## Executive Report

# 2018 PRC Child & Adolescent Health Needs Assessment

## Total Service Area

### Broward, Collier, Lee, Miami-Dade, Monroe & Palm Beach Counties, Florida

*Prepared for:*

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# Introduction

Professional Research Consultants, Inc.

# Project Overview

## Project Goals

This 2018 PRC Child & Adolescent Health Needs Assessment, a follow-up to a similar study conducted in 2015, is a systematic, data-driven approach to determining the health status, behaviors, and needs of children and adolescents in the six-county service area of Nicklaus Children's Hospital. This assessment was conducted by Professional Research Consultants, Inc. (PRC) on behalf of Nicklaus Children's Hospital. PRC is a nationally-recognized healthcare consulting firm with extensive experience conducting Community Health Needs Assessments 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 Child & Adolescent Health Survey) and secondary research (vital statistics and other existing health-related data); these quantitative components allow for trending and comparison to benchmark data at the state and national levels. Qualitative data input includes primary research gathered through an Online Key Informant Survey.

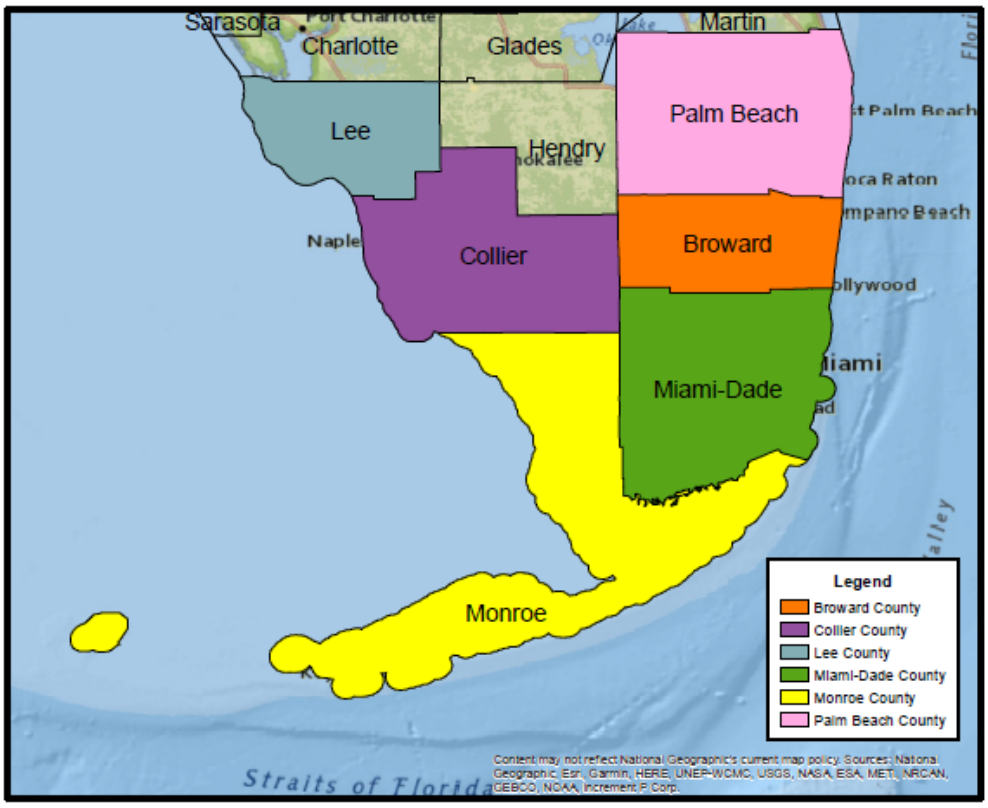
### PRC Child & Adolescent Health Survey

#### *Survey Instrument*

The final survey instrument used for this study was developed by Nicklaus Children's Hospital and PRC and is similar to the previous survey used in the region, allowing for data trending.

#### *Community Defined for This Assessment*

The study area for the survey effort (referred to as the "Total Service Area" or "TSA" in this report) is defined as the combined area of Broward, Collier, Lee, Miami-Dade, Monroe, and Palm Beach counties in Florida. The hospital draws roughly 80% of its patient population from Miami Dade, and a considerable volume of patients come from all over the state, country, and from around the world. Service area definitions continue to evolve as the hospital expands its geographic footprint and integrates new programs and services. This community definition is illustrated in the following map.



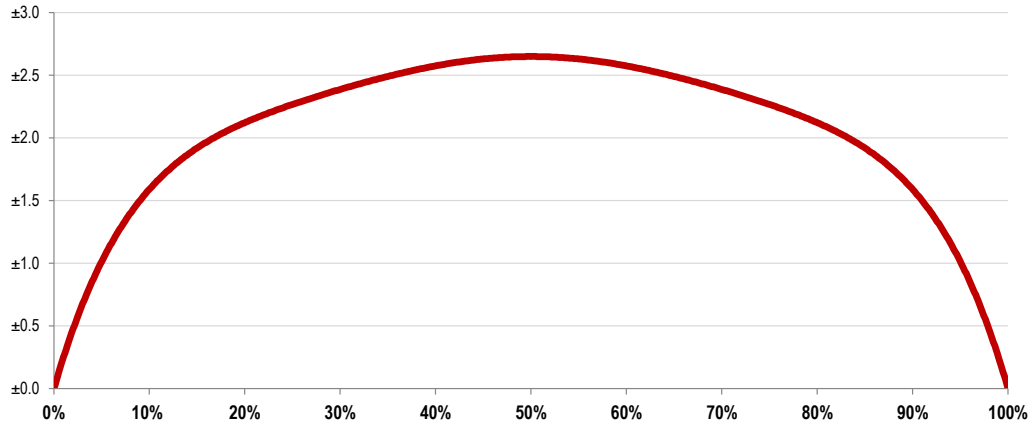

### *Sample Approach & Design*

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the PRC Child & Adolescent Health Survey. Thus, to ensure the best representation of the population surveyed, a telephone interview methodology — one that incorporates both landline and cell phone interviews — was employed. The primary advantages of telephone interviewing are timeliness, efficiency, and random-selection capabilities. In addition, online questionnaire completions from families in the total service area supplemented these telephone interviews.

The sample design used for this effort consisted of a stratified random sample of 1,372 parents of children under 18 in the Total Service Area, including 359 in Broward County, 101 in Collier County, 153 in Lee County, 408 in Miami-Dade County, 50 in Monroe County, and 301 in Palm Beach County. Once the interviews were completed, these were weighted in proportion to the actual child population distribution so as to appropriately represent the Total Service Area as a whole. All administration of the surveys, data collection, and data analysis was conducted by PRC.

For statistical purposes, the maximum rate of error associated with a sample size of 1,372 respondents is ±2.6% at the 95 percent confidence level.

## Expected Error Ranges for a Sample of 1372 Respondents at the 95 Percent Level of Confidence




Note:
- The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.

Examples:
- If 10% of the sample of 1372 respondents answered a certain question with a "yes," it can be asserted that between 8.4% and 11.6% (10% ± 1.6%) of the total population would offer this response.
- If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 47.4% and 52.6% (50% ± 2.6%) of the total population would respond "yes" if asked this question.

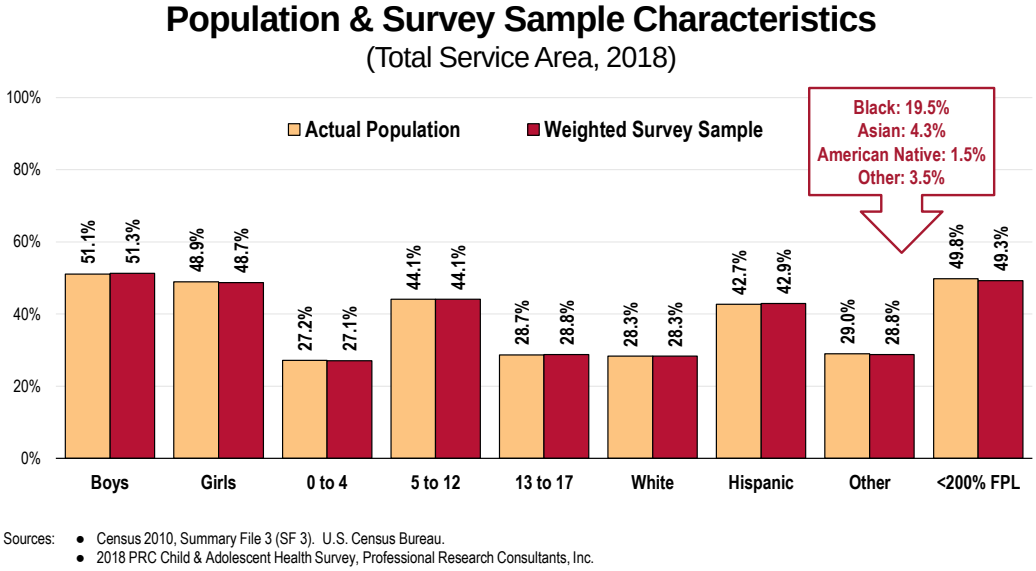
### *Respondent Selection*

Survey respondents were adults age 18 and older who are a healthcare decision-maker for children residing in the household. For households with more than one child under the age of 18, most questions were asked about the child with the most recent birthday. This random selection process allows for the best representation of children by age and gender.

### *Sample Characteristics*

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

The following chart outlines the characteristics of the Total Service Area sample for key child/adolescent demographics, compared to actual population characteristics revealed in census data.




Sources:
- Census 2010, Summary File 3 (SF 3). U.S. Census Bureau.
- 2018 PRC Child & Adolescent 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: "**very low income**" refers to community members living in a household with defined poverty status; "**low income**" refers to households with incomes just above the poverty level, earning up to twice (100%-199% of) the poverty threshold; and "**mid/high income**" refers to those households living on incomes which are twice or more (≥200% of) 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 child and adolescent population in the defined area with a high degree of confidence.

## Online Key Informant Survey

To solicit input from key informants, those individuals who have a broad interest in the health children and adolescents in the community, an Online Key Informant Survey also was implemented as part of this process. A list of recommended participants was provided by Nicklaus Children's Hospital; 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 among the families and children/adolescents 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, 108 community stakeholders took part in the Online Key Informant Survey, as outlined below:

| Online Key Informant Survey Participation | | |
|---|---|---|
| **Key Informant Type** | **Number Invited** | **Number Participating** |
| Physicians | 239 | 62 |
| Public Health Representatives | 22 | 4 |
| Other Health Providers | 41 | 19 |
| Social Services Providers | 32 | 5 |
| Community Leaders | 67 | 18 |

Final participation included representatives of the organizations outlined below.

- Nicklaus Children's Hospital (NCH)
- Nicklaus Children's Hospital, Department of Anesthesia
- Nicklaus Children Hospital, Division of Hematology/Oncology
- Nicklaus Children's Health System
- Allergy and Immunology Care Center of South Florida
- Alvis Pediatrics
- Barry University College of Nursing and Health Sciences
- Boys & Girls Clubs of Miami-Dade
- Branches, Inc.
- Carrollton
- Children's Urology Associates, South Florida
- City of Hialeah Fire Rescue Department
- Cuban American National Council, Inc. (d/b/a/ CNC)
- Early Learning Coalition-Early Head Start
- Florida Department of Health
- Florida Department of Health in Miami-Dade County
- Greater Miami Jewish Federation
- Gulliver School
- Jehovah's Witnesses
- Jupiter Medical Center
- Miami-Dade Pediatrics
- Miami Pediatric Care, LLC
- Miami-Dade Fire Rescue
- Midway Pediatrics
- Moreh and Associates
- Pediatric Professional Associates
- Physicians to Children
- Progressive Behavioral Science
- Publix Pharmacy
- South Florida Hispanic Chamber of Commerce
- The Children's Trust
- University of Miami School of Nursing and Health Studies
- Wellington Regional Medical Center
- West Coast University

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

**Minority and other medically underserved populations represented:**

> *Abused children, African-Americans, Asians, Caribbean Islanders, Central/South Americans, children with health issues, Cubans, diabetics, children living in foster care, the geographically-isolated, Haitians, Hispanics, homeless children, immigrants/refugees, juvenile delinquents, LGBTQ, low-income, Medicare/Medicaid recipients, the mentally ill, Native Americans, non-English speaking, unaccompanied minors, undocumented individuals*

In the online survey, key informants were asked to rate the degree to which various children's health issues are a problem in their own community. Follow-up questions asked them to describe why they identify problem areas as such and how these might be better be addressed. 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 regarding participants' opinions and perceptions of the health needs of the children in the area. Thus, these findings are based on perceptions, not facts.*

### Public Health, Vital Statistics & Other Data

A variety of existing (secondary) data sources was consulted to complement the research quality of this Child & Adolescent Health Needs Assessment. Data for the Total Service Area were obtained from the following sources (specific citations are included with the graphs throughout this report):

- Centers for Disease Control and Prevention, National High School Youth Risk Behavior Survey
- Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Division for Adolescent and School Health
- 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
- ESRI ArcGIS Map Gallery
- Florida Department of Health, Bureau of Vital Statistics
- Geolytics Demographic Estimates & Projections
- OpenStreetMap (OSM)
- US Census Bureau, Decennial Census
- US Department of Health & Human Services

Note that secondary data reflect the aggregate of (or in some cases, the median among) county-level data.

## Benchmark Data

### *Trending*

A similar survey was administered in 2015 by PRC on behalf of Nicklaus Children's Hospital. Note that in 2015, the survey area included only Miami-Dade, Broward, and Palm Beach counties. Trending data for these counties (referred to as the Miami Metro area), as revealed by comparison to prior survey results, are provided throughout this report whenever available. Historical data for secondary data indicators are also included for the Total Service Area for the purposes of trending.

### *National Data*

National survey data, which are provided in comparison charts, are taken from the *2018 PRC National Child & Adolescent Health Survey*; the methodological approach for the national study is similar to that employed in this assessment, and these data may be generalized to the population of American children and youth with a high degree of confidence. National-level vital statistics also are 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 the purpose of this report, "significance" of secondary data indicators (which do not carry sampling error but might be subject to reporting error) is determined by a 5% variation from the comparative measure.

## Information Gaps

While this assessment is quite comprehensive, it cannot measure all possible aspects of child/adolescent 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 children, or children of parents who only speak a language other than English or Spanish — are not represented in the survey data. Other population groups — for example, undocumented residents, and children 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 children and adolescents in 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 (2018) | See Report Page |
|---|---|
| **Part V Section B Line 3a**<br>*A definition of the community served by the hospital facility* | 7 |
| **Part V Section B Line 3b**<br>*Demographics of the community* | 41 |
| **Part V Section B Line 3c**<br>*Existing health care facilities and resources within the community that are available to respond to the health needs of the community* | 254 |
| **Part V Section B Line 3d**<br>*How data was obtained* | 7 |
| **Part V Section B Line 3e**<br>*The significant health needs of the community* | 16 |
| **Part V Section B Line 3f**<br>*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**<br>*The process for identifying and prioritizing community health needs and services to meet the community health needs* | 18 |
| **Part V Section B Line 3h**<br>*The process for consulting with persons representing the community's interests* | 10 |
| **Part V Section B Line 3i**<br>*The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)* | 259 |

# Summary of Findings

## Significant Health Needs of the Community

The following "Areas of Opportunity" represent the significant health needs of children and adolescents in the community, based on the information gathered through this Child & Adolescent Community Health Needs Assessment and the guidelines set forth in Healthy People 2020. From these data, opportunities for children's health improvement exist in the area with regard to the following health issues (see also the summary tables presented in the following section).

| Areas of Opportunity Identified Through This Assessment | |
|---|---|
| **Access to Healthcare Services** | • Difficulty Accessing Children's Healthcare<br>  ○ Finding a Physician<br>  ○ Appointment Availability<br>  ○ Cost of Physician Visits<br>  ○ Lack of Transportation<br>  ○ Inconvenient Office Hours<br>  ○ Cost of Prescriptions<br>• Insurance Instability<br>• Access to Specialty Care<br>• Outmigration for Children's Healthcare<br>• Number of Licensed Pediatricians<br>• Specific Source of Ongoing Medical Care<br>• Utilization of Emergency Room<br>• Utilization of Urgent Care Center |
| **Asthma & Other Respiratory Conditions** | • Prevalence of Asthma<br>• ER/Urgent Care Visits for Asthma<br>• Hospitalizations Due to Asthma<br>• Respiratory Allergies |
| **Diabetes** | • Childhood Diabetes Prevalence<br>• Diabetes Hospitalizations [Age 5-11] |
| **Injury & Safety** | • Prevalence of Injuries Requiring Treatment<br>• Injury is a leading cause of death among children and adolescents.<br>• Safety Seat/Seat Belt Usage<br>• Children Feeling Unsafe at School or Going To/From School<br>• Bullying |

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| Areas of Opportunity (continued) | |
|---|---|
| **Mental & Emotional Health** | • Diagnosed Depression [Age 5-17]<br>• Symptoms of Depression [Age 5-17]<br>• Suicide Attempts [High Schoolers]<br>• Diagnosed Anxiety [Age 5-17]<br>• Chronic Worrying [Age 5-17]<br>• Child Has Difficulty Sleeping [Age 5-17]<br>• Number of Psychiatric Beds for Children/Adolescents<br>• Parental Awareness of Local Resources [Child Age 5-17]<br>• Children Needing Mental Health Services [Age 5-17]<br>• Children Being Treated for Mental Health [Age 5-17]<br>• Hospitalization for Mental Health Issue [Age 5-17]<br>• Mental Health ranked as a top concern in the Online Key Informant Survey.<br>• Prevalence of Cognitive/Behavioral Disorders<br>  ○ ADD/ADHD<br>  ○ Behavioral/Conduct Problems<br>  ○ Autism/Spectrum Disorder<br>• Cognitive & Behavioral Conditions ranked as a top concern in the Online Key Informant Survey. |
| **Nutrition, Physical Activity, & Weight** | • Difficulty Accessing Fresh Produce<br>• Frequency of Eating Fast Food<br>• Eating Meals as a Family<br>• Physically Active 1+ Hrs/Day<br>• Electronics/TV Use<br>• Electronic Devices/TV in Child's Bedroom<br>• Obesity<br>• Nutrition, Physical Activity, and Weight ranked as a top concern in the Online Key Informant Survey. |
| **Potentially Disabling Conditions** | • Activity Limitations<br>• School Absences Due to Injury or Illness<br>• Children with Special Health Needs<br>• Children Needing Specialty Care<br>• Chronic Conditions Requiring Meds or Special Therapy<br>• Food/Digestive Allergies<br>• Migraines/Severe Headaches<br>• Brain Injuries/Concussions<br>• Epilepsy/Seizure Disorders<br>• Bone/Joint/Muscle Conditions<br>• Prevalence of Speech/Language Problems<br>• Vision Problems<br>• Hearing Problems<br>• Prevalence of Hearing Tests |
| **Prenatal & Infant Health** | • No Prenatal Care in First Trimester<br>• Difficulty Accessing Prenatal Care<br>• Acceptance of Recommended Baby Vaccines |
| **Sexual Health** | • Condom Use [High Schoolers]<br>• Use of Birth Control [High Schoolers] |

- Continued on next page –

| Areas of Opportunity (continued) | |
|---|---|
| **Substance Abuse** | • Environmental Tobacco Smoke Exposure in the Home<br>• Current Drinking [High Schoolers]<br>• Drinking & Driving [High Schoolers]<br>• Lifetime Illicit Drug Use [High Schoolers]<br>  ○ Prescription Drugs (not Rx)<br>  ○ Ecstasy<br>  ○ Cocaine<br>  ○ Steroids (not Rx)<br>  ○ Methamphetamines<br>  ○ Heroin<br>  ○ Injection Drugs |

## Prioritization of Health Needs

On December 11, 2018, 25 individuals (representing county and local public health officers, community and business leaders, social service providers, as well as internal stakeholders of Nicklaus Children's Hospital met to review, evaluate, and prioritize health issues for children in the community, based on findings of the 2018 PRC Community Health Needs Assessment (CHNA). Professional Research Consultants, Inc. (PRC) began the meeting with a presentation of key findings from the assessment, highlighting the significant health issues identified from the research (see Areas of Opportunity above). Following the data review, PRC answered any questions, 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 children are affected?
  - How does the local community data compare to state or national levels, or Healthy People 2020 targets?
  - To what degree does each health issue lead to death or disability, impair quality of life, or impact other health issues?

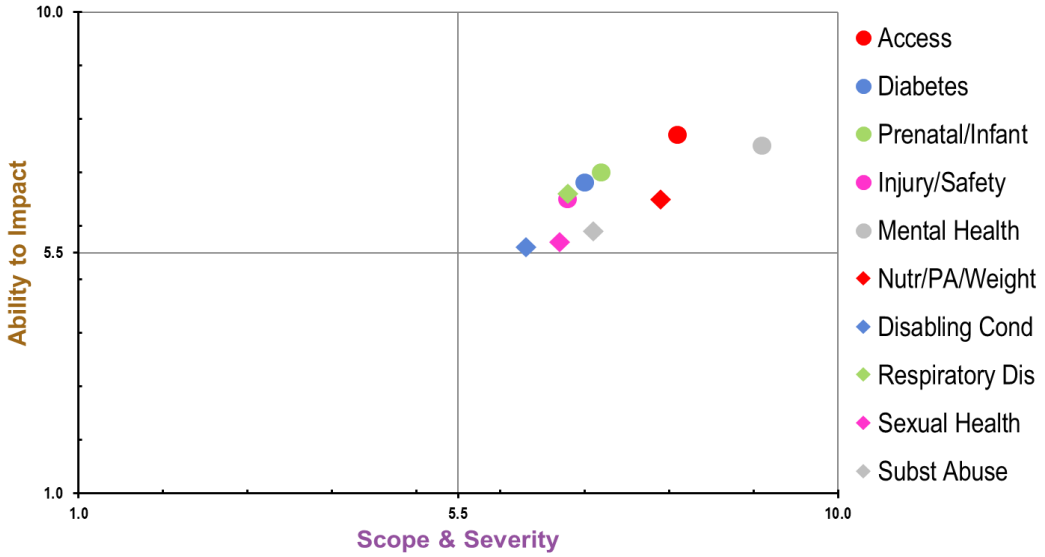
  Ratings were entered on a scale of 1 (not very prevalent at all, with only minimal health consequences) to 10 (extremely prevalent, with very serious health consequences).

- **Ability to Impact** — A second rating was designed to measure the perceived likelihood of the hospital having a positive impact on each health issue, given available resources, competencies, spheres of influence, etc. Ratings were entered on a scale of 1 (no ability to impact) to 10 (great ability to impact).

Individuals' ratings for each criteria 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 & Emotional Health**
2. **Access to Healthcare**
3. **Nutrition, Physical Activity & Weight**
4. **Prenatal & Infant Health**
5. **Diabetes**
6. **Asthma & Other Respiratory Conditions**
7. **Injury & Safety**
8. **Substance Abuse**
9. **Sexual Health**
10. **Potentially Disabling Conditions**

Plotting these overall scores in a matrix illustrates the intersection of the Scope & Severity and the Ability to Impact scores. Below, those issues placing nearest the upper right corner 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 issues, the results of this prioritization exercise will be used to inform the development of Nicklaus Children's Hospital's Implementation Strategy to address the top health needs of children and youth in the community in the coming years.

## Summary Tables: Comparisons With Benchmark Data

The following tables provide an overview of child and adolescent health indicators in the Total Service Area, including comparisons among the individual counties, as well as trend data. These data are grouped to correspond with the Focus Areas presented in Healthy People 2020.

### *Reading the Summary Tables*

In the following tables, the Total Service Area results are shown in the larger, blue column.

The green columns [to the left of the Total Service Area column] provide comparisons among the six counties, identifying differences for each as "better than" (☼), "worse than" (☁), or "similar to" (⛅) the combined opposing areas.

The columns to the right of the Total Service Area column provide trending to the Miami Metro 3-county area, as well as comparisons between Total Service Area data and any available state and national findings, and Healthy People 2020 targets. Again, symbols indicate whether the 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.

**TREND SUMMARY**
(Current vs. Baseline Data)

**Survey Data Indicators:** Trends for survey-derived indicators represent significant changes in the Miami Metro 3-county area since 2015.

**Other (Secondary) Data Indicators:** Trends for other indicators (e.g., public health data) represent point-to-point changes in the Miami Metro 3-county area between the most current reporting period and the earliest presented in this report.

| Social Determinants | Disparity Among Counties: Broward County | Collier County | Lee County | Miami-Dade County | Monroe County | Palm Beach County | Total Service Area | TSA vs. Benchmarks: FL | US | HP2020 | Miami Metro 2015 vs. 2018 TREND |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Linguistically Isolated Population (Percent) | 8.3 | 8.4 | 5.3 | 20.2 | 4.5 | 7.4 | 12.3 | 6.5 | 4.5 | | |
| Children Below 200% FPL (Percent) | 44.4 | 50.7 | 54.1 | 53.3 | 46.3 | 45.7 | 49.2 | 48.8 | 43.3 | | |
| % Speak English at Home | 84.3 | 66.0 | 77.6 | 68.7 | 88.5 | 83.7 | 76.8 | | | | 77.7 vs. 77.2 |
| % Lived in Area for 20+ Years | 30.8 | 31.9 | 30.4 | 25.5 | 47.5 | 39.0 | 30.5 | | | | |

Note: In the green section, each county is compared against all other counties combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

| Overall Health | Disparity Among Counties: Broward County | Collier County | Lee County | Miami-Dade County | Monroe County | Palm Beach County | Total Service Area | TSA vs. Benchmarks: FL | US | HP2020 | Miami Metro 2015 vs. 2018 TREND |
|---|---|---|---|---|---|---|---|---|---|---|---|
| % [Age 0-17] Child's Overall Health Is "Fair/Poor" | 6.9 | 15.1 | 13.2 | 6.4 | 9.0 | 16.0 | 9.3 | | 4.2 | | 3.8 vs. 8.7 |
| % [Age 0-17] Child's Activities/Abilities Limited Due to Health Condition | 26.6 | 25.2 | 23.8 | 24.0 | 15.7 | 27.9 | 25.4 | | 11.5 | | 14.1 vs. 25.7 |
| % [Age 5-17] Missed 10+ School Days Last Yr Due to Illness/Injury | 11.6 | 13.3 | 10.6 | 4.1 | | 20.2 | 10.5 | | 5.3 | | 4.7 vs. 10.2 |
| % [Age 0-17] Child Has Special Health Needs | 72.4 | 68.5 | 78.3 | 77.4 | 65.3 | 78.7 | 75.9 | | 62.8 | | 66.2 vs. 76.1 |

| Overall Health (continued) | Disparity Among Counties | | | | | | Total Service Area | TSA vs. Benchmarks | | | Miami Metro 2015 vs. 2018 TREND |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Broward County | Collier County | Lee County | Miami-Dade County | Monroe County | Palm Beach County | | FL | US | HP2020 | |
| % [Age 0-17] Chronic Condition Requiring Meds | 40.3 | 43.6 | 47.7 | 49.7 | 36.8 | 45.6 | 45.8 | | 23.7 | | 31.7 vs. 45.8 |
| % [Age 0-17] Chronic Condition Requiring Special Therapy | 30.2 | 28.5 | 24.4 | 28.0 | 15.9 | 29.4 | 28.5 | | 9.3 | | 14.7 vs. 29 |
| % [Age 0-17] Chronic Condition Requiring Meds or Special Therapy | 40.3 | 43.4 | 45.5 | 42.7 | 32.5 | 48.2 | 43.3 | | 27.3 | | 25.2 vs. 43.2 |

Note: In the green section, each county is compared against all other counties combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

| Access to Health Services | Disparity Among Counties | | | | | | Total Service Area | TSA vs. Benchmarks | | | Miami Metro 2015 vs. 2018 TREND |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Broward County | Collier County | Lee County | Miami-Dade County | Monroe County | Palm Beach County | | FL | US | HP2020 | |
| % [Age 0-17] Child Is Uninsured | 5.7 | 2.3 | 6.1 | 4.5 | 4.4 | 3.7 | 4.7 | | 5.9 | 0.0 | 4.3 vs. 4.7 |
| % [Age 0-17] Child Has Been Without Insurance At Some Point | 27.6 | 13.9 | 17.9 | 27.4 | 10.0 | 18.2 | 24.1 | | 13.0 | | 14.1 vs. 25.4 |
| % [Age 0-17] Difficulties Accessing Child's Healthcare (Composite) | 46.5 | 43.8 | 42.7 | 57.1 | 63.3 | 51.4 | 51.2 | | 28.4 | | 38.2 vs. 52.4 |
| % [Age 0-17] Difficulty Finding Physician for Child in Past Year | 20.7 | 16.2 | 19.8 | 25.6 | 32.9 | 24.7 | 23.2 | | 9.8 | | 13.3 vs. 23.8 |
| % [Age 0-17] Difficulty Getting Appointment for Child in Past Year | 22.1 | 24.0 | 22.0 | 26.4 | 30.4 | 26.7 | 24.8 | | 16.4 | | 19.6 vs. 25.1 |

| Access to Health Services (continued) | Disparity Among Counties | | | | | | Total Service Area | TSA vs. Benchmarks | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Broward County | Collier County | Lee County | Miami-Dade County | Monroe County | Palm Beach County | | FL | US | HP2020 | Miami Metro 2015 vs. 2018 TREND |
| % [Age 0-17] Cost Prevented Child's Dr Visit in Past Year | 18.7 | 13.3 | 12.4 | 20.8 | 14.1 | 18.9 | 18.7 | | 8.6 | | 13.6 vs. 19.7 |
| % [Age 0-17] Transportation Hindered Child's Dr Visit in Past Year | 11.5 | 6.4 | 9.6 | 13.2 | 16.4 | 7.8 | 11.1 | | 5.6 | | 10.3 vs. 11.4 |
| % [Age 0-17] Inconvenient Hrs Prevented Child's Dr Visit in Past Year | 20.9 | 14.3 | 13.9 | 35.1 | 15.9 | 19.5 | 25.1 | | 13.1 | | 18.9 vs. 27 |
| % [Age 0-17] Cost Prevented Getting Child's Prescription in Past Year | 16.6 | 6.2 | 8.3 | 22.3 | 3.7 | 15.9 | 17.3 | | 7.2 | | 11 vs. 19 |
| % [Age 0-17] Language Prevented Child's Dr Visit in Past Year | 12.3 | 5.1 | 5.0 | 14.5 | 8.8 | 5.8 | 10.8 | | | | |
| % Parent Could Not Miss Work for Child's Health Care/Past Yr | 23.5 | 21.9 | 15.3 | 25.8 | 15.2 | 18.8 | 22.6 | | | | |
| % Child Needed to See a Specialist in the Past Year | 54.5 | 50.3 | 50.2 | 52.4 | 60.4 | 65.2 | 55.2 | | 34.4 | | 44.8 vs. 56 |
| % Child Needed to See 3+ Specialists in the Past Year | 34.0 | 33.6 | 39.1 | 36.2 | | 41.5 | 36.8 | | | | 20.8 vs. 36.8 |
| % [Child Needing Care] "Major/Moderate" Problem Getting Specialty Care | 45.3 | 36.0 | 51.6 | 50.4 | | 43.5 | 46.7 | | 43.0 | | 41.4 vs. 47 |
| % [Parents] Feel Need to Leave the Area for Children's Health Svcs | 36.5 | 48.1 | 52.8 | 38.0 | 79.1 | 43.5 | 40.8 | | 30.4 | | 27.7 vs. 38.7 |
| Total Licensed Pediatricians per 100,000 Population* | 27.6 | 16.2 | 19.0 | 28.5 | 12.9 | 21.0 | 20.0 | 22.3 | | | |

| Access to Health Services (continued) | Disparity Among Counties | | | | | | Total Service Area | TSA vs. Benchmarks | | | Miami Metro 2015 vs. 2018 TREND |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Broward County | Collier County | Lee County | Miami-Dade County | Monroe County | Palm Beach County | | FL | US | HP2020 | |
| % [Age 0-17] Child Has a Specific Source of Ongoing Care | 79.3 | 80.1 | 81.4 | 76.1 | 77.6 | 88.8 | 80.1 | | 87.1 | 100.0 | 81.9 vs. 80 |
| % [Age 0-17] Child Has Had Routine Checkup in Past Year | 90.3 | 89.3 | 94.3 | 91.9 | 93.1 | 91.5 | 91.5 | | 85.7 | | 92.3 vs. 91.4 |
| Total Licensed Dentists per 100,000 Population* | 74.9 | 75.3 | 44.9 | 62.2 | 47.9 | 79.1 | 68.6 | 55.8 | | | |
| % [Age 2-17] Child Has Had a Dental Visit in Past Year | 85.1 | 89.5 | 80.5 | 84.4 | 76.7 | 80.5 | 83.6 | | 84.6 | 49.0 | 78 vs. 83.7 |
| % [Age 0-17] Child Has Had 2+ ER Visits in Past Year | 30.4 | 15.0 | 23.6 | 33.5 | 24.1 | 23.0 | 28.8 | | 9.8 | | 15.8 vs. 30.1 |
| % [Age 0-17] Child Used Some Type of UCC in the Past Year | 43.1 | 25.2 | 37.5 | 61.0 | 43.0 | 41.3 | 48.5 | | 37.6 | | 36 vs. 50.9 |
| % Not Able to Understand Health Info From Past Dr Visit | 7.6 | 5.5 | 3.7 | 8.5 | 3.9 | 6.4 | 7.2 | | | | |
| % "Not Very/Not At All Comfortable" Asking Qs of Dr in Past Visit | 3.1 | 4.0 | 3.7 | 5.6 | 4.9 | 2.2 | 4.0 | | | | |
| % Dr Did Not Involve Parent in Child Care Decisions in Past Visit | 10.2 | 7.2 | 3.1 | 8.0 | 3.9 | 5.9 | 7.7 | | | | |
| % "Not Very/Not At All Easy" to Ask Qs Following Past Appt | 5.3 | 10.4 | 9.3 | 7.3 | 5.2 | 6.9 | 7.0 | | | | |

*For this indicator, the Total Service Area finding represents the median value among the available county data.

Note: In the green section, each county is compared against all other counties combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

| Allergies | Disparity Among Counties: Broward County | Collier County | Lee County | Miami-Dade County | Monroe County | Palm Beach County | Total Service Area | TSA vs. Benchmarks: FL | US | HP2020 | Miami Metro 2015 vs. 2018 TREND |
|---|---|---|---|---|---|---|---|---|---|---|---|
| % [Age 0-17] Child Has Respiratory Allergies | 22.0 | 18.3 | 20.7 | 33.1 | 15.0 | 20.7 | 25.7 | | 21.7 | | 19.5 vs. 26.7 |
| % [Age 0-17] Child Has Eczema/Skin Allergies | 24.7 | 19.9 | 24.6 | 25.2 | 12.8 | 28.8 | 25.3 | | 22.5 | | 25.6 vs. 25.8 |
| % [Age 0-17] Child Has Food/Digestive Allergies | 19.3 | 23.1 | 18.1 | 22.5 | 10.7 | 20.6 | 20.8 | | 11.8 | | 13 vs. 21 |

Note: In the green section, each county is compared against all other counties combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

| Asthma | Disparity Among Counties: Broward County | Collier County | Lee County | Miami-Dade County | Monroe County | Palm Beach County | Total Service Area | TSA vs. Benchmarks: FL | US | HP2020 | Miami Metro 2015 vs. 2018 TREND |
|---|---|---|---|---|---|---|---|---|---|---|---|
| % [Age 0-17] Child Currently Has Asthma | 18.4 | 14.9 | 16.3 | 27.6 | 7.7 | 15.6 | 21.0 | | 12.8 | | 13.2 vs. 21.9 |
| % [Age 0-17 With Asthma] ER/Urgent Care for Child's Asthma in Past Year | | | | | | | 71.0 | | 39.1 | | 51.9 vs. 74.1 |
| % [Age 0-17 With Asthma] Child Hospitalized for Asthma in Past Year | | | | | | | 52.5 | | 21.9 | | 27.1 vs. 55.9 |

Note: In the green section, each county is compared against all other counties combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

## Bone, Joint & Muscle Disorders

**Disparity Among Counties**

| | Broward County | Collier County | Lee County | Miami-Dade County | Monroe County | Palm Beach County |
|---|---|---|---|---|---|---|
| % [Age 0-17] Child Has Bone/Joint/Muscle Problems | 13.5 | 18.4 | 17.7 | 9.7 | 15.1 | 17.1 |

Note: In the green section, each county is compared against all other counties combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

**TSA vs. Benchmarks**

| Total Service Area | FL | US | HP2020 | Miami Metro 2015 vs. 2018 TREND |
|---|---|---|---|---|
| 13.3 | | 6.3 | | 8.3 vs. 12.6 |

better similar worse

## Cancer

**Disparity Among Counties**

| | Broward County | Collier County | Lee County | Miami-Dade County | Monroe County | Palm Beach County |
|---|---|---|---|---|---|---|
| [Age 1-5] Cancer Incidence per 100,000* | 25.0 | 31.5 | 24.1 | 25.3 | 20.7 | 21.6 |

*For this indicator, the Total Service Area finding represents the median value among the available county data.

Note: In the green section, each county is compared against all other counties combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

**TSA vs. Benchmarks**

| Total Service Area | FL | US | HP2020 | Miami Metro 2015 vs. 2018 TREND |
|---|---|---|---|---|
| 24.6 | 22.7 | | | |

better similar worse

## Cognitive & Behavioral Disorders

**Disparity Among Counties**

| | Broward County | Collier County | Lee County | Miami-Dade County | Monroe County | Palm Beach County |
|---|---|---|---|---|---|---|
| % [Age 0-17] Child Has ADD/ADHD | 18.4 | 19.9 | 19.5 | 18.4 | 17.1 | 19.6 |
| % [Age 0-17] Child Has Learning Disability/Developmental Delays | 19.9 | 27.1 | 20.1 | 13.5 | 14.3 | 23.3 |
| % [Age 5-17] Child Has Behavioral/Conduct Problems | 9.8 | 14.6 | 11.3 | 12.4 | | 13.9 |
| % [Age 5-17] Child Has Autism/Spectrum Disorder | 11.5 | 13.0 | 11.7 | 11.9 | | 12.1 |

**TSA vs. Benchmarks**

| Total Service Area | FL | US | HP2020 | Miami Metro 2015 vs. 2018 TREND |
|---|---|---|---|---|
| 18.8 | | 12.7 | | 11.6 vs. 18.7 |
| 18.4 | | | | |
| 11.9 | | 5.3 | | 5.2 vs. 11.9 |
| 11.9 | | 5.2 | | 4.7 vs. 11.8 |

| Diabetes | Disparity Among Counties: Broward County | Collier County | Lee County | Miami-Dade County | Monroe County | Palm Beach County | Total Service Area | TSA vs. Benchmarks: FL | US | HP2020 | Miami Metro 2015 vs. 2018 TREND |
|---|---|---|---|---|---|---|---|---|---|---|---|
| % [Age 0-17] Child Has Diabetes/High Blood Sugar | 11.0 | 5.0 | 7.5 | 15.0 | 0.0 | 4.6 | 10.7 | | 3.6 | | 3.7 vs. 11.4 |
| [Age <1] Diabetes Hospitalizations per 100,000* | 0.0 | | 0.0 | | 0.0 | 16.0 | 0.0 | 5.8 | | | |
| [Age 1-5] Diabetes Hospitalizations per 100,000* | 14.6 | 11.9 | 11.0 | 18.5 | | 19.1 | 14.6 | 18.1 | | | |
| [Age 5-11] Diabetes Hospitalizations per 100,000* | 46.7 | 32.3 | 51.7 | 45.4 | 47.3 | 51.2 | 47.0 | 43.5 | | | |
| [Age 12-18] Diabetes Hospitalizations per 100,000* | 124.9 | 88.6 | 163.3 | 124.5 | 86.6 | 120.8 | 122.7 | 136.7 | | | |

*For this indicator, the Total Service Area finding represents the median value among the available county data.

Note: In the green section, each county is compared against all other counties combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better | similar | worse

| Health Education | Disparity Among Counties: Broward County | Collier County | Lee County | Miami-Dade County | Monroe County | Palm Beach County | Total Service Area | TSA vs. Benchmarks: FL | US | HP2020 | Miami Metro 2015 vs. 2018 TREND |
|---|---|---|---|---|---|---|---|---|---|---|---|
| % Rely on the Internet for Healthcare Information | 15.2 | 15.5 | 11.3 | 15.9 | 17.7 | 17.4 | 15.6 | | 10.6 | | 15.1 vs. 16 |
| % Parent Not at All Likely to Allow Child into a Clinical Research Trial | 44.1 | 49.0 | 42.3 | 34.4 | 50.3 | 45.7 | 40.6 | | | | 53 vs. 40 |
| % Parent Would Seek Genetic Testing to Learn About Current Conds | 68.4 | 78.0 | 84.4 | 67.6 | 89.4 | 81.0 | 72.5 | | | | |
| % Parent Would Seek Genetic Testing to Learn About At-Risk Conds | 60.3 | 81.0 | 73.9 | 59.5 | 77.4 | 78.7 | 65.7 | | | | |
| % Parent Would Seek Genetic Testing to Avoid Negative Side Effects | 63.2 | 78.1 | 81.9 | 62.1 | 80.0 | 75.3 | 67.5 | | | | |
| % Parent Would Seek Genetic Testing to Find a Better Trmt | 65.4 | 79.5 | 82.9 | 60.3 | 88.1 | 80.5 | 68.7 | | | | |

Note: In the green section, each county is compared against all other counties combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

| Injury & Safety | Disparity Among Counties: Broward County | Collier County | Lee County | Miami-Dade County | Monroe County | Palm Beach County | Total Service Area | TSA vs. Benchmarks: FL | US | HP2020 | Miami Metro 2015 vs. 2018 TREND |
|---|---|---|---|---|---|---|---|---|---|---|---|
| % [Age 0-17] Child Has Sustained Injury Requiring Treatment in Past Year | 20.5 | 7.1 | 8.0 | 22.6 | 14.5 | 15.4 | 18.6 | | 12.7 | | 12.8 vs. 20.3 |
| % [Child in School] Parent Missed 2+ Work Days Due to Child Illness/Injury in Past Yr | | | | | | | 18.4 | | | | |
| [Age <1] Injured/Killed in MV Crashes per 100,000* | 419.5 | 254.8 | 552.7 | 338.8 | 225.4 | 301.2 | 320.0 | 442.6 | | | |

| Injury & Safety (continued) | Disparity Among Counties | | | | | | Total Service Area | TSA vs. Benchmarks | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Broward County | Collier County | Lee County | Miami-Dade County | Monroe County | Palm Beach County | | FL | US | HP2020 | Miami Metro 2015 vs. 2018 TREND |
| [Age 1-5] Injured/Killed in MV Crashes per 100,000* | 323.7 | 205.7 | 394.7 | 280.6 | 253.4 | 278.1 | 279.4 | 358.1 | | | |
| [Age 5-11] Injured/Killed in MV Crashes per 100,000* | 420.6 | 293.3 | 454.3 | 412.1 | 535.7 | 368.8 | 416.4 | 460.5 | | | |
| [Age 12-18 Passengers] Injured/Killed in MV Crashes per 100,000* | 550.9 | 423.0 | 589.2 | 542.5 | 937.0 | 490.6 | 546.7 | 614.7 | | | |
| % [Age 0-17] Child "Always" Uses Seat Belt/Car Seat | 84.2 | 90.6 | 94.1 | 80.8 | 94.2 | 91.5 | 85.6 | | 91.5 | | 89.5 vs. 84.3 |
| [Age 1-5] Traumatic Brain Injury Deaths per 100,000* | 1.2 | 2.0 | 3.0 | 0.9 | 0.0 | 1.8 | 1.5 | 2.8 | | | |
| [Age 5-11] Traumatic Brain Injury Deaths per 100,000* | 0.7 | 2.7 | 1.3 | 0.8 | 0.0 | 0.3 | 0.8 | 1.4 | | | |
| [Age 12-18] Traumatic Brain Injury Deaths per 100,000* | 3.2 | 4.0 | 8.6 | 5.2 | 7.9 | 7.3 | 6.3 | 7.7 | | | |
| % [Age 5-17] Child "Always" Wear a Bike Helmet | 54.1 | 61.5 | 46.9 | 49.7 | | 62.1 | 53.5 | | 45.9 | | 43.5 vs. 53.8 |
| % [Age 5-17] Child "Always" Wear a Skateboard/Scooter/Rollerblade Helmet | 45.9 | 48.0 | 51.5 | 41.3 | | 48.5 | 45.0 | | 41.5 | | 34.2 vs. 44.2 |
| [Age 5-11] Child Abuse Offenses per 100,000 Children* | 1067.2 | 713.7 | 850.4 | 454.4 | 1185.1 | 504.6 | 782.1 | 932.8 | | | |
| % [Age 0-17] Neighborhood Is "Slightly" or "Not At All" Safe | 14.4 | 10.2 | 15.1 | 18.7 | 4.8 | 14.8 | 16.0 | | 15.3 | | 18.9 vs. 16.5 |

| Injury & Safety (continued) | Disparity Among Counties: Broward County | Collier County | Lee County | Miami-Dade County | Monroe County | Palm Beach County | TSA vs. Benchmarks: Total Service Area | FL | US | HP2020 | Miami Metro 2015 vs. 2018 TREND |
|---|---|---|---|---|---|---|---|---|---|---|---|
| [Grades K-12] Violent Acts in School Activities per 1,000 Students* | 22.7 | 18.3 | 28.0 | 11.6 | 7.1 | 23.4 | 20.5 | 24.8 | | | |
| % [Age 5-17] Child Missed School in Past Year Because Felt Unsafe | 23.1 | 5.1 | 18.9 | 30.4 | | 19.3 | 23.9 | | 7.8 | | 11.2 vs. 26.7 |
| % [Age 5-17] Bullied on School Property in the Past Year | 21.8 | 14.9 | 16.0 | 35.3 | | 22.8 | 26.4 | | 16.9 | | 17.2 vs. 28.2 |
| % [Age 5-17] Child Electronically Bullied in Past Year | 12.7 | 0.9 | 8.1 | 15.6 | | 12.1 | 12.7 | | 4.4 | | 7 vs. 13.9 |

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Note: In the green section, each county is compared against all other counties combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

| Mental & Emotional Health | Disparity Among Counties: Broward County | Collier County | Lee County | Miami-Dade County | Monroe County | Palm Beach County | TSA vs. Benchmarks: Total Service Area | FL | US | HP2020 | Miami Metro 2015 vs. 2018 TREND |
|---|---|---|---|---|---|---|---|---|---|---|---|
| % [Age 5-17] Child's Mental Health Is "Fair/Poor" | 9.2 | 17.3 | 9.9 | 7.6 | | 14.9 | 10.1 | | 10.3 | | 7.7 vs. 9.8 |
| % [Age 5-17] Child Has Depression | 13.9 | 8.2 | 14.7 | 11.7 | | 13.0 | 12.7 | | 7.2 | | 6.2 vs. 12.7 |
| % [Age 5-17] Child Had Symptoms of Depression in Past Year | 14.5 | 5.9 | 7.1 | 18.4 | | 14.5 | 14.9 | | 5.7 | | 5.6 vs. 16.3 |
| % [High Schoolers] Attempted Suicide in Past Year* | 11.1 | | | 8.5 | | 8.3 | 8.5 | 7.6 | 7.4 | | 8.3 vs. 8.5 |

| Mental & Emotional Health (continued) | Disparity Among Counties: Broward County | Collier County | Lee County | Miami-Dade County | Monroe County | Palm Beach County | Total Service Area | TSA vs. Benchmarks: FL | US | HP2020 | Miami Metro 2015 vs. 2018 TREND |
|---|---|---|---|---|---|---|---|---|---|---|---|
| % [Age 5-17] Child Has Anxiety | 16.2 | 11.7 | 18.7 | 19.1 | | 20.0 | 18.0 | | 13.4 | | 8.7 vs. 18.3 |
| % [Age 5-17] Child Worries A Lot | 26.1 | 23.1 | 36.4 | 35.6 | | 35.4 | 32.3 | | 27.1 | | 27.1 vs. 32.5 |
| % [Age 5-17] Child Has Difficulty Sleeping | 20.8 | 25.9 | 22.9 | 18.3 | | 29.9 | 22.1 | | 18.7 | | 16.9 vs. 21.7 |
| Child and Adolescent Psychiatric Beds per 100,000* | 2.2 | 0.0 | 0.0 | 2.8 | 0.0 | 1.9 | 0.0 | 2.6 | | | 2 vs. 2.2 |
| % [Age 5-17] Parent Aware of Community Mental Health Resources | 50.3 | 72.3 | 66.3 | 44.7 | | 64.5 | 53.4 | | 60.5 | | 50.4 vs. 51 |
| % [Age 5-17] Needed Mental Health Svcs in the Past Yr | 19.1 | 23.1 | 20.8 | 17.2 | | 25.5 | 19.9 | | 13.6 | | 20.4 vs. 19.7 |
| % [Age 5-17] Difficulties Accessing Mental Health Svcs/Past Yr | 14.7 | 13.8 | 8.8 | 15.0 | | 16.0 | 14.4 | | | | |
| % [Age 5-17] Child Rec'd Professional Treatment/Counseling in Past Yr | 16.4 | 21.8 | 19.4 | 13.6 | | 19.6 | 16.5 | | 10.8 | | |
| % [Age 5-17] Child Has Ever Taken Rx for Mental Health | 14.3 | 14.6 | 17.7 | 15.5 | | 17.3 | 15.7 | | 10.0 | | 8.3 vs. 15.5 |
| % [Age 5-17] Ever Hospitalized for Mental Health Issue | 9.8 | 3.6 | 4.8 | 9.8 | | 6.1 | 8.4 | | | | 2.7 vs. 9 |

*For this indicator, the Total Service Area finding represents the median value among the available county data.

Note: In the green section, each county is compared against all other counties combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

| Mortality | Disparity Among Counties: Broward County | Collier County | Lee County | Miami-Dade County | Monroe County | Palm Beach County | Total Service Area | TSA vs. Benchmarks: FL | US | HP2020 | Miami Metro 2015 vs. 2018 TREND |
|---|---|---|---|---|---|---|---|---|---|---|---|
| [Age 1-4] Mortality Rate per 100,000 | | | | | | | 24.2 | 29.0 | 24.8 | 25.7 | 23.3 vs. 23.6 |
| [Age 5-9] Mortality Rate per 100,000 | | | | | | | 14.3 | 13.1 | 11.8 | 12.3 | 10 vs. 13.6 |
| [Age 10-14] Mortality Rate per 100,000 | | | | | | | 12.3 | 13.5 | 14.4 | 15.2 | 14.3 vs. 11.6 |
| [Age 15-19] Mortality Rate per 100,000 | | | | | | | 51.7 | 52.3 | 48.3 | 55.7 | 44.9 vs. 51 |

Note: In the green section, each county is compared against all other counties combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

| Neurological Disorders | Disparity Among Counties: Broward County | Collier County | Lee County | Miami-Dade County | Monroe County | Palm Beach County | Total Service Area | TSA vs. Benchmarks: FL | US | HP2020 | Miami Metro 2015 vs. 2018 TREND |
|---|---|---|---|---|---|---|---|---|---|---|---|
| % [Age 0-17] Child Has Migraines/Severe Headaches | 13.5 | 9.9 | 14.1 | 14.7 | 6.3 | 11.3 | 13.3 | | 8.6 | | 7.8 vs. 13.5 |
| % [Age 0-17] Child Has Brain Injury/Concussion | 9.5 | 7.1 | 7.2 | 5.2 | 5.0 | 6.8 | 7.0 | | 3.6 | | 2.9 vs. 6.9 |
| % [Age 0-17] Child Has Epilepsy/Seizure Disorder | 11.0 | 9.5 | 10.6 | 10.5 | 0.0 | 8.1 | 10.1 | | 3.1 | | 3.7 vs. 10.1 |

Note: In the green section, each county is compared against all other counties combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

| Nutrition, Physical Activity & Weight | Disparity Among Counties | | | | | | Total Service Area | TSA vs. Benchmarks | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Broward County | Collier County | Lee County | Miami-Dade County | Monroe County | Palm Beach County | | FL | US | HP2020 | Miami Metro 2015 vs. 2018 TREND |
| % [Age 2-17] Child Has 5+ Servings of Fruits/Vegetables per Day | 41.8 | 39.7 | 45.8 | 39.5 | 42.1 | 40.7 | 41.0 | | 41.1 | | 33.8 vs. 40.5 |
| % "Very/Somewhat" Difficult to Buy Fresh Produce | 40.4 | 28.3 | 32.0 | 39.0 | 32.6 | 34.5 | 37.4 | | 32.6 | | 34.4 vs. 38.5 |
| % [Age 2-17] Child Ate 3+ Fast Food Meals in Past Week | 30.9 | 21.6 | 25.3 | 35.3 | 14.3 | 25.5 | 30.6 | | 27.6 | | 20.7 vs. 31.7 |
| % [Age 2-17] Ate 7+ Meals Together as a Family in Past Week | 37.5 | 63.7 | 57.7 | 35.8 | 63.7 | 51.5 | 42.7 | | 46.2 | | |
| % [Age 2-17] Child Was Physically Active One Hour/Day in Past Week | 25.4 | 39.4 | 50.8 | 26.3 | 51.3 | 46.8 | 33.0 | | 45.3 | | 37.2 vs. 30.6 |
| % [Age 2-17] Participates in 3+ Days Vigorous Physical Activity | 68.3 | 62.9 | 76.3 | 63.3 | 77.9 | 70.2 | 67.3 | | | | |
| % [Age 5-17] Child Watches 3+ Hours of TV per Day | 44.0 | 25.1 | 38.2 | 46.8 | | 34.1 | 41.7 | | 34.1 | | 39.4 vs. 43 |
| % [Age 5-17] Child Has 3+ Hours of Electronic Use per Day | 42.5 | 27.2 | 43.5 | 44.4 | | 44.2 | 43.0 | | 32.9 | | 41.8 vs. 43.7 |
| % [Age 5-17] Child Has 3+ Hours of Total Screen Time per Day | 64.6 | 58.9 | 80.9 | 68.8 | | 69.2 | 68.5 | | 64.8 | | 70.4 vs. 67.5 |
| % [Age 5-17] Child Has a TV in Bedroom | 50.3 | 48.9 | 54.5 | 59.7 | | 45.9 | 53.4 | | 39.4 | | 54.5 vs. 53.5 |
| % [Age 5-17] Has Computer/Device in the Bedroom | 62.2 | 41.3 | 53.4 | 62.7 | | 51.1 | 58.6 | | 46.8 | | 56.3 vs. 59.9 |

| Nutrition, Physical Activity & Weight (continued) | Disparity Among Counties: Broward County | Collier County | Lee County | Miami-Dade County | Monroe County | Palm Beach County | Total Service Area | TSA vs. Benchmarks: FL | US | HP2020 | Miami Metro 2015 vs. 2018 TREND |
|---|---|---|---|---|---|---|---|---|---|---|---|
| % [Age 5-17] Child Has Own Smart Phone | 62.5 | 52.0 | 49.3 | 62.5 | | 53.5 | 59.0 | | 41.6 | | 51.2 vs. 60.5 |
| % [Age 5-17] Child Is Overweight or Obese | 29.0 | 31.0 | 37.4 | 43.5 | | 31.6 | 36.1 | | 32.6 | | 38.1 vs. 36.2 |
| % [Age 5-17] Child Is Obese | 17.3 | 15.2 | 29.7 | 32.4 | | 19.0 | 24.6 | | 18.2 | 14.5 | 22.5 vs. 24.6 |
| % [Overweight Kids 5-17] Perceive Child "About the Right Weight" | 39.3 | | | 44.1 | | 42.2 | 42.2 | | | | 54.5 vs. 42.6 |
| % [Parents] Have Been Told That Overwt Child [5-17] Is Overweight | 29.7 | | | 45.7 | | 32.2 | 37.1 | | 8.9 | | 19.9 vs. 39 |

Note: In the green section, each county is compared against all other counties combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

| Prenatal & Infant Health | Disparity Among Counties: Broward County | Collier County | Lee County | Miami-Dade County | Monroe County | Palm Beach County | Total Service Area | TSA vs. Benchmarks: FL | US | HP2020 | Miami Metro 2015 vs. 2018 TREND |
|---|---|---|---|---|---|---|---|---|---|---|---|
| No Prenatal Care in First Trimester (Percent)* | 25.7 | 29.5 | 27.5 | 14.1 | 17.7 | 24.3 | 25.0 | 21.7 | | 22.1 | 23.8 vs. 24.3 |
| % Mother Had Problems Getting Prenatal Care | 15.2 | 11.4 | 9.1 | 17.8 | 8.5 | 6.1 | 13.7 | | | | 7.7 vs. 14.4 |
| % Parent Selected Pediatrician Before Child's Birth | 71.5 | 78.4 | 75.8 | 67.5 | 69.9 | 73.8 | 71.0 | | | | 70.1 vs. 70.2 |
| Low Birthweight Births (Percent)* | 9.6 | 6.9 | 8.1 | 8.5 | 6.3 | 8.4 | 8.3 | 8.7 | 8.2 | 7.8 | 8.9 vs. 8.5 |

| Prenatal & Infant Health (continued) | Disparity Among Counties: Broward County | Collier County | Lee County | Miami-Dade County | Monroe County | Palm Beach County | Total Service Area | TSA vs. Benchmarks: FL | US | HP2020 | Miami Metro 2015 vs. 2018 TREND |
|---|---|---|---|---|---|---|---|---|---|---|---|
| % [Age 0-17] Child Was Ever Breastfed | 72.0 | 81.5 | 67.8 | 72.6 | 79.5 | 78.4 | 73.5 | | 72.6 | 81.9 | 73.5 vs. 73.7 |
| % Exclusively Breastfed Until 6 Months | 24.8 | 27.1 | 27.1 | 23.5 | 29.7 | 29.0 | 25.4 | | 29.1 | 25.5 | 26.5 vs. 25.1 |
| Infant Death Rate per 1,000 Live Births | 5.2 | 5.4 | 5.9 | 5.0 | 4.9 | 4.7 | 6.2 | 6.2 | 5.9 | 6.0 | 6 vs. 5 |
| Children Fully Immunized at Age 2 (Percent)* | 90.1 | 79.2 | 88.9 | 89.4 | | 83.3 | 88.9 | 86.1 | | | |
| % Would Not Want New Baby to Have All Recommended Vaccines | 13.1 | 9.3 | 11.0 | 16.4 | 7.5 | 15.6 | 14.5 | | 12.5 | | 11.2 vs. 15.2 |

*For this indicator, the Total Service Area finding represents the median value among the available county data.

Note: In the green section, each county is compared against all other counties combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

| Sexual Activity | Disparity Among Counties: Broward County | Collier County | Lee County | Miami-Dade County | Monroe County | Palm Beach County | Total Service Area | TSA vs. Benchmarks: FL | US | HP2020 | Miami Metro 2015 vs. 2018 TREND |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Births to Teenagers (Under Age 20, Percent) | 3.4 | 4.8 | 5.9 | 3.9 | 3.2 | 4.2 | 4.1 | 5.1 | | | 5.6 vs. 3.9 |
| [All Ages] Gonorrhea Incidence per 100,000 | 140.6 | 18.6 | 58.8 | 92.7 | 24.9 | 81.3 | 95.6 | 107.1 | 110.7 | | |
| [All Ages] Chlamydia Incidence per 100,000 | 491.9 | 240.3 | 363.6 | 409.8 | 220.0 | 351.9 | 405.3 | 429.8 | 456.1 | | |

| Sexual Activity (continued) | Disparity Among Counties | | | | | | TSA vs. Benchmarks | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Broward County | Collier County | Lee County | Miami-Dade County | Monroe County | Palm Beach County | Total Service Area | FL | US | HP2020 | Miami Metro 2015 vs. 2018 TREND |
| % [High Schoolers] Currently Sexually Active* | 25.3 | | | 28.9 | | 25.2 | 25.3 | 26.3 | 28.7 | | 31.8 vs. 25.3 |
| % [Sexually Active High Schoolers] Did Not Use Condom* | 43.7 | | | 37.3 | | 35.5 | 37.3 | 42.6 | 46.2 | | 33.6 vs. 37.3 |
| % [Sexually Active High Schoolers] Did Not Use Any Birth Control* | 12.6 | | | 19.9 | | 15.6 | 15.6 | 13.3 | 13.8 | | 12 vs. 15.6 |
| % Would Want Teenager Vaccinated Against HPV | 81.1 | 76.4 | 76.9 | 79.3 | 81.3 | 75.6 | 78.8 | | 74.8 | | 79.5 vs. 79.1 |
| | | | | | | | | better | similar | worse | |

*For this indicator, the Total Service Area finding represents the median value among the available county data.

Note: In the green section, each county is compared against all other counties combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

| Substance Abuse | Disparity Among Counties | | | | | | TSA vs. Benchmarks | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Broward County | Collier County | Lee County | Miami-Dade County | Monroe County | Palm Beach County | Total Service Area | FL | US | HP2020 | Miami Metro 2015 vs. 2018 TREND |
| % Child Prescribed Stimulants in Past 3 Years | 17.7 | 14.7 | 17.7 | 23.4 | 14.2 | 14.4 | 19.1 | | | | |
| % Child Prescribed Anxiety Medications in Past 3 Years | 12.0 | 9.5 | 6.8 | 10.9 | 8.3 | 8.7 | 10.3 | | | | |
| % Child Prescribed Pain Medications in Past 3 Years | 16.2 | 8.1 | 13.6 | 19.7 | 9.7 | 9.0 | 15.5 | | | | |
| % [Child w/Rx] Dr "Always" Clearly Discussed Side Effects/Risks | 59.6 | | 51.7 | 53.5 | | 51.4 | 54.6 | | | | |

| Substance Abuse (continued) | Disparity Among Counties | | | | | | Total Service Area | TSA vs. Benchmarks | | | Miami Metro 2015 vs. 2018 TREND |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Broward County | Collier County | Lee County | Miami-Dade County | Monroe County | Palm Beach County | | FL | US | HP2020 | |
| % Parent Aware of Community Substance Abuse Resources for Children | 50.2 | 70.5 | 65.5 | 44.5 | 51.4 | 51.4 | 50.5 | | | | 45.4 vs. 47.9 |
| % Substance Abuse Resources in Community for Children are "Fair/Poor" | 14.0 | 31.4 | 36.3 | 11.1 | | 32.9 | 20.5 | | | | 22.4 vs. 17.2 |
| % [High Schoolers] Drank Alcohol in Past Month* | 32.5 | | | 28.7 | | 31.7 | 31.7 | 27.0 | 29.8 | | 38.5 vs. 31.7 |
| % [High Schoolers] Drove When Drinking in Past Month* | 6.2 | | | 5.6 | | 7.0 | 6.2 | 5.8 | 5.5 | | 10.9 vs. 6.2 |
| % [High Schoolers] Ever Used Marijuana* | 36.8 | | | 34.3 | | 35.9 | 35.9 | 34.5 | 35.6 | | 38 vs. 35.9 |
| % [High Schoolers] Ever Used Prescription Drugs (Not Rx)* | 11.8 | | | 13.6 | | 10.7 | 11.8 | 11.2 | 14.0 | | 12.2 vs. 11.8 |
| % [High Schoolers] Ever Used Inhalants* | 6.5 | | | 6.4 | | 7.0 | 6.5 | | 6.2 | | 6.5 vs. 6.5 |
| % [High Schoolers] Ever Used Ecstasy* | 4.0 | | | 5.2 | | 5.4 | 5.2 | | 4.0 | | 10.3 vs. 5.2 |
| % [High Schoolers] Ever Used Cocaine (Any Form)* | 4.0 | | | 7.3 | | 6.1 | 6.1 | 4.7 | 4.8 | | 5.3 vs. 6.1 |
| % [High Schoolers] Ever Used Steroids (Not Rx)* | 4.0 | | | 4.5 | | 4.5 | 4.5 | 3.7 | 2.9 | | 2.6 vs. 4.5 |
| % [High Schoolers] Ever Used Methamphetamines* | 3.1 | | | 4.2 | | 4.2 | 4.2 | | 2.5 | | 3 vs. 4.2 |

| Substance Abuse (continued) | Disparity Among Counties: Broward County | Collier County | Lee County | Miami-Dade County | Monroe County | Palm Beach County | TSA vs. Benchmarks: Total Service Area | FL | US | HP2020 | Miami Metro 2015 vs. 2018 TREND |
|---|---|---|---|---|---|---|---|---|---|---|---|
| % [High Schoolers] Ever Used Heroin* | 3.7 | | | 4.3 | | 4.4 | 4.3 | | 1.7 | | 2.3 vs. 4.3 |
| % [High Schoolers] Ever Used Injection Drugs* | 2.0 | | | 3.9 | | 4.4 | 3.9 | | 1.5 | | 2.2 vs. 3.9 |
| % [High Schoolers] Used Marijuana in Past Month* | 20.9 | | | 19.2 | | 20.1 | 20.1 | 20.2 | 19.8 | | 22.9 vs. 20.1 |
| | | | | | | | | better | similar | worse | |

*For this indicator, the Total Service Area finding represents the median value among the available county data.

Note: In the green section, each county is compared against all other counties combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

| Tobacco | Disparity Among Counties: Broward County | Collier County | Lee County | Miami-Dade County | Monroe County | Palm Beach County | TSA vs. Benchmarks: Total Service Area | FL | US | HP2020 | Miami Metro 2015 vs. 2018 TREND |
|---|---|---|---|---|---|---|---|---|---|---|---|
| % [Age 0-17] Household Member Smokes Inside the Home | 10.9 | 4.9 | 5.8 | 16.9 | 2.8 | 5.8 | 11.5 | | 8.0 | | 6.8 vs. 12.5 |
| % [High Schoolers] Smoked Cigarettes in Past Month* | 5.7 | | | 4.5 | | 3.8 | 4.5 | 5.7 | 8.8 | | 7.5 vs. 4.5 |
| | | | | | | | | better | similar | worse | |

*For this indicator, the Total Service Area finding represents the median value among the available county data.

Note: In the green section, each county is compared against all other counties combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

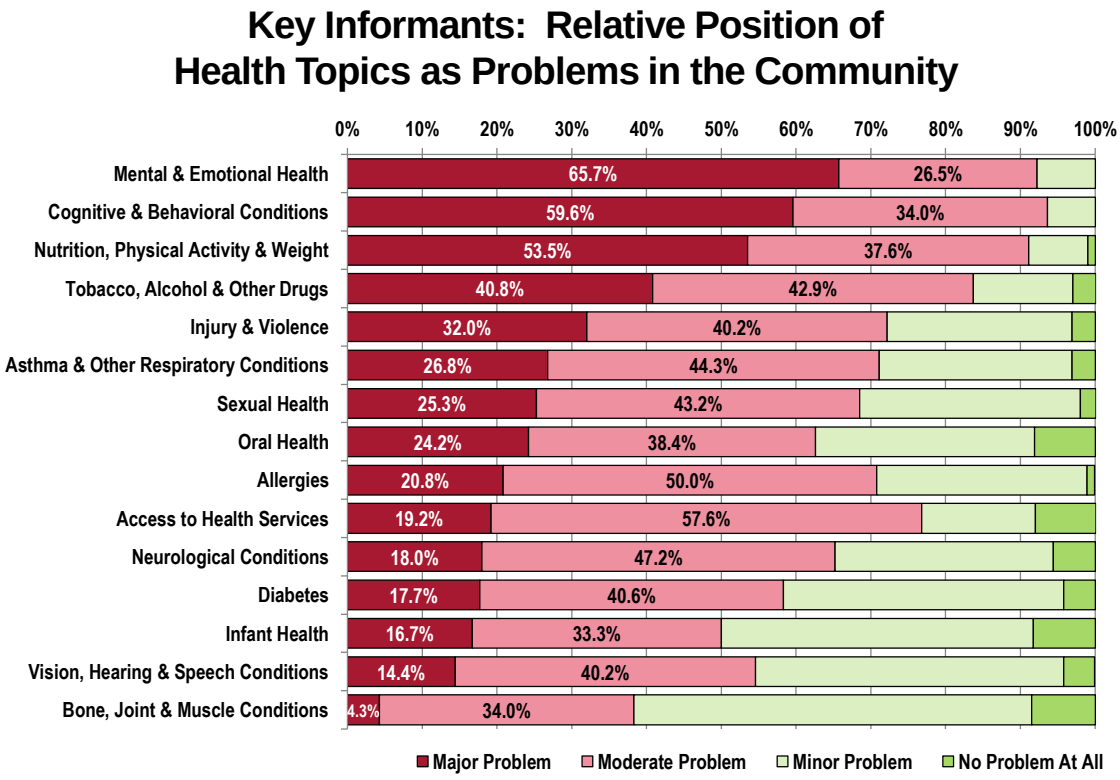
| Vision, Hearing & Speech | Disparity Among Counties | | | | | | Total Service Area | TSA vs. Benchmarks | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Broward County | Collier County | Lee County | Miami-Dade County | Monroe County | Palm Beach County | | FL | US | HP2020 | Miami Metro 2015 vs. 2018 TREND |
| % [Age 0-17] Child Has Had 3+ Ear Infections (Ever) | 22.1 | 30.6 | 26.1 | 18.5 | 22.2 | 21.1 | 21.3 | | 17.9 | | 17 vs. 20.3 |
| % [Age 0-17] Child Has Speech/Language Problems | 26.7 | 26.2 | 25.3 | 24.2 | 10.5 | 30.8 | 26.3 | | 14.7 | | 14.3 vs. 26.5 |
| % [Age 0-17] Child Has Hearing Problems | 16.0 | 12.0 | 10.2 | 19.1 | 6.9 | 9.1 | 15.1 | | 6.8 | | 8.3 vs. 15.9 |
| % Child Wears Hearing Device | 9.7 | 4.1 | 2.8 | 14.9 | 1.9 | 3.9 | 9.7 | | | | |
| % [Age 0-17] Child Has Vision Problems | 16.3 | 13.9 | 11.3 | 24.3 | 4.1 | 7.7 | 17.1 | | 8.0 | | 10 vs. 18 |
| % [Age 0-17] Child Has Had an Eye Exam in the Past 3 Years | 86.6 | 90.1 | 94.0 | 88.4 | 74.9 | 85.0 | 87.7 | | 82.3 | | 81.3 vs. 86.9 |
| % [Age 0-17] Child Has Had Hearing Tested in the Past 5 Years | 86.3 | 91.3 | 91.8 | 85.2 | 79.4 | 85.0 | 86.3 | | 85.2 | | 86.7 vs. 81 |

Note: In the green section, each county is compared against all other counties combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

## Summary of Key Informant Perceptions

In the Online Key Informant Survey, community stakeholders were asked to rate the degree to which each of 17 health issues is a problem for children and/or adolescents 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 also are outlined throughout this report, along with the qualitative input describing reasons for their concerns. (Note that these ratings alone do not establish priorities for this assessment; rather, they are one of several data inputs considered for the prioritization process described earlier.)



# Community Description

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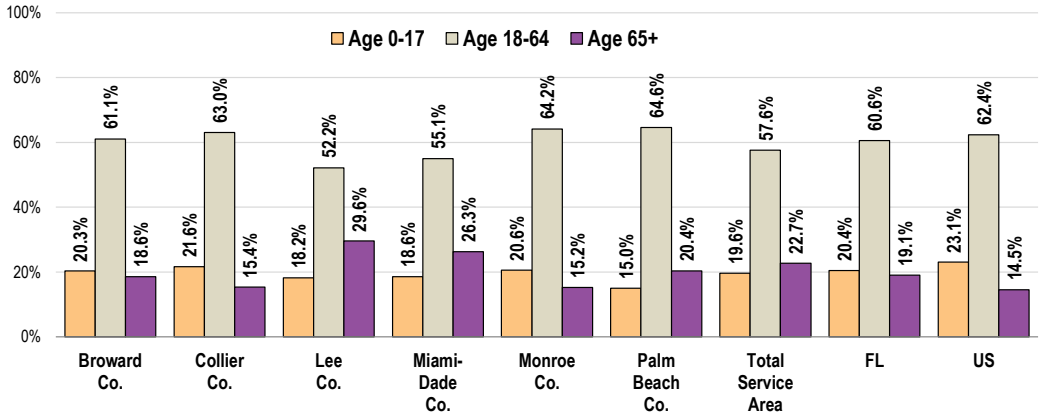
## Age

It is important to understand the percentage of youth in the community, as this population has unique health needs that should be considered separately from others along the age spectrum.

**In the Total Service Area, 19.6% of the population are infants, children, or adolescents (age 0-17).**

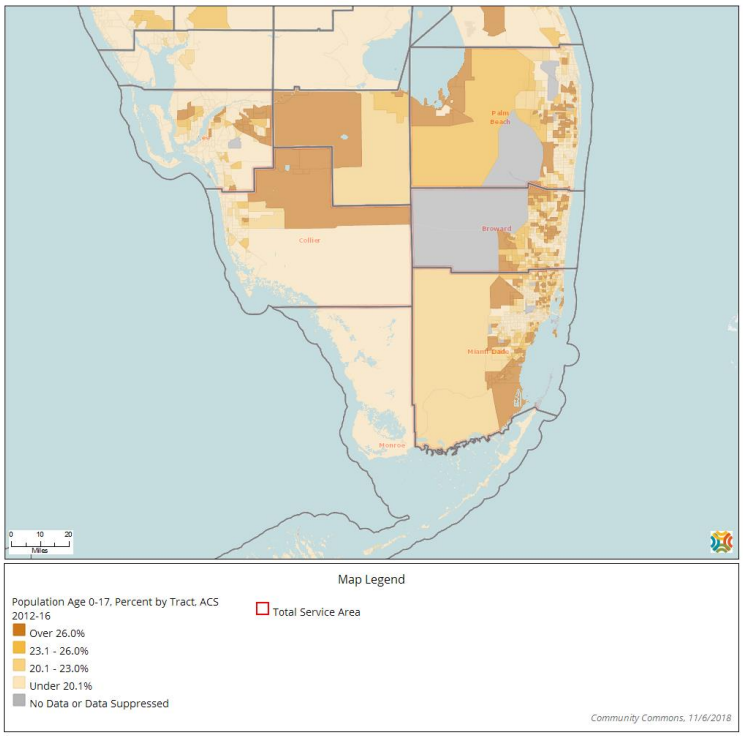
- Similar to that found statewide.
- The percentage of youth (age 0-17) is lower than the US figure.

**Total Population by Age Groups, Percent**
(2012-2016)




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

- The following map shows the percent of the Total Service Area population under age 18 by census tract.

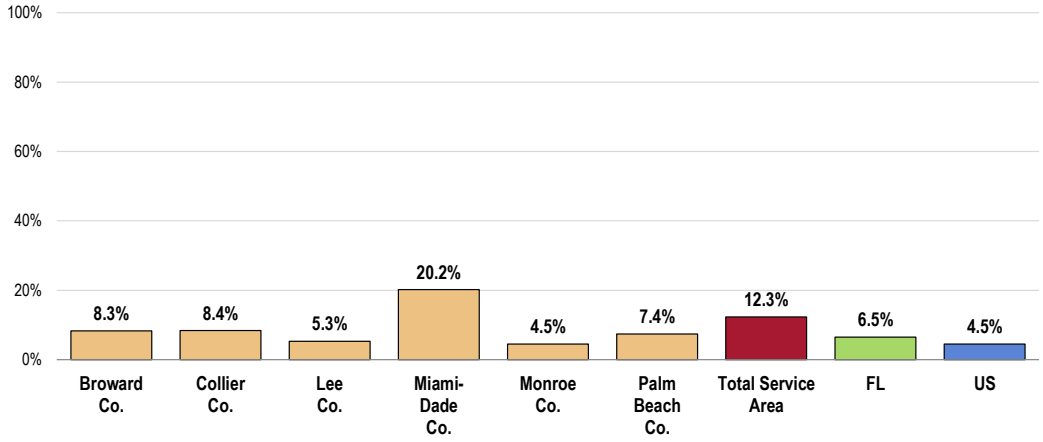



## Linguistic Isolation

**A total of 12.3% of the Total Service Area population age 5 and older live in a home in which no persons age 14 or older is proficient in English (speaking only English, or speaking English "very well").**

- Far above that seen statewide and nationally.
- Highest in Broward, Collier, and (especially) Miami-Dade counties.

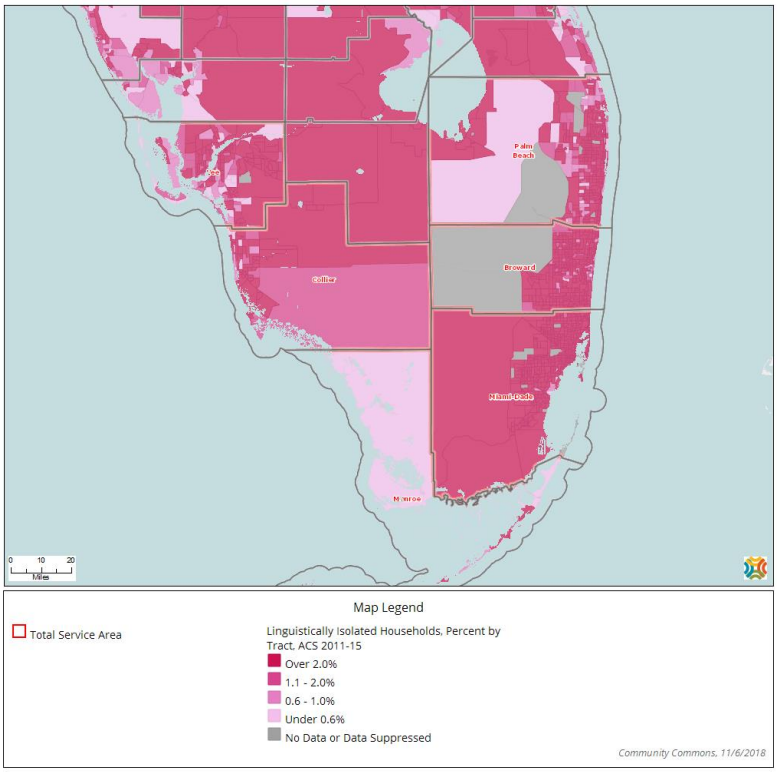
### Linguistically Isolated Population
(2012-2016)




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

Notes:
- This indicator reports the percentage of the population aged 5 and older who live in a home in which no person 14 years old and over speaks only English, or in which no person 14 years old and over speak a non-English language and speak English "very well."

- In the following map, note the dark pink areas that represent the census tracts with the highest prevalence of linguistically isolated households.



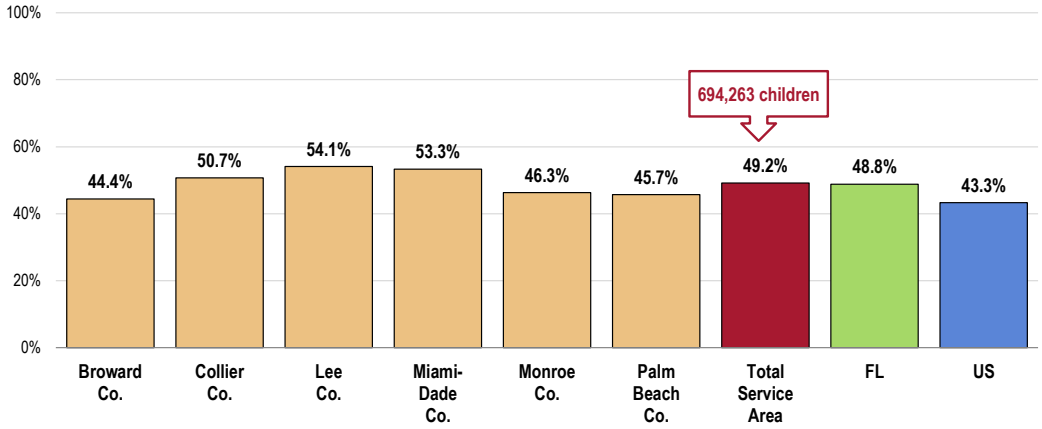

## Children in Low-Income Households

**Additionally, 49.2% of Total Service Area children age 0-17 (representing an estimated 694,263 children) live below the 200% poverty threshold.**

- Comparable to the proportion found throughout Florida.
- Above the US proportion.
- Highest in Lee and Miami-Dade counties.

