

# ADULT HEALTH AND FUNCTIONING

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## STRATEGIC DIRECTION FOR ADULT HEALTH AND FUNCTIONING

The adult health and functioning chapter includes the following:

- Overview
- Access to Health Care
- Behavioral Risk Factors
- Death Rates
- Communicable and Infectious Diseases
- Chronic Illness
- Adult Mental Health

### *Analysis*

Data from the indicators on adult health and functioning suggest that problems exist for St. Lucie County which are greater than those in the state and peer counties. While St. Lucie County is better on some indicators, it falls short on many. This has a particularly strong impact on the less educated, those with incomes under \$25,000, and Blacks. The areas which pose the greatest levels for concern are:

#### Health Care Access

- Lack of health insurance – As of 2004, 25 percent of those under age 65 do not have health insurance. This is up dramatically from the 16 percent who lacked health insurance in 1999.

#### Behavior Risk Factors

- Poor health – One in five adults (20.7%) say their health status is poor. This is higher for the less educated (32.5%) and those with incomes under \$25,000 (32.4%)
- Obesity – This is a problem for one in four adults (21.9%), and is higher for those less educated (30.9%) and for Blacks (43%).

#### Communicable and Infectious Disease

- AIDS – St. Lucie County has the highest rate of people living with AIDS in Florida at 37 per 100,000.
- HIV – at 28.8 per 100,000, St. Lucie County is 10<sup>th</sup> highest among Florida counties.
- Tuberculosis – The rate of tuberculosis (7.8 per 100,000), which is sometimes viewed as a marker for HIV risk, is higher than the state rate and all three peer counties.

### Illness and Death from Chronic Disease

- Hospitalization rates – Deaths due to diabetes occur at a higher rate than statewide or in peer counties. Death rates from lung and skin cancer are also higher than state rates. Heart failure deaths and hospitalizations are high relative to peer counties. Rates for asthma are worsening.

### Mental Health

- Completion of treatment – St. Lucie County is slightly less successful in completing treatment versus the state and peer counties. However, those who complete treatment do somewhat better when back in the community.

Consider the following strategic directions to address these concerns:

1. Evaluate ways for the county and health care providers to expand and open community health clinics which will allow for:
  - a. Primary health care outside an emergency department
  - b. Adequate prenatal care
  - c. Health and sex education for teens, including abstinence education
  - d. Parenting education
  - e. Health and wellness education, emphasizing obesity prevention
2. Evaluate, improve, or expand mental health treatment programs to increase capacity and to improve the number of patients completing mental health treatment.

## INDICATORS

There are an estimated 183,333 adults in St. Lucie County, including:

- 12,949 young adults (ages 20 to 24)
- 55,345 adults ages 25 to 44
- 62,508 adults ages 45 to 64
- 52,531 adults 65 and older

Adults represent 75 percent of the population in St. Lucie County. Indicators of adult health were addressed using data from the Department of Health. A snapshot of adult mental health is provided by district performance data from the Department of Children and Families, Mental Health Program Office. The indicators addressed for adult health and functioning are categorized as:

- Health care access
- Behavioral risk characteristics
- Death rates
- Communicable and infectious diseases
- Chronic diseases
- Mental health

## Health Care Access

**St. Lucie County has a higher rate of uninsured residents under age 65 compared to the state and all three peer counties.**

Health care access is an important indicator of overall health of the community. A critical factor in health care access is health care insurance. For 2004, 25 percent of St. Lucie County residents under age 65 were uninsured, that is, they had no reported health care insurance, according to a state study. St. Lucie County's rate of uninsured for its residents under the age of 65 exceeds the rate in each of the three peer counties and exceeds the statewide rate of 19 percent.

From 1999 to 2004, the statewide percentage of uninsured Floridians under age 65 increased from 16.8 percent to 19.2 percent, an increase of 2.4 percentage points. During the same time period, rates of uninsured in St. Lucie County increased by nine percentage points, surpassing the statewide increase.

### Uninsured Rates: No Reported Health Care Insurance

County	2004	1999
St. Lucie	25%	16%
Lake	20%	14%
Manatee	21%	20%
Marion	20%	17%
Statewide	19%	17%

**Source:** Agency for Health Care Administration, *Florida Health Insurance Study 2004, County Estimates, August 2005* and *The Florida Health Insurance Study Volume 6: The Small Area Analysis, October 2000*.

## Behavior Risk Factors

The 2002 County Behavior Risk Factor Surveillance System Survey also provided information concerning other measures of health. The survey was conducted by the Department of Health with a random sample of adults in St. Lucie County.

### Health Status

- 20.7% adults who say health status is poor
  - 32.5% for those with less than a high school education
  - 32.4% for those with incomes under \$25,000
  - 29.9% for ages 65 and older
  - 23.4% for ages 45-64
- 21.9% adults who are obese (Body Mass Index  $\geq 30$ )
  - 18.7% for 65 and older
  - 30.9% for those with less than a high school education
  - 19.4% for White, 43% for Blacks, and 21% for Hispanics

### Lifestyle

- 73.8% adults who consume < 5 fruits and vegetables a day
- 55.4% adults with no regular moderate physical activity
  - 70.7% for those with less than a high school education
  - 57% for White, 55% for Blacks, and 42% for Hispanics
- 28.1% adults who report being current smokers
- 12.4% adults who engage in heavy or binge drinking

## Death Rates and Causes of Death

Cardiovascular diseases and cancers are the leading causes of death among adults in St. Lucie County. Death rates have decreased over the past five years.

**Adult Deaths (Age 20-85+) and Death Rates 1996-2005**

Year	Number of Deaths	Death Rate Per 10,000	Population Age 20-85+
1996	1,605	121.1	132,509
1997	1,583	116.6	135,794
1998	1,676	120.5	139,041
1999	1,703	119.7	142,222
2000	1,823	124.9	145,971
2001	1,780	118.4	150,341
2002	1,759	112.8	155,959
2003	1,878	116.0	161,927
2004	1,826	104.8	174,157
2005	1,797	98.0	183,333

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

**Causes of Adult Deaths (Age 20-85+) by Gender and Race/Ethnicity, 2005**

Cause of Death	Total	White	Black	Other	Male	Female	Hispanic	Non-Hispanic
<b>All Causes</b>	<b>1,797</b>	<b>1,530</b>	<b>241</b>	<b>24</b>	<b>1,049</b>	<b>748</b>	<b>65</b>	<b>1,730</b>
Major Cardiovascular Diseases	581	487	87	6	347	234	18	562
Malignant Neoplasms	550	492	48	9	304	246	13	537
All Injuries	123	106	15	2	95	28	12	111
Chronic Lower Respiratory Diseases	120	112	8	0	62	58	3	117
All Other Diseases	118	98	18	2	55	63	6	111
Diabetes Mellitus	62	52	9	1	37	25	2	60
Infectious Diseases	58	25	32	1	37	21	3	55
Influenza & Pneumonia	33	32	1	0	15	18	3	30
Chronic Liver Diseases & Cirrhosis	28	25	3	0	20	8	1	27
Nephritis, Nephrotic Syndrome & Nephrosis	26	20	6	0	18	8	2	24
Alzheimer's Disease	23	18	4	1	12	11	0	23
Other Respiratory System Dis	21	19	1	1	12	9	2	19
In Situ, Benign, Uncert/Unk Behavior Neoplasms	15	11	4	0	10	5	0	15
Parkinson's Disease	11	9	2	0	9	2	0	11
Pneumonitis Due To Solids & Liquids	6	6	0	0	4	2	0	6
Symptoms, Signs, Abnormal Clinical/Lab Findings	4	3	1	0	1	3	0	4
Other Circulatory System Disorders	3	2	1	0	2	1	0	3
Peptic Ulcer	3	3	0	0	2	1	0	3
Hernia	3	2	0	1	3	0	0	3
Congenital & Chromosomal Anomalies	3	3	0	0	2	1	0	3
Anemias	2	2	0	0	0	2	0	2
Nutritional Deficiencies	1	1	0	0	1	0	0	1
Cholelithiasis & Other Gallbladder Disorders	1	1	0	0	0	1	0	1
Kidney Infections	1	0	1	0	0	1	0	1
Hyperplasia Of Prostate	1	1	0	0	1	0	0	1

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

NOTE: Does not equate to chart on next page due to missing information on race/ethnicity for some cases

**Causes of Adult Deaths (Age 20-85+) by Age, 2005**

<b>Cause of Death</b>	<b>20-24</b>	<b>25-34</b>	<b>35-44</b>	<b>45-54</b>	<b>55-64</b>	<b>65-74</b>	<b>75-84</b>	<b>85 +</b>	<b>Total</b>
<b>All Causes</b>	<b>10</b>	<b>27</b>	<b>87</b>	<b>171</b>	<b>244</b>	<b>446</b>	<b>742</b>	<b>631</b>	<b>2358</b>
Major Cardiovascular Diseases	1	4	17	40	64	131	289	340	886
Malignant Neoplasms	0	1	12	55	82	173	214	80	617
All Other Diseases	1	4	9	11	18	34	39	50	166
Chronic Lower Respiratory Diseases	0	0	1	4	19	35	60	23	142
All Injuries	8	15	22	24	19	17	16	9	130
Diabetes Mellitus	0	0	3	4	9	14	28	18	76
Infectious Diseases	0	1	14	21	8	5	9	6	64
Alzheimer's Disease	0	0	0	0	1	4	15	39	59
Influenza & Pneumonia	0	0	0	1	3	8	17	16	45
Nephritis, Nephrotic Syndrome & Nephrosis	0	0	1	1	5	2	16	9	34
Chronic Liver Diseases & Cirrhosis	0	0	5	6	9	5	3	1	29
Other Respiratory System Dis	0	1	1	2	3	3	9	6	25
In Situ, Benign, Uncert/Unk Behavior Neoplasms	0	1	1	2	2	4	5	6	21
Parkinson's Disease	0	0	0	0	0	1	7	10	18
Symptoms, Signs, Abnormal Clinical/Lab Findings	0	0	0	0	0	2	2	6	10
Pneumonitis Due To Solids & Liquids	0	0	0	0	0	1	5	3	9
Anemias	0	0	0	0	0	1	1	2	4
Other Circulatory System Disorders	0	0	0	0	0	1	2	1	4
Peptic Ulcer	0	0	0	0	1	1	1	1	4
Hernia	0	0	0	0	0	2	1	1	4
Congenital & Chromosomal Anomalies	0	0	0	0	0	1	2	1	4
Nutritional Deficiencies	0	0	0	0	1	0	0	1	2
Cholelithiasis & Other Gallbladder Disorders	0	0	0	0	0	0	1	1	2
Kidney Infections	0	0	1	0	0	0	0	1	2
Hyperplasia Of Prostate	0	0	0	0	0	1	0	0	1

**Data Source:** Florida Department of Health, Office of Vital Statistics

NOTE: Does not equate to chart on previous page due to missing information on race/ethnicity for some cases

## Communicable and Infectious Diseases

This section presents data from the Florida Department of Health on indicators relating to communicable and infectious diseases, including:

- Vaccine preventable diseases
- Sexually transmitted diseases
- HIV/AIDS cases
- Tuberculosis cases

