

# Indian River County Community Health Assessment

May 2012







*Indian River County Health Department*

*Working together to promote, protect and improve the health of all people in Florida!*



**Indian River County Community Health Assessment  
May 2012**



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Boys & Girls Clubs of Indian River County	Our House Network
County Of Indian River Sheriff's Office	211 Palm Beach/Treasure Coast
Economic Opportunities Council of Indian River County	School District of Indian River County
E. O.C. Head Start of Indian River County	St. Lucie County Health Department
Florida Department of Children and Families	The Indian River County Health Department
Gifford Youth Activity Center	The Redland Migrant Center Association
Indian River County Healthy Start Coalition	Treasure Coast Community Health, Inc.
Indian River County Hospital District	United Way of Indian River County
Indian River County Medical Society	Visiting Nurses Association
Mental Health Association in Indian River County	

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## EXECUTIVE SUMMARY

A community health needs assessment is a systematic method of identifying unmet health care and human service needs of a population and identifying possible interventions to meet those needs. In 2011, the Indian River County Health Department engaged the Health Council of Southeast Florida to facilitate a comprehensive, county-wide health needs assessment for Indian River County.

This community health needs assessment provided the opportunity to:

- Assess the population's health status
- Highlight areas of unmet need
- Present the community's perspectives
- Provide suggestions for possible interventions
- Highlight recommendations that policymakers might consider when setting new policy goals and objectives for health improvement activities

The report includes secondary data from national, state and local databases and when appropriate and possible, comparative information is presented. It also includes primary data that encompasses the community's perspective.

The assessment is organized into five sections:

1. Demographic and Socioeconomic Profile
2. Health Status Profile
3. Health Resource Access and Availability Profile
4. Community Perspective (including the Local Public Health System Assessment)
5. Key Issues and Recommendations

### Demographic and Socioeconomic Profile

This section provides information on a number of key demographic, social and economic indicators such as population presented by various cohorts, e.g., age bands, gender and race, income, estimates of poverty, educational attainment, employment, housing and transportation.

Key findings include:

- Residents of the county account for .73% of Florida's total population
- The highest proportion of the population is in the 60-64 year old range
- Nearly a third of the residents are 62 years or older
- The county has a higher percentage of individuals who identify as White (84.3%) than Florida as a whole
- The segment of the population 85 and older is projected to grow more from 2000-1015 than other groups

- Poverty rates are higher among individuals under 18
- Per capita income is higher than Florida as a whole
- High school graduation rates have increased in the past decade
- Unemployment has risen and is 3<sup>rd</sup> highest in the state
- Health care and social assistance industry employs the greatest number of individuals
- Public assistance usage including food stamps, cash assistance and Medicaid has increased
- Foreclosure rate in the county is classified as 'high'
- Violent crimes have decreased in the past fifteen years

### Health Status Profile

This section profiles the health status of the community and includes data on various indicators of maternal and child health, such as prenatal care access, birth rates, infant mortality, child immunization rates; behavioral health, including domestic violence, alcohol consumption, and violence and injury; hospital utilization data; and morbidity and mortality trends as reflected by data on chronic diseases, infectious diseases, and leading causes of death.

Key Findings include:

Maternal & Child Health Indicators:

- Birth rates are highest to mothers 20-29 years of age
- 72.3% of births have 'adequate' prenatal care
- The birth rate is lower in the county than in Florida as a whole
- Immunizations in kindergarten were lower in 2010 than the previous two years

Behavioral Health Indicators:

- The rate of psychiatric beds per person is higher than in Florida as a whole
- Youth alcohol and illicit drug use in the past 30 days was reported to be nearly 40%

Hospital Utilization Indicators:

- There are three hospitals and 551 licensed beds in the county
- Hospital occupancy averaged 52.6%
- There are six nursing homes and 645 beds in the county
- Nursing home occupancy averaged 92%
- 'Normal newborn' was the top diagnosis related group (DRG) for county residents
- 'Rehabilitations with complications and comorbidities/major complications and comorbidities' was the top DRG at Indian River hospitals

### Morbidity and Mortality Indicators:

- Males in the county reported more heart attacks, angina or coronary heart disease
- Hospitalizations due to stroke are greater in the county than in Florida as a whole
- Hospitalizations from chronic lower respiratory disease are lower in the county than in Florida as a whole
- Cancer incidence is over 35% greater than Florida
- Obesity rates in the county are 15<sup>th</sup> lowest of the 67 counties
- Sexually transmitted infection rates are lower in the county than in Florida
- Cancer is the leading cause of death accounting for 26.7% of deaths
- Heart disease is the second leading cause of death accounting for 21.8% of deaths
- Unintentional injury deaths are higher in the county than in Florida as a whole

### Health Resources Availability and Access Profile

This section provides an overview of the health resources available in Indian River. Specifically, there is data on licensed facilities and healthcare providers, designated Health Professional Shortage Areas (HPSA) and Medically Underserved Areas/Populations (MUA/MUP), as well as safety net providers.

#### Key Findings include:

- Hospital beds increased from 554 in 2009 to 579 in 2010
- Number of physicians per person is lower in the county than in Florida as a whole
- There are three primary care health professional shortage areas (HPSAs), thirteen dental care HPSAs and five mental health care HPSAs
- There is one medically underserved population (MUP) in the county
- Health insurance coverage is greater among males and lower among females
- There are four federally qualified health center (FHCQ) and FHCQ Look-Alikes

### Community Perspective

This section provides information and primary data gathered from the various community stakeholders. Three distinct and complementary approaches were used to determine important insights.

- a) The Local Public Health System Assessment Instrument (LPHS) is one of the three assessment instruments within the Centers for Disease Control and Prevention's (CDC) National Public Health Performance Standards Program (NPHPSP). The LPHS assessment instrument is based on the framework of the ten essential public health services, each of which represents a critical area of service provision. This tool provides a context for state and local partners to evaluate their current performance against a set of optimal standards.

- b) **Key Informant Interviews:** Informant interviews were conducted with key community stakeholders identified based on their current roles, knowledge base and understanding of the health and human services systems in Indian River. Their insight and perspectives were obtained through individual interviews that were conducted in person or by telephone.
- c) **Focus Groups:** Four focus groups were conducted to elicit ideas, attitudes, experiences and opinions of specific targeted populations. These segments of the population represent groups that may have special needs or interests that are important to consider when effectively planning for health care services.
- d) **Key Findings:** The Local Public Health System in Indian River County

Major strengths include:

- Maintaining and regularly contributing to population health registries to report identified health events (e.g., disease and immunizations registries).
- Identifying, diagnosing and analyzing public health threats and emergencies.
- Collaborating with local governmental public health entities (e.g., the Indian River County Health Department, a local health planning council, etc.) to improve access to healthcare.
- Identifying the personal health service needs of special populations who may confront barriers to health care services.
- Actively identify gaps in the provision of population-based health services.

Opportunities for improvement include:

- Promoting community-wide use of the health assessment and community health profile data for systems-wide strategic planning for health improvement.
- Increasing access to geo-coded health data and using computer-generated graphics to identify trends and compare data.
- Assessing health promotion and education activities which emphasize collaboration among system partners including businesses, diverse groups and citizens.
- Providing opportunities for staff to pilot test design and conduct studies to determine the feasibility of innovative ideas that address health disparities in diverse populations.
- Assuring linkage of patient populations with barriers to care (e.g. the homebound elderly, the uninsured, underinsured, homeless, etc.) to needed personal services.

## Key Findings: Key Informant Interviews and Focus Groups

The following are common themes that emerged:

- The cost of healthcare and lack of health insurance coverage are major barriers to accessing timely healthcare services.
- There are perceived shortages of specialists and primary care providers (e.g., internists, pediatricians, dentists, and mental health professionals).
- Desire for expansion of public transportation services.
- People reported a need for “one-stop shopping” health centers, where primary care providers and specialists could offer better coordinated care.

## Key Issues and Recommendations:

It is the hope and intent that policy makers and community leaders will be able to:

- Formulate goals for community health and make plans for quality improvement
- Recognize and assess the important health issues and set priorities
- Identify and devise core components of an effective action plan
- Measure progress, reassess and make further improvements

What follows is a brief summary of potential strategies that could be considered during the development of a comprehensive health improvement plan.

- 1) Pursue funding opportunities to increase the capacity of the safety net health facilities that provide care to the indigent to accommodate the increasing demand for primary care services. (e.g., the county health department, Treasure Coast Community Health, Inc.)
- 2) Expand use of mobile health units as a means to extend care to displaced individuals and persons with limited or no access to fixed-site clinics.
- 3) Provide ongoing health education particularly to at-risk populations to promote healthier lifestyles, (nutrition, exercise, safe sex, smoking cessation, etc.).
- 4) Strengthen the volunteer network through retention, recruitment and promotion related activities to assist with community improvement projects.
- 5) Increase education, training, and cultural competency of the workforce to provide culturally and linguistically appropriate services.
- 6) Expand more direct bus routes to include the outer areas of Fellsmere and Sebastian.
- 7) Facilitate adoption of successful program models of patient navigation services to increase linkages to needed health services.

## METHODOLOGY

At the request of the Indian River County Health Department, the Health Council of Southeast Florida, (HCSEF) conducted this community health needs assessment. Quantitative and qualitative methods were used to gather primary and secondary data. Data presented in the first three sections of this report: Demographic and Socioeconomic Profile, Health Status Profile, and Health Resource Availability and Access Profile, contain secondary data. Information for Community Perspectives was obtained through primary data collection methodology, including a community stakeholder meeting, focus groups, and individual interviews.

Data sources consulted for this report include, but are not limited to: The U.S. Census Bureau, The Florida Legislature, Office of Economic and Demographic Research, Florida Agency for Health Care Administration, Florida Department of Health, Office of Vital Statistics, Florida Behavioral Risk Factor Surveillance System Data Report, Centers for Disease Control and Prevention, U.S. Department of Labor Statistics, Florida Department of Education Information and Accountability Services (EIAS), Florida Department of Law Enforcement, Florida Department Children and Families, and CLARITAS.

All data was collected and analyzed to enable and guide healthcare providers, managers, health and program planners, local health department officials, and community leaders at regional and local levels to identify health indicators that present areas of concern and interest for the residents of Indian River County. The information provided in this needs assessment may be used to identify opportunities to change and improve future health planning activities

## DEMOGRAPHIC AND SOCIOECONOMIC PROFILE

Indian River County is located in the Treasure Coast region of eastern Florida. Established in 1925, it is named for the Indian River Lagoon which runs through the eastern part of the county. Indian River County's total area is 616.92 square miles, of which 81.57% (503.23 square miles) is land and 18.43% (113.69 square miles) is water. It is bordered by Brevard County on the north, St. Lucie County on the south, Okeechobee County on the southwest and Osceola County on the west and the Atlantic Ocean on the east.<sup>1</sup> In 2010, the density of the county was 274.5 persons per square mile.<sup>2</sup>

Figure 1



Source: [www.eflorida.com](http://www.eflorida.com)

The demographic and socioeconomic characteristics of the residents of Indian River County are highlighted in this section. These characteristics are important as they provide context for the health care needs of a community and are strong indicators for health care utilization patterns and health care outcomes. Finally, knowledge about the demographic and socioeconomic profile of a community provides information important to identify specific barriers to accessing health care services.

Data in this needs assessment is presented for Indian River County and in some cases, the state of Florida. There are also instances when data for the county is presented and compared to other counties within the state.

<sup>1</sup> [http://en.wikipedia.org/wiki/Indian\\_River\\_County,\\_Florida](http://en.wikipedia.org/wiki/Indian_River_County,_Florida)

<sup>2</sup> [quickfacts.census.gov/gfd/states/12/12061.html](http://quickfacts.census.gov/gfd/states/12/12061.html)

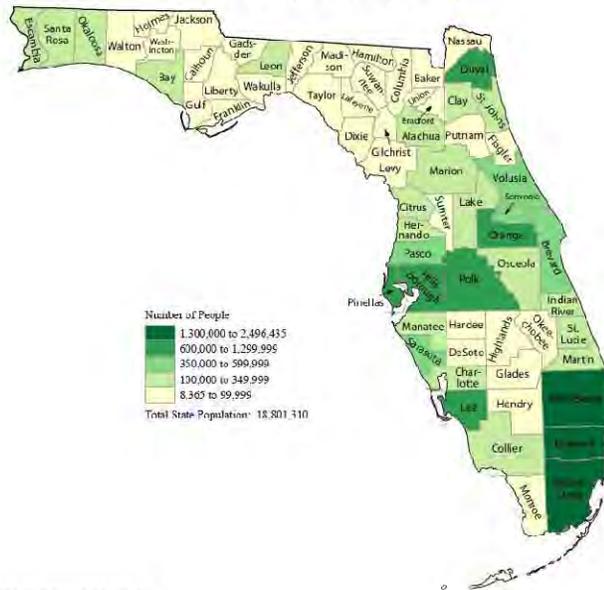
## DEMOGRAPHIC CHARACTERISTICS

### POPULATION

#### *Total Population*

As reflected in Table 1, the U.S. Census Bureau reported that the 2010 population of Indian River County was 138,028. The residents of the county account for .73% of Florida's total population of 18,801,310.

**Figure 2**  
**FLORIDA - 2010 Census Results**  
 Total Population by County



Source: U.S. Census Bureau, 2010 Census Redistricted Data Summary File

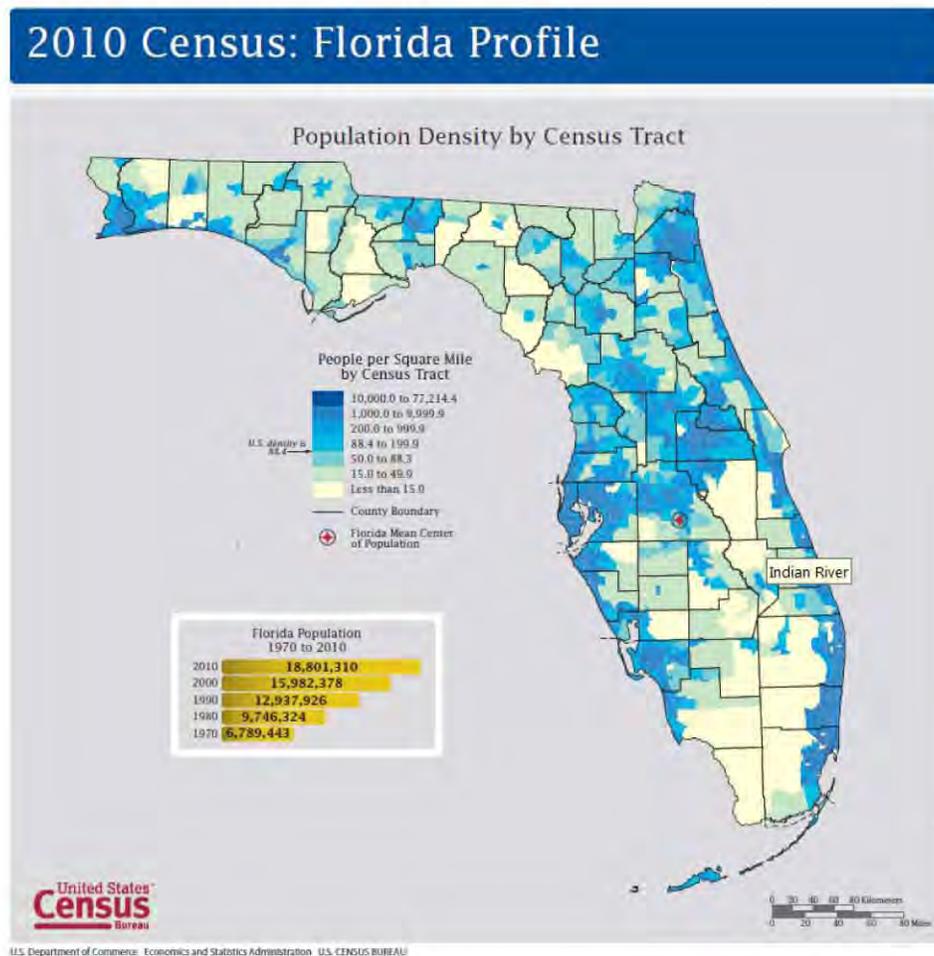
**Table 1: Total Population, Indian River and Florida, 2010**

Indian River		Florida
<b>Population</b>	<b>% of Florida's Population</b>	<b>Population</b>
138,028	0.73%	18,801,310

Source: U.S. Census Bureau, 2010

Compiled by: Health Council of Southeast Florida, 2011

Figure 3



### Population by Age

Health care needs vary greatly between age groups. Knowing the age composition of an area is important for understanding and planning for health services. Table 2 shows the populations of Indian River County and Florida organized by age. The highest proportion of the population in Indian River County falls in the 60-64 year old range, with 7.4% of its residents in this category. The proportion of the population in Indian River 62 years and over is 31.7%. This is higher than the state of Florida as a whole with 20.9% of its residents falling in the 62 year and over category. Over 41% of Indian River's residents are aged 55 years and older. The median age in the county is 49.1 years. From a health care planning perspective, this may translate into a greater need for services targeted toward this population.

**Table 2: Population by Age, Indian River and Florida, 2010**

	Indian River		Florida	
	Number	Percent	Number	Percent
Total population	138,028	100%	18,801,310	100%
Under 5 years	6,508	4.7%	1,073,506	5.7%
5 to 9 years	7,024	5.1%	1,080,255	5.7%
10 to 14 years	7,463	5.4%	1,130,847	6.0%
15 to 19 years	8,012	5.8%	1,228,382	6.5%
20 to 24 years	6,037	4.4%	1,228,758	6.5%
25 to 29 years	6,421	4.7%	1,179,227	6.3%
30 to 34 years	6,034	4.4%	1,110,318	5.9%
35 to 39 years	6,551	4.7%	1,178,467	6.3%
40 to 44 years	7,664	5.6%	1,252,787	6.7%
45 to 49 years	9,168	6.6%	1,401,202	7.5%
50 to 54 years	9,809	7.1%	1,340,291	7.1%
55 to 59 years	9,581	6.9%	1,202,418	6.4%
60 to 64 years	10,252	7.4%	1,135,250	6.0%
65 to 69 years	9,651	7.0%	959,233	5.1%
70 to 74 years	8,385	6.1%	768,707	4.1%
75 to 79 years	7,535	5.5%	615,514	3.3%
80 to 84 years	6,255	4.5%	482,023	2.6%
85 years and over	5,678	4.1%	434,125	2.3%
Median age (years)	49.1	( X )	40.7	( X )
16 years and over	115,389	83.6%	15,283,266	81.3%
18 years and over	112,076	81.2%	14,799,219	78.7%
21 years and over	107,856	78.1%	14,030,290	74.6%
62 years and over	43,773	31.7%	3,936,101	20.9%
65 years and over	37,504	27.2%	3,259,602	17.3%

Source: U.S. Census Bureau, 2010

Compiled by: Health Council of Southeast Florida, 2011

### ***Population by Race***

The diversity within an area is another important consideration for health planning, as health behavior, health care utilization, and therefore health outcomes often differ between races and ethnicities. Table 3 shows the population of Indian River County and the state of Florida by race. The proportion of White individuals is higher in county than in the state as a whole, with 84.3% of the individuals in the county and 75% in the state being White. There is a smaller percentage of Black or African American individuals living in Indian River County, 9%, compared to the state as a whole at 16%, and a smaller percentage of Hispanics with 11.2% in Indian River and 22.5% in Florida.

**Table 3: Population by Race, Indian River and Florida, 2010**

Race	Indian River		Florida	
	Number	Percent	Number	Percent
Total population	138,028	100.0%	18,801,310	100.0%
One Race	135,777	98.4%	18,328,733	97.5%
White	116,346	84.3%	14,109,162	75.0%
Black or African American	12,397	9.0%	2,999,862	16.0%
American Indian and Alaska Native	408	0.3%	71,458	0.4%
Asian	1,666	1.2%	454,821	2.4%
Asian Indian	398	0.3%	128,735	0.7%
Chinese	297	0.2%	72,248	0.4%
Filipino	249	0.2%	90,223	0.5%
Japanese	53	0.0%	13,224	0.1%
Korean	119	0.1%	26,205	0.1%
Vietnamese	244	0.2%	58,470	0.3%
Other Asian [1]	306	0.2%	65,716	0.3%
Native Hawaiian and Other Pacific Islander	51	0.0%	12,286	0.1%
Native Hawaiian	23	0.0%	2,809	0.0%
Guamanian or Chamorro	10	0.0%	3,747	0.0%
Samoan	4	0.0%	1,153	0.0%
Other Pacific Islander [2]	14	0.0%	4,577	0.0%
Some Other Race	4,909	3.6%	681,144	3.6%
Two or More Races	2,251	1.6%	472,577	2.5%
White; American Indian and Alaska Native [3]	413	0.3%	55,974	0.3%
White; Asian [3]	286	0.2%	70,932	0.4%
White; Black or African American [3]	632	0.5%	112,370	0.6%
White; Some Other Race [3]	462	0.3%	106,667	0.6%
Race alone or in combination with one or more other races: [4]				
White	118,313	85.7%	14,488,435	77.1%
Black or African American	13,325	9.7%	3,200,663	17.0%
American Indian and Alaska Native	990	0.7%	162,562	0.9%
Asian	2,096	1.5%	573,083	3.0%
Native Hawaiian and Other Pacific Islander	162	0.1%	39,914	0.2%
Some Other Race	5,550	4.0%	844,318	4.5%
HISPANIC OR LATINO				
Total population	138,028	100.0%	18,801,310	100.0%
Hispanic or Latino (of any race)	15,465	11.2%	4,223,806	22.5%
Mexican	8,796	6.4%	629,718	3.3%
Puerto Rican	1,953	1.4%	847,550	4.5%
Cuban	1,289	0.9%	1,213,438	6.5%
Other Hispanic or Latino [5]	3,427	2.5%	1,533,100	8.2%
Not Hispanic or Latino	122,563	88.8%	14,577,504	77.5%
HISPANIC OR LATINO AND RACE				
Total population	138,028	100.0%	18,801,310	100.0%
Hispanic or Latino	15,465	11.2%	4,223,806	22.5%

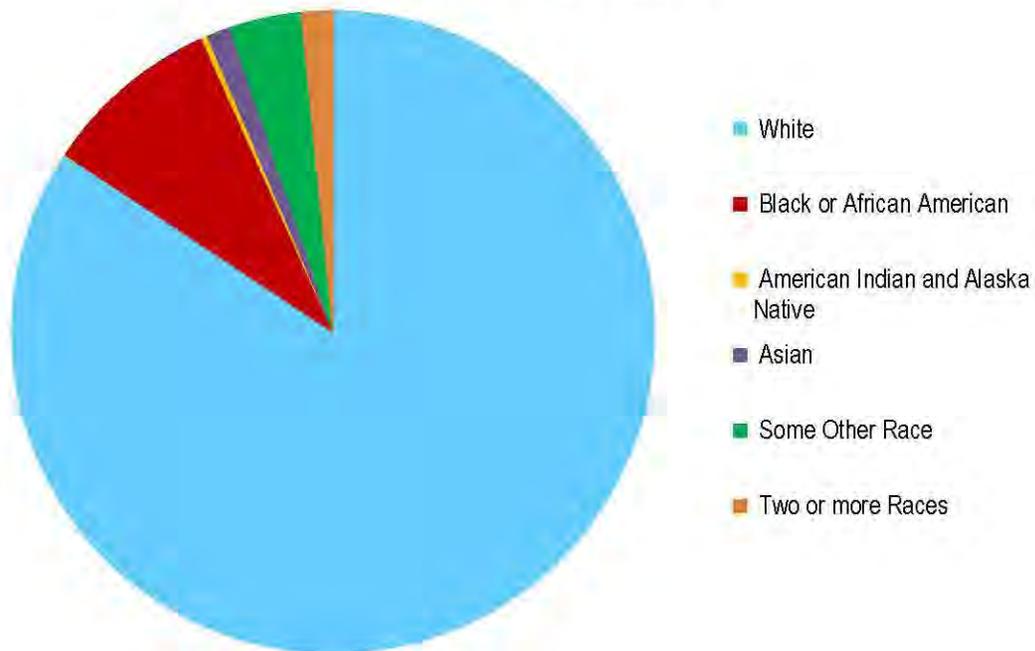
White alone	9,566	6.9%	3,224,440	17.2%
Black or African American alone	323	0.2%	148,762	0.8%
American Indian and Alaska Native alone	131	0.1%	24,193	0.1%
Asian alone	20	0.0%	9,605	0.1%
Native Hawaiian and Other Pacific Islander alone	2	0.0%	2,561	0.0%
Some Other Race alone	4,720	3.4%	632,682	3.4%
Two or More Races	703	0.5%	181,563	1.0%
Not Hispanic or Latino	122,563	88.8%	14,577,504	77.5%
White alone	106,780	77.4%	10,884,722	57.9%
Black or African American alone	12,074	8.7%	2,851,100	15.2%
American Indian and Alaska Native alone	277	0.2%	47,265	0.3%
Asian alone	1,646	1.2%	445,216	2.4%
Native Hawaiian and Other Pacific Islander alone	49	0.0%	9,725	0.1%
Some Other Race alone	189	0.1%	48,462	0.3%
Two or More Races	1,548	1.1%	291,014	1.5%

Source: U.S. Census Bureau, 2010

Compiled by: Health Council of Southeast Florida, 2011

Figure 4

Population by Race, Indian River, 2010



Language is often a barrier to healthcare access, particularly for individuals with limited English proficiency. Table 4 shows languages spoken in Indian River and in Florida. In Indian River 6.4% of the population speaks English less than 'very well', lower than the percentage in Florida of 11.6%.

**Table 4: Language Spoken at Home, Indian River and Florida, 2009**

	Indian River		Florida	
	Number	Percent	Number	Percent
Population 5 years and over	127,996	127,996	17,374,812	17,374,812
English only	110,878	86.6%	12,801,854	73.7%
Language other than English	17,118	13.4%	4,572,958	26.3%
Speak English less than "very well"	8,160	6.4%	2,018,150	11.6%
Spanish	11,631	9.1%	3,352,805	19.3%
Speak English less than "very well"	6,090	4.8%	1,556,751	9.0%
Other Indo-European languages	3,780	3.0%	886,117	5.1%
Speak English less than "very well"	732	0.6%	326,885	1.9%
Asian and Pacific Islander languages	1,012	0.8%	252,684	1.5%
Speak English less than "very well"	953	0.7%	114,291	0.7%
Other languages	695	0.5%	81,352	0.5%
Speak English less than "very well"	385	0.3%	20,223	0.1%

Source: U.S. Census Bureau, American Community Survey, 2009

Compiled by: Health Council of Southeast Florida, 2011

### ***Population by Gender***

In 2010, the population of Indian River County consisted of 51.6% females and 48.4% males, very similar to the gender distribution in Florida.

**Table 5: Population by Gender, Indian River and Florida, 2010**

	Indian River		Florida	
	Number	Percent	Number	Percent
Female population	71,280	51.6%	9,611,955	51.1%
Male population	66,748	48.4%	9,189,355	48.9%
Total population	138,028	100%	18,801,310	100%

Source: U.S. Census Bureau, 2010

Compiled by: Health Council of Southeast Florida, 2011

### ***Population by Municipality***

The U.S. Census Bureau computes population density by dividing the total population or number of housing units within a geographic entity by the land area of that entity measured in square miles. Density is expressed as “population per square mile”. Usually, an incorporated area consists of a density of at least 1,000 persons per square mile. This is a region that is subject to taxes, has a separate police force and other powers conferred by the state. An unincorporated area of land is a region that is not part of a municipality and therefore not subject to or taxed by a municipal government.<sup>3</sup>

The incorporated areas in Indian River consist of: Fellsmere, Indian River Shores, Orchid, Sebastian and Vero Beach. The areas of Fellsmere, Orchid and Sebastian had growth greater than the county as a whole between 2000 and 2010. The population in Vero Beach decreased 14% between 2000 and 2010. In 2010, nearly two-thirds of Indian River’s residents lived in unincorporated areas. Between 2000 and 2010, the population growth in unincorporated areas was 27.5%, greater than the growth in the incorporated areas.

**Table 6: Census Population Counts Indian River and Cities, April 1, 2000 and 2010**

<b>County and City</b>	<b>April 1, 2000</b>	<b>April 1, 2010</b>	<b>Total Change</b>	<b>Percent Change</b>
Indian River Total Population	112,947	138,028	25,081	22.2%
Fellsmere	3,813	5,197	1,384	36.3%
Indian River Shores	3,448	3,901	453	13.1%
Orchid	140	415	275	196.4%
Sebastian	16,181	21,929	5,748	35.5%
Vero Beach	17,705	15,220	-2,485	-14.0%
UNINCORPORATED	71,660	91,366	19,706	27.5%

Source: Bureau of Economic & Business Research, 2010

Compiled by: Health Council of Southeast Florida, 2011

<sup>3</sup> [http://www.census.gov/geo/www/2010census/gtc\\_10.pdf](http://www.census.gov/geo/www/2010census/gtc_10.pdf)

## POPULATION PROJECTIONS / POPULATION GROWTH

Table 7 shows the U.S. Census Bureau's projected population growth in Indian River County by age through 2015 beginning with actual census data from 2000. Though the total population is projected to increase 9.8% percent from 2010 to 2015 and 36.4% between 2000 and 2015, there are subgroups of the population which will increase and decrease at disproportionate rates and this can have implications for health care planning. The population age 85 and over is projected to increase 116.9% between 2000 and 2015. The age groups 21-24 and 25-34 are both projected to increase upwards of 70% between 2000 and 2015. Health care planning in Indian River County would benefit by considering and addressing the likely increase in demand for health care services tailored to these age groups.

Table 7: Population Projections by Age, Indian River, 2000-2015

	2000 Census		2010 Estimates		2015 Projections		% Change 2000-2015
	Population	Percent	Population	Percent	Population	Percent	
Population by Age	112,947		140,254		154,026		36.4%
Age 0 - 4	5,259	4.7%	7,757	5.5%	8,709	5.7%	65.6%
Age 5 - 9	6,020	5.3%	7,361	5.2%	8,461	5.5%	40.5%
Age 10 - 14	6,398	5.7%	7,202	5.1%	8,046	5.2%	25.8%
Age 15 - 17	4,017	3.6%	4,721	3.4%	5,058	3.3%	25.9%
Age 18 - 20	3,282	2.9%	4,322	3.1%	4,620	3.0%	40.8%
Age 21 - 24	3,485	3.1%	5,663	4.0%	6,095	4.0%	74.9%
Age 25 - 34	10,429	9.2%	17,183	12.3%	17,797	11.6%	70.6%
Age 35 - 44	14,725	13.0%	15,241	10.9%	16,819	10.9%	14.2%
Age 45 - 54	13,737	12.2%	17,958	12.8%	17,772	11.5%	29.4%
Age 55 - 64	12,623	11.2%	16,741	11.9%	18,713	12.1%	48.2%
Age 65 - 74	16,451	14.6%	15,122	10.8%	18,462	12.0%	12.2%
Age 75 - 84	12,997	11.5%	14,268	10.2%	15,830	10.3%	21.8%
Age 85 and over	3,524	3.1%	6,715	4.8%	7,644	5.0%	116.9%
Age 18 and over	91,253	80.8%	113,213	80.7%	123,752	80.3%	35.6%
Age 21 and over	87,971	77.9%	108,891	77.6%	119,132	77.3%	35.4%
Age 65 and over	32,972	29.2%	36,105	25.7%	41,936	27.2%	27.2%

Source: The Nielsen Company, Claritas, 2010

Compiled by: Health Council of Southeast Florida, 2011

## SOCIOECONOMIC CHARACTERISTICS

Socioeconomic status affects a variety of factors which ultimately influence health outcomes. Among the socioeconomic variables presented and analyzed herein include measures on poverty, income levels, education, employment/unemployment status, public assistance benefits housing, uncompensated care, crime, etc. These variables are often correlated with health status. What follows provides a snapshot on specific socioeconomic measures.

### POVERTY

This focus area measures a community's ability to meet basic needs necessary to maintain health. Poverty is commonly considered insufficient income to meet the needs for food, clothing, and shelter. Poverty creates many difficulties for individuals, families and the communities in which they live. Poverty often hinders access to a variety of services and products, such as proper medical care and nutrition which results in less favorable health outcomes for those affected. There are different terms commonly used to reflect certain levels of poverty. The U.S. Census Bureau employs 'poverty thresholds' which are statistical calculations used to ascertain the number of poor persons. The Department of Health and Human Services uses 'poverty guidelines' to determine eligibility for certain programs.<sup>4</sup>

Table 8 shows the Department of Health and Human Services 2011 poverty guidelines

Table 8: 2011 Department of Health and Human Services Poverty Guidelines

Persons in Family	48 Contiguous States and D.C.	Alaska	Hawaii
1	\$ 10,890	\$13,600	\$12,540
2	\$ 14,710	\$18,380	\$16,930
3	\$ 18,530	\$23,160	\$ 21,320
4	\$22,350	\$27,940	\$25,710
5	\$26,170	\$32,720	\$30,100
6	\$29,990	\$37,500	\$34,490
7	\$33,810	\$42,280	\$38,880
8	\$37,630	\$ 47,060	\$ 43,270
For each additional add:	\$ 3,820	\$4,780	\$4,390

Source: Federal Register, Vol. 76, No. 13, January 20, 2011, pp. 3637-3638

<sup>4</sup> <http://aspe.hhs.gov/poverty/faq.shtml#programs>

## Poverty by Household

Table 9 shows the 2010 poverty thresholds used by U.S Census Bureau.

Table 9: Poverty Thresholds for 2010 by Size of Family and Number of Related Children Under 18 Years

Size of family unit	Weighted Average Thresholds	Related children under 18 years								
		None	One	Two	Three	Four	Five	Six	Seven	Eight or more
One person	\$11,139									
Under 65 years	\$11,344	\$11,344								
65+ years	\$10,458	\$10,458								
Two people	\$14,218									
Householder under 65 years	\$14,676	\$14,602	\$15,030							
Householder 65+ years	\$13,194	\$13,180	\$14,973							
Three people	\$17,374	\$17,057	\$17,552	\$17,568						
Four people	\$22,314	\$22,491	\$22,859	\$22,113	\$22,190					
Five people	\$26,439	\$27,123	\$27,518	\$26,675	\$26,023	\$25,625				
Six people	\$29,897	\$31,197	\$31,320	\$30,675	\$30,056	\$29,137	\$28,591			
Seven people	\$34,009	\$35,896	\$36,120	\$35,347	\$34,809	\$33,805	\$32,635	\$31,351		
Eight people	\$37,934	\$40,146	\$40,501	\$39,772	\$39,133	\$38,227	\$37,076	\$35,879	\$35,575	
Nine+ people	\$45,220	\$48,293	\$48,527	\$47,882	\$47,340	\$46,451	\$45,227	\$44,120	\$43,845	\$42,156

Source: U.S. Census Bureau, 2010

Compiled by: Health Council of Southeast Florida, 2011

## Individuals in Poverty/ Children in Poverty

This focus area measures the percent of children in poverty, as defined by the federal poverty threshold. Table 10 shows the estimated counts and percentages of people in poverty in Indian River County, the state of Florida and the United States in 2009. The counts and percentages of people in poverty are shown for the entire population, as well as different age groups, under age 18 and ages 5-17. The percentage of individuals in poverty in Indian River was 13.8%, slightly lower than the state and national percentages. The percent of individuals under 18 in poverty is 21.8% slightly higher than the state of Florida at 21.5% and the nation at 20.0%.

**Table 10: Poverty and Median Income Estimates, Indian River, Florida, United States, 2009**

	Poverty Estimate All Ages	Poverty Percent All Ages	Poverty Estimate Under Age 18	Poverty Percent Under Age 18	Poverty Estimate Ages 5-17	Poverty Percent Ages 5-17	Median Household Income
Indian River	18,406	13.8%	5,563	21.8%	3,288	18.0%	\$43,685
Florida	2,712,692	15.0%	857,326	21.5%	556,711	19.7%	\$44,755
United States	42,868,163	14.3%	14,656,962	20.0%	9,509,142	18.2%	\$50,221

Source: U.S. Census Bureau, Small Area Estimates Branch, Released in 2010

Compiled by: Health Council of Southeast Florida, 2011

### ***Families in Poverty***

Table 11 shows families in poverty. The highest percentage of poverty was seen in families with a female head of household, no husband present and related children under 5. In Indian River 49.6% of these families experienced poverty in the previous 12 months.

**Table 11: Families and People Whose Income in the Past 12 Months is Below the Poverty Level, Indian River, 2009**

	Indian River Percentage	Florida Percentage
All families	9.9%	10.7%
With related children under 18 years	15.5%	17.5%
With related children under 5 years only	21.8%	18.2%
Married couple families	6.0%	5.8%
With related children under 18 years	9.8%	8.4%
With related children under 5 years only	20.1%	7.3%
Families with female householder, no husband present	30.6%	26.9%
With related children under 18 years	33.6%	35.5%
With related children under 5 years only	49.6%	42.5%
All people	14.5%	14.9%
Under 18 years	22.8%	21.3%
Related children under 18 years	22.8%	21.0%
Related children under 5 years	39.2%	24.8%
Related children 5 to 17 years	16.5%	19.5%
18 years and over	12.5%	13.1%
18 to 64 years	13.6%	14.0%
65 years and over	10.4%	10.2%
People in families	11.8%	12.2%
Unrelated individuals 15 years and over	24.9%	25.9%

Source: U.S. Census, American Community Survey, 2009

Compiled by: Health Council of Southeast Florida, 2011

## INCOME

### *Per Capita Income*

Income and financial resources are important to health, allowing individuals to obtain health insurance, pay for medical care, afford healthy food, safe housing, and to access other basic goods.

Per capita income is calculated by adding all income in an area and dividing by the total population. While per capita income provides some indication of wealth in an area, it does not provide insight into the distribution of that wealth or the disparities within an area.

Table 12 shows the per capita income in Indian River and Florida. In 2010, Indian River County's per capita income was \$32,111, nearly 20% more than Florida's per capita income of \$26,787. Figure 2 charts the per capita income data.

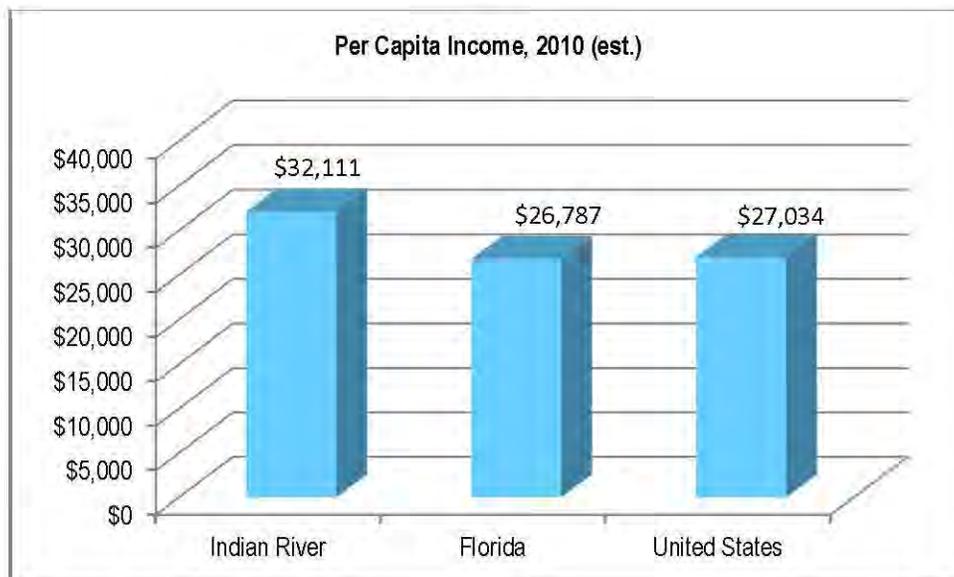
Table 12: Per Capita Income, 2010 Estimates

	Indian River	Florida	United States
Per Capita Income	\$32,111	\$26,787	\$27,034

Source: The Nielsen Company, Claritas, 2010

Compiled by: Health Council of Southeast Florida, 2011

Figure 5



### Median Household Income

Household income reflects the totaled amount of income of all workers within a household. Median household income is used to depict the middle point of household income distribution within a given area. In other words, it is the amount that would divide the income distribution within an area into two groups. This measure is not as affected by a few extreme values as an average, such as per capita income.

Table 13 shows counts and the percentage of households in Indian River by household income using data from the 2000 Census, estimating 2010 and projecting to 2015. The table also shows 2000 census data for average household income, median household income and per capita income. In 2010, there were an estimated 61,174 households in Indian River; this is projected to increase to 68,167 in 2015. The percentage of households in the lowest four income categories are all projected to decrease. In 2015, the largest segment of households is expected to fall into the \$50,000 - \$74,999 household income category at 19.7% followed by the \$35,000 - \$49,999 category at 15.9%. The average household income was \$62,018 in 2000 and is projected to increase by 25% to \$77,693 by 2015. Median household income was \$39,974 in 2000 and is projected to be \$51,899 in 2015.

Table 13: Households by Household Income Including Projections, Indian River, 2000-2015

	2000 Census	% Households	2010 Estimate	% Households	2015 Projection	% Households
	49,196		61,714		68,167	
Income Less than \$15,000	7,083	14.4%	6,718	10.9%	6,856	10.1%
Income \$15,000 - \$24,999	7,615	15.5%	7,340	11.9%	7,344	10.8%
Income \$25,000 - \$34,999	7,058	14.3%	7,683	12.4%	8,040	11.8%
Income \$35,000 - \$49,999	8,571	17.4%	10,141	16.4%	10,825	15.9%
Income \$50,000 - \$74,999	8,965	18.2%	12,239	19.8%	13,408	19.7%
Income \$75,000 - \$99,999	3,815	7.8%	6,520	10.6%	7,666	11.2%
Income \$100,000 - \$124,999			3,696	6.0%	4,606	6.8%
Income \$100,000 - \$149,999	3,038	6.2%				
Income \$125,000 - \$149,999			2,088	3.4%	2,716	4.0%
Income \$150,000 - \$199,999			1,785	2.9%	2,343	3.4%
Income \$150,000 - \$249,999	1,676	3.4%				
Income \$200,000 - \$499,999			2,514	4.1%	3,101	4.5%
Income \$250,000 - \$499,999	737	1.5%				
Income \$500,000 or more	638	1.3%	990	1.6%	1,262	1.9%
<b>Average Household Income</b>	\$62,018		\$72,509		\$77,693	
<b>Median Household Income</b>	\$39,974		\$48,484		\$51,899	

Source: The Nielsen Company, Claritas, 2010

Compiled by: Health Council of Southeast Florida, 2011

Table 14 shows trends in class of workers, income and benefits by monetary brackets, median and mean household income, per capita income and median earnings from 2006-2010 in Indian River.

See Appendix A for definitions and explanations of the terms used in the Tables 14 and 15 regarding income and earnings.

Table 14: Income and Earnings Trends, Indian River 2006-2010

Subject	Indian River				
	2006 Estimate	2007 Estimate	2008 Estimate	2009 Estimate	2010 Estimate
CLASS OF WORKER					
Civilian employed population 16 years and over	55,328	56,715	59,502	52,624	52,019
Private wage and salary workers	81.5%	81.8%	80.9%	77.6%	79.5%
Government workers	11.4%	10.7%	9.8%	12.5%	11.3%
Self-employed in own not incorporated business workers	6.9%	7.1%	9.0%	9.9%	9.1%
Unpaid family workers	0.2%	0.3%	0.2%	0.1%	0.1%
INCOME AND BENEFITS (IN 2010 INFLATION-ADJUSTED DOLLARS)					
Total households	59,550	57,334	60,501	61,398	53,151
Less than \$10,000	4.2%	4.6%	7.6%	5.9%	5.9%
\$10,000 to \$14,999	5.3%	4.8%	4.1%	8.5%	6.3%
\$15,000 to \$24,999	14.9%	12.4%	12.2%	13.6%	13.5%
\$25,000 to \$34,999	10.9%	15.0%	11.3%	11.2%	13.5%
\$35,000 to \$49,999	18.1%	14.9%	16.1%	18.9%	13.2%
\$50,000 to \$74,999	17.5%	23.2%	18.7%	19.1%	18.9%
\$75,000 to \$99,999	10.0%	9.1%	9.5%	6.9%	12.8%
\$100,000 to \$149,999	9.7%	8.6%	10.8%	9.6%	9.3%
\$150,000 to \$199,999	3.9%	2.9%	3.5%	2.1%	3.2%
\$200,000 or more	5.5%	4.5%	6.1%	4.1%	3.4%
Median household income (dollars)	\$47,802	\$48,397	\$47,443	\$43,771	\$47,335
Mean household income (dollars)	\$78,356	\$72,016	\$75,751	\$62,276	\$64,819
Per capita income (dollars)	\$35,590	\$32,055	\$34,681	\$27,981	\$26,925
Median earnings for workers (dollars)	\$26,631	\$26,517	\$26,870	\$24,495	\$22,709
Median earnings for male full-time, year-round workers (dollars)	\$40,525	\$38,918	\$41,329	\$36,186	\$41,911
Median earnings for female full-time, year-round workers (dollars)	\$31,468	\$29,938	\$34,304	\$34,185	\$30,923

Source: US Census Bureau, American Community Survey

Compiled by: Health Council of Southeast Florida, 2011

Figure 6 shows Indian River household income by number and percentage of households in each income bracket. The mean household income was \$64,819, greater than the median income of \$47,335. The greatest percentage of households, 18.9%, were in the \$50,000-\$74,999 income bracket.

Figure 6: Household Income in Past 12 Months, Indian River, 2010 Estimate

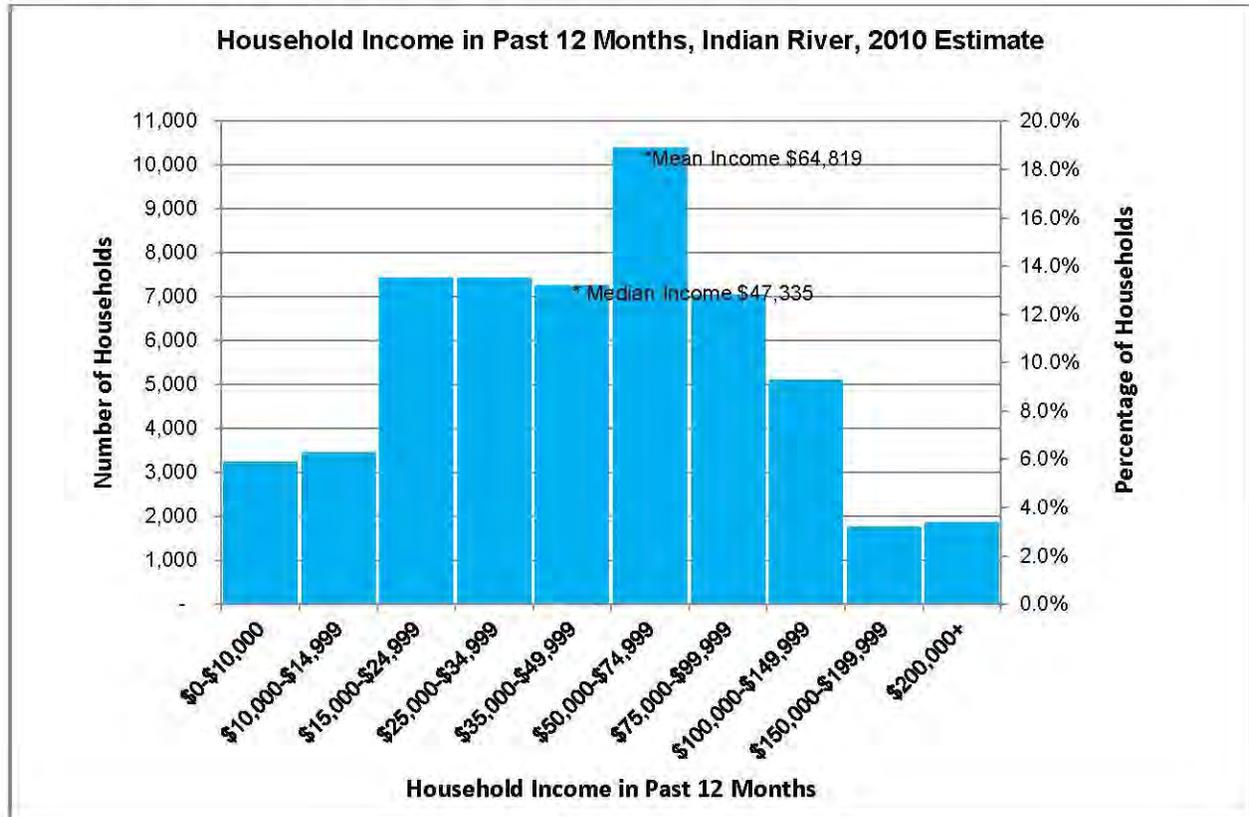


Table 15 shows income in the previous 12 months for households and per capita by race for Indian River.

Table 15: Income in the Past 12 Months, Indian River, 2010

Subject	Indian River	
	Total	Mean income (dollars)
All households	53,151	\$64,819
With earnings	60.1%	\$58,118
With interest, dividends, or net rental income	31.7%	\$32,857
With Social Security income	49.4%	\$18,385
With Supplemental Security Income (SSI)	5.2%	\$8,883
With cash public assistance income	3.8%	\$4,630
With retirement income	26.5%	\$27,727
<b>Per Capita Income</b>		
Total population	138,268	\$26,925
One race--		
White	88.0%	\$28,810
Black or African American	8.8%	\$11,665
American Indian and Alaska Native	0.0%	N
Asian	1.2%	\$15,837
Native Hawaiian and Other Pacific Islander	0.0%	N
Some other race	0.3%	\$8,712
Two or more races	1.7%	\$18,692
Hispanic or Latino origin (of any race)	11.3%	\$13,146
White alone, not Hispanic or Latino	77.2%	\$31,047

Source: US Census Bureau, American Community Survey, 2010

Notes: 2010 Inflation-Adjusted Dollars

Compiled by: Health Council of Southeast Florida, 2011

Table 16 shows median household income in Indian River County by race and ethnicity for the years: 2000 (actual), 2010 (estimates), and 2015 (projections). In 2010, Native Hawaiian and Other Pacific Islanders had the lowest median household income; these individuals represent a very small segment of the Indian River population. Black or African Americans had the second lowest median household income at an estimated \$30,569 in 2010. Conversely, White households, which represent a substantial proportion of households, had a median household income of \$50,543 and Asian households had \$57,382 in 2010. Median household income is expected to increase in all categories between 2010 and 2015.

**Table 16: Median Household Income by Race and Ethnicity, 2000, 2010 Estimate, 2015 Projection**

Description	2000 Census	2010 Estimate	2015 Projection
White Alone	\$41,437.00	\$50,543.00	\$54,622.00
Black or African American Alone	\$24,648.00	\$30,569.00	\$32,630.00
American Indian and Alaska Native Alone	\$29,032.00	\$35,652.00	\$40,391.00
Asian Alone	\$54,918.00	\$57,382.00	\$61,404.00
Native Hawaiian and Other Pacific Islander Alone	\$20,000.00	\$20,455.00	\$21,000.00
Some Other Race Alone	\$35,698.00	\$42,570.00	\$45,236.00
Two or More Races	\$27,623.00	\$36,423.00	\$38,088.00
Hispanic or Latino	\$32,050.00	\$42,077.00	\$45,693.00
Not Hispanic or Latino	\$40,356.00	\$49,030.00	\$52,629.00

Source: The Nielsen Company, Claritas, 2010

Compiled by: Health Council of Southeast Florida, 2011

Table 17 shows the Gini Coefficient of income inequality for Florida counties. The Gini coefficient represents the inequitable distribution of income in a community by household. Typically, a Gini coefficient is between 0-100, for the purpose of this table the values are multiplied by 100 and can range between 0-100. A value of 100 indicates that all income in the county is concentrated in one household. A value of 0 indicates that all income in the county is equally distributed among households. The range in Florida was 38-52 in the 2010 County Health Rankings by the University of Wisconsin. The Gini Coefficient for the state of Florida as a whole was 47. Indian River had a Gini coefficient of 51 and was tied for 3<sup>rd</sup> highest, i.e., greatest income inequality. The z-score is statistical measure used to indicate the number of standard deviations above or below the mean. ([www.countyhealthrankings.org/florida.indian-river/44/archived-data/2010](http://www.countyhealthrankings.org/florida.indian-river/44/archived-data/2010))

Table 17: Income Inequality Measured by Gini Coefficient, 2010

Rank	County	GINI	Z-score
	<b>Florida</b>	<b>47</b>	
1	Achua	52	2.18
1	Monroe	52	2.24
3	Collier	51	1.94
3	Indian River	51	1.94
3	Liberty	51	1.88
3	Martin	51	1.79
7	Miami-Dade	50	1.57
7	Palm Beach	50	1.54
9	Jefferson	49	1.18
9	St. Johns	49	1.18
11	Broward	47	0.57
11	Hillsborough	47	0.54
11	Holmes	47	0.63
11	Lee	47	0.54
11	Leon	47	0.63
11	Madison	47	0.57
11	Okeechobee	47	0.6
11	Pinellas	47	0.72
11	Putnam	47	0.66
11	Sarasota	47	0.78
11	Walton	47	0.6
22	Dixie	46	0.48
22	Volusia	46	0.26
24	Calhoun	45	0.08
24	DeSoto	45	-0.01
24	Escambia	45	0.11
24	Franklin	45	0.11
24	Hamilton	45	0.17
24	Hendry	45	0.17
24	Lafayette	45	0.02
24	Manatee	45	-0.07
24	Orange	45	0.2
33	Brevard	44	-0.26
33	Duval	44	-0.1
33	Gadsden	44	-0.13
33	Gilchrist	44	-0.2
33	Glades	44	-0.32
33	Gulf	44	-0.2
33	Jackson	44	-0.2
33	Levy	44	-0.1
33	Marion	44	-0.35
33	Okaloosa	44	-0.2
33	Seminole	44	-0.26
33	Taylor	44	-0.13

33	Washington	44	-0.2
46	Bay	43	-0.5
46	Citrus	43	-0.5
46	Flagler	43	-0.41
46	Lake	43	-0.68
46	Pasco	43	-0.65
46	Suwannee	43	-0.62
52	Bradford	42	-0.93
52	Charlotte	42	-0.9
52	Columbia	42	-0.99
52	Hernando	42	-0.84
52	Nassau	42	-0.87
52	Polk	42	-0.71
52	St. Lucie	42	-0.96
59	Baker	41	-1.26
59	Highlands	41	-1.23
59	Osceola	41	-1.23
59	Union	41	-1.17
63	Santa Rosa	40	-1.35
63	Sumter	40	-1.38
65	Wakulla	39	-1.84
66	Clay	38	-1.96
66	Hardee	38	-2.12

Source: County Health Rankings, University of Wisconsin

Compiled by: Health Council of Southeast Florida, 2011

## EDUCATION

### *Educational Attainment*

Educational attainment is often closely related to socioeconomic status, and less education can affect employability and is often correlated with a lower income earning capacity. Less educational attainment and lower socioeconomic status often affect access to health care services, thereby having the potential to impact health outcomes.

Table 18 shows that 5.8% of the population 25 years and older in Indian River County has less than a 9<sup>th</sup> grade education, and 7.2% have some high school classwork but have not received a diploma. These percentages are similar to the state of Florida as a whole. In total, nearly 87% of individuals over 25 years of age in Indian River have a high school diploma or higher.

Table 18: School Enrollment and Educational Attainment, Indian River County, Florida, 2007-2009

	Indian River		Florida	
	Estimate	Percent	Estimate	Percent
<b>SCHOOL ENROLLMENT</b>				
Population 3 years and over enrolled in school	26,748	26,748	4,423,764	4,423,764
Nursery school, preschool	2,048	7.7%	279,512	6.3%
Kindergarten	1,269	4.7%	215,366	4.9%
Elementary school (grades 1-8)	12,107	45.3%	1,797,919	40.6%
High school (grades 9-12)	5,401	20.2%	914,424	20.7%
College or graduate school	5,923	22.1%	1,216,543	27.0%
<b>EDUCATIONAL ATTAINMENT</b>				
Population 25 years and over	100,578	100,578	12,800,944	12,800,944
Less than 9th grade	5,863	5.8%	761,436	5.9%
9th to 12th grade, no diploma	7,287	7.2%	1,122,565	8.0%
High school graduate (includes equivalency)	26,520	26.4%	3,863,394	30.2%
Some college, no degree	25,271	25.1%	2,736,290	21.4%
Associate's degree	8,292	8.2%	1,083,545	8.5%
Bachelor's degree	17,100	17.0%	2,081,848	16.3%
Graduate or professional degree	10,245	10.2%	1,151,866	9.0%
Percent high school graduate or higher	86.90%	(X)	85.30%	(X)
Percent bachelor's degree or higher	27.20%	(X)	25.30%	(X)

Source: U.S. Census Bureau, American Community Survey, 2009

Compiled by: Health Council of Southeast Florida, 2011

## High School Graduation Rates

Table 19 shows high school graduation rates using the Florida calculation. In the 2009-2010 school year, the graduation rate in Indian River was 87.2%, up from 65.2% in the 1998-1999 school year. The graduation rate in the county is greater than that of Florida as a whole for all years shown.

