

4.1 Births to Teenagers

4.1.1 Percentage of babies born to teenage mothers

Measurement: The percentage of babies born to teenage mothers is (1) the number of births to teenagers ages 15-19, divided by (2) the total number of live births in Broward County, multiplied by (3) 100. Over time, this percentage tells us whether a growing percentage of babies are being born to teenage mothers.

Explanation: Children born to teenage parents are more likely to have health problems, live in poverty, and receive poor parenting. Also, teen parents often lack the education and economic means needed to raise their children.

Data source: Florida Department of Health, Office of Planning, Evaluation and Data Analysis, Tallahassee, FL, available online at www.doh.state.fl.us/Planning_eval/phstats/

4.1.2 Teen birthrate

Measurement: Births to teenagers are counted as babies born to mothers ages 15-19. The mother's age is self-reported on the child's birth certificate. The teen birth rate is the number of births to teenagers ages 15-19 for every 1,000 teenage girls ages 15-19 in Broward County. Over time, this rate indicates whether the number of teenage girls having babies is increasing or decreasing, taking population growth into account.

Explanation: Children born to teenage parents are more likely to have health problems, live in poverty, and receive poor parenting. Also, teen parents often lack the education and economic means needed to raise their children.

Data source: Florida Department of Health, Office of Planning, Evaluation and Data

Analysis, Tallahassee, FL, available online at www.doh.state.fl.us/Planning_eval/phstats/

4.1.3 Repeat births to teenagers

Measurement: Repeat births to teenagers are measured by counting the number of babies born to mothers ages 15-19 who have already had one or more children. Information on prior births and the mother's age is self-reported on the child's birth certificate. Prior births include any previous live births, still births, miscarriages or abortions. The percentage of repeat teen births is (1) the number of babies born to mothers ages 15-19 who already have one or more children divided by (2) the number of live births to mothers ages 15-19, multiplied by (3) 100.

Explanation: Children born to teenage parents are more likely to have health problems, live in poverty, and receive poor parenting. Also, teen-age mothers with repeat births are most at-risk of not completing their high school education.

Data source: Florida Department of Health, Office of Planning, Evaluation and Data Analysis, Tallahassee, FL, available online at www.doh.state.fl.us/Planning_eval/phstats/

4.2 Low Birth Weight

4.2.1 Low birth weight babies

Measurement: Low birth weight babies weigh less than 2,500 grams or 5 lbs. 9 oz. at birth, regardless of whether they are born full-term or prematurely. The baby's weight is recorded by hospital staff on the birth certificate. Births include only live births; still births are excluded. Separate percentages are given for whites, non-whites, and all newborns regardless of race. For example, the percentage of non-white babies

born with a low birth weight is calculated by dividing the number of low birth weight babies born to non-whites, by the total number of non-white births, multiplied by 100. Information on specific racial or ethnic groups is not available.

Explanation: Low birth weight babies are more likely than normal weight babies to have health problems, develop disabilities and die in the first month after birth.

Data source: Florida Department of Health, Office of Planning, Evaluation and Data Analysis, Tallahassee, FL, available online at www.doh.state.fl.us/Planning_eval/phstats/

4.3 Infant Mortality

4.3.1 Infants dying in the first year of life

Measurement: Infant mortality refers to the death of a baby before his or her first birthday. Still births, miscarriages and abortions are excluded. Infant mortality rates are presented for whites, non-whites and all infants regardless of race. The infant mortality rate is calculated by dividing the total number of infant deaths by the total number of live births and multiplying by 1,000. The white infant mortality rate is calculated by dividing the number of white infant deaths by the number of white live births and multiplying by 1,000. The nonwhite infant mortality rate is calculated by dividing the number of nonwhite infant deaths by the number of nonwhite live births and multiplying by 1,000.

Explanation: The infant mortality rate is a worldwide health indicator. In Florida, non-white babies are twice as likely to die in the first year of life as white babies.

Data source: Florida Department of Health, Office of Planning, Evaluation and Data



Analysis, Tallahassee, FL, available online at www.doh.state.fl.us/Planning_eval/phstats/

4.4 AIDS and drug-afflicted babies

4.4.1 Babies with HIV Disease

Measurement: Babies with HIV Disease is counted as the number of reported cases in children <5 years of age. A baby has Acquired Immunodeficiency Syndrome (AIDS) if he or she tests positive for the Human Immunodeficiency Virus (HIV) and has another condition or disease, such as pneumonia. Babies diagnosed with AIDS within the first year of life usually get the disease from an HIV-infected mother during pregnancy, at the time of birth, or by breastfeeding. Babies born to HIV-infected mothers do not necessarily become HIV-infected themselves. However, those that do will die during childhood.

