

Racial and Ethnic Health Disparities in Miami-Dade County



Prepared by

The Health Council of South Florida, Inc.

For

The Miami-Dade County Health Department

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TABLE OF CONTENTS

EXECUTIVE SUMMARY	i
I. Introduction	1
What is a disparity?	1
What are Health Disparities?	1
Measuring and Reporting Health Disparities	2
II. Snapshot of Diversity in Miami-Dade County	4
Racial/Ethnic Composition	4
Socioeconomics, Immigration, and Insurance Status	5
III. Disparities in Death Rates for Leading Causes of Death in Miami-Dade County	6
Methodology	6
Cardiovascular Diseases	7
Heart Disease	7
Coronary Heart Disease	8
Stroke	8
Cancer	9
Colorectal Cancer	9
Breast Cancer	10
Cervical Cancer	10
Prostate Cancer	11
Stomach Cancer	11
Chronic Obstructive Pulmonary Disease	12
Asthma	12
Diabetes	13
HIV/AIDS	14
Infant Mortality	15
Alzheimer’s Disease	16
Unintentional Falls	16
Homicide	17
IV. Living Healthy, Living Longer: Self-Reported Health Status, Lifestyle Practices, and Behavioral Risk Factors	18
Introduction and Methodology	18
Self-Reported Health Status	19
Multi-Disease Risk Factors	22
Health Care Risk Factors	23
Lifestyle/Behavioral Risk Factors	25
IV. Summary and Recommendations	28
Resources	29
Data Sources	29
Appendix A: Data Tables for FloridaCHARTS Death Rates, by Race and Ethnicity	31
Appendix B: Data Tables for Living Healthy, Living Longer Data, by Race and Ethnicity	40

EXECUTIVE SUMMARY

This report was created as part of the Mobilizing for Access through Planning and Partnerships (MAPP) project, to be used as a resource for the Community Health Status Assessment. It was intended to give the reader a sense of the “big picture” concerning racial and ethnic health disparities in Miami-Dade County by utilizing readily available data from the FloridaCHARTS Web site, the *Living Healthy, Living Longer Survey* (2007), and Prevention Quality Indicators from the Agency for Healthcare Research and Quality (AHRQ), with comparisons to Healthy People 2010 targets.

The report calculates disparities using methodology similar to that developed by AHRQ for the National Healthcare Disparities Report. Given the unique demographic composition of Miami-Dade County, however, where nearly three quarters of all Whites are Hispanic, and data that distinguishes between Hispanic Whites and Non-Hispanic Whites is not always readily available, comparisons of data for Whites versus Hispanics are not recommended.

The following causes of death in Miami-Dade County exhibit the greatest racial and ethnic disparity, determined by comparing the average age-adjusted death rates for 2002-2006:

- 1. HIV/AIDS** – Black death rates are 7.8 times that of Whites and 8.4 times that of Hispanics.
- 2. Homicide** – Black death rates are 4.7 times that of both Whites and Hispanics.
- 3. Infant Mortality** – Black infant mortality (0-364 days) in Miami-Dade County is 2.5 times higher than that among Whites, and 3 times the rate of Hispanics.
- 4. Diabetes** – Death rates for Blacks are about twice the rate among Whites and Hispanics.
- 5. Asthma** – Black death rates are more than twice the rate among Whites and Hispanics.
- 6. Prostate Cancer** – Death rates for Black men are more than twice (2.4 times) the rate for White and Hispanic men.
- 7. Cervical Cancer** – Death rates for Black women are more than twice (2.1 times) that of White women, and 2.3 times higher than rates for Hispanic women.
- 8. Stomach Cancer** – While the actual numbers are low, rates of death from stomach cancer among Blacks are just over twice (2.1 times) those of Whites and Hispanics.
- 9. Stroke** – Death rates among Blacks are 75% higher than those of Whites, and 90% higher than those of Hispanics.
- 10. Breast Cancer** – Death rates among Black women are 41% higher than among White women, and 64% higher than rates among Hispanic women.

Data from the *Living Healthy, Living Longer Survey (2007)* suggest there may be significant differences by racial and ethnic group in the following areas:

Health Insurance – Hispanics were more likely to report they were without health insurance at some time in the past year.

Access to Care – Hispanics were more likely to report they (or their child) could not obtain care due to cost, and were more likely to say it had been more than 2 years since their last routine checkup; Blacks were far more likely to report difficulty obtaining care due to lack of transportation.

Prescription Medications – Blacks and Hispanics were more likely to report they needed a prescription but could not obtain it due to cost, or that they skipped or took fewer doses of a prescription medication to make them last longer due to cost.

Mental Health – Hispanics were more likely to report depression and stress, and rate their general mental health as fair or poor.

Oral Health – Blacks were far more likely to report it was 2 years or more since they visited a dentist or clinic, and were more likely to report their child had never been to a dentist.

Physical Activity – Whites and Non-Hispanics were more likely to report participation in leisure-time exercise and physical activity.

Nutrition – Whites and Non-Hispanics were more likely to report eating the recommended amount of fruits and vegetables, while Blacks were more likely to report they had eaten in a “fast food” restaurant 3 or more times in the past week.

Obesity – Blacks and Hispanics more likely to be classified as obese (BMI>35).

Tobacco Use – Whites were far more likely to report current tobacco use, particularly young women 18-44, while Hispanics were more likely to report there was a child under 18 exposed to smoke in the home.

Alcohol Use – Whites more likely to report current drinking (1+ drinks in past month), and were far more likely to report chronic drinking (60+ drinks in past month).

Bicycle Helmet Use – Hispanic adults were far less likely to say they (and their children) wear a helmet while riding a bicycle.

Condom Use – Blacks and Non-Hispanics were more likely to report condom use the last time they had intercourse.

Limiting Sun Exposure – Whites were more likely to report they or their children limited their time in the sun and used sun block; Hispanics were more likely to report their children did so.

I. Introduction

WHAT IS A DISPARITY?

In some settings, disparity simply means difference. For example, there is a disparity between Healthy People 2010 goals and current rates for leading health indicators. In this context, however, disparity means a difference that places an individual or group of individuals at a disadvantage compared to other individuals or groups.

Disparities can arise as a result of a person's gender, age, race, ethnicity, socioeconomic status, immigration status, sexual orientation, disability, residence (urban or rural), and a variety of other factors.

WHAT ARE HEALTH DISPARITIES?

Health disparities are the persistent gaps between the health status of minorities and non-minorities in the United States.

Source: National Partnership for Action to End Health Disparities
Department of Health and Human Services
Office of Minority Health
<http://www.omhrc.gov/npa/templates/browse.aspx?lvl=1&lvlid=13>

Recent research has confirmed that health disparities are found in:

- **Disease Incidence/Prevalence** (people who have or get a disease)
- **Morbidity/Mortality** (people who get sick or die as a result of a disease)
- **Detection and Diagnosis** (awareness, screening, follow up on referrals)
- **Access to Care** (medical facilities, eligibility, affordability, transportation)
- **Engagement and Retention in Treatment** (medications, behavior change, ongoing compliance)
- **Treatment Efficacy** (how medication or treatment works for different people)
- **Outcomes** (complications from chronic disease, recovery from acute illness or cancer)

The most recognized health disparities occur when the rate within a particular population is disproportionate to their numbers in the general population. For example, although Blacks represent only about 20% of the County's total population, they account for more than 60% of all deaths from HIV/AIDS in Miami-Dade County in 2006.

While most interventions to reduce racial and ethnic health disparities address awareness and behavioral change on the part of individuals, or seek to enhance the cultural competence of healthcare providers, there is a growing awareness of the role of larger societal factors, such as poverty, crime, racism and social inequity. These "social determinants" most certainly affect the health of our community. People who live in poverty, with insufficient resources to even feed and house themselves and their families, are often unable to individually overcome these barriers to health and wellness. Those who live in substandard housing, for example, are often exposed to unsafe levels of lead paint and allergens (e.g., roaches), as well as high rates of violent crime. Stereotypes and discrimination have an impact on the way people are perceived,

and therefore the way they are treated by others when they do seek services. Resource-poor neighborhoods often include far too many unhealthy options—such as liquor stores, convenience stores, and fast food restaurants—and far too few healthy options, such as grocery stores with fresh fruits and vegetables, and safe streets, playgrounds, and parks. A growing body of evidence suggests that health disparities are just the tip of an iceberg that includes far more related risk factors than the individual personal behavioral risk factors traditionally considered by healthcare providers.

MEASURING AND REPORTING HEALTH DISPARITIES

There are probably as many efforts underway to calculate health disparities as there are datasets from which to draw conclusions. Unfortunately, not all of these datasets are readily available, and those that are may not make data available by race and/or ethnicity. Differences in the data, such as varying definitions of race and ethnicity, also confound efforts to compare data, for example, on Hispanic Whites versus Non-Hispanic Whites.

The ideal dataset from which to make such calculations would collect sufficient information to allow stratification and cross-analyses of data according to race, ethnicity, age, income, education, insurance status, etc.

Such a dataset could also support more specific analyses within racial and ethnic groups. It could determine, for example, what differences or disparities exist between recently-arrived Mexican immigrants and well-established, native-born Cuban Americans, or look at differences in health status between African American and Haitian populations in Miami-Dade County.

The Agency for Healthcare Research and Quality (AHRQ), which developed the National Healthcare Disparities Report, recommends the following standards for making comparisons to determine if disparities exist:

Comparisons should be made to a reference group:

- Each racial group is compared with data for Whites
- Hispanics are compared with non-Hispanic Whites
- Poor populations are compared with high income populations
- Uninsured and publicly insured are compared with privately insured

Disparities exist if:

- Relative differences are at least 10% and statistically significant with $p \leq 0.05$, assessed using z-tests

Change over time:

- Difference must have $p \leq 0.05$ and a geometric rate of change of $\geq 1\%$ per year

Source: "Collecting Race and Ethnicity Data is Not Enough: Measuring and Reporting Disparities," presentation by Karen Kar-Yee Ho, Bruce Siegel, David R. Nerenz, and Joseph R. Betancourt, at the 2007 Florida Minority Health Disparities Summit.

The unique demographic mix of Miami-Dade County (where more than three quarters of all Whites are Hispanic and more than 90% of all Hispanics are White) does not support the usual comparisons between White (i.e., Anglo or European) and Hispanic data used at the state and national level.

Hispanics in Miami-Dade versus State of Florida (2006)

	Miami-Dade County	State of Florida
Hispanics (all races)	61.3%	20.2%
White Non-Hispanics	18.3%	61.3%

Source: U.S. Census Bureau QuickFacts (<http://quickfacts.census.gov/qfd/states>)

This report therefore does not make these comparisons by directly comparing data for Whites (most of whom are Hispanics) with data for Hispanics (most of whom are white). Similarly, the report does not compare the relatively small number of Blacks (some of whom are Hispanic) with (White) Hispanics, which is actually the predominant racial/ethnic group in the County. Disparities are therefore simply calculated by comparing those rates that are the highest or “worst” (for any group) with those that are lower (for the other two groups).

As this document goes to press, the Florida Department of Health’s Office of Minority Health (OMH) is preparing to release a Florida Health Disparities Statewide Strategic Plan 2007-2010. This document identifies a set of targeted health disparities at the state level, including:

- ◆ Cardiovascular Disease (including Heart Disease and Stroke)
- ◆ Cancer (specifically, Breast, Cervical, Colorectal, and Prostate Cancer)
- ◆ Diabetes
- ◆ HIV/AIDS
- ◆ Immunization (including Pneumonia/Influenza)
- ◆ Maternal and Infant Health (including Infant Mortality)
- ◆ Oral Health

This report covers all of the health disparities that were identified at the State level, plus a few disparities that exist only at the County level. The Statewide Strategic Plan established a baseline for leading health indicators using three-year age-adjusted death rates (AADR) in 2002-2004. This report uses the same baseline measure to identify County-level disparities. The Statewide Plan also uses data from the 2004 Behavioral Risk Factor Surveillance System (BRFSS) survey (collected in 2002) as a baseline measure for numerous specific goals and objectives, and benchmarks its targets against Healthy People 2010 targets. This report uses similar behavioral risk factor data from the 2006 PRC Community Health Survey, *Living Healthy, Living Longer in Miami-Dade County*, and also compares current rates to Healthy People 2010 targets.