Table 19: Graduation Rates 1998-1999 through 2009-2010 School Years, Indian River, Florida

School Year	1998-99	1999-2000	2000-01	2001-02	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10
Indian River	65.2%	64.9%	65.9%	78.9%	76.1%	82.1%	85.3%	84.7%	82.9%	83.5%	86.1%	87.2%
Florida	60.2%	62.3%	63.8%	67.9%	69.0%	71.6%	71.9%	71.0%	72.4%	75.4%	78.6%	80.7%

Source: Florida Department of Education

Compiled by: Health Council of Southeast Florida, 2011

Table 20 shows the percentage of total individuals and percentage by gender, living in poverty according to levels of educational attainment. In Indian River County, 20.3% of individuals with less than a high school diploma are living in poverty. The percentages among female is greater. The number of individuals in poverty decreases considerably in individuals with a high school diploma or the equivalent, and is 10.7% in Indian River. The poverty rate in each educational category is similar but generally slightly lower in the county than in the state of Florida as a whole.

Table 20: Poverty Rate for the Population 25 years and over for Whom Poverty Status is Determined by Educational Attainment, 2005-2009

	Indian River			Florida		
	Total	Male	Female	Total	Male	Female
Less than high school graduate	20.3%	17.3%	24.1%	23.1%	19.5%	26.7%
High school graduate (includes equivalency)	10.7%	10.0%	11.2%	12.0%	10.1%	13.6%
Some college or associate's degree	8.3%	6.8%	9.3%	7.9%	6.4%	9.2%
Bachelor's degree or higher	4.4%	4.0%	4.9%	4.5%	3.9%	5.1%

Source: U.S. Census Bureau, American Community Survey, 2005-2009

Compiled by: Health Council of Southeast Florida, 2011

## School Performance

Table 21 shows accountability reports for local schools in Indian River County from the Florida Department of Education. The majority of schools received a grade of 'A' for the 2010-2011 school year. The minority rate was highest in Fellsmere Elementary and St. Peter's Academy and lowest in Imagine Schools at South Vero and Indian River Charter High School. The rates of free and reduced lunch were highest at Fellsmere Elementary and St. Peter's Academy.

Table 21: Accountability Reports for Local Schools, 2010-2011 School Year

School	Level	Grade	% Meeting High Standards in Reading	% Meeting High Standards in Math	% Meeting High Standards in Writing	% Meeting High Standards in Science	Free and Reduced Lunch	Minority Rate
BEACHLAND ELEMENTARY	Elementary	A	88	86	92	74	39	30
CITRUS ELEMENTARY SCHOOL	Elementary	B	80	71	87	53	75	42
DODGERTOWN ELEMENTARY	Elementary	B	63	60	95	37	86	67
FELLSMERE ELEMENTARY SCHOOL	Elementary	A	76	76	96	63	96	89
GIFFORD MIDDLE SCHOOL	Middle	A	76	70	91	62	50	39
GLENDALE ELEMENTARY	Elementary	A	78	68	83	45	76	46
HIGHLANDS ELEMENTARY	Elementary	A	68	78	80	42	87	61
IMAGINE SCHOOLS AT SOUTH VERO	Elementary	A	79	71	87	57	5	18
INDIAN RIVER CHARTER HIGH	High	Pending	61	85	83	43	17	22
LIBERTY MAGNET SCHOOL	Elementary	A	91	86	91	71	37	26
NORTH COUNTY CHARTER	Elementary	A	83	79	94	72	58	48
OSCEOLA MAGNET SCHOOL	Elementary	A	92	88	95	78	30	28
OSLO MIDDLE SCHOOL	Middle	B	70	61	84	44	64	40
PELICAN ISLAND ELEMENTARY	Elementary	A	80	76	88	65	70	41
ROSEWOOD MAGNET SCHOOL	Elementary	A	90	88	96	73	39	31
SEBASTIAN CHARTER JUNIOR HIGH SCHOOL	Middle	A	73	66	79	64	61	35
SEBASTIAN ELEMENTARY	Elementary	B	80	77	77	54	63	29
SEBASTIAN RIVER HIGH SCHOOL	High	Pending	49	75	77	41	54	38
SEBASTIAN RIVER MIDDLE	Middle	B	68	64	81	60	69	46
ST. PETER'S ACADEMY	Elementary	A	71	88	74	93	97	95
STORM GROVE MIDDLE SCHOOL	Middle	A	76	68	89	59	48	35
TREASURE COAST ELEMENTARY	Elementary	A	80	68	78	54	70	35
VERO BEACH ELEMENTARY	Elementary	B	70	64	90	41	88	57
VERO BEACH HIGH SCHOOL	Combinatio	Pending	54	81	85	51	47	36

Source: Florida Department of Education, School Accountability Report, SY 2010-2011

Compiled by: Health Council of Southeast Florida, 2011

## Standardized Test Scores

Table 22 shows mean SAT scores for students in Indian River County and Florida. Mean scores for students in Indian River slightly exceed those for students in Florida as a whole.

Table 22: SAT Scores, Indian River and Florida, 2011

District Name	Percentage of SAT Test Takers	Reading Mean Score	Math Mean Score	Writing Mean Score
Indian River	48.4%	500	502	481
Florida	52.9%	497	496	476

Source: Florida Department of Education, 2011

Note: Florida means calculated from data in original table

Compiled by: Health Council of Southeast Florida, 2011

Table 23 shows the mean ACT scores for students in Indian River County and Florida. Students in Indian River had average scores greater than students in Florida in all categories.

Table 23: ACT Scores, Indian River and Florida, 2011

District Name	Percentage of ACT Test Takers	English Mean Score	Math Mean Score	Reading Mean Score	Science Mean Score	Composite Mean Score
Indian River	56.9%	19.1	20.1	20.4	19.6	19.9
Florida	61.5%	18.4	19.4	20.0	18.7	19.3

Source: Florida Department of Education, 2011

Note: Florida means calculated from data in original table

Compiled by: Health Council of Southeast Florida, 2011

## BUSINESS AND EMPLOYMENT

### Unemployment

High rates of unemployment can affect the financial stability of individuals within a community and can lead to a decrease in expenditures on health care and can cause a greater number of individuals to be uninsured. Table 24 shows counts of employment and unemployment and rates of unemployment in the civilian labor force in the United States, Florida and Indian River County from 2005 to 2010. Unemployment rates have increased in all areas shown. In 2010 the unemployment rate in Indian River County was 14.0%, 2.5% higher than the state of Florida as a whole at 11.5% and nearly 4.5% greater the United States at 9.6%. The number of unemployed individuals in Indian River County has nearly tripled between 2005 and 2010. During the same time the number of unemployed individuals in the state of Florida as a whole slightly more than tripled and the number in the United States nearly doubled.

**Table 24: Annual Not Seasonally Adjusted Labor Force, Employment and Unemployment data in Indian River, Florida, United States, 2005-2010**

Year	Civilian Labor Force	Employment	Unemployment	Unemployment Rate (%)
<b>United States</b>				
2010	153,889,000	139,064,000	14,825,000	9.6%
2009	154,142,000	139,877,000	14,265,000	9.3%
2008	154,287,000	145,362,000	8,924,000	5.8%
2007	153,124,000	146,047,000	7,078,000	4.6%
2006	151,428,000	144,427,000	7,001,000	4.6%
2005	149,320,000	141,730,000	7,591,000	5.1%
<b>Florida</b>				
2010	9,224,000	8,159,000	1,065,000	11.5%
2009	9,139,000	8,209,000	930,000	10.2%
2008	9,193,000	8,621,000	572,000	6.2%
2007	9,069,000	8,704,000	365,000	4.0%
2006	8,880,000	8,584,000	296,000	3.3%
2005	8,635,000	8,305,000	330,000	3.8%
<b>Indian River County</b>				
2010	62,464	53,721	8,743	14.0%
2009	62,449	54,617	7,832	12.5%
2008	62,792	57,851	4,941	7.9%
2007	62,230	58,858	3,372	5.4%
2006	60,970	58,519	2,451	4.0%
2005	58,988	56,217	2,771	4.7%

Source: Florida Research Economic Database (FRED), Labor Market Statistics, Local Area Unemployment Statistics Program, 2010

Compiled by: Health Council of Southeast Florida, 2011

**Figure 7**

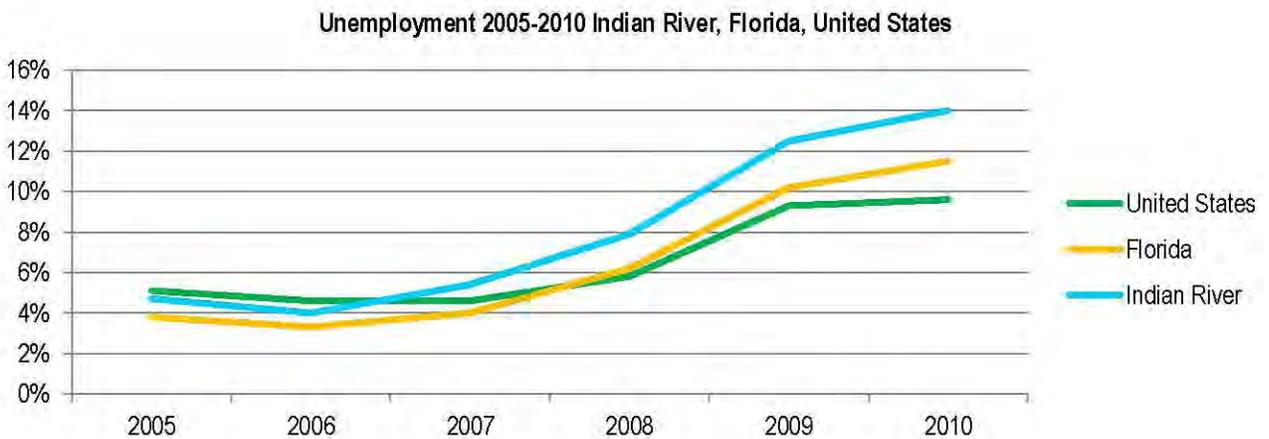


Table 25 shows that as of August 2011, Indian River County is ranked as having the 3rd highest unemployment rate at 13.9% among Florida counties, which is 3% higher than the state of Florida at 10.9% and 4.8% percent greater when compared to the nation as a whole at 9.1%.

Table 25: Florida Counties Ranked by Unemployment Rate (not seasonally adjusted), August 2011 (preliminary)

Rank	County	Unemployment Rate	Rank	County	Unemployment Rate
1	Henry	17.9%	35	Pinellas	10.7%
2	Flagler	14.9%	36	Gadsden	10.6%
3	Indian River	13.9%	37	Columbia	10.6%
4	Hernando	13.9%	38	Escambia	10.4%
5	St. Lucie	13.7%	39	Orange	10.3%
6	Okeechobee	12.9%	40	Gulf	10.2%
7	Hamilton	12.9%	41	Suwannee	10.1%
8	Marion	12.7%	42	Santa Rosa	10.0%
9	Miami-Dade	12.5%	43	Baker	9.9%
10	Highlands	12.3%	44	Gichrist	9.9%
11	Madison	12.3%	45	Seminole	9.6%
12	Dixie	12.2%	46	Bay	9.5%
13	Polk	12.1%	47	Broward	9.5%
14	Pasco	12.0%	48	Nassau	9.3%
15	Hardee	11.9%	49	Clay	9.2%
16	Collier	11.9%	50	Glades	9.2%
17	Putnam	11.8%	51	Bradford	9.2%
18	Desoto	11.8%		<b>United States</b>	<b>9.1%</b>
19	Citrus	11.8%	52	Jefferson	9.0%
20	Brevard	11.7%	53	Calhoun	9.0%
21	Lee	11.5%	54	Jackson	9.0%
22	Manatee	11.4%	55	St. Johns	8.6%
23	Levy	11.3%	56	Leon	8.5%
24	Charlotte	11.3%	57	Union	8.5%
25	Osceola	11.2%	58	Sumter	8.4%
26	Duval	11.1%	59	Alachua	8.3%
27	Martin	11.1%	60	Holmes	8.3%
28	Washington	11.0%	61	Wakulla	8.2%
29	Palm Beach	11.0%	62	Franklin	8.2%
30	Taylor	11.0%	63	Lafayette	7.7%
31	Volusia	10.9%	64	Okaloosa	7.4%
	<b>Florida</b>	<b>10.9%</b>	65	Liberty	7.1%
32	Sarasota	10.8%	66	Walton	7.0%
33	Lake	10.8%	67	Monroe	6.7%
34	Hillsborough	10.7%			

Source: Florida Agency for Workforce Innovation, Labor Market Statistics Center, Local Area Unemployment Statistics Program

Compiled by: Health Council of Southeast Florida, 2011

## Employer Size & Industry

Table 26 shows the major industries in Indian River County along with average number of establishments, average number of employees and average wage sorted high to low based on the average employment. The largest segment of those employed in Indian River County is in the health care and social assistance field with an average employment of 7,839 individuals in 2010. Closely following is the retail trade industry with an average of 7,557 individuals. Of the top 10 industries, by number of employees, the greatest average weekly wage is in professional and technical services with an average of \$948 a week, followed by public administration with an average weekly wage of \$866 while the lowest is in the accommodation and food services field with an average wage of \$324.

Table 26: Quarterly Census of Employment and Wages, for Indian River County, 2010

Industry	Average Establishments	Average Employment	Average Weekly Wage
Health Care and Social Assistance	480	7,839	\$785.00
Retail Trade	665	7,557	\$477.00
Accommodation and Food Services	281	4,267	\$324.00
Public Administration	49	3,002	\$866.00
Educational Services	43	2,855	\$764.00
Construction	611	2,610	\$671.00
Agriculture, Forestry, Fishing & Hunting	92	2,598	\$460.00
Administrative and Waste Services	389	2,162	\$526.00
Arts, Entertainment, and Recreation	79	2,148	\$513.00
Professional and Technical Services	542	2,048	\$948.00
Manufacturing	128	1,754	\$875.00
Other Services, Ex. Public Admin	515	1,748	\$487.00
Finance and Insurance	258	1,234	\$1,223.00
Real Estate and Rental and Leasing	239	993	\$545.00
Transportation and Warehousing	73	869	\$779.00
Wholesale Trade	180	678	\$2,094.00
Information	43	616	\$1,145.00
Management of Companies and Enterprises	31	167	\$1,577.00
Utilities	8	20	\$635.00
Mining	***	***	***
Unclassified	***	***	***

Source: Florida Economic Research Database, Florida Labor Market Statistics, Quarterly Census of Employment and Wages Program, 2010

Compiled by: Health Council of Southeast Florida, 2011

Table 27 shows percentages of the workforce organized within occupational categories. The highest percentages of the population, both accounting for over a quarter of the employed civilian workforce are working in the “sales and office occupations” followed by the “management, professional or related occupations”.

Table 27: Civilian Employed Population by Occupational Category, Indian River, 2009

	Number	Percent
Civilian employed population 16 years and over	52,624	52,624
Management, professional, and related occupations	14,179	26.9%
Service occupations	12,277	23.3%
Sales and office occupations	14,321	27.2%
Farming, fishing, and forestry occupations	637	1.2%
Construction, extraction, maintenance, and repair occupations	7,880	15.0%
Production, transportation, and material moving occupations	3,330	6.3%

Source: U.S. Census Bureau, American Community Survey, 2009

Compiled by: Health Council of Southeast Florida, 2011

## PUBLIC ASSISTANCE BENEFITS

RFAs are used to assist the Department of Children and Families and the Department of Health in the implementation of evidence-based home visit services specified in the Affordable Care Act to the individuals and families in need.<sup>5</sup>

Figures 8 and 9 show the monthly trends of RFA applications from January 2008 through August 2011 for Indian River and Florida. The RFAs in Indian River County decreased nearly 83% from year 2008 to year 2010, during the same time the number of RFAs in Florida increased 19%.

Figure 8

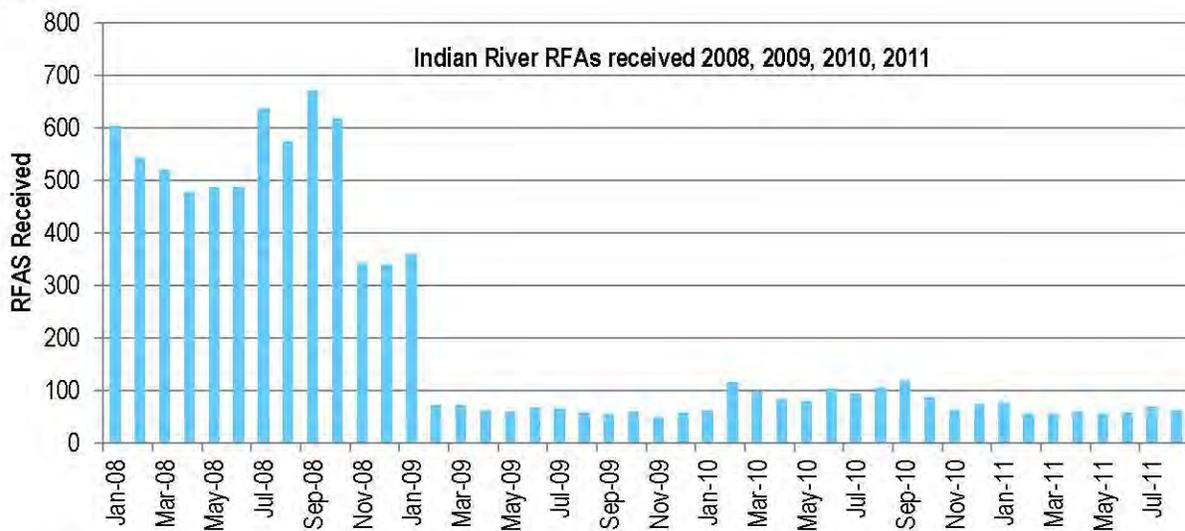
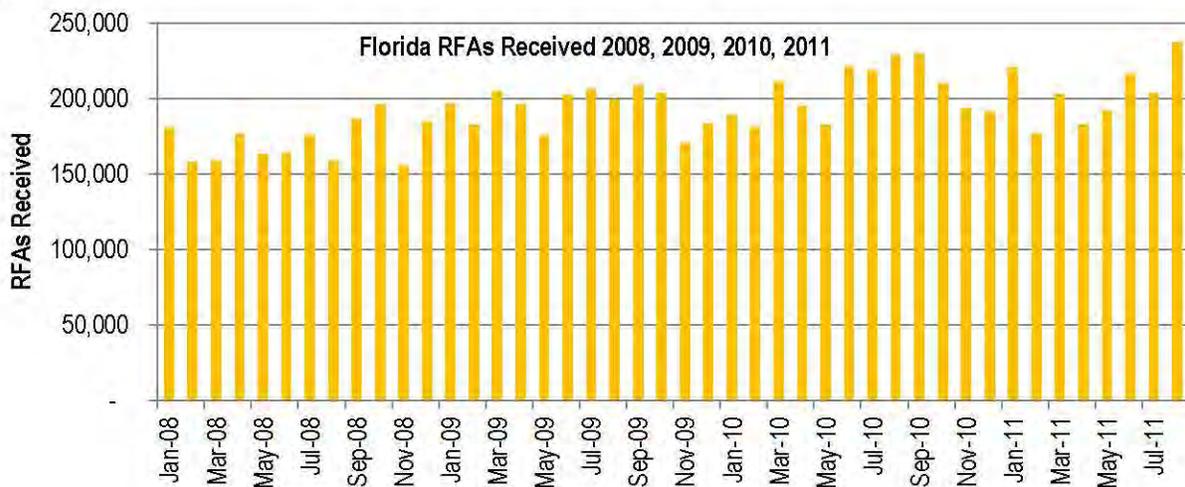


Figure 9



<sup>5</sup> [http://www.doh.state.fl.us/Admin/General\\_Services/Purchasing/FA11-004.pdf](http://www.doh.state.fl.us/Admin/General_Services/Purchasing/FA11-004.pdf)

## Food Stamps

Figures 10 and 11 show monthly food stamp issuance and food stamp clients from January 2008 through August 2011 for Indian River County and Florida. Issuance and number of clients have both rose steadily in both areas. From January 2008 to August 2011 food stamp issuance rose 254% in Indian River and 216 % in Florida. During the same time period, food stamp clients increased nearly 163% in Indian River and 129% in Florida.

Figure 10

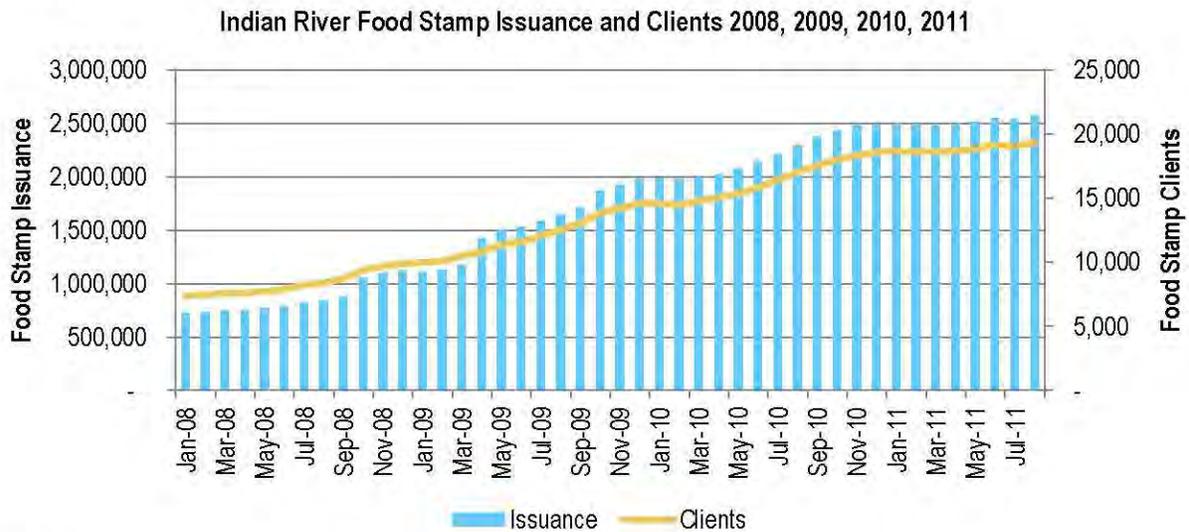
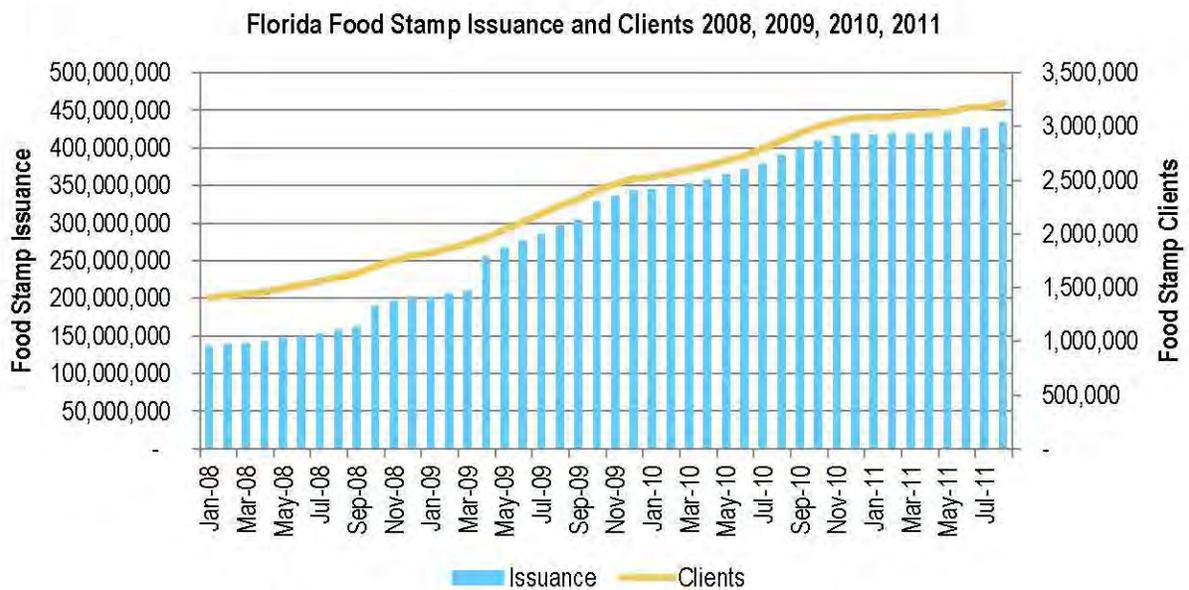


Figure 11



## Cash Assistance

Figures 12 and 13 show the monthly trends in number of TANF, Temporary Assistance for Needy Families, benefits and clients from January 2008 through August 2011. From year 2008 to year 2010 TANF benefits increased 26.8% and TANF clients increased 45.8% in Indian River County. During the same time periods in Florida, benefits increased 15.4% and clients increased 27.2%.

Figure 12

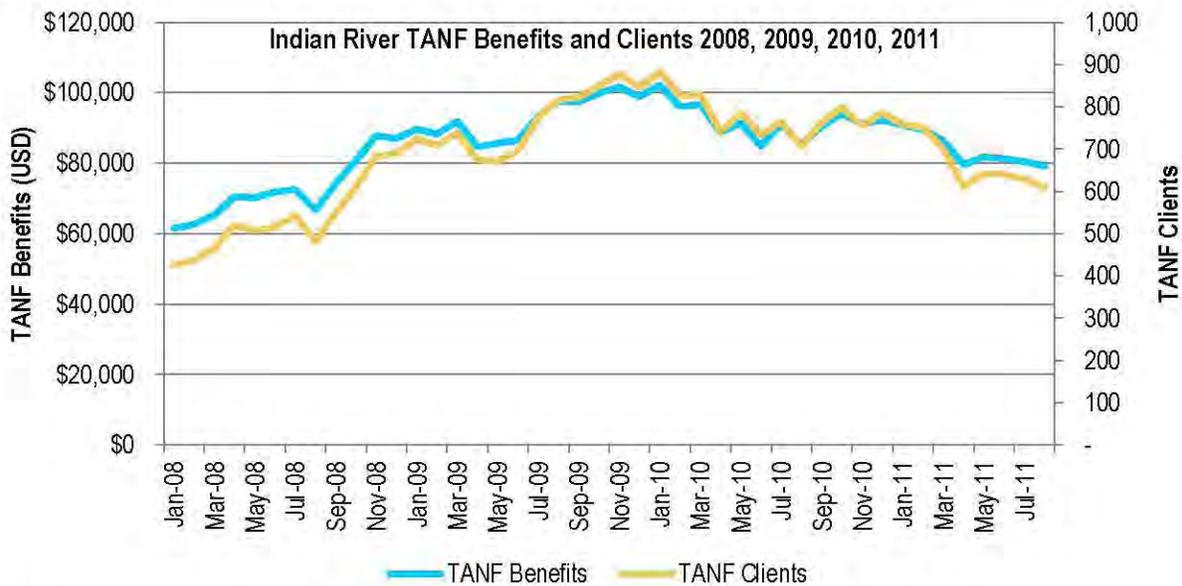
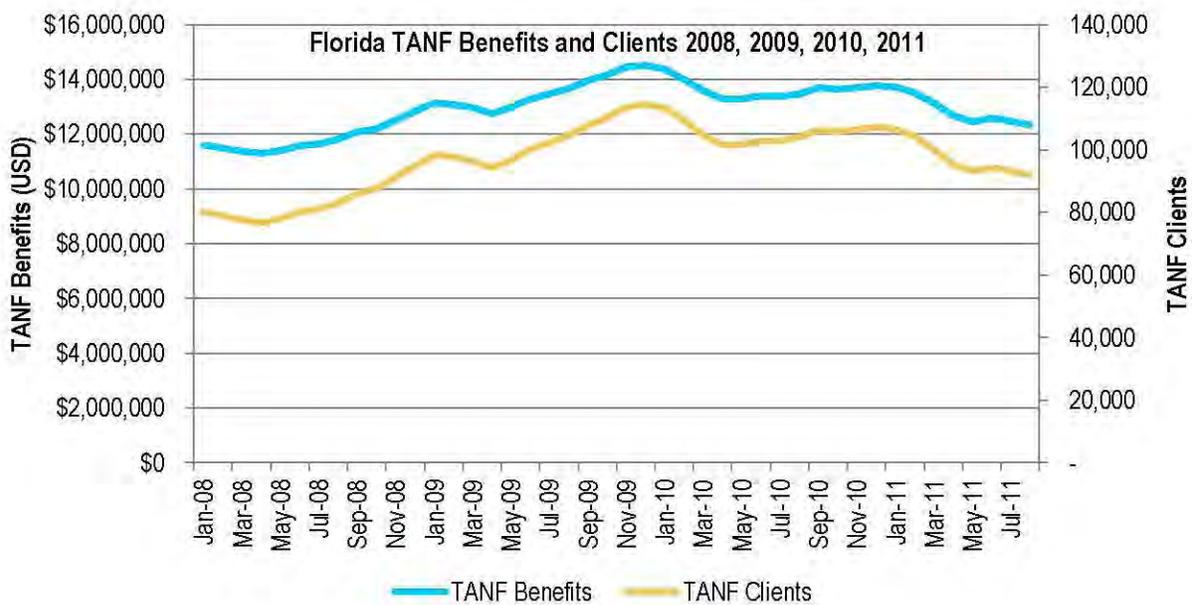


Figure 13



### Medical Assistance

Medicaid is a federally and state funded health program in the United States that provides health services to low income individuals and families. Figures 14 and 15 show the monthly trends in Medicaid clients in Indian River and in Florida from January 2008 through August 2011. During this time period the number of Medicaid clients in Indian River increased nearly 65% and 52.5% in Florida.

Figure 14

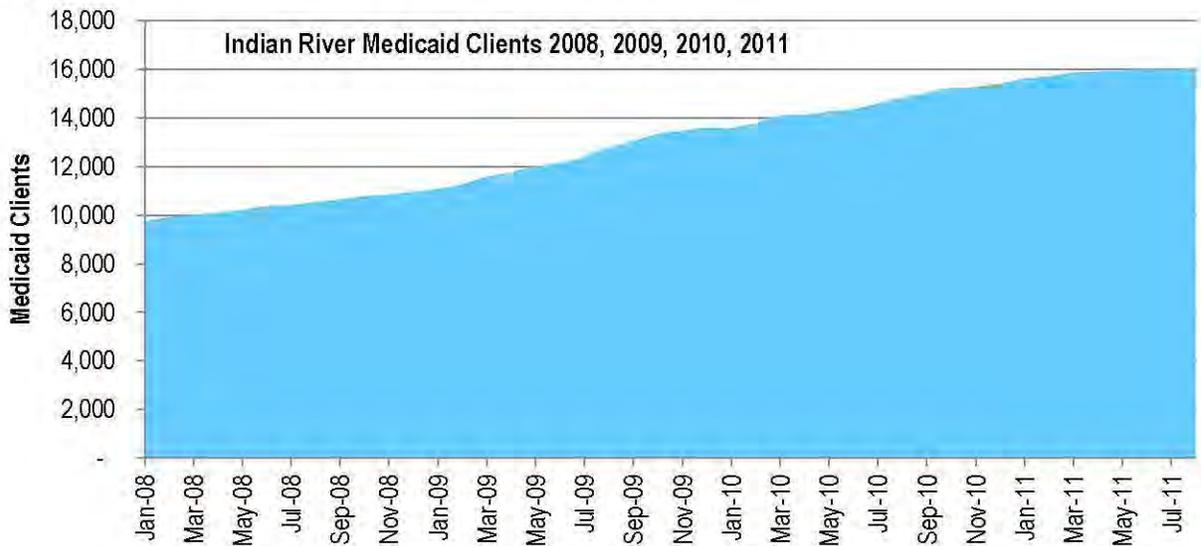
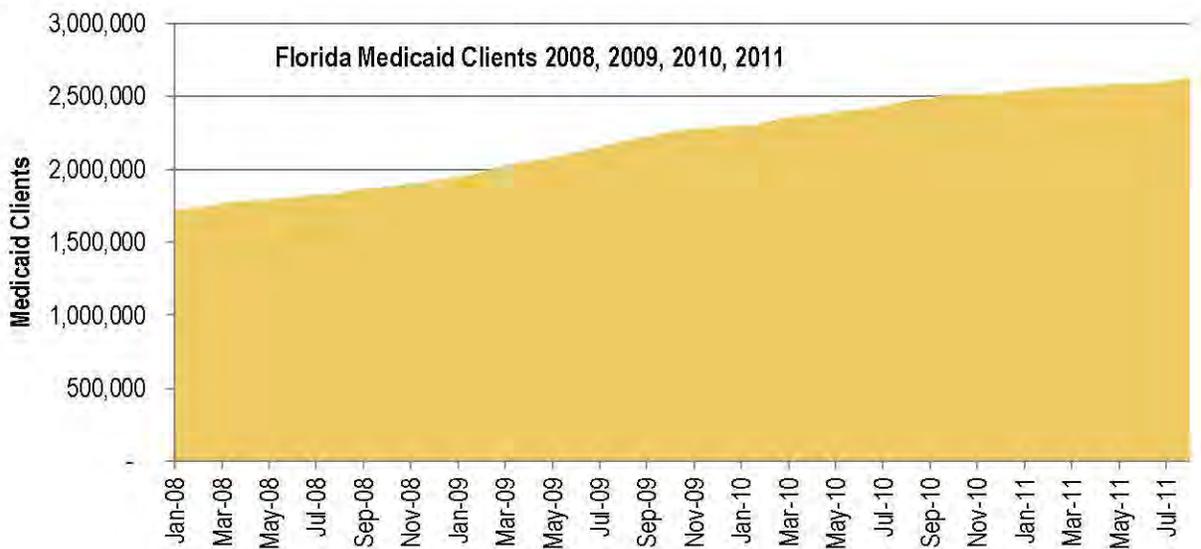


Figure 15



## School Lunch Program

Tables 28, 29 and 30 show school lunch program eligibility in Indian River County and in the state of Florida for students in school-readiness programs, elementary school and in middle school in 2007, 2008 and 2009. The percent of eligible children increased between 2008 and 2009 in Indian River County in each of the categories. In 2009, the rate of eligible school-readiness children was greater in Indian River, 57.4%, than in Florida, 53.8%. In 2009, a larger percentage of Florida middle school students, 54.4% were eligible than Indian River students, 49.8%

**Table 28: Children in school-readiness programs eligible for free/reduced lunch, Indian River and Florida, 2007, 2008, 2009**

County	Number of FRL-eligible children			Number of Children in programs			Rate Percent		
	2007	2008	2009	2007	2008	2009	2007	2008	2009
Florida	149,488	146,655	129,486	247,746	247,315	240,883	60.3%	59.3%	53.8%
Indian River	898	719	936	1,518	1,321	1,631	59.2%	54.4%	57.4%

Source: FloridaCHARTS.com is provided by the Florida Department of Health, Office of Health Statistics and Assessment

Data Source: FloridaCHARTS, Florida Agency for Workforce Innovation, 2009

Data Note(s): denominator is total number of students in program

**Table 29: Percent of Elementary School Students Eligible for Free/Reduced Lunch, Indian River and Florida, 2007, 2008, 2009**

County	Number of Elem. Students Eligible for FRL			Number of Elementary Students			Rate Percent		
	2007	2008	2009	2007	2008	2009	2007	2008	2009
Florida	634,679	667,766	708,427	1,211,153	1,199,549	1,199,896	52.4%	55.7%	59.0%
Indian River	3,860	4,255	4,667	7,946	7,896	7,965	48.6%	53.9%	58.6%

Source: FloridaCHARTS, Florida Department of Education, Education Information and Accountability Services (EIAS), 2009

Data Note(s): Denominator is total elementary school students.

Compiled by: Health Council of Southeast Florida, 2011

**Table 30: Percent of Middle School Students Eligible for Free/Reduced Lunch, Indian River and Florida, 2007, 2008 and 2009**

County	Number of Middle School Students Eligible for FRL			Number of Middle School Students			Rate Percent		
	2007	2008	2009	2007	2008	2009	2007	2008	2009
Florida	279,770	304,509	326,394	596,699	601,652	599,726	46.9%	50.6%	54.4%
Indian River	1,655	1,794	2,015	3,990	4,002	4,048	41.5%	44.8%	49.8%

Source: FloridaCHARTS, Florida Department of Education, Education Information and Accountability Services (EIAS)m 2009

Data Note(s): Denominator is total middle school students

Compiled by: Health Council of Southeast Florida, 2011

## Women, Infants and Children Program

WIC is a supplemental nutrition program that serves to safeguard the health of low-income pregnant, postpartum, and breastfeeding women, infants, and children up to age 5 who are at nutritional risk. The program provides nutritious foods to supplement diets, information on healthy eating including breastfeeding promotion and support, and referrals to health care services.

Table 31 shows the number of individuals eligible for WIC benefits, as well as the number served. In Indian River County in 2009, 83.8% of the 3830 eligible individuals were served by WIC. In 2010 2.7% of Indian River County's population was eligible for WIC.

Table 31: WIC Eligibility and Number Served, Indian River and Florida, 2008, 2009, 2010

County	Number of Eligibles			Number of Total Population			Rate Percent		
	2008	2009	2010	2008	2009	2010	2008	2009	2010
Florida	594,871	592,307	580,986	18,812,155	18,819,000	18,788,795	3.20%	3.10%	3.10%
Indian River	3,929	3,885	3,830	141,811	141,926	142,108	2.80%	2.70%	2.70%
	<b>Number of WIC Eligibles Served</b>								
Florida	457,183	496,969	502,959						
Indian River	2,943	3,129	3,208						

Data Source: FloridaCHARTS, Florida Department of Health, WIC & Nutrition Services' WIC Potentially Eligible Population  
Compiled by: Health Council of Southeast Florida, 2011

## HOUSING

### Number of Housing Units

Table 32 shows the proportion of owner occupied and renter occupied housing units in Indian River County and in the state of Florida as a whole. In 2009, 73.7% of the occupied housing units in the county were owner-occupied and the remaining 26.3% were classified as renter-occupied. The percentage of owner-occupied housing units is greater in Indian River County than in Florida as a whole.

**Table 32: Housing Tenure Indian River and Florida, 2009**

	Florida		Indian River	
	Estimate	Percent	Estimate	Percent
Occupied housing units	6,987,647	100%	61,398	100%
Owner-occupied	4,785,064	68.5%	45,253	73.7%
Renter-occupied	2,202,583	31.5%	16,145	26.3%

Source: US Census Bureau, American Community Survey, 2010  
 Compiled by: Health Council of Southeast Florida

**Median Housing Price**

Table 33 shows the 2009 median value of owner-occupied housing units and the percentage of units in value bands in Indian River and in the state of Florida. The three value bands in Indian River with the largest percentage of units are: \$100,000-\$149,999 with 19.6%, \$150,000-\$199,999 with 18.5% and \$200,000-\$299,999 with 17.8%. In 2009, the median house price in Indian River was \$174,000, similar to Florida as a whole with a median value of \$182,400.

**Table 33: Value of Owner-occupied units, 2009**

	Florida		Indian River	
	Estimate	Percent	Estimate	Percent
Owner-occupied units	4,785,064	4,785,064	45,253	45,253
Less than \$50,000	362,163	7.6%	3,172	7.0%
\$50,000 to \$99,999	640,325	13.4%	6,173	13.6%
\$100,000 to \$149,999	772,314	16.1%	8,851	19.6%
\$150,000 to \$199,999	875,521	18.3%	8,365	18.5%
\$200,000 to \$299,999	1,042,589	21.8%	8,073	17.8%
\$300,000 to \$499,999	703,314	14.7%	5,871	13.0%
\$500,000 to \$999,999	290,787	6.1%	3,070	6.8%
\$1,000,000 or more	98,051	2.0%	1,678	3.7%
Median (dollars)	182,400	(X)	174,000	(X)

Source: US Census Bureau, American Community Survey, 2009  
 Compiled by: Health Council of Southeast Florida, 2011

## Average Rent

Table 34 shows 2009 gross rents for Indian River County and the state of Florida as a whole by price bands. Indian River County had 14,823 occupied rental units paying rent. 31.1% of these units had a monthly rent of \$750 - \$999, 28.3% rented for \$500 - \$749 and 28% rented for between \$1,000 and \$1,499. The 2009 median rent in Indian River was estimated to be \$870 and in the state of Florida was \$952 per month.

Table 34: Gross Rent, Indian River and Florida, 2009

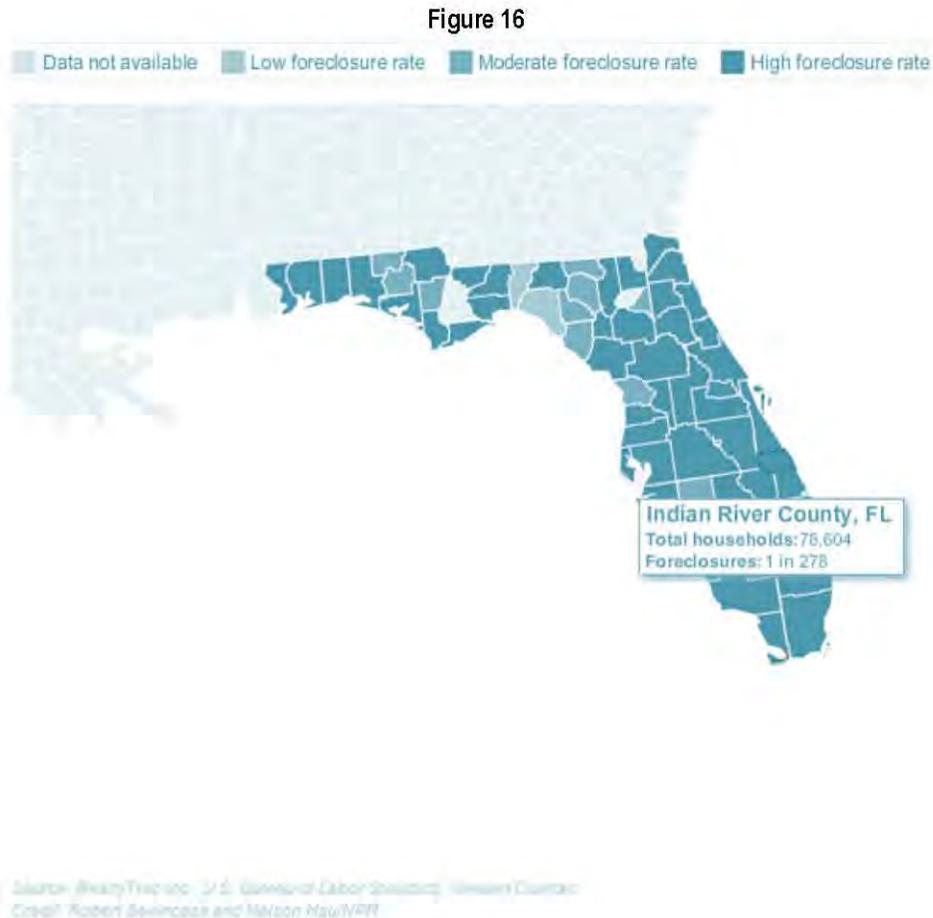
	Florida		Indian River	
	Estimate	Percent	Estimate	Percent
Occupied units paying rent	2,086,900	2,086,900	14,823	14,823
Less than \$200	30,989	1.50%	0	0.00%
\$200 to \$299	38,945	1.90%	340	2.30%
\$300 to \$499	95,735	4.60%	555	3.70%
\$500 to \$749	375,405	18.00%	4,199	28.30%
\$750 to \$999	624,027	29.90%	4,610	31.10%
\$1,000 to \$1,499	667,845	32.00%	4,145	28.00%
\$1,500 or more	253,954	12.20%	974	6.60%
Median (dollars)	\$ 952.00	(X)	\$ 870.00	(X)
No rent paid	115,683	(X)	1,322	(X)

Source: US Census Bureau, American Community Survey, 2009

Compiled by: Health Council of Southeast Florida, 2011

## Foreclosures

Figure 16 shows foreclosure classifications for counties in Florida as of September 2011. Each county is classified as having a 'low', 'moderate' or 'high' foreclosure rate. Indian River County with 1 in 278 properties having foreclosure actions is classified as 'high'. A classification of high is given to counties that have greater than 1 in 700 properties with foreclosure actions.



Source: National Public Radio, "Interactive Map: The Economy Where You Live"

## PUBLIC TRANSPORTATION

Indian River County's public transportation system, "GoLine" has 14 routes servicing the county and Barefoot Bay. GoLine's buses run on weekdays from 8:00am to 5:00pm, with some extended hours, and Saturdays 9:00am – 3:00pm for certain routes. There is no charge to utilize GoLine, though riders are encouraged to make a donation. All GoLine vehicles are wheelchair accessible. Additionally, there is a "door-to-bus stop connector" for individuals without access to a bus stop. GoLine riders often use the buses to get to work, school, medical appointments, religious services, grocery stores, etc.<sup>6</sup>

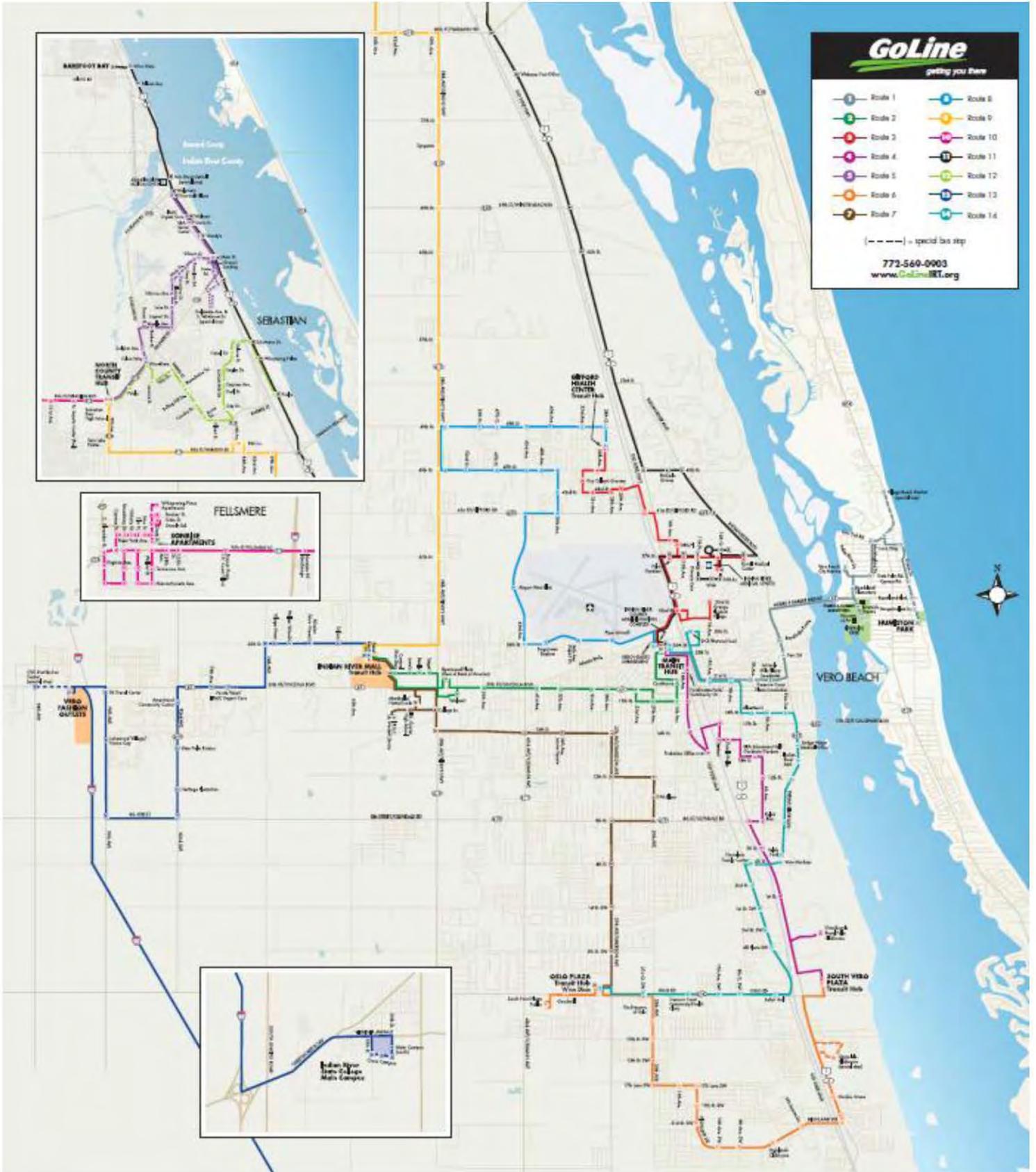
GoLine's website is [www.GoLineIRT.com](http://www.GoLineIRT.com). Figure 17 details GoLine bus routes and Figure 18 is a map of the routes.

Figure 17



<sup>6</sup> [www.GoLineIRT.com](http://www.GoLineIRT.com)

Figure 18



## Number of Vehicles per Housing Unit

Table 35: Vehicles Available per Household, Indian River and Florida, 2009

	Florida		Indian River	
	Estimate	Percent	Estimate	Percent
Occupied housing units	6,987,647	6,987,647	61,398	61,398
No vehicles available	460,040	6.6%	3,416	5.6%
1 vehicle available	2,877,361	41.2%	26,891	43.8%
2 vehicles available	2,674,284	38.3%	23,479	38.2%
3 or more vehicles available	975,962	14.0%	7,612	12.4%

Source: US Census Bureau, American Community Survey, 2009

Compiled by: Health Council of Southeast Florida

## UNCOMPENSATED CARE

Table 36 shows revenues, expenses and uncompensated care at the Indian River hospitals in 2009. Total patient revenues at Indian River Medical Center were \$462,637,040 and total gross uncompensated care was \$33,067,692. Total patient revenues at Sebastian River Medical Center were \$363,333,623 and total gross uncompensated care was \$8,044,288. Total patient revenues at HealthSouth Treasure Coast Rehab Hospital were \$31,733,149 and total gross uncompensated care was \$1,057,603.

Table 36: Revenues, Expenses and Uncompensated Care, Indian River County Hospitals, 2009

	Indian River Medical Center	Sebastian River Medical Center	HealthSouth Treasure Coast Rehab Hospital
Total Patient Revenues	\$462,637,040	\$363,333,623	\$31,733,149
Total Operating Expenses	\$168,236,699	\$54,335,875	\$17,563,515
Gross Bad Debt (\$)	\$12,318,252	\$8,015,951	\$244,772
Gross Charity Care (\$)	\$20,749,440	\$28,337	\$812,831
Total Gross Uncompensated Care (\$)	<b>\$33,067,692</b>	<b>\$8,044,288</b>	<b>\$1,057,603</b>

Source: Florida Agency for Health Care Administration, Florida Hospital Uniform Reporting System, 2009

Compiled by: Health Council of Southeast Florida, 2011

## CRIME

Crime in a community can influence health status both as a result of direct injury from the crimes themselves and as a result of the emotional stresses present in areas of high crime. Table 37 shows crime counts in Indian River County organized by the type of crime. From 2009 to 2010 the total arrests decreased 5.4%. Total index offenses and index rate increased as well as the non-violent rate. The rate of violent crimes decreased slightly between 2009 and 2010.

**Table 37: Summary of Uniform Crime Report (UCR) Data, Indian River 2009, 2010**

County	2009	2010	% Change
Population	141,634	142,009	0.30%
Total Arrests	7,117	6,733	-5.40%
Total Index Offenses	4,484	4,696	4.70%
Violent Rate	317.7	315.5	-1.10%
Non-Violent Rate	2,848.2	2,991.40	5.00%
Index Rate	3,165.9	3,306.80	4.40%

Source: Florida Department of Law Enforcement, 2010

Compiled by: Health Council of Southeast Florida

Table 38 shows reported violent crimes trends in Indian River between 1995 and 2010. The total violent crime index has decreased nearly 20% since 1995. The number of violent crimes in each of the categories listed decreased between 1995 and 2010

**Table 38: Reported Violent Index Crime Trend, by Offense and Year, Indian River, 1995-2010**

Year	Population	Murder	Forcible Sex Offenses	Robbery	Aggravated Assault	Total Violent Index Crime
1995	100,261	6	63	101	389	559
1996	102,211	4	87	76	467	634
1997	104,605	6	80	88	330	504
1998	106,690	2	86	79	312	479
1999	109,579	6	81	67	365	519
2000	112,947	6	81	57	292	436
2001	115,716	3	81	57	296	437
2002	118,149	2	87	65	314	468
2003	121,174	5	72	79	295	451
2004	126,829	1	70	65	360	496
2005	130,043	2	42	85	318	447
2006	135,262	7	51	121	300	479
2007	139,757	2	53	101	308	464
2008	141,667	4	56	102	312	474
2009	141,634	7	16	80	347	450
2010	142,009	0	34	90	324	448

SOURCE: Florida Department of Law Enforcement, 2010

Compiled by: Health Council of Southeast Florida, 2011

Table 39 shows reported property crimes in Indian River between 1995 and 2010. The total property crime index decreased nearly 16% between 1995 and 2010. The largest decrease was seen in the number of motor vehicle thefts, with over a 40% decrease.

**Table 39: Reported Property Index Crimes by Offense by Year, Indian River, 1995-2010**

Year	Population	Burglary	Larceny	Motor Vehicle Theft	Total Property Index Crime
1995	100,261	1,287	3,499	265	5,051
1996	102,211	1,408	3,115	247	4,770
1997	104,605	1,279	3,820	243	5,342
1998	106,690	1,140	3,681	241	5,062
1999	109,579	1,025	3,247	251	4,523
2000	112,947	998	3,388	203	4,589
2001	115,716	950	2,649	187	3,786
2002	118,149	998	3,041	225	4,264
2003	121,174	935	3,127	220	4,282
2004	126,829	869	2,906	220	3,995
2005	130,043	986	3,035	272	4,293
2006	135,262	888	2,852	203	3,943
2007	139,757	1,046	2,753	242	4,041
2008	141,667	1,088	3,045	152	4,285
2009	141,634	1,034	2,849	151	4,034
2010	142,009	1,193	2,898	157	4,248
<hr/>					
% Change 1995-2010		-7.3%	-17.2%	-40.8%	-15.9%

SOURCE: Florida Department of Law Enforcement, 2010

Compiled by: Health Council of Southeast Florida, 2011

## HEALTH STATUS PROFILE

This section of the Health Needs Assessment presents the Indian River community health status by analyzing secondary data for the following major health indicators: Maternal and Child Health, Behavioral Health, Hospital Utilization, Morbidity and Mortality. Emergent healthcare priorities may be gathered from data presented herein and be used to inform policy and program development.

Data in the section may be present as age-adjusted rates or as crude rates. Age adjustment, also called age standardization, is a statistical technique utilized to better allow populations to be compared when the age profiles and distributions within the populations are different.<sup>7</sup> Age adjusted rates are often used to answer the question, “How does the rate in my county compare to the rate in another even though the distribution of persons by age may vary?”<sup>8</sup> The frequency with which health events occur is almost always related to age. Therefore, in order to examine other risk factors independent of age, age adjustments are often used in public health analyses. The 2000 US Standard population is often used as a guideline to calculate age-adjusted rates.<sup>9</sup> Crude rates, conversely, are the total number of events in a given population over a period of time.<sup>10</sup> Crude rates are useful in examining the burden of disease or death on a community.

### MATERNAL & CHILD HEALTH

#### PRENATAL CARE ACCESS

Table 40 shows prenatal care status of births in Indian River and the state of Florida as a whole in 2008, 2009 and 2010. Using the Kotelchuck Index to determine adequate care, the percentage of births in Indian River where the mother had adequate prenatal care was 72.9% in 2010, up from 67.7% in 2008. A greater percentage of births had prenatal care during the first trimester in Florida than in Indian River. However, Florida as a whole had a slightly higher percentage of births with no prenatal care.