Explanation: Without a cure, prevention is the only solution to eradicating this devastating and costly disease.

Data source: Florida Department of Health, Office of Planning, Evaluation and Data Analysis, Tallahassee, FL, available online at www.doh.state.fl.us/Planning_eval/phstats/

4.4.2 Drug-afflicted babies

4.4.3 Annualized % of live births

Measurement: The term "drug-exposed babies" or "substance-exposed newborns" refers to children who have physical, mental or behavioral abnormalities that may result from the mother's drug use during pregnancy or from conditions in the home (e.g., poor parenting or poor nutrition) that are related to the parents' drug use. Some possible effects of drug exposure are premature births, fetal death, low birth weight, respiratory problems,

hemorrhages, birth defects, and language and learning problems. If exposed to opiates (e.g., heroin) during pregnancy, a baby may experience withdrawal symptoms, such as tremors, vomiting and sweats. In 1993, the following drugs, listed in descending order, accounted for 96% of cases reported in Florida: alcohol, cocaine, marijuana, barbiturates and heroin. The annualized percent of live births is the number of drug-afflicted babies born each year divided by the total number of babies born. **Explanation:** Drug and alcohol use during pregnancy can lead to death, disabilities, learning difficulties and other irreversible conditions in children.

Data source: Florida Department of Health, Office of Planning, Evaluation and Data Analysis, Tallahassee, FL, available online at www.doh.state.fl.us/Planning_eval/phstats/

4.5 Infant Screening

4.5.1 Prenatal screening

Measurement: A prenatal screening questionnaire is administered, by consent, to pregnant women so that they can be referred to appropriate services if their unborn infants are at risk of death or disability. The questionnaire is administered by family practitioners, obstetricians and other primary health care providers. It contains 12 items about the mother's health, safety, prenatal care, problems with previous pregnancies, nutrition, smoking, drug and alcohol use and conditions in her living situation. Points are scored for the presence of each risk factor. Mothers whose unborn infants are at risk are defined as those scoring a total of 4 or more points.

Explanation: Prenatal screening promotes the birth of healthy babies and helps to prevent death and disability.

Data source: Florida Department of Health, Office of Planning, Evaluation and Data Analysis, Tallahassee, FL, available online at www.doh.state.fl.us/Planning_eval/phstats/

4.5.2 Infant screening after birth

Measurement: With the mother's consent, infants are screened by hospital staff on risk factors in their social environment that are highly correlated with death after the first 28 days of life. Information is reported on the child's birth certificate on the following 10 risk factors: the mother's age, race, marital status, and education; timing of prenatal care; the baby's birth weight; the mother's use of tobacco and alcohol during pregnancy; and health problems and congenital anomalies identified at birth. Points are scored for the presence of each risk factor. Infants at risk are those with a total score of 4 points or higher. Mothers of these babies are referred to medical and social services to improve their babies' health and chances of survival.

Explanation: Babies are less likely to die or develop lifelong disabilities if problems are identified and treated at birth.

Data source: Florida Department of Health, Office of Planning, Evaluation and Data Analysis, Tallahassee, FL, available online at www.doh.state.fl.us/Planning_eval/phstats/

4.6 Adult Health

4.6.1 General health

4.6.2 Days of poor physical health

4.6.3 Daily living



Measurement: People's perception of their own health status is measured by telephone survey of a statistically valid sample of 2,400 Broward County residents age 18 and older. Specifically, the survey asks, the following three questions: (1) Would you say that in general your health is excellent, very good, good, fair or poor , (2)

Now, thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? and (3)

During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

Explanation: How people perceive their health is a strong predictor of hospitalization and death.

Broward data sources: *Community Health Assessment: 1994 Behavioral Risk Factor Study, Broward County, Florida; Quality of Life Assessment: 1997 PRC Community Health Survey, Broward County, Florida; and 1999 PRC Quality of Life Assessment: Broward County, Florida, Professional Research Consultants, Inc., Omaha, Nebraska.*

Florida data source: Florida Department of Health, Behavioral Risk Factor Surveillance System, Tallahassee, FL.

