

Florida Healthy People 2010 Program Report

December 2006 Office of Minority Health



Florida Healthy People 2010 Minority Program Health Report
December 2006

Florida Department of Health, Office of Minority Health

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Section 381.736, *Florida Statutes*, requires the Department of Health, in collaboration with the Agency for Health Care Administration (AHCA) and the Minority Physician Networks (MPNs), to provide a progress report to the Florida Legislature regarding the status of the implementation of the Florida Healthy People 2010 Program by December 31 of each year.

Minority Health

Florida Healthy People 2010 Program

December 2006

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EXECUTIVE SUMMARY

On August 15, 2001, the Agency for Health Care Administration (AHCA) issued an application for a new and innovative MediPass pilot project. AHCA contracted with two physician-owned organizations in which the majority of physicians are members of racial and ethnic minority groups: PhyTrust of Florida d/b/a Access Health Solutions (AHS) and Florida NetPASS now referred to as Minority Physician Networks (MPNs). Each MPN consists of a network of primary care physicians (PCPs) and manages an enrollment of MediPass beneficiaries. The purpose of the pilot project, which was subsequently expanded, was to evaluate and assess innovative care management and make improvements in the cost and quality of care provided within the State of Florida's MediPass program.

As one of the requirements under the Florida Healthy People 2010 initiative, the MPNs are implementing innovative and evidence-based approaches to eliminate racial and ethnic health disparities. This is being accomplished through the education of healthcare professionals, the use of non-traditional service delivery methods, the addressing of language access issues, a focus on cultural competence and the promotion of new partnerships and research with public universities to both increase minorities in healthcare professions and reduce health disparities.

The goal of the two existing Minority Physician Networks, Access Health Solutions and Florida NetPass, is to reduce healthcare disparities and increase access to culturally competent quality healthcare for beneficiaries in the Medicaid/MediPass program. This has been achieved through a network of 1,000 minority physicians in collaboration with community and faith-based organizations, the Florida Department of Health, and the Agency for Health Care Administration. The certified data shows that the primary care case management of the MPNs has resulted in culturally competent care in medical services to minority populations in the Florida Medicaid/MediPass program at a cost savings. Subsequently, the progress of the MPNs in providing culturally competent medical services is impacting the Florida Healthy People 2010 goal of reducing disparities in healthcare.

Disparity... "The condition or fact of being unequal..."
American Heritage Dictionary

"Despite the over-all improvement in the health of the US population, racial and ethnic minorities experience higher rates of morbidity and mortality than non-minorities."
Institute of Medicine (IOM)

INTRODUCTION

~Focus~

Particular attention is to be given to the health disparities among minorities and non-minorities in Florida and the impact of racial and ethnic culture on health status throughout the state.

~The Problem~

The "2005 Florida Health Status Data" demonstrates that disparities exist in minority populations. The root causes are complex and exist on multiple levels, such as the:

- recognized barriers to access, socioeconomic and health risk factors, the need for improved language communication, cultural familiarity and education;
- health care delivery system itself, resulting in variations in the quality of care delivered at the patient-provider level; and
- complexities of navigating managed care.

~Examples of Disparities~

The annual “2005 Florida Health Status Data” reports some of the highest disparities exist in Diabetes, HIV/AIDS, Cancer, Cardiovascular Disease and Infant Mortality. Florida Health Status Data: 2003 to 2005 is included in table format on page 4, and in chart format in the Appendix A on pages 12-14.

~A Collaborative Approach~

It is clear that a comprehensive coordinated strategy is necessary to close the gap in racial disparity. It begins with increased awareness of all stakeholders in the health care continuum; including health care payers, providers, regulators and patients. It continues by making improvements in cultural competence, evidence-based medical practice, along with prevention and educational programs. Such programs must be supported through the collaboration of government agencies, health plans, networks of providers, community and faith-based organizations, and entire communities. The Florida Department of Health (DOH), through the Office of Minority Health (OMH), administers the Reducing Racial and Ethnic Health Disparities: Closing the Gap grant program. In coordination with existing community-based initiatives, Closing the Gap projects focus on priority areas of disparity to include maternal and infant mortality, cancer, cardiovascular disease, diabetes, adult and child immunizations, oral health and HIV/AIDS. OMH is the recipient of a five-year U.S. Department of Health and Human Services State Partnership Grant. This program is working to improve and enhance the infrastructure of OMH and community based organizations statewide through assessment and strategic planning activities, partnership development and cultural competence training, in addition to the creation of a web-based resource directory and speakers bureau. Best practices are being identified through the Closing the Gap grant program, the State Partnership Grant and individual County Health Department activities.

~A Model for Progress~

Working in concert with the MPNs, DOH is tasked with reporting to the legislature annual health care data for the state, in an effort to help quantify the problems related to cultural, racial and ethnic disparities in health care. Much of this information is summarized within the Florida Health Status Data Chart, page 3. This report also contains disease-specific summaries based on the efforts of the two active MPNs in the State of Florida. (As the existing MPNs collectively serve a small subset of Florida’s Medicaid Population, they cannot be expected to significantly impact disparate health outcomes at the state level.) Their mission and hope is to develop and put forth a new and replicable care management model that will contain costs and improve quality while simultaneously serving as a platform for continuous improvement in the way minorities receive health care services in Florida.

~Key Model Elements~

Based on over five years of experience, which began as a pilot project, Florida NetPASS, AHS and AHCA have identified the following elements as critical pathways in improving racial and ethnic disparities in the delivery of health care services in Florida:

- A well-informed, culturally competent provider delivery system;
- Claims-based information combined with educational materials and best practice guidelines to support primary care case managers in their critical role as the patient's usual source of care;
- Strong collaboration among network physicians and disease-specific education of Medicaid beneficiaries (to help improve clinical outcomes);
- Intensive clinical analysis; and
- In-depth community outreach and effective communication among all parties.

