Executive Report

2015 PRC Child & Adolescent Health Needs Assessment

Miami-Dade, Broward & Palm Beach Counties, Florida

Prepared for:

Nicklaus Children's Hospital

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Introduction

Professional Research Consultants, Inc.

Project Overview

Project Goals

The goal of this 2015 PRC Child & Adolescent Health Needs Assessment is to gather data to assist in determining the health status, behaviors and needs of children and adolescents in the tri-county service area of Nicklaus Children's Hospital. This assessment was conducted by Professional Research Consultants, Inc. (PRC) on behalf of Nicklaus Children's Hospital (renamed in March 2015, and the flagship for Miami Children's Health System). PRC is a nationally-recognized healthcare consulting firm with extensive experience conducting Community Health Needs Assessments in hundreds of communities across the United States since 1994.

Methodology

This assessment incorporates data from both quantitative and qualitative sources. Quantitative data input includes primary research (the 2015 PRC Child & Adolescent Health Survey) and secondary research (vital statistics and other existing health-related data); these quantitative components allow for comparison to benchmark data at the state and national levels. Qualitative data input includes primary research gathered through an Online Key Informant Survey.

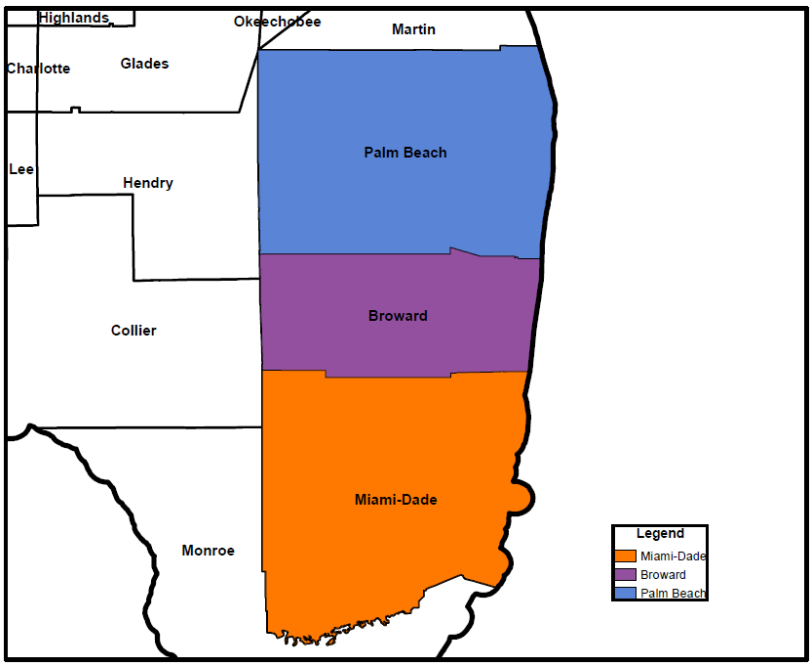
PRC Community Health Survey

Survey Instrument

The final survey instrument used for this study was developed by Nicklaus Children's Hospital and PRC.

Community Defined for This Assessment

The study area for the survey effort (referred to as the "Total Service Area" in this report) includes each of the residential ZIP Codes comprising Miami-Dade, Broward, and Palm Beach counties in Florida; this community definition was determined based on the areas from which most Nicklaus Children's Hospital patients originate. A geographic description is illustrated in the following map.

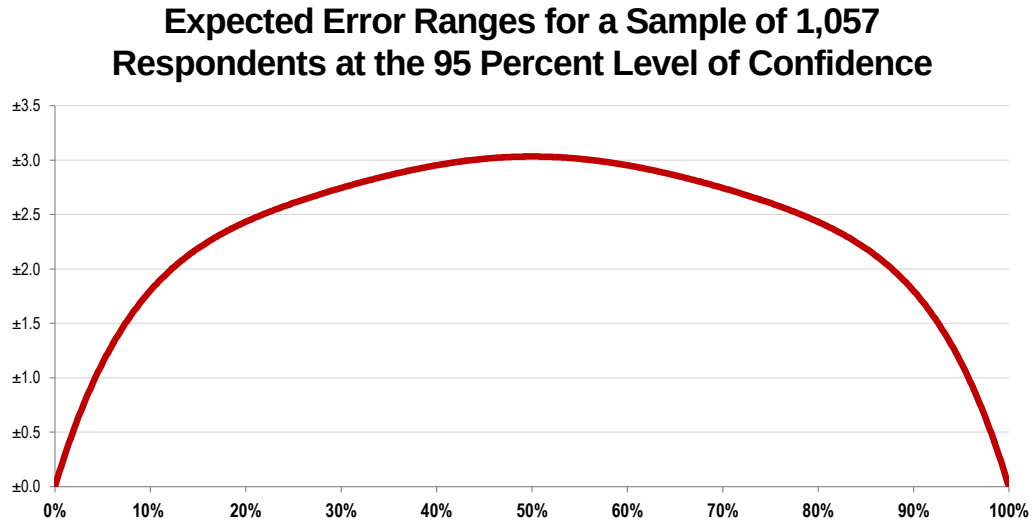


Sample Approach & Design

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

The sample design used for this effort consisted of a stratified random sample of 1,057 parents of children under 18 in the Nicklaus Children's Hospital Service Area. By geography, a total of 412 surveys were conducted in Miami-Dade County, 349 in Broward County and 296 in Palm Beach County. Once the interviews were completed, these were weighted in proportion to the actual child population distribution so as to appropriately represent the Nicklaus Children's Hospital Service Area as a whole. All administration of the surveys, data collection and data analysis was conducted by Professional Research Consultants, Inc. (PRC).

For statistical purposes, the maximum rate of error associated with a sample size of 1,057 respondents is ±3.0% at the 95 percent level of confidence.



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

Examples:
- If 10% of the sample of 1,057 respondents answered a certain question with a "yes," it can be asserted that between 8.2% and 11.8% (10% ± 1.8%) of the total population would offer this response.
- If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 47.0% and 53.0% (50% ± 3.0%) of the total population would respond "yes" if asked this question.

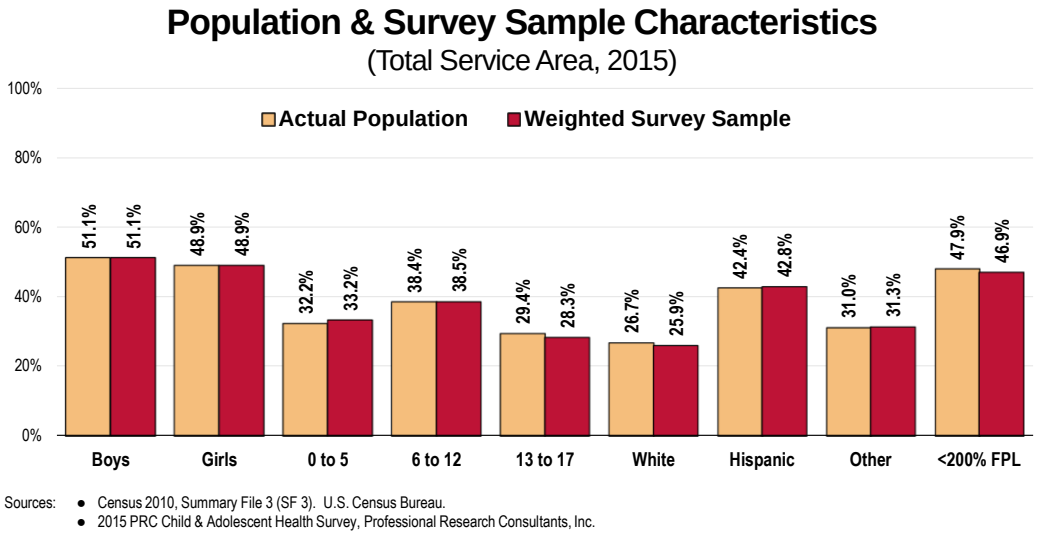
Respondent Selection

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

Sample Characteristics

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

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



Further note that the poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the Total Service Area Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household *(e.g., the 2014 guidelines place the poverty threshold for a family of four at $23,850 annual household income or lower)*. In sample segmentation: "very low income" refers to community members living in a household with defined poverty status; "low income" refers to households with incomes just above the poverty level, earning up to twice the poverty threshold; and "mid/high income" refers to those households living on incomes which are twice or more the federal poverty level. The sample design and the quality control procedures used in the data collection ensure that the sample is representative. Thus, the findings may be generalized to the total child and adolescent population of the Nicklaus Children's Hospital Service Area with a high degree of confidence.

Online Key Informant Survey

To solicit input from key informants, those individuals who have a broad interest in the health of the community, an Online Key Informant Survey was also implemented as part of this process. A list of recommended participants was provided by the sponsors of this study; this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary concerns among the families and children/adolescents with whom they work, as well as of the community overall.

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 144 community stakeholders took part in the Online Key Informant Survey, as outlined below:

Key Informant Type	Number Invited	Number Participating
Community/Business Leader	56	19
Other Health Provider	38	23
Physician	258	85
Public Health Representative	18	7
Social Service Provider	30	10

Final participation included representatives of the organizations outlined below.

- Alvis, PA
- Banyan Health Systems
- Baptist Children's Hospital
- Borinquen Medical Centers
- Catholic Hospice
- Citrus Health Network
- City of Hialeah Fire Department
- City of Miami Fire Rescue
- Collier County Public Schools
- Department of Pathology and Clinical Lab, Nicklaus Children's Hospital
- El Sol Jupiter Neighborhood Resource Center
- Florida Blue
- Florida International University
- Florida International University- School of Social Work
- Florida Poison Information Center - Miami
- Golisano Children's Hospital of Southwest Florida
- Group Pediatric Office
- Handal-Saca Pediatrics
- Jehovah's Witnesses
- Jessie Trice Community Health Center
- Jorge Mas Canosa Middle School
- Kids Quality Therapy
- Live Like Bella Childhood Cancer Foundation

- March of Dimes
- Miami Beach Community Health Center (MBCHC)
- Miami Children's Health System
- Miami Dade
- Miami Dade College
- Miami-Dade Fire Rescue
- Monroe County School District
- Neuro Network Partners (NNP)
- Nicklaus Children's Hospital
- Nicklaus Children's Dan Marino Outpatient Center
- Nicklaus Children's Doral Outpatient Center
- Nora Daniel
- Nova Southeastern University
- Palm Beach State College Center for Early Learning
- Pediatric Associates
- Pediatric Office
- Pediatric Infectious Diseases LLC
- Physicians to Children
- Prime Care Medical Center
- Rub Pediatrics
- South Florida Hispanic Chamber of Commerce
- South Florida Pediatric Partners (SFPP)
- The Children's Trust of Miami-Dade County
- The Dan Marino Foundation
- The School District of Palm Beach County

Through this process, input was gathered from several individuals whose organizations work with **low-income, minority populations** (including adopted children, African-Americans, Albanians, American Indians, Asians, biologically and socially at-risk infants and children, Caribbean people, Central Americans, children with autism, children with chronic medical problems, children with special needs, Cubans, the disabled, Dominicans, Europeans, foster children, grandparents raising grandchildren, Haitians, Hispanics, the homeless, immigrants, inner-city youth, international, children with lack of parental involvement, LGBT community, those with low education, low income residents, Medicare/Medicaid beneficiaries, the mentally ill, people of Middle Eastern decent, non-English speaking persons, Non-Whites, school-aged children, single parents, South Americans, the undocumented, the unemployed, the uninsured/underinsured, victims of human trafficking, people from the Virgin Islands), or other **medically underserved populations** (including African-Americans, children with autism, children with chronic medical problems, children with special needs, children with substance abuse issues, the disabled, family and individual counseling centers, foster children, Haitians,

Hispanics, the homeless, immigrants, persons that lack dental care, persons that lack transportation, LGBT community, low income residents, Medicare/Medicaid beneficiaries, the mentally ill, the undocumented, the uninsured/underinsured).

In the online survey, key informants were asked to rate the degree to which various children's health issues are a problem in their own community. Follow-up questions asked them to describe why they identify problem areas as such, and how these might be better addressed. Results of their ratings, as well as their verbatim comments, are included throughout this report as they relate to the various other data presented.

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

Public Health, Vital Statistics & Other Data

A variety of existing (secondary) data sources was consulted to complement the research quality of this Community Health Needs Assessment. Data for the Nicklaus Children's Hospital Service Area were obtained from the following sources (specific citations are included with the graphs throughout this report):

- Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Division for Adolescent and School Health
- Centers for Disease Control & Prevention, Office of Public Health Science Services, Center for Surveillance, Epidemiology and Laboratory Services, Division of Health Informatics and Surveillance (DHIS)
- Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics
- Community Commons
- ESRI ArcGIS Map Gallery
- Florida Department of Health, Division of Public Health Statistics & Performance Management
- OpenStreetMap (OSM)
- US Census Bureau, Decennial Census
- US Department of Health & Human Services

Note that secondary data are compared to state and national data where available.

Benchmark Data

National Data

National survey data, which are provided in comparison charts, are taken from the *2014 PRC National Child & Adolescent Health Survey*; the methodological approach for the national

study is similar to that employed in this assessment, and these data may be generalized to the population of American children and youth with a high degree of confidence. National-level vital statistics are also provided for comparison of secondary data indicators.

Healthy People 2020

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

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

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

Determining Significance

Differences noted in this report represent those determined to be significant. For survey-derived indicators (which are subject to sampling error), statistical significance is determined based on confidence intervals (at the 95 percent confidence level) using question-specific samples and response rates. For secondary data indicators (which do not carry sampling error, but might be subject to reporting error), "significance," for the purpose of this report, is determined by a 5% variation from the comparative measure.

Information Gaps

While this assessment is quite comprehensive, it cannot measure all possible aspects of child/adolescent health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community's health needs.

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

In terms of content, this assessment was designed to provide a comprehensive and broad

picture of the health of children and adolescents in the overall community. However, there are certainly a great number of medical conditions that are not specifically addressed.

Summary of Findings

Significant Health Needs of the Community

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

Areas of Opportunity Identified Through This Assessment	

Access to Healthcare Services	• Difficulty Accessing Children's Healthcare
	  ○ Inconvenient Office Hours
	  ○ Cost of Prescriptions
	  ○ Cost of Physician Visits
	  ○ Appointment Availability
	  ○ Finding a Physician
	  ○ Lack of Transportation
	  ○ Culture/Language Difference
	• Insurance Stability
	• Linguistic Isolation
	• Access to Specialty Care
	• Emergency Room Utilization
	• Relying on the Internet for Healthcare Info
	• *Health Disparities ranked as a top concern in the Online Key Informant Survey.*

Asthma & Other Respiratory Conditions	• Hospitalizations Due to Asthma
	• Loss of Productivity Due to Asthma
	  ○ Child Missed School
	  ○ Parent Missed Work
	• Environmental Tobacco Smoke Exposure at Home

Diabetes	• Childhood Diabetes Prevalence
Injury & Violence	• Safety Seat/Seat Belt Usage • Neighborhood Safety • Children Feeling Unsafe at School
Mental Health	• Parental Awareness of Local Resources • Diagnosed Depression • Child Has Difficulty Sleeping • *Mental and Emotional Health ranked as a top concern in the Online Key Informant Survey.* • Autism Prevalence • Learning Disabilities • ADD/ADHD Prevalence • *Cognitive and Behavioral Conditions ranked as a top concern in the Online Key Informant Survey.*

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Areas of Opportunity (continued)	
Nutrition, Physical Activity & Weight	• Fruit/Vegetable Consumption • Difficulty Accessing Fresh Produce • Physical Activity • Screen Time • Overweight & Obesity • *Nutrition, Physical Activity, and Weight ranked as a top concern in the Online Key Informant Survey.*
Oral Health	• Regular Dental Care • Children Receiving Dental Sealants
Potentially Disabling Conditions	• Activity Limitations • Food/Digestive Allergies • Bone/Joint/Muscle Conditions • Epilepsy/Seizure Disorder Prevalence

Substance Abuse	• Current Drinking [High Schoolers]
	• Drinking & Driving [High Schoolers]
	• Lifetime Illicit Drug Use [High Schoolers]
	  ○ Ecstasy
	  ○ Injection Drugs
	• *Substance Abuse ranked as a top concern in the Online Key Informant Survey.*

Vison, Hearing & Speech Conditions	• Hearing Problems • Vision Problems

Prioritization of Health Needs

On December 8, 2015, approximately 33 individuals (representing county and local public health officers, community and business leaders, social service providers, as well as internal stakeholders of Nicklaus Children's Hospital) met to evaluate, discuss and prioritize health issues for children in the community, based on findings of the 2015 PRC Community Health Needs Assessment (CHNA). Professional Research Consultants, Inc. (PRC) began the meeting with a presentation of key findings from the assessment, highlighting the significant health issues identified from the research (see Areas of Opportunity above).

Following the data review, PRC answered any questions and facilitated a group dialogue, allowing participants to advocate for any of the health issues discussed. Finally, participants were provided an overview of the prioritization exercise that followed.

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

- **Scope & Severity** — The first rating was to gauge the magnitude of the problem in consideration of the following:
    - How many children are affected?
    - How does the local community data compare to state or national levels, or Healthy People 2020 targets?
    - To what degree does each health issue lead to death or disability, impair quality of life, or impact other health issues?

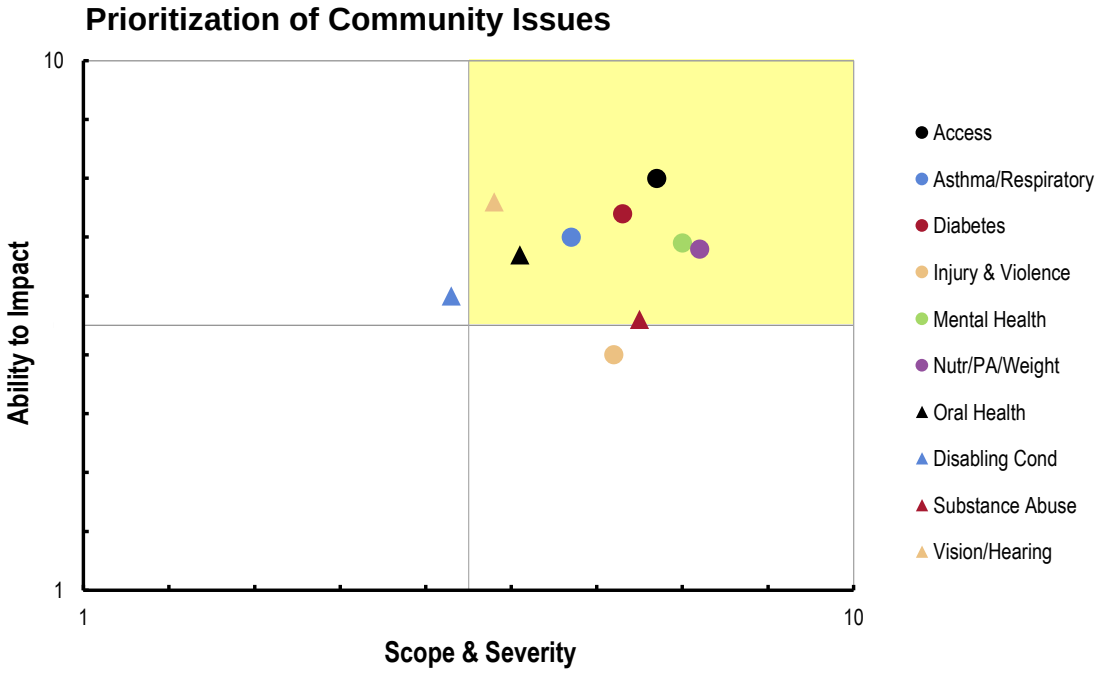
  Ratings were entered on a scale of 1 (not very prevalent at all, with only minimal health consequences) to 10 (extremely prevalent, with very serious health consequences).

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

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

1. **Access to Healthcare Services**
2. **Nutrition, Physical Activity & Weight**
3. **Mental Health**
4. **Diabetes**
5. **Asthma & Other Respiratory Conditions**
6. **Vision, Hearing & Speech Conditions**
7. **Substance Abuse**
8. **Oral Health**
9. **Injury & Violence**
10. **Potentially Disabling Conditions**

Plotting these overall scores in a matrix illustrates the intersection of the Scope & Severity and the Ability to Impact scores. Below, those issues placing in the upper right (shaded) quadrant, and especially those nearest the upper right corner, represent health needs rated as most severe, with the greatest ability to impact.



While the hospital will likely not implement strategies for all of these health issues, the results of this prioritization exercise will be used to inform the development of Nicklaus Children's Hospital's Implementation Strategy to address the top health needs of children and youth in the community in the coming years.

Summary Tables: Comparisons With Benchmark Data

The following tables provide an overview of child and adolescent health indicators in the Total Service Area, including comparisons among the individual counties.

Reading the Summary Tables

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

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

The columns to the right of the Total Service Area column provide comparisons between local data and any available state and national findings, and Healthy People 2020 targets. Again, symbols indicate whether the Total Service Area compares favorably (), unfavorably (), or comparably () to these external data.

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

Overall Health	Each County vs. Others: Miami-Dade County	Broward County	Palm Beach County	Total Service Area	Total Service Area vs. Benchmarks: vs. FL	vs. US	vs. HP2020
% [Age 0-17] Child's Overall Health Is "Fair/Poor"	5.2	1.8	3.7	3.8		2.3	
% [Age 0-17] Child's Activities/Abilities Limited Due to Health Condition	15.4	10.7	16.3	14.1		6.9	
% [Age 5-17] Missed 10+ School Days Last Yr Due to Illness/Injury	5.2	3.8	5.6	4.7		6.1	

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

better similar worse

Access to Health Services	Each County vs. Others: Miami-Dade County	Broward County	Palm Beach County	Total Service Area	Total Service Area vs. Benchmarks: vs. FL	vs. US	vs. HP2020
% [Age 0-17] Child Is Uninsured	8.4	9.0	6.2	8.1		6.5	0.0
% [Insured Child] Child Went Without Insurance in Past Year	14.0	13.0	15.7	14.1		7.1	
% [Age 0-17] Difficulties Accessing Child's Healthcare (Composite)	41.9	31.3	41.0	38.2		29.4	
% [Age 0-17] Difficulty Finding Physician for Child in Past Year	16.0	10.1	12.5	13.3		5.7	

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

better similar worse

Access to Health Services (continued)	Each County vs. Others: Miami-Dade County	Broward County	Palm Beach County	Total Service Area	Total Service Area vs. Benchmarks: vs. FL	vs. US	vs. HP2020
% [Age 0-17] Difficulty Getting Appointment for Child in Past Year	22.7	15.0	19.9	19.6		11.5	
% [Age 0-17] Cost Prevented Child's Dr Visit in Past Year	15.2	11.5	13.3	13.6		6.3	
% [Age 0-17] Transportation Hindered Child's Dr Visit in Past Year	12.2	8.2	9.5	10.3		4.1	
% [Age 0-17] Inconvenient Hrs Prevented Child's Dr Visit in Past Year	20.7	17.1	18.1	18.9		14.2	
% [Age 0-17] Cost Prevented Getting Child's Prescription in Past Year	12.2	9.6	10.7	11.0		5.5	
% [Age 0-17] Culture Difference Prevented Child's Dr Visit in Past Year	6.0	6.1	5.0	5.8		0.8	
% Linguistically Isolated Population	20.7	7.9	8.1	13.7	6.7	4.8	
% Child Needed to See a Specialist in the Past Year	49.9	38.6	43.5	44.8		24.2	
% [Child Needing Care] "Major/Moderate" Problem Getting Specialty Care	43.1	38.8	40.9	41.4		32.3	
% [Age 0-17] Child Has a Specific Source of Care	86.8	87.2	91.7	88.0		89.3	100.0

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

better similar worse

Access to Health Services (continued)	Each County vs. Others: Miami-Dade County	Broward County	Palm Beach County	Total Service Area	Total Service Area vs. Benchmarks: vs. FL	vs. US	vs. HP2020
% [Age 0-17] Child Has Had Routine Checkup in Past Year	92.5	90.1	94.7	92.3		85.3	
% [Age 0-17] Child Has Had 2+ ER Visits in Past Year	21.2	12.8	9.4	15.8		7.1	
% [Age 0-17] Child Used Some Type of UCC in the Past Year	42.5	27.6	36.0	36.0		28.6	
% [Parents] Feel Need to Leave the Area for Children's Health Svcs	30.5	25.1	25.6	27.7		27.2	
Total Licensed Dentists per 100,000 population	60.9	71.3	72.2	71.3	53.8		
Total Licensed Pediatricians per 100,000 population	33.4	26.0	19.8	26.0	23.0		
Child and Adolescent Psychiatric Beds per 100,000	3.2	1.9	2.0	2.0	2.7		

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

better similar worse

Allergies	Each County vs. Others: Miami-Dade County	Broward County	Palm Beach County	Total Service Area	Total Service Area vs. Benchmarks: vs. FL	vs. US	vs. HP2020
% [Age 0-17] Child Has Respiratory Allergies	24.6	14.3	17.2	19.5		17.8	
% [Age 0-17] Child Has Food/Digestive Allergies	15.3	9.9	13.1	13.0		8.8	
% [Age 0-17] Child Has Eczema/Skin Allergies	26.4	27.3	21.8	25.6		22.5	

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

better similar worse

Asthma	Each County vs. Others: Miami-Dade County	Broward County	Palm Beach County	Total Service Area	Total Service Area vs. Benchmarks: vs. FL	vs. US	vs. HP2020
% [Age 0-17] Child Currently Has Asthma	14.2	12.5	12.1	13.2		11.6	
% [Age 0-17 With Asthma] ER/Urgent Care for Child's Asthma in Past Year				51.9		46.8	
% [Age 0-17 With Asthma] Child Hospitalized for Asthma in Past Year				27.1		0.6	
% [Age 5-17 With Asthma] Child Missed School Due to Asthma in Past Year				56.4		39.2	

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

better similar worse

Asthma (continued)	Each County vs. Others: Miami-Dade County	Broward County	Palm Beach County	Total Service Area	Total Service Area vs. Benchmarks: vs. FL	vs. US	vs. HP2020
% [Age 0-17 With Asthma] Parent Missed Work Due to Child's Asthma in Past Year				59.3		29.4	

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

better similar worse

Bone, Joint & Muscle Disorders	Each County vs. Others: Miami-Dade County	Broward County	Palm Beach County	Total Service Area	Total Service Area vs. Benchmarks: vs. FL	vs. US	vs. HP2020
% [Age 0-17] Child Has Bone/Joint/Muscle Problems	9.8	7.3	6.9	8.3		6.0	

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

better similar worse

Cancer	Each County vs. Others: Miami-Dade County	Broward County	Palm Beach County	Total Service Area	Total Service Area vs. Benchmarks: vs. FL	vs. US	vs. HP2020
[Age 1-5] Cancer Incidence per 100,000	22.5	22.4	15.3	22.4	20.9		

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

better similar worse

Cognitive & Behavioral Disorders	Each County vs. Others: Miami-Dade County	Broward County	Palm Beach County	Total Service Area	Total Service Area vs. Benchmarks: vs. FL	vs. US	vs. HP2020
% [Age 5-17] Child Has Autism	4.4	4.3	6.0	4.7		worse 1.4	
% [Age 0-17] Child Has Learning Disability	13.7	9.4	11.7	11.8		worse 8.0	
% [Age 0-17] Child Has Developmental Delays	9.2	7.3	9.8	8.7		similar 6.8	
% [Age 0-17] Child Has ADD/ADHD	worse 13.8	9.2	10.5	11.6		worse 8.7	
% [Age 5-17] Child Has Behavioral/Conduct Problems	6.6	4.1	4.3	5.2		similar 3.7	

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

better similar worse

Diabetes	Each County vs. Others: Miami-Dade County	Broward County	Palm Beach County	Total Service Area	Total Service Area vs. Benchmarks: vs. FL	vs. US	vs. HP2020
% [Age 0-17] Child Has Diabetes/High Blood Sugar	4.6	2.6	3.6	3.7		worse 0.7	
[Age 5-11] Diabetes Hospitalizations per 100,000	43.1	better 39.6	43.9	43.1	similar 43.2		

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

better similar worse

Diabetes (continued)	Each County vs. Others: Miami-Dade County	Broward County	Palm Beach County	Total Service Area	Total Service Area vs. Benchmarks: vs. FL	vs. US	vs. HP2020
[Age 12-18] Diabetes Hospitalizations per 100,000	119.5	117.2	92.0	117.2	122.4		

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

Health Education	Each County vs. Others: Miami-Dade County	Broward County	Palm Beach County	Total Service Area	Total Service Area vs. Benchmarks: vs. FL	vs. US	vs. HP2020
% Rely on the Internet for Healthcare Information	15.3	13.2	17.4	15.1		9.6	
% Parents Not at All Likely to Allow Child into a Clinical Research Trial	48.4	57.6	55.7	53.0			
% Parent Recognizes the Term "Personalized Medicine"	25.0	26.1	31.5	26.8			
% Parent Recognizes the Term "Precision Medicine"	12.9	14.9	13.1	13.6			
% Parent Recognizes the Term "Genomic Medicine"	14.2	14.3	14.3	14.3			
% Mostly Negative Reaction to Description of Personalized or Precision Medicine	6.8	4.2	4.7	5.5			

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

Immunization	Each County vs. Others: Miami-Dade County	Broward County	Palm Beach County	Total Service Area	Total Service Area vs. Benchmarks: vs. FL	vs. US	vs. HP2020
Vaccine-Preventable Disease per 100,000	1.9	2.2	2.9	2.2	5.8		
% 2 Year Olds Fully Immunized	85.0	81.7	86.2	85.0	85.7		
% Would Not Want New Baby to Have All Recommended Vaccines	10.9	11.2	11.8	11.2		11.6	
% Parent Would Not Want Teenager to Get HPV Vaccine	19.0	23.3	19.3	20.5			

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

better similar worse

Injury & Safety	Each County vs. Others: Miami-Dade County	Broward County	Palm Beach County	Total Service Area	Total Service Area vs. Benchmarks: vs. FL	vs. US	vs. HP2020
% [Age 0-17] Child Has Sustained Injury Requiring Treatment in Past Year	13.5	10.2	15.1	12.8		10.6	
[Age 5-11] Child Passengers Injured/Killed in Motor Vehicle Crashes per 100,000	378.3	399.6	325.2	378.3	405.4		
[Age 12-18] Child Passengers Injured/Killed in Motor Vehicle Crashes per 100,000	509.8	508.7	466.8	508.7	540.5		

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

better similar worse

Injury & Safety (continued)	Each County vs. Others: Miami-Dade County	Broward County	Palm Beach County	Total Service Area	Total Service Area vs. Benchmarks: vs. FL	vs. US	vs. HP2020
[Age 5-11] Head Injury Deaths per 100,000	0.6	0.9	0.3	0.6	1.3		
[Age 12-18] Head Injury Deaths per 100,000	5.2	4.7	5.8	5.2	6.6		
% [Age 0-17] Child "Always" Uses Seat Belt/Car Seat	87.7	89.1	93.4	89.5		95.7	
% [Age 5-17] Child "Always" Wear a Bike Helmet	38.9	49.2	44.0	43.5		46.5	
% [Age 5-17] Child "Always" Wear a Skateboard/Scooter/Rollerblade Helmet	31.8	40.0	30.6	34.2		37.4	
% [Age 0-17] Neighborhood Is "Slightly" or "Not At All" Safe	21.1	15.8	18.7	18.9		14.2	
% [Age 5-17] Child Missed School in Past Year Because Felt Unsafe	13.1	11.9	6.5	11.2		5.0	
% [Age 5-17] Bullied on School Property in the Past Year	17.3	16.5	18.0	17.2		16.1	
% [Age 5-17] Child Electronically Bullied in Past Year	9.4	4.8	5.6	7.0		7.5	

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

Injury & Safety (continued)	Each County vs. Others: Miami-Dade County	Broward County	Palm Beach County	Total Service Area	Total Service Area vs. Benchmarks: vs. FL	vs. US	vs. HP2020
[Grades K-12] Violent Acts in School Activities per 1,000 Students	22.1	11.8	14.1	14.1	11.6		
[Age 5-11] Child Abuse per 100,000	688.9	1183.2	999.8	999.8	1119.0		

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

better similar worse

Mental & Emotional Health	Each County vs. Others: Miami-Dade County	Broward County	Palm Beach County	Total Service Area	Total Service Area vs. Benchmarks: vs. FL	vs. US	vs. HP2020
% [Age 5-17] Child's Mental Health Is "Fair/Poor"	8.4	6.8	7.8	7.7		5.5	
% [Age 5-17] Parent Aware of Community Mental Health Resources	51.6	49.1	50.1	50.4		65.0	
% [Age 5-17] Needed Mental Health Svcs in the Past Yr	10.1	9.7	15.6	11.2		10.8	
% [Age 5-17] Child Unable to Get Needed Mental Health Svcs in Past Year				20.4		19.3	

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

better similar worse

Mental & Emotional Health (continued)	Each County vs. Others: Miami-Dade County	Broward County	Palm Beach County	Total Service Area	Total Service Area vs. Benchmarks: vs. FL	vs. US	vs. HP2020
% [Age 5-17] Child Has Ever Taken Rx for Mental Health	9.9	7.0	7.1	8.3		6.9	
% [Age 5-17] Ever Hospitalized for Mental Health Issue	2.5	3.5	1.8	2.7			
% [Age 5-17] Child Worries A Lot	28.7	22.3	31.2	27.1		23.0	
% [Age 5-17] Child Has Anxiety	9.6	5.3	11.9	8.7		7.9	
% [Age 5-17] Child Has Difficulty Sleeping	16.2	17.3	17.9	16.9		13.2	
% [Age 5-17] Child Had Symptoms of Depression in Past Year	5.9	5.1	5.9	5.6		4.9	
% [Age 5-17] Child Has Depression	5.6	6.2	7.5	6.2		2.6	
% [High Schoolers] Attempted Suicide in Past Year	6.8	8.3	8.3	8.3	7.7	8.0	

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

better similar worse

Mortality	Each County vs. Others: Miami-Dade County	Broward County	Palm Beach County	Total Service Area	Total Service Area vs. Benchmarks: vs. FL	vs. US	vs. HP2020
[Age 1-4] Mortality Rate per 100,000				23.3	29.8	26.0	25.7
[Age 5-9] Mortality Rate per 100,000				10.0	11.9	11.7	12.3
[Age 10-14] Mortality Rate per 100,000				14.3	14.2	14.1	15.2
[Age 15-19] Mortality Rate per 100,000				44.9	47.8	47.0	55.7

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

better similar worse

Neurological Disorders	Each County vs. Others: Miami-Dade County	Broward County	Palm Beach County	Total Service Area	Total Service Area vs. Benchmarks: vs. FL	vs. US	vs. HP2020
% [Age 0-17] Child Has Migraines/Severe Headaches	7.9	7.4	8.1	7.8		6.7	
% [Age 0-17] Child Has Brain Injury/Concussion	2.6	1.7	5.1	2.9		3.9	
% [Age 0-17] Child Has Epilepsy/Seizure Disorder	4.3	3.2	3.1	3.7		0.8	

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

better similar worse

Nutrition & Weight	Each County vs. Others: Miami-Dade County	Broward County	Palm Beach County	Total Service Area	Total Service Area vs. Benchmarks: vs. FL	vs. US	vs. HP2020
% [Age 2-17] Child Has 5+ Servings of Fruits/Vegetables per Day	33.8	33.0	35.1	33.8		41.8	
% "Very/Somewhat" Difficult to Buy Fresh Produce	36.0	34.1	31.4	34.4		28.2	
% [Age 2-17] Child Ate 3+ Fast Food Meals in Past Week	21.0	23.0	17.3	20.7		22.0	
% [Age 2-17] Ate 7+ Meals Together as a Family in Past Week	64.3	62.6	67.5	64.7		75.3	
% [Age 5-17] Child Is Overweight or Obese	38.6	33.2	44.1	38.1		31.1	
% [Age 5-17] Child Is Obese	23.3	20.3	24.1	22.5		14.4	14.5
% [Overweight Kids 5-17] Perceive Child "About the Right Weight"				54.5		57.3	
% [Parents] Have Been Told That Overwt Child [5-17] Is Overweight				19.9		16.3	

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

better similar worse

Oral Health	Each County vs. Others: Miami-Dade County	Broward County	Palm Beach County	Total Service Area	Total Service Area vs. Benchmarks: vs. FL	vs. US	vs. HP2020
% [Age 2-17] Child Has Had a Dental Visit in Past Year	76.8	76.7	82.9	78.0		84.9	49.0
% [Age 6-17] Child Has Had Dental Sealants	25.2	40.7	42.4	34.2		46.8	

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

better similar worse

Physical Activity	Each County vs. Others: Miami-Dade County	Broward County	Palm Beach County	Total Service Area	Total Service Area vs. Benchmarks: vs. FL	vs. US	vs. HP2020
% [Age 2-17] Child Was Physically Active One Hour/Day in Past Week	37.2	34.8	40.7	37.2		43.2	
% [Age 2-17] Participates in Vigorous Physical Activity	64.0	60.1	65.6	63.1		69.1	
% [Age 2-17] Participates in Moderate Physical Activity	53.7	50.7	58.8	53.9		49.3	
% [Age 5-17] Child Watches 3+ Hours of TV per Day	38.4	40.7	39.5	39.4			
% [Age 5-17] Child Has a TV in Bedroom	58.2	58.1	41.6	54.5		41.3	

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

better similar worse

Physical Activity (continued)	Each County vs. Others: Miami-Dade County	Broward County	Palm Beach County	Total Service Area	Total Service Area vs. Benchmarks: vs. FL	vs. US	vs. HP2020
% [Age 5-17] Child Has 3+ Hours of Electronic Use per Day	40.4	46.4	37.6	41.8			
% [Age 5-17] Has Computer/Device in the Bedroom	54.6	60.4	53.5	56.3		39.4	
% [Age 5-17] Child Has 3+ Hours of Total Screen Time per Day	69.4	72.2	69.8	70.4		63.8	

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

better similar worse

Prenatal & Infant Health	Each County vs. Others: Miami-Dade County	Broward County	Palm Beach County	Total Service Area	Total Service Area vs. Benchmarks: vs. FL	vs. US	vs. HP2020
% No Prenatal Care in First Trimester	18.2	27.4	30.6	23.8	26.6		22.1
% Mother Had Problems Getting Prenatal Care	9.5	7.0	5.2	7.7			
% Parent Selected Pediatrician Before Child's Birth	68.7	69.8	73.1	70.1			
% of Low Birthweight Births	8.6	9.3	8.7	8.9	8.6	8.0	7.8

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

better similar worse

Prenatal & Infant Health (continued)	Each County vs. Others: Miami-Dade County	Broward County	Palm Beach County	Total Service Area	Total Service Area vs. Benchmarks: vs. FL	vs. US	vs. HP2020
Infant Death Rate	4.6	5.6	5.1	5.0	6.2	6.0	6.0
% [Age 0-17] Child Was Ever Breastfed	73.4	74.4	72.4	73.5		69.4	81.9
% Exclusively Breastfed Until 6 Months	27.7	23.4	28.6	26.5		27.2	25.5

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

better similar worse

Sexual Activity	Each County vs. Others: Miami-Dade County	Broward County	Palm Beach County	Total Service Area	Total Service Area vs. Benchmarks: vs. FL	vs. US	vs. HP2020
[All Ages] Gonorrhea Incidence per 100,000	91.3	142.0	81.4	91.3	105.4		
[All Ages] Chlamydia Incidence per 100,000	406.1	496.6	351.1	406.1	425.3		
% Births to Teenagers (Under Age 20)	5.6	5.3	5.9	5.6	7.4	7.8	
% [High Schoolers] Currently Sexually Active	31.8	28.2	32.6	31.8	30.6	34.0	

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

better similar worse

Sexual Activity (continued)	Each County vs. Others: Miami-Dade County	Broward County	Palm Beach County	Total Service Area	Total Service Area vs. Benchmarks: vs. FL	vs. US	vs. HP2020
% [Sexually Active High Schoolers] Did Not Use Condom	33.6	30.0	34.2	33.6	37.6	40.9	
% [Sexually Active High Schoolers] Did Not Use Any Birth Control	14.9	12.0	11.8	12.0	12.6	13.7	

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

better similar worse

Special Health Needs	Each County vs. Others: Miami-Dade County	Broward County	Palm Beach County	Total Service Area	Total Service Area vs. Benchmarks: vs. FL	vs. US	vs. HP2020
% [Age 0-17] Child Has Special Health Need	68.8	60.1	69.5	66.2		68.3	
% [Age 0-17] Chronic Condition Requiring Meds or Special Therapy	27.9	22.5	23.9	25.2		28.1	

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

better similar worse

Substance Abuse	Each County vs. Others: Miami-Dade County	Broward County	Palm Beach County	Total Service Area	Total Service Area vs. Benchmarks: vs. FL	vs. US	vs. HP2020
% [High Schoolers] Drank Alcohol in Past Month	38.5	29.7	38.7	38.5	34.8	34.9	
% [High Schoolers] Drove When Drinking in Past Month	10.9	6.7	10.9	10.9	9.9	10.0	
% [High Schoolers] Used Marijuana in Past Month	19.8	22.9	27.8	22.9	22.0	23.4	
% [High Schoolers] Ever Used Marijuana	34.6	38.0	44.2	38.0		40.7	
% [High Schoolers] Ever Used Prescription Drugs (Not Rx)	11.3	12.2	14.6	12.2		17.8	
% [High Schoolers] Ever Used Inhalants	6.0	6.5	10.1	6.5		8.9	
% [High Schoolers] Ever Used Ecstasy	10.3	7.7	14.5	10.3		6.6	
% [High Schoolers] Ever Used Cocaine (Any Form)	5.3	4.9	7.8	5.3		5.5	
% [High Schoolers] Ever Used Steroids (Not Rx)	2.4	2.6	6.0	2.6		3.2	
% [High Schoolers] Ever Used Methamphetamines	2.4	3.0	7.2	3.0		3.2	

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

better similar worse

Substance Abuse (continued)	Each County vs. Others: Miami-Dade County	Broward County	Palm Beach County	Total Service Area	Total Service Area vs. Benchmarks: vs. FL	vs. US	vs. HP2020
% [High Schoolers] Ever Used Heroin	1.9	2.3	5.7	2.3		2.2	
% [High Schoolers] Ever Used Injection Drugs	1.6	2.2	6.1	2.2		1.7	
% Parent Aware of Community Substance Abuse Resources for Children	47.5	44.2	42.8	45.4			
% Substance Abuse Resources in Community for Children are "Fair/Poor"	25.4	24.4	12.9	22.4			

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

better similar worse

Tobacco	Each County vs. Others: Miami-Dade County	Broward County	Palm Beach County	Total Service Area	Total Service Area vs. Benchmarks: vs. FL	vs. US	vs. HP2020
% [Age 0-17] Household Member Smokes Inside the Home	8.9	5.2	5.1	6.8		3.7	
% [High Schoolers] Smoked Cigarettes in Past Month	7.5	5.8	10.2	7.5	10.8	15.7	

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

better similar worse

Vision, Hearing & Speech	Each County vs. Others: Miami-Dade County	Broward County	Palm Beach County	Total Service Area	Total Service Area vs. Benchmarks: vs. FL	vs. US	vs. HP2020
% [Age 0-17] Child Has Vision Problems	11.5	11.1	5.4	10.0		2.5	
% [Age 0-17] Child Has Hearing Problems	9.3	7.1	8.2	8.3		4.9	
% [Age 0-17] Child Has Speech/Language Problems	14.0	12.8	17.2	14.3		11.9	
% [Age 0-17] Child Has Had 3+ Ear Infections (Ever)	14.5	17.2	21.3	17.0		23.5	
% [Age 0-17] Child Has Had an Eye Exam in the Past 3 Years	82.7	80.9	79.0	81.3		78.8	
% [Age 0-17] Child Has Had Hearing Tested in the Past 5 Years	86.0	85.0	90.5	86.7		84.9	

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

better similar worse

Perceptions of Top Health Issues

Professional Research Consultants, Inc.

Child Health

Perceived Top Health Issues

The interrelated issues of <u>obesity, nutrition and exercise</u> received the largest share of responses (25.7%) as the perceived number-one health issue for children under the age of 12 among parents of children in that age group. Colds/flu was a close second with 24.3% of responses.

- Respondents also frequently identified **allergies** (5.5%) and **asthma** (3.7%).

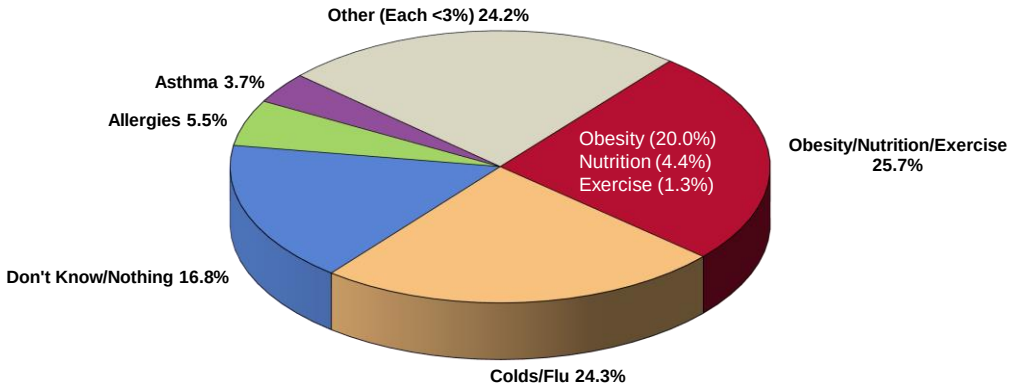
The initial inquiry of the PRC Child & Adolescent Health Survey asked respondents the following:

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

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

Perceived Number-One Health Issue Affecting Children Under 12 in the Community

(Among Total Service Area Parents With a Child Age 0-11, 2015)



Sources: ● 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 7]
Notes: ● Reflects respondents with a child under age 12 in the household.

Perceived Availability of Resources

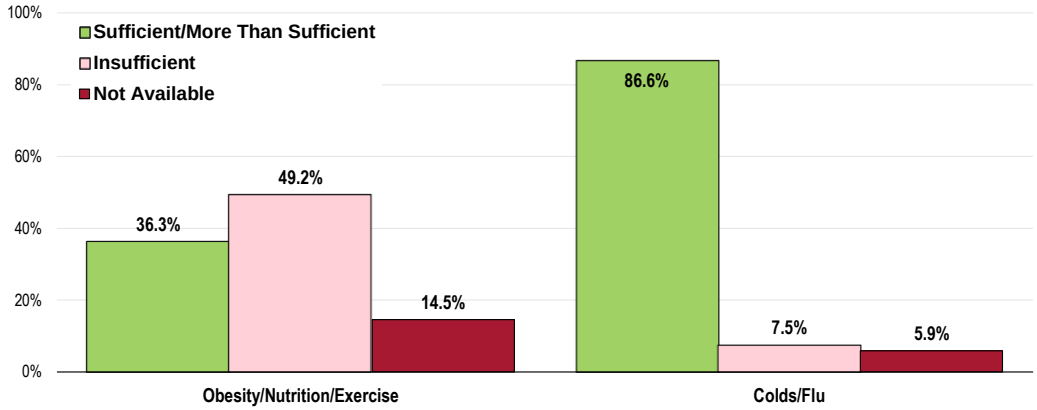
Respondents were further asked to identify their perceptions of the availability of resources in the community to address that issue that they identified as the number-one concern.

Those who mentioned obesity, nutrition or exercise as the top children's health issue largely see community resources as insufficient (or non-existent) to address these problems.

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

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

(By Perceived Primary Health Issue; Total Service Area, 2015)



Sources: • 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 8]
Notes: • Among respondents with children under age 12 who identified a top health concern.

Adolescent Health

Perceived Top Health Issues

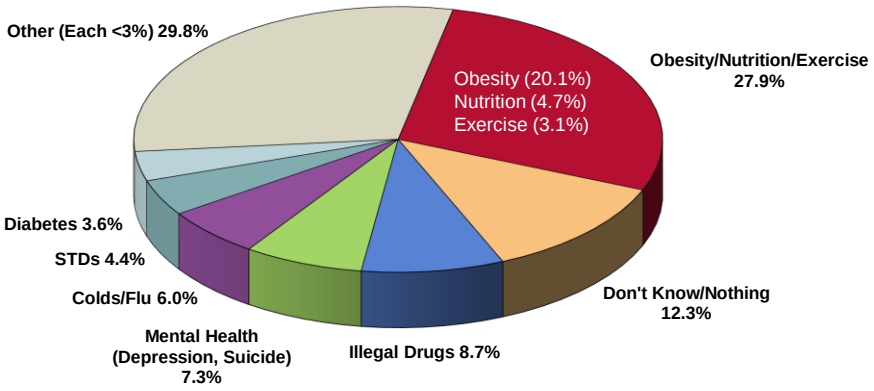
"In general, what do you feel is the number-one health issue affecting adolescents age 12-17 in your community today?"

Combined, <u>obesity, nutrition and exercise</u> received the largest share of responses (27.9%) when parents of children age 12-17 were asked to name the number-one health issue for adolescents.

- Other frequent responses included **illegal drugs** (mentioned by 8.7%), **mental health issues** (7.3%), **colds/flu** (6.0%), **STDs** (4.4%), and **diabetes** (3.6%).

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

(Among Total Service Area Parents With an Adolescent Age 12-17, 2015)



Sources: ● 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 9]
Notes: ● Reflects respondents with an adolescent age 12-17 in the household.

Perceived Availability of Resources

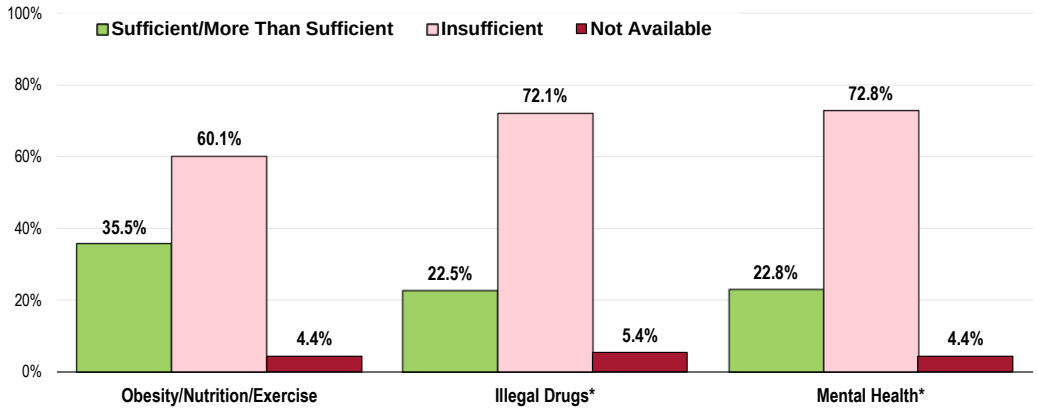
Respondents were further asked to identify their perceptions of the availability of resources in the community to address that issue that they identified as the number-one concern.

A majority of those identifying obesity/nutrition/exercise as their top concerns for adolescents view community resources as insufficient (or nonexistent) to address these needs.

Although based on relatively small samples, findings suggest the same for those identifying **illegal drugs** or **mental health** as their top concerns.

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

(By Perceived Primary Health Issue; Total Service Area, 2015)



Sources: ● 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 10]
Notes: ● Among respondents with children age 12-17 who identified a top health concern.
● *Note that these responses are based on a relatively small sample size (n<50).

Health Status

Overall Health Status

Evaluations of Child's Overall Health

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

NOTE:

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

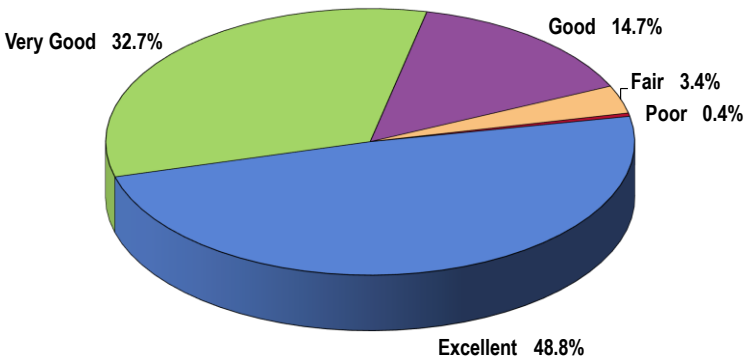
The terms "child" and "children" are used throughout this report to refer to children and adolescents of all ages (0-17), unless otherwise specified.

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

Most Total Service Area parents rate their child's overall health as "excellent" (48.8%) or "very good" (32.7%).

- Another 14.7% gave "good" ratings of their child's overall health.

Child's Health Status
(Total Service Area, 2015)



Sources: • 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 18]
Notes: • Asked of all respondents about a randomly selected child in the household.

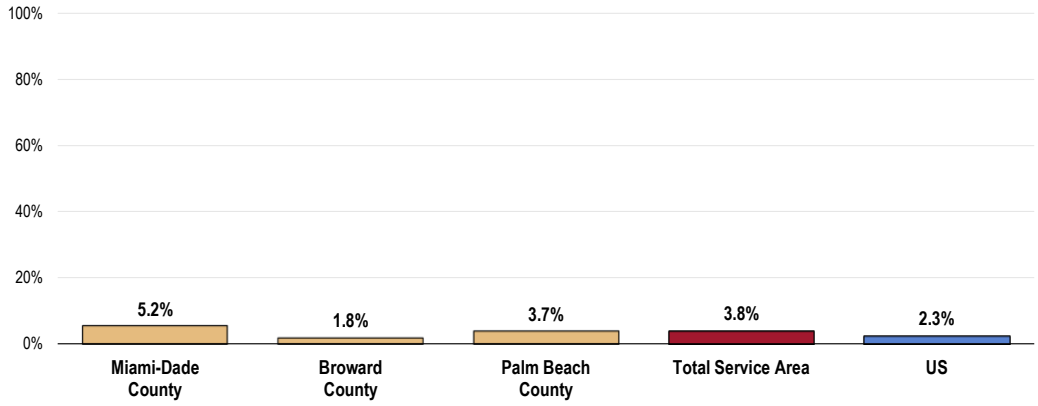
However, 3.8% of Total Service Area adults believe that their child's overall health is "fair" or "poor."

- Less favorable than the national proportion.
- Least favorable in Miami-Dade County; most favorable in Broward County.

NOTE:

Where sample sizes permit, county data are provided.

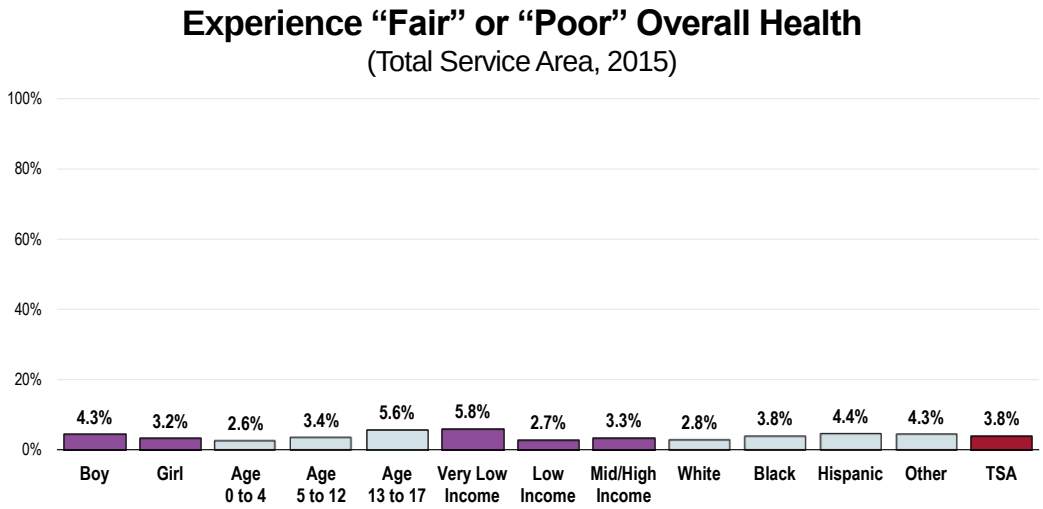
Child Experiences "Fair" or "Poor" Overall Health



Sources: • 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 18]
• 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents about a randomly selected child in the household.

- When viewed by children's basic demographic characteristics, there are no statistically significant differences in "fair/poor" health responses.

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

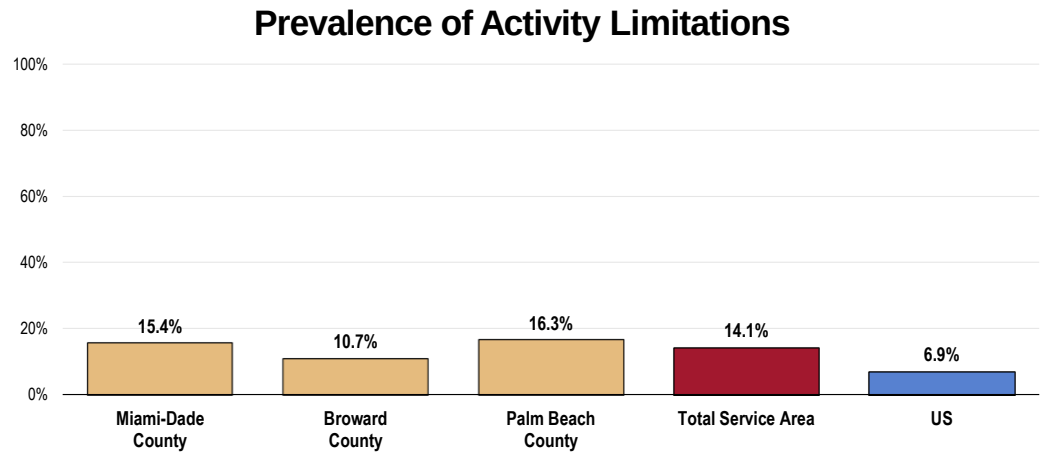


Sources: ● 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 18]
Notes: ● Asked of all respondents about a randomly selected child in the household.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Activity Limitations

A total of 14.1% of Total Service Area children are limited or prevented in some way in their ability to do things most children of the same age can do because of a medical, behavioral, or other health condition.

- Less favorable than the US figure.
- Most favorable in Broward County.



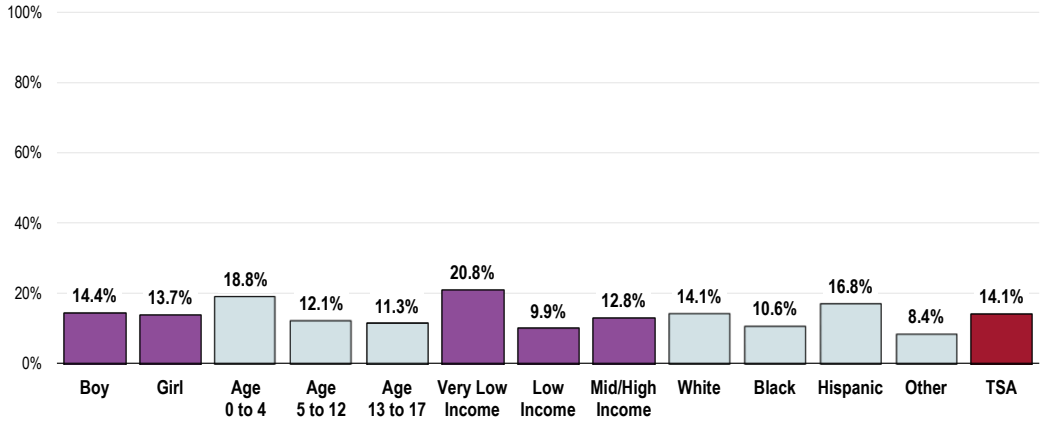
Sources: ● 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 75]
● 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents about a randomly selected child in the household.

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

- Children below age 5.
- Children in very low income households.
- Hispanic children.

Prevalence of Activity Limitations

(Total Service Area, 2015)



Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 75]

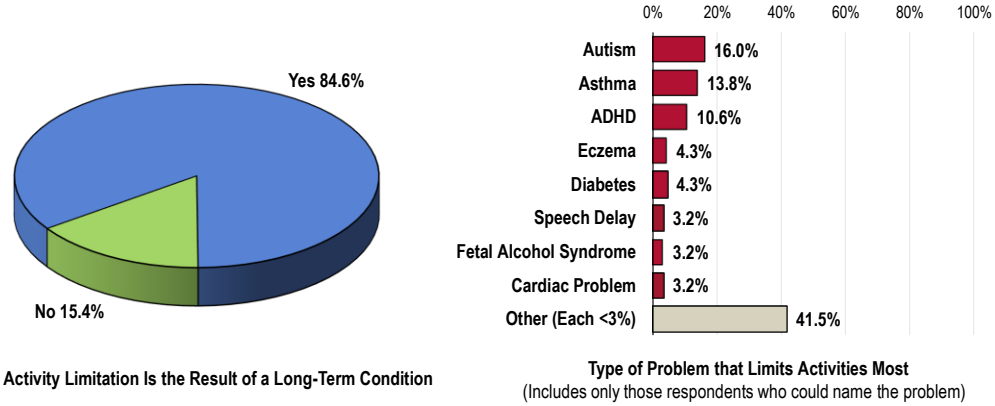
Notes:
- Asked of all respondents about a randomly selected child in the household.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

For children with activity limitations, the vast majority (84.6%) is living with a condition that is expected to last 12 months or more.

Activity limitations among Total Service Area children are most often attributed to conditions such as **autism** (mentioned by 16.0% of parents of children with activity limitations), **asthma** (13.8%), **ADHD** (10.6%), **eczema** (4.3%) and **diabetes** (4.3%).

Description of Activity Limitations

(Among Children With Activity Limitations; Total Service Area, 2015)



Sources: • 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 76-77]
Notes: • Asked of respondents for whom the randomly selected child in the household has some type of activity limitation.

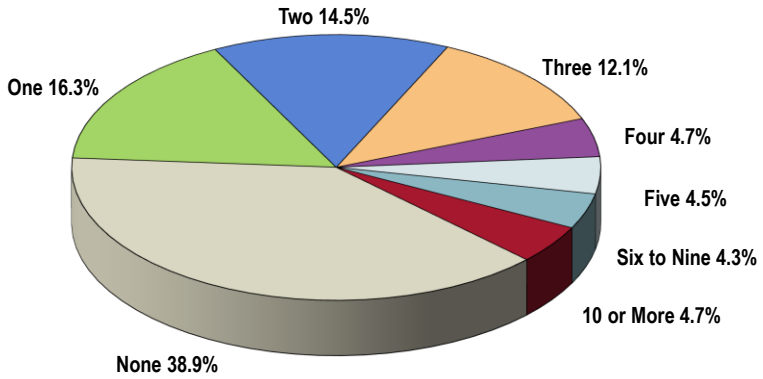
School Days Missed Due to Illness or Injury

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

While most Total Service Area school-age children (age 5-17) missed two or fewer school days in the past year due to illness or injury, 4.7% are reported to have missed 10 or more.

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

(Total Service Area Children Age 5-17, 2015)

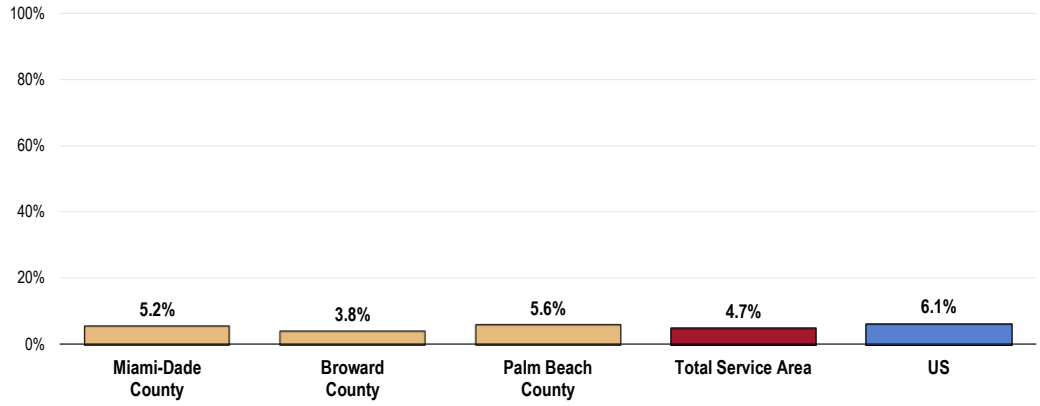


Sources: • 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 111]
Notes: • Asked of all respondents for whom the randomly selected child in the household is age 5 to 17.

- The prevalence of school-age children who missed 10 or more days of school in the past year due to illness or injury is similar to US reports.
- Similar by county.

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

(Total Service Area Children Age 5-17, 2015)



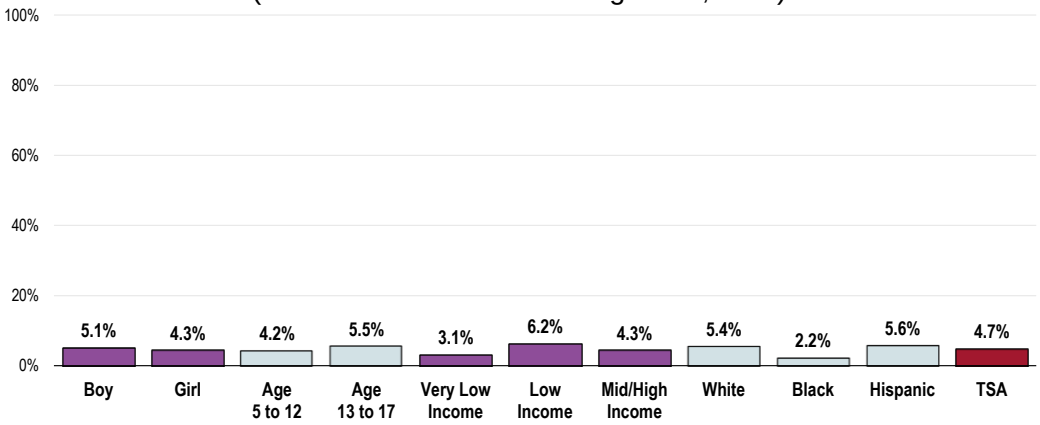
Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 111]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

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

- There are no statistically significant differences when viewed by children's demographic characteristics.

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

(Total Service Area Children Age 5-17, 2015)



Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 111]

Notes:
- Asked of all respondents for whom the randomly selected child in the household is age 5 to 17.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Mental Health

About Mental Health & Mental Disorders

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

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

– Healthy People 2020 (www.healthypeople.gov)

Evaluation of Child's Mental Health

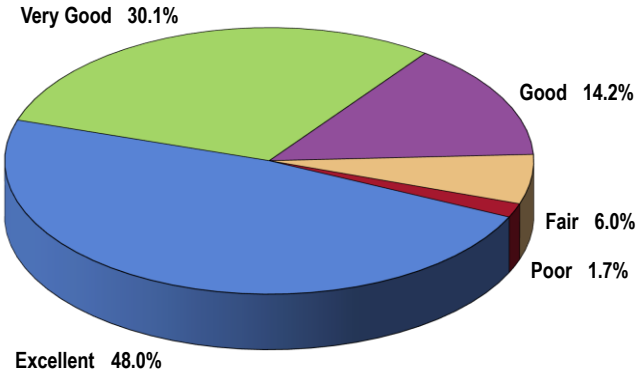
"Now thinking about your child's mental health, which includes stress, depression and problems with emotions, would you say that, in general, your child's mental health is: excellent, very good, good, fair or poor?"

Most Total Service Area parents of children age 5-17 rate their child's mental health — which includes stress, depression, and problems with emotions — as "excellent" (48.0%) or "very good" (30.1%).

- Another 14.2% gave "good" ratings of their child's mental health status.

Child's Mental Health Status

(Total Service Area Children Age 5-17, 2015)



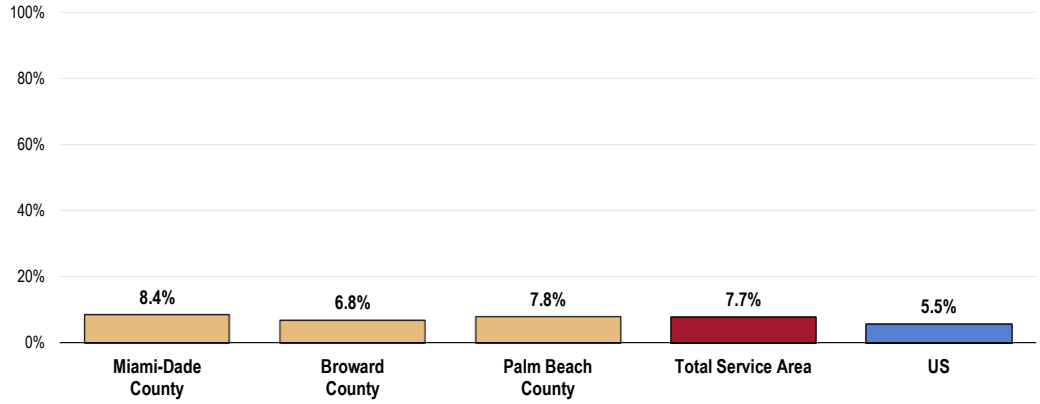
Sources: • 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 90]
Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.

However, 7.7% of Total Service Area parents believe that their school-age child's mental health is "fair" or "poor."

- Similar to national findings.
- No statistically significant difference when viewed by county.

Child Experiences "Fair" or "Poor" Mental Health

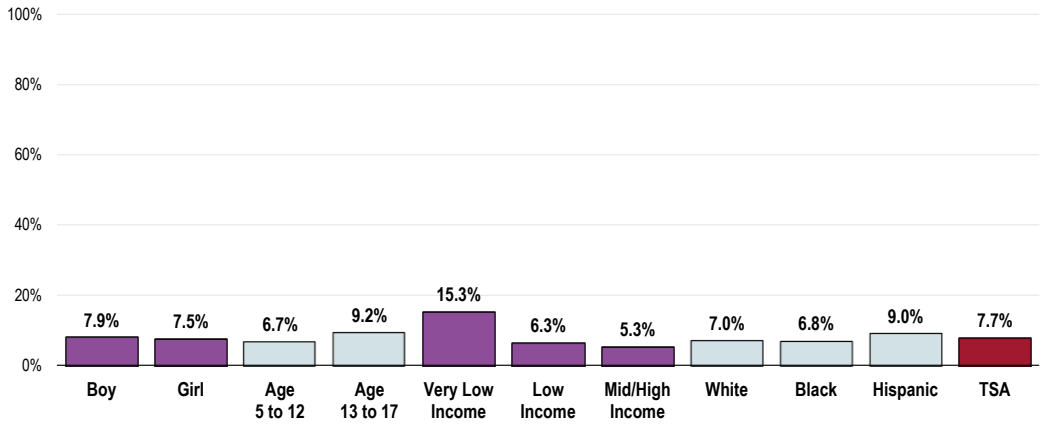
(Total Service Area Children Age 5-17, 2015)



Sources: • 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 90]
• 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.

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

Child Experiences "Fair" or "Poor" Mental Health
(Total Service Area Children Age 5-17, 2015)



Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 90]

Notes:
- Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

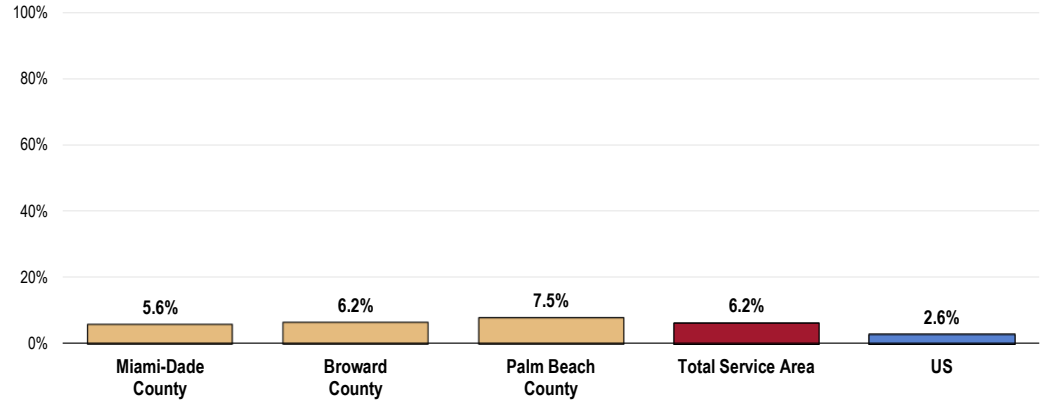
Depression

Diagnosed Depression

A total of 6.2% of Total Service Area parents report that they have been told by a doctor or other healthcare provider that their school-age child had depression.

- Notably higher than found across the US.
- Comparable among individual counties.

Child Has Been Diagnosed with Depression
(Total Service Area Children Age 5-17, 2015)

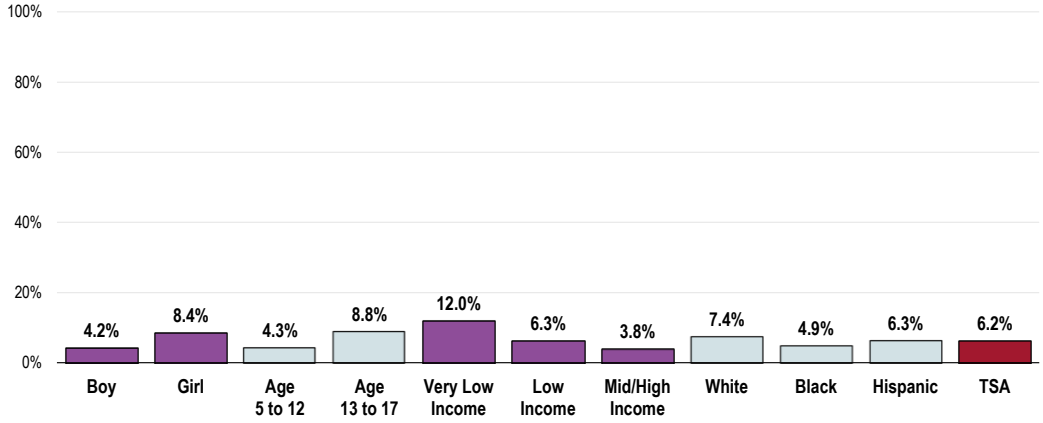


Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 99]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

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

- Teens and girls are statistically more likely to have diagnosed depression than their demographic counterparts.
- The difference among income levels is not statistically significant.

Child Has Been Diagnosed with Depression
(Total Service Area Children Age 5-17, 2015)



Sources: ● 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 99]
Notes: ● Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

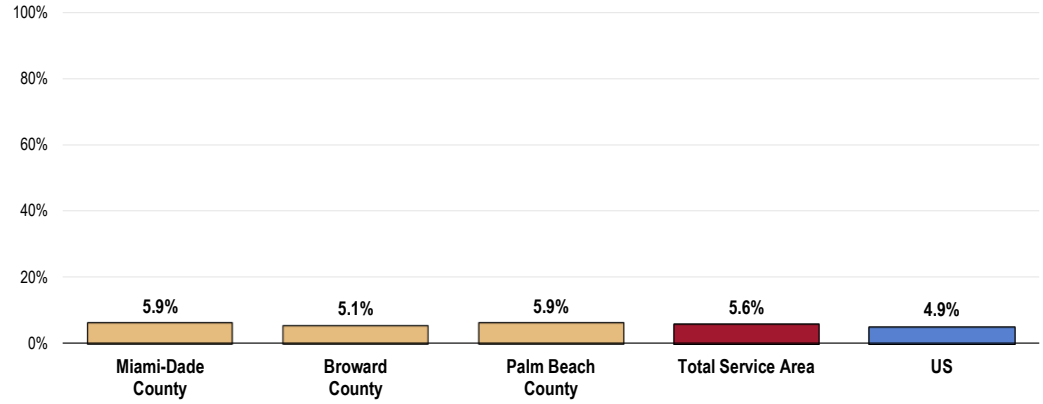
Signs of Depression

A total of 5.6% of Total Service Area parents indicate that their school-age child felt so sad or hopeless almost every day for two weeks or more in the past year that he/she stopped doing some usual activities.

- Comparable to the US percentage.
- Comparable by county.