II. Snapshot of Diversity in Miami-Dade County

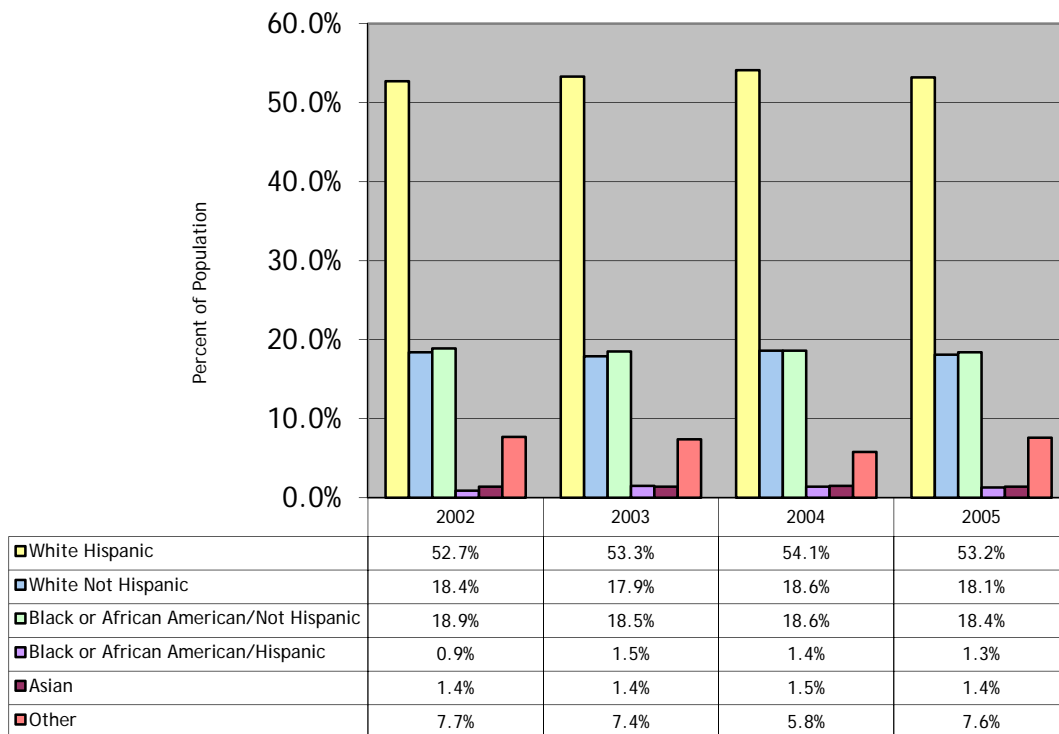
RACIAL/ETHNIC COMPOSITION

Population by Race and Ethnicity, 2006

	Miami-Dade County		State
Race	Population	Percentage	Percentage
White	1,853,466	75.9	80.9
Black	534,545	21.9	16.4
Other	54,159	2.2	2.7
Ethnicity	Population	Percentage	Percentage
Hispanic	1,509,508	61.8	19.8
Non-Hispanic	932,662	38.2	80.2
TOTAL	2,442,170	100.0	100.0

Source: Florida CHARTS County Health Profile Report

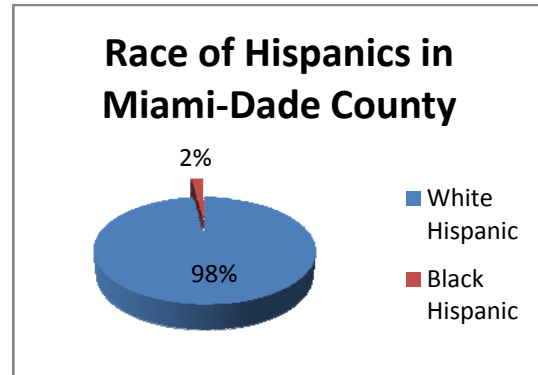
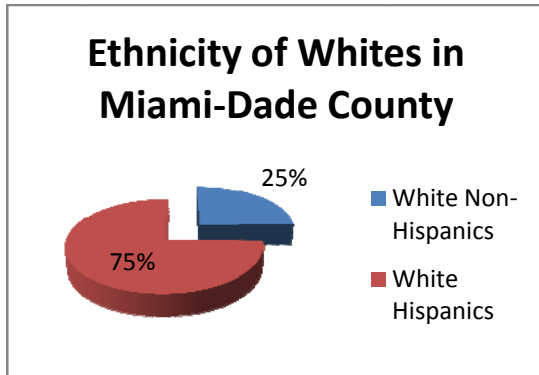
Race and Ethnicity*
Miami-Dade County, FL



**Other includes the racial categories "American Indian or Alaska Native" and "Native Hawaiian or Other Pacific Islander" as well as "some other race" for persons who do not identify with one of the specified groups.

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

The unique racial and ethnic diversity of Miami-Dade County is evident in the following pie charts, which visually demonstrate why it is not recommended to compare the FloridaCHARTS data on Hispanics (an ethnic group) with data on Whites (a racial group).



The majority of Whites in Miami-Dade County (75%) are Hispanic, and Hispanics in the County are overwhelmingly White. Comparing these two sets of data would not be comparing apples to apples, but rather it would be like comparing apples with the same apples, just in a different basket.

SOCIOECONOMICS, IMMIGRATION, AND INSURANCE STATUS

Selected Socioeconomic Indicators

Indicator	County		State
	1990	2000	2000
Percent of total population below poverty level	17.9	18.0	12.5
Percent of families below poverty level	14.1	14.5	9.0
Percent of population under 18 below poverty	24.3	23.2	17.2
Median Household Income	\$26,909	\$35,966	\$38,819
Percent of population > 25 with a high school diploma	65.0	67.9	79.9
Percent of population > 5 that doesn't speak English	n/a	8.7	1.9

Data Source: Florida CHARTS County Health Profile Report, 2000 U.S. Census

As demonstrated in the above table, the percentage of residents of the County who are below poverty level exceeds that of the state on every related indicator, and the median household income is lower. Many of the residents represented here may be among those who lack health insurance due to costs, among other reasons.

Percentage of Adults with No Health Care Coverage (2002)

White	Black	Hispanic
12.0	34.7	32.9

Source: FloridaCHARTS; 2002 Behavioral Risk Factors Surveillance Telephone Survey

A good deal of Miami-Dade County's racial and ethnic diversity is a result of immigration. According to 2000 U.S. Census data, 50.9% of Miami-Dade residents are foreign born, which is 3 times higher than the state average (16.7%). This high percentage of immigrants is reflected in the fact that 67.9% of those over age 5 speak a language other than English at home.

III. Disparities in Death Rates for Major Causes of Death in Miami-Dade County

METHODOLOGY

As this report was intended to give readers a sense of the “big picture” concerning health disparities in Miami-Dade County, the methodology chosen was one that would minimize the fluctuations in data from year to year and calculate one “disparity rate” for each disease.

Recent trends are displayed utilizing data available from Florida CHARTS, using three-year age-adjusted death rates (AADR) for three periods (2002-2004, 2003-2005, and ending 2004-2006). Using age-adjusted rates removes age-related differences that impede comparisons across different diseases that may affect the young or the elderly at differential rates.

To determine if a disparity exists, an average for data from across the same five year period (2002-2006) was calculated using discrete single-year data. It was then converted to a ratio for comparison purposes. The ratio is simply calculated by dividing the highest rate by the lower rate. Using the minimum 10% threshold recommended by AHRQ to establish a potential “disparity,” no disparity exists if the ratio is ≤ 1.10 . Resulting ratios are interpreted, for example, as indicating that the death rate for one group is 1.5 times or 50% higher than the rate for a comparison group.

Due to extreme overlap of White and Hispanic populations and lack of Non-Hispanic data by race in Florida CHARTS, comparison of data for racial groups (White and Black) with data by ethnicity (Hispanic) is not encouraged. Also due to this unique demographic makeup of Miami-Dade County, benchmarks used here are Healthy People 2010 targets rather than State or National rates, where Whites are predominantly non-Hispanic.

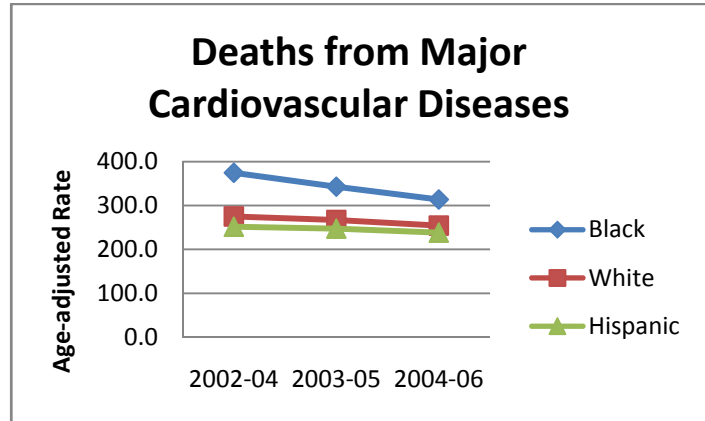
Although looking at this data is helpful, it does have limitations. Death rate data currently available from FloridaCHARTS is limited to three race categories, White, Black, Other Non-white (such as Asian American, Native Hawaiian, and Pacific Islander) OR ethnicity (Hispanic, all races). Disparities are therefore primarily established by comparing Whites and Blacks. In many instances, Hispanics have lower rates, or rates that closely parallel those of Whites. Another limitation is the lack of conclusive measures of disease incidence and prevalence that might indicate that the burden of disease is high among Hispanics for specific conditions, even though this is not their ultimate cause of death and therefore does not appear in this report as a disparity.

CARDIOVASCULAR DISEASES

Hispanic rates of death due to cardiovascular disease closely parallel those for Whites, while Blacks have higher rates of death for all but coronary heart disease.

The death rate from major cardiovascular disease among Blacks is on average 31% higher than that of Whites, and 41% higher than that of Hispanics.

2002-2006 Average Age-Adjusted Death Rate	
Black	346.6
White	265.0
Hispanic	245.0



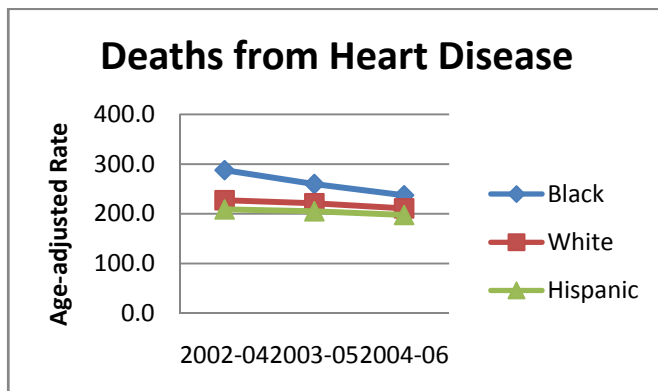
Cardiovascular-Related Prevention Quality Indicators (2006)

	All	Black	White	Hispanic	Non-Hispanic
Congestive Heart Failure Admission Rate per 100,000 (Age 18+)	564.7	790.0	508.2	378.3	869.9
Angina without Procedure Admission Rate per 100,000 (Age 18+)	32.1	40.3	29.9	25.0	43.1
Hypertension Admission Rate per Rate 100,000 (Age 18+)	113.6	209.5	89.1	70.3	185.2

Source: Prevention Quality Indicators, Technical Specifications, Version 3.1 (March 12, 2007), Agency for Healthcare Research

Admission rates for congestive heart failure were more than twice (2.3 times) as high for Non-Hispanics as for Hispanics

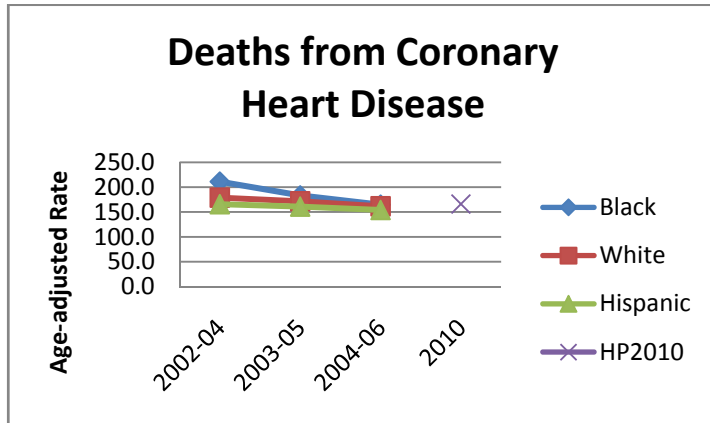
Admission rates for hypertension were more than twice (2.3 times) as high for Blacks than for Whites



Black rates of death from heart disease are on average 21% higher than rates among Whites, and 30% higher than rates among Hispanics.

2002-2006 Average Age Adjusted Death Rate	
Black	264.2
White	219.0
Hispanic	203.0

Although coronary heart disease is the leading cause of death in Miami-Dade County, with an age-adjusted death rate of 162.9 for all races, the County rate is just above the Healthy People 2010 goal of 162 (per 100,000).



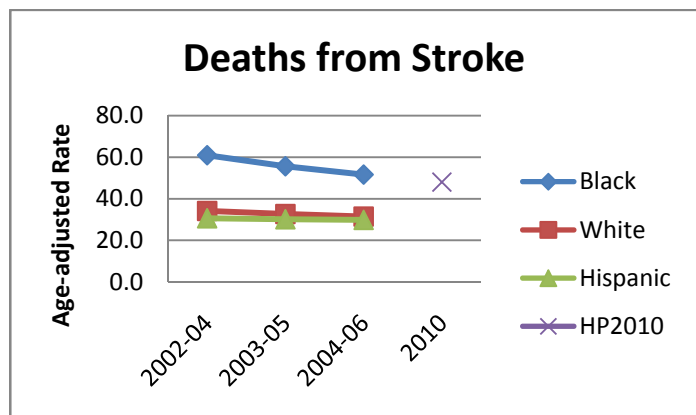
There is less disparity in death rates for Blacks from coronary heart disease, which are on average just 12% higher than rates among Whites, and 18% higher than rates among Hispanics.

2002-2006 Average Age-Adjusted Death Rate	
Black	189.2
White	170.5
Hispanic	160.2

According to FloridaCHARTS, there were 14,193 hospitalizations in Miami-Dade County from or with Coronary Heart Disease from 2004-2006.

There is a significant racial disparity in death rates from stroke. Rates among Blacks average 75% higher than those of Whites, and 90% higher than Hispanics.

2002-2006 Average Age-Adjusted Death Rate	
Black	57.3
White	32.8
Hispanic	30.2

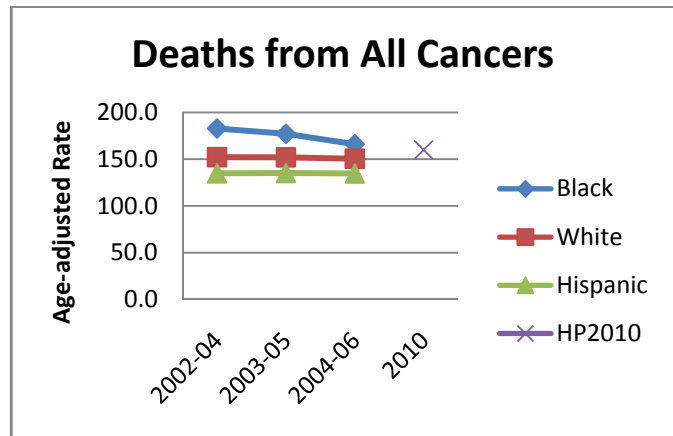


The average death rates from stroke for both Whites and Hispanics are below the Healthy People 2010 target of 48 per 100,000, while the rate for Blacks is 19% higher.