4.7 Health Insurance

4.7.1 Uninsured

4.7.2 Race of uninsured

Measurement: In Broward County, the percentage of people without health insurance is measured by telephone survey of a statistically valid sample of 2,400 county residents age 18 and older. Specifically, the survey asks Do you have any kind of health

care coverage including health insurance, prepaid plans such as HMO s (Health Maintenance Organizations) or government plans such as Medicaid? Florida data are also collected by telephone survey of a statistically valid sample of Floridians.

Explanation: Health insurance allows people to get the treatment and care they need to maintain good health, seek early treatment for medical problems, and reduce the financial hardship of long-term or catastrophic illnesses.

Broward data sources: *Community Health Assessment: 1994 Behavioral Risk Factor Study, Broward County, Florida; Quality of Life Assessment: 1997 PRC Community Health Survey, Broward County, Florida; and 1999 PRC Quality of Life Assessment: Broward County, Florida, Professional Research Consultants, Inc., Omaha, Nebraska.*

Florida data source: Florida Agency for Health Care Administration, Tallahassee, FL.

4.7.3 Affordability of health care

Measurement: Affordability of health care is measured by telephone survey of a statistically valid sample of 2,400 Broward County residents age 18 and older. Specifically the survey asks,

In the past year has there ever been a time when you needed to see a doctor but could not because of the cost? Possible responses are yes or no.

Explanation: People may not be able to afford health care because they do not have health insurance or cannot pay the deductibles.

Broward data sources: *Community Health Assessment: 1994 Behavioral Risk Factor Study, Broward County, Florida; Quality of Life Assessment: 1997 PRC Community Health Survey, Broward County, Florida; and 1999 PRC Quality of Life Assessment: Broward County, Florida, Professional Research Consultants, Inc., Omaha, Nebraska.*

4.7.4 Primary care center service

This indicator will be included in a future edition of *The Broward Benchmarks*.

4.8 Health Care Satisfaction

4.8.1 Consumer satisfaction

Measurement: Satisfaction with medical care is measured by telephone survey of a statistically valid sample of 2,400 Broward County residents age 18 and older. Specifically, the survey asks,

Overall, how satisfied are you with the health care you currently receive? The choices are very satisfied, somewhat satisfied, or not at all satisfied?

Explanation: Consumer satisfaction with the quality of care is an important but often neglected outcome.

Broward data sources: *Community Health Assessment: 1994 Behavioral Risk Factor Study, Broward County, Florida; Quality of Life Assessment: 1997 PRC Community Health Survey, Broward County, Florida; and 1999 PRC Quality of Life Assessment: Broward County, Florida, Professional Research Consultants, Inc., Omaha, Nebraska.*

4.8.2 Public primary care system

Measurement: Satisfaction with medical care is measured by telephone survey of a statistically valid sample of 2,400 Broward County residents age 18 and older. Specifically, the survey asks,

Overall, how satisfied are you with the primary care services you currently receive

Explanation: Consumer satisfaction with the quality of care is an important but often neglected outcome.

Broward data sources: *Quality of Life Assessment: 1997 PRC Community Health Survey,*



Broward County, Florida; and 1999 PRC Quality of Life Assessment: Broward County, Florida, Professional Research Consultants, Inc., Omaha, Nebraska.

4.9 Deaths

4.9.1 Death rate

4.9.2 Major causes of death

Measurement: Cause of death is determined by a private physician or medical examiner and recorded on the death certificate. Deaths include all county or state residents who die in any state or U.S. territory. The death rate is calculated by dividing the total number of deaths by the total population and multiplying by 100,000. Death rates are age-adjusted to account for Broward County's and Florida's high proportion of residents over age 65 and to make these death rates comparable to the nation's. Death rates are age-adjusted to the U.S. 1940 population that was younger than the 1990 population. As a result, causes of death for older people are underrepresented.

Explanation: Death rates indicate whether progress is being made in reducing the most serious effects of disease, accidents and crime.

Data source: Florida Department of Health, Office of Planning, Evaluation and Data Analysis, Tallahassee, FL, available online at www.doh.state.fl.us/Planning_eval/phstats/

4.10 Communicable Diseases

4.10.1 Primary communicable diseases

Measurement: Vaccine-preventable, sexually transmitted, intestinal and animal-transmitted disease categories encompass over 50 communicable diseases reported by

laboratories, physicians, and other health providers to county public health units. Vaccine-preventable diseases include diphtheria, tetanus, whooping cough, polio, smallpox, Hepatitis B, measles, mumps, rubella and HIB (a major cause of meningitis). Sexually transmitted diseases include gonorrhea, syphilis and other diseases transmitted through sexual contact. Intestinal diseases include hepatitis A, salmonella, giardiasis, shigellosis, and other diseases of the digestive system. Animal-transmitted diseases include rabies, encephalitis, brucellosis, and other diseases transmitted by rodents, insects and other animals. The increasing intestinal disease rate reflects improvements in surveillance and the diagnosis of new diseases that were not recognized in earlier years.