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

(Total Service Area Children Age 5-17, 2015)



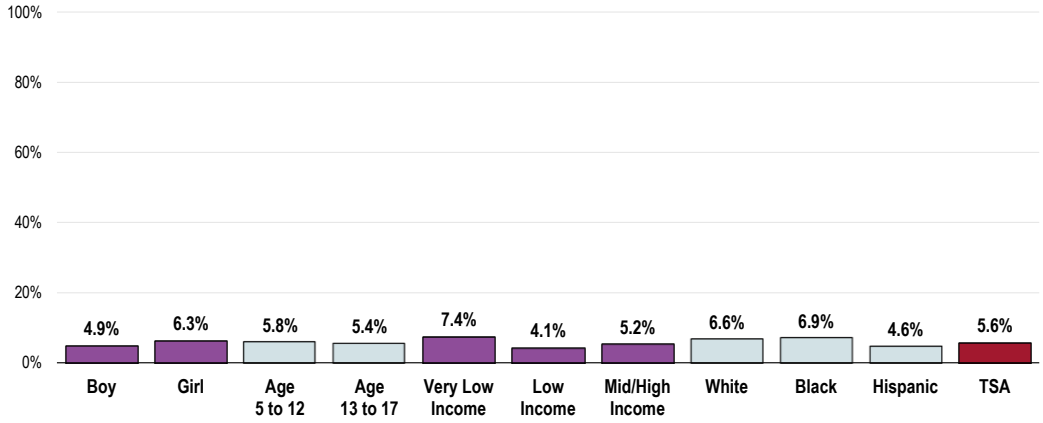
Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 97]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

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

- Such signs of depression are not statistically different among demographic groups.

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

(Total Service Area Children Age 5-17, 2015)



Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 97]

Notes:
- Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Further note that, of the 43 surveyed parents reporting signs of depression in their child, just over one-half (57.1%) sought treatment for their child's feelings of sadness or hopelessness; more than 40% did not.

Suicide Attempts (Adolescents)

Among Total Service Area high school students, 8.3% report attempting suicide in the past year (2013 Youth Risk Behavior Surveys).

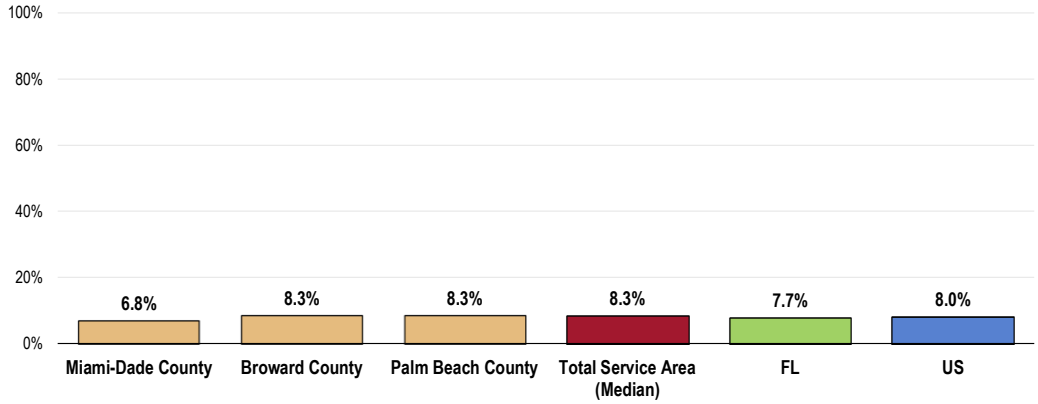
- Less favorable than state-level findings in the YRBS.
- Similar to national YRBS findings.
- Most favorable in Miami-Dade County.

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

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

Attempted Suicide in the Past Year

(Among High School Students; Youth Risk Behavior Surveys, 2013)



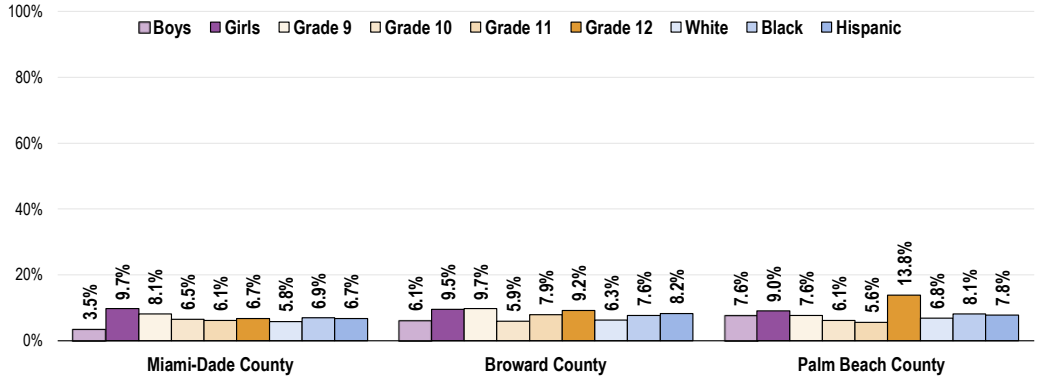
Sources: • Centers for Disease Control and Prevention (CDC). 1991-2013 High School Youth Risk Behavior Survey Data. Available at http://nccd.cdc.gov/youthonline/. Accessed October 2015.

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

- Significantly higher in high school girls than in boys in each county.
- Highest among 9th graders in Miami-Dade and Broward counties, but highest among 12th graders in Palm Beach County.
- By race, all counties have high suicide prevalence among Hispanic children, but Miami-Dade and Palm Beach also report high rates among Black students.

Attempted Suicide in the Past Year

(Among High School Students; Youth Risk Behavior Surveys, 2013)



Sources: • Centers for Disease Control and Prevention (CDC). 1991-2013 High School Youth Risk Behavior Survey Data. Available at http://nccd.cdc.gov/youthonline/. Accessed October 2015.

Notes: • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Attempted suicide one or more times during the 12 months before the survey.

Anxiety

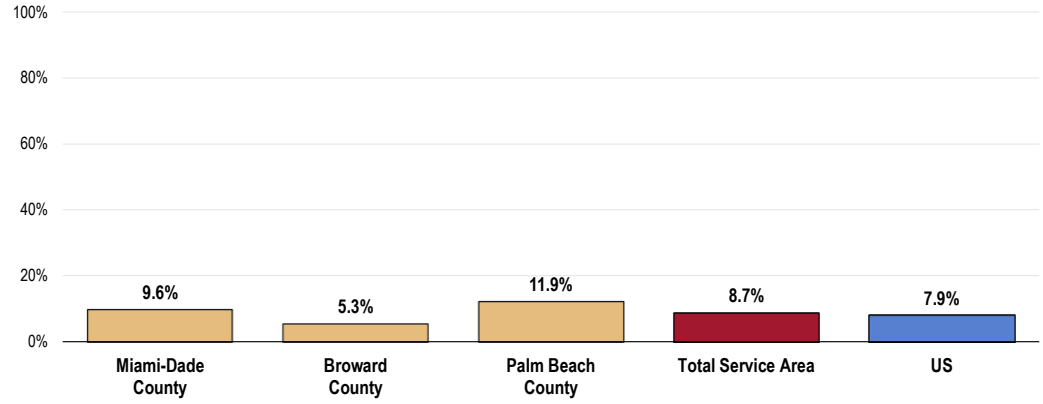
Anxiety Disorders

A total of 8.7% of Total Service Area parents report that they have been told by a doctor or other health care provider that their school-age child had anxiety.

- Similar to US findings.
- Lowest in Broward County.

Child Has Been Diagnosed with Anxiety

(Total Service Area Children Age 5-17, 2015)



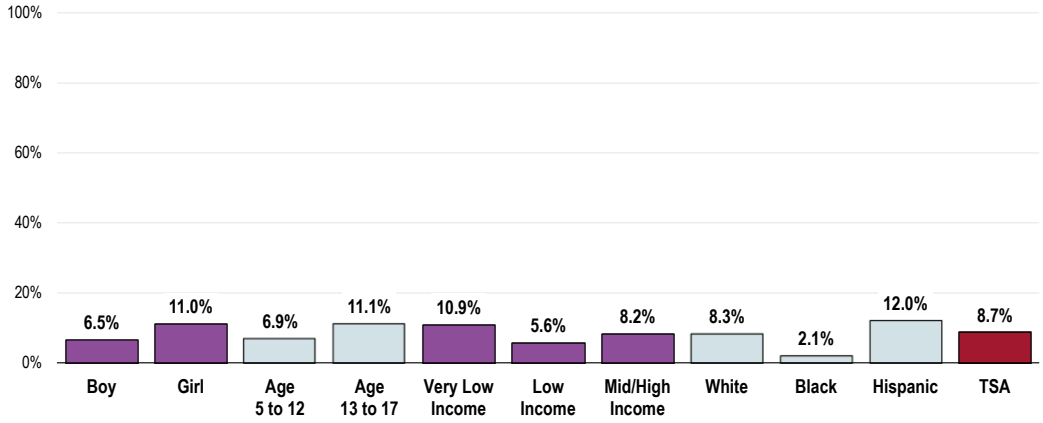
Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 105]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

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

- Girls and teens are statistically more likely to have an anxiety diagnosis.
- Anxiety diagnoses are also more prevalent among White children and especially Hispanic children.

Child Has Been Diagnosed with Anxiety

(Total Service Area Children Age 5-17, 2015)



Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 105]

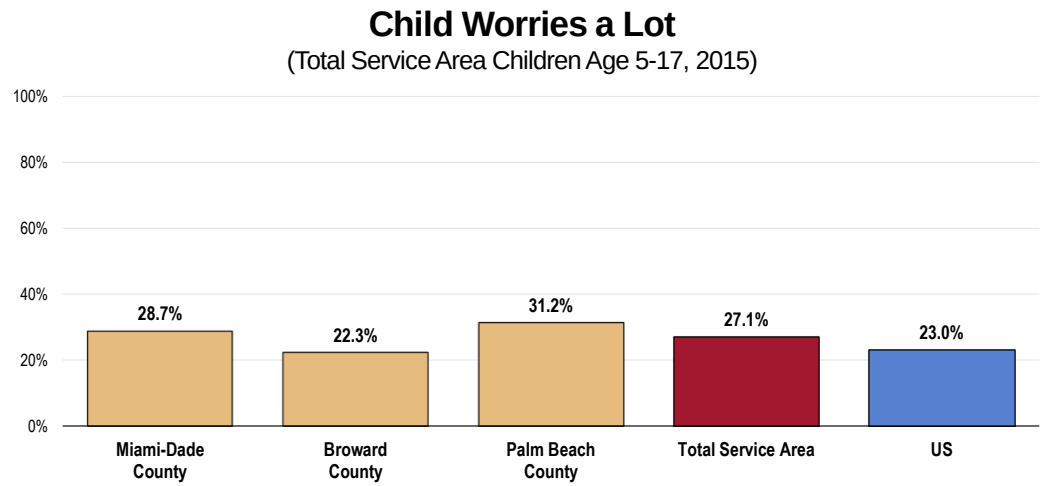
Notes:
- Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Worry

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

More than one out of four Total Service Area parents (27.1%) indicates that their school-age child worries a lot.

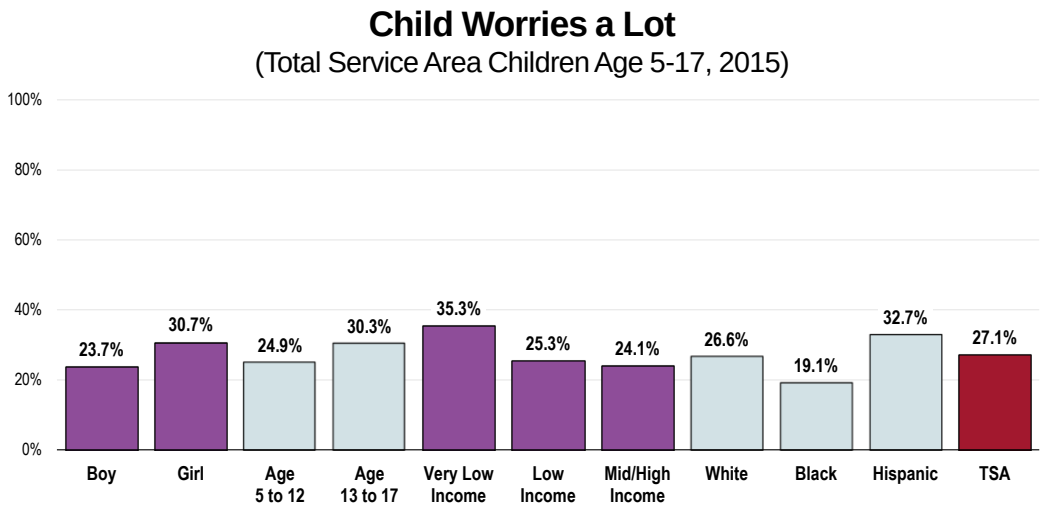
- Statistically similar to the national proportion for school-age children.
- Considerably more favorable in Broward County.



Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 95]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

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

- Frequent worry is more often noted among girls and Hispanic children.
- The negative correlation of worry with income level is not strong enough to be statistically significant.



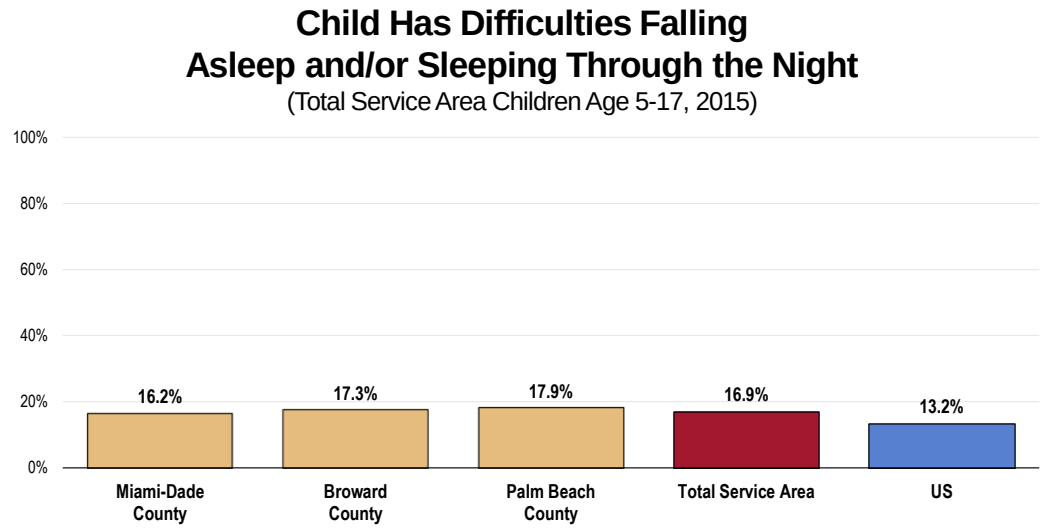
Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 95]

Notes:
- Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Sleep Difficulties

A total of 16.9% of Total Service Area parents indicate that their school-age child has difficulty falling asleep and/or sleeping through the night.

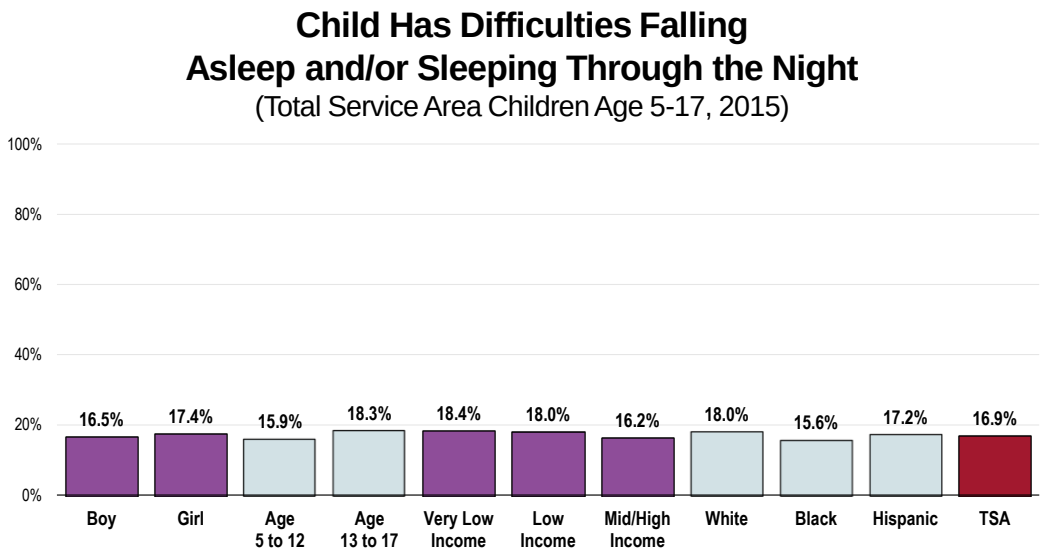
- Less favorable than reported nationwide.
- Similar by county.



Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 96]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

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

- Such sleep difficulties are similar across child demographic characteristics.



Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 96]

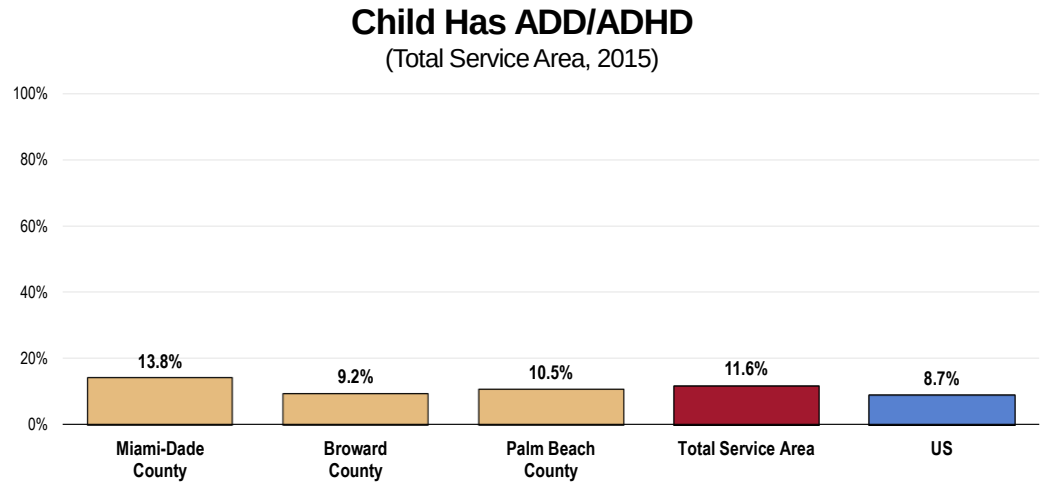
Notes:
- Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Cognitive & Behavioral Disorders

Attention Deficit Hyperactivity Disorder (ADHD)

A total of 11.6% of Total Service Area children are reported to have ever suffered from or been diagnosed with ADHD (also sometimes referred to as attention deficit disorder, or ADD).

- Higher than the US figure.
- Highest in Miami-Dade County.

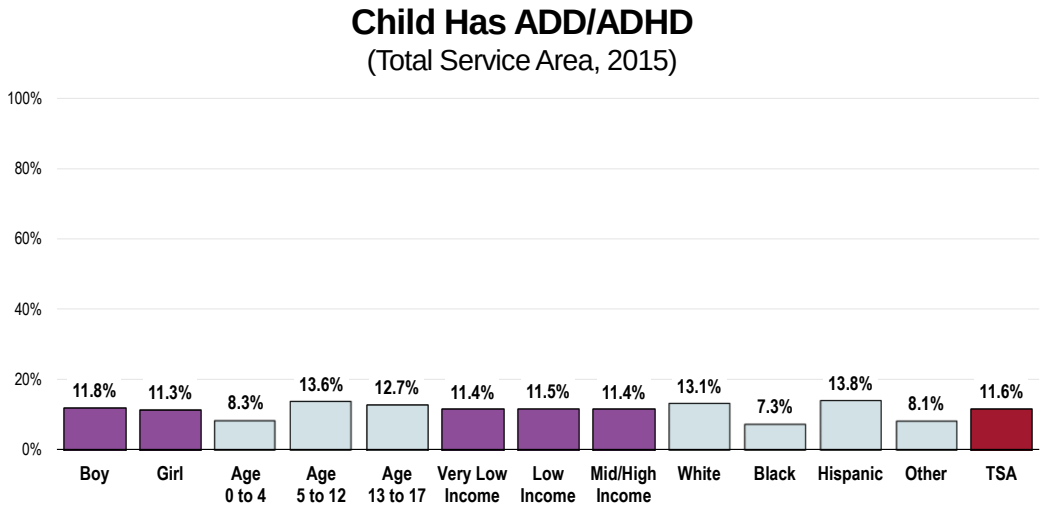


Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 71]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

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

Total Service Area children more likely to have suffered from/been diagnosed with ADD/ADHD include the following:

- Children age 5 and older.
- White or Hispanic children.



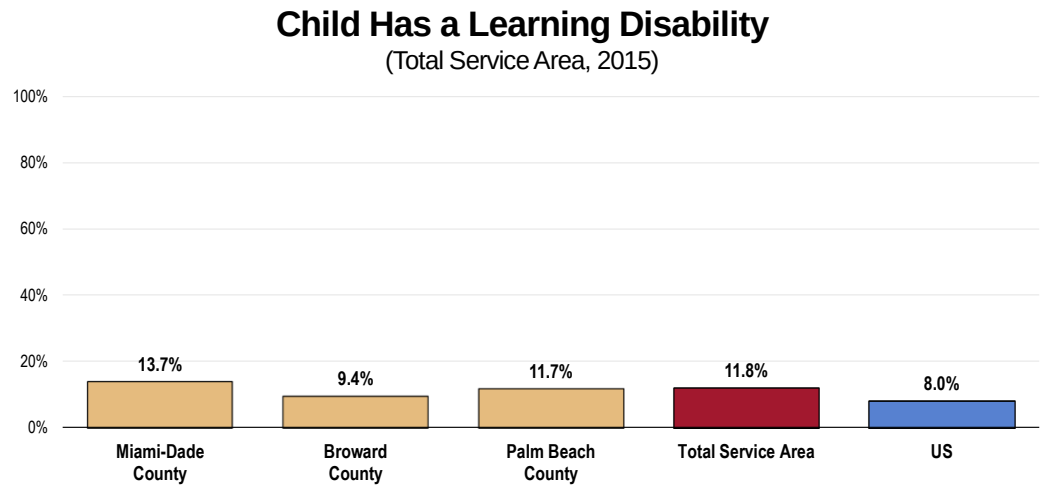
Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 71]

Notes:
- Asked of all respondents about a randomly selected child in the household.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Learning Disabilities

A total of 11.8% of Total Service Area children are reported to have some type of learning disability.

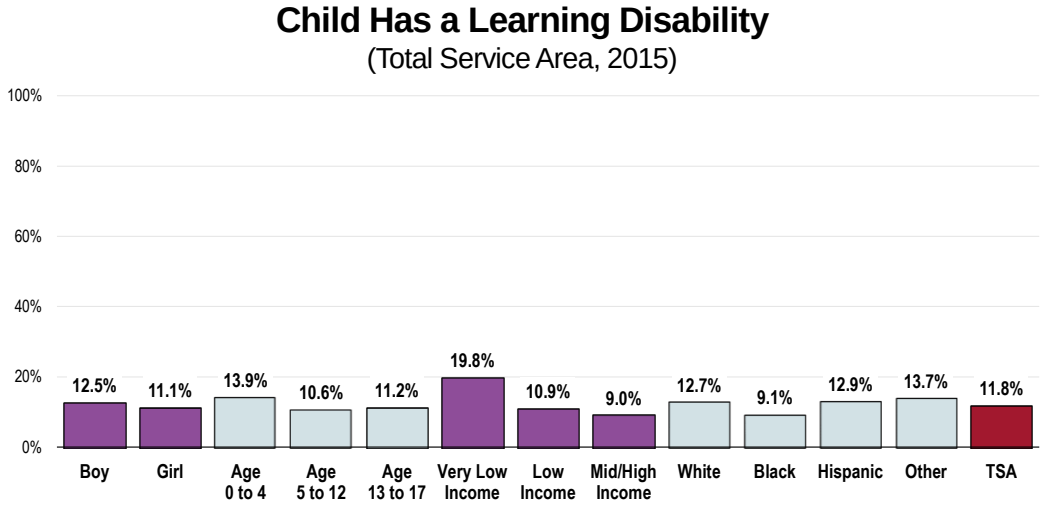
- Higher than the US percentage.
- Statistically similar by county.



Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 65]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

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

- Total Service Area children living in lower income households are much more likely to have some type of learning disability (negative correlation with income).
- All other differences in learning disability prevalence among demographic characteristics are not statistically significant.



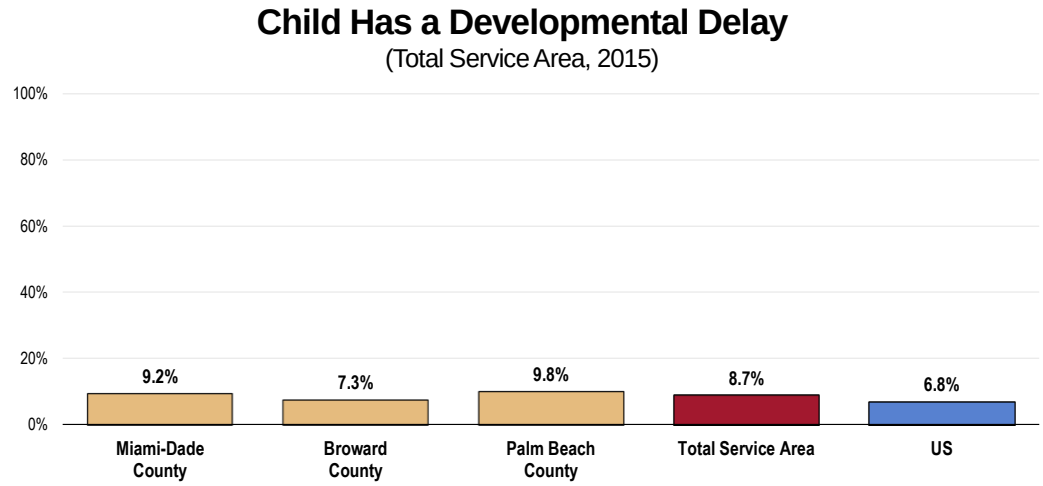
Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 65]

Notes:
- Asked of all respondents about a randomly selected child in the household.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Developmental Delays

A total of 8.7% of Total Service Area children have been diagnosed with some type of developmental delay that affects his/her ability to learn.

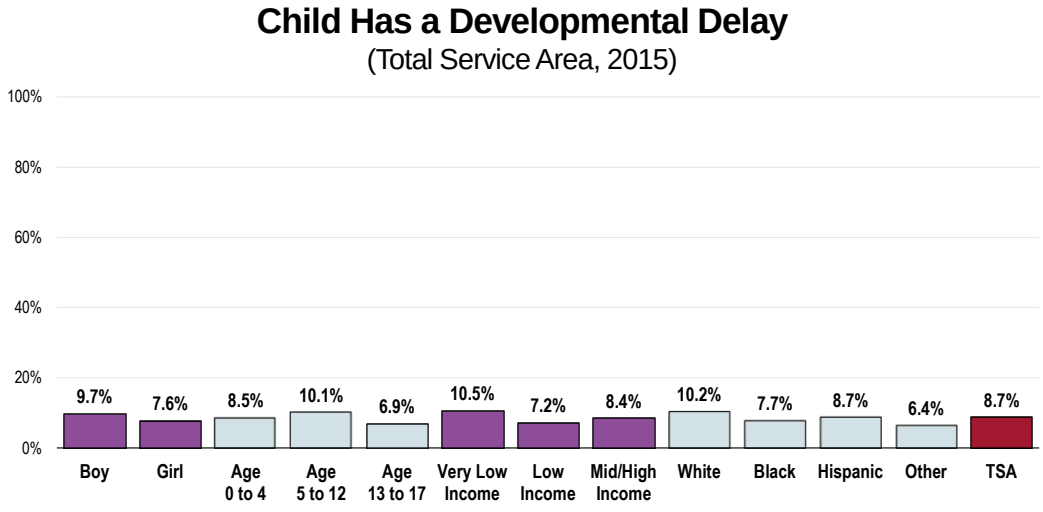
- Statistically similar to the US prevalence.
- Statistically similar among individual counties.



Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 67]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

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

- There are no statistically significant differences among key demographic characteristics.



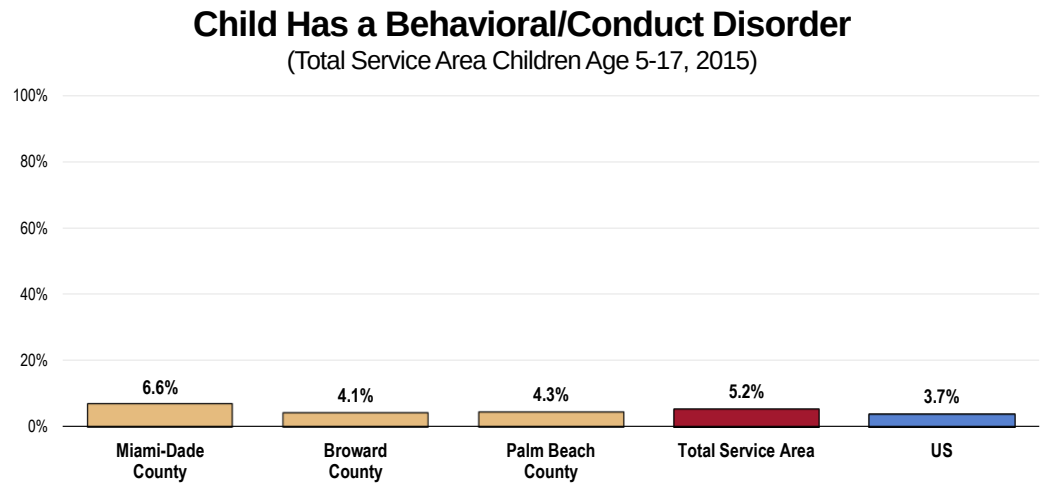
Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 67]

Notes:
- Asked of all respondents about a randomly selected child in the household.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Behavioral/Conduct Disorders

Among Total Service Area parents of children age 5-17, 5.2% indicate that a doctor or other health care provider has ever told them that their child has some type of behavioral or conduct disorder, such as oppositional defiant disorder or conduct disorder.

- Similar to US findings.
- Statistically similar by county.

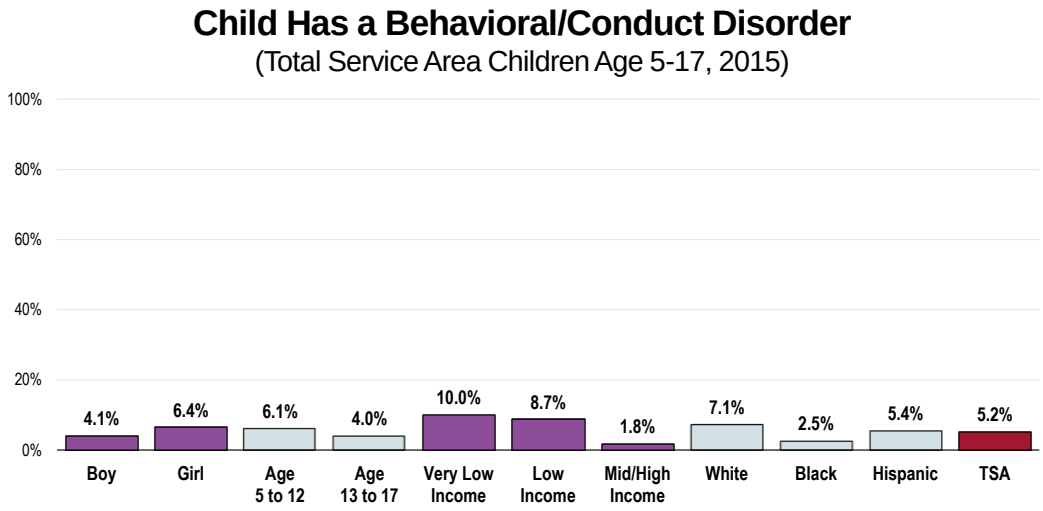


Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 101]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

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

Behavioral/conduct disorders are more prevalent among the following:

- Children living at lower incomes (note the negative correlation with income).
- White children.



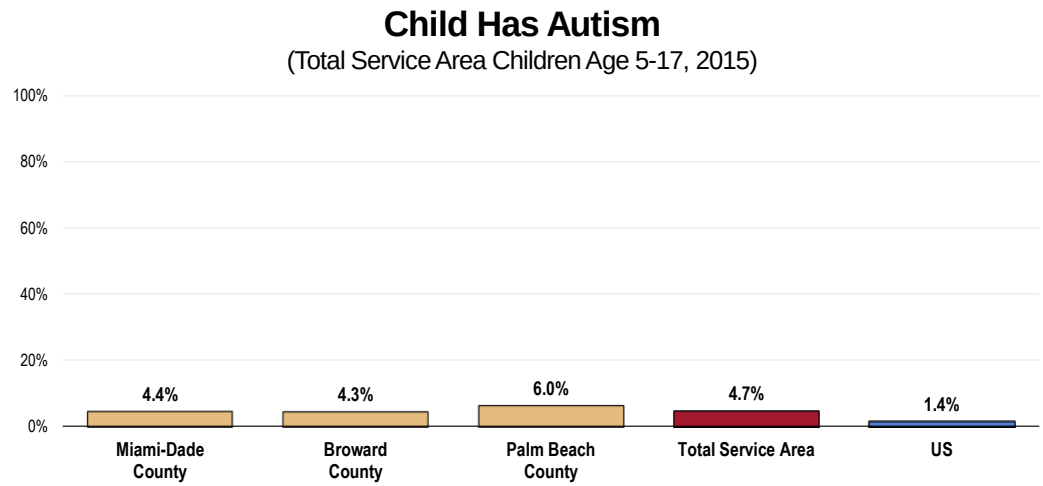
Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 101]

Notes:
- Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Autism

Among Total Service Area parents of children age 5-17, 4.7% indicate that their child has been diagnosed with autism.

- Considerably less favorable than national reports.
- Comparable by county.

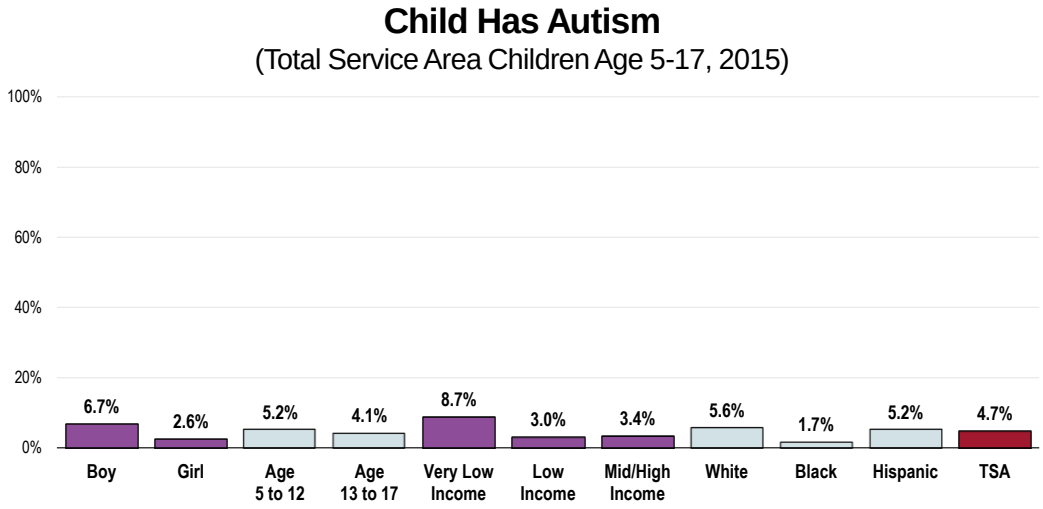


Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 103]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

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

School-age children more likely to be autistic include:

- Boys.
- White or Hispanic children.
- Note that the differences among income levels are not big enough to be statistically significant.



Sources: ● 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 103]
Notes: ● Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Mental Health Services & Treatment

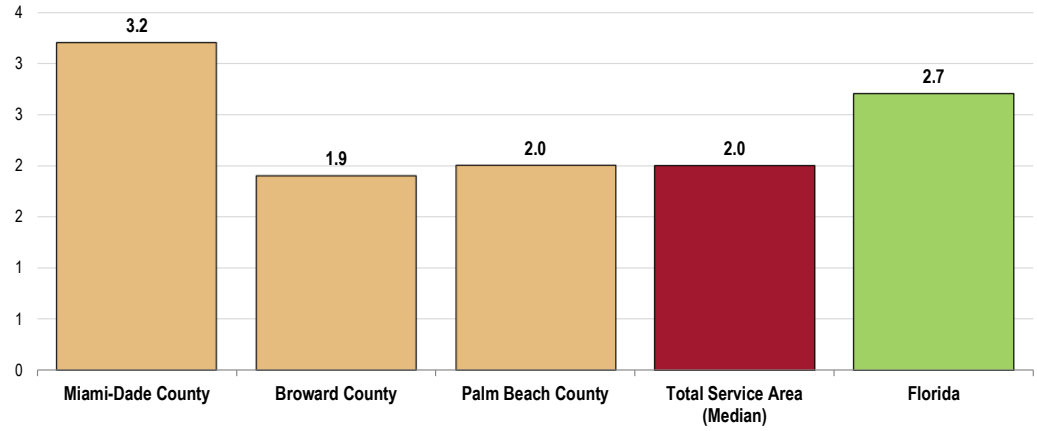
Available Resources

Between 2012 and 2014, there was a median among the three counties of 2.0 child/adolescent psychiatric beds per 100,000 children and adolescents in the Total Service Area.

- Lower than the proportion statewide.
- Notably high in Miami-Dade County; lowest in Broward County.

Child & Adolescent Psychiatric Beds

(per 100,000 Children and Adolescents, 2012-2014)



Sources:
- Florida Department of Health, Division of Public Health Statistics & Performance Management, Data Viewer.
- Retrieved November 2015 from http://www.floridacharts.com.

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

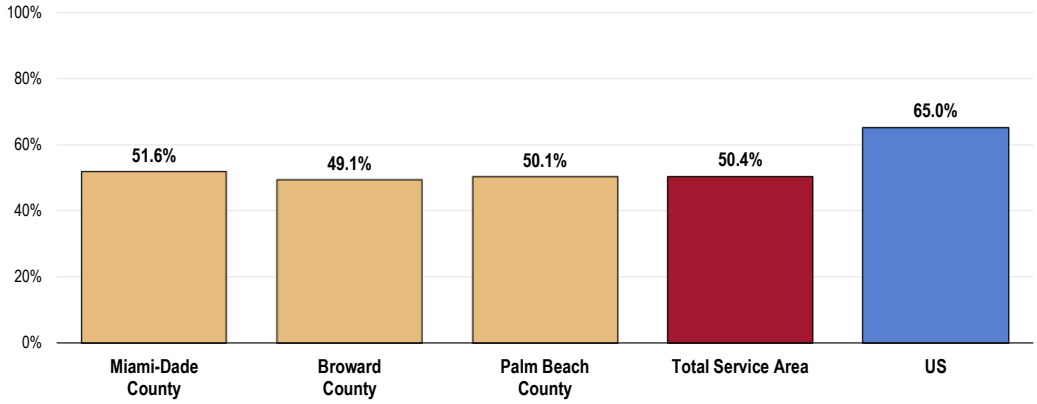
Awareness of Mental Health Services

One-half of Total Service Area parents (50.4%) say that they are aware of local community resources for mental health.

- Awareness is much lower than found nationally.
- Comparable among counties.

Aware of Mental Health Resources in the Community

(Among Parents of Total Service Area Children Age 5-17, 2015)



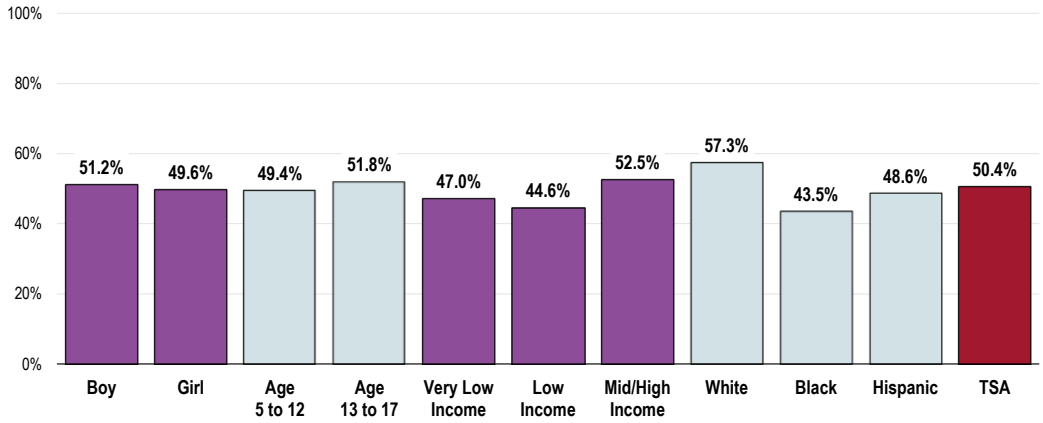
Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 107]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

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

- Parents of Black children are less likely to be aware of these services.

Aware of Mental Health Resources in the Community

(Among Parents of Total Service Area Children Age 5-17, 2015)



Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 107]

Notes:
- Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

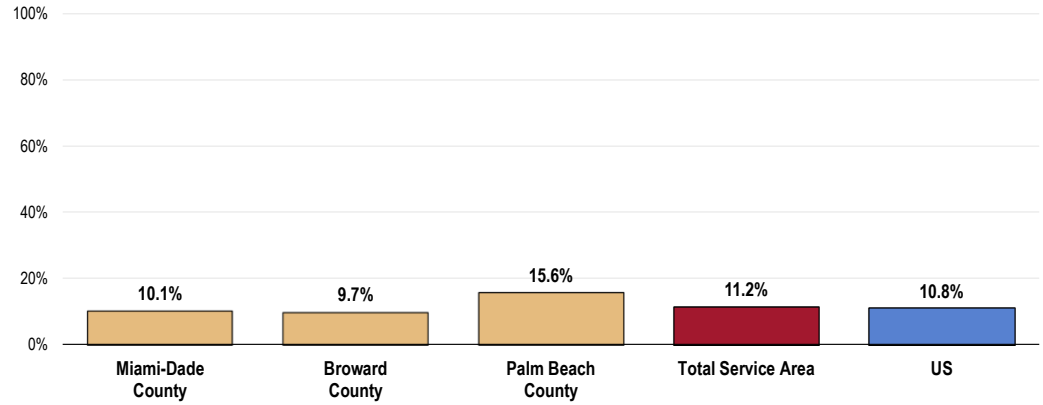
Need for Mental Health Services

A total of 11.2% of Total Service Area parents report that their child (age 5-17) has needed mental health services in the past year.

- Similar to the US proportion.
- Highest in Palm Beach County.

Child Needed Mental Health Services in the Past Year

(Total Service Area Children Age 5-17, 2015)



Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 91-92]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

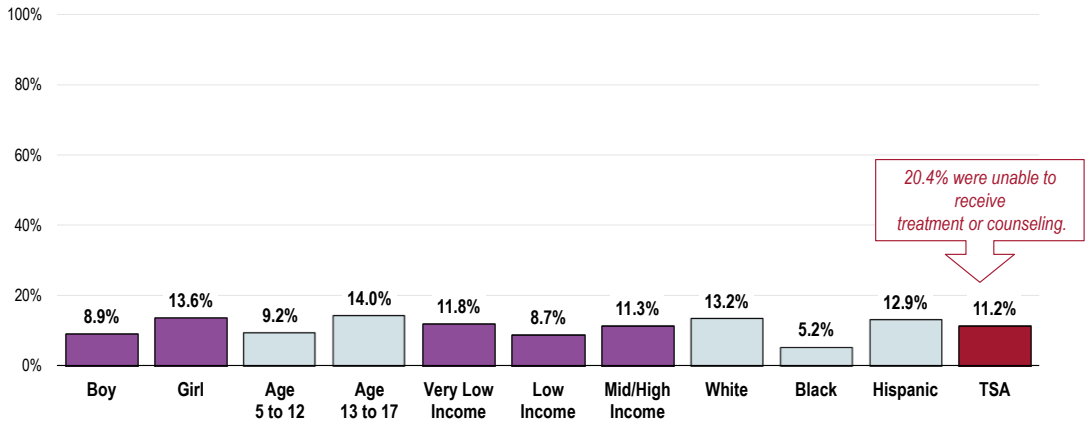
Notes:
- Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.

Children more likely to have needed such services include:

- Girls.
- Teens.
- White or Hispanic children.

Child Needed Mental Health Services in the Past Year

(Total Service Area Children Age 5-17, 2015)



Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 91-92]

Notes:
- Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Among these parents with children needing services, 20.4% report that their child did not receive any type of mental health treatment or counseling — reasons primarily related to ***perceptions that treatment or counseling was not needed****,* ***insurance reasons****,* ***lack of trying****, and* ***difficulty obtaining an appointment****.*

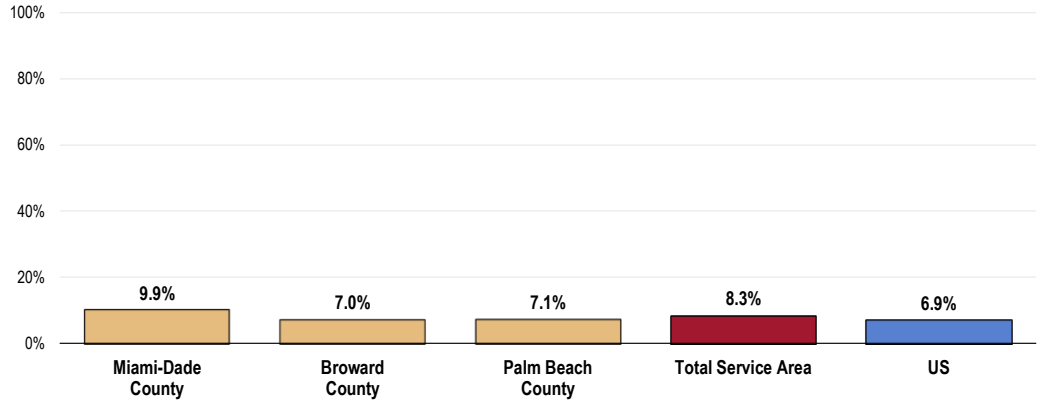
Prescriptions for Mental Health

A total of 8.3% of Total Service Area parents report that their child (age 5-17) has ever taken prescribed medication for their mental health.

- Comparable to US reports.
- No statistical difference among counties.

Child Has Ever Taken Prescription Medication for Mental Health

(Total Service Area Children Age 5-17, 2015)



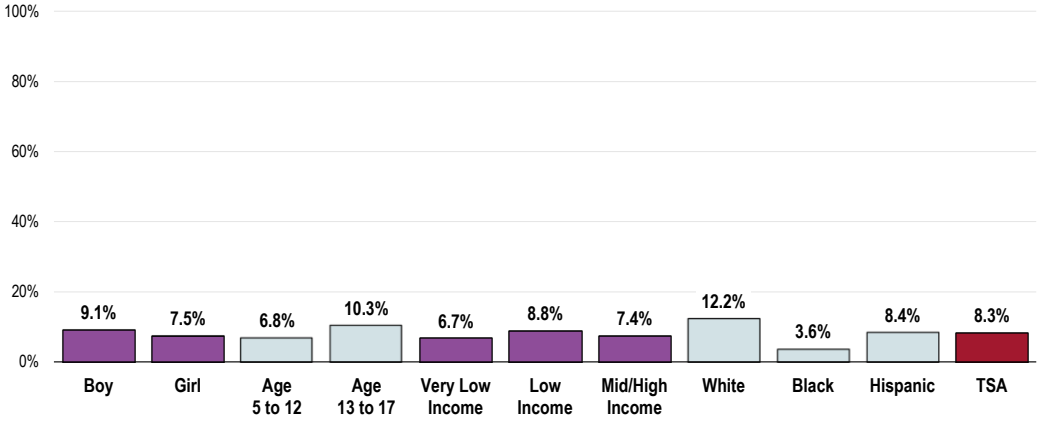
Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 94]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

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

- White or Hispanic children are more likely to have taken prescription medication for their mental health than Black children.

Child Has Ever Taken Prescription Medication for Mental Health

(Total Service Area Children Age 5-17, 2015)



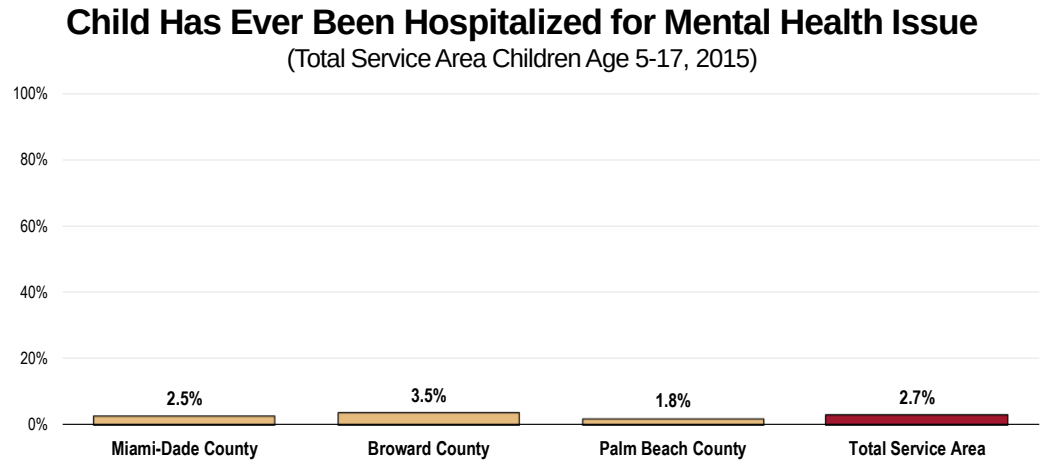
Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 94]

Notes:
- Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Hospitalization for Mental Health

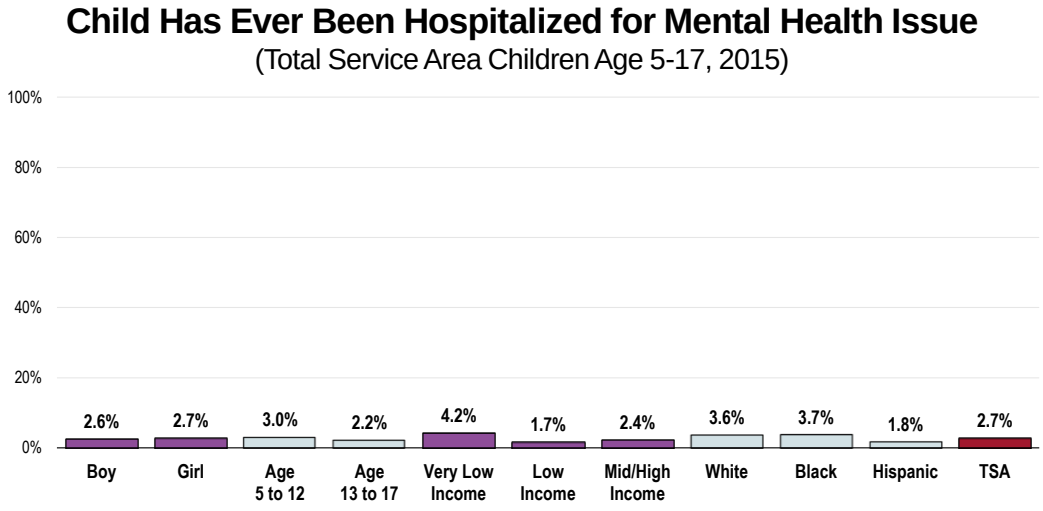
According to their parents, a total of 2.7% of Total Service Area children have ever been hospitalized for a mental health issue.

- Statistically comparable by county.



Sources: ● 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 304]
Notes: ● Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.

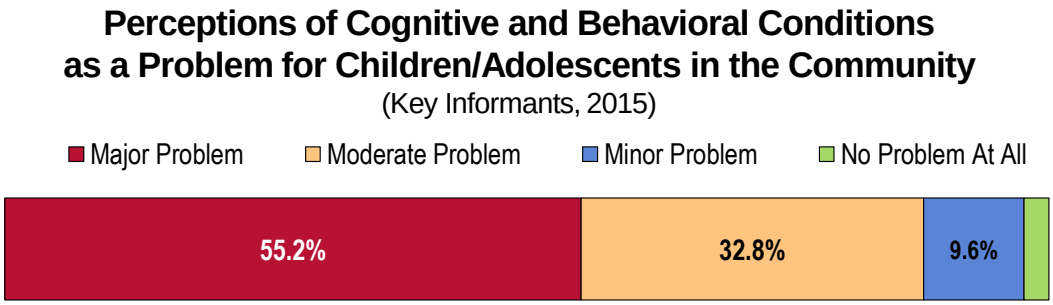
- There is no statistically significant difference in the prevalence of mental health hospitalizations across child demographic characteristics.



Sources: ● 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 304]
Notes: ● Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Cognitive and Behavioral Conditions

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



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

Top Concerns

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

Prevalence/Incidence

Mental Health issues have increased dramatically in our practice. Between 40-60% of our families have behavioral concerns. They ran the gamut from poor discipline and consistency to PDD. The impact of these issues is worsened by access to care and limited knowledge and ability to navigate the system. - Physician

The national statistics indicate one out of 66 children will be on the autism spectrum disorder. Preterm birth in Miami-Dade County is approximately 19%. Therefore, these children are at risk in developing learning disabilities and ADD/ADHD. - Community/Business Leader

With a focus on early childhood development, I have seen firsthand the increase in the number of children appearing with red flags for autism. This increase is alarming with parents often unaware of where to go for services to assist with their child's development. - Social Service Provider

Autism and other developmental disorders have risen drastically in the last ten years and costing billions. Everything from environmental conditions to vaccines has been attributed. This along with mental health will be the healthcare "crisis" of the next century. - Other Health Provider

High incidence, affects children, adolescents and families functioning. - Physician

There has been an increase in the number of children diagnose and medicated for attention deficit in addition to other behavioral disorders. - Other Health Provider

This is a major problem in our community. As our population has grown in the past century so is the awareness of learning disabilities of all sorts. The resources are lacking to help these individuals. Evaluation and support are not covered usually and if they are they are not reimbursed appropriately. I do not understand why the insurance companies get away with not paying for this illness. They will pay hundreds of thousands of dollars for a premature or a coronary heart disease or a transplant recipient this to safe one life, but they will not pay the same amount to safe thousands of children and adolescents. There are not enough community resources and the parents cannot afford the necessary therapies to help these children in cognitive and behavior conditions. This has to change! The schools also do not have proper resources to deal with these important issues. - Physician

Increased diagnosis and lack of services in school or community. - Physician

I have been seeing a rise in these particular problems and how the school system is unable to fulfill the evaluations and therapist for large amount of the population. The psychologists are not available for the needy or Medicaid patient. - Physician

There are an increased number of children being diagnosed with these conditions but a limited number of neurologists, speech, occupational, and behavioral therapists available. There is a long wait time for any testing or therapies. - Physician

Children are being diagnosed with these issues now, more than ever. There are very few resources for parents to have children properly evaluated and treated. - Physician

Increase in children being diagnosed with issues and lack of community resources to address. Long waiting lists to get appointments for assessments and services. - Public Health Representative

There are a number of children with increased behavioral and learning conditions in the community. Likely due to exposure of common chemicals in food and or the environment as well as the lack of knowledge in regards to parenting in this age. - Social Service Provider

Pervasive and significant functional disability. - Public Health Representative

Overburden system. - Physician

Prevalence. - Physician

Cases increase every year and we are not really finding the source of the issues. - Social Service Provider

Because it seems to more and more prevalent and seems to go untreated. - Other Health Provider

ADHD. – Physician

Autism. - Physician

Access to Follow-up/Treatment

Initial assessment easy but getting them to the right place for further testing and treatment are usually a very long process. – Physician

Behavioral conditions are major problems if they are not targeted with quality physical speech or occupational therapy. - Other Health Provider

There is significant support for mental health through adolescent medicine and behavioral health. This can be served by access to the appropriate provider or through telehealth. – Physician

Require behavioral and intervention services that are more time- and cost-consuming. - Physician

Students in special education programs often lack diagnostic and follow up for treatment services, medication management and behavioral therapy. - Community/Business Leader

It is very difficult for children and adolescents in our community to get appointments with psychiatrists. The majority of them do not work with insurance, and this leaves our patients that are in crisis or with serious issues, with suboptimal care. Another problem is access to good therapy for our autistic children, again poor coverage of the treatments by insurance companies. – Physician

Access to specialty care for these issues is difficult. - Physician

Long waiting list for mental health issues. Limited financial support. Stigma associated with mental health. - Other Health Provider

Lack of training in mental health in pediatric residency. Lack of availability of psychiatrists and psychologists to treat kids. Lack of reimbursement for mental health services for pediatricians, counselors, and psychiatrists. Early age of manifestation of conditions. Adult physicians better prepared than pediatricians. - Physician

Access to care, need for additional community resources. Additional training for PCP on these topics. - Physician

Demand outweighs the availability of mental health care. - Physician

Lack of Providers/Services

It is difficult to find specialist to serve individuals with DD, particularly teens and young adults. Also, insurance coverage is limited. - Community/Business Leader

The major problem is once you diagnose the problem is: to whom do you refer? It is very

difficult to find a psychologist or psychiatrist, especially at NCH. Limited number of appointments and not outpatient center where you can refer for further work up. - Physician

There are very few specialists to help these conditions with therapy. There are plenty of us that will write for the medication, but very few insurance covered docs to do therapy, especially behavioral. - Physician

These services are dealt with by different disciplines i.e. neurology, psychology or psychiatry. The quality and quantity of available services are limited creating an access issue. The number of available child psychiatrists in this country is limited. General Doctors cannot bill for mental health issues even if they have the experience to deal with them. Testing for learning disabilities could take place in schools (as does happen in other states). The large number of immigrants are not aware of the need (they may not understand that failure at school is related to a disability) nor the availability of such services and do not advocate for them. - Physician

Lack of child Psychiatrists or child psychologists. Poor access from the community. - Physician

There is no resource for behavioral/cognitive issues. The specialty pairs well in multi-disciplinary clinics with cardiology and genetics. - Physician

Increasing number of patients diagnosed with lack of available resources to support the patient and families, or lack of access to the resources because of knowledge or payment issues. - Other Health Provider

Many children are affected and need therapies and specialty services. It seems to be quite common and causes disruption in education for the children. I think it is a problem due to increasing numbers of children identified and scarcity of resources such as for ABA. – Physician

Co-Occurrences

Aggressive behavior. - Physician

Depression and suicidal thoughts. – Physician

School work and behavior are interconnected. Cognitive conditions create a major obstacle for the parent. The public schools want the child medicated but not all children react favorably to medication. Private schools give a child a better chance of learning due to the size of the class and the attention given to the child but not all Private schools are regulated or affordable to many parents with children who have this condition. If a child cannot have the basics nor has a parent that will stay on top of his or her education then that child will not succeed. In the end the community will not be measuring up to the needs of its members either. If those services are not there to address the issue. Children without a focus become a liability to the community because they will not have a purpose and in the end they will become a burden. Adolescents who commit crimes are usually the ones who have these conditions but were not diagnosed or steered properly. - Social Service Provider

Too much is a problem with this matter, family problems, and disabilities. Communications interaction with friend social skills. Environmental problems. – Physician

Overall functioning within the family, school and community. Access to medical follow-up, education regarding medical conditions, access to appropriate outpatient psychosocial support. - Other Health Provider

Diagnosis

Many children misdiagnosed and over medicated for ADD/ADHD when in fact their learning environments cannot adapt to their style of learning. Many children with Autism may not be getting the therapies they could/should do to financial reasons. - Other Health Provider

Difficult to test and medicate these patients. – Physician

Lack of early identification, too much involvement with electronics at a too early an age. - Social Service Provider

Over diagnosed and poor outpatient system due to poor reimbursement. - Physician

Cost and Insurance

Limited to no insurance coverage for diagnosis and treatment. Insurance restrictions and exclusions for such services. Limited school resources. Limited access and/or financial resources for alternative treatment or services, such as pragmatic/social groups for children with cognitive and behavioral conditions. - Other Health Provider

Insurance coverage very limited. Number of professionals not adequate for South Florida. – Physician

Decreased coverage for mental health issues as a whole. Parents need to come out of pocket in order to obtain help and visits are not exactly cheap. - Other Health Provider

School Awareness

Lower tolerance or increased sensitivity at the school level to behavioral and learning disability. Access to care. Very difficult to get mental health, developmental pediatrics or neuro even for patients identified at risk. - Social Service Provider

Many referred to our neurologists; more awareness in school system, etc. - Physician

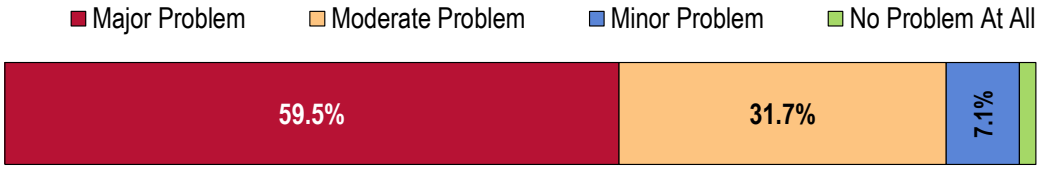
Stigma

Stigma still exists. There is a huge amount of people trying to secure a diagnosis to receive social security benefits. There are not enough practitioners to provide services in a reason amount of time. There is also poor reimbursement for an emotionally challenging career, which creates professional burnout. - Other Health Provider

Key Informant Input: Mental and Emotional Health

The majority of key informants taking part in an online survey characterized *Mental Health* as a "major problem" for children/adolescents in the community.

Perceptions of Mental and Emotional Health as a Problem for Children/Adolescents in the Community
(Key Informants, 2015)



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

Top Concerns

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

Prevalence/Incidence

I see many patients each day who are need of help for various mental health conditions. Most psychologists in the community do not accept insurance; they provide cash only services. Availability at our hospital is limited. So those most vulnerable and in need of help have limited resources available to them; usually through a community mental health center geared to adults. The scope of training for these mental health providers may not cover some issues such as substance use and eating disorder that lead to either an underweight or overweight status. – Physician

Increasing number of adolescents attempting suicide or reporting concerning behaviors such as "cutting" or self-medicating. Lack of inpatient beds for pediatrics causes delays in patient transfers and increases the risk to the patients. - Other Health Provider

We have too many visits for depressed adolescents with suicidal ideation and many times have a very difficult time getting them to outpatient care. It is also sometimes difficult to find placement for admissions. - Physician

High incidence rates, rising stress levels throughout population. - Public Health Representative

There are many reasons for the rise of mental disorders. The key is providing timely access to providers and awareness of the disorders. There is a lack of resources to significantly limit

these issues. There have to be improved home environments, reduced poverty and increased support for education. - Physician

I see too many adolescents with anxiety disorders, substance abuse and depression. Poor sleep habits, bad diets, and poor organizational skills. – Physician

More students are experiencing depression, bipolar disorders, ODD ad other metal health conditions. Treatment is difficult to access and families often do not understand importance of follow-up and consistency in management of the disorder. - Community/Business Leader

Depression and anxiety are in the top. Difficult access to this specialty. – Physician

By 2020-2030, it is estimated that up to 40% of patient visits to pediatricians will involve long-term chronic disease management of physical and psychological/behavioral conditions. - Physician

Escalating concerns with violent children infused into our culture and addressed less in the home. - Physician

Lack of Providers/Services

Mental health demands are greater than the services available. - Physician

Lack of mental health resources and manpower. - Physician

Limited resources for the amount of need in the community. - Community/Business Leader

There is a community need with no defined go to source. – Physician

Very difficult to manage and not enough providers. - Physician

Inpatient care for adolescents and juveniles are severely limited in facilities and insurance coverage. - Physician

There is a lack of resources for services for children and adolescents with mental and emotional health issues. - Public Health Representative

Lack of providers. Lack of training of Pediatricians to screen and treat. Lack of appropriate and adequate reimbursement. - Physician

Not enough health care professionals, ridiculously low payments to those providers. - Physician

Lack of providers. - Community/Business Leader

Not enough places and resources to help kids with mental issues on their own or around them. - Social Service Provider

Family Environment

Family structure is broken; children are not receiving adequate emotional support as they grow up. Too many divorces and too many young, single inexperienced parents. - Physician

Again the lack of a solid family foundation, religious, moral values, exposure to any material in the internet, exposure to alcohol, drugs, etc. - Physician

Family dysfunction; family psychiatric history; parental conflict; domestic violence; financial/psychosocial issues; school-related/peer issues; self-image factors; substance-use and abuse; depression/anxiety; adjustment to sexuality issues. - Other Health Provider

Dysfunctional environment that the children and adolescents reside. Such as low socio-economic status, single family homes with multiple children, and minimal education. Families tend to have higher incidence of chronic conditions along with higher incidences of mental health issues. - Community/Business Leader

Because there is a large number of children and adolescents that have emotional problems that are not address properly because of the lack of family support. - Physician

Cause significant social, family and occupational dysfunction. - Physician

Co-Occurrences

Our students in this county face the same stressors that all students face within our country: poverty, absent parental involvement and guidance, external social pressures from technology, bullying which effects self-esteem and confidence, and a decrease in healthy socializing with peers. - Community/Business Leader

Increased stress in society at large and for parents often translates to higher stress for children. Lack of services, especially affordable resources, to assess adolescents and then lack of effective treatment options and facilities to address concerns determined from assessments. - Public Health Representative

Specifically with concussion and post-operative athletes, this is a big deficit in our care as an

organization. - Other Health Provider

Drugs. Alcohol. Lack of parenting. - Physician

Access to Providers/Services

Oftentimes the busy pediatricians do not have an ample time to address this important part of the visit. Often it takes a long time for patient to be seen or often time their insurances mainly the HMO/Medicaid is being accepted by the psychiatric physician. - Physician

No access to care or delayed access to care. - Physician

Inaccessible and unaffordable care for children and adolescents. Not enough doctors and very expensive, insurance doesn't cover adequately. Too long for appointments and focus is on medication not counseling. - Other Health Provider

No access to care. Too few providers. Not enough education in the community. Stigma of having mental health issues. - Social Service Provider

Access to outpatient continuing care. – Physician

Very prevalent existence of psychosomatic complaints and mental illness related to stress among children and adolescents with limited availability of child psychiatrists, psychologists, and mental health professionals. - Physician

Insurance

Most psychological tests are no covered by insurances. Unable to find appointments faster. - Physician

Availability and insurance issues. – Physician

Very few providers for Medicaid. - Physician

Important Problem

This is the most important problem in our community, it has a bad stigma. Almost all families have some child with this emotional or health problem. There is a lack of resources in school, at home and in the community to support and improve them. There is a limit of how many visits the insurance company will provide and there is a limit of how much the parents can afford too. We need to get more access and have better mental health specialist available. The schools have to provide better support and screen these children early and not letting them fail. It is not an easy solution but one that needs to be worked on. To me we need more ABA applied behavior therapy specialist and access to them to improve early child development. This is what helps. - Physician

Mental health issues transcend the entire community and will overtake cardiac and cancer as the predominant healthcare issue. Again, read the news about bullying, kids and adults alike shooting people in masses in schools, movie theaters, etc. All perpetrators having mental health issues. - Other Health Provider

Parents

Mental and emotional health is not only a concern for our pediatric population, but for parents coping with their child's diagnosis. This is often and area left out when caring for the child. - Social Service Provider

The parents are not responsible enough for themselves much less the children. People are having children for economic gain. There should be no economic incentive to have more children. - Other Health Provider

Society

Societal changing embracing immediate gratification and academics. Minimal training and use of emotional expression is non-existent. First rule of mental health treatment is start where the patient is at. Very often the patient is not interested in help. - Other Health Provider

Violence in schools, in the media, drugs. - Social Service Provider

Cultural Beliefs

Cultural beliefs. Limited financial resources. Long wait lists. Limited pediatric providers. - Other Health Provider

Diagnosis

After conducting a reasonable workup for non-specific and vague symptoms, a workup which discloses no organic cause leads to farther and further mental health evaluation. - Physician

Shift in Focus

> *It seems the focus has been on warehousing/lock up the mentally ill but there have been recent efforts to modernize these facilities. - Public Health Representative*

System

> *Overall system failure. - Physician*

Chronic Disease & Special Health Needs

Professional Research Consultants, Inc.

Prevalence of Selected Medical Conditions

Speech & Language Problems

Chronic Ear Infections

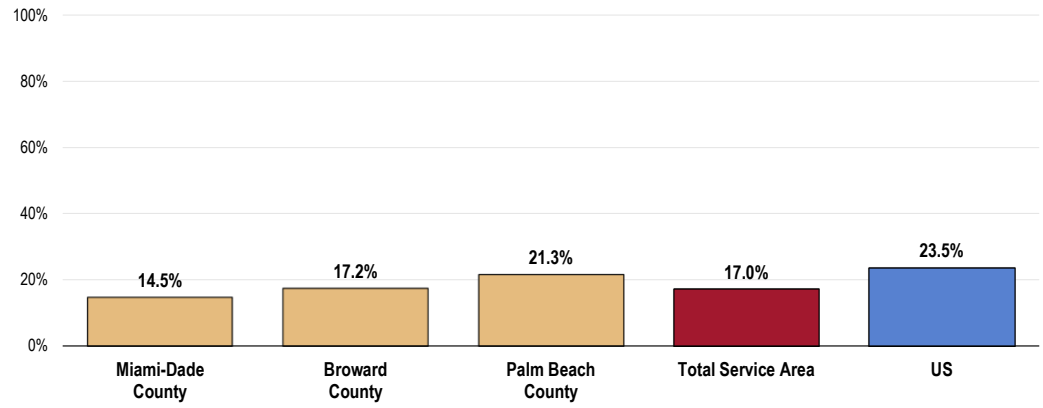
Respondents were asked to report on the prevalence of a number of different chronic conditions and illnesses afflicting children.

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

Among Total Service Area parents of children under the age of 18, 17.0% indicate that their child has had three or more ear infections in his/her life.

- More favorable than US findings.
- Highest in Palm Beach County.

Child Has Had 3+ Ear Infections
(Total Service Area, 2015)

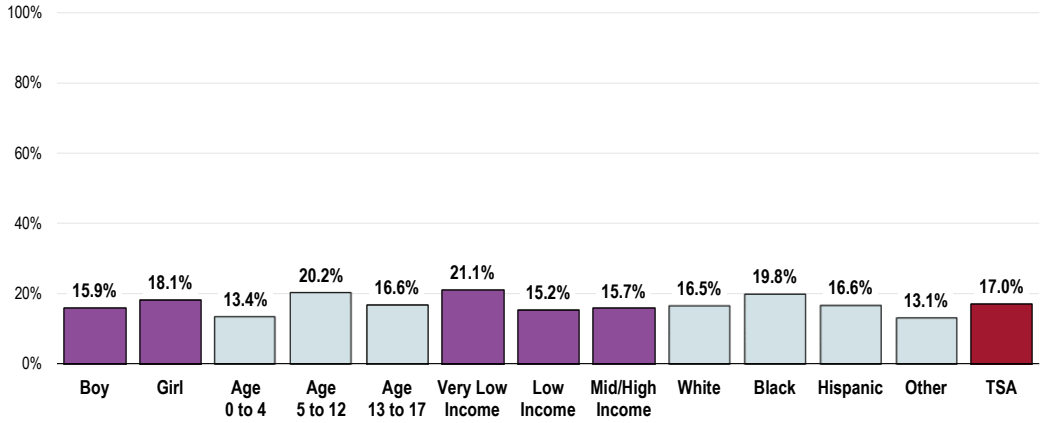


Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 62]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

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

- Children age 5 to 12 are more likely to have chronic ear infections.

Child Has Had 3+ Ear Infections
(Total Service Area, 2015)



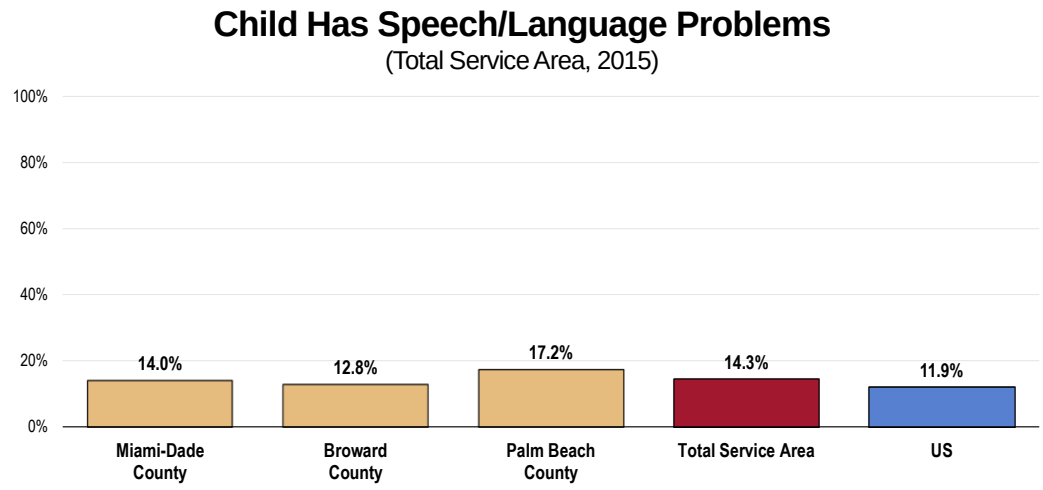
Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 62]

Notes:
- Asked of all respondents about a randomly selected child in the household.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Speech/Language Issues

A total of 14.3% of Total Service Area children have some type of speech or language problem.

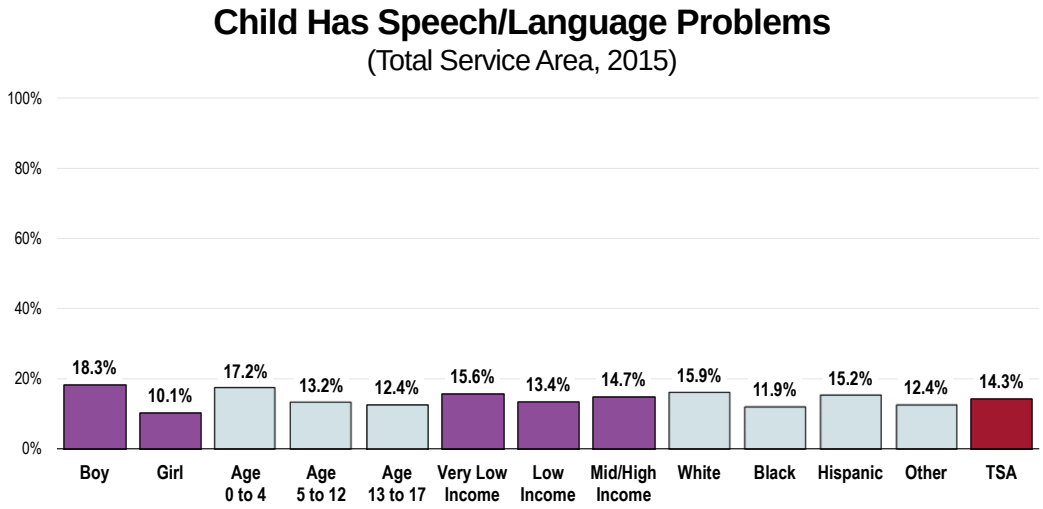
- Statistically comparable to the national proportion.
- Statistically comparable by county.



Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 69]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents about a randomly selected child in the household.
- *2012 data reflects children age 1-17.

- Boys are more likely than girls to experience speech or language problems.



