

# FLORIDA HEALTHY PEOPLE

## 2010 PROGRAM REPORT

2008 OFFICE OF MINORITY HEALTH



Charlie Crist, Governor  
Ana M. Viamonte Ros, MD, MPH  
Surgeon General,  
Florida Department of Health



# Florida Healthy People 2010 Minority Program Health Report December 2008

Florida Department of Health, Office of Minority Health

For additional information, please contact:

Emile C. Commedore, MD, JD, Director, Office of Minority Health  
Florida Department of Health  
4052 Bald Cypress Way, Bin #A25  
Tallahassee, Florida 32399-1746  
Telephone: (850) 245-4941

Section 381.736, Florida Statutes, requires the Department of Health, in collaboration with the Agency for Health Care Administration (AHCA) 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 2008

### TABLE OF CONTENTS

Executive Summary	1
Attachment A: 2007 Florida Health Status Data	7
Attachment B: Florida Health Status Data 2004 – 2007	8
Attachment C: Health Status Comparison: Florida, United States, National Healthy People 2010 Goals	11
Attachment D: 2007 Quality Indicators and Members Satisfaction	12
Attachment E: Cultural Competency, Communication and Race	13
Attachment F: Diversity in U.S. and Florida Healthcare Workforce	14
Attachment G: Report Card on Diversity in Selected Health Professions	15
Attachment H: Florida Breast and Cervical Early Detection Program	17

## **EXECUTIVE SUMMARY**

The mission of the Florida Department of Health (DOH) is to promote, protect, and improve the health of all people in Florida. Section 381-736, Florida Statutes, requires DOH to provide an annual progress report to the State Legislature regarding Florida's status in health disparities and in meeting federal Healthy People 2010 goals and objectives. DOH works in collaboration with the Agency for Health Care Administration (AHCA) to produce the Florida Healthy People 2010 Minority Health Report.

This report provides health status comparison data for Florida in meeting federal Healthy People 2010 goals. It also addresses the lack of minorities in health care professions and the results of primary care case management within the state's Minority Physician Network Program. In addition, the report provides details on partnerships designed to increase the proportion of minority health care professionals and to encourage local minority students to pursue professions in health care.

Although the annual Florida Health Status Data in this report may not reflect a significant decrease in several of the health status indicators, there are exceptions that demonstrate Florida's overall performance exceeds the national goal. For example, the age-adjusted death rate for coronary heart disease in Florida is 139.9 and the national goal is 162.0. Florida's Health Status Data reflect coronary heart disease age-adjusted death rate per 100,000 for Blacks has continued to decline from 170.0 in 2004 to 128.1 in 2007. Death rates for Blacks in breast and cervical cancer have also declined. However, Florida data show serious health disparities in HIV/AIDS, diabetes, prostate cancer, and infant mortality compared to national figures and provide examples of disparities that remain problematic in the state. In response to high black infant mortality, the Black Infant Health Practice Initiative (BIHPI) was launched in 2008. BIHPI will be discussed later in this report.

A component of Florida's Healthy People 2010 requires the state to work with the Minority Physician Networks (MPNs) to address health care disparities. The MPNs provide culturally competent medical services to minority populations in the Florida Medicaid/MediPass program. Certified data show that primary care case management of the MPNs has resulted in improved patient satisfaction, possibly contributing to a reduction of health disparities. Minority Physicians Networks provide an innovative approach to improving health outcomes while increasing the opportunity and availability of health care to MediPass members and their families.

Florida Statute also requires the Department to work with and promote the establishment of public and private partnerships that increase the proportion of minorities in health professions. The Florida Alliance Initiative, a coalition consisting of the Florida Office of Minority Health, state universities, and other stakeholders provides a unique opportunity to fulfill this requirement. The Florida Alliance is one of several new developments that promise to research and promote the number of minorities entering health professions.

To summarize, while some Healthy People 2010 goals are elusive, the Florida Healthy People 2010 Program continues to make progress in reducing health disparities. Significant achievements can be demonstrated. Success may be accelerated by promoting cultural competence, health literacy, evidence-based medicine, and preventive health practices along with collaborations that include government, community and faith-based organizations, MPNs, AHCA, and the Florida Alliance.

## **Florida Healthy People 2010 Program Status**

### ***Program Focus***

Florida Healthy People 2010 focuses on developing collaborative partnerships to combat health disparities among minorities and non-minorities. Particular attention is given to the impact of racial and ethnic culture on health status throughout the state.

### ***The Challenge: Overcoming Barriers***

As stated in the 2007 Florida Healthy People 2010 report, 2007 data continues to demonstrate that disparities exist in minority populations. Multiple, complex factors contribute to health disparities including:

- barriers to access, e.g. transportation, low socioeconomic status and education level, lack of health insurance or providers;
- low health literacy, poor patient-provider communication; and,
- health care delivery system inequity and lack of culturally competent care, which result in variations in the quality of care delivered at the patient-provider level.

### ***Healthy People 2010 Goals – Background***

Federal Healthy People 2010 has two overarching goals: first, to improve the health of all Americans by seeking to increase the quality and length of healthy life; and second, to eliminate health disparities among different segments of the population. The Florida Department of Health (DOH) monitors and reports Florida's status on the Healthy People 2010 goals and objectives to the extent that corresponding data is currently tracked and available to the department.

An additional goal of the Florida Healthy People 2010 Program is to educate professionals, culturally and linguistically, about methods of reducing negative health outcomes associated with some racial and ethnic cultures. Opportunities and barriers to achieving this goal, and potential partners, have been identified. DOH, through the Florida Office of Minority Health, is developing statewide recommendations for a culturally competent curriculum for DOH staff and employees, plus training in health disparity education, health literacy, and culturally and linguistically appropriate services.

Florida Office of Minority Health also addresses health disparities through the Reducing Racial and Ethnic Health Disparities, Closing the Gap Program. In coordination with existing community-based initiatives, Closing the Gap projects focus on seven (7) priority areas that include maternal and infant mortality, cancer, cardiovascular disease, diabetes, adult and child immunizations, oral health, and HIV/AIDS.

### ***Florida Health Status Data***

Florida Health Status Data (2004-2007), included in table format at *Attachment A, Page 7*, and in chart format at *Attachment B, Pages 8-10*, encompasses primary health conditions and provides information on racial and ethnic populations. Disparities in the 2007 health status data can be seen in diabetes, infant mortality, HIV/AIDS, coronary health disease, prostate cancer, and other diseases that affect minority populations.

When compared to the United States and federal Healthy People 2010 goals, Florida is performing better than the identified goals in coronary heart disease, breast cancer and prostate cancer. Florida is also significantly closer to achieving the national goals established for colorectal cancer. However, Florida must continue its efforts to close the gap in infant mortality and HIV/AIDS in order to reach the federal Healthy People 2010 goal of 4.5 deaths per 1000 live births. See *Attachment C, Page 11*.

### ***Sample Quality Indicators***

Diabetes remains one of the top disparities affecting racial and ethnic populations. This report uses, as an example, diabetes data from the Minority Physicians Network (MPNs), Health Plan Employer Data and Information Set (HEDIS), and the Florida Health Maintenance Organizations (FL HMO) to compare performance quality indicators that are listed in *Attachment D, Page 12*.

### ***Quality Measures Summary***

~Clinical Outcomes: The certified MPN Quality Indicators, *Attachment D, Page 12*, show overall higher performance outcomes than HEDIS and HMO measurements.

~Member Satisfaction: The certified member satisfaction results at *Attachment D, Page 12*, show patients report an overall higher satisfaction rate utilizing MPN services in comparison to HEDIS and FL HMO measures.

### ***Minority Physician Networks (MPN) Program***

Florida Department of Health works in conjunction with the Agency for Health Care Administration (AHCA) and MPNs to support the attainment of Florida Healthy People 2010 Program goals. This effort includes the development of programs to educate health care professionals about the importance of culture in health status. Agency for Health Care Administration contracts with two Minority Physician Network Programs that are comprised of Primary care providers who provide services to Medicaid beneficiaries and who work in collaboration with community and faith based organizations and the Florida Department of Health.

