department of Health in Polk County
Free and Faith-Based Clinics
Health Department
Hospitals
Indigent Health Care Program
Lakeland Volunteers in Medicine
Polk Health Care Plan
School System
Talbot House
Traviss Technical College Dental Program

Respiratory Diseases

Health Department
Hospitals
Polk County School Board
Students Working Against Tobacco

Sexually Transmitted Diseases

Florida Department of Health in Polk County
Health Department

Substance Abuse

Agency for Community Treatment Services (ACTS)
BayCare Behavioral Health
Behavioral Health Court
DARE
Health Department
Hospitals
Impower Telehealth
InnerAct Alliance
Lighthouse for the Blind
Peace River Center
Polk County Jail
Post-Arrest Drug Treatment Programs
Salvation Army
School System
StandUP Polk

Support Groups

Talbot House

Tri-County Health and Human Services

Winter Haven Hospital's Center for Behavioral Health

Tobacco Use

Health Department

Quit Smoke

Smoking Cessation Programs

Students Working Against Tobacco

Community Characteristics

As part of the broader system-wide assessment, a variety of existing population data for the region's counties was consulted. Because the WHH/WHWH Service Area is predominantly within Polk County, the following data outline population characteristics for the county derived from census data.

This section also highlights areas within the community identified as "high-need," as well as select findings from the random sample of 259 surveyed residents (e.g., community connection, health literacy, housing/homelessness, adverse childhood experiences). Again, refer to the footnotes accompanying each chart to better understand the source data for specific indicators.

Population Characteristics

Land Area, Population Size & Density

Data from the US Census Bureau reveal the following statistics for our community relative to size, population, and density.

Total Population
(Estimated Population, 2012-2016)

	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Polk County	637,691	1,796.76	354.91
Florida	19,934,451	53,638.93	371.64
United States	318,558,162	3,532,068.58	90.19

Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved May 2018 from Community Commons at http://www.chna.org.

Age

It is important to understand the age distribution of the population as different age groups have unique health needs which should be considered separately from others along the age spectrum.

Total Population by Age Groups, Percent
(2012-2016)
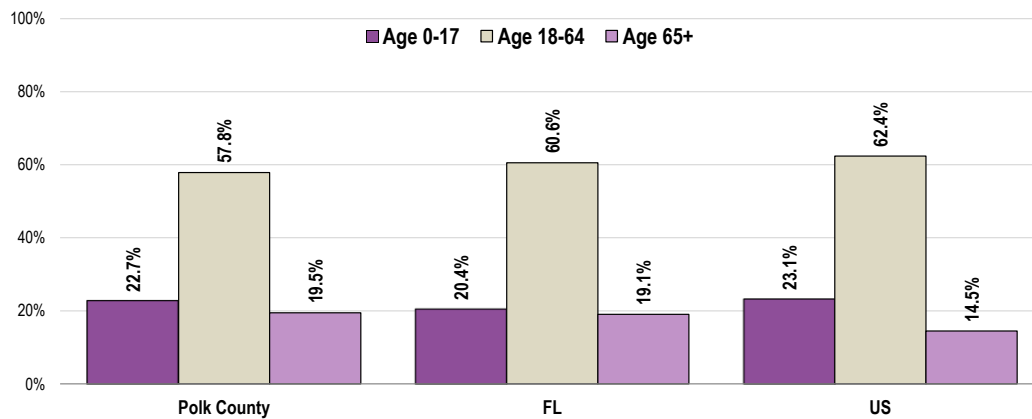
Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved May 2018 from Community Commons at http://www.chna.org.

Race & Ethnicity

The following charts illustrate the racial and ethnic makeup of our community. Note that ethnicity (Hispanic or Latino) can be of any race.

Total Population by Race Alone, Percent
(2012-2016)
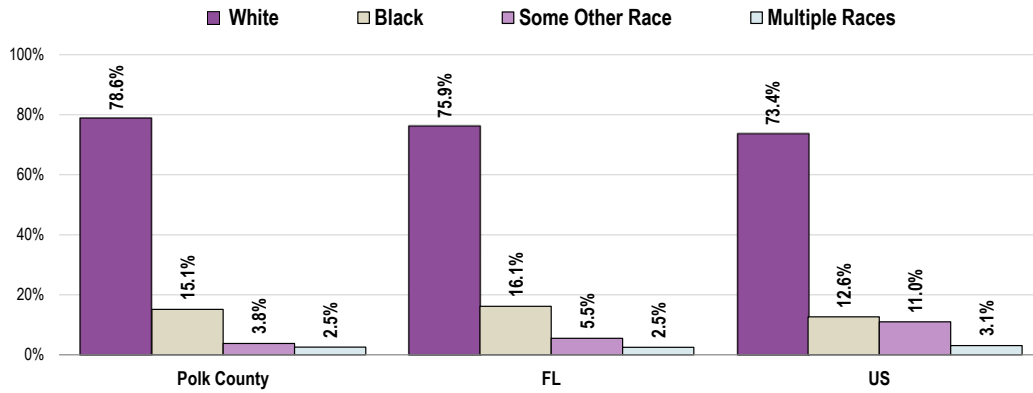
■ White   ☐ Black   ■ Some Other Race   ☐ Multiple Races

	White	Black	Some Other Race	Multiple Races
Polk County	78.6%	15.1%	3.8%	2.5%
FL	75.9%	16.1%	5.5%	2.5%
US	73.4%	12.6%	11.0%	3.1%

Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved May 2018 from Community Commons at http://www.chna.org.

Hispanic Population
(2010-2014)
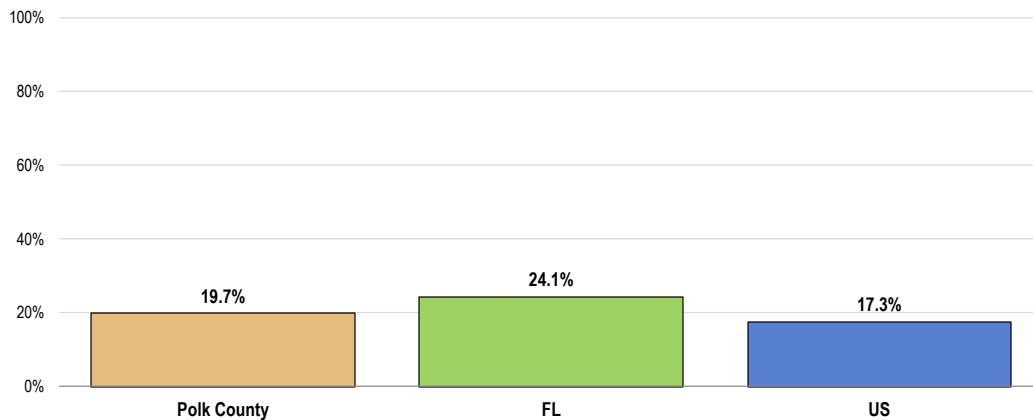
Polk County	FL	US
19.7%	24.1%	17.3%

Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved May 2018 from Community Commons at http://www.chna.org.