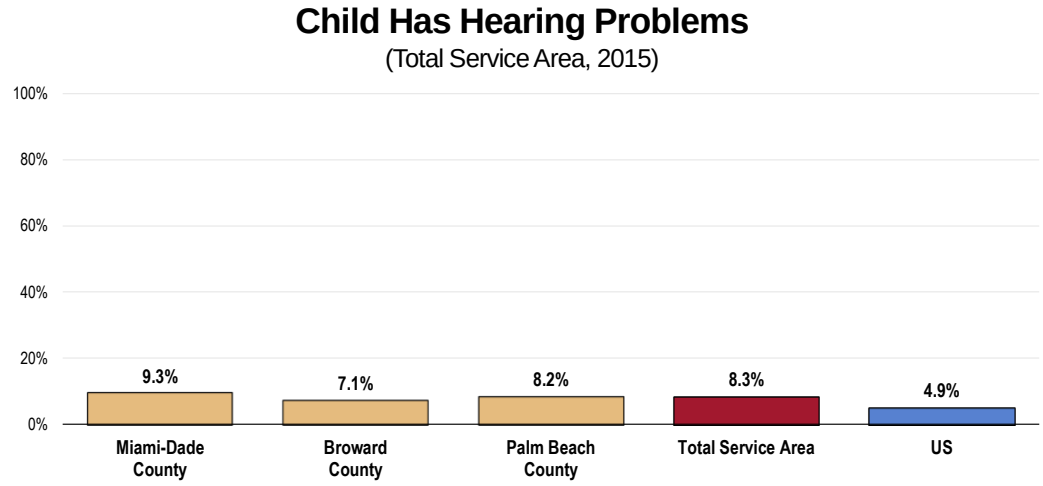
Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 69]

Notes:
- Asked of all respondents about a randomly selected child in the household.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Hearing Problems

A total of 8.3% of Total Service Area children have been diagnosed with hearing problems.

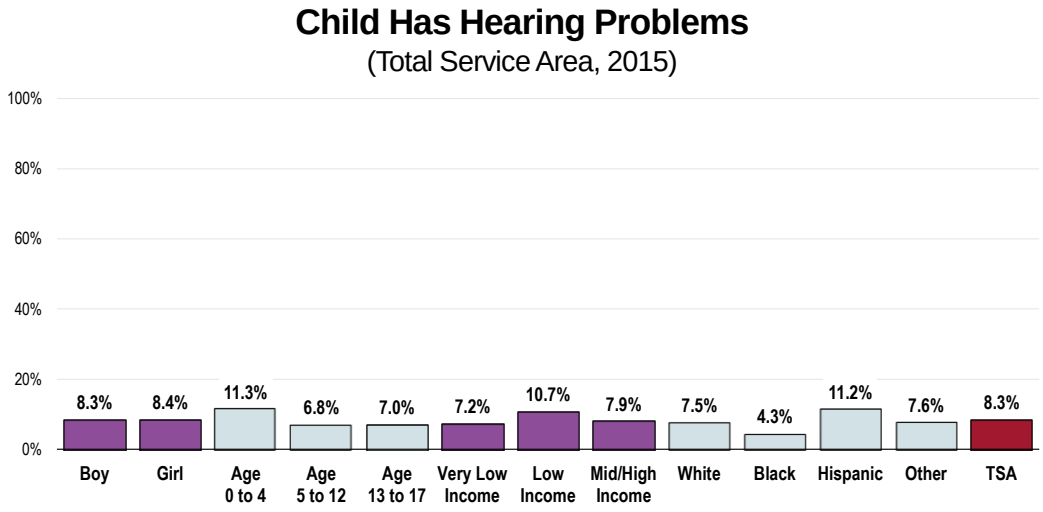
- Less favorable than national findings.
- Statistically similar by county.



Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 39]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

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

- In the Total Service Area, Hispanic children are more likely to have been diagnosed with hearing problems.



Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 39]

Notes:
- Asked of all respondents about a randomly selected child in the household.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

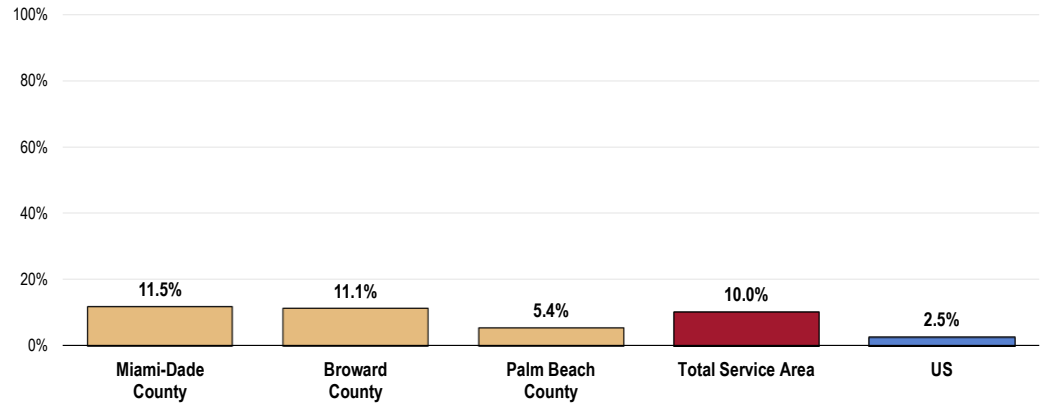
Vision Problems

A total of 10.0% of Total Service Area children have vision problems that cannot be corrected with glasses or contact lenses.

- Much higher than the national prevalence.
- Lowest in Palm Beach County.

Child Has Uncorrectable Vision Problems

(Total Service Area, 2015)



Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 37]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

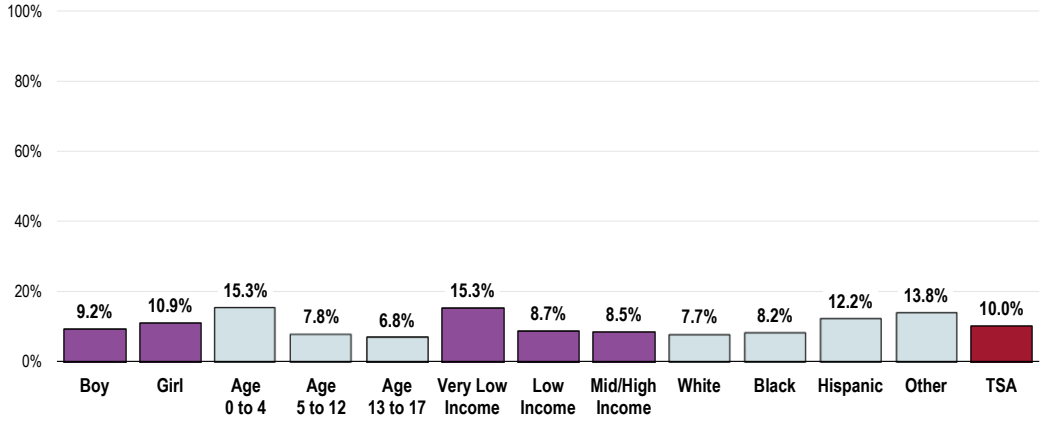
Notes:
- Asked of all respondents about a randomly selected child in the household.

Children more likely to have uncorrectable vision problems include:

- Those age 0 to 4.
- Hispanic or "Other" race children.

Child Has Uncorrectable Vision Problems

(Total Service Area, 2015)



Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 37]

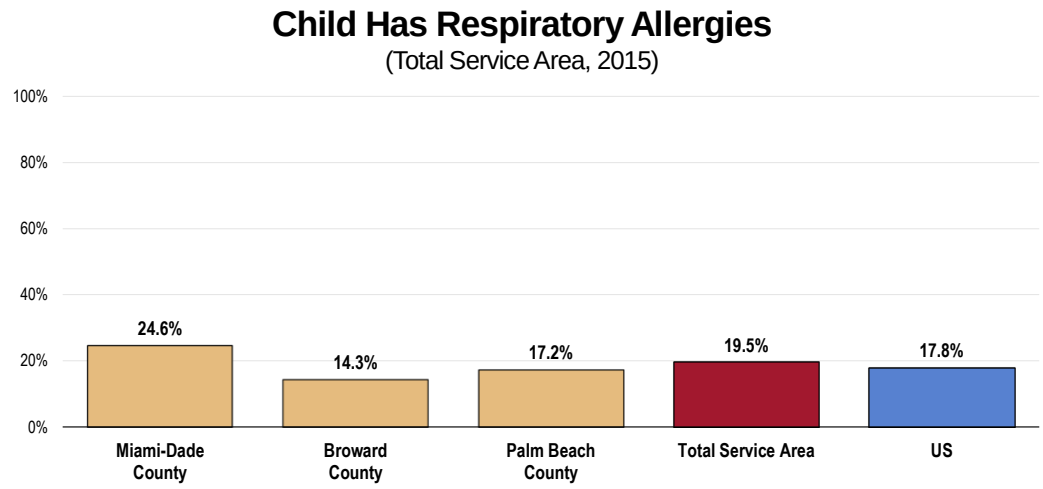
Notes:
- Asked of all respondents about a randomly selected child in the household.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Allergies

Respiratory Allergies

A total of 19.5% of Total Service Area children suffer from respiratory allergies.

- Comparable to the US percentage.
- Notably high in Miami-Dade County; lowest in Broward County.



Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 55]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

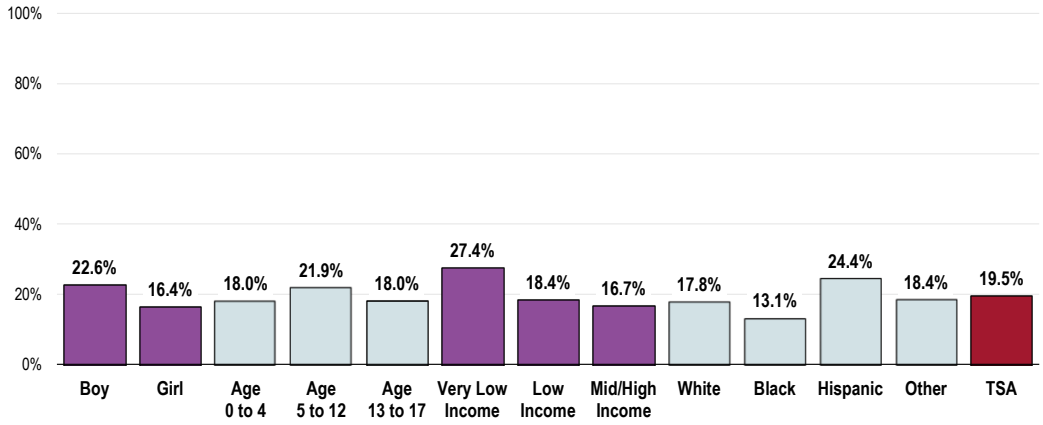
Notes:
- Asked of all respondents about a randomly selected child in the household.

Total Service Area children more likely to have a respiratory allergy include:

- Boys.
- Those in very low income households (note the negative correlation with income).
- Hispanic children.

Child Has Respiratory Allergies

(Total Service Area, 2015)



Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 55]

Notes:
- Asked of all respondents about a randomly selected child in the household.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

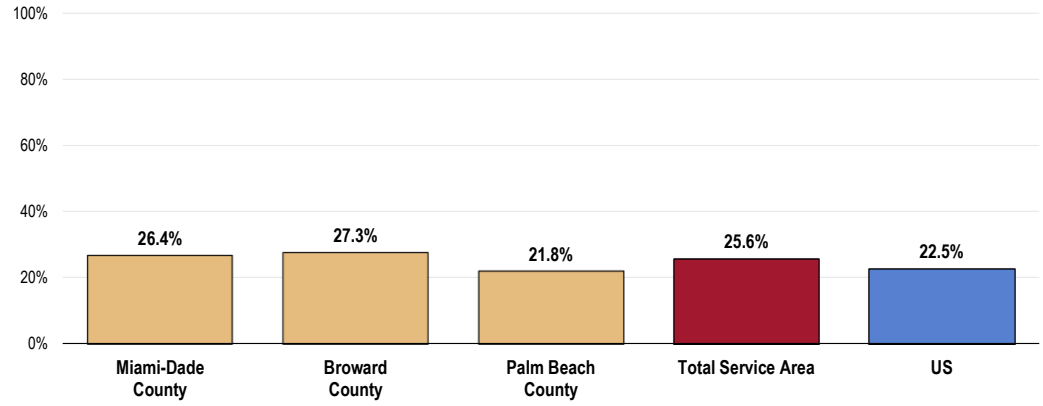
Eczema/Skin Allergies

A total of 25.6% of Total Service Area children have eczema or another skin allergy.

- Statistically similar to national findings.
- Statistically similar among the three counties.

Child Has Eczema/Skin Allergies

(Total Service Area, 2015)



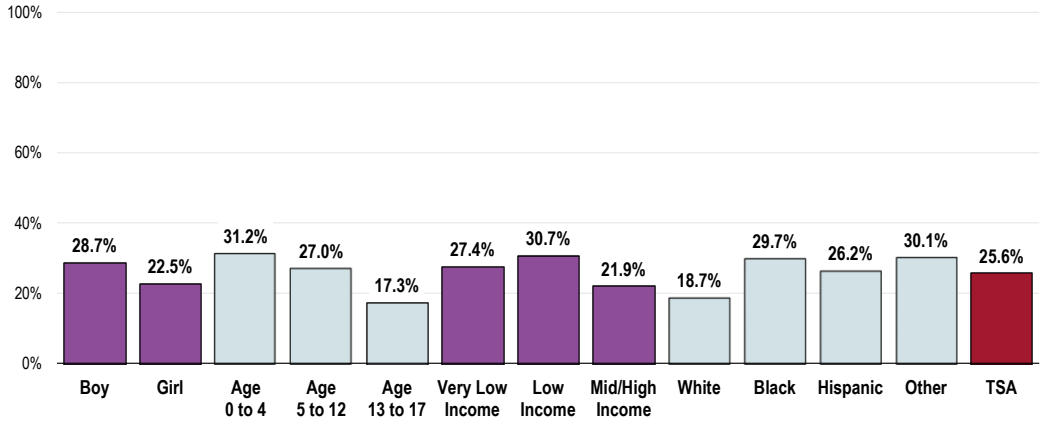
Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 57]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

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

Those more likely to experience eczema/skin allergies include:

- Boy.
- Younger children (note the negative correlation with age).
- Children in households with incomes 100- 199% of the federal poverty level.
- Black, Hispanic, or "Other" race children.

Child Has Eczema/Skin Allergies
(Total Service Area, 2015)



Sources: • 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 57]
Notes: • Asked of all respondents about a randomly selected child in the household.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

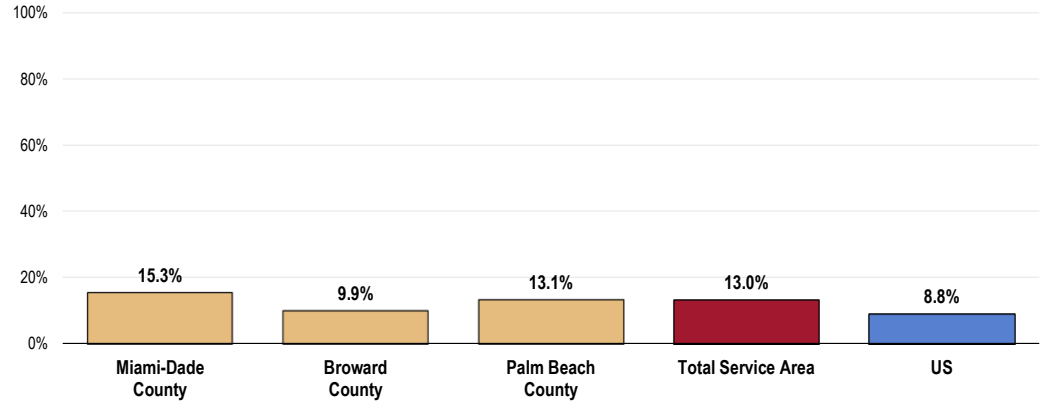
Food/Digestive Allergies

A total of 13.0% of Total Service Area children have some type of food or digestive allergy.

- Higher than the national rate.
- Lowest in Broward County.

Child Has Food/Digestive Allergies

(Total Service Area, 2015)



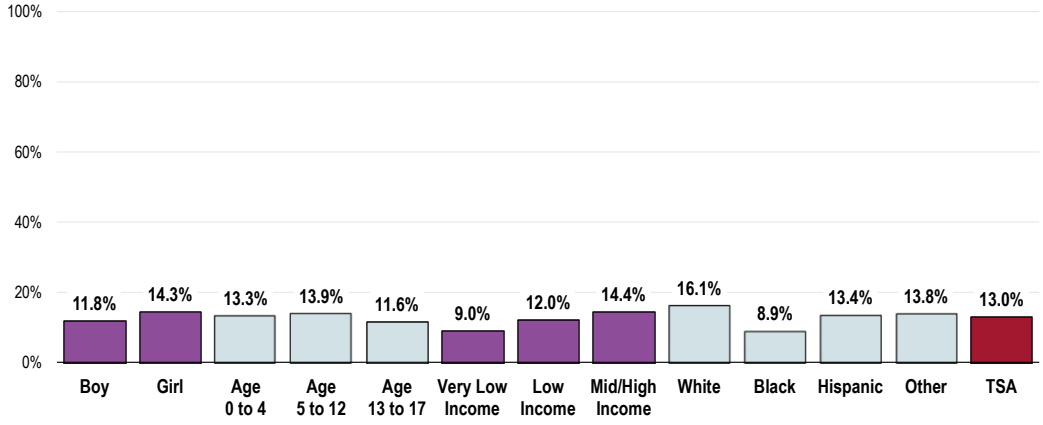
Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 56]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

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

- Food or digestive allergies are more prevalent among White, Hispanic, or "Other" race children.
- Note: The positive correlation of food allergies with income is not statistically significant.

Child Has Food/Digestive Allergies

(Total Service Area, 2015)



Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 56]

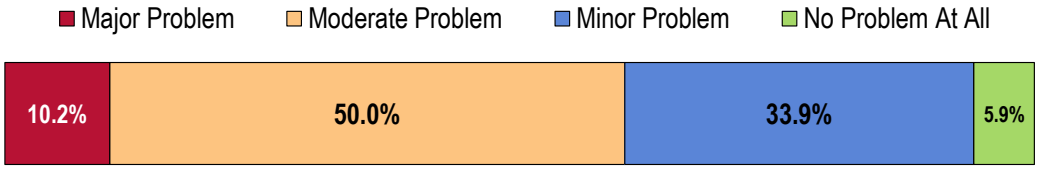
Notes:
- Asked of all respondents about a randomly selected child in the household.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Digestive Health

One-half of key informants taking part in an online survey characterized *Digestive Health* as a "moderate problem" for children/adolescents in the community.

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

(Key Informants, 2015)



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

Top Concerns

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

Co-Occurrences

Prevalence of eating disorders and obesity. - Physician

Obesity. - Physician

Obesity and poor nutritional support to parents and children. Easy access to unhealthy choices and fast food. Need for additional community programs. PE in schools, after-hours sports programs. - Physician

Poor Nutrition

Poor nutritional habits which are quite prevalent in our community contribute a variety of health problems that affect children including issues related to digestive health. - Physician

Poor food choices, ambiguous social and political messages have created major digestive health problems for children and adolescents in this community. - Other Health Provider

Poor diet that is extensive in the community. Cultural issues. - Social Service Provider

Lack of Resources

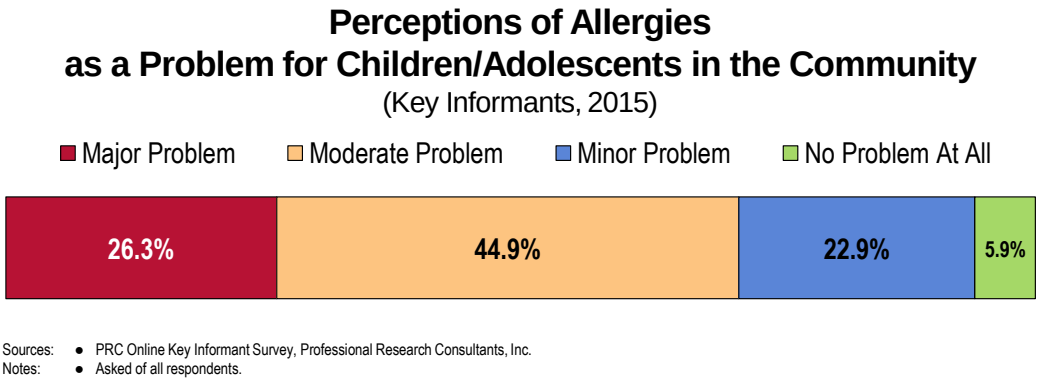
Parents do not have resources or information. Insurance is an issue as well; most insurance companies do not cover for instance special infant formula to get babies to a good digestive pattern. - Social Service Provider

Prevalence/Incidence

Many patients with Crohn's or UC. Increased number of patients with GERD. Limited access to GI specialists. - Physician

Key Informant Input: Allergies

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



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

Top Concerns

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

Environmental Issues

Asthma, allergic rhinitis, eczema. Issues with the amount of time it takes to see the specialist. Problems with medication coverage by insurance companies, both public and commercial. - Physician

Miami is full of allergens, allergies complicates condition for asthmatic children. - Other Health Provider

Environmental changes. Expose to unclean and dusty environments. Resistance patterns to viruses. - Social Service Provider

Environmental control issues. - Physician

Allergens are pathogens or substance that can trigger reactions in our body, from asthma to eczema amongst others. We need to find cures and better support for this patients, given them support such as nursing call back or specialized personnel to help deal with daily issues of care. - Physician

Exposure to different allergens but most importantly the lack of compliance with controller medications by the parents. - Physician

Allergies can be exacerbated by sub-standard housing or living conditions, such as mold, mildew. Lack of hygiene, access to clinical testing and affordability to pay for it. Lack of parental knowledge. - Public Health Representative

Climate is conducive for year around allergies. Environmental, as it relates to smoke exposure and roach infestation. - Community/Business Leader

Environment, weather, pollution, early daycare attendance. - Physician

The condition in the weather and the environment are causing respiratory concerns, children are becoming overheated quicker. Processed foods with added artificial ingredients causes a concern for food allergies. The insects specifically in South Florida such as mosquito bites are a major health concern that is causing cellulitis in numerous children. - Social Service Provider

Being in a humid hot environment with molds, this triggers a lot of allergies. Also, asthma exacerbations have been linked to low SES and cockroaches and living conditions. In addition Hispanics have higher rates of allergies, asthma. - Physician

More and more children are having problems with both environmental and food allergies. - Physician

Food and Outdoor allergies, household issues like A/C or dust and skin issues that arise from these triggers. - Social Service Provider

Genetic and environmental. - Physician

Prevalence/Incidence

There has been an overall rise in allergies and asthma throughout the US with South Florida being no different. A number of children now appear with a long list of food and environmental allergies. - Social Service Provider

Many children come to my attention with allergic condition and have less community resources. - Physician

Signs and symptoms education, to the community. I feel more children have allergies and more severe reactions to foods than ever before. - Other Health Provider

There are a number of children with increased respiratory, skin and food allergies in the community. Likely due to exposure of common chemicals in food and or the environment. - Social Service Provider

Major prevalence in this community. - Physician

Common condition in our area. Lack of access to care. - Physician

Prevalent little access to education and preventive measures. - Physician

This appears to be a significant reason why children are seen by primary care physicians. In my community activities this also appears to be a significant issue. - Physician

It appears that more children are presenting with respiratory problems that end up resulting from allergies. - Other Health Provider

By observing the children of my teammates, who are constantly missing school because of asthma and bronchitis, especially during spring. - Community/Business Leader

We have seen allergies become a major health issue with students in school. This trend has followed the increase of allergy issues within the US and other countries. Particularly food allergy has increased with students. Our diets have changed and there is increasing exposure to more processed foods and fewer fruits and vegetables. Presently, research is exploring both dietary and environmental factors that may contribute to the increase in allergies world-wide. - Community/Business Leader

Co-Occurrences

It affects quality of life and can cause respiratory issues along with sleep disordered breathing. – Physician

Great majority of respiratory illnesses are related to environmental, food allergies. They are expressed in many different ways and represent a great number of Emergency Department visits after hours as well as doctor's visits. Allergies need to be identified and treated and follow appropriately. - Physician

Lack of Specialty Care

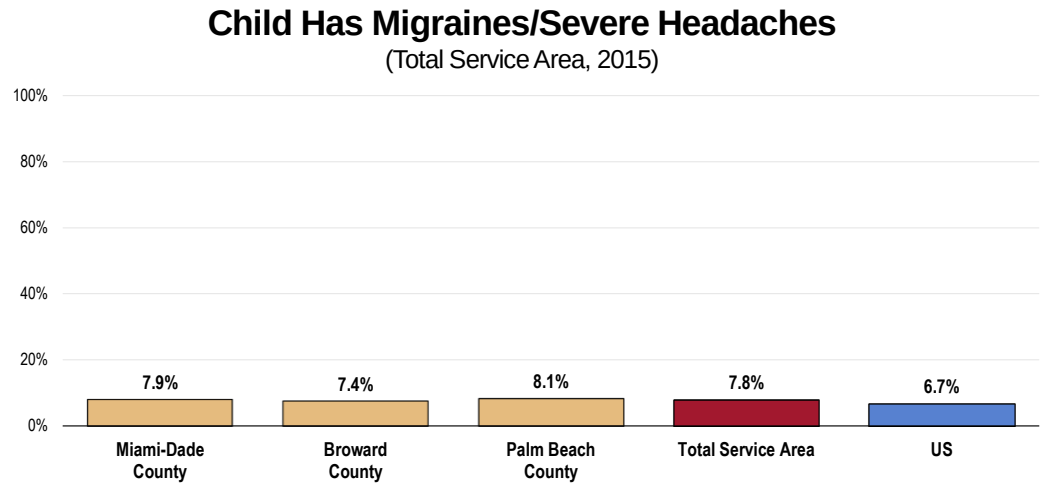
Lack of specialty care. - Community/Business Leader

Neurological Conditions

Migraines/Severe Headaches

A total of 7.8% of Total Service Area children suffer from migraines or severe headaches.

- Comparable to the US percentage.
- Comparable by county.

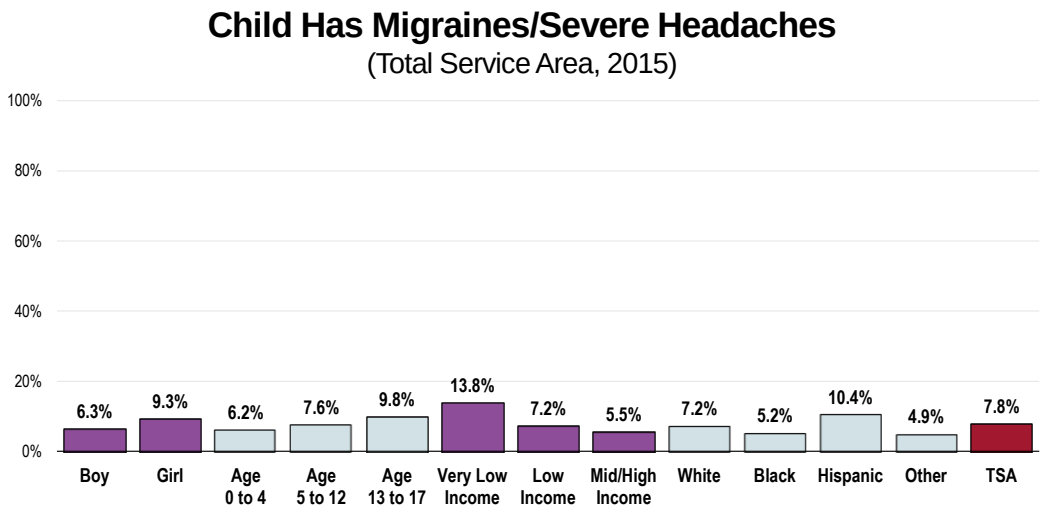


Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 61]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

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

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

- Those in very low income households (note the negative correlation).
- Hispanic children.



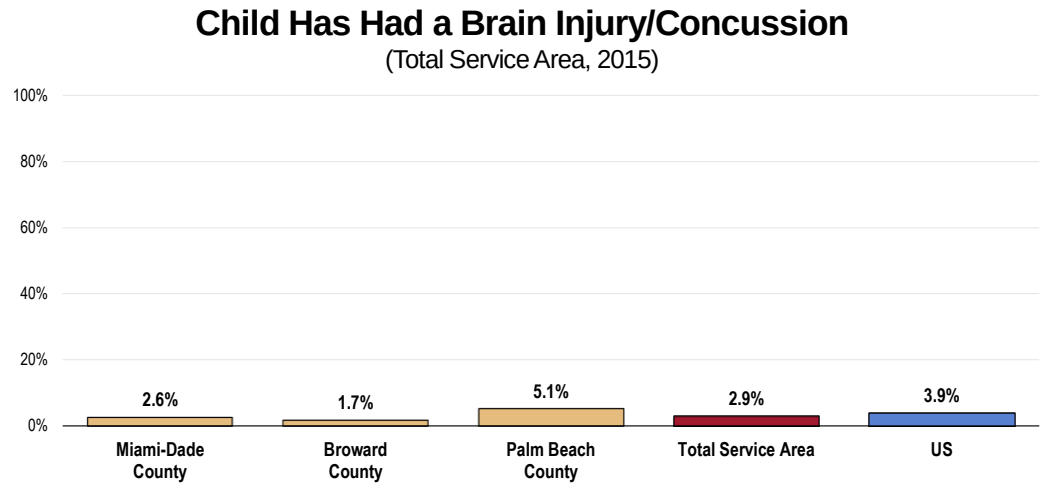
Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 61]

Notes:
- Asked of all respondents about a randomly selected child in the household.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Brain Injury/Concussion

A total of 2.9% of Total Service Area children have suffered a brain injury or concussion.

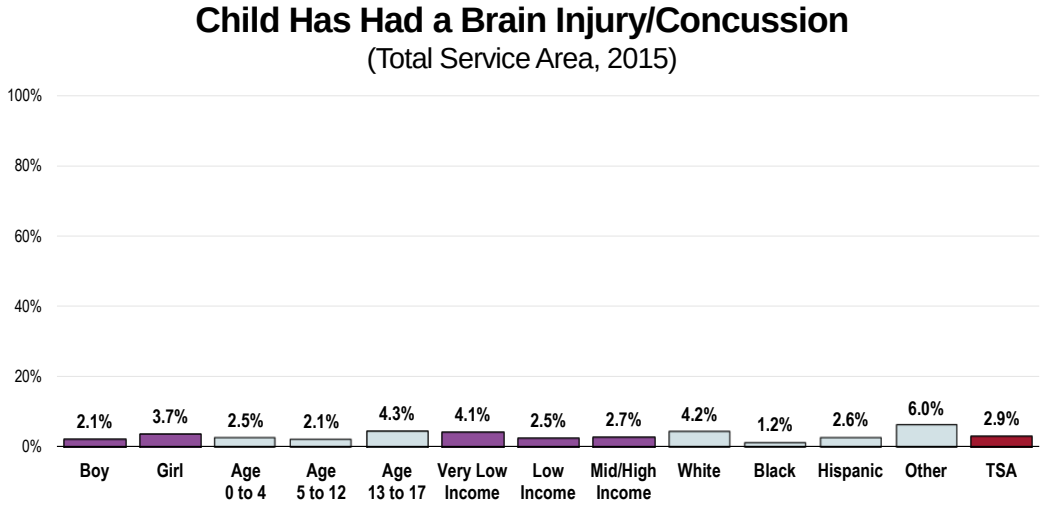
- Similar to the US figure.
- Considerably high in Palm Beach County.



Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 60]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

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

- This is predominantly noted among White or "Other" race children.



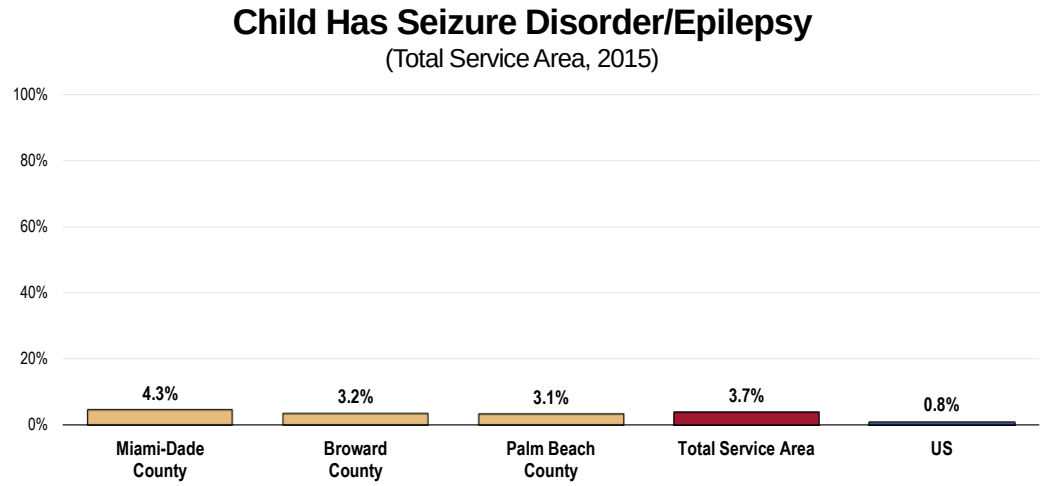
Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 60]

Notes:
- Asked of all respondents about a randomly selected child in the household.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Seizure Disorder/Epilepsy

A total of 3.7% of Total Service Area children have epilepsy or a seizure disorder.

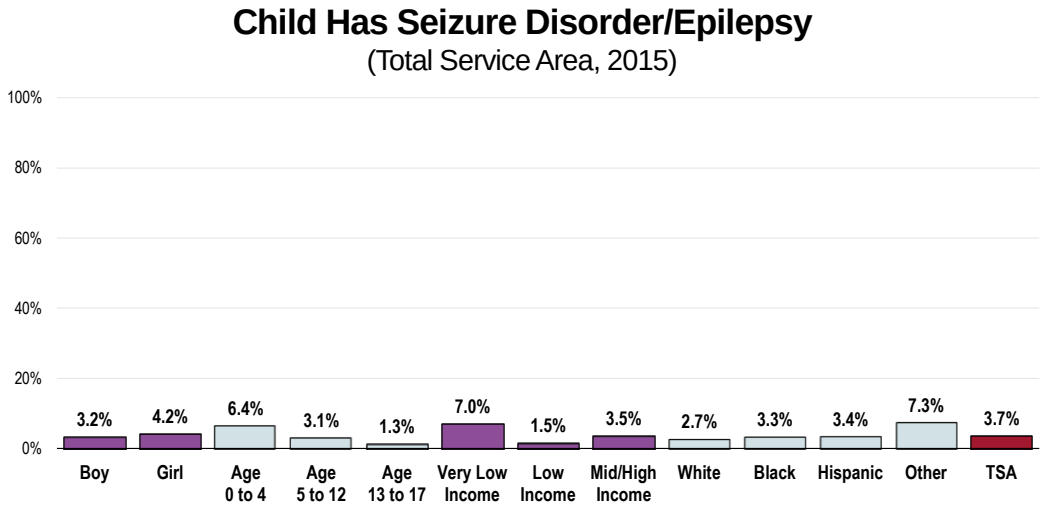
- Four times the US rate.
- The three counties show similar findings.



Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 58]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

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

- Note the negative correlation of seizure disorders/epilepsy with age.
- Children of very low income households are more likely to suffer from seizure disorders/epilepsy.

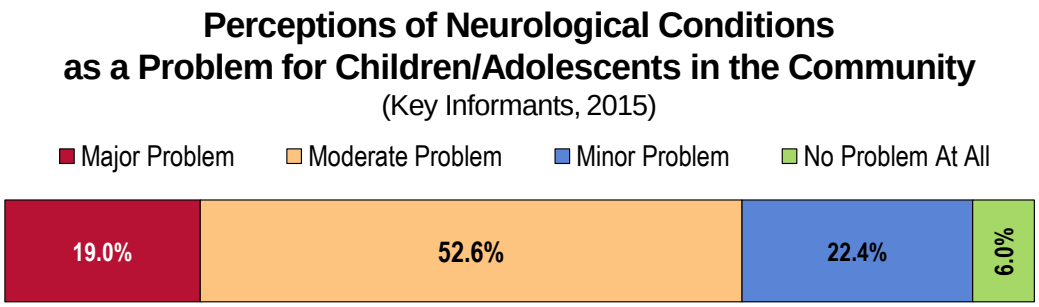


Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 58]

Notes:
- Asked of all respondents about a randomly selected child in the household.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Neurological Conditions

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



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

Top Concerns

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

Sport Injuries

Concussions/head injuries in sports are finally starting to be addressed and recognized. - Other Health Provider

Activities in school through sports or other contact type of situations such as field trips, riding the bus to school, etc. increase the exposure to brain injury and concussions and headaches associated with injury. Increase awareness and intervention has allowed a greater focus on these conditions. - Community/Business Leader

South Florida has big emphasis on sports and sports injuries are on the rise. - Public Health Representative

Awareness has been significantly increased as it relates to head injury in children/teens during sports, in particular American football. Headache is the most common neurologic complaint we do see on children with no underlying medical conditions. ADHD, PDD, etc. - Physician

Prevalence/Incidence

It is by far the number one reason for admission at our institution. - Physician

Children with special needs are increasing. - Physician

Increased neurological disorders such as Autism affecting the population. - Community/Business Leader

Co-Occurrences

Neuro concerns in the broader spectrum to include seizure disorders, autism, ADHD etc. continue to be a true concern throughout the South Florida Community. In this respect, the concerns tie to other concerns in the area of early childhood development. - Social Service Provider

Overall family, school and community functioning. Access to appropriate medical care and multidisciplinary treatment/follow-up; behavioral components; adjustment to academic programs; psychosocial, cultural and financial factors. - Other Health Provider

Cost and Insurance

> *Medications are not easily available, insurance barriers. Family is rarely on-board and rarely compliant. - Other Health Provider*
>
> *Time and cost consuming. - Physician*

Lack of Providers

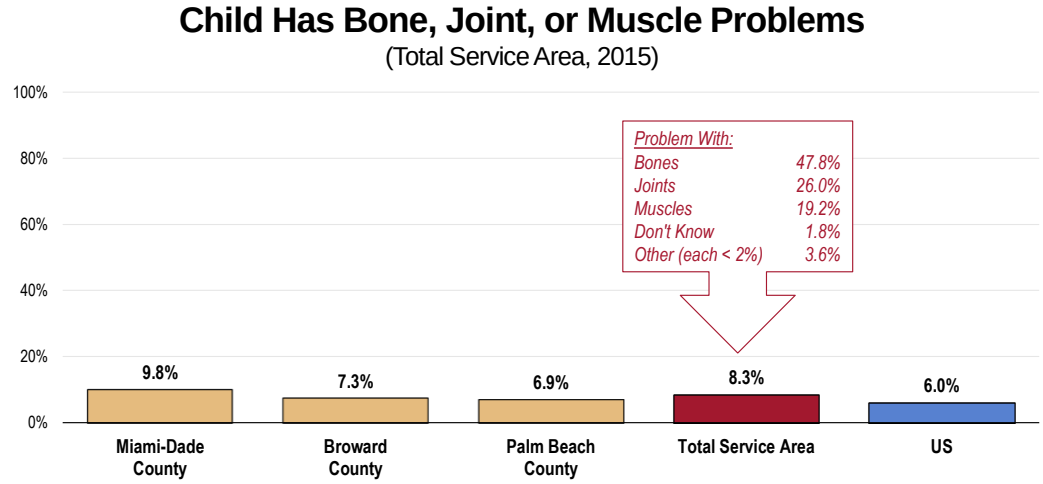
> *Same situation. Lack of providers and don't take insurances. – Physician*
>
> *There is a lack of pediatric neurological and neurosurgical support for patients and families. We are seeing an increasing number of patients complaining of migraines. - Other Health Provider*

Bone, Joint & Muscle Problems

A total of 8.3% of Total Service Area children experience bone, joint or muscle problems.

- Less favorable than the nationwide proportion.
- Statistically, no difference by county.

Among these, the largest share (47.8 %) identified this as a problem with their child's **bones**, followed by **joints** (26.0%), and **muscles** (19.2%).



Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 63-64]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

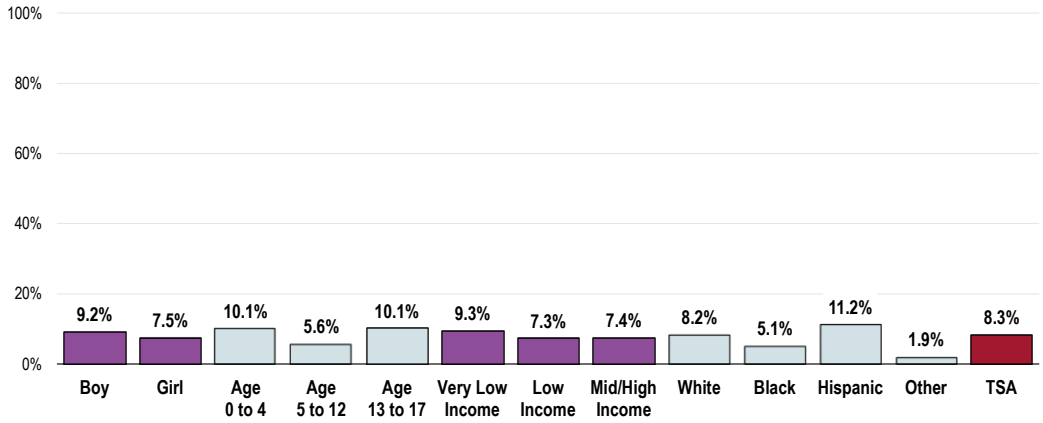
Notes:
- Asked of all respondents about a randomly selected child in the household.

The following appear much more likely to suffer from bone, joint or muscle problems:

- Children younger than 5 or older than 12.
- White or Hispanic children.

Child Has Bone, Joint, or Muscle Problems

(Total Service Area, 2015)



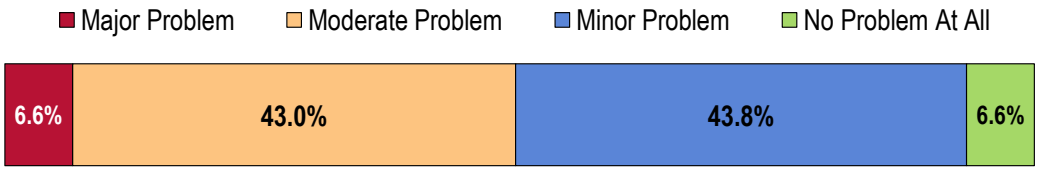
Sources: • 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 63]
Notes: • Asked of all respondents about a randomly selected child in the household.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Bone, Joint, and Muscle Conditions

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

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

(Key Informants, 2015)



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

Top Concerns

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

Lack of Access to Providers

> *Difficult to get to an Orthopedic Center in timely manner. - Physician*
>
> *Too much demand. Many late adolescents cannot get appointments easily. – Physician*
>
> *Once a child goes to an Urgent Care or some Emergency Room for an emergency related to Orthopedics, it is difficult to get follow up visits and in many occasions getting appointments is hard. - Physician*

Lack of Providers

> *Very few Rheumatologists Pediatric and not enough Pediatric Orthopedic doctors. - Physician*
>
> *Lack of doctors accepting patients. - Physician*

Prevalence/Incidence

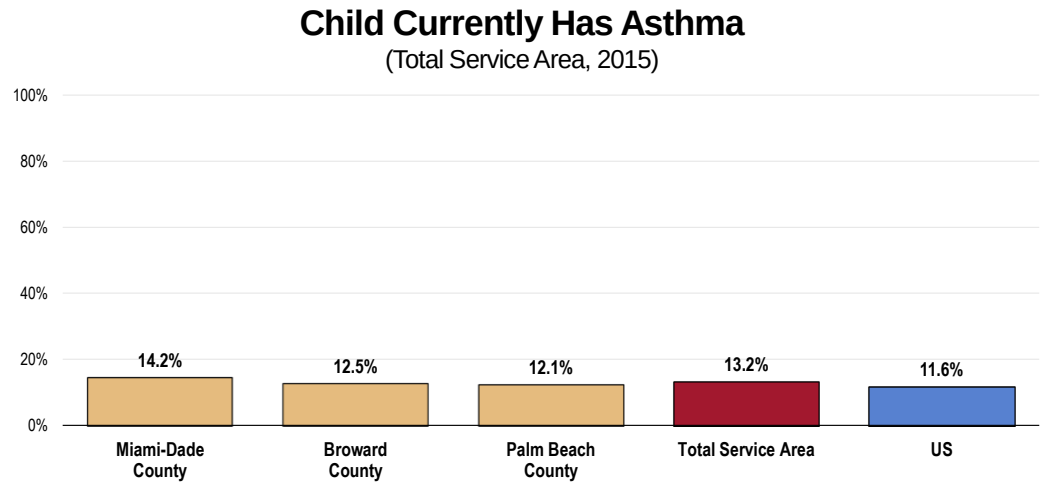
> *Sport injuries. - Physician*

Asthma

Prevalence of Asthma

A total of 13.2% of Total Service Area children age 0 to 17 currently have asthma.

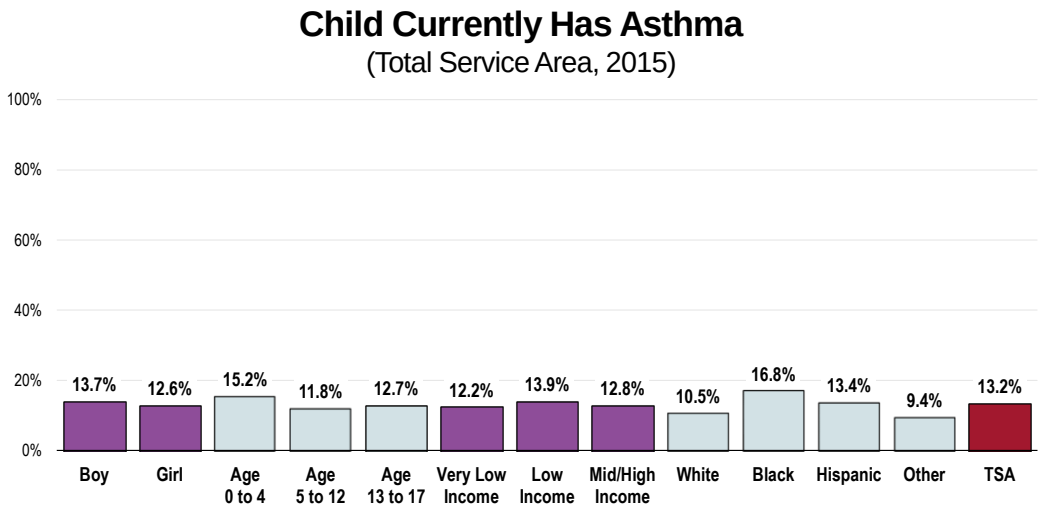
- Similar to the US rate.
- Statistically similar among individual counties.



Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 150]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

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

- Childhood asthma prevalence in the Total Service Area is highest among Black children.



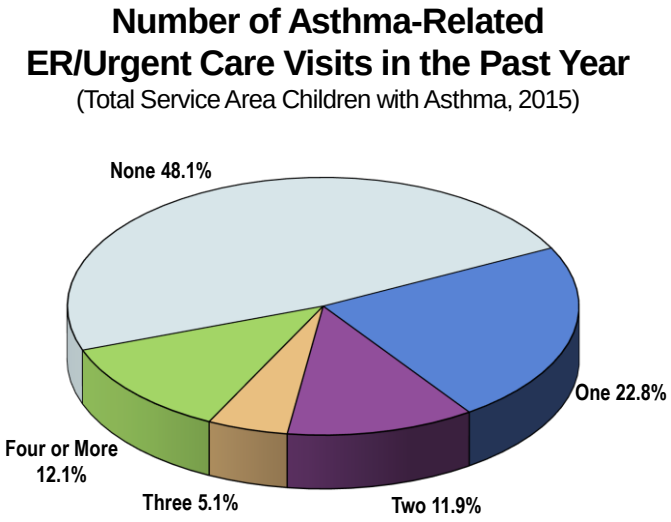
Sources: ● 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 150]
Notes: ● Asked of all respondents about a randomly selected child in the household.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Asthma-Related Care

Emergent/Urgent Care

Among Total Service Area children with asthma, over one-half (51.9%) have had emergency room or urgent care visits due to their asthma at least once in the past year.

- Statistically comparable to national findings.



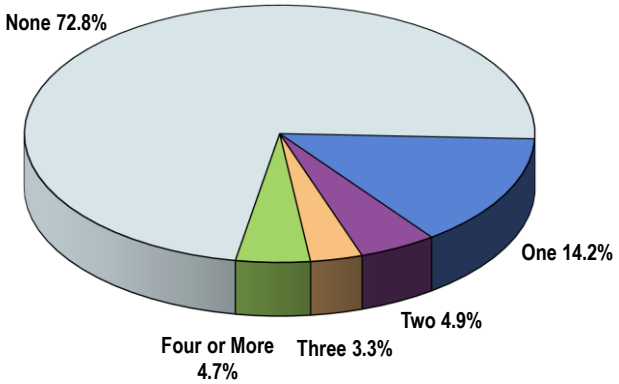
Sources: ● 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 51]
Notes: ● Asked of respondents with a child who currently has asthma.

Hospitalization

Among Total Service Area children with asthma, a total of 27.1% were hospitalized overnight in the past year because of asthma.

- Much higher than national findings.

Number of Asthma-Related Hospital Stays in the Past Year
(Total Service Area Children with Asthma, 2015)



Sources: ● 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 52]
Notes: ● Asked of respondents with a child who currently has asthma.

Loss of Productivity

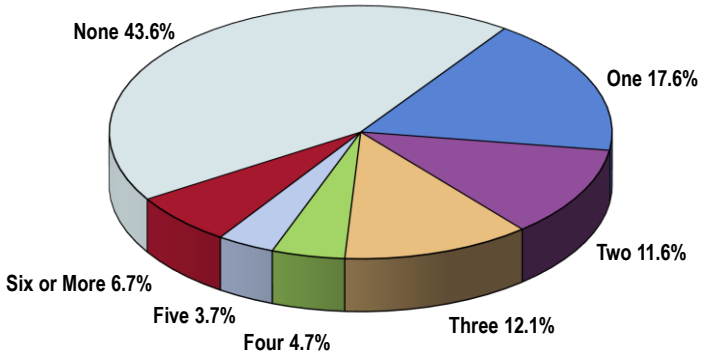
Missed School Days

Among Total Service Area school-aged children with asthma, the majority (56.4%) missed school on one or more days in the past year because of asthma-related problems.

- In fact, over 10% missed **5+ school days** because of their asthma in the past year.
- Notably higher than national findings.

Number of School Days Missed Due to Asthma in the Past Year

(Total Service Area Children Age 5-17 with Asthma, 2015)



Sources: ● 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 53]
Notes: ● Asked of respondents with a child who currently has asthma.

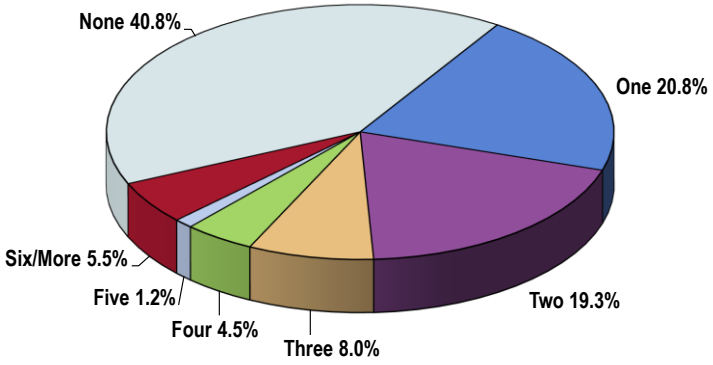
Parents' Missed Workdays

Further, 59.3% of Total Service Area parents with asthmatic children missed at least one day of work in the past year because of their child's asthma.

- The prevalence includes 6.7% of parents who missed **5+ workdays** in the past year due to their child's asthma.
- Over twice the proportion found nationally.

Workdays Missed in the Past Year Due to Child's Asthma

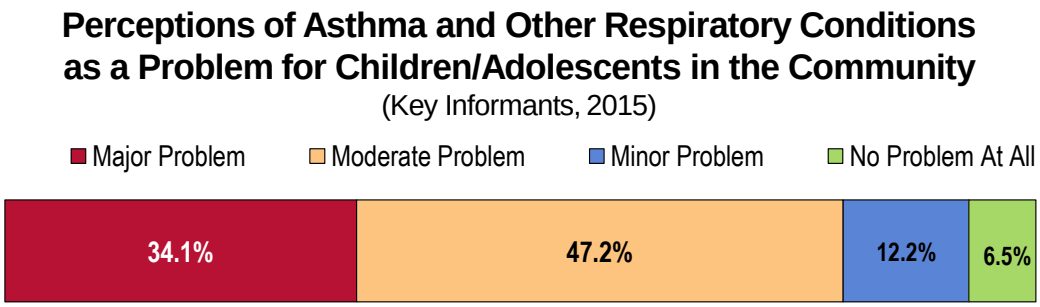
(Total Service Area Parents of Children with Asthma, 2015)



Sources: ● 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 54]
Notes: ● Asked of respondents with a child who currently has asthma.

Key Informant Input: Asthma and Other Respiratory Conditions

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



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

Top Concerns

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

Environmental Issues

The environment is getting more polluted. There is no environmental control on emissions and energy consumption to protect our planet. The government and private sector have to start making hard choice if we want to keep our planet safe of contamination. This is the one factor that triggers many illnesses including asthma. Asthma is a very devastating disease for those who have it. Most asthma is controllable with proper medication, teaching and resource available to pay for the medication and equipment. Most insurance do not cover the spacer and most of them rent a nebulizer that cost them a lot of money instead of providing the equipment to them and proper teaching. Yes we the physician are in charge but we need more resources to improve the parental and patient education. – Physician

Children living in poverty where there is much mold, parents who smoke, etc. - Community/Business Leader

Environment. Home and outdoors; climate, heat, allergens, etc. - Public Health Representative

Similar to allergy. Early and frequent exposure to allergens. Increase use of daycare. - Social Service Provider

Many live in the inner city and hence there is close housing that often contains roaches/other environmental stimulants of asthma. Humidity is high so there is predominance of mold. Many children are on asthma medications and there needs to be more public education of use of these medications to control crisis. – Physician

The environment, hot humid resulting in molds. The SES status. Medicaid, hygiene, living conditions. Ethic make up. Higher in Hispanics and AA. Inadequate education leading to poor compliance, lack of Medical Home leading to kids using Emergency Room, and fragmented care for exacerbations rather than focusing on prevention. - Physician

We have some challenges within our county that affects air quality. Our county has a large area of agricultural infrastructure such as sugar manufacturing mills, vegetable packing houses, horticultural nurseries, large golf courses and landscaping maintenance that can affect the air quality and increase exposure to airborne allergens. - Community/Business Leader

Genetics and environment. - Physician

Weather conditions. Lack of insurance resources, cultural factors and financial limitations. - Other Health Provider

Prevalence/Incidence

There are a number of children with increased respiratory, skin and food allergies in the community. Likely due to exposure of common chemicals in food and or the environment. - Social Service Provider

As with allergies, asthma is also on the rise throughout the country and in South Florida. - Social Service Provider

Rates of admission due to asthma related symptoms compared to Florida rates and national rates. - Other Health Provider

We mainly cover families that receive public insurance. Half of the families that we see have some issue with allergy or asthma. Problems with the families having a clear understanding of the importance of maintenance care. Also fair to poor showing for care. - Physician

Prevalence of allergies in South Florida. Please refer to the previous slide on allergies. More concerning is the higher incidence of overweight and obese children seen in South Florida due to the demographics of our children and adolescent population. - Community/Business Leader

Common medical condition. – Physician

Prevalence. - Physician

Research continues to point to the growing issues related to asthma and other respiratory conditions such as bronchiolitis. Our community is not different particularly given its diverse population, high volume of immigrants/travelers, and underserved. - Other Health Provider

Many children have inhalers ordered on a regular or as needed basis. - Community/Business Leader

Same as allergy question. More and more respiratory illnesses have been linked to allergies. - Other Health Provider

Covered in earlier answer. - Public Health Representative

Similar reasons as noted for allergies. – Physician

Recurrent upper respiratory infections. - Physician

Compliance

Lack of control due to little effort in compliance. Exposure to varied amount of people in classrooms and geographical location. - Physician

Parents are not compliant with the asthma plans and asthma education is lacking. - Physician

Many patients with poorly controlled asthma and poor compliance. - Physician

If correct diagnoses are achieved, compliance is an issue due to the chronic and acute nature of the disease. Caregivers often times do not or cannot avoid triggers due to lack of education or economic circumstances. Time has to be dedicated to parents and child (age appropriate) so as to educate on the disease as well as resources. - Other Health Provider

Co-Occurrences

Decreased quality of life. Burden for child and family, poor access to good care. - Physician

It impedes a child from taking part in sports and other fun physical activity that is essential to child development both mental and physical. If managed asthma is not an issue in physical activity it actually subsides but most parents are not educated on this. - Social Service Provider

Asthma and other respiratory conditions may be linked as a direct result of premature births. Once this problem is addressed the mounting problem of respiratory illness may diminish. - Other Health Provider

Lack of Education

It is a major problem because after you identify it. The children (parent) need good education to understand the disease and for parent to adhere to the treatment for full control and prevention. - Physician

Lack of Specialty Care

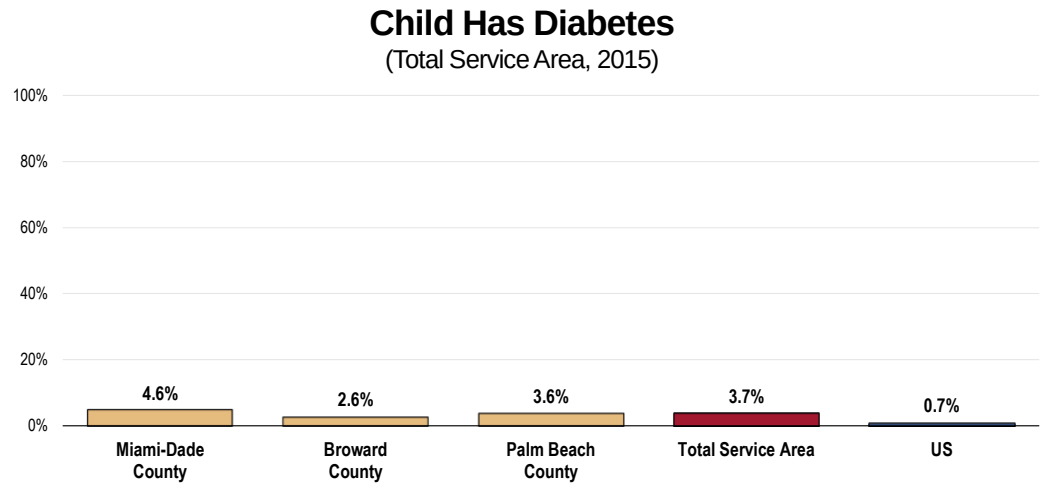
Lack of specialty care. - Community/Business Leader

Diabetes

Prevalence of Diabetes

A total of 3.7% of Total Service Area children age 0 to 17 have been diagnosed with diabetes by a doctor or other health care provider.

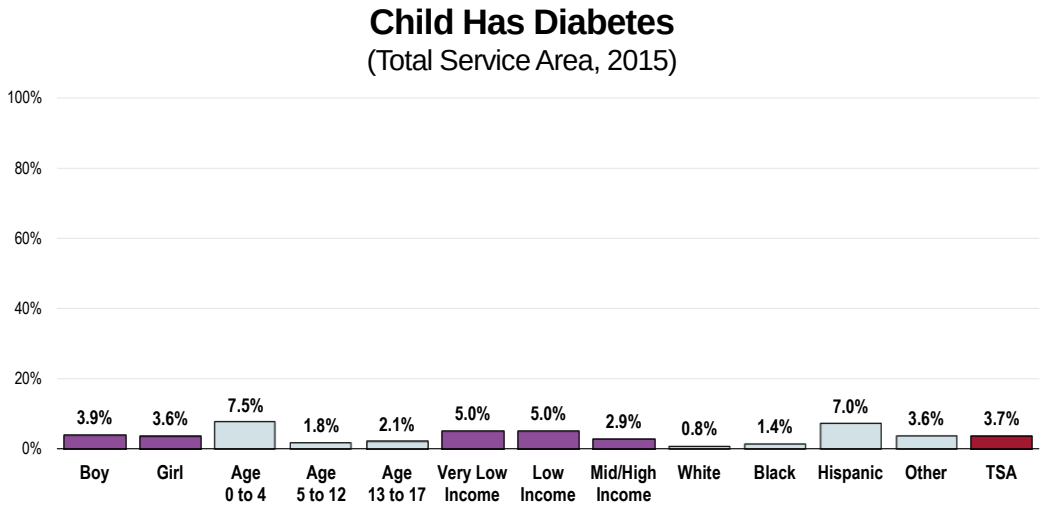
- Considerably less favorable than the US prevalence.
- No statistical difference among individual counties.



Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 59]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

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

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



Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 59]

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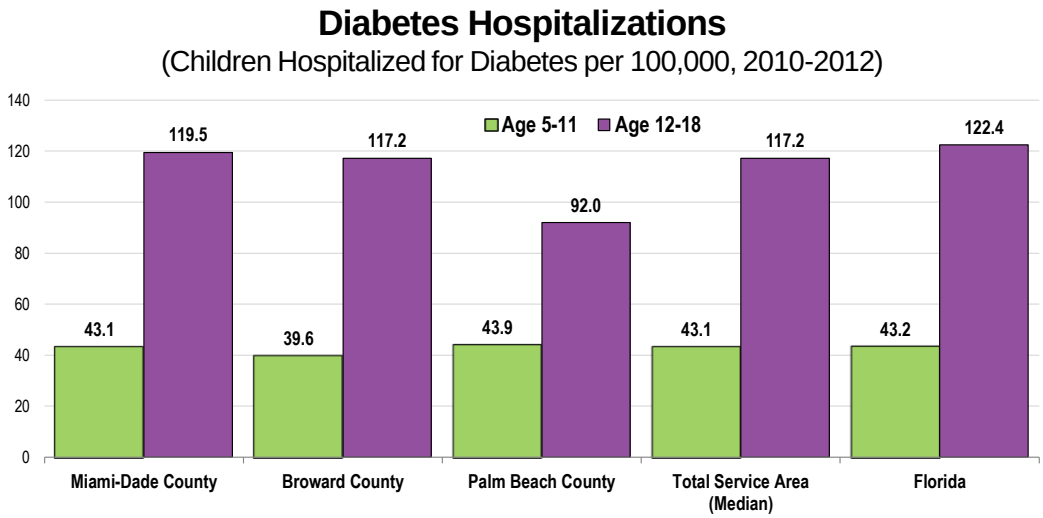
Diabetes Hospitalizations

Using the median of the three counties, 43.1 children age 5-11 per 100,000 were hospitalized for diabetes between 2010 and 2012 in the Total Service Area.

- Nearly identical to Florida findings.
- Lowest in Broward County.

During the same time period, 117.2 children age 12-18 per 100,000 were also hospitalized for diabetes in the Total Service Area.

- Statistically similar to the Florida rate.
- Favorably low in Palm Beach County.

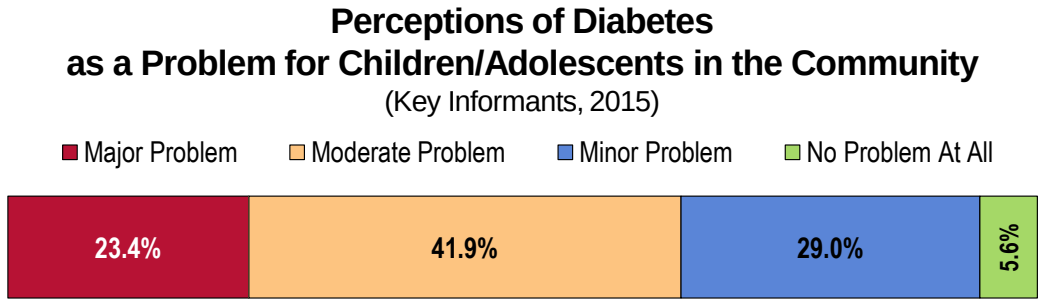


Sources:
- Florida Department of Health, Division of Public Health Statistics & Performance Management, Data Viewer.
- Retrieved November 2015 from http://www.floridacharts.com.

Notes:
- ICD-9-CM Code(s): 250.00-250.93. Includes both primary and contributing diagnoses.
- Data represents 3-year rolling rates.

Key Informant Input: Diabetes

The greatest share of key informants taking part in an online survey characterized *Diabetes* as a "moderate problem" for children/adolescents in the community.



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

Notes:
- Asked of all respondents.

Top Concerns

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

Obesity and Lifestyle

Diabetes is on the rise due to obesity and sedentary lifestyle. With both parents in the workforce, families are forced to take shortcuts. Healthy home cooking is replaced by fast unhealthy. This also leads the unavailability to supervise food consumption and activity. - Other Health Provider

The prevalence of obesity in children and adults which in large part stems from poor nutrition is very high in our community and throughout the country, Type 2 diabetes is a major health consequence which in many cases in under diagnosed. - Physician

Childhood obesity. - Physician

We do not really know why diabetes has increased by over 25% within the last 10-15 years. The increase in obesity in children is a contributing cause in type 2 but doesn't explain the increase in type 1 diabetes in children. Apart from genetics, there are also environmental factors such as exposure to enteroviruses, insulin resistance factors such over-nutrition/feeding in childhood, and over cleanliness may cause less exposure to virus triggering mechanisms for the immune system. - Community/Business Leader

The amount of grossly overweight individuals in the clinic we see and in the community at the stores. - Other Health Provider

Sedentary lifestyle, poor dietary choices and lack of education about obtaining resources for making/participating in healthy options. - Public Health Representative

Higher incidence of overweight and obese children seen in South Florida due to the demographics of our children and adolescent population. Probable correlation with Type-2 Diabetes in the Hispanic and African American population. - Community/Business Leader

Due to the obesity factor in the US, children and very prone to developing diabetes and that is of major concern. - Community/Business Leader

The rise in obesity, particularly in Hispanic and African American children can have long term health effects. - Public Health Representative

Increased problems with nutrition and obesity. Increased problems with both the Hispanic and African American population. Earlier presentation with metabolic syndrome and their sequelae. - Physician

Hispanic dietary culture and eating habits exponentially increase likelihood of Type 2 Diabetes. - Community/Business Leader

Obesity crisis from poor nutrition, physical activity in a safe environment, adequate and accessible parks. Lack of affordable healthy food, Parental knowledge and engagement. - Public Health Representative

Obesity is increasing along with poor nutrition. - Public Health Representative

Prevalence/Incidence

Almost 100 students in our District have diabetes. These children experience increased absenteeism and lost instructional time, as well as related medical complications. - Community/Business Leader

Type 1 diabetes mellitus has overall increased in incidence and there is lack of education on early detection in the community. - Physician

We continue to see more and more children with diabetes and incorrect eating patterns. In the Hispanic community not enough information for children and parents. - Social Service Provider

Miami-Dade has a high rate of diabetes, per the findings of local groups like the Health Council of South Florida. While children are not dying of the disease at a high rate, it appears to affect a large number of children. - Community/Business Leader

Prevalence. - Physician

Access to Providers/Services

> *Access to medical care or information about appropriate nutrition, financial limitations, cultural factors and compliance issues regarding disease process. - Other Health Provider*

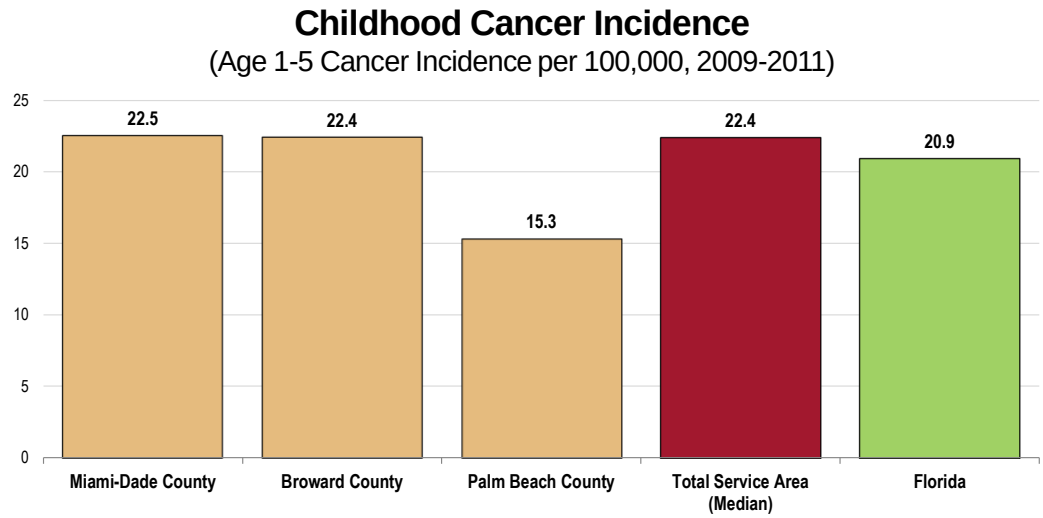
Co-Occurrences

> *Genetics, nutrition, environment. - Physician*

Cancer

In the Total Service Area, 22.4 per 100,000 children age 1 to 5 were diagnosed with cancer from 2009 to 2011.

- Less favorable than found statewide.
- Much more favorable in Palm Beach County.

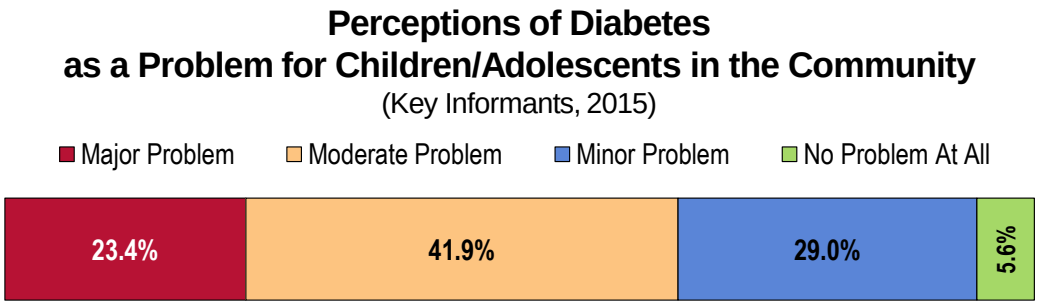


Sources:
- Florida Department of Health, Division of Public Health Statistics & Performance Management, Data Viewer.
- Retrieved November 2015 from http://www.floridacharts.com.

Notes:
- The data is based on overall cancer incidence.

Key Informant Input: Cancer

Key informants taking part in an online survey generally characterized *Cancer* as a "moderate problem" for children/adolescents in the community.



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

Top Concerns

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

Prevalence/Incidence

The incidence of cancer among children appears to be at least as prevalent as it has been in recent years if not higher. This is quite concerning. - Physician

Prevalence. - Physician

We are seeing an increasing number of children with various cancers. - Community/Business Leader

Again, I see many cancer patients and NCH is a major referral center. - Physician

It is a problem in the entire population, not just children. Environmental and other factors have contributed to a drastic rise in cancer in the population. - Other Health Provider

Risk Factors

Exposure, eating habits, behavior issues. - Social Service Provider

Genetics and environment. - Physician

Access to Care

Potentially lethal, high cost for care and poor access. - Physician

Lack Availability of Clinical Trials

We need to increase the availability of clinical trials so that children do not have to leave our community for innovative treatments. - Community/Business Leader

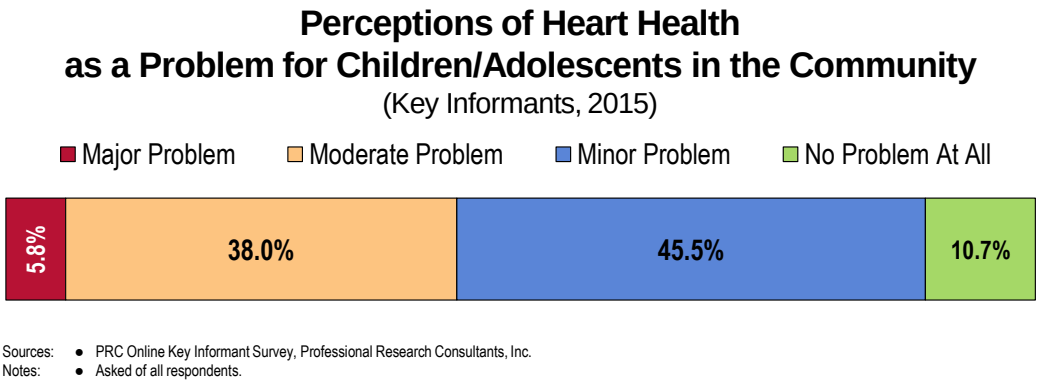
Lack of Providers/Services

Lack of organized palliative care. Team and resources both inside the hospital and in the community. Patients and families suffering from a terminal or life limiting, chronic illness have minimal resources to cope and improve their quality of life. - Physician

Heart Disease

Key Informant Input: Heart Health

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



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

Top Concerns

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

Access to Providers/Services

> *Access to medical resources/specialists, financial limitations. Lack of insurance, lack of appropriate information regarding disease processes. Cultural factors and psychosocial components. Nutritional habits. - Other Health Provider*

Lifestyle

> *Nutrition, inactivity and genetics. – Physician*
>
> *Poor diet, lack of education, poor choice of food products. - Social Service Provider*

Obesity

> *Obesity leads to high blood pressure which in turn leads to heart disease. - Community/Business Leader*

Condition Requiring Prescriptions or Special Therapy

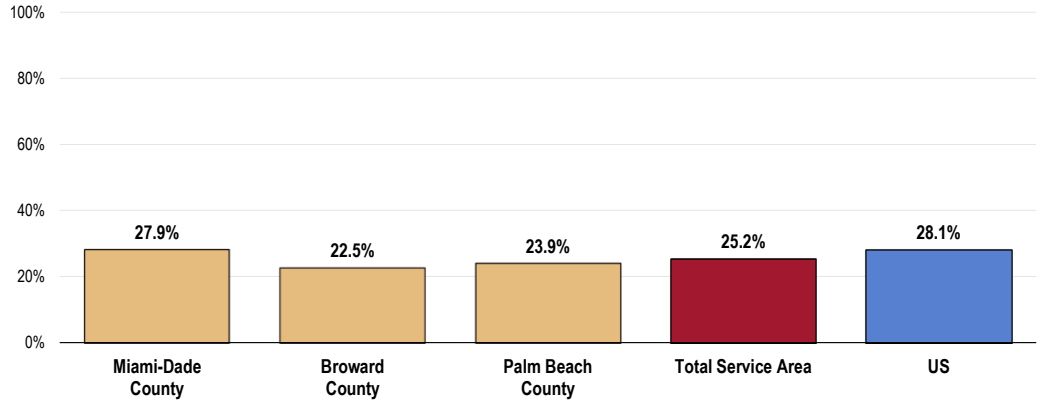
Special therapy might include physical, occupational or speech therapy.

Specifically, more than one out of four Total Service Area children (25.2%) has a chronic condition that requires prescription medication(s) (not counting vitamins) or special therapy.

- Statistically similar to the prevalence nationwide.
- No statistically significant difference by county.

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

(Total Service Area Children, 2015)



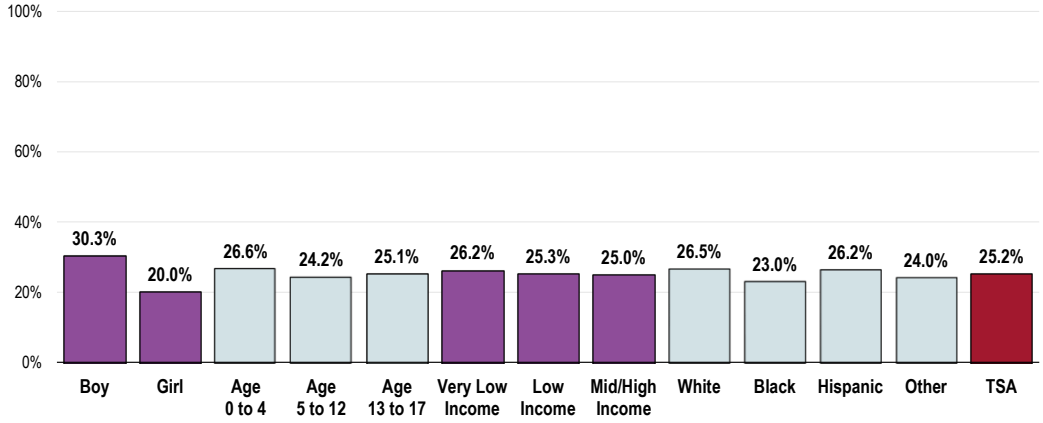
Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 175]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

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

- Boys are more likely than girls to have a chronic condition that requires prescription medication or special therapy.