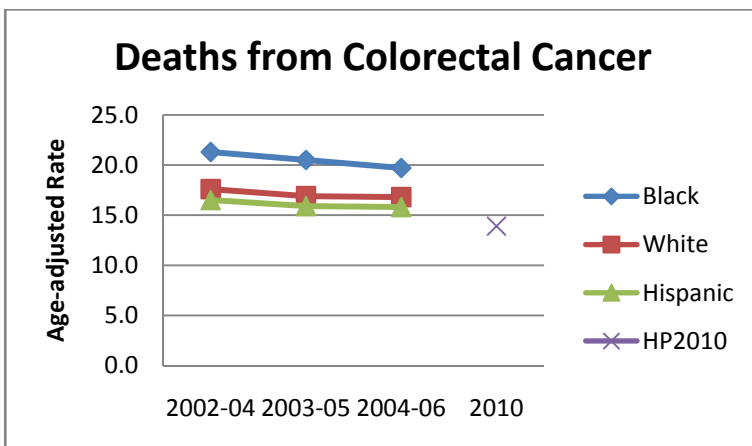
CANCER

Except for skin cancer, for which Whites have much higher rates, there are disparities in the death rates from cancer between Blacks and both Whites and Hispanics (higher by 16% and 30% respectively).

2002-2006 Average Age-Adjusted Death Rate	
Black	175.4
White	151.7
Hispanic	134.4

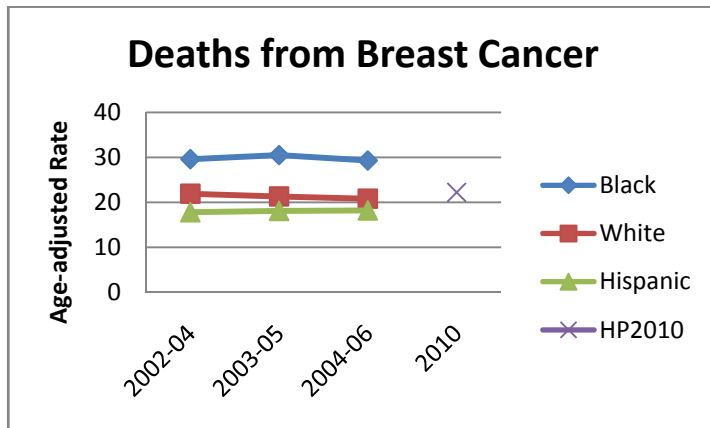


Cancer is the second most common cause of death in Miami-Dade County, representing 4,015 deaths in 2006, or 22% of all deaths in the County.



Black death rates from colorectal cancer are 21% higher than Whites and 28% higher than Hispanics.

2002-2006 Average Age-Adjusted Death Rate	
Black	20.9
White	17.3
Hispanic	16.3



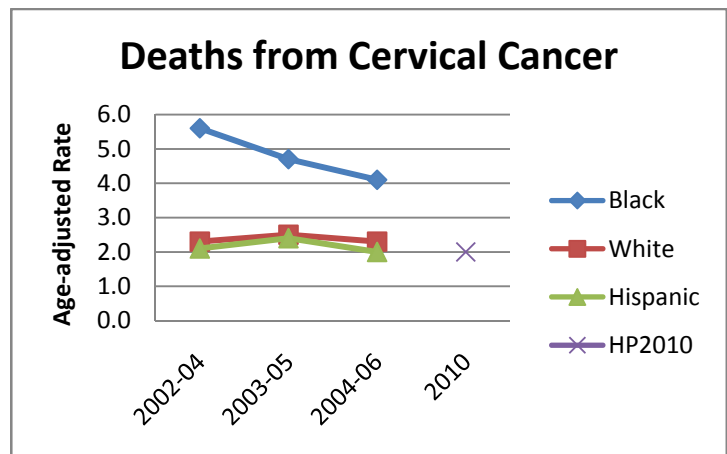
There are significant racial disparities in the death rates from breast cancer. Rates among Black women are on average 41% higher than among White women, and 64% higher than rates among Hispanic women.

2002-2006 Average Age-Adjusted Death Rate	
Black	29.4
White	20.9
Hispanic	17.9

According to FloridaCHARTS, 32.3% of all women diagnosed with breast cancer in Miami-Dade County from 2002-2004, or a total of 453 women (of all races), were in an advanced stage at diagnosis, which may be an important factor contributing to the death rate.

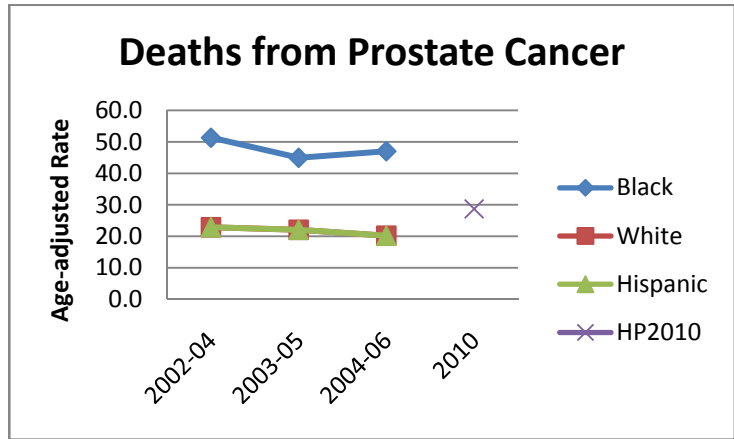
Although the actual numbers of annual deaths due to cervical cancer is relatively low (averaging 35 in 2004-2006), the racial disparity in deaths is disturbingly high.

Death rates from cervical cancer for Black women average more than twice (2.1 times) that of White women, and are 2.3 times higher than rates for Hispanic women.



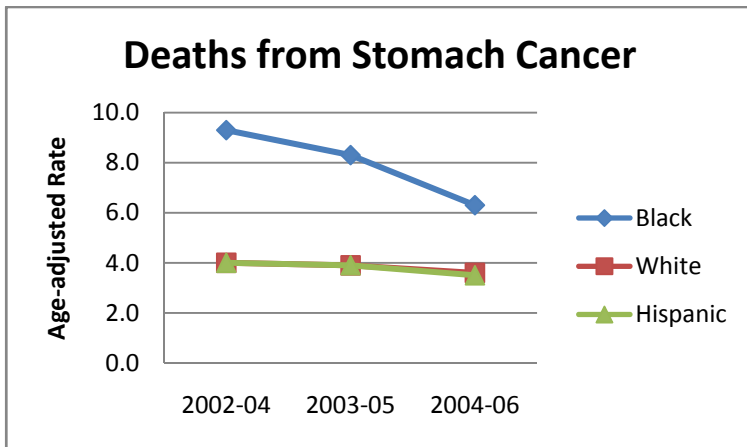
2002-2006 Average Age-Adjusted Death Rate	
Black	5.0
White	2.4
Hispanic	2.2

Like cervical cancer, deaths from prostate cancer represent a major racial disparity. Death rates from prostate cancer for Black men are on average more than twice (2.4 times) the rate for White and Hispanic men, who have essentially the same rates.



2002-2006 Average Age-Adjusted Death Rate	
Black	51.8
White	21.6
Hispanic	21.6

Death rates from skin cancer exhibit racial disparity unfavorable for Whites. The average death rate (2002-2006) from skin cancer or melanoma for Whites in Miami-Dade County is 1.8 per 100,000, which is 63% higher than rates among Hispanics and 4.5 times that of Blacks.

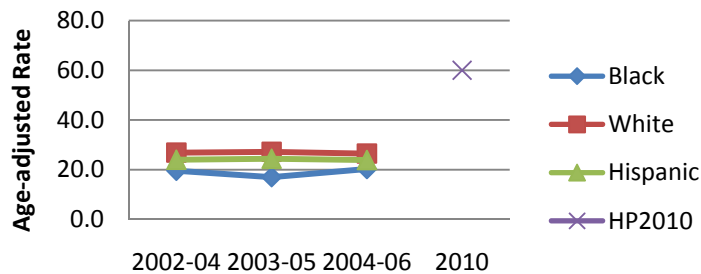


While the actual numbers are low, rates of death from stomach cancer do exhibit racial disparity. Average rates for stomach cancer deaths among Blacks are just over twice (2.1 times) those of Whites and Hispanics.

2002-2006 Average Age-Adjusted Death Rate	
Black	7.9
White	3.8
Hispanic	3.7

CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

Deaths from Chronic Obstructive Pulmonary Disease (COPD)



While death rates for COPD (including bronchitis, emphysema, and asthma) in Miami-Dade County are far below the Healthy People 2010 target rate of 60 per 100,000, they do exhibit a racial disparity—one that is unfavorable to Whites. Average death rates for Whites from COPD are 16% higher than those among Hispanics, and 32% higher than those among Blacks.

Whites and Non-Hispanics have higher rates of hospitalization for COPD and Adult Asthma, but the pediatric admission rate for Blacks is nearly twice that of Whites.

2002-2006 Average Age-Adjusted Death Rate

Black	20.3
White	26.8
Hispanic	23.8

Respiratory-Related Prevention Quality Indicators (2006)

	All	Black	White	Hispanic	Non-Hispanic
Chronic Obstructive Pulmonary Disease (COPD) Admission Rate per 100,000 (Age 18+)	234.7	167.3	253.7	189.1	307.1
Adult Asthma Admission Rate per 100,000 (Age 18+)	174.5	246.3	155.6	115.8	270.4
Pediatric Asthma Admission Rate per 100,000 (Age < 18)	236.4	365.0	187.1	143.5	224.8

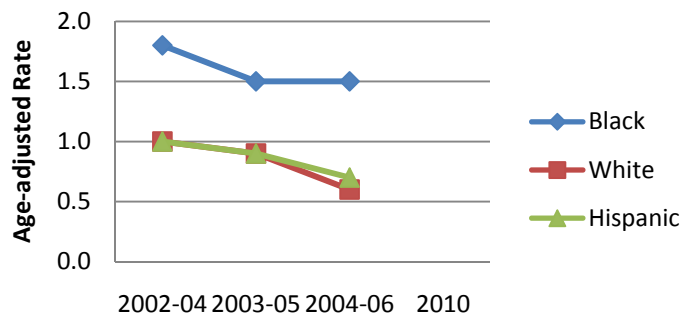
Source: Prevention Quality Indicators, Technical Specifications, Version 3.1 (March 12, 2007), Agency for Healthcare Research

Though the actual number of deaths is low, the average death rate from asthma among Blacks is more than twice the rate among Whites and Hispanics, who experience extremely similar rates, far below the Healthy People 2010 target of 2.0 for adults.

2002-2006 Average Age-Adjusted Death Rate

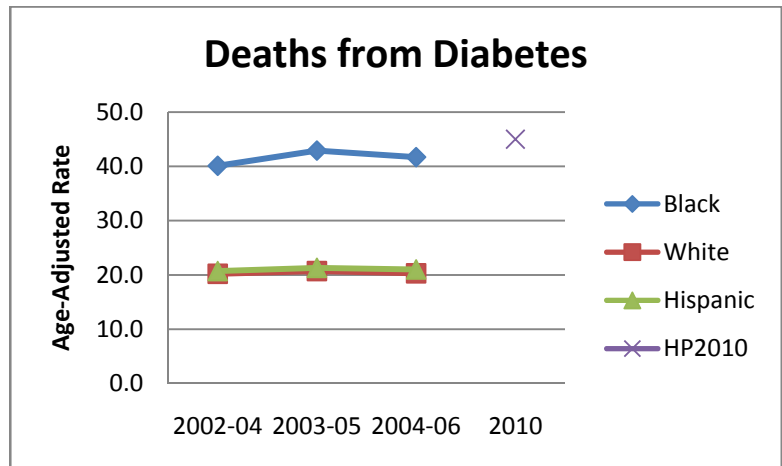
Black	1.7
White	0.8
Hispanic	0.8

Deaths from Asthma



DIABETES

According to cause of death and hospitalization data, the Black community in Miami-Dade is seriously and disproportionately impacted by diabetes. Rates of death from diabetes among Blacks are on average about twice the rate among Whites and Hispanics, who have similar, far lower rates.



2002-2006 Average Age-Adjusted Death Rate	
Black	41.0
White	20.4
Hispanic	21.1

Local death rates from diabetes for all groups are still below the 2010 target of 45 per 100,000.

Blacks experience about twice the admission rates of Whites for short- and long-term complications from diabetes and for uncontrolled diabetes, and nearly twice (1.9 times) the rate of lower extremity amputations.

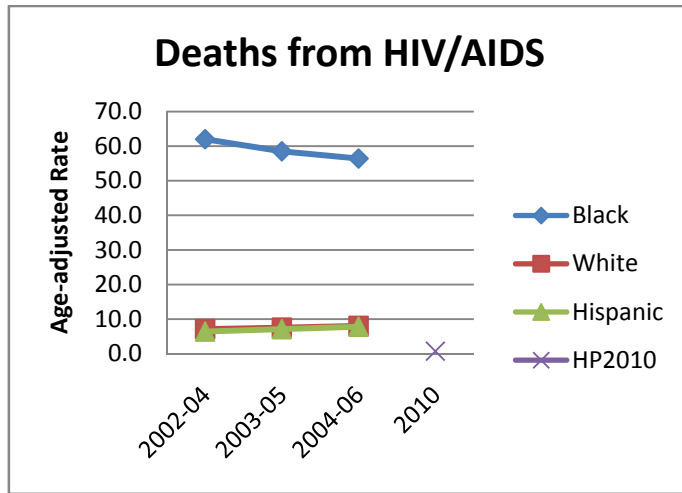
Admission rates for diabetes were also significantly higher among Non-Hispanics than the same rates among Hispanics.

