



COMMUNITY HEALTH IMPROVEMENT PARTNERSHIP
2011 Progress Report & Results from the 2010 Community Health Survey



Sustaining Investors

Sarasota County Health Department
and Sarasota County



We wish to acknowledge the Gulf Coast Community Foundation of Venice for supporting the 2010 Community Health Survey and partnering with us on many CHIP initiatives throughout the years.

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THE FOUNDATION OF COMMUNITY

Contributing Organizations

Charlotte County Health Department
Charlotte Regional Medical Center
Community Foundation of Sarasota County
DeSoto County Health Department
DeSoto Memorial Hospital
Doctors Hospital of Sarasota

Englewood Community Hospital
Fawcett Memorial Hospital
Peace River Regional Medical Center
Sarasota Memorial Healthcare System
Selby Foundation
Venice Regional Medical Center

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a healthy community...



CHIP COMMUNITY HEALTH IMPROVEMENT PARTNERSHIP 2010





shapes its **future**

practices ongoing **dialogue**

embraces **diversity**

generates **leadership** everywhere

knows itself

connects people and resources

creates a sense of **community**

Healthy community traits adapted from: Christopher Freeman Adams and Mary Pittman. January 2000. "Seven Patterns of a Healthy Community". Introduction to "A Message to America from America's Communities". Accessed at <http://www.tylernorris.com/pubs/7pattern.html>

"Health is not an intervention. Health is a byproduct of a community working."

Tyler Norris, author, Creating Healthy Communities (2006)

foreword

When I think of a healthy community, I think of people working together to create positive change and a better quality of life. In Sarasota County, we are lucky to have CHIP as a vehicle to bring people together to make that change happen. CHIP illustrates how effective, citizen-led efforts address pressing health issues at the community level.

I have had the opportunity to watch CHIP evolve since the initiative began in 2002, and was privileged to serve as the Chair of the CHIP Leadership Council from 2007 to 2010. CHIP's approach is truly unique, blending research and action and grassroots engagement with regional leadership. It's a model that is innovative and should be shared with the world.

This document serves as one way to share the story of CHIP. These pages document CHIP's evolution, describe CHIP's core functions, highlight accomplishments, reveal plans

for the future and provide a wealth of local data on issues that relate to the health of our community.

After 14 years working on behalf of beautiful Sarasota County, I know it is a place that offers value at many levels to its residents and visitors. I am proud to have represented a community that is so civic-minded, and I am especially pleased to have worked closely with CHIP to make a difference.



Shannon Staub
Former Chair, CHIP
Leadership Council

Sarasota County
Commissioner 1996-2010

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opening note



Kari Ellingstad, MPH
CHIP Director

I began at CHIP when the initiative was created in 2002. A part-time intern at the time, I worked alongside the project's architects – including Leslie Clarke, PhD, CHIP's founding director – who saw a potential for the community to play a defining role in impacting health status at a population level. It seemed exciting. But to my inexperienced self, it also seemed nebulous.

Naively, I wondered what kind of impact we would have, if any. What would our outcomes be? What if the community decided to work on things that weren't really important? I had not yet witnessed the power of CHIP's approach in providing a framework for meaningful collaboration.

Since those early days, I have seen CHIP

blossom into an effective, dynamic leader in community health. With its partnership approach, this modest initiative – without much fanfare – has achieved remarkable returns for the community's investment.

Today, CHIP is dedicated individuals banding together to create local solutions. It is healthcare leaders collaborating to improve the region's health. And underpinning it all is a dedication to empirical research that guides all that we do.

Through the efforts of diverse people working together, CHIP has helped create a stronger community that can respond in the face of a threat – like that of prescription drug misuse and abuse; or innovate – as in the creation of the Healthy Sarasota County branding campaign.

This document details the many facets of CHIP, including where we've been and our vision for the future. You'll see examples of our grassroots efforts, regional planning and data-driven research. And you'll see why we believe in the power of partnership to position our community as a place where health and wellbeing thrive.

Be well.



vision

A region where citizens, agencies and communities work together to improve the physical, mental, social and environmental health of all.

mission

To engage and support citizens and agencies to positively impact the physical, mental, social and environmental health of their community through research, planning, implementation and evaluation.

values

- Respect for diversity of opinions and ideas
- Team-based decision-making and leadership
- Equitable partnerships
- Empirically driven strategies



What CHIP does

To lead the region in building a healthy community, CHIP...

Supports grassroots engagement

CHIP provides guidance, support and structure for citizen-led initiatives to address community health interests of local concern, empowering people to take responsibility for the health of their communities.

- **CHATs**, Community Health Action Teams, are geographically based groups focused on grassroots health improvement activities. CHATs are ongoing and membership is open to all.
- **CHAT subcommittees** tackle community-specific issues like drug abuse, physical activity in seniors and healthy eating.
- **CHIP workgroups** also form around specific topic areas, like promoting healthier schools or addressing the issues of the uninsured.

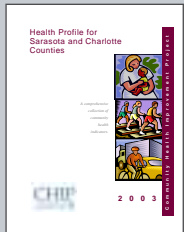
Spearheads regional planning

- **Leadership Council**: Encourages focus and discussion across organizational, geographic and demographic boundaries.
- **Health Provocateur Project**: Facilitates an innovative, ongoing dialogue among hospital CEOs and health department administrators.
- **Special events**, such as the Community Health Interactive, help bridge grassroots efforts and regional planning.

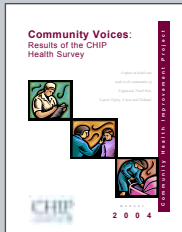
Generates research & data tools

- **Local data, local solutions**: CHIP research allows the community to better know its realities, strengths, and challenges, empowering it to create meaningful and lasting solutions.
- **CHIP Publications** include the Community Health Survey, Health Scorecard, resource directories, and special reports.

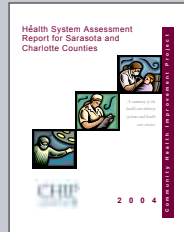
CHIP: where we've been



Health Profile for Sarasota & Charlotte Counties



1st Community Health Survey



Health System Assessment for Sarasota & Charlotte Counties



LOVN Care Team Diabetes Project

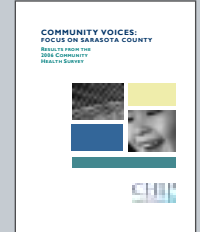
launched to address diabetes in seniors in the Venice area



CHIP Centers open at sites around Venice



1st Health Scorecard



2nd Community Health Survey

2002

CHIP created

Funding from Gulf Coast Community Foundation of Venice, area hospitals, and Sarasota Co. Health Department. Initially managed by SCOPE

CHATs (LOVN, Englewood & North Port), **Leadership Council created**

2003

Resource directories published

listing health & human services in south Sarasota County communities

2004

CHIP moves to Sarasota County Health Department

Health Provocateur Project launched convening area hospital CEOs and health department administrators to improve population health in the region

2005

Health System Collaboration Committee

launched to identify health priorities for Sarasota County

Health Insurance Forums held

to educate public about coverage options

2006

7 CHIP Centers

in operation, *HealthNews* newsletter distributed

Get Sarasota Insured launched

Nat'l Community Health Experts address community at CHIP events



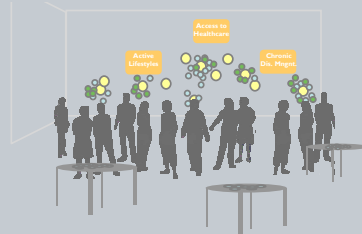
2nd Health Scorecard



Uncovered: Health & the Uninsured in Sarasota County (Documentary & Report)



Healthy Living Kiosks debut replacing CHIP Centers



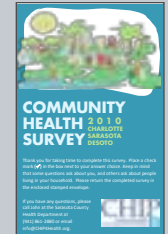
Community Health Interactive



3rd Health Scorecard



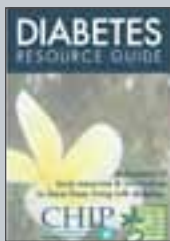
Clean Hands Campaign



3rd Community Health Survey

2007

Prescription drug addiction workshop held by North Port & LOVN CHATs



Diabetes Resource Guide

2008

Newtown CHAT formed
Sarasota Healthcare Access launched to provide "medical home" for the uninsured and alleviate ER overuse
Tobacco-free campuses at all area hospitals & health departments achieved by Health Provocateur Project

2009

SRQ Kids 4 Health website created to provide local and national resources to schools, students, and parents
Online Forum launched
LOVN CHAT produced DVD about healthy aging
Project: WIN initiated by Newtown CHAT

2010

Englewood CHAT published first resource directory
Newtown CHAT staged play with a tobacco prevention message, *Exposing the Truth*
North Port CHAT launched Drug-Free Youth program

Where we're going



SafeRx Campaign Launched

CHIP's Health Provocateur Project tackled prescription drug misuse and abuse in four-county region



North Port D-Fy

(Drug Free Youth) program evaluated as an evidence-based model for preventing drug abuse in youth

Newtown CHAT

initiated an assessment of the health of its food environment



2011



Wellbeing **lives** here!

Healthy Sarasota County

CHIP is leading an effort to create a multi-sector campaign, extending its efforts to address obesity. The Healthy Sarasota County brand celebrates the unique personalities of businesses, organizations, and individuals while uniting them in a common goal: a Sarasota County where wellbeing translates into a healthy and prosperous community for all.

Healthy Weight Collaborative

In the summer of 2011, a Sarasota team led by CHIP was selected to be one of ten teams across the nation to be part of the Healthy Weight Collaborative. This federal initiative will provide capacity building for multi-sector teams to expand obesity prevention and treatment strategies.



a healthy community...

supports grassroots engagement





“A healthy community is one in which all members join together in partnership to support, promote, develop, and fund the many components of a healthy community. It ensures access to quality healthcare for all members.”

Jack Donoghue, former North Port CHAT Co-Chair

CHATs: A driving force

Community Health Action Teams, or CHATs, provide the grassroots voice and action of community-driven health improvement. Through the passion and dedication of volunteer members, they continue to improve the health and wellness of communities throughout Sarasota County by:

- Building community leadership
- Linking community to resources
- Uniting for action and advocacy

CHIP helps link the CHATs to the research and resources needed to create and implement

their action plans. This includes creating private and public partnerships which unite to act towards the goal of a healthy, active community.



Diane Ramseyer
CHAT Coordinator

Englewood CHAT:

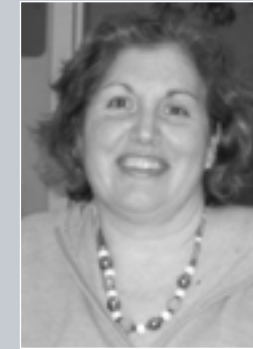
One community... two counties

The Englewood CHAT works to help make health and human services seamlessly available and accessible to all Englewood residents, regardless of whether they live in Sarasota or Charlotte County. Holding meetings with transportation officials, members advocated not only for increased routes but also for allowances to cross county lines for medical and other appointments. They also brought together both counties' 2-1-1 systems for the first time, helping pave the way for better communication and transfer of information and callers.

Through the production of its first resource directory, as well as the on-going partnership with the Englewood Area Roundtable of Services, the CHAT continues to explore and implement new ways to improve community awareness of health and human services.

Understanding the value and importance of participation in community life by all, the Englewood CHAT is exploring ways to build community engagement, whether with CHAT initiatives or with other civic groups in the community.

Victoria Rice, CHAT member and director of Englewood Helping Hand, shares a copy of the first edition of the Englewood CHAT Resource Directory.



"A healthy community consciously seeks to improve the health of its citizens, putting health high on the social and political agenda. It enables people to increase control over and improve their health through applying the concepts and principles of health promotion at the local level.

Jennifer Perry, Englewood CHAT Co-Chair

Englewood CHAT Initiatives

- Presentations on local health challenges
- Health and human services directory
- Advocate for "one-stop" health & human services center
- Reducing barriers between counties in access to services, including 2-1-1 and transportation

Past CHAT Chairs

- Pat Black
- Kelly Carr
- Bill Coy
- Becky Eliasen
- Connie Ellis
- Tom Moore
- Melissa Perkins
- Jennifer Perry
- Kathy Roach
- Jeanne Wyman
- Chris Ziegler



"A healthy community is one with a keen awareness of the needs and requirements of its residents and has developed an interactive process to address those concerns."

Tom Gosler, LOVN CHAT Chair

LOVN CHAT Initiatives

- DVDs: *Active Senior Living and Healthy Choices for Healthy Eating*
- Resource directory
- LOVN Care Team Diabetes Project
- Advocate for intergenerational projects
- CHIP Information Centers
- Prescription drug abuse forums

Past CHAT Chairs

- Keith Backhaus
- Evelyn Barritt
- Paula Carney
- Susan Cortright
- Judy Egan
- Janis Fawn
- Tom Gosler
- Sandy Kehoe
- Maggie Kennedy
- Barbara Kochmit
- Julie Podewitz
- Sandra Simms Terry



CHAT members wear sense-diminishing devices as part of a Senior Sensitivity workshop

LOVN CHAT: Uniting community & business

The LOVN (Laurel, Osprey, Venice and Nokomis) CHAT has benefited from a blend of community members and local businesses. As the Sarasota community with the oldest median age, the LOVN area has many businesses and providers focused on senior health services. Many of these are active in the CHAT, bringing a unique knowledge and perspective from the community. The CHAT reaches out through its membership to build community awareness of health and wellness issues, opportunities and resources. This is evident in *Active Senior*

Living and Healthy Choices for Healthy Eating, two DVDs produced by the group. The LOVN CHAT also collaborated with a family group and the North Port CHAT to host an addiction workshop for the community. This led to more community forums and to the development of a regional advocacy group focused on prescription drug legislation.