Notes:
- Origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

Connections to the Community

"Next I would like to ask some questions about your community in general. Overall, how connected do you feel to your community? Would you say: Very Connected, Somewhat Connected, Not Very Connected, or Not At All Connected?"

"In the past month, how often have you had someone in your community you could turn to if you needed or wanted help? Would you say: All of the Time, Most of the Time, Some of the Time, A Little of the Time, or None of the Time?"

Perceptions of Community Connections
(WHH/WHWH Service Area, 2018)
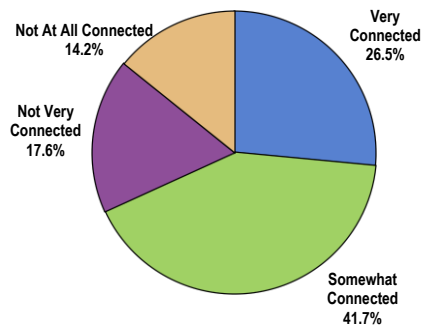
Feel Connected to Community
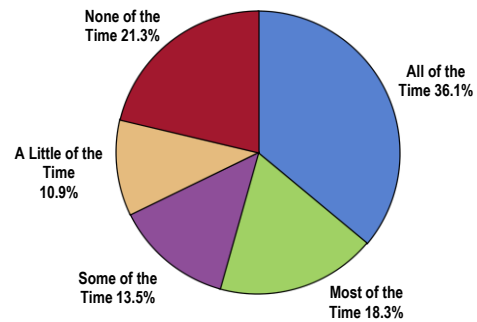
Have Someone in Community to Turn to for Help

Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 322-323]
Notes: ● Reflects the total sample of respondents.

Social Determinants of Health

About Social Determinants

Health starts in our homes, schools, workplaces, neighborhoods, and communities. We know that taking care of ourselves by eating well and staying active, not smoking, getting the recommended immunizations and screening tests, and seeing a doctor when we are sick all influence our health. Our health is also determined in part by access to social and economic opportunities; the resources and supports available in our homes, neighborhoods, and communities; the quality of our schooling; the safety of our workplaces; the cleanliness of our water, food, and air; and the nature of our social interactions and relationships. The conditions in which we live explain in part why some Americans are healthier than others and why Americans more generally are not as healthy as they could be.

- Healthy People 2020 (www.healthypeople.gov)

Poverty

The following chart outlines the proportion of our population below the federal poverty threshold, as well as below 200% of the federal poverty level, in comparison to state and national proportions.
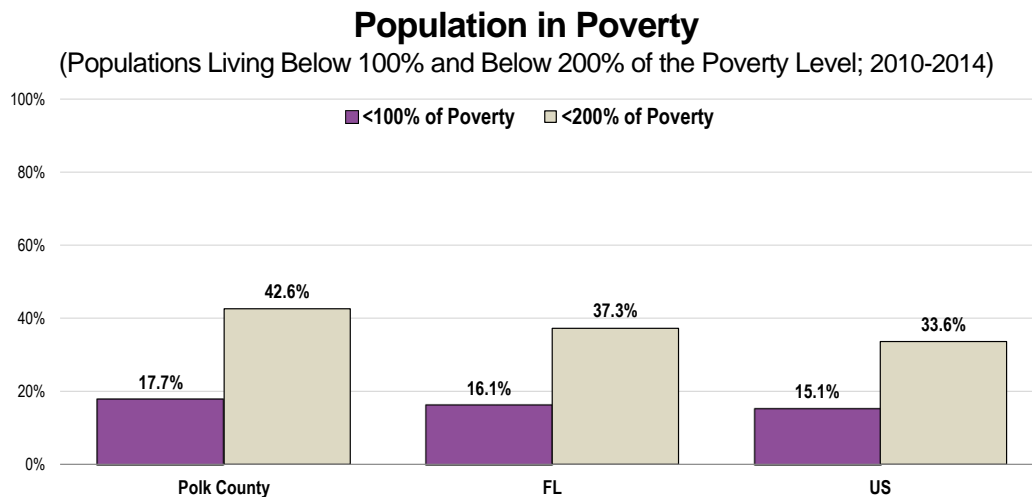
Population in Poverty
(Populations Living Below 100% and Below 200% of the Poverty Level; 2010-2014)

	Polk County	FL	US
<100% of Poverty	17.7%	16.1%	15.1%
<200% of Poverty	42.6%	37.3%	33.6%

Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved May 2018 from Community Commons at http://www.chna.org.

Notes:
- Poverty is considered a key driver of health status. This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

Education

Education levels are reflected in the proportion of our population without a high school diploma.

Population With No High School Diploma
(Population Age 25+ Without a High School Diploma or Equivalent, 2010-2014)

	Polk County	FL	US
	16.0%	12.8%	13.0%

Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved May 2018 from Community Commons at http://www.chna.org.

Notes:
- This indicator is relevant because educational attainment is linked to positive health outcomes.

Health Literacy

To measure respondents' ability to understand health-related information, respondents were asked the following questions:

"How often is health information written in a way that is easy for you to understand? Would you say: always, nearly always, sometimes, seldom, or never?"

"How often do you need to have someone help you read health information? Would you say: always, nearly always, sometimes, seldom, or never?"

"How often is health information spoken in a way that is easy for you to understand? Would you say: always, nearly always, sometimes, seldom, or never?"

"In general, how confident are you in your ability to fill out health forms yourself? Would you say: extremely confident, somewhat confident, or not at all confident?

Low health literacy is defined here as those respondents who "seldom/never" find written or spoken health information easy to understand, and/or who "always/nearly always" need help reading health information, and/or who are "not at all confident" in filling out health forms.

Low Health Literacy
(WHH/WHWH Service Area, 2018)

	Percentage
Men	40.2%
Women	23.7%
18 to 39	41.1%
40 to 64	32.2%
65+	16.2%
Low Income	40.4%
Mid/High Income	27.4%
Non-Hisp White	26.4%
Other	42.2%
WHH/WHWH	31.5%
US	23.3%
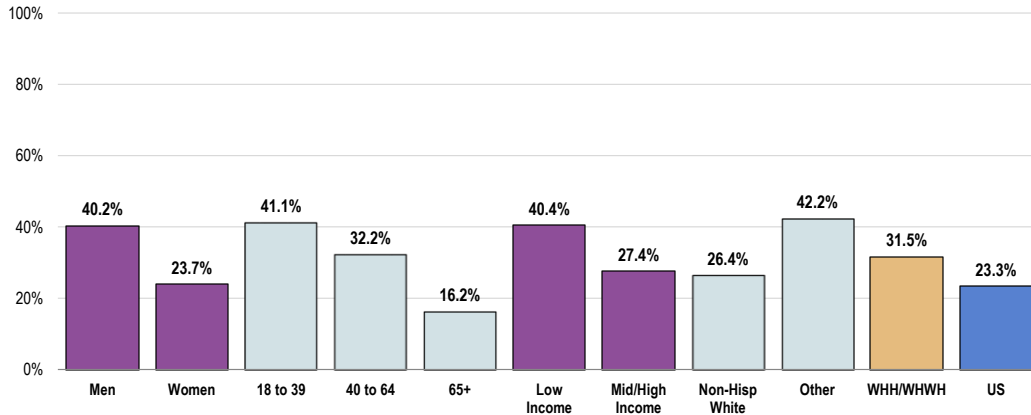
Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 172]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- "Other" race/ethnicity includes all Hispanic respondents, as well as all races other than Non-Hispanic White.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes below 200% of the federal poverty level, and "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Respondents with low health literacy are those who "seldom/never" find written or spoken health information easy to understand, and/or who "always/nearly always" need help reading health information, and/or who are "not at all confident" in filling out health forms.
- Note that the sample sizes for young adults (age 18-39) and for those of "other" races are relatively small (<50); interpret results for these segments with caution.