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

(Total Service Area Children, 2015)

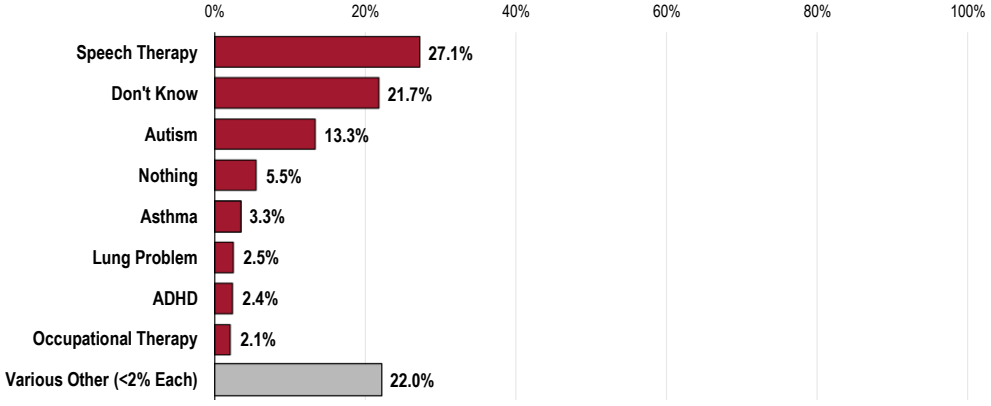


Sources: ● 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 175]
Notes: ● Asked of all respondents about a randomly selected child in the household.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

When these parents were asked to specify the chronic condition requiring special therapy, ***speech difficulties*** *was the most frequent response (27.1%), followed by* ***autism*** *(13.3%),* ***nothing*** *(5.5%), and a variety of lesser-mentioned conditions. 21.7% of parents said they* ***didn't know*** *the chronic condition their child needs special therapy for.*

Type of Chronic Condition Requiring Therapy

(Children Who Need Therapy For a Chronic Condition; Total Service Area, 2015)



Sources: ● 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 36]
Notes: ● Asked of all respondents whose child has a chronic condition which requires special therapy.

Special Health Needs

Prevalence of Special Health Needs

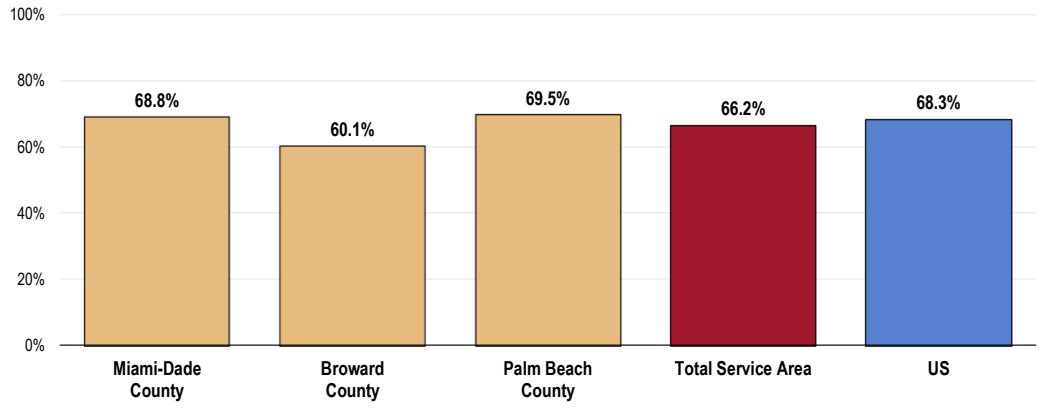
Here, children with special health needs include those reported to have one or more of the chronic disease conditions tested in the survey or any another chronic condition not specifically tested.

In all, nearly two-thirds (66.2%) of Total Service Area children (age 0-17) are found to have special health needs.

- Similar to the US figure.
- Lowest in Broward County.

Child Has a Special Health Need

(Total Service Area, 2015)



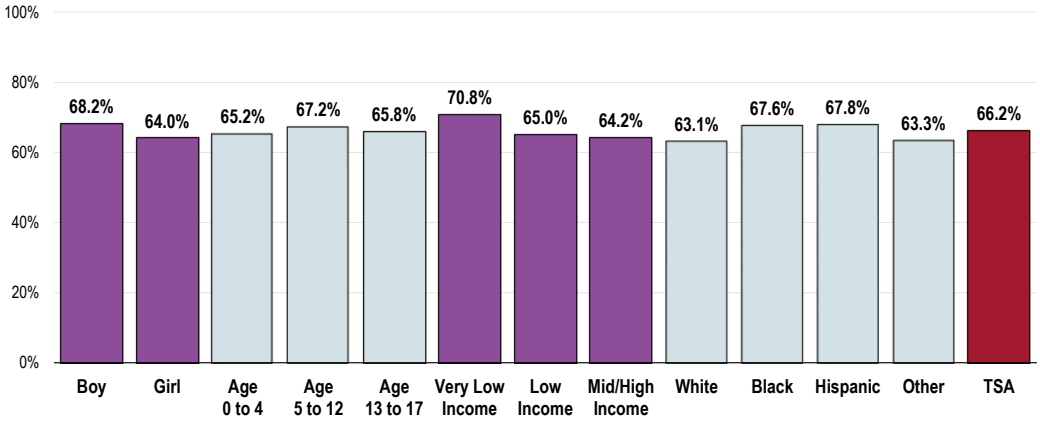
Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 180]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

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

- There are no statistically significant differences in the prevalence of special health needs among the following demographic categories.

Child Has a Special Health Need

(Total Service Area, 2015)



Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 180]

Notes:
- Asked of all respondents about a randomly selected child in the household.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Includes respondents reporting a child's diagnosis of any medical condition specifically measured in the survey, as well as any other not specifically addressed.

Managing Children's Special Health Needs

Parents' Greatest Needs for Child

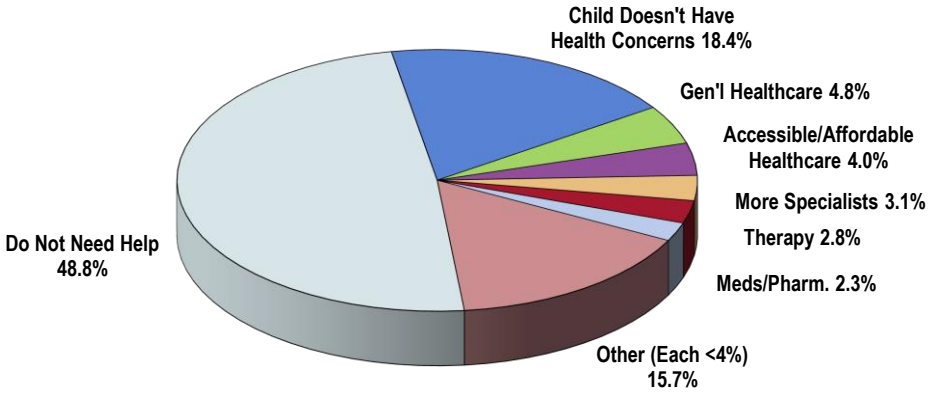
"What is your greatest need for your child with special needs?"

Among parents of children with special health needs, the greatest share says that they "do not need any help."

- 18.4% said that their child did not have any health concerns.
- Common needs mentioned by parents included: **general healthcare** needs (4.8%); **accessible and affordable healthcare** (4.0%); and **more specialists** (3.1%).

Respondents' Greatest Need for Child with Special Need

(Total Service Area Parents of Children w/ Special Needs, 2015)



Sources: • 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 73]
Notes: • Asked of all respondents whose child has a medical condition specifically measured in the survey, excludes those not respondent or unable to provide a response.

Parents' Greatest Needs for Self

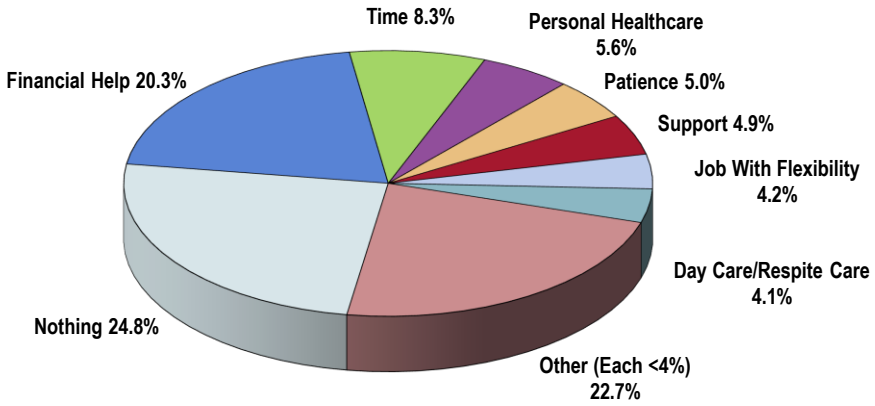
"What is your greatest need for yourself in helping to take care of your child with special needs?"

With regard to the needs of *parents themselves* in taking care of their child with special health needs, the largest share of respondents said "nothing;" however, 20.3% mentioned financial help (including references to "insurance" and "affordable care").

- Other needs often mentioned included **more time** (8.3%), **personal healthcare** (5.6%), **patience** (5.0%), and **support** (4.9%).

Respondents' Greatest Need for Self in Caring for Child with Special Need

(Total Service Area Parents of Children w/ Special Needs, 2015)



Sources: • 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 74]
Notes: • Asked of all respondents whose child has a medical condition specifically measured in the survey; does not include those who were uncertain or unable to provide a response.

Prenatal & Postnatal Care

Professional Research Consultants, Inc.

Prenatal Care

About Infant & Child Health

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

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

– Healthy People 2020 (www.healthypeople.gov)

Lack of Prenatal Care

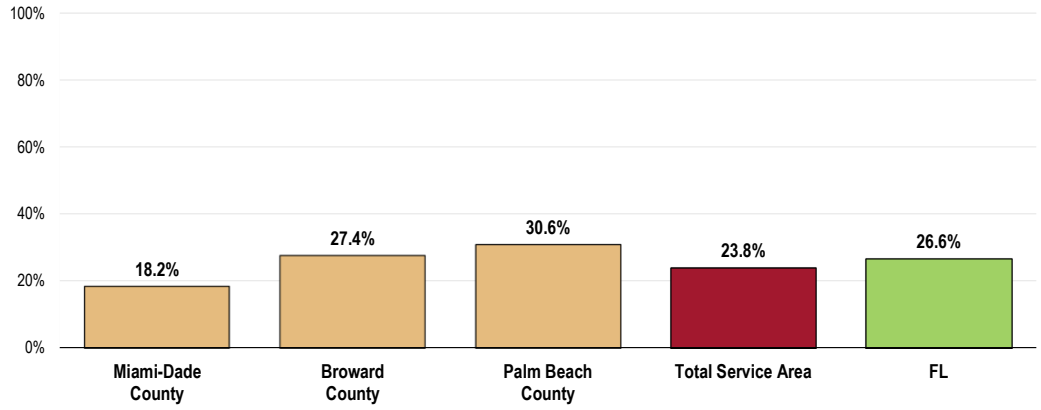
Between 2011 and 2013, 23.8% of all Total Service Area births did <u>not</u> receive prenatal care in the first trimester of pregnancy.

- More favorable than the Florida proportion.
- Fails to satisfy the Healthy People 2020 target (22.1% or lower).
- Notably less favorable in Palm Beach County; most favorable in Miami-Dade County.

Lack of Prenatal Care in the First Trimester

(Percentage of Live Births, 2011-2013)

Healthy People 2020 Target = 22.1% or Lower



Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System: 2011-13. Accessed using CDC WONDER.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-10.1]

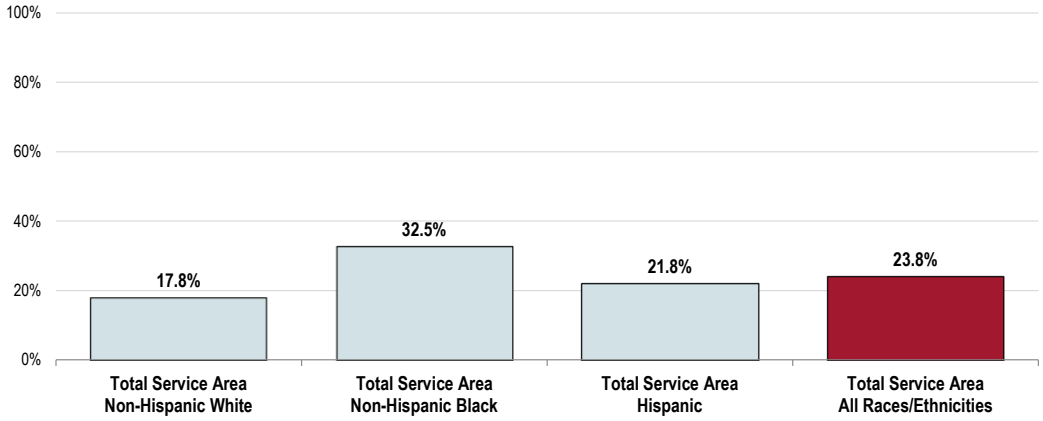
Note:
- This indicator reports the percentage of women who do not obtain prenatal care during their first trimester of pregnancy. This indicator is relevant because engaging in prenatal care decreases the likelihood of maternal and infant health risks. This indicator can also highlight a lack of access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

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

Lack of Prenatal Care in the First Trimester

(Percentage of Live Births, 2011-2013)

Healthy People 2020 Target = 22.1% or Lower



Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System: 2011-13. Accessed using CDC WONDER.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-10.1]

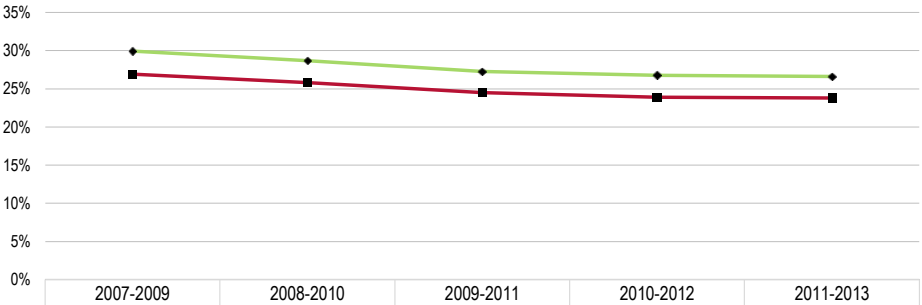
Note:
- This indicator reports the percentage of women who do not obtain prenatal care during their first trimester of pregnancy. This indicator is relevant because engaging in prenatal care decreases the likelihood of maternal and infant health risks. This indicator can also highlight a lack of access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

- TREND: The prevalence of prenatal care in the first trimester has improved since 2007, echoing the Florida trend.

Lack of Prenatal Care in the First Trimester

(Percentage of Live Births, 2011-2013)

Healthy People 2020 Target = 22.1% or Lower



	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
Total Service Area	26.9%	25.8%	24.5%	23.9%	23.8%
Florida	30.0%	28.7%	27.3%	26.8%	26.6%

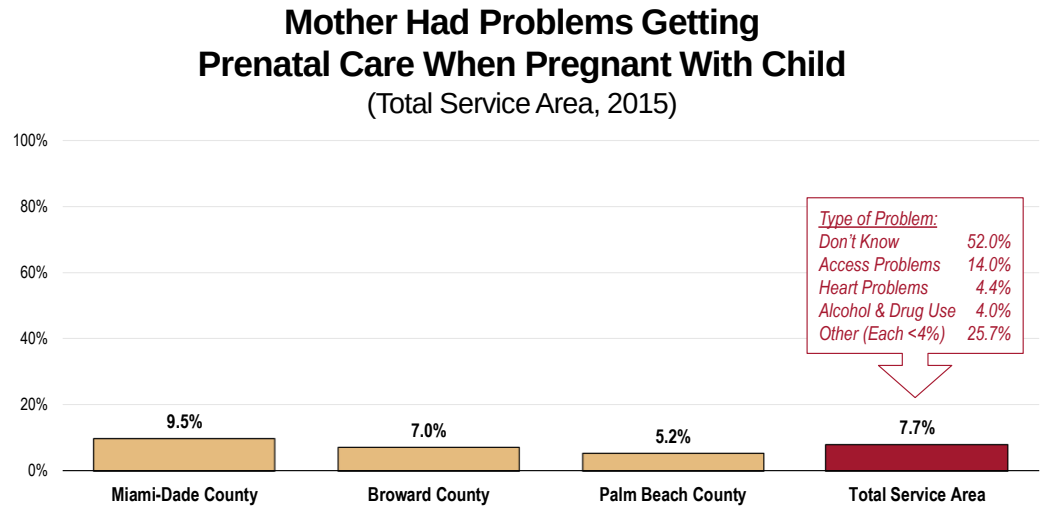
Sources:
- Centers for Disease Control and Prevention, National Center for Health Statistics. Accessed using CDC Wonder.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-10.1]

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

Difficulties Getting Prenatal Care

A total of 7.7% of respondents said that they (or the mother of the child) had problems getting prenatal care when she was pregnant.

- Palm Beach County had the lowest percentage of people reporting trouble receiving prenatal care.



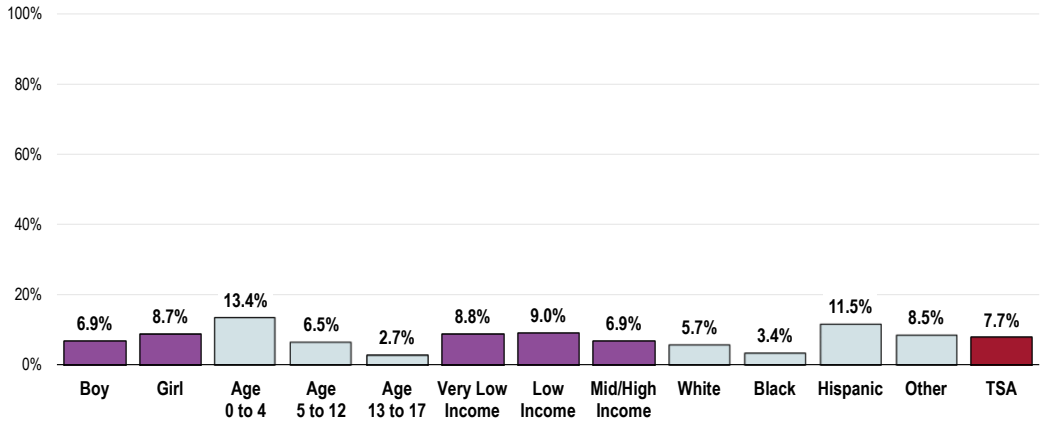
Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 306-307]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

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

When asked what type of problem they experienced when trying to get prenatal care, the majority of respondents said that they **didn't know** (52.0%), whereas others mentioned **access problems** (14.0%), **heart problems** (4.4%), or **alcohol and drug** use (4.0%).

- Mothers of younger children or Hispanic children are more likely to have had problems getting prenatal care (note the negative correlation with age). [Note: Problems noted among parents of younger children denote more recent difficulties versus those among parents of older children (pregnancies many years ago).

Mother Had Problems Getting Prenatal Care When Pregnant With Child
(Total Service Area, 2015)



Sources: 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 306]
Notes:
- Asked of all respondents about a randomly selected child in the household.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

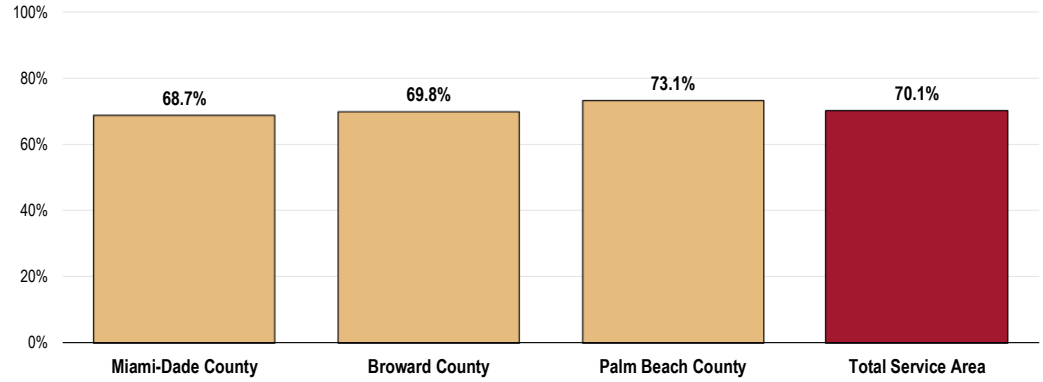
Prenatal Healthcare Planning

7 in 10 parents in the Total Service Area (70.1%) had selected a pediatrician before their child was born.

- Each county showed statistically similar results.

Parent Selected Pediatrician Before Child's Birth

(Total Service Area, 2015)



Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 308]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

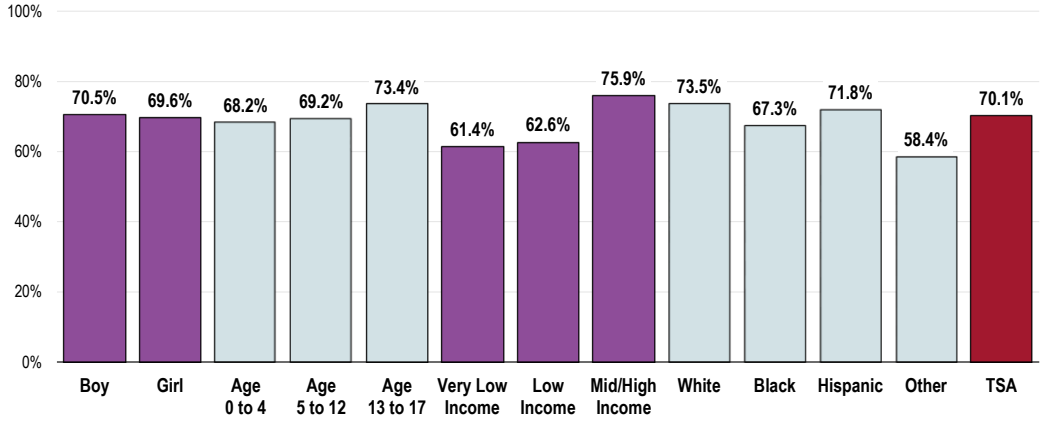
Notes:
- Asked of all respondents about a randomly selected child in the household.

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

- Children of lower income households (note the positive correlation with income).
- Children of "Other" races.

Parent Selected Pediatrician Before Child's Birth

(Total Service Area, 2015)



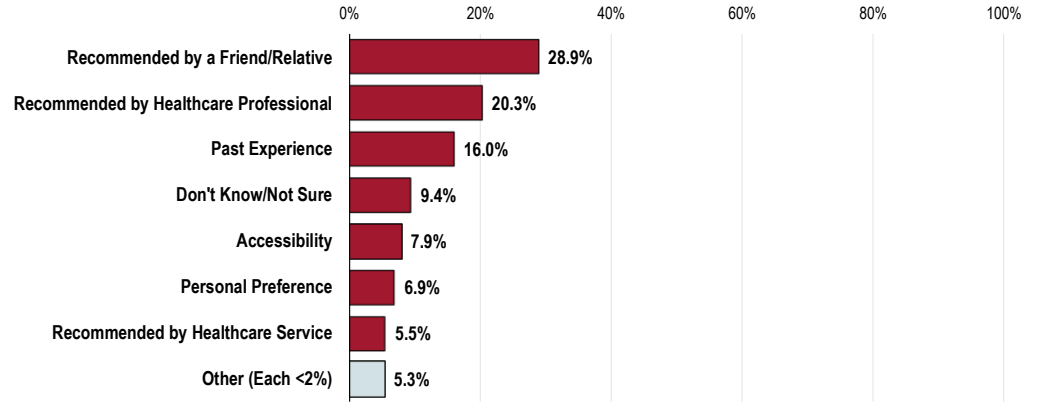
Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 308]

Notes:
- Asked of all respondents about a randomly selected child in the household.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Respondents who had selected a pediatrician before their child's birth were then asked how they made the decision. Most respondents chose a pediatrician that was **recommended by a friend/relative** (28.9%), or **recommended by a healthcare professional** (20.3%). Others made a decision based on **past experience** (16.0%), **accessibility** (7.9%), or **personal preference** (6.8%). However, 9.4% **didn't know** how they chose a pediatrician.

Method For Choosing Pediatrician

(Among Parents that Chose Pediatrician Before Child's Birth; Total Service Area, 2015)



Sources: • 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 309]
Notes: • Asked of all respondents who chose a pediatrician before their child was born.

Births to Teen Mothers

About Teen Births

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

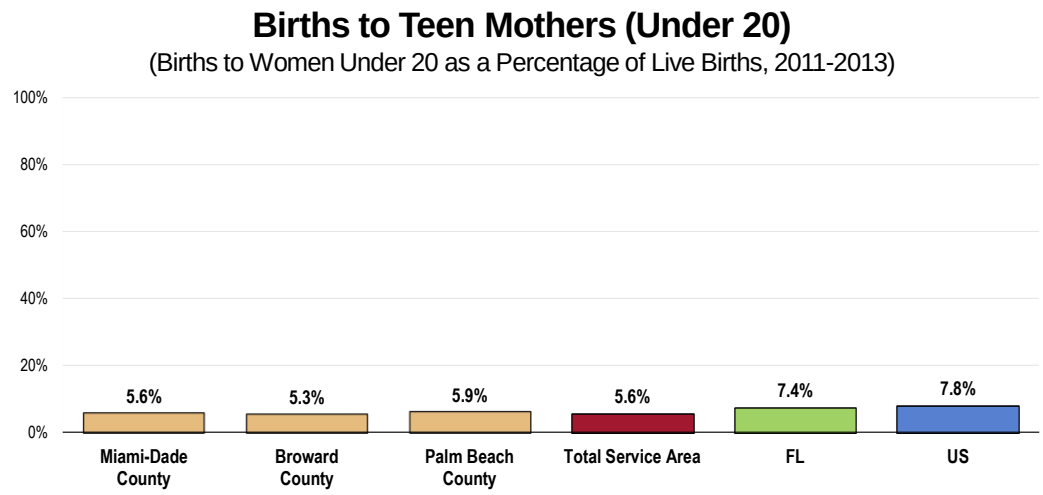
- Are less likely to graduate from high school or attain a GED by the time they reach age 30.
- Earn an average of approximately $3,500 less per year, when compared with those who delay childbearing.
- Receive nearly twice as much Federal aid for nearly twice as long.

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

– Healthy People 2020 (www.healthypeople.gov)

Between 2011 and 2013, 5.6% of all Total Service Area live births were to a mother under the age of 20.

- Lower than the Florida percentage.
- Lower than the national percentage.
- Highest in Palm Beach County; lowest in Broward County.

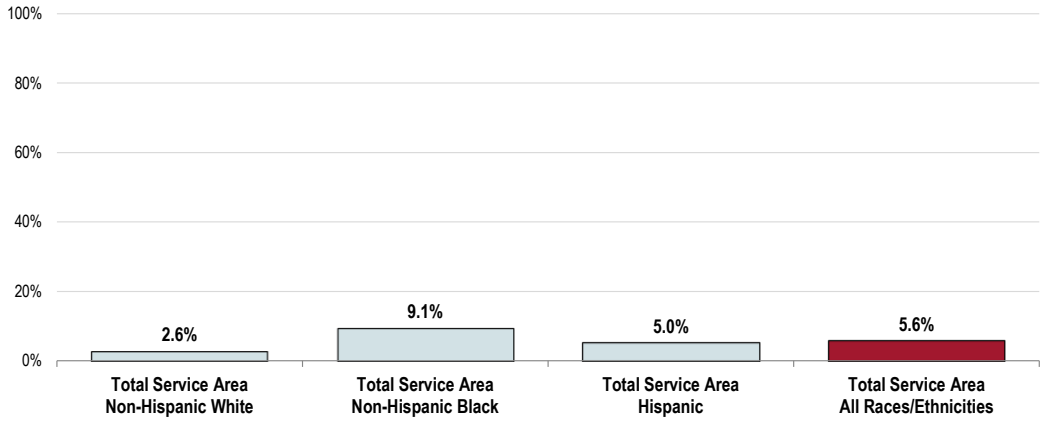


Sources: • Centers for Disease Control and Prevention, National Vital Statistics System. Accessed using CDC WONDER.
Note: • Numbers are a percentage of all live births within each population.

- By race and ethnicity, Non-Hispanic Blacks exhibit the highest teen birth rate in the Total Service Area followed by Hispanics.

Births to Teen Mothers (Under 20)

(Births to Women Under 20 as a Percentage of Live Births, 2011-2013)

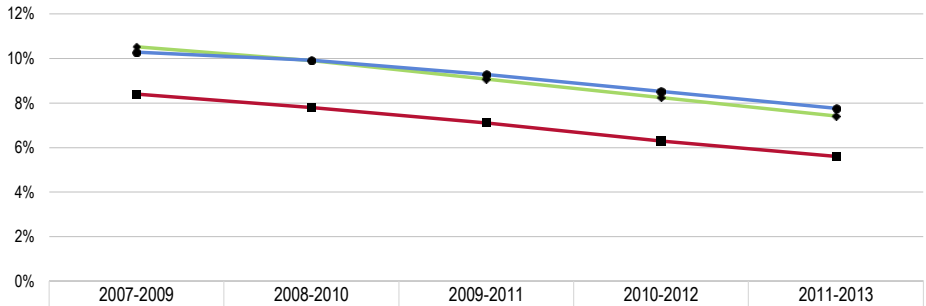


Sources: ● Centers for Disease Control and Prevention, National Vital Statistics System: 2011-2013 Accessed using CDC WONDER.
Note: ● Numbers are a percentage of all live births within each population.

- TREND: The teen birth rate in the Total Service Area denotes a significant decrease over the past six years, following the state and national trends.

Teen Birth Trends

(Births to Women Under Age 20 as a Percentage of Life Births)



	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
Total Service Area	8.4%	7.8%	7.1%	6.3%	5.6%
Florida	10.5%	9.9%	9.1%	8.2%	7.4%
United States	10.3%	9.9%	9.3%	8.5%	7.8%

Sources: ● Centers for Disease Control and Prevention, National Vital Statistics System. Accessed using CDC WONDER.
Notes: ● This indicator reports the rate of total births to women under the age of 20 per 1,000 female population under 20. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.

Low-Weight Births

Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight.

Largely a result of receiving poor or inadequate prenatal care, many low-weight births and the consequent health problems are preventable.

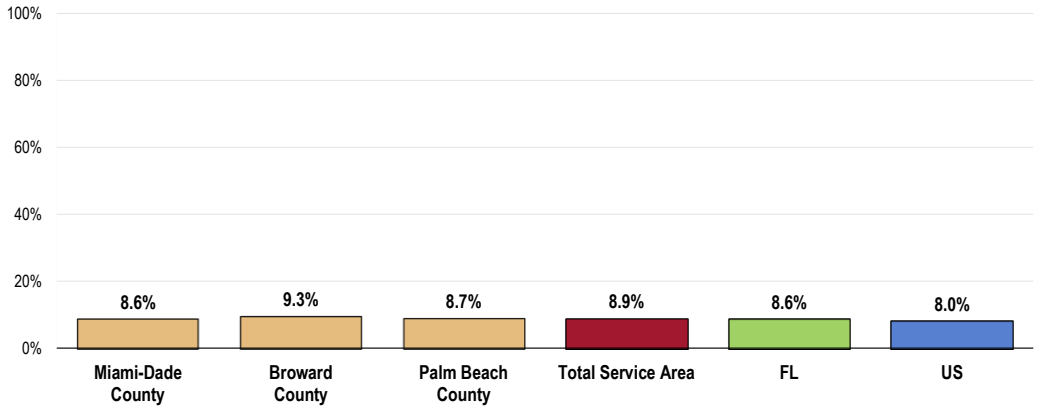
A total of 8.9% of 2011-2013 Total Service Area births were low-weight.

- Similar to the Florida proportion.
- Worse than the national proportion.
- Fails to satisfy the Healthy People 2020 target (7.8% or lower).
- Worse in Broward County than in Miami-Dade or Palm Beach.

Low-Weight Births

(Percent of Live Births, 2011-2013)

Healthy People 2020 Target = 7.8% or Lower



Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System: 2011-13. Accessed using CDC WONDER.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-8.1]

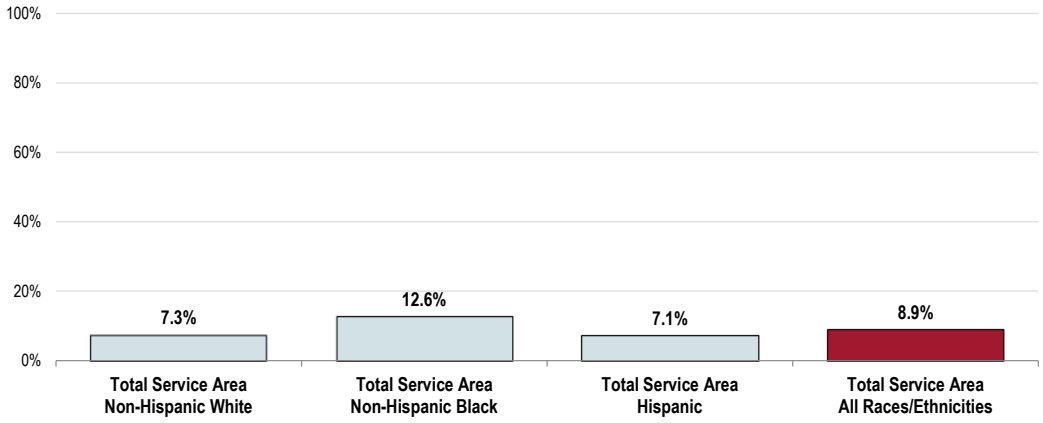
Note:
- This indicator reports the percentage of total births that are low birthweight (Under 2500g). This indicator is relevant because low -birthweight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

- Low-weight births are notably more prevalent among Non-Hispanic Blacks in the total Service Area.

Low-Weight Births by Race/Ethnicity

(Percent of Live Births, 2011-2013)

Healthy People 2020 Target = 7.8% or Lower



Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System: 2011-13. Accessed using CDC WONDER.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-8.1]

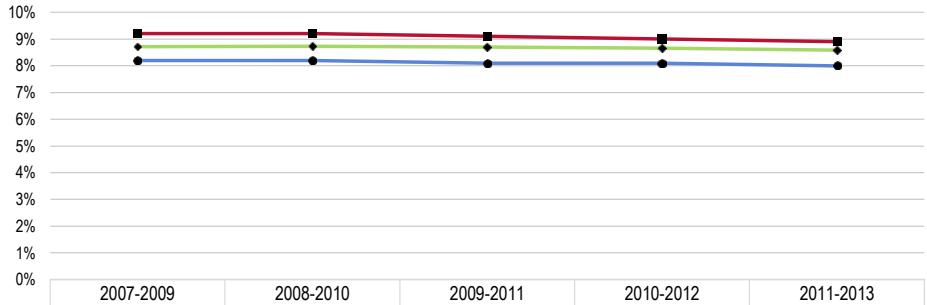
Note:
- This indicator reports the percentage of total births that are low birthweight (Under 2500g). This indicator is relevant because low-birthweight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

- TREND: The proportion of low-weight births in the Total Service Area has changed little since 2007; the same can be said both statewide and nationwide.

Low-Weight Births by Race/Ethnicity

(Percent of Live Births, 2011-2013)

Healthy People 2020 Target = 7.8% or Lower



	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
Total Service Area	9.2%	9.2%	9.1%	9.0%	8.9%
Florida	8.7%	8.7%	8.7%	8.7%	8.6%
United States	8.2%	8.2%	8.1%	8.1%	8.0%

Sources:
- Centers for Disease Control and Prevention, National Center for Health Statistics. Accessed using CDC Wonder.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-8.1]

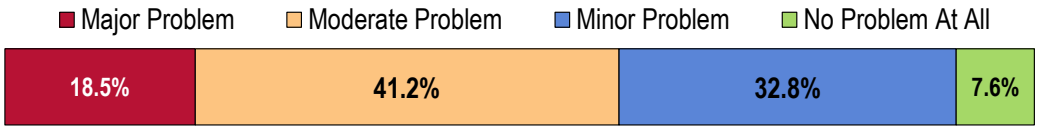
Note:
- This indicator reports the percentage of total births that are low birthweight (Under 2500g). This indicator is relevant because low-birthweight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

Infant Health

Key Informant Input: Infant Health

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

Perceptions of Infant Health as a Problem for Children/Adolescents in the Community
(Key Informants, 2015)



Sources: • PRC Key Informant Focus Groups, March 2015.

Top Concerns

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

Lack of Education

Lack of training, education, family planning. - Physician

Education, poor knowledge of how the system works. Lack of understanding of chronic diseases. - Physician

Education to the demographic population we serve in a culturally sensitive approach. South Florida has a high immigration population as well. Easy access to PCP care. - Community/Business Leader

Education level is low. Patients not invested in good prenatal care or immunizations. Misinformation in the media and in the community. - Social Service Provider

There is ignorance with regard to immunizations that can lead to major problems for infants. - Community/Business Leader

Many parents are choosing not to give their children vaccines because of fear of Autism. - Other Health Provider

Birth Outcomes

Florida has the third highest C-section rate in the country. We know that C-section births can lead to post-birth complications for the child. South Florida, Dade, Broward and Palm Beach Counties, has 1/3 of all births in the state. While our rate of prematurity and infant mortality isn't the highest in the state, our numbers are the highest because of our population size. - Community/Business Leader

Infant mortality and low birth weight are still problems. Teenage pregnancy continues to be an issue. - Community/Business Leader

Infant mortality is strikingly higher among African Americans in our community than in other racial groups. - Public Health Representative

Access to Care

Undocumented aliens do not have access to care. - Social Service Provider

Legal/immigration status; parental age and cultural factors. Access to appropriate medical resources and information. Financial limitations, mental health/behavioral components; family dysfunction. - Other Health Provider

> *Access to and understanding importance of prenatal care. Lack of easy access to well care and sick care for infants. - Public Health Representative*
>
> *Healthcare access. Socio-economic and educational limitations. - Physician*

Lack of Providers

> *Lack of pediatricians. - Community/Business Leader*

Prenatal Care

> *Consistent prenatal care and completing vaccination schedules. - Other Health Provider*
>
> *Comprehensive prenatal programs for pregnant adolescents. I see many pregnant teenagers. Most of them opt for an abortion but a small percentage opt to go to term and the only available program that I am aware of is at Jackson Memorial. It has a long waiting list. – Physician*

Breastfeeding & Breast Milk

Ever Breastfed

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

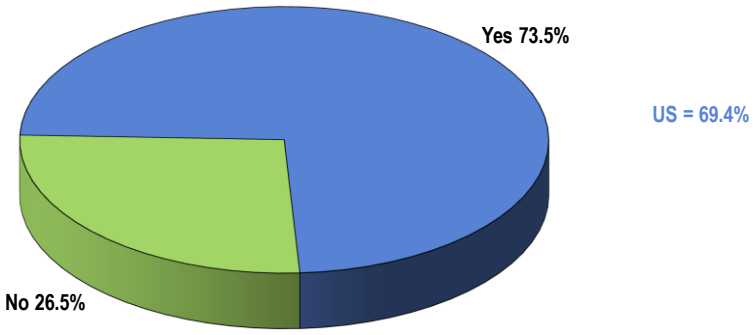
Nearly three-fourths of Total Service Area children age 0 to 17 (73.5%) were ever breastfed or fed using breast milk (regardless of duration).

- More favorable than US findings.
- Fails to satisfy the Healthy People 2020 objective (81.9% or higher).
- Similar by county.

Child Was Ever Fed Breast Milk

(Total Service Area, 2015)

Healthy People 2020 Target = 81.9% or Higher



Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 134]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-21.1]

Notes:
- Asked of those respondents with a randomly selected child who was fed breast milk as an infant.

Exclusive Breastfeeding for Six Months

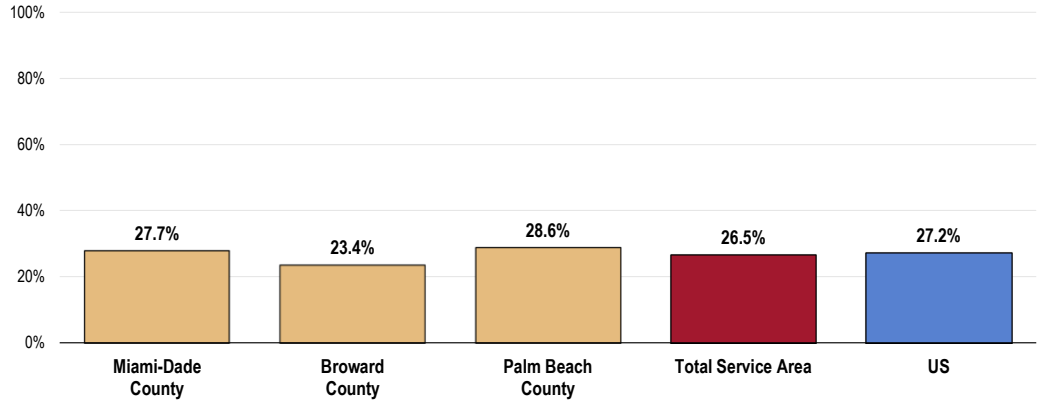
In total, just over one-fourth (26.5%) of all Total Service Area children (as infants) were fed breast milk <u>exclusively</u> for the first 6 months of life.

- Comparable to the US proportion.
- Comparable to the Healthy People 2020 objective (25.5% or higher).
- No statistically significant difference by county.

Child Was Exclusively Breastfed for at Least 6 Months

(Total Service Area, 2015)

Healthy People 2020 Target = 25.5% or Higher



Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 159]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-21.5]

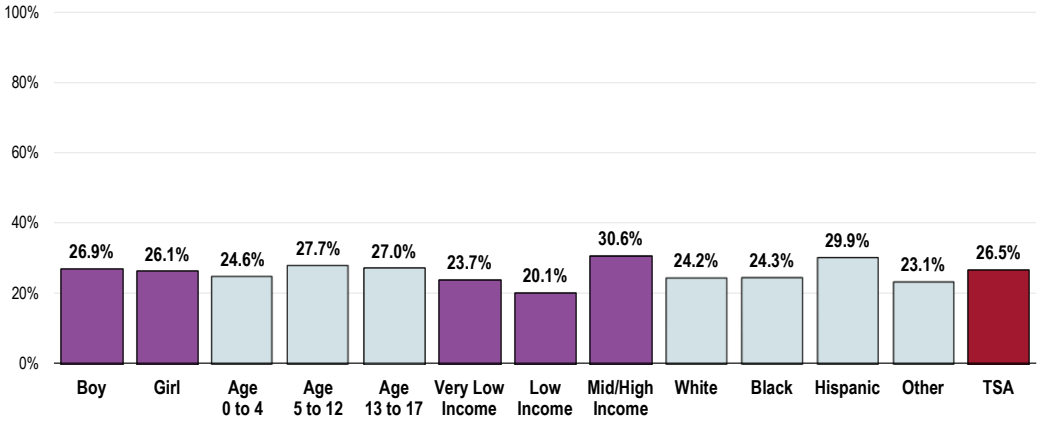
Notes:
- Asked of respondents all respondents about a randomly selected child in the household.

- Exclusive breastfeeding for the first 6 months is more common among children living in mid/high income households.
- No significant difference by child's age, representing trends over time.

Child Was Exclusively Breastfed for at Least 6 Months

(Total Service Area, 2015)

Healthy People 2020 Target = 25.5% or Higher



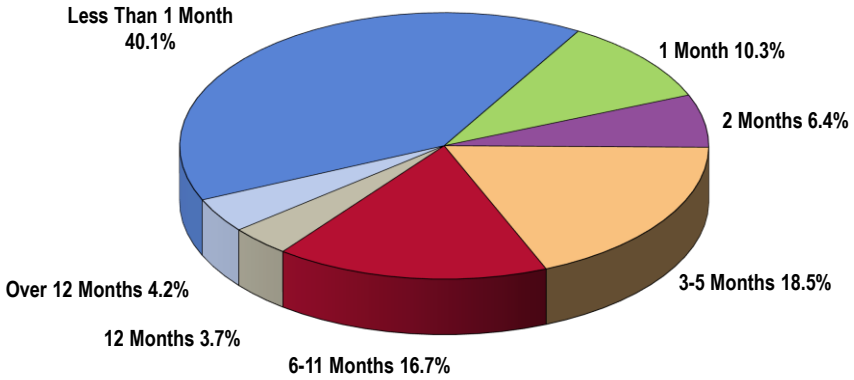
Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 159]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-21.5]

Notes:
- Asked of all respondents about a randomly selected child in the household.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

One-half of all breastfed children (50.4%) were **one month old or younger** when they were fed something other than breast milk. 24.9% were exclusively breast fed until they were **two to five months old**, whereas others (20.4%) were **six to twelve months old**. Some children (4.2%) were not introduced to other foods until sometime **after their first birthday**.

Age of Child When Introduced to Foods Other Than Breast Milk

(Total Service Area Children Who Were Ever Fed Breast Milk, 2015)



Sources: • 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 135]
Notes: • Asked of those respondents with a randomly selected child who was fed breast milk as an infant; excludes those whose children are currently being breastfed.

Mortality

Professional Research Consultants, Inc.

Infant Mortality

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

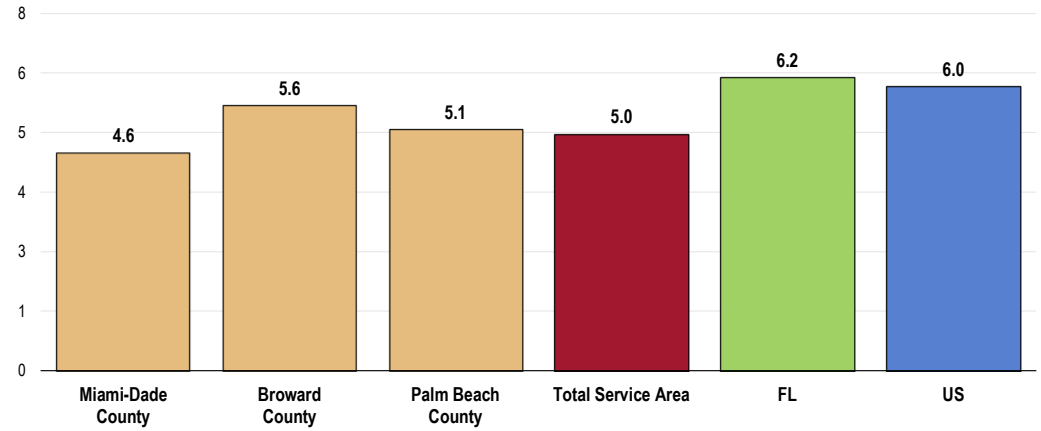
Between 2011 and 2013, there was an annual average of 5.0 infant deaths per 1,000 live births.

- More favorable than the Florida rate.
- More favorable than the national rate.
- Satisfies the Healthy People 2020 target of 6.0 per 1,000 live births.
- Highest in Broward County; lowest in Miami-Dade County.

Infant Mortality Rate

(Annual Average Infant Deaths per 1,000 Live Births, 2011-2013)

Healthy People 2020 Target = 6.0 or Lower



Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System: 2011-13. Accessed using CDC WONDER.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-1.3]

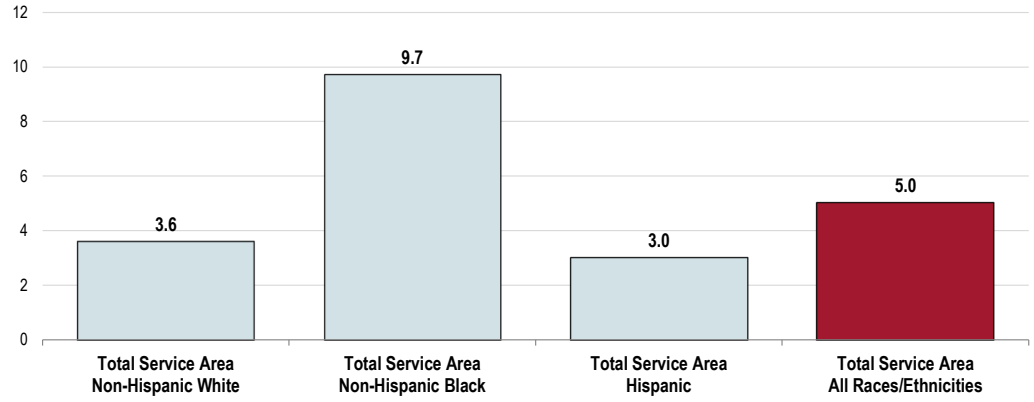
Notes:
- Infant deaths include deaths of children under 1 year old.
- This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

- The infant mortality rate is nearly three times higher among births to Non-Hispanic Black mothers than Non-Hispanic White mothers or Hispanic mothers.

Infant Mortality by Race/Ethnicity

(Annual Average Infant Deaths per 1,000 Live Births, 2011-2013)

Healthy People 2020 Target = 6.0 or Lower



Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System: 2011-13. Accessed using CDC WONDER.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-1.3]

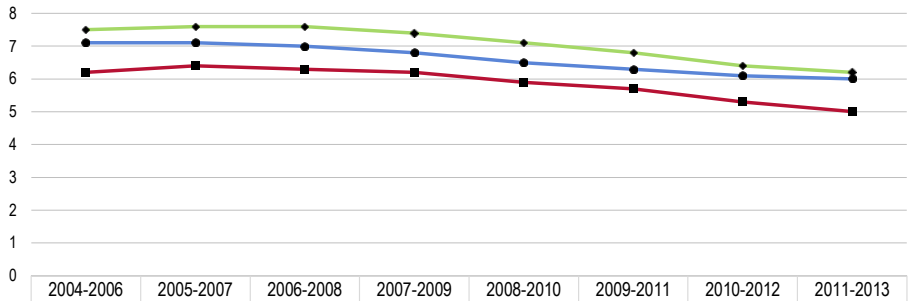
Notes:
- Infant deaths include deaths of children under 1 year old.
- This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

- TREND: The infant mortality rate has trended downward in recent years in the Total Service Area, echoing the state and national trends.

Infant Mortality Rate

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

Healthy People 2020 Target = 6.0 or Lower



	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
Total Service Area	6.2	6.4	6.3	6.2	5.9	5.7	5.3	5.0
Florida	7.5	7.6	7.6	7.4	7.1	6.8	6.4	6.2
United States	7.1	7.1	7.0	6.8	6.5	6.3	6.1	6.0

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted November 2015.
- Centers for Disease Control and Prevention, National Center for Health Statistics.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-1.3]

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

Child & Adolescent Deaths

Between 2011-2013, the Total Service Area reported an annual average of 23.3 child deaths (age 1 to 4) per 100,000 population.

- Notably lower than the Florida rate.
- Lower than the national rate.
- Satisfies the Healthy People 2020 target of 25.7 per 100,000 population.

With regard to children age 5 to 9, the Total Service Area crude death rate was 10.0 per 100,000 population (2011-2013 data).

- Lower than the Florida rate.
- Lower than the national rate.
- Satisfies the Healthy People 2020 goal of 12.3 deaths per 100,000 population.

Among Total Service Area youth age 10 to 14, the 2011-2013 crude death rate was 14.3 per 100,000 population.

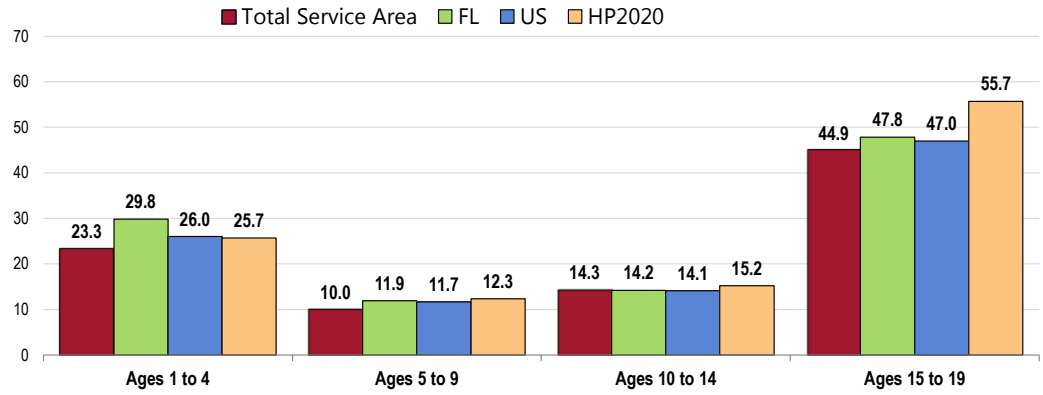
- Close to the Florida rate.
- Close to the national rate.
- Satisfies the related Healthy People 2020 goal of 15.2 deaths per 100,000 population.

Among Total Service Area teens (age 15 to 19), the 2011-2013 crude death rate was 44.9 per 100,000 population.

- More favorable than the Florida rate.
- Similar to the national rate.
- Satisfies the related Healthy People 2020 goal of 55.7 deaths per 100,000 population.

Child & Adolescent Mortality Rates by Age Group

(Annual Average Child Mortality per 100,000 Population; 2011-2013)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted November 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-3.1]

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

Leading Causes of Child Deaths

The predominant cause of death between 2004-2013 for Total Service Area children under one year of age was perinatal conditions (certain conditions occurring in the perinatal period, usually low birthweight, preterm birth, and complications of pregnancy, labor and delivery).

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

Accidents were the number-one leading cause of death for all other Total Service Area children and adolescents (ages 1-19).

- Other leading causes of death for infants included congenital conditions.
- Among children aged 1-4, congenital conditions and cancer followed accidents as the leading causes of death, with homicide as a close fourth.
- For children aged 5-9, cancer and congenital conditions followed accidents as the leading cause of death.
- Cancer was the second-leading cause of death for Total Service Area children 10-14, followed by homicide.
- Homicide and suicide followed accidents as the leading causes of death for Total Service Area teens (15-19).

Leading Causes of Child Deaths by Age Group

(Total Service Area, 2004-2013)

Omaha Total Service Area	Under 1 Year	Ages 1 to 4	Ages 5 to 9	Ages 10 to 14	Ages 15 to 19
Number-One Leading Cause	**Perinatal Conditions***	**Accidents**	**Accidents**	**Accidents**	**Accidents** (especially Motor Vehicle Crashes)
Number-Two Leading Cause	Congenital Conditions**	Congenital Conditions**	Cancer	Cancer	Homicide
Number-Three Leading Cause	n/a	Cancer	Congenital Conditions**	Homicide	Suicide

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted November 2015.

Notes:
- *Perinatal conditions include certain conditions occurring in the perinatal period, usually low birthweight, preterm birth, and complications of pregnancy, labor and delivery.
- **Congenital conditions include congenital malformations, deformations and chromosomal abnormalities.

Modifiable Health Risks

Professional Research Consultants, Inc.

Nutrition

About Healthful Diet & Healthy Weight

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

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

Americans with a healthful diet:

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

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

Diet reflects the variety of foods and beverages consumed since 2012 and in settings such as worksites, schools, restaurants, and the home. Interventions to support a healthier diet can help ensure that:

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

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

Social factors thought to influence diet include:

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

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

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

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

– Healthy People 2020 (www.healthypeople.gov)

Fruits & Vegetables

Fruit & Vegetable Consumption

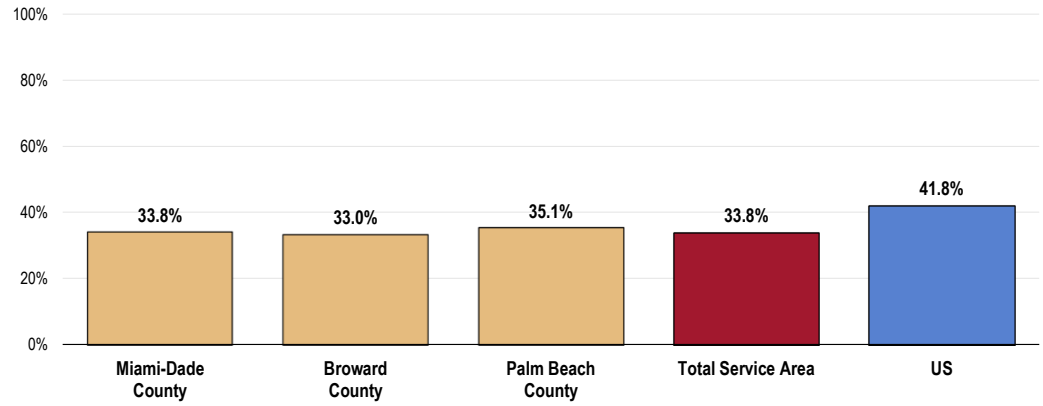
A total of 33.8% of Total Service Area parents report that their child eats five or more servings of fruits and/or vegetables per day.

To measure fruit and vegetable consumption, survey respondents were asked multiple questions, specifically about the foods their child eats on a typical day.

- Lower than national reports.
- Similar results by county.

Child Has Five or More Servings of Fruits/Vegetables per Day

(Total Service Area Children Age 2-17, 2015)



Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 173]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

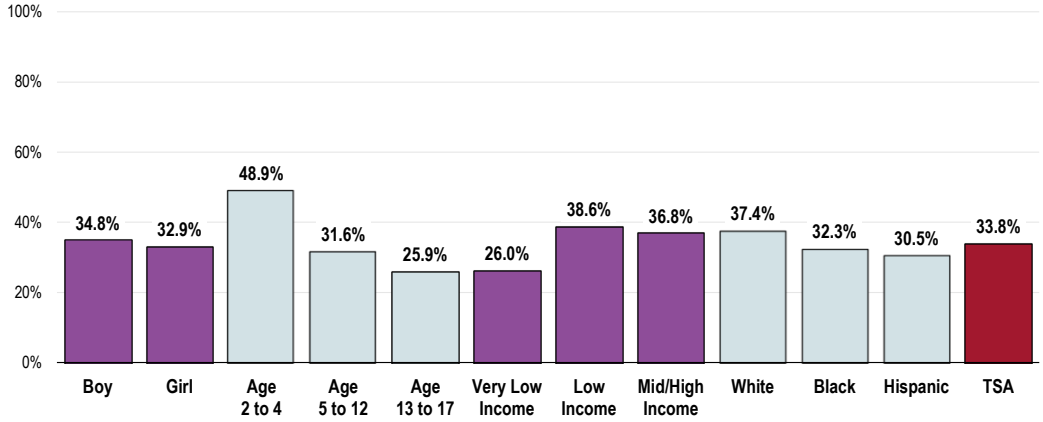
Notes:
- Asked of all respondents for whom the randomly selected child in the household is between the ages of 2 and 17.

The following are more likely to not get the daily recommended servings of fruits and vegetables:

- Older children (note the negative correlation between age and fruit/vegetable consumption, decreasing to 25.9% among teenagers).
- Children living in very low income households.
- Black or Hispanic children.

Child Has 5+ Fruits/Vegetables per Day

(Total Service Area Children Age 2-17, 2015)



Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 173]

Notes:
- Asked of all respondents for whom the randomly selected child in the household is between the ages of 2 and 17.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

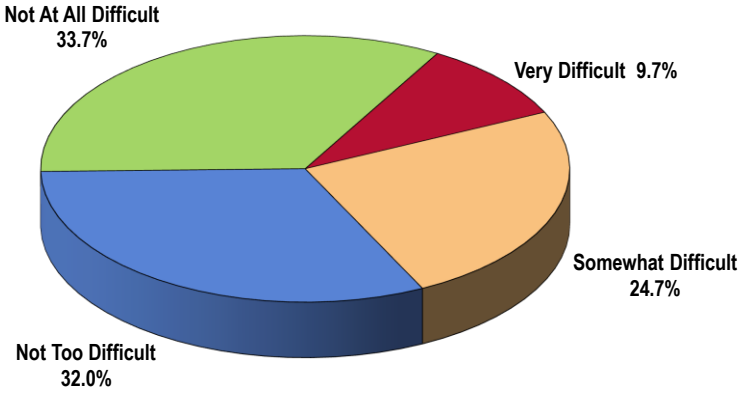
Difficulty Accessing Fresh Produce

While most report little or no difficulty, 34.4% of Total Service Area parents report that it is "very" or "somewhat" difficult for them to access affordable, fresh fruits and vegetables.

"How difficult is it for you to buy fresh produce like fruits and vegetables at a price you can afford?"

Level of Difficulty Finding Fresh Produce at an Affordable Price

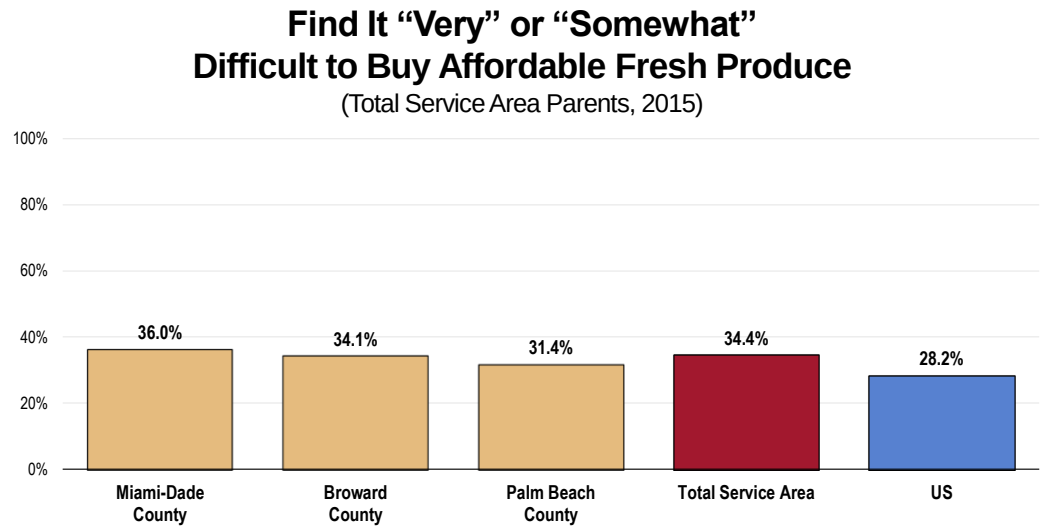
(Total Service Area Parents, 2015)



Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 131]

Notes:
- Asked of all respondents.

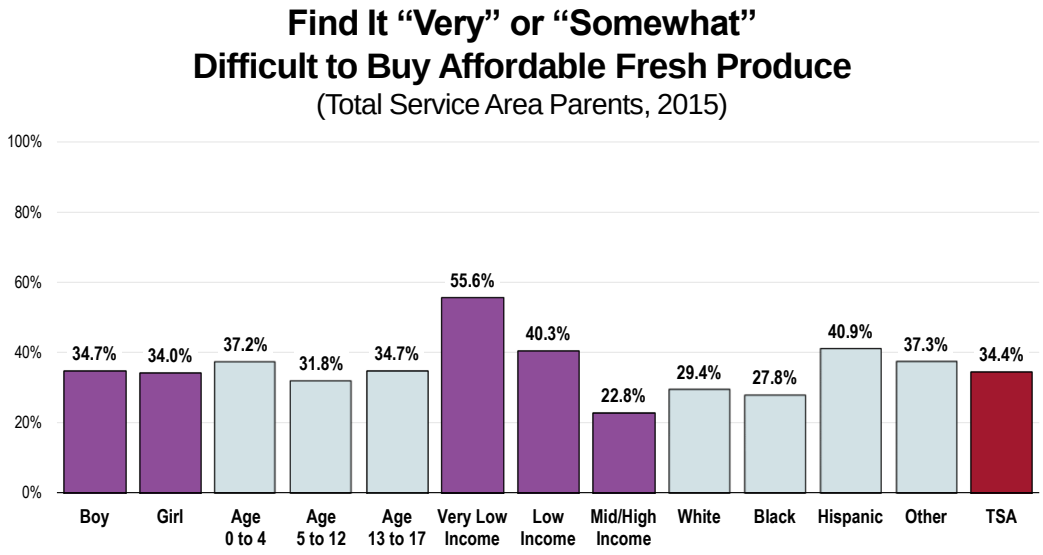
- Notably less favorable than the US proportion.
- Statistically similar by county.



Sources: ● 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 131]
● 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Those more likely to report difficulty getting fresh fruits and vegetables include:

- Lower-income residents (note the strong negative correlation with income).
- Parents of Hispanic children.



Sources: ● 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 131]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

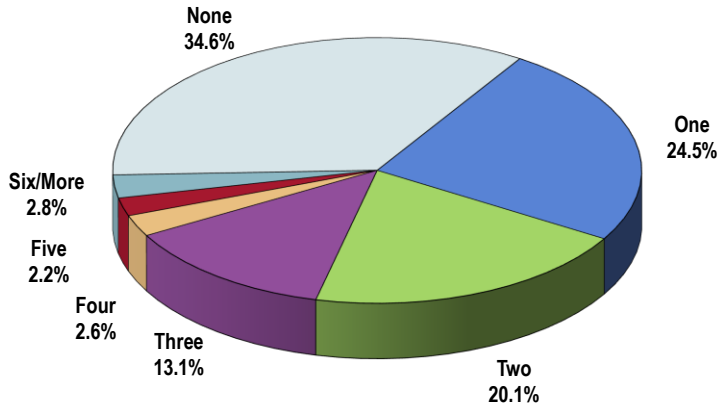
Fast Food

Nearly two-thirds of Total Service Area children age 2-17 (65.3%) have had at least one "fast food" meal in the past week.

"In the past 7 days, how many meals would you say this child has eaten from 'fast food' restaurants? Please include breakfasts, lunches, and dinners."

Number of Fast Food Meals for Child in the Past Week

(Total Service Area Children Age 2-17, 2015)



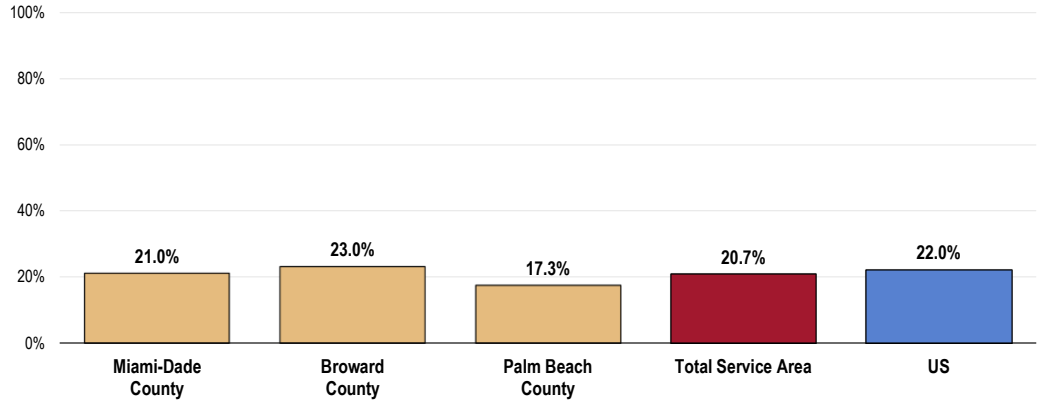
Sources: ● 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 127]
Notes: ● Asked of all respondents for whom the randomly selected child in the household is between the ages of 2 and 17.

In fact, more than one in five parents (20.7%) report that their child has had three or more meals from "fast food" restaurants in the past week.

- Close to US findings.
- Statistically, no difference among individual counties.

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

(Total Service Area Children Age 2-17, 2015)



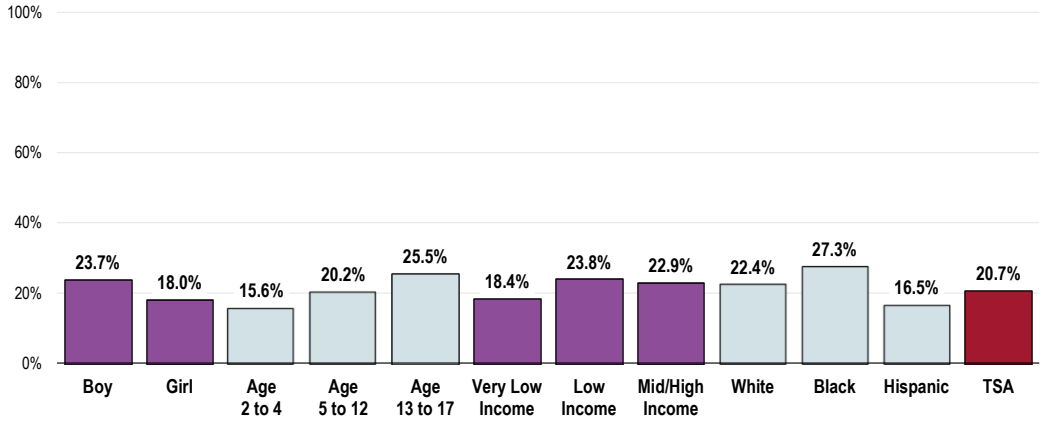
Sources: ● 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 127]
● 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents for whom the randomly selected child in the household is between the ages of 2 and 17.

Fast food consumption:

- Is more prevalent among boys than girls.
- Appears to increase with age.
- Is high among White children and Black children.

Child Has Three or More Fast Food Meals in the Past Week

(Total Service Area Children 2-17, 2015)



Sources: 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 127]
Notes:
- Asked of all respondents for whom the randomly selected child in the household is between the ages of 2 and 17.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

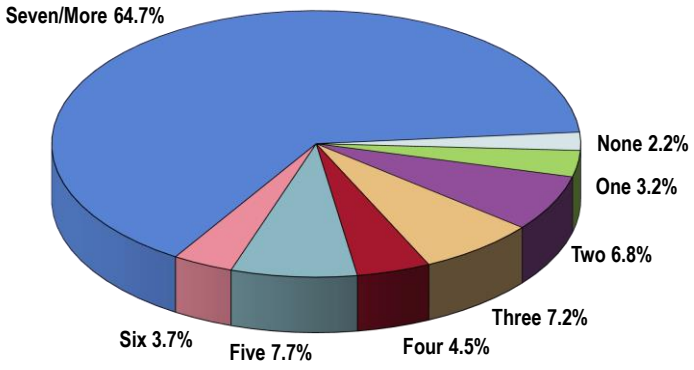
Family Meals

Almost two-thirds of Total Service Area parents (64.7%) report sharing meals as a family an average of at least once a day (seven or more times in the past week).

"In the past 7 days, how many meals did you eat together as a family? Please include breakfasts, lunches, and dinners."

Number of Meals Eaten as a Family in the Past Week

(Total Service Area Children Age 2-17, 2015)

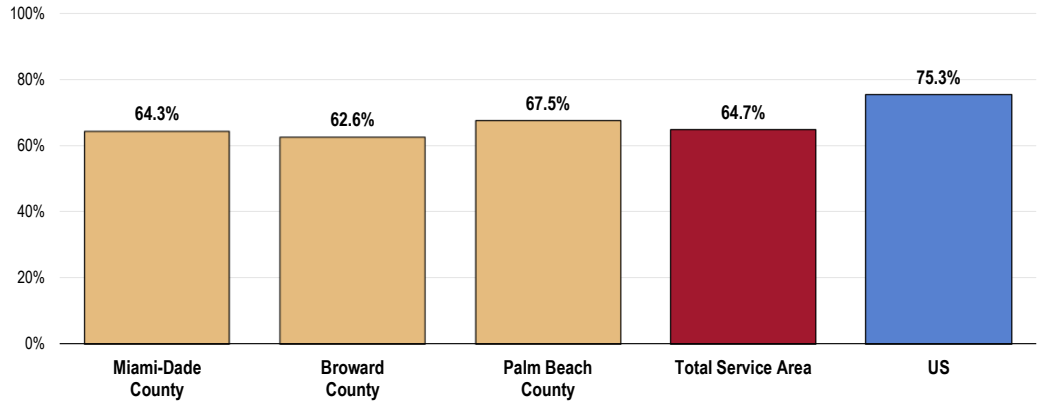


Sources: 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 128]
Notes:
- Asked of all respondents for whom the randomly selected child in the household is between the ages of 2 and 17.

- Considerably less favorable than found nationwide.
- Statistically comparable by county.

Shared 7+ Meals as a Family in the Past Week

(Total Service Area Children 2-17, 2015)



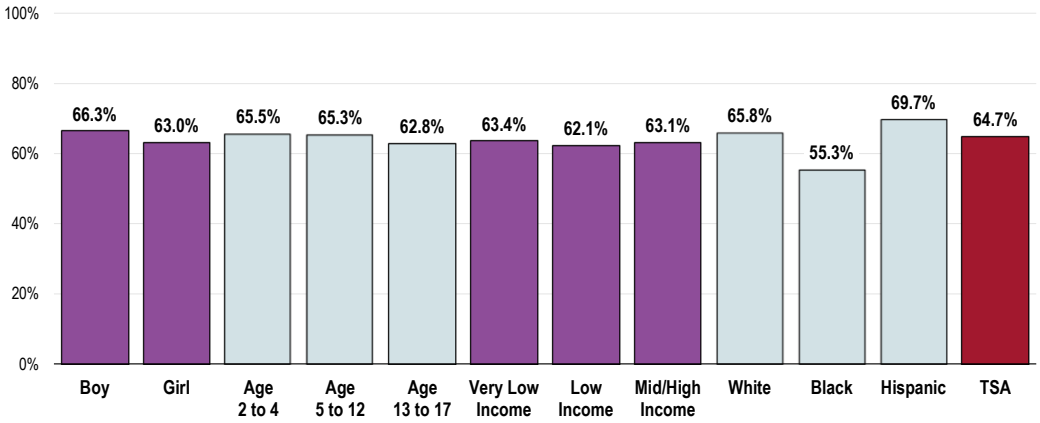
Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 128]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents for whom the randomly selected child in the household is between the ages of 2 and 17.

- Black children are less likely to have shared seven or more family meals in the past week.

Shared 7+ Meals as a Family in the Past Week

(Total Service Area Children 2-17, 2015)



Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 128]

Notes:
- Asked of all respondents for whom the randomly selected child in the household is between the ages of 2 and 17.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Physical Activity

About Physical Activity

Children and adolescents should do 60 minutes (1 hour) or more of physical activity each day.

– Centers for Disease Control & Prevention (CDC)

Recommended Physical Activity

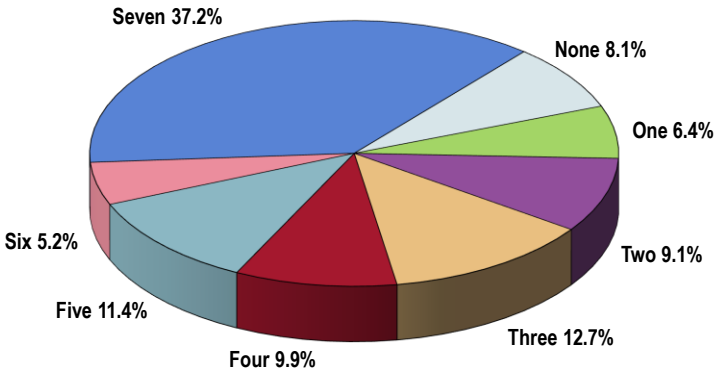
"The next questions are about physical activity. During the past 7 days, on how many days was the child physically active for a total of at least 60 minutes per day?"

A total of 37.2% of Total Service Area children age 2 to 17 had 60 or more minutes of physical activity on each of the seven days preceding the interview (1+ hours per day).

- Note, however, that 23.6% had two or fewer days in the past week with adequate physical activity.