The LOVN CHAT also works to support the youth and families in its community. The CHAT seeks ways to support increased interaction and promote healthy activities for all ages.



Members of the Newtown CHAT gather for their monthly Community Walk.

Newtown CHAT: Community partnership, community action

The Newtown CHAT was formed through a unique partnership with Newtown Front Porch, the local neighborhood association, Amaryllis Park and Newtown Wellness. Presenting the CHAT to the community as part of these established groups helped the CHAT organize.

From the start, the CHAT had a strong desire to address the issues of chronic diseases prevalent in their community through the promotion of healthy eating and exercise. Its members are working toward this goal through support of the Orange Blossom Community Garden and Project: WIN (Wellness in Newtown), an initiative they created and implemented

through grant funds from the City Neighborhood Office. Project: WIN was designed to encourage healthy eating and regular exercise through incentives and reinforcement. As part of a weekly community walk, it also included health and wellness information from local service providers during the Spring and Summer of 2009. In partnership with Sarasota County Health Department, the CHAT is also tackling issues like tobacco use and environmental health concerns.

The partnerships developed by the CHAT have helped its work become part of community life in Newtown.



"A healthy community is people helping people."

April Glasco,
Newtown CHAT Chair

Newtown CHAT Initiatives

- Community walks
- Project: WIN
- Health and wellness fairs
- Tobacco play – *Exposing the Truth*
- Creating a healthier food environment
- Community environmental health assessments using the PACE-EH (Protocol for Assessing Community Excellence in Environmental Health) process in partnership with Sarasota County Health Department's Environmental Health division

Past CHAT Chairs

- April Glasco
- James McCloud
- Lisa Merritt



“A healthy community works together to bring health issues to the forefront and offers solutions to its current problems.”

*Sam George,
CHAT Co-Chair*

“A healthy community is where access to care is readily available.”

David Carter, North Port CHAT Co-Chair

North Port CHAT Initiatives

- Health services center
- Increased health services
- Resource directory
- Vision for a Healthy North Port
- Alliance for Substance Abuse Prevention
- North Drug-Free Youth (NP D-Fy)

Past CHAT Chairs

- Monica Becket
- David Carter
- Vanessa Carusone
- Jack Donoghue
- Connie Ellis
- Sam George
- Thom Glaza
- Lee Gross
- Susan Jodoin
- Carla Pawich
- Susan Steele-Miller
- Ed Ullmann
- Fay Williams

North Port CHAT: Largest community, youngest community

The North Port CHAT has taken a prominent role in the community, boasting active participation by residents, businesses, and city government. North Port is a federally designated medically underserved community, even though it is the largest city in the county in both population and area. As a leading advocate for increased health care options and services in its community, the CHAT helped establish the North Port Family Health Center and a free-standing emergency room operated by Sarasota Memorial Hospital. The CHAT also advocated for additional pediatric services, reflecting the need of the community with the lowest median age in the county. They welcomed the first full-time pediatrician in 2009, and several more

since then. The CHAT, through its Health Services Committee, is also working to build partnerships for a children’s dental sealant initiative.

The CHAT is also deeply concerned about the problems of substance abuse. Its workgroup, North Port Alliance for Substance Abuse Prevention (NP-ASAP), has collaborated with other CHATs and community groups on a variety of issues related to substance abuse in all ages, especially prescription drug abuse. In April of 2010, they launched North Port Drug-Free Youth (NP D-Fy), which supports young people who commit to being drug-, alcohol- and tobacco-free by partnering with local businesses to offer discounts and special activities.

Members of North Port CHAT’s D-Fy project take part in the Poinsettia Parade.





"A healthy community is one that honors and respects the collective wisdom of all its members."
Connie Ellis, former Chair, Englewood and North Port CHATs



"A healthy community is comprised of happy, creative individuals of all ages."
*Monica Becket
 Former North Port CHAT Co-Chair*



"A healthy community includes those elements that enable people to maintain a high quality of life and productivity."
Mary King, LOVN CHAT member



"A healthy community is vibrant."
Maggie Kennedy
Former CHIP Director,
LOVN CHAT Chair &
Health Provocateur
Project Coordinator



"A healthy community is made up of citizens who participate and work together to bring in all available resources needed for its citizens."
Barbara Langston
Newtown CHAT



"A healthy community is one that works together to fill the needs of all of its residents."
Paula Carney
Former LOVN CHAT
Chair



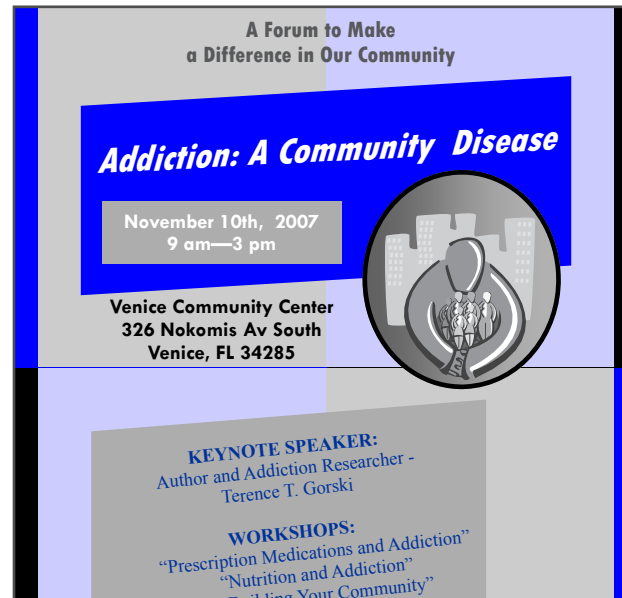
Grassroots ideas inspire county-wide action

CHATs raise issue of prescription drug abuse

In 2007 the North Port and LOVN CHATs partnered with a family support organization, PAST, to present a workshop on addiction with funding from the Gulfcoast Community Foundation of Venice. Two more community forums were held in 2008 in partnership with Families Against Addictive Drug Abuse (FAADA).

In addition to drawing much needed attention to the issue, an initiative, Call 4 Action: Rx Meds, was created to channel grassroots energy into advocacy for prescription drug monitoring legislation.

CHATs continue to address the issue through participation in several county-level groups and the Sheriff's Prescription Drug Diversion Task Force.



Flyer for 2007 workshop on prescription drug abuse featuring nationally known speaker Terence Gorski

Get Sarasota Insured www.GetSarasotaInsured.com

Get Sarasota Insured provides free and unbiased information on local resources for health coverage, healthcare and prescription medicines. It is a volunteer group comprised of concerned citizens plus key representatives from the insurance sector, local hospitals, Sarasota County Health Department, area Chambers of Commerce, and several not-for-profits. Through one-on-one consultations, educational events, web-based information, and

Healthy Living information kiosks (displayed at Sarasota County libraries), residents are connected with a wealth of valuable information. Topics covered include affordable (low-cost or free) healthcare; health screenings, test services and support groups; primary and specialty care (like dental, Florida KidCare for children, and customized plans for adults and seniors); plus prescription medications and access to SHINE Medicare volunteers.



Healthy Living Kiosks www.chip4health.org/healthyliving

CHIP's Healthy Living touch-screen kiosks provide health and wellness information at several sites throughout Sarasota County, including public libraries and other county buildings. These kiosks display a section of CHIP's website designed to supply accurate and reliable information in an easy-to-use format. Local wellness screenings, support groups and classes, health insurance resources, and ways to get and stay healthy - all are just a touch away!

Tackling obesity in Sarasota County... together

In late 2009, Sarasota County was one of just two counties in Florida nominated to apply for the CDC's Communities Putting Prevention to Work grant aimed at addressing obesity through policy, systems and environmental change. CHIP and Sarasota County Health Department led the process, gathering input from dozens of local organizations, and submitted an application for more than \$4.7 million.

Working together on the application was vital for developing a shared vision and creating linkages among various community agencies. Although Sarasota County ultimately did not

receive CDC funds, CHIP maintained the momentum built by continuing to convene community partners around the issue of obesity.

In all, more than 100 people and over 40 organizations were involved in this effort.

Healthy Weight Collaborative

In 2011, a group led by CHIP was named as one of just ten teams from across the nation to participate in the Health Weight Collaborative, a federally funded initiative which aims to build capacity among local partnerships to expand obesity treatment and prevention efforts.



SRQ Kids 4 Health website

Promoting health and wellness in schools was identified as a major area of need at CHIP's Community Health Interactive (see page 20). The SRQ Kids 4 Health website addresses this need by providing information on local and national resources to parents and school officials. Nutrition, physical fitness, mental health, substance abuse prevention and empowerment resources are offered along with local youth health data, success stories from Sarasota County schools and even a roundup of the latest Twitter conversations about healthy schools!

SRQ Kids 4 Health was designed and launched by representatives from the School Board, the Health Department, county government, LECOM, IFAS University of Florida Extension, the Girl Scouts, local parents and others.

www.srqkids4health.com

'Interactive': collaboration in action

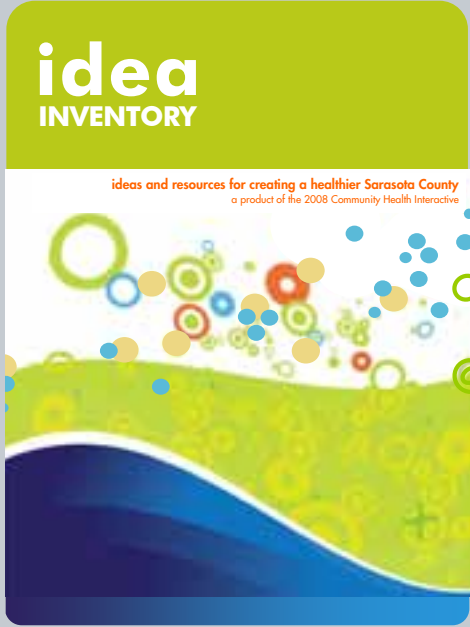
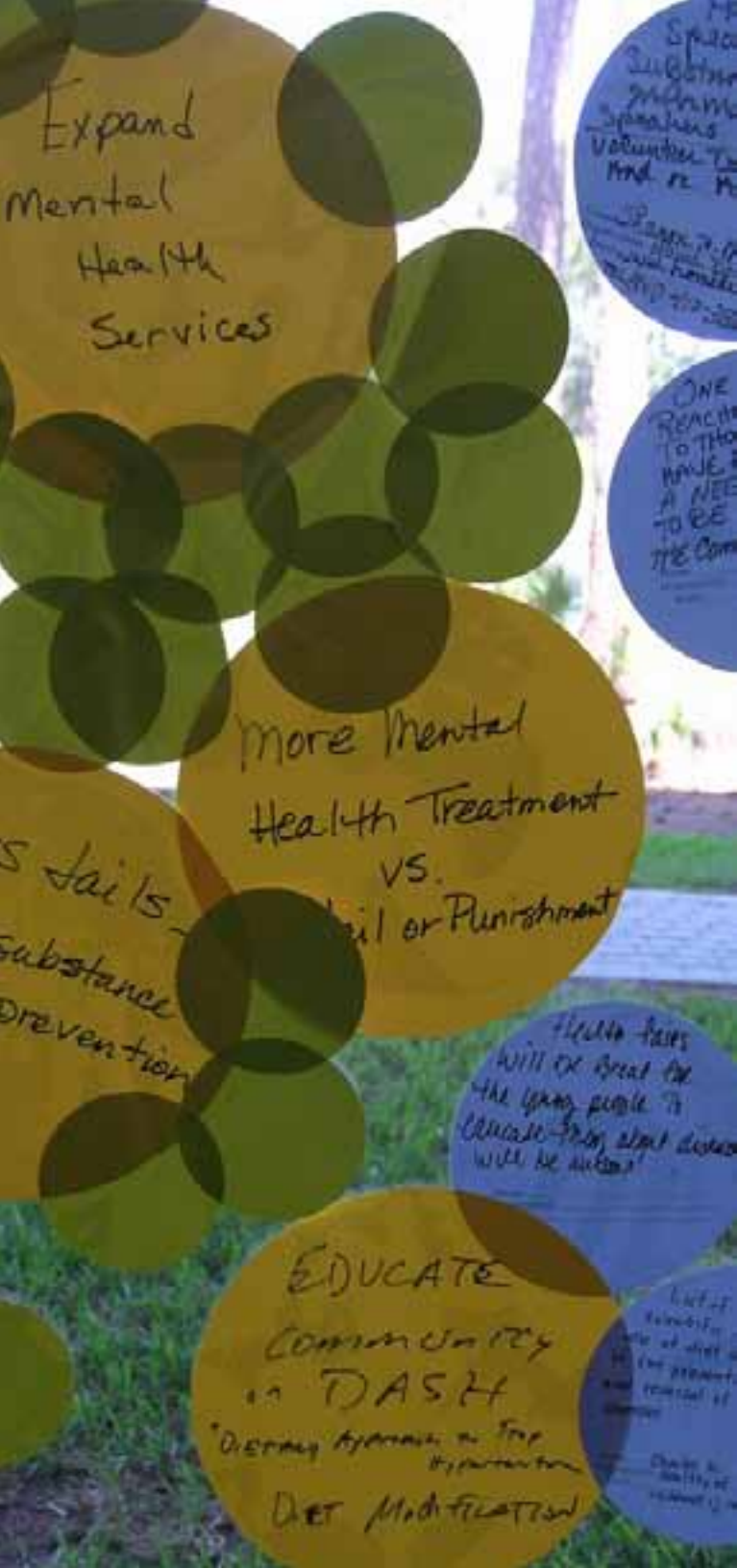
CHIP's 2008 Community Health Interactive brought together a diverse group of people to foster creative collaborations with the goal of improving community health in Sarasota County. Using an innovative, interactive approach, participants achieved the following:

- Created **IDEAS** for solutions to community health challenges
- Identified **PRIORITIES** by voting for favorite ideas
- Offered **RESOURCES** available for working on those big ideas

The Interactive event was just the beginning. Participants went forward armed with tools for turning ideas into action, including:

- The **Idea Inventory** compiled the ideas and resources generated at the event, allowing participants to stay connected to each other and to the issues
- Collaboration Compacts & Mini-Grants** encouraged collaborative action
- Action Forums** around key themes took place following the Interactive and provided an opportunity for more in-depth discussion and planning





Emerging from the Interactive's innovative connect - the - dots exercise was the Idea Inventory, a unique visual web of ideas, priorities and resources to improve the health of the community. The Idea Inventory captures all the ideas and resources identified by participants that day, compiling them as they were written on the yellow or blue dots. It is a tool for continued and expanded interaction, dialogue and action to improve community health.