## Percent of Children in Low-Income Households

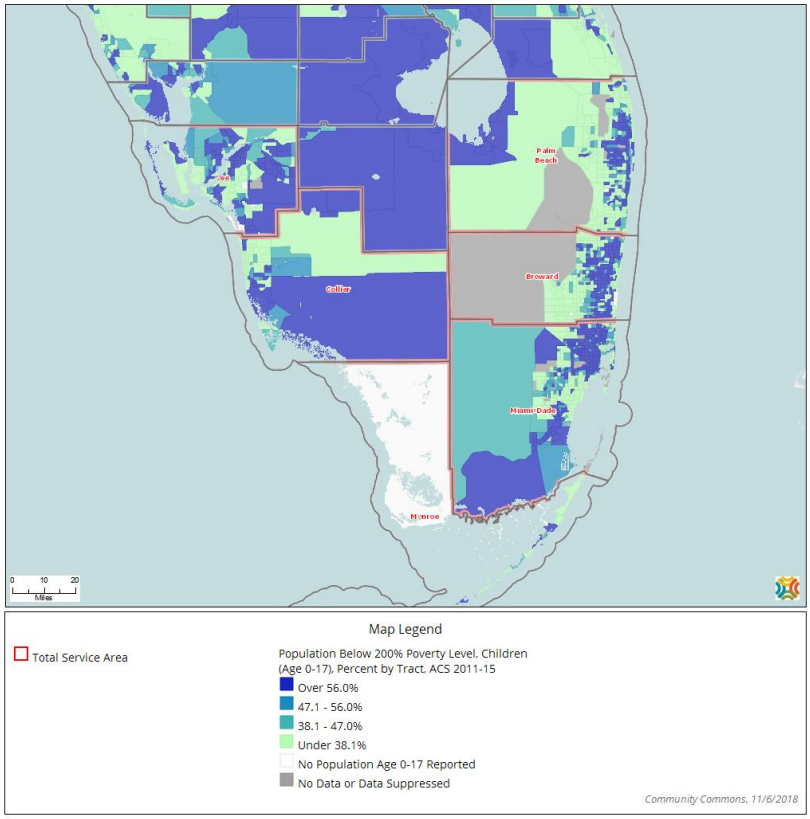
(Children 0-17 Living Below 200% of the Poverty Level, 2012-2016)




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

Notes:
- This indicator reports the percentage of children aged 0-17 living in households with income below 200% of the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

- Dark blue shading in the following map shows the areas within the Total Service Area where over 50% of children are living in low-income households.



# Perceptions of Top Health Issues

Professional Research Consultants, Inc.

# Child Health

## Perceived Top Health Issues

**Following the 28.1% of parents who gave <u>don't know/nothing</u> responses, the interrelated issues of <u>obesity, nutrition, and exercise</u> received the second-largest share of responses (20.7%) as the perceived number-one health issue for children under the age of 12. <u>Colds/flu</u> received 14.1% of responses.**

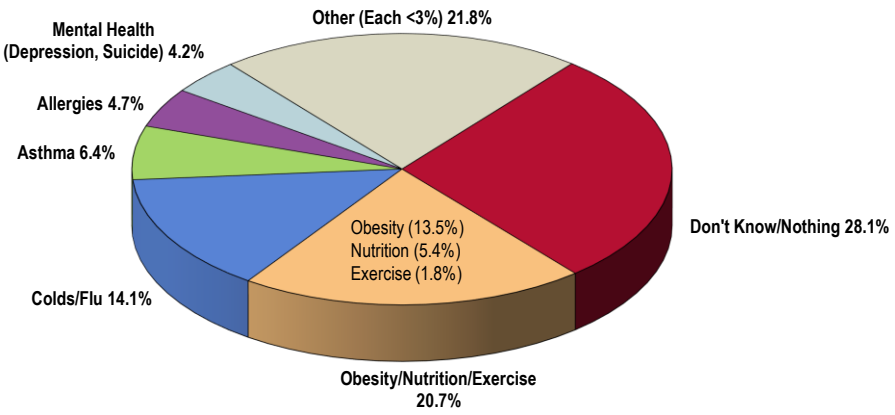
- Respondents also identified **asthma** (6.4%), **allergies** (4.7%), and **mental health** (4.2%).

The initial inquiry of the PRC Child & Adolescent Health Survey asked respondents the following:

"In general, what do you feel is the number-one health issue affecting children under the age of 12 in your community today?"

This question was open-ended, meaning that respondents were free to mention whatever came to mind, and their verbatim responses were recorded. These responses were then grouped thematically for reporting here.

**Perceived Number-One Health Issue Affecting Children Under 12 in the Community**
(Among Total Service Area Parents With a Child Age 0-17, 2018)




Sources: • 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 5]
Notes: • Reflects total sample of respondents.

## Perceived Availability of Resources

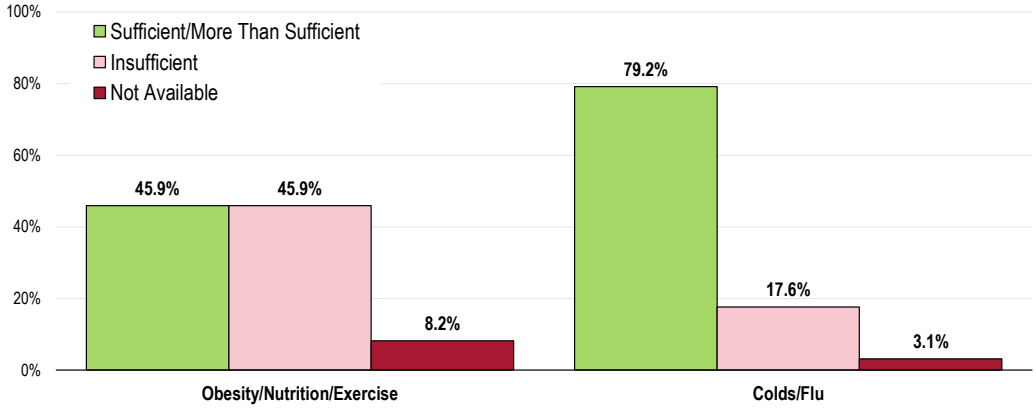
For the issue that respondents identified as their number-one concern, respondents were then asked their perceptions regarding the availability of resources in the community to address that issue.

**Those who mentioned obesity, nutrition, or exercise as the top children's health issue slightly more often rated community resources to address these problems as insufficient/non-existent than sufficient/more than sufficient.**

**In contrast, the community resources available for colds/flu issues are seen as sufficient or more than sufficient by the respondents who chose colds/flu as the number one health issue for children.**

### Perception of Existing Community Resources or Services for Number-One Health Issue Affecting Children Under 12

(By Perceived Primary Health Issue; Total Service Area, 2018)




Sources: • 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 6]
Notes: • Among respondents who identified a top health concern.

# Adolescent Health

## Perceived Top Health Issues

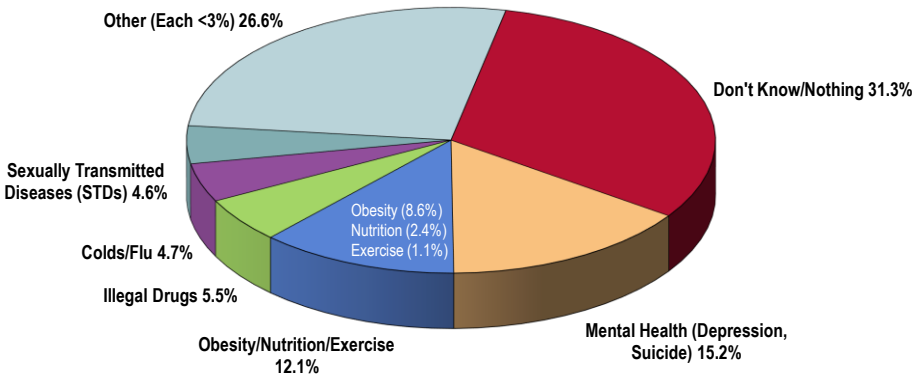
"In general, what do you feel is the number-one health issue affecting adolescents age 12-17 in your community today?"

**When parents were asked to name the number-one health issue for adolescents (age 12-17), the top response was <u>don't know/nothing</u> (31.3%), followed by mental health issues (15.2%).**

- Other frequent responses included the combined **obesity/nutrition/exercise** (mentioned by 12.1%), **illegal drugs** (5.5%), **colds/flu** (4.7%), and **sexually transmitted diseases** (4.6%).

### Perceived Number-One Health Issue Affecting Adolescents (12-17) in the Community

(Among Total Service Area Parents With a Child Age 0-17, 2018)




Sources: ● 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 7]
Notes: ● Reflects the total sample of respondents.

## Perceived Availability of Resources

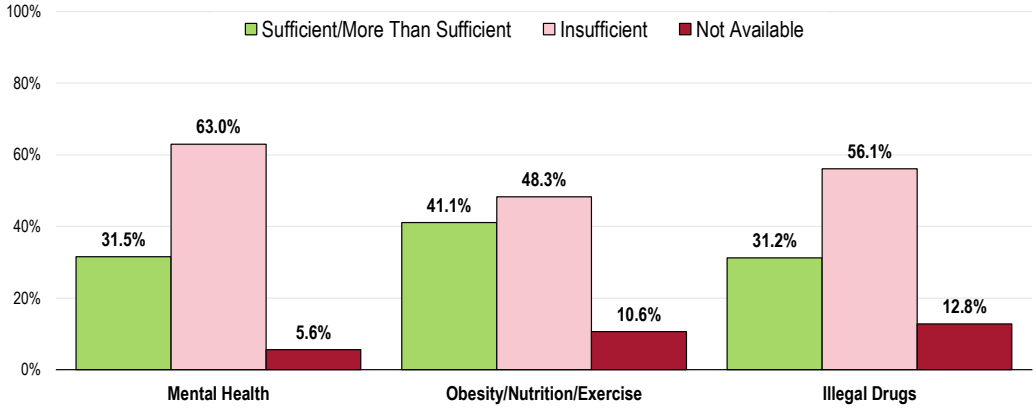
Respondents further were asked to identify their perceptions of the availability of resources in the community to address that issue that they identified as the number-one concern.

**A majority of those identifying mental health as their top concern for adolescents view community resources to address these needs as insufficient (or nonexistent).**

Findings suggest the same for those identifying **obesity/nutrition/exercise** or **illegal drugs** as their top concerns.

### Perception of Existing Community Resources or Services for Number-One Health Issue Affecting Adolescents

(By Perceived Primary Health Issue; Total Service Area, 2018)




Sources: ● 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 8]
Notes: ● Among respondents who identified a top health concern.

# Health Status

Professional Research Consultants, Inc.

# Overall Health Status

## Evaluations of Child's Overall Health

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

**Most Total Service Area parents rate their child's overall health as "excellent" (45.1%) or "very good" (27.1%).**

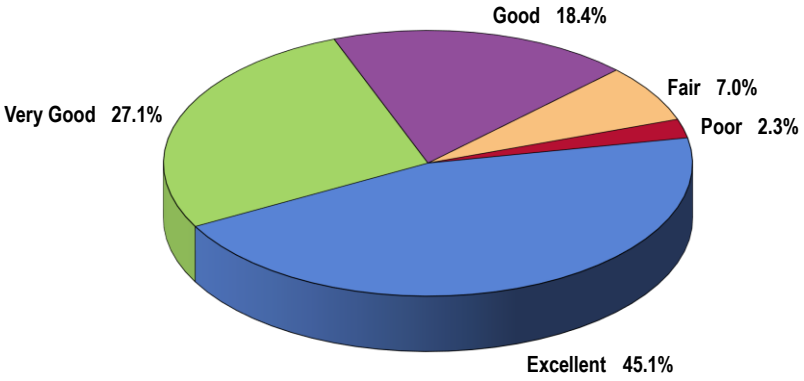
- Another 18.4% gave "good" ratings of their child's overall health.

NOTE:

The terms "child" and "children" are used throughout this report to refer to children and adolescents of all ages (0-17), unless otherwise specified.

Although survey respondents are often referred to as "parents" throughout this report, they may in fact be a grandparent or other guardian for a child in the household.

**Child's Health Status**
(Total Service Area, 2018)




Sources: • 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 16]
Notes: • Asked of all respondents about a randomly selected child in the household.

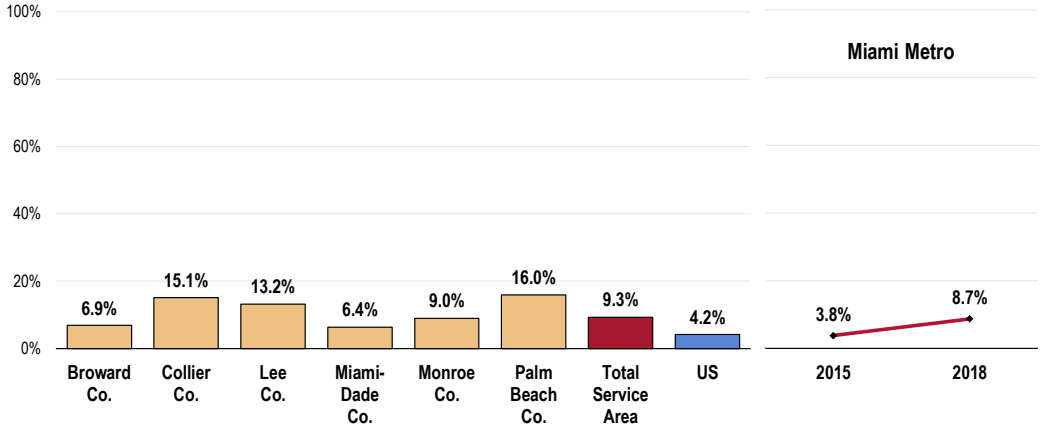
**However, 9.3% of Total Service Area adults believe that their child's overall health is "fair" or "poor."**

- More than double the US proportion.
- Highest in Palm Beach County.
- MIAMI METRO TREND: "Fair/poor" overall health reports have increased since 2015.

NOTE:
Where sample sizes permit, county data are provided.

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

## Child Experiences "Fair" or "Poor" Overall Health




Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 16]
- 2018 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents about a randomly selected child in the household.

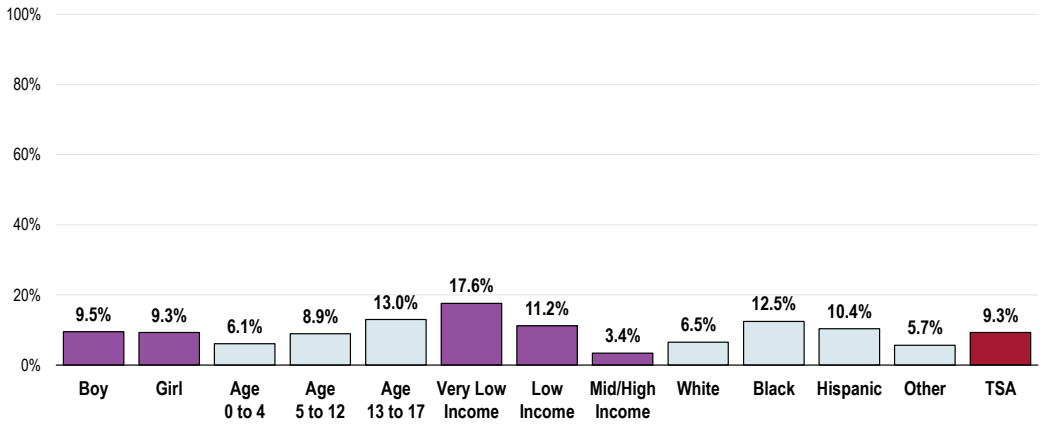
Charts throughout this report (such as that here) detail survey findings among key demographic groups – namely by gender, age groupings, household income (based on poverty status), and child's race/ethnicity.

Children more likely to experience "fair" or "poor" overall health include:

- Teens (age 13-17, correlation with age).
- Children in very low-income households (negative correlation with income).
- Black or Hispanic children.
- Differences by gender, as illustrated in the following chart, are not statistically significant.

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

(Total Service Area, 2018)




Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 16]

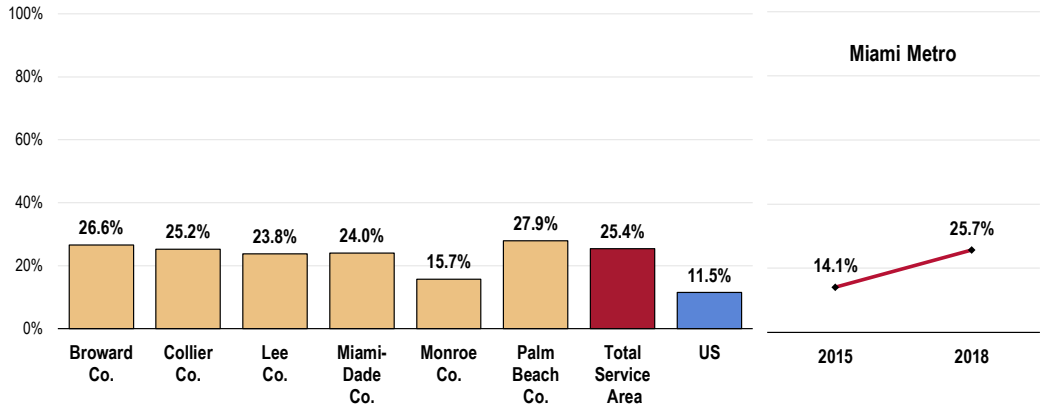
Notes:
- Asked of all respondents about a randomly selected child in the household.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White children).
- Income categories reflect respondent's household income as a ratio to the 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.

## Activity Limitations

**One-quarter (25.4%) of Total Service Area children are limited or prevented in some way in their ability to do things most children of the same age can do because of a medical, behavioral, or other health condition.**

- Far less favorable than the US figure.
- Within the Total Service Area, this prevalence is similar by county.
- MIAMI METRO TREND: Represents a notable increase over 2015 findings.

### Prevalence of Activity Limitations



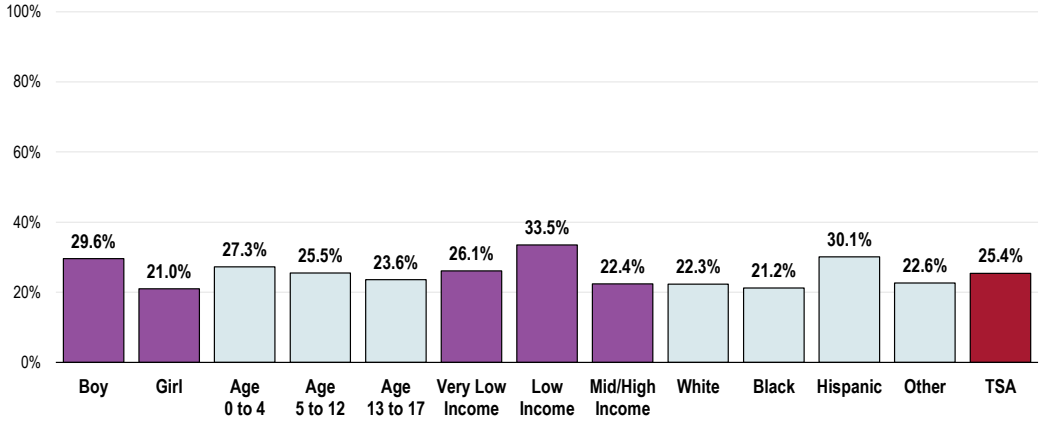

Sources: ● 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 66]
● 2018 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents about a randomly selected child in the household.

Note that the following groups of children report a significantly higher prevalence of activity limitations:

- Boys.
- Children in low-income households (between 100% and 199% of the federal poverty level).
- Hispanic children.

## Prevalence of Activity Limitations

(Total Service Area, 2018)




Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 66]

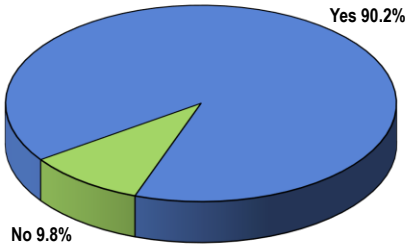
Notes:
- Asked of all respondents about a randomly selected child in the household.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White children).
- Income categories reflect respondent's household income as a ratio to the 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.

**For children with activity limitations, the vast majority (90.2%) is living with a condition that is expected to last 12 months or more.**

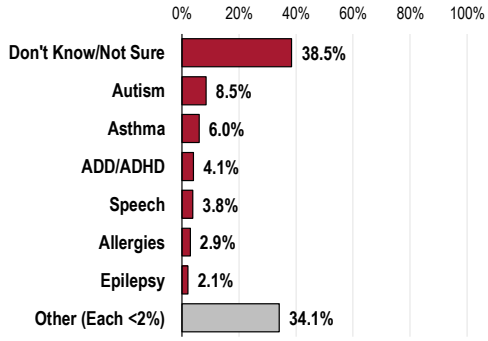
Activity limitations among Total Service Area children are most often attributed to conditions such as **autism** (mentioned by 8.5% of parents of children with activity limitations), **asthma** (6.0%), **ADD/ADHD** (4.1%), **speech** (3.8%), **allergies** (2.9%), and **epilepsy** (2.1%).

## Description of Activity Limitations

(Among Children With Activity Limitations; Total Service Area, 2018)




**Activity Limitation Is the Result of a Long-Term Condition**




**Type of Problem that Most Limits Activities**
(Includes only those respondents who could name the problem

Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 67-68]

Notes:
- Asked of respondents for whom the randomly selected child in the household has some type of activity limitation.

# Loss of Productivity

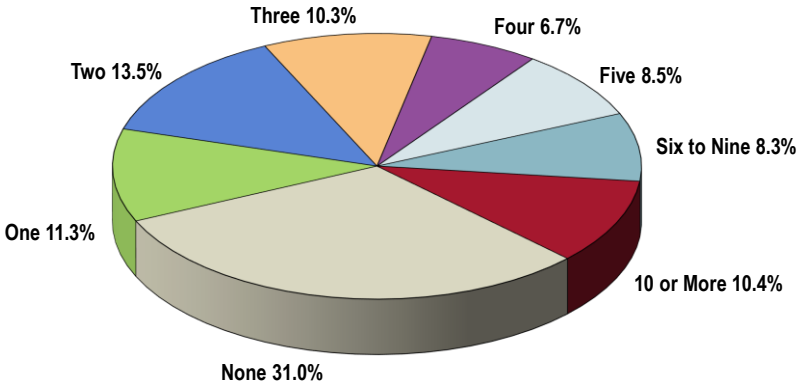
"During the past 12 months, about how many times did this child miss school because of illness or injury?"

## Missed School Days

**While a majority of Total Service Area school-age children (age 5-17) missed two or fewer school days in the past year due to illness or injury, 10.4% are reported to have missed 10 or more.**

### Number of School Days Missed in the Past Year Due to Illness or Injury

(Total Service Area Children Age 5-17, 2018)



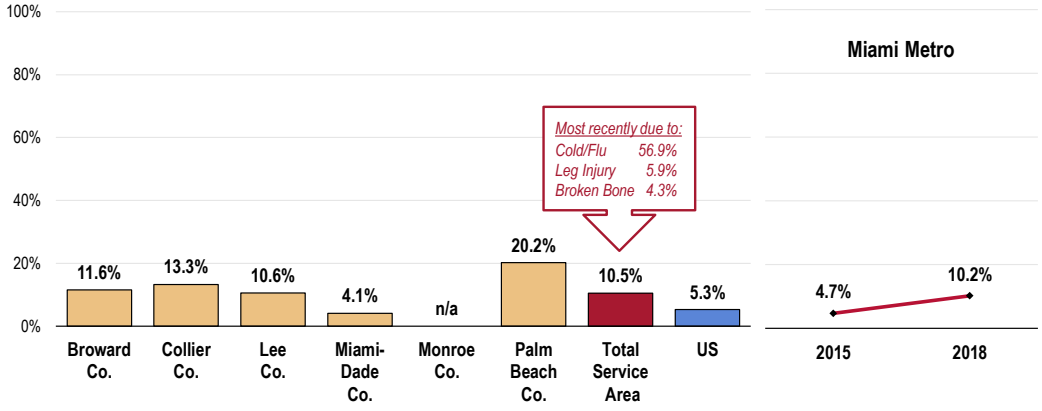

Sources: • 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 94]
Notes: • Asked of all respondents for whom the randomly selected child in the household is age 5 to 17.

- The prevalence of school-age children who missed 10 or more days of school in the past year due to illness or injury is almost double US reports.
- Most common in Palm Beach County.
- MIAMI METRO TREND: Notable increase since 2015.

Recent injuries are most often attributed to **cold/flu** (56.9%), followed by **leg injuries** (5.9%) **broken bones** (4.3%), and other conditions (each under 3%).

## Child Missed 10+ School Days in the Past Year Due to Illness or Injury

(Total Service Area Children In School, 2018)



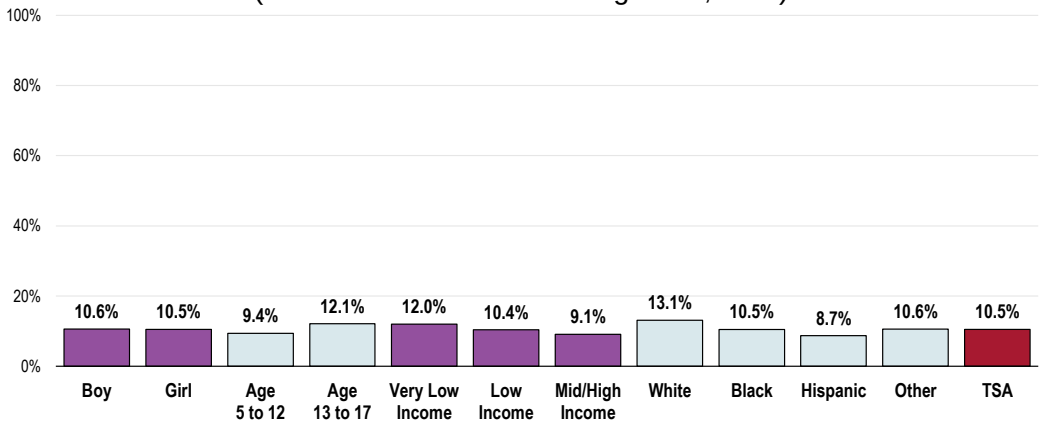

Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 94, 324]
- 2018 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents for whom the randomly selected child in the household is in school.

- White children are more likely than children of other race/ethnicity to have missed 10+ days of school in the past year due to illness or injury.

## Child Missed 10+ School Days in the Past Year Due to Illness or Injury

(Total Service Area Children Age 5-17, 2018)




Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 94]

Notes:
- Asked of all respondents for whom the randomly selected child in the household is age 5 to 17.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White children).
- 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.

## Parents' Missed Work Days

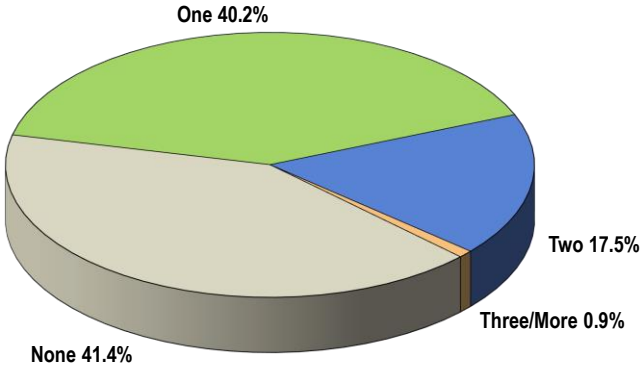
"During the past 12 months, how many times have you or has anyone in this household missed work due to this child's illness or injury?"

**Most Total Service Area parents (81.6%) missed one or fewer days of work in the past year due to illness or injury.**

Conversely, 18.4% of parents missed two or more work days.

### Number of Days Parent Missed Work Due to Child's Illness or Injury in the Past Year

(Total Service Area Children In School, 2018)




Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 325]

Notes:
- Asked of all respondents for whom the randomly selected child in the household is age 5 to 17.

# Mental Health

## About Mental Health & Mental Disorders

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 girls 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, and it is important that interventions be relevant to the target audiences.
- In addition to advancements in the prevention of mental disorders, there continues to be steady progress in treating mental disorders as new drugs and stronger evidence-based outcomes become available.

– Healthy People 2020 (www.healthypeople.gov)

## Evaluation of Child's Mental Health

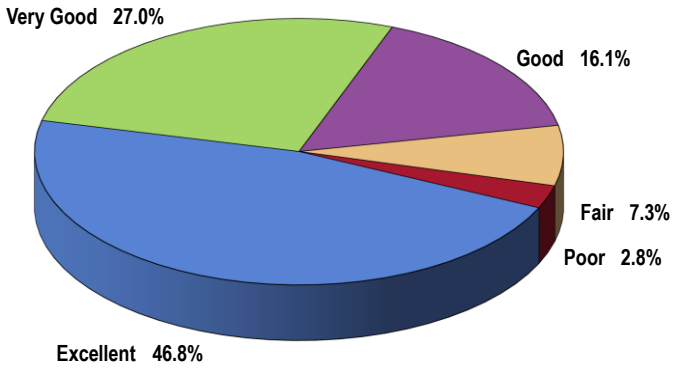
"Now thinking about your child's mental health, which includes stress, depression, and problems with emotions, would you say that, in general, your child's mental health is: excellent, very good, good, fair, or poor?"

**Most Total Service Area parents of children age 5-17 rate their child's mental health — which includes stress, depression, and problems with emotions — as "excellent" (46.8%) or "very good" (27.0%).**

- Another 16.1% gave "good" ratings of their child's mental health status.

## Child's Mental Health Status

(Total Service Area Children Age 5-17, 2018)



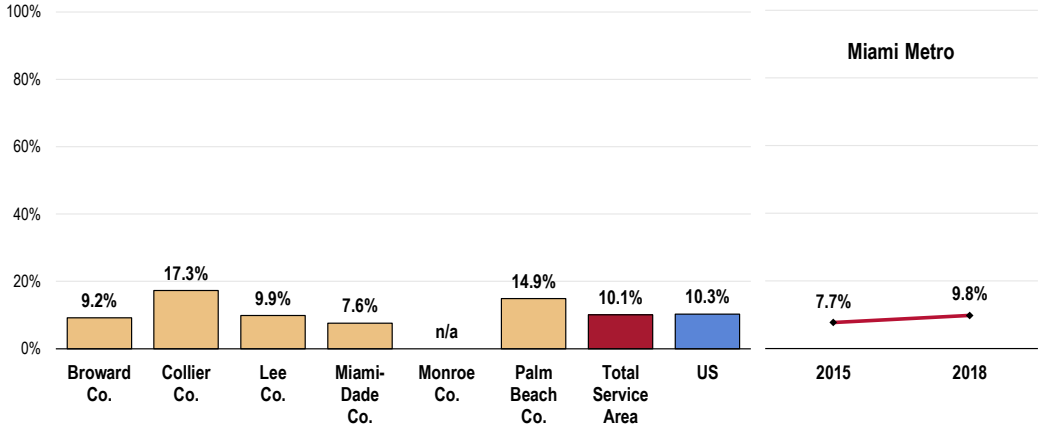

Sources: ● 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 77]
Notes: ● Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.

**However, 10.1% of Total Service Area parents believe that their school-age child's mental health is "fair" or "poor."**

- Close to national findings.
- When viewed by county, "fair/poor" mental health ratings are highest in Palm Beach County.
- MIAMI METRO TREND: Statistically similar to 2015 survey findings.

## Child Experiences "Fair" or "Poor" Mental Health

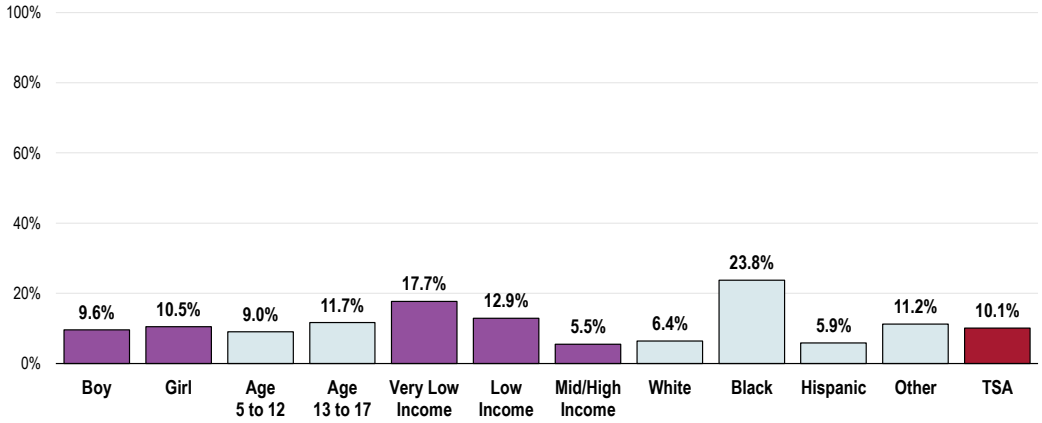
(Total Service Area Children Age 5-17, 2018)




Sources: ● 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 77]
● 2018 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.

- "Fair/poor" mental health status among children age 5-17 is far more often noted for Black children, as well as children in very low-income households (negative correlation with income).

**Child Experiences "Fair" or "Poor" Mental Health**
(Total Service Area Children Age 5-17, 2018)




Sources: • 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 77]
Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White children).
• 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.

## Depression

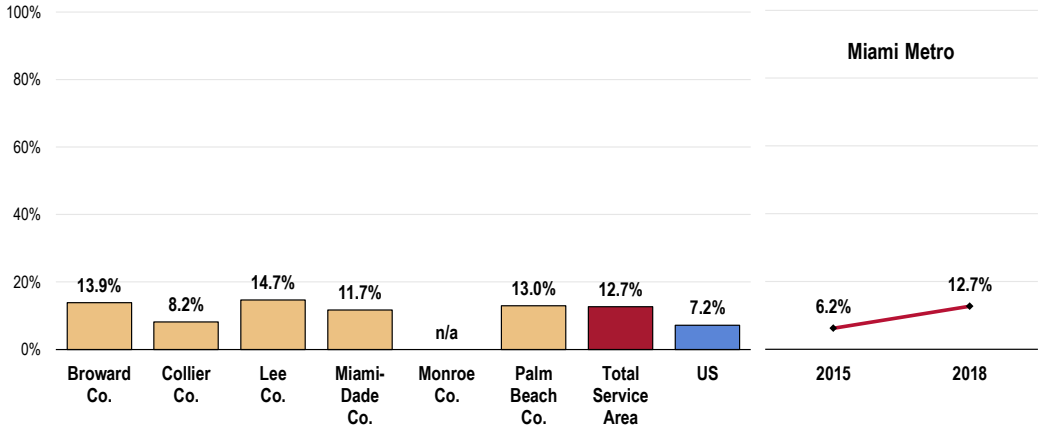
### Diagnosed Depression

**A total of 12.7% of Total Service Area parents report that they have been told by a doctor or other healthcare provider that their school-age child had depression.**

- Notably higher than found across the US.
- Statistically comparable among individual communities.
- MIAMI METRO TREND: This prevalence has doubled since 2015.

## Child Has Been Diagnosed with Depression

(Total Service Area Children Age 5-17, 2018)



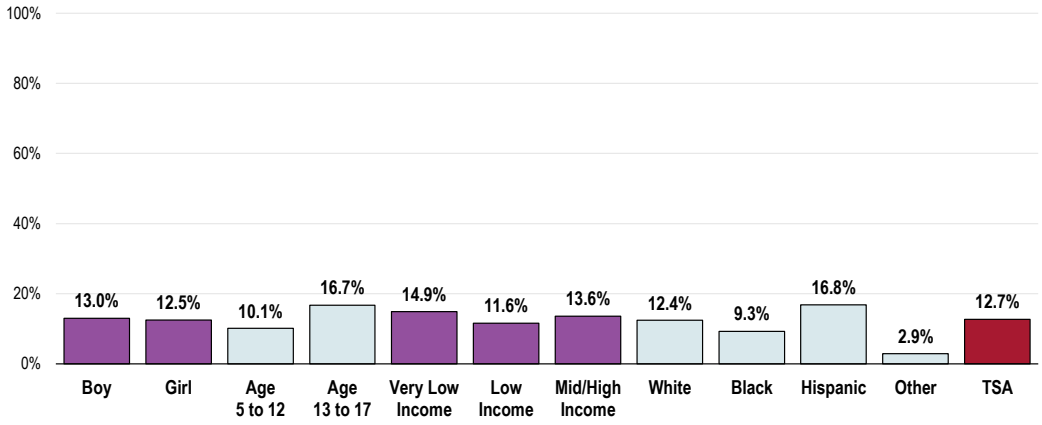

Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 86]
- 2018 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.

- Teens are much more likely to have diagnosed depression than younger children.
- By race/ethnicity, Hispanic children are most likely to have been diagnosed with depression, while Other race children are least likely.

## Child Has Been Diagnosed with Depression

(Total Service Area Children Age 5-17, 2018)




Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 86]

Notes:
- Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White children).
- 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.

## Signs of Depression

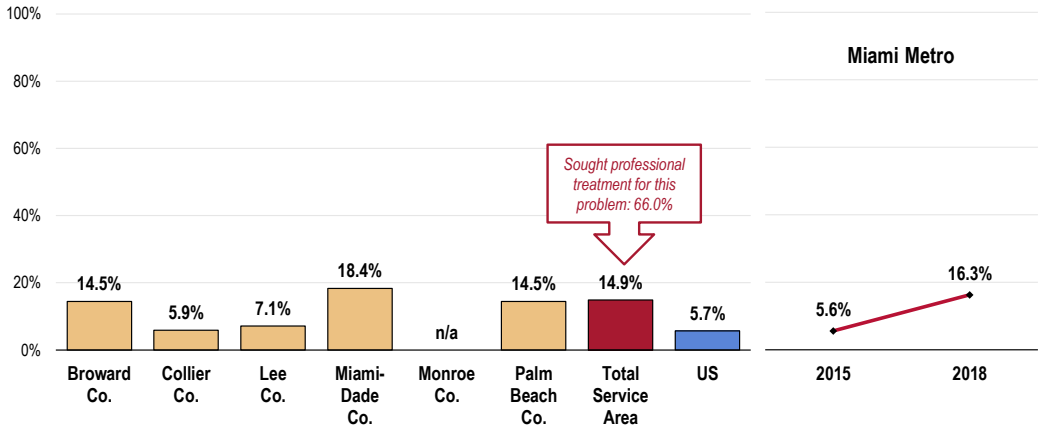
**A total of 14.9% of Total Service Area parents indicate that their school-age child felt so sad or hopeless almost every day for two weeks or more in the past year that the child stopped doing some usual activities.**

- Far higher than the US percentage.
- Highest in Miami-Dade County.
- MIAMI METRO TREND: This prevalence has increased significantly since 2015.

Of the 114 surveyed parents reporting signs of depression in their child, almost two-thirds (66.0%) sought treatment for their child's feelings of sadness or hopelessness; one-third did not.

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

(Total Service Area Children Age 5-17, 2018)



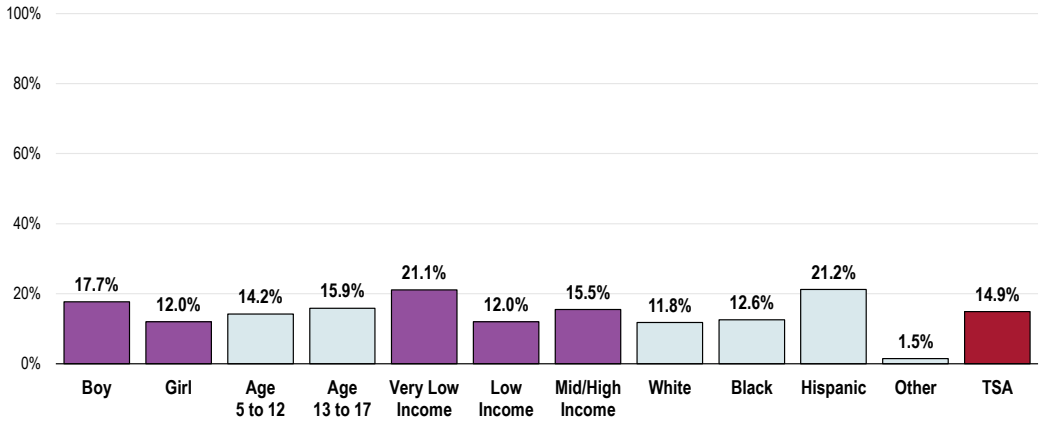

Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 84-85]
- 2018 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.

- Note the 21.2% of Hispanic children displaying these signs of depression, compared against just 1.5% of Other race children.
- Such signs of depression are also more prevalent among boys and children living in very low-income households.

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

(Total Service Area Children Age 5-17, 2018)




Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 84]

Notes:
- Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White children).
- 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.

## Suicide Attempts (Adolescents)

**Among high school students in the three counties with available data, a median of 8.5% report attempting suicide in the past year (2017 Youth Risk Behavior Survey).**

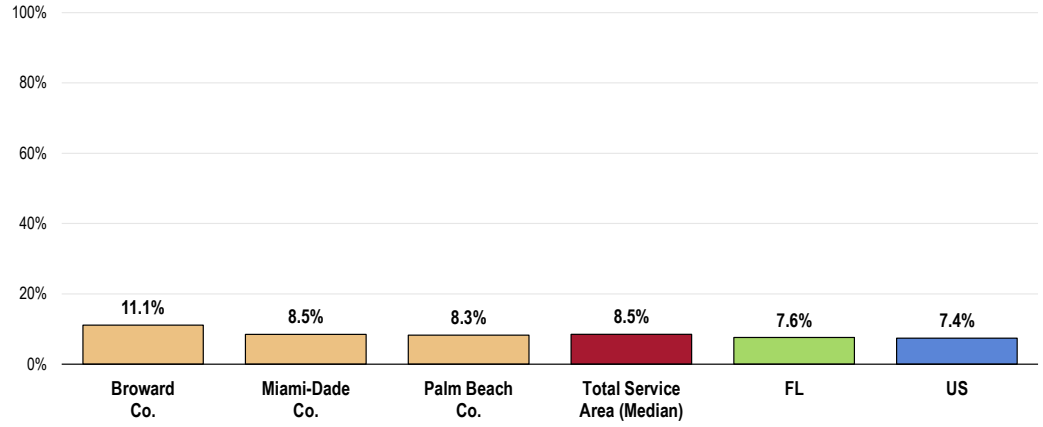
- Higher than state- and national-level findings in the YRBS.
- Of the counties with available data, acknowledged suicide attempts are highest in Broward County.

This indicator is derived from the CDC's Youth Risk Behavior Survey (YRBS), a school-based survey administered to high school students by county. The Total Service Area data is the median of available survey results from Broward, Miami-Dade, and Palm Beach counties.

For more information, visit: www.cdc.gov/healthyyouth/yrbs.

## Attempted Suicide in the Past Year

(Among High School Students; Youth Risk Behavior Surveys, 2017)



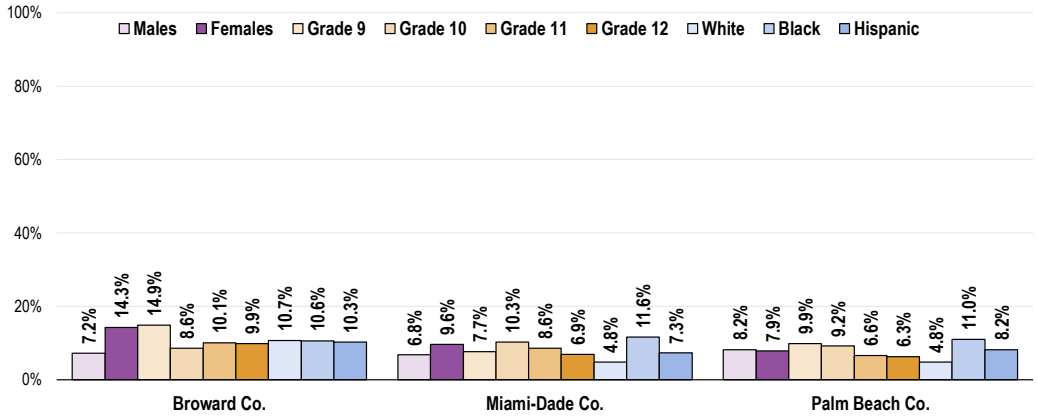

Sources:
- Centers for Disease Control and Prevention (CDC). 1991-2017 High School Youth Risk Behavior Survey Data. Available at http://nccd.cdc.gov/youthonline/. Accessed November 2018.

Notes:
- Attempted suicide one or more times during the 12 months before the survey.

- Suicide attempts are significantly higher in high school girls than boys in Broward and Miami-Dade counties.
- By race, Miami-Dade and Palm Beach counties have a high suicide prevalence among Black students, and Miami-Dade also reports a high rate among Hispanic students when compared against White students.

**Attempted Suicide in the Past Year**

(Among High School Students; Youth Risk Behavior Surveys, 2017)




Sources: ● Centers for Disease Control and Prevention (CDC). 1991-2017 High School Youth Risk Behavior Survey Data. Available at http://nccd.cdc.gov/youthonline/. Accessed November 2018.

Notes: ● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White children).

Notes: ● Attempted suicide one or more times during the 12 months before the survey.

## Anxiety

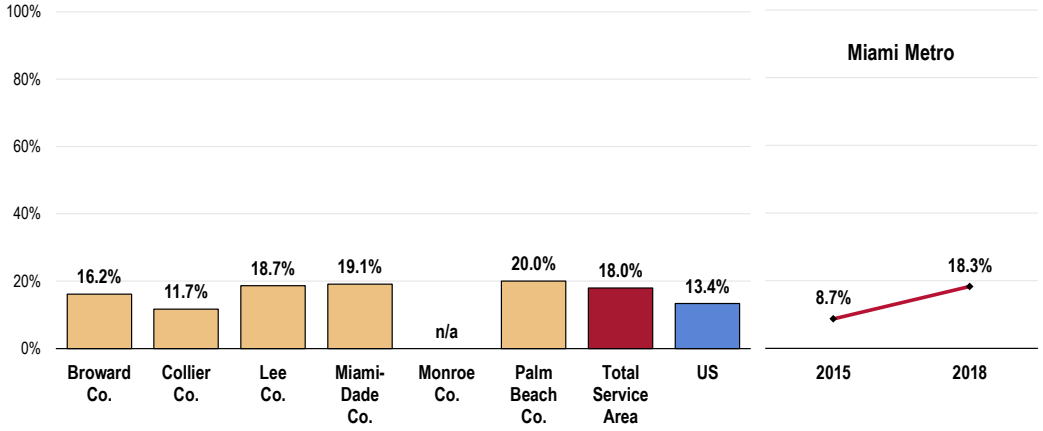
### Anxiety Disorders

**A total of 18.0% of Total Service Area parents report that they have been told by a doctor or other health care provider that their school-age child has anxiety.**

- Above US findings.
- Statistically similar by county.
- MIAMI METRO TREND: More than double that reported in 2015.

## Child Has Been Diagnosed with Anxiety

(Total Service Area Children Age 5-17, 2018)



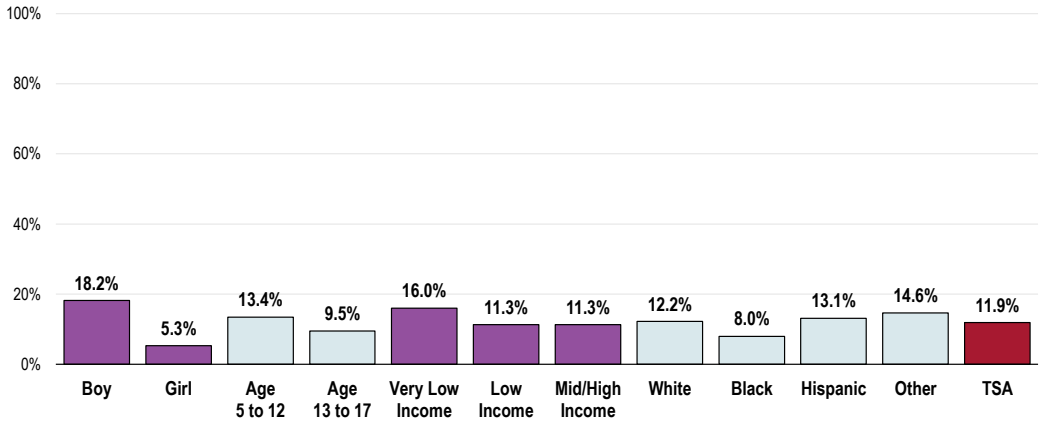

Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 89]
- 2018 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.

- Boys and younger children (age 5-12) are statistically more likely to have an anxiety diagnosis.

## Child Has Been Diagnosed with Anxiety

(Total Service Area Children Age 5-17, 2018)




Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 89]

Notes:
- Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White children).
- 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.

## Worry

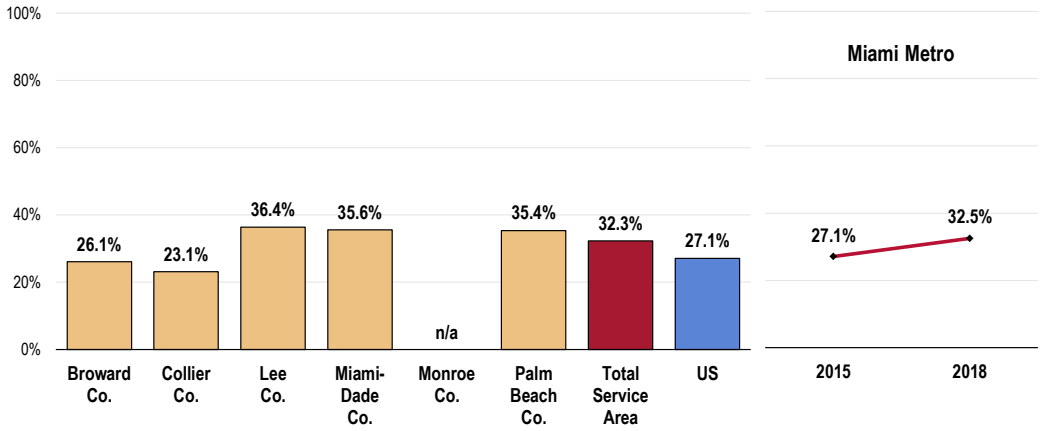
"Would you say that this child worries a lot?"

**Almost one-third of Total Service Area parents (32.3%) indicate that their school-age child worries a lot.**

- Above the national proportion for school-age children.
- Statistically most favorable in Broward County.
- MIAMI METRO TREND: Above 2015 findings.

### Child Worries a Lot

(Total Service Area Children Age 5-17, 2018)



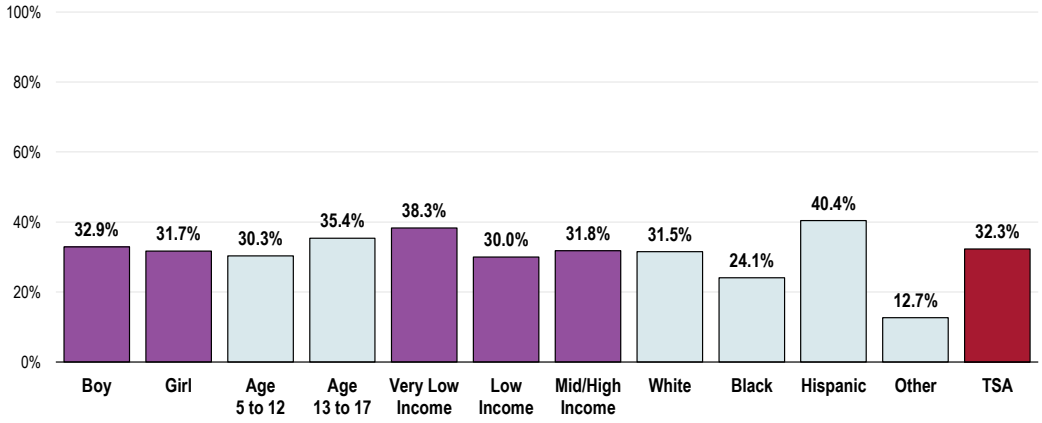

Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 82]
- 2018 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.

- Frequent worry is much more often is noted among Hispanic children than among other race/ethnic groups.

### Child Worries a Lot

(Total Service Area Children Age 5-17, 2018)




Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 82]

Notes:
- Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White children).
- 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.

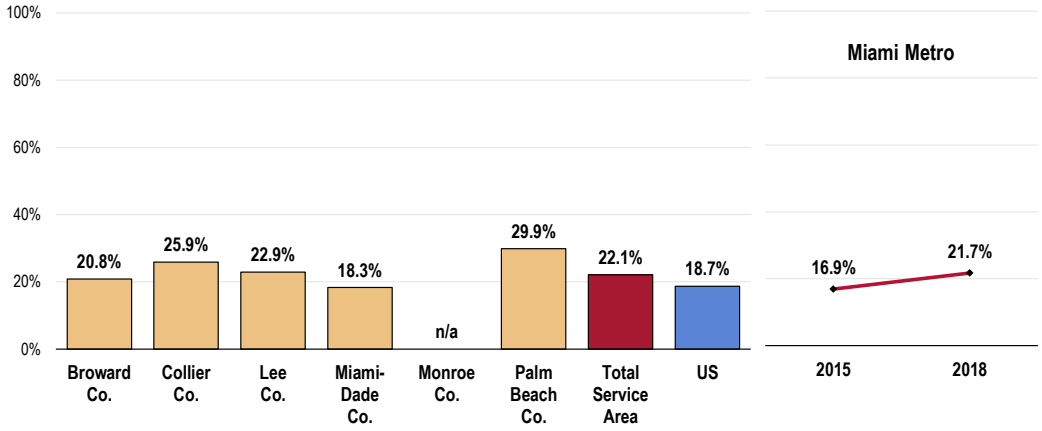
## Sleep Difficulties

**A total of 22.1% of Total Service Area parents indicate that their school-age child has difficulty falling asleep and/or sleeping through the night.**

- Statistically similar to that reported nationwide.
- By county, highest in Palm Beach County.
- MIAMI METRO TREND: Sleep difficulties have increased since 2015.

### Child Has Difficulties Falling Asleep and/or Sleeping Through the Night

(Total Service Area Children Age 5-17, 2018)




Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 83]
- 2018 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

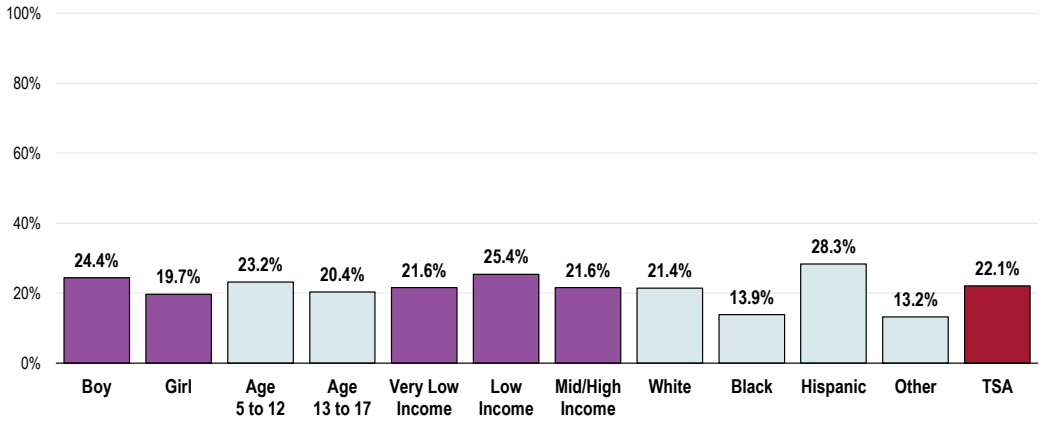
Notes:
- Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.

Such sleep difficulties are higher among:

- Boys.
- Hispanic or White children.

## Child Has Difficulties Falling Asleep and/or Sleeping Through the Night

(Total Service Area Children Age 5-17, 2018)




Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 83]

Notes:
- Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White children).
- 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.

# Cognitive & Behavioral Disorders

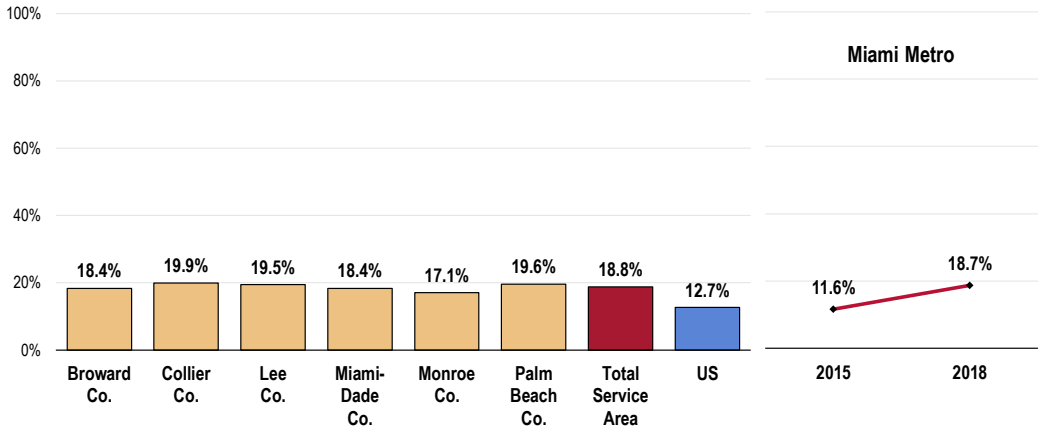
## Attention Deficit Hyperactivity Disorder (ADHD)

**A total of 18.8% of Total Service Area children are reported to have ever suffered from or been diagnosed with ADHD (also sometimes referred to as attention deficit disorder, or ADD).**

- Higher than the US figure.
- ADHD diagnoses are comparable by county.
- MIAMI METRO TREND: Denotes a statistically significant increase since 2015.

## Child Has ADD/ADHD

(Total Service Area, 2018)



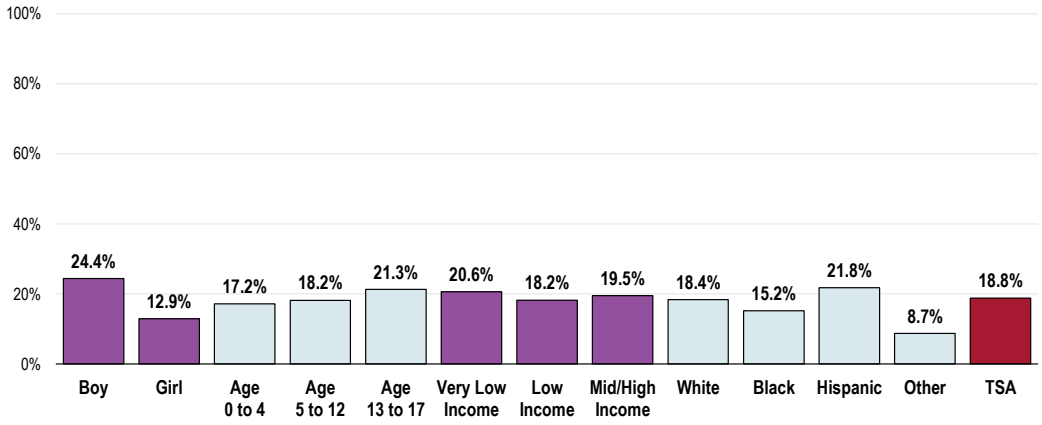

Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 65]
- 2018 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents about a randomly selected child in the household.

- Total Service Area boys are more likely to have been diagnosed with ADD/ADHD.
- Other race children are significantly less likely to have this diagnosis than White, Black, or Hispanic children.

## Child Has ADD/ADHD

(Total Service Area, 2018)




Sources: • 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 65]
Notes: • Asked of all respondents about a randomly selected child in the household.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White children).
• 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.

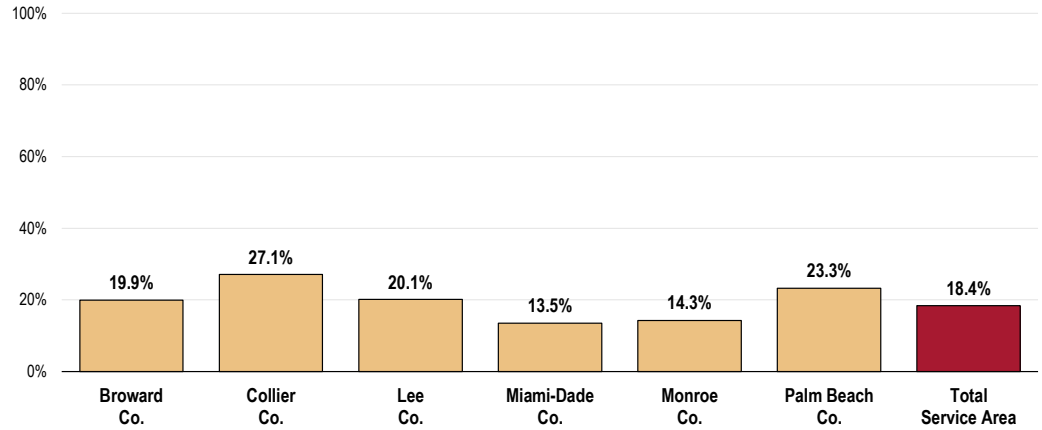
### Learning Disability/Developmental Delays

**A total of 18.4% of Total Service Area children are reported to have some type of learning disability or developmental delay.**

- Highest in Collier and Palm Beach counties.

## Child Has a Learning Disability/Developmental Delay

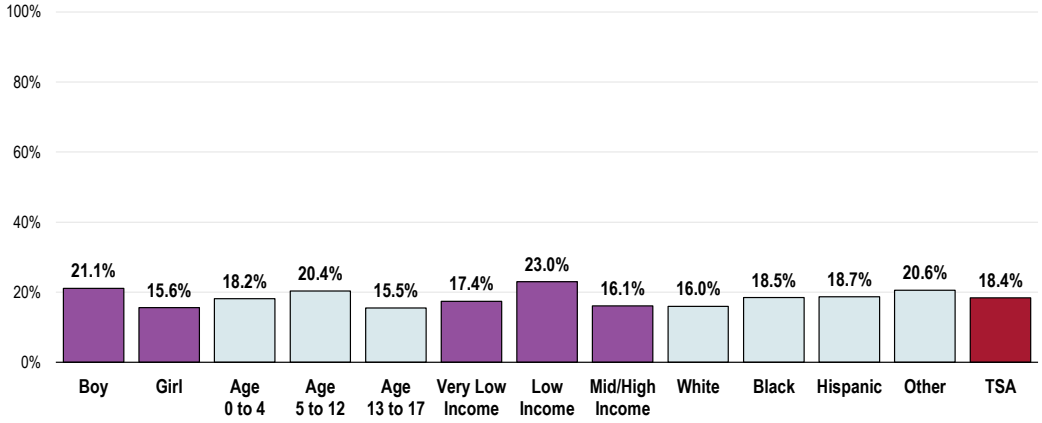
(Total Service Area, 2018)




Sources: • 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 64]
Notes: • Asked of all respondents about a randomly selected child in the household.

- Total Service Area boys and children age 5-12 are much more likely to have some type of learning disability.
- All other differences in prevalence among demographic characteristics are not statistically significant.

**Child Has a Learning Disability/Developmental Delay**
(Total Service Area, 2018)




Sources: ● 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 64]
Notes: ● Asked of all respondents about a randomly selected child in the household.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White children).
● 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.

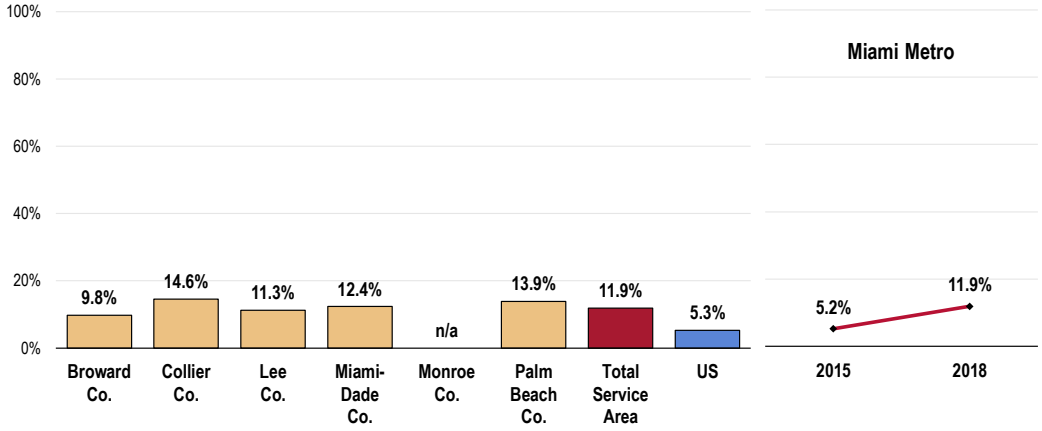
## Behavioral/Conduct Disorders

**Among Total Service Area parents of children age 5-17, 11.9% indicate that a doctor or other health care provider has ever told them that their child has some type of behavioral or conduct disorder, such as oppositional defiant disorder or conduct disorder.**

- Above US findings.
- Statistically similar by community.
- MIAMI METRO TREND: The 2018 prevalence is above 2015 findings.

## Child Has a Behavioral/Conduct Disorder

(Total Service Area Children Age 5-17, 2018)




Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 87]
- 2018 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

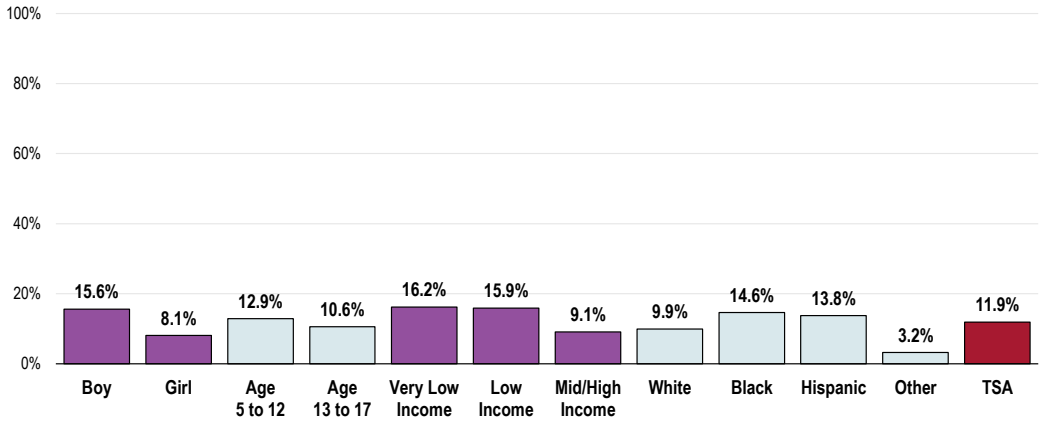
Notes:
- Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.

Behavioral/conduct disorders are more prevalent among the following:

- Boys.
- Children living in lower-income households (note the negative correlation with income).
- Hispanic children (note that due to the smaller sample of Black children, the difference from other race/ethnic groups is not statistically significant).

## Child Has a Behavioral/Conduct Disorder

(Total Service Area Children Age 5-17, 2018)




Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 87]

Notes:
- Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White children).
- 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.

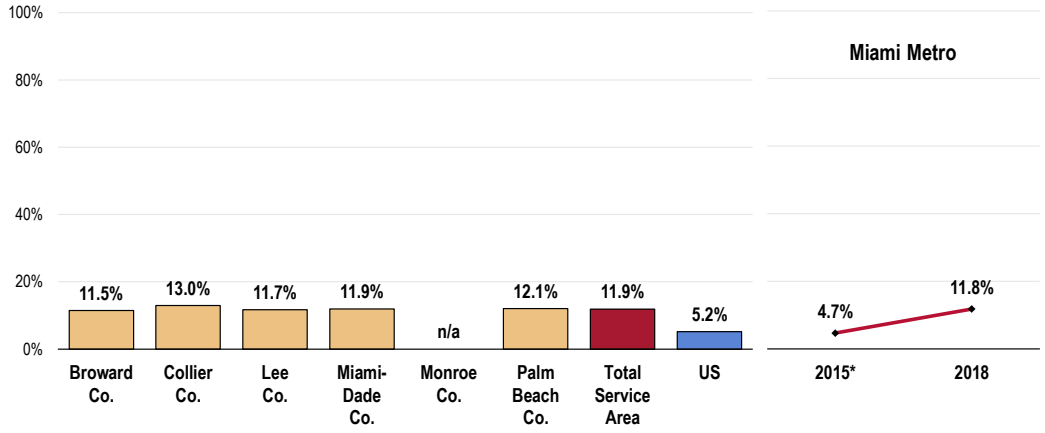
## Autism/Spectrum Disorders

**Among Total Service Area parents of children age 5-17, 11.9% indicate that their child has been diagnosed with autism or a spectrum disorder.**

- Considerably less favorable than national reports.
- Comparable by county.
- MIAMI METRO TREND: Much higher than the prevalence noted in 2015. *Note that previous data did not specifically include diagnoses other than autism.*

### Child Has Autism/Spectrum Disorder

(Total Service Area Children Age 5-17, 2018)



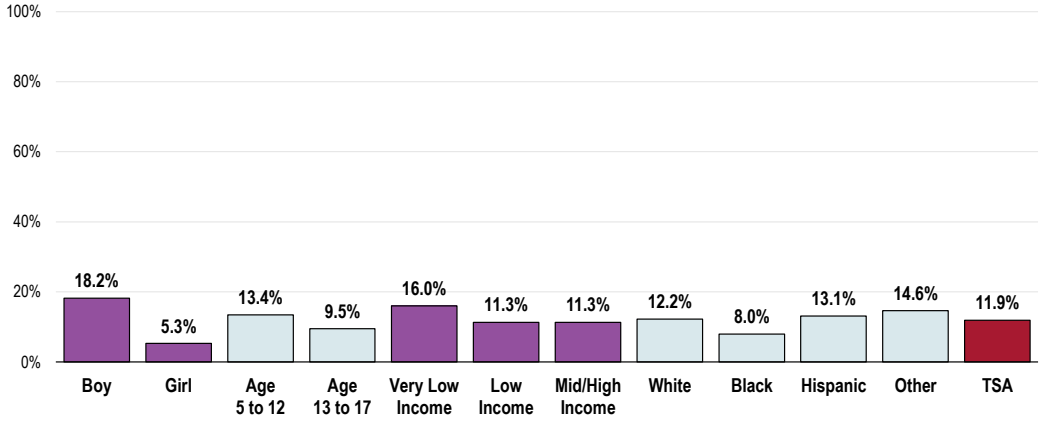

Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 88]
- 2018 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
- *2015 data did not specifically include additional diagnoses on the autism spectrum, such as Asperger's disorder, pervasive developmental disorder, or autism spectrum disorder.

- School-age children more likely to be autistic include boys and younger children (age 5-12).
- Note that other differences by demographics are not statistically significant.

## Child Has Autism/Spectrum Disorder

(Total Service Area Children Age 5-17, 2018)




Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 88]

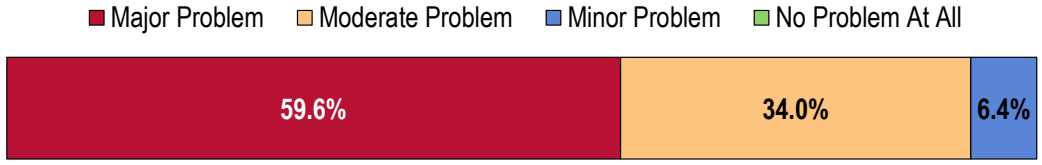
Notes:
- Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White children).
- Income categories reflect respondent's household 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.

## *Key Informant Input: Cognitive & Behavioral Conditions*

**More than half of key informants taking part in an online survey characterized *Cognitive and Behavioral Conditions* as a "major problem" for children/adolescents in the community.**

## Perceptions of Cognitive & Behavioral Conditions as a Problem for Children/Adolescents in the Community

(Key Informants, 2018)




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 frequently related to the following:

### *Prevalence/Incidence*

*Over the past 25 years, I feel there has been a rise in the diagnosis of cognitive behavior disorders in children, as well as speech delays. We have also seen a rise in the number of diagnosis of autism spectrum disorders. Access to therapies and diagnosis of these conditions can be difficult and challenging at times I feel there's a need for an increase in the mental health area of pediatrics — Physician (Miami-Dade County)*

*The volume of patients we see in the community with an ADD/ADHD/autism diagnosis, either presenting to the primary care office, ER or admitted to the hospital. Additionally, these patients are often followed by multiple subspecialties and services - some of which are harder to access (neurology, psychology, DBP) — Physician (Miami-Dade County)*

*These disorders are extremely prevalent, and I see a lot of it... They make behavior changes and lifestyle improvement a lot more difficult if not managed well. Also, there are very few pediatricians managing ADHD, which is a huge problem as ALL of the kids do not have to go to neurology. — Physician (Miami-Dade County)*

*Children come to our hospital very frequently with the diagnosis of autism, which has become a catch-all "label" for different forms of developmental delay. Florida is one of the few states that funds care for autistic children. We have large populations of ex-premature children and children of parents with drug abuse. The incidence of ADD/ADHD and other learning disabilities is more prevalent in these populations. — Physician (Miami-Dade County)*

*There is an increased prevalence noted in the school system which may be a result of improved identification and diagnosis. Schools remain limited to the services provided, as well as trainings to enhance academic success in the English-as-a-Second Language population. — Other Health Provider (Miami-Dade County)*

*Schools, childcare centers, etc., are reporting an increase in the number of children they are seeing with such problems. Additionally, there are a limited number of agencies that serve children with such conditions and they are not able to keep up with the increased volume of those referred. — Social Services Provider (Monroe County)*

*More and more children are being diagnosed and treated for these cognitive conditions. Increased awareness and ideally more consideration on how to manage without medication. — Other Health Provider (Palm Beach County)*

*There seems to be a higher number of community children from all socio/economic backgrounds with ADD/ADHD, autism and speech developmental delays. — Community/Business Leader (Miami-Dade County)*

*There are more and more children diagnosed with these disorders and not enough resources available. The school systems are not equipped to manage these problems. — Physician (Miami-Dade County)*

*Very high incidence of ADHD and of autism spectrum disorders and not enough resources. — Physician (Miami-Dade County)*

*Large number of patients with these problems and restrictions in coverage. — Physician (Miami-Dade County)*

*There's an epidemic of ADD, social anxiety, depression in our community. — Physician (Miami-Dade County)*

*Significant morbidity and impact in the family/community unit. — Physician (Miami-Dade County)*

### *Access to Care/Services*

*We should have more specialized institutions and more trained personnel in school to deal with these problems. We are having more and more children with developmental issues and not enough people available to deal with these. Also, there is a lot of denial from parents making difficult to start treatments early. — Physician (Miami-Dade County)*

*Once you as a primary care provider identify this diagnosis, is very difficult to find specific resources to enroll these children. Example: further psycho educational testing, special placement in school settings, therapies options, Mental health care professionals, psychiatrist...etc. — Physician (Miami-Dade County)*

*Lack of community knowledge of different access points for autistic patients. Some physicians do not educate families about the resources to assist with early interventions for these types of patients. — Other Health Provider (Miami-Dade County)*

*Lack of available resources, lack of information available to parents/guardians, lack of appropriate assessment and treatment facilities and lack of resources for specific conditions. — Other Health Provider (Miami-Dade County)*

*The system is difficult to navigate to determine what services are available, and required behavioral support is often not covered by insurance. — Social Services Provider (Miami-Dade County)*

*Lots of children with behavior and developmental delays that are mainstreamed when they need more focused therapy and education. — Physician (Miami-Dade County)*

*Needs for increased access, monitoring, evaluation and therapeutic modalities. — Physician (Miami-Dade County)*

*Difficult to access health care when it comes to behavioral concerns — Physician (Miami-Dade County)*

*Patients have difficulty getting access to neuropsych testing. — Physician (Miami-Dade County)*

*Lack of services and poor care coordination. — Physician (Miami-Dade County)*

*Long wait for appointment. Parents refuse treatment — Physician (Miami-Dade County)*

### Lack of Providers

*Not enough providers. No access for certain groups. — Physician (Miami-Dade County)*

*Poor coverage with psychologists. — Physician (Miami-Dade County)*

*Not enough providers, in addition those available do not accept all health plans, insurances and medicate. — Physician (Miami-Dade County)*

*Very much need of specialists. — Physician (Miami-Dade County)*

*There are not enough providers. — Other Health Provider (Miami-Dade County)*

### Diagnosis/Treatment

*Feel the school system does little to provide psychoeducational testing to test for co-morbidities and for appropriate academic placement. — Physician (Miami-Dade County)*

*These conditions are largely unaddressed by specialized medical professionals. — Community/Business Leader (Miami-Dade County)*

*Underdiagnosis and lack of resources for treatment. — Physician (Miami-Dade County)*

*Under diagnosis. Limited access to treatment. — Physician (Miami-Dade County)*

### Impact on Quality of Life

*Children with ADD and ADHD, although smart, lag behind because they cannot concentrate properly. This eventually will affect their career opportunities and the ability to secure a good job. It affects parents as well. — Community/Business Leader (Miami-Dade County)*

*Cognitive and behavioral conditions are a major problem because some children are not able to grow and develop in learning environments that will assist with their condition. Parents are not aware of the available resources in order to help their children. — Community/Business Leader (Miami-Dade County)*

*Chronic condition that is responsible for an enormous amount of health care expenditures. — Physician (Miami-Dade County)*

*Cognitive and behavioral conditions affect many aspects of the life cycle. With increased suicidal rates and drug abuse within the community initiatives need to address such issues. — Public Health Representative (Miami-Dade County)*

### Awareness/Education

*Lack of proper parental information & involvement, over-diagnosis, inability of instant evaluation in valid cases — Physician (Miami-Dade County)*

*Inadequate training of pediatricians to care for these children and inadequate number of mental health providers. Also, poor reimbursement for mental health. — Physician (Miami-Dade County)*

### Gun Violence

*Mental health concerns, including concerns about safety, were exacerbated by the recent South Florida school shootings. — Other Health Provider (Miami-Dade County)*

> *Gun violence in school. — Physician (Miami-Dade County)*

### *Insurance Issues*

> *Access to care is often not covered by insurance (if they have insurance), especially Medicaid product, and not at all available if they are uninsured. — Other Health Provider (Miami-Dade County)*
>
> *Lack of medical coverage, resources, insurance not covering specialists for cognitive and behavioral conditions, some important meds that are prescribed not covered by insurance. — Other Health Provider (Miami-Dade County)*

# Mental Health Services & Treatment

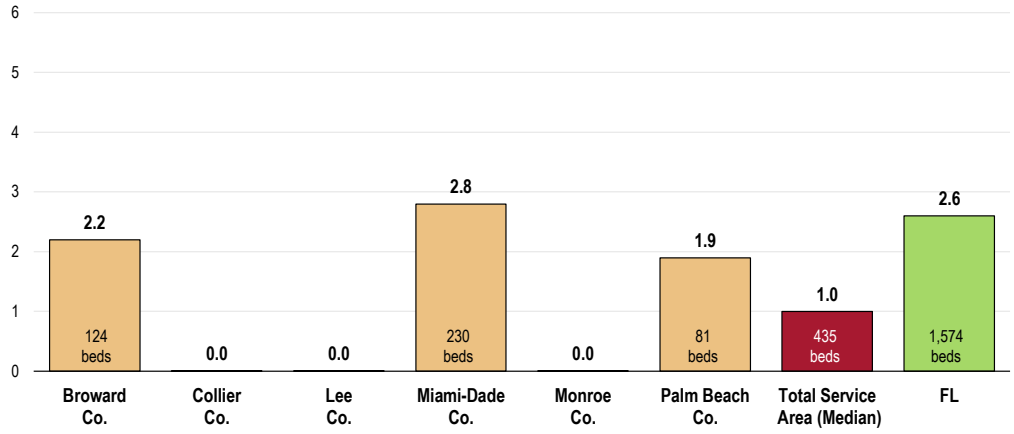
## Available Resources

**Between 2015 and 2017, a total of 435 psychiatric beds were available to children and adolescents in the Total Service Area, which translates to a median of 1.0 bed per 100,000 population in this age group.**

- Under the statewide rate.
- Note that over these years, no beds were available for this population in Collier, Lee, or Monroe counties.

### Child & Adolescent Psychiatric Beds

(per 100,000 Total Service Area Population of Children and Adolescents, 2015-2017)



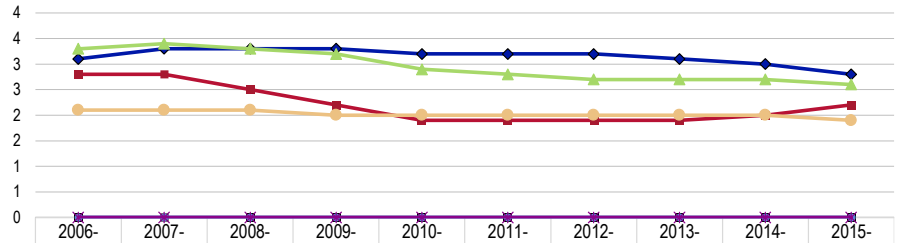

Sources:
- Florida Department of Health, Division of Public Health Statistics & Performance Management, Data Viewer.
- Retrieved November 2018 from http://www.floridacharts.com.