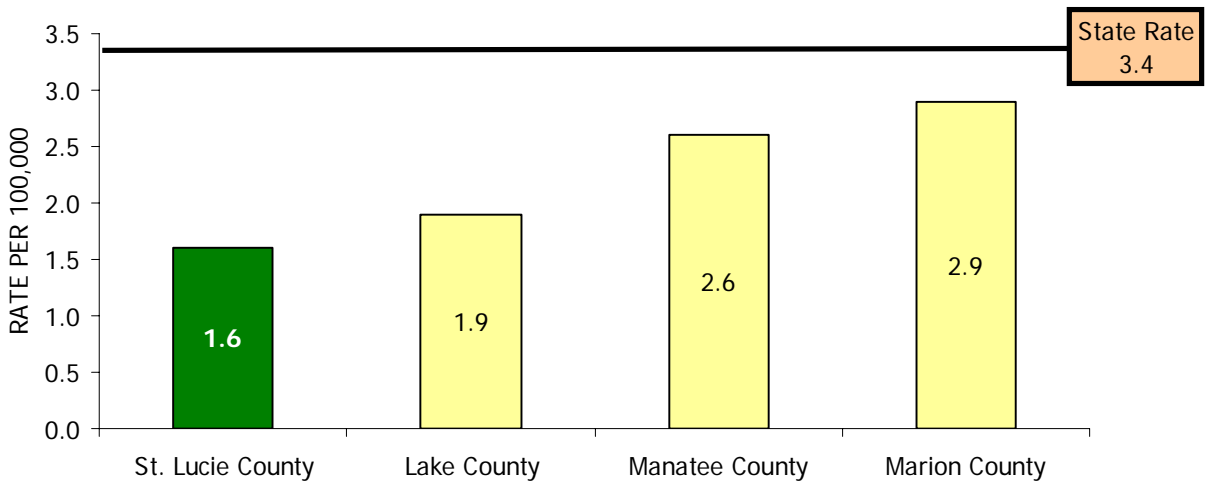
## ***Overview of Communicable and Infectious Disease Outcomes***

St. Lucie County has a lower rate of vaccine preventable illness than the state rate and compares favorably to all three peer counties. Rates for sexually transmitted diseases (STDs) as a whole are relatively low, but St. Lucie County has the highest rate of HIV/AIDS cases in the state and also has a high rate of tuberculosis cases.

## Vaccine Preventable Disease

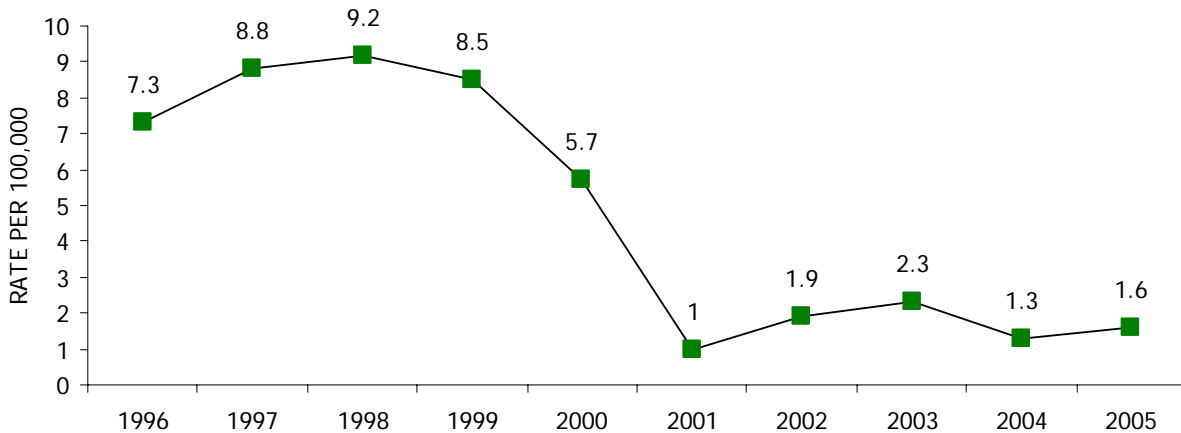
In addition to information regarding the leading causes of death, the general health status of a community is reflected in indicators of communicable and infectious disease. In terms of vaccine preventable disease, St. Lucie County has a rate of 1.6 per 100,000 population compared to the state rate of 3.4. The county compares favorably to the state rate and each of the three peer counties. The rate dropped sharply over the past decade (with a high of 9.2), but has remained relatively flat since 2001.

Vaccine Preventable Disease, 2005



Source: Florida Department of Health, Bureau of Epidemiology

Trend in Vaccine Preventable Disease  
St. Lucie County, 1996-2005

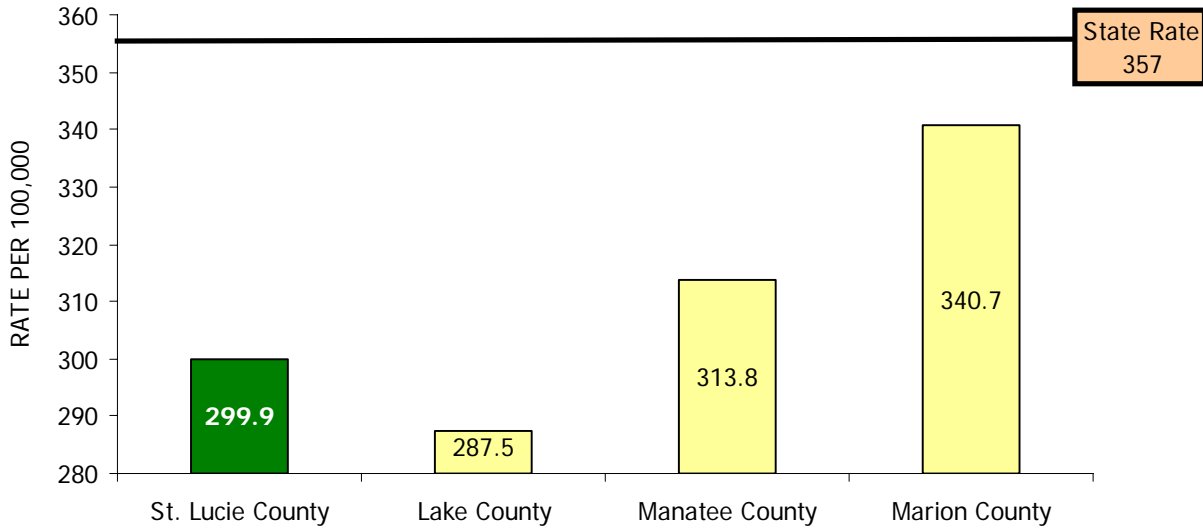


Source: Florida Department of Health, Bureau of Epidemiology

## Sexually Transmitted Disease

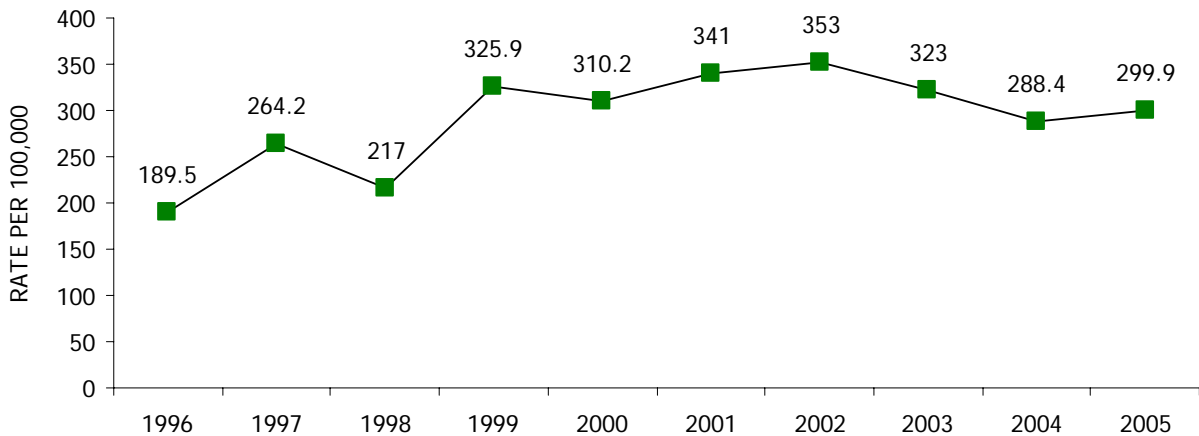
For sexually transmitted diseases (STDs), the county rate of 299.9 per 100,000 population was considerably lower than the state rate of 357 and compares favorably to two of three peer counties. The rate climbed between 1996 and 2002, peaking at 353 and dropping for two of the past three years. STD statistics are sometimes viewed as a marker for HIV risk behavior. However, that is not currently the case in St. Lucie County.

**Sexually Transmitted Diseases, 2005  
(Gonorrhea, Chlamydia & Infectious Syphilis)**



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

**Trend in Sexually Transmitted Diseases  
(Gonorrhea, Chlamydia & Infectious Syphilis Cases)  
St. Lucie County, 1996-2005**