Housing & Homelessness

"Because of an emergency, have you had to live with a friend or relative in the past two years, even if this was only temporary?"

"Has there been any time in the past two years when you were living on the street, in a car, or in a temporary shelter?"

Had to Live With a Friend/Relative in the Past Two Years Due to an Emergency

	Percentage
WHH/WHWH Service Area	14.5%

Lived on the Street, in a Car or in a Temporary Shelter in the Past Two Years

	Percentage
WHH/WHWH Service Area	7.7%
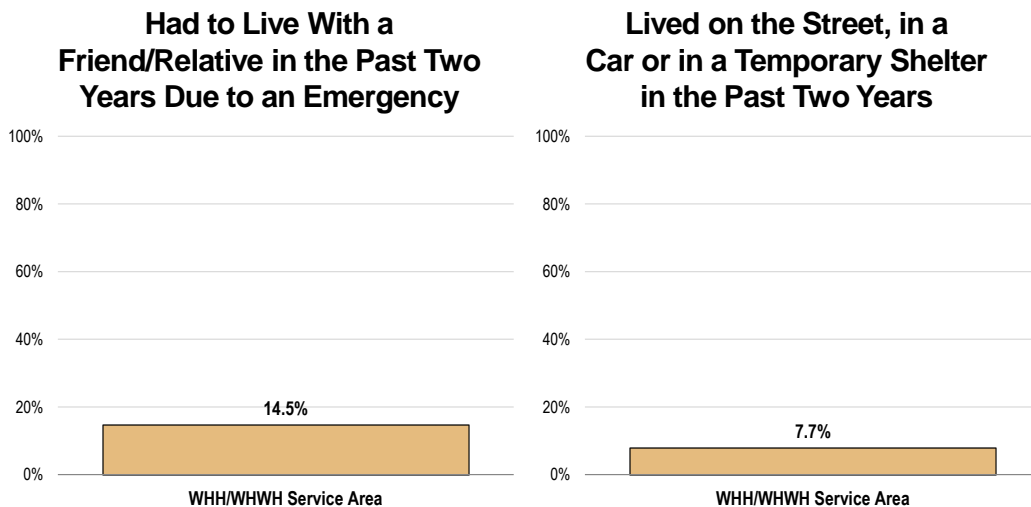
Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Items 309-310]

Notes:
- Asked of all respondents.

Adverse Childhood Experiences (ACEs)

About ACEs

Adverse Childhood Experiences (ACEs) are stressful or traumatic events, including abuse and neglect. They are a significant risk factor for substance abuse disorders and can impact prevention efforts. ACEs include:

- Physical abuse
- Sexual Abuse
- Emotional abuse
- Physical neglect
- Emotional neglect
- Intimate partner violence
- Mother treated violently
- Household substance misuse
- Household mental illness
- Parental separation/divorce
- Incarcerated household member

A series of 11 survey questions were used to identify adults' experiences of adverse childhood events prior to the age of 18 years. These 11 questions align with 8 ACEs categories, as outlined in the following table.

Adverse Childhood Experiences (ACEs)

Category	Question
Household Mental Illness	Before you were 18 years of age, did you live with anyone who was depressed, mentally ill, or suicidal?
Household Substance Abuse	Before you were 18 years of age, did you live with anyone who was a problem drinker or alcoholic?
	Before you were 18 years of age, did you live with anyone who used illegal street drugs or who abused prescription medications?
Incarcerated Household Member	Before you were 18 years of age, did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?
Parental Separation or Divorce	Before you were 18 years of age, were your parents separated or divorced?
Intimate Partner Violence	Before age 18, how often did your parents or adults in your home slap, hit, kick, punch or beat each other up?
Physical Abuse	Before age 18, how often did a parent or adult in your home hit, beat, kick, or physically hurt you in any way? Do not include spanking.
Emotional Abuse	Before age 18, how often did a parent or adult in your home swear at you, insult you, or put you down?
Sexual Abuse	Before you were 18 years of age, how often did an adult or anyone at least 5 years older than you touch you sexually?
	Before you were 18 years of age, how often did an adult or anyone at least 5 years older than you try to make you touch them sexually?
	Before you were 18 years of age, how often did an adult or anyone at least 5 years older than you force you to have sex?

Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 311-321, 327-334]

The following charts show the prevalence of these ACEs categories in the community, as well as the prevalence of residents reporting a "high" ACE score (answering affirmatively to 4 or more of the 11 questions).

Adverse Childhood Experiences (ACEs) by Category
(WHH/WHWH Service Area, 2018)
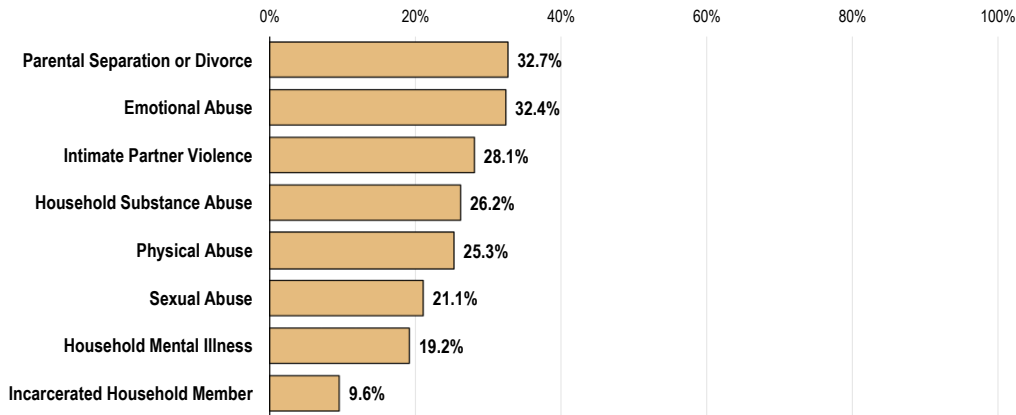
Category	Percentage
Parental Separation or Divorce	32.7%
Emotional Abuse	32.4%
Intimate Partner Violence	28.1%
Household Substance Abuse	26.2%
Physical Abuse	25.3%
Sexual Abuse	21.1%
Household Mental Illness	19.2%
Incarcerated Household Member	9.6%

Sources:
● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 327-334]
Notes:
● Reflects the total sample of respondents.
● ACEs are stressful or traumatic events, including abuse and neglect. They are a significant risk factor for substance abuse disorders and can impact prevention efforts.

