



Sarasota County, Florida

# 2015 COMMUNITY HEALTH ASSESSMENT



[VISITSARASOTA.ORG](http://VISITSARASOTA.ORG)



## FOREWORD

I am pleased to present the 2015 Community Health Assessment. We are invested in ongoing efforts to improve the health of Sarasota County residents. This document was created to serve as a tool to share the health status of Sarasota County. Additionally it addresses the areas where we need to make improvements. This assessment focuses on ten essential public health services, including monitoring health status, identifying community health problems, and diagnosing problems and health hazards. This assessment has the potential to inform, educate, and empower people about health issues as well as mobilize community partnerships to help address the identified health priorities. The 2015 Community Health Assessment serves as a foundation in the creation of the new Community Health Improvement Plan. This plan will follow a strategic methodology for taking action on addressing health priorities in our county.

I personally thank all who aided in the development of this assessment. It would not have been possible without your hard work.

Charles H. Henry, MPA, Health Officer

Produced by: Florida Department of Health in Sarasota County

2200 Ringling Blvd.  
Sarasota, FL 34237  
941-861-2900  
[www.sarasotahealth.org](http://www.sarasotahealth.org)



# WHO WE ARE

We at the Florida Department of Health in Sarasota County work to *make our community as healthy as it can be.*

As part of the integrated state health department, services provided include:

- Traditional public health services like epidemiology, immunizations, birth and death certificates, WIC, Healthy Start, school health, and environmental health services
- Affordable health care, including primary and preventive care for adults and children, dental care, specialty and follow-up care, and pharmacy
- Community programs promoting healthy living in every corner of the county

## Vision, Mission, Values and Goals

### Vision

To be the healthiest state in the nation

### Mission

The Florida Department of Health works to protect, promote and improve the health of all people in Florida through integrated state, county and community efforts.

### Values (I CARE)

**I**nnovation: We search for creative solutions and manage resources wisely.

**C**ollaboration: We use teamwork to achieve common goals and solve problems.

**A**ccountability: We perform with integrity and respect.

**R**esponsiveness: We achieve our mission by serving our customers and engaging our partners.

**E**xcellence: We promote quality outcomes through learning and continuous performance improvement.



# ACKNOWLEDGMENTS

The 2015 Sarasota County Community Health Assessment was made possible by many organizations, volunteers, and individuals. Together they have made a commitment to shape a healthy Sarasota County. The Florida Department of Health in Sarasota County is grateful to those who gave their time and efforts to the creation and completion of this report.

## Florida Department of Health in Sarasota County contributing staff:

Charles H. Henry, MPA, *Health Officer*; Kristian Blessington, MPH, MSP, *Community Planner*; Michael Drennon, MSPH, *Epidemiologist*; Pascale Edouard, MPH, *Community Health Coordinator*; Amy Groshner, MPH, *Health Educator*; Beth Kregenow, MHA, *Health Planning, Education, and Promotion Program Manager*; Hilary Woodcum, MPH, *Health Educator*.



**INTERFAITH OUTREACH, INC.**  
*Reaching out in faith*



**DrugFreeSarasota**



# TABLE OF CONTENTS

Executive Summary.....	8
Introduction.....	12
Demographic Overview.....	14
Component 1: Community Health Survey.....	18
Methodology.....	18
Survey Tool.....	20
Findings.....	32
Component 2: Key Informant Interviews.....	38
Methodology.....	38
Survey Tool.....	39
Findings.....	40
Component 3: Focus Groups.....	43
Methodology.....	43
Survey Tool.....	44
Findings.....	45
Health Priority Themes.....	48
Component 4: Secondary Data Analysis of Health Priorities.....	49
Supplemental Secondary Data.....	52
Homelessness.....	53
Sexually Transmitted Diseases.....	54
Maternal and Child Health.....	55
Injuries.....	56
Past Health Priorities.....	57
Major Causes of Death.....	58
County Health Status Summary.....	60
County Health Rankings.....	65
Supplemental Assessments.....	67
Limitations.....	68
Community Health Improvement Partnership.....	69
Community Health Improvement Plan.....	71
Sources.....	72





# EXECUTIVE SUMMARY

## Sarasota County Overview

Sarasota County is located on the beautiful southwest coast of Florida on the Gulf of Mexico. As of 2013, the population in Sarasota County was 387,624.<sup>1</sup> Approximately 92 percent of the county's residents are white, five percent are black, and three percent are other.<sup>1</sup> According to Sarasota County government, the population of Sarasota County is expected to be at 500,000 residents by 2040.<sup>2</sup> About one-third of residents living in Sarasota County are between 65 and 74 years old.<sup>3</sup> The median income is \$49,212.<sup>1</sup> According to statistics from the U.S. Census Bureau,<sup>3</sup> Sarasota County is well-educated, with 92 percent of people 25 years of age and older completing high school and 31 percent of people possessing a bachelor's degree or higher.



The Florida Department of Health in Sarasota County completed a Community Health Assessment to better understand and analyze the health of the county and its residents. The 2015 Community Health Assessment is a comprehensive assessment providing an overall picture of health in the county. The assessment takes into account health factors such as the environment, social and economic status, disease incidence, disability, behavioral health, healthy weight and access to care. These factors can all contribute to the health of the individual and the community.

This year's assessment consisted of four major components, each providing a different insight to the health priorities of Sarasota County. The four components are *Community Health Survey*, *Key Informant Interviews*, *Focus Groups*, and *Secondary Data Analysis*. The Florida Department of Health in Sarasota County utilized the Mobilizing for Action through Planning and Partnerships (MAPP) process for community health planning for the assessment. MAPP is a strategic approach developed by the National Association of County and City Health Officials (NACCHO), in coordination with the Centers for Disease Control and Prevention (CDC) Public Health Practice Program Office. Health priorities from each of the assessment components are outlined.



## Community Health Survey

The 2015 community health survey was administered using a survey model known as the Community Assessment for Public Health Emergency Response or CASPER. The CASPER model is a CDC method used to quickly assess community needs. CASPER uses a randomized cluster sampling method. Thirty census blocks are selected through the random sampling method and the goal is to obtain seven surveys within each block. This is a representative sample at the county level, not just for the census blocks surveyed. The community health surveys were collected by both volunteers and Florida Department of Health in Sarasota County staff traveling to the randomized blocks and administering resident interviews. The surveys were also collected through mail surveys sent to households within the randomized blocks. A total of 154 surveys were collected. After examining the results of the surveys administered, the health priority identified was [Healthy Weight](#).

## Key Informant Interviews

The purpose of key informant interviews was to gather information from a range of organizations involved in the local public health system. Thirty-two organizations were contacted for interviews and 19 participated. The organizations chosen possess a deep knowledge and understanding of the health and wellness of Sarasota County and its residents. Each organization interviewed was asked the same set of questions. The responses were then compared to identify health priorities. The priorities identified through key informant interviews were [Access to Care](#) and [Mental Health & Substance Abuse](#).

## Focus Groups

Focus groups were used to gain an insight on the health and wellness of the county from the perspective of community members. Three focus groups were conducted — one in north county, one in central county and one in south county. Participation in a focus group was open to any community member who wished to attend. Focus groups were open to the public to encourage community members to make their voices heard. There were a total of 37 participants. The focus groups were each asked the same set of questions. Upon the completion of the three focus groups, three health priorities emerged. The priorities were [Healthy Weight](#), [Access to Care](#), and [Mental Health & Substance Abuse](#).

## Secondary Data Analysis

Once key health priorities were identified from the first three components ([Healthy Weight](#), [Access to Care](#), and [Mental Health & Substance Abuse](#)), each of these priorities was analyzed using secondary data. Secondary data supported the selection of these health priorities and aided in identification of at-risk populations.

## Top Community Health Priorities as Identified in the 2015 Community Health Assessment

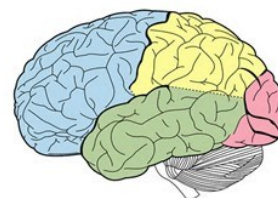
### Healthy Weight



### Access to Care



### Mental Health & Substance Abuse



	Healthy Weight	Access to Care	Mental Health & Substance Abuse
<b>Community Health Survey</b>	Overweight Adults= 47.7% Obese Adults= 12.6%		
<b>Key Informant Interviews</b>		Reported frequently across all interviews. Informants reported an access-to-care issue for almost every question asked.	Informants voiced great concern over the lack of mental health providers and services in Sarasota County. Informants reported there are simply not enough services and that access is difficult.
<b>Focus Groups</b>	Reported as an issue across the three focus groups, especially childhood obesity.	Reported as a problem across the three groups. The groups all reported that care is not affordable for the average person in Sarasota County.	Reported as a problem and discussed in length at the three focus groups. Mental health problems were of particular concern.
<b>Secondary Data</b>	2013 Florida CHARTS Data: Overweight Adults= 36.4% <sup>4</sup> Obese Adults= 21.0% <sup>5</sup>	2013 Florida CHARTS Data: 46% of those age 18 to 44 lack health care coverage. <sup>6</sup>	Most segments of the population are reporting an increase in poor mental health 14 or more days in the past 30 days. <sup>7,8</sup>

Following the completion of this assessment, the Sarasota County Community Health Improvement Partnership (CHIP) has been entrusted with creating a Community Health Improvement Plan to address the findings. CHIP brings together committed volunteers, organizations and businesses with a vision to improve health and quality of life in Sarasota County. The improvement plan will be based on the results of the Community Health Assessment, with the end goal to address the key health priorities to make Sarasota County a healthier place to live. The Community Health Improvement Plan will be released in early 2016.



## INTRODUCTION

The 2015 Community Health Assessment is a comprehensive assessment providing an overall picture of the health of Sarasota County. The assessment takes into account health factors such as the environment, social and economic status, disease incidence, disability, behavioral health, healthy weight and access to care. These factors all contribute to the health of the individual and of the community.

To compile this comprehensive picture of Sarasota County, the 2015 Community Health Assessment compiled and utilized four components. The first component was a *community health survey*. This was a 62-question written survey that was administered to residents in the field and sent to residents via U.S. mail. The households that were selected for the survey were chosen using a randomization method that incorporated the use of U.S. Census blocks located across the county. The survey was created to provide a view of health from the individual standpoint.

The second contributing component was *key informant interviews*. These interviews were conducted with leaders in vital public health organizations in Sarasota County. The interviews were designed to provide a deeper insight into aspects of health impacting our community, particularly vulnerable populations, from a public health organizational standpoint.

The third component of the assessment was *focus groups*. Focus groups were used to gather information through conversation with community members. Three focus groups were conducted—one in north county, one in central county, and one in south county. All focus groups were asked the same questions, and responses from the groups were compared to provide valuable insight about the health and wellness priorities of Sarasota County from the outlook of community members.

The fourth and final component was analysis of *existing data*. The Florida Department of Health has a vast amount of data and statistics available on the health and wellness of Sarasota County. Using the most recent data available, findings from the first three components of the assessment were compared and analyzed.

In addition to a detailed analysis of the assessment, this report contains supplemental health information and demographics. The information in this report can be used to understand the health status and needs of Sarasota County.

The Florida Department of Health in Sarasota County utilized the Mobilizing for Action through Planning and Partnerships (MAPP) process for community health planning for this year's assessment. It is a strategic approach to improving community health developed by the National Association of County and City Health Officials, with the Centers for Disease Control and Prevention's Public Health Practice Program Office. The MAPP process helps guide planning at the county level.

The information obtained from the four components of the 2015 assessment was analyzed, and the findings from this assessment will be used to create a Community Health Improvement Plan (CHIP). The CHIP is created by volunteers, organizations and businesses coming together to create a systematic plan to address the public health priorities that were identified in Sarasota County.

# Our Community. Our Commitment.



*Empowering Healthy People in Healthy Places*



## DEMOGRAPHIC OVERVIEW

Demographics describe the characteristics of a community. Demographics can include factors such as socio-economic status, population, and ethnicity. These characteristics can greatly contribute to the health of a community. This section provides an overview of the demographic profile of Sarasota County.

Sarasota County is located on the southwest coast of Florida. According to Florida CHARTS County Health Status Summary,<sup>1</sup> the total population of the county in 2013 was 387,624 permanent residents, with about 92 percent of those residents being white, five percent black, and three percent other. The largest age group in Sarasota County are those between the ages of 18 and 64.<sup>1</sup> According to Sarasota County Government, the population of Sarasota County is expected to be at 500,000 residents by 2040.<sup>2</sup>

### Sarasota County Demographics<sup>1</sup>

Indicator	Year(s)	Rate Type	County Quartile 1=most favorable 4=least favorable	County Rate	State Rate	County Trend
Total county population	2013	Count		387,624	19,318,859	
Population under 18 years old	2013	Count		58,574	4,064,864	
Population 18-64 years old	2013	Count		205,351	11,741,101	
Population 65+ years old	2013	Count		123,699	3,512,894	
Population-White	2013	Count		356,085	15,122,965	
Population-Black	2013	Count		19,464	3,212,321	
Population-Other	2013	Count		12,075	983,573	
Population-Hispanic	2013	Count		33,463	4,546,444	
Population-Non-Hispanic	2013	Count		354,161	14,772,415	
Median income (in dollars)	2007-11	Dollars	2	\$49,212.0	\$47,827.0	
Population below 100% poverty	2009-13	Percent	1	12.2%	16.3%	
Unemployment rate	2013	Percent	2	7.0%	7.2%	Worse
Households where no one over age 14 speaks English "very well"	2007-11	Percent	3	2.4%	7.1%	
Population over 25 without high school diploma or equivalency	2007-11	Percent	1	8.9%	14.5%	