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<sup>7</sup> <http://seer.cancer.gov/seerstat/tutorials/aarates/definition.html>

<sup>8</sup> <http://www.floridacharts.com/charts/calculate.aspx?RepID=6>

<sup>9</sup> <http://www.floridacharts.com/charts/calculate.aspx?RepID=6>

<sup>10</sup> <http://medical-dictionary.thefreedictionary.com/crude+rate>

Table 40: Prenatal Care, Indian River, Florida, 2008, 2009, 2010

	Indian River						Florida					
	2008	2009	2010	2008	2009	2010	2008	2009	2010	2008	2009	2010
	Count			Percentage			Count			Percentage		
Births to Mothers With No Prenatal Care	9	15	14	0.7%	1.3%	1.1%	4,230	3,315	2,686	2%	1.7%	1.4%
Births to Mothers With First Trimester Prenatal Care	935	822	883	72.1%	68.9%	72.4%	159,426	154,752	147,843	76.9%	78.3%	79.3%
Births to Mothers With 2nd Trimester Prenatal Care	291	309	257	22.5%	25.9%	21.1%	35,958	33,051	30,034	17.3%	16.7%	16.1%
Births to Mothers With 3rd Trimester Prenatal Care	61	47	65	4.7%	3.9%	5.3%	7,710	6,575	5,810	3.7%	3.3%	3.1%
Births with adequate prenatal care (Kotelchuck index)	877	862	889	67.7%	72.3%	72.9%	142,059	138,142	131,093	68.5%	69.9%	70.3%

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2009

Notes: Percentage is calculated using denominator of number of births with known PNC status

\*Adequate care determine by Kotelchuck Index (Indicates that prenatal care begun by at least the 4th month and at least 80% of recommended prenatal visits were received.)

Compiled by: Health Council of Southeast Florida, 2012

## BIRTH RATES

### Total Births

Table 41 shows the total count for resident live births in Indian River County and Florida for 2008, 2009 and 2010. The rate per 1,000 individuals was lower in Indian River for all three years shown and ranged from 9.0 – 9.7 per 1,000.

Table 41: Total Resident Live Births, Indian River, Florida, 2008, 2009, 2010

County	Number of Total Births			Rate Per 1,000		
	2008	2009	2010	2008	2009	2010
Florida	231,417	221,391	214,519	12.3	11.8	11.4
Indian River	1,373	1,278	1,305	9.7	9.0	9.2

Source: FloridaCHARTS

Compiled by: Health Council of Southeast Florida, 2012

Data Notes: Rates calculated using July 1 population estimates from the Office of the Governor.

### **Birth Rates by Age of Mother**

Table 42 shows birth counts organized by the mother's age. The greatest numbers of births in Indian River and in Florida were to mothers 20-29 years of age.

**Table 42: Number of Births to Mothers by Age Category, Indian River and Florida, 2008, 2009, 2010**

	Indian River			Florida		
	2008	2009	2010	2008	2009	2010
Births to Mothers Ages 10-14	1	1	3	356	262	250
Births to Mothers Ages 14-18	95	87	74	14,540	12,877	11,054
Births to Mothers Ages 15-19	164	143	116	24,089	22,016	19,142
Births to Mothers Ages 20-29	761	735	697	123,214	118,162	113,762
Births to Mothers Ages 30+	447	399	488	83,749	80,945	81,336

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2010

Compiled by: Health Council of Southeast Florida, 2012

Table 43 shows birth rates per 1,000 by mother's age in Indian River and Florida. The birth rates to mothers 10-14, 14-18 and 15-19 were similar between Indian River and Florida in the time period shown. The birth rate to mothers 20-29 was consistently higher in Indian River than in Florida, and the birth rate to mothers 30 and over was consistently higher in Florida.

**Table 43: Births Rates per 1,000 Women by Age Category, Indian River and Florida, 2008, 2009, 2010**

	Indian River			Florida		
	2008	2009	2010	2008	2009	2010
Births to Mothers Ages 10-14	0.3	0.3	0.8	0.6	0.5	0.5
Births to Mothers Ages 14-18	24.6	22.8	19.5	24.7	22.1	19.1
Births to Mothers Ages 15-19	43.3	38.1	31.1	40.7	37.4	32.8
Births to Mothers Ages 20-29	121.7	116.5	109.4	106.8	101.9	97.7
Births to Mothers Ages 30+	8.5	7.6	9.2	13.6	13.1	13.2

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2010

Rates calculated using July 1 population estimates from the Office of the Governor, denominator is number of females in age group

Compiled by: Health Council of Southeast Florida, 2012

### Teenage Birth Rates and Repeat Teenage Birth Rates

Table 44 shows the number of repeat births by mother's age in Indian River and in Florida in 2008, 2009 and 2010.

Table 44: Number of Repeat Births to Mothers by Age Category, Indian River and Florida, 2008, 2009, 2010

	Indian River			Florida		
	2008	2009	2010	2008	2009	2010
Repeat Births to Mothers 10-12	0	0	0	0	0	0
Repeat Births to Mothers 15-17	7	3	1	713	598	486
Repeat Births to Mothers Ages 15-19	28	18	21	4461	4163	3412
Repeat Births to Mothers 18-19	21	15	x	3748	3522	x

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2009

Compiled by: Health Council of Southeast Florida, 2012

Table 45 shows the percent of repeat births by mother's age in Indian River and in Florida. Rate of repeats births is calculated by dividing the number of repeat births to mothers in an age group by the number of births to mothers in that age group. Due to the relatively low number of repeat births in some categories, small changes in counts can greatly affect the rate.

Table 45: Percent of Repeat Births to Women by Age Category, Indian River and Florida, 2008, 2009, 2010

	Indian River			Florida		
	2008	2009	2010	2008	2009	2010
Repeat Births to Mothers 10-12	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Repeat Births to Mothers 15-17	15.2%	6.0%	2.9%	9.8%	9.5%	9.0%
Repeat Births to Mothers Ages 15-19	17.1%	12.6%	18.1%	18.5%	18.9%	17.8%
Repeat Births to Mothers 18-19	17.8%	16.1%	x	22.3%	22.4%	x

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2009

Rates calculated using July 1 population estimates from the Office of the Governor, denominator is number of births to mothers in age category

Compiled by: Health Council of Southeast Florida, 2011

## BIRTH WEIGHT

### *Very Low Birth Weight*

Proper prenatal care and healthy behaviors during pregnancy can reduce the likelihood of low birth weight babies. Table 46 shows the count and percent of live births classified as “very low birth weight”, meaning less than 1500 grams. In 2010, the percentage was 1.1% in Indian River, slightly lower than the 1.6% in Florida as a whole.

Table 46: Live Births Under 1500 Grams to All Mothers, Indian River and Florida, 2008, 2009, 2010

County	Number of VLBW Births			Number of Total Births			Rate Percent		
	2008	2009	2010	2008	2009	2010	2008	2009	2010
Florida	3,851	3,544	3,522	231,417	221,391	214,519	1.7%	1.6%	1.6%
Indian River	15	15	15	1,373	1,278	1,305	1.1%	1.2%	1.1%

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2009

Compiled by: Health Council of Southeast Florida, 2011

### *Low Birth Weight*

Table 47 shows the count and percent of live births classified as “low birth weight”, meaning less than 2500 grams. In 2010, the percentage was 7.9% in Indian River, slightly less than the 8.7% in Florida as a whole.

Table 47: Live Births Under 2500 Grams to All Mothers, Indian River and Florida, 2008, 2009, 2010

County	Number of LBW Births			Number of Total Births			Rate Percent		
	2008	2009	2010	2008	2009	2010	2008	2009	2010
Florida	20,369	19,297	18,719	231,417	221,391	214,519	8.8%	8.7%	8.7%
Indian River	80	92	103	1,373	1,278	1,305	5.8%	7.2%	7.9%

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2010

Compiled by: Health Council of Southeast Florida, 2012

## INFANT MORTALITY

### *Infant Mortality*

Infant mortality is the death of an infant 0-364 days old. Infant mortality in Indian River County ranged between 4.7 and 8.4 per 1,000 live births in 2008-2010. The lowest rate was in 2009. Due to the relatively small number of infant deaths and infant births, small changes in the counts can greatly affect the rate. The average rate per 1,000 live births over the three years in Indian River was 7.0, similar to the rate in Florida which averaged 6.9 per 1,000 during the same time period.

Table 48: Total Infant Mortality (0-364 days), Indian River and Florida, 2008, 2009, 2010

County	Number of Infant Deaths			Number of Total Live Births			Rate Per 1,000		
	2008	2009	2010	2008	2009	2010	2008	2009	2010
Florida	1,667	1,525	1,400	231,417	221,391	214,519	7.2	6.9	6.5
Indian River	11	6	11	1,373	1,278	1,305	8.0	4.7	8.4

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2009

Compiled by: Health Council of Southeast Florida, 2011

### *Neonatal Mortality*

Neonatal mortality is that death of an infant 0-27 days old. Neonatal mortality in Indian River County ranged from 3.1 to 6.6 per 1,000 live births between 2008 and 2010. Due to the relatively small number of infant deaths and infant births, small changes in the counts can greatly affect the rate. The average rate per 1,000 live births over the three years was 5.0, slightly greater than Florida's rate which ranged from 4.3 - 4.6 per 1,000 live births.

Table 49: Neonatal Mortality (0 - 27 days), Indian River and Florida, 2008, 2009, 2010

County	Number of Neonatal Deaths			Number of Total Live Births			Rate Per 1,000		
	2008	2009	2010	2008	2009	2010	2008	2009	2010
Florida	1,061	995	929	231,417	221,391	214,519	4.6	4.5	4.3
Indian River	9	4	7	1,373	1,278	1,305	6.6	3.1	5.4

FloridaCHARTS.com is provided by the Florida Department of Health, Office of Health Statistics and Assessment

Data Source: Florida Department of Health, Bureau of Vital Statistics

## IMMUNIZATION

### *Kindergarten Immunization*

A population in which a higher percentage of individuals are immunized can help prevent the spread of many preventable diseases. Table 50 shows the percent of kindergarten students who have received vaccinations. The state of Florida as a whole remained fairly consistent over the three year period with between 89.8% and 91.3% of the kindergarten students being immunized. The rate of immunization fluctuated slightly during the three year period in Indian River with a high of 95.4% of students being immunized in 2008 and 89.4% in 2010.

Table 50: Immunization Levels in Kindergarten, Indian River and Florida, 2008, 2009, 2010

County	Number of Students Immunized			Number of Kindergarten Students			Rate Percent		
	2008	2009	2010	2008	2009	2010	2008	2009	2010
Florida	195,514	199,638	200,264	217,814	218,630	219,254	89.8%	91.3%	91.3%
Indian River	1,328	1,297	1,282	1,392	1,407	1,434	95.4%	92.2%	89.4%

Source: FloridaCHARTS, Florida Department of Health, Bureau of Immunization, 2010

Compiled by: Health Council of Southeast Florida, 2011

### *Vaccine Preventable Diseases*

Table 51 shows the rate per 100,000 individuals of vaccine preventable diseases in Indian River and in Florida. Due to the rarity of the events in the county, small changes in the number of cases can make considerable changes in the rate.

Table 51: Selected Vaccine Preventable Disease Rates, Indian River and Florida, 2006-2010

County	Average Number of Cases			Rate Per 100,000		
	2006-08	2007-09	2008-10	2006-08	2007-09	2008-10
Florida	620	714	730	3.3	3.8	3.9
Indian River	2	2	2	1.2	1.4	1.6

Data Source: FloridaCHARTS, Florida Department of Health, Bureau of Epidemiology

Compiled by: Health Council of Southeast Florida, 2011

## BEHAVIORAL HEALTH

This section focuses on behaviors that either enhance or detract from the physical, emotional and mental health of any given population. The behavioral health section takes into consideration such areas as domestic violence, sexual behaviors, inpatient utilization of mental health services, alcohol consumption/substance abuse and violence and injury measures.

### DOMESTIC VIOLENCE

Domestic violence can include any violence in the home, including between adult children and other adult family members. Domestic violence against others is a major public health problem in the United States, accounting for the loss of 18,000 lives each year.<sup>11</sup>

### SEXUAL BEHAVIORS

“Unsafe sex” is sexual behavior that increases the risk of such adverse outcomes as unintended pregnancy and transmission of sexually transmitted infections, including HIV. Data on unsafe sex, such as failure to use contraception or condoms properly, are not easily available at the county level, and therefore two proxy measures are employed to represent this focus area: adults tested for HIV and measures to prevent pregnancy.

#### *Sexually Transmitted Infections/Diseases*

Please refer to the section on Morbidity for data and information on sexually transmitted infections and diseases (STIs and STDs).

#### *Adults Tested for HIV*

As seen from Table 52, 62% percent of adults in the county between 18 and 44 years of age have been tested for HIV; compared with 57% percent of the population in the state of Florida. Approximately, 37.3% of adults 45-64 years old have been tested for HIV in Indian River County compared to 40.6 % of for the state of Florida as a whole. Based on a scale of 1 through 4; with quartile 1 representing the highest percentages of individuals being tested for HIV among Florida counties, Indian River is ranked in Quartile 3.

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<sup>11</sup> [www.countyrankings.org/healthfactors/community-safety](http://www.countyrankings.org/healthfactors/community-safety)

**Table 52: Percentage of Adults less than 65 years of age who have ever been tested for HIV, 2010**

County	18-44	Quartile	45-64	Quartile
Florida	57.0% (54.5-59.6)		40.6% (38.5-42.7)	
Indian River	62.0% (47.9-76.1)		37.3% (27.0-47.6)	3

Data Source: FloridaCHARTS, BRFSS, Florida Department of Health, Bureau of Epidemiology, 2010

Confidence intervals - Because the BRFSS is a random survey and all estimates of prevalence are subject to random sample errors, we include 95% confidence intervals (CI) with each prevalence (%) in the tables. The confidence interval ranges appear below the prevalence estimates in parentheses.

Compiled by: Health Council of Southeast Florida, 2011

### ***Prevention of Pregnancy***

As noted in Table 53, 53.1% of females (less than 45 years old) or males (less than 60 years old) in Indian River County report taking measures to prevent pregnancy compared to 56.2% of Florida.

**Table 53: Percentage of Females less than 45 years old or males less than 60 years old who report that they or their partner take measures to prevent pregnancy, Indian River and Florida, 2010**

County	Total
Florida	56.2% (54.1-58.4)
Indian River	53.1% (41.4-64.7)

Data Source: FloridaCHARTS, BRFSS, Florida Department of Health, Bureau of Epidemiology, 2010

Compiled by: Health Council of Southeast Florida, 2011

## **INPATIENT UTILIZATION FOR MENTAL HEALTH**

### ***Number of Psychiatric Beds***

Table 54 shows the number of psychiatric beds in Indian River County and in Florida. There are 12 psychiatric hospital beds in the county resulting in a rate of 8.4 per 100,000 individuals. This is over 2.5 times greater than the rate in Florida which was 3 per 100,000 in 2010.

**Table 54: Child and Adolescent Psychiatric Beds, Indian River and Florida, 2008, 2009, 2010**

County	Number of Beds			Rate Per 100,000		
	2008	2009	2010	2008	2009	2010
Florida	657	645	555	3.5	3.4	3
Indian River	12	12	12	8.5	8.5	8.4

Data Source: FloridaCHARTS, Florida Agency for Health Care Administration (AHCA), Certificate of Need Office, 2010

Data Note(s): Data as of December of the specified year, Rates calculated using July 1 population estimates from the Office of the Governor.

Compiled by: Health Council of Southeast Florida, 2011

As illustrated in Table 55, results from the Behavioral Risk Factor Surveillance System survey, show that 90.2% of the population in the county, and 90.3% of the population in the state of Florida reported being in good mental health.

**Table 55: Percentage of Adults with Good Mental Health, Indian River and Florida, 2007**

County	Total	Quartile
Florida	90.3 (89.6-91.0)	
Indian River	90.2 (85.0-93.7)	2

Source: FloridaCHARTS, BRFSS conducted by the Florida Department of Health, Bureau of Epidemiology, 2007

Compiled by: Health Council of Southeast Florida, 2011

## ALCOHOL CONSUMPTION AND SUBSTANCE ABUSE

According to the Centers for Disease Control and Prevention, excessive alcohol consumption is the third leading lifestyle-related cause of death for people in the United States each year. Excessive drinking is a risk factor associated with number of adverse health outcomes. These include alcohol poisoning, hypertension, acute myocardial infarction, sexually transmitted infections, unintended pregnancy, fetal alcohol syndrome, sudden infant death syndrome, suicide, interpersonal violence, and motor vehicle crashes.<sup>12</sup>

Excessive drinking is defined by the Behavioral Risk Factor Surveillance System (BRFSS) as binge drinking and/or heavy drinking and is a frequently used indicator at the population level. Binge drinking is defined as drinking five or more drinks on a single occasion for men and four or more drinks on a single occasion for women. Heavy drinking is defined as drinking more

<sup>12</sup> The University of Wisconsin, population Health Institute, County Health Rankings, <http://www.countryhealthrankings.org/health-factors/alcohol-use>

than two drinks per day on average for men and more than one drink per day on average for women.<sup>13</sup>

As noted in Table 56, the percentage of males in the county who engage in heavy or binge drinking is 20.5%, which is higher than the percentage of females engaging in heavy or binge drinking. The same trend can be observed for state of Florida where the percentage of males engaging in heavy or binge drinking is 9.3% higher than the percentage of females.

**Table 56: Adults who Engage in Heavy or Binge Drinking by Sex, Indian River and Florida, 2010**

County	Male	Quartile	Female	Quartile
Florida	19.8% (18.0-21.6)		10.5% (9.6-11.4)	
Indian River	20.5% (12.3-28.7)	3	12.7% (8.2-17.2)	4

Source: FloridaCHARTS, BRFSS, Florida Department of Health, Bureau of Epidemiology  
 Compiled by: Health Council of Southeast Florida, 2011

Table 57 shows a decrease in the percentage of high school students who have used alcohol in the past 30 days in Indian River County and in Florida between 2002 and 2008. The percentages were slightly higher in Indian River than in Florida for the years shown. In 2010, 41.3% of high school students in Indian River reported having used alcohol in the past 30 days compared to 38% in Florida.

**Table 57: Percent of High School Students Who Have Used Alcohol in Past 30 Days, 2001- 2010**

County	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Florida		40.8%		42.0%		41.8%	0	39.5%	0	38.0%
Indian River		46.3%		47.2%		46.4%	0	48.3%	0	41.3%

Source: FloridaCHARTS, Florida Department of Children and Families, 2010  
 Data Note(s): Data source is the Florida Youth Substance Abuse Survey (FYSAS). Blanks indicate counties that did not participate in the survey. This is the percent of students reporting any use of alcohol in past 30 days. Data are not collected every year.  
 Compiled by: Health Council of Southeast Florida, 011

Table 58 shows the percent of high school students who reported using marijuana/hashish in the previous 30 days. In 2010, 20.6% of students in Indian River and 18.6% of students in Florida reported use in the past 30 days. The rate is relatively unchanged from 2002 to 2010 in Indian River.

<sup>13</sup> Centers for Disease Control and Prevention Web Site: Alcohol and Public Health. <http://www.cdc.gov/alcohol/index.htm>. Updated January 13, 2011. Accessed February 8, 2011

**Table 58: Percent of High School Students Using Marijuana/Hashish in Past 30 Days, Indian River and Florida, 2010**

County	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Florida		17.2%		16.4%		16.0%	0	16.2%	0	18.6%
Indian River		19.9%		13.0%		19.4%	0	17.4%	0	20.6%

Data Source: FloridaCHARTS, Florida Department of Children and Families, 2010

Data Note(s): Data source is the Florida Youth Substance Abuse Survey (FYSAS). Blanks indicate counties that did not participate in the survey.

Compiled by: Health Council of Southeast Florida, 2011

Table 59 shows the percentage of middle school and high school youth reporting substance use in the previous 30 days in the 2010 Florida Youth Substance Abuse Survey. The percentage of students surveyed reporting any alcohol use was 32.8% in Indian River, 4.0% higher than in Florida. High school alcohol use in previous 30 days in Indian River was 41.3%. Binge drinking, cigarette, marijuana, 'any illicit other than marijuana and 'alcohol or any illicit' totals were all at least 1.0% higher in Indian River than in Florida as a whole.

**Table 59: 30 Day Youth Consumption, Indian River, Florida, 2010**

	Indian River			Florida		
	Middle School	High School	Total	Middle School	High School	Total
Any Alcohol	21.2%	41.3%	32.8%	16.8%	38.0%	28.8%
Binge Drinking	9.2%	20.6%	15.8%	6.9%	19.6%	14.1%
Cigarettes	6.6%	17.5%	12.9%	4.5%	12.1%	8.8%
Marijuana or Hashish	7.6%	20.6%	15.2%	5.7%	18.6%	13.0%
Inhalants	5.8%	1.9%	3.5%	4.8%	2.0%	3.2%
Club Drugs	0.2%	2.3%	1.4%	0.6%	1.7%	1.3%
LSD, PCP or Mushrooms	1.5%	1.5%	1.5%	0.7%	1.4%	1.1%
Methamphetamine	1.0%	1.4%	1.2%	0.6%	0.5%	0.5%
Cocaine or Crack Cocaine	1.2%	0.4%	0.7%	0.7%	0.9%	0.8%
Heroin	1.2%	0.6%	0.9%	0.3%	0.4%	0.4%
Depressants	1.8%	3.0%	2.5%	1.1%	2.7%	2.0%
Prescription Pain Relievers	1.9%	3.1%	2.6%	2.2%	3.4%	2.9%
Prescription Amphetamines	0.2%	1.4%	0.9%	0.6%	1.4%	1.1%
Steroids (without a doctor's order)	0.2%	1.2%	0.8%	0.3%	0.4%	0.3%
Over-the-Counter Drugs	1.8%	3.3%	2.7%	2.2%	2.9%	2.6%
Any Illicit Other Than Marijuana	10.0%	10.7%	10.4%	8.5%	10.0%	9.3%
Alcohol or Any Illicit Drug	25.4%	46.9%	37.8%	21.8%	43.6%	34.1%

Source: 2010 Florida Youth Substance Abuse Survey

Compiled by: Health Council of Southeast Florida, 2011

## VIOLENCE AND INJURY

### *Suicides and Self-Inflicted Injuries*

Table 60 shows that the age-adjusted suicide death rate per 100,000 for has fluctuated in Indian River from 7.5 – 24 per 100,000 over the 20 year period shown. The rate in 2009 was 15.1 per 100,000, with 24 suicides in the county. The rate in Florida for 2009 was 14.4 per 100,000.

Due the small number of occurrences in the county, the rate can be influenced considerably by a small change in number of events.

**Table 60: Suicide Death Count and Rate per 100,000, Age-Adjusted, Indian River and Florida, 1990-2009**

Years	Indian River		Florida	
	Count	Rate	Count	Rate
1990	13	12.2	2,073	15.3
1991	20	24	2,086	15.1
1992	12	13.6	2,015	14.3
1993	19	16.2	2,107	14.7
1994	21	19.3	2,062	14.1
1995	12	8.5	2,139	14.2
1996	21	20	2,144	14.1
1997	13	9.4	2,097	13.3
1998	23	17.6	2,156	13.4
1999	13	12.9	2,068	12.5
2000	11	7.5	2,136	12.6
2001	19	14	2,290	13.3
2002	16	8.4	2,332	13.2
2003	16	11.6	2,294	12.7
2004	17	9.9	2,382	12.9
2005	29	19.4	2,308	12.2
2006	26	15.6	2,410	12.3
2007	19	9.1	2,570	13
2008	25	15.8	2,723	13.7
2009	24	15.1	2,854	14.4

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics

Notes: Rate per 100,000, Year 2000 Standard Population Proportion used to age adjust

Compiled by: Health Council of Southeast Florida, 2011

## Injury from Firearm Discharge

As illustrated in Table 61, over a 20 year span, the age-adjusted death rate due to firearms discharge in Indian River County has fluctuated, showing no considerable change in the death rate from 1990 to 2009. From 1990 to 2009, Florida as a whole had a 6.1% decrease in the age-adjusted death rate. The rate fluctuated in Indian River partially due to the small number of events. The average rate in Indian River over the 20 years period was 11.4 deaths per 100,000 in the population during the same time period, the average rate in Florida was 12.8 deaths per 100,000.

Table 61: Firearms Discharge Age-Adjusted Death Rate, Indian River, Florida, 2007, 2008, 2009

Years	Indian River		Florida	
	Count	Rate	Count	Rate
1990	13	13.4	2,393	18
1991	17	20.2	2,287	17
1992	9	9.9	2,180	15.9
1993	16	13.2	2,260	16.3
1994	18	17.1	2,189	15.5
1995	15	12.9	2,112	14.4
1996	15	14.7	2,059	13.9
1997	9	5.8	1,963	12.8
1998	10	7.3	1,877	11.9
1999	11	11.6	1,705	10.6
2000	13	10.2	1,791	10.8
2001	11	7.5	1,799	10.6
2002	12	8.7	1,869	10.8
2003	12	7.1	1,929	10.9
2004	12	8.3	1,875	10.3
2005	26	17.4	1,815	9.8
2006	19	10.7	2,059	10.8
2007	17	9.1	2,241	11.8
2008	13	10.4	2,314	12
2009	21	13	2,307	11.9

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2009

Note: ICD-10 Code(s): W32-W34, X93-X95, X72-X74, Y22-Y24

Note: Rate per 100,000, Year 2000 Standard Population Proportion used to age-adjust

Compiled by: Health Council of Southeast Florida, 2011

## HOSPITAL UTILIZATION

### *Utilization at Indian River County Hospitals*

Indian River County has three hospitals. HealthSouth Treasure Coast is a for-profit acute medical rehabilitation hospital offering inpatient and outpatient services.<sup>14</sup> Indian River Medical Center is not-for-profit and is the largest of the facilities in Indian River offering a range of services including: a comprehensive cancer program, vascular surgery and orthopedic services, a wound healing center and a maternity wing.<sup>15</sup> Sebastian River Medical Center is a for-profit hospital offering a variety of inpatient and outpatient services. In October of 2010 the center completed an expansion project which increased the number of patient beds, including a 16-bed intensive care unit.<sup>16</sup>

Tables 62 through 73 detail hospital utilization at the hospitals in Indian River County including: occupancy rate, average length of stay, number of admissions, total patient days, Medicare eligible admissions, acute care, medical surgical services, specialty services, critical care utilization, emergency department utilization, total hospital procedures, observations cases, rehabilitation utilization, psychiatric bed utilization, newborn services, available beds and discharges for January 2010 to December 2010.

**Table 62: Total Hospital Utilization For Indian River County Hospitals, January - December 2010**

Facility	Beds Licensed	Average Daily Census	Occupancy Rate	Number of Admissions	Patient Days	Average Length of Stay
HealthSouth Treasure Coast Rehabilitation	90	51.9	57.7%	1,326	18,954	14.3
Indian River Medical Center	335	179	53.4%	14,490	65,344	4.5
Sebastian River Medical Center	126	58.8	46.7%	5,171	21,462	4.2
<b>TOTAL</b>	<b>551</b>	<b>289.8</b>	<b>52.6%</b>	<b>20,987</b>	<b>105,760</b>	<b>5</b>

Data Source: Health Council of Southeast Florida, 2011

**Table 63: Total Hospital Medicare Eligible (65+) for Indian River County Hospitals, January - December 2010**

Facility	Admissions 65+	Admissions % Total	Patient Days 65+	Days % Total	65+ Average length of stay
HealthSouth Treasure Coast Rehabilitation	732	55.2%	10,880	57.4%	14.9
Indian River Medical Center	8,395	57.9%	39,892	61.0%	4.8
Sebastian River Medical Center	2,870	55.5%	12,915	60.2%	4.5
<b>TOTAL</b>	<b>11,997</b>	<b>57.2%</b>	<b>63,687</b>	<b>60.2%</b>	<b>5.3</b>

Data Source: Health Council of Southeast Florida, 2011

<sup>14</sup> [www.healthsouthtreasurecoast.com](http://www.healthsouthtreasurecoast.com)

<sup>15</sup> <http://www.irmc.cc/gui/content.asp>

<sup>16</sup> [www.sebastianrivermedical.com](http://www.sebastianrivermedical.com)

**Table 64: Acute Care, Medical Surgical Services, Critical Care and Other Acute Care Services Utilization for January - December 2010**

	India River Medical Center	Sebastian River Medical Center	India River Medical Center	Sebastian River Medical Center	India River Medical Center	Sebastian River Medical Center	India River Medical Center	Sebastian River Medical Center
	Acute Care Totals		Medical Surgical Services Utilization		Critical Care		Other Acute Care Services	
Beds Allocated	289	126	177	98	20	10	73	16
Avg. Daily Census	148.3	58.8	83.6	26	13.5	7.1	44.5	25.7
Occupancy Rate	51.3%	46.7%	47.2%	26.6%	67.7%	70.8%	61%	160.5%
Number of Admissions	12,766	5,171	7,034	3,895	966	660	3,632	616
Admissions + Transfers	12,766	5,171	7,034	3,895	966	660	3,632	616
Patient Days	54,129	21,462	30,516	9,502	4,945	2,586	16,247	9,374
Avg. Length of Stay	4.2	4.2	4.3	2.4	5.1	3.9	4.5	15.2

Data Source: Health Council of Southeast Florida, 2011

**Table 65: Total Open Heart, Catheterizations and Angioplasties - Adults in Indian River County for January - December 2010**

Facility	Open Heart	Cathe. Inpatient	Cathe. Outpatient	Angio. Inpatient	Angio. Outpatient	Cathe. + Angio. Total
Indian River Medical Center	179	699	532	241	142	1,614
Sebastian River Medical Center	0	51	51	0	0	102
<b>TOTAL</b>	<b>179</b>	<b>750</b>	<b>583</b>	<b>241</b>	<b>142</b>	<b>1,716</b>

Data Source: Health Council of Southeast Florida, 2011

**Table 66: Total Surgical Operations for Indian River County by Facility for January 2010 to December 2010**

Surgical Operations			
Facility	Inpatient	Outpatient	Total
Indian River Medical Center	4,365	2,546	6,911
Sebastian River Medical	1,823	3,078	4,901
<b>Total</b>	<b>6,188</b>	<b>5,624</b>	<b>11,812</b>

Data Source: Health Council of Southeast Florida, 2011

**Table 67: Total Obstetrical Services Utilization in Indian River County for January - December 2010**

Agency Name	Beds Allocated	Avg. Daily Census	Occupancy Rate	Number of Admissions	Admissions + Transfers	Patient Days	Avg. Length of Stay
Indian River Medical Ctr.	19	6.6	34.9%	1,134	1,134	2,421	2.1
Sebastian River Med. Ctr.	1	0	0.0%	0	0	0	n/a
<b>TOTAL</b>	<b>20</b>	<b>6.6</b>	<b>33.20%</b>	<b>1,134</b>	<b>1,134</b>	<b>2,421</b>	<b>2.1</b>

Data Source: Health Council of Southeast Florida, 2011

**Table 68: Total Newborn Services Utilization in Indian River County for January - December 2010**

Agency Name	Bassinets Allocated	Avg. Daily Census	Occupancy Rate	Live Births	Newborn Days	Average Length of Stay	Stillbirths
Indian River Medical Center	22	6.6	30%	1,137	2,408	2.1	3
<b>TOTAL</b>	<b>22</b>	<b>6.6</b>	<b>30%</b>	<b>1,137</b>	<b>2,408</b>	<b>2.1</b>	<b>3</b>

Data Source: Health Council of Southeast Florida, 2011

**Table 69: Total Rehabilitative Services Utilization In Indian River County for January - December 2010**

Agency Name	Beds Licensed	Average Daily Census	Occupancy Rate	Number of Admissions	Patient Days	Average Length of Stay
HealthSouth Treasure Coast Rehabilitation	90	51.9	57.7%	1,326	18,954	15.6

Data Source: Health Council of Southeast Florida, 2011

**Table 70: Total Adult & Child/Adolescent Psychiatric Utilization for Indian River Medical Center**

Indian River Medical Center	Adult Psychiatric	Child/Adolescent
Beds Licensed	34	12
Average Daily Census	24.2	6.5
Occupancy Rate	71.1%	54.5%
Number of Admissions	1,281	443
Patient Days	8,827	2,388
Average Length of Stay	6.9	54

Data Source: Health Council of Southeast Florida, 2011

**Table 71: Total CT Scan and MRI for Indian River for January - December 2010**

Procedure	Indian River Medical Center	Sebastian River Medical Center	Total
CT Scans	23,918	3,211	27,129
MRIs	3,178	595	3,773

Data Source: Health Council of Southeast Florida, 2011

## EMERGENCY DEPARTMENT UTILIZATION

**Table 72: Total Hospital Emergency Department Utilization in Indian River County for January - December 2010**

Agency Name	Adult Visits	Pediatric Visits	Total Visits	Adult Admit	Pediatric Admit	Total Admit
Indian River Medical Center	43,135	8,692	51,827	7,525	74	7,599
Sebastian River Medical Center	13,404	3,363	16,767	2,757	757	3,514
<b>TOTAL</b>	<b>56,539</b>	<b>8,692</b>	<b>68,594</b>	<b>10,282</b>	<b>74</b>	<b>11,113</b>

Data Source: Health Council of Southeast Florida, 2011

**Table 73: Total Available Beds, Discharges, Discharge Days Utilization for January - December 2010**

Agency Name	Available Beds	Discharges	Discharge Days
HealthSouth Treasure Coast Rehabilitation	480	1,344	18,450
Indian River Medical Center	4,020	*	*
Sebastian River Medical Center	1,512	*	*
<b>TOTAL</b>	<b>6,012</b>	<b>1,344</b>	<b>18,450</b>

Data Source: Health Council of Southeast Florida, 2011

\* Data not available

### ***Emergency Department Acuity***

Table 74 shows Emergency Department visits by Indian River residents organized by acuity. The top ten visited facilities in each acuity category are shown. The most visited facilities for high severity/immediate conditions were Indian River Medical Center with 1,690, followed by Sebastian River Medical Center with 1,317 visits and then by Lawnwood Regional Medical Center & Heart Institute with 67 visits. For moderate severity conditions, Indian River Medical Center was most frequently visited with 10,989, followed by Sebastian River Medical Center with 4,881 visits and Lawnwood Regional Medical Center & Heart Institute with 279 visits. Indian River Medical Center saw 1,342 minor severity conditions and Sebastian River Medical Center had 1,162 visits for minor severity conditions from county residents.

**Table 74: ER Acuity, Top 10 Utilized Facilities per Acuity Category by Indian River Residents, 2010**

Hospital	81-Minor severity	82-Low/moderate severity	83-Moderate severity	84-High severity/non-immediate	85-High severity/immediate	Grand Total
Anne Bates Leach Eye Hospital		8				8
Arnold Palmer Medical Center	10					10
Dr. P Phillips Hospital				15		15
Florida Hospital					5	5
Florida Hospital East Orlando					5	5
Holmes Regional Medical Center	11	49	111	118	30	319
Indian River Medical Center	1,342	4,109	10,989	14,652	1,690	32,782
Lawnwood Regional Medical Center & Heart Institute	47	59	279	213	67	665
Mariners Hospital	6					6
Martin Memorial Medical Center	4	32	31	22	6	95
Mayo Clinic				16		16
Palm Bay Community Hospital	12	25	101	71	20	229
Saint Lucie Medical Center	17	10	53	37	12	129
Saint Mary's Medical Center	6		19	17	9	51
Sebastian River Medical Center	1,162	715	4,881	2,110	1,317	10,185
Shands Hospital At The Univ. Of Florida			13			13
Wuesthoff Medical Center - Melbourne		24	16			40
Wuesthoff Medical Center-Rockledge		9				9
<b>Grand Total</b>	<b>2,617</b>	<b>5,040</b>	<b>16,493</b>	<b>17,271</b>	<b>3,161</b>	<b>44,582</b>

Source: BRHPC.org, 2010

Compiled by: Health Council of Southeast Florida, 2011

## OTHER HOSPITALIZATION DATA

### *Chronic Disease Hospitalizations*

Table 75 shows chronic condition hospitalizations of Indian River residents in 2010 organized by condition and hospital. Indian River Medical Center was the most utilized for chronic conditions with 8,499 visits, followed by Sebastian River Medical Center with 2,864 and HealthSouth Treasure Coast Rehabilitation with 1,144 visits. Hypertension related conditions accounted for the greatest number of visits followed by diabetes.

**Table 75: Chronic Condition Hospital Utilization by Hospital, Indian River Residents, 2010**

Hospital	AIDS	Asthma	Congestive Heart Failure	Diabetes	Hypertension	Sickle Cell	Grand Total
Bethesda Memorial Hospital					4		4
Boca Raton Community Hospital				1	1		2
Columbia Hospital		3			8		11
Delray Medical Center					1		1
Good Samaritan Medical Center				1	3		4
HealthSouth Treasure Coast Rehabilitation		26	144	273	701		1,144
Indian River Medical Center	38	324	1,481	2,314	4,323	19	8,499
JFK Medical Center		3	3	8	27		41
Jupiter Medical Center				4	6		10
Lawnwood Regional Medical Center & Heart Institute	2	18	25	71	168		284
Martin Memorial Hospital South		2		3	4		9
Martin Memorial Medical Center		4	2	4	10		20
Other		1	1	6	4		12
Palm Beach Gardens Medical Center		1		4	5		10
Palms West Hospital			1	1	5	1	8
Port Saint Lucie Hospital	2	1		4	16		23
Raulerson Hospital		2	1		4		7
Saint Lucie Medical Center		1	1	4	9	1	16
Saint Mary's Medical Center		14	1	4	6	3	28
Sebastian River Medical Center	5	110	463	766	1,517	3	2,864
Wellington Regional Medical Center		1	1	1	2		5
<b>Grand Total</b>	<b>47</b>	<b>511</b>	<b>2,124</b>	<b>3,469</b>	<b>6,824</b>	<b>27</b>	<b>13,002</b>

Source: BRHPC.org, 2010

Compiled by: Health Council of Southeast Florida, 2011

## Prevention Quality Indicators

“The Prevention Quality Indicators (PQI) are measures of potentially avoidable hospitalizations for Ambulatory Care Sensitive Conditions (ACSCs), which, though they rely on hospital discharge data, are intended to reflect issues of access to, and quality of, ambulatory care in a given geographic area.”<sup>17</sup> ACSC “are conditions for which good outpatient care can potentially prevent the need for hospitalization or for which early intervention can prevent complications or more severe disease. The PQIs are population based and adjusted for covariates. Even though these indicators are based on hospital inpatient data, they provide insight into the community health care system or services outside the hospital setting”.<sup>18</sup> In terms of assessing PQIs, an ideal PQI, though not likely feasible, is zero. The numerator is the number of ‘cases’ and the denominator is a standard figure determined by the Agency for Healthcare Research and Quality.

Table 76 shows the PQIs for Indian River residents discharged from any Florida hospital in 2010. Table 77 shows patients from any county discharged from any of the Indian River hospitals in 2010.

Table 76: Prevention Quality Indicators, Indian River Residents Discharged from any Florida Hospital, 2010

PQI	Numerator	Denominator	Observed Rate
01-Diabetes/short-term	63	116249	0.000542
02-Perf. appendicitis	30	95	0.315789
03-Diabetes/long-term	118	116249	0.001015
05-Chronic obstructive PD	313	116249	0.002692
07-Hypertension	62	116249	0.000533
08-Congestive HF	467	116249	0.004017
09-Low birth weight	77	1283	0.060016
10-Dehydration	91	116249	0.000783
11-Bacterial pneumonia	397	116249	0.003415
12-Urinary infections	170	116249	0.001462
13-Angina w/o procedure	20	116249	0.000172
14-Uncontrolled diabetes	29	116249	0.000249
15-Adult asthma	55	116249	0.000473
16-Diabetes/LE amputations	36	116249	0.00031
TOTAL:	1928		

Source: BRHPC.org

Compiled by: Health Council of Southeast Florida, 2011

<sup>17</sup> Agency for Healthcare Research and Quality, “Patient Quality Indicators (PQI) Composite Measure Workgroup Final Report,” (April 2006).

<sup>18</sup> [www.qualityindicators.ahrq.gov/modules/pqi\\_overview.aspx](http://www.qualityindicators.ahrq.gov/modules/pqi_overview.aspx)

Table 77: Prevention Quality Indicators, Indian River Hospitals Patient from Anywhere, 2010

PQI	Numerator	Denominator	Observed Rate
01-Diabetes/short-term	79	116,249	0.00068
02-Perf. appendicitis	34	106	0.320755
03-Diabetes/long-term	151	116,249	0.001299
05-Chronic obstructive PD	371	116,249	0.003191
07-Hypertension	80	116,249	0.000688
08-Congestive HF	585	116,249	0.005032
09-Low birth weight	40	1,141	0.035057
10-Dehydration	115	116,249	0.000989
11-Bacterial pneumonia	508	116,249	0.00437
12-Urinary infections	202	116,249	0.001738
13-Angina w/o procedure	25	116,249	0.000215
14-Uncontrolled diabetes	34	116,249	0.000292
15-Adult asthma	61	116,249	0.000525
16-Diabetes/LE amputations	47	116,249	0.000404

Source: BRHPC.org

Compiled by: Health Council of Southeast Florida, 2011

### ***Pediatric Quality Indicators***

"The Pediatric Quality Indicators (PDIs) are a set of measures that can be used with hospital inpatient discharge data to provide a perspective on the quality of pediatric healthcare. Specifically, PDIs screen for problems that pediatric patients experience as a result of exposure to the healthcare system and that may be amenable to prevention by changes at the system or provider level"<sup>19</sup>

Table 78 shows the Pediatric Quality Indicators (PDIs) for Indian River residents discharged from any Florida hospital in 2010. Table 79 shows PDIs for Indian River hospitals when the patient is from anywhere.

<sup>19</sup> [http://www.qualityindicators.ahrq.gov/modules/pdi\\_overview.aspx](http://www.qualityindicators.ahrq.gov/modules/pdi_overview.aspx)

**Table 78: Pediatric Quality Indicators, Indian River Resident at any Florida Hospital, 2010**

PDI	Numerator	Denominator	Observed Rate
14-Asthma	10	25,247	0.000396
15-Diabetes Short-term	8	18,670	0.000428
16-Gastroenteritis	9	28,303	0.000318
17-Perforated Appendix	5	17	0.294118
18-Urinary Tract Infection	3	28,303	0.000106
TOTAL:	35		

Source: BRHPC.org

Note: Excludes all children under 1 year of age

Compiled by: Health Council of Southeast Florida, 2011

**Table 79: Pediatric Quality Indicator, Indian River Hospital Patient from Anywhere, 2010**

PDI	Numerator	Denominator	Observed Rate
14-Asthma	8	25247	0.000317
15-Diabetes Short-term	1	18670	----
16-Gastroenteritis	8	28303	0.000283
17-Perforated Appendix	6	19	0.315789
18-Urinary Tract Infection	1	28303	----
TOTAL:	24		

Source: BRHPC.org

Note: Excludes all children under 1 year of age

Compiled by: Health Council of Southeast Florida, 2011

### ***Top Diagnosis Related Groups (DRGs)***

Diagnosis Related Group is system used to classify hospital cases.

Table 80 shows the top DRGS for Indian River residents at any Florida hospital. The top two most frequent discharges were for “Normal newborn” and “Psychoses” both accounting for 4.7% of discharges. “Rehabilitations with complications and comorbidities/major complications and comorbidities” was the third most common discharges at 4.6%.

Table 81 shows the top DRGS for Indian River hospitals when the patient is from anywhere. The most common DRGs was “Rehabilitations with complications and comorbidities/major complications and comorbidities”, accounting for 5.8% of discharges, followed by “Major joint replacement of reattachment of lower extremity without major complications and comorbidities” which accounted for 5% of discharges and then by “Psychoses” accounting for 4.9% of discharges.

**Table 80: Top Specifics MS-DRGS, Indian River Resident, any Florida Hospital, 2010**

	MSDRG Description	Discharges	
		Total	%
1	795- Normal Newborn	929	4.7%
2	885-Psychoses	928	4.7%
3	945- Rehabilitation w CC/MMC	910	4.6%
4	470- Major Joint Replacement or Reattachment of Lower Extremity w/o MCC	772	3.9%
5	775- Vaginal Delivery w/o complicating diagnosis	665	3.4%
6	392- Esophagitis, Gastroen & Misc. Digest Disorders w/o MCC	360	1.8%
7	881- Depressive Neuroses	333	1.7%
8	871- Septicemia w/o MV 96+hours w/ MCC	332	1.7%
9	766- Cesarean Section w/o CC/MMC	332	1.7%
10	310- Cardiac Arrhythmia & Conduction Disorders w/o CC/MMC	236	1.2%
11	291- Heart Failure & Shock w MMC	224	1.1%
12	313- Chest Pain	221	1.1%
13	312- Syncope & Collapse	219	1.1%
14	794- Neonate w/ other Significant Problems	217	1.1%
15	287- Circulatory Disorders except AMI, w card cath w/o MMC	196	1.0%
16	765- Cesarean Section w CC/MMC	173	0.9%
17	194- Simple Pneumonia & Pleurisy w CC	171	0.9%
18	69- Transient Ischemia	170	0.9%
19	247 Perc Cardiovascular Proc w/ Drug Eluting Stent w/o MMC	164	0.8%
20	378- G.I. Hemorrhage w CC	163	0.8%

Source: Medi-Data, 2010

Compiled by: Health Council of Southeast Florida, 2011

**Table 81: Top DRGs at Indian River Hospital Patient from Anywhere, 2010**

Category	DRG	Discharges	% Discharges
Medicine, General	945 - Rehabilitation w CC/MCC	1,242	5.8%
Orthopedics	470 - Major joint replacement or reattachment of lower extremity w/o MCC	1,076	5.0%
Psychiatry	885 - Psychoses	1,046	4.9%
Normal Newborn	795 - Normal newborn	859	4.0%
Delivery	775 - Vaginal delivery w/o complicating diagnoses	612	2.8%
Gastroenterology	392 - Esophagitis, gastroent & misc digest disorders w/o MCC	463	2.2%
Psychiatry	881 - Depressive neuroses	410	1.9%
Medicine, General	871 - Septicemia w/o MV 96+ hours w MCC	379	1.8%
Cardiology	310 - Cardiac arrhythmia & conduction disorders w/o CC/MCC	296	1.4%
Cardiology	313 - Chest pain	286	1.3%
Cardiology	291 - Heart failure & shock w MCC	276	1.3%
Cardiology	312 - Syncope & collapse	269	1.3%
Delivery	766 - Cesarean section w/o CC/MCC	269	1.3%
Cardiology	292 - Heart failure & shock w CC	214	1.0%
Gastroenterology	378 - G.I. hemorrhage w CC	209	1.0%
Neurology	069 - Transient ischemia	205	1.0%
Respiratory	194 - Simple pneumonia & pleurisy w CC	205	1.0%
Cardiology	287 - Circulatory disorders except AMI, w card cath w/o MCC	205	1.0%
Neonatology	794 - Neonate w other significant problems	187	0.9%
Endocrine, Metabolic Disorders	641 - Nutritional & misc metabolic disorders w/o MCC	187	0.9%
Cardiology	280 - Acute myocardial infarction, discharged alive w MCC	185	0.9%
Cardiology	309 - Cardiac arrhythmia & conduction disorders w CC	167	0.8%

Source: BRHPC.org

Compiled by: Health Council of Southeast Florida, 2011

## NURSING HOME UTILIZATION

There are six nursing homes in Indian River County and a total of 645 beds. The average occupancy in 2010 was near 92%, though there was variability among the facilities with Florida Baptist Retirement Center having 98% occupancy and Royal Palm Convention Center having occupancy of 78.3%. Palm Garden Vero Beach is the largest nursing home with a total of 180 beds and Florida Baptist Retirement Center is the smallest with 24 beds. There were 1,883 admissions in 2010 of which, 1,455 were Medicare patients.

Table 82: Nursing Home Utilization for Indian River County 2010

Total Nursing Home Utilization for Indian River County, FY 2010							
	Atlantic Healthcare Center	Consulate Health Care Vero	Florida Baptist Retirement Center	Indian River Estates Medical	Palm Garden Vero Beach	Royal Palm Conv. Center	Total
<b>LICENSED BEDS</b>							
No. of Beds	110	159	24	100	180	72	645
% Occupancy	87%	94.10%	98%	96.70%	94.80%	78.30%	91.9%
ADC	95.70	149.60	23.50	96.70	170.70	56.40	592.70
<b>ADMISSIONS</b>							
Total	445	468	13	124	498	335	1,883
Private	3	26	12	2	10	18	71
Medicaid	1	16	1	-	56	1	75
Medicare	414	233	-	67	432	309	1,455
Hospice	-	3	-	7	-	-	10
Insurance	27	-	-	16	-	-	43
HMO/PPO	-	190	-	-	-	7	197
VA	-	-	-	-	-	-	-
Indigent/Charity	-	-	-	32	-	-	32
<b>PATIENT DAYS</b>							
Total			8,586				
Private	2,576		6,271				
Medicaid			2,315				
Medicare			-				
Hospice	410		-			-	
Insurance	846		-		-	-	
HMO/PPO	-		-		-		
VA	-	-	-		-	-	-
Indigent/Charity	-	-	-		-	-	
Average Census	1,153		284				7,155

Data Source: Health Council of Southeast Florida 2011

## MORBIDITY

Morbidity is another term for illness. Individuals can present with several morbidities simultaneously. The tables below illustrate the number of and the rates of hospitalizations for the following diseases: coronary heart disease, cardiovascular disease, stroke, chronic lower respiratory disease (CLRD), cancer, enteric disease, obesity, communicable diseases, including HIV/AIDS and other sexually transmitted diseases.

### *Coronary Heart Disease*

Heart disease is the leading cause of death for people of most ethnicities in the United States, including African Americans, American Indians or Alaska Natives, Hispanics and Whites. According to the Centers for Disease Control and Prevention (CDC), coronary heart disease (CHD) is the most common type of heart disease. In 2010, heart disease will cost the United States \$316.4 billion.<sup>20</sup>

As shown in Table 83, Indian River County and the state of Florida both show a downward trend in the number of hospitalizations due to coronary heart disease in the years of 2007-2009. The rate was consistently higher in Indian River than in Florida. In 2009, the rate in Indian River was 630.6 per 100,000 individuals.

**Table 83: Hospitalizations From or With Coronary Heart Disease, Indian River, Florida, 2007, 2008, 2009**

County	Number of Hospitalizations			Rate Per 100,000		
	2007	2008	2009	2007	2008	2009
Florida	120,392	112,918	103,981	642.7	600.2	552.5
Indian River	1,133	1,011	895	806.6	712.9	630.6

Source: FloridaCHARTS, Florida Agency for Health Care Administration (AHCA), 2009

Data Note(s): ICD-9-CM Code(s): 49-CM-414, 429.2. Includes primary diagnosis only.

Rates calculated using July 1 population estimates from the Office of the Governor.

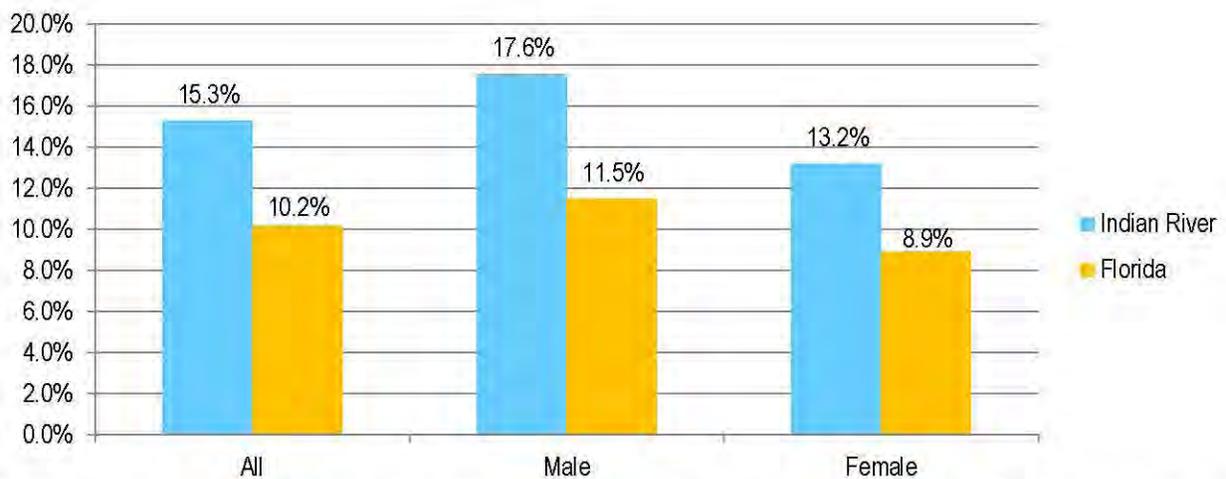
Compiled by: Health Council of Southeast Florida, 2011

<sup>20</sup> Lloyd-Jones D, Adams RJ, Brown TM, et al. Heart Disease and Stroke Statistics-2010. Update. A report from the American Heart Association Statistics Committee and Stroke Statistics Subcommittee. <http://circ.ahajournals.org/cgi/reprint/circulationaha.108.191261v1>. Circulation, 2010;121:e1-e170.

**Cardiovascular Disease**

Figure 19 shows adults by gender who have ever had a heart attack, angina, or coronary heart disease using data from the 2010 Behavioral Risk Factor Surveillance System.

**Figure 19**  
**Adults by Gender Who Have Ever Had a Heart Attack, Angina, or Coronary Heart Disease, Indian River and Florida, 2010**



Source: FloridaCHARTS, Behavioral Risk Factors Surveillance Telephone Survey conducted by the Florida Department of Health, Bureau of Epidemiology, 2010  
 Compiled by: Health Council of Southeast Florida, 2010

**Stroke**

Hospitalizations due to stroke ranged from 431.6 – 470 per 100,000 in Indian River between 2007 and 2009 as shown in Table 84. Over the three years shown, the rate in the county was consistently higher than the state of Florida.

**Table 84: Hospitalizations From Stroke, Indian River and Florida, 2007, 2008 , 2009**

County	Number of Hospitalizations			Number of Total Population			Rate Per 100,000		
	2007	2008	2009	2007	2008	2009	2007	2008	2009
Florida	70,106	69,482	69,432	18,731,287	18,812,155	18,819,000	374.3	369.3	368.9
Indian River	659	612	667	140,469	141,811	141,926	469.1	431.6	470

Source: FloridaCHARTS, Florida Agency for Health Care Administration (AHCA), 2009  
 Data Note(s): ICD-9-CM Code(s): 430-438. Includes primary diagnosis only.  
 Rates calculated using July 1 population estimates from the Office of the Governor.  
 Compiled by: Health Council of Southeast Florida, 2011

### **Chronic Lower Respiratory Disease (CLRD)**

Rates of chronic lower respiratory disease (CLRD) increased between 2007 and 2009 in both Indian River and Florida as shown in Table 85. The rate in Indian River was consistently lower than the state of Florida during the years shown and was 313.5 per 100,000 in 2009.

**Table 85: Hospitalizations From C.L.R.D. (including asthma), Indian River and Florida, 2007, 2008, 2009**

County	Number of Hospitalizations			Number of Total Population			Rate Per 100,000		
	2007	2008	2009	2007	2008	2009	2007	2008	2009
Florida	69,999	80,412	86,170	18,731,287	18,812,155	18,819,000	373.7	427.4	457.9
Indian River	315	450	445	140,469	141,811	141,926	224.2	317.3	313.5

Source: FloridaCHARTS, Florida Agency for Health Care Administration (AHCA), 2009

Data Note(s): ICD-9-CM Code(s): 490-496. Includes primary diagnosis only.

Rates calculated using July 1 population estimates from the Office of the Governor.

Compiled by: Health Council of Southeast Florida, 2011

### **Cancer Incidence**

According to the American Cancer Society, cancer incidence is rising and is expected to continue to increase at the national and state level. Table 86 shows cancer (all types) incidence in 2006, 2007 and 2008. The rate stayed relatively stable in Indian River and Florida during the time period shown. In 2008 the rate in Indian River was 778.5 per 100,000, over 35% higher than the rate in Florida.

**Table 86: Cancer Incidence, All Types, Indian River and Florida, 2006, 2007, 2008**

County	Number of Cases			Rate per 100,000		
	2006	2007	2008	2006	2007	2008
Florida	103,293	106,022	108,373	560.1	566	576.1
Indian River	1,058	1,055	1,104	774.8	751.1	778.5

Source: FloridaCHARTS, University of Miami (FL) Medical School, Florida Cancer Data System, 2008

Data Note(s): ICD-10 Code(s): C00-C97. Rates are not displayed for fewer than 10 cases.