Notes:
- The number of beds indicates the number of children or adolescents who may receive care on an inpatient basis.
- Data represents 3-year rolling rates.

- TOTAL SERVICE AREA TREND: The rate of psychiatric beds available to children and adolescents in the Total Service Area appears to have remained similar over time.

## Trends in Child & Adolescent Psychiatric Beds

(per 100,000 Total Service Area Population of Children and Adolescents)




| | 2006-2008 | 2007-2009 | 2008-2010 | 2009-2011 | 2010-2012 | 2011-2013 | 2012-2014 | 2013-2015 | 2014-2016 | 2015-2017 |
|---|---|---|---|---|---|---|---|---|---|---|
| Broward Co. | 2.8 | 2.8 | 2.5 | 2.2 | 1.9 | 1.9 | 1.9 | 1.9 | 2.0 | 2.2 |
| Collier Co. | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Lee Co. | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Miami-Dade Co. | 3.1 | 3.3 | 3.3 | 3.3 | 3.2 | 3.2 | 3.2 | 3.1 | 3.0 | 2.8 |
| Monroe Co. | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Palm Beach Co. | 2.1 | 2.1 | 2.1 | 2.0 | 2.0 | 2.0 | 2.0 | 2.0 | 2.0 | 1.9 |
| FL | 3.3 | 3.4 | 3.3 | 3.2 | 2.9 | 2.8 | 2.7 | 2.7 | 2.7 | 2.6 |

Sources:
- Florida Department of Health, Division of Public Health Statistics & Performance Management, Data Viewer.
- Retrieved November 2018 from http://www.floridacharts.com.

Notes:
- The number of beds indicates the number of children or adolescents who may receive care on an inpatient basis.
- Data represents 3-year rolling rates.

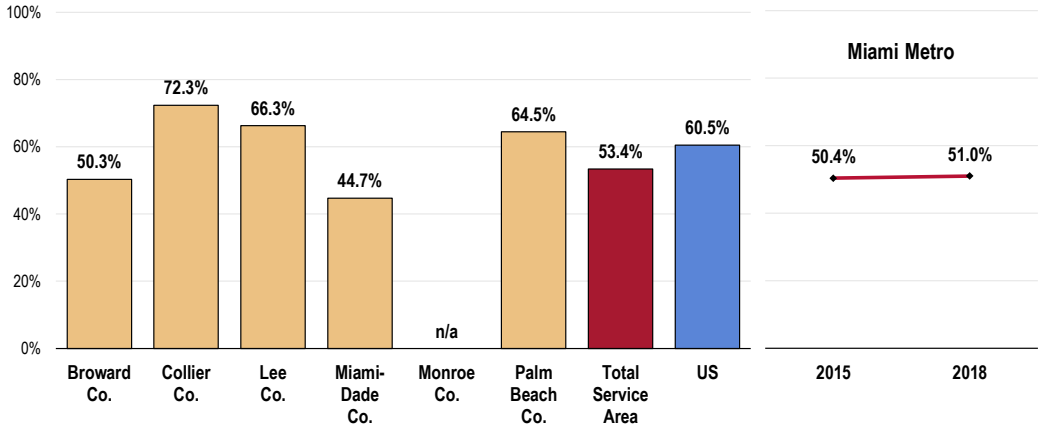
### Awareness of Mental Health Services

**Just over half of Total Service Area parents (53.4%) say that they are aware of local community resources for mental health.**

- Lower than found nationally.
- Awareness varies widely by county, with Miami-Dade County parents reporting the lowest awareness.
- MIAMI METRO TREND: Nearly identical to 2015 Miami Metro findings.

## Aware of Mental Health Resources in the Community

(Among Parents of Total Service Area Children Age 5-17, 2018)



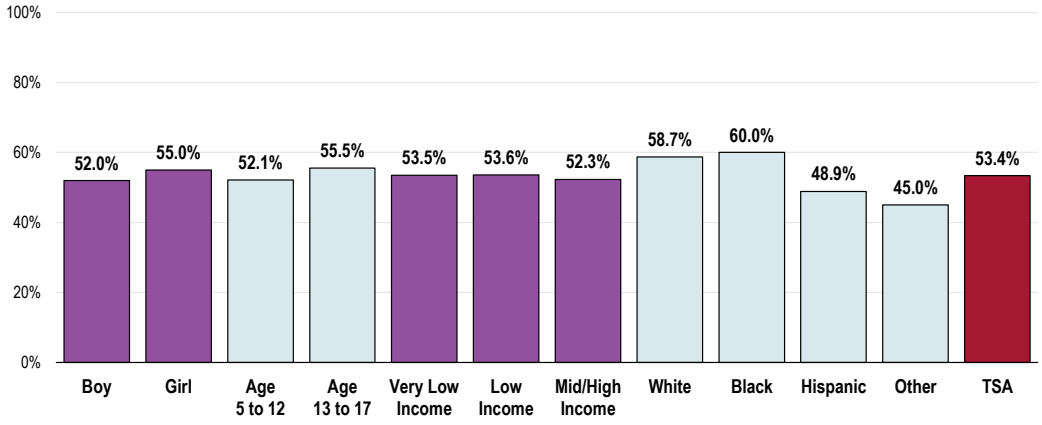

Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 90]
- 2018 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes:
- Reflects respondents for whom the randomly selected child in the household is between the ages of 5 and 17.

- Parents of Hispanic or Other race children are less likely to be aware of these services.

## Parent Aware of Mental Health Resources in the Community

(Total Service Area Children Age 5-17, 2018)




Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 90]

Notes:
- Reflects respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White children).
- 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.

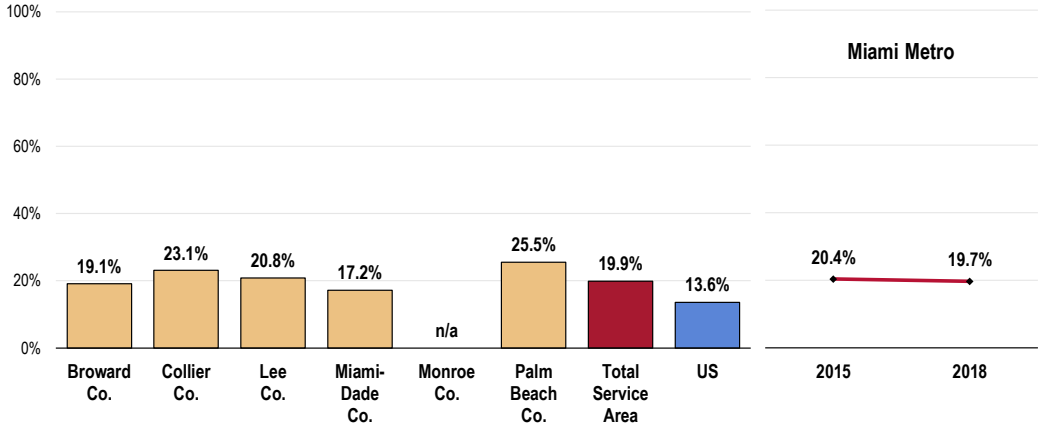
### Need for Mental Health Services

**A total of 19.9% of Total Service Area parents report that their child (age 5-17) has needed mental health services in the past year.**

- Higher than the US proportion.
- Highest in Palm Beach County.
- MIAMI METRO TREND: Statistically unchanged since 2015.

## Child Needed Mental Health Services in the Past Year

(Total Service Area Children Age 5-17, 2018)

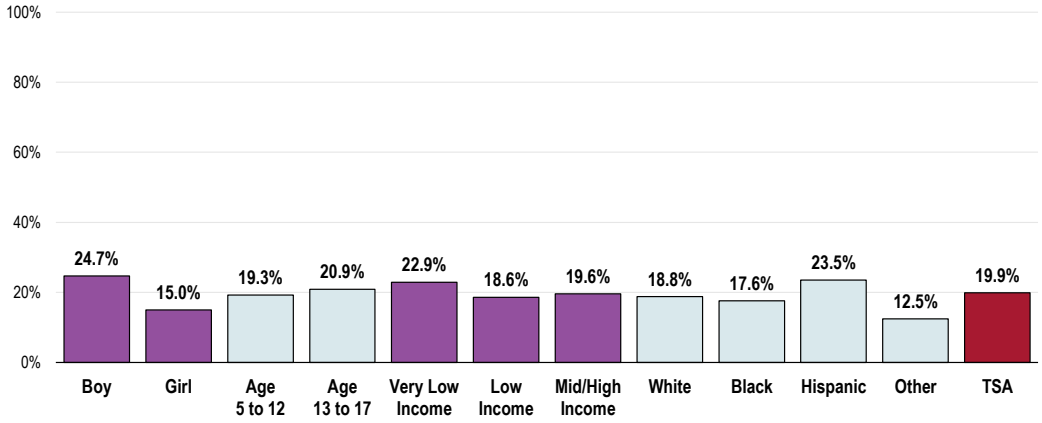



Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 78]
- 2018 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.

- Children more likely to have needed such services include boys and Hispanic children.

**Child Needed Mental Health Services in the Past Year**
(Total Service Area Children Age 5-17, 2018)




Sources: • 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 78]
Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White children).
• 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.

Among these parents with children needing services, 3.2% report that their child did not receive any type of mental health treatment or counseling — reasons primarily related to **lack of trying** (not shown).

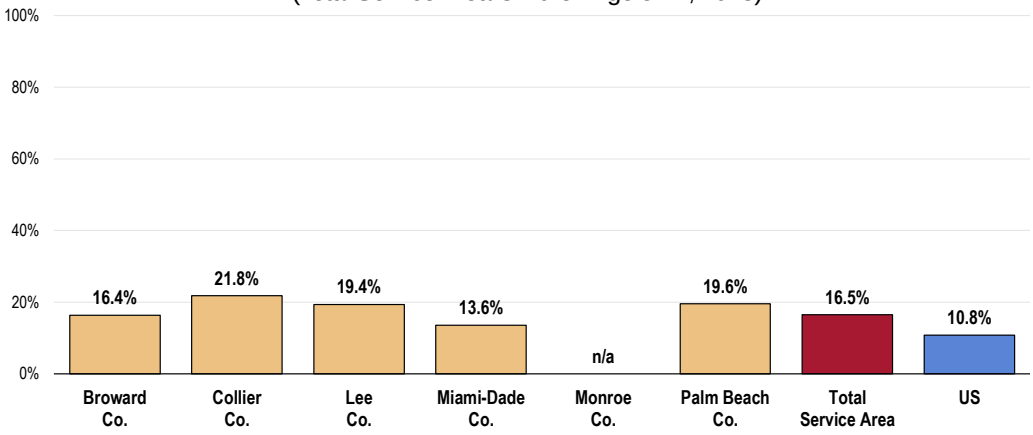
## Treatment for Mental Health

**A total of 16.5% of Total Service Area parents report that their child (age 5-17) has taken received treatment or counseling for his/her mental health in the past year.**

- Higher than US reports.
- No statistical difference among counties.

## Child Received Treatment or Counseling in the Past Year

(Total Service Area Children Age 5-17, 2018)



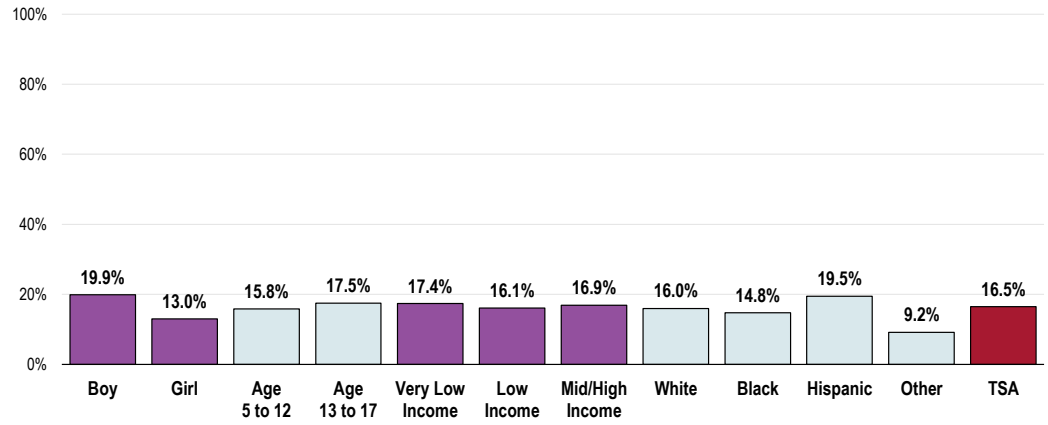

Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 79]
- 2018 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.

- Boys and Hispanic children are more likely to have received treatment or counseling for their mental health in the past year.

## Child Received Treatment or Counseling in the Past Year

(Total Service Area Children Age 5-17, 2018)




Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 79]

Notes:
- Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White children).
- 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.

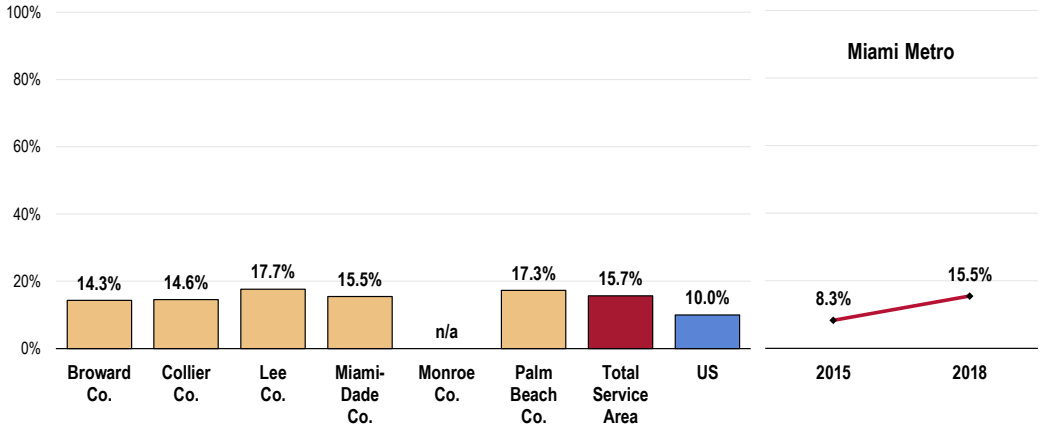
### Prescriptions for Mental Health

**A total of 15.7% of Total Service Area parents report that their child (age 5-17) has ever taken prescribed medication for his/her mental health.**

- Above US reports.
- No statistical difference among counties.
- MIAMI METRO TREND: An increase over 2015 findings.

## Child Has Ever Taken Prescription Medication for Mental Health

(Total Service Area Children Age 5-17, 2018)



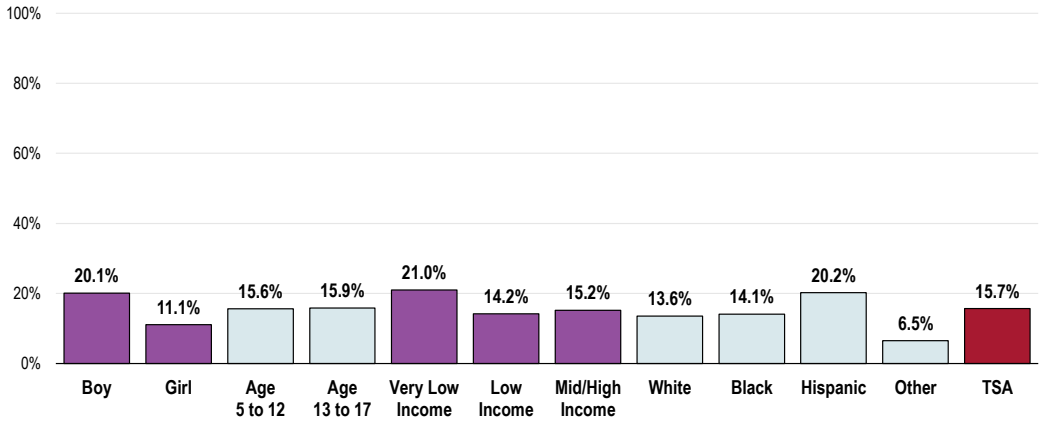

Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 81]
- 2018 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.

- Boys and Hispanic children are more likely to have taken prescription medication for their mental health.

## Child Has Ever Taken Prescription Medication for Mental Health

(Total Service Area Children Age 5-17, 2018)




Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 81]

Notes:
- Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White children).
- 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.

## Difficulties Receiving Needed Mental Health Care

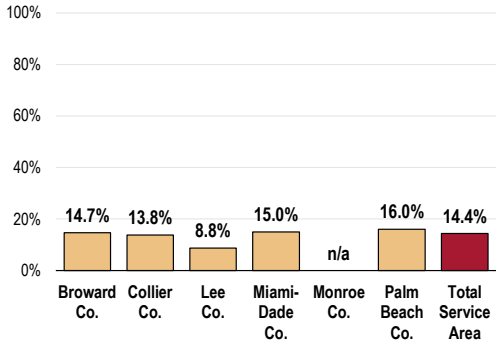
**In all, 14.4% of parents report having experienced difficulty or delays in receiving needed mental health services for their child in the past year.**

- This prevalence is lowest in Lee County.

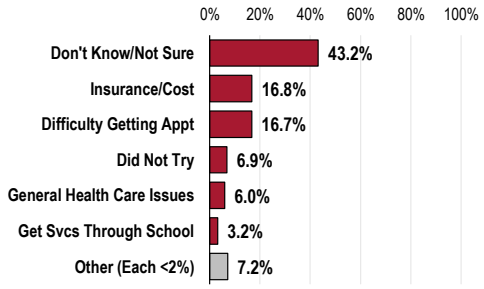
Top difficulties noted include insurance/cost issues (16.8%) and difficulty getting an appointment (16.7%).

### Experienced Difficulty/Delays Receiving Needed Child Mental Health Services in the Past Year

(Total Service Area Children Age 5-17, 2018)




**Parents Who Experienced Difficulty/Delays Receiving Needed Child Mental Health Care**




**Reasons for Difficulty**

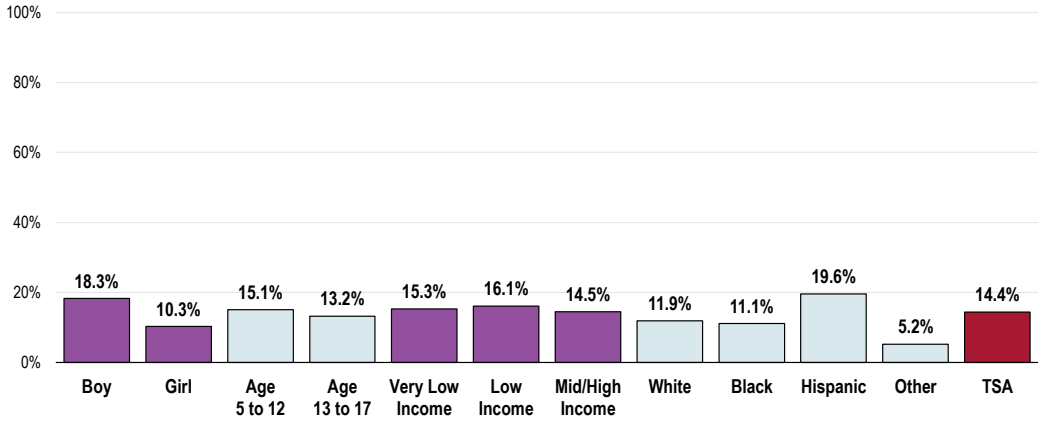
(Among Those Reporting Difficulties)

Sources: ● 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 322-323]
Notes: ● Represents all respondents with a randomly selected child in the household between the ages of 5 and 17.

- Difficulties accessing needed mental health services in the Total Service Area are highest among boys and Hispanic children.

## Experienced Difficulty/Delays Receiving Needed Child Mental Health Services in the Past Year

(Total Service Area Children Age 5-17, 2018)




Sources: ● 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 322]
Notes: ● Represents all respondents with a randomly selected child in the household between the ages of 5 and 17.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White children).
● 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.

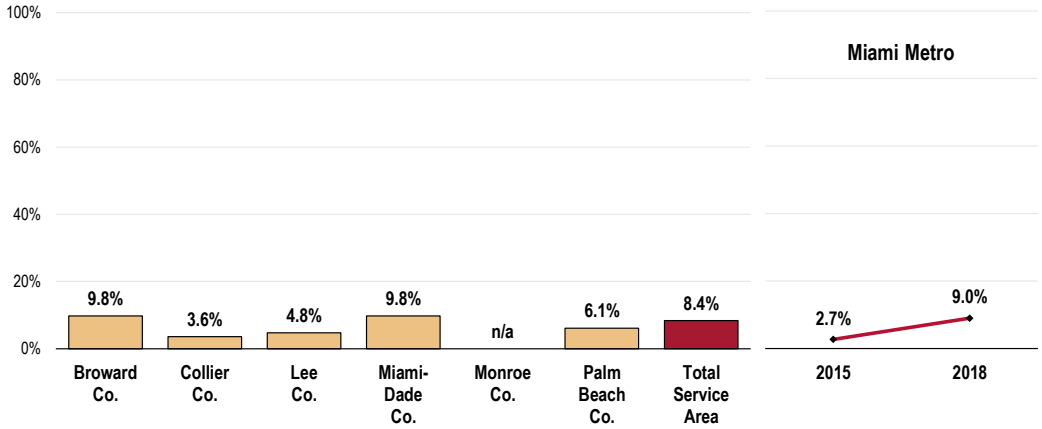
### Hospitalization for Mental Health

**According to parents, a total of 8.4% of Total Service Area children (age 5-17) have ever been hospitalized for a mental health issue.**

- Least common in Collier County.
- MIAMI METRO TREND: This prevalence has increased threefold since 2015 findings.

## Child Has Ever Been Hospitalized for Mental Health Issue

(Total Service Area Children Age 5-17, 2018)



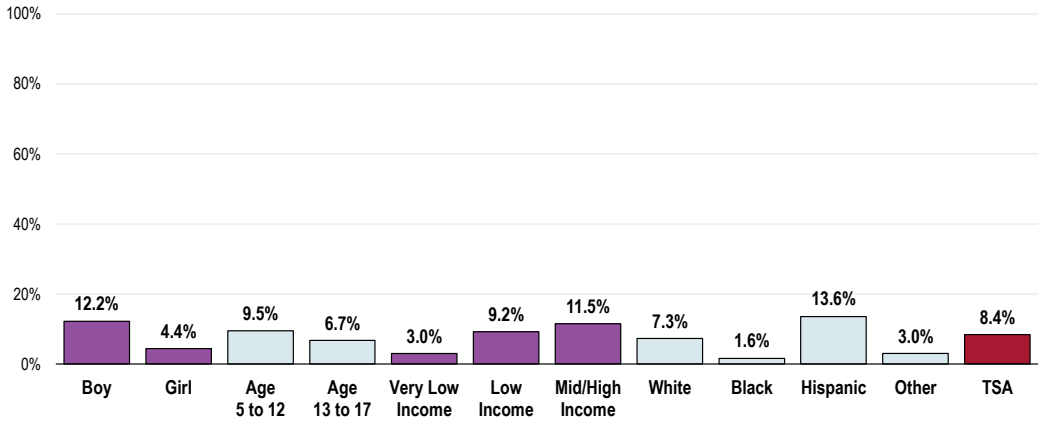

Sources: ● 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 321]
Notes: ● Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.

Mental health hospitalizations are more commonly reported for the following:

- Boys.
- Children living in higher-income households (above poverty).
- Hispanic children.

## Child Has Ever Been Hospitalized for Mental Health Issue

(Total Service Area Children Age 5-17, 2018)



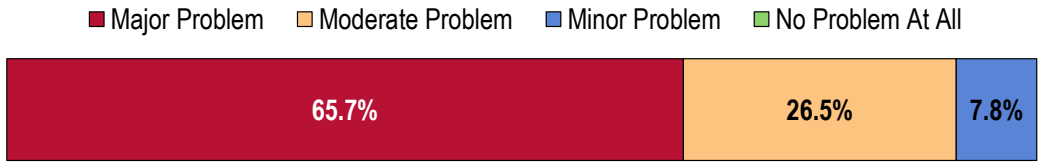

Sources: • 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 321]
Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White children).
• 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.

## *Key Informant Input: Mental and Emotional Health*

**Almost two-thirds of key informants taking part in an online survey characterized *Mental and Emotional Health* as a "major problem" for children/adolescents in the community.**

## Perceptions of Mental & Emotional Health as a Problem for Children/Adolescents in the Community

(Key Informants, 2018)




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 frequently related to the following:

### *Access to Care/Services*

*Not enough inpatient facilities for children and adolescent. Poor outpatient follow-up once the child is discharged. Not enough child psychiatrists in the community. — Physician (Miami-Dade County)*

*All children seem to be dumped to Nicklaus Children's Hospital's emergency room, and there is not enough capacity to handle or treat or enough beds to admit. — Physician (Miami-Dade County)*

*Mental health has been left behind in access, intervention and support group, almost to the point of neglect. — Physician (Miami-Dade County)*

*Limited availability for services or long wait times. — Physician (Miami-Dade County)*

*Not enough access to mental health professionals and cost. — Physician (Broward County)*

*Lack of resources for prompt evaluation and management. — Physician (Miami-Dade County)*

*Access to care is a big issue. — Physician (Miami-Dade County)*

*There is lack of access to providers. — Physician (Miami-Dade County)*

*Just having access to care. — Physician (Miami-Dade County)*

### *Prevalence/Incidence*

*There is a very big increase in children, adolescents and adults who suffer from mental health in the last decade. Mental health problems can create tragedies as we have seen in schools lately. This problem not only affects children but adolescents and adults creating great concern to our communities — Community /Business Leader (Miami-Dade County)*

*High percentage of children and adolescents presenting to the emergency room with mental health issues, self-injury and suicidal ideations. — Other Health Provider (Miami-Dade County)*

*This is an important health issue, due to an increase in suicidal rate and drug abuse rate and deaths. — Public Health Representative (Miami-Dade County)*

*Mental health is a rising concern nationwide. Research has shown increased depression and anxiety amongst our youth. — Other Health Provider (Miami-Dade County)*

*The volume of patients we see in the community with a mental health diagnosis, either presenting to the primary care office, emergency room or admitted to the hospital. — Physician (Miami-Dade County)*

*I see many more children lately of elementary age and above with anxiety, many with ADD and depression. — Physician (Miami-Dade County)*

*Childhood onset of psychiatric disease. — Physician (Miami-Dade County)*

*75% of children nowadays have some form of school problem from behavioral, learning disability, delays and ADHD or autism. — Physician (Miami-Dade County)*

### *Diagnosis/Treatment*

*I am a subspecialist, and I see a lot of children that have uncontrolled or worse undiagnosed mental illnesses. Because primary doctors often don't have the time to tease this out, they end up in my clinic for vague symptoms. Schools and community health organizations need to pick these illnesses up to prevent many of the comorbidities. — Physician (Miami-Dade County)*

*Undiagnosed mental health conditions pose a major problem to children in our community because they sometimes do not have the proper diagnosis or treatment to help them. Some children are not able to function on a regular basis because their mental health condition does not allow them to and without the proper diagnosis, medication and treatment, they are not able to function. — Community/Business Leader (Miami-Dade County)*

*Many other "symptom" issues are at the root mental health issues, and the system is not set up to be proactive in this regard. — Community/Business Leader (Miami-Dade County)*

*Need for improved diagnosis of depression and anxiety in children. — Physician (Miami-Dade County)*

*Under-diagnosis and poor access to care. — Physician (Miami-Dade County)*

*Delay in treatment leads to worse outcome. — Physician (Miami-Dade County)*

### Impact of Parenting

*Children are not taught on how to express their feelings without being judged. Many are raised in empty homes. They come home to an empty space because mom or dad or both are working and are alone most of the time. Also, there are many parents with mental illnesses that are not prepared on caring for their kids. Also, we have parents dealing with drugs, unemployment etc. that are creating stressful situations to their children and they don't know how to deal with them. There are too many reasons that could trigger mental illness in children, especially anxiety. Also, the crime that is surrounding our cities — Physician (Miami-Dade County)*

*Lack of parenting skills, lack of redirection skills, significant family dysfunction, permissive environment, both parents working, social media, video games. Lack of access to resources/treatment, Lack of compliance with treatment, denial, multi-generational factors including confusing parental styles. — Other Health Provider (Miami-Dade County)*

*Lack of parental support, supervision and interactions due to socioeconomic status, language problems communicating with health care workers and teachers, broken families. — Physician (Miami-Dade County)*

*Poor parenting, poor emotional education and denial. — Other Health Provider (Miami-Dade County)*

*Loss of family unit has led to anxiety, depression bullying isolation. — Physician (Miami-Dade County)*

### Co-Occurrences

*There are many influencing factors for mental health issues in South Florida. For example: A large percentage of the youth population has been involved with juvenile justice, and many low-income areas are surrounded by neighborhoods with high concentrations of immigrants and refugees. Many are 1st- or 2nd-generation immigrants and refugees whose families escaped distressing circumstance in their native lands and who face the multiple-stresses of relocation into a new country in communities with high concentrations of poverty and crime. Many face conflicting emotions of fear of the streets and the need to be gang-aligned for safety and social purposes. Our experience with this population tells us that mental health counseling and the development of peer, staff, and program bonds during the school day build and sustain community engagement and constitutes an inescapable requirement for successfully helping this population. — Community/Business Leader (Miami-Dade County)*

*Unfortunately, recent (reported increasing) violence in Miami (across the country) seems to have spawned a rising as well as new "reason" for fear and panic, leading to an increase in reports and use of available resources. Many of the existing resources are unable to adequately serve the children and adolescents in 'need'. — Other Health Provider (Miami-Dade County)*

*Given the increased incidence of trauma and violence, how could it not be. — Community/Business Leader (Miami-Dade County)*

*Drug addiction and suicides seem to be occurring at high rates. — Physician (Miami-Dade County)*

*Drugs. Alcohol. Violence — Physician (Miami-Dade County)*

### Insurance Issues

*Insurance coverage is limited, restrictive of access to practitioners. My perception is that there are too few mental health practitioners for children, as well. — Physician (Miami-Dade County)*

*Many providers do not accept insurance but want cash money. Parents have difficulty with it. — Physician (Miami-Dade County)*

*Insurance companies do not cover most mental health services. — Physician (Miami-Dade County)*

*Poor coverage. — Physician (Miami-Dade County)*

### Awareness/Education

*Mental health is one of the most important and unaddressed problems in our society. Starting with dysfunctional families, school systems then cannot compensate or make up for these domestic deficiencies, compounded with drug abuse and violent video games that isolate children. — Physician (Miami-Dade County)*

*Poor overall knowledge of mental health by the community. Stressful environment with social media, news, violence, etc. Great impact on the patient and their families. — Physician (Miami-Dade County)*

*Children's mental health is largely ignored by the medical community. These issues lead to life-long debilitating problems if not addressed. — Community/Business Leader (Miami-Dade County)*

### *Lack of Providers*

*Inadequate training of pediatricians to care for these children and inadequate number of mental health providers. Also, poor reimbursement for mental health. — Physician (Miami-Dade County)*

*Lack of providers, not many Medicaid providers in the area. Poor coordination of services, fragmentation. — Physician (Miami-Dade County)*

*Lack of specialists to address and lack of coverage for mental health services. — Other Health Provider (Miami-Dade County)*

### *Bullying*

*Children are dealing with bullying, poor self-image and need to adapt to changes within their environment readily. With lack of social interaction with all social media usage, this creates a major problem for children and adolescents in having someone to share things with and handle daily challenges. — Community/Business Leader (Broward County)*

*Due to constant contact and interaction over the internet see an increase in cyberbullying. Kids feel their missing out on events friends are having. Many of the kids I treat are depressed, challenges with coping. — Other Health Provider (Miami-Dade County)*

### *Denial/Stigma*

*People are worried about labeling; thus, many mental health conditions will go undiagnosed. — Public Health Representative (Miami-Dade County)*

*Stigma, difficult access — Physician (Miami-Dade County)*

### *School Pressures*

*Increasing pressure for academic achievement, immigration status, peer pressure, access to drugs and alcohol, family stress and dynamics, increased time spent on social media and technology including smart phones- video games, decreased face to face interactions, inability to disconnect from social media with a potential for 24/7 cyberbullying. — Other Health Provider (Miami-Dade County)*

*Pressures of school and peers made worse by parents pushing for academic success at all costs and expectations of perfection fueled by social media. — Public Health Representative (Miami-Dade County)*

### *Gun Violence*

*Gun violence in schools. — Physician (Miami-Dade County)*

### *Prevention*

*Many factors obviously contribute to the increase in mental illnesses in our society. Many can be preventable at an early age, but when you don't have resources, they can escalate to a full spectrum of psychiatric illnesses. I believe the problem exist because there are not resources to help parents through a health care professional to prevent them and eventually to treat them with the continuous supervision and closely follow up. — Physician (Miami-Dade County)*

# Chronic Disease & Special Health Needs

Professional Research Consultants, Inc.

# Prevalence of Selected Medical Conditions

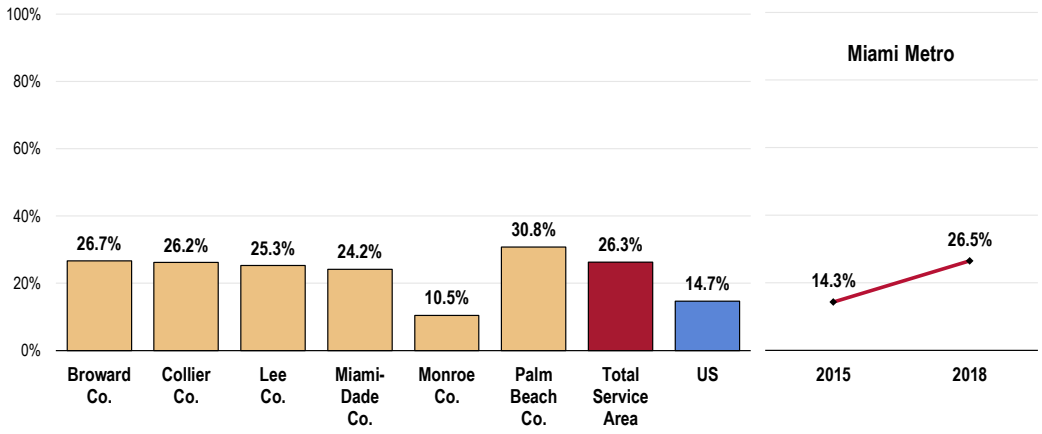
## Vision, Hearing & Speech

### Speech/Language Issues

**A total of 26.3% of Total Service Area children have some type of speech or language problem.**

- Much higher than the national proportion.
- Lowest in Monroe County.
- MIAMI METRO TREND: Much higher than the 2015 figure.

**Child Has Speech/Language Problems**
(Total Service Area, 2018)



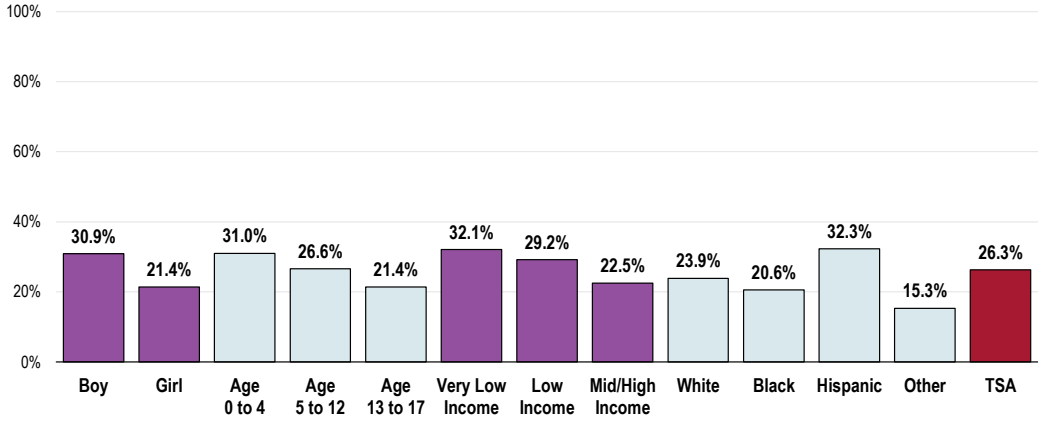

Sources: ● 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 63]
● 2018 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents about a randomly selected child in the household.

Those more likely to experience speech or language problems include:

- Boys.
- Younger children (negative correlation with age).
- Children living in lower-income households (negative correlation with income).
- Hispanic children.

## Child Has Speech/Language Problems

(Total Service Area, 2018)




Sources: • 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 63]

Notes:
- Asked of all respondents about a randomly selected child in the household.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White children).
- 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.

### Hearing Problems

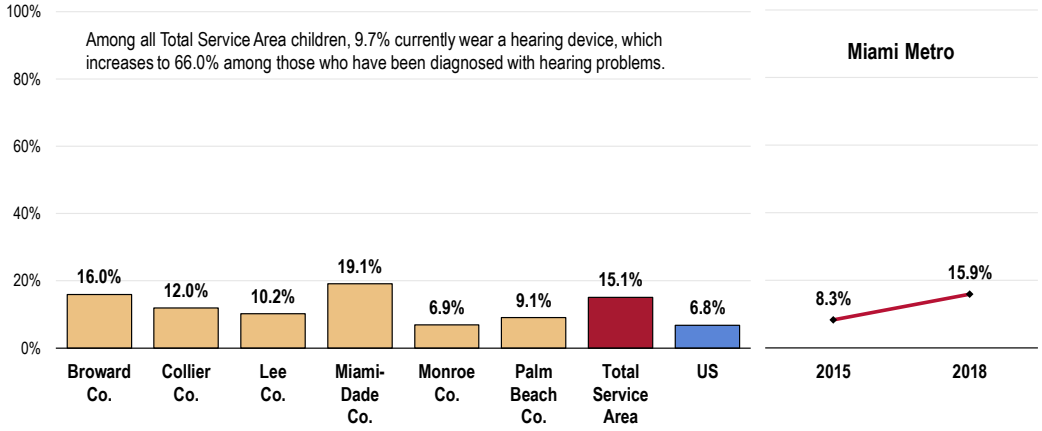
**A total of 15.1% of Total Service Area children have been diagnosed with hearing problems.**

- Far higher than national findings.
- Highest in Miami-Dade County.
- MIAMI METRO TREND: Above 2015 findings.

Almost two-thirds (66.0%) of children diagnosed with hearing problems currently wear a hearing device (9.7% of the total population), meaning that over one-third do not.

## Child Has Hearing Problems

(Total Service Area, 2018)




Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 37, 313]
- 2018 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

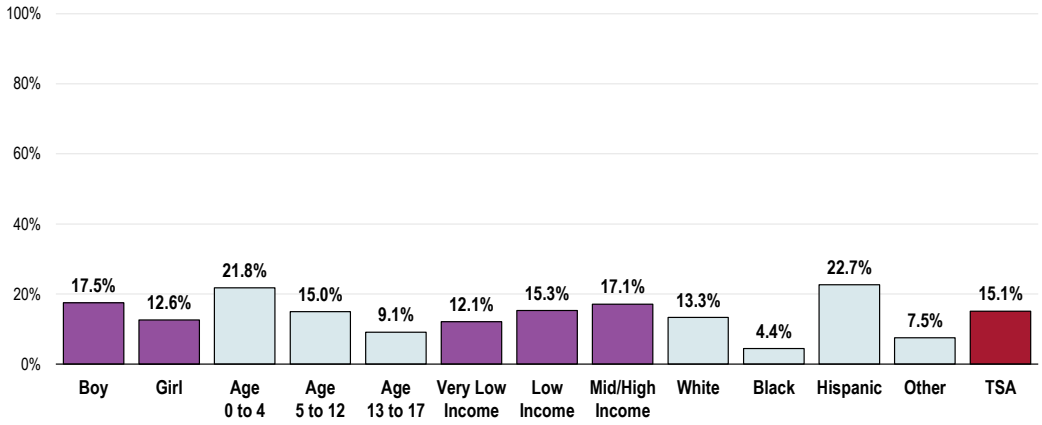
Notes:
- Asked of all respondents about a randomly selected child in the household.

In the Total Service Area, the following child demographic groups are more likely to have been diagnosed with hearing problems:

- Boys.
- Younger children (strong negative correlation with age).
- White or Hispanic children (especially Hispanic).

## Child Has Hearing Problems

(Total Service Area, 2018)




Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 37]

Notes:
- Asked of all respondents about a randomly selected child in the household.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White children).
- 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.

## Chronic Ear Infections

Respondents were asked to report on the prevalence of a number of different chronic conditions and illnesses afflicting children.

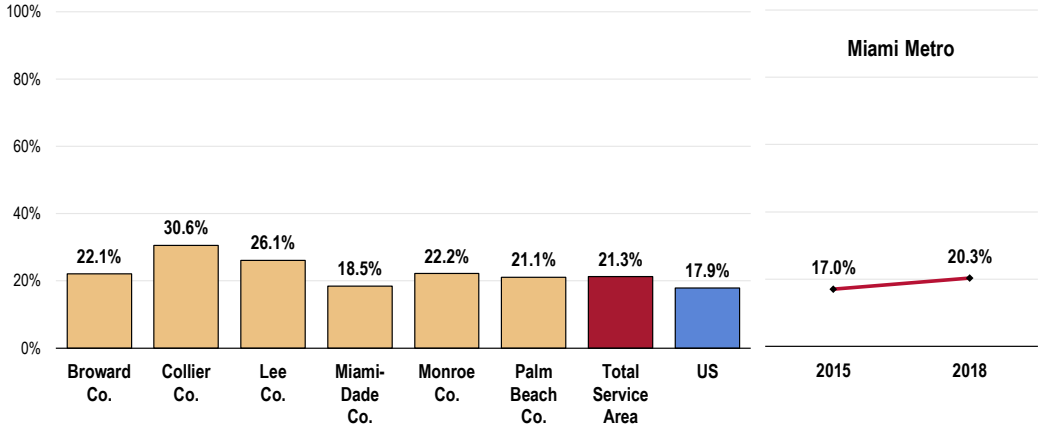
*"Would you please tell me if this child has ever suffered from or been diagnosed with any of the following medical conditions …."*

**Among Total Service Area parents of children under the age of 18, a total of 21.3% indicate that their child has had three or more ear infections in his/her life.**

- Statistically comparable to US findings.
- Highest in Collier County.
- MIAMI METRO TREND: The increase since 2015 is not statistically significant.

### Child Has Had 3+ Ear Infections

(Total Service Area, 2018)



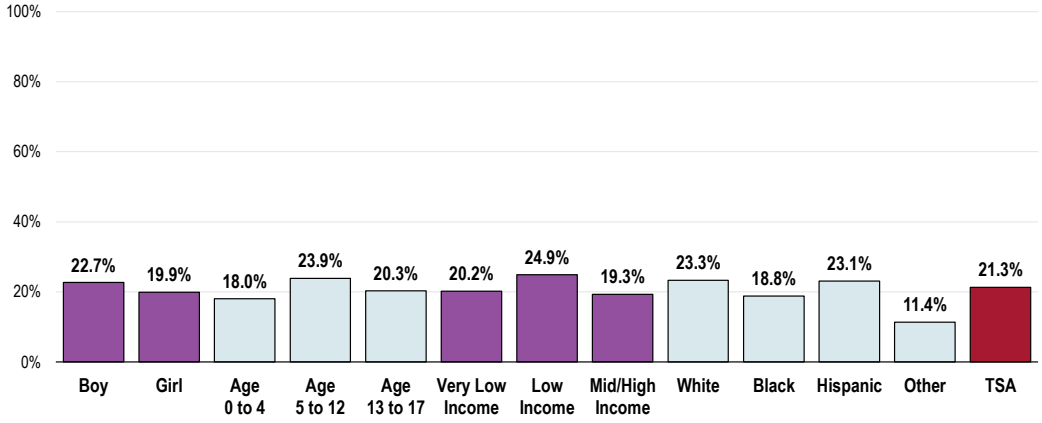

Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 61]
- 2018 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents about a randomly selected child in the household.

- Children age 5 to 12 are more likely to have chronic ear infections, as are White or Hispanic children.

## Child Has Had 3+ Ear Infections

(Total Service Area, 2018)




Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 61]

Notes:
- Asked of all respondents about a randomly selected child in the household.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White children).
- 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.

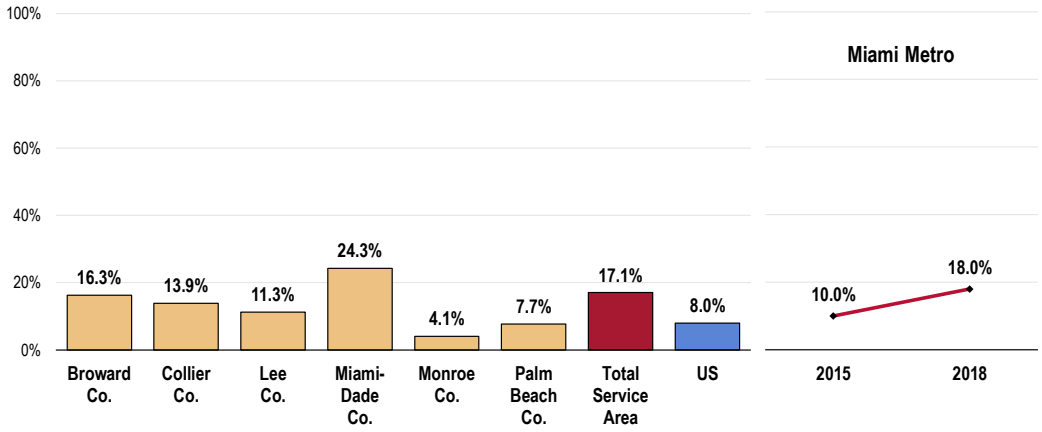
### Vision Problems

**A total of 17.1% of Total Service Area children have vision problems that cannot be corrected with glasses or contact lenses.**

- Over double the national prevalence.
- Highest in Miami-Dade County.
- MIAMI METRO TREND: Higher than 2015 findings.

## Child Has Uncorrectable Vision Problems

(Total Service Area, 2018)




Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 35]
- 2018 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

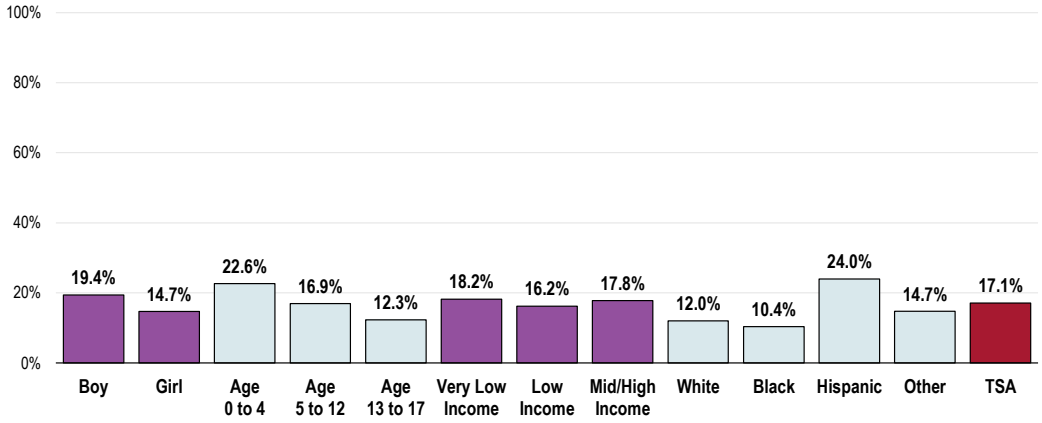
Notes:
- Asked of all respondents about a randomly selected child in the household.

Children more likely to have uncorrectable vision problems include:

- Boys.
- Those age 0 to 4 (strong negative correlation with age).
- Hispanic children.

## Child Has Uncorrectable Vision Problems

(Total Service Area, 2018)




Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 35]

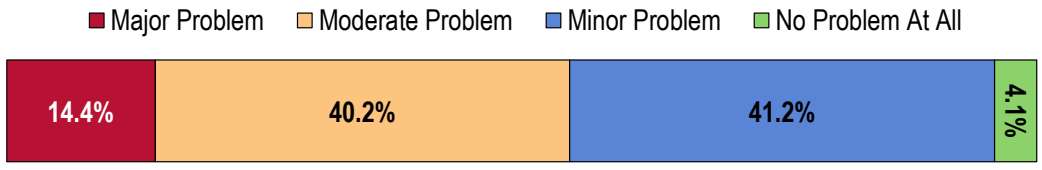
Notes:
- Asked of all respondents about a randomly selected child in the household.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White children).
- Income categories reflect respondent's household income as a ratio to the 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.

### Key Informant Input: Vision, Hearing, & Speech Problems

**Key informants taking part in an online survey slightly more often characterized *Vision, Hearing, & Speech Problems* as a "minor problem" than a "moderate problem" for children/adolescents in the community.**

## Perceptions of Vision, Hearing & Speech Conditions as a Problem for Children/Adolescents in the Community

(Key Informants, 2018)




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 frequently related to the following:

#### Access to Care/Services

> *A lot of need for providers for hearing deficit. Many don’t take the Medicaid insurances. — Physician (Miami-Dade County)*
>
> *Access issue. — Physician (Miami-Dade County)*

#### Comorbidities

> *I'm seeing a lot of headaches associated with deficits in vestibular and visual system integration. These patients' have daily headaches that can be debilitating and lead to poor school attention and lower grades. Many of the patients need sustained education on identifying providers in the area, difference between Optometry and Ophthalmology, proper ENT diagnosis if vestibular involvement; once identified usually can remove these symptoms from patient's life. — Other Health Provider (Miami-Dade County)*
>
> *With the increased incidence of autism and autism spectrum disorder, there are more children with delayed speech. — Other Health Provider (Miami-Dade County)*

#### Prevalence/Incidence

> *Of all the above-mentioned symptoms, speech and hearing are the most problematic with our children, The problem with this is that as they get older, they refuse to use hearing aids and glasses, making this a problem. — Physician (Miami-Dade County)*
>
> *High prevalence and lack of specialists. Poor access. — Physician (Miami-Dade County)*

#### Impact on Development

> *These conditions can limit a child's progress without proper support. — Social Services Provider (Miami-Dade County)*

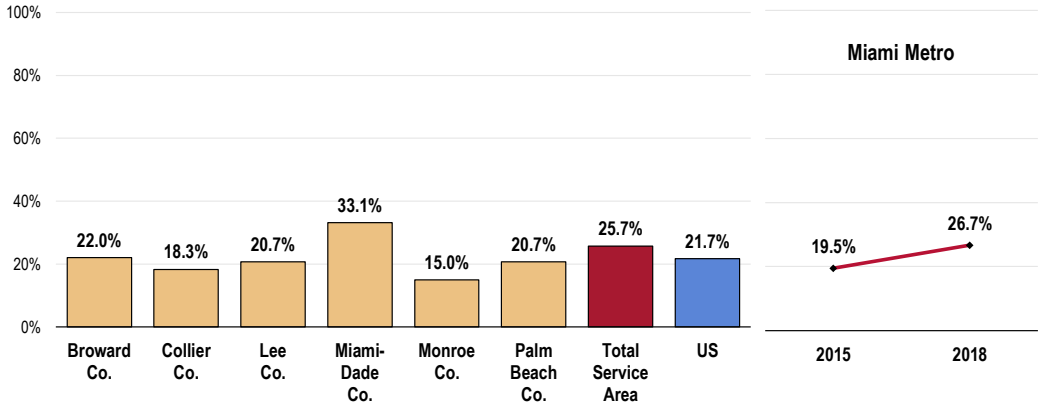
# Allergies

## Respiratory Allergies

**One-quarter of Total Service Area children (25.7%) suffer from respiratory allergies.**

- Above the US percentage.
- Notably high in Miami-Dade County.
- MIAMI METRO TREND: Denotes a statistically significant increase over time.

### Child Has Respiratory Allergies
(Total Service Area, 2018)

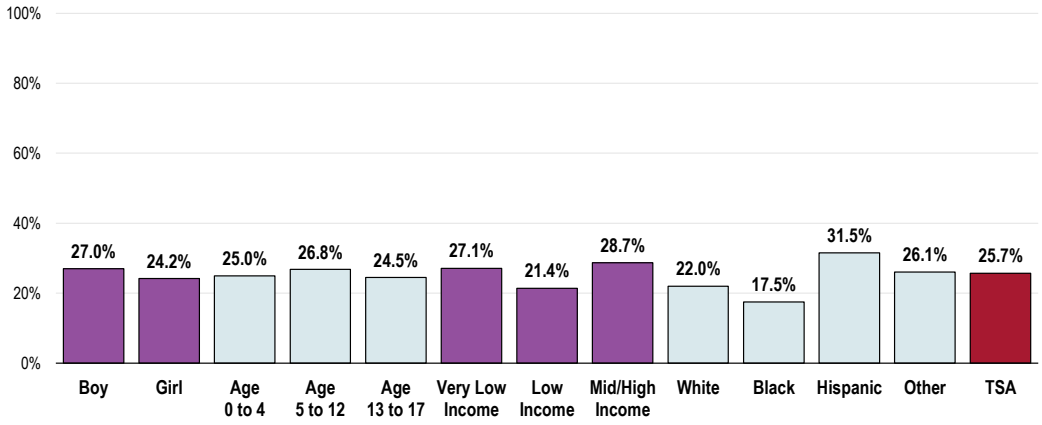



Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 54]
- 2018 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents about a randomly selected child in the household.

- Hispanic children in the Total Service Area are more likely to have a respiratory allergy than other races/ethnicities.

### Child Has Respiratory Allergies
(Total Service Area, 2018)




Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 54]

Notes:
- Asked of all respondents about a randomly selected child in the household.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White children).
- 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.

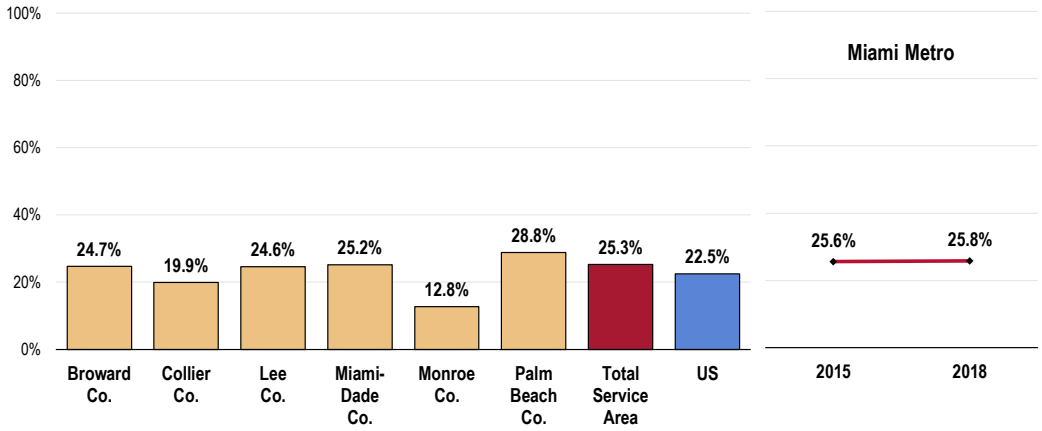
## Eczema/Skin Allergies

**A total of 25.3% of Total Service Area children have eczema or another skin allergy.**

- Statistically similar to national findings.
- Lowest in Monroe County.
- MIAMI METRO TREND: Virtually identical to prior survey findings.

### Child Has Eczema/Skin Allergies

(Total Service Area, 2018)



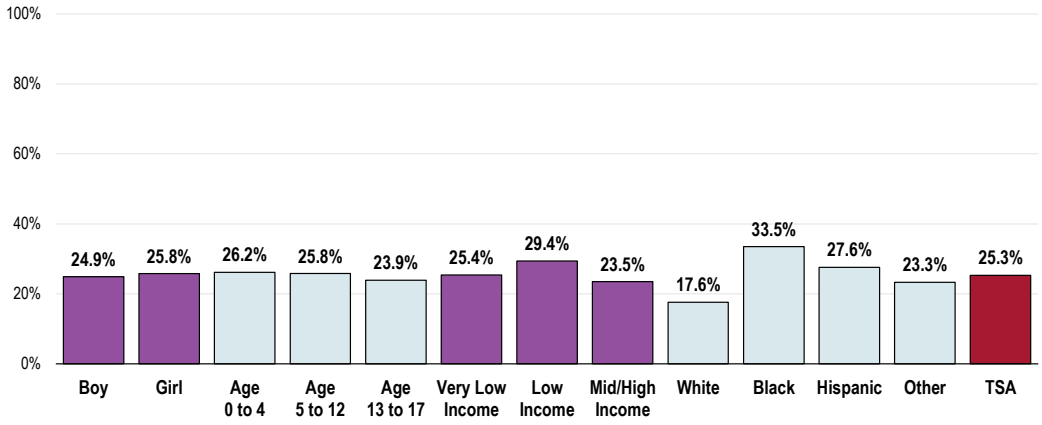

Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 57]
- 2018 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents about a randomly selected child in the household.

- Those more likely to experience eczema/skin allergies include Black or Hispanic children.

### Child Has Eczema/Skin Allergies

(Total Service Area, 2018)




Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 57]

Notes:
- Asked of all respondents about a randomly selected child in the household.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White children).
- 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.

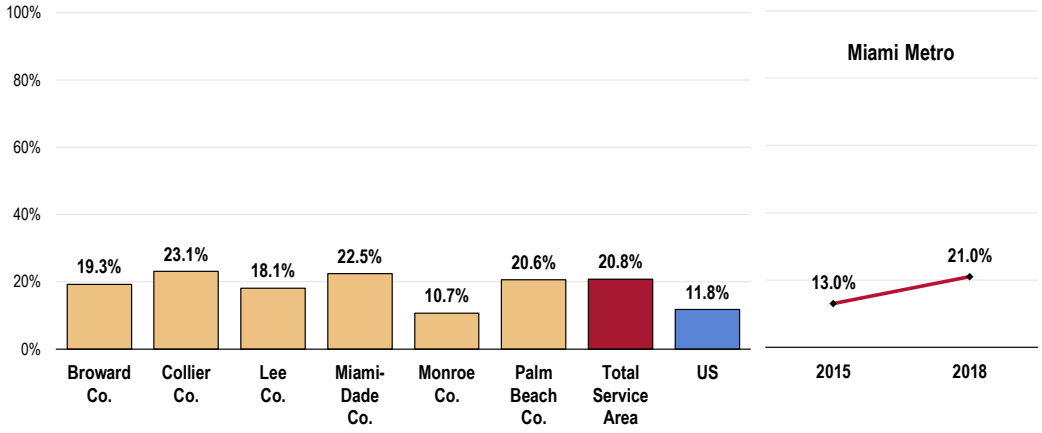
## Food/Digestive Allergies

**One in five Total Service Area children (20.8%) have some type of food or digestive allergy.**

- Higher than the national rate.
- This prevalence is lowest in Monroe County.
- MIAMI METRO TREND: A significant increase in food/digestive allergies has occurred in the past three years.

### Child Has Food/Digestive Allergies

(Total Service Area, 2018)



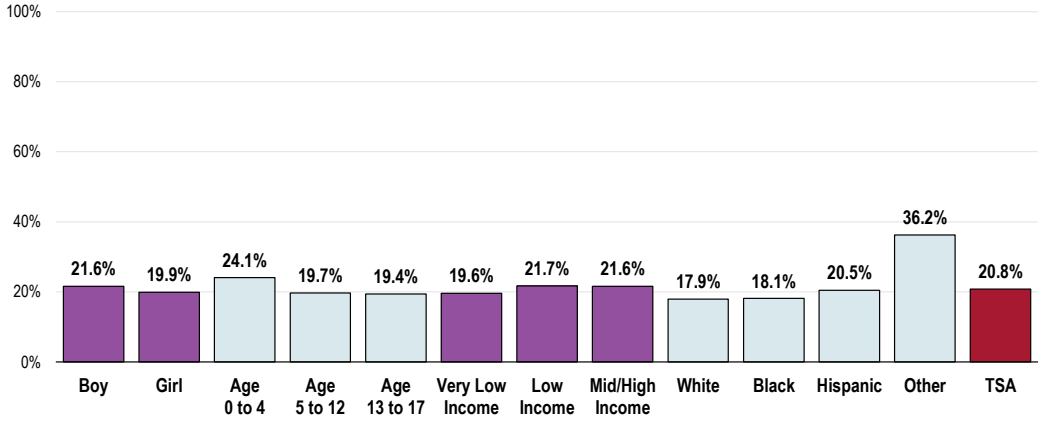

Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 55]
- 2018 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents about a randomly selected child in the household.

- Food/digestive allergies are far more prevalent among Other race children.

## Child Has Food/Digestive Allergies

(Total Service Area, 2018)




Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 55]

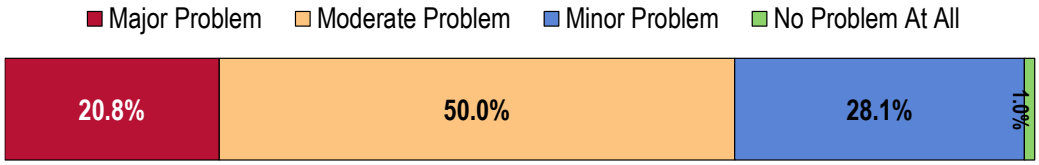
Notes:
- Asked of all respondents about a randomly selected child in the household.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White children).
- Income categories reflect respondent's household income as a ratio to the 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.

### Key Informant Input: Allergies

**Half of key informants taking part in an online survey characterized *Allergies* as a "moderate problem" for children/adolescents in the community.**

## Perceptions of Allergies as a Problem for Children/Adolescents in the Community

(Key Informants, 2018)




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 frequently related to the following:

#### *Environmental Issues*

> *Allergies seem to be a problem in our community, especially in areas that we consider to be low-income. Housing complexes that are old, have mildew and mold cause the children to have respiratory problems. Additionally, children living in multiunit housing and are exposed to secondhand smoke are definitely struggling with respiratory problems. — Public Health Representative (Miami-Dade County)*

*Many children are diagnosed with hypersensitivity to allergens. Some are due to the home environment with triggers and environmental triggers and food allergies. — Community/Business Leader (Broward County)*

*Annually we are seeing more and more children diagnosed with asthma. Pollution and other things are affecting them. — Community/Business Leader (Miami-Dade County)*

*Florida is a major state with risk factors for allergies such as molds and humidity. — Physician (Miami-Dade County)*

*We do not live in environmentally-clean communities anymore, hence the rise in allergic reactions of all kinds. — Community/Business Leader (Miami-Dade County)*

### Prevalence/Incidence

*I've noticed a significant increase in food and skin allergies. This issue has been such a struggle that many schools and medical institutions have changed polices and protocols to prevent adverse allergic health reactions. — Other Health Provider (Miami-Dade County)*

*High prevalence and high impact in quality of life. — Physician (Miami-Dade County)*

*High prevalence and high morbidity. — Other Health Provider (Miami-Dade County)*

*Rise in food allergies and increase health response. — Community/Business Leader (Broward County)*

*Common condition. Not many providers. — Physician (Miami-Dade County)*

### Impact on School

*School absenteeism, lack of sleep, inability to concentrate during class and homework — Physician (Miami-Dade County)*

*Impact on school, social functioning, sports and access to medications. — Other Health Provider (Miami-Dade County)*

### Awareness/Education

*There is not enough education about the dangers of airborne allergies and the ability that we, as a community can have to limit the risks to children who have such type allergies. Peanut allergies are a very easy example to use- Many adults and their children believe that kids with peanut allergies have to ingest it, when there are many children who merely have to touch something that had previous contact with a peanut, or even someone across the room was eating peanuts in a bag or a peanut butter sandwich. If there was more awareness and education provided to both children and adults about how dangerous allergies can be and how simple choices can make enormous impacts, perhaps we would see fewer indices of anaphylaxis reactions and the need to Epi small children. — Community/Business Leader (Miami-Dade County)*

### Comorbidities

*Allergies are a major trigger for those children with asthma and skin disorders. Many children have suffered severe allergic reactions, resulting in hospitalizations and complications. Children are at a disadvantage during school activities because anything can pose a risk to their condition and result in an emergency when they should just be enjoying their childhood. Children with food allergies sometimes develop poor eating habits due to the limitations in their diets. — Community/Business Leader (Miami-Dade County)*

### Lack of Providers

*Not enough doctors. — Physician (Miami-Dade County)*

# Neurological Conditions

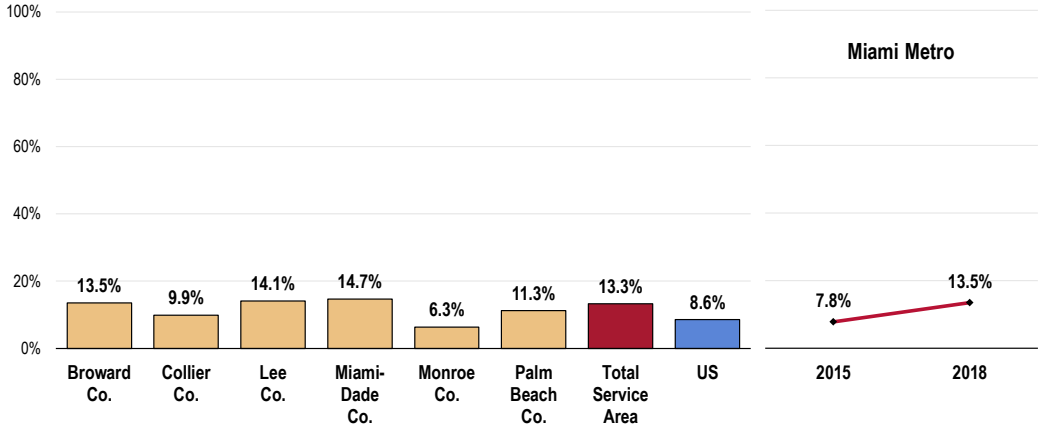
## Migraines/Severe Headaches

**A total of 13.3% of Total Service Area children suffer from migraines or severe headaches.**

- Above the US percentage.
- Lowest in Monroe County.
- MIAMI METRO TREND: This prevalence has increased since 2015.

### Child Has Migraines/Severe Headaches

(Total Service Area, 2018)



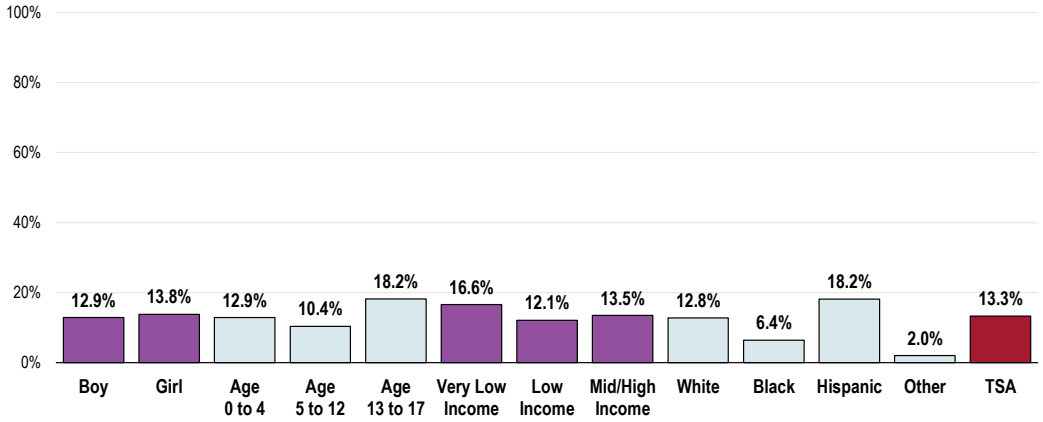

Sources: ● 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 60]
● 2018 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents about a randomly selected child in the household.

Total Service Area children more likely to suffer from migraines/severe headaches include:

- Teens.
- White or Hispanic children (especially Hispanic).

## Child Has Migraines/Severe Headaches

(Total Service Area, 2018)




Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 60]

Notes:
- Asked of all respondents about a randomly selected child in the household.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White children).
- 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.

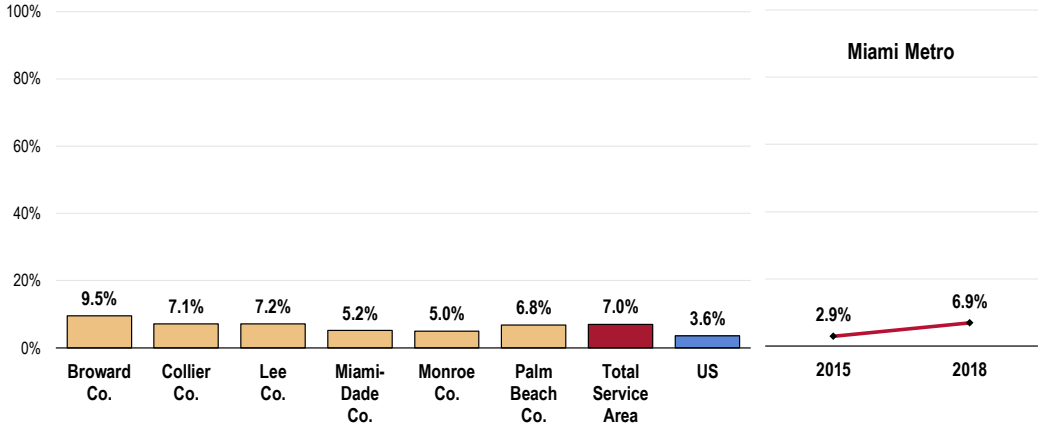
### Brain Injury/Concussion

**A total of 7.0% of Total Service Area children have suffered a brain injury or concussion.**

- Higher than the US figure.
- Highest in Broward County.
- MIAMI METRO TREND: Marks a statistically significant increase in brain injuries over the past three years.

## Child Has Had a Brain Injury/Concussion

(Total Service Area, 2018)



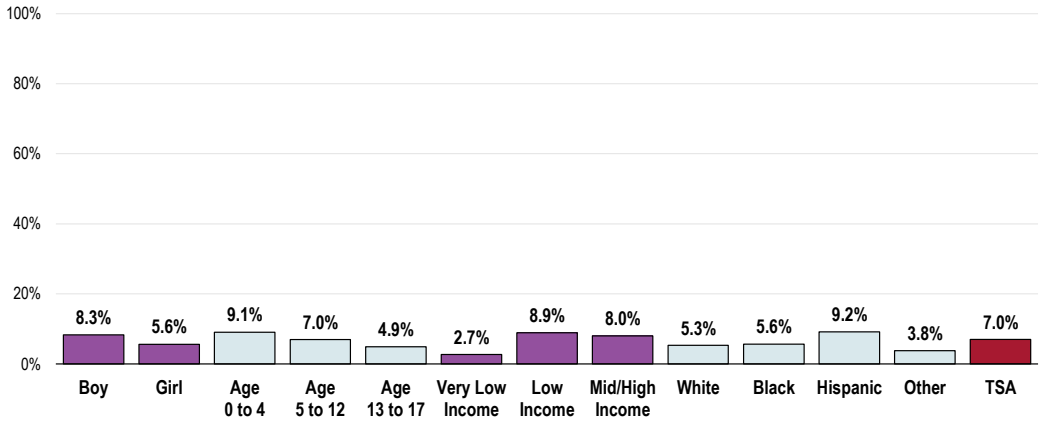

Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 59]
- 2018 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents about a randomly selected child in the household.

The prevalence of brain injury/concussion is highest among:

- Boys.
- Children age 0-4 (negative correlation with age).
- Children living in households above poverty.
- Hispanic children.

**Child Has Had a Brain Injury/Concussion**
(Total Service Area, 2018)




Sources: ● 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 59]
Notes: ● Asked of all respondents about a randomly selected child in the household.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White children).
● 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.

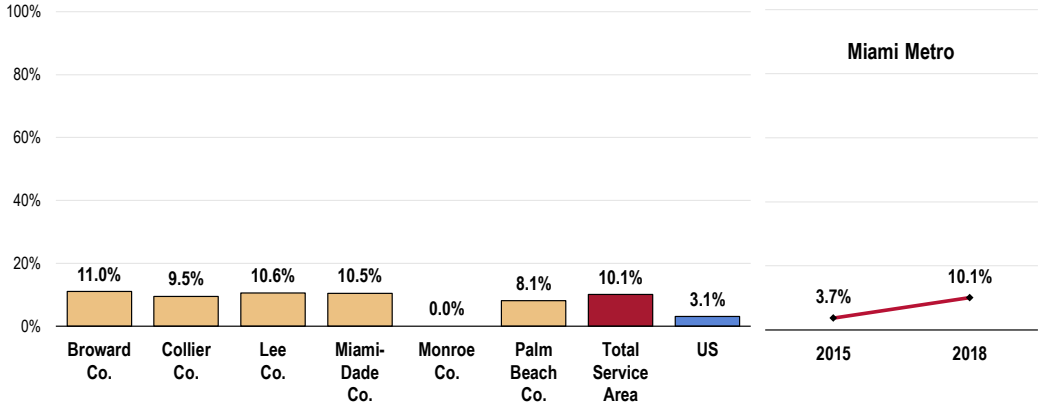
## Seizure Disorder/Epilepsy

**A total of 10.1% of Total Service Area children have epilepsy or a seizure disorder.**

- Three times the US rate.
- The counties show similar findings, with the exception of Monroe County, where none of the parents acknowledged epilepsy or a seizure disorder for their child.
- MIAMI METRO TREND: The prevalence of seizure disorders has notably increased since 2015.

## Child Has Seizure Disorder/Epilepsy

(Total Service Area, 2018)



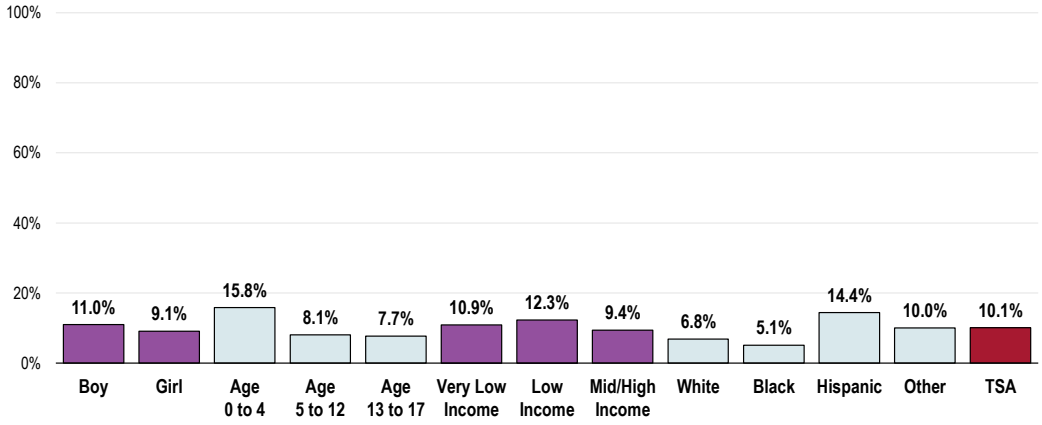

Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 58]
- 2018 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents about a randomly selected child in the household.

- Children under age 5 and Hispanic children are more likely to suffer from seizure disorders/epilepsy.

## Child Has Seizure Disorder/Epilepsy

(Total Service Area, 2018)




Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 58]

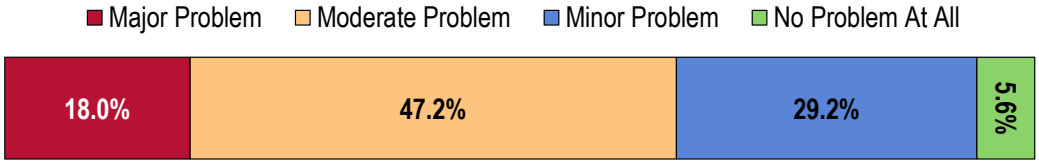
Notes:
- Asked of all respondents about a randomly selected child in the household.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White children).
- Income categories reflect respondent's household income as a ratio to the 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.

### Key Informant Input: Neurological Conditions

**A majority of key informants taking part in an online survey characterized *Neurological Conditions* as a "moderate problem" for children/adolescents in the community.**

## Perceptions of Neurological Conditions as a Problem for Children/Adolescents in the Community

(Key Informants, 2018)




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 frequently related to the following:

**Access to Care/Services**

> *Coverage for certain specialists is limited and there are also many medications not covered by insurance. — Other Health Provider (Miami-Dade County)*
>
> *Too much dependency on the condition and not enough resources to teach families how to understand, cope and redirect. — Other Health Provider (Miami-Dade County)*
>
> *Inadequate numbers of providers. — Physician (Miami-Dade County)*
>
> *Access is extremely difficult for outpatient services. — Physician (Miami-Dade County)*
>
> *Dominant neurology group in the area. — Physician (Miami-Dade County)*

**Prevalence/Incidence**

> *In this community there are a large number of children with seizure disorders, and it is difficult to communicate with the neurologists. Access to appointments is a huge issue even when calling from a doctor's office. — Physician (Miami-Dade County)*
>
> *Very common, difficult access and significant morbidity. — Physician (Miami-Dade County)*
>
> *Serious. — Physician (Miami-Dade County)*

**Comorbidities**

> *I would not only include seizure disorders, headaches, migraines and concussions, but more so all the frequent sequelae of prematurity -Seizures, hydrocephalus, and different forms of cerebral palsy. These are associated many times with learning disabilities and significant mobility issues requiring special care and assistance. — Physician (Miami-Dade County)*

**Denial/Stigma**

> *Those problems create some fear and stigma to children who suffer from neurological symptoms. They are limited in their daily activities or families want them to be labeled disabled, and as they grow up, they find themselves that they can do whatever other children can do or become extremely dependent. — Physician (Miami-Dade County)*

**Disease Management**

> *Lack of understanding and lack of compliance with treatment plan. Denial and lack of resources/ support. Behavioral and emotional ramifications. Family, school, social vocational functioning. Memory, impaired decision-making. Non-acceptance of clinical diagnosis/outcomes. — Other Health Provider (Miami-Dade County)*

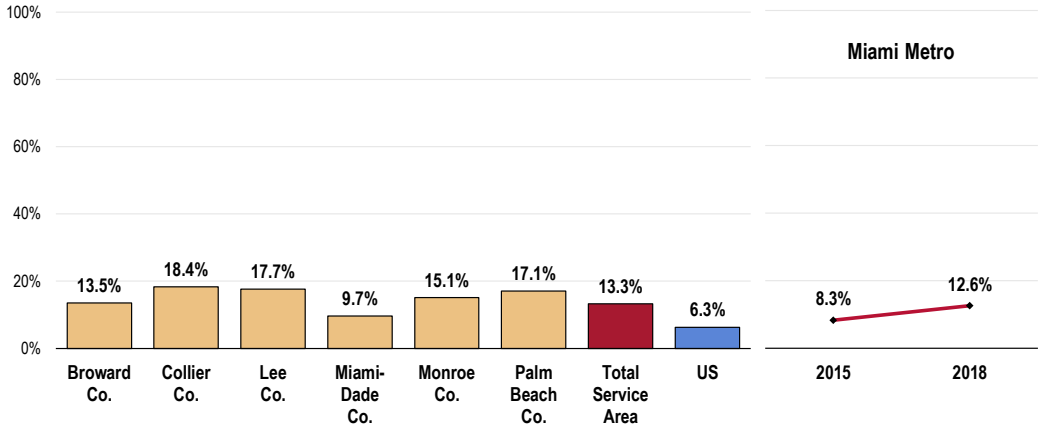
## Bone, Joint & Muscle Problems

**A total of 13.3% of Total Service Area children experience bone, joint, or muscle problems.**

- Less favorable than the nationwide proportion.
- Least favorable in Palm Beach County.
- MIAMI METRO TREND: Represents an increase in prevalence since 2015.