The Agency for Health Care Administration oversees services provided by the MPNs. Minority Physician Networks serve a small subset of Florida's Medicaid population and are not expected to significantly impact disparate health outcomes at the state level. This report also contains disease-specific summaries based on the effort of the two active MPNs in the State of Florida, Access Health Solutions and Florida NetPass. Their mission is to develop and implement a new, replicable care management model that will contain costs and improve quality. MPNs also serve as a platform for continuous improvement in the way minorities receive health care services in Florida.

According to the Commonwealth Fund 2001 Health Care Quality Survey, minorities face a more difficult time communicating with physicians. Poor communication is linked to poor outcomes, patient dissatisfaction, and health care inequity. See *Attachment E, Page 13*. Access Health Solutions and Florida NetPass, assist in the reduction of racial and ethnic health disparities through education of health care professionals, use of non-

traditional service delivery methods, language appropriate services, and a focus on cultural competence.

Minority Physicians Networks have partnered with the Florida Medical Quality Assurance, Inc. (FMQA) to promote adoption of the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in health care. Enrollees are provided oral translation free of charge and access to interpreters whose primary language is a foreign language. Language appropriate mailings are sent to enrollees with a special notation that materials are available in additional languages commonly utilized in Florida, e.g. Spanish, French, and Creole. All customer service representatives are able to communicate essential health statements in English, Spanish, French, and Creole. These measures allow MPN physicians to work more effectively in cross-cultural situations and facilitate culturally competent service delivery.

Health literacy is another facet of the relationship between language and culturally effective care. According to the National Assessment of Adult Literacy Report (2003), one out of three U.S. adults lack adequate health literacy. Healthy People 2010 defines health literacy as “the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.” While this is a particular problem for individuals with low or marginal literacy skills, health literacy may also affect individuals with adequate language literacy, especially persons over age 65.

By mobilizing the resources provided by Region V Adult Literacy Center, Access Health Solutions seeks to ensure that minority patients are empowered to advocate for their health and to interact with providers more effectively. Access uses the *Health Literacy: Help Your Patients Understand* Educational Kit, the American Medical Association (AMA) Foundation’s primary tool for informing physicians, health care professionals, and patient advocates about health literacy. In short, through innovative replicable care management programs that address health literacy as well as culturally and linguistically appropriate services, improved quality of health care to minorities is demonstrated in the results previously noted at *Attachment D, Page 12*.

### ***Collaborations to Increase Minority Health Care Professionals, Promote Research, and Reduce Health Disparities***

Minorities comprise 35% of Florida’s total population and trends suggest numbers for minorities will continue to grow. However, workforce diversity data show that only 11% of registered nurses, 7% of physicians and 5% of dentists in Florida are from non-foreign born minority groups. See *Attachment F, Page 14*.

Florida may not be fostering enough minority health professionals to meet the needs of its growing minority population. In particular, there is concern lack of diversity in the professional workforce will result in fewer individuals providing care to minority consumers. To address these concerns, the Florida Alliance for Health Professions Diversity has initiated efforts and implemented strategies to diversify the health professions.

The Florida Alliance for Health Professions Diversity consists of representatives from fifteen (15) higher education institutions, several stakeholder organizations, including the Florida Department of Health, the Agency for Health Care Administration, Access Health

Solutions, and NetPass. The overall objective of the Alliance is to improve healthcare and health outcome disparities by producing more minority researchers and practitioners. The Alliance has sought to establish a baseline of college or university graduates from Florida's medical, dental, nursing, and doctoral health science programs, using data gathered by MGT of America, Inc. See *Attachment G, page 15, Figure 1*.

Data from 2007 illustrate the marked deficiencies in minority PhD graduates in Biological Sciences, Pharmacy, and Public Health. See *Attachment G, page 15, figure 2*. Note that no Black or Native American men earned PhD degrees in Biological Sciences. Only 3.7% of Hispanic males earned degrees. There were no graduate degrees in Biological Sciences to Hispanic, Black, or Native American women.

Additionally, at the Master of Science level for Nursing, only 9.6% of Hispanics, 12% of Blacks, and 0.4% of Native Americans received degrees. See *Attachment G, page 15, Figure 2*. There was no PhD degrees in Public Health awarded to Hispanic, Black, or Native American men.

From 2000 to 2007, the number of degrees granted by gender for doctorates of medicine increased in the seven-year period (203 to 222 for men, 161 to 189 for women). Similarly, the number of doctorates in osteopathic medicine rose from 66 to 85 for men and 31 to 98 for women respectively.

The largest increases were for Black men and women receiving medical degrees from 3% to 5.9% and 2.5% to 6.1% respectively. For osteopathic degrees, Hispanic males increased from 7.6% to 16.5%. See *Attachment G, page 16, Figure 3*. In dentistry, both Hispanics and Blacks declined, and no Black men graduated in 2000 or 2007. See *Attachment G, page 16, Figure 4*.

In keeping with the aim of the Louis Sullivan Commission's report entitled, "Missing Person: Minorities in the Health Care Workplace", the Florida Alliance presents an opportunity to address Florida's shortage of minorities entering health professions. This will involve strengthening partnerships between existing university/college programs and the Florida Alliance; to recruit, retain, and graduate minorities (especially males) in the Biological Sciences, medicine, dentistry, and Public Health.

### ***The Florida Breast and Cervical Cancer Early Detection Program (FBCCEDP)***

This program provides screenings for low-income, uninsured women ages 50-64 with no medical insurance. These services are provided through regional programs located in 16 county health departments. Agreements to coordinate services with the remaining 51 counties are in place. The program is funded by the Centers for Disease Control (CDC), Division of Cancer Prevention and Control. In 2007-2008 over 14,000 women were screened of which 22 percent were black and over 34 percent were Latino. See Attachment H, page 17. Additional information is available at: <http://www.doh.state.fl.us/Family/bcc/index.html>.

### ***Black Infant Health Practice Initiative***

The black infant mortality rate in Florida remains on average 2 to 2.5 times higher than that of white infants. To address the disparity, in July 2007, the Florida Legislature passed the Black Infant Health Practice Initiative and provided funding for one year. Section 383.2162, Florida Statutes, required reviews of infant mortality between 2003 and 2005 in counties with an average non-white infant mortality rate at least 1.75 times greater than white infant mortality rate. It also required, during the same period, review of counties with an average of at least 40 non-white infant deaths from urban counties, or an average of at least five non-white infant deaths for rural counties. Through a collaborative approach in 2008 between the Florida Department of Health, Federal Healthy Start Consortia, State Healthy Start Collaborations, the University of South Florida, and Florida Agricultural and Mechanical University, the initiative was implemented. A preliminary report will be produced in January 2009 and a final report on the recommendations and collective findings will be submitted to the Legislature in July 2010. Funding for the project ended June 30, 2008; however, local communities participating in the initiative have committed to continue efforts to reduce racial disparities in infant mortality.

### **CONCLUSIONS AND RECOMMENDATIONS**

Health disparities remain a challenge all states, including Florida, must address in order to achieve the federal Healthy People 2010 goal of eliminating health care disparities. To reduce Florida's racial and ethnic disparities in health care outcomes, the following identified elements are critical pathways:

- In-depth community outreach and effective patient-provider communication;
- A well-informed, culturally competent provider delivery system;
- Low cost, accessible health care;
- Initiatives that address the social determinants of health;
- Diversity in health care professions nationally and in the State of Florida; and
- Evidence-based research and collaborative efforts, such as the Black Infant Health Practice Initiative, to study the causes of specific health disparities and develop appropriate interventions.