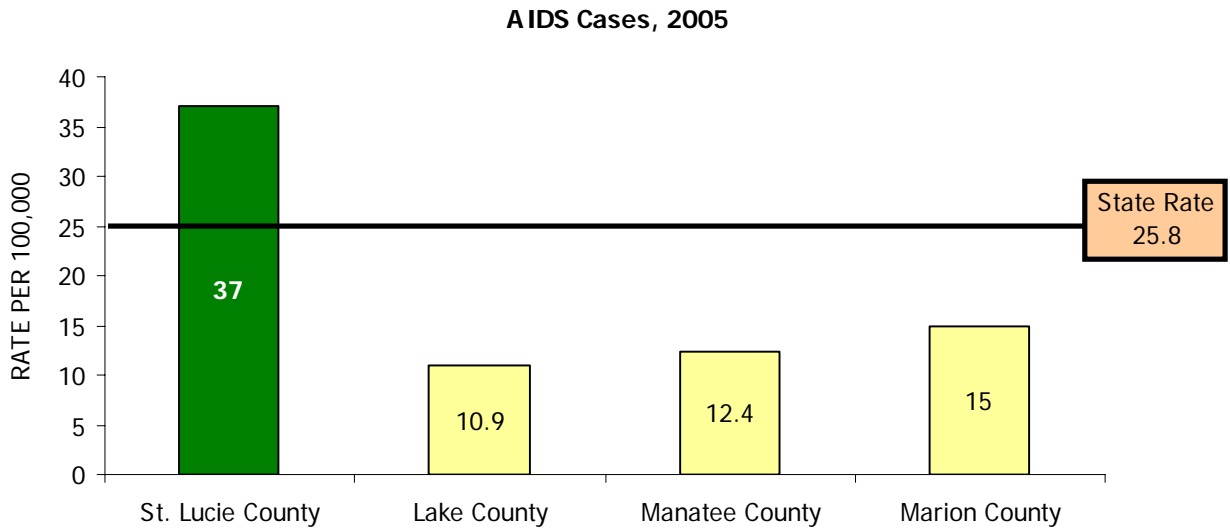


Source: Florida Department of Health, Bureau of STD Prevention & Control

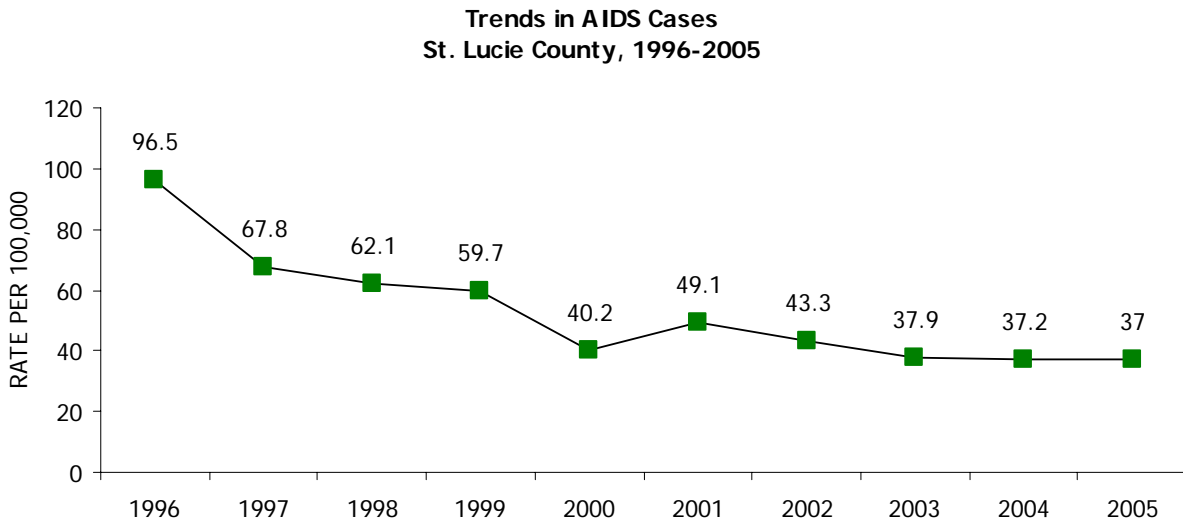
## AIDS

### Total Cases Living with AIDS

In 2005, St. Lucie County had the third highest rate of total cases of people living with AIDS in the state, behind Dade and Broward. At 37 cases per 100,000 population, the rate of people living with AIDS in St. Lucie County is above the state rate of 25.8 and far above the three peer counties. The rate has trended down over the past 10 years, but still remains high relative to the state as a whole.



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

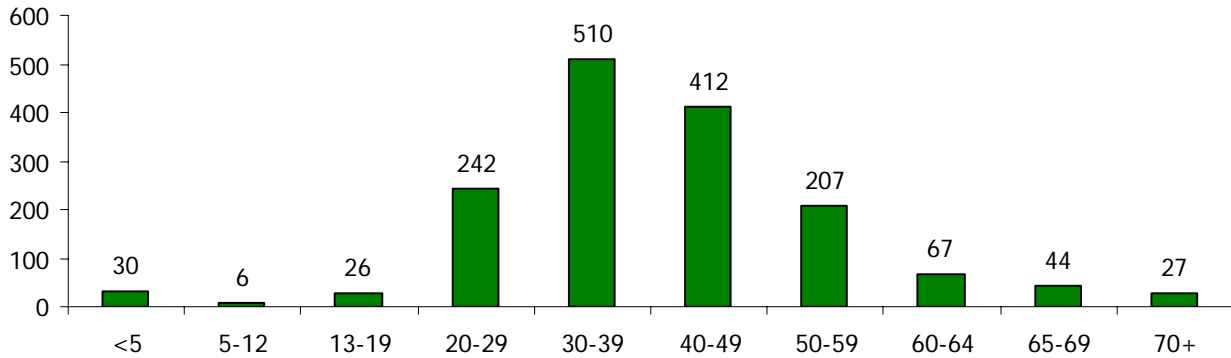


Source: Florida Department of Health, Bureau of HIV/AIDS

**Living with AIDS**

The rate of those living with AIDS is greatest among Blacks, with 2,859 per 100,000 (based on mid-year 2005 population estimates.) The rate of Whites living with AIDS is 142.7 per 100,000 cases. Hispanics living with AIDS in St. Lucie County is 232.5 per 100,000. For 2006, the 30-39 age group has the highest number of cases of those living with AIDS.

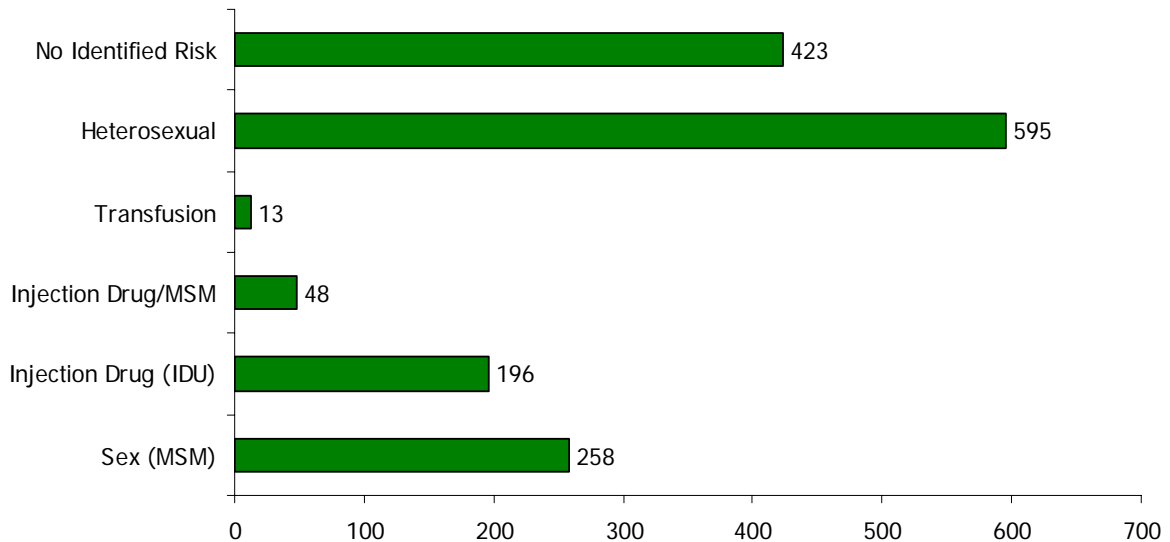
**St. Lucie County AIDS cases by AGE**



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

For 2006, the number of total AIDS cases (people living with AIDS) resulting from exposure by heterosexual sexual activity exceeds the exposure by injection drug users (IDU) or by men who have sex with men (MSM).

**St. Lucie County AIDS cases by EXPOSURE**



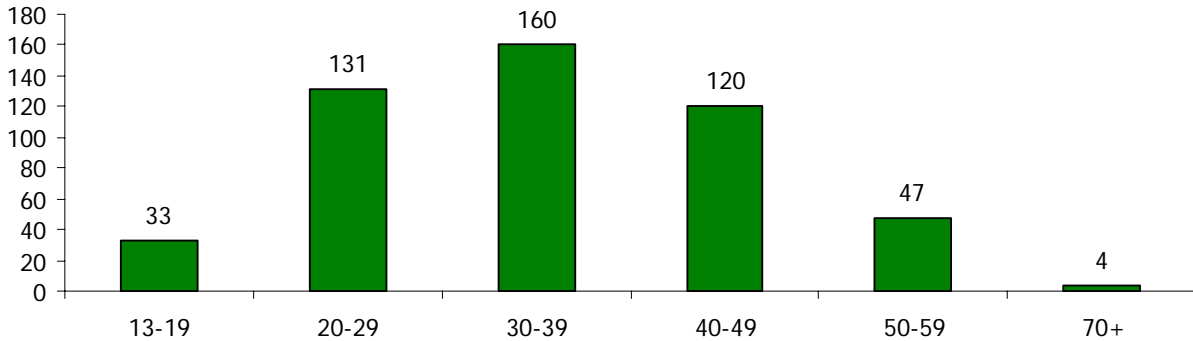
Source: Florida Department of Health, Bureau of HIV/AIDS

**HIV**

**Total Cases Living with HIV**

For 2006, the 30-39 age group has the highest number of those living with HIV.

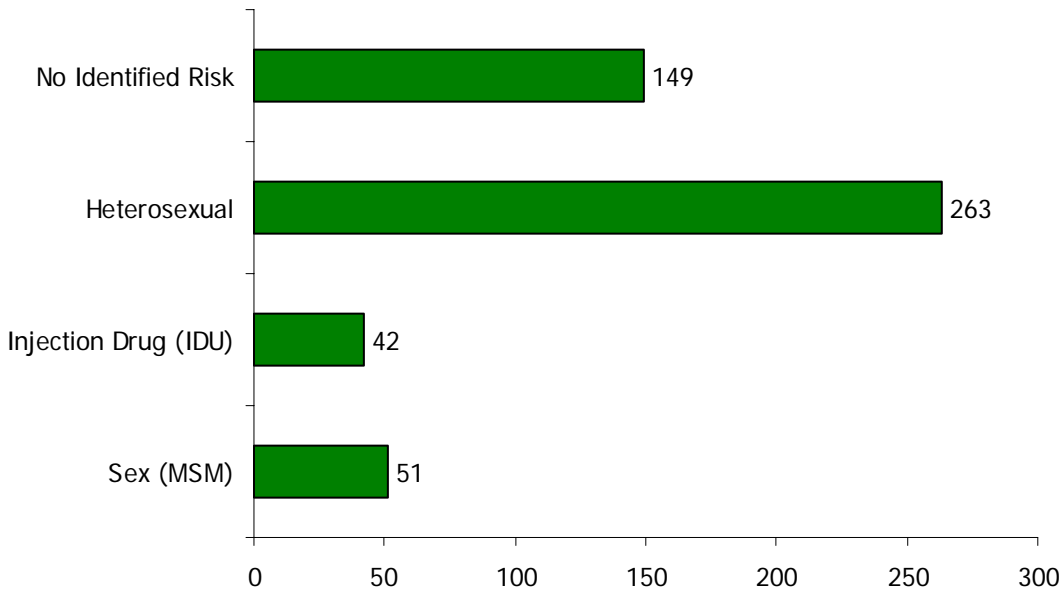
**St. Lucie County HIV cases by AGE**



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

For 2006, the number of people living with HIV resulting from exposure by heterosexual sexual activity exceeds the exposure by injection drug users (IDU) or by men who have sex with men (MSM).