These elements- combined - result in a "next-stage," less intrusive, care management model that is adaptable and replicable across many health care delivery platforms.

~Sample Quality Indicators~

Due to the extremely high rate of racial and ethnic disparity in diabetes, this report uses diabetes as an example to demonstrate the use of applicable comparative MPN performance quality indicators which are listed on page 4.

~Quality Measures Summary~

- Clinical Outcomes: The certified MPN Quality Indicators, page 5, show overall higher performance outcomes than Health Plan Employer Data and Information Set (HEDIS) measurements and Health Maintenance Organizations (HMOs).
- Member Satisfaction: The certified member satisfaction results on page 5, for AHS show overall higher satisfaction, access, and communication rates than the HEDIS measures and HMOs. (Member satisfaction results for NetPass are complete and pending certification by AHCA.)

Florida Health Status Data: 2003 to 2005

Health Status Indicator	2003			2004			2005			2005 Disparity*
	White	Black	Other	White	Black	Other	White	Black	Other	
Diabetes, age-adjusted death rate per 100,000 [1]	18.7	51.9	13.6	18.1	50.3	13.6	19.5	46.7	28.0	27.2
Pneumonia/influenza, age-adjusted death rate per 100,000 [1]	12.5	16.6	6.7	12.0	15.9	5.4	11.0	14.4	9.1	3.4
Breast cancer, age-adjusted death rate per 100,000 [1]	21.5	29.3	9.1	22.3	29.0	10.6	20.9	29.1	15.1	8.2
Cervical cancer, age-adjusted death rate per 100,000 [1]	2.5	5.1	2.3	2.2	4.4	2.2	2.6	4.4	4.5	1.8
Infant mortality rate, per 1,000 live births [1]	5.8	13.7	3.6	5.5	13.2	3.6	5.3	13.6	7.8	8.3
Births to unwed mothers (percent) [1]	32.7	67.0	21.4	34.6	67.7	25.5	36.5	68.8	26.9	32.3
Births to women ages 15-19, per 1,000 women ages 15-19 [1]	36.9	64.4	19.8	35.5	63.9	33.6	36.7	59.8	35.8	23.1
HIV/AIDS, age-adjusted death rate per 100,000 [1]	4.8	43.5	1.7	4.5	41.6	2.1	4.1	34.4	9.9	30.3
AIDS case rate, per 100,000 population [2]	12.9	110.9	12.5	14.9	114.8	19.5	11.8	92.1	18.3	80.3
HIV case rate, per 100,000 population [2]	18.2	148.8	19.9	16.6	118.0	23.2	15.0	98.5	14.2	83.5
Chlamydia cases, per 100,000 population [4]	120.4	934.1	78.2	112.2	760.1	86.9	126.1	821.8	152.7	695.7
Coronary heart disease, age-adjusted death rate per 100,000 [1]	155.7	188.5	65.5	142.4	170.0	58.7	136.7	152.5	112.8	15.8
Gonorrhea cases, per 100,000 population [4]	37.6	532.2	20.0	35.0	429.5	20.7	39.7	482.0	45.1	442.3
Lung cancer, age-adjusted death rate per 100,000 [1]	53.3	47.1	19.7	52.9	47.3	25.1	52.2	41.6	34.4	(10.6)
Colorectal cancer, age-adjusted death rate per 100,000 [1]	15.8	23.2	7.2	15.3	22.9	7.3	15.2	21.6	16.6	6.4
Prostate cancer, age-adjusted death rate per 100,000 [1]	20.2	59.2	2.1	18.4	50.3	1.1	19.0	51.2	18.8	32.2
Unintentional injury, age-adjusted death rate per 100,000 [1]	45.7	35.5	22.1	45.4	37.1	24.5	48.3	34.5	38.0	(13.8)
Homicide, age-adjusted death rate per 100,000 [1]	3.9	16.2	2.7	3.8	16.4	2.5	3.5	14.5	9.3	11.0
Adults who have no healthcare coverage (percent) [3]	13.8	22.1	N/A	13.1	26.1	20.1	13.4	22.6	25.1	9.2
Adults age 65 and older who received pneumonia vaccinations (percent) [3]	69.1	N/A	N/A	70.6	N/A	N/A	67.3	N/A	N/A	
Adults age 65 and older who received a flu shot (percent) [1]	70.1	N/A	N/A	68.8	N/A	N/A	58.6	N/A	N/A	

[1] Florida Department of Health, Office of Vital Statistics

[2] Florida Department of Health, Bureau of HIV/AIDS

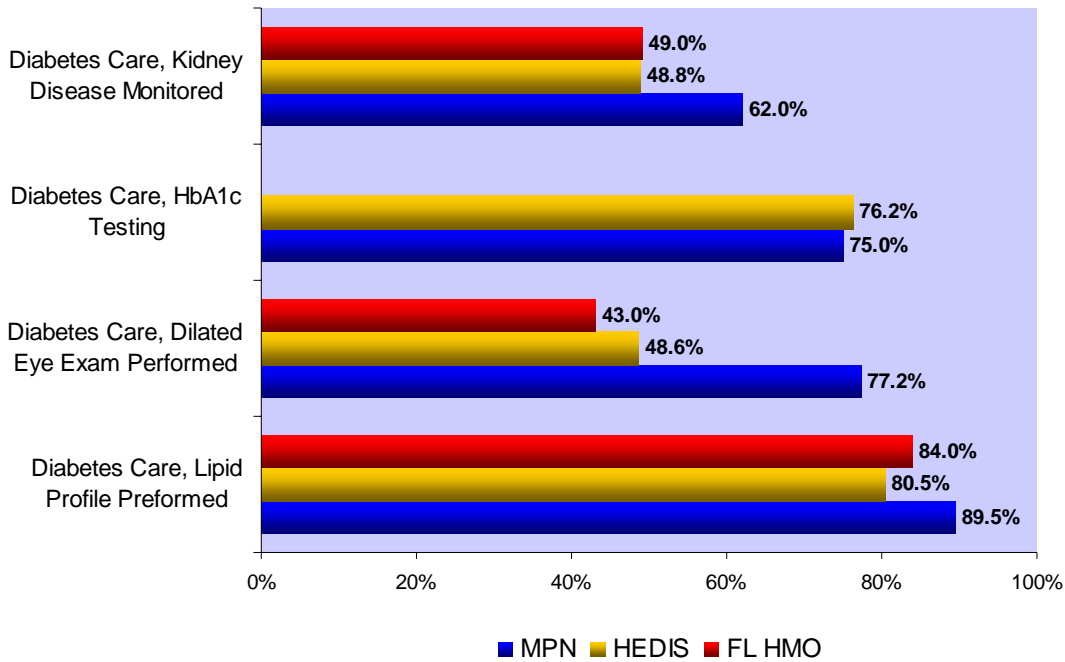
[3] CDC, Behavioral Risk Factor Surveillance System (BRFSS)