Diabetes-Related Prevention Quality Indicators (2006)

	All	Black	White	Hispanic	Non-Hispanic
Diabetes Short-term Complication Admission Rate per 100,000 (Age 18+)	45.8	91.9	33.8	28.5	73.9
Diabetes Long-term Complication Admission Rate per 100,000 (Age 18+)	120.7	199.8	100.2	74.3	197.7
Uncontrolled Diabetes Admission Rate per 100,000 (Age 18+)	55.9	94.0	45.6	37.8	84.9
Lower-extremity Amputation Rate Among Patients with Diabetes per 100,000 (Age 18+)	44.0	70.0	37.1	28.3	69.1

Source: Prevention Quality Indicators, Technical Specifications, Version 3.1 (March 12, 2007), Agency for Healthcare Research

HIV/AIDS



The most drastic racial disparity identified for this report is in the area of HIV/AIDS. The Black community in Miami-Dade County currently bears a disproportionate burden as a result of this disease, which is perhaps best exemplified by an average death rate from HIV/AIDS that is 7.8 times that of Whites and 8.4 times that of Hispanics.

2002-2006 Average Age-Adjusted Death Rate	
Black	58.6
White	7.5
Hispanic	7.0

The rate of reported HIV cases among adults age 19+ for Blacks in 2006 was 3.7 times that of Whites and 4.7 times that of Hispanics, while the rate for Blacks under 19 was 2.4 times that of Whites and 3.3 times that of Hispanics.

The cumulative number of reported AIDS cases was highest among Blacks in all categories: Blacks comprise 42.6% of all male cases, 76.1% of all female cases, and 86.0% of all pediatric cases. The rate for Hispanics in all three categories was more than twice that of Non-Hispanic Whites.

Reported AIDS Cases, 2006

	All		Black		White		Hispanic	
	#	rate	#	rate	#	rate	#	rate
Reported HIV cases regardless of AIDS status (Age 19 and Over) 2006	1172	48.0	635	118.8	127	31.7	400	25.1
Reported HIV cases regardless of AIDS status (Age 0-19) 2006 per 100,000	1202	49.2	541	101.2	169	42.1	484	30.4

Source: Miami-Dade County Health Department HIV/AIDS Reporting System, accessed 2/14/08; Note that White=Non-Hispanic

Cumulative Number of Reported AIDS Cases

	Cumulative number of cases: Adult Males	Percent of cumulative total cases: Adult Males	Cumulative number of cases: Adult Females	Percent of cumulative total cases: Adult Females	Cumulative number of cases: Pediatric	Percent of cumulative total cases: Pediatric
White	3,956	17.3	405	5.2	20	4.0
Black	9,734	42.6	5,882	76.1	435	86.0
Hispanic	8,943	39.1	1,328	17.4	51	10.1

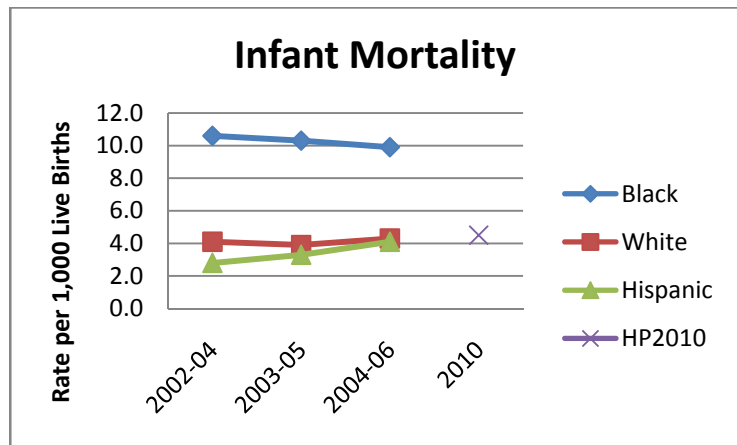
Source: Miami-Dade County Health Department HIV/AIDS Reporting System, accessed 2/14/08; Note that White=Non-Hispanic

INFANT MORTALITY

Infant mortality rates are calculated based on deaths from 0-364 days of birth.

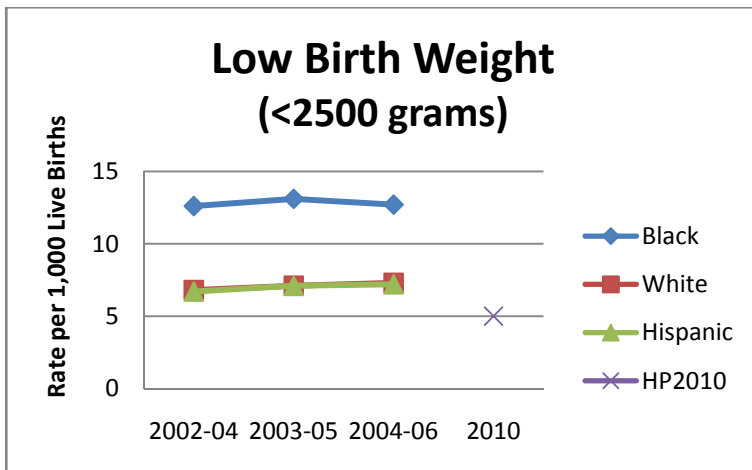
Black infant mortality rates in Miami-Dade County are on average 2.5 times that of Whites, and 3 times the rate of Hispanics.

Rates among Whites and Hispanics, on the other hand, are on average less than the Healthy People 2010 target of 4.5 per 1,000 live births.



2002-2006 Average Death Rate per 1,000 Live Births	
Black	10.6
White	4.2
Hispanic	3.5

According to data from the Black Infant Health Practice Initiative, low birth weight infants account for only 7.9% of all births, but represent 66% of all infant deaths.

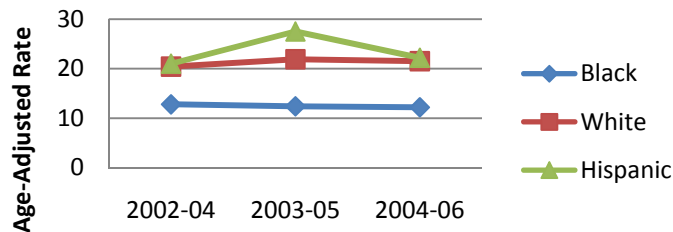


The average rate at which Black women deliver low birth weight infants is nearly twice that of Whites and Hispanics, who have nearly identical rates.

2002-2006 Average Low Birth Weight Rate	
Black	12.7
White	7.1
Hispanic	7.0

ALZHEIMER'S DISEASE

Deaths from Alzheimer's Disease



Hispanics have the highest rates of death from Alzheimer's Disease, while Blacks have the lowest. Although the average Hispanic death rate is nearly equal to that of Whites, it is 68% higher than rates among Blacks.

According to the American Alzheimer's Association, a recent study of older Mexican Americans found that type 2 diabetes and hypertension contribute more to dementia in this ethnic group—43% of those with dementia also had diabetes, stroke, or both—than among people of European ancestry.

2002-2006 Average Age-Adjusted Death Rate

White	20.8
Black	12.6
Hispanic	21.2

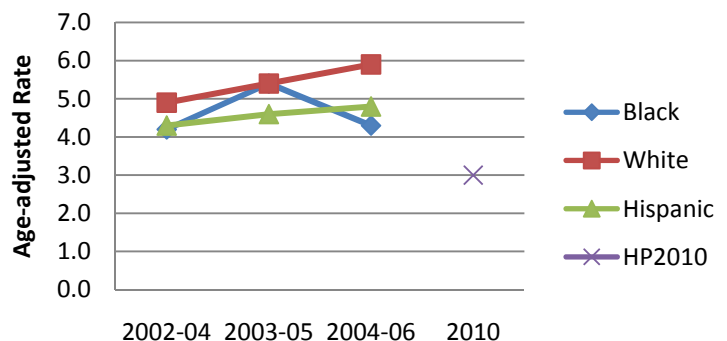
UNINTENTIONAL INJURY - FALLS

Whites experience death rates from falls at higher rates than Blacks (35% higher) and Hispanics (20% higher). Rates for all racial and ethnic groups are far above the Healthy People 2010 target of 3 per 100,000.

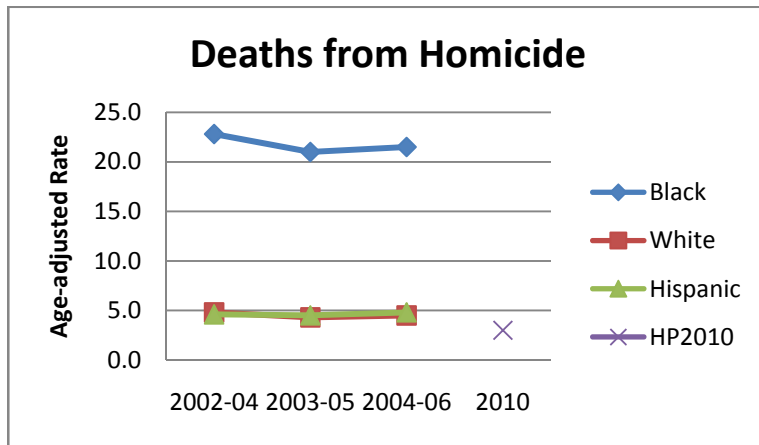
2002-2006 Average Age-Adjusted Death Rate

Black	4.0
White	5.4
Hispanic	4.5

Deaths from Falls



HOMICIDE



Although not usually addressed through the health care system, homicide represents a serious threat to the health of Miami-Dade residents, particularly those who are Black. The average rate of death by homicide for Blacks is 4.7 times that of Whites and Hispanics, who experience nearly identical and much lower rates.

2002-2006 Average Age-Adjusted Death Rate

Black	21.9
White	4.7
Hispanic	4.7

The homicide rate, along with the rate of other crimes, is an important measure of the health and safety of a community.

IV. Living Healthy, Living Longer: Self-Reported Health Status, Lifestyle Practices, and Behavioral Risk Factors

INTRODUCTION AND METHODOLOGY

The Living Healthy, Living Longer (LHLL) survey was developed as a tool to gather community specific data on self reported health status and current lifestyle practices in Miami-Dade County. The LHLL initiative was launched on March 1, 2006 as a collaborative effort sponsored by the BlueCross BlueShield of Florida, the Health Foundation of South Florida, and the Miami-Dade County Health Department/Consortium for a Healthier Miami-Dade.

The survey instrument was based on the Center for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance Survey (BRFSS), and was conducted by Professional Research Consultants (PRC), a national research firm. The community health survey followed the BRFSS categories (i.e., healthcare access, medications, environmental health, demographics, women's health, injury control, nutrition and physical activity, literacy, organizational visibility and children's health, while incorporating 38 new questions. The survey was conducted via a random household telephone survey of 1,005 individuals aged 18 and older—505 in Miami-Dade County plus 500 in South Miami-Dade region. The margin of error is $\pm 3.1\%$ with a confidence level of 95% for the countywide sample.

Like the data from FloridaCHARTS, PRC survey data is available by race (Black/White) or ethnicity (Hispanic/Non-Hispanic), but not a combination of the two. The category "White" therefore includes all ethnicities, including Hispanics, and the category "Hispanic" includes all races, including both Black and White. The unique demographic mix of Miami-Dade County (where more than three quarters of all Whites are Hispanic and more than 90% of all Hispanics are White) does not support the usual comparisons between White (i.e., Anglo or European) and Hispanic data used at the state and national level.

Due to the small sample sizes for some questions in the survey, particularly for some race/ethnicity data in the survey (e.g., 26 Blacks with diabetes, 58 Blacks with hypertension), simple numerical differences in response rates between racial and ethnic groups should not be interpreted as constituting "disparity." Using methodology recommended by AHRQ, data from the 2006 PRC Community Health Survey, *Living Healthy Living Longer in Miami-Dade County*, were subjected to a t-test to determine if responses between racial and ethnic groups were statistically significant (note, these tests are performed only on questions with yes/no or ordinal response scales). [for more information on t-tests, see http://www.socialresearchmethods.net/kb/stat_t.php] Not all questions exhibited statistical differences in responses between racial or ethnic groups; only those that did are summarized here. Tables containing supporting data appear in Appendix B. Responses that show no statistical difference, along with those that cannot be t-tested, are shaded in gray, while those that suggest a significant difference by race or ethnicity appear in red.

Measuring Disparity

The difference between responses is expressed as a ratio, simply calculated by dividing the highest response rate by the lowest response rate (both expressed as a percentage). Using the minimum 10% threshold recommended by AHRQ to establish a potential "disparity," no disparity

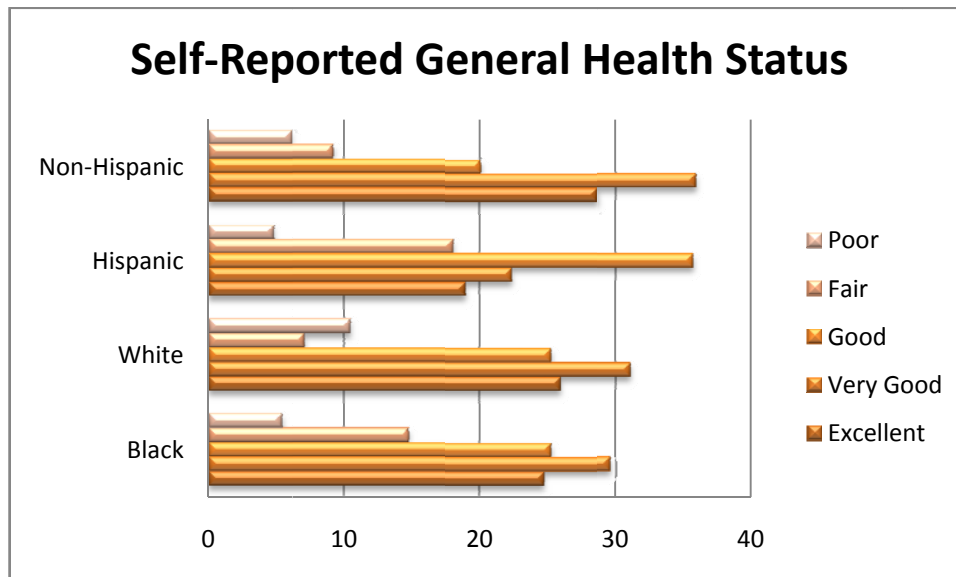
exists if the ratio is ≤ 1.10 . Resulting ratios are interpreted, for example, as indicating that one group is 1.5 times or 50% more likely than another group to respond a certain way.