Prevalence of High ACE Scores (4 or More)
(WHH/WHWH Service Area, 2018)

Group	Percentage
Men	22.8%
Women	23.8%
18 to 39	44.8%
40 to 64	20.6%
65+	6.4%
Low Income	46.8%
Mid/High Income	9.7%
Non-Hispanic White	19.4%
Other	32.6%
WHH/WHWH	23.3%
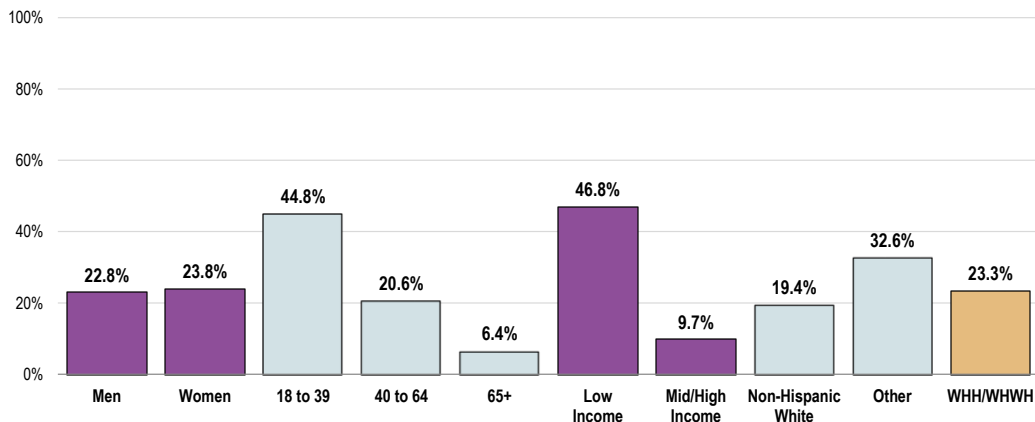
Sources:
● PRC Community Health Survey, Professional Research Consultants, Inc. [Item 336]
Notes:
● Asked of all respondents.
● Adults who report four or more ACEs is categorized as having a high ACE score.
● "Other" race/ethnicity includes all Hispanic respondents, as well as all races other than Non-Hispanic White.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
● Note that the sample sizes for young adults (age 18-39) and for those of "other" races are relatively small (<50); interpret results for these segments with caution.

High-Need Communities

ZIP Codes Identified as High Need

High-need areas in the WHH/WHWH Service Area were identified using the Community Health Needs Index (CNI). The CNI score was developed by Dignity Health (formerly known as Catholic Healthcare West [CHW]) and Truven Health Analytics. This index aggregates five socioeconomic indicators that contribute to health disparity: income, culture, education, insurance, and housing. Each ZIP Code is assigned a score of 1 (low need) to 5 (high need) for each of the five indicators which are averaged to yield the CNI score for that area. The scores are then compared to the index, which is based on national need, and separated into groups ranging from highest need to lowest need.

Research indicates a strong correlation between high CNI scores and hospital admission rates. Residents who live in areas with the highest need were twice as likely to experience preventable hospitalization for manageable conditions (i.e. ear infections, pneumonia...).
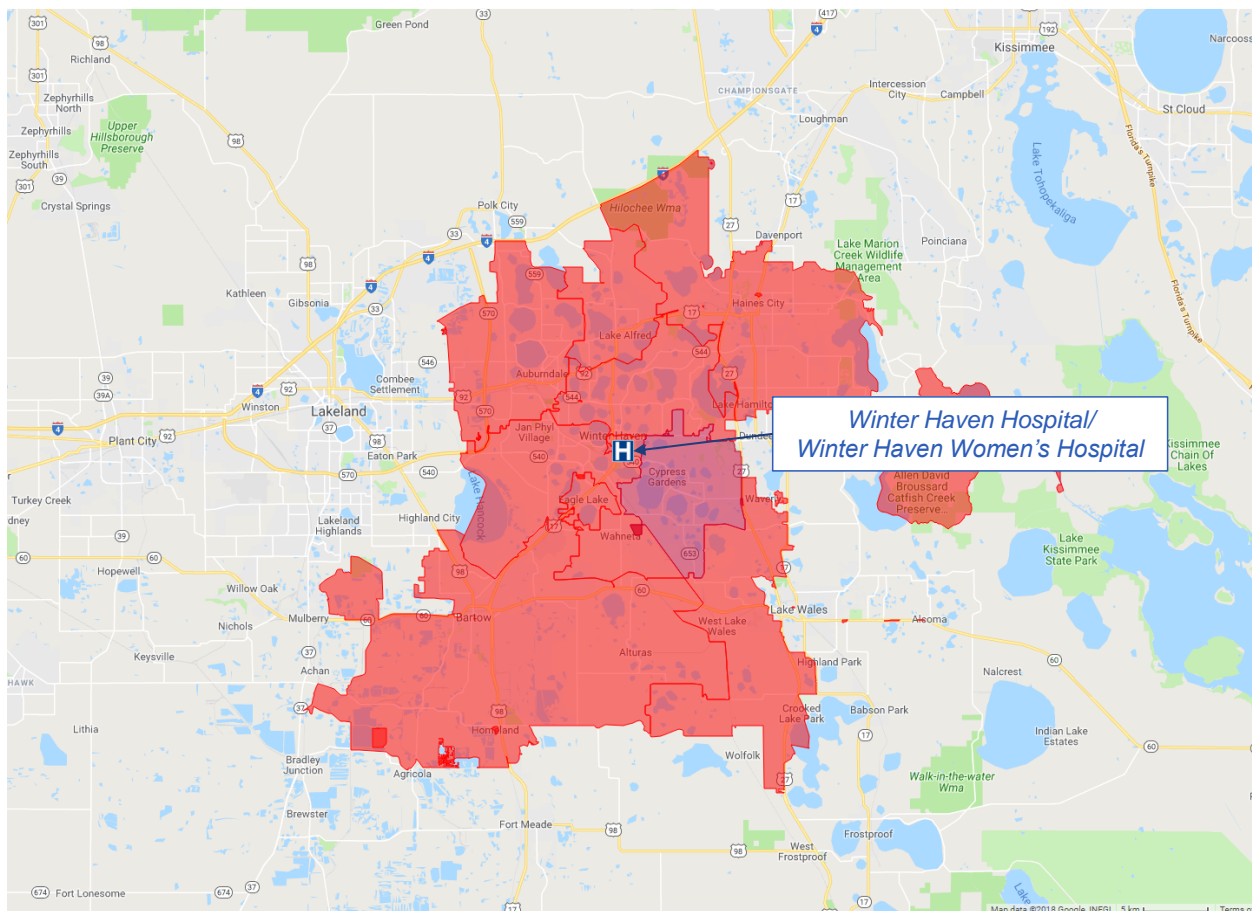
ZIP Code–specific CNI scores are outlined in the following table. Note that nearly all of the service area ZIP Codes fall within the highest need category.