Number of Days in the Past Week on Which Child Was Physically Active for One Hour or Longer

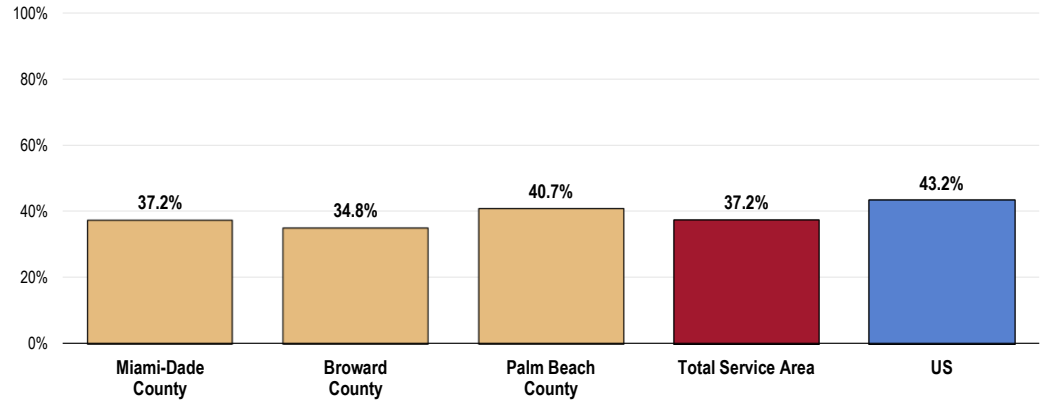
(Total Service Area Children Age 2-17, 2015)



Sources: ● 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 124]
Notes: ● Asked of those respondents for whom the randomly selected child in the household is between the ages of 2 and 17.

- Below the proportion reported nationally.
- Statistically no difference among the three counties comprising the service area.

Child Was Physically Active for One Hour or Longer on Every Day of the Past Week
(Total Service Area Children Age 2-17, 2015)



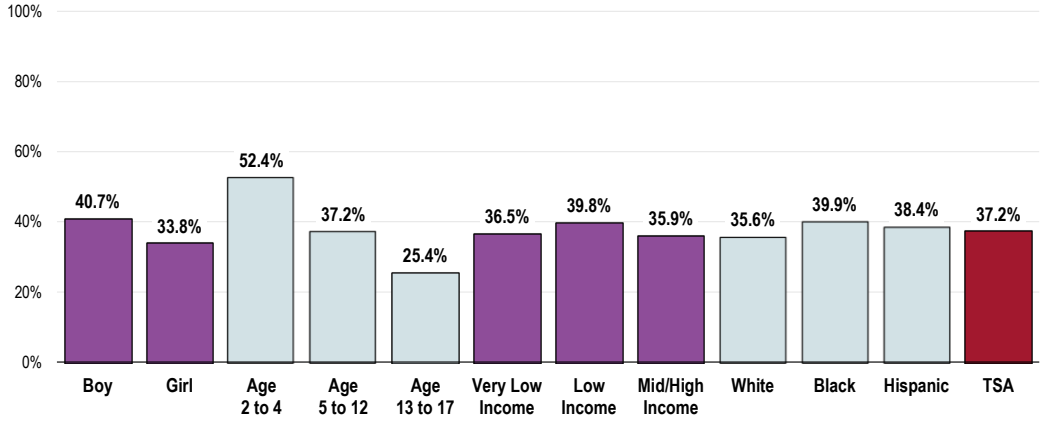
Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 124]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of those respondents for whom the randomly selected child in the household is between the ages of 2 and 17.

Those <u>less</u> likely to meet recommended levels of physical activity include:

- Girls.
- Older children (strong negative correlation with age).

Child Was Physically Active for One Hour or Longer on Every Day of the Past Week
(Total Service Area Children Age 2-17, 2015)



Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 124]

Notes:
- Asked of those respondents for whom the randomly selected child in the household is between the ages of 2 and 17.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Physical Activity Frequency & Duration

Note:

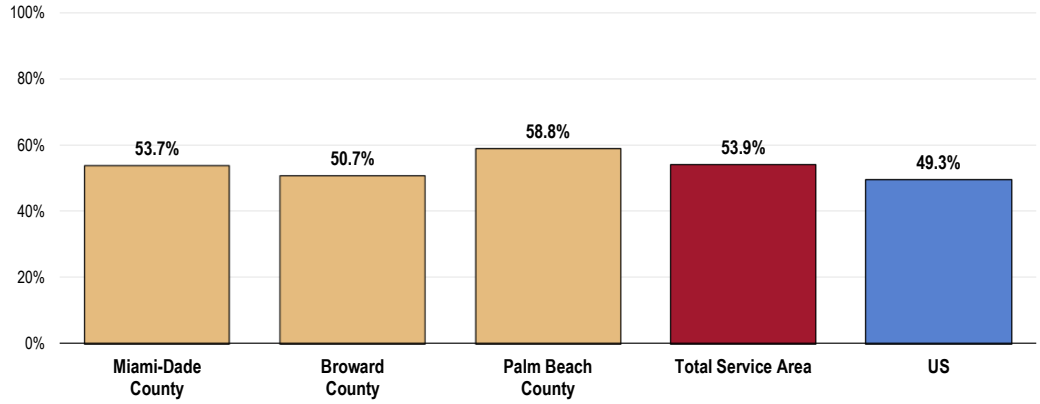
- The term "moderate physical activity" includes 30 minutes of activity that does not make a child breathe hard, such as fast walking, slow bicycling, skating, or pushing a lawn mower.
- The term "vigorous physical activity," includes exercise for 20 minutes that makes a child breathe hard, such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar aerobic activities).

In the past month, over one-half of Total Service Area children age 2 to 17 (53.9%) participated in *moderate* physical activity five or more times per week, for at least 30 minutes at a time.

- More favorable than the US figure.
- Statistically similar by county.

Child Participates in Moderate Physical Activity

(Total Service Area Children Age 2-17, 2015)



Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 177]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

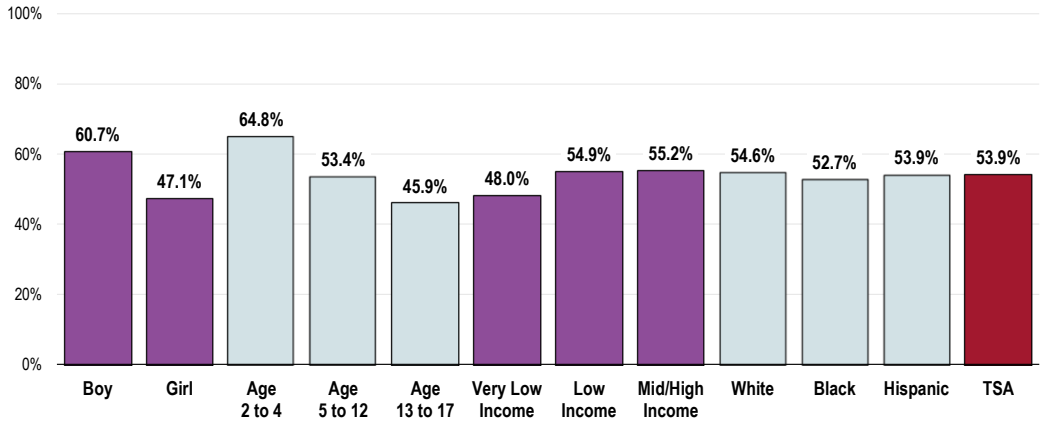
Notes:
- Asked of those respondents for whom the randomly selected child in the household is between the ages of 2 and 17.
- Includes exercising at least 5 times per week for 30+ minutes at a time, doing activities which do not make the child breathe hard, such as fast walking, slow bicycling, skating, or pushing a lawnmower.

Note the following:

- Girls are much less likely than boys to participate in moderate physical activity.
- Participation in moderate physical activity appears to decrease with age.

Child Participates in Moderate Physical Activity

(Total Service Area Children Age 2-17, 2015)



Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 177]

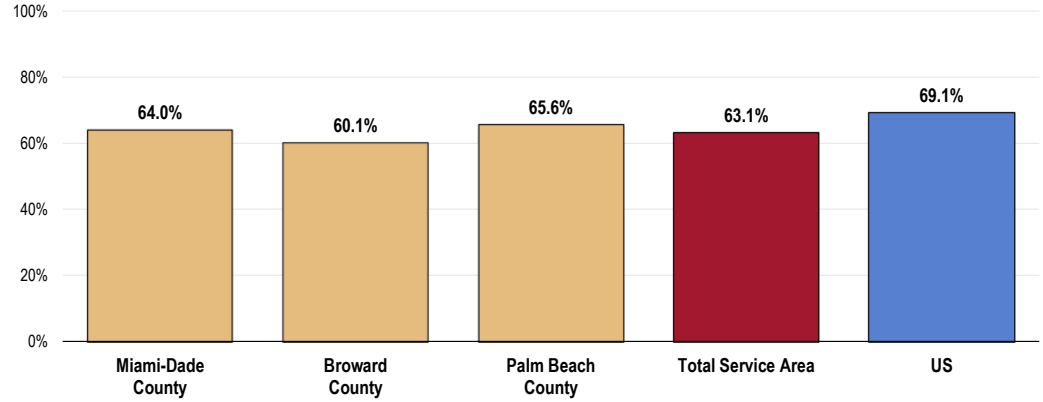
Notes:
- Asked of those respondents for whom the randomly selected child in the household is between the ages of 2 and 17.
- Includes exercising at least 5 times per week for 30+ minutes at a time, doing activities which do not make the child breathe hard, such as fast walking, slow bicycling, skating, or pushing a lawnmower.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

In the past month, a total of 63.1% of Total Service Area children age 2 to 17 participated in *vigorous* physical activity three or more times a week, for at least 20 minutes at a time.

- Less favorable than US findings.
- By county, there is no statistically significant difference in vigorous activity.

Child Participates in Vigorous Physical Activity

(Total Service Area Children Age 2-17, 2015)



Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 178]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

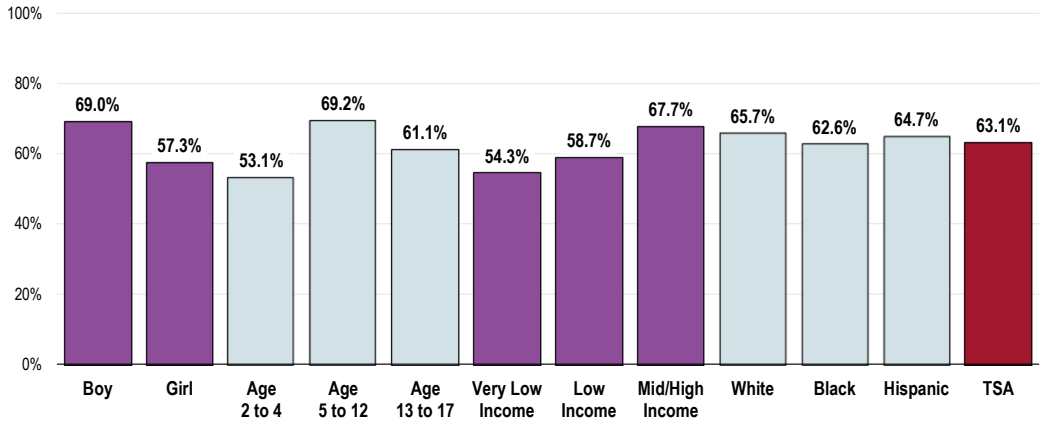
Notes:
- Asked of those respondents for whom the randomly selected child in the household is between the ages of 2 and 17.
- Includes exercising at least 3 times per week for 20+ minutes each time, doing exercise which causes the child to breathe hard, such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar aerobic activities.

Those less likely to participate in vigorous physical activity include:

- Girls.
- Children age 2-4 as well as teenagers.
- Those in lower-income households (positive correlation with income).

Child Participates in Vigorous Physical Activity

(Total Service Area Children Age 2-17, 2015)



Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 178]

Notes:
- Asked of those respondents for whom the randomly selected child in the household is between the ages of 2 and 17.
- Includes exercising at least 3 times per week for 20+ minutes each time, doing exercise which causes the child to breathe hard, such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar aerobic activities.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Screen Time

Television Watching & Other Screen Time

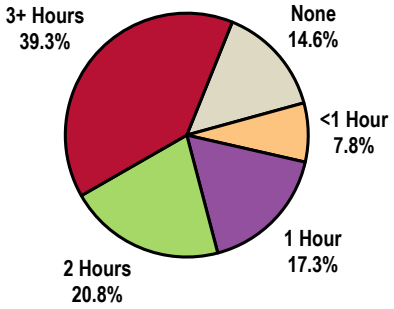
Among children aged 5 through 17: 39.3% are reported to watch three or more hours of <u>television</u> on an average week day; 41.8% are reported to spend three or more hours on <u>other types of screen time</u>.

"On an average week day, about how many hours or minutes does this child usually spend in front of a TV watching TV programs, videos, or playing video games?"

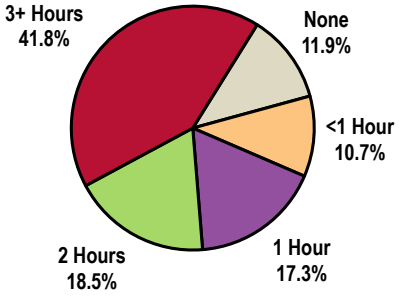
"On an average week day, how many hours or minutes does this child usually spend with computers, cell phones, handheld video games, and other electronic devices?"

Children's Screen Time

(Total Service Area Children Age 5-17, 2015)



Hours per Day of TV/Videos or Video Games



Hours per Day on a Computer, Cell Phone, Handheld Device, etc.

Sources: ● 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 120, 122, 153-154]
Notes: ● Asked of respondents for whom the randomly selected child in the household is age 5 to 17.
● For this issue, respondents with children who are not in school were asked about "weekdays," while parents of children in school were asked about typical "school days."
● "Three or more hours" includes reported screen time of 180 minutes or more per day.

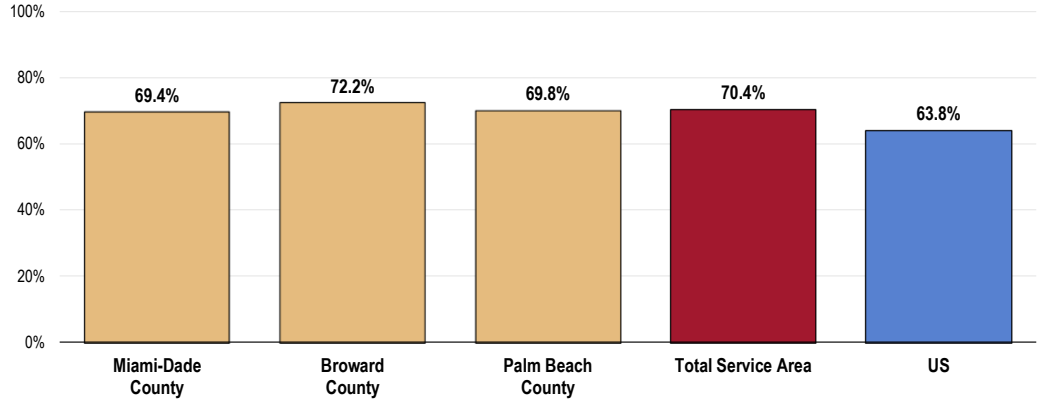
Total Screen Time

When combined, a total of 70.4% of Total Service Area school-age children spend three or more hours per day on screen time (whether television, computer, video games, cell phone, handheld device, etc.).

- Higher than US findings.
- The proportions by county are statistically comparable.

Children With 3+ Hours per School Day of Total Screen Time (TV, Computer, Video Games, Phone, Device, etc.)

(Total Service Area Children Age 5-17, 2015)



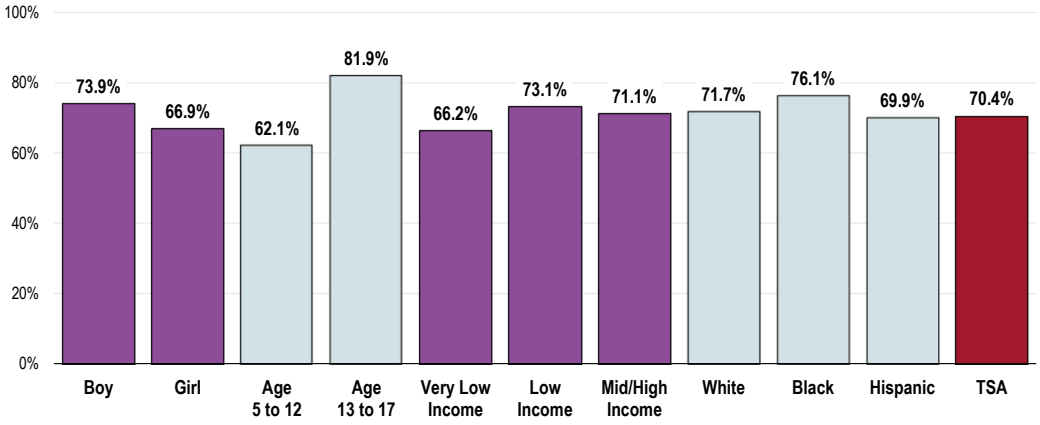
Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 155]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of respondents for whom the randomly selected child in the household is age 5 to 17.
- For this issue, respondents with children who are not in school were asked about "weekdays," while parents of children in school were asked about typical "school days."
- "Three or more hours" includes reported screen time of 180 minutes or more per day.

- Boys and especially teens (age 13 to 17) are more likely to spend 3+ hours per day on screen time.

Children With 3+ Hours per School Day of Total Screen Time (TV, Computer, Video Games, Phone, Device, etc.)

(Total Service Area Children Age 5-17, 2015)



Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 155]

Notes:
- Asked of those respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Electronic Media in Children's Bedrooms

A total of 54.5% of Total Service Area school-age children have television in their bedrooms.

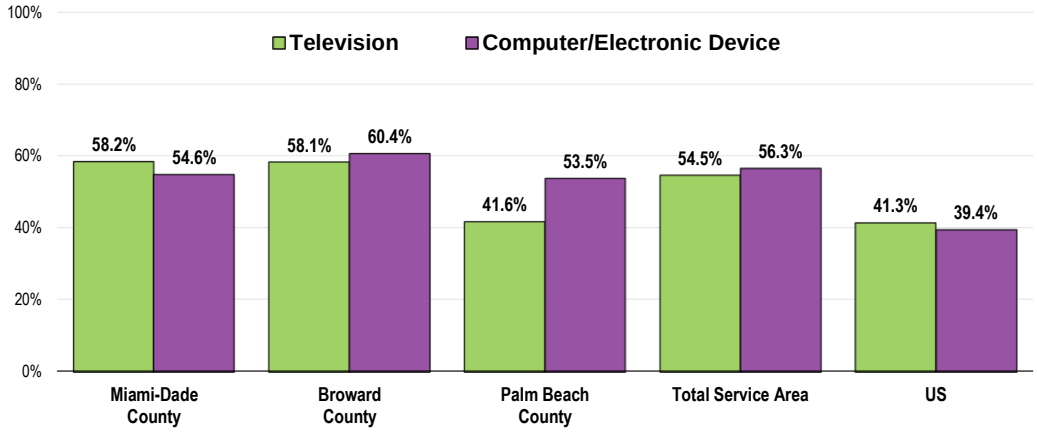
- Considerably higher than the national proportion.
- Lowest in Palm Beach County.

Even more Total Service Area school-age children (56.3%) have access to computers or some type of electronic devices in their bedrooms.

- Well above the US percentage.
- No statistical difference by county.

Access to Electronic Media in Children's Bedrooms

(Total Service Area Children Age 5-17, 2015)



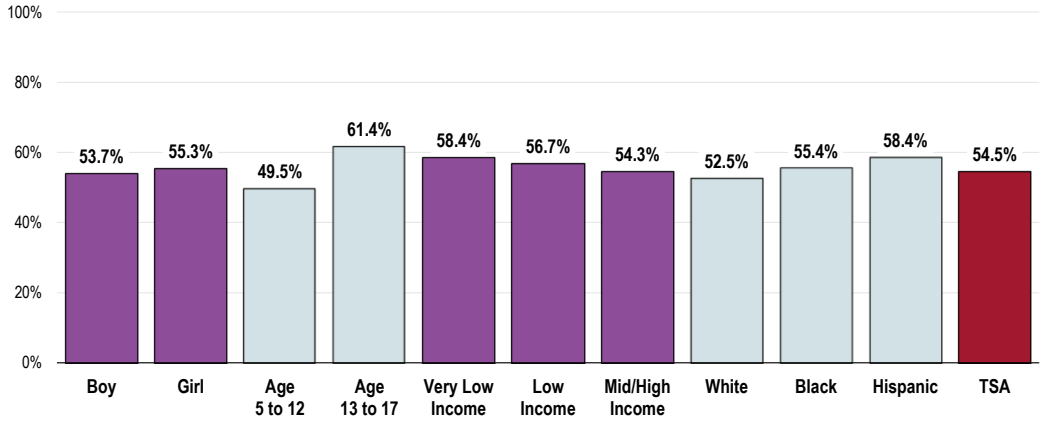
Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 121, 123]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

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

- Teenagers are more likely to have a **television** in his/her bedroom.

Children Has a Television in His/Her Bedroom

(Total Service Area Children Age 5-17, 2015)



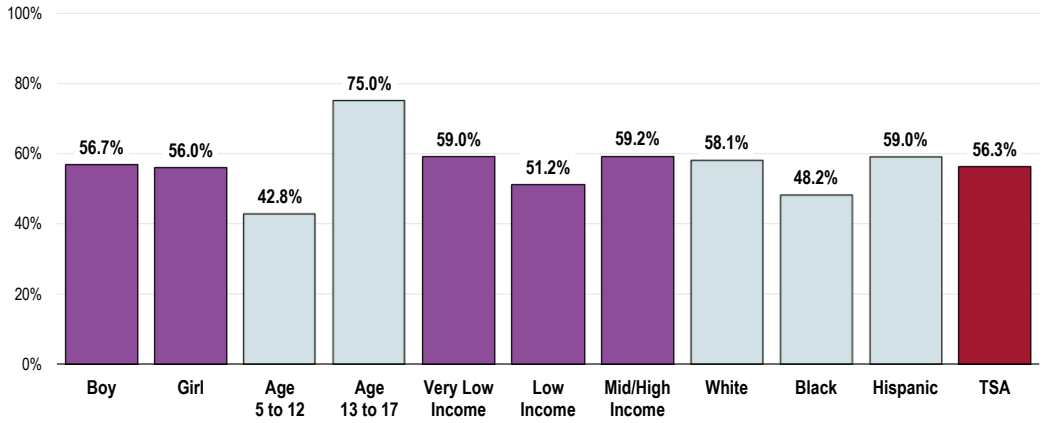
Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 121]

Notes:
- Asked of those respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

- Teenagers are much more likely than their younger counter parts to have access to some type of **computer or other electronic device** in his/her bedroom (note the 75.0% prevalence).

Child Has a Computer or Device in His/Her Bedroom

(Total Service Area Children Age 5-17, 2015)



Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 123]

Notes:
- Asked of those respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Weight Status

Childhood Overweight & Obesity

About Weight Status in Children & Teens

In children and teens, body mass index (BMI) is used to assess weight status – underweight, healthy weight, overweight, or obese. After BMI is calculated for children and teens, the BMI number is plotted on the CDC BMI-for-age growth charts (for either girls or boys) to obtain a percentile ranking. Percentiles are the most commonly used indicator to assess the size and growth patterns of individual children in the United States. The percentile indicates the relative position of the child's BMI number among children of the same sex and age.

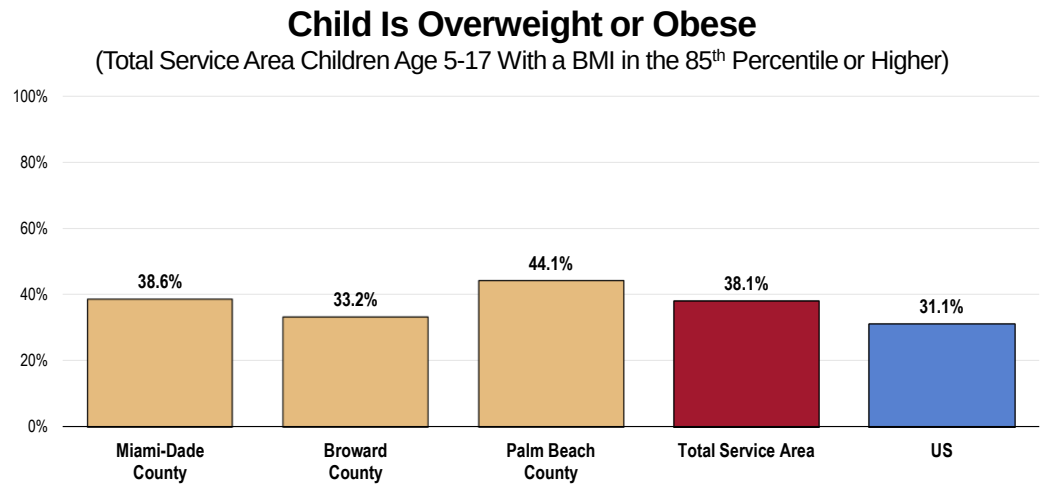
BMI-for-age weight status categories and the corresponding percentiles are shown below:

- Underweight <5th percentile
- Healthy Weight ≥5th and <85th percentile
- Overweight ≥85th and <95th percentile
- Obese ≥95th percentile

– Centers for Disease Control and Prevention

Based on the heights/weights reported by surveyed parents, 38.1% of Total Service Area children age 5 to 17 are overweight or obese (≥85th percentile).

- Less favorable than the obesity prevalence reported nationwide.
- Least favorable in Palm Beach County; most favorable in Broward County.



Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 157]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

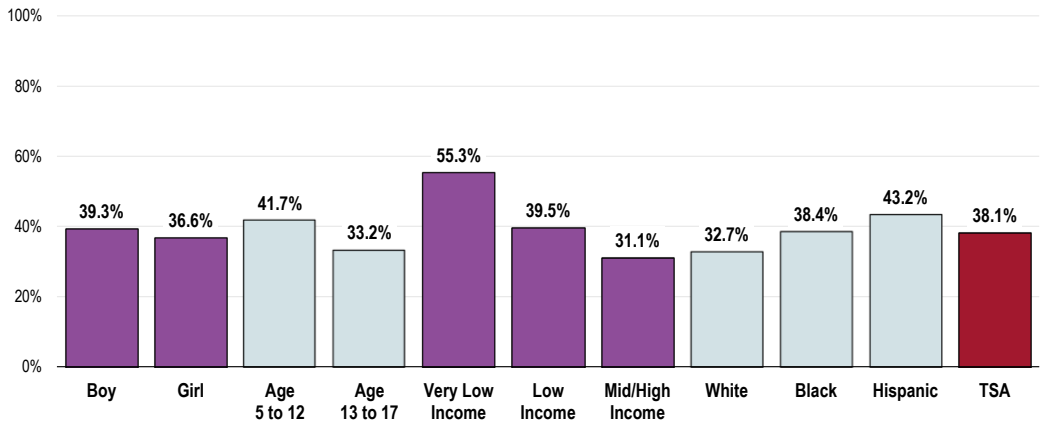
Notes:
- Asked of those respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
- Overweight among children 5-17 is determined by child's Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.

School-age children in the Total Service Area who are more likely to be overweight or obese include:

- Those age 5 to 12.
- Those in households with very low incomes (strong negative correlation with income).
- Hispanic children.

Child Is Overweight or Obese

(Total Service Area Children Age 5-17 With a BMI in the 85th Percentile or Higher)



Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 157]

Notes:
- Asked of those respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
- Overweight among children is determined by children's Body Mass Index status equal to or above the 85th percentile of US growth charts by gender and age.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Weight data for Non-Hispanic Black children is not available due to a small sample size.

Further, 22.5% of Total Service Area children age 5 to 17 are obese (≥95th percentile).

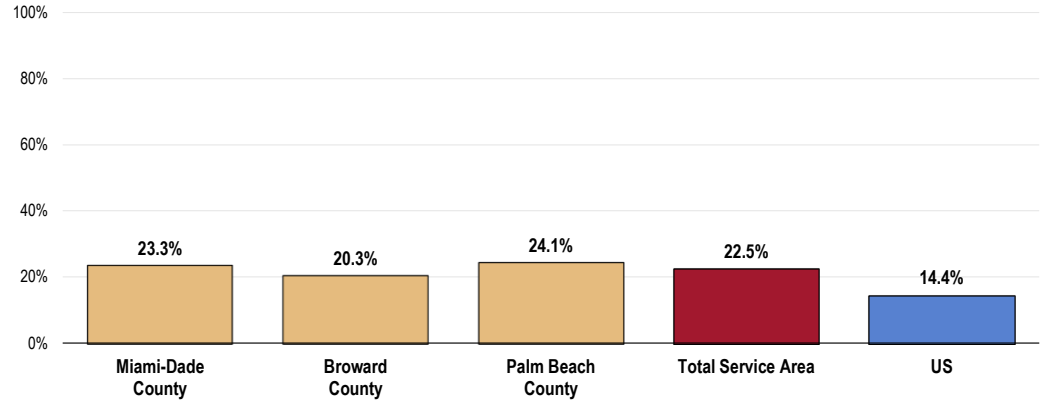
Note that this proportion is included in the "overweight or obese" percentage reported above.

- Notably less favorable than the US findings.
- Fails to satisfy the Healthy People 2020 target (14.5% or lower).
- Statistically similar findings by county.

Child Obesity Prevalence

(Total Service Area Children Age 5-17 with a BMI in the 95th Percentile or Higher)

Healthy People 2020 Target = 14.5% or Lower



Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 157]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-10.4]

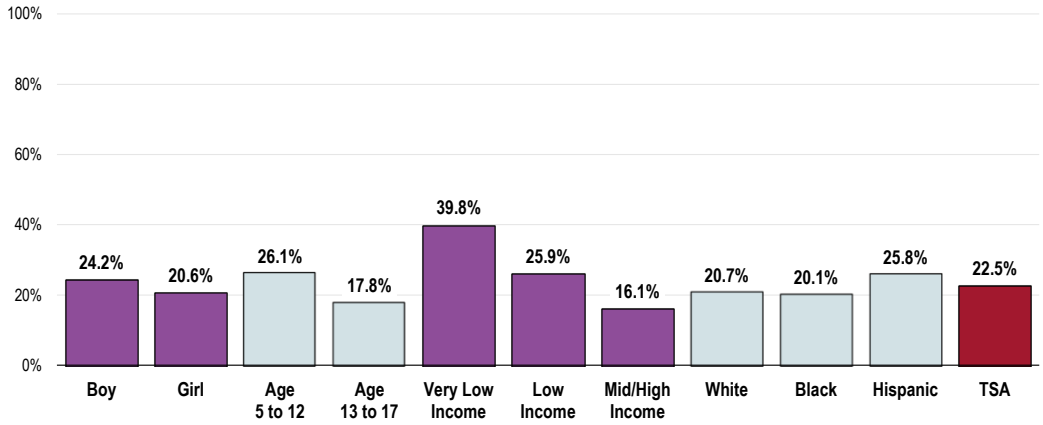
Notes:
- Asked of those respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
- Obesity among children is determined by children's Body Mass Index status equal to or above the 95th percentile of US growth charts by gender and age.

- Obesity is higher in Total Service Area children age 5 to12 than in those age 13 to 17.
- There is a negative correlation of obesity with income in which nearly 40.0% of children in very low income households are obese.

Child Obesity Prevalence

(Total Service Area Children Age 5-17 with a BMI in the 95th Percentile or Higher)

Healthy People 2020 Target = 14.5% or Lower



Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 157]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-10.4]

Notes:
- Asked of those respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
- Overweight among children is determined by children's Body Mass Index status equal to or above the 85th percentile of US growth charts by gender and age.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Weight data for Non-Hispanic Black children is not available due to a small sample size.

Perceptions of Overweight

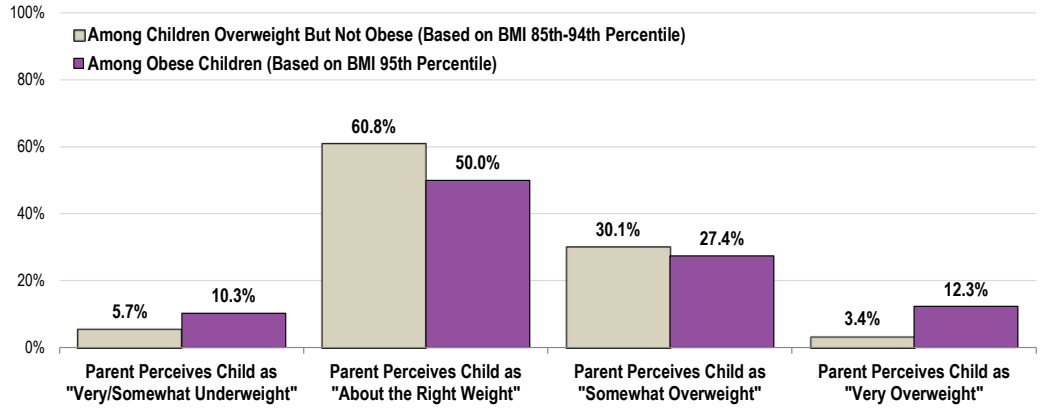
Actual vs. Perceived Body Weight

Interestingly, among parents of children age 5-17 who are overweight or obese (based on BMI), the majority sees their child as being at "about the right weight."

- Only 33.5% of parents with an overweight (not obese) child perceive their child as "somewhat overweight" or "very overweight."
- Only 12.3% of parents with an obese child consider that child to be "very overweight."

Child's Actual vs. Perceived Weight Status

(Total Service Area Children Age 5-17 Who Are Overweight/Obese Based on BMI, 2015)



Sources: ● 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 132]
Notes: ● Asked of those respondents for whom the randomly selected child at home is age 5 to 17.
● Overweight in children is defined as a Body Mass Index (BMI) value at or above the 85th percentile of US growth charts by gender and age; obesity in children is defined as a BMI value at or above the 95th percentile.

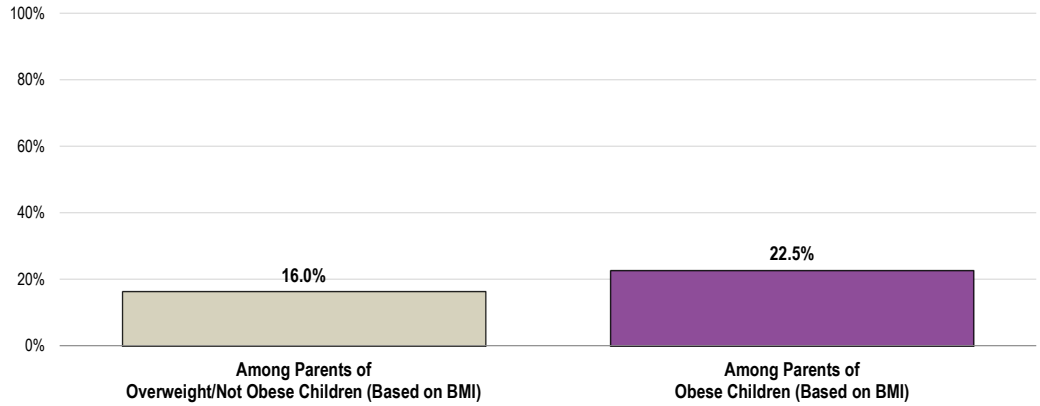
Notification of Overweight Status

A clear majority of parents with overweight or obese children has <u>not</u> been told in the past year by a school or health professional that their child is overweight.

- Statistically similar to US findings (not shown).

Parent Has Been Told in the Past Year by a School or Health Professional That Their Child Is Overweight

(Total Service Area Children Age 5-17 Who Are Overweight/Obese Based on BMI, 2015)



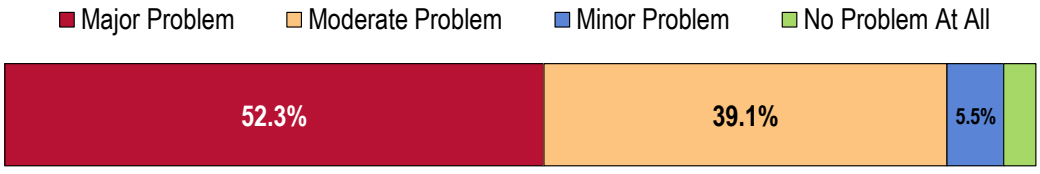
Sources: • 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 133]
Notes: • Asked of those respondents for whom the randomly selected child at home is age 5 to 17.
• Overweight in children is defined as a Body Mass Index (BMI) value at or above the 85th percentile of US growth charts by gender and age; obesity in children is defined as a BMI value at or above the 95th percentile.

Key Informant Input: Nutrition, Physical Activity, and Weight

The majority of key informants taking part in an online survey characterized *Nutrition, Physical Activity, and Weight* as a "major problem" in the community.

Perceptions of Nutrition, Physical Activity, and Weight as a Problem for Children/Adolescents in the Community

(Key Informants, 2015)



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

Top Concerns

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

Obesity

A lot of overweight patients in the community. - Other Health Provider

Obesity rate is high. - Physician

Obesity is an epidemic and we are seeing it. More and more children have more problems related to obesity, poor nutrition and physical inactivity. Every obese child is going to be an obese and chronically ill adult. We need to stop this problem in the pediatric age group. - Physician

Obesity is the most common condition in pediatrics. Most insurances do not pay for the dx of obesity, and preventive programs. These children are not monitored closely or the nutrition referrals are not done because their insurance does not pay for that visit. Most of our pediatric obesity cases are exogenous and has to do with the dietary and life style. Most need to be handled with patient and family education and life style modification and close follow up. Obese children become obese adults and unfortunately then the system would pay for their diabetes, heart disease and psychological involvement and high blood pressure. - Physician

Overwhelming number of obese and morbidly obese children and adolescents in the community leading to complications from otherwise routine disease processes such as asthma, increasing diabetics, increasing circulatory complications such as DVT's. - Other Health Provider

There are a number of children who are overweight in the community. Likely due to lack of knowledge regarding nutrition, food deserts in the community. - Social Service Provider

We have children that are obese at such a young age more than ever before. The lack of physical activity in the schools is part of the issue. We want our kids to be smarter younger so we have removed the activity part of the day in school. Recreation is a stress reliever and a boost for the brain. It allows the body to release tension and regroup and open to more stimuli thereby learning. The lack of activity at home is another issue. The use of computers, cell phones and sedentary games has taken us away from playing outside with our friends. Organized sports have taken over but it's more like school then fun. It is also more expensive and many families do not have those funds. All the fields in our area are run by JTAA therefore anyone not on a team is not allowed to play on them. My taxes are being used for a business to make money not the community which is what it should be. - Social Service Provider

Obesity and its attending illnesses are prevalent in Miami-Dade according to the Florida Department of Health, and the countywide Community Needs Health Assessment produced by the Health Council of South Florida. Additionally, parents of school age children note that physical education and activities in Miami-Dade public schools are not being emphasized as daily requirements. - Community/Business Leader

High incidence of obesity and metabolic syndrome. - Physician

Obesity has become an epidemic in this community. - Physician

High rate of obesity in childhood population in our community. - Community/Business Leader

We have an epidemic of childhood obesity. - Physician

Increase in childhood obesity. - Other Health Provider

The high prevalence of obesity is in large measure a consequence of poor nutrition and lack of physical activity. There is insufficient recognition of the importance of nutrition and physical activity for children in their homes, schools and community in general and how this contributes to obesity which is at epidemic levels and associated chronic disorders such as diabetes, heart disease, etc. - Physician

Poor Nutrition

In the fast pace we live in, working mothers don't have time to cook healthy meals and sometimes tend to buy fast foods several times a week. This leads to obesity. Also, due to crime and excessive homework, children now grow up more inside a home than outside riding bicycles and playing sports in their neighborhood. This affects weights and health. - Community/Business Leader

Access to care, food deserts, few safe areas to play and encouraged physical active. Therefore, children participate in more sedentary activities: TV, cell phone, video games. Lack of education related to nutrition and healthy eating behaviors for the demographic population that we serve. - Community/Business Leader

As many of us deal with huge amount of children being 75% overweight. I have needed the services of nutritionists and certified training professionals which are again not available to the Medicaid patient. - Physician

Decrease of healthy home cooked meals. Increase of fast/convenient meals. Parents unavailable for outside activities. - Other Health Provider

In general due to easy access to fast food places and working parents. For the same reason, limited time to take them to parks or sports activities, children could spend more time outside exercising as well as time to prepare healthier food at home. - Physician

Lack of Education on Nutrition

Poor education. Too easy access to fast food. Media saturation with unhealthy foods and lifestyle. Parents too busy to care. No access to healthy options. - Social Service Provider

Lack of programs to teach obese parents how to avoid obese children. - Physician

Poor education. Poor access to resources for nutrition and weight loss program. – Physician

I believe that lack of education and cultural ideas of "normal" in South Florida are a problem. Many Latin cultures believe fat babies and children are healthy. They add sugar to baby bottles and eat poor nutrient quality food. When you combine this with inadequate physical activity we have a society of obese kids that have health problems early on and will lead unhealthy adult lives. Children are a victim of their parents' inability to make wise parenting decisions, lead by example, set boundaries, etc. and they pay the health consequences for their parents' actions. While access to health care is important, the prevention of needing the health care in the first place is where I believe the focus should be. In addition, physical activity is greatly lacking. PE and recess are cut from schools. Kids spend too much "screen time" which more and more is on computers and smart devices rather than television. We as a culture drive everywhere. Too few safe bike paths in South Florida. - Other Health Provider

There is lack of education and resources for parents to comply to a better lifestyle. Nutrition/exercise. - Physician

Related Conditions

Nutrition and eating disorders are an issue. Rise in obesity. - Public Health Representative

Significant problem is the US. Twenty-seven percent of children aged five to ten have one or more heart disease risk factors. Overweight adolescents have a 70 percent risk of becoming overweight adults. Poor nutrition, inactivity and weight problems adversely affect academic achievement. - Physician

Sleep apnea related to obesity is ramping up in our inpatient services. - Physician

The prevalence of both obesity and eating disorders are on the rise. A comprehensive and intensive approach is required. These services are often not covered by insurance and therefore access for those who need it most, is limited. Availability of fresh produce is increasing but is expensive, making it hard for families to follow advice on good nutrition. Miami has limited park/open spaces to play. Parents are very afraid to send their kids out to the few available places because of safety concerns. Kids think they need to join a gym which most parents cannot afford. For those who can, often the kids are not being supervised. Nutrition and psychology services for those with emotional eating are limited. Many such providers do not deal with eating disorders as they believe it requires a special expertise for which they were never trained. - Physician

Lifestyle

Overall nutritional issues, sedentary after school activities; cultural and behavioral factors; financial limitations; peer-related issues. - Other Health Provider

Many children are overweight or obese because they are living a more sedentary lifestyle. Also, physical education is being cut in schools. - Other Health Provider

Obesity and activity rates for children and adolescents. - Other Health Provider

Obesity and inactivity are increasing in our community, especially in Hispanic and black and I don't see many pediatricians addressing it as a health issue. - Physician

Obesity and lack of physical activity are common. – Physician

Food deserts, inadequate unsupervised parks, green space and playgrounds. - Public Health Representative

Lack of Priority in School Curriculum

Lack of priority in school curricular. Poor home environments and lack of parental example. - Physician

Decrease activities in school, no PE. Bad nutrition. Too many sedentary activities and junk food. - Physician

Even in schools, physical activity is no longer seen as a critical component of the curriculum. Safety of neighborhoods and outdoor activity areas. Children and adolescents, and often their families, do not receive any/adequate instruction about healthy nutrition, exercise and body weight. - Public Health Representative

Culture

Cultural beliefs expense to eat healthy fast foods. Limited physical activity. Internet video games computers. - Other Health Provider

I think this is a major problem because we have a high Latino population that considers normal weight to be too skinny. The diet lacks adequate amounts of fruits and vegetables. Portion size is a problem as in Latin restaurants a meal includes a large plate of rice and beans. We have an African American population that live in a community where fried foods are sold on many corners and scarcity of healthy foods exists. We live in an area where outdoor play should be emphasized but many parents do not want their children outdoors as they are concerned regarding safety. Many families have transportation problems and economic problems and find it hard to find time for physical recreation for the children. - Physician

Preventive Medicine

Lack of preventive medicine policies to address this problems. – Physician

Our children and adolescents lack safe places to play, walk and be outdoors in nature. This is terribly ironic since Miami has such great weather compared to other parts of the US. Our local parks programs are severely limited, do not serve all residents and there has been little effort to make neighborhoods safer to walk and bike. Built environment interventions (sidewalks, parks, green spaces) have been shown to have multiple health benefits for children. - Public Health Representative

Conflicting Ideas

The problems start at birth and in the first year. There is too much conflict of ideas on how to feed the baby and how not to overfeed. Also we need to teach parents that more food does not mean more sleep, is the manner to go to sleep that counts. The schools have to institute better foods choices, and also teach what is healthy and good, but more positive than negative. Also to have more time for reassess and play time. Too much sitting and homework. The food industry needs to stop over "sizing" food products. We have to teach to count proper calories and to make sure that we eat balance- Everything in moderation is good; extremes are not. People have to exercise more, and they do not. You can exercise while playing computer games. - Physician

Lack of Providers

There are sporadic providers with no pediatric specialization. Again this field will pair well with a multidisciplinary clinic example: obesity program. - Physician

Lack of Safe Places for Physical Activity

Our children and adolescents lack safe places to play, walk and be outdoors in nature. This is terribly ironic since Miami has such great weather compared to other parts of the US. Our local parks programs are severely limited, do not serve all residents and there has been little effort to make neighborhoods safer to walk and bike. Built environment interventions (sidewalks, parks, green spaces) have been shown to have multiple health benefits for children. - Public Health Representative

Tobacco

Exposure to Environmental Tobacco Smoke

About Tobacco Exposure

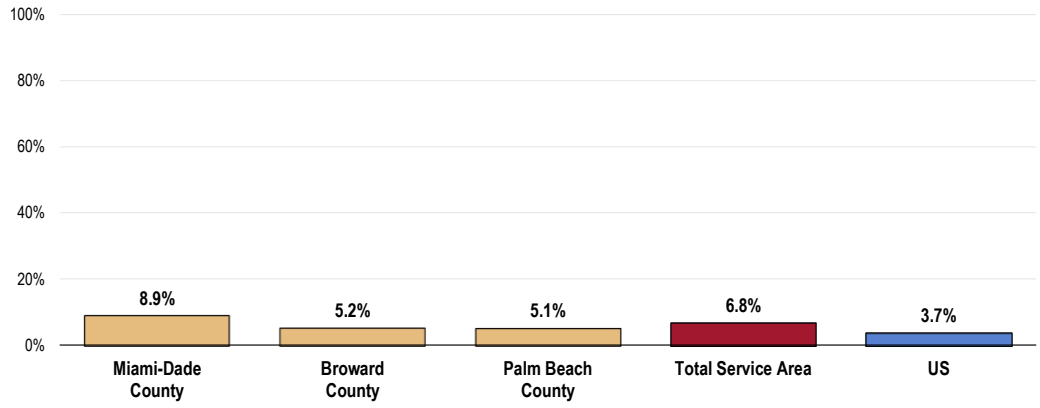
There is no risk-free level of exposure to secondhand smoke. Secondhand smoke causes heart disease and lung cancer in adults and a number of health problems in infants and children, including: severe asthma attacks; respiratory infections; ear infections; and sudden infant death syndrome (SIDS).

– Healthy People 2020 (www.healthypeople.gov)

A total of 6.8% of Total Service Area parents report that someone in the household smokes inside the home.

- Higher than the US proportion.
- Highest in Miami-Dade County.

Someone Smokes Tobacco Inside the House
(Total Service Area, 2015)



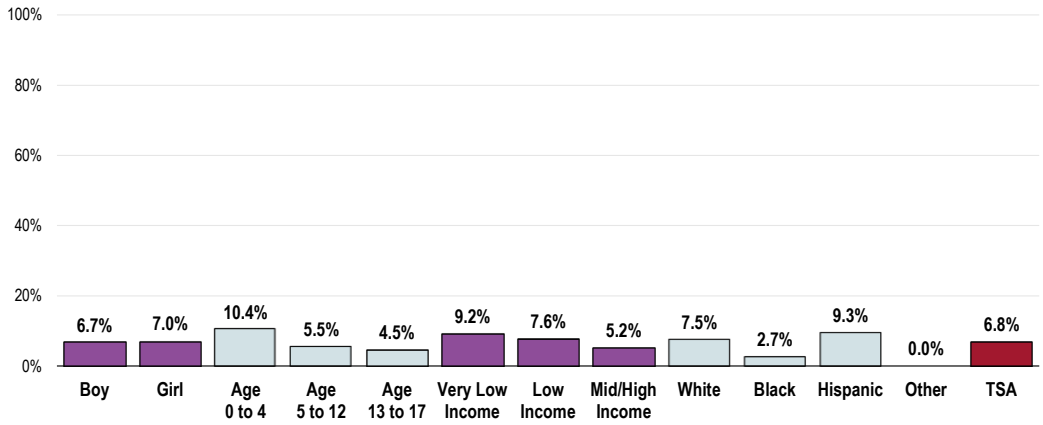
Sources: ● 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 119]
● 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

These Total Service Area children are more likely to be exposed to tobacco smoke in the home:

- Younger children (note the negative correlation with age).
- White or Hispanic children.
- Note that the negative correlation with income is not strong enough to be statistically significant.

Someone Smokes Tobacco Inside the House

(Total Service Area, 2015)



Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 119]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Current Tobacco Use (Adolescents)

Among high school students in the Total Service Area, a median of 7.5% report smoking at least one cigarette on at least one day during the 30 days preceding the administration of the 2013 Youth Risk Behavior Survey.

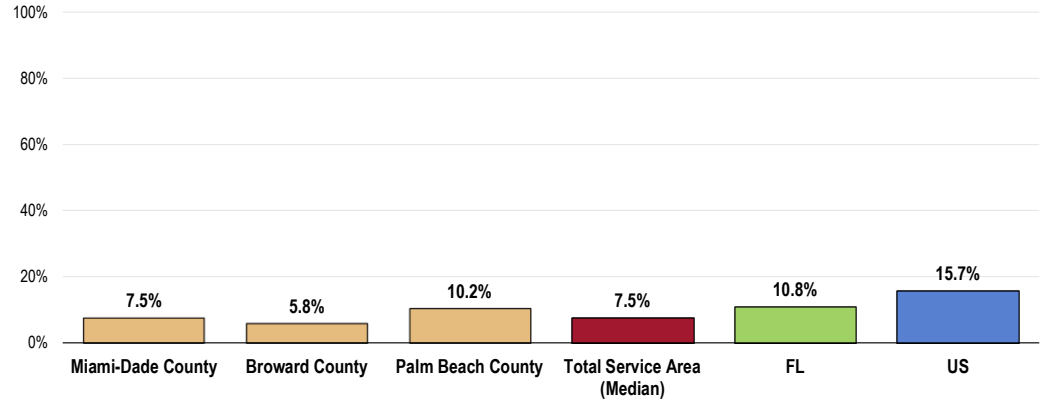
- Less than the Florida prevalence.
- Less than half of the US prevalence.
- Highest in Palm Beach County; lowest in Broward County.

This indicator is derived from the CDC's Youth Risk Behavior Survey (YRBS), a school-based survey administered to high school students.

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

Smoked Cigarettes in Past Month

(Among High School Students; Youth Risk Behavior Surveys, 2013)



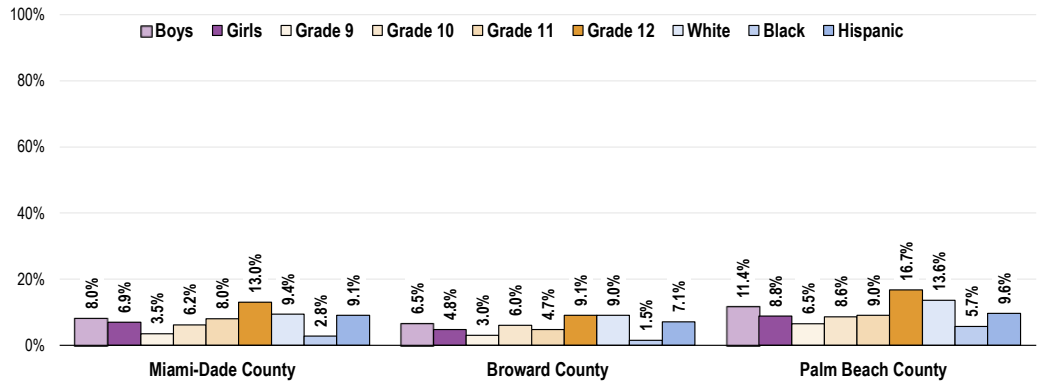
Sources:
- Centers for Disease Control and Prevention (CDC). 1991-2013 High School Youth Risk Behavior Survey Data. Available at http://nccd.cdc.gov/youthonline/. Accessed October 2015.

Notes:
- Smoked cigarettes on at least 1 day during the 30 days before the survey.

- Smoking prevalence in each county is higher among boys than girls and among White or Hispanic students than Blacks.
- Smoking prevalence generally increases with grade level.

Smoked Cigarettes in Past Month

(Among High School Students; Youth Risk Behavior Surveys, 2013)



Sources:
- Centers for Disease Control and Prevention (CDC). 1991-2013 High School Youth Risk Behavior Survey Data. Available at http://nccd.cdc.gov/youthonline/. Accessed October 2015.

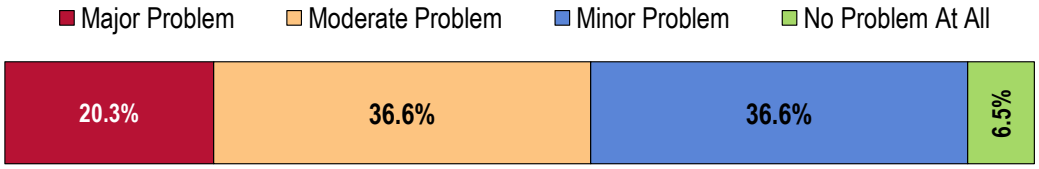
Notes:
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Smoked cigarettes on at least 1 day during the 30 days before the survey.

Key Informant Input: Tobacco Use

Key informants taking part in an online survey characterized *Tobacco Use* as a "moderate problem" equally as often as they rated it a "minor problem" for children/adolescents in the community.

Perceptions of Tobacco Use as a Problem for Children/Adolescents in the Community

(Key Informants, 2015)



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

Notes:
- Asked of all respondents.

Top Concerns

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

Society

While access to cigarettes has helped reduce overall use, children and adolescents see and hear what is celebrated and rewarded in our society. They are not exposed to the bad outcomes, and thus still are choosing to use tobacco. The addiction does not seem to serve as a discouragement, and is still promoted in highly revered movies, television programs, and other entertainment outlets. - Other Health Provider

Parents are the model in this environment with socio-economic environment. More prevalent for young adolescents to smoke in Central and South America. Peer pressure and the desire to fit in due to low self-esteem. - Community/Business Leader

Easy access to tobacco. Alluring image of "vaping." - Social Service Provider

Exposure. Limited education. - Other Health Provider

Family dysfunction; peer-related factors. - Other Health Provider

Overused. Television advertising. - Physician

Prevalence/Incidence

Obvious. - Social Service Provider

I see more and more adolescent starting to smoke. – Physician

Part of the problems of our teenager population. - Physician

Access to Preventive Care

No community programs developed to teach all children about the dangers. - Physician

Lack of education and prevention campaigns. - Physician

Affects Later Health

Because of the health problems that these people will have in the future. – Physician

Often lifelong habits begin in childhood and adolescence. Tobacco use begun in early years often leads to an addiction, one that is very hard to break. - Public Health Representative

Advertising

Advertising targeting teens. - Physician

Lack of Parent Involvement

Lack of adult supervision. - Other Health Provider

Lack of Providers/Services

No clinics treating them, not awareness. - Physician

Substance Abuse

Alcohol (Adolescents)

Current Alcohol Use

Among high school students in each county, a median of 38.5% report having at least one drink of alcohol on at least one day during the 30 days preceding the administration of the 2013 Youth Risk Behavior Survey.

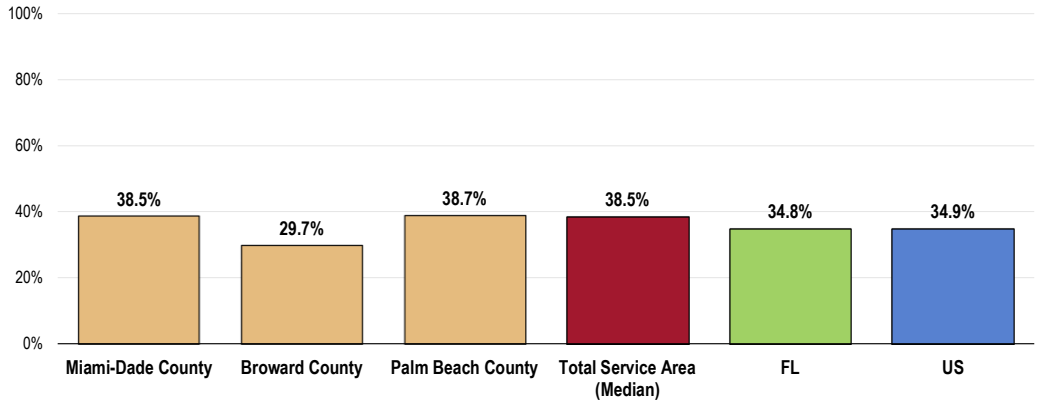
- Higher than the Florida percentage.
- Higher than national findings.
- Notably low in Broward County.

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

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

Drank Alcohol in Past Month

(Among High School Students; Youth Risk Behavior Surveys, 2013)



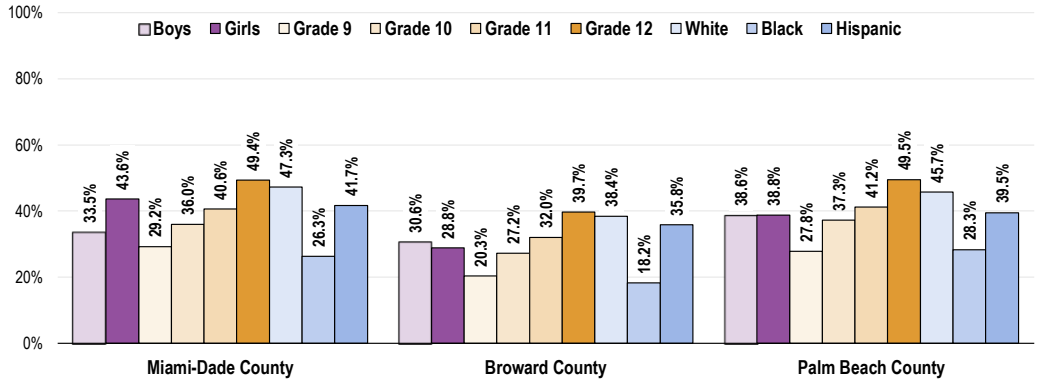
Sources: • Centers for Disease Control and Prevention (CDC). 1991-2013 High School Youth Risk Behavior Survey Data. Available at http://nccd.cdc.gov/youthonline/. Accessed October 2015.

Notes: • Had at least one drink of alcohol on at least one day during the 30 days before the survey.

- Higher among girls in Miami-Dade County; higher among boys in Broward County; no statistical difference between genders in Palm Beach County.
- Appears to increase with grade level in all counties.
- Highest in White students followed by Hispanic students in each county.

Drank Alcohol in Past Month

(Among High School Students; Youth Risk Behavior Surveys, 2013)



Sources:
- Centers for Disease Control and Prevention (CDC). 1991-2013 High School Youth Risk Behavior Survey Data. Available at http://nccd.cdc.gov/youthonline/. Accessed October 2015.

Notes:
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Had at least one drink of alcohol on at least one day during the 30 days before the survey.

Current Drinking & Driving

A median of 10.9% of Total Service Area high school students report having driven a car or other vehicle when drinking alcohol on one or more occasion during the 30 days preceding the administration of the 2013 Youth Risk Behavior Survey.

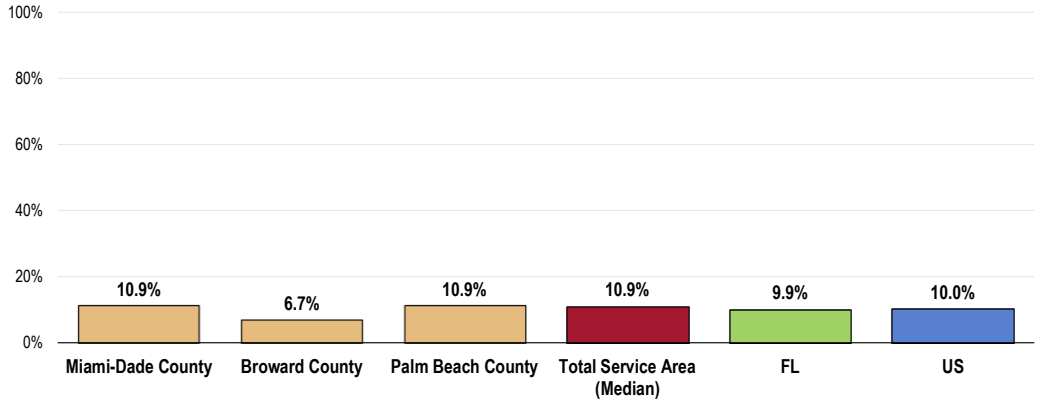
- Statistically less favorable than Florida findings.
- Statistically less favorable than national findings.
- Favorably low in Broward County.

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

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

Drove When Drinking Alcohol in the Past Month

(Among High School Students; Youth Risk Behavior Surveys, 2013)



Sources:
- Centers for Disease Control and Prevention (CDC). 1991-2013 High School Youth Risk Behavior Survey Data. Available at http://nccd.cdc.gov/youthonline/. Accessed October 2015.

Notes:
- Drove a car or other vehicle when drinking alcohol one or more times during the 30 days before the survey.

Drug Use (Adolescents)

Lifetime Use of Drugs

Using the median of the three counties, high school students report the highest lifetime usage of marijuana (38.0% have ever used), prescription drugs (12.2% have ever used drugs not prescribed to them), and ecstasy (10.3% have ever used).

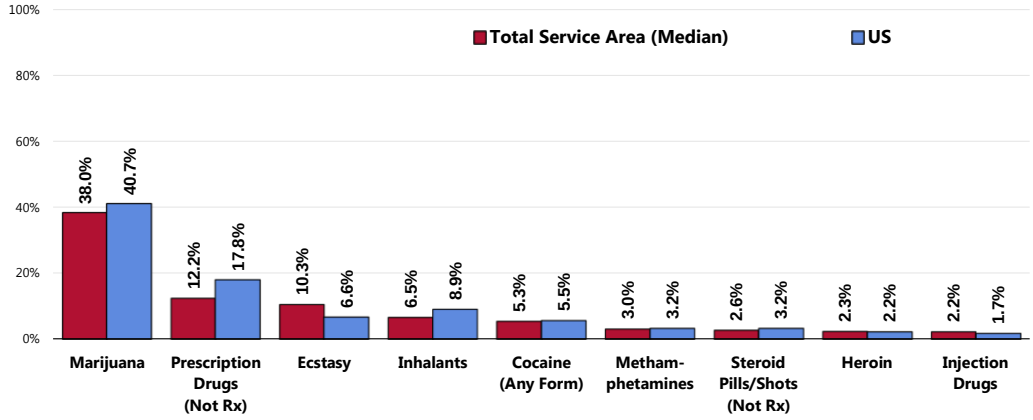
- Findings are significantly above national findings for lifetime usage of ecstasy and injection drugs.
- Findings are significantly below national findings for lifetime usage of marijuana, prescription drugs, inhalants, steroids, and methamphetamines.

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

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

Ever Used Specific Drugs

(Among High School Students; Youth Risk Behavior Surveys, 2013)



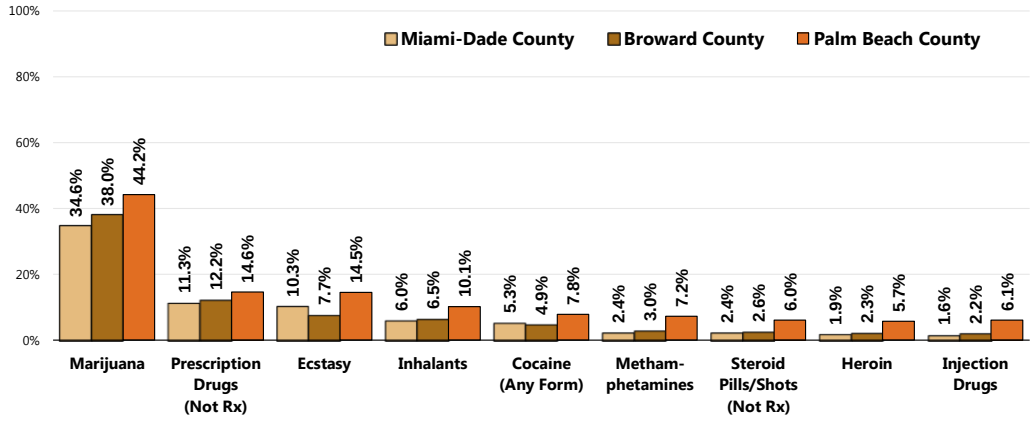
Sources:
- Centers for Disease Control and Prevention (CDC). 1991-2013 High School Youth Risk Behavior Survey Data. Available at http://nccd.cdc.gov/youthonline/. Accessed October 2015.

Notes:
- Prescription drugs include drugs such as Oxycontin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax.
- Inhalants include sniffing glue, breathing the contents of aerosol spray cans, or inhaling any paints or sprays to get high.
- Ecstasy also called "MDMA."
- Cocaine includes powder, crack or freebase forms of cocaine.
- Methamphetamine also called "speed," "crystal," "crank," or "ice."
- Heroin also called "smack," "junk," or "China white."

- Palm Beach County high schoolers have the highest rates of lifetime drug use for each drug reported.

Ever Used Specific Drugs

(Among High School Students; Youth Risk Behavior Surveys, 2013)



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- Inhalants include sniffing glue, breathing the contents of aerosol spray cans, or inhaling any paints or sprays to get high.
- Ecstasy also called "MDMA."
- Cocaine includes powder, crack or freebase forms of cocaine.
- Methamphetamine also called "speed," "crystal," "crank," or "ice."
- Heroin also called "smack," "junk," or "China white."

Current Marijuana Use

A total of 22.9% of Total Service Area high school students report having used marijuana one or more times during the 30 days preceding the administration of the 2013 Youth Risk Behavior Survey.

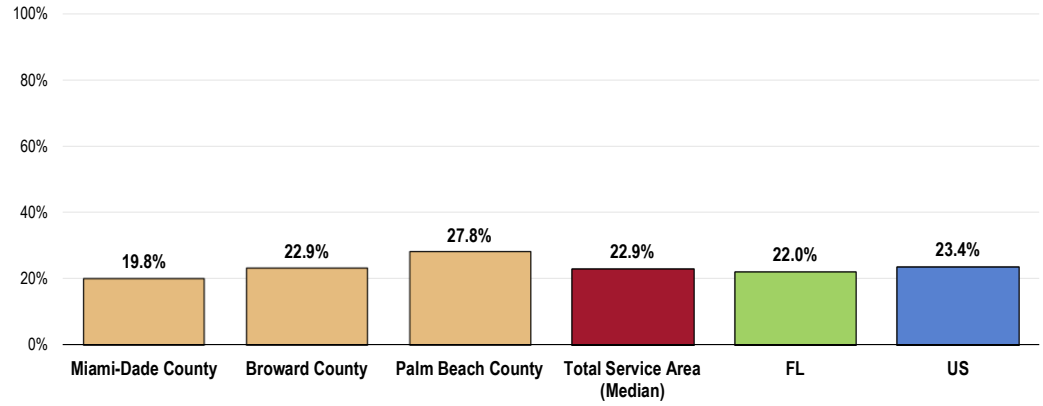
- Similar to Florida findings.
- Similar to national findings.
- Highest in Palm Beach County; lowest in Miami-Dade County.

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

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

Used Marijuana in Past Month

(Among High School Students; Youth Risk Behavior Surveys, 2013)



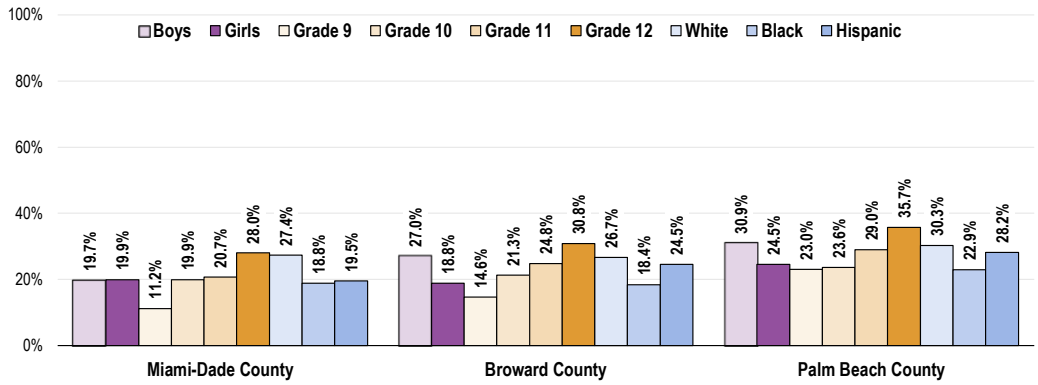
Sources:
- Centers for Disease Control and Prevention (CDC). 1991-2013 High School Youth Risk Behavior Survey Data. Available at http://nccd.cdc.gov/youthonline/. Accessed October 2015.

Notes:
- Used marijuana one or more times during the 30 days before the survey.

- In Broward and Palm Beach counties, this is more prevalent among boys, whereas in Miami-Dade, there is no statistical difference between genders.
- Current marijuana use appears to increase with grade level.
- Highest among Whites in all counties, but also high among Hispanics in Broward and Palm Beach counties.

Used Marijuana in Past Month

(Among High School Students; Youth Risk Behavior Surveys, 2013)



Sources:
- Centers for Disease Control and Prevention (CDC). 1991-2013 High School Youth Risk Behavior Survey Data. Available at http://nccd.cdc.gov/youthonline/. Accessed October 2015.

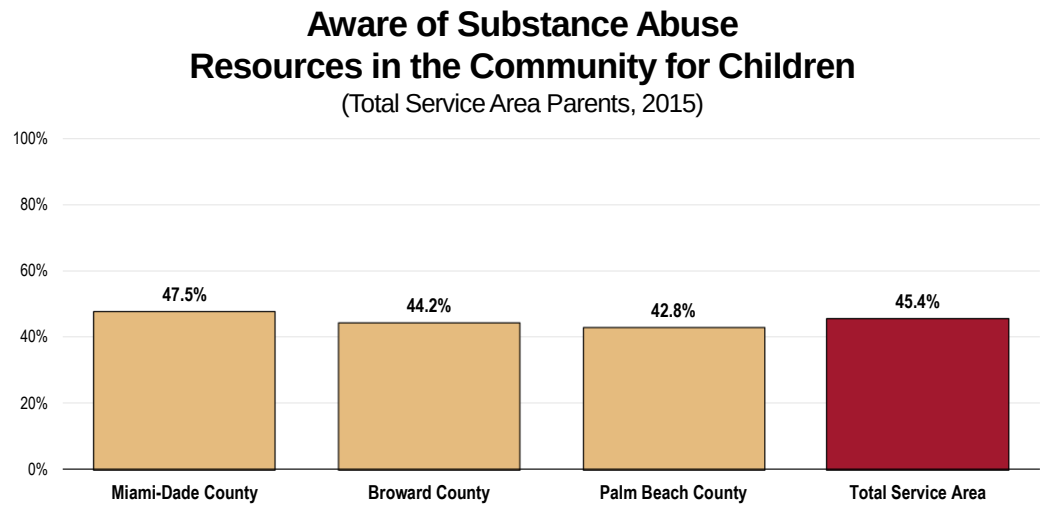
Notes:
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Used marijuana one or more times during the 30 days before the survey.

Substance Abuse Resources

Awareness of Substance Abuse Resources

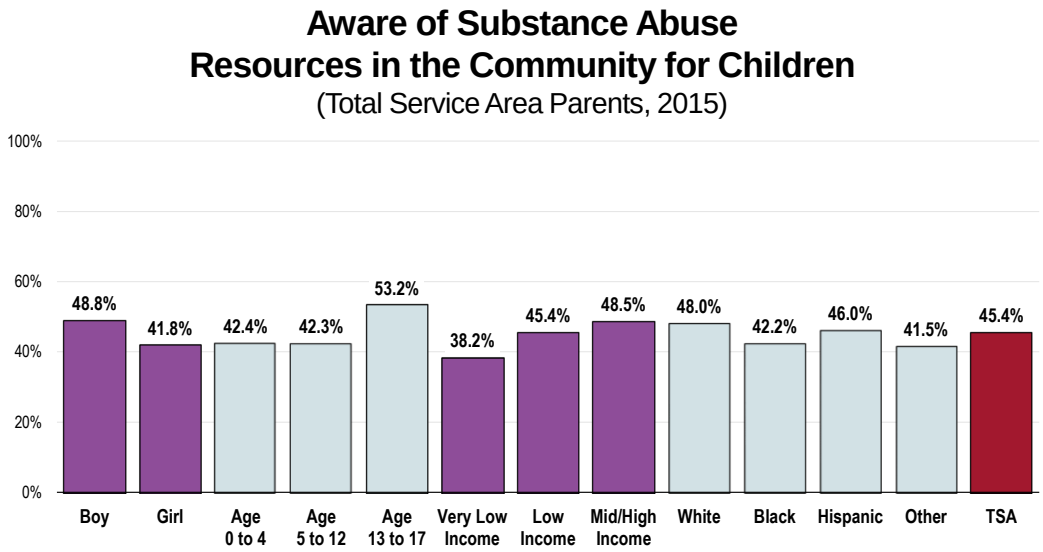
A total of 45.4% of respondents reported that they are aware of resources in their community to help children and adolescents with alcohol or substance abuse problems.

- Awareness is statistically similar by county.



Sources: ● 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 314]
Notes: ● Asked of all respondent.

- Parents of boys or teenagers are more likely to be aware of community substance abuse resources available for children/adolescents.



Sources: ● 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 314]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

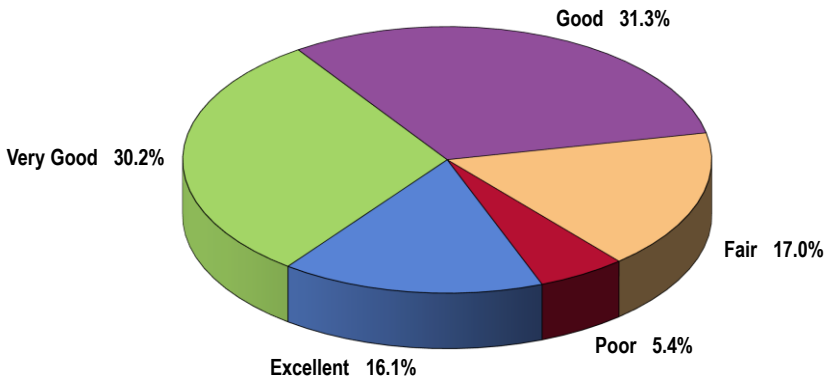
Rating of Substance Abuse Resources

Among Total Service Area parents who are aware of substance abuse resources in their community, 16.1% rate these resources as "excellent" and 30.2% rate them as "very good".

- 31.3% gave a "good" rating.