### Child Has Bone, Joint, or Muscle Problems

(Total Service Area, 2018)



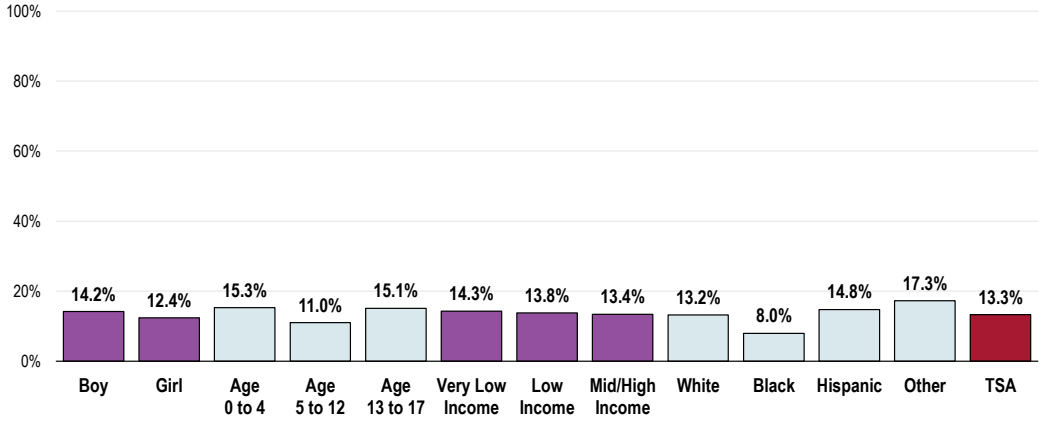

Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 56]
- 2018 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents about a randomly selected child in the household.

- The prevalence appears lowest among Black children.

### Child Has Bone, Joint, or Muscle Problems

(Total Service Area, 2018)




Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 56]

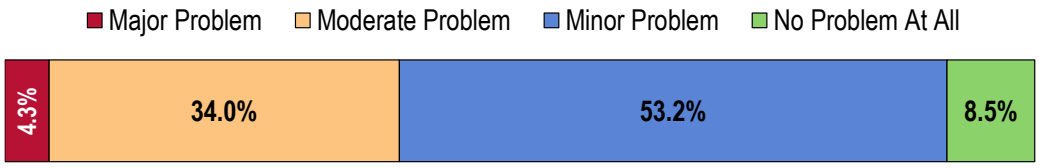
Notes:
- Asked of all respondents about a randomly selected child in the household.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White children).
- Income categories reflect respondent's household income as a ratio to the 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.

## Key Informant Input: Bone, Joint & Muscle Conditions

**Key informants taking part in an online survey most often characterized *Bone, Joint, and Muscle Conditions* as a "minor problem" for children/adolescents in the community.**

### Perceptions of Bone, Joint & Muscle Conditions as a Problem for Children/Adolescents in the Community

(Key Informants, 2018)




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**

> *Related to obesity. — Physician (Miami-Dade County)*

**Prevalence/Incidence**

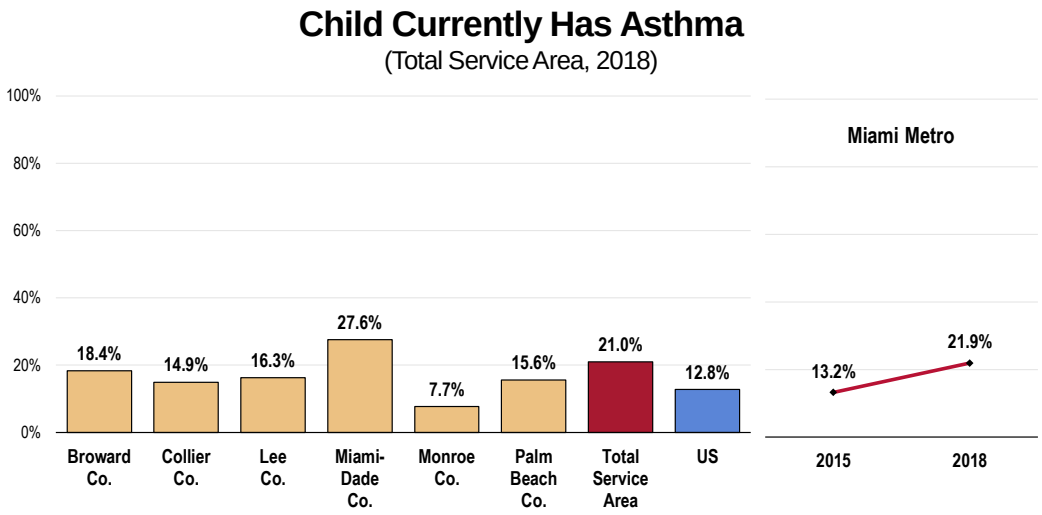
> *Community hospitals typically see patients with fractures and other [problems]. If the patient is insured, they find the talent and knowledge to correct the problem. If the patient child is uninsured or on Medicaid (as most are), they are referred to a children's hospital. — Physician (Miami-Dade County)*

# Asthma

## Prevalence of Asthma

**A total of 21.0% of Total Service Area children age 0 to 17 currently have asthma.**

- Above the US rate.
- Highest in Miami-Dade County.
- MIAMI METRO TREND: Asthma prevalence has notably increased since 2015 findings.



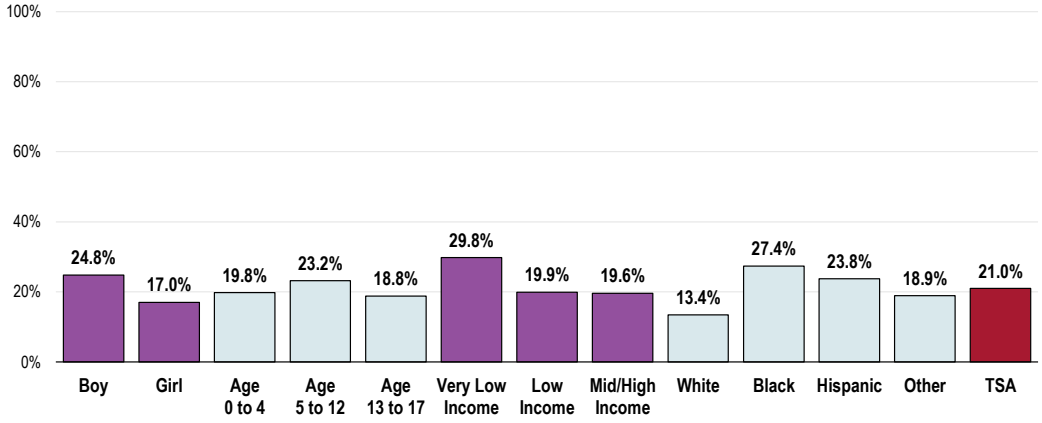

Sources: ● 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 125]
● 2018 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents about a randomly selected child in the household.

Childhood asthma prevalence in the Total Service Area is highest among the following:

- Boys.
- Children living in very low-income households.
- Black or Hispanic children.

## Child Currently Has Asthma

(Total Service Area, 2018)




Sources: ● 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 125]
Notes: ● Asked of all respondents about a randomly selected child in the household.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White children).
● 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.

## Asthma-Related Care

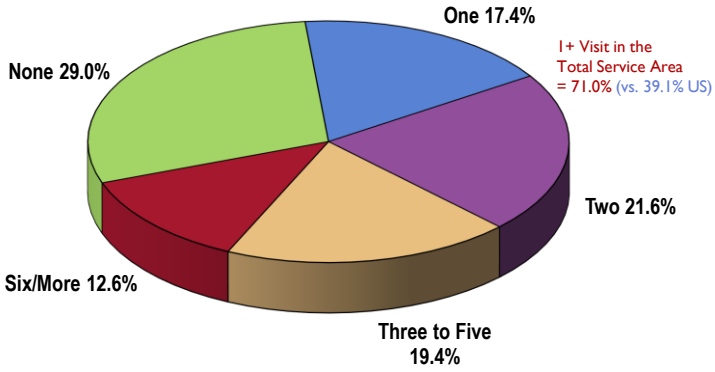
### *Emergent/Urgent Care*

**Among Total Service Area children with asthma, over seven in 10 (71.0%) have had emergency room or urgent care visits due to their asthma at least once in the past year.**

- Far higher than national findings.
- MIAMI METRO TREND: Dramatic increase when compared against 2015 findings.

## Number of Asthma-Related ER/Urgent Care Visits in the Past Year

(Total Service Area Children with Asthma, 2018)




Sources: ● 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 48]
Notes: ● Asked of respondents with a child who currently has asthma.

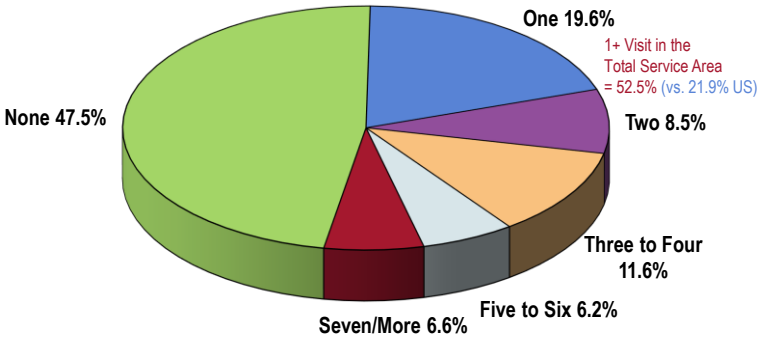
### *Hospitalization*

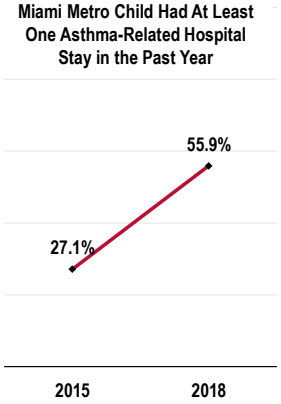
**Among Total Service Area children with asthma, over half (52.5%) were hospitalized overnight in the past year because of asthma.**

- More than double national findings.
- MIAMI METRO TREND: More than a twofold increase over 2015 findings.

## Number of Asthma-Related Hospital Stays in the Past Year

(Total Service Area Children with Asthma, 2018)



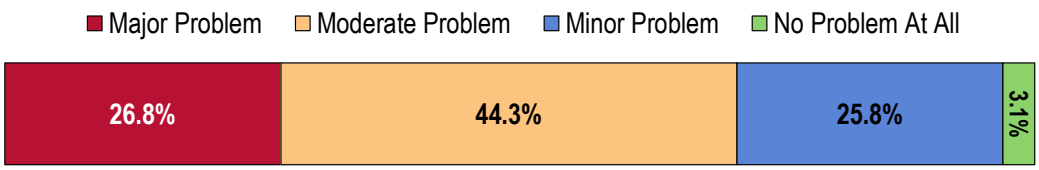

Sources: ● 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 49]
Notes: ● Asked of respondents with a child who currently has asthma.

## Key Informant Input: Asthma and Other Respiratory Conditions

**Key informants taking part in an online survey most often characterized *Asthma and Other Respiratory Conditions* as a "moderate problem" for children/adolescents in the community.**

## Perceptions of Asthma & Other Respiratory Conditions as a Problem for Children/Adolescents in the Community

(Key Informants, 2018)




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 frequently related to the following:

#### Prevalence/Incidence

> *More and more children are being diagnosed with asthma, and the complications and severe cases of asthma at times can even debilitate children. Some children are not able to play outside, run, play sports due to the condition, which might worsen with weather changes and even be exercise-induced. This in turn will affect the children's weight and health because they learn to live a sedentary lifestyle because of limitations. — Community/Business Leader (Miami-Dade County)*
>
> *Asthma is frequently seen in our community, and it affects children of all ages. The severity can be from mild to severe; children are frequently needing to use preventive measures to avoid serious episodes of asthma. — Physician (Miami-Dade County)*
>
> *South Florida has a very high prevalence of asthma in children and a disproportionate burden on disadvantaged, SES, race, ethnicity, children and families. — Other Health Provider (Miami-Dade County)*
>
> *The volume of patients we see in the community with an asthma diagnosis, either presenting to the primary care office, emergency room or admitted to the hospital. — Physician (Miami-Dade County)*
>
> *Lots of children suffer from asthma especially the younger ones less than 2/3. — Physician (Miami-Dade County)*
>
> *High prevalence of asthma and inadequate treatment. — Physician (Miami-Dade County)*

#### Environmental Issues

> *Several children are diagnosed with reactive airway disease and are exposed to pollutants and pollen and environmental triggers. Some home environments expose children and adolescent by smoking in the car to school and at home. Lack of proper education on preventative health care — Community /Business Leader (Broward County)*
>
> *Children who are exposed to secondhand smoke from smokers in the home. Areas of the county that have older homes or homes and housing in lower socioeconomic neighborhoods are more prone to having children who suffer with asthma. — Public Health Representative (Miami-Dade County)*
>
> *Overall family, school, work, social functioning and access to medications. Compliance issues and lack of understanding of medical condition. — Other Health Provider (Miami-Dade County)*
>
> *A lot of pollution, environmental factors. — Physician (Miami-Dade County)*

#### Quality of Life

> *Asthma affects many aspects in a child's life and development. If a child is out of school due to asthma, then it affects their learning. Also, we need to assess the children's environmental factor such as where they live and play which can affect their asthma triggers. — Public Health Representative (Miami-Dade County)*
>
> *It affects the quality of life of a child and of their parents. Children miss school, and parents miss work taking children to doctor. — Community/Business Leader (Miami-Dade County)*
>
> *High impact in patient's health and prevalence. — Physician (Miami-Dade County)*

#### Affordable Care/Services

> *Routinely contributes to high-cost care at emergency departments when exacerbations occur. — Community/Business Leader (Miami-Dade County)*
>
> *Chronic condition that is responsible for an enormous amount of health care expenditures. — Physician (Miami-Dade County)*

#### Access to Care/Services

> *Most patients do not have access to specialty care. — Physician (Miami-Dade County)*

#### Awareness/Education

> *Lack of parental education, as well as lack of parental active participation in children's heath despite repetitive physician intervention/recurrent and severe relapses. — Physician (Miami-Dade County)*

### Diagnosis/Treatment

> *Undertreated and underdiagnosed. — Physician (Miami-Dade County)*

### Poverty

> *Has a real relationship to poverty. — Community/Business Leader (Miami-Dade County)*

### Preschool Population

> *Respiratory infections in the preschool population. Significant morbidity and impact on the health of children at this age group, highly related to day care attendance from a very young age. — Physician (Miami-Dade County)*

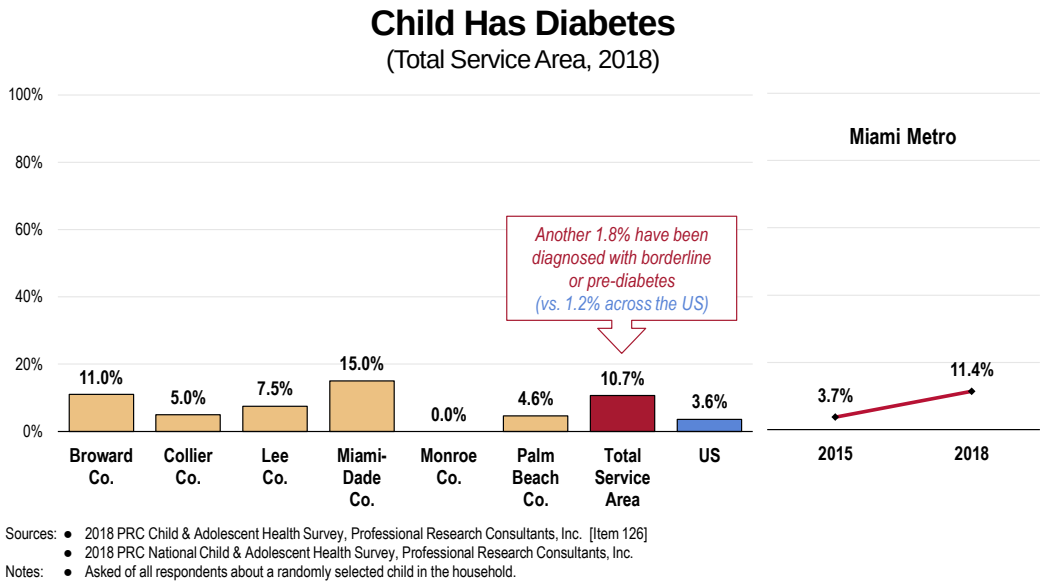
# Diabetes

## Prevalence of Diabetes

**A total of 10.7% of Total Service Area children age 0 to 17 have been diagnosed with diabetes.**

- Considerably less favorable than the US prevalence.
- Within the Total Service Area, this prevalence is highest in Miami-Dade County.
- MIAMI METRO TREND: Far above 2015 findings.

In addition to those children diagnosed with diabetes, another 1.8% have been diagnosed with borderline or pre-diabetes (compared to the US prevalence of 1.2%).

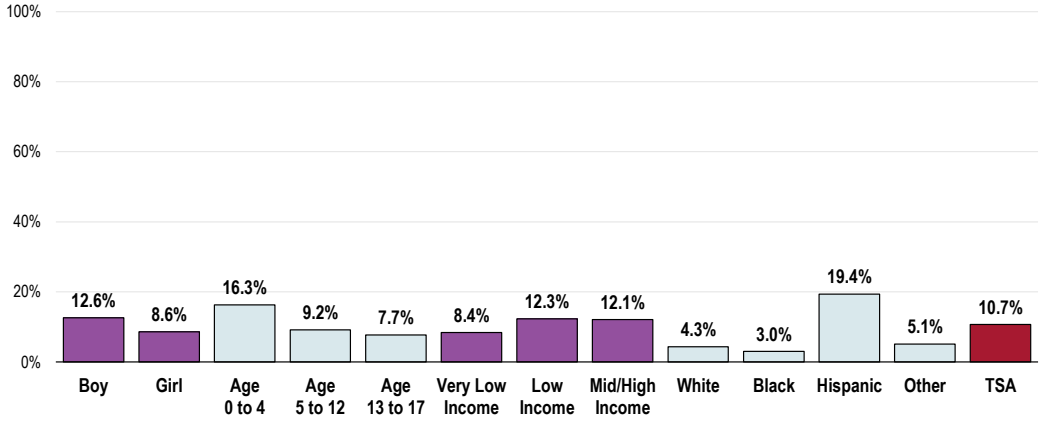



Sources: ● 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 126]
● 2018 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents about a randomly selected child in the household.

- In the Total Service Area, Hispanic children, those under age 5, and boys are more likely to have been diagnosed with diabetes.

## Child Has Diabetes

(Total Service Area, 2018)




Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 126]

Notes:
- Asked of all respondents about a randomly selected child in the household.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White children).
- 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.

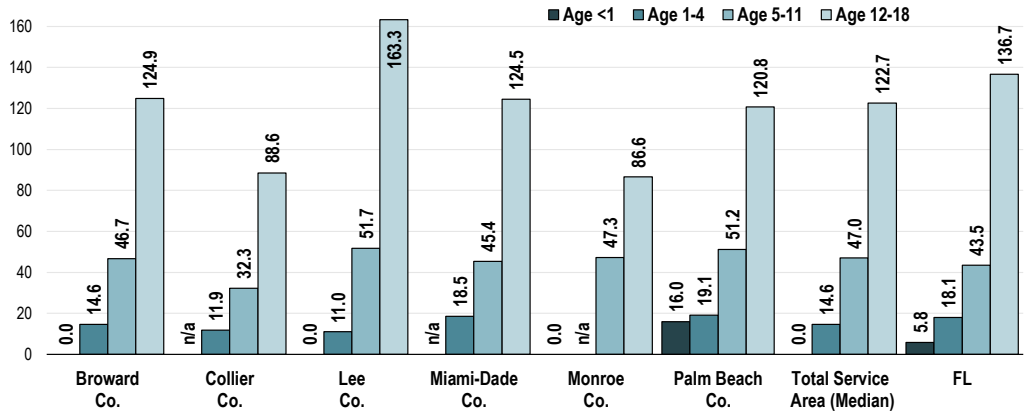
### Diabetes Hospitalizations

**The following chart outlines the rate of diabetes hospitalizations (per 100,000) by child age group in the Total Service Area between 2014 and 2016.**

- The Total Service Area median for children **age 5-11** is above state findings **(**each of the remaining age groups is below state findings).

## Child Diabetes Hospitalizations

(per 100,000 Total Service Area Population, 2014-2016)




Sources:
- Florida Department of Health, Division of Public Health Statistics & Performance Management, Data Viewer.
- Retrieved November 2018 from http://www.floridacharts.com.

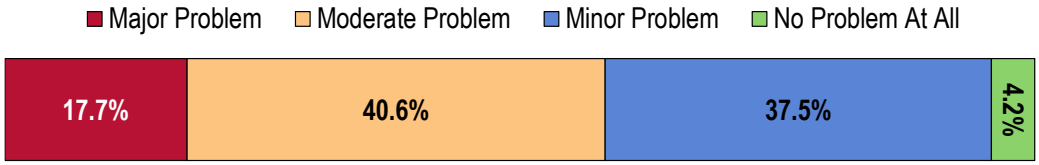
Notes:
- ICD-9-CM Code(s): 250.00-250.93, ICD-10-CM Code(s): E10, E11, E13. Includes both primary and contributing diagnoses.
- Data represents 3-year rolling rates. Data are suppressed when a county has between 1 and 4 reported hospitalizations.

## Key Informant Input: Diabetes

**Key informants taking part in an online survey slightly more often characterized *Diabetes* as a "moderate problem" than a "minor problem" for children/adolescents in the community.**

### Perceptions of Diabetes as a Problem for Children/Adolescents in the Community

(Key Informants, 2018)




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 frequently related to the following:

**Obesity**

> *Obesity and marketing of unhealthy foods for children and adolescents. — Community/Business Leader (Broward County)*
>
> *Epidemic in children, due to obesity. — Physician (Miami-Dade County)*
>
> *Overweight children are prediabetic. — Physician (Miami-Dade County)*
>
> *Type II diabetes related to obesity. — Physician (Miami-Dade County)*

**Awareness/Education**

> *Access to diabetes education once you are diagnosed, and lack of prevention before diagnosis. — Physician (Miami-Dade County)*
>
> *Overall family, social, school and vocational functioning issues. Access to medication, supplies and disease management such as nutrition. Denial and noncompliance. — Other Health Provider (Miami-Dade County)*

**Insurance Issues**

> *A 19-year-old diabetic patient who loses their Medicaid coverage is without insurance and cannot pay for insulin treatment. — Physician (Miami-Dade County)*

**Lifestyle**

> *Poor diet and lack of routine exercise are contributing to avoidable chronic diabetes in too many young children. — Community/Business Leader (Miami-Dade County)*

**Quality of Life**

> *Long-term impact on health. — Community/Business Leader (Broward County)*

**Vulnerable Populations**

> *South Florida is majority Hispanic, with high prevalence of Type II diabetes in children. — Other Health Provider (Miami-Dade County)*

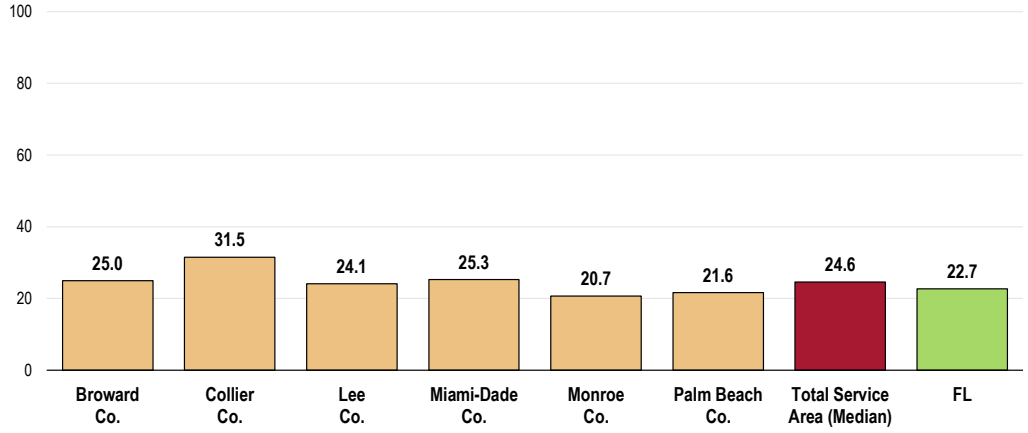
## Cancer

**In the Total Service Area between 2013 and 2015, a median of 24.6 per 100,000 children age 1-5 were diagnosed with cancer.**

- Higher than the Florida rate for the same period.
- Within the Total Service Area, this incidence is highest in Collier County.

### Childhood Cancer Incidence

(Total Service Area Children Age 1-5 with Cancer per 100,000 Population, 2013-2015)




Sources:
- Florida Department of Health, Division of Public Health Statistics & Performance Management, Data Viewer.
- Retrieved November 2018 from http://www.floridacharts.com.

Notes:
- This indicator is based on overall cancer incidence.

## Condition Requiring Prescriptions or Special Therapy

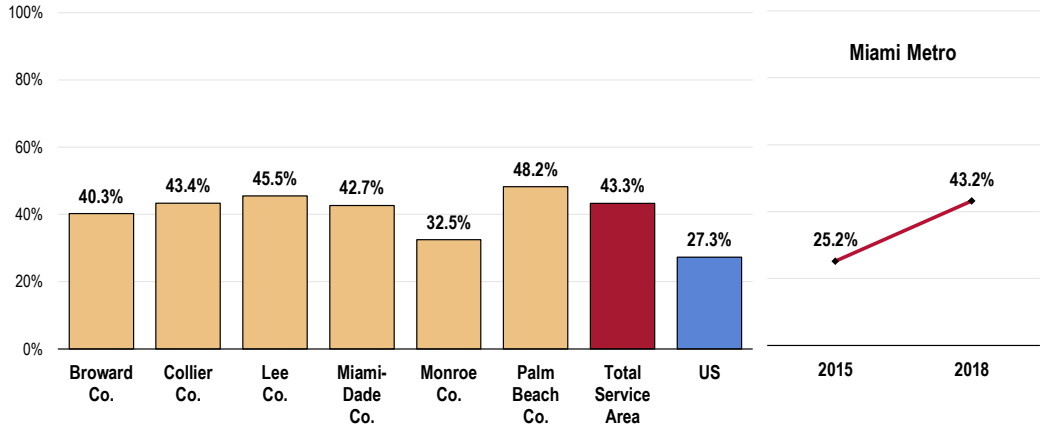
Special therapy might include physical, occupational, or speech therapy.

**More than four out of 10 Total Service Area children (43.3%) have a chronic condition that requires prescription medication(s) (not counting vitamins) or special therapy.**

- Notably higher than the prevalence nationwide.
- No statistically significant difference by county.
- MIAMI METRO TREND: Shows a statistically significant increase in the Total Service Area since 2015.

## Child Has a Chronic Condition That Requires Prescription(s) and/or Special Therapy

(Total Service Area, 2018)



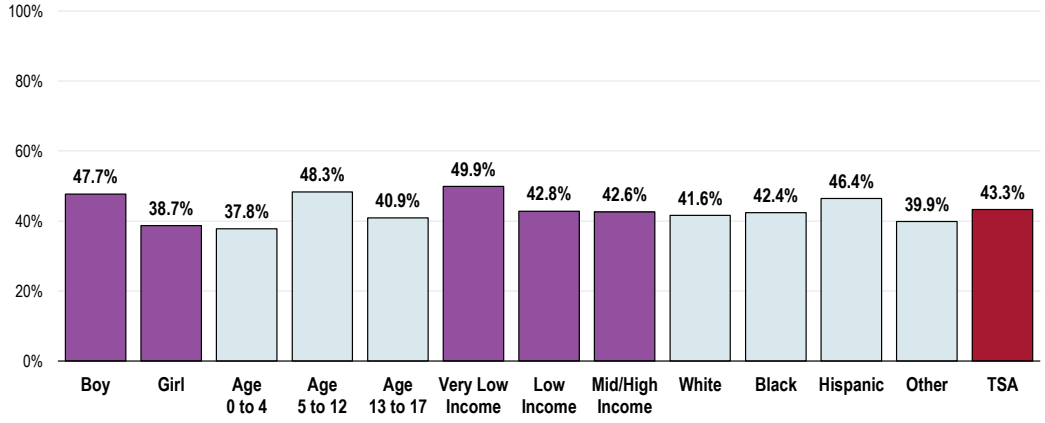

Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 128]
- 2018 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents about a randomly selected child in the household.
- In this case, "chronic conditions" are defined as conditions that have lasted (or are expected to last) 12 months or longer.

- Boys and children age 5-12 are more likely to have a chronic condition that requires prescription medication or special therapy.

## Child Has a Chronic Condition That Requires Prescription(s) and/or Special Therapy

(Total Service Area, 2018)



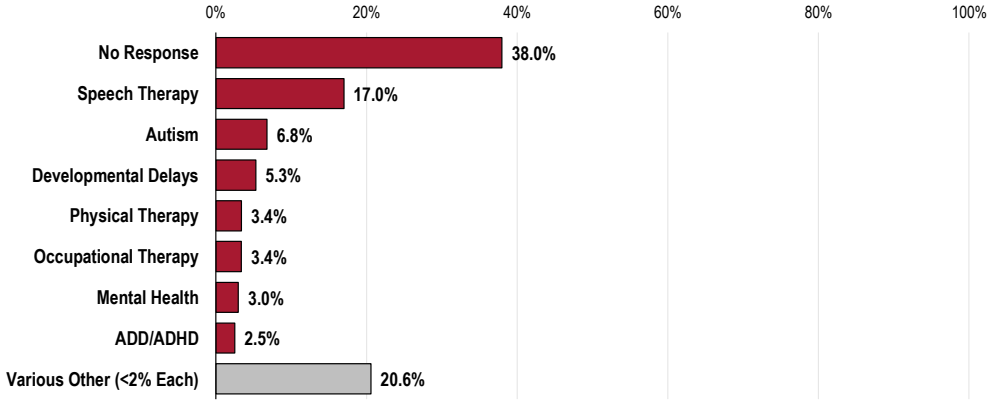

Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 128]

Notes:
- Asked of all respondents about a randomly selected child in the household.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White children).
- 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.

When these parents were asked to specify the chronic condition requiring special therapy, parents most often specified **speech therapy** (17.0%), followed by **autism (6.8%), developmental delays** (5.3%), and a variety of lesser-mentioned conditions. A total of 38.0% of parents did not provide a response.

## Type of Chronic Condition Requiring Therapy

(Children Who Need Therapy For a Chronic Condition; Total Service Area, 2018)




Sources: ● 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 34]
Notes: ● Asked of all respondents whose child has a chronic condition which requires special therapy.

## Use of Prescribed Medications

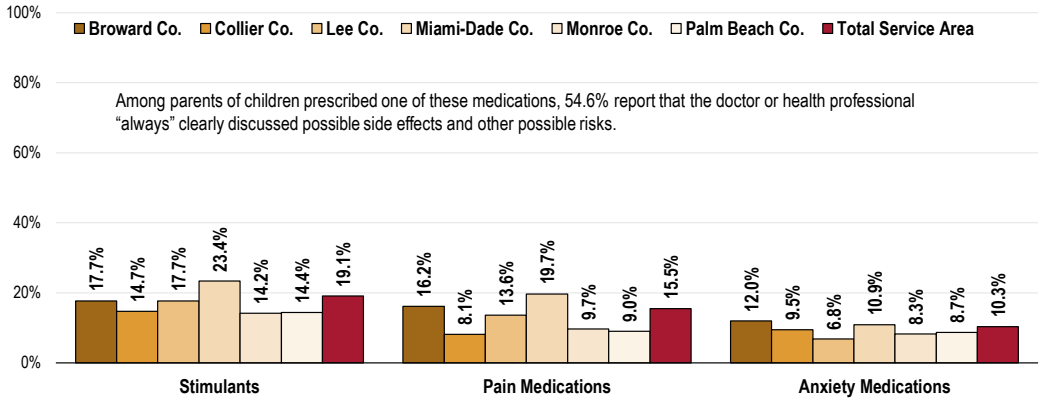
See also *Anxiety* in the **Health Status** section of this report.

When parents were asked about some specific medications prescribed in the past three years, 19.1% of children had been prescribed **stimulants**, 15.5% had been prescribed **pain medications**, 10.3% had been prescribed **anxiety medications**.

- Among health providers for children prescribed one of these types of medications, 54.6% "always" clearly discussed possible side effects and other possible risks.

## Specific Medications Prescribed in Past 3 Years

(Total Service Area, 2018)




Sources: ● 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 309-312]
Notes: ● Asked of all respondents about a randomly selected child in the household.

# Special Health Needs

## Prevalence of Special Health Needs

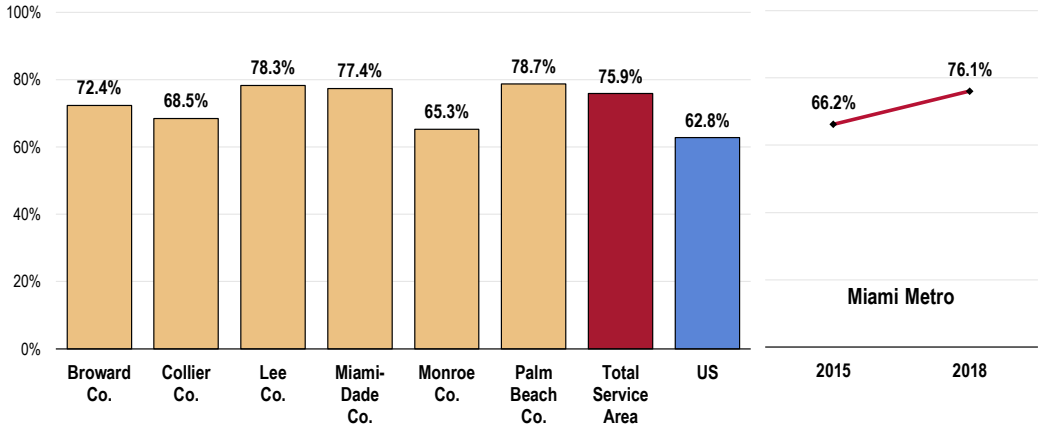
Here, children with special health needs include those reported to have one or more of the chronic disease conditions tested in the survey or another chronic condition not specifically tested.

**In all, three-quarters (75.9%) of Total Service Area children (age 0-17) are found to have special health needs.**

- Notably higher than the US figure.
- No significant difference by county.
- MIAMI METRO TREND: Above what was found in 2015.

### Child Has a Special Health Need

(Total Service Area, 2018)




Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 127]
- 2018 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

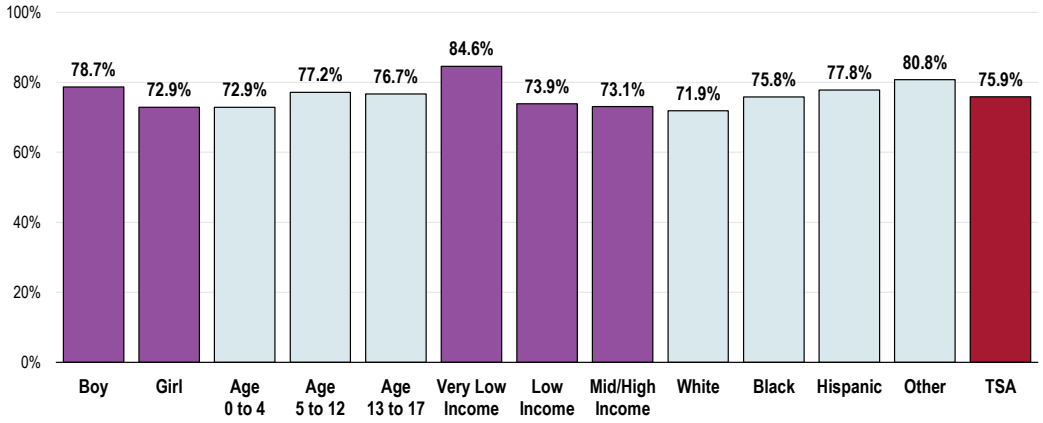
Notes:
- Asked of all respondents about a randomly selected child in the household.
- Includes respondents reporting a child's diagnosis of any medical condition specifically measured in the survey, as well as any other not specifically addressed.

The prevalence of special health needs is higher among:

- Boys.
- Children living in very low-income households.
- Hispanic children.
- Note that the relatively high proportion of Other race children is not statistically significant.

## Child Has a Special Health Need

(Total Service Area, 2018)




Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 127]

Notes:
- Asked of all respondents about a randomly selected child in the household.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White children).
- 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.
- Includes respondents reporting a child's diagnosis of any medical condition specifically measured in the survey, as well as any other not specifically addressed.

## Parents' Greatest Needs for Child

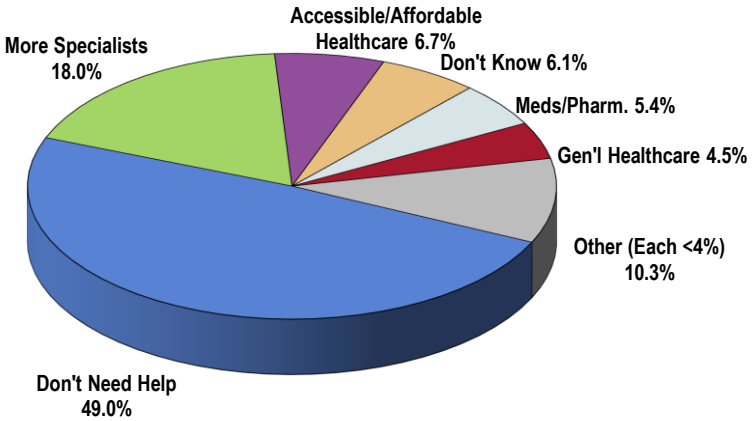
"What is your greatest need for your child with special needs?"

**A total of 18.0% of Total Service Area parents of children with identified health needs identified <u>more specialists</u> as their greatest need for this child (18.0%).**

- Other common needs mentioned by parents included: **accessible/affordable healthcare** (6.7%), **medications/pharmaceuticals** (5.4%), and **general healthcare** (4.5%).

## Respondents' Greatest Need for Child's Health

(Total Service Area Parents of Children w/ Special Needs, 2018)




Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 316]

Notes:
- Asked of all respondents whose child has a medical condition specifically measured in the survey.

# Prenatal & Postnatal Care

Professional Research Consultants, Inc.

# Prenatal Care

## 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)

## Lack of Prenatal Care

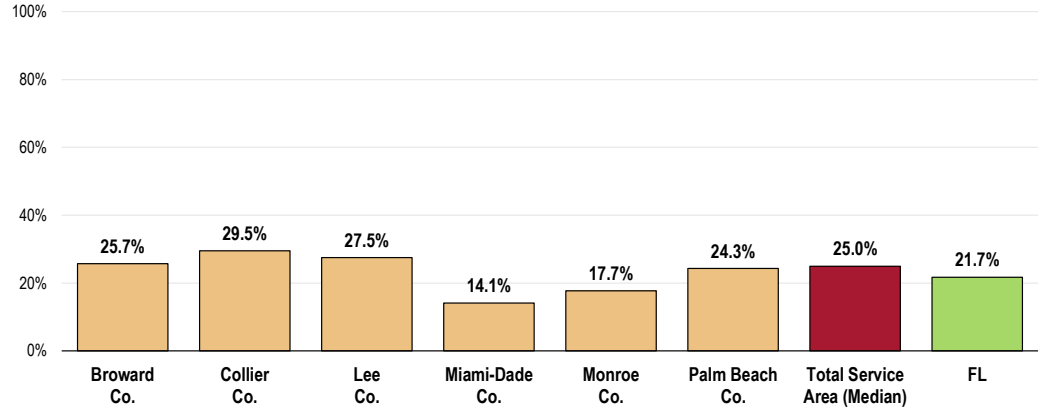
**Between 2015 and 2017, a median of 25.0% of all Total Service Area births did not receive prenatal care in the first trimester of pregnancy.**

- Less favorable than the Florida proportion.
- Fails to satisfy the Healthy People 2020 target (22.1% or lower).
- Notably less favorable in Collier and Lee counties.

## Lack of Prenatal Care in the First Trimester

(Percentage of Live Births, 2015-2017)

**Healthy People 2020 Target = 22.1% or Lower**




Sources:
- Florida Department of Health, Bureau of Vital Statistics. Data extracted November 2018 from FLHealthCharts.com.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-10.1]

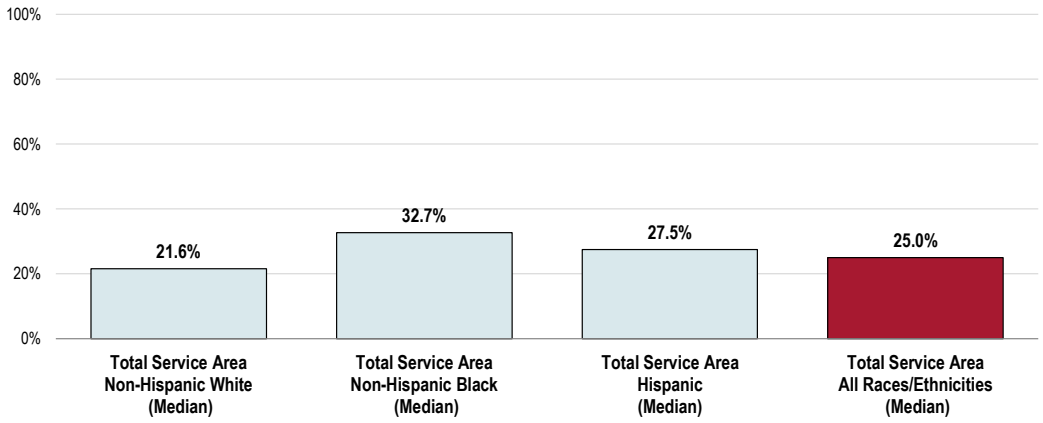
Note:
- This indicator reports the percentage of women who do not obtain prenatal care during their first trimester of pregnancy. This indicator is relevant because engaging in prenatal care decreases the likelihood of maternal and infant health risks. This indicator can also highlight a lack of access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

- Lack of prenatal care is more prevalent among Non-Hispanic Black mothers in the Total Service Area.

## Lack of Prenatal Care in the First Trimester

(Percentage of Live Births, 2015-2017)

**Healthy People 2020 Target = 22.1% or Lower**




Sources:
- Florida Department of Health, Bureau of Vital Statistics. Data extracted November 2018 from FLHealthCharts.com.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-10.1]

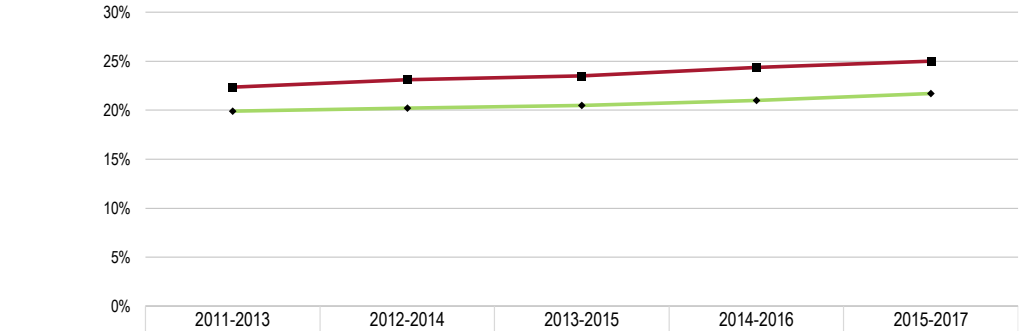
Note:
- This indicator reports the percentage of women who do not obtain prenatal care during their first trimester of pregnancy. This indicator is relevant because engaging in prenatal care decreases the likelihood of maternal and infant health risks. This indicator can also highlight a lack of access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

- MIAMI METRO TREND: The prevalence of prenatal care in the first trimester has slightly increased since 2011, echoing the Florida trend.

**Lack of Prenatal Care in the First Trimester**

(Percentage of Live Births)

**Healthy People 2020 Target = 22.1% or Lower**




| | 2011-2013 | 2012-2014 | 2013-2015 | 2014-2016 | 2015-2017 |
|---|---|---|---|---|---|
| Total Service Area (Median) | 22.4% | 23.1% | 23.5% | 24.4% | 25.0% |
| FL | 19.9% | 20.2% | 20.5% | 21.0% | 21.7% |

Sources:
- Florida Department of Health, Bureau of Vital Statistics. Data extracted November 2018 from FLHealthCharts.com.
- 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.

## Difficulties Getting Prenatal Care

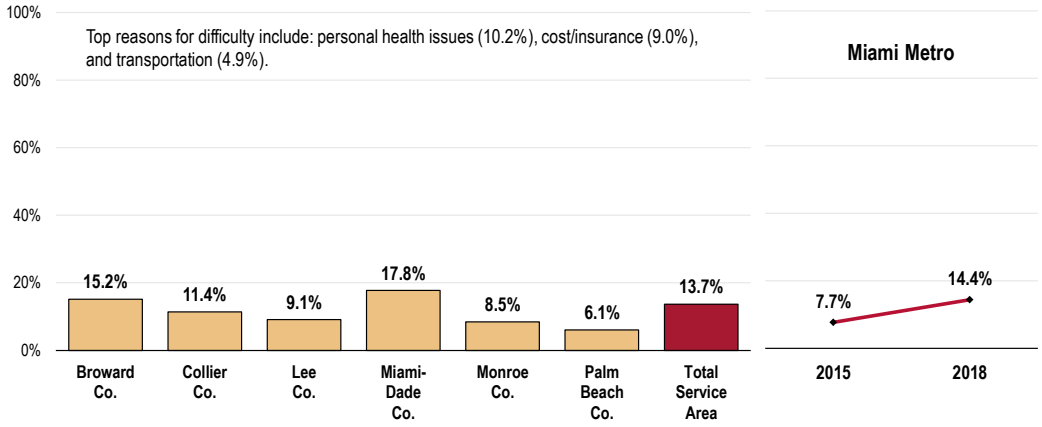
**A total of 13.7% of respondents said that they (or the mother of the child) had problems getting prenatal care when she was pregnant.**

- Miami-Dade County had the highest reported troubles.
- MIAMI METRO TREND: Difficulty accessing prenatal care has increased since 2015.

When asked what type of problem they experienced when trying to get prenatal care, the majority of respondents did not provide a response (73.1%), whereas others specified **personal health issues** (10.2%), **cost/insurance** (9.0%), or **transportation** (4.9%).

## Mother Had Difficulty Accessing Prenatal Care Before Child's Birth

(Total Service Area, 2018)



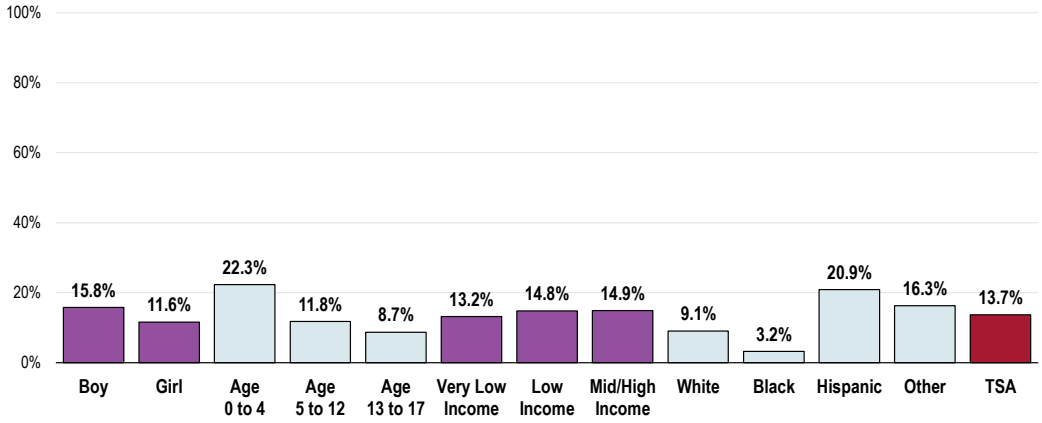

Sources: ● 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 330-331]
Notes: ● Asked of all respondents about a randomly selected child in the household.

Mothers of the following are more likely to have had problems getting prenatal care:

- Boys.
- Children under age 5 (note the negative correlation with age, as problems among parents of younger children denote more recent difficulties, versus pregnancies many years ago).
- Hispanic or Other race children.

## Mother Had Difficulty Accessing Prenatal Care Before Child's Birth

(Total Service Area, 2018)




Sources: ● 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 330]
Notes: ● Asked of all respondents about a randomly selected child in the household.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White children).
● 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.

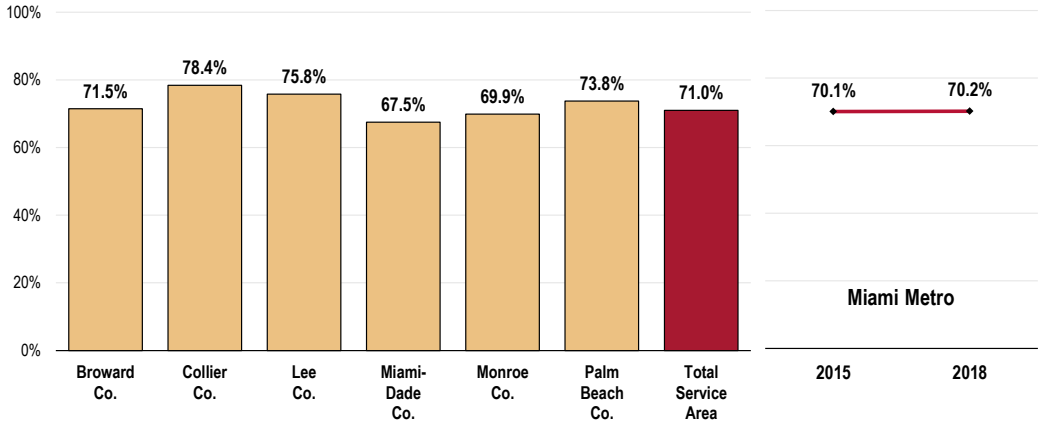
## Prenatal Healthcare Planning

**Seven in 10 parents in the Total Service Area (71.0%) had selected a pediatrician before their child was born.**

- Of the six Total Service Area counties, Miami-Dade County parents are least likely to have selected a pediatrician prior to the child's birth.
- MIAMI METRO TREND: Almost identical to 2015 findings.

### Parent Selected Pediatrician Before Child's Birth

(Total Service Area, 2018)



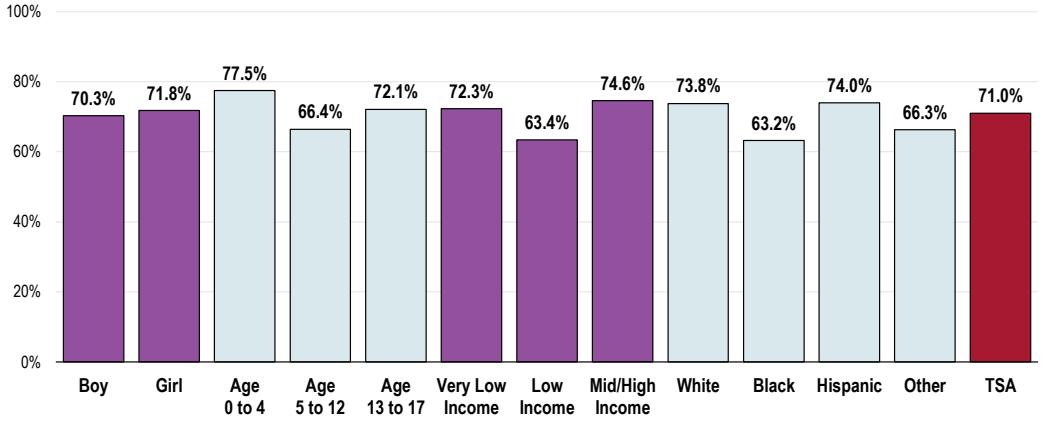

Sources: ● 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 332]
Notes: ● Asked of all respondents about a randomly selected child in the household.
● Note that the Monroe County sample size is relatively small for this indicator (<50).

Those less likely to have had a pediatrician picked out before their birth include:

- Parents of children age 5-12.
- Parents of children living in low-income households (between 100% and 199% of the federal poverty level).
- Parents of Black children.

## Parent Selected Pediatrician Before Child's Birth

(Total Service Area, 2018)



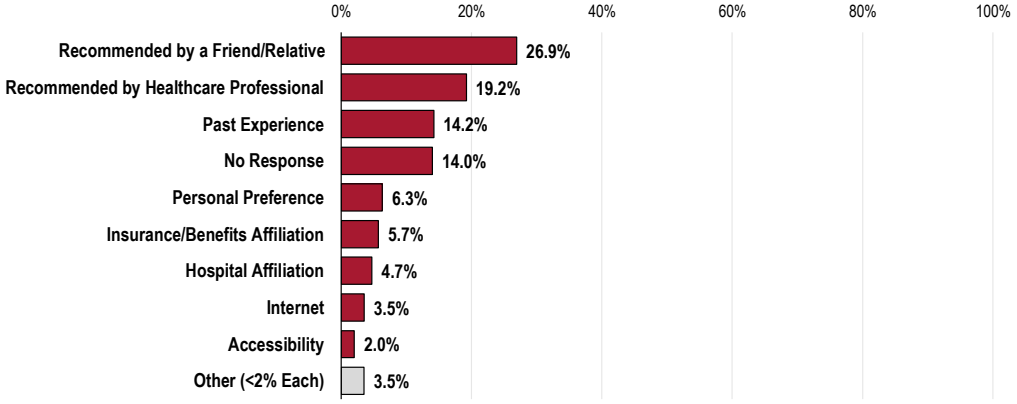

Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 332]

Notes:
- Asked of all respondents about a randomly selected child in the household.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White children).
- 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.

Respondents who had selected a pediatrician before their child's birth were then asked how they made the decision. Most respondents chose a pediatrician that was **recommended by a friend/relative** (26.9%) or **recommended by a healthcare professional** (19.2%). Others made the decision based on **past experience** (14.2%) or lesser reasons.

## Method for Choosing Pediatrician

(Among Parents Who Chose Pediatrician Before Child's Birth; Total Service Area, 2018)




Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 333]

Notes:
- Asked of all respondents about a randomly selected child in the household.

# Births to Teen Mothers

## About Teen Births

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

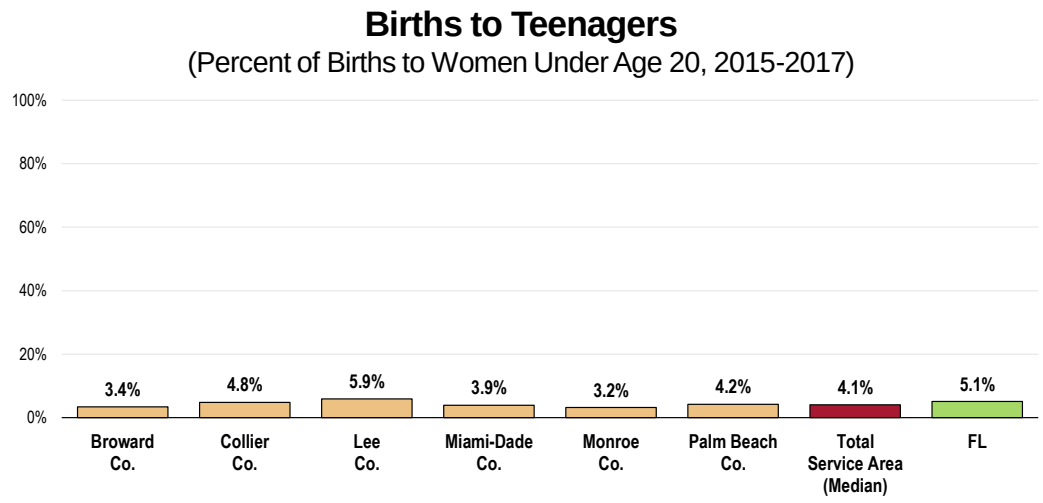
- Are less likely to graduate from high school or attain a GED by the time they reach age 30.
- Earn an average of approximately $3,500 less per year, when compared with those who delay childbearing.
- Receive nearly twice as much Federal aid for nearly twice as long.

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)

**Between 2015 and 2017, there was a median of 4.1% births to women under age 20 in the Total Service Area.**

- Lower than the Florida percentage.
- Highest in Collier and Lee counties.

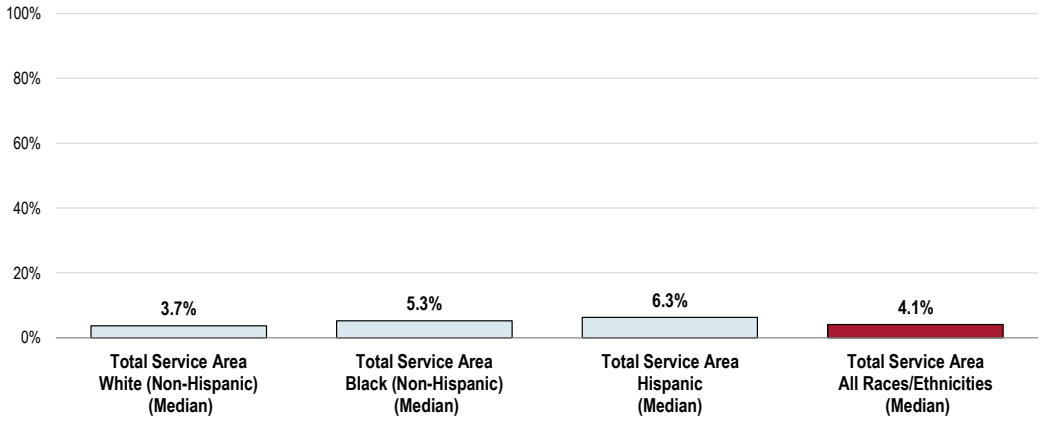



Sources: • Florida Department of Health, Bureau of Vital Statistics. Data extracted November 2018 from FLHealthCharts.com.
Notes: • This indicator reports the percentage of live births to women under the age of 20. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.

- By race and ethnicity, Hispanics exhibit the highest percentage of teen births in the Total Service Area, followed by Blacks.

## Births to Teenagers

(Percent of Births to Women Under Age 20;
Total Service Area by Race/Ethnicity, 2015-2017)

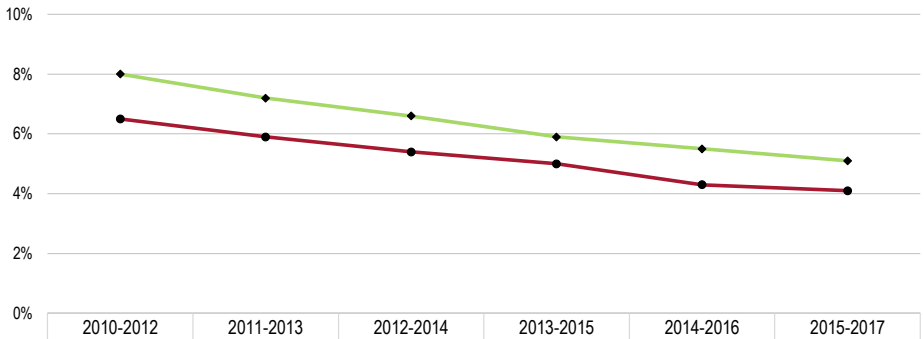



Sources: ● Florida Department of Health, Bureau of Vital Statistics. Data extracted November 2018 from FLHealthCharts.com.
Notes: ● This indicator reports the percentage of live births to women under the age of 20. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.

- TOTAL SERVICE AREA TREND: The prevalence of teen births in the Total Service Area has shown a significant decrease over the past eight years, following the state trend.

## Births to Teenagers

(Percent of Births to Women Under Age 20)




| | 2010-2012 | 2011-2013 | 2012-2014 | 2013-2015 | 2014-2016 | 2015-2017 |
|---|---|---|---|---|---|---|
| Total Service Area (Median) | 6.5% | 5.9% | 5.4% | 5.0% | 4.3% | 4.1% |
| FL | 8.0% | 7.2% | 6.6% | 5.9% | 5.5% | 5.1% |

Sources: ● Florida Department of Health, Bureau of Vital Statistics. Data extracted November 2018 from FLHealthCharts.com.
Notes: ● This indicator reports the percent of total births to women under the age of 20 among females under 20. 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.

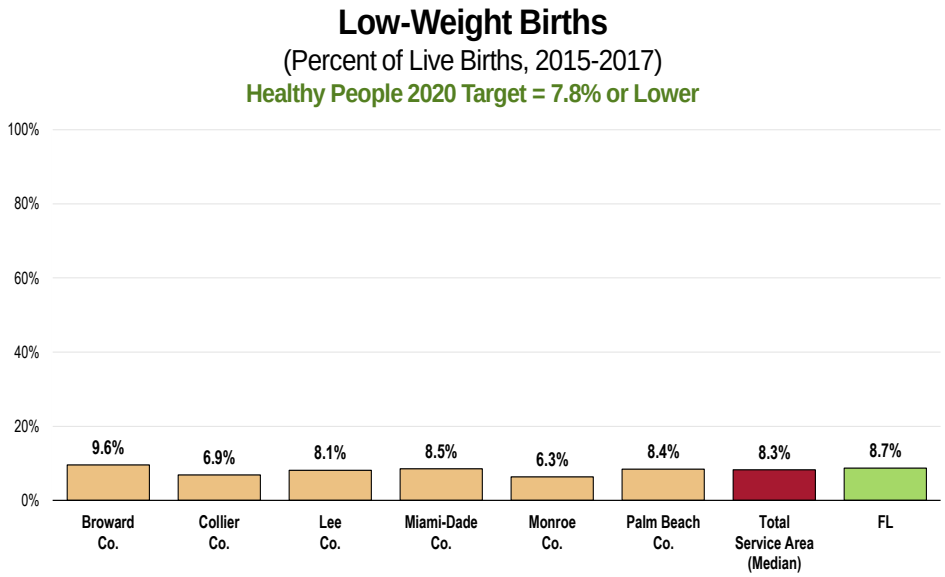
# Low-Weight Births

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.

**A median of 8.3% of 2015-2017 Total Service Area births were low-weight.**

- Similar to the Florida proportion.
- Fails to satisfy the Healthy People 2020 target (7.8% or lower).
- Highest in Broward County.




Sources:
- Florida Department of Health, Bureau of Vital Statistics. Data extracted November 2018 from FLHealthCharts.com.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-8.1]

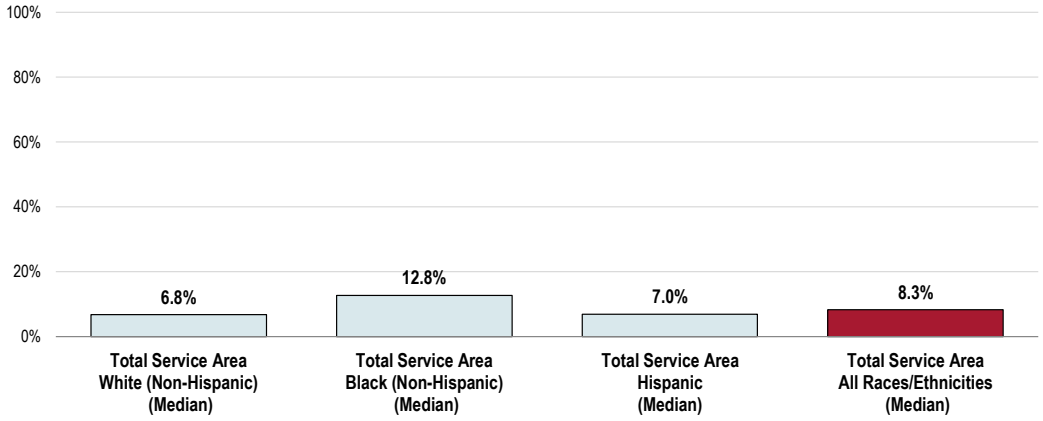
Note:
- This indicator reports the percentage of total births that are low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

- Low-weight births are notably more prevalent among Black mothers in the Total Service Area.

## Low-Weight Births by Race/Ethnicity

(Percent of Live Births, 2015-2017)

**Healthy People 2020 Target = 7.8% or Lower**




Sources:
- Florida Department of Health, Bureau of Vital Statistics. Data extracted November 2018 from FLHealthCharts.com.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-8.1]

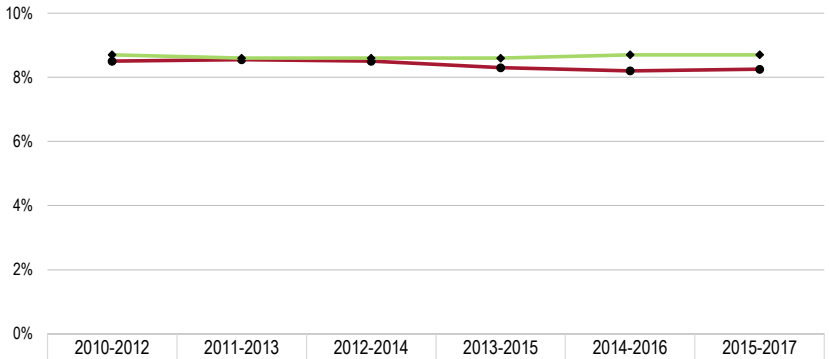
Note:
- This indicator reports the percentage of total births that are low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

- TOTAL SERVICE AREA TREND: The proportion of low-weight births in the Total Service Area has remained relatively stable since 2010.

## Low-Weight Births

(Percent of Live Births)

**Healthy People 2020 Target = 7.8% or Lower**




| | 2010-2012 | 2011-2013 | 2012-2014 | 2013-2015 | 2014-2016 | 2015-2017 |
|---|---|---|---|---|---|---|
| Total Service Area (Median) | 8.5% | 8.6% | 8.5% | 8.3% | 8.2% | 8.3% |
| FL | 8.7% | 8.6% | 8.6% | 8.6% | 8.7% | 8.7% |

Sources:
- Florida Department of Health, Bureau of Vital Statistics. Data extracted November 2018 from FLHealthCharts.com.
- 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.

# Vaccinations

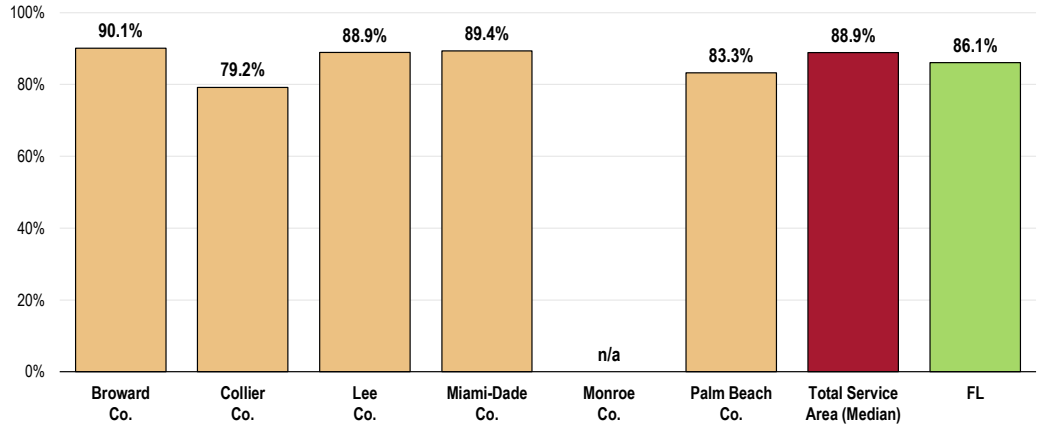
## Immunization Prevalence

**In 2017, an estimated median 88.9% of Total Service Area two-year-old children were fully immunized (meaning that 11.1% did not have all of the vaccinations recommended for this age group).**

- Statistically similar to the prevalence found statewide.
- Lowest in Collier and Palm Beach counties.

### Estimates of Children Fully Immunized at Age 2

(Percent of Total Service Area Children Age 2, 2017)




Sources:
- Florida Department of Health, Division of Public Health Statistics & Performance Management, Data Viewer.
- Retrieved November 2018 from http://www.floridacharts.com.

Notes:
- The data is based on a survey that provides estimated immunization levels for the 20 counties with the largest percentage of total births, as well as statewide figures. Blanks indicate counties that did not participate in the survey.
- Immunization is the process by which an individual's immune system becomes fortified against an agent (know as an immunogen). Immunization is a primary defense against some of the most deadly and debilitating diseases known.

## Vaccinating Newborns

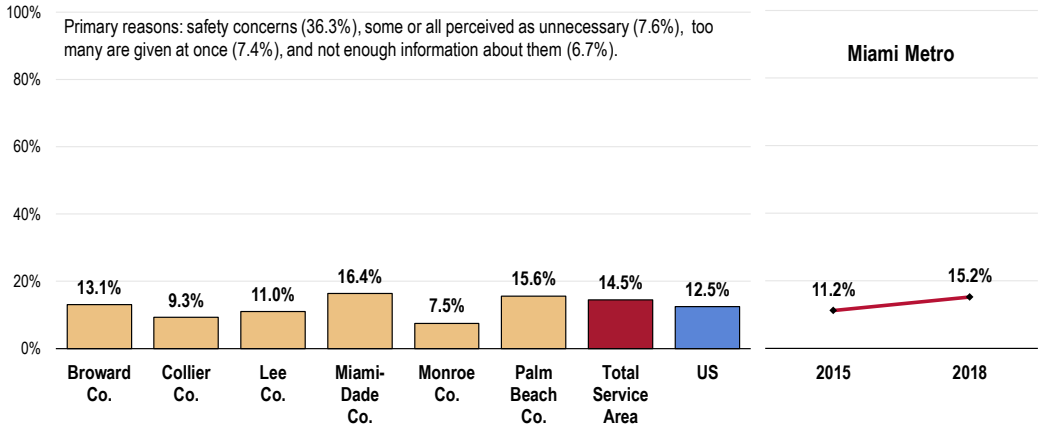
**While 88.5% of surveyed Total Service Area parents say they would want their (hypothetical) newborn to receive all recommended vaccinations, a total of 14.5% would not.**

- Similar to the percentages reported nationwide.
- Similar by county.
- MIAMI METRO TREND: Acceptance of the recommended vaccinations for babies has become less favorable over the past three years.

Primary reasons given for not getting all of the recommended vaccines primarily included **safety concerns** (mentioned by 36.3%), perceiving that **some or all vaccines are unnecessary** (7.6%), concern about the **number given at one time** (7.4%), and due to a **lack of information** (6.7%).

## If Respondent Had a Newborn, Would Not Want Him/Her to Get All Recommended Vaccinations

(Total Service Area Parents, 2018)



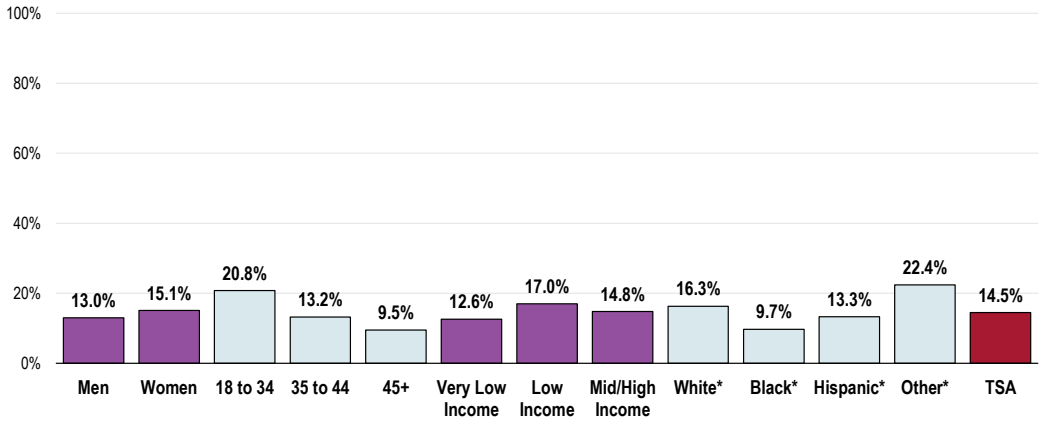

Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 115-116]
- 2018 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

- Parents under age 35 are more likely to refuse recommended vaccinations for their (hypothetical) newborn, as are parents of White or Other race children (particularly Other).

## If Respondent Had a Newborn, Would Not Want Him/Her to Get All Recommended Vaccinations

(By Adult Respondents' Demographic Characteristics*; Total Service Area, 2018)




Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 115]

Notes:
- Asked of all respondents.
- *Race reflects that of the child, not the respondent. Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White children).
- 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.

# Breastfeeding & Breast Milk

## Ever Breast-Fed

"For the next question, I would like you to think back to when this child was an infant. As best you can recall, was this child ever breast-fed or fed using breast milk?"

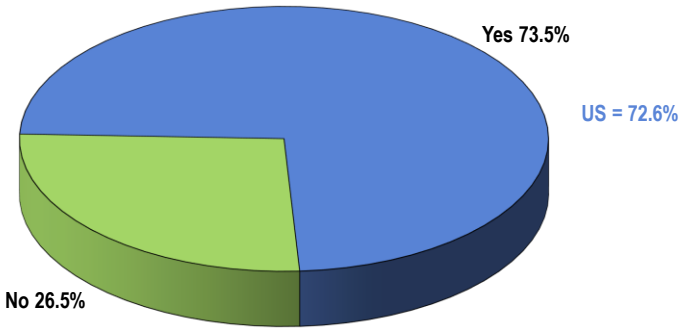
**Nearly three-fourths of Total Service Area children age 0 to 17 (73.5%) were ever breast-fed or fed using breast milk (regardless of duration).**

- Statistically similar to US findings.
- Fails to satisfy the Healthy People 2020 objective (81.9% or higher).
- Highest in Collier and Palm Beach counties (not shown).

### Child Was Ever Fed Breast Milk

(Total Service Area, 2018)

**Healthy People 2020 Target = 81.9% or Higher**




Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 113]
- 2018 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-21.1]

Notes:
- Asked of all respondents about a randomly selected child in the household.

## Exclusive Breastfeeding for Six Months

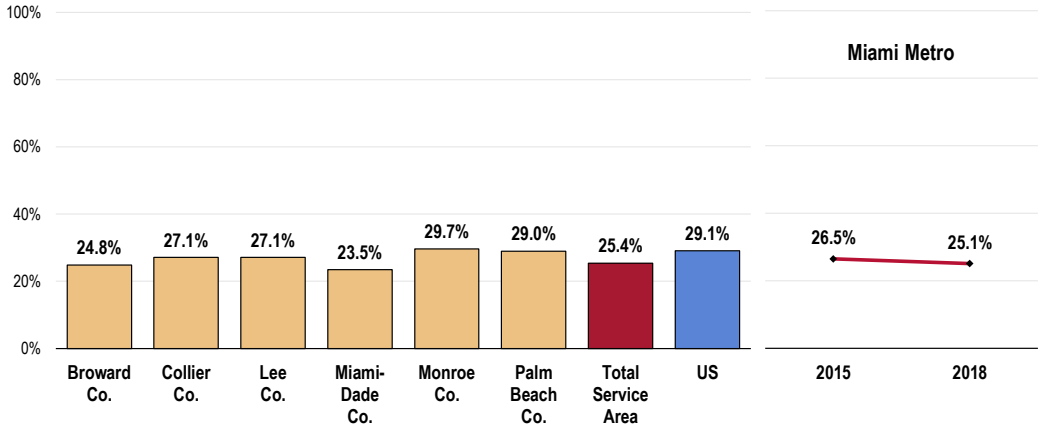
**In total, just over one-fourth (25.4%) of all Total Service Area children were fed breast milk <u>exclusively</u> for the first 6 months of life.**

- Statistically comparable to the US proportion.
- Almost identical to the Healthy People 2020 objective (25.5% or higher).
- No statistically significant difference by community.
- MIAMI METRO TREND: Statistically unchanged over time.

## Child Was Exclusively Breastfed for at Least 6 Months

(Total Service Area, 2018)

**Healthy People 2020 Target = 25.5% or Higher**




Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 130]
- 2018 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-21.5]

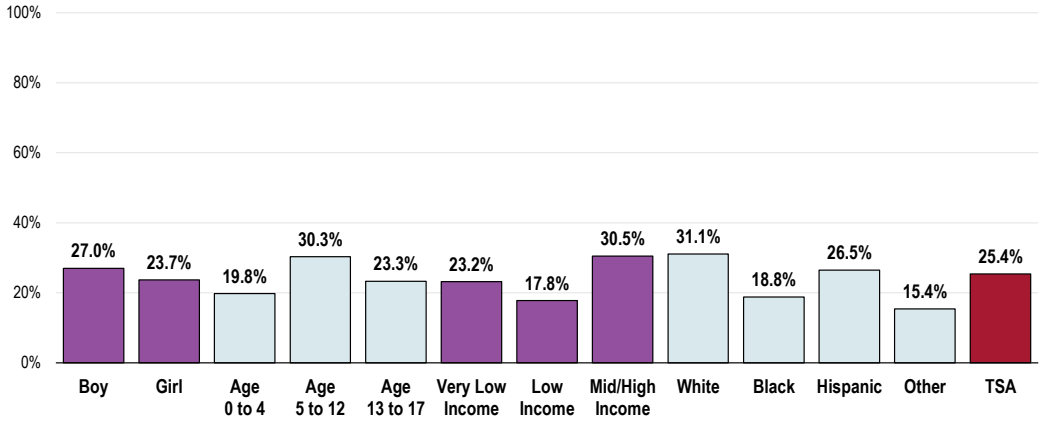
Notes:
- Asked of all respondents about a randomly selected child in the household.

- Exclusive breastfeeding for the first 6 months is more common among children who are now age 5-12, those living in higher-income households (>200% of the federal poverty level, and White or Hispanic children.

## Child Was Exclusively Breastfed for at Least 6 Months

(Total Service Area, 2018)

**Healthy People 2020 Target = 25.5% or Higher**




Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 130]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-21.5]

Notes:
- Asked of all respondents about a randomly selected child in the household.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White children).
- 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.

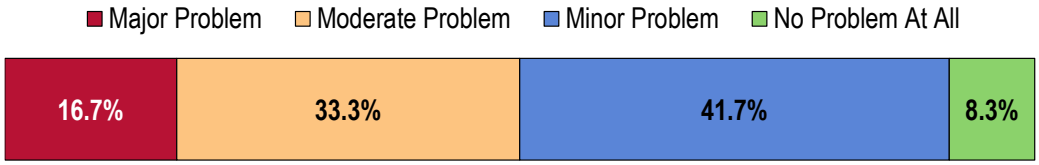
# Infant Health

## *Key Informant Input: Infant Health*

**The greatest share of key informants taking part in an online survey characterized *Infant Health* as a "minor problem" for children in the community.**

### Perceptions of Infant Health as a Problem for Children/Adolescents in the Community

(Key Informants, 2018)




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 frequently related to the following:

#### *Awareness/Education*

*The number of children being born is at a high rate, yet the care for such children is not being provided. Parent(s) are not as informed of the importance of prenatal care and health care organizations are trying to find ways for mothers to commit to all appointments. Additionally, children tend to be behind on the recommended immunizations and well-baby checks they should receive based upon their age. — Social Services Provider (Monroe County)*

*Lack of education about the need. — Social Services Provider (Miami-Dade County)*

#### *Prenatal Care*

*Women who do not get adequate prenatal health are likely to give birth to babies who are sickly and need additional medical attention. These babies may turn into children with additional medical and developmental delays such as speech deficiencies, motor skills delays, etc., not to mention there is a high likelihood that there will be a nutritional deficit for both mom and baby. Prenatal care can address whether the baby, while in utero, has a treatable medical condition that may fester and become nearly impossible or catastrophically expensive to treat if not addressed until after birth. — Community/Business Leader (Miami-Dade County)*

*Adequate prenatal care is necessary in order to prevent premature deliveries, low birth rates, increased mortality rate. In addition, adequate prenatal care is necessary in order to prevent some congenital anomalies such as congenital syphilis. — Public Health Representative (Miami-Dade County)*

#### *Vulnerable Populations*

*Access to affordable prenatal and infant health services for disadvantaged families is difficult. — Other Health Provider (Miami-Dade County)*

*Health disparities between birth outcomes in whites and Hispanics and African-American mothers are an issue in our community. Low birthweight, preterm birth and other problems put children in minority families at-risk for lifetime health consequences. — Public Health Representative (Miami-Dade County)*

*People without documents and poorly-educated/without insurance seek less prenatal care. — Physician (Miami-Dade County)*

### *Infant Mortality*

> *Infant and maternal mortality is high in the US compared to other countries. — Community/Business Leader (Miami-Dade County)*
>
> *High infant mortality/morbidity in USA. — Physician (Miami-Dade County)*

### *C-Section Rate*

> *High C-section rate. — Other Health Provider (Miami-Dade County)*

# Mortality

Professional Research Consultants, Inc.

# Infant Mortality

Infant mortality rates reflect deaths of children less than one year old per 1,000 live births.