Compared to data available from the Behavioral Risk Factor Surveillance System (BRFSS) the Living Healthy, Living Longer Survey data is more recent, but it should also be interpreted cautiously. It represents data from only one point in time, rather than the multiple points in time needed to establish trends in disparities, as recommended by the AHRQ model. It should therefore be considered a baseline from which to measure changes in subsequent administrations of the survey, rather than an absolute measure of disparities.

SELF-REPORTED HEATH STATUS

General Health

Hispanics were 1.5 times more likely to report their general health status was Fair or Poor than non-Hispanics, and Non-Hispanics were 1.5 times more likely to report that their health was Excellent than Non-Hispanics.



Cardiovascular Diseases

Although 83.8% of all survey respondents had one or more cardiovascular risk factors, and 32.7% of all survey respondents had been diagnosed with high blood pressure, there were extremely few statistically significant differences by race or ethnicity for either of these risk factors in the survey data.

Chronic Heart Disease Hispanics were nearly twice (1.90 times) as likely as Non-Hispanics to say they suffered from or had been diagnosed with chronic heart disease, including coronary heart disease, angina, or a heart attack.

Stroke There were no significant differences by race or ethnicity in the self-reported incidence of stroke, which was experienced by only 1.8% of survey respondents.

Cancer

Whites were three times more likely than Blacks to say they suffered from or had been diagnosed with cancer (not including skin cancer).

Breast/Cervical Cancer No self-reported incidence data were collected by the survey on breast or cervical cancer, and there were no significant differences by race or ethnicity in the frequency of mammograms (for women 40+), breast exams, and pap tests.

Prostate Cancer Among male respondents age 50+, White men were more than twice (2.21 times) as likely than Black men, and Hispanic men were almost twice (1.93 times) as likely as Non-Hispanic men to say they had never had a prostate-specific antigen (PSA) test. Black men (age 50+) answering the survey were 15% more likely than White men, and Non-Hispanic men were 30% more likely than Hispanic men, to say they had one in the past 2 years.

Colorectal Cancer For respondents age 50+, Whites were twice (2.1) as likely as Blacks, and Hispanics were 38% more likely than Non-Hispanics to say they had never had a sigmoidoscopy or colonoscopy. There were no significant differences by race or ethnicity in the frequency of digital rectal exams.

Skin Cancer/Melanoma Whites were six times more likely than Blacks, and Non-Hispanics were 2.3 times more likely than Hispanics, to say they suffered from or had been diagnosed with skin cancer. Whites were 77% more likely than Blacks to say they limited time spent in the sun or wear sun block, but there were no significant difference in responses between Hispanics and Non-Hispanics (nearly 60% of both do the same). Among survey respondents with children, Whites were twice as likely as Blacks, and Hispanics were 30% more likely than Non-Hispanics, to limit the time their child spends in the sun or have the child wear sunblock.

Chronic Obstructive Pulmonary Disease (COPD)

There were no significant differences by race or ethnicity in the self-reported incidence of chronic lung disease (including bronchitis or emphysema).

Asthma Blacks were almost twice (1.93 times) as likely as Whites to say they had (ever) been told by a doctor, nurse, or other health professional that they had asthma. Among survey respondents with children, Blacks were more than three (3.2) times more likely than whites to say a doctor or health professional had (ever) told them their child had asthma.

Diabetes

There were no significant differences by race or ethnicity in the self-reported incidence of diabetes (as diagnosed by a doctor), which was reported by only 11.3% of all survey respondents.

HIV/AIDS

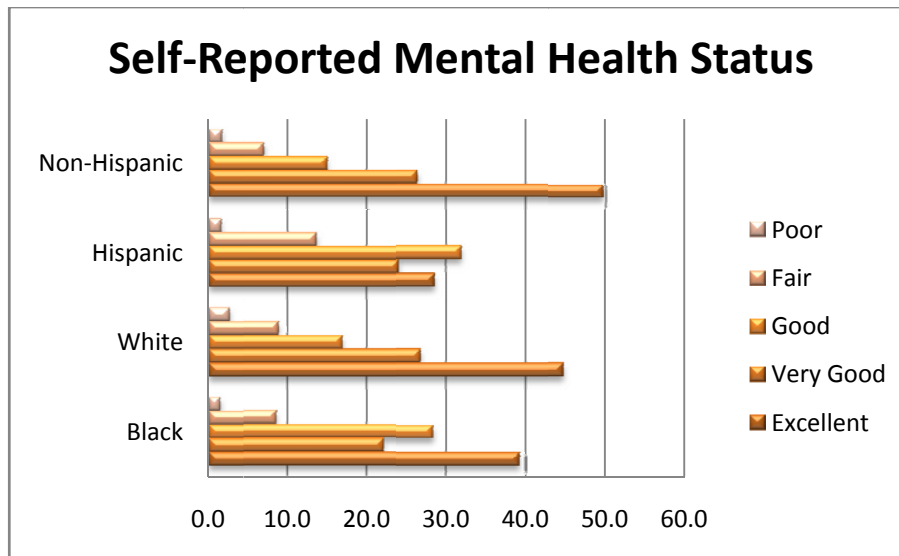
No self-reported incidence data on HIV/AIDS were collected by this survey. Blacks were 55% more likely than Whites to report having been tested for HIV in the past year, and 58% more likely to report having been tested within the past 3 years. Whites were 84% more likely than Blacks to say they had never been tested for HIV (not counting tests when donating blood).

Arthritis/Rheumatism

Whites were 70% more likely than Blacks to say they suffered from or had been diagnosed with arthritis or rheumatism.

Mental Health

Non-Hispanics were 74% more likely to report their general mental health (including stress, depression, and problems with emotions) was Excellent, while Hispanics were 76% more likely than Non-Hispanics to say that their mental health was Fair or Poor.



There were no statistical differences by race or ethnicity for those who were diagnosed with depression by a doctor (10.4% of all respondents). There were several other significant differences, however:

- ◆ Hispanics were nearly twice (1.94 times) as likely to say they had two years or more in their life when they felt depressed or sad most days, even if they felt okay sometimes.
- ◆ Whites were 76% more likely than Blacks to report seeking professional help for a mental or emotional problem.
- ◆ Whites were 45% more likely than Blacks, and Hispanics were 23% more likely than Non-Hispanics, to report that the amount of stress in their life on most days was Moderately, Very, or Extremely Stressful. Though the differences were small, Whites were 10% more likely than Blacks, and Non-Hispanics were 16% more likely than Hispanics, to say they have

healthy things they do on a regular basis, such as hobbies, meditation, or exercise, to reduce stress.

MULTI-DISEASE RISK FACTORS

Hypertension/High Blood Pressure

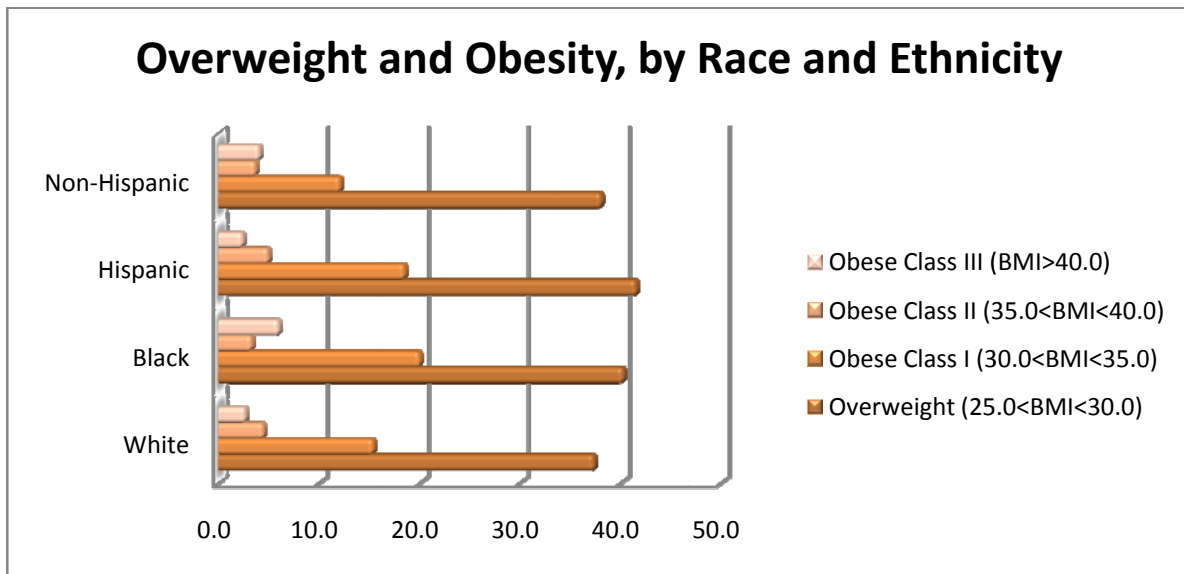
Whites were 60% more likely than Blacks and Hispanics were 38% more likely than Non-Hispanics to say that it had been more than 6 months since they last had their blood pressure taken by a doctor, nurse, or other health professional. There were no statistical differences between racial and ethnic groups for respondents who said they had been told by a health professional they had high blood pressure (32% of all respondents) or for those who said they were currently taking action (e.g., medication, diet, exercise) to control it (85% of respondents with high blood pressure).

Cholesterol

More than three quarters of all respondents said they had their cholesterol checked within the past year, with no significant difference in frequency by race or ethnicity. Whites were 85% more likely than Blacks to say they had been told by a doctor, nurse, or other health professional that their blood cholesterol was high. Of those who did have high cholesterol, Blacks were 13% more likely than Whites, and Hispanics were 15% more likely than Hispanics to say they were currently taking action (i.e., medication, diet, exercise) to control it.

Weight

Whites were 30% more likely than Blacks, and Non-Hispanics were 26% more likely than Non-Hispanics, to report being a healthy weight ($18.5 < \text{BMI} < 25.0$). Although there were no statistical differences by race or ethnicity for those survey respondents who were classified as overweight ($25.0 < \text{BMI} < 35.0$), Blacks were 30% more likely than Whites, and Hispanics were 30% more likely than Non-Hispanics, to be classified as obese ($\text{BMI} > 35.0$).



Hispanics were 48% more likely than Non-Hispanics to report that a doctor, nurse, or other health professional had given them advice about their weight, and were 17% more likely than Non-Hispanics to say that during the last 12 months, a doctor had asked them about or given them advice regarding physical activity or exercise. There were no significant differences in changes based on this advice by race or ethnicity, and no such differences in the frequency of receiving advice on diet and nutrition.

HEALTH CARE RISK FACTORS

Insurance Status

While 86.9% of all survey respondents said they had health insurance coverage for the entire previous year, Hispanics were 65% more likely than Non-Hispanics to report that they were without health insurance coverage for some time in the previous 12 months.

Among those age 18 to 64, Non-Hispanics were 15% more likely to have some form of insurance (government or private) than Hispanics.

Access to Care

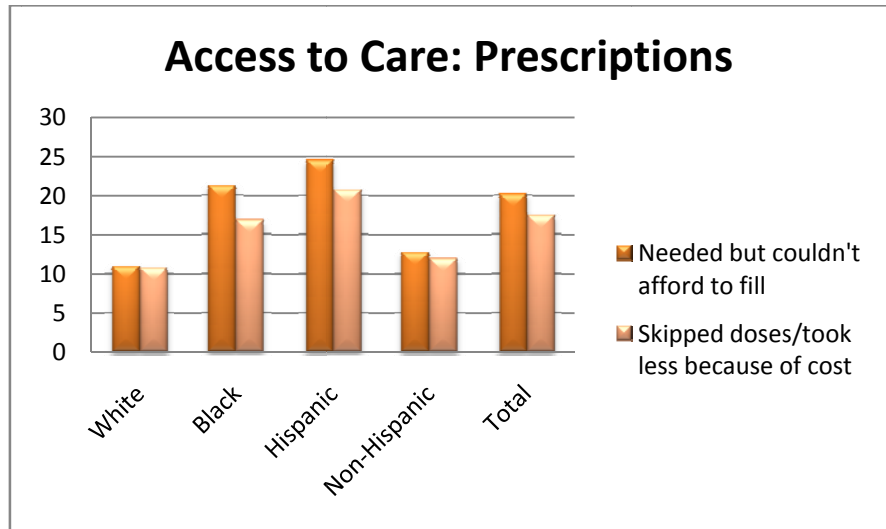
Three quarters (75.5%) of all survey respondents said they had a particular place they usually go if they are sick or need advice about their health; there were no significant differences by race or ethnicity. Similarly, there were no statistical differences in responses by race or ethnicity for questions about difficulty finding a doctor or difficulty getting an appointment, nor for delays receiving needed care.

However, Hispanics were 70% more likely than Non-Hispanics to report that there was a time during the past 12 months when they needed to see a doctor but could not because of the *cost*.

Among survey respondents with children, Hispanics were more than twice (2.3 times) as likely as Non-Hispanics to report there was a time in the past 12 months when their child needed medical care but they could not get it. Unfortunately, it is not possible to determine if there are racial or ethnic disparities based on the reason because of the way the original survey question was constructed, but the most common reason for all respondents was *cost or lack of insurance* (85.9%).

Blacks were almost three (2.95) times more likely than Whites, and Hispanics were 65% more likely than Non-Hispanics, to say there was a time during the past 12 months when a lack of *transportation* made it difficult or prevented them from seeing a doctor or making a medical appointment.

Blacks were nearly twice as likely as Whites, and Hispanics were nearly twice as likely as Non-Hispanics, to say there was a time in the past 12 months when they needed a *prescription medicine* but did not get it because they could not afford it. Blacks were 56% more likely than Whites, and Hispanics were 73% more likely than Non-Hispanics, to say that during the past 12 months, they skipped doses or took smaller doses in order to make their prescriptions last longer and save costs.



Routine Care

Whites were nearly three times as likely as Blacks to say that it has been 2 or more years since they last visited a doctor for a routine checkup (i.e., a general physical exam, not an exam for a specific injury, illness or condition). Similarly, Hispanics were 66% more likely than Non-Hispanics to say it had been more than two years since a routine checkup.

