



Flagler & Volusia Counties Region

Community Health Assessment 2022



Thank you to AdventHealth for their engagement and financial support of the Crescendo Consulting Group as the consultant for the Flagler and Volusia Counties Community Health Assessment 2022.



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Introduction

Welcome from the Flagler County and Volusia County Collaborative Partners!

Greetings,

Thank you for your interest in the 2022 Flagler County and Volusia County Collaborative Community Health Assessment. This is our first collaborative across the two counties to identify Health Priorities. It is our pleasure to work among numerous community-based organizations, community members and partners throughout Volusia and Flagler. During the 2022 CHA process we created over 200 data tables, conducted 50 stakeholder interviews, completed 13 focus groups, and received 1,697 survey responses from residents of communities throughout Volusia and Flagler. We have worked across organizational boundaries and included those who are most impacted by health challenges to create a vision that is broadly understood.

We are grateful to our five “Equity Champions” Maritza Avila-Vazquez, Cheryl Massaro, Mamie Oatis, Shelley Ragsdale, and Dr. Danyell Wilson-Howard. Their insight and expertise representing the voices of our very diverse communities have been valuable throughout the CHA process to identify community strengths, resources, and gaps. We look forward to working together on the planning process for the development of the 2023-2025 Community Health Plans.

The 2022 Flagler County and Volusia County Collaborative Community Health Assessment is a tool for planning strategies to improve the health of communities throughout the two counties from Palm Coast to DeBary.

We welcome your partnership in this valuable work. For more information, please contact project leaders at the following email address:

FlaglerVolusiaCHA@flhealth.gov

Sincerely,

2022 Flagler County and Volusia County CHA Collaborative Partners

Purpose

A Community Health Assessment (CHA), sometimes referred to as a Community Health Needs Assessment (CHNA), tells the community story and provides a foundation to improve the health of the population. It is the basis for priority setting, planning, program development, policy changes, coordination of community resources, funding applications, and new ways to collaboratively use community assets to improve the health of the population.

A health assessment identifies disparities among different subpopulations in the jurisdiction, and the factors that contribute to them, in order to support the community's efforts to achieve health equity. Data within the community health assessment may include information about mortality and morbidity, quality of life, attitudes about health behavior, socioeconomic factors, environmental factors (including the built environment), social determinants of health, community narrative, assets, and stories. Data should be obtained from a variety of sources, using various data collection methods.

The resulting document creates a frame of reference for community members to discuss the health status of a population. The purpose of this CHA process and report has been to identify health issues, identify and engage local collaborators and assets, and to prioritize the implementation activities needed to address the identified issues.

Importance of the Collaborative Approach

In public health, the collaborative approach has been decades in the making. Public health is inclusive of multiple sectors such as hospital systems, local government, schools, community-based organizations and county health departments. Effective collaborative partnerships:

- Create a vision that is broadly understood.
- Work across organizational boundaries.
- Include those most affected by health challenges in solution-creation.
- Utilize ongoing planning and joint accountability to measure change.

Throughout the process and this report, there is evidence of each of these key elements.

Report Structure

The following report is structured in a hierarchical manner so that readers can easily locate core information.

- Executive Summary
- Assessment Description – Overview and Methodology
- Research Results Describing the Flagler and Volusia counties Area
 - Secondary Research
 - Primary Quantitative Research
 - Primary Qualitative Research
 - Prioritization Process
- County-level Health Equity Profiles (data)
- Prioritized Needs for Each County
- Appendices

Goals of the Assessment and Subsequent Steps

To meet the objective of improving community health and health equity, the CHA process has included meeting the following goals:

- Identifying resources, strengths, barriers to improving health outcomes.
- Developing a deeper understanding of community access- to- care challenges.
- Empowering partners to unite around opportunities for population health improvement.

Ultimately the group is working toward an ongoing process that monitors, refreshes, adds data, and analyzes community health is to improve the quality of life for people throughout the two-county area.

Dissemination of the information in this document in different forms is a critical step in communications that inform partners, stakeholders, community agencies, associations, and the public about the availability of the community health assessment and what community members can do to make a difference. The communications plan will ensure the CHA is widely shared with all community sectors.

Participating Partners

The Flagler County and Volusia County Collaborative (FVC) partnership includes partners in various community care positions, e.g., hospitals and clinics, public health departments, community-based organizations, and others. The following individuals serve within organizations representing populations disproportionately affected by conditions that create poorer health outcomes.

Community Health Assessment Project Leaders	
Name	Organization and Title
Ida Babazadeh	AdventHealth Central Florida Division, North Region, Program Manager, Community Health
Carrie Baird	Flagler Cares, One Voice for Volusia, Chief Executive Officer
Joyce Bishop	County of Flagler, Health and Human Services Director
Dona Butler	County of Volusia, Community Services Director
Bill Griffin	Halifax Health, Director for Strategic Planning
Nicole Sharbono	SMA Healthcare, Senior Vice President Clinical Services
Ethan J Johnson	Department of Health in Volusia County, Assistant County Health Department Director
Lynn A Kennedy	Department of Health in Volusia County, Program Coordinator
Deborah McNabb	AdventHealth Central Florida Division, North Region, Community Benefit Director
Ed Noseworthy	AdventHealth East Volusia, Chief Executive Officer
Gretchen C Smith	Department of Health in Flagler County, Communications Manager
Robert E Snyder	Department of Health in Flagler County, Health Officer

Throughout the process, there were regular meetings and communications with partners, and the final priorities used partners’ and community input. General activities in which partners participated include, but are not limited to, the following:

- Guiding strategic project activities and the overall timeline
- Disseminating project information to the larger community
- Providing liaison and other facilitation to inspire greater community participation
- Providing insight and editorial constructs to all project-related documents
- Recruiting Equity Champions
- Providing financial and other support for group meetings and other operational tasks
- Serving as subject matter experts on health-system-related resources, opportunities, operations, and challenges
- Providing overall project logistical support

Equity Champions

The FVC took a unique approach to involving impacted communities in the assessment by creating a team of health “Equity Champions” - five individuals or organizations who represented diverse populations or impacted communities. Equity Champions inform decisions about what data are collected and how they are interpreted in order to better understand the issues facing those communities, as well as resources or assets to address needs.

The “Equity Champions” are listed below.

Champion	Organization
Maritza Avila-Vazquez	Deltona City Commissioner; Vice Mayor, Deltona
Cheryl Massaro	Director at George Washington Carver Community Center; School Board Member
Mamie Oatis	Food Brings Hope, Community Director
Shelley Ragsdale	President, Flagler NAACP
Dr. Danyell Wilson-Howard	Bethune-Cookman University, Associate Professor; Department of Health, Volusia County, Health Disparities Liaison

The champions assisted the FVC with the following objectives:

- Reviewing research instruments for cultural appropriateness.
- Participating in stakeholder interviews.
- Participating in the prioritization process and strategy development discussions.
- Providing guidance regarding the most effective ways to engage unique community members (e.g., via interviews, surveys, or other methods).

Executive Summary

Overview

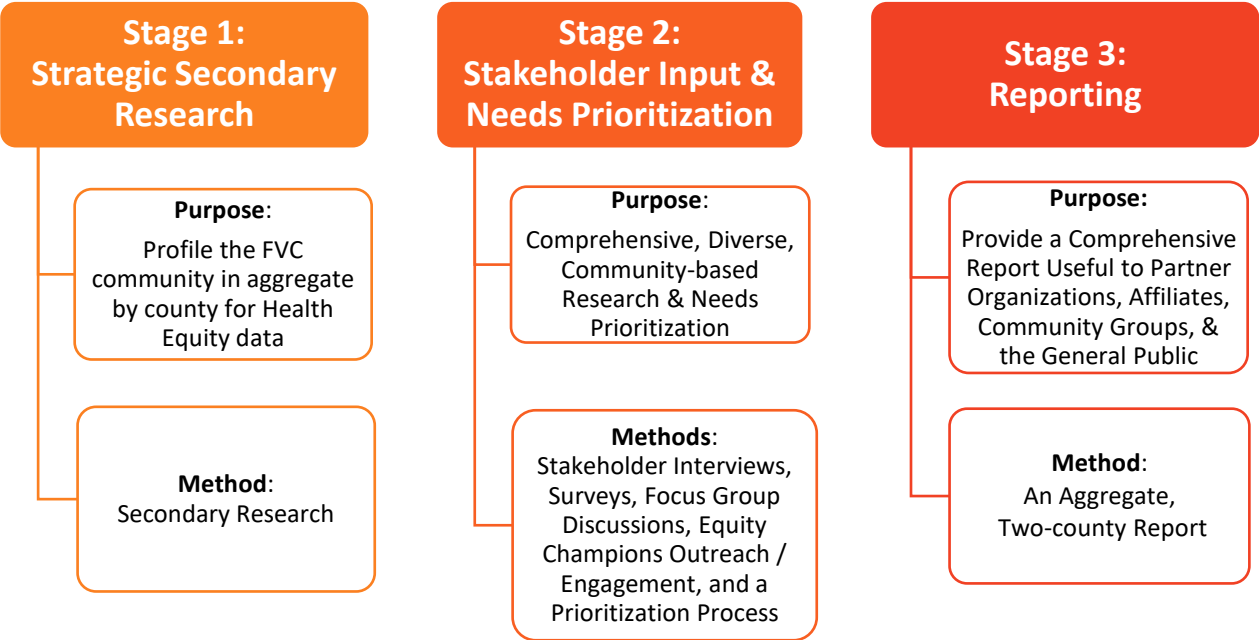
The Flagler County and Volusia County Collaborative (FVC) worked with its assessment partner Crescendo Consulting Group (CCG) to formalize and deploy a highly inclusive assessment framework. The framework was structured to be welcoming to priority communities and others, steeped in best practices, and designed to triangulate insights. At the conclusion of the process, the Flagler and Volusia communities developed a succinct, prioritized list of Priority Health Issues. To do this, the methodology included a quantitative and qualitative approach – to learn about the human stories and voices while weaving them with the best available data.

Methodology

Crescendo engaged community partners, used data analytics, and invited others to join the discovery process to help create a positive cycle of change. The assessment activities meet the following goals:

- Identify community resources, strengths, and barriers.
- Develop a deeper understanding of community access to care challenges for all populations.
- Enable partners to convene, discuss, and prioritize opportunities for population health improvement.

The following illustrates the three-stage approach used to support the project goals. Detailed descriptions of these methods are found at the beginning of each respective section.



Report

While the final report serves both counties, the sections listed below are specific to each county.

- Unique Analysis of County-level Insights
 - Health Equity Profiles (data)
 - Prioritized Needs for Each County

Priority Health Issues

At the conclusion of the research, data review, community engagement and prioritization process, three Priority Health Issues were identified encompassing 21 Priority Components. Some components are specific to Flagler or Volusia counties where others are shared by both counties.

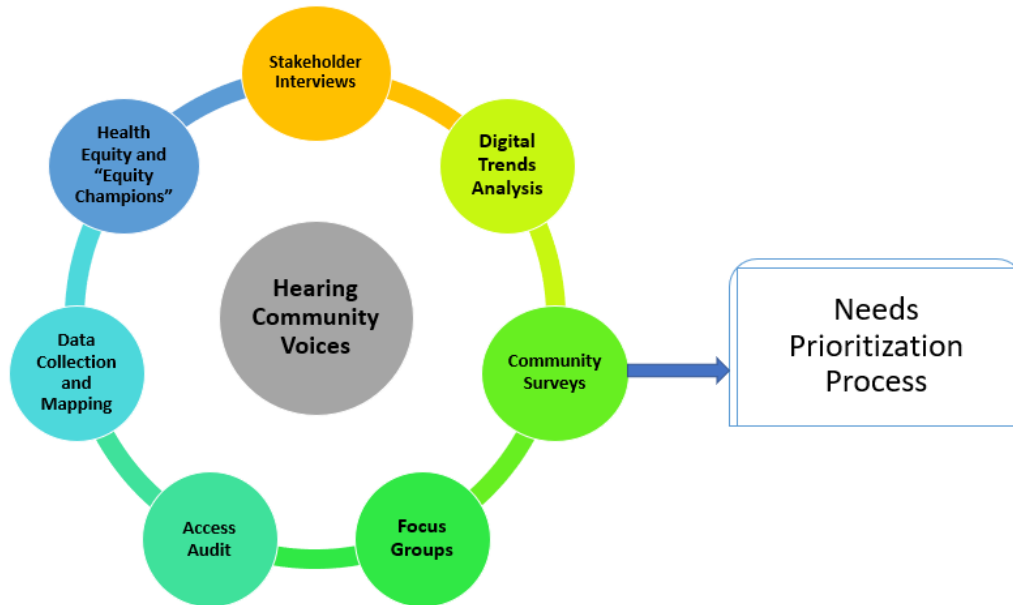
Access to Behavioral Health Services		
<i>Including: Adult Mental Health, Adult Substance Use, Youth Mental Health, Youth Substance Use, and Issues Specific to Older Adults (ages 75+)</i>		
Flagler & Volusia Priorities	Flagler Priorities	Volusia Priorities
<ul style="list-style-type: none"> • Mental health outpatient services for adults • Mental health outpatient services for children under 18 • Outpatient medical and mental healthcare services for children with special needs • Behavioral health initiatives to prevent suicide among target populations (e.g., youth) • Substance use disorder treatment programs • Improve mental health and substance use disorder transition care for inmates being released 	<ul style="list-style-type: none"> • Recruit mental health providers • Suicide prevention initiatives in middle and high schools • Suicide prevention initiatives targeting higher-risk adults (e.g., African Americans) • Telehealth capacity for mental health and primary care 	<ul style="list-style-type: none"> • none

Economic and Social Barriers		
Flagler & Volusia Priorities	Flagler Priorities	Volusia Priorities
<ul style="list-style-type: none"> • Quality, affordable childcare • Childcare services for special needs children 	<ul style="list-style-type: none"> • Support for additional affordable, quality housing 	<ul style="list-style-type: none"> • Access to affordable, quality housing • Affordable housing for “cost-burdened” homeowners and renters • Workforce needs and labor supply • Initiatives supporting households in poverty • Increase the percentage of people who have health insurance

System Infrastructure		
Flagler & Volusia Priorities	Flagler Priorities	Volusia Priorities
<ul style="list-style-type: none"> • Systems to improve the ability of schools, the justice system, healthcare providers, and public health departments to safely share information 	<ul style="list-style-type: none"> • Initiatives to improve community awareness of available healthcare resources 	<ul style="list-style-type: none"> • Systemic barriers to health insurance

Operational Framework

Below is a graphic illustrating how the mixed modality research methodology used stakeholder interviews, focus group discussions, and a large sample community survey to ensure community voices were combined and fed into the prioritization process.



Based on the results of the mixed-modality approach, an extensive list of approximately 50 deduplicated needs in each county was developed. The FVC deployed a "Modified Delphi Technique" to prioritize the needs. Note each county conducted a separate "Delphi" to determine a prioritized list of needs unique to their communities.

Each technique deployed in the CHA was part of the longer-term Assessment as Action Cycle which jump-starts the continuous process of assessing community needs, addressing high-priority needs, evaluating impact, adjusting strategies, and – again – assessing community needs. The approach endeavored to engage voices that are often hard to hear.

Assessment as Action Cycle®



Assessment Community

The Flagler and Volusia counties area has a combined population of nearly 700,000. The area is served by two major health care systems, multiple community-based organizations, and two active county health departments. The two-county area is shown in the map below.



Research Results Describing the Flagler and Volusia Counties Area

Strategic Secondary Research

Methodology

The secondary data collection portion of the CHA was designed to establish a comprehensive picture of the health care environment in the FVC Area. By collecting and analyzing data from a breadth of publicly available data sources, direct care providers, proprietary databases, and other sources, the FVC team developed a granular picture of the two-county population and community health needs by county.

Strategic Secondary Research activities included the following:

- **Engaging a comprehensive set of validated data sources.**
The FVC team used data from diverse sources to develop demographic and lifestyle profiles of each county (and aggregately for the community). The team also developed “Equity Profiles” which provide highly detailed insight to data variations based on gender, race, ethnicity, and other community characteristics. Sources include, but were not limited to, the following:
 - American Community Survey
 - Community Commons
 - County Health Rankings and Roadmaps
 - FLHealthCHARTS
 - Florida Office of Data Dissemination and Transparency
 - Health Equity Data Analysis (HEDA) system (University of Minnesota)
 - ESRI / ArcGIS / Business Analyst Online
 - Kaiser Family Foundation
 - CPD Maps / UDS Maps
 - The Surveillance, Epidemiology, and End Results (SEER) Program database
 - Law Enforcement Assisted Diversion (LEAD)
 - “Family Matters” report on multigenerational living
 - U.S. Department of Housing and Urban Development, CHAS Database
- **Analyzing data within a broad collection of approximately 100 population based, health equity, lifestyle, and community health measures falling within six domains.**
 - Core Demographics
 - Social and Economic Factors and Health Equity Measures
 - Health Status
 - Health Equity
 - Mental Health Status Profile
 - Risk and Access Measures
- **Deploying SPSS and other tools to build statistical models and analyze large data sets.**



Data Limitations

The data in this section was captured from the United States Census Bureau 2015-2019 American Community Survey (ACS) which covers a broad range of topics about social, economic, demographic, and housing characteristics of the U.S. population. Data from 2010 was captured from the previous U.S. Census Five-Year ACS report. The Five-Year Estimates from the ACS are period estimates that represent data collected over some time. The primary advantage of using multiyear estimates is the increased statistical reliability of the data for less populated areas and small population subgroups.¹

Some of the data from FloridaHealthCHARTS includes percentages, rates / 1,000, or other metric based on a very small sample size. At times, this assessment provides directional narrative or other observations for data points given the large potential margin of error.

In general, secondary data utilizes the most current data sets available at the time.² The dramatic changes in 2020 due to COVID-19 may have impacted some of the traditional projection tools, source data, and data collection methods. For example, the American Community Survey (ACS) which provides detailed population and housing information revised its messaging, altered their mailout strategy, and made sampling adjustments to accommodate the National Processing Center's staffing limitations. Where relevant, the impacts or new data due to COVID-19 are noted.

¹¹ American Community Survey, 2010 & 2019 Five-year Estimates. Link to source: www.census.gov/data/developers/data-sets/acs-5year.html

² **Note:** The 2016-2020 five-year American Community Survey data was released March 17, 2022, too late for inclusion in this analysis.

Population Demographics

Overview

The demographic analysis provides the framework from which to better understand individual neighborhoods, population trends, and the overall fabric of the community. The following analysis highlights diverse ethnicities, median incomes, and other lifestyle factors that impact the needs of the FVC area, as well as the development of effective strategies to meet evolving needs. To analyze these and other characteristics, the domains included in the secondary research include an examination of factors such as general demographics of the area and the health status profile and disease burden.

The data in this section was captured from the United States Census Bureau 2015-2019 American Community Survey (ACS) which covers a broad range of topics about social, economic, demographic, and housing characteristics of the United States population. Data from 2010 was captured from the 2006-2010 United States Census Five-Year ACS report. The Five-Year Estimates from the ACS are period estimates that represent data collected over some time. The primary advantage of using multiyear estimates is the increased statistical reliability of the data for less populated areas and small population subgroups.³³

³³ American Community Survey, 2010 & 2019 Five-year Estimates. Link to source: www.census.gov/data/developers/data-sets/acs-5year.html

The total population of the area has expanded rapidly over the last 10 years. On a statewide level, Florida experienced a nearly 13% increase between 2010 and 2019, the second-largest increase in population after Texas.⁴ Also worth noting is that Florida, including the area, experienced a tremendous influx of new residents during the COVID-19 pandemic. These numbers are not reflected in the below data, yet anecdotally this is changing the face of the state.

Exhibit 1: Total Population Growth & Projections

	United States	Florida	Flagler County	Volusia County
2010	303,965,272	18,511,620	91,806	496,053
2019	324,697,795	20,901,636	109,801	536,487
2024 Projected Population	335,710,000	22,815,920	123,880	568,080

Source: United States Census Bureau. American Community Survey Five-Year Estimates, 2015-2019; 2024 Projection⁵ U.S. 2024 Projections, Statistica⁶

Exhibit 2: Population Percent Change

	United States	Florida	Flagler County	Volusia County
Percent change (2019 to 2024)	3.4%	9.2%	12.8%	5.9%
Percent change (2010 to 2019)	6.8%	12.9%	19.6%	8.2%

Source: United States Census Bureau. American Community Survey Five-Year Estimates, 2015-2019

- The population of Flagler County increased by nearly 20% from 2010 to 2019, approximately one-third higher than the statewide rate of growth.
- From 2010 to 2019, Flagler County ranked as the U.S.’s 87th fastest growing county.

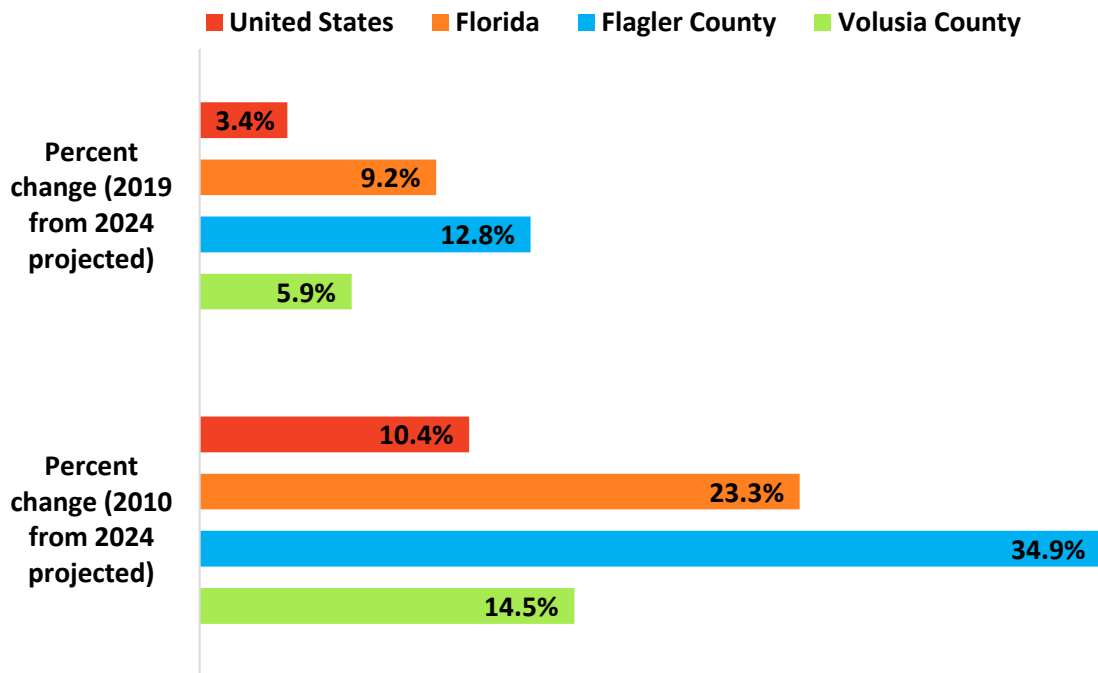
⁴ United States Census. Around Four-Fifths Of All United States Metro Areas Grew Between 2010 & 2020, 2021.

⁵ ArcGIS. Link to source: www.census.gov/library/stories/2021/08/more-than-half-of-united-states-counties-were-smaller-in-2020-than-in-2010.html

⁶ US 2024 Projections, Statistica. Link to source: www.statista.com/statistics/263762/total-population-of-the-united-states/; www.bebr.ufl.edu/sites/default/files/Research%20Reports/projections_2020.pdf

Population growth in Flagler County is expected to outpace an already rapid state of Florida growth rate from 2019 to 2024 – 12.8% and 9.2%, respectively.

Exhibit 3: Population Change by County with State & U.S. Comparison



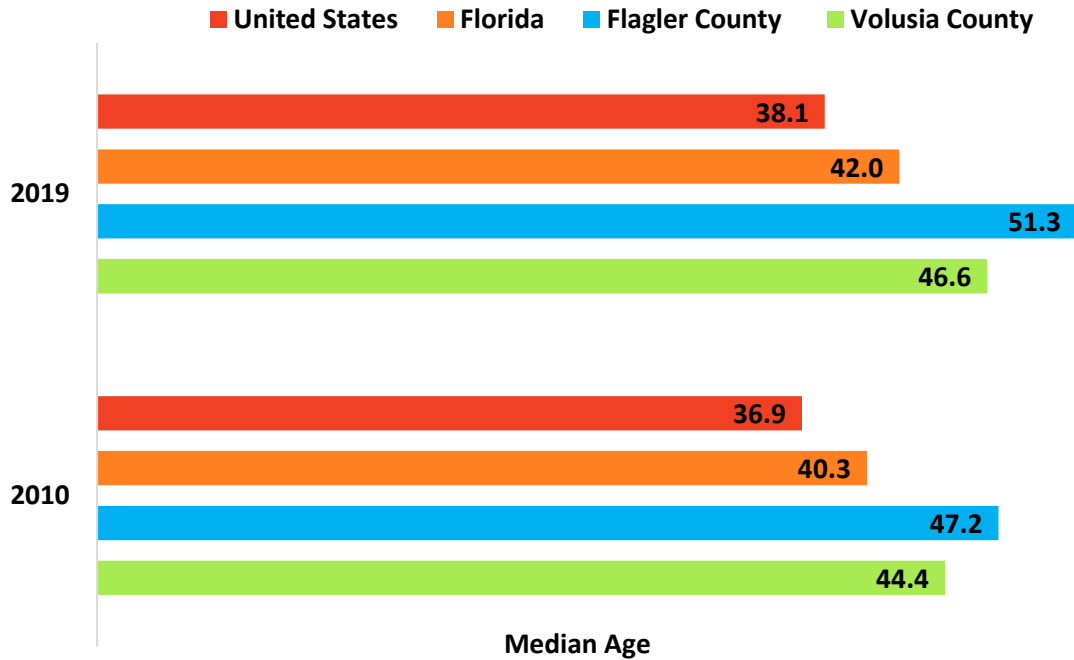
Percent change	United States	Florida	Flagler County	Volusia County
2010 to 2024 Projected	10.4%	23.3%	34.9%	14.5%
2019 to 2024 Projected	3.4%	9.2%	12.8%	5.9%

Source: United States Census Bureau. American Community Survey Five-Year Estimates, 2015-2019

- The Florida growth rate from 2010 to (expected) 2024 is very high (23.3%), yet it is much smaller than the Flagler County rate (34.9%).
- The Volusia County growth rates (2010 and 2019 compared to 2024) are much greater than the U.S. average.
- Rapid growth puts notable stress on infrastructure (e.g., roadway capacity, housing, utility capacity, environmental concerns, and other general service capacity). However, within the health care sector, rapid growth requires health care systems and public health departments to build capacity and address anticipated needs. The speed of increase in the Flagler County and Volusia County areas will emphasize this requirement throughout the CHA, Implementation Planning, and Community Health Improvement Plan development processes.

The median age of a Florida resident remains nearly four years older compared to the median age of Americans, while residents within area indicate an even older population than the statewide median for both 2010 and 2019. Between 2010 and 2019, the median age rose across all geographic areas, including Flagler and Volusia counties.

Exhibit 4: Median Age



	United States	Florida	Flagler County	Volusia County
2019	38.1	42.0	51.3	46.6
2010	36.9	40.3	47.2	44.4

Source: United States Census Bureau. American Community Survey Five-Year Estimates, 2015-2019

- It is important to note the median age is useful in summarizing whether a population is aging. However, there is more to the age structure of the population than the snapshot that median age alone can provide.⁷

⁷ U.S Census Bureau. Counties Can Have The Same Median Age But Very Different Population Distributions, 2019. Link to source: www.census.gov/library/stories/2019/06/median-age-does-not-tell-the-whole-story.html

Flagler and Volusia counties present a lower percentage of children and of employment-age adults than national and statewide averages and a higher percentage of those 55 years of age and older.

Exhibit 5: Age & Gender

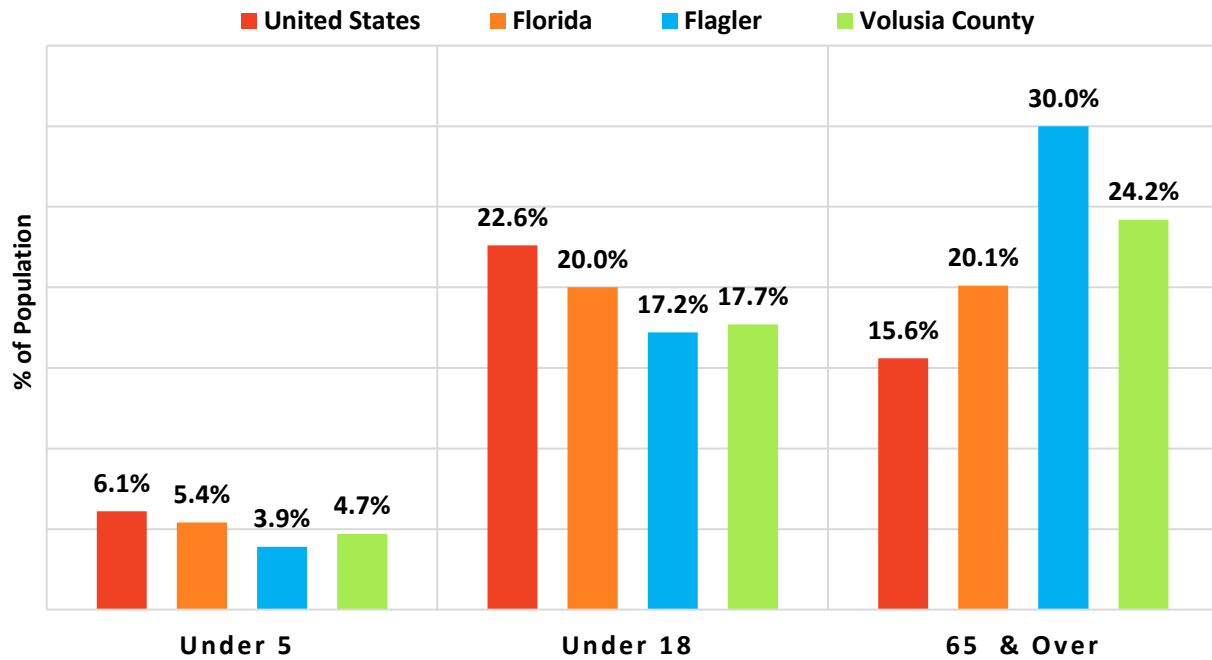
	United States	Florida	Flagler County	Volusia County
Male	49.2%	49.2%	47.7%	48.7%
Female	50.8%	50.8%	52.3%	51.3%
5 to 9	6.2%	5.4%	4.7%	5.0%
10 to 14	6.4%	5.7%	5.3%	4.9%
15 to 19	6.5%	5.8%	5.6%	5.5%
20 to 24	6.8%	6.1%	4.2%	5.8%
25 to 34	13.9%	13.0%	8.8%	11.6%
35 to 44	12.6%	12.1%	9.8%	10.5%
45 to 54	13.0%	13.1%	12.1%	12.6%
55 to 59	6.7%	6.8%	7.3%	7.6%
60 to 64	6.2%	6.4%	8.4%	7.6%
65 to 74	9.1%	11.1%	17.5%	13.5%
75 to 84	4.6%	6.4%	9.6%	7.4%

Source: United States Census Bureau. American Community Survey Five-Year Estimates, 2015-2019

- Flagler and Volusia counties present a higher percentage of females than males, more so than the state.
- Flagler County is trending older than Volusia County, most notably within the population aged 65 and older.

Consistent with national and statewide trends, Flagler and Volusia counties have been shifting toward an older population.

Exhibit 6: Youth & Senior Population



	United States	Florida	Flagler County	Volusia County
2019				
Under 5	6.1%	5.4%	3.9%	4.7%
Under 18	22.6%	20.0%	17.2%	17.7%
65 +	15.6%	20.1%	30.0%	24.2%
2010				
Under 5	15.6%	20.1%	5.1%	5.0%
Under 18	ND	ND	ND	ND
65 +	12.7%	16.9%	23.6%	20.6%

Source: United States Census Bureau. American Community Survey Five-Year Estimates, 2015-2019

- The percentage of the population under five years old has decreased by an order of magnitude on national and state levels since 2010. The service county areas’ proportion of young children has decreased as well, remaining lower than statewide and national levels.
- Conversely, the population of seniors (age 65 and older) has increased across the area from 2010 to 2019 – from 23.6% to 30.0% in Flagler County and from 20.6% to 24.2% in Volusia County.
- While all age groups have unique and ever-changing health needs, older populations are more likely to require more health care services. In 2019, the average annual cost of individual health care was approximately \$7,180 for ages 45 to 54, compared to approximately \$13,050 for seniors.⁸

⁸ Peterman-KFF Health System Tracker. Link to source: www.healthsystemtracker.org/chart-collection/health-expenditures-vary-across-population/

Florida is primarily comprised of residents who identify as White (75.1%), Black / African American (16.1%), and Hispanic or Latino (25.6%). The two-county area has a higher proportion of residents identifying as White and fewer identifying as Black / African American than statewide and national averages.

Exhibit 7: Race

	United States	Florida	Flagler County	Volusia County
White	72.5%	75.1%	82.3%	81.4%
Black / African American	12.7%	16.1%	10.0%	10.9%
American Indian & Alaska Native	0.8%	0.3%	0.3%	0.3%
Asian	5.5%	2.7%	2.6%	1.8%
Native Hawaiian & Other Pacific Islander	0.2%	0.1%	0.1%	0.0%
Some other race	4.9%	3.0%	2.5%	3.4%
Two or more races	3.3%	2.7%	2.2%	2.1%

Source: United States Census Bureau. American Community Survey Five-Year Estimates, 2015-2019

Exhibit 8: Ethnicity

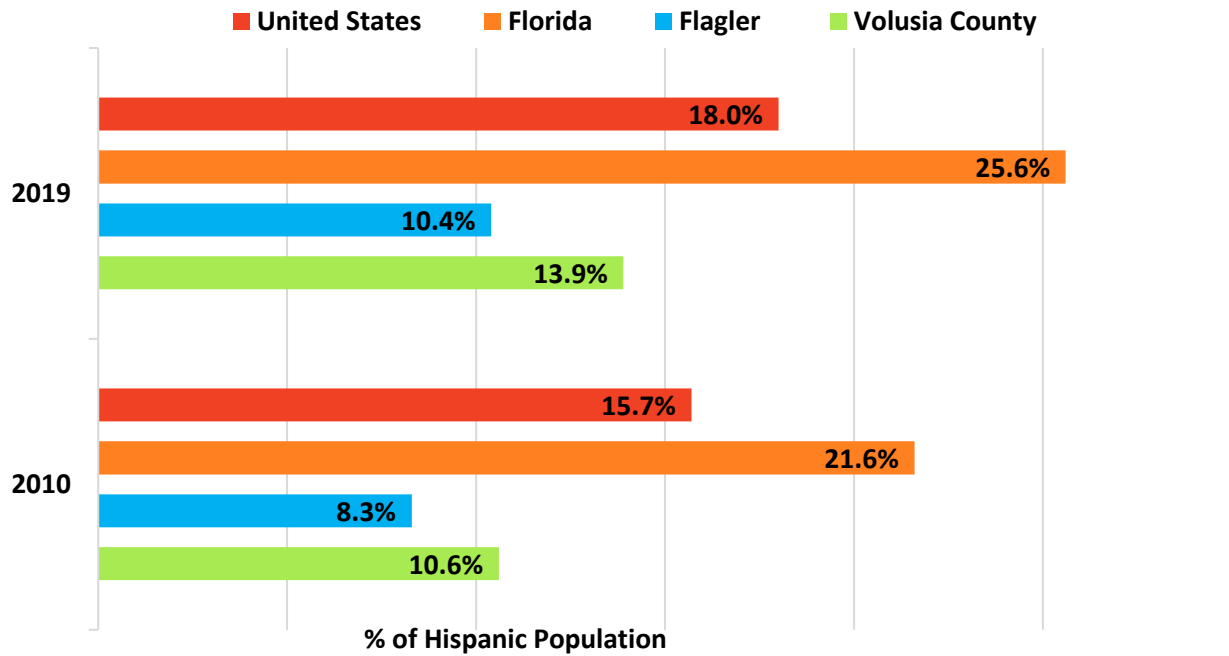
	United States	Florida	Flagler County	Volusia County
2019				
Hispanic or Latino of any race	18.0%	25.6%	10.4%	13.9%
Mexican	11.2%	3.5%	1.3%	2.6%
Puerto Rican	1.7%	5.4%	5.5%	7.0%
Cuban	0.7%	7.3%	0.9%	1.0%
Other Hispanic or Latino	4.3%	9.4%	2.7%	3.3%
Not Hispanic or Latino	82.0%	74.4%	89.6%	86.1%
2010				
Hispanic or Latino of any race	15.7%	21.6%	8.3%	10.6%
Mexican	10.1%	3.2%	0.5%	2.3%
Puerto Rican	1.5%	4.3%	4.4%	4.9%
Cuban	0.6%	6.2%	0.8%	1.0%
Other Hispanic or Latino	3.6%	7.9%	2.6%	2.4%
Not Hispanic or Latino	84.3%	78.4%	91.7%	89.4%

Source: United States Census Bureau. American Community Survey Five-Year Estimates, 2015-2019

- In keeping with national and statewide trends, the proportion of the population identifying as Hispanic or Latino increased from 2010 to 2019 in the area.

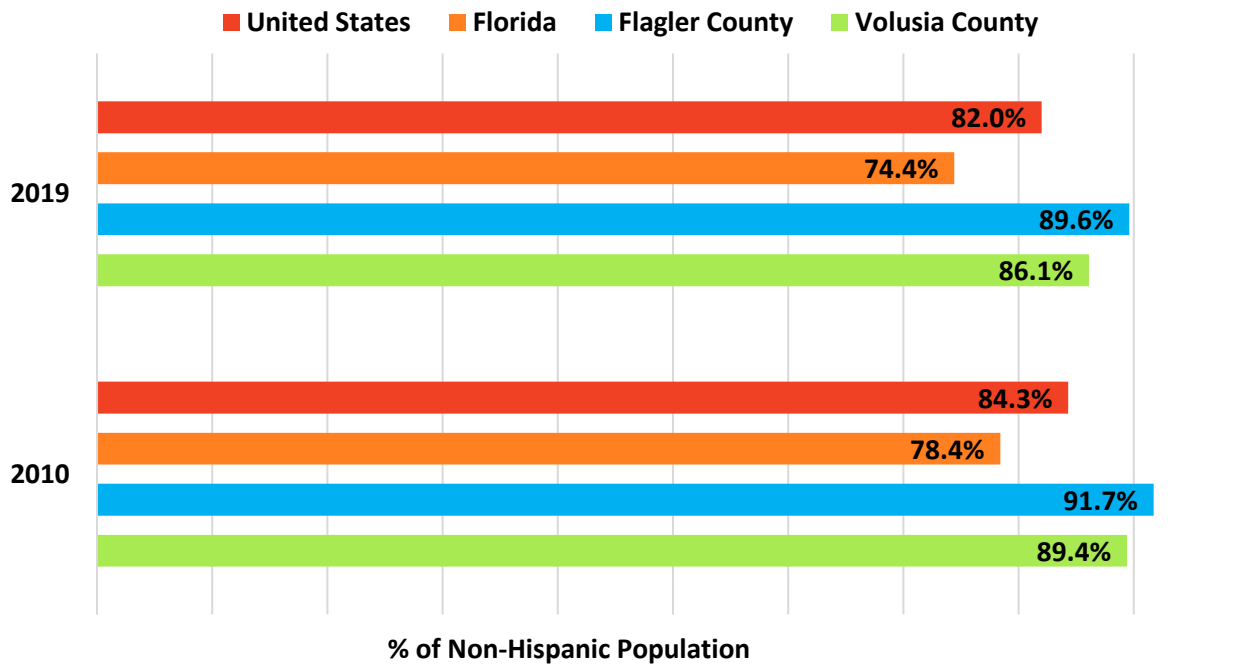
Flagler and Volusia counties have notably lower percentages of those who identify as Hispanic or Latino compared to the statewide and national average.

Exhibit 9: Hispanic Population



Source: United States Census Bureau. American Community Survey Five-Year Estimates, 2015-2019

Exhibit 10: Non-Hispanic Population

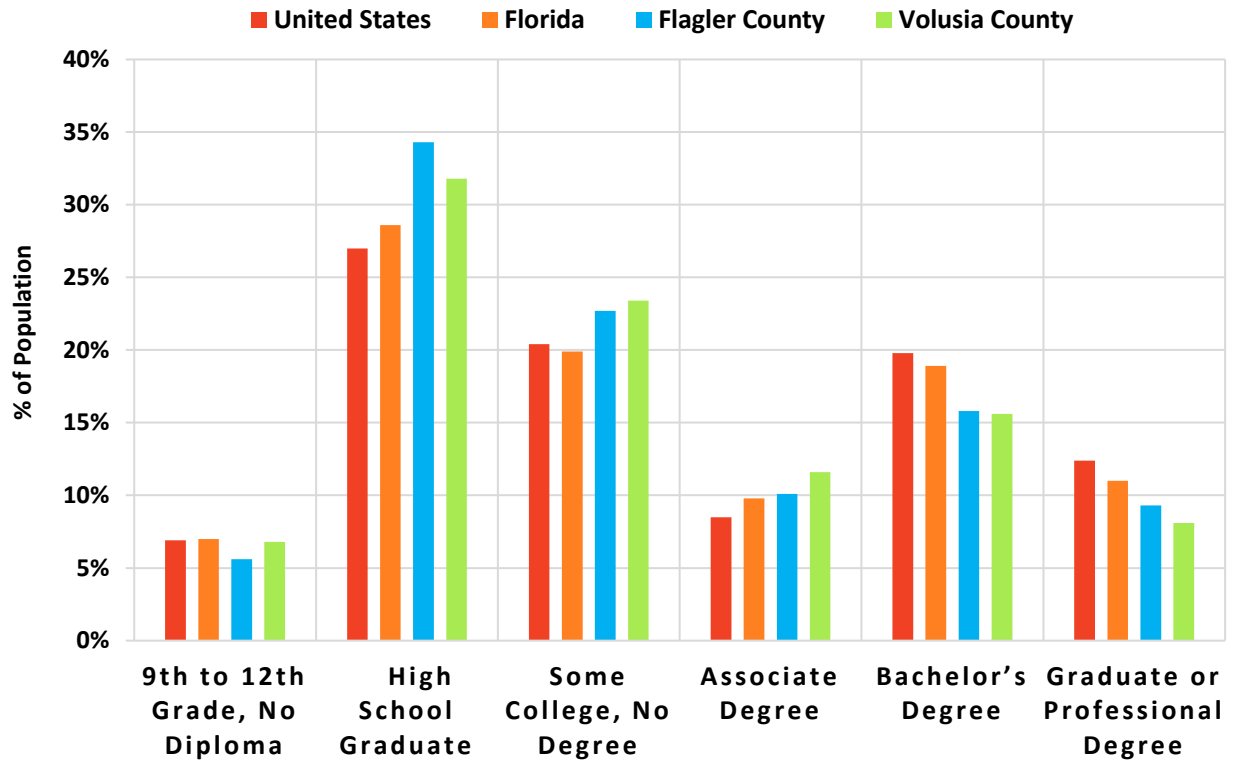


Source: United States Census Bureau. American Community Survey Five-Year Estimates, 2015-2019

Education

The following data provides a high-level overview of educational achievement within the two-county area while highlighting inequalities between educational attainment, race, and ethnicity. Educational attainment varies somewhat between the two counties and generally trends toward lower educational achievement compared to statewide and national averages.

Exhibit 11: Educational Attainment

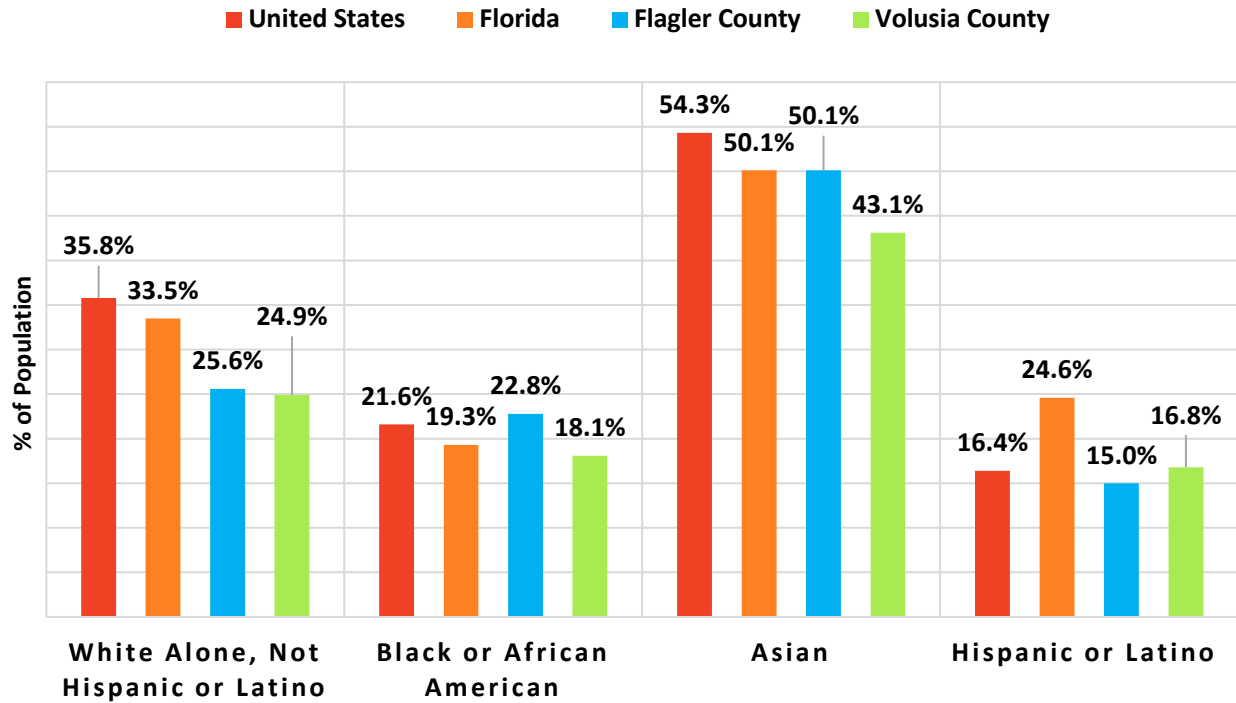


	United States	Florida	Flagler County	Volusia County
9 th to 12 th Grade, No Diploma	6.9%	7.0%	5.6%	6.8%
High School Graduate <i>(Includes Equivalency)</i>	27.0%	28.6%	34.3%	31.8%
Some College, No Degree	20.4%	19.9%	22.7%	23.4%
Associate Degree	8.5%	9.8%	10.1%	11.6%
Bachelor's Degree	19.8%	18.9%	15.8%	15.6%
Graduate or Professional Degree	12.4%	11.0%	9.3%	8.1%

Source: United States Census Bureau. American Community Survey Five-Year Estimates, 2015-2019

There are notable variations in educational attainment by race and ethnicity in the two-county area compared to statewide and national averages. In Florida, a higher percentage of residents who identify as Hispanic or Latino earn a bachelor’s degree compared to the United States average. However, those rates are not mirrored in either Flagler and Volusia County, where Hispanic or Latino residents have the lowest likelihood of having earned a bachelor’s degree.

Exhibit 12: Population With a Bachelor’s Degree or Higher by Race & Ethnicity



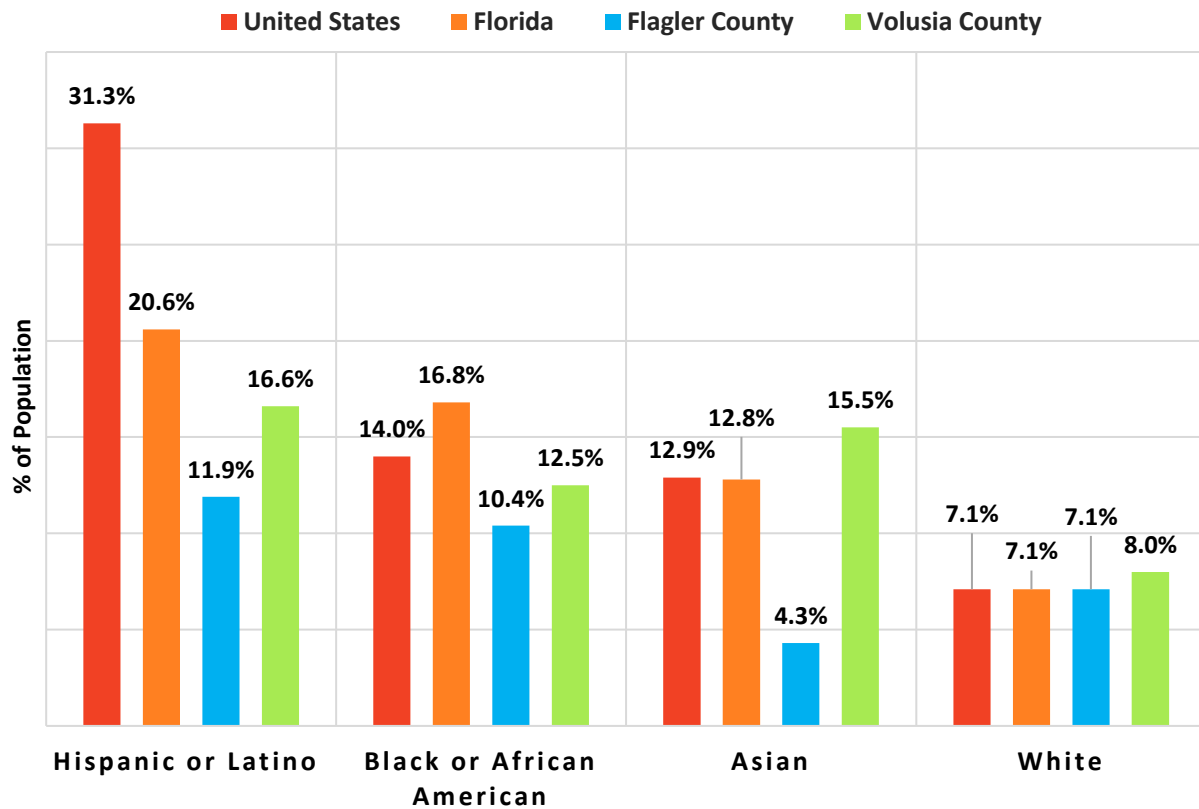
	United States	Florida	Flagler County	Volusia County
White, Not Hispanic, or Latino	35.8%	33.5%	25.6%	24.9%
Black / African American	21.6%	19.3%	22.8%	18.1%
Asian	54.3%	50.1%	50.1%	43.1%
Hispanic or Latino	16.4%	24.6%	15.0%	16.8%

Source: United States Census Bureau. American Community Survey Five-Year Estimates, 2015-2019

- Among those who identify as White, Non-Hispanic or Latino, there is a lower rate of residents with a bachelor’s degree in the area than state or national averages.
- In Flagler and Volusia counties, Hispanic and Latino residents have a much lower likelihood of having earned a bachelor’s degree than White Non-Hispanics (approximately 40% lower rates), and Asian students are more than twice as likely as Hispanic and Latino residents to have earned a bachelor’s degree.
- Those identifying as Black / African American in Volusia County have a lower likelihood of having earned a bachelor’s degree than those in Florida or nationally on average. Asian residents are more than twice as likely to have graduated with a bachelor’s degree than most others.

Racial and ethnic disparities concerning the high school graduation rate can be seen between the two counties.

Exhibit 13: Population with No High School Diploma by Race & Ethnicity



	United States	Florida	Flagler County	Volusia County
White, Not Hispanic or Latino	7.1%	7.1%	7.1%	8.0%
Black / African American	14.0%	16.8%	10.4%	12.5%
Asian	12.9%	12.8%	4.3%	15.5%
Hispanic or Latino	31.3%	20.6%	11.9%	16.6%

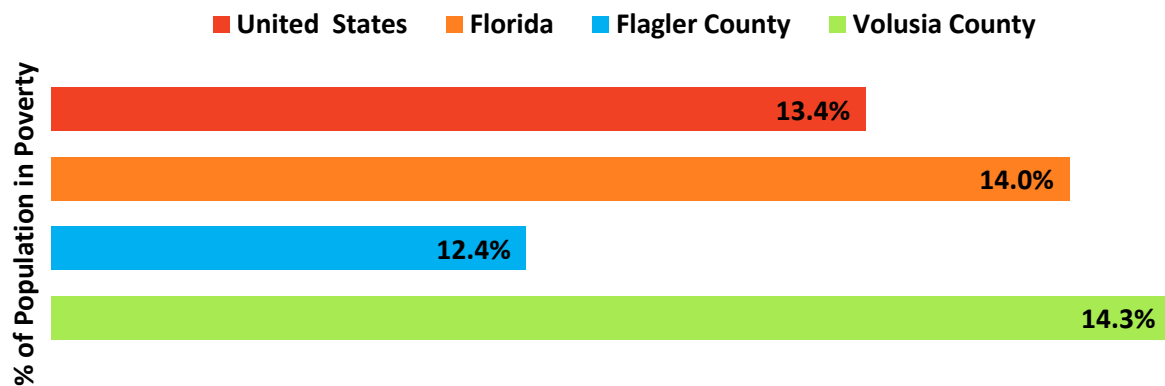
Source: United States Census Bureau. American Community Survey Five-Year Estimates, 2015-2019

- Those identifying as Asian are three times more likely to have a high school diploma than their other racial groups in Flagler County.
- The percentage of Black / African American and Hispanic residents with no high school diploma is notably higher than those who identify as White and Non-Hispanic.

Impoverished Communities & Social Determinants of Health

The term "impoverished population" refers to the population living 100% below the Federal Poverty Level (FPL). Overall, the total impoverished population in Florida is slightly higher compared to the United States. Volusia County poverty is similar to the Florida rate; Flagler County's rate is below the state average.

Exhibit 14: Impoverished Population



United States	Florida	Flagler County	Volusia County
13.4%	14.0%	12.4%	14.3%

Source: United States Census Bureau. American Community Survey Five-Year Estimates, 2015-2019

Exhibit 15: Impoverished Population by Race

	United States	Florida	Flagler County	Volusia County
White (Total Population)	72.5%	75.1%	82.3%	81.4%
White (In Poverty)	12.5%	13.7%	12.2%	13.1%
Black / African American (Total Population)	12.7%	16.1%	10.0%	10.9%
Black / African American (In Poverty)	27.1%	28.6%	43.9%	37.7%
Asian (Total Population)	5.5%	2.7%	2.6%	1.8%
Asian (In Poverty)	12.5%	13.2%	ND	12.8%

Source: United States Census Bureau. American Community Survey Five-Year Estimates, 2015-2019

- Among people identifying as Black / African American in Flagler County and Volusia County, approximately 40% are living in poverty – a rate three to four times higher than for White residents.
- Approximately 16% of the population in Florida identifies as Black / African American. Of this population, over a quarter are considered to be living in poverty.

Housing

Indicators related to household composition and housing-related finances are important factors to review. Housing is an important social determinant of health that highlights the link between where people live and their health. People with low incomes and minority communities tend to reside in places with more health risks and face housing cost burdens that encourage housing instability, which can jeopardize the ability to meet their basic needs.⁹

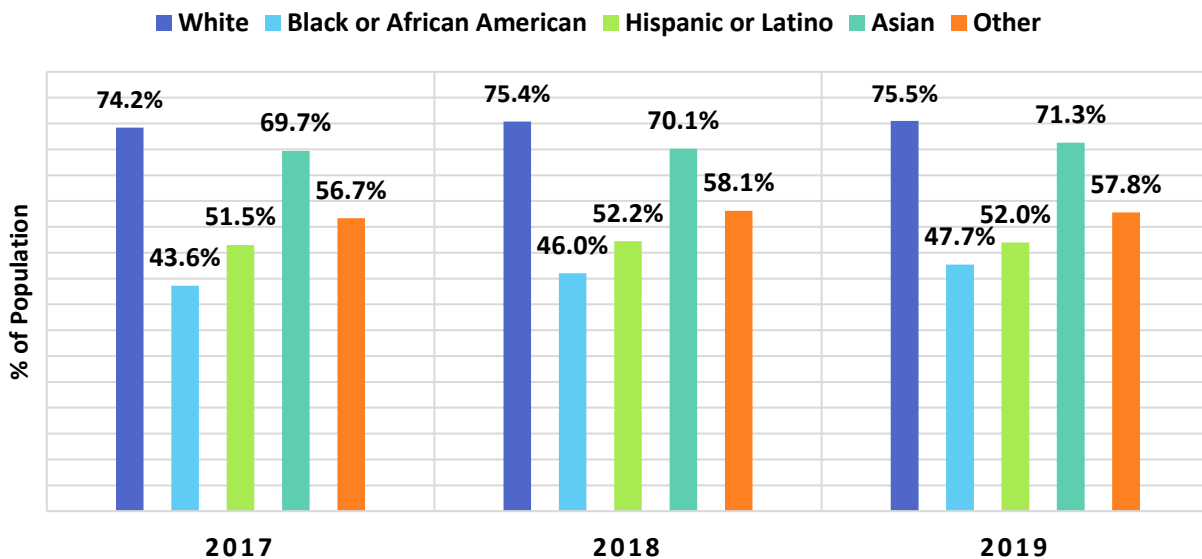
Those who identify as White or Asian were much more likely to own homes compared to those identifying as Black, African American, or Hispanic. This parallels median household income figures.

Exhibit 16: Total Housing Units

United States	Florida	Flagler County	Volusia County
137,428,986	9,448,159	51,757	260,720

Source: United States Census Bureau. American Community Survey Five-Year Estimates, 2015-2019

Exhibit 17: Homeownership by Race & Ethnicity in Florida¹⁰



	White	Black / African American	Hispanic or Latino	Asian	Other
2019	75.5%	47.7%	52.0%	71.3%	57.8%
2018	75.4%	46.0%	52.2%	70.1%	58.1%
2017	74.2%	43.6%	51.5%	69.7%	56.7%

Source: Shimberg Center for Housing Studies Tabulations of United States Census Bureau American Community Survey, 2021

- Black / African American homeownership increased approximately 10% from 2017 to 2019 (43.6% to 47.7%, respectively). White and Asian residents are much more likely to own homes compared to those identifying as Black, African American, or Hispanic – paralleling median household income rates.

⁹ Centers for Disease Control & Prevention, Social Determinants Of Health. Link to source: www.cdc.gov/socialdeterminants/index.htm

¹⁰ Shimberg Center for Housing Studies. Link to source: <https://public.tableau.com/app/profile/blaise.denton/viz/FloridaRaceEthnicityandHomeownership/Dashboard1>

- Other data sources not shown in the table and chart above note that the percent of homes with fully working utilities also varies by county.
 - The two-county area experiences slightly better rates of homes with complete plumbing and kitchen facilities compared to those of both Florida and the United States.

Many homes within the area are “cost-burdened” which implies that ownership costs exceed 30% of household income. The burden is more extreme for renters.