[4] Florida Department of Health, Bureau of Sexually Transmitted Diseases Prevention and Control

N/A = data not available

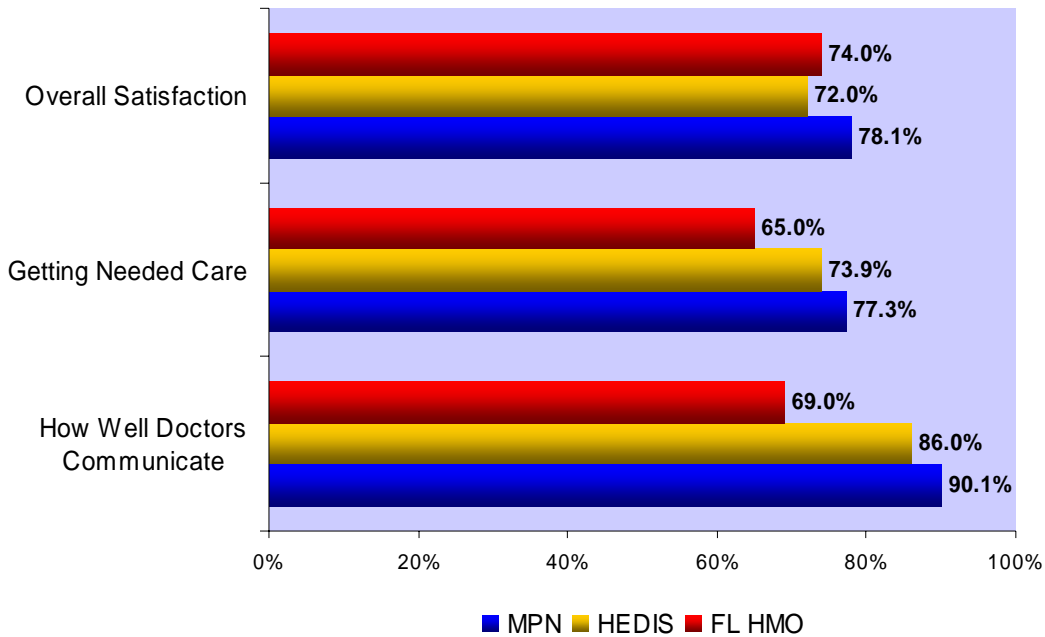
- **The difference between Black 2005 rates and White 2005 rates**

2005 Quality Indicators



Sources: MPN: Access Health Solutions and NetPass certified combined 2005 Quality Indicators rates. HEDIS: NCQA, The State of Health Care Quality 2006, HEDIS Effectiveness of Care Measures, 2005 National Medicaid averages. FL HMO: Florida Department of Health, FloridaHealthStat.com, Florida Health Plan Consumer Information, 2005 Florida Medicaid HMO averages for services rendered in 2004 (Note: AHCA could not verify FL Medicaid HMO rate for Diabetes Care, HbA1c Testing).

2005 Member Satisfaction



Sources: MPN: Access Health Solutions certified 2005 CAHPS Survey rates (NetPass rates unavailable due to pending certification). HEDIS: NCQA, The State of Health Care Quality 2006, CAHPS Member Satisfaction Measures, 2005 National Medicaid averages. FL HMO: Florida Department of Health, FloridaHealthStat.com, Florida Health Plan Consumer Information, and 2005 Florida Medicaid HMO averages.

Education of Health Care Professionals 2006

Access Health Solutions continues to educate health care providers about the prevalence of specific health conditions among certain minority groups, train clinicians to be sensitive to cultural diversity among their patients, and to recognize that inherent biases can lead to disparate treatments.

Public Speaking	Market Area	Event Type	Date
Health Summit: Cultural Competency and Health Disparities Sponsored by Allegany Franciscan Ministries, Inc.	Palm Beach	Conference	01/25/06
National Medical Association	National	Keynote	08/09/06
Minority Pre-Professional Science Society	Hillsborough	Keynote	04/22/06
National Conference for Community and Justice	Miami-Dade	Conference	04/01/06
2nd Annual South FL Pre-Medical Conference and Medical School Fair	Miami-Dade	Conference	03/04/06
13th Annual 5000 Role Models of Excellence Unity Breakfast	Miami-Dade	Diaz	01/16/06
American Heart Association- Promoting Culturally Congruent Relevant Care	Hillsborough	Conference	04/06/06
Hillsborough County Pastors' Forum	Hillsborough	Conference	04/23/06
Close to Your Heart: FAMU College of Pharmacy	Hillsborough	Conference	06/06/06
CHAP Bi-Monthly Enjoy Good Health Radio Program WTMP Tampa	Hillsborough	Radio Program	Ongoing
Florida Congressional Black Caucus	Statewide	Conference	09/08/06
5000 Role Models of Excellence Graduation Ceremony	Miami-Dade	Ceremony	05/06/06
South Broward Health Council	Broward	Presenter	07/03/06
Miami-Dade Chamber of Commerce	Miami-Dade	Presenter	03/14/06
South Florida Health Council	Statewide	Presenter	02/20/06
Minorities Into The Pipeline Orlando	Orange	Presenter	08/17/06
SB 1178 Now F.S.	Broward	Presenter	04/21/06
Tallahassee Medical	Leon	Presenter	07/28/06
Pastor's Forum	Hillsborough	Keynote	10/26/06
ProHealth Choice 2nd Annual Health and Wellness Awards Gala	Statewide	Presenter	11/18/06