Rates calculated using July 1 population estimates from the Office of the Governor.

Compiled by: Health Council of Southeast Florida, 2011

### ***Breast, Cervical, Colorectal, Lung and Prostate Cancer Incidence***

Table 87 shows cancer incidence by type in Indian River and in Florida. The rates of breast, colorectal, lung and prostate cancers in Indian River were higher in the years shown. In 2008, the highest cancer rate in Indian River was prostate cancer with 190.7 per 100,000, followed by breast cancer at 177.8 per 100,000, lung cancer at 121.3 per 100,000 and colorectal cancer at 71.2 per 100,000.

**Table 87: Cancer Incidence by Type, Indian River and Florida, 2006, 2007, 2008**

	Indian River						Florida					
	Number of Cases			Rate			Number of Cases			Rate		
	2006	2007	2008	2006	2007	2008	2006	2007	2008	2006	2007	2008
Breast Cancer*	134	133	130	190.3	183.7	177.8	12,826	13,277	13,749	136.2	138.9	143.3
Cervical Cancer*	4	4	4				907	880	907	9.6	9.2	9.5
Colorectal Cancer	115	112	101	84.2	79.7	71.2	10,173	10,001	10,199	55.2	53.4	54.2
Lung Cancer	189	181	172	138.4	128.9	121.3	16,154	15,854	16,339	87.6	84.6	86.9
Prostate Cancer**	120	123	131	181.5	180.7	190.7	14,043	15,151	14,391	155.6	165.2	156.1

Source: FloridaCHARTS, University of Miami (FL) Medical School, Florida Cancer Data System

Notes: Rate per 100,000, Rates calculated using July 1 population estimates from the Office of the Governor.

Notes: \* Rates calculated using female population, \*\* Rates calculated using male population

### ***Enteric Disease Outbreaks***

Table 88 shows enteric disease outbreaks from 2001 to 2010 in Indian River and Florida. There are fluctuations in the number of cases in both areas. In Indian River, the number of outbreaks ranged from zero in 2003 and 2004 to 33 in 2007. There were three outbreaks in 2010.

**Table 88: Enteric Disease Cases in Outbreaks Indian River and Florida 2001-2010**

County	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Florida	784	1,396	1,392	611	601	723	1,567	936	947	1,119
Indian River	7	11	0	0	9	3	33	11	8	3

Source: FloridaCHARTS, Florida Department of Health, Bureau of Epidemiology, 2010

Data Note(s): Includes: CAMPYLOBACTERIOSIS, GIARDIASIS, HEPATITIS A, SALMONELLOSIS, SHIGELLOSIS. Beginning in 2007, data includes both probable and confirmed cases.

Compiled by: Health Council of Southeast Florida, 2011

Table 89 shows enteric disease cases in Indian River and in Florida for 2008, 2009 and 2010. Enteric diseases are bacterial and viral infections of the gastrointestinal tract that can lead to diarrheal disease and are often transmitted through contaminated food and water.

**Table 89: Enteric Disease Cases, Indian River, Florida, 2008, 2009, 2010**

County	Number of Cases			Rate Per 100,000		
	2008	2009	2010	2008	2009	2010
Florida				50.7	59.2	61.7
Indian River	93	105	90	65.6	74	63.3

Data Note(s): Includes: Campylobacteriosis, Cryptosporidiosis, Cyclosporiasis, E.Coli Shiga Toxin + (not serogrouped), E. Coli Shiga Toxin + (serogroup non-O157), Enterohemorrhagic E. Coli (EHEC), Escherichia Coli, Shiga Toxin Producing, Giardiasis, Hepatitis A, Salmonellosis, Shigellosis, Typhoid Fever. Beginning in 2007, data includes both probable and confirmed cases.

Rates calculated using July 1 population estimates from the Office of the Governor.

Compiled by: Health Council of Southeast Florida, 2011

Tables 90 through 97 show the number and rates of specific enteric diseases in Indian River and in Florida as a whole for the years 2008, 2009, and 2010.

**Table 90: Campylobacteriosis Cases, Indian River, 2008, 2009, 2010**

County	Number of Cases			Rate Per 100,000		
	2008	2009	2010	2008	2009	2010
Florida				5.9	6	6.4
Indian River	3	11	14	2.1	7.8	9.9

Source: FloridaCHARTS, Florida Department of Health, Bureau of Epidemiology

Data Note(s): Beginning in 2007, data includes both probable and confirmed cases.

Rates calculated using July 1 population estimates from the Office of the Governor.

Compiled by: Health Council of Southeast Florida, 2011

**Table 91: Cryptosporidiosis Cases, Indian River, 2008, 2009, 2010**

County	Number of Cases			Rate Per 100,000		
	2008	2009	2010	2008	2009	2010
Florida	549	497	408	2.9	2.6	2.2
Indian River	6	14	9	4.2	9.9	6.3

Source: FloridaCHARTS, Florida Department of Health, Bureau of Epidemiology

Data Note(s): Beginning in 2007, data includes both probable and confirmed cases. Rates calculated using July 1 population estimates from the Office of the Governor.

Compiled by: Health Council of Southeast Florida, 2011

**Table 92: E. Coli Cases All Types, Indian River, 2008, 2009, 2010**

County	Number of Cases			Rate Per 100,000		
	2008	2009	2010	2008	2009	2010
Florida	95	94	85	0.5	0.5	0.5
Indian River	1	0	0	0.7	0	0

Data Source: FloridaCHARTS, Florida Department of Health, Bureau of Epidemiology

Notes: Rates calculated using July 1 population estimates from the Office of the Governor.

Compiled by: Health Council of Southeast Florida, 2011

**Table 93: Giardiasis Cases, Indian River, 2008, 2009, 2010**

County	Number of Cases			Rate Per 100,000		
	2008	2009	2010	2008	2009	2010
Florida				7.4	10.5	11.4
Indian River	14	18	11	9.9	12.7	7.7

Source: FloridaCHARTS, Florida Department of Health, Bureau of Epidemiology

Data Note(s): Beginning in 2007, data includes both probable and confirmed cases.

Rates calculated using July 1 population estimates from the Office of the Governor.

Compiled by: Health Council of Southeast Florida, 2011

**Table 94: Hepatitis A Cases, Indian River, 2008, 2009, 2010**

County	Number of Cases			Rate Per 100,000		
	2008	2009	2010	2008	2009	2010
Florida	165	191	178	0.9	1	0.9
Indian River	1	0	2	0.7	0	1.4

Source: FloridaCHARTS, Florida Department of Health, Bureau of Epidemiology

Compiled by: Health Council of Southeast Florida, 2011

**Table 95: Salmonellosis Cases, Indian River, 2008, 2009, 2010**

County	Number of Cases			Rate Per 100,000		
	2008	2009	2010	2008	2009	2010
Florida				28.2	35.8	33.4
Indian River	42	60	52	29.6	42.3	36.6

Source: FloridaCHARTS, Florida Department of Health, Bureau of Epidemiology

Note(s): Beginning in 2007, data includes both probable and confirmed cases.

Rates calculated using July 1 population estimates from the Office of the Governor.

Compiled by: Health Council of Southeast Florida, 2011

**Table 96: Shigellosis Cases, Indian River, 2008, 2009, 2010**

County	Number of Cases			Rate Per 100,000		
	2008	2009	2010	2008	2009	2010
Florida	801	461		4.3	2.4	6.5
Indian River	24	2	1	16.9	1.4	0.7

Source: FloridaCHARTS, Florida Department of Health, Bureau of Epidemiology

Data Note(s): Beginning in 2007, data includes both probable and confirmed cases.

Rates calculated using July 1 population estimates from the Office of the Governor.

**Table 97: Typhoid Fever Cases, Indian River, 2008, 2009, 2010**

County	Number of Cases			Rate Per 100,000		
	2008	2009	2010	2008	2009	2010
Florida	18	19	22	0.1	0.1	0.1
Indian River	1	0	0	0.7	0	0

Data Source: FloridaCHARTS, Florida Department of Health, Bureau of Epidemiology

Data Note(s): Beginning in 2007, data includes both probable and confirmed cases.

Rates calculated using July 1 population estimates from the Office of the Governor.

Compiled by: Health Council of Southeast Florida, 2011

## Obesity

Obesity is often associated with poor health outcomes and rapidly increases the risk of mortality. Obese individuals often develop other diseases such as high blood pressure, high cholesterol, heart disease, stroke, some types of cancer and orthopedic issues.

Indian River ranked 53<sup>rd</sup> out of the 67 counties in percentage of adults who are obese with 24.1%. Florida's percentage was 27.2%.

Table 98: Percentage of Adults who are Obese, Sorted Highest to Lowest, Florida and Counties, 2010

Rank	County	Total	Quartile	Rank	County	Total	Quartile
	Florida	27.2		34	Miami-Dade	29.3	2
1	Hardee	46.1	4	35	Flagler	29.3	2
2	Hamilton	44.8	4	36	Jackson	29.2	2
3	Union	42.0	4	37	Okaloosa	28.8	2
4	Lafayette	41.7	4	38	Walton	28.6	2
5	Taylor	40.2	4	39	Duval	28.4	2
6	Liberty	40.1	4	40	Bay	28.2	2
7	Glades	39.6	4	41	Holmes	28.2	2
8	Okeechobee	38.1	4	42	Broward	28.0	2
9	Hendry	38.0	4	43	Orange	27.8	2
10	Polk	37.6	4	44	Suwannee	27.4	2
11	Wakulla	37.5	4	45	Lee	27.3	2
12	Gadsden	36.6	4	46	Sumter	27.2	2
13	Jefferson	36.3	4	47	Franklin	27.0	2
14	Baker	36.0	4	48	Volusia	26.8	2
15	Washington	35.0	4	49	Seminole	26.4	2
16	Calhoun	34.7	4	50	Clay	25.9	2
17	Marion	33.7	3	51	Hillsborough	25.3	1
18	DeSoto	33.4	3	52	Gilchrist	24.7	1
19	Dixie	32.8	3	53	Indian River	24.1	1
20	Madison	32.8	3	54	Pinellas	24.0	1
21	Levy	32.1	3	55	Nassau	23.8	1
22	Osceola	31.9	3	56	Citrus	23.4	1
23	St. Lucie	31.4	3	57	Gulf	23.2	1
24	Putnam	31.3	3	58	Manatee	22.5	1
25	Columbia	30.9	3	59	Collier	22.4	1
26	Brevard	30.7	3	60	St. Johns	22.0	1
27	Pasco	30.6	3	61	Charlotte	21.7	1
28	Bradford	30.4	3	62	Leon	21.7	1
29	Highlands	30.3	3	63	Alachua	21.6	1
30	Hernando	29.8	3	64	Martin	21.1	1
31	Lake	29.8	3	65	Sarasota	20.8	1
32	Santa Rosa	29.8	3	66	Palm Beach	19.4	1
33	Escambia	29.7	3	67	Monroe	17.4	1

Source: BRFSS conducted by the Florida Department of Health, Bureau of Epidemiology, 2010

\*95% confidence intervals have been removed from original data source

Compiled by: Health Council of Southeast Florida, 2011

## INFECTIOUS DISEASE

### *Tuberculosis*

Table 99 shows the number of Tuberculosis cases in Indian River and in Florida from 2001-2010. The number of cases has declined in both areas in the time period shown. In 2010 there were three tuberculosis cases in Indian River.

**Table 99: Tuberculosis Cases, Indian River and Florida, 2001 - 2010**

County	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Florida	1,145	1,086	1,046	1,076	1,094	1,038	989	953	821	835
Indian River	9	13	6	8	4	4	7	2	3	3

Source: FloridaCHARTS, Florida Department of Health, Bureau of TB & Refugee Health, 2010

Compiled by: Health Council of Southeast Florida, 2011

### *Reportable Diseases*

The rate of reportable diseases was fairly similar in Indian River and in Florida from 2008-2010. Both areas had an increase from 2008 to 2009 and a decrease in 2010. In 2010, the rate of reportable diseases in Indian River was 116.1 per 100,000.

**Table 100: Total Reportable Disease Cases, Indian River and Florida, 2008, 2009, 2010**

County	Number of Cases			Rate Per 100,000		
	2008	2009	2010	2008	2009	2010
Florida	17,907	24,727	20,455	95.2	131.4	108.9
Indian River	140	203	165	98.7	143.0	116.1

Source: FloridaCHARTS, Florida Department of Health, Bureau of Epidemiology, 2010

Data Note(s): Includes all reportable diseases, includes both probable and confirmed cases.

Rates calculated using July 1 population estimates from the Office of the Governor.

Compiled by: Health Council of Southeast Florida, 2011

## HIV Incidence

As shown in Table 101, the rate of reported new HIV cases per 100,000 individuals in Indian River ranged from 10.6 to 16.2 per 100,000 in the time period shown. The rate was consistently lower than Florida, which had a rate of 27.7 per 100,000 in 2010.

Table 101: HIV Incidence, Indian River and Florida, 2008, 2009, 2010

County	Number of Reported New Cases			Rate Per 100,000		
	2008	2009	2010	2008	2009	2010
Florida	7,111	5,608	5,211	37.8	29.8	27.7
Indian River	20	15	23	14.1	10.6	16.2

Source: FloridaCHARTS, Florida Department of Health, Bureau of HIV/AIDS

Data Note(s): Generally, HIV cases remained fairly stable with an increase in 2002 due to increased HIV testing statewide as part of the Get to Know Your Status campaign. Since that time, newly reported HIV cases have decreased each year until 2007. Since then, reporting changes have caused fluctuations in HIV cases. For example, enhanced reporting laws were implemented in Nov. 2006, and the expansion of electronic lab reporting in 2007 led to an artificial peak in HIV cases in 2007 and 2008 followed by an artificial decrease in 2009 and an expected approach to leveling in 2010. Cases reported in correctional facilities are excluded from the county totals, but are included in the state total.

Rates calculated using July 1 population estimates from the Office of the Governor.

Compiled by: Health Council of Southeast Florida, 2011

## AIDS Incidence

Table 102 shows new AIDS cases in Indian River County and Florida in 2008, 2009 and 2010. The number of events in Indian River ranged from 10-18 cases per year in the time period shown and the rate, between 7.1 – 12.7 per 100,000, was consistently lower than the state of Florida.

Table 102: AIDS Incidence, Indian River and Florida, 2008, 2009, 2010

County	Number of Reported New AIDS Cases			Rate Per 100,000		
	2008	2009	2010	2008	2009	2010
Florida	4,701	4,429	3,461	25.0	23.5	18.4
Indian River	10	18	11	7.1	12.7	7.7

Source: FloridaCHARTS, Florida Department of Health, Bureau of HIV/AIDS, 2010

Data Note(s): Generally, AIDS cases remained fairly stable in the early 2000s, with an increase in 2004 due to increased CD4 testing statewide. Electronic laboratory reporting delays in late 2007 decreased cases in that year, while contributing to a spike in 2008. The expansion of electronic lab reporting increased the timeliness of reporting, which further contributed to the artificial spike in 2008 followed by the artificial dip in 2009 & 2010. Cases reported in correctional facilities are excluded from the county totals, but are included in the state total.

Rates calculated using July 1 population estimates from the Office of the Governor.

Compiled by: Health Council of Southeast Florida, 2011

## SEXUALLY TRANSMITTED INFECTIONS/ DISEASES

Sexually transmitted infection/disease data are important for communities because the burden of sexually transmitted diseases is borne by society as a whole. Chlamydia, in particular, is the most common bacterial STIs in North America and is one of the major causes of tubal infertility, ectopic pregnancy, pelvic inflammatory disease, and chronic pelvic pain. Additionally, STIs in general, are associated with significantly increased risk of morbidity and mortality, including increased risk of cervical cancer, pelvic inflammatory disease, involuntary infertility, and premature death.<sup>21</sup>

The total gonorrhea, chlamydia & infectious syphilis cases per 100,000 people for Indian River County ranged from of low of 274.6 per 100,000 in 2004 and 2006 to 492.2 per 100,000 in 2008. The rate in the county in 2010 was 346.9 per 100,000. During the time period shown, the rate was consistently lower in Indian River than in Florida.

Table 103: Total Gonorrhea, Chlamydia & Infectious Syphilis, Indian River, Florida 2001-2010

County	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
<b>Counts</b>										
Florida	59,640	64,023	62,014	61,862	64,321	73,608	82,011	95,011	94,837	96,061
Indian River	322	330	356	351	361	375	532	698	600	493
<b>Rate Per 100,000</b>										
Florida	363.4	381.7	361.3	351.2	357	399.2	437.8	505.1	503.9	511.3
Indian River	276.9	277.6	292.1	274.6	275.9	274.6	378.7	492.2	422.8	346.9

Source: FloridaCHARTS, Florida Department of Health, Bureau of STD Prevention & Control, 2010

Rates calculated using July 1 population estimates from the Office of the Governor.

Compiled by: Health Council of Southeast Florida, 2011

<sup>21</sup> University of Wisconsin Population Health Institute. (2010). County Health Rankings 2010; retrieved from [www.countyhealthrankings.org/health-factors/unsafe-sex](http://www.countyhealthrankings.org/health-factors/unsafe-sex)

## MORTALITY

### *Leading Causes of Death*

Table 104 shows number of total deaths by all causes in Indian River from 2007 to 2009. Cancer was the leading cause of death for all three years accounting for an average of 26.7% of deaths followed by heart disease with 22.3% of deaths and stroke with 7.3% of deaths

Table 104: Major Causes of Death, Indian River, 2007, 2008, 2009

Cause of Death	2007		2008		2009	
	Deaths	Percent of Total Deaths	Deaths	Percent of Total Deaths	Deaths	Percent of Total Deaths
ALL CAUSES	1,648	100%	1,734	100%	1,719	100%
CANCER	440	26.7%	468	27%	452	26.3%
HEART DISEASE	359	21.8%	397	22.9%	381	22.2%
STROKE	145	8.85	107	6.2%	117	6.8%
UNINTENTIONAL INJURIES	82	5.0%	102	5.9%	107	6.2%
CHRONIC LOWER RESPIRATORY DISEASE	89	5.4%	94	5.4%	95	5.5%
ALZHEIMER'S DISEASE	64	3.9%	92	5.3%	89	5.2%
DIABETES MELLITUS	54	3.3%	61	3.5%	55	3.2%
PARKINSON'S DISEASE	25	1.5%	30	1.7%	32	1.9%
CHRONIC LIVER DISEASE AND CIRRHOSIS	38	2.3%	18	1.0%	25	1.5%
SUICIDE	19	1.2%	25	1.4%	24	1.4%
PNEUMONIA/INFLUENZA	15	0.9%	19	1.1%	18	1.0%
KIDNEY DISEASE	21	1.3%	16	0.9%	15	0.9%
SEPTICEMIA	6	0.4%	10	0.6%	13	0.8%
BENIGN NEOPLASM	8	0.5%	14	0.8%	13	0.8%
AIDS/HIV	4	0.2%	3	0.2%	8	0.5%
HOMICIDE	3	0.2%	6	0.3%	7	0.4%
PERINATAL CONDITIONS	6	0.4%	6	0.3%	3	0.2%

Source: FloridaCHARTS, Florida Department of Health, Office of Health Statistics and Assessment, 2009

Notes: Date arranged by leading cause of death (high to low) for 2009

Compiled by: Health Council of Southeast Florida, 2011

### Leading Cause of Death by Age

Table 105 shows the major causes of death in Indian River County organized by age group. The majority of causes affected the older population; however, unintentional injuries, suicide, homicide and perinatal conditions were causes of death in the younger age groups.

Table 105: Major Causes of Death, Categorized by Age, Indian River, 2009

Cause of Death	Total	< 1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65-74	75-84	85 +
<b>All Causes</b>	<b>1,719</b>	<b>6</b>	<b>1</b>	<b>3</b>	<b>0</b>	<b>1</b>	<b>10</b>	<b>22</b>	<b>29</b>	<b>87</b>	<b>161</b>	<b>233</b>	<b>479</b>	<b>687</b>
Malignant Neoplasms	452	0	0	0	0	0	0	1	3	25	58	104	159	102
Heart Diseases	381	0	0	1	0	0	0	2	5	10	29	44	94	196
Cerebrovascular Diseases	117	0	0	0	0	0	0	1	1	2	9	7	35	62
Unintentional Injury	107	1	1	1	0	0	7	10	8	21	13	3	13	29
Chronic Lower Respiratory Diseases	95	0	0	0	0	0	0	0	0	2	7	12	36	38
Alzheimer's Disease	89	0	0	0	0	0	0	0	0	0	0	0	26	63
Diabetes Mellitus	55	0	0	0	0	0	0	1	1	2	3	14	16	18
Infectious Diseases	33	0	0	0	0	1	0	0	1	6	4	6	6	9
Parkinson's Disease	32	0	0	0	0	0	0	0	0	0	0	1	14	17
Chronic Liver Diseases & Cirrhosis	25	0	0	0	0	0	0	1	1	7	8	7	0	1
Suicide	24	0	0	0	0	0	2	2	3	5	5	2	3	2
Influenza & Pneumonia	18	0	0	0	0	0	0	0	1	1	2	2	3	9
Nephritis, Nephrotic Syndrome & Nephrosis	15	0	0	0	0	0	0	0	0	0	1	2	4	8
Septicemia	13	0	0	0	0	0	0	0	1	0	2	3	3	4
In Situ, Benign, Uncert/Unk Behavior Neoplasms	13	0	0	0	0	0	0	0	0	0	1	1	6	5
Human Immunodeficiency Virus	8	0	0	0	0	1	0	0	0	3	1	3	0	0
Homicide	7	0	0	0	0	0	1	1	0	1	2	0	2	0
Perinatal Period Conditions	3	3	0	0	0	0	0	0	0	0	0	0	0	0

Source: FloridaCHARTS, Florida Department of Health, Office of Vital Statistics, 2009

Notes: Major causes of death for all ages, stratified by age

Compiled by: Health Council of Southeast Florida, 2011

## Number of Deaths by Race

Table 106 shows mortality counts organized by race and gender in Indian River County in 2009.

**Table 106: Number of Deaths by Race and Gender, Indian River, 2009**

Cause of Death	Total	White	Black	Other	Hispanic	Non-Hispanic	Male	Female
All Causes	1,719	1,620	86	13	33	1,686	930	789

Source: FloridaCHARTS, Florida Department of Health, Office of Vital Statistics, 2009

Compiled by: Health Council of Southeast Florida, 2011

## Heart Disease Deaths

Table 107 shows deaths due to heart disease and related conditions in Indian River in 2009 by race and gender. More males died of cardiovascular diseases than females in 2009.

**Table 107: Deaths due to Cardiovascular Disease by Race and Gender, Indian River, 2009**

Cause of Death	Total	White	Black	Other	Hispanic	Non-Hispanic	Male	Female
<b>All Causes</b>	<b>1,719</b>	<b>1,620</b>	<b>86</b>	<b>13</b>	<b>33</b>	<b>1,686</b>	<b>930</b>	<b>789</b>
Major Cardiovascular Diseases	537	497	34	6	12	525	299	238
Heart Diseases	381	357	19	5	6	375	216	165
Hypertensive Heart Disease	12	10	2	0	0	12	7	5
Hypertensive Heart & Renal Disease	1	1	0	0	0	1	0	1
Ischemic Heart Diseases	289	272	13	4	4	285	171	118
Acute Myocardial Infarction	46	43	3	0	2	44	26	20
Other Acute Ischemic Heart Disease	1	1	0	0	0	1	1	0
Other Forms of Chronic Ischemic Heart Dis	242	228	10	4	2	240	144	98
Atherosclerotic Cardiovascular Disease	66	62	2	2	0	66	31	35
All Other Chronic Ischemic Heart Dis	176	166	8	2	2	174	113	63
Other Heart Diseases	79	74	4	1	2	77	38	41
Pericardium Diseases & Acute Myocarditis	1	1	0	0	0	1	0	1
Heart Failure	6	6	0	0	0	6	3	3
Other Forms Heart Dis	72	67	4	1	2	70	35	37
Essen Hypertension & Hypertensive Renal Dis	23	20	3	0	1	22	13	10
Cerebrovascular Diseases	117	104	12	1	4	113	60	57
Atherosclerosis	2	2	0	0	0	2	0	2
Other Disease of Circulatory System	14	14	0	0	1	13	10	4
Aortic Aneurysm & Dissection	9	9	0	0	1	8	8	1
Other Arteries, Arterioles, Capillaries Dis	5	5	0	0	0	5	2	3
Other Circulatory System Disorders	3	3	0	0	0	3	2	1

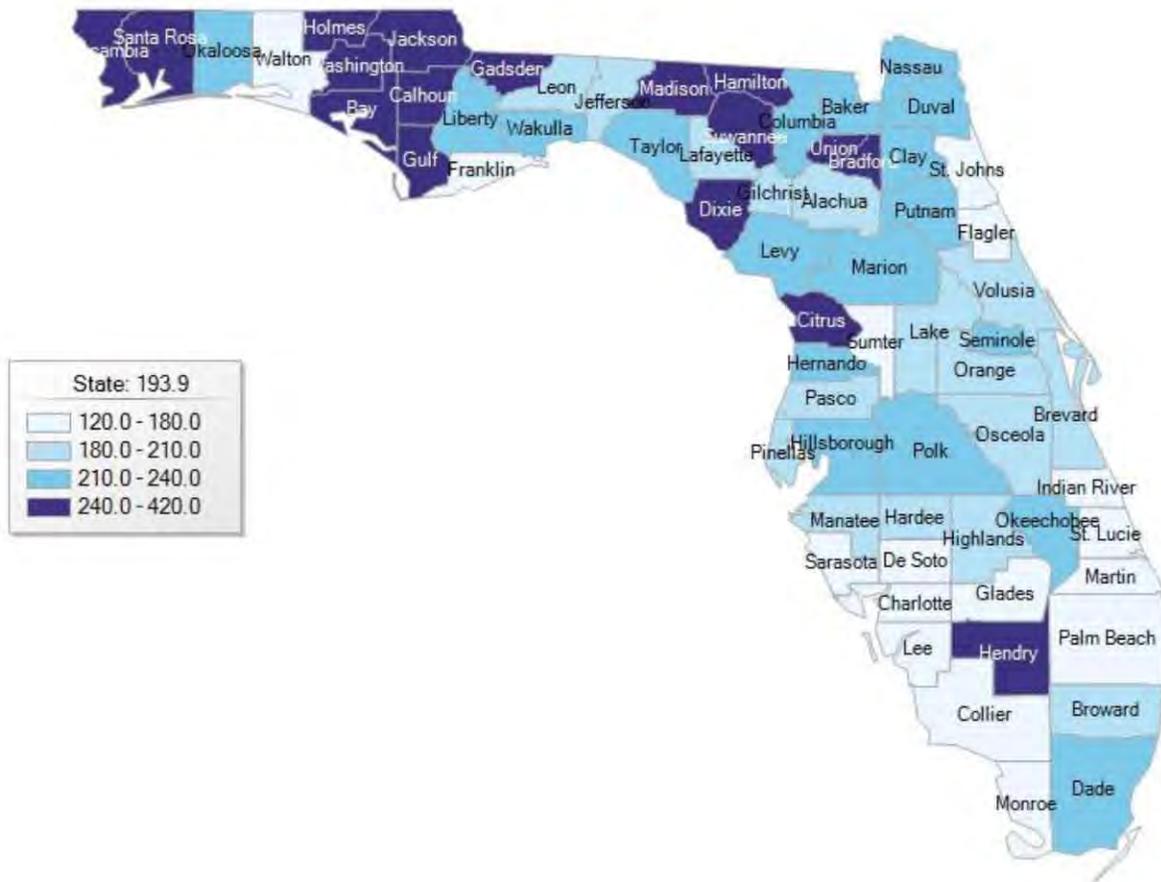
Source: FloridaCHARTS, Florida Department of Health, Office of Vital Statistics, 2009

Compiled by: Health Council of Southeast Florida, 2011

Figure 20 shows age-adjusted death rates in Florida counties due to major cardiovascular disease color-coded by rate. Indian River had a rate of 163.67 per 100,000 in 2009. The 2009 crude death rate in Indian River however was 378.4 per 100,000, higher than the rate in Florida of 283.5 per 100,000.

Figure 20

**Major Cardiovascular Diseases Age-Adjusted Death Rate, All Races, 2009**



Data source: Florida Department of Health, Bureau of Vital Statistics

Indian River ranked 57<sup>th</sup> out of Florida's 67 counties in age-adjusted coronary heart disease death rate with a rate of 86.6 per 100,000 in 2009. The rate in Florida was 103.4 per 100,000. However, the 2009 crude death rate for Indian River was 203.6 per 100,000, placing it 13<sup>th</sup> among the counties.

Table 108: Coronary Heart Disease Age-Adjusted Death Rate, by County, Florida, 2009

Rank	County	Count	Rate	Rank	County	Count	Rate
	Florida	28,615	103.4	34	Glades	17	113.3
1	Holmes	63	236.7	35	Okaloosa	241	112.4
2	Union	25	220.6	36	Taylor	30	109.8
3	Dixie	50	202.6	37	Baker	27	109.7
4	Hendry	60	172.9	38	Pinellas	1,913	109.7
5	Washington	56	163.6	39	Escambia	420	107.0
6	Calhoun	30	163.5	40	Orange	956	106.9
7	Hamilton	23	158.2	41	Wakulla	33	105.6
8	Madison	41	155.7	42	Lake	585	103.3
9	Lafayette	13	154.0	43	Hardee	31	102.7
10	Okeechobee	80	149.7	44	Brevard	965	102.4
11	Bradford	48	142.1	45	Putnam	111	102.1
12	Hernando	510	137.3	46	Broward	2,443	102.0
13	Suwannee	82	131.3	47	Alachua	228	100.4
14	Columbia	108	128.6	48	Clay	182	100.2
15	Liberty	10	128.6	49	Highlands	264	100.0
16	Jackson	88	125.0	50	Jefferson	19	98.1
17	Polk	1,064	124.9	51	Walton	81	97.3
18	Gilchrist	27	124.7	52	St. Lucie	457	96.7
19	Marion	784	124.7	53	Volusia	792	90.8
20	Nassau	107	123.9	54	Palm Beach	2,302	89.8
21	Osceola	294	121.9	55	Lee	1,049	88.8
22	Bay	248	120.9	56	Leon	196	87.4
23	Gulf	27	120.8	57	Indian River	289	86.6
24	Dade	3,481	118.7	58	De Soto	40	86.5
25	Hillsborough	1,512	118.4	59	Charlotte	362	86.3
26	Santa Rosa	169	117.7	60	Sumter	185	84.7
27	Gadsden	65	116.1	61	Monroe	82	75.4
28	Levy	70	115.9	62	Sarasota	767	72.8
29	Pasco	954	115.8	63	Martin	216	65.7
30	Citrus	408	115.4	64	Collier	400	64.5
31	Duval	1,015	114.4	65	St. Johns	159	64.5
32	Seminole	467	114.4	66	Flagler	106	60.5
33	Manatee	675	113.8	67	Franklin	6	32.2

Source: FloridaCHARTS, 2009

Compiled by: Health Council of Southeast Florida, 2011

## Cancer Deaths

In the United States, cancer is the second leading cause of death, responsible for 1 in 4 deaths. About 1.5 million new cancer cases were expected to be diagnosed in 2010. About 569,000 Americans were expected to die of cancer in 2010.<sup>22</sup>

Table 109 shows cancer deaths in 2009 in Indian River organized by type, gender and race. Trachea, bronchus and lung cancer were responsible for 136 of the 452 cancer related deaths in the county and were responsible for 7.9% of all deaths in the county.

Table 109: Deaths due to Cancers by Race and Gender, Indian River, 2009

Cause of Death	Total	White	Black	Other	Hispanic	Non-Hispanic	Male	Female
<b>All Causes</b>	<b>1,719</b>	<b>1,620</b>	<b>86</b>	<b>13</b>	<b>33</b>	<b>1,686</b>	<b>930</b>	<b>789</b>
Malignant Neoplasms	452	431	18	3	5	447	248	204
Lip, Oral Cavity, Pharynx Cancer	6	4	2	0	0	6	3	3
Esophagus Cancer	9	9	0	0	0	9	8	1
Stomach Cancer	9	8	1	0	0	9	5	4
Colon, Rectum & Anus Cancer	31	30	0	1	0	31	15	16
Liver & Intrahepatic Bile Ducts Cancer	15	13	1	1	1	14	13	2
Pancreatic Cancer	26	26	0	0	0	26	19	7
Larynx Cancer	3	2	1	0	0	3	2	1
Trachea, Bronchus & Lung Cancer	136	132	4	0	1	135	78	58
Skin Cancer	13	13	0	0	1	12	9	4
Breast Cancer	32	27	4	1	0	32	0	32
Cervical Cancer	1	1	0	0	0	1	0	1
Corpus Uteri & Uterus, Part Unspec Cancer	4	4	0	0	0	4	0	4
Ovarian Cancer	11	11	0	0	1	10	0	11
Prostate Cancer	31	31	0	0	0	31	31	0
Kidney & Renal Pelvis Cancer	10	10	0	0	0	10	6	4
Bladder Cancer	9	9	0	0	0	9	7	2
Meninges, Brain, & Other Part Cen Nerv Sys Cancer	13	12	1	0	0	13	4	9
Lymphoid, Hematopoietic and Related Tissue	36	34	2	0	1	35	20	16
Non-Hodgkin's Lymphoma	17	16	1	0	1	16	9	8
Leukemia	17	17	0	0	0	17	10	7
Multiple Myeloma & Immunoprolifera Neoplas	1	0	1	0	0	1	0	1
Other & Unspec--Lymphoid, Hematopoie, Relat Tiss	1	1	0	0	0	1	1	0
All Other & Unspecified	57	55	2	0	0	57	28	29
In Situ, Benign, Uncert/Unk Behavior Neoplasms	13	13	0	0	1	12	9	4

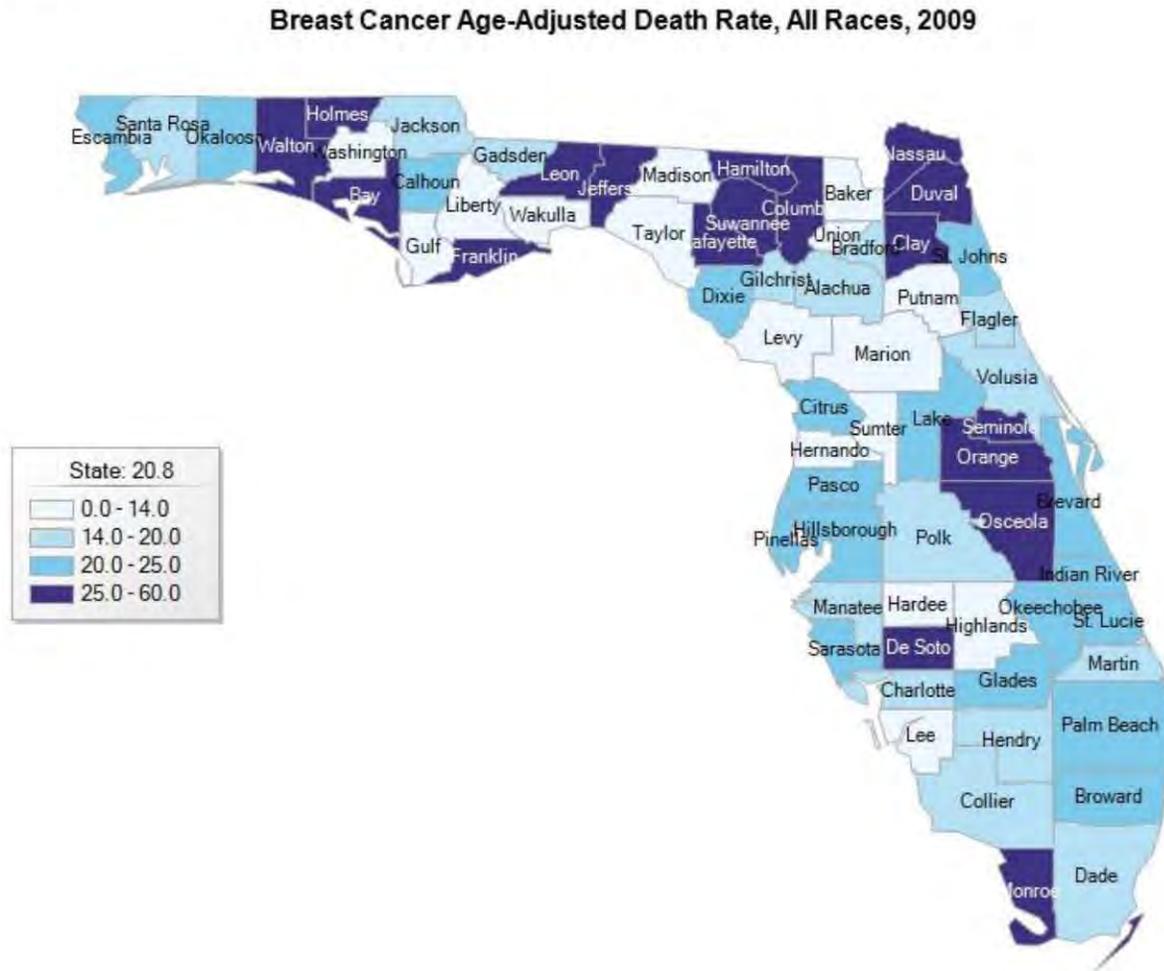
Source: FloridaCHARTS, Florida Department of Health, Office of Vital Statistics, 2009

Compiled by: Health Council of Southeast Florida, 2011

<sup>22</sup> American Cancer Society. (2009) Cancer Facts & Figures 2009. American Cancer Society

Figure 21 shows the age-adjusted breast cancer death rates in Florida counties in 2009. Indian River had a rate of 22.1 per 100,000, slightly higher than the state as a whole with a rate of 20.8 per 100,000. The crude rate in Indian River in 2009 was 43.8 per 100,000, placing it 4<sup>th</sup> highest of the 67 counties.

Figure 21



Data source: Florida Department of Health, Bureau of Vital Statistics

## Deaths Due to AIDS

HIV/AIDS is among the leading causes of death worldwide. In the United States, more than 1 million people are currently living with HIV/AIDS. Since the U.S. epidemic began, an estimated 617,025 people have died of AIDS.<sup>23</sup>

Table 110 shows deaths due to HIV/AIDS in Indian River and Florida in the years 2007 - 2009. Death due to HIV/AIDS in Indian River ranged between 3 and 8 deaths per year in the time period shown. The rate in Florida ranged from 6.5-8.1 per 100,000, consistently higher than in Indian River.

Table 110: Total Deaths for HIV/AIDS, Indian River and Florida, 2007, 2008, 2009

County	Number of Deaths			Number of Total Population			Rate Per 100,000		
	2007	2008	2009	2007	2008	2009	2007	2008	2009
Florida	1,526	1,412	1,232	18,731,287	18,812,155	18,819,000	8.1	7.5	6.5
Indian River	4	3	8	140,469	141,811	141,926	2.8	2.1	5.6

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2009

Data Note(s): ICD-10 Code(s): B20-B24

Rates calculated using July 1 population estimates from the Office of the Governor.

Compiled by: Health Council of Southeast Florida, 2011

## Unintentional Injury Deaths

According to the National Center for Health Statistics, a branch of the Centers for Disease Control and Prevention (CDC), unintentional injuries are the fifth leading cause of death overall, and the leading cause of death for individuals in the 1-4, 5-14, 15-24 and 25-44 age groups.<sup>24</sup>

As seen in Table 111, the age-adjusted death rate due to unintentional injuries in Indian River County is higher than that of the state of Florida in all the years shown and averaged 62 per 100,000 over the three year period in the county. The 2009 crude rate in the county was 75.4 per 100,000. The age-adjusted rate in Florida average 44 per 100,000 in three years shown. Figure 22 shows 2009 age-adjusted unintentional injury death rates, color-coded by rate for Florida counties.

<sup>23</sup> [www.niaid.nih.gov/topics/HIVAIDS/Understanding/Pages/quickFacts.aspx](http://www.niaid.nih.gov/topics/HIVAIDS/Understanding/Pages/quickFacts.aspx)

<sup>24</sup> Kochanek KD, Xu JQ, Murphy SL, et al. Deaths: Preliminary data for 2009. National vital statistics reports; vol 59 no 4. Hyattsville, MD: National Center for Health Statistics. 2011.

**Table 111: Unintentional Injury (Accident) Age-Adjusted Death Rate, Indian River and Florida, 2007, 2008, 2009**

County	Number of Deaths			Age-Adjusted Death Rate		
	2007	2008	2009	2007	2008	2009
Florida	9,020	8,918	8,779	45.3	44.2	42.6
Indian River	82	102	107	58.2	66.7	61.1

Data Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2009

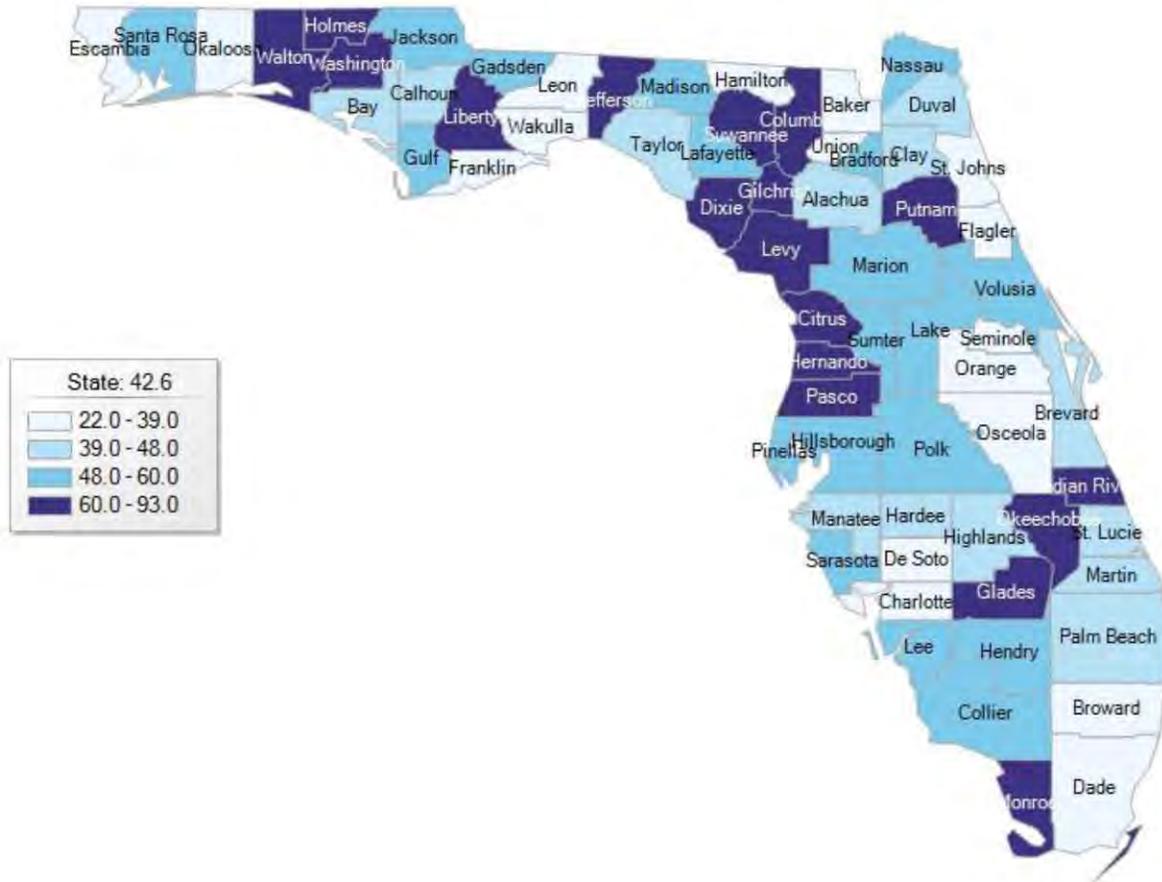
Data Note(s): ICD-10 Code(s): V01-X59, Y85-Y86

Age-adjusted rates are calculated using the Year 2000 Standard Population Proportion. Population estimates are from July 1 of the specified year and are provided by the Office of the Governor.

Compiled by: Health Council of Southeast Florida, 2011

**Figure 22**

**Unintentional Injuries Age-Adjusted Death Rate, All Races, 2009**



Data source: Florida Department of Health, Bureau of Vital Statistics

# HEALTH RESOURCE AVAILABILITY AND ACCESS

## LICENSED FACILITY OVERVIEW

### Hospitals

Table 112: Total Licensed Hospitals, Indian River, October 2011

Name	City	Licensed Beds	Profit Status	Web Address
HEALTHSOUTH TREASURE COAST REHABILITATION HOSPITAL	VERO BEACH	90	For-Profit	<a href="http://www.healthsouth.com">http://www.healthsouth.com</a>
INDIAN RIVER MEDICAL CENTER	VERO BEACH	335	Not-For-Profit	<a href="http://www.irmc.cc">http://www.irmc.cc</a>
SEBASTIAN RIVER MEDICAL CENTER	SEBASTIAN	154	For-Profit	<a href="http://www.sebastianrivermedical.com">www.sebastianrivermedical.com</a>

Source: Florida Agency for Healthcare Administration, 2011

Compiled by: Health Council of Southeast Florida, 2011

Table 113 shows the total number of hospital beds and the number of hospital beds per 100,000 in the population. The rates in both areas have increased slightly in the time period shown. The number of hospital beds increased from 554 in 2009 to 579 in 2010.

Table 113: Total Hospital Beds, Indian River and Florida, 2008, 2009, 2010

County	Number of Beds			Number of Total Population			Rate Per 100,000		
	2008	2009	2010	2008	2009	2010	2008	2009	2010
Florida	59,614	60,059	60,241	18,812,155	18,819,000	18,788,795	316.9	319.1	320.6
Indian River	554	554	579	141,811	141,926	142,108	390.7	390.3	407.4

Data Source: FloridaCHARTS, Florida Agency for Health Care Administration (AHCA), Certificate of Need Office, 2010

Rates calculated using July 1 population estimates from the Office of the Governor.

Compiled by: Health Council of Southeast Florida, 2011

### ***Nursing Homes***

Of the six nursing home facilities in Indian River, four are for-profit (521 beds) and two are not-for-profit (124 beds).

**Table 114: Licensed Nursing Homes, Indian River, October 2011**

<b>Name</b>	<b>City</b>	<b>Licensed Beds</b>	<b>Profit Status</b>
ATLANTIC HEALTHCARE CENTER	VERO BEACH	110	For-Profit
CONSULATE HEALTH CARE OF VERO BEACH	VERO BEACH	159	For-Profit
FLORIDA BAPTIST RETIREMENT CENTER	VERO BEACH	24	Not-For-Profit
PALM GARDEN OF VERO BEACH	VERO BEACH	180	For-Profit
ROYAL PALM HEALTHCARE & REHABILITATION CENTER	VERO BEACH	72	For-Profit
WILLOWBROOKE COURT AT INDIAN RIVER ESTATES	VERO BEACH	100	Not-For-Profit

Source: Florida Agency for Healthcare Administration, 2011

Compiled by: Health Council of Southeast Florida, 2011

## Home Health Agencies

Table 115 lists licensed home health agencies in Indian River County. Home health agencies typically evaluate a patient's condition and assess home care needs. They may also determine whether other services such as therapy and personal care are necessary, ( e.g., physical speech, occupational, respiratory and IV therapy, home health aides, homemaker and companion services, home medical equipment, nutritional guidance, etc.)

Table 115: Licensed Home Health Agencies, Indian River, October 2011

Name	City	Profit Status
A MOMENT'S NOTICE HEALTH CARE	VERO BEACH	For-Profit
ACTS HOME HEALTH AGENCY	VERO BEACH	For-Profit
AFTERCARE NURSING SERVICES INC.	VERO BEACH	For-Profit
ALLIANCECARE	VERO BEACH	For-Profit
ASSOCIATED HOME HEALTH	VERO BEACH	For-Profit
ASSOCIATED HOME HEALTH	VERO BEACH	For-Profit
CHAMPION HOME HEALTH CARE	VERO BEACH	For-Profit
COMMUNITY HOME HEALTH SERVICES	SEBASTIAN	For-Profit
HEALTH FIRST HOME CARE	SEBASTIAN	Not-For-Profit
HOME INSTEAD SENIOR CARE	VERO BEACH	For-Profit
INDIAN RIVER HOME CARE INC	VERO BEACH	For-Profit
LIVE LONG WELL CARE OF INDIAN RIVER COUNTY	VERO BEACH	For-Profit
MEDERI CARETENDERS	VERO BEACH	For-Profit
NHC HOMECARE	VERO BEACH	For-Profit
NIGHTINGALE PRIVATE DUTY NURSING	VERO BEACH	Not-For-Profit
NURSE-ON-CALL OF SOUTH FLORIDA INC	VERO BEACH	For-Profit
SEBASTIAN RIVER HOME HEALTH	SEBASTIAN	For-Profit
VISITING NURSE ASSOC. OF INDIAN RIVER COUNTY INC.	VERO BEACH	Not-For-Profit

Source: Florida Agency for Healthcare Administration, 2011

Compiled by: Health Council of Southeast Florida, 2011

## AHCA Licensed Facilities "All Types"

Appendix F provides a list of all licensed health care and medical facilities located in Indian River County.

## HEALTH CARE PROVIDER SUPPLY

### Physicians

The number of physicians decreased from 346 in fiscal year 2008-2009 to 337 in fiscal year 2009-2010. The number of physicians per 100,000 individuals in fiscal year 2009-2010 was 237 in Indian River. During the same year the rate in Florida was 301 per 100,000.

Table 116: Total Licensed Physicians (Fiscal Year), Indian River and Florida, 2008-09, 2009-2010

County	Number of Physicians		Number of Total Population			Rate Per 100,000	
	FY 2008-09	FY 2009-10	2008*	2009*	2010*	FY 2008-09	FY 2009-10
Florida	56,177	56,561	18,812,155	18,819,000	18,788,795	299	301
Indian River	346	337	141,811	141,926	142,108	244	237

Source: FloridaCHARTS, Florida Department of Health, Division of Medical Quality Assurance

Rates calculated using July 1 population estimates from the Office of the Governor.

### Nurses

As of October 2011, there were 1789 licensed Registered Nurses with an 'address of record' in Indian River County according to the Florida Department of Health license verification database.

### Dentists

As seen in Table 117, the rate of licensed dentists per 100,000 individuals has remained relatively constant during the time period shown in Indian River County and in Florida. The rate per 100,000 is also similar in both areas. In the time period shown, the average rate per 100,000 in the county was 59.3.

Table 117: Total Licensed Dentists (Fiscal Year), Indian River and Florida

County	Average Number of Dentists			Average Number of Total Population			Rate Per 100,000		
	2005-07	2006-08	2007-09	2005-07	2006-08	2007-09	2005-07	2006-08	2007-09
Florida	11,350	11,588	11,612	18,396,828	18,661,381	18,787,481	61.7	62.1	61.8
Indian River	81	84	83	135,955	139,609	141,402	59.3	60.2	58.5

Data Source: FloridaCHARTS, Florida Department of Health, Division of Medical Quality Assurance, 2009

Compiled by: Health Council of Southeast Florida, 2011

## FEDERAL HEALTH PROFESSIONAL SHORTAGE AREA (HPSA)

Health Professional Shortage Areas (HPSAs) are areas, populations or institutions designated by the Health Resources and Services Administration (HRSA) to have shortages of primary medical care, dental or mental health providers. HPSA designations are based on several criteria including: a rational need for services, a provider to population ratio that falls below a set criteria, and an occurrence of current health providers being over-utilized, inaccessible or excessively distant.

As of September 21, 2011, across the country, there were:

- 6,433 primary care HPSAs with 66.9 million people living in them. It would take 17,798 practitioners to meet their need for primary care providers (a population to practitioner ratio of 2,000:1).
- 4,675 dental HPSAs with 52.4 million people living in them. It would take 10,242 practitioners to meet their need for dental providers (a population to practitioner ratio of 3,000:1).
- 3,795 mental health HPSAs with 95.3 million people living in them. It would take 6,252 practitioners to meet their need for mental health providers (a population to practitioner ratio of 10,000:1).<sup>25</sup>

As of October, 2011 in Florida there were:

- 263 primary medical care HPSAs
- 223 dental HPSAs
- 155 mental health HPSAs<sup>26</sup>

### *Primary Care – Indian River*

There are three designated primary care health profession shortage areas (HPSAs) in Indian River County: the population of low income migrant farmworkers in Fellsmere, the minor civil division of Fellsmere census county division (CCD) and the comprehensive health center, Treasure Coast Community Health Center.

Table 118: Health Professional Shortage Area, Primary Medical Care, Indian River, as of September 2011

HPSA Name	ID	Type	FTE	# Short	Score
Low Income/Migrant Farmworker - Fellsmere-Indian River	112999120I	Population Group	1	2	16
Fellsmere CCD		Minor Civil Division			
Treasure Coast Community Health Center	112999125B	Comp. Health Center	1		14

Source: HRSA, 2011

Compiled by: Health Council of Southeast Florida, 2011

<sup>25</sup> Source: U.S. Department of Health & Human Services; Health Resource and Services Administration; <http://datawarehouse.hrsa.gov/GeoAdvisor/shortagedesignationAdvisor.aspx>

<sup>26</sup> <http://datawarehouse.hrsa.gov/HIMSFactSheet.aspx?statecd=12>

### Dental Care – Indian River

There are thirteen designated dental health professional shortages areas in Indian River County.

Table 119: Health Professional Shortage Area, Dental Health Care, Indian River, as of September 2011

HPSA Name	ID	Type	FTE	# Short	Score
Treasure Coast Community Health Center	612999123J	Comprehensive Health Center			21
Low Income - Vero Beach	612999126L	Population Group	2	2	12
C.T. 0501.00		Census Tract			
C.T. 0502.00		Census Tract			
C.T. 0503.01		Census Tract			
C.T. 0503.02		Census Tract			
C.T. 0504.00		Census Tract			
C.T. 0506.01		Census Tract			
C.T. 0506.02		Census Tract			
C.T. 0506.03		Census Tract			
C.T. 0506.06		Census Tract			
Low Income - Fellsmere	6129991288	Population Group	1	1	6
Fellsmere CCD		Minor Civil Division			

Source: HRSA, 2011

Compiled by: Health Council of Southeast Florida, 2011

In Indian River County as a whole, the percent of individuals living in poverty with access to dental care averaged 54% between 2008 and 2010, higher than the percentage in Florida which averaged 31.5%.

Table 120: Access to Dental Care by Low Income Persons, Indian River and Florida, 2008, 2009, 2010

County	Number of Persons w/ Dental Access			Number of Population Below Poverty			Rate Percent		
	2008	2009	2010	2008	2009	2010	2008	2009	2010
Florida	675,575	689,062	855,659	2,353,880	2,354,736	2,350,957	28.7%	29.3%	36.4%
Indian River	6,039	7,391	7,953	13,188	13,198	13,215	45.8%	56.0%	60.2%

Data Source: FloridaCHARTS, Florida Department of Health, Public Health Dental Program, 2010

Rates calculated using July 1 population estimates from the Office of the Governor.

Compiled by: Health Council of Southeast Florida, 2011

## Mental Health Care – Indian River

There are five designated mental health professional shortage areas in Indian River County.

Table 121: Health Professional Shortage Area, Mental Health Care, Indian River, as of September 2011

HPSA Name	ID	Type	FTE	# Short	Score
Treasure Coast Community Health Center	712999121A	Comprehensive Health Center			0
Fellsmere	712999122H	Geographical Area	0	1	16
Fellsmere CCD		Minor Civil Division			
Low Income-Indian River	712999129N	Population Group	1	1	13
Indian River		Single County			

Source: HRSA, 2011

Compiled by: Health Council of Southeast Florida, 2011

## FEDERAL MEDICALLY UNDERSERVED AREAS/POPULATIONS

Medically Underserved Areas (MUAs)/Populations (MUPs) are designated by Health Resources Service Administration (HRSA) as areas or populations having: too few primary care providers, high infant mortality, high poverty and/or high elderly population. An Index of Medical Underservice (IMU) uses weighted values for different factors to determine the score.

Currently in Florida there are:<sup>27</sup>

- 36 Medically Underserved Areas
- 87 Medically Underserved Populations
- 4 Governor-Designated Underserved Areas or Populations

Medically Underserved Populations (MUPs) are comprised of groups of individuals who face economic, cultural or linguistic barriers to health care. As seen in Table 122, Indian River County has one Medically Underserved Population (MUP), low income individuals. This population has been designated since June 2004.