Exhibit 18: Monthly Owner Costs as a Percent of Household Income

	United States	Florida	Flagler County	Volusia County
Less than 20.0%	45.9%	40.7%	38.6%	40.5%
20.0 to 24.9%	15.7%	15.3%	14.8%	15.1%
25.0 to 29.9%	10.5%	10.7%	10.8%	11.0%
30.0 to 34.9%	6.9%	7.5%	7.8%	7.8%
More than 35.0%	20.9%	25.8%	28.0%	25.5%

Source: United States Census Bureau. American Community Survey Five-Year Estimates, 2015-2019

Exhibit 19: Gross Rent as a Percent of Household Income¹¹

	United States	Florida	Flagler County	Volusia County
Less than 15.0%	13.1%	8.9%	9.6%	8.9%
15.0 to 19.9%	12.9%	10.7%	11.8%	12.0%
20.0 to 24.9%	12.9%	12.4%	12.1%	11.4%
25.0 to 29.9%	11.6%	11.7%	11.8%	11.1%
30.0 to 34.9%	9.1%	9.6%	7.6%	8.2%
More than 35.0%	40.5%	46.7%	47.1%	48.4%

Source: United States Census Bureau. American Community Survey Five-Year Estimates, 2015-2019

- More than one-third of homeowners (about 34%) and over half (i.e., about 55%) are considered “cost-burdened” – paying more than 30% of household income for household costs.
- Given rapid increases in the price of median home sales, the housing gap will likely grow. It is important to note that the median price of homes increased 18.8% from November 2020 to November 2021, according to Cecil G. Brumley of Hometown News Volusia, 12/30/2021.

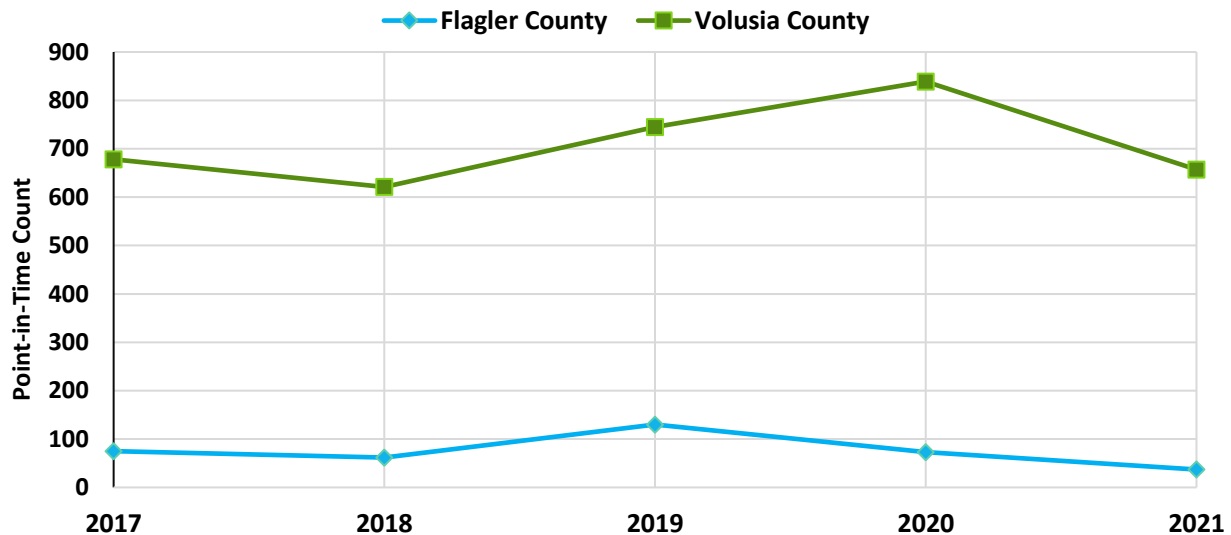
¹¹ Occupied Units Paying Rent (Excluding Units Where GRAP I Cannot Be Computed).

Housing Insecure Population

The Point-in-Time (PIT) Count is defined as a “one-day snapshot” of the persons experiencing homelessness on a given night and should not be interpreted as a measure of the number of people who experience homelessness over a year. Persons experiencing homelessness are divided into unsheltered and sheltered population categories and include not only people living on the streets, but also are those residing in Emergency Shelters, Safe Havens, and Transitional Housing units (who are not included in the PIT figures shown below).

Note: *The 2021 Point-in-Time Count numbers are not comparable to the previous years’ counts. Typically, Continuums of Care (CoCs) conduct a PIT Count of both sheltered and unsheltered households. This year, due to COVID-19 related safety concerns, only six of the 27 CoCs conducted such a count; 10 CoCs did not conduct an unsheltered count; and others conducted a modified form of the unsheltered count. All CoCs conducted a sheltered PIT count. For those that did not conduct an unsheltered count, the CoCs reported zero unsheltered persons, resulting in an undercount of homelessness.

Exhibit 20: Point-in-Time Count



	Florida	Flagler County	Volusia County
2021	21,141	37	657
2020	27,679	73	839
2019	28,590	130	745
2018	29,717	62	621
2017	32,109	75	678

Source: Florida’s Council on Homelessness 2021 Annual Report¹²

- Counts in January of 2021 were significantly impacted by the COVID-19 pandemic, both in terms of where people without homes were sheltering, and in terms of the comprehensiveness (and thus accuracy) of surveys conducted.

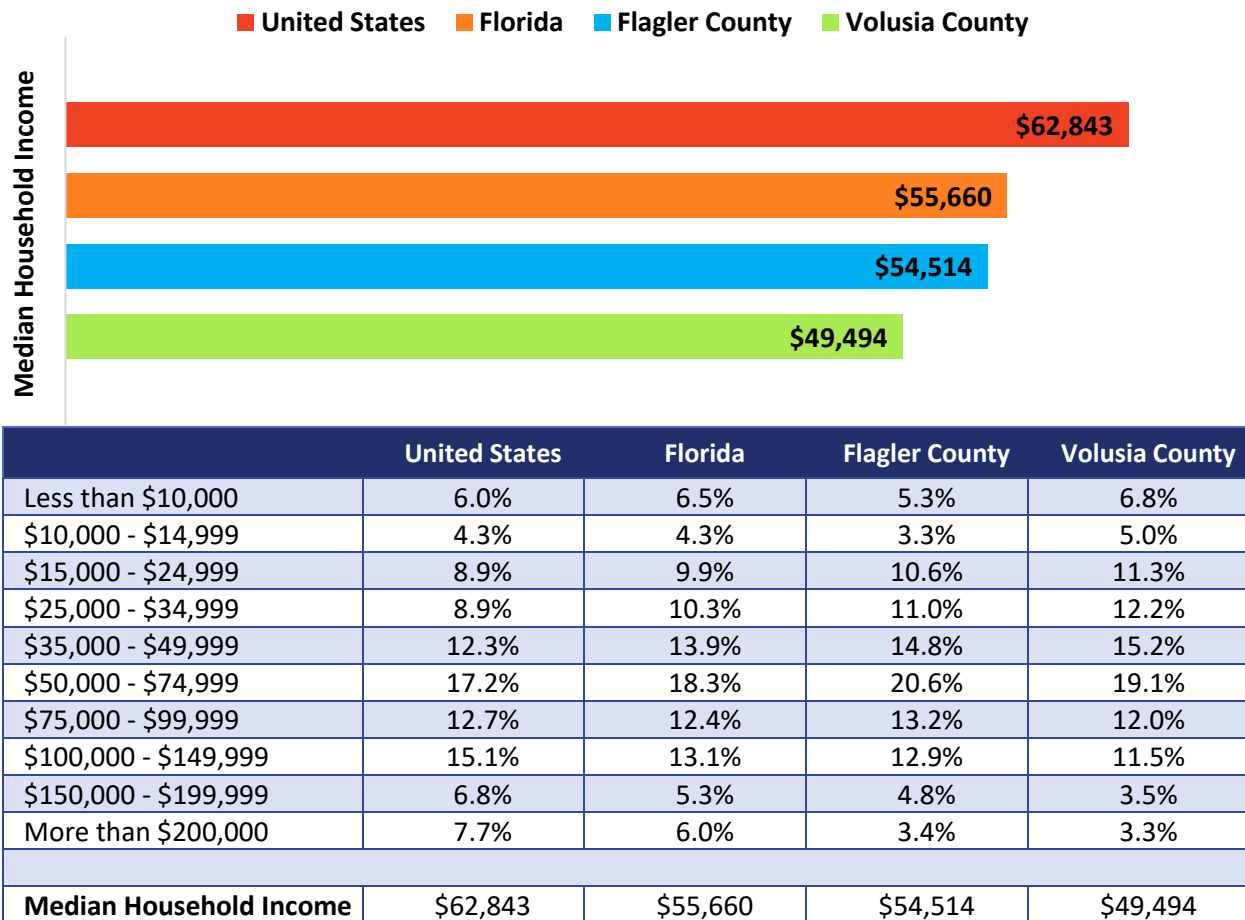
¹² Florida Department Of Children & Families. Annual Council On Homelessness 2021 Report. Link to source: www.myflfamilies.com/service-programs/homelessness/docs/2021CouncilReport.pdf

Employment & Income

Economic stability is a known social determinant of health as people living in poverty are less likely to have access to health care, healthy food, stable housing, and opportunities for physical activity. These disparities mean people living in poverty are more likely to die from preventable diseases.¹³ Research suggests that low-income status is associated with adverse health consequences, including shorter life expectancy, higher infant mortality rates, and other poor health outcomes.¹⁴

Poverty is a notable issue in both the two-county area and statewide, and disparities exist across the area. The median household income in Flagler County is higher than in Volusia County, though it is less than the national median by several thousand dollars.

Exhibit 21: Median Household Income by Income Group



Source: United States Census Bureau. American Community Survey Five-Year Estimates, 2015-2019

¹³ Social Determinants Of Health, Economic Stability. Link to source: <https://health.gov/healthypeople/objectives-and-data/browse-objectives/economic-stability/reduce-proportion-people-living-poverty-sdoh-01>

¹⁴ American Academy Of Family Physicians, Poverty & Health. The Family Medicine Perspective, April 2021. Link to source: www.aafp.org/about/policies/all/poverty-health.html

The table below indicates the trends in unemployment rates between January 2020 to July 2021. Family economics is a factor highly correlated to community health. The COVID-19 pandemic impacted America's labor force in consequential ways. Nationally, the number of unemployed United States citizens skyrocketed from 6.2 million in February to 20.5 million in May 2020. The United States unemployment rate shot up from less than four percent in February 2020, among the lowest on record in the post-World War II era, to 13% in May of the same year.¹⁵

However, even though unemployment rates have returned to near pre-pandemic levels, labor shortages remain. After a surge in unemployment in the months following the start of the COVID-19 pandemic, unemployment rates have stabilized slightly higher than statewide averages and below national averages for the first half of 2021. A comprehensive timeline of unemployment rates from 2017 to July 2021 is located within the Appendices. Unemployment rates are based on those actively engaged in the labor force.

Exhibit 22: Trend of Unemployment Rates

	United States	Florida	Flagler County	Volusia County
2020				
January	3.5	3.3	4.3	4.0
February	3.5	3.3	3.9	3.6
March	4.4	4.9	6.1	5.9
April	14.8	14.0	15.3	15.1
May	13.3	14.2	14.5	14.3
June	11.1	11.6	10.8	11
July	10.2	11.5	10.4	10.9
August	8.4	7.9	7.1	7.5
September	7.8	7.2	6.3	6.3
October	6.9	5.8	5.0	5.1
November	6.7	5.4	4.5	4.5
December	6.7	5.1	3.8	3.7
2021				
January	6.3	4.8	4.9	4.9
February	6.2	4.7	4.9	4.8
March	6.0	4.7	5.3	5.1
April	6.1	4.8	5.3	5.2
May	5.8	4.9	5.0	5.1
June	5.9	5.0	6.0	5.8
July	5.4	5.1	5.3	5.1

Source: United States Bureau of Labor Statistics, Unemployment Rate, retrieved from FRED, Federal Reserve Bank of St. Louis

¹⁵ Pew Research Center. Unemployment Rose Higher in Three Months Of COVID-19 Than It Did In Two Years of the Great Recession, 2020. Link to source: www.pewresearch.org/fact-tank/2020/06/11/unemployment-rose-higher-in-three-months-of-covid-19-than-it-did-in-two-years-of-the-great-recession/

The aggregate workforce size in the two-county area has remained more stable in the wake of the pandemic than in the rest of the state or country.

Exhibit 23: Number of People in the Workforce

	United States	Florida	Flagler County	Volusia County
March 2021	140,606,898	8,691,899	24,309	174,835
March 2020	147,065,206	8,979,549	24,669	176,703
Percent Change	-4.4%	-3.2%	-1.5%	-1.1%

Source: United States Bureau of Labor Statistics. Quarterly Census of Employment & Wages, State & County Map

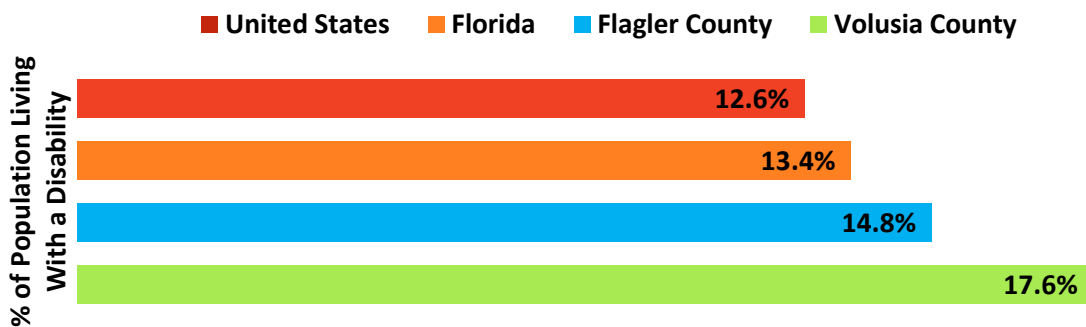
- The number of people in the workforce has dropped notably since the start of the pandemic. However, this trend has been much lower in Flagler and Volusia counties (-1.5% and -1.1%, respectively, compared to -3.2% in Florida, and a -4.4% nationally).

Population Living with a Disability

Research indicates that in comparison to those living without a disability, people with disabilities have less access to health care, experience more depression and anxiety, engage more often in risky health behaviors such as smoking, and are less physically active.¹⁶

The total population in Florida living with any type of disability is slightly higher compared to the national average, and notably higher in Volusia County. Overall, approximately 18% of Volusia County's total population is living with a type of disability, markedly higher compared to the Florida average.

Exhibit 24: Population Living With a Disability Summary



	United States	Florida	Flagler County	Volusia County
Total Population Living with a Disability	12.6%	13.4%	14.8%	17.6%
Gender				
Men	12.5%	13.5%	15.5%	17.7%
Women	12.7%	13.4%	14.2%	17.4%
Race & Ethnicity				
White	13.1%	14.2%	15.7%	18.2%
Black / African American	14.0%	11.9%	9.1%	14.8%
Asian	7.1%	7.7%	4.5%	7.9%
White Alone, Not Hispanic or Latino				
White Alone, Not Hispanic or Latino	13.9%	15.9%	16.0%	18.8%
Hispanic or Latino				
Hispanic or Latino	9.0%	10.0%	14.1%	14.8%

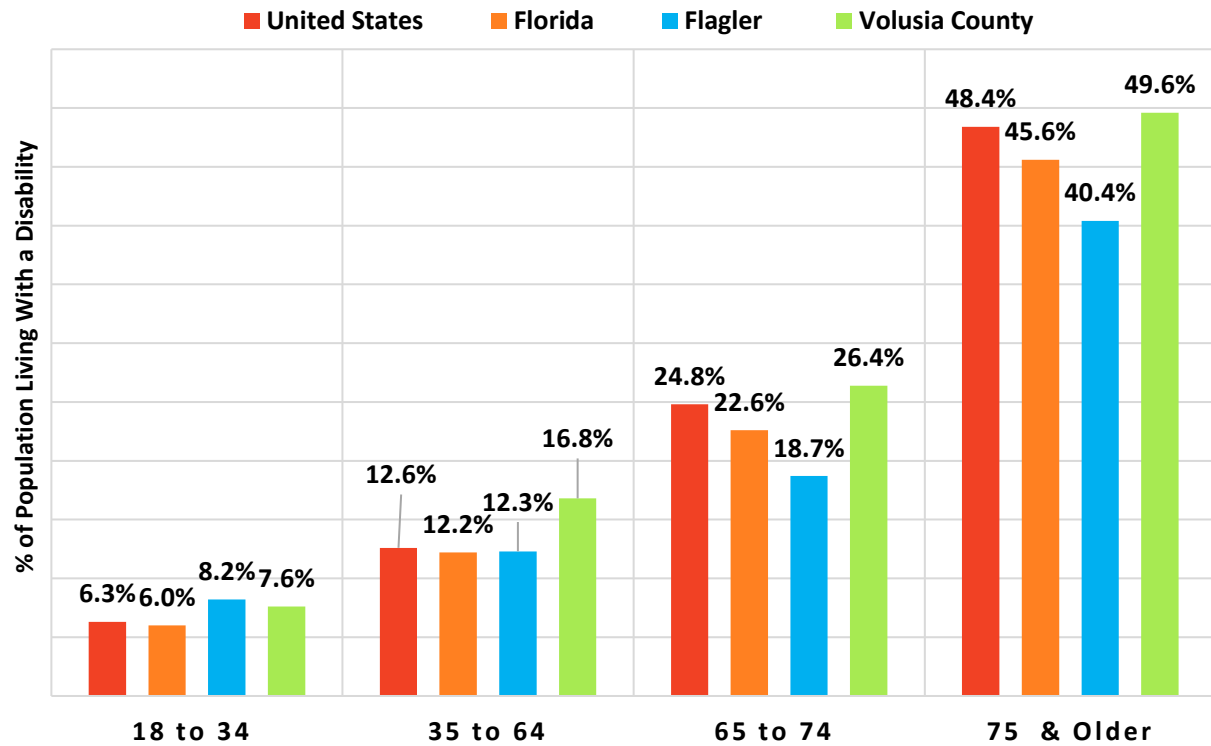
Source: United States Census Bureau. American Community Survey Five-Year Estimates, 2015-2019

- Those identifying as Black / African American, as well as Hispanic or Latino are less likely to be living with a disability compared to White, Non-Hispanic residents.

¹⁶ Centers for Disease Control & Prevention. Health Equity for People with Disabilities, 2021. Link to source: www.cdc.gov/ncbddd/humandevlopment/health-equity.html

Disability rates vary between Flagler and Volusia counties across most age brackets. Nearly half of people aged 75 or older are living with some form of disability (40.4% in Flagler County and 49.6% in Volusia County). Those 75 and older are twice as likely to be living with a disability than those aged 65 to 74.

Exhibit 25: Population Living with a Disability by Age Group



	United States	Florida	Flagler County	Volusia County
Under 5	0.7%	0.7%	0.0%	0.7%
5 to 17	5.5%	5.8%	4.7%	6.4%
18 to 34	6.3%	6.0%	8.2%	7.6%
35 to 64	12.6%	12.2%	12.3%	16.8%
65 to 74	24.8%	22.6%	18.7%	26.4%
75 +	48.4%	45.6%	40.4%	49.6%

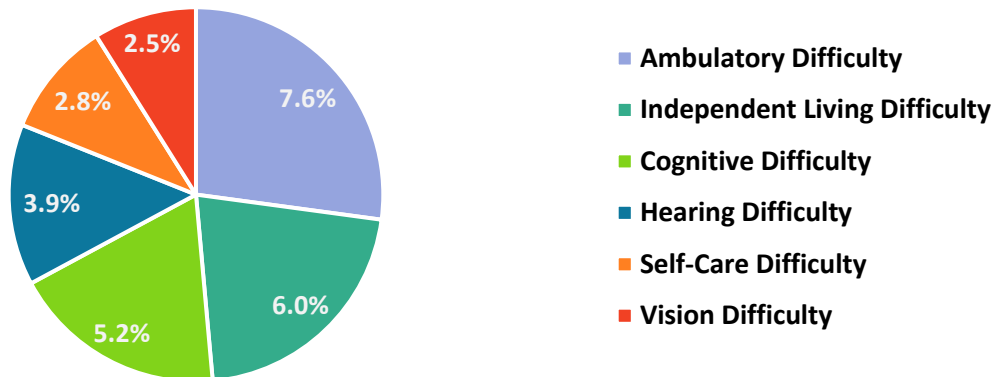
Source: United States Census Bureau. American Community Survey Five-Year Estimates, 2015-2019

- Adults 35 and older in Volusia County are more likely than their counterparts in Flagler County to be living with a disability.
- Children between the ages of five to 17 in Flagler County present a notably lower percentage of people living with a disability compared to statewide and national averages.

While it is evident that people with a disability encounter a range of barriers to accessing health care not limited to communication, financial, and physical barriers – each type of disability presents unique challenges.

In Florida, the most common type of disability is ambulatory difficulty followed by independent living. Ambulatory difficulty is defined by the U.S Census as having serious difficulty walking or climbing stairs; independent living difficulty indicates that a physical, mental, or emotional problem increases difficulty doing errands alone, such as visiting a doctor’s office or shopping.¹⁷

Exhibit 26: Population Living in Florida with a Disability by Type



	United States	Florida	Flagler County	Volusia County
Population Living with a Disability	12.6%	13.4%	14.8%	17.6%
Ambulatory Difficulty	6.9%	7.6%	7.3%	10.3%
Independent Living Difficulty	5.8%	6.0%	5.6%	7.4%
Cognitive Difficulty	5.1%	5.2%	4.9%	6.5%
Hearing Difficulty	3.6%	3.9%	5.2%	5.7%
Self-Care Difficulty	2.6%	2.8%	2.4%	3.7%
Vision Difficulty	2.3%	2.5%	2.9%	3.7%

Source: United States Census Bureau. American Community Survey Five-Year Estimates, 2015-2019

- Those who experience ambulatory and independent living difficulties face high costs of home modifications and other services. It is estimated that a household containing an adult living with a disability (that limits their ability to gain employment) requires approximately 28% more income (or an additional \$17,690 a year) to obtain the same standard of living as a similar household without a member with a disability.¹⁸
- Rates of ambulatory, cognitive, and independent living difficulties are higher in Volusia County than statewide averages, while the rates of those same disability types are lower in Flagler County than statewide averages.

¹⁷ United States Census. Disability Glossary. Link to source: www.census.gov/topics/health/disability/about/glossary.html

¹⁸ National Disability Institute. The Extra Costs of Living with a Disability in the U.S. — Resetting the Policy Table, 2020. Link to source: www.nationaldisabilityinstitute.org/wp-content/uploads/2020/10/extra-costs-living-with-disability-brief.pdf

The number of people living with a disability, especially those in high health care service use age groups, presents notable health care challenges. The following tables provide a granular overview of people living with a disability by age group.

Florida residents present with fewer disabilities in each category than national averages. In mostly every category, those between the ages of 65 and 74 in Volusia County have higher rates of people living with a disability compared to the statewide average.

Exhibit 27: Ages 65 to 74 Living with a Disability by Type

	United States	Florida	Flagler County	Volusia County
Population 65 to 74	24.8%	22.6%	18.7%	26.4%
Hearing Difficulty	9.0%	7.8%	7.4%	10.5%
Vision Difficulty	4.2%	3.8%	2.7%	4.8%
Cognitive Difficulty	5.2%	4.8%	3.7%	4.4%
Ambulatory Difficulty	15.1%	13.5%	9.3%	15.7%
Self-Care Difficulty	4.2%	3.5%	2.6%	3.5%
Independent Living Difficulty	7.4%	6.2%	5.1%	6.2%

Source: United States Census Bureau. American Community Survey Five-Year Estimates, 2015-2019

Exhibit 28: Aged 75 Years & Older Living with a Disability by Type

	United States	Florida	Flagler County	Volusia County
Population 75 +	48.4%	45.6%	40.4%	49.6%
Hearing Difficulty	22.0%	20.3%	21.3%	25.3%
Vision Difficulty	9.3%	9.0%	7.7%	11.0%
Cognitive Difficulty	13.4%	12.9%	9.4%	13.8%
Ambulatory Difficulty	31.7%	29.8%	22.0%	31.8%
Self-Care Difficulty	13.1%	11.9%	6.6%	11.7%
Independent Living Difficulty	24.0%	21.5%	13.4%	22.7%

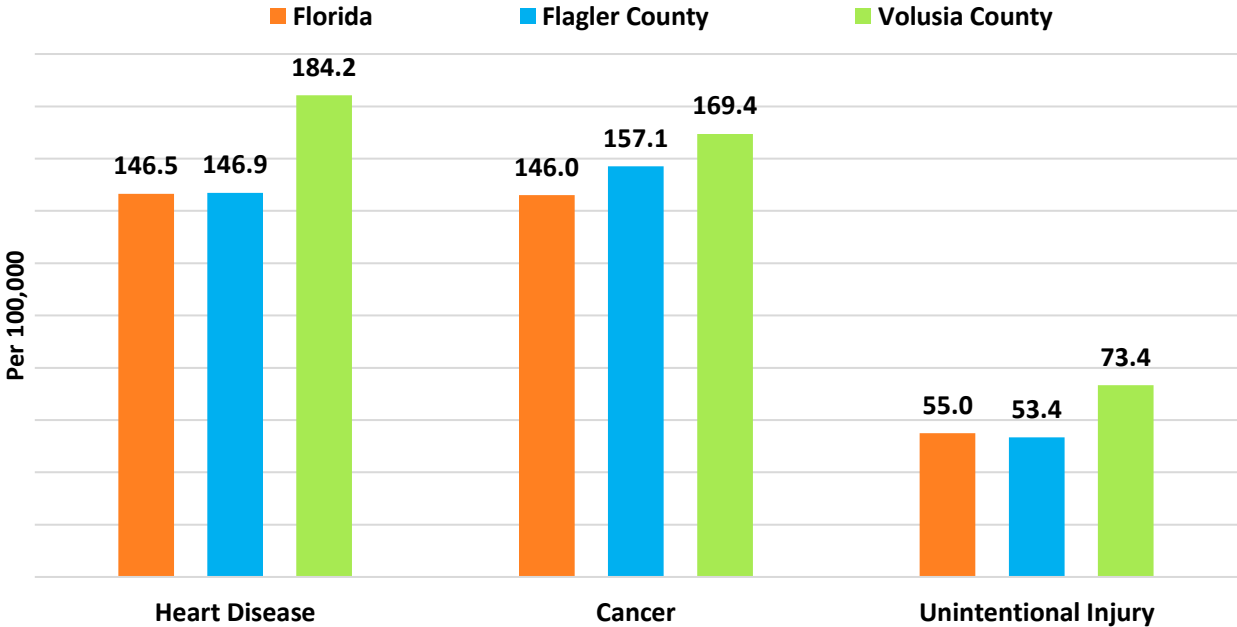
Source: United States Census Bureau. American Community Survey Five-Year Estimates, 2015-2019

- For those 75 years of age and older, Volusia County trends higher in each type of disability than both statewide averages and their counterparts in Flagler County.

Morbidity & Mortality

Mortality rates measure the frequency of occurrence of death in a defined population during a specified interval.¹⁹ Mortality data answers critical questions to help health care organizations and providers understand how many people are dying and why. Heart disease and cancer of all types were the leading causes of death between 2017 and 2019, followed by unintentional injuries both statewide and within the area.

Exhibit 29: Leading Causes of Death



Age-Adjusted Mortality Rate	Florida	Flagler County	Volusia County
Heart Disease	146.5	146.9	184.2
Cancer	146.0	157.1	169.4
Unintentional Injury	55.1	53.4	73.4
Stroke	40.7	50.9	49.4
Chronic Lower Respiratory Disease	38.1	42.7	56.5
Diabetes	20.3	21.6	26.6
Alzheimer's Disease	19.9	18.3	29.4
Suicide	14.6	24.2	21.3

Source: Florida Department of Health. Bureau of Vital Statistics, 2017-2019

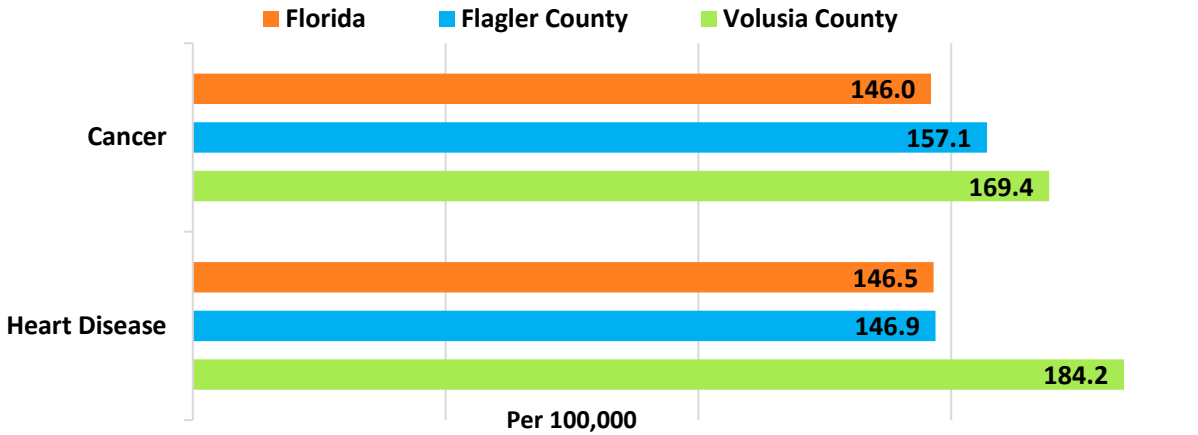
- Heart disease and cancer are the most common causes of death in Flagler and Volusia counties, as well as most places nationally. However, the heart disease and cancer mortality rates in Volusia County are 10% to 20% higher than the Florida average.

¹⁹ Deputy Director for Public Health Science & Surveillance. Center for Surveillance, Epidemiology & Laboratory Services, Division Of Scientific Education & Professional Development. Link to source: www.cdc.gov/csels/dsepd/ss1978/lesson3/section3.html

- Overall, Volusia County presents higher death rates related to the top three causes compared to statewide rates. Unintentional injuries mortality rates in Volusia County are approximately 35% higher than the Florida average.

Risk factors for heart disease include family history and lifestyle behaviors. While family history is not in the control of the individual, controllable risk factors include high blood pressure or cholesterol, and obesity. Behaviors such as tobacco and alcohol use as well as an unhealthy diet can increase the chance of developing some type of heart disease.²⁰

Exhibit 30: Heart Disease & Cancer-Related Deaths



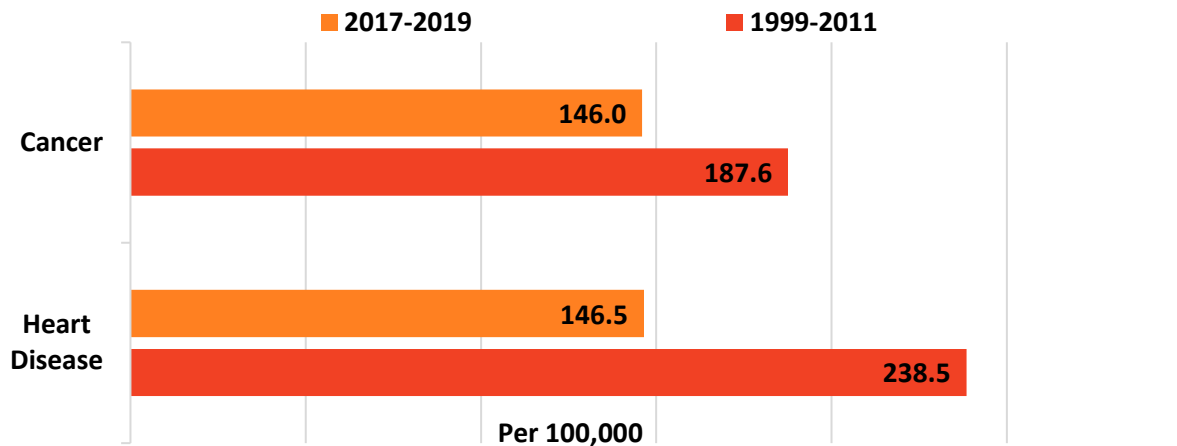
Source: Florida Department of Health. Bureau of Vital Statistics, 2017-2019

- Incidence of heart disease and cancer are both notably higher in Volusia County than in Flagler County.
- While Flagler County heart disease rates mirror the statewide averages, Flagler County residents have a higher incidence of cancer than the statewide averages (though not as high as in Volusia County).
- Cancer mortality rates are higher in Flagler County and Volusia County than the Florida average (8% higher and 20% higher, respectively).

²⁰ Florida Department Of Health. Risk Factors Of Heart Disease. Link to source: www.floridahealth.gov/diseases-and-conditions/heart-disease/risk-factors.html

Florida has decreased both cancer and heart disease-related deaths since the 1999-2001 data collection period. While many of the leading causes of death have declined over the last 20 years, death rates related to Alzheimer’s Disease have increased from 15.1 deaths to 19.9 deaths per 100,000 people, and the rate of deaths caused by unintentional injuries rose by almost 50%.

Exhibit 31: Leading Causes of Death in Florida, Comparison



Age-Adjusted Mortality Rate, Florida	1999-2001	2017-2019
Heart Disease	238.5	146.5
Cancer	187.6	146.0
Unintentional Injury	38.0	55.0
Stroke	48.9	40.7
Chronic Lower Respiratory Disease	41.3	38.1
Diabetes	21.7	20.3
Alzheimer's Disease	15.1	19.9
Suicide	12.8	14.6

Source: Florida Department of Health. Bureau of Vital Statistics, 2017-2019

- While a majority of the leading causes of death have declined over the past two decades, death rates for Alzheimer’s Disease statewide have increased by nearly 32%.
- The 1999-2001 data collection period identified strokes as the third leading cause of death, now replaced by unintentional injuries which have increased by approximately 44.7%.
- Suicide-related deaths have also increased slightly between these reporting periods.

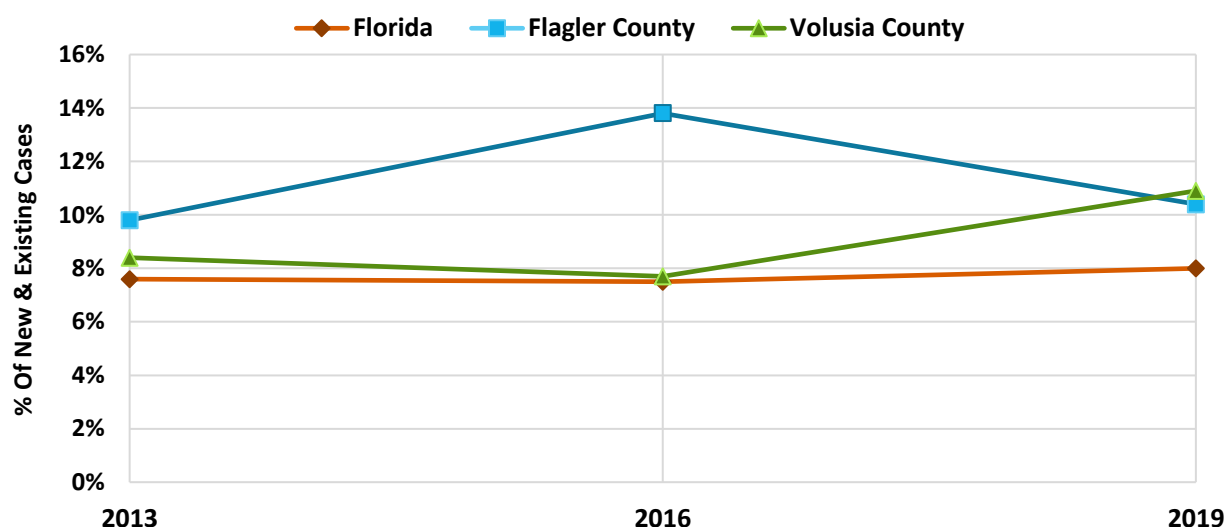
Cancer

Prevalence & Incidence²¹

Florida has the second highest cancer burden in the nation. Since 2014, cancer has been the second leading cause of death in Florida, after heart disease.²² Cancer prevalence refers to the proportion of the population with pre-existing cases of any type of cancer, except Melanoma, as well as new cases at or during a specified period. For a more in-depth analysis, additional tables on age groups, income levels, gender, and race / ethnicities can be found in the Appendices.

Between 2013 and 2016, the statewide percentage of adults with cancer increased one percent and increased by just half a percent between 2016 and 2019. The changes in the two-county area were more pronounced.

Exhibit 32: Trend Of Adults Who Have Ever Been Told They Had Cancer



	Florida	Flagler County	Volusia County
2019	8.0%	10.4%	10.9%
2016	7.5%	13.8%	7.7%
2013	7.6%	9.8%	8.4%

Source: Florida Behavioral Risk Factor Surveillance System²³

- The cancer rates in Volusia County increased from 7.7% to 10.9% from 2016 to 2019, while the rates in Flagler County fell by 3.4% (after having increased by 4.0% from 2013 to 2016). These fluctuations may warrant further investigation.

²¹ **Note:** “Prevalence” Means New Previously Diagnosed Cases. “Incidence” Means New Cases Only During A Defined Time Period. Link to Additional Reference. Link to source: www.flhealthcharts.gov/Chartsreports/Rdpage.aspx?Rdreport=Nonvitalind.Dataviewer&Cid=460

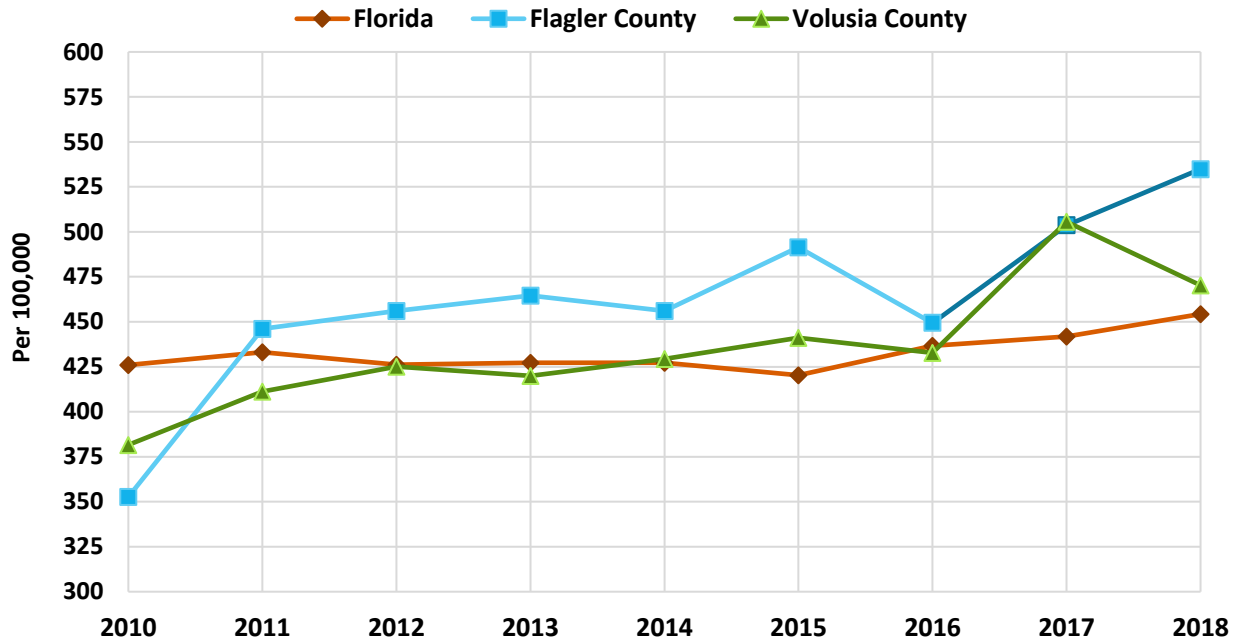
²² Florida Department Of Health, Cancer. Link to source: www.floridahealth.gov/diseases-and-conditions/cancer/index.html

²³ **Note:** The Behavioral Risk Factor Surveillance System (BRFSS) is the nation’s premier system of health-related telephone surveys that collect state data about U.S. residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services. BRFSS completes more than 400,000 adult interviews each year, making it the largest continuously conducted health survey system in the world. The Florida Behavioral Risk Factor Surveillance System (BRFSS) is a state-based telephone surveillance system designed to collect data on individual risk behaviors and preventative health practices related to the leading causes of morbidity and mortality in Florida and the United States.

Responses are self-reported. There have been numerous studies that have examined issues related to the reliability and validity of the BRFSS and the system’s ability to provide both valid national estimates, within state estimates and comparisons across states. Link to source: www.cdc.gov/brfss/publications/data_qvr.htm

The incidence of cancer of all types, except for Melanoma, refers to the occurrence of new cases only in a population over a specified period. The overall incidence of cancer in Florida predominantly increased between 2010 and 2018 (426.0 to 454.3 cases per 100,000 population). Cancer incidence rates in Flagler and Volusia counties also increased considerably from 2010 to 2018.

Exhibit 33: Incidence of Cancer Trend



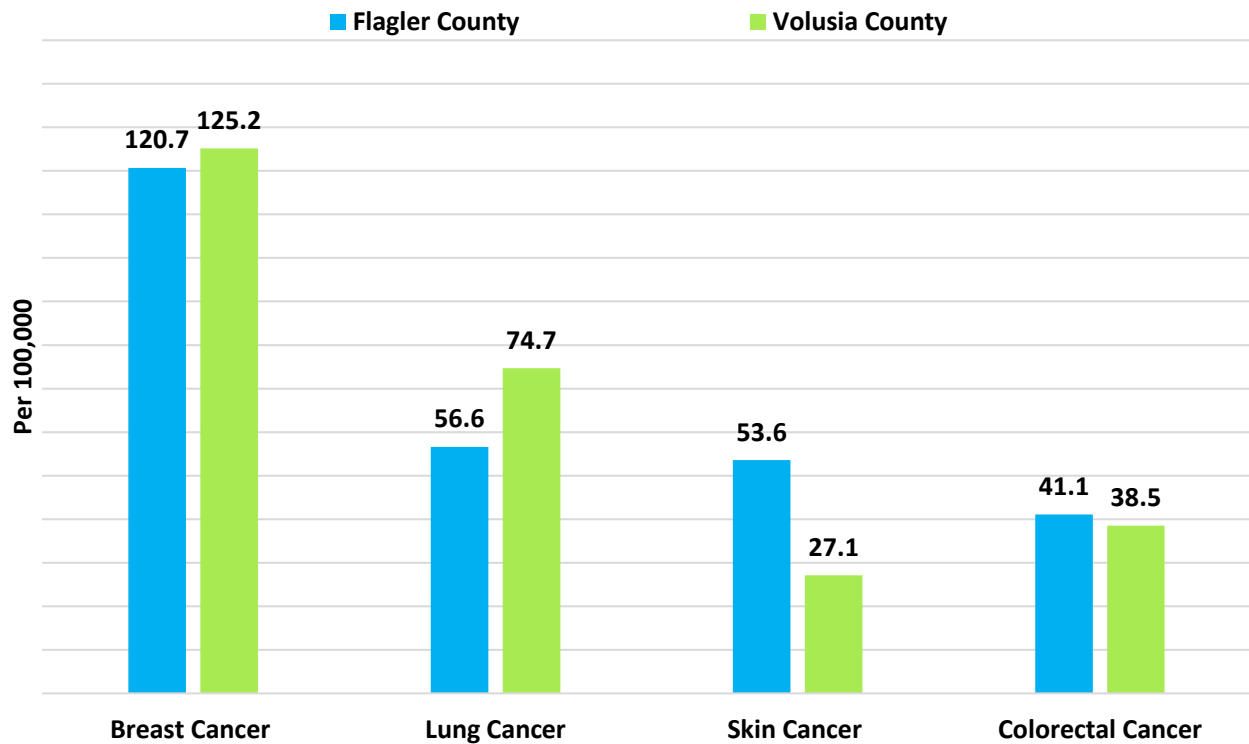
Age-Adjusted Incidence Rate	Florida	Flagler County	Volusia County
2018	454.3	534.9	470.2
2017	441.9	503.6	505.6
2016	436.6	449.3	432.8
2015	420.3	491.5	441.1
2014	427.2	456.1	429.4
2013	427.2	464.6	419.9
2012	426.2	456.0	425.1
2011	433.1	446.0	411.2
2010	426.0	352.7	381.6

Source: The University of Miami Medical School, Florida Cancer Data System, 2018

- Starting in 2011, Flagler County cancer incidence rates have exceeded those in Florida, and by an increasing margin over time.
- Volusia County reported lower cancer incidence rates compared to state averages prior to 2014 but have exceeded them in subsequent years with only one exception (2016).
- The incidence rate of cancer has risen by over 50% in Flagler County from 2010 to 2018.
- The rise in Volusia County has also been notable, and though not quite as steady or extreme, still exceeds the statewide averages.

In 2018, the overall incidence of breast cancer was the highest within Florida and the area, compared to comparable types of cancer, followed by lung cancer. Additional charts indicating the 10-year trend (2008 to 2018) of each type of cancer, plus additional types, are located in the Appendices of this report.

Exhibit 34: Incidence of Cancer by Type



Age-Adjusted Incidence Rate	Florida	Flagler County	Volusia County
Breast Cancer	123.4	120.7	125.2
Lung Cancer	55.9	56.6	74.7
Skin Cancer (Melanoma)	25.3	53.6	27.1
Colorectal Cancer	35.1	41.1	38.5

Source: The University of Miami Medical School, Florida Cancer Data System, 2018

Heart Disease

Heart disease accounts for approximately two out of 10 deaths in Florida.²⁴ Data from this section was sourced from the Florida Behavioral Risk Factor Surveillance System.²⁵ Survey respondents were asked if they had ever been told they had angina or coronary heart disease. Angina is defined as a type of chest pain caused by reduced blood flow to the heart and is a symptom of coronary artery disease.²⁶ Heart disease accounts for approximately two out of ten deaths in Florida.²⁷

Exhibit 35: Adults with Heart Disease Summary

2019	Florida	Flagler County	Volusia County
Total Adults with Heart Disease	4.7%	6.9%	5.7%
Gender			
Men	5.8%	3.9%	8.2%
Women	3.6%	9.5%	3.4%
Age			
18 - 44	0.4%	0.9%	0.2%
45 - 64	4.4%	10.0%	4.8%
65 +	11.0%	9.4%	13.5%
Annual Income			
<\$25,000	6.2%	9.8%	5.5%
\$25,000 - \$49,999	4.5%	6.0%	5.4%
\$50,000 +	3.5%	7.5%	5.0%

Source: Florida Behavioral Risk Factor Surveillance System, 2019

- Heart disease incidence in Flagler County among men 45 to 64 is more than twice the statewide Florida average. Men in Volusia County are more than twice as likely as men in Flagler County to have heart disease.
- Women in Flagler County are more than twice as likely as men to have heart disease. The opposite is true in Volusia County.

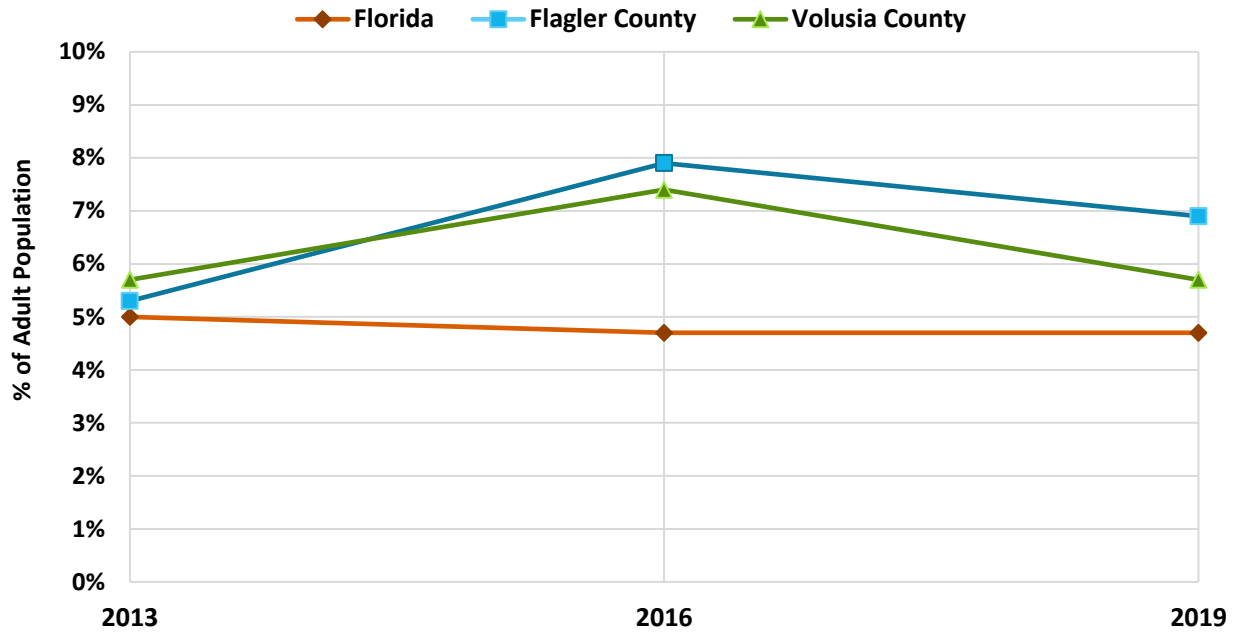
²⁴ Florida Department of Health, Heart Disease. Link to source: www.floridahealth.gov/diseases-and-conditions/heart-disease/index.html#:~:text=Heart%20disease%20accounts%20for%20approximately%202%20out%20of%2010%20deaths%20in%20Florida.&text=In%202018%20there%20were%2080%2C402,heart%20disease%20hospitalizations%20each%20day.

²⁵ Behavioral Risk Factor Surveillance System (BRFSS) Survey.

²⁶ Mayo Clinic. Diseases & Conditions, Angina.

²⁷ Florida Department Of Health, Heart Disease. Link to source: www.floridahealth.gov/diseases-and-conditions/heart-disease/index.html#:~:text=Heart%20disease%20accounts%20for%20approximately%202%20out%20of%2010%20deaths%20in%20Florida.&text=In%202018%20there%20were%2080%2C402,heart%20disease%20hospitalizations%20each%20day.

Exhibit 36: Trend of Adults Who Have Ever Been Told They Had Heart Disease

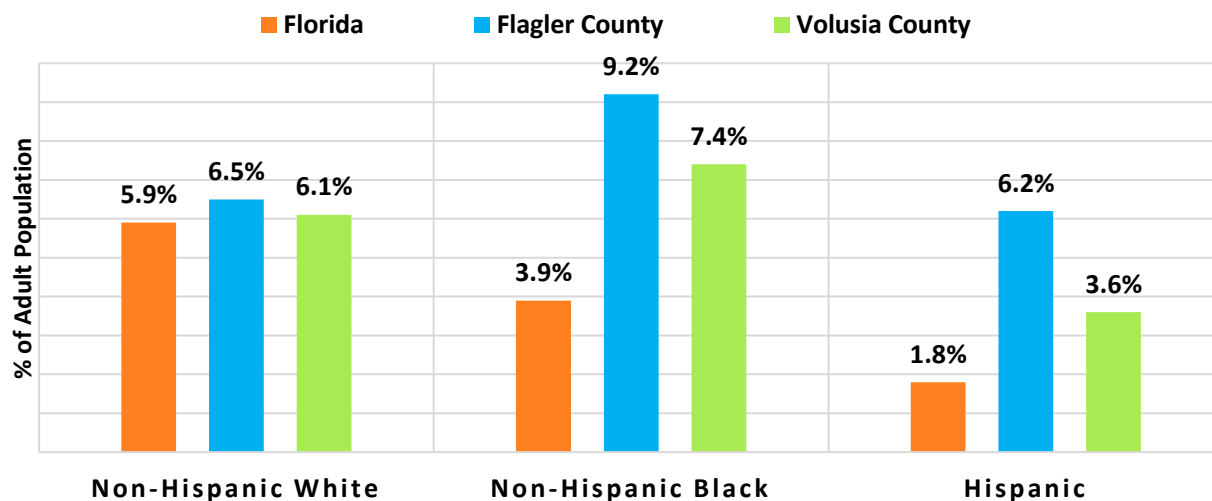


	Florida	Flagler County	Volusia County
2019	4.7%	6.9%	5.7%
2016	4.7%	7.9%	7.4%
2013	5.0%	5.3%	5.7%

Source: Florida Behavioral Risk Factor Surveillance System

Racial disparities can be seen in the incidence of heart disease across the area and statewide. In Florida, those who identify as Non-Hispanic White are much more likely to experience heart diseases compared to those who identify as Hispanic (5.9%, 1.8%, respectively). This trend is also seen in Volusia County, though with a somewhat narrower margin. Those identifying as Non-Hispanic Black have the highest rates of adult heart disease in Flagler and Volusia counties, which is not the case for Florida. Non-Hispanic Blacks are 10% to 25% more likely to indicate that they have heart disease than other ethnic groups. For a more in-depth analysis, additional tables on age groups, income levels, gender, as well as race and ethnicities can be found in the Appendices of this report.

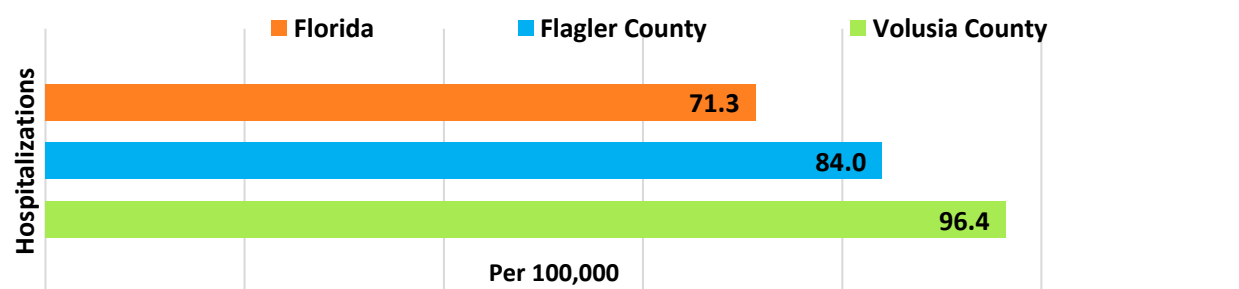
Exhibit 37: Adults with Coronary Heart Disease by Race & Ethnicity



2019	Florida	Flagler County	Volusia County
Non-Hispanic White	5.9%	6.5%	6.1%
Non-Hispanic Black	3.9%	9.2%	7.4%
Hispanic	1.8%	6.2%	3.6%

Source: Florida Behavioral Risk Factor Surveillance System, 2019

Exhibit 38: Preventable Hospitalizations Under 65 from Congestive Heart Failure



Florida	Flagler County	Volusia County
71.3	84.0	96.4

Source: Florida Agency for Health Care Administration, 2018-2020

- Preventable hospitalizations due to congestive heart failure for those under age 65 are 18% higher in Flagler County, and 35% higher in Volusia County, than statewide averages.

Asthma

Asthma is a chronic long-term condition that involves inflammation of the airways. People with asthma are often triggered by colds, cigarette smoke, and exercise.²⁸ Asthma rates in the two-county area are slightly lower than statewide rates overall. Consistent with statewide trends, disparities can be noted between age and income groups, and between those identified as male or female. Women are more likely than men to have an asthma diagnosis, and adults aged 18 to 44 have a higher incidence than older adults. Those in the lowest income bracket are most likely to suffer from asthma.

Exhibit 39: Adults with Asthma Summary

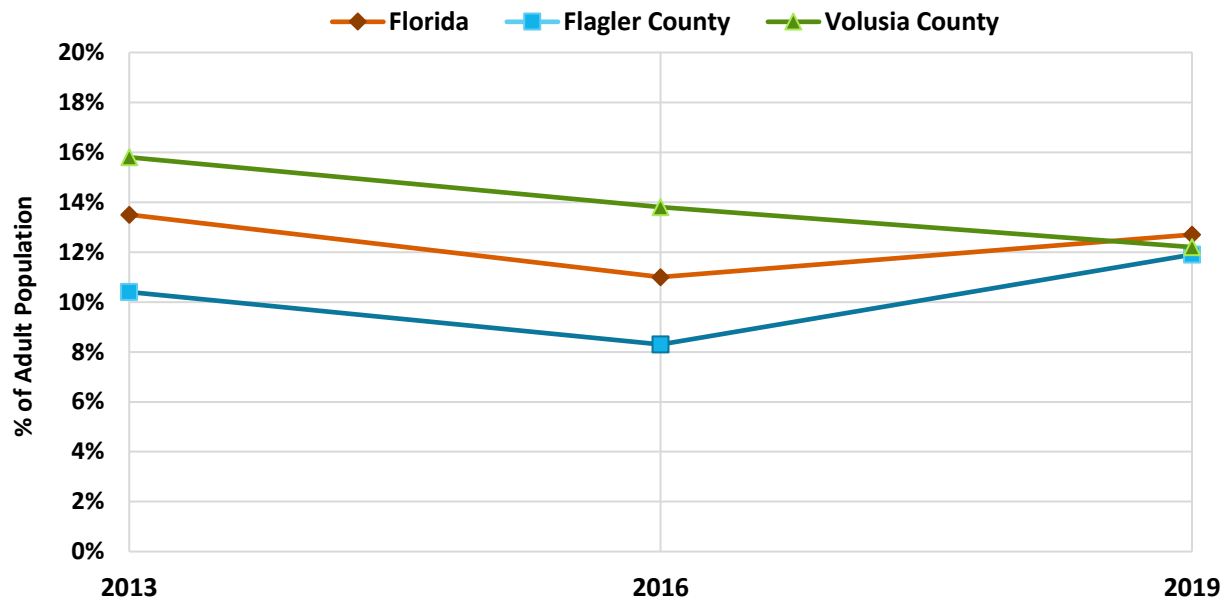
2019	Florida	Flagler County	Volusia County
Total Adults with Asthma	12.7%	11.9%	12.2%
Gender			
Men	10.1%	10.2%	10.2%
Women	15.2%	13.5%	14.0%
Age			
18 - 44	14.2%	15.6%	14.6%
45 - 64	12.9%	14.3%	11.8%
65 +	10.5%	7.3%	9.6%
Annual Income			
<\$25,000	17.8%	13.7%	16.8%
\$25,000 - \$49,999	12.3%	12.4%	13.3%
\$50,000 +	11.0%	12.9%	7.9%

Source: Florida Behavioral Risk Factor Surveillance System, 2019

²⁸ Florida Department Of Health, Asthma. Link to source: www.floridahealth.gov/diseases-and-conditions/asthma/what-is-asthma.html

From 2013 to 2019, asthma rates have decreased in Volusia County and increased in Flagler County (with a reportedly lower rate in 2016).