Explanation: The four major disease categories give the best overall picture of our success in preventing communicable diseases.

Data source: Florida Department of Health, Office of Planning, Evaluation and Data Analysis, Tallahassee, FL, available online at www.doh.state.fl.us/Planning_eval/phstats/

4.11 Suicide

4.11.1 Suicide

4.11.2 Suicide by age group

Measurement: A death is attributed to suicide if a private physician or medical examiner lists suicide as the underlying cause of death on the death certificate. Numbers include all suicide deaths regardless of whether they occurred in the area, another state or an U.S. territory.

Explanation: Suicides indicate that people are having difficulty coping with personal crises, serious health problems, or other life stresses.

Data source: Florida Department of Health, Office of Planning, Evaluation and Data Analysis, Tallahassee, FL, available online at www.doh.state.fl.us/Planning_eval/phstats/

4.12 Mental Health

4.12.1 Mental health of adults

Measurement: The mental health of adults is measured by telephone survey of a statistically valid sample of 2,400 Broward residents age 18 and older. Specifically, the survey asks, Now, thinking about your mental health, which includes stress, depression and problems with emotions, for how many days during the past 30 days was your mental health not good?

Explanation: People with mental health problems often have difficulty coping with life stresses and personal crises that may result in problems keeping a job or maintaining personal relationships.

Broward data sources: *Community Health Assessment: 1994 Behavioral Risk Factor Study, Broward County, Florida; Quality of Life Assessment: 1997 PRC Community Health Survey, Broward County, Florida; and 1999 PRC Quality of Life Assessment: Broward County, Florida, Professional Research Consultants, Inc., Omaha, Nebraska.*

Florida data source: Behavioral Risk Factor Surveillance System, Florida Department of Health, Tallahassee, FL.

4.12.2 Mental health days

Measurement: Average number of days individuals with mental illness spend in the community on an annual basis. Statewide this is measured through the Department of Children and Families for services paid with state funds (Alcohol, Drug Abuse and Mental Health



and/or Medicaid). The contracted provider reports this information on admission, every three (3) months, and at discharge. The data is maintained in the state's data warehouse. The measure is an average. The numerator is the sum of average number of days out of thirty each client spends in the community determined at the time of post-admission assessments during the fiscal year. The denominator is an unduplicated count of the total number of clients for whom the average has been recorded. This is converted to an annual average by multiplying by 12.1667.

Explanation: This is an indicator of the person's ability to function in the community or in a least restrictive setting. It is an objective count of the number of days spent in the community (not in crisis stabilization unit, short-term residential treatment unit, state treatment facility, inpatient unit, jail, homeless, Department of Juvenile Justice commitment program). The reliability of this measure is dependent on the provider's compliance with data reporting. Providers are required by contract to report performance data including client outcomes. The Department will monitor the extent to which providers comply with these contractual requirements.

Data source: Florida Department of Children and Families, Alcohol, Drug Abuse and Mental Health Data Warehouse (ADMDW).

4.13 Immunizations

4.13.1 Immunizations

Measurement: A two-year-old is adequately immunized if he or she has received the required vaccines for the following diseases: diphtheria, tetanus, whooping cough, polio, Hepatitis B, measles, mumps, rubella and HIB

(a major cause of meningitis). The percentage of children who have completed these immunizations is determined from a statistically valid sample of children's medical records.

Explanation: Children need to be immunized during the first two years of life when they are most susceptible to vaccine-preventable diseases that can result in death or disability.

Data source: Bureau of Immunizations, Division of Disease Control.

4.14 Physical Fitness

4.14.1 Physical exercise

Measurement: Information about type, frequency, and intensity of up to two physical exercises is obtained by telephone survey of a statistically valid sample of 2,400 Broward County residents age 18 and older. Specifically, the survey asks, "During the past month, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening or walking for exercise?" (b) What type of physical activity or exercise did you spend the most time doing during the past month? (c) How many times per week or per month did you take part in this activity during the past month? (d) And when you took part in this activity, for how many minutes or hours did you usually keep at it?