Table 122: Medically Underserved Areas and Populations in Indian River as of September 2011

Name	ID#	Type	Score	Designation Date
Low Inc - Indian River County	7421	MUP	56.6	6/14/2004

Source: HRSA, 2011

Compiled by: Health Council of Southeast Florida, 2011

<sup>27</sup> <http://datawarehouse.hrsa.gov/HIMSFactSheet.aspx?statecd=12>

## HEALTH INSURANCE

Table 123 shows health insurance coverage in Indian River and Florida in 2009. The percentage of the Indian River population with health insurance at 79.1% is consistent with Florida as a whole. However, the percentage of individuals under 18 without insurance in the county is 20.4%, which is 5.6% higher than in Florida.

**Table 123: Health Insurance Coverage, Indian River, 2009**

	Indian River		Florida	
	Number	Percent	Number	Percent
Civilian Non-institutionalized Population	134,682		18,192,784	
With health insurance coverage	106,552	79.1%	14,397,455	79.1%
With private health insurance coverage	85,977	63.8%	11,064,736	60.8%
With public health coverage	52,956	39.3%	5,645,932	31.0%
No health insurance coverage	28,130	20.9%	3,795,329	20.9%
Civilian Non-institutionalized Population Under 18 years	25,869	25,869	4,050,661	4,050,661
No health insurance coverage	5,273	20.4%	600,537	14.8%

Source: U.S. Census Bureau, American Community Survey, 2009

Compiled by: Health Council of Southeast Florida, 2011

Table 124 shows the 2010 managed care health insurance enrollment in Indian River County and Florida organized by type of insurance.

**Table 124: Managed Care Insurance Enrollment by County & State**

Insurance Type:	Indian River	Florida
Small Group	265	332,835
Large Group	609	941,040
Individual	41	103,802
Conversion	5	5,011
Other	5	5,022
Healthy Kids	1,354	224,808
Medicaid	107	1,120,766
Medicare	3,004	775,882
Federal Employees	6	18,708
<b>Total</b>	<b>5,396</b>	<b>3,527,874</b>

Florida Office of Insurance Regulation

Data Source: NAIC DSSPROD and FLOIR IDCS schema, 2010

Data Compiled by Health Council of Southeast Florida 2011

Table 125 shows the 2010 managed care quarterly enrollment by type of health care coverage and carrier in Indian River.

**Table 125: Managed Care Enrollment by carrier for Indian River County , 2010**

Carriers:	Indian River								
	Small Group	Large Group	Individual	Conver.	Other	Healthy Kids	Medi-caid	Medi care	Federal Employee
Aetna Health, Inc.	74	111	41	1	0	0	0	0	0
Amerigroup Florida , Inc.	0	0	0	0	5	0	0	0	0
Care Plus Health Plans, Inc.	0	0	0	0	0	0	0	30	0
Cigna Healthcare of FL	0	2	0	0	0	0	0	0	0
Citrus Health Care, Inc.	0	0	0	0	0	0	0	2	0
Freedom Health	0	0	0	0	0	0	0	503	0
Health First Health Plans, Inc.	121	74	0	0	0	0	0	993	0
Health Options, Inc.	3	21	0	1	0	0	0	0	0
Humana Advantage Care	0	0	0	0	0	0	0	4	0
Humana Medical Plan, Inc.	67	49	0	0	0	0	107	4	6
Optimum Healthcare, Inc.	0	0	0	0	0	0	0	13	0
Quality Health Plans, Inc.	0	0	0	0	0	0	0	1,239	0
United Health Care of FL	0	352	0	3	0	1,354	0	16	0
Wellcare of Florida, Inc.	0	0	0	0	0	0	0	200	0
<b>Totals</b>	<b>265</b>	<b>609</b>	<b>41</b>	<b>5</b>	<b>5</b>	<b>1,354</b>	<b>107</b>	<b>3,004</b>	<b>6</b>

Source: Florida Office of Insurance Regulation, NAIC DSSPROD and FLOIR IDCS schema, 2010  
Data Compiled by Health Council of Southeast Florida 2011

### **Uninsured**

Table 126 shows insurance coverage date from the Behavioral Risk Factor Surveillance Survey by gender in Indian River and in Florida in 2010. The total coverage percentages are similar in the two areas. However, in Indian River females had a lower coverage rate at 77.8% than males at 85.6%. This is unlike Florida where females had a slightly higher rate of coverage.

**Table 126: Percentage of Adults with any type of health care insurance coverage, Indian River and Florida, 2010**

County	All	Quartile	Male	Quartile	Female	Quartile
Florida	83.0%		81.7%		84.2%	
Indian River	81.5%	2	85.6%	1	77.8%	4

Source: FloridaCHARTS, BRFSS, conducted by the Florida Department of Health, Bureau of Epidemiology, 2010  
Compiled by: Health Council of Southeast Florida, 2011

Figure 23

Percentage of Adults with any Type of Health Insurance Coverage, Indian River, 2010

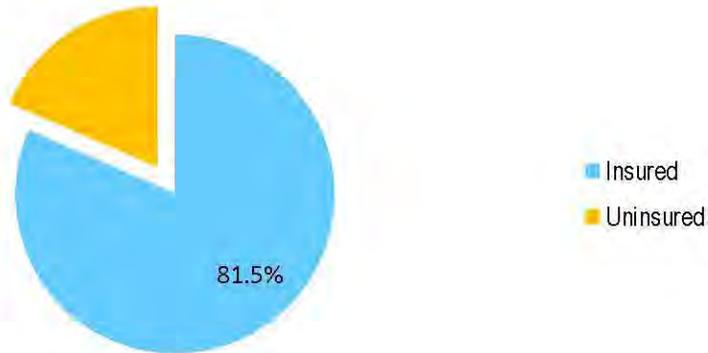


Figure 24

Males: Percentage of Adults with any Type of Health Insurance Coverage, Indian River, 2010

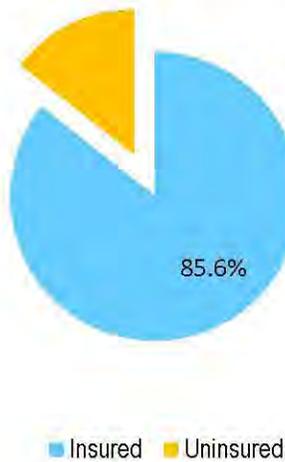
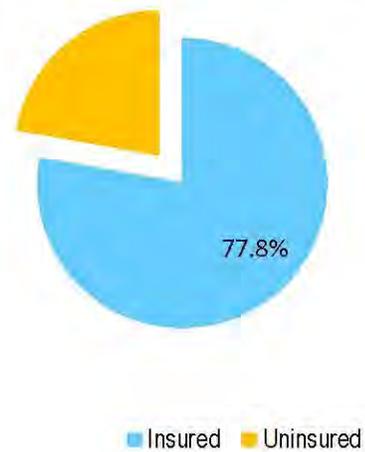


Figure 25

Females: Percentage of Adults with any Type of Health Insurance Coverage, Indian River, 2010



Figures 26 through 28 show health insurance coverage rates in Indian River for the 'Under 19', '18-64' and 'Under 65' age brackets.

Figure 26

Health Insurance Coverage, Individuals Under 19 Years of Age, Indian River County, 2009

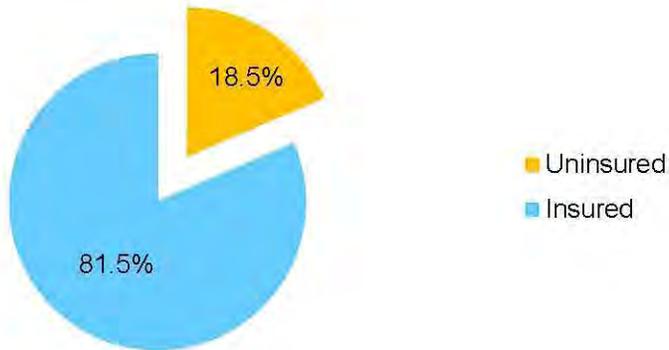


Figure 27

Health Insurance Coverage, Individuals 18-64 Years of Age, Indian River County, 2009

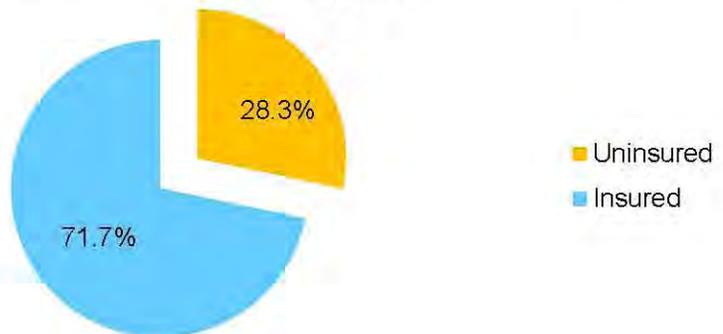
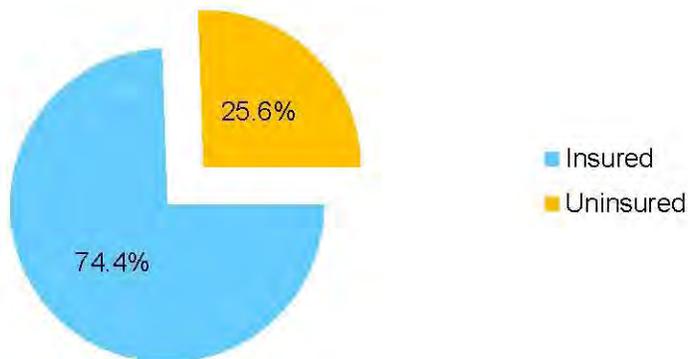


Figure 28

Health Insurance Coverage Individuals Under 65 Years of Age, Indian River County, 2009



## Florida KidCare

Florida KidCare is health insurance offered by the state of Florida for individuals up to 18 years, even if one or both parents are employed. The four parts of Florida KidCare for which one may be eligible are: MediKids, Healthy Kids, Children's Medical Services Network and Medicaid.<sup>28</sup>

Table 127: Children < 5 covered by KidCare (Medikids + Medicaid), Indian River and Florida, 2008, 2009, 2010

County	Number of Children covered by KidCare			Number of Population 0-4			Rate Percent		
	2008	2009	2010	2008	2009	2010	2008	2009	2010
Florida	29,901.00	23,873.00	33,495.00	1,137,643	1,136,803	1,136,370	2.6%	2.1%	2.9%
Indian River	199	152	161	6,804	6,810	6,846	2.9%	2.2%	2.4%

Data Source: FloridaCHARTS, Florida Agency for Health Care Administration (AHCA), 2010

Rates calculated using July 1 population estimates from the Office of the Governor.

Compiled by: Health Council of Southeast Florida, 2011

## Medicaid

Medicaid is a federally and state funded health program in the United States that provides health services to low income individuals and families. Medicaid enrollment increased in both Indian River and in Florida over the 2008 to 2010 time period. In 2010 approximately 12.7% of Indian River's population was enrolled in Medicaid an increase from 10.2% in 2008. In Florida approximately 15.9% were enrolled in 2010.

Table 128: Median Monthly Medicaid Enrollment, Indian River and Florida, 2008, 2009, 2010

County	Number of Enrollment			Number of Total Population			Rate Per 100,000		
	2008	2009	2010	2008	2009	2010	2008	2009	2010
Florida	2,637,603	2,678,520	2,995,439	18,812,155	18,819,000	18,788,795	14,020.7	14,233.1	15,942.7
Indian River	14,493	14,843	17,296	141,811	141,926	142,108	10,219.9	10,458.3	12,171.0

Source: FloridaCHARTS, Florida Department of Health, Office of Planning, Evaluation & Data Analysis, 2010

Data Notes: Rates calculated using July 1 population estimates from the Office of the Governor.

Compiled by: Health Council of Southeast Florida, 2011

<sup>28</sup> [www.floridakidcare.org](http://www.floridakidcare.org)

## SAFETY NET

The safety net providers reviewed in this report are non-profit, consumer directed health care centers whose mission is to provide high quality, cost-effective and comprehensive primary and preventive care to medically underserved and uninsured people. These organizations serve low- income, working families, the uninsured and other high risk populations, such as homeless, migrant farm workers, isolated rural families, poor women, children and the elderly.

These centers have chosen to focus on wellness and prevention, which are key to cost savings in health care system. Through innovative approaches and interventions in community outreach, patient education and prevention, these health centers also strive to teach their patients to be proactive and embrace a greater sense of responsibility for their own health.

Federally Qualified Health Centers (FQHC), Federally Qualified Health Center Look-Alikes (FQHC Look-Alikes) are supported by Health Resources and Service Administration (HRSA) and aim to provide primary health care services to underserved and vulnerable populations. The health centers serve populations with limited access to health care including: low income populations, the uninsured, individuals with language barriers, migrant and seasonal farmworkers, the homeless, and individuals living in public housing.<sup>29</sup> FQHCs and FQHC Look-Alikes may include community health centers, migrant health centers, Healthcare for the Homeless programs, and public housing primary care programs. These organizations play an instrumental role in filling critical gaps in health care.

### ***Federally Qualified Health Centers, Federally Qualified Health Center Look-Alikes***

Table 129 shows the FQHCs and the FQHC Look-Alikes in Indian River County.

**Table 129: Federally Qualified Health Centers and Look-Alike Sites in Indian River County**

Facility	Location Type	BPHC Assigned Number	Setting
Sebastian - At the Villages, 910 Village Square, Sebastian	Permanent	BPS-H80-010836	Rural
Treasure Coast Community Health, 777 37th St. Suite D103, Vero Beach	Permanent	BPS-H80-001351	Rural
Treasure Coast Community Health, 12196 County Road 512, Fellsmere	Permanent	BPS-H80-003264	Rural
Treasure Coast Community Health, South County, 1545 9th Street SW, Vero Beach	Permanent	BPS-H80-009326	Rural

Data Source: HRSA Data Warehouse, 2011

Compiled by: Health Council of Southeast Florida, 2011

<sup>29</sup> [www.bphc.hrsa.gov](http://www.bphc.hrsa.gov)

### ***The Indian River Health Department***

The Indian River County Health Department is an essential part of the safety net in the county. Their vision is “a healthier future for the people of Florida” and their mission is, “to protect and promote the health of all residents and visitors in Indian River County.” The health department works under the Florida Department of Health and is part of the statewide system of health departments. The health department is staffed by licensed medical and environmental professionals, qualified support staff and interpreters as well a nurse on-call 24 hours a day, 7 days a week. There are two locations, 1900 27th Street, Vero Beach and the Gifford Health Center, 4675 28th Court, Vero Beach. The primary site offers “primary care services for adults and children, women's health, family planning, dental, WIC, TLC Newborn Program, chronic disease prevention program, sexually transmitted diseases (STDs), epidemiology, immunizations for adults, children and international travel, We Care Program, environmental health, and vital statistics (birth and death certificates).” The Gifford Health Center provides “primary care services for adults and children 3 and older, women's health, family planning, sexually transmitted diseases (STDs), eye clinic, immunizations for adults and children, Healthy Start Program, and houses the Indian River County Human Services office.”<sup>30</sup> Additionally, The Indian River County Health Department has a website: [www.myirchd.org](http://www.myirchd.org). The website provides some resources for residents including information about the locations and contact information of clinics as well as hours of operations and services offered.

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<sup>30</sup> [www.myirchd.org](http://www.myirchd.org)

## **COMMUNITY PERSPECTIVE**

# THE LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT

## *Brief Background, Purpose and Methodology*

The Local Public Health System Assessment (LPHSA) Instrument is one of the three assessment instruments within the Centers for Disease Control's (CDC) National Public Health Performance Standards Program (NPHPSP). The NPHPSP is a national partnership initiative that began in 1998 and includes the following partner organizations: the CDC, the American Public Health Association, National Association of County and City Health Officials, The Association of State and Territorial Health Officials, The National Association of Local Boards of Health, and the Public Health Foundation.

This assessment tool is based on the framework of the Ten Essential Public Health Services, which provide standards for quality in public health and it is identified by the CDC and other national public health entities, as being a necessary foundation for public health activity. The standards provide an optimal level of performance. Each performance standard represents the "gold standard" or "best-practice" in that area. The standards are intended to support a continual process of quality improvement for local health system partners.

### The Ten Essential Public Health Services

1. Monitor Health Status to Identify Community Health Problems
2. Diagnose and Investigate Health Problems and Health Hazards in the Community
3. Inform, Educate, and Empower People about Health Issues
4. Mobilize Community Partnerships to Identify and Solve Health Problems
5. Develop Policies and Plans that Support Individual and Community Health Efforts
6. Enforce Laws and Regulations that Protect Health and Ensure Safety
7. Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable
8. Assure a Competent Public and Personal Health Care Workforce
9. Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services
10. Research for New Insights and Innovative Solutions to Health Problems

The Health Council of Southeast Florida convened a community meeting comprised of key leaders and stakeholders who represented a cross-section of the local public health care system and included public, private and voluntary entities. Participants included representatives from various types of organizations that contribute to the delivery of health services in Indian River County, including the local public health agency, community health centers, social service

providers, the county school district, faith-based organizations, philanthropic organizations, local governmental agencies, and many others. A total of 23 public health system partners came together to assess the performance of the Indian River public health system in comparison to a set of national standards.

Participants were provided with an overview of the Essential Public Health Services, the goals and the purpose for completing the assessment. The group discussed the assessment and answered questions in reference to each of the essential public health services and its respective model standards. The discussion was facilitated by staff of the Health Council of Southeast Florida. Participants were asked to answer specific questions related to each of the essential public health services and asked to come to a consensus regarding the level of performance for each of the services in the assessment instrument. The answers were recorded manually and subsequently submitted electronically to the CDC for evaluation and results. The results herein are presented in the aggregate. It is anticipated that this assessment will be conducted again on or before 2016 during which time these benchmarks for improvement provided here can be measured again to gauge progress in community health systems-wide.

### *Results and Data Limitations*

Community health partners should understand the potential data limitations and how to appropriately interpret the assessment results to improve the public health system.

The responses to the questions within the assessment are based upon processes that utilize input from diverse system participants with different experiences and perspectives. The gathering of information incorporates an element of subjectivity, which can be minimized through the use of particular assessment methods. Bear in mind that the assessment methods are not fully standardized and these differences may introduce an element of measurement error. Because of the inherent limitations noted, the results below and associated recommendations should be used only for quality and performance improvement purposes and should not be interpreted to reflect the capacity or performance of any single agency or organization.

The following chart highlights the summary scores for each of the ten essential services. This visual provides a snapshot of the overall status of the assessment results. The information provided below presents detailed recommendations and opportunities provided by the CDC for the community's consideration as they move forward with health planning from a systems perspective.

**How well did the system perform the ten Essential Public Health Services (EPHS)?**

**Table 130:** Summary of performance scores by Essential Public Health Service (EPHS)

Table 130 below, provides a quick overview of the system's performance in each of the 10 Essential Public Health Services (EPHS). Each EPHS score is a composite value determined by the scores given to those activities that contribute to each Essential Service. These scores range from a minimum value of 0% (no activity is performed pursuant to the standards) to a maximum of 100% (all activities associated with the standards are performed at optimal levels).

Table 130 EPHS		Score
<b>1</b>	Monitor Health Status To Identify Community Health Problems	83
<b>2</b>	Diagnose And Investigate Health Problems and Health Hazards	97
<b>3</b>	Inform, Educate, And Empower People about Health Issues	87
<b>4</b>	Mobilize Community Partnerships to Identify and Solve Health Problems	68
<b>5</b>	Develop Policies and Plans that Support Individual and Community Health Efforts	80
<b>6</b>	Enforce Laws and Regulations that Protect Health and Ensure Safety	87
<b>7</b>	Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	89
<b>8</b>	Assure a Competent Public and Personal Health Care Workforce	66
<b>9</b>	Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	88
<b>10</b>	Research for New Insights and Innovative Solutions to Health Problems	45
<b>Overall Performance Score</b>		<b>79</b>

**Figure 29:** Summary of EPHS performance scores and overall score (with range.)

Figure 29 displays performance scores for each Essential Service along with an overall score that indicates the average performance level across all 10 Essential Services.

Figure 29

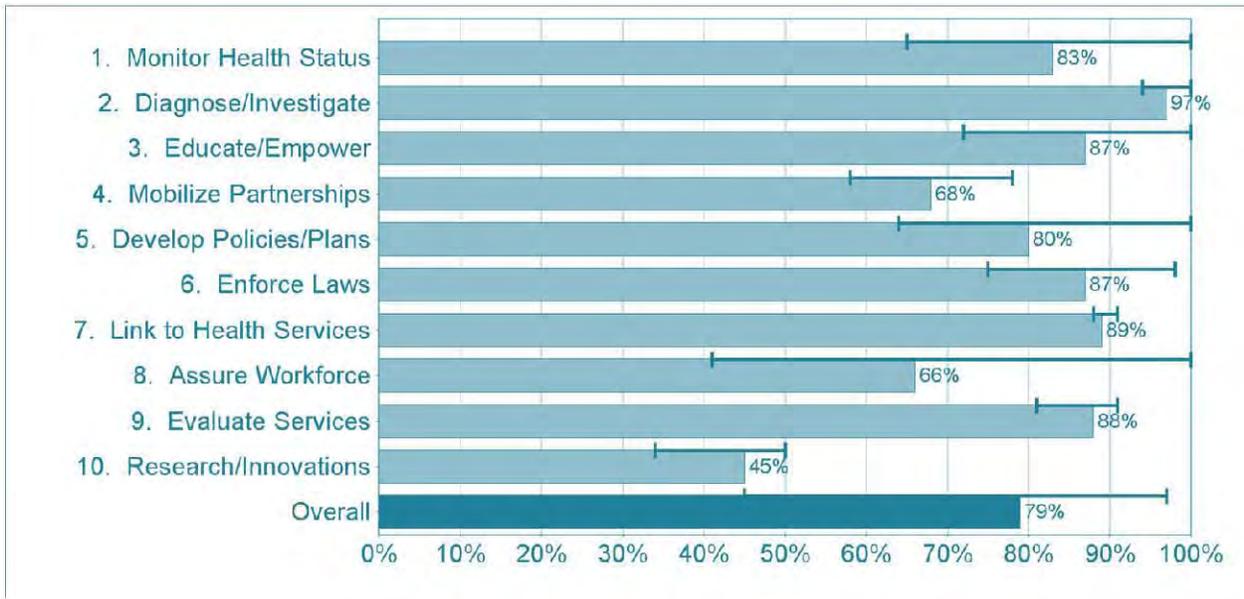
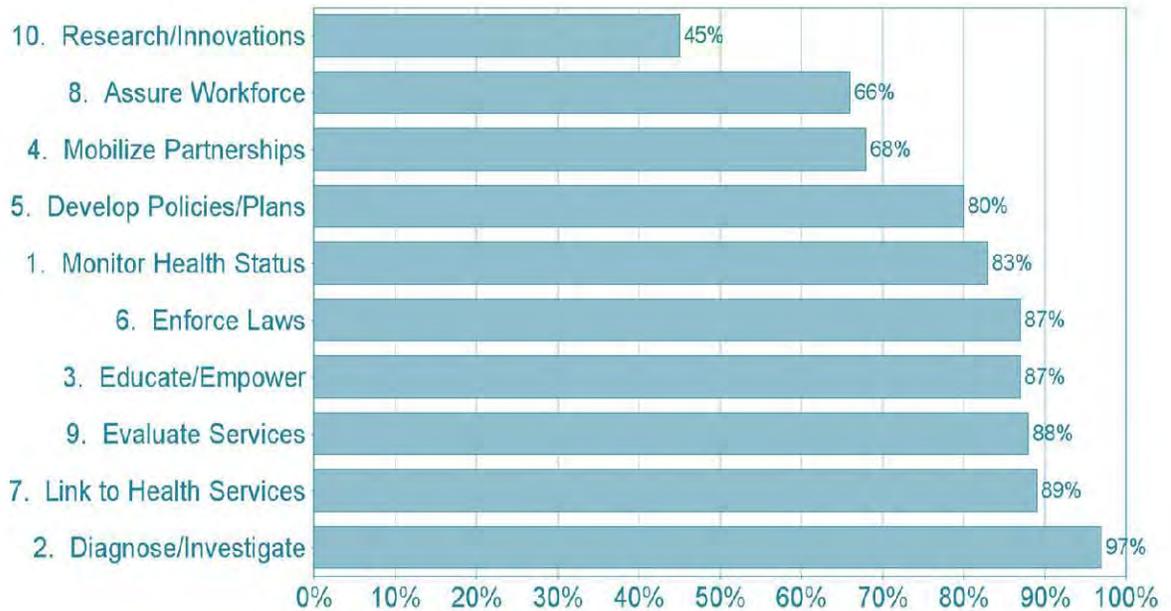


Figure 30: Rank ordered performance scores for each Essential Service.

Figure 30



## Score Detail Methodology

The NPHPSP assessment instruments are developed using the essential public health services (EPHS) as a framework. Within the local instrument, each EPHS includes between 2-4 model standards that describe the key aspects of an optimally performing public health system. Each model standard is followed by assessment questions that serve as measures of performance. Each site's responses to these questions should indicate how well the model standard, which portrays the highest level of performance or "gold standard", is being met.

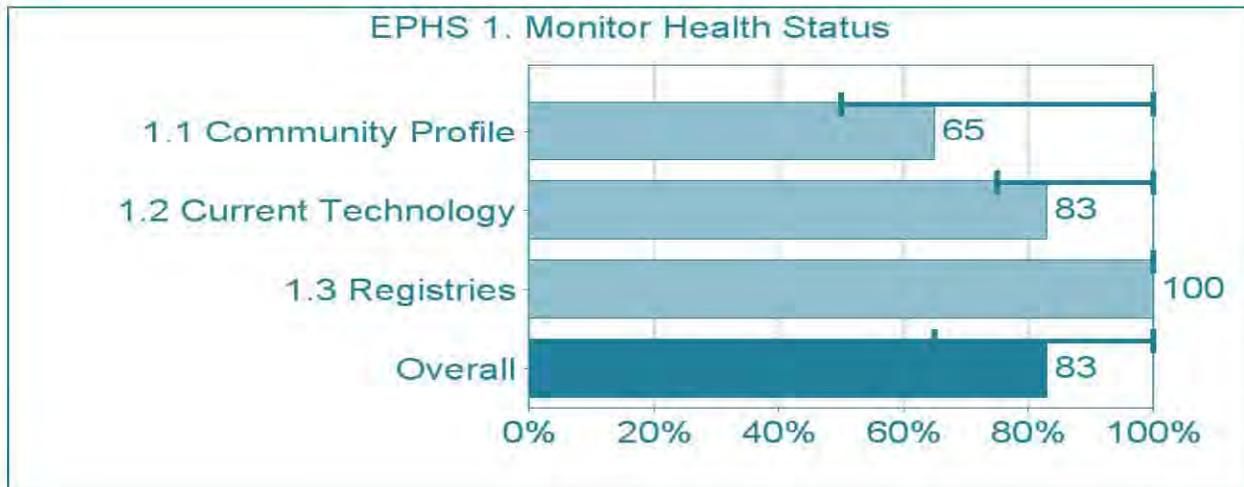
Sites responded to assessment questions using the options below. These same categories are used in this report to characterize levels of activity for Essential Services and model standards.

Table 131

NO ACTIVITY	0% or absolutely no activity.
MINIMAL ACTIVITY	<b>Greater than zero, but no more than 25% of the activity described within the question is met.</b>
MODERATE ACTIVITY	<b>Greater than 25%, but no more than 50% of the activity described within the question is met.</b>
SIGNIFICANT ACTIVITY	<b>Greater than 50%, but no more than 75% of the activity described within the question is met.</b>
OPTIMAL ACTIVITY	<b>Greater than 75% of the activity described within the question is met.</b>

## Essential Public Service #1: Monitor Health of the Community

Figure 31



### **Best Practices in Essential Service #1 are identified as:**

- Conducting a community health assessment to identify public health risks and inform public health planning.
- Reviewing available health data to identify the most prevalent health problems.
- Identifying groups of people who are at risk for becoming ill due to lack of health insurance and other social economic situations.
- Developing a community health profile to educate community leaders about public health promotion.
- Establishing a website to provide health promotion and disease prevention information about persistent health problems within a community.

### **The Local Public Health System Strengths in this area were:**

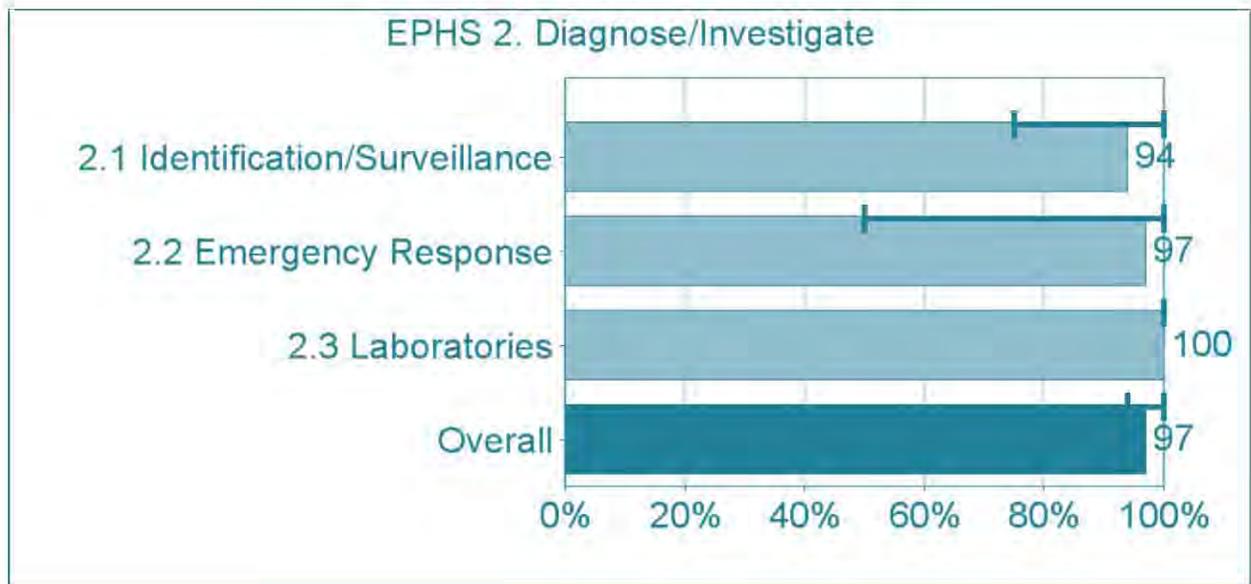
- Health system partners maintain and regularly contribute to population health registries to report identified health events registries (e.g., disease and immunizations registries).
- Health system partners do an excellent job of collecting, managing, integrating and displaying health profile databases.
- Health system partners identify racial and ethnic minorities who are at a greater risk of needing and seeking health services.

**Overall, according to the LPHSA, the community does an excellent job in meeting this standard, but indicated the following area as opportunities to improve:**

- By tracking data trends over time to monitor progress towards health-related objectives.

## Essential Public Service #2: Diagnose and Investigate Community Health Problems and Hazards in the Community

Figure 32



**Best Practices in Essential Service #2** are identified as:

- Investigating food borne outbreaks.
- Communicating serious health threats to community in timely manner.
- Developing and responding to public health emergencies (e.g. disease outbreaks or bio-terrorism).
- Ensuring access to laboratory with capacity for sampling.

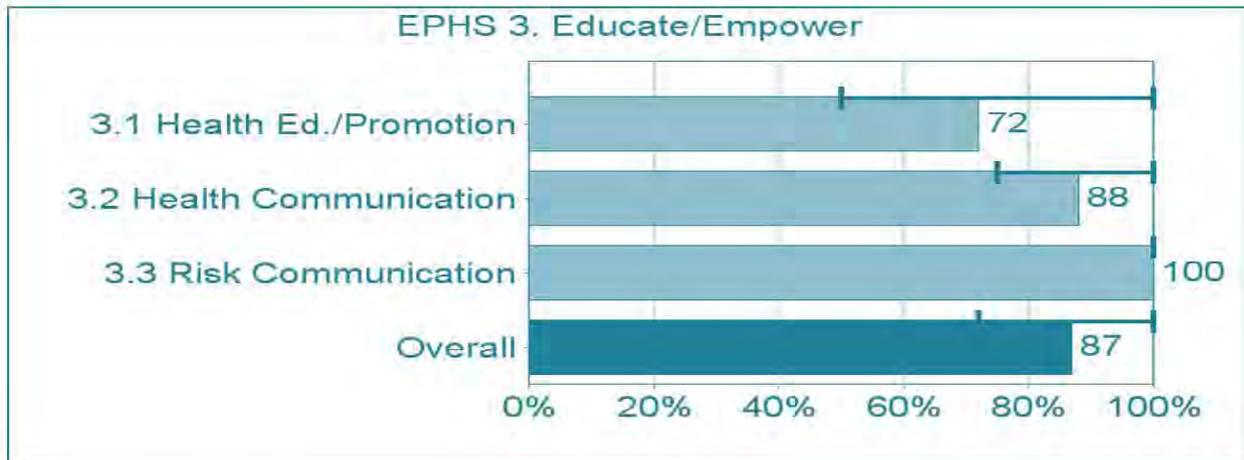
**The Local Public Health System Strengths** in this area were:

- Health System partners maintain ready access to laboratories capable of supporting investigations of public health threats, hazards and emergencies.
- The agency partners collaborate well with local and national surveillance systems to identify and analyze public health threats.
- Health system partners collect reportable disease information and plan appropriately for public health emergencies and disasters.
- Health system partners have procedures in place to alert communities about health threats and disease outbreaks.

**Overall, according to the LPHSA, the community does an outstanding job meeting this standard.**

## Essential Public Health Service #3: Inform, Educate and Empower

Figure 33



### **Best Practices** in Essential Service #3 are identified as:

- Providing health information on ongoing public health issues that is easy for people to get and understand, such as influenza and West Nile Virus prevention, cancer and obesity prevention, and bioterrorism preparedness.
- Developing and providing health promotion activities in partnership with schools, faith communities, work sites, personal care providers and others.
- Developing effective communication processes designed to keep the community at large informed and be able to mobilize resources in times of crisis.

### The **Local Public Health System Strengths** in this area were:

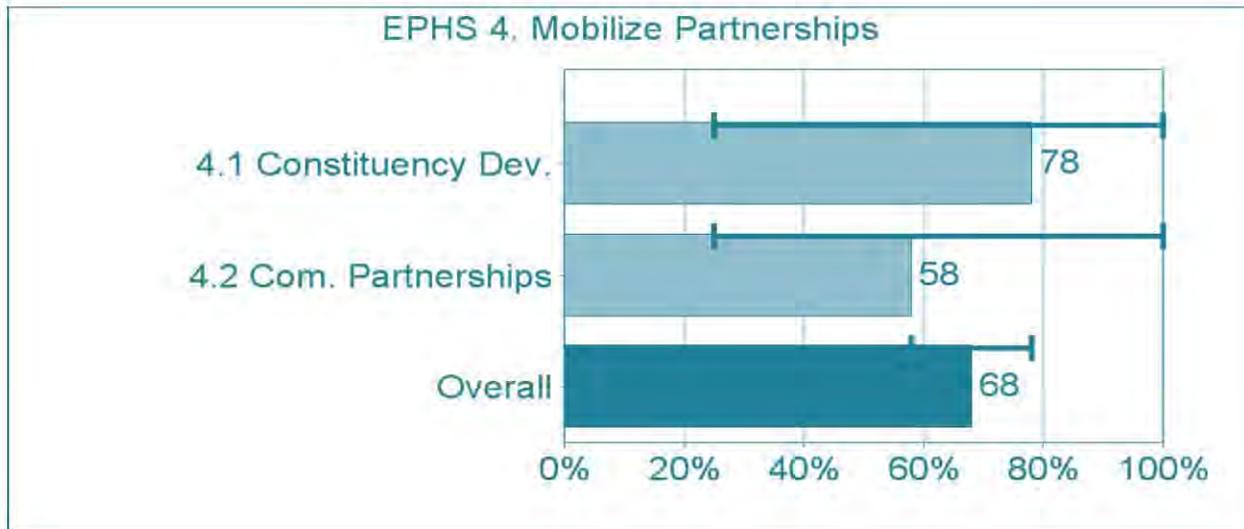
- Health system partners provide crisis and emergency communications training for employees and establish protocols for the dissemination of public information.
- Health system partners do an excellent job ensuring adequate resources should a rapid emergency response is needed.
- Health system partners actively engage key entities on health education and health promotion activities.
- Health system partners identify and train spokespersons in public health issues and maintain health communications plans with media and public relations outlets.

**Overall, according to the LPHSA, the community does significant work and meets this standard, but indicated the following areas as opportunities to improve.**

- By identifying groups in specific settings (e.g. schools, worksite, etc.) most in need in terms of health education efforts.

## Essential Public Health Service # 4: Mobilize Community Partners

Figure 34



**Best Practices** in Essential Service #4 are identified as:

- Identifying and convening other health organizations (e.g., hospital, CBO's) within community to develop community-wide health improvement plan.
- Coordinating agreements between other community health organizations to determine specific roles and responsibilities toward improving community's health.
- Expanding partnerships among groups and associations to improve community health.

The **Local Public Health System Strengths** in this area were:

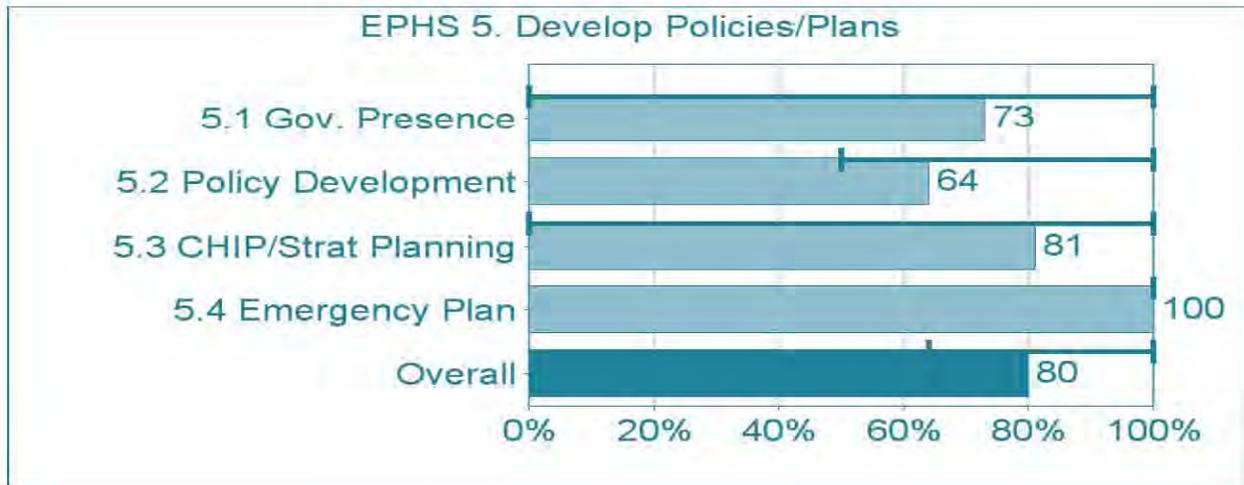
- Health system partners identify key constituents, and encourage these constituents in improving community health.
- Health system partners actively seek to broaden communication strategies to provide current information about health services and issues to respond to current needs.

**Overall, according to the LPHSA, the community significantly meets this standard, but indicated the following areas as opportunities to improve.**

- By establishing a health improvement committee that meets on a regular basis and includes businesses, diverse groups and citizens.
- By assessing the effectiveness of community partnerships in implementing prioritized goals.
- By leveraging community resources to respond to pressing needs in the community.

## Essential Public Service #5: Policy Development

Figure 35



### **Best Practices** in Essential Service #5 are identified as:

- Having an established governmental presence at the local level to advocate for policies that will improve public health.
- Having an established governmental presence at the local level to help develop policy, protect the health of the public and to guide the practice of public health.
- Having a process in place by which to effectively coordinate policy, resources and strategies to bring about a community health improvement plan.

### The **Local Public Health System Strengths** in this area were:

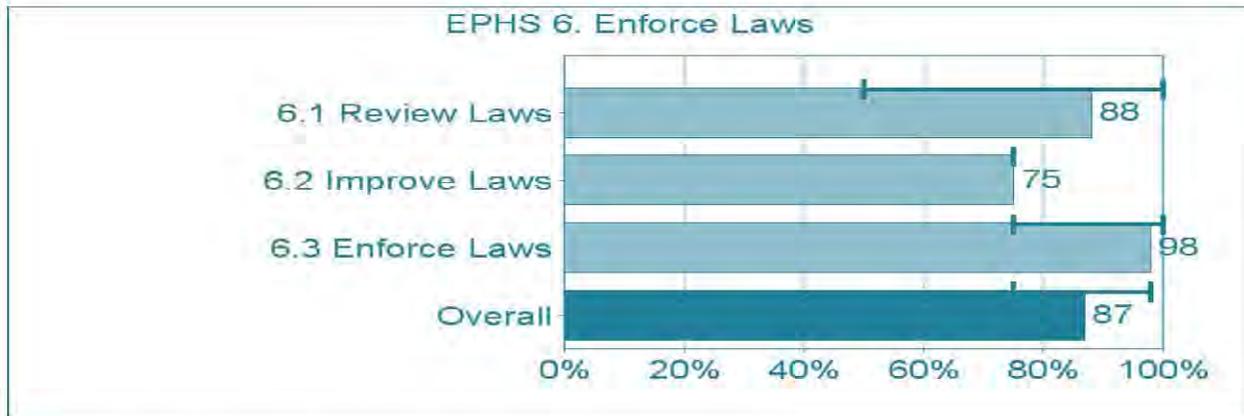
- Health system partners include a local governmental public health entity aligned with the state health system. (e. g. Indian River County Health Department).
- Health system partners include the presence of a local health planning council and other system partners that conduct regional health planning and implementation activities to improve access to healthcare.
- Health system partners develop, maintain and test emergency preparedness and response plans.

### **Overall, according to the LPHSA, the community fully meets this standard, but indicated the following areas as opportunities to improve:**

- By ensuring that each entity within the local public health system conducts a strategic planning process, and reviews its organizational strategic plan.
- By participating on state and/or advisory panels responsible for developing strategies to achieve community health improvement objectives.

## Essential Public Service #6: Enforce Laws and Regulations

Figure 36



### **Best Practices in Essential Services #6 are identified as:**

- Enforcing public health code (e.g. protecting drinking water supplies).
- Conducting timely inspections (i.e., restaurants, tattoo parlors, campgrounds, day care)
- Conducting timely environmental inspections (i.e. septic systems, lead abatement).
- Following up on hazardous environmental exposures and preventable injuries.
- Serve quarantine/ isolation orders to individual infected with infectious diseases such as Tuberculosis, SARS, or Smallpox.
- Assisting in revising outdated public health laws and development of proposed public health legislation.

### **The Local Public Health System Strengths in this area were:**

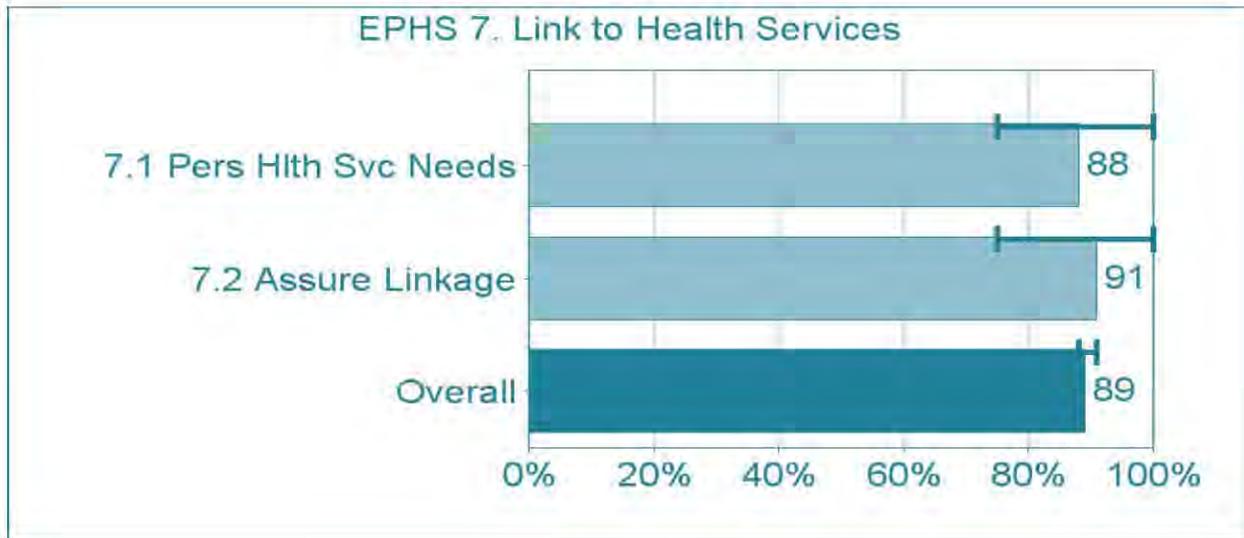
- Health system partners do an excellent job in identifying and empowering organizations within the LPHS (e.g. Indian River Health Department) that are capable of enforcing health laws, regulations and ordinances.
- Health system partners provide information about public health laws, regulations and ordinances to system partners required to comply with laws.

### **Overall, according to the LPHSA, the community met this standard significantly, but indicated the following areas as opportunities to improve:**

- By identifying local public health issues that are not adequately addressed through existing laws, regulations, and ordinances.
- By providing technical assistance to legislative regulatory or advocacy groups for drafting proposed legislation, regulations, or ordinances.

## Essential Public Service #7: Link People to Health Services

Figure 37



### **Best Practices** in Essential Services #7 are identified as:

- Establishing and maintaining a referral network for provision of personal health services to ensure that people who cannot afford health care get the care they need.
- Distributing mass quantities of antibiotics or vaccines in event of widespread disease outbreak (e.g., pandemic flu) or bio-terror-related attack (i.e., smallpox or anthrax)
- Identifying and locating special populations with barriers to personal health services; such as low-income families, minorities, and the uninsured.
- Providing culturally and language appropriate materials so that special populations can be linked with preventive services.

### The **Local Public Health System Strengths** in this area were:

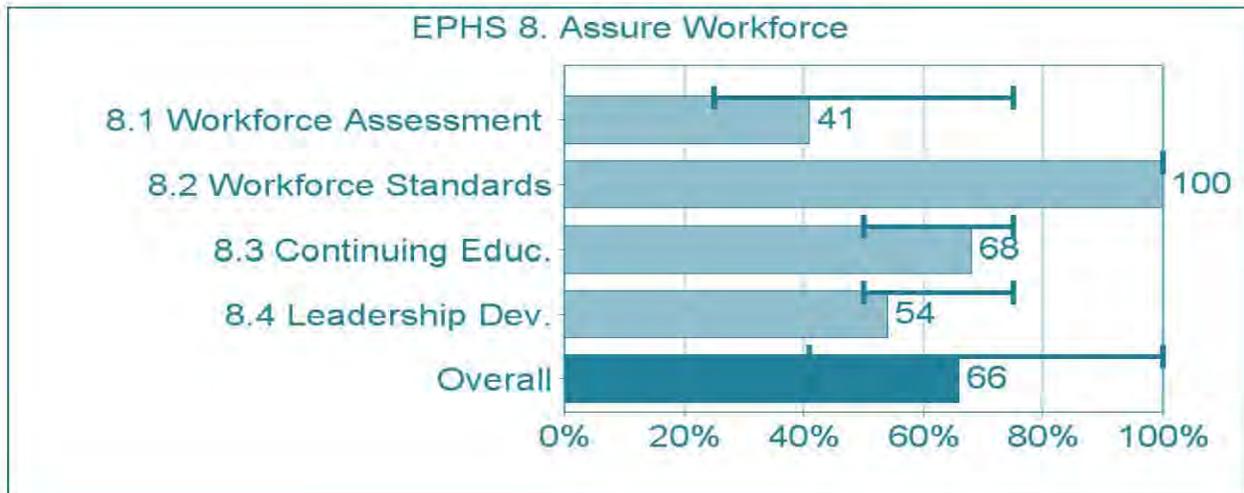
- Health system partners do a good job identifying the personal health service needs of populations who may experience barriers to personal health services.
- Health system partners define personal health service needs for all areas.

### **Overall, according to the LPHSA, the community has met this standard, but indicated the following areas as opportunities to improve:**

- By assuring linkage to needed personal services to patient populations with barriers to care. (e. g. adults with disabilities, homeless single individuals, etc.)
- By expanding transportation services for those with special needs.

## Essential Public Service #8: Assure a Competent Workforce

Figure 38



**Best practices in Essential Service #8 are identified as:**

- Maintaining public health workforce standards and integrating core health competencies needed into personnel systems.
- Funding professional development opportunities for staff.
- Testing emergency response plan during mock event to evaluate performance.

**The Local Public Health System Strengths in this area were:**

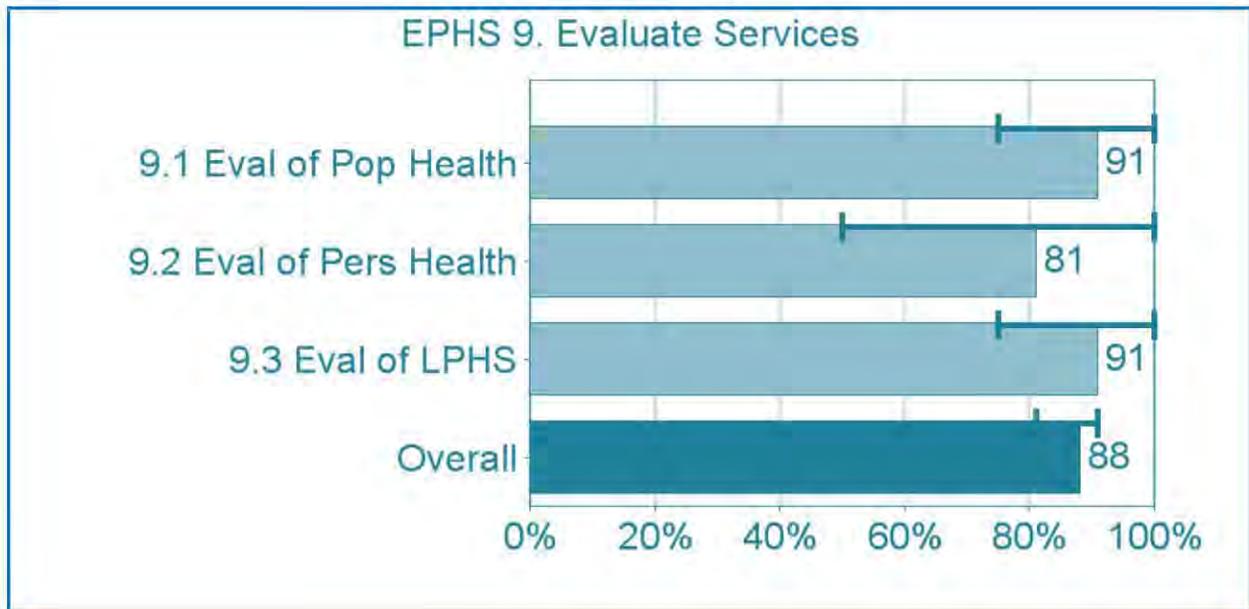
- Health system partners have done an outstanding job in developing written job standards and reviewing them periodically for all local health department personnel.
- The local health department has done an excellent job in conducting performance evaluations.
- Health system partners provide opportunities for health care personnel to develop core public health competencies.

**Overall, according to the LPHSA, the community meets this standard significantly, but indicated the following areas as opportunities to improve:**

- By establishing a collaborative process whereby shortfalls or gaps within the workforce are identified and effectively addressed.
- By providing additional opportunities for continuing education, training and mentoring (e.g. distance learning technology).
- By encouraging public health leadership development via accredited educational institutions.

## Essential Public Service #9: Evaluate Services

Figure 39



**Best Practices** in Essential Service #9 are identified as:

- Monitoring trends in disease rates to assess effectiveness of disease prevention activities.
- Monitoring trends in risk factors (i.e., unprotected sex, drinking-and-driving, smoking) to assessing effectiveness of health promotion activities.
- Evaluating effectiveness of public health programs and services.

The **Local Public Health System Strengths** in this area were:

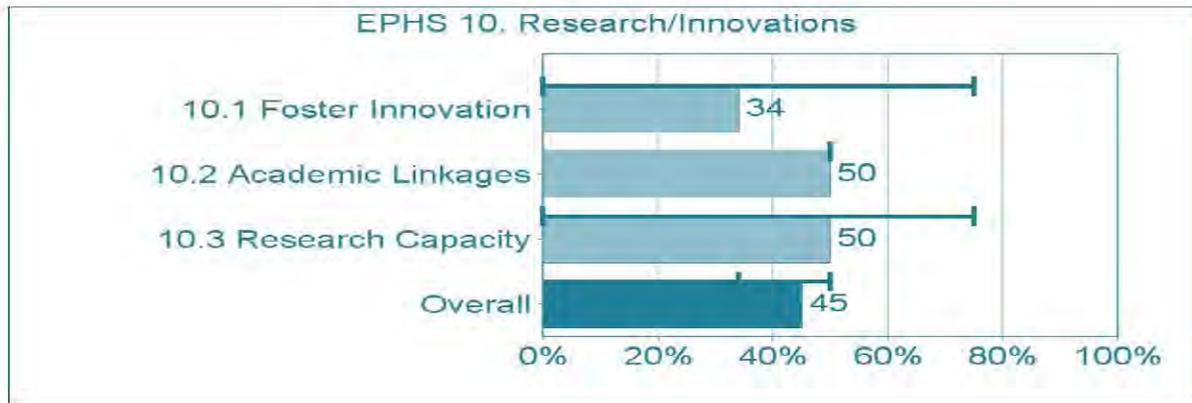
- Health system partners systematically gather input from residents that represent a cross-section of the community.
- Health system partners identify gaps in the provision of population-based health services.

**Overall, according to the LPHSA, the community met this standard well and indicated the following areas as opportunities to improve:**

- By facilitating communication among providers (e.g. Health Information exchange or through regional health information organizations).
- By using the results of these evaluations to develop strategic and operational plans to guide community health improvements.

## Essential Public Service #10: Research for New Insights

Figure 40



**Best Practices** in Essential Service #10 are identified as:

- Monitoring rapidly changing disease prevention research and health promotion research.
- Revising practices in order to remain current with recommended practices resulting from evidence-based research.

**The Local Public Health System Strengths** in this area were:

- Health system partners have access to researchers and collaborate with an institution of higher learning that conducts research on public health related issues.
- Health system partners strive to disseminate findings from their research activities.

**Overall, according to the LPHSA, the community moderately meets these standards and indicated the following areas as opportunities to improve:**

- By evaluating research activities in epidemiological, policy and service research activities.
- By providing opportunities for staff to pilot test, design and conduct studies to determine the feasibility of implementing new ideas.
- By participating in public health practice based research networks.

All entities that contribute to the health and well-being of the community including public, private entities, civic and business groups, philanthropic, faith and educational institutions, impact the community health system. Collaborative discussion surrounding the results and potential areas for improvement can also increase awareness of the interconnectedness of community health activities.

## COMMUNITY FOCUS GROUPS

The Health Council of Southeast Florida conducted four focus groups during the month of September 2011. The purpose of these focus groups was to gain insights into the perceptions, ideas and experiences of residents' interactions with the health care system and to better understand the needs of the community. This report outlines the focus group methodology and provides a summary of the common themes, key issues and primary areas of interest, as identified during the focus group discussions.

### Methodology:

Focus group protocols and questions were developed by the Health Council of Southeast Florida. The questions were similar to other such instruments used in health needs assessments in other communities. A trained focus group facilitator conducted the focus group discussions. Participants for each of the focus groups were recruited with the assistance of community based organizations serving specific target populations. A total of four (4) focus groups were conducted. General focus group eligibility required that the individual be a resident of Indian River County. The size of the focus groups ranged from 8-12 participants. As an incentive for participation, a \$25 gift card was offered and issued to each participant at the conclusion of each group discussion. Each meeting lasted approximately 1.5 hours. The focus group protocol and guided group questions can be found in Appendix A, Appendix B and Appendix C.

A total of 35 individuals participated in the focus groups. As a demographic overview:

- The participants were 34% Hispanic/Latino origin, 65% white and 1% Black/African American.
- The educational attainment breakdown is as follows: 45% of the focus group participants had some college, 17% had a high school or GED degree and 38% have not finished their GED or high school diploma.