Rating of Substance Abuse Resources in Community for Children

(Total Service Area Parents Aware Of Substance Abuse Resources, 2015)



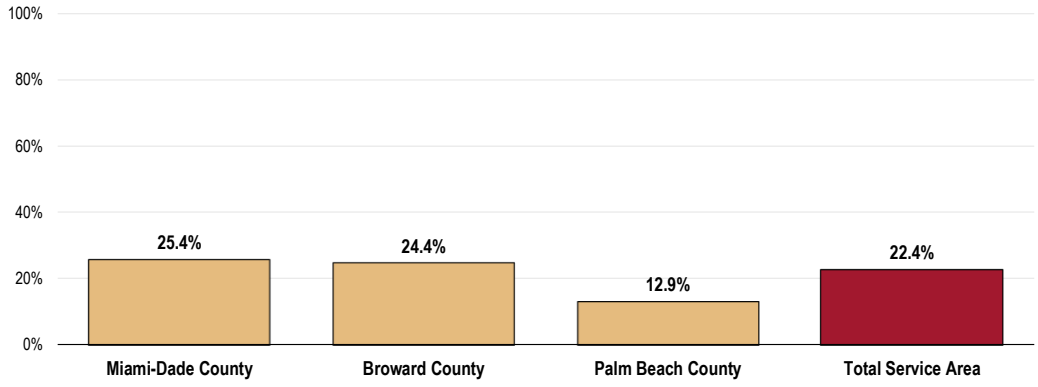
Sources: • 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 315]
Notes: • Asked of respondents that are aware of substance abuse resources in their community that are for children.

However, 22.4% of these parents report that local substance abuse resources for children/adolescents are "fair/poor".

- Much better ratings in Palm Beach County.

Substance Abuse Resources in the Community for Children are "Fair/Poor"

(Total Service Area Parents Aware Of Substance Abuse Resources, 2015)

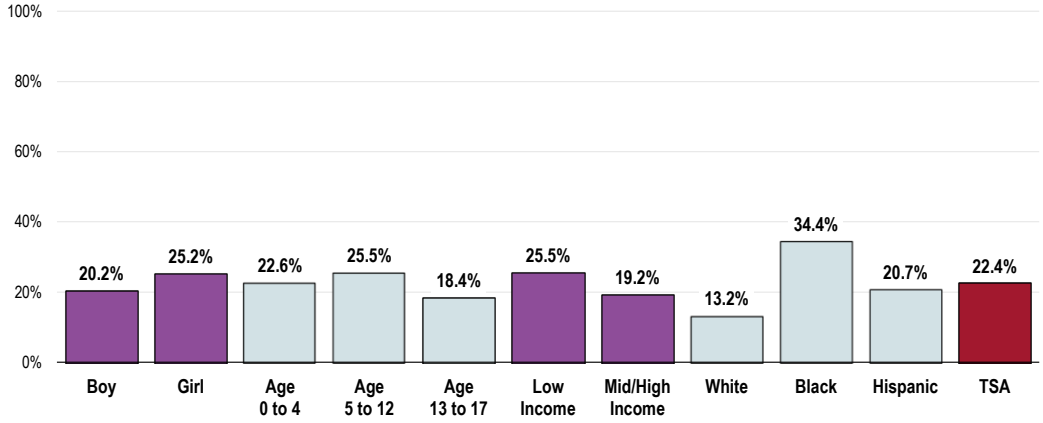


Sources: • 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 315]
Notes: • Asked of respondents that are aware of substance abuse resources in their community that are for children.

- Parents of Black children are much more likely to perceive local resources as "fair/poor".

Substance Abuse Resources in the Community for Children are "Fair/Poor"

(Total Service Area Parents Aware Of Substance Abuse Resources, 2015)



Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 315]

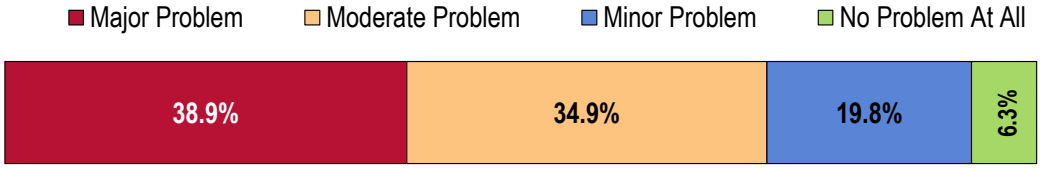
Notes:
- Asked of respondents that are aware of substance abuse resources in their community that are for children.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Substance Abuse

The greatest share of key informants taking part in an online survey characterized *Substance Abuse* as a "major problem" for children/adolescents in the community.

Perceptions of Substance Abuse as a Problem for Children/Adolescents in the Community

(Key Informants, 2015)



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

Notes:
- Asked of all respondents.

Barriers to Treatment

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

Lack of Providers/Services

Lack of community resources accessible. - Physician

The programs don't exist or take considerable resources to find. - Physician

The greatest barriers that prevent children and adolescents from accessing needed substance abuse treatment are the availability of space at existing treatment centers and the cost of seeking care, especially for residential programs. - Community/Business Leader

The lack of programs. - Physician

Lack of availability of effective programs, stigma associated with substance abuse. Easy accessibility of substance from legitimate doctors and illegitimate sources. - Public Health Representative

Lack of such services in our community. – Physician

Not enough places and cost. - Physician

Treatment programs specifically designed for children and adolescents are extremely limited. Most cater to adults. Again, the good available ones are expensive. Most community mental health providers do not feel qualified to deal with substance abuse. - Physician

Lack of treatment facilities. - Community/Business Leader

DART, which is no longer in business. There is the Jerome center but the criteria are not for everyone in need. - Social Service Provider

Lack of community providers, insurance coverage. - Physician

Limited number of residential programs. - Physician

Lack of Education

Lack of knowledge and availability of substance abuse treatment programs geared to this specific population or available because of lack of funding. - Other Health Provider

Lack of knowledge, denial, prejudice. - Social Service Provider

Lack of information and knowledge. Sometimes the information of organizations that are out there to help the community are not seen nor advertised. It is difficult to break barriers this way. - Community/Business Leader

One is there awareness and not enough rehabs or teaching on subject. - Physician

Lack of education or access to resources. - Social Service Provider

Access to Care/Services

Easy access. Lack of educations. - Social Service Provider

Access. Exposure. Limited resources. Limited Education. - Other Health Provider

Availability, financial. - Physician

Access to healthcare and referral to special centers. – Physician

Confidentiality, access. - Physician

Money. - Other Health Provider

Society

Drug culture of America. Lack of early intervention programs and services. Lackluster law enforcement; economic incentives of the drug market. – Physician

Family dysfunction; history of depression, anxiety, self-image issues, peer-related issues, financial limitations, abuse-neglect, adjustment to academic life factors. - Other Health Provider

Drug abuse is not addressed as "abuse" in the homes. Children and adolescents mirror what they see and are exposed to. Our culture supports "social use" of drugs and continues to worship those who "performed their best while under the influence. Drug abuse and drug addiction seem to occur separately. The use of another "addiction drug" Methadone is not the answer - in my opinion. It's just a way for other entities to monitor and manipulate the "community of users." - Other Health Provider

Prevalence/Incidence

> *It is one of the leading cause of admissions to our institution. – Physician*
>
> *I would like to elaborate on substance abuse in this community as well as surrounding communities and that is, the synthetic marijuana "Jazz", "Fla-ca", etc. which has invaded our High Schools and even some grade schools. This substance can be purchased at most gas stations or shops. - Other Health Provider*

Access to Preventive Care

> *Prevention programs are nearly non-existent and there are very few programs for teens with substance abuse problems that are affordable. - Public Health Representative*

Lack of Parental Awareness/Education

> *Not my area of expertise, but I suspect most parents are not aware that there is a problem until a specific incident or crisis. Fear of legal consequences and lack of knowledge of resources. - Other Health Provider*

No Desire to Quit

> *I do not think the children or adolescent have the desire to participate in a solution. - Physician*

Most Problematic Substances

Key informants (who rated this as a "major problem") most often identified alcohol, club drugs, and marijuana as the most problematic substances abused by youth in the community.

	Most Problematic	Second-Most Problematic	Third-Most Problematic	Total Mentions
Alcohol	48.6%	17.1%	6.3%	25
Club Drugs (e.g. MDMA, GHB, Ecstasy, Molly)	20.0%	28.6%	15.6%	22
Marijuana	17.1%	28.6%	18.8%	22
Over-The-Counter Medications	0.0%	5.7%	15.6%	7
Cocaine or Crack	2.9%	8.6%	3.1%	5
Prescription Medications	0.0%	2.9%	12.5%	5
Inhalants	2.9%	0.0%	9.4%	4
Heroin or Other Opioids	0.0%	0.0%	12.5%	4
Methamphetamines or Other Amphetamines	5.7%	0.0%	3.1%	3
Synthetic Drugs (e.g. Bath Salts, K2/Spice)	2.9%	2.9%	3.1%	3
Hallucinogens or Dissociative Drugs (e.g. Ketamine, PCP, LSD, DXM)	0.0%	5.7%	0.0%	2

Injury & Safety

About Injury & Violence

Injuries and violence are widespread in society. Both unintentional injuries and those caused by acts of violence are among the top 15 killers for Americans of all ages. Many people accept them as "accidents," "acts of fate," or as "part of life." However, most events resulting in injury, disability, or death are predictable and preventable.

Injuries are the leading cause of death for Americans ages 1 to 44, and a leading cause of disability for all ages, regardless of sex, race/ethnicity, or socioeconomic status. More than 180,000 people die from injuries each year, and approximately 1 in 10 sustains a nonfatal injury serious enough to be treated in a hospital emergency department.

Beyond their immediate health consequences, injuries and violence have a significant impact on the well-being of Americans by contributing to:

- Premature death
- Disability
- Poor mental health
- High medical costs
- Lost productivity

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

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

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

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

Efforts to prevent violence may focus on:

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

– Healthy People 2020 (www.healthypeople.gov)

Injuries Requiring Treatment

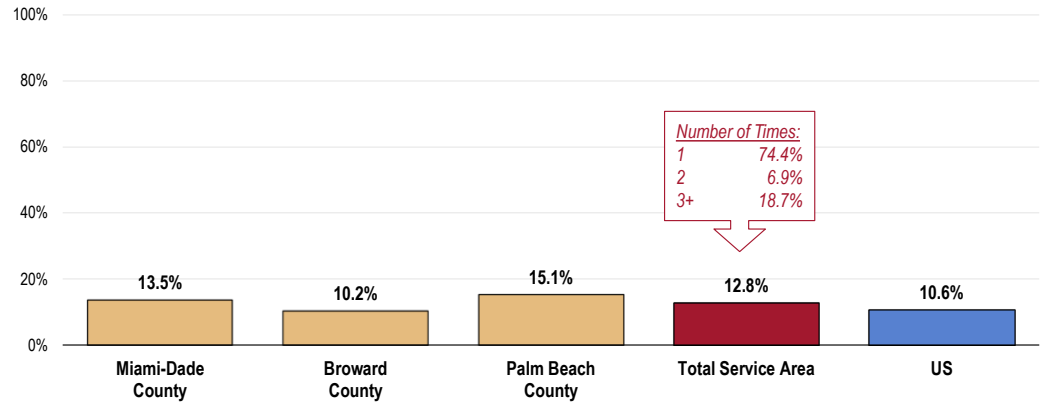
"In the past two years, has this child been injured seriously enough to need treatment from a doctor or a nurse?"

While most Total Service Area children were not injured seriously in the past year, 12.8% sustained injuries serious enough to require medical treatment.

- Statistically comparable to US findings.
- Statistically comparable by county.

Child Was Injured Seriously Enough to Need Medical Treatment in the Past Year

(Total Service Area, 2015)



Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 78-79]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

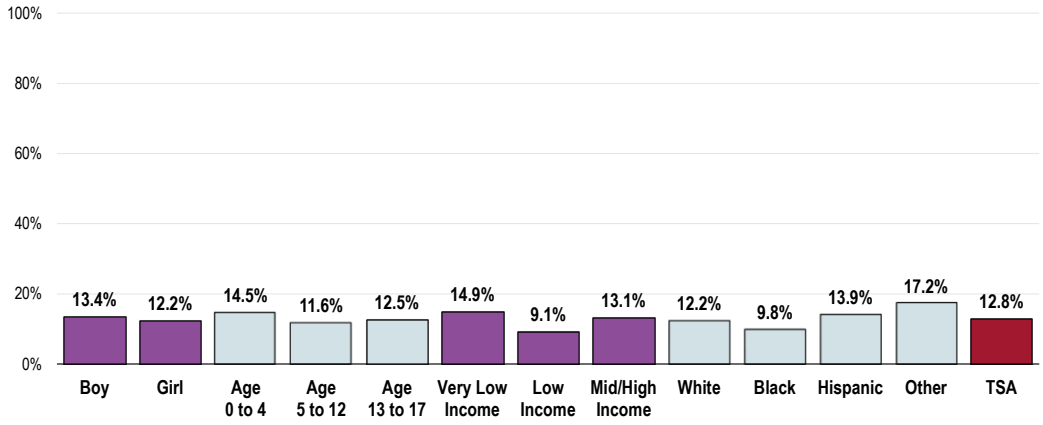
Notes:
- Asked of all respondents about a randomly selected child in the household.

Nearly three-fourths of parents (74.4%) reported that their child was seriously injured just **once** in the past year. However, 6.9% reported **two incidents** and 18.7% said their child needed medical treatment for an injury **three or more times** in the past twelve months.

- Despite the high prevalence among "Other" race children, there is no statistical difference when viewed by key demographic characteristics.

Child Was Injured Seriously Enough to Need Medical Treatment in the Past Year

(Total Service Area, 2015)



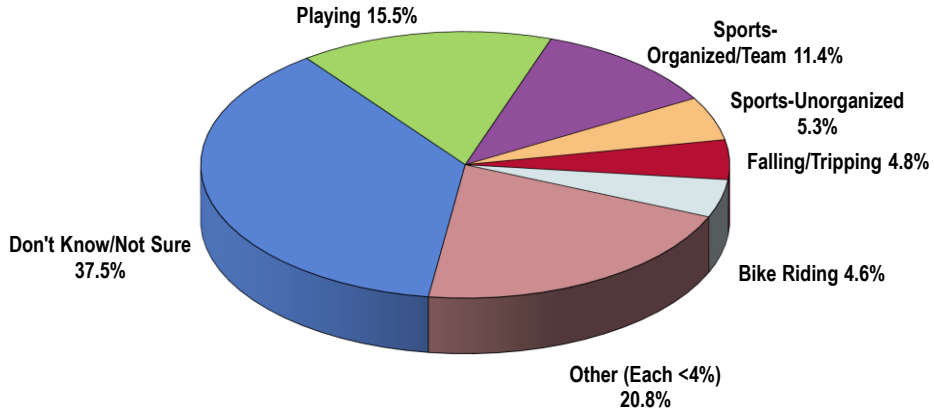
Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 78]

Notes:
- Asked of all respondents about a randomly selected child in the household.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

When asked what the child was doing when the injury occurred, parents of these children mentioned activities like **playing** (15.5%), **organized sports** (11.4%), and **unorganized sports** (5.3%). Other activities included **falling or tripping** (4.8%) and **bike riding** (4.6%).

Child's Activity When Most Seriously Injured in Past Year

(Total Service Area Children Seriously Injured in the Past Year, 2015)

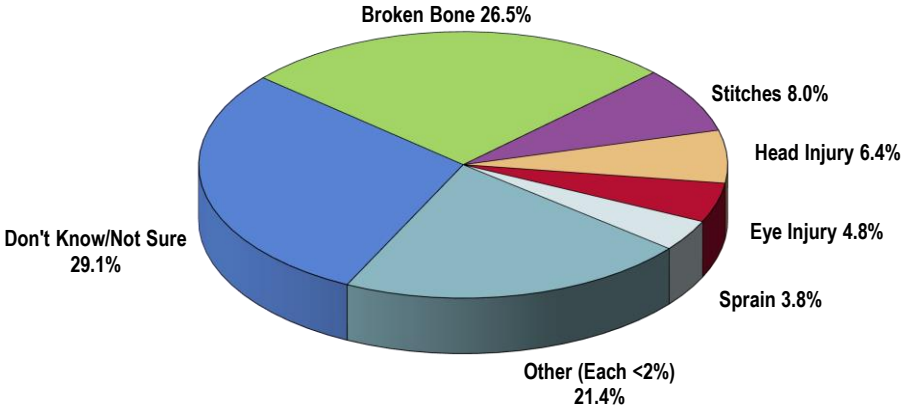


Sources: • 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 80]
Notes: • Asked of all respondents for whom the randomly selected child in the household was seriously injured in the past year.

When asked about the type of injury sustained, these parents frequently mentioned **broken bones** (26.5%), injuries requiring **stitches** (8.0%), and **head injuries** (6.4%). Injuries mentioned with less frequency included **eye injuries** and **sprains**.

Type of Injury Sustained

(Total Service Area Children Seriously Injured in the Past Year, 2015)

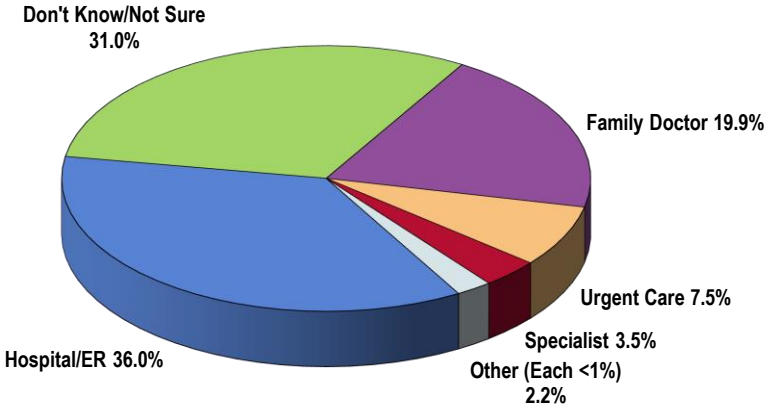


Sources: • 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 81]
Notes: • Asked of all respondents for whom the randomly selected child in the household was seriously injured in the past year.

When asked where they sought help for the child's injury, 36.0% of parents mentioned a **hospital emergency room,** followed by a **family physician** (19.9%), **urgent care center** (7.5%), and a **specialist** (3.5%).

Source for Help After the Injury

(Total Service Area Children Seriously Injured in the Past Year, 2015)



Sources: • 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 82]
Notes: • Asked of all respondents for whom the randomly selected child in the household was seriously injured in the past year.

Motor Vehicle Injuries

A total of 378.3 per 100,000 children age 5 to 11 were injured or killed as a passenger in a motor vehicle crash between 2012 and 2014.

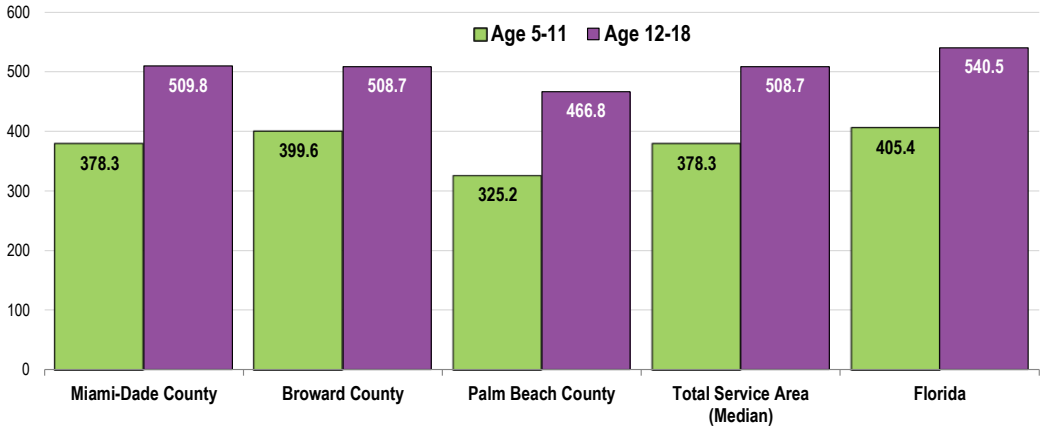
- More favorable than national findings.
- Least favorable in Broward County; most favorable in Palm Beach County.

Additionally, a total of 508.7 per 100,000 children age 12 to 18 were injured or killed as a passenger in a motor vehicle crash during the same time period.

- More favorable than the US findings.
- Most favorable in Palm Beach County.

Child Passengers Injured or Killed in Motor Vehicle Crashes

(per 100,000 Population, 2012-2014)



Sources:
- Florida Department of Health, Division of Public Health Statistics & Performance Management, Data Viewer.
- Retrieved November 2015 from http://www.floridacharts.com.

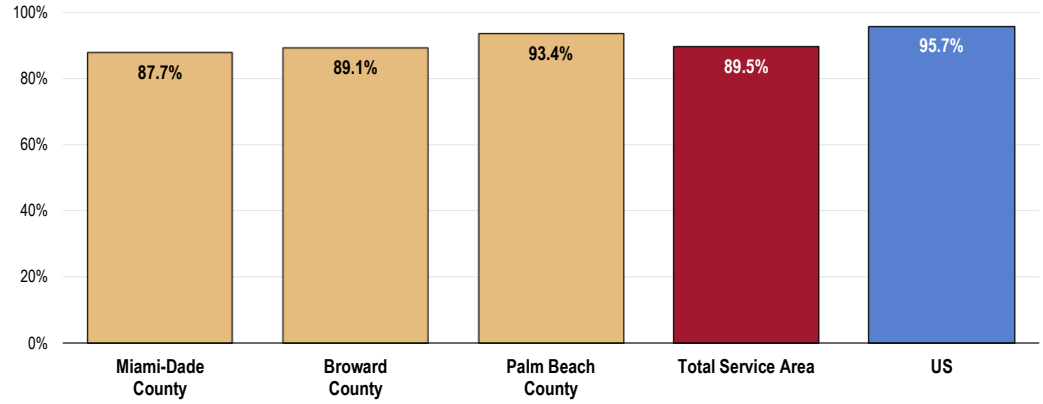
Notes:
- Data represents 3-year rolling rates.

Motor Vehicle Safety

A full 89.5% of Total Service Area parents report that their child (age 0 to 17) "always" wears a seat belt (or appropriate car seat for younger children) when riding in a motor vehicle.

- Lower than the US percentage.
- Favorably high in Palm Beach County.

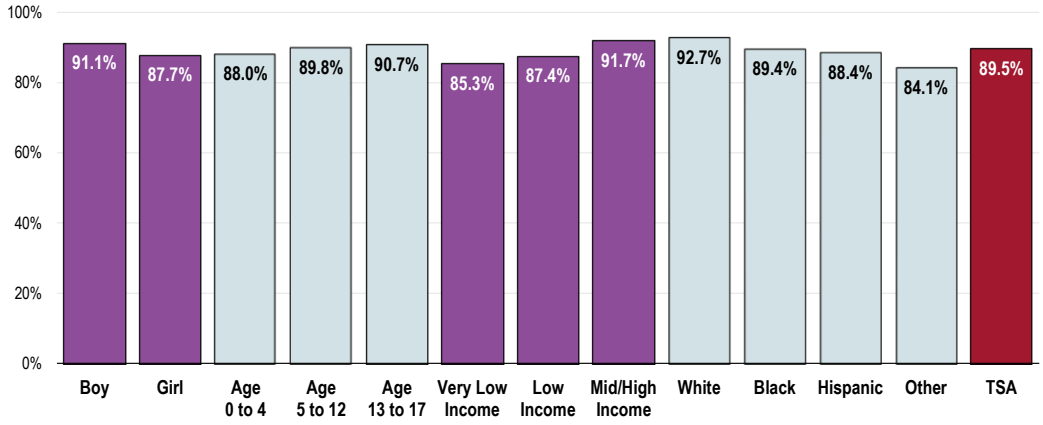
Child "Always" Wears a Seat Belt or Appropriate Restraint When Riding in a Vehicle
(Total Service Area, 2015)



Sources: ● 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 83]
● 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents about a randomly selected child in the household.

- Usage is highest among White children.

Child "Always" Wears a Seat Belt or Appropriate Restraint When Riding in a Vehicle
(Total Service Area, 2015)



Sources: ● 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 83]
Notes: ● Asked of all respondents about a randomly selected child in the household.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

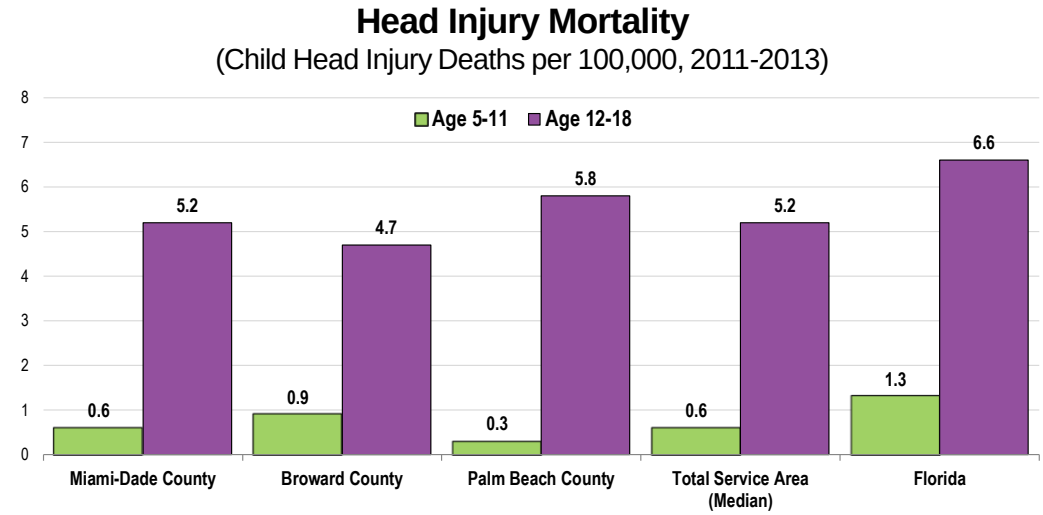
Head Injuries

Between 2011 and 2013, a total of 0.6 per 100,000 children age 5 to 11 in the Total Service Area died from a head injury.

- Less than half of the Florida findings.
- Highest in Broward County; lowest in Palm Beach County.

During the same time period, a total of 5.2 per 100,000 children age 12 to 18 in the Total Service Area were killed due to a head injury.

- Lower than Florida findings.
- Head injury mortality for this age group is most prevalent in Palm Beach County and least prevalent in Broward County.



Sources:
- Florida Department of Health, Division of Public Health Statistics & Performance Management, Data Viewer.
- Retrieved November 2015 from http://www.floridacharts.com.

Notes:
- Data represents 3-year rolling rates.
- ICD-10 Code(s): S01.0-S01.9, S02.0, S02.1, S02.3, S02.7-S02.9, S04.0, S06.0-S06.9, S07.0, S07.1, S07.8, S07.9, S09.7-S09.9, T01.0, T02.0, T04.0, T06.0, T90.1, T90.2, T90.4, T90.5, T90.8, T90

Helmet Use

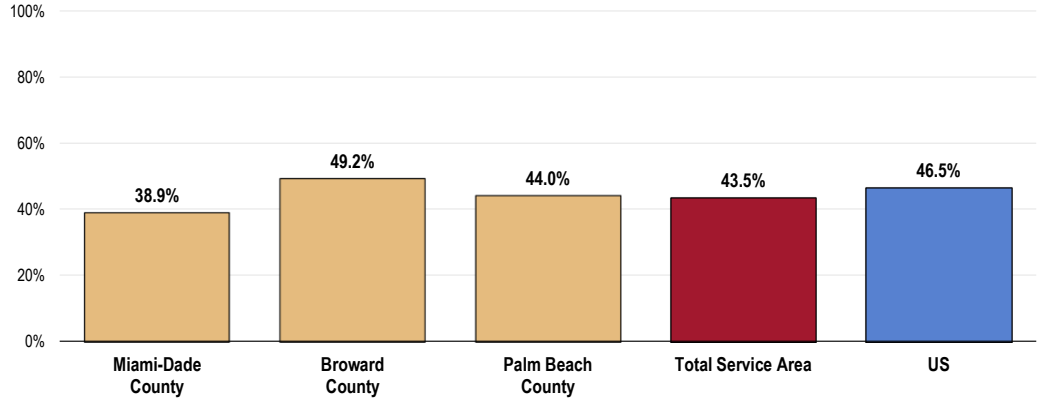
Bicycles

A total of 43.5% of Total Service Area children age 5 to 17 are reported to "always" wear a helmet when riding a bicycle.

- Statistically similar to the US proportion.
- Lowest in Miami-Dade County; highest in Broward County.

Child "Always" Wore a Helmet When Riding a Bicycle in the Past Year

(Total Service Area Children Age 5-17 Who Rode a Bike in the Past Year, 2015)



Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 88]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

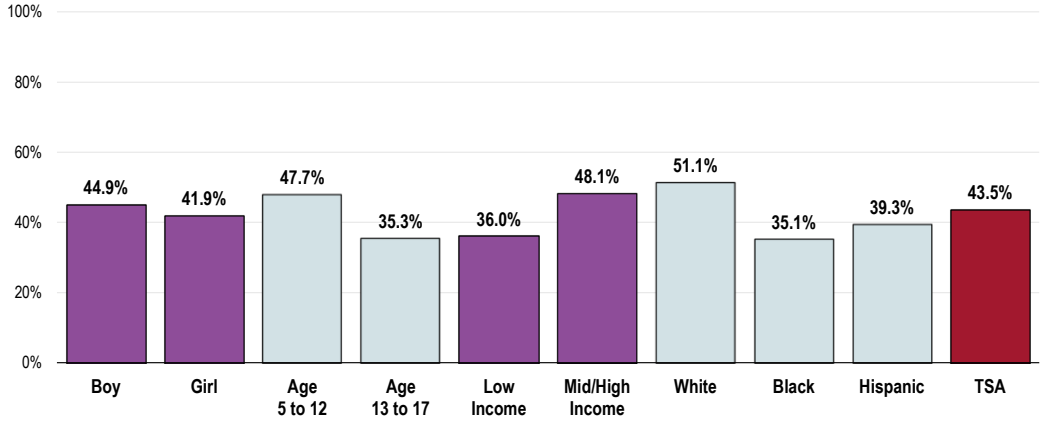
Notes:
- Asked of all respondents for whom the randomly selected child in the household is age 5-17 and who rode a bike in the past year.

Children (age 5-17) less likely to "always" wear a bike helmet include:

- Teens.
- Those in lower-income households.
- Black or Hispanic children.

Child "Always" Wore a Helmet When Riding a Bicycle in the Past Year

(Total Service Area Children Age 5-17 Who Rode a Bike in the Past Year, 2015)



Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 88]

Notes:
- Asked of all respondents for whom the randomly selected child in the household is age 5-17 and who rode a bike in the past year.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

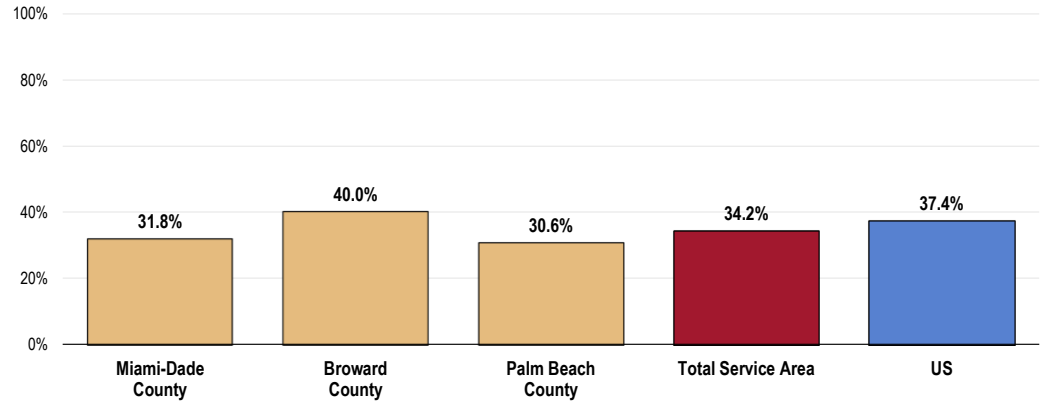
Skateboards, Scooters, Skates & Rollerblades

A total of 34.2% of Total Service Area children age 5 to 17 are reported to "always" wear a helmet when riding a skateboard, scooter, skates, or rollerblades (denominator reflects only those who engage in these activities)**.**

- Statistically comparable to national findings.
- Most favorable in Broward County.

Child "Always" Wore a Helmet on Skateboards, Scooters, Skates or Rollerblades in the Past Year

(Total Service Area Children Age 5-17 Who Engaged in These Activities in the Past Year, 2015)



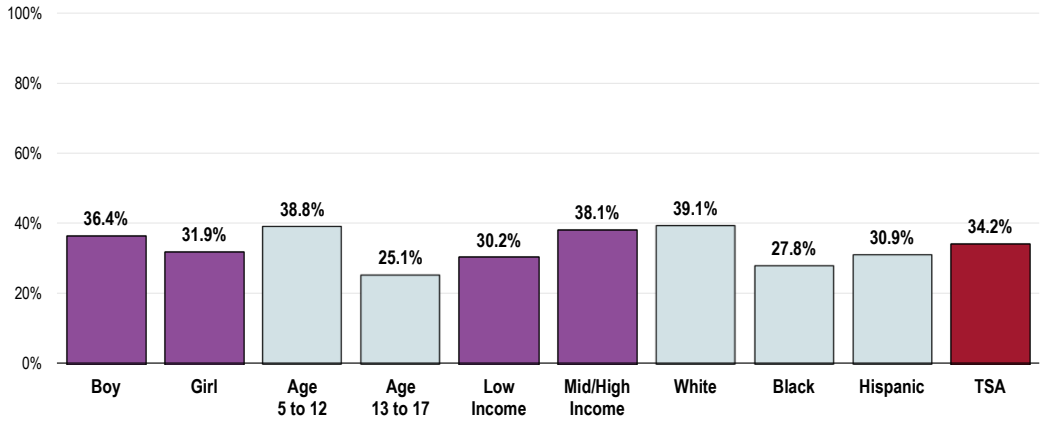
Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 89]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents for whom the randomly selected child in the household is age 5-17 and who rode a skateboard, scooter, skates or rollerblades in the past year; excludes the 36.0% of children who did not engage in these activities.

- Lowest among teens.

Child "Always" Wore a Helmet on Skateboards, Scooters, Skates or Rollerblades in the Past Year

(Total Service Area Children Age 5-17 Who Engaged in These Activities in the Past Year, 2015)



Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 89]

Notes:
- Asked of all respondents for whom the randomly selected child in the household is age 5-17 and who rode a skateboard, scooter, skates or rollerblades in the past year; excludes the 36.0% of children who did not engage in these activities.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Child Abuse Prevalence

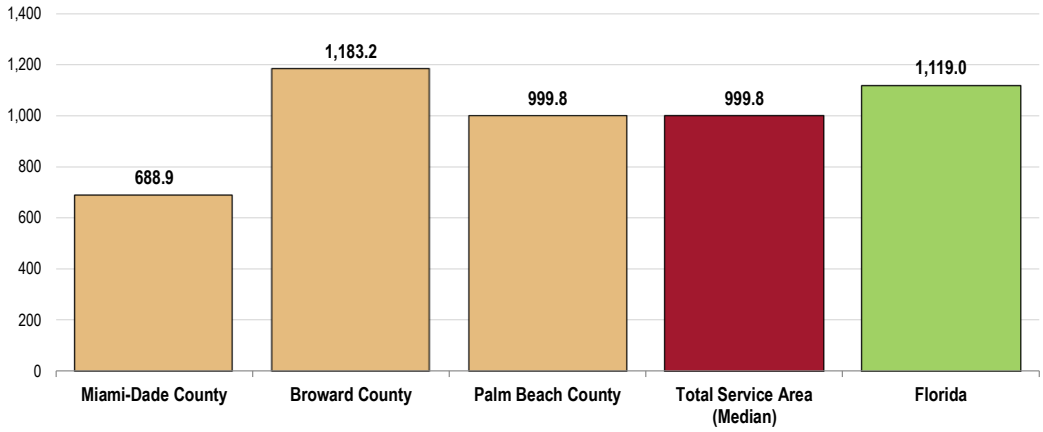
Between 2012 and 2014, 999.8 per 100,000 children age 5 to 11 were reported as victims of abuse.

Data is an unduplicated count of children who were victims of at least one verified maltreatment during the specified period.

- Below the Florida rate.
- Much higher in Broward County; much lower in Miami-Dade County.

Child Abuse

(Children Age 5-11 Experiencing Abuse per 100,000, 2012-2014)



Sources:
- Florida Department of Health, Division of Public Health Statistics & Performance Management, Data Viewer.
- Retrieved November 2015 from http://www.floridacharts.com.

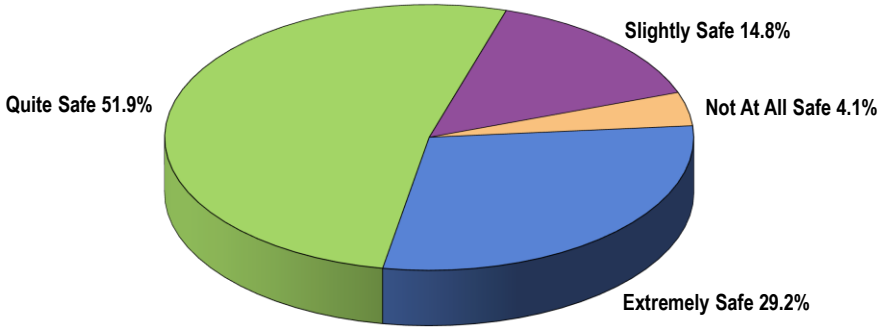
Notes:
- Unduplicated count of children who were victims of at least one verified maltreatment by county of intake.
- Data represents 3-year rolling rates.

Neighborhood Safety

While most Total Service Area families live in "extremely safe" or "quite safe" neighborhoods, 18.9% of parents live in neighborhoods they consider only "slightly safe" or "not at all safe."

Perceived Safety of Neighborhood

(Total Service Area, 2015)



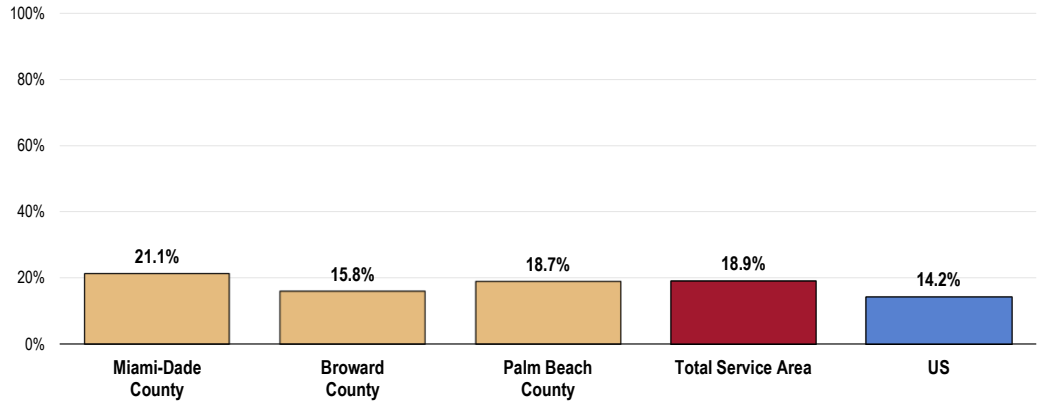
Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 87]

Notes:
- Asked of all respondents.

- The prevalence of "slightly/not at all safe" responses is less favorable than national reports.
- There are no statistically significant differences in perceptions of neighborhood safety among the three counties.

Neighborhood Perceived to be "Slightly/Not At All" Safe

(Total Service Area, 2015)



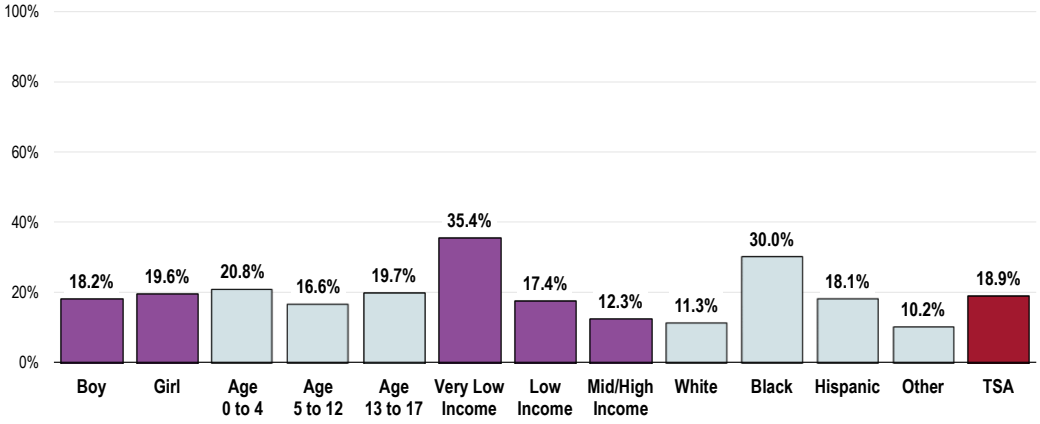
Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 87]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

- Note the clear, negative correlation with household income levels.
- Also, parents of Hispanic or Black children are much more likely to live in neighborhoods they consider "slightly/not at all" safe.

Neighborhood Perceived to be "Slightly/Not At All" Safe

(Total Service Area, 2015)



Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 87]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

School Safety

Violent Acts in School

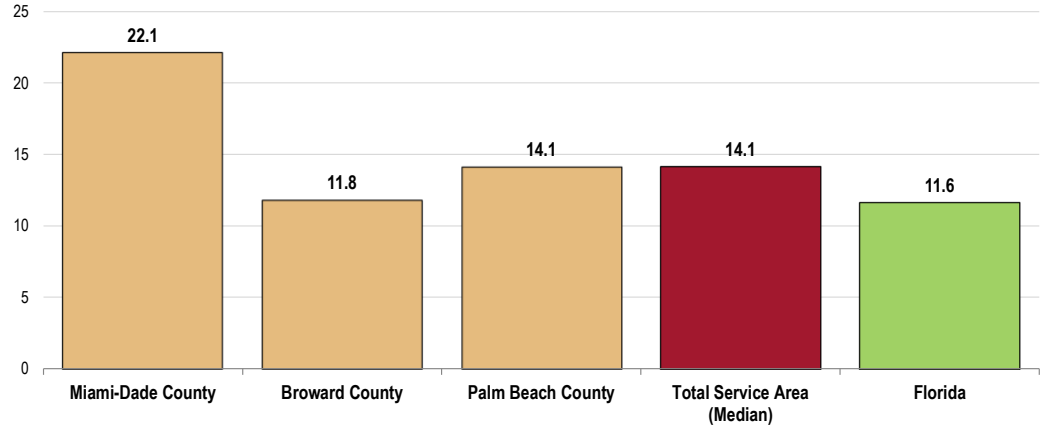
In this case, "violent acts" includes sexual battery, battery, weapons possession, and fighting.

In the Total Service area during 2012, 14.1 violent acts per 100,000 students (grades K-12) occurred at school or school activities.

- Less favorable than the Florida rate.
- Much less favorable in Miami-Dade County; more favorable in Broward County.

Violent Acts in School Activities

(Number of Violent Acts per 100,000 Students, 2012)



Sources:
- Florida Department of Health, Division of Public Health Statistics & Performance Management, Data Viewer.
- Retrieved November 2015 from http://www.floridacharts.com.

Notes:
- Includes sexual battery, battery, weapons possession, and fighting.
- Data are for school years (September-June).

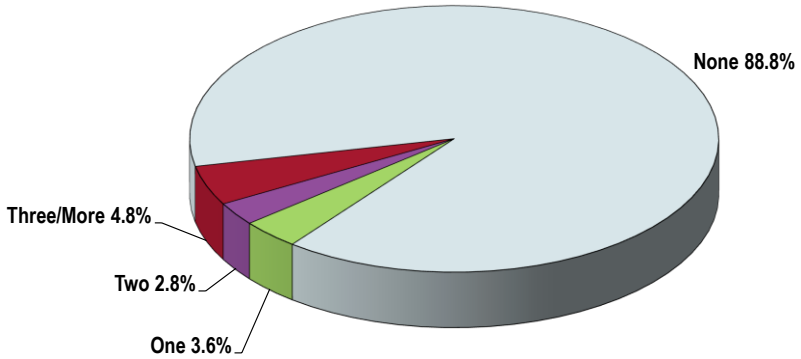
Feeling Safe at School or Going to/From School

"During the past year, how many days did this child not go to school because he/she felt unsafe at school or on the way to or from school?"

A total of 11.2% of Total Service Area children age 5-17 missed school at least once in the past year because he/she felt unsafe either at school or on the way to/from school.

School Days Missed in the Past Year Because Child Felt Unsafe at School or on the Way to/From School

(Total Service Area Children Age 5-17, 2015)

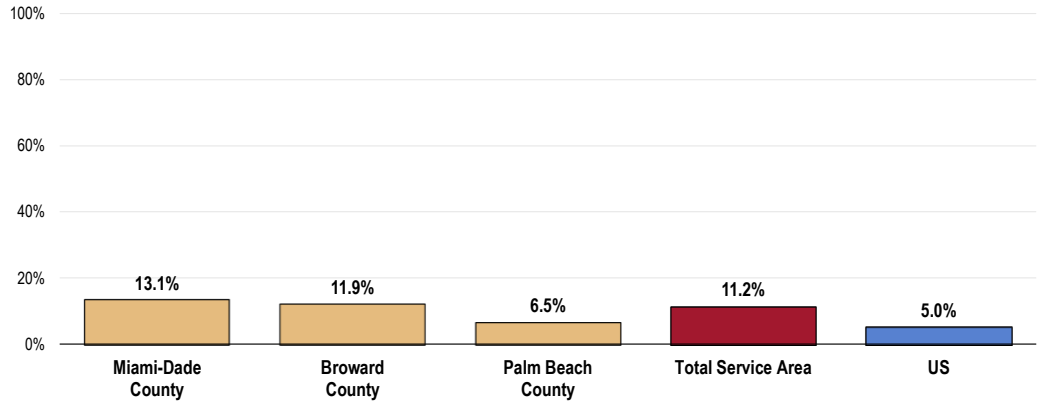


Sources: ● 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 84]
Notes: ● Asked of all respondents for whom the randomly selected child in the household is age 5-17.

- Over twice the national proportion.
- Lowest in Palm Beach County.

Child Missed School in the Past Year Due to Feeling Unsafe

(Total Service Area Children Age 5-17, 2015)

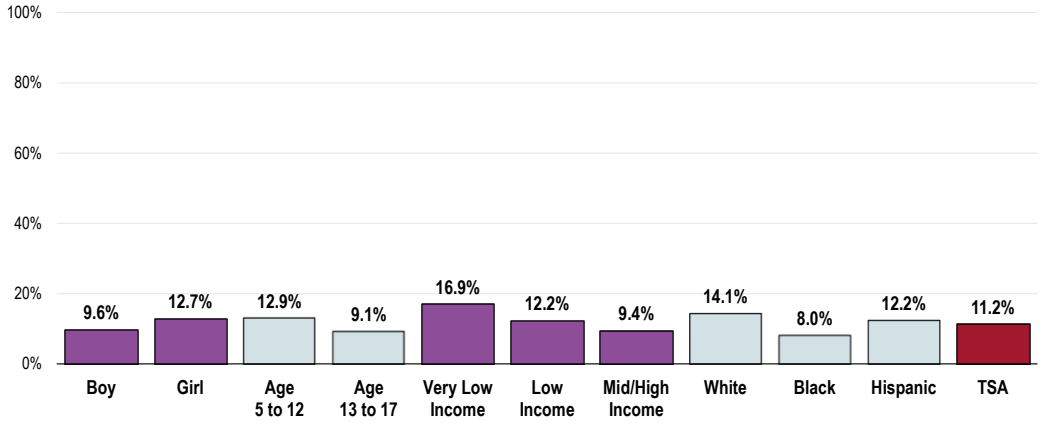


Sources: ● 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 84]
● 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents for whom the randomly selected child in the household is age 5-17.

- Despite the high rates among children in very low income households, Whites, and children under 13, the proportion of children missing school due to safety reasons is statistically similar across demographic characteristics.

Child Missed School in the Past Year Due to Feeling Unsafe

(Total Service Area Children Age 5-17, 2015)



Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 84]

Notes:
- Asked of all respondents for whom the randomly selected child in the household is age 5-17.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Bullying

Among parents of school-age children (age 5-17), 17.2% report that their child has been bullied in the past year on school property; another 7.0% report that their child has been cyber-bullied *(these percentages are not mutually-exclusive)***.**

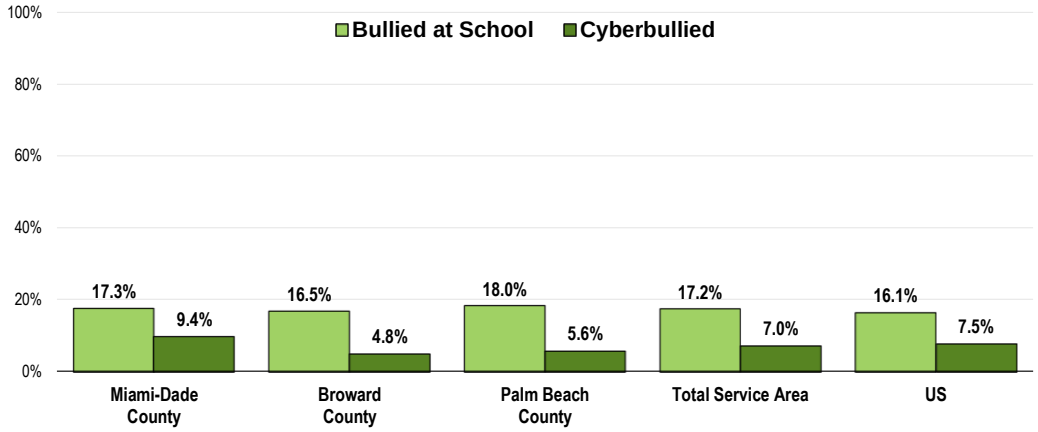
Cyberbullying includes electronic bullying such as through email, chat rooms, instant messaging, websites, or texting.

- Both forms of bullying occur in the Total Service Area at statistically similar rates as seen nationwide.
- There are no statistically significant differences in prevalence of bullying on school property among the three counties.
- Cyber-bullying is highest in Miami-Dade County.

NOTE: It is important to recognize that these measures are reported by parents and are limited to incidents of which parents are aware; it is reasonable to presume that the true incidence for these measures is potentially quite a bit higher.

Child Was Bullied in the Past Year

(Total Service Area Children 5-17, 2015)



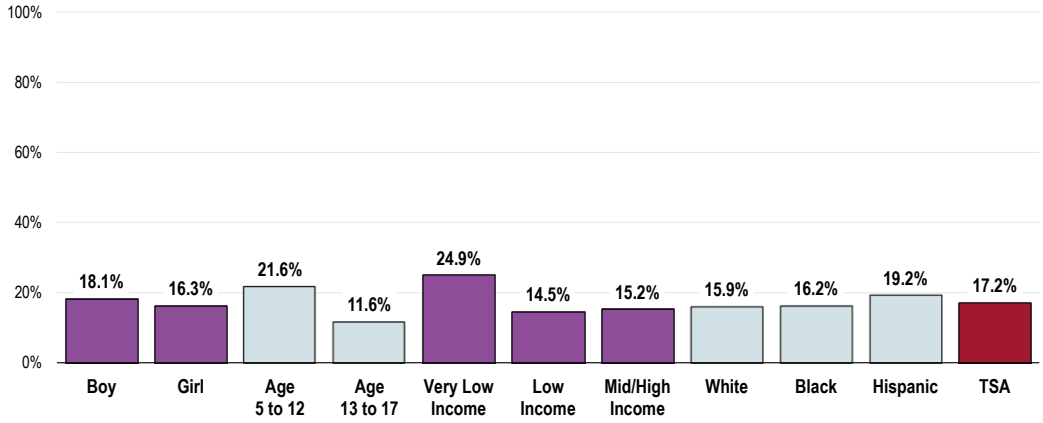
Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 85, 86]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of those respondents for whom the randomly selected child in the household is age 5 to 17.
- Cyberbullying includes electronic bullying such as through email, chat rooms, instant messaging, websites, or texting.

- Children age 5 to 12 are more likely to be bullied on school property than are teens.
- The differences in school bullying rates among income levels are not statistically significant.

Child Was Bullied on School Property in the Past Year

(Total Service Area Children Age 5-17)



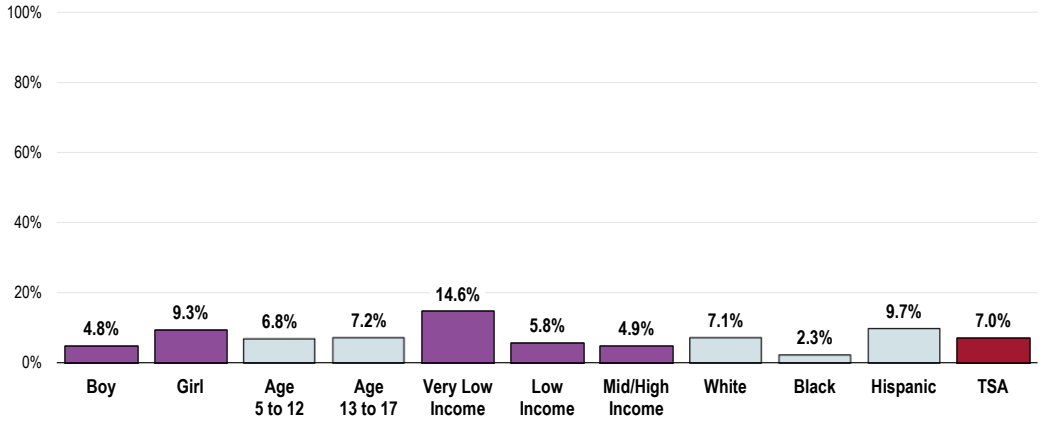
Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 85]

Notes:
- Asked of those respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

- Parents' reports of cyberbullying are highest among girls, children in poverty, and White or Hispanic children.

Child Was Cyberbullied in the Past Year

(Total Service Area Children Age 5-17)



Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 86]

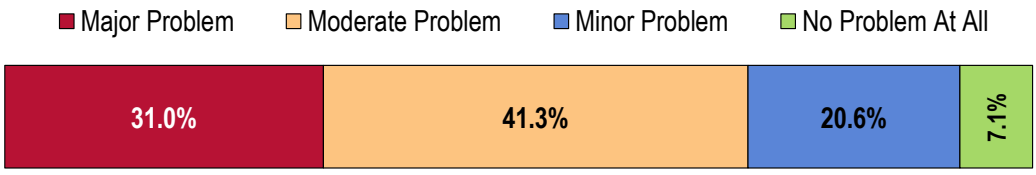
Notes:
- Asked of those respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
- Cyberbullying includes electronic bullying such as through email, chat rooms, instant messaging, websites, or texting.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Injury and Violence

Key informants taking part in an online survey generally characterized *Injury and Violence* as a "moderate problem" for children/adolescents in the community.

Perceptions of Injury and Violence as a Problem for Children/Adolescents in the Community

(Key Informants, 2015)



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

Notes:
- Asked of all respondents.

Top Concerns

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

Prevalence/Incidence

Injury and violence is steadily on the rise in Miami Dade County. Trauma statistics show that there is an increase in the number of patients that are injured as a direct result of violence. - Other Health Provider

Frequently admitted for injuries which do not make sense with history given by caregivers. – Physician

Too many children end up in emergency rooms with preventable injuries. In some areas of Miami Dade, gun violence continues to be a problem. The new phenomenon of cyber bullying is causing "emotional" injuries. The child protection team at JMH continues to see numerous abused children. – Physician

It is epidemic in many neighborhoods, easy access to guns and other weapons. - Public Health Representative

Violence is always a concern in this target population. – Physician

Read the news about kids being caught up in shootings, thrown off bridges, found dead, or locked in hot vehicles. - Other Health Provider

Nationwide. - Physician

Neighborhood violence on rise. Lack of adults' ability to address hazardous conditions in their neighborhoods. - Public Health Representative

Statistics show that there is a huge increase in the number of children involved in injury and violence. - Public Health Representative

Both intentional and unintentional injuries affect our community. Issues with, domestic violence, bullying, downing and near drowning, MVI, pedestrian injury, sport related injury need to be address in our periodic visits. - Physician

Society

A great number of our population is exposed in many different ways, especially through the web to profound violence and pornography. Obviously this will impact detrimentally in the social and emotional aspect of their future relationships. - Physician

Continuous exposure via internet, television, video games environment. - Other Health Provider

We live in a society that is very aggressive and there is a free range of access to guns. – Physician

A major metropolitan city with a high immigrant population fosters an environment that poses children and adolescents to injury and violence. - Community/Business Leader

There is major violence on television and films. This affects our children who see this as normal. Also, broken families account for a huge percentage of families and that tends to affect children in a negative way. - Community/Business Leader

Economic climate. - Other Health Provider

Co-Occurrences

Street and gang violence. - Physician

Based on the number of preteens and adolescents participating in gang related activities, gun violence and increase in teen homicides. Behavioral and mental health. - Social Service Provider

Mental health, drugs and guns. - Social Service Provider

Drugs. With drugs come violence. Mental health. Media. Easy access to guns, unsafe storage, ease of obtaining. – Physician

The access to firearms, poverty and lack of completing high school are major factors contributing to the problem. - Physician

Family Dynamics

Dysfunction within the family; peer issues; psychosocial factors; domestic violence; substance

use/abuse; school-related issues; financial limitations; mental health/behavioral components; community/environmental issues. - Other Health Provider

Because of the lack of responsibility of the parents and the idea that is the responsibility of the community to take care of the children. - Physician

Lack of Education

Lack of education for the caregiver. Lack of supervision for the children and adolescents. Lack of parental involvement (voluntary or circumstantial). - Other Health Provider

Lack of Services

Lack of child protective team access and Department of Children and Families is not adequate. - Physician

Leading Cause of Death

Firearm deaths are the #1 cause of injury death in our county, particularly affecting young black men and African Americans generally. - Public Health Representative

Sexual Activity

Chlamydia & Gonorrhea

In 2014, there were 406.1 diagnosed chlamydia infections per 100,000 population in the Total Service Area.

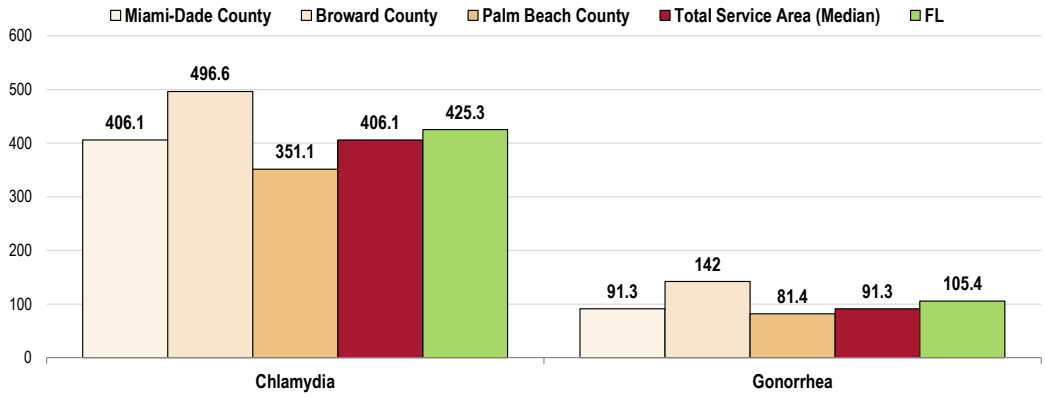
- Statistically similar to the Florida rate.
- Notably less favorable in Broward County; most favorable in Palm Beach County.

In 2014, there were 91.3 diagnosed gonorrhea infections per 100,000 population in the Total Service Area.

- More favorable than the Florida rate.
- Least favorable in Broward County; most favorable in Palm Beach County.

Chlamydia & Gonorrhea Incidence

(Incidence Rate per 100,000 Population, 2014)



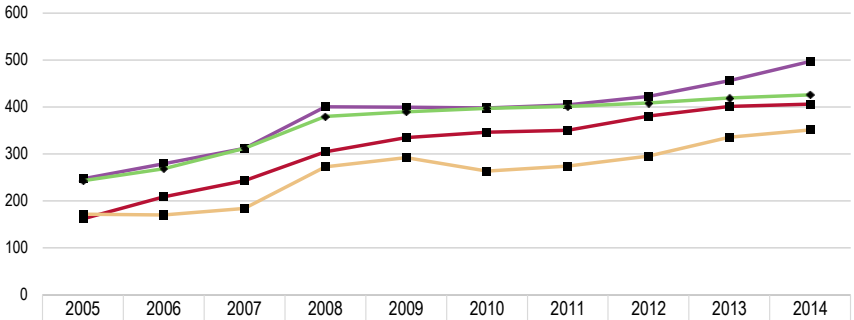
Sources:
- Florida Department of Health, Division of Public Health Statistics & Performance Management, Data Viewer.
- Retrieved November 2015 from http://www.floridacharts.com.

Notes:
- This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

- TREND: Chlamydia incidence has followed a general upward trend in all three counties over the past decade, with Broward County remaining consistently higher than Palm Beach and Miami-Dade counties.

Chlamydia Incidence

(Annual Average Cases per 100,000 Population)



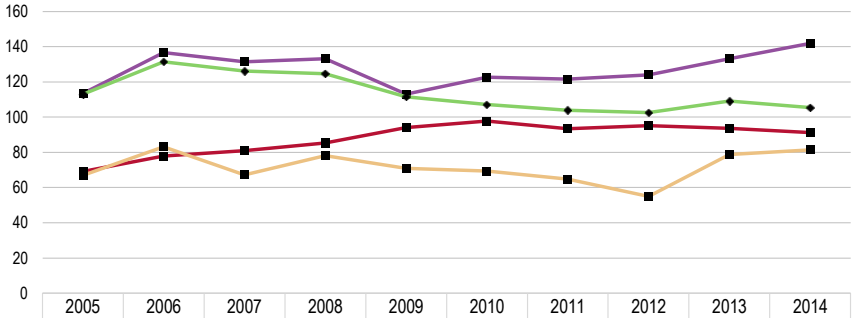
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Miami-Dade County	162.0	208.9	242.9	304.8	334.9	346.3	350.0	380.7	400.9	406.1
Broward County	247.1	278.7	311.4	400.2	399.4	397.5	404.1	422.5	455.8	496.6
Palm Beach County	171.9	170.1	184.3	272.1	291.8	263.7	274.2	295.7	335.4	351.1
Florida	242.6	268.3	312.0	379.5	389.7	397.0	401.3	408.8	419.1	425.3

Sources: ● Florida Department of Health, Division of Public Health Statistics & Performance Management, Data Viewer..
● Retrieved November 2015 from http://www.floridacharts.com.
Notes: ● Rates are annual average new cases per 100,000 population.

- TREND: The gonorrhea incidence in Miami-Dade County has followed a general upward trend over the past decade, while the Florida incidence has trended downward. No clear trend is present in Broward or Palm Beach counties, but current gonorrhea incidence is significantly higher than found in 2005 for both areas.

Gonorrhea Incidence

(Annual Average Cases per 100,000 Population)



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Miami-Dade County	69.2	78.0	81.0	85.3	94.1	97.8	93.4	95.2	93.7	91.3
Broward County	113.5	136.6	131.5	133.2	113.1	122.7	121.7	124.1	133.1	142.0
Palm Beach County	66.9	83.2	67.2	78.1	71.0	69.4	64.9	54.9	78.8	81.4
Florida	113.1	131.4	126.3	124.7	111.6	107.1	104.0	102.7	109.1	105.4

Sources: ● Florida Department of Health, Division of Public Health Statistics & Performance Management, Data Viewer..
● Retrieved November 2015 from http://www.floridacharts.com.
Notes: ● Rates are annual average new cases per 100,000 population.

Sexual Activity Among Adolescents

Among Total Service Area high school students, 31.8% report having had sexual intercourse with at least one person during the three months preceding the administration of the 2013 Youth Risk Behavior Survey.

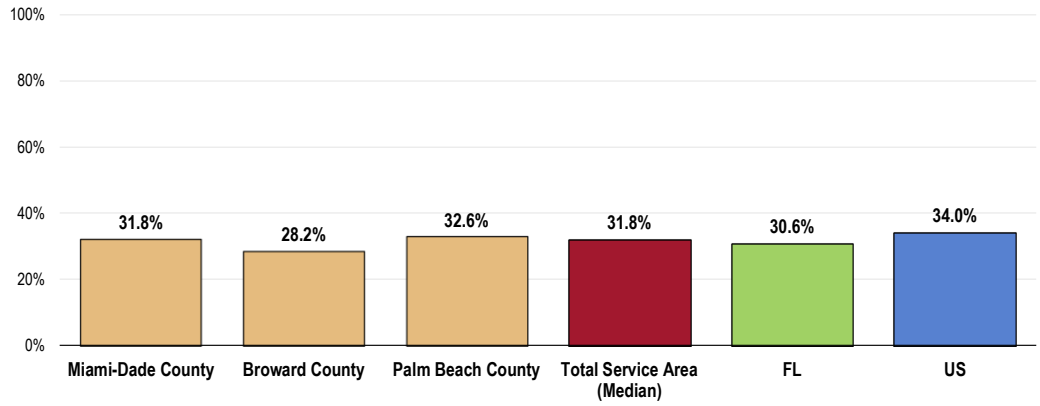
- Similar to Florida findings.
- Below national findings.
- Lowest in Broward County.

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

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

Had Sexual Intercourse in Past Three Months

(Among High School Students; Youth Risk Behavior Surveys, 2013)



Sources:
- Centers for Disease Control and Prevention (CDC). 1991-2013 High School Youth Risk Behavior Survey Data. Available at http://nccd.cdc.gov/youthonline/. Accessed October 2015.

Notes:
- Have had sexual intercourse with at least one person during the three months before the survey.

Risky Sexual Behaviors

Among Total Service Area high school students who are sexually active, 33.6% report not using a condom during their last sexual intercourse, and 12.0% report not using any method to prevent pregnancy.

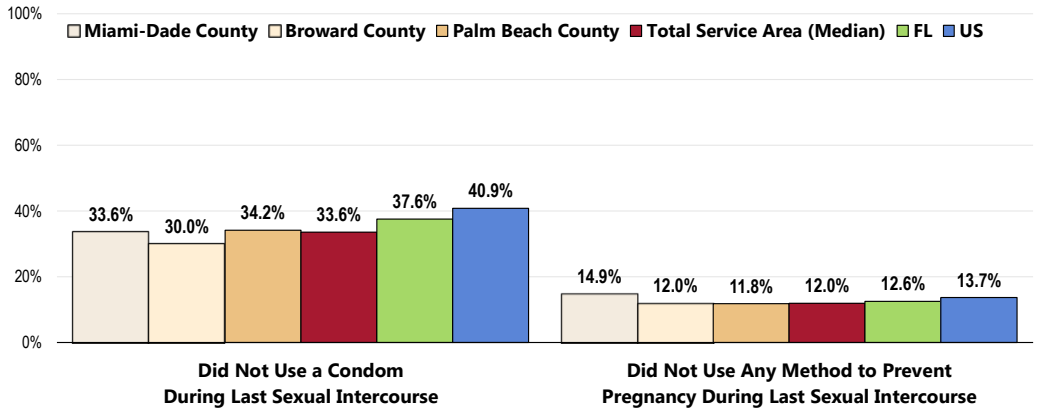
- Condom use is better than Florida and US findings.
- Condom use is most prevalent in Broward County.
- Statistically similar to the proportion of Florida high schoolers using birth control.
- Better than the national proportion.
- Birth control use is least prevalent in Miami-Dade County.

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

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

Risky Sexual Behavior

(Among Sexually Active High School Students; Youth Risk Behavior Surveys, 2013)



Sources:
- Centers for Disease Control and Prevention (CDC). 1991-2013 High School Youth Risk Behavior Survey Data. Available at http://nccd.cdc.gov/youthonline/. Accessed October 2015.

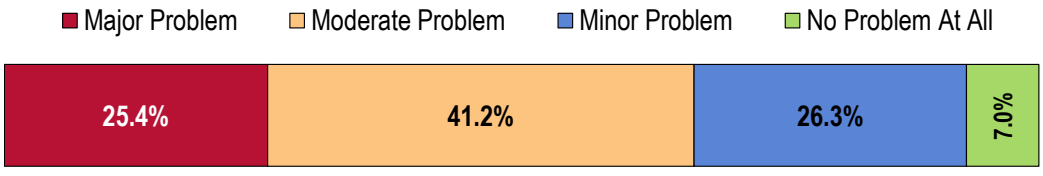
Notes:
- Among high school students who have had sexual intercourse with at least one person during the three months before the survey.
- "Any method" includes condoms, birth control pills or Depo-Provera (or any injectable birth control), Nuva Ring (or any birth control ring), implanon (or any implant), or any IUD before last sexual intercourse.

Key Informant Input: Sexual Health

The largest share of key informants taking part in an online survey characterized *Sexual Health* as a "moderate problem" for children/adolescents in the community.

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

(Key Informants, 2015)



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

Notes:
- Asked of all respondents.

Top Concerns

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

Prevalence/Incidence

Sexual promiscuity is widespread. Little education on prevention. Attitude of invincibility. - Social Service Provider

There is too much promiscuity and lack of control of the behavior of adolescents. - Physician

Once again, it appears that sexual health is still a major health problem for children and adolescents in my community ranging from sexual abuse, to over and improper exposure to sex or sexual oriented images. Media messages/references, poor and or ambiguous information at the school level. I believe there should be much ado about the confusing messages out there. - Other Health Provider

Teen pregnancy and STD's are on the rise. Lack of education and appropriate modeling by responsible adults. - Public Health Representative

Rise in these problem areas in South Florida. Miami is number one in the nation in terms of HIV and health education with teens is an absolute necessity. - Public Health Representative

It is a reality for adolescents. – Physician

Co-Occurrences

Education. Drugs. Other high risk behavior. – Physician

Lack of readily available contraception. – Physician

Socio-economic. Lack of education. - Community/Business Leader

Basically because there is a lack of values in the household and the exposure of children to sex related issues, including alcohol and drugs. - Physician

Family dysfunction; peer related issues; behavioral/mental health factors; child abuse/neglect issues; sexual abuse history. - Other Health Provider

Access for teens. Transportation. Financial. Limited education. Limited access to contraceptives. - Other Health Provider

Sexual health among teens and relationship with HIV/AIDS. - Physician

Lack of Education

Poor education at school level. – Physician

There is not a unified approach to teaching about or dealing with sexually related diseases. - Physician

Lack of education programs. - Physician

Lack of education. - Social Service Provider

Lack of education. - Community/Business Leader

Ignorance. Lack of education. - Physician

Planned Parenthood

We need to fund Planned Parenthood. We cannot go back to the Middle Ages and have abortions done secretly. We have the best medical care in the world; we cannot let our teenagers die or get infected when they need a medical procedure. This is not fair for them. Sex is one topic that everyone wants to do but nobody wants to talk about it. You see we need to be upfront. For those who do not want to have sex let them not have sex. Just because there is awareness we are not giving them permission. We are teaching tools for them not to get pregnant, not to get sexual transmitted disease and also we should teach them how to take care of each other. How to take care of their partners and how important is this action. It has consequences. It is a pleasure act. Let's protect it and be informed. Also needs to be awareness of child abuse, child trafficking and rape. We need to make sure that our children or any person can talk and can find help when needed. - Physician

Access to Health Services

Professional Research Consultants, Inc.

Health Insurance Coverage

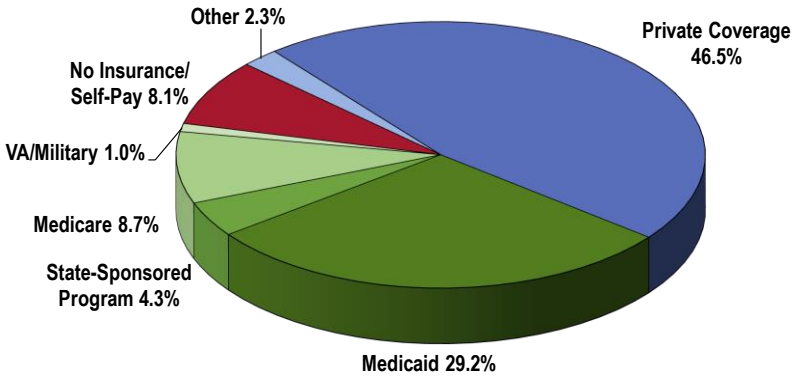
Type of Health Insurance Coverage

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

Nearly two-thirds (48.8%) of parents report having healthcare coverage for their child through private insurance. Another 43.2% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, state-sponsored CHIP, military benefits).

Healthcare Insurance Coverage for Child

(Total Service Area, 2015)



Sources: ● 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 160]
Notes: ● Asked of all respondents.

Lack of Health Insurance Coverage

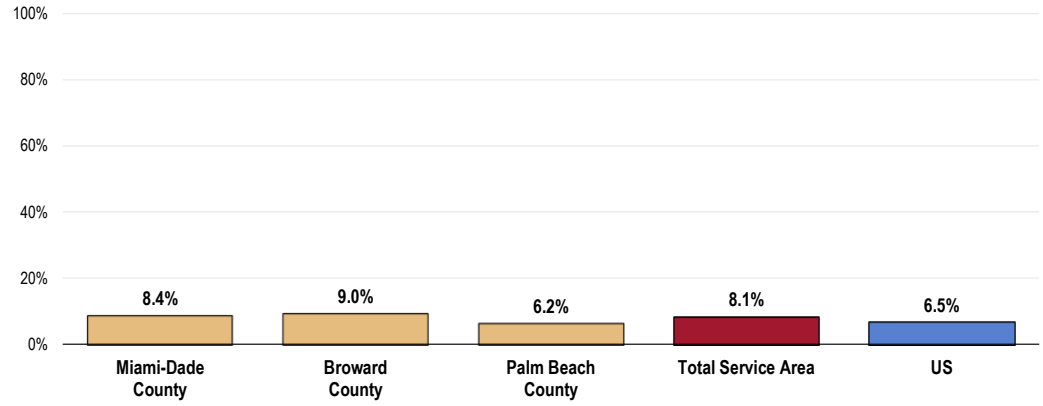
On the other hand, 8.1% of Total Service Area parents report having no insurance coverage for their child's healthcare expenses, through either private or public sources.

- Statistically comparable to the US figure.
- The Healthy People 2020 target is universal coverage (100% insured).
- Statistically comparable by county.

Lack Healthcare Insurance Coverage for Child

(Total Service Area, 2015)

Healthy People 2020 Target = 0% (Universal Coverage)



Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 160]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-1]

Notes:
- Asked of all respondents.

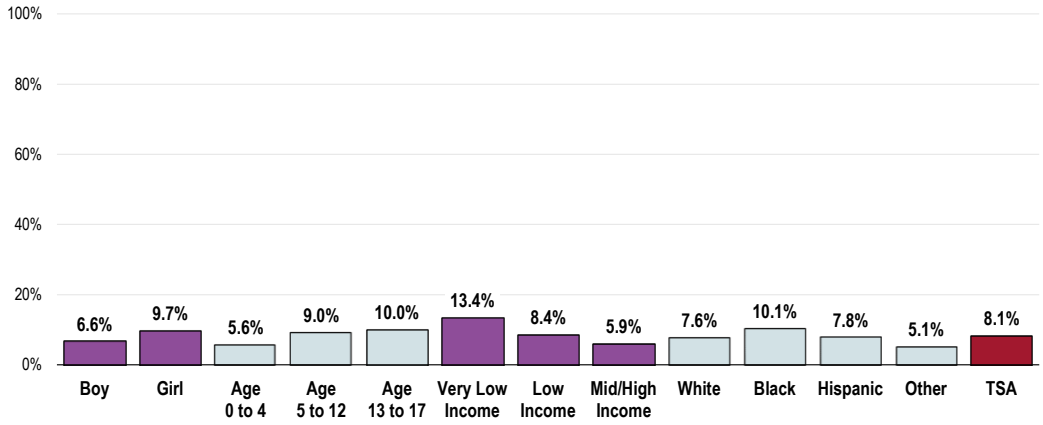
The following child segments are more likely to lack healthcare coverage:

- Older children (positive correlation with age).
- Children living at lower incomes (note the negative correlation with income).