Culturally Competent Service Delivery

Cultural competence is created through initiatives that educate private-sector health care and managed care organizations about the importance and principles of cross-cultural training of health care professionals and the effect of their subsequent application on the professional-patient relationship.

A Family Physician's Practical Guide to Culturally Competent Care

This cultural competency curriculum addresses cultural, language services and organizational issues using a variety of engaging case studies and real feedback from providers in health care settings. This program equips family physicians with awareness, knowledge, and skills to better treat the increasingly diverse U.S. population they serve.

Health Resources and Services Administration Study On Measuring Cultural Competence in Health Care Delivery Settings

The Health Resources and Services Administration (HRSA) is sponsoring a project to develop a cultural competence measurement profile comprised of a conceptual measurement framework and focused on a set of measures designed to gauge cultural competence in health care settings. HRSA

has contracted The Lewin Group to conduct this work. The goal of this effort is to contribute to an understanding of how the complex construct of cultural competence can be measured and advance the capacity of organizations to carry out such measurement.

Resources to Implement Cross-Cultural Clinical Practice Guidelines For Medicaid Practitioners

This toolkit aids providers in practical application of the Cross-Cultural Clinical Practice Guidelines. It introduces the basic fundamentals of cross-cultural practice and offers steps and processes essential to delivering quality care to culturally diverse populations.

DISCLAIMERS

The Department of Health and Human Services (HHS) Office of Minority Health (OMH) states that at the present time, no universally required curricula in diversity and cultural competence in health professional training exist. (Welch).

The Department of Health and Human Services (HHS) Office of Minority Health (OMH) stated that no state-of-the-art measures of performance, satisfaction, and access related to CLAS currently exist. Collecting data on culturally and linguistically health care delivery is not yet a universal practice.

The Health Resources and Services Administration (HRSA) note that the measurement framework and specified indicators and measures reported in *Measuring Cultural Competence in Health Care Delivery Settings* do not represent the final stage in developing a measurement profile in cultural competence. Rather, this serves as a starting point that will be further refined and informed by the input of key stakeholders (e.g., Technical Expert Panel, conversations with other experts, and site visits to health care delivery settings that employ innovative approaches to delivering culturally competent care). The description of measures used in the field of cultural competence presented here is continually being updated to capture a “universe” of performance measures that will be further refined and developed. In selecting from this “universe” of measures for the evolving measurement profile, consideration will be given to identifying measures that are meaningful, quantifiable, practical, and are useful to the variety of stakeholders interested in measuring cultural competence in health care settings.

Addressing Language Access Issues: Using Interpreter Services in Health Care Settings

Oral Translation services are provided by AHS and its network providers to enrollees who speak a non-English language regardless of whether an enrollee speaks a language that meets the threshold of a prevalent non English language. This translation service is provided free-of-charge to the enrollee. Enrollees are notified of the availability of the translation service and how to access the service.

AHS uses a multi-faceted strategy to address language access by providing the beneficiary with a welcome letter and information that materials are available in prevalent languages – Spanish, French and Creole. AHS has a bilingual staff, utilizes Language Line Interpreter Service (1-888-808-9008) as its secondary language access service for Limited English Proficiency beneficiaries. All customer service representatives are able to communicate the following statement in English, Spanish, French and Creole:

English: *“In what language do you (or the person whom you are inquiring about) prefer to receive your health care?”*

Spanish: *“En que lenguaje (o la persona por cual usted necesita informacion) prefiere recibir sus servicios medico?”*

Creole: *“Dans quelle langue vous fait-il(ou la personne que vous inwireiez de) prefere recevoir votre soin de sante?”*

Number of languages addressed: 174*; Types of Languages: See “Languages Spoken at Home for Florida’s Population 5 Years of Age and Over: 2000” included as Appendix B on page 15.

*The 174 languages represent approximately 98.6 percent of all customer requests from the 6,809 languages spoken in the world today.

Promoting Partnerships and Research with Public Universities to Increase Minorities in Healthcare Professions and Reduce Health Disparities

Many of the goals of the Florida Healthy People 2010 Implementation Report (December 2004) have been achieved or are well underway; it is now time to consider the next phase in the promotion of partnerships and research with public universities to increase minorities in healthcare professions and reduce health disparities. Colleges and universities with historically large minority enrollments (including centers of excellence in Florida as identified by the National Center on Minority Health and Health Disparities), by working with community representatives, provide opportunities to mentor local minority students to pursue professions in health care. Growth, both in a qualitative and quantitative fashion, is a dominant theme for the 2007 Minority Health Report.

An intensive look at the colleges and universities in the state of Florida has enabled AHS to identify distinguished centers of education for their commitment to clinically and educationally significant pipeline programs, culturally competent curriculums and research to reduce healthcare disparities. Collaborative efforts between AHS and Florida NetPass will be undertaken to expand strategic partnerships with those colleges and universities that have advanced cultural competency initiatives and address health care disparities through teaching and research in 2007.