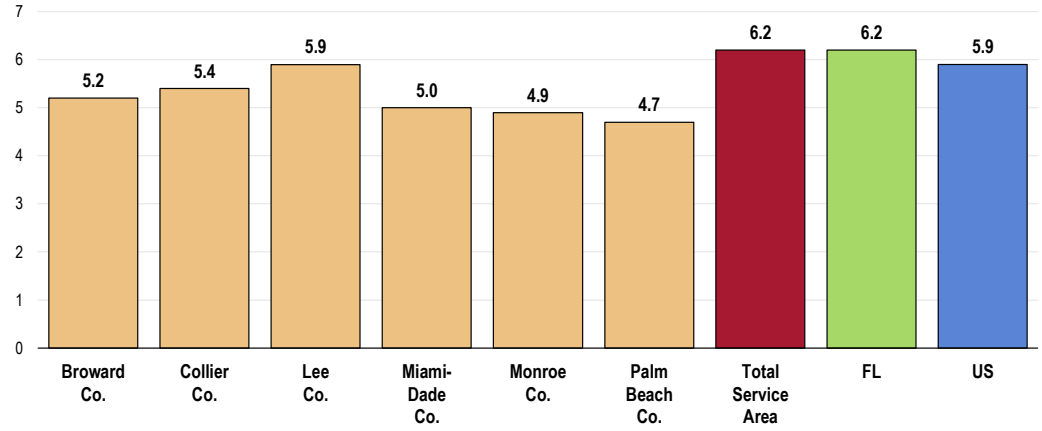
**Between 2014 and 2016, there was an annual average of 6.2 infant deaths per 1,000 live births in the Total Service Area.**

- Identical to the Florida rate.
- Similar to the national rate.
- Similar to the Healthy People 2020 target of 6.0 per 1,000 live births or lower.
- Infant mortality is highest in Lee County.

## Infant Mortality Rate

(Annual Average Infant Deaths per 1,000 Live Births, 2014-2016)

**Healthy People 2020 Target = 6.0 or Lower**




Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted November 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-1.3]

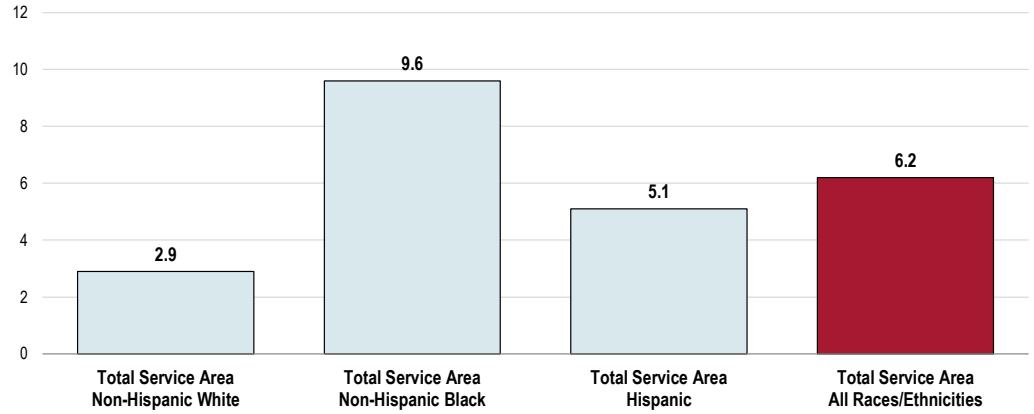
Notes:
- Infant deaths include deaths of children under 1 year old.
- This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

- The infant mortality rate is far higher among births to Black mothers than White mothers or Hispanic mothers.

## Infant Mortality by Race/Ethnicity

(Annual Average Infant Deaths per 1,000 Live Births, 2014-2016)

**Healthy People 2020 Target = 6.0 or Lower**




Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted November 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-1.3]

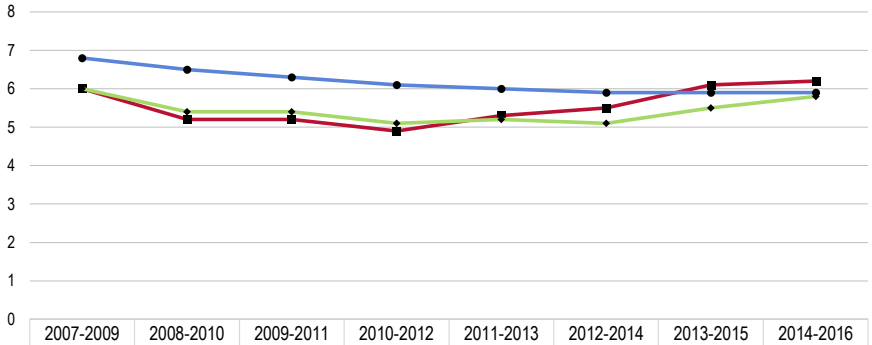
Notes:
- Infant deaths include deaths of children under 1 year old.
- This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

- TOTAL SERVICE AREA TREND: Following a decrease over the first half of the past decade, the infant mortality rate has trended upward in recent years in the Total Service Area.

## Infant Mortality Rate

(Annual Average Infant Deaths per 1,000 Live Births)

**Healthy People 2020 Target = 6.0 or Lower**




| | 2007-2009 | 2008-2010 | 2009-2011 | 2010-2012 | 2011-2013 | 2012-2014 | 2013-2015 | 2014-2016 |
|---|---|---|---|---|---|---|---|---|
| Total Service Area | 6.0 | 5.2 | 5.2 | 4.9 | 5.3 | 5.5 | 6.1 | 6.2 |
| FL | 6.0 | 5.4 | 5.4 | 5.1 | 5.2 | 5.1 | 5.5 | 5.8 |
| US | 6.8 | 6.5 | 6.3 | 6.1 | 6.0 | 5.9 | 5.9 | 5.9 |

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted November 2018..
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-1.3]

Notes:
- Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.

# Child & Adolescent Deaths

## Mortality Rates

**Between 2014-2016, the Total Service Area reported an annual average of 24.2 child deaths (age 1 to 4) per 100,000 population.**

- Lower than the Florida rate.
- Comparable to the national rate.
- Satisfies the Healthy People 2020 target of 25.7 deaths or fewer per 100,000 population.
- MIAMI METRO TREND: Similar to 2015 findings (not shown).

**With regard to children age 5 to 9, the Total Service Area 2014-2016 death rate was 14.3 per 100,000 population.**

- Higher than the Florida and national rates.
- Fails to satisfy the Healthy People 2020 goal of 12.3 deaths or fewer per 100,000 population.
- MIAMI METRO TREND: A significant increase over 2015 findings (not shown).

**Among Total Service Area youth (age 10 to 14), the 2014-2016 death rate was 12.3 per 100,000 population.**

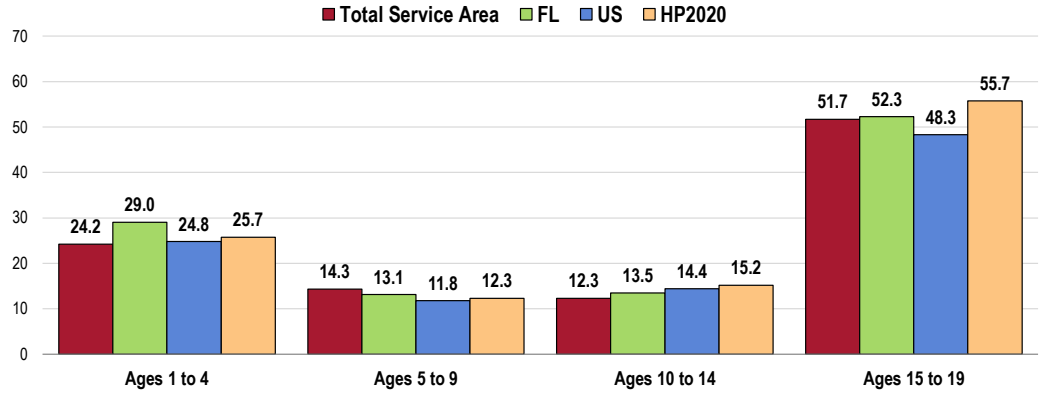
- Below the Florida and national rates.
- Satisfies the related Healthy People 2020 goal of 15.2 deaths or fewer per 100,000 population.
- MIAMI METRO TREND: This rate has improved since 2015 (not shown).

**Among Total Service Area teens (age 15 to 19), the 2014-2016 death rate was 51.7 per 100,000 population.**

- Comparable to the Florida rate.
- Higher than the national rate.
- Satisfies the related Healthy People 2020 goal of 55.7 deaths or fewer per 100,000 population.
- MIAMI METRO TREND: A significant increase over 2015 findings (not shown).

## Child & Adolescent Mortality Rates by Age Group

(Annual Average Child Mortality per 100,000 Population; 2014-2016)




Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted November 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-3.1]

Notes:
- Rates are crude rates, representing the number of deaths of children in each age group per 100,000 population.

## Leading Causes of Child Deaths

**For Total Service Area infants (under one year of age) during the years of 2007-2016, the predominant cause of death was congenital conditions (conditions present at birth, including congenital malformation, deformations, and chromosomal abnormalities).**

See also *Injury & Safety* in the **Modifiable Health Risks** section of this report.

**For all other ages (children age 1-19), accidents or cancer were the number-one leading cause of death in the Total Service Area.**

- Other leading causes of death for infants included accidents and pregnancy complications.
- Among children age 1-4, congenital conditions and cancer followed accidents as the leading causes of death.
- For children age 5-9, accidents and congenital conditions followed cancer as the leading causes of death.
- Cancer was the second-leading cause of death for Total Service Area children age 10-14, followed by homicide.
- Accidents and congenital conditions followed cancer as the leading causes of death for Total Service Area teens (age 15-19).

### Leading Causes of Child Deaths by Age Group

(Total Service Area, 2007-2016)

| | Under 1 Year | Ages 1 to 4 | Ages 5 to 9 | Ages 10 to 14 | Ages 15 to 19 |
|---|---|---|---|---|---|
| **Number-One Leading Cause** | **Congenital Conditions*** | **Accidents** | **Cancer** | **Accidents** | **Cancer** |
| Number-Two Leading Cause | Accidents | Congenital Conditions* | Accidents (motor vehicle, drowning) | Cancer | Accidents (drowning, motor vehicle) |
| Number-Three Leading Cause | Pregnancy Complications | Cancer | Congenital Conditions* | Homicide | Congenital Conditions* |

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted November 2018.
Notes: ● *Congenital conditions include congenital malformations, deformations and chromosomal abnormalities.

# Modifiable Health Risks

Professional Research Consultants, Inc.

# 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)

# Fruits & Vegetables

## Fruit & Vegetable Consumption

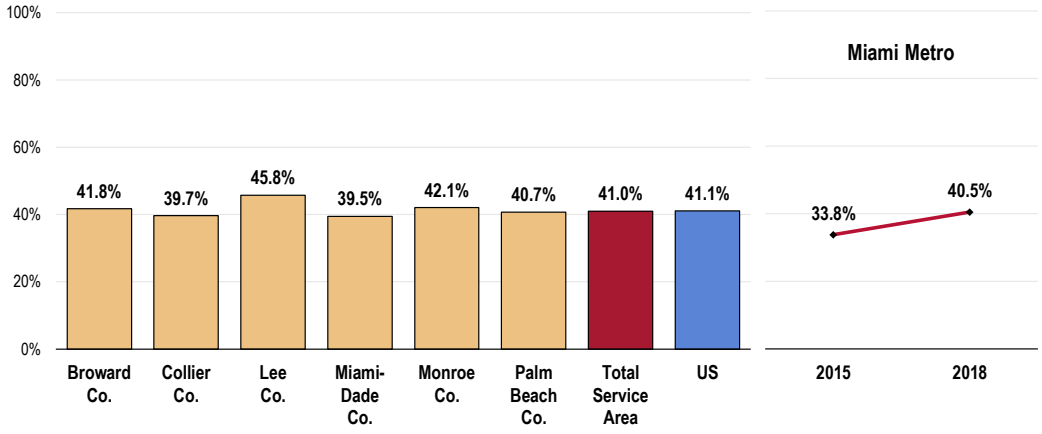
To measure fruit and vegetable consumption, survey respondents were asked multiple questions, specifically about the foods their child eats on a typical day.

**Just 41.0% of Total Service Area parents report that their child eats five or more servings of fruits and/or vegetables per day.**

- Almost identical to national reports.
- Statistically similar results by county.
- MIAMI METRO TREND: Overall, child fruit/vegetable consumption in the Miami Metro has increased since 2015.

### Child Has Five or More Servings of Fruits/Vegetables per Day

(Total Service Area Children Age 2-17, 2018)



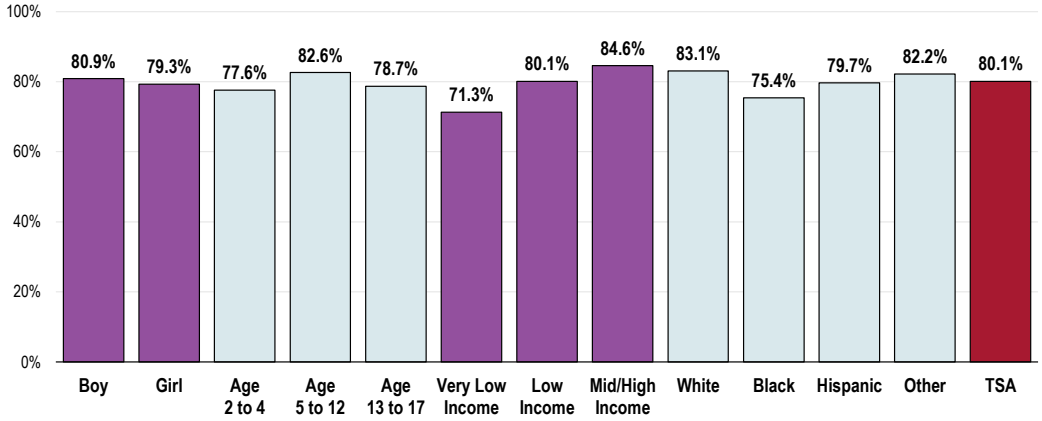

Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 139]
- 2018 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents for whom the randomly selected child in the household is between the ages of 2 and 17.
- Note that the Monroe County sample size is relatively small for this indicator (<50).

- Children living in lower-income households are less likely to get the daily recommended servings of fruits and vegetables (note the correlation with income).
- Other differences by demographic groups are not statistically significant.

## Child Has 5+ Fruits/Vegetables per Day

(Total Service Area Children Age 2-17, 2018)




Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 139]

Notes:
- Asked of all respondents for whom the randomly selected child in the household is between the ages of 2 and 17.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White children).
- 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.

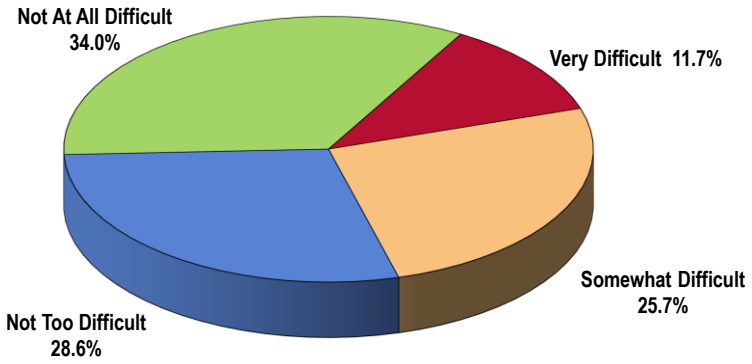
### Difficulty Accessing Fresh Produce

"How difficult is it for you to buy fresh produce like fruits and vegetables at a price you can afford?"

**While most report little or no difficulty, 37.4% of Total Service Area parents report that it is "very" or "somewhat" difficult for them to access affordable fresh fruits and vegetables.**

## Level of Difficulty Finding Fresh Produce at an Affordable Price

(Total Service Area Parents, 2018)

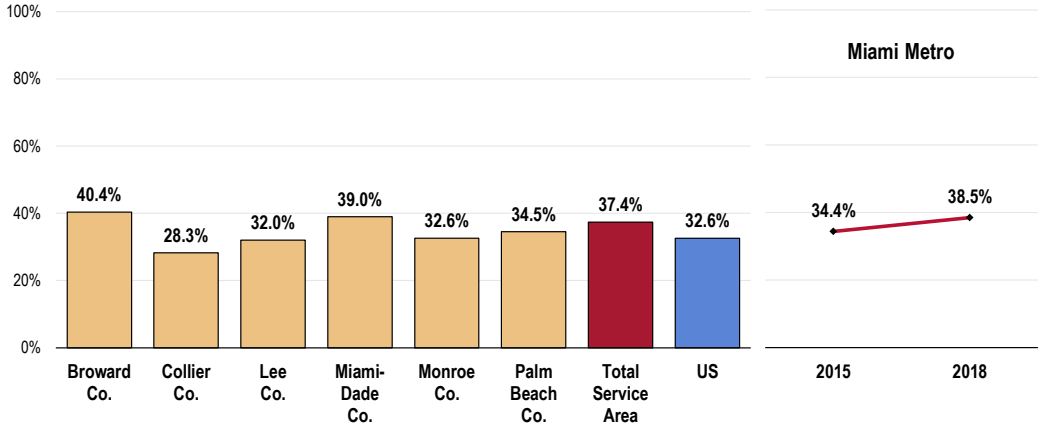



Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 112]

Notes:
- Asked of all respondents.

- Less favorable than the US proportion.
- These reported difficulties are less prevalent in Collier County.
- MIAMI METRO TREND: Access to fresh produce has become more difficult since prior survey findings.

**Find It "Very" or "Somewhat" Difficult to Buy Affordable Fresh Produce**
(Total Service Area Parents, 2018)



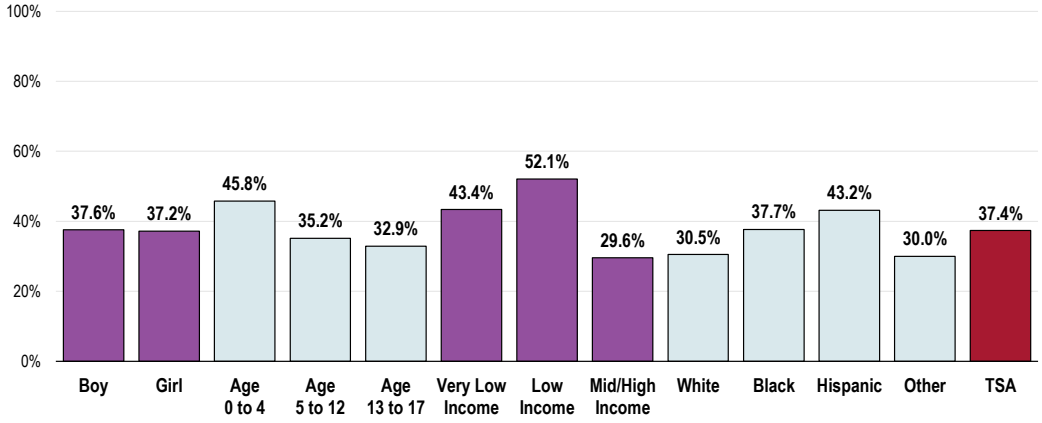

Sources: ● 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 112]
● 2018 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Those more likely to report difficulty getting fresh fruits and vegetables include:

- Parents of children under age 5 (negative correlation with age).
- Lower-income residents (especially those between 100% and 199% of the federal poverty level).
- Parents of Hispanic children.

## Find It "Very" or "Somewhat" Difficult to Buy Affordable Fresh Produce

(Total Service Area Parents, 2018)




Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 112]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White children).
- 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.

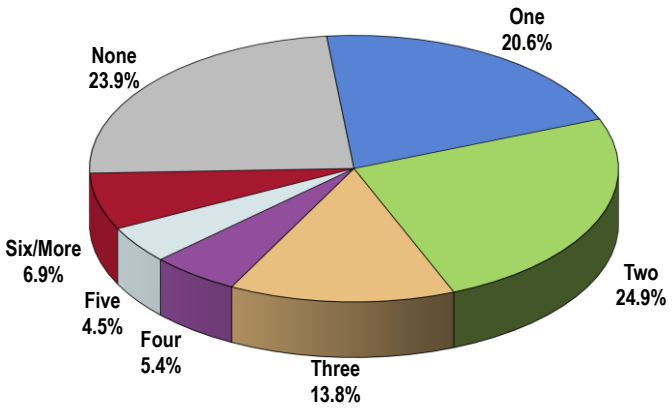
## Fast Food

**Over three-quarters (76.1%) of Total Service Area children age 2-17 have had at least one "fast food" meal in the past week.**

"In the past 7 days, how many meals would you say this child has eaten from 'fast food' restaurants? Please include breakfasts, lunches, and dinners."

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

(Total Service Area Children Age 2-17, 2018)




Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 108]

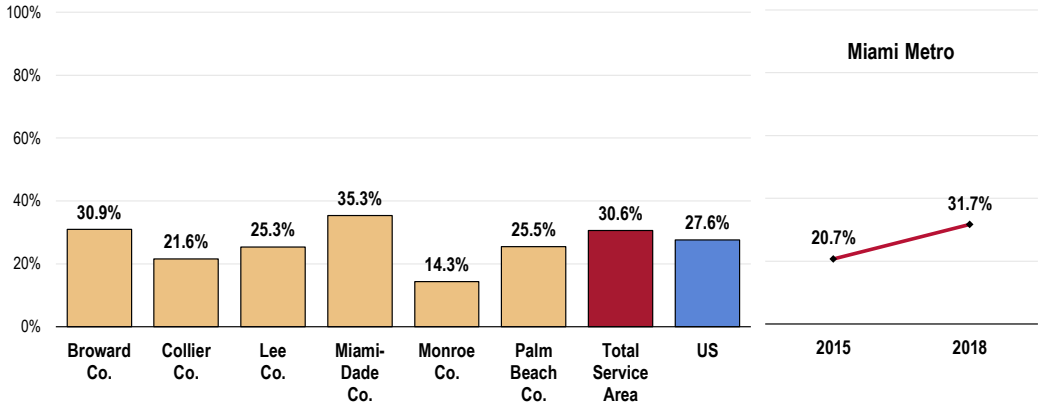
Notes:
- Asked of all respondents for whom the randomly selected child in the household is between the ages of 2 and 17.

**In fact, three in 10 parents (30.6%) report that their child has had three or more meals from "fast food" restaurants in the past week.**

- Comparable to US findings.
- Within the Total Service Area, this level of fast food consumption is most common in Miami-Dade County.
- MIAMI METRO TREND: A notable increase over 2015 survey findings.

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

(Total Service Area Children Age 2-17, 2018)




Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 108]
- 2018 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

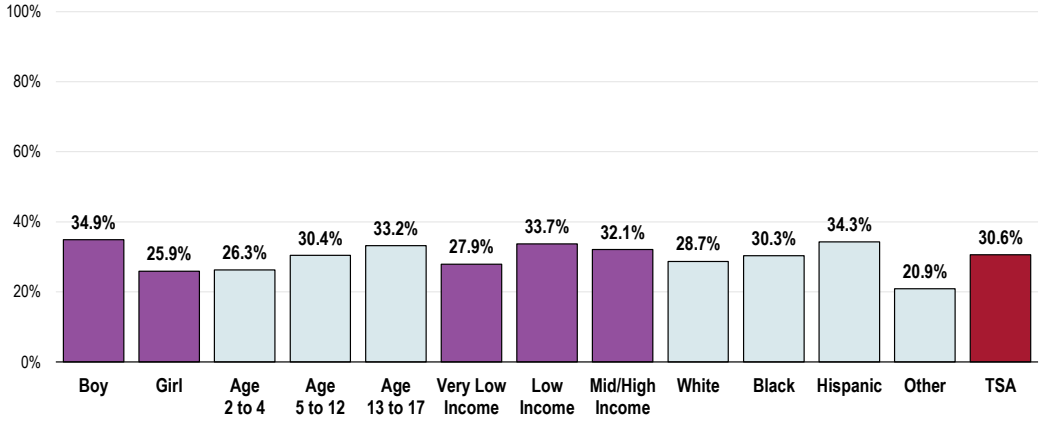
Notes:
- Asked of all respondents for whom the randomly selected child in the household is between the ages of 2 and 17.
- Note that the Monroe County sample size is relatively small for this indicator (<50).

Fast food consumption:

- Is far more prevalent among boys than girls.
- Appears to increase with age.
- Is particularly high among Hispanic children (especially) and White children.

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

(Total Service Area Children 2-17, 2018)




Sources: • 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 108]
Notes: • Asked of all respondents for whom the randomly selected child in the household is between the ages of 2 and 17.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White children).
• 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.

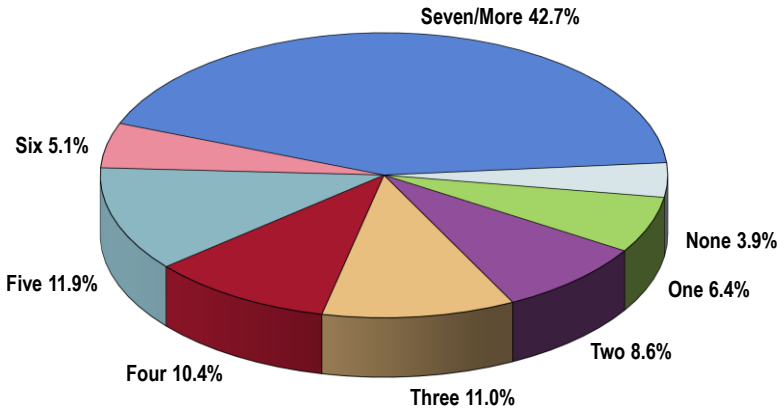
## Family Meals

**A total of 42.7% of Total Service Area parents report averaging at least one family meal per day in the week preceding the interview.**

"During the past 7 days, on how many days did all the family members who live in this household eat at least one meal together?"

## Number of Meals Eaten as a Family in the Past Week

(Total Service Area Children Age 2-17, 2018)

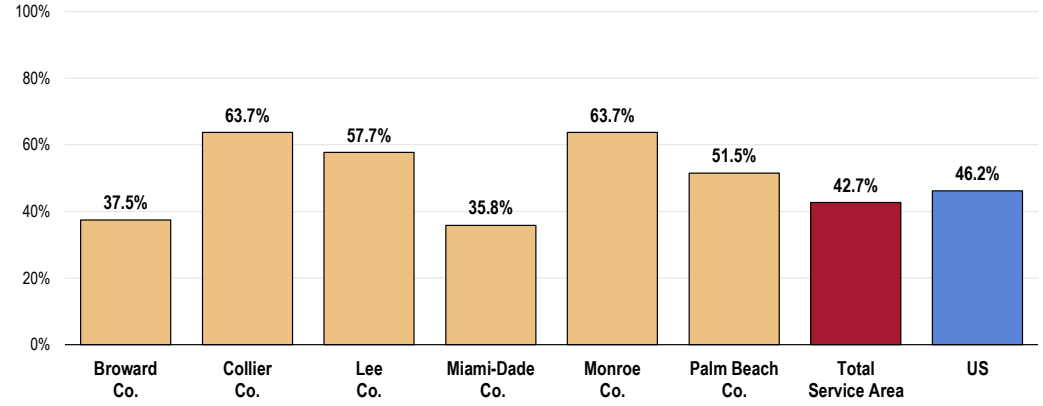



Sources: • 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 109]
Notes: • Asked of all respondents for whom the randomly selected child in the household is between the ages of 2 and 17.

- Statistically similar to the prevalence found nationwide.
- Family meals are least common in Broward and Miami-Dade counties.

## Shared 7+ Meals as a Family in the Past Week

(Total Service Area Children Age 2-17, 2018)



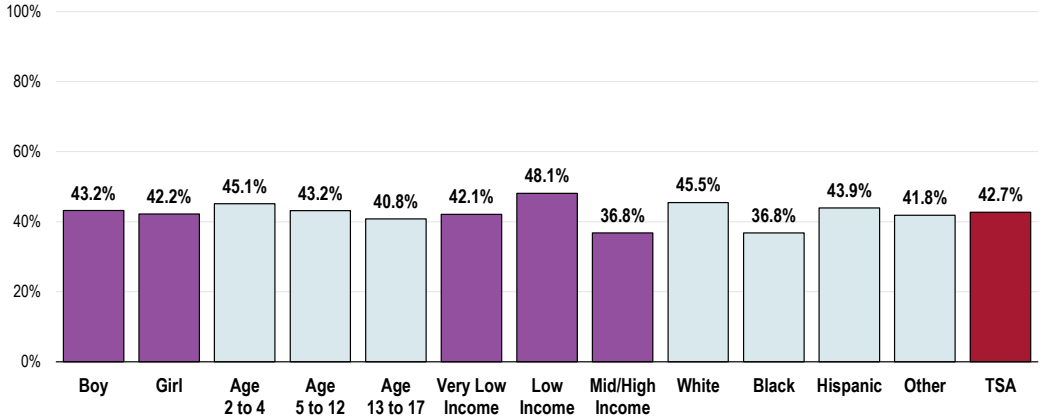

Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 109]
- 2018 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents for whom the randomly selected child in the household is between the ages of 2 and 17.
- Note that the Monroe County sample size is relatively small for this indicator (<50).

- Children living in higher-income households (>200% of the federal poverty level) are less likely to have shared seven or more family meals in the past week.

## Shared 7+ Meals as a Family in the Past Week

(Total Service Area Children Age 2-17, 2018)




Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 109]

Notes:
- Asked of all respondents for whom the randomly selected child in the household is between the ages of 2 and 17.
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- 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.

# Physical Activity

## About Physical Activity

Children and adolescents should do 60 minutes (1 hour) or more of physical activity each day.

– Centers for Disease Control & Prevention (CDC)

## Recommended Physical Activity

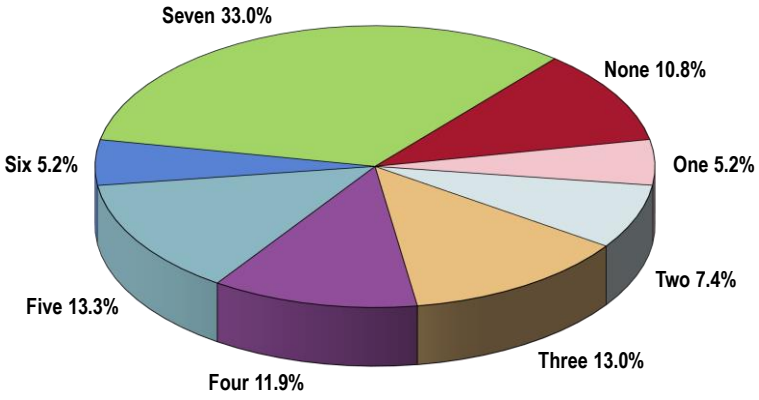
"The next questions are about physical activity. During the past 7 days, on how many days was the child physically active for a total of at least 60 minutes per day?"

**Just under one-third (33.0%) of Total Service Area children age 2 to 17 had 60 or more minutes of physical activity on <u>each</u> of the seven days preceding the interview (1+ hours per day).**

- Note that 23.4% had two or fewer days with adequate physical activity in the past week.

### Number of Days in the Past Week on Which Child Was Physically Active for One Hour or Longer

(Total Service Area Children Age 2-17, 2018)

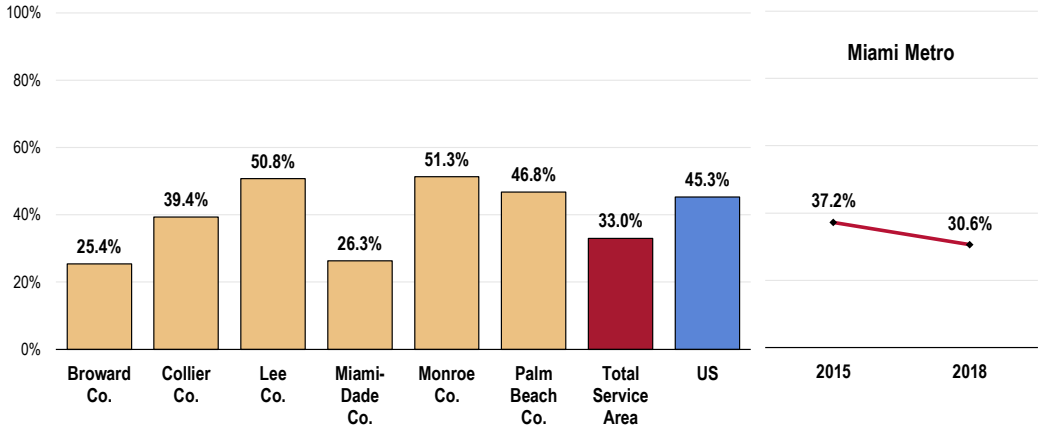



Sources: • 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 107]
Notes: • Asked of those respondents for whom the randomly selected child in the household is between the ages of 2 and 17.

- The proportion of Total Service Area children who are active for 1+ hours daily is well below the proportion reported nationally.
- Of the six counties comprising the Total Service Area, this level of activity is <u>least</u> common in Broward and Miami-Dade counties.
- MIAMI METRO TREND: Denotes a statistically significant <u>decrease</u> in activity since 2015.

## Child Was Physically Active for One Hour or Longer on Every Day of the Past Week

(Total Service Area Children Age 2-17, 2018)




Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 107]
- 2018 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

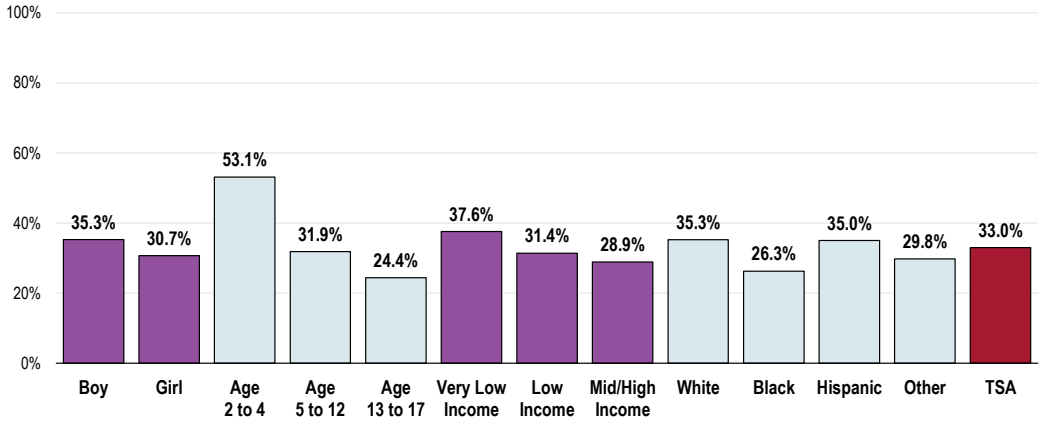
Notes:
- Asked of those respondents for whom the randomly selected child in the household is between the ages of 2 and 17.
- Note that the Monroe County sample size is relatively small for this indicator (<50).

Those <u>less</u> likely to meet recommended levels of physical activity include:

- Older children (strong negative correlation with age).
- Black or Other race children.

## Child Was Physically Active for One Hour or Longer on Every Day of the Past Week

(Total Service Area Children Age 2-17, 2018)




Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 107]

Notes:
- Asked of those respondents for whom the randomly selected child in the household is between the ages of 2 and 17.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White children).
- 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.

## Vigorous Physical Activity

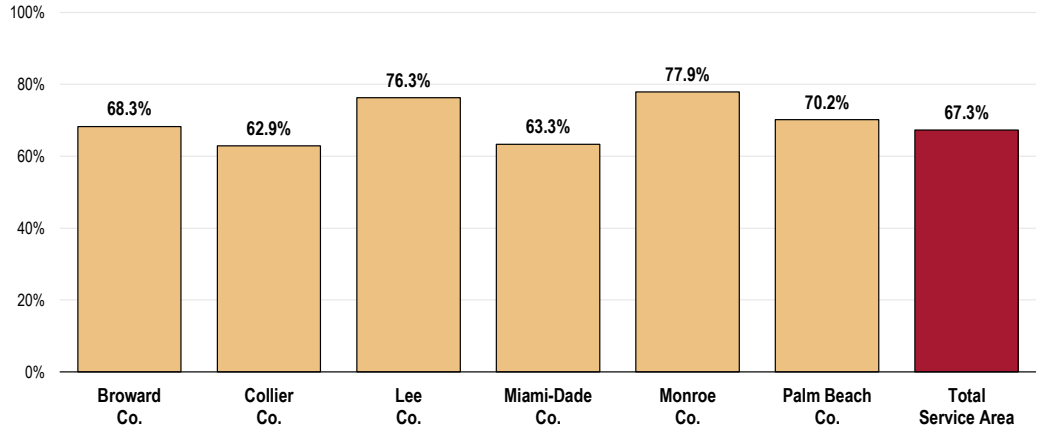
"On how many of the past 7 days did this child participate in high calorie-burning physical activity for at least 25 minutes?"

**In the past month, a total of 67.3% of Total Service Area children age 2 to 17 participated in *vigorous* physical activity three or more times a week, for at least 25 minutes at a time.**

- By Total Service Area county, this level of activity is statistically lowest in Miami-Dade County.

### Child Participates in Vigorous Physical Activity

(Total Service Area Children Age 2-17, 2018)




Sources: • 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 327]
Notes: • Asked of those respondents for whom the randomly selected child in the household is between the ages of 2 and 17.
• Includes participating in high calorie-burning activity at least 3 days a week for at least 25 minutes at a time.
• Note that the Monroe County sample size is relatively small for this indicator (<50).

## Screen Time

### Television Watching & Other Screen Time

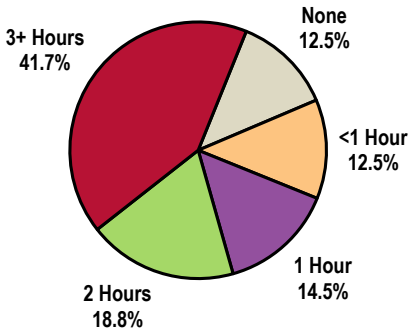
"On an average week day, about how many hours or minutes does this child usually spend in front of a TV watching TV programs, videos, or playing video games?"

"On an average week day, how many hours or minutes does this child usually spend with computers, cell phones, handheld video games, and other electronic devices?"

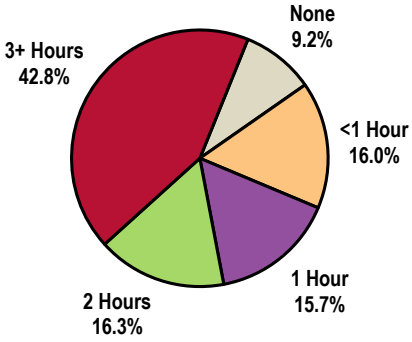
**Among children age 5 through 17, 41.7% are reported to watch three or more hours of television on an average week day, and 42.8% are reported to spend three or more hours on other types of screen time.**

## Children's Screen Time

(Total Service Area Children Age 5-17, 2018)




**Hours per Day of TV/Videos or Video Games**




**Hours per Day on a Computer, Cell Phone, Handheld Device, etc.**

Sources: ● 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 103, 105, 131-132]
Notes: ● Asked of respondents for whom the randomly selected child in the household is age 5 to 17.
● For this issue, respondents with children who are not in school were asked about "weekdays," while parents of children in school were asked about typical "school days."
● "Three or more hours" includes reported screen time of 180 minutes or more per day.

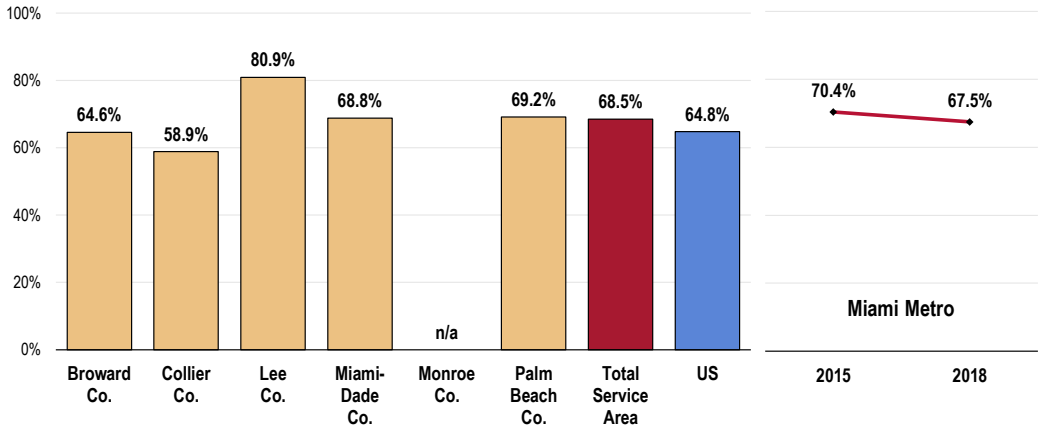
### Total Screen Time

**When combined, more than two-thirds of Total Service Area school-age children (68.5%) spend three or more hours per day on screen time (whether television, computer, video games, cell phone, handheld device, etc.).**

- Comparable to US findings.
- The proportion in Lee County is notably higher than the other counties in the Total Service Area.
- MIAMI METRO TREND: Statistically unchanged since 2015.

## Children With 3+ Hours per School Day of Total Screen Time (TV, Computer, Video Games, Phone, Device, etc.)

(Total Service Area Children Age 5-17, 2018)



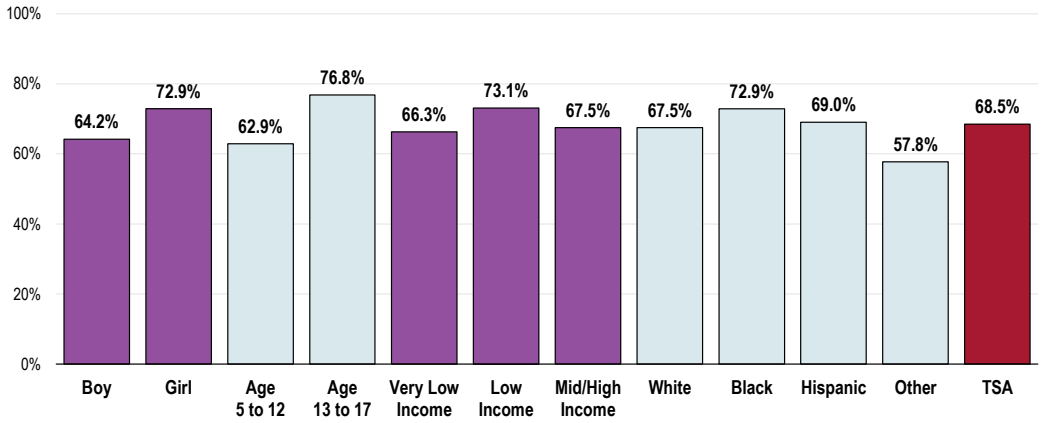

Sources: ● 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 133]
● 2018 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of respondents for whom the randomly selected child in the household is age 5 to 17.
● For this issue, respondents with children who are not in school were asked about "weekdays," while parents of children in school were asked about typical "school days."
● "Three or more hours" includes reported screen time of 180 minutes or more per day.

The following are more likely to spend 3+ hours per day on screen time:

- Girls.
- Teens (age 13 to 17).
- Black children.

## Children With 3+ Hours per School Day of Total Screen Time (TV, Computer, Video Games, Phone, Device, etc.)

(Total Service Area Children Age 5-17, 2018)




Sources: ● 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 133]
Notes: ● Asked of those respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White children).
● 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.

### Electronic Media in Children's Bedrooms

**Over half of Total Service Area school-age children (53.4%) have a television in their bedrooms.**

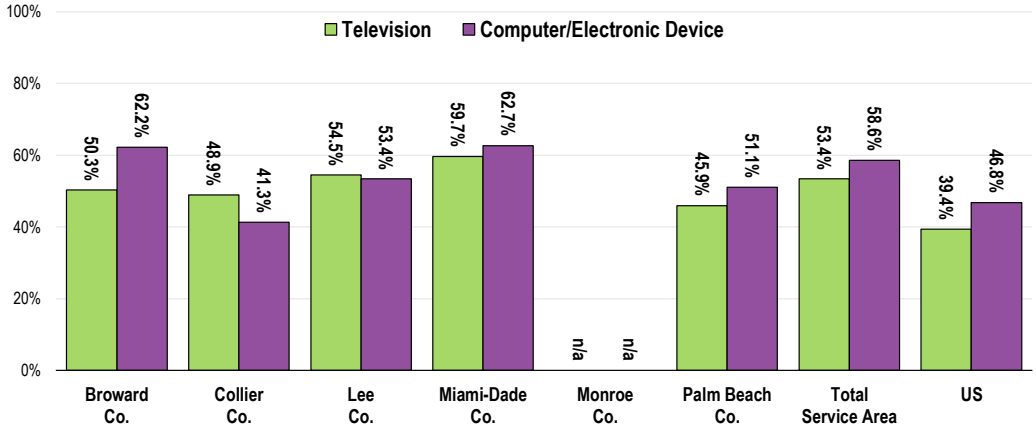
- Considerably higher than the national proportion.
- Within the Total Service Area, highest in Miami-Dade County.
- MIAMI METRO TREND: Statistically similar to the proportion seen in the previous survey (not shown).

**Even more Total Service Area school-age children (58.6%) have access to a computer or some type of electronic device in their bedrooms.**

- Well above the US percentage.
- Lowest in Collier and Palm Beach counties.
- MIAMI METRO TREND: Similar to 2015 findings (not shown).

## Access to Electronic Media in Children's Bedrooms

(Total Service Area Children Age 5-17, 2018)



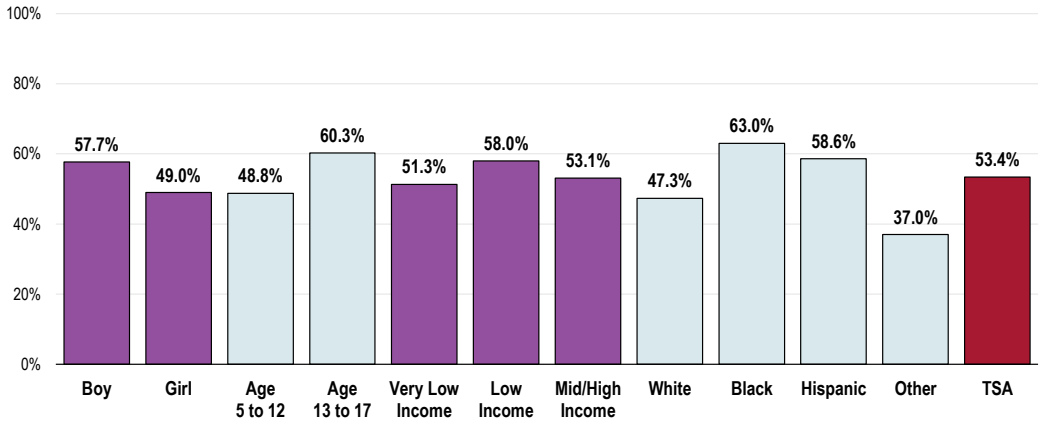

Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 104, 106]
- 2018 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of those respondents for whom the randomly selected child in the household is age 5 to 17.

- Boys, teens, Black children, and Hispanic children are more likely to have a **television** in their bedroom.

## Child Has a Television in His/Her Bedroom

(Total Service Area Children Age 5-17, 2018)



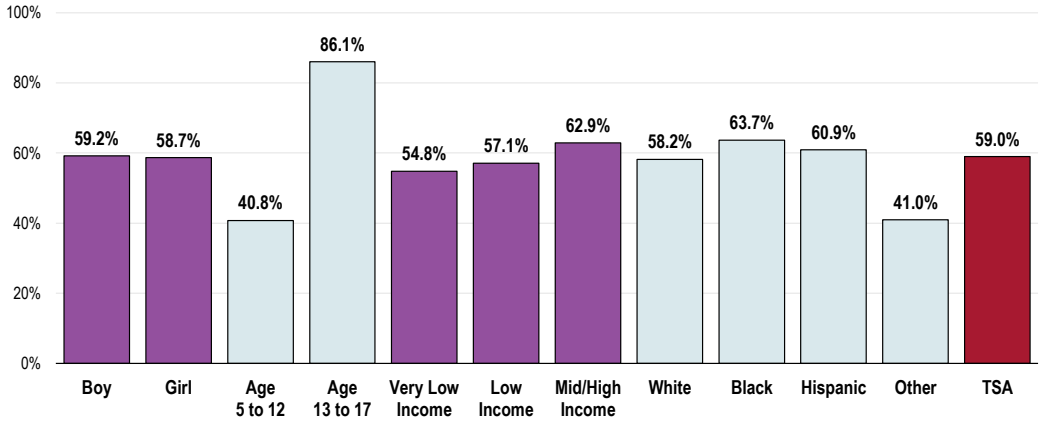

Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 104]

Notes:
- Asked of those respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White children).
- 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.

- Teens are much more likely than their younger counterparts to have access to some type of **computer or other electronic device** in their bedroom (note the 86.1% prevalence).
- Other race children are far less likely than other race/ethnic groups to have a computer or electronic device in their bedroom.

## Child Has a Computer or Device in His/Her Bedroom

(Total Service Area Children Age 5-17, 2018)




Sources: ● 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 106]
Notes: ● Asked of those respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White children).
● 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.

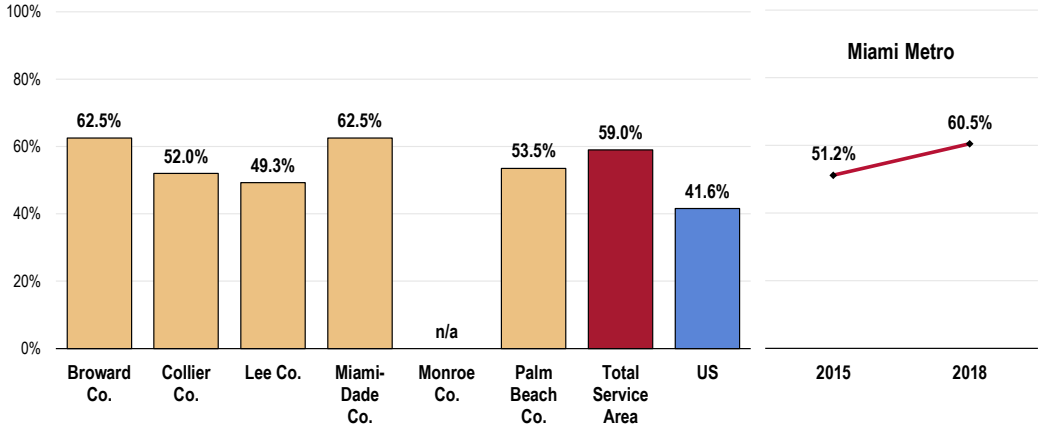
### Child Use of Smart Phones

**Among parents of school-age children, 59.0% indicate that their child has his/her own smart phone on which they can download apps or games and visit social media sites.**

- Considerably higher than the national proportion.
- The prevalence of children with smart phones is highest in Miami-Dade County.
- MIAMI METRO TREND: Above the 2015 prevalence.

## Child Has Own Smart Phone

(Total Service Area Children Age 5-17, 2018)




Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 123]
- 2018 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

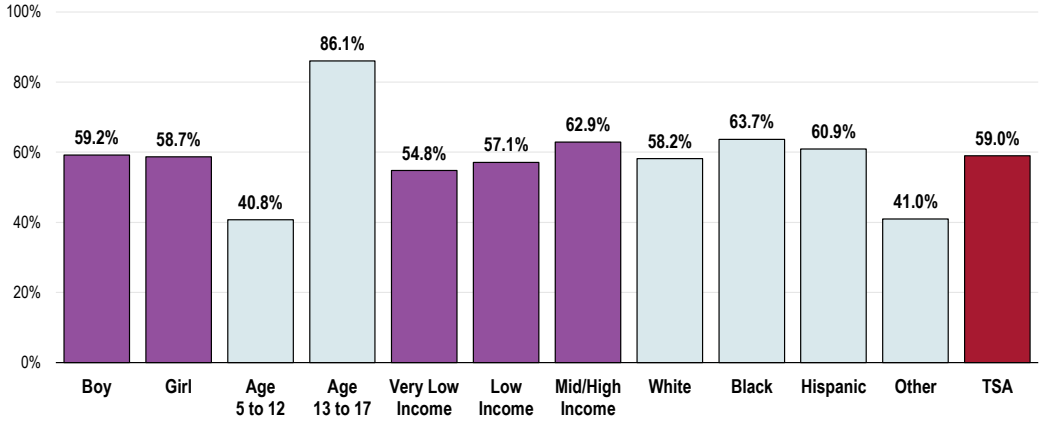
Notes:
- Asked of all respondents for whom the randomly selected child in the household is age 5-17.

Note the following:

- Prevalence among Total Service Area teens increases to 86.1%.
- Other race children are statistically less likely to have a smart phone than White, Black, or Hispanic children.

## Child Has Own Smart Phone

(Total Service Area Children Age 5-17, 2018)




Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 123]

Notes:
- Asked of all respondents for whom the randomly selected child in the household is age 5-17.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White children).
- 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.

# Weight Status

## Childhood Overweight & Obesity

### About Weight Status in Children & Teens

In children and teens, body mass index (BMI) is used to assess weight status – underweight, healthy weight, overweight, or obese. After BMI is calculated for children and teens, the BMI number is plotted on the CDC BMI-for-age growth charts (for either girls or boys) to obtain a percentile ranking. Percentiles are the most commonly used indicator to assess the size and growth patterns of individual children in the United States. The percentile indicates the relative position of the child's BMI number among children of the same sex and age.

BMI-for-age weight status categories and the corresponding percentiles are shown below:

- Underweight <5th percentile
- Healthy Weight ≥5th and <85th percentile
- Overweight ≥85th and <95th percentile
- Obese ≥95th percentile

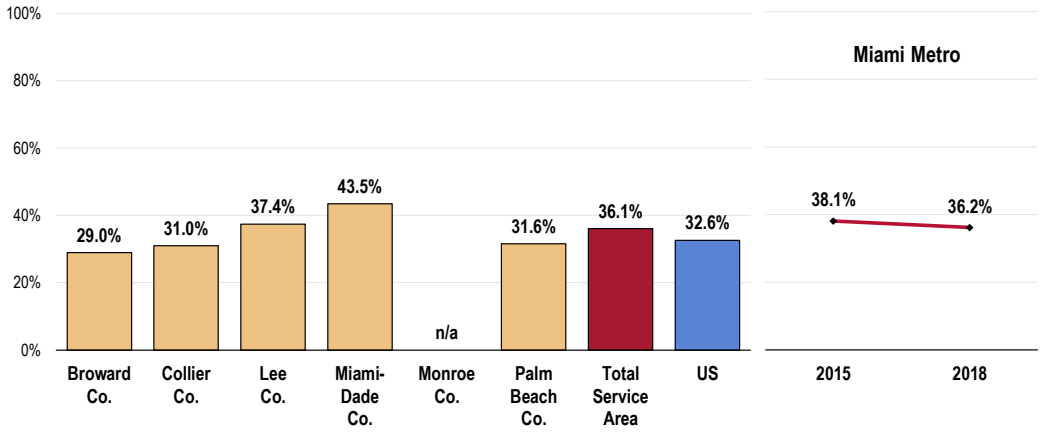
– Centers for Disease Control and Prevention

**Based on the heights and weights reported by surveyed parents, 35.1% of Total Service Area children age 5 to 17 are overweight or obese (≥85th percentile).**

- Similar to the obesity prevalence reported nationwide.
- Least favorable in Miami-Dade County.
- MIAMI METRO TREND: Statistically similar to prior survey findings.

### Child Is Overweight or Obese

(Total Service Area Children Age 5-17 With a BMI in the 85th Percentile or Higher)




Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 135]
- 2018 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

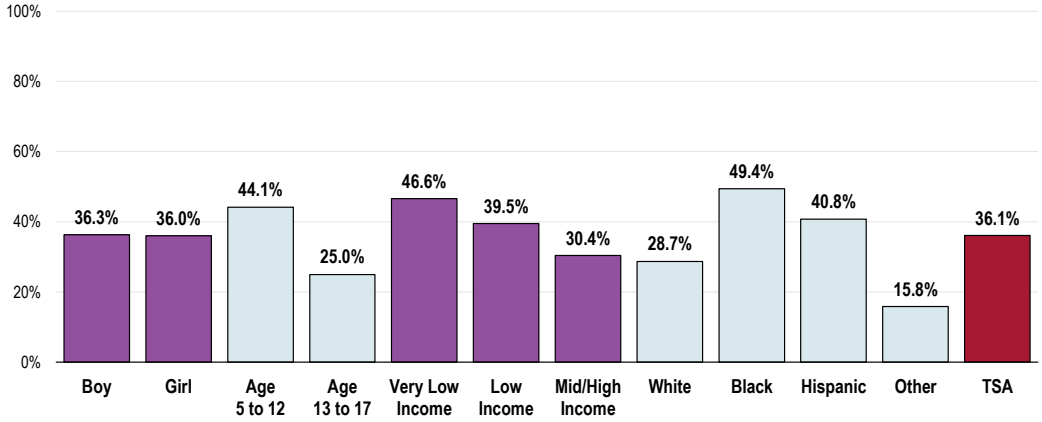
Notes:
- Asked of those respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
- Overweight among children 5-17 is determined by child's Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.

Those who are more likely to be overweight or obese include:

- Younger children (age 5-12).
- Those in households with very low incomes (strong negative correlation with income).
- Black or Hispanic children.

## Child Is Overweight or Obese

(Total Service Area Children Age 5-17 With a BMI in the 85th Percentile or Higher)




Sources: ● 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 135]
Notes: ● Asked of those respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
● Overweight among children is determined by children's Body Mass Index status equal to or above the 85th percentile of US growth charts by gender and age.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White children).
● 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.

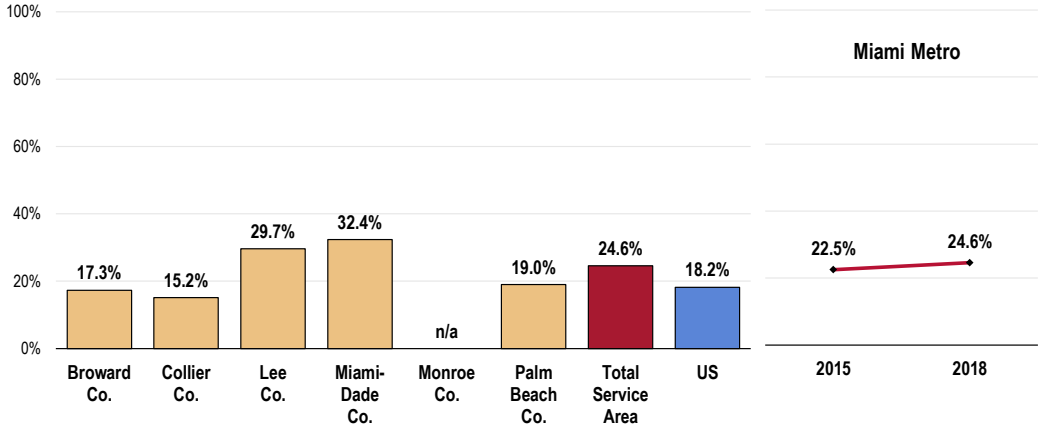
**In addition, 24.6% of Total Service Area children age 5 to 17 are obese (≥95th percentile).** *Note that this proportion is included in the "overweight or obese" percentage reported above.*

- Notably less favorable than the US findings.
- Fails to satisfy the Healthy People 2020 target (14.5% or lower).
- Child obesity prevalence is highest in Miami-Dade County.
- MIAMI METRO TREND: Statistically unchanged over time.

## Child Obesity Prevalence

(Total Service Area Children Age 5-17 with a BMI in the 95th Percentile or Higher)

**Healthy People 2020 Target = 14.5% or Lower**




Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 130]
- 2018 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-10.4]

Notes:
- Asked of those respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
- Obesity among children is determined by children's Body Mass Index status equal to or above the 95th percentile of US growth charts by gender and age.

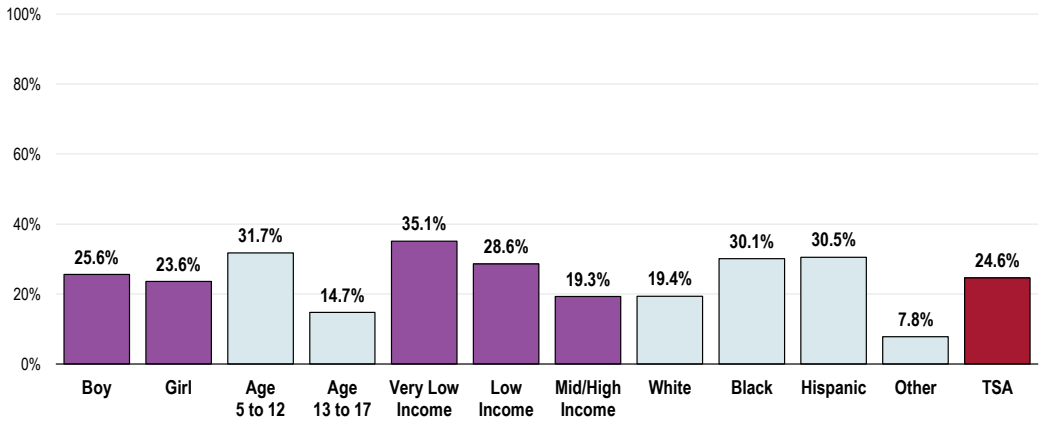
Note the following:

- Obesity is higher in Total Service Area children age 5-12 than in those age 13-17.
- There is a negative correlation of obesity with income, with nearly 35.1% of children in very low-income households found to be obese.
- Black children and Hispanic children are far more likely to be obese than White or Other race children, whereas Other race children are least likely to be obese.

## Child Obesity Prevalence

(Total Service Area Children Age 5-17 with a BMI in the 95th Percentile or Higher)

**Healthy People 2020 Target = 14.5% or Lower**




Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 130]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-10.4]

Notes:
- Asked of those respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
- Overweight among children is determined by children's Body Mass Index status equal to or above the 85th percentile of US growth charts by gender and age.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White children).
- 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.

# Perceptions of Overweight

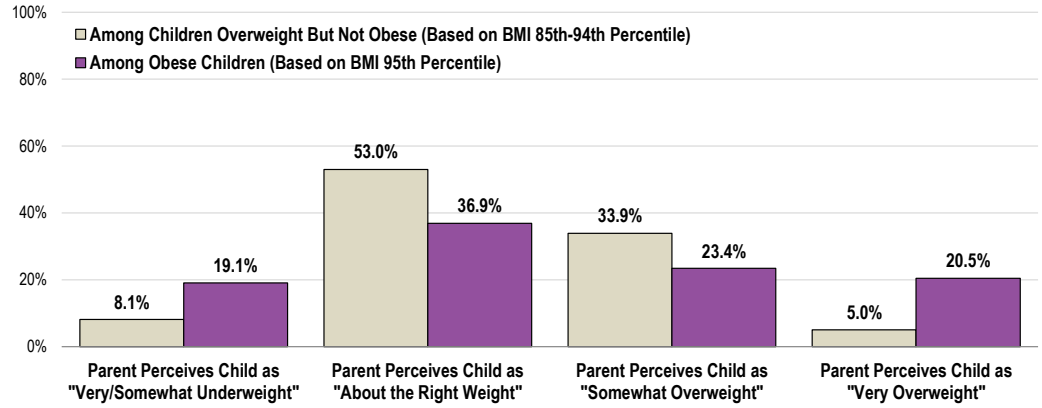
## Actual vs. Perceived Body Weight

**Interestingly, among parents of overweight/obese children age 5-17 (based on BMI), the majority sees their child as being at "about the right weight."**

- Only 38.9% of parents with an overweight (not obese) child perceive their child as "somewhat overweight" or "very overweight."
- Only 20.5% of parents with an obese child consider that child to be "very overweight."

### Child's Actual vs. Perceived Weight Status

(Total Service Area Children Age 5-17 Who Are Overweight/Obese Based on BMI, 2018)




Sources: • 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 328]
Notes: • Asked of those respondents for whom the randomly selected child at home is age 5 to 17.
• Overweight in children is defined as a Body Mass Index (BMI) value at or above the 85th percentile of US growth charts by gender and age; obesity in children is defined as a BMI value at or above the 95th percentile.

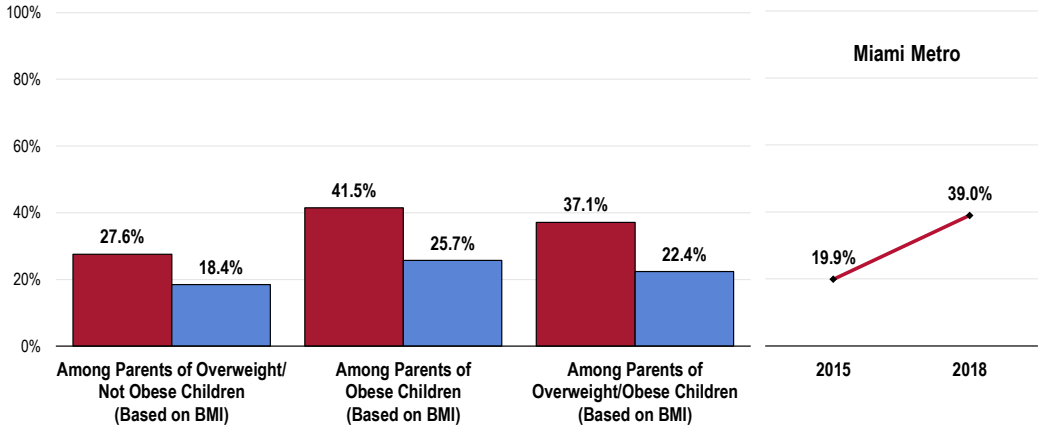
## Notification of Overweight Status

**A clear majority of parents with overweight or obese children has <u>not</u> been told in the past year by a school or health professional that their child is overweight (only 37.1% of parents of overweight/obese children have been told that their child is overweight).**

- Still, the prevalence of notifications to parents with overweight or obese children is far more favorable than US findings (not shown).
- Highest in Miami-Dade County (not shown).
- MIAMI METRO TREND: The prevalence of these notifications has notably improved over the past three years.

## Parent Has Been Told in the Past Year by a School or Health Professional That Their Child Is Overweight

(Total Service Area Children Age 5-17 Who Are Overweight/Obese Based on BMI, 2018)



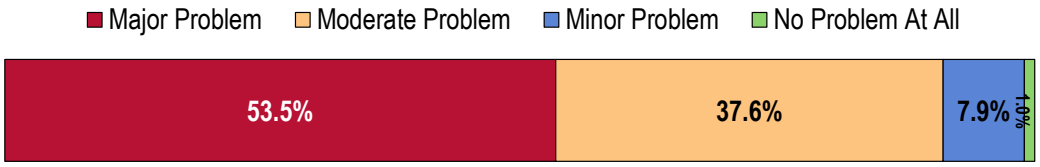

Sources: ● 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 329]
Notes: ● Reflects all respondents for whom the randomly selected child at home is age 5 -17 and overweight or obese.
● Overweight in children is defined as a Body Mass Index (BMI) value at or above the 85th percentile of US growth charts by gender and age; obesity in children is defined as a BMI value at or above the 95th percentile.

## *Key Informant Input: Nutrition, Physical Activity, and Weight*

**The majority of key informants taking part in an online survey characterized *Nutrition, Physical Activity, and Weight* as a "major problem" for children/adolescents in the community.**

## Perceptions of Nutrition, Physical Activity & Weight as a Problem for Children/Adolescents in the Community

(Key Informants, 2018)




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 frequently related to the following:

#### *Obesity*

> *Statistically, obesity is on the rise. Ethnicity plays a large role in nutritional habits, and we have a high Hispanic population. Kids are a lot more sedentary with the increase of technology such as video games and computer/television time. — Other Health Provider (Miami-Dade County)*

*Obesity has become an issue in pediatrics, and- definitely in South Florida- children are not eating properly- that is, eating a healthier diet. Even with education in the office, on multiple occasions we have found how very poor results were on improvement. The physical inactivity of children nowadays is very worrisome; they do not play outside, they do not ride bicycles, they do not run, they basically like to see us to sit down and play video games or iPad or indoor stuff. This combination of poor diet and activity is leading to malnutrition in the sense that children are obese overweight and not eating properly nor exercising. Very concerning to see this population in 30 years and see how their health is, that is has been affected by their lifestyle at a young age. — Physician (Miami-Dade County)*

*Obesity has become an extreme issue in our community. Kids are exercising less due to the computerized works and are having less healthy foods. More foods are bought (fast foods), and a variety of foods are not introduced in early age because families have tendencies to eat more foods from places of origin, even if they are not healthy, than to change their feeding habits. Also, due to the criminality, kids are not allowed to participate more in outdoors activities (parks). — Physician (Miami-Dade County)*

*Obesity is at an all-time high. Obesity leads to heart disease, diabetes, high cholesterol, etc. Our children need to be fit in order to be able to lead a happy and healthy life. — Community/Business Leader (Miami-Dade County)*

*Obesity is an epidemic in this community. Insurance companies do not acknowledge this a reimbursable diagnosis; however, the monitoring of this problem does require medical intervention. — Physician (Miami-Dade County)*

*Obesity rates are increasing in children and leading to chronic poor health conditions as they grow to adulthood. — Community/Business Leader (Miami-Dade County)*

*Most all teens are overweight and report that they like playing video games or binge-watching television instead of physical activity. — Other Health Provider (Miami-Dade County)*

*We are seeing increasing obesity, and proper nutrition is more challenging for low-income families. — Social Services Provider (Miami-Dade County)*

*Obesity is rampant. No PE in schools. Poor nutritional choices in school setting. — Physician (Miami-Dade County)*

*Large number of overweight and obese children seen in our community. — Physician (Miami-Dade County)*

*Teenagers are overweight and have hypertension, diabetes, etc. — Physician (Miami-Dade County)*

*Epidemic of obesity and sedentary lifestyle associated with cancer. — Physician (Miami-Dade County)*

*Overweight children. — Public Health Representative (Miami-Dade County)*

*Obesity epidemic. — Physician (Miami-Dade County)*

### Poor Nutrition

*Obesity and cardiac problems are directly linked with poor nutrition and lack of physical activity, on top of the hereditary factors. The high percentage of Hispanics in South Florida and current statistics demonstrate the high incidence of these diseases in our community. — Community/Business Leader (Miami-Dade County)*

*Poor nutrition, limited activity and unhealthy weights are becoming a trend in our children. These unhealthy habits develop future conditions such as diabetes, hypertension, and hyperlipidemia. We currently have an increase in type II diabetes due to limited activity and the poor food choices we allow our children to consume. — Community/Business Leader (Miami-Dade County)*

*School breakfast and lunch. At a minimum, it needs to model what healthy food should look like. — Physician (Miami-Dade County)*

*In addition to poor nutritional eating, more and more children are living sedentary lifestyles. Access to sugar, processed foods are all contributing factors. — Other Health Provider (Palm Beach County)*

*Poor nutrition options, expensive organic options, obesity and lack of physical activity leading to poor overall health and greater risk of disease. — Physician (Miami-Dade County)*

*Many young people do not have adequate nutrition. — Community/Business Leader (Miami-Dade County)*

*Children and families are not eating the healthiest foods and there is a lack of fitness and exercise. — Community/Business Leader (Miami-Dade County)*

*Bad nutrition and lack of exercise mainly the causes for obesity. — Physician (Miami-Dade County)*

*Unhealthy diets, food deserts and lack of education. — Physician (Miami-Dade County)*

### *Insufficient Physical Activity*

*I think the opportunity to engage in physical activity is limited because of lack of time after school, and afterschool care. Many children also prefer screen time than outdoor play. — Other Health Provider (Miami-Dade County)*

*Morbidity related to poor physical activity, nutrition and increased weight is problematic in South Florida because of the climate. Often too hot or too rainy for outdoor activity and cultural influences. — Other Health Provider (Miami-Dade County)*

*Sedentary lifestyle. Lack of affordable and nutritious options for low income family. High property rate in certain communities. Cultural aspect of food. — Public Health Representative (Miami-Dade County)*

*Lack of physical activity in school, limited availability of after school programs. — Physician (Miami-Dade County)*

*Video games. — Physician (Miami-Dade County)*

### *Family Life*

*Parents do not assume responsibility for this issue… It is very much a cultural issue, but mostly a lack of parental guidance and discipline. Parents should be held accountable for childhood obesity. — Physician (Miami-Dade County)*

*Lack of time for families that both parents have to work. Unable to take children to activities and fast foods places, etc. — Physician (Miami-Dade County)*

*Limited family time, increased screen time, decreased physical activity, fast food accessibility, inexpensive and supersizing. — Other Health Provider (Miami-Dade County)*

### *Access to Healthy Foods*

*There are areas of South Florida where communities do not have access to health eating via a grocery store. Shopping is done at the corner food store due to there being food desserts. There are farm shares that attempt to assist, but that cannot touch the needs of all children in the communities. — Social Services Provider (Monroe County)*

*Food deserts and lack of affordable high-quality fresh food. — Other Health Provider (Miami-Dade County)*

### *Affordable Care/Services*

*Large population of obese children even within our institution aren't not able to get with nutritionist for education and parents and do modification in lifestyle. — Physician (Miami-Dade County)*

*Lack of insurance coverage, including Medicaid. — Physician (Miami-Dade County)*

### *Funding*

*Chronic condition that is responsible for an enormous amount of health care expenditures. — Physician (Miami-Dade County)*

*Lack of reimbursement for nutritional services. — Physician (Miami-Dade County)*

### *Awareness/Education*

*Education is lacking in these areas. Schools no longer require PE, technology, phones, video games, internet and parents working all lead to inactivity. — Physician (Miami-Dade County)*

*School-sponsored programs. — Other Health Provider (Miami-Dade County)*

### *Vulnerable Populations*

*This is a terrible problem, especially in minority and low-income communities. I see many children for weight problems, and it is starting only younger and younger. — Physician (Miami-Dade County)*

# Tobacco, Alcohol & Other Drugs

## Exposure to Environmental Tobacco Smoke

### About Tobacco Exposure

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).

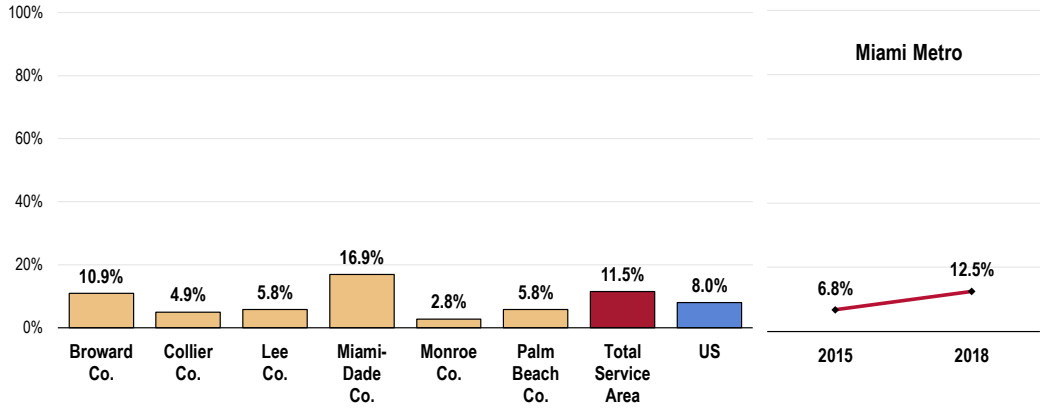
– Healthy People 2020 (www.healthypeople.gov)

**A total of 11.5% of Total Service Area parents report that someone in the household smokes inside the home.**

- Higher than the US proportion.
- Notably more prevalent in Miami-Dade County than in the other five Total Service Area counties.
- MIAMI METRO TREND: This smoking prevalence has increased since 2015.

### Someone Smokes Tobacco Inside the House

(Total Service Area, 2018)



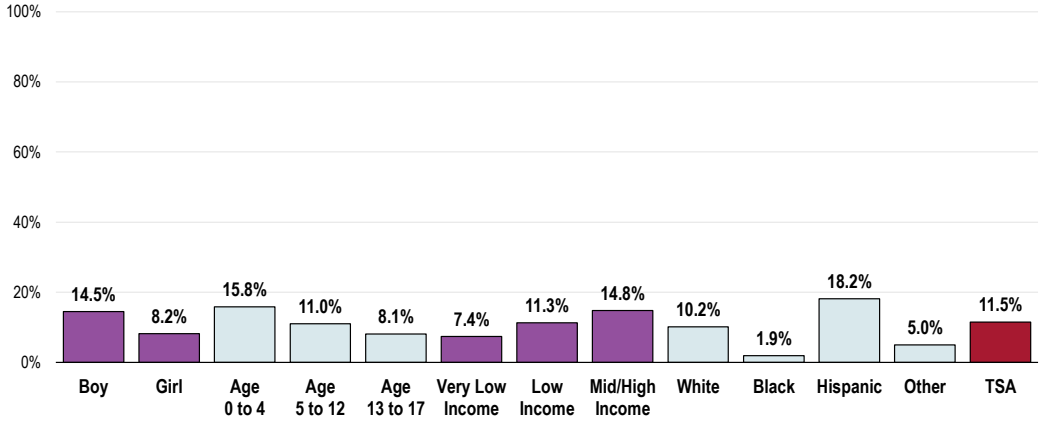

Sources: ● 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 102]
● 2018 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

These Total Service Area children are more likely to be exposed to tobacco smoke in the home:

- Boys.
- Younger children (note the negative correlation with age).
- Those living in higher-income households (note the positive correlation with income).
- White or Hispanic children (particularly Hispanic).

## Someone Smokes Tobacco Inside the House

(Total Service Area, 2018)




Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 102]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White children).
- 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.

# Tobacco Use (Adolescents)

## Cigarette Use

This indicator is derived from the CDC's Youth Risk Behavior Survey (YRBS), a school-based survey administered to high school students by county. The Total Service Area data is the median of available survey results from Broward, Miami-Dade, and Palm Beach counties.

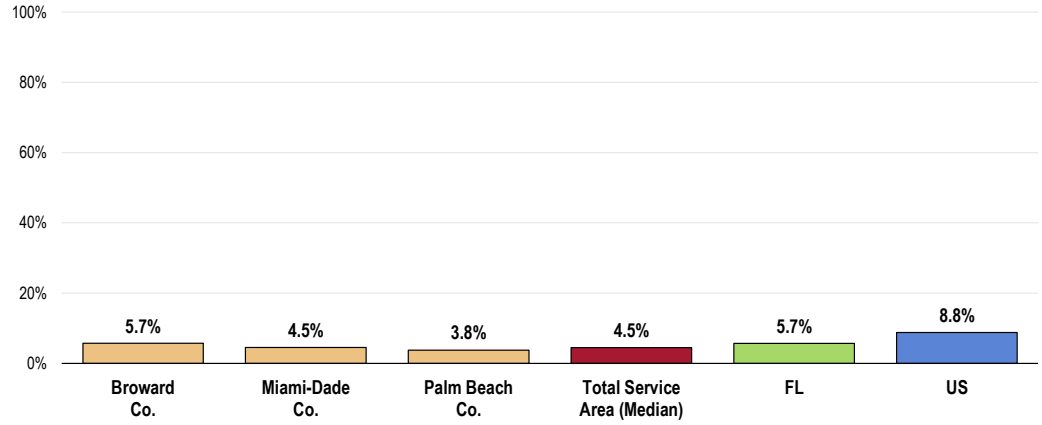
For more information, visit: www.cdc.gov/healthyyouth/yrbs.

**Using the median of the three counties, 4.5% of adolescents report smoking at least one cigarette during the 30 days preceding the administration of the 2017 Youth Risk Behavior Survey.**

- Below the Florida and US prevalence.
- Recent tobacco use is highest among adolescents in Broward County.

## Smoked Cigarettes in Past Month

(Among High School Students; Youth Risk Behavior Surveys, 2017)



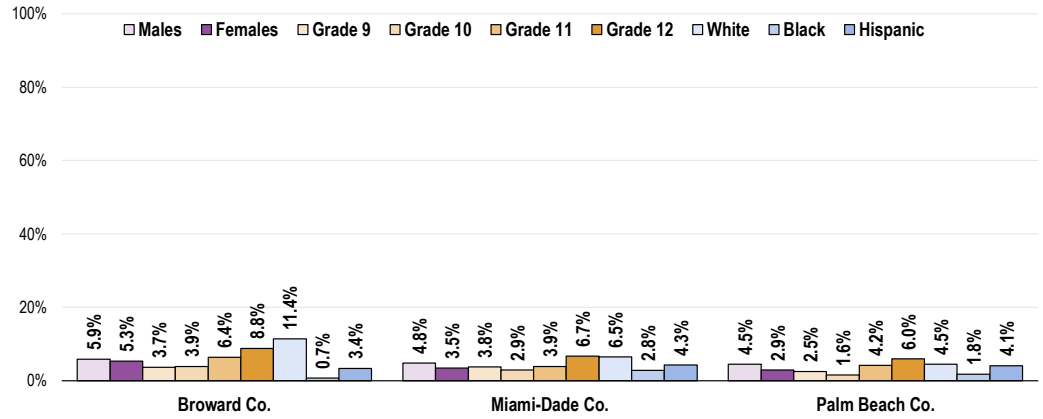

Sources:
- Centers for Disease Control and Prevention (CDC). 1991-2017 High School Youth Risk Behavior Survey Data. Available at http://nccd.cdc.gov/youthonline/. Accessed November 2018.