The small sample sizes and non-random selection of participants for these focus groups prevent using the findings to generalize the results to the wider population. However, the findings do reflect a general consensus by the focus group participants around the specific questions and/or issues posed. Focus group discussions included the following target populations:

- A) Migrant workers and their families
- B) Persons with disabilities
- C) Persons over 65 years of age
- D) Persons living with HIV/AIDS

The following is a summary of general themes expressed in focus groups.

#### Quality of Life in the Community:

Overall, participants are content living in Indian River County (IRC). For the most part, they perceive it to be a safe and pleasant place to live, raise a family and/or grow old. Many had lived in other areas, both larger and smaller, within Florida, and others had experienced living in other states prior to settling in IRC. The consensus was that IRC is a beautiful place where many of them love to live. The smaller size of the community has some advantages, but also some disadvantages. However, for a smaller place, there are more things to do in IRC than other smaller communities. Additionally, it does not have the same crime and safety issues as other larger and more congested cities do. Examples given included Ft. Lauderdale and Miami.

A large number of the younger participants expressed how important it is for them to have family and friends nearby to provide support. IRC is where their social support network resides. This was especially true for participants of two of the focus groups: persons with disabilities and individuals living with HIV/AIDS. As one participant stated:

*"I love it here. I'm from here, and I'm glad that I'm back. I guess the only issue I have is that I, sometimes don't feel like it's real comfortable to be open about being either gay or HIV+...it's a conservative community. But I have a very supportive family and lots of very supportive friends. So, I'm very fortunate and really, really love it here".*

Though IRC has many positive attributes this did not necessarily mean that participants found it easy to live there. Limited employment opportunities, resources, income, education, professional skills and complex medical conditions were among the issues cited by participants that make their lives challenging. In addition, participants noted that some of the affordable housing in Vero Beach is not in nice neighborhoods, and some individuals living with HIV reside in neighborhoods with high crime, specifically drug activity.

#### Access and Barriers to Health Care:

The barriers to health care most cited by participants included: lack of health insurance coverage, the high cost of prescription drugs, the insufficient number of physicians and specialists who accept Medicaid, fears and general mistrust of the health system, limited transportation routes and stops, and negative stigma associated with certain medical conditions (e.g., persons living with HIV/AIDS, disabled individuals, chronic mental health issues and mental health in general).

Participants are very aware that their lack of affordable health insurance directly affects their ability to access healthcare services. The majority of participants with the exception of those over 65 years of age get their care from the Indian River County Health Department, the Florida Community Health Center, and the Treasure Coast Community Health. A few participants voiced their opinions indicating that it did not make sense to them the way the system works. They think that smaller counties such as IRC, St. Lucie, Martin, and Okeechobee should work together to provide better access and quality of health services. It appeared to the various groups that these counties areas could pool their resources together to help the residents.

"The cost of health care can be expensive and is often prohibitive" participants expressed. While participants from all focus groups noted it can be difficult to find a physician or specialist who accepts Medicaid or Medicare, most cost issues revolved around prescription medications. This is particularly the case for all uninsured and low-income individuals, (e.g. migrant workers, persons with HIV and other complex medical conditions). For example, the medication required for a person living with HIV/AIDS is expensive. Participants in this focus group, felt fortunate if they had Medicaid/Medicare to help with expenses, while others may receive medication directly from pharmaceutical companies. Although anti-retroviral drug expenses can be a barrier, another barrier is access to pain management. Pain is a real part of life for the participants; however, they stated it is difficult to find a physician who will prescribe pain medication, and the county health department will not provide prescriptions for pain medication. Participants felt this was most likely due to the large amount of pain medication abuse that has occurred in Florida. Nevertheless, this impedes the participants' ability to manage their pain.

A third barrier identified by participants is transportation. One participant noted, "If you don't have a car, it is tough getting around". Participants explained that while there is a free bus service, it only operates from 8:00 a.m. to 6:00 p.m. during the week and there is very limited service on Saturdays. Participants also felt the need for more direct routes to places and more bus stops along the way. "If you miss the bus by a couple of minutes, you have to wait till the next hour because the buses run on the hour." Additionally, the bus does not have a bike rack, so when services stop for the day, individuals have to walk or find another way to return home. Participants who live in the city of Fellsmere and Sebastian wished there were more direct bus lines and routes to get to and from their destinations quicker. This particular barrier impacts access to some care, yet it appears as though it is a greater barrier for participation in opportunities for social networking and support that are important to individuals living with HIV/AIDS or disabilities.

Finally, participants living with HIV and those with disabilities appeared frustrated with the fact that there is stigma associated with their medical conditions and illnesses. While participants may acknowledge they need help, stigma, they say, is a barrier for accessing care and seeking support. They mentioned that they know of a lot of people that do not want to be seen or seek help. The stigma associated with diseases, particularly HIV and mental illness, prevent individuals from seeking care or attending support groups, which can make their medical condition even worse. A similar barrier exists for a segment of the senior population, who never sought mental health services before and now they are in need of short-term counseling. This cohort of the population also refrains from seeking help for fear and social embarrassment leaving them in deeper isolation and vulnerable for depression, anxiety, and other detrimental health conditions.

### Awareness of Availability of Community Resources:

Generally speaking, participants in all groups feel that health information should be made more readily available to them. They believe that many in their communities delay seeking help in frustration of not knowing how to access services; despite the services being available to them.

### Level of satisfaction with the Health Care System:

Participants feel that general medical services seem to be available in Indian River County. While many of the participants had positive things to say about their physicians, they wish that their physicians would spend more time informing them about resources in the community and talking with them during their appointments. Participants felt that those with health insurance receive high quality of care, while others may not get all they need. Overall, participants who accessed the Indian River County Health Department were quite satisfied with the services received.

Participants mentioned that if more physicians and particularly specialists would accept Medicaid, many more people would be able to get help and not wait so long before seeing a doctor or have to go to the emergency rooms. They do realize that the health care system itself needs to change and find ways to encourage physicians to accept Medicaid patients.

A need identified by all participants was specialty care. They noted that it is more difficult to find specialists in the county (e.g., rehabilitation services, orthopedics) but that limited access was frequently due to their lack of proper insurance coverage. The group of individuals living with HIV felt that counties could not be looked at individually but rather, counties need to work together to get the necessary services to the residents. As one participant commented, "Everybody needs health care no matter what."

### Participant Recommendations

The primary needs identified to improve the quality of health care delivered were education and prevention. The group felt that more funding and resources needed to be allocated to informing people on how to stay healthy, eat right, and prevent HIV/AIDS. Focus group participants felt that money could go a lot farther if it were placed on prevention efforts including promoting concepts on health and nutrition at doctor's offices, health fairs, in the media, at support groups, etc.

Most participants would like to have access to support groups to socialize and get informed. Participants felt that support groups can be very beneficial and help reduce the sense of isolation and aloneness that people feel during challenging life situations. Also, it helps build new coping skills and allows them to better manage their disease. Other recommendations by persons living with HIV/AIDS participants included: creating a gay and lesbian community Center and increasing access to food. The latter two suggestions are derived from services that participants have seen in other communities and feel would benefit individuals in IRC.

## KEY INFORMANT INTERVIEWS

The Health Council of Southeast Florida conducted 13 informant interviews with key community leaders in October 2011. These individuals are instrumental in the delivery of services to Indian River residents. To ensure the confidentiality of their comments, the names or any other identifying information of the interviewees has not been included in this report. The survey instrument (Appendix D) aimed to gain an understanding of the role and scope of service of each contributing agency including: the level of demand for health and other services, the perceived barriers to care, the existing health issues in the community, the perceived systemic healthcare problems and specific suggestions the local public health system might employ to overcome current limitations and perceived barriers to care.

Following is summarization of the themes that emerged from the interviews.

### Access and Perceived Barriers to Health Care:

Based on the interviews, the challenges associated with timely access to health care include: lack of affordable health insurance coverage, limited state and local funding for existing programs, limited funding to expand service capacity, persistent poverty and lack of employment, limited facility space, shortages of primary care physicians and specialists, including shortages of bilingual personnel at some primary care facilities and limited public transportation routes. Community leaders expressed a particular concern about the segment of the county population with special needs and limited resources. These populations included: the homebound elderly, disabled, low income, uninsured/underinsured, the homeless, and all those residents with limited English proficiency.

Special emphasis was accorded to the following systemic issues:

### *Low-income and poverty:*

The issue of poverty was brought up as the principal cause and key barrier to accessing care. As one informant stated, "It all starts with the individual's ability to meet his/her basic needs before they can purchase health insurance to access care of any type, it is as simple as that." Another stated that, "we are still working on meeting basic needs in the community for food and shelter." The majority of health care providers and practitioners see low-income as a direct and indirect barrier to access and believed that the community needs to make every effort to lessen poverty. One segment of the population that the interviewees believe needs to be focused on is children living in poverty because they are at greater risk for several negative outcomes including not only physical health problems, but also school drop-out, poor academic achievement, abuse and neglect, and other behavioral and emotional problems.

### *Lack of Health Insurance:*

The perception of the interviewees is that one of the most challenging barriers to accessing healthcare services is the lack of health insurance by residents. It was estimated by individuals interviewed that approximately 28% of Indian River County's population is uninsured. This is slightly higher than the actual percentage. There was a consensus that the uninsured are much more likely to go without or postpone accessing care often resulting in a more serious and costly condition. This is more often seen in the Hispanic and African-American populations contributing to racial and ethnic health disparities. The uninsured, underinsured, the working poor, the disabled, the homeless and migrant communities are the most likely to lack health insurance. Additionally, it was reported that only a handful of physicians in county accept Medicaid.

### *Limited Funding for Existing Programs:*

The issue of limited funding resources came up as a major impediment to expanding current staff capacity at most of the health and social service facilities. Providers expressed concern about funding cuts in conjunction with the substantial increase in the number of persons seeking assistance for all types of services including: physical exams, specialty care, behavioral health care services, basic financial assistance to meet basic needs, etc. Community based organizations providing health and human services expressed the need to access much more funding in order to meet the current demand for services and to hire and retain the needed clinical staff to care for clients and to extend the hours of operation.

### *Limited Funds to Increase Capacity:*

Most community leaders are eager and interested in increasing their organization's capacity to enroll new consumers into available services. Many of the interviewees have families currently on waiting lists. According to some interviewees, the volume of requests for assistance and the number of clients/patients seeking care is increasing as well as the complexity of issues that staff members need to address. Additionally, the scarcity of funds is forcing the community of providers to come together to redefine and reshape the way different entities have traditionally communicated and collaborated with each other in order to better and more efficiently allocate resources in the community at large.

### *Preventive Care Services:*

Across the board, health providers affirmed that more emphasis should be placed on education and disease prevention programs in an effort to lessen unhealthy behavior and lifestyle choices. Nutrition, diet, exercise and tobacco use were cited as examples of modifiable risk factors that if addressed could lessen health disparities. Preventative programs could also impact emergency room visits and hospital admissions. As one informant said, "Emergency room visits that are

non-medical emergencies should be considered failures of the health care system; these are failures of prevention and of timely effective care.”

#### *Fear Based Attitudes in Seeking Care:*

Providers said that many in the community are aware that they need counseling, but choose to refrain from seeking help because of the stigma associated with mental health and substance abuse treatment or care for HIV/AIDS. Providers concurred that there needs to be more awareness and educational programs aimed at reducing stigma and other barriers to care. Providers spoke of a popular and effective campaign launched by the Mental Health Association teaching that “it’s OK to get help”. This campaign aims to substantially reduce social stigma that surrounding mental health disorders. It educates the public on issues through online videos: “Mental Health Minute videos”. The interviewees suggested that other organizations might learn from this example and develop similar programs in the community for other chronic medical conditions.

#### *Transportation Services:*

Ninety percent of the informants observed that while Indian River County is fortunate enough to have a system of free public transportation. However, in areas of the county such as Fellsmere and Sebastian, the bus stops are limited and far from the people’s residences, posing a challenge for those without vehicles. Patients frequently report transportation issues as a major cause of missed medical appointments and failure to follow up with services.

#### Service Gaps:

##### *Evening and Weekend Hours of Operation:*

It was recognized that the limited number of services available during evening and weekend hours presents a challenge especially for working families. These individuals may not be able to go to regular appointments and consequently may go to the hospital’s emergency departments for non-emergency medical issues, further overwhelming an already strained health care system.

Most health providers interviewed agree that expansion of primary care services beyond the traditional business hours of 9:00 am-5:00 pm would help reduce the total number of hospital visits to the emergency rooms and would help contain the rising cost of healthcare and save taxpayers money.

##### *Dental Care:*

The shortage of dental providers in the county, lack of health insurance and the prohibitive cost of care are among the reasons individuals postpone seeking care.

### *Mental Health:*

Mental health providers voiced concern that along with the rise in unemployment in the county, the demand for mental health services continues to increase. This poses a challenge for mental health professionals who work to address and meet the mental health care needs of Indian River residents. The city of Fellsmere is especially in need of mental health service providers.

### *Homeless shelters:*

Informants noted that while there are two homeless shelters in the county for individuals with families, there is no homeless shelter for single individuals in the county. The Source, a non-profit organization, is collaborating with other advocates for the homeless in an effort to create a safe transitional housing program for single individuals who have lost their jobs.

### *Bilingual (English/Creole) and (English/Spanish) Clinical/nonclinical personnel:*

Health facilities need additional bilingual personnel to provide culturally and linguistically appropriate services, particularly to the Haitian and Hispanic population.

### Strategies and Recommendations:

Long term systemic changes were suggested by key stakeholders to enhance and promote health and wellness in the community. What follows is a summary of proposed strategies for improving existing health and social services to Indian River residents:

- 1) *Increase service availability in minority and at-risk neighborhoods to increase utilization.*  
For instance, a mobile health unit is made available at least once a week by the Gifford Youth Activity Center and the Visiting Nurse Association to provide physical exams, screenings, etc. Mobile health units can be a valuable addition to health facilities addressing problems of access, specifically for the low-income, uninsured and hard to reach populations.
- 2) *Create associative networks and build strategic alliances with the business community to engage them in economic development activities and expand employment opportunities in the county.* For instance, the networks can hold regular meetings dedicated to linking entrepreneurs with the health care provider community to explore selected projects for potential investment in order to attract more businesses into the county, increase tax revenue and generate support for the county.
- 3) *Create and promote educational campaigns to reduce stigma* associated with mental health conditions, HIV/AIDS, and mentally or physically challenged children. Programs such as “It’s Ok to Get Help” by the Mental Health Association can go a long way to encourage help-seeking behaviors for depression, anxiety and other challenging life situations.

- 4) *Provide professional training opportunities and cultural competency training for frontline staff.* Frontline staff has contact and communications with client and should be trained and encouraged to use these relationships to identify specific needs and provide appropriate targeted services.

## CONCLUSIONS AND RECOMMENDATIONS:

Community-wide access to health and social services is an ongoing challenge. With the decline in state revenues and limited funding sources, there are many challenges confronted by service providers. Provider shortages in primary, dental and mental health care worsens health status, allowing chronic conditions to go unmanaged resulting in more expensive care. Data on the health status of Indian River County residents indicates that there are a number of barriers to accessing care, particularly for the most vulnerable populations: the uninsured, low-income individuals, migrant worker communities, the elderly (e.g. homebound) and the homeless. Community efforts should concentrate towards reducing health disparities, building organizational capacity, and designing programs that emphasize prevention and education.

### Recurring Themes:

Some of the overarching themes identified from the provider interviews and the focus groups discussion include:

- The cost of healthcare and lack of health insurance as main barriers to accessing healthcare services.
- Perceived shortages of specialists and primary care providers (internists, pediatricians, dentists, and mental health professionals).
- Desire for health centers in their own neighborhoods, rather than have to travel outside of the county for services.
- Residents find the healthcare system challenging to navigate and struggle to locate reliable resources and information.
- Lack of bilingual providers in communities.
- Need for “one-stop shopping health centers, where primary care providers and specialists could offer better coordinated care.

What follows is a summary of key health priorities and recommendations that can assist community leaders in the implementation of health improvement activities.

- 1) Increase the capacity of health care facilities that focus on indigent care to accommodate the number of clients that need help (e. g. the county health department, The Treasure Coast Community Health, Inc.)

- 2) Expand use of mobile health units and deploy to selected sites as a means to extend care to displaced individuals and persons with limited or no access to fixed-site clinics.
- 3) Establish a working group to address and propose realistic solutions to health issues and barriers to vulnerable, at-risk, and hard-to-reach populations.
- 4) Provide health education to diverse, at-risk populations to promote healthier lifestyles, (nutrition, exercise, safe sex, smoking cessation, etc.).
- 5) Increase education, training, and cultural competency of the workforce (e.g., frontline staff, physicians, nurses, social workers, mental health counselors, volunteers, allied health professionals, etc.) to provide culturally and linguistically appropriate services.
- 6) Expand the number of direct bus routes and increase bus stops to include the outer areas of Fellsmere and Sebastian.
- 7) Improve adoption of certified electronic health record (EHR) technology to improve coordination of care.

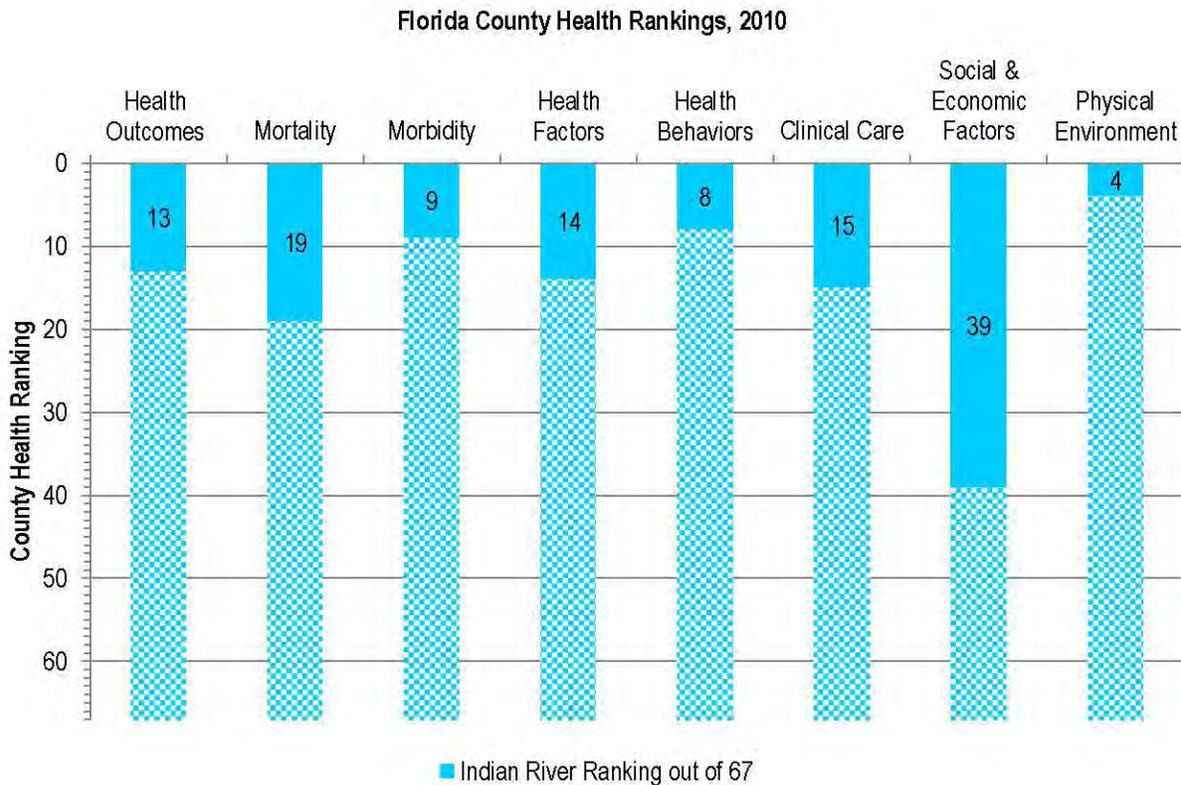
The challenge of expanding access to health and social services to Indian River County residents is ongoing and complex. The ability to meet this challenge rests on the capacity and performance of public health systems. To the extent to which collaborations among all health partners are expanded and improved will allow challenges to be addressed. Through periodic assessments, public health leaders can enhance collaboration and maximize the pool of available resources while improving access to health care services and improving health outcomes.

## COUNTY HEALTH RANKINGS

Each year, since 2003, every county in the country is given a global health rank based on strict measures in four distinct health domains: health behaviors, clinical care, social and economic factors and physical environment. This project is called *County Health Rankings* and was established by The Robert Wood Johnson Foundation and the University of Wisconsin population Institute in 2003.

Figure 41 shows the Indian River County’s health ranking for 2010. The 67 counties in Florida are ranked 1-67 (1 is the highest) on various components contributing to health status. Indian River’s highest ranking was in physical environment where it received a ranking of 4 out of 67, followed by health behaviors ranked 8, and morbidity ranked 9. Appendix E provides more specific information on the ranking process.

Figure 41



Source: University of Wisconsin Population Health Institute. County Health Rankings 2010, Released March 30, 2011

Compiled by: Health Council of Southeast Florida, 2011

## CONCLUSION

Communities face the challenge of balancing the desire to provide residents access to quality health and human services with decreasing resources and increasing demand. This community needs assessment will enable Indian River County to better understand the needs of its community and aid in planning for services in an effort to most efficiently use its resources and improve the health of its residents.

## Appendix A

## **Income/Earning Terms and Definitions** *(2010 Subject Definition, American Community Survey).*

**Total income** is the sum of the amounts reported separately for wage or salary income; net self-employment income; interest, dividends, or net rental or royalty income or income from estates and trusts; Social Security or Railroad Retirement income; Supplemental Security Income (SSI); public assistance or welfare payments; retirement, survivor, or disability pensions; and all other income.

Receipts from the following sources are not included as income: capital gains, money received from the sale of property (unless the recipient was engaged in the business of selling such property); the value of income "in kind" from food stamps, public housing subsidies, medical care, employer contributions for individuals, etc.; withdrawal of bank deposits; money borrowed; tax refunds; exchange of money between relatives living in the same household; gifts and lump-sum inheritances, insurance payments, and other types of lump-sum receipts.

### **Income Type in the Past 12 Months**

The eight types of income reported in the American Community Survey are defined as follows:

- 1. Wage or salary income:** Wage or salary income includes total money earnings received for work performed as an employee during the past 12 months. It includes wages, salary, Armed Forces pay, commissions, tips, piece-rate payments, and cash bonuses earned before deductions were made for taxes, bonds, pensions, union dues, etc.
- 2. Self-employment income:** Self-employment income includes both farm and non-farm self-employment income.

Farm self-employment income includes net money income (gross receipts minus operating expenses) from the operation of a farm by a person on his or her own account, as an owner, renter, or sharecropper. Gross receipts include the value of all products sold, government farm programs, money received from the rental of farm equipment to others, and incidental receipts from the sale of wood, sand, gravel, etc. Operating expenses include cost of feed, fertilizer, seed, and other farming supplies, cash wages paid to farmhands, depreciation charges, rent, interest on farm mortgages, farm building repairs, farm taxes (not state and federal personal income taxes), etc. The value of fuel, food, or other farm products used for family living is not included as part of net income.

Non-farm self-employment income includes net money income (gross receipts minus expenses) from one's own business, professional enterprise, or partnership. Gross receipts include the value of all goods sold and services rendered. Expenses include costs of goods purchased, rent, heat, light, power, depreciation charges, wages and salaries paid, business taxes (not personal income taxes), etc.

- 3. Interest, dividends, net rental income, royalty income, or income from estates and trusts:** Interest, dividends, or net rental income includes interest on savings or bonds, dividends from stockholdings or membership in associations, net income from rental of property to others and receipts from boarders or lodgers, net royalties, and periodic payments from an estate or trust fund.

- 4. Social Security income:** Social Security income includes Social Security pensions and

survivor benefits, permanent disability insurance payments made by the Social Security Administration prior to deductions for medical insurance, and railroad retirement insurance checks from the U.S. government. Medicare reimbursements are not included.

**5. Supplemental Security Income (SSI):** Supplemental Security Income (SSI) is a nationwide U.S. assistance program administered by the Social Security Administration that guarantees a minimum level of income for needy aged, blind, or disabled individuals.

**6. Public assistance income:** Public assistance income includes general assistance and Temporary Assistance to Needy Families (TANF). Separate payments received for hospital or other medical care (vendor payments) are excluded. This does not include Supplemental Security Income (SSI) or noncash benefits such as Food Stamps. The terms “public assistance income” and “cash public assistance” are used interchangeably.

**7. Retirement, survivor, or disability income:** Retirement income includes: (1) retirement pensions and survivor benefits from a former employer; labor union; or federal, state, or local government; and the U.S. military; (2) disability income from companies or unions; federal, state, or local government; and the U.S. military; (3) periodic receipts from annuities and insurance; and (4) regular income from IRA and Keogh plans. This does not include Social Security income.

**8. All other income:** All other income includes unemployment compensation, worker's compensation, Department of Veterans Affairs (VA) payments, alimony and child support, contributions received periodically from people not living in the household, military family allotments, and other kinds of periodic income other than earnings.

**Income of Households:** This includes the income of the householder and all other individuals 15 years old and over in the household, whether they are related to the householder or not. Because many households consist of only one person, average household income is usually less than average family income.

**Income of Individuals:** Income for individuals is obtained by summing the eight types of income for each person 15 years old and over. The characteristics of individuals are based on the time of interview even though the amounts are for the past 12 months.

**Median Income:** The median divides the income distribution into two equal parts: one-half of the cases falling below the median income and one-half above the median. For households and families, the median income is based on the distribution of the total number of households and families including those with no income. The median income for individuals is based on individuals 15 years old and over with income.

**Aggregate Income:** Aggregate income is the sum of all incomes for a particular universe.

**Mean Income:** Mean income is the amount obtained by dividing the aggregate income of a particular statistical universe by the number of units in that universe. For the various types of income, the means are based on households having those types of income.

**Per Capita Income:** Per capita income is the mean income computed for every man, woman, and child in a particular group including those living in group quarters. It is derived by dividing the aggregate income of a particular group by the total population in that group. (2010 Subject Definition, American Community Survey)

**Earnings:** Earnings are defined as the sum of wage or salary income and net income from self-employment. “Earnings” represent the amount of income received regularly for people 16 years

old and over before deductions for personal income taxes, Social Security, bond purchases, union dues, Medicare deductions, etc.

**Median Earnings:** The median divides the earnings distribution into two equal parts: one-half of the cases falling below the median and one-half above the median.

**Aggregate Earnings:** Aggregate earnings are the sum of wage/salary and net self-employment income for a particular universe of people 16 years old and over.

**Mean Earnings:** Mean earnings is calculated by dividing aggregate earnings by the population 16 years old and over with earnings.

## Appendix B

### Indian River County Resident Focus Group Moderators Guide

Hello and welcome to our discussion group! Each of you is here today as a resident of Indian River County; and have a unique perspective on the services that are provided in your communities.

My name is.....and I represent The Health Council of Southeast Florida, Inc. and we are working on a Health Needs Assessment Report to help our local policymakers and healthcare providers focus on the health care needs that you feel are important. We will be talking in general about the quality of life in your community and also about health needs that you and your families may have. The purpose is to understand what you think are the most pressing healthcare needs of your community and the factors that influence an individual's health and health care. Your input is very important to us.

We are conducting four (4) focus groups in Indian River County. Our goal is to have everyone here feel comfortable and able to speak openly, share their thoughts, ideas and experiences honestly. There are no wrong answers. So please feel free to share your experiences and your point of view, even if it is different from what others have said.

Your comments will be summarized in a report, but nobody here will be identified by name. We will not be using your name when we report the results of the study. Because we are taking notes of this discussion so that we can write our report, it is important for everyone to speak up and that only one person talks at a time.

My role will be to ask questions and listen. It is important for us to hear from all of you tonight because you all have different and valuable experiences. You will be receiving a Publix or Winn-Dixie card gift for participating in our discussion.

Does anyone have any questions before we begin? If there are no additional questions, we will begin.

I'd like to start by going around the table and have everyone introduce themselves. Please tell us your name and how long you have lived in Indian River County?

## Apéndice B

### Grupo de Enfoque Condado de Indian River Guía del Moderador

Bienvenidos a nuestro grupo de enfoque. Ustedes han sido invitados puesto que residen en el condado de Indian River; y tienen experiencias y opiniones acerca de los servicios existentes en sus respectivas comunidades.

Mi nombre es.....y trabajo para la organización Health Council of Southeast Florida. Estamos preparando un informe detallado sobre los servicios de atención médica. Uno de los objetivos de éste estudio es el de evaluar e identificar todos aquellos servicios de atención médica y programas sociales que existen actualmente y aquellos que aún no están disponibles en el condado, pero que ustedes consideran importantes para mantener su calidad de vida. Se necesita saber cuáles son las necesidades más importantes en el condado de Indian River; e identificar aquellos factores que influyen en la salud de una persona. Sus opiniones acerca de éste tema son sumamente importante para nosotros.

Estamos llevando a cabo cuatro (4) grupos de enfoque en el condado de Indian River. Nuestro objetivo es que cada uno de ustedes se sienta a gusto, cómodo/a y libre para poder hablar abiertamente, compartir sus pensamientos, ideas y experiencias con franqueza. No hay respuestas incorrectas. Así, que por favor siéntase libre de compartir sus experiencias y su punto de vista, incluso y especialmente si es diferente de lo que han dicho otros.

Sus comentarios se resumirán en un informe, pero nadie sera identificado por nombre en el informe. Le daremos a cada uno de ustedes la oportunidad de expresar su opinión.

Mi papel es el de hacer las preguntas y escuchar detenidamente. Es importante el poder escuchar de cada uno de ustedes, ya que todos ustedes tienen o han tenido experiencias únicas y diferentes en cuanto a servicios y programas de atención a la salud. Ustedes recibirán una tarjeta de Publix o de Winn- Dixie por \$25.00 dólares por haber participado en éste grupo de enfoque.

Antes de comenzar. Hay alguna pregunta? Si no hay preguntas, entonces comencemos!

Me gustaría pedirle a cada uno de ustedes que comiencen por decir su nombre y que nos digan cuánto tiempo llevan viviendo en el condado de Indian River.

## Appendix C

### Indian River County Resident Focus Group Questions

Let us begin by asking your opinions regarding the quality of life in your community?

1. How do you feel about living in your community? Is it a safe place to live?

- Safety in the home
- Safety in the workplace
- Schools and playgrounds

2. Is it a good place to raise children? If so why? If not why not?

3. Do you think Indian River County is a good place to grow old?

- Churches
- Shopping
- Elder day care services
- Social support organizations
- Recreational activities
- Other (Please specify)

4. What do you think about economic opportunities in the community?"

- Jobs and career growth
- Job training
- Local businesses
- Educational opportunities
- Affordable housing options

Now, we would like to talk about access to health and social services in your community?

5. Where do you get most of your health care now, in your neighborhood or outside of your neighborhood?

- At a doctors' office
- At the ER
- Indian River County health Department
- Local community clinic

If outside neighborhood, ask why this is the case?

- What type of services do you need to get outside your community? Tell us about your experience in this regard?
- Would you prefer to go somewhere else? Why or why not?
- Is this the same place where other members of your family receive their health care? Why or why not?
- How many of you have a regular doctor who you've gone to more than once?

6. Have any of you had problems getting the health care that you need?

- What are the main problems you have faced getting health care services in your neighborhood /community?"
- Have you been able to overcome any of these problems? If so, how did you do it?

7. We often hear transportation is an issue when trying to access healthcare. Is transportation an issue that affects or has affected you?

- If so, what kind of transportation services do you need to be able to access health care, education and employment?

8. What health services do you need that are not currently available to you and your family?

9. Are you aware of the different public health services that are available in your Indian River County?

- Are you able to locate the health information or resource that you need?

10. What kinds of health programs would you like to see established in Indian River County?

11. What is your level of satisfaction with the health care system in Indian River County?

- Cost
- Quality of care
- Access to care
- Prescription drugs

12. What is your perspective on the role of community members, like your selves play in improving the overall health in Indian River County?

13. Do you have any additional comments you would like to add regarding the quality of life or the quality of health care services available in your community?

## Apéndice C

### Condado de Indian River Encuesta de Salud Comunitaria

- 1) ¿En general, está usted satisfecho/a con la calidad de vida en el condado de Indian River?  
Se siente segura/o en su comunidad?
  - a. Seguridad en el trabajo
  - b. Seguridad en las escuelas
  - c. Seguridad en los parques y otros lugares de recreación.
  
- 2) ¿Considera éste un buen lugar para criar hijos? Si es así, porqué? Si no, porqué no?
  
- 3) ¿ Considera usted el condado de Indian River, un buen lugar para envejecer?
  - Iglesias
  - Centros comerciales
  - Casas de envejecimiento
  - Red de apoyo social
  - Centros de recreación
  - Algo más? (por favor especifique)
  
- 4) ¿Cuál es su opinión acerca de oportunidades para avanzar económicamente en su comunidad?
  - Oportunidad de trabajos y avance profesional
  - Oportunidades de comercio
  - Oportunidades educacionales
  - Opciones de viviendas

Ahora, nos gustaría dialogar sobre el acceso a servicios de atención médica y otros programas de carácter social en su comunidad.

- 5) ¿ A dónde acude usted si se enferma?
  - Al consultorio médico?
  - A la sala de urgencias del hospital en el condado de Indian River?
  - A la sala de urgencias de otro hospital fuera del condado de Indian River?
  - Al departamento de salud del condado de Indian River?
  - A la clínica local de la comunidad?

Si necesita ir a un centro de salud fuera de su comunidad díganos porqué?

- Qué tipo de servicios de atención a la salud necesita fuera de su comunidad? Háblenos sobre su experiencia.
- Preferiría ir a un lugar diferente? La razón?
- Es ese el mismo lugar en donde otros miembros de su familia obtienen servicios de atención médica? La razón?
- Cuántos de ustedes han recurrido al mismo doctor más de una vez?

- 6) ¿ Ha tenido dificultades en obtener servicios de salud que necesita?
- Cuáles han sido las dificultades con las cuales se ha tropezado?
  - Ha podido resolver alguna/s de éstas dificultades? Qué hizo?
- 7) ¿ Es el transporte un impedimento para usted en obtener servicios de atención médica?
- Si es así, que tipo de servicios de transporte necesitaría usted para poder acceder servicios de salud, empleo y educación?
- 8) ¿Qué servicios de atención médica necesita que son difíciles de obtener?
- 9) ¿Crée usted conocer o saber acerca de los diferentes servicios de salud pública disponibles en el condado de Indian River?
- Puede usted localizar con facilidad la información sobre servicios de atención médica o de salud u otros recursos comunitarios?
- 10) ¿Qué tipo de servicios o programas de atención a la salud le gustaría que hubiese en su comunidad?
- 11) ¿Qué tan satisfecho/a está usted con los servicios que se ofrecen en el condado de Indian River?
- a. Costo?
  - b. Calidad de servicio?
  - c. Opciones de centros de salud y medicina integral
  - d. Medicamentos?
- 12) ¿Como pudiese usted contribuir al mejoramiento de su salud y por ende al mejoramiento del sistema de salud pública en su condado?
- 13) ¿ Hay alguna otra cosa que le gustaría agregar acerca de la calidad de vida o disponibilidad de servicios de atención médica y servicios sociales en su comunidad?

## Appendix D

### Indian River County Resident Focus Group

#### Demographic Questions

Please complete this demographic form. You do not need to answer any question that makes you uncomfortable. If you have any questions, please ask us!

1. What ZIP code do you live in? \_\_\_\_\_

2. What is your age? \_\_\_\_\_

3. What is your gender? (check only one)

Female

Male

4. What race do you identify with most? (check only one)

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

American Indian, Alaskan Native, or Indigenous

White /Caucasian

Hispanic Background

No answer

5. What is the highest grade or year in school you have completed? (check only one)

- 6th grade or less
- Some middle school or some high school, no diploma (grades 7 -11)
- High school graduate or GED (grade 12)
- Some college, No degree
- Associate's degree,
- Certificate from vocational, business, or trade school
- 4-years of college or higher, with bachelor's degree or higher
- Other: \_\_\_\_\_
- No answer

6. Do you work now? (check only one)

- Work 35 or more hours per week
- Work less than 35 hours per week
- Unemployed
- Other: \_\_\_\_\_
- No answer

7. Do you have any kind of health care coverage, private carrier, Medicaid, Medicare, Florida KidCare, or any other (please specify). (check only one)

- Yes
- No
- Do Not know
- Prefer not to answer

8. If you have health care coverage, what kind? (check only one)

Don't know/not sure

prefer not to answer

9. What is your annual household income from all sources, including money from jobs, social security, unemployment benefits, public assistance, and retirement income? (check only one)

\$0 - \$10,000

\$10,001 - \$20,000

\$20,001 - \$40,000

\$40,001 – or more

Prefer not to answer

## Apéndice D

### Encuesta de Salud Comunitaria Condado de Indian River Formulario Demográfico

Favor de completar éste formulario. Deje en blanco culaquier pregunta que lo haga sentir incómodo/a. Déjenos saber si tiene cualquier pregunta respecto a este formulario. Gracias!

1. ¿Cuál es el código postal en el que reside? \_\_\_\_\_

2. ¿Qué edad tiene? \_\_\_\_\_

3. ¿Cuál es su género? (Márque la opción que le corresponde)

Mujer

Hombre

4. ¿Cuál es su raza u origen étnico? (Márque la opción que le corresponde)

Asiático

Africano Americano/Negro

Nativo del Hawai u otros isleños del Pacífico

Indio Americano o indígena

Blanco (no de origen Hispano o Latino)

Hispano/Latino

Otro origen étnico

5. ¿Cuál es el más alto grado o año de estudio que ha completado? (Márque la opción que le corresponde)

Sexto grado o menor

Escuela secundaria , algunos años de bachillerato pero sin diploma (grados 7-11)

- Estudios de bachillerato, con diploma o equivalente de GED (grado 12)
- Uno o dos años de estudios universitarios (con diploma)
- Diploma por haber completado dos (2) años de estudios universitarios
- Certificado de formación profesional
- 4 años o más de estudios universitarios con diploma
- Otro tipo de diploma o certificación
- Prefiero no responder

6. ¿Trabaja usted ahora? (Márque la opción que le corresponde)

- Trabajo 35 horas o más por semana
- Trabajo menos de 35 horas por semana
- Desempleado/a
- Otra opción:
- Prefiero no responder

7. ¿ Tiene usted algún seguro Médico? Medicaid? Medicare, seguro médico para niños menores de 18 años de edad? (Márque la opción que le corresponde)

- Si (que tipo tiene? \_\_\_\_\_)
- No
- No se/ no estoy seguro/a
- Prefiero no responder

8. ¿ Si tiene algun seguro médico, que tipo de seguro tiene? (Márque la opción que le corresponde)

9. ¿Cuál es su ingreso anual? Favor de incluir ingresos provenientes de fuentes tales como: asistencia pública, seguro social, desempleo y jubilación, etc.) (Márque la opción u opciones que le corresponde)

- \$0 - \$10,000
- \$10,001 - \$20,000
- \$20,001 - \$40,000
- \$40,001 – or more
- Prefiero no responder

## Appendix E

### Indian River County Informant Interview Questions

1. What role does your organization have in the local public health system?
2. How do patient/clients/consumers learn about your services?
3. How do other providers learn about your services?
4. What are your greatest challenges in providing these services to the community?
5. How do you know if your programs/services are successful?
6. What specific health and social services do you think should receive more emphasis in the community than they do now?
7. What specific health and social services do you think should receive less emphasis in the community than they do now?
8. Are there any populations that you believe have significant unmet needs?
9. What do you see as the key barriers for individuals/families in accessing health care and other services in Indian River County?
10. What do you think patients/clients/consumers see as barriers in accessing health care and other services in Indian River County?
11. What strategies can you suggest for overcoming these barriers?
12. How can existing health and social services be improved?
13. Is there anything else you would like to add about health and social services in Indian River County?

## Apéndice E

### Condado de Indian River Entrevista a Líderes Comunitarios

- ¿Qué función tiene su organización en el sistema de la salud pública local del condado de Indian River?
- ¿Qué métodos utilizan para dar a conocer sus servicios al público en general?
- ¿Qué métodos utilizan para dar a conocer sus servicios a los proveedores de salud?
- ¿Cuáles son sus mayores desafíos en la prestación de éstos servicios a la comunidad?
- ¿Cómo llegan a saber si sus servicios o programas son exitosos?
- ¿Hay servicios de atención a la salud que deberían recibir mayor atención en la comunidad?
- ¿Hay servicios de atención a la salud que deberían recibir menor atención en la comunidad?
- ¿Existen poblaciones con necesidades especiales que no reciben servicios básicos de atención a la salud?
- ¿Cuáles son los impedimentos principales en el acceso a servicios de atención a la salud u otros servicios en el condado de Indian River?
- ¿Cuál cree que sea la percepción por parte de individuos, pacientes y/o consumidores acerca de impedimentos al acceso a servicios sociales o servicios de atención a la salud en el condado de Indian River?
- ¿Qué estrategias sugerirían para superar esos obstáculos?
- ¿De qué manera se pudiese mejorar los servicios de atención a la salud?
- ¿Hay algo más que quisiese agregar acerca de los servicios de atención a la salud en el condado de Indian River?

## Appendix F



### **Ranking System County Health Rankings**

The *County Health Rankings* are based on a conceptual model of population health that includes both Health Outcomes (length and quality of life) and Health Factors (determinants of health). These Outcomes and Factors were broken down into a number of components, which were additionally broken down into subcomponents we call Focus Areas.

After developing the *Rankings* model, the next step in creating the *Rankings* was to establish weights for each component in the model and find appropriate measures. The process for choosing weights and measures was guided by

- Review of the literature around the impact of various factors on health outcomes
- Ability for factors to be modified through community action
- Review of America's Health Rankings methodology and indicators
- Availability and reliability of indicators at the county level throughout the nation
- Analysis
- Feedback from a panel of technical experts

The Rankings are based on summary composite scores calculated from the individual measures. We calculate and rank eight different summary composites:

1. **Overall Health Outcomes**
2. Health Outcomes – **Mortality**
3. Health Outcomes – **Morbidity**
4. **Overall Health Factors**
5. Health Factors – **Health behaviors**
6. Health Factors – **Clinical care**
7. Health Factors – **Social and economic factors**
8. Health Factors – **Physical environment**

The overall Health Outcomes summary score is a weighted composite of Mortality (50%) and Morbidity (50%). The overall Health Factors summary score is a weighted composite of four

components: Health behaviors (30%), Clinical care (20%), Social and economic factors (40%), and Physical environment (10%). Note that the component weights add to 100%.

We would like to emphasize that there is no one "correct" formula or "true" set of weights that perfectly represents the health of a community. Indeed, even a very good system by today's standards might not perform well over long periods of time or under all possible circumstances. *County Health Rankings* staff have used information from a wide variety of sources--scientific research, available data, expert opinion, statistical analysis--to arrive at a set of easy to understand weights that reasonably reflect the different components and determinants of health. Of course, they are not perfect, but we stand by them as reasonable estimates supported by the best available evidence balanced with the availability of health data and interpretability.

### Health Outcome Summary Score

To calculate the summary score for Health Outcomes, we combined scores for Mortality (50%) and Morbidity (50%) to produce 100% of the Health Outcomes summary score. The weights for specific measures were assigned based on relative importance within the factor and considerations of data reliability and availability. Within morbidity, we assign a higher weight to the low birthweight measure since this measure is based on a census of all live births whereas the other measures are based on a survey of a sample of the population.

Table 132: Health Outcome Weights for the 2011 County Health Rankings

Outcome	Focus Area	Measure
Mortality (50%)	Premature death	Years of potential life lost before age 75 (50%)
Morbidity (50%)	Quality of life	Percent reporting poor or fair health (10%)
		Physically unhealthy days (10%)
		Mentally unhealthy days (10%)
	Poor birth outcomes	Low birthweight live births (20%)

### Health Factors Summary Score

To calculate the summary score of health factors, weights were determined for each of the four major factors (Health behaviors, Clinical care, Social and economic factors, and the Physical environment) based on a review of the literature, expert opinion, and data analysis. Additional information is available about the methods used to determine these weights (*Working Paper on Assigning Determinant Weights*). The following weights were used to calculate the overall Health Factors summary score: Health behaviors (30%), Clinical care (20%), Social and economic factors (40%), and the Physical environment (10%). Like the Health Outcomes summary score, weights at each level sum to 100%.

The weights for specific measures were assigned based on relative importance within the factor and considerations of data reliability and availability. A table presenting the weights follows.

**Table 133: Health Factor Weights for the 2011 County Health Rankings**

Health Factor	Focus Area	Measure
Health behaviors (30%)	Smoking (10%)	Adult smoking rate (10%)
	Diet and exercise (10%)	Adult obesity rate (10%)
	Alcohol use (5%)	Excessive drinking (2.5%)
		Motor vehicle crash death rate (2.5%)
Unsafe sex (5%)	Sexually transmitted infection rate (2.5%)	
	Teen birth rate (2.5%)	
Clinical care (20%)	Access to care (10%)	Adult uninsured rate (5%) Primary care providers (5%)
	Quality of care (10%)	Hospitalization rates for ambulatory-sensitive conditions (5%) Diabetic screening rate (2.5%) Mammography screening rate (2.5%)
Social and economic factors (40%)	Education (10%)	High school graduation rate (5%) Adults with college degrees (5%)
	Employment (10%)	Unemployment rate (10%)
	Income (10%)	Children in poverty (10%)
	Family and social support (5%)	Social and emotional support (2.5%)
Single-parent households (2.5%)		
Community safety (5%)	Violent crime or homicide rate (5%)	
Physical environment (10%)	Environmental quality (5%)	Unhealthy air quality due to particulate matter (2.5%)
		Unhealthy air quality due to ozone (2.5%)
Built environment (5%)	Access to healthy foods (2.5%)	
	Access to recreational facilities (2.5%)	

Source: Information copied from County Health Rankings' website: [www.countyhealthrankings.org](http://www.countyhealthrankings.org), Sept. 2011.

## Appendix G

<b>AHCA Licensed Facilities "All Types"</b>		
<b>Adult Day Care Center</b>		
EDEN ESTATE	1730 24TH STREET	VERO BEACH
SENIOR RESOURCE ASSOCIATION INC	815 DAVIS STREET	SEBASTIAN
SENIOR RESOURCE ASSOCIATION INC.	704 14TH STREET	VERO BEACH
<b>Adult Family Care Home</b>		
BARTON EVELYN	124 BELLAMY TRAIL	SEBASTIAN
LAMB GLADYS BRYANT	639 4TH PLACE SW	VERO BEACH
MCINTOSH VETA RETEEN	510 SEBASTIAN CROSSING BLVD	SEBASTIAN
<b>Ambulatory Surgical Center</b>		
ADVANCED EYE SURGERY CENTER	3500 US HIGHWAY 1	VERO BEACH
ASSOCIATES FOR SURGICAL CARE	1255 37TH STREET, SUITE E	VERO BEACH
FLORIDA EYE INSTITUTE SURGICENTER LLC	2750 INDIAN RIVER BLVD	VERO BEACH
GROVE PLACE SURGERY CENTER LLC	1325 36TH ST, SUITE B	VERO BEACH
INDIAN RIVER SURGERY CENTER	1200 37TH STREET	VERO BEACH
LIVE OAK ENDOSCOPY CENTER LLC	275 18TH STREET, SUITE 101	VERO BEACH
MEDICAL SPECIALTY PROCEDURES LC	1355 37TH ST, SUITE 304	VERO BEACH
NEW VISION SURGICAL CENTER LLC	1055 37TH PLACE	VERO BEACH
RIVERSIDE SURGERY CENTER	14410 US HIGHWAY 1	SEBASTIAN
ROSATO PLASTIC SURGERY CENTER	3790 7TH TERRACE, SUITE 101	VERO BEACH
VERO BEACH SURGERY CENTER	845 37TH PLACE	VERO BEACH
VERO EYE CENTER	70 ROYAL PALM POINTE	VERO BEACH
<b>Assisted Living Facility</b>		
ANGEL CARE AT VERO BEACH INC	1130 7 AVENUE	VERO BEACH
ARBORS AT THE LAKES AT POINTE WEST (THE)	7975 17 LANE	VERO BEACH
CLARE BRIDGE OF VERO BEACH	420 4TH COURT	VERO BEACH
DIXIE OAK MANOR LLC	6410 OLD DIXIE HWY	VERO BEACH
ELDERS IN TOUCH INC.	965 6TH AVENUE	VERO BEACH
FLORIDA BAPTIST RETIREMENT CENTER	1006 33RD STREET	VERO BEACH
FRESH HORIZON'S ALF	4836 35TH AVENUE	VERO BEACH
GREEN GABLES ALF	1934 22ND AVENUE	VERO BEACH
HARBORCHASE OF VERO BEACH	4150 INDIAN RIVER BLVD	VERO BEACH
HORIZON BAY VIBRANT RET LIVING 451	2425 20TH STREET	VERO BEACH
ISLES OF VERO BEACH	1700 WATERFORD DRIVE	VERO BEACH

NOMEL'S ALF INC #2	332 BISCAYNE LANE	SEBASTIAN
OAKBRIDGE TERRACE ASSISTED LIVING -INDIAN RIVER ESTATES	2200 INDIAN CREEK BLVD.	VERO BEACH
ORCHID ISLAND MANOR LLC	1914 21ST STREET	VERO BEACH
PELICAN GARDEN LLC	177 EMPRESS AVE	SEBASTIAN
PLACE AT VERO BEACH THE	3855 INDIAN RIVER BLVD	VERO BEACH
RAPHA MANOR INC	4555 41 ST AVE	VERO BEACH
ROSEWOOD MANOR OF VERO BEACH LLC.	3710 14 TH STREET	VERO BEACH
SOMERSET HOUSE	1540 OAK HARBOR BOULEVARD	VERO BEACH
STERLING HOUSE OF VERO BEACH	410 4TH COURT	VERO BEACH
VERO BEACH ASSISTED LIVING LLC	3250 QUAY DOCK RD	VERO BEACH
<b>Clinical Laboratory</b>		
ADVANCED DERMATOLOGY	49 ROYAL PALM PT, STE 100	VERO BEACH
ADVANCED UROLOGY ASSOCIATES OF FLORIDA	1986 35TH AVE	VERO BEACH
ADVANCED UROLOGY ASSOCIATES OF FLORIDA	1986 35TH AVE	VERO BEACH
ADVANCED UROLOGY ASSOCIATES OF FLORIDA PL	7945 BAY ST STE 4	SEBASTIAN
AMERIPATH CENTRAL FLORIDA- INDIAN RIVER MEMORIAL HOSPITAL	1000 36TH STREET	VERO BEACH
DIABETES AND ENDOCRINE ASSOCIATES OF THE TREASURE COAST	2835 20TH ST BLDG C	VERO BEACH
DRS FRIEDENSTAB & LUM PA	3735 11TH CIR STE 202	VERO BEACH
EAST COAST CLINICAL SERVICES INC	777 37TH STE A-107	VERO BEACH
FACE CENTER OF VERO PLC	1325 36TH ST STE B	VERO BEACH
FISCHMAN & BORGMEIER MD PA	1600 36TH ST STE C	VERO BEACH
FLORIDA BLOOD SERVICES INC	1300 36TH ST STE E	VERO BEACH
GARRICK B KANTZLER MD PA	805 37TH PLACE	VERO BEACH
HMA SOLANTIC JOINT VENTURE LLC	1820 58TH AVE UNIT 110	VERO BEACH
INDIAN RIVER COUNTY HEALTH DEPARTMENT	1900 27TH ST	VERO BEACH
INDIAN RIVER MEDICAL CENTER LABORATORY	1000 36TH ST	VERO BEACH
INDIAN RIVER PRIMARY CARE	1715 37TH PLACE 2ND FLOOR	VERO BEACH
INDIAN RIVER UROLOGY ASSOCIATES	787 37TH ST STE E-200	VERO BEACH
ISLAND PEDIATRICS	960 37TH PL STE 101	VERO BEACH
J ROBIN ATWELL MD	1355 37TH ST STE 303	VERO BEACH
JANET E ANDERSON MD PA	3745 11TH CIR STE 105	VERO BEACH
JOHN S SUEN MD PA	1355 37TH ST STE 302	VERO BEACH
M & M LABORATORIES URGENT CARE WEST	2050 40 AVE #6	VERO BEACH
M NASIR RIZWI MD PA	13865 US HWY 1 #5	SEBASTIAN
MICHAEL A VENAZIO MD	8005 83RD AVE # 1	SEBASTIAN
MICHAELA G SCOTT MD AND ASSOCIATES PLC	1460 36TH STREET	VERO BEACH
MICHELE S MAHOLTZ MD	3725 12TH CT	VERO BEACH
NEIL S HESKEL MD	865 37TH PLACE	VERO BEACH
NOOR M MERCHANT MD AND ASSOC PA	13060 US HWY 1 STE A	SEBASTIAN
PARTNERS IN WOMENS HEALTH	787 37TH ST	VERO BEACH
PATHOLOGY ASSOCIATES OF INDIAN RIVER	3790 7TH TERRACE STE 102	VERO BEACH

PAUL T BAKULE MD PA	787 37TH STREET SUITE E 130	VERO BEACH
PLANNED PARENTHOOD OF SO. FL & TREASURE COAST	3106 20TH STREET	VERO BEACH
PRIMARY CARE OF THE TREASURE COAST INC	1265 36 ST	VERO BEACH
QUEST DIAGNOSTICS CLINICAL LABORATORIES INC	787 37TH ST E230	VERO BEACH
SEBASTIAN FAMILY WALK IN CARE	13840 US HWY #1	SEBASTIAN
SEBASTIAN RIVER MEDICAL CENTER	13695 US HIGHWAY 1	SEBASTIAN
SPACE COAST PATHOLOGISTS PA	13695 N US HWY 1	SEBASTIAN
SUNCOAST PATHOLOGY ASSOCIATES INC	14040 US HIGHWAY 1	SEBASTIAN
SUNNYCOAST DERMATOLOGY INC	1850 43RD AVE STE 4 & 5C	VERO BEACH
TIM IOANNIDES MD LLC	1155 35TH LN STE 202	VERO BEACH
TIM IOANNIDES MD LLC	801 WELLNESS WAY STE 103	SEBASTIAN
TREASURE COAST COMMUNITY HEALTH INC	12196 COUNTY ROAD 512	FELLSMERE
TREASURE COAST COMMUNITY HEALTH INC	2200 5TH AVE	VERO BEACH
TREASURE COAST COMMUNITY HEALTH INC OSLO	12196 CR 512	FELLSMERE
TREASURE COAST OBSTETRICS & GYNECOLOGY PL	1000 37TH PL STE 105	VERO BEACH
TREASURE COAST PEDIATRICS PA	3745 11TH CIR STE 108	VERO BEACH
VERO PEDIATRICS PA	840 37TH PLACE STE 1	VERO BEACH
WATERS EDGE DERMATOLOGY	7765 144TH ST #1	SEBASTIAN
<b>Comprehensive Outpatient Rehabilitation Facility</b>		
TREASURE COAST PHYSICAL THERAPY	974 14TH LN	VERO BEACH
End-Stage Renal Disease Center		
INDIAN RIVER DIALYSIS CENTER	2150 45TH ST	VERO BEACH
RENAL CARE CENTER OF VERO BEACH	1515 INDIAN RIVER BL, STE A101	VERO BEACH
SEBASTIAN DIALYSIS	1424 US HWY 1 STE C	SEBASTIAN
<b>Health Care Clinic</b>		
FLORIDA RESPIRATORY- ST LUCIE INC	1985 71ST AVE	VERO BEACH
HMA SOLANTIC JOINT VENTURE LLC	1820 58TH AVE UNIT 110	VERO BEACH
INDIAN RIVER WALK IN CLINIC	652 21ST STREET	VERO BEACH
IRWIC SOUTH LLC	836 SOUTH US 1	VERO BEACH
LONGEVITY REHABILITATION CENTER INC.	13000 US HIGHWAY 1 SUITE 7	SEBASTIAN
LONGEVITY REHABILITATION CENTER INC.	1515 INDIAN RIVER BL, STE A-135	VERO BEACH
MEDMARK SERVICES INC	372 17TH STREET	VERO BEACH
MOBILE IMAGING OF ST LUCIE COUNTY INC	120 66TH AVENUE SW	VERO BEACH
SANDPIPER IMAGING CENTER	3755 7TH TERRACE,SUITE 102	VERO BEACH
STUART PAIN MANAGEMENT CENTER INC	1146 21ST ST, STE B	VERO BEACH
WELLMED AT SEBASTIAN	1627 US HWY 1, STE 101	SEBASTIAN
<b>Health Care Clinic Exemption</b>		
AALLIANCE REHAB INC.	1547 US 1	VERO BEACH
ADVANCED MOTION THERAPEUTIC MASSAGE INC.	495 22ND PLACE	VERO BEACH
ADVANCED UROLOGY ASSOCIATES OF FLORIDA PL	1986 35TH AVE	VERO BEACH
ARCHIE'S REHAB CENTER INC.	12920 US 1	VERO BEACH