Mini-Grants: Powering ideas from the Interactive



Following CHIP's Community Health Interactive, local collaborations applied for mini-grants to fund projects to improve community health. This program was supported by the Community Foundation of Sarasota County and the Gulf Coast Community Foundation of Venice. A committee of community reviewers allocated a total of \$6,000 to 8 local projects. Some of the projects receiving funding are:

Laurel Civic's 'Spring Into Summer' event

This festive health event at the Laurel Community Center included healthy cooking demonstrations and tastings, education about local health and wellness opportunities, health screenings and much more.

Collaborative Partners: Laurel Civic Association, Community Pharmacy of Sarasota County, Sarasota County Health Department, University of Florida/IFAS, Community AIDS Network, Sarasota County Parks and Recreation

Empowering Young Men of Color

A day long youth summit targeting 8th grade African American males in Sarasota County. Funding from this mini-grant supported sessions encouraging active, healthy lifestyles; educating about illnesses that appear at an alarming rate in the African American community; and providing information on health care options available in the County.

Collaborative Partners: Multicultural Health Institute, American Heart Association, Manasota Pan Hellenic Council, Truvine Missionary Baptist Church, Children First, Inc.

Community Grow Boxes in North Port

Mini-grant seed money helped this project grow – literally! Fifteen Earth-Grow Boxes were purchased for the Health and Human Services campus in North Port. The collaborative partners used the boxes to grow seasonally appropriate vegetables, then provided the crops to their program's participants.

Collaborative Partners: Children First, City of North Port Social Services, Children First in North Port, Jewish Family Services, First Step and North Port CHAT

Orange Blossom 'Pizza Garden'

Pizza anyone? The Orange Blossom Community Garden opened in Newtown in 2008. Mini-grant funds helped establish an organic community "pizza garden" and conduct pizza-making demonstrations, connecting neighborhood residents to the garden and encouraging healthy eating habits.

Collaborative Partners: Orange Blossom Community Garden, Amaryllis Park Neighborhood Association, Inc.; Sarasota Garden Club's Community Garden Committee; North Sarasota Neighborhood Assoc.

Health & Education Expo

The Newtown Community Services Coalition hosted a Health and Education Expo to enhance awareness among African American and Hispanic residents in North Sarasota. Mini-grant funds assisted with the costs of printing, food and drinks, city permits, and a stage and sound system.

Collaborative Partners: Newtown Community Services Coalition members, including Children First, Goodwill, YMCA HIPPIY-Operation Graduation, First Step of Sarasota, Senior Friendship Center, Genesis Health, Newtown Redevelopment, and Newtown Wellness

Healthy Living Program Enhancements

The T-Rec Coalition of Sarasota County provides recreational opportunities for teens and adults with disabilities. Mini-grant funds helped provide healthy snacks, exercise opportunities, healthy living materials, and healthy food demonstrations to its events.

Collaborative Partners: Special Athlete Boosters Inc. T-REC (Therapeutic Recreation) Coalition of Sarasota County. Members include: Sarasota County Parks and Recreation, Special Olympics, Loveland Center, UCP (United Cerebral Palsy); Easter Seals, Community Haven for Adults & Children with Disabilities, Boys & Girls Club, and CASL



a healthy community...

spearheads regional planning





Leadership Council Chairs

Shannon Staub	2007 - 2010
Richard Beebe	2004 - 2006
Jim Woods	2002 - 2003

Improving the region's health

CHIP's Leadership Council provides systems-level planning to complement CHIP's grassroots, community-based activities. It serves as a planning body for long-range health improvement efforts, increases visibility and advocacy around key health issues in the community and informs and advises policy makers on local and regional health policy issues. The Council includes representation from key healthcare provider agencies, CHAT leaders, businesses, the school system and other key

community leaders.

The Leadership Council has convened multiple subcommittees and ad-hoc committees focused on specific areas of regional health system planning. One such group was the Health System Collaboration Committee, which was charged with investigating and publicizing system-wide factors impacting community health and encouraging collaboration among community health stakeholders.

Health Provocateur Project

The Health Provocateur Project is an innovative group that counts as members the major institutional stakeholders of the regional health care system, including area hospital CEOs and health department administrators. Since 2005, CHIP has convened these regional health care leaders, facilitating dialogue and urging this unique public-private partnership to serve as a

model for fostering and improving population health in the region.

Provocative ideas challenging prevailing thinking are encouraged in a trusting and supportive environment. National consultants and health care systems experts also lend expertise to the group's efforts.

"The Health Provocateur Project is a unique gathering of leaders in the region whose sole purpose is to identify those 'big ideas' that need to be discussed, analyzed and promoted in our region to improve the health and well-being of all of the people we serve."

*Thomas Rice, CEO
Fawcett Memorial Hospital*

Health Provocateur Project Participants

Charlotte County

Charlotte County Health Department
Charlotte Regional Medical Center
Fawcett Memorial Hospital
Peace River Regional Medical Center

DeSoto County

DeSoto County Health Department
DeSoto Memorial Hospital

Manatee County

Blake Medical Center
Lakewood Ranch Medical Center
Manatee County Health Department
Manatee Memorial Hospital
Manatee Glens Hospital

Sarasota County

Doctors Hospital of Sarasota
Englewood Community Hospital
Sarasota County Health Department
Sarasota Memorial Hospital
Venice Regional Medical Center

Clean Hands Campaign - an initiative of the HPP

The Clean Hands Campaign, launched by the Health Provocateur Project partners in 2009, urges businesses, schools, and families to promote handwashing in their facilities as a way to prevent the spread of disease and promote a healthier community.

www.CleanHandsCampaign.org

Health Provocateur accomplishments

Emergency Department Surveys

In 2006, active Health Provocateur partner hospitals participated in a collaborative survey effort intended to glean information about health care usage patterns among those seeking care in local emergency departments. The information gathered from this effort – together with the discussion it fostered – informed the creation of Sarasota Healthcare Access and the Charlotte County Indigent Care Program.

Tobacco-Free Campus Project

Eleven Health Provocateur partners signed a proclamation that their respective campuses (properties) would become tobacco-free by the end of 2007. Tobacco cessation programs at each institution are estimated to have impacted more than 5,000 employees, patients and medical staff.



Green Teams

Local hospitals and health departments adopted green practices in areas including water and energy efficiency, indoor air quality and air pollution, green cleaning and waste reduction.

Worksite Wellness

Teams from hospitals and health departments worked together to share ideas and establish area standards for worksite wellness, aiming to improve employee health.

Clean Hands Campaign

The Clean Hands Campaign promoted hand washing as a simple and practical way to prevent disease in the community. Local businesses and organizations partnered with the campaign, displaying “Wash me!” signs and providing soap or sanitizer for employees and patrons.

SafeRx Campaign for Responsible Prescriptions

SafeRx addressed the growing problem of prescription drug abuse in Florida. It focused on raising awareness of the issue using local data, promoting safe drug storage and disposal and educating physicians. In April 2011, more than 340 prescribers and dispensers were educated on safe prescribing practices during a series of seven events held throughout the region. SafeRx’s collaborative, four-county effort is garnering attention as a model approach for addressing the prescription drug abuse crisis.

At left, hospital CEOs and Health Department directors publicly sign a proclamation launching the SafeRx Campaign for Responsible Prescriptions.



Health System Collaboration Committee

The Health System Collaboration Committee (HSCC) was developed by CHIP to incubate new ideas and improve communication about health care across the community. Though not currently an active committee, the HSCC included representatives from local agencies, the health department, local hospitals, as well as community volunteers and CHIP staff.

Measuring community health

The HSCC's first goal: provide a comprehensive, multi-dimensional snapshot of the health of Sarasota County. Using the Evans-Stoddart model of the *Patterns of Determinants of Health*, the group established a set of key health indicators based on three important criteria: magnitude of the

problem, seriousness of the consequences, and feasibility of correcting. This led to the creation of the Sarasota County Health Scorecard, a tool for easily communicating where we are - and where we are going - in our efforts to improve community health.

Turning knowledge into action

Armed with real data about the state of the community's health gleaned from the Scorecard, the HSCC next designed and carried out the Community Health Interactive (see page 20). This innovative forum provided a framework for identifying health issues important to the community, forming collaborations around those issues and finally taking action to improve the region's health.

Former HSCC Chairs

Bill Little

Loring Wood, MD

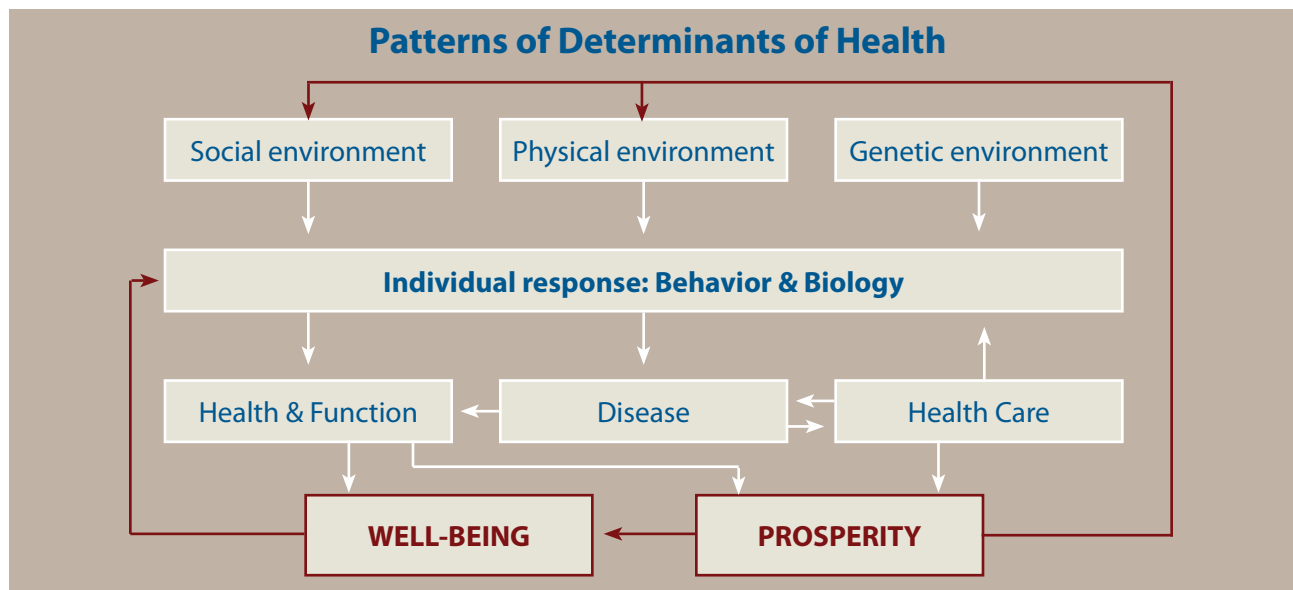
Health Scorecard		2006	
	Current Data	2010 Target	Trending Toward Target?
INDIVIDUAL RESPONSE / BEHAVIORS			
Youth who currently smoke	11.4%	8%	●
Adults who currently smoke	19.8%	11%	○
Adults who engage in heavy or binge drinking	9.9%	6%	○
No regular/moderate physical activity	52.3%	42%	○
Adults who consume < 5 fruits/vegetables per day	73.8%	67%	○
Colorectal cancer screening, ages 50+	38.4%	50%	○
Mammogram in past 2 years, women 40+	81.8%	86%	○
Births with 1 st trimester prenatal care	86.4%	91%	●
SOCIAL ENVIRONMENT			
Domestic violence rate per 100,000	533.1	321	●
Level of social support	83.2%	90%	○
Families below poverty level	10.1%	7%	●
High social trust	48%	60%	○
High school drop-out	2.8%	2.8%	●
PHYSICAL ENVIRONMENT			
Public perception of transportation problems	15.2%	11%	●
Miles of sidewalk	434	533	●
HEALTH & FUNCTIONING			
Infant mortality per 1000 births	4.8	4	●
DISEASE / INJURY			
Overweight youth	15%	12%	●
Adult obesity rate	16.9%	12.0%	○
High blood pressure	30.4%	18.0%	○
Diabetes prevalence	7.7%	6.0%	○
Unintentional injury death rate per 100,000	48.7	23.0	●
Lung cancer incidence per 100,000	73.8	65.0	●
Breast cancer incidence per 100,000	127.4	110.0	●
Melanoma incidence per 100,000	17.3	14.0	●
Heart disease death rate per 100,000	151.5	120.0	●
Vaccine-preventable disease incidence per 100,000	2.0	1.0	●
Chlamydia incidence per 100,000	145.1	126.0	●
Enteric disease rate per 100,000	37.4	28.0	●
Motor vehicle fatalities per 100,000	20.3	15.0	●
HEALTH CARE			
Unable to get care in last 12 months	4.1%	2.5%	○
No insurance coverage (adults)	12.6%	6.0%	○
No insurance coverage (youth)	15.4%	6.0%	●
PROSPERITY			
Percentage of earned to total income	43%	50%	●
WELL-BEING			
Health status fair or poor	14.4%	11.0%	○

NOTES: Data are for most current year available. See supporting document for details. Trend lights determined by comparing current data with most recent previous data. Developed by the CHIP HSCC | www.chiphealth.org | 941.861.2887 May 2006

● Data trending away from target
 ● Data trending toward target
 ○ Trend data not available

Sarasota County Health Scorecard

The Health Scorecard, produced annually from 2006 to 2009, provides an easy-to-read snapshot of our community's health, with indicators in categories from individual behaviors to the physical environment. It also establishes targets for these indicators by comparing local data with state and national data.