Mean(zipcode): 4.3 / Mean(person): 4.3				CNI Score Median: 4.4	CNI Score Mode: 4.4
Zip Code	CNI Score	Population	City	County	State
33823	4.2	31570	Auburndale	Polk	Florida
33830	4.2	29965	Bartow	Polk	Florida
33839	4.4	3327	Eagle Lake	Polk	Florida
33844	4.6	38488	Haines City	Polk	Florida
33850	4.4	8368	Lake Alfred	Polk	Florida
33859	4.2	11190	Lake Wales	Polk	Florida
33880	4.4	39967	Winter Haven	Polk	Florida
33881	4.4	31113	Winter Haven	Polk	Florida
33884	3.6	32984	Winter Haven	Polk	Florida

1 - 1.7 Lowest
1.8 - 2.5 2nd Lowest
2.6 - 3.3 Mid
3.4 - 4.1 2nd Highest
4.2 - 5 Highest

Convenience Sample Survey

The following charts represent findings from 273 handout/online surveys administered as a convenience sample among residents of the WHH/WHWH Service Area.

Unlike the scientific, random-sample population survey results presented in previous sections of this report, this "convenience sample" is a non-probability sample that is not necessarily representative of the targeted population and is limited with regard to generalizability.

Convenience Survey Sample Characteristics

Because the convenience sample survey was not administered at random, the demographic and socioeconomic characteristics of respondents to not necessarily match what exists throughout Polk County. This lack of representativeness can limit the inferences made from these results; keep in mind that these data represent only those persons surveyed, and not necessarily the community at large.

Convenience Sample Characteristics
(WHH/WHWH Service Area, Convenience Sample, 2018)

A total of 273 respondents living in the WHH/WHWH Service Area took part in the BayCare Convenience Sample Survey.
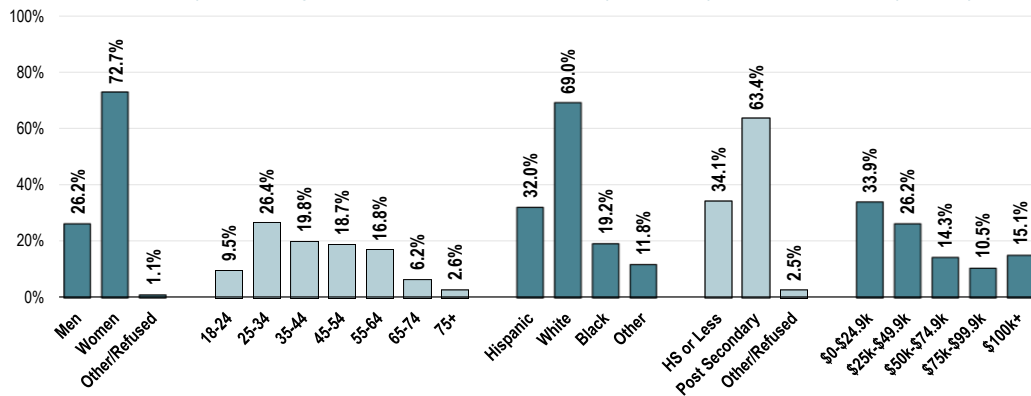
Men 26.2%
Women 72.7%
Other/Refused 1.1%

18-24 9.5%
25-34 26.4%
35-44 19.8%
45-54 18.7%
55-64 16.8%
65-74 6.2%
75+ 2.6%

Hispanic 32.0%
White 69.0%
Black 19.2%
Other 11.8%

HS or Less 34.1%
Post Secondary 63.4%
Other/Refused 2.5%

$0-$24.9k 33.9%
$25k-$49.9k 26.2%
$50k-$74.9k 14.3%
$75k-$99.9k 10.5%
$100k+ 15.1%

Sources: ● 2018 BayCare Convenience Sample Survey
Notes: ● Data are derived from handout surveys administered at various locations, as well as online surveys shared throughout the WHH/WHWH Service Area.

Perceptions of Health

Overall how would you rate the <u>health of the community</u> where you live? very unhealthy; unhealthy; somewhat unhealthy; healthy; very healthy

How would you rate <u>your own personal</u> health? very unhealthy; unhealthy; somewhat unhealthy; healthy; very healthy

In general, how would you rate your overall mental and emotional health? excellent; very good; good; fair; poor

Perceptions of Health
(WHH/WHWH Service Area, Convenience Sample, 2018)

Category	Percent
My Community Is "Unhealthy/Very Unhealthy"	18.6%
I Am "Unhealthy/Very Unhealthy"	9.7%
My Mental Health Is "Fair/Poor"	21.8%

Sources: ● 2018 BayCare Convenience Sample Survey
Notes: ● Data are derived from handout surveys administered at various locations, as well as online surveys shared throughout the WHH/WHWH Service Area.

Social Determinants of Health

The following charts outline some of the economic and social characteristics of respondents taking part in the convenience sample survey that might impact their health status.

Which one of the following categories best describes your employment status? Employed Working Full-Time, Employed Working Part-Time, Student, Retired, Disabled Not Able to Work, Not Employed Looking for Work, or Not Employed Not Looking for Work

How well do you speak English? Very Well, Well, Not Well, or Not at All

"Food Insecure" is defined as respondents reporting <u>either</u> of the following statements as "often" or "sometimes" true for them in the past 12 months:

- **In the past 12 months, I worried about whether our food would run out before we got money to buy more.**

- **In the past 12 months, the food that we bought just did not last, and we did not have money to get more.**

Because of an emergency, have you had to live in a shelter or with a friend or relative in the past two years, even if this was only temporary? Yes or No

In the past month, how often have you had someone in your community you could turn to if you needed or wanted help? All of the Time, Most of the Time, Some of the Time, A Little of the Time, or None of the Time
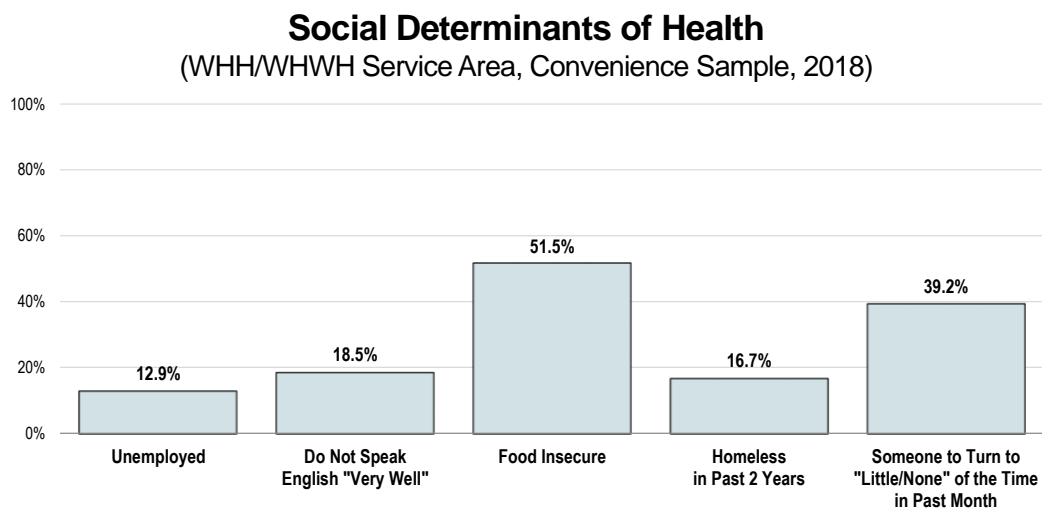
Social Determinants of Health
(WHH/WHWH Service Area, Convenience Sample, 2018)

Sources: ● 2018 BayCare Convenience Sample Survey
Notes: ● Data are derived from handout surveys administered at various locations, as well as online surveys shared throughout the WHH/WHWH Service Area.