## Florida Health Status Data: 2004 to 2007

Health Status Indicator	2004			2005			2006			2007			2007 Disp*
	WHT	BLK	OTH	WHT	BLK	OTH	WHT	BLK	OTH	WHT	BLK	OTH	
Diabetes, age-adjusted death rate per 100,000 [1]	18.1	50.3	13.6	19.5	46.7	28.0	18.6	45.7	21.9	18.1	43.5	27.5	25.4
Infant mortality rate, per 1,000 live births [1]	5.5	13.2	3.6	5.3	13.6	7.8	5.6	12.9	7.1	5.2	13.4	7.4	8.2
Births to unwed mothers (%) [1]	34.6	67.7	25.5	36.5	68.8	26.9	38.6	69.1	27.0	40.2	70.2	28.0	30.0
Births to women ages 15-19, per 1,000 women ages 15-19 [1]	35.5	63.9	33.6	36.7	59.8	35.8	38.4	61.6	34.9	37.8	62.0	35.4	24.2
HIV/AIDS, age-adjusted death rate per 100,000 [1]	4.5	41.6	2.1	4.6	36.6	8.9	4.3	38.9	5.3	3.7	32.3	3.5	28.6
AIDS case rate, per 100,000 population [2]	14.9	114.8	19.5	11.8	92.1	18.3	12.2	89.3	15.7	9.1	72.0	15.9	62.9
HIV case rate, per 100,000 population [2]	16.6	118.0	23.2	15.0	98.5	14.2	13.6	87.4	16.5	17.7	96.0	16.7	78.3
Chlamydia cases, per 100,000 population [4]	112.2	760.1	86.9	126.1	821.8	152.7	132.9	941.4	128.0	142.7	1,144.0	114.5	1,001.3
Gonorrhea cases, per 100,000 population [4]	35.0	429.5	20.7	39.7	482.0	45.1	41.7	579.6	42.2	37.3	566.3	21.3	529.0
Coronary heart disease, age-adjusted death rate per 100,000 [1]	142.1	170.0	58.7	136.7	152.5	112.8	125.0	140.2	105.8	112.4	128.1	91.0	15.7
Pneumonia/influenza, age-adjusted death rate per 100,000 [1]	12.0	15.9	5.4	11.0	14.4	9.1	9.2	12.1	9.1	8.1	11.5	7.2	3.4
Breast cancer, age-adjusted death rate per 100,000 [1]	22.3	29.0	10.6	20.9	29.1	15.1	20.1	26.1	19.4	19.0	27.5	10.3	8.5
Cervical cancer, age-adjusted death rate per 100,000 [1]	2.2	4.4	2.2	2.6	4.4	4.5	2.6	4.3	1.9	2.2	3.7	2.6	1.5
Lung cancer, age-adjusted death rate per 100,000 [1]	52.6	47.3	24.9	52.2	41.6	34.4	49.8	42.4	33.5	47.9	39.7	32.4	(8.2)
Colorectal cancer, age-adjusted death rate per 100,000 [1]	15.2	22.9	7.3	15.2	21.6	16.6	14.9	19.8	12.4	14.4	18.6	17.8	4.2
Prostate cancer, age-adjusted death rate per 100,000 [1]	18.4	50.3	1.1	19.0	51.2	18.8	17.4	48.7	16.6	17.3	49.2	13.4	31.9
Unintentional injury, age-adjusted death rate per 100,000 [1]	45.3	37.1	24.5	48.3	34.5	38.0	47.6	34.8	37.4	47.6	33.2	35.8	(14.4)
Homicide, age-adjusted death rate per 100,000 [1]	3.8	16.3	2.5	3.5	14.5	9.3	4.4	16.5	6.5	4.7	18.9	7.2	14.2
Adults who have no healthcare coverage (percent) [3]	13.1	26.1	20.1	13.4	22.6	25.1	13.6	22.6	20.6	12.2	22.8	19.1	10.6
Adults age 65+ receiving a pneumonia vaccination (%) [3]	70.6	N/A	N/A	67.3	N/A	N/A	68.5	38.3	N/A	8.5	44.8	N/A	(23.7)
Adults age 65+ receiving a flu shot (%) [3]	68.8	N/A	N/A	58.6	N/A	N/A	66.2	37.7	N/A	68.4	45.0	N/A	(23.4)

[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)

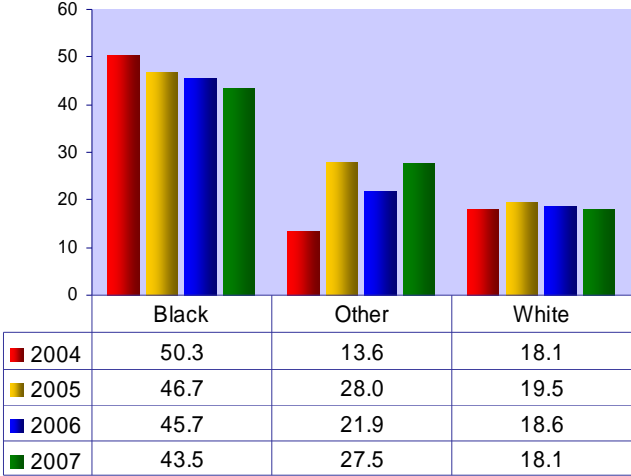
[4] Florida Department of Health, Bureau of Sexually Transmitted Diseases Prevention and Control

N/A = data not available

\* 2007 Disp (Disparity) = The difference between Black and White for the year 2007

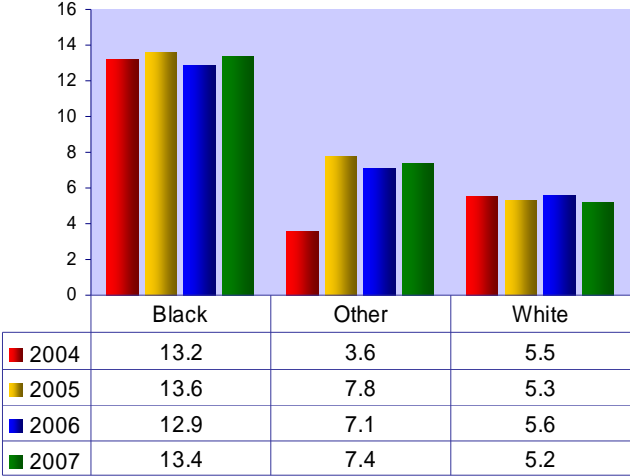
**Florida Health Status Data: 2004 – 2007**

**Diabetes, age-adjusted death rate per 100,000**



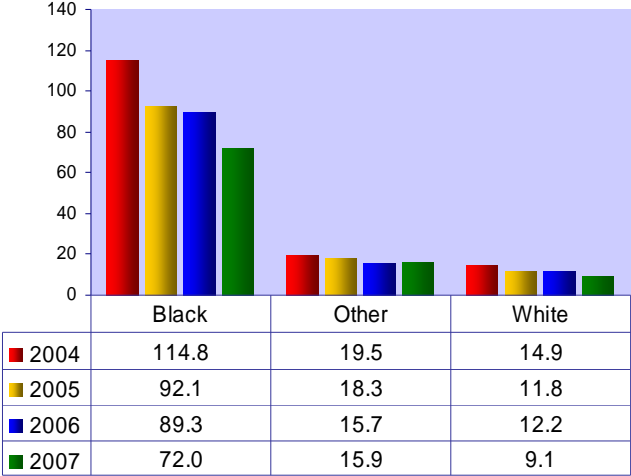
Source: Florida Department of Health, Office of Vital Statistics (2004 – 2007)

**Infant mortality rate, per 1,000 live births**



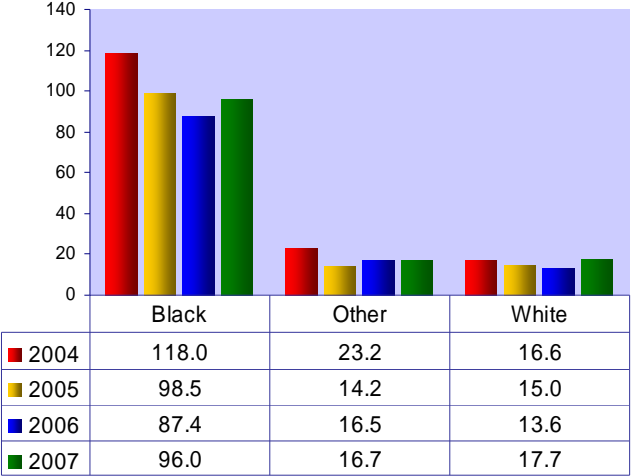
Source: Florida Department of Health, Office of Vital Statistics (2004– 2007)