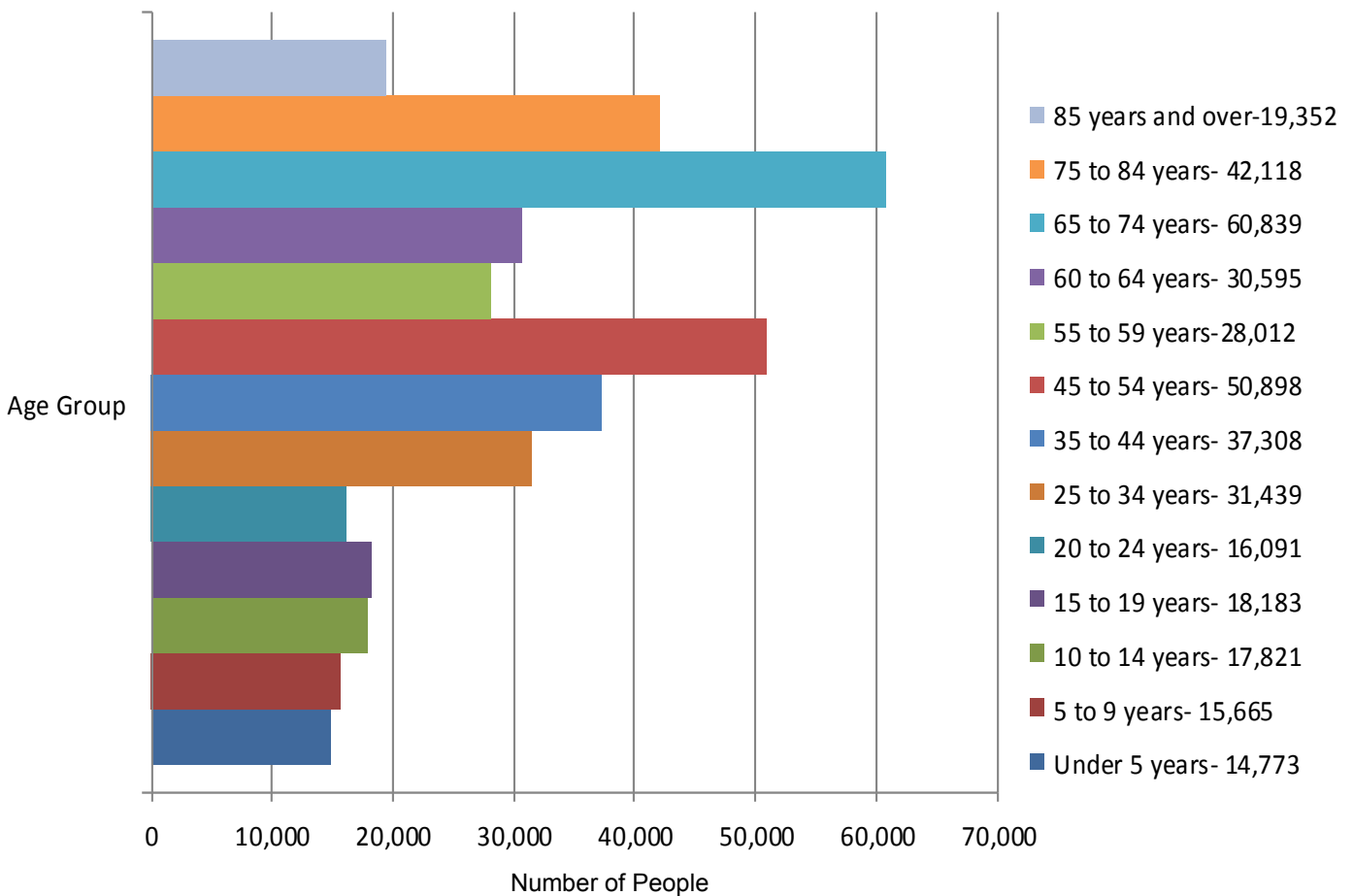


The median income in Sarasota County is \$49,212, and 12.2 percent of the population is living in poverty.<sup>1</sup> In 2014, the birth count for Sarasota County totaled 2,955 and the birth rate was approximately 7.6 births per 1,000 total population.<sup>9</sup> The total number of deaths from all causes in 2013 was 5,078.<sup>10</sup> This shows that currently, more people are dying each year in Sarasota County than are being born.

According to 2013 statistics from the U.S. Census Bureau,<sup>3</sup> Sarasota County is a well-educated county with 92 percent of people 25 years of age and older completing high school, and 31 percent of people possessing a bachelor’s degree or higher.

The graph below represents the population of Sarasota County in 2013, according to the U.S. Census Bureau, categorized by age group. About one third of residents living in Sarasota County are between 65 and 74 years old.<sup>3</sup>

**Population by Age Group<sup>3</sup>**



## Offense Totals<sup>11</sup>

Crime in a community has the capability to affect health status and quality of life. The statistics shown in the table to the right are from the Florida Department of Law Enforcement report *Crime in Florida: Sarasota County 2014*.<sup>11</sup> The table shows counts of reported crimes in Sarasota County by type of crime. From the statistics, the amount of certain violent crimes being committed, including murder and forcible sex offenses, increased from 2013 to 2014; however, the amount of aggravated assaults decreased during these years. The statistics also show that the amount of theft in Sarasota County is decreasing, with rates lowering in robbery, burglary, larceny, and motor vehicle theft. Overall, the amount of total index offenses in Sarasota County did show a decrease between 2013 and 2014.

Index Offenses	2013	2014	Percent Change
<b>Murder</b>	<b>7</b>	<b>9</b>	<b>28.6</b>
Firearm	3	7	133.3
Knife/Cutting Instr.	1	2	100.0
Hands/Fists/Feet	0	0	
Other	3	0	-100.0
<b>Forcible Sex Offenses</b>	<b>107</b>	<b>123</b>	<b>15.0</b>
<b>Forcible Rape</b>	<b>86</b>	<b>92</b>	<b>7.0</b>
Firearm	1	0	-100.0
Knife/Cutting Instr.	1	0	-100.0
Hands/Fists/Feet	57	55	-3.5
Other	27	37	37.0
<b>Forcible Fondling</b>	<b>21</b>	<b>31</b>	<b>47.6</b>
Firearm	0	0	
Knife/Cutting Instr.	0	0	
Hands/Fists/Feet	11	17	54.5
Other	10	14	40.0
<b>Robbery</b>	<b>261</b>	<b>224</b>	<b>-14.2</b>
Firearm	68	59	-13.2
Knife/Cutting Instr.	12	20	66.7
Hands/Fists/Feet	113	95	-15.9
Other	68	50	-26.5
<b>Aggravated Assault</b>	<b>746</b>	<b>673</b>	<b>-9.8</b>
Firearm	150	88	-41.3
Knife/Cutting Instr.	159	146	-8.2
Hands/Fists/Feet	85	102	20.0
Other	352	337	-4.3
<b>Burglary</b>	<b>2,290</b>	<b>1,828</b>	<b>-20.2</b>
Forced Entry	890	750	-15.7
No Forced Entry	1,043	806	-22.7
Attempted Entry	357	272	-23.8
<b>Larceny</b>	<b>7,327</b>	<b>6,767</b>	<b>-7.6</b>
Pocket Picking	5	4	-20.0
Purse Snatching	12	12	0.0
Shoplifting	1,121	1,007	-10.2
From Motor Vehicle	1,634	1,339	-18.1
Motor Vehicle Parts	301	234	-22.3
Bicycles	585	555	-5.1
From Building	925	997	7.8
From Coin Oper Dev	12	5	-58.3
All Other	2,732	2,614	-4.3
<b>Motor Vehicle Theft</b>	<b>376</b>	<b>337</b>	<b>-10.4</b>
<b>Total Index Offenses</b>	<b>11,114</b>	<b>9,961</b>	<b>-10.4</b>

### Law Enforcement in Sarasota County





  
**Florida**  
**HEALTH**  
Sarasota County

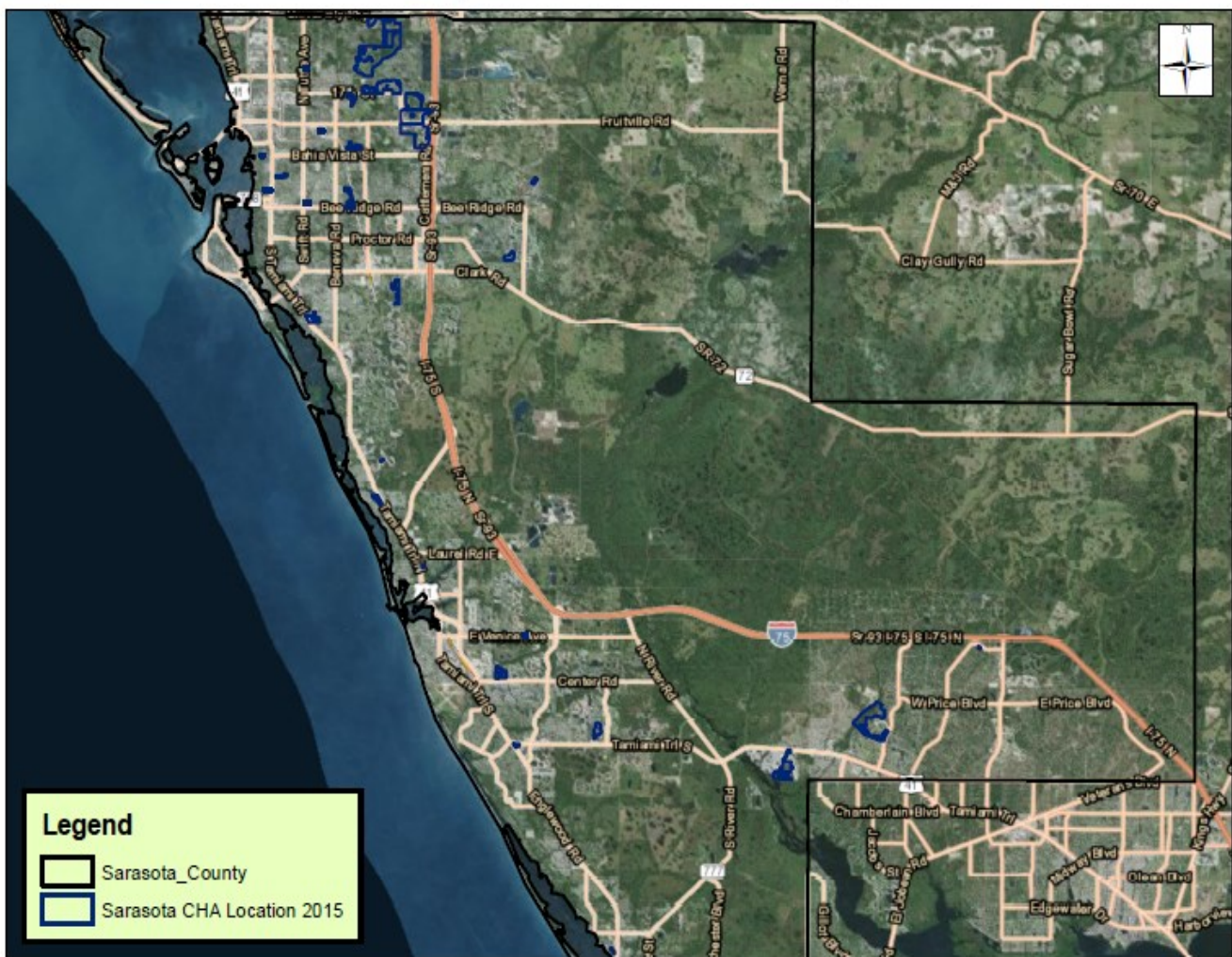


# COMMUNITY HEALTH SURVEY

## Methodology

The 2015 Community Health Survey was administered using a survey model known as the Community Assessment for Public Health Emergency Response or CASPER. The CASPER model is a CDC method used to quickly assess community needs, usually following a disaster. However, CASPER is also used to determine health status and basic community needs. Regarding the MAPP process, the survey was designed to measure the *Community Health Status* of Sarasota County. CASPER uses a two-stage, randomized cluster sampling method. Thirty clusters or census blocks are selected through a random sampling method with a goal to obtain seven surveys within each block, aiming for a total of 210 total households interviewed. This sampling method is designed to obtain a representative sample at the county level, not solely for the census blocks surveyed. Obtaining 80 percent of the survey goal is considered statistically valid according to the methodology.<sup>12</sup> The survey questions were chosen specifically for this year's Community Health Survey from the Behavioral Risk Factor Surveillance System (BRFSS) survey. Questions covered topic areas including access to care, health status, health behaviors, healthy weight, and mental health and substance abuse. The survey consisted of 62 questions.

Florida Department of Health in Sarasota County  
Community Health Assessment Locations, 2015



The community health surveys were administered in person by volunteers and staff members in the randomized census blocks. Surveys were also mailed to households within the selected census blocks.

For the surveys collected in person, volunteers and staff were in teams of two. At the census block, teams methodically selected seven randomized houses. A call back flyer was left when there was no answer at a home and the house to the right was visited. A log sheet was kept of the number of homes visited and whether or not a survey was administered.

The CASPER methodology does not usually include mail-out surveys. However, surveys were mailed in Sarasota County as a result of county-specific limitations, which will be addressed later. The method for mailing surveys was the same as for teams in the field.

The final sample included survey results from 154 households, 73.3 percent of the target.



12

## Community Health Survey Questions:

1  
**What is the ZIP Code where you live?**

\_\_\_\_ ZIP Code  
Don't know / Not sure

2  
**Do you live here year round or are you a seasonal resident?**

3  
**What is your age?**

\_\_ Age in years  
Don't know / Not sure  
Refused

4  
*Indicate sex of respondent.*

- Male
- Female
- Transgender
- Transgender F/M (Female identifying as male)
- Transgender M/F (Male identifying as female)
- Other

5  
**Are you Hispanic, Latino/a, or Spanish origin?**

*If yes,:* **Are you...**

Mexican, Mexican American, Chicano/a  
Puerto Rican  
Cuban  
Another Hispanic, Latino/a, or Spanish origin  
No  
Don't know / Not sure  
Refused

6  
**What is the primary language that is spoken in your home?**

English  
Spanish  
Russian  
Other



7

**Which one or more of the following would you say is your race?**

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian

8

**Are you...?**

- Married
- Divorced
- Widowed
- Separated
- Never married
- Single
- A member of an unmarried couple
- Refused

9

**How many children less than 18 years of age live in your household?**

- \_\_ Number of children
- None
- Refused

10

**What is the highest grade or year of school you completed?**

- Never attended school or only attended kindergarten
- Grades 1 through 8 (Elementary)
- Grades 9 through 11 (Some high school)
- Grade 12 or GED (High school graduate)
- College 1 year to 3 years (Some college or technical school)
- College 4 years or more (College graduate)
- Refused

11

**Are you currently...?**

- Employed for wages
- Self-employed
- Out of work for 1 year or more
- Out of work for less than 1 year
- A Homemaker
- A Student
- Retired
- Unable to work
- Refused

12

**How many sources of income do you currently have?**

- 1
- More than 1

13

**What is your annual household income from all sources?**

- Less than \$25,000 (\$20,000 to less than \$25,000)
- Less than \$20,000 (\$15,000 to less than \$20,000)
- Less than \$15,000 (\$10,000 to less than \$15,000)
- Less than \$10,000
- Less than \$35,000 (\$25,000 to less than \$35,000)
- Less than \$50,000 (\$35,000 to less than \$50,000)
- Less than \$75,000 (\$50,000 to less than \$75,000)
- \$75,000 or more
- Don't know / Not sure
- Refused

14

**About how much do you weigh without shoes?**

*Round fractions up*

- \_\_\_ / \_\_\_ Weight (pounds/kilograms)
- Don't know / Not sure
- Refused

15

**About how tall are you without shoes?**

*Round fractions down*

- \_\_\_ / \_\_\_ Height (ft / inches/meters/centimeters)
- Don't know / Not sure
- Refused

16

**Do you own or rent your home?**

- Own
- Rent
- Other arrangement
- Don't know / Not sure
- Refused

17

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

- Yes
- No
- Don't know / Not Sure
- Refused

18

**Would you say that in general your health is —?**

- Excellent
- Very good
- Good
- Fair
- Poor
- Don't know / Not Sure
- Refused

19

**Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, government plans such as Medicare, or Indian Health Service?**

- Yes
- No
- Don't know / Not sure
- Refused

20

**Do you have one person you think of as your personal doctor or health care provider? If "No," "Is there more than one, or is there no person who you think of as your personal doctor or health care provider?"**