Access to Healthcare

How do you pay for most of your health care? Please choose only one: I pay cash/don't have insurance; Medicare (or Medicare HMO); Medicaid (or Medicaid HMO); commercial health insurance (private insurance, HMO, PPO); Veteran's Administration; TRICARE; Indian Health Services; some other way

Was there a time in the past 12 months when you needed medical care but did <u>not</u> get the care you needed? Yes or No

Was there a time in the past 12 months when you needed dental care but did <u>not</u> get the care you needed? Yes or No

In the past 12 months, how many times have you gone to a hospital emergency room (ER) about your own health?

Healthcare Access
(WHH/WHWH Service Area, Convenience Sample, 2018)

> Over 70% identified cost or lack of insurance as the main reason.

> Over 80% identified cost or lack or insurance as the main reason.

> Most went to the ER instead of a doctor due to access-related issues.

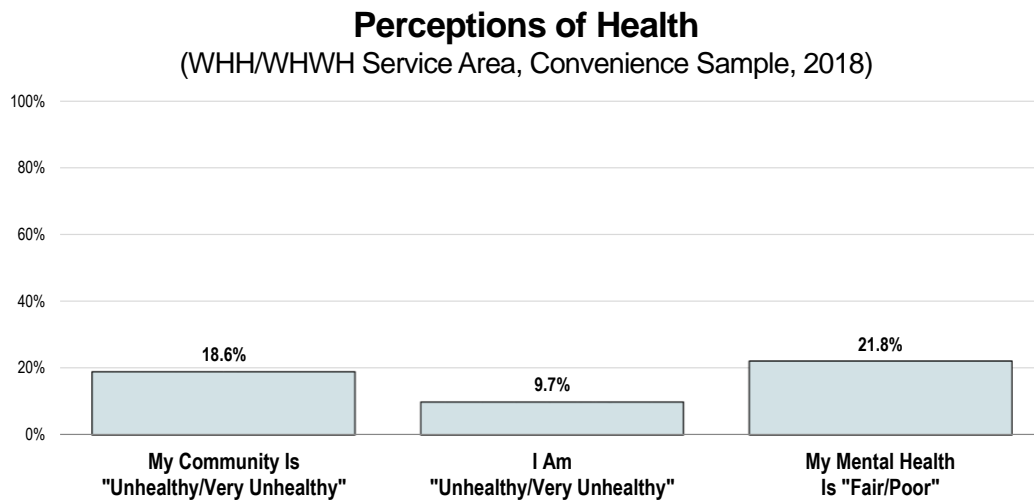| Uninsured	Did Not Get Needed Medical Care at Some Point in Past Year	Did Not Get Needed Dental Care at Some Point in Past Year	Multiple ER Visits in Past Year
21.3%	30.7%	40.5%	20.5%

Sources: ● 2018 BayCare Convenience Sample Survey
Notes: ● Data are derived from handout surveys administered at various locations, as well as online surveys shared throughout the WHH/WHWH Service Area.

Perceptions of Community Health & Quality of Life

Risky Behaviors that Impact Community Health

In the convenience sample surveys, respondents were presented with a list of 11 behaviors and were asked to identify which they feel is the most important, second-most important and third-most important in having an impact on overall community health. The chart below illustrates the behaviors receiving the top responses as #1, #2 and #3 choices in each area.

"Most Important" Community Health Issues

Respondents were also presented with a list of 21 community health issues and were asked to identify which they feel is the most important, second-most important and third-most important in their own community. The chart below illustrates the health issues receiving the top responses as #1, #2 and #3 choices in each area.

"Most Important" Issue to Address to Improve Quality of Life

Finally, respondents were presented with a list of 19 factors and were asked to identify which they feel is the most important, second-most important and third-most important to address in their own community to improve quality of life. The chart below illustrates those receiving the top responses.

Perceptions of Health & Quality of Life in My Community
(WHH/WHWH Service Area, Convenience Sample, 2018)

Risky Behaviors Having the Greatest Impact on Community Health	Most Important Health Problems in the Community	Most Important to Improve Quality of Life
#1 **Drug Abuse**	#1 **Being Overweight**	#1 **Access to Healthcare**
#2 **Alcohol Abuse**	#2 **Diabetes** #2 **Cancer**	#2 **Affordable Health Insurance**
#3 **Lack of Exercise**	#3 **Heart Disease & Stroke**	#3 **Good Jobs/Healthy Economy**

Sources: ● 2018 BayCare Convenience Sample Survey
Notes: ● Data are derived from handout surveys administered at various locations, as well as online surveys shared throughout the WHH/WHWH Service Area.
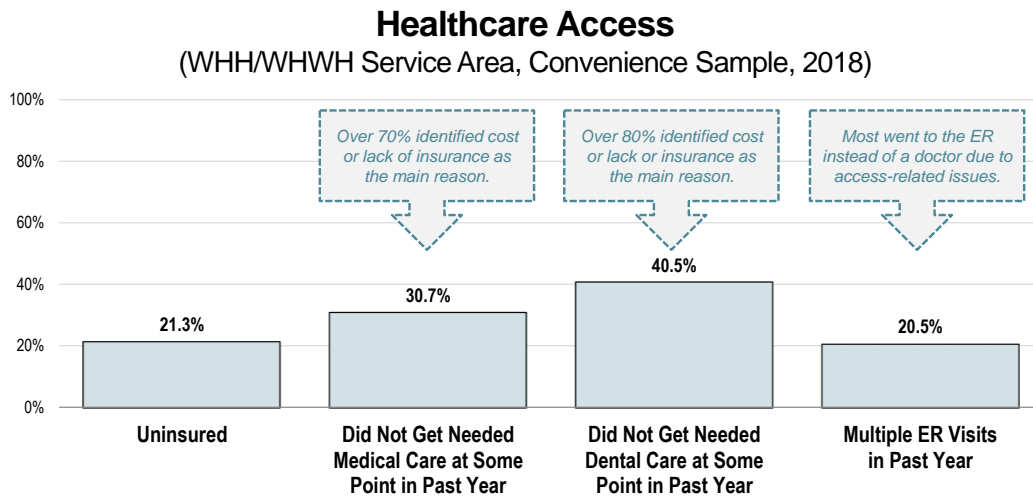
Tobacco & Drug Use

How often do you smoke? I do not smoke cigarettes; I smoke less than one pack per day; I smoke about one pack per day; I smoke more than one pack per day

Opiates or opioids are drugs that doctors prescribe to treat pain. Examples of prescription opiates include morphine, codeine, hydrocodone, oxycodone, methadone, and fentanyl. In the past year, have you used any of these prescription opiates, whether or not a doctor had prescribed them to you? (Common brand name opiates are Vicodin, Dilaudid, Percocet, Oxycontin, and Demerol.) Yes or No

Tobacco & Drug Use
(WHH/WHWH Service Area, Convenience Sample, 2018)

Category	Percentage
Smoke Cigarettes	15.4%
Have Taken an Opiate/Opioid Drug in Past Year	15.2%

Sources: ● 2018 BayCare Convenience Sample Survey
Notes: ● Data are derived from handout surveys administered at various locations, as well as online surveys shared throughout the WHH/WHWH Service Area.