**AIDS case rate, per 100,000 population**



Source: Florida Department of Health, Bureau of HIV/AIDS (2004 – 2007)

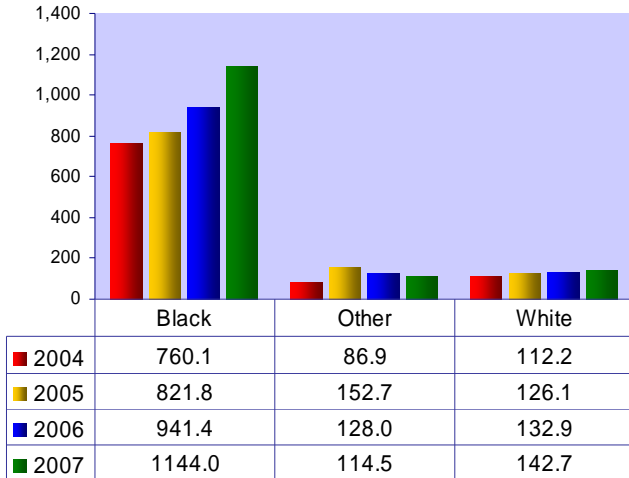
**HIV case rate, per 100,000 population**



Source: Florida Department of Health, Bureau of HIV/AIDS (2004 – 2007)

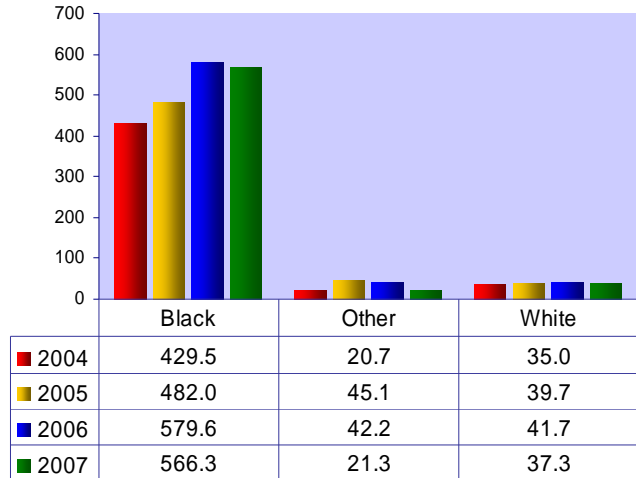
**Florida Health Status Data: 2004 – 2007**

**Chlamydia cases, per 100,000 population**



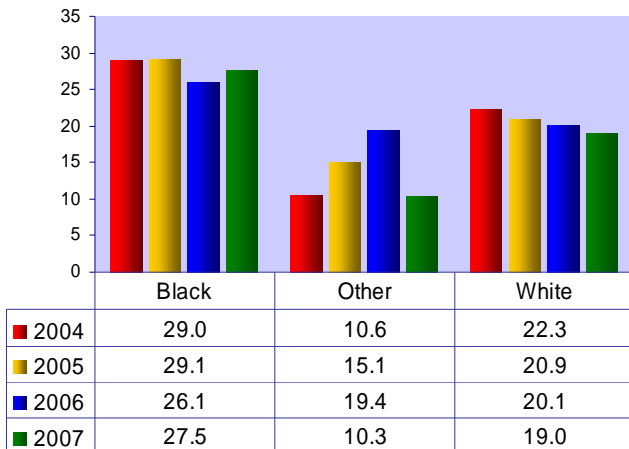
Source: Florida Department of Health, Bureau of Sexually Transmitted Diseases Prevention and Control (2004 – 2007)

**Gonorrhea cases, per 100,000 population**



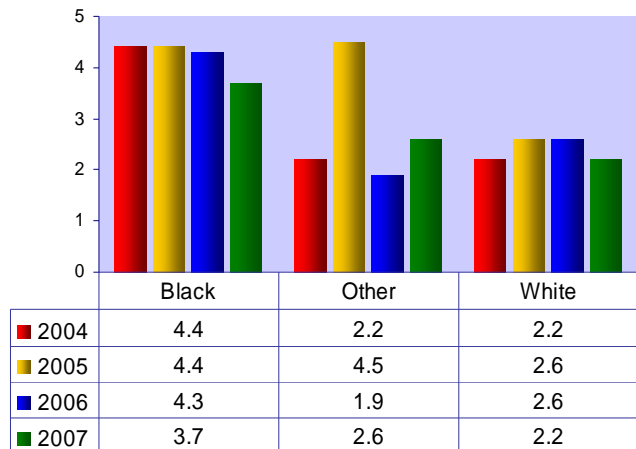
Source: Florida Department of Health, Bureau of Sexually Transmitted Diseases Prevention and Control (2004 – 2007)

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



Source: Florida Department of Health, Office of Vital Statistics (2004 – 2007)

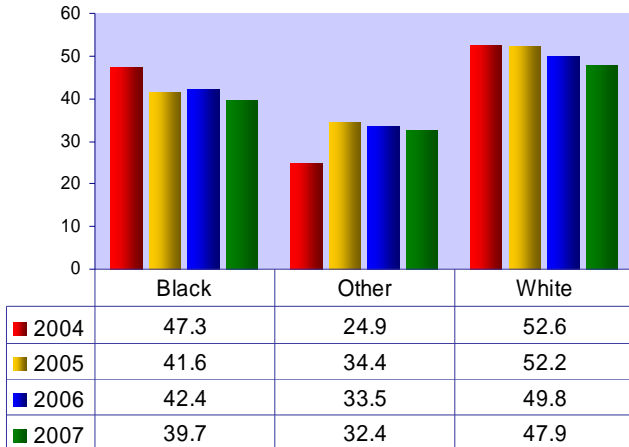
**Cervical cancer, age-adjusted death rate per 100,000**



Source: Florida Department of Health, Office of Vital Statistics (2004 – 2007)

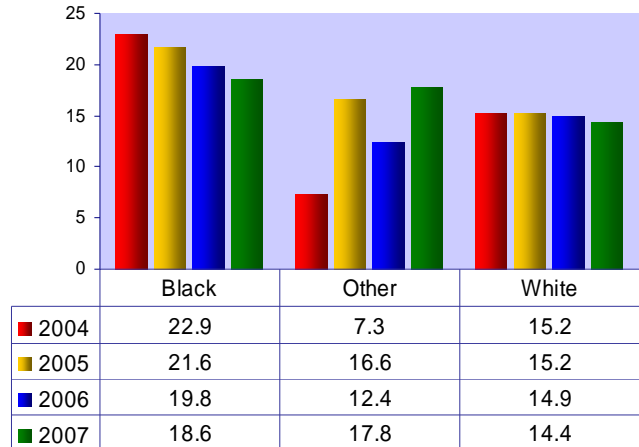
**Florida Health Status Data: 2004 – 2007**

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



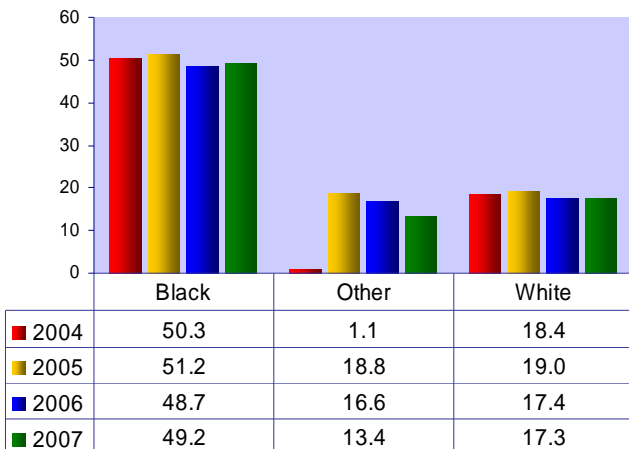
Source: Florida Department of Health, Office of Vital Statistics (2004 – 2007)