Adapted from Evans & Stoddart



a healthy community...

generates research & data tools



A foundation of research

Community health improvement thrives on the passion people have for their community, but the best community solutions emerge when passion is paired with decision-making informed by real data.

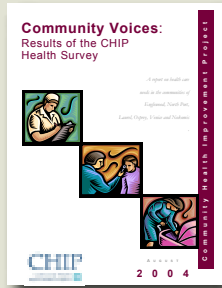
Data have always been a driver of CHIP's processes and an objective lens through which to view local issues. To inform community solution-building around a given topic, CHIP begins by gathering relevant, existing data and

best practices, distills this information, and presents it in a meaningful way.

But CHIP also regularly collects and analyzes health data – fulfilling a unique role in the community. CHIP then shares its research and findings. In this way, CHIP's research and data provide not just the basis for informed local decision-making, but also a model of community health improvement for other regions.

Translating data into action

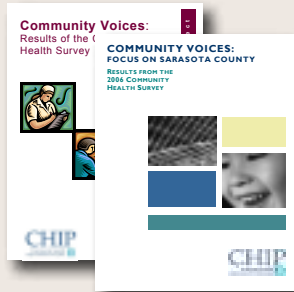
CHIP's initiatives and campaigns always begin the same way: with a careful analysis of real, local data – often measured by CHIP itself



2003 Community Survey

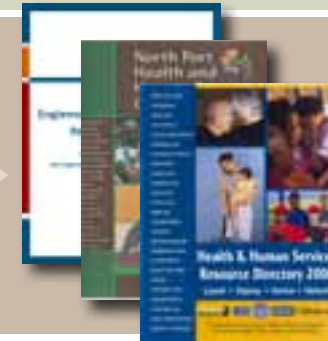


Revealed diabetes as a priority concern, particularly among isolated adults age 65+



2003 & 2006 Community Surveys

Data from the 2003 & 2006 surveys revealed that many in Sarasota County were not aware of existing community resources

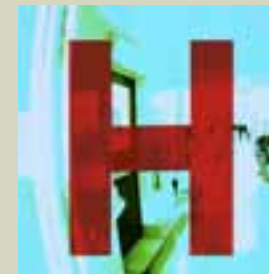


CHATs produce **Resource Directories**

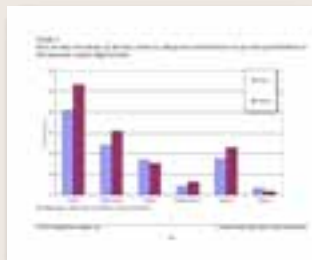


Emergency Department Surveys

In an effort to better understand usage patterns, Health Provocateur partner hospitals administered surveys to individuals seeking care in their emergency departments.



The surveys provided a better picture of uninsured and underinsured residents relying on hospital emergency rooms for non-urgent services and the need to help find them medical primary care services.



Communities That Care Survey



North Port CHAT and its workgroup, NP Alliance for Substance Abuse Prevention, reviewed data from the Communities that Care survey (conducted by the school system) to identify priorities in addressing substance abuse prevention in youth.

via surveys or other means. These local data are examined in the broader context of our region's health system and national models of

community health excellence. This process allows CHIP to design and implement responses as effectively – and efficiently – as possible.

Here are just four examples of the many ways CHIP has translated data into action in our community.

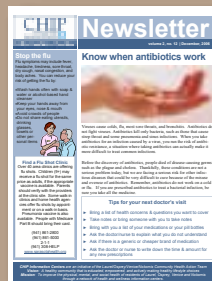


LOVN CHAT developed the **LOVN Care Team**, a novel, multi-agency approach to address needs of high-risk, isolated seniors

The LOVN Care Team Diabetes Project was evaluated as a randomized-controlled trial. Participants showed improvement in their diabetes outcomes



CHIP Centers created at Venice-area libraries, Goodwills, Senior Friendship Centers, and the Venice YMCA to distribute health & wellness information



HealthNews newsletter is produced and distributed



Electronic Kiosks replace CHIP Centers - now present in libraries throughout the county - with help from a Selby Foundation grant

This led to the creation of the **Health Provocateur Design Team**

The Design Team served as a platform for the creation of **Sarasota Healthcare Access** and **Charlotte County Indigent Care Program**, ER diversion programs providing high-frequency ER users with a coordinator and a "medical home".



Sarasota Community Pharmacy was created to provide low-income residents with better access to needed prescription medications



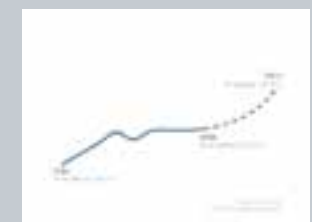
North Port D-Fy (Drug-Free Youth) was created as a community-based initiative partnering with local organizations and businesses to offer special events and discounts for youth members who make a commitment to be drug-, alcohol- and tobacco-free. Participants are monitored via initial and random drug screens.



With more than 250 participants in its 1st year, D-Fy was evaluated and designated as an evidence-based program

Documentary film brings data to life

Sarasota County residents lacking adequate health insurance coverage number in the tens of thousands, and their numbers are increasing. CHIP created a short documentary, “Uncovered: Health & the Uninsured in Sarasota County,” to raise awareness about the issue. Using both explanations of local data and personal accounts from affected residents, the film sheds light on a challenge that negatively affects the whole community - not just local individuals and families but also our resources-strained health system.



Watch at youtube.com/chip4health

CHIP Publications

Survey Reports

- *Community Voices: Results from the CHIP Household Survey*
- *Health Profile for Sarasota and Charlotte Counties*
- *Health Systems Assessment for Sarasota and Charlotte Counties*
- *2006 Community Health Survey: Comprehensive Report*

Directories & Resource Guides

- *Sarasota County Diabetes Resource Guide*
- *LOVN Health & Human Services Resource Directory*
- *North Port Health & Human Services Resource Directory*
- *Englewood Community Services Resource Directory*
- *Idea Inventory: Ideas + Resources for Creating a Healthier Sarasota County*
- *Neighborhood Cafe: Putting Health on the Menu*

CHIP Reports & Newsletters

- *HealthNews*
- *CHIP4HEALTH: Five Years of Progress + Partnership 2002-2007*
- *The CHIP Report* (e-newsletter)

Issue Briefs

- *Sarasota County Health Scorecard*
- *The Impact of Drug Use in Sarasota County*
- *Addressing Prescription Drug Misuse: A Regional Health Care Response*
- *Focus on Obesity* (Results from the 2010 Community Health Survey)
- *Uncovered: Health & the Uninsured in Sarasota County*
- *A Profile of the Uninsured in Charlotte County*
- *Outcomes of the LOVN Care Team Diabetes Project*
- *Community Health Trends* (Results from the 2010 Community Health Survey)

Multimedia & Videos

- *Uncovered: Health + the Uninsured in Sarasota County* (Documentary)
- *Healthy Choices for Healthy Eating: Savvy Supermarket Shopping* (Educational Video)
- *Addressing Prescription Pain Medication Abuse & Misuse: A Framework for Safe Prescribing* (Webinar)



2010 Community Health Survey Results





Assessing community health

Since 2003, CHIP has systematically collected data to assess health status in Sarasota County. With the Community Health Survey, CHIP asks residents of Sarasota County about their health, their behaviors, their healthcare needs and their perspectives on the issues impacting the overall health of the community. The survey helps provide a comprehensive picture of our community's health, informing and guiding many of CHIP's grassroots- and regional-level efforts.

This critically important body of data is made

up of the collected voices of individual community members. These voices help explain patterns of disease or health care utilization.

They are the voices of residents without health insurance or who need assistance with activities of daily living. They are the voices of residents who do not know where to get discounted medications or who to call for a ride to the doctor. They represent the people behind our health statistics and complete the mosaic that is community health.

About the 2010 Community Health Survey

The 2010 Sarasota County Community Health Survey was a written, 73-question survey mailed to households in Sarasota County, Florida in the spring of 2010.

Survey Sampling

Only a sample of households in Sarasota County received surveys. These households were selected at random based on a proportional random sampling approach which utilized the census tract as the primary sampling unit. Consistent with this approach, the number of surveys sent to each of the County's census tracts was dependent on the proportion of total Sarasota County households represented by that tract. This means that a larger number of surveys were sent to those tracts with a larger number of total households.

Estimates for the number of Sarasota County households by census tract, updated for 2009, were obtained from a mapping and demographic company. (Current estimates of the number of households, by census tract, were not available from the U.S. Census.) This information was required to calculate the total number of surveys which needed to be sent to each census tract. A randomly selected list of households was then compiled by a survey research firm. This became the final sampling frame – a list of all the households which would receive surveys.

The sample was designed to support multi-variate analyses at the county level. That is, for Sarasota County (but not necessarily for each census tract or sub-county unit) we wanted to have enough returned surveys to allow us to explore critical health issues among groups representing sociodemographic attributes of interest. For example, at the county level, our sample size is large enough to allow us to pursue analyses comparing the proportion of uninsured across categories of race or income level.

Population Groups of Interest

Certain population groups were of interest as well. For example, we oversampled in census tracts with a high (more than 20%) proportion of African American households. In three census tracts, we increased the expected sample by 9 times with the goal of receiving at least 200 surveys from African American households.

Community Health Action Teams, or CHATs, are CHIP's basic unit of local-level work. CHATs have been active in three South Sarasota County areas since 2003, representing the combined communities of Venice/Osprey/Laurel/Nokomis, North Port, Englewood and in Newtown/North Sarasota since 2007. We aimed to have at least 200 returned surveys for each CHAT region in South Sarasota County, but without oversampling in Englewood, it would have been unlikely that this number

A graphic for the Community Health Survey 2010. It features a stylized illustration of a community with houses, palm trees, a sun, and people walking. Below the illustration, the text reads "COMMUNITY HEALTH SURVEY 2010 CHARLOTTE SARASOTA DESOTO". At the bottom, there is a thank you message and contact information for John at the Sarasota County Health Department, along with the CHIP logo (Community Health Improvement Partnership).

**COMMUNITY
HEALTH SURVEY 2010
CHARLOTTE
SARASOTA
DESOTO**

Thank you for taking time to complete this survey. Place a check mark (✓) in the box next to your answer choice. Keep in mind that some questions ask about you, and others ask about people living in your household. Please return the completed survey in the enclosed stamped envelope.

If you have any questions, please call John at the Sarasota County Health Department at (941) 861-2880 or email info@CHIP4Health.org.

CHIP
Community Health
Improvement Partnership

CHIP's 2010 Community Health Survey instrument is available online at www.chip4health.org/research.

would have been received. Therefore, Englewood census tracts were sampled at a rate 5 times that which would otherwise be expected.

Notes on Estimates

The reader must be aware that though contemporary statistical inference provides a reasonable level of confidence in the estimates derived from a sample of this size, it is crucial that all estimates be understood as just that—estimates. Estimates are not “perfect numbers”. A level of imprecision is an inherent quality of estimates, and the estimates reported actually refer to an interval – a specific number plus or minus some margin of error.

This shouldn't be viewed as a flaw, but simply a mathematical reality. On average, estimates for Sarasota County have a margin of error of 1.11. (i.e. If the estimate was 56%, we would expect the true number to fall within a range 1.11 points above or below 56%).

Final Sample

For the 2010 Community Health Survey, surveys were mailed to 4,542 local addresses. Some surveys were returned as undeliverable by the U.S. Postal System (510 or 11.5%). In-

complete surveys were returned by 309 households; these results were not included in the analysis.

The final sample for Sarasota County included survey results from 1,946 households, or 54% of households receiving the survey.

Survey Instrument

The instrument mailed to county residents was developed specifically for this community health survey. The content of the survey reflects health priorities in Sarasota County or information that was otherwise desired by CHIP, CHIP's Community Health Action Teams and other community partners. The development of the survey instrument was a collaborative process that took place over a period of several months. Most of the questions in the survey came from previously validated survey instruments, though some questions were developed specifically for this survey.

The complete survey instrument can be found at www.chip4health.org/research.



Acknowledgements

This survey was funded by the Gulf Coast Community Foundation of Venice, with additional support from the Sarasota County Health Department.