- Yes, only one
- More than one
- No
- Don't know / Not sure
- Refused

21

**Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?**

- Yes
- No
- Don't know / Not sure
- Refused

22

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

- Within the past year (anytime less than 12 months ago)
- Within the past 2 years (1 year but less than 2 years ago)
- Within the past 5 years (2 years but less than 5 years ago)
- 5 or more years ago
- Don't know / Not sure
- Never
- Refused

23

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

- Yes
- No
- Don't know / Not sure
- Refused

24

**Have you ever been told by a doctor or other health professional that you had a heart attack also called a myocardial infarction?**

- Yes
- No
- Don't know / Not sure
- Refused

25

**Have you ever been told by a doctor or other health professional that you had angina or coronary heart disease?**

- Yes
- No
- Don't know / Not sure
- Refused

26

**Have you ever been told by a doctor or other health professional that you had a stroke?**

- Yes
- No
- Don't know / Not sure
- Refused

27

**Have you ever been told by a doctor or other health professional that you had asthma?**

- Yes
- No
- Don't know / Not sure
- Refused

28

*Only if answered yes to #27*

**Do you still have asthma?**

Yes

No

Don't know / Not sure

Refused

29

**Have you ever been told by a doctor or other health professional that you had skin cancer?**

Yes

No

Don't know / Not sure

Refused

30

**Have you ever been told by a doctor or other health professional that you had any other types of cancer?**

Yes

No

Don't know / Not sure

Refused

31

**Have you ever been told by a doctor or other health professional that you have Chronic Obstructive Pulmonary Disease or COPD, emphysema or chronic bronchitis?**

Yes

No

Don't know / Not sure

Refused

32

**Have you ever been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?**

Yes

No

Don't know / Not sure

Refused

33

**Have you ever been told by a doctor or other health professional that you have a depressive disorder, including depression, major depression, dysthymia, or minor depression?**

Yes

No

Don't know / Not sure

Refused

34

**Have you ever been told by a doctor or other health professional that you have kidney disease? Do NOT include kidney stones, bladder infection or incontinence.**

Yes

No

Don't know / Not sure

Refused

35

**Have you ever been told by a doctor or other health professional that you have diabetes?**

*If "Yes" and respondent is female, : "Was this only when you were pregnant?"*

Yes

Yes, but female told only during pregnancy

No

No, pre-diabetes or borderline diabetes

Don't know / Not sure

Refused

36

*Only if responded yes in #35*

**How old were you when you were told you have diabetes?**

\_\_ Age in years [97 = 97 and older]

Don't know / Not sure

Refused

37

**How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists.**

Within the past year (anytime less than 12 months ago)

Within the past 2 years (1 year but less than 2 years ago)

Within the past 5 years (2 years but less than 5 years ago)

5 or more years ago

Don't know/Not sure

Never

Refused

38

**During the past 30 days, for about how many days have you felt sad, blue, or depressed?**

\_\_ Number of days

None

Don't know / Not sure

Refused



39

**During the past 30 days, for about how many days have you felt worried, tense, or anxious?**

\_\_ Number of days

None

Don't know / Not sure

Refused

40

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

Every day

Some days

Not at all

Don't know / Not sure

Refused

41

*Only if responded 'yes' to smoking in #40*

**During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?**

Yes

No

Don't know / Not sure

Refused

42

**Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?**

Every day

Some days

Not at all

Don't know / Not sure

Refused

43

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

- \_\_ Days per week
- \_\_ Days in past 30 days
- No drinks in past 30 days
- Don't know / Not sure
- Refused

44

**Considering all types of alcoholic beverages, how many times during the past 30 days did you have X or more drinks [ $X = 5$  for men,  $X = 4$  for women] on an occasion?**

- \_\_ Number of times
- None
- Don't know / Not sure
- Refuse

45

**During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose?**

- Yes
- No
- Don't know / Not sure
- Refused

46

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

- Yes
- No
- Don't know / Not sure
- Refused

47

**Have you ever had the shingles or zoster vaccine?**

- Yes
- No
- Don't know / Not sure
- Refused

48

**In the past 12 months, how many times have you fallen?**

- \_\_ Number of times [ $76=76$  or more]
- None
- Don't know/Not sure
- Refused

49

*Only if reported a fall in #48*

**How many of these falls caused an injury? By an injury we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor.**

\_\_\_ Number of falls [76=76 or more]

None

Don't know/not sure

Refused

50

**A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?**

Yes

No

Don't know / Not sure

Refused

51

**A clinical breast exam is when a doctor, nurse, or other health professional feels the breasts for lumps. Have you ever had a clinical breast exam?**

Yes

No

Don't know / Not sure

Refused

52

*Only if female*

**A Pap test is a test for cancer of the cervix. Have you ever had a Pap test?**

Yes

No

Don't know / Not sure

Refused

53

*Only if responded yes to #52*

**How long has it been since you had your last Pap test?**

Within the past year (anytime less than 12 months ago)

Within the past 2 years (1 year but less than 2 years ago)

Within the past 3 years (2 years but less than 3 years ago)

Within the past 5 years (3 years but less than 5 years ago)

5 or more years ago

Don't know / Not sure

Refused

54

*Only if male*

**A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Has a doctor, nurse, or other health professional EVER talked with you about the advantages of the PSA test?**

Yes

No

Don't Know / Not sure

Refused

55

**Have you EVER HAD a PSA test?**

Yes

No

Don't Know / Not sure

Refused

56

*Only if responded yes to #55*

**How long has it been since you had your last PSA test?**

Within the past year (anytime less than 12 months ago)

Within the past 2 years (1 year but less than 2 years)

Within the past 3 years (2 years but less than 3 years)

Within the past 5 years (3 years but less than 5 years)

5 or more years

57

**Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams?**

Yes

No

Don't know / Not sure

Refused

58

*Only if responded yes to #57*

**How long has it been since you had your last sigmoidoscopy or colonoscopy?**

Within the past year (anytime less than 12 months ago)

Within the past 2 years (1 year but less than 2 years ago)

Within the past 3 years (2 years but less than 3 years ago)

Within the past 5 years (3 years but less than 5 years ago)

Within the past 10 years (5 years but less than 10 years ago)

10 or more years ago

Don't know / Not sure

Refused

59

**Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth.**

Yes

No

Don't know / Not sure

Refused

60

*Only if answered yes to # 59*

**Where did you have your last HIV test — at a private doctor or HMO office, at a counseling and testing site, at an emergency room, as an inpatient in a hospital, at a clinic, in a jail or prison, at a drug treatment facility, at home, or somewhere else?**

Private Doctor or HMO office

Counseling and testing site

Emergency room

Hospital inpatient

Clinic

Jail or prison (or other correctional facility)

Drug treatment facility

At home

Somewhere else

Don't know / Not sure

Refused

61

**Other than HIV have you ever been diagnosed with a sexually transmitted disease?**

*If yes, what was it?*

62

**In your opinion, are there any other major health concerns that you would like to mention?**

**END**

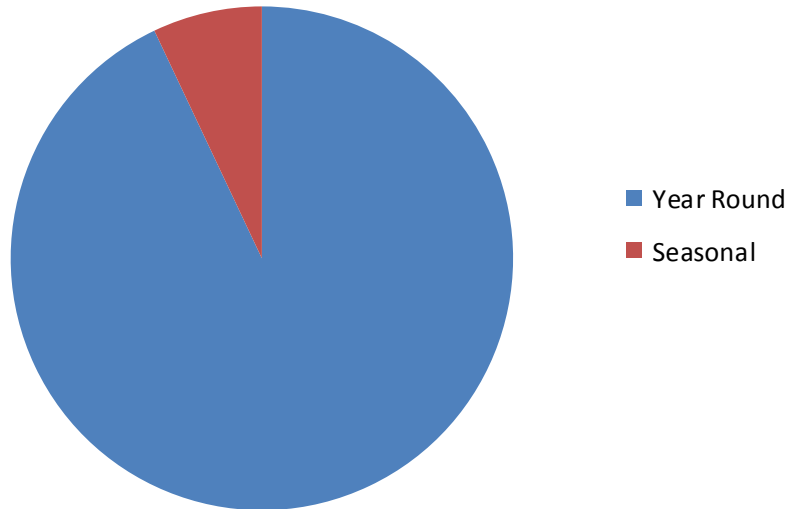
## Findings from the Survey

These pages present results from resident interviews. The survey sampling method is designed to give an overall picture of health of the community based on responses provided. Respondents could refuse to respond to any question. While the target number of surveys was not reached, findings from the sample were confirmed and matched secondary data in some cases.

### Demographics of Sample

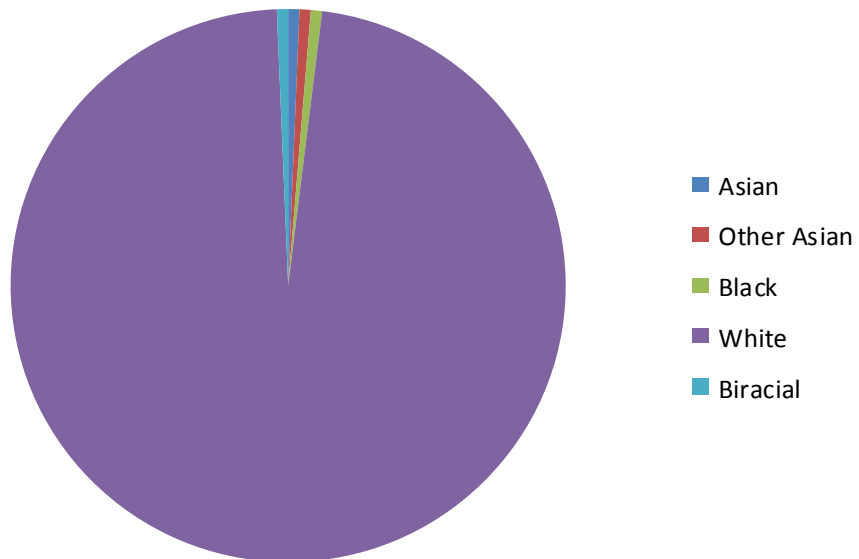
- 48.7% of respondents reported being retired, and 28.6% reported being employed.
- 64.9% of respondents reported having more than one income. This could be due to multiple incomes from different members of the home or from one individual.
- \$75,000 or more per year was the most frequently reported household income.
- 51.9% of respondents reported completing four or more years of college.
- 59.1% of respondents were female, and 41% of respondents were male.
- 31.4% of respondents were in the age range between 60 and 70 years old.
- 95.5% of respondents reported English is the primary language spoken in the home.
- 3.3% of respondents reported being Hispanic, Latino/a, or Spanish origin.
- 11.9% of respondents reported that there was a child under 18 years of age living in the home.
- 89.6% of respondents were home owners.
- 60.1% of respondents were married, 13.1% divorced, and 13.7% widowed.

## Year Round vs. Seasonal Residents



Of 142 respondents, 132 reported being year-round residents of Sarasota County.

## Race



Of 153 respondents, 97.4% were white.

The following tables show the percentage of respondents for each survey question. The survey questions have been grouped by category.

<b>Health Status</b>	<b>%</b>
<b><i>Survey respondents reported that they have had or currently have...</i></b>	
Limitations because of physical, mental, or emotional problems	17.6
Excellent, very good, or good health	92.9
Fair or poor health	7.1
Overweight (Body Mass Index: 25 to 29%)	47.7
Obese (Body Mass Index above 30%)	12.6
Underweight (Body Mass Index below 18.5)	5.3
Been told by a doctor or other health professional that they had a heart attack	5.2
Been told by a doctor or other health professional that they had angina or coronary heart disease	8.5
Been told by a doctor or other health professional that they had a stroke	2.0
Been told by a doctor or other health professional that they had asthma	7.1
Reported 'yes' to having asthma and still currently have asthma	64.0
Been told by a doctor or other health professional that they had skin cancer	22.9
Been told by a doctor or other health professional that they had any other types of cancer	14.9
Been told by a doctor or other health professional that they had COPD, emphysema, or chronic bronchitis	4.5
Been told by a doctor or other health professional that they had some form of arthritis	42.9
Been told by a doctor or other health professional that they had kidney disease	4.5
Been told by a doctor or other health professional that they had diabetes (not including pre-diabetes or diabetes only while pregnant)	6.5
Reported a sexually transmitted disease	5.4
Fallen in the last 12 months	22.7
Reported that a fall in the last 12 months caused an injury	39.5



Health Behaviors	%
<b><i>Survey respondents reported that they..</i></b>	
Participated in physical activities in the past month for exercise	84.3
Had a flu shot or flu vaccine in the past 12 months	42.9
Have ever had a pneumonia shot	53.2
Have had the shingles or zoster vaccine	44.8
Have ever had a mammogram	61.3
Have ever had a clinical breast exam	68.5
Have ever had a Pap test (females only)	97.8
Have had a Pap test within the last 3 years (females only)	70.0
Have ever been told about the advantages of a Prostate-Specific Antigen test (PSA) by a doctor, nurse, or other health professional (males only)	73.0
Have ever had a PSA test (males only)	75.0
Have ever had a colonoscopy or sigmoidoscopy	72.0
Have had a colonoscopy or sigmoidoscopy within the last 10 years	94.0
Have been tested for HIV	22.2

Access to Care	%
<b><i>Survey respondents reported that they...</i></b>	
Have any kind of health care coverage	93.5
Lack health care coverage	5.8
Have a personal doctor or health care provider	79.0
Couldn't see a doctor in the last 12 months because of cost	8.6
Had a routine checkup within the past year	84.3
Visited a dentist or dental clinic within the past year	78.6

## Mental Health & Substance Abuse

%

### ***Survey respondents reporting that they....***

Have been told by a doctor or other health professional that they have a depressive disorder	16.2
Felt sad, blue, or depressed 14 or more days in the past 30 days	7.8
Felt worried, tense, or anxious 14 or more days in the past 30 days	16.2
Smoke cigarettes	9.7
Are a smoker and have tried to stop smoking for one day or longer because they were trying to quit	17.6
Use chewing tobacco, snuff, or snus	0.7
In the last 30 days, reported having a drink roughly every day	18.4
In the last 30 days, reported having a drink roughly once a week	14.5
Reported having X (X=5 for men, X=4 for women) or more drinks on one occasion in the past 30 days	26.2

## Priority Area Identified in the Community Health Survey

Health Concern: <u>Healthy Weight</u>	% Survey Respondents
Overweight (Body Mass Index: 25 to 29%)	47.7
Obese (Body Mass Index above 30%)	12.6
Underweight (Body Mass Index below 18.5)	5.3

Overall, the findings from the community health survey aligned with existing secondary data. In general Sarasota County residents are healthy and practice good health behaviors. From the survey, healthy weight appeared as a primary concern with almost 50% of people surveyed being overweight, or having a body mass index between 25 and 29%. In addition to being overweight, 12.6% were calculated at an obese level. While the percent of individuals underweight was not at a concerning level, this weight range is still a concern of healthy weight.