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



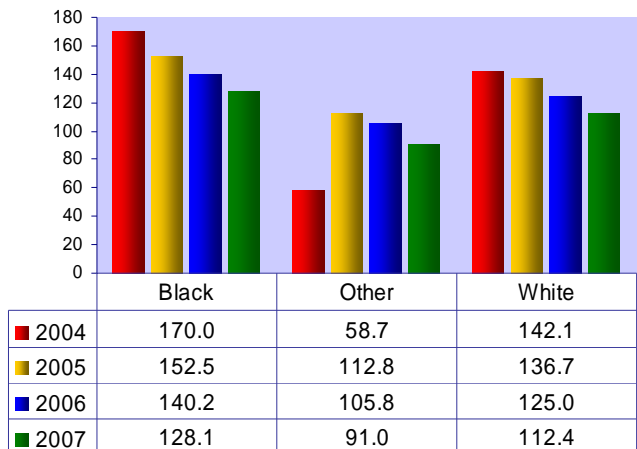
Source: Florida Department of Health, Office of Vital Statistics (2004 – 2007)

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



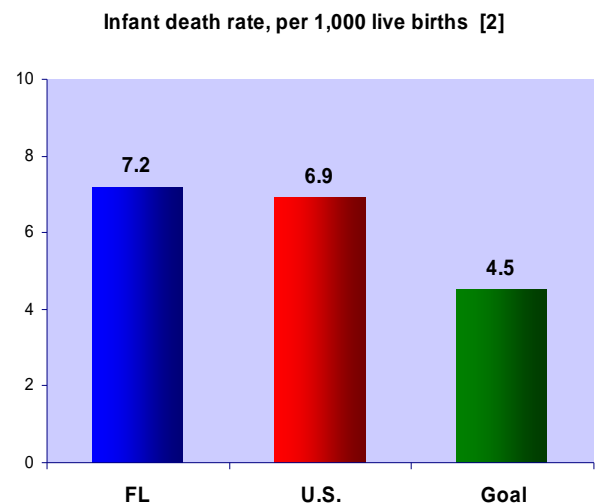
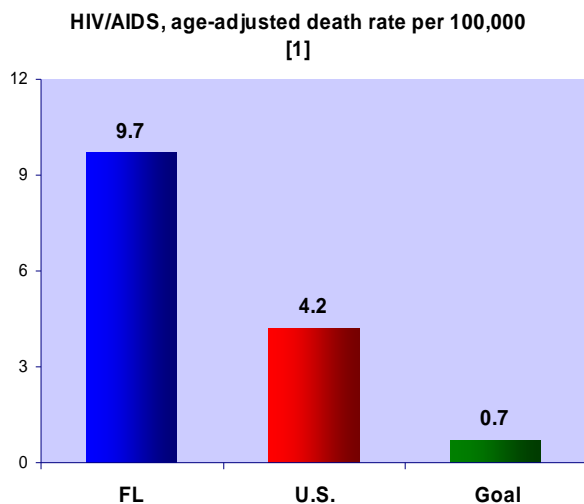
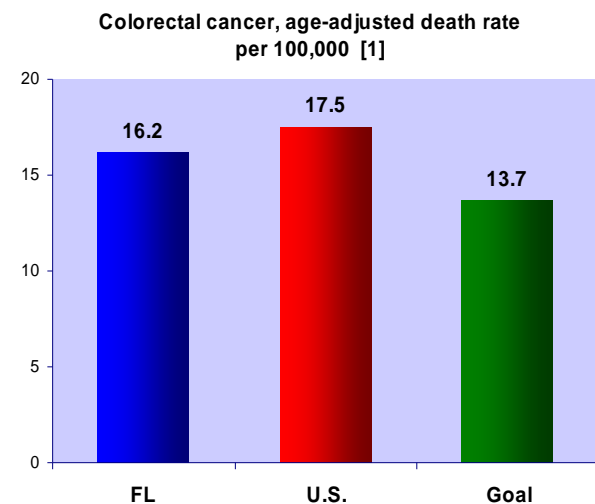
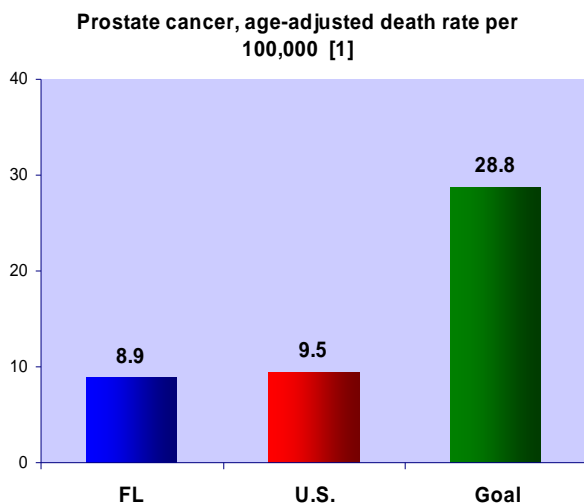
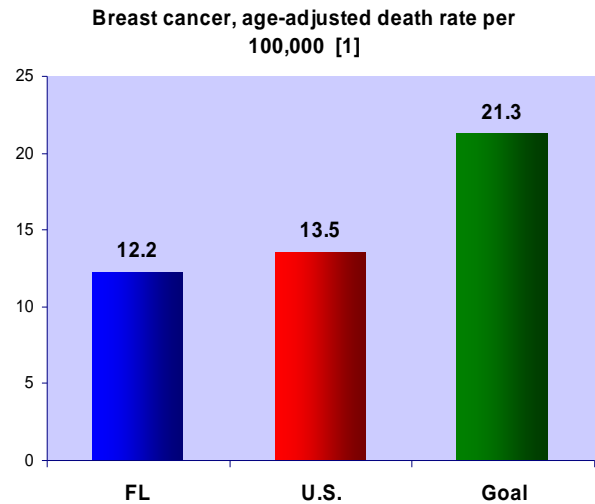
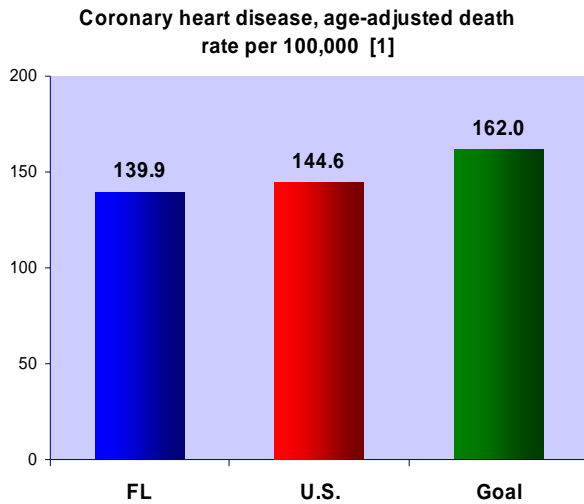
Source: Florida Department of Health, Office of Vital Statistics (2004 – 2007)