AWARNESSE COUNSELING CENTER OF INDIAN RIVER INC	7766 BAY STREET, SUITE 11	SEBASTIAN
BULLARD CHIROPRACTIC	13230 NORTH U.S. HWY. 1	SEBASTIAN
CENTER FOR HOLISTIC HEALTH	1785 14TH AVENUE	VERO BEACH
CLARK CHIROPRACTIC INC.	2706 20 ST.	VERO BEACH
COASTAL NEUROSURGERY AND SPINE	13000 US HIGHWAY 1	SEBASTIAN
COMPASS MEDICAL INC.	1929 14TH AVENUE	VERO BEACH
DIABETES & ENDOCRINE ASSOCIATES	1355 37TH STREET, SUITE 401	VERO BEACH
DONALD W. ONUFER MD	1355 37TH STREET	VERO BEACH
PAMELA ADAN, CHIROPRACTIC PHYSICIAN	1437 U.S. 1	SEBASTIAN
EDGAR R BLECKER MD PA	229 SEBASTIAN BLVD	SEBASTIAN
FLORIDA SPINE GROUP	780 US 1, SUITE 201	VERO BEACH
GEORGE W. FIKA INC	2050 40TH AVENUE, SUITE 3	VERO BEACH
GORDON CHIROPRACTIC	2175 20TH STREET	VERO BEACH
HUMAN BALANCE CENTER	12920 U.S. 1	SEBASTIAN
INDIAN RIVER HAND AND UPPER EXTREMITY REHAB	787 37TH STREET, SUITE E 110	VERO BEACH
INDIAN RIVER MEDICAL CENTER URGENT CARE - POINTE WEST	1960 POINTE WEST DRIVE	VERO BEACH
INDIAN RIVER MEDICAL CENTER URGENT CARE SEBASTIAN	801 WELLNESS WAY	SEBASTIAN
INDIAN RIVER MRI INC	1850 37TH ST	VERO BEACH
INDIAN RIVER PATHOLOGY	1000 36TH STREET	VERO BEACH
KIRK E MAES MD	13000 US HWY 1, SUITE 5	SEBASTIAN
LEGACY BEHAVIORAL HEALTH CENTER INC	1945 22ND AVENUE	VERO BEACH
MEDICAL RESOURCES LLC	229 SEBASTIAN BLVD	SEBASTIAN
NEW LIFE REHAB INC.	974 14TH LANE	VERO BEACH
NORTH COUNTY MEDICAL	13838 US HWY 1	SEBASTIAN
NORTH COUNTY MEDICAL LABORATORY	13850 US HIGHWAY #1	SEBASTIAN
PATHOLOGY ASSOCIATES OF INDIAN RIVER	3790 7TH TERRACE, SUITE 200	VERO BEACH
PELICAN COAST EMERGENCY PHYSICIANS	13695 US HIGHWAY 1	SEBASTIAN
PREMIER PHYSICAL THERAPY & SPORTS MEDICINE INC	1715 37TH PLACE, 1ST FLOOR	VERO BEACH
PRIMARY CARE OF THE TREASURE COAST INC	1265 36TH STREET	VERO BEACH
QUALITY HEALTH CARE INC. OF FLORIDA	12920 US HWY 1	SEBASTIAN
RENAL CARE CENTER OF VERO BEACH	1515 INDIAN RIVER BLVD, STE A-101	VERO BEACH
RICHARD B MOORE MD	787 37 STREET, STE E140	VERO BEACH
SEBASTIAN FAMILY WALK IN CARE	13840 U S HIGHWAY #1	SEBASTIAN
SEBASTIAN HMA PHYSICIAN MANAGEMENT INC	1285 36TH STREET, SUITE 100	VERO BEACH
SELCUK A TOMBUL DO	787 37 STREET, SUITE E140	VERO BEACH
SELECT PHYSICAL THERAPY	1424 HIGHWAY US 1, 2ND FLOOR	SEBASTIAN
SETH H BAKER DO	787 37 STREET, SUITE E140	VERO BEACH
SUNSHINE PHYSICAL THERAPY CLINIC	1705 17TH AVENUE	VERO BEACH
TRAVEL MERCIES LLC	9015 AMERICANA RD, SUITE 9	VERO BEACH
TREASURE COAST COMMUNITY HEALTH INC	12196 COUNTY ROAD 512	FELLSMERE
TREASURE COAST INJURY & WELLNESS CENTRE P.L.	778 SOUTH U.S. ONE	VERO BEACH

TREASURE COAST REHABILITATION	130 SOUTH U.S. HWY #1	VERO BEACH
VERO BEACH CHIROPRACTIC CLINIC	1867 20 AV.	VERO BEACH
VERO RADIOLOGY ASSOCIATES INC	777 37TH STREET,STE D 106	VERO BEACH
VERO RADIOLOGY ASSOCIATES INC	777 37TH ST, STE A 103	VERO BEACH
VERO RADIOLOGY ASSOCIATES INC.	777 37TH STREET,STE A 103	VERO BEACH
VERO RENAL ASSOCIATES PA	777 37TH STREET, STE C-107	VERO BEACH
WELLNESS CENTER AT THE ISLES OF VERO THE	1700 WATERFORD DR	VERO BEACH
WM H FRAZIER MD	1255 37TH STREET, STE D	VERO BEACH

**Home Health Agency**

A MOMENT'S NOTICE HEALTH CARE	989 37 PL	VERO BEACH
ACTS HOME HEALTH AGENCY	2250 INDIAN CREEK BLVD WEST	VERO BEACH
AFTERCARE NURSING SERVICES INC	1705 14TH AVENUE	VERO BEACH
ALLIANCECARE	1910 82ND AVE STE 103	VERO BEACH
ASSOCIATED HOME HEALTH	7400 US #1	VERO BEACH
ASSOCIATED HOME HEALTH	7402 US 1	VERO BEACH
CHAMPION HOME HEALTH CARE	840 19TH ST	VERO BEACH
COMMUNITY HOME HEALTH SERVICES	1515 US HWT 1 STE 103	SEBASTIAN
HEALTH FIRST HOME CARE	1623 US HWY 1 STE A1	SEBASTIAN
HOME INSTEAD SENIOR CARE	1847 14TH AVE	VERO BEACH
INDIAN RIVER HOME CARE INC	65 ROYAL PALM POINTE STE A	VERO BEACH
LIVE LONG WELL CARE OF INDIAN RIVER COUNTY	7955 16 MANOR	VERO BEACH
MEDERI CARETENDERS	1285 36TH ST STE 201	VERO BEACH
NHC HOMECARE	946 16TH PLACE	VERO BEACH
NIGHTINGALE PRIVATE DUTY NURSING	920 37 PL STE 101	VERO BEACH
NURSE-ON-CALL OF SOUTH FLORIDA INC	3755 7TH TERRACE STE 201-203	VERO BEACH
SEBASTIAN RIVER HOME HEALTH	7750 BAY ST STE 5	SEBASTIAN
VISITING NURSE ASSOC. OF INDIAN RIVER COUNTY INC.	1110 35 LN	VERO BEACH

**Home Medical Equipment and Service**

LINCARE INC	1130 19 ST	VERO BEACH
MED REPAIRS INC	3120 AVIATION BLVD	VERO BEACH
OXYGEN PLUS RESPIRATORY CARE & HOME HEALTH EQUIP	2360 US 1	VERO BEACH
PERKINS MEDICAL SUPPLY	4005 20TH ST	VERO BEACH
PERKINS MEDICAL SUPPLY	13000 US HWY 1 SUITE 1	SEBASTIAN
PERKINS MEDICAL SUPPLY	3717 10TH CT	VERO BEACH
Homemaker and Companion Service		
ABILITIES RESOURCE CENTER OF INDIAN RIVER COUNTY INC	1375 16TH AVENUE	VERO BEACH
ACTS SENIOR SERVICES	2250 INDIAN CREEK BLVD	VERO BEACH
AROUND THE CLOCK ELDER CARE LLC	9484 52ND CT	SEBASTIAN
CARE GIVERS	591 BIRCH COURT	SEBASTIAN
CONSIDER IT DONE BY EVELYN	4596 32 AVE	VERO BEACH
COOKIES CARING LOVING HANDS CORP	4620 39 AVE	VERO BEACH

EXCEPTIONAL PROVIDERS INC	1872 WILBUR AVE	VERO BEACH
HOME INSTEAD SENIOR CARE	1847 14 AVE	VERO BEACH
SENIORS HELPING SENIORS	843 CAMELIA LN	VERO BEACH
<b>Hospice</b>		
VNA HOSPICE OF INDIAN RIVER COUNTY INC	1110 35TH LANE	VERO BEACH
<b>Hospital</b>		
HEALTHSOUTH TREASURE COAST REHABILITATION HOSPITAL	1600 37TH ST	VERO BEACH
INDIAN RIVER MEDICAL CENTER	1000 36TH ST	VERO BEACH
SEBASTIAN RIVER MEDICAL CENTER	13695 US HWY 1	SEBASTIAN
<b>Nurse Registry</b>		
A NURSES TOUCH HEALTHCARE INC.	1575 INDIAN RIVER BLVD STE C-210	VERO BEACH
ADVOCATE HOME CARE SERVICES LLC	2770 INDIAN RIVER BLVD	VERO BEACH
DOUGLAS HEALTH SERVICES LLC	2803 FLIGHT SAFETY DR	VERO BEACH
INDIAN RIVER PRIVATE DUTY NURSING LLC	3201 CARDINAL DR STE 7	VERO BEACH
LIGHTHOUSE HOME HEALTH CARE	953 OLD DIXIE HWY #B2	VERO BEACH
<b>Nursing Home</b>		
ATLANTIC HEALTHCARE CENTER	3663 15TH AVENUE	VERO BEACH
CONSULATE HEALTH CARE OF VERO BEACH	1310 37TH STREET	VERO BEACH
FLORIDA BAPTIST RETIREMENT CENTER	1006 33RD ST	VERO BEACH
PALM GARDEN OF VERO BEACH	1755 37TH STREET	VERO BEACH
ROYAL PALM HEALTHCARE & REHABILITATION CENTER	2180 10TH AVENUE	VERO BEACH
WILLOWBROOKE COURT AT INDIAN RIVER ESTATES	2200 INDIAN CREEK BLVD WEST	VERO BEACH
<b>Portable X-Ray</b>		
MOBILE IMAGING OF ST LUCIE CITY INC	120 66TH AVE S.W.	VERO BEACH
<b>Rehabilitation Agency</b>		
ADVANCED MOTION THERAPEUTIC MASSAGE INC	2965 20TH ST	VERO BEACH
COMPASS MEDICAL INC	1929 14TH AVE	VERO BEACH
SUNSHINE PHYSICAL THERAPY CLINIC	1705 17TH AVE	VERO BEACH

Data Source: <http://ahca.myflorida.com/>  
 Compiled by Health Council of Southeast Florida

# Indian River County

Community Health Assessment

Teen Pregnancy Supplement



**Indian River Community Health Assessment  
Teen Pregnancy Supplement  
June 2012**

Prepared by:  
Health Council of Southeast Florida



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## **INTRODUCTION AND EXECUTIVE SUMMARY**

Early childbearing is burdensome to teens, their children and society as a whole. Concern about teen pregnancy and its effects is ongoing and continued efforts are necessary to address the issue.

Teen pregnancy prevention efforts are most effective if they are part of a comprehensive youth development framework that encompasses inter-agency collaboration and addresses multiple risk factors. Effective strategies require an understanding of all possible contributing factors, separating fact from myth, and recognizing that much is yet to be understood to effectively address the root causes of teenage pregnancy.

This supplemental report provides the opportunity to:

- Assess the current status on teen pregnancy in Indian River County
- Highlight areas of unmet need
- Present the perspectives of the provider community
- Provide suggestions from key community providers for possible interventions
- Highlight recommendations that policymakers might consider when setting new policy goals and objectives for health improvement activities

The Teen Pregnancy Supplement is organized into two main sections:

**Section 1** provides 2010 maternal and child health data from the Indian River Community Health Assessment. Additionally, the original data is expounded upon and in-depth data is presented on maternal child health, with a specific focus on teen pregnancy.

**Section 2** presents, in the aggregate, information gathered through key informant interviews and focus groups.

### **Key Findings: Section 1**

- From 2008 to 2010 the number of births to mothers with less than a high school education decreased in Indian River and Florida.
- In 2010, the greatest numbers of births in Indian River were to mothers ages 20-29.
- The number of births to mothers ages 10-19 decreased between 2008- 2010 in Indian River and Florida. In 2010 in Indian River the rate was 16.3 per 1,000.
- The rate of births to black mothers ages 15-19 in Indian River in 2010 was 73.2 per 1,000, higher than the rate of birth to all mothers at 31.1 per 1,000.
- Births to mothers with less than a high school education were considerably higher in Indian River to black mothers (28.2%) and Hispanic mothers (47.3%) than in Florida
- In 2009, 9.9% of births in Indian River were covered by emergency Medicaid, higher than the percentage in the state as a whole (8.2%).
- Seventy-three percent of mothers had adequate prenatal care in Indian River in 2010.

## Key Findings: Section 2: Key Informant Interviews & Focus Groups

The following are impressions of key informant interviewees and focus group participants:

- There is increasing awareness among community members that teenage pregnancy occurs every year.
- The media, school peers/ friends and parents are believed to have the greatest influence on teenagers' social attitudes and sexual behaviors.
- Schools are believed to play a pivotal role in educating teenagers about the dangers of early sexual activity.
- More information needs to be made available to teenagers as to available services and community resources.
- Parents need to be taught how to communicate early and often with their teenage children on issues related to teen pregnancy, sexually transmitted diseases (STDs) and HIV prevention.
- Teens reported that 'classmates, peers and friends' and 'boyfriend/girlfriend' influence them most regarding dating, sexual attitudes and/or behaviors.
- The most frequent responses among teens regarding where they go for information on sexual-related topics were: "mother", "internet" and "classmates, peers and friends".
- "Pressure from boyfriend/girlfriend" and "lack of direction/poor communication with parents" were identified by teenagers as the biggest factors contributing to teen pregnancy.

Key recommendations by community health providers and focus group participants include:

- Increase access and remove barriers to providing appropriate and comprehensive sexual education in public schools (e.g. middle schools and high schools).
- Have resources and referral information readily available for youths and families.
- Increase access to sexual and reproductive health care and counseling services.
- Educate parents on how to communicate with their children openly about sexuality.
- Work with youths and families to facilitate communication about responsible sexuality.
- Advocate for policies that protect the confidentiality of youths seeking health care services.
- Teens indicated that increased education, entertainment/activities and communication with parents are important in reducing teenage pregnancy.
- Teens expressed desire for more activities outside the classroom and more education about sexual topics in school.

## **METHODOLOGY**

At the request of the Indian River County Health Department, the Health Council of Southeast Florida (HCSEF) conducted this teen pregnancy component of the community health needs assessment. Quantitative and qualitative methods were used to gather primary and secondary data. Data presented in the first section is secondary, quantitative data on several maternal and child health-related indicators. Secondary data was gathered primarily from the Florida Department of Health Bureau of Vital Statistics and FloridaCHARTS. Data presented in the second section of this report contains primary data obtained through key informant interviews and focus groups for the purpose of gathering community perspectives.

All data was collected and analyzed to enable and guide healthcare providers, managers, health and program planners, local health department officials, and community leaders at regional and local levels to identify health indicators that present areas of concern and interest for the residents of Indian River County. The information provided in this needs assessment may be used to identify opportunities to change and improve future health planning activities.

# MATERNAL AND CHILD HEALTH DATA

## PRENATAL CARE ACCESS

Table 1 shows prenatal care status of births in Indian River and the state of Florida as a whole in 2008, 2009 and 2010. Using the Kotelchuck Index to determine adequate care, the percentage of births in Indian River where the mother had adequate prenatal care was 72.9% in 2010, up from 67.7% in 2008. A greater percentage of births were to mothers who had received prenatal care during the first trimester in Florida than in Indian River. However, Florida as a whole had a slightly higher percentage of births to mothers with no prenatal care.

Table 1: Prenatal Care, Indian River, Florida, 2008, 2009, 2010

	Indian River						Florida					
	2008	2009	2010	2008	2009	2010	2008	2009	2010	2008	2009	2010
	Count			Percentage			Count			Percentage		
Births to Mothers With No Prenatal Care	9	15	14	0.7%	1.3%	1.1%	4,230	3,315	2,686	2%	1.7%	1.4%
Births to Mothers With First Trimester Prenatal Care	935	822	883	72.1%	68.9%	72.4%	159,426	154,752	147,843	76.9%	78.3%	79.3%
Births to Mothers With 2nd Trimester Prenatal Care	291	309	257	22.5%	25.9%	21.1%	35,958	33,051	30,034	17.3%	16.7%	16.1%
Births to Mothers With 3rd Trimester Prenatal Care	61	47	65	4.7%	3.9%	5.3%	7,710	6,575	5,810	3.7%	3.3%	3.1%
Births with adequate prenatal care (Kotelchuck index)	877	862	889	67.7%	72.3%	72.9%	142,059	138,142	131,093	68.5%	69.9%	70.3%

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2009

Notes: Percentage is calculated using denominator of number of births with known PNC status

\*Adequate care determine by Kotelchuck Index (Indicates that prenatal care begun by at least the 4th month and at least 80% of recommended prenatal visits were received.)

Compiled by: Health Council of Southeast Florida, 2012

## BIRTH RATES

### *Total Births*

Table 2 shows the total count for resident live births in Indian River County and Florida for 2008, 2009 and 2010. The rate per 1,000 individuals was lower in Indian River for all three years shown and ranged from 9.0 – 9.7 per 1,000.

Table 2: Total Resident Live Births, Indian River, Florida, 2008, 2009, 2010

County	Number of Total Births			Rate Per 1,000		
	2008	2009	2010	2008	2009	2010
Florida	231,417	221,391	214,519	12.3	11.8	11.4
Indian River	1,373	1,278	1,305	9.7	9.0	9.2

Source: FloridaCHARTS

Compiled by: Health Council of Southeast Florida, 2012

Data Notes: Rates calculated using July 1 population estimates from the Office of the Governor.

### *Birth Rates by Age of Mother*

Table 3 shows birth counts organized by the mother's age. The greatest numbers of births in Indian River and in Florida were to mothers 20-29 years of age.

Table 3: Number of Births to Mothers by Age Category, Indian River and Florida, 2008, 2009, 2010

	Indian River			Florida		
	2008	2009	2010	2008	2009	2010
Births to Mothers Ages 10-14	1	1	3	356	262	250
Births to Mothers Ages 14-18	95	87	74	14,540	12,877	11,054
Births to Mothers Ages 15-19	164	143	116	24,089	22,016	19,142
Births to Mothers Ages 20-29	761	735	697	123,214	118,162	113,762
Births to Mothers Ages 30+	447	399	488	83,749	80,945	81,336

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2010

Compiled by: Health Council of Southeast Florida, 2012

Table 4 shows birth rates per 1,000 by mother's age in Indian River and Florida. The birth rates to mothers 10-14, 14-18 and 15-19 were similar between Indian River and Florida in the time period shown. The birth rate to mothers 20-29 was consistently higher in Indian River than in Florida, and the birth rate to mothers 30 and over was consistently higher in Florida.

Table 4: Births Rates per 1,000 Women by Age Category, Indian River and Florida, 2008, 2009, 2010

	Indian River			Florida		
	2008	2009	2010	2008	2009	2010
Births to Mothers Ages 10-14	0.3	0.3	0.8	0.6	0.5	0.5
Births to Mothers Ages 14-18	24.6	22.8	19.5	24.7	22.1	19.1
Births to Mothers Ages 15-19	43.3	38.1	31.1	40.7	37.4	32.8
Births to Mothers Ages 20-29	121.7	116.5	109.4	106.8	101.9	97.7
Births to Mothers Ages 30+	8.5	7.6	9.2	13.6	13.1	13.2

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2010

Rates calculated using July 1 population estimates from the Office of the Governor, denominator is number of females in age group

Compiled by: Health Council of Southeast Florida, 2012

### ***Teenage Birth Rates and Repeat Teenage Birth Rates***

Table 5 shows the number of repeat births by mother's age in Indian River and in Florida in 2008, 2009 and 2010.

Table 5: Number of Repeat Births to Mothers by Age Category, Indian River and Florida, 2008, 2009, 2010

	Indian River			Florida		
	2008	2009	2010	2008	2009	2010
Repeat Births to Mothers 10-12	0	0	0	0	0	0
Repeat Births to Mothers 15-17	7	3	1	713	598	486
Repeat Births to Mothers Ages 15-19	28	18	21	4461	4163	3412
Repeat Births to Mothers 18-19	21	15	x	3748	3522	x

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2009

Compiled by: Health Council of Southeast Florida, 2012

Table 6 shows the percent of repeat births by mother's age in Indian River and in Florida. Rate of repeats births is calculated by dividing the number of repeat births to mothers in an age group by the number of births to mothers in that age group. Due to the relatively low number of repeat births in some categories, small changes in counts can greatly affect the rate.

Table 6: Percent of Repeat Births to Women by Age Category, Indian River and Florida, 2008, 2009, 2010

	Indian River			Florida		
	2008	2009	2010	2008	2009	2010
Repeat Births to Mothers 10-12	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Repeat Births to Mothers 15-17	15.2%	6.0%	2.9%	9.8%	9.5%	9.0%
Repeat Births to Mothers Ages 15-19	17.1%	12.6%	18.1%	18.5%	18.9%	17.8%
Repeat Births to Mothers 18-19	17.8%	16.1%	x	22.3%	22.4%	x

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2009

Rates calculated using July 1 population estimates from the Office of the Governor, denominator is number of births to mothers in age category

Compiled by: Health Council of Southeast Florida, 2011

## BIRTH WEIGHT

### *Very Low Birth Weight*

Proper prenatal care and healthy behaviors during pregnancy can reduce the likelihood of low birth weight babies. Table 7 shows the count and percent of live births classified as "very low birth weight", meaning less than 1500 grams. In 2010, the percentage was 1.1% in Indian River, slightly lower than the 1.6% in Florida as a whole.

Table 7: Live Births Under 1500 Grams to All Mothers, Indian River and Florida, 2008, 2009, 2010

County	Number of VLBW Births			Number of Total Births			Rate Percent		
	2008	2009	2010	2008	2009	2010	2008	2009	2010
Florida	3,851	3,544	3,522	231,417	221,391	214,519	1.7%	1.6%	1.6%
Indian River	15	15	15	1,373	1,278	1,305	1.1%	1.2%	1.1%

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2009

Compiled by: Health Council of Southeast Florida, 2011

## Low Birth Weight

Table 8 shows the count and percent of live births classified as “low birth weight”, meaning less than 2500 grams. In 2010, the percentage was 7.9% in Indian River, slightly less than the 8.7% in Florida as a whole.

Table 8: Live Births Under 2500 Grams to All Mothers, Indian River and Florida, 2008, 2009, 2010

County	Number of LBW Births			Number of Total Births			Rate Percent		
	2008	2009	2010	2008	2009	2010	2008	2009	2010
Florida	20,369	19,297	18,719	231,417	221,391	214,519	8.8%	8.7%	8.7%
Indian River	80	92	103	1,373	1,278	1,305	5.8%	7.2%	7.9%

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2010

Compiled by: Health Council of Southeast Florida, 2012

## INFANT MORTALITY

### Infant Mortality

Infant mortality is the death of an infant 0-364 days old. Infant mortality in Indian River County ranged between 4.7 and 8.4 per 1,000 live births in 2008-2010. The lowest rate was in 2009. Due to the relatively small number of infant deaths and infant births, small changes in the counts can greatly affect the rate. The average rate per 1,000 live births over the three years in Indian River was 7.0, similar to the rate in Florida which averaged 6.9 per 1,000 during the same time period.

Table 9: Total Infant Mortality (0-364 days), Indian River and Florida, 2008, 2009, 2010

County	Number of Infant Deaths			Number of Total Live Births			Rate Per 1,000		
	2008	2009	2010	2008	2009	2010	2008	2009	2010
Florida	1,667	1,525	1,400	231,417	221,391	214,519	7.2	6.9	6.5
Indian River	11	6	11	1,373	1,278	1,305	8.0	4.7	8.4

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2009

Compiled by: Health Council of Southeast Florida, 2011

## Neonatal Mortality

Neonatal mortality is that death of an infant 0-27 days old. Neonatal mortality in Indian River County ranged from 3.1 to 6.6 per 1,000 live births between 2008 and 2010. Due to the relatively small number of infant deaths and infant births, small changes in the counts can greatly affect the rate. The average rate per 1,000 live births over the three years was 5.0, slightly greater than Florida's rate which ranged from 4.3 - 4.6 per 1,000 live births.

Table 10: Neonatal Mortality (0 - 27 days), Indian River and Florida, 2008, 2009, 2010

County	Number of Neonatal Deaths			Number of Total Live Births			Rate Per 1,000		
	2008	2009	2010	2008	2009	2010	2008	2009	2010
Florida	1,061	995	929	231,417	221,391	214,519	4.6	4.5	4.3
Indian River	9	4	7	1,373	1,278	1,305	6.6	3.1	5.4

FloridaCHARTS.com is provided by the Florida Department of Health, Office of Health Statistics and Assessment

Data Source: Florida Department of Health, Bureau of Vital Statistics

## TEEN PREGNANCY

### BIRTHS TO MOTHERS BY AGE CATEGORY

Table 11 shows births to mothers ages 10-19 in all Florida counties. The table is sorted in descending order based on the 2010 rate. The rate is calculated using the number of females in the age group as the denominator. In 2010, the rate per 1,000 in Indian River was 16.3, lower than the 2008 rate of 22.1. Indian River's 2010 rate was lower than Florida's as a whole which was 17.1 per 1,000.

Table 11: Births to Mothers Ages 10-19, Florida counties, 2008, 2009, 2010

County	Number of Births to Mothers 10-19			Number of Females 10-19			Rate Per 1,000		
	2008	2009	2010	2008	2009	2010	2008	2009	2010
Hamilton	31	35	34	865	856	850	35.8	40.9	40
Hardee	95	93	72	1,904	1,917	1,891	49.9	48.5	38.1
Baker	61	53	63	1,729	1,720	1,699	35.3	30.8	37.1
Lafayette	12	9	17	422	436	470	28.4	20.6	36.2
Bradford	67	43	53	1,531	1,502	1,474	43.8	28.6	36
Franklin	22	21	19	575	563	539	38.3	37.3	35.3
Hendry	108	108	101	3,087	3,068	2,934	35	35.2	34.4
Gadsden	118	115	105	3,245	3,215	3,070	36.4	35.8	34.2
Taylor	44	53	43	1,347	1,335	1,275	32.7	39.7	33.7
Okeechobee	100	103	89	2,684	2,668	2,665	37.3	38.6	33.4
DeSoto	75	68	64	2,005	1,979	1,940	37.4	34.4	33
Putnam	207	160	149	4,763	4,686	4,577	43.5	34.1	32.6
Suwannee	94	75	73	2,365	2,338	2,349	39.7	32.1	31.1
Columbia	149	141	125	4,154	4,133	4,097	35.9	34.1	30.5
Calhoun	30	25	26	881	875	866	34.1	28.6	30
Bay	320	311	286	9,910	9,773	9,650	32.3	31.8	29.6
Union	34	23	24	895	907	902	38	25.4	26.6
Highlands	150	120	130	5,082	5,049	4,932	29.5	23.8	26.4
Dixie	24	29	23	906	898	897	26.5	32.3	25.6
Holmes	38	39	30	1,230	1,222	1,194	30.9	31.9	25.1
Polk	1085	1094	922	37,432	36,992	36,762	29	29.6	25.1
Marion	532	523	438	18,795	18,501	18,149	28.3	28.3	24.1
Washington	50	44	36	1,536	1,557	1,498	32.6	28.3	24
Levy	76	72	57	2,581	2,555	2,495	29.4	28.2	22.8
Citrus	156	149	144	6,631	6,567	6,440	23.5	22.7	22.4
Jefferson	23	21	17	803	782	760	28.6	26.9	22.4
Escambia	592	591	464	21,500	21,252	20,812	27.5	27.8	22.3
Jackson	100	84	61	2,856	2,853	2,780	35	29.4	21.9

Nassau	116	96	98	4,593	4,593	4,478	25.3	20.9	21.9
Manatee	498	481	370	17,414	17,263	17,111	28.6	27.9	21.6
Lake	420	380	334	15,616	15,603	15,570	26.9	24.4	21.5
Duval	1479	1351	1222	60,260	59,527	58,073	24.5	22.7	21
Walton	96	68	63	3,211	3,142	3,059	29.9	21.6	20.6
Wakulla	31	34	36	1,895	1,898	1,783	16.4	17.9	20.2
Hillsborough	2046	1848	1628	82,374	81,990	81,608	24.8	22.5	19.9
Sumter	78	89	80	3,875	3,952	4,084	20.1	22.5	19.6
Gulf	14	24	16	883	859	819	15.9	27.9	19.5
Okaloosa	250	227	225	12,247	11,999	11,819	20.4	18.9	19
Liberty	12	10	9	480	494	485	25	20.2	18.6
Madison	43	37	21	1,228	1,188	1,150	35	31.1	18.3
St. Lucie	388	346	296	16,981	16,606	16,428	22.8	20.8	18
Hernando	168	162	157	9,014	9,022	8,885	18.6	18	17.7
State Total	24445	22278	19392	1,161,699	1,148,682	1,136,803	21	19.4	17.1
Pinellas	1035	904	803	48,515	47,558	47,015	21.3	19	17.1
Lee	792	686	551	33,295	32,816	32,400	23.8	20.9	17
Osceola	473	416	357	21,193	21,310	20,946	22.3	19.5	17
Volusia	649	557	486	29,738	29,267	28,754	21.8	19	16.9
Flagler	90	90	86	5,232	5,183	5,179	17.2	17.4	16.6
Gilchrist	24	21	17	1,054	1,040	1,022	22.8	20.2	16.6
Indian River	165	144	119	7,457	7,356	7,284	22.1	19.6	16.3
Orange	1678	1464	1247	77,679	76,983	76,438	21.6	19	16.3
Santa Rosa	198	167	149	9,864	9,789	9,664	20.1	17.1	15.4
Collier	368	335	267	17,835	17,632	17,553	20.6	19	15.2
Sarasota	273	257	266	18,090	17,897	17,663	15.1	14.4	15.1
Charlotte	130	120	108	7,412	7,339	7,238	17.5	16.4	14.9
Clay	240	223	208	14,256	14,148	14,009	16.8	15.8	14.8
Pasco	512	452	385	25,954	25,854	26,017	19.7	17.5	14.8
Martin	125	122	103	7,309	7,186	7,145	17.1	17	14.4
Miami-Dade	2956	2642	2250	161,469	159,421	157,561	18.3	16.6	14.3
Glades	16	21	9	658	660	640	24.3	31.8	14.1
Palm Beach	1360	1196	1032	75,922	74,872	74,371	17.9	16	13.9
Alachua	306	303	249	18,222	18,041	18,173	16.8	16.8	13.7
Brevard	537	440	430	33,068	32,417	31,743	16.2	13.6	13.5
Broward	1651	1532	1339	110,577	109,170	108,696	14.9	14	12.3
Leon	267	271	252	21,562	21,336	21,247	12.4	12.7	11.9
Seminole	385	362	306	28,445	27,930	27,617	13.5	13	11.1
St. Johns	127	132	120	11,601	11,723	11,613	10.9	11.3	10.3
Monroe	40	51	31	3,507	3,419	3,496	11.4	14.9	8.9

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics

Compiled by: Health Council of Southeast Florida, 2012

Figure 1 shows rates per 1,000 births to mothers 10-14 in Indian River and Florida and number of births to mothers 10-14 in Indian River from 2001-2010. The bar graph illustrates the number of births in Indian River and corresponds to the numbers on the right, vertical axis. The rates are shown as line graphs and correspond to the left, vertical axis.

Figure 1: Births to Mother Ages 10-14, Rates and Counts, Indian River and Florida, 2001-2010

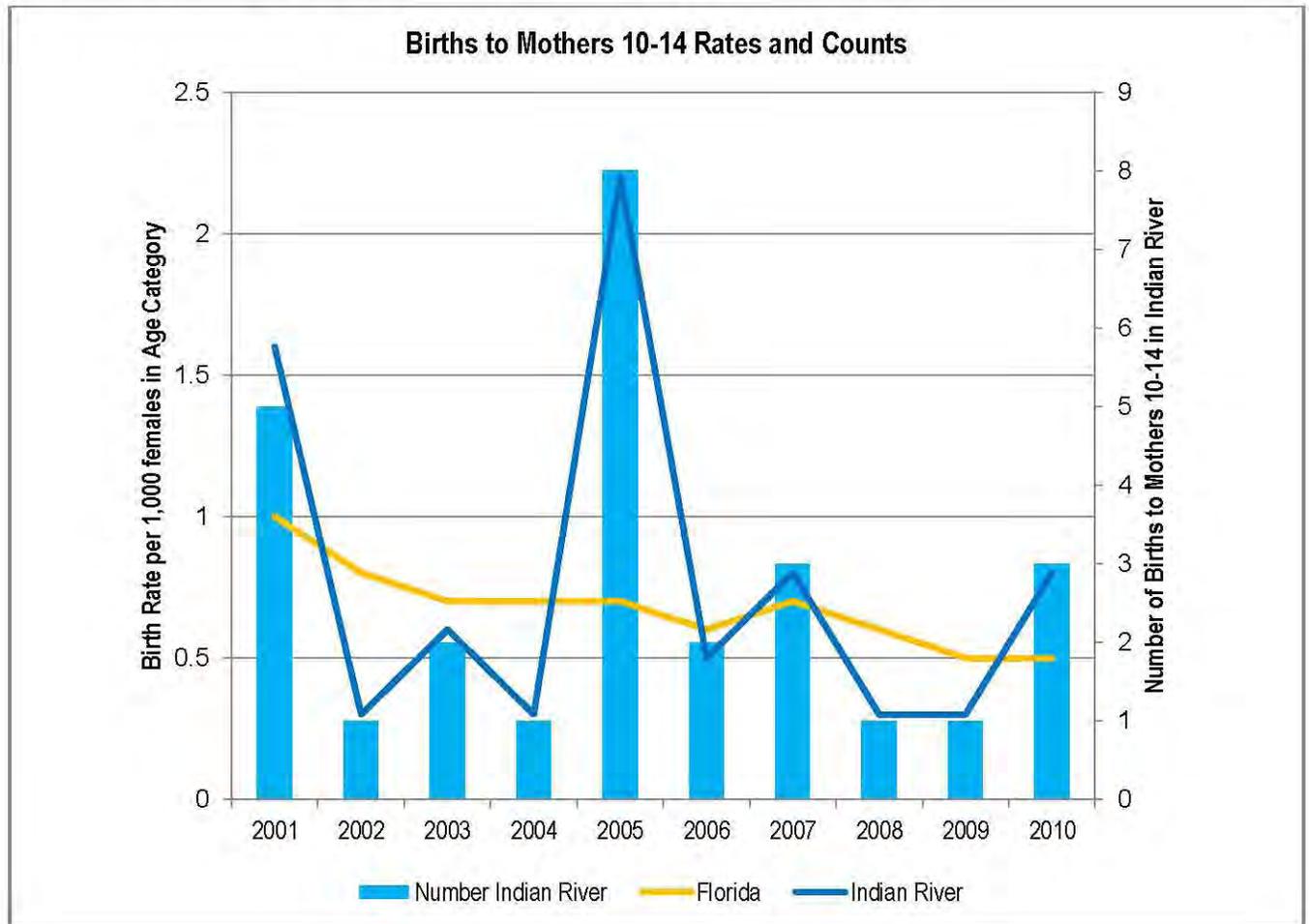


Table 12 shows the number of births and the birth rate per 1,000 to mothers ages 10-14 in Florida and Indian River in 2008, 2009 and 2010 by race and ethnicity. Rates are calculated using the number of females in the demographic group as the denominator.

Table 12: Births to Mothers Ages 10-14, Florida, Indian River 2008, 2009, 2010

Births to all Mother Ages 10-14						
	Number of Births to Mothers 10-14			Rate Per 1,000		
	2008	2009	2010	2008	2009	2010
Florida	356	262	250	0.6	0.5	0.5
Indian River	1	1	3	0.3	0.3	0.8
Births to White Mothers Ages 10-14						
	Number of Births to White Mothers 10-14			Rate Per 1,000		
	2008	2009	2010	2008	2009	2010
Florida	163	115	131	0.4	0.3	0.3
Indian River	0	1	1	0	0.3	0.3
Births to Black Mothers Ages 10-14						
	Number of Births to Black Mothers 10-14			Rate Per 1,000		
	2008	2009	2010	2008	2009	2010
Florida	183	133	110	1.5	1.1	0.9
Indian River	1	0	1	2	0	2
Births to Hispanic Mothers Ages 10-14						
	Number of Births to Hispanic Mothers 10-14			Rate Per 1,000		
	2008	2009	2010	2008	2009	2010
Florida	99	70	79	0.7	0.5	0.6
Indian River	0	1	2	0	1.8	3.5

Source: FloridaCHARTS

Compiled by: Health Council of Southeast Florida, 2012

Data Notes: Rates calculated using July 1 population estimates from the Office of the Governor

Figure 2 shows rates per 1,000 of births to mothers 10-16 in Indian River and Florida and number of births to mothers 10-16 in Indian River from 2001-2010. The bar graph illustrates the number of births in Indian River and corresponds to the numbers on the right, vertical axis. The rates are shown as line graphs and correspond to the left, vertical axis.

Figure 2: Births to Mothers Ages 10-16 Rates and Counts, Indian River and Florida, 2001-2010

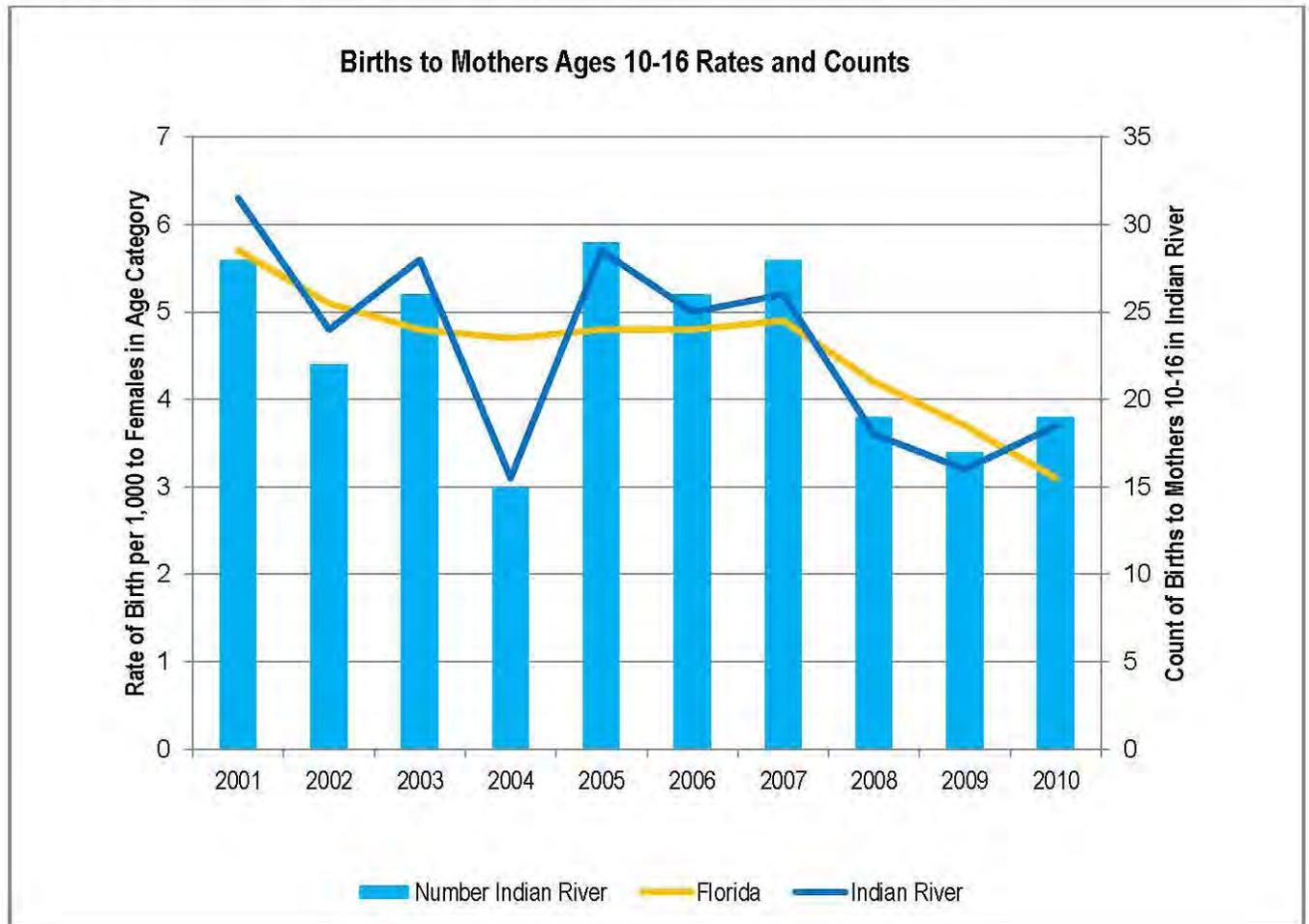


Figure 3 shows rates per 1,000 of births to mothers 13-15 in Indian River and Florida and number of births to mothers 13-15 in Indian River from 2001-2010. The bar graph illustrates the number of births in Indian River and corresponds to the numbers on the right, vertical axis. The rates are shown as line graphs and correspond to the left, vertical axis.

Figure 3: Births to Mothers Ages 13-15, Rates and Counts, Indian River and Florida, 2001-2010

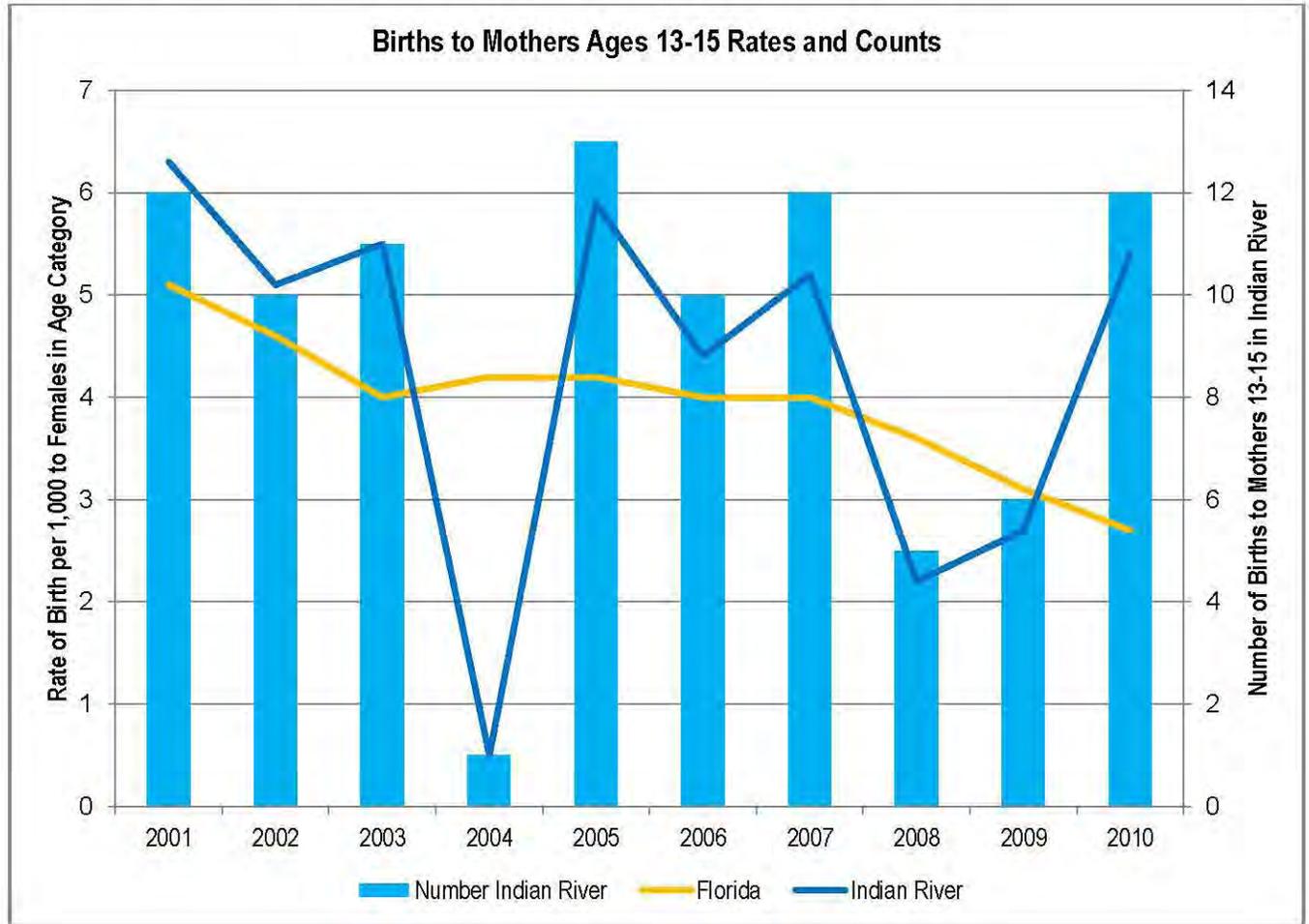


Figure 4 shows rates per 1,000 of births to mothers 13-16 in Indian River and Florida and number of births to mothers 13-16 in Indian River from 2001-2010. The bar graph illustrates the number of births in Indian River and corresponds to the numbers on the right, vertical axis. The rates are shown as line graphs and correspond to the left, vertical axis.

Figure 4: Births to Mothers Ages 13-16 Rates and Counts, Indian River and Florida, 2001-2010

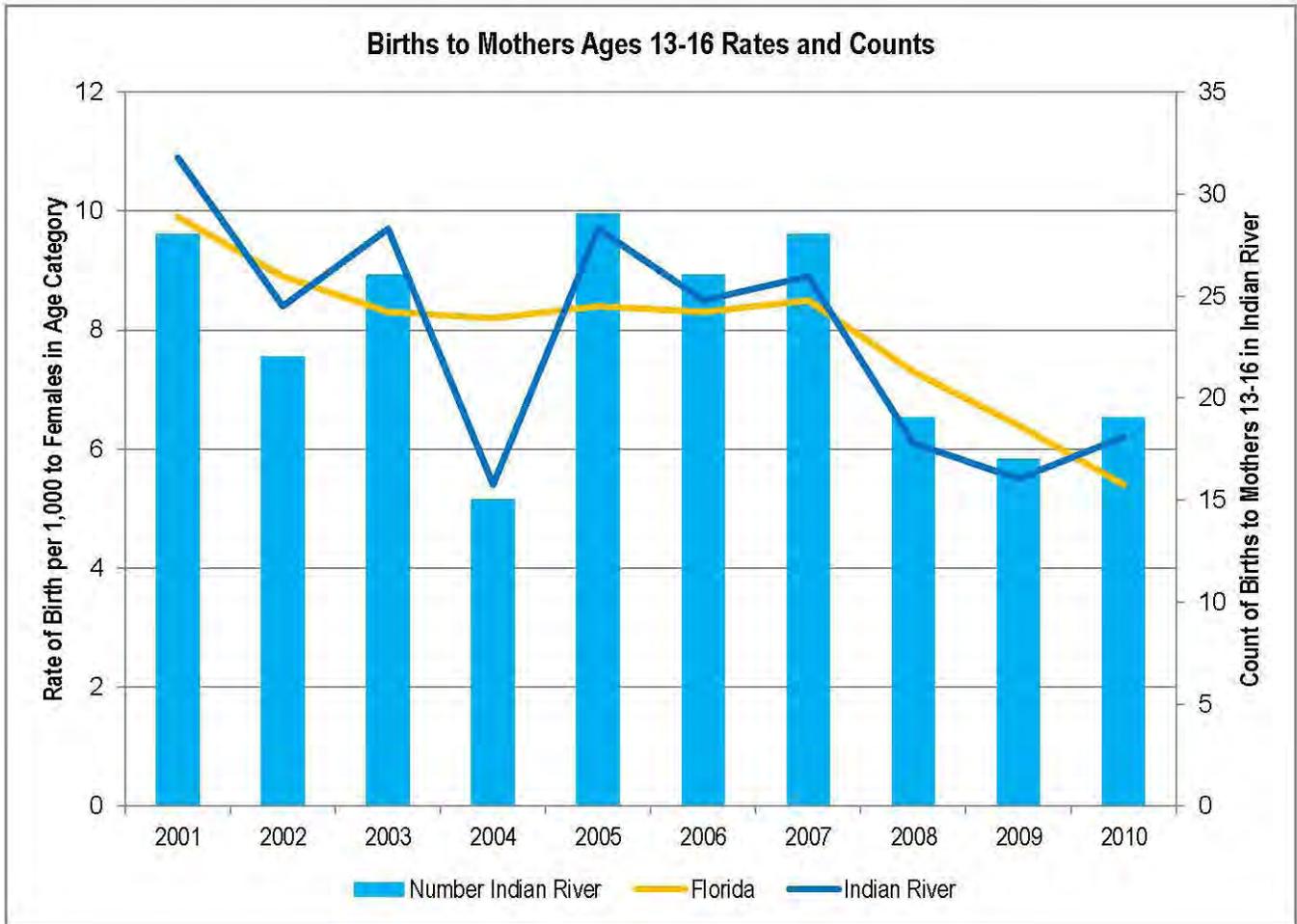


Figure 5 shows rates per 1,000 of births to mothers 14-18 in Indian River and Florida and number of births to mothers 14-18 in Indian River from 2001-2010. The bar graph illustrates the number of births in Indian River and corresponds to the numbers on the right, vertical axis. The rates are shown as line graphs and correspond to the left, vertical axis.

Figure 5: Births to Mothers Ages 14-18 Rates and Counts, Indian River and Florida, 2001-2010

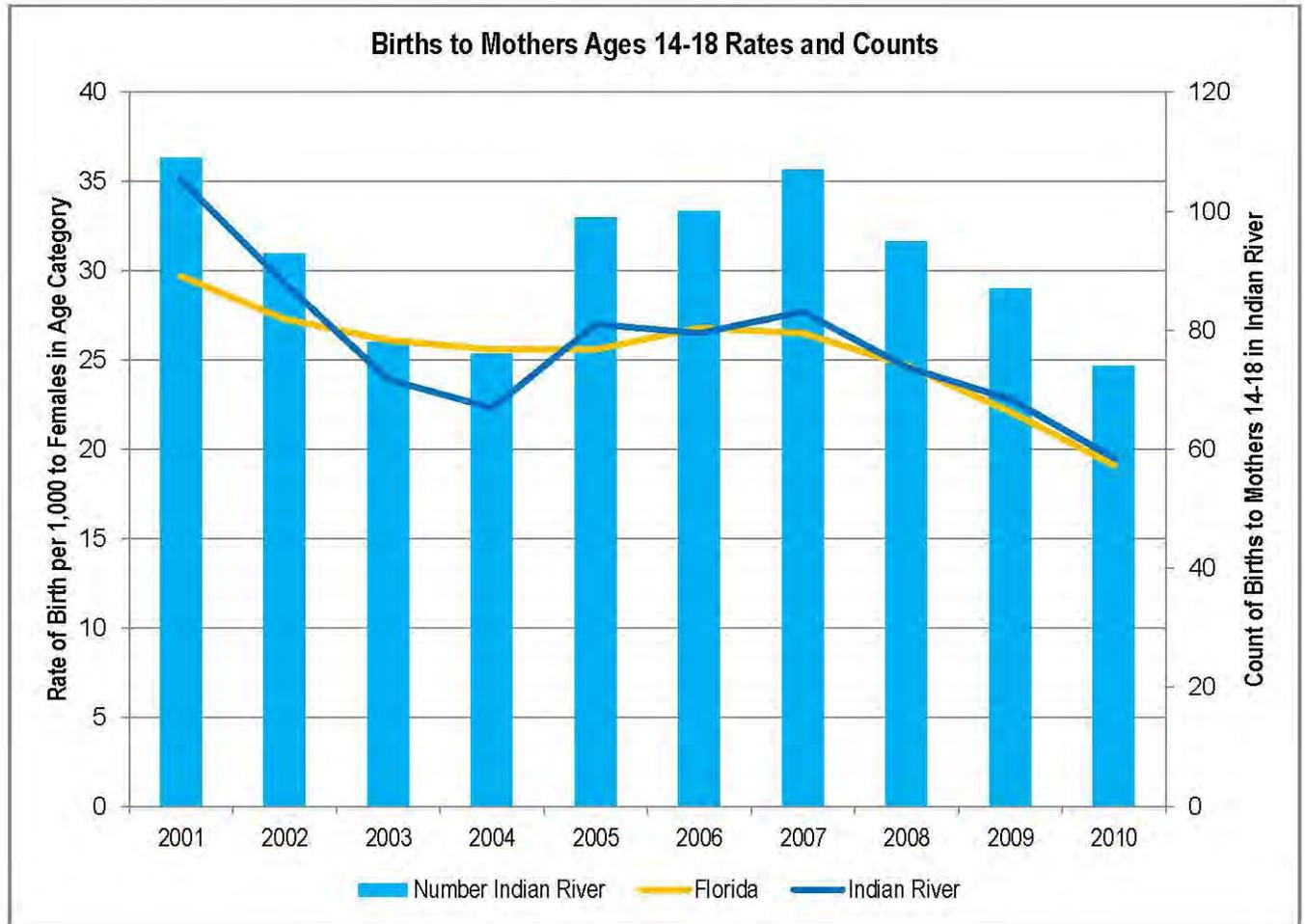


Figure 6 shows rates per 1,000 of births to mothers 15-17 in Indian River and Florida and number of births to mothers 15-17 in Indian River from 2001-2010. The bar graph illustrates the number of births in Indian River and corresponds to the numbers on the right, vertical axis. The rates are shown as line graphs and correspond to the left, vertical axis.