Nearly four out of five Black respondents, on the other hand, said they had a routine checkup within the past year. Among survey respondents with children, Blacks were 30% more likely than Whites to indicate their child had been to the doctor for a routine checkup or general physical exam (not counting visits for a specific injury, illness, or condition) within the past 6 months.

Emergency Room Utilization

The minor statistical differences in the frequency of emergency room use between Hispanics and Non-Hispanics were less than 4% and therefore did not constitute a disparity as they did not reach the 10% minimum threshold. There were no such differences between Blacks and Whites. Although the data could not be tested for significance by race and ethnicity due to the construction of the original survey question, most respondents used the emergency room for life-threatening situations (64.7%) and after-hours/weekends (22.2%).

Immunizations

Whites were 3.4 times more likely than Blacks to say they had a flu shot in the past 12 months, and Non-Hispanics were 62% more likely than Hispanics to say they had ever had a pneumonia shot (usually given only once or twice in a person's lifetime). Notably, there were no statistical differences in flu vaccination by race or ethnicity for adults over 65. For high-risk adults age 18-64, however, Whites were more than twice (2.3 times) as likely as Blacks to have ever had a pneumonia vaccine.

Oral Health

Although over half (52%) of White respondents said they had been to a dentist or dental clinic (for any reason) in the past 6 months, Blacks were 70% more likely than Whites to say they hadn't been to a dentist or dental clinic more than 2 years. Among survey respondents with children, Whites were 25% more likely than Blacks to report their child had been to a dentist or dental clinic in the past 2 years, while Blacks were more than twice (2.1 times) as likely to report their child had never been to a dentist or dental clinic.

LIFESTYLE/BEHAVIORAL RISK FACTORS

Physical Activity

Questions addressing physical activity focused on free time exercise or recreational activities (e.g., walking, running, bicycling, rollerblading, swimming, golfing, vacuuming, gardening, heavy yard work, aerobics, calisthenics, fitness programs, gym membership) rather than physical exertion on the job. These questions were not designed to capture the exertion of manual and physical labor required by many occupations. There were several significant differences in responses: by race and ethnicity:

- ◆ Whites were more than twice (2.1 times) as likely as Blacks to say they participate in a regular fitness program or are a member of a gym or fitness center.
- ◆ Non-Hispanics were 62% more likely than Hispanics to say that they engaged in Vigorous Physical Activity (20+ minutes) three or more times per week. More than three quarters of Hispanic respondents did not do so. Overall, Non-Hispanics were 39% more likely to meet physical activity recommendations than Hispanics.

Nutrition

There were no significant differences by race or ethnicity for questions regarding receiving advice from a doctor regarding diet and nutrition. There were several notable disparities, however:

- ◆ Non-Hispanics were 30% more likely than Hispanics to report they ate 5+ servings of fruits and vegetables a day, and were 16% more likely to report eating 2 or more servings of fruit per day.
- ◆ Whites were 49% more likely than Blacks, and Non-Hispanics were 45% more likely than Hispanics to report eating 3+ servings of vegetables a day, one-third of which were dark green or orange (e.g., broccoli, spinach, collards, carrots, sweet potatoes).
- ◆ Blacks were 39% more likely than Whites to say they ate at a "fast food" restaurant 3 or more times in the past week (including breakfast, lunch, and dinner). Whites were 16% more likely than Blacks to say they ate no "fast food" in the past week.

Condom Use

Overall, Blacks were 35% more likely than Whites to report that a condom was used the last time they had sexual intercourse. In a very small sample of non-monogamous adults (n=53), Blacks (who reported 100% use) were 73% more likely than Whites and Non-Hispanics were 60% more likely than Hispanics to use condoms.

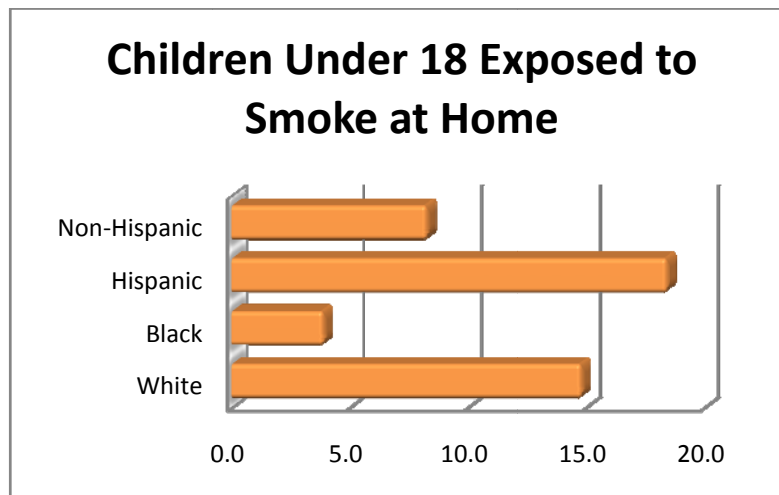
Tobacco Use

Whites were 79% more likely than Blacks to say they had smoked at least 100 cigarettes in their entire life. Blacks were more 27% more likely than Whites to say they never smoked.

Although only 12% of all respondents currently smoked:

- ◆ Whites were twice as likely to say they now smoked Some Days or Every Day
- ◆ Whites were 76% more likely to say that in the past 30 days, someone smoked cigarettes, cigars, or pipes in their home an average of four or more days per week.
- ◆ Among female survey respondents age 18-44, White women were 24 times more likely than Black women to be a regular or occasional smoker.

Notably, although there were no statistically significant differences between Hispanics and Non-Hispanics on self-reported tobacco use, Hispanics were more than twice (2.2 times) as likely as Non-Hispanics to have children under 18 exposed to smoke in their home. Whites were 3.79 times as likely as Blacks to have the same.



Alcohol Consumption

While Whites were 84% more likely than Blacks to be a Current Drinker (at least one drink in the past month), Blacks were 75% more likely than Whites to say they did not drink at all during the past month. There were no statistical differences between racial and ethnic groups for those who would be considered Binge Drinkers (5+ drinks on one occasion), which was 8.3% of all respondents. And while only a very small percentage (2.1%) of all survey respondents would be considered Chronic Drinkers (60+ drinks in the past month), Whites were three times more likely than Blacks to say they drink this amount.

Drug Use

There were no statistical differences in survey responses by race or ethnicity concerning illegal drug use, prescription drug abuse, or experience with substance abuse treatment.

Accidental Injury

There were no statistical differences by race or ethnicity for use of seat belts in an automobile or for speeding tickets in the past year. There were significant differences in the use of bicycle helmets, however. Non-Hispanic adults were 58% more likely to say they always wore a bicycle helmet when riding a bike, while Hispanic adults were 48% more likely to say they never did. Among survey respondents with children, Non-Hispanics were 20% more likely to say their child always wore a helmet, and Hispanics were 3.5 times more likely to say their child never wore a bicycle helmet when riding their bicycle.

Built Environment

Whites were 34% more likely than Blacks, and Hispanics were 17% more likely than Non-Hispanics, to say there are walking, jogging, or biking trails in their neighborhood. Blacks were 10% more likely than Whites to report there were street lights in their neighborhood. Hispanics were 11% more likely than Non-Hispanics to say they had never visited a local park, community center, or recreational facility in the past year.

Maternal/Child Health

Notably, there were no statistically significant differences in survey responses by racial or ethnic group for receipt of prenatal care, use of prenatal vitamins, breast feeding, daily use of multivitamins by child, meals eaten by a child at fast food restaurants, participation in sports teams, and use of child safety restraints in automobiles.

V. Summary and Recommendations

SUMMARY

Most of the health disparities identified in this report are those that negatively impact Blacks in Miami-Dade County. The reason for this is two-fold: first, because the health status of Blacks truly is worse than that of other racial and ethnic groups in the County, and second, due to the nature of the available data, it is easier to identify disparities in the health status of Blacks than for groups where race and ethnicity significantly overlap. If it were possible to break data down by nation of origin, acculturation, and socio-economic status, on the other hand, it might be possible to identify other disparities by race and ethnicity—for Haitians versus African Americans, for example, or recent Mexican immigrants versus U.S.-born Cubans, or people below poverty level versus those above it.

RECOMMENDATIONS

1. Create a ***Miami-Dade County Plan to Address Health Disparities*** that is aligned with the Florida Health Disparities Statewide Strategic Plan. The County Plan should identify goals and objectives specific to the County, as well as ways to leverage state and national technical assistance resources to build or enhance the local community's capacity to measure and address health disparities.
2. Begin planning to create a more ***Comprehensive Health Disparities Report*** in 2009 to include more diverse and more specific data. Health Zone-level data for death rates and incidence data could also be generated and analyzed by MDCHD's Epidemiology Department, or by another party (e.g., Health Council, local university). If possible, the next report should also include more information about local health system resources and social determinants (e.g., crime rates, surveys of poor neighborhoods that count grocery stores, liquor stores, and environmental risk factors). Consider incorporating disparities into the next Miami-Dade County Community Health Report Card.
3. Establish a ***Miami-Dade County Health Disparities Workgroup***. The workgroup should include epidemiologists and health statisticians from the Health Department and local academic institutions, as well as local health program evaluators. The Workgroup would also include community-based providers with expertise working in specific communities and others interested in reducing disparities. The workgroup would be charged with developing best practice guidelines for collecting and analyzing local data by race and ethnicity, determining appropriate comparative methodologies, and tracking trends and other changes in health disparities data and indicators. Miami-Dade's unique demographic configuration may require a unique approach to health disparities that can, for example, consider the diversity within the local Black and Hispanic populations in terms of their country of origin, acculturation, and immigration status.
4. Establish a ***Local Best Practices Compendium*** that describes successful interventions, programs, and practices that reduce health disparities. Establish a local clearinghouse to serve as the repository and public source of information on best practices to reduce health disparities.

Resources for Reducing Racial and Ethnic Health Disparities

- Florida State Department of Health, Office of Minority Health (FDOH-OMH)
<http://www.doh.state.fl.us/minority/>
Florida's State Plan to Address Minority Health Disparities
Closing the Gap (Florida campaign)
<http://www.doh.state.fl.us/equopp/ctg/indexCTG.html>
- National Center on Minority Health and Health Disparities (NCMHD), National Institutes of Health (NIH)
<http://ncmhd.nih.gov>
- Office of Minority Health and Health Disparities, Centers for Disease Control and Prevention (CDC)
<http://www.cdc.gov/omhd/About/about.htm>
- Office of Minority Health (OMH), U.S. Department of Health and Human Services
<http://www.omhrc.gov/>
Closing the Health Gap (national campaign)
<http://omhrc.gov/healthgap/>
- Cultural Competence Resources for Healthcare Providers, Health Resources and Services Administration
<http://www.hrsa.gov/culturalcompetence/>

Data Sources

Local Demographics

U.S. Census; Miami-Dade County Health Department, Office of Vital Statistics; County Profile from FloridaCHARTS.com website, November 28, 2007

Community-Level Health Status Indicators:

Miami-Dade County Community Health Report Card

Morbidity, Mortality

FloridaCHARTS.com website, November 28, 2007 (2004 Florida Health Insurance Study; HIV/AIDS Reporting System; Bureau of Immunization Assessments Ranking Report for 2006; Kindergarten and Seventh Grade Immunization Status Report 2006-2007; Florida Department of Health, Bureau of Immunization, Division of Disease Control, State of Florida 2006 Hospital Discharge Data File)

Preventable Hospitalizations

Florida Hospital Inpatient Data File, Calendar Year 2006, Florida Agency for Health Care Administration; Prevention Quality Indicators, Technical Specifications, Version 3.1 (March 12, 2007), Agency for Healthcare Research and Quality, U.S. Department of Health and Human Services; Pediatric Quality Indicators, Technical Specifications, Version 3.1 (March 12, 2007), Agency for Healthcare Research and Quality, U.S. Department of Health and Human Services; Population estimates are provided by the Florida Legislature's Office of Economic and Demographic Research (EDR)

Healthy Lifestyles:

2006 PRC Survey Results (Living Healthy, Living Longer Report 2007)

APPENDIX A

Data Tables for Death Rates, by Race and Ethnicity

Data Tables for Death Rates by Race and Ethnicity
Source: FloridaCHARTS (www.floridacharts.com)

MAJOR CARDIOVASCULAR DISEASES

Deaths from Major Cardiovascular Diseases

Rolling 3-Year Age-Adjusted Death Rates per 100,000

	2002-04	2003-05	2004-06
Black	374.6	343.0	313.7
White	275.1	267	254.2
Hispanic	251.8	247.4	238.3

Single-Year Rates

	2002	2003	2004	2005	2006	Average
Black	406.0	383.9	340.0	312.6	290.4	346.6
White	286.0	275.6	264.6	261.7	236.9	265.0
Hispanic	263.0	247.3	245.6	249.4	219.8	245.0

Deaths from Heart Disease

Rolling 3-Year Age-Adjusted Death Rates per 100,000

	2002-04	2003-05	2004-06
Black	287.6	259.7	237.0
White	227.1	221	210.6
Hispanic	208.7	205	197.5

Single-Year Rates

	2002	2003	2004	2005	2006	Average
Black	315.6	292.7	259.6	233.0	220.1	264.2
White	235.8	226.9	219.4	217.3	195.7	219.0
Hispanic	219.0	203.6	204.0	207.2	181.3	203.0

Deaths from Coronary Heart Disease (e.g., atherosclerosis)

Rolling 3-Year Age-Adjusted Death Rates per 100,000

	2002-04	2003-05	2004-06	2010
Black	211.2	183.3	164.6	
White	178.9	171.6	161.4	
Hispanic	165.8	161	154.1	
HP2010				166

Single-Year Rates

	2002	2003	2004	2005	2006	Average
Black	238.5	212.1	187.5	156.4	151.6	189.2
White	188.5	179.5	169.6	166.2	148.9	170.5
Hispanic	176.8	162.2	159.2	161.7	141.3	160.2

Deaths from Stroke

Rolling 3-Year Age-Adjusted Death Rates per 100,000

	2002-04	2003-05	2004-06	2010
Black	60.9	55.6	51.6	
White	34.1	32.6	31.4	
Hispanic	30.6	30.1	29.8	
HP2010				48