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



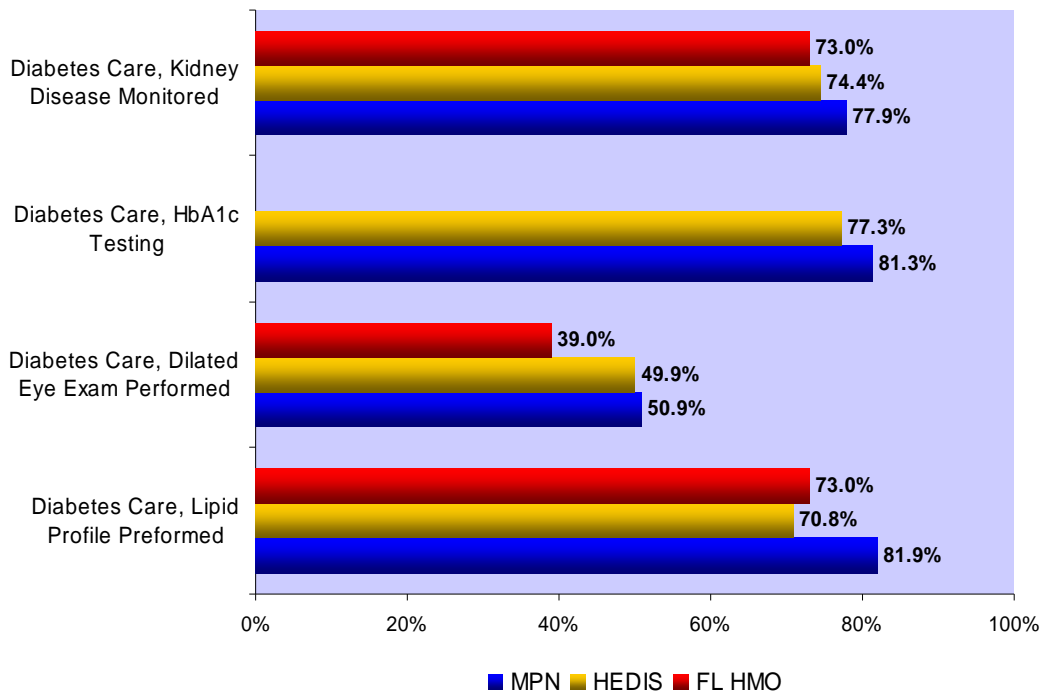
Source: Florida Department of Health, Office of Vital Statistics (2004 – 2007)

### Health Status Comparison: Florida, U.S. and Healthy People 2010 Goals



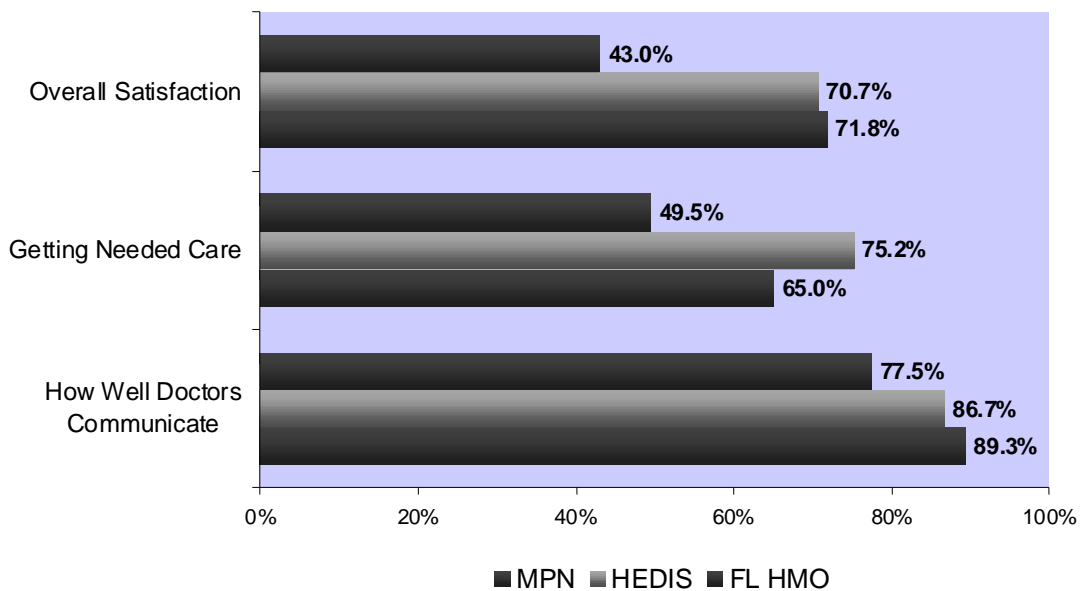
[1] FL Data Source: Florida Department of Health, Office of Vital Statistics, US Data Source: United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Office of Analysis and Epidemiology(OAE), Compressed  
 [2] FL Data Source: Florida Department of Health, Office of Vital Statistics; US Data Sources: [www.statehealthfacts.org/](http://www.statehealthfacts.org/) compare (all but repeat births to teens), <http://www.cdc.gov/std/stats/tables/table24.htm>, [http://www.cdc.gov/nchs/data/nvsr/nvsr56/nvsr56\\_03.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr56/nvsr56_03.pdf), and [http://www.cdc.gov/breastfeeding/data/report\\_card2.htm#20](http://www.cdc.gov/breastfeeding/data/report_card2.htm#20).

### 2007 Quality Indicators



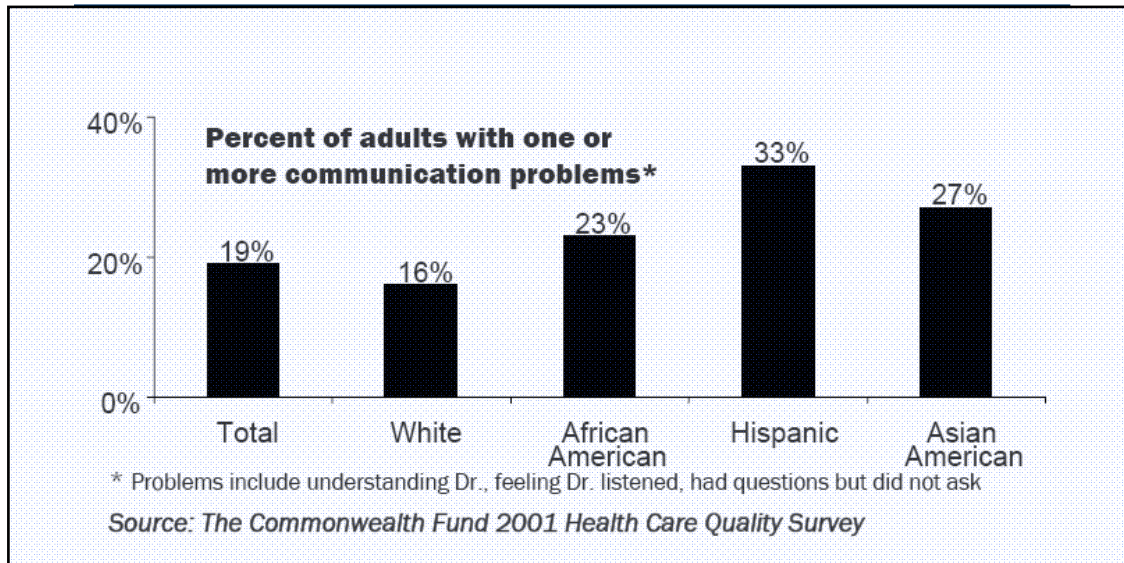
Sources: MPN: Access Health Solutions certified adult and child combined CAHPS Survey rates.  
 HEDIS: NCQA, The State of Health Care Quality 2008, HEDIS Effectiveness of Care Measures, 2007 National Medicaid averages.  
 FL HMO: Florida Department of Health, FloridaHealthStat.com, Florida Health Plan Consumer Information, 2008 Florida Medicaid HMO averages for services rendered in 2007 (Note: AHCA could not verify FL Medicaid HMO rate for Diabetes Care, HbA1c Testing).