Lack Healthcare Insurance Coverage for Child

(Total Service Area, 2015)

Healthy People 2020 Target = 0% (Universal Coverage)



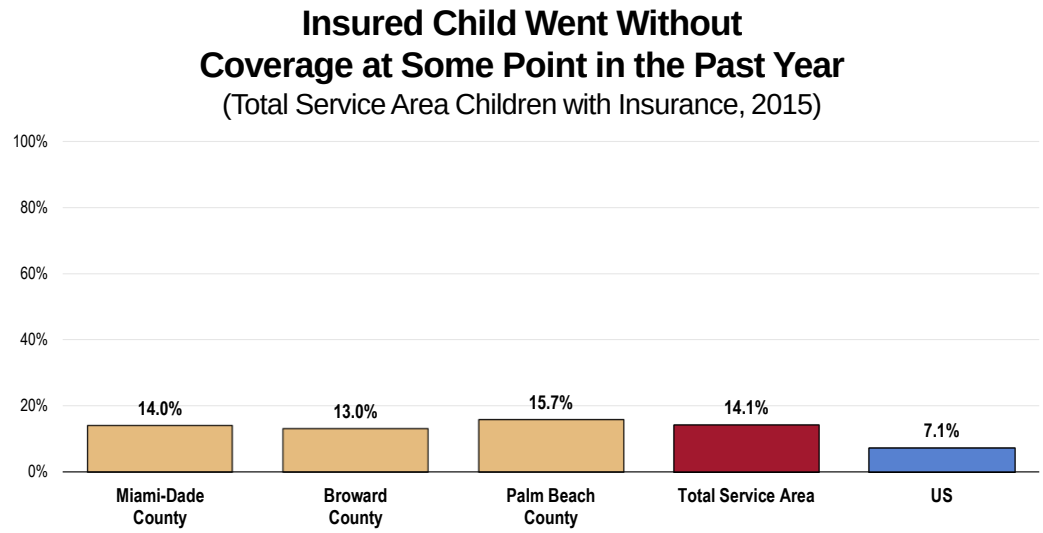
Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 160]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-1]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Recent Lack of Coverage

Among parents <u>with</u> insurance for their child, 14.1% report that their child was without healthcare coverage at some point in the past year.

- Nearly twice the US proportion.
- Statistically comparable among the three counties.



Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 118]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

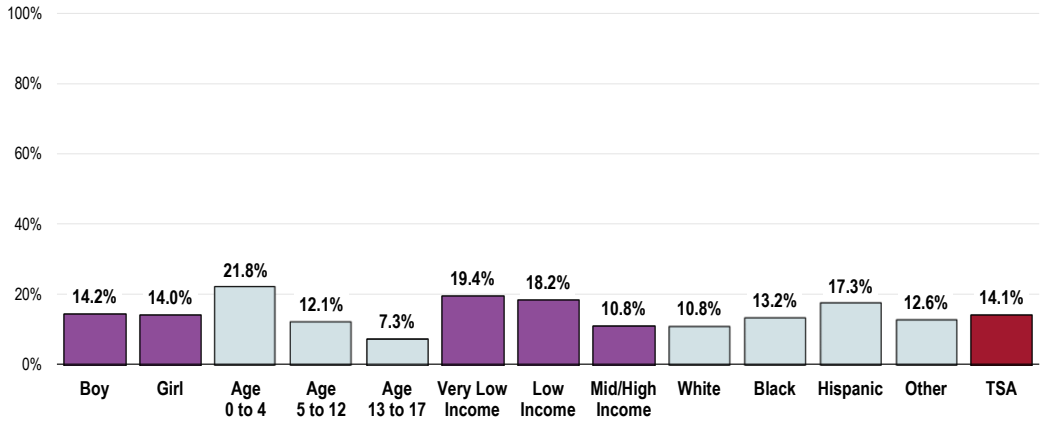
Notes:
- Asked of all respondents for whom the randomly selected child in the household has healthcare insurance coverage.

Among insured children, the following segments are more likely to have gone without healthcare insurance coverage at some point in the past year:

- Those under age 5 (note the negative correlation with age).
- Those in lower-income households (negative correlation with income).
- Those who are Hispanic.

Insured Child Went Without Coverage at Some Point in the Past Year

(Total Service Area Children with Insurance, 2015)



Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 118]

Notes:
- Asked of all respondents for whom the randomly selected child in the household has healthcare insurance coverage.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Difficulties Accessing Healthcare

About Access to Healthcare

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. It impacts: overall physical, social, and mental health status; prevention of disease and disability; detection and treatment of health conditions; quality of life; preventable death; and life expectancy.

Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires three distinct steps: 1) Gaining entry into the health care system; 2) Accessing a health care location where needed services are provided; and 3) Finding a health care provider with whom the patient can communicate and trust.

– Healthy People 2020 (www.healthypeople.gov)

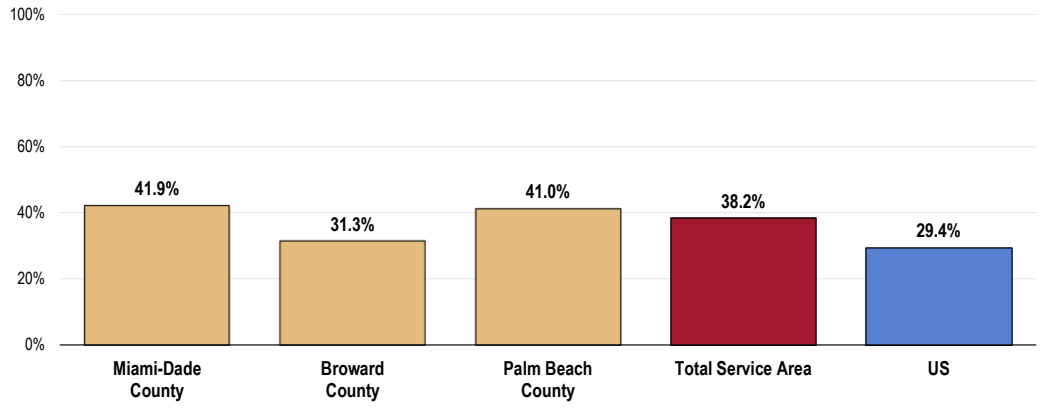
This indicator reflects the percentage of parents experiencing problems accessing healthcare for their child in the past year, regardless of whether they needed or sought care.

A total of 38.2% of Total Service Area parents report some type of difficulty or delay in obtaining healthcare services for their child in the past year.

- Much less favorable than the national percentage.
- Most favorable in Broward County.

Experienced Difficulties or Delays of Some Kind in Receiving Child's Needed Healthcare in the Past Year

(Total Service Area, 2015)



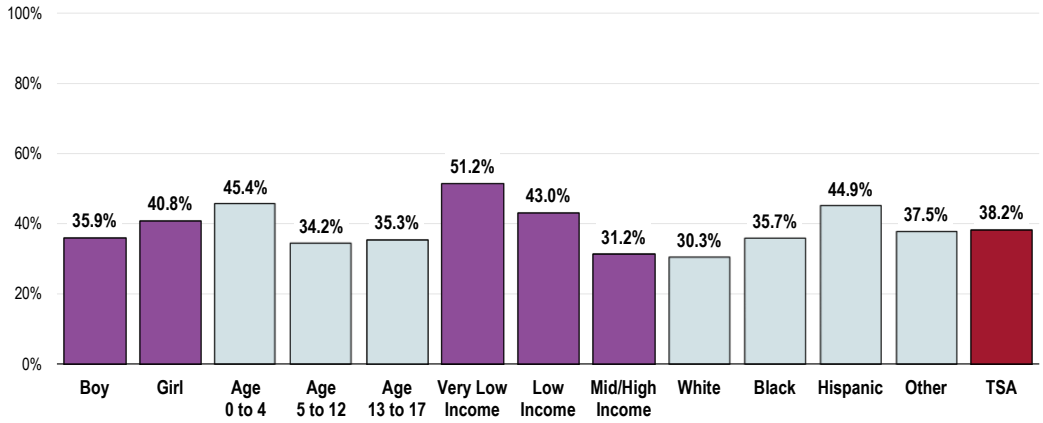
Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 175]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents about a randomly selected child in the household.
- Represents the percentage of respondents experiencing one or more barriers to accessing their child's healthcare in the past 12 months.

- Note that parents of children age 0 to 4 more often report difficulties accessing healthcare services for their child.
- Note the strong, negative correlation with income.
- Hispanic children are also more likely to be impacted by access barriers.

Experienced Difficulties or Delays of Some Kind in Receiving Child's Needed Healthcare in the Past Year

(Total Service Area, 2015)



Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 175]

Notes:
- Asked of all respondents about a randomly selected child in the household.
- Represents the percentage of respondents experiencing one or more barriers to accessing their child's healthcare in the past 12 months.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Barriers to Healthcare Access

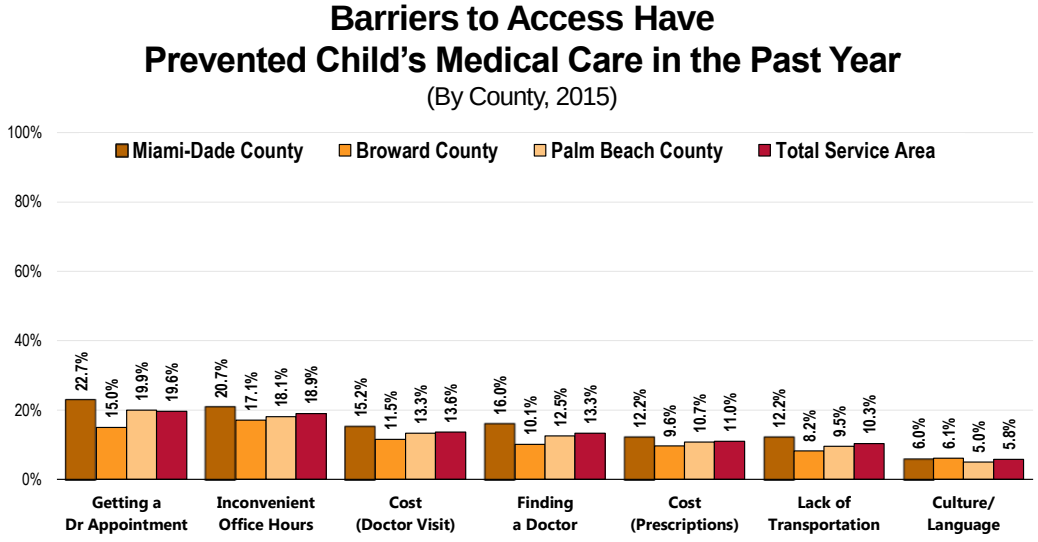
To better understand healthcare access barriers, survey participants were asked whether any of seven types of barriers to access prevented their child from seeing a physician or obtaining a needed prescription in the past year.

Again, these percentages reflect all children, regardless of whether medical care was needed or sought.

Of the tested access barriers, difficulty getting a doctor's appointment impacted the greatest share of Total Service Area children (19.6% of parents say that lack of appointment availability prevented them from obtaining a visit to a physician for their child in the past year).

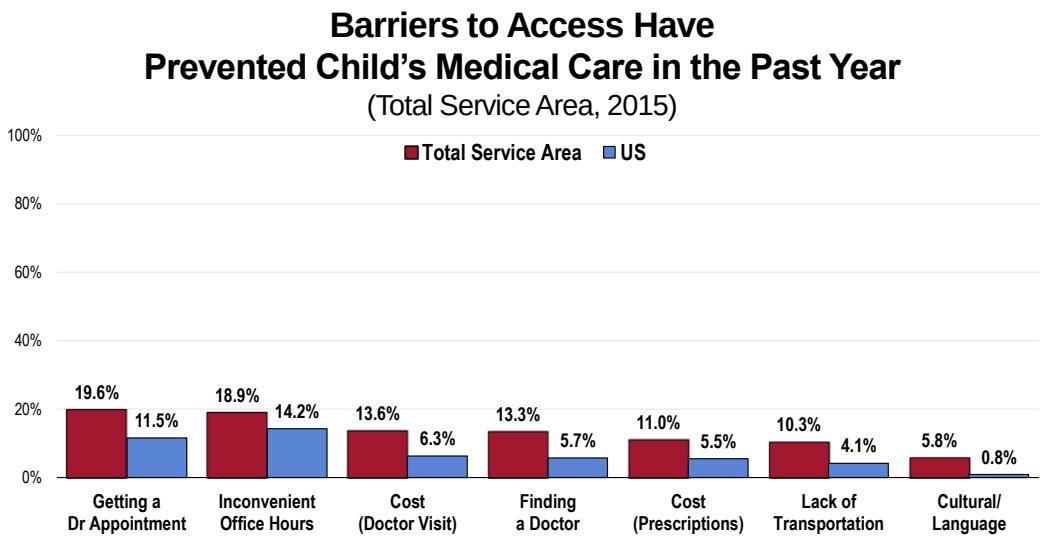
Inconvenient office hours impacted 18.9%.

- Note that parents living in Miami-Dade County reported the highest prevalence of **difficulty finding a doctor** and **difficulty getting an appointment** for their child.



Sources: ● 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 19-25]
Notes: ● Asked of all respondents about a randomly selected child in the household.

- For all of the tested barriers, the proportion of Total Service Area children impacted was considerably higher than nationwide findings.

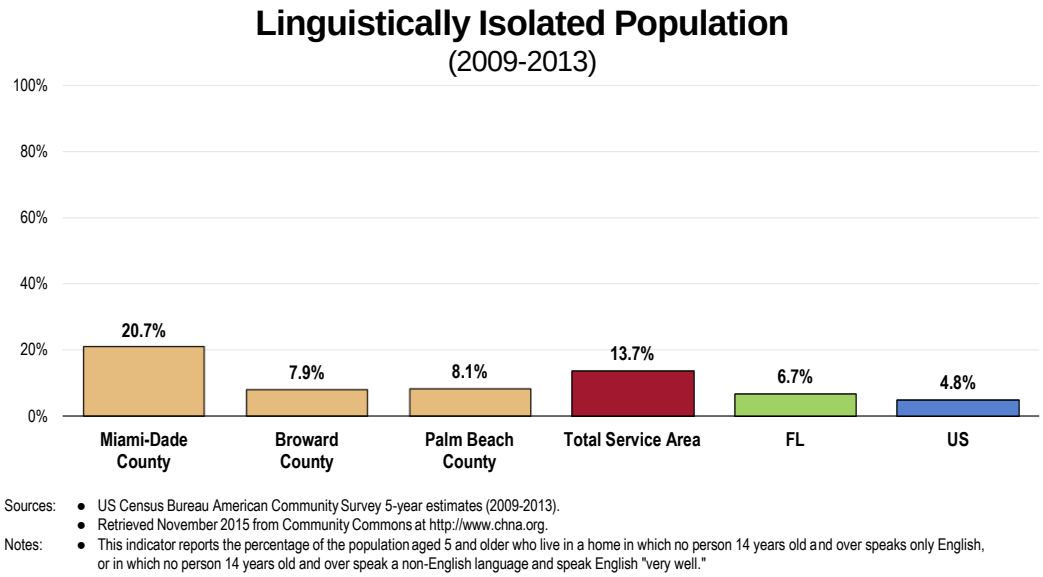


Sources: ● PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Items 19-25]
● 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents about a randomly selected child in the household.

Linguistic Isolation

A total of 13.7% of the Total Service Area population age 5 and older live in a home in which no persons age 14 or older is proficient in English (speaking only English, or speaking English "very well").

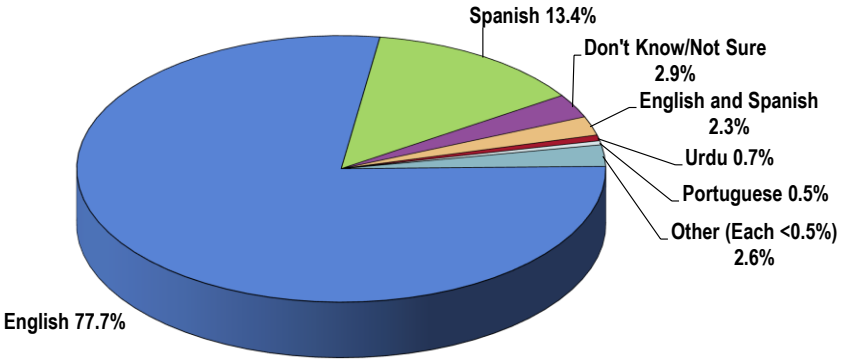
- Twice the Florida proportion.
- Much higher than found nationally.
- Highest in Miami-Dade County.



In the survey, over three-fourths of Total Service Area parents (77.7%) reported that **English** is the primary language spoken in their home, whereas 13.4% designated **Spanish** as the primary language, and 2.3% mentioned both **English and Spanish**. Other languages mentioned were **Urdu** (0.7%) and **Portuguese** (0.5%). [Note that the survey was conducted only in English and Spanish.]

Primary Language Spoken in the Home

(Total Service Area, 2015)



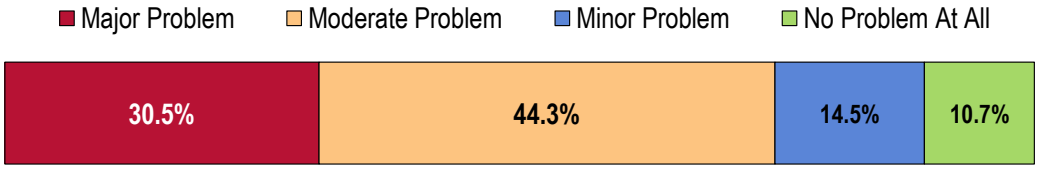
Sources: ● 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 305]
Notes: ● Asked of all respondents about a randomly selected child in the household.

Key Informant Input: Access to Healthcare Services

Key informants taking part in an online survey most often characterized *Access to Healthcare Services* as a "moderate problem" for children/adolescents in the community.

Perceptions of Access to Healthcare Services as a Problem for Children/Adolescents in the Community

(Key Informants, 2015)



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

Top Concerns

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

Cost and Insurance

Cost since there are still thousands left uninsured and uninsurable. - Other Health Provider

Insurance companies, cost, bureaucracy. - Physician

Cost and insurance. - Community/Business Leader

Lack of insurance and finances, and lack of understanding about the availability of appropriate services for kids. Disadvantaged communities suffer greatly and for many the ACA is not useful because they cannot afford the copayments. - Community/Business Leader

Decrease Medicaid providers. Payer reimbursement and insurance bureaucracy results in patient access to care challenges and delay of care. – Physician

Despite the implementation of the Affordable Care act many families still do not have health

insurance. Some families who have health insurance are unable to find providers who accept their coverage. - Social Service Provider

Undocumented, uninsured, and under-insured children encounter difficulty finding pediatricians and specialty physicians that will see them. Specialty care is especially difficult to obtain and children must often travel out of state to providers such as Shriners or St. Jude's to receive treatment. There is a shortage of physicians who accept Medicaid and Medicaid managed care as well. Children are placed in managed care programs with limited providers. There are often long waits to be seen, even for insured children. - Community/Business Leader

Ability to pay for healthcare. Access in one thing, but the ability for low income families to pay for that access is still a major difficulty. - Other Health Provider

Changing insurance and reimbursement structure will put a significant burden on physicians and hospitals which may ultimately affect health care delivery in the community. - Physician

Availability of low cost care. - Public Health Representative

Insurance issues, billing issues. - Social Service Provider

Too high a premium for insurance and too complex a system of health insurance. - Physician

Patient co-payment or deductible due to limited income. - Other Health Provider

Insurance issues and lack of mental health services. - Physician

Gaps in coverage due to high premiums. Illegal status of the child and/or parents prevents eligibility to government programs. As children become adolescents parents are less likely to take them for routine preventive check-ups. - Other Health Provider

Disparities in access to care for uninsured/ underinsured children or partially insured. Many children with Medicaid are not seen by some specialties that are saturated with private insurance patients. Many doctors do not take Medicaid due to poor Medicaid reimbursement and the complexity of the system to get reimbursed. There are remote areas in our community with lack of access even to primary care. They use the Emergency Room as primary care due to being in underserved and rural communities. - Physician

Lack of insurance. - Community/Business Leader

Our county has a large percentage of families that are insured and underinsured, but not accessing care effectively. People are uninsured, but eligible for state and federal programs or are uninsured and not eligible for state and federal programs. - Other Health Provider

The apparent biggest challenges, accessing health care services for children and adolescents in my community are the right post acute care per dx related need. Cost of the right drug needed post-acute is pre-diagnosis-related need. Seizure control, psychiatry, chronic or cancer care drugs. MMA's blatantly refuses to cover or provide limited benefits. Knowledge of the right post acute is largely a guessing game. Cost of post-acute care providers reduced by the MMA's thereby limiting the available resources (lowered reimbursements in general). Florida has not kept pace with changes to payment incentives. Emergency Medicaid administration holds on to old definitions of when care should cease in the case of "emergency care definition"; and refuses to either offer post-acute care coverage, and more importantly, refuses to acknowledge and reimburse hospitals for evidenced-based, quality care it provides. - Other Health Provider

The biggest challenges related to accessing healthcare services for children and adolescents in South Florida is that many low-income children have parents who are uninsured. There's also a lack of coordination among healthcare providers, who appear to be more interested in competing for deliveries, rehabilitation and other areas that are more lucrative than mental health and primary care. - Community/Business Leader

Adequate health coverage, affordability for parents. Too high copayments and too high deductibles. Overblown charges of premiums of insurances companies. Excessive charges from hospitals. Jumbo mark up of pharmacies drugs. – Physician

Technically it would be uninsured patient that do not have the ability to see a doctor on a regular basis or ability to have the lab or x-ray follow up to do. - Physician

Lack of Providers/Services

Many services have been cut. Frequency in therapies shortened. Insurances disembroiling due to high cost on services. Poor patient education in health issues. People abusing the system making the government believe they need free medicine when they can afford private insurance. - Physician

Few options for hospital medicine, surgeries. Limited number of specialists. - Physician

Lack of community resources, psychiatric and therapy providers, specialized programs.

Substance abuse treatment facilities. – Physician

None to very limited specialty practices. Very few pediatricians in the Florida Keys. - Community/Business Leader

Lack of primary care physicians as leaders in our healthcare system. Patients are using the Emergency Room as their primary doctor. – Physician

School health. Lack of health care professionals for every school in the district to attend minor problems and perform health prevention and education, counseling and screening of health problems. - Physician

Primary and specialty care for children and young adults with special needs. - Physician

Parental Involvement and Education

The parents have to get involved. The insurance have to provide means to access specialist and special therapies. The government and the private sector have to be involved in making the necessary availability of resources so that the patient in need has the delivery of care. Also let's not forget about wellness and improve the access of care to those children who are well and need some behavior or tutoring or assistance in school and in education so that they do not pursue bad habit that will require more health care needs. - Physician

Lack of parent involvement and knowledge to encourage preventive health, measures. Lack of state government support for the Affordable Care Act and adequate funding, Poverty, poor housing conditions, transportation and service delivery fragmentation. - Public Health Representative

Lack of parental awareness/education on health issues. - Physician

Transportation

We have many resources for students and their families. But access to these resources by transportation is a problem as well as getting the information about these resources to families. Language barriers also present difficulties to both access and to understand treatment and services. - Community/Business Leader

Transportation, socio-economic status, racial ethnicities disparities from a cultural perspective. Shortage of specialists, accessibility, and health literacy. - Community/Business Leader

Location of services, challenges to families with no transportation. Funding. - Public Health Representative

Follow-Up Care

Timely follow-up care after emergency care. - Physician

Lack of Education

Lack of education and affordable services if no insurance is available to them. - Social Service Provider

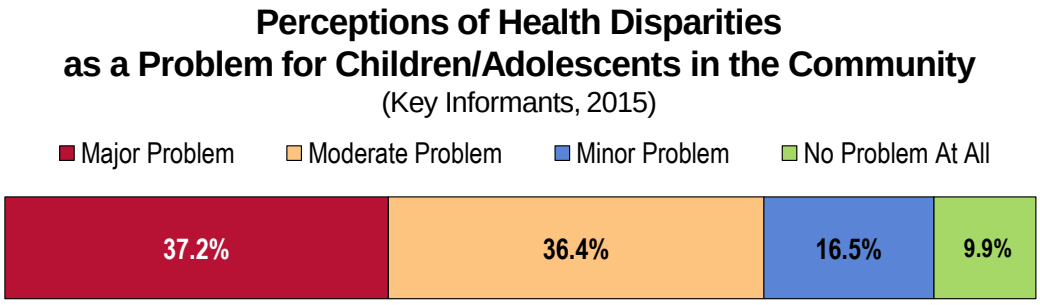
Type of Care Most Difficult to Access

Key informants (who rated this as a "major problem") most often identified mental health care, dental care, and specialty care as the most difficult to access in the community.

	Most Difficult to Access	Second-Most Difficult to Access	Third-Most Difficult to Access	Total Mentions
Mental Health Care	40.6%	37.5%	16.1%	30
Dental Care	21.9%	12.5%	29.0%	20
Specialty Care	9.4%	31.3%	22.6%	20
Chronic Disease Care	12.5%	9.4%	12.9%	11
Substance Abuse Treatment	6.3%	6.3%	12.9%	8
Primary Care	6.3%	3.1%	3.2%	4
Inpatient Pediatrics	3.1%	0.0%	0.0%	1
Prenatal Care	0.0%	0.0%	3.2%	1

Key Informant Input: Health Disparities

Slightly more key informants taking part in an online survey characterized *Health Disparities* as a "major problem" than a "moderate problem" for children/adolescents in the community.



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

Most Significant Contributors

Among those rating this issue as a "major problem," the most significant contributors frequently related to the following:

Socioeconomic

> *Socio-economic, education. - Physician*

Socio-economic and educational. - Physician

Socio-economic status low income related to the demographics in South Florida. - Community/Business Leader

Lower socioeconomic status that makes less of a priority for parents. Less education in the parents. - Social Service Provider

Income. - Community/Business Leader

Lack of financial resources. - Other Health Provider

How money is the driving force behind access to care, services and or programs. - Other Health Provider

Income and lack of insurance. - Social Service Provider

Access to healthcare by the very low-income communities. Ignorance and lack of information. - Community/Business Leader

Economics. - Public Health Representative

Economic and insurance reasons. - Physician

Access to Care

Access to care, access to fresh fruit and healthy food choices, neighborhood safety, mental health of caregivers. - Other Health Provider

Lack of access to primary, preventive health care and then specialty care for advanced problems once identified. - Public Health Representative

Access to care. Children located in the southern reaches of Miami-Dade County and Monroe County have limited access to skilled health professionals to address their health needs. This often required families to travel long distances to get much needs care and forego some services all together. This is especially true for the areas migrant worker population. Additionally, socio-economic factors continue to impact access to care for low income communities. - Social Service Provider

Access to innovative pediatric cancer trials in Miami. Low income areas continue to lack optimal public health information regarding injury, violence etc. - Community/Business Leader

Poverty and lack of knowledge are tremendous problems in our community. Lack of support in the family unit provides significant stressors. These are the families that use inappropriate services like the Emergency Department for primary Health Care concerns. The majority of these families also confront issues with safety both in-home and in their neighborhoods. - Physician

Poverty, insurance limitations, inconvenient locations. Transportation, absence of school-based health centers. - Public Health Representative

Poverty and language/cultural barriers. - Public Health Representative

Poverty, racial and ethnic prejudices, access to comprehensive preventive services from common diseases including vaccinations, parental engagement and health literacy, lower quality education in underserved neighborhood and poor housing and transportation. - Public Health Representative

Genetics, preventive care and quick access to specialty care. - Physician

Insurance Issues

Lack of insurance and lack of capacity of providers for those with Medicaid and KidCare. - Community/Business Leader

Health insurance coverage for services and medications. – Physician

There is very poor access for Medicaid patients. This has only gotten worse after they lower their payments this year. – Physician

Lack of reimbursement for services. Access, insurance, coverage. Lack of enough specialists in certain specialties and their willingness to see Medicaid patients. Lack for having a Medical Home for every child that is competent at preventing un-necessary referrals to specialists for trivial things leaving room for them to care for the ones who need the services most. - Physician

Parents

Adult, parental problems. Alcoholism, SUD, destruction of family units. - Social Service Provider

The most significant contributor to health disparities among children are their parents. Children are impacted by their parents' choices, decisions, abilities, and resources. Socioeconomic factors such as poverty, racism, substandard housing, and unemployment and underemployment are issues impacting parent's which in turn impact their children. - Community/Business Leader

Lack of supervision of the children and lack of education to the caregiver. - Other Health Provider

Limited involvement and education of parents. – Physician

Inadequate home environment. Schools inability to identify potential problematic children and provide support. - Physician

Education

I believe that lack of education and cultural ideas of "normal" in South Florida are a problem. Latin cultures believe fat babies and children are healthy. They add sugar to baby bottles and eat poor nutrient quality food. When you combine this with inadequate physical activity we have a society of obese kids that have health problems early on and will lead unhealthy adult lives. Children are a victim of their parents' inability to make wise parenting decisions, lead by example, set boundaries etc. and they pay the health consequences for their parents' actions. While access to health care is important, the prevention of needing the health care in the first place is where I believe the focus should be. - Other Health Provider

Lack of education and a primary care physician to promote preventive medicine. - Physician

Literacy

Literacy is a major problem for children in this community. As research continues to demonstrate, the illiterate are unable to fully participate, and or learn to develop and transfer knowledge for self. Basic health care health maintenance. Of course the provision of care would be the responsibility of the parents. But children are having children, and they when they lack age appropriate reading, writing and comprehension skills, this in turn will breed into adulthood. - Other Health Provider

Racial Disparities

Racial disparities between black, white, and Hispanic populations are ever present. - Physician

Populations Most Affected

Among those rating this issue as a "major problem," the most affected condition, population, geography, or other factors frequently related to the following:

Communities of Color

The African-American community is more affected than other groups with a higher incidence of respiratory illnesses and also neonatal complications. – Physician

Black Americans in the inner city. - Other Health Provider

Allergies, Cognitive conditions, diabetes or any disease affecting a child is more prevalent in minorities, lower income families and immigrants. - Social Service Provider

Low income African Americans in North Miami. - Public Health Representative

Poverty of the African American population. Inadequate awareness programs for the community. People simply do not know how to go about getting health coverage. – Physician

Haitians. - Social Service Provider

Diabetes, obesity, heart disease affects Hispanics, African Americans more in our community. Again, lack of information, resources and education. - Community/Business Leader

Looking at maternal and child health we know that African-Americans bear a disproportionate burden of premature birth, infant mortality, and SIDS. We also know this group is more likely to be unemployed or underemployed, in poverty, living in substandard housing, and having minimal education. When you take race out the equation, many issues are affected by poverty and outside factors that reinforce poverty. - Community/Business Leader

Immigrants- legal and illegal- communities of poverty. - Public Health Representative

Underserved minority populations particularly Hispanic and African American. – Physician

Obesity. Latin, African American. - Other Health Provider

Low-Income/Poverty

Chronic conditions, asthma, COPD, CAD, CHF, and DM, and based upon the zip codes of those with the lowest socio-economic status. We believe health literacy also affects this population. - Community/Business Leader

The low-income population, regardless of race or ethnic background. - Other Health Provider

Monetary. - Other Health Provider

Poverty. – Physician

General health, poor and disenfranchised populations, immigrants, throughout MDC. - Public Health Representative

Poor, uninsured, African Americans, preventive services. – Physician

Behavioral Health

Behavioral health. - Public Health Representative

Chronic and mental illness. – Physician

Mental health, substance abuse. - Physician

Children and Elderly

Children and elderly. - Community/Business Leader

Co-Occurrences

Diet, lack of organized activity. Lack of education. - Social Service Provider

Obesity and nutrition. - Community/Business Leader

Poverty. Chronic disease management. Focus on prevention, immunization, healthy nutrition, etc. - Physician

Language Barrier

Language barriers so that parents of children understand all of the benefits available to them. - Community/Business Leader

Hispanic population due in part to language barriers. - Physician

Geography

Geography continues to be one of the major factors when considering health disparities in South Florida. Families in the southern area of Miami-Dade and Monroe County continue to have limited access to services. - Social Service Provider

Non-Documented Children

Non-documented children. - Other Health Provider

Preventive Care

Preventive care. – Physician

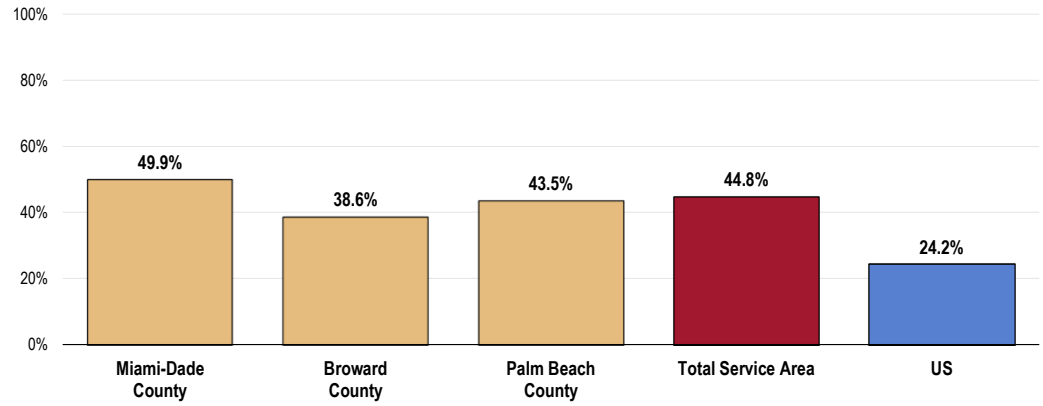
Access to Specialty Care

A total of 44.8% of Total Service Area children are reported to have needed to see a specialist at some point in the past year.

- Well above the US proportion.
- Highest in Miami-Dade County; lowest in Broward County.

Child Needed a Specialist in the Past Year

(Total Service Area, 2015)



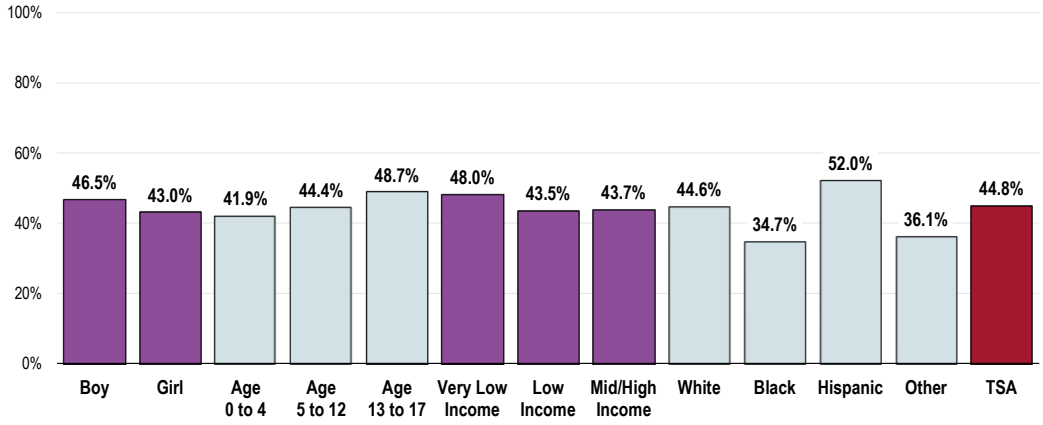
Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 30]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

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

- White children and especially Hispanic children are more likely to have needed to see a specialist in the past year.

Child Needed a Specialist in the Past Year

(Total Service Area, 2015)



Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 30]

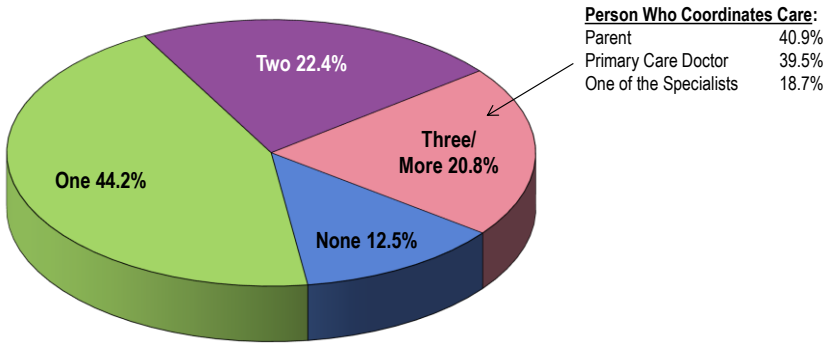
Notes:
- Asked of all respondents about a randomly selected child in the household.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

When asked how many times their child had seen a specialist in the past year, 44.2% reported only **one visit**, 22.4% reported **two visits**, and 20.8% said that their child had seen a specialist **three or more times**.

- Some respondents (12.5%) reported that their child needed to see a specialist, but had not done so in the past year.
- Among children with three or more visits, 40.9% have a parent who coordinates their care, whereas 39.5% have their care set-up by their primary care physician, and 18.7% rely on one of the specialists.

Number of Specialist Visits in Past Year

(Total Service Area, 2015)



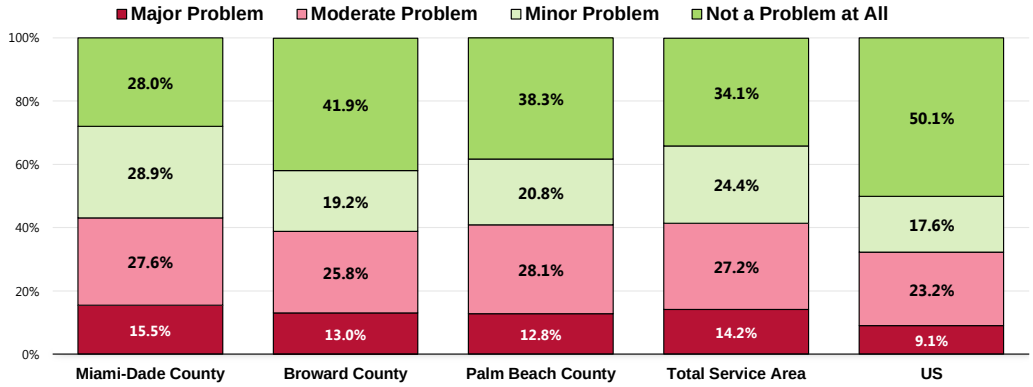
Sources: • 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 30, 301]
Notes: • Asked of respondents for whom the randomly selected child in the household has needed to see a specialist in the past year.

Parents of children needing specialty medical care in the past year were further asked to evaluate the difficulty of getting the needed care; nearly two-thirds (65.8%) expressed some level of difficulty, characterizing it as a "major," "moderate" or "minor problem."

- In particular, 27.2% of these parents had "moderate problems" getting their child's specialty care, and 14.2% had "major problems."
- "Major/moderate problem" responses in the Total Service Area are notably higher than US findings.
- Among the three counties, there is statistically no difference in the prevalence of "major/moderate problem" responses.

Evaluation of Difficulty Getting Specialty Care for Child in the Past Year

(Total Service Area Parents of Children Needing to See a Specialist in the Past Year, 2015)



Source: ● 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 31]
● 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes: ● Asked of respondents for whom the randomly selected child in the household has needed to see a specialist in the past year.

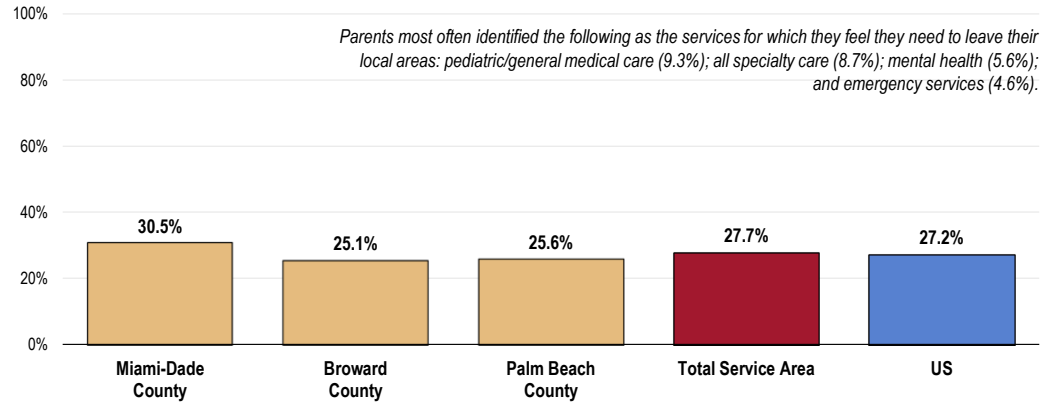
Outmigration for Children's Healthcare

A total of 27.7% of Total Service Area parents report that they feel the need to leave their local areas in order to get certain children's healthcare services.

- Comparable to the national proportion.
- Statistically comparable by county.

Feel the Need to Leave the Area for Children's Healthcare Services

(Total Service Area, 2015)

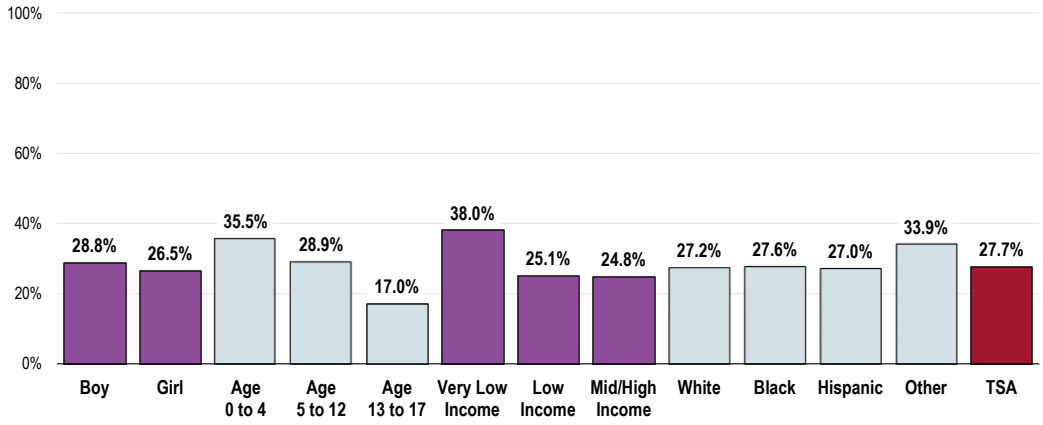


Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 11-12]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.]

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

- Parents of older children and those in very low income households are more likely to feel the need to leave their areas for children's health services (note the negative correlation with child's age).

Feel the Need to Leave the Area for Children's Healthcare Services
(Total Service Area, 2015)



Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 11]

Notes:
- Asked of all respondents about a randomly selected child in the household.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Asked to specify the services for which they feel they need to leave their areas to receive care, the greatest share of respondents (15.1%) were **not sure** or **didn't know** and 8.2% went back on their prior statement and said that they **wouldn't leave the area for any services**. Other responses were for **pediatrics/general medical care** (9.3%); **all specialty care** (8.7%); **mental health** (5.6%) and **emergency services** (4.6%). A wide variety of other responses was given; none individually mentioned by more than 4.0%

Their reasons for feeling the need to leave their areas primarily related to perceptions that **better care is available elsewhere** (34.6%), or that **services are not available locally** (30.8%), followed by **other access-related reasons** (4.1%), and **cost/insurance coverage** (4.1%).

Primary Care Services

About Primary Care

Improving health care services depends in part on ensuring that people have a usual and ongoing source of care. People with a usual source of care have better health outcomes and fewer disparities and costs. Having a primary care provider (PCP) as the usual source of care is especially important. PCPs can develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community. Having a usual PCP is associated with:

- Greater patient trust in the provider
- Good patient-provider communication
- Increased likelihood that patients will receive appropriate care

Improving health care services includes increasing access to and use of evidence-based preventive services. Clinical preventive services are services that: **prevent** illness by detecting early warning signs or symptoms before they develop into a disease (primary prevention); or **detect** a disease at an earlier, and often more treatable, stage (secondary prevention).

– Healthy People 2020 (www.healthypeople.gov)

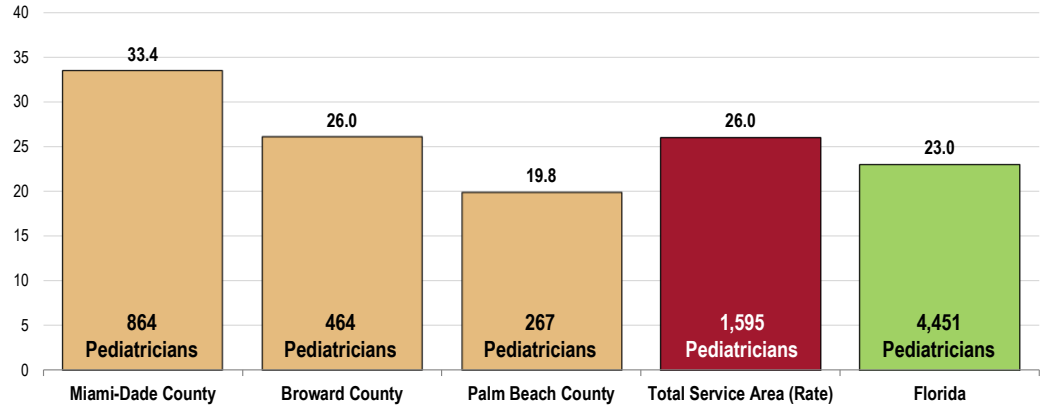
Access to Child Healthcare

In the Total Service Area between 2013 and 2014, there were 1,595 pediatricians, translating to a median rate of 26.0 pediatricians per 100,000 population.

- Above the pediatrician-to-population ratio found statewide.
- Particularly high in Miami-Dade County; low in Palm Beach County.

Access to Child Healthcare

(Number of Pediatricians per 100,000 Population, 2013-2014)

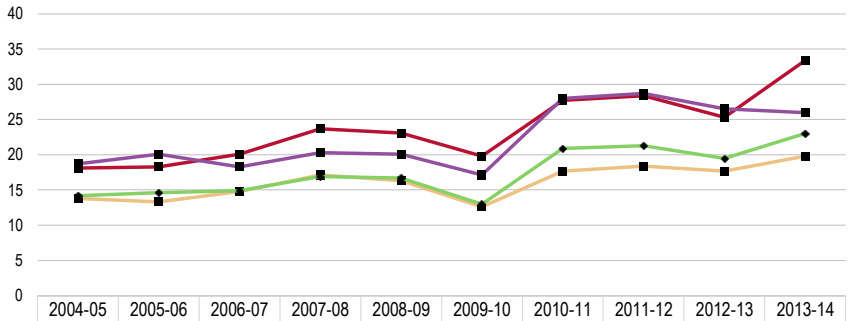


Sources:
- Florida Department of Health, Division of Public Health Statistics & Performance Management, Data Viewer.
- Retrieved November 2015 from http://www.floridacharts.com.

Notes:
- This indicator is relevant because a shortage of health professionals contributes to access and health status issues.
- Licensure data is for a fiscal year (July 1-June 30). Data includes actively licensed providers only. The specialty information (pediatrics) is reported voluntarily and is neither required or verified by the Department.

- TREND: Access to child healthcare (in terms of the ratio of pediatricians to population) has trended upward over the past decade in all three counties and statewide.

Trends in Access to Child Healthcare
(Number of Pediatricians per 100,000 Population)



	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14
Miami-Dade County	18.1	18.3	20.1	23.7	23.1	19.8	27.7	28.4	25.3	33.4
Broward County	18.7	20.1	18.3	20.3	20.1	17.1	28.0	28.7	26.5	26.0
Palm Beach County	13.8	13.3	14.8	17.1	16.3	12.6	17.7	18.4	17.7	19.8
Florida	14.2	14.6	14.9	16.9	16.7	13.0	20.9	21.3	19.5	23.0

Sources:
- Florida Department of Health, Division of Public Health Statistics & Performance Management, Data Viewer.
- Retrieved November 2015 from http://www.floridacharts.com.

Notes:
- This indicator is relevant because a shortage of health professionals contributes to access and health status issues.
- Licensure data is for a fiscal year (July 1-June 30). Data includes actively licensed providers only. The specialty information (pediatrics) is reported voluntarily and is neither required or verified by the Department.

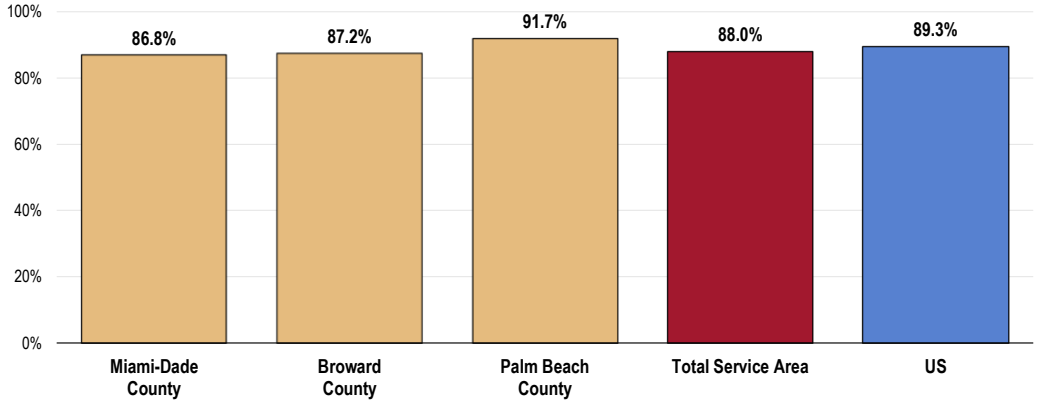
Specific Source of Care

A total of 88.0% of Total Service Area children were determined to have a specific source of medical care, such as a specific doctor's office or clinic they regularly use.

Having a specific source of care for a child includes having a doctor's office, clinic, urgent care center, walk-in clinic, health center facility, hospital outpatient clinic, or some other kind of place to go if the child is sick or needs advice about his or her health. This resource is crucial to the concept of "patient-centered medical homes" (PCMH).

- Similar to the US percentage.
- Fails to satisfy the Healthy People 2020 objective (100%).
- Most favorable in Palm Beach County.

Have a Specific Source of Medical Care
Healthy People 2020 Target = 100%



Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 27]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-5.2]

Notes:
- Asked of all respondents about a randomly selected child in the household.
- Having a specific source of ongoing care for a child includes having a doctor's office, clinic, urgent care center, health department clinic, or some other kind of place to go if the child is sick or needs advice about his or her health.

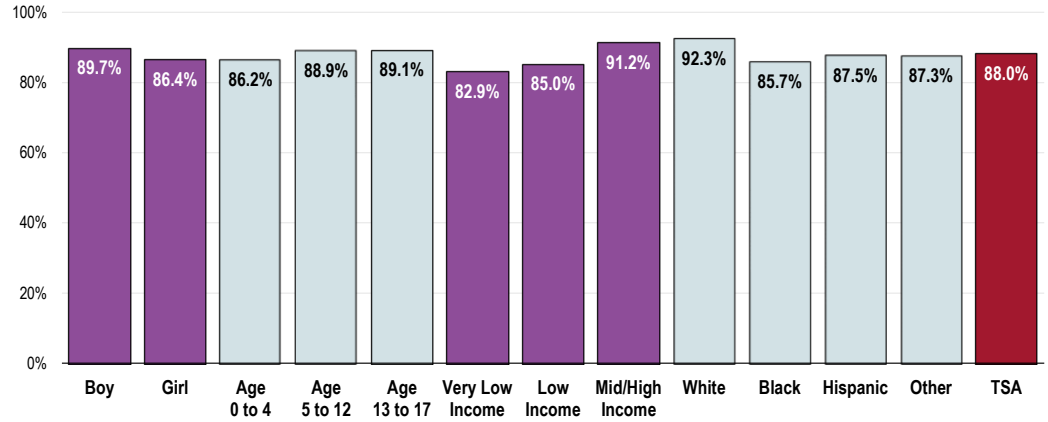
When viewed by demographic characteristics, the following children are less likely to have a specific source of care:

- Children in lower-income households (positive correlation with income).
- Black children.

Have a Specific Source of Medical Care

(Total Service Area, 2015)

Healthy People 2020 Target = 100%



Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 27]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objectives AHS-5.2]

Notes:
- Asked of all respondents about a randomly selected child in the household.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Having a specific source of ongoing care for a child includes having a doctor's office, clinic, urgent care center, health department clinic, or some other kind of place to go if the child is sick or needs advice about his or her health.

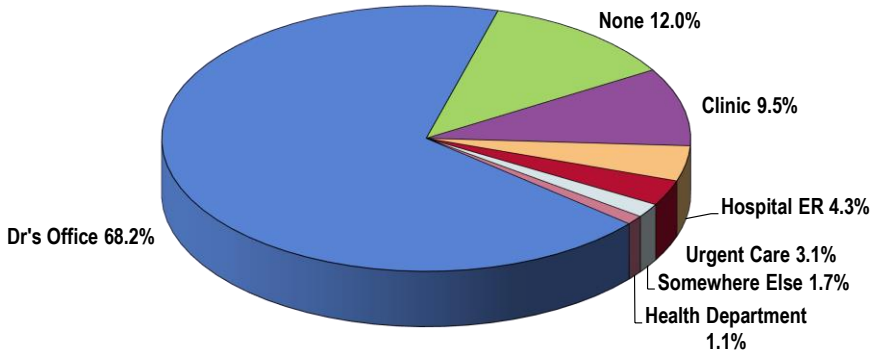
Type of Place Used for Medical Care

When asked where they take their child if they are sick or need advice about their health, the greatest share of respondents (68.2%) identified a particular doctor's office.

A total of 9.5% say they usually go to some type of clinic, while 4.3% rely on a hospital emergency room, and 3.1% use an urgent care center for their child's medical care.

Particular Place Utilized for Child's Medical Care

(Total Service Area, 2015)



Sources: ● 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 27-28]
Notes: ● Asked of all respondents about a randomly selected child in the household.

Receipt of Routine Medical Care

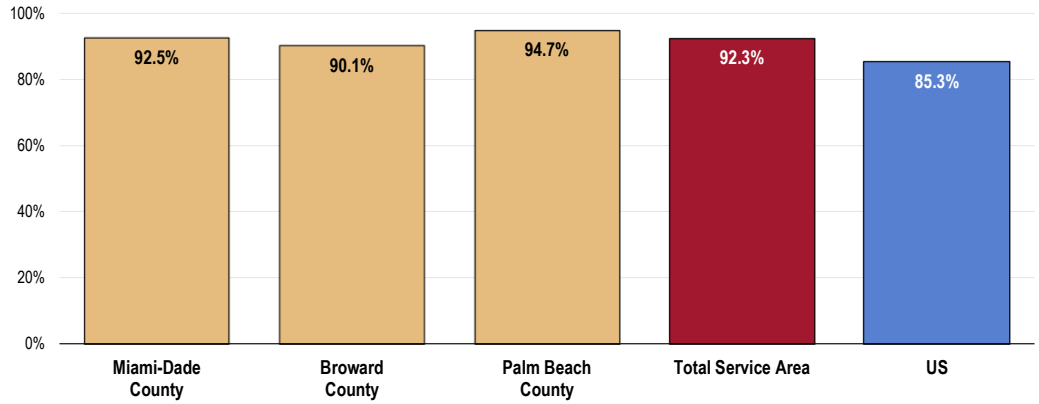
A routine checkup can include a well-child checkup or general physical exam, but does not include exams for a sports physical or visits for a specific injury, illness, or condition.

A total of 92.3% of Total Service Area children have had a routine checkup in the past year.

- More favorable than US findings.
- Statistically, no difference among the three counties.

Child Visited a Physician for a Routine Checkup in the Past Year

(Total Service Area, 2015)



Sources: ● 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 29]
● 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents about a randomly selected child in the household.

- Note that routine checkups are highest among boys and younger children (negative correlation with age).
- Total Service Area adolescents satisfy the Healthy People 2020 target (75.6% or higher) for their age group.

Child Visited a Physician for a Routine Checkup in the Past Year

(Total Service Area, 2015)

Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 29]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AH-1]

Notes:
- Asked of all respondents about a randomly selected child in the household.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Vaccinations

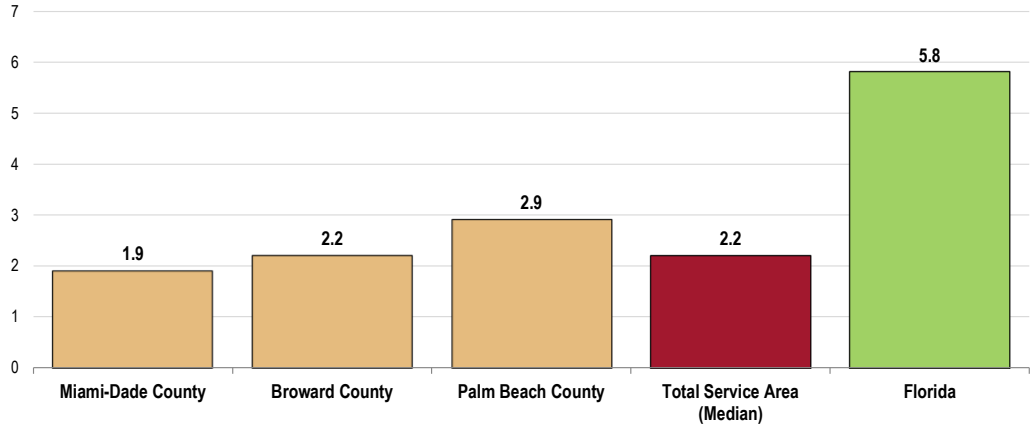
Vaccine Preventable Diseases

In the Total Service Area, there were 2.2 per 100,000 cases of vaccine preventable diseases in 2014.

- Much lower than Florida findings.
- Highest in Palm Beach County; lowest in Miami-Dade County.

Vaccine Preventable Diseases

(Vaccine Preventable Disease Cases per 100,000 Population, 2014)

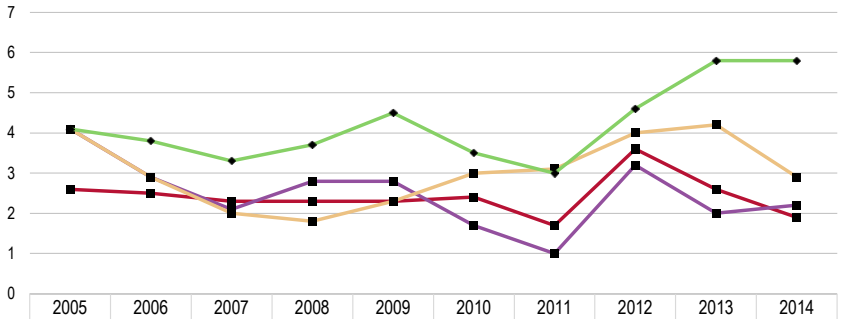


Sources: ● Florida Department of Health, Division of Public Health Statistics & Performance Management, Data Viewer.
● Retrieved November 2015 from http://www.floridacharts.com.
Notes: ● Includes: diphtheria, acute hepatitis B, measles, mumps, pertussis, rubella, tetanus, and polio.

- TREND: Although there is no clear trend in the incidence of vaccine preventable diseases, all three counties currently have rates that are significantly lower than 2005 findings. In contrast, the current Florida rate is significantly higher than it was in 2005.

Vaccine Preventable Diseases

(Vaccine Preventable Disease Cases per 100,000 Population)



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Miami-Dade County	2.6	2.5	2.3	2.3	2.3	2.4	1.7	3.6	2.6	1.9
Broward County	4.1	2.9	2.1	2.8	2.8	1.7	1.0	3.2	2.0	2.2
Palm Beach County	4.1	2.9	2.0	1.8	2.3	3.0	3.1	4.0	4.2	2.9
Florida	4.1	3.8	3.3	3.7	4.5	3.5	3.0	4.6	5.8	5.8

Sources: ● Florida Department of Health, Division of Public Health Statistics & Performance Management, Data Viewer.
● Retrieved November 2015 from http://www.floridacharts.com.
Notes: ● Includes: diphtheria, acute hepatitis B, measles, mumps, pertussis, rubella, tetanus, and polio.

Immunization Prevalence

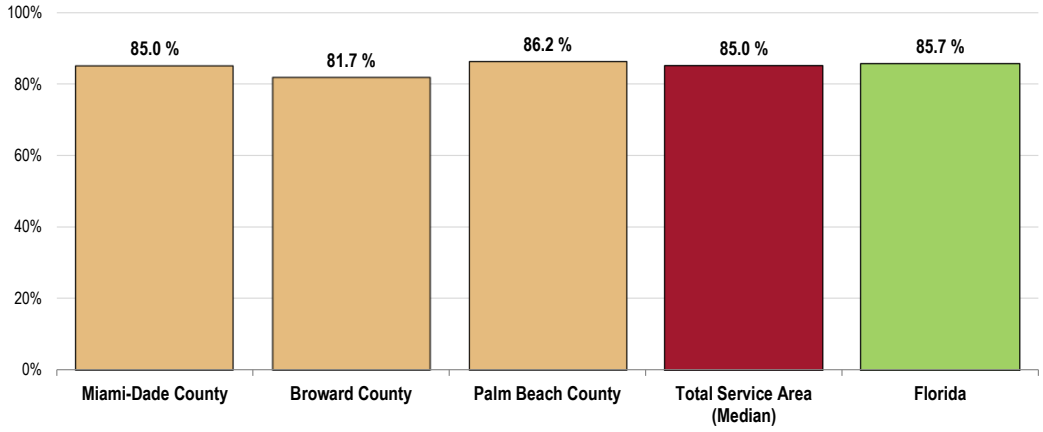
Immunization is the process by which an individual's immune system becomes fortified against an agent (known as an immunogen). Immunization is a primary defense against some of the most deadly and debilitating diseases known.

In 2014, an estimated 85.0% of Total Service Area two year olds were fully immunized (meaning that 15.0% of two year olds did not have all of the recommended vaccines for their age).

- Lower than the percentage estimated statewide.
- Each county has statistically similar immunization rates.

Estimates of Two Year Olds Fully Immunized

(Percent of Two Year Old Children, 2014)



Sources:
- Florida Department of Health, Division of Public Health Statistics & Performance Management, Data Viewer.
- Retrieved November 2015 from http://www.floridacharts.com.

Notes:
- The data is based on a survey that provides estimated immunization levels for the top 20 counties based on their percentage of the total births, as well as statewide figures.
- Immunization is the process by which an individual's immune system becomes fortified against an agent (known as an immunogen). Immunization is a primary defense against some of the most deadly and debilitating diseases known.

Vaccinating Newborns

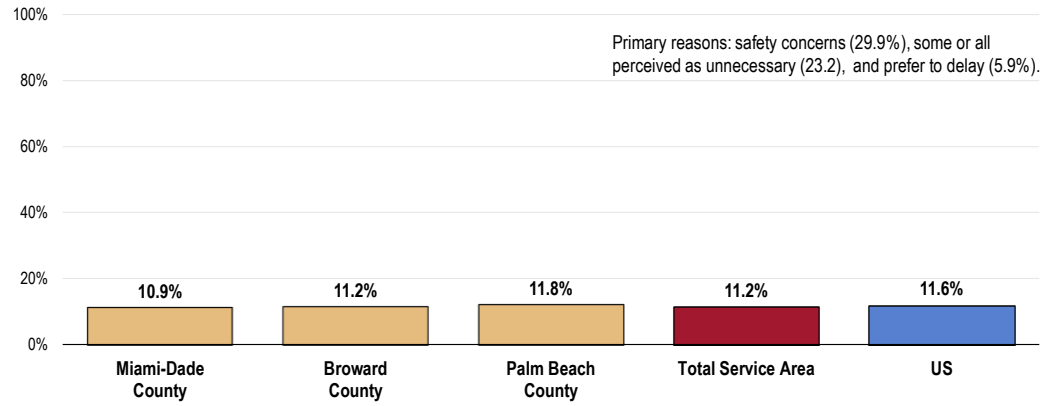
While 88.8% of surveyed Total Service Area parents say they would want their (hypothetical) newborn to receive all recommended vaccinations, a total of 11.2% would not.

- Similar to the percentage reported nationwide.
- Similar by county.

Reasons given for not getting all of the recommended vaccines primarily included **safety concerns** (mentioned by 29.9%), perceiving that **some or all vaccines are unnecessary** (23.2%), and a **preference for delaying** certain vaccinations (5.9%).

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

(Total Service Area Parents, 2015)

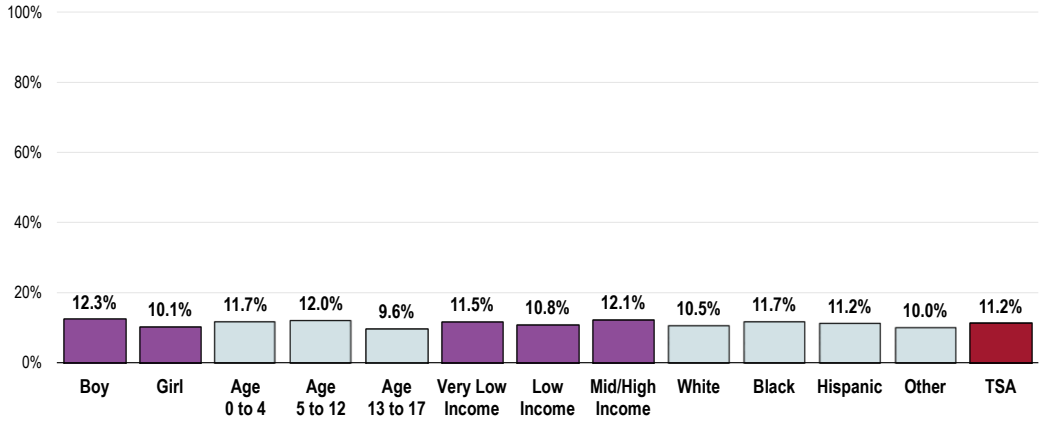


Sources: ● 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 136-137]
● 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

- Statistically, there were no differences in newborn vaccination preference among the following demographic breakouts.

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

(Total Service Area Parents, 2015)



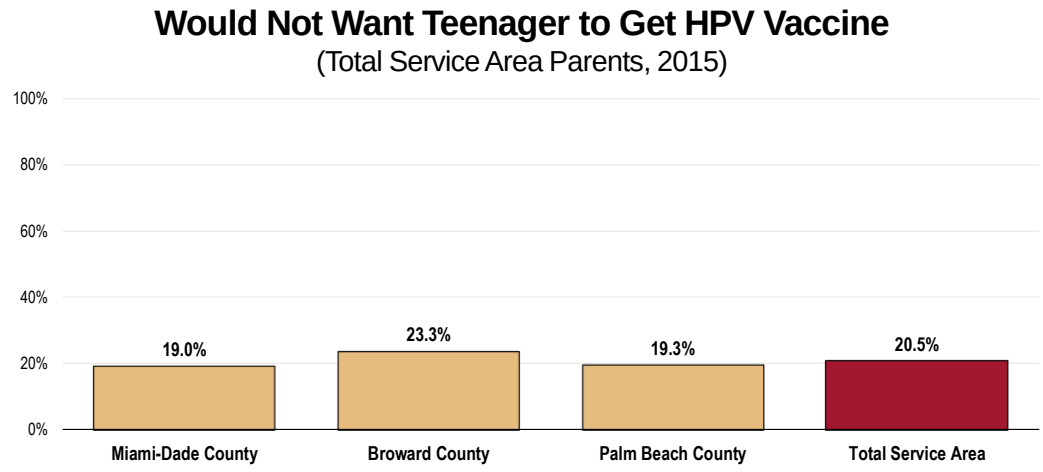
Sources: ● 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 136]
Notes: ● Asked of all respondents.

Human Papillomavirus (HPV) Vaccine

Respondents were told that the vaccine to prevent the human papillomavirus is called the cervical cancer or genital warts vaccine, HPV shot, Gardasil, or Cervarix. Then, they were asked (if they had a teenager or young adult) if they would want him or her to be vaccinated against HPV.

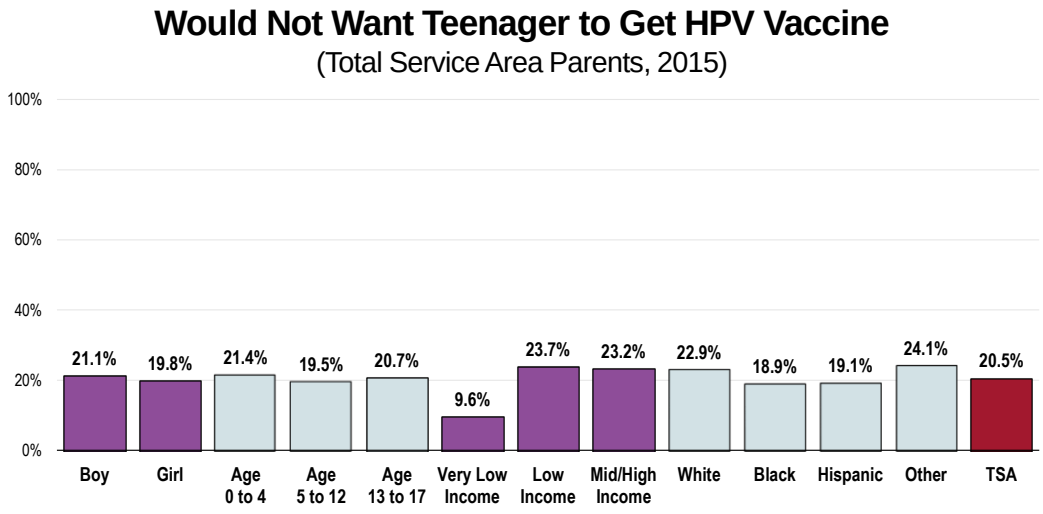
A total of 20.5% of Total Service Area adults would <u>not</u> want their teenager or young adult (if they were to have one) to be vaccinated against HPV.

- Statistically similar by county.



Sources: • 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 310]
Notes: • Asked of all respondents.
• HPV stands for human papillomavirus.

- Parents are more likely to be against their teenager or young adult getting the HPV vaccine if they live above the federal poverty level.



Sources: • 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 310]
Notes: • Asked of all respondents.

Dental Care

About Oral Health

Oral health is essential to overall health. Good oral health improves a person's ability to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions to show feelings and emotions. However, oral diseases, from cavities to oral cancer, cause pain and disability for many Americans. Good self-care, such as brushing with fluoride toothpaste, daily flossing, and professional treatment, is key to good oral health. Health behaviors that can lead to poor oral health include: **tobacco use; excessive alcohol use;** and **poor dietary choices**.

The significant improvement in the oral health of Americans over the past 50 years is a public health success story. Most of the gains are a result of effective prevention and treatment efforts. One major success is community water fluoridation, which now benefits about 7 out of 10 Americans who get water through public water systems. However, some Americans do not have access to preventive programs. People who have the least access to preventive services and dental treatment have greater rates of oral diseases. A person's ability to access oral healthcare is associated with factors such as education level, income, race, and ethnicity.

Barriers that can limit a person's use of preventive interventions and treatments include: limited access to and availability of dental services; lack of awareness of the need for care; cost; and fear of dental procedures.

There are also social determinants that affect oral health. In general, people with lower levels of education and income, and people from specific racial/ethnic groups, have higher rates of disease. People with disabilities and other health conditions, like diabetes, are more likely to have poor oral health.

Potential strategies to address these issues include:

- Implementing and evaluating activities that have an impact on health behavior.
- Promoting interventions to reduce tooth decay, such as dental sealants and fluoride use.
- Evaluating and improving methods of monitoring oral diseases and conditions.
- Increasing the capacity of State dental health programs to provide preventive oral health services.
- Increasing the number of community health centers with an oral health component.

– Healthy People 2020 (www.healthypeople.gov)

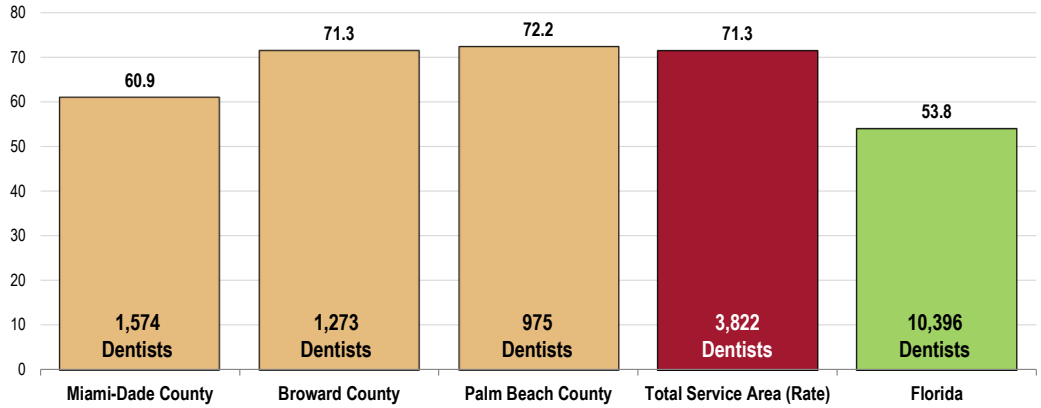
Access to Dental Care

In the Total Service Area between 2013 and 2014, there were 3,822 licensed dentists, translating to a median rate of 71.3 dentists per 100,000 population.

- Well above the dentist-to-population ratio found statewide.
- Lowest in Miami-Dade County.

Access to Dental Care

(Number of Licensed Dentists per 100,000 Population, 2013-2014)



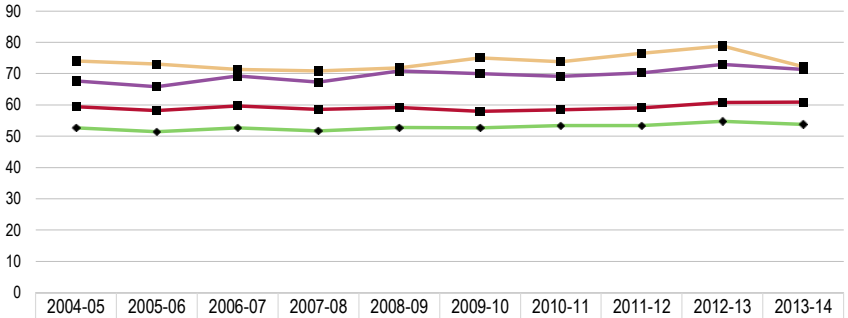
Sources:
- Florida Department of Health, Division of Public Health Statistics & Performance Management, Data Viewer.
- Retrieved November 2015 from http://www.floridacharts.com.

Notes:
- This indicator is relevant because a shortage of dental health professionals contributes to access and health status issues.
- Licensure data is for a fiscal year (July 1-June 30). Data includes actively licensed providers only.

TREND: Access to dental care (in terms of the ratio of dentists to population) has not varied much over the past decade in Miami-Dade County, Palm Beach County, and statewide, but has increased slightly in Broward County.

Trends in Access to Dental Care

(Number of Licensed Dentists per 100,000 Population)



	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14
Miami-Dade County	59.4	58.2	59.7	58.6	59.2	58.0	58.5	59.1	60.8	60.9
Broward County	67.7	65.8	69.3	67.3	70.8	70.0	69.1	70.3	72.9	71.3
Palm Beach County	74.1	73.1	71.4	70.8	71.8	75.0	73.8	76.5	78.8	72.2
Florida	52.7	51.5	52.7	51.7	52.8	52.7	53.4	53.4	54.8	53.8

Sources:
- Florida Department of Health, Division of Public Health Statistics & Performance Management, Data Viewer.
- Retrieved November 2015 from http://www.floridacharts.com.

Notes:
- This indicator is relevant because a shortage of dental health professionals contributes to access and health status issues.
- Licensure data is for a fiscal year (July 1-June 30). Data includes actively licensed providers only.

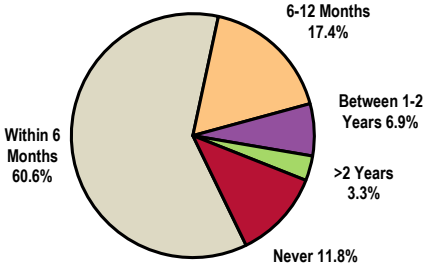
Receipt of Dental Care

Most Total Service Area children age 2-17 (60.6%) have received dental care (for any reason) in the past 6 months.