Single-Year Rates

	2002	2003	2004	2005	2006	Average
Black	66.7	64.9	52.5	50.8	51.6	57.3
White	35.8	34.0	32.7	31.2	30.3	32.8
Hispanic	31.8	29.9	30.3	30.1	29.1	30.2

CANCER

Deaths from All Cancer

Rolling 3-Year Age-Adjusted Death Rates per 100,000

	2002-04	2003-05	2004-06	2010
Black	182.8	177.1	165.9	
White	152.1	151.9	150.4	
Hispanic	134.8	135.1	134.6	
HP2010				159.9

Single-Year Rates

	2002	2003	2004	2005	2006	Average
Black	182.2	196.6	171.4	165.8	160.9	175.4
White	152.8	154.3	152.2	149.2	149.8	151.7
Hispanic	134.4	134.0	136.0	135.3	132.4	134.4

Deaths from Colorectal Cancer (e.g., cancer of the colon, rectum, or anus)

Rolling 3-Year Age-Adjusted Death Rates per 100,000

	2002-04	2003-05	2004-06	2010
Black	21.3	20.5	19.7	
White	17.6	16.9	16.8	
Hispanic	16.5	15.9	15.8	
HP2010				13.9

Single-Year Rates

	2002	2003	2004	2005	2006	Average
Black	20.7	24.6	18.9	18.6	21.6	20.9
White	18.6	17.8	16.5	16.2	17.5	17.3
Hispanic	17.9	16.5	15.3	16.0	16.0	16.3

Deaths from Breast Cancer

Rolling 3-Year Age-Adjusted Death Rates per 100,000

	2002-04	2003-05	2004-06	2010
Black	29.6	30.5	29.3	
White	21.9	21.3	20.8	
Hispanic	17.8	18.1	18.2	
HP2010				22.2

Single-Year Rates

	2002	2003	2004	2005	2006	Average
Black	26.5	32.6	29.7	29.5	28.8	29.4
White	21.3	21.0	23.3	19.5	19.6	20.9
Hispanic	17.3	17.7	18.0	18.2	18.1	17.9

Deaths from Cervical Cancer

Rolling 3-Year Age-Adjusted Death Rates per 100,000

	2002-04	2003-05	2004-06	2010
Black	5.6	4.7	4.1	
White	2.3	2.5	2.3	
Hispanic	2.1	2.4	2	
HP2010				2

Single-Year Rates

	2002	2003	2004	2005	2006	Average
Black	6.1	6.4	4.4	3.4	4.5	5.0
White	2.2	3.0	1.6	3.0	2.1	2.4
Hispanic	2.1	2.9	1.3	2.9	1.8	2.2

Deaths from Prostate Cancer

Rolling 3-Year Age-Adjusted Death Rates per 100,000

	2002-04	2003-05	2004-06	2010
Black	51.3	44.9	47.0	
White	22.9	22.1	20.2	
Hispanic	22.9	22.1	20.2	
HP2010				28.7

Single-Year Rates

	2002	2003	2004	2005	2006	Average
Black	64.7	53.8	38.3	44.1	58.1	51.8
White	23.0	24.2	21.7	20.7	18.5	21.6
Hispanic	22.2	25.5	21.1	20.1	19.3	21.6

Deaths from Stomach Cancer

Rolling 3-Year Age-Adjusted Death Rates per 100,000

	2002-04	2003-05	2004-06
Black	9.3	8.3	6.3
White	4	3.9	3.6
Hispanic	4	3.9	3.5

Single-Year Rates

	2002	2003	2004	2005	2006	Average
Black	9.2	11.2	7.6	6.4	4.9	7.9
White	4.0	4.1	3.8	3.7	3.2	3.8
Hispanic	3.9	4.1	4.0	3.5	3.1	3.7

CHRONIC OBSTRUCTIVE PULMONARY DISEASE

Deaths from Chronic Obstructive Pulmonary Diseases (e.g., emphysema, bronchitis and asthma)

Rolling 3-Year Age-Adjusted Death Rates per 100,000

	2002-04	2003-05	2004-06	2010
Black	19.6	17.0	20.3	
White	26.9	27.2	26.5	
Hispanic	24	24.4	23.9	
HP2010				60

Single-Year Rates

	2002	2003	2004	2005	2006	Average
Black	22.7	18.0	18.2	20.3	22.3	20.3
White	27.3	27.2	26.4	28.0	25.1	26.8
Hispanic	24.0	23.6	24.3	25.3	22.0	23.8

Deaths from Asthma

Rolling 3-Year Age-Adjusted Death Rates per 100,000

	2002-04	2003-05	2004-06	2010
Black	1.8	1.5	1.5	
White	1	0.9	0.6	
Hispanic	1	0.9	0.7	
HP2010				2.0 for adults, 1.0 for children

Single-Year Rates

	2002	2003	2004	2005	2006	Average
Black	2.7	1.5	1.2	1.8	1.4	1.7
White	1.0	1.2	0.6	0.9	0.4	0.8
Hispanic	0.9	1.3	0.8	0.7	0.5	0.8

Deaths from Diabetes

Rolling 3-Year Age-Adjusted Death Rates per 100,000

	2002-04	2003-05	2004-06	2010
Black	40.1	42.9	41.7	
White	20.2	20.7	20.3	
Hispanic	20.7	21.3	21	
HP2010				45

Single-Year Rates

	2002	2003	2004	2005	2006	Average
Black	37.9	41.5	40.9	46.0	38.8	41.0
White	19.0	22.1	19.5	20.7	20.6	20.4
Hispanic	20.3	22.0	19.8	22.0	21.3	21.1

Deaths from HIV/AIDS

Rolling 3-Year Age-Adjusted Death Rates per 100,000

	2002-04	2003-05	2004-06	2010
Black	62	58.5	56.4	
White	7.1	7.5	8	
Hispanic	6.4	7.1	7.8	
HP2010				0.7

Single-Year Rates

	2002	2003	2004	2005	2006	Average
Black	62.5	61.1	62.6	52.0	54.6	58.6
White	6.5	7.2	7.5	7.7	8.8	7.5
Hispanic	5.3	6.6	7.3	7.4	8.6	7.0

Infant Mortality (0-364 days from birth)

Rolling 3-Year Rate per 1,000 Live Births

	2002-04	2003-05	2004-06	2010
Black	10.6	10.3	9.9	
White	4.1	3.9	4.3	
Hispanic	2.8	3.3	4.1	
HP2010				4.5

Single-Year Rates

	2002	2003	2004	2005	2006	Average
Black	10.7	12.6	8.5	9.6	11.5	10.6
White	4.4	3.7	4.1	3.9	4.7	4.2
Hispanic	2.9	2.6	2.9	4.5	4.7	3.5

Low Birth Weight (under 2500 grams)

Rolling 3-Year rate per 1,000 Live Births

	2002-04	2003-05	2004-06	2010
Black	12.6	13.1	12.7	
White	6.8	7.1	7.3	
Hispanic	6.7	7.1	7.2	
HP2010				5.0

Single-Year Rates

	2002	2003	2004	2005	2006	Average
Black	12.2	13.1	12.3	13.7	12.1	12.7
White	6.5	7.0	7.0	7.4	7.4	7.1
Hispanic	6.4	6.8	7.0	7.4	7.2	7.0

Deaths from Homicide

Rolling 3-Year Age-Adjusted Death Rates per 100,000

	2002-04	2003-05	2004-06	2010
Black	22.8	21.0	21.5	
White	4.8	4.3	4.5	
Hispanic	4.6	4.5	4.8	
HP2010				3

Single-Year Rates

	2002	2003	2004	2005	2006	Average
Black	22.7	22.2	23.4	17.5	23.6	21.9
White	5.2	4.8	4.5	3.7	5.3	4.7
Hispanic	4.4	4.7	4.6	4.4	5.5	4.7

Deaths from Alzheimer's

Rolling 3-Year Age-Adjusted Death Rates per 100,000

	2002-04	2003-05	2004-06
Black	12.8	12.4	12.2
White	20.4	21.9	21.5
Hispanic	21	27.5	22.2

Single-Year Rates

	2002	2003	2004	2005	2006	Average
White	17.7	22.0	21.5	22.3	20.7	20.8
Black	13.1	13.2	12.2	12.0	12.4	12.6
Hispanic	17.6	21.7	23.4	22.4	20.7	21.2

Deaths from Unintentional Falls

Rolling 3-Year Age-Adjusted Death Rates per 100,000

	2002-04	2003-05	2004-06	2010
Black	4.2	5.4	4.3	
White	4.9	5.4	5.9	
Hispanic	4.3	4.6	4.8	
HP2010				3

Single-Year Rates

	2002	2003	2004	2005	2006	Average
Black	1.1	6.1	5.3	4.7	2.9	4.0
White	4.3	5.1	5.4	5.8	6.4	5.4
Hispanic	3.8	4.2	5.0	4.5	5.0	4.5

APPENDIX B

Data Tables from Living Healthy, Living Longer Survey, by Race and Ethnicity

SELF-REPORTED HEALTH STATUS

Would you say that in your general health is:

	Black	White	Hispanic	Non-Hispanic	Total
Excellent	24.8	26.0	19.0	28.7	
Very Good	29.6	31.1	22.4	35.9	
Good	25.3	25.3	35.7	20.1	
Fair	14.8	7.1	18.1	9.2	
Poor	5.4	10.5	4.8	6.1	

Have you ever suffered from or been diagnosed with Chronic Heart Disease, Including Coronary Heart Disease, Angina, or a Heart Attack?

	White	Black	Hispanic	Non-Hispanic	Total
Yes	6.8	5.3	8.0	4.2	6.5
No	93.2	94.7	92.0	95.8	93.5

Have you ever suffered from or been diagnosed with Cancer not counting Skin Cancer?

	White	Black	Hispanic	Non-Hispanic	Total
Yes	8.4	2.7	6.3	5.3	6.1
No	91.6	97.3	93.7	94.7	93.9

How long has it been since your last PSA [prostate-specific antigen] test?

	White	Black	Hispanic	Non-Hispanic	Total
< 1 year ago	64.7	76.6	63.3	65.3	64.4
1-2 years	8.9	16.3	2.6	14.6	8.5
2-3 years	2.6	0.0	1.3	1.7	1.5
3-5 years	3.5	0.4	3.6	2.6	3.1
5+ years	5.6	0.2	6.2	3.9	5.1
Never	14.6	6.6	23.0	11.9	17.5

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

	White	Black	Hispanic	Non-Hispanic	Total
< 1 year ago	14.8	34.0	17.7	21.2	19.8
1-2 years	14.8	25.3	11.4	20.2	15.1
2-5 years	18.1	12.6	15.2	17.6	16.2
5+ years	6.1	6.0	6.8	5.6	6.2
Never	46.3	22.2	48.9	35.3	52.7

Key

No statistically significant difference Statistically significant, suggests disparity

Have you ever suffered from or been diagnosed with Skin Cancer?

	White	Black	Hispanic	Non-Hispanic	Total
Yes	5.4	0.9	2.0	4.6	2.9
No	94.6	99.1	98.0	95.4	97.1

Do you limit time spent in the sun or wear sun block?

	White	Black	Hispanic	Non-Hispanic	Total
Yes	68.9	38.8	57.4	59.4	58.1
No	31.1	61.2	42.6	40.6	41.9

Do you limit time your child spends in the sun or have the child wear sun block?

	White	Black	Hispanic	Non-Hispanic	Total
Yes	80.8	39.6	76.9	59.2	69.2
No	19.2	60.4	23.1	40.8	30.8

Have you ever been told by a doctor, nurse, or other health professional that you have asthma?

	White	Black	Hispanic	Non-Hispanic	Total
Yes	10.6	20.5	15.1	16.5	15.5
No	89.4	79.5	84.9	83.5	84.5

Not counting tests you may have had when donating or giving blood, when was the last time you were tested for HIV?

	White	Black	Hispanic	Non-Hispanic	Total
< 1 month ago	9.3	18.3	10.5	13.7	11.6
1-6 months	8.8	12.7	10.2	7.5	9.1
6 months-1 year	10.9	13.9	11.8	12.1	11.8
1-3 years	10.6	17.6	14.9	15.5	15.6
3-5 years	8.2	7.5	9.7	7.5	8.8
5+ years	12.7	8.6	10.1	11.5	10.6
Never	39.4	21.4	32.8	32.3	32.3

Was a condom used the last time you had sexual intercourse?

	White	Black	Hispanic	Non-Hispanic	Total
Yes	35.9	48.6	37.0	38.4	37.1
No	64.1	51.4	63.0	61.6	62.9

Key

No statistically significant difference Statistically significant, suggests disparity

During the past 12 months, have you had a flu shot?

	White	Black	Hispanic	Non-Hispanic	Total
Yes	24.4	72.0	14.5	17.6	15.6
No	75.6	92.8	85.5	82.4	84.4

Have you ever had a pneumonia vaccination?

	White	Black	Hispanic	Non-Hispanic	Total
Yes	28.6	27.1	18.9	30.7	23.2
No	71.4	72.0	81.1	69.3	76.8

Calculated Variable: High Risk Adults 18-64 who ever had a pneumonia vaccine

	White	Black	Hispanic	Non-Hispanic	Total
Yes	39.0	16.7	23.6	29.8	25.6
No	61.0	83.3	76.4	70.2	74.4

Have you ever suffered from or been diagnosed with arthritis or rheumatism?

	White	Black	Hispanic	Non-Hispanic	Total
Yes	26.6	15.6	19.7	20.1	19.7
No	73.4	84.4	80.3	79.9	80.3

Have you had two years or more in your life when you felt depressed or sad most days, even if you felt okay sometimes?

	White	Black	Hispanic	Non-Hispanic	Total
Yes	28.3	27.0	43.6	22.5	35.5
No	71.7	73.0	56.4	77.5	64.5

Have you ever sought help from a professional for a mental or emotional problem?