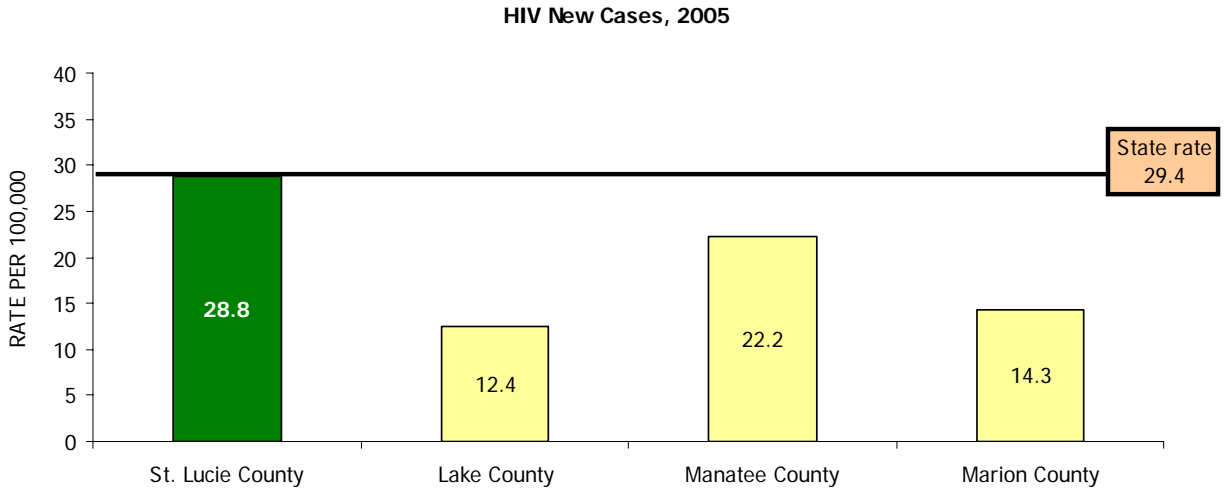
**St. Lucie County HIV cases by EXPOSURE**



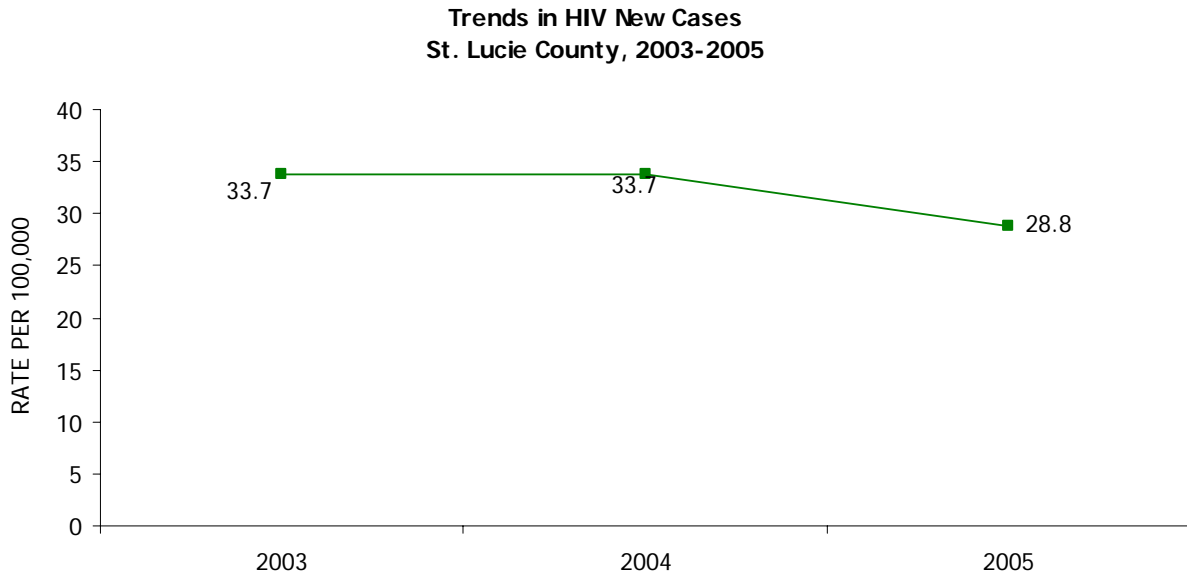
Source: Florida Department of Health, Bureau of HIV/AIDS

**New HIV Cases**

The rate for new HIV cases in St. Lucie County in 2005 was 28.8 per 100,000 population, 10<sup>th</sup> highest among Florida counties, but slightly below the state rate of 29.4. The 2005 rate was a drop from the rates in the previous two years.



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



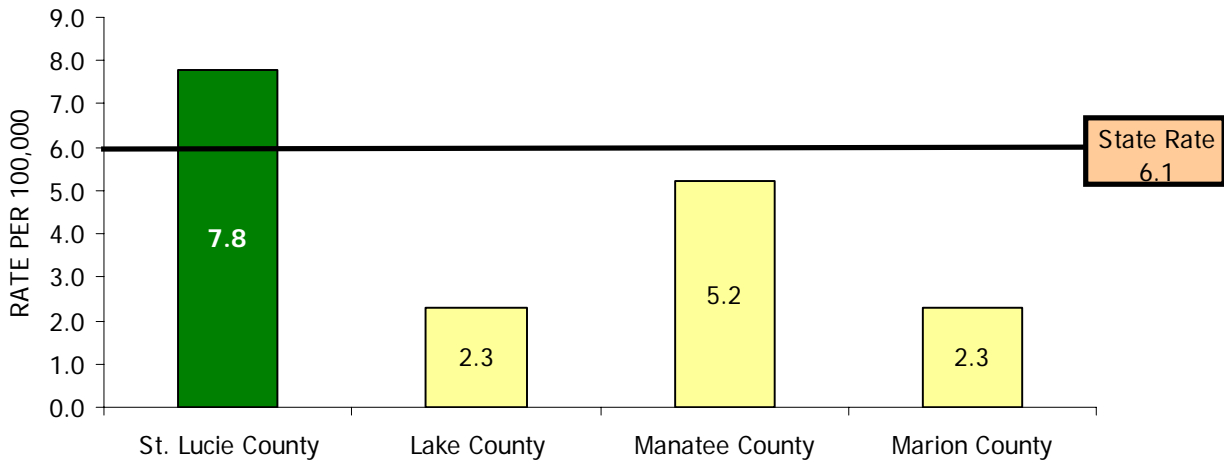
Source: Florida Department of Health, Bureau of HIV/AIDS

## Tuberculosis

St. Lucie County also has a high rate of tuberculosis cases, with only eight counties in Florida reporting higher rates. The rate in St. Lucie County was 7.8 per 100,000 population compared to the state rate of 6.1. The rates in St. Lucie County were 1.5 to 3 times higher than in peer counties.

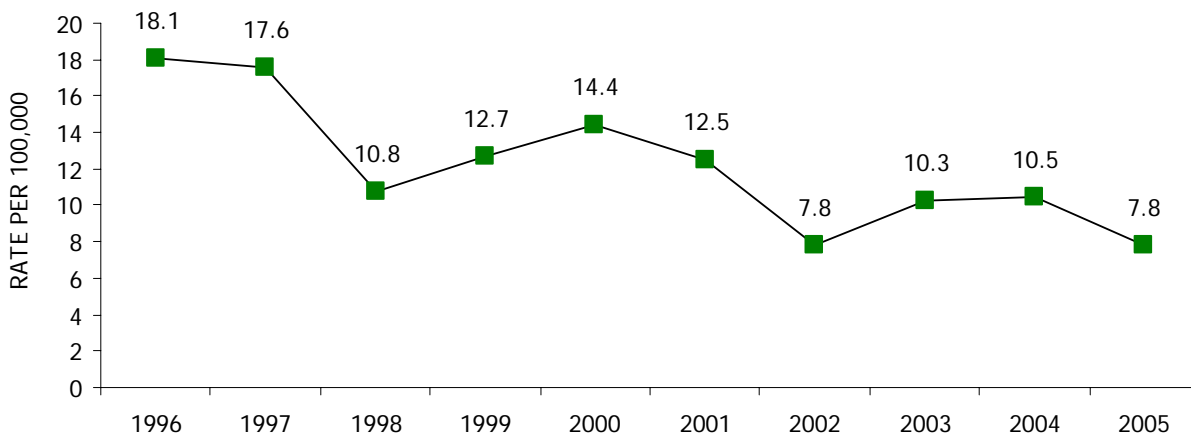
The rates for tuberculosis cases in St. Lucie County have generally decreased over the past 10 years, but remain high relative to the state. Long lasting drug therapy is required for treatment, often a year or more. Tuberculosis and STD rates usually track with HIV cases. Tuberculosis rates do track with HIV in St. Lucie County, but STDs do not track with HIV in St. Lucie County.

**Tuberculosis Cases, 2005**



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

**Trend in Tuberculosis Cases  
St. Lucie County, 1996-2005**



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

## Chronic Diseases

This section presents data from the Florida Department of Health on indicators relating to adult chronic diseases, as well as behavioral risk factors that contribute to disease. The indicators include:

- Coronary heart disease hospitalizations and deaths
- Heart failure hospitalizations and deaths
- Stroke hospitalizations and deaths
- Cervical cancer deaths
- Breast cancer deaths
- Lung cancer deaths
- Prostate cancer deaths
- Colorectal cancer deaths
- Skin cancer deaths
- Diabetes deaths
- CLRD deaths

## ***Overview of Chronic Diseases***

Heart disease, strokes, and diabetes are the primary chronic disease concerns in St. Lucie County. Behavioral risk factors that may contribute to these high rates are high blood pressure and no regular vigorous physical activity.

## ***Behavioral Risk Factors***

The four leading causes of death in St. Lucie County fall within the class of chronic diseases, including heart disease, cancer, chronic obstructive pulmonary disease, and stroke. Risk factors for chronic disease include high blood pressure, high cholesterol, no regular physical activity, limited consumption of fruits and vegetables, overweight, and obesity. The 2002 Behavior Risk Factor Surveillance System Survey conducted by the Centers for Disease Control and the Florida Department of Health generated data on risk factors by county. Some of the chronic health conditions reported for St. Lucie County include:

- 32.7% adults who have high blood pressure
  - 76.7% of those with high blood pressure are now taking BP medication
  - 57.2% for 65 and older
  - 36.6% for those with less than a high school education
- 34.3% adults who have high blood cholesterol
  - 44.9% for 65 and older
  - 37.1% for those with less than a high school education
- 9.0% adults who have diabetes
  - 17.8% for those with less than a high school education
  - 16.6% for 65 and older
- 11.2% adults who have asthma
  - 11.2% for White, 12.7% for Blacks, and 6.6% for Hispanics
  - 8.9% for ages 18-44, 16.3% for ages 45-65, and 9.8% for ages 65+

The table below compares St. Lucie County to the state and to peer counties in terms of the percent of adults who exhibit selected behavioral risk factors.

**Behavior Risk Factors Associated with Morbidity and Mortality**

<b>Percent of adults who:</b>	<b>St. Lucie</b>	<b>Lake</b>	<b>Manatee</b>	<b>Marion</b>	<b>State</b>
Who have been told by a doctor or other health professional that their blood pressure is high	33%	28%	37%	32%	28%
Who have been told by a doctor or other health professional their blood cholesterol is high	34%	40%	44%	37%	35%
Who have had their cholesterol checked in last two years (of those ever measured)	84%	84%	84%	80%	83%
With NO regular vigorous physical activity	79%	80%	72%	81%	76%
With NO regular moderate physical activity	55%	55%	52%	59%	55%
Who engage in no leisure-time physical activity	30%	28%	26%	25%	26%
Who consume < 5 servings of fruits and vegetables per day	74%	68%	65%	78%	74%
Who are overweight (BMI* >25)	35%	33%	44%	32%	35%
Who are obese (BMI* >=30)	22%	24%	22%	23%	22%

\* BMI = Body Mass Index

Source: Florida Department of Health, Bureau of Epidemiology, based on BRFSS Survey, 2002.