### 2007 Member Satisfaction

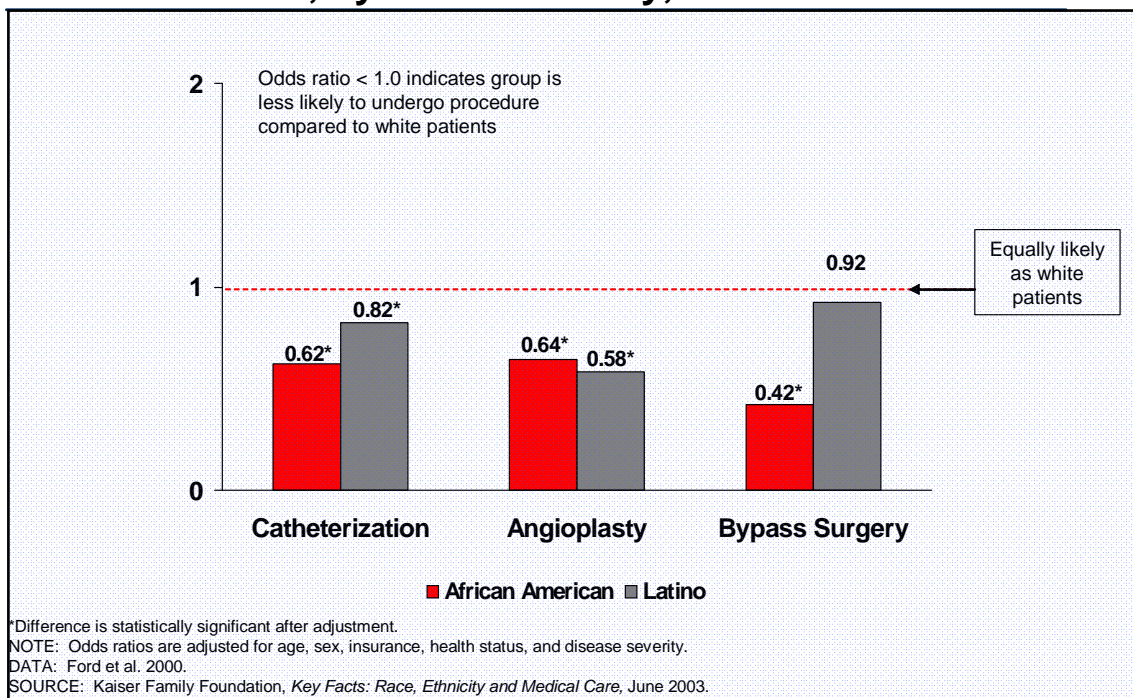


Sources: MPN: Access Health Solutions certified 2007 CAHPS Survey rates (NetPass rates unavailable due to pending certification).  
 HEDIS: NCQA, The State of Health Care Quality 2008, CAHPS Member Satisfaction Measures, 2007 National Medicaid averages.  
 FL HMO: Florida Department of Health, FloridaHealthStat.com, Florida Health Plan Consumer Information, 2007 Florida Medicaid HMO averages.

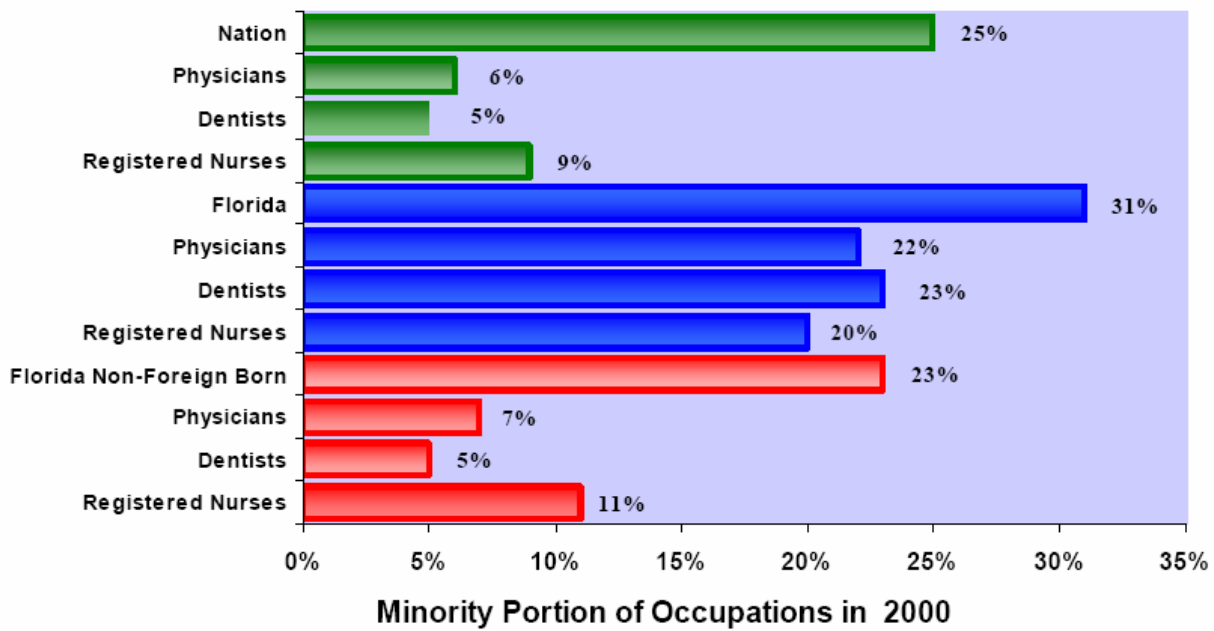
## Minorities Face Greater Difficulty in Communicating with Physicians



## Rate of Cardiac Interventions Among Medicare Patients Hospitalized with an Acute Myocardial Infarction, by Race/Ethnicity, 1994-1995



### Diversity in the U.S. and Florida Health Care Workforce



Source: Sullivan Commission Report, *Missing Persons: Minorities in the Health Professions* and U.S. Dept. of Commerce, Bureau of the Census, 2000 Census, 5% sample, ICPSR release.

## Report Card on Diversity in Selected Health Professions

Figure 1 \*

Florida Graduates of Selected Health and Science Degree Programs, by Race, 2007

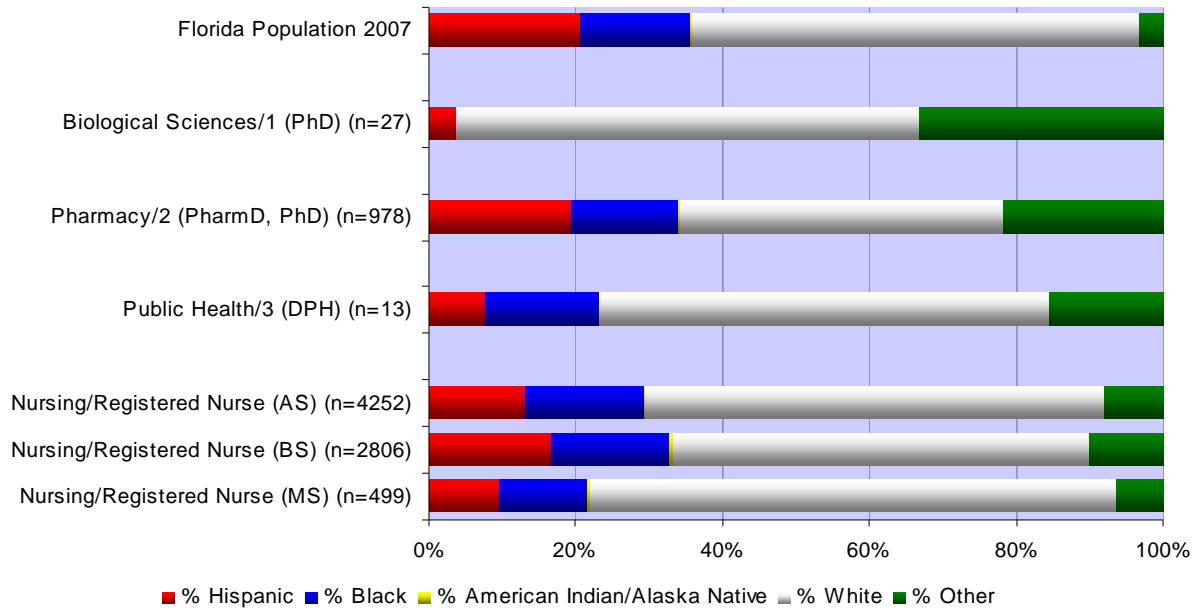
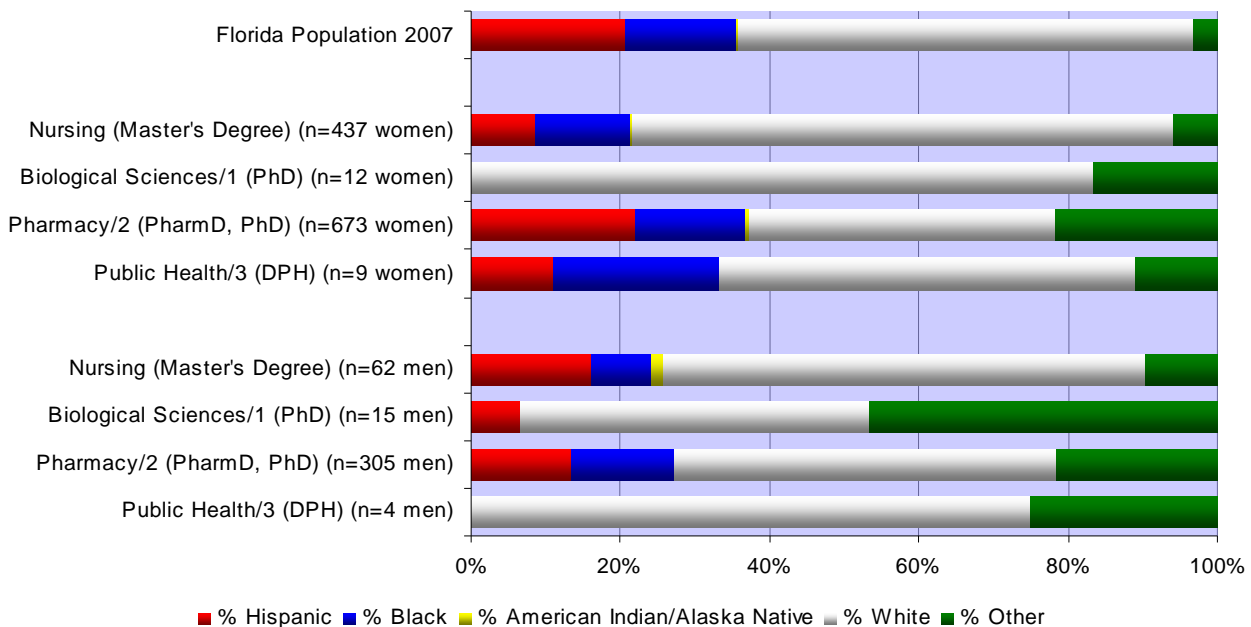