Notes:
- Smoked cigarettes on at least 1 day during the 30 days before the survey.

- Smoking prevalence in Miami-Dade and Palm Beach counties is significantly higher for those in Grade 12.
- In Broward and Palm Beach counties, White (especially) and Hispanic students report a higher smoking prevalence than Black students.

## Smoked Cigarettes in Past Month

(Among High School Students; Youth Risk Behavior Surveys, 2017)




Sources:
- Centers for Disease Control and Prevention (CDC). 1991-2017 High School Youth Risk Behavior Survey Data. Available at http://nccd.cdc.gov/youthonline/. Accessed November 2018.

Notes:
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White children).
- Smoked cigarettes on at least 1 day during the 30 days before the survey.

## Electronic Vapor Use (Adolescents)

This indicator is derived from the CDC's Youth Risk Behavior Survey (YRBS), a school-based survey administered to high school students by county. The Total Service Area data is the median of available survey results from Broward, Miami-Dade, and Palm Beach counties.

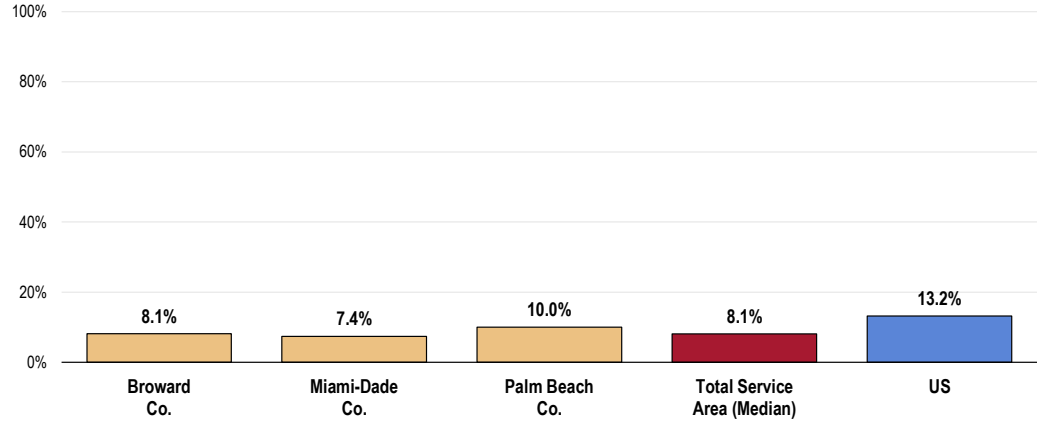
For more information, visit: www.cdc.gov/healthyyouth/yrbs.

**A median of 8.1% of high school students in the three available counties report having used an electronic vapor product (electronic cigarettes/e-cigarettes or similar devices) at least once during the 30 days preceding the administration of the 2017 Youth Risk Behavior Survey.**

- Under the national prevalence.
- Recent use of electronic vapor products is highest among adolescents in Palm Beach County.

## Used an Electronic Vapor Product in Past Month

(Among High School Students; Youth Risk Behavior Surveys, 2017)



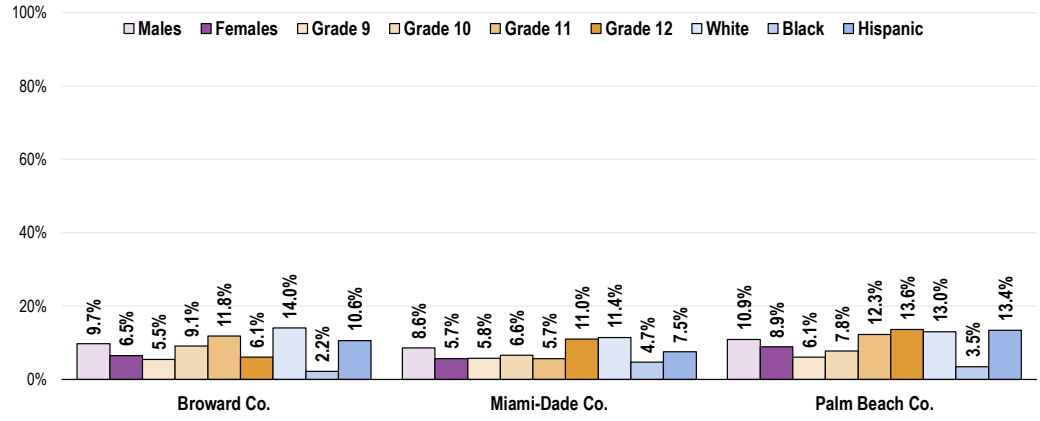

Sources: ● Centers for Disease Control and Prevention (CDC). 1991-2017 High School Youth Risk Behavior Survey Data. Available at http://nccd.cdc.gov/youthonline/. Accessed December 2018.

Notes: ● Used an e-cigarette, e-cigar, e-pipe, vape pen, vaping pen, e-hookah, or hookah pen on at least 1 day during the 30 days before the survey.

- Higher among boys in Miami-Dade County.
- In Broward County, highest among those in Grade 11, while use of electronic vapor products in Miami-Dade County is highest among those in Grade 12 and increases significantly by Grade 11 in Palm Beach County.
- In each county, electronic vapor product use is lowest among Black students.

## Used an Electronic Vapor Product in Past Month

(Among High School Students; Youth Risk Behavior Surveys, 2017)




Sources: ● Centers for Disease Control and Prevention (CDC). 1991-2017 High School Youth Risk Behavior Survey Data. Available at http://nccd.cdc.gov/youthonline/. Accessed December 2018.

Notes: ● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White children).
● Used an e-cigarette, e-cigar, e-pipe, vape pen, vaping pen, e-hookah, or hookah pen on at least 1 day during the 30 days before the survey.

# Alcohol (Adolescents)

## Alcohol Use

This indicator is derived from the CDC's Youth Risk Behavior Survey (YRBS), a school-based survey administered to high school students by county. The Total Service Area data is the median of available survey results from Broward, Miami-Dade, and Palm Beach counties.

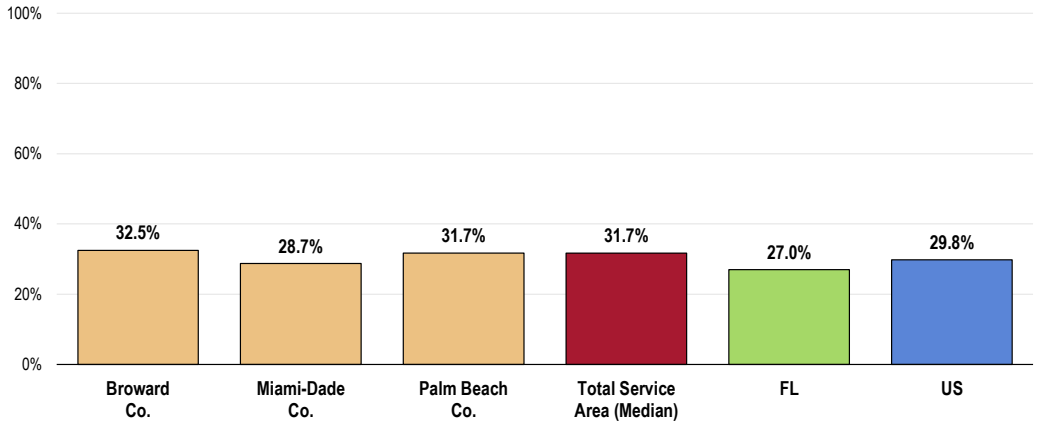
For more information, visit: www.cdc.gov/healthyyouth/yrbs.

**Among high school students in each of the three available counties, a median of 31.7% report having at least one drink of alcohol during the 30 days preceding the administration of the 2017 Youth Risk Behavior Survey.**

- Higher than the state and national percentages.
- Lowest in Miami-Dade County.

### Drank Alcohol in Past Month

(Among High School Students; Youth Risk Behavior Surveys, 2017)




Sources: • Centers for Disease Control and Prevention (CDC). 1991-2017 High School Youth Risk Behavior Survey Data. Available at http://nccd.cdc.gov/youthonline/. Accessed November 2018.

Notes: • Had at least one drink of alcohol on at least one day during the 30 days before the survey.

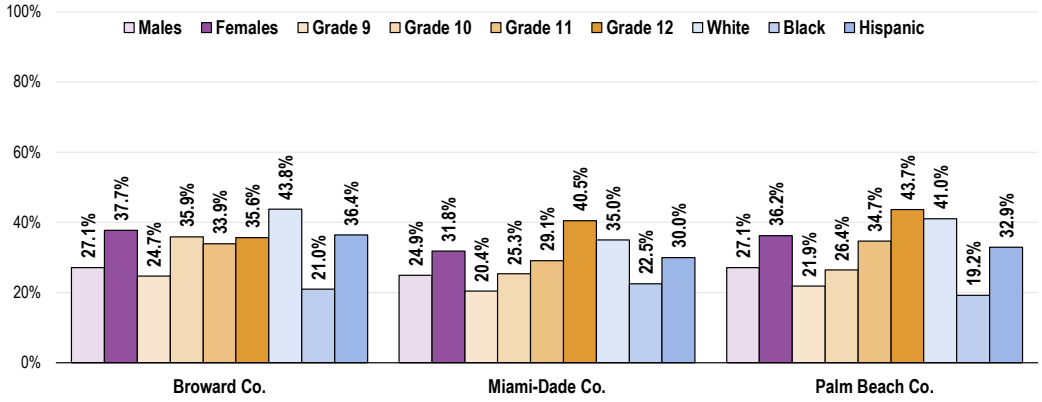
- Higher among girls in each of the three counties.
- Increases with grade level in Miami-Dade and Palm Beach counties. Broward students appear to be starting sooner than students in the other counties (grade 10).
- In each county, highest among White students, followed by Hispanic students.

This indicator is derived from the CDC's Youth Risk Behavior Survey (YRBS), a school-based survey administered to high school students by county. The Total Service Area data is the median of available survey results from Broward, Miami-Dade, and Palm Beach counties.

For more information, visit: www.cdc.gov/healthyyouth/yrbs.

## Drank Alcohol in Past Month

(Among High School Students; Youth Risk Behavior Surveys, 2017)




Sources:
- Centers for Disease Control and Prevention (CDC). 1991-2017 High School Youth Risk Behavior Survey Data. Available at http://nccd.cdc.gov/youthonline/. Accessed November 2018.

Notes:
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White children).
- Had at least one drink of alcohol on at least one day during the 30 days before the survey.

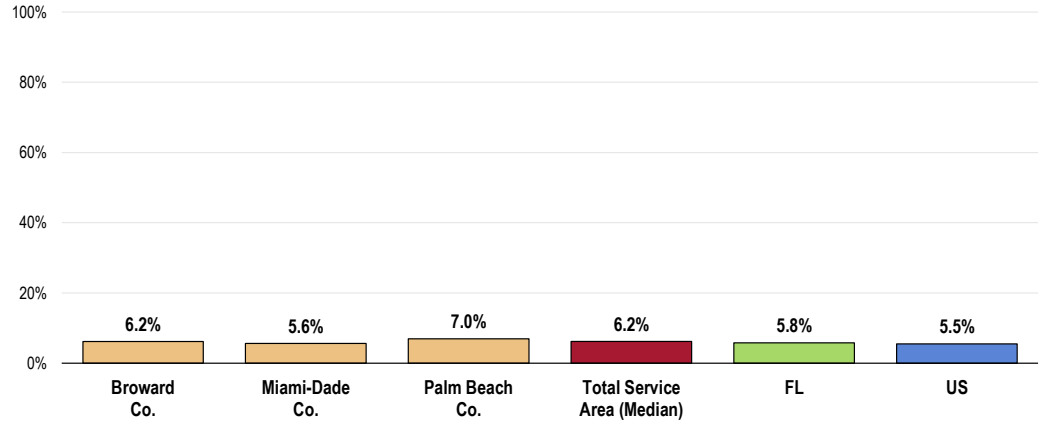
### Current Drinking & Driving

**Using the median of the three counties, 6.2% of area high school students report having driven a car or other vehicle when drinking alcohol on one or more occasion during the 30 days preceding the administration of the 2017 Youth Risk Behavior Survey.**

- Statistically less favorable than Florida or US findings.
- Highest in Palm Beach County.

## Drove When Drinking Alcohol in the Past Month

(Among High School Students; Youth Risk Behavior Surveys, 2017)




Sources:
- Centers for Disease Control and Prevention (CDC). 1991-2017 High School Youth Risk Behavior Survey Data. Available at http://nccd.cdc.gov/youthonline/. Accessed November 2018.

Notes:
- Drove a car or other vehicle when drinking alcohol one or more times during the 30 days before the survey.

# Drug Use (Adolescents)

## Lifetime Use of Drugs

This indicator is derived from the CDC's Youth Risk Behavior Survey (YRBS), a school-based survey administered to high school students by county. The Total Service Area data is the median of available survey results from Broward, Miami-Dade, and Palm Beach counties.

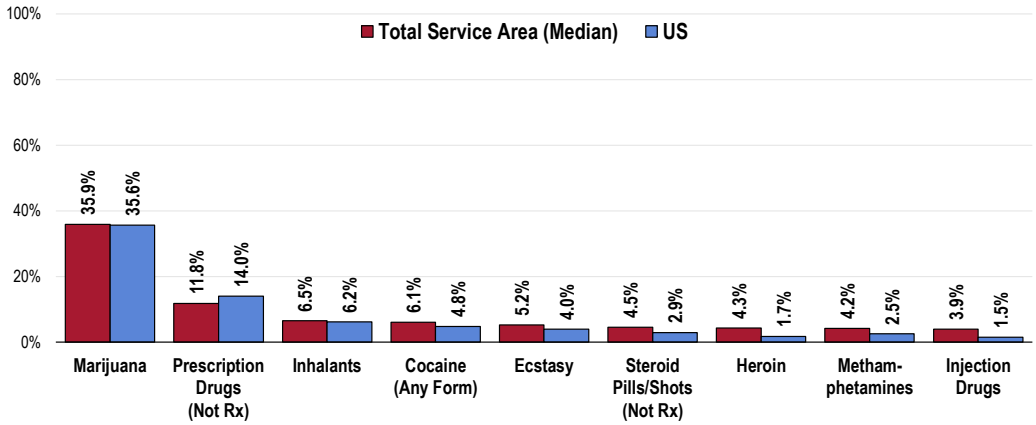
For more information, visit: www.cdc.gov/healthyyouth/yrbs.

**Using the median of the three counties, high school students report the highest lifetime usage of marijuana (35.9% have ever tried it in their lifetime), and prescription drugs (11.8% have ever used drugs not prescribed to them).**

- Findings are significantly above national findings for lifetime usage of cocaine, ecstasy, steroids, heroin, methamphetamines, and injection drugs.
- Findings are significantly below national findings for lifetime usage of prescription drugs.

### Ever Used Specific Drugs

(Among High School Students; Youth Risk Behavior Surveys, 2017)



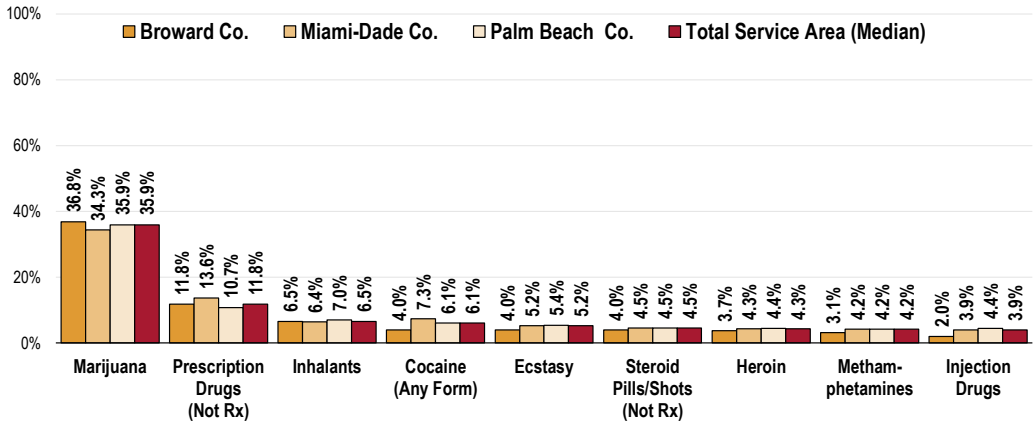

Sources:
- Centers for Disease Control and Prevention (CDC). 1991-2017 High School Youth Risk Behavior Survey Data. Available at http://nccd.cdc.gov/youthonline/. Accessed November 2018.

Notes:
- Prescription drugs include drugs such as Oxycontin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax.
- Inhalants include sniffing glue, breathing the contents of aerosol spray cans, or inhaling any paints or sprays to get high.
- Ecstasy is also called "MDMA."
- Cocaine includes powder, crack or freebase forms of cocaine.
- Methamphetamine is also called "speed," "crystal," "crank," or "ice."
- Heroin also called "smack," "junk," or "China white."

- With the exceptions of marijuana, prescription drugs, and inhalants, Broward County high schoolers have the lowest rates of lifetime drug use for each drug reported.
- Palm Beach County high schoolers report the lowest usage of prescription drugs and highest usage of inhalants and injection drugs.

## Ever Used Specific Drugs

(Among High School Students; Youth Risk Behavior Surveys, 2017)




Sources:
- Centers for Disease Control and Prevention (CDC). 1991-2017 High School Youth Risk Behavior Survey Data. Available at http://nccd.cdc.gov/youthonline/. Accessed November 2018.

Notes:
- Prescription drugs include drugs such as Oxycontin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax.
- Inhalants include sniffing glue, breathing the contents of aerosol spray cans, or inhaling any paints or sprays to get high.
- Ecstasy also called "MDMA."
- Cocaine includes powder, crack or freebase forms of cocaine.
- Methamphetamine also called "speed," "crystal," "crank," or "ice."
- Heroin also called "smack," "junk," or "China white."

## Current Marijuana Use

This indicator is derived from the CDC's Youth Risk Behavior Survey (YRBS), a school-based survey administered to high school students by county. The Total Service Area data is the median of available survey results from Broward, Miami-Dade, and Palm Beach counties.

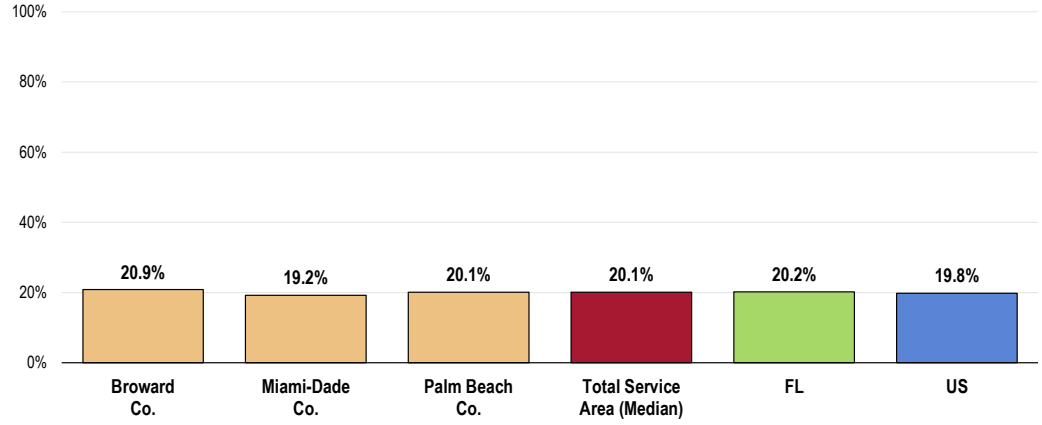
For more information, visit: www.cdc.gov/healthyyouth/yrbs.

**A median of one in five high school students (20.1%) in the three-county area with available data report having used marijuana one or more times during the 30 days preceding the administration of the 2017 Youth Risk Behavior Survey.**

- Comparable to Florida and US findings.
- Comparable by county.

## Used Marijuana in Past Month

(Among High School Students; Youth Risk Behavior Surveys, 2017)



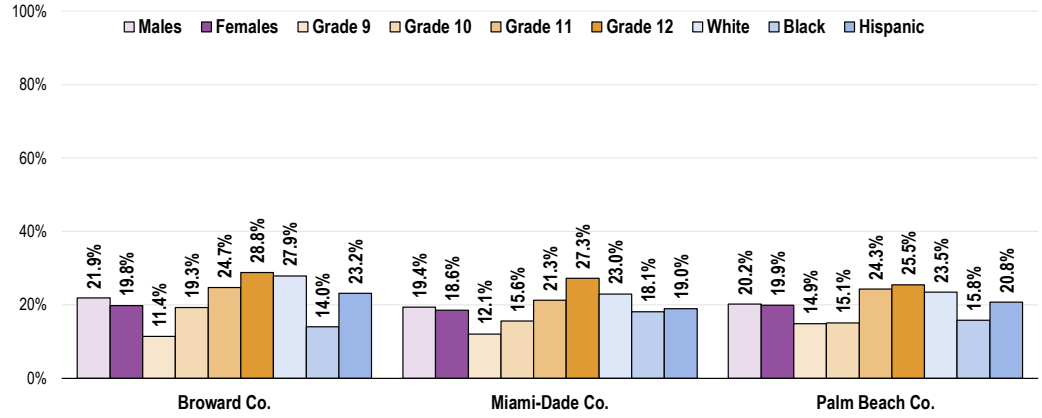

Sources: ● Centers for Disease Control and Prevention (CDC). 1991-2017 High School Youth Risk Behavior Survey Data. Available at http://nccd.cdc.gov/youthonline/. Accessed November 2018.

Notes: ● Used marijuana one or more times during the 30 days before the survey.

- In each of the three counties, there is no statistical difference between genders.
- Current marijuana use appears to increase with grade level in each county.
- Highest among Whites (especially) and Hispanics in Broward and Palm Beach counties.

## Used Marijuana in Past Month

(Among High School Students; Youth Risk Behavior Surveys, 2017)




Sources: ● Centers for Disease Control and Prevention (CDC). 1991-2017 High School Youth Risk Behavior Survey Data. Available at http://nccd.cdc.gov/youthonline/. Accessed November 2018.

Notes: ● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White children).
● Used marijuana one or more times during the 30 days before the survey.

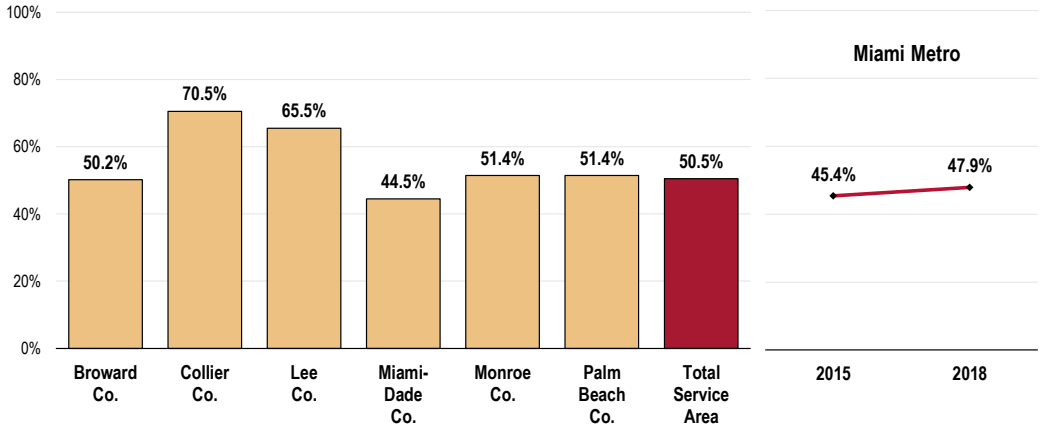
## Awareness of Substance Abuse Resources

**Half of Total Service Area parents (50.5%) reported that they are aware of resources to help children and adolescents with alcohol or substance abuse problems in their community.**

- Awareness is lowest in Miami-Dade County.
- MIAMI METRO TREND: Similar to 2015 findings.

### Aware of Alcohol/Substance Abuse Resources for Children in the Community

(Total Service Area Parents, 2018)

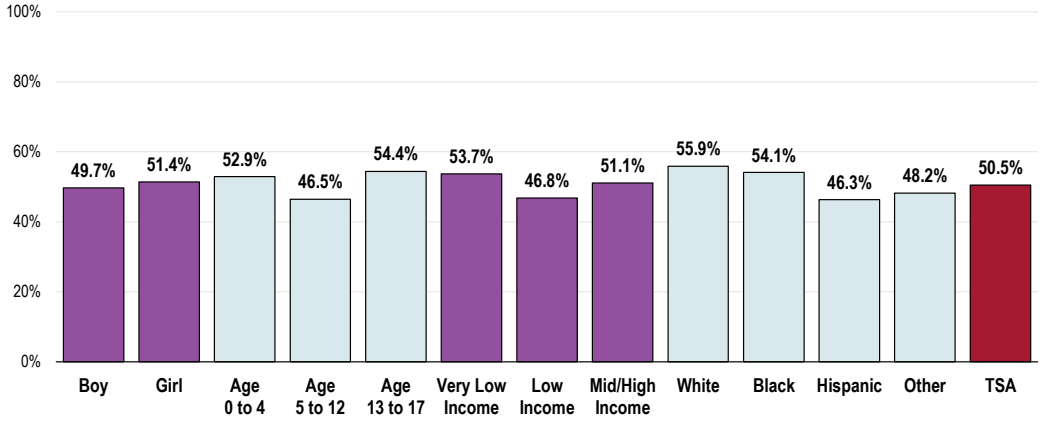



Sources: ● 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 343]
Notes: ● Asked of all respondents.
● Note that the Monroe County sample size is relatively small for this indicator (<50).

- Parents of children age 5-12 are much less likely to be aware of local resources, as are parents of Hispanic children.

## Aware of Alcohol/Substance Abuse Resources for Children in the Community

(Among Total Service Area Parents, 2018)



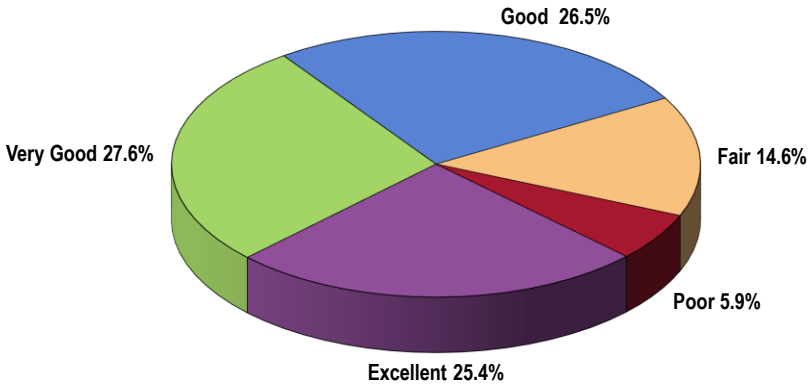

Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 343]

Notes:
- Asked of all respondents
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White children).
- 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.

**Among those parents who are aware of substance abuse resources in their community, 20.5% rate these resources as "fair" or "poor."**

## Rating of Local Alcohol/Substance Abuse Resources for Children

(Among Total Service Area Parents Who Are Aware of Resources, 2018)




Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 344]

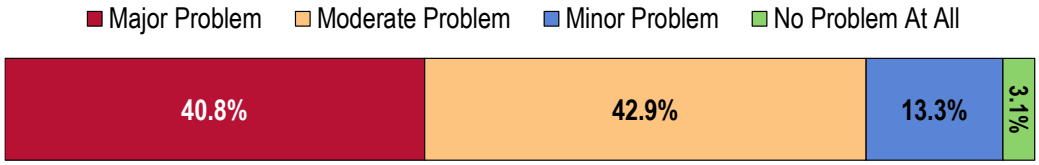
Notes:
- Asked of all respondents.

## *Key Informant Input: Tobacco, Alcohol & Other Drugs*

**Key informants taking part in an online survey slightly more often characterized *Tobacco, Alcohol & Other Drugs* as a "moderate problem" than a "major problem" for children/adolescents in the community.**

### Perceptions of Tobacco, Alcohol & Other Drugs as a Problem for Children/Adolescents in the Community

(Key Informants, 2018)




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:

#### *E-cigarettes/Vaping Products*

*Although the rates of smoking have decreased, the number of children who are using electronic cigarettes, hookah and Juul products are on the rise. The products such as Juul are disguised to look like USB drives, making it easy to hide and recharge in plain view. Additionally, the tobacco companies are providing the product in flavored assortments that provide easy access. Drug and alcohol use continue to be a problem in our community. The accessibility of these products to children continues to be on the rise. — Public Health Representative (Miami-Dade County)*

*There has been an increase in children using vaping products and opioids. — Public Health Representative (Miami-Dade County)*

*Increase in vaping is especially troubling. — Community/Business Leader (Miami-Dade County)*

*Many teens I see are vaping, smoking pot regularly and drinking alcohol. — Physician (Miami-Dade County)*

#### *Prevalence/Incidence*

*Tobacco use, including cigars, is part of Miami culture. Increasing risk of second-hand smoke exposure in children. — Other Health Provider (Miami-Dade County)*

*Incidence of addiction is well documented, reported and publicized. South Florida is not immune. — Community/Business Leader (Miami-Dade County)*

*Increasing prevalence and poor support system. — Physician (Miami-Dade County)*

*The statistics speak for themselves. — Community/Business Leader (Miami-Dade County)*

*Because it is. — Community/Business Leader (Miami-Dade County)*

#### *Societal Norms*

*The addiction is always the concern, unfortunately, it is viewed by some as an acceptable behavior. The increase of marijuana use with the legalization is causing an addiction "crisis." The dealers are mixing ingredients to increase the desire of "" more" …which is detrimental to the health and mind of a young adults. Now tobacco is being substituted by vaping, which contains an unknown number of carcinogenic chemicals. Again, EDUCATION !!! — Physician (Miami-Dade County)*

*Children followed their parents' habits or start a curiosity. Others are challenged by groups or gangs. Also, there is a macho idea that if these things are not done you don't belong. — Physician (Miami-Dade County)*

*Environment, family disruption and moral values. — Physician (Miami-Dade County)*

*Overall individual, family, academic, health, social, emotional and behavioral functioning. — Other Health Provider (Miami-Dade County)*

*Impact on health, the community and overall cost for society. — Physician (Miami-Dade County)*

### Alcohol/Drug Use

*Alcohol consumption has always been a challenge, and now we have the added challenge of marijuana use. In my opinion it should not be "legalized," but simply "decriminalized". This is particularly important with adolescents. All kind of abuse whether legal, illegal or otherwise makes other societal adaptation problems more difficult — Physician (Miami-Dade County)*

*Increased access to drugs and alcohol in schools and community settings. Increased exposure to drugs and alcohol in music videos, movies and video games. Lack of parental involvement and supervision. — Other Health Provider (Miami-Dade County)*

*Alcohol and drug epidemic. — Physician (Miami-Dade County)*

### Easily Accessible

*It's easy to obtain. Both are glorified, commercialized and largely accepted as adults. — Other Health Provider (Miami-Dade County)*

*Tobacco, alcohol and drugs are easily accessible. Youth and adolescents are able to obtain and use such substances. — Social Services Provider (Monroe County)*

*More access. — Physician (Miami-Dade County)*

### Teen/Young Adult Usage

*Adolescents. — Physician (Miami-Dade County)*

*Alcohol use seems to start early, and many appear to believe it is a rite of passage. There has been an upsurge of e-cigarette use, specifically juuling. The juul can contain nicotine or other drugs. — Community/Business Leader (Miami-Dade County)*

*Increased use in teens and television advertising. — Physician (Miami-Dade County)*

### Awareness/Education

*Again, we have no routine health education in our schools, so kids are experimenting with substances with no knowledge about the risks or resources for help. We have easy access to drugs of abuse here but little willingness to address the problem. — Public Health Representative (Miami-Dade County)*

*Lack of education. Media exposure. — Physician (Miami-Dade County)*

### Comorbidities

*Tobacco addiction may lead to cancer, emphysema and many other diseases. Alcohol, as well as tobacco, is an addiction that affects not only the person who is an alcoholic, but the entire family. — Community/Business Leader (Miami-Dade County)*

### Funding

*No funding, no access to providers. — Physician (Miami-Dade County)*

## Most Problematic Substances

Key informants (who rated this as a "major problem") most often identified **alcohol**, **marijuana**, **club drugs**, and **tobacco/vaping products** as the most problematic substances abused by youth in the community.

| Problematic Substances | | | | |
|---|---|---|---|---|
| | Most Problematic | Second-Most Problematic | Third-Most Problematic | **Total Mentions** |
| Alcohol | 50.0% | 22.2% | 14.8% | **24** |
| Marijuana | 17.9% | 22.2% | 18.5% | **16** |
| Club Drugs (e.g. MDMA, GHB, Ecstasy, Molly) | 3.6% | 22.2% | 18.5% | **12** |
| Tobacco/Vaping Products | 10.7% | 14.8% | 11.1% | **10** |
| Heroin or Other Opioids | 7.1% | 7.4% | 7.4% | **6** |
| Cocaine or Crack | 3.6% | 7.4% | 7.4% | **5** |
| Over-The-Counter Medications | 7.1% | 3.7% | 3.7% | **4** |
| Prescription Medications | 0.0% | 0.0% | 7.4% | **2** |
| Synthetic Drugs (e.g. Bath Salts, K2/Spice) | 0.0% | 0.0% | 7.4% | **2** |
| Inhalants | 0.0% | 0.0% | 3.7% | **1** |

# Injury & Safety

## 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)

## Prevalence of Injuries

"In the past two years, has this child been injured seriously enough to need treatment from a doctor or a nurse?"

### Injuries Requiring Treatment

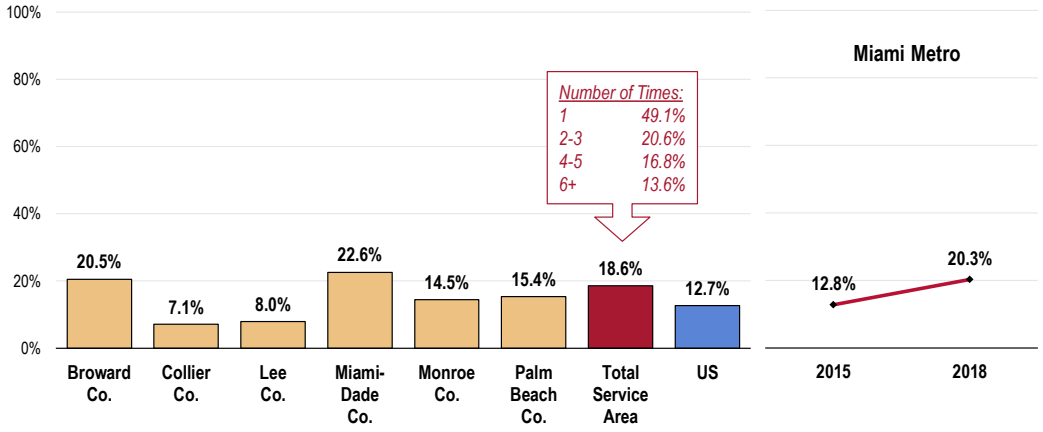
**While most Total Service Area children were not injured seriously in the past year, 18.6% sustained injuries serious enough to require medical treatment.**

- Above US findings.
- Most prevalent in Miami-Dade County.
- MIAMI METRO TREND: Represents a notable increase in serious injuries over time.

Nearly one-half of parents (49.1%) reported that their child was seriously injured just **once** in the past year. However, 20.6% reported **two or three incidents**, another 16.8% of children had **four or five incidents**, and 13.6% said their child needed medical treatment for an injury **six or more times** in the past twelve months.

## Child Was Injured Seriously Enough to Need Medical Treatment in the Past Year

(Total Service Area, 2018)



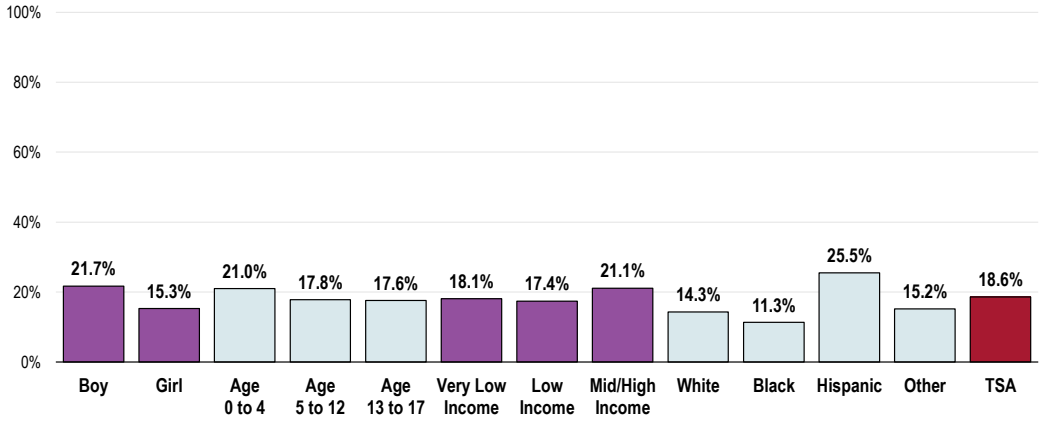

Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 69-70]
- 2018 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents about a randomly selected child in the household.

- Hispanic children and boys are more likely to have been seriously injured in the past year.

## Child Was Injured Seriously Enough to Need Medical Treatment in the Past Year

(Total Service Area, 2018)



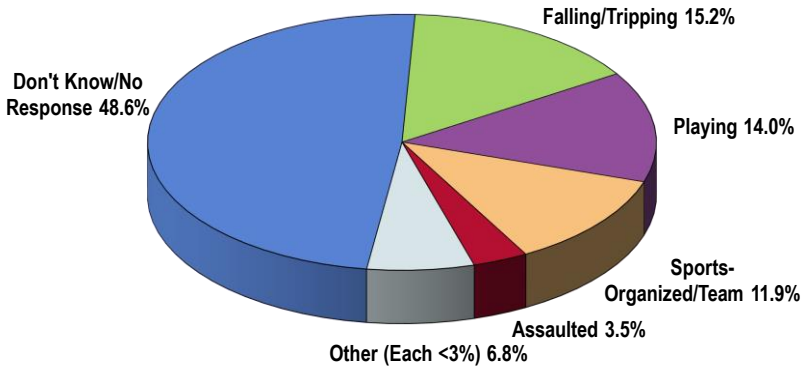

Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 69]

Notes:
- Asked of all respondents about a randomly selected child in the household.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White children).
- 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.

When asked what the child was doing when the injury occurred, parents of these children mentioned activities like **falling or tripping** (15.2%), **playing** (14.0%), and **organized sports** (11.9%). Another 3.5% of parents noted that **assault** caused these injuries.

## Child's Activity When Most Seriously Injured in Past Year

(Total Service Area Children Seriously Injured in the Past Year, 2018)

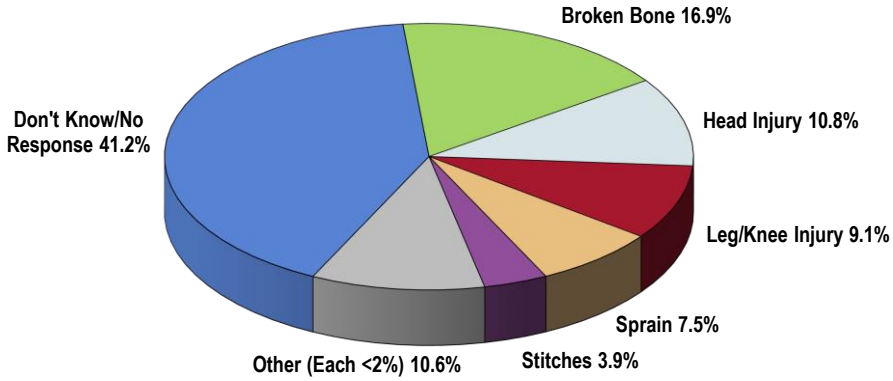



Sources: ● 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 71]
Notes: ● Asked of all respondents for whom the randomly selected child in the household was seriously injured in the past year.

When asked about the type of injury sustained, these parents frequently mentioned **broken bones** (16.9%), **head injuries** (10.8%), leg or knee injuries (9.1%), and sprains (7.5%). Injuries mentioned with less frequency included those requiring **stitches** (3.9%).

## Type of Injury Sustained

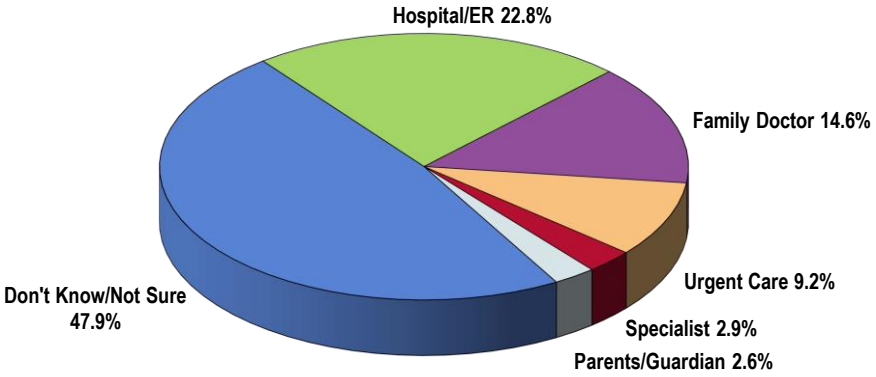
(Total Service Area Children Seriously Injured in the Past Year, 2018)




Sources: ● 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 72]
Notes: ● Asked of all respondents for whom the randomly selected child in the household was seriously injured in the past year.

When asked where they sought help for the child's injury, 22.8% of parents mentioned a **hospital emergency room,** followed by a **family physician** (14.6%), **urgent care center** (9.2%), a **specialist** (2.9%), and a **parent or guardian** (2.6%).

**Source for Help After the Injury**
(Total Service Area Children Seriously Injured in the Past Year, 2018)




Sources: ● 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 317]
Notes: ● Asked of all respondents for whom the randomly selected child in the household was seriously injured in the past year.

## Motor Vehicle Injuries

### Motor Vehicle Injuries/Deaths

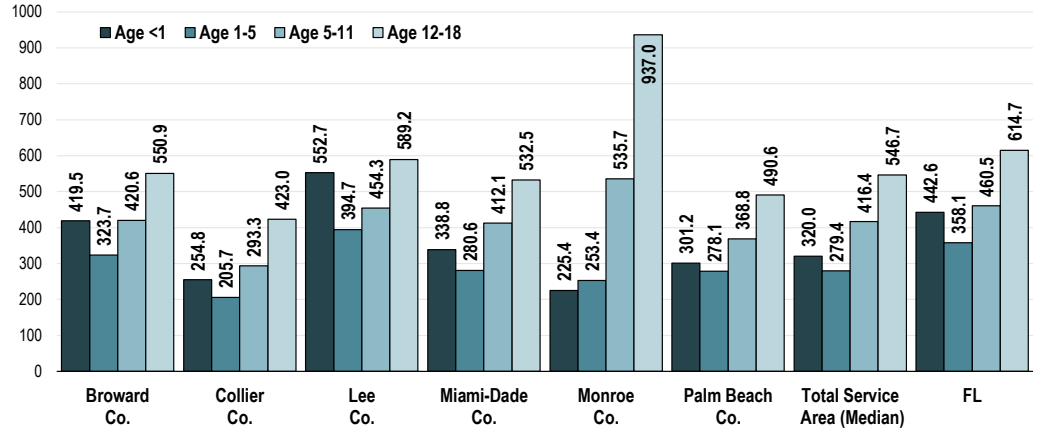
**The following chart outlines the number of Total Service Area children (per 100,000 population) injured or killed as passengers in motor vehicle crashes between 2014 and 2016.**

Note the following:

- Each age group median is significantly below the statewide rate for the same period.
- Each age rate in **Collier County** is comparatively low, whereas **Lee County** is comparatively high for each age group.
- The injury rate of children age 12-18 in **Monroe County** is far above statewide findings for this age group.

## Child Passengers Injured or Killed in Motor Vehicle Crashes

(per 100,000 Total Service Area Population, 2014-2016)




Sources:
- Florida Department of Health, Division of Public Health Statistics & Performance Management, Data Viewer.
- Retrieved November 2018 from http://www.floridacharts.com.

Notes:
- Data represents 3-year rolling rates.

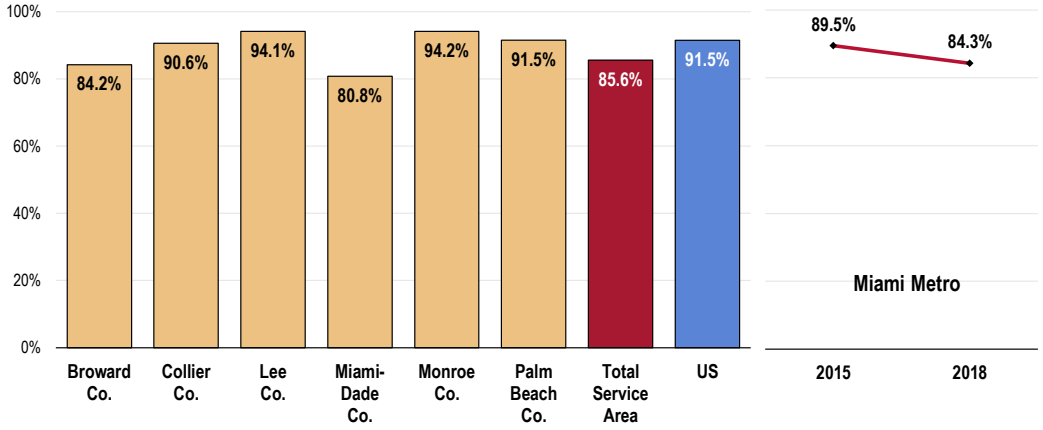
### Motor Vehicle Safety

**A total of 85.6% of Total Service Area parents report that their child (age 0 to 17) "always" wears a seat belt (or appropriate car seat for younger children) when riding in a motor vehicle.**

- Worse than the US percentage.
- Unfavorably low in Miami-Dade County.
- MIAMI METRO TREND: Since 2015, the proportion of children "always" using an appropriate restraint when riding in a vehicle has decreased.

## Child "Always" Wears a Seat Belt or Appropriate Restraint When Riding in a Vehicle

(Total Service Area, 2018)

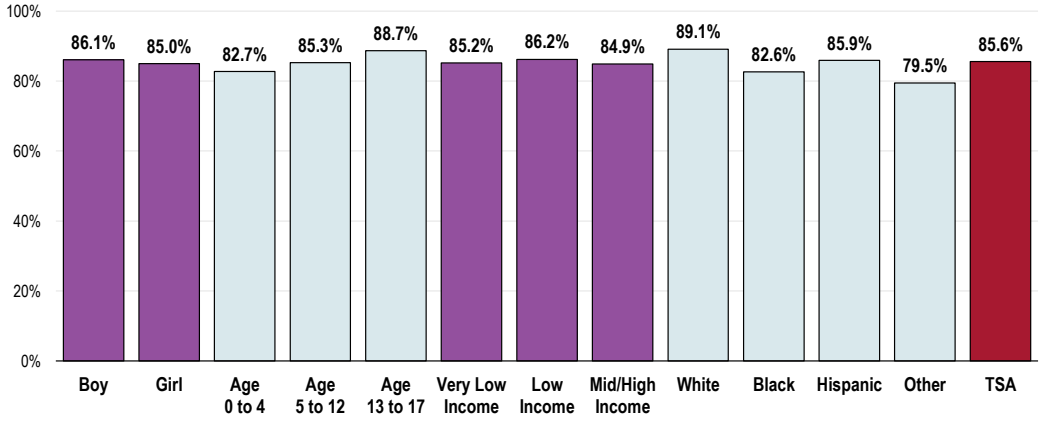



Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 318]
- 2018 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents about a randomly selected child in the household.

- Usage is lowest among younger children (correlation with age) and Other race children.

**Child "Always" Wears a Seat Belt or Appropriate Restraint When Riding in a Vehicle**
(Total Service Area, 2018)




Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 318]

Notes:
- Asked of all respondents about a randomly selected child in the household.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White children).
- 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.

## Head Injuries

### Traumatic Brain Injury Deaths

See also *Brain Injury/Concussion* in the **Chronic Disease & Special Health Needs** section of this report.

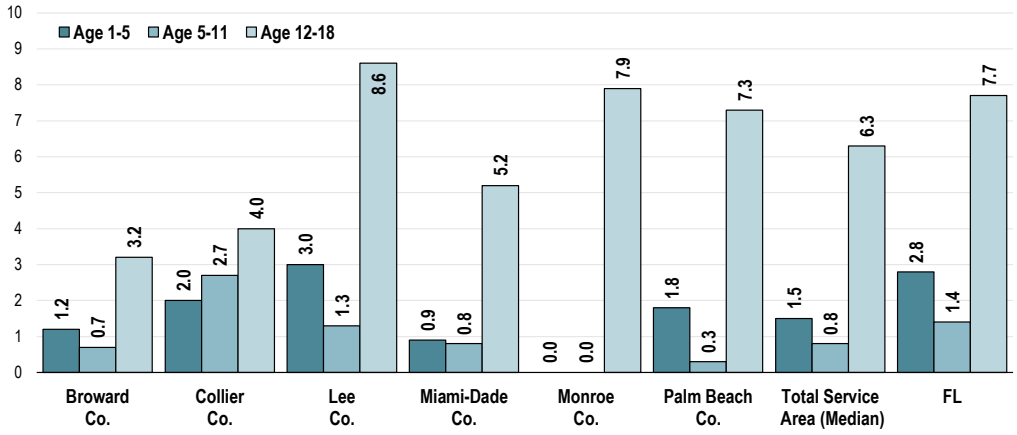
**The following chart outlines the number of child deaths (per 100,000 population) as a result of traumatic brain injuries between 2015 and 2017 in the Total Service Area.**

Note the following:

- Each age group median is significantly below the statewide rate for the same period.
- Each age rate in **Collier County** is comparatively low, whereas **Lee County** is comparatively high for each age group.

## Child Traumatic Brain Injury Mortality

(per 100,000 Total Service Area Population, 2015-2017)




Sources:
- Florida Department of Health, Division of Public Health Statistics & Performance Management, Data Viewer.
- Retrieved November 2018 from http://www.floridacharts.com.

Notes:
- ICD-10 Code(s): S01.0-S01.9, S02.0, S02.1, S02.3, S02.7-S02.9, S04.0, S06.0-S06.9, S07.0, S07.1, S07.8, S07.9, S09.7-S09.9, T01.0, T02.0, T04.0, T06.0, T90.1, T90.2, T90.4, T90.5, T90.8, T90
- Data represents 3-year rolling rates.

## Helmet Use

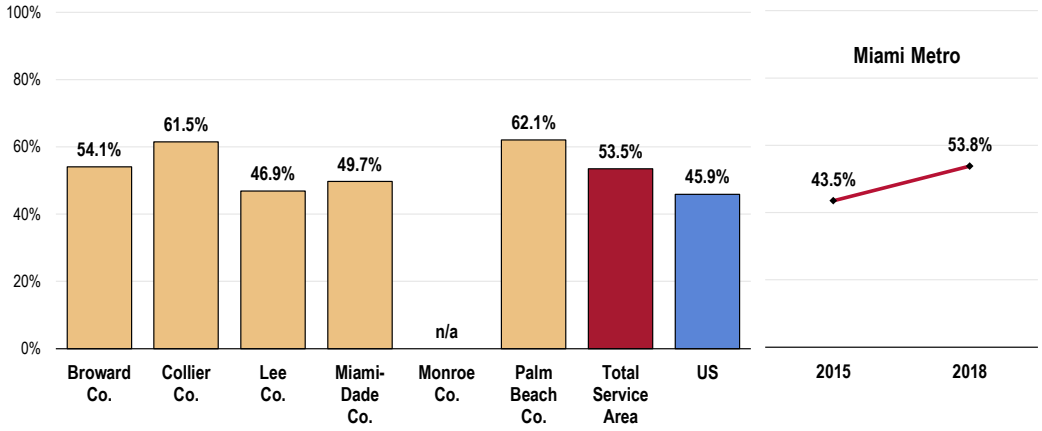
### *Bicycles*

**A total of 53.5% of Total Service Area children age 5 to 17 are reported to "always" wear a helmet when riding a bicycle.**

- More favorable than the US proportion.
- Highest in Palm Beach County.
- MIAMI METRO TREND: Represents a favorable increase over 2015 findings.

## Child "Always" Wore a Helmet When Riding a Bicycle in the Past Year

(Total Service Area Children Age 5-17 Who Rode a Bike in the Past Year, 2018)




Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 319]
- 2018 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

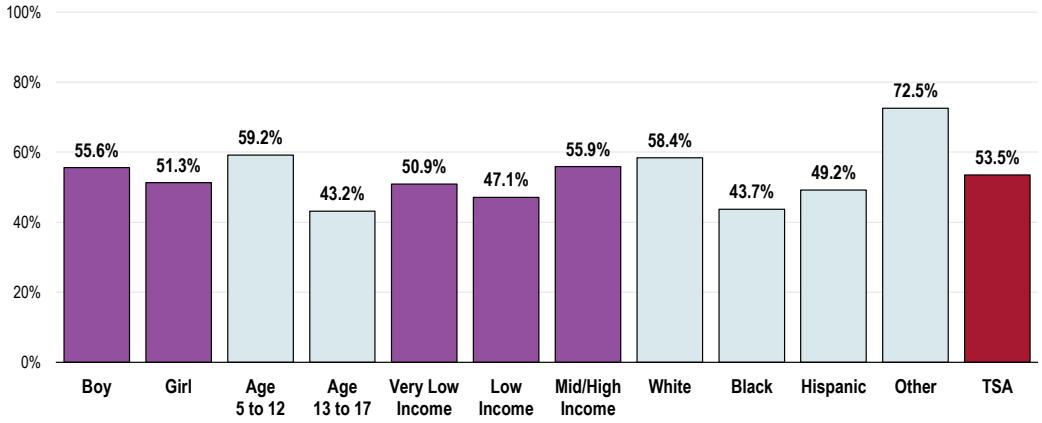
Notes:
- Asked of all respondents for whom the randomly selected child in the household is age 5-17 and who rode a bike in the past year.

The following are less likely to wear a bicycle helmet:

- Teens.
- Those living in households between 100% and 199% of the federal poverty level ("low income").
- Black or Hispanic children.

## Child "Always" Wore a Helmet When Riding a Bicycle in the Past Year

(Total Service Area Children Age 5-17 Who Rode a Bike in the Past Year, 2018)




Sources: ● 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 319]
Notes: ● Asked of all respondents for whom the randomly selected child in the household is age 5-17 and who rode a bike in the past year.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White children).
● 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.

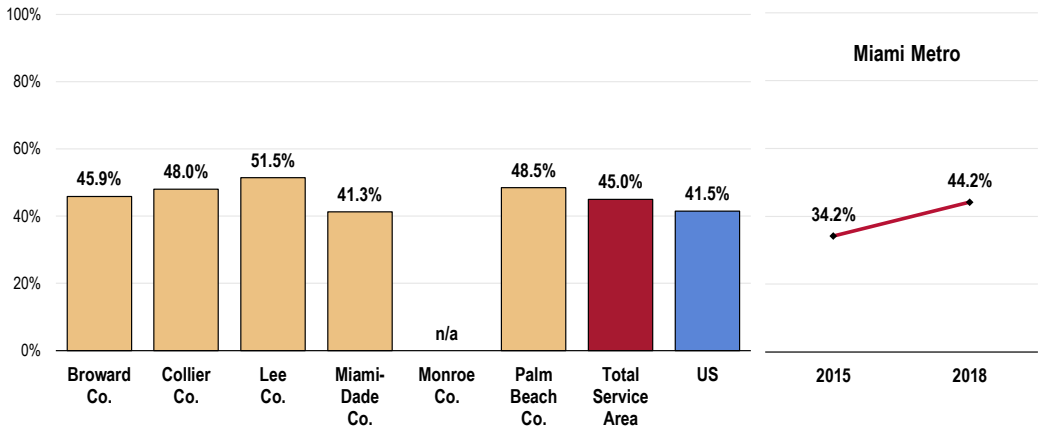
### *Skateboards, Scooters, Skates, & Rollerblades*

**A total of 45.0% of Total Service Area children age 5 to 17 are reported to "always" wear a helmet when riding a skateboard, scooter, skates, or rollerblades** (denominator reflects only those who engage in these activities)**.**

- Comparable to national findings.
- Statistically comparable by county.
- MIAMI METRO TREND: Marks a statistically significant increase in helmet usage since 2015.

## Child "Always" Wore a Helmet on Skateboards, Scooters, Skates or Rollerblades in the Past Year

(Total Service Area Children Age 5-17, 2018)



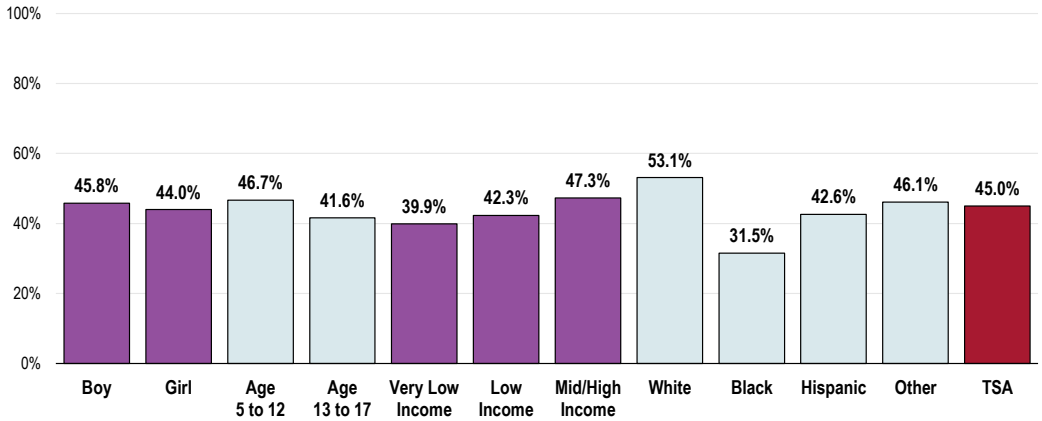

Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 320]
- 2018 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents for whom the randomly selected child in the household is age 5-17.

- Helmet use for these activities is lowest among Black children.

## Child "Always" Wore a Helmet on Skateboards, Scooters, Skates or Rollerblades in the Past Year

(Total Service Area Children Age 5-17 Who Engaged in These Activities in the Past Year, 2018)




Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 320]

Notes:
- Asked of all respondents for whom the randomly selected child in the household is age 5-17.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White children).
- 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.

## Child Abuse Prevalence

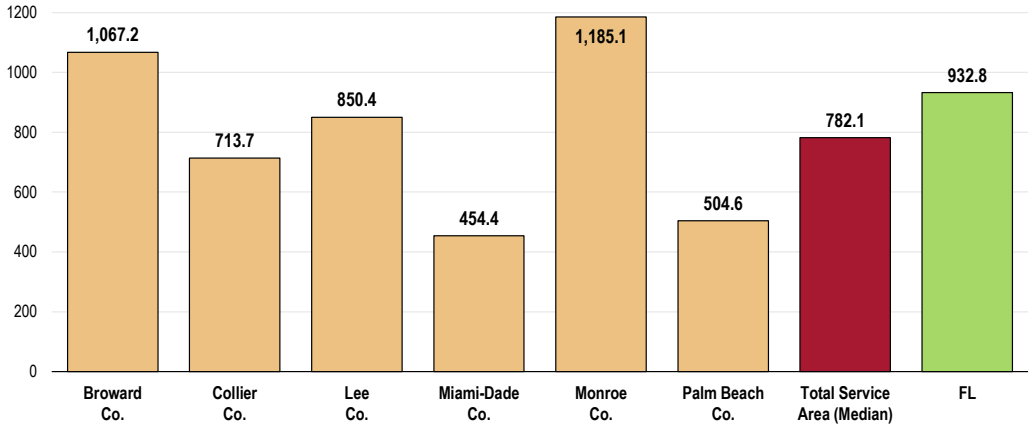
Data is an unduplicated count of children who were victims of at least one verified maltreatment during the specified period.

**Between 2015 and 2017, 782.1 per 100,000 children age 5 to 11 were reported as victims of abuse.**

- Well below the Florida rate.
- Much higher in Broward and Monroe counties (especially), as well as Lee County.

### Child Abuse Prevalence

(Total Service Area Children Age 5-11 Experiencing Abuse per 100,000 Population, 2015-2017)




Sources:
- Florida Department of Health, Division of Public Health Statistics & Performance Management, Data Viewer.
- Retrieved November 2018 from http://www.floridacharts.com.

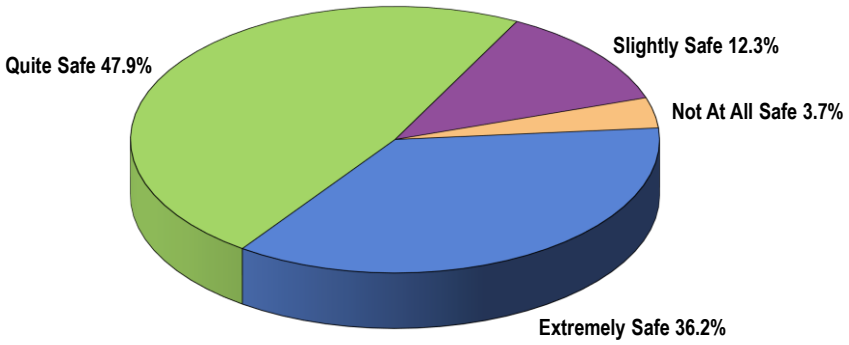
Notes:
- Unduplicated count of children who were victims of at least one verified maltreatment by county of intake.
- Data represents 3-year rolling rates.

## Neighborhood Safety

**While most Total Service Area families live in "extremely safe" or "quite safe" neighborhoods, 16.0% of parents live in neighborhoods they consider only "slightly safe" or "not at all safe."**

## Perceived Safety of Neighborhood

(Total Service Area, 2018)

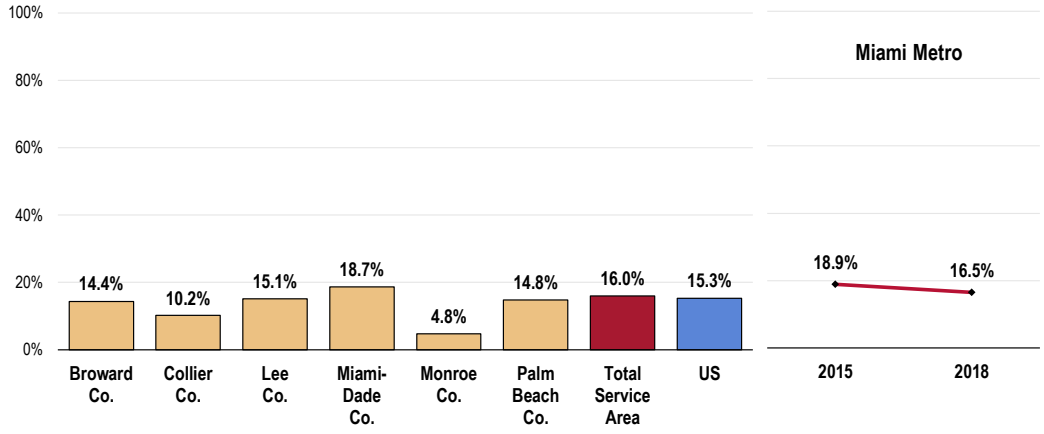



Sources: ● 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 76]
Notes: ● Asked of all respondents.

- The prevalence of "slightly/not at all safe" responses in the Total Service Area is similar to national reports.
- Poor perceptions of neighborhood safety are unfavorably high in Miami-Dade County.
- MIAMI METRO TREND: Statistically unchanged since 2015.

## Neighborhood Perceived to be "Slightly/Not At All" Safe

(Total Service Area, 2018)

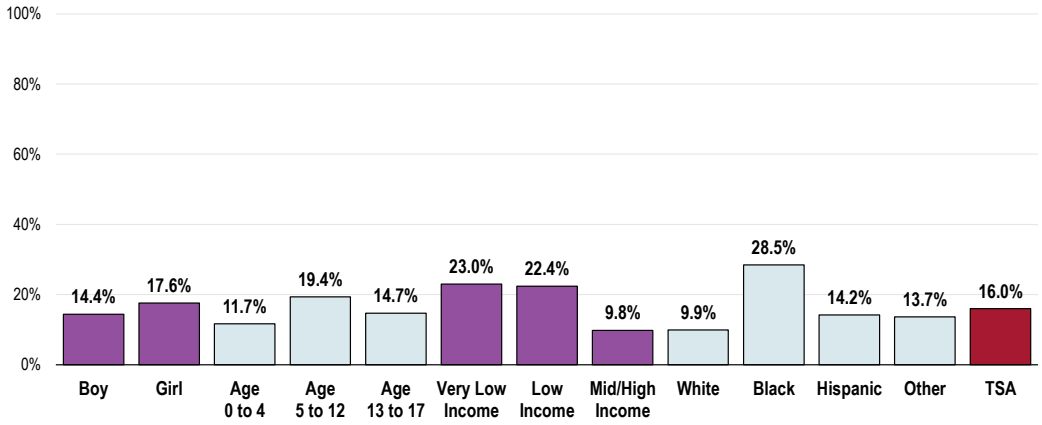



Sources: ● 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 76]
● 2018 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Parents of the following consider their neighborhoods to be "slightly/not at all" safe:

- Children age 5-12.
- Children in lower-income households (note the drop-off of "fair/poor" perceptions at the 200% federal poverty level).
- Black children.

**Neighborhood Perceived to be "Slightly/Not At All" Safe**
(Total Service Area, 2018)




Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 76]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White children).
- 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.

## School Safety

### Violent Acts in School

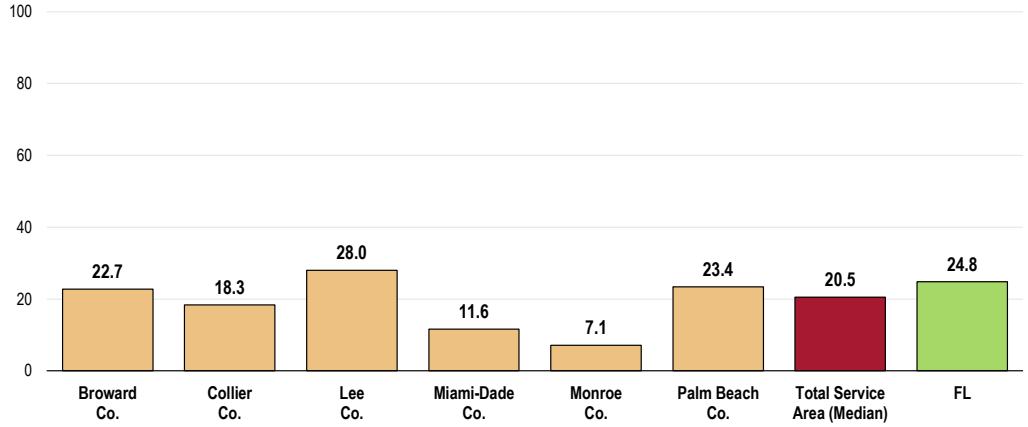
In this case, "violent acts" include sexual battery, battery, weapons possession, and fighting.

**Between 2013 and 2015, a median of 20.5 violent acts per 100,000 students in grades K-12 occurred at school or school activities in the Total Service Area.**

- Below the rate seen across Florida.
- This rate is highest in Broward, Lee, and Palm Beach counties.

## Violent Acts in School Activities

(Number of Violent Acts per 100,000 Total Service Area Students, 2013-2015)




Sources:
- Florida Department of Health, Division of Public Health Statistics & Performance Management, Data Viewer.
- Retrieved November 2018 from http://www.floridacharts.com.

Notes:
- Includes sexual battery, battery, weapons possession, and fighting.
- Data are for school years (September-June).

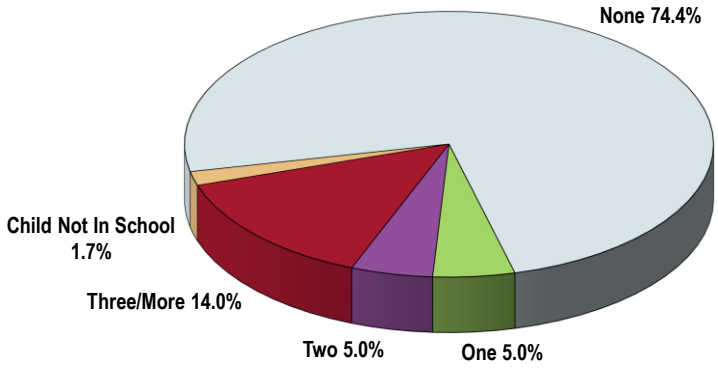
### Feeling Safe at School or Going to/From School

"During the past year, how many days did this child not go to school because he/she felt unsafe at school or on the way to or from school?"

**A total of 23.9 % of Total Service Area children age 5-17 missed school at least once in the past year because the child felt unsafe either at school or on the way to/from school.**

## School Days Missed in the Past Year Because Child Felt Unsafe at School or on the Way to/From School

(Total Service Area Children Age 5-17, 2018)



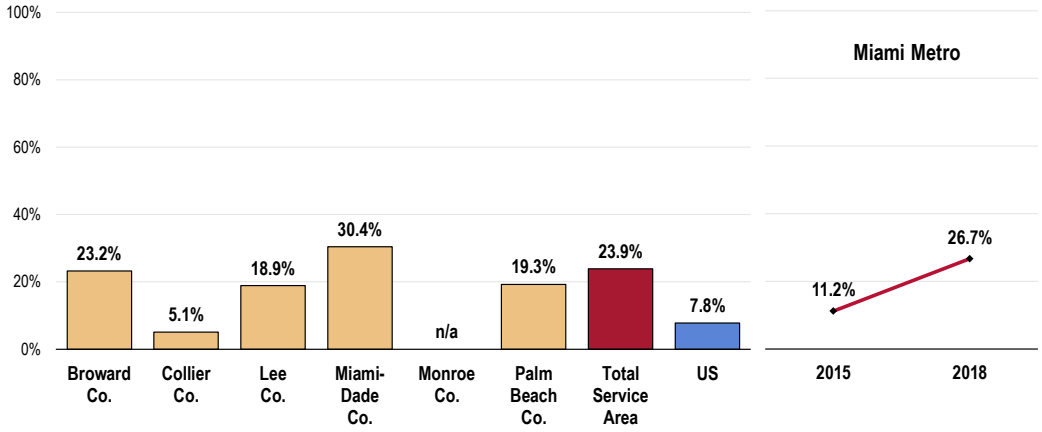

Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 73]

Notes:
- Asked of all respondents for whom the randomly selected child in the household is age 5-17.

- Over three times the national proportion.
- Highest in Miami-Dade County.
- MIAMI METRO TREND: A notable increase over time.

## Child Missed School in the Past Year Due to Feeling Unsafe

(Total Service Area Children Age 5-17, 2018)



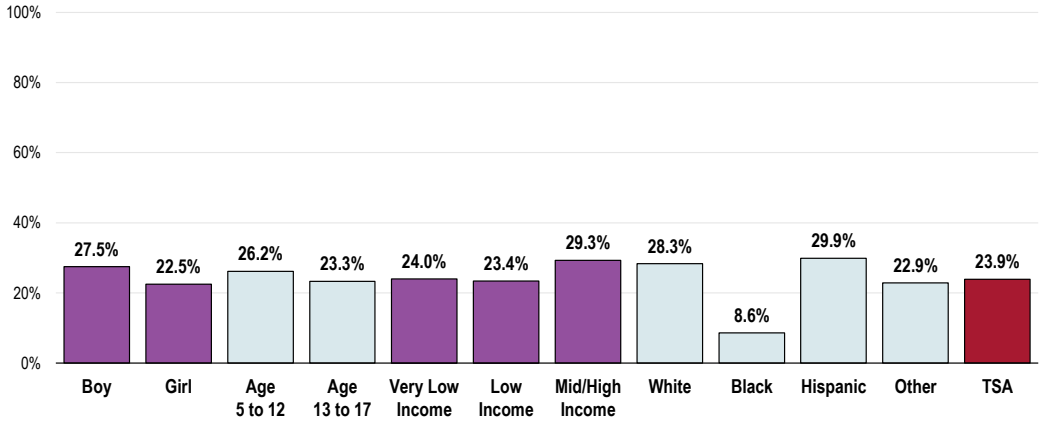

Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 73]
- 2018 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents for whom the randomly selected child in the household is age 5-17.

- The proportion of children missing school due to safety reasons is particularly high among Hispanic children, White children, and boys.

## Child Missed School in the Past Year Due to Feeling Unsafe

(Total Service Area Children Age 5-17, 2018)




Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 73]

Notes:
- Asked of all respondents for whom the randomly selected child in the household is age 5-17.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White children).
- 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.

## Bullying

**Among parents of school-age children (age 5-17), 26.4% report that their child has been bullied in the past year on school property; 12.7% report that their child has been cyber-bullied.** *Note that these percentages are not mutually-exclusive*.

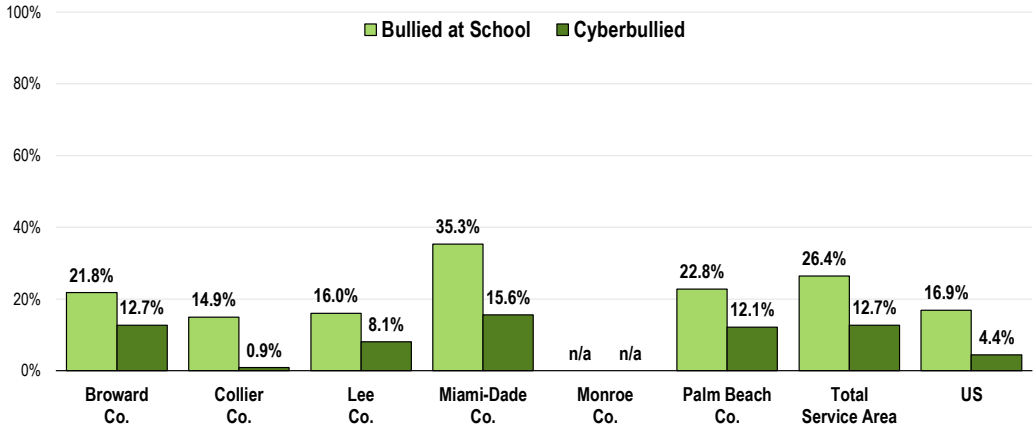
Cyberbullying includes electronic bullying, such as through email, chat rooms, instant messaging, websites, or texting.

NOTE: It is important to recognize that these measures are reported by parents and are limited to incidents of which parents are aware; it is reasonable to presume that the true incidence for these measures is potentially quite a bit higher.

- Both forms of bullying occur in the Total Service Area at higher rates than seen nationwide.
- The prevalence of bullying on school property is highest in Miami-Dade County.
- Cyber-bullying is lowest in Collier County.
- MIAMI METRO TREND: Both forms of bullying have increased in prevalence as when compared against 2015 findings (not shown).

### Child Was Bullied in the Past Year

(Total Service Area Children Age 5-17, 2018)



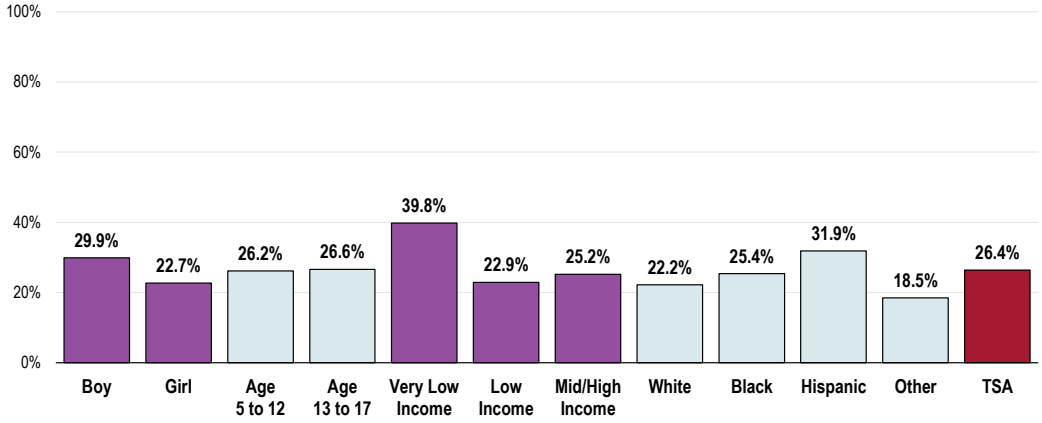

Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 74-75]
- 2018 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of those respondents for whom the randomly selected child in the household is age 5 to 17.
- Cyberbullying includes electronic bullying such as through email, chat rooms, instant messaging, websites, or texting.

- Children in very low-income households are notably more likely to be bullied on school property than are children living above poverty.
- Hispanic children and boys are also more likely to be bulled on school property than their demographic counterparts.

## Child Was Bullied on School Property in the Past Year

(Total Service Area Children Age 5-17, 2018)



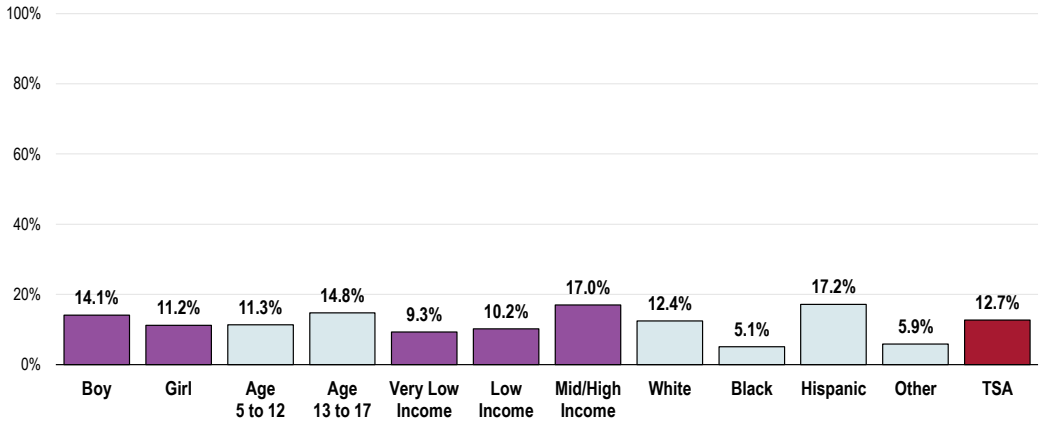

Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 74]

Notes:
- Asked of those respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White children).
- 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.

- Parents' reports of cyberbullying are highest among Hispanic children, followed by those living in higher-income households (positive correlation with income).

## Child Was Cyberbullied in the Past Year

(Total Service Area Children Age 5-17, 2018)




Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 75]

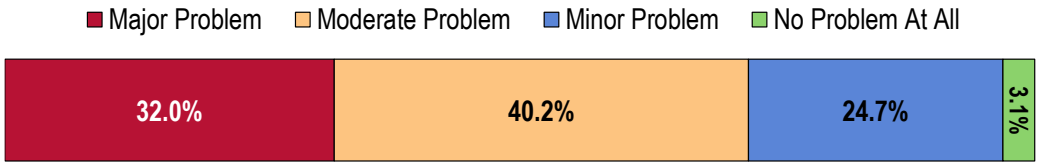
Notes:
- Asked of those respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
- Cyberbullying includes electronic bullying such as through email, chat rooms, instant messaging, websites, or texting.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White children).
- 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.