Compared to peer counties, in terms of behavioral risk factors, St. Lucie County compares:

- most favorably to peer counties in terms of cases of high cholesterol
- least favorably in terms of those who engage in no leisure-time physical activity

Compared to the state, St. Lucie County compares:

- unfavorably to the state as a whole in terms of high blood pressure cases and no regular vigorous physical activity

## ***Illness and Deaths from Chronic Disease***

Deaths due to diabetes in St. Lucie County are high relative to the state rate and rates in peer counties. Death rates from lung and skin cancer are also higher than state rates. Heart failure deaths and hospitalizations are high relative to peer counties. Hospitalizations for coronary heart disease and stroke are concerns relative to state rates, but trends are improving. The most recently reported incidence of cervical cancer (2001-2003) was high relative to the state rate.

Data compiled by the Department of Health shows that St. Lucie County compares favorably to the rest of the state in terms of:

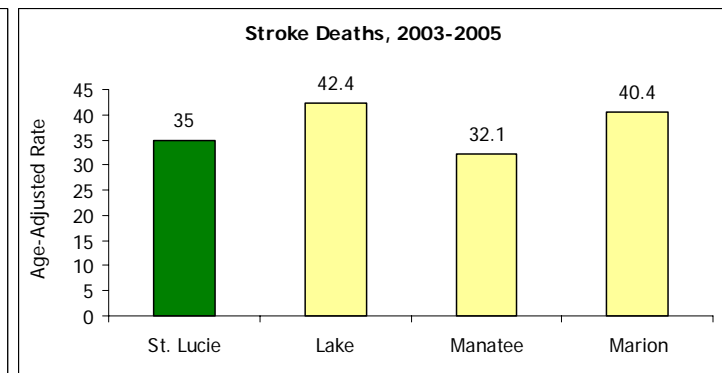
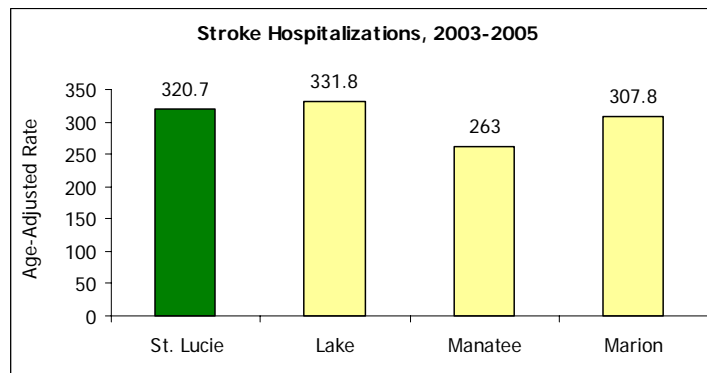
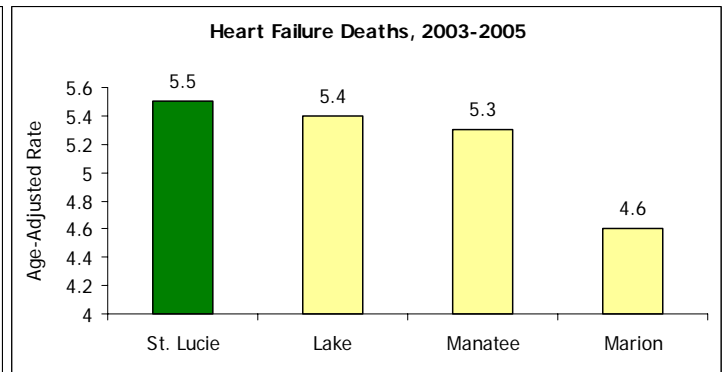
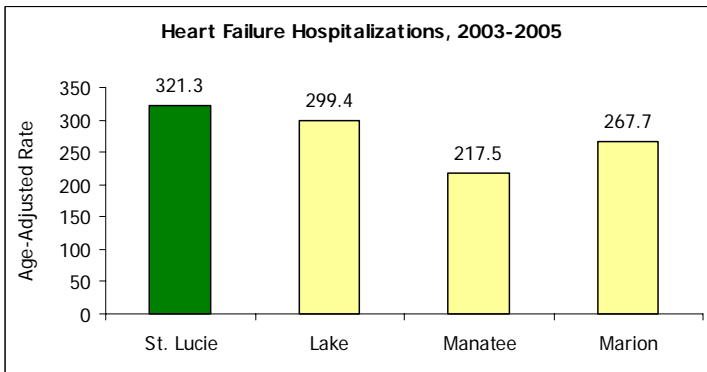
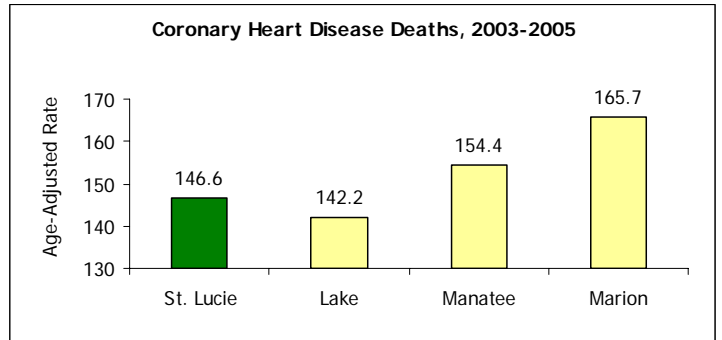
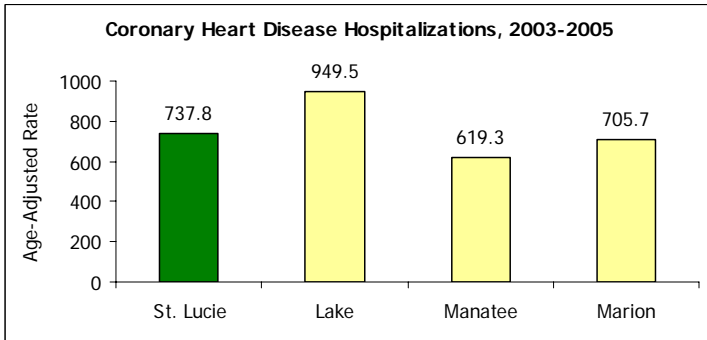
- the 2003-2005 age-adjusted death rates for:
  - stroke
  - heart failure
  - colorectal cancer
  - chronic lower respiratory diseases (CLRD)
  - cervical cancer
  - breast cancer
- the 2001-2003 age-adjusted incidence rates for:
  - colorectal cancer
  - breast cancer
  - lung cancer
  - prostate cancer
  - skin cancer

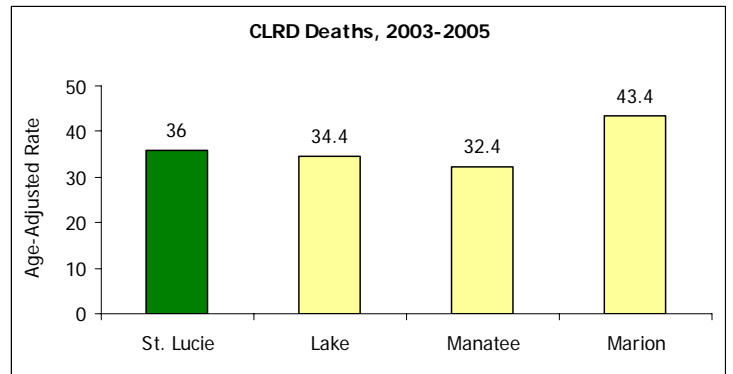
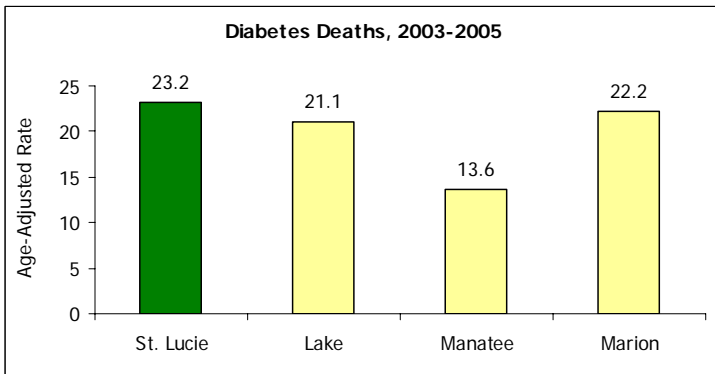
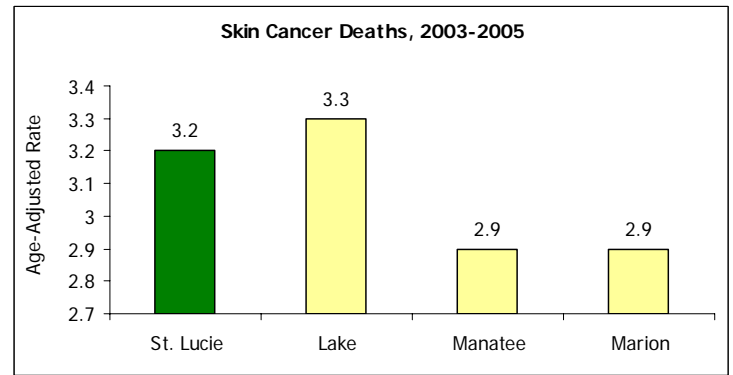
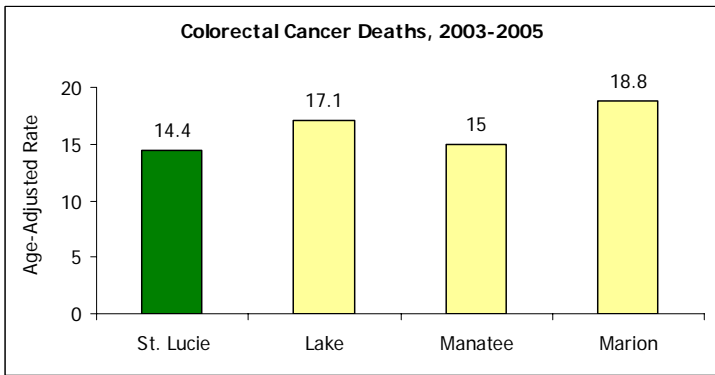
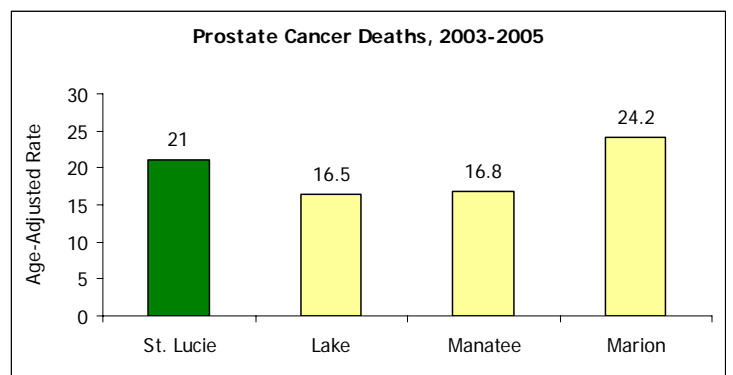
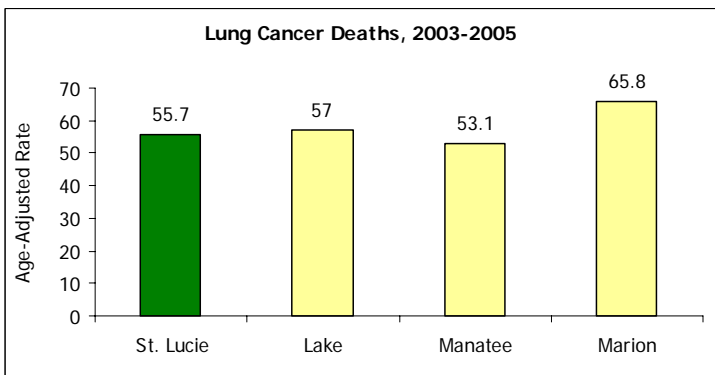
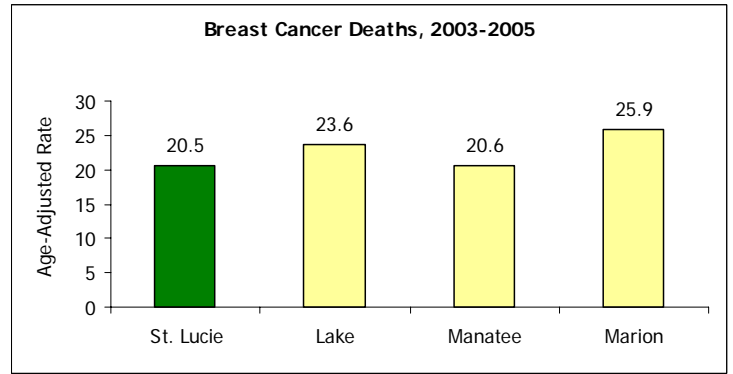
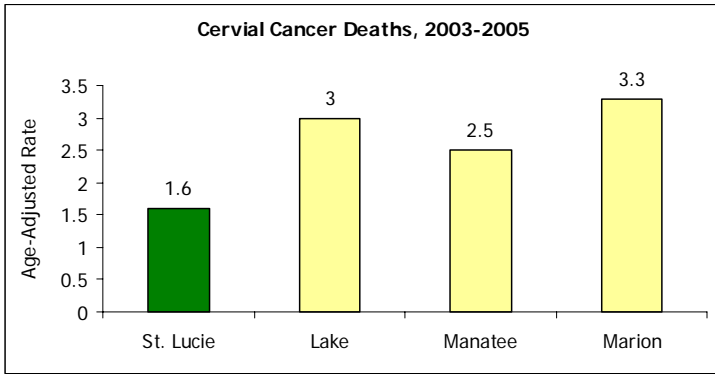
The county compares poorly to the state as a whole on:

- the 2003-2005 age-adjusted death rates for:
  - diabetes
  - lung cancer
  - skin cancer
- the 2003-2005 age-adjusted hospitalization rates for:
  - coronary heart disease
  - congestive heart failure
  - stroke
- the 2001-2003 age-adjusted incidence rates for:
  - cervical cancer

Trends are worsening for age-adjusted hospitalization rates for asthma and diabetes.

The following charts compare St. Lucie County and the three peer counties for some of the most familiar chronic diseases. There are no prior years on the DCF Dashboard for adult measures.





## Adult Mental Health

This section presents data from the Florida Department of Children and Families on indicators relating to adult mental health, including:

- Adults who complete mental health treatment
- Employment after treatment
  - Annual days worked for pay for adults with severe and persistent mental illness
  - Average earnings for adults with severe and persistent mental illness
- Annual days spent in the community for adults with severe and persistent mental illness

## ***Overview of Adult Mental Health Outcomes***

Adults with mental illness in District 15 (including St. Lucie County) are slightly less successful in completing treatment than those statewide and in peer counties. They are relatively successful in finding work and in their earnings after completing treatment, but the average days worked each year is declining. Also, they are slightly more successful in remaining in the community (avoiding institutionalization) than their counterparts in peer districts.

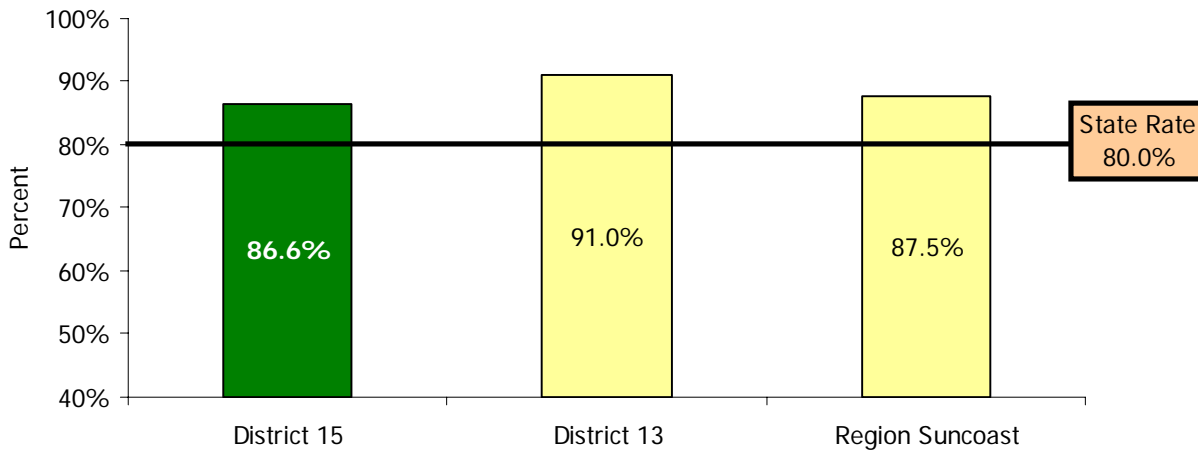
[Note: There are no comparable data available for all adult mental health measures].

## Completion of Mental Health Treatment

The rate of adults completing mental health treatment has decreased slightly in District 15 (including St. Lucie County), while statewide rates have increased.

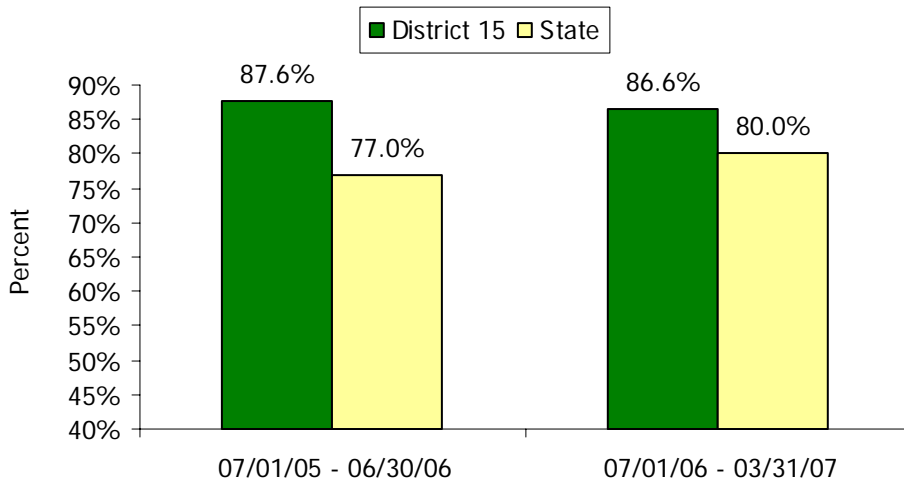
A variety of indicators describe the success of the treatment system in reintegrating adults with mental illness into the community after treatment. First and foremost is completion of mental health treatment. In terms of success in completing treatment, 86.6 percent of adults in DCF District 15 (including St. Lucie County) completed treatment, which was superior to the state rate and one of two peer districts (Suncoast Region, including Manatee County) and slightly lower than the other peer district (District 13, including Lake and Marion Counties). The rate has decreased slightly compared to the previous year, while the state rate increased.

Adults Who Complete Treatment, 06-07 (to date)



Source: Florida Department of Children and Families, Mental Health Program Office

Adults Who Complete Treatment, 05-06 and 06-07 (to date)



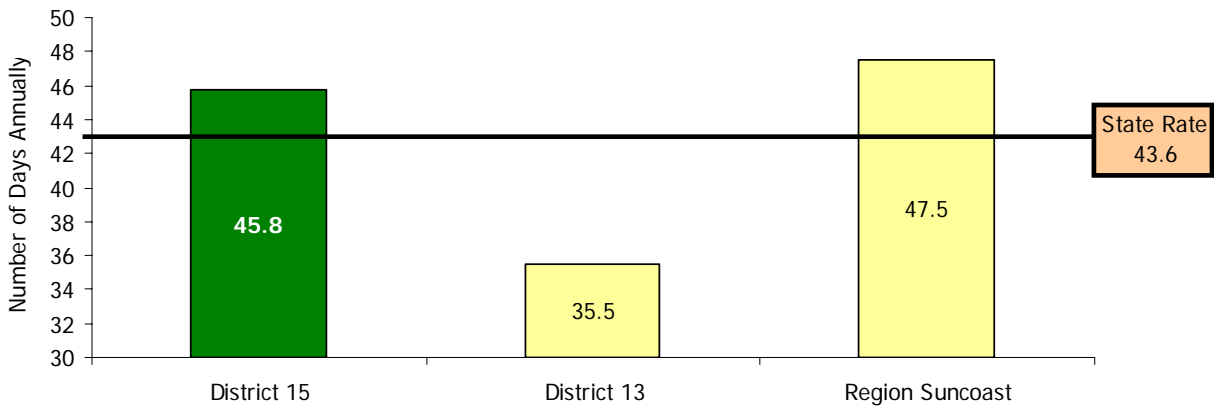
Source: Florida Department of Children and Families, Mental Health Program Office

## Employment after Mental Health Treatment

For adults with severe mental illness who work, those in District 15 (including St. Lucie County) work more days and earn more than the state average and surpass one of two peer districts.