Prevalence of Chronic Conditions

Have you ever been told by a doctor or other medical provider that you had any of the following health issues? cancer; depression; diabetes; heart disease; high blood pressure/hypertension; obesity; stroke

Prevalence of Conditions
(WHH/WHWH Service Area, Convenience Sample, 2018)

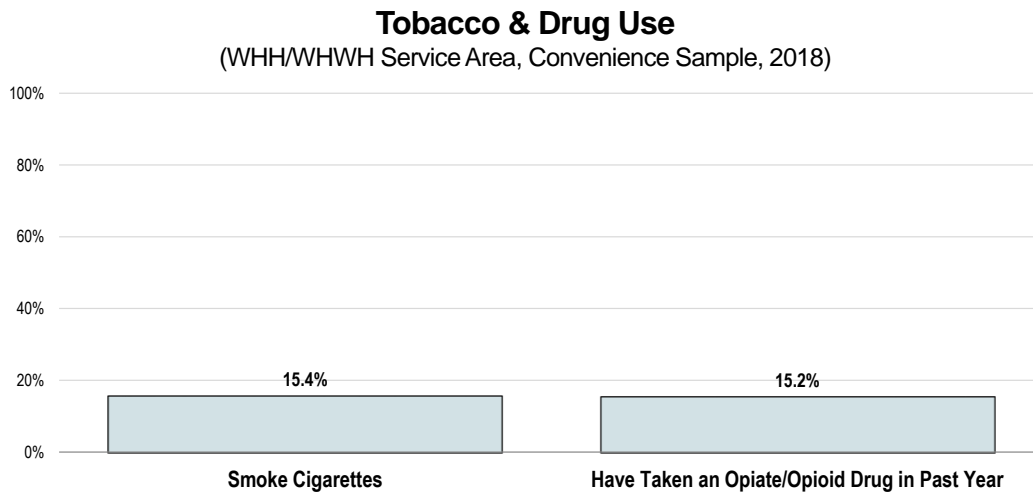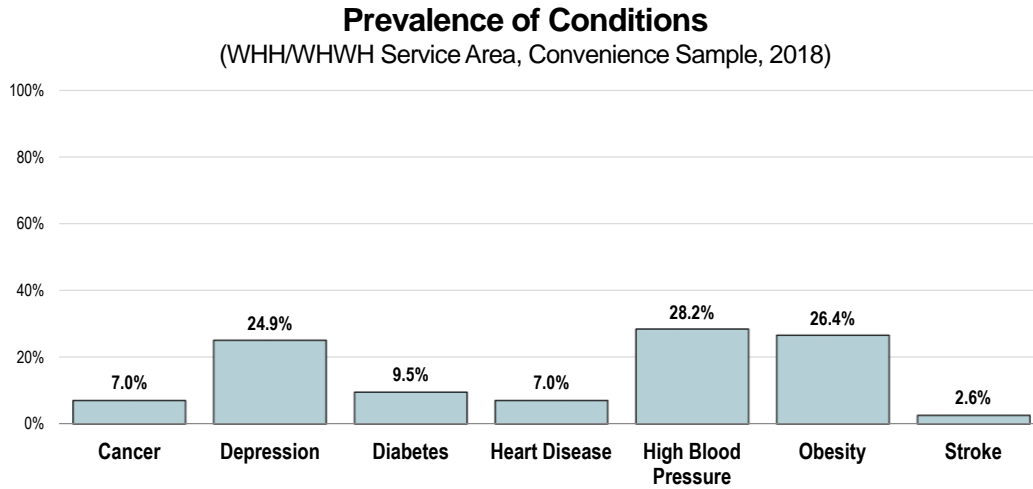| Condition	Prevalence
Cancer	7.0%
Depression	24.9%
Diabetes	9.5%
Heart Disease	7.0%
High Blood Pressure	28.2%
Obesity	26.4%
Stroke	2.6%

Sources: ● 2018 BayCare Convenience Sample Survey
Notes: ● Data are derived from handout surveys administered at various locations, as well as online surveys shared throughout the WHH/WHWH Service Area.

Adverse Childhood Experiences (ACEs)

As was done in the random population survey, those responding to the convenience sample survey were asked to report whether they experienced any of 11 possible adverse childhood events prior to the age of 18 years.

Before you were 18 years of age, did you live with anyone who was depressed, mentally ill, or suicidal? Yes or No

Before you were 18 years of age, did you live with anyone who was a problem drinker or alcoholic? Yes or No

Before you were 18 years of age, did you live with anyone who used illegal street drugs or who abused prescription medications? Yes or No

Before you were 18 years of age, did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility? Yes or No

Before you were 18 years of age, were your parents separated or divorced? Yes or No

Before you were 18 years of age, how often did your parents or adults in your home slap, hit, kick, punch or beat each other up? Never, Once, or More Than Once

Before you were 18 years of age, how often did a parent or adult in your home hit, beat, kick, or physically hurt you in any way? Do not include spanking. Never, Once, or More Than Once

Before you were 18 years of age, how often did a parent or adult in your home swear at you, insult you, or put you down? Never, Once, or More Than Once

Before you were 18 years of age, how often did an adult or anyone at least 5 years older than you touch you sexually? Never, Once, or More Than Once
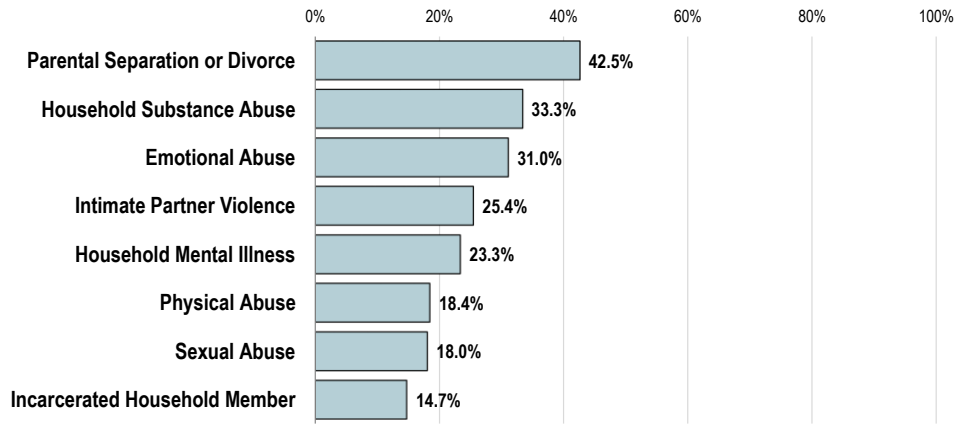
Before you were 18 years of age, how often did an adult or anyone at least 5 years older than you try to make you touch them sexually? Never, Once, or More Than Once

Did an adult or anyone at least 5 years older than you force you to have sex? Yes or No

These responses were grouped into eight categories in the following chart.