Exhibit 40: Trend of Adults Who Have Ever Been Told They Had Asthma

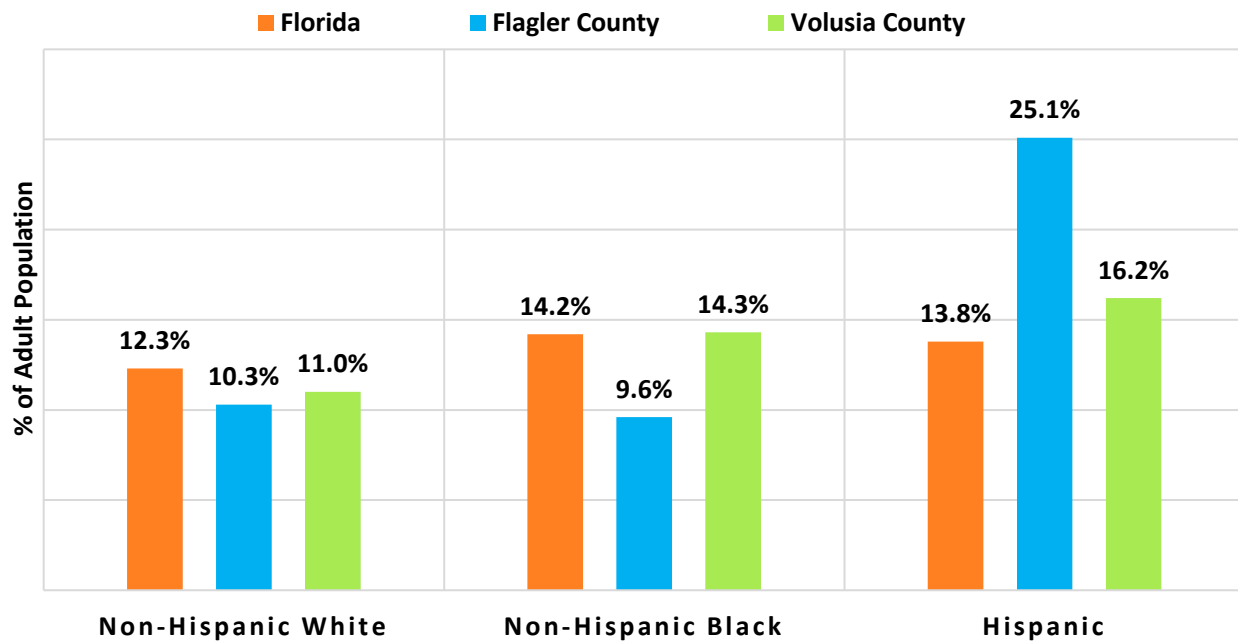


	Florida	Flagler County	Volusia County
2019	12.7%	11.9%	12.2%
2016	11.0%	8.3%	13.8%
2013	13.5%	10.4%	15.8%

Source: Florida Behavioral Risk Factor Surveillance System

The incidence of asthma between racial and ethnic groups is inconsistent, most notably in Flagler County.

Exhibit 41: Adults Who Have Ever Been Told They Had Asthma by Race & Ethnicity



2019	Florida	Flagler County	Volusia County
Non-Hispanic White	12.3%	10.3%	11.0%
Non-Hispanic Black	14.2%	9.6%	14.3%
Hispanic	13.8%	25.1%	16.2%

Source: Florida Behavioral Risk Factor Surveillance System, 2019

- Those in Flagler County who identify as Hispanic are nearly three times more likely than those who identify as Non-Hispanic to have asthma, and nearly twice as likely as the statewide averages for asthma among Hispanic residents.
- With the exception of Non-Hispanic Black residents in Flagler County, all groups in the area report higher rates of asthma than the statewide averages.

Diabetes

Diabetes is a life-long disease that affects the way the body handles glucose, a kind of sugar, in the blood. The body changes most food into glucose, which the body uses for energy.²⁹ This section indicates population characteristics of adults that have ever been told they have diabetes.

In Florida, diabetes is most common in male residents 65 and older. Those earning an annual household income of \$25,000 or less in Florida are also more likely to experience diabetes compared to other income brackets. The percentage of those who earn \$50,00 or more a year who have ever been told they have diabetes is half compared to those who earn less than \$25,000 or less per year. For a more in-depth analysis, additional tables on age groups, income levels, gender³⁰, and race / ethnicities can be found in the Appendices of this report.

Exhibit 42: Adults with Diabetes Summary

2019	Florida	Flagler County	Volusia County
Total Adults with Diabetes	11.7%	12.0%	14.8%
Gender			
Men	12.7%	13.7%	9.8%
Women	10.7%	11.6%	9.2%
Age			
18 - 44	2.3%	2.7%	2.6%
45 - 64	14.1%	11.5%	17.8%
65 +	23.5%	20.2%	25.9%
Annual Income			
<\$25,000	16.1%	19.9%	13.8%
\$25,000 - \$49,999	12.7%	14.9%	6.8%
\$50,000 +	7.9%	10.0%	5.5%

Source: Florida Behavioral Risk Factor Surveillance System, 2019

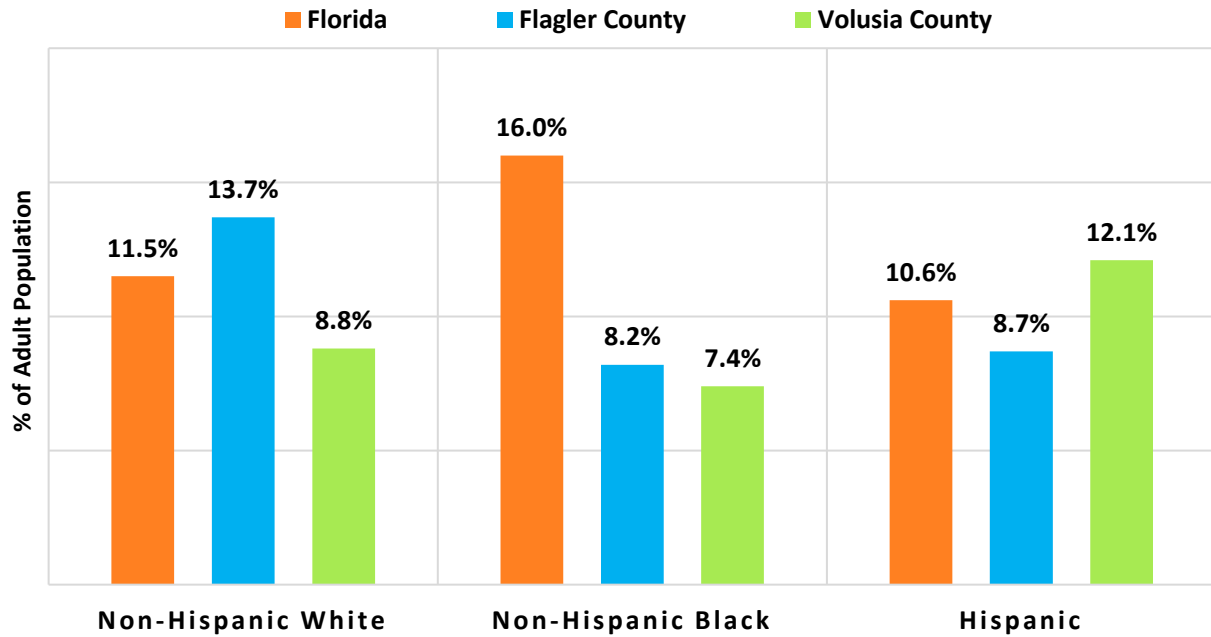
- Diabetes rates in Volusia County are higher than in Flagler County and statewide averages, notably so for adults aged 45 and older.
- Those with incomes lower than \$25,000 per year in Flagler County are twice as likely as those with incomes over \$50,000 to have diabetes.

²⁹ Florida Department Of Health, Diabetes. Link to source: www.floridahealth.gov/diseases-and-conditions/diabetes/index.html

³⁰ This binary presentation of gender categories reflects available data and does not account for the diversity of gender expressions present in the population.

Diabetes rates for those identifying as Non-Hispanic Black in the two-county area are half of the statewide averages.

Exhibit 43: Adults Ever Told They Have Diabetes by Race & Ethnicity



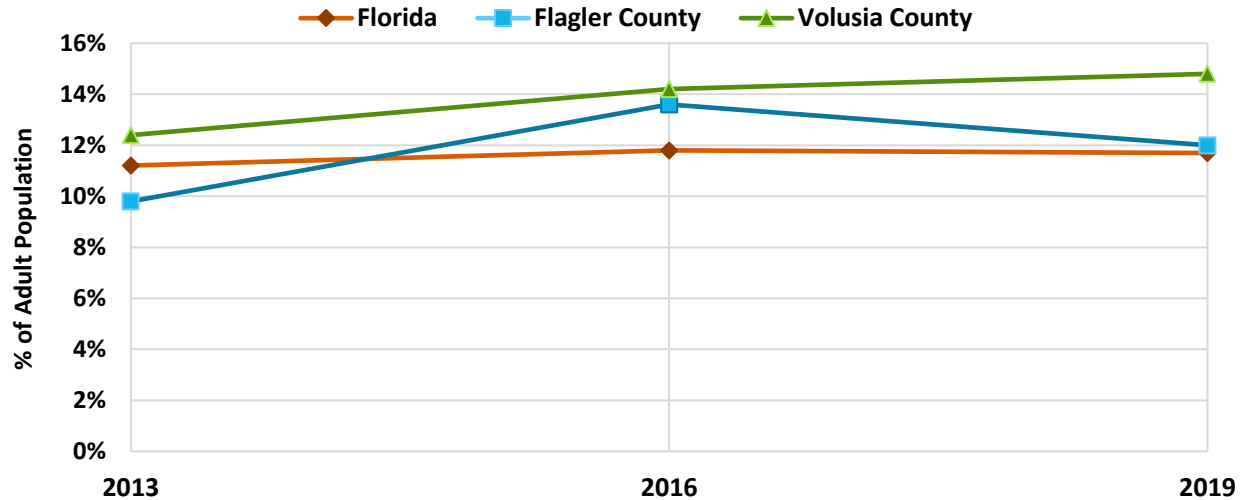
2019	Florida	Flagler County	Volusia County
Non-Hispanic White	11.5%	13.7%	8.8%
Non-Hispanic Black	16.0%	8.2%	7.4%
Hispanic	10.6%	8.7%	12.1%

Source: Florida Behavioral Risk Factor Surveillance System, 2019

- The percentage of Hispanic-identifying adults who have ever been told they have diabetes is higher in Volusia County than the state average, and notably higher than those identifying as Non-Hispanic.

The percentage of adults who have ever been told they have diabetes has steadily increased in Florida since 2002. While service county percentages varied throughout the data collection period, by 2019, all percentages had increased. Diabetes rates have risen by a third in Flagler County and doubled in Volusia County, from 2002 to 2018. The percentage of adults with diabetes increased from 7.3% to 14.8% in Volusia County and 8.5% to 12.0% in Flagler County between 2002 and 2019.

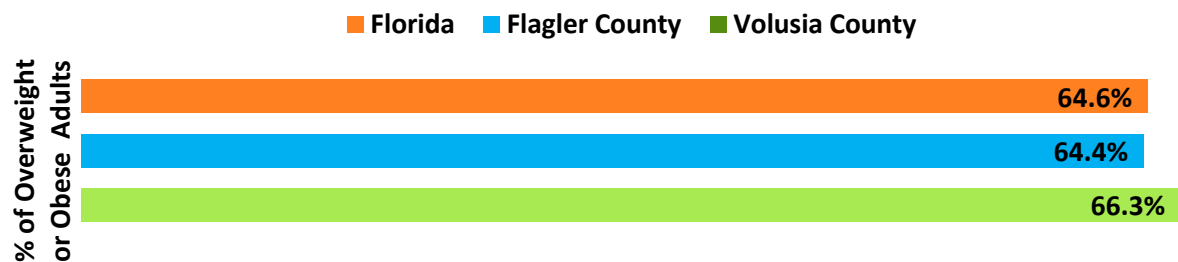
Exhibit 44: Trend of Adults Who Have Ever Been Told They Had Diabetes



	Florida	Flagler County	Volusia County
2019	11.7%	12.0%	14.8%
2016	11.8%	13.6%	14.2%
2013	11.2%	9.8%	12.4%
2010	10.4%	10.2%	13.5%
2007	8.7%	10.3%	8.1%
2002	8.2%	8.5%	7.3%

Source: Florida Behavioral Risk Factor Surveillance System

Exhibit 45: Adults Who Are Overweight or Obese



Florida	Flagler County	Volusia County
64.6%	64.4%	66.3%

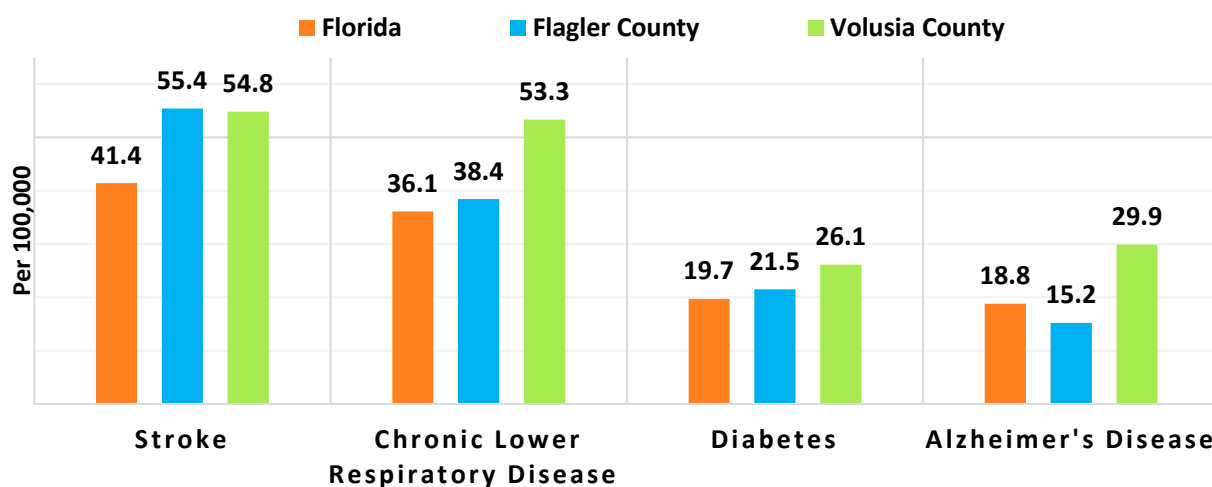
Source: Florida Behavioral Risk Factor Surveillance System, 2019

- Approximately 65% of adults in Volusia County and Flagler County are overweight or obese (66.3% and 64.4%, respectively).

Other Chronic Diseases

Chronic diseases are defined broadly as conditions that last one year or more and require ongoing medical attention or limit activities of daily living or both. Chronic diseases such as heart disease, cancer, and diabetes are the leading causes of death and disability in the United States. They are also leading drivers of the nation's \$3.8 trillion in annual health care costs.³¹ Research has shown that the onset of a chronic disease reduces wages by nearly 20%. Chronic illness may restrict employment and increase medical expenses and costly caregiving responsibilities, which all contribute to widening the income and wealth gaps.³² The bar graph below displays death rates caused by all other chronic diseases, excluding the top three leading causes of death discussed previously.

Exhibit 46: Chronic Disease Deaths



2019 Age-Adjusted Rate	Florida	Flagler County	Volusia County
Heart Disease	143.5	146.7	182.6
Cancer	142.8	168.5	172.0
Unintentional Injury	55.5	60.1	75.3
Stroke	41.4	55.4	54.8
Chronic Lower Respiratory Disease	36.1	38.4	53.3
Diabetes	19.7	21.5	26.1
Alzheimer's Disease	18.8	15.2	29.9

Source: Florida Department of Health, Bureau of Vital Statistics, 2019

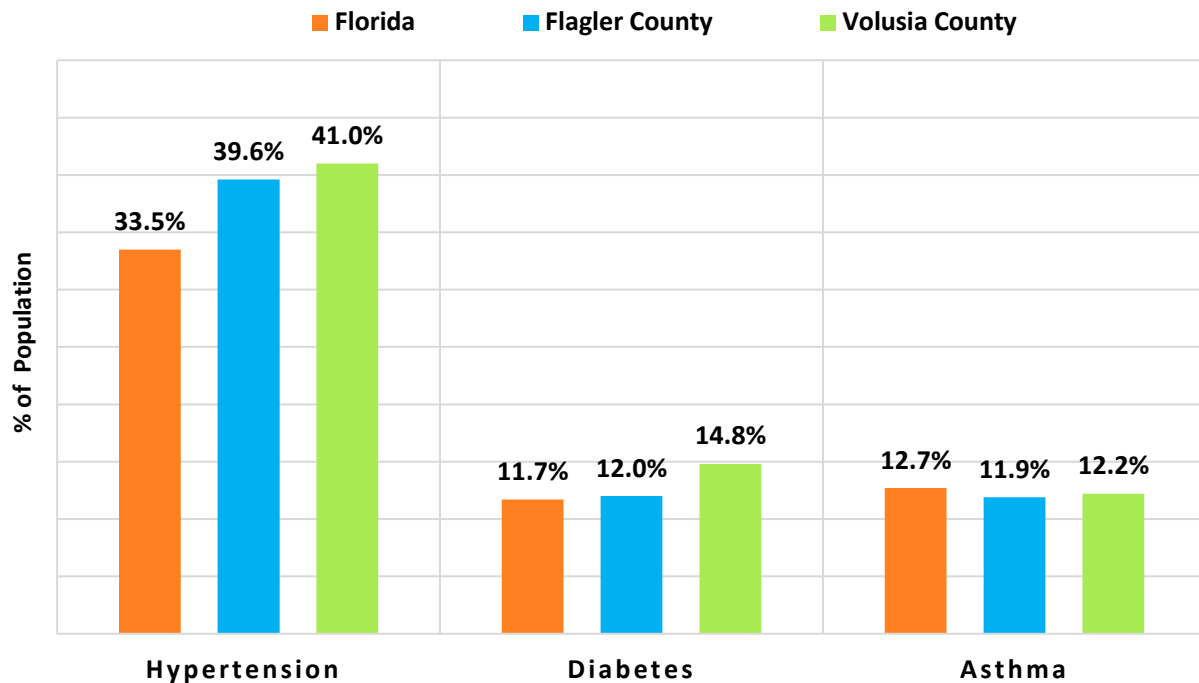
- The rates of respiratory disease, Alzheimer's disease, and diabetes are higher in Volusia than in Flagler County and statewide averages.
- In Volusia County, the percentage of adults dying from unintentional injuries, Chronic Lower Respiratory Disease, diabetes, and Alzheimer's Disease is more than 35% higher than the Florida statewide average (i.e., 75.3, Volusia County; 55.5, Florida: a 36.5% difference).

³¹ National Center for Chronic Disease Prevention And Health Promotion. About Chronic Disease, 2021. Link to source: www.cdc.gov/chronicdisease/about/index.htm#:~:text=Chronic%20diseases%20are%20defined%20broadly,disability%20in%20the%20United%20States

³² Health Affairs. The United States Can Reduce Socioeconomic Disparities by Focusing on Chronic Diseases, 2017. Link to source: www.healthaffairs.org/doi/10.1377/forefront.20170817.061561/full/#:~:text=The%20United%20States%20Can%20Reduce%20Socioeconomic%20Disparities%20By%20Focusing%20On%20Chronic%20Diseases,-Kenneth%20E.&text=%E2%80%9CIt%20is%20natural%20to%20ask,in%20The%20Lancet%20this%20spring.

Morbidity refers to having a disease or a symptom of disease, or to the amount of disease within a population. Morbidity also refers to medical problems caused by a treatment.³³

Exhibit 47: Population Diagnosed with a Chronic Disease



2019	Florida	Flagler County	Volusia County
Hypertension	33.5%	39.6%	41.0%
Diabetes	11.7%	12.0%	14.8%
Asthma	12.7%	11.9%	12.2%

Source: Florida Behavioral Risk Factor Surveillance System, 2019³⁴

- In 2019, approximately 40% of the population in Flagler and Volusia counties had been told they had high blood pressure – higher than the statewide figure.
- In Volusia County, the percentage of the adult population who had ever been told they have diabetes was higher than in Flagler County and Florida.

³³ National Cancer Institute, Morbidity. Link to source: www.cancer.gov/publications/dictionaries/cancer-terms/def/morbidity

³⁴ Behavioral Risk Factor Surveillance System (BRFSS) Survey. Link to source: www.flhealthcharts.gov/Charts/Brfss.aspx

Hypertension

Hypertension is a serious, widespread health challenge. People with hypertension have an increased risk of heart disease and stroke. Only about one in four adults with hypertension have their condition under control.³⁵ Hypertension, also called high blood pressure, is blood pressure that is higher than normal. Blood pressure changes throughout the day based on activities and having blood pressure measures consistently above normal may result in a diagnosis of hypertension.³⁶

This section indicates population characteristics of adults that have ever been told they have hypertension. Note: 2016 data for this indicator was unavailable. For a more in-depth analysis, additional tables on age groups, income levels, gender³⁷, as well as race, and ethnicities can be found in the Appendices of this report.

Exhibit 48: Adults with Hypertension Summary

2019	Florida	Flagler County	Volusia County
Total Adults with Hypertension	33.5%	39.6%	41.0%
Gender			
Men	36.2%	40.5%	47.7%
Women	31.0%	38.8%	35.0%
Age			
18 - 44	12.4%	14.1%	17.4%
45 - 64	39.3%	43.0%	43.6%
65 +	58.7%	55.7%	64.8%
Annual Income			
<\$25,000	37.9%	41.8%	47.4%
\$25,000 - \$49,999	33.1%	37.8%	45.6%
\$50,000 +	30.3%	38.8%	32.1%

Source: Florida Behavioral Risk Factor Surveillance System, 2019

- Rates of hypertension among those between the ages of 18 to 44 and 65 and older are notably higher in Volusia County than in Flagler County and statewide averages.
- Hypertension is more predominant among men than women, and among those who are economically disadvantaged.

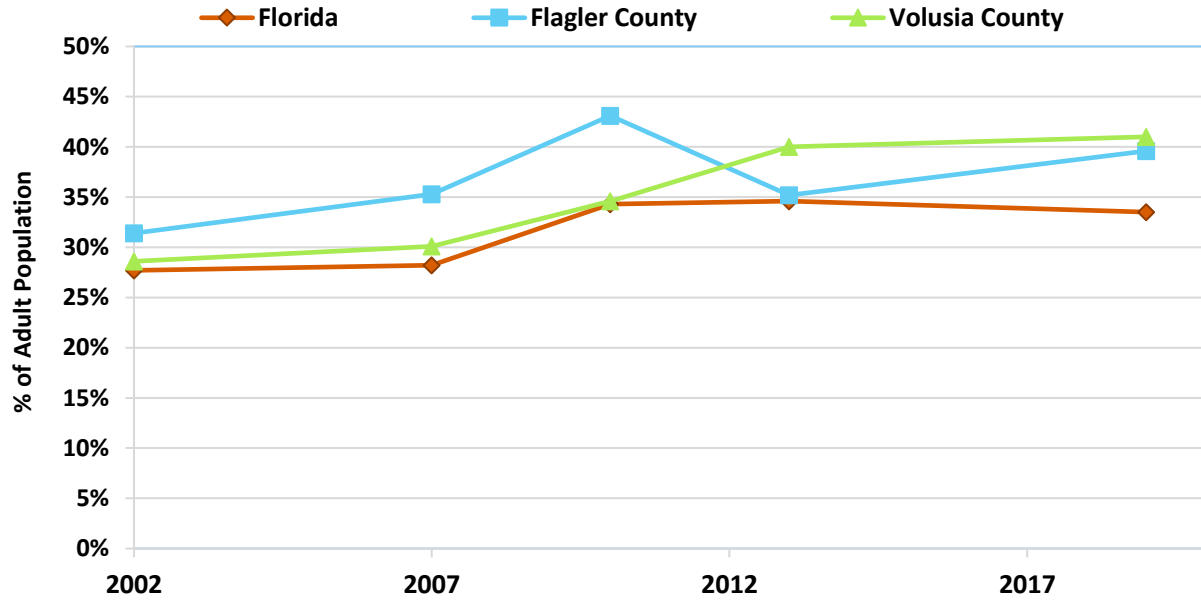
³⁵ Center for Chronic Disease Prevention & Health Promotion , Division for Heart Disease & Stroke. Link to source: www.cdc.gov/bloodpressure/facts.htm

³⁶ National Center for Chronic Disease Prevention & Health Promotion, Division for Heart Disease & Stroke Prevention.

³⁷ This binary presentation of gender categories reflects available data and does not account for the diversity of gender expressions present in the population.

Unlike some other chronic health conditions, rates of high blood pressure have been fairly stable over the past 10 years, though higher in the two-county area than the state, and with a more notable rise in Volusia County.

Exhibit 49: Trend of Adults Who Have Ever Been Told They Have Hypertension

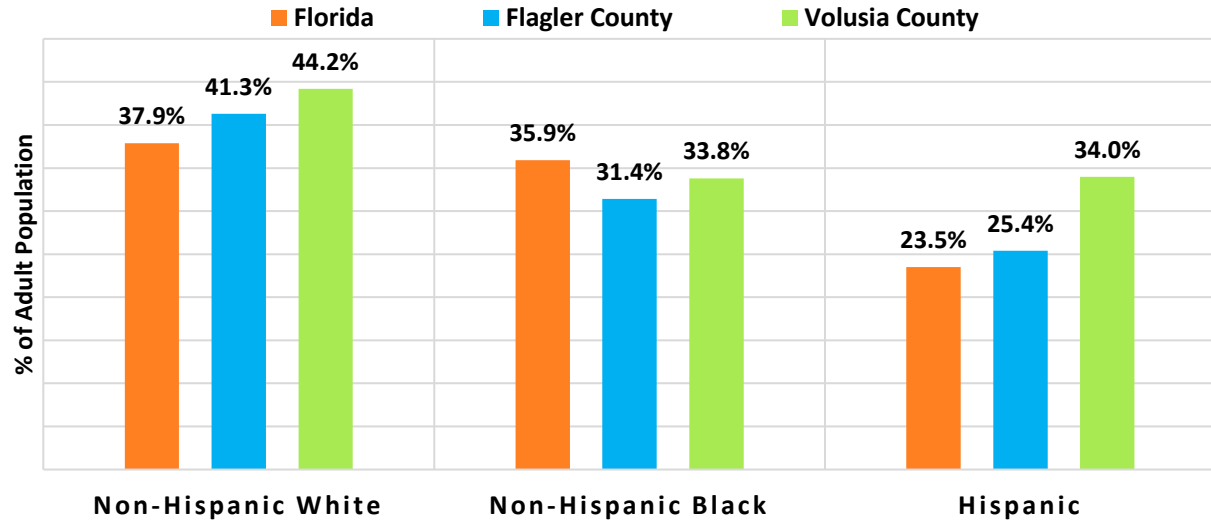


	Florida	Flagler County	Volusia County
2019	33.5%	39.6%	41.0%
2013	34.6%	35.2%	40.0%
2010	34.3%	43.1%	34.6%
2007	28.2%	35.3%	30.1%
2002	27.7%	31.4%	28.6%

Source: Florida Behavioral Risk Factor Surveillance System

Racial and ethnic disparities in hypertension rates can be seen in each of the geographic areas. The rate of hypertension in Volusia County within the Hispanic community is notably higher than the rate for Hispanic residents in Flagler County or the state averages.

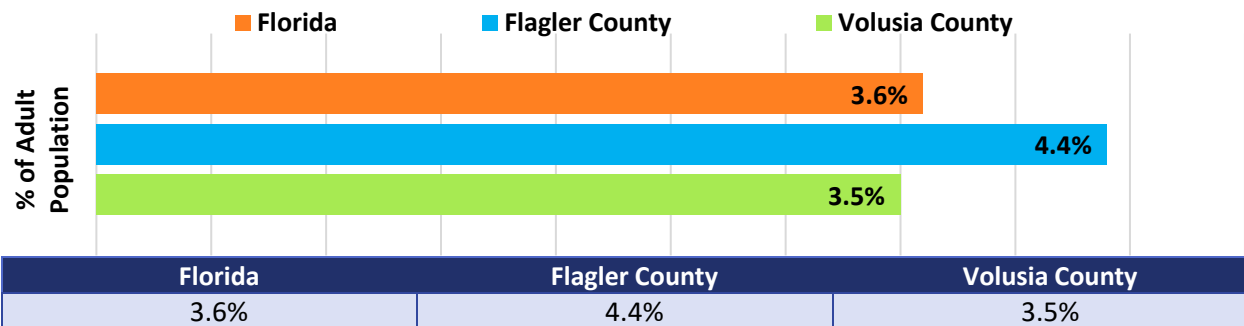
Exhibit 50: Adults with Hypertension by Race & Ethnicity



2019	Florida	Flagler County	Volusia County
Non-Hispanic White	37.9%	41.3%	44.2%
Non-Hispanic Black	35.9%	31.4%	33.8%
Hispanic	23.5%	25.4%	34.0%

Source: Florida Behavioral Risk Factor Surveillance System, 2019

Exhibit 51: Adults Who Have Ever Been Told They Had A Stroke



Source: Florida Behavioral Risk Factor Surveillance System, 2019

- Hypertension rates are highest among those identifying as Non-Hispanic White in each of the counties and the state, and higher in the two-county area than the state.
- Hypertension and stroke are often highly correlated. The incidence of stroke is higher in Flagler County than in Volusia County or the state.

Unintentional Injuries

As presented in this report previously, unintentional injuries were the third leading cause of death in Florida and the area in 2019.

In 2019, the statewide death rate related to all unintentional injuries in Florida was approximately 67.4 deaths per 100,000 people. Florida experienced an increase in unintentional injury death rates between the three-year cumulative data collection spans. Deaths due to unintentional falls in Flagler County and Volusia County increased approximately 20% from the 2017-2019 period to the 2018-2020 period.

Exhibit 52: Leading Causes of Fatal Unintentional Injuries

Age-Adjusted Rate Per 100,000	Florida		Flagler County		Volusia County	
	2017-2019	2018-2020	2017-2019	2018-2020	2017-2019	2018-2020
Falls	10.0	10.3	6.6	8.1	10.1	13.0
Motor Vehicle Crashes	14.4	14.7	16.6	13.0	21.0	20.6
Drowning	2.0	2.0	2.6	4.3	1.9	1.6

Source: Florida Department of Health, Bureau of Vital Statistics Profile of Fatal Injuries

Exhibit 53: Hospitalizations & Deaths From Unintentional Injuries

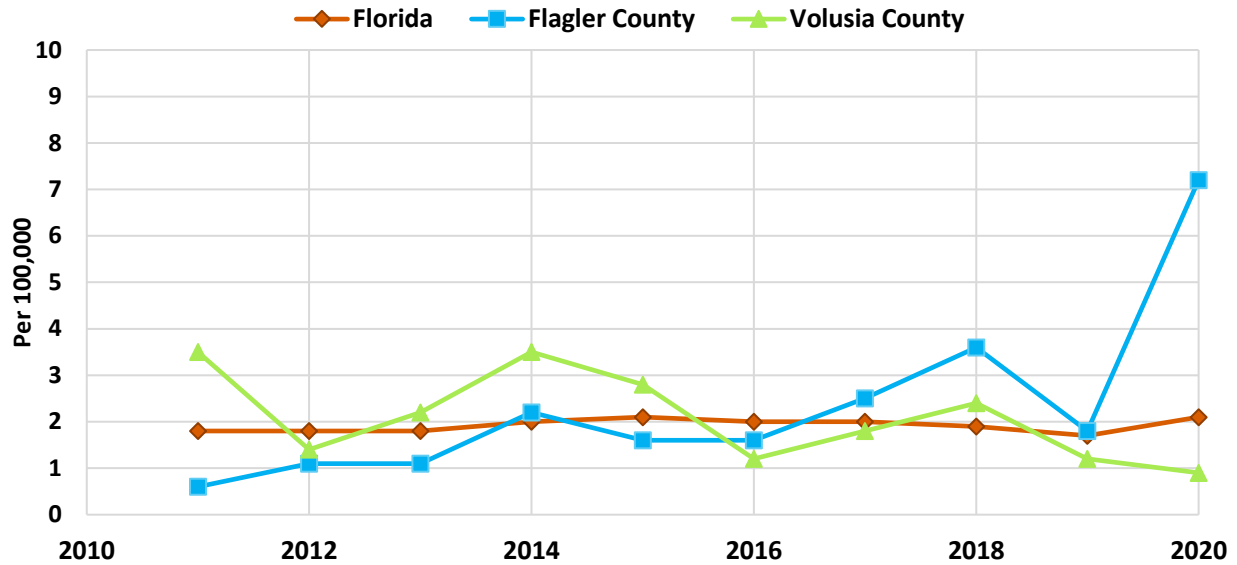
Age-Adjusted Rate Per 100,000	Florida	Flagler County	Volusia County
Unintentional Falls			
Death Rate	10.0	8.0	11.6
Non-Fatal Hospitalization Rate	243.9	224.5	279.1
Motor Vehicle Accidents			
Death Rate	14.7	11.2	22.4
Non-Fatal Hospitalization Rate	76.4	67.6	100.3
Firearm Injuries			
Non-Fatal Hospitalization Rate	4.2	3.9	3.2
Emergency Room Visits	14.4	4.7	8.2

Source: Florida Agency for Health Care Administration, 2019

- The motor vehicle fatality rate in Volusia County is approximately 50% higher than the Florida statewide rate of 22.4 and 14.7 per 100,000 people, respectively; hospitalization is also notably higher (33.0%).
- Emergency room visits caused by firearm injuries are lower in the two-county area than the statewide average. However, Volusia County's rate is particularly high.
- Hospitalizations due to unintentional falls is higher than the statewide average in Volusia County and lower than the statewide average in Flagler County.

The death rate from unintentional drownings within the area is similar to statewide trends, however Flagler County reported a fourfold increase between 2019 and 2020. The Flagler County drowning deaths increased dramatically from 2019 to 2020 – going from 1.8 per 100,000 population to 7.2.

Exhibit 54: Trend of Unintentional Drowning Deaths



Age-Adjusted Rate	Florida	Flagler County	Volusia County
2020	2.1	7.2	0.9
2019	1.7	1.8	1.2
2018	1.9	3.6	2.4
2017	2.0	2.5	1.8
2016	2.0	1.6	1.2
2015	2.1	1.6	2.8
2014	2.0	2.2	3.5
2013	1.8	1.1	2.2
2012	1.8	1.1	1.4
2011	1.8	0.6	3.5

Source: Florida Department of Health, Bureau of Vital Statistics

Exhibit 55: Hospitalizations for Near Drownings, Under Five

	Florida	Flagler County	Volusia County
Age-Adjusted Rate Per 100,000	8.6	0.0	2.6

Source: Florida Department of Health, Bureau of Vital Statistics, 2017-2019

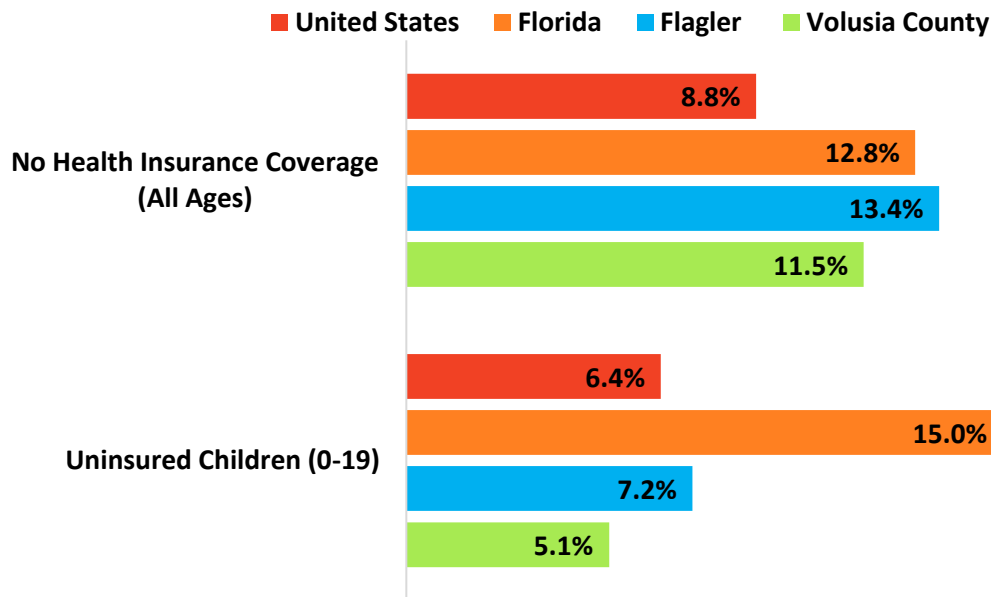
- The rate of hospitalizations for near drownings of children ages one to five is notably lower in the area than the state as a whole, with none reported in Flagler County based on 2017-2019 reports.

Health Care Access & Quality

Access to Care

The proportion of the population with health insurance is lower in Florida and the two-county area than in national averages.

Exhibit 56: Demographic Characteristics of Uninsured Population



	United States	Florida	Flagler County	Volusia County
Health Insurance Coverage, All Ages	91.2%	87.2%	86.6%	88.5%
Private Health Insurance	67.9%	62.7%	61.9%	62.7%
Public Coverage	35.1%	37.0%	43.2%	41.6%
No Health Insurance Coverage	8.8%	12.8%	13.4%	11.5%
Uninsured Children, Under 19	5.1%	7.2%	15.0%	6.4%

Source: United States Census Bureau. American Community Survey Five-Year Estimates, 2015-2019

- Children in Flagler County are three times as likely to not have health insurance than the national average (15.0% compared to 5.1%, respectively).
- Florida residents and those in the two-county area are 50% more likely to be uninsured than the national average.
- Those in Flagler and Volusia counties are more likely than others in Florida or the country to have public coverage when they do have health insurance.

General & Preventative Health

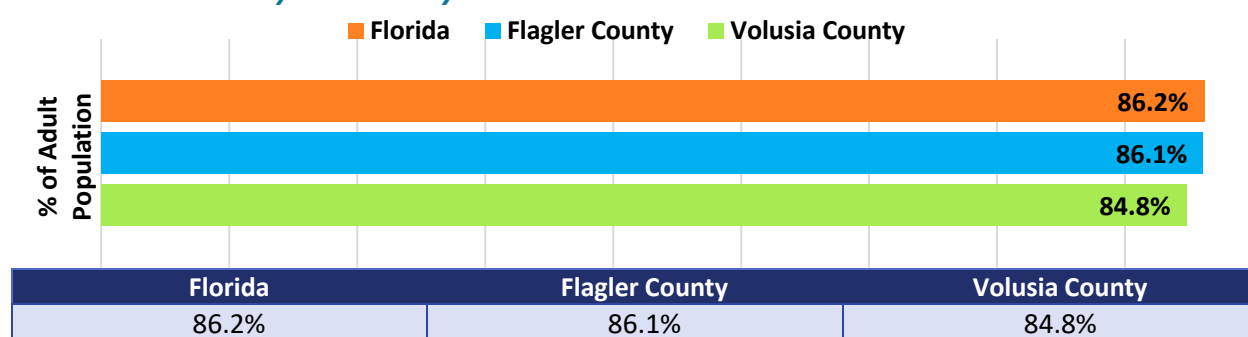
The table below illustrates the percentage of adults who considered themselves to be in poor or fair health in 2019. The Flagler Volusia area is generally on par with other Florida residents in how they perceive their health.

Exhibit 57: Self-Reported Poor or Fair Health Days

Florida	Flagler County	Volusia County
19.7%	18.9%	21.8%

Source: Florida Behavioral Risk Factor Surveillance System, 2019

Exhibit 58: Physical Activity



Source: Florida Behavioral Risk Factor Surveillance System, 2019

Preventative health is critically important to decreasing the prevalence of chronic diseases. Vaccinations, regular check-ups, and routine screenings and exams are especially important to middle-aged and elderly populations. Additionally, the COVID-19 pandemic has undoubtedly created barriers for populations, especially those in vulnerable communities to access preventative care appointments. Preliminary studies show that mammograms and pap smears were down by 80% in April of 2020 compared to 2019 while prostate cancer screenings were down 70%.³⁸ In 2019, over half of the population age 65 and over (seniors) had received a flu shot in the past year statewide, and more than two-thirds had ever received a pneumonia vaccination. This figure is echoed throughout the area.

Exhibit 59: Senior Preventative Health

Adults 65 & Over	Florida	Flagler County	Volusia County
Received A Flu Shot In The Past Year	58.3%	52.1%	59.9%
Have Ever Received A Pneumonia Vaccination	66.8%	68.1%	72.1%

Source: Florida Behavioral Risk Factor Surveillance System, 2019

- Vaccination rates for the flu are lower in Flagler County than statewide, yet one-fourth to one-third of seniors do not get flu shots or pneumonia vaccines. These numbers may improve due to the pandemic. The two-county area has a higher rate of pneumonia vaccine than statewide averages.

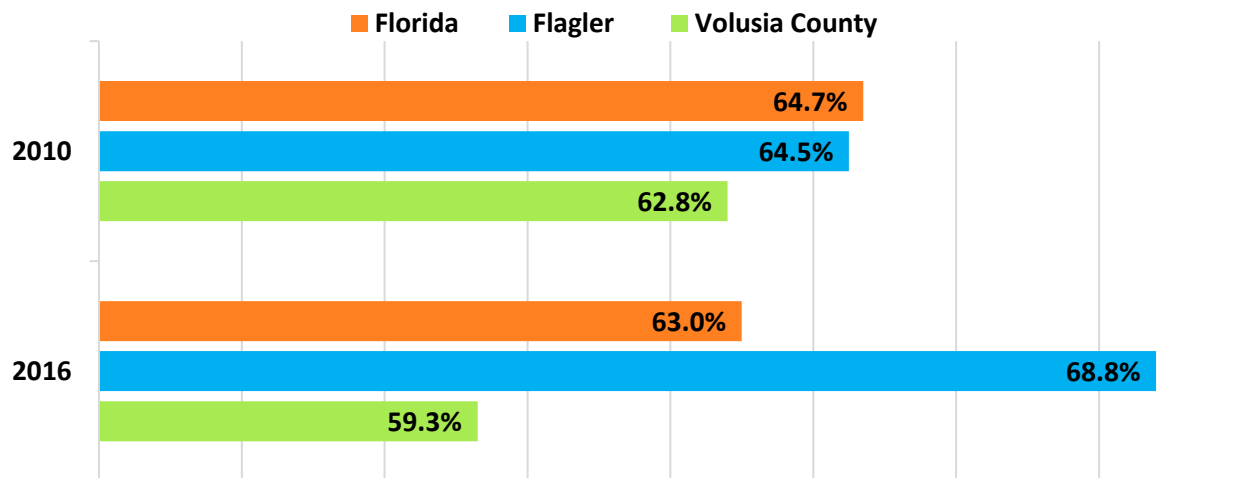
³⁸ Health Care Cost Institute. The Impact Of COVID-19 On The Use Of Preventive Health Care, 2021. Link to source: <https://healthcostinstitute.org/hcci-research/the-impact-of-covid-19-on-the-use-of-preventive-health-care>

Dental Care

Regular preventative dental care is essential for good overall health, but research suggests people are unable to afford dental care more than other types of health care. Additionally, many people live in communities where they don't have access to fluoridated water and school sealant programs, healthy foods, and public transportation to get to dental appointments.³⁹

The rate of adults who visited a dentist in the past year was lower in Volusia County than in Flagler County and the rest of the state in both 2010 and 2016.

Exhibit 60: Adults Who Visited Dentist in the Past Year



	Florida	Flagler County	Volusia County
2016	63.0%	68.8%	59.3%
2010	64.7%	64.5%	62.8%

Source: Florida Behavioral Risk Factor Surveillance System

Exhibit 61: Adults Who Visited Dentist Past Year by Race & Ethnicity

	Florida			Flagler County			Volusia County		
	Non-Hispanic White	Non-Hispanic Black	Hispanic	Non-Hispanic White	Non-Hispanic Black	Hispanic	Non-Hispanic White	Non-Hispanic Black	Hispanic
2016	65.9%	57.5%	58.7%	70.9%	62.7%	ND	60.6%	47.0%	59.3%
2010	68.2%	55.2%	58.1%	64.7%	71.8%	ND	66.6%	35.3%	46.6%

Source: Florida Behavioral Risk Factor Surveillance System

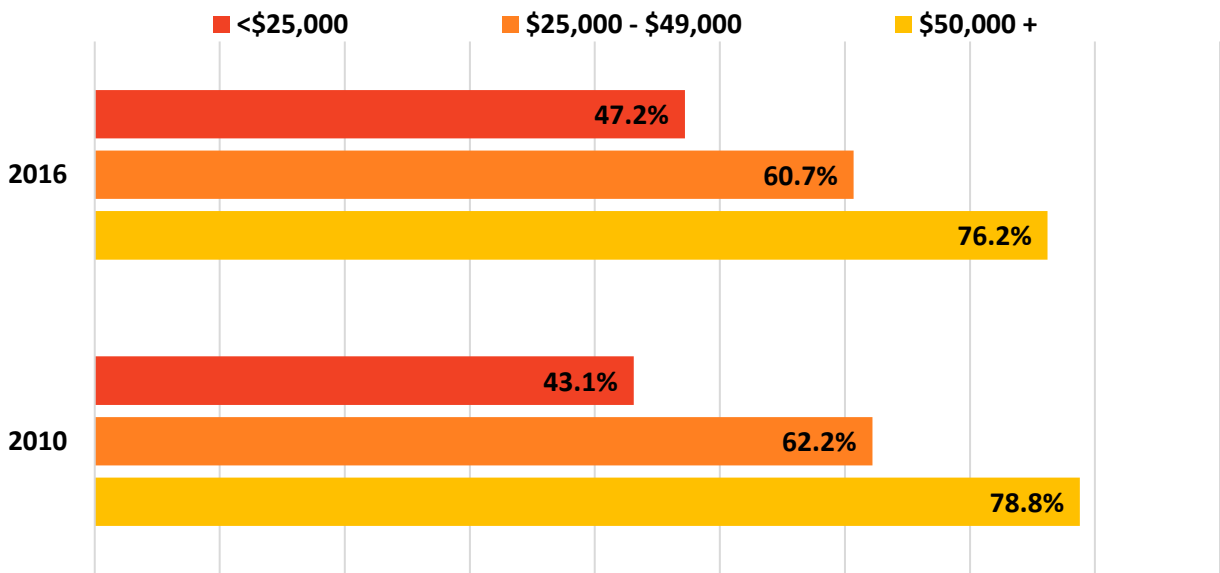
- Non-Hispanic Black and Hispanic residents of Volusia County were more likely in 2016 than in 2010 to have visited a dentist in the past year, while the rates of dental care for Non-Hispanic Black residents of Flagler County decreased during the same period.

³⁹ Center for Chronic Disease Prevention & Health Promotion. Division Of Oral Health, Disparities In Oral Health. **Note:** As of the date when data was extracted, 2017 to 2020 data was not available. Link to source: www.cdc.gov/oralhealth/oral_health_disparities/index.htm

The graph below indicates that people who earn a higher income in Florida and the two-county area were more likely to have seen a dentist in the past year. Notable disparities exist in dental care between racial and ethnic groups.

Countywide, access to dental care is similar to the rest of the state. However, the percentage of adults having regular (annual) dental visits among households with low income (i.e., under \$25,000 per year) is approximately double of those with incomes over \$50,000. Dental visits by those earning less than \$25,000 annually decreased between 2010 and 2016 in both Flagler and Volusia counties.

Exhibit 62: Adults Who Visited Dentist Past Year by Income in Florida



Source: Florida Behavioral Risk Factor Surveillance System

Exhibit 63: Adults Who Visited Dentist Past Year by Income

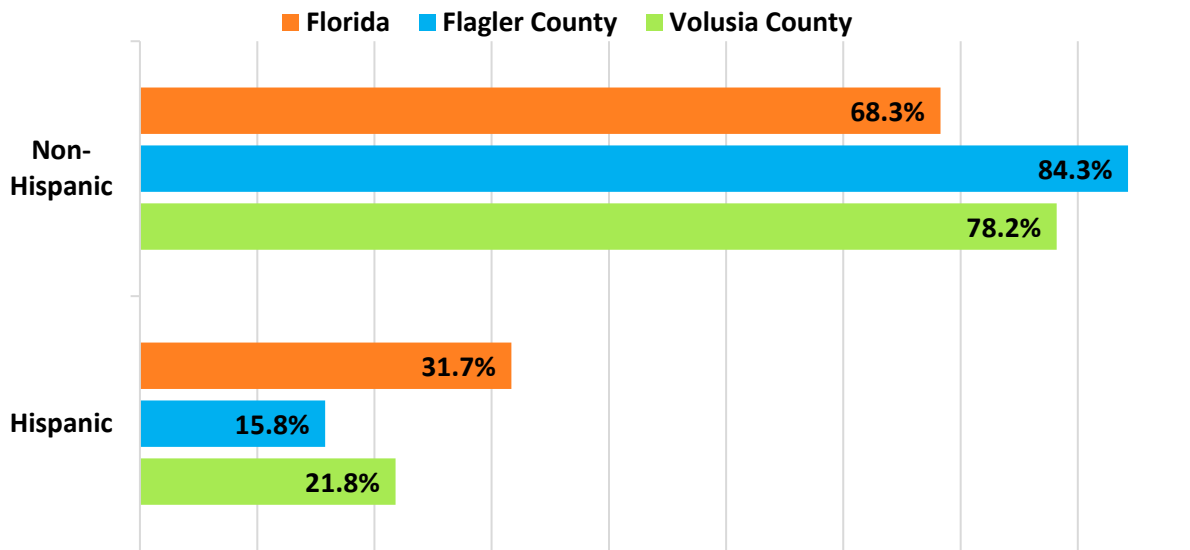
	Florida			Flagler County			Volusia County		
	<\$25,000	\$25,000 - \$49,000	\$50,000 +	<\$25,000	\$25,000 - \$49,000	\$50,000 +	<\$25,000	\$25,000 - \$49,000	\$50,000 +
2016	47.2%	60.7%	76.2%	42.5%	69.7%	78.6%	38.3%	59.1%	81.4%
2010	43.1%	62.2%	78.8%	50.9%	61.5%	79.1%	42.6%	65.8%	78.0%

Source: Florida Behavioral Risk Factor Surveillance System

Child & Adolescent Health

Research indicates that establishing healthy behaviors to prevent chronic disease is easier and more effective during childhood and adolescence than trying to change unhealthy behaviors during adulthood.⁴⁰ The 2019 population of those under age 21 in Flagler and Volusia counties is less diverse than statewide averages. There are more youth identifying as Black / African American, or Hispanic in Volusia County than in Flagler County, and in both counties, the representation of those groups is notably lower than statewide numbers.

Exhibit 64: Population Under 21 Years Old by Race & Ethnicity



2019	Florida	Flagler County	Volusia County
Population under 21 Years Old	4,962,495	21,595	114,413
White	69.7%	76.2%	75.0%
Black	22.1%	14.5%	17.0%
Other	8.2%	9.3%	8.0%
Hispanic	31.7%	15.8%	21.8%
Non-Hispanic	68.3%	84.3%	78.2%

Source: Florida Department of Health Bureau of Community Health Assessment Division of Public Health Statistics & Performance Management
Child Health Status Profile, 2019

⁴⁰ Center for Chronic Disease Prevention & Health Promotion, Promoting Health for Children & Adolescents. Link to source: www.cdc.gov/chronicdisease/resources/publications/factsheets/children-health.htm

Vaccinations throughout childhood are important because they help provide immunity before children are exposed to potentially life-threatening diseases.⁴¹ Please note, the figures below are self-reported through the 2019 Behavioral Risk Factor Surveillance System.

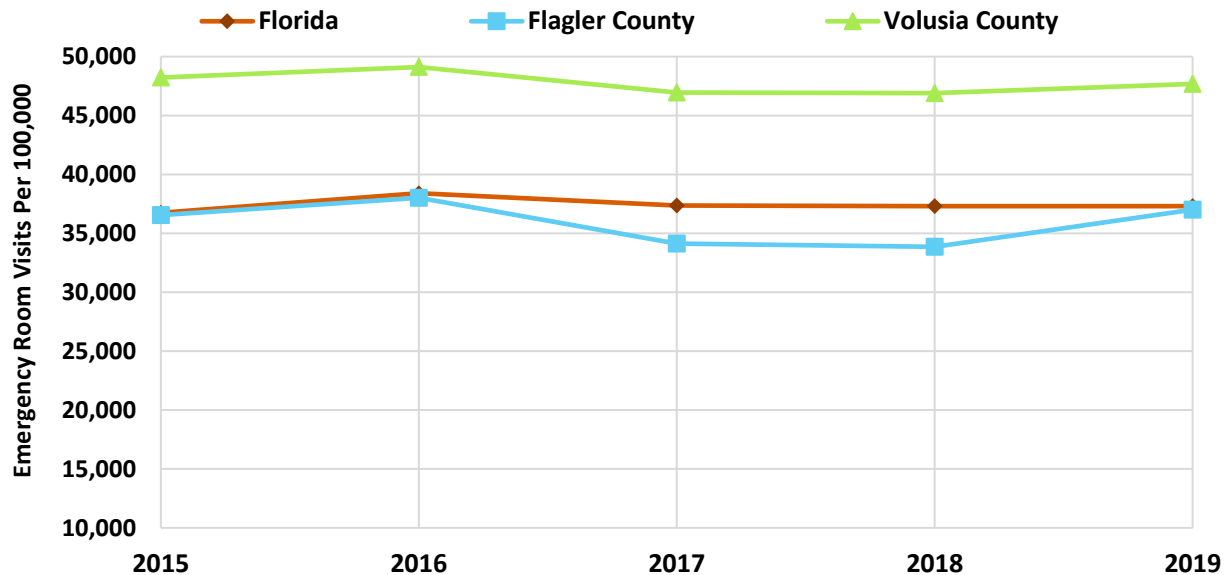
Child immunization rates in Volusia County trail the statewide rates for two-year-olds (78.3% and 83.5%, respectively), while the vaccination rates in the two-county area are on par with state averages.

Exhibit 65: Child Immunizations⁴²

2019	Florida	Flagler County	Volusia County
Two Years Old	83.5%	ND	78.3%
Kindergarten	93.8%	93.0%	92.8%

Source: Florida Department of Health. Behavioral Risk Factor Surveillance System, 2019

Exhibit 66: Trend of Emergency Room Visits, Ages Five to 19⁴³



	Florida	Flagler County	Volusia County
2019	37,304	37,012	47,671
2018	37,296	33,854	46,901
2017	37,366	34,138	46,946
2016	38,405	38,018	49,112
2015	36,746	36,554	48,213

Source: Florida Department of Health, Behavioral Risk Factor Surveillance System

- Emergency room visits for children aged five to 19 for the area stayed relatively stable from 2015 to 2019. However, the rate of visits was notably higher than average for Volusia County.

While asthma is considered hereditary, children are more likely to experience asthma if they have allergies, if they are around tobacco smoke or air pollution, as well as if they have co-morbidities such

⁴¹ National Center for Immunization & Respiratory Diseases. Link to source: www.cdc.gov/vaccines/parents/why-vaccinate/index.html

⁴² Refer to the State Immunization Surveys by Year for the Applicable Definition Of Completed Immunizations. Link to source: www.floridahealth.gov/statistics-and-data/immunization-coverage-surveys-reports/state-surveys.html

⁴³ Includes Licensed Mental Health Counselors, Clinical Social Workers & Marriage & Family Therapists.

as obesity.⁴⁴ Lifestyle factors also increase the risk of children being diagnosed with diabetes. Diabetes in childhood is linked to risk factors in childhood including being overweight and physical inactivity.

Some notable variations in rates of hospitalizations for children due to asthma and diabetes can be seen between Flagler and Volusia counties and state averages for 2019.

Exhibit 67: Hospitalizations in Children for Asthma & Diabetes

Per 100,000	Florida	Flagler County	Volusia County
Diabetes Hospitalizations			
Under Five	17.3	0.0	11.5
Five to 11	40.2	13.9	48.6
12 to 18	133.2	91.2	152.2
Asthma Hospitalizations			
Under Five	476.6	403.0	453.2
Five to 11	305.0	152.6	326.6
12 to 18	413.4	195.4	527.7

Source: Florida Agency for Health Care Administration, 2019

- Hospitalization rates attributable to diabetes increase with age, as the hospitalization rate for children between the ages of 12 and 18 in Florida is over seven times higher compared to children aged one to five.
- Asthma hospitalizations for children under five are lower in Flagler County than state averages, while the asthma hospitalizations for children aged 12 to 18 in Volusia County are higher than state averages.

⁴⁴ Mayo Clinic, Childhood Asthma. Link to source: www.mayoclinic.org/diseases-conditions/childhood-asthma/symptoms-causes/syc-20351507

Youth Behavior & Safety

This section focuses on the behavior of children and adolescents as well as children who may be more at risk of experiencing poor health outcomes. The School Environmental Safety Incident Reporting system collects data on incidents of crime, violence, and disruptive behaviors that occur on school grounds, school transportation, and at off-campus, school-sponsored events. Although most (approximately nine of 10) students say that they feel safe at school, there is some correlation with out-of-school suspensions where aberrations exist.

Exhibit 68: School Safety Indicators

	Florida	Flagler County	Volusia County
Students Who Felt Unsafe at School	9.1%	16.0%	8.4%
School Environmental Safety Incidents, Per 1,000 Students, Grades K-12			
2019	30.5	23.4	41.5
Out-of-School Suspensions Per 1,000 Students			
Grades K-12	52.8	83.6	94.4

Source: Florida Department of Health Bureau of Community Health Assessment Division of Public Health Statistics and Performance Management Child Health Status Profile, 2020; Suspensions: Florida Department of Education, Education Information & Accountability Services, 2017-2019

- Volusia County school safety incidents were 33% higher than the statewide average. Out-of-school suspensions were 78.8% higher than the statewide average.
- Flagler County students were nearly twice as likely as those in Volusia County to report feeling unsafe at school. Flagler County students also experienced more out-of-school suspensions compared to the statewide average.

Bullying can affect physical and emotional health, both in the short-term and later in life. It can lead to physical injury, social problems, emotional problems, and even death. Those who are bullied are at increased risk for mental health problems, headaches, and problems adjusting to school. Bullying also can cause long-term damage to self-esteem.⁴⁵

It is important to note that the 2020 Florida Youth Substance Abuse Survey was completed by youth in February and March of 2020, right before the start of the pandemic. The majority of youth reported bullying – most commonly being taunted or teased. Bullying incidents in the two-county area were higher than the Florida average on every measure.

Most school children report some form of recent bullying (estimated to be over 85%) – being teased or taunted (66.9%), being kicked or shoved (43.0%), being a victim of cyberbullying (32.2%). Volusia County data points are slightly lower but remain higher than the statewide average.

Exhibit 69: Youth-Reported Bullying Behavior

2020	Florida	Flagler County	Volusia County
Skipped School Because of bullying	9.3%	12.1%	12.4%
Was ever kicked or shoved	31.4%	43.0%	35.4%
Was ever taunted or teased	57.0%	66.9%	61.8%
Was a victim of cyberbullying	27.5%	32.3%	34.8%

Source: Florida Youth Substance Abuse Survey, 2020

Reports of child abuse are far more prevalent in the two-county area than statewide, and sexual violence is reported 60% more than statewide averages in Volusia County. Volusia County also reports many homeless (548) or unaccompanied youth (292).