University of South Florida, Melvin James, M.D., Minority Pre-Professional Science Society, Multicultural Office, College of Arts and Sciences, 4202 East Fowler Ave, BEH 201, Tampa, Florida 33620, (813) 974-4147

The Minority Pre-Professional Science Society (MPSS) is a 501 (c)(3) tax-exempt student organization in the College of Arts and Sciences at the University of South Florida and is the undergraduate chapter of the Student National Medical Association (SNMA). The organization welcomes financial assistance by the general public in the provision of scholarship opportunities to support minority and economically disadvantaged students. The organization falls under the umbrella of Project Thrust which is a university wide program that provides academic and personal support to undergraduates at the university. SNMA is the nation's oldest and largest student organization focused on the needs and concerns of minority medical students. Membership includes over 5,000 medical students, premedical students, residents and physicians. SNMA is dedicated both to ensuring that medical education and services are culturally sensitive to the needs of diverse populations and to increase the number of African-American, Latino, and other minority students whom enter and complete medical school.

Miami-Dade AHEC, Dionne Grigsby, 7700 North Kendall Drive, Suite 804, Miami, Florida 33156, (305) 275-5528, dgrigsby@mdahec.org

Annual South Florida Pre-Medical Conference and Medical School Fair

Miami-Dade Area Health Education Center (AHEC) offers assistance to health professions students with a specific goal toward training and recruitment. Available training programs help students, through academic institutions in finding sites for a practicum as well as in locating suitable educational training programs to meet their needs. In addition, Miami-Dade AHEC affords students information regarding available job opportunities and careers in underserved areas.

Florida A&M University, Cynthia Hughes Harris, Ph.D., School of Allied Health Sciences, Room 306, Ware-Rhoney Annex Tallahassee, Florida 32307, (850)599-3818, FAX (850)561-2502, cindy.hughesharris@famuedu

The Allied Health Academy

The School of Allied Health Sciences (SOAHS) at Florida Agricultural and Mechanical University (FAMU) sponsors The Allied Health Academy (AHA), a program designed to address issues identified in the Pathways to the Health Professions Program announcement, funded through the U.S. Department of Health & Human Services, Division of Health Careers Diversity & Development. Despite the well documented projected need, allied health professions continue to be characterized by a conspicuous under representation of minorities. This is particularly true in areas designated as Health Professions Shortage Areas (HSPA). The geographic area in the Florida Panhandle targeted by AHA is located in the FAMU service area and designated as HPSA's. FAMU is designated as a Historically Black College or University, and has a rich and successful history in educating minority students.

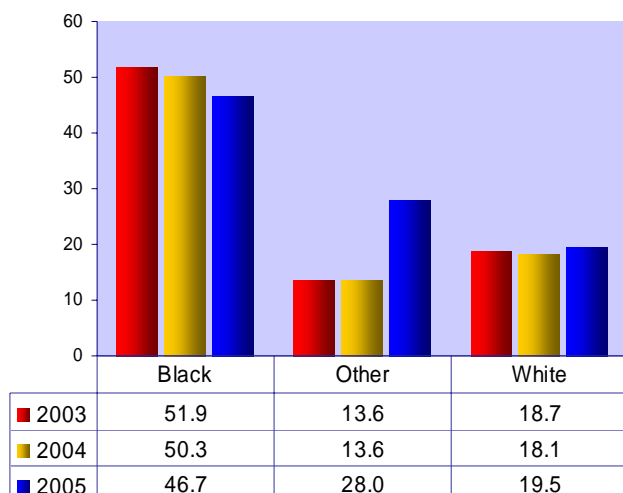
Information on postsecondary education degrees awarded to minorities in Florida is included in Appendix C on page 16.

**Historical Black Colleges and Universities in Florida
and Minorities in Relevant Pipeline Programs**

College/University	Relevant Programs	Access Health Solutions Commitments/Scholarships
Bethune Cookman College 640 Mary McLeod Bethune Blvd. Daytona Beach, FL 32115 (904) 255-1401 Enrollment: 2,301	College of Nursing School of Science Engineering and Math	\$5,000 in scholarship monies were awarded through the Carrie Meek foundation to Bethune Cookman College for minorities pursuing a degree in nursing and pre-med programs.
Edward Waters College 1658 Kings Rd. Jacksonville, FL 32209 (904) 355-3030 Enrollment: 610	The Biology Program at Edward Waters College seeks to prepare students for careers in the Biological Sciences through increased enrollment in graduate and professional schools.	\$5,000.00 Awarded to Yacooob Thurston for pre-med.
Florida A&M University Tallahassee, FL 32307 (904) 599-3223 Enrollment: 9,915	Center for Health Options and Innovative Community Empowerment	\$5,000 in scholarship monies were awarded through the Carrie Meek foundation to Florida A & M University for minorities pursuing a degree in nursing and pre-med programs.
Florida Memorial College 15800 NE 42nd Ave. Miami, FL 33054 (305) 626-3650 Enrollment: 1,500	Nursing and pre-med	\$5,000 in scholarship monies were awarded through the Carrie Meek foundation to Florida Memorial College for minorities pursuing a degree in nursing and pre-med programs.
University of South Florida Melvin James, M.D. Minority Pre-Professional Science Society Multicultural Office College of Arts and Sciences 4202 East Fowler Ave, BEH 201 Tampa, Florida 33620	Minority Pre-Professional Science Society	\$15,000 in scholarship monies were awarded to the University of South Florida for minority students pursuing degrees in health professions.
5000 Role Models of Excellence Miami-Dade County Schools 1450 NE 2 nd Avenue Rm 227 Miami, FL 33132 (305) 995-2455	Serves 82 schools; young males ages 9-19 are provided role models and funds to pursue education	Awarded \$5,000 in scholarships for minority students entering college pursuing a degree in health care professions