Adverse Childhood Experiences (ACEs) Before the Age of 18
(WHH/WHWH Service Area, Convenience Sample, 2018)

Category	Percentage
Parental Separation or Divorce	42.5%
Household Substance Abuse	33.3%
Emotional Abuse	31.0%
Intimate Partner Violence	25.4%
Household Mental Illness	23.3%
Physical Abuse	18.4%
Sexual Abuse	18.0%
Incarcerated Household Member	14.7%

Sources: ● 2018 BayCare Convenience Sample Survey
Notes: ● Data are derived from handout surveys administered at various locations, as well as online surveys shared throughout the WHH/WHWH Service Area.

The following chart outlines the number of ACEs reported among the sampled population.

Number of ACEs Reported
(WHH/WHWH Service Area, Convenience Sample, 2018)
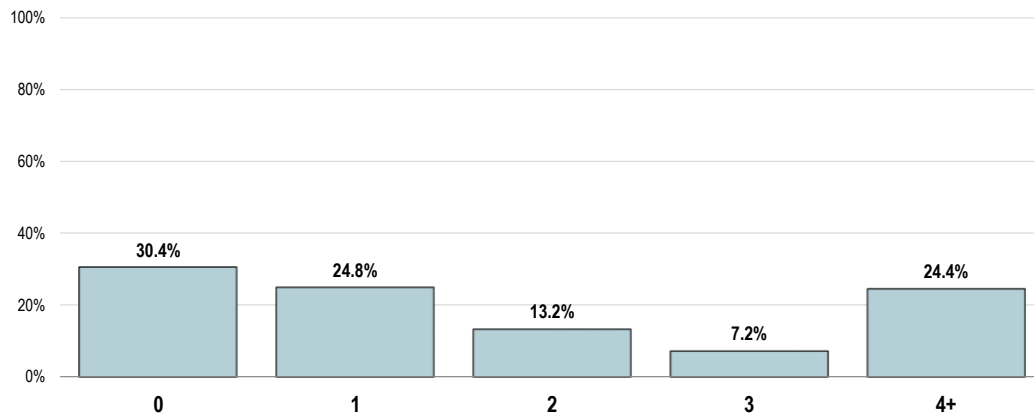
Number	Percentage
0	30.4%
1	24.8%
2	13.2%
3	7.2%
4+	24.4%

Sources: ● 2018 BayCare Convenience Sample Survey
Notes: ● Data are derived from handout surveys administered at various locations, as well as online surveys shared throughout the WHH/WHWH Service Area.

Appendices

Professional Research Consultants, Inc.

Appendix I: Evaluation of Past Work

Winter Haven Hospital & Winter Haven Women's Hospital

Evaluation of the 2015-2018 Community Health Needs Assessment

Prepared in June 2018

Based on its most recent community health needs assessment (CHNA), Winter Haven Hospital, Winter Haven Women's Hospital is committed to addressing the following significant needs:

- Improving access to quality, affordable health care
- Decreasing the prevalence of clinical health issues
- Improving healthy behaviors

KEY HIGHLIGHT/ACCOMPLISHMENTS

Progress was made to address each of the key health needs prioritized within the 2015 CHNA. Efforts were specifically dedicated to the following action step categories during the 2015-2018 cycle with highlighted activities as noted below.

Improving Access to Quality, Affordable Health Care

Expand access to affordable medications

BayCare has developed and implemented a Medication Assistance Program (MAP). MAP is designed to assist patients and community members in finding available resources to help offset the cost of medication. To date, those savings to patients is nearly $120,000.

Collaborate with community organizations to expand reach and impact of Navigator initiatives

Navigators are in place across BayCare to facilitate enrollment in marketplace plans and to connect with various community resources as needed.

Enhance coordination of care across the community through use of telemedicine, integrating tele-ICU medicine into skilled nursing facilities to manage patients

There are currently 3 skilled nursing facilities in the Winter Haven Hospital service area who are connected through telemedicine, reducing the need for hospital admissions and improving health outcomes.

Decreasing the Prevalence Clinical Health Issues

Improve access to oncology services

In an effort to provide supportive services to oncology patients, Winter Haven Hospital implemented an oncology nurse navigator to manage patients and families during the course of treatment; improving treatment compliance. In 2017 alone, more than 5000 patient encounters took place.

Enhance community health program to address prevalence of diabetes

In collaboration with community organizations, WHH worked to identify those most in need with diabetes risk factors, providing education, screenings, and referrals.

BayCare has implemented and funded a Diabetes Health Coach Model to address high risk populations through partnerships with the areas Federally Qualified Health Centers and Free Clinics. The Health Coaches will identify high risk patients, provide education, and ongoing case management to assure compliance and positive health outcomes.

BayCare continues to enhance the efforts of the Community Health Team to reach high risk populations across the Winter Haven Hospital service areas.

Healthy Options

Enhance risk reduction services for smoking cessation by utilizing community partnerships to meet the need of those identified with risk

Winter Haven Hospital has connected with community partners along with the BayCare Community Health Team to offer smoking cessation programs across the service area.

Mental Health and Substance Abuse

Enhance use of tele-psychiatry to create just in time access for psychiatric evaluation

Winter Haven Hospital has deployed a successful tele-psychiatry initiative that serves approximately 50 patients per month; reducing admissions by approximately 40%.

In an effort to increase access to vital Behavioral Health services, BayCare continues to actively recruit Behavioral Health providers.

Expand access to behavioral health and substance abuse services

Partnering with the Polk County Health Plan, Winter Haven Hospital has increased funding for Behavioral Health home visits.

Through providing Mental Health First Aid classes, WHH focused on increasing community awareness to identify someone in mental health distress. Adult and pediatric classes are held across the community.

Appendix II: Agencies/Organizations Giving Input to Health Need Prioritization

The following agencies/organizations reviewed the assessment findings and participated in the hospital's prioritization exercise:

- American Cancer Society
- Angels Care Center of Eloise
- BayCare
- BayCare Medical Group
- Bond Clinic
- Central Florida Development Council
- Central Florida Health Care
- Central Florida Media Group
- Concorde Career Institute - Tampa
- Doctor Today
- Florida Department of Health in Polk County
- Florida House of Representatives
- Florida Polytechnic University
- Florida Southern College
- Fryed Egg Production
- Heartland for Children
- InnerAct Alliance
- City of Lakeland
- Mosaic
- Peace River Center
- Polk County Board of County Commissioners
- Polk County Health Plan
- Polk County Schools
- Polk State College
- Polk Vision
- Tampa Lighthouse for the Blind
- United Way of Central Florida
- University of Florida - Institute of Food and Agriculture Sciences
- Watson Clinic
- WHH Hospital Family Medicine Residency Program Director
- Winter Haven Chamber of Commerce
- Winter Haven Hospital Foundation