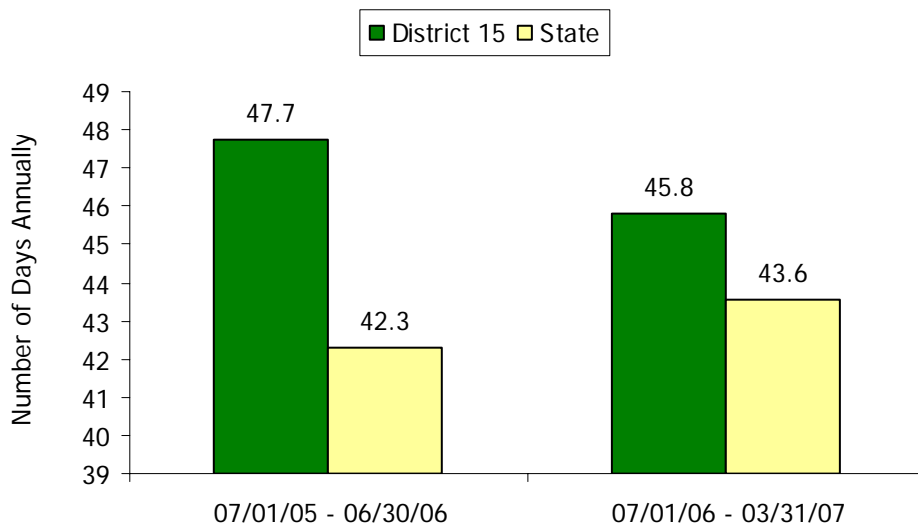
For those working after treatment, District 15 performs better than the state rate and better than one of two peer districts in terms of the average number of days worked for pay. The average has decreased in the comparison to last year, while the state rate has increased slightly. In terms of average earnings, District 15 far exceeds both the state average and the average in one of the two peer districts. The district is slightly below the other peer district.

**Annual Days Worked for Pay for Adults with Severe and Persistent Mental Illness 06-07 (to date)**



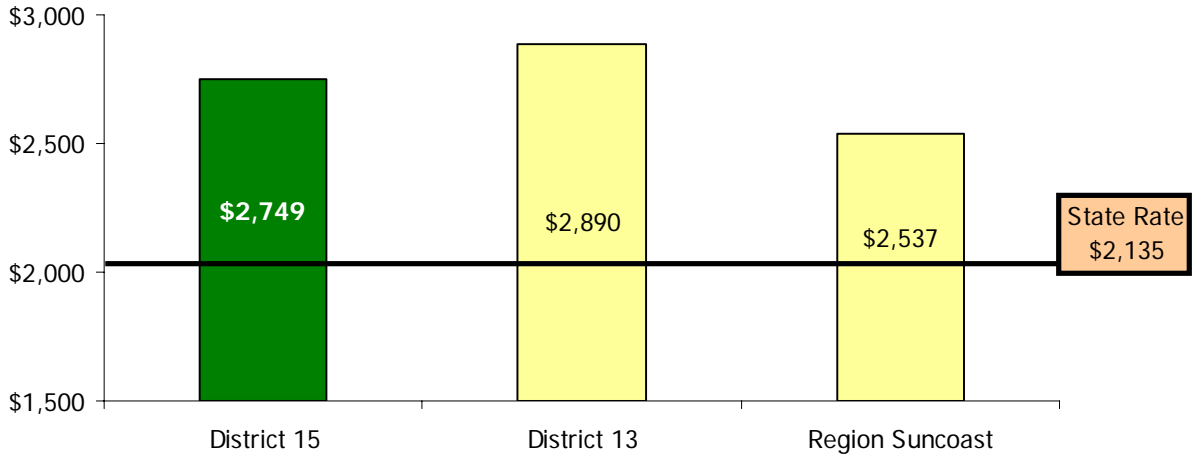
Source: Florida Department of Children and Families, Mental Health Program Office

**Annual Days Worked for Pay for Adults with Severe and Persistent Mental Illness 05-06 and 06-07 (to date)**



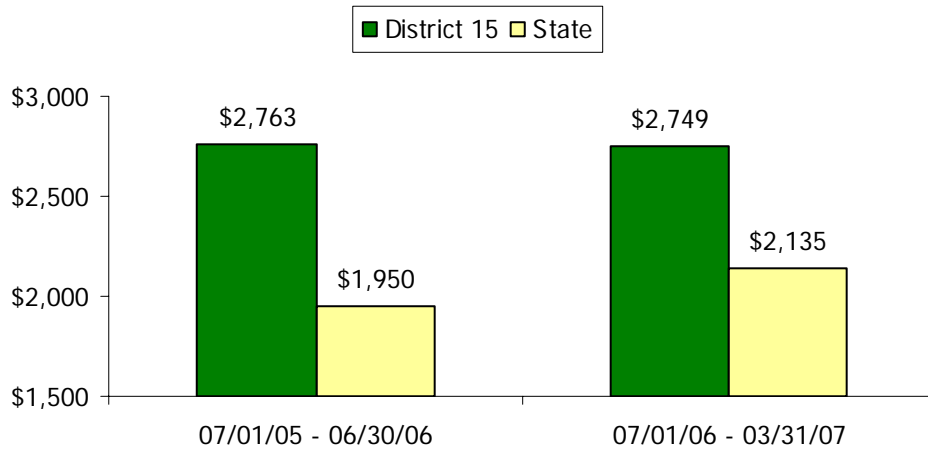
Source: Florida Department of Children and Families, Mental Health Program Office

**Average Annual Earnings for Adults with Severe and Persistent Mental Illness, 06-07 (to date)**



Source: Florida Department of Children and Families, Mental Health Program Office

**Average Annual Earnings for Adults with Severe and Persistent Mental Illness, 05-06 and 06-07 (to date)**



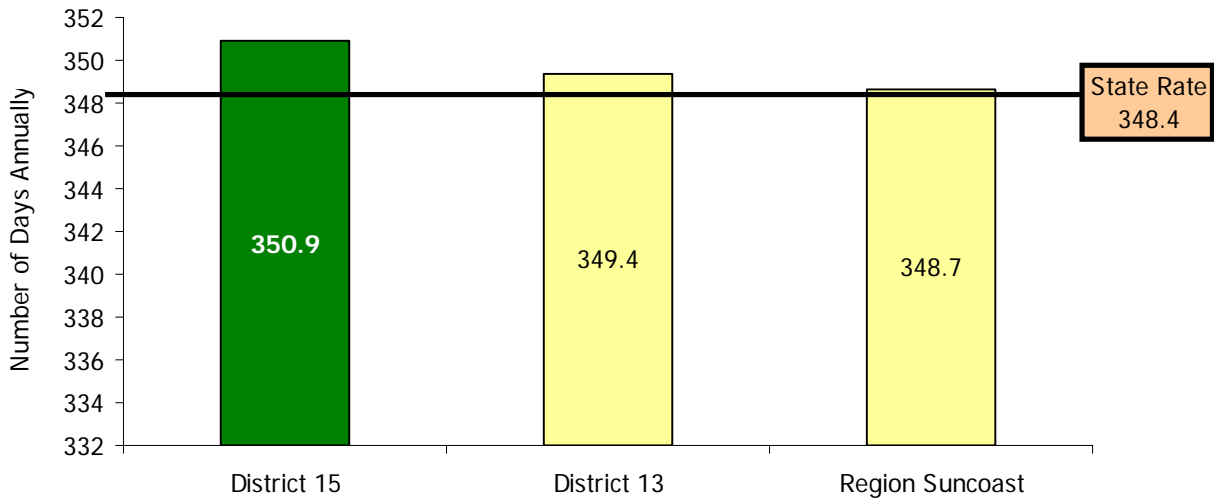
Source: Florida Department of Children and Families, Mental Health Program Office

## Days in Community

Adults with severe mental illness in District 15 (including St. Lucie County) remain in the community slightly more days than in peer districts and statewide.

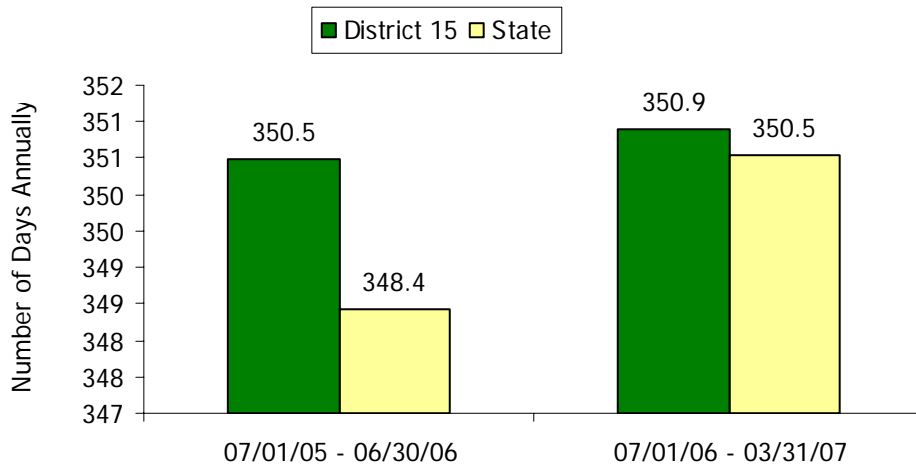
Adults with mental illness who remain in the community rather than being institutionalized generally have better treatment outcomes. District 15 had a slightly better rate than the state overall and both peer districts for the annual days in the community for adults with severe and persistent mental illness. The District 15 rate was slightly above the state rate during the past year and has stayed slightly above for the current year.

**Annual Days in the Community for Adults with Severe and Persistent Mental Illness 06-07 (to date)**



Source: Florida Department of Children and Families, Mental Health Program Office

**Annual Days in the Community for Adults with Severe and Persistent Mental Illness 05-06 and 06-07 (to date)**



Source: Florida Department of Children and Families, Mental Health Program Office

## COMMUNITY RESPONSE TO ADULT HEALTH AND FUNCTIONING

### Health Care

#### **Mental health and HIV/AIDS are issues in St. Lucie County.**

It is acknowledged in focus groups by community leaders, service providers, and faith-based organizations that lack of health insurance and access to health care are issues in St. Lucie County as they are in many communities in the country. However, while many cite concern about these issues, there is a sense that providing health insurance to the uninsured is a problem that is beyond the scope of what the county can do. Further, some view this as being related to the economic climate.

Two health related issues were mentioned in every focus group discussion held among leaders and service providers. These issues are lack of mental health care and the HIV/AIDS epidemic. St. Lucie County lacks sufficient facilities for housing and treating those with mental illness (the Savannas, a mental health facility, experienced hurricane damage and closed in 2005 and reopened in 2007). Furthermore, several mentioned that there is also a need for more training of social workers and others on how to handle problems related to mental health.

Fort Pierce is known for having one of the highest rates of HIV/AIDS in the nation. This fact was mentioned frequently in the focus groups as an indication of the problems faced by health care professionals in the county.

#### **Health care costs are having a major impact on many St. Lucie County residents.**

As shown by the indicator data, an increasing proportion of adults in St. Lucie County are not covered by health insurance. Thus, it is not surprising that medical costs are a major issue for many of the residents in St. Lucie County, according to results of the telephone survey. These costs are having the greatest impact on those residents who are under the greatest financial pressures. This would include families with children and those households who earn under \$50,000 annually.

As one of the providers that participated in a focus group commented, the very poor often qualify for assistance with health care, but it is the working poor that have the greatest problem.

*"The very poor can offset some of their medical costs, but a group that we don't think about is the group who are just getting by. They are the ones we aren't hearing about." (Service provider)*

### **Many St. Lucie County residents struggle to afford medical insurance.**

According to the community-wide telephone survey, many residents (45%) feel being able to afford health insurance for themselves and their family is a major issue. This is somewhat less of an issue for those aged 65 and over who may receive Medicare (35%). While this issue impacts people of all races and ethnic backgrounds equally, families with children (57% versus 41%) are feeling the pressure of health insurance costs more than those without children.