## *Key Informant Input: Injury & Violence*

**Key informants taking part in an online survey generally characterized *Injury & Violence* as a "moderate problem" for children/adolescents in the community.**

### Perceptions of Injury & Violence as a Problem for Children/Adolescents in the Community

(Key Informants, 2018)




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 frequently related to the following:

#### *Prevalence/Incidence*

*The South Florida area is overrun with violence, and children are either part of the violence or, unfortunately, a victim of what is taking place in their communities. — Social Services Provider (Monroe County)*

*Miami is a major urban center, and there are children in the midst of violence and experiencing injury as a result of the larger urban issues. — Community/Business Leader (Miami-Dade County)*

*Increased number of students presenting to school health clinics with self-injurious behaviors, suicidal or homicidal ideations. Incidence of school shootings in the country and number of students killed or injured in Miami-Dade County. — Other Health Provider (Miami-Dade County)*

*Incidence of violence is increasing, as reported by county reports and the news media. — Community/Business Leader (Miami-Dade County)*

*Frequency and level of escalation appears to be increasing. — Other Health Provider (Palm Beach County)*

*Crime rate in areas of our community. — Community/Business Leader (Miami-Dade County)*

*High cause of death and morbidity. — Physician (Miami-Dade County)*

*Just watch the news every day. — Physician (Miami-Dade County)*

*It is serious. — Physician (Miami-Dade County)*

#### *Gun Violence*

*In our community, children have been dying due to gun violence. There are certain communities in which children are unable to play outdoors or go to the park due to the fear of gun violence. Additionally, there are certain areas where gang violence is very prevalent. Another area of concern is the accidental deaths from drownings, children being left in hot cars, and abuse from caregivers. — Public Health Representative (Miami-Dade County)*

*Gun violence is a rampant problem affecting all south Florida residents and especially our youth and adolescents. — Physician (Miami-Dade County)*

*South Miami experienced a highly publicized school shooting in February 2018. — Other Health Provider (Miami-Dade County)*

*Easy gun access. — Public Health Representative (Miami-Dade County)*

### Behavioral Health Issues

*Dealing with a lot of mental health issues that, in turn, present as self-injury in children and adolescents. Then school system refers them to the emergency room. — Other Health Provider (Miami-Dade County)*

*Access to drugs, weapons and active use of both. — Other Health Provider (Miami-Dade County)*

*Teens do not have the support necessary to avoid violence. — Physician (Miami-Dade County)*

### Awareness/Education

*Failure of education and parental involvement since early age, easy gun availability, improper focusing and direction of jailed adolescents to incorporate into society, gang violence — Physician (Miami-Dade County)*

*Education need. — Physician (Miami-Dade County)*

### Home Life

*Lack of supervision at home after school hours. Lack of after-hour school care. Exposure through the media to violence. — Physician (Miami-Dade County)*

*Lack of supervision. — Physician (Miami-Dade County)*

### Unintentional/Preventable Injuries

*Avoid untimely deaths of infants and children due to preventive causes of death. — Public Health Representative (Miami-Dade County)*

*Unintentional/preventable injuries are the number one reason for fatalities nationally, and South Florida is a micro reflective of the same statistic. Violence is on the rise and is a major concern to parents in our community. — Other Health Provider (Miami-Dade County)*

### Cultural Norms

*It is obvious that the community that we live in has changed drastically and that family identify has fallen, and that children are exposed to more violence than in the past. One thing is abuse and violence and another is being strong of character and a friend to your children to teach them to be responsible and respectful without causing pain — Physician (Miami-Dade County)*

### Domestic/Family Violence

*Violence is a major problem. It becomes very difficult for a child who sees violence in their household to not be affected and become a violent person, as well. This vicious cycle is a pattern that repeats itself in families. There is no way a child or young person will be able to study and have a career when they are raised in violence. — Community/Business Leader (Miami-Dade County)*

### Impact on Quality of Life

*Serious ramifications as a result of injury include neurological, physical, emotional, social, academic, behavioral, desensitization via social media, family functioning and legal/law enforcement, etc. — Other Health Provider (Miami-Dade County)*

# Sexual Activity

## Chlamydia & Gonorrhea

**In 2014, there were 405.3 diagnosed chlamydia infections per 100,000 population in the Total Service Area.** *Note that this rate includes diagnoses in all ages (both children and adults).*

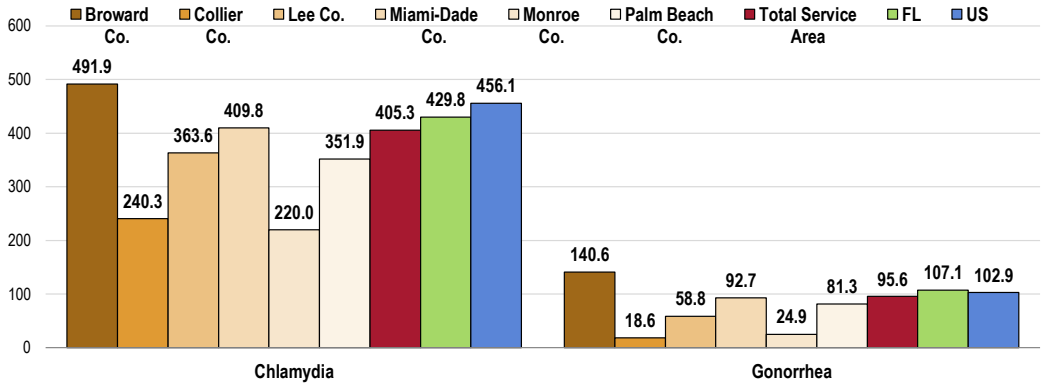
- More favorable than the Florida and US rates.
- Notably least favorable in Broward and Miami-Dade counties.

**In 2014, there were 95.6 diagnosed gonorrhea infections per 100,000 population in the Total Service Area.** *Note that this rate includes diagnoses in all ages (both children and adults).*

- More favorable than the state and national rates.
- Least favorable in Broward, Miami-Dade, and Palm Beach counties.

### Chlamydia & Gonorrhea Incidence

(Incidence Rate per 100,000 Population, 2014)




Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: 2014.
- Retrieved November 2018 from Community Commons at http://www.chna.org.

Notes:
- This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

## Sexual Activity Among Adolescents

**Among high school students in the three counties with available data, one-quarter (25.3%) report having had sexual intercourse during the three months preceding the administration of the 2017 Youth Risk Behavior Survey.**

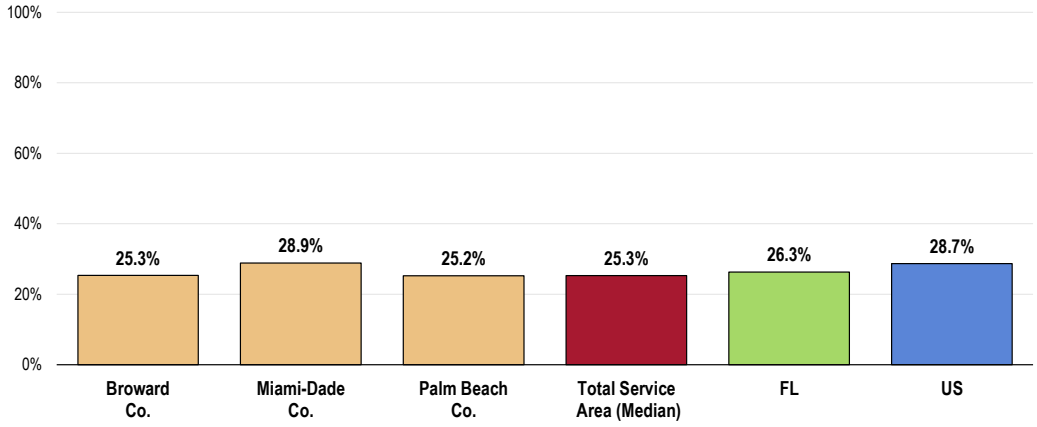
- Similar to Florida findings.
- Below national findings.
- Highest in Miami-Dade County.

## Had Sexual Intercourse in Past Three Months

(Among High School Students; Youth Risk Behavior Surveys, 2017)

This indicator is derived from the CDC's Youth Risk Behavior Survey (YRBS), a school-based survey administered to high school students by county. The Total Service Area data is the median of available survey results from Broward, Miami-Dade, and Palm Beach counties.

For more information, visit: www.cdc.gov/healthyyouth/yrbs.




Sources:
- Centers for Disease Control and Prevention (CDC). 1991-2017 High School Youth Risk Behavior Survey Data. Available at http://nccd.cdc.gov/youthonline/. Accessed November 2018.

Notes:
- Have had sexual intercourse with at least one person during the three months before the survey.

## Risky Sexual Behaviors

This indicator is derived from the CDC's Youth Risk Behavior Survey (YRBS), a school-based survey administered to high school students by county. The Total Service Area data is the median of available survey results from Broward, Miami-Dade, and Palm Beach counties.

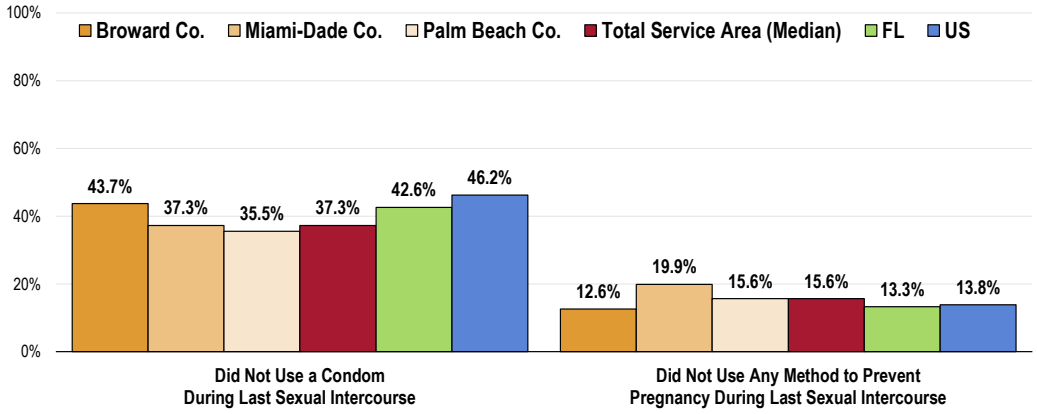
For more information, visit: www.cdc.gov/healthyyouth/yrbs.

**Among high school students who are sexually active, a median of 37.3% report not using a condom during their last sexual intercourse, and a median of 15.6% report not using any method to prevent pregnancy.**

- Condom use in the counties with available data is more favorable than Florida and US findings.
- Condom use is least favorable in Broward County.
- The proportion of area high schoolers using birth control is less favorable than the state and nation.
- Birth control use is least favorable in Miami-Dade County.

## Risky Sexual Behavior

(Among Sexually Active High School Students;
Total Service Area Youth Risk Behavior Survey, 2017)




Sources:
- Centers for Disease Control and Prevention (CDC). 1991-2017 High School Youth Risk Behavior Survey Data. Available at http://nccd.cdc.gov/youthonline/. Accessed November 2018.

Notes:
- Among high school students who have had sexual intercourse with at least one person during the three months before the survey.
- "Any method" includes condoms, birth control pills or Depo-Provera (or any injectable birth control), Nuva Ring (or any birth control ring), implanon (or any implant), or any IUD before last sexual intercourse.

## Human Papillomavirus (HPV) Vaccine

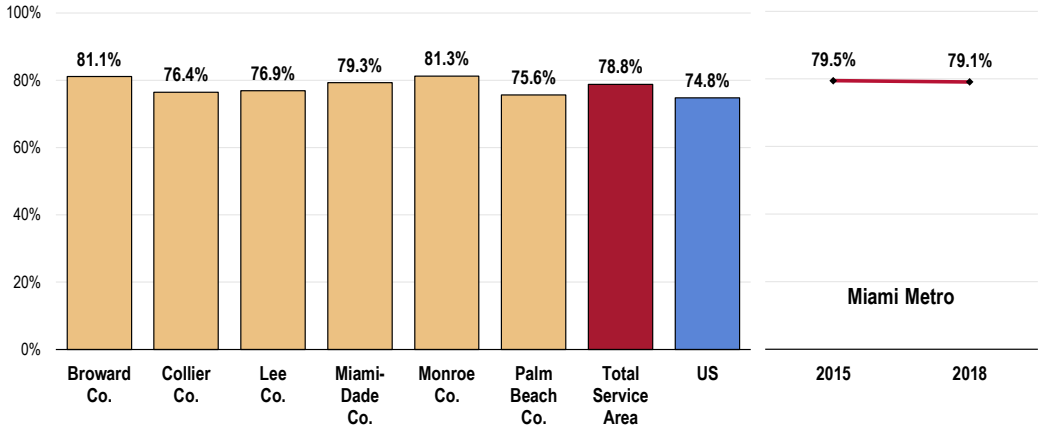
Respondents were told that the vaccine to prevent the human papillomavirus is called the cervical cancer or genital warts vaccine, HPV shot, Gardasil, or Cervarix. Then, they were asked (if they had a teenager or young adult) if they would want him or her to be vaccinated against HPV.

**A total of 78.8% of Total Service Area adults would <u>not</u> want their (hypothetical) teenager or young adult to be vaccinated against HPV.**

- Statistically similar to US findings.
- Statistically similar by county.
- MIAMI METRO TREND: No significant change over time.

### If Respondent Had a Teenager, Would Want Him/Her to be Vaccinated Against HPV

(Total Service Area Parents, 2018)



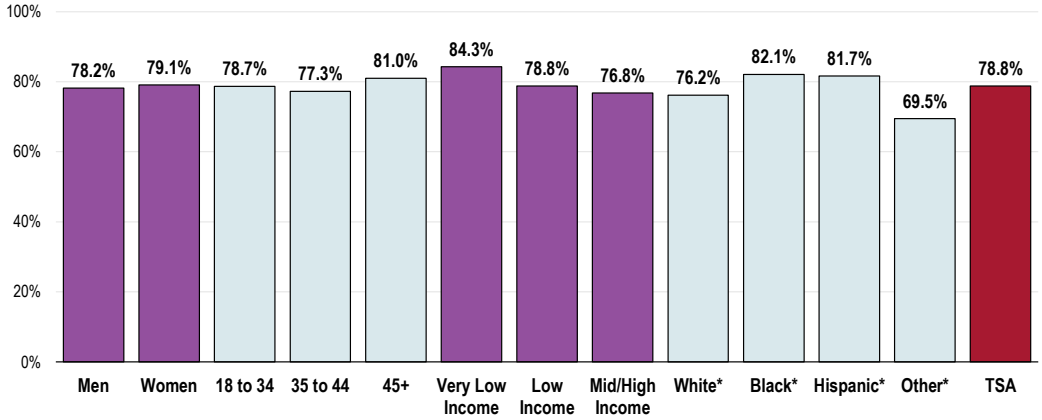

Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 334]
- 2018 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Note that the Monroe County sample size is relatively small for this indicator (<50).

- Parents are more likely to be against their (hypothetical) teenager or young adult getting the HPV vaccine if they live above 200% of the federal poverty level, or if their child is White or Other race.

## If Respondent Had a Teenager, Would Want Him/Her to be Vaccinated Against HPV

(By Adult Respondents' Demographic Characteristics*; Total Service Area, 2018)




Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 334]

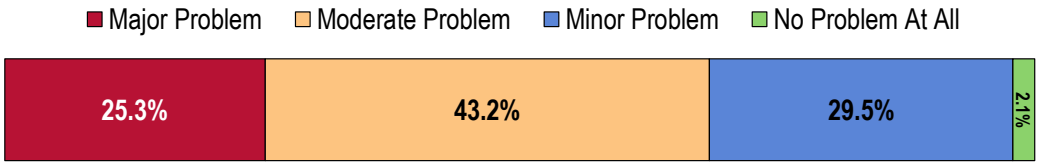
Notes:
- Asked of all respondents.
- *Race reflects that of the child, not the respondent. Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White children).
- Income categories reflect respondent's household income as a ratio to 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.

## *Key Informant Input: Sexual Health*

**The largest share of key informants taking part in an online survey characterized *Sexual Health* as a "moderate problem" for children/adolescents in the community.**

## Perceptions of Sexual Health as a Problem for Children/Adolescents in the Community

(Key Informants, 2018)




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,” the following reason was given:

### *Awareness/Education*

> *Parents and other adults in the families do not have healthy, informative conversations about sex with the children/adolescents in the household. Teens are misinformed and misguided about pregnancies, relationships, STDs, etc. Sex is a taboo in many of the cultures we serve. When nobody in the family is willing to talk about sexual health, it increases the risk for children's sexual abuse and teen pregnancy. — Social Services Provider (Miami-Dade County)*

*Children need to understand their bodies, that their bodies belong to them, and what is appropriate and inappropriate touching and by whom. They need to understand what will happen with their bodies as they age so that they are not embarrassed, do not feel like they are bleeding to death (first menstruation), and they need to understand that a child can make a child. Children need to understand the dangers of STDs and how they can be permanent. While we would love to preach only abstinence and think that our children will never have sex, not all of them will follow that model, and we need to make sure that they have the skills and knowledge, and courage to insist upon using contraceptives and protect themselves from not only their own desires, but being pushed into activities that they may not be ready for. — Community/Business Leader (Miami-Dade County)*

*Limited education regarding sexuality/STI/pregnancy-prevention in schools. Societal norms and attitudes toward sexuality. Clothing designers. Social media, exposure to sexuality and pornography in media, movies and video games. Musician and actors portrayed as role models. — Other Health Provider (Miami-Dade County)*

*Limited avenues to address, some coverage in schools, but families often not comfortable discussing. — Social Services Provider (Miami-Dade County)*

*There is very little education and, therefore, no safe sex protection or planned parenthood for teenager, etc. — Physician (Miami-Dade County)*

*Lack of education and access to birth control, STD's programs, etc. — Physician (Miami-Dade County)*

### *Prevalence/Incidence*

*There has been an increase of STDs throughout the county and state, which is not limited to children. Untreated STDs can then lead to infertility among other medical health issues. — Public Health Representative (Miami-Dade County)*

*We still have high rates of STDs and HIV transmission on our community. We have no routine health education in our schools, and this is a huge problem. Health education is much more practical than algebra, honestly. — Public Health Representative (Miami-Dade County)*

*Unfortunately, children are still being born with HIV, and we see such children. Women who are HIV-positive are pregnant and do not necessarily do all that must be done to ensure their child is born healthy. — Social Services Provider (Monroe County)*

*South Florida has high rates of STIs, negatively impacting adolescent health. — Other Health Provider (Miami-Dade County)*

### *Sexually Active Youth*

*I personally see an increase of sexual activity at an earlier age than 15/20 years ago. Perhaps the disintegration of families, values and religious belief play a big role. These factors associated to the exposure in the web, media, theaters, etc. are of no surprise to the increase of sexual and promiscuous behavior. As a consequence, we have a more acceptable culture with lack of education and supervision from an early age. Again, education is the foundation of prevention. Communication is invaluable between parents and children. Once they start and is accepted by society as "ok" is impossible to stop. Next phase again is the availability of resources for this age group. The after pill and all the other is only a band-aid to the huge problem facing the society. — Physician (Miami-Dade County)*

*Premature sexual experimentation and exploration, lack of appropriate/accurate information/education, lack of parental supervision, impact on overall individual, family, social and academic functioning. Significant medical/health care ramifications. Poor self-esteem, substance misuse, anxiety/depression, acting out behaviors, stigma/humiliation from peers. Inappropriate use social media. — Other Health Provider (Miami-Dade County)*

### *Cultural Norms*

*Children and adolescents seeking acceptance and validation from a relationship. Sexual behavior is used as a way of handling the challenges and lack of self-esteem. — Community/Business Leader (Broward County)*

*Schools, Facebook, other social media outlets. Easy access and little censorship. — Other Health Provider (Miami-Dade County)*

### *Teenage Pregnancy*

> *Teen pregnancy and STDs are of major concern in our community. When children (teens) are sexually active without protection, they are exposed to diseases. This will lead to a life with problems and will not allow for personal and professional growth. Teen pregnancy is of major concern because these young ladies will face obstacles in terms of opportunities to study, work and develop fully. — Community/Business Leader (Miami-Dade County)*

# Access to Health Services

Professional Research Consultants, Inc.

# Health Insurance Coverage

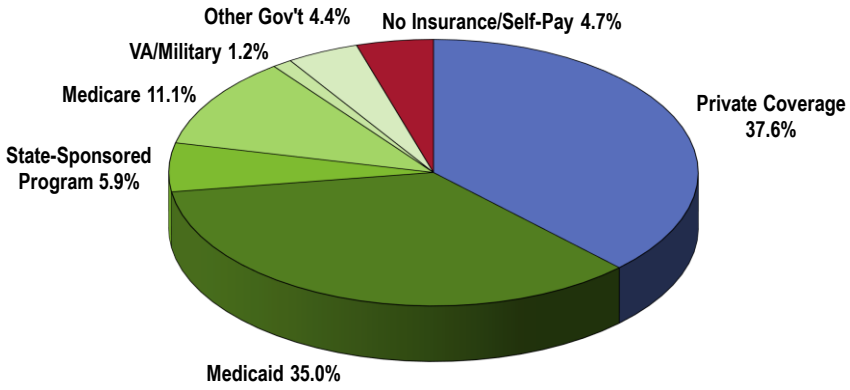
## Type of Health Insurance Coverage

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

**A total of 37.6% of parents report having healthcare coverage for their child through private insurance. Another 57.7% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, state-sponsored CHIP, military benefits).**

### Healthcare Insurance Coverage for Child

(Total Service Area, 2018)




Sources: • 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 137]
Notes: • Asked of all respondents.

## Lack of Health Insurance Coverage

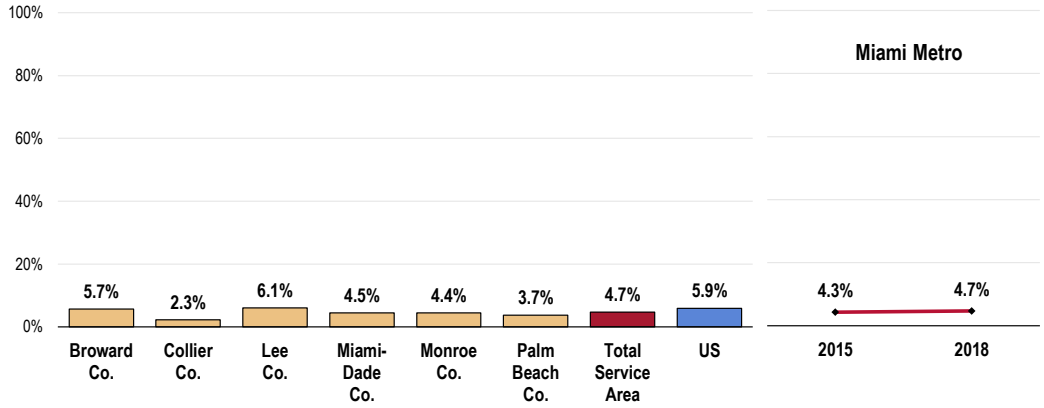
**On the other hand, 4.7% of Total Service Area parents report having no insurance coverage for their child's healthcare expenses, through either private or public sources.**

- Statistically comparable to the US figure.
- The Healthy People 2020 target is universal coverage (100% insured).
- Statistically comparable by community.
- MIAMI METRO TREND: The prevalence of uninsured children has remained unchanged since 2015.

## Lack Healthcare Insurance Coverage for Child

(Total Service Area, 2018)

**Healthy People 2020 Target = 0% (Universal Coverage)**




Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 137]
- 2018 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-1]

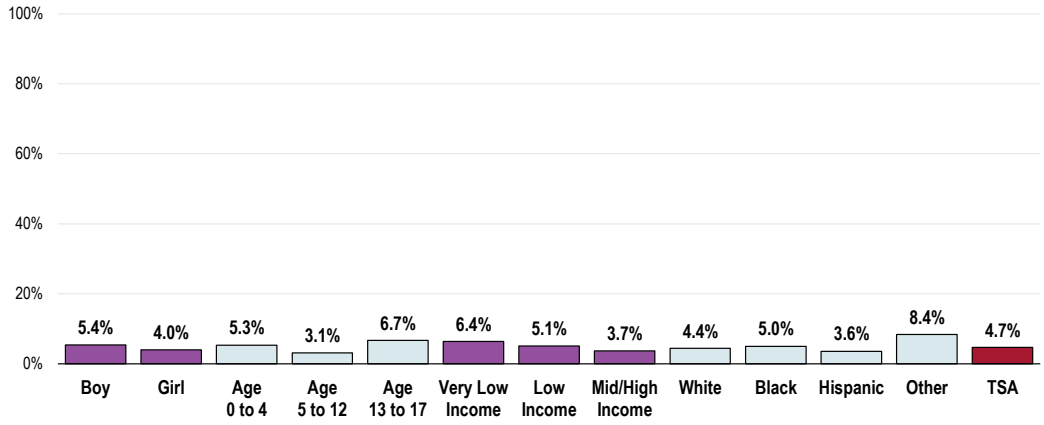
Notes:
- Asked of all respondents.

- Teens are less likely to have healthcare coverage than younger children.

## Lack Healthcare Insurance Coverage for Child

(Total Service Area, 2018)

**Healthy People 2020 Target = 0% (Universal Coverage)**




Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 137]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-1]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White children).
- 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.

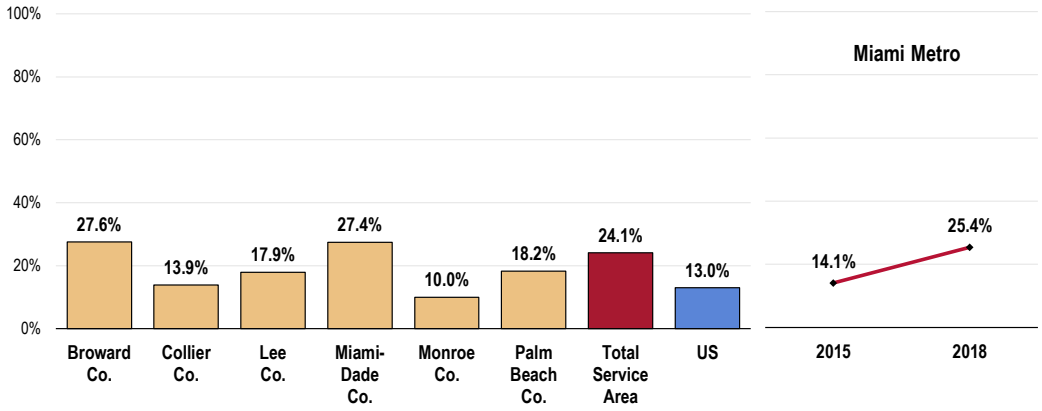
## Recent Lack of Coverage

**Among all Total Service Area parents, 24.1% report that their child was without healthcare coverage at some point in the past year (including the 4.7% who are currently without insurance coverage).**

- Approaching twice the US proportion.
- Notably high in Miami-Dade County (the Broward County prevalence is not statistically significant).
- MIAMI METRO TREND: Insurance instability has grown significantly over time.

### Child Has Been Without Coverage at Some Point in the Past Year

(Total Service Area Children 0-17, 2018)




Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 101]
- 2018 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

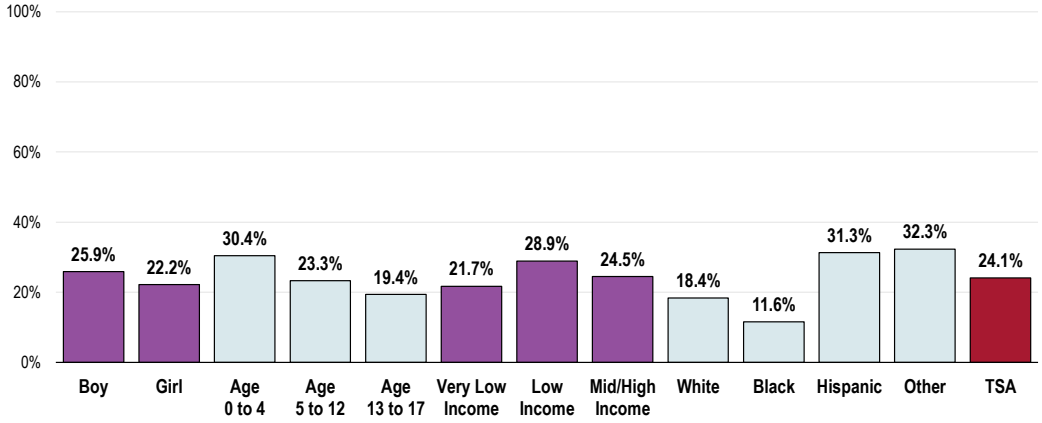
Notes:
- Asked of all respondents with children under 18 at home.

The following segments are more likely to have gone without healthcare insurance coverage at some point in the past year:

- Those under age 5 (note the negative correlation with age).
- Those who are Hispanic or Other race.

## Child Has Been Without Coverage at Some Point

(Total Service Area Children 0-17, 2018)




Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 101]

Notes:
- Asked of all respondents with children under 18 at home.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White children).
- 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.

# 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)

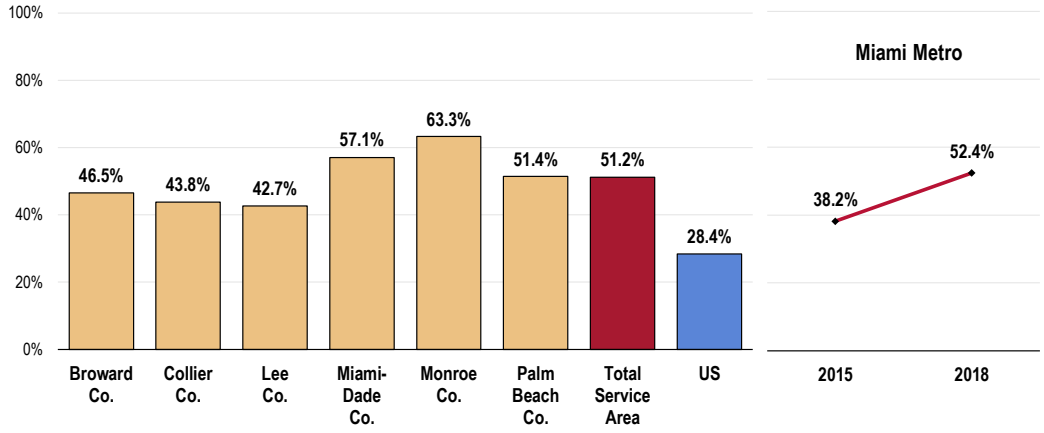
This indicator reflects the percentage of parents experiencing problems accessing healthcare for their child in the past year, regardless of whether they needed or sought care.

**Just over half of Total Service Area parents (51.2%) report some type of difficulty or delay in obtaining healthcare services for their child in the past year.**

- Notably less favorable than the national percentage.
- Statistically least favorable in Miami-Dade County.
- MIAMI METRO TREND: Denotes an increase in the past three years.

## Experienced Difficulties or Delays of Some Kind in Receiving Child's Needed Healthcare in the Past Year

(Total Service Area, 2018)



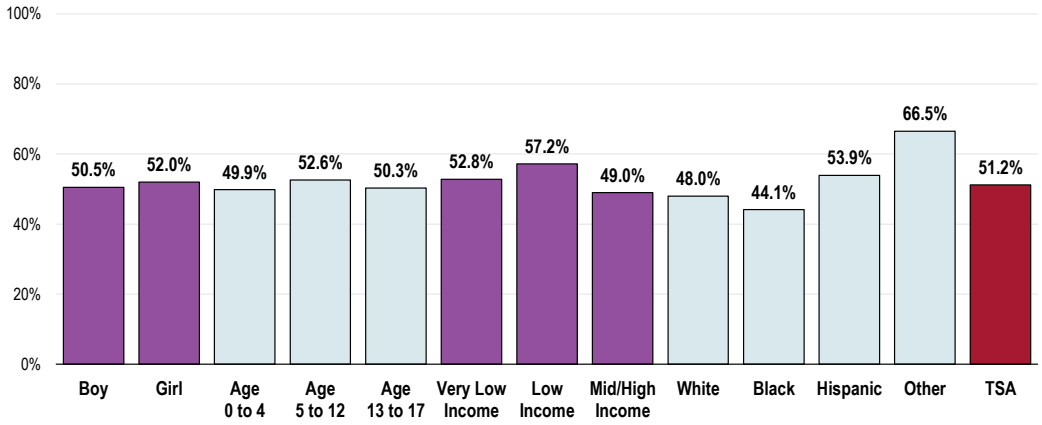

Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 138]
- 2018 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents about a randomly selected child in the household.
- Represents the percentage of respondents experiencing one or more barriers to accessing their child's healthcare in the past 12 months.

Note the following:

- Two-thirds of parents of Other race children have experienced difficulties accessing healthcare services for their child in the past year, which is notably higher than other race/ethnic groups.
- Hispanic children are also more likely to have been impacted by access barriers when compared to White or Black children.
- Low-income parents (between 100% and 199% of the federal poverty level) more often report difficulties than those in other poverty levels.

**Experienced Difficulties or Delays of Some Kind in Receiving Child's Needed Healthcare in the Past Year**
(Total Service Area, 2018)




Sources: • 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 138]
Notes: • Asked of all respondents about a randomly selected child in the household.
• Represents the percentage of respondents experiencing one or more barriers to accessing their child's healthcare in the past 12 months.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White children).
• 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.

## Barriers to Healthcare Access

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

Again, these percentages reflect all children, regardless of whether medical care was needed or sought.

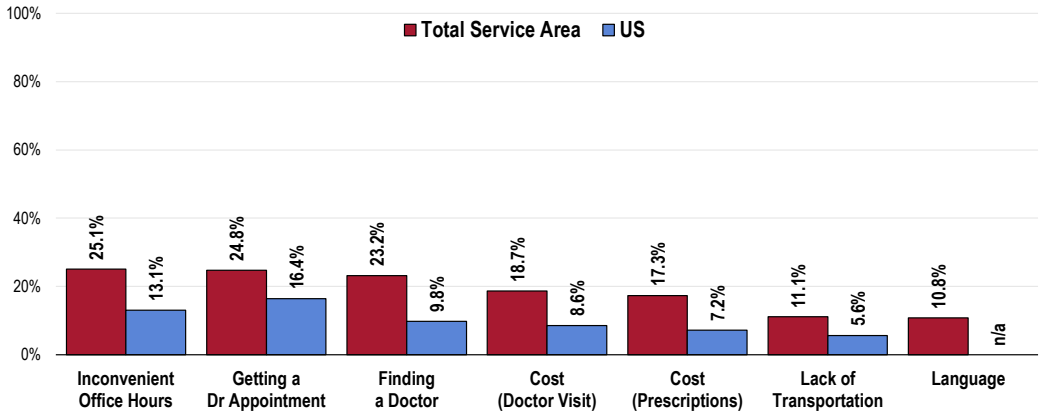
**Of the tested access barriers, inconvenient office hours impacted the greatest share of Total Service Area children (25.1%).**

**Difficulty getting a doctor's appointment impacted 24.8%**

- For all of the tested barriers with national benchmarks, the proportion of Total Service Area children impacted was considerably higher than nationwide findings.

## Barriers to Access Have Prevented Child's Medical Care in the Past Year

(Total Service Area, 2018)



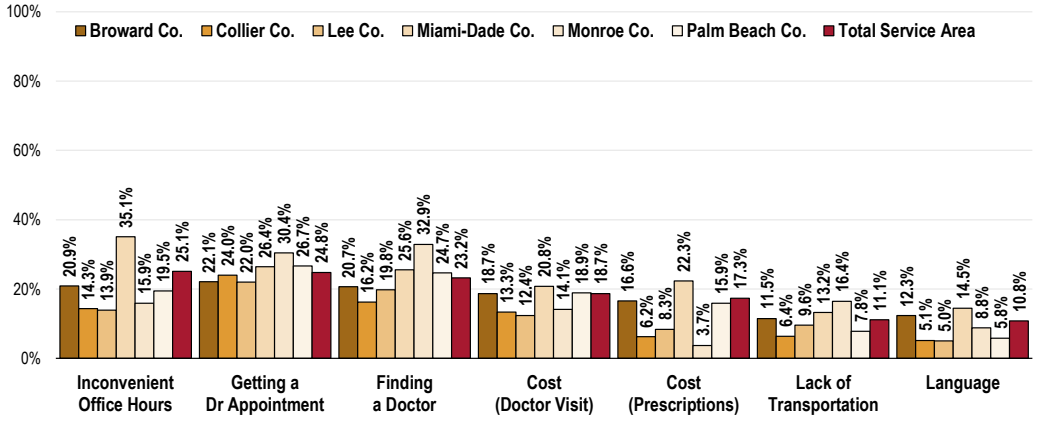

Sources:
- PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Items 17-22, 301]
- 2018 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents about a randomly selected child in the household.

- Note that parents living in Miami-Dade County reported the highest prevalence of **inconvenient office hours**, **cost barriers due to prescriptions**, and **barriers due to language.**

## Barriers to Access Have Prevented Child's Medical Care in the Past Year

(By County, 2018)



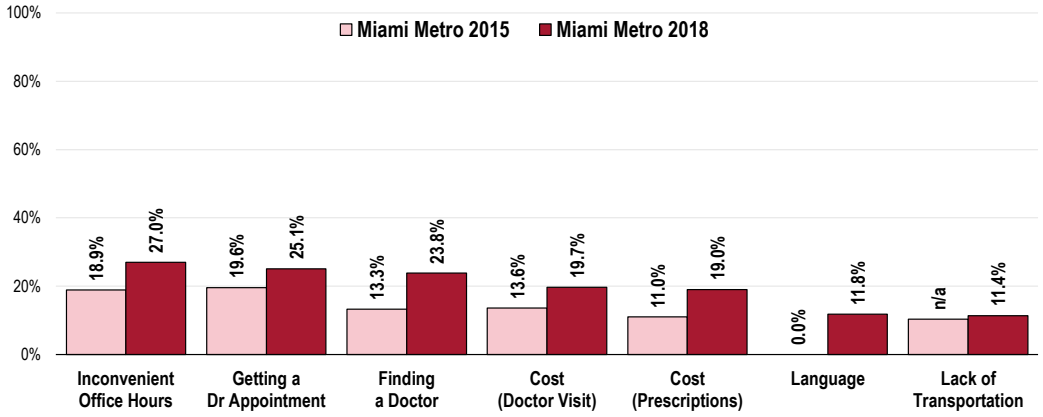

Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 17-22, 301]

Notes:
- Asked of all respondents about a randomly selected child in the household.

- MIAMI METRO TREND: For most of the tested barriers, the proportion of Total Service Area children impacted was statistically worse (higher) than 2015 findings; however, the prevalence of **transportation barriers** remained statistically unchanged.

## Barriers to Access Have Prevented Child's Medical Care in the Past Year

(Miami Metro, 2018)




Sources: ● PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Items 17-22, 301]
Notes: ● Asked of all respondents about a randomly selected child in the household.

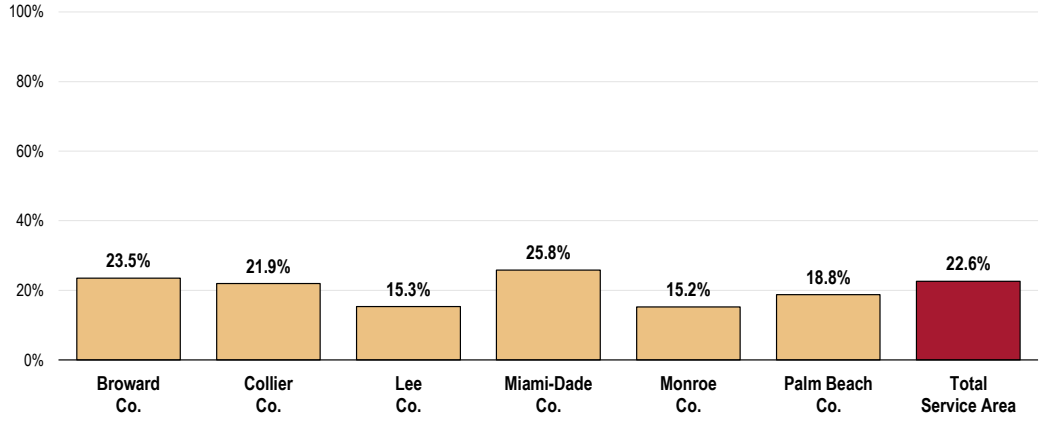
## Loss of Productivity

**A total of 22.6% of parents report that they were unable to miss work for needed child health care in the past year.**

- Most prevalent in Miami-Dade County.

## Could Not Miss Work for Needed Child Health Care in the Past Year

(Total Service Area Parents, 2018)



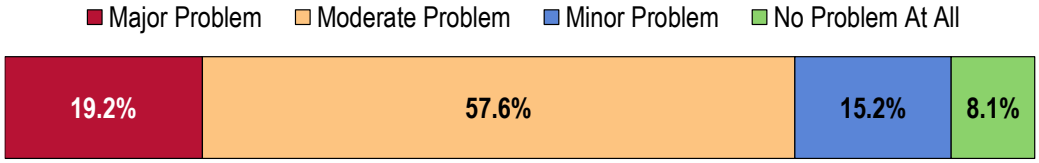

Sources: ● 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 302]
Notes: ● Asked of all respondents about a randomly selected child in the household.

## *Key Informant Input: Access to Health Services*

**Key informants taking part in an online survey most often characterized *Access to Health Services* as a "moderate problem" for children/adolescents in the community.**

### Perceptions of Access to Health Services as a Problem for Children/Adolescents in the Community

(Key Informants, 2018)




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 frequently related to the following:

#### *Insurance Issues*

*Many parents make too much [money] to qualify for KidCare or Medicaid, but do not make enough to pay for private insurance or even Obamacare. What results is these parents do not bring their children to the doctor when they are sick, which ends up in viruses and bacterial infections that are extremely treatable being rampantly spread throughout the community. — Community/Business Leader (Miami-Dade County)*

*Insurance limits access and speed of care for children in these communities. Many hospital systems won't allow access for Medicaid derivatives or discriminate against them in priority. Physical therapy has limited options, and quality of PT care is inconsistent. — Physician (Miami-Dade County)*

*Lack of insurance coverage for indigent population of children and adolescents not eligible for Medicaid. — Other Health Provider (Miami-Dade County)*

*Lack of adequate health insurance to encourage/support early treatment. — Social Services Provider (Miami-Dade County)*

*Insurance companies not paying for services for children who have premorbid conditions. — Physician (Miami-Dade County)*

*Cutbacks in Medicaid. — Physician (Miami-Dade County)*

*Insurance and accessibility to healthcare. — Community/Business Leader (Miami-Dade County)*

*Lack of coverage. — Other Health Provider (Miami-Dade County)*

#### *Access to Care/Services*

*Because of our large undocumented community, people are afraid to access health services of all types, for fear of being detained by INS. We also have many families in the community who lack health insurance. — Public Health Representative (Miami-Dade County)*

*Long waiting lists to see specialists. — Physician (Miami-Dade County)*

*The lack of funding for many needed services. — Physician (Miami-Dade County)*

#### *Affordable Care/Services*

*Inability to pay, lapse in/lack of insurance, language and literacy barriers, fear of immigration status, transportation and lack of day care for either children or elderly is what I hear from the community as factors for not getting timely care health issues. — Other Health Provider (Miami-Dade County)*

> *Parental earnings. Availability of insurance in the parent's job. Prices of insurance. — Physician (Miami-Dade County)*
>
> *Healthcare is unaffordable even with insurance coverage, and transportation can make it more challenging to access services. — Public Health Representative (Miami-Dade County)*

### *Focus on Children*

> *We need to be building a movement for all children, and we need to do so on behalf of all health issues. — Community/Business Leader (Miami-Dade County)*

### *Social Determinants of Health*

> *In the areas we provide services, access to reliable transportation is a main barrier for families to access health care services, even if they have insurance. — Social Services Provider (Miami-Dade County)*

## Type of Care Most Difficult to Access

Key informants (who rated this as a "major problem") most often identified **mental health care**, **substance abuse treatment**, and **specialty care** as the most difficult to access in the community.

**Medical Care Difficult to Access Locally**

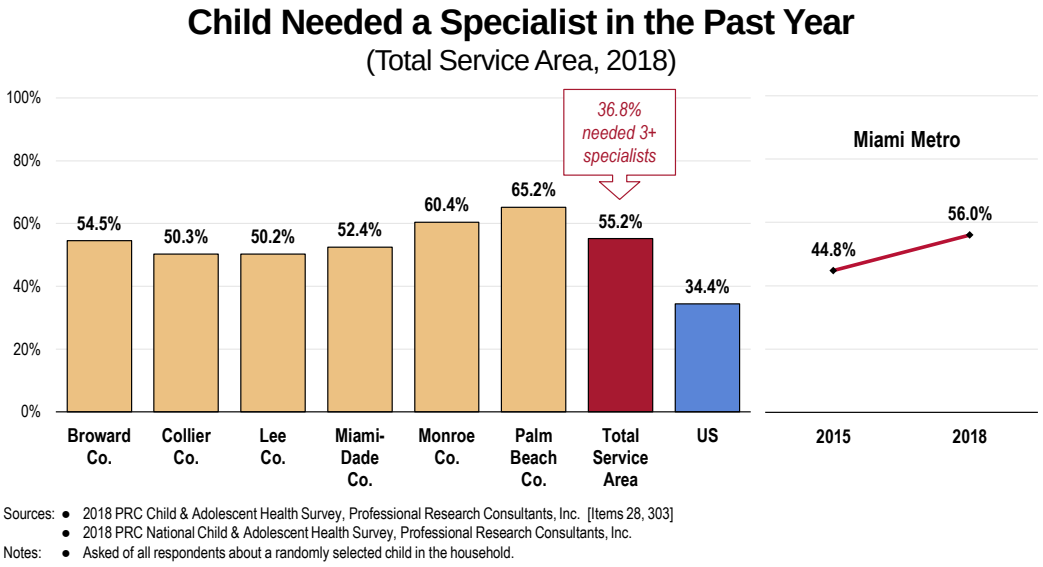
| | Most Difficult to Access | Second-Most Difficult to Access | Third-Most Difficult to Access | **Total Mentions** |
|---|---|---|---|---|
| Mental Health Care | 64.7% | 17.6% | 0.0% | **14** |
| Substance Abuse Treatment | 17.6% | 11.8% | 29.4% | **10** |
| Specialty Care | 0.0% | 35.3% | 17.6% | **9** |
| Chronic Disease Care | 11.8% | 5.9% | 11.8% | **5** |
| Dental Care | 0.0% | 17.6% | 11.8% | **5** |
| Primary Care | 5.9% | 5.9% | 5.9% | **3** |
| Prenatal Care | 0.0% | 5.9% | 5.9% | **2** |
| Adolescent Gynecology | 0.0% | 0.0% | 5.9% | **1** |
| Preventative Medicine | 0.0% | 0.0% | 5.9% | **1** |
| Urgent Care | 0.0% | 0.0% | 5.9% | **1** |

# Access to Specialty Care

**A total of 55.2% of Total Service Area children are reported to have needed to see a specialist at some point in the past year.**

- Well above the US proportion.
- Highest in Palm Beach County.
- MIAMI METRO TREND: Denotes a statistically significant increase within the past three years.

Of children who needed to see a specialist in the past year, 36.8% needed to see three or more specialists.



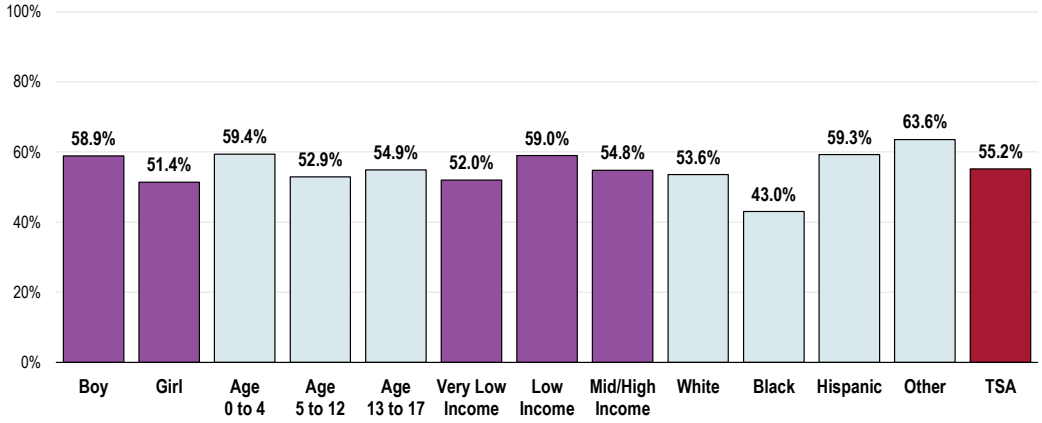

Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 28, 303]
- 2018 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents about a randomly selected child in the household.

- Black children are less likely to have needed to see a specialist in the past year than children of other race/ethnicity.
- Girls are also less likely to have needed to see a specialist than Boys.

## Child Needed a Specialist in the Past Year

(Total Service Area, 2018)




Sources: • 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 28]

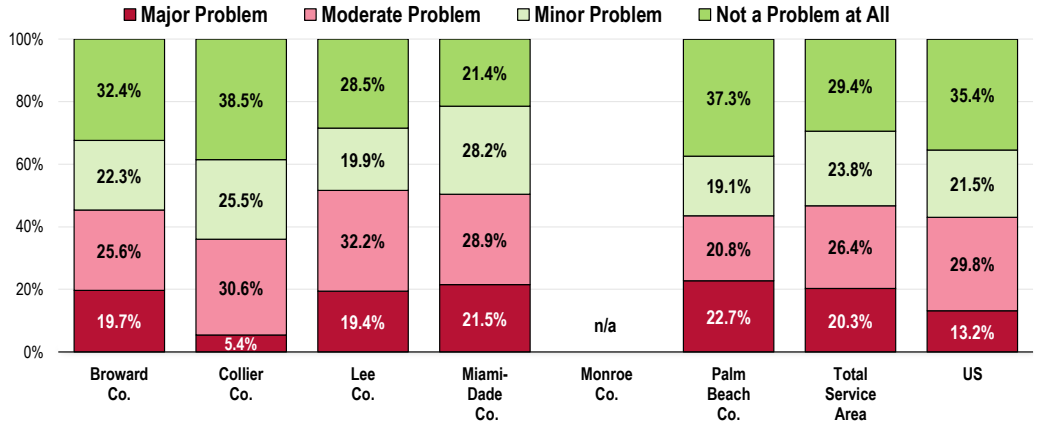
Notes:
- Asked of all respondents about a randomly selected child in the household.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White children).
- Income categories reflect respondent's household income as a ratio to the 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.

**Total Service Area parents of children needing specialty medical care in the past year were further asked to evaluate the difficulty of getting the needed care. Seven in 10 (70.5%) expressed some level of difficulty, characterizing it as a "major," "moderate," or "minor problem."**

- In particular, 26.4% of these parents had "moderate problems" getting their child's specialty care, and 20.3% had "major problems."
- "Major/moderate problem" responses in the Total Service Area are statistically similar to US findings.
- Among the six counties, there is statistically no difference in the prevalence of "major/moderate problem" responses.
- MIAMI METRO TREND: Since 2015, "major/moderate problem" ratings have not changed significantly in the Miami Metro.

## Evaluation of Difficulty Getting Specialty Care for Child in the Past Year

(Total Service Area Parents of Children Needing to See a Specialist in the Past Year, 2018)



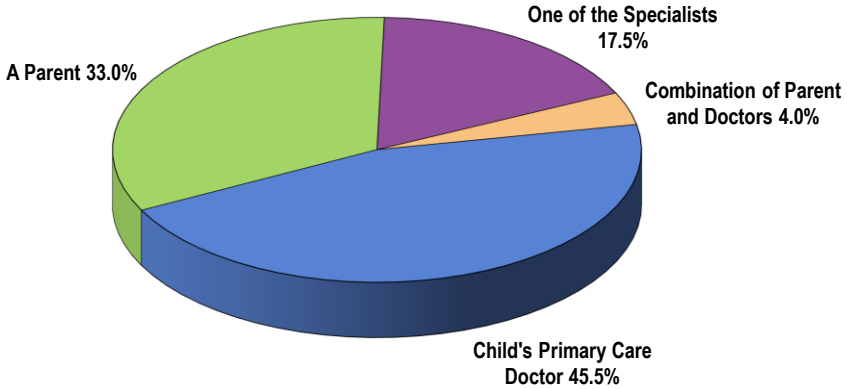

Source: ● PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 29]
● 2018 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of respondents for whom the randomly selected child in the household has needed to see a specialist in the past year
● Note that the Collier County sample size is relatively small for this indicator (<50). The sample size for Monroe County is too small to be shown here.

"Who is the person most often in charge of coordinating the care that this child receives?"

**For children who needed to see a specialist in the past year, the majority (45.5%) of care was most often coordinated by the child's primary care provider, followed by a parent (33.0%). Less common was care coordination by one of the specialists (17.5%) or some combination of parent and doctors (4.0%).**

## Person Who Most Often Coordinates Child's Care

(Total Service Area Parents of Children Needing to See a Specialist in the Past Year, 2018)




Sources: ● 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 304]
Notes: ● Asked of all respondents whose randomly-selected child needed three or more specialists in the past year.

# Outmigration for Children's Healthcare

**A total of 40.8% of Total Service Area parents report that they feel the need to leave their local areas in order to get certain children's healthcare services.**

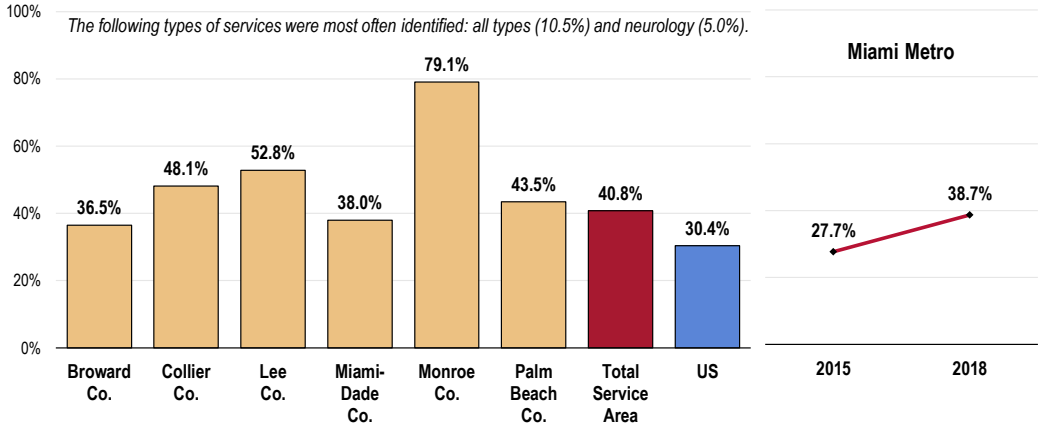
- Above the national proportion.
- Most prevalent in Lee and Monroe counties.
- MIAMI METRO TREND: Current outmigration is higher than that found in 2015.

Asked to specify the services for which they feel they need to leave their areas to receive care, the greatest share of respondents (28.9%) were **not sure** or **didn't know**. Other responses were for **all types** (10.5%) and **neurology** (5.0%). A wide variety of other responses was given, none individually mentioned by more than 4.0%.

Parents' reasons for feeling the need to leave their areas primarily related to perceptions that **services are not available locally** (29.4%), or that **better care is available elsewhere** (25.0%) (not shown).

## Parent Feels the Need to Leave the Area for Children's Healthcare Services

(Total Service Area, 2018)

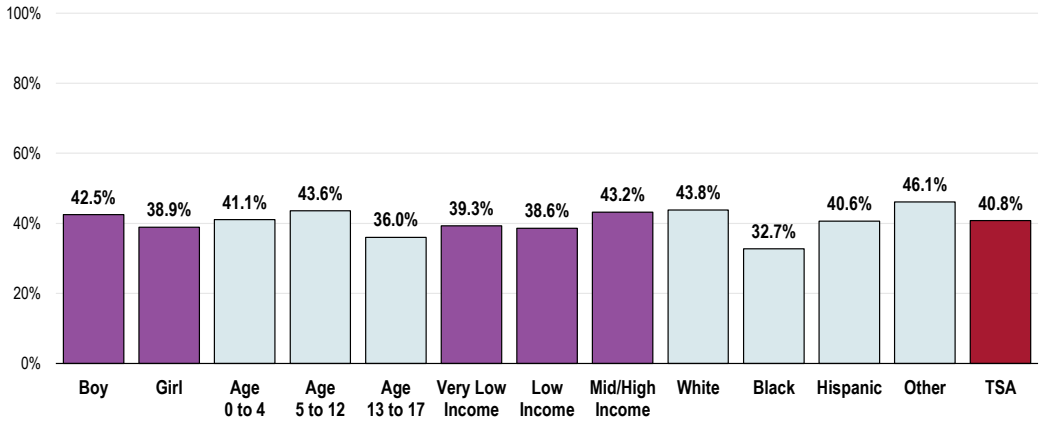



Sources: ● 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 9-10]
● 2018 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.]
Notes: ● Asked of all respondents about a randomly selected child in the household.

- Parents of children age 5-12 and of White children are statistically more likely to feel the need to leave their areas for children's health services.

## Parent Feels the Need to Leave the Area for Children's Healthcare Services

(Total Service Area, 2018)




Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 9]

Notes:
- Asked of all respondents about a randomly selected child in the household.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White children).
- 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.

# 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)

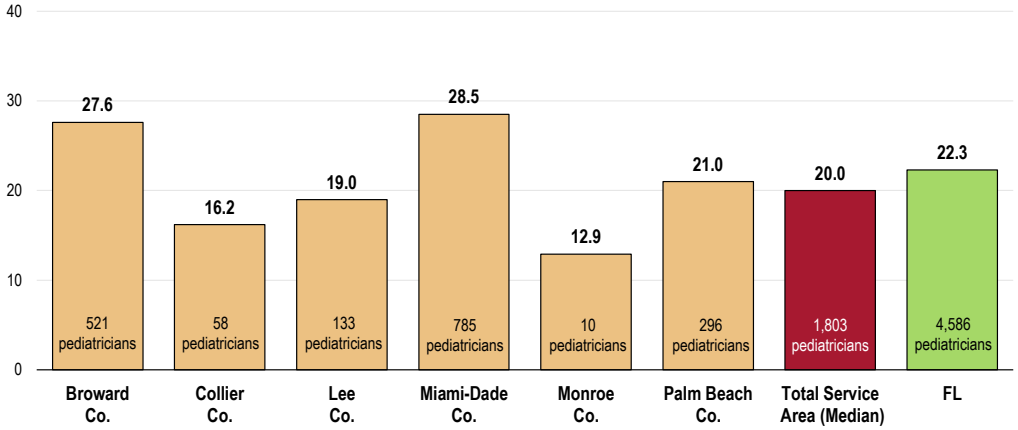
## Access to Child Healthcare

**In the Total Service Area between 2017 and 2018, there were a total of 1,803 pediatricians, translating to a median rate of 20.0 pediatricians per 100,000 population.**

- Below the rate seen statewide.
- Lowest in Collier, Lee, and Monroe counties.

### Access to Child Healthcare

(Number of Licensed Pediatricians per 100,000 Total Service Area Population, 2017-2018)



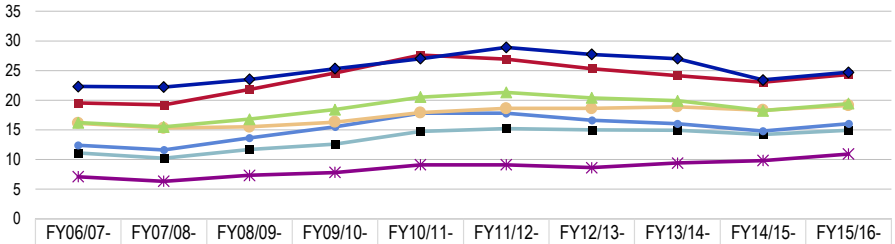

Sources:
- Florida Department of Health, Division of Public Health Statistics & Performance Management, Data Viewer.
- Retrieved November 2018 from http://www.floridacharts.com.

Notes:
- This indicator is relevant because of a shortage of health professionals contributes to access and health status issues.
- Licensure data is for a fiscal year (July 1-June 30). Data includes actively licensed providers only. The specialty information (pediatrics) is reported voluntarily and is neither required nor verified by the Department.

- TOTAL SERVICE AREA TREND: Overall, access to child healthcare (in terms of the ratio of pediatricians to population) has increased over time in the Total Service Area.

## Trends in Access to Child Healthcare

(Number of Licensed Pediatricians per 100,000 Total Service Area Population)




| | FY06/07-FY08/09 | FY07/08-FY09/10 | FY08/09-FY10/11 | FY09/10-FY11/12 | FY10/11-FY12/13 | FY11/12-FY13/14 | FY12/13-FY14/15 | FY13/14-FY15/16 | FY14/15-FY16/17 | FY15/16-FY17/18 |
|---|---|---|---|---|---|---|---|---|---|---|
| Broward Co. | 19.5 | 19.2 | 21.8 | 24.6 | 27.6 | 26.9 | 25.3 | 24.1 | 23.0 | 24.3 |
| Collier Co. | 11.1 | 10.2 | 11.7 | 12.6 | 14.7 | 15.2 | 15.0 | 14.9 | 14.2 | 14.9 |
| Lee Co. | 12.4 | 11.6 | 13.6 | 15.5 | 17.8 | 17.8 | 16.6 | 16.0 | 14.8 | 16.0 |
| Miami-Dade Co. | 22.3 | 22.2 | 23.5 | 25.3 | 27.0 | 28.9 | 27.7 | 27.0 | 23.4 | 24.7 |
| Monroe Co. | 7.1 | 6.3 | 7.3 | 7.8 | 9.1 | 9.1 | 8.6 | 9.4 | 9.8 | 10.9 |
| Palm Beach Co. | 16.1 | 15.3 | 15.5 | 16.3 | 17.9 | 18.6 | 18.6 | 18.9 | 18.3 | 19.1 |
| FL | 16.2 | 15.5 | 16.8 | 18.4 | 20.5 | 21.3 | 20.4 | 19.9 | 18.2 | 19.4 |

Sources:
- Florida Department of Health, Division of Public Health Statistics & Performance Management, Data Viewer.
- Retrieved November 2018 from http://www.floridacharts.com.

Notes:
- This indicator is relevant because of a shortage of health professionals contributes to access and health status issues.
- Licensure data is for a fiscal year (July 1-June 30). Data includes actively licensed providers only. The specialty information (pediatrics) is reported voluntarily and is neither required nor verified by the Department.

## 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 the child is sick or needs advice about his or her health. This resource is crucial to the concept of "patient-centered medical homes" (PCMH).

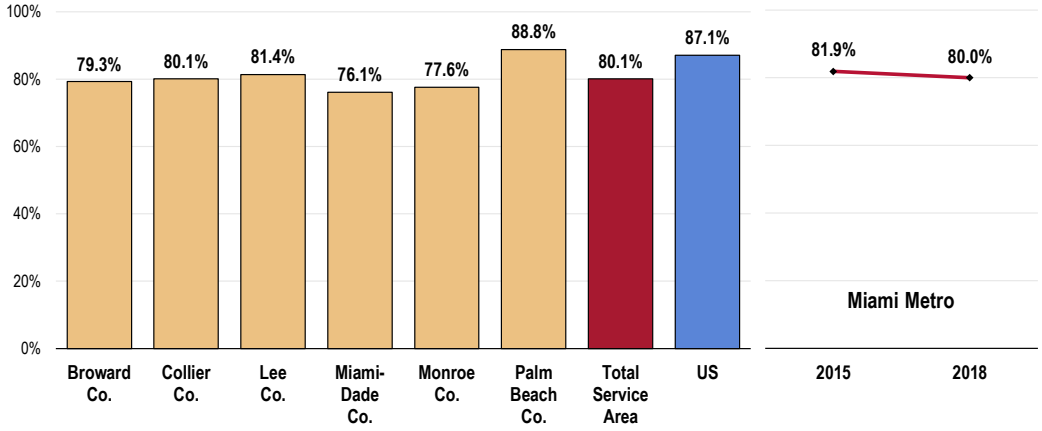
A hospital emergency room is not considered a specific source of ongoing care in this instance.

**Eight in 10 Total Service Area children (80.1%) were determined to have a specific source of ongoing medical care, such as a specific doctor's office or clinic they regularly use.**

- Less favorable than the US percentage.
- Fails to satisfy the Healthy People 2020 objective (100%).
- Most favorable in Palm Beach County.
- MIAMI METRO TREND: The proportion of Total Service Area children having a specific source of care has not changed significantly since 2015.

## Child Has a Specific Source of Ongoing Medical Care

**Healthy People 2020 Target = 100%**




Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 139]
- 2018 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-5.2]

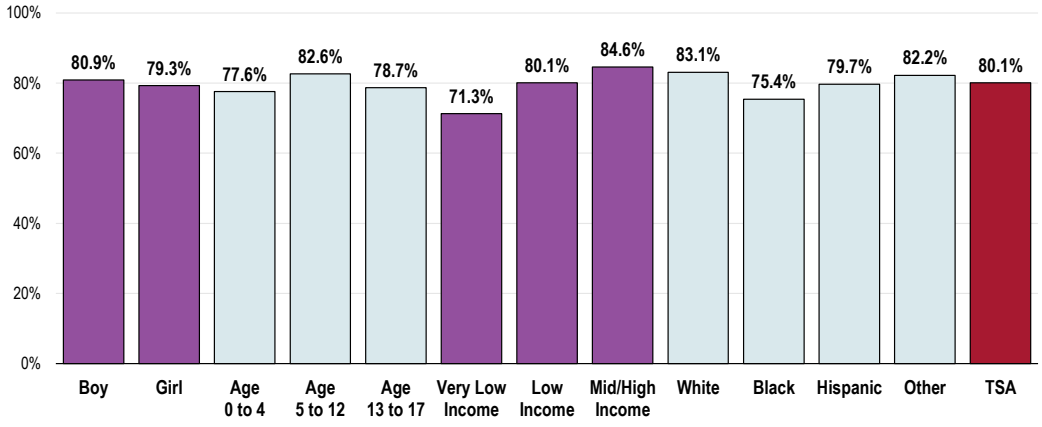
Notes:
- Asked of all respondents about a randomly selected child in the household.
- Having a specific source of ongoing care for a child includes having a doctor's office, clinic, urgent care center, health department clinic, or some other kind of place to go if the child is sick or needs advice about his or her health. A hospital emergency room is not considered a specific source of ongoing care in this instance.

- When viewed by demographic characteristics, children in very low-income households are less likely to have a specific source of care (note the correlation with income).

## Child Has a Specific Source of Ongoing Medical Care

(Total Service Area, 2018)

**Healthy People 2020 Target = 100%**




Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 139]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objectives AHS-5.2]

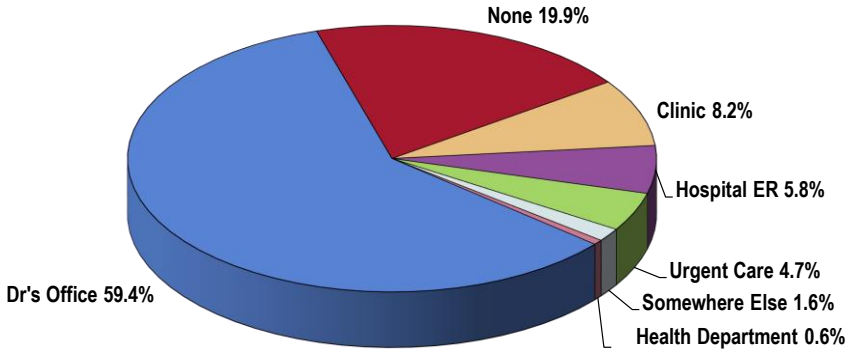
Notes:
- Asked of all respondents about a randomly selected child in the household.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White children).
- Income categories reflect respondent's household income as a ratio to the 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.

### Type of Place Used for Medical Care

**When asked where they take their child if they are sick or need advice about his/her health, the greatest share of respondents (59.4%) identified a particular doctor's office.**

A total of 19.9% say they do not have a particular place, 8.2% usually go to some type of clinic, 5.8% rely on a hospital emergency room, 4.7% use an urgent care center, 1.6% go somewhere else, and 0.6% utilize a health department for their child's medical care.

**Particular Place Utilized for Child's Medical Care**
(Total Service Area, 2018)




Sources: • 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 25-26]
Notes: • Asked of all respondents about a randomly selected child in the household.

## Receipt of Routine Medical Care

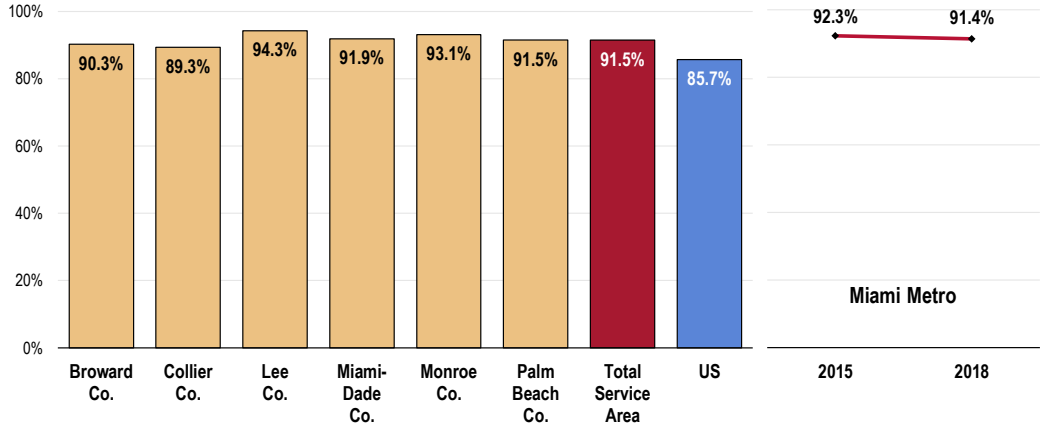
A routine checkup can include a well-child checkup or general physical exam, but it does not include exams for a sports physical or visits for a specific injury, illness, or condition.

**The vast majority of Total Service Area children (91.5%) have had a routine checkup in the past year.**

- More favorable than US findings.
- Statistically, no difference among the six counties.
- MIAMI METRO TREND: Statistically unchanged since 2015.

## Child Visited a Physician for a Routine Checkup in the Past Year

(Total Service Area, 2018)



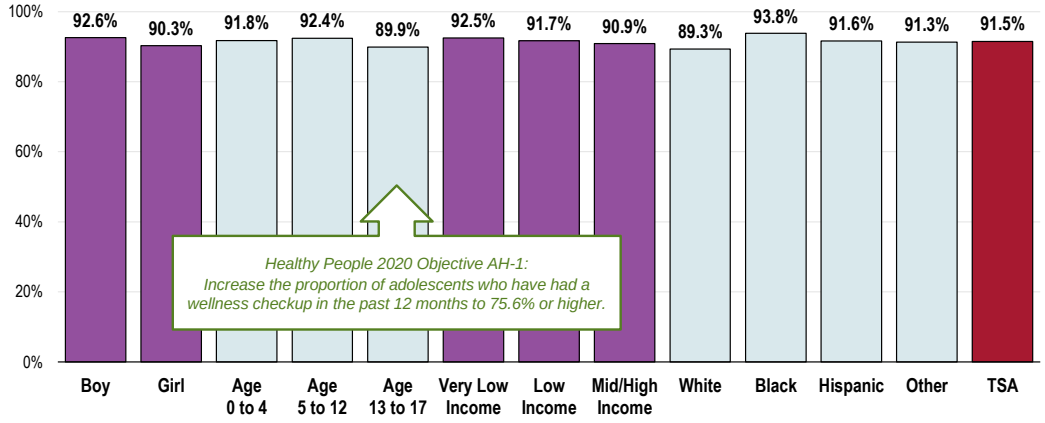

Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 27]
- 2018 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents about a randomly selected child in the household.

- There are no significant differences by demographics.
- The proportion of Total Service Area adolescents (age 13-17) with routine checkups satisfies the Healthy People 2020 target (75.6% or higher) for their age group.

## Child Visited a Physician for a Routine Checkup in the Past Year

(Total Service Area, 2018)




Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 27]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AH-1]

Notes:
- Asked of all respondents about a randomly selected child in the household.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White children).
- 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.

# Previous Child Health Care Visit

**Parents were asked a series of questions regarding the previous health care visit for their child.**

- 7.7% of parents did not feel involved in their child's healthcare decisions.
- 7.2% of parents were provided information from a health professional in a format that was not easy to understand.
- 7.0% of parents felt it was "not very" or "not at all" easy to follow-up with questions after the appointment.
- 4.0% of parents felt "not very" or "not at all" comfortable asking questions of the health professional.

"For the next questions, I would like you to think about the last time that this child visited any doctor or other health professional.

During this visit, did the health professional provide information in a way you could understand?"

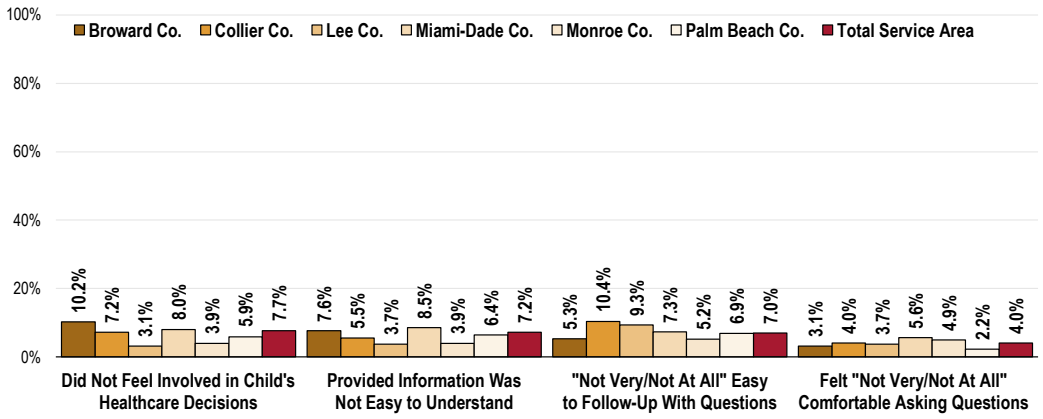
"How comfortable were you asking questions of the health professional during the visit? Would you say: (very comfortable, somewhat comfortable, not very comfortable, not at all comfortable, or did you not need to ask any questions)?"

"And did the health professional involve you in decisions about this child's care?"

"After this child has this appointment, how easy was it for you to follow up with the health professional with questions? Would you say: (very easy, somewhat easy, not very easy, not at all easy, or there was no need to follow up)?"

## Previous Child Health Care Visit

(Total Service Area Parents, 2018)




Sources: • PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Items 305-308]
Notes: • Asked of all respondents about a randomly selected child in the household.
• Note that the Monroe County sample size is relatively small for these indicators (<50).

# Dental Care

## 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)

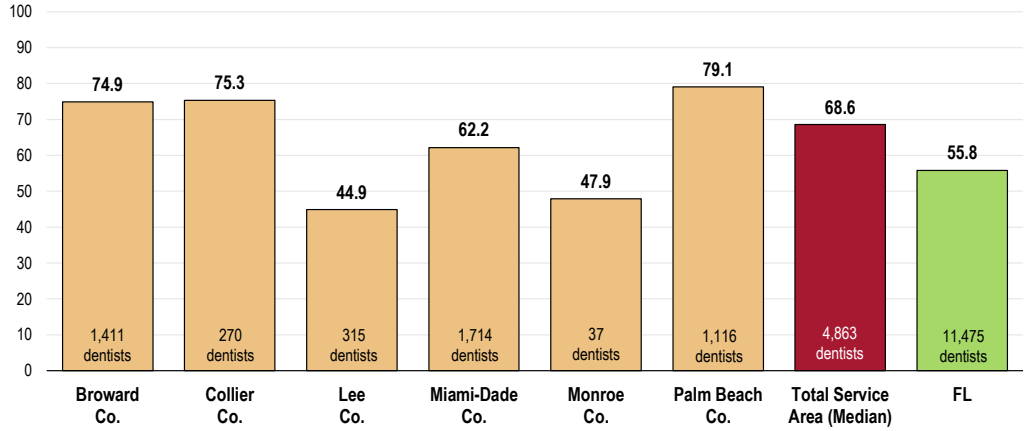
## Access to Dental Care

**Between 2017 and 2018, there were 4,863 licensed dentists in the Total Service Area, translating to a median rate of 68.6 dentists per 100,000 population.**

- Higher than the dentist-to-population ratio found statewide.
- Lowest in Lee, Miami-Dade, and Monroe counties.

## Access to Child Dental Care

(Number of Licensed Dentists per 100,000 Total Service Area Population, 2017-2018)



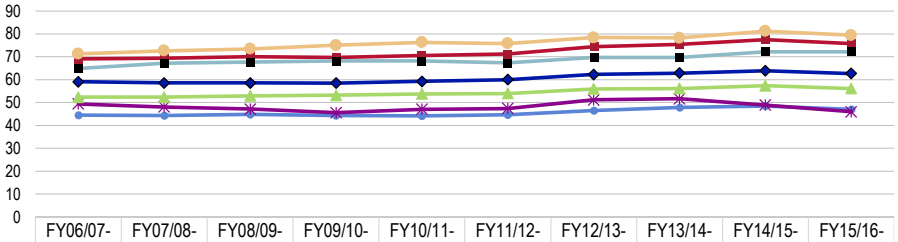

Sources:
- Florida Department of Health, Division of Public Health Statistics & Performance Management, Data Viewer.
- Retrieved November 2018 from http://www.floridacharts.com.

Notes:
- This indicator is relevant because of a shortage of dental health professionals contributes to access and health status issues.
- Licensure data is for a fiscal year (July 1-June 30). Data includes actively licensed providers only.

- TOTAL SERVICE AREA TREND: Overall access to dental care (in terms of the ratio of dentists to population) has slightly increased by county over time.

## Trends in Access to Child Dental Care

(Number of Licensed Dentists per 100,000 Total Service Area Population)




| | FY06/07-FY08/09 | FY07/08-FY09/10 | FY08/09-FY10/11 | FY09/10-FY11/12 | FY10/11-FY12/13 | FY11/12-FY13/14 | FY12/13-FY14/15 | FY13/14-FY15/16 | FY14/15-FY16/17 | FY15/16-FY17/18 |
|---|---|---|---|---|---|---|---|---|---|---|
| Broward Co. | 69.1 | 69.4 | 70.0 | 69.7 | 70.5 | 71.2 | 74.5 | 75.5 | 77.5 | 75.8 |
| Collier Co. | 64.9 | 67.2 | 67.8 | 68.3 | 68.3 | 67.3 | 69.8 | 69.7 | 72.2 | 72.2 |
| Lee Co. | 44.6 | 44.3 | 44.8 | 44.4 | 44.2 | 44.7 | 46.6 | 47.9 | 48.5 | 47.1 |
| Miami-Dade Co. | 59.1 | 58.6 | 58.6 | 58.5 | 59.3 | 60.0 | 62.3 | 62.9 | 63.9 | 62.7 |
| Monroe Co. | 49.4 | 48.1 | 47.2 | 45.6 | 47.1 | 47.4 | 51.2 | 51.7 | 48.9 | 46.0 |
| Palm Beach Co. | 71.3 | 72.6 | 73.5 | 75.1 | 76.3 | 75.8 | 78.4 | 78.3 | 81.2 | 79.4 |
| FL | 52.4 | 52.4 | 53.0 | 53.2 | 53.8 | 54.0 | 56.0 | 56.2 | 57.4 | 56.2 |

Sources:
- Florida Department of Health, Division of Public Health Statistics & Performance Management, Data Viewer.
- Retrieved November 2018 from http://www.floridacharts.com.

Notes:
- This indicator is relevant because of a shortage of dental health professionals contributes to access and health status issues.
- Licensure data is for a fiscal year (July 1-June 30). Data includes actively licensed providers only.

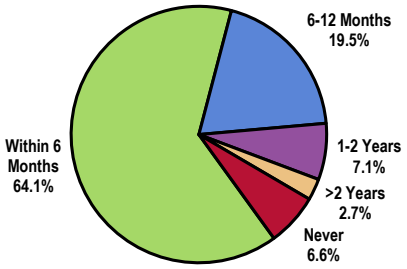
## Receipt of Dental Care

**A majority of Total Service Area children age 2-17 (64.1%) have received dental care (for any reason) in the past 6 months.**

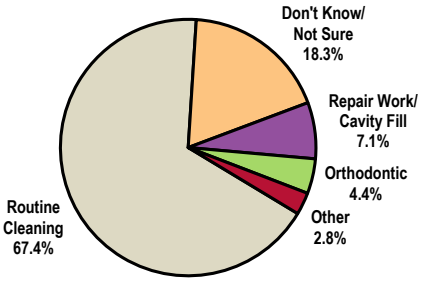
- Asked to specify the reason for their child's most recent dental visit, 67.4% of parents mentioned a **routine cleaning or checkup**, while 7.1% specified **repair work or a cavity fill**. Another 4.4% referenced an **orthodontic appointment**, and 2.8% visited for **something else**.