	White	Black	Hispanic	Non-Hispanic	Total
Yes	17.8	10.1	21.3	16.4	19.3
No	82.2	89.9	78.7	83.6	80.7

Key

No statistically significant difference Statistically significant, suggests disparity

Would you say in general that your mental health is:

	Black	White	Hispanic	Non-Hispanic	Total
Excellent	39.3	44.7	28.6	49.7	36.3
Very Good	22.2	26.8	24.1	26.4	25.2
Good	28.4	17.0	32.0	15.1	25.8
Fair	8.6	8.9	13.7	7.0	11.1
Poor	1.4	2.6	1.6	1.7	1.7

Thinking about the amount of stress in your life, would you say that most days are:

	White	Black	Hispanic	Non-Hispanic	Total
Extremely Stressful	4.0	2.2	8.5	3.0	6.4
Very Stressful	10.7	7.8	15.2	6.6	11.8
Moderately Stressful	45.1	31.2	40.8	43.0	41.7
Not Very Stressful	24.7	30.7	23.2	25.8	24.3
Not At All Stressful	15.5	28.1	12.3	21.6	15.8

Are there healthy things that you do on a regular basis, such as hobbies, meditation, or exercise, to help reduce your stress level?

	White	Black	Hispanic	Non-Hispanic	Total
Yes	77.2	84.8	71.2	82.9	75.8
No	22.8	15.2	28.8	17.1	24.2

About how long has it been since you last had your blood pressure taken by a doctor, nurse, or other health professional?

	White	Black	Hispanic	Non-Hispanic	Total
< 6 months	79.9	86.8	75	81.7	77.5
6 months-1 year	10	6.4	12.1	9.3	11.2
1-2 years	6.6	4.9	7.6	5.9	6.9
2-5 years	2.5	1.7	3.7	2.1	3.1
5+ years	0.1	0.3	0.7	0.8	0.7
Never	0.9	0	1	0.1	0.6

Key

No statistically significant difference Statistically significant, suggests disparity

Have you ever been told by a doctor, nurse, or other health care professional that your blood cholesterol is high?

	White	Black	Hispanic	Non-Hispanic	Total
Yes	38.8	21.1	30.7	33.8	31.7
No	61.2	78.9	69.3	66.2	68.3

Are you currently taking any action to control your high cholesterol, such as taking medication, changing your diet, or exercising?

	White	Black	Hispanic	Non-Hispanic	Total
Yes	83.5	95.0	79.7	92.0	84.6
No	16.5	5.0	20.3	8.0	15.4

Calculated Variable: Overweight Status

	White	Black	Hispanic	Non-Hispanic	Total
Underweight (BMI<18.5)	0.8	0.6	0.2	1.4	0.7
Healthy Weight (18.5<BMI<25.0)	39.3	29.8	32.3	40.7	35.6
Overweight (25.0<BMI<30.0)	37.4	40.3	41.6	38.1	40.1
Obese Class I (30.0<BMI<35.0)	15.4	20.0	18.5	12.1	16.1
Obese Class II (35.0<BMI<40.0)	4.5	3.3	5.0	3.7	4.5
Obese Class III (BMI>40.0)	2.7	6.0	2.4	4.1	3.0

In the past 12 months, has a doctor, nurse, or other health professional given you advice about your weight?

	White	Black	Hispanic	Non-Hispanic	Total
Yes	31.1	27.5	35.8	24.2	31.3
No	68.9	72.5	64.2	75.8	68.7

During the past 12 months, has a doctor asked you about or given you advice regarding physical activity or exercise?

	White	Black	Hispanic	Non-Hispanic	Total
Yes	46.8	45.5	49.2	41.8	46.5
No	53.2	54.5	50.8	58.2	53.5

Key

No statistically significant difference Statistically significant, suggests disparity

HEALTH CARE RISK FACTORS

During the past 12 months, did you have health insurance coverage:

	White	Black	Hispanic	Non-Hispanic	Total
ALL of the year	90.5	88.4	84.3	90.5	86.9
Had a time without insurance	9.5	11.6	15.7	9.5	13.1

Calculated Variable: Insurance status (18 to 64)

	White	Black	Hispanic	Non-Hispanic	Total
Insured (Govt or Private)	77.2	75.6	68.0	78.0	72.0
No Insurance/Self-Pay	61.0	83.3	76.4	70.2	74.4

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

	White	Black	Hispanic	Non-Hispanic	Total
Yes	11.5	16	20.8	12.2	17.4
No	88.5	84	79.2	87.8	82.6

Was there a time in the past 12 months when you needed medical care for your child but could not get it?

	White	Black	Hispanic	Non-Hispanic	Total
Yes	5.5	12.8	12.3	5.4	10.6
No	94.5	87.2	87.7	94.6	89.4

Was there a time during the past 12 months when a lack of transportation made it difficult or prevented you from seeing a doctor or making a medical appointment?

	White	Black	Hispanic	Non-Hispanic	Total
Yes	5.6	16.5	7.4	12.2	9.4
No	94.4	83.5	92.6	87.8	90.6

Was there a time in the past 12 months when you needed a prescription medicine, but did not get it because you could not afford it?

	White	Black	Hispanic	Non-Hispanic	Total
Yes	11	21.3	24.6	12.8	20.2
No	89	78.7	75.4	87.2	79.8

Key

No statistically significant difference Statistically significant, suggests disparity

During the past 12 months, have you skipped doses or taken smaller doses in order to make your prescriptions last longer and save costs?

	White	Black	Hispanic	Non-Hispanic	Total
Yes	10.8	16.9	20.8	12	17.5
No	89.2	83.1	79.2	88	82.5

About how long has it been since you last visited a doctor for a routine checkup (not an exam for a specific injury, illness, or condition)?

	White	Black	Hispanic	Non-Hispanic	Total
< 1 year ago	69.1	79.3	69.7	76.2	72.3
1-2 years	16.7	15.7	14	13.9	14.0
2-5 years	10.1	3.8	11.8	6.6	9.7
5+ years	2.9	1.3	2.8	2.7	2.8
never	1.3	0	1.7	0.5	1.2

About how long has it been since your child visited a doctor for a routine checkup or general physical exam, not counting visits for a specific injury, illness, or condition?

	White	Black	Hispanic	Non-Hispanic	Total
< 6 months	69.4	90.1	75.9	73.3	75.4
6 months - 1 year	16.1	9.1	14.6	17.2	15.3
1-2 years	7.1	0.2	4.2	9.1	5.8
2-5 years	5.2	0.4	3.9	0.2	2.6
5+ years	0.0	0.3	0.0	0.1	0.0
Never	2.2	0.0	1.4	0.0	0.9

About how long has it been since you last visited a dentist or a dental clinic for any reason?

	White	Black	Hispanic	Non-Hispanic	Total
< 6 months	51.8	36	44.4	49.3	46.6
6m-1 year	19.6	16.8	21.1	15.1	18.9
1-2 years	11.1	17.4	13	13.7	13.1
2-5 years	9.1	15.6	12.2	11.7	11.9
5+ years	7	13.8	6.7	9.2	7.6
Never	1.3	0.4	2.5	1.1	1.9

Key

No statistically significant difference Statistically significant, suggests disparity

About how long has it been since your child last visited a dentist or a dental clinic?

	White	Black	Hispanic	Non-Hispanic	Total
< 6 months	58.8	41.3	54.3	59.6	55.2
6 months-1 year	15.9	23.1	14.2	19	15.6
1-2 years	6.1	0.2	3.1	2.2	2.8
2-5 years	2.6	0.4	1.9	0.5	1.4
5+ years	0	0	0	0.1	0.0
Never	16.6	34.9	26.4	18.6	25.1

LIFESTYLE/BEHAVIORAL RISK FACTORS

Do you participate in a regular fitness program or are you a member of a gym or fitness center?

	White	Black	Hispanic	Non-Hispanic	Total
Yes	42.3	19.7	34.9	34.6	34.6
No	57.7	80.3	65.1	65.4	65.4

Calculated Variable: Vigorous Physical Activity (20+ minutes/3+ times per week)

	White	Black	Hispanic	Non-Hispanic	Total
Yes	30.3	25.2	22.7	36.7	28.0
No	69.7	74.8	77.3	63.3	72.0

Calculated Variable: Meets Physical Activity Recommendations

	White	Black	Hispanic	Non-Hispanic	Total
Yes	42.3	36.8	34.4	48.0	39.6
No	57.7	63.2	65.6	52.0	60.4

Calculated Variable: 5+ servings of fruits/vegetables per day

	White	Black	Hispanic	Non-Hispanic	Total
Yes	38.7	41	32.6	42.4	36.8
No	61.3	59.0	67.4	57.6	63.2

Calculated Variable: 2+ servings of fruit per day

	White	Black	Hispanic	Non-Hispanic	Total
Yes	55.8	62.0	55.1	64.1	58.8
No	44.2	38.0	44.9	35.9	41.2

Key

No statistically significant difference **Statistically significant, suggests disparity**

Calculated Variable: 3+ servings of vegetables per day, one-third of which are dark green/orange

	White	Black	Hispanic	Non-Hispanic	Total
Yes	34.5	23.2	23.4	34.1	27.9
No	65.5	76.8	76.6	65.9	72.1

In the past 7 days, how many meals would you say you have eaten from "fast food" restaurants (including breakfast, lunch, and dinner)?

	White	Black	Hispanic	Non-Hispanic	Total
1	11.4	10.8	10.8	14.0	11.9
2	7.2	13.9	7.8	10.7	8.9
3	3.3	5.7	4.5	6.3	5.2
4	1.4	0.1	1.2	1.1	1.2
5	0.2	1.5	1.2	0.2	1.1
6	0.0	0.1	0.0	1.2	0.5
7	1.1	0.2	1.4	0.2	0.9
8	0.0	2.9	0.6	0.5	0.6
9	0.0	0.1	0.8	0.1	0.5
10	0.5	0.1	0.8	0.1	0.5
14	0.0	0.0	0.0	0.0	0.0
21	0.0	0.1	0.3	0.1	0.2
None	74.9	64.5	71.4	65.6	69.1

Was a condom used the last time you had sexual intercourse?

	White	Black	Hispanic	Non-Hispanic	Total
Yes	35.9	48.6	37.0	38.4	37.1
No	64.1	51.4	63.0	61.6	62.9

Calculated Variable: Condom use among non-monogamous adults age 18 to 64 (total 53 respondents)

	White	Black	Hispanic	Non-Hispanic	Total
Yes	57.9	100.0	59.6	95.4	67.7
No	42.1	0.0	40.4	4.6	32.3

Have you smoked at least 100 cigarettes in your entire life?

	White	Black	Hispanic	Non-Hispanic	Total
Yes	38.4	21.5	33.2	33.7	33.1
No	61.6	78.5	66.8	66.3	66.9

Key

No statistically significant difference Statistically significant, suggests disparity

Calculated Variable: Smoking

	White	Black	Hispanic	Non-Hispanic	Total
Regular Smoker (every day)	7.8	3.8	7.6	7.5	7.5
Occasional Smoker (some days)	5.0	2.2	5.9	1.8	4.3
Former Smoker	25.6	15.5	19.7	24.4	21.3
Never Smoked	61.6	78.5	66.8	66.3	66.9

Do you now smoke cigarettes:

	White	Black	Hispanic	Non-Hispanic	Total
Every Day	7.8	3.8	7.6	7.5	7.5
Some Days	5.0	2.2	5.9	1.8	4.3
Not At All	87.2	93.9	86.5	90.7	88.2

In the past 30 days, has anyone, including yourself, smoked cigarettes, cigars or pipes anywhere in your home on an average of four or more days per week?

	White	Black	Hispanic	Non-Hispanic	Total
Yes	16.4	9.3	18.2	13.8	16.4
No	83.6	90.7	81.8	86.2	83.6

Calculated Variable: Smoking (Regular/Occasional) Among Women 18-44

	White	Black	Hispanic	Non-Hispanic	Total
Yes	9.6	0.4	9.6	6.3	8.4
No	90.4	99.6	90.4	93.7	91.6

Calculated Variable: Exposure of children under 18 to smoke at home

	White	Black	Hispanic	Non-Hispanic	Total
Yes	14.8	3.9	18.4	8.3	14.7
No	85.2	96.1	81.6	91.7	85.3

Calculated Variable: Current Drinker (1+ drinks in the past month)

	White	Black	Hispanic	Non-Hispanic	Total
Yes	62.3	33.8	51.8	51.4	51.2
No	37.7	66.2	48.2	48.6	48.8

Key

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Calculated Variable: Chronic Drinker (60+ drinks in the past month)

	White	Black	Hispanic	Non-Hispanic	Total
Yes	3.7	1.1	1.6	3.1	2.1
No	96.3	98.9	98.4	96.9	97.9

How often do you wear a bicycle helmet when riding a bicycle?

	White	Black	Hispanic	Non-Hispanic	Total
Always	29.9	32.5	24.8	39.2	30.1
Nearly Always	6.1	0.5	3.2	6.4	4.4
Sometimes	8.5	11.3	9.6	6.4	8.4
Seldom	3.0	7.2	1.0	6.5	3.0
Never	52.4	48.5	61.4	41.5	54.1

In the past year, how often has your child worn a bicycle helmet when riding a bicycle?

	White	Black	Hispanic	Non-Hispanic	Total
Always	63.5	43.1	56.9	68.1	59.8
Nearly Always	9.4	1.0	3.7	6.9	4.6
Sometimes	2.5	31.6	9.8	17.3	12.0
Seldom	0.2	0.0	3.4	0.2	2.3
Never	24.5	24.3	26.2	7.4	21.3

In your neighborhood, do you have walking, jogging, or biking Trails?

	White	Black	Hispanic	Non-Hispanic	Total
Yes	49.4	36.9	49.0	42.0	46.5
No	50.6	63.1	51.0	58.0	53.5

In your neighborhood, do you have street lights?

	White	Black	Hispanic	Non-Hispanic	Total
Yes	87.5	96.0	85.0	91.5	87.5
No	12.5	4.0	15.0	8.5	

In the past year, how many times have you used a local park, community center, or recreational facility?

	White	Black	Hispanic	Non-Hispanic	Total
Never	41.8	46.8	47.7	43.1	45.7

Key

No statistically significant difference **Statistically significant, suggests disparity**