We would not have been able to carry out this survey without the support from a number of volunteers. We are indebted to Bill Trainer, Stig Peterson, Kate Reedy, Pauline Santor, Malarie Taylor, Linda Shea, Adam Lubitz, Virginia Harden, Kim White, James Magill, Corrie Brown and Samatha Henrick for assisting with data entry. Special thanks goes to Kisha Gaines and John Falter for their support in the planning and administration of this survey.

Survey questions fell into categories including Health Status, Medical Care, Habits & Activities, Mental Health, Social Support & Trust, Civic Health, the Economy, and basic demographic information.

B1. Do **you** have one doctor or clinic you think of as your **primary** medical care provider? **(Check only one)**

₁ Yes

₀ No

B2. Where would **you** normally go if you needed **medical care**? **(Check only one)**

₁ A doctor's office

₂ Health department or community clinic

₃ Hospital emergency room (ER)

Walk in clinic

The final sample included survey results from 1,946 households, or 54% of households receiving the survey.

Demographics of sample

- Survey respondents tended to be female (65.3% female versus 34.7% male). Over half (53.3%) were married, 19.6% were divorced, 16.1% were widowed and 9.2% were never married.
- Most survey respondents (77.3%) were over the age of 50; 5.8% were between the ages of 18 and 34 and 16.9% were between these. Given the age structure of Sarasota County, which has a median age of 50, the tendency for survey respondents to be older is not surprising.
- Most individuals responding to this survey were white (92.9%), 4.0% were African American, and 3.1% reported other races. This is fairly consistent with data from the *2006-2008 American Community Survey*¹, administered by the U.S. Census Bureau, which reported that 91% of Sarasota County residents were white, and 4.5% African American. Though surveys were available in Spanish, those of Hispanic ethnicity were less likely to respond. Only 3.6% of survey respondents were Hispanic, compared to census data which show that 6.9% of Sarasota County residents are Hispanic.
- Most survey respondents (38.5%) were retired, 28.4% were employed full-time, and 8.4% were employed part time. Just under 8% of respondents reported that they were out of work.
- Individual and community income levels are consistently associated with key population outcomes. **Whether operating to influence health through access to material resources or health care, income shapes health.** About one in five respondents reported household incomes of less than \$30,000 (20.7%), 34.7% reported incomes between \$30,000-\$54,999, 18.7% of household incomes ranged between \$55,000 and \$99,999, and 25.9% were above \$100,000.
- Studies show that higher education level is associated with better health outcomes. Only 4.2% of Sarasota County respondents reported that they completed 11th grade or less, 36.5% reported receiving a high school diploma or GED, 44.6% earned a technical or college degree, and 14.1% of respondents completed graduate work.
- Survey respondents were most likely to report a Sarasota address (53.7%); 15.0% reported a Venice address, 11.3% North Port and 14.4% Englewood. These figures include unincorporated areas of the county, not just areas within the city limits of these municipalities.

¹ U.S. Census Bureau, 2006-2008 American Community Survey

Demographics of the Respondents

		%	# Responding
Gender	Female	65.3	952
	Male	34.7	507
Age Category	18-34	5.8	84
	35-49	16.9	243
	50-64	32.2	463
	65-79	31.7	455
	80 and above	13.4	192
Marital Status	Married	53.3	773
	Divorced	19.6	284
	Widowed	16.1	233
	Separated	1.4	20
	Never Married	9.2	133
	Other	0.4	6
Race	White/Caucasian	92.9	1337
	African American / Black	4.0	58
	Asian	0.9	13
	Amer Indian/ Pac Islander	1.0	14
	Other	1.2	18
Ethnicity	Hispanic / Latino	3.6	56
Employment	Employed Full-Time	28.4	390
	Employed Part-Time	8.4	115
	Self-Employed	8.1	111
	Out of Work	7.7	106
	Retired	38.5	529
	Unable to Work	3.5	48
	Other	5.5	75

		%	# Responding
Education	11th grade or less	4.2	61
	High School Grad	36.5	528
	Associates/Tech degree	23.8	343
	Bachelor's degree	20.8	301
	Graduate degree	14.1	204
Household Income	Less than \$9,999	10.1	103
	\$10,000-\$19,999	5.9	60
	\$20,000-\$29,999	4.7	48
	\$30,000-\$39,999	16.9	172
	\$40,000-\$54,999	17.8	182
	\$55,000-\$64,999	9.5	97
	\$75,000-\$99,999	9.2	94
	\$100,000-\$149,999	13.3	136
Municipality	\$150,000-\$199,999	9.9	101
	\$200,000 or above	2.7	28
	Sarasota	53.7	1044
	Venice	15.0	292
	North Port	11.3	220
	Englewood	14.4	280

Questions about self-reported health have been shown to be predictive of future health events.

Health status

Self-reported health status

Health status questions are typically used in health surveys to provide a general measure of self-reported health, with respondents assessing their health status on a scale from poor to excellent. While good health or poor health may be difficult to define definitively – and one person’s definition of good health may differ from the next person’s – questions about self-reported health have shown to be predictive of future health events. That is, those who report excellent health tend to have fewer adverse future health events than those who report poor health.

- **Between 2006 and 2010, the number of respondents reporting ‘Excellent’ or ‘Very Good’ health decreased** from 57.6% to 50.2%. The number of respondents reporting ‘Fair’ or ‘Poor’ health increased this same time period from 12.1% in 2006 to 16.1% in 2010.
- Gender had little impact on self-reported health: females and males were equally as likely to report ‘Excellent’ or ‘Very Good’ health (50.0% and 49.6%, respectively).
- **Race was significantly associated with self-reported health.** Whites were more likely to report ‘Excellent’ or ‘Very Good’ health (49.9%) when compared to African Americans (32.3%) and less likely than those of other races (54.4%).
- Respondents from households earning more than \$30,000 per year were more likely to report ‘Excellent’ or ‘Very Good’ health than those earning \$29,999 or less. However, those earning \$75,000 or more were less likely to report ‘Excellent’ or ‘Very Good’ health when compared to those earning between \$30,000-\$74,999 (56.3% versus 65.5%).
- **Insured individuals were significantly more likely to report ‘Excellent’ or ‘Very Good’ health** than those lacking health insurance (61.5% versus 37.7%).

Self-Reported Health Status: Sarasota County Residents overall

06-10
TREND
DATA

	% Excellent	% Very Good	% Good	% Fair	% Poor	# Responding
2010	15.5	34.7	33.8	12.8	3.3	1379
2006	16.3	41.3	30.2	9.8	2.3	1928

“Would you say that in general your health is...”

		% Excellent	% Very Good	% Good	% Fair	% Poor	# Responding
Overall		15.5	34.7	33.8	12.8	3.3	1379.0
Gender of Respondent	Female	16.0	34.0	34.7	12.8	2.5	866.0
	Male	15.0	34.6	32.7	13.2	4.5	464.8
Age Category	18-34	24.6	38.5	28.8	5.9	2.3	88.7
	35-49	25.7	38.5	24.0	9.7	2.1	107.2
	50-64	17.6	37.7	29.1	11.5	4.1	241.9
	65+	18.4	31.4	36.7	12.0	1.5	317.0
Race	White	15.0	34.9	33.6	13.1	3.5	1505.0
	African American	12.1	20.2	36.4	23.2	8.1	99.0
	Other	10.9	43.5	32.6	10.9	2.2	46.0
Education	11th grade or less	3.9	26.3	40.7	19.7	9.5	51.2
	High School Grad	10.7	33.3	38.2	14.2	3.8	465.3
	College Graduate	25.8	37.0	25.9	9.7	1.6	794.0
Household Income	<\$30K	15.4	36.3	37.1	9.4	1.7	414.2
	\$30K - \$75K	22.6	42.9	27.5	6.7	0.3	325.2
	>\$75K	20.5	35.8	30.7	11.9	1.2	195.0
Insurance Status*	Insured	23.0	38.5	28.5	8.1	1.9	568.7
	Uninsured	10.1	27.6	39.7	17.7	4.9	166.9
Municipality	Sarasota	15.4	35.8	31.5	13.6	3.7	926.0
	Venice	11.9	36.3	37.4	11.1	3.3	270.0
	North Port	14.2	25.8	38.4	16.3	5.3	190.0
	Englewood	10.9	33.6	36.0	15.0	4.5	247.0

* for individuals less than age 65

Health Conditions

Respondents were asked about a set of risk factors or health conditions that they or a family member may have.

- The most common health risk factors were high blood pressure (36.7%) and high cholesterol (31.8%).
- The most common diseases or health conditions cited among respondents were arthritis (30.4%) depression (14.5%), and heart disease (11.7%).

Looking just at heart disease, cancer and dia-

betes – the top three leading causes of death in the United States – we find that the prevalence of these conditions is associated with certain socio-economic risk factors.

- Males were more likely than females to report that they have had diabetes (15.1% in males versus 9.3% in females), heart disease (17.6% versus 8.8%) or cancer (17.3% versus 11.3%).
- **African Americans were twice as likely to report having diabetes** than whites (20.6% versus 9.6%), but less likely to

report a diagnosis of heart disease or cancer than those of other races.

- **Lower education level was associated with a higher prevalence of diabetes and heart disease.**
- **Those in households earning less were more likely to report a diagnosis of diabetes** (14.6% for households earning less than \$30,000 per year, compared to 11.2% for households earning \$30,000 - \$74,999, and 8.9% for those households earning more than \$75,000 annually).

Health Conditions: Sarasota County Residents overall

	% Responding	% Other Household Member	# Responding
Arthritis	30.4	16.7	256
Asthma	7.9	5.9	91
Cancer	13.4	11.0	169
Depression	14.5	9.6	147
Diabetes	10.0	8.3	127
Heart Disease	11.7	10.0	153
High Blood Pressure	36.7	24.0	368
High Cholesterol	31.8	20.0	306
Memory Problems	3.0	3.2	49
Physical Disability	7.7	4.6	70
Weight Problems	18.2	12.2	187

“Have you ever had, or do you have any of the following conditions...”

		% Diabetes	% Heart Disease	% Cancer
Overall		10	11.7	13.4
Gender of Respondent	Female	9.3	8.8	11.3
	Male	15.1	17.6	17.3
Age Category	18-34	6.5	2.1	4.1
	35-49	4.9	7.2	5.6
	50-64	9.2	8.2	10.1
	65+	9.8	13.8	15.4
Race	White	9.6	11.8	14.2
	African American	20.6	7.7	2.3
	Other	11.6	11.8	10.0
Education	11th grade or less	20.4	19.4	9.2
	High School Grad	11.2	10.1	13.4
	College Graduate	9.0	14.1	13.8
Household Income	<\$30K	14.6	11.5	10.9
	\$30K - \$75K	11.2	10.7	14.1
	>\$75K	8.9	11.4	14.8
Insurance Status*	Insured	8.6	4.9	7.5
	Uninsured	9.1	4.6	6.6
Municipality	Sarasota	9.5	9.8	11.2
	Venice	10.3	15.1	19.2
	North Port	12.7	12.3	10.5
	Englewood	8.7	15	17.1

* for individuals less than age 65

BMI (Body Mass Index)

In the past three decades, the United States has seen a staggering rise in the proportion of adults and children who are obese or overweight. Because obesity is at the root of many serious health conditions and has been described as the most costly public health threat in this country, we have included this section on Body Mass Index¹ to explore the local trends.

- In the United States, the average additional annual costs being obese – resulting from direct medical costs, absenteeism, disability insurance and personal costs – have been estimated at \$4,879 for obese women and \$2,646 for obese men.²
- In Sarasota County, men were significantly more likely to be overweight (46.3%) than women (28.0%), although the likelihood of being obese did not differ much across gender.

- When compared to other age groups, those aged 65+ are more likely to be overweight (36.2%) but less likely to be obese (22.3%).
- BMI is significantly associated with race. Consistent with state and national trends, **African Americans in Sarasota County were at a greater risk of obesity** (56.7%) than whites (20.7%) and those of other races (15.4%).
- Lower education is associated with greater risk for obesity. Those who have not completed high school were more likely to be obese (31.5%) compared to high school graduates (16.6%) and college graduates (23.4%).
- **Residents with an annual household income of less than \$30,000 were more likely to be obese or overweight**

(61.3%) than those with household incomes between \$30,000-\$75,000 (55.3%) and greater than \$75,000 (51.8%).

- **Those without health insurance were more likely to be overweight or obese** (62.5%) than those with insurance coverage (55.0%).

¹ Overweight and obesity are both labels for ranges of weight that are greater than what is generally considered healthy for a given height. The terms also identify ranges of weight that have been shown to increase the likelihood of certain diseases and other health problems. For adults, overweight and obesity ranges are determined by using weight and height to calculate a number called the “body mass index” (BMI). BMI is used because, for most people, it correlates with their amount of body fat. An adult who has a BMI between 25 and 29.9 is considered overweight; an adult who has a BMI of 30 or higher is considered obese.

² Dor A, Ferguson C., Langwith C., Tan E. Sept. 2010 . *A Heavy Burden: The Individual Costs of Being Overweight and Obese in the U.S.* George Washington University.

BMI Trends Among Sarasota County Adults

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	% Healthy Weight	% Overweight	% Obese	% Underweight	# Responding
2010	41.8	34.3	21.2	2.6	1380
2006	44.7	32.3	20.3	2.2	1890

Obesity has been described as the most costly public health threat in this country.