Maintaining a healthy weight can contribute to prevention of other harmful health factors including chronic diseases such as heart disease, diabetes and some types of cancer.

# KEY INFORMANT INTERVIEWS

## Methodology

Key Informant Interviews served as an integral part of the 2015 assessment. The purpose of key informant interviews was to gather information from a range of organizations such as public health agencies, safety net providers, social service agencies, community partners, and faith-based organizations. Interviewing this wide range of organizations helped analyze the *Local Public Health System* as well as *Forces of Change*, as outlined by the MAPP process. Thirty-two organizations were contacted for interviews. Nineteen of those contacted replied. The organizations that were contacted possess a deep knowledge and understanding of the health and wellness of Sarasota County and its residents. Each organization interviewed was asked the same set of questions. The responses were compared to identify key themes. Due to the fact that most organizations focus on a specific health issue or population, some interview results may be biased. The interviews were conducted both via phone and face-to-face depending on the preference and availability of the interviewee.



### Participating Organizations

- Drug Free Sarasota
- Healthy Start Coalition of Sarasota County
- Interfaith Outreach, Inc.
- First Step of Sarasota
- The Salvation Army
- Community Based Care: Youth & Families Alternatives, Inc.
- UF/IFAS Extension-Sarasota County
- City of North Port Social Services
- All Faiths Food Bank
- Senior Friendship Centers
- Multicultural Health Institute
- Englewood Community Healthcare Clinic
- North Port Health Center
- Gulfcoast Area Health Education Centers
- Jewish Family & Children Services of the Suncoast
- North Port Community Health Action Team
- Englewood Community Health Action Team
- Coastal Behavioral Healthcare, Inc.
- Sarasota Memorial Healthcare System

## Key Informant Interview Questions:

Q1	Tell me about your organization.
Q2	In general, how would you rate the health and quality of life in Sarasota County?
Q3	In your opinion, since 2010 has the health and quality of life in Sarasota County: -Improved, stayed the same, or declined?
Q4	Why do you think the health and quality of life in Sarasota County has improved, stayed the same, or declined since 2010?
Q5	What factors may have contributed to the improvement, decline or the stagnancy of the health and quality of life in Sarasota County?
Q6	Are there certain populations or groups of people in Sarasota County whose health or quality of life may not be as good as others? -Yes, no, or maybe.
Q7	If yes, please identify those certain populations or groups of people whose health may not be as good as others.
Q8	Why do you think their health or quality of life is not as good as others?
Q9	What are the major health issues you see in your community, especially among low-income/underserved people? List them in rank order from most important major issue to least important major issue.
Q10	Where do people go for health care?
Q11	What is the quality of care like at major sources of care? -Excellent, good, fair, or poor. Please explain.
Q12	Please rate the accessibility of primary health care and other human services in Sarasota County. -Excellent, good, fair or poor. Please explain.
Q13	Please rate the quality of primary care and other human services in Sarasota County. -Excellent, good, fair, or poor Please explain.
Q14	If you view primary health care or human services as inadequate, how might the need be addressed?
Q15	How adequate are mental health services within Sarasota County? -Excellent, good, fair, or poor. Please explain.
Q16	How accessible are mental health services within Sarasota County? -Excellent, good, fair, or poor. Please explain.
Q17	How adequate are dental services for children in Sarasota County? -Excellent, good, fair, or poor. Please explain.
Q18	How accessible are dental services for children in Sarasota County? -Excellent, good, fair, or poor. Please explain.
Q19	How adequate are Sarasota County programs which promote healthy lifestyles? -Excellent, good, fair, or poor. Please explain.
Q20	Are there adequate venues that inform residents of health resources available to them? -Yes or no. Please explain.
Q21	What efforts or initiatives have been successful in helping meet the health care needs of Sarasota County residents? Have specific organizations or groups played a lead role in these efforts?
Q22	Please describe community advocacy groups in the area.
Q23	What do you think could encourage and support more community involvement/advocacy around health issues?

## Findings from the Interviews

Below is a summary from the key informant interviews:

### *Health and Quality of Life*

Overall, informants agreed health and quality of life in Sarasota County is good and since 2010, health and quality of life has improved. The most frequently reported reasons for this improvement and contributing factors include economic recovery and community partnerships and collaboration. However, for those who reported health and quality of life has declined, frequently reported answers were due to economic downturn, more people uninsured, and lack of affordable housing. Split opinions on economic conditions could in part be due to the varying population groups that participating organizations target. Another possibility for the split could be that while there are more jobs in the area, not all of these jobs pay a sufficient income to support a high quality of life.

### *At-Risk Populations & Major Health Issues*

Informants were asked to identify populations or groups of people whose health may not be as good as others. The most frequently reported responses in the order of most reported to least reported were low-income populations, homeless, elderly, minority groups, people with behavioral health issues, and children. The top reasons these groups of people may not have health or quality of life as good as others were access-to-care issues including overall lack of access, difficulty accessing the system, and lack of primary care providers. Another frequently reported answer was low income or existence of an income gap. Low income can directly affect one's access to care. Other frequently reported answers were lack of affordable housing, transportation, lack of nutrition and exercise, and low health literacy. Next, informants were asked to rank major health issues in the community. Reported major health issues in the community were access to care problems such as lack of reliable transportation, difficulty accessing the health care system, insurance related issues, and low income. Other frequently reported issues were mental health, substance abuse, cultural disparities, obesity and related matters, and homelessness.

### *Sources of Care*

Regarding sources of care, most informants reported the hospital emergency department is where most people go for health care. However, almost all informants stated this is an abuse of the emergency department and people are often going there because they lack health insurance. The second most reported site for health care was the Florida Department of Health in Sarasota County. Other reported places where people go for health care were private doctors, hospitals, and when seeking mental health treatment, many informants mentioned Coastal Behavioral Healthcare, Inc. When asked to rate the quality of care at these places, most informants agreed the quality of care provided is good. It was frequently mentioned that if you have the capability to access these sources of care and have insurance, then the care is excellent. However, if you cannot afford care or lack insurance, quality is often poor. Informants could not provide a conclusive answer regarding the accessibility of primary health care and other human services. Both good and fair accessibility were frequently reported. Public transportation and access to care were reported as major barriers to accessibility. When asked to rate the quality of primary care and other human services, the general consensus was that quality is good. Once again, it was often reported that if you have insurance and can afford care, the quality is great but if not, quality is poor. Ways mentioned to improve quality were increase access to care, including increasing number insured, and offering assistance navigating the healthcare system.



### *Mental Health Services*

Regarding mental health services, informants were asked to rate adequacy and accessibility of services in Sarasota County. The consensus was both adequacy and accessibility is fair. For adequacy, top reasons reported were a lack of availability and a lack of funding for these services. Reasons frequently reported for a fair level of accessibility were scheduling issues, lack of transportation to services, and again, a lack of availability and funding.

### *Dental Services for Children*

When asked to rate the adequacy of dental services for children in the county, overall the rating was good. It was often reported that these services are excellent if you have insurance but if you do not, these services can be fair to poor. The accessibility of dental services for children in the county was also ranked as good. Problems mentioned were difficulty getting appointments and a lack of transportation to these services.

### *Health Programs, Resources, & Advocacy*

Regarding programs that promote healthy lifestyles in Sarasota County, overall the informants felt that existing programs are good. It was frequently reported that while there are a lot of programs in the county, there is always room to improve. When asked if there are adequate venues to inform residents of health resources available to them, there was not a general consensus. Many informants reported there are adequate venues such as many community groups and promotions in the county. However, it was also reported frequently that there are not adequate venues to inform residents. The top reasons reported why there are not sufficient venues were that many health resources are not made available to the people who really need them and that resources are often only advertised at places where people go when in need of health services. To conclude the interviews, informants were asked what they thought could be done to encourage and support more community involvement and advocacy around health issues. Frequently reported answers were more advertising, media coverage, outreach, and coordination between local organizations.

## Priority Areas Identified in the Key Informant Interviews

### Access to Care

Access to care was reported frequently across all interviews. Many contributors to poor health and quality of life, for example income and transportation, can also be linked back to access to care. Informants reported an access to care issue for almost every question asked.

### Mental Health & Substance Abuse

Overall, all informants voiced great concern over the lack of mental health providers and services in Sarasota County. While informants reported that the services in place are good, there are simply not enough, and accessing these services can be very difficult for those who need them.

## Methodology

The purpose of focus groups for the 2015 Community Health Assessment was to view the health of the county from the perspective of community members. Focus groups were intended to identify *Community Themes and Strengths*, in coordination with the MAPP process. Three focus groups were conducted across the county. The first was in south county at the North Port Police Department, the second was in central county at Historic Spanish Point, and the third was in north county at the Robert L. Taylor Community Complex. Having three focus groups in different geographical areas allowed community members from all regions of the county to participate. Focus group participation was open to any community member; there was no pre-selection as to who was invited and there were no requirements for participation. Since focus groups were open to the public, community members were encouraged to attend and make their voices heard. The focus groups were facilitated by a DOH-Sarasota employee who guided the conversation based on a predetermined set of themes with corresponding questions. The questions focused on existing and emerging health issues in Sarasota County. The group leader asked the questions and any participant was free to answer. The sessions were audio recorded for accuracy and a scribe was also present. The demographics of the focus groups were as follows: 37 total attendees, English was the primary language for all but one, and of the 26 total demographic sheets that were returned, 21 reported their race as white and five reported black/African American.

### Make Sarasota County a Healthier Place to Live!

**Our Community. Our Commitment.**



*Empowering Healthy People in Healthy Places*

**Participate in a Focus Group! Your Voice is Important!**

<b>When:</b> May 13- 4:30-6 p.m. <b>Where:</b> North Port Police Department, 2 <sup>nd</sup> Floor Conference Room	<b>When:</b> May 15- 9-10:30 a.m. <b>Where:</b> Historic Spanish Point, Classroom B
<b>When:</b> May 26- 6-7:30 p.m. <b>Where:</b> Robert L. Taylor Community Complex, Art Room	

## **Focus Group Questions:**

### *Section 1: Healthy Weight*

- Q1. What do you do to stay physically active?
- Q2. How often do you participate in physical activity?
- Q3. Do you believe your community environment is conducive to physical activity?
- Q4. Do you believe obesity is an issue in your community? Why or why not?

### *Section 2: Chronic and Communicable Diseases*

- Q5. What do you do to prevent chronic disease?
- Q6. What do you do to prevent communicable disease?
- Q7. Do you feel you are adequately educated on how to prevent chronic disease? Why or why not?
- Q8. Do you feel you are adequately educated on how to prevent communicable disease? Why or why not?

### *Section 3: Access to Care*

- Q9. Do you have health care coverage? If so, what kind do you have?
- Q10. How easy or difficult is it for you to get health care when needed?
- Q11. Is it affordable for you to get health care when needed?

### *Section 4: Substance Abuse/Mental Health*

- Q12. Do you see substance abuse as an issue in your community? Substances can include tobacco, alcohol, prescription drugs, illicit drugs, etc. Why or why not?
- Q13. Do you see any particular mental health issues in your community? Mental health issues can include depression, anxiety, self-harm, suicide, eating disorders, etc. Why or why not?
- Q14. Is there adequate access to treatment for substance abuse in your community? Why or why not?
- Q15. Is there adequate access to treatment for mental health issues in your community? Why or why not?
- Q16. Is there stigma in your community against those who engage in substance abuse?
- Q17. Is there stigma in your community against those with mental health issues?

### *Section 5: Injuries/Violence*

- Q18. Do you see any particular issues related to unintentional injuries in your community? Examples of unintentional injuries can include vehicle accidents, pedestrian or bicycle accidents, falls, drowning, etc.
- Q19. What are some examples of ways you try to prevent unintentional injuries?
- Q20. Do you believe domestic violence is an issue in your community?
- Q21. Do you know of anything being done to prevent violence in your community?

## Findings from the Focus Groups

Outlined below are summaries from the three focus groups:

### *Healthy Weight*

- ◇ Most attendees reported exercising 3 to 5 times a week, with some exercising every day.
  - Frequently reported forms of physical activity were walking, gym memberships, and cycling.
- ◇ All but the north county focus group participants reported that the environment is conducive to physical activity.
  - Reported issues in north county were safety concerns including risks traveling to a place to exercise, feeling unsafe exercising outside, and unsafe sidewalks.
- ◇ All groups reported obesity as a major issue. The groups particularly felt that obesity in children is a problem.
  - Reported reasons for why obesity is an issue were affordability of healthy foods; unhealthy eating habits of families; the high price of participation in physical activities, extracurricular activities, and sports for children; children leading sedentary lifestyles; lack of parental interaction; and busy schedules.

### *Chronic and Communicable Disease*

- ◇ Basic prevention methods such as hand washing, proper hygiene, vaccinations, and regular doctor visits were reported as ways to prevent communicable and chronic diseases.
  - However, it was mentioned across groups that not many people have regular doctor visits. It was often mentioned that a lot of people only go to the doctor when there is a problem.
- ◇ The need for education on how to prevent chronic and communicable disease was mentioned frequently.

### *Access to Care*

- ◇ Access to care was reported as a problem across all groups. All groups felt that care is not affordable for most people.
- ◇ Overall, most attendees had some form of health care coverage, with the exception of the north county focus group where some attendees reported having no coverage.
- ◇ Across all groups, it was reported that it is difficult to get health care when needed.
  - Problems reported were difficulties getting appointments, transportation issues to the location of the provider, and the physical location of the provider being difficult to access.
- ◇ Overall, it was reported that health care is not affordable; even those who have insurance struggle due to the high price of premiums and deductibles.

### *Substance Abuse/Mental Health*

- ◇ Overall, all groups viewed substance abuse and mental health as major problems, particularly mental health.
  - Depression and suicide were mentioned frequently across groups.
- ◇ All groups felt that education on mental health services, as well as substance abuse services need to be better. The groups reported that there are services available but people are not aware of the services or how to obtain them.
- ◇ Overall, most believe that a stigma still exists for both substance abuse and mental health; however, it was reported that these stigmas seem to be decreasing.

### *Injuries/Violence*

- ◇ Particular issues related to unintentional injuries mentioned frequently were vehicle accidents (especially during the winter season and particularly with senior drivers), vehicles not sharing the road with bicyclists, and falls in the elderly population.
- ◇ Domestic violence was reported as a known problem across all groups; however, the central county focus group reported that not many personally see this problem but they know it exists.
- ◇ Overall, the groups were aware of services, groups, and advocacy aiming to prevent violence in the community. However, the groups believed that most people are not aware of such things. Increasing education and awareness was mentioned as a possible solution to the violence problem.



## Priority Areas Identified in the Focus Groups

### Healthy Weight

Obesity was reported as a major issue across all focus groups. The groups felt that childhood obesity is of particular concern.

### Access to Care

Access to care was reported as a problem across the three groups. The groups all reported that care is not affordable for the average person in Sarasota County.