Explanation: Physical exercise increases strength, endurance, and cardiovascular health.

Broward data sources: *Community Health Assessment: 1994 Behavioral Risk Factor Study, Broward County, Florida; Quality of Life Assessment: 1997 PRC Community Health Survey, Broward County, Florida; and 1999 PRC Quality of Life Assessment: Broward County, Florida,*

Professional Research Consultants, Inc., Omaha, Nebraska.

Florida data source: Florida Department of Health, Behavioral Risk Factor Surveillance System, Tallahassee, FL.

4.14.2 Obesity

Measurement: Height and weight are obtained by telephone survey of a statistically valid sample of 2,400 Broward County residents age 18 and older. The percentage overweight is determined using nationally standardized ideal body weights developed by the Metropolitan Life Insurance Company.

Explanation: Obesity increases the risk of serious and chronic health problems such as heart disease, high blood pressure, knee and low back pain, diabetes, and certain cancers.

Broward data sources: *Community Health Assessment: 1994 Behavioral Risk Factor Study, Broward County, Florida; Quality of Life Assessment: 1997 PRC Community Health Survey, Broward County, Florida; and 1999 PRC Quality of Life Assessment: Broward County, Florida,* Professional Research Consultants, Inc., Omaha, Nebraska.

Florida data source: Florida Department of Health, Behavioral Risk Factor Surveillance System, Tallahassee, FL.

4.15 Alcohol and Drug Use

4.15.1 Binge drinkers

Measurement: Adult alcohol use is measured by telephone survey of a statistically valid sample of 2,400 Broward County residents age 18 and older. Specifically, the survey asks (1) keep in mind that a drink is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. During the



past month, on how many days did you drink any alcoholic beverages, such as beer, wine, wine coolers or liquor? (2) On the days when you drank, about how many drinks did you drink? and (3) Considering all types of alcoholic beverages how many times during the past month did you have 5 or more drinks on an occasion? Questions (1) and (2) measure chronic drinking. Question (3) measures binge drinking.

Explanation: Alcohol and drug use can lead to health, family, crime, and employment problems.

Broward data sources: *Quality of Life Assessment: 1997 PRC Community Health Survey, Broward County, Florida*, Professional Research Consultants, Inc., Omaha, Nebraska.

4.15.2 Youth alcohol use

4.15.3 Age of first alcohol use

4.15.4 Youth marijuana use

4.15.5 Age of first marijuana use

Measurement: Youth drug use is obtained from biennial Youth Risk Behavioral Surveillance surveys conducted among a sample of Broward high school children in grades 9 through 12. Current drug use is defined as having used alcohol or marijuana on one or more occasions in the 30 days preceding the study. Drug use before the age of 13 is determined by those students who select a response of a) 8 years old or younger; b) 9 or 10 years old; or c) 11 or 12 years old to the question: how old were you when you tried (specific drug) for the first time. Note that the state numbers are unweighted (due to a small sample size) and should not be used for comparison.

Explanation: Alcohol and drug use can lead to health, family, crime, and employment problems. The younger a person starts using drugs, the greater the chance of serious drug problems and addiction in later life. In most

instances, drug use among youth begins with either alcohol or marijuana. The prevention or delaying of first use of drugs by youth prevents serious drug problems from occurring in adulthood.

Data source: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, *Youth Risk Behavior Surveillance* (1995, 1997, 1999), available online at www.cdc.gov/nccdphp/dash/yrbs/

4.15.6 Use of illegal drugs

Measurement: Illegal drug use is assessed through quarterly surveys and drug screens of persons booked into the Broward County Jail for criminal offenses. The testing is conducted under the Arrestee Drug Abuse Monitoring (ADAM) program of the National Institute of Justice.

Explanation: Alcohol and drug use can lead to health, family, crime, and employment problems. The younger a person starts using drugs, the greater the chance of serious drug problems and addiction in later life. In most instances, drug use among youth begins with either alcohol or marijuana. The prevention or delaying of first use of drugs by youth prevents serious drug problems from occurring in adulthood.

Broward data sources: *1999 Arrestee Drug Abuse Monitoring (ADAM) Annual Report*, Broward County, Florida.