Exhibit 70: Children Considered to be Vulnerable

	Florida	Flagler County	Volusia County
Students with Emotional or Behavioral Disability (Grades K-12)	0.5%	0.4%	0.7%
Students Absent 21 + Days	11.3%	10.7%	10.2%
Children Receiving Mental Health Treatment Services (Per 1,000)			
Under Five	2.8	0.6	1.3
Homeless & Unaccompanied Youth			
Homeless Students ⁴⁶	79,949		548
Unaccompanied Youth	6,952	90	292

Source: Florida Department of Children and Families, 2019; Mental Health Treatment Services: Florida Department of Children and Families, 2019; Homeless and unaccompanied youth: The Shimberg Center for Housing Studies, Header Controller Homelessness, and Education in Florida: Students and Schools, 2018-2019

⁴⁵ National Institute Of Health, How Does Bullying Affect Health & Well-Being? Link to source: www.nichd.nih.gov/health/topics/bullying/conditioninfo/health

⁴⁶ Includes Elementary, Middle & High School Students. Link to source: <https://ufl.maps.arcgis.com/apps/webappviewer/index.html?id=380e1d6b662c4d6c9f478aa4954565ca>

Exhibit 71: Reported Cases of Child Physical & Sexual Abuse ⁴⁷

Per 100,000	Florida	Flagler County	Volusia County
Child Abuse	765.9	923.9	986.4
Sexual Violence	58.5	54.9	87.3

Source: Florida Department of Health Bureau of Community Health Assessment Division of Public Health Statistics and Performance Management School-aged Child and Adolescent Profile, 2019

Exhibit 72: Children in Foster Care by Age

Per 100,000	Florida	Flagler County	Volusia County
Five to 11	453.7	541	709.9
12 to 17	366.3	497.3	518.2

Source: Florida Department of Health Bureau of Community Health Assessment Division of Public Health Statistics and Performance Management School-aged Child and Adolescent Profile, 2017-2019

Exhibit 73: Annual Juvenile Drug Arrests

Per 100,000	Florida	Flagler County	Volusia County
2019	199.9	164.1	227.2
2020	78.7	161.6	67.9

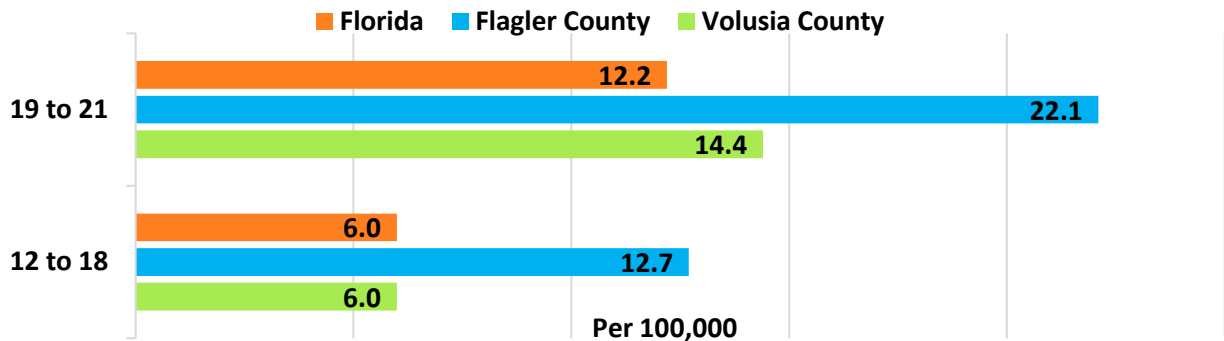
Source: Florida Department of Law Enforcement

- The proportion of children in foster care is higher in the two-county area compared to the statewide average for those between the ages of five to 11 and 12 to 17.
- The proportion of five- to 11-year-olds in foster care is over 50% higher in Volusia County than the statewide rate.
- In 2020, there were fewer drug-related arrests overall for those 17 and under. However, it is important to note that most school-aged children were at home due to the pandemic.
- Notably, there was not much of a decrease in Flagler County juvenile drug arrests to match the decrease seen in Volusia County and statewide.

⁴⁷ Ages five to 11.

The youth suicide rate in Flagler County is higher than statewide averages, although is a notable small number of incidents.

Exhibit 74: Youth Suicide Rate



	Florida	Flagler County	Volusia County
Ages 12 to 18	6.0	12.7	6.0
Ages 19 to 21	12.2	22.1	14.4

Source: Florida Department of Health, Bureau of Community Health Assessment Division of Public Health Statistics and Performance Management School-aged Child and Adolescent Profile, 2017-2019

- Those aged 19 to 21 present suicide rates twice as high compared to children 12 to 18.

Substance use trends in the two-county area are similar to statewide averages, though slightly higher on most measures.

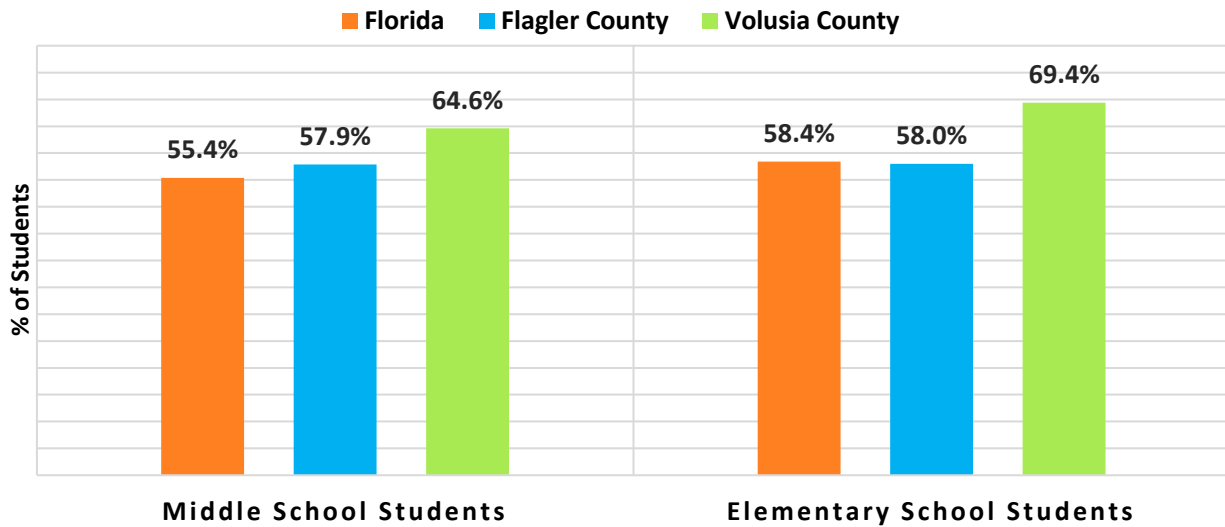
Exhibit 75: Youth Substance Use

2020	Florida	Flagler County	Volusia County
Middle School Students, Past 30 Day Substance Use			
Smoked cigarettes	1.1%	1.7%	0.6%
Vaped Nicotine	5.8%	9.2%	4.8%
Used alcohol	8.2%	10.9%	8.4%
Binge drank	3.4%	5.8%	3.7%
Used Marijuana/hashish	3.8%	6.6%	3.5%
Vaped Marijuana	3.0%	4.9%	3.2%
High School Students, Past 30 Day Substance Use			
Smoked cigarettes	2.4%	1.7%	2.8%
Vaped Nicotine	15.6%	11.7%	19.4%
Used alcohol	19.9%	15.4%	22.0%
Binge drank	9.2%	7.3%	11.3%
Used Marijuana/hashish	15.9%	12.6%	20.1%
Vaped Marijuana	10.6%	9.5%	14.6%

Source: 2020 Florida Youth Substance Abuse Survey, County Data Tables

The National School Lunch Program, established in 1946 under the National School Lunch Act, provides free and reduced-price lunches to schoolchildren from economically disadvantaged families. An increase in this percentage indicates a greater proportion of school students are economically disadvantaged. The percentage of students eligible for free or reduced-cost lunch is higher in Volusia County than in Flagler County or the statewide averages.

Exhibit 76: Students Eligible for Free or Reduced Lunch



2019	Florida	Flagler County	Volusia County
Middle School Students	55.4%	57.9%	64.6%
Elementary School Students	58.4%	58.0%	69.4%

Source: Florida Department of Education, Education Information and Accountability Services, 2019

In 2019, youth obesity rates among middle and high school students in Volusia County outpaced those in Flagler County or the state generally, while youth in Volusia County also reported higher rates of physical activity.

Exhibit 77: Physical Activity & Obesity in Youth

2019	Florida	Flagler County	Volusia County
Obese Students			
High School Students	14.3%	14.6%	17.9%
Middle School Students	13.2%	13.1%	15.5%
Physically Active Students⁴⁸			
High School Students	21.7%	22.1%	25.4%
Middle School Students	26.6%	22.2%	31.2%

Source: Florida Department of Health Bureau of Community Health Assessment Division of Public Health Statistics and Performance Management School-aged Child and Adolescent Profile, 2019

- Youth obesity rates in Volusia County outpace the statewide rate among both middle and high school students.

⁴⁸ Self-Reported Being Active for At Least 60 Minutes On All Seven Of The Past Seven Days.

Maternal Health

Birth rates provide a standardized measure for monitoring the general increase or decrease in births. By looking at maternal and infant-related indicators health care systems may better be able to predict future public health challenges for families, communities, and the health care system.

The 2019 birth rate was calculated by the total number of live births per 1,000 women. Both Flagler and Volusia counties indicated lower birth rates compared to Florida.

Exhibit 78: Birth Rate

Florida	Flagler County	Volusia County
10.3	7.6	8.9

Source: Florida Department of Health. Bureau of Vital Statistics, 2019

Exhibit 79: Maternal Characteristics

2019	Florida	Flagler County	Volusia County
Births to Unwed Mothers	52.8%	49.2%	52.8%
Repeat Births to Mothers Ages 15 to 17	6.3%	0.0%	5.2%
Births to Mothers Aged 19 & Older without High School Education	10.9%	7.0%	11.2%
Births to Obese Mothers At Time Pregnancy Occurred	27.1%	30.1%	28.2%
Births to Mothers with 1st Trimester Prenatal Care	75.9%	80.1%	78.8%
Covered by Medicaid	46.7%	49.8%	54.3%
Self-Pay for Delivery Payment Source	6.2%	4.2%	3.8%

Source: Florida Department of Health. Bureau of Vital Statistics, 2019

Exhibit 80: Infant Characteristics ⁴⁹

2019	Florida	Flagler County	Volusia County
Low Birth Weight	8.8%	8.5%	8.3%
Infant Mortality	6.0	3.6	5.4
Teen Birth Rate, Under 18	2.3	2.6	2.5

Source: Florida Department of Health. Bureau of Vital Statistics, 2019

- Low birth weight among infants is slightly lower in the area than statewide averages, as is infant mortality. Infant mortality rates in Volusia County are notably higher than in Flagler County, though slightly lower than the statewide average. In contrast to statewide averages and Volusia County, Flagler County reported no-repeat births to mothers aged 15 to 17 in 2019.

⁴⁹ Low Birth Weight, Percentage of Live Births Under 2,500 Grams. Infant Mortality, 0-364 Days From Birth Per 1,000 Live Births. Teen Births (0-18) Per 1,000 Live Births.

Workforce in the Health Care Sector

The COVID-19 pandemic has taken a heavy toll on health care providers across all disciplines, as those who have remained on the front lines of the pandemic have reported suffering from stress, trauma, burnout, and increased behavioral health challenges.⁵⁰ It is important to note that the data below was captured prior to the start of the pandemic.

With the exception of family practice physicians, where Volusia County exceeds the statewide average, the two-county area has fewer licensed health care providers than statewide averages in every category of health care provider studied, and Flagler County has lower rates of coverage than Volusia County.

Exhibit 81: Total Licensed Providers

Per 100,000	Florida	Flagler County	Volusia County
Dentists	56.7	40.7	43.7
Physicians	310.0	151.8	234.6
Family Practice Physicians	19.2	17.2	25.6
Internists	47.5	22.6	31.1
OB/GYN	9.3	5.4	6.7
Pediatricians	22.0	2.7	8.0

Source: Florida Department of Health, Division of Medical Quality Assurance, 2019-2020

- **Note:** In areas where provider ratios are low, access to care is more heavily impacted by issues such as transportation, health literacy and awareness of available services (and ways to access them), and care navigation or case management.
- Ratios of most categories of primary care providers – dentists, physicians, family practice physicians, internists, OB/GYNs, and pediatricians – lag statewide rates in Flagler County and Volusia County.
- Flagler County has half as many physicians per 100,000 people as the statewide average, and significantly fewer than Volusia County as well.
- The coverage of pediatricians in Flagler County is seven times lower than the statewide average, and the coverage of pediatricians in Volusia County is only one-third of the statewide average per 100,000 population.

⁵⁰ American Hospital Association. Fact Sheet: Strengthening The Health Care Workforce, May 2021. Link to source: www.aha.org/fact-sheets/2021-05-26-fact-sheet-strengthening-health-care-workforce

Availability of care facilities varies significantly between the two-county area, with Volusia County coming closer to statewide averages and exceeding them in terms of nursing homes, and Flagler County having notably fewer facilities relative to the population size.

Exhibit 82: Care Facilities by Type

Per 100,000	Florida	Flagler County	Volusia County
Hospital Beds	311.2	89.5	285.2
Acute Care Beds	251.8	89.5	240.0
Specialty Beds	59.4	0.0	45.2
Nursing Home Beds	401.9	216.9	635.1

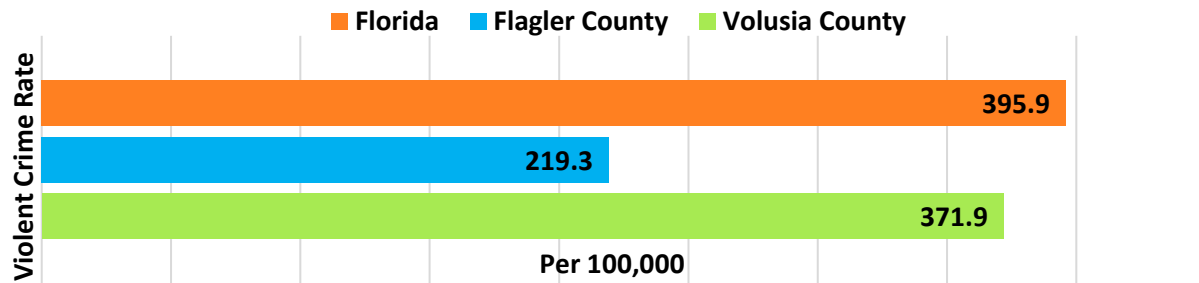
Source: Florida Department of Health, Division of Medical Quality Assurance, Agency for Health Care Administration, 2019

- Inpatient capacity – hospital beds, acute care beds, specialty care beds – in Volusia and (especially) Flagler County trail the statewide averages.
- Volusia County has over two times the number of acute care beds as Flagler County, and three times the number of hospital beds, per 100,000 people.
- Flagler County has half the number of nursing home beds as the statewide average, while Volusia County has 50% more than the statewide average. There are no specialty beds in Flagler County.

Violent Crime

Crime is a social determinant of health. The Federal Bureau of Investigation's uniform crime index establishes a standardized definition of crime classification overcoming differences in individual state statutes. Monitoring changes in types of crime helps in planning prevention strategies and public awareness programs. Violent crime rates are lower in Flagler County than Volusia County and statewide averages overall, though variations can be seen in certain types of violent crime.

Exhibit 83: Violent Crime Incidence ⁵¹



2017-2019	Florida	Flagler County	Volusia County
Violent Crime Rate	395.9	219.3	371.9
Murder	5.2	3.4	4.6
Rape	39.5	27.7	22.1
Robbery	82.3	16.9	55.6
Aggravated Assault	268.9	171.3	289.6
Forcible Sex Offenses	55.4	48.6	34.4
Domestic Violence Offenses	505.2	623.0	806.5

Source: Florida Department of Law Enforcement, 2017-2019

Exhibit 84: Theft-Related Crime

Per 100,000	Florida	Flagler County	Volusia County
Larceny	1,792.4	1,066.4	1,836.2
Burglary	356.4	206.3	380.5
Motor Vehicle Theft	195.9	83.3	179.3

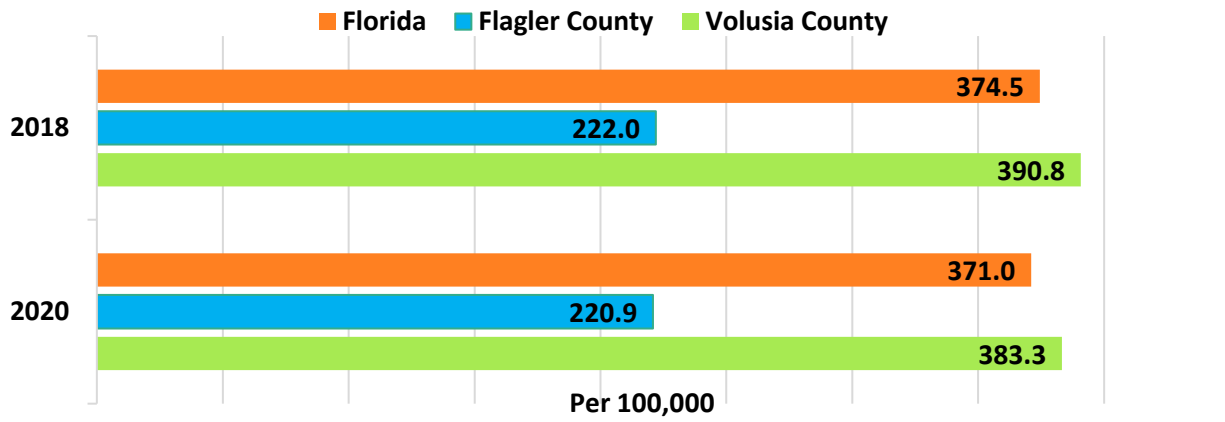
Source: Florida Department of Law Enforcement, 2017-2019

- The three-year cumulative rates for theft-related crime are notably lower than the state rates in Flagler County, while Volusia County rates are closer to state rates.

⁵¹ The Rate Of Violent Crimes Includes Murder, Rape, Robbery & Aggravated Assault.

Violent crimes decreased slightly from 2018 to 2020. However, the data was likely impacted by the COVID-19 pandemic.

Exhibit 85: Violent Crime Rate Trend

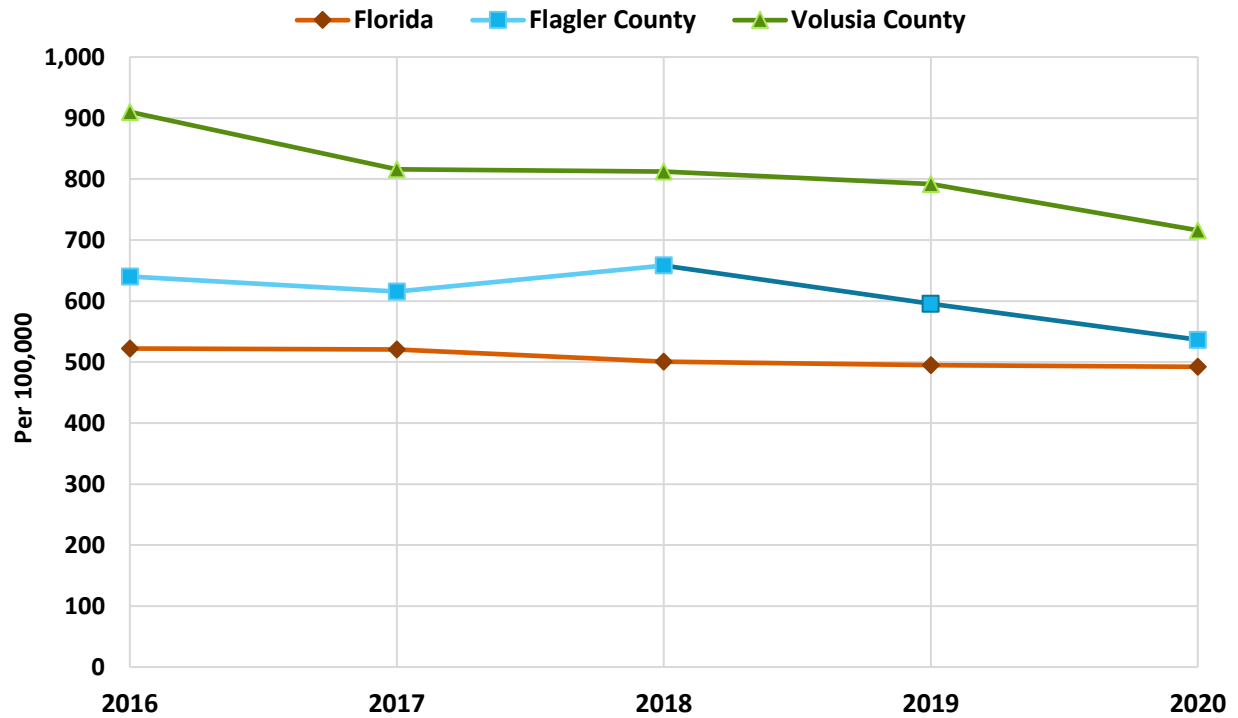


	Florida	Flagler County	Volusia County
2020	383.3	220.9	371.0
2018	390.8	222.0	374.5

Source: Florida Department of Law Enforcement

Reported incidents of domestic violence decreased slightly from 2016 to 2020, yet pandemic-related incidence is expected to mask 2020 and 2021 figures.

Exhibit 86: Trend of Domestic Violence Offenses



	Florida	Flagler County	Volusia County
2020	492.2	536.6	716.0
2019	495.1	595.6	791.8
2018	500.6	658.2	812.1
2017	520.4	615.6	816.0
2016	522.2	640.1	910.1

Source: Florida Department of Law Enforcement

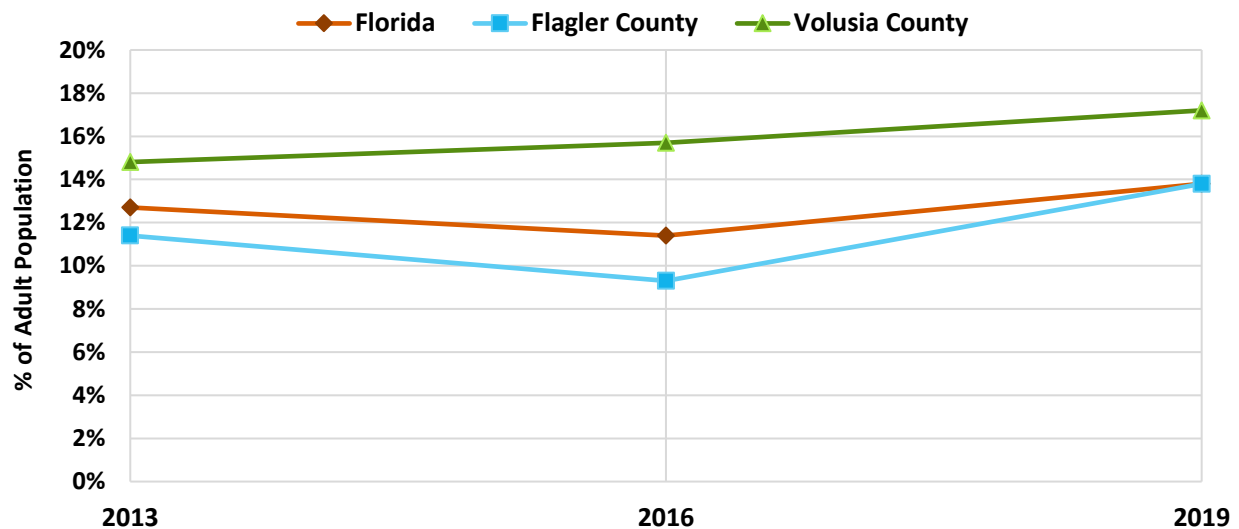
- The incidence of reported domestic violence in both counties has decreased at a sharper rate than the statewide average between 2016 and 2020.
- Between 2016 and 2020, the overall rate of domestic violence offenses has declined within the area and statewide.
- The incidence of reported domestic violence continues to be significantly higher (by nearly 50%) in Volusia County than the state averages, and higher also in Flagler County than state averages (though to a lesser degree in the COVID-19 impacted 2020 than in previous years).

Mental Health & Substance Use Disorder

For terminology, behavioral health is the promotion of mental health, resilience, and wellbeing; the treatment of mental and substance use disorders; and the support of those who experience and/or are in recovery from these conditions, along with their families and communities. Behavioral health conditions and the behavioral health field have historically been financed, authorized, structured, researched, and regulated differently than other health conditions.

Preliminary research indicates that because of the COVID-19 pandemic, the existence of an emotional epidemic curve and a high probability of an increased burden of mental health issues in the post-pandemic era is nearly certain. The current evidence and published literature related to previous epidemics suggest that mental health issues may arise after the peak of the pandemic, with increased prevalence among the vulnerable population and people with risk factors.⁵² The following data indicate the percentage of adults who reported poor mental health at least 14 out of the past 30 days.

Exhibit 87: Adults Who Had Poor Mental Health 14 + Of Past 30 Days



	Florida	Flagler County	Volusia County
2019	13.8%	13.8%	17.2%
2016	11.4%	9.3%	15.7%
2013	12.7%	11.4%	14.8%
2010	11.8%	14.4%	13.7%
2007	9.7%	11.8%	14.2%

Source: Florida Behavioral Risk Factor Surveillance System

- The percentage of adults reporting poor mental health is slowly increasing statewide, as well as in Flagler County and Volusia County. However, Volusia County rates are notably higher than statewide rates (17.2% and 13.8%, respectively).

⁵² BJM Journal. Mental Health In The Post-COVID-19 Era: Challenges & The Way Forward, 2020. Link to source: <https://gpsych.bmj.com/content/34/1/e100424#boxed-text-1>

Mental Health Care Capacity

The state of Florida has a notable shortage of providers. The state-based data on Health Professional Shortage Areas (HPSA) indicates Florida has only 19% of providers needed to meet capacity. This indicates that over 380 additional professionals are needed.⁵³ On a per-capita basis, this suggests that the service area needs a minimum of 46 additional providers to meet 2019 needs. This number is likely higher in 2022 given the reported increase in mental health needs nationwide and locally. The availability of mental health care providers is a challenge affecting the state and, to an even larger degree, the service area.

Different types of mental health practitioners provide overlapping but distinct services. The shortages may affect both the availability of services generally, but also the ability to get the most appropriate type of evaluation and care.

Exhibit 88: Licensed Mental Health Providers

Per 100,000	Florida	Flagler County	Volusia County
Mental Health Counselors	57.3	59.6	50.3
Psychologists	23.4	5.3	11.2
Clinical Social Workers	49.7	27.2	39.9
Total Behavioral or Mental Health Professionals	117.1	94.7	104.1

Source: Florida Department of Health Bureau of Community Health Assessment. Division of Public Health Statistics & Performance Management's Suicide and Behavioral Health Profile, 2020

Exhibit 89: Total Psychiatric Beds

Per 100,000	Florida	Flagler County	Volusia County
Adult Psychiatric Beds	20.6	0.0	13.5
Child and Adolescent Psychiatric Beds	3.0	0.0	5.5

Source: Florida Department of Health Bureau of Community Health Assessment. Division of Public Health Statistics & Performance Management's Suicide and Behavioral Health Profile, 2020

- Compared to the state of Florida averages, Flagler County has 25% of coverage by licensed psychologists, and Volusia County has half of the statewide rate.
- There are far fewer licensed clinical social workers in Flagler County than the statewide average, and fewer also in Volusia County, though by a smaller margin.
- The rate of licensed mental health counselors is relatively similar in the area as the average in the state of Florida.
- Volusia County has fewer adult psychiatric beds than the statewide average (13.5 and 20.6, respectively per 100,000 population); Flagler County reports having no psychiatric beds available.

⁵³ Kaiser Family Foundation. Mental Health Workforce, 2021. Link to source: www.kff.org/other/state-indicator/mental-health-care-health-professional-shortage-areas-hpsas/?currentTimeframe=0&sortModel=%7B%22colld%22:%22Location%22,%22sort%22:%22asc%22%7D

In 2020, there were approximately 928.4 hospitalizations per 100,000 people caused by mental and behavioral health disorders in Florida. Mood and depressive disorders were the most common primary diagnosis upon admission across all age groups.

Exhibit 90: Hospitalizations for Mental & Behavioral Health Disorders by Age in Florida

Per 100,000	Drug & Alcohol-Induced Mental Disorders	Mood & Depressive Disorders	Schizophrenic Disorders	Eating Disorders	Hospitalizations Attributable to Mental Disorders
Total Hospitalizations	166.9	430.3	235.7	11.5	928.4
Under 18	5.9	446.2	18.1	18.1	599.9
18 to 21	85.0	742.0	269.9	30.4	1,262.3
22 to 24	131.4	594.0	386.3	19.4	1,230.9
25 to 44	263.0	497.3	415.3	11.8	1,256.7
45 to 64	275.4	460.0	300.6	6.5	1,093.9
65 to 74	134.1	252.9	140.6	4.6	593.7
75 +	39.0	139.9	75.1	6.8	413.0

Source: Florida Agency for Health Care Administration, 2020

Exhibit 91: Hospitalizations for Mental & Behavioral Health Disorders

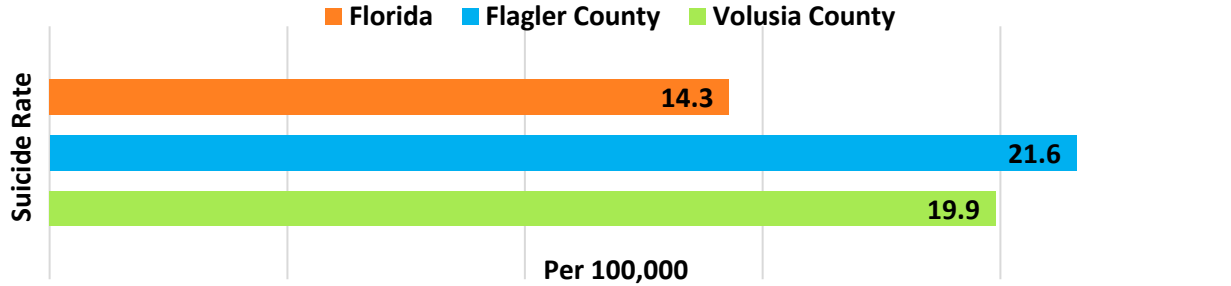
Per 100,000	Florida	Flagler County	Volusia County
Total Hospitalizations	928.4	690.9	945.8
Drug & Alcohol-Induced Mental Disorders	166.9	110.5	163.0
Mood & Depressive Disorders	430.3	380.5	500.0
Schizophrenic Disorders	235.7	90.3	157.7
Eating Disorders	11.5	13.2	12.6

Source: Florida Agency for Health Care Administration, 2020

- Young adults between the ages of 18 and 21 present the highest rate of hospitalization due to mood and depressive disorders, 788.3 per 100,000.
- Adults between age 45 and 64 present the highest rate of hospitalizations caused by a drug or alcohol-induced mental disorder.
- Eating disorder-related hospitalizations were most common for those between the ages of 18 and 22.

The suicide rate in Flagler County is significantly higher than the statewide average (21.6 death by suicide compared to 14.3 statewide), and Volusia County is not far behind (19.9 per 100,000 population). In Florida, firearms are the most common means of suicide, followed by suffocation.

Exhibit 92: Suicide Rate



2018-2020	Florida	Flagler County	Volusia County
Age-adjusted Rate Per 100,000	14.3	21.6	19.9

Source: Florida Department of Health. Bureau of Vital Statistics, 2018 -2020

Exhibit 93: Means of Suicide by Age in Florida⁵⁴

Per 100,000	Firearm	Drug Poisoning	Suffocation	Cut/Pierce	Non-Drug Poisoning	Other	Total
Cumulative Rate	9.5	2.1	4.4	0.3	0.4	1.2	18.1
10-14	0.7	0.1	1.1	0.1	0.0	0.2	2.2
15-19	4.2	0.3	2.7	0.1	0.2	0.8	8.5
20-24	7.6	0.8	4.5	0.3	0.3	0.9	15.0
25-34	7.2	1.2	5.6	0.3	0.3	1.4	16.3
35-44	7.4	1.4	5.8	0.2	0.4	0.9	16.2
45-54	9.6	3.5	6.6	0.5	0.5	1.5	22.1
55-64	12.9	3.8	5.3	0.6	0.7	2.0	25.3
65-74	11.8	2.5	2.5	0.3	0.5	1.0	18.5
75 +	17.4	2.7	2.0	0.4	0.5	1.0	23.9

Source: Florida Department of Health Bureau of Community Health Assessment Division of Public Health Statistics and Performance Management. Suicide and Behavioral Health Profile Suicide Deaths and Intentional Self-Harm Injuries, 2019

⁵⁴ Rates provided are crude rates, age-specific to the age range specified, Per 100,000.

In 2019, firearms are the leading means of suicide in both Flagler and Volusia counties, with a higher rate than the statewide average. Firearms were used at a higher rate for suicide in Flagler County than in Volusia County, though both counties show higher rates than state averages (45%, 36%, respectively).

Exhibit 94: Means of Suicide by County⁵⁵

2019	Florida	Flagler County	Volusia County
Cumulative Rate	18.1	24.7	26.2
Firearm	9.5	14.8	13.5
Drug Poisoning	2.1	3.0	2.3
Suffocation	4.4	3.9	7.0
Cut/Pierce	0.3	1.0	0.2
Non-Drug Poisoning	0.4	0.0	2.4
Other Mechanisms	1.2	3.0	1.2

Source: Florida Department of Health Bureau of Community Health Assessment Division of Public Health Statistics and Performance Management. Suicide and Behavioral Health Profile Suicide Deaths and Intentional Self-Harm Injuries, 2019

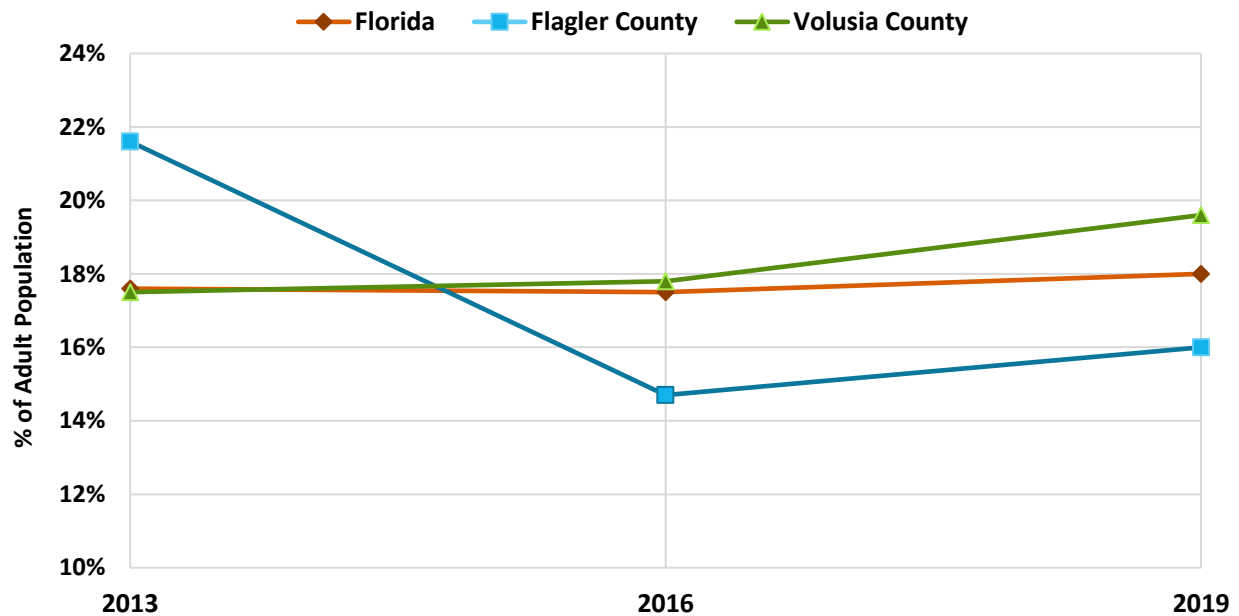
- Rates of suicide by suffocation and non-drug poisoning is higher in Volusia County than statewide averages, and higher than rates in Flagler County.

⁵⁵ Rates provided are crude rates, age-specific to the age range specified, Per 100,000.

Substance Use

Average binge drinking rates in the state have been relatively stable since 2002 with approximately 15% to 18% of adults engaging in heavy or binge drinking. Rates in the two-county area have been generally consistent with this trend. The Behavioral Risk Factor Surveillance Survey defines binge drinking as, males having five or more drinks on one occasion, females having four or more drinks on one occasion.⁵⁶

Exhibit 95: Adults Who Engage In Heavy or Binge Drinking



	Florida	Flagler County	Volusia County
2019	18.0%	16.0%	19.6%
2016	17.5%	14.7%	17.8%
2013	17.6%	21.6%	17.5%
2010	15.0%	12.7%	14.1%
2007	16.2%	18.4%	17.5%
2002	16.4%	17.8%	18.2%

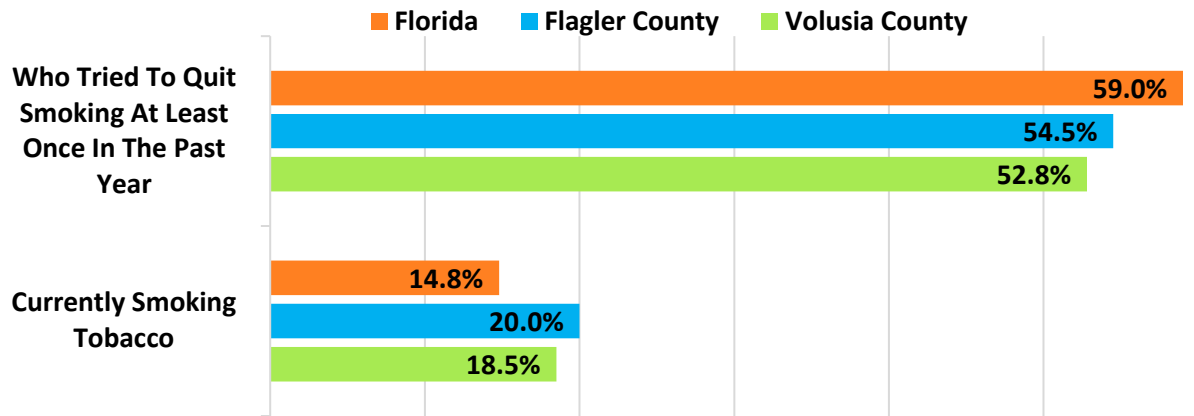
Source: Florida Behavioral Risk Factor Surveillance System

- Although county-level rates of heavy or binge drinking are similar to the statewide average, both counties show 16% to 20% of adults engaging in this behavior.

⁵⁶ BRFSS Prevalence & Trends Data Binge Drinking. Link to source: https://nccd.cdc.gov/BRFSSPrevalence/rdPage.aspx?rdReport=DPH_BRFSS.ExploreByLocation&irbLocationType=States&isClass=CLASS01&isLocation=51&isTopic=TOPIC03&isYear=2020&rdRnd=59374

The percentage of adults who smoke tobacco is higher in the area than the state average by approximately 25%.

Exhibit 96: Adult Tobacco Use



2019	Florida	Flagler County	Volusia County
Currently Smoking Tobacco	14.8%	20.0%	18.5%
Who Tried to Quit Smoking At Least Once In The Past Year	59.0%	54.5%	52.8%

Source: Florida Behavioral Risk Factor Surveillance System, 2019

- The percentage of adults who smoke tobacco is higher than the state average by about 32% (Flagler County) and 25% (Volusia County).

Overdose death rates increased dramatically in Flagler and Volusia counties between 2013 and 2019. Fentanyl-related overdose deaths increased nearly eightfold in Flagler County between 2013 and 2019, and by an order of 2.5 in Volusia County over the same period.

Exhibit 97: Substance Overdose Deaths

Per 100,000	Florida	Flagler County	Volusia County
2019			
Benzodiazepine	11.6	13.9	16.6
Cocaine	9.6	4.3	13.7
Fentanyl	11.3	16.5	21.5
Heroin	3.6	5.2	6.2
Methamphetamine	9.1	4.3	10.3
Opioids	23.6	25.2	36.5
2013			
Benzodiazepine	ND	7.5	17.2
Cocaine	ND	5.6	9.7
Fentanyl	ND	1.9	6.1
Heroin	ND	ND	4.0
Methamphetamine	ND	1.9	5.3
Opioids	ND	14.0	29.3

Source: Florida Drug-Related Outcomes Surveillance & Tracking (FROST) System, University of Florida

Exhibit 98: Percent Change

2013 - 2019	Flagler County	Volusia County
Benzodiazepine	85.3%	- 0.0%
Cocaine	- 23.2%	0.4%
Fentanyl	768.4%	252.4%
Heroin	ND	94.3%
Methamphetamine	126.3%	24.6%

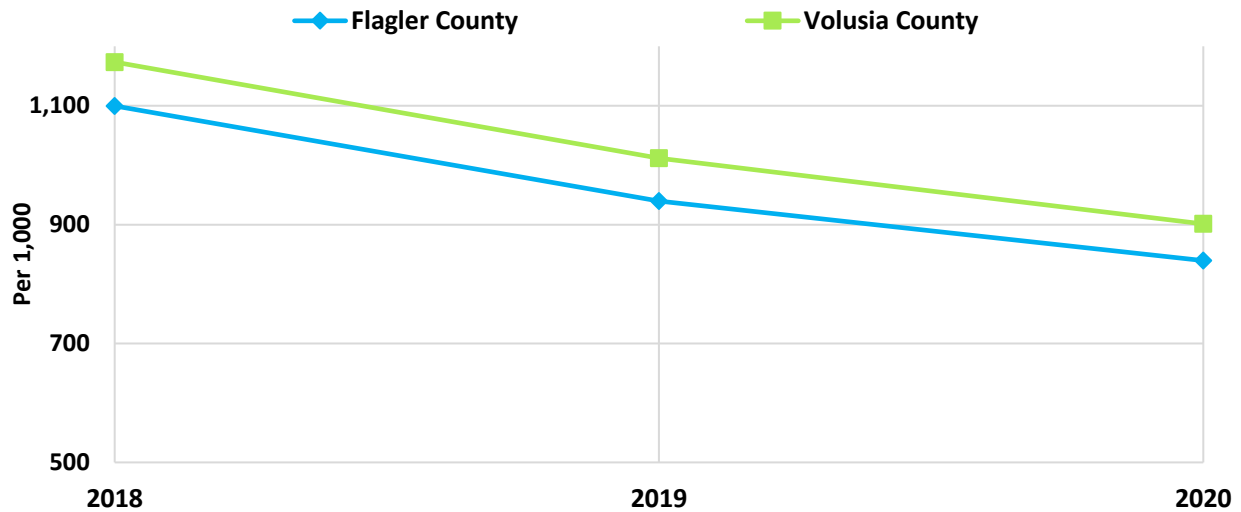
Source: Florida Drug-Related Outcomes Surveillance & Tracking (FROST) System, University of Florida

- Overdoses on benzodiazepines and opioids nearly doubled in Flagler County from 2013 to 2019. Benzodiazepine overdoses decreased slightly in Volusia County, while opioid overdose deaths went up by 25%.
- Statewide rates of methamphetamine overdose deaths are more than double the rate in Flagler County. Volusia County’s rates are somewhat higher than state averages.

The Opioid Epidemic

Fatal overdoses are rising at an unprecedented rate in the State of Florida. The rates of opioids being prescribed have been steadily decreasing, based on data from 2018 to 2020. While opioid-related deaths decreased statewide from 2019 to 2020, rates doubled in the two-county area. The trend of poison information network calls related to opioids as well as the use of naloxone can be found in the appendices of this report.

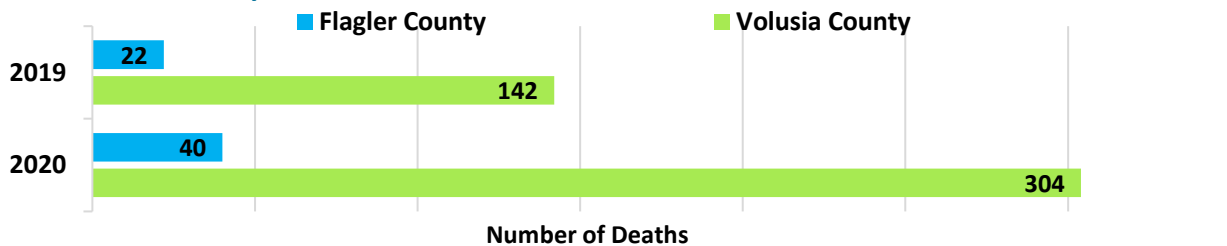
Exhibit 99: Trend of Opioid Prescribing Rates



	Flagler County	Volusia County
2020	839.5	901.2
2019	939.6	1,011.9
2018	1,099.7	1,173.5

Source: Florida Department of Health Bureau of Community Health Assessment Division of Public Health Statistics and Performance Management Substance Use Dashboard

Exhibit 100: Opioid Overdose Deaths



Florida		Flagler County		Volusia County	
2019	2020	2019	2020	2019	2020
4,294	6,089	22	40	142	304

Source: Florida Department of Health Bureau of Community Health Assessment Division of Public Health Statistics and Performance Management Substance Use Dashboard

- While opioid-related deaths decreased statewide from 2019 to 2020, the number of deaths doubled in Flagler County and Volusia County.

Prescriptions & Treatment

Prescriptions dispensed per provider are notably lower in the area than the statewide averages.

Exhibit 101: Prescribing Measures

2021	Florida	Flagler County	Volusia County
Number of Prescriptions Dispensed	9,235,635	62,474	301,544
Number of Unique Patients	2,757,242	18,288	85,967
Number of Unique Prescribers	98,985	2,987	7,832
Prescriptions Dispensed per Patient	3.3	3.4	3.5
Prescriptions Dispensed per Prescriber	93.3	20.9	38.5

Source: Florida Department of Health Bureau of Community Health Assessment. Division of Public Health Statistics and Performance Management Substance Use Dashboard, 2021

Exhibit 102: Adult Substance Abuse Beds

Florida	Flagler County	Volusia County
366	0	4

Source: Florida Department of Health Bureau of Community Health Assessment. Division of Public Health Statistics and Performance Management Substance Use Dashboard, 2020

Exhibit 103: Substance Abuse Program Enrollees

	Florida	Flagler County	Volusia County
Adults	104,906	359	2,805
Children	27,007	17	635

Source: Florida Department of Health Bureau of Community Health Assessment. Division of Public Health Statistics and Performance Management Substance Use Dashboard, 2018

For more information about prescribing measures please visit the following site:

[Florida Department of Health Bureau of Community Health Assessment. Division of Public Health Statistics and Performance Management Substance Use Dashboard.](#)

Built Environment & Food Insecurity

The neighborhoods people live in have a major impact on their health and well-being. Many people in the United States live in neighborhoods with high rates of violence, unsafe air or water, and other health and safety risks. Racial and ethnic minorities and people with low incomes are more likely to live in places with these risks. In addition, some people are exposed to things at work that can harm their health, like secondhand smoke or loud noises.⁵⁷

Exhibit 104: Environmental Health Profile

2019	Florida	Flagler County	Volusia County
Air Pollution	7.7	7.0	5.6
Drinking Water Violations	ND	Yes	Yes
Severe Housing Problems	0.20%	0.15%	0.17%

Source: Florida's Department of Environmental Protection, 2019

Exhibit 105: Population Living within 0.5 Miles of a Park

Florida	Flagler County	Volusia County
40.1%	27.2%	38.4%

Source: Florida Environmental Public Health Tracking, 2019

Exhibit 106: Adults Who are Sedentary

Florida	Flagler County	Volusia County
25.5%	24.7%	25.1%

Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention and Florida Department of Health Division of Community Health Promotion, 2019

- The air pollution rate in Flagler County is similar to those in Florida statewide, and Volusia County has better than average air quality.
- Fewer residents in the area have access to a park nearby compared to the Florida percentage, though more specifically in Flagler County as less than 30% have a park within a half-mile of their home.

⁵⁷ Healthy People 2030. Neighborhood & Built Environment. Link to source: <https://health.gov/healthypeople/objectives-and-data/browse-objectives/neighborhood-and-built-environment>

Food Insecurity

Food insecurity refers to USDA’s measure of lack of access, at times, to enough food for an active, healthy life for all household members and limited or uncertain availability of nutritionally adequate foods. It is important to note that the COVID-19 pandemic impacted access to nutritious foods for vulnerable populations and communities that had not experienced food insecurity prior to 2020. Research indicates that the pandemic ultimately ended years of declining rates of food insecurity – the lack of access to sufficient food because of limited financial resources.⁵⁸

Food insecurity affects a greater percentage of the population in Volusia County than statewide averages, and a higher proportion of children are impacted by food insecurity in the two-county area than statewide averages.

Exhibit 107: Food Insecurity

2019	Florida	Flagler County	Volusia County
Total Food Insecure Population	2,567,300	13,350	71,190
Percent of Total Population	12.0%	12.2%	13.3%
Food Insecure Children	723,540	3,430	17,820
Percent of Child Population	17.1%	18.2%	18.7%

Source: USDA Food Environment Atlas, Map the Meal Gap from Feeding America, 2019

The Food Environment Index ranges on a scale of 0 (worst) to 10 (best) and equally weighs two indicators of the food environment:

- 1) Limited access to healthy foods estimates the percentage of the population that is low income and does not live close to a grocery store.
- 2) Food insecurity estimates the percentage of the population that did not have access to a reliable source of food during the past year.⁵⁹

Both Flagler and Volusia counties are similar in their rating on the Food Environment Index to the state of Florida.

Exhibit 108: Food Environment Index

Florida	Flagler County	Volusia County
6.9	7.2	7.0

Source: County Health Rankings & Roadmaps, 2021

⁵⁸ Feeding America. The Impact Of The Coronavirus On Food Insecurity In 2020 & 2021, March 2021. Link to source: www.feedingamerica.org/sites/default/files/2021-03/National%20Projections%20Brief_3.9.2021_0.pdf

⁵⁹ County Health Rankings & Roadmaps, Food Environment Index. Link to source: www.countyhealthrankings.org/app/florida/2021/measure/factors/133/description

Primary Qualitative Research Introduction

The core of the assessment involved onsite data gathering, local knowledge and expertise, and outreach efforts for community engagement. The primary qualitative mixed-mode approach engaged policy leaders, key stakeholders throughout the area, non-profit organization representatives, health care consumers, the criminal justice system, diversity representatives, people experiencing homelessness, and others. The qualitative techniques used included:

- Equity Champions - Diversity Group Outreach
- Stakeholder One-to-One Interviews
- Focus Group Discussions

Outline and Approach

Equity Champions and One-to-One Interviews

The FVC took a unique approach to involving impacted communities in the assessment by creating a team of health “Equity Champions” - five individuals or organizations who represented diverse populations or impacted communities. Equity Champions inform decisions about what data are collected and how they are interpreted in order to better understand the issues facing those communities, as well as resources or assets to address needs.

One-to-one stakeholder interviews were conducted with 50 individuals that lasted approximately 20-30 minutes in length. This provided the opportunity to have in-depth discussions about community-wide (and county-specific) strengths, barriers to health equity, and action steps.

Focus Group Discussions

Thirteen focus group discussions were held, including multi-county groups. The groups below represented local voices heard highlighting areas of consensus on community needs.

- General community members
- Health care services consumers
- Exceptionally high-need community groups
- Members of priority communities
- Executive leadership – Health care sector
- Executive leadership – Business and employment sectors
- Community service organizations
- Faith-based organizations
- Public Health Department leaders
- Governmental organizations
- Many others!

Focus Groups
1. African American Community Members in Volusia County (15 lower-income community members)
2. Bethune-Cookman University Faculty (12 faculty members and select advisors)
3. CHA Steering Committee (approximately 15 Steering Committee members)
4. Flagler OARS (board members, individuals in recovery, staff leaders; four individuals on the call and approximately 15 people attended over Facebook Live)
5. Food Brings Hope, San Jose Mission / Daytona State College Campus in Pierson (approximately 20 San Jose Mission clients and staff)
6. George Washington Carver Community Center (approximately 12 clients)
7. Hispanic Chamber of Commerce Town Hall Meeting (15 Hispanic community members and business operators)
8. LGBTQ+ Community (approximately 13 LGBTQ+ community members and community leaders)
9. School Health Advisory Council, Flagler County (approximately 12 Council members)
10. SMA Healthcare– Men’s Group (eight male residential care community members)
11. SMA Healthcare– Women’s Group (12 female residential care community members)
12. Tobacco-Free Flagler (eight organization leaders)
13. Volusia Project Inspiration (approximately 10 clients and project staff)

The combination of individual interviews and focus group discussions provided an in-depth “Qualitative Area Overview” of issues impacting the general area. In addition, several “Qualitative Research Themes” and related needs were identified. Each of the core themes includes multiple individual needs or potential initiatives.

The identified qualitative research core themes and areas of need include:

- Infrastructure, Workforce, Housing, and Related Economic Issues
- Behavioral Health Access and Capacity (mental health and substance use disorder (SUD))
- Access To Primary Care and Specialized Medical Care - especially among low-income and priority communities
- Age-specific Services for Youth and Seniors

The following two subsections include more general observations, as well as detailed comments. They can be described as:

- **Qualitative Themes Overview:** This section is a higher-level overview of issues impacting the general area.
- **Detailed Qualitative Research Action Areas:** Here the reader will find an exploration of detailed insights regarding core health-related issues, as well as strengths.

Qualitative Themes Overview

The qualitative analysis provides insights of the current community health landscape from the perspective of community members and highlights broad issues that impact all the areas of need. Many of the identified themes are challenges and barriers at a system and community level that trickle down and impact specific needs of the people who live in the area. For many community residents, the social determinants of health (SDoH) and Adverse Childhood Experiences (ACEs) are contributing factors in not receiving adequate health care and maintaining their own health. As a member of a substance use disorder (SUD) residential care facility noted, “Most community health issues are inextricably linked: housing, jobs/economic issues, mental health/SUD, medical care, and other issues impact all of us all of the time. If any one of the things gets hit, they might all be impacted.” The Qualitative Themes suggest the following perspectives:

- Strengths Abound in an Area of Growing Diversity
- Policy, Advocacy, Infrastructure, and System Level Issues Impact Individuals
- Navigating the Complex Health care System is Challenging for Most
- Non-Profit Funding Affects Program Sustainability
- Rapid Population Growth Has Multiple Impacts
- Awareness of Community Services Is Low
- Multiple Factors Contribute to High Chronic Disease Rates

Strengths Abound in an Area of Growing Diversity

Many individuals who participated in the qualitative research highlighted strengths and positive aspects about living and working in the area. Several talked about the “small-town feel” to their community and the sense of making newcomers feel welcomed. There is also a growing diversity. One stakeholder said, “Although my community is predominantly Black, quite a few new families from Puerto Rico and Central America recently moved here. It’s great! I think they feel like we’re glad they’re here – which we are!”

Flagler and Volusia counties are home to numerous non-profit organizations. A majority of the stakeholders agreed the degree of collaboration between organizations increased during the COVID-19 pandemic because for-profit and non-profit organizations were compelled by burgeoning needs to better coordinate community engagement and services. During CHA conversations, several suggested that the opportunity (and the challenge) is to maintain and further enhance these relationships forged since March 2020.

A stakeholder in Flagler County said, “At first [early in the pandemic], all CBOs [Community Based Organizations] needed to put aside any competition or turfiness, or anything else and just get the job done – people were in trouble. We did a great job. Now, we want to continue the work, though some of that ‘old nature’ is trying to creep back in.” Another stakeholder said, “We are in this for the long run. We’ll make it work!”

Many stakeholders noted the benefits of having good weather year-round. The weather is associated with the ability to enjoy a healthy lifestyle including related positive mental health.

Policy, Advocacy, Infrastructure, and System Level Issues Impact Individuals

Many of the challenges identified through the qualitative research are issues at a state or national level and require policy and regulatory change within state and federal laws or systemwide regulations to reduce the impact felt by individual community members. Qualitative research respondents stated often that broader-based policies require continued advocacy from local, city, and county officials. Some suggested that funding streams from the state are not always properly focused on the local level to meet local needs. For example, one respondent said, “We have received a substantial budget from the state of Florida. The problem is that we can only spend it for certain things. We appreciate the funding, but our hands are tied when we try to address specific issues that we know about, but the state may not be aware of [them].”

In addition, infrastructure issues such as roads, economic development, and other impact topics are very large issues that require system-level review and change. Employment and employee retention and recruitment are related issues that, as noted by qualitative research respondents, are more than a city or county level issue. One respondent stated, “I think that the biggest health issue is actually employee recruitment and retention! If I can't hire or keep good providers, clients/patients can come to me, but I might have to make them wait a long time for care. That's not good for anybody's health.” Note that infrastructure issues are covered in greater depth later in this section.

Navigating the Complex Health care System is Challenging for Most

Many community members noted the high quality of care and accessibility of large hospital system providers – though the somewhat complex process to get care can be challenging. For example, one lower-income mother stated, “AdventHealth is a huge system, and I know they need to get paid for giving care to people. They actually sent people [i.e., doctors and nurses] to my neighborhood and did a little clinic for diabetes, I think. I wish health care was free or, at least, it was easier to get insurance, but I'm glad they are here.”

The health care system can be complicated for individuals to understand and navigate, even for those who work within the health care industry. Many stakeholders identified that the health care system is siloed and there is a lack of navigation and care coordination between different providers. Additionally, an individual's health insurance plan or their ability to pay for services adds another level of complexity when navigating the system. For example, a stakeholder said, “When she moved here, my niece started with a list of 25 potential pediatricians for her kids. The list was cut in half when she learned only some were reasonably close to where she lived. Half of the remaining ones weren't taking new patients. Of the five or six left, only two accepted her form of insurance. For her, 25 was really only two. Now let's hope that they are good quality docs!”

Non-Profit Funding Affects Program Sustainability

The area is home to many non-profit organizations ranging in size and mission. Many of the stakeholders who participated in interviews or focus groups were leaders at many of these non-profit organizations. For several of the smaller organizations, especially ones that work primarily with the area's priority populations, funding is one of the top challenges they experience, which hinders their ability to grow their services. A leader of a small non-profit

said, “AdventHealth is a wonderful partner! I don’t know what we’d do without them. If we could get some additional state or federal money, we could double our size – easily! There is that much demand for our services.”

Rapid Population Growth Has Multiple Impacts

Florida had the second fastest growing population next to Texas in 2021 with over 211,196 people moving to the Sunshine state between July 1, 2020, and July 1, 2021⁶⁰. The 2020 U.S. Census Bureau data shows that the population of Flagler County saw an increase of 21% since 2010 (Volusia County population increased 14%)⁶¹. Even though modest compared to some Florida counties, the increase has direct impacts on infrastructure, health care service needs, and many other aspects of life. The rapid population growth was identified as one of the top challenges in the qualitative research by many stakeholders.

Awareness of Community Services Is Low

There is a consensus across the area that community-wide awareness of what services and resources are available is low. Word-of-mouth tends to be the best method to share information, especially in priority populations. However, most respondents agreed that any effective strategy will include a multi-pronged approach consisting of word-of-mouth, increased engagement by health services providers in local/neighborhood events (in-person participation, not just financial sponsorship), social media outreach (e.g., Facebook, TikTok, YouTube, and others), and print media.

Multiple Factors Contribute to High Chronic Disease Rates

Stakeholders identified the lack of prevention and education programs, especially in the youth population, as another contributing factor to the chronic disease rates in the community. Health literacy and culturally appropriate health information were also identified as challenges for growing, ethnically/racially diverse communities. While the number of bilingual providers is increasing in the area, stakeholders report that there are not enough outpatient service providers (including counselors) who speak Spanish. A member of the Hispanic community said, “It’s difficult to go to a counselor and discuss your inner-most struggles unless the counselor also speaks Spanish. The cultural piece has got to be in place for this kind of work.”

⁶⁰ Saunders J. Florida saw the second-highest population growth in nation over last year. Orlando Weekly. Link to source: www.orlandoweekly.com/Blogs/archives/2021/12/22/florida-saw-second-highest-population-growth-in-nation-over-last-year

⁶¹ Sandoval E. Census shows big population growth in Florida. Click Orlando. Link to source: www.clickorlando.com/news/local/2021/08/13/census-shows-big-population-growth-in-florida-heres-where/

Detailed Qualitative Research Action Areas

Infrastructure, Workforce, Housing, and Related Economic Issues

Infrastructure

The area's rapid growth led many stakeholders throughout the area to identify the lack of infrastructure to handle the growing population as one of the biggest needs. Infrastructure includes roads, housing, and more. One stakeholder in Flagler County said, "We [Flagler County] used to be a sort of out-of-the-way place between Jacksonville and Orlando. A quieter spot. Not so much anymore. It is a wonderful place! I love it here, but it is getting a little harder to get services since there are more residents but not necessarily more service providers." One stakeholder said, "Housing costs are going up fast – if you can even find any for sale or rent."