BMI of Respondents

		%	%	%	%	#
		Healthy Weight	Overweight	Obese	Underweight	Responding
Overall		41.8	34.3	21.2	2.6	1310
Gender of Respondent	Female	47.3	28.0	21.0	3.8	856
	Male	31.2	46.3	22.1	0.5	425
Age Category	18-34	42.2	24.9	27.2	5.7	90
	35-49	43.1	29.8	25.1	2.0	215
	50-64	39.7	34.5	23.7	2.1	425
	65+	43.0	36.9	17.1	3.0	549
Race	White	42.4	34.0	20.7	2.9	1463
	African American	14.4	27.9	56.7	1.0	104
	Other	55.8	26.9	15.4	1.9	52
Education	11th grade or less	37.8	28.1	31.5	2.6	50
	High School Grad	46.1	34.7	16.6	2.6	441
	College Graduate	39.7	34.0	23.4	2.9	770
Household Income	<\$30K	37.0	39.5	21.8	1.7	194
	\$30K - \$75K	42.2	36.1	19.2	2.5	406
	>\$75K	46.4	30.1	21.7	1.8	322
Insurance Status*	Insured	42.8	31.6	23.4	2.2	549
	Uninsured	34.3	34.4	28.1	3.3	153
Municipality	Sarasota	39.7	32.5	24.4	3.5	887
	Venice	45.8	35.7	16.1	2.4	249
	North Port	34.9	36.4	27.2	1.5	195
	Englewood	38.7	35.3	24.4	1.7	238

* for individuals less than age 65

In Sarasota County, approximately 23% of adults under age 65 lack health insurance.

Access to Health Care

Access to care is determined by a variety of factors, including health insurance coverage, distance to providers, transportation and financial resources for medications. The following data summarize key measures of access to health care.

Consistent with state trends in health insurance coverage, approximately 23% of adults in Sarasota County were uninsured. (This figure includes only those under the age of 65, because adults 65 and older receive coverage through Medicare.) This reflects an increase since 2006, when about 16% of Sarasota County residents

reported that they were uninsured. In light of the economic downturn and increases in unemployment, the increase in the proportion of uninsured is not surprising.

- In Sarasota County, men were more likely to be uninsured than women (29.3% versus 20.3%).
- Whites were less likely to be uninsured (22.6%) when compared to blacks (31.3%) and those of other races (37.8%).
- Lower educational achievement was as-

sociated with an increased likelihood to be uninsured. **Those who have not completed high school are far more likely to be uninsured** (49.9%) compared to high school graduates (28.7%) and college graduates (9.8%).

- **Residents with an annual household income of less than \$30,000 were more likely to be uninsured** (35.9%) than those with household incomes between \$30,000-\$75,000 (18.6%) and greater than \$75,000 (4.2%).

Insurance Status Among Sarasota County Adults*

06-10
TREND
DATA

	% Insured	% Uninsured	# Responding
2010	77.6	22.5	800
2006	84.2	15.8	1154

* for individuals less than age 65

Insurance status of respondents*

		% Insured	% Uninsured	# Responding
Overall		77.6	22.5	800
Gender of Respondent	Female	79.7	20.3	533
	Male	70.7	29.3	221
Age Category	18-34	70.3	29.7	90
	35-49	73.7	26.3	226
	50-64	80.2	19.8	428
Race	White	77.5	22.6	825
	African American	68.8	31.3	80
	Other	62.2	37.8	37
Education	11th grade or less	50.2	49.9	22
	High School Grad	71.3	28.7	467
	College Graduate	90.2	9.8	259
Household Income	<\$30K	64.1	35.9	169
	\$30K - \$75K	81.4	18.6	253
	>\$75K	95.8	4.2	196
Municipality	Sarasota	73.6	26.4	588
	Venice	86.2	13.8	123
	North Port	76.8	23.2	125
	Englewood	69.8	30.2	116

* for individuals less than age 65

Health Insurance Status

- **Among those with insurance, 61.4% had coverage through their employer,** 21.9% had private insurance, 13.5% were on Medicare and 3.2% received insurance coverage through Medicaid.
- Among employed respondents, 39.9% reported that their employer offered health insurance.
- Those reporting that they were uninsured were asked about the main reason that they lacked health insurance coverage. Most (60.2%) reported that insurance was too expensive to afford, 15.7% reported lack of employment as the main reason they were uninsured and an additional 5.9% cited lack of coverage through their employer as the main reason. Five percent of the uninsured noted that pre-existing medical conditions were a barrier to coverage. Much smaller segments of respondents cited that they don't believe in insurance (1.4%), depend on free or inexpensive care (1.0%), or don't need insurance (.9%).

In addition to health insurance, a variety of factors affect consumers' access to and use of health care providers. These include economic reasons as well as beliefs about care, distance to care, and knowledge of available services.

"Among those with insurance*, what type of health insurance do you have?"

	%	# Responding
Employer pays all or part of insurance cost	61.4	378
Private, self-pay	21.9	134
Medicare	13.5	83
Medicaid	3.2	20

* for individuals less than age 65

"If you are currently employed, does your current employer offer health insurance?"*

	%	# Responding
Yes	39.9	223
No	60.1	336

* for individuals less than age 65

"If you or any household member are uninsured, what is the main reason you do not have health insurance?"*

	%	# Responding
Too expensive / premium too high / can't afford	60.2	192
Not employed	15.7	50
Employer does not offer insurance	5.9	19
Medical problems/pre-existing conditions	5.0	16
Waiting for coverage (e.g. less than 90 days on job)	1.4	4
Don't believe in insurance	1.4	4
Free or inexpensive care is readily available	1.0	3
Don't need insurance/usually healthy	0.9	3
Other	5.8	19

* for individuals less than age 65

- Most respondents (82.2%) cited that they typically go to a doctor's office for medical care. An additional 6.0% reported that they would seek care at a walk-in clinic, 5.2% would go to a hospital emergency room, and 3.6% usually find care at a health department or community clinic.

Primary Care Provider

Attachment to a primary care provider is significantly correlated with health care utilization behavior.

- These survey data show that nearly 83% of the respondents in this sample had one or more providers they considered to be their primary provider. This is a slight decrease from 2006, when 86.4% reported the same.

Awareness of Low-Cost Services

Though there are several providers in Sarasota County that provide no-cost or reduced-cost services to those that cannot afford medical care, awareness of these services could be increased.

- Though only 32% of respondents reported they were aware of these services, this is a marked increase from 2006 when only 19% of respondents reported awareness of low or no-cost medical services.

“Where do you normally go if you need medical care?”

	%	# Responding
Doctor's office	82.2	1147
Walk-in Clinic	6.0	84
Hospital Emergency Room	5.2	73
Health Department or Community Clinic	3.6	50
Other	1.3	17
Don't Know	1.8	25

“Do you have one doctor or clinic that you think of as your primary medical care provider?”

	%	# Responding
Yes	82.8	1268
No	17.2	263

“Do you know of any places that treat people who are uninsured and cannot afford medical care?”

	%	# Responding
Yes	32.0	491
No	68.0	1042

Emergency Room Usage

Emergency room use for non-emergency services is costly and can lead to delays in care for those most in need of emergency services. However, this is often the only way uninsured residents can access health care services. We asked respondents a number of questions to assess emergency department usage patterns in Sarasota County.

- **More than 35% reported that someone in their household used the ER in the last year.** This is a slight decrease from 2006, when 37.1% reported the same.
- Most respondents (41.3%) reported using the ER because of a serious medical condition, because their doctor’s office was closed (20.7%), or because they were referred by a medical professional (11.1%). A small percentage of respondents reported using the emergency room because they lacked a primary care doctor (1.7%), because they needed medication (1.2%) or because they always go to the emergency room for care (1.0%).

Access to Needed Health Care Services

- Nearly 12% of respondents reported that there was a time in the last 12 months when they needed medical care but could not get it. This is an increase from 2006, when 9% of respondents reported the same.

“Have you or a member of the household used an emergency room in the past year?”

	%	# Responding
Yes	35.2	539
No	64.8	994

“What was the main reason for using the emergency room in the past year?”

	%	# Responding
Felt condition was serious	41.3	185
Doctor’s office was closed	20.7	93
Referred by medical professional	11.1	49
Other	9.1	41
Referred by family member	4.5	20
ER was open at convenient time	3.2	14
No insurance	3.2	14
Location was easily accessible	1.9	9
Don’t have primary care doctor	1.7	8
Needed medication	1.2	5
Always go to ER for care	1.0	5
Did not know where else to go	0.5	2

“Was there a time in the past 12 months when you needed care but could not get it?”

	%	# Responding
Yes	11.8	181
No	85.4	1309

ER use for non-emergency services is costly and can lead to delays in care for those most in need of emergency services.

- Of those that cited that they could not get needed medical care in the past year, 33.9% reported that lack of health insurance was the main reason. Nearly 31% reported that care was too expensive, 12.1% cited that the office wasn't open at a convenient time, 7.5% reported that the wait for an appointment was too long, and an additional 7.5% reported that they didn't have a doctor who could see them.

“What is the main reason you could not get care?”

	%	# Responding
No health insurance	33.9	60
Too expensive	30.5	54
Office wasn't open when I could get in	12.1	21
Too long to wait for an appointment	7.5	13
Didn't have a doctor who would see me	7.5	13
Other	6.1	11
No transportation/office too far away	1.9	3

Access to Needed Dental Services

Access to dental care has an impact on overall health. The 2000 Surgeon General's report, *Oral Health in America*, called attention to this connection and stated that, if left untreated, poor oral health is a “silent X-factor promoting the onset of life-threatening diseases which are responsible for the deaths of millions of Americans each year.” Research has identified gum disease as a risk factor for heart and lung disease, diabetes, premature, low birth weight babies and a number of other conditions.

- About 25% of respondents reported that there are dental services they need but cannot get.
- Nearly 5% reported missing school or work because of a dental problem.

“Are there any dental services you need but cannot get?”

	%	# Responding
Yes	25.1	384
No	74.9	1149

“In the past 12 months, have you missed school or work because of a dental problem?”

	%	# Responding
Yes	4.5	68
No	95.5	1465

Health Behaviors

Our health behaviors and personal lifestyle choices play an important role in contributing to overall health. A lack of physical activity and good nutrition are the most important factors contributing to an epidemic of overweight and obesity, and tobacco use is considered one of the main causes of preventable disease and death. The *2010 Community Health Survey* asked respondents about each of these topics.

Physical Activity

Physical activity reduces the risk of dying from coronary heart disease and of developing high blood pressure, colon cancer and diabetes. It can also help maintain a healthy weight and strengthen bones, joints and muscles. A natural stress reliever, physical activity has been shown to reduce blood pressure and improve mental health.

Unfortunately, over 50% of Floridians do not meet the recommended amount of moderate daily activity and only a little over 25% of

Floridians meet the recommended amount of vigorous daily activity. Certain populations are more prone to physical inactivity, including women, older adults, adults of African American and Hispanic descent, and adults with lower incomes.

In Sarasota County, physical activity is associated with a number of socio-demographic characteristics.

- Males were slightly more likely to have participated in physical exercise within the last month when compared to females (78.0% versus 73.3%).
- Physical activity did not differ appreciably by age in Sarasota County. Those 65 and above were least likely to have participated in physical activity within the last month (74.1%), whereas those 50-64 were most likely to have reported that they exercised (78.8%).

- Whites were more likely to report that they participated in physical activity (75.3%) when compared to African Americans (54.2%) or those of other races (68.4%).
- Physical activity was associated with higher education levels. College graduates were more likely to have exercised within the last month (84.3%) when compared to high school graduates (57.2%) and those that completed the 11th grade or less (60.7%).
- Higher household income was associated with increased physical activity. Respondents from households earning more than \$75,000 were more likely to report physical activity (83.3%) when compared to those from households earning \$30,000-\$75,000 (69.8%) and less than \$30,000 (77.4%).

Residents Participating in Moderate Physical Exercise Within the Last Month

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		% Yes	% No	# Responding
2010		73.4	26.6	1121
2006		80.8	19.2	1906

Residents participating in physical exercise within the last month

		% Yes	% No	# Responding
Overall		73.4	26.6	1121
Gender of Respondent	Female	73.3	26.7	949
	Male	78.0	22.0	504
Age Category	18-34	74.5	25.5	96
	35-49	78.7	21.3	241
	50-64	74.5	25.5	462
	65+	73.6	26.4	644
Race	White	75.3	24.7	1644
	African American	54.2	45.8	118
	Other	68.4	31.6	57
Education	11th grade or less	60.7	39.3	59
	High School Grad	57.2	42.8	869
	College Graduate	84.3	15.7	502
Household Income	<\$30K	77.4	22.6	447
	\$30K - \$75K	69.8	30.2	211
	>\$75K	83.3	16.7	359
Insurance Status*	Insured	79.0	21.0	617
	Uninsured	71.8	28.2	180
Municipality	Sarasota	71.5	28.5	1040
	Venice	73.5	26.5	291
	North Port	68.5	31.5	219
	Englewood	74.4	25.6	277

* for individuals less than age 65

Healthy Eating

Consumption of fruits and vegetables is associated with reduced risk of many chronic diseases. Recommended amounts of fruits and vegetables required to maintain a healthy weight vary depending on age, sex and level of physical activity. Visit www.choosemyplate.gov for more information.

Survey data suggest that a significant portion of Sarasota County residents are not consuming recommended amounts of fruits and vegetables.

- About 42% of respondents reported eating 1 or fewer servings of fruits or vegetables per day; 47% consumed 2-4 servings per day; and about 10% reported eating fruits or vegetables 5 or more times per day.
- **When asked the main reason that prevented them from eating healthy foods, 12.4% reported that healthy foods were too expensive**, 4.7% cited that healthy food takes longer to prepare, 3.5% noted that they were not sure which foods were considered healthy, and nearly 3% reported that healthy food does not taste good.
- **When asked what would be most helpful to achieve a healthier lifestyle, 24.5% cited an increase in grocers or farmers markets offering affordable fresh fruits and vegetables**, 20.5% thought healthier menu choices at restaurants would be most beneficial, 17.1% cited available and well-maintained sidewalks, 10.4% noted

“How often do you eat fruit or vegetables?”