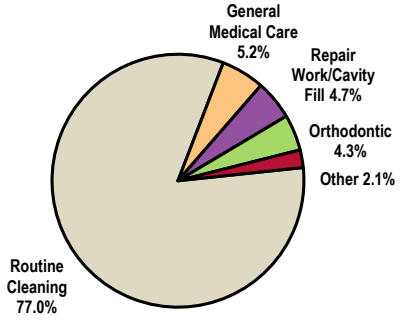
- Asked to specify the reason for their child's most recent dental visit, 77.0% of parents mentioned a **routine cleaning or checkup**, while 5.2% specified **general medical care**. 4.7% described **repair work or a cavity fill**, and 4.3% referenced an **orthodontic appointment**.

Characteristics of Child's Most Recent Dental Visit

(Total Service Area Children Age 2-17, 2015)



Length of Time Since Child's Most Recent Dental Visit



Reason for Child's Last Dental Visit
(Among Children 2-17 Who Have Visited a Dentist)

Sources: ● 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 46-47]
Notes: ● Asked of those respondents for whom the randomly selected child in the household is age 2 to 17.

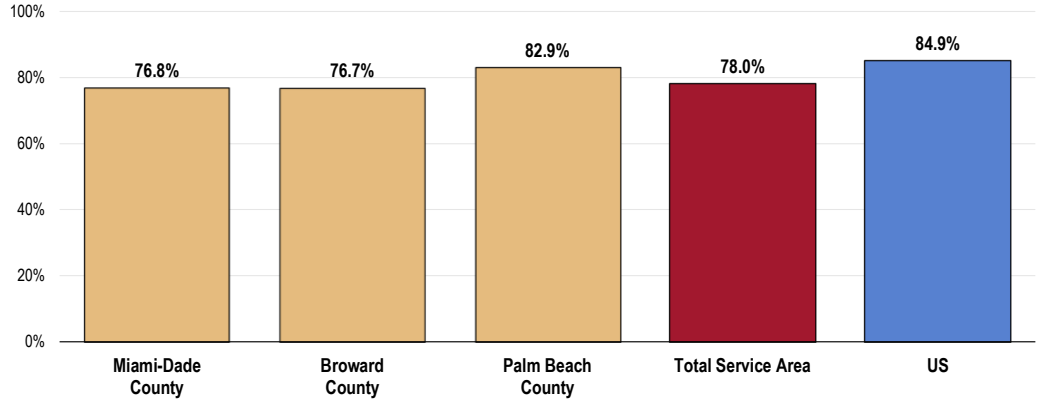
In all, 78.0% of Total Service Area children age 2-17 have visited a dentist or dental clinic (for any reason) in the past year.

- Less favorable than the US prevalence.
- Easily satisfies the Healthy People 2020 target.
- Most favorable in Palm Beach County.

Child Visited a Dentist or Dental Clinic Within the Past Year

(Total Service Area Children Age 2-17, 2015)

Healthy People 2020 Target = 49.0% or Higher



Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 46]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]

Notes:
- Asked of those respondents for whom the randomly selected child in the household is age 2 to 17.

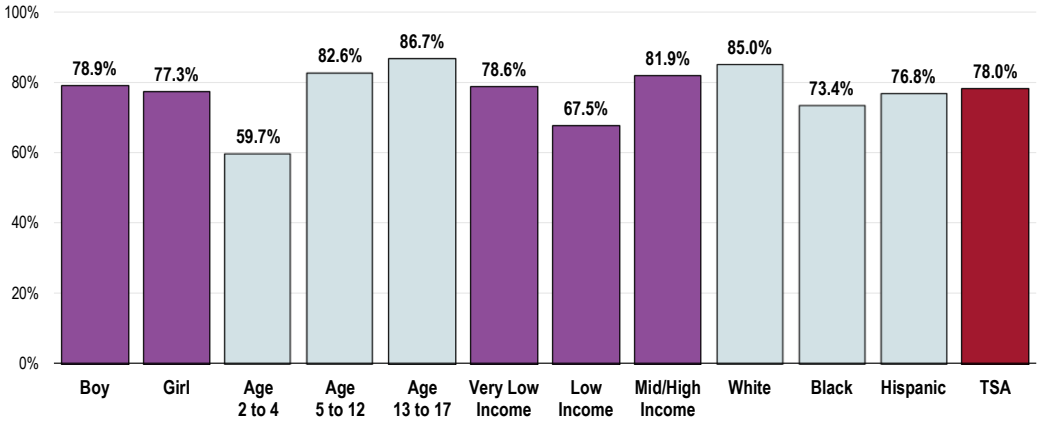
These children are <u>less</u> likely to have visited a dentist or dental clinic in the past year:

- Children age 2 to 4 (positive correlation with age).
- Children in low income households (100-199% of the federal poverty level).
- Black children.

Child Visited a Dentist or Dental Clinic Within the Past Year

(Total Service Area Children Age 2-17, 2015)

Healthy People 2020 Target = 49.0% or Higher



Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 46]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-2.1]

Notes:
- Asked of those respondents for whom the randomly selected child in the household is age 2 to 17.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

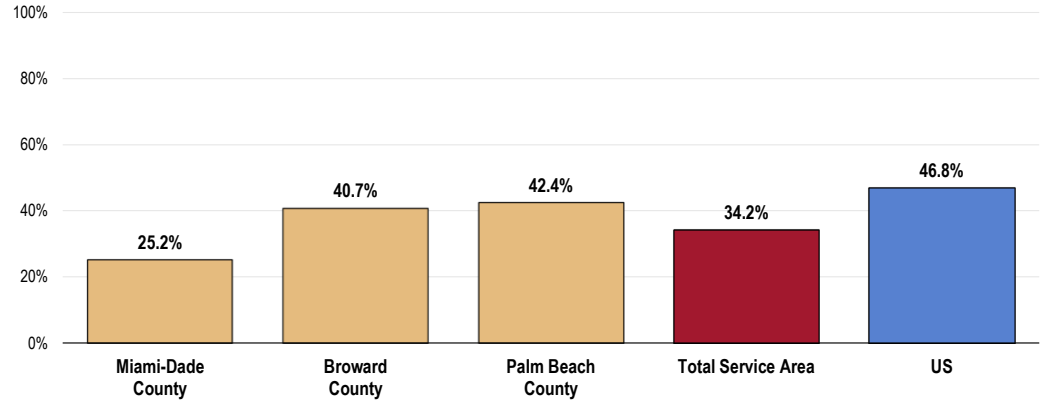
Dental Sealants

A total of 34.2% of parents report that their child (age 6 to 17) has had sealants put on their molars.

- Well below the US proportion.
- High in Broward and Palm Beach counties, but particularly low in Miami-Dade County.

Child Has Received Dental Sealants on His or Her Molars

(Total Service Area Children Age 6-17, 2015)



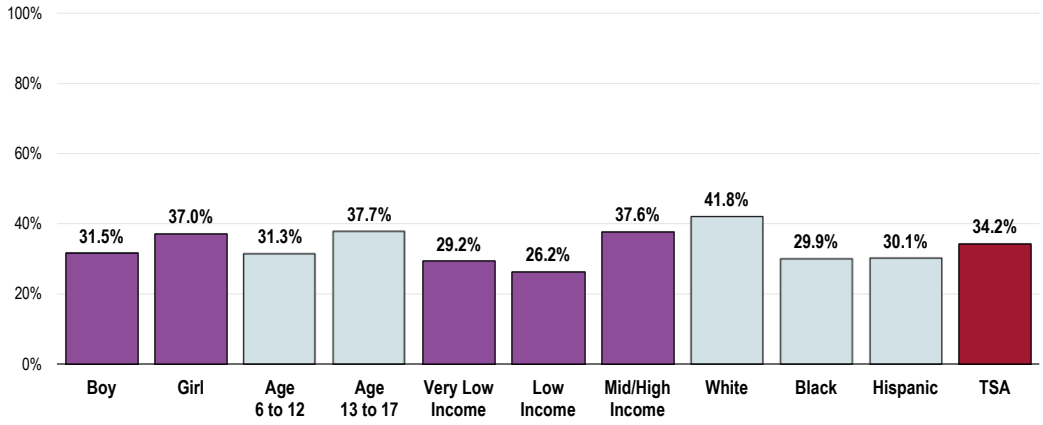
Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 48]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of those respondents for whom the randomly selected child in the household is age 6 to 17.

- The prevalence of dental sealants is lower among children in lower income households and Black or Hispanic children.

Child Has Received Dental Sealants on His or Her Molars

(Total Service Area Children Age 6-17, 2015)

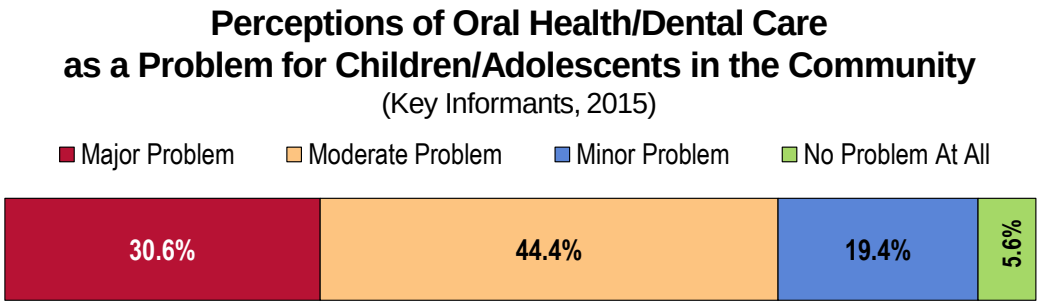


Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 48]

Notes:
- Asked of those respondents for whom the randomly selected child in the household is age 6 to 17.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Oral Health

Key informants taking part in an online survey generally characterized *Oral Health* as a "moderate problem" for children/adolescents in the community.



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

Top Concerns

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

Prevalence/Incidence

There are a number of children with poor oral health in the community. Likely due to lack of knowledge in the community. - Social Service Provider

It is a common finding in our physical exam. Also, dental abscess is one of the leading cause of admissions to our institution. - Physician

I have seen too many children who need dental care and education for their families to understand the importance of making this a priority for their children. - Social Service Provider

Dental. – Physician

Speaking to dental providers. - Other Health Provider

Florida in general receives a very poor grade in addressing oral health. 130 million adults and children lack dental insurance. There were 115,000+ Emergency Room visits in 2010 for dental problems in Florida with a cost of 90 million dollars. 42% of children 2 to 11 have had dental caries in their primary teeth. 59% of adolescents 12 to 19 have had dental caries in their permanent teeth. - Physician

Florida ranks among the lowest in the nation with respect to oral health. - Other Health Provider

Lack of Providers/Services

Lack of pediatric dentists. - Community/Business Leader

Lack of dentists that accept young children, dentists do not routinely provide fluoride varnish for young infants. Lack of public awareness. Dental campaigns to stress need for regular care. - Physician

Limited pediatric. Dentists. Financial limitations. - Other Health Provider

Parents of children with Medicaid often tell me that they cannot find a dentist who will see their children. Florida's Legislature is taking up a bill to help improve access to dental care for low-income children and adults. - Community/Business Leader

Insufficient providers, cost of dental care, moms don't see it as a priority. - Social Service Provider

Not too many dentist are interested in taking pediatric patients nor they are trained to treat the pediatric population and lack of coverage from insurance companies. - Physician

Access to Providers/Services

Access to primary dentists for this high risk population who are generally required to pay upfront unless they have dental insurance. - Community/Business Leader

Lack of access to care. – Physician

Delayed or no access to care. – Physician

Children do not have access to preventive dental care. - Other Health Provider

Insurance

Lack of coverage. Lack of education. Link to chronic diseases, poverty, access, chronic medical conditions. Not enough pediatric dentists willing to see Medicaid, due to poor reimbursement, or willing to see kids starting at 1 year of age to have a dental home as recommended. Poverty. Diet/nutrition. - Physician

Lack of coverage by insurance companies. - Physician

Co-Occurrences

Major cause of pediatric morbidities and school underperformance. - Public Health Representative

Oral health reflects the overall health of the body. Students with dental decay and dental problems have pain and embarrassment in the school setting and this affects their learning. Access and cost of care has been a deterrent to resources and the utilization of resources. Also, dental care is not the highest priority when choosing which health condition to address. - Community/Business Leader

Low Personal Priority

Not a priority in patients/parents lives. Do not get preventative care. Limited number of pediatric dentists. - Social Service Provider

Parental Education

Poor awareness, poor nutrition, poor oral care on a day to day basis. Expensive dental care. - Physician

Poor Nutrition

Nutrition and lack of access to dentists. - Physician

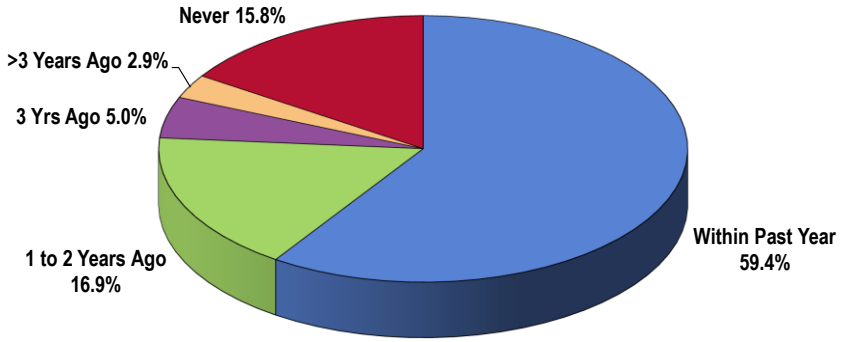
Vision & Hearing

Recent Eye Exams

RELATED ISSUE: See also Vision Problems and Hearing Problems in the Prevalence of Selected Medical Conditions section of this report

Note the following frequency of eye exams among Total Service Area children; as shown, 15.8% of Total Service Area children have never had an eye exam.

Child's Most Recent Eye Exam
(Total Service Area, 2015)

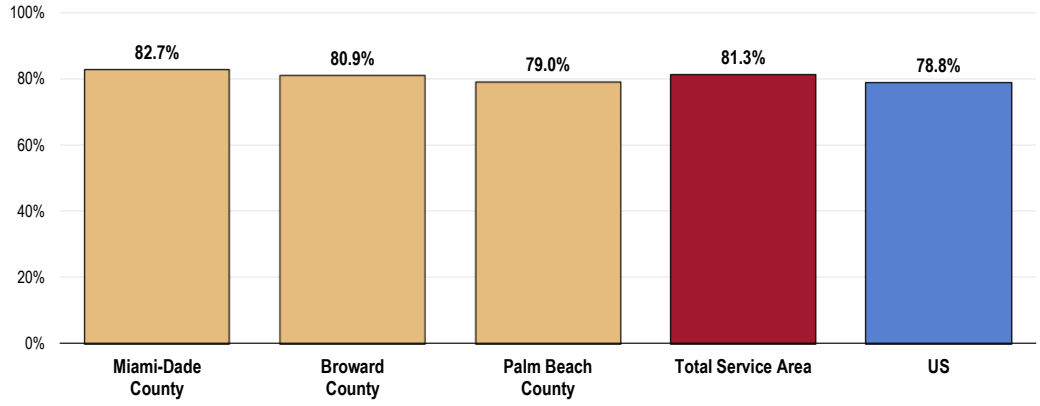


Sources: ● 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 38]
Notes: ● Asked of all respondents about a randomly selected child in the household.

On the other hand, a total of 81.3% of Total Service Area parents indicate that their child has had an eye exam within the past three years.

- Statistically comparable to the US prevalence.
- Statistically comparable findings when viewed by county.

Child Had an Eye Exam in the Past Three Years
(Total Service Area, 2015)

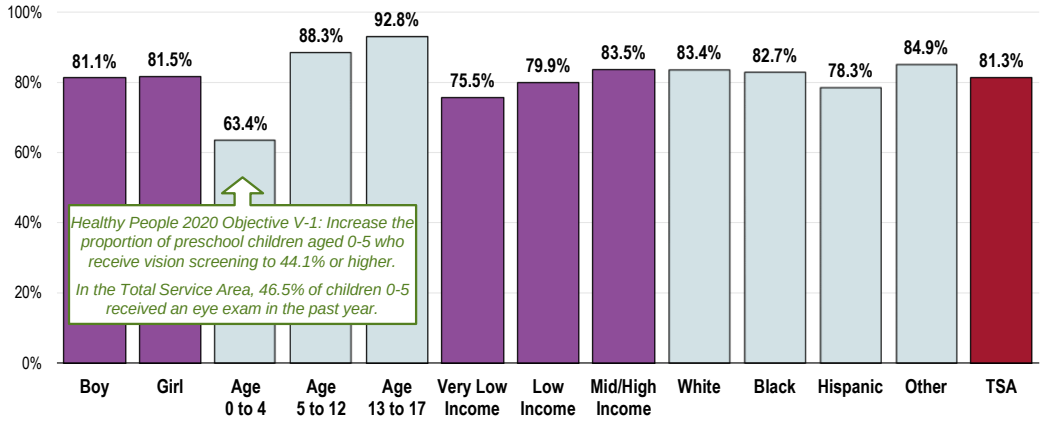


Sources: ● 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 38]
● 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents about a randomly selected child in the household.

- Children under age 5 are less likely to have received an eye exam in the **past 3 years** (note the positive correlation with age).
- However, the prevalence of Total Service Area children age 0 to 5 who have had an eye exam in the **past year** (46.5%) satisfies the Healthy People 2020 target (44.1% or higher) for their age group.

Child Had an Eye Exam in the Past Three Years

(Total Service Area, 2015)



Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 38]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective V-1]

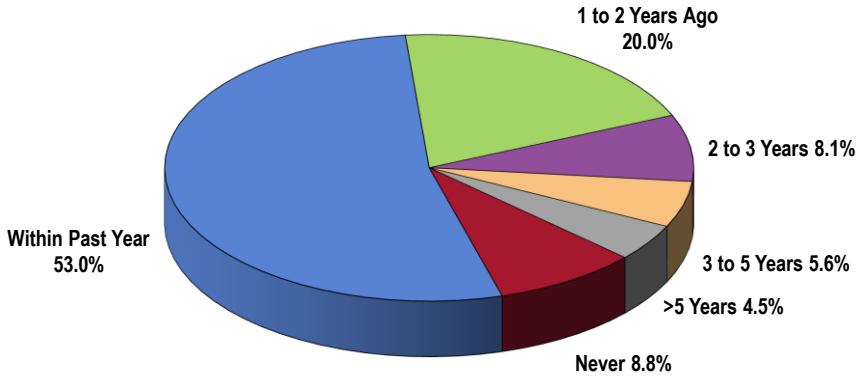
Notes:
- Asked of all respondents about a randomly selected child in the household.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Hearing Tests

Note that 8.8% of Total Service Area parents indicate that their child has never had a hearing test.

Child's Most Recent Hearing Test

(Total Service Area, 2015)



Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 40]

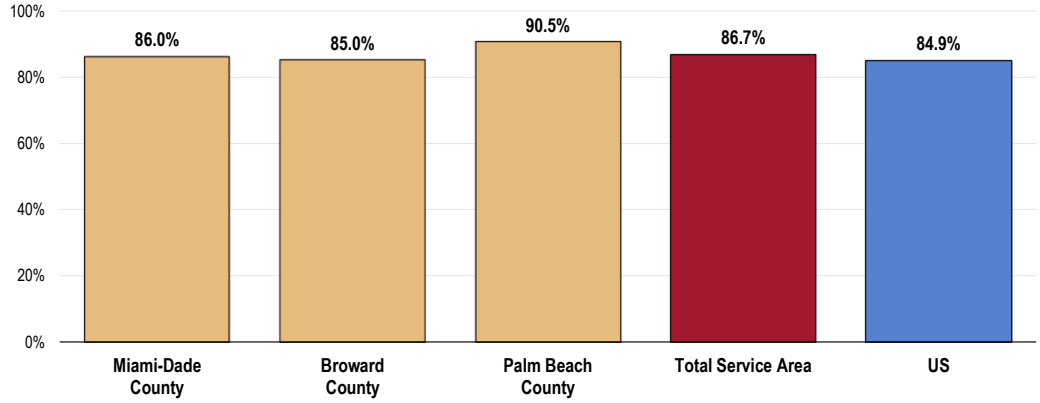
Notes:
- Asked of all respondents about a randomly selected child in the household.

On the other hand, 86.7% of Total Service Area children have had a hearing test within the past five years.

- Similar to US findings.
- Highest in Palm Beach County.

Child Had a Hearing Test in the Past Five Years

(Total Service Area, 2015)



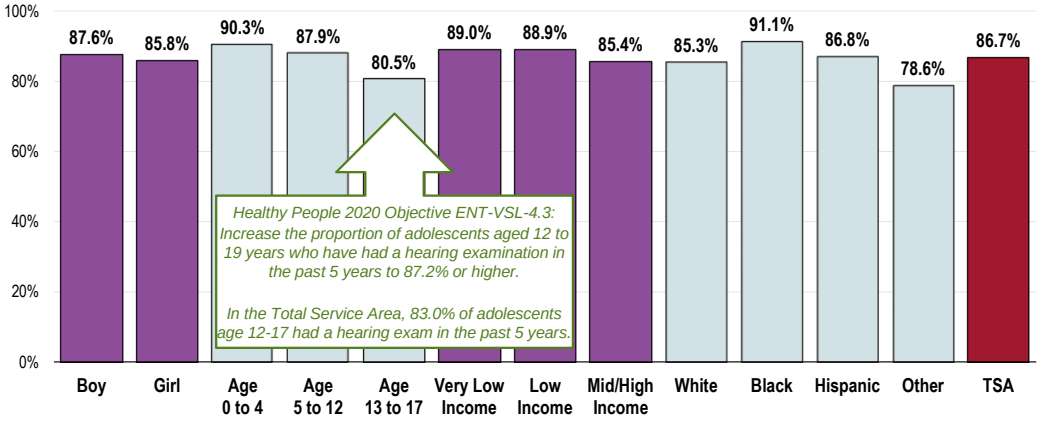
Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 40]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

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

- Children less likely to have received a hearing test in the past 5 years include older children (negative correlation with age) and "Other" race children.
- Note that the prevalence of hearing tests among Total Service Area adolescents age 12 to 17 (83.0%) fails to satisfy the Healthy People 2020 target (87.2% or higher) set for those age 12 to 19.

Child Had a Hearing Test in the Past Five Years

(Total Service Area, 2015)

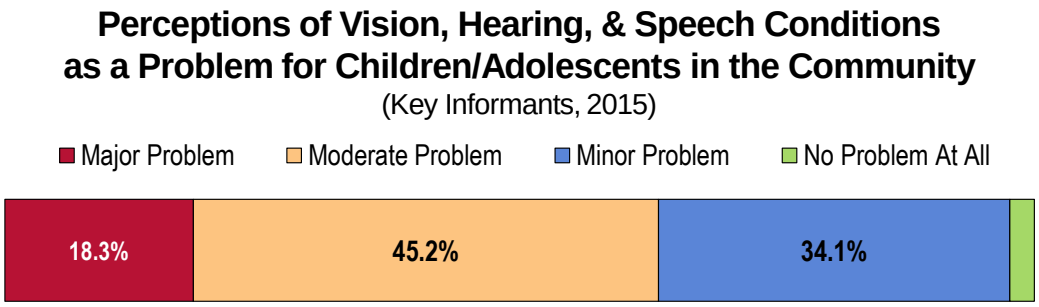


Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 40]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective ENT-VSL-4.3]

Notes:
- Asked of all respondents about a randomly selected child in the household.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Vision, Hearing, and Speech Conditions

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



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

Top Concerns

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

Cost/Insurance

Insurance coverage. Many plans do not cover these exams during regular care. - Physician

Lack of insurance coverage. Missed opportunities of early screening if no medical home. - Physician

This is essential; the insurance companies do not cover some services because the patient did not sign on to this. We have certain basic elements and three of them are most of the time not covered. If we help this patients getting proper screen and if the patient and the insurance covers we will be finding more problems and safe the families and specially the patient a lot of aggravations. - Physician

Financial limitations; cultural factors; access to appropriate medical assessment/care. - Other Health Provider

Affects Learning and Development

Very common now that children have speech delays. Young children are being identified as being behind in milestones, increased screen time is leading to decreased interaction with children and seems to be affecting methods of communication. Inadequate resources for audiology testing. Appointments take four to six months. – Physician

Significant burden for children in their learning. Poor school programs to address patients with these impediments. Poor access to hearing aids and very high cost. - Physician

Lack of Available Services

We suspect many children have visual defects and require evaluation by optometric which are being use by the managed care's Medicaid. They refuse to see patient under four years so there is a gap where we don't have what to evaluate children below four years and the ophthalmologist is expensive. Likewise when we need hearing evaluations. There is no audiologist available in our areas. – Physician

Audiology needs to be available. - Physician

Lack of Education

Lack of self-esteem to recognize the problem. - Physician

Lack of Screenings

> *Hearing: Every day, 33 infants are born with some degree of hearing loss. Without newborn screening the average child is identified at 12-25 months of age. Significant speech and language delay. Also negative impact in social and emotional growth. Vision, fourth most common disability in children and the leading cause of impaired conditions in childhood. Recent studies estimate that only 21% of all preschool children are screened for vision problems and only 14% receive a comprehensive vision exam. This also affects psychosocial development. Speech/language development could be associated to vision and hearing problems. It also could be an indication of other cognitive problems. – Physician*

Emergent & Urgent Care

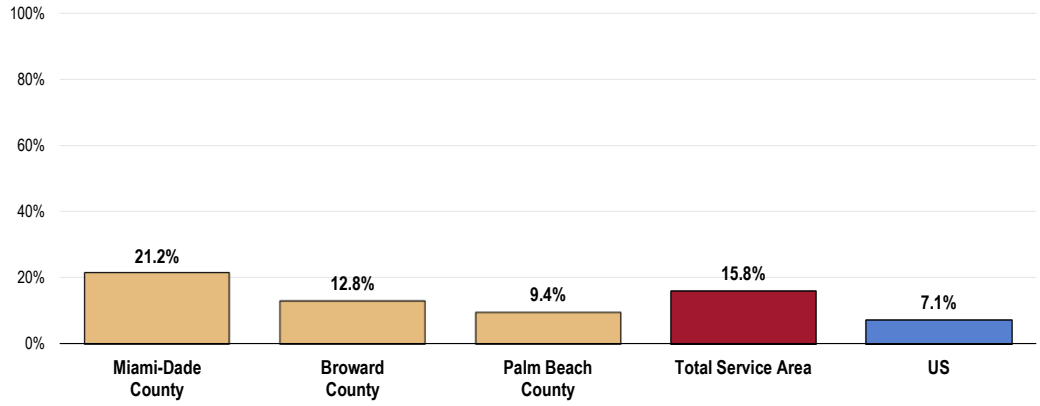
Emergency Room Utilization

A total of 15.8% of Total Service Area parents report taking their child to a hospital emergency room (ER) more than once in the past year.

- More than twice the US figure.
- High in Miami-Dade County; low in Broward and Palm Beach counties.

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

(Total Service Area, 2015)



Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 41]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

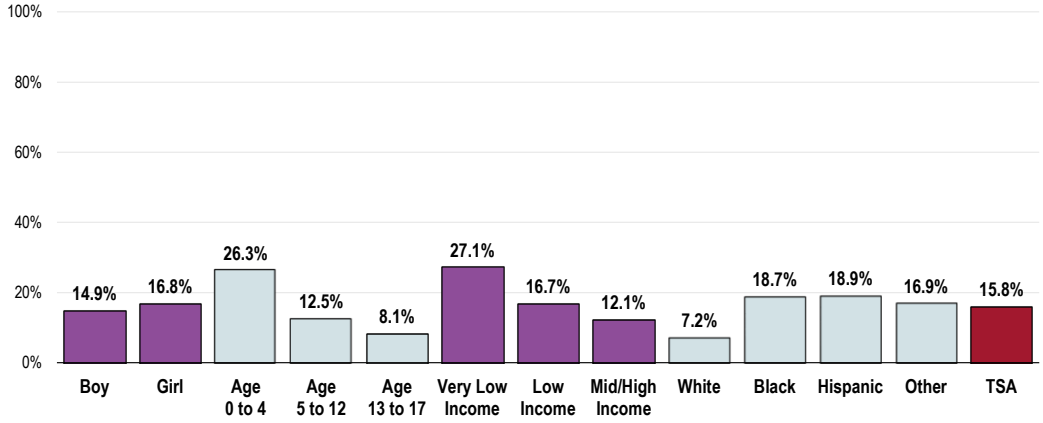
Notes:
- Asked of all respondents about a randomly selected child in the household.

Children more likely to have used a hospital emergency room for care more than once in the past year include:

- Younger children (negative correlation with age).
- Those in lower income households (negative correlation with income).
- Black or Hispanic children.

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

(Total Service Area, 2015)



Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 41]

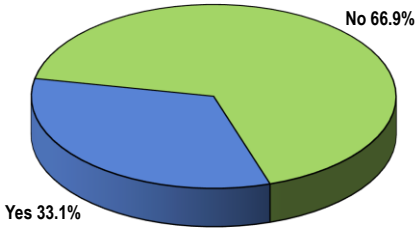
Notes:
- Asked of all respondents about a randomly selected child in the household.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Of those whose child used a hospital ER, 33.1% say the visit resulted in a hospital admission.

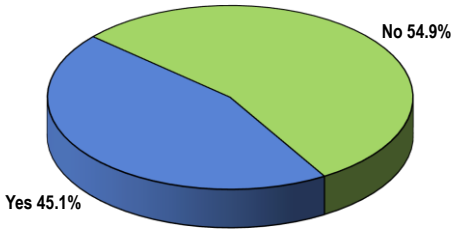
Of those whose child used a hospital ER and also have a primary care physician, 45.1% tried to reach the primary doctor before they took their child to the ER.

Emergency Room Visits

(Among Total Service Area Children With Any ER Visits in the Past Year, 2015)



ER Visit Resulted in a Hospital Admission



Parent tried to Contact Primary Care Physician Before Taking Child to ER
(Among Parents of Children with a Primary Care Doctor)

Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 42, 303]

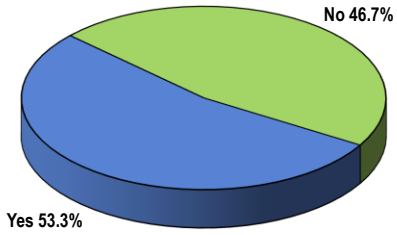
Notes:
- Asked of respondents for whom the randomly selected child in the household used a hospital ER in the past year.

Among Total Service Area parents of children with any ER visit in the past year, 53.3% say the visit was for something that might have been treated in a doctor's office.

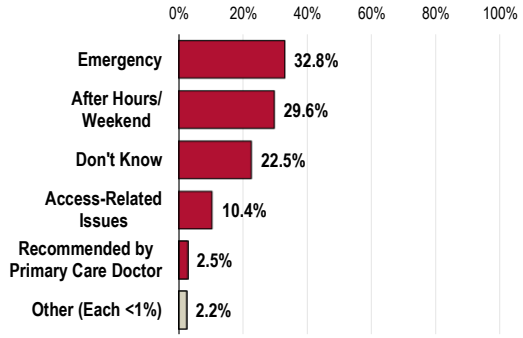
- Asked why they used a hospital ER for their child's care, 32.8% said the visit was to treat an actual **emergency situation** and 29.6% indicated that they needed the care **after hours or on the weekend**.
- Another 10.4% of Total Service Area parents took their child to a hospital ER in the past year because of **access-related issues**, and 2.5% were **recommended to use the ER by the child's primary care physician**.

Emergency Room Visits

(Among Total Service Area Children With Any ER Visits in the Past Year, 2015)



ER Visit Was for Something That Might Have Been Treated in a Doctor's Office



Reason for Using the Hospital ER Instead of a Doctor's Office or Clinic
(Among Those Responding "Yes" at Left)

Sources: • 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 43-44]
Notes: • Asked of respondents for whom the randomly selected child in the household used a hospital ER in the past year.

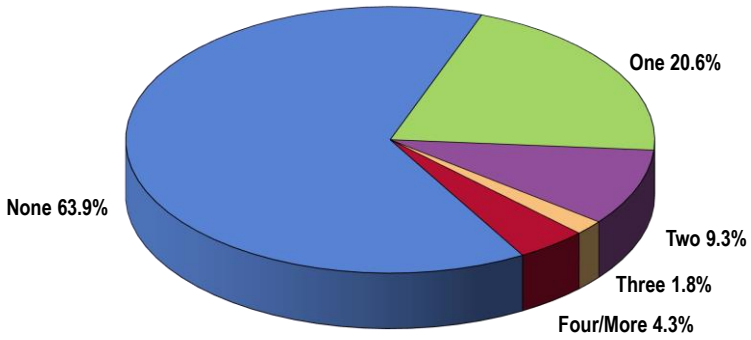
Urgent Care Centers/Walk-In Clinics

A total of 36.0% of Total Service Area children visited an urgent care center or other walk-in clinic at least once in the past year.

- The prevalence includes 6.1% of Total Service Area children who visited an urgent care center **3+ times** in the past year.

Number of Visits to an Urgent Care Center or Other Walk-in Clinic in the Past Year

(Total Service Area, 2015)

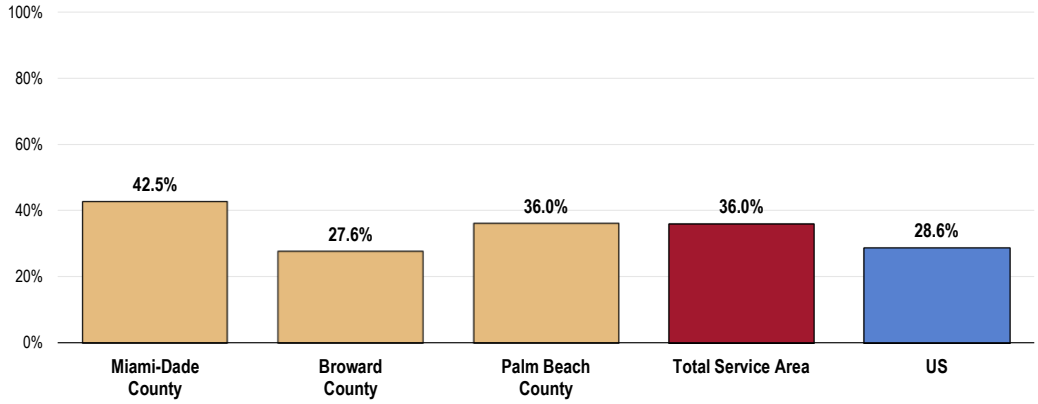


Sources: ● 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 45]
Notes: ● Asked of all respondents about a randomly selected child in the household.

- The prevalence of children using an urgent care clinic in the past year is higher than national findings.
- Highest in Miami-Dade County; lowest in Broward County.

Child Used an Urgent Care Center or Other Walk-In Clinic in the Past Year

(Total Service Area, 2015)



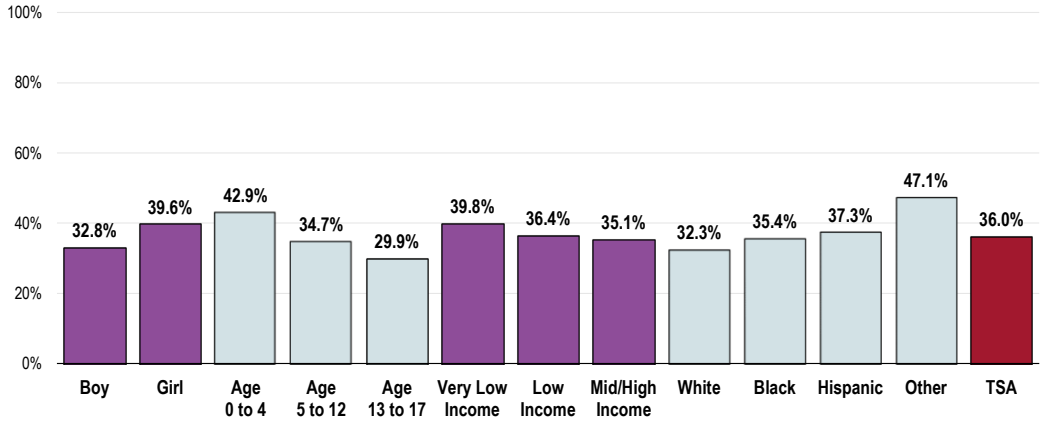
Sources: ● 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 45]
● 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents about a randomly selected child in the household.

Those more likely to have sought care at a walk-in clinic in the past year include:

- Girls.
- Children age 0 to 4 (note the negative correlation with age).
- "Other" race children.

Child Used an Urgent Care Center or Other Walk-In Clinic in the Past Year

(Total Service Area, 2015)



Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 45]

Notes:
- Asked of all respondents about a randomly selected child in the household.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Health Education & Outreach

Professional Research Consultants, Inc.

Health Education

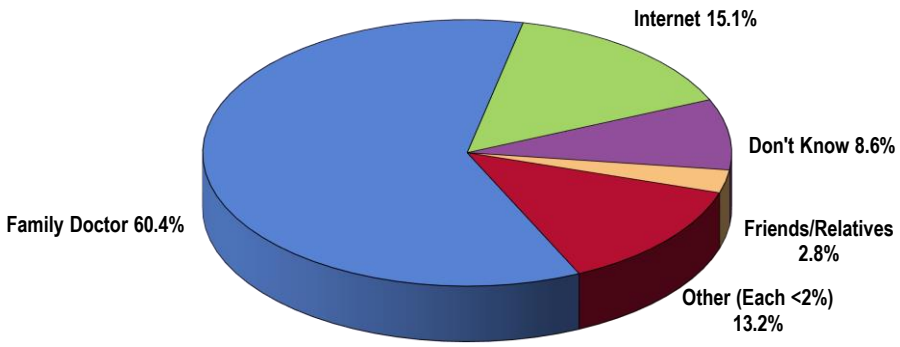
Primary Source of Healthcare Information

"Where do you get most of your healthcare information for this child?"

Family physicians are the primary source of children's healthcare information for 60.4% of Total Service Area parents.

- The **Internet** received the second-highest response, with 15.1%.

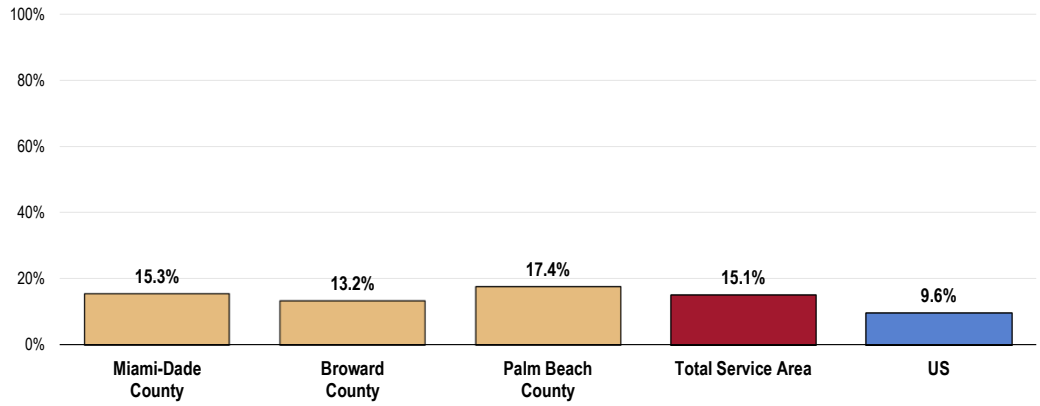
Primary Source of Healthcare Information for Child
(Total Service Area, 2015)



Sources: ● 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 138]
Notes: ● Asked of all respondents.

- The prevalence of Total Service Area parents who rely on the Internet as their primary source of healthcare information for their child is higher than US findings.
- Statistically similar by county.

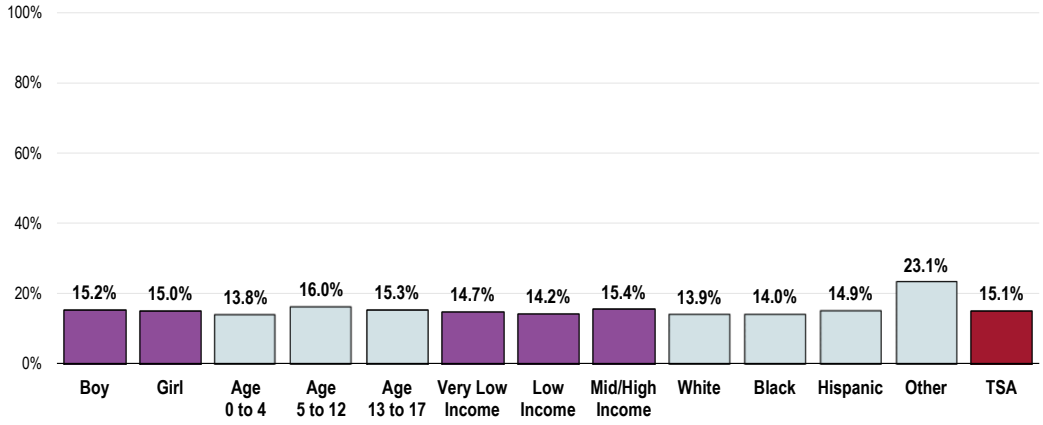
Internet Is the Primary Source of Healthcare Information
(Total Service Area, 2015)



Sources: ● 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 138]
● 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

- The proportion of parents who rely on the Internet for healthcare information, though high in those with "Other" race children, is not statistically different when viewed by child's demographic characteristics.

Internet Is the Primary Source of Healthcare Information
(Total Service Area, 2015)



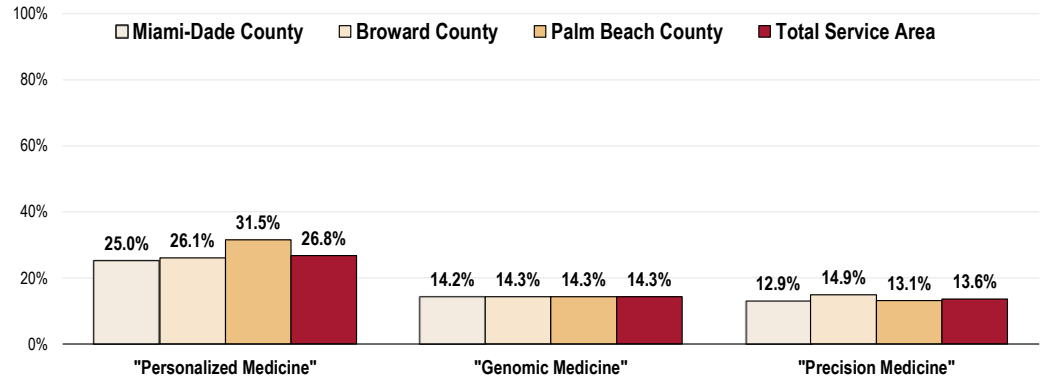
Sources: ● 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 138]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Awareness of Personalized Medicine Concept

In the Total Service Area, 26.8% of parents have heard or read the term "personalized medicine", 14.3% recognize the term "genomic medicine", and 13.6% have been presented with the term "precision medicine" at some point.

- For each term, statistically similar results were found among the three counties.

Have Heard or Read the Following Word
(Total Service Area, 2015)



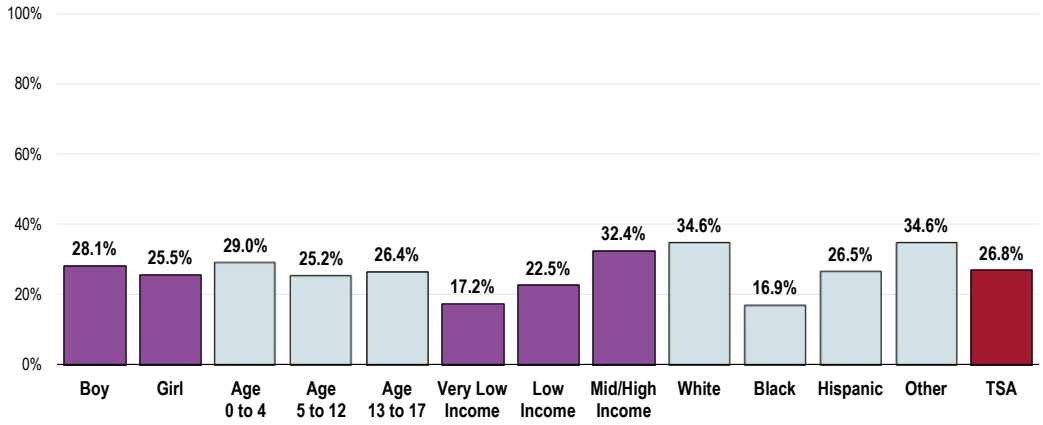
Sources: ● 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 316-318]
Notes: ● Asked of all respondents.

Parents more likely to have recognized the term “personalized medicine” include:

- Those living at higher income levels (positive correlation with income).
- Those with White or “Other” race children.

Parent Recognizes the Term "Personalized Medicine"

(Total Service Area, 2015)



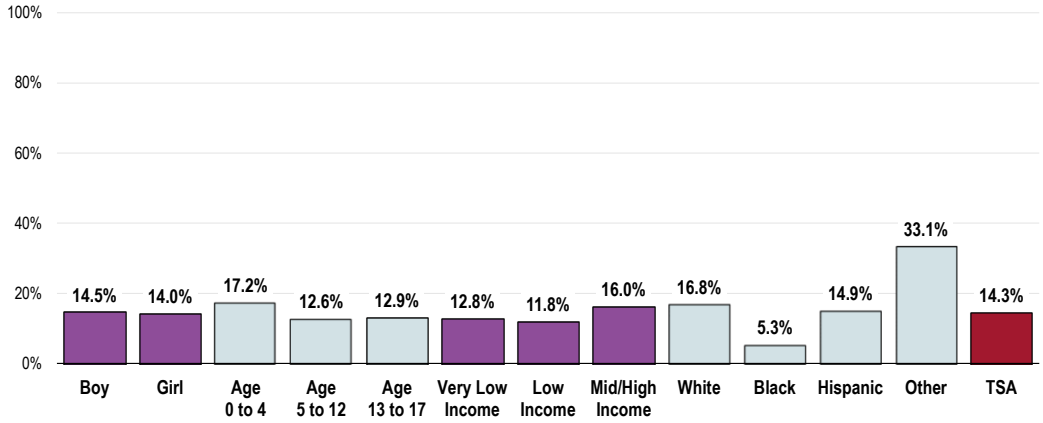
Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 316]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households with incomes below 100% of the federal poverty level; “Low Income” includes households with incomes between 100% and 199% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

- Recognition of the term “genomic medicine” was highest among parents of “Other” race children, but lowest among parents of Black children.

Parent Recognizes the Term "Genomic Medicine"

(Total Service Area, 2015)



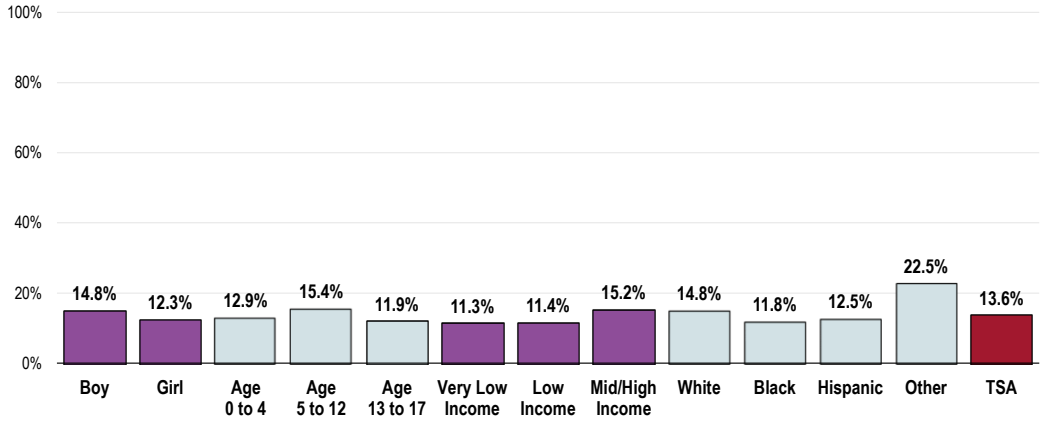
Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 318]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households with incomes below 100% of the federal poverty level; “Low Income” includes households with incomes between 100% and 199% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

- Despite the high response reported among parents of "Other" race children, there is no statistical difference among demographic groups in recognition of the term "precision medicine".

Parent Recognizes the Term "Precision Medicine"

(Total Service Area, 2015)



Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 317]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

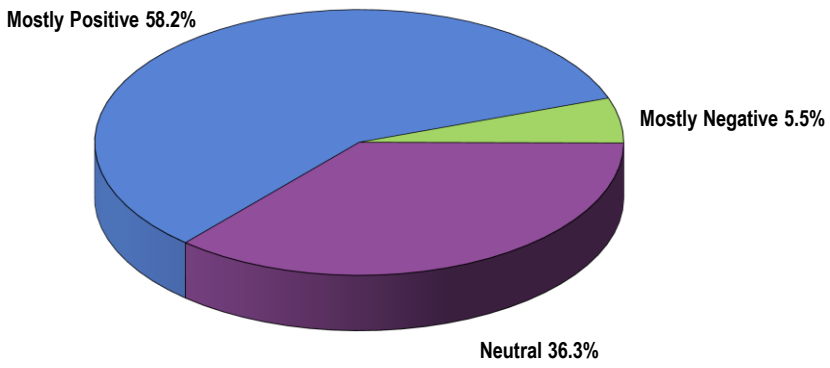
Most respondents (58.2%) reacted positively when read a description of personalized or precision medicine.

- 36.3% reported a neutral response.
- Only 5.5% reported a mostly negative reaction to the description.

Respondents were read the following description: Personalized or precision medicine is an emerging field that uses diagnostic tools to identify specific biological markers, often genetic, to help determine which medical treatments and procedures will be best for each patient. By combining this information with an individual's medical records and circumstances, personalized or precision medicine allows doctors and patients to develop targeted prevention and treatment plans. The goal is to provide the right treatment at the right dose to the right patient at the right time.

Reaction to Description of Personalized or Precision Medicine

(Total Service Area, 2015)



Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 319]

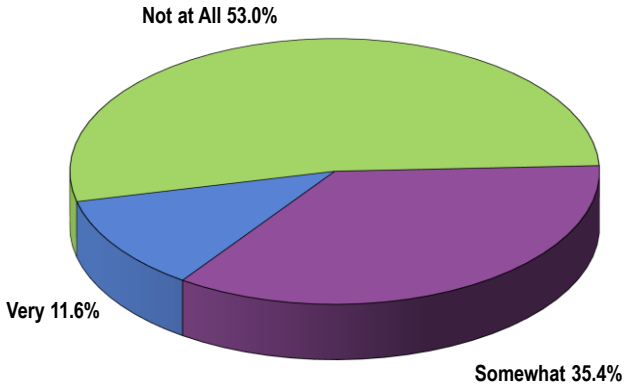
Notes:
- Asked of all respondents.
- Respondents were read the following description: Personalized or precision medicine is an emerging field that uses diagnostic tools to identify specific biological markers, often genetic, to help determine which medical treatments and procedures will be best for each patient. By combining this information with an individual's medical records and circumstances, personalized or precision medicine allows doctors and patients to develop targeted prevention and treatment plans. The goal is to provide the right treatment at the right dose to the right patient at the right time.

Likely Participation in Clinical Research Trials

Of Total Service Area parents, 11.6% would be very likely to allow their child to participate in a clinical research trial.

- 35.4% would be somewhat likely.

Likelihood of Allowing Child to be in a Clinical Research Trial
(Total Service Area Parents, 2015)

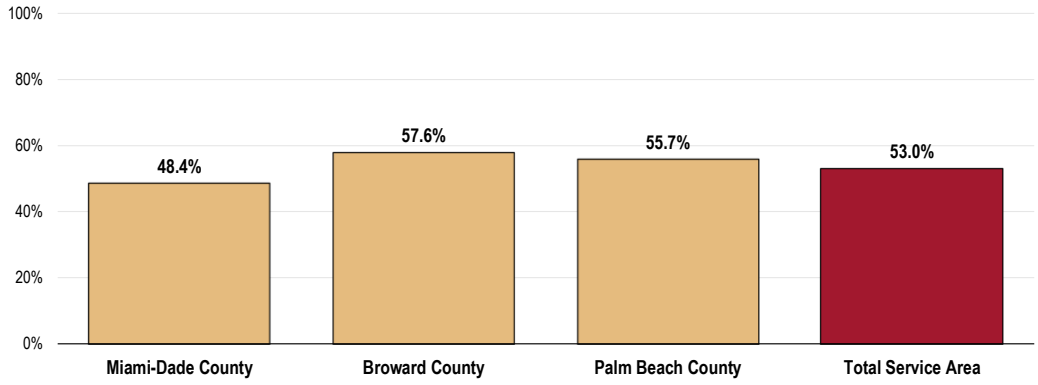


Sources: ● 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 311]
Notes: ● Asked of all respondents about a randomly selected child in the household.

Still, the majority (53.0%) would be not at all likely to let their child be in a clinical research trial.

- Parents in Broward County have the highest proportion of "not at all likely" responses; Miami-Dade County parents maintain the lowest proportion.

Parents Not at All Likely to Allow Child into a Clinical Research Trial
(Total Service Area, 2015)

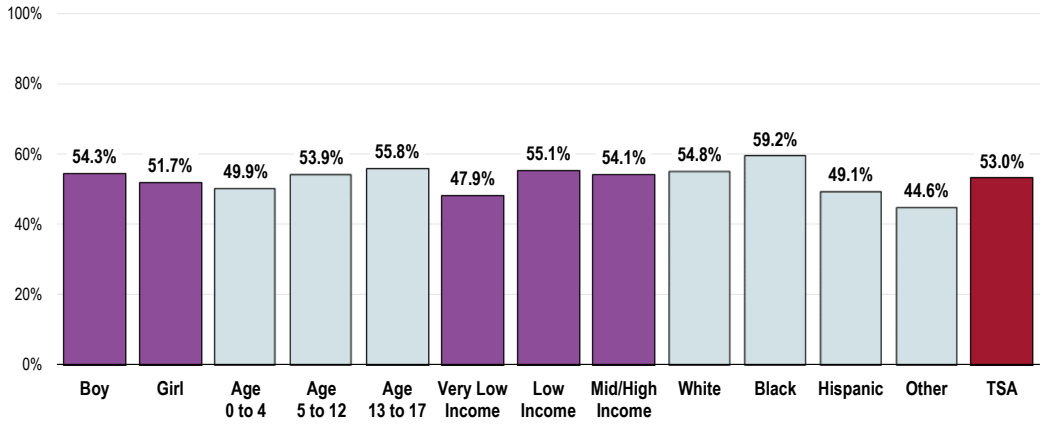


Sources: ● 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 311].
Notes: ● Asked of all respondents about a randomly selected child in the household.

- Parents of Black children are more likely to oppose the participation of their child in a clinical research trial.

Parents Not at All Likely to Allow Child into a Clinical Research Trial

(Total Service Area, 2015)



Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 311]

Notes:
- Asked of all respondents about a randomly selected child in the household.
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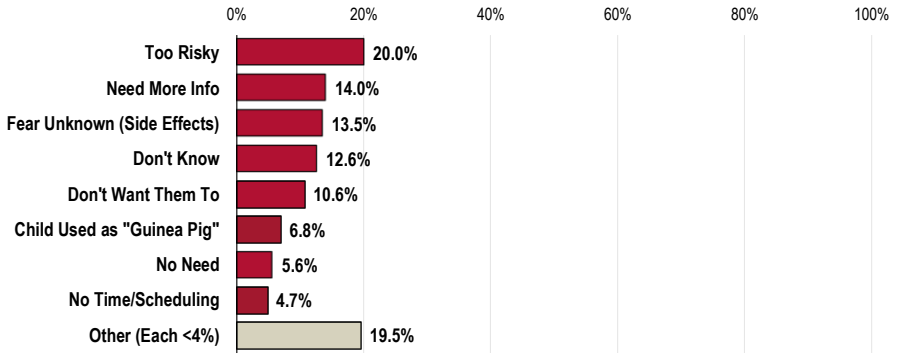
Parents who were "somewhat" or "not at all likely" to allow their child into a clinical research trial were then asked to give the main reason for their stance. The largest share reasoned that it was **too risky** (20.0%), followed by those who would need **more information about the study** (14.0%), and parents who **feared the unknown factors** like side effects (13.5%). Less frequent reasons included just **not wanting them to** (10.6%), not wanting their **child to be a "guinea pig"** (6.8%), **no need** (5.6%), and **no time** (4.7%).

Main Reason to Not Allow Child in a Clinical Research Trial

(Among Parents Somewhat or Not at All Likely to Allow Child into a Trial)



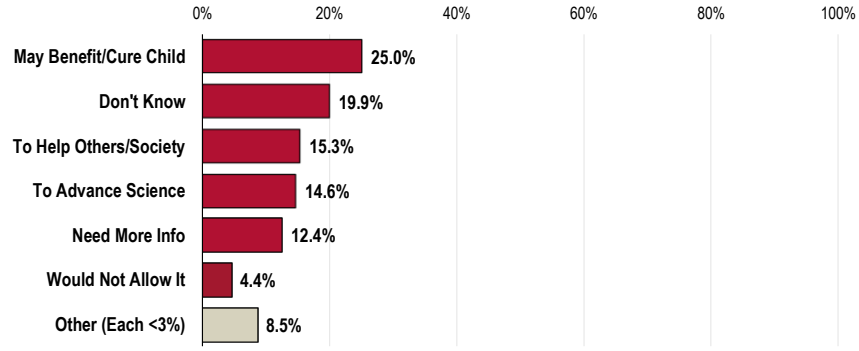
Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 312]

Notes:
- Asked of all respondents who were "somewhat" or "very" likely to allow their child to participate in a clinical research trial.

Among parents "somewhat" or "very" likely to allow their child to participate, reasons included the possibility of **curing/benefitting the child** (25.0%), **helping others and society** as a whole (15.3%), and **advancing science** (14.6%). Yet 12.4% of parents state that they would **need more information about the study** and 4.4% reversed their position and said they would **not let their child participate** after all.

Main Reason to Allow Child in a Clinical Research Trial

(Among Parents Somewhat or Very Likely to Allow Child into a Trial)



Sources: ● 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 313]
Notes: ● Asked of all respondents who were "somewhat" or "not at all" likely to allow their child to participate in a clinical research trial.

Access to Technology

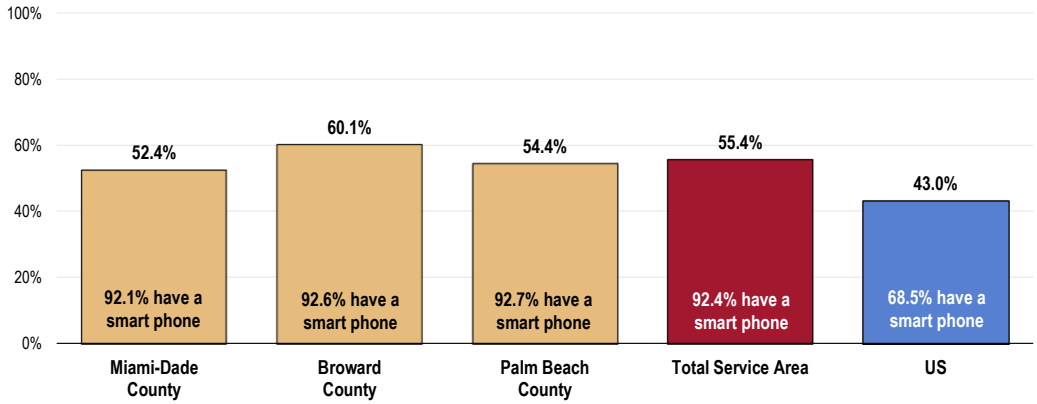
Children with Cellphones

Among parents of school-age children, over one-half (55.4%) indicates that their child has his/her own cell phone. Of these children, a full 92.4% have a smart phone, on which he/she can download apps or games and visit social media sites.

- Considerably higher than the national proportion.
- The prevalence of children with cell phones does not vary significantly by county.

Child Has Own Cell Phone

(Total Service Area Children Age 5-17, 2015)



Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 147-148]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

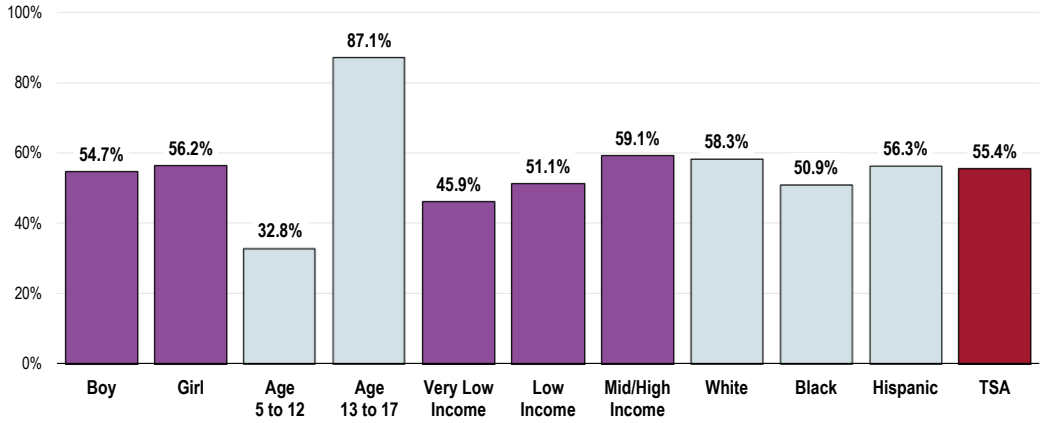
Notes:
- Asked of all respondents for whom the randomly selected child in the household is age 5-17.

Note the following:

- Prevalence among Total Service Area teens increases to 87.1%.
- Apart from child's age, other child demographic breakouts exhibit statistically similar proportions of those with cellphones.

Child Has Own Cell Phone

(Total Service Area Children Age 5-17, 2015)



Sources:
- 2015 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 147]

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

Professional Research Consultants, Inc.

Resources Available to Address the Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) available to address the significant health needs identified in this report. This list is not exhaustive, but rather outlines those resources identified in the course of conducting this Child & Adolescent Health Needs Assessment.

Access to Healthcare Services

- 2-1-1
- ABA Therapy Centers
- AHEC Primary Care
- All Children's Hospital - St. Pete
- Baptist Hospital
- Broward Health
- Broward Regional Health Planning Council
- Camillus House
- Caridad Center
- Catalyst Miami
- CHI
- Children's Services Council
- Children's Trust
- Citrus Health Network
- Clinics
- Community Mobile Services
- Community Physicians
- Community Programs
- County Government
- Department of Children and Families
- FAU Diabetes Education and Research Center
- Federally Qualified Health Centers
- Florida Department of Health, Palm Beach County
- Florida KidCare
- FoundCare
- Federally-Qualified Health Centers (FQHC's)
- Golisano Children's Hospital
- Health Care District
- Health Care District of Palm Beach County
- Health Departments and Local Hospitals
- Health Foundation of South Florida
- Healthcare Network of Collier County
- Hospitals
- Institute for Child & Family Health (ICFH)
- Jackson Memorial Hospital
- Joe DiMaggio Children's Hospital
- Learning Centers
- Medicaid KidCare
- Memorial Hospital System
- Miami Health Systems
- Nicklaus Children's Hospital (Miami Children's Hospital)
- NOVA Dental College for Oral Health
- OPP Pharmacy Collaboration
- Palms West
- Project Access
- Schools
- St. Mary's Hospital
- Take Stock in Children
- Telemedicine
- The Children's Movement
- Training Programs
- United Way
- University of Miami
- Urgent Care Center
- Walk in Clinics

Allergies

- Allergy Office at the Hospital
- Allergy and Immunology Centers
- American Lung Association
- Asthma and Allergy Centers
- Baptist Hospital
- Clinics
- Community Pediatricians
- Community Physicians
- Educational Resources
- Emergency Rooms
- Florida Allergy
- Florida Health Palm Beach County
- Health Care District of Palm Beach County
- Health Department
- Hospitals and Providers
- Information Provided to Families
- Jackson Memorial Hospital
- JMC and Palm Beach Gardens
- Joe DiMaggio Children's Hospital
- Nicklaus Children's Hospital (Miami Children's Hospital)
- Open Airways for Schools
- Parental Involvement
- Primary Care Physicians
- Private Providers
- School District of PBC
- Schools
- Urgent Care Center
- WIC

Asthma and Other Respiratory Conditions

- Allergy and Immunology Centers
- American Academy of Pediatrics (AAP)
- American Lung Association
- Asthma and Allergy Centers
- Clinics
- Centers for Medicare & Medicaid Services (CMS)
- Community Pediatricians
- Emergency Rooms
- Evidence-Based Programs, Physician Driven
- Golisano Children's Hospital
- Health Department
- Hospitals
- Internet Programs
- Jackson Memorial Hospital
- Joe DiMaggio Children's Hospital
- Medication Management
- Nicklaus Children's Hospital (Miami Children's Hospital)
- Palm Beach County Agricultural Extension Agents
- Pathways and Guidelines, Including CPOEs
- Pediatric Hospitals
- pollen.com
- Primary Care Physicians
- Private Providers
- Schools
- Urgent Care Center

Bone, Joint, and Muscle Conditions

- Baptist Hospital
- Jackson Memorial Hospital
- Nicklaus Children's Hospital (Miami Children's Hospital)
- Private Providers

Cancer

- All Children's Specialists
- American Cancer Society
- Baptist Children's Hospital
- Baptist Hospital
- Cancer Centers
- Emergency Rooms
- Golisano Children's Hospital
- Health Care Facilities
- Holtz Children's Hospital

- Hospitals
- Jackson Memorial Hospital
- Joe DiMaggio Children's Hospital
- Nicklaus Children's Hospital (Miami Children's Hospital)
- Primary Care Physicians
- Schools
- St. Jude Children's Cancer Institute
- Sylvester Cancer Center

Cognitive and Behavioral Conditions

- ABA Therapy Centers
- Autism Navigator
- Autism Society of Florida
- Autism Society of Miami
- Autism Speaks
- Baker Act, Marchman Act, Guardian Ad Litem
- Banyan Health
- Baptist Hospital
- Center for Autism and Related Disabilities
- Center for Pediatric Therapy
- CHI
- Children's Hospital
- Children's Services Council
- Children's Trust
- Citrus Health Network
- Community Mental Health Centers
- Community Physicians
- Community Programs
- Dade County Public Schools
- Dan Marino Center
- David Lawrence Center
- Early Intervention Programs
- Early Steps
- Embrace
- Family Counseling Services
- FDLRS (Florida Diagnostic and Learning Resources System)
- FIU (Florida International University)
- FIU (Florida International University) Psychology
- Head Start
- Health Department
- Hospitals
- HUGS Program
- Jackson Memorial Hospital
- Joe DiMaggio Children's Hospital
- Larkin Psychiatric Department
- Mailman Center
- Mental Health Facilities
- Miami Behavioral Center
- Nicklaus Children's Hospital (Miami Children's Hospital)
- Neurology
- Nicklaus Children's Hospital
- NOVA University
- Parent to Parent
- Pediatric Hospitals
- Physician Specialty Care
- Private Providers
- Private Resources
- Psychsolutions
- Schools
- SFACS (South Florida Autism Charter Schools)
- Social Workers
- South Miami Child Development Center
- University of Miami

Diabetes

- American Diabetes Association
- Baptist Children's Hospital
- Baptist Hospital
- Caridad Center
- Community Pediatricians
- Community Physicians
- Community Programs
- Diabetes Coalition of PBC
- Diabetes Specialty Care Centers

- Emergency Rooms
- FAU Diabetes Education and Research Center
- Fit to Play Program
- FoundCare
- Health Care District of Palm Beach County
- Health Department
- Healthy Chicas
- Holtz Children's Hospital
- Hospitals
- Jackson Memorial Hospital
- Joe DiMaggio Children's Hospital
- Jupiter Medical Center
- Lee Physician Group
- Media and Web Based Education
- Nicklaus Children's Hospital (Miami Children's Hospital)
- Nutritionists
- Pediatric Medical Centers
- Physician Specialty Care
- Primary Care Physicians
- University of Miami
- Weight Management Program

Digestive Health

- Baptist Hospital
- Community Pediatricians
- Department of Health
- Jackson Memorial Hospital
- Nicklaus Children's Hospital (Miami Children's Hospital)
- Nutritionists

Health Disparities

- 2-1-1
- Broward Regional Health Planning Council
- Camillus House
- Career Source and Workforce One
- Center for Disease Control and Prevention
- Children's Issue Consortium
- Children's Services Council
- Children's Trust
- Clinics
- Common Threads
- Community Health Centers
- Community Health of South Florida
- Consortium for a Healthier Miami Dade
- County Government
- Early Steps
- El Sol Jupiter Neighborhood Resource Center
- Emergency Rooms
- Family
- Federally Qualified Health Centers
- FLIPANY (Florida Introduces Physical Activity and Nutrition to Youth)
- Florida CHAIN
- Health Department
- Health Foundation of South Florida
- Healthcare Network of Collier County
- Hospitals
- Jackson Memorial Hospital
- Jackson Memorial Hospital - Injury Prevention Coalition
- Jasmine Project
- Limestone Creek Community Group
- Miami Dade Area Health Education Center
- Miami Dade Public Schools
- Nicklaus Children's Hospital (Miami Children's Hospital)
- Promotoras de Salud
- Public Health
- Redlands Christian Migrant Association
- Safe Kids Miami-Dade County

Coalition
- Schools
- Social Workers
- Take Stock in Children
- Translators
- United Way
- Urgent Care Center
- YMCA

Infant Health

- 2-1-1
- Birthing Centers
- Broward Health
- Children's Hospital
- Children's Services Council
- Children's Trust
- Clinics
- Early Intervention Programs
- Emergency Rooms
- Florida KidCare
- Gathering Place
- Golisano Children's Hospital
- Health Department
- Health Start
- Healthy Mothers, Healthy Babies Coalition
- Healthy Steps
- Hospitals
- Jasmine Project
- March of Dimes
- Medicaid
- Memorial Hospital System
- Miami Maternity Center
- Naples Community Hospital NICU
- Nutritional/Feeding Programs
- Pediatric Hospitals
- Private Providers
- Schools
- State Protective Services and Child Protection Team
- United Way
- WIC

Injury & Violence

- Amigos for Kids
- Bright Futures
- Child Protection Team at Jackson Memorial Hospital
- Child Protective Services
- Community Programs
- Congress Woman Fredrica Wilson
- Connect Familias
- County Commission
- Department of Children and Families
- Drowning Prevention Coalition
- Family
- Family and Individual Counseling Centers
- Government
- Health Foundation of South Florida
- Hospitals
- Jackson Memorial Hospital - Injury Prevention Coalition
- Jessie Trice Community Health Center
- Juvenile Assessment Center (JAC)
- Leaders
- Legal/Court System
- Miami Children's Initiative
- Miami Dade Police Department
- Nicklaus Children's Hospital
- Non-Violence Project
- Poison Control Center
- Police Department
- Private Providers
- Safe Kids Miami-Dade County Coalition
- Schools
- Social Workers
- TIPP
- Urban League

Mental and Emotional Health

- 2-1-1
- Adolescent Medicine Departments/Programs
- American Association of Caregiving Youth
- Amigos for Kids
- Banyan Health
- Baptist Hospital
- Broward Health
- Camp Erin South Florida
- Care Center
- Center for Family and Child Enrichment
- CHI
- Children's Diagnostic Center
- Children's Hospital
- Children's Trust
- Chrysalis Health
- Citrus Health Network
- Community Mental Health Centers
- Community Programs
- David Lawrence Center
- Department of Children and Families
- Emergency Rooms
- Family
- Family and Children's Services Department
- Family Counseling Services
- Family Counseling Services of Greater Miami
- Henderson Health Center
- Holtz Children's Hospital
- Hospitals
- HUGS Program
- Jackson Memorial Hospital
- Mailman Center
- Memorial Hospital System
- Mental Health Association
- Mental Health Association of PBC
- Miami Behavioral Center
- Nicklaus Children's Hospital (Miami Children's Hospital)
- Miami-Dade College
- Neurology
- Nicklaus Children's Hospital
- Outpatient Psychology Services
- Parent to Parent
- Primary Care Physicians
- Private Providers
- Private Resources
- Psychiatric Hospitals
- Psychsolutions
- Residential Programs
- School District of PBC
- Schools
- Social Workers
- Substance Use/Abuse Programs
- Support Groups
- Switchboard of Miami
- University of Miami
- West Palm Beach Hospital Behavioral Health Services

Neurological Conditions

- CHI
- Emergency Rooms
- Epilepsy Foundation of Florida
- Family and Individual Counseling Centers
- Federally Qualified Health Centers
- Florida High School Athletic Association
- Hospitals
- Media and Web Based Education
- Neurology
- Nicklaus Children's Hospital (Miami Children's Hospital)
- Outpatient Medical, OT, PT, Speech and Language
- Parent to Parent

- Schools
- Tilikids
- University of Miami

Nutrition, Physical Activity and Weight

- Boys and Girls Club
- Broward Regional Health Planning Council
- Carlin Park
- Children's Services Council
- Children's Trust
- Community Programs
- Consortium for a Healthier Miami Dade
- County Government
- Dietitian Services
- Family and Individual Counseling Centers
- Federally Qualified Health Centers
- FIU (Florida International University)
- FLIPANY (Florida Introduces Physical Activity and Nutrition to Youth)
- Free Events Promoting Nutrition and Physical Activity
- Health Department
- Healthy Chicas
- Hospitals
- Jackson Memorial Hospital
- JCC (Jewish Community Center)
- Jupiter Medical Center
- Mailman Center
- MDCPS (Miami-Dade County Public Schools)
- Media and Web Based Education
- Memorial Hospital System
- Miami-Dade County Parks and Recreation
- Nicklaus Children's Hospital (Miami Children's Hospital)
- Nutritionists
- Obesity Programs
- Parks and Recreation
- Private Providers
- Renfrew Center
- Schools
- Social Workers
- Specialized Exercise Programs for Adolescents
- United Way
- Vicky Hatch Nutrition Center
- Weight Management Program
- WIC
- YMCA

Oral Health/Dental Care

- Caridad Center
- Colgate
- Department of Health Dental Van/Clinic
- Doral Dental Office
- Federally Qualified Health Centers
- Florida Health Palm Beach County
- Florida Healthy Kids
- Florida KidCare
- Medicaid
- Miami Beach Community Health Center
- Nicklaus Children's Hospital
- PBC Oral Health Coalition
- Private Providers
- Provide Varnish to Children of One to Three Years Old
- Rural Health
- Seals on Wheels
- Smile Program
- UF Hialeah Dental Clinic
- University of Miami

Sexual Health

- Adolescent Medicine Departments/Programs

- Community Programs
- Family
- Health Department
- Hospitals
- Jackson Memorial Hospital
- Media and Web Based Education
- Nicklaus Children's Hospital (Miami Children's Hospital)
- Planned Parenthood
- Private Providers
- Public Health
- Schools
- University of Miami
- Woman Kind

Substance Abuse

- Banyan Health
- Broward Sheriff's Office
- CHI
- Community Programs
- Drug Free Youth In Town (DEFYIT)
- Here's Help
- Hospitals
- Jackson Memorial Hospital
- Jerome Center
- Jessie Trice Community Health Center
- Media and Web Based Education
- New Horizon
- Nicklaus Children's Hospital (Miami Children's Hospital)
- Outpatient Treatment Centers
- Primary Care Physicians
- Private Resources
- Re-entry
- Rehab Facilities
- Residential Treatment Centers
- Schools
- South Miami Hospital
- Starting Place
- Teen Treatment Center
- The Village
- United Way

Tobacco Use

- Baptist Health
- CHI
- Florida State Quit Line
- Health Department
- Hospitals
- Jackson Memorial Hospital
- Media and Web Based Education
- Nicklaus Children's Hospital (Miami Children's Hospital)
- Schools
- Smoking Cessation Programs
- Tobacco Free Florida

Vision, Hearing, and Speech Conditions

- Baptist Health
- CHI
- Children's Hospital
- Clinics
- Early Intervention Programs
- Early Steps
- ENT (Ear, Nose, and Throat) of South Florida
- Health Screenings
- Hospitals
- Jackson Memorial Hospital
- Media and Web Based Education
- Neurology
- Nicklaus Children's Hospital (Miami Children's Hospital)
- Private Providers
- Private Resources
- Programs Serving Deaf Children
- Schools
- Universal Hearing Screen
- University of Miami