Insurance Coverage Gap

One of the biggest barriers to accessing health care in the area is insurance coverage. Florida is not a Medicaid expansion state, which means there is an income bracket of people whose household incomes are too high to qualify for Medicaid but too low to receive the Affordable Care Act (ACA) exchange subsidies. This is known as the coverage gap. Across Florida, there are 415,000 people who have little access to health insurance without Medicaid expansion⁶².

Workforce

The area's economy is very dependent on the tourism and hospitality industries. Wage structures in some sectors of this part of the economy are low. Some of these workers are considered "working poor." As a Volusia County community service provider said, "We get a lot of tourists here, but they come in waves – the 500, Bike Week, the other Bike Week. [My business] gross may go from \$250,000 during Race Week, to \$15,000 the next. It's hard to balance staff especially lower-wage ones!" The low median wages and accelerating housing prices in the area have contributed to the growing affordable housing crisis (and the related impact on community health).

Workforce shortages are reported to be rampant. Many hospitals and health clinics were already faced with nursing and other health care provider shortages before the COVID-19 pandemic and the pandemic has only increased the shortage of providers in the local community. As one leader from a leading hospital system said, "We are bringing in agency nurses, boosting employee benefits, and tripling recruiting efforts. No one has figured this [recruitment/retention] one out yet. That said, our quality of care is still outstanding!"

Wages and industry focus also impact community health needs. The area's economy is historically built on tourism. Unfortunately, tourism jobs tend to have a higher percentage of lower-wage jobs (compared to some other economic sectors). Some larger employers have raised minimum wages to \$15 per hour, but others have not followed. Even at \$15 per hour, housing costs can be prohibitive, and several stakeholders stated that little (if any) new, affordable housing was currently under construction. However, with inflation and the continuing rise of housing-related costs, the new minimum wage may still not be enough for many tourism workers to live in a safe, non-cost-

⁶² Florida and the ACA's Medicaid Expansion. Link to source: www.healthinsurance.org/medicaid/florida/#:~:text=No%20ACA%20Medicaid%20eligibility%20expansion,them%20to%20have%20Medicaid%20instead

burdened⁶³ home. The current wage structure and elevated housing costs also reduce the ability of health care service providers to recruit and retain staff – furthering the workforce and access to care issues.

Housing and the Affordable Housing Crisis

As noted by qualitative research respondents (and clearly described in the national news coverage), the affordable housing crisis is one of the top challenges impacting the area and across the country. The COVID-19 pandemic exacerbated the housing crisis over the past two years, as more people continued to move to the area, which led to rising rents in an already low-availability market. When stakeholders were asked to identify what they think are the top three challenges that the community currently faces, affordable housing was almost always listed.

The lack of affordable housing is a root cause of many other needs and challenges in the community. It also contributes to the workforce shortage. As one stakeholder said, “The lack of affordable housing impacts everything else – you can only afford cheaper, lower quality food, you get stressed, other health problems come next, then everything else falls apart. It is actually nice to see Halifax and Advent recognize that housing affects their business, and they try to help.” The rapid rise in housing costs combined with low median wages has led to an increase in people experiencing homelessness and the number of families “one paycheck away” from being at-risk of becoming homeless.

Lack of affordable housing is often the precipice for struggling individuals in the community. Without stable housing, individuals are at-risk to become homeless, experience unemployment, and face health crises. One stakeholder said, “The homeless population is growing. Lots of others are highly at-risk because rents and general inflation is putting the pinch on ‘other’ expenditures like health care.”

Accelerating housing costs are a related issue affecting staff recruitment and retention – exacerbating employment issues. Some qualitative research participants suggested that low reimbursement rates for Medicaid (and even commercial insurance plans) limit the ability of providers to compensate staff members to the level that prevents “bleed” into higher-paying employment opportunities. This is especially true for behavioral health. In addition to limited staff capacity, many providers are experiencing burnout due to the pandemic and are leaving the profession altogether or switching to travel nursing, which is more lucrative than being on staff at a hospital. Health care services capacity is strained due to these and other factors – negatively impacting access to care across the area.

Additional Community Wisdom and Insights

The following are additional representative comments from across the area.

“If I don’t have a home – which I don’t – there is zero chance that I’ll be getting my annual physical! It is a fulltime job for me just to keep above water.”

⁶³ “Cost-burdened” is a term used by the U.S. Department of Housing and Urban Development to refer to situations in which total housing costs exceed 30% of total household income.

“How can you plan to meet community needs [related to changing needs based on population growth] that don’t even exist yet?”

“I’ve lived here for a long time. It’s a great place, but it has changed so very much! I like my local hospital [i.e., AdventHealth – New Smyrna Beach].”

“Wages are low. There are plenty of jobs, but it’s really hard hiring anyone. Lots of people work a gig from home now.”

Behavioral Health Capacity and Access

To set the context for this section, it is important to note that Behavioral Health includes both mental health (MH) and substance use disorders (SUD). These challenges affect people of all ages, genders, races, and ethnic groups. Before COVID-19⁶⁴, out of the 330.1 million people living in America, nearly one in five (61.2 million) were living with a mental illness and/or substance use disorder which is a 5.9% increase from the prior year.

The acuity of behavioral health in the community has notably increased driven by the opioid epidemic and COVID-19 pandemic say behavioral health care providers. However, some interviewees suggested people are now more willing to talk about their illness and may feel less stigma. One respondent said, “One of the ‘silver linings’ of COVID-19 is more people are open about their mental health, however, mental health is still very much stigmatized in the community.” According to community-based stakeholders, stigma is especially prevalent in priority populations such as Haitian, Black, and Hispanic communities (consistent with national data⁶⁵). One health care /social services provider said, “Everyone has experienced a trauma during the pandemic. A ‘hit’ to our mental health – that is one thing we ALL have in common! We all share the experience, so maybe it’s okay to talk about it.”

Qualitative research participants repeatedly affirmed that behavioral health capacity/access includes mental health, as well as substance use disorders (SUD) treatment. Nationally, many behavioral health facilities – especially ones striving to offer an ethnically or racially diverse provider base – are chronically understaffed which has led to long wait times for many patients. The wait time for psychiatrists is especially long. Locally, stakeholders either in recovery from a SUD or providing services indicate that long wait times currently being experienced in Flagler County and Volusia County greatly reduce access to care for SUD patients. Respondents noted that crisis care is a particularly urgent need. One person less than one year into SUD recovery said, “I thought about getting help off and on for years. However, getting that first step in the door when I needed it was hard. For example, on a particular Tuesday, I was not ready to get help. Tuesday night something happened, and Wednesday I was ready to get help, so I called someone. They couldn’t do an intake or see me for six weeks. Thursday I was back out in the streets, into my old habits.”

Opioids and methamphetamine continue to both present SUD challenges. Many stakeholders noted that they expect the opioid epidemic to continue but also mentioned that methamphetamine use remained high during the pandemic. One stakeholder said, “For a few years, opioids got all of the focus, but meth never stopped being a major issue. Now that you don’t hear as much about opioids – maybe fentanyl – you hear more and more about meth. It never went away!”

⁶⁴ The National Survey on Drug Use and Health: 2019. Link to source: www.samhsa.gov/data/sites/default/files/reports/rpt29392/Assistant-Secretary-nsduh2019_presentation/Assistant-Secretary-nsduh2019_presentation.pdf. Accessed 7/2//21

⁶⁵ Nation Council for Mental Wellbeing, 2019. Link to source: <https://www.thenationalcouncil.org/news-events/blog/>

The effectiveness of Medication Assisted Treatment (MAT) programs was highlighted by people in recovery from SUD (and some not yet in recovery). All strongly supported more services are needed. One person in SUD recovery said, “The MAT program saved my life – no doubt. I was absolutely going to die. I’m better now. That’s more than I can say for some of my friends who weren’t so lucky. We really need more of the MATs.” Others noted the intersectionality of SUD and interaction with the Criminal Justice System. “I was using [i.e., methamphetamines], and I got busted. While in jail, I went through detox, but the jail had no services to help me. I also would have stayed healthier longer if there had been a better transition program to help me before and after I got out [i.e., was released from jail].”

Within this theme, other specific, high-need issues include the following:

- Crisis services for youth (including suicide prevention)
- Mental health outpatient services capacity – especially in rural areas and among BIPOC communities.
- Inpatient bed capacity for adults and youth.
- Transition care for inmates being released from jail.
- Access to mental health services (all types) regardless of ability to pay.

Additional Community Wisdom and Insights

The following are additional representative comments from across the area.

“Although we haven't had much teen suicide here in the area, thank God, we have to be mindful and watchful of the impact this COVID-19 pandemic might have on our kids. So far, I think that the health system is doing a pretty good job.” -- Community services provider

“There just aren't any available counselors here in Flagler County! If you find one, and they happen to take your insurance, you're lucky. I have a counselor, and I think that there's a lot of really good ones in the area. There just aren't enough of them. This is true for mental health beds for inpatient care, too.” -- Resident of Flagler County

“My child had an addiction and some mental health problems, too. After we got past an initial crisis, he really benefited from a couple of days or maybe longer in a hospital. We had to travel to Jacksonville. When we got back, we were told to take him to a psychiatrist specializing in children's issues. We couldn't find one! We eventually went to our primary family doctor, and she was able to help a little bit. I'm not sure if that was the best course of action though.” -- Resident of Volusia County

“I've been in and out of jail a lot. Each time I go in, I go through detox. What I mean, is that I get 'detoxed;' there aren't any services to help me go through it. They just gave me Tylenol. That didn't help. When I was getting ready to be released, there really wasn't much help to get me set up with a counselor or anyone else who could help me stay away from the drugs and my old habits. There's nothing for felons with mental health or substance use addictions when they get released. I was lucky! I finally got in with a good program. With that said, there's a couple good programs here in the area. However, the waiting list is long, and they need a lot more! These are organizations that helped break the in-jail and out-of-jail and in-jail and out-of-jail cycle. I've known a lot of people who

didn't make it because they couldn't get help when they needed it. -- Resident of and SUD residential care program

"It's really not that complicated. If you have money, you can get help. Mental health, medical care, or whatever. If you don't, it's very difficult to get any services. I think that a lot of people could get more services if they knew how to sign up for financial assistance, set up payment terms, maybe even enroll in insurance. Part of the problem is people don't think about it until they need it; second thing is that a lot of people don't want to admit that they need this kind of help. On the positive side though, we have a great health care system here in the area! AdventHealth and Halifax do a really good job. I think they're trying their best. More help for people to understand these financial things would be good." -- Community service provider who is also a mental health services client.

Access to Primary Care and Specialized Medical Care

The Agency for Healthcare Research and Quality indicates that access to health care consists of four main components.⁶⁶

- **Coverage:** Facilitates entry into the healthcare system. Uninsured people are less likely to receive medical care & more likely to have poor health status.
- **Services:** Having a usual source of care is associated with adults receiving recommended screening & prevention services.
- **Timeliness:** Ability to provide healthcare when the need is recognized.
- **Workforce:** Capable, qualified, culturally competent providers

Throughout the qualitative research process, many challenges and barriers to accessing health care and social services in the area were identified. Below are the most common barriers to access voiced.

System capacity and transportation

System capacity – the availability of providers – was one of the most commonly noted health-related needs. Qualitative research participants – especially when referring to Flagler County or Volusia County areas outside of Daytona Beach – indicated that provider shortages result in lower access to care. Specifically mentioned as needs include providers who accept low-income or uninsured patients are difficult to locate. Medical specialties most frequently noted include endocrinology, psychiatry, neurology, dentistry, and pulmonology. Several research participants suggested that a resident needing these services may need to travel to Jacksonville or Orlando for services.

Note that perceptions about capacity issues such as these are influenced by actual availability (i.e., the number of providers), awareness of providers and an understanding of ways to seek care, “logistics” (e.g., ability to pay, waiting lists and the time required to receive care, transportation, language barriers, and others), and other factors. Stakeholders also recognize the interrelatedness of wage rate, housing costs, and other financial factors impacting the ability of health systems to recruit and retain staff members.

⁶⁶ AHRQ. Chartbook On Access to Health Care. Link to source: [www.ahrq.gov/research/findings/nhqrd/r/chartbooks/access/elements.html#:~:text=Access%20to%20health%20care%20means,%22%20\(IOM%2C%201993\),&text=Uninsured%20people%20are%20less%20likely,to%20have%20poor%20health%20status](http://www.ahrq.gov/research/findings/nhqrd/r/chartbooks/access/elements.html#:~:text=Access%20to%20health%20care%20means,%22%20(IOM%2C%201993),&text=Uninsured%20people%20are%20less%20likely,to%20have%20poor%20health%20status)

Economic and Financial issues

Many stakeholders said that the lack of access to primary care due to insurance coverage, transportation, or available providers heightened risks leading to chronic disease, especially in more outlying rural communities. Transportation is also one of the barriers to accessing healthy foods and activities.

COVID-19-related Issues

Compounding recent challenges, the COVID-19 pandemic was reported as causing many people to forego routine medical care – often not catching a health problem early or effectively managing a chronic health condition. One local non-profit organization Executive Director said, *“I give the health system a lot of credit. They turned into tech companies doing telehealth on a dime in March 2020. That said, it is still difficult to get into see a family doctor if you are a new patient; insurance is also a problem for a lot of people”*

Health Equity-related Issues

Many stakeholders noted that COVID-19 also helped to illuminate some of the mistrust of the health care industry in many minority populations and also the general community. One stakeholder said, *“COVID care wasn’t really available in my [Black, or African American] neighborhood. Early on, testing wasn’t easy; later on, neither was vaccination. Eventually, things worked out, though.”*

Language is another barrier disproportionately affecting minority populations, as a lot of health information is not available in all languages commonly spoken in the community. *“We live in a relatively small city and county. I get it, we can’t have doctors fluent in all languages. However, many Hispanics in my community would skip getting some health care services; it is just too hard to say what you need to say and hear what you need to hear – unless something gets to be an emergency.”*

Additional Community Wisdom and Insights

The following are additional representative comments from across the area.

“People in my [LGBTQ+] community have different health issues. Most doctors aren’t aware of, and don’t ask about, any differences. Some even get indignant about it.” -- Member of the LGBTQ+ community

“I work in the health care industry and I’m Black. Even I spent a lot of time trying to find a doctor that ‘gets’ me. Everyone wants a doctor who understands them, but cultural differences make it even more challenging. I must say, though, that Advent[Health] has really done a good job trying to address the issue.” -- African American health care leader serving Volusia County and Flagler County

“It’s almost impossible to find an affordable dentist for my kids.” -- Mother of two children living in a lower-income neighborhood in Flagler County.

Age-specific Services for Seniors and Youth

Seniors

Chronic Disease Services

As one stakeholder put it: “Just normal life when you're in your 70s or 80s can be a challenge! Two of my neighbors are older. They have a good life, but one of them struggles with diabetes and a heart condition; the other was in the hospital recently dealing with cancer. Someone else down the street has COPD. It's not abnormal, it just seems like it's part of life. All of my neighbors struggle a little bit with getting the care they need; typically, it's transportation or it's finding a new doctor. That coordinated care piece is a real bear for them.”

According to a 2020 research brief published by the U.S. Centers for Disease Control and Prevention, approximately 80% of seniors aged 65 and older live with chronic health conditions.⁶⁷ Although most chronic disease rates among Flagler County and Volusia County senior residents are not significantly higher than the Florida rates (see the Data Section of this CHA), these rates still represent a large, high-need portion of the population.

Behavioral Health

Behavioral health among seniors was noted as a “long-standing issue” that was exacerbated during the pandemic due to increased social isolation and greater barriers to care. The CHA research reflects observations similar to several national studies that report increased levels of anxiety, depression, poor sleep quality and physical inactivity during the isolation period.⁶⁸

A few additional illustrative comments are shown below:

“My friend’s mother said to me, ‘I’m fine. My kids visited me last August [four months prior to the conversation], and the social worker visits every other Tuesday.’”

“It’s hard enough to get out and live your life when you are older. Now, it’s either scary to go out because I don’t want to get sick, or it’s more difficult to get a doctor’s appointment.”

“Lack of contact with friends, church, and others could drive anyone to the point where just being lonely causes you to mentally go to unhealthy places.”

Transportation and Access

Maintaining seniors’ health in the community relies on their ability to access required services. The combination of age, transportation, and other conditions such as health literacy heighten the needs among members of this community. Qualitative research respondents also noted that social isolation (especially during COVID-19) and transportation issues are major barriers. The mental health and social isolation piece, according to some respondents, is often overlooked and requires additional focus.

As noted earlier, transportation issues are mentioned frequently as a challenge for people of all ages in the area. However, seniors (with greater percentages living with disabilities) are particularly vulnerable to transportation challenges. One respondent said, “My mom uses a walker. It takes her a long time to

⁶⁷ Boersma P, Black LI, Ward BW. Prevalence of Multiple Chronic Conditions Among US Adults, 2018. *Prev Chronic Dis* 2020;17:200130. DOI: Link to source: <http://dx.doi.org/10.5888/pcd17.200130>

⁶⁸ Sepúlveda-Loyola W, Rodríguez-Sánchez I, Pérez-Rodríguez P, et al. Impact of Social Isolation Due to COVID-19 on Health in Older People: Mental and Physical Effects and Recommendations [published online ahead of print, 2020 Sep 25]. *J Nutr Health Aging*. 2020;1-10. doi:10.1007/s12603-020-1469-2

simply get ready to go to a doctor's appointment; she has four or five per week, I think. She doesn't drive. Even though there are some ride services, she struggles. Some ride services are expensive, or at least, a long lead time to schedule the ride. I don't know what can be done about it, but I think a lot of people would benefit, especially seniors, if there were more transportation services available for seniors."

A few additional illustrative comments are shown below:

"I'm a paraplegic. It takes me approximately four hours to get ready to go to the doctor. I have help that comes to the house, and I really appreciate that; she is terrific. However, being old and not being able to get around much is a challenge. I have a great set of doctors, but when I need to get a new one for some other reason, it takes a while to find the person, and the wait list it can be pretty long."

"This is a great place to grow old! Services are good! The only problem that I have is trying to coordinate all these different doctors that they keep sending me to. It was initially hard finding the right doctors, but once I did, it was more the 'getting to them' thing that was my problem. It's getting better though, and I'm optimistic!"

Youth

Youth under the age of 18 and young adults face major health and lifestyle challenges. The need for behavioral health services, additional health literacy, early intervention services and obesity are among several core topics illuminated in the qualitative research. Specifically, stakeholders tended to focus on two issues most common among people under age 18.

Behavioral Health

In most cases, although the behavioral health risk-related secondary data points for Flagler County and Volusia County are not notably higher than state or national trends, there is a lot of concern about behavioral health. Several stakeholders referred to national stories highlighting teen suicide and broad-based mental health issues. There is concern that this may in time become a larger issue locally. Specifically, respondents recurrently noted the following behavioral health-related needs:

- Crisis services to quickly respond when urgent issues arise at school, home, or in the community⁶⁹
- Outpatient pediatric psychiatry services
- Inpatient pediatric psychiatry beds

Lifestyle Issues

The second category includes lifestyle challenges such as obesity, physical activity, health literacy, and other information that can improve the quality of life for teens. According to the National Institute of Health, the percent of obese youth approximately doubled from the mid-1990s to 2018.⁷⁰

Some additional comments regarding youth services:

"It's tough to find psychiatrists for adults and (especially) youth, as well as outpatient counselors for priority communities such as LGBTQ+, Hispanics, and African Americans – regardless of ability to pay." -- Community services provider serving Flagler County and Volusia County.

⁶⁹ A few qualitative research participants referred to suicide prevention for youth – especially teenage girls. Link to source: www.today.com/health/attempted-suicide-rate-rises-u-s-teen-girls-amid-pandemic-t232364

⁷⁰ U.S. National Institute of Health (NIH), 2019. Link to source: <https://www.niddk.nih.gov/health-information/health-statistics/overweight-obesity>

“I think it's always been tough to be a teenager. High schoolers these days, though, are dealing with some pretty unique stuff – from COVID to opioids to changing social conditions. They also are in a world that may, I said may, offer them some pretty outstanding opportunities. To get those opportunities though, they need to live a healthy lifestyle and take care of themselves. This is a great place to grow up, but there really aren't a lot of health and wellness and exercise programs for middle school and high schoolers. We have a great environment here! Some additional programming, maybe in conjunction with AdventHealth or Halifax, would be great!”
-- Mother of three in Volusia County.

Data Limitations

Most stakeholder interviews and focus groups were limited to telephone and/or virtual formats. The decision to conduct telephone or virtual interviews and focus groups may have impacted some of the traditional in-person dynamics. Focus group and interview participants were selected through partner and Equity Champion outreach thus potentially limiting the sample.

Community Survey

The Flagler County and Volusia County Collaborative (FVC) conducted a broad-based community survey among residents of each county. The survey was largely structured based on an AdventHealth system-level survey that provided insight on a wide range of issues – including CHA-related items and a host of others. The survey included the following sections:

- Community Needs (i.e., the availability of a wide range of services)
- General health
- Chronic disease status
- Healthy lifestyle behaviors
- Use of tobacco and prescription drugs
- Access to care (including housing status)
- Community associations
- Impact of COVID-19
- Others

This assessment includes frequency tables and crosstabulations (i.e., survey responses sorted by race, ethnicity, age group, or other respondent categories) for all survey questions. For convenience, all tables except the ones directly related to the community needs are contained in the appendices. The tables and analysis reported in this section relate primarily to the community needs-related questions.

Survey Methodology

The CHA research included a quantitative survey of approximately 1,700 individuals across the two-county area. The survey results supplement other primary research activities – focus groups, interviews, and others – and provide an empirical perspective on key project issues. Specifically, the confidential survey helped to further inform community members’ perspectives and opinions about community health needs, currently available resources, services that should be added or modified, and ways to help people get the care they need.

The survey was disseminated online and as an abbreviated paper survey, and it was offered in two languages (Spanish and English). The questionnaire included closed-ended, need-specific evaluation questions; open-ended questions; and demographic questions. Research suggests that individuals sharing many of the demographic characteristics of the target population may provide socially desirable

responses, and thus compromise the validity of the items. Special care was exercised to minimize the amount of this non-sampling error by careful assessment of design effects (e.g., question order, question wording, response alternatives). The survey was conducted to maximize accessibility and comprehensively evaluate community members’ insights.

Invitations to participate were provided to the community through e-mails from area agencies and the FVC project partners. Affiliated and non-affiliated community partners disseminated the survey through a wide variety of channels, including websites, social media, and emails.

Outreach was conducted throughout Flagler County and Volusia County, and the survey was open for approximately five weeks to maximize community involvement and analysis of results.

As noted above, a comprehensive set of data tables and the printed version of the survey can be found in the appendices. The following section provides a summary of survey respondent characteristics (e.g., demographics, etc.) and highlights of the survey that focus on the prioritized list of community issues.

Survey Respondent Profile

Survey respondents represent a wide cross-section of the Flagler County and Volusia County communities. The age group, racial, income-based, and other demographic groups are well-represented in the survey response set.

Age Groups	Percent of Flagler County and Volusia County Respondents
24 or younger	11.4%
25 to 34	23.6%
35 to 44	24.9%
45 to 54	14.2%
55 to 64	14.2%
65 to 74	9.3%
75 or older	2.4%

- Approximately 25% of survey respondents were aged 55 and older
- The survey respondents included a notable percentage of individuals considered young adults. This is important since young adults and families tend to have unique sets of community needs.

Race and Ethnicity	Percent of Flagler County and Volusia County Respondents
White	80.5%
Black, African American	17.0%
Other	2.5%
Ethnicity	
No, not of Hispanic, Latino, or Spanish origin	85.0%
Yes, Hispanic	15.0%

- Approximately one in five survey respondents were non-White – a percentage slightly higher than population mix. Since there tends to be a correlation between racial status and income, a slight oversampling of Black, African Americans, and others it's helpful.
- Similarly, Hispanics comprise more than one in seven respondents.

The survey sample median household income in educational attainment both closely reflect population data.

Household Income		Educational Attainment	
Income Category	Percent	Educational Attainment Category	Percent
Less than \$10,000	4.0%	Less than a high school degree	1.1%
\$10,000 to \$19,999	6.5%	High school diploma or equivalent	8.8%
\$20,000 to \$29,999	9.7%	Some college (no degree)	24.3%
\$30,000 to \$39,999	13.4%	Associate’s Degree (AA, AS)	18.2%
\$40,000 to \$49,999	11.5%	Bachelor’s Degree (BA, BS)	27.1%
\$50,000 to \$59,999	12.4%	Master’s Degree (MA, MS)	15.3%
\$60,000 to \$74,999	10.6%	Professional’s Degree (MD, DDS)	2.9%
\$75,000 to \$99,999	13.8%	Doctorate Degree (PhD, EdD)	2.2%
\$100,000 to \$149,999	11.6%		
\$150,000 or more	6.5%		

- Nearly half of survey respondents (45.1%) earn less than \$50,000 annually.
- Two-thirds (65.7%) have earned an Associate’s degree or higher educational status.

As is typical in community-based surveys, females comprise the majority (78.9%) of respondents, yet the large sample size (approximately 1,700) assures that responses from males are well represented.

Gender, Gender Identity, and Sexual Preference	
Gender at birth	Percent
Female	78.9%
Male	21.0%
Non-binary	0.1%
Gender description currently	
Female	75.6%
Male	21.8%
Transgender or transsexual	1.3%
Non-binary, I do not identify as female, male, or transgender	1.3%
Sexual preference	
Heterosexual or straight	91.7%
Gay or lesbian	2.9%
Bisexual	4.4%
Asexual	0.9%

- One in 12 respondents (8.2%) indicates that they are gay, lesbian, bisexual, or asexual.
- Females represent nearly four of five respondents.

Respondents tend to be employed, yet the notable numbers are unemployed (either looking or not looking for work).

Work, Housing, and Transportation Situations	
Work situation	Percent
Unemployed and looking for work	6.3%
Part-time or temporary work	14.8%
Full-time work	62.4%
Unemployed and not looking for work (student, retired, disabled, unpaid primary caregiver)	16.4%
Housing situation	
I own my home	59.9%
I rent my home	25.9%
I have housing provided by my employer	2.5%
I live with family/friends	9.5%
I live in a nursing home or assisted living facility	1.2%
I live in adult foster care	0.6%
I stay in a shelter	0.4%
Usual ways that you get to places in your community	
My car	83.0%
Public transportation (bus, train, etc.)	7.2%
Ride sharing (Lyft, Uber, etc.)	5.4%
Walking	2.9%
Biking	1.6%

- Most respondents (77.2%) work parttime or fulltime. However, one in 16 (6.3%) are unemployed but looking for work.
- Seven of eight individuals own or rent their home (or apartment). A few (2.2%) live in a shelter, adults foster care, or a nursing home or assisted living facility.

A relatively high percentage of survey respondents have health insurance.

Primary Source of Insurance	
Source	Percent
My employer or union	40.5%
My family member’s employer or union	11.3%
A plan my family or I bought (not from an employer)	8.9%
Medicare	16.3%
Medicaid	10.9%
TRICARE (formerly CHAMPUS), VA or Military	2.8%
Alaska Native, Indian Health Service, Tribal Health Service	0.6%
Other source	2.0%
I don’t have health insurance	6.7%

- More than nine of ten (92.3%) indicate that they are covered by some form of health insurance – most commonly, employer or union-provided insurance.
- Some (6.7%) say that they are uninsured.

Most respondents (77.0%) have seen a health care professional within the last year. One in seven respondents (14.9%) are not vaccinated against COVID-19 and likely to not get vaccinated in the future. The reasons for their choice to not get a vaccine are shown below.

Health Service Use and COVID-19 Vaccination Status	
Time since visiting a doctor or other health professional	Percent
Within the past year (anytime less than 12 months ago)	77.0%
Within the past 2 years (1 year but less than 2 years ago)	13.6%
Within the past 5 years (2 years but less than 5 years ago)	5.5%
5 or more years ago	3.0%
Never	0.9%
Vaccination status	
I am already fully vaccinated	67.0%
Definitely get a vaccine	6.7%
Probably get a vaccine	5.2%
Unsure about getting a vaccine	6.3%
Probably NOT get a vaccine	4.0%
Definitely NOT get a vaccine	10.9%

Reasons for not getting a COVID-19 vaccine

The more common reasons why individuals chose not to get a COVID-19 vaccine involve either a lack of information or a lack of trust in sources of information.

What reasons helped you decide to not get a COVID-19 vaccine?		Percent of Cases
Reason for not getting the COVID-19 vaccine	I worry about the side effects of a COVID-19 vaccine	20.7%
	I don't know if a COVID-19 vaccine will protect me	11.5%
	I don't think I need a COVID-19 vaccine	11.4%
	My doctor has not recommended a COVID-19 vaccine	5.4%
	I might get a vaccine later. I want to wait and see if it is safe	8.6%
	I am worried about paying for a COVID-19 vaccine	3.8%
	I don't trust COVID-19 vaccines	11.4%
	I don't trust the government	8.6%
	I don't think COVID-19 is that dangerous	4.3%
	It's hard for me to get a COVID-19 vaccine	1.3%
	I think 1 dose is enough to protect me	1.2%
	I got 1 dose of a COVID-19 vaccine and had side effects	1.0%
	Not applicable, I am fully vaccinated	61.6%

- Nearly two of three survey respondents (61.6%) report being fully vaccinated. The most common reason for not getting a vaccine was a worry about side effects.
- Several other more common reasons involve a lack of knowledge or belief of the need for the vaccine.

Rank-order of Needs and Service Gaps

The following section provides rank-ordered lists of community health-related needs and service gaps – total for each county, by racial group, income status, and gender. The following sets of tables present respondents’ perceptions of various community needs. Specifically, individuals were asked about the degree to which they agree or disagree with several statements reflecting positive aspects of community life. The table below shows the rank-order of the percentage that “Disagree” or “Strongly disagree” with each statement. If someone disagrees (or, “strongly disagrees”) with a statement, it reflects the need to address the issue. The ranking columns show the relative need.

Rank-order of Needs and Service Gaps: County Totals

The top seven survey-based needs, or “service gaps,” are the same for each county; though, the order is slightly different. This suggests that there is a common, focused set of needs. Each county highly rates issues around housing, mental health, dental care, prescription drug access, and affordable health care.

Rank	Flagler County	Volusia County
1	Housing is available and not too expensive	Housing is available and not too expensive
2	People are not addicted to street drugs (like heroin and meth)	People are not addicted to street drugs (like heroin and meth)
3	People are not addicted to prescription medicine (like Oxycontin and Adderall)	All people have access to dental care
4	People can find (and keep) jobs that pay enough to support themselves and their families	People don’t feel stressed or worried all the time
5	People don’t feel stressed or worried all the time	People are not addicted to prescription medicine (like Oxycontin and Adderall)
6	All people can get health insurance	People can find (and keep) jobs that pay enough to support themselves and their families
7	All people have access to dental care	All people can get health insurance
8	Our community is good at treating mental health illnesses	Good childcare is available and not too expensive
9	People of all ages and mobility have transportation	Our community is good at treating mental health illnesses
10	Mental health hospital beds are available for those needing inpatient care	All people can get good medical care and preventative care is available
11	Good childcare is available and not too expensive	People can get counseling and other mental health services when needed
12	People can get counseling and other mental health services when needed	Mental health hospital beds are available for those needing inpatient care
13	All people can get good medical care and preventative care is available	People can get help when they need it
14	People can get help when they need it	Mental health crisis care is available for school-age children
15	Mental health crisis care is available for adults	Families of people afflicted with mental health and/or substance misuse issues have available support groups or services

Rank	Flagler County	Volusia County
16	Mental health crisis care is available for school-age children	Mental health crisis care is available for adults
17	Families of people afflicted with mental health and/or substance misuse issues have available support groups or services	Individuals have the ability to receive care for drug addictions (other than alcohol)
18	People can get emotional and social support	People can get emotional and social support
19	Individuals have the ability to receive care for drug addictions (other than alcohol)	People of all ages and mobility have transportation
20	Individuals have the ability to receive care for alcohol addictions	Our community knows that mental health is important
21	There are resources to prevent suicide	The criminal justice system in our community is fair
22	Our community knows that mental health is important	People can walk and bike in our community and those in wheelchairs can access places easily
23	People can walk and bike in our community and those in wheelchairs can access places easily	Individuals have the ability to receive care for alcohol addictions
24	The criminal justice system in our community is fair	There are resources to prevent suicide
25	Elderly people can stay in our community (They don't have to move to be safe or healthy)	People of different races live in the same neighborhoods
26	People of different races live in the same neighborhoods	Elderly people can stay in our community (They don't have to move to be safe or healthy)
27	People can get skills training and higher education (like college)	People can get skills training and higher education (like college)

The following tables show the percent who “Disagree” or “Strongly disagree” with the statements – in addition to showing the rank-ordered lists.

Priority Needs by Race (Black / African American and White)

The overall needs rating among Blacks/African Americans and White Americans is similar in most instances. However, there are a few important differences. Specifically, Blacks/African Americans indicate that “The criminal justice system in our community is fair” is a much greater need to address than do White Americans.

Issue	Black/African American Percent who "Disagree" or "Strongly disagree"	Rank	White Percent who "Disagree" or "Strongly disagree"	Rank
Housing is available and not too expensive	52.8%	1	58.8%	1
People are not addicted to street drugs (like heroin and meth)	50.3%	2	53.3%	2
The criminal justice system in our community is fair	48.7%	3	25.5%	24
People don't feel stressed or worried all the time	48.2%	4	48.8%	4
All people have access to dental care	48.2%	5	48.3%	5
People can find (and keep) jobs that pay enough to support themselves and their families	47.2%	6	47.7%	6
People are not addicted to prescription medicine (like Oxycontin and Adderall)	45.6%	7	49.8%	3
All people can get health insurance	41.5%	8	47.0%	7
Our community is good at treating mental health illnesses	40.4%	9	42.3%	9
People can get help when they need it	38.3%	10	36.6%	14
All people can get good medical care, and preventative care (such as screenings and immunizations) is available	37.3%	11	41.1%	10
People can get counseling and other mental health services when needed	36.3%	12	39.2%	12
People of all ages and mobility have transportation	36.3%	13	36.8%	13
Good childcare is available and not too expensive	35.8%	14	43.5%	8
Mental health hospital beds are available for those needing inpatient care	35.8%	14	39.4%	11
Mental health crisis care is available for school-age children	35.2%	16	35.8%	15
People can walk and bike in our community and those in wheelchairs can access places easily	33.7%	17	29.6%	21
Families of people with mental health and/or substance misuse conditions have available support groups or services	33.2%	18	34.4%	17
Our community knows that mental health is important	32.6%	19	30.9%	20
People can get emotional and social support	32.1%	20	34.3%	18
Individuals have the ability to receive care for drug addictions (other than alcohol)	30.6%	21	32.1%	19

Issue	Black/African American Percent who "Disagree" or "Strongly disagree"	Rank	White Percent who "Disagree" or "Strongly disagree"	Rank
Elderly people can stay in our community (They don't have to move to be safe or healthy)	29.0%	22	23.0%	26
People of different races and ethnicities live in the same neighborhoods	28.5%	23	23.7%	25
Mental health crisis care is available for adults	27.5%	24	35.1%	16
Individuals have the ability to receive care for alcohol addictions	27.5%	24	28.1%	22
There are resources to prevent suicide	23.8%	26	27.6%	23
People can get skills training and higher education (like college)	22.3%	27	22.2%	27

- Three of the top four issues among Blacks/African Americans and White residents are the same – affordable housing, substance use (i.e., “people being addicted to street drugs”), and community mental wellbeing (i.e., “People don’t feel stressed or worried all the time”).
- Eight of the ten most commonly identified issues and most of the least commonly identified issues were the same between Blacks/African Americans and White residents.
- The biggest difference is that Blacks/African Americans rate the fairness of the Criminal Justice System as the third-highest need. White residents indicated additional concern about substance use disorder (i.e., “People are not addicted to prescription medicine”).

Rank-ordered Needs and Service Gaps by Gender

Perceived community health-related needs are very similar for females and males. Females tend to rank wage/employment issues slightly higher than men, and men tend to rank prescription substance misuse issues slightly higher than women.

Need	Female		Male	
	Percent	Rank	Percent	Rank
Housing is available and not too expensive	61.8%	1	41.9%	3
People are not addicted to street drugs (like heroin and meth)	54.3%	2	44.9%	2
All people have access to dental care	52.6%	3	34.6%	8
People don't feel stressed or worried all the time	52.2%	4	35.8%	6
People can find (and keep) jobs that pay enough to support themselves and their families	52.2%	5	31.8%	10
People are not addicted to prescription medicine (like Oxycontin and Adderall)	50.1%	6	45.1%	1
All people can get health insurance	47.8%	7	37.4%	4
Good childcare is available and not too expensive	45.2%	8	34.7%	7
Our community is good at treating mental health illnesses	43.9%	9	35.8%	5
All people can get good medical care and preventative care is available	43.2%	10	30.9%	12
Mental health hospital beds are available for those needing inpatient care	41.4%	11	32.9%	9
People can get counseling and other mental health services when needed	41.3%	12	30.9%	13
People can get help when they need it	38.6%	13	30.1%	15
People of all ages and mobility have transportation	37.9%	14	30.8%	14
Mental health crisis care is available for school-age children	36.7%	15	31.7%	11
Families of people afflicted with mental health and/or substance misuse issues have available support groups or services	36.1%	16	29.3%	16
Mental health crisis care is available for adults	35.6%	17	28.9%	17
People can get emotional and social support	35.4%	18	28.5%	19
Individuals have the ability to receive care for drug addictions (other than alcohol)	33.1%	19	28.9%	18
Our community knows that mental health is important	33.0%	20	23.6%	27
People can walk and bike in our community and those in wheelchairs can access places easily	30.3%	21	26.8%	21
The criminal justice system in our community is fair	29.9%	22	28.0%	20
Individuals have the ability to receive care for alcohol addictions	29.2%	23	24.8%	24
There are resources to prevent suicide	27.8%	24	24.8%	23
Elderly people can stay in our community (They don't have to move to be safe or healthy)	24.8%	25	23.6%	26
People of different races live in the same neighborhoods	24.4%	26	25.6%	22
People can get skills training and higher education (like college)	22.7%	27	23.6%	25

Rank-ordered Needs and Service Gaps by Income Group

There are surprisingly few variations in the rank-ordering of community needs based on income level. Housing, mental health, and substance use disorder-related issues are the most highly ranked issues across all income groups. Financial issues (e.g., wages/jobs, access to health insurance, childcare) are also very highly ranked across all groups. Lower income groups tend to somewhat more highly rank dental care and access to dental care.

Need (Listed by Overall Ranking)	Rank within Each Income Group									
	Less than \$10,000	\$10,000 to \$19,999	\$20,000 to \$29,999	\$30,000 to \$39,999	\$40,000 to \$49,999	\$50,000 to \$59,999	\$60,000 to \$74,999	\$75,000 to \$99,999	\$100,000 to \$149,999	\$150,000 or more
Housing is available and not too expensive	1	1	1	3	4	3	1	1	3	1
People are not addicted to street drugs (like heroin and meth)	2	2	4	1	3	1	2	2	1	2
People are not addicted to prescription medicine (like Oxycontin and Adderall)	5	5	9	4	7	2	2	3	4	3
People don't feel stressed or worried all the time	2	8	5	4	1	6	4	7	2	5
People can find (and keep) jobs that pay enough to support themselves and their families	6	3	3	1	5	5	5	11	6	9
All people have access to dental care	7	3	2	6	12	3	7	5	5	7
All people can get health insurance	4	6	7	7	2	9	9	8	7	4
Good childcare is available and not too expensive	12	7	7	9	6	8	6	9	9	8
Our community is good at treating mental health illnesses	18	11	6	10	8	7	11	6	10	6
Mental health hospital beds are available for those needing inpatient care	16	18	13	12	17	10	8	4	12	9

All people can get good medical care and preventative care is available	8	9	17	13	9	12	13	12	8	14
People can get counseling and other mental health services when needed	18	13	16	8	14	17	10	15	11	9
People can get help when they need it	13	10	11	11	16	11	16	16	13	15
People of all ages and mobility have transportation	11	13	10	16	12	18	19	10	16	15
Mental health crisis care is available for school-age children	20	19	12	24	9	20	12	14	13	13
Families of people afflicted with mental health and/or substance misuse issues have available support groups or services	14	15	20	13	9	13	17	17	15	21
Mental health crisis care is available for adults	17	23	14	15	17	13	15	18	19	9
People can get emotional and social support	15	21	15	20	20	25	13	13	16	15
Individuals have the ability to receive care for drug addictions (other than alcohol)	24	19	21	19	15	18	17	20	20	18
Our community knows that mental health is important	22	15	19	17	22	23	20	19	22	19
People can walk and bike in our community and those in wheelchairs can access places easily	8	17	25	26	24	13	23	21	21	22
Individuals have the ability to receive care for alcohol addictions	23	23	23	22	25	20	21	21	18	25
The criminal justice system in our community is fair	10	11	24	18	17	13	25	24	27	25
There are resources to prevent suicide	26	23	18	23	23	24	22	25	22	25

Elderly people can stay in our community (They don't have to move to be safe or healthy)	20	22	26	25	20	25	23	26	25	23
People of different races live in the same neighborhoods	27	26	22	27	26	22	27	23	24	20
People can get skills training and higher education (like college)	25	27	27	21	26	27	26	27	26	23

Ranking of Needs by Age Group

Across all age groups, housing, mental health, substance use disorder-related issues, and financial issues (related to access to care) dominate the list of prioritized needs.

Issue	Availability: Ranking Based on the Percent who "Disagree" or "Strongly disagree"						
	Age Group						
	24 or younger	25 to 34	35 to 44	45 to 54	55 to 64	65 to 74	75 or older
Housing is available and not too expensive	1	1	1	1	1	1	1
People are not addicted to street drugs (like heroin and meth)	3	2	3	3	2	2	3
People don't feel stressed or worried all the time	2	3	2	5	7	5	12
People are not addicted to prescription medicine (like Oxycontin and Adderall)	8	4	7	2	4	4	5
Good childcare is available and not too expensive	15	5	4	11	9	8	6
People can find (and keep) jobs that pay enough to support themselves and their families	4	6	9	4	4	6	6
Our community is good at treating mental health illnesses	9	7	8	9	11	7	15
All people can get health insurance	7	7	4	8	6	10	4
All people have access to dental care	5	9	4	5	3	2	2
Mental health hospital beds are available for those needing inpatient care	19	10	12	9	12	9	17
People can get counseling and other mental health services when needed	11	11	11	13	10	13	9
All people can get good medical care, and preventative care (such as screenings and immunizations) is available	20	12	10	7	8	12	9
People can get help when they need it	10	13	15	12	13	18	9
Mental health crisis care is available for school-age children	13	14	17	14	16	18	15
Families of people with mental health and/or substance misuse conditions have available support groups or services	14	14	18	15	18	15	24
People can get emotional and social support	24	16	12	17	15	15	22
The criminal justice system in our community is fair	5	17	24	23	24	26	21

Availability: Ranking Based on the Percent who "Disagree" or "Strongly disagree"							
Issue	Age Group						
	24 or younger	25 to 34	35 to 44	45 to 54	55 to 64	65 to 74	75 or older
People can walk and bike in our community and those in wheelchairs can access places easily	21	18	21	21	23	25	13
People of all ages and mobility have transportation	16	19	16	15	14	11	8
Mental health crisis care is available for adults	17	19	12	17	18	14	24
Our community knows that mental health is important	22	21	20	19	17	23	27
People can get skills training and higher education (like college)	27	22	26	27	27	27	19
Individuals have the ability to receive care for alcohol addictions	18	23	23	22	21	20	22
Individuals have the ability to receive care for drug addictions (other than alcohol)	11	24	19	20	20	17	17
There are resources to prevent suicide	25	25	22	24	21	24	24
People of different races and ethnicities live in the same neighborhoods	23	26	25	25	26	21	20
Elderly people can stay in our community (They don't have to move to be safe or healthy)	26	27	27	26	25	21	13

Data Limitations

While the community survey was made widely available responses may have been limited to residents with internet access. Paper surveys were made available, but distribution was limited to targeted outreach. The survey was largely structured based on an AdventHealth system-level survey that provided insight on a wide range of issues; however, this may have limited the full array of potential issues.

Unique Analysis of County-level Insights

The following section provides more detailed information about county-specific health status, disparities, resources, and priorities. Each of the following two major sections – one for Flagler County, and one for Volusia County – present the following information:

- Health Equity Profiles (data)
- Prioritized Issues for Each County

County-level Insights: Flagler County

Flagler County Health Equity Profile

Executive Summary

Humans cannot choose the circumstances of their birth, a variable that has significant impact on their wellbeing, but even the minds of babies begin to construct realities about the world. From a mother's first touch, human brains create a feedback loop about the world.

The health issues highlighted below are unique due to their geographic and social realities. The data points help illustrate some of the impacts that these health equity realities are having on individuals' health in Flagler County.

- Black infants are more likely to have low birthweight and preterm birth, though White infants with low birthweight are nearly twice as likely to be born in a subspecialty perinatal center.
- More Black and Hispanic children live in poverty in Flagler County than their White and Non-Hispanic counterparts.
- Hispanic residents of Flagler County receive fewer flu and pneumonia immunizations than Non-Hispanic residents. They are also less likely to have a personal doctor.
- The percentage of people living below the federal poverty level is 72% higher for Black residents than White.
- Data indicates that the recorded unemployment rate is lower among those workers who identify as Hispanic in Flagler County.
- Hospitalization rates for chronic diseases are higher for residents who identify as Black or a race other than Black or White, and lower for those of Hispanic ethnicity.
- The county has a higher than statewide average percentage of residents who are over 65 years of age and households with someone who has a disability.
- The overall percentage of the population living with a disability is higher in Flagler County than the state and national rates.
- The nutritional death rate increased slightly from 2019 to 2020, though in 2020 the death rate for Black residents was double that of the county average.
- Emergency room visits for asthma by Black / African American patients decreased from 2019-2020 by only 7.6%, whereas the countywide decrease was 24.4%.
- Hospitalizations from chronic lower respiratory disease decreased by 8.6% for Hispanic patients, while the decrease for Non-Hispanic patients was 50.7% in the same period.
- The incidence of diagnosed HIV and AIDS is higher among Non-Hispanic Black and Black residents are more like as White residents to die from HIV and AIDS.

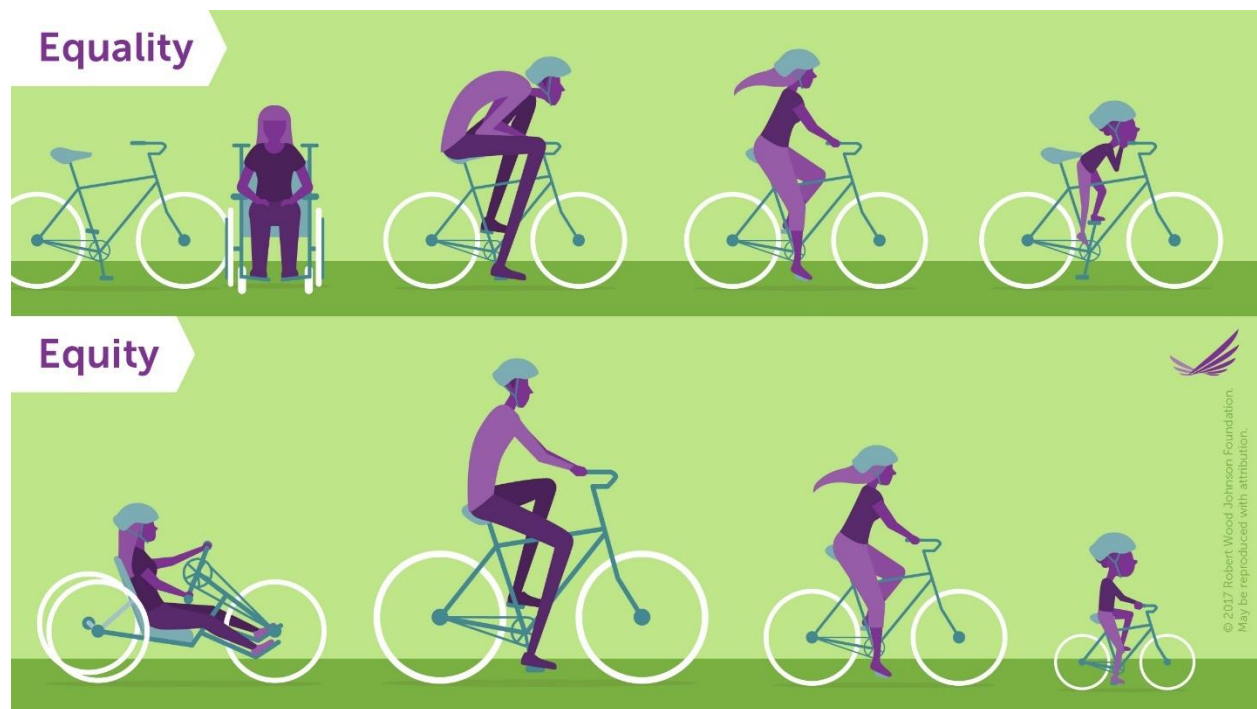
- The death by suicide rate in Flagler County is higher than the statewide average (21.6 death rate compared to 14.3 statewide). However, numbers are very low.
- Women in Flagler County are more than twice as likely as men to have heart disease.
- Non-Hispanic Blacks are more likely to indicate that they have heart disease than other ethnic groups.

Data Introduction

The following section highlights inequities and disparities within Flagler County that ultimately impact the health of individuals, families, and the overall community. Health equity exists when individuals have equal opportunities to be healthy. The ability to be healthy is often associated with factors such as social position, race, ethnicity, gender, religion, sexual identity, or disability. When these factors limit a person's ability to be healthy it can lead to health inequity.⁷¹

Data Limitations

It is important to note that some health equity data can have percentages that look like dramatic changes simply because the raw counts of some populations are so small, e.g., an increase from one suicide in 2019 to four suicides in 2020 is a 300% increase. Also, as noted elsewhere COVID-19 impacted data collection in the most recent years



Source: Robert Wood Johnson Foundation

⁷¹ The Community Guide, Health Equity. Link to source: www.thecommunityguide.org/topic/health-equity

Demographics

Flagler County is on par with statewide averages for some Social Vulnerability Index measures, and yet notable differences exist with others.

Exhibit 109: Flagler County Social Vulnerability Index ⁷²

	United States	Florida	Flagler County
Flagler County Population	324,697,795	20,901,636↑	109,801↑
Below Poverty	12.3%↓	12.7%↓	10.4%↓
Unemployed	5.4%↓	5.1%↓	5.3%↓
Median Income	\$62,843↑	\$55,660↑	\$54,514↑
Median Age	38.1	42.0	51.3
Age 65 +	15.6%↑	20.1%↑	30.0%↑
Age 17 or Younger	22.6%	20.0%	17.2%↓
Households Living with a Disability	12.7%	13.7%	13.1%
Single-Parent Households	31.6%	30.2%	38.1%↓
Ethnic Minority	39.3%↑	46.1%↑	25.3%↑
Do not Speak English	8.4%	11.9%	7.2%↑
Multi-Unit Housing Structures	26.3%	30.5%	10.4%
Mobile Homes	6.2%	8.9%	4.8%
No Vehicle	8.6%	6.3%	3.3%↓

Source: American Community Survey, 2010 & 2019 Five-Year Estimates, FRED Economic Data, 2010-2021

Note: Demographic analysis provides the framework from which to better understand geographies, population trends and the overall fabric of the community. The following analysis highlights diverse ethnicities, relatively low median incomes, and other lifestyle factors impact the needs of the program’s area, as well as the development of effective strategies to meet evolving needs. To analyze these and other characteristics, the domains included in the secondary research include an examination of factors such as general demographics of the area and the health status profile and disease burden.

The Social Vulnerability Index (SVI) uses secondary data and is particularly helpful when comparing and contrasting the needs of seniors and other vulnerable populations across geographies. The SVI was developed by the U.S. Centers for Disease Control and Prevention as a metric for analyzing population data to identify vulnerable populations. The SVI may be used to rank overall population well-being and mobility relative to County and State averages. The measures are grouped into four major categories: Socioeconomic Status, Household Composition and Disability, Minority Status and Language, and Housing and Transportation. The SVI can also be used to determine the most vulnerable populations during disaster preparedness and public health emergencies (e.g., pandemics).

⁷² With 2010 change rates for comparison where change is greater than ten percent.

Health disparities indicate differences in health linked with social, economic, and/or environmental disadvantages. Health disparities adversely affect communities who have systematically experienced greater barriers to health, based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.⁷³

Life expectancy by race and ethnicity reveals the consequences of health disparities, as the Black / African American community lives shorter lives on average – by nearly three years compared to White residents of Flagler County. The median life expectancy is higher for those who identify as Hispanic compared to those who do not by nearly four years (81.4, 77.6).

Exhibit 110: Median Life Expectancy⁷⁴

Flagler County	White	Black / African American	Hispanic	Non-Hispanic
78.1	78.2	75.5	81.4	77.6

Source: Florida Bureau of Vital Statistics. UMass Donahue Institute, Florida Legislature Office of Economic & Demographic Research. Three-Year estimates, 2018-2020

Exhibit 111: Age by Race & Ethnicity

	White	Black / African American	Other Race	Hispanic	Non-Hispanic
Flagler County Population	82.3%	10.0%	7.7%	10.4%	89.6%
Under 18	73.7%	11.2%	15.2%	15.6%	84.4%
18 - 64	82.2%	10.5%	7.3%	11.1%	88.9%
65 +	87.3.0%	8.6%	4.1%	6.2%	93.8%

Source: United States Census Bureau. American Community Survey Five-Year Estimates, 2015-2019

- Flagler County is predominantly comprised of those who identify as White, with approximately 10% of the community identifying as Black / African American.

⁷³ Health.gov. How does Healthy People 2030 define health disparities and health equity? Link to source: <https://health.gov/our-work/national-health-initiatives/healthy-people/healthy-people-2030/questions-answers#q9>

⁷⁴ Life expectancy is a theoretical estimate of the average number of years from birth a person is expected to live. It is based on current death rates by age. Persons moving into or out of a geographic area, getting older and changes in death rates may change this estimate.

Social Determinants of Health

Social determinants of health (SDoH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Social determinants of health have a major impact on people’s health, well-being, and quality of life and heavily contribute to wide health disparities and inequities.⁷⁵ The following section draws attention to health-related disparities experienced by different races and ethnicities in Flagler County focused on housing, education, employment, income, and health care access.

In total, approximately 75% of occupied housing units are occupied by homeowners versus renters. Most occupied housing units are owned by White residents.

Exhibit 112: Occupied Housing Units by Race & Ethnicity

	Flagler County	White	Black / African American	Other Race	Hispanic	Non-Hispanic
Homeowners	74.5%	76.5%	57.5%	59.7%	52.7%	79.5%
Renters	25.5%	23.5%	42.5%	40.3%	47.3%	20.5%

Source: United States Census Bureau. American Community Survey Five-Year Estimates, 2015-2019

Exhibit 113: Individuals One Year & Over That Lived In a Different House One Year Earlier

Flagler County	White	Black / African American	Other Race	Hispanic	Non-Hispanic
12.9%	13.1%	10.4%	5.7%	16.7%	12.4%

Source: United States Census Bureau. American Community Survey Five-Year Estimates, 2015-2019

- Housing stability, as indicated by not having moved in the past year, varies between racial and ethnic groups in Flagler County.

⁷⁵ Healthy People 2030. Social Determinants of Health. Link to source: <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>

Racial and ethnic minorities may face unique barriers to higher education. Black / African American and Hispanic individuals have lower college enrollment and graduation rates compared to White individuals. Latino individuals are most likely to attend college part-time, which reduces their odds of graduating.⁷⁶ The high school graduation rate is similar for those identifying as White and Black / African American, though Black / African American residents are somewhat less likely to have a high school diploma at age 25.

Exhibit 114: Educational Attainment

2019	Flagler County	White	Black / African American	Other Race	Hispanic	Non-Hispanic
Population Graduating High School ⁷⁷	92.3%	92.6%	93.3%	ND	89.9	ND
Individuals with No High School Diploma, 25 + ⁷⁸	7.8%	7.4%	10.4%	15.2%	11.9%	7.1%

Source: Florida Department of Education, Education Information & Accountability Services, 2019-2020, United States Census Bureau. American Community Survey Five-Year Estimates for 2019

Workplace inequalities among racial and ethnic minorities can have negative health consequences as those who are unemployed have reported feelings of depression, anxiety, low self-esteem, demoralization, and stress.⁷⁹

Data indicates that the recorded unemployment rate is lower among those workers who identify as Hispanic in Flagler County.

Exhibit 115: Unemployed Civilian Labor Force⁸⁰

Flagler County	White	Black / African American	Other Race	Hispanic	Non-Hispanic
4.8%	4.6%	3.6%	9.2%	2.0%	4.9%

Source: United States Census Bureau. American Community Survey 1-year Estimates for 2019

⁷⁶ Healthy People 2030, Enrollment in Higher Education. Link to source: <https://health.gov/healthypeople/objectives-and-data/social-determinants-health/literature-summaries/enrollment-higher-education>

⁷⁷ Florida's high school graduation rate is the percentage of students who graduated within four years of their initial enrollment in ninth grade, not counting deceased students or students who transferred out to attend another public school outside the system, a private school, a home education program, or an adult education program. Incoming transfer students are included in the appropriate cohort (the group whose progress is tracked) based on their grade level and year of entry.

⁷⁸ Number of persons 25 years and over with no high school diploma or GED divided by the number of persons 25 and over, expressed as a percentage.

⁷⁹ Healthy People 2030, Employment. Link to source: <https://health.gov/healthypeople/objectives-and-data/social-determinants-health/literature-summaries/employment>

⁸⁰ The number of persons unemployed in the civilian labor force divided by the number of persons in the civilian labor force, expressed as a percentage.

Exhibit 116: Median Household Income

Flagler County	White	Black / African American	Other Race	Hispanic	Non-Hispanic
\$54,514	\$55,938	\$40,548	\$47,694	\$45,036	\$56,334

Source: United States Census Bureau. American Community Survey Five-Year Estimates for 2019

- The median household income of White residents is more than \$15,000 higher per year than that of Black / African American residents.
- Non-Hispanic residents have a median household income that is more than \$10,000 greater than that of Hispanic residents.

Racial and ethnic minorities living in poverty often present more adverse health outcomes compared to the White population. Residents of impoverished communities are at increased risk for mental illness, chronic disease, higher mortality, and lower life expectancy.⁸¹ Racial and ethnic disparities regarding poverty are pronounced in Flagler County.

Exhibit 117: Population Living in Poverty⁸²

2019	Flagler County	White	Black / African American	Other Race	Hispanic	Non-Hispanic
Impoverished Population	12.4%	10.8%	18.6%	21.3%	18.1%	10.6%
Impoverished Population, Under 18	19.3%	17.4%	23.1%	ND	20.9%	17.4%

Source: United States Census Bureau. American Community Survey Five-Year Estimates for 2019

- The percentage of people living below the federal poverty level is 72% higher for Black / African American residents than White.
- There is also a much higher percentage of Hispanics living in poverty than Non-Hispanics.

⁸¹ Healthy People 2030, Poverty. Link to source: <https://health.gov/healthypeople/objectives-and-data/social-determinants-health/literature-summaries/poverty>

⁸² Poverty is defined by the population living 100% below the Federal Poverty Level.

Inadequate health insurance coverage is one of the largest barriers to health care access, and the unequal distribution of coverage contributes to disparities in health. The consequences of not having health insurance are exacerbated within specific ethnicities. For example, research indicates that people who speak another language besides English are less likely to receive recommendations for preventative health screenings and immunizations. This factor, in addition to a lack of health insurance, only worsens health outcomes over time.⁸³ A much higher percentage of White residents are covered by health insurance than others. Though a small overall percent of the population, only 66.4% of those identified as a race other than White or Black / African American have health insurance.