	%	# Responding
Once a day or less	41.7	604
2-4 times per day	47.0	681
5 or more times per day	9.8	142
No	1.5	22

“What is the main reason that prevents you from eating healthy foods?”

	%	# Responding
Usually eat healthy foods	72.3	1017
Healthy food is too expensive	12.4	175
Healthy food takes longer to prepare	4.7	67
Not sure what foods are considered healthy	3.5	49
Healthy food does not taste good	2.9	41
Have a hard time eating certain healthy foods	2.2	30
Usually eat at restaurants that don't offer healthy options	1.9	27
Healthy food is not available in my neighborhood	0.1	1

“Which of the following would be most helpful to you to have a healthier lifestyle?”

	%	# Responding
Grocers or farmers markets that offer affordable fresh fruits and vegetables	24.5	376
Healthier menu choices at local restaurants and fast food venues	20.5	314
Sidewalks that are available and well maintained	17.1	262
Access to trails and parks	10.4	159
Stores, restaurants and other facilities that are located in my neighborhood	3.8	59

access to trails and parks, and 3.8% felt that neighborhood stores, restaurants or other facilities would lead to improved health.

Smoking

Smoking is one of the leading causes of preventable death in the United States. Since smoking harms nearly every organ of the body, quitting has immediate and long-term health benefits for the smoker and family members. The economic benefits of quitting are striking. National estimates show that every adult smoker who quits smoking reduces his lifetime health care costs by approximately \$9,500.¹

- **Though 81.5% of survey respondents reported that they never smoke, 14.1 reported smoking cigarettes every day and an additional 4.4% smoke some days.** (It is important to remember that these figures are for adults only. Data on youth smoking patterns can be found in the *Sarasota County Youth Behavior Survey* which can be accessed at www.srqkids4health.org).
- Nearly 12% of those survey respondents who smoke reported that they have stopped for one day or longer because they were trying to quit.

National estimates show that every adult smoker who quits smoking reduces his lifetime health care costs by approximately \$9,500.

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

	%	# Responding
Every day	14.1	215
Some days	4.4	67
Not at all	81.5	1247

“If you smoked during the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?”

	%	# Responding
Yes	11.5	175
No	88.5	1339

¹Florida Department of Health. 2010. *Prevention Pays*. Office of Health Statistics and Assessment. Accessed at http://www.doh.state.fl.us/planning_eval/phstats/PrevPays/PreventionPays.pdf

A study by Columbia University found that people who are enthusiastic and content are less likely to develop heart disease than less happy people.

Mental Health & Substance Abuse

Happiness

Since the early 1970s, the Pew Research Center has asked Americans to describe their level of happiness as either very happy, pretty happy, or not too happy. In Sarasota County, we asked the same question in 2006 and 2010.

On a national level, the rates of happiness have changed very little through the decades.

Can being happy make you healthier? Perhaps so, according to some research. A study by Columbia University found that people who are enthusiastic and content are less likely to develop heart disease than less happy people.¹ The researchers concluded that if everyone did more of the things that made them happy, they

could significantly reduce their risk of heart attack and angina.

- **In Sarasota County, the proportion of adults reporting that they were “very happy” decreased slightly between 2006 and 2010** (from 38.9% to 36.4%) and the number reporting that they were “not too happy” increased during the same period (from 7.5% to 8.3%).
- Men and women reported similar levels of happiness, with 35.7% of men reporting that they were “very happy” compared to 36.6% of females.

- Those between the ages of 18-34 were most likely to report that they were “very happy” (43.6%), while those between the ages of 35-49 were most likely to report that they were “not too happy” (11.1%).
- **Those at lower income and education levels, as well as those lacking health insurance, were more likely to report that they were “not too happy”.**

¹ Davidson K, Mostofsky E, Whang W. 2010. *Don't worry, be happy: positive effect and reduced 10-year incident coronary heart disease: The Canadian Nova Scotia Health Study.* European Heart Journal. 31 (9): 1065-70.

Self-Reported Happiness of Sarasota County Residents



	% Very Happy	% Pretty Happy	% Not Too Happy	# Responding
2010	36.4	55.3	8.3	1468
2006	38.9	53.7	7.5	1976

Happiness of Respondents

		% Very Happy	% Pretty Happy	% Not too Happy	# Responding
Overall		36.4	55.3	8.3	1468
Gender of Respondent	Female	36.6	55.8	7.6	932
	Male	35.7	55.6	8.8	490
Age Category	18-34	43.6	48.6	7.9	95
	35-49	34.4	55.1	10.5	240
	50-64	32.9	57.9	9.1	448
	65+	37.9	55.6	6.6	633
Race	White	36.8	54.7	8.5	1613
	African American	26.1	65.2	8.7	115
	Other	37.0	61.1	1.9	54
Education	11th grade or less	28.7	64.8	6.5	59
	High School Grad	32.1	57.9	10.0	849
	College Graduate	45.0	50.5	4.5	495
Household Income	<\$30K	33.8	56.2	10.0	209
	\$30K - \$75K	34.9	59.7	5.3	439
	>\$75K	49.8	48.5	1.8	209
Insurance Status*	Insured	39.3	54.0	6.6	609
	Uninsured	21.0	58.6	20.4	178
Municipality	Sarasota	35.1	55.8	9.2	995
	Venice	37.9	55.6	6.5	277
	North Port	33.0	58.5	8.5	212
	Englewood	36.1	54.7	9.1	274

* for individuals less than age 65

Mental Health & Substance Abuse

This health survey included a number of questions to gauge the prevalence of depression in the community.

- **About 16% of respondents noted that they have had trouble completing usual activities in the last month because of feeling sad, down, depressed or anxious.** About 31% of these individuals had received treatment for this problem.
- More than 7% of respondents reported that someone in the household had a mental health problem.

Questions about household alcohol and drug use were also asked.

- **Nearly 4% (3.8%) reported that someone in the household had an alcohol problem, 1.3% reported that a household member had a drug problem,** and 0.8% reported that someone had both an alcohol and drug use problem.

“In the past month, have you had trouble completing your usual activities because you felt sad, down, depressed, or anxious?”

		%	# Responding
	Yes	16.1	246
	No	83.9	1287

“If yes, did you receive services or treatment for the problem?”

		%	# Responding
	Yes	31.2	76
	No	68.9	169

“Does anyone in the household have mental health problems?”

		%	# Responding
	Yes	7.3	112
	No	89.9	1376
	Don't know	2.9	44

Seeking Treatment for Mental Health & Substance Abuse Issues

- Most survey respondents (62.2%) reported that they would know where to get services or treatment if they or someone in the household were experiencing anxiety, depression or other mental health issues.
- **About 2% of respondents reported that they were hospitalized in the last year because of a mental health problem.**

“Does anyone in the household have an alcohol or drug use problem?”

	%	# Responding
Yes, someone has an alcohol problem	3.8	57
Yes, someone has a drug use problem	1.3	19
Yes, someone has both an alcohol and a drug use problem	0.8	12
No, no one does	81.5	1247

“If you or someone in your household were experiencing anxiety, depression, and other mental health issues, would you know where to get services or treatment?”

	%	# Responding
Yes	62.2	953
No	37.9	580

“Was there a time in the past 12 months when someone in your household went to the hospital because of a mental health or substance abuse problem?”

	%	# Responding
Yes	1.9	29
No	97.5	1495

Social support has been shown to reduce the sharp increase in blood pressure and secretion of damaging stress-related hormones that typically follow exposure to stress.

Social Support

The health benefits of a strong social support network are well documented. A strong social network fights stress, which in turn fights chronic disease. Social support has been shown by researchers to reduce the sharp increase in blood pressure and secretion of damaging stress-related hormones that typically follow

exposure to stress.

The health benefits of a strong social support network extend beyond chronic disease. Social support from family and friends has been shown to encourage physical activity. It can enhance the immune system of patients with HIV/AIDS and of caregivers for loved ones

with Alzheimer's. Patients with breast cancer or malignant melanoma who receive emotional support from strangers live longer and have a higher quality of life. Emotional support is also responsible for the success of addictions counseling programs, like Alcoholics Anonymous.

“How often can you talk about your deepest problems with at least some of your family, friends, or church members?”

06-10
TREND
DATA

	% Never	% Rarely	% Some of the Time	% Most of the Time	% All of the Time	# Responding
2010	6.8	13.4	23.1	31.6	25.0	1473
2006	6.3	13.3	25.1	31.9	23.5	1972

- Indicating a strong social support network, most respondents (51.5%) reported that they have four or more people that they could depend on located within an hour's travel time. However, 11.1% report that they have no one within an hour's travel time that they can count on.
- More than 50% (56.6%) of respondents report that, most or all of the time, they have someone with whom to share their deepest problems.
- About one in five respondents (20.5%) report that they care for someone that could not take care of themselves.
- Many people noted that they have provided support to others within the past 12 months, by listening to someone who needs to talk (63.1%), driving someone to an appointment (39.0%), helping someone prepare meals (19.7%), helping a sick person with chores (18.2%) or helping someone confined to a bed (10.2%).

“How many people within 1 hour’s travel from your home do you feel you can depend on or feel very close to?”

	%	# Responding
1 person	8.1	124
2 people	16.2	248
3 people	13.1	201
4 or more people	51.5	789
None	11.1	170

“How often can you talk about your deepest problems with at least some of your family, friends, or church members?”

	%	# Responding
Never	6.8	101
Rarely	13.4	197
Some of the time	23.1	340
Most of the time	31.6	466
All of the time	25.0	369

“Is there someone that you care for that could not take care of themselves?”

	%	# Responding
Yes	20.5	314
No	76.5	1173

“Within the past 12 months, which kinds of support have you provided to someone?”

	%	# Responding
Helping someone confined to a bed	10.2	156
Helping someone prepare meals	19.7	302
Helping a sick person with daily chores	18.2	279
Listening to someone who needs to talk	63.1	967
Driving someone to an appointment	39.0	597
None	16.7	255

** Percentages sum to greater than 100% because respondents were able to select more than one response category.*

Social Trust

There is a growing recognition of the link between social capital and health. Created by human interaction, social capital is a term used to describe the norms and networks that enable collective action. Social capital includes factors such as community participation, volunteer work and comfort within a neighborhood. When enhanced in a positive manner, it can improve project effectiveness and sustainability by building the community’s capacity to work together to address common needs, fostering greater inclusion and cohesion, and increasing transparency and accountability. However, Harvard sociologist Robert Putnam has argued that our society’s health is being threatened

by the erosion of relationships, networks, and interactions, all of which impact our capacity to work together.¹

A core measure of social capital is social trust, which reflects the degree to which one trusts other people. A number of studies have found that higher levels of community social trust were associated with a lower probability of reporting poor health.²

The CHIP survey asked an index question about social trust which has been used in many other communities. This index combines trust of neighbors, coworkers, shop clerks, co-religionists, local police, and “most people” to calculate an overall score of social trust.

- Overall, men and women in our community display similar degrees of social trust.
- **Doctors (78.6%), police officers (59.2%) and neighbors (57.8%) tend to receive the highest levels of social trust.**
- Less than half of respondents reported that they place a high level of trust in those with whom they worship (48.5%), work colleagues (42.0%) or people in the stores where they shop (40.5%). Only about 20% of respondents reported a high level of trust in the news media.

¹ Putnam, Robert D. 2000. *Bowling Alone: The Collapse and Revival of American Community*. New York, Simon & Schuster, 2000

² Fujiwara T, Kawachi I. 2008. *Social Capital and Health: A Student of Adult Twins in the US*. *American Journal of Preventive Medicine*. 35(2):139-144.

Social Trust of Sarasota County Residents

	2010		2006	
	% High Trust	# Responding	% High Trust	# Responding
I trust my doctor	78.6	1205	81.7	1605
I trust the local police in my community	59.2	907	62.7	1239
I trust people in my neighborhood	57.9	886	62.6	1237
I trust people at my church or place of worship	48.5	741	53.8	878
I trust people who I work with	42.0	643	60.8	950
I trust people in the stores where I shop	40.5	620	40.5	791
I trust the local news media	19.5	299	25.0	487



Harvard sociologist Robert Putnam has argued that our society's health is being threatened by the erosion of relationships, networks, and interactions, all of which impact our capacity to work together.

Social Trust Index of Respondents

		%	%	%	#
		High Trust	Average Trust	Low Trust	Responding
Overall		44.7	39.4	16.0	1829
Gender of Respondent	Female	45.2	39.8	15.0	1171
	Male	43.8	38.6	17.6	608
Age Category	18-34	35.8	40.2	24.0	123
	35-49	40.3	39.5	20.2	133
	50-64	41.8	39.9	18.3	334
	65+	43.9	40.5	15.6	412
Race	White	63.7	14.3	22.0	1591
	African American	41.5	37.1	21.4	110
	Other	40.2	40.2	19.7	56
Education	11th grade or less	48.3	37.1	14.7	93
	High School Grad	43.8	40.2	16.0	1085
	College Graduate	45.9	38.4	15.7	578
Household Income	<\$30K	40.9	41.5	17.6	272
	\$30K - \$75K	44.2	39.2	16.6	543
	>\$75K	46.3	39.0	14.6	389
Insurance Status*	Insured	43.2	39.9	16.9	729
	Uninsured	37.5	40.3	22.3	222
Municipality	Sarasota	43.9	39.2	16.9	981
	Venice	46.3	38.8	14.9	272
	North Port	48.6	48.3	3.1	206
	Englewood	45.2	40.2	14.6	268

* for individuals less than age 65

A poor economy makes people more likely to cut back on preventive health care and less likely to engage in physical activity. Stress levels increase, as do the many health complications associated with increased stress.