Figure 6: Births to Mothers Ages 15-17 Rates and Counts, Indian River and Florida, 2001-2010

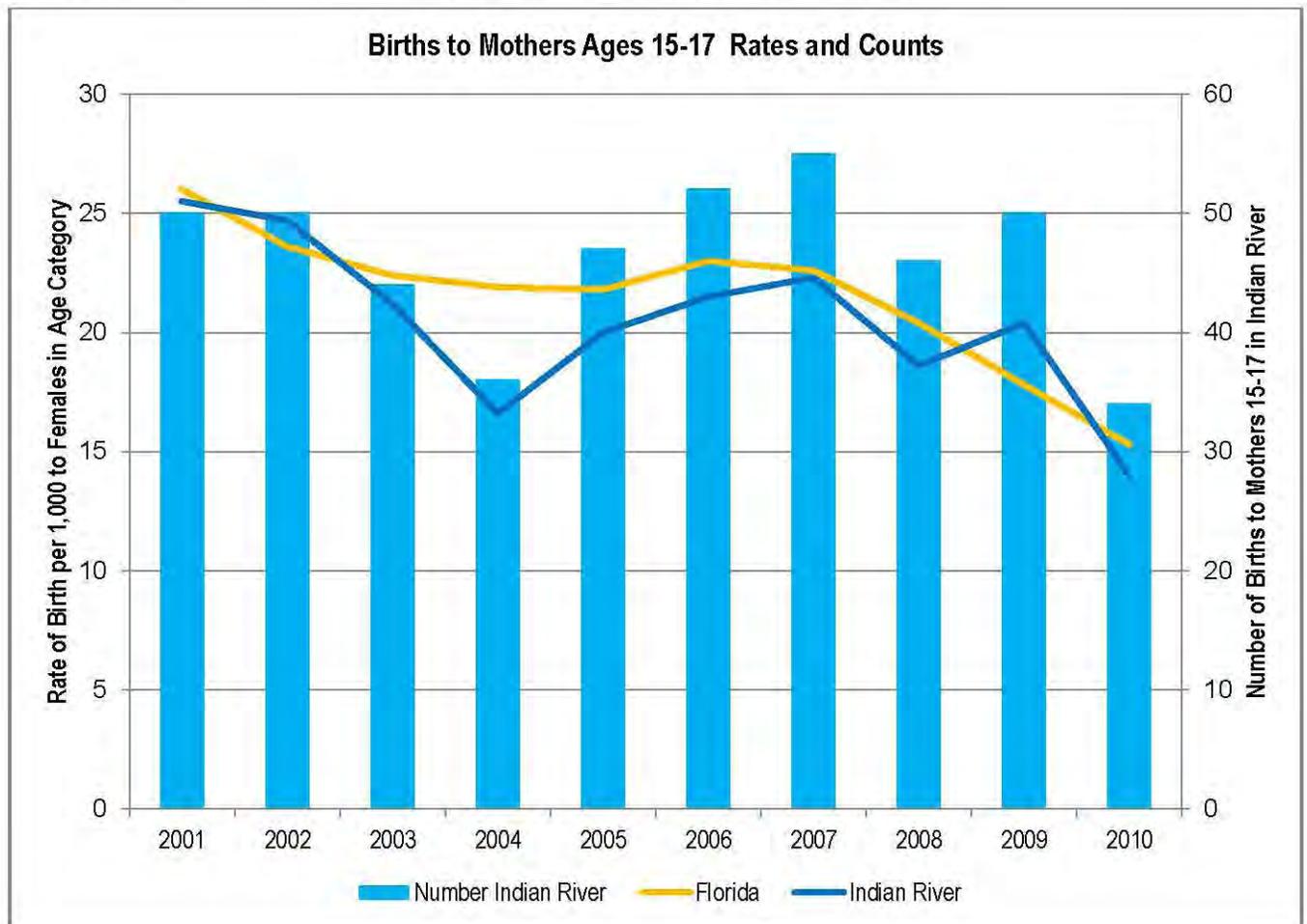


Figure 7 shows rates per 1,000 of births to mothers 18-19 in Indian River and Florida and number of births to mothers 18-19 in Indian River from 2001-2010. The bar graph illustrates the number of births in Indian River and corresponds to the numbers on the right, vertical axis. The rates are shown as line graphs and correspond to the left, vertical axis.

Figure 7: Births to Mothers Ages 18-19 Rates and Counts, Indian River and Florida, 2001-2010

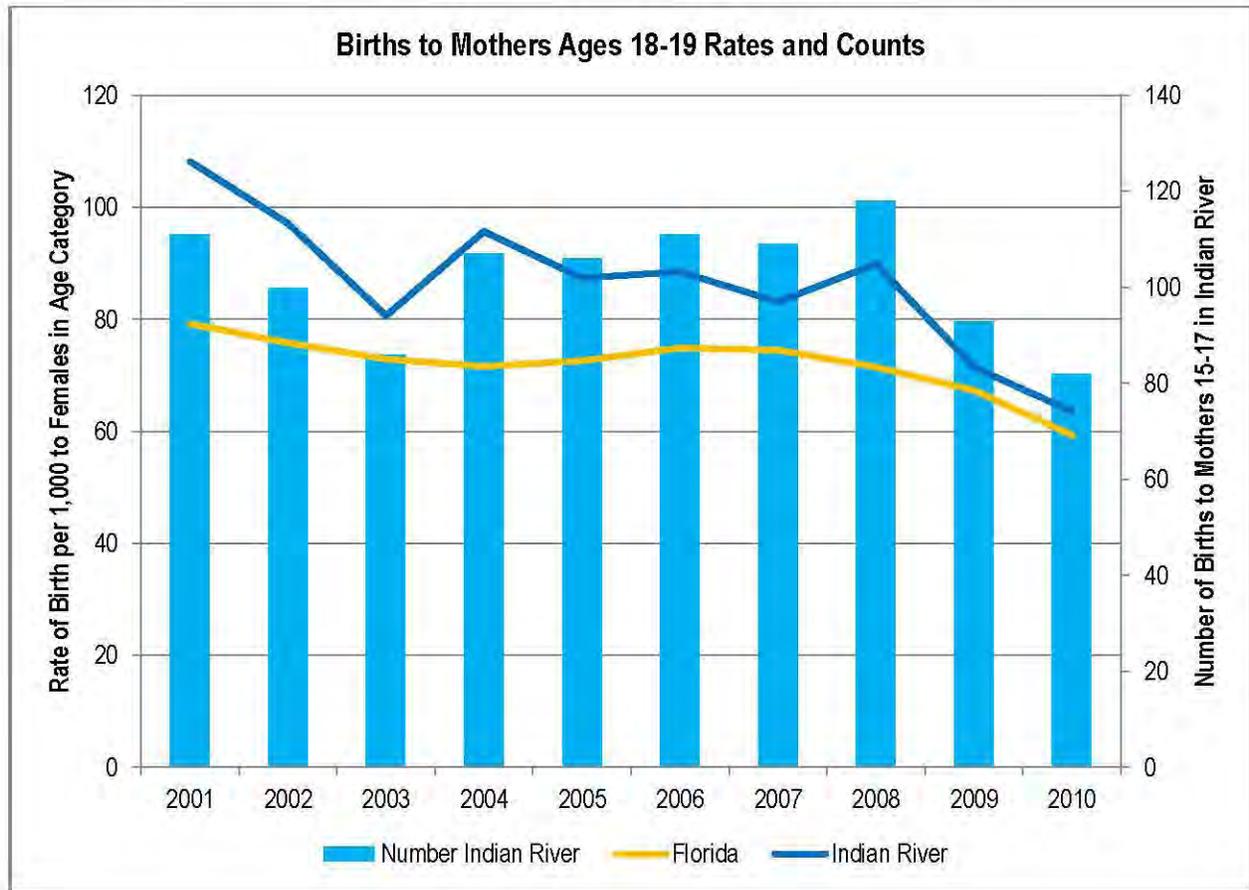


Table 13 shows the number of births and the birth rate per 1,000 to mothers ages 15-19 in Florida and Indian River in 2008, 2009 and 2010 by race and ethnicity. Rates are calculated using the total number of females in the demographic group as the denominator.

Table 13: Births to Mothers Ages 15-19, Florida, Indian River 2008, 2009, 2010

Births to Mothers Ages 15-19						
	Number of Births to Mothers 15-19			Rate Per 1,000		
	2008	2009	2010	2008	2009	2010
Florida	24,089	22,016	19,142	40.7	37.4	32.8
Indian River	164	143	116	43.3	38.1	31.1
Births to White Mothers Ages 15-19						
	Number of Births to White Mothers 15-19			Rate Per 1,000		
	2008	2009	2010	2008	2009	2010
Florida	15,205	13,713	11,790	34.7	31.5	27.3
Indian River	108	103	60	34.2	32.8	19.3
Births to Black Mothers Ages 15-19						
	Number of Births to Black Mothers 15-19			Rate Per 1,000		
	2008	2009	2010	2008	2009	2010
Florida	8,067	7,595	6,679	61.3	58.3	51.8
Indian River	51	37	39	94.1	69.8	73.2
Births to Hispanic Mothers Ages 15-19						
	Number of Births to Hispanic Mothers 15-19			Rate Per 1,000		
	2008	2009	2010	2008	2009	2010
Florida	6,878	6,045	5,109	48.7	42.9	35.3
Indian River	44	35	21	73.7	59	35.1

Source: FloridaCHARTS

Compiled by: Health Council of Southeast Florida, 2012

Data Notes: Rates calculated using July 1 population estimates from the Office of the Governor.

## REPEAT BIRTHS TO MOTHERS BY AGE CATEGORY

Figure 8 shows rate/percent of repeat births to mothers 15-17 in Indian River and Florida and number of births to mothers 15-17 in Indian River from 2001-2010. Rate of repeats births is calculated by dividing the number of repeat births to mothers in an age group by the number of births to mothers in that age group. The bar graph illustrates the number of repeat births in Indian River and corresponds to the numbers on the right, vertical axis. The rates/percentages are shown as line graphs and correspond to the left, vertical axis.

Figure 8: Repeat Births to Mothers Ages 15-17 Rates and Counts, Indian River and Florida, 2001-2010

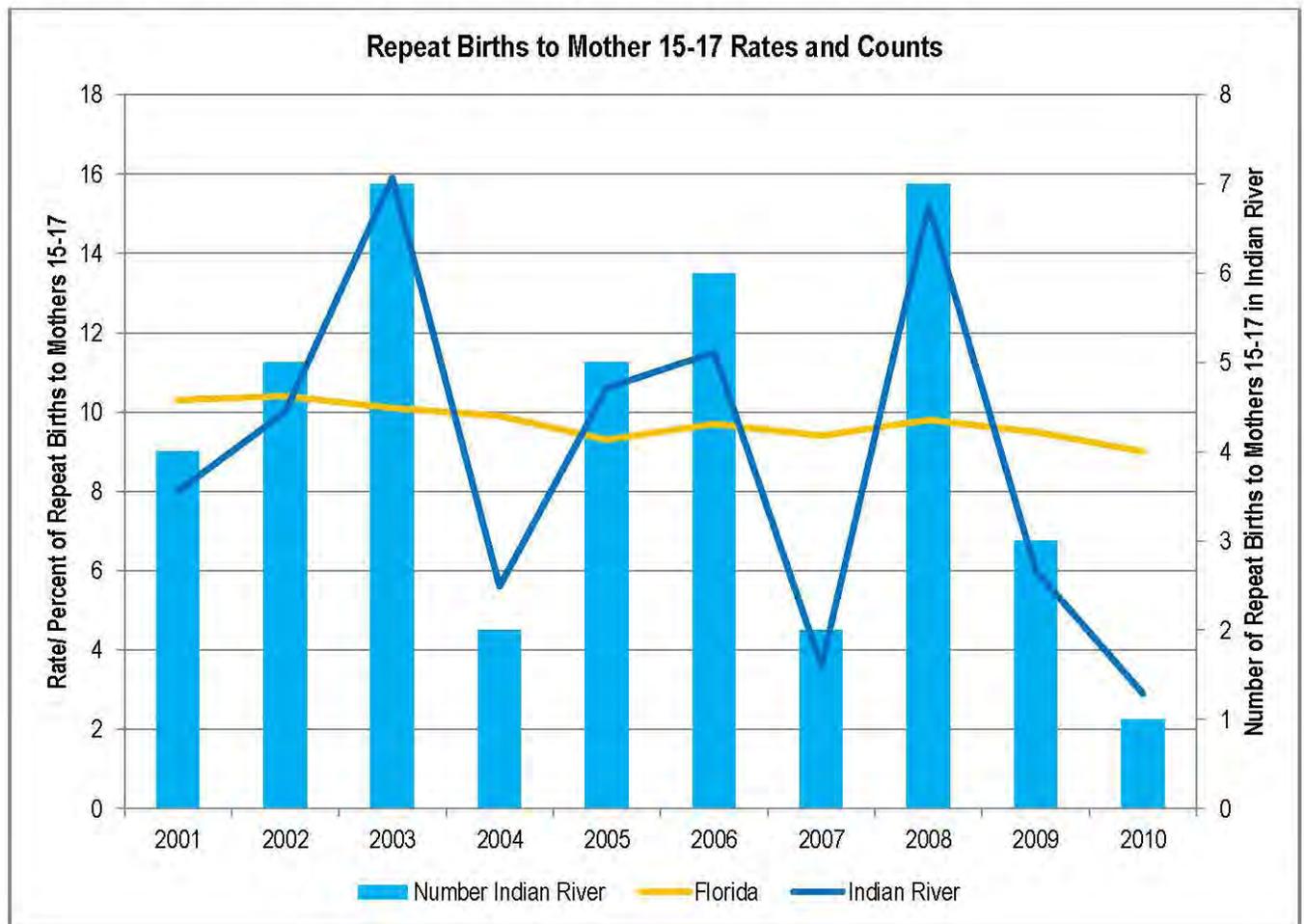
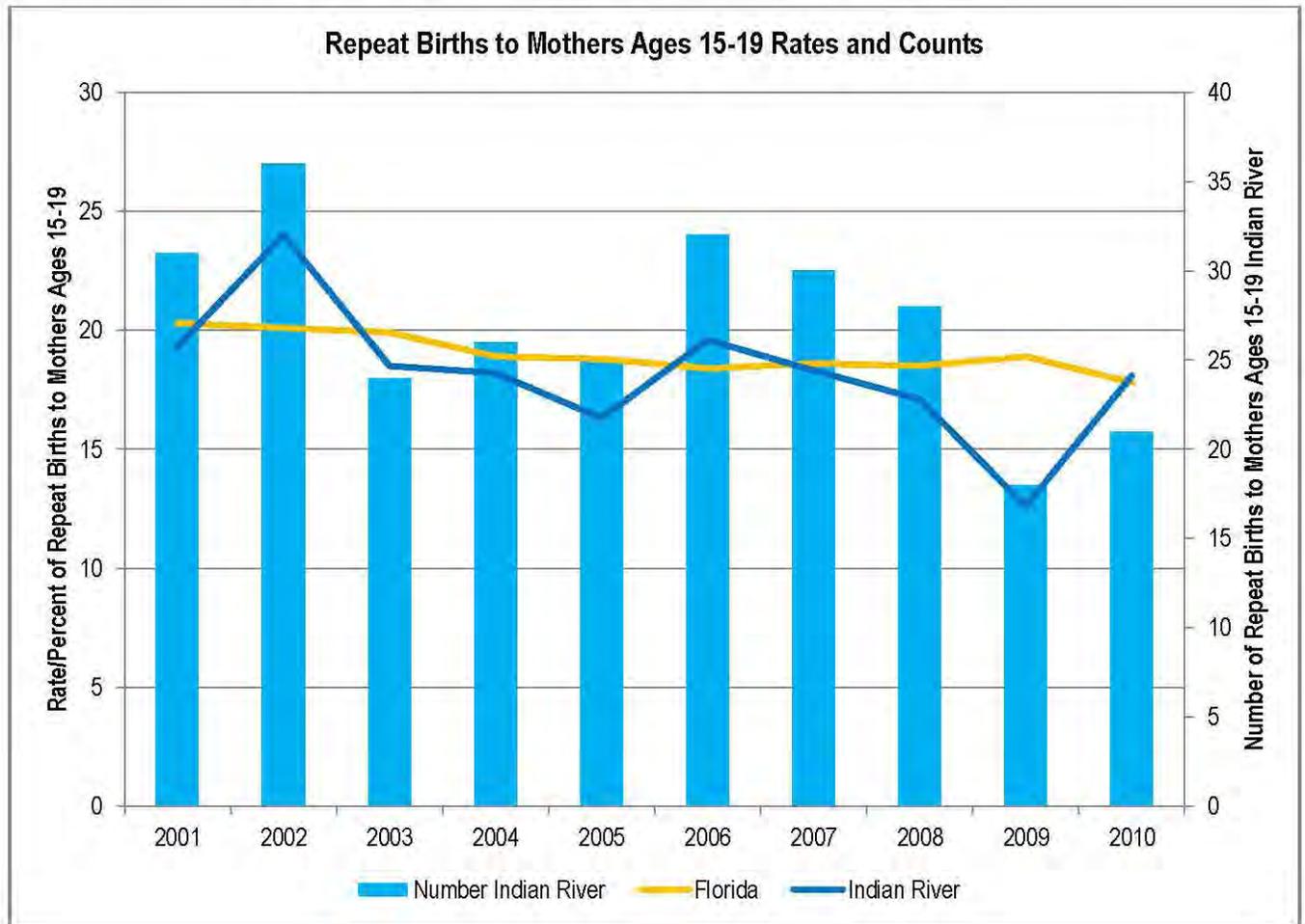


Figure 9 shows rate/percent of repeat births to mothers 15-19 in Indian River and Florida and number of births to mothers 15-19 in Indian River from 2001-2010. Rate of repeats births is calculated by dividing the number of repeat births to mothers in an age group by the number of births to mothers in that age group. The bar graph illustrates the number of repeat births in Indian River and corresponds to the numbers on the right, vertical axis. The rates/percentages are shown as line graphs and correspond to the left, vertical axis.

Figure 9: Repeat Births to Mothers Ages 15-19 Rates and Counts, Indian River and Florida, 2001-2010



## CHARACTERISTIC OF THE MOTHERS

### Education

Table 14 shows number and rate/percent of births to mothers with less than a high school education in Florida and in Indian River in 2008, 2009 and 2010 by race and ethnicity. In 2010, the percentage of births to black and Hispanic mothers with less than a high school education was considerably higher in Indian River than in Florida as a whole. The percentage of births to white mothers with less than a high school education in Indian River showed a 48% decrease from 2008 to 2010.

Table 14: Births to Mothers with Less Than High School Education, Indian River, Florida, 2008, 2009, 2010

Births to All Mothers With Less Than High School Education									
	Number of Births			Number of Total Births			Rate / Percent		
	2008	2009	2010	2008	2009	2010	2008	2009	2010
Florida	45,472	41,291	36,712	231,417	221,391	214,519	19.6%	18.7%	17.1%
Indian River	343	291	262	1,373	1,278	1,305	25.0%	22.8%	20.1%
Births to White Mothers With Less Than High School Education									
	Number of Births			Number of White Births			Rate / Percent		
	2008	2009	2010	2008	2009	2010	2008	2009	2010
Florida	31,843	28,601	25,201	167,487	159,186	153,480	19.0%	18.0%	16.4%
Indian River	255	241	106	1,085	1,028	868	23.5%	23.4%	12.2%
Births to Black Mothers With Less Than High School Education									
	Number of Births			Number of Black Births			Rate / Percent		
	2008	2009	2010	2008	2009	2010	2008	2009	2010
Florida	11,885	11,249	10,235	51,362	50,559	49,189	23.1%	22.2%	20.8%
Indian River	66	46	67	212	210	238	31.1%	21.9%	28.2%
Hispanic Births With Less Than High School Education									
	Number of Births			Number of Hispanic Births			Rate		
	2008	2009	2010	2008	2009	2010	2008	2009	2010
Florida	19,853	17,468	15,390	65,999	61,986	59,616	30.1%	28.2%	25.8%
Indian River	166	153	115	328	294	243	50.6%	52.0%	47.3%

Source: FloridaCHARTS

Compiled by: Health Council of Southeast Florida, 2012

## Marital Status

Table 15 shows the number and rate/percent of births to unwed mothers ages 10-17 in Florida and Indian River in 2008, 2009 and 2010.

Table 15: Births to Unwed Mothers Ages 10-17, Indian River, Florida, 2008, 2009, 2010

County	Number of Births to Unwed Women 10-17			Number of Births to Mothers 10-17			Rate Percent		
	2008	2009	2010	2008	2009	2010	2008	2009	2010
Florida	7,238	6,272	5,426	7,642	6,570	5,648	94.7%	95.5%	96.1%
Indian River	44	48	34	47	51	37	93.6%	94.1%	91.9%

Source: FloridaCHARTS

Compiled by: Health Council of Southeast Florida, 2012

Table 16 shows the number and rate/percent of births to unwed mothers ages 15-19 in Florida and Indian River in 2008, 2009 and 2010.

Table 16: Births to Unwed Mothers Ages 15-19, Indian River, Florida, 2008, 2009, 2010

County	Number of Births to unwed mothers 15-19			Number of Total births 15-19			Rate Percent		
	2008	2009	2010	2008	2009	2010	2008	2009	2010
Florida	21,509	19,862	17,332	24,089	22,016	19,142	89.3%	90.2%	90.5%
Indian River	144	127	102	164	143	116	87.8%	88.8%	87.9%

Source: FloridaCHARTS

Compiled by: Health Council of Southeast Florida, 2012

Table 17 shows counts and rate/percent of births to unwed mothers in Florida and in Indian River in 2008, 2009 and 2010 by race and ethnicity.

Table 17: Births to Unwed Mothers, Indian River, Florida, 2008, 2009, 2010

Births to Unwed Mothers									
	Number of Births to Unwed Mothers			Number of Total Births			Rate Percent		
	2008	2009	2010	2008	2009	2010	2008	2009	2010
Florida	108,484	105,654	101,810	231,417	221,391	214,519	46.9%	47.7%	47.5%
Indian River	665	605	613	1,373	1,278	1,305	48.4%	47.3%	47.0%
Births to White Unwed Mothers									
	Number of Births to White Unwed Mothers			Number of White Births			Rate Percent		
	2008	2009	2010	2008	2009	2010	2008	2009	2010
Florida	68,583	66,080	63,796	167,487	159,186	153,480	40.9%	41.5%	41.6%
Indian River	470	438	361	1,085	1,028	868	43.3%	42.6%	41.6%
Births to Black Unwed Mothers									
	Number of Births to Black Unwed Mothers			Number of Black Births			Rate Percent		
	2008	2009	2010	2008	2009	2010	2008	2009	2010
Florida	36,227	36,133	34,658	51,362	50,559	49,189	70.5%	71.5%	70.5%
Indian River	165	155	185	212	210	238	77.8%	73.8%	77.7%
Births to Hispanic Unwed Mothers									
	Number of Births to Hispanic Unwed Mothers			Number of Hispanic Births			Rate Percent		
	2008	2009	2010	2008	2009	2010	2008	2009	2010
Florida	33,330	31,647	30,142	65,999	61,986	59,616	50.5%	51.1%	50.6%
Indian River	160	152	94	328	294	243	48.8%	51.7%	38.7%

Source: FloridaCHARTS

Compiled by: Health Council of Southeast Florida, 2012

## Medicaid

Table 18 shows the number and rate/percent of births covered by Medicaid in Florida and Indian River in 2008, 2009 and 2010. The rates were similar between Indian River and Florida for the time period shown.

Table 18: Births covered by Medicaid, Indian River, Florida, 2008, 2009, 2010

County	Number of Births paid by Medicaid			Number of Total births			Rate Percent		
	2008	2009	2010	2008	2009	2010	2008	2009	2010
Florida	102,339	105,257	104,721	231,417	221,391	214,519	44.2%	47.5%	48.8%
Indian River	624	619	679	1,373	1,278	1,305	45.4%	48.4%	52.0%

Source: FloridaCHARTS

Compiled by: Health Council of Southeast Florida, 2012

## Emergency Medicaid

Table 19 shows the number and rate/percent of births covered by emergency Medicaid in all Florida counties. The table is sorted in descending order based on the 2009 rate. In 2009, 9.9% of births in Indian River were covered by emergency Medicaid, higher than the percentage in state as a whole of 8.2%.

Table 19: Births covered by emergency Medicaid, Florida counties, 2007, 2008, 2009

County	Number of Births covered by emergency Medicaid			Rate Percent		
	2007	2008	2009	2007	2008	2009
Collier	1345	1164	930	32.9%	31.1%	26.3%
Hardee	127	146	123	24.2%	28.6%	25.4%
Hendry	160	143	140	20.6%	20.5%	21.0%
Palm Beach	2800	2599	2613	17.8%	17.0%	18.4%
Manatee	782	797	660	18.9%	20.5%	18.0%
DeSoto	138	122	81	28.6%	26.0%	17.9%
Okeechobee	51	86	84	7.9%	16.2%	14.9%
Lee	1362	1103	949	17.8%	15.5%	14.4%
Martin	243	188	148	18.7%	14.7%	12.7%
Miami-Dade	4050	3980	3747	11.8%	11.8%	11.6%
Monroe	88	69	80	10.9%	9.6%	11.3%
Gadsden	77	91	75	10.1%	12.4%	10.8%
Highlands	88	100	107	7.6%	9.6%	10.6%
Lafayette	2	9	8	2.1%	9.1%	10.4%

St. Lucie	417	326	318	11.5%	9.7%	10.1%
Indian River	189	161	127	13.3%	11.7%	9.9%
Sarasota	351	309	277	10.6%	10.2%	9.5%
Polk	868	764	725	10.2%	9.7%	9.4%
Glades	10	8	8	10.1%	9.2%	9.1%
Florida	20657	18879	18220	8.6%	8.2%	8.2%
Hillsborough	1593	1309	1369	8.8%	7.5%	8.2%
Osceola	379	325	317	9.0%	8.0%	8.2%
Suwannee	30	27	39	5.6%	5%	8.1%
Orange	939	868	1211	5.6%	5.2%	7.9%
Broward	1762	1605	1647	7.7%	7.2%	7.7%
Pinellas	587	598	554	6.2%	6.5%	6.3%
Lake	297	215	172	8.3%	6.4%	5.5%
Hamilton	5	12	10	2.9%	7.4%	5.4%
Walton	54	44	35	8.3%	5.9%	5.3%
Liberty	2	8	4	1.7%	8.2%	4.7%
Putnam	61	60	44	5.7%	5.9%	4.5%
Gilchrist	11	11	8	5.5%	5.6%	4.3%
Franklin	1	2	5	0.8%	1.7%	3.9%
Marion	131	141	141	3.5%	3.8%	3.9%
Volusia	170	178	190	3.1%	3.4%	3.7%
Charlotte	31	24	35	2.6%	2.0%	3.5%
Madison	5	3	8	1.7%	1.3%	3.5%
Okaloosa	132	107	93	4.7%	4.1%	3.5%
Pasco	175	170	159	3.2%	3.2%	3.2%
Jackson	16	22	17	2.6%	3.7%	3.1%
Levy	17	18	14	3.5%	3.8%	3.1%
Sumter	33	26	15	6.2%	5.0%	3.1%
Duval	517	398	373	3.8%	3.0%	2.8%
Flagler	15	19	23	1.5%	2.1%	2.6%
Seminole	106	97	117	2.2%	2.1%	2.6%
Jefferson	2	5	3	1.3%	2.9%	1.9%
Brevard	109	105	92	1.9%	1.9%	1.8%
Escambia	92	78	77	2.2%	1.9%	1.8%
Leon	53	52	57	1.6%	1.6%	1.8%
Calhoun	5	6	3	2.8%	3.6%	1.7%
Alachua	29	29	46	1.0%	1.0%	1.6%
Bay	33	32	36	1.5%	1.3%	1.6%
Clay	47	35	32	1.9%	1.5%	1.4%
Columbia	6	12	10	0.7%	1.4%	1.2%
Washington	4	4	3	1.4%	1.4%	1.1%

Hernando	7	14	14	0.4%	0.9%	0.9%
St. Johns	11	11	16	0.6%	0.6%	0.9%
Gulf	0	0	1	0%	0%	0.7%
Santa Rosa	20	16	13	1.1%	0.9%	0.7%
Taylor	1	0	2	0.4%	0%	0.7%
Nassau	5	4	5	0.6%	0.5%	0.6%
Union	0	3	1	0%	1.6%	0.6%
Baker	1	1	2	0.2%	0.3%	0.5%
Citrus	11	12	5	0.9%	1.1%	0.5%
Dixie	0	3	1	0%	1.7%	0.5%
Wakulla	0	1	1	0%	0.3%	0.3%
Bradford	2	3	0	0.6%	0.8%	0%
Holmes	2	1	0	0.9%	0.5%	0%

Source: FloridaCHARTS

Compiled by: Health Council of Southeast Florida, 2012

### ***Births to Mothers Born in Other Countries***

Table 20 shows the number and rate/percent of births to mothers born in other countries in Florida and in Indian River in 2008, 2009 and 2010. The percentage was consistently lower in Indian River for the time period shown.

Table 20: Births to mothers born in other countries, Indian River and Florida, 2008, 2009, 2010

County	Number of Births to mothers born in other countries			Number of Total births			Rate Percent		
	2008	2009	2010	2008	2009	2010	2008	2009	2010
Florida	73,737	68,645	65,967	231,417	221,391	214,519	31.9%	31.0%	30.8%
Indian River	338	292	259	1,373	1,278	1,305	24.6%	22.8%	19.8%

Source: FloridaCHARTS

Compiled by: Health Council of Southeast Florida, 2012

# COMMUNITY PERSPECTIVE

## Introduction

The Health Council of Southeast Florida (HCSEF), at the request of the Indian River County Health Department, gathered quantitative and qualitative data focused on teenage pregnancy as a supplement to the overall Community Health Assessment. The qualitative data collected was primary data, i.e. it was obtained directly from the source. Qualitative data, in contrast to quantitative data, can be subjective, helps describe attributes, characteristics and properties, and for the purposes of this assessment was collected via survey and open-ended questioning and discussion. The data for this assessment was collected through: focus groups with teenagers and key informant interviews with stakeholders in the community.

The target populations, agencies and stakeholders for key informant interviews were selected collaboratively by HCSEF and the Indian River County Health Department.

## **KEY INFORMANT INTERVIEWS**

The Health Council of Southeast Florida conducted 10 structured interviews with leaders and other key individuals from community-based organizations during the months of November and December of 2011. Data gathered from the informant interviews presents the perceptions, insights and perspectives of key members from the community of providers for the purposes of highlighting potential recommendations that might lead to positive county-wide health improvement activities. This report briefly outlines the methodology and provides a summary of the emergent themes, key issues and primary areas of interest, as identified by key informants during the interviews.

### **Methodology**

The structured interview protocols and questions were developed by the Health Council of Southeast Florida. Key informants were selected for their knowledge and/or expertise on the topic and their experiences in the community. The interviews were conducted via the telephone or in person. The questionnaire design was similar to other such instruments used in health needs assessments in other communities. A trained facilitator conducted the interviews and facilitated discussions. Each interview lasted approximately thirty minutes. The information is presented in the aggregate and reflects the opinions and the views of the interviewees. The informant interview questionnaire can be found in Appendix A. The following is a summary of general themes expressed by key community informants.

### **General Beliefs about Teen-Pregnancy in Indian River County**

Most interviewees were not familiar with the data on the number or percentage of teenage mothers who give birth in Indian River County (IRC). There is awareness, however, that teenage pregnancy and repeat births to teenage mothers is occurring in the community. There is the perception among key informants that the number of white and Hispanic teenagers who get pregnant has increased, while the number of black pregnant teenagers has decreased. Some of the key informants are of the opinion that even a small number of teenage pregnancies pose challenges to the community at large and therefore should be a concern of the community.

Overall, community leaders understand the need to better educate both male and female teenagers on health promoting and risk reducing behaviors, and the need to encourage them to seek reliable and accurate resources on sexually related topics. Equally important, informants affirm, is the education of parents of teenagers who need to know how to effectively communicate with their children on an ongoing basis regarding sexually related topics. This is an important element that is often overlooked in health prevention, according to many interviewees. The key is to have parents feel comfortable enough to talk often with their children, monitor their behaviors, discuss their feelings and attitudes and be mindful of changes that may be happening in their children's lives.

### **Social Influences on the Sexual Behavior of Teenagers**

Informants agreed that media, school peers, friends and parents play a significant role in influencing the perceptions and attitudes of both young and older teenagers regarding dating, sex and pregnancy-related decisions. Most interviewees think that peers have even more

influence than parents. While the informants perceive parents as having a great deal of influence upon their children, they also think parents are challenged with how to begin and continue discussions on issues related to sexuality with their children. As a result, time sensitive opportunities for parents to talk to, teach, and influence their children are often missed. This is believed to be a significant barrier to teenagers receiving and gaining access to appropriate information. To fill this gap, anecdotal evidence suggest that teenagers seek out the internet for information where they are “bombarded with sexual images” not conducive to building healthy relationships or “healthy self-respect”, as noted by an interviewee.

When asked about the main reasons and other contributing factors leading to teenage pregnancy, the interviewees cited: the lack of purpose/direction that teenagers feel in their lives; lack of maturation in decision making skills; inadequate information specific to female anatomy; sexual misinformation and insufficient awareness of the physical, emotional and financial consequences of unintended or intended pregnancies at an adolescent age. Other reasons included teenagers getting pregnant because they wanted to be parents, needed to feel loved, and/or did not want to lose their partners. Of particular concern to key informants are teenagers who live in poverty, remain alone for extended periods of time, or lack a variety of well-planned activities during the week. These individuals are thought to be at a higher risk for becoming pregnant or getting someone pregnant.

#### **Sexual Education in the Public School System**

Key informants remarked that although the IRC School District promotes abstinence-based programming, it was believed that the meaning is often interpreted to mean abstinence-only, and instruction is reflective of this sentiment. Most of the participants interviewed think that the majority of the community is unaware that the school health policy is abstinence-based and not abstinence-only. This interpretation of the curriculum was thought to correlate with the minimal education of ‘prevention’. Informants felt that schools have unique opportunities to provide education, information, structured activities and events that encourage health promoting behaviors and discourage adverse risk taking related to sexual activity.

Respondents noted that the focus on abstinence-only sexual education has influenced the nature and scope of information and services available to youth in the community resulting in minimal education and information available on certain subject areas including: contraception, pregnancy prevention, STDs and HIV/AIDS.

#### **Awareness of Community Resources:**

The key informants seem to be aware of the community-based organizations that provide programs and services for pregnant teens. The agencies cited include: Partners in Women’s Health, Healthy Start, Healthy Families, Women, Infants and Children (WIC), CareNet, Pregnancy Center of IRC, School District of Indian River County, Early Learning Coalition of Indian River County, Childcare Resources, Indian River County Health Department, and Treasure Coast Community Health (TCCH), and the Boys and Girls Club.

There is concern as to whether teenagers are aware of the available resources in the community; therefore, it is also recommended that there should be efforts to cultivate greater awareness of this information.

**Teen Prevention Programs:**

Many of the respondents were familiar with evidence-based models of teen pregnancy prevention programs currently being implemented across the United States. A few of the teen pregnancy prevention programs noted by the informants were: "Making a Difference", "Making Proud Choices", and "Reducing the Risk". It was reported that several community-based organizations in the community have developed and implemented a variety of programs that utilize well known and proven strategies to reduce sexual risk-taking behaviors. These programs are designed to increase knowledge about HIV and other STDs, and reduce pregnancy among youth. These programs reportedly address critically important topics as healthy relationships, adolescent development and parent-child communication issues. Key informant indicated the IRC community-based programs stress that abstinence is the best way to prevent HIV, STDs and pregnancy. Additionally, the programs reportedly help young people make wise and educated choices and learn how to empower themselves to resist negative pressures and live life with purpose. In addition, it was noted that there are after school programs where teenagers are encouraged to identify life goals and cautioned that early sexual activity might hinder their achievement of those goals. Key informants reported that interventions and programs in the community aim to affect knowledge, beliefs, values, and unintended teen pregnancy in the community's youth and teenage population.

**Strategies for Reducing Teenage Pregnancy:**

The sentiment of many of the key informants was that it is vitally important to encourage parents to speak with their children early and often about issues related to teenage pregnancy, STDs, contraception, etc. Additionally it was noted that it would be helpful to have parents support and encourage their daughters to see a physician/nurse or social worker. Educating all teenagers about the importance of including their parents in their lives and decision-making processes was noted as a strategy. It is believed that this type of education would help prevent pregnancy and sexually transmitted diseases, etc. It was remarked that without continued dialogue about the importance of abstinence and continued education about prevention, condoms and sexually transmitted diseases, it will be difficult to make progress in reducing the rate of teenage pregnancy.

Interviewees felt that education is a key to prevention. Furthermore, they noted that education must not be limited only to teenagers, but should include the parents of teenagers as well. More information should be available to teenagers on the services that are available and how to access those services. It was noted that teenagers may be hesitant to access resources due to fear of confidentiality and that addressing this concern may increase information and resource seeking behaviors.

Informants suggested that basic educational curricula for teenagers and parents to include the following topics:

**Education for teenagers:**

- Factual information about the human body;
- Sexually transmitted diseases (STDs) and HIV prevention;
- Personal responsibility education;

- Building self-esteem and healthy relationships;
- Healthy life skills, negotiating and refusal skills;
- Teenager's rights regarding confidentiality;
- Importance of abstinence and the consequences of sex and teen pregnancy;
- Availability of community resources;
- Economic challenges for those who don't finish high school;

Education for parents:

- The importance of being open, and having periodic discussions with their children;
- Parent-child communication skills related to sex, dating and pregnancy, etc.;
- Developmental stages of teenagers;
- Abstinence, sex and protection;
- Early signs of risky attitudes and behaviors, sexual beliefs, etc.;
- Activities that prepare parents communicate with their children. (e. g. simulations and role – play activities), etc.

## FOCUS GROUPS

### Focus Groups - Methodology

Four focus groups with teenagers from the community were conducted between April and May 2012. The dates, locations, times can be seen in Table 21, below. Target populations for the focus groups included: male and female non-pregnant or parenting teens, minority teens and pregnant or parenting teens. In an effort to capture the perspectives of the desired populations, a combination of methods were utilized. One focus group was conducted using a series of open-ended questions and three focus groups were conducted using both a standardized set of survey questions followed by a discussion using a series of open-ended questions. One focus group was conducted by the Teen Parent Resource Coordinator at Vero Beach High School, the other three were conducted by trained HCSEF facilitators. A total of 34 individuals participated in the groups, with between 5-12 individuals per group. Participants were incentivized to participate with \$25 gift cards or \$10 gift cards and dinner, at sessions facilitated by HCSEF. The gift cards were distributed at the end of the session. Each participant completed a demographic questionnaire prior at the start of the focus group, or as part of the survey, and a compilation of this information can be seen in the Tables 23-28, below. The participants either, were asked a set of eight, pre-determined, open-ended questions or completed an eight-item survey followed by five open-ended questions. Discussion and survey questions can be seen in Appendix B. The participants were informed at the beginning of the session that the discussion was being audiotaped. The participants were assured that no names would be attributed to the responses given.

**Table 21: Focus Group Demographics**

Dates	Locations	Time	# of Participants
4-3-2012	CareNet Pregnancy Center of IRC	3:00 PM	5
5-21-2012	Youth Guidance Teen Group, Community Church	5:30 PM	7
5-21-2012	Youth Guidance Teen Group, Community Church	5:30 PM	12
5-21-2012	Parenting II Class, Vero Beach High School		10

**Table 22: Focus Group Demographics**

Agency	Male Teens	Female Teens	Minority Teens	Pregnant or Parenting Teens
1. CareNet Pregnancy Center of IRC		X	X	
2. Youth Guidance Teen Group	X		X	
3. Youth Guidance Teen Group		X	X	
4. Parenting II Class, Vero Beach High School		X	X	X

**Table 23: Focus Group Demographics**

Gender	#	%
Male	7	21%
Female	27	79%

Age	#	%
12	5	15%
13	8	24%
14	3	9%
15	3	9%
16	2	6%
17	7	21%
18	6	18%
19	0	0%

**Table 24: Focus Group Demographics**

Zip Code of Residence	#	%
32951	1	3%
32958	2	6%
32960	6	18%
32962	12	35%
32966	2	6%
32967	7	21%
32968	3	9%
No answer	1	3%

**Table 25: Focus Group Demographics**

Race/Ethnicity	#	%
Asian	0	0%
Black or African American	12	35%
Native Hawaiian or Other Pacific Islander	0	0%
American Indian, Alaskan Native	0	0%
White/Caucasian	14	41%
Hispanic Background	2	6%
No Answer	4	12%
Checked both Black/White	2	6%

**Table 26: Focus Group Demographics**

Education	#*	%*
6th	3	9%
7th	9	26%
8th	4	12%
9th	4	12%
10th	0	0%
11th	7	21%
12th	6	18%
Middle School	1	3%

\*Participants may have checked more than one category

**Table 27: Focus Group Demographics**

<b>Current Employment Status</b>	<b>#*</b>	<b>%*</b>
Work 35 or more hours per week	0	0%
Work less than 35 hours per week	2	6%
Looking for a job	6	18%
Not looking for a job	1	3%
Student	15	44%
Not Answer	5	15%
Write in "no"	2	6%
Other:	3	9%
Unemployed	3	9%

\*Participants may have checked more than one category

**Table 28: Focus Group Demographics**

<b>Health Insurance Coverage</b>	<b>#</b>	<b>%</b>
Yes Medicaid	16	47%
Yes Medicare	1	3%
Yes, KidCare	1	3%
Yes , other	5	15%
No	3	9%
Don't know/ not sure	5	15%
No Answer	3	9%

## Focus Groups - Results

### Influences

When asked “who do you think influences you the most when it comes to dating, sexual attitudes and/or behaviors?” the most frequent responses among survey respondents were “classmates, peers or friends” (41%) and “boyfriend/girlfriend” (38%). One respondent remarked, “*when a guy likes you people feel pressured to keep the guy happy and keep liking me*”. Another frequent response was “TV, internet and/or other media” (34%). One respondent discussed the influence of movies, “*there’s stuff in PG-13 movies... it turned out to have this big sex scene in the middle of it*”. It was also thought that, “*if you it in see movies you will probably think it is normal*” and that “*people get curious*” based on the things they read or see. Participants talked about sources such as Victoria Secret, making boys think that all girls should look like models. Role models for many young girls, specifically, Miley Cyrus and Selena Gomez were thought to be poor influences due to their appearances in Cosmopolitan, Punk’d, etc. “Chick flicks” were reported to be influential, specifically that they portray images of the “perfect guy”. “Mother” (28%) and “father” (24%) were also frequently reported as influences.

### Role of Internet, Social Media and Texting

Participants were asked to discuss the role the internet, social media and texting plays in their social activities, dating and sexual activities. The general theme was that cell phones, texting, the internet and Facebook play a significant role in the lives of teenagers. Email was not used as frequently, as it was reported that texting is faster. It was indicated that most teenagers had access to a cell phone. The internet is viewed the ‘place’ where everyone is located and it is a place to talk to friends and lost family members. It was acknowledged that sending too much personal information, pictures or otherwise, is not a good idea because, “*once you post something on the internet, it is in cyberspace forever*”. It was indicated that some teens post “crazy” pictures of themselves on social media websites such as Facebook to get attention.

The internet, social media and texting were talked about with regard to teenage pregnancy prevention. It was suggested that “*They need to take internet from children on cell phones.*” There was suggestion that cellphones and tracking apps could be used to help parents know more about what their children are doing and where they are. Technology was reported to impact how teens act because it makes information available. With regard to the internet, one remarked, “*porn websites should be banned.*”

## Information on Dating and Sexual Topics

When asked what source(s) are the most helpful for getting information on sexual-related topics, the most frequent responses were “mother” (28%), “internet” (28%), “classmates, peers and friends” (24%) and “Father” (21%). 10%, or 3 respondents, indicated “school” or “school teachers”.

When asked who they feel most comfortable talking to when it comes to dating and issues about sexual topics, “mother” was the most frequent response (38%) followed by “classmates, peers or friends” (24%) and “boyfriend/girlfriend” (24%). 14% of respondents indicated “No one”. Some participants reported feeling comfortable and being able to talk to their parents about anything. Others however, indicated there was “awkwardness” when talking to parents.

## Sexual Education

Participants were asked about the type of health and sexual education they are getting in school as well as their thoughts on this education and what type of other education or services they would like to see the school provide. The general theme was that there is not very much sexual education provided to students. *“You don’t really get that much”* and you *“kind of learn more outside of school”*. Furthermore, it was indicated that the health education that is provided is not focused on sexual topics, *“We don’t really get anything. We get two weeks of life skills and that’s it, and most of it is about drugs”*. Another participant reported, *“[We] don’t really do sexual education in my school, they just had an STD thing”. They had someone come talk about STDs and HIV*. Some reported learning the basics about sex, but not anything about protection. There was discussion about HOPE (Health Opportunities through Physical Education) class. Some respondents reported having the “puberty talk” in 5<sup>th</sup> and/or 6<sup>th</sup> grades and others reported life skills classes in 6<sup>th</sup> – 8<sup>th</sup> grade. Participants discussed learning about medical professions, menstruation, body mass index and STDs and remarked that the teachers were good and were comfortable talking about the subject. However, with regard to sexual education the majority seemed to think it was lacking.

There was the feeling that more information could/should be available in schools, *“they should probably do more because it is obviously not doing a very good job”*. However there was concern whether or not students would take it seriously. It was reported that if anything related to sex is mentioned in the HOPE class, students respond with jokes and “foolishness”.

## Factors Contributing to Teenage Pregnancy

Participants were asked their opinion of the factors that contribute to pregnancy in teenagers. The most frequent responses among survey respondents were “pressure from boyfriend/girlfriend” (55%) “lack of direction/poor communication with parents” (45%), “lack of information” (34%), “by mistake” (34%), “trying to fit in/be cool” (31%) and “their upbringing/lifestyle” (24%). There was discussion about there not being enough discipline in

home life. Some respondents felt that parents trust their kids too much and are not aware of what they are doing. There were reports of “lots of sleeping around” but not too many pregnancies. Participants also reported that some teenagers are of the mindset, “*I already did it, so why stop now?*” in relation to sexual behaviors. There was also discussion regarding pregnancy being like a “cool” accessory and that young women with kids get attention. “They want to have a baby” was indicated by 17% of survey respondents. There was mention of teenagers tracking ovulation with cell phone apps in an effort to get pregnant. Sexual activity and pregnancy was viewed by some respondents as an act of rebellion, “*they want to get back at a parent*”. Others indicated that teenage girls are actively trying to get pregnant in order to keep their boyfriends or because “*they want someone to love*”. There was discussion about girls not taking pride in being a virgin and that boys don’t like it when you are not a virgin. There was discussion about the slogan “YOLO” (you only live once) and living for the “here and now”. The influence of the media was talked about specifically, the publicity about the celebrities having kids, and songs that talk a lot about sex.

### Prevention of Teenage Pregnancy

Participants were asked what they thought helps prevent teen pregnancy. Among the group of parenting/pregnant teens the main theme that emerged was entertainment. Education, specifically education about sex, pregnancy and STDs, was also thought to be important in the prevention of teen pregnancy. One participant reported, “[Tell them] *that the male and females can have STD’s [and] AIDS and the baby can have it*”. The use of protection, specifically condoms was noted. The influence of parents and the communication between parent and child was discussed as important in preventing teen pregnancy. As one participant remarked, “*Parents need to keep track of their kids.*” It was suggested that if parents are less strict parents it leads to kids messing around more. Additionally, there was discussion about parents needing to talk to their kids more. It was thought that parents may be hesitant to talk to kids because they are afraid of the outcome. “*I think they should talk more*”. The active presence of parents in their children’s lives was discussed. One remark was “*I think the parent is the biggest problem... they don’t even talk they just go to work and come back at 9 o’clock or something... boy or girl already asleep*” and another, “*It depends on the situation if the parents are real strict or if they don’t pay a lot of attention to you*”. The presence of positive role models and older people “who have gone through it” were viewed as important in the prevention of teen pregnancy including: having parents who you are open with, teachers and counselors at school, “accountability partners” through youth groups, and individuals through women’s ministries. In general, having people to talk to and turn to when you have questions or concerns was seen as helpful in the prevention of teenage pregnancy.

Some respondents acknowledged the role the teenagers play in the prevention of teen pregnancy and that all the blame could not be placed on parents, school, etc. “*I don’t think it is always the parents the fault*”, “*it is up to the teenager*” and “*they need to make the right choices*” were among the remarks. Having friends who are positive influences was viewed as important

and it was acknowledge that pressure from friends and trying to be cool can be detrimental. It was suggested that going on group dates prevents individuals from being put in bad situations.

### **Issues Being A Teenage Parent**

Nearly all survey respondents indicated that “finances and money” (86%) would be an issue for teenage parents, *“they can’t afford it”*. “Finishing education” (69%) was seen by the majority as an issue for teenage parents, *“they quit school”* and that if you are at school you are not always around to watch the baby. ‘Having a social life” (62%) was also frequently perceived to be an issue to teenage parents.. There was discussion that teen mothers are often raising children without the father and that *“dads are important”* and further, that that coming from a “broken home” may lead to a lack of positive influence. It was reported that *“if you are still going to school and you have a baby people will talk about you and you will get picked on”*.

### **Availability of Resources**

Participants were asked the availability of resources and services in Indian River County for teenagers. There was discussion about youth groups, CareNet, Shine Girls a monthly program for girls, Youth Guidance and the Commotion Group. The Gifford Youth Activity Center’s basketball, karate, pools and CAPS (college prep courses) were discussed. Counseling was also mentioned as being available to teenagers.

When asked if, as a teenager, there are people you can go to if you have questions, one respondent indicated, *“not really unless you want to go to the guidance counselor”*. Others indicated they could go to church groups and doctors. The TAPP was reported to be a resource for teens with young children. These individuals were referred to the program primarily by guidance counselors, teachers or the health department. The majority of not currently pregnant or parenting participants were not familiar of resources available for pregnant or parenting teenagers.

### **Activities for Teenagers**

The survey respondents were asked to rate on a scale of 1-10 (1 being poor and 10 being great) the availability and quality of extra-curricular activities for teenagers outside of school . The median score was 7 and the most frequent ratings were 6 and 10.

Participants were asked what activities they participate in outside of the classroom. Participation in youth groups and sports were each reported by nearly half (48%, 45%) of survey respondents. Several respondents did not indicate involvement in any activities outside of

classroom (28%). This was largely among the pregnant/parenting teens, but it is unknown whether this was the case prior to having children/becoming pregnant. Bowling was mentioned as an activity, but was noted to be expensive. Going to the movies was noted for its expense, over \$9/ticket, and it was stated that teenagers are often asked to leave the movies for being too loud. Expense appeared to be a consideration in choice of activities for many teenagers. There was discussion about many teenagers going to the Sebastian and Vero football games. Respondents also talked about going to the mall to hang out, *"Basically, you go to the mall or you stay home"*.

When asked what activities they wished were available, there was discussion about wishing more sports including soccer and dodge ball were available. Teens also mentioned the desire for some place one could go any day of the week. The male group reported wanting a 'man cave' with lots of physical activities, free of charge. Individuals reported that the Gifford Youth Center is not local for some people and is not open as much as they would like. Female participants discussed the desire to have a "girly" place with an inviting environment to go where there are no cliques and where you can trust that there are not going to be lies told about you.

### **Advice to Dating and/or Sexually Active Peers**

Participants were asked what advice they would give to their dating and/or sexually active peers. The overall theme was that respondents would encourage their peers to be careful. There was specific discussion about protection methods including birth control and *"wear a condom"*. Additional themes emerged in relation to age: *"Hold off until they are older"*, *"If you are 18, then go about your business, if not, boy you had better stop"* and *"Wait until you get married"* were among the participants' remarks.

Peer pressure and pressure from boyfriends and/or girlfriends was discussed. There was discussion about watching what you say and wear so that you don't give the wrong impression. Other suggestions for advice to dating of sexually active peers included figuring out your intention for dating the person- do you like them? Is it the cool thing to do? Why do you want to date? Is this person going to treat me right? Additional advice participants would give to their peers included setting boundaries and standing up for who you are. Other respondents reported that they would suggest that their peers *"pray about it...and get your heart right"*. Respondents would discuss that virginity is precious and not something you can get back.

There was discussion about the difficulty in talking to friends who are sexually active and that those who are sexually active will not take the advice of those who are not."

# **APPENDIX A**

## **INFORMANT INTERVIEW**

### **Indian River County Key Informant Interview Questionnaire**

- 1) Who do you think has the greatest influence upon teenagers on dating, sex and pregnancy related decisions?
- 2) What do you think is/are the main reason/s leading to teenage females get pregnant?
- 3) What do you think are key contributing factors leading to teenage females become pregnant?
- 4) Please list available resources and services for pregnant teens or for teens that are mothers in the Indian River County?
- 5) Please tell us if you think teen pregnancy occurs in certain populations more than in others in the county?
  - a. Is teen pregnancy presenting an issue at your organization/agency?
  - b. Are you seeing any particular trends or significant changes in the county?
- 6) What type of health and /or sexual education currently exists in Indian River schools?
- 7) Do you know of any specific teen-pregnancy prevention program that has been successful either in the Treasure Coast, or in South Florida that the county might consider adopting?
- 8) In general, what do you think helps prevent teen-pregnancy?
- 9) What strategies and or recommendations would you suggest to reduce teen pregnancy in the county?

## APPENDIX B

### Indian River County Focus Group Discussions and Survey Tools

Focus Group Questions
1. Who do you think influences or influenced you the most when it comes to dating, sexual attitudes and/or behaviors?
2. In your opinion, are there any specific issues teens who are parents would have in raising their new infants?
3. What type of health and sexual education are you getting in your school? What are your thoughts regarding sexual education provided in schools? Does your school provide any type/s of support services for teens that are pregnant and/or for teens who are parents? What type of supporting services would you like to see your school provide?
4. What in your opinion, are the contributing factors that lead to teenage pregnancy?
5. Are you aware of any available resources and services in IRC for teens?
6. What source/s did you find most helpful in your adolescence for sexual-related topics?
7. In general, what do you think helps prevent teen-pregnancy?
8. What advice would you give to teenage peers that you know are dating or are sexually active?

#### Survey Questions

1. What activities do you participate in outside of the classroom?

<input type="checkbox"/> Sports	<input type="checkbox"/> Other _____
<input type="checkbox"/> Youth Group	<input type="checkbox"/> Other _____
<input type="checkbox"/> Church Group	<input type="checkbox"/> Other _____
<input type="checkbox"/> Musical Instrument	<input type="checkbox"/> Other _____

2. On a scale of 1-10 (*1 being poor and 10 being great*) how would you rate the availability and quality of extra-curricular activities for teenagers outside of school?

1   2   3   4   5   6   7   8   9   10

3. Who do you think influences you the most when it comes to dating, sexual attitudes and/or behaviors? *Please check 2.*

<input type="checkbox"/> Mother	<input type="checkbox"/> Boyfriend/Girlfriend	<input type="checkbox"/> TV, Internet and/or other media
<input type="checkbox"/> Father	<input type="checkbox"/> School teachers	<input type="checkbox"/> No one
<input type="checkbox"/> Sibling	<input type="checkbox"/> Doctor	<input type="checkbox"/> Other _____
<input type="checkbox"/> Classmates, peers or friends	<input type="checkbox"/> Religious figure	<input type="checkbox"/> Other _____

4. What, in your opinion, are the **biggest** reasons why teens get pregnant or get someone pregnant? *Please check 3.*

<input type="checkbox"/> Lack of information	<input type="checkbox"/> Pressure from boyfriend/girlfriend
<input type="checkbox"/> Lack of knowledge about how the body works	<input type="checkbox"/> By mistake
<input type="checkbox"/> Lack of direction/Poor communication with parents	<input type="checkbox"/> They want to have a baby
<input type="checkbox"/> Pressure from peers	<input type="checkbox"/> I don't think teenagers get pregnant
<input type="checkbox"/> Their upbringing and lifestyle	<input type="checkbox"/> Other _____
<input type="checkbox"/> Trying to fit in / be cool	<input type="checkbox"/> Not sure

5. Who do you feel most comfortable talking to when it comes to dating and issues about sexual topics?

<input type="checkbox"/> Mother	<input type="checkbox"/> Boyfriend/Girlfriend	<input type="checkbox"/> No one
<input type="checkbox"/> Father	<input type="checkbox"/> School teachers	<input type="checkbox"/> Other _____
<input type="checkbox"/> Sibling	<input type="checkbox"/> Doctor	<input type="checkbox"/> Other _____
<input type="checkbox"/> Classmates, peers or friends	<input type="checkbox"/> Religious figure	<input type="checkbox"/> Other _____

6. What source/s did you find most helpful for getting information on sexual-related topics?

<input type="checkbox"/> Mother	<input type="checkbox"/> Boyfriend/Girlfriend	<input type="checkbox"/> Books / Magazines
<input type="checkbox"/> Father	<input type="checkbox"/> School teachers	<input type="checkbox"/> TV/Movies
<input type="checkbox"/> Sibling	<input type="checkbox"/> Doctor	<input type="checkbox"/> Internet
<input type="checkbox"/> Classmates, peers or friends	<input type="checkbox"/> Religious figure	<input type="checkbox"/> Other _____

7. In your opinion, what are issues teens who are parents would have in raising their new infants?

<input type="checkbox"/> Finances / Money	<input type="checkbox"/> Finishing education	<input type="checkbox"/> Other _____
<input type="checkbox"/> Access to care	<input type="checkbox"/> Having a social life	<input type="checkbox"/> Other _____
<input type="checkbox"/> Support system	<input type="checkbox"/> None	<input type="checkbox"/> Other _____

8. Does your school provide any type/s of support services for teens that are pregnant and/or for teens who are parents? If so, please explain.

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Discussion Questions (after the survey)

9. What role does the internet, social media, texting play in social activities, dating and sexual activities?

10. Are you aware of any available resources and services in Indian River County/ your community for teens? What resources would be helpful for teens in your community?

11. What type of health and sexual education are you getting in your school? What are your thoughts regarding sexual education provided in schools? What type of supporting services would you like to see your school provide?

12. In general, what do you think helps prevent teen pregnancy?

13. What advice would you give to teenage peers that you know are dating or are sexually active?