Exhibit 118: Population with Health Insurance ⁸⁴

Flagler County	White	Black / African American	Other Race	Hispanic	Non-Hispanic
86.6%	88.0%	81.5%	66.4%	83.7%	88.0%

Source: United States Census Bureau. American Community Survey Five-Year Estimates for 2019

Exhibit 119: Utilization of Health care Services by Adults

2019	Flagler County	Non-Hispanic White	Non-Hispanic Black	Hispanic
Adults who could not see a doctor at least once in the past year due to cost	15.9%	13.4%	24.7%	28.9%
Adults who have a personal doctor	77.9%	79.7%	79.8%	60.9%
Adults who said their overall health was good to excellent	81.1%	81.9%	79.6%	74.3%
Had a medical checkup in the past year	81.2%	81.1%	96.2%	65.6%
Visited a dentist or a dental clinic in the past year (2016)	68.8%	70.9%	62.7%	ND
Immunizations				
Received a flu shot in the past year	34.7%	34.9%	45.1%	28.5%
Have ever received a pneumonia vaccination	36.9%	39.2%	46.0%	18.6%

Source: Florida Behavioral Risk Factor Surveillance System, 2019

- Hispanic residents of Flagler County receive fewer flu and pneumonia immunizations than Non-Hispanic residents. They are also less likely to have a personal doctor.
- Black / African American and Hispanic residents are twice as likely not to see a doctor due to cost than White residents.
- Non-Hispanic Black / African American residents are most likely to have had a medical checkup (96.2%), compared with Non-Hispanic White residents (81.1%) or Hispanic residents (65.6%).

⁸³ Healthy People 2030, Access to Primary Care. Link to source: <https://health.gov/healthypeople/objectives-and-data/social-determinants-health/literature-summaries/access-primary-care>

⁸⁴ Civilian non-institutionalized population.

Healthy Behaviors

Not everyone has the means and opportunity to easily make healthy decisions. Some population groups and communities are somewhat marginalized – limiting their ability to seek and receive support and resources necessary to thrive. Many of the leading causes of death and disease are attributed to unhealthy behaviors. For example, poor nutrition and low levels of physical activity are associated with a higher risk of cardiovascular disease, type 2 diabetes, and obesity. Tobacco use is associated with heart disease, cancer, and poor pregnancy outcomes if the mother smokes during pregnancy. Excessive alcohol use is associated with injuries, certain types of cancers, and cirrhosis.⁸⁵

Exhibit 120: Adult Health Behaviors

	Flagler County			White			Black / African American		
	2016	2019	% Change	2016	2019	% Change	2016	2019	% Change
Current Smokers	15.5%	20.0%	29.0%	16.0%	19.9%	24.4%	21.4%	11.2%	-47.7%
Engage In Heavy or Binge Drink	14.7%	16.0%	8.8%	14.4%	16.7%	16.0%	12.3%	10.2%	-17.1%
Obese	27.4%	28.6%	4.4%	26.5%	26.4%	-0.4%	34.8%	44.2%	27.0%
Overweight	35.1%	35.8%	2.0%	34.4%	36.6%	6.4%	47.5%	37.4%	-21.3%
Sedentary	26.5%	24.7%	-6.8%	24.7%	24.8%	0.4%	29.0%	14.0%	-51.7%
Inactive or Insufficiently Active	47.3%	ND	ND	45.0%	ND	ND	64.6%	ND	ND
Meet Aerobic Recommendations	53.8%	ND	ND	56.0%	ND	ND	37.4%	ND	ND
Meet Muscle Strengthening Recommendations	31.7%	37.2%	17.4%	32.5%	33.5%	3.1%	ND	61.0%	ND

⁸⁵ County Health Roadmaps & Rankings. Link to source: www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/health-behaviors#:~:text=Health%20behaviors%20are%20actions%20individuals,intake%2C%20and%20risky%20sexual%20behavior

	Hispanic			Non-Hispanic		
	2016	2019	% Change	2016	2019	% Change
Current Smokers	ND	26.9%	ND	ND	ND	ND
Engage In Heavy or Binge Drinking	ND	15.3%	ND	ND	ND	ND
Obese	ND	28.7%	ND	ND	ND	ND
Overweight	ND	36.4%	ND	ND	ND	ND
Sedentary	ND	19.0%	ND	ND	ND	ND
Inactive or Insufficiently Active	ND	ND	ND	ND	ND	ND
Meet Aerobic Recommendations	ND	ND	ND	ND	ND	ND
Meet Muscle Strengthening Recommendations	ND	44.2%	ND	ND	ND	ND

The county data point is higher than the statewide average for preventable hospitalizations from nutritional deficiencies, and racial and ethnic disparities in the nutritional deficiency death rate were present in both 2019 and 2020. The nutritional death rate increased slightly from 2019 to 2020.

Exhibit 121: Nutritionally Deficient Population by Race

Per 100,000	Flagler County		White		Black / African American		Other Race	
	2019	2020	2019	2020	2019	2020	2019	2020
Preventable Hospitalizations Under 65 From Nutritional Deficiencies	151.3	193.7	ND	ND	ND	ND	ND	ND
Nutritional Deficiency Death Rate	1.2	1.7	1.4	1.5	0.0	3.8	ND	ND

Source: Florida Department of Health. Bureau of Vital Statistics

Exhibit 122: Nutritionally Deficient Population by Ethnicity

Per 100,000	Flagler County		Hispanic		Non-Hispanic	
	2019	2020	2019	2020	2019	2020
Preventable Hospitalizations Under 65 From Nutritional Deficiencies	151.3	193.7	ND	ND	ND	ND
Nutritional Deficiency Death Rate	1.2	1.7	6.0	0.0	0.8	1.8

Source: Florida Department of Health. Bureau of Vital Statistics

- The death rate caused by nutritional deficiencies for Hispanic residents was five times higher than the county average in 2019, (6.0, 1.2, respectively), there were no reported deaths tied to this cause in 2020.

Chronic Diseases

Research indicates that people of color and other racial and ethnic minorities experience higher rates of diabetes, obesity, stroke, heart disease, and cancer than the White population. In America, the risk of being diagnosed is 77% higher for Black / African Americans and 66% higher among Hispanics, compared to the White population. Additionally, Asian Americans, Native Hawaiians, and Pacific Islanders are at twice the risk of developing diabetes than the population overall.⁸⁶

Black / African American and Hispanic residents are more likely than White residents to live with diabetes or have been tested for HIV, and Black / African American residents are far more likely than others to have been told they have had a stroke.

Exhibit 123: Adult Chronic Disease Profile

2019	Flagler County	Non-Hispanic White	Non-Hispanic Black	Other Race	Hispanic	Non-Hispanic
Ever Been Told They Had Diabetes	12.0%	10.2%	27.9%	ND	18.7%	ND
Ever Been Tested for HIV	36.7%	32.4%	46.0%	ND	49.3%	ND
Ever Been Told They Had a Stroke	4.4%	4.4%	11.1%	ND	0.6%	ND

Source: Florida Behavioral Risk Factor Surveillance, 2019

Exhibit 124: Chronic Disease Hospitalizations & Death Rates

Per 100,000	Flagler County	White	Black / African American	Other Race	Hispanic	Non-Hispanic
Hospitalization Rates						
Coronary Heart Disease	281.8	269.2	302.6	396.7	213.7	280.7
Congestive Heart Failure	1,051.9	942.9	1,706.3	1,467.8	750.9	1,059.6
Stroke	225.3	206.8	302.9	314.9	154.0	223.7
Death Rates						
Congestive Heart Failure	14.5	14.9	15.4	0.0	6.2	15.2
Stroke	51.5	52.9	46.1	ND	30.5	52.6
Coronary Heart Disease	92.2	94.4	95.9	ND	82.5	92.7
Chronic Liver Disease & Cirrhosis	13.1	13.7	9.5	ND	16.0	12.2
Nephritis, Nephrotic Syndrome & Nephrosis	11.4	11.8	8.3	ND	16.8	10.5

Source: Florida Agency for Health Care Administration, 2018-2020

- Hospitalization rates for chronic diseases are higher for residents who identify as Black / African American or a race other than Black / African American or White, and lower for those of Hispanic ethnicity.

⁸⁶ Health Affairs. The United States Can Reduce Socioeconomic Disparities By Focusing On Chronic Diseases, 2017. Link to source: www.healthaffairs.org/doi/10.1377/forefront.20170817.061561/full/

Although cancer incidence and mortality overall are declining in the United States, certain groups continue to be at increased risk of developing or dying from particular cancers. Due to social, environmental, and economic disadvantages, racial and ethnic groups bear a disproportionate burden of cancer compared with other groups. Cancer disparities can also be seen when outcomes are improving overall but the improvements are not seen in some groups relative to other groups.⁸⁷ The reported incidence rate of cancer varies by race and ethnicity. The overall incidence rate is highest for White and Non-Hispanic residents, though prostate cancer is seen in higher rates for Black / African Americans than White residents.

Exhibit 125: Cancer Incidence

Per 100,000	Flagler County	White	Black / African American	Other Race	Hispanic	Non-Hispanic
Total Incidence Rate	496.8	503.0	369.9	331.6	286.8	514.7
Cervical Cancer	8.8	9.3	5.5	ND	0.0	9.8
Prostate Cancer	81.1	69.7	98.1	ND	55.9	82.9
Breast Cancer	118.4	114.1	99.4	104.9	55.3	122.5
Colorectal Cancer	40.0	39.2	43.7	ND	ND	42.0
Lung Cancer	62.0	64.7	43.9	ND	31.2	64.4

Source: University of Miami Medical School. Florida Cancer Data System, 2016-2018

Exhibit 126: Cancer Cases at Advanced Stage When Diagnosed

Flagler County	White	Black / African American	Other Race	Hispanic	Non-Hispanic
43.9%	44.5%	46.7%	ND	44.7%	43.9%

Source: University of Miami Medical School. Florida Cancer Data System, 2016-2018

Exhibit 127: Deaths Caused by Cancer

Per 100,000	Flagler County	White	Black / African American	Other Race	Hispanic	Non-Hispanic
Cancer Death Rate	153.3	155.6	154.4	ND	87.4	158.9
Cervical Cancer	1.5	1.7	0.0	ND	0.0	1.6
Prostate Cancer	14.4	13.6	26.5	ND	10.0	14.7
Breast Cancer	8.6	7.3	15.2	ND	4.2	9.0
Colorectal Cancer	12.8	12.4	19.3	ND	7.8	13.3
Lung Cancer	37.0	38.9	30.6	ND	29.5	37.5

Source: Florida Department of Health, Bureau of Vital Statistics, 2018-2020

- The overall cancer death rate for Hispanic residents is approximately half of that for Non-Hispanic residents, though the numbers are less divergent for lung cancer specifically. Black / African American residents are more likely to die from prostate cancer, breast cancer, and colorectal cancer, while White residents have a higher rate of death caused by cervical and lung cancer.

⁸⁷ National Cancer Institute, Cancer Disparities. Link to source: <https://www.cancer.gov/about-cancer/understanding/disparities>

People of color are more likely to visit the emergency room due to diabetes than White residents, with Black / African American residents being the most impacted. Between 2019 and 2020, there was a notable drop in emergency room visits and hospitalizations related to respiratory disease, likely due in large part to the onset of the COVID-19 pandemic.

Exhibit 128: Diabetes Emergency Room Visits & Hospitalizations

Per 100,000	Flagler County	White	Black / African American	Other Race	Hispanic	Non-Hispanic
Emergency Room Visits Due to Diabetes	175.0	140.5	398.0	249.2	134.9	181.0
Preventable Hospitalizations Under 65 From Diabetes	144.1	ND	ND	ND	ND	ND
Hospitalizations From or with Diabetes	1,878.1	1,671.7	3,098.1	2,818.8	1,591.8	1,881.2

Source: Florida Agency for Health Care Administration, 2018-2020

Exhibit 129: Prevalence of Respiratory Diseases ⁸⁸

Per 100,000	Flagler County			White			Black / African American		
	2019	2020	% Change	2019	2020	% Change	2019	2020	% Change
Emergency Room Visits Due to Asthma	426.2	322.0	-24.4%	313.1	215.2	-31.3%	903.9	834.8	-7.6%
Asthma Hospitalizations	37.5	24.2	-35.5%	29.0	12.7	-56.2%	81.1	63.0	-22.3%
Hospitalizations From CLRD	191.9	99.1	-48.4%	180.8	86.6	-52.1%	249.1	139.4	-44.0%
CLRD Death Rate	38.4	38.3	-0.3%	40.7	39.5	-2.9%	30.3	24.3	-19.8%
	Other Race			Hispanic			Non-Hispanic		
	2019	2020	% Change	2019	2020	% Change	2019	2020	% Change
Emergency Room Visits Due To Asthma	762.1	589.9	-22.6%	480.3	363.4	-24.3%	414.8	312.1	-24.8%
Asthma Hospitalizations	36.4	62.7	72.3%	28.2	31.7	12.4	38.4	21.9	-43.0%
Hospitalizations From CLRD (Including Asthma)	193.5	105.1	-45.7%	72.1	65.9	-8.6%	201.1	99.1	-50.7%
CLRD Death Rate	ND	ND	ND	6.0	28.4	373.3%	40.9	39.2	-4.2%

Source: Florida Agency for Health Care Administration

- Black / African American residents are 183% more likely than White ones to have had a diabetes-related emergency room visit.
- Emergency room visits for asthma by Black / African American patients decreased from 2019-2020 by only 7.6%, whereas the countywide decrease was 24.4%.

⁸⁸ Note: All rates of death in this report are age-adjusted.

The following table highlights the rate of hospitalizations and deaths related to unintentional injuries in 2020 by race and ethnicity. The percent change column indicates the increase or decrease from 2019 to 2020. Hospitalizations and deaths related to unintentional injuries vary across race and ethnic groups on multiple measures, with some changes from 2019 to 2020. The impact of the COVID-19 pandemic on some of these changes may be notable.

Exhibit 130: Unintentional Injuries

Per 100,000	Flagler County	% Change	White	% Change	Black / African American	% Change	Other Race	% Change	Hispanic	% Change	Non-Hispanic	% Change
Non-fatal Unintentional Injury Hospitalizations	435.08	4.0%	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND
Unintentional Injury Death Rate	97.3	61.9%	95.5	49.5%	120.2	174.4%	ND	ND	15.7	-63.7%	109.6	73.1%
Drug Poisoning Death Rate	52.2	49.6%	61.7	58.8%	28.1	157.8%	27.1	1.5%	0.0	-100.0%	60.9	56.6%
Hospitalizations for Non-Fatal Unintentional Falls	210.3	-6.3%	215.5	-7.0%	104.7	0.4%	208.6	-28.0%	115.7	-5.8%	209.8	-7.9%
Unintentional Falls Death Rate	9.9	23.8%	11.4	48.1%	0.0	-100.0%	ND	ND	9.1	51.7%	9.6	18.5%
Hospitalizations for Non-Fatal Motor Vehicle Traffic-Related Injuries	76.4	13.0%	70.7	26.7%	67.7	-23.8%	96.3	-10.3%	81.1	ND	67.3	-0.4%
Motor Vehicle Crash Death Rate	13.7	22.3%	9.7	-9.3%	44.1	160.9%	ND	ND	6.5	-60.4%	15.0	41.5%
Hospitalizations for Non-Fatal Traumatic Brain Injuries	126.3	18.4%	122.3	27.7%	96.9	15.1%	99.5	46.7%	56.4	-5.8%	123.0	20.5%
Traumatic Brain Injury Death Rate	22.6	60.3%	22.1	47.3%	29.4	281.8%	ND	ND	9.1	-71.8%	24.5	105.9%
Hospitalizations for Non-Fatal Firearm Injuries	11.3	68.7%	7.1	ND	ND	ND	0.0	ND	0.0	0.0%	11.5	49.4%
Unintentional Drownings Death Rate	7.2	300.0%	5.7	171.4%	17	100.0%	ND	ND	0.0	-100.0%	8.4	425.0%

Source: Florida Agency for Health Care Administration, 2020

- The unintentional injury death and hospitalizations rate for Black / African American residents increased across multiple measures from 2019 to 2020, while most measures showed a decrease for Hispanic residents in the same time frame.
- Drug overdose deaths are notably higher for White than Black / African American residents, and for Non-Hispanic compared to Hispanic residents.

Human Immunodeficiency Virus

Black / African American and Hispanic or Latino communities are disproportionately affected by HIV compared to other racial and ethnic groups. In 2019, the Black / African American community represented 13% of the United States population, but 40% of people with HIV. Hispanics and Latinos represented 18.5% of the population, but 25% of people with HIV.⁸⁹

The incidence of diagnosed HIV and AIDS is higher among Non-Hispanic Black and Black residents are more like as White residents to die from HIV and AIDS.

Exhibit 131: HIV & AIDS Diagnoses

Rates Per 100,000	Flagler County	Non-Hispanic White	Non-Hispanic Black	Hispanic	Non-Hispanic
2019					
Adults Less Than 65 Who Have Ever Been Tested for HIV	49.1%	45.5%	ND	53.3%	ND
Population with HIV (2020)	226.2	140.2	704.9	386.8	206.6
2018-2020					
HIV Diagnoses	12.9	10.4	29.8	11.3	13.1
AIDS Diagnoses	5.4	4.0	17.9	2.8	5.7

Source: Florida Department of Health, Bureau of Communicable Diseases

Exhibit 132: HIV & AIDS Death Rate

	Flagler County	White	Black / African American	Hispanic	Non-Hispanic
Per 100,000	2.3	1.5	9.4	0.0	2.6

Source: Florida Department of Health. Bureau of Communicable Diseases, 2018-2020

- Flagler 2020 Population with HIV rate is statistically significantly lower than the Florida rate (542.9)
- Flagler 2020 HIV Diagnoses rate is statistically significantly lower than the Florida rate (20.0)
- Flagler 2020 AIDS Diagnoses rate is statistically significantly lower than the Florida rate (8.4)

⁸⁹ HIV.gov, Impact on Racial & Ethnic Minorities. Link to source: www.hiv.gov/hiv-basics/overview/data-and-trends/impact-on-racial-and-ethnic-minorities

Homicide & Suicide

Actual numbers of homicides and death by suicide in Flagler County were very low, but on a rate per 100,000 population basis, overall homicide rates decreased from 2019 to 2020, and the suicide rate increased slightly. However, rates changed notably especially in Black / African American and Hispanic communities, as reflected in Florida Department of Health data (e.g., FLHealthCHARTS).⁹⁰

Exhibit 133: Homicide & Suicide Deaths by Race

Per 100,000	Flagler County		White		Black / African American		Other Race	
	2019	2020	2019	2020	2019	2020	2019	2020
Homicide	4.0	0.0	1.7	0.0	19.6	0.0	ND	ND
Suicide	19.3	20.9	19.6	21.8	8.7	23.4	ND	ND

Source: Florida Department of Health. Bureau of Vital Statistics

Exhibit 134: Homicide & Suicide Deaths by Ethnicity

Per 100,000	Flagler County		Hispanic		Non-Hispanic	
	2019	2020	2019	2020	2019	2020
Homicide	4.0	0.0	0.0	0.0	4.7	0.0
Suicide	19.3	20.9	36.2	0.0	17.3	24.0

Source: Florida Department of Health. Bureau of Vital Statistics

As noted in the Data Limitations, the dramatic decrease in suicides between 2019 and 2020 within the Hispanic community may be the result of barriers to collecting data due to the COVID-19 pandemic.

Please refer to the source link below:

<https://www.flhealthcharts.gov/ChartsReports/rdPage.aspx?rdReport=Death.DataViewer&cid=0116>

⁹⁰ FLHealthCHARTS. Link to source: <https://www.flhealthcharts.gov/ChartsReports/rdPage.aspx?rdReport=Death.DataViewer&cid=0118>

Maternal Health

Historically, maternal mortality in the United States has been a key indicator of the overall health of a population. Maternal mortality reflects the whole health system, illustrates the socio-cultural, political, and economic philosophies of a society. Over the past two decades, the United States maternal mortality rate has not improved while maternal mortality rates have decreased for other regions of the world. Significant racial and ethnic disparities persist in both the rate of women in the United States who die due to complications of pregnancy or delivery and the rate that women experience negative health consequences due to unexpected pregnancy or childbirth outcomes.⁹¹

In Flagler County, the racial disparity rate data is significant, but the count was 2 deaths.

Exhibit 135: Maternal Fatalities

Per 100,000 Births Per 1,000 Delivery Hospitalizations	Flagler County	White	Black / African American	Other Race	Hispanic	Non-Hispanic
Maternal Deaths	41.5	0.0	304.9	ND	0.0	47.9
Severe Maternal Morbidity	12.0	12.3	15.0	16.6	9.7	13.7

Source: Florida Department of Health. Bureau of Vital Statistics, 2018-2020

Exhibit 136: Prenatal Care

	Flagler County	White	Black / African American	Other Race	Hispanic	Non-Hispanic
Births with First Trimester Prenatal Care	77.3	78.7	70.6	ND	72.9	78.1
Births with No Prenatal Care	1.9	1.8	3.2	ND	1.5	2.0

Source: Florida Department of Health. Bureau of Vital Statistics, 2018-2020

- Black / African American mothers in Flagler County are most likely to receive no prenatal care.

⁹¹ United States Commission on Civil Rights 2021 Statutory Enforcement Report, Racial Disparities in Maternal Health. Link to source: www.usccr.gov/files/2021/09-15-Racial-Disparities-in-Maternal-Health.pdf

Overall births to unwed mothers aged 15 to 19 are similar in prevalence among Black / African American and Hispanic mothers, and slightly higher than for White mothers.

Exhibit 137: Maternal Characteristics

	Flagler County	White	Black / African American	Other Race	Hispanic	Non-Hispanic
Repeat Births to Mothers, Ages 15-19	7.3%	10.0%	0.0%	ND	0.0%	7.9%
Births To Unwed Mothers, Ages 15-19	90.8%	88.8%	95.0%	ND	94.4%	89.9%
Births To Unwed Mothers, Ages 20-44	47.5%	45.2%	64.7%	ND	54.0%	46.7%
Births To Mothers Who Are Underweight at Time Pregnancy Occurred ⁹²	3.9%	3.9%	2.4%	ND	2.6%	4.0%
Births To Mothers Who Are Overweight at Time Pregnancy Occurred ⁹³	26.2%	26.1%	26.9%	ND	32.9%	25.1%
Births To Mothers Who Are Obese at Time Pregnancy Occurred ⁹⁴	27.2%	26.7%	35.3%	ND	29.5%	27.0%
Births with Inter-Pregnancy Interval ⁹⁵	35.6%	36.0%	34.0%	ND	37.6%	35.3%

Source: Florida Department of Health. Bureau of Vital Statistics, 2018-2020

- The rates for repeat births to mothers aged 15 to 19 are lower than the statewide average, and entirely represented by White mothers.
- White mothers are more likely to be underweight at the time pregnancy occurred; Hispanic mothers are more likely to be overweight, and Black / African American mothers are more likely to be obese.

⁹² BMI <18.5

⁹³ BMI 25.0-29.9

⁹⁴ BMI >= 30

⁹⁵ < 18 Months

Black / African American infants are more likely to have low birthweight and preterm birth, though White infants with low birthweight are nearly twice as likely to be born in a subspecialty perinatal center. Hispanic infants are somewhat less likely to have low birthweight or preterm births than the county averages.

Exhibit 138: Infant Characteristics

	Flagler County	White	Black / African American	Hispanic	Non-Hispanic
Preterm births ⁹⁶	9.7%	9.3%	13.4%	8.5%	10.0%
Very low birthweight infants born in subspecialty perinatal centers	70.8%	76.5%	40.0%	66.7%	70.0%
Low birthweight ⁹⁷	8.7%	7.7%	14.9%	6.9%	9.0%
Very low birthweight ⁹⁸	1.0%	0.9%	1.5%	1.0%	1.0%

Source: Florida Department of Health. Bureau of Vital Statistics, 2018-2020

Exhibit 139: Fetal & Infant Fatalities

Per 1,000 Deliveries	Flagler County	White	Black / African American	Hispanic	Non-Hispanic
Fetal Deaths	5.4	5.8	3.0	3.3	5.2
Infant Deaths	5.0	4.2	9.1	9.8	4.3
Sudden Unexpected Infant Deaths	0.4	0.5	0.0	0.0	0.5

Source: Florida Department of Health. Bureau of Vital Statistics, 2018-2020

- Black / African American and Hispanic infant fatalities are more than double those for White and Non-Hispanic infants, while the rate for fetal deaths is higher for those identifying as White and Non-Hispanic.

⁹⁶ < 37 Weeks Of Gestation.

⁹⁷ <2500 Grams

⁹⁸ < 1500 Grams

Needs Prioritization Process – Flagler County

Background

The Flagler County needs prioritization process was robust. The process began by recruiting leaders (i.e., the “Prioritization Group”) with the insight and experience to help rank-order a diverse set of community needs. Group members participated in a validated process⁹⁹ to refine a final list of prioritized community needs. People invited to participate in the Prioritization Group include the following:

Name	Title	Organization
David Alfin	Mayor	City of Palm Coast
David Ayers	General Manager	Flagler Broadcasting
Carrie Baird	CEO	Flagler Cares/One Voice for Volusia
Steve Bickel	Medical Director	Department of Health in Flagler County
Pam Birtolo	Executive Director	Flagler OARS
Andy Dance	Commissioner	Flagler County Board of County Commissioners
Wally DeAquino	COO	AdventHealth Palm Coast
Amanda Lasecki	Vice President of Operations	United Way of Volusia-Flagler Counties
Courtney Edgcomb	President	United Way of Volusia-Flagler Counties
John Fanelli	Coordinator of Student Supports and Behavior	Flagler Schools
Brandy Williams	Coordinator of Counseling Services	Flagler Schools
Andrew Williams	Vice President of Flagler Services	SMA Healthcare
Alvin Jackson	City Manager	City of Bunnell
Cheryl Massaro	Board Member	Flagler County School Board
Myra Middleton		Retired educator
Shelley Ragsdale	President	Flagler NAACP
Bob Snyder	Health Officer	Department of Health in Flagler County
Kathy Gover		AdventHealth Palm Coast

⁹⁹ Peer-reviewed summary of the Delphi Method. Link to source: www.investopedia.com/terms/d/delphi-method.asp

Name	Title	Organization
Nicole Sharbono	Senior Vice President Clinical Services	SMA Healthcare
Robin King	CEO	CareerSource Flagler Volusia
DJ Lebo	CEO	Early Learning Coalition of Flagler and Volusia
Debi McNabb	Community Benefit Director	AdventHealth CFD-North
Mamie Oatis	Community Director	Food Brings Hope
Jeff White	Executive Director	Volusia/Flagler Coalition for the Homeless
Ida Babazadeh	Community Health Program Manager	AdventHealth CFD-North

Group members participated in a three-stage process to review, rank-order, and share insight regarding the final set of prioritized needs. First, they were provided a Prioritization Process Summary document that provided a substantial cadre of data and CHA research results that supported the list of approximately 50 needs included in the prioritization process. The prioritization process is further described below.

Prioritization process approach. The process consists of three “rounds.”

1. **Round 1:** The first step asked group members to evaluate a list of needs (via an online survey) derived from primary and secondary research (included in the appendices), and it asked for comments about each of the needs.
2. **Round 2:** The second step also asked participants to evaluate the same or similar list of needs, but on it, they saw colleagues’ comments from the “Round 1” survey. The purpose is to provide additional insight to respondents when making the evaluation of each of the needs.
3. **Round 3:** The third step was conducted in an in-person meetings in early April 2022. During the meeting, participants discussed the results of the first two rounds of the prioritization process, identified anything that may have been missed, confirmed a consolidated list of five core community needs. Note that each of the top 15 high-priority community needs was nested within five core needs.

Primary and secondary research. The needs included in the prioritization process were derived from the extensive secondary and primary research described below.

- **Secondary research:** Secondary research includes extensive amounts of *data analysis* of information collected from the US Census Bureau; sites providing information on poverty and other Social Determinants of Health measures; FLHealthCHARTS (e.g., disease incidence, morbidity, and mortality data); and many other validated data sources.
- **Primary research:** This includes a *community survey* with approximately 1,700 responses, results from *qualitative research* (i.e., approximately 50 in-depth stakeholder interviews, and results from 13 focus groups).

Direct linkage between the “needs” and data and other research. As noted above, each of the needs in the prioritization process directly links to data observations and/or qualitative feedback. After each of

the three major research tasks – data analysis, community survey, and qualitative research – a list of granular needs or supporting data was created (and appended to this summary). Duplicates were removed and similar needs were combined. The resulting list of needs represents the items group members were asked to evaluate in the Prioritization Process.

High-level Needs Across Both Counties: The prioritization process results identified five core needs. The needs are the same for both Flagler and Volusia counties, however. Several of the more granular needs vary by county. The five core needs include the following:

1. **Address infrastructure, housing, and the impact of growth**
2. **Expand health care system capacity**
3. **Enhance mental health (including substance use disorder) outreach and treatment**
4. **Refine primary care and specialized medical care (e.g., chronic conditions) process of care – addressing leading causes of death**
5. **Streamline access to care**

As noted, the prioritization process yielded unique, more granular sets of need within each county. Granular, county-based needs are shown below.

Flagler County Final List of Needs

The full list of the high-priority needs includes the following:

1. Access to affordable, quality housing.
 2. Quality, affordable childcare.
 3. Recruit mental health providers.
 4. Substance use disorder treatment programs.
 5. Mental health outpatient services for children under age 18.
 6. Behavioral health initiatives to prevent suicide among targeted populations (e.g., youth).
 7. Suicide prevention initiatives in middle and high schools.
 8. Mental health outpatient services for adults.
 9. Systems to improve the ability of schools, the justice system, health care providers, and public health departments to safely share information.
 10. Childcare services for special needs children.
 11. Outpatient medical and mental health care services for children with special needs.
 12. Suicide prevention initiatives targeting higher-risk adults, e.g., African Americans.
 13. Initiatives to improve community awareness of available health care resources.
 14. Improve mental health and substance use disorder transition care for inmates being released from jail.
 15. Telehealth capacity for mental health and primary care.
- ## Access to nutritious, affordable food.¹⁰⁰
- ## Additional services to address cancer, heart disease, and diabetes.¹⁰¹

¹⁰⁰ **Note:** Needs marked by “##” indicate that Prioritization Group members added the item to the original list of 15 granular needs.

¹⁰¹ **Note:** Needs marked by “##” indicate that Prioritization Group members added the item to the original list of 15 granular needs.

Nested within the five core needs, the final list of Flagler County community needs include the following. Note that the numbered needs refer to the rank-order with the overall priority shown above.

Address infrastructure, housing, and the impact of growth (including social determinants)

1. Access to affordable, quality housing
 - Affects recruitment and retention of culturally diverse and informed providers
 - Impacts access to free or low-cost health care for families

Expand health care system capacity

3. Recruit mental health providers
4. Substance use disorder treatment programs
5. Mental health outpatient services for children under age 18
15. Telehealth capacity for mental health and primary care

Enhance mental health (including substance use disorder) outreach and treatment

6. Behavioral health initiatives to prevent suicide among targeted populations (e.g., youth)
7. Suicide prevention initiatives in middle and high schools
8. Mental health outpatient services for adults
12. Suicide prevention initiatives targeting higher-risk adults, e.g., African Americans
14. Improve mental health and substance use disorder transition care for inmates being released from jail

Refine primary care and specialized medical care (e.g., chronic conditions) process of care – addressing leading causes of death

- ## Maintaining and refining system addressing heart disease, cancer, and unintentional injuries¹⁰²
- ## Access to nutritious, affordable food¹⁰³
- 11. Outpatient medical and mental health and health care services for children with special needs

Streamline access to care

2. Quality, affordable childcare
9. Systems to improve the ability of schools, the justice system, health care providers, and public health departments to safely share information
10. Childcare services for special needs children
13. Initiatives to improve community awareness of available health care resources

Five Core Needs

1. Address infrastructure, housing, and the impact of growth
2. Expand health care system capacity
3. Enhance mental health (including substance use disorder) outreach and treatment
4. Refine primary care and specialized medical care (e.g., chronic conditions) process of care – addressing leading causes of death
5. Streamline access to care

¹⁰² **Note:** Needs marked by “##” indicate that Prioritization Group members added the item to the original list of 15 granular needs.

¹⁰³ **Note:** Needs marked by “##” indicate that Prioritization Group members added the item to the original list of 15 granular needs.

County-level Final Aggregation and Priorities

As a final, county-level validation of the prioritized needs, more than 30 representatives from Flagler County and Volusia County assembled on May 5, 2022. The purpose of the meeting was to review and categorize the final, prioritized list of needs in a format that would facilitate the development of Community Health Improvement Plan (CHIP) strategies, hospital Implementation Plan (IP) activities, and other functions designed to address high need issue. As a result of the meeting, the final list of core needs and granular community issues was developed and is displayed below.

During the joint-county prioritization review, participants energetically discussed the results of the CHA research and resolved a list of three “Priority Health Issues” and subordinate lists of “Priority Components” for each county. The three “Priority Health Issues” are listed below:

- Access to Behavioral Health Services (with subcategories: Adult Mental Health, Adult Substance Use, Youth Mental Health, Youth Substance Use, Issues specific to older adults ages 75+)
- Economic and Social Barriers
- System Infrastructure

As noted, joint-county prioritization participants worked to provide granular insight to each of the Priority Health Issues by county. The results of their final prioritization work for Flagler County are shown below.

Access to Behavioral Health Services

- Mental health outpatient services for adults
- Substance use disorder treatment programs
- Telehealth capacity for mental health and primary care
- Improve mental health and substance use disorder transition care for inmates being released
- Outpatient medical and mental health care services for children with special needs
- Recruit mental health providers
- Mental health outpatient services for children under 18
- Suicide prevention initiatives in middle and high schools
- Suicide prevention initiatives targeting higher-risk adults (e.g., African Americans)
- Behavioral health initiatives to prevent suicide among target populations (e.g., youth)

Economic and Social Barriers

- Support for additional affordable, quality housing
- Quality, affordable childcare
- Childcare services for special needs children

System Infrastructure

- Systems to improve the ability of schools, the justice system, health care providers, and public health departments to safely share information
- Initiatives to improve community awareness of available health care resources

County-level Insights: Volusia County

Volusia County Health Equity Profile

Executive Summary

Humans cannot choose the circumstances of their birth, a variable that has a significant impact on their wellbeing, but even the minds of babies begin to construct realities about the world. From a mother's first touch, human brains create a feedback loop about the world.

The health issues highlighted below are unique due to their geographic and social realities. The data points help illustrate some of the impacts that these health equity realities are having on individuals' health in Volusia County.

- Black / African American mothers experience a fetal death rate (11.4) that is more than double that of White (5.3) or Hispanic (5.5) mothers.
- White residents represent over 90% of Volusia County's senior population, compared to 72% of those under 18 years of age.
- Volusia County is trending towards greater racial and ethnic diversity in the younger generations.
- White and Non-Hispanic residents of Volusia County have notably higher rates of homeownership than those identifying as Black / African American, Other Race, or Hispanic.
- In most categories of disability, those aged 65 to 74 in Volusia County have higher incidence rates.
- Data indicates that unemployment in Volusia County is highest for those identifying as Black or Hispanic. The median household income for White residents is over \$15,000 greater than for Black residents.
- Black residents are twice as likely to be living below the federal poverty level as their White counterparts, and the poverty rates for those of Other Race and Hispanic are also notably higher than White and Non-Hispanic residents.
- The motor vehicle fatality rate in Volusia County is approximately 50% higher than the Florida statewide rates of 22.4 and 14.7 per 100,000 population, respectively; hospitalizations are also 33% higher.
- Counts of people experiencing homelessness in January of 2021 were significantly impacted by the COVID-19 pandemic, both in terms of where people without homes were sheltering, and in terms of the comprehensiveness (and thus accuracy) of surveys conducted.
- Volusia County reports many students experiencing homelessness (548) or unaccompanied youth (292).
- Volusia County school safety incidents were 33% higher than the statewide average. Out-of-school suspensions were 78.8% higher than the statewide average.
- Youth obesity rates in Volusia County outpace the statewide rate among both middle and high school students.
- Racial disparities can be seen in the utilization of Emergency Room Visits and Hospitalizations in Volusia County related to diabetes.

Data Introduction

The following section highlights inequities and disparities within Volusia County that ultimately impact the health of individuals, families, and the overall community. Health equity exists when individuals have equal opportunities to be healthy. The ability to be healthy is often associated with factors such as

social position, race, ethnicity, gender, religion, sexual identity, or disability. When these factors limit a person's ability to be healthy it can lead to health inequity.¹⁰⁴

Data Limitations

It is important to note that some health equity data can have percentages that look like dramatic changes simply because the raw counts of some populations are so small, e.g., an increase from one suicide in 2019 to four suicides in 2020 is a 300% increase. Also, as noted elsewhere COVID-19 impacted data collection in the most recent years.

Demographics

The Social Vulnerability Index shows Volusia County aligned with Florida statewide averages on metrics such as poverty and unemployment rates, but with notable disparities in certain other relevant measures.

Exhibit 140: Volusia County Social Vulnerability Index¹⁰⁵

	United States	Florida	Volusia County
Volusia County Population	324,697,795	20,901,636 ↑	536,487
Below Poverty	12.3% ↓	12.7% ↓	14.3%
Unemployed	5.4% ↓	5.1% ↓	4.9% ↓
Median Income	\$62,843 ↑	\$55,660 ↑	\$49,494 ↑
Median Age	38.1	42.0	46.6
Age 65 +	15.6% ↑	20.1% ↑	24.2% ↑
Age 17 or Younger	22.6%	20.0%	17.7%
Households Living with a Disability	12.7%	13.7%	11.6%
Single-Parent Households	31.6%	30.2%	23.1% ↓
Ethnic Minority	39.3% ↑	46.1% ↑	28.3% ↑
Do not Speak English	8.4%	11.9%	13.9%
Multi-Unit Housing Structures	26.3%	30.5%	22.4%
Mobile Homes	6.2%	8.9%	8.8%
No Vehicle	8.6%	6.3%	6.0%

Source: United States Census Bureau. American Community Survey Five-Year Estimates, 2015-2019

Note: Demographic analysis provides the framework from which to better understand geographies, population trends and the overall fabric of the community. The following analysis highlights diverse ethnicities, relatively low median incomes, and other lifestyle factors impact the needs of the program’s service area, as well as the development of effective strategies to meet evolving needs. To analyze these and other characteristics, the domains included in the secondary research include an examination of factors such as general demographics of the area and the health status profile and disease burden.

The Social Vulnerability Index (SVI) uses secondary data and is particularly helpful when comparing and contrasting the needs of seniors and other vulnerable populations across geographies. The SVI was developed by the U.S. Centers for Disease Control and Prevention as a metric for analyzing population data to identify vulnerable populations. The SVI may be used to rank overall population well-being and mobility relative to County and State averages. The measures are grouped into four major categories: Socioeconomic Status, Household Composition and Disability, Minority Status and Language, and

¹⁰⁴ The Community Guide, Health Equity.

¹⁰⁵ With 2010 change rates for comparison where change is greater than ten percent.

Housing and Transportation. The SVI can also be used to determine the most vulnerable populations during disaster preparedness and public health emergencies (e.g., pandemics).

Health disparities indicate differences in health linked with social, economic, and/or environmental disadvantages. Health disparities adversely affect communities who have systematically experienced greater barriers to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.¹⁰⁶

Life expectancy by race and ethnicity reveals the consequences of health disparities, as Hispanic residents have the longest life expectancy, followed by White and then Black / African American residents.

Exhibit 141: Median Life Expectancy¹⁰⁷

Volusia County	White	Black / African American	Hispanic	Non-Hispanic
80.0	80.2	78.4	82.8	79.3

Source: Florida Bureau of Vital Statistics. UMass Donahue Institute, Florida Legislature Office of Economic & Demographic Research. Three-Year estimates, 2018-2020

Exhibit 142: Age by Race & Ethnicity

	White	Black / African American	Other Race	Hispanic	Non-Hispanic
Volusia County Population	81.4%	10.9%	7.7%	13.9%	86.1%
Under 18	71.9%	15.6%	12.5%	21.4%	78.6%
18 - 64	80.3%	11.9%	7.8%	14.6%	85.4%
65 +	91.0%	5.2%	3.8%	6.8%	93.2%

Source: United States Census Bureau. American Community Survey Five-Year Estimates, 2015-2019

- White residents represent over 90% of Volusia County’s senior population, compared to 72% of those under 18 years of age.
- Inversely, for those identified as Black / African American, Hispanic, and Other Race, the percentages are highest in each category for children and lowest for seniors.

¹⁰⁶ Health.gov. How does Healthy People 2030 define health disparities and health equity?
¹⁰⁷ Life expectancy is a theoretical estimate of the average number of years from birth a person is expected to live. It is based on current death rates by age. Persons moving into or out of a geographic area, getting older, and changes in death rates may change this estimate.

Social Determinants of Health

Social determinants of health (SDoH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Social determinants of health have a major impact on people’s health, well-being, and quality of life and heavily contribute to wide health disparities and inequities.¹⁰⁸ The following section draws attention to health-related disparities experienced by different races and ethnicities in Volusia County focused on housing, education, employment, income, and health care access.

White and Non-Hispanic residents of Volusia County have notably higher rates of homeownership than those identifying as Black / African American, Other Race, or Hispanic.

Exhibit 143: Occupied Housing Units by Race & Ethnicity

	Volusia County	White	Black / African American	Other Race	Hispanic	Non-Hispanic
Homeowners	55.4%	59.5%	42.6%	38.5%	44.5%	65.6%
Renters	44.6%	40.5%	57.4%	61.5%	55.5%	34.4%

Source: United States Census Bureau. American Community Survey Five-Year Estimates, 2015-2019

Exhibit 144: Individuals One Year & Over That Lived In a Different House One Year Earlier

Volusia County	White	Black / African American	Other Race	Hispanic	Non-Hispanic
16.6%	16.6%	17.1%	6.7%	17.0%	16.6%

Source: United States Census Bureau. American Community Survey Five-Year Estimates, 2015-2019

¹⁰⁸ Healthy People 2030. Social Determinants of Health.

Racial and ethnic minorities may face unique barriers to higher education. Black / African American and Hispanic individuals have lower college enrollment and graduation rates compared to White individuals. Latino individuals are most likely to attend college part-time, which reduces their odds of graduating.¹⁰⁹

Racial and ethnic disparities persist regarding educational attainment in Volusia County, as Black / African American residents are 5% less likely than White residents to have graduated from high school. White and Non-Hispanic residents are more likely to have a high school diploma by age 25, with Hispanic residents over 25 more than twice as likely to have no high school diploma.

Exhibit 145: Educational Attainment

2019	Volusia County	White	Black / African American	Other	Hispanic	Non-Hispanic
Population Graduating High School ¹¹⁰	87.7%	87.7%	82.7%	ND	ND	ND
Individuals with No High School Diploma, 25 Years & Over ¹¹¹	9.5%	8.7%	12.5%	19.3%	16.6%	8.0%

Source: Florida Department of Education, Education Information & Accountability Services, 2019-2020, United States Census Bureau. American Community Survey Five-Year Estimates for 2019

¹⁰⁹ Healthy People 2030, Enrollment in Higher Education.

¹¹⁰ The percentage of students who graduated within four years of their initial enrollment in ninth grade, not counting deceased students or students who transferred out to attend another public school outside the system, a private school, a home education program, or an adult education program. Incoming transfer students are included in the appropriate cohort (the group whose progress is tracked) based on their grade level and year of entry.

¹¹¹ Number of persons 25 years and over with no high school diploma or GED divided by the number of persons 25 and over, expressed as a percentage.

Workplace inequalities among racial and ethnic minorities can have negative health consequences as those who are unemployed have reported feelings of depression, anxiety, low self-esteem, demoralization, and stress.¹¹²

Data indicates that unemployment in Volusia County is highest for those identifying as Black / African American or Hispanic. The median household income for White residents is over \$15,000 greater than for Black / African American residents, and \$10,000 higher than for those identifying as Other Race while Non-Hispanic residents report a median household income over \$10,000 higher for Hispanic residents.

Exhibit 146: Unemployed Civilian Labor Force ¹¹³

Volusia County	White	Black / African American	Other Race	Hispanic	Non-Hispanic
5.7	5.4	7.8	5.6	7.5	5.1

Source: United States Census Bureau. American Community Survey Five-Year Estimates, 2017-2019

Exhibit 147: Median Household Income

Volusia County	White	Black / African American	Other Race	Hispanic	Non-Hispanic
\$49,494	\$51,521	\$35,140	\$41,542	\$41,456	\$52,256

Source: United States Census Bureau. American Community Survey Five-Year Estimates for 2019

Racial and ethnic minorities living in poverty often present more adverse health outcomes compared to the White population. Residents of impoverished communities are at increased risk for mental illness, chronic disease, higher mortality, and lower life expectancy.¹¹⁴

Exhibit 148: Population Living in Poverty ¹¹⁵

2019	Volusia County	White	Black / African American	Other Race	Hispanic	Non-Hispanic
Impoverished Population	14.3	12.5	24.2	19.5	20.2	11.5
Impoverished Population Under 18	20.4%	16.3%	37.4%	ND	25.1%	14.4%

Source: United States Census Bureau. American Community Survey Five-Year Estimates for 2019

- Black / African American residents are twice as likely to be living below the federal poverty level as their White counterparts, and the poverty rates for those of Other Race and Hispanic are also notably higher than White and Non-Hispanic residents.

¹¹² Healthy People 2030, Employment.

¹¹³ Number of persons unemployed in the civilian labor force divided by the number of persons in the civilian labor force, expressed as a percentage.

¹¹⁴ Healthy People 2030, Poverty.

¹¹⁵ Poverty is defined by the population living 100% below the Federal Poverty Level.

Inadequate health insurance coverage is one of the largest barriers to health care access, and the unequal distribution of coverage contributes to disparities in health. The consequences of not having health insurance are exacerbated within specific ethnicities. For example, research indicates that people who speak a primary language other than English are less likely to receive recommendations for preventative health screenings and immunizations. This factor, in addition to a lack of health insurance, only worsens health outcomes over time.¹¹⁶ Most Volusia County residents have health insurance (88.5%), with the lowest rates (81.6%) among those identifying as a race other than White or Black / African American.

Exhibit 149: Population with Health Insurance ¹¹⁷

Volusia County	White	Black / African American	Other Race	Hispanic	Non-Hispanic
88.5%	89.0%	87.2%	81.6%	84.3%	89.6%

Source: United States Census Bureau. American Community Survey 1-year Estimates for 2019

Exhibit 150: Utilization of Health care Services by Adults

2019	Volusia County	Non-Hispanic White	Non-Hispanic Black	Hispanic
Could not see a doctor at least once in the past year due to cost	17.6%	15.8%	25.9%	22.0%
Have a personal doctor	76.3%	78.8%	69.5%	67.9%
Said their overall health was good to excellent	78.2%	79.5%	85.3%	66.7%
Had a medical checkup in the past year	75.8%	78.5%	71.3%	67.3%
Visited a dentist or a dental clinic in the past year (2016)	59.3%	60.6%	47.0%	59.3%
Immunizations				
Received a flu shot in the past year	36.7%	39.7%	23.1%	30.8%
Have ever received a pneumonia vaccination	39.3%	43.9%	19.2%	25.3%

Source: Florida Behavioral Risk Factor Surveillance System, 2019

- Non-Hispanic Black residents are 10% more likely to not visit a doctor due to cost in the past year compared to Non-Hispanic White residents. Hispanic residents also were deterred by cost more often than White residents.
- Hispanic residents report getting a medical checkup in the past year at a lower rate than Non-Hispanic Black residents, who in turn report lower rates than Non-Hispanic White residents.
- Non-Hispanic Black residents report fewer visits to a dentist than those identifying as Non-Hispanic White or Hispanic.
- Immunization rates are lowest among Non-Hispanic Black residents, with pneumonia vaccine rates only half of the county average. Immunization rates among Hispanic residents also lag the county averages.

¹¹⁶ Healthy People 2030, Access to Primary Care.

¹¹⁷ Civilian non-institutionalized population.

Healthy Behaviors

Policies and programs put in place have marginalized some population groups and communities, keeping them from the support and resources necessary to thrive. Many of the leading causes of death and disease are attributed to unhealthy behaviors. For example, poor nutrition and low levels of physical activity are associated with a higher risk of cardiovascular disease, type two diabetes, and obesity. Tobacco use is associated with heart disease, cancer, and poor pregnancy outcomes if the mother smokes during pregnancy. Excessive alcohol use is associated with injuries, certain types of cancers, and cirrhosis.¹¹⁸

From 2016 to 2019 adult health behavior improved on some measures and worsened on others, with some notable disparities across racial and ethnic groups.

Exhibit 151: Adult Health Behaviors

	Volusia County			White			Black / African American		
	2016	2019	% Change	2016	2019	% Change	2016	2019	% Change
Current Smokers	20.8%	18.5%	-11.1%	24.2%	20.1%	-16.9%	1.5%	11.2%	646.7%
Engage In Heavy or Binge Drinking	17.8%	19.6%	10.1%	18.2%	19.3%	6.0%	17.0%	27.2%	60.0%
Obese	30.9%	35.5%	14.9%	28.5%	32.5%	14.0%	41.3%	67.0%	62.2%
Overweight	34.8%	30.7%	-11.8%	38.2%	31.2%	-18.3%	29.9%	21.5%	-28.1%
Sedentary	33.1%	25.1%	-24.2%	30.7%	24.0%	-21.8%	42.2%	29.5%	-30.1%
Inactive or Insufficiently Active	58.2%	ND	ND	55.3%	ND	ND	74.0%	ND	ND
Meet Aerobic Recommendations	43.4%	ND	ND	46.2%	ND	ND	29.3%	ND	ND
Meet Muscle Strengthening Recommendations	37.2%	34.3%	-7.8%	39.9%	34.1%	-14.5%	ND	27.4%	ND

¹¹⁸ County Health Roadmaps & Rankings, Health Behaviors.

	Other Race			Hispanic			Non-Hispanic		
	2016	2019	% Change	2016	2019	% Change	2016	2019	% Change
Current Smokers	ND	ND	ND	14.8%	18.0%	21.6%	ND	ND	ND
Engage In Heavy or Binge Drinking	ND	ND	ND	14.6%	21.3%	45.9%	ND	ND	ND
Obese	ND	ND	ND	44.0%	37.5%	-14.8%	ND	ND	ND
Overweight	ND	ND	ND	20.2%	33.5%	65.8%	ND	ND	ND
Sedentary	ND	ND	ND	42.6%	28.5%	-33.1%	ND	ND	ND
Inactive or Insufficiently Active	ND	ND	ND	72.8%	ND	ND	ND	ND	ND
Meet Aerobic Recommendations	ND	ND	ND	29.2%	ND	ND	ND	ND	ND
Meet Muscle Strengthening Recommendations	ND	ND	ND	ND	42.9%	ND	ND	ND	ND

Source: Florida Behavioral Risk Factor Surveillance System

- From 2016 to 2019 obesity increased by five percent for the county, while the rates within the Hispanic community dropped by 15%.
- In the same time period, residents who engaged in heavy or binge drinking increased for all populations.

Volusia County is higher than the statewide average for preventable hospitalizations from nutritional deficiencies for those under 65 years of age, and the rate increased by 30% between 2019 and 2020.

Exhibit 152: Nutritionally Deficient Population

Per 100,000	Volusia County		White		Black / African American		Other Race	
	2019	2020	2019	2020	2019	2020	2019	2020
Preventable Hospitalizations Under 65 From Nutritional Deficiencies	101.5	133.0	ND	ND	ND	ND	ND	ND
Nutritional Deficiency Death Rate	1.1	2.1	1.1	2.2	1.5	1.3	ND	ND

Source: Florida Department of Health. Bureau of Vital Statistics

Exhibit 153: Nutritionally Deficient Population by Ethnicity

Per 100,000	Volusia County		Hispanic		Non-Hispanic	
	2019	2020	2019	2020	2019	2020
Preventable Hospitalizations Under 65 From Nutritional Deficiencies	101.5	133.0	ND	ND	ND	ND
Nutritional Deficiency Death Rate	1.1	2.1	1.2	0.0	1.1	2.3

Source: Florida Department of Health. Bureau of Vital Statistics

Chronic Diseases

Research indicates that people of color and other racial and ethnic minorities experience higher rates of diabetes, obesity, stroke, heart disease, and cancer than the White population. In the U.S., the risk of being diagnosed is 77% higher for Black / African Americans and 66% higher among Hispanics, compared to the White population. Additionally, Asian Americans, Native Hawaiians, and Pacific Islanders are at twice the risk of developing diabetes than the population overall.¹¹⁹

Non-Hispanic Black residents are most likely to have been told they had diabetes or to have been tested for HIV.

Exhibit 154: Adult Chronic Disease Profile

2019	Volusia County	Non-Hispanic White	Non-Hispanic Black	Other Race	Hispanic	Non-Hispanic
Ever Been Told They Had Diabetes	14.8%	14.8%	18.0%	ND	12.2%	ND
Ever Been Tested for HIV	42.2%	40.7%	58.7%	ND	40.9%	ND
Ever Been Told They Had A Stroke	3.5%	4.2%	3.0%	ND	0.7%	ND

Source: Florida Behavioral Risk Factor Surveillance System, 2019

Exhibit 155: Chronic Disease Hospitalizations & Death Rates

Per 100,000	Volusia County	White	Black / African American	Other Race	Hispanic	Non-Hispanic
Hospitalization Rates						
Coronary Heart Disease	291.3	274.1	288.6	674.8	241.1	288.3
Congestive Heart Failure	1,380.2	1,231.0	2,385.4	2,538.4	1,150.7	1,388.2
Stroke	279.4	250.1	451.1	519.2	209.3	278.6
Death Rates						
Congestive Heart Failure	18.3	18.2	19.2	8.3	17.3	18.3
Stroke	50.4	48.7	74.9	ND	45.1	50.4
Coronary Heart Disease	109.2	109.0	122.7	ND	79.1	111.6
Chronic Liver Disease & Cirrhosis	18.2	19.4	11.2	ND	17.9	18.4
Nephritis, Nephrotic Syndrome & Nephrosis	13.9	12.9	29.3	ND	10.4	14.1

Source: Florida Agency for Health Care Administration, 2018-2020

- Hospitalization and death rates related to chronic disease show notable differences correlated to race and ethnicity as coronary heart disease hospitalization rates are more than double the county average for those identifying as a race other than White or Black / African American. Note, though, that the relative sample size for that population is small.
- Stroke-related hospitalizations and deaths are notably higher for residents identifying as a race other than White.

¹¹⁹ Health Affairs. The United States Can Reduce Socioeconomic Disparities By Focusing On Chronic Diseases, 2017.

Although cancer incidence and mortality overall are declining in the United States, certain groups continue to be at increased risk of developing or dying from particular cancers. Due to social, environmental, and economic disadvantages, racial and ethnic groups bear a disproportionate burden of cancer compared with other groups. Cancer disparities can also be seen when outcomes are improving overall but the improvements are not seen in some groups relative to other groups.¹²⁰

There are lower cancer rates reported for Hispanic residents, compared to Non-Hispanic residents, on all measures. Prostate cancer is nearly doubled among men identifying as Black / African American compared to White or Other Race while lung cancer is highest among White residents in Volusia County. Non-Hispanic residents are 60% more likely to have been given a cancer diagnosis.

Exhibit 156: Cancer Incidence

Per 100,000	Volusia County	White	Black / African American	Other Race	Hispanic	Non-Hispanic
Total Incidence Rate	469.7	457.2	407.8	346.0	307.3	485.8
Cervical Cancer	8.7	8.6	ND	ND	ND	9.3
Prostate Cancer	76.3	57.0	103.0	57.9	50.6	78.1
Breast Cancer	125.1	120.8	117.7	105.4	85.7	128.6
Colorectal Cancer	38.1	37.1	39.6	27.8	27.7	39.3
Lung Cancer	71.1	71.1	55.7	54.4	31.1	74.3

Source: University of Miami Medical School. Florida Cancer Data System, 2016-2018

Exhibit 157: Cancer Cases at Advanced Stage When Diagnosed

Volusia County	White	Black / African American	Other Race	Hispanic	Non-Hispanic
44.3	45.4	48.5	ND	51.5	43.9

Source: University of Miami Medical School. Florida Cancer Data System, 2016-2018

¹²⁰ National Cancer Institute, Cancer Disparities.

Exhibit 158: Deaths Caused by Cancer

Per 100,000	Volusia County	White	Black / African American	Other Race	Hispanic	Non-Hispanic
Cancer Death Rate	167.9	169.0	163.1	ND	110.7	172.8
Cervical Cancer	2.0	2.1	2.2	ND	1.0	2.2
Prostate Cancer	7.7	7.2	14.2	ND	3.9	8.0
Breast Cancer	11.7	11.4	15.3	ND	8.0	12.0
Colorectal Cancer	13.5	13.5	13.9	ND	13.7	13.4
Lung Cancer	44.1	45.3	32.3	ND	20.2	46.1

Source: Florida Department of Health. Bureau of Vital Statistics, 2018-2020

- Hispanic residents are less likely than Non-Hispanic residents to die from cancer overall. Breast cancer and prostate cancer-related deaths are markedly higher among Black / African American residents than White or Hispanic residents.
- Colorectal cancer as a cause of death affects Volusia County without major differences by race or ethnicity. Those who are White or Non-Hispanic have notably higher rates of death from lung cancer than other groups in the survey.

Racial disparities can be seen in the utilization of health care services in Volusia County related to diabetes.

Exhibit 159: Diabetes Emergency Room Visits & Hospitalizations

Per 100,000	Volusia County	White	Black / African American	Other Race	Hispanic	Non-Hispanic
Emergency Room Visits Due to Diabetes	256.3	199.2	626.5	493.9	291.0	251.3
Preventable Hospitalizations Under 65 From Diabetes	166.8	ND	ND	ND	ND	ND
Hospitalizations From or With Diabetes	2,322.7	2,030.3	4,075.0	5,476.4	2,622.3	2,271.6

Source: Florida Agency for Health Care Administration, 2018-2020

- Black / African American residents are more than three times as likely to visit the emergency room due to diabetes than White residents, and twice as likely to be hospitalized from or with diabetes.
- Those identifying as another race are twice as likely as White residents to visit the emergency room, and even more likely than Black / African American residents to be hospitalized for diabetes.

Hospitalizations and emergency room visits for the respiratory disease were lower in 2020 compared to 2019 and there was a notable decrease in respiratory disease deaths among Black / African American residents.

Exhibit 160: Prevalence of Respiratory Diseases ¹²¹

Per 100,000	Volusia County			White			Black / African American		
	2019	2020	% Change	2019	2020	% Change	2019	2020	% Change
Emergency Room Visits Due to Asthma	623.4	394.5	-36.7%	442.8	274.9	-37.9%	1,386.0	882.2	-36.3%
Asthma Hospitalizations	58.8	36.4	-38.1%	43.2	20.8	-51.9%	116.2	83.7	-28.0%
Hospitalizations From CLRD (Including Asthma)	281.4	185.5	-34.1%	253.9	163.8	-35.5%	354.1	258.0	-27.1%
CLRD Death Rate	53.3	54.7	2.6%	55.7	57.9	3.9%	29.1	17.7	-39.2%
	Other Race			Hispanic			Non-Hispanic		
	2019	2020	% Change	2019	2020	% Change	2019	2020	% Change
Emergency Room Visits Due to Asthma	1,058.3	697.7	-34.1%	827.6	434.7	-47.5%	578.3	385.5	-33.3%
Asthma Hospitalizations	170.6	151.4	-11.3%	90.8	63.2	-30.4%	55.4	33.0	-40.4%
Hospitalizations from CLRD (Including Asthma)	525.9	336.8	-36.0%	260.8	147.9	-43.3%	282.6	188.1	-33.4%
CLRD Death Rate	ND	ND	ND	21.4	22.1	3.3%	55.5	57.4	3.4%

Source: Florida Agency for Health Care Administration

- While there was a notable decrease in deaths from respiratory disease among Black / African American residents from 2019 to 2020, Black / African American residents continue to be twice as likely as White residents to visit the emergency room or be hospitalized for asthma.
- Hospitalizations and emergency room visits for respiratory disease were lower in 2020 than in 2019 across all racial and ethnic groups, a trend likely related to the COVID-19 pandemic.