### Mental Health & Substance Abuse

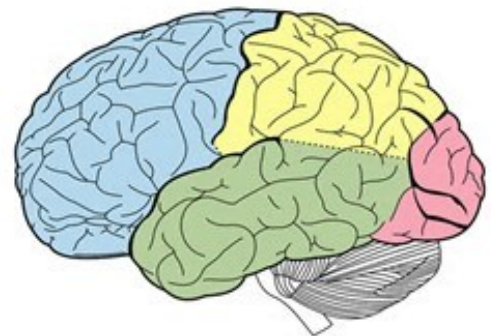
Substance abuse and mental health were reported as a problem and discussed in length at all focus groups. Of particular concern were mental health problems. All groups felt that mental health services need to improve in Sarasota County.

# HEALTH PRIORITY THEMES

After comparing the themes from the first three components of the assessment (the survey, key informant interviews, and focus groups), three main priorities were identified. The priorities identified were healthy weight, access to care, and mental health and substance abuse. After identification of the three community health priorities, secondary data was examined for each, utilizing Florida CHARTS. Issues were analyzed by categories such as race, age, and income. Secondary data was also used to compare any conflicting responses between components. Through analysis, specific at-risk populations and groups were identified for each area. These priorities and identified populations will drive the creation of the Community Health Improvement Plan to address the issues. The secondary data analysis of the Community Health Priorities can be found on the following pages. The themes are not addressed in order of importance.

## Identifying the Health Priorities

Assessment Component	Healthy Weight	Access to Care	Mental Health & Substance Abuse
Community Health Survey	√		
Key Informant Interviews		√	√
Focus Groups	√	√	√
Secondary Data	√	√	√



# SECONDARY DATA ANALYSIS OF HEALTH PRIORITIES

## Community Health Priority #1– Healthy Weight

The percent of overweight adults in Sarasota County is 36.4<sup>4</sup> and the percent of obese adults is 21.<sup>5</sup> Using the most recent Behavioral Risk Factor Surveillance System data, overall, Sarasota County is more physically active when compared to state rates, with 43.6 percent in Sarasota County and 34.6 percent at the state level.<sup>13</sup>

### Adults Who Meet Moderate Physical Activity Recommendations, By Age Group<sup>14</sup>

Year	Sarasota			Florida		
	18-44	45-64	65 & Older	18-44	45-64	65 & Older
2007	46.7%	40.7%	42.9%	34.8%	35.7%	32.5%
2002	36.8%	44.7%	30.1%	35.7%	33.4%	34.2%

Using data from Florida CHARTS, when examining factors such as income and education, overall participation in physical activity increases in Sarasota County as income and education increase.<sup>15,16</sup>

Data regarding sex and percent of overweight adults shows that men are more overweight than women in Sarasota County, and that over the years, men are more overweight in Sarasota County than in the state.<sup>17</sup> Men are also more obese in Sarasota County, however the percent of obese women in Sarasota is increasing over time.<sup>18</sup>

### Adults Who Are Overweight, By Sex<sup>17</sup>

Year	Sarasota		Florida	
	Male	Female	Male	Female
2002	48.0%	36.2%	45.7%	30.1%
2007	54.9%	29.6%	46.0%	30.2%
2010	44.6%	29.3%	43.8%	31.8%
2013	47.9%	24.9%	42.9%	30.0%

The following table shows the percent of adults who are obese by age group. Note that between the years 2002 and 2007, those in the age range of 18 to 44 saw an increase in obesity.<sup>19</sup> However, during these same two years, this category showed an increase in physical activity, as shown in the first table.

### Adults Who Are Obese, By Age Group<sup>19</sup>

Year	Sarasota			Florida		
	18-44	45-64	65 & Older	18-44	45-64	65 & Older
2002	16.1%	19.0%	11.7%	19.2%	25.4%	17.1%
2007	18.8%	17.8%	15.5%	23.1%	28.1%	20.6%
2010	25.6%	17.8%	19.2%	26.9%	30.6%	22.2%
2013	17.3%	18.8%	24.8%	24.2%	30.3%	24.8%

When examining overweight and obesity by race, the black population tends to more obese than the white<sup>20</sup> and Hispanic populations;<sup>21</sup> however, the Hispanic<sup>21</sup> and white populations tend to be more overweight than the black population,<sup>20</sup> supported by data from Florida CHARTS. The Hispanic population also tends to eat more fruits and vegetables than the black and white populations.<sup>20,21</sup>

## Community Health Priority #2– Access to Care

Overall, Sarasota County is doing better than the state in many areas related to access to care. In 2013, 80.3 percent of adults in Sarasota County had any type of health care insurance coverage, compared to 77.1 percent for Florida.<sup>21</sup> According to this year’s Community Health Survey, 93.5 percent of respondents reported having some type of coverage. Unfortunately, overall coverage has decreased over time, showing a greater decrease than the state as a whole.<sup>22</sup>

When examined by age group, only 54 percent of those age 18 to 44 had some type of health care insurance coverage in 2013, decreasing from 67.2 percent in 2010. This percentage is also less than the same age group throughout the state.<sup>6</sup> With the implementation of the Affordable Care Act, those numbers will hopefully see an increase.

### Adults With Any Type of Health Care Insurance Coverage, By Age Group<sup>6</sup>

Year	Sarasota			Florida		
	18-44	45-64	65 & Older	18-44	45-64	65& Older
2002	77.90%	83.30%	98.50%	73.00%	81.90%	97.00%
2007	68.90%	80.00%	98.00%	72.40%	82.70%	97.30%
2010	67.20%	75.50%	98.80%	73.00%	83.40%	98.00%
2013	54.00%	80.00%	99.20%	66.50%	76.40%	97.50%

Age also seems to be a factor for having medical checkups in Sarasota County.<sup>23</sup> In 2013, only 49.9 percent of those age 18 to 44 reported having a checkup. At the state level, 57.7 percent of those in the same age group in 2013 reported having a checkup.<sup>23</sup> According to the 2015 Community Health Survey, 84.3 percent of respondents reported having a routine checkup within the last year.

As expected, income is a factor related to health care insurance coverage. Those with lower household income have seen a greater decrease in coverage when compared with incomes greater than \$25,000 per year.<sup>24</sup> In Sarasota County, there has been about a 20 percent decrease in coverage for those making less than \$25,000 per year from 2002 to 2013. The county is trending similarly with the state for this factor.<sup>24</sup>

Overall, data from Florida CHARTS supports that factors relating to access to care such as coverage, frequency of checkups, having a personal doctor, and ability to see a doctor correlate with age and income in Sarasota County. The older age groups tend to have higher percentages than younger age groups. Similarly, those with higher incomes tend to also have higher percentages. These trends are also seen when examining the rest of the state.

## Community Health Priority #3– Mental Health & Substance Abuse

Regarding poor mental health, overall for those reporting poor mental health 14 or more days in the past 30 days, Sarasota County is increasing for almost every variable, while the state remains relatively constant across all variables.<sup>7,8</sup>

### Poor Mental Health 14 or more Days of the Last 30 Days<sup>7,8</sup>

Category	Sub-Category	Year	Sarasota	Florida	Year	Sarasota	Florida	Sarasota Trend
<b>Age</b>	18-44	2010	7.4%	12.7%	2013	18.1%	12.6%	↑
	45-64	2010	9.5%	13.5%	2013	17.0%	16.0%	↑
	65& Older	2010	4.9%	16.0%	2013	6.8%	8.4%	↑
<b>Income</b>	<\$25,000	2010	16.1%	22.7%	2013	21.4%	20.1%	↑
	\$25,000-\$49,000	2010	4.4%	11.2%	2013	14.1%	13.0%	↑
	\$50,000 or More	2010	3.9%	6.1%	2013	7.5%	6.7%	↑
<b>Sex</b>	Male	2010	3.8%	10.8%	2013	12.0%	10.9%	↑
	Female	2010	10.1%	12.8%	2013	14.7%	14.4%	↑
<b>Race/ Ethnicity</b>	Non-Hispanic White	2010	7.6%	11.5%	2013	13.9%	11.9%	↑
	Non-Hispanic Black	2010	—	9.1%	2013	—	14.7%	
	Hispanic	2010	—	14.7%	2013	—	13.1%	
<b>Education Level</b>	Less than High School	2010	—	22.0%	2013	16.2%	19.7%	
	High School/GED	2010	10.6%	13.6%	2013	16.5%	13.5%	↑
	More than High School	2010	5.4%	10.0%	2013	11.0%	10.4%	↑

Regarding substance abuse, heavy binge drinking in Sarasota County is increasing across all indicators including age, income, sex, race/ethnicity, and education level.<sup>25</sup> This rise can particularly be seen in the young population and the higher income population. In 2010, of those in the age range of 18 to 44, 24.1 percent reported binge drinking; in 2013, that number rose by 11.2 percent to 35.3 percent.<sup>26</sup> In 2010, of those with an income of \$50,000 or more per year, 17.5 percent reported binge drinking; in 2013 that percentage rose by 12.7 percent to 30.2 percent.<sup>27</sup>

## SUPPLEMENTAL SECONDARY DATA

In addition to using secondary data to examine the Community Health Priorities identified, secondary data was also used to gather additional important health information for Sarasota County. The secondary data used in this report was obtained from sources including Florida CHARTS, Florida Department of Health Bureau of Vital Statistics, Florida Department of Health in Sarasota County, the Behavioral Risk Factor Surveillance System, County Health Rankings & Roadmaps, Healthy People 2020, and the Suncoast Partnership to End Homelessness.



## Homelessness

According to the Suncoast Partnership to End Homelessness,<sup>28</sup> there are approximately 1,350 homeless persons in Sarasota County. This approximates to be .35 percent of the total county population. The majority of the homeless population resides in the city of Sarasota, at 80 percent.<sup>27</sup> While the homeless population was mentioned as a health concern in the key informant interviews, homelessness itself did not emerge as a community health priority in the 2015 assessment. The homeless population, however, is at risk for health issues due to the act of being homeless. Many factors of being homeless contribute to the issue of access to care, such as low income, transportation barriers, affordable and appropriate housing, and difficulties accessing health resources. Additional contributors to poor health for the homeless include barriers to healthy eating and partaking in physical activity, which can contribute to problems with healthy weight. To take action on health concerns of the homeless population, the homeless issue in Sarasota County must first be solved. Sarasota County government is actively taking steps to eliminate homelessness. For more information on homelessness in Sarasota County, visit the Sarasota County government's website, [scgov.net](http://scgov.net), or the Suncoast Partnership to End Homelessness website at [suncoastpartnership.org](http://suncoastpartnership.org).

### Homeless Population in Sarasota County<sup>28</sup>

	2015	Percent
Englewood	34	2.49
Nokomis	27	1.98
North Port	110	8.05
Osprey	1	0.07
Sarasota	1106	80.91
Venice	88	6.44
Other	1	0.07
Total	1367	100%



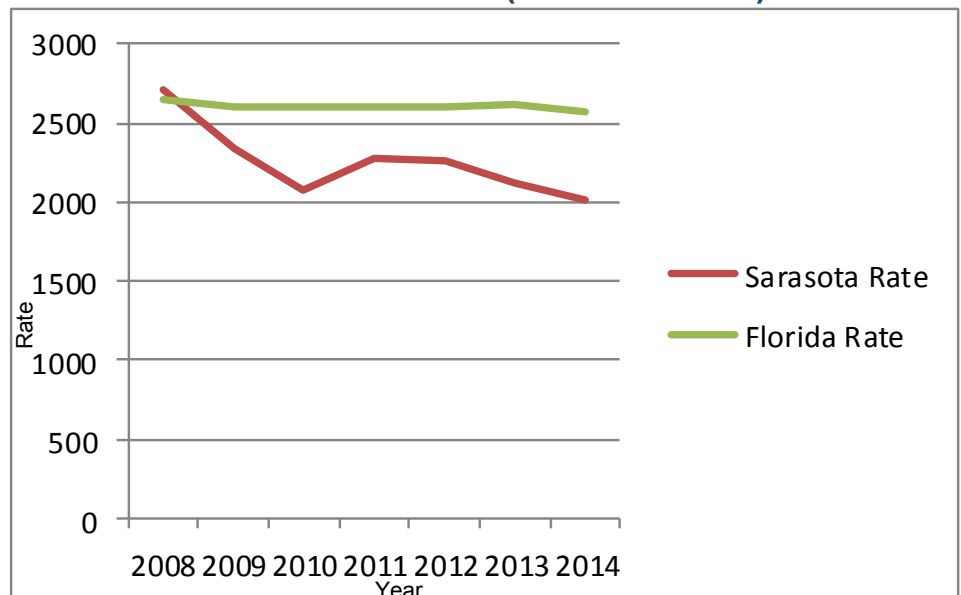
## Sexually Transmitted Diseases

While the community health survey, key informant interviews, and focus groups revealed little data or concern about sexually transmitted diseases in Sarasota County, secondary data does reveal that select sexually transmitted diseases may be cause for concern. In Sarasota County, the rate of gonorrhea has been on a steady incline since 2010.<sup>29</sup> The graph below displays single-year rates of gonorrhea in the county. Beginning in 2010, the rate increase can be seen over the years. While county rates are well below state rates, the increase should be noted. For other bacterial STDs, the overall rates for women between the ages of 15 and 34 has been declining since 2011.<sup>30</sup>

### Gonorrhea Cases<sup>29</sup>



### Bacterial STDs (Women 15-34)<sup>30</sup>



## Maternal and Child Health

Reviewing maternal and child health is necessary when analyzing the health and wellness of a community; their health plays a big factor in the health of the next generation. In 2014, there were 2,955 resident live births in Sarasota County, an increase from 2,803 total live births in 2013.<sup>9</sup> The charts below highlight deaths, birth weight, and immunizations related to maternal and child health over a three-year period.

### Deaths

	2012	2013	2014
Fetal Deaths <sup>31</sup>	12	18	20
Infant Deaths <sup>32</sup> (0-364 days from birth)	13	15	15
Maternal Deaths <sup>33</sup>	1	0	0

### Birth Weight

	2012	2013	2014
Very Low Birth Weight <sup>34</sup> (Under 1500 Grams)	31	34	28
Low Birth Weight <sup>35</sup> (Under 2500 Grams)	194	173	201

### Immunizations

	2012	2013	2014
Immunization Levels in Kindergarten <sup>36</sup>	3,105	3,160	2,460
Percent of Two-Year-Old Children Fully Immunized <sup>37</sup>	74.2%	83.7%	80.3%

## Injuries

While often overlooked, injuries can also affect the health of communities. Analyzing injuries can assist in the creation of prevention programs to target these issues, which often are avoidable. The chart below shows the counts over a three-year period for various injury-related deaths in Sarasota County. While the total number of unintentional injuries deaths is decreasing, there was an increase in unintentional drowning deaths between 2013 and 2014.<sup>40</sup>

	<b>2012</b>	<b>2013</b>	<b>2014</b>
All External Causes Deaths <sup>38</sup>	315	289	270
Unintentional Injuries Deaths <sup>39</sup>	214	194	187
Unintentional Drowning Deaths <sup>40</sup>	13	4	9
Unintentional Falls Deaths <sup>41</sup>	63	89	70

## Past Health Priorities

The top issues identified below are from the 2010 Community Health Improvement Partnership Community Health Survey. The issues included as top concerns were those that ranked above 20 percent. While the assessment methods and survey questions used were different from 2010 to 2015, similar themes can still be seen. However, direct conclusions and assumptions should not be made.