4.16 Cigarette Smoking

4.16.1(a) Youth smoking

Measurement: Information about youth smoking is obtained from the Youth Risk Behavior Surveillance, United States. The survey employs a sample of students in grades

9 through 12, in public and private schools in the 50 states and the District of Columbia. The 1995 survey included state and local school-based surveys in the states and in 12 cities. One of the cities in the sample was Fort Lauderdale; the CDC reports that the weighted data from most of the cities can be generalized to all public-school students in the jurisdiction. Specifically, the item reported relates to the percentage of students who reported that they were current cigarette smokers, defined as having used cigarettes on one or more of the 30 days preceding the survey. Note that the state numbers are unweighted (due to a small sample size) and should not be used for comparison.

Explanation: Cigarette smoking has been linked to heart disease, cancer and other health problems.

Data source: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, *Youth Risk Behavior Surveillance* (1995, 1997, 1999), available online at www.cdc.gov/nccdphp/dash/yrbs/

4.16.1(b) Adult smoking

Measurement: Information about adult smoking is obtained by telephone survey of a statistically valid sample of 2,400 Broward County residents age 18 and older. Specifically, the survey asks, Do you smoke cigarettes now? Possible responses are yes or no.

Explanation: Cigarette smoking has been linked to heart disease, cancer and other health problems.

Broward data sources: *Community Health Assessment: 1994 Behavioral Risk Factor Study, Broward County, Florida; Quality of Life Assessment: 1997 PRC Community Health Survey, Broward County, Florida; and 1999 PRC Quality of Life Assessment: Broward County, Florida*, Professional Research Consultants, Inc., Omaha, Nebraska.



Florida data source: Florida Department of Health, Behavioral Risk Factor Surveillance System, Tallahassee, FL.

4.17 Check-ups / Preventive Health

4.17.1 Medical check-ups

Measurement: Information on medical check-ups is obtained by telephone survey of a statistically valid sample of 2,400 Broward County residents age 18 and older. Specifically, the survey asks, About how long has it been since you last visited a doctor for a routine check-up? Possible responses are within the past year, within the past 2 years, within the past 5 years, 5 or more years ago, don't know/not sure, never, or refused to answer.

Explanation: Regular medical check-ups offer prevention and early detection of health problems.

Broward data sources: *Community Health Assessment: 1994 Behavioral Risk Factor Study, Broward County, Florida; Quality of Life Assessment: 1997 PRC Community Health Survey, Broward County, Florida; and 1999 PRC Quality of Life Assessment: Broward County, Florida, Professional Research Consultants, Inc., Omaha, Nebraska.*

Florida data source: Florida Department of Health, Behavioral Risk Factor Surveillance System, Tallahassee, FL.

4.17.2 Mammograms

Measurement: Women over age 50 are questioned by telephone survey about how long it has been since their last mammogram and clinical breast exam. Specifically, the survey asks, Have you ever had a mammogram? and, How long has it been since you had your last mammogram? The

survey also asks, A clinical breast is when a doctor, nurse, or other health professional feels the breast for lumps. Have you ever had a clinical breast exam? and How long has it been since you had your last breast exam? Possible responses are within the past year, within the past 2 years, within the past 3 years, within the past 5 years, 5 or more years ago, don't know/not sure, or refused to answer.

Explanation: An annual mammogram is recommended for all women age 50 and over by the majority of health organizations. Mammograms offer early detection of breast cancer, which can prevent the need for radical surgery and can strengthen chances of survival.

Broward data sources: *Community Health Assessment: 1994 Behavioral Risk Factor Study, Broward County, Florida; Quality of Life Assessment: 1997 PRC Community Health Survey, Broward County, Florida; and 1999 PRC Quality of Life Assessment: Broward County, Florida, Professional Research Consultants, Inc., Omaha, Nebraska*

Florida data source: Florida Department of Health, Behavioral Risk Factor Surveillance System, Tallahassee, FL.

4.17.3 Dental check-ups

Measurement: Whether people have received dental checkups is measured by telephone survey of a statistically valid sample of 2,400 Broward County residents age 18 and older. Specifically, survey respondents are asked,

How long has it been since you last visited a dentist for a routine check up? If the household has any children under 18, the respondent is asked, Thinking about the child who had the most recent birthday, about how long has it been since this child visited a dentist for a routine check up?

Explanation: Access to dental care is the most reliable indicator of the population's dental

health when information on actual dental health is not available.

Broward data sources: *Quality of Life Assessment: 1997 PRC Community Health Survey, Broward County, Florida; and 1999 PRC Quality of Life Assessment: Broward County, Florida, Professional Research Consultants, Inc., Omaha, Nebraska.*