¹²¹ Note: All rates of death in this report are age-adjusted.

The following table highlights the rate of hospitalizations and deaths related to unintentional injuries in 2020 by race and ethnicity. The percent change column indicates the increases or decreases from 2019 to 2020.

Hospitalizations and deaths related to unintentional injuries vary across race and ethnic groups on multiple measures for Volusia County, with some notable changes from 2019 to 2020.

Exhibit 161: Unintentional Injuries

Per 100,000	Volusia County	% Change	White	% Change	Black / African American	% Change	Other Race	% Change	Hispanic	% Change	Non-Hispanic	% Change
Non-fatal Unintentional Injury Hospitalizations	727.6	-0.3%	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND
Unintentional Injury Death Rate	114	51.4%	124.4	52.3%	78.8	52.7%	ND	ND	44.6	-21.5%	125.8	59.8%
Unintentional Drug Poisoning Death Rate	65.7	82.0%	72.7	79.5%	41.3	141.5%	18.1	43.7%	23.5	13.0%	73.5	88.5%
Hospitalizations for Non-Fatal Unintentional Falls	274.8	0.0%	273.5	-1.5%	154.4	-3.1%	320.2	-13.6%	133.4	-20.2%	279.8	-1.0%
Unintentional Falls Death Rate	15.8	36.2%	16.9	37.4%	5.1	-5.6%	ND	ND	6.8	-41.4%	16.5	41.0%
Hospitalizations for Non-Fatal Motor Vehicle Traffic-Related Injuries	97.7	-2.6%	86.2	0.5%	114.4	8.6%	135.2	5.8%	58.7	12.2%	91.9	-1.7%
Motor Vehicle Crash Death Rate	22.9	2.2%	24.2	3.4%	25.6	2.8%	ND	ND	8.0	-60.6%	25.8	14.2%
Hospitalizations for Non-Fatal Traumatic Brain Injuries	128.6	2.5%	125.2	1.5%	98.5	31.5%	104	10.3%	50	15.2%	128.9	4.5%
Traumatic Brain Injury Death Rate	31.7	37.8%	34.6	44.8%	20.1	-10.3%	ND	ND	14.8	-0.7%	34.5	41.4%

Unintentional Injuries (continued) Per 100,000					Black / African American		Other Race		Hispanic		Non- Hispanic	
	Volusia County	% Change	White	% Change	% Change	% Change	% Change	% Change	% Change	% Change	% Change	
Firearms-Related Unintentional Death Rate	0.0	ND	0.0	ND	0.0	ND	0.0	ND	0.0	ND	0.0	ND
Hospitalizations for Non-Fatal Unintentional Firearm Injuries	7.4	131.3%	3.7	105.6%	27.8	ND	0	ND	ND	ND	7.3	160.7%
Unintentional Death Rate Due to Fire	1.0	233.3%	1.0	233.3%	1.4	100.0%	ND	ND	1.1	-26.7%	1.0	400.0%
Unintentional Drownings Death Rate	0.9	-25.0%	0.9	-18.2%	1.4	7.7%	ND	ND	0	0.0%	1.1	-21.4%

Source: Florida Agency for Health Care Administration

Black / African American and Hispanic or Latino communities are disproportionately affected by HIV compared to other racial and ethnic groups. In 2019, the Black / African American community represented 13% of the United States population, but 40% of people with HIV. Hispanics and Latinos represented 18.5% of the population, but 25% of people with HIV.¹²²

Rates of people living with HIV among Non-Hispanic Black / African American residents is higher than White residents by a factor of six. Significant differences are seen among ethnic groups. The rate of death from HIV/AIDS is dramatically higher among Black / African American members of the community compared to White and Hispanic residents.

Exhibit 162: HIV & AIDS Diagnoses

Rates Per 100,000	Volusia County	Non-Hispanic White	Non-Hispanic Black	Hispanic	Non-Hispanic
2019					
Percent Of Adults Less Than 65 Years of Age Who Have Ever Been Tested for HIV	51.7%	50.8%	66.6%	45.9%	ND
Population with HIV (2020)	351.6	217.3	1,297.1	358.7	350.4
2018-2020					
HIV Diagnoses	13.5	7.3	49.8	17.5	12.9
AIDS Diagnoses	6.7	3.6	27.9	7.7	6.6

Source: Florida Department of Health, Bureau of Communicable Diseases

Exhibit 163: HIV & AIDS Death Rate

	Volusia County	White	Black / African American	Hispanic	Non-Hispanic
Per 100,000	2.8	1.8	12.9	0.9	3.0

Source: Florida Department of Health, Bureau of Communicable Diseases, 2018-2020

¹²² HIV.gov, Impact on Racial and Ethnic Minorities.

Homicide & Suicide

While Volusia County homicide and suicide rates remained fairly steady on average from 2019 to 2020, homicides decreased in the Hispanic community while they rose among Non-Hispanic residents.

Exhibit 164: Homicide & Suicide Deaths by Race

Per 100,000	Volusia County		White		Black / African American	
	2019	2020	2019	2020	2019	2020
Homicide	6.6	6.8	4.2	4.2	20.3	22.0
Suicide	21.1	19.5	24.3	21.9	6.8	6.6

Source: Florida Department of Health, Bureau of Vital Statistics

Exhibit 165: Homicide & Suicide Deaths by Ethnicity

Per 100,000	Hispanic		Non-Hispanic	
	2019	2020	2019	2020
Homicide	6.5	1.1	6.4	8.1
Suicide	8.5	10.6	23.3	20.8

Source: Florida Department of Health, Bureau of Vital Statistics

Maternal Health

Historically, maternal mortality in the United States has been a key indicator of the overall health of a population. Maternal mortality reflects the whole health system, and illustrates the socio-cultural, political, and economic philosophy of society. Over the past two decades, the United States maternal mortality rate has not improved while maternal mortality rates have decreased for other regions of the world. Significant racial and ethnic disparities persist in both the rate of women in the United States who die due to complications of pregnancy or delivery and the rate that women experience negative health consequences due to unexpected pregnancy or childbirth outcomes.¹²³

Exhibit 166: Maternal Fatalities

Per 100,000 Births Per 1,000 Delivery Hospitalizations	Volusia County	White	Black / African American	Other Race
Maternal Deaths	48.6	36.0	41.2	ND
Severe Maternal Morbidity	17.3	14.2	28.0	21.8

Source: Florida Department of Health. Bureau of Vital Statistics, 2018-2020

Exhibit 167: Prenatal Care

	Volusia County	White	Black / African American	Other Race	Hispanic	Non- Hispanic
Births with First Trimester Prenatal Care	78.3%	80.5%	69.5%	ND	77.5%	78.6%
Births with No Prenatal Care	2.6%	2.3%	3.8%	ND	1.7%	2.8%

Source: Florida Department of Health. Bureau of Vital Statistics, 2018-2020

- Black / African American mothers are less likely than Hispanic or White ones to have care in the first trimester of their pregnancies, and first trimester care for Hispanic mothers falls short of that for White mothers as well.
- Mothers identifying as Hispanic are the most likely to receive prenatal care during their pregnancy, and Black / African American mothers are the most likely to give birth having had no prenatal care.

¹²³ United States Commission on Civil Rights 2021 Statutory Enforcement Report, Racial Disparities in Maternal Health.

Black/African American mothers in Volusia County are more likely to be obese at the time of pregnancy than Hispanic mothers and White mothers are least likely. Births to unwed mothers occur at a higher rate for Black/African American mothers than Hispanic mothers. White mothers experience the lowest rate.

Exhibit 168: Maternal Characteristics

	Volusia County	White	Black / African American	Other Race	Hispanic	Non-Hispanic
Repeat Births to Mothers Ages 15-19	12.3%	12.0%	13.8%	ND	12.0%	12.4%
Births to Unwed Mothers, Ages 15-19	93.9%	92.4%	97.3%	ND	91.0%	94.8%
Births to Unwed Mothers, Ages 20-44	50.6%	46.1%	75.8%	ND	52.8%	50.1%
Births to Mothers Who Are Underweight at Time Pregnancy Occurred ¹²⁴	4.3%	4.2%	3.6%	ND	3.5%	4.5%
Births to Mothers Who Are Overweight at Time Pregnancy Occurred ¹²⁵	25.6%	25.7%	26.1%	ND	26.7%	25.4%
Births to Mothers who are Obese at Time Pregnancy Occurred ¹²⁶	28.5%	27.1%	37.0%	ND	33.9%	27.2%
Births with Inter-Pregnancy Interval ¹²⁷	34.2%	33.9%	35.3%	ND	33.7%	34.3%

Source: Florida Department of Health. Bureau of Vital Statistics, 2018-2020

¹²⁴ BMI <18.5

¹²⁵ BMI 25.0-29.9

¹²⁶ BMI >= 30

¹²⁷ < 18 Months

Rates for preterm birth and low birth weight are highest among Black / African American infants.

Exhibit 169: Infant Characteristics

	Volusia County	White	Black / African American	Other Race	Hispanic	Non-Hispanic
Preterm Births ¹²⁸	9.8%	9.2%	12.6%	ND	9.4%	9.9%
Very Low Birthweight Infants Born in Subspecialty Perinatal Centers	82.1%	80.3%	83.9%	ND	85.7%	81.4%
Low Birthweight ¹²⁹	8.2%	7.2%	13.2%	ND	6.8%	8.6%
Very Low Birthweight ¹³⁰	1.4%	1.1%	2.6%	ND	1.0%	1.5%

Source: Florida Department of Health. Bureau of Vital Statistics, 2018-2020

Exhibit 170: Fetal & Infant Fatalities

Per 1,000 Deliveries	Volusia County	White	Black / African American	Other Race	Hispanic	Non-Hispanic
Fetal Deaths	6.5	5.3	11.4	ND	5.5	6.6
Infant Deaths	5.6	5.2	6.6	ND	4.4	5.5
Sudden Unexpected Infant Deaths	1.0	1.0	1.2	ND	1.1	0.9

Source: Florida Department of Health. Bureau of Vital Statistics, 2018-2020

- Black / African American mothers experience a fetal death rate (11.4) that is more than double that of White (5.3) or Hispanic (5.5) mothers.
- The rate for infant deaths is lowest for those identifying as Hispanic, and highest for those identifying as Black / African American.

¹²⁸ < 37 Weeks Of Gestation

¹²⁹ <2500 Grams

¹³⁰ < 1500 Grams

Needs Prioritization Process – Volusia County

Background

The Volusia County needs prioritization process was robust. The process began by recruiting leaders (i.e., the “Prioritization Group”) with the insight and experience to help rank-order a diverse set of community needs. Group members participated in a validated process¹³¹ to refine a final list of prioritized community needs. People invited to participate in the Prioritization Group include the following:

Name	Title	Organization
Carrie Baird	CEO	Flagler Cares/One Voice for Volusia
Amanda Lasecki	Vice President of Operations	United Way of Volusia-Flagler Counties
Courtney Edgcomb	President	United Way of Volusia-Flagler Counties
Nicole Sharbono	Senior Vice President Clinical Services	SMA Healthcare
Ethan Johnson	Assistant County Health Department Director	Department of Health in Volusia County
Robin King	CEO	CareerSource Flagler Volusia
DJ Lebo	CEO	Early Learning Coalition of Flagler and Volusia
Debi McNabb	Community Benefit Director	AdventHealth CFD-North
Mamie Oatis	Community Director	Food Brings Hope
Jeff White	Executive Director	Volusia/Flagler Coalition for the Homeless
Danyell Wilson-Howard, PhD	Associate Professor & Project Lead; Health Disparities Liaison	Bethune-Cookman University Department of Health in Volusia County
Ida Babazadeh	Community Health Program Manager	AdventHealth CFD-North
David Weis	CEO	AdventHealth DeLand
Kelvin Miller	General Manager	Votran
Mike Delahanty	Detective	New Smyrna Beach Police Department
Kelly Amy	Manager of Strategic Partnerships	Volusia County Schools
Dona Butler	Director of Community Services	County of Volusia

¹³¹ For reference: [Link to peer-reviewed summary of the Delphi Method](#)

Group members participated in a three-stage process to review, rank-order, and share insight regarding the final set of prioritized needs. First, they were provided a Prioritization Process Summary document that provided a substantial cadre of data and CHA research results that supported the list of approximately 50 needs included in the prioritization process. The prioritization process is further described below.

Prioritization process approach. The process consists of three “rounds.”

1. **Round 1:** The first step asked group members to evaluate a list of needs (via an online survey) derived from primary and secondary research (included in the appendices), and it asked for comments about each of the needs.
2. **Round 2:** The second step also asked participants to evaluate the same or similar list of needs, but on it, they saw colleagues’ comments from the “Round 1” survey. The purpose is to provide additional insight to respondents when making the evaluation of each of the needs.
3. **Round 3:** The third step was conducted in an in-person meetings in April 2022. During the meeting, participants discussed the results of the first two rounds of the prioritization process, identified anything that may have been missed, reviewed a consolidated list of five core community needs. Note that each of the top 15 high-priority community needs was nested within five core needs.

Primary and secondary research. The needs included in the prioritization process were derived from the extensive secondary and primary research described below.

- **Secondary research:** Secondary research includes extensive amounts of data analysis of information collected from the US Census Bureau; sites providing information on poverty and other Social Determinants of Health measures; FLHealthCHARTS (e.g., disease incidence, morbidity, and mortality data); and many other validated data sources.
- **Primary research:** This includes a ***community survey*** with approximately 1,700 responses, results from ***qualitative research*** (i.e., approximately 50 in-depth stakeholder interviews, and results from 13 focus groups).

Direct linkage between the “needs” and data and other research. Each need in the prioritization process directly links to data observations and/or qualitative feedback. After each of the three major research tasks – data analysis, community survey, and qualitative research – a list of granular needs or supporting data was created (and appended to this summary). Duplicates were removed and similar needs were combined. The resulting list of needs represents the items group members were asked to evaluate in the Prioritization Process.

High-level Needs Across Both Counties: The prioritization process results identified five core needs. The needs are the same for both Flagler and Volusia counties, however. The five core needs include the following:

1. **Address infrastructure, housing, and the impact of growth**
2. **Expand health care system capacity**
3. **Enhance mental health (including substance use disorder) outreach and treatment**
4. **Refine primary care and specialized medical care (e.g., chronic conditions) process of care – addressing leading causes of death**
5. **Streamline access to care**

Volusia County – Initial List of Needs

The full list of the high-priority needs includes the following:

1. Access to affordable, quality housing.
2. Affordable housing for “cost-burdened” homeowners and renters.
3. Quality, affordable childcare.
4. Childcare services for special needs children.
5. Recruiting and retaining mental health providers.
6. Mental health outpatient services for children under age 18.
7. Workforce needs and labor supply.
8. Initiatives supporting households in poverty.
9. Improve mental health and substance use disorder transition care for inmates being released from jail.
10. Substance use disorder treatment programs.
11. Systems to improve the ability of schools, the justice system, health care providers, and public health departments to safely share information.
12. Outpatient medical and mental health care services for children with special needs.
13. Increase the percentage of people who have health insurance.
14. Behavioral health initiatives to prevent suicide among targeted populations (e.g., youth).
15. Mental health outpatient services for adults.

Access to nutritious, affordable food¹³²

Additional services to address cancer, heart disease, and diabetes¹³³

Nested within the five core needs, the final list of Volusia County community needs include the following. Note that the numbered needs refer to the rank-order with the overall priority shown above.

¹³² **Note:** Needs marked by “##” indicate that Prioritization Group members added the item to the original list of 15 granular needs.

¹³³ **Note:** Needs marked by “##” indicate that Prioritization Group members added the item to the original list of 15 granular needs.

Address infrastructure, housing, and the impact of growth

1. Access to affordable, quality housing (Affects recruitment and retention of providers, as well as access to free or low-cost health care for families)
2. Affordable housing for “cost-burdened” homeowners and renters

Expand health care system capacity

7. Workforce needs and labor supply
4. Mental health outpatient services for adults

Enhance mental health (including substance use disorder) outreach and treatment

6. Mental health outpatient services for children under age 18
9. Improve mental health and substance use disorder transition care for inmates being released from jail
10. Substance use disorder treatment programs.
12. Outpatient medical and mental health care services for children with special needs
14. Behavioral health initiatives to prevent suicide among targeted populations (e.g., youth)

Five Core Needs

1. Address infrastructure, housing, and the impact of growth
2. Expand health care system capacity
3. Enhance mental health (including substance use disorder) outreach and treatment
4. Refine primary care and specialized medical care (e.g., chronic conditions) process of care – addressing leading causes of death
5. Streamline access to care

Refine primary care and specialized medical care (e.g., chronic conditions) process of care – addressing leading causes of death

- ## Maintaining and refining system addressing heart disease, cancer, and unintentional injuries¹³⁴
- ## Access to nutritious, affordable food¹³⁵
11. Systems to improve the ability of schools, the justice system, health care providers, and public health departments to safely share information.
 13. Increase the percentage of people who have health insurance

Streamline access to care

3. Quality, affordable childcare
4. Childcare services for special needs children
8. Initiatives supporting households in poverty

¹³⁴ **Note:** Needs marked by “##” indicate that Prioritization Group members added the item to the original list of 15 granular needs.

¹³⁵ **Note:** Needs marked by “##” indicate that Prioritization Group members added the item to the original list of 15 granular needs.

Final List of Prioritized Needs

As a final, county-level validation of the prioritized needs, more than 30 representatives from Flagler County and Volusia County assembled on May 5, 2022. The purpose of the meeting was to review and categorize the final, prioritized list of needs in a format that would facilitate the development of Community Health Improvement Plan (CHIP) strategies, hospital Implementation Plan (IP) activities, and other functions designed to address high need issue. As a result of the meeting, the final list of core needs and granular community issues was developed and is displayed below.

During the joint-county prioritization review, participants energetically discussed the results of the CHA research and resolved a list of three “Priority Health Issues” and subordinate lists of “Priority Components” for each county. The three “Priority Health Issues” are listed below:

- Access to Behavioral Health Services (with subcategories: Adult Mental Health, Adult Substance Use, Youth Mental Health, Youth Substance Use, Issues specific to older adults ages 75+)
- Economic and Social Barriers
- System Infrastructure

As noted, joint-county prioritization participants worked to provide granular insight to each of the Priority Health Issues by county. The results of their final prioritization work for Volusia County are shown below.

Access to Behavioral Health Services

- Mental health outpatient services for adults
- Substance use disorder treatment programs
- Improve mental health and substance use disorder transition care for inmates being released
- Outpatient medical and mental health care services for children with special needs
- Mental health outpatient services for children under 18
- Behavioral health initiatives to prevent suicide among target populations (e.g., youth)

Economic and Social Barriers

- Access to affordable, quality housing
- Affordable housing for “cost-burdened” homeowners and renters
- Workforce needs and labor supply
- Initiatives supporting households in poverty
- Quality, affordable childcare
- Childcare services for special needs children
- Increase the percentage of people who have health insurance

System Infrastructure

- Systems to improve the ability of schools, the justice system, health care providers, and public health departments to safely share information
- Systemic barriers to health insurance

Appendices

Appendices presented in this section include the following:

- Appendix 1: Supplementary Data Tables
- Appendix 2: Flagler and Volusia Asset Inventories
- Appendix 3: Stakeholder Interview Guide
- Appendix 4: Focus Group Discussion Moderator’s Guide
- Appendix 5: Online Survey Templates
- Appendix 6: Prioritization Survey Templates

Appendix 1: Supplementary Data Tables

The percent of those who speak a language other than English as their primary language is approximately half of the statewide average, with Spanish and “Other Indo-European Languages” comprising the largest categories in Flagler County (6.7%, 6.5%, respectively). In Volusia County, Spanish is the language most spoken other than English, followed also by “Other Indo-European Languages” (10.0%, 2.3%, respectively). Of those whose primary language is other than English, half consider themselves to speak English “less than very well”.

Exhibit 171: Spoken Languages Other Than English

	United States	Florida	Flagler County	Volusia County
English only	78.0%	69.7%	85.0%	86.1%
Language other than English	22.0%	30.3%	15.0%	13.9%
Speak English “less than very well”	8.2%	12.0%	7.2%	3.5%
Spanish	13.5%	22.5%	6.7%	10.0%
Speak English “less than very well”	5.2%	9.4%	2.8%	2.3%
Other Indo-European languages	3.7%	5.5%	6.5%	2.3%
Speak English “less than very well”	1.1%	1.7%	3.6%	0.6%
Asian and Pacific Islander languages	3.6%	1.6%	1.6%	1.1%
Speak English “less than very well”	1.6%	0.7%	0.7%	0.4%
Other languages	1.2%	0.7%	0.2%	0.5%
Speak English “less than very well”	0.3%	0.2%	0.0%	0.1%

Source: United States Census Bureau. American Community Survey Five-Year Estimates, 2015-2019

Florida's high school graduation rate is the percentage of students who graduated within four years of their initial enrollment in ninth grade, not counting deceased students or students who transferred out to attend another public school outside the system, a private school, a home education program, or an adult education program. Incoming transfer students are included in the appropriate cohort (the group whose progress is tracked) based on their grade level and year of entry.

Exhibit 172: High School Graduation Rate

Florida	Flagler County	Volusia County
91.7%	93.5%	91.1%

Source: Florida Department of Health Bureau of Community Health Assessment Division of Public Health Statistics and Performance Management School-aged Child and Adolescent Profile, 2019

The rate of housing units lacking fundamental utilities is similar in Flagler and Volusia counties to the statewide averages. Households with no vehicles available is notably lower in Flagler County than the Florida average.

Exhibit 173: Housing Units Lacking Fundamental Utilities

2019, Occupied Housing Units	United States	Florida	Flagler County	Volusia County
No complete plumbing facilities	0.4%	0.3%	0.2%	0.2%
No complete kitchen facilities	0.8%	0.7%	0.8%	0.7%
No telephone service available	1.9%	2.2%	ND	1.9%
No vehicles available	8.6%	6.3%	3.3%	6.0%

Source: U.S. Census Bureau, American Community Survey. One-Year Estimates Subject Tables 2019

Exhibit 174: Population Commuting to Work

2019	United States	Florida	Flagler County	Volusia County
Car, truck, or van – drove alone	75.9%	78.1%	78.4%	79.6%
Car, truck, or van – carpooled	8.9%	9.1%	10.1%	7.3%
Public transportation (excluding taxicab)	5.0%	1.6%	0.2%	0.9%
Walked	2.6%	1.6%	0.3%	1.5%
Other means	1.9%	2.6%	1.8%	3.0%
Worked from home	5.7%	7.0%	9.2%	7.7%

Source: U.S. Census Bureau, American Community Survey. One-Year Estimates Subject Tables, 2019

Exhibit 175: Population Commuting to Work

2019	United States	Florida	Flagler County	Volusia County
Minutes	27.6	28.4	27.3	26.1

Source: U.S. Census Bureau, American Community Survey. One-Year Estimates Subject Tables, 2019

While Flagler County shows lower than national and state average rates for those cost burdened in the 30% – 35% category, both Flagler and Volusia counties have higher than national and state averages for extreme cost burden among renters (those paying more than 35% of their income towards rent).

Exhibit 176: Cost Burdened Renters

	United States	Florida	Flagler County	Volusia County
Occupied units paying rent	40,366,338	2,496,946	9,297	58,879
30.0 to 34.9%	9.1%	9.6%	7.6%	8.2%
35.0% or more	40.5%	46.7%	47.1%	48.4%

Source: United States Census Bureau. American Community Survey Five-Year Estimates, 2015-2019

Exhibit 177: Cost Burdened Homeowners

	United States	Florida	Flagler County	Volusia County
Housing unit without a mortgage	28,463,029	2,141,940	14,993	69,803
30.0 to 34.9%	2.9%	3.2%	2.9%	3.0%
35.0% or more	10.6%	12.4%	10.7%	12.1%

Source: United States Census Bureau. American Community Survey Five-Year Estimates, 2015-2019

- Florida has overall higher rates of cost burden among homeowners than national averages. The rates for the two-county area are slightly lower than statewide averages for both categories of cost burden among homeowners.

POPULATION LIVING WITH A DISABILITY

Disability rates among very young children track closely between national, statewide and Volusia County, with some difference among types of disability.

Exhibit 178: Under 5 Years Old Living with a Disability by Disability Type

	United States	Florida	Flagler County	Volusia County
Total Population Under 5	0.7%	0.7%	0.0%	0.7%
Hearing Difficulty	0.5%	0.6%	0.0%	0.0%
Vision Difficulty	0.4%	0.3%	0.0%	0.5%
Cognitive Difficulty	ND	ND	NA	NA
Ambulatory Difficulty	ND	ND	NA	NA
Self-Care Difficulty	ND	ND	NA	NA
Independent Living Difficulty	ND	ND	NA	NA

Source: United States Census Bureau. American Community Survey Five-Year Estimates, 2015-2019

Exhibit 179: Ages 5 to 17 Living with a Disability by Type

	United States	Florida	Flagler County	Volusia County
Population 5 to 17	5.6%	5.8%	4.7%	6.4%
Hearing Difficulty	0.6%	0.6%	1.2%	0.5%
Vision Difficulty	0.9%	0.8%	0.3%	0.9%
Cognitive Difficulty	ND	ND	ND	ND
Ambulatory Difficulty	ND	ND	ND	ND
Self-Care Difficulty	ND	ND	ND	ND
Independent Living Difficulty	ND	ND	ND	ND

Source: United States Census Bureau. American Community Survey Five-Year Estimates, 2015-2019

- For children ages five to 17, Volusia County reports higher than state and national averages for disabilities (6.4%, compared to Florida's 5.8%), though the reporting of specific disabilities accounts for only 1.5%.
- While Flagler County's overall rate is lower than state and national averages (4.7%) and half the statewide rate for vision difficulties, it reports double the statewide average for hearing difficulties among five- to 17-year-olds.

CHRONIC DISEASES

While cancer prevalence has generally had only minor fluctuations in each adult age bracket between 2013 and 2019, the rate has more than doubled for those in the 45 to 64 bracket in Volusia County.

Exhibit 180: Adult Cancer Prevalence by Age

	Florida			Flagler County			Volusia County		
	18 - 44	45 - 64	65 +	18 - 44	45 - 64	65 +	18 - 44	45 - 64	65 +
2013	2.6%	5.9%	18.8%	2.0%	9.2%	18.0%	1.8%	6.7%	17.6%
2016	2.0%	6.8%	17.6%	3.3%	11.9%	19.9%	0.0%	7.6%	15.3%
2019	1.5%	7.7%	18.5%	1.0%	8.2%	19.6%	1.4%	15.3%	17.7%

Source: Florida Behavioral Risk Factor Surveillance System

Exhibit 181: Adult Cancer Prevalence by Gender

	Florida		Flagler County		Volusia County	
	Men	Women	Men	Women	Men	Women
2013	6.7%	8.4%	9.1%	10.5%	7.6%	9.1%
2016	6.8%	8.1%	11.0%	15.8%	6.6%	8.6%
2019	7.6%	8.4%	11.1%	9.7%	11.4%	10.4%

Source: Florida Behavioral Risk Factor Surveillance System

Exhibit 182: Adult Cancer Prevalence by Income

	Florida			Flagler County			Volusia County		
	<\$25,000	\$25,000 - \$49,000	\$50,000+	<\$25,000	\$25,000- \$49,000	\$50,000+	<\$25,000	\$25,000 - \$49,000	\$50,000 +
2013	7.0%	8.2%	7.4%	7.6%	10.1%	10.6%	10.4%	8.3%	7.2%
2016	8.3%	7.2%	6.5%	18.2%	12.2%	12.6%	10.1%	7.7%	5.7%
2019	8.9%	8.9%	7.3%	9.2%	9.1%	10.9%	11.3%	12.6%	11.8%

Source: Florida Behavioral Risk Factor Surveillance System

- Statewide cancer trends show women having a higher prevalence than men, and while the 2013 and 2016 data reflect this in the two-county area, the most recent figures (from 2019) indicate higher prevalence rates for men than women in both Flagler and Volusia counties.¹³⁶
- Unlike statewide reporting and historical trends within each county where those in the lowest income categories show higher prevalence of cancer, the most recent figures (from 2019) show those with incomes \$50,000 and above with the highest prevalence rates in both Flagler and Volusia counties.

¹³⁶ The source data is described in binary terms, which does not account for or reflect the diversity of gender identifications and expressions. This limitation should be considered in this and all gender-based data tables that follow.

Reported rates of cancer in each of the geographies described are notably higher (often more than double) for Non-Hispanic White residents than Non-Hispanic Black and Hispanic residents. Rates of breast cancer have risen statewide, as well as in the two-county area. While there have been fluctuations from year to year, the overall trend has been upward from 2008 to 2018. Lung cancer rates in Florida and Flagler County have generally decreased between 2008 and 2018. Volusia County's trajectory has been more variable, with recent reporting (2017 and 2018) higher than many of the previous years, though slightly lower than the 2008 figures.

Exhibit 183: Adult Cancer Prevalence by Race & Ethnicity

	Florida			Flagler County			Volusia County		
	Non-Hispanic White	Non-Hispanic Black	Hispanic	Non-Hispanic White	Non-Hispanic Black	Hispanic	Non-Hispanic White	Non-Hispanic Black	Hispanic
2002	10.0%	4.3%	4.2%	12.0%	ND	ND	9.3%	5.6%	8.9%
2007	9.5%	4.7%	4.6%	15.3%	9.2%	ND	9.0%	2.8%	1.5%
2010	10.8%	3.8%	4.7%	11.2%	4.8%	6.4%	12.9%	4.1%	4.2%

Source: Florida Behavioral Risk Factor Surveillance System

Exhibit 184: Breast Cancer Incidence

Per 100,000	Florida	Flagler County	Volusia County
2018	123.4	120.7	125.2
2017	118.4	116.9	130.1
2016	121.8	117.6	119.8
2015	118.3	113.8	114.4
2014	118.0	107.9	114.5
2013	117.5	118.2	108.3
2012	116.6	123.6	111.2
2011	114.3	127.4	110.3
2010	112.4	69.2	102.5
2009	116.1	133.8	112.6
2008	116.9	99.2	113.8

Source: University of Miami Medical School, Florida Cancer Data System

Exhibit 185: Lung Cancer Incidence

Per 100,000	Florida	Flagler County	Volusia County
2018	55.9	56.6	74.7
2017	56.4	68.8	77.0
2016	57.5	60.5	61.3
2015	57.0	67.1	67.8
2014	59.5	65.0	72.0
2013	60.7	79.4	71.0
2012	62.8	59.6	75.7
2011	61.6	61.7	71.8
2010	63.4	61.9	67.2
2009	65.5	59.0	69.3
2008	67.0	64.5	76.0

Source: University of Miami Medical School, Florida Cancer Data System

Skin cancer rates have risen by a wide margin in Flagler and Volusia counties, and the state as a whole. The reported rate for Flagler County in 2018 is more than double the rate from 2008.

Exhibit 186: Skin Cancer (Melanoma) Incidence

Per 100,000	Florida	Flagler County	Volusia County
2018	25.3	53.6	27.1
2016	25.5	36.4	22.9
2015	24.8	45.2	29.1
2014	25.0	56.0	28.0
2013	24.1	38.3	24.5
2012	23.1	53.8	27.3
2011	21.2	41.6	26.0
2010	21.5	46.9	19.5
2009	17.0	10.8	18.1
2008	17.8	24.1	17.0

Source: University of Miami Medical School, Florida Cancer Data System

HEART DISEASE

Volusia County seniors report higher incidence of having ever been told they have heart disease than Florida seniors on average. Flagler County seniors report lower than statewide averages. However, Flagler County rates are more than double the state averages for adults in the 18 – 44 and 45 – 64 age brackets. Unlike typical trends, Flagler County seniors are less likely (in the 2019 survey) than their younger counterparts to report having ever been told they have heart disease.

Exhibit 187: Adults Ever Told they Have Heart Disease by Age

	Florida			Flagler County			Volusia County		
	18 - 44	45 - 64	65 +	18 - 44	45 - 64	65 +	18 - 44	45 - 64	65 +
2013	0.9%	5.1%	12.3%	0.8%	4.2%	11.3%	2.6%	4.8%	11.3%
2016	1.0%	4.7%	11.1%	2.6%	7.9%	10.3%	0.0%	7.6%	14.7%
2019	0.4%	4.4%	11.0%	0.9%	10.0%	9.4%	0.2%	4.8%	13.5%

Source: Florida Behavioral Risk Factor Surveillance System

Exhibit 188: Adults Ever Told they Have Heart Disease by Gender

	Florida		Flagler County		Volusia County	
	Men	Women	Men	Women	Men	Women
2013	6.3%	3.8%	9.2%	1.9%	6.8%	4.7%
2016	5.7%	3.9%	11.8%	5.2%	8.9%	6.2%
2019	5.8%	3.6%	3.9%	9.5%	8.2%	3.4%

Source: Florida Behavioral Risk Factor Surveillance System

Exhibit 189: Adults Ever Told they Have Heart Disease by Income

	Florida			Flagler County			Volusia County		
	<\$25,000	\$25,000 - \$49,000	\$50,000 +	<\$25,000	\$25,000 - \$49,000	\$50,000 +	<\$25,000	\$25,000 - \$49,000	\$50,000 +
2013	6.8%	4.9%	3.8%	5.0%	3.4%	5.0%	8.1%	8.8%	2.1%
2016	6.9%	4.8%	3.3%	6.1%	7.3%	6.4%	12.7%	7.4%	3.9%
2019	6.2%	4.5%	3.5%	9.8%	6.0%	7.5%	5.5%	5.4%	5.0%

Source: Florida Behavioral Risk Factor Surveillance System

- Generally, men are more likely than women to report having ever been told they have heart disease. However, the 2019 survey indicates women in Flagler County being nearly 2.5 times more likely. While the Behavioral Risk Factor Surveillance System survey is a snapshot in time, rates in the two-county area seem to generally trend higher than state averages.
- For the state as a whole, there is a clear and consistent trend showing higher rates of heart disease as incomes decrease (from the \$50,000+ to the <\$25,000 categories). This pattern is not as consistent in the two-county area, as seen in the data below.

Statewide, Hispanic residents are the least likely to report having ever been told they have heart disease, followed by Non-Hispanic Black residents, with Non-Hispanic White residents reporting the highest likelihood. In both Flagler and Volusia counties, the most recent reporting (2019) has Non-Hispanic Black residents with the highest rates. Overall rates for residents identifying as Non-Hispanic Black or Hispanic are notably higher in the area than Florida as a whole.

Exhibit 190: Adults Ever Told they Have Heart Disease by Race & Ethnicity

	Florida			Flagler County			Volusia County		
	Non-Hispanic White	Non-Hispanic Black	Hispanic	Non-Hispanic White	Non-Hispanic Black	Hispanic	Non-Hispanic White	Non-Hispanic Black	Hispanic
2013	6.5%	4.2%	2.5%	6.5%	ND	ND	5.4%	11.5%	6.0%
2016	5.9%	3.2%	2.8%	8.5%	7.6%	ND	8.6%	2.8%	3.3%
2019	5.9%	3.9%	1.8%	6.5%	9.2%	6.2%	6.1%	7.4%	3.6%

Source: Florida Behavioral Risk Factor Surveillance System

ASTHMA

Younger adults (ages 18 to 44) are more likely than other age brackets to have ever been told they have asthma. While most 2019 figures for the two-county area track state averages, older adults in Flagler County report notably lower asthma rates than seniors in Florida statewide.

Exhibit 191: Adults Who Have Ever Been Told They Had Asthma by Age

	Florida			Flagler County			Volusia County		
	18 - 44	45 - 64	65 +	18 - 44	45 - 64	65 +	18 - 44	45 - 64	65 +
2013	14.8%	13.9%	11.0%	13.0%	7.9%	10.2%	22.4%	13.6%	10.3%
2016	12.3%	11.0%	9.0%	13.2%	5.6%	8.1%	17.3%	14.0%	10.1%
2019	14.2%	12.9%	10.5%	15.6%	14.3%	7.3%	14.6%	11.8%	9.6%

Source: Florida Behavioral Risk Factor Surveillance System

Exhibit 192: Adults Who Have Ever Been Told They Had Asthma by Gender

	Florida		Flagler		Volusia	
	Men	Women	Men	Women	Men	Women
2013	11.5%	15.5%	6.5%	13.8%	14.2%	17.4%
2016	9.8%	12.2%	7.2%	9.0%	10.6%	16.5%
2019	10.1%	15.2%	10.2%	13.5%	10.2%	14.0%

Source: Florida Behavioral Risk Factor Surveillance System

Exhibit 193: Adults Who Have Ever Been Told They Had Asthma by Income

	Florida			Flagler			Volusia		
	< \$25,000	\$25,000 - \$49,000	\$50,000+	< \$25,000	\$25,000 - \$49,000	\$50,000+	< \$25,000	\$25,000 - \$49,000	\$50,000+
2013	18.5%	12.1%	10.5%	16.0%	12.6%	5.2%	21.2%	15.4%	12.0%
2016	13.6%	10.7%	10.3%	13.2%	6.0%	8.7%	16.3%	8.5%	13.6%
2019	17.8%	12.3%	11.0%	13.7%	12.4%	12.9%	16.8%	13.3%	7.9%

Source: Florida Behavioral Risk Factor Surveillance System

- Those in the lowest income bracket consistently report the highest rates of ever having been told they have asthma. Rates among those with incomes below \$25,000 are similar in Volusia County to state averages, and somewhat lower in Flagler County than state averages. Those in Volusia County with incomes greater than \$50,000 report notably lower than average rates relative to their counterparts statewide and their own rates in previous years.
- In both Flagler and Volusia counties, and in Florida statewide, women report higher levels of having ever been told they have asthma. While there are variations between the reporting years in terms of the spread of difference, the trend has been consistent.

Asthma rates are different among racial and ethnic groups. In the two-county area, rates are highest among Hispanic residents. In Flagler County, a Hispanic resident is more than 2.5 times as likely as a Non-Hispanic White resident to report having ever been told they have asthma.

Exhibit 194: Adults with Asthma by Race & Ethnicity

	Florida			Flagler			Volusia		
	Non-Hispanic White	Non-Hispanic Black	Hispanic	Non-Hispanic White	Non-Hispanic Black	Hispanic	Non-Hispanic White	Non-Hispanic Black	Hispanic
2013	13.2%	14.2%	14.6%	7.0%	ND	ND	13.9%	33.1%	24.2%
2016	10.7%	11.7%	11.8%	8.5%	10.1%	ND	13.1%	18.0%	19.9%
2019	12.3%	14.2%	13.8%	10.3%	9.6%	25.1%	11.0%	14.3%	16.2%

Source: Florida Behavioral Risk Factor Surveillance System

HYPERTENSION

Consistent with statewide figures, the likelihood of having ever been told they have hypertension is higher with age. In every age bracket, there has been an overall rise in rates over time.

Exhibit 195: Adults Who Have Ever Been Told They Have Hypertension by Age

	Florida			Flagler County			Volusia County		
	18 - 44	45 - 64	65 +	18 - 44	45 - 64	65 +	18 - 44	45 - 64	65 +
2002	11.8%	33.3%	53.1%	8.4%	26.1%	56.4%	10.9%	29.8%	48.9%
2007	11.6%	33.9%	53.5%	19.9%	35.9%	54.3%	12.7%	31.3%	56.4%
2010	13.2%	36.8%	61.7%	17.3%	47.8%	59.9%	12.4%	38.2%	63.9%
2013	13.8%	41.1%	62.8%	6.8%	35.6%	62.4%	15.7%	45.0%	66.0%
2019	12.4%	39.3%	58.7%	14.1%	43.0%	55.7%	17.4%	43.6%	64.8%

Source: Florida Behavioral Risk Factor Surveillance System

Exhibit 196: Adults Who Have Ever Been Told They Have Hypertension by Gender

	Florida		Flagler County		Volusia County	
	Men	Women	Men	Women	Men	Women
2002	28.8%	26.7%	36.8%	26.9%	29.0%	28.2%
2007	28.8%	27.6%	38.7%	32.2%	30.0%	30.1%
2010	36.5%	32.2%	48.0%	38.6%	37.2%	32.3%
2013	37.2%	32.1%	35.8%	34.6%	45.6%	34.7%
2019	36.2%	31.0%	40.5%	38.8%	47.7%	35.0%

Source: Florida Behavioral Risk Factor Surveillance System

Exhibit 197: Adults Who Have Ever Been Told They Have Hypertension by Income

	Florida			Flagler County			Volusia County		
	<\$25,000	\$25,000 - \$49,000	\$50,000 +	<\$25,000	\$25,000 - \$49,000	\$50,000 +	<\$25,000	\$25,000 - \$49,000	\$50,000 +
2002	34.0%	26.1%	21.5%	34.7%	28.7%	29.5%	31.9%	24.0%	23.1%
2007	35.3%	29.2%	23.2%	50.9%	33.8%	28.0%	37.8%	33.8%	23.1%
2010	42.5%	36.4%	28.0%	55.6%	41.6%	33.5%	35.8%	36.0%	34.5%
2013	37.5%	36.9%	30.7%	24.3%	45.5%	37.8%	39.2%	43.6%	35.2%
2019	37.9%	33.1%	30.3%	41.8%	37.8%	38.8%	47.4%	45.6%	32.1%

Source: Florida Behavioral Risk Factor Surveillance System

- In the two-county area, and in the state generally, men are more likely than women to report ever having been told they have hypertension. Rates for both men and women are higher in Flagler and Volusia counties than Florida on average.
- While hypertension rates are consistently higher in the lowest income bracket, rates are higher than state averages for those whose incomes are under \$50,000 in both Flagler and Volusia counties. Flagler County shows notably higher than state averages also for those whose incomes are \$50,000 and above.

According to the 2019 data, hypertension rates are generally highest among Non-Hispanic White residents. Statewide and in Flagler County, Hispanic residents report the lowest rates, yet in Volusia County, Hispanic hypertension rates are more in line with the rates for Non-Hispanic Black residents.

Exhibit 198: Adults Who Have Ever Been Told They Have Hypertension By Race & Ethnicity

	Florida			Flagler County			Volusia County		
	Non-Hispanic White	Non-Hispanic Black	Hispanic	Non-Hispanic White	Non-Hispanic Black	Hispanic	Non-Hispanic White	Non-Hispanic Black	Hispanic
2002	28.7%	32.2%	21.1%	32.5%	27.6%	ND	28.0%	ND	ND
2007	30.4%	32.5%	19.1%	36.5%	55.1%	ND	31.3%	ND	17.8%
2010	35.4%	41.7%	24.8%	41.5%	61.5%	ND	36.9%	27.8%	17.3%
2013	38.4%	33.7%	28.3%	34.7%	ND	ND	39.3%	48.7%	26.2%
2019	37.9%	35.9%	23.5%	41.3%	31.4%	25.4%	44.2%	33.8%	34.0%

Source: Florida Behavioral Risk Factor Surveillance System

Exhibit 199: Adults With Hypertension Who Take High Blood Pressure Medication

Florida	Flagler County	Volusia County
77.8%	79.3%	74.1%

Source: Florida Behavioral Risk Factor Surveillance System, 2019

Exhibit 200: Trend of Adults With Hypertension Who Take High Blood Pressure Medicine

	Percent of the Florida Population
2019	77.8%
2018	79.1%
2017	77.5%

Source: Florida Behavioral Risk Factor Surveillance System

Exhibit 201: Adults Who Have Ever Been Told They Had High Cholesterol

Florida	Flagler County	Volusia County
29.6%	35.6%	37.0%

Source: Florida Behavioral Risk Factor Surveillance System, 2019

- Fewer Volusia County residents and more Flagler County residents take blood pressure medication for hypertension than the Florida average.
- Those in Flagler and Volusia counties are more likely than the average Floridian to have ever been told they have high cholesterol. The usage of blood pressure medicine in Florida has remained relatively steady from 2017-2020.

SEXUAL HEALTH

The cumulative rates of various sexually transmitted diseases in Flagler County are notably lower than state averages. Volusia County also reports lower than state average rates – also notable, though not quite as dramatically different. Reported cases of HIV and AIDS are also lower in the two-county area than the state as a whole.

Exhibit 202: Sexually Transmitted Disease Cases

Per 100,000	Florida	Flagler County	Volusia County
Gonorrhea	172.5	87.9	141.9
Chlamydia	493.8	296.8	365.9
Syphilis	55.2	14.4	34.8

Source: Florida Department of Health, HIV/AIDS Section, 2018-2020

Exhibit 203: Reported Cases of HIV & AIDS

Per 100,000	Florida	Flagler County	Volusia County
HIV	20.0	12.9	13.5
AIDS	8.4	5.4	6.7

Source: Florida Department of Health, HIV/AIDS Section, 2018-2020

ADULT PREVENTATIVE HEALTH

Preventative screenings for women’s health happen less frequently in Flagler and Volusia counties than state averages. Women in Flagler County are 13% less likely than the average Florida woman to have received a pap test in the past year.

Exhibit 204: Past Year Preventative Screenings for Women

2016	Florida	Flagler County	Volusia County
Ages 40 + who received a mammogram	60.8%	53.8%	55.7%
Aged 18 + who received pap test	48.4%	35.4%	45.5%

Source: Florida Behavioral Risk Factor Surveillance, 2016

Exhibit 205: Preventative Screenings, Adults Aged 50 & Over

2016	Florida	Flagler County	Volusia County
Received a sigmoidoscopy or colonoscopy in the past five years	53.9%	55.6%	56.5%
Received a stool blood test in past year	16.0%	40.2%	36.8%

Source: Florida Behavioral Risk Factor Surveillance System, 2016

- Rates for sigmoidoscopy and colonoscopies are slightly higher in the two-county area than the state average, while the percentage of those who received a stool blood test in the past year surpasses the state average by a wide margin.

DENTAL CARE

Those age 45 and over in Volusia County are less likely than their Florida peers to have visited a dentist in the past year. In Flagler County, younger adults (ages 18 – 44) are less likely to have been to a dentist than the Florida average, while those 45 and over are more likely.

Exhibit 206: Adults Who Visited Dentist Past Year by Age

	Florida			Flagler County			Volusia County		
	18 - 44	45 - 64	65 +	18 - 44	45 - 64	65 +	18 - 44	45 - 64	65 +
2010	60.0%	66.1%	69.4%	53.5%	67.8%	69.3%	58.5%	60.8%	72.0%
2016	60.1%	62.6%	68.4%	51.7%	73.6%	72.5%	61.0%	54.0%	63.6%

Source: Florida Behavioral Risk Factor Surveillance System

Exhibit 207: Adults Who Visited Dentist Past Year by Gender

	Florida		Flagler County		Volusia County	
	Men	Women	Men	Women	Men	Women
2010	64.0%	65.3%	60.6%	68.0%	59.9%	65.5%
2016	60.4%	65.5%	70.1%	67.8%	59.6%	58.9%

Source: Florida Behavioral Risk Factor Surveillance System

- Statewide, women are more likely to have visited the dentist in the past year. While that was true in the two-county area in 2010, it was not the case for either Flagler or Volusia County in 2016.

MENTAL HEALTH & SUBSTANCE USE DISORDER

While Florida shows a rising trend of adults reporting poor mental health from 2007 to 2019, trends have been less consistent in the two-county area. Younger adults in Volusia County reported notably higher than statewide average rates of poor mental health in the 2019 survey.

Exhibit 208: Adults Who Had Poor Mental Health 14 + Of Past 30 Days By Age

	Florida			Flagler County			Volusia County		
	18 - 44	45 - 64	65 +	18 - 44	45 - 64	65 +	18 - 44	45 - 64	65 +
2007	11.1%	10.8%	5.5%	15.4%	13.7%	5.6%	17.6%	17.5%	5.5%
2010	12.7%	13.5%	7.4%	21.7%	15.0%	6.9%	17.0%	15.5%	7.2%
2013	12.6%	16.0%	8.4%	17.3%	12.6%	4.0%	17.0%	18.8%	6.9%
2016	12.5%	13.0%	7.3%	14.4%	11.9%	5.0%	15.7%	20.8%	9.7%
2019	15.6%	15.0%	9.7%	13.7%	19.5%	8.2%	22.8%	19.1%	8.4%

Source: Florida Behavioral Risk Factor Surveillance System

Exhibit 209: Adults Who Had Poor Mental Health 14 + Of Past 30 Days By Gender

	Florida		Flagler County		Volusia County	
	Men	Women	Men	Women	Men	Women
2007	8.1%	11.3%	10.5%	13.2%	10.4%	10.2%
2010	10.8%	12.8%	11.8%	13.9%	14.8%	14.4%
2013	10.9%	14.4%	13.3%	4.6%	17.4%	10.6%
2016	9.5%	13.2%	9.3%	6.9%	11.0%	9.3%
2019	11.4%	16.1%	10.8%	13.8%	13.8%	15.2%

Source: Florida Behavioral Risk Factor Surveillance System

Exhibit 210: Adults Who Had Poor Mental Health 14 + Of Past 30 Days by Income

	Florida			Flagler County			Volusia County		
	<\$25,000	\$25,000 - \$49,000	\$50,000 +	<\$25,000	\$25,000 - \$49,000	\$50,000 +	<\$25,000	\$25,000 - \$49,000	\$50,000 +
2007	16.1%	11.3%	5.7%	20.6%	12.5%	6.4%	17.5%	21.3%	5.6%
2010	22.7%	11.2%	6.1%	26.3%	18.0%	3.4%	25.6%	8.2%	8.2%
2013	20.1%	13.0%	6.7%	24.2%	8.4%	3.5%	23.6%	17.8%	7.1%
2016	17.8%	11.9%	7.6%	20.6%	7.6%	3.6%	29.3%	9.2%	8.6%
2019	20.9%	13.4%	9.3%	26.8%	11.8%	7.1%	23.4%	18.6%	11.9%

Source: Florida Behavioral Risk Factor Surveillance System

- Rates for 45- to 64-year-olds in Flagler and Volusia counties are also higher than state averages for 2019 (19.5% and 19.1%, respectively, compared to the statewide 15.0%).
- With some exceptions in the 2013 and 2016 data, women are tending to report poor mental health more than men, both in the two-county area and the state. The statewide data shows this gender disparity more consistently than does the county data.
- Those in the lowest income bracket (under \$25,000) were far more likely to report poor mental health than those in the next bracket (\$25,000-\$50,000). Those with incomes over \$50,000 report the lowest rates of poor mental health.

In Florida and both Flagler and Volusia counties, Non-Hispanic White residents are most likely to acknowledge or report poor mental health in the most recent surveys (2016 and 2019) than their Non-Hispanic Black or Hispanic counterparts. The reported rate of poor mental health among Non-Hispanic Black residents and Hispanic residents in each geography has been variable over time (where available).

Exhibit 211: Adults Who Had Poor Mental Health 14 + Of Past 30 Days by Race & Ethnicity

	Florida			Flagler County			Volusia County		
	Non-Hispanic White	Non-Hispanic Black	Hispanic	Non-Hispanic White	Non-Hispanic Black	Hispanic	Non-Hispanic White	Non-Hispanic Black	Hispanic
2007	9.1%	12.8%	10.2%	12.3%	16.1%	ND	13.3%	ND	25.5%
2010	11.5%	9.1%	14.7%	13.9%	11.4%	ND	12.8%	19.7%	14.0%
2013	11.9%	14.7%	13.1%	12.8%	ND	ND	13.6%	26.3%	14.6%
2016	12.2%	10.8%	9.9%	10.0%	11.0%	ND	14.8%	8.7%	25.1%
2019	15.0%	12.3%	12.5%	13.5%	16.2%	13.5%	19.7%	12.8%	9.0%

Source: Florida Behavioral Risk Factor Surveillance System

ALCOHOL USE

Younger adults in Volusia County report higher than statewide averages for heavy or binge drinking. For the same age group in Flagler County, averages are lower than those for Florida generally. Rates for heavy or binge drinking among those age 45 to 64 have generally been higher, across the state and in the area.

Exhibit 212: Adults Who Engage In Heavy or Binge Drinking By Age

	Florida			Flagler County			Volusia County		
	18 - 44	45 - 64	65 +	18 - 44	45 - 64	65 +	18 - 44	45 - 64	65 +
2002	21.9%	13.9%	8.8%	26.9%	12.3%	15.7%	24.2%	14.5%	14.6%
2007	21.6%	14.6%	7.7%	23.5%	17.4%	13.2%	29.6%	13.0%	4.8%
2010	20.9%	14.4%	6.8%	17.8%	13.7%	6.9%	22.2%	10.3%	6.5%
2013	24.2%	16.9%	7.2%	34.3%	19.7%	10.3%	25.6%	16.6%	8.9%
2016	23.1%	17.2%	8.7%	19.8%	16.1%	11.7%	24.3%	20.7%	7.9%
2019	24.5%	17.9%	9.1%	21.6%	16.6%	11.1%	29.9%	17.8%	10.2%

Source: Florida Behavioral Risk Factor Surveillance System

Exhibit 213: Adults Who Engage In Heavy or Binge Drinking By Gender

	Florida		Flagler County		Volusia County	
	Men	Women	Men	Women	Men	Women
2002	22.9%	10.8%	24.4%	12.3%	24.8%	12.5%
2007	20.3%	12.4%	24.6%	12.6%	23.1%	12.3%
2010	19.8%	10.5%	17.1%	8.6%	14.2%	14.0%
2013	23.4%	12.2%	30.0%	14.0%	24.5%	10.7%
2016	21.7%	13.7%	13.9%	15.3%	20.2%	15.9%
2019	21.2%	15.1%	16.7%	15.4%	26.0%	13.5%

Source: Florida Behavioral Risk Factor Surveillance System

Exhibit 214: Adults Who Engage In Heavy or Binge Drinking By Income

	Florida			Flagler County			Volusia County		
	<\$25,000	\$25,000 - \$49,000	\$50,000 +	<\$25,000	\$25,000 - \$49,000	\$50,000 +	<\$25,000	\$25,000 - \$49,000	\$50,000 +
2002	15.5%	15.6%	20.4%	10.6%	20.4%	22.2%	17.9%	18.5%	17.2%
2007	14.2%	14.7%	19.9%	10.1%	21.8%	20.4%	16.2%	20.0%	20.2%
2010	12.1%	13.4%	18.6%	15.4%	13.3%	12.1%	14.3%	9.0%	19.7%
2013	16.3%	17.9%	20.3%	24.1%	25.8%	22.8%	16.1%	17.5%	20.9%
2016	15.1%	17.7%	23.1%	15.4%	20.2%	14.3%	15.6%	16.4%	22.1%
2019	15.7%	18.1%	22.4%	16.0%	17.4%	18.4%	18.0%	18.1%	21.1%

Source: Florida Behavioral Risk Factor Surveillance System

Exhibit 215: Adults Who Engage In Heavy or Binge Drinking by Race & Ethnicity

	Florida			Flagler County			Volusia County		
	Non-Hispanic White	Non-Hispanic Black	Hispanic	Non-Hispanic White	Non-Hispanic Black	Hispanic	Non-Hispanic White	Non-Hispanic Black	Hispanic
2002	18.0%	9.1%	15.9%	19.7%	6.3%	ND	18.4%	ND	ND
2007	17.9%	10.9%	14.3%	17.6%	1.0%	ND	17.4%	ND	16.7%
2010	16.4%	8.2%	15.3%	14.1%	8.2%	ND	15.9%	7.6%	4.2%
2013	17.6%	14.0%	19.6%	20.5%	ND	ND	16.6%	20.6%	15.6%
2016	19.6%	12.3%	16.1%	14.4%	12.3%	ND	18.2%	17.0%	14.6%
2019	19.8%	14.3%	17.1%	16.7%	10.2%	ND	19.3%	27.2%	21.3%

Source: Florida Behavioral Risk Factor Surveillance System

Exhibit 216: Alcohol-Impaired Driving Deaths

Florida	Flagler County	Volusia County
22%	26%	22%

Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention and Florida Department of Health Division of Community Health Promotion, 2019

Exhibit 217: Alcohol-suspected Motor Vehicle Crashes

Per 100,000	Florida	Flagler County	Volusia County
Traffic Crashes	25.0	24.5	24.9
Crash Injuries	14.9	13.2	14.6
Traffic Crash Fatalities	2.0	3.5	3.0

Source: Florida Department of Highway Safety and Motor Vehicles 2017-2019

- Men report higher rates of heavy or binge drinking than women, though the margin of difference has had notable fluctuations between survey years.
- In Flagler and Volusia counties, and across Florida on average, those with incomes greater than \$50,000 are more likely to engage in heavy or binge drinking than those with lesser means. This trend has generally been consistent over time.
- In Flagler County and Florida as a whole, rates of heavy or binge drinking are consistently higher among Non-Hispanic White residents than Non-Hispanic Black or Hispanic residents (Florida only; no data is available on Hispanic excessive drinking in Flagler County).
- Volusia County shows rising trends of excessive drinking among Non-Hispanic Black and Hispanic residents, both of whom had higher rates than Non-Hispanic White residents in 2019. In two of the last three surveys, over 20% of Non-Hispanic Black residents in Volusia County reported engaging in heavy or binge drinking.
- Alcohol-suspected driving deaths were higher in Flagler County than state averages. In alcohol-suspected motor vehicle crashes, the two-county area has similar statistics as Florida on the whole.

OPIOID USE DISORDER

Overall, calls about opioid-related emergencies increased by nearly 15% in Volusia County from 2019 to 2020, while the statewide and Flagler County numbers decreased. Inverse from the disparity Poison Information Network calls, naloxone administration is notably higher in Flagler County, in total cases, than Volusia County. The proportion of naloxone administration prior to EMS is much lower in Volusia County than Florida or Flagler County averages.

Exhibit 218: Number of Poison Information Network Calls Related to Opioids

	Florida	Flagler County	Volusia County
2019	4,294	10	91
2020	2,362	8	104

Source: Florida Department of Health Bureau of Community Health Assessment. Division of Public Health Statistics and Performance Management Substance Use Dashboard

Exhibit 219: Naloxone Use

2020	Florida	Flagler County	Volusia County
Naloxone Administered	40,317	227	74
By Emergency Medical Service	30,751	231	68
Prior to Emergency Medical Service	6,662	46	6
Naloxone Administration Not Applicable/Not Recorded	2,904	0	0

Source: Florida Department of Health Bureau of Community Health Assessment. Division of Public Health Statistics and Performance Management Substance Use Dashboard, 2020

Exhibit 220: Opioid Prescribing Measures

2020	Florida	Flagler County	Volusia County
Number of Opioid Prescriptions Dispensed	15,688,088	98,598	519,734
Number of Unique Patients	2,946,131	19,337	92,950
Number of Unique Prescribers	87,061	2,890	7,265
Prescriptions Dispensed per Patient	5.3	5.1	5.6
Prescriptions Dispensed per Prescriber	180.2	34.1	571.5

Source: Florida Department of Health Bureau of Community Health Assessment. Division of Public Health Statistics and Performance Management Substance Use Dashboard, 2020

The number of beds indicates the number of adults (age 18 and over) who may receive substance abuse treatment on an in-patient basis. The number of beds indicates the number of adults (age 18 and over) who may receive substance abuse treatment on an in-patient basis. Substance Abuse Program Enrollees is a count of individuals ages 18 and older who are enrolled in substance abuse treatment services provided through a Department of Children and Family Services funded program.