### Top Community Health Priorities as Identified in the 2010 CHIP Community Health Survey

Identified Area	%
Aging Problems	59.6
Chronic Diseases	44.3
Alcohol and Drug Abuse	28.8
Poor Diet/Lack of Exercise	27.5
Lack of Access to Health Care	20.2
Homelessness	19.4
Tobacco Use	16.5
Child Abuse/Neglect	11.4
Motor Vehicle Crashes	10.2
Mental Health issues	9.2

The table below lists the major causes of death in Sarasota County in 2013, with cancer and heart disease as the leading killers. The graph on the following page shows major causes of death by race for Sarasota County.<sup>10</sup>

## Major Causes of Death in 2013<sup>10</sup>

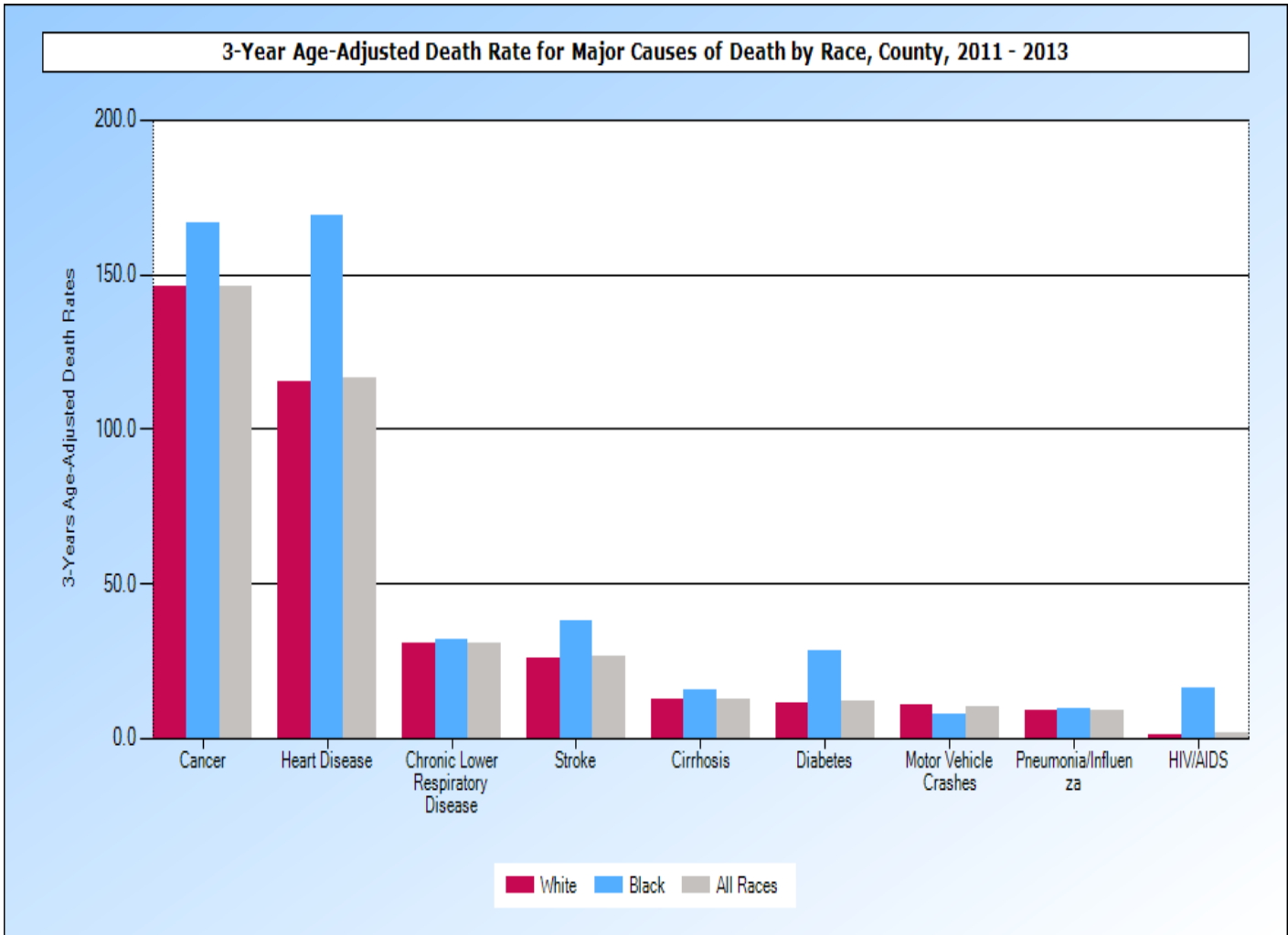
Cause of Death	Deaths	Percent of Total Deaths	Crude Rate Per 100,000	Age-Adjusted Death Rate Per 100,000	3-Year Age-Adjusted Death Rate Per 100,000	YPLL* <75 Per 100,000 Under Age 75
All Causes	5,078	100.0	1,310.0	583.4	587.7	6,865.3
Cancer	1,289	25.4	332.5	152.4	146.0	2,009.5
Heart Disease	1,056	20.8	272.4	108.8	116.3	910.4
Chronic Lower Respiratory Disease	298	5.9	76.9	30.1	30.4	184.9
Stroke	241	4.7	62.2	24.7	26.1	175.1
Unintentional Injuries	194	3.8	50.0	36.8	41.2	878.2
Alzheimer's Disease	131	2.6	33.8	11.7	11.8	18.1
Kidney Disease	106	2.1	27.3	11.9	11.1	118.8
Diabetes Mellitus	92	1.8	23.7	12.1	11.7	195.3
Suicide	85	1.7	21.9	19.6	18.1	562.7
Pneumonia/Influenza	80	1.6	20.6	7.5	8.7	30.1
Parkinson's Disease	71	1.4	18.3	6.7	6.2	17.2
Chronic Liver Disease and Cirrhosis	59	1.2	15.2	12.1	12.5	315.8
Septicemia	49	1.0	12.6	5.5	6.1	61.5
Homicide	8	0.2	2.1	2.6	4.6	96.0
AIDS/HIV	5	0.1	1.3	1.1	1.7	27.5

\*YPLL= Years of Potential Life Lost

As can be seen in the graph below, health disparities do exist between races in Sarasota County. While disparities do exist, strides toward equality are being made.

***A health disparity is when a health outcome is greater or lesser between populations. Health disparities are typically associated with economic, environmental, and social factors.***

In the graph below, health disparities can be seen in heart disease, diabetes, stroke, cancer, and HIV/AIDS. Eliminating health disparities is a public health priority in Sarasota County.



On the following pages is a County Health Status Summary for Sarasota County.<sup>1</sup> This summary provides data on actual causes of death; health status and access to care; chronic diseases; communicable and infectious diseases; maternal, infant, and young child health; unintentional injuries; and social and physical environment. This summary provides an excellent snapshot of the health and wellness in Sarasota County. This summary shows how Sarasota County is faring in comparison to state rates, as well as how the county is doing in alignment with the goals of Healthy People 2020.<sup>43</sup> Healthy People 2020 is a national, 10-year plan led by the Office of Disease Prevention and Health Promotion with a vision of “a society in which all people live long, healthy lives.”<sup>43</sup> The County Quartile column on the chart indicates whether Sarasota County is doing well on a health indicator and is in a favorable quartile or whether the county is doing poorly on a health indicator and is in a less favorable quartile. The rankings range from 1 to 4, with one being the most favorable and four being the least favorable. For 39 health indicators, Sarasota County is in the most favorable county quartile, showing that overall, Sarasota County is very healthy. The summary also shows whether or not a trend exists for a selected indicator; the table will indicate whether a selected indicator is showing a trend for the better, worse, or is not showing a trend.

## County Health Status Summary<sup>1</sup>

Indicator	Year(s)	Rate Type	County Quartile 1=most favorable 4= least favorable	County Rate	State Rate	County Trend	Healthy People 2020 Goals
<b>Actual Causes of Death*</b>							
<i>Physical Activity</i>							
Adults who meet moderate physical activity recommendations	2007	Percent	1	43.6%	34.6%		
Adults who meet vigorous physical activity recommendations	2007	Percent	3	23.0%	26.0%		
<i>Overweight &amp; Obesity</i>							
Adults who consume at least five servings of fruits and vegetables a day	2007	Percent	1	29.8%	26.2%		
Adults who are overweight	2010	Percent	2	36.7%	37.8%		
Adults who are obese	2010	Percent	1	20.8%	27.2%		30.6%
<i>Tobacco Use</i>							
Adults who are current smokers	2010	Percent	2	18.8%	17.1%		12%

Indicator	Year(s)	Rate Type	County Quartile 1= most favorable 4= least favorable	County Rate	State Rate	County Trend	Healthy People 2020 Goals
<b>Health Status &amp; Access to Care</b>							
Adults who rate their health as "fair" or "poor"	2010	Percent	1	11.6%	17.1%		
Adults with any type of health care insurance coverage	2010	Percent	2	81.3%	83.0%		
Adults who could not see a dentist in the past year because of cost	2007	Percent	2	18.6%	19.2%		
Adults who received a flu shot in the past year	2010	Percent	2	38.8%	36.5%		
Total licensed Florida Family Practice Physicians	2010-12	Per 100,000	1	31.4	24.5		
Total licensed Florida Dentists	2010-12	Per 100,000	1	73.4	54.0		
Total hospital beds	2010-12	Per 100,000	1	393.7	320.2		
County Health Department Full-Time Employees	2011-13	Per 100,000	2	102.5	57.9		

<b>Communicable &amp; Infectious Diseases</b>							
Vaccine preventable diseases	2010-12	Per 100,000	4	5.7	3.7	No Trend	
HIV cases reported	2011-13	Per 100,000	3	11.1	27.1	No Trend	
AIDS cases reported	2011-13	Per 100,000	1	5.3	16.1	No Trend	
HIV/AIDS age-adjusted death rate	2011-13	Per 100,000	2	1.7	4.7	Better	3.7
TB cases reported	2010-12	Per 100,000	2	1.8	3.6	No Trend	1.0
Chlamydia cases reported	2011-13	Per 100,000	1	257.1	409.8	No Trend	
Gonorrhea cases reported	2011-13	Per 100,000	2	64.9	105.3	No Trend	
Infectious syphilis cases reported	2011-13	Per 100,000	3	3.3	7.3	No Trend	



Indicator	Year(s)	Rate Type	County Quartile 1= most favorable 4= least favorable	County Rate	State Rate	County Trend	Healthy People 2020 Goals
<b>Chronic Diseases</b>							
<i>Coronary Heart Disease</i>							
Coronary heart disease age-adjusted death rate	2011-13	Per 100,000	1	70.6	102.5	Better	100.8
Coronary heart disease age-adjusted hospitalization rate	2011-13	Per 100,000	1	234.8	330.6	Better	
<i>Stroke</i>							
Stroke age-adjusted death rate	2011-13	Per 100,000	1	26.1	31.3	Better	33.8
Stroke age-adjusted hospitalization rate	2011-13	Per 100,000	1	182.3	262.3	Better	
<i>Heart Failure</i>							
Heart failure age-adjusted death rate	2011-13	Per 100,000	3	11.8	9.7	Worse	
Congestive heart failure age-adjusted hospitalization rate	2011-13	Per 100,000	1	43.1	91.4	Better	
Adults with diagnosed hypertension	2010	Percent	3	37.1%	34.3%		
Adults who have diagnosed high blood cholesterol	2010	Percent	3	41.4%	38.6%		13.5%
Adults who had their cholesterol checked in the past five years	2007	Percent	1	76.2%	73.3%		
<i>Lung Cancer</i>							
Lung cancer age-adjusted death rate	2011-13	Per 100,000	1	42.6	44.5	Better	45.5
Lung cancer age-adjusted incidence rate	2009-11	Per 100,000	1	59.9	63.4	Better	
<i>Colorectal Cancer</i>							
Colorectal cancer age-adjusted death rate	2011-13	Per 100,000	1	12.0	14.1	No Trend	14.5
Colorectal cancer age-adjusted incidence rate	2009-11	Per 100,000	2	34.2	38.0	Better	
Adults 50 years of age and older who received a sigmoidoscopy or colonoscopy in the past five years	2010	Percent	2	57.5%	56.4%		
Adults 50 years of age and older who received a blood stool test in the past year	2010	Percent	2	16.3%	14.7%		

Indicator	Year(s)	Rate Type	County Quartile 1=most favorable 4= least favorable	County Rate	State Rate	County Trend	Healthy People 2020 Goals
<b>Chronic Diseases (cont'd)</b>							
<i>Breast Cancer</i>							
Breast cancer age-adjusted death rate	2011-13	Per 100,000	2	19.2	20.4	No Trend	20.6
Breast cancer age-adjusted incidence rate	2009-11	Per 100,000	3	119.4	113.4	No Trend	
Women 40 years and older who received a mammogram in the past year	2010	Percent	1	70.6%	61.9%		
<i>Prostate Cancer</i>							
Prostate cancer age-adjusted death rate	2011-13	Per 100,000	1	13.6	17.8	Better	21.2
Prostate cancer age-adjusted incidence rate	2009-11	Per 100,000	2	103.1	115.8	No Trend	
<i>Cervical Cancer</i>							
Cervical cancer age-adjusted death rate	2011-13	Per 100,000	2	2.2	2.8	No Trend	2.2
Cervical cancer age-adjusted incidence rate	2009-11	Per 100,000	2	8.0	8.9	No Trend	
Women 18 years of age and older who received a Pap test in the past year	2010	Percent	2	59.3%	57.1%		93%
<i>Melanoma</i>							
Melanoma age-adjusted death rate	2011-13	Per 100,000	3	4.1	3.0	No Trend	2.4
Melanoma age-adjusted Incidence rate	2009-11	Per 100,000	4	24.1	18.8	No Trend	
<i>Chronic Lower Respiratory Diseases (CLRD)</i>							
CLRD age-adjusted death rate	2011-13	Per 100,000	1	30.4	39.6	No Trend	
CLRD age-adjusted hospitalization rate	2011-13	Per 100,000	1	195.5	362.7	No Trend	50.1
Adults who currently have asthma	2010	Percent	1	5.4%	8.3%		
Asthma age-adjusted hospitalization rate	2011-13	Per 100,000	1	510.4	789.2	Worse	
<i>Diabetes</i>							
Diabetes age-adjusted death rate	2011-13	Per 100,000	1	11.7	19.6	No Trend	65.8
Diabetes age-adjusted hospitalization rate	2011-13	Per 100,000	1	1217.9	2293.1	Worse	
Adults with diagnosed diabetes	2010	Percent	1	8.6%	10.4%		