Figure 2 \*

Florida Graduates of Selected Health-Related Disciplines, by Race and Gender, 2007

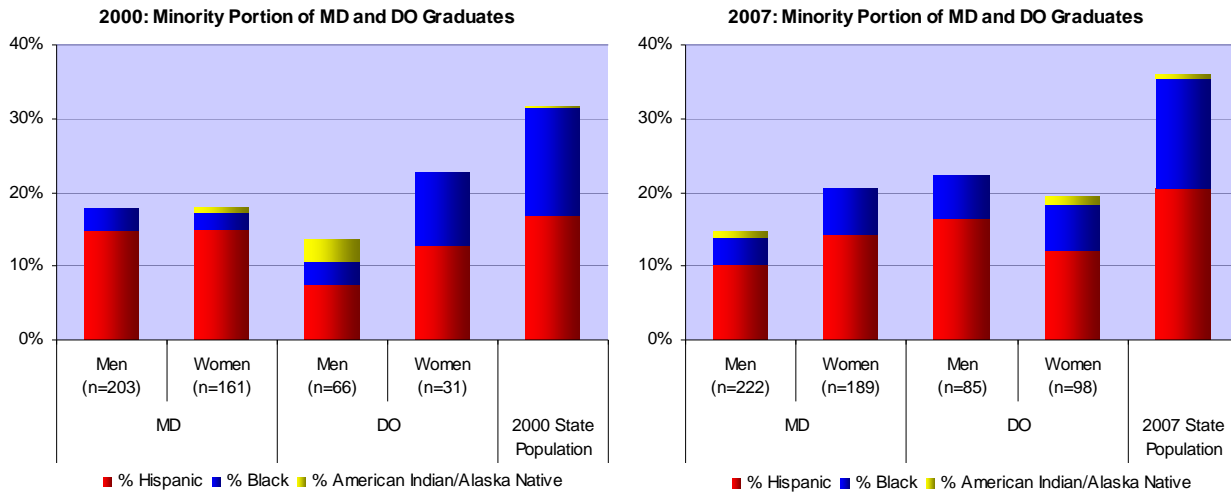


[1] Biology awards include any doctoral degrees in discipline of Biology/Biological Sciences, General.  
 [2] Pharmacy awards include any doctoral or professional degrees in the disciplines of Pharmacy (PharmD) or Pharmacy, Pharmaceutical Sciences, and Administration, Other.  
 [3] Public health awards include any doctoral degrees in the disciplines of Public Health, General.

\* Data source: National Center for Education Statistics, Integrated Postsecondary Education Data System (IPEDS) program.

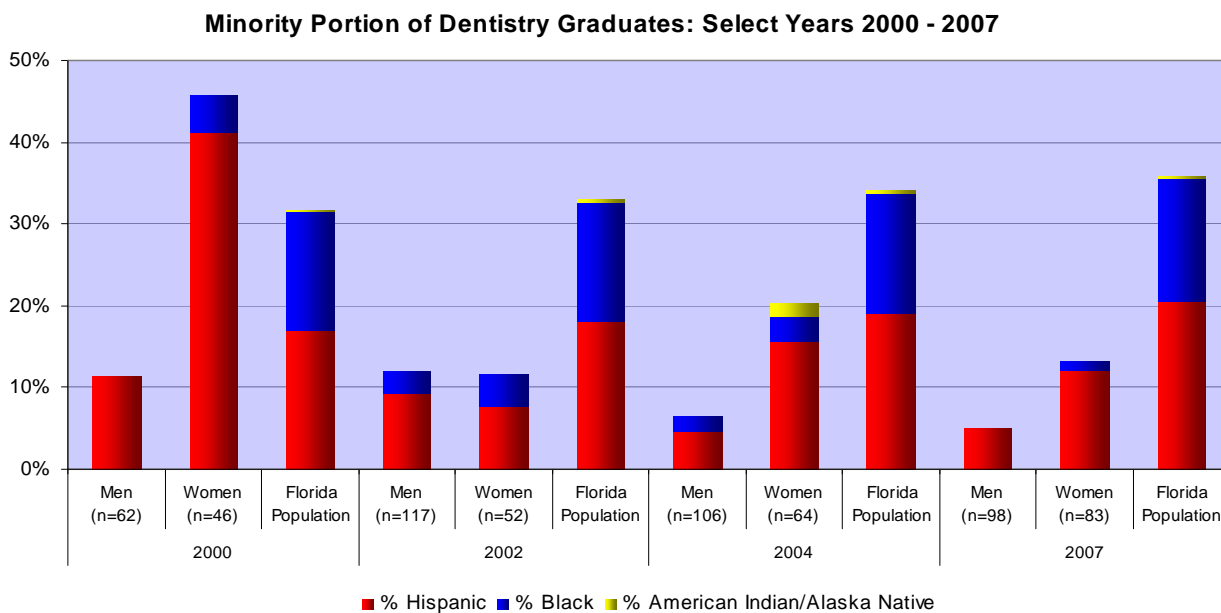
**Figure 3 \***

**MD and DO Graduates at Florida's Colleges and Universities, by Race and Gender, 2000 and 2007**



**Figure 4 \***

**Professional Dentistry Graduates at Florida's Colleges and Universities by Race and Gender, 2000 through 2007**



\* Data source: National Center for Education Statistics, Integrated Postsecondary Education Data System (IPEDS) program.

**Florida Breast and Cervical Cancer Early Detection Program**

<b>Race/Ethnicity</b>	<b>FBCCEDP Clients FY2007-08 – Women Ages 50-64</b>	<b>Florida CHARTS 2008 Population Estimate - Women Ages 50-64</b>
<b>White</b>	<b>70.3%</b>	<b>83.9%</b>
<b>Black</b>	<b>22.0%</b>	<b>13.7%</b>
<b>Other</b>	<b>7.7%</b>	<b>2.4%</b>
<b>Hispanic</b>	<b>34.1%</b>	<b>16.2%</b>
<b>Non-Hispanic</b>	<b>64.2%</b>	<b>83.8%</b>