Exhibit 221: Adult Substance Abuse Beds

Florida	Flagler County	Volusia County
366	0	4

Source: Florida Department of Health Bureau of Community Health Assessment. Division of Public Health Statistics and Performance Management Substance Use Dashboard, 2020

Exhibit 222: Substance Abuse Program Enrollees

Per 100,000	Florida	Flagler County	Volusia County
Adult	21.4	28.0	30.2
Children	27.1	31.0	37.0

Source: Florida Department of Health Bureau of Community Health Assessment. Division of Public Health Statistics and

The proportion of total drug arrests attributable to juveniles is slightly higher in Flagler County than the state figures (2.3% and 3.4%, respectively), and slightly lower in Volusia County (1.1%).

Exhibit 223: Illicit Substance Use-Related Arrests¹³⁷

2020	Florida	Flagler County	Volusia County
Total Drug Arrests	68,564	431	2,371
Adult Drug Arrests	67,025	417	2,701
Juvenile Drug Arrests	1,539	14	30

Source: Florida Department of Health Bureau of Community Health Assessment Division of Public Health Statistics and Performance Management Substance Use Dashboard, 2020

Exhibit 224: Substance-Related Deaths

Per 100,000	Florida	Flagler County	Volusia County
Opioid Overdose	21.4	28.0	30.2
Substance-related Overdose	27.1	31.0	37.0

Source: Florida Department of Health Bureau of Community Health Assessment Division of Public Health Statistics and Performance Management Substance Use Dashboard, 2019

¹³⁷ Annual Adult Drug Arrests of persons 18 & Older attributed to possession or sale of illegal drugs. Annual Drug arrests attributed to possession or sale of illegal drugs.

Overdose deaths in Flagler County are more likely due to opioids than other substances as compared to the ratio statewide. Overall, both Flagler and Volusia counties report notably higher opioid overdose deaths than Florida as a whole, as well as substance-related overdose deaths generally.

Exhibit 225: Fatal & Non-Fatal Overdose Summary

2020	Florida	Flagler County	Volusia County
Opioid-involved Non-fatal Overdose Emergency Department Visits	21,277	104	1,092
Opioid-involved Non-fatal Overdose Hospitalizations	8,185	32	311
Emergency Medical Service Responses to a Suspected Non-fatal Opioid-involved Overdose	15,065	77	4
Emergency Medical Service Responses to a Suspected Non-fatal Drug Overdose Including Opioids	35,129	171	52
Unintentional/Undetermined Non-fatal Drug Overdose Emergency Department Visits	38,630	95	1,738
Unintentional/Undetermined Non-fatal Drug Overdose Hospitalizations	18,602	29	617
Drug Overdose Deaths	3,708	21	334
All Drug Non-fatal Overdose Emergency Department Visits	45,510	261	1,924
All Drug Non-fatal Overdose Hospitalizations	28,097	141	921

Source: Florida Department of Health Bureau of Community Health Assessment Division of Public Health Statistics and Performance Management Substance Use Dashboard, 2020

Appendix 2: Flagler and Volusia Counties Community Assets and Resources

FLAGLER: Access to Behavioral Health Services

1) Adult Mental Health and 2) Adult Substance 5) Issues specific to older adults (ages 75+)

- Alcoholics Anonymous Meeting Locations
- Break the Cycle Outpatient Program
- ERs treat those wanting to hurt themselves or someone else
- Faith based counseling centers and private counseling opportunities
- Family Life Center
- Flagler Cares
- Flagler County Sheriff
- Flagler County Village (hosted by Flagler Cares)
- Flagler Humane Society
- Flagler Open Arms Recovery Services (OARS)
- Halifax Health
- Healthy Start Coalition of Volusia & Flagler Counties, Inc.
 - Substance Exposed Newborns Task Force
 - Family Place and Healthy Families
- Heroes' Mile – addiction recovery for veterans by veterans (out of county)
- Lutheran Services of Florida (LSF)
- National Alliance on Mental Illness (NAMI)
- Narcotics Anonymous Meeting Locations (almost 100 in the area: <http://www.na.org/MeetingSearch/>)
- Salvation Army
- SMA Healthcare
 - Crisis Triage and Treatment Unit (CTTU)
 - Adult Outpatient Substance Abuse Program (AOP) and Mental Health Counseling
 - Medication Assisted Treatment (out of county)
 - Psychiatric Medication Outpatient Program
 - Florida Assertive Community Treatment (FACT) Program
 - Forensic Case Management
 - Family Intervention Services (FIS)
 - Family Intensive Treatment Team (FITT)
 - Community/Court Liaison (Outreach) Services
 - Enrichment Program Industries for persons with developmental disabilities or co-occurring disorders (out of county)
 - Chet Bell 24-hour Crisis Stabilization and Detox Services and Screenings (out of county)
 - Reality House, Re-Entry and Work Release Programs (out of county)
 - Residential substance use treatment for adults and adolescents
 - Family Education Programs, Speakers Bureau and Mental Health 1st Aid
 - SMA walk-in is great resource kind of like urgent care for BH
 - Primary Care (out of county)
 - Mobile Response Team
 - SMA Access Center

- Volusia-Flagler Behavioral Health Consortium
 - Volusia-Flagler Substance Use Disorder Committee

3) Youth Mental Health and 4) Youth Substance Use

- Adapt Behavioral Services
- AMIkids Behavioral Health, Inc. (Associated Marine Institutes)
- Café Dialogues and Healthy Start Initiatives
- Children’s Home Society
- Circuit 7 Early Childhood Court Team
- Community Partnership for Children/Community Based Care
- Devereux Behavioral Health
- E.S.P. Case Management Professionals, Inc. (Empowerment Service Providers)
- Flagler County Schools
- Grief Related: GriefShare, Begin Again, Hospice, Tears Foundation, Hospital Support Groups (<http://www.volusia.com/local-support-groups/>)
- Guardian ad litem
- Halifax Behavior Services (HBS)
- Healthy Start Coalition of Flagler & Volusia Counties, Inc.
 - Substance Exposed Newborns Task Force
 - Family Place and Healthy Families
- Help Me Grow/211 screening tools and referrals
- PACE Center for Girls, Inc.
- Pediatricians
- Presbyterian Counseling Center
- Prevention: Boys & Girls Clubs, Mentoring Programs, Youth Sports Leagues/Programs, Police Athletics/Activities League (PAL), After School Programs, Arts programs, Recreation Departments, Clubs, Youth Groups, Girls on the Run (GOTR)
- School Health Advisory Committee (SHAC)
- SMA Healthcare
 - Children/Families In Need of Services (CINS/FINS)
 - BEACH House
 - Residential Adolescent Program (RAP)
 - Adolescent Outpatient Program (ADOP)
- The House Next Door

FLAGLER: Economic and Social Barriers – access to health care services, social and economic issues

- ACCESS (Medicaid, Requests for Assistance) sites
- African American Entrepreneurs Association (AAEA)
- Boys & Girls Clubs of Volusia/Flagler Counties
- CareerSource Flagler Volusia
- Department of Children & Families
- Easterseals
- FBH Community Inc. (Food Brings Hope, ~~Homes Bring Hope~~)
- Flagler Cares

- Flagler County Free Clinic
- Florida Breast and Cervical Cancer Prevention/Early Detection Program
- Florida Department of Health in Flagler County
- Flagler County Habitat for Humanity
- Halifax Health and other partners providing Healthcare to the homeless
- Halifax Health Community Clinics
- Halifax Urban Ministries – multiple locations, school, and community partners
 - Hope Place
 - Bridge of Hope
- Health Equity Zones – collaborative community partner efforts
- Health Navigators to help with insurance coverage access
- Multiple hospices for palliative care
- One Voice for Volusia/Flagler Cares
- Project WARM (Women Assisting Recovering Mothers)
- Salvation Army
- Supplemental Nutrition Assistance Program (SNAP) (food stamps)
- Sports leagues
- The Early Learning Coalition of Flagler and Volusia Counties, Inc.
- The House Next Door
- United Way of Volusia-Flagler Counties
 - Multiple programs and services
 - Grants to community organizations
 - Community Impact
 - ALICE Report (Asset Limited, Income Constrained, Employed)
 - Volunteer Income Tax Assistance (VITA)
 - 211
 - Food services
 - Housing
 - Financial Assistance
 - Legal Services
- Volusia-Flagler County Coalition for the Homeless
- Walk in Clinics for quick care - AdventHealth Centra Care sites, Urgent Care
- WaterSafe Inc.
- YMCA Programs - Health and Wellness that includes Diabetes Prevention Program and Nutrition programs

FLAGLER: System Infrastructure

- Action for Healthy Kids
- Alliance for Healthier Generation
- County and City Recreation Departments
 - More than 50 miles of multi-use trails
 - Mayor's Fitness Challenges
- EPIC Behavioral Healthcare
- Flagler Cares
- Flagler County Free Clinic
- Flagler County Schools

- Local churches
- Local colleges
- Local hospitals
- Local schools
- LINC Flagler Volusia system
- Northeast Florida AHEC (Diabetes and Smoking Cessation)
- One Voice for Volusia/Flagler Cares
 - The Community Connector
- Popularity and ease of use of fitness and health tracking "apps"
- Seminars and education programs offered by the hospitals and health departments (i.e. 5210)
- School Health Advisory Committee (SHAC)
- Whole Health Hub (Find Help)
- Worksite Wellness

VOLUSIA: Access to Behavioral Health Services

1) Adult Mental Health and 2) Adult Substance 5) Issues specific to older adults (ages 75+)

- Alcoholics Anonymous Meeting Locations
- Atlantic Center for the Arts
- Baker Act receiving facilities
- Break the Cycle Outpatient Program
- ERs treat those wanting to hurt themselves or someone else
 - Recovery Support Specialist Peers at Halifax Health ER
 - SMA Healthcare Peer to Peer at AdventHealth New Smyrna Beach
- Faith based counseling centers and private counseling opportunities
- Halifax Health
- Halifax Humane Society
- Healthy Start Coalition of Flagler & Volusia Counties, Inc.
 - Substance Exposed Newborns Task Force
 - Family Place and Healthy Families
- Heroes' Mile – addiction recovery for veterans by veterans
- Lutheran Services of Florida (LSF)
- National Alliance on Mental Illness (NAMI)
- Narcotics Anonymous Meeting Locations (almost 100 in the area: <http://www.na.org/MeetingSearch/>)
- New Smyrna Beach Police Department
- One Voice for Volusia/Flagler Cares
- Salvation Army
- SMA Healthcare
 - Adult Outpatient Substance Abuse Program (AOP) and Mental Health Counseling
 - Medication Assisted Treatment
 - Psychiatric Medication Outpatient Program
 - Florida Assertive Community Treatment (FACT) Program
 - Forensic Case Management
 - Family Intervention Services (FIS)
 - Family Intensive Treatment Team (FITT)
 - Community/Court Liaison (Outreach) Services

- SMA Treatment Team at the Volusia County Corrections Department
- Enrichment Program Industries for persons with developmental disabilities or co-occurring disorders
- Chet Bell 24-hour Crisis Stabilization and Detox Services and Screenings
- Reality House, Re-Entry and Work Release Programs
- Residential substance use treatment for adults and adolescents
- Family Education Programs, Speakers Bureau and Mental Health 1st Aid
- SMA walk-in is great resource kind of like urgent care for BH
- Primary Care
- Mobile Response Team
- Team Red White and Blue
- The Chiles Academy
- Volusia Sheriff's Office
- Volusia-Flagler Behavioral Health Consortium and Circuit 7 Behavioral Health Consortium
 - Volusia/Flagler Substance Use Disorder Committee
- Volusia Recovery Alliance

3) Youth Mental Health and 4) Youth Substance Use

- Adapt Behavioral Services
- AMIkids Behavioral Health, Inc. (Associated Marine Institutes)
- Behavioral Screening Tools now on Volusia County Schools' report cards and
- Problem Solving Teams
- Café Dialogues and Healthy Start Initiatives
- Children's Home Society
- Circle of Friends
- Circuit 7 System of Care
- Circuit 7 Early Childhood Court Team
- Community Partnership for Children/Community Based Care
- The Chiles Academy and MicroSociety
- Devereux
- E.S.P. Case Management Professionals, Inc. (Empowerment Service Providers)
- Florida United Methodist Children's Home
- Grief Related: GriefShare, Begin Again, Hospice, Tears Foundation, Hospital Support Groups (<http://www.volusia.com/local-support-groups/>)
- Guardian ad litem
- Halifax Behavior Services (HBS)
- Healthy Start Coalition of Flagler & Volusia Counties, Inc.
 - Substance Exposed Newborns Task Force
 - Family Place and Healthy Families
- Help Me Grow/211 screening tools and referrals
- PACE Center for Girls, Inc.
- Pediatricians
- Port Orange Counseling Center
- Presbyterian Counseling Center

- Prevention: Boys & Girls Clubs, Mentoring Programs, Youth Sports Leagues/Programs, Police Athletics/Activities League (PAL), After School Programs, Arts programs, Recreation Departments, Clubs, Youth Groups, Girls on the Run (GOTR)
- School Health Advisory Committee (SHAC)
- SMA Healthcare
 - Children/Families In Need of Services (CINS/FINS)
 - BEACH House
 - Residential Adolescent Program (RAP)
 - Adolescent Outpatient Program (ADOP)
- The House Next Door
- Volusia Department of Juvenile Justice Council
- Programs offered through Domestic Abuse Council

VOLUSIA: Economic and Social Barriers – access to health care services, social and economic issues

- ACCESS (Medicaid, Requests for Assistance) sites
- African American Entrepreneurs Association (AAEA)
- Black Homeschoolers of Central Florida, Inc.
- Boys & Girls Clubs of Volusia/Flagler Counties
- CareerSource Flagler Volusia
- Council on Aging services for seniors
- Department of Children & Families
- Easterseals
- Family Health Source
- Family Renew Community
- FBH Community Inc. (Food Brings Hope, Homes Bring Hope)
- First Step Shelter
- Florida Shots
- Florida Breast and Cervical Cancer Prevention/Early Detection Program
- Florida Department of Health in Volusia County (four sites)
- Florida United Methodist Children's Home
- Good Samaritan Clinic
- Greater Union Life Center
- Habitat for Humanity of Greater Volusia County
- Halifax Health and other partners providing Healthcare to the homeless
- Halifax Health Community Clinics
- Halifax Urban Ministries – multiple locations, school and community partners
 - Hope Place
 - Bridge of Hope
- Health Equity Zones – collaborative community partner efforts
- Health Navigators to help with insurance coverage access
- Hispanic Health Initiatives
- Jesus Clinic
- Multiple hospices for palliative care
- One Voice for Volusia/Flagler Cares

- Our Two Stories, Inc. DBA Backpack Buddies
- Project WARM (Women Assisting Recovering Mothers)
- Speech and Language Therapy (SALT)
- Salvation Army
- Supplemental Nutrition Assistance Program (SNAP) (food stamps)
- Sports leagues
- The Early Learning Coalition of Flagler and Volusia Counties, Inc.
- The House Next Door
- United Way of Volusia-Flagler Counties
 - Grants to community organizations
 - Community Impact
 - ALICE Report (Asset Limited, Income Constrained, Employed)
 - Volunteer Income Tax Assistance (VITA)
 - 211
 - Food services
 - Housing
 - Financial Assistance
 - Legal Services
- Volusia-Flagler County Coalition for the Homeless
- Volusia Volunteers in Medicine Clinic
- Walk in Clinics for quick care - AdventHealth Centra Care sites, Urgent Care
- YMCA Programs - Health and Wellness that includes Diabetes Prevention Program and Nutrition programs

VOLUSIA: System Infrastructure

- Action for Healthy Kids
- Alliance for Healthier Generation
- Bethune-Cookman University/Pandemic Win Initiative
- County and City Recreation Departments
 - More than 50 miles of multi-use trails
 - Mayor's Fitness Challenges
- EPIC Behavioral Healthcare
- Family Health Source
- Good Samaritan Clinic
- Healthy Volusia and Partnerships with the Florida Department of Health
- Jesus Clinic
- Local churches
- Local colleges
- Local hospitals
- Local schools
- LINC Flagler Volusia system
- Northeast Florida AHEC (Diabetes and Smoking Cessation)
- One Voice for Volusia/Flagler Cares
 - The Community Connector
- Popularity and ease of use of fitness and health tracking "apps"
- Seminars and education programs offered by the hospitals and health departments (i.e. 5210)

- School Health Advisory Committee (SHAC)
- VCan
- Volusia County Moms
- Volusia County Schools
- Volusia Volunteers in Medicine Clinic
- Whole Health Hub (Find Help)
- Worksite Wellness

Appendix 3: Stakeholder Interview Guide

Introduction

Good morning [or afternoon]. My name is [*Interviewer Name*] from Crescendo Consulting Group. We are working with a group of health systems in central Florida, as well as four county-level Health Departments to conduct a community health assessment.

The purpose of this conversation is to learn more about the strengths and resources in the community as well as collect your insights regarding health care -related needs, ways that people seek services, ongoing impacts of the COVID-19 pandemic, and to identify service gaps and ways to better meet the needs of the community. We are also very interested to hear your insights about equal access to health care services and challenges or advantages that some communities may experience, if any.

We will describe our discussion in a written report; however, individual names will not be used. Please consider what you say in our conversation to be anonymous.

Do you have any questions for me before we start?

Ice-breaker / Self-introduction Question

Please tell me a little about yourself and ways that you like to interact with the community where you live [where appropriate, "... and the populations your organization (or you) serves."]. How do you interact with the community where you work?

Access and Availability of Services

1. When you think of the good things about living in this community, what are the first things that come to mind? [*PROBE: things to do, green spaces, strong sense of family, cultural diversity*]
2. Generally, what are some of the challenges to living here?
3. What would you say are the two or three most urgent health care -related needs in the (these) community/communities? [*PROBE: obesity, diabetes, depression*]

Affordability of Health Care and Basic Needs

4. To what degree are community members or families struggling with finding and accessing quality health care? [*PROBE: are there certain types of care that are more difficult to find?*]
 - a. To what degree is quality primary care and/or specialty care available?
 - b. Do people struggle to find quality mental health care or treatment for substance use disorders?
 - c. How are people accessing care, for example, virtual/telemedicine, face-to-face?
 - d. Are health care services equally available to everyone? Are there any barriers in access to services based on economic, race / ethnicity, gender, or other factors?
 - e. To what degree do health care providers care for patients in a culturally sensitive manner?

5. Do people in the community struggle with accessing other basic needs besides health care such as accessing nutritious / healthy food, hygiene and sexual health products, or affordable prescription medications
 - a. What are some resources or services in the community that work really well? What doesn't work?
6. For women of reproductive age, what is access to pre-natal, OBGYN, and perinatal like in your community? Are there any barriers in access to services?
7. What are some of the health care challenges that seniors may experience in your community? (Probe: hospice, end of life care, specialists, etc.).

Public Health and Prevention

8. What comes to mind when I say public health? How has your or the community's perceptions of public health changed over the past 18+ months?
9. Does the community view the local health department as a trusted source of information? Why or why not?
10. What types of prevention programs are available in your community (e.g., drug and alcohol, smoking cessation, HIV/AIDS/STI, diabetes, etc.)?
11. Do you feel that there is any stigma around the local health department (e.g., a person may choose not to utilize the health department's services because "it's for poor people")?

Health Equity

12. Health equity is an important consideration. First, what does health equity mean to you?
13. How can you improve current services for marginalized or hard-to-reach populations – Priority Populations -- in your community?
14. What are some of the community-level actions that can be done to provide for community health and wellbeing more equitably?
 - a. Are there any 'low hanging fruit' that could be addressed quickly?

Social Determinants of Health

15. How difficult is it to find safe and affordable housing in your community? Name some of the greatest challenges.
16. Describe the job market in the area before the pandemic and currently. [*PROBES: Generally, are "good" jobs here, and can people get them? Is it easy to find a full-time job with good pay, benefits, and retirement?*]
17. Do you feel there is good access to broadband and high-speed internet in the area? What are some of the challenges to not having good, reliable internet?

18. How would you describe access to healthful, affordable food? What are some features or services that are working well? Where are the service gaps? What communities face unique challenges?

If transportation has not come up yet.

19. Does everyone typically have reliable transportation to work, the grocery store, doctors, school? If not, are there services in the community that help those without a vehicle?
20. How easy is it for families to find affordable and safe childcare in the area? What are some of the challenges or barriers?

Vulnerable Populations

21. What are some of the biggest needs for those who are more vulnerable than others? How does the community support them? [*PROBE: veterans, new Americans, seniors, people living with disabilities*]

Impact of COVID-19

22. What are one or two ways that COVID-19 has impacted the community the most? [*PROBE: community well-being, social impacts, education, or the economy*]
- a. Which of these do you think will be short-term effects (e.g., “After COVID is behind us, so will the effects”) or long-term effects (e.g., “The impact will be long-lasting.”)?
23. How do you think COVID-19 will impact health behaviors and how people interact with the health care system or providers, such as for screenings or routine services, vaccine perceptions, virtual health care, or others?
- b. How, if at all, has COVID-19 affected trust of health care providers or systems and the public health system?
24. How has the pandemic affected mental health or substance misuse issues?

Enhancing Outreach and Disseminating Information

25. To what degree is health literacy a community advantage or challenge? Is there adequate health information available – especially in diverse or marginalized communities? How do you think health organizations can improve health literacy of the community?
26. When community members need help, who do they tend to turn to for assistance (health care - related, community services, or otherwise)? [*PROBE: friends and family, Town Hall, local Health Department, their doctor, churches*]
27. How do community members generally learn about access to and availability of services in the area (e.g., on-line directory; social media; hotline; word of mouth)? What method tends to work the best or worst?
- a. What do you think are some challenges to spreading awareness and understanding of the availability of services and ways to access them? What might help overcome the challenges?

28. What types of activities would best reach those more vulnerable parts of community? (people experiencing homelessness, people living with disabilities, or other diverse or hard-to-reach populations)

Instrument Appendix: Health Needs Breakdown

RESEARCHER NOTES

- Bring up each of the following topics and include probes and subcategories in the dialogue.
- Note comments and particular areas of emphasis. Include comparisons between topics where helpful,
e.g., “So which do you think requires more attention: substance abuse education in schools or opioid abuse intervention among the homeless?”
- Not all topics will be covered with all interviewees. Discussion content will be modified to respond to interviewees’ professional background and availability of time during the interview.

[PROBE: Note discussion about the magnitude and severity of “high focus” needs.]

Need / Probes

Chronic disease
 Services for adults
 Services for adolescents / children
Substance Abuse
 Education / Early intervention
 Treatment / Access / Stigma
 Post-treatment support / Care
Homeless services
Alcohol Use
 Education / Early intervention
 Treatment / Access / Stigma
 Post-treatment support / care
Access to care
 Transportation
 Insurance / financial
 Language barriers / cultural issues
 Wait times to see a provider
Mental Illness and Trauma Informed Care
Intellectual Disability
Access to care (specify type: IP, OP, IOP, PHP)
SDOH related issues
Transitional Housing
 Access / Availability (i.e. Group Homes)
Emergency Department Care
 Utilization, Quality, Reliance
Geriatric Population Behavioral Health
 Dementia, Alzheimer’s Disease
 Treatment / Access /Stigma

Appendix 4: Focus Group Discussion Moderator's Guide

Focus Group Guide

- **Welcome & Introductions**
 - Good morning [or afternoon]. My name is [Tara Auclair, Scott Good, Katelyn Michaud or Katelyn Malloy] from Crescendo Consulting Group. As you may know, Crescendo is working with AdventHealth, Flagler Cares, county-level Health Departments, and other health care organizations to conduct a community health assessment. Thank you for taking the time to join us for this important discussion.

- **Explain the general purpose of the discussion.**
 - The purpose of us meeting today is to learn more about strengths and resources in your community, including health care -related needs, ways that people generally seek services, ongoing impacts of the COVID-19 pandemic, and to collect your insights regarding service gaps and ways to better meet community needs.

- **Explain the necessity for notetaking and recording.**
 - We're taking notes and recording the session to assist us in recalling your thoughts. We will describe our discussion in a written report; however, individual names will not be used. Please consider what you say and hear here to be confidential.

- **Describe logistics.**
 - Logistics are a bit different than normal since we're virtual, but we'd appreciate if you gave us your full attention for the next hour or so. If you need to take a break to use the restroom, please do.

- **Describe protocol for those who have not been to a group before.**
 - For those of you who have not participated in a focus group before, the basic process is that I will ask questions throughout our session, however, please feel free to speak up at any time. In fact, I encourage you to respond directly to the comments other people make. If you don't understand a question, please let me know. We are here to ask questions, listen, and make sure everyone has a chance to share and feels comfortable.

If you have a private question, feel free to type it in the Chat area of the software. Please be respectful of the opinions of others. Honest opinions are the key to this process, and there are no right or wrong answers to the questions. I'd like to hear from each of you and learn more about your opinions, both positive and negative.

Do you have any questions for me before we start?

Introductions

Please tell me a little about ways that you interact with the community and the populations your organization (or you) serves, if any.

Access and Availability of Services

1. When you think of the good things about living in this community, what are the first things, words or phrases that come to mind? [*PROBE: things to do, green spaces, strong sense of family*]
2. Generally, what are some of the challenges to living here? (*Pre-pandemic or current*)
3. When people have needs who do they tend to turn to for assistance (health care -related, community services, or otherwise)? [*PROBE: friends and family, Town Hall, local Health Department, their doctor, churches*]

Affordability of Health Care and Basic Needs

Shift conversation to health care & basic needs

4. What would you say are the two or three most urgent health care -related needs in the (these) community/communities? [*PROBE: obesity, diabetes, depression, primary care, reproductive health*]
 - a. Give a reason or root cause you think creates this need.
5. What are some of the challenges or barriers someone in your community may experience with finding and accessing quality health care? [*PROBE: are there certain types of care that are more difficult to find?*]
 - a. How are people accessing care right now? (virtual/telemedicine, face-to-face)
 - b. Can everyone in the community access health services? Who struggles in particular?
6. How accessible / available is mental health care before the pandemic and currently?
 - a. To what degree is substance use an issue in your community? (Probe: substances commonly misused)
 - b. Has the opioid epidemic changed in the past 18 months (since the pandemic)? If so, how?
 - c. What are the treatment options for those looking for help?
7. Do community members and / or families struggle with accessing basic needs besides health care , like accessing nutritious / healthy food, affordable prescription medications and hygiene and sexual health products?
 - b. To what degree are there secure sources of nutritious food?
 - c. Describe access to education and opportunities to enhance one's job or career path.
 - d. To what degree is there adequate affordable, high quality childcare? What are some childcare resources that work well? How could these services be improved?
 - e. What are some resources or services in the community that work really well? What doesn't work?

Public Health and Prevention

8. What comes to mind when I say public health? How has your or the community's perceptions of public health changed over the past 18+ months?
9. Does the community view the local health department as a trusted source of information? Why or why not?
10. What types of prevention programs are available in your community? (e.g., drug and alcohol, smoking cessation, HIV/AIDS/STI, diabetes, etc.)

11. Do you feel that there is any stigma around the local health department? (i.e., a person may choose not to utilize the health department's services because "it's for poor people")

Health Equity

12. Health equity is an important consideration. First, what does health equity mean to you?
13. How can you improve current services for marginalized or hard-to-reach populations in your community?
What are some of the community-level actions that can be done to provide for community health and wellbeing more equitably?
 - a. Are there any 'low hanging fruit' that could be addressed quickly?
 - b. What policies would you change or create to provide more equitable community health and well-being?

Social Determinants of Health

14. How difficult is it to find safe and affordable housing in your community? Name some of the greatest challenges.
15. Describe the job market in the area before the pandemic and currently. [*PROBES: Generally, are "good" jobs here, and can people get them? Is it easy to find a full-time job with good pay, benefits, and retirement?*]
16. Do you feel there is good access to broadband and high-speed internet in the area? What are some of the challenges to not having good, reliable internet?
If transportation has not come up yet.
17. Does everyone typically have reliable transportation to work, the grocery store, doctors, school? If not, are there services in the community that help those without a vehicle?
18. How easy is it for families to find affordable and safe childcare in the area? What are some of the challenges or barriers?

IMPACT OF COVID-19

19. What are one or two ways that COVID-19 has impacted the community the most? [*PROBE: community well-being, social impacts, education, or the economy*]
 - a. Which of these do you think will be short-term effects (e.g., "After COVID is behind us, so will the effects") or long-term effects (e.g., "The impact will be long-lasting.")?
20. How do you think COVID-19 will impact health behaviors and how people interact with the health care system or providers, such as for screenings or routine services, vaccine perceptions, virtual health care, or others?
 - b. How, if at all, has COVID-19 affected trust of health care providers or systems and the public health system?
21. How has the pandemic affected mental health or substance misuse issues?

Enhancing Outreach and disseminating Information

22. What organizations in the area provide services for individuals and families struggling with poverty, employment, addiction, and housing issues? What programs seem to be the most helpful?

23. How do community members generally learn about access to and availability of services in the area (e.g., on-line directory; social media; hotline; word of mouth)? What method tends to work the best or worst?
 - b. What do you think are some challenges to spreading awareness and understanding of the availability of services and ways to access them? What might help overcome the challenges?
24. What types of activities would best reach communities of color, people experiencing homelessness, people living with disabilities, or other diverse or hard-to-reach populations?

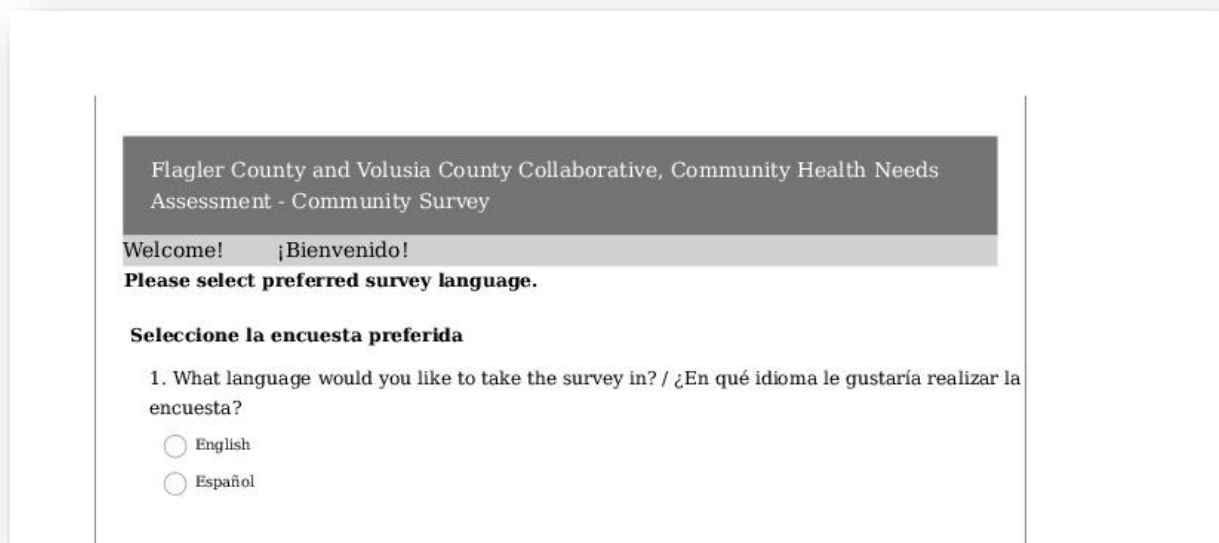
Magic Wand Question:

What would a vibrant, healthy, flourishing neighborhood look like? Let's assume that money and resources weren't issues. Where would you start ... what is the first thing you would do for your community?

Thank you for your time!

Appendix 5: Online Survey Templates

Note: The English language version is shown below. The actual online survey also included the Spanish language version. It is omitted here for space considerations.



Flagler County and Volusia County Collaborative, Community Health Needs Assessment - Community Survey

Welcome! ¡Bienvenido!

Please select preferred survey language.

Seleccione la encuesta preferida

1. What language would you like to take the survey in? / ¿En qué idioma le gustaría realizar la encuesta?

English

Español

Flagler County and Volusia County Collaborative, Community Health Needs Assessment - Community Survey

Flagler County and Volusia County Collaborative, Community Health Needs Assessment

Tell us how we can help your community be healthier.

- **We do this survey every 3 years, to learn about you and your community's health. We use this information to find out how we can better support your community.**

- **Your answers are not connected to your name.**

- **You can share your email address or contact information if you want to know more about the community health programs we design based on your feedback.**

We are providing \$10 gift cards to the first 50 individuals who complete the community survey. At the end of the survey, you will be invited to share your contact information.

Flagler County and Volusia County Collaborative, Community Health Needs Assessment - Community Survey

Home ZIP Code

This question asks about where you live.

* 2. What is your zip code?

* 3. What county do you live in?

Flagler

Volusia

Other (please specify)

Flagler County and Volusia County Collaborative, Community Health Needs
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General health

These questions ask about your health and health conditions you may have.

**We use this information to create community programs that help with diabetes,
heart disease, cancer, and other health problems.**

* 4. In general, would you say your health is:

- Very good
- Good
- Fair
- Poor
- Very poor

* 5. Did a doctor, nurse or other health professional ever say you had asthma?

- Yes
- No
- I don't know
- I don't want to answer this question

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Asthma

6. Do you have asthma now?

- Yes
- No
- I don't know
- I don't want to answer this question

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Cancer

* 7. Has a doctor or nurse or other health professional ever told you that you had cancer?

- Yes
- No
- I don't know
- I don't want to answer this question

Flagler County and Volusia County Collaborative, Community Health Needs Assessment - Community Survey

Cancer type

8. If yes, what type of cancer? Please check all that apply.

- Breast
- Cervical
- Colorectal
- Skin
- Prostate
- Other (please specify)

- None of the above

Flagler County and Volusia County Collaborative, Community Health Needs Assessment - Community Survey

Other conditions

* 9. Has a doctor or nurse or other health professional ever told you that you had **any of the following?**

	Yes	No	I don't know	I don't want to answer
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Angina or coronary heart disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart attack (myocardial infarction)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High blood pressure (hypertension)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stroke	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A depressive disorder (like depression, major depression, dysthymia, or minor depression)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
An anxiety disorder (like generalized anxiety disorder, social anxiety disorder, post-traumatic stress disorder, or obsessive-compulsive disorder)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overweight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Healthy behaviors

These questions ask about behaviors that can impact your health.

We use this information to create community programs that help with healthy lifestyles.

10. Think about the last 7 days. How many days did you eat 5 or more servings of fruits and vegetables? (½ cup = 1 serving)

- No days
- 1 to 2 days
- 3 to 4 days
- 5 to 6 days
- All 7 days

11. Do you know about preventative cancer screenings **based on your age and gender**?

- Yes
- No

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Regular cancer screenings

12. If yes, do you get the cancer screenings regularly?

- Yes
- No

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Community!

These questions ask about where you live and what it is like to live in your community.

We use this information to learn which programs and resources are most important for your community.

* 13. How **important** are these issues in your community? Please rate each from 1 to 5, with 1 being this is not important in my community and 5 being this is extremely important in my community.

For example, if having good affordable childcare is not important in your community, rank this as a 1; or, if having good childcare that is available and affordable is extremely important in your community, rank this as a 5.

	1 - Not important	2 - A little important	3 - Important	4 - Quite important	5 - Extremely important
Good childcare is available and not too expensive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People can find (and keep) jobs that pay enough to support themselves and their families	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housing is available and not too expensive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People can get emotional and social support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are resources to prevent suicide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People of all ages and mobility have transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People are not addicted to prescription medicine (like Oxycontin and Adderall)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People are not addicted to street drugs (like heroin and meth)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People can get skills training and higher education (like college)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The criminal justice system in our community is fair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our community knows that mental health is important	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
All people can get good medical care, and preventative care (such as screenings and immunizations) is available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People of different races and ethnicities live in the same neighborhoods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People can walk and bike in our community and those in wheelchairs can access places	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

easily

All people have access to dental care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our community is good at treating mental health illnesses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People don't feel stressed or worried all the time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
All people can get health insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Elderly people can stay in our community (They don't have to move to be safe or healthy)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People can get help when they need it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People can get counseling and other mental health services when needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health hospital beds are available for those needing inpatient care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health crisis care is available for school-age children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health crisis care is available for adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Individuals have the ability to receive care for drug addictions (other than alcohol)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Individuals have the ability to receive care for alcohol addictions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Families of people with mental health and/or substance misuse conditions have available support groups or services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 14. To what extent do you agree with the following statements about **the availability of resources in** your community? Please rate each on the following scale: 1 - Strongly disagree; 2 - Disagree; 3 - Neutral; 4 - Agree; 5 - Strongly agree. For example, if you do not agree your community has good inexpensive childcare available for everyone who needs it, rank this as a 1; or, if you do agree your community does have good inexpensive childcare available for everyone who needs it, rank this as a 5.

	1 - Strongly disagree	2 - Disagree	3 - Neutral	4 - Agree	5 - Strongly agree
Good childcare is available and not too expensive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People can find (and keep) jobs that pay enough to support themselves and their families	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housing is available and not too expensive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People can get emotional and social support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are resources to prevent suicide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People of all ages and mobility have transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People are not addicted to prescription medicine (like Oxycontin and Adderall)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

People are not addicted to street drugs (like heroin and meth)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People can get skills training and higher education (like college)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The criminal justice system in our community is fair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our community knows that mental health is important	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
All people can get good medical care and preventative care is available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People of different races live in the same neighborhoods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People can walk and bike in our community and those in wheelchairs can access places easily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
All people have access to dental care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our community is good at treating mental health illnesses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People don't feel stressed or worried all the time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
All people can get health insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Elderly people can stay in our community (They don't have to move to be safe or healthy)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People can get help when they need it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People can get counseling and other mental health services when needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health hospital beds are available for those needing inpatient care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health crisis care is available for school-age children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health crisis care is available for adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Individuals have the ability to receive care for drug addictions (other than alcohol)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Individuals have the ability to receive care for alcohol addictions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Families of people afflicted with mental health and/or substance misuse issues have available support groups or services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Additional healthy behaviors

15. During the past 30 days, other than your regular job, did you participate in any physical activities or exercises such as running, golf, gardening, basketball, softball or walking for exercise?

- Yes
- No
- I don't know
- I don't want to answer this question

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Tobacco used and other lifestyle issues

These questions ask about tobacco and prescription drugs.

16. Think about the last year: Did you use **prescription medicine** when you did not need it for a medical reason?

- Yes
- No
- I don't know
- I don't want to answer this question

17. Do you smoke cigarettes or cigarillos?

- Yes, every day
- Yes, some days
- No
- I don't know
- I don't want to answer this question

18. Do you use e-cigarettes or other electronic vaping products?

- Yes, every day
- Yes, some days
- No
- I don't know
- I don't want to answer this question

Flagler County and Volusia County Collaborative, Community Health Needs Assessment - Community Survey

Health care

These questions ask about health care.

* 19. Where do you **usually** go when you are sick or need health care?

- Doctor's office or private clinic
- Community health center or other public health clinic (like your local health department)
- Hospital outpatient department (like an urgent care clinic)
- Hospital emergency room
- Some other place (please specify)

* 20. Do you have one person you think of as your personal doctor or health care provider?

- Yes, only one
- Yes, more than one
- No
- I don't know
- I don't want to answer this question

21. What is the primary source of your health insurance?

- My employer or union
- My family member's employer or union
- A plan my family or I bought (not from an employer)
- Medicare
- Medicaid
- TRICARE (formerly CHAMPUS), VA or Military
- Alaska Native, Indian Health Service, Tribal Health Service
- Other source
- I don't have health insurance
- I don't want to answer this question

* 22. How long has it been since you last visited a doctor or other health professional?

- Within the past year (anytime less than 12 months ago)
- Within the past 2 years (1 year but less than 2 years ago)
- Within the past 5 years (2 years but less than 5 years ago)
- 5 or more years ago
- Don't know/Not sure
- Never
- I don't want to answer this question

23. In the last 12 months, how often did health professionals **carefully** listen to you?

- All the time
- Most of the time
- Some of the time
- A little of the time
- Not at all

24. In the past 12 months, how often did you feel you could **rely** on your doctors, nurses or other health care professionals to take care of your health care needs?

- All the time
- Most of the time
- Some of the time
- A little of the time
- Not at all

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

- Yes
- No
- I don't know
- I don't want to answer this question

* 26. In the past 12 months, has cost prevented you from getting any of the following care?
(Please select all that apply)

- Medical care
- Dental care
- Flu shot
- Hearing tests, hearing aids, etc.
- Mental health care (for example, counseling)
- Prescription medicine
- Substance use disorder treatment
- Vision tests, glasses, contacts, etc.
- None of the above

* 27. How long has it been since you last visited a dentist or dental clinic for **any reason**?

- Within the past year (anytime less than 12 months ago)
- Within the past 2 years (1 year but less than 2 years ago)
- Within the past 5 years (2 years but less than 5 years ago)
- 5 or more years ago
- Don't know/Not sure
- Never
- I don't want to answer this question

28. If you or your family member needed to access mental health or substance use treatment services, which of the following would be your scheduling preference?

- Monday - Friday, 8am-12pm
- Monday - Friday, 12pm-5pm
- Monday - Friday, 5pm-9pm
- Saturday-Sunday, 8am-12pm
- Saturday-Sunday, 12pm-5pm

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Resources and barriers to care

These questions ask about non-medical factors that may affect your health.

We use this information to create community programs that help people get food, transportation, housing, and health care.

* 29. How confident are you filling out medical forms **by yourself**?

- Extremely
- Quite a bit
- Somewhat
- A little bit
- Not at all

* 30. Do you miss medical appointments, meetings, work, or getting things you need, because you don't have transportation? Please select all that apply.

- Yes, I miss medical appointments or getting my medication
- Yes, I miss non-medical meetings and work
- Yes, I miss getting other things I need
- No
- I don't want to answer this question

31. How do you **usually** get to places in your community?

- My car
- Public transportation (bus, train, etc.)
- Ride sharing (Lyft, Uber, etc.)
- Walking
- Biking
- Other (please specify)

32. In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food?

- Yes
- No
- I don't want to answer this question

33. In the past 12 months, did **you or any member of this household** receive benefits from the Food Stamp Program or SNAP (the Supplemental Nutrition Assistance Program)? Do not include WIC, the School Lunch Program, or assistance from food banks.

- Yes
- No
- I don't want to answer this question

34. What is your housing situation?

- I own my home
- I rent my home
- I have housing provided by my employer
- I live with family/friends
- I live in a nursing home or assisted living facility
- I live in adult foster care
- I stay in a shelter
- I don't want to answer this question

35. Are you worried or concerned that in the next two months you may not have **stable** housing that you own, rent, or stay in as a part of a household?

- Yes
- No
- I don't want to answer this question

36. Do you often feel that you lack companionship (are without friends and family)?

- Yes
- No
- I don't want to answer this question

37. During **the past month**, how often have you or a family member had thoughts of suicide?

- Every day
- Some days
- Not at all
- Don't know/Not sure
- I don't want to answer this question

38. Are you a member of community organizations (church, sports leagues, self-help groups, service clubs, or professional organizations)? If yes, how many?

No

Yes (specify how many)

39. In your opinion, what are the 5 biggest health challenges in your community?

1

2

3

4

5

Flagler County and Volusia County Collaborative, Community Health Needs Assessment - Community Survey

COVID-19 impact

These questions ask about the COVID-19 pandemic.

We use this information to learn how to help communities during unexpected tragedies (like the COVID-19 pandemic).

* 40. Has the COVID-19 pandemic negatively changed your....

	Yes	No	I don't know
Ability to access food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to access health care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to keep a job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to pay your rent or mortgage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to access childcare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

41. Does the COVID-19 pandemic **still** negatively affect your life?

- Yes
- No
- I don't know
- I don't want to answer this question

42. Now that vaccines to prevent COVID-19 are available to most adults in the United States, will you...

- I am already fully vaccinated
- Definitely get a vaccine
- Probably get a vaccine
- Be unsure about getting a vaccine
- Probably NOT get a vaccine
- Definitely NOT get a vaccine

Flagler County and Volusia County Collaborative, Community Health Needs Assessment - Community Survey

Insights about not getting a vaccine

43. What reasons helped you decide to **not get** a COVID-19 vaccine? (Please select all that apply)

- I worry about side effects of a COVID-19 vaccine
- I don't know if a COVID-19 vaccine will protect me
- I don't think I need a COVID-19 vaccine
- My doctor has not recommended a COVID-19 vaccine
- I might get a vaccine later. I want to wait and see if it is safe
- I am worried about paying for a COVID-19 vaccine
- I don't trust COVID-19 vaccines
- I don't trust the government
- I don't think COVID-19 is that dangerous
- It's hard for me to get a COVID-19 vaccine
- I think 1 dose is enough to protect me
- I got 1 dose of a COVID-19 vaccine and had side effects
- Not applicable, I am fully vaccinated
- Other (please explain)

Flagler County and Volusia County Collaborative, Community Health Needs Assessment - Community Survey

About you!

These questions ask about you and will only be used to describe who took this survey.

We use this information to create programs that everyone in the community can use. This information is never connected to your name.

44. What is your birthdate? MM/DD/YYYY

45. How many people live in your house (including you)?

46. What languages do you speak at home? (Please select all that apply)

- English
- Spanish
- Haitian Creole
- Vietnamese
- Portuguese
- Chinese (Traditional)
- Chinese (Mandarin)
- French
- Tagalog (Philippines)
- Russian
- Arabic
- Italian
- German
- Korean
- American Sign Language
- Other (please specify)

47. Last year, what was your household's **total** income? (How much money did all the people in your house make, before taxes?)

- Less than \$10,000
- \$10,000 to \$19,999
- \$20,000 to \$29,999
- \$30,000 to \$39,999
- \$40,000 to \$49,999
- \$50,000 to \$59,999
- \$60,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 to \$149,999
- \$150,000 or more
- I don't want to answer this question

48. Are you of Hispanic or Latino or Spanish origin?

- No, not of Hispanic, Latino or Spanish origin
- Yes, Mexican, Mexican American or Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, Salvadoran
- Yes, Dominican
- Yes, Colombian
- Yes, Guatemalan
- Yes, Spaniard
- Yes, Ecuadorian
- Yes, other Caribbean Islander
- Other (please specify)

49. What race are you? (Please select all that apply)

- White
- Black or African American
- Indigenous, American Indian, or Alaskan Native
- Chinese
- Filipino
- Asian Indian
- Other Asian
- Vietnamese
- Korean
- Japanese
- Native Hawaiian
- Pacific Islander
- Other (please specify)

50. What is your work situation now?

- Unemployed and looking for work
- Part-time or temporary work
- Full-time work
- Unemployed and not looking for work (student, retired, disabled, unpaid primary caregiver)
- I don't want to answer this question

51. What is the highest level of school you have finished?

- Less than a high school degree
- High school diploma or equivalent
- Some college (no degree)
- Associate's Degree (AA, AS)
- Bachelor's Degree (BA, BS)
- Master's Degree (MA, MS)
- Professional's Degree (MD, DDS)
- Doctorate Degree (PhD, EdD)
- I don't want to answer this question

52. What is your current relationship status?

- Single (never married)
- Married
- Unmarried partner
- Separated and/or divorced
- Widowed

53. What sex were you assigned on your original birth certificate?

- Female
- Male

54. How do you describe yourself now?

- Female
- Male
- Transgender or transsexual
- Non-binary, I do not identify as female, male or transgender
- I don't want to answer this question

55. Which of the following best represents how you think of yourself?

- Heterosexual or straight
- Gay or lesbian
- Bisexual
- Asexual
- I don't want to answer this question

Flagler County and Volusia County Collaborative, Community Health Needs Assessment - Community Survey

Equity

These questions ask about discrimination.

56. How often are you treated differently than other people?

	Every week	2 or more times a month	2 or more times a year	Never
People treat you with less respect and less kindness than they treat other people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At restaurants and stores, you receive worse service than other people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People treat you like you are not smart	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People act like they are scared of you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People threaten or harass you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People criticize your accent or the way you talk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

57. Why do you think people treat you differently? (Please select all that apply)

- Your race
- Your ethnicity (where you were born or your cultural identity)
- Your gender
- Your age
- Your religion
- Your height
- Your weight
- Your sexual orientation
- Your gender identity
- The way you look
- A physical disability
- Your education
- How much money you make
- Other (please specify)

58. What government or community resources do you use often? (Who should we partner with to provide resources in your community?)

59. What 5 programs or changes would help your community be healthier?

1	<input type="text"/>
2	<input type="text"/>
3	<input type="text"/>
4	<input type="text"/>
5	<input type="text"/>

60. Do you want to learn about the programs we create because of your answers and see how the collaborative is working to improve the health of your community? If yes, please write your email or contact information here:

Name	<input type="text"/>
Email address	<input type="text"/>

61. Would you like to be considered to win one of 50 \$10 GIFT CARDS? (We are providing \$10 gift cards to the first 50 individuals who complete the community survey)

- Yes
 No

Flagler County and Volusia County Collaborative, Community Health Needs Assessment - Community Survey

\$10 Gift Cards!

62. To be considered for one of 50 \$10 GIFT CARDS, please provide the following contact information.

Name	<input type="text"/>
Address	<input type="text"/>
City/Town	<input type="text"/>
State/Province	<input type="text"/>
ZIP/Postal Code	<input type="text"/>
Email Address	<input type="text"/>
Phone Number	<input type="text"/>

Appendix 6: Prioritization Survey Template

Flagler County and Volusia County Collaborative - Community Health Needs Assessment, Needs Prioritization - Flagler County

Community Needs Prioritization - Round 1 Survey

Dear Leadership Group Member,

With your help, and based on our work over the past few months, we have identified more than 40 Community Health Needs. Please rate each of the needs, by answering the following question:

"How great is the need for additional ..."

We understand that all of the needs listed below are important, but your insight will help prioritize them. There is also an "NA" (No Answer) option, in case you do not have an opinion about the need/issue.

Also, after each question, you will see a small box for comments. Please add a short sentence or phrase regarding why you rated the question as you did.

The survey is expected to take less than 30 minutes.

Please keep the following in mind:

- The response deadline is Tuesday, March 21 at 5:00 PM.

If you have questions or need assistance, please contact Scott Good at (207) 774 2345 ext-115, or scottg@crescendocg.com.

Thank you.

Community Needs Prioritization

1. Housing services for “cost-burdened” homeowners and renters.

	No more needed	..	...	More needed	.....	.....	Much more needed	NA
Magnitude of the need for more focus and attention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Add a brief comment about why you gave the above rating

2. Workforce needs and labor supply.

	No more needed	..	...	More needed	.....	.....	Much more needed	NA
Magnitude of the need for more focus and attention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Add a brief comment about why you gave the above rating

3. Cost of living and the general impact of inflation.

	No more needed	..	...	More needed	.....	.....	Much more needed	NA
Magnitude of the need for more focus and attention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Add a brief comment about why you gave the above rating

4. Transportation and the impact of the rising population.

	No more needed	..	...	More needed	.....	.....	Much more needed	NA
Magnitude of the need for more focus and attention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Add a brief comment about why you gave the above rating

5. Chronic disease screenings and prevention for seniors and priority communities.

	No more needed	More needed	Much more needed	NA
Magnitude of the need for more focus and attention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Add a brief comment about why you gave the above rating

6. Recruit primary care health providers.

	No more needed	More needed	Much more needed	NA
Magnitude of the need for more focus and attention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Add a brief comment about why you gave the above rating

7. Increase the percentage of people who have health insurance.

	No more needed	More needed	Much more needed	NA
Magnitude of the need for more focus and attention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Add a brief comment about why you gave the above rating

8. Recruit mental health providers.

	No more needed	More needed	Much more needed	NA
Magnitude of the need for more focus and attention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Add a brief comment about why you gave the above rating

9. Mental health outpatient services for adults.

	No more needed	More needed	Much more needed	NA
Magnitude of the need for more focus and attention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Add a brief comment about why you gave the above rating

10. Mental health inpatient services (i.e., beds) for adults.

	No more needed	More needed	Much more needed	NA
Magnitude of the need for more focus and attention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Add a brief comment about why you gave the above rating

11. Mental health outpatient services for children under age 18.

	No more needed	More needed	Much more needed	NA
Magnitude of the need for more focus and attention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Add a brief comment about why you gave the above rating

12. Mental health inpatient services (i.e., beds) for children under age 18.

	No more needed	More needed	Much more needed	NA
Magnitude of the need for more focus and attention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Add a brief comment about why you gave the above rating

13. Initiatives to reduce bullying in schools.

	No more needed	More needed	Much more needed	NA
Magnitude of the need for more focus and attention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Add a brief comment about why you gave the above rating

14. Behavioral health initiatives to prevent suicide among targeted populations (e.g., youth).

	No more needed	More needed	Much more needed	NA
Magnitude of the need for more focus and attention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Add a brief comment about why you gave the above rating

15. Substance Use Disorder treatment programs.

	No more needed	More needed	Much more needed	NA
Magnitude of the need for more focus and attention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Add a brief comment about why you gave the above rating

16. Tobacco Cessation programs.

	No more needed	More needed	Much more needed	NA
Magnitude of the need for more focus and attention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Add a brief comment about why you gave the above rating

17. Diabetes prevention and management programs.

	No more needed	More needed	Much more needed	NA
Magnitude of the need for more focus and attention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Add a brief comment about why you gave the above rating

18. School-based mental health crisis support.

	No more needed	More needed	Much more needed	NA
Magnitude of the need for more focus and attention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Add a brief comment about why you gave the above rating

19. School-based mental health education and early intervention .

	No more needed	More needed	Much more needed	NA
Magnitude of the need for more focus and attention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Add a brief comment about why you gave the above rating

20. Dental care for low income seniors.

	No more needed	More needed	Much more needed	NA
Magnitude of the need for more focus and attention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Add a brief comment about why you gave the above rating

21. Dental care for low income children.

	No more needed	More needed	Much more needed	NA
Magnitude of the need for more focus and attention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Add a brief comment about why you gave the above rating

22. Services for populations living in poverty.

	No more needed	More needed	Much more needed	NA
Magnitude of the need for more focus and attention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Add a brief comment about why you gave the above rating

23. Initiatives to provide more trauma-informed care training throughout the system.

	No more needed	More needed	Much more needed	NA
Magnitude of the need for more focus and attention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Add a brief comment about why you gave the above rating

24. Outpatient medical and mental health healthcare services for children with special needs.

	No more needed	More needed	Much more needed	NA
Magnitude of the need for more focus and attention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Add a brief comment about why you gave the above rating

25. Telehealth capacity for mental health and primary care.

	No more needed	More needed	Much more needed	NA
Magnitude of the need for more focus and attention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Add a brief comment about why you gave the above rating

26. Preventive vaccination programs for seniors.

	No more needed	More needed	Much more needed	NA
Magnitude of the need for more focus and attention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Add a brief comment about why you gave the above rating

27. Home health services providing memory loss and dementia care.

	No more needed	More needed	Much more needed	NA
Magnitude of the need for more focus and attention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Add a brief comment about why you gave the above rating

28. Initiatives to recruit and retain culturally diverse providers.

	No more needed	More needed	Much more needed	NA
Magnitude of the need for more focus and attention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Add a brief comment about why you gave the above rating

29. Additional cultural competency training for providers.

	No more needed	More needed	Much more needed	NA
Magnitude of the need for more focus and attention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Add a brief comment about why you gave the above rating

30. Improve mental health and substance use disorder transition care for inmates being released from jail.

	No more needed	More needed	Much more needed	NA
Magnitude of the need for more focus and attention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Add a brief comment about why you gave the above rating

31. Initiatives to improve community awareness of available healthcare resources.

	No more needed	More needed	Much more needed	NA
Magnitude of the need for more focus and attention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Add a brief comment about why you gave the above rating

32. Initiatives to reduce mental health stigma within BIPOC communities.

	No more needed	More needed	Much more needed	NA
Magnitude of the need for more focus and attention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Add a brief comment about why you gave the above rating

33. Access to affordable, quality housing.

	No more needed	More needed	Much more needed	NA
Magnitude of the need for more focus and attention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Add a brief comment about why you gave the above rating

34. Quality, affordable childcare.

	No more needed	More needed	Much more needed	NA
Magnitude of the need for more focus and attention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Add a brief comment about why you gave the above rating

35. Childcare services for special needs children.

	No more needed	More needed	Much more needed	NA
Magnitude of the need for more focus and attention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Add a brief comment about why you gave the above rating

36. Systems to improve the ability of schools, the justice system, healthcare providers, and public health departments to safely share information.

	No more needed	More needed	Much more needed	NA
Magnitude of the need for more focus and attention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Add a brief comment about why you gave the above rating

37. Transportation services for seniors to go to healthcare appointments.

	No more needed	More needed	Much more needed	NA
Magnitude of the need for more focus and attention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Add a brief comment about why you gave the above rating

38. Domestic violence and sexual assault prevention, intervention, and care services.

	No more needed	More needed	Much more needed	NA
Magnitude of the need for more focus and attention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Add a brief comment about why you gave the above rating

Flagler County - Detailed Needs Rating

In addition to the needs that you've previously rated, there are several - often community-specific -- needs. Again, please rate the need for additional services below.

A few questions may seem a bit redundant, but your additional response will help us better evaluate community needs.

39. Maternal Health programs to reduce maternal death and low birthweight children.

	No more needed	More needed	Much more needed	NA
Magnitude of the need for more focus and attention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Add a brief comment about why you gave the above rating

40. Health insurance programs for children.

	No more needed	More needed	Much more needed	NA
Magnitude of the need for more focus and attention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Add a brief comment about why you gave the above rating

41. Healthy heart programs for women and men 45 to 64.

	No more needed	More needed	Much more needed	NA
Magnitude of the need for more focus and attention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Add a brief comment about why you gave the above rating

42. Services to support seniors with disabilities.

	No more needed	More needed	Much more needed	NA
Magnitude of the need for more focus and attention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Add a brief comment about why you gave the above rating

43. Poverty reduction and prevention program among targeted populations, e.g., African American and Hispanic households with children.

	No more needed	More needed	Much more needed	NA
Magnitude of the need for more focus and attention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Add a brief comment about why you gave the above rating

44. Nutritional programs to reduce hospitalizations.

	No more needed	More needed	Much more needed	NA
Magnitude of the need for more focus and attention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Add a brief comment about why you gave the above rating

45. Maternal & infant care.

	No more needed	More needed	Much more needed	NA
Magnitude of the need for more focus and attention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Add a brief comment about why you gave the above rating

46. Chronic disease management programs to reduce hospitalizations.

	No more needed	More needed	Much more needed	NA
Magnitude of the need for more focus and attention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Add a brief comment about why you gave the above rating

47. Asthma management programs to reduce hospitalizations among targeted populations, e.g., African American households.

	No more needed	More needed	Much more needed	NA
Magnitude of the need for more focus and attention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Add a brief comment about why you gave the above rating

48. HIV and AIDS services for higher-risk populations.

	No more needed	More needed	Much more needed	NA
Magnitude of the need for more focus and attention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Add a brief comment about why you gave the above rating

49. Suicide prevention initiatives in middle and high schools.

	No more needed	More needed	Much more needed	NA
Magnitude of the need for more focus and attention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Add a brief comment about why you gave the above rating

50. Suicide prevention initiatives targeting higher-risk adults, e.g., African Americans.

	No more needed	More needed	Much more needed	NA
Magnitude of the need for more focus and attention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Add a brief comment about why you gave the above rating

Flagler County and Volusia County Collaborative - Community Health Needs
Assessment, Needs Prioritization - Flagler County

Name

*** 51. Your responses will be kept anonymous throughout the research, but the survey administrators would like your name in order to know when all respondents have completed the round. Please enter your name below.**