Indicator	Year(s)	Rate Type	County Quartile 1= most favorable 4= least favorable	County Rate	State Rate	County Trend	Healthy People 2020 Goals
<b>Maternal, Infant &amp; Young Child Health</b>							
Early prenatal care (care began 1st trimester)	2011-13	Percent	2	77.7%	80.1%		77.9%
Low birth weight births (births <2500 grams)	2011-13	Percent	1	7.0%	8.6%	No Trend	
Premature births (births <37 weeks gestation)	2011-13	Percent	1	11.3%	13.9%	No Trend	11.4%
Multiple births	2011-13	Percent	2	2.9%	3.3%	No Trend	
Births to teens 15-19	2011-13	Rate per 1,000	1	22.4	26.7	No Trend	
Repeat births to mothers 15-19	2011-13	Percent	2	14.9%	16.9%	No Trend	
Infant death rate	2011-13	Per 1,000 live births	1	4.4	6.2	No Trend	6.0
Neonatal death rate	2011-13	Per 1,000 live births	1	2.9	4.1	No Trend	4.1
Postneonatal death rate	2011-13	Per 1,000 live births	1	1.5	2.1	No Trend	2.0
Fetal death ratio	2011-13	Per 1,000 live births	1	5.2	7.2	No Trend	5.6
Kindergarten children fully immunized	2011-13	Percent	2	94.3%	92.6%	No Trend	
<b>Unintentional injuries</b>							
Unintentional injuries age-adjusted death rate	2011-13	Per 100,000	2	41.2	39.6	No Trend	36.0
Motor vehicle crash age-adjusted death rate	2011-13	Per 100,000	1	10.1	12.2	Better	12.4
<b>Social and Physical Environment</b>							
Criminal homicide (Murder)	2010-12	Per 100,000	2	3.6	5.2	No Trend	
Domestic violence offenses	2010-12	Per 100,000	1	376.0	572.0	No Trend	
Adults who currently have asthma	2010	Percent	1	5.4%	8.3%		
Suicide age-adjusted death rate	2011-13	Per 100,000	3	18.1	13.8	No Trend	10.2

\*Actual causes of death are major external factors contributing to death. The three behaviors (physical activity, overweight and obesity, and tobacco use) have each individually contributed to over 100,000 annual deaths in the United States.<sup>1</sup>

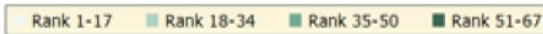
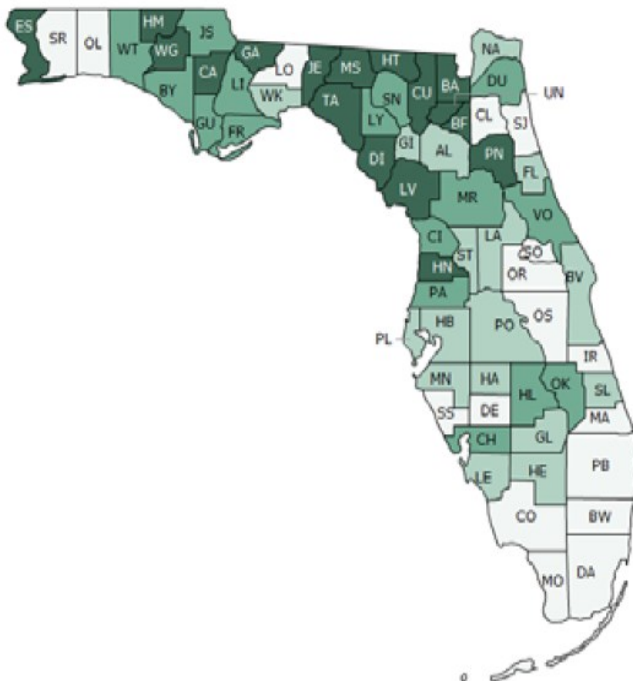
Blank cell= not enough data to trend<sup>1</sup>

Healthy People 2020 goals are not available for all indicators<sup>1</sup>

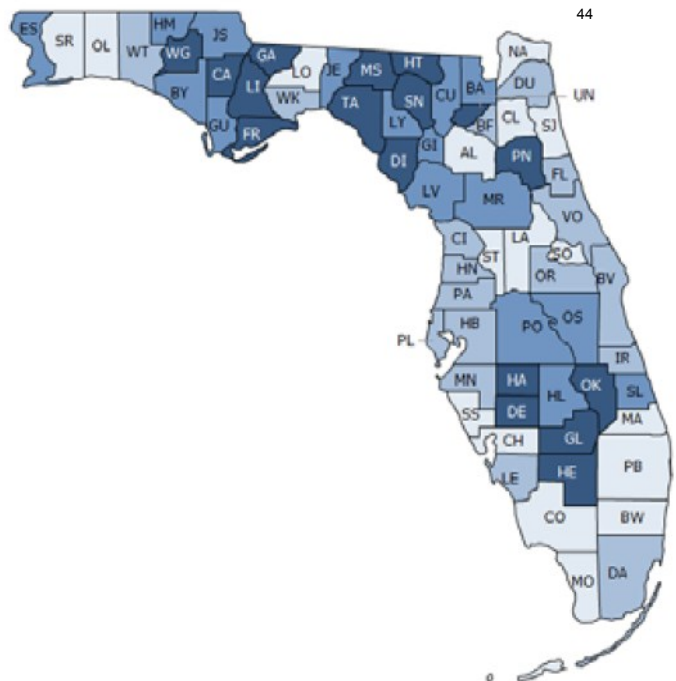
## County Health Rankings

County Health Rankings and Roadmaps<sup>44</sup> is a project coordinated by the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute that encourages communities to “be healthy in their homes, schools, workplaces, and neighborhoods.” The foundation ranks almost every county in the nation on health outcomes and health factors. Health outcomes include measures that affect length and quality of life. Health factors take into account clinical care; health behaviors; social and economic factors; and physical environment. The rankings are formulated by comparing the health of counties in the same state. Counties that have higher rankings are considered to be healthier than those with lower rankings, with the county ranked first being the healthiest. These rankings can be used to help communities develop initiatives to improve health. According to the 2015 rankings, Sarasota County ranks sixth out of the 67 counties in Florida for health outcomes. For health factors, Sarasota County ranks third.<sup>44</sup> The following table compares Sarasota rates to the state as a whole.

Health Outcomes



Health Factors



44

44

	Sarasota County	Florida	Rank (out of 67)
<b>Health Outcomes</b>			6
<i>Length of Life</i>			14
<i>Premature Death</i>	6,784	6,893	
<i>Quality of Life</i>			5
Poor or fair health	12%	16%	
Poor physical health days	3.2	3.7	
Poor mental health days	4.1	3.8	
Low birth weight	7.2%	8.7%	

## Health Factors

3

### Health Behaviors

8

Adult smoking	19%	18%
Adult obesity	21%	26%
Food environment index	7.4	7.0
Physical inactivity	20%	23%
Access to exercise opportunities	95%	93%
Excessive drinking	17%	16%
Alcohol-impaired driving deaths	34%	29%
Sexually transmitted infections	257	402
Teen births	29	36

### Clinical Care

3

Uninsured	23%	24%
Primary care physicians	1,266 : 1	1,423: 1
Dentists	1,441 : 1	1,874 : 1
Mental health providers	600 : 1	744 : 1
Preventable hospital stays	33	59
Diabetic monitoring	87%	85%
Mammography screening	75%	67.7%

### Social & Economic Factors

12

High school graduation	78%	75%
Some college	58%	60.1%
Unemployment	7%	7.2%
Children in poverty	20%	25%
Income inequality	4.4	4.6
Children in single-parent households	34%	38%
Social associations	9.7	7.3
Violent crime	360	514
Injury deaths	81	69

### Physical Environment

15

Air pollution-particulate matter	10.6	11.4
Drinking water violations	0%	6%
Severe housing problems	21%	22%
Driving alone to work	82%	80%
Long commute-driving alone	27%	38%

## Supplemental Assessments

For more information on the health and quality of life in Sarasota County, see additional assessments produced by organizations in the area:

- *Florida Department of Health: Sarasota & Manatee County: 2015 Food Desert to Food Oasis Cross County Food Access Assessment*  
-Ongoing
- *Multicultural Health Institute: 2008 Newtown Healthcare Access Study*  
<http://multiculturalhealthinstitute.com/pdfs/Newtown.pdf>
- *United Sarasota*  
<http://www.the-mhi.org/>
- *Drug Free Sarasota*  
<http://www.drugfreesarasota.org/home.html>
- *Gallup-Healthways Well-Being Index*  
<http://www.well-beingindex.com/north-port-sarasota-bradenton-florida-tops-large-communities-in-well-being>
- *SCOPE: 2015 Community Report Card*  
<http://www.scopexcel.org/>
- *Suncoast Partnership to End Homelessness : 2015 Point-In-Time Community Report*  
<http://suncoastpartnership.org/>
- *County Health Rankings and Roadmaps*  
<http://www.countyhealthrankings.org/app/florida/2015/rankings/sarasota/county/outcomes/overall/snapshot>



DrugFreeSarasota



SCOPE



## LIMITATIONS

As with any assessment, limitations and obstacles did arise. Sarasota County itself has unavoidable limitations that affected the Community Health Assessment. The first limitation is a large number of seasonal residents in Sarasota County; approximately 85,000 additional people reside in Sarasota County during the winter season,<sup>45</sup> causing a large number of homes to be vacant during the summer months. There are also a large amount of gated and deed-restricted communities in the county, another unavoidable limitation when collecting data in the field. Also, as of 2013, the United States Census Bureau<sup>46</sup> estimated that there were approximately 57,840 vacant homes (+/- 1,963) in Sarasota County.

Regarding limitations to component number one, the Community Health Survey, the first limitation that affected the survey was the amount of empty homes that were encountered. Empty homes could have been due to seasonal resident homes and vacant homes, as previously mentioned, as well as household members simply not at the house. The amount of empty homes encountered had an affect on the number of surveys that were collected in the field. Call-back flyers were left at every home that was visited, however, few people called to take the survey. The second limitation for the survey was the amount of gated and deed-restricted communities located in the randomized census blocks for the health survey, mentioned earlier as an unavoidable limitation. Prior to being in the field, the census tracts had not been visited by staff or volunteers to assess the terrain. Once in the field, teams encountered multiple census blocks located in a gated or deed-restricted community, denying access to the survey teams. The third limitation was a lack of volunteers. In order to conduct a county-wide survey, additional volunteers were needed. Unfortunately, fewer people volunteered than anticipated, and completing the 30 randomized blocks in a timely matter was difficult.

To address these first three limitations surrounding the community health survey, it was decided to mail surveys to homes. The surveys were mailed using the same method that would have been used in the field. Plans have also been made for future assessments utilizing surveys to recruit college students at the beginning of the school year, ideally in September, to assist in administering the surveys. Plans have also been made to conduct survey assessments during the winter season in an attempt to limit the amount of empty homes encountered.

A fourth limitation regarding the survey was that certain population groups and vulnerable areas in Sarasota County were unable to be oversampled using the CASPER methodology. While there are benefits to oversampling certain populations to help identify health disparities, oversampling was not recommended by this year's assessment methodology. Due to this lack of surveying in certain populations, concerns were voiced regarding the accuracy of the survey results. However, the methodology is designed to represent the county as a whole and not just for the specific census tracts surveyed, thus the results can be considered applicable to the entire county. Knowing that this limitation existed for the survey, the other components were designed to target these different population groups and address health disparities. This limitation was addressed through the focus group and key informant components of the assessment, which did target specific and vulnerable population groups in the county. For future assessments, obtaining a viewpoint from medical providers would be added as an additional component.





Started in 2002, the Community Health Improvement Partnership (CHIP) has been a vehicle to develop ideas and action for creating a healthier community and a brighter future. CHIP brings together committed volunteers, organizations and businesses with the vision that their combined efforts can improve health and quality of life in Sarasota County and beyond. The Community Health Assessment is a driving force in the partnership. The Community Health Assessment is the vehicle for identifying the themes that the partnership will focus on.

## CHIP ...

**Engages residents** in taking responsibility for their personal health and the health of their communities

- Community Health Action Teams (CHATs) are teams of engaged residents meeting monthly to study and solve local health issues. CHATs are active in
  - Englewood
  - Laurel, Osprey, Venice, Nokomis (LOVN)
  - Newtown
  - North Port

**Researches** and publishes local data on health issues of concern to residents and health care providers

- Health Profile for Sarasota and Charlotte Counties (2003)
- Community Voices: Results of the Community Survey (2003)
- Health System Assessment for Sarasota and Charlotte Counties (2004)
- CHIP Health Scorecard (2005 to 2009)
- Health Survey Data for Sarasota County (2006, 2010, 2015)
- Uncovered: The Uninsured in Sarasota County (2007)
- Idea Inventory: Ideas and Resources for Creating a Healthier Sarasota County (2008)