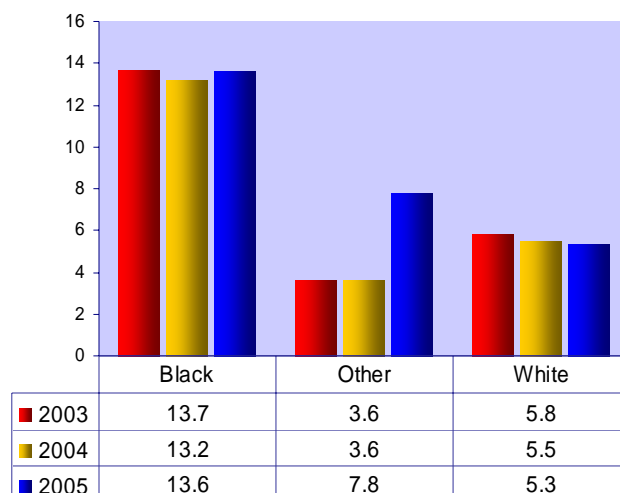
Florida Health Status Data: 2003 – 2005

Diabetes, age-adjusted death rate per 100,000



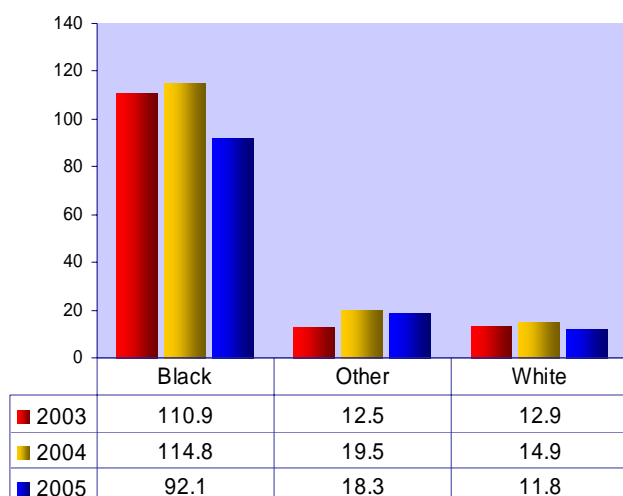
Source: Florida Department of Health, Office of Vital Statistics (2003 – 2005)

Infant mortality rate, per 1,000 live births



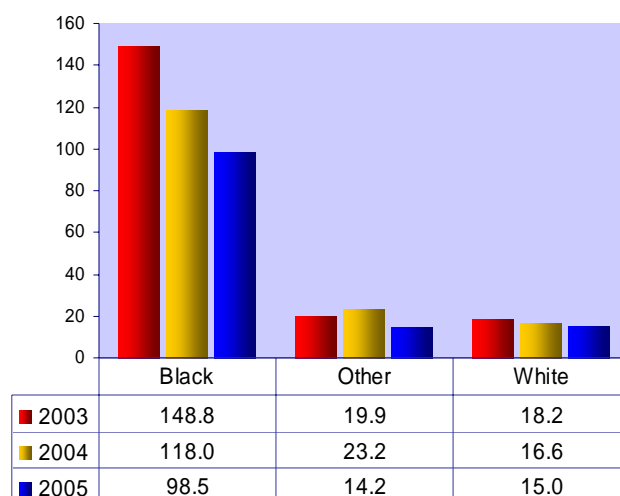
Source: Florida Department of Health, Office of Vital Statistics (2003 – 2005)

AIDS case rate, per 100,000 population



Source: Florida Department of Health, Bureau of HIV/AIDS (2003 – 2005)

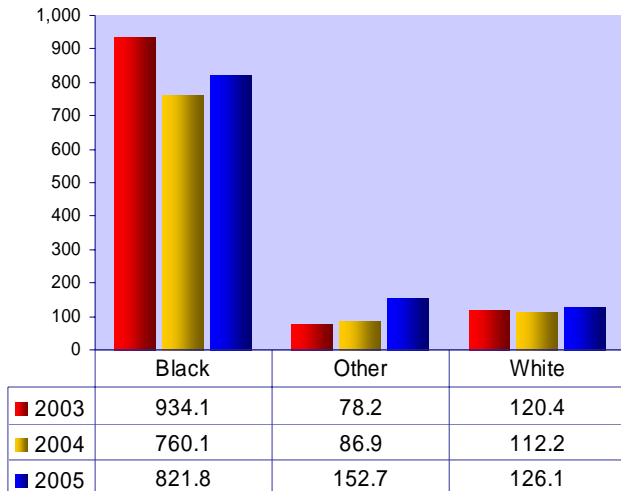
HIV case rate, per 100,000 population



Source: Florida Department of Health, Bureau of HIV/AIDS (2003 – 2005)