Health & the Economy

The economic downturn of the last few years has caused home prices to plummet and unemployment rates to rise. It has been a rough few years for the American economy, and the impacts of a poor economy have very real implications for health.

Work influences the health of individuals, families and children in many ways. Unemployment is associated with a large number of health risks. Access to health insurance comes primarily through the workplace; it is not surprising then that we have seen a rise in the uninsurance rate as unemployment has been on the rise.

A poor economy impacts our health behaviors. People are more likely to cut back on preventive health care, and less likely to engage in physical activity. Stress levels increase, as do the many health complications associated with increased stress.

This survey asked respondents if financial stress has caused them any health problems.

- Women were more likely than men to report that financial stress has resulted in health issues (24.9% versus 21.2%).
- Those between the ages of 50-64 (35.0%) and 18-34 (30.5%) were most likely to re-

port health issues resulting from financial stress. These are also the age categories with the highest number of uninsured.

- Those with an 11th grade education or less were more likely to report health problems due to finances (34.7%), when compared to high school graduates (26.1%) and college graduates (18.0%).
- **The uninsured were nearly twice as likely to report that financial stress had caused health problems when compared to those with health insurance (24.2% versus 43.1%).**

“Has financial stress caused you any health problems?”

		% Yes	% No	# Responding
Overall		22.6	77.4	1314
Gender of Respondent	Female	24.9	75.1	952
	Male	21.2	78.8	507
Age Category	18-34	30.5	69.5	97
	35-49	31.7	68.3	242
	50-64	30.8	69.2	463
	65+	15.0	85.0	647
Race	White	22.5	77.5	1652
	African American	31.1	68.9	119
	Other	31.6	68.4	57
Education	11th grade or less	34.7	65.3	61
	High School Grad	26.1	73.9	871
	College Graduate	18.0	82.0	505
Household Income	<\$30K	31.4	68.6	211
	\$30K - \$75K	19.8	80.2	451
	>\$75K	14.9	85.1	359
Insurance Status*	Insured	24.2	75.8	620
	Uninsured	43.1	56.9	180
Municipality	Sarasota	24.5	75.5	1044
	Venice	21.9	78.1	292
	North Port	23.2	76.8	220
	Englewood	21.1	78.9	280

* for individuals less than age 65

Health & the Economy

Uncertainty about the future – and one’s ability to afford basic needs – is a great source of stress for individuals.

- **Almost 23% (22.6%) reported that financial stress had caused them some type of health problem.**
- When asked how confident they were that they would be able to afford medical care in the coming year, **nearly 30% of respondents reported that they were “not very confident” or “not at all confident” that they would be able to afford medical care in the next year.**

“Has financial stress caused you any health problems?”

	%	# Responding
Yes	22.6	347
No	77.4	967

“How confident are you that you will be able to afford medical care in the next year?”

	%	# Responding
Extremely confident	15.1	220
Very confident	24.6	358
Somewhat confident	32.6	475
Not very confident	16.2	236
Not at all confident	11.6	168

In addition to creating uncertainty, the economic downturn has forced some to alter their usual practices regarding medical care.

- Almost 36% reported that they took generic over-the-counter drugs instead of prescription medications, and 31.5% decided not to fill a prescription.
- **Nearly 28% reported that they had delayed seeing a doctor because of the economic downturn**, and about one in five (21.6%) noted that they had to dip into savings to pay for health care.

“Which of the following have you done to save money in the economic downturn?”

	%	# Responding
Took generic over-the-counter medication instead of prescription drugs	35.6	546
Decided not to fill a prescription	31.5	172
Delayed seeing a doctor or other medical professional	27.5	422
Had to use some retirement savings or other saving to pay for health care	21.6	332
Cut back on other expenses in order to pay for medical care	20.0	307
Cut back on medical care	16.0	246
Cut back on preventive care	15.5	238
Sought assistance in getting prescriptions at a lower cost	13.5	206
Skipped a dose or took less than prescribed	11.3	173
Asked a drug manufacturer or drug store about their prescription drug assistance program	8.7	133

** Percentages sum to greater than 100% because respondents were able to select more than one response category.*

Among 75 medium-sized metropolitan areas, Sarasota–Bradenton ranked 70th or lower on voter turnout, volunteering and working with others.

Civic Health

*America's Civic Health Index*¹, an annual report produced by the National Conference on Citizenship, measures a wide variety of civic indicators in an effort to educate Americans about our civic life and to motivate citizens, leaders and policymakers to strengthen it. Results from the 2009 index revealed that the economic recession was causing a civic depression; the national survey found that 72% of Americans reported cutting back on time spent volunteering, participating in groups, and doing other civic activities since the economic downturn.

Findings from Florida² reveal that the state has a weak civic culture, in fact, one of the worst in the nation. For 2008, Florida ranked

- 34th in average voter turnout;
- 49th in the percentage of its citizens who volunteered;
- 48th in the percentage of its citizens who attended a public meeting; and
- 37th in the percentage who worked with others to address a community issue.

Unfortunately, together with the Miami–Ft. Lauderdale area, the Sarasota–Bradenton area has the distinction of exhibiting the weakest civic health in a state whose overall civic health is one of the worst in the nation. Among 75 medium-sized metropolitan areas, Sarasota–Bradenton ranked 70th or lower on voter turnout, volunteering and working with others.

- Volunteering is one of the key indicators of civic health. As in national and state findings, Sarasota County also saw a decrease in volunteer activity subsequent to the economic downturn. **Levels of volunteerism fell slightly from 32.2% in 2006 to 30.9% in 2010.**
- Females were more likely to report that they are active volunteers than males (36.3% versus 22.8%).
- Those aged 50-64 were more likely to volunteer (32.1%) compared to other age groups.
- Higher education levels were associated with increased volunteerism, with 37.4%

of college graduates reporting that they volunteer.

- Higher income level was not necessarily associated with increased volunteerism. In fact, those in the highest income level (greater than \$75,000) were least likely to report volunteerism (26.4%), compared to 36.0% for those making \$30,000-\$75,000 and 33.7% for those earning less than \$30,000.
- Those with health insurance were nearly twice as likely to volunteer than those lacking insurance (32.4% versus 17.7% respectively).

¹ National Conference on Citizenship. 2009. *America's Civic Health Index: Civic Health in Hard Times*. Accessed at www.mccormickfoundation.org/publications/Americas_Civic_Health_Index_2009_Civic_Health_in_Hard_Times.pdf

² A National Conference on Citizenship . 2009. *Florida's Civic Health Index*. Accessed at www.ncoc.net/index.php?tray=content&tid=1101Gtop7&cid=2kc31

Participation in volunteer groups or associations:

		%	#
		Yes	Responding "Yes"
Overall		30.9	473
Gender of Respondent	Female	36.3	952
	Male	22.8	507
Age Category	18-34	22.5	97
	35-49	33.6	243
	50-64	28.1	463
	65+	34.6	648
Race	White	30.2	1652
	African American	41.2	119
	Other	21.1	57
Education	11th grade or less	26.3	61
	High School Grad	28.7	871
	College Graduate	37.4	505
Household Income	<\$30K	33.7	451
	\$30K - \$75K	36.0	359
	>\$75K	26.4	211
Insurance Status*	Insured	32.4	620
	Uninsured	17.7	180
Municipality	Sarasota	31.3	1044
	Venice	31.5	292
	North Port	26.8	220
	Englewood	25.0	280

** for individuals less than age 65*

Perspectives on Community Health

A number of factors shape the overall health of a community, including health behaviors, access to medical services and the social, economic, and physical environments. These factors are used as part of the national County Health Rankings effort, which ranks the health status of every county in every state¹. Compared to the rest of Florida, Sarasota fares well in this model, ranking 4th in the state for health factors, and 2nd for health outcomes in 2010.

The County Health Ranking initiative uses available data and a well-defined methodology to arrive at the ranking results. But what do residents of Sarasota County think? What are the most significant areas of concern or opportunities for impact? What do we consider the most important characteristics of a healthy community?

- When asked to rate their community as a healthy place to live, nearly 65% of respondents thought their community was “very healthy” (17.6%) or “healthy” (47.2%). Only 3.9% rated their community as “unhealthy” (3.3%) or “very unhealthy” (0.6%).
- Respondents were also asked to rank a list of items as areas of concern. As in the 2006 survey, aging problems (59.6%), chronic disease (44.3%) and alcohol/drug abuse (28.8%) topped the list.

“How would you rate your community as a healthy community to be living in?”

	%	# Responding
Very healthy	17.6	248
Healthy	47.2	664
Somewhat healthy	31.3	441
Unhealthy	3.3	47
Very unhealthy	0.6	8

“What three items do you believe are the most important health concerns in your community?”

	%	# Responding
Aging problems (Alzheimer’s, arthritis)	59.6	847
Chronic diseases (ex. cancer)	44.3	616
Alcohol and drug abuse	28.8	387
Poor diet/lack of exercise	27.5	370
Lack of access to health care	20.2	270
Homelessness	19.4	258
Tobacco use	16.5	220
Child abuse/neglect	11.4	149
Motor vehicle crashes	10.2	135
Mental health issues	9.2	120
Domestic violence	6.5	84
Elder abuse/neglect/exploitation	5.7	75
Teenage pregnancy	5.1	65
Sexually transmitted diseases	2.2	28
firearm-related injuries	2.1	27
Infectious diseases (ex. TB)	2.1	27
Rape/sexual assault	1.1	14
Suicide	0.8	11
Homicide	0.7	9

* Percentages sum to more than 100% because respondents were able to choose more than one response variable.

The national County Health Rankings rank the health status of every county in every state. Sarasota County fares very well in this model, ranking 4th in Florida for health factors and 2nd for health outcomes.

- Respondents were also asked to select the three items most important for a healthy community. Access to health care and other services (58.6%), good jobs and a healthy economy (48.5%) and affordable housing (31.1%) ranked high.
- In 2006, low crime/safe neighborhoods (47.4%), access to healthcare (40.7%), and good schools (33.2%) were the highest ranking items.

¹ County Health Rankings. University of Wisconsin Population Health Institute. Accessed at www.countyhealthrankings.org

“What three items do you believe are most important for a healthy community?”

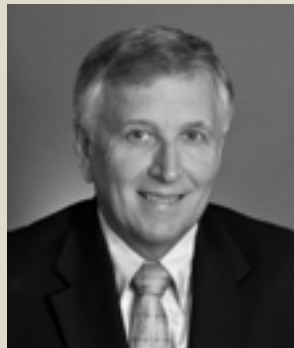
	%	# Responding
Access to health care & other services	56.8	803
Good jobs and healthy economy	48.5	667
Affordable housing	31.1	417
Low crime/safe neighborhoods	29.4	395
Healthy behaviors and lifestyles	27.6	374
Strong family life	23.6	315
Clean environment	22.2	298
Community involvement	20.7	276
Good schools	20.7	276
Religious or spiritual values	16.1	212
Tolerance for diversity	6.5	84
Parks and recreation	5.7	74
Good transportation options	4.9	64
Arts and cultural events	4.6	59
Low level of child abuse	2.1	27
low death and disease rates	1.6	21

* Percentages sum to more than 100% because respondents were able to choose more than one response variable.

ending note

Partnership. Collaboration. Innovation. More than mere buzz words, these concepts form the core of CHIP's work to improve the health of our community. This approach isn't always pretty – or predictable – but CHIP has proved it is effective.

I see the proof in the many community-specific solutions it has helped create and implement, from the work of the CHATs to the insight offered by the health survey. Of particular resonance to me is the Health Provocateur Project, which since 2005 has convened the major healthcare players that in other communities might see each other as adversaries. Our unique collaboration has led to smoke-free hospital and health department campuses, better healthcare access for those lacking adequate insurance, and a coordinated effort to combat the crisis of prescription drug abuse. And it was CHIP that created, guided,



Bill Little, MBA, MPH
Executive Director
Sarasota County Health
& Human Services /
Community Services

and sustained this group.

CHIP's record of success is attracting attention beyond our four-county region as well. It has become a leader in community health throughout the state and nation. As I have presented CHIP's approach to community engagement at conferences throughout the nation, I have been reminded of how special this initiative truly is.

I am proud to have helped nurture CHIP to become the effective leader it is today. Through a small but vital dedication of staff and resources, the Health Department and County have shown their commitment to CHIP's role as a neutral, guiding link among community players. Creating and maintaining partnerships takes time and requires a consistent framework. It is a process of discovery and learning from mistakes, of sharing ideas and resources to cross boundaries together. In these times of fiscal limitation, CHIP's brand of community health partnership is more important than ever. As resources are diminished, we must work together to meet community needs and expectations in new ways. I have faith that this community, working together through CHIP, can continue to be innovative, resilient, and adaptive in achieving and maintaining positive health outcomes.



Connect with CHIP on the web



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Sarasota County Health Department,
Division of Health Promotion 2005-present
SCOPE 2002-2004

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Kari Ellingstad, MPH *Director*
Diane Ramseyer *CHAT Coordinator*

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Leslie Clarke, PhD 2002-2007 *FOUNDING DIRECTOR*

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Jackie Chanudet, MPH
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Interns through the years

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