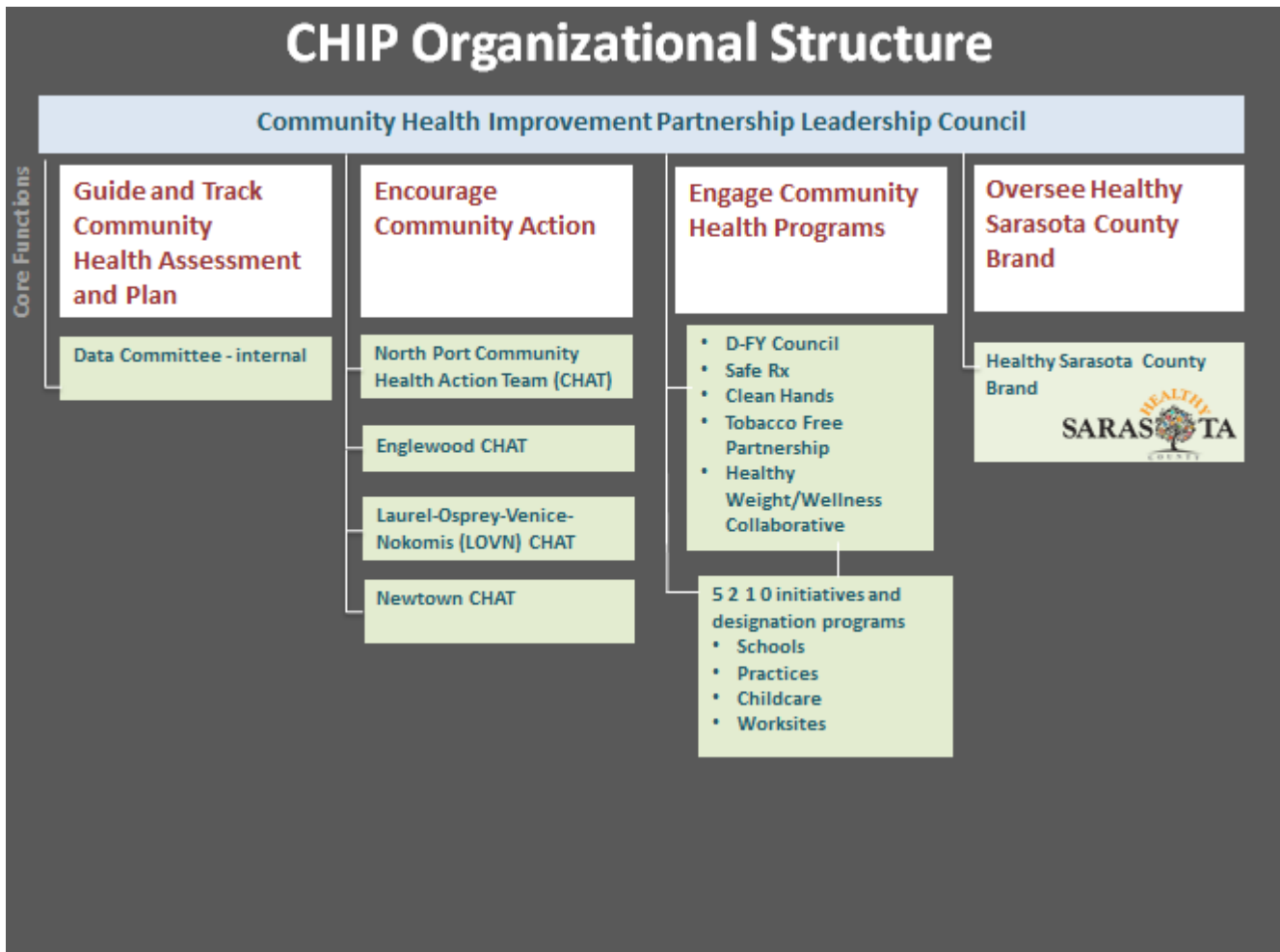


**Creates solutions** to local health issues through creative collaborations with community partners

- Laurel/Osprey/Venice/Nokomis (LOVN) Diabetes Care Team** provided free, in-home care to seniors living with diabetes.
- Sarasota Health Care Access** connects people without health insurance to primary health care services.
- Tobacco-Free Campus Initiative** assists eleven organizations in three counties to become tobacco-free while supporting employees in quitting smoking.
- Community Health Interactive** brought together a diverse group of people to foster creative collaborations with the goal of improving community health in Sarasota County.
- Sarasota Community Pharmacy** provides low-income, uninsured residents of Sarasota County with access to prescription medications.

**Educates** the community on how to become healthier, access medical care or get insured

- Convened free community forums featuring national health experts Tyler Norris and Leanne Kaiser
- Created [www.GetSarasotaInsured.com](http://www.GetSarasotaInsured.com) and hosts forums to inform small businesses about health insurance options
- Created Healthy Living Kiosks, which provide health and wellness information at libraries



# COMMUNITY HEALTH IMPROVEMENT PLAN

The Sarasota County Community Health Improvement Plan will be created by the Community Health Improvement Partnership in Sarasota County. The partnership will use the information collected from the 2015 Community Health Assessment to develop a comprehensive, detailed, strategic plan with goals to address the health priorities in our county. The Community Health Improvement Plan will be released in early 2016.

## **Goals of the Community Health Improvement Plan (CHIP):**

- Based on the results of the Community Health Assessment (CHA) and community health improvement process, the CHIP will be used by the Florida Department of Health in collaboration with community partners to set community health priorities and coordinate and target resources.
- CHIP will be used to develop policies and define actions to target efforts that promote community health.
- CHIP will be used to define the vision for the health of the community through a collaborative process and address the gamut of strengths, weaknesses, challenges, and opportunities that exist in the community to improve its health status.

# SOURCES

1. Florida CHARTS. County and State Profile Reports. *County Health Status Summary Sarasota County*. <http://www.floridacharts.com/charts/DisplayHTML.aspx?ReportType=1341&County=58&year=2013&tn=24>. Accessed May, 2015.
2. Sarasota County Government. *County Population Projections*. <https://www.scgov.net/PlanningServices/Demographic%20Data/2010-2040%20Population%20Forecast.pdf>. Accessed July 27, 2015.
3. U.S. Census Bureau. *2009-2013 5-Year American Community Survey*. <http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk>. Accessed July 27, 2015.
4. Florida CHARTS. Adults Who Are Overweight, Overall. <http://www.floridacharts.com/charts/Brfss/DataViewer.aspx?bid=5>. Accessed August 20, 2015.
5. Florida CHARTS. *Adults Who Are Obese, Overall*. <http://www.floridacharts.com/charts/Brfss/DataViewer.aspx?bid=5>. Accessed August 20, 2015.
6. Florida CHARTS. *Adults With Any Type of Health Care Insurance Coverage, By Age Group*. <http://www.floridacharts.com/charts/Brfss/DataViewer.aspx?bid=11>. Accessed August 18, 2015.
7. Floridahealth.gov. *Florida Behavioral Risk Factor Surveillance System 2010 Data*. [http://www.floridahealth.gov/statistics-and-data/survey-data/behavioral-risk-factor-surveillance-system/reports/\\_documents/2010county\\_documents/Sarasota.pdf](http://www.floridahealth.gov/statistics-and-data/survey-data/behavioral-risk-factor-surveillance-system/reports/_documents/2010county_documents/Sarasota.pdf). Accessed August 18, 2015.
8. Floridahealth.gov. *Florida Behavioral Risk Factor Surveillance System 2013 Data*. [http://www.floridahealth.gov/statistics-and-data/survey-data/behavioral-risk-factor-surveillance-system/reports/\\_documents/2013county\\_documents/Sarasota.pdf](http://www.floridahealth.gov/statistics-and-data/survey-data/behavioral-risk-factor-surveillance-system/reports/_documents/2013county_documents/Sarasota.pdf). Accessed August 18, 2015.
9. Florida CHARTS. *Total Resident Live Births, Single Year Rates, Sarasota County*. <http://www.floridacharts.com/charts/DataViewer/BirthViewer/BirthViewer.aspx>. Accessed August 24, 2015.
10. Florida CHARTS. County and State Profile Reports. *Major Causes of Death, Sarasota County*. Florida Department of Health, Bureau of Vital Statistics. Accessed May, 2015.
11. Florida Department of Law Enforcement. *Annual Crime Report: Crime in Florida, Sarasota County January-December 2014*. <https://www.fdle.state.fl.us/Content/FSAC/UCR/2014/COUNTIES/Sarasota14.aspx>. Accessed June, 2015.
12. Centers for Disease Control and Prevention (CDC). *Community Assessment for Public Health Emergency Response (CASPER) Toolkit*: Second edition. Atlanta (GA): CDC; 2012. Accessed May, 2015.
13. Florida CHARTS. *Adults Who Meet Moderate Physical Activity Recommendations, Overall*. <http://www.floridacharts.com/charts/Brfss/DataViewer.aspx?bid=3>. Accessed September 3, 2015.
14. Florida CHARTS. *Adults Who Meet Moderate Physical Activity Recommendations, By Age Group*. <http://www.floridacharts.com/charts/Brfss/DataViewer.aspx?bid=3>. Accessed August 17, 2015.
15. Florida CHARTS. *Adults Who Meet Moderate Physical Activity Recommendations, By Annual Income*. <http://www.floridacharts.com/charts/Brfss/DataViewer.aspx?bid=3>. Accessed August 17, 2015.
16. Florida CHARTS. *Adults Who Meet Moderate Physical Activity Recommendations, By Education Level*. <http://www.floridacharts.com/charts/Brfss/DataViewer.aspx?bid=3>. Accessed August 17, 2015.
17. Florida CHARTS. *Adults Who Are Overweight, By Sex*. <http://www.floridacharts.com/charts/Brfss/DataViewer.aspx?bid=5>. Accessed August 17, 2015.
18. Florida CHARTS. *Adults Who Are Obese, By Sex*. <http://www.floridacharts.com/charts/Brfss/DataViewer.aspx?bid=5>. Accessed August 17, 2015.
19. Florida CHARTS. *Adults Who Are Obese, By Age Group*. <http://www.floridacharts.com/charts/Brfss/DataViewer.aspx?bid=5>. Accessed August 17, 2015.
20. Florida CHARTS. *Minority Health Profile-Black*. <http://www.floridacharts.com/charts/MinorityReport.aspx?ProfileYear=2013&county=58&tn=424>. Accessed August 17, 2015.
21. Florida CHARTS. *Minority Health Profile-Hispanic*. <http://www.floridacharts.com/charts/MinorityReportHisp.aspx?ProfileYear=2013&county=57&tn=425>. Accessed August 17, 2015.
22. Florida CHARTS. *Adults With Any Type of Health Care Insurance Coverage, Overall*. <http://www.floridacharts.com/charts/Brfss/DataViewer.aspx?bid=11>. Accessed August 18, 2015.
23. Florida CHARTS. *Adults Who Had a Medical Checkup in the Past Year, By Age Group*. <http://www.floridacharts.com/charts/Brfss/DataViewer.aspx?bid=11>. Accessed August 18, 2015.
24. Florida CHARTS. *Adults With Any Type of Health Care Insurance Coverage, By Annual Income*. <http://www.floridacharts.com/charts/Brfss/DataViewer.aspx?bid=11>. Accessed August 18, 2015.
25. Florida CHARTS. *Adults Who Engage in Heavy Binge Drinking*. <http://www.floridacharts.com/charts/Brfss/DataViewer.aspx?bid=10>. Accessed August 18, 2015.
26. Florida CHARTS. *Adults Who Engage in Heavy Binge Drinking, By Age Group*. <http://www.floridacharts.com/charts/Brfss/DataViewer.aspx?bid=10>. Accessed August 18, 2015.
27. Florida CHARTS. *Adults Who Engage in Heavy Binge Drinking, By Annual Income*. <http://www.floridacharts.com/charts/Brfss/DataViewer.aspx?bid=10>. Accessed August 18, 2015.
28. Suncoast Partnership to End Homelessness. *2015 Point-in-Time Community Report*. <http://suncoastpartnership.org/wp-content/uploads/2015/06/2015-Point-in-Time-Community-Report-Final1.pdf>. Accessed July 24, 2015.
29. Florida CHARTS. *Gonorrhea Cases*. <http://www.floridacharts.com/charts/OtherIndicators/NonVitalIndNoGrpDataViewer.aspx?cid=0143>. Accessed July 27, 2015.
30. FL CHARTS. *Bacterial STDs (Women 15-34)*. <http://www.floridacharts.com/charts/OtherIndicators/NonVitalIndNoGrpDataViewer.aspx?cid=0142>. Accessed July 27, 2015.
31. Florida CHARTS. *Fetal Deaths*. <http://www.floridacharts.com/charts/DataViewer/InfantDeathViewer/InfantDeathViewer.aspx?indNumber=0052>. Accessed September 9, 2015.
32. Florida CHARTS. *Infant Deaths*. <http://www.floridacharts.com/charts/DataViewer/InfantDeathViewer/InfantDeathViewer.aspx?indNumber=0053>. Accessed September 9, 2015.
33. Florida CHARTS. *Maternal Deaths*. <http://www.floridacharts.com/charts/DataViewer/InfantDeathViewer/InfantDeathViewer.aspx?indNumber=0392>. Accessed September 9, 2015.
34. Florida CHARTS. *Live Births Under 1500 Grams (Very Low Birth Weight)*. <http://www.floridacharts.com/charts/DataViewer/BirthViewer/BirthViewer.aspx?cid=0022>. Accessed September 9, 2015.
35. Florida CHARTS. *Live Births Under 2500 Grams (Low Birth Weight)*. <http://www.floridacharts.com/charts/DataViewer/BirthViewer/BirthViewer.aspx?cid=0021>. Accessed September 9, 2015.
36. Florida CHARTS. *Immunization Levels in Kindergarten*. <http://www.floridacharts.com/charts/OtherIndicators/NonVitalIndNoGrpDataViewer.aspx?cid=0075>. Accessed September 9, 2015.
37. Florida CHARTS. *Percent of Two Year Old Children Fully Immunized*. <http://www.floridacharts.com/charts/OtherIndicators/NonVitalIndRateOnlyDataViewer.aspx?cid=0081>. Accessed September 9, 2015.
38. Florida CHARTS. *All External Causes Deaths*. <http://www.floridacharts.com/charts/DataViewer/DeathViewer/DeathViewer.aspx?indNumber=0112>. Accessed September 14, 2015.
39. Florida CHARTS. *Unintentional Injuries Deaths*. <http://www.floridacharts.com/charts/DataViewer/DeathViewer/DeathViewer.aspx?indNumber=0109>. Accessed September 14, 2015.
40. Florida CHARTS. *Unintentional Drownings Deaths*. <http://www.floridacharts.com/charts/DataViewer/DeathViewer/DeathViewer.aspx?indNumber=0105>. Accessed September 14, 2015.
41. Florida CHARTS. *Unintentional Falls Deaths*. <http://www.floridacharts.com/charts/DataViewer/DeathViewer/DeathViewer.aspx?indNumber=0103>. Accessed September 14, 2015.
42. Florida CHARTS. County Health Profile. *Major Causes of Death by Race, Sarasota County*. <http://www.floridacharts.com/charts/CountyHealthProfile.aspx?county=58&reportYear=2013&tn=31>. Accessed August 24, 2015.
43. Healthy People 2020. *About Healthy People*. <http://www.healthypeople.gov/2020/About-Healthy-People>. Accessed July, 2015.
44. County Health Rankings and Roadmaps. *Sarasota, County Snapshot*. <http://www.countyhealthrankings.org/app/florida/2015/rankings/sarasota/county/outcomes/overall/snapshot>. Accessed July, 2015.
45. Sarasota County Government. *About Sarasota County*. <https://www.scgov.net/AboutSarasota/Pages/default.aspx>. Accessed July 22, 2015.
46. U.S. Census Bureau. *2009-2013 5-Year American Community Survey*. <http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk>. Accessed July 29, 2015.

# Florida Department of Health in Sarasota County Location List

1. **William L. Little Health and Human Services Center**

2200 Ringling Blvd  
 Sarasota, FL 34237  
 941-861-2900



2. **North Port Health Center**

6950 Outreach Way  
 North Port, FL 34287  
 941-861-3820



3. **Sally and Sam Shapiro Babies and Children's Medical Center**

1750 17th St  
 (at the Glasser Schoenbaum Human Services Center)  
 Building E  
 Sarasota, FL 34234  
 941-861-1400

4. **South County WIC Office**

North Port Family Services Center  
 6919 Outreach Way  
 North Port, FL 34287  
 941-861-3336

5. **Environmental Health - Sarasota Office**

1001 Sarasota Center Blvd  
 Sarasota, FL 34240  
 941-861-6133



6. **Venice (Vital Records and Environmental Health only)**

4000 S Tamiami Trail  
 (in the Robert L. Anderson Administration Center)  
 Venice, FL 34293  
 941-861-3528

7. **School Health– The Landings**

1960 Landings Blvd.  
 Sarasota, FL 34231  
 941-927-9000 x32101