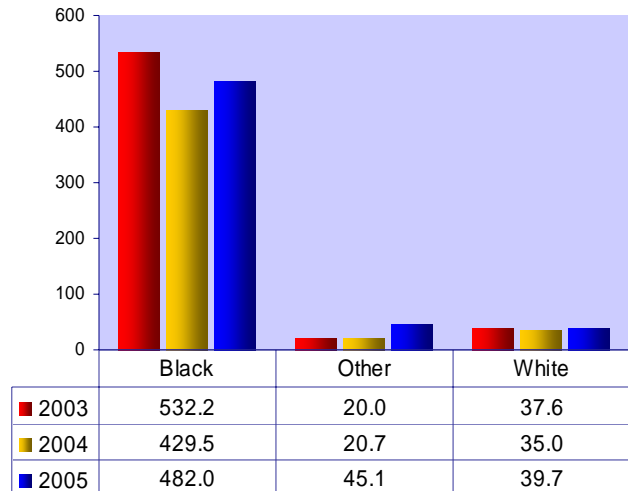
Florida Health Status Data: 2003 – 2005

Chlamydia cases, per 100,000 population



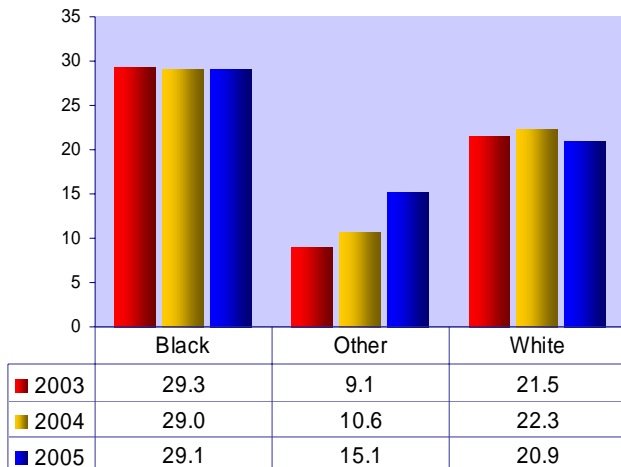
Source: Florida Department of Health,
Bureau of Sexually Transmitted Diseases
Prevention and Control (2003 – 2005)

Gonorrhea cases, per 100,000 population



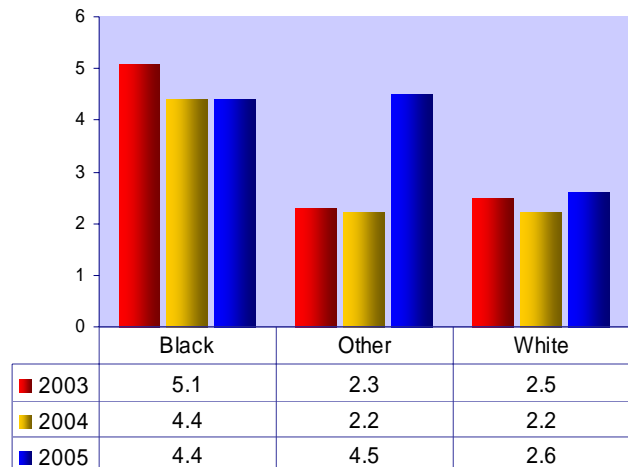
Source: Florida Department of Health,
Bureau of Sexually Transmitted Diseases
Prevention and Control (2003 – 2005)

Breast cancer, age-adjusted death rate per 100,000



Source: Florida Department of Health,
Office of Vital Statistics (2003 – 2005)

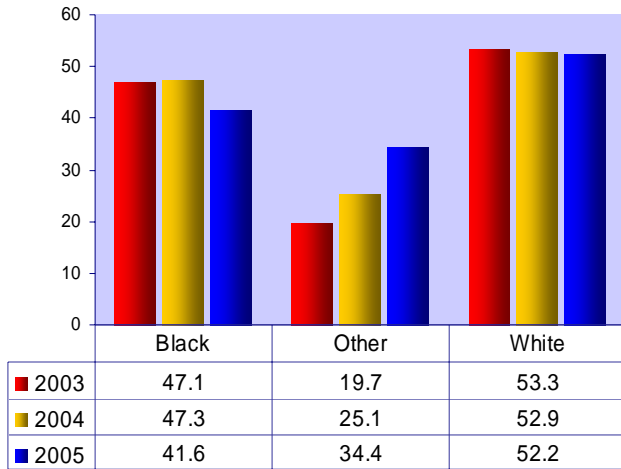
Cervical cancer, age-adjusted death rate per 100,000



Source: Florida Department of Health,
Office of Vital Statistics (2003 – 2005)

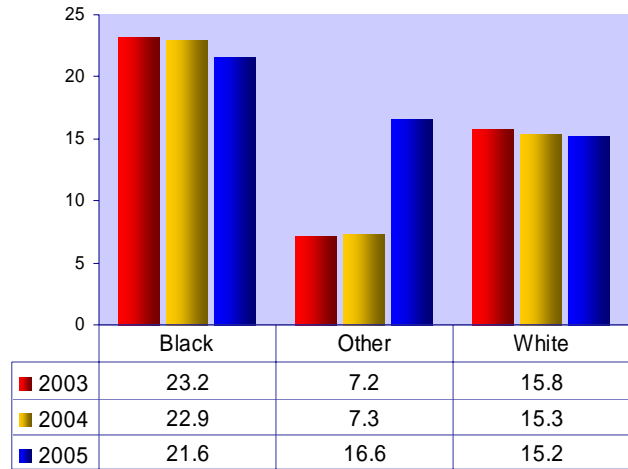
Florida Health Status Data: 2003 – 2005

Lung cancer, age-adjusted death rate per 100,000



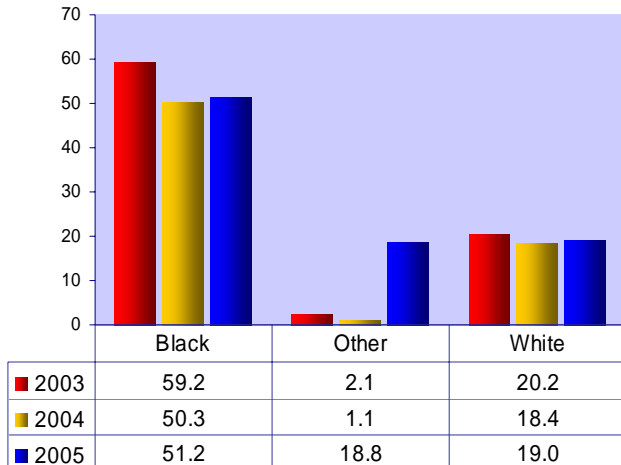
Source: Florida Department of Health, Office of Vital Statistics (2003 – 2005)