### Characteristics of Child's Most Recent Dental Visit

(Total Service Area Children Age 2-17, 2018)




**Length of Time Since Child's Most Recent Dental Visit**




**Reason for Child's Last Dental Visit**
(Among Children 2-17 Who Have Visited a Dentist)

Sources: ● 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 44-45]
Notes: ● Asked of those respondents for whom the randomly selected child in the household is age 2 to 17.

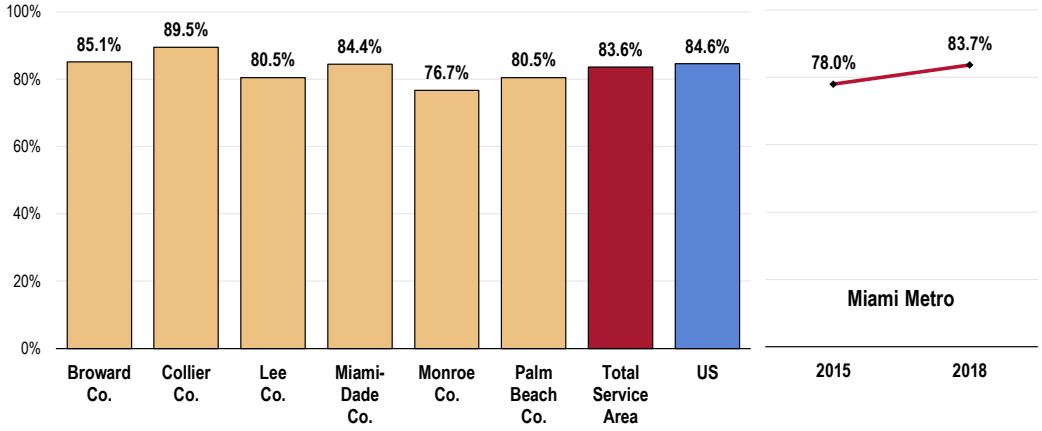
**In all, 83.6% of Total Service Area children age 2-17 have visited a dentist or dental clinic (for any reason) in the past year.**

- Comparable to the US prevalence.
- Easily satisfies the Healthy People 2020 target of 49.0% or higher.
- Statistically comparable by Total Service Area county.
- MIAMI METRO TREND: The prevalence of recent dental care has improved over time.

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

(Total Service Area Children Age 2-17, 2018)

**Healthy People 2020 Target = 49.0% or Higher**




Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 44]
- 2018 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]

Notes:
- Asked of those respondents for whom the randomly selected child in the household is age 2 to 17.
- Note that the Monroe County sample size is relatively small for this indicator (<50).

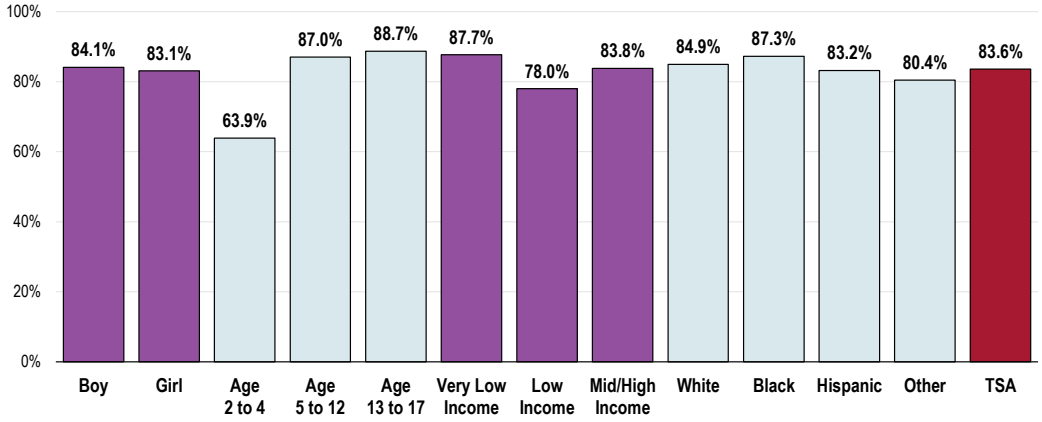
These children are <u>less</u> likely to have visited a dentist or dental clinic in the past year:

- Children age 2 to 4 (positive correlation with age).
- Children in low-income households (100-199% of the federal poverty level).

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

(Total Service Area Children Age 2-17, 2018)

**Healthy People 2020 Target = 49.0% or Higher**




Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 44]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-2.1]

Notes:
- Asked of those respondents for whom the randomly selected child in the household is age 2 to 17.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White children).
- 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.

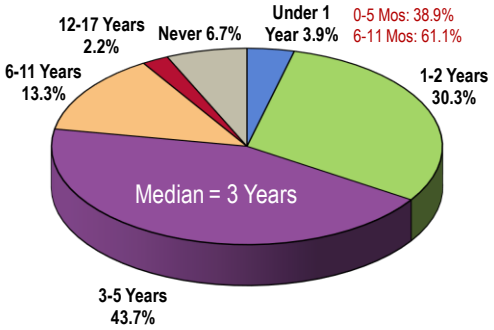
## Age of First Dental Visit

**The majority (43.7%) of parents report that their child first visited the dentist when they were 3-5 years old. Another 34.2% of children were age 2 or younger, and 15.5% were age 6+. A remaining 6.7% of these children have never visited a dentist.**

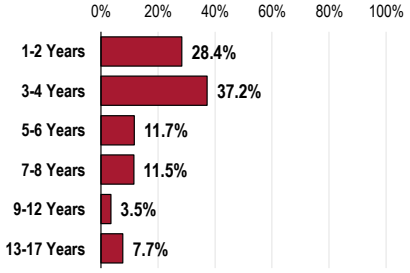
Among the children who have never visited a dentist, just under two-thirds (65.6%) are under age 5, though 7.7% are age 13+.

### Initiation of Dental Care

(Total Service Area, 2018)




**Age When Child First Visited Dentist**




**Age of Child Who Has Never Visited a Dentist**

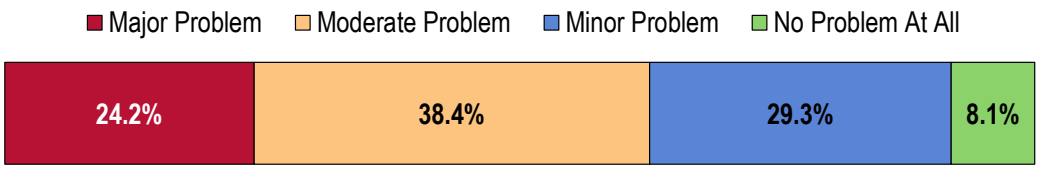
Sources: • 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 314-315]
Notes: • Reflects all respondents.

## Key Informant Input: Oral Health

**Key informants taking part in an online survey generally characterized *Oral Health* as a "moderate problem" for children/adolescents in the community.**

### Perceptions of Oral Health as a Problem for Children/Adolescents in the Community

(Key Informants, 2018)




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 frequently related to the following:

#### Access to Care/Services

> *Just as with the food, there are communities where dentists choose to not build businesses; thus, families do not have easy access to oral health services. — Social Services Provider (Monroe County)*
>
> *Access to oral health providers, parental attitudes toward need for primary teeth, increased consumption of bottled water. — Other Health Provider (Miami-Dade County)*
>
> *Lack of pediatric dentists who care for children under 5 years of age. — Physician (Miami-Dade County)*
>
> *Cost, I believe. — Physician (Miami-Dade County)*

#### Prioritizing

> *Oral health is an ignored part of our children's health. It is more likely that parents forget annual dental checkups than it is for them to forget annual physical. Poor dental habits created as children as likely to follow into adulthood. The increased sugar consumed in children also poses a risk in their dental conditions. Poor oral health also poses health conditions when not taken care of. — Community/ Business Leader (Miami-Dade County)*
>
> *Many available cosmetic cover-ups, and unless overt pain and discomfort exists, oral health is not a priority for children and adolescents in my community- and usually not a priority for the parents. — Other Health Provider (Miami-Dade County)*
>
> *We see that many children to not go for regular cleaning and check-ups. — Community/Business Leader (Miami-Dade County)*

#### Awareness/Education

> *Families and children are not educated on this issue, and the school should facilitate, especially for lower socioeconomic children. Places where family can be sent for dental check once yearly. The same way school requires a physical and immunization form, a specific dental form should be mandatory as part as making sure the children are in optimal health. — Physician (Miami-Dade County)*
>
> *Lack of dental care for small children due to limited knowledge of when to start regular visits to dentists. Also, limited participation of dentists in different insurance companies. — Physician (Miami-Dade County)*

#### Comorbidities

> *If children get infections in their mouths, the infections can spread throughout their entire bodies extremely quickly, and the mouth is so close to the brain that any infection in that area could be extremely toxic to a child. Add that to the fact that children whose teeth are rotting out have to deal with the social stigma and bullying affiliated with a mouth full of decay, which can lead to anti-social behavior as well as mental health issues. — Community/Business Leader (Miami-Dade County)*
>
> *Poor oral health is a predictor of other health issues, including poorer self-esteem and poorer quality of life. Access to affordable dental care is poor in South Florida. — Other Health Provider (Miami-Dade County)*

#### Poor Nutrition

> *Access to sugary drinks. Lack of insurance coverage for dental and Medicaid reimbursement. — Public Health Representative (Miami-Dade County)*
>
> *Amount of sugar in the diet. — Other Health Provider (Miami-Dade County)*

#### Prevalence/Incidence

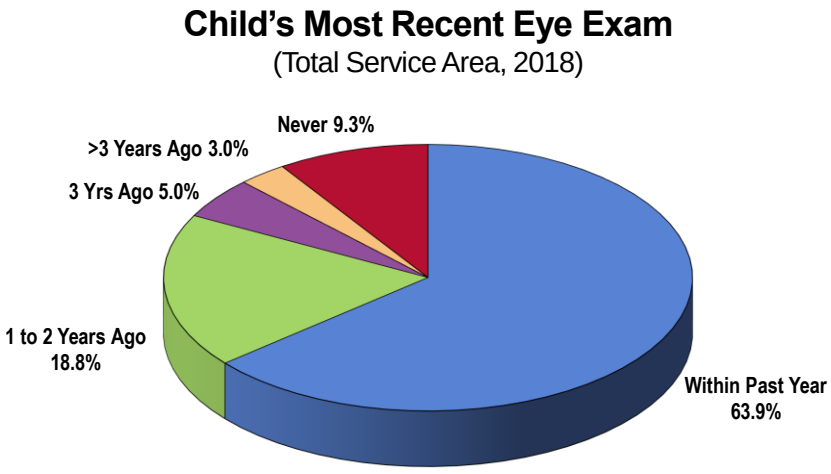
> *Major problem in our area. Lack of providers for underserved community. — Physician (Miami-Dade County)*
>
> *Significant morbidity and impact on quality of life. — Physician (Miami-Dade County)*

# Vision & Hearing

## Recent Eye Exams

RELATED ISSUE: See also *Vision Problems* and *Hearing Problems* in the **Chronic Disease & Special Health Needs: Prevalence of Selected Medical Conditions** section of this report.

**Note the following frequency of eye exams among Total Service Area children; as shown, 9.3% of Total Service Area children have never had an eye exam.**



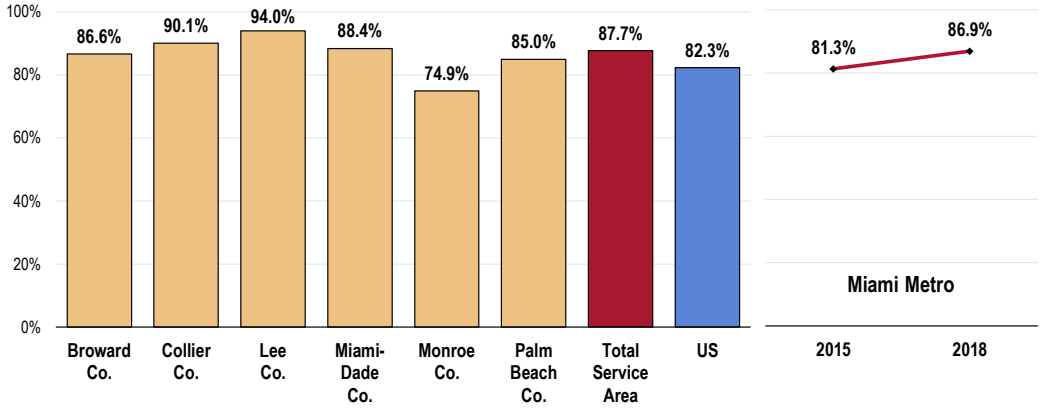

Sources: • 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 36]
Notes: • Asked of all respondents about a randomly selected child in the household.

**On the other hand, a total of 87.7% of Total Service Area parents indicate that their child has had an eye exam within the past three years.**

- Higher than the US prevalence.
- Unfavorably low in Monroe County.
- MIAMI METRO TREND: Marks a statistically significant increase since 2015.

## Child Had an Eye Exam in the Past Three Years

(Total Service Area, 2018)



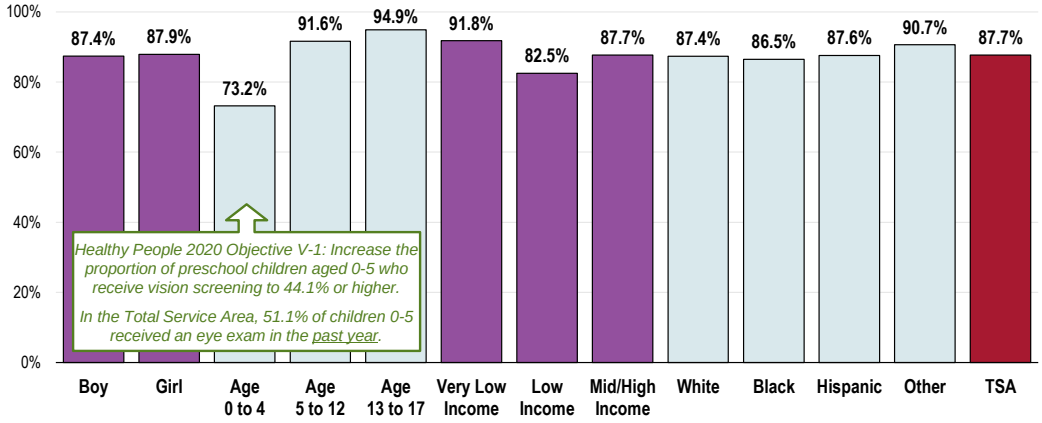

Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 36]
- 2018 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents about a randomly selected child in the household.

- Children under age 5 are less likely to have received an eye exam in the **past 3 years** (note the strong correlation with age).
- However, the prevalence of Total Service Area children age 0 to 5 who have had an eye exam in the **past year** (51.1%) satisfies the Healthy People 2020 target (44.1% or higher) for this age group.
- Children in low-income households (between 100% and 199% of the federal poverty level are also less likely to have had an eye exam in the past 3 years.

## Child Had an Eye Exam in the Past Three Years

(Total Service Area, 2018)

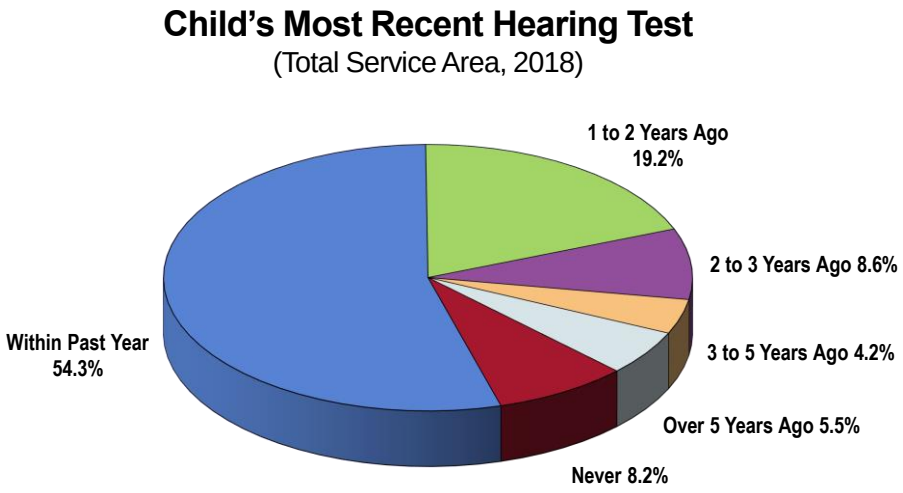



Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 36]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective V-1]

Notes:
- Asked of all respondents about a randomly selected child in the household.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White children).
- 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.

## Hearing Tests

**Note that 8.2% of Total Service Area parents indicate that their child has never had a hearing test.**



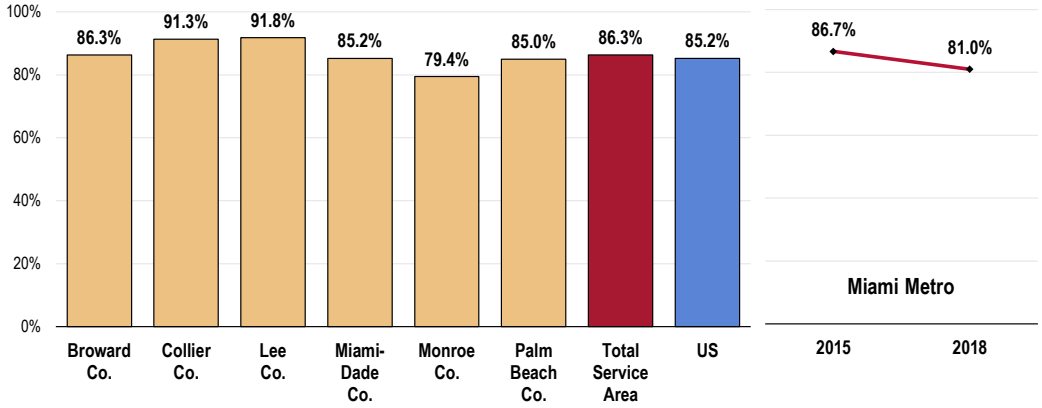

Sources: • 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 38]
Notes: • Asked of all respondents about a randomly selected child in the household.

**On the other hand, 86.3% of Total Service Area children have had a hearing test within the past five years.**

- Similar to US findings.
- Highest in Lee County.
- MIAMI METRO TREND: Statistically lower than prior survey findings.

## Child Had a Hearing Test in the Past Five Years

(Total Service Area, 2018)



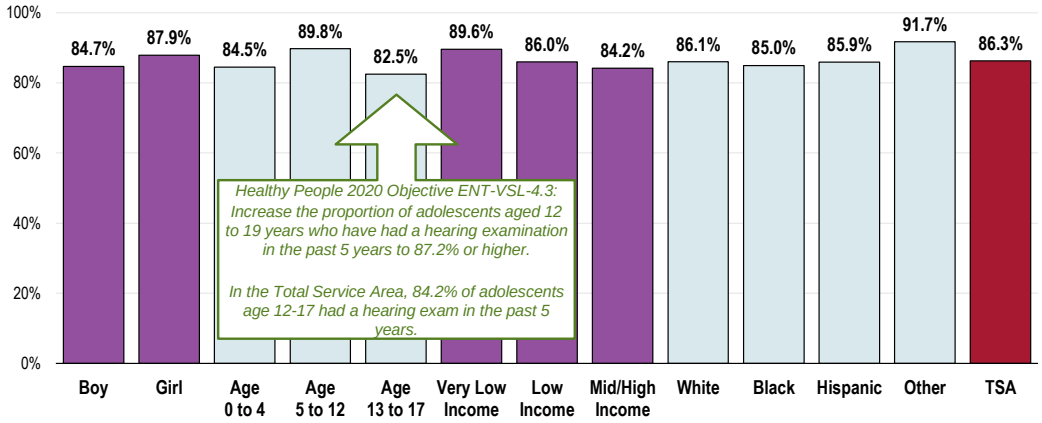

Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 38]
- 2018 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents about a randomly selected child in the household.

- Children less likely to have received a hearing test in the past 5 years include teens, as well as children under age 5.
- Note that the prevalence of hearing tests among Total Service Area adolescents age 12 to 17 (84.2%) fails to satisfy the Healthy People 2020 target (87.2% or higher) set for those age 12 to 19.

## Child Had a Hearing Test in the Past Five Years

(Total Service Area, 2018)




Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 38]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective ENT-VSL-4.3]

Notes:
- Asked of all respondents about a randomly selected child in the household.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White children).
- 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.

# Emergent & Urgent Care

## Emergency Room Utilization

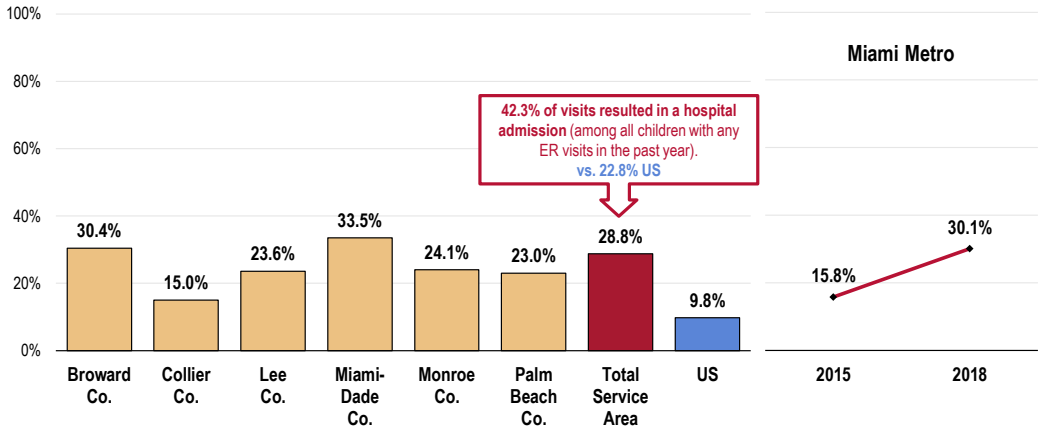
**A total of 28.8% of Total Service Area parents report taking their child to a hospital emergency room (ER) more than once in the past year.**

- More than twice the US figure.
- Notably high in Miami-Dade County.
- MIAMI METRO TREND: Far higher than 2015 findings.

Of those whose child used a hospital ER, 42.3% say the visit resulted in a hospital admission.

### Child Used a Hospital Emergency Room More Than Once in the Past Year

(Total Service Area, 2018)



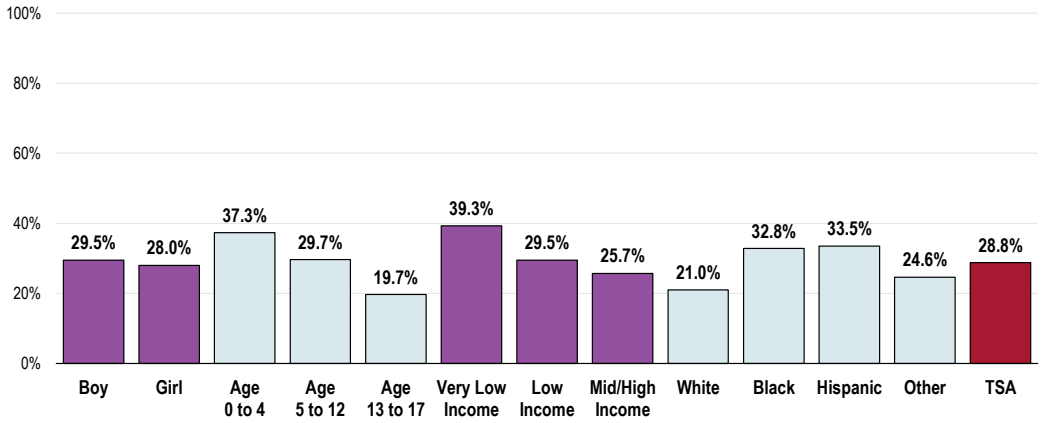

Sources: ● 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 39-40]
● 2018 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents about a randomly selected child in the household.

Children more likely to have used a hospital emergency room for care more than once in the past year include:

- Younger children (strong negative correlation with age).
- Those in lower income households (negative correlation with income).
- Black or Hispanic children.

## Child Used a Hospital Emergency Room More Than Once in the Past Year

(Total Service Area, 2018)




Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 39]

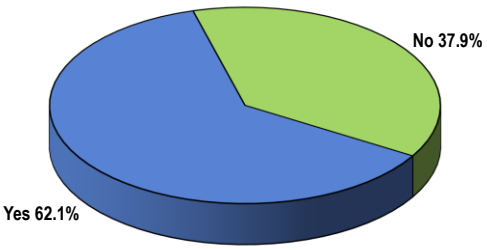
Notes:
- Asked of all respondents about a randomly selected child in the household.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White children).
- Income categories reflect respondent's household income as a ratio to the 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.

**Among Total Service Area parents of children with any ER visit in the past year, 62.1% say the visit was for something that might have been treated in a doctor's office.**

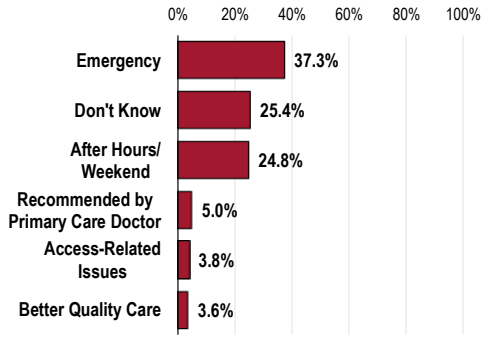
- Asked why they used a hospital ER for their child's care, 37.3% said the visit was to treat an actual **emergency situation,** 25.4% were **not sure**, and 24.8% indicated that they needed the care **after hours or on the weekend**.
- Another 5.0% of Total Service Area parents were **recommended to use the ER by the child's primary care physician**, 3.8% took their child to a hospital ER in the past year of **access-related issues**, and 3.6% needed **better quality care.**

## Emergency Room Visits

(Among Total Service Area Children With Any ER Visits in the Past Year, 2018)




**ER Visit Was for Something That Might Have Been Treated in a Doctor's Office**




**Reason for Using the Hospital ER Instead of a Doctor's Office or Clinic**
(Among Those Responding "Yes" at Left)

Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 41-42]

Notes:
- Asked of respondents for whom the randomly selected child in the household used a hospital ER in the past year.

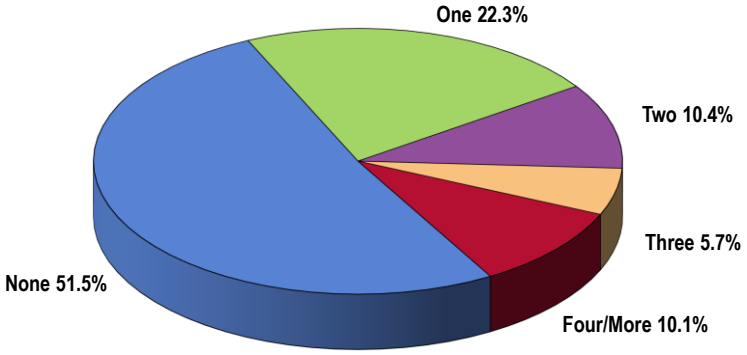
## Urgent Care Centers/Walk-In Clinics

**A total of 48.5% of Total Service Area children visited an urgent care center or other walk-in clinic at least once in the past year.**

- The prevalence includes 15.8% of Total Service Area children who visited an urgent care center **three or more times** in the past year.

### Number of Visits to an Urgent Care Center or Other Walk-in Clinic in the Past Year

(Total Service Area, 2018)

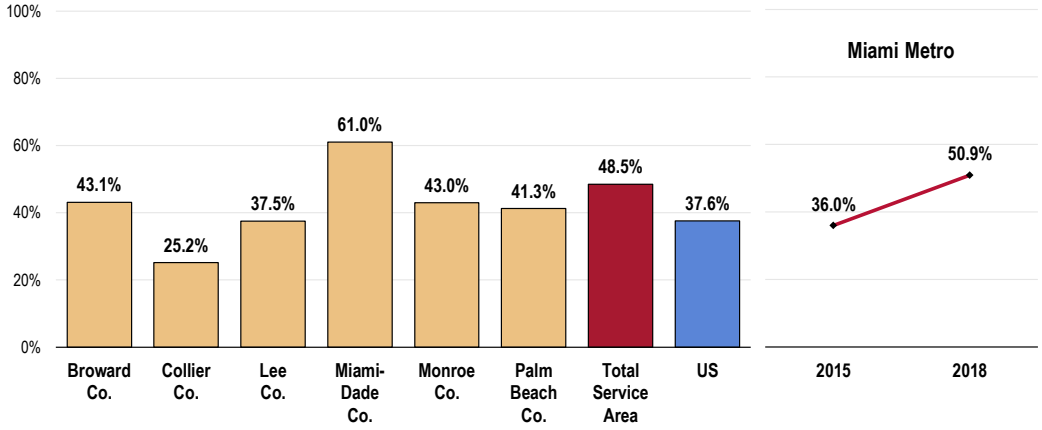



Sources: ● 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 43]
Notes: ● Asked of all respondents about a randomly selected child in the household.

- The prevalence of children using an urgent care center in the past year is higher than national findings.
- Notably high in Miami-Dade County.
- MIAMI METRO TREND: Represents a notable increase over 2015 findings.

### Child Used an Urgent Care Center, QuickCare Clinic, or Other Walk-In Clinic in the Past Year

(Total Service Area, 2018)



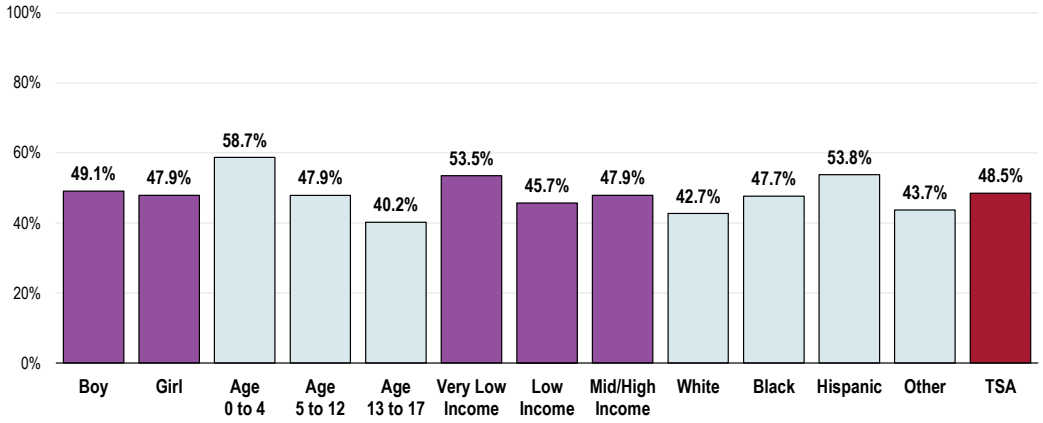

Sources: ● 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 43]
● 2018 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents about a randomly selected child in the household.

Parents more likely to have sought care at a walk-in clinic in the past year include:

- Children age 0 to 4 (note the strong negative correlation with age).
- Hispanic children.

## Child Used an Urgent Care Center, QuickCare Clinic, or Other Walk-In Clinic in the Past Year

(Total Service Area, 2018)




Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 43]

Notes:
- Asked of all respondents about a randomly selected child in the household.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White children).
- 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.

# Health Education & Outreach

Professional Research Consultants, Inc.

# Primary Source of Healthcare Information

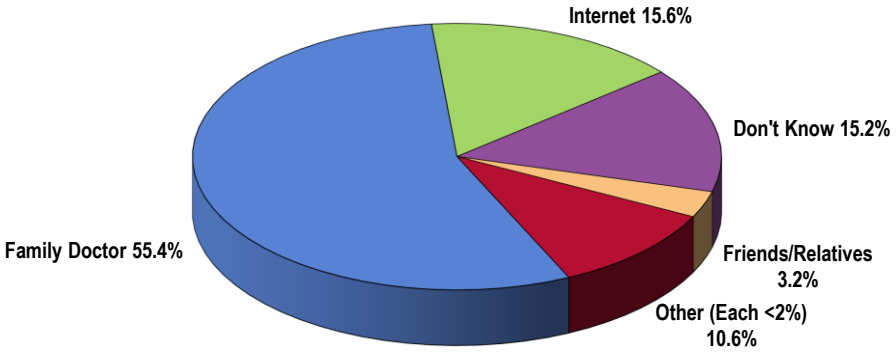
"Where do you get most of your healthcare information for this child?"

**Family physicians are the primary source of children's healthcare information for 55.4% of Total Service Area parents.**

- The **Internet** received the second-highest response, with 15.6%.

## Primary Source of Healthcare Information for Child

(Total Service Area, 2018)

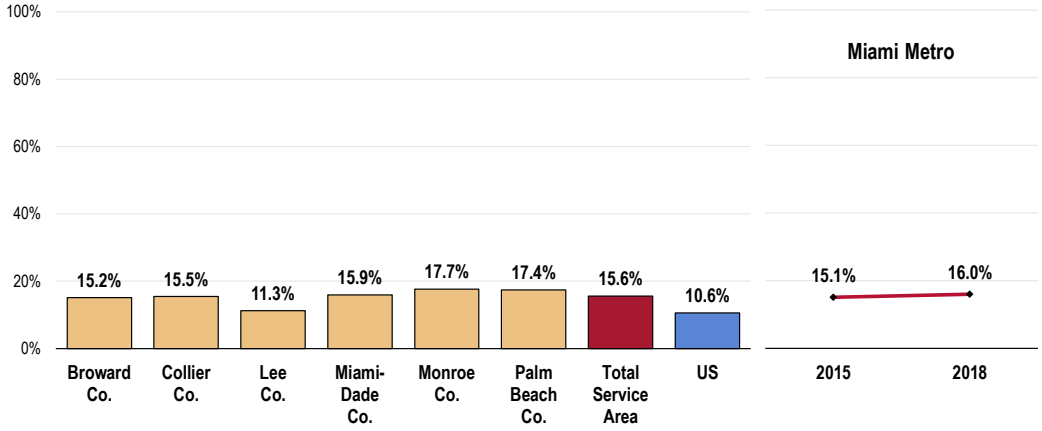



Sources: • 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 342]
Notes: • Asked of all respondents.

- The prevalence of Total Service Area parents who rely on the Internet as their primary source of healthcare information for their child is higher than US findings.
- Statistically similar by county.
- MIAMI METRO TREND: No significant change over time.

## Internet Is the Primary Source of Healthcare Information

(Total Service Area, 2018)



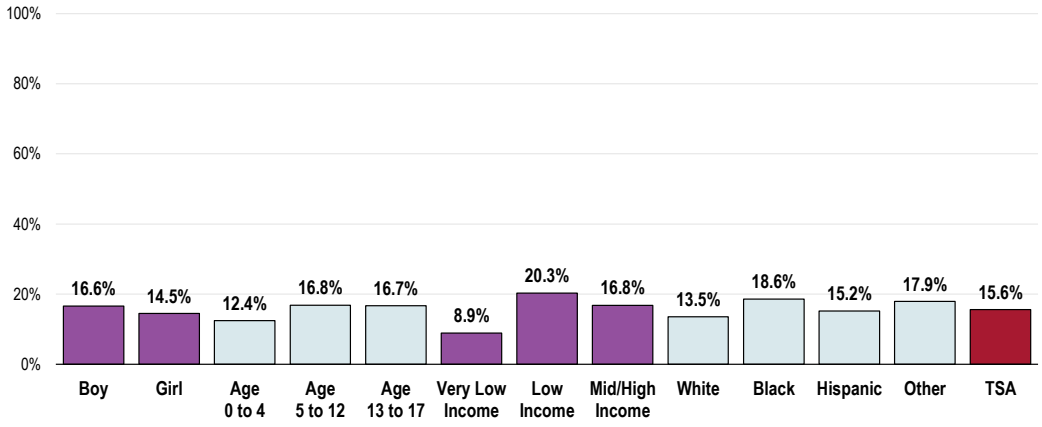

Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 342]
- 2018 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

- Parents living above poverty (above poverty) are more likely to rely on the Internet for healthcare information.

## Internet Is the Primary Source of Healthcare Information

(Total Service Area, 2018)




Sources:
- 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 342]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White children).
- 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.

# Willingness to Use Personalized Medicine

"As you may or may not know, Personalized Medicine is an area of medicine that uses a person's genetic information to identify potential illnesses, to provide information to help prevent and treat an illness, and to identify which drug or treatment would be most effective.

In the future, would you be willing to use Personalized Medicine and seek out genetic testing results for any of the following purposes?

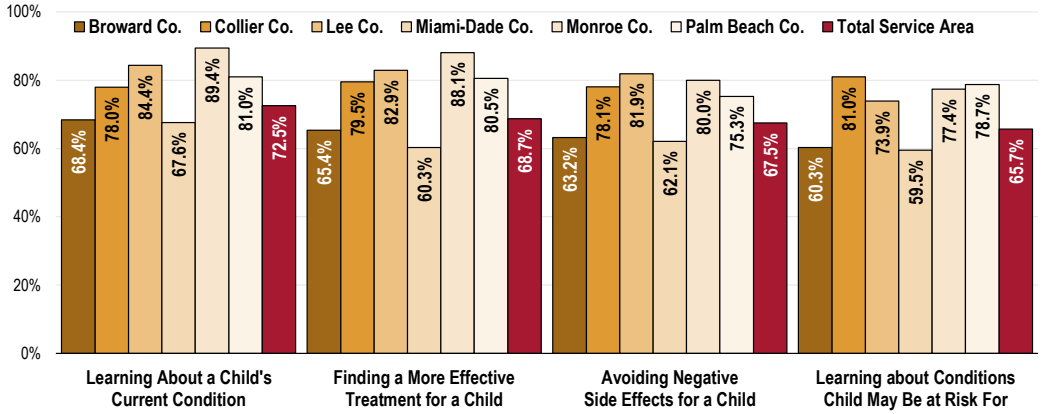
Note: Genetic testing is a type of medical test that identifies changes in genes. Genes are like books in a library with information about your body and how it works.

**Parents were asked a series of questions regarding their willingness to seek genetic testing results for the health of any child in their household.**

- 72.5% of parents would be willing to use genetic testing to **learn about a child's current condition.**
- 68.7% would be willing to use genetic testing in order to **find a more effective treatment for a child**.
- 67.5% of parents would use personalized medicine in order to **avoid negative side effects for a child**.
- 65.7% would be interested in **learning about conditions for which their child may be at risk**.

## Willingness to use Personalized Medicine and Seek Genetic Testing Results for:

(Total Service Area Parents, 2018)



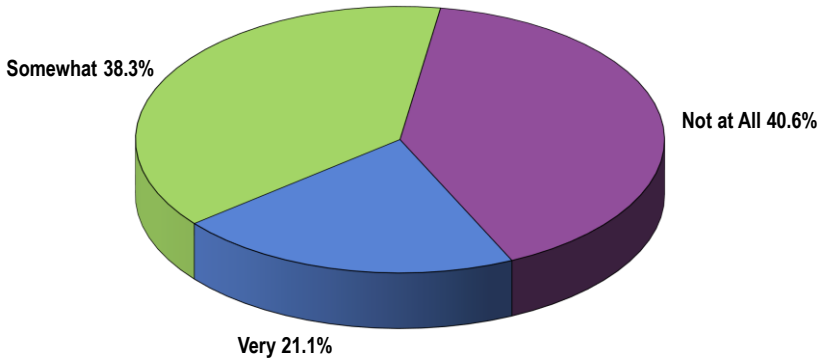

Sources: • PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Items 338-341]
Notes: • Asked of all respondents about any of the children in the household.
• Note that the Monroe County sample size is relatively small for these indicators (<50).

# Likely Participation in Clinical Research Trials

**Of Total Service Area parents, 21.1% would be "very" likely to allow their child to participate in a clinical research trial, while another 38.3% would be "somewhat" likely.**

## Likelihood of Allowing Child to be in a Clinical Research Trial

(Total Service Area Parents, 2018)



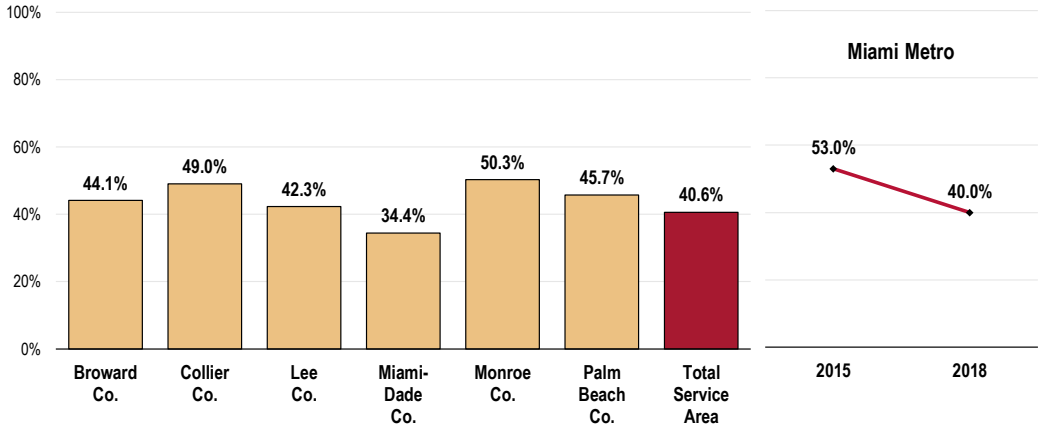

Sources: ● 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 335]
Notes: ● Asked of all respondents about any of the children in the household.

**Still, the majority (40.6%) would be "not at all" likely to let their child be in a clinical research trial.**

- Most favorable in Miami-Dade County.
- MIAMI METRO TREND: Represents a favorable decrease over time.

## Parent Not at All Likely to Allow Child into a Clinical Research Trial

(Total Service Area, 2018)

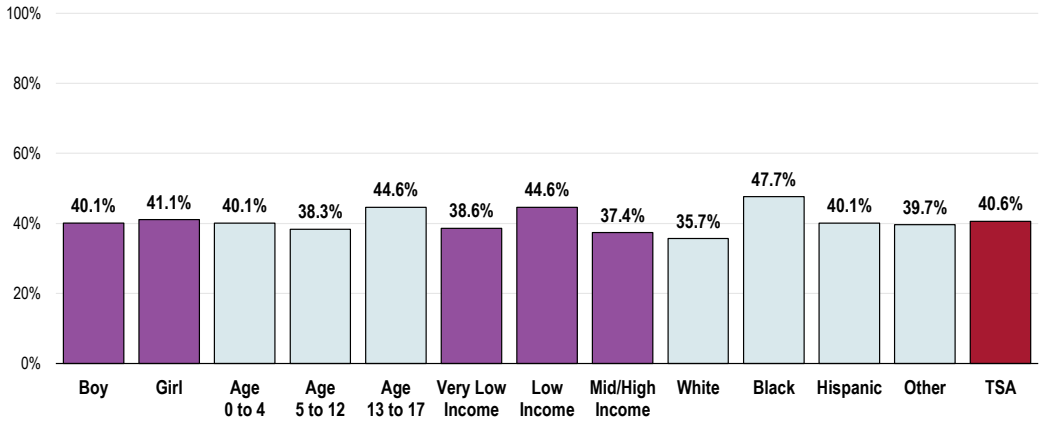



Sources: ● 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 335]
Notes: ● Asked of all respondents about any of the children in the household.
● Note that the Monroe County sample size is relatively small for this indicator (<50).

Those more likely to oppose the participation of their child in a clinical research trial include:

- Parents of teens.
- Those living between 100% and 199% of poverty.
- Parents of Black children.

**Parents Not at All Likely to Allow Child into a Clinical Research Trial**
(Total Service Area, 2018)




Sources: • 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 335]
Notes: • Asked of all respondents about any of the children in the household.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White children).
• 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.

**Parents were then asked to give the main reason for their stance, whether positive or negative.**

Among parents who are "very" or "somewhat" likely to allow their child into a clinical research trial, most were **not sure** (32.2%). Another top reason given includes that the trial **might help other children** (27.5%).

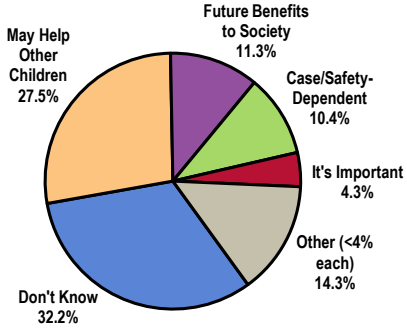
- Less frequent reasons include future benefits to society (11.3%), dependent on safety or circumstances (10.4%), and its importance (4.3%).

Among parents who are "somewhat" or "not at all" likely to allow their child into a clinical research trial, the top reason given is **safety risks or side effects** (31.1%), followed by those who simply **do not want them to participate** (15.5%) or are **not sure** (15.5%).

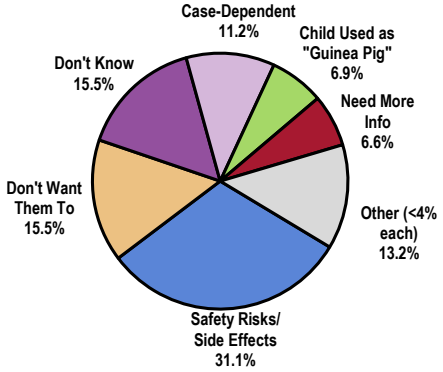
- Less frequent reasons include being case-dependent (11.2%), not wanting their child to be a "guinea pig" (6.9%), and needing more information (6.6%).

## Main Reasons to Allow/Not Allow Child to Participate in a Clinical Research Trial

(Total Service Area Parents, 2018)




Among Parents Very/Somewhat Likely to Allow Child into a Trial




Among Parents Somewhat/Not At All Likely to Allow Child into a Trial

Sources: ● 2018 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 336-337]
Notes: ● Represents all respondents.

# Resources

Professional Research Consultants, Inc.

# Resources Available to Address the Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) available to address the significant health needs identified in this report. This list is not exhaustive, but rather outlines those resources identified in the course of conducting this Child & Adolescent Health Needs Assessment.

### Access Problems

- *Children's Trust Grants*
- *Community Health Centers*
- *Community-Based Organizations*
- *Early Learning Coalition*
- *Federally Qualified Health Centers*
- *Florida Diagnostic and Learning Resource System (FDLRS)*
- *Health Department*
- *Jackson Memorial Hospital*
- *Kids Care*
- *Mailman Center for Child Development*
- *Medicaid*
- *Minute Clinics*
- *Nicklaus Children's Hospital*
- *ObamaCare*
- *Pediatric Mobile Clinics*
- *Poison Control Center*
- *Public Transportation*
- *School System*
- *The Children's Trust*
- *United Way*
- *University of Miami*
- *Urgent Care*

### Allergies

- *Asthma Home Visiting Program*
- *Baptist Children's Hospital*
- *Baptist Health Systems*
- *Churches*
- *Doctor's Offices*
- *Easter Seals*
- *Florida Diagnostic and Learning Resource System (FDLRS)*
- *Federally Qualified Health Centers*
- *Health Department*
- *Holtz Children's Hospital*
- *Internet*
- *Jackson Health System*
- *Jackson Memorial Hospital*
- *Mailman Center for Child Development*
- *Nicklaus Children's Health System*
- *Nicklaus Children's Hospital*
- *Pharmacy Discount Cards*
- *School System*

### Asthma

- *AllerMates*
- *Asthma and Allergy Foundation of America (AAFA)*
- *Asthma Home Visiting Program*
- *Baptist Health Systems*
- *Doctor's Offices*
- *Emergency Room*
- *Federally Qualified Health Centers*
- *Health Department*
- *Informational Materials Available in 3E*
- *Internet*
- *Jackson Health System*
- *Nicklaus Children's Hospital*
- *Promotion of Asthma Action Plans*
- *Subspecialty Clinics*
- *Urgent Care*

### Bone, Joint & Muscle Problems

- *Jackson Memorial Hospital*

### Cognitive and Behavioral Problems

- *Allied Health Professionals*
- *Autism Speaks*
- *Autist-Society.org*
- *Behavioral Health Services*
- *Best Buddies*
- *Center for Children and Families FIU*
- *Centers of Excellence*
- *CHAAD.org*
- *CHI*
- *Churches*
- *Citrus Health*

- *Compass Health/Psychiatry Resources*
- *Crisis Intervention Centers*
- *Dan Marino Pediatric Outpatient Center*
- *Dan Marino Foundation*
- *Department of Children and Families*
- *Doctor's Offices*
- *Early Steps*
- *First Steps*
- *Florida Diagnostic and Learning Resource System (FDLRS)*
- *Florida International University*
- *Friendship Circle*
- *Health Department*
- *Hearing and Speech Center of Florida*
- *HIP (Health Information Project, Inc.)*
- *Holtz Children's Hospital*
- *Integrated Therapy Services*
- *Jackson Health System*
- *Jackson Memorial Hospital*
- *Jessie Trice Community Health Center*
- *Kesher Day School*
- *Larkin Hospital*
- *Mailman Center for Child Development*
- *Medicaid*
- *Mental Health Services*
- *Miami Behavioral*
- *Miami Children's Hospital*
- *Michael-Ann Russell Jewish Community Center*
- *Multicultural Care Centers*
- *Neurology Associates*
- *Nicklaus Children's Hospital*
- *Parent to Parent of Greater Miami*
- *Private Companies Providing ABA Resources*
- *PsychSolutions, Inc.*
- *School System*
- *Subspecialty Clinics*

### Diabetes

- *ADA (American Diabetes Association)*
- *Diabetes Research Institute*
- *Doctor's Offices*
- *Nicklaus Children's Hospital*
- *Pediatric Specialists of America (PSA)*

### Hearing and Vision Problems

- *Doctor's Offices*
- *Lighthouse for the Blind*
- *Nicklaus Children's Hospital*
- *NSU (Nova Southeastern University) College of Optometry*
- *Speech Centers*

### Infant and Child Health

- *Early Steps*
- *Federally Qualified Health Centers*
- *Health Department*
- *Healthy Start*
- *Jackson Health System*
- *Jackson Memorial Hospital*
- *Jessie Trice Community Health Center Community Health Center*
- *La Leche League*

### Injury and Violence

- *Archdiocese - Youth Center*
- *Big Brother Big Sister*
- *Boys and Girls Clubs*
- *CHI*
- *Children's Abuse Line*
- *Churches*
- *Citrus Health*
- *Community Programs Keeping Kids Off the Streets*
- *Consortium for a Healthier Miami-Dade*
- *Dade County Drowning Prevention Coalition*
- *Doctor's Offices*
- *Early Steps*
- *Emergency Room*
- *Federal Programs*
- *Fire Rescue Education Department*
- *Florida Department of Children and Families*
- *Gun Control*
- *Infant Car Seat Program*
- *Institute for Children and Families*
- *Insurance*
- *Jackson Health System*
- *Jackson Memorial Hospital*
- *Medicaid*
- *Mental Health Services*
- *Miami Children's Initiative*
- *Miami-Dade Police Departments Education Task Force*
- *Nicklaus Children's Hospital*
- *Overtown Youth Center*
- *Partnerships With Private Institutions*
- *Police Department*
- *Prescribed Pediatric Extended Care (PPEC)*
- *PsychSolutions, Inc.*
- *Public and Private Resources*
- *Public Defender's Anti-Violence Partnerships*

*School System*
*Sheridan House*
*Social Worker*
*TBI (Traumatic Brain Injury) Clinic*
*The Children's Trust*
*Together for Children Initiative*
*University of Miami*

### Mental Health Issues

*Banyan Health System*
*Center for Children and Families FIU*
*CHI*
*Citrus Health*
*Community Mental Health Centers*
*Compass Health/Psychiatry Resources*
*Cuban American National Council*
*Dan Marino Pediatric Outpatient Center*
*Doctor's Offices*
*Family Resource Center*
*Federally Qualified Health Centers*
*Florida Department of Children and Families*
*Florida International University*
*Gang Alternative, Inc.*
*Group Homes*
*Health Care Facilities*
*Health Department*
*HIP (Health Information Project, Inc.)*
*Institute for Children and Families*
*Insurance*
*Jackson Behavioral Health Services*
*Jackson Memorial Hospital*
*Lighthouse for the Blind*
*Mailman Center for Child Development for Child Development*
*Medicaid*
*Medical Model*
*Mobile Crisis Unit*
*Nicklaus Children's Hospital*
*OIPs*
*PsychSolutions, Inc.*
*Religious Outlets*
*Residential*
*School System*
*Social Worker*
*Suicide Prevention Resource Centers*
*The Children's Trust*
*Together for Children Initiative*
*University of Miami*
*Urban Promise*

### Neurological Problems

*Dan Marino Pediatric Outpatient Center*
*Doctor's Offices*
*Early Steps*
*Jackson Memorial Hospital*
*Medicaid*
*Nicklaus Children's Hospital*
*Parent to Parent of Greater Miami*

### Nutrition, Physical Activity, and Weight

*Alper JCC*
*Boys and Girls Clubs*
*CAP4Kids Miami*
*Churches*
*Community Health Centers*
*Consortium for a Healthier Miami-Dade*
*Doctor's Offices*
*Facebook*
*Fit Kid Camp*
*Fitness Centers/Gyms*
*FLIPANY*
*Florida Alliance for a Healthier Generation*
*Florida International University*
*Food Stamps*
*Health Foundation of South Florida*
*HIP (Health Information Project, Inc.)*
*Internet*
*Jackson Memorial Hospital*
*Medical Centers*
*Miami Beach JCC*
*Miami Children's Institute (MCI)*
*Miami-Dade CDC*
*Michael-Ann Russell Jewish Community Center*
*Nicklaus Children's Hospital*
*Nutrition Services*
*Nutritionist On-Site*
*Parks and Recreation*
*Private Partnerships*
*Public Lunch Programs*
*School System*
*Sports Leagues*
*Subspecialty Clinics*
*United Way*
*Weight Watchers*

### Oral Health/Dental Care

*Colgate Bright Smiles*
*Community Health Organization*
*Coral Gables Children's Dental Clinic*
*Florida Department of Health*
*Jackson Memorial Hospital*
*Jessie Trice Community Health Center*
*Nicklaus Children's Hospital*

### Sexual Health

*CAP4Kids Miami*
*Churches*
*Department of Children and Families*
*Doctor's Offices*
*Federally Qualified Health Centers*
*Florida Department of Children and Families Hotline*
*Health Department*
*HIP (Health Information Project, Inc.)*
*Mental Health Services*
*Nicklaus Children's Hospital*
*Plan B*
*Planned Parenthood*
*Pridelines*
*Roxcy Bolton Tape Treatment Center*
*School System*
*Sheridan House*
*Social Media*

### Substance Abuse

*American Lung Association*
*Catholic Charities*
*Consortium for a Healthier Miami-Dade*
*Drug Free Coalition*
*Enhanced Healing and Wellness Center*
*Family*
*Florida Department of Health*
*For-Profit Private Rehab Centers*
*Health Department*
*Jackson Memorial Hospital*
*Mental Health Services*
*Miami-Dade Area Health Education Center*
*Mothers Against Drunk Driving (MADD)*
*Nicklaus Children's Hospital*
*School System*
*Social Programs*
*South Miami Hospital*
*South Miami Rehab*
*St. Luke's Addiction Recovery*
*The Village*

# Appendix

Professional Research Consultants, Inc.

# Nicklaus Children's Hospital: 2015-2018 Implementation Plan Program Evaluation

## Nutrition, Physical Activity & Weight

### Need:

- Low percentage of children consuming recommended daily servings of fruit and vegetables, and high reported difficulty accessing affordable produce compared to national averages
- 38% of participants in the Tri-County area reported that their child is overweight or obese (based on BMI calculation), statistically worse than US comparison
- The majority of parents of children age 5-17 who are overweight or obese (based on BMI) see their child as being "about the right weight"
- Reported family meals considerably less favorable than found nationally
- Only 37% of respondents in the Tri-County area affirmed their child [was] physically active for one hour or longer every day of the week, compared to the national percentage of 43%
- Obesity, nutrition and exercise received the largest share of responses as the perceived number-one health issue for children less than 12 and 12-17 among parents or guardians of children in that age group, and
- Parents and guardians of children under 12 who identified obesity, nutrition or exercise as the number-one health concern largely see community resources as insufficient (or non-existent), whereas parents and guardians who reported cold/flu as the number one health concern see community resources as sufficient or more than sufficient.

### Root Causes:

Enough evidence supports that as part of a healthy food environment, fruits and vegetables need to be accessible and affordable in the places where children and families live. Education is key for behavior changes, but increased access and affordability of fruits and vegetables is perhaps the most challenging issue, especially for underserved communities. Cultural diversity may also play a role in fruits and vegetables consumption. A closer look into the root causes of this problem is quantified in CDC's State Indicator Report on Fruits and Vegetables, 2018 (https://www.cdc.gov/nutrition/downloads/fruits-vegetables/2018/2018-fruit-vegetable-report-508.pdf). Florida ranked 2nd in the lowest number of Farmer Markets per 100,000 residents in 2017 with only 8.5% of Farmers Markets accepting WIC vouchers. Florida is also ranked one of the worst in offering salad bars to middle and high school students with only 16.4% schools compared to a 44.8% national standard. Florida has no State Policy on Food Service Guidelines nor State ECE Licensing Regulations that align with National Standards for Serving Fruits and Vegetables. There are only 8 Local Food Policy Councils and 4 Food Hubs.

With regard to physical activity, habits develop early and skills build. Fundamental movement skills are considered the foundation for acquisition of higher-level sport skills, and failure to master can result in difficulty achieving proficiency in the skills required for sport participation, which is the primary means of physical activity for children. Mastery of fundamental movement skills in school-aged children has been correlated with higher levels of physical activity, cardiorespiratory fitness, and a decreased risk of being overweight. Fundamental movement skills should be mastered by the end of 4th grade. However, several works report extreme deficits into 7th grade. There is a gap in movement skills that adversely affect sports participation, general physical activity, weight and overall health – this further compounded by other social and environmental factors that can make physical activity outside of the school setting a challenge.

## Countermeasures:

| Priority Area | Call to Action |
|---|---|
| **Nutrition, Physical Activity & Weight** | • Nicklaus Children's Hospital expanded outpatient nutrition throughout our ambulatory network and migrated from an out-of-pocket payment model to be a covered service by most insurance plans.<br>• The hospital supports the education and training of school nurses providing nutrition services via the virtual school nurse pilot (full explanation in 'Access to Healthcare Services').<br>• Nicklaus Children's Hospital enhanced our Sports Health program with services covering the full spectrum of screening, injury prevention, treatment, recovery and wellness.<br>• GiveMe5: A multidisciplinary, training, educational and marketing tool to encourage the consumption of fruits and vegetables among children of all ethnicities in South Florida – developed by NCH and being rolled out in conjunction with additional partner organizations. |

## Effectiveness Measures:

### *Outpatient Nutrition Services*

While Nicklaus now offers nutrition throughout our ambulatory network, and most payors report nutrition counseling as a covered benefit, difficulty securing contracts with payors has meant many patients still don't have nutritional counseling through their health plan. The hospital is actively working to rectify the situation.

### *GiveMe5*

Under the #GiveMe5 program, thirty-six (36) nutrition education classes encouraging the consumption of fruits and vegetables have been completed with about 2,854 participants.

Twenty-eight (28) mini-Farmers Market have distributed fresh fruits and vegetables to about 1,764 children and their families. From October 2017 to December 2018, #GiveMe5 participated in twenty-four (24) community events exposing the program to about 16,575 participants throughout Miami-Dade County. The program has distributed $23,578.78 worth of fresh fruits and vegetables in Miami-Dade County.

### *The Sports Health Program*

**Services Provided:**

ACL Injury Prevention Program and ACL return to sport testing: now live at six outpatient centers

Dance Injury Prevention Program: now live at 3 outpatient centers

Dance Medicine Program: live at three outpatient centers and one school, The New World School of the Arts

Running Injury Prevention Program: now live at four outpatient centers

Overhead Athlete Injury Prevention program: live at 1 outpatient center

**Community Education:**

Breakfast of Champions: Sports Health education on nutrition, physical literacy and other Sports Health related topics for parents, coaches and teachers. Four sessions in 2018, plan to continue in 2019.

Sports Health Workshops: educational and interactive workshops for athletes and coaches on Sports Health topics such as physical literacy, athletic development, injury prevention, nutrition, sports safety. Completed three in 2018 and plan to continue offering in 2019. People Reached: Since opening the Sports Health Center on 12/11/17 we have provided injury prevention and Sports Health services to 66 young athletes with 255 visits.

## Mental Health

### Need:

- Nearly 60% of respondents stated mental and emotional health is a 'major problem' for Children/Adolescents in the Community
- A total of 6.2% of surveyed parents report that they have been told by a doctor or other healthcare provider that their school-age child had depression. Notably higher than found across the US (2.6%).
- 16.9% of Total Service Area parents indicate that their school-age child has difficulty falling asleep and/or sleeping through the night. Less favorable than US findings (13.2%).
- Of parents reporting their child needed mental health services 20.4% were unable to receive treatment or counseling.
- An average of only 50% of parents of children ages 5-17 in the Tri-County area said they are aware of mental health resources in the community, compared with the national percentage of 65%.

### Root Causes:

"Mental health is a global issue that needs a global response" addressed by the World Health Organization in their 2013 – 2020 action plan.

Major challenges nationally and locally range from stigma, lack of access and/or extremely difficult access given the complexity of mental health coverage by insurances, to the lack of highly qualified mental health professionals. In communities such as ours, the complexity is greater given the specific makeup of our communities (high proportion of immigrants and transient populations).

### Countermeasures:

| Priority Area | Call to Action |
|---|---|
| **Mental Health** | • Nicklaus Children's is collaborating with local universities and community partners to offer a more coordinated and robust delivery model for psychological screening and consultation. |

### Effectiveness Measures:

Families come to NCHS as a leader for mental health services. Demand largely surpasses supply.

In addition to the core services provided through the Division of Psychology and Division of Psychiatry, NCHS has worked to be a resource to families and strives to do connect families with available (oftentimes grant supported) services in the community. Through the Behavioral Health Network, we've referred to the University of Miami and Florida International University. In 2017, 55 patients were scheduled for the Pediatric Behavioral Health Network Clinic and 37 were seen and referred for services at a network partner. In 2018, 50 patients were scheduled

for the Pediatric Behavioral Health Network Clinic and 37 were seen and referred for services. We are currently in the process of scheduling meetings with two other organizations that may join our network. This clinic allows for Nicklaus to triage and assess patients and families and refer to services in the community as needed. Separately, the Division of Psychology has worked to increase capacity and see more patients by adding group therapy services. All told services provided by the division include individual therapy, family therapy, group therapy, consultations, neuropsychological evaluations, psycho-educational evaluations, and psychological evaluations. Through November 2018, Psychology have had 7603 outpatient visits and continue to participate in various multidisciplinary clinics throughout the health system.

## Access to Healthcare Services

### Need:

- 14% of respondents in the Tri-County area stated difficulty getting specialty care for their child in the past year was a 'major problem,' higher than the national percentage of 9%
- 38% of respondents (much less favorable than the national percentage) said they experienced difficulties or delays of some kind in receiving child's needed healthcare in the past year
- Of the tested access barriers, difficulty getting a doctor's appointment impacted the greatest share of Total Service Area children (19.6% of parents say that lack of appointment availability prevented them from obtaining medical care for their child in the past year).

### Root Causes:

Our root causes are described below:

- Practice office hours inconvenient to parents' work or child's school
- Missed appointments (waste / available capacity)
- Available clinic space – many providers only have one exam room to see patients
- Loss of managed care contracts
- Poor communication back to referring providers and to patients post discharge (coordination and navigation of care)
- Variable / sub-optimal internal office operations and standard work (e.g. hours and scheduling)
- Shortage of certain pediatric clinical services in the geographic areas where they are needed

## Countermeasures:

| Priority Area | Call to Action |
|---|---|
| **Access to Healthcare Services** | • NCHS formalized its multispecialty group practice, Pediatric Specialists of America (PSA), in January 2015. The PSA was established to facilitate operational efficiency and growth of our pediatric sub-specialist services. Since its founding the PSA has recruited physicians in: Urgent Care, Emergency Medicine, Dental, Cardiology, Gastroenterology, and Hospitalist Medicine; as well as added two new specialties to the membership, Infectious Disease and Nephrology.<br>• Process underway to extend central scheduling system-wide to streamline and coordinate access to our pediatric sub-specialists.<br>• Nicklaus Children's school health program in partnership with The Children's Trust, Miami-Dade County Department of Health, and Miami-Dade County Public Schools serves children enrolled in the public school system. The program staffs school health offices with a multidisciplinary team of registered nurses, licensed practical nurses, and social workers who work collaboratively to identify, prevent, or remedy student's physical and behavioral health needs and provide a linkage to appropriate community care. The program goal is to promote a healthy school environment that is conducive to student wellbeing, fosters positive behavior, and supports higher academic achievement. Nicklaus Children's Hospital operates 12 sites in Southern Miami Dade.<br>• Care coordinators have been and continue to be integrated in the delivery model for specific sub-specialty clinics and services. |

## Effectiveness Measures:

- PSA continues to add new pediatric sub-specialists and expand to more geographic locations
- 95% of PSA practices now on central scheduling since addition of last medical practice, Nephrology. 5% carve out due to preferred practice ownership of complex scheduling cases (i.e. Transplant, Spine, etc).
- (new) Implemented standard work and utilizing CRM in pre-communication messaging to address original 30% combined No-Show and Cancelation rate across health system. Early efforts have already shown a decline trend in piloted areas.
- (new) 25% reduction in 3rd next available appointment since 2017. Largely due to

scheduling management, reporting improvements and interdepartmental collaborations to better manage provider supply & demand.

- (new) 9% increase in Total Patient Volumes (Inpatient & Outpatient) in last 12 months. Showing increase in growth of medical group practice.
- NCHS has improved practice management through attention to key performance indicators such as Patient Satisfaction, New vs Return, 3rd next available appointment. Collaborations amongst team members has led to creation of tools such as the Open Access dashboard, New Patient per provider tracker and other critical measures.
- The School Health Program in collaboration with DOH now offers basic care services to 64 Miami-Dade County Public schools (55,000 children). Staffed by RNs and CNAs, services include BMI, vision, hearing, scoliosis screenings (roughly 20,000 students), management of acute and chronic conditions, referral to community resources, immunization monitoring, and education. The School Health Program serves an additional 12 schools funded by The Children's Trust (approximately 11,000 children). The staffing mix for this program includes RNs, LPNs, ARNP, LCSWs and MSWs providing comprehensive health services including BMI, vision and dental screenings, mental Health assessment and counseling/therapy, social services, acute and chronic condition management, referral for services, telehealth consults, immunizations and physicals, education and disease prevention.
- Care coordinators are now available for several destination programs. Ongoing efforts are underway to monitor performance relative to the following domains of care coordination: care/care transitions, research/quality/performance improvement, operations management, community outreach/prevention, professional roles and responsibilities, psychological support services/assessment, patient advocacy/patient empowerment, and survivorship/end of life.

## Diabetes

### Need:

- A total of 3.7% of Tri-County area children age 0 to 17 have been diagnosed with diabetes by a doctor or other health care provider. This is considerably less favorable than the US prevalence.
- Adjusted hospitalizations for diabetes per 100,000 among children ages 5-11 was similar across all three counties; but among the 12-18 cohort prevalence was highest in Miami-Dade and Broward and lowest in Palm Beach County

### Root Causes:

Obesity and the correlation to Type 2 Diabetes is well known with larger rates of significance in minority populations as well as those in a lower socio-economic groups. Miami-Dade county and the vast majority of NCHS patients served fall into both categories.

### Countermeasures:

| Priority Area | Call to Action |
|---|---|
| **Diabetes** | • Nicklaus Children's Endocrinology now offers a Certified Diabetes Educator and dietician on premises and available at all times - it is the only children's program in Miami-Dade County to offer this service. Additionally, we've hired a Certified Diabetes Educator in Palm Beach, and are now, through the Heart Program, offering obesity clinics in Martin County. |

The goal of the NCHS Diabetes Center and Nutritional program is to help educate on Glycemic Control and a total reduction of childhood obesity through programmatic and partnered approaches in the community.

### Effectiveness Measures:

Since the inception of the Diabetes Center and the expanded outpatient Nutritional programs our Endocrine/Diabetic department continues to grow outpatient services totaling 3 locations in Miami-Dade, 2 in Broward, 2 in Palm Beach and 1 in Martin County. All locations will have access to a physician and a Diabetic Educator while following our certified Diabetes Self-Management Education program. Our 4 county service includes 8 board-certified Endocrinologists, 2 ARNPs (both with CDE designations), 2 RNs (both with CDE designations), and a dedicated RD (also having a CDE designation).

## Injury & Violence

### Need:

- In the Tri-County area during 2012, 14.1 violent acts per 100,000 students (grades K-12) occurred at school or school activities (22.1 in Miami-Dade, 11.8 in Broward, and 14.1 in Palm Beach). This was much less favorable than for the State overall.
- A total of 11.2% of Tri-County children age 5-17 missed school at least once in the past year because he/she felt unsafe either at school or on the way to/from school. This is over twice the national proportion.

### Root Causes:

From Healthy People *2020* (www.healthypeople.gov)

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

### Countermeasures:

| Priority Area | Call to Action |
|---|---|
| **Injury & Violence** | • As part of Nicklaus Children's school program, we are collaborating with local school districts to ascertain their needs and identify areas where we can support in addressing issues of injury and violence. |

### Effectiveness Measures:

Meaningful progress has not been made in this area. The Division of Psychology has flagged services for the school health program as a future initiative, pending funding.

## Asthma & Other Respiratory Conditions

### Need:

- Prevalence statistically similar to US rate
- Statistically similar ED/Urgent Care utilization compared to national findings
- Among Tri-County children with asthma, a total of 27.1% were hospitalized overnight in the past year because of asthma. This statistic is much higher than national findings.
- Also among school-aged children with asthma, the majority (56.4%) missed school on one or more days in the past year because of asthma-related problems; 10% missed 5+ school days because of their asthma in the past year – these values are notably higher than national findings.
- 59.3% of Total Service Area parents with asthmatic children missed at least one day of work in the past year because of their child's asthma. The prevalence includes 6.7% of parents who missed 5+ workdays in the past year due to their child's asthma. This was over twice the proportion found nationally.

### Root Causes:

It is difficult to know exactly why despite similar asthma prevalence and ED/urgent care utilization, the hospitalization rate for patients with asthma and loss of productivity are much higher compared to national findings. This may be a result of practice patterns, available resources to support care in the community, and/or parental knowledge/attitudes/behaviors.

### Countermeasures:

| Priority Area | Call to Action |
|---|---|
| **Asthma & Other Respiratory Conditions** | • Nicklaus Children's Hospital launched a pilot with the Department of Health (DOH) targeting children with asthma who are frequent utilizers of healthcare services. The study aims to demonstrate improvement in reduced missed school days and reduced total costs of care.<br>• The hospital is exploring outreach and education to promote compliance with asthma treatment plans, as well as preventative measures to address environmental triggers of asthma. |

### Effectiveness Measures:

Minimal progress has been made in this area, and according to the 2018 CHNA all measures have appreciably gotten worse, including overall prevalence and ED/urgent care utilization that had previously been similar to national figures. This topic warrants deeper examination.

## Oral Health

### Need:

- Among key informants in our survey, following 'mental health', 'dental care' was ranked as the "most difficult to access" pediatric service
- Among parents and guardians in the Tri-County area, participants reported 78% of children age 2-17 had visited a dentist in the last calendar year – this was lower than the national comparison (84.9%)

### Root Causes:

- Lack of providers: less than 4 percent of practicing dentists are pediatric specialists. General dentists do not feel adequately prepared to handle children.
- Medicaid participation: less than 22 percent of pediatric dentists participate in Medicaid. As a result, many poor children in Miami-Dade County are unable to access dental services.
- Patient population: the patient population in the Tri-County includes a large number of immigrant families whose children do not qualify for Medicaid, children living below 200 percent of the national poverty level, and children with other special health care needs. Many of these parents have competing needs and/or lack awareness of the importance of oral health.

### Countermeasures:

| Priority Area | Call to Action |
|---|---|
| **Oral Health** | • Nicklaus Children's acquired a state of the art dentistry van which will be providing care to underserved communities. Onsite dentists will be able to access oral surgeons and collaborate with other specialists via telehealth. |

The overall goal of the mobile unit is for NCH to become the dental home for underserved children.

### Effectiveness Measures:

By eliminating the geographic barrier and using early intervention and education we can prevent disease, address it at an early stage and enhance outcomes. Children with extensive needs or systemic conditions can be referred and treated in our fixed facility.

a. Children served: 1,062 in 2017 vs 1,274 in 2018 (a 20% increase compared to prior year)
b. Services provided: 5,858 in 2017 vs 7,755 in 2018 (a 32% increase compared to prior year)

## Potentially Disabling Conditions

### Need:

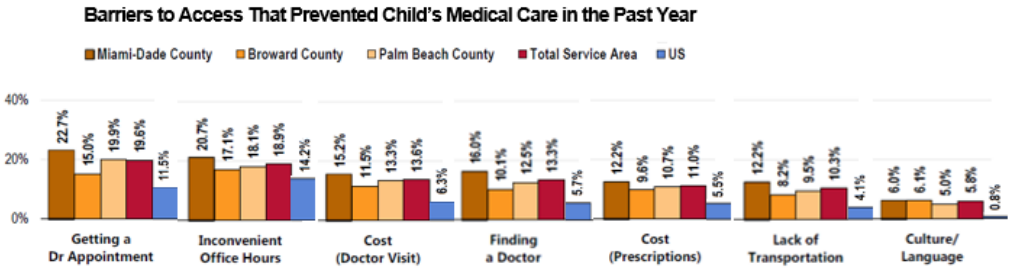
- A total of 14.1% of Tri-County children are limited or prevented in some way in their ability to do things most children of the same age can do because of a medical, behavioral, or other health condition. This is less favorable than the US figure (6.9%).
- In other words, the pediatric 'disease burden' is higher in our community compared to the rest of the country.

### Root Causes:

In South Florida and around the United States more children have chronic conditions, children increasingly have multiple comorbidities, and the nature of their conditions is such that the etiology and treatment are oftentimes linked to environmental and social factors outside anyone's immediate control.[1]

At the same time, we know a certain percentage of these cases could be managed with minimal disruption to activities of daily living or otherwise, better yet, prevented entirely – yet the rates of these conditions climb, as too do the related adverse effects on families.

Also, why South Florida is disproportionally burdened compared to rest of the country warrants consideration – although there is not likely a satisfactory definitive answer. Part of the discrepancy can certainly be explained by demographics associated with worse outcomes (high proportions of isolated communities with linguistic or cultural barriers to care, lower overall socio-economic status, etc.). But the fact of the matter is South Florida also underperforms in all major structural barriers to access care compared to the rest of the US – so the difference cannot be explained by demographics alone.




While not within the purview of individual actors, large health systems can address some of this simply by adding more services. Nicklaus Children's owns that and is actively working to address the issue (see the 'Access to Healthcare Services' section). However, that doesn't, and can't, go far enough on its own.

In the United States, Medicaid and the Children's Health Insurance Program (CHIP) are the

[1] https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2014.0832

largest health insurers for children – providing comprehensive benefits to more than forty percent of children nationwide, and the majority of children with complex medical conditions. That proportion is even higher in Florida.[2] With such a high percentage of children receiving care through government funding, healthcare delivery systems for children are in large part dependent on available government resources. Historically Florida is one of the lowest in healthcare spending per child in the country.[3]

Alleviating the disproportionate disease burden on children in Florida requires investing more in children's healthcare; as well as in the social and environmental determinants of health.

## Countermeasures:

| Priority Area | Call to Action |
|---|---|
| **Potentially Disabling Conditions** | • Nicklaus Children's Hospital on campus Pediatric Care Center is building the infrastructure and working through the process of applying for NCQA designation as a Patient Centered Medical Home – with unique competencies in managing care for families with a higher degree of complexity.<br>• Physical Therapy, Occupational Therapy, Speech Therapy, and Audiology continue to be staples of our ambulatory network, and with the further growth of our outpatient presence, the health system is extending those services to new markets and working to support patients with activity limitations.<br>• The hospital is preparing for the launch of our labor and delivery unit for high risk newborns requiring immediate intervention. The unit will provide the highest quality care, avoid the need for separation of mother and newborn, and give families access to the full team of sub-specialists to ensure safe delivery and treatment for the baby.<br>• Nicklaus Children's is in ongoing discussion with government, private, and community agencies to further support patients with complex, chronic, potentially disabling conditions. |

## Effectiveness Measures:

### *Pediatric Care Center (PCC)*

The Pediatric Care Center at Nicklaus Children's Hospital was awarded recognition by the National Committee for Quality Assurance (NCQA) Patient-Centered Medical Home Program. The Pediatric Care Center provides outpatient pediatric services for more than 4,000 children

[2] https://www.census.gov/data/tables/time-series/demo/health-insurance/historical-series/hic.html
[3] https://www.kff.org/medicaid/state-indicator/medicaid-spending-per-enrollee/

annually, including many with special medical needs. Access to care has improved for these patients who are now able to obtain same day appointments and extended operating hours on Saturday. Within the PCC, dedicated registered nurses provide care coordination for over 300 medically complex children, focusing on ancillary care needs of these children. Services include but are not limited to identifying community resources and coordinating care with subspecialists. Monthly special needs clinics also provide multidisciplinary care to meet nutritional and social needs of patients.

### *Rehab Services*

Nicklaus Children's Hospital has a comprehensive Rehabilitation Services Program and is a leader in the South Florida region and expanding services globally. There are presently more than 187 pediatric rehabilitation professionals serving at the hospital's main campus and 9 outpatient centers. Rehabilitation Services is expected to total more than 199,000 patient visits in 2018 meeting the demands of our communities. Our pediatric rehabilitation professionals specialize in various areas of practice. Our professionals are considered experts in their field and many are recognized as subject matter experts leading in departmental, community, national and international training programs.

In addition, our core rehabilitation services offer over 40 specialty services. Services are provided through comprehensive evaluations, functional goal oriented treatment and interventions in order to achieve optimum outcomes through evidence-based practice encompassing a value based approach to care.

Nicklaus Children's Hospital Rehabilitation Services is committed to serve children and families with the highest level of quality care, outcomes and service experience through a value based approach to care.

### *Fetal Care Program*

The Fetal Care Center at Nicklaus Children's is devoted to the care of fetal patients with medical needs requiring intervention at birth. Our network of pediatric subspecialists collaborate with prenatal care providers in the community and beyond to provide families comprehensive, coordinated care and support from prenatal testing to delivery, postnatal care and the transition to infant care. A patient navigator is available 24 hours a day and is committed to optimizing care access and convenience for expectant families. The Fetal Care program has already begun following 228 patients even before the scheduled opening of the center.

The special delivery unit for pre-screened healthy women who are anticipating a baby with medical/surgical needs is expected to open in 2019. The unit will feature sophisticated and comfortable private spaces in a state-of-the-art care environment.

**Significant 2018 Milestones:**

Quarter 1

- Fetal Care New Patient Volume Current 36 Target 15
- Surgical procedures Current 7 patients 16 surgical procedures Target 1

Quarter 2

- Fetal Care New Patient Volume Current 39 Target 15
- Surgical Procedures Current 11 Target 3

Quarter 3

- Fetal Care New Patient Volume Current 37 Target 15
- Surgical Procedures Current 5 target 3

Quarter 4 (October & November)

- Fetal Care New Patient Volume Current 30 Target 10
- Surgical Procedures Current 9 target 2

YTD

- Fetal Care New Patient Volume 123 Target 50
- Surgical Procedures Current 30 Target 8

***Payor Relations & Payor Activity***

Nicklaus Children's Health System, with Evolent Health as an operating partner, created a 'Provider Service Network' (PSN) to offer health insurance to families in Florida. The PSN has been awarded contracts by the Florida Agency for Health Care Administration to offer Medicaid Managed Care (MMA) plans in Regions 9 and 11, with a go-live of 1/1/2019.

The aim of the PSN is to build a healthier community through:

a. Reallocating insurance dollars to support patient care
    - Right-size % of premium that goes toward medical rather than admin expenses
    - Capture underwriting margin on medical expenses occurring out-of-system
b. Driving contribution to Nicklaus Children's Health System
    - Appropriate reimbursement for services
    - Quality incentives
    - Higher in-system utilization
    - Provision for lower-acuity site-of-service shifts

Simultaneously, Nicklaus Children's Government Affairs continues to advocate with state and federal government for dollars to support the provision of healthcare to children in Florida; and our Managed Care Department works to ensure fair contracts and value-based reimbursement.