In addition, those with incomes under \$50,000 (61% versus 30%) are more likely to have a major issue affording health insurance. This problem also tends to be somewhat more of an issue for those who are less educated and unemployed.

### **Affording medical services is also an issue for many residents.**

Not only is health insurance an issue according to the community-wide survey, but also the ability of families to afford medical services. Overall, four in ten (41%) say affording medical care is a major issue. For those 65 years and over, medical care is not as great an issue due to Medicare. Among the senior population, three in ten (29%) say affording medical care is a major issue.

Affording medical services is more of an issue for Hispanic households in St. Lucie County (61% versus 40%). Additionally, families with children (57% versus 35%) and those with incomes under \$50,000 (56% versus 28%) are more likely to feel this is a major issue. Educational level and employment status do not appear to have an impact on affording medical services in St. Lucie County as this problem affects these groups equally.

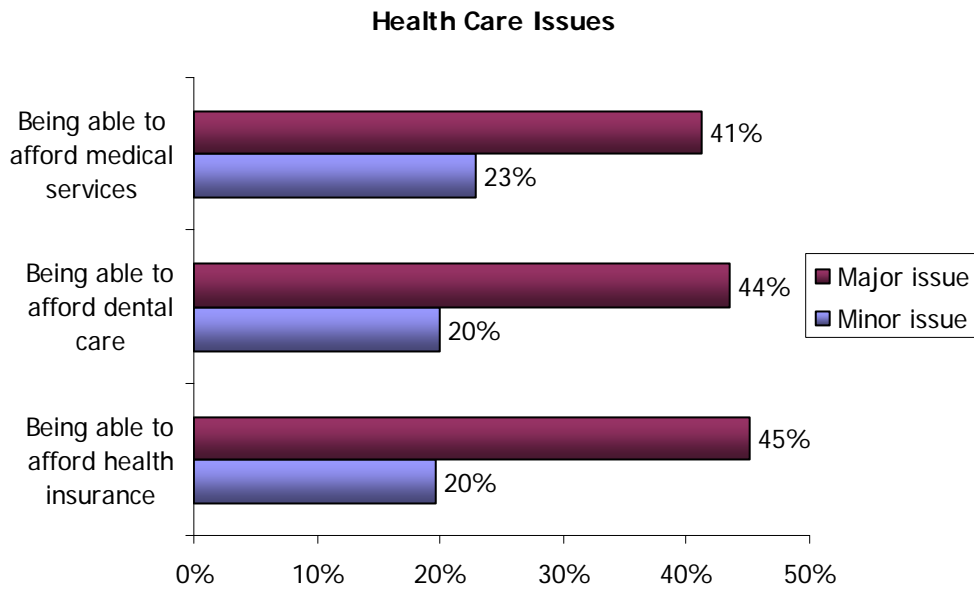
In order to gain insight into the Haitian population, a focus group was held with members of the Haitian community. One woman explained her opinion of health care in the United States.

*"The health system works for people who have money, not for immigrants. We need health insurance. There's nothing worse than having your kids sick and not being able to go to the hospital." (Haitian)*

**The cost of dental care is a problem for many in St. Lucie County.**

A problem exists with the cost of dental care for many residents, according to telephone survey results. Specifically, 44% of households have a major issue with being able to afford dental care for themselves and their families. This problem impacts all age groups equally, including seniors.

Again, racial and ethnicity do not have an impact on this problem, but children and income do affect this issue. Specifically, households with children are more likely to say affording dental care is a major issue (57% versus 39%) as are those with incomes under \$50,000 (56% versus 28%). Further, lack of a job is more likely to make this a major issue (66% versus 40%).



**Data Source:** Questions 25, 26, 27 in community telephone survey

## Health Status

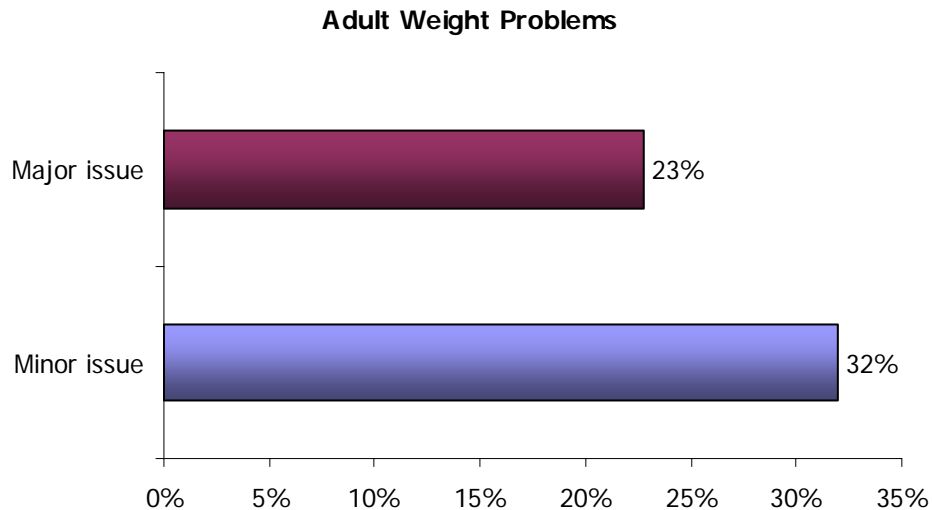
### **Obesity is an issue in St. Lucie County which may lead to greater health problems.**

Both the indicator data and the community-wide telephone survey agree that obesity is a major problem for one in five residents (23%). Many health care professionals feel that obesity is a leading cause of other health problems including diabetes, heart disease, and respiratory problems.

Indicator data suggests, and the survey tends to support, that obesity is more of an issue for those with less education and those who are Black. The survey data also suggests that those with incomes under \$25,000 are more likely to feel obesity is a major issue in their household (36%). No other differences are seen by demographic subgroups on this measure.

A service provider who participated in one of the focus groups noted that poor nutrition, which can lead to obesity, is one of the causes of some children not performing well in school.

*"In terms of children not doing well in school, we have to look at health and nutrition, especially for young children. Kids aren't eating enough, and when they are eating enough they aren't eating the right things. That leads to obesity."  
(Service provider)*



**Data Source:** Question 19 in community telephone survey

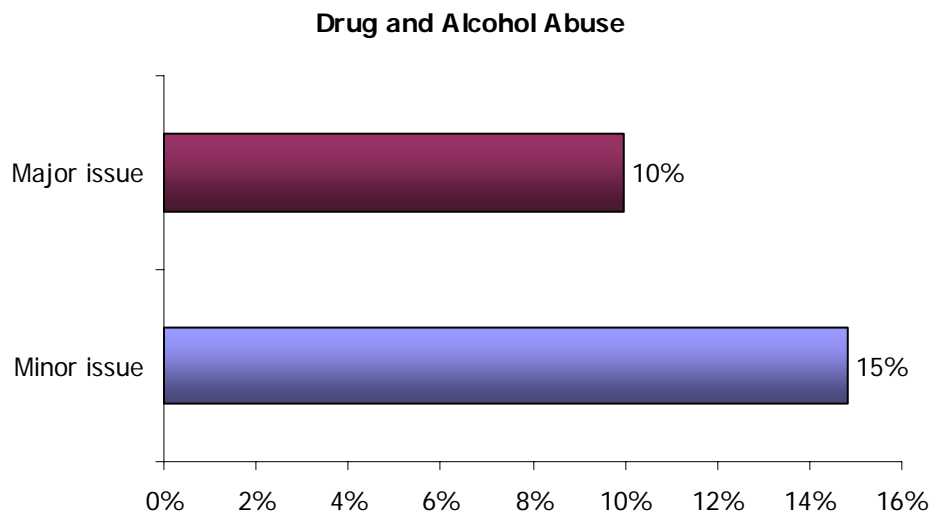
## Lifestyles

### **Substance abuse is an issue among a small group of adults in St. Lucie County.**

According to the telephone survey, substance abuse is a major issue for one in ten (10%) St. Lucie County households. Drug and alcohol abuse are more likely to be a major issue among seniors (15%). This higher level of alcohol abuse is seen in other studies among those age 65 and over and may correlate to the fact that many seniors live alone. In addition to seniors, Blacks (18%) and those with incomes under \$25,000 (17%) are more likely to have a major issue in their household with substance abuse. Other demographic segments do not show any differences on this issue.

Service providers commenting in the focus groups suggest that drug and alcohol abuse may be more of a problem than indicated by the telephone survey. Many providers in the focus groups see drug and alcohol abuse as a problem that negatively impacts many young children.

*"Children have been removed from their families. 75% of those kids have experienced either domestic violence or substance abuse in the homes."  
(Service provider)*



**Data Source:** Question 16 in community telephone survey

## **Adult Mental Health**

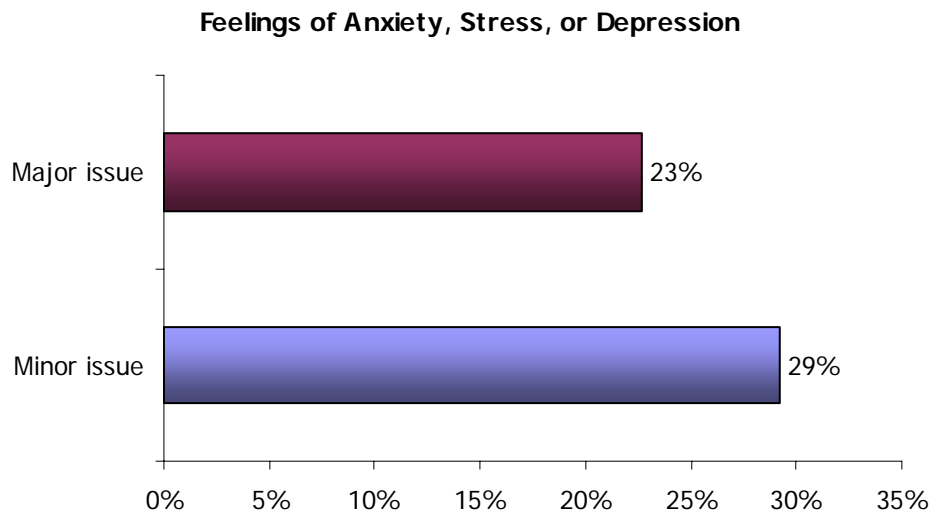
### **Mental health problems may be preventing some residents from finding and keeping employment.**

Overall, one in five adults (23%) that participated in the telephone survey have a major problem with feelings of anxiety, stress, or depression. These mental health issues are the greatest problem for residents who are unemployed (38%) and are less of an issue for those who are employed (22%) or retired (18%).

Residents with children (30%) and respondents with incomes under \$25,000 (33%) are also more likely to experience major issues with anxiety, stress, and depression. There are no differences by age, ethnic, or racial delineations on this measure.

Participants in several of the focus groups indicated that there is a lack of mental health beds in St. Lucie County, which means that many people are not getting the care they need.

In 2005, the Savannas, a mental health facility, experienced hurricane damage and closed. However, the facility reopened in 2007 under new ownership under the name Port St. Lucie Hospital. As of August 2007, the facility had 60 beds, with plans of opening 15 more beds in the future.



**Data Source:** Question 20 in community telephone survey