Colorectal cancer, age-adjusted death rate per 100,000



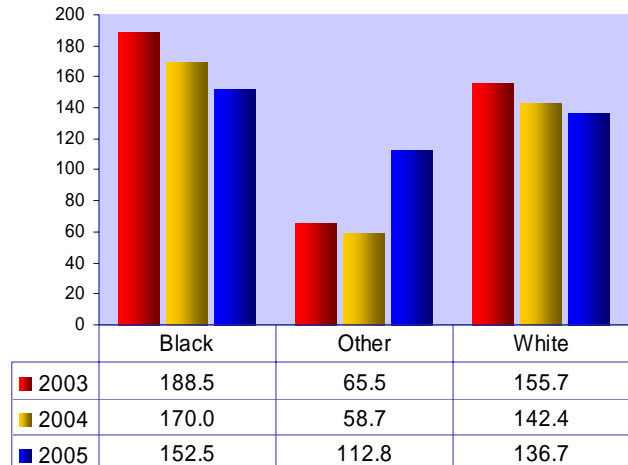
Source: Florida Department of Health, Office of Vital Statistics (2003 – 2005)

Prostate cancer, age-adjusted death rate per 100,000



Source: Florida Department of Health, Office of Vital Statistics (2003 – 2005)

Coronary heart disease, age-adjusted death rate per 100,000



Source: Florida Department of Health, Office of Vital Statistics (2003 – 2005)

Appendix B

Languages Spoken at Home for Florida's Population
5 Years of Age and Over: 2000

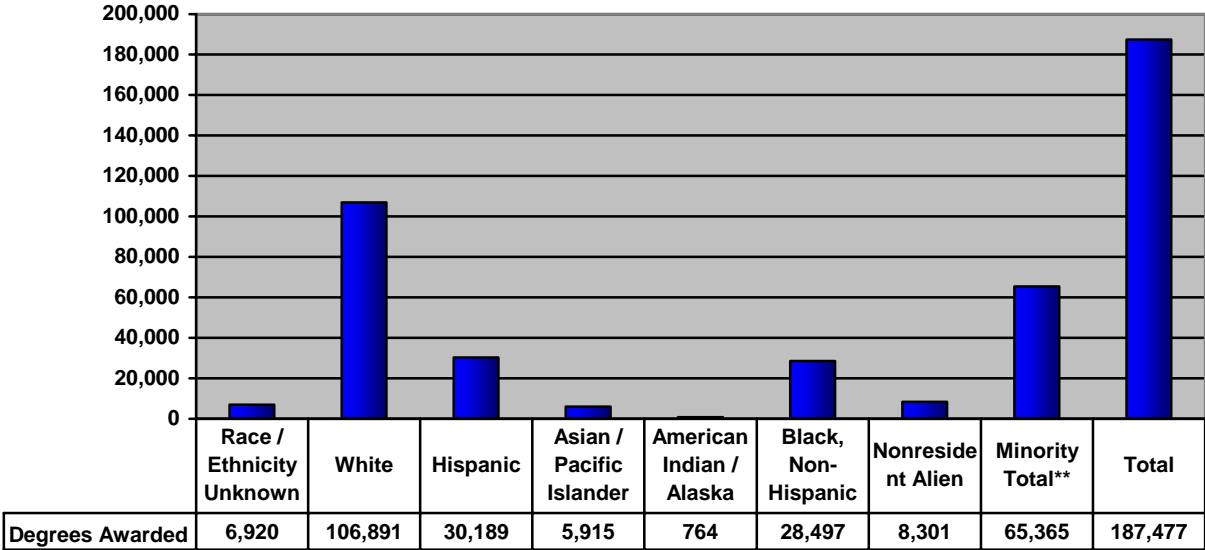
Population 5 Years and Over: 15,043,603

Language spoken at home	Total Number	Language spoken at home: Other Indo-European Languages	Total Number	Language spoken at home: Asian and Pacific Island Languages	Total Number	Language spoken at home: Other Languages	Total Number
Speak only English	11,569,739	French (includes Patois, Cajun)	129,118	Chinese	35,071	Navajo	71
Speak language other than English	3,473,864	French Creole	208,487	Japanese	11,196	Other Native North American languages	2,866
Spanish or Spanish Creole	2,476,528	Italian	67,257	Korean	16,702	Hungarian	12,218
		Portuguese or Portuguese Creole	55,041	Mon-Khmer, Cambodian	2,935	Arabic	32,418
		German	89,656	Miao, Hmong	52	Hebrew	15,360
		Yiddish	18,225	Thai	6,916	African languages	7,263
		Other West Germanic Languages	12,730	Laotian	4,088	Other and unspecified languages	7,410
		Scandinavian languages	10,467	Vietnamese	30,962		
		Greek	23,041	Other Asian languages	13,666		
		Russian	19,729	Tagalog	38,442		
		Polish	24,850	Other Pacific Island languages	4,486		
		Serbo-Croatian	11,654				
		Other Slavic Languages	14,150				
		Armenian	2,364				
		Persian	6,804				
		Gujarathi	10,847				
		Hindi	8,615				
		Urdo	10,480				
		Other Indic Languages	13,253				
		Other Indo-European Languages	18,473				

Source: www.census.gov/population/cen2000/phc-t37/tab11a.xls

[Data based on a sample. For information on confidentiality protection, sampling error, non sampling error, and definitions, see <http://www.census.gov/prod/cen2000/doc/sf3.pdf>]

**Minority Postsecondary Education
Degrees Awarded In Florida**



**The minority total is comprised of Degrees Awarded to the Hispanic, Asian/Pacific Islander, American Indian/Alaska Native, and Black Non-Hispanic populations in Florida. The degrees awarded were not identified by discipline.

Source: U.S. Department of Education, National Center for Education Statistics, Integrated Postsecondary Education Data System (IPEDS): Fall 2005, and